

**Office of Health Equity Advisory Committee Meeting  
Meeting Minutes (DRAFT Staff Notes)  
September 17, 2018**

Sierra Health Foundation  
1321 Garden Highway  
Sacramento, CA 95833

**OHE-AC Members Participating:**

Sarah de Guia, JD, Co-Chair	Simran Kaur
Manel Kappagoda, JD, MPH, Co-Chair	Nahla Kayali
Sergio Aguilar-Gaxiola, MD, PhD	Patricia Lee, PhD
Donnell Ewert, MPH	Yvette McShan
Aaron Fox, MPM	Lloyd Nadal
Sandi Galvez, MSW (via teleconference)	Hermia Parks, MA, RN, PHN (via teleconference)
Guillermo Gonzalez, MPP	Michael Witte, MD
Carrie Johnson, PhD	
Jo-Ann Julien, BA, Med	

**Members Absent:**

Rye Baerg, MA-URP	Virginia Hedrick, MPH
Dalila Butler, MPH	Sylvia Kim
Rocco Cheng, PhD	Jan King, MD, MPH
Alison Chopel, DrPH, MPH	Dexter Louie, MD, JD, MPA
Lisa Folberg, MPP	

**State Officials/Staff:**

Dana Moore, OHE Assistant Deputy Director/Acting Deputy Director	Meredith Lee, Health Program Specialist II, California Reducing Disparities Project (CRDP), CDEU, OHE
Marina Castillo-Augusto, Chief, Community Development and Engagement Unit (CDEU), OHE	Leah Myers, AGPA, OHE
Noralee Cole, SSA, OHE	Peter Oh, PhD, Chief, Health Research and Statistics Unit (HRSU), OHE
Rafael Colonna, Research Scientist I, OHE	La Roux Pendleton, CRDP Lead, CDEU, OHE
Cullen Fowler-Riggs, LGBTQ Population Lead, OHE	William Porter, Health Program Specialist I, CDEU, OHE
Carol Gomez, AGPA, OHE	Jason Vargo, Lead Research Scientist, Climate Change and Health Equity Program, OHE
Solange Gould, DrPH, MPH, Chief, Health Equity Policy and Planning Unit, OHE	Dan Woo, Health Program and Policy Specialist, OHE
Kimberly Knifong, OHE Budget and Administrative Manager	

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**Speakers from the Public:**

Shirley Darling

**AC Attendees in Person:** Sarah de Guia, JD, Co-Chair; Manel Kappagoda, JD, MPH, Co-Chair; Sergio Aguilar-Gaxiola, MD, PhD; Donnell Ewert, MPH; Aaron Fox, MPM; Guillermo Gonzalez, MPP; Carrie Johnson, PhD; Jo-Ann Julien, BA, MEd; Simran Kaur; Nahla Kayali; Patricia Lee, PhD; Yvette McShan; Lloyd Nadal; Michael Witte, MD

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

Welcome and Introductions

Dana Moore, Office of Health Equity (OHE) Assistant Deputy Director/Acting Deputy Director called the OHE Advisory Committee (AC) to order at 10:04 a.m., welcomed everyone.

Co-Chair de Guia asked the OHE-AC members to introduce themselves and provided a brief overview of the OHE-AC meeting agenda.

May 3, 2018, Meeting Minutes

Jo-Ann Julien, MEd, asked to change her title to Ms. on page five.

Public Comment

No members of the public addressed the OHE-AC.

Vote

**MOTION:** Dr. Aguilar-Gaxiola moved approval of the May 3, 2018, Office of Health Equity Advisory Committee Meeting Minutes as revised. Mr. Gonzales seconded. Motion carried unanimously with no abstentions.

August 9, 2018, OHE-AC Agenda Setting Subcommittee Minutes

Ms. Julien referred to her suggestion on page one that Unleashing Leaders could work with the AC. She asked what “Unleashing Leaders” means. Ms. Moore stated it is a consulting group that will be working with the AC on strategic planning in conjunction with the OHE.

Public Comment

No members of the public addressed the OHE-AC.

Vote

**MOTION:** Dr. Aguilar-Gaxiola moved approval of the August 9, 2018, Office of Health Equity Advisory Committee Agenda Setting Subcommittee Meeting Minutes as revised. Mr. Gonzales seconded. Motion carried unanimously with no abstentions.

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**10:20 a.m. OHE General Budget Planning Update**

**Presenter:**

Dana Moore, OHE Assistant Deputy Director/Acting Deputy Director

Presentation

Ms. Moore provided an overview, with a slide presentation, of the status of the OHE budget, the process used to develop and monitor the budget, and her priorities as the new Assistant Deputy Director/Acting Deputy Director. She reviewed the Office of Health Equity Budget and Operations Breakdown handout, which showed the percent of the budget by unit, funding sources by unit, and funding sources by funder. She stated there are multiple funding sources for administrative staff. The administrative staff functions are embedded in the three OHE units and are not listed separately in the budget. She referred to the Percent of Budget by Unit chart on the handout and noted that, when comparing the Percentage of Personnel Services category to the Percentage of Budget category, the OHE Community Development and Engagement Unit (CDEU) funding comes from the Mental Health Services Act (MHSA) and is dedicated to providing technical assistance and additional support for communities.

Ms. Moore stated she asked the unit chiefs to work as a team to develop one OHE budget that they all could agree upon. That draft budget is currently under review by the director and chief deputy director of the California Department of Public Health (CDPH or Department). The goal next year is to create a uniform budget template, budget process, and administrative processes across all OHE units.

Discussion

Sergio Aguilar-Gaxiola, MD, PhD, asked about anticipated adjustments with the new administration. Ms. Moore stated she did not know but assured that staff will communicate the value of health equity to the new administration.

Dr. Aguilar-Gaxiola suggested looking at federal funding opportunities. Ms. Moore stated she would love to work with partners to identify additional funding sources.

Michael Witte, MD, asked if every agency within the CDPH looks at fiscal solvency as part of the strategic planning process. There seems to be tension between solvency and developing new innovations and programs. Ms. Moore stated all centers and the 211 programs within the CDPH look at fiscal solvency. They consider sustainability and whether they are engaging in the right work. She stated Dr. Karen Smith, MD, MPH, CDPH Director and State Public Health Officer, is putting together a strategic planning session in October with all the deputies. They will work with Unleashing Leaders to help them create a Department-wide vision.

Co-Chair Manel Kappagoda, JD, MPH, asked about the plan for the five unfilled staff positions and if those positions include Tamu Nolfo and Dante Allen. Strong communication support is important in getting the message out about the incredible work being done by the OHE. She asked if Mr. Allen's position will be filled and the future plan for the OHE Communications Department.

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Ms. Moore stated, as part of the agreement on the one OHE budget, three of the five unfilled staff positions were put on hold. The last two unfilled staff positions are block grant positions for the Health Equity Policy and Planning (HEPP) Unit. Staff is awaiting approval from the CDPH to move forward with the hiring process. She noted that the OHE would be at a tight budget margin if all positions were filled.

Ms. Moore stated Tamu Nolfo and Dante Allen were contract positions with funds coming out of Distributed Overhead and the MHSA. She stated no positions are currently doing work in communications. She stated the need to leverage current administrative staff and AC Members to work on the communications strategy. She stated Leah Meyers, Associate Governmental Program Analyst (AGPA), OHE, has a master's degree in communication and is looking at doing the newsletter.

Co-Chair Kappagoda stated the block grant award must be spent within a certain period of time. It is important to fill those two positions prior to that deadline.

Guillermo Gonzalez, MPP, asked where the CDPH is with the hiring of a deputy director and if the search will be nationwide. Ms. Moore stated Dr. Smith has been working with new Secretary Mike Wilkening on strategy but there has not yet been active forward movement on the search for a deputy director. She stated she will give an update report at the December meeting.

Co-Chair de Guia stated today's theme is change – change in the administration and within the CDPH. She stated the AC would like to be a resource throughout this process. She asked AC Members to consider the role the AC can play as part of the communications team during this time of transition. She asked Ms. Moore how staff is feeling and how the AC can help shore up resources or help to communicate the staffing needs for the OHE.

Ms. Moore stated the OHE staff is some of the most dedicated, passionate, and hardworking individuals in the Department. The challenge is that it makes it hard to say no. Staff is dedicated to partners and communities and will work as hard as possible to meet needs.

Ms. Moore stated one of the largest demands currently is the Department-wide reaccreditation process. In the past, accreditation was ticking boxes, but now staff must report on how health equity is embedded across all 12 domains of accreditation.

Ms. Moore stated another demand is technical assistance for programs. They often look to staff for health equity data, statistics, research, and for connection to other departments. Health equity is always a priority but staff must necessarily juggle what to say no to. She stated her goal is to ensure that staff feels valued and that they are valued internally by leadership.

Ms. Moore stated the transition period during this changeover in leadership internally in the OHE can be difficult. Dr. Smith and Susan Fanelli, Chief Deputy Director, CDPH, have many external priorities. It is important, with all the competing priorities, to ensure that the OHE priorities are at the top of their list. This can create an internal communications gap. She asked how to work within that.

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Dr. Aguilar-Gaxiola stated it would be helpful to see where the OHE is on an organizational chart to give the AC a sense of the context and competing demands. The AC is invested in protecting health. He suggested using the AC not only on communications but also on how to protect this space during the transition.

Public Comment

No members of the public addressed the OHE-AC.

**10:40 a.m. Updates from the OHE Units**

**Presenters:**

Kimberly Knifong, MBA, Budget and Administrative Manager, OHE Administration Section, Community Development and Engagement Unit

Marina Castillo-Augusto, MS, Chief, OHE Community Development and Engagement Unit

Solange Gould, DrPH, MPH, Chief, OHE Health Equity Policy and Planning Unit

Peter Oh, PhD, Chief, OHE Health Research and Statistics Unit

Presentations

Kimberly Knifong, MBA, Budget and Administrative Manager, OHE Administration Section, CDEU, stated she has worked at the OHE since its inception six years ago. She provided an overview, with by a slide presentation, of two department-wide projects that the OHE is involved with: the Financial Information System for California (FI\$Cal) and public health accreditation, and how they impact the work of the OHE.

Marina Castillo-Augusto, Chief, CDEU, provided an overview, with by a slide presentation, of recent activities and acknowledgements for the work of the CDEU. She invited AC Members to join staff in participating in site visits, cultural events, think tanks, and other activities of the CDEU.

Solange Gould, PhD, Chief, HEPP, provided an overview, with by a slide presentation, of the climate change mitigation, adaptation, and research activities of the Climate Change and Health Equity Program, the Racial and Health Equity Action Plan, the Equity in Government Practices Action Plan, and the Parks and Urban Tree Canopy Action Plan activities of the Health in All Policies Program, and other activities of the HEPP Unit. She stated the unit engages in strategic planning continuously throughout the year for tools, values, and goals to guide the work. She encouraged AC Members to sign up for the unit's two newsletters to learn more about unit activities.

Peter Oh, PhD, Chief, OHE Health Research and Statistics Unit (HRSU), provided an overview, with by a slide presentation, of the unit's two largest projects: the bi-annual Legislative Report – an update on the Portrait of Promise, and the Healthy Communities Data and Indicators (HCI) Project. He stated the Legislative Report is in the final stages of review at the CDPH and then will be submitted to the California Health and Human Services Agency (Agency) for review. He stated Maghurima Gadgil was promoted to

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HCI lead data scientist. He asked the AC Members for their input on the data products, data visualizations, data reports, and issue briefs to bring forward to the Legislature, grant writers, researchers, and others who need to know more about the social determinants of health, and how to best use that data.

Discussion

Mr. Gonzalez asked where the issue brief is available to the public. Dr. Oh stated the issue brief is still in development. It will be published on the website.

Co-Chair Kappagoda suggested photographing AC Members and OHE staff for social media to promote the work of the OHE.

Dr. Aguilar-Gaxiola requested further detail on the projects in future meetings for a sense of progress, challenges, and actions the OHE can take to sustain them.

Co-Chair de Guia asked Dr. Oh to discuss the Medi-Cal Managed Care Disparities Project. Dr. Oh stated OHE staff will give a presentation on the OHE and the CRDP to the Medi-Cal Managed Care Disparity Workgroup later this week to begin to use the inter-agency agreement with the Department of Health Care Services (DHCS) to the fullest.

Co-Chair de Guia asked Dr. Gould to discuss the Government Alliance for Racial Equity (GARE). Dr. Gould stated the GARE is working to eradicate racial inequity in government operations. She suggested having a detailed presentation on the GARE at a future meeting.

Yvette McShan asked about the Sweet Potato Project and how the new leadership will address trauma in the African-American community. Ms. Castillo-Augusto stated there is an ongoing fund for department-wide initiatives such as violence prevention. For the African-American community, staff involved in community organizing and mobilizing. She stated Maureen Njmafa, the lead of the African-American hub, also engages with the other seven pilot projects that are funded through the CRDP. Many of the African-American pilot projects focus on youth, violence prevention, and economy and the workforce. Ms. Castillo-Augusto stated she could discuss the issue in more detail offline.

Donnell Ewert, MPH, asked if the 18 agencies in the GARE collaborate. He also asked about the gender gap study. Dr. Gould stated the agencies both collaborate and work separately. There will be a second year of implementation to begin the work itself. The results of the gender and race pay equity report are online.

Meredith Lee, Health Program Specialist II, OHE, stated the GARE Capitol Cohort is provided by the California Health in All Policies Task Force. She offered to discuss it further offline. She stated the racial and gender pay equity report is available on the Health in All Policies page on the Strategic Growth Council (SGC) website. Although it is a high-level report, the inequities are startling, upwards of 35 percent for some groups.

Mr. Ewert asked how such disparities can occur amongst state employees when the government has set ranges for salaries. Ms. Lee stated the majority of inequities occur

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with job positions, increasing with higher education. Some of the strategies are to develop mentorship programs and upward mobility for lower-paying jobs.

Co-Chair de Guia asked for a motion to change the agenda by moving the Strengths, Weaknesses, Opportunities, and Threats (SWOT) Analysis to after lunch.

**MOTION:** Dr. Aguilar-Gaxiola moved to change the agenda by moving the SWOT Analysis to after lunch. Ms. Kayali seconded. Motion carried unanimously.

Dr. Aguilar-Gaxiola asked about the California Health Interview Survey (CHIS) Neighborhood Edition data. Dr. Oh stated the CHIS Neighborhood Edition Data Dashboard should be published on the website later this week. Staff serves on the CHIS Advisory Board and works closely with the CHIS data team. He stated the project allows more dynamic and powerful views of the data. He stated staff will share the launch of the dashboard with the AC.

Dr. Aguilar-Gaxiola asked about the CDPH Geographic Information System (GIS) Day. Dr. Oh stated the GIS Day is an annual data showcase for the programs that use GIS. The department-wide event will be held on November 6<sup>th</sup>.

#### Public Comment

Ms. Castillo-Augusto stated the need for the deputy direction search to be a priority area. She stated the prior deputy director search took 13 months because it is a national search with a stakeholder process. She also stated the need for the sustainability of the CRDP to remain at the forefront of discussions. The funding for the 42 CRDP projects will cease in 2022.

Co-Chair de Guia thanked OHE staff for their amazing work. She asked how the AC can better support staff to ensure that resources are available, that the necessary work is being done, and that the AC is a partner in that endeavor.

#### **Lunch and Team Building Activity**

Ms. Moore asked AC Members to participate in a team-building activity during lunch and throughout the rest of the day. She asked them to write down the answers to two questions:

- What is your vision of where the OHE-AC will be in the next five years?
- What do you plan to contribute to the strategic planning session later today?

Ms. Moore stated at the end of the day she will ask how many AC Members contributed what they thought they would to the strategic planning session, and how many were able to see the vision and hope that they wrote down for the future represented in the strategic session.

Ms. Moore dismissed everyone for the lunch break.

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**11:30 a.m. Debrief the SWOT Analysis Results from the May 3, 2018, Advisory Committee Meeting**

**Presenters:**

Jo Ann Julien MEd, OHE Advisory Committee Member

Manel Kappagoda, JD, Advisory Committee Co-Chair

Presentation

Ms. Julien stated the AC participated in a SWOT Analysis exercise on the O and T parts of the SWOT Analysis at the May 3<sup>rd</sup> meeting to identify major trends that would impact public health over the next five years and the opportunities and threats that might come from those emergent trends. Another part of the exercise was to note the top five goals that should be of highest priority for the OHE. She stated the all-staff strategic planning retreat on June 11<sup>th</sup> gathered input on the S and W parts of the SWOT Analysis.

Ms. Julien stated all the input for the SWOT Analysis was synthesized into one document aligned to the seven strategies that came out of the strategic planning retreat titled “Draft Crosswalk Between Seven Strategies and Input from Advisory Committee on Forces of Change and Portrait of Promise Priorities and Goals”, which was included in the meeting packet. She reviewed the Draft Crosswalk document with the AC.

Discussion

Dr. Aguilar-Gaxiola asked how to operationalize, resource, implement, and disseminate this information. A road map of what is to come is important. Co-Chair Kappagoda stated the small group activity later today will help to think through how to implement and prioritize this information.

Public Comment

No members of the public addressed the OHE-AC.

**1:00 p.m. OHE Strategic Planning Update – Seven Strategies/Practical Goals and Strategic Planning Process**

**Presenter:**

Dana Moore, OHE Assistant Deputy Director/Acting Deputy Director

Presentation

Ms. Moore provided an overview, with a slide presentation, of the seven strategies or practical vision statements that came out of the June 11<sup>th</sup> OHE all-staff strategic planning retreat. She stated the challenge statement for the retreat was how the OHE can serve as a catalyst with internal and external partners to advance health equity across the state.

Ms. Moore stated the Office of Quality Performance and Accreditation, which is in charge of strategic planning in the Department, has a contract with a group called Unleashing Leaders, which specializes in working with government entities on strategic



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planning and developing administrative processes. The OHE has contracted Unleashing Leaders for 80 hours at no cost.

Public Comment

No members of the public addressed the OHE-AC.

**1:20 p.m. Small Groups Activity “World Café” for the 7 Strategies**

**Presenter:**

Dana Moore, OHE Assistant Deputy Director/Acting Deputy Director

Presentation

Ms. Moore invited AC Members to participate in a modified World Café exercise. Participants broke up into two groups, Health Equity in all Policies and Equity Embedded in Public Health Practices, and were asked to identify areas of alignment between the seven strategies that came out of the OHE all-staff strategic planning retreat with the information that came out of the AC SWOT Analysis to increase the effectiveness of the OHE-AC in making recommendations that support the work of the OHE. The groups were asked to answer the following questions:

- Which issues/policies would you prioritize in the short term?
- What activities would you prioritize to advance these issues and policies? How do we engage community members and partners in these efforts?
- What data and research do we need to support the work?

Ms. Moore asked AC Members to separate into their small discussion groups. Members of the public were invited to participate in the groups of their choosing.

Report Out

OHE-AC members reconvened and each group summarized the feedback received during the group sessions.

**Group 1: Health Equity in all Policies**

Group representatives summarized group comments and suggestions as follows:

**1. Which issues/policies would you prioritize in the short-term?**

Economic

- Housing
  - What role does the OHE play in the broader space?
  - What is the OHE’s role in filling the gaps?
  - How can the OHE help support ongoing work?
  - The cost of living translates directly into the cost of housing

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- The cost of housing is very different in different communities; this creates amazing disparities and almost an economic segregation
- The cost of housing, enough affordable housing, and enough affordable housing in the short-term are issues
  - This creates traffic patterns and commute congestion
- Lack of access to enough Section 8 housing
- Poverty and Economic Development
  - Workforce development
  - Help other agencies understand the importance of poverty and job support
  - Child care
  - Access to food and security
  - What are indicators where poverty materializes as health outcomes?
    - Health Places Index
    - Literature review on the connections between poverty, income inequality, and health outcomes
  - What is the role of the DHCS on their Whole Person Care pilot programs they have rolled out across the state?
- High cost of higher education
  - Relates to health care and the diversity of providers

Education

- Education equity
  - Schools use a new rubric to analyze education indicators such as chronic absenteeism
  - Opportunity to work on health equity and higher education equity in lock step
- California Department of Education is part of the GARE Capitol Cohort, which has made a conceptual shift
  - Adequate parks, greening, and trees in schools
  - Build/further relationships with the CDE and pass legislation
  - Influence local jurisdictions
- Health education

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- Work with after-school programs
- Find ways to develop programs that can be inserted
- Funding
  - There has been a lot of work to put Proposition 13 back on the ballot, which funds local schools
  - The school funding formula has not always worked out for equity

**Social**

- Police reform, including jail/prison/probation system
  - No differentiation on death certificates between homicide and legal intervention
  - Bias in police action
  - Disproportionate targeting
  - Criminal justice
- Immigration
  - Applications for citizenship are being withdrawn
  - Disruption of immigrant mental health and wellbeing
  - The state is operating in a federal context
- Community resilience
  - How to create agency empowerment

**Health Care**

- Shortage of providers in certain areas
  - Inequity where individuals do not have access to specialists
  - This cuts across primary, mental, and oral health care
  - Relates to the cost of post-secondary education
- Focus on primary prevention rather than curing or treatment
- Is the CDPH doing anything with behavioral health outside of the OHE?
- The Center for Family Health within their Maternal/Child/Health work
  - Financing a report
  - Violence prevention work

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- Safe and Active Communities Branch
- The DHCS (does not do primary prevention)

Participants broke up into groups of two to discuss the last two questions.

**2. What activities would you prioritize to advance these issues/policies? How do we engage community members and partners in these efforts?**

Housing

- Identification of communities that are of highest risk
- Identification of communities with decreasing number of children in school
- Identification of communities with high crime
- Are there ways to look at increasing the number of housing vouchers or making housing available in higher-cost communities in the short-term?

Poverty and Economic Development

- What are health outcomes that are related to poverty among different communities, whether that is racial communities or different areas in California?
- How is poverty being addressed in the workforce development work that is currently being done?
- How can the OHE impact poverty?
- Recognize what is already being done by the OHE and how to align that.

Education

- Continue to dialogue with schools to share concerns and potential solutions for policies
- Keep up to date on local control funding
- Educate the public about the OHE

**3. What data and research do we need to support the work?**

Housing

- How much affordable housing is available in certain communities?
- How to define what is an affordable house for communities based on geo-mapping the average cost of housing in certain communities?

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- What are the average household incomes in some of those same communities?
- What is the disparity there?
- What is the range of incomes in communities?
- What does that mean in terms of the number of available affordable houses?
- Which are the communities that need affordable housing the most?
- Where are the least number of vouchers available for individuals to reasonably get into those houses in the next two years?
- What can the OHE do to help produce those?

**Group 2: Equity Embedded in Public Health Practices**

Group representatives summarized group comments and suggestions as follows:

**1. Which issues/policies would you prioritize in the short-term?**

- Embed health equity in funding allocations to increase equity. This is a short- and long-term issue.
- Civic participation
  - There is miscommunication about marginalized communities
  - The Marin City OHE-AC meeting model
    - Hear directly from communities
    - Include leadership within those communities speaking out
    - Institutional education works hand-in-hand with this model
    - Identify outcomes as determined from the community
  - This bullet point is more long-term and will require an institutional cultural change to systematically review the social determinants of health. It will require more work in order to see outcomes.
  - Stakeholder engagement has to be a two-way street
  - Top-down policy is not dialogue; it is not authentic engagement
  - Meaningful engagement takes time
  - Need resources for this or more damage can occur
  - Building trust is important but is difficult to do
  - Health Equity Listening Sessions

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- The Los Angeles Office of Health Equity did a good series of time-limited listening sessions in a specific format on health equity
- Two pages of outcomes were gleaned from the listening sessions
- Go into the sessions with the top three priorities as opposed to nebulous, non-productive sessions
- Workforce development on health equity training
  - The Public Health Regional Training Center trains on health equity with HRSA funding
  - Required at the local and state levels for accreditation
  - Build capacity on health equity statewide
  - State-level activities can be synergized
    - California Future Health Workforce Commission
      - Funded by the five most important health-related foundations in California
      - 20 members, legislators, hospitals, etc.
      - Report due at the end of the year
        - ✓ Primary health and prevention
        - ✓ Behavioral Health
        - ✓ Aging
      - The Commission already passed 11 strategies
      - Out of those 11 strategies, what aligns well with the OHE and the CDPH?

**2. What activities would you prioritize to advance these issues/policies? How do we engage community members and partners in these efforts?**

- Commit to do at least one meeting like the Marin City meeting in a specific community
  - Build upon existing work and hold stakeholder meetings
  - Have an agenda, follow three points, focused
  - Have a good facilitator
  - Use a good model for community engagement

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- Work to embed health equity in grant guidelines and funding and utilize health equity tools to set priorities based on inequities
  - Work with state agencies to embed climate
  - Utilize climate funding and climate policy to impact the social determinants of health so there are policies that address education, transportation, energy, water, land use, and housing
  - Add a section of community engagement models and best practices in grants and policies
- Work the OHE-AC can focus on next year that aligns with the top three priorities
  - The Health and Human Services Agency has a tribal consultation policy from the governor's office
  - The OHE should write its own tribal consultation policy
    - Query all programs and centers
    - What does the OHE-AC recommend for developing a tribal consultation policy?
    - How to use the model for other groups and leverage the OHE-AC and the community to have a consultation policy for other groups, entities, and communities?
    - Borrow from existing policies and tool kits from other entities with expertise in engagement, training, and policy making rather than starting from scratch
  - Training departments for high emotional volatility situations/deescalating tools
- Funding allocation – there are great disparities and inequities, yet little funding and real impact due to funding shortages
  - Identify funding gaps for the CDPH
  - How can the OHE embed health equity into programs that have been funded?
  - Identify potential partnerships and other sources of funding
    - The California Endowment
    - General Fund

**4 areas to prioritize:**

- Funding allocation at the local level
- Civic participation

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- Workforce development
- Lifting up and supporting work that local health departments are doing

Discussion

Dr. Aguilar-Gaxiola referred to the community engagement priority and cautioned that community engagement is time-consuming. Trust needs to be developed with the communities and resources are required.

Ms. McShan agreed with the importance of funding and resources to accomplish the community engagement priority.

Sandi Galvez, MSW, stated she agreed with the comments and suggestions made by AC Members.

Public Comment

No members of the public addressed the OHE-AC.

**2:40 p.m. Planning for the December 6 and 7, 2018, Meeting**

**Presenters:**

Sarah De Guia, JD, Advisory Committee Co-Chair

Manel Kappagoda, JD, Advisory Committee Co-Chair

Dana Moore, OHE Assistant Deputy Director/Acting Deputy Director

Ms. Moore stated the next OHE-AC meeting will be a two-day meeting on December 6<sup>th</sup> and 7<sup>th</sup>. She asked the AC Members for ideas on future agenda items.

Dr. Witte suggested a discussion on the displaced children of immigrants who are in relocation centers in order to explore ways the OHE can help.

Patricia Lee, PhD, suggested a staff presentation on what the OHE is already doing, the resources that are already being put out, and additional resources that are needed.

Aaron Fox, MPM, suggested a presentation from the CDPH leadership to discuss priorities going into the new administration and hear suggestions from the OHE-AC on their priorities.

Ms. Galvez asked for more time to be devoted on the OHE Unit Update agenda item going forward. She asked for the links for the gender pay and equity reports and the issue brief on discrimination when they become available.

**2:50 p.m. Debrief | Public Comment Period/Public Comment for Items Not on the Agenda**

Public Comment

Shirley Darling stated changes in staffing and extra-long workdays bring up feelings like stress, loss, and uncertainty. These should be valued and acknowledged as a normal part of change. Self-care strategies, positive best practices to avoid burnout and fierce



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hope can elevate this process to a new normal. She suggested finding creative new ways to support each other and report back great ideas.

**3:00 p.m. Closing Comments and Adjournment**

Co-Chair de Guia thanked everyone for their participation. She stated she is committed to cultivating community-based organizations around the state. She stated she would like to hear from those organizations how the OHE can be helpful and the information, data, and platform that the OHE can provide to their issues and needs. She asked AC Members to email ideas and thoughts about ways to strengthen those relationships and strengthen the AC as a group to Ms. Moore as part of the planning process.

Co-Chair Kappagoda stated there will be a subcommittee meeting between now and the next OHE-AC meeting to develop the agenda for that meeting. She suggested refining the outputs and outcomes that were brought out in today's meeting. She asked staff to send suggestions on how to do that refinement and where the AC would be helpful to AC Members prior to the subcommittee meeting.

Ms. Moore thanked everyone for participating and ended the proceeding at 2:50 p.m.