



**Office of Health Equity Advisory Committee Meeting
Meeting Minutes (DRAFT Staff Notes)
February 3, 2015**



Staff Notes

These are notes of the meeting taken by staff of the California Department of Public Health, Office of Health Equity, and do not constitute formal approved minutes of the meeting.

Location:

**UC Davis Extension – Sutter Square Galleria Center
2901 K Street, 2nd Floor (Room # 200), Sacramento, CA 95816**



Office of Health Equity Advisory Committee Meeting
Meeting Minutes (DRAFT Staff Notes)
February 3, 2015



OHE-AC Members Participating:

Paula Braveman, MD, MPH
Delphine Brody
Jeremy Cantor, MPH
Yvonna Cázares, BA
Rocco Cheng, PhD, Co-Chair
Aaron Fox, MPM
Sandi Gálvez, MSW, Co-Chair
Álvaro Garza, MD, MPH
Cynthia Gómez, PhD
Pastor Willie Graham, M.S., M.Th.
General Jeff
Carrie Johnson, PhD
Neal Kohatsu, MD, MPH
Dexter Louie, MD, JD, MPA
Francis Lu, MD
Gail Newel, MD, MPH
Teresa Ogan, MSW
José Oseguera, MPA
Hermia Parks, MA, RN, PHN
Diana Ramos, MD, MPH
Patricia Ryan, MPA
Linda Wheaton, MURP, AICP
Ellen Wu, MPH

State Officials/Staff:

Jahmal Miller, MHA, OHE Deputy Director
Karen Ben-Moshe, HiAP Sr. Program Associate, PHI, OHE
Julia Caplan, MPP, MPH, Program Director, HiAP, PHI, OHE
Lianne Dillon, MPH, Policy Associate, HiAP, OHE
Timothy Ford, JD, Office of Legal Services, CDPH
Carol Gomez, Associate Governmental Program Analyst, OHE
Daniel Kim, Chief Deputy Director of Operations, CDPH
Kimberly Knifong, Associate Governmental Program
Meredith Lee, Health Program Specialist I, OHE
Kelsey Lyles, HiAP Associate I, PHI, OHE
Thi Mai, Research Scientist I, OHE
Leah Myers, Associate Governmental Program Analyst, OHE
Tamu Nolfo, PhD, Sr. Project Manager, CHPM, OHE
William Porter, Health Program Specialist I, OHE
Siek Run, Staff Services Analyst, OHE
Aimee Sisson, MD, MPH, Public Health Medical Officer, OHE
Edward Soto, Health Program Specialist I, OHE

Members Absent:

Sergio Aguilar-Gaxiola, MD, PhD

Speakers from the Public:

Dalila Butler, PolicyLink
Domenica Giovannini, Marin City Community Services District
Stacie Hiramoto, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO)
Nicki King, PhD, California Reducing Disparities Project (CRDP), UC Davis, African American Strategic Plan Workgroup
Pete Lafollette
Steve Leoni, consumer and advocate
Raja Mitry, California MHSA Multicultural Coalition (CMMC), REMHDCO (teleconference)



Office of Health Equity Advisory Committee Meeting
Meeting Minutes (DRAFT Staff Notes)
February 3, 2015



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

Sandi Gálvez, MSW, Co-Chair of the Office of Health Equity (OHE) Advisory Committee (AC), called the OHE-AC meeting to order and welcomed everyone. She asked the OHE-AC members to introduce themselves. She provided a brief overview of the OHE-AC meeting agenda.

Motion: September 30, 2014, Meeting Minutes

Dexter Louie, MD, JD, MPA, suggested including the changes made to the Bylaws in the Staff Notes to the May meeting in the motion.

Cynthia Gómez, PhD, made a motion to approve the September 30, 2014, Meeting Minutes as amended. **(Motion made).**

AC MEMBER FOX: Second.

AC CO-CHAIR GÁLVEZ: All those in favor? (Ayes.)

AC CO-CHAIR GÁLVEZ: All those opposed?

AC CO-CHAIR GÁLVEZ: Any abstentions? (AC Members General Jeff and Delphine Brody raised their hands.)

Vote: Motion approved, with two abstentions.

Public Comment – Section 1.

(please reference attached public comment section)

Motion: Debrief the September 2014 Meeting: Lessons Learned and Recommendations for Future Tele-Conference Meetings

AC Members stated in-person meetings cut down on travel expenses, but are less effective, efficient, and productive.

Tamu Nolfo, PhD, the OHE Sr. Project Manager, noted that the multiple meeting locations throughout the state did not increase public attendance.

(No motion was made and no vote was taken.)

Public Comment – Section 2.

(please reference attached public comment section)

Motion: Proposed Bylaws Amendments

Sandi Gálvez stated legal counsel has advised that the bylaws lack clarity in the length of the term of office for chair and vice chair.

AC Members suggested staggering the terms for continuity, having two-year terms, including an option for reelection, considering a progression from vice chair to chair, and changing the language that the office takes hold “immediately after the election” to “the next meeting.”



Office of Health Equity Advisory Committee Meeting
Meeting Minutes (DRAFT Staff Notes)
February 3, 2015



Dexter Louie and Cynthia Gómez volunteered to form a subcommittee to meet with staff to discuss this issue and make recommendations.

Dexter Louie made a motion to have a subcommittee make recommendations and options to the Office of Health Equity Advisory Committee as to the bylaws regarding the terms of office of the chair and vice chair.

(Motion made).

AC MEMBER OSEGUERA: I second that motion.

AC CO-CHAIR GÁLVEZ: All those in favor? (Ayes.)

AC CO-CHAIR GÁLVEZ: I think we're supposed to do elections by raise -- yeah, raise of hands. (Show of hands). Is anyone opposed? (No audible response.)

AC CO-CHAIR GÁLVEZ: Any abstentions? (No audible response.)

Vote: Motion approved.

Public Comment – Section 3.

(please reference attached public comment section)

10:00 a.m. OHE CDPH and OHE Updates

Jahmal Miller, MHA, the OHE Deputy Director, provided an overview of the California Department of Public Health (CDPH) director position transition. He stated Dr. Ron Chapman transitioned out of the OHE last week. He stated his thanks and appreciation for Dr. Chapman's friendship and support, for his long list of improvements and enhancements within the CDPH, and for establishing the Office of Health Equity.

Mr. Miller provided an overview of developments with the Statewide Plan to Promote Health and Mental Health Equity (Plan). The Plan was submitted to the CDPH and the Department of Finance in May 2014. They have provided constructive feedback, but the Plan has yet to be approved.

Mr. Miller provided an overview of the major activities of the CDPH and OHE since the September 2014 OHE-AC meeting. He introduced three new staff members: Leah Myers, Associate Governmental Policy Analyst, and Edward Soto and William Porter, Health Program Specialists.

Mr. Miller provided an overview of the staggered membership terms and preparation for phasing membership. He stated the OHE-AC determined it was important from an institutional perspective to build in continuity and to allow other vulnerable communities to be represented by staggering the cohorts serving on the OHE-AC. He was burdened with the difficult task of determining the first group to transition off. He announced the AC Members who would be transitioning off at the end of September: Pat Ryan, Ellen Wu, Teresa Ogan, General Jeff, and Delphine Brody. Mr. Miller stated the hope and expectation that they would continue their service by being a part of a subcommittee.

Tamu Nolfo gave an update on the OHE-AC application, the American Public Health Association conference in November of 2014 in New Orleans, and announced the 2015 OHE-AC meetings scheduled at the Sierra Health Foundation on May 13th, September 29th, and December 8th and 9th for a potential two-day meeting.



**Office of Health Equity Advisory Committee Meeting
Meeting Minutes (DRAFT Staff Notes)
February 3, 2015**



Aimee Sisson, MD, MPH, the OHE Public Health Medical Officer, provided an overview of developments with the California Reducing Disparities Project (CRDP) Strategic Plan to Reduce Mental Health Disparities. The California Health and Human Services Agency approved Phase 1 of the draft CRDP strategic plan in November for release for public review through February 17th. There have been sixteen hours of public forums statewide and an online survey for CRDP Phase 2 framework and public feedback process. The comments captured will be posted on the OHE website by the end of February.

Daniel Kim, the Chief Deputy Director of Operations of the CDPH, stated Dr. Chapman asked him, on behalf of the director's office, to be the point person with respect to OHE. He provided an update on the status of hiring a new director for the department. Mike Wilkening is the interim director and the DHCS secretary, Diana Dooley, is in the process of interviewing candidates.

Discussion – CDPH Director:

Francis Lu, MD, stated the hope that the OHE can play a role in the selection process for the new director. Mr. Kim stated the secretary is open to input as far as what to look for in a director. The secretary will make the selection, and then the Legislature has up to a year to confirm the appointment. Oftentimes, members of the public provide input through the Senate process.

Yvonna Cázares, BA, suggested writing a letter to Diana Dooley outlining the principles the OHE-AC would like to see in a director.

Delphine Brody agreed, but suggested developing principles to be embodied in candidates for director in the OHE-AC or a subcommittee, and then discussing them with Diana Dooley in person.

Francis Lu suggested crafting and approving the letter today in order to have an impact in the process, since the next OHE-AC meeting is in May.

Cynthia Gómez cautioned against a formal process because the director is a political appointment. Pastor Willie Graham, MS, MTh, agreed and stated the voice of the OHE is embedded in Jahmal Miller. Those who are in the political arena know about him and what he stands for.

Hermia Parks, MA, RN, PHN, agreed with Ms. Gómez and Pastor Graham. She stated Diana Dooley has experience with the OHE and is committed to its work.

Patricia Ryan, MPA, agreed that it is unrealistic to think of having influence in the choice of a political appointment. She suggested writing a general letter saying the OHE-AC is working in this area and cares that the person that will be hired is committed to these issues.

Álvaro Garza, MD, MPH, stated the OHE-AC's role is to advise the CDPH OHE on health equity issues, not advocate for a director. He suggested that the organizations represented on the OHE-AC advocate on principles of leadership for the director of the CDPH.

Jeremy Cantor, MPH, suggested AC Members who are interested can write a letter for informational purposes and not as representatives of the OHE-AC.



Office of Health Equity Advisory Committee Meeting
Meeting Minutes (DRAFT Staff Notes)
February 3, 2015



Discussion – Statewide Plan:

Dexter Louie stated the OHE submitted the Plan in May of 2014 and the approval was due on July 1, 2014. He asked where the plan is.

Mr. Miller stated it is at the control agency, the Department of Finance (DOF). The CDPH and the DOF have provided two thousand comments during the iterative process that the plan has gone through. The process with Agency has been helpful and they have provided constructive feedback. The DOF feedback is not limited to budget or resource comments, but also includes editorial changes that have delayed the approval of the plan.

Álvaro Garza stated the OHE-AC has the responsibility to advocate for equity, health, and social equity for vulnerable communities. He suggested writing a letter urging the expeditious implementation of the Plan.

Sandi Gálvez suggested sending a letter to Secretary Dooley with a copy to the governor's office.

Cynthia Gómez agreed that the legislative bodies and the head of the agency should be made aware that the OHE met the legislated deadline spirited by a sense of urgency, and that someone needs to be asked to respond.

Sandi Gálvez summarized the feedback received from AC Members on the key statements to be put into the letter about the delayed approval of the Plan:

- The OHE-AC was established by statute, represents the communities most impacted by health inequities, and was chosen to be the steward of their collective voice. The OHE-AC met and developed this plan to meet the statutory deadline.
- The OHE-AC is concerned about the communities that are continuing on a daily basis to experience health inequities and the Plan has not yet been released. There is urgency and a need to respect the needs of the communities.
- Data can become obsolete. The data was created to this plan and is time-sensitive.
- The OHE-AC urges the speedy release of the Plan for implementation and asks if there is anything the OHE-AC can do to help expedite the process.

Álvaro Garza made a motion to write a letter urging the expeditious implementation of the Statewide Plan. **(Motion made).**

AC CO-CHAIR GÁLVEZ: All right. So, based on all that, can I see a show of hands of who would support this -- these be in the comments that we make in some -- a little bit nicer fashion? (Show of hands.)

AC CO-CHAIR GÁLVEZ: Anybody opposed to us sending this in? (No response.)

AC CO-CHAIR GÁLVEZ: Any abstentions?

AC MEMBER KOHATSU: (Raised hand.)

AC CO-CHAIR GÁLVEZ: Neal? One.



Office of Health Equity Advisory Committee Meeting
Meeting Minutes (DRAFT Staff Notes)
February 3, 2015



Vote: Motion approved, with one abstention.

Public Comment – Section 4.

(please reference attached public comment section)

1:00 p.m. California Department of Health Care Services (DHCS) Update

Neal D. Kohatsu, MD, MPH, DHCS Medical Director and OHE-AC Member provided an update of the National and DHCS Quality Strategy, the *Let's Get Healthy California* Task Force final report, the Health Disparities in Medi-Cal Population Fact Sheets data, and DHCS Health Disparities Interventions.

Discussion:

Paula Braveman, MD, MPH, asked to what Dr. Kohatsu attributes his slide showing that African American and Latino kids are more likely to bike to school. Dr. Kohatsu stated it may be a reflection of geographic distribution by race and ethnicity. Walking, biking, and skateboarding are more prevalent in urban neighborhoods.

General Jeff stated two contributing factors may be that there are many poor families in poor communities that cannot afford to own vehicles, and that only recently have some Latinos been issued driver's licenses in the state of California.

Aaron Fox, MPM, stated it is important to identify health disparities for the LGBT community because surveys are inconsistent and there are data gaps. The Affordable Care Act provides an opportunity to ask the questions to fill the data gaps. Without the data, there is no way to know how deep the disparities go. Dr. Kohatsu agreed and stated the DHCS supports the CHIS. Some of the scientists who oversee the CHIS are advocating asking the right questions in the CHIS.

Jahmal Miller stated the OHE has power as a convener to bring entities together that would typically compete with each other, not share best practices, or not share toolkits around health equity commitments that they have made. Because it feeds into the *Let's Get Healthy California* model, which is so important to the secretary and to the governor's office, if the OHE-AC would spearhead that conversation and make it happen within the context of the communication plan, it could make some headway in some of these indicators.

Hermia Parks asked about the Postpartum Care Project as a quality improvement program. Dr Kohatsu stated the Adult Medicaid Quality Grant was a two-year, \$2 million grant addressing the fact that, across race/ethnicity categories, postpartum care is underutilized. The grant is almost over, but will continue on through a CMS national initiative on improving postpartum care.

Public Comment – Section 5.

(please reference attached public comment section)

1:35 p.m. Health in All Policies (HiAP) Task Force Update

Julia Caplan, MPP, MPH, the Program Director of the Public Health Institute, HiAP Task Force, provided an update on HiAP Task Force activities.



Office of Health Equity Advisory Committee Meeting
Meeting Minutes (DRAFT Staff Notes)
February 3, 2015



Karen Ben-Moshe, MPP, MPH, Senior Policy Associate of the Public Health Institute, HiAP Task Force, provided an update on prioritizing community safety and violence prevention.

AC Members broke up into groups to answer questions on a handout, and then came back together and shared what was discussed in their groups.

Public Comment – Section 6.

(please reference attached public comment section)

2:35 p.m. Annual Statement of Economic Interests (SEI) Form 700

Timothy Ford, JD, Office of Legal Services, CDPH, provided an overview of the Annual SEI Form 700. He asked AC Members to fill out the form and return it to him. Questions were asked and answered specific to the form.

3:00 p.m. OHE Advisory Committee Sub-Committees

José Oseguera, MPA, OHE Advisory Committee Member, provided an overview of the Mental Health Services Oversight and Accountability Commission Committee structure and gave some highlights of the Bagley-Keene Open Meeting Act.

Discussion:

Aaron Fox asked if a roll call vote must be taken on every vote. Mr. Oseguera responded in the affirmative.

Linda Wheaton, MURP, AICP, asked if a public viewing document of materials submitted by members of the public was sufficient. Mr. Oseguera stated copies must be made available to the public; if duplicating equipment is not available, they must be made available after the meeting.

Tamu Nolfo discussed the possibility of creating OHE-AC subcommittees to coincide with the overarching themes of the strategic plan - assessment, communication, and infrastructure. She included a fourth subcommittee on capacity building for implementation of the strategic plan. She offered several options on the structure and operation of the subcommittees: subcommittees that meet via telephone in multiple locations; subcommittee meetings included as a portion of the quarterly meetings; or, in lieu of subcommittees, webinars that are open to the public.

Jeremy Cantor suggested communicating through emails. Rocco Cheng, PhD, stated a series of emails would be in violation of Bagley-Keene. He added that staff may communicate with all AC Members as long as each AC Member does not “reply to all,” but only responds to staff.

Dr. Nolfo agreed that staff email communication with AC Members is a possibility, although the synergy of the discussion will be lost.

Francis Lu stated his support of subcommittees as a way to drill down to a deeper level to do more detailed work to bring back to the larger group. Subcommittees can be efficient and focused, but he



Office of Health Equity Advisory Committee Meeting
Meeting Minutes (DRAFT Staff Notes)
February 3, 2015



suggested face-to-face interaction as the best way to generate ideas and build a sense of momentum. He suggested utilizing the lunch break for subcommittee meetings or to increase the duration of the meeting from one day to two days.

Dexter Louie stated staff has used the non-subcommittee route all along that has worked well - of engaging AC Members known to have an interest or have expertise. He agreed that face-to-face meetings are optimal; they are efficient and productive.

Dr. Louie stated Dr. Nolfo is in touch with all AC Members and knows their interests and expertise. She can sift through and identify larger issues that require a subcommittee, but it should be issue-oriented. Dr. Nolfo agreed to continue contacting AC Members as required and according to their interests and expertise.

Jeremy Cantor agreed with working in small groups to discuss implementation and important issues as a way to figure out the key issues to deal with in the larger group. He suggested looking at the four potential subcommittees and collectively agreeing on the immediate challenges for each of them and the big issues that require expertise.

Dr. Nolfo agreed that precedents were set while working on the strategic plan of breaking into small groups during OHE-AC meetings where members of the public went from room to room as they wanted to.

Aaron Fox stated large issues are not conducive to discussion in a large group. A smaller group can get the issues out there and bring recommendations back to the larger group for discussion with an already-established foundation. Also, large groups hinder creativity – sometimes people feel more comfortable talking in smaller groups.

Sandi Gálvez stated the Committee will meet as a large group, break up into small groups, work on things, and then do the decision-making in the large group around the things that the small groups worked on. She suggested fleshing out what needs to be done as a group before thinking about breaking into smaller groups.

Motion: OHE Advisory Committee Sub-Committees
(No motion was made and no vote was taken.)

Public Comment – Section 7.
(please reference attached public comment section)

4:00 p.m. Elect OHE Advisory Committee Chair and Vice Chair
Sandi Gálvez postponed this agenda item for further discussion.

Public Comment – Section 8.
(please reference attached public comment section)



Office of Health Equity Advisory Committee Meeting
Meeting Minutes (DRAFT Staff Notes)
February 3, 2015



4:30 p.m. Planning for the May Advisory Committee Meeting

Sandi Gálvez stated the next meeting agenda will include getting more in-depth conversations around each of the parts of the strategic plan and thinking through the implementation for each of those parts and what the tasks would be of this Committee related to those implementation steps. The May agenda will also include the election of officers.

Álvaro Garza suggested submitting ideas for the May agenda to staff. He suggested getting the agenda information ahead of the meetings and not necessarily having many presentations during the meetings. Dr. Nolfo suggested providing written updates on the DHCS and HiAP Task Force as opposed to verbal ones.

Sandi Gálvez stated the update part is not as important as having the opportunity for input and exchange. She requested that opportunities for exchange for DHCS and the HiAP Task Force be built into the agenda.

Public Comment – Section 9.

(please reference attached public comment section)

4:50 p.m. Debrief | Public Comment Period | Public Comment for Items Not on the Agenda

Public Comment – Section 10.

(please reference attached public comment section)

Proposed Bylaws Amendments

Dexter Louie stated he and Cynthia Gómez made up a subcommittee of two tasked with making recommendations for bylaws amendments, either by substitution or by addition.

The subcommittee recommended:

- Adding “at the second quarter meeting” to the end of the sentence in Section B, Elections, Item 2, on page 3.
- Adding “there shall be a two-term limit” to the end of the sentence in Section B, Item 3, on page 3.
- Substituting “at the next quarterly meeting” for “after the election” in Section B, Item 4, on page 3.

Discussion

Dr. Nolfo stated the OHE-AC membership would automatically renew for persons elected during their transition year.

Álvaro Garza asked if the subcommittee addressed the staggering of the vice chair and chair positions. Dr. Louie stated it was determined the election would have to be held annually. Also, due to personal unforeseen issues, the subcommittee chose the flexibility and openness of not including automatic succession.

Yvonna Cázares asked if the length of the term had changed. Dr. Louie stated it remained a one-year term.



Office of Health Equity Advisory Committee Meeting
Meeting Minutes (DRAFT Staff Notes)
February 3, 2015



Ellen Wu, MPH, suggested a friendly amendment to change the term of the chair to two years, which means the chair can serve four years but has to be elected every two years, because one year is too short to learn the office and to develop a relationship with staff. In Item 2, “annually” would be changed to “every two years,” and, in Item 3, “one year” would be changed to “two years.”

Sandi Gálvez agreed that one year is not enough time to learn the post with only four meetings per year. Rocco Cheng agreed that a two-year term makes more sense.

Dr. Louie stated the subcommittee wanted to give the chair the opportunity to run for a second year, and felt it was easier to bring in the vice chair or a new person, if personal issues preclude the completion of the second year.

Álvaro Garza stated the beauty of the vice chair succeeding to the chair is that the first year is spent learning and the second year is spent doing. He stated this works well in many organizations.

Carrie Johnson, PhD, agreed with the two-year term and suggested the vice chair have an opportunity to run for chair after two years.

Pat Ryan suggested since there is no limit on the number of times the chair or vice chair can be reelected, running for reelection rather than putting an automatic progression of the vice chair to the chair in the bylaws.

Dr. Louie stated the subcommittee agreed that two-year terms are optimal, but determined that to be reelected is easier than to resign. He stated a two-year limit fosters leadership development.

Jeremy Cantor agreed with the friendly amendment because another individual can be voted in after two years. The capacity of the chair to be effective is only going to increase over time and, if the Committee decides that the best choice is to re-elect the current chair, then that outweighs the potential value of leadership development.

Motion: Bylaws Amendments

Ellen Wu, MPH, made a motion to approve the Bylaws Amendments as amended.

(Motion made)

Ac Member Jeff: Yes.

Ac Member Fox: Yes.

Ac Member Newel: Yes.

Ac Member Oseguera: Yes.

Ac Member Cázares: Yes.

Ac Member Cantor: Yes.

Ac Member Lu: Yes.

Ac Member Braveman: Yes.

Ac Member Kohatsu: Yes.



Office of Health Equity Advisory Committee Meeting
Meeting Minutes (DRAFT Staff Notes)
February 3, 2015



Ac Member Wu: Yes.
Ac Member Graham: Yes.
Ac Member Garza: Yes.
Ac Member Ryan: Yes.
Ac Member Ogan: Yes.
Ac Member Louie: No.
Ac Member Parks: Yes.
Ac Member Johnson: Yes.
Ac Co-Chair Cheng: Yes.
Ac Co-Chair Gálvez: Yes.

Vote: Motion approved by roll-call vote.

Public Comment – Section 11.

(please reference attached public comment section)

5:00 p.m. Closing Comments and Adjournment

Sandi Gálvez thanked everyone for participating and ended the proceeding.