

**Office of Health Equity Advisory Committee Meeting  
Meeting Minutes (DRAFT Staff Notes)  
February 9, 2016**

Sierra Health Foundation  
1321 Garden Highway  
Sacramento, CA 95833

**OHE-AC Members Participating:**

Dalila Butler, MPH	Jan King, MD, MPH
Jeremy Cantor, MPH	Patricia Lee, PhD
Rocco Cheng, PhD, Vice Chair	Dexter Louie, MD, JD, MPA
Donnell Ewert, MPH	Gail Newel, MD, MPH
Aaron Fox, MPM	Hermia Parks, MA, RN, PHN
Sandi Gálvez, MSW, Chair	Diana Ramos, MD, MPH
Álvaro Garza, MD, MPH	Katie Valenzuela Garcia, MS
Cynthia Gómez, PhD	Linda Wheaton, MURP, AICP
Pastor Willie Graham, MS, MTh	Joe Wilkins, MBA, FACHE
Carrie Johnson, PhD	

**Members Absent:**

Sergio Aguilar-Gaxiola, MD, PhD	Francis Lu, MD
Yvonna Cázares, BA	
Uriel Lopez, BA	

**State Officials/Staff:**

Karen Smith, MD, MPH, CDPH Director	Camille Garcia, OHE Intern
Jahmal Miller, MHA, OHE Deputy Director	Carol Gomez, AGPA, OHE
Dante Allen, MCM, Senior Communications Officer, OHE	Tamu Nolfo, PhD, Senior Project Manager, CHPM, OHE
Noralee Cole, SSA, OHE	LaRoux Pendleton, OHE
Lianne Dillon, MPH, Policy Associate, HiAP, OHE	Fabian Perez, OHE Intern
Timothy Ford, JD, Office of Legal Services, CDPH	Dan Woo, MPH, AGPA, Policy Unit, OHE
	Reneé Wright, OHE

**Speakers from the Public:**

Shirley Darling  
Anthony Galace  
Genoveva Islas  
Pete Lafollette  
Poshi Mikalson Walker

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Ricardo Moncrief (via teleconference)

**9:30 a.m. Convene Meeting and Welcome | Roll Call | Agenda Review**

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

Rocco Cheng, PhD, Vice Chair of the OHE-AC, wished everyone a Happy New Year. He noted that 2016 is the Year of the Monkey and stated he looked forward to an exciting and energetic year.

**9:40 a.m. Welcome and CDPH Updates**

Karen Smith, MD, MPH, CDPH Director and State Health Officer, thanked the Committee for their work and shared her priorities for 2016.

External Priorities:

- To develop systems of prevention by empowering communities to take control of their health and give them the tools they need to understand what drives health outcomes
- To help policy makers understand health and mental health equity because the most cost-effective tool for prevention is policy change
- To change the focus of the health care system from a disease focus to a wellness and community-building focus
- To incorporate programs such as Let's Get Healthy California to achieve better care, better health, and lower costs

Internal Priorities:

- To recognize the role of the California Department of Public Health (CDPH) to facilitate local public health and communities who are working to improve health
- To provide flexible funding to communities wherever possible and to find ways to put the community in charge
- To teach and encourage communities that the circumstances in local communities must drive interventions and include individuals in the conversation who believe they know how things should be done in their community
- To learn to work across the silos of categorical funding by including the issues of health and health equity in all areas of work
- To gain a finer cross-department understanding of issues about race, institutionalized racism, and the social determinants of health
  - The Government Alliance on Race and Equity cohort will look at CDPH business practices and bring health equity into the conversation

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- To find ways to change the CDPH into the health department the state is going to need twenty to thirty years from now by developing systems for prevention, moving upstream in a meaningful way, and being able to evaluate that to gain a better understanding of what improves health
  - The Public Health 2035 initiative
- To create a department in a large state government that is flexible with clear ideas at its core

Discussion

Álvaro Garza, MD, MPH, agreed with empowering communities, but stated the boards of supervisors and city councils in the San Joaquin Valley have difficulty understanding the value in it.

Director Smith stated greater success has been achieved when communities or partners that have trusted relationships with the communities are in the front carrying the message and the CDPH is behind them with the data to support it, technical assistance, and evaluation expertise.

Diana Ramos, MD, MPH, suggested establishing communication directly to the public from the public health system to educate and empower communities, such as a text message communication that individuals and organizations can sign up for to learn reliable information about what the state is saying on hot topics and how it is implementing ideas and solutions.

Director Smith agreed and stated the systems already exist; it is about buying the service pixel. She stated community-based organizations and other trusted spokespersons make good message extenders, especially if they can communicate how solutions are being done.

Pastor Willie Graham, M.S., M.Th., suggested partnering with county resource centers, because the centers know what works in their areas and they already have the communities' trust. Director Smith agreed. Many health departments have tight relationships with their local resource centers.

Donnell Ewert, MPH, suggested investing in both diabetes and HIV for health equity and community empowerment. He stated drug policy is a result of and causes many inequities and health issues in society. He asked if there was discussion throughout the state to change drug policies and the approach to them to a more health-oriented approach to addiction and substance use disorders.

Director Smith stated there is. The conversation has changed substantially and departments and agencies in the state are working together as a coalition of partners to combat health issues, such as the heroin and opiate epidemics, by being proactive, positive partners. The Department of Justice updated their CURES database, which compiles prescription information, to better work for physicians and communities.

Aaron Fox, MPM, asked how the departments will be working more closely together. Director Smith stated there has been improvement. The CPDH and the Department of Health Care Services (DHCS) are active partners in task forces and furthering the

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cross-departmental work by creating the Fusion Center, a home for outward-facing, non-disease-specific intervention. Director Smith and Jennifer Kent, the Director of the DHCS, regularly meet to share priorities and challenges.

Dexter Louie, MD, JD, MPA, asked why the obesity epidemic has not been controlled in California from a public health perspective. It is a high-impact issue that particularly affects low-income and minority communities.

Director Smith stated there are communities that are successful. Some of the most effective interventions are improving food and physical activities for school children to influence future behaviors and increasing understanding and engagement. Michelle Obama's Let's Move! Initiative was a good start because it began the conversation, but it is not enough. The CDPH is bringing information to organizations and communities to work on obesity.

Hermia Parks, MA, RN, PHN, agreed with empowering the community and prevention; they are the core function of public health nurses. She asked if there may be an increase in prevention funding. Director Smith agreed that the categorical funding for public health nurses is a challenge and stated she was not optimistic for an increase in funding due to prevention's long-term outcome timeline.

**Public Comment – Section 1.**

*(please reference attached public comment section)*

**10:30 a.m. CDPH and OHE Updates**

Jahmal Miller, MHA, OHE Deputy Director, stated the importance of being familiar with what the governor and the public health director are saying, in order to better educate the governor's office to prioritize issues around health equity by using vehicles such as the OHE newsletter. He read sections of the governor's State of the State Address that are about inequality, health care, and climate change.

Deputy Director Miller introduced new staff member, LaRoux Pendleton, health program specialist with the Community Development and Engagement Unit.

Deputy Director Miller reviewed the OHE messaging and partnership opportunities:

- The new, updated OHE newsletter
- The Health Equity Speaker Series
  - Dr. Tony Iton will be the first speaker in the series to help paint a picture of what the health equity opportunity is in California
- The contracts for Phase II of the California Reducing Disparities Project (CRDP) will be awarded soon
- The Let's Get Healthy California Innovation Summit was an opportunity to reach out to communities across the state and solicit proposals of innovative practices that address prevention and early intervention indicators; the Let's Get Healthy California website has been launched and many innovative practices are posted there

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- The OHE will partner with GENYOUth, the technical assistance provider for the National Football Association's Fuel Up to Play 60, as part of a \$35 million national effort underway to work with school districts for healthy eating and active living to address childhood obesity
- The OHE will partner with Partnership for a Healthier America, which is connected to Let's Move!, Let's Move! Active Schools, and the First Lady's Childhood Obesity Summit to address childhood obesity

Discussion

Dr. Ramos asked if the presentation by Dr. Tony Iton will be available as a webinar. Deputy Director Miller stated it will be made available via WebEx and the recorded version will be available through the OHE website.

Joe Wilkins, MBA, FACHE, asked what the feedback was on last week's equity meeting. Deputy Director Miller stated the California Conference of Local Health Officers (CCLHO) met last week and discussed establishing a health equity subcommittee that the OHE will be an active partner in.

Dr. Garza stated the hope that the health equity subcommittee will be a temporary one because the health equity concept should go through and be thought about and processed through all Committees.

Mr. Wilkins asked how to ensure that what happened in Flint, Michigan, will not happen in California. Deputy Director Miller stated there are advocates sharing about what is going on. The OHE went on a site visit to the Central Valley last month to explore this issue, and water-related environmental health legislation has passed within the last year. The OHE will collaborate with stakeholders to help empower local communities to address these issues from an environmental health standpoint, specifically around water, and develop a broader comprehensive strategy on how to respond to this issue that is sustainable, meaningful, and has a long-term impact.

Jeremy Cantor, MPH, asked how the Portrait of Promise interfaces with Public Health 2035 and about opportunities for the OHE to engage in that conversation and to align the pieces there. He asked about the role of the OHE-AC in state policy and where opportunities might be to elevate health equity.

Deputy Director Miller stated the OHE will take action in 2016 to influence legislation and policy and encourage civic engagement by providing technical assistance, information, and data and working closely with the Office of Legislative and Government Affairs.

**Public Comment – Section 2.**

*(please reference attached public comment section)*

**11:10 a.m. Break**

**11:20 a.m. Business Items**

**Motion: September 29, 2015, Meeting Minutes**

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Diana Ramos, MD, MPH, made a motion to approve the September 29, 2015, Meeting Minutes as presented.

***(Motion made).***

AC Member Butler: Dalila Butler, aye.

AC Member Cantor: Jeremy Cantor, abstain.

AC Vice Chair Cheng: Aye.

AC Member Ewert: Donnell Ewert, abstain.

AC Member Fox: Aye.

AC Chair Gálvez: Sandi Gálvez, aye.

AC Member Garza: Álvaro Garza, aye.

AC Member Gómez: I'm abstaining.

AC Member Graham: Willie Graham, aye.

AC Member Johnson: Carrie Johnson, aye.

AC Member King: Jan King, aye.

AC Member Lee: Patria Lee, aye.

AC Member Louie: Aye.

AC Member Newel: I approve.

AC Member Parks: Hermia Parks, aye.

AC Member Ramos: Diana Ramos, aye.

AC Member Valenzuela Garcia: Katie Valenzuela Garcia, aye.

AC Member Wheaton: Linda Wheaton, aye.

AC Member Wilkins: Joe Wilkins, aye.

**Vote:** Motion approved by roll-call vote, with three abstentions.

***Public Comment – Section 3.***

*(please reference attached public comment section)*

**Motion: December 8-9, 2015, Meeting Minutes**

Per public comment, it was determined to clean up the verbatim transcript form of the public comment section of the minutes, editing out stutters and stammers, as long as it does not change the meaning.

Cynthia Gómez, PhD, made a motion to approve the December 8-9, 2015, Meeting Minutes as amended.

***(Motion made).***

AC Member Butler: Dalila Butler, aye.

AC Member Cantor: Jeremy Cantor, aye.

AC Vice Chair Cheng: Rocco Cheng, aye.

AC Member Ewert: Donnell Ewert, aye.

AC Member Fox: Aaron Fox, aye.

AC Chair Gálvez: Sandi Gálvez, aye.

AC Member Garza: Álvaro Garza, aye.

AC Member Gómez: Yes. I approve.

AC Member Graham: I abstain. I wasn't here.

AC Member Johnson: Carrie Johnson, aye.

AC Member King: Jan King, aye.

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AC Member Lee: Patria Lee, aye.  
AC Member Louie: Dexter Louie, aye.  
AC Member Newel: Gail Newel, approve.  
AC Member Parks: Hermia Parks, aye.  
AC Member Ramos: Diana Ramos, aye.  
AC Member Valenzuela Garcia: Katie Valenzuela Garcia, aye.  
AC Member Wheaton: Linda Wheaton, aye.  
AC Member Wilkins: Joe Wilkins, aye.  
**Vote:** Motion approved by roll-call vote, with one abstention.

**Public Comment – Section 4.**

*(please reference attached public comment section)*

**Chair and Vice Chair Nominations – Elections to be held at the May 9, 2016, meeting**

Dr. Gómez nominated Dalila Butler as chair of the OHE-AC for 2016-17.

Ms. Parks nominated Aaron Fox as vice chair of the OHE-AC for 2016-17.

Vice Chair Cheng nominated Carrie Johnson as vice chair of the OHE-AC for 2016-17.

**Overview of the Annual Statement of Economic Interests (SEI) Form 700  
Provide support to the Advisory Committee Members for compliance and  
completion of 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.

**12:15 p.m. Lunch Break**

**1:00 p.m. The San Joaquin Valley through the Lens of the Lived Experience: What Do We Need to Know to Successfully Implement the California Statewide Plan to Promote Health and Mental Health Equity?**

Interdisciplinary Panel

Gail Newel, MD, MPH, OHE-AC Member

Katie Valenzuela Garcia, MS, OHE-AC Member

Genoveva Islas, MPH, the Director of Cultiva La Salud

Gail Newel

Gail Newel, MD, MPH, OHE-AC Member, provided an overview, by way of a PowerPoint presentation, of the location and demographics of the Central Valley and the key findings of the following studies and reports:

- *The Measure of America Series: A Portrait of California*, a national study that developed a ranking system called the American Human Development Index. Dr. Newel highlighted a chart that ranked the San Joaquin Valley with the other regions of California on life expectancy, education, and median earnings.

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- The California Health Care Foundation's *California Physician Facts and Figures Report*, which addresses health care access in the San Joaquin Valley.
- The Central Valley Health Policy Institute's *Healthy People 2010* study and its charts on population changes in the San Joaquin Valley and the top ten most ozone-polluted counties in the nation.
- The Central Valley Health Policy Institute's *Place Matters Report*, showing large disparities even within the Central Valley.
- *The UCSF Gates Preterm Birth Initiative*, which looks at preterm birth from the social determinants of health and equity point of view.
- *A Maternal Infant Health Assessment Survey* statistics sampling collected on prenatal and postnatal risk factor data.

Dr. Newel stated the San Joaquin Valley has a large uninsured population. The Federally Qualified Health Centers (FQHCs) service the uninsured for dental and primary care services, but mental health care is unavailable at the FQHCs due to a lack of staffing. Emergency services, although covered for indigent, nonresident populations, are no longer available.

Dr. Newel emphasized that the county boards of supervisors lack understanding of equity issues. She stated the Central Valley has been historically the place of last resort in California. The populations that came into the Central Valley are populations of victimhood. The Peace and Reconciliation Mediation Group at Fresno Pacific University has determined that people of the Central Valley are still afraid and still feel victimized. It is difficult at a ground level to empower and organize populations that feel that way.

Dr. Newel stated her appreciation for Director Smith's comments earlier today about utilizing empowered community-based organizations and the resources they have, but stated, although true, there is going to need to be a hand-up in the Central Valley.

Katie Valenzuela Garcia

Katie Valenzuela Garcia, MS, OHE-AC Member, shared personal stories of growing up in the San Joaquin Valley and the effect the environment has had and continues to have on her family. It feels powerless in the Central Valley, but that power can come by appropriately labeling the problems so solutions can be found and the types of changes needed to make a difference can be implemented for the Central Valley to begin to see healthy, vibrant communities with clean air.

Ms. Valenzuela Garcia provided an overview, by way of a PowerPoint presentation, of the results of the CalEnviroScreen 2.0, an environmental health screening tool; CalEnviroScreen's pollution burden indicators for Bakersfield, Fresno, and Stockton; and the concentrations of minority populations in EJSCREEN, a federal environmental justice screening and mapping tool. She noted that the screening tools indicate a higher environmental burden in higher concentrations of people of color.

Ms. Valenzuela Garcia continued with her PowerPoint presentation, showing how land use and race intersect with health. California has a legacy of race informing land use

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decisions and access and racial covenants where people of color were given the least desirable neighborhoods, which continues to cause cultural and generational trauma to the people of the Central Valley.

Ms. Valenzuela Garcia stated there are disparities in outcomes and the equitable access to power; equitable results are hindered by systemic racism. There is a disconnect between the decision-makers and the community. Bakersfield has an all-White city council and the mayor of Bakersfield has remained in that office since the 1990s and owns the only ambulance company in Bakersfield. It is difficult to see an opportunity for progress when the elected officials do not look like the people of the Valley and the officials fundamentally benefit from the system of racism and discrimination against the people of color in the Valley.

Ms. Valenzuela Garcia stated the need to build the capacity for people in these communities to speak for themselves and be elected into office. The work must be from an environmental justice perspective for these issues to be addressed.

Genoveva Islas

Genoveva Islas, MPH, the Director of Cultiva La Salud, stated she has been working in the Central Valley for the last nine years addressing health through a policy systems and environmental change approach. She shared personal stories of growing up in the Central Valley and the effect the environment has had and continues to have on her family.

Ms. Islas provided an overview, by way of a PowerPoint presentation, of the need for equity and equality for the people of the Central Valley, unaddressed potable water issues, and what it means to be successful in implementing the Statewide Plan to Promote Health and Mental Health for the Central Valley:

- Cash, control, and capacity are needed to improve the disparities in the Central Valley
  - Tie all interventions to address the immense poverty in the region
  - Change the political power of the Central Valley
  - Bolster civic engagement opportunities to help individuals become more influential in informing the decisions that are being made in the community
  - Create pathways in leadership development for representation of individuals with lived experience in the Valley who understand the issues
  - Ensure successful high school graduation and create jobs for graduates other than working in the fields
  - Invest in infrastructure: water, sidewalks, street lights, and park-core communities to promote a healthy lifestyle
- Provide access to higher education
- Allow the residents of the Valley to benefit from the produce grown there

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- Mitigate the environmental degradation by implementing sustainable agricultural practices to decrease soil, air, and water pollution
- Continue policy system and environmental change efforts while simultaneously increasing levels of service
- Provide access to mental health specialists
- Increase the number of health care providers in the Central Valley
- Encourage residents of the Valley to naturalize, become citizens of the United States, and vote
  - People in the Central Valley are considered a sleeping giant, but the truth is they are a shackled giant because they are unable to participate in political processes and farm laborers cannot protest or speak against the harmful agricultural practices
- Address the toxicities and poisons in the region

Discussion

Carrie Johnson, PhD, suggested giving this presentation to county boards of supervisors. Dr. Newel stated county boards of supervisors are generally multi-generational agriculture politicians. It is in their best interest for nothing to change.

Ms. Valenzuela Garcia stated the need to call it what it is and begin building programs to address the problems, not just look at the solutions at the surface level.

Ms. Islas agreed with heightening awareness among decision-makers, but stated it may not have the necessary impact to evoke change. She stated part of that the problem is the spiral of silence. The dominant narrative needs to change, but the counter story is not being told. She gave the example of a six-part study on police deaths in Bakersfield, which has the highest number of police homicides per capita in the nation; the study was met with silence. This is institutionalized at the core of every person in power in the Central Valley.

Mr. Ewert agreed that the core of the matter is power, distribution of resources, and decisions being made in institutions. This is a policy issue. Certain parts of cities are neglected because individuals who are from low-income areas are not elected. The focus needs to be on changing politics. It will be difficult to do, but that is what it will take to effect the necessary change.

Dr. Garza asked how to encourage the underserved communities in the Valley to vote.

Ms. Islas stated naturalization is an option some elders are resistant to. Many legal residents in the Valley are generational non-voters – they do not vote because their parents never did. Clubs such as the Democratic clubs are starting earlier voter registration processes in high schools to ensure potential voters are not missed when they turn eighteen.

Ms. Islas stated voter registration is embedded in the Affordable Care Act (ACA), but under Covered California it is not a simple process. She suggested pre-populating information so individuals can automatically be registered, but was told the systems

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change would be too expensive. She stated there are things she can move at her level and things she needs the Committee to move on another level. She asked the Committee to maximize engagement opportunities, such as thinking of applications where the necessary voter registration information is already being provided that could be used as a possible vehicle for voter registration.

Ms. Valenzuela Garcia stated there is no money in the Valley if communities are not aligned with the interests that are in the Valley. It is time to appeal to allies in the Bay Area and Los Angeles and other parts of the state to identify allies in the Valley and lift them up.

Dalila Butler, MPH, stated policies, systems, and environmental changes that go into those policies must be addressed. She asked what the Committee can do, how it can be a partner in action to address the social justice issues, and how those actions can be aligned with the strategic plan. Ms. Valenzuela Garcia stated the Committee can advocate for redistricting and reforms.

Ms. Islas stated the importance of bringing together decision-makers who will work together to advance the prosperity of the region, advocate change, and address health equity.

Mr. Wilkins encouraged persistence in the work and increased collaboration for eventual success. He gave the example of Dr. Bennet Omalu, a forensic pathologist, whose persistence prevailed over the concussion issue with NFL football. He asked to what extent the outreach will be to the leaders in health care in those communities to make a difference politically in solving the issues.

Ms. Islas stated Covered California is exploring the contracts in the coming renewal period for additional staff, improving data collection, and pinpointing locations for interventions to better address inequities. Alignment with the FQHCs is necessary to further their work in health equity and develop a better way to source programs and bring them to scale to meet needs.

Dr. Louie suggested forming a caucus to help the Central Valley. He gave the example of San Francisco doctors forming a caucus for each issue they needed to address. Dr. Louie referred to Mr. Wilkins's example of football players with concussions. They got the attention of the NFL and effected change through lawsuits. Speaking about health care will not garner as good a response as from attorneys asking about civil rights. He asked why individuals from the Valley who know the Valley do not come back to advocate.

Ms. Valenzuela Garcia stated she advocates for the Valley from Sacramento. Jobs and industry sectors are limited in the Valley and there is no funding for advocacy work.

Dr. Newel stated the work she does in the Valley is unfunded because organizations such as the public health department, First Five Fresno County, Central California Faculty Medical Group, and UCSF Fresno would only pay her for clinical services.

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Ms. Islas stated there are individuals and organizations that are indigenous and working in the Central Valley. The issue is the needed work is far beyond what small organizations can do.

Pastor Graham stated a movement is started with one voice, the second voice is action, and the action duplicates itself and brings change. He thanked the panel members for their boldness in doing the work and sharing their stories so Committee Members can continue to plant those seeds in the minds of others.

Mr. Fox suggested creating an FQHC consortium or collaborative that is connected to the California Primary Care Association, which has some legislative power and contacting Assembly Member Eggman's office to discuss Central Valley issues.

Mr. Cantor asked if Committee Members can have copies of the PowerPoint slides to share with others and if stories of equity of the Central Valley can be captured to be shared in different venues. Mr. Cantor stated the Central Valley is the part of California with the greatest inequities. He asked what more can be done, what the state's role is and what can it do, and what the catalysts for change are.

Ms. Islas stated the Committee can continue to help lift up and support groups on the ground that are making headway and need continuing support, to help inform funders on the types of activities needed to effect change such as building resident leadership, and to lift up interventions that intersect economic development and public health and health equity. The state can create guidelines that prevent the inequity from continuing to exacerbate.

Ms. Valenzuela Garcia suggested that the Committee begin connecting more of the data and outcomes to where the funding comes from and making the funding dependent on outcomes.

**Public Comment – Section 5.**

*(please reference attached public comment section)*

**2:30 p.m. Planning for the May 9, 2016, Advisory Committee Meeting**

The Committee Members discussed inviting Director Smith to present and continuing the San Joaquin Valley theme into the May meeting, and that the regular meeting time will be 9:00 a.m. to 5:00 p.m., with flexibility to shorten as the agenda topics allow.

**Public Comment – Section 6.**

*(please reference attached public comment section)*

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

Chair Galvez stated the OHE cannot participate in policy discussions without an official invitation by the Legislature. She asked how AC Members can bring up policy issues and have policy discussions as part of their advisory role to the OHE. She asked how policy discussions can be a regular part of the meeting agenda.

Deputy Director Miller encouraged AC Members to submit requests for discussion. The OHE can respond under the guise of technical assistance and as a prompt for the OHE

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to do research internally and to pay attention to what will affect the work of the OHE. He stated he would consult with the Legislative and Government Affairs Office and legal staff on how to put policy discussions on the agenda.

Dr. Garza stated the advisory role goes both ways: AC Members determine what they would like to advise the OHE on, but AC Members also need to ask the OHE what they would like advice on and then put it on the agenda.

Ms. Valenzuela Garcia asked if AC Members can write letters to legislative offices and advocate independently on issues or write letters of support that AC Members can sign independently as representatives of their organizations.

Dr. Louie stated AC Members can write letters as long as they identify that they are speaking independently and not representing the opinion of the OHE-AC. He stated he felt uncomfortable for AC Members to go around staff to directly advise the Legislature because AC Members are appointed by staff. He suggested posing this question to legal staff.

Mr. Cantor suggested creating a subcommittee that focuses on policy issues. Dr. Louie stated a subcommittee determining policy would be difficult because there is a lot of give and take from that discussion.

***Public Comment – Section 7.***

*(please reference attached public comment section)*

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

Chair Gálvez thanked everyone for participating and ended the proceeding.