

**Office of Health Equity Advisory Committee Meeting
Meeting Minutes (DRAFT Staff Notes)
December 8-9, 2015**

Sierra Health Foundation
1321 Garden Highway
Sacramento, CA 95833

OHE-AC Members Participating:

Sergio Aguilar-Gaxiola, MD, PhD	Jan King, MD, MPH (12-8-15)
Dalila Butler, MPH	Patricia Lee, PhD
Jeremy Cantor, MPH	Uriel Lopez, BA
Yvonna Cázares, BA	Dexter Louie, MD, JD, MPA
Rocco Cheng, PhD, Vice Chair	Francis Lu, MD
Donnell Ewert, MPH	Gail Newel, MD, MPH (12-8-15)
Aaron Fox, MPM	Hermia Parks, MA, RN, PHN
Sandi Gálvez, MSW, Chair	Diana Ramos, MD, MPH (12-8-15)
Álvaro Garza, MD, MPH	Katie Valenzuela Garcia, MS
Cynthia Gómez, PhD	Linda Wheaton, MURP, AICP
Carrie Johnson, PhD	Joe Wilkins, MBA, FACHE

Members Absent:

Pastor Willie Graham, MS, MTh
José Oseguera, MPA
Raul Recarey

State Officials/Staff:

Jahmal Miller, MHA, OHE Deputy Director	Kimberly Knifong, MBA, HPS I, CDEU,
Danté Allen, MCM, Senior Communications Officer, CHPM/OHE	OHE
Karen Ben-Moshe, MPH, MPP, PHI, HIAP, Senior Program Associate, OHE	Meredith Lee, MPH, CDPH, HIAP, HPS I
Dulce Bustamante-Zamora, PhD, RS II, Healthy Places HCI, OHE	Robert Lipton, PhD, Unit Chief, HRSU, RS Supervisor II, OHE
Julia Caplan, MPP, MPH, PHI, HIAP, Program Director, OHE	Leah Myers, MCM, AGPA, OHE
Noralee Cole, SSA, OHE	Tamu Nolfo, PhD, Senior Project Manager, CHPM, OHE
Camille Garcia, OHE Intern	Fabian Perez, OHE Intern
Carol Gomez, AGPA, OHE	Mallika Rajapaksa, PhD, Research Scientist IV, OHE
Solange Gould, DrPH, MPH, Chief, Policy Unit, OHE	Thi Mai Schreiber, MPH, Research Scientist I, OHE
Linda Helland, MPH, CPH, Lead, Climate and Health, OHE	Brooke Sommerfeldt, HPS 1, AB 32, OHE
	Dan Woo, MPH, AGPA, AB 32, OHE

**Office of Health Equity Advisory Committee Meeting
Meeting Minutes (DRAFT Staff Notes)
December 8-9, 2015**

Speakers from the Public:

Pete Lafollette

Day 1: December 8, 2015

AC Attendees in Person: Sergio Aguilar-Gaxiola, MD, PhD; Dalila Butler; Jeremy Cantor, MPH; Yvonna Cázares, BA; Rocco Cheng, PhD, Vice Chair; Donnell Ewert; MPH, Aaron Fox, MPM; Sandi Gálvez, MSW, Chair; Álvaro Garza, MD, MPH; Cynthia Gómez, PhD; Carrie Johnson, PhD; Jan King, MD, MPH; Patricia Lee, PhD; Uriel Lopez, BA; Dexter Louie, MD, JD, MPA; Francis Lu, MD; Gail Newel, MD, MPH; Hermia Parks, MA, RN, PHN; Diana Ramos, MD, MPH; Katie Valenzuela Garcia, MS; Linda Wheaton, MURP, AICP; Joe Wilkins, MBA, FACHE.

9:30 a.m. Convene Meeting and Welcome | Roll Call | Agenda Review | Logistics
Sandi Gálvez, MSW, Chair of the Office of Health Equity (OHE) Advisory Committee (AC), called the OHE-AC meeting to order at 9:37 a.m. and welcomed everyone.

Chair Gálvez asked for a moment of silence to reflect on and honor the lives that were lost in Southern California. She gave everyone an opportunity to share their thoughts.

Chair Gálvez convened the meeting, asked everyone to introduce themselves, and provided a brief overview of the OHE-AC meeting agenda.

September 29, 2015, Meeting Minutes

Patricia Lee asked to change “health disparities and mental health composition fact sheets” to “health disparities fact sheets for the Medi-Cal population” on page 11.

Dr. Lee clarified that her comment about going forward once time and resources are available referred to interventions related to the health disparities fact sheets.

Katie Valenzuela Garcia, MS, asked that both her last names be used.

No vote was taken.

Public Comment – Section 1.

(please reference attached public comment section)

9:50 a.m. CDPH and OHE Updates

Jahmal Miller, the OHE Deputy Director, presented his report:

- AC members who will be transitioning off in May are to contact staff if they would like to be considered for a second term.

**Office of Health Equity Advisory Committee Meeting
Meeting Minutes (DRAFT Staff Notes)
December 8-9, 2015**

- Major deliverables completed in 2015:
 - Portrait of Promise: The California Statewide Plan to Promote Health and Mental Health Equity
 - The California Reducing Disparities Project (CRDP), Phase II
 - Eleven scoring teams will evaluate the dozens of proposals that have been submitted
 - Contracts will be executed during the first quarter of 2016
- Strategic Planning Workgroup leads from the CRDP Phase I and Stacie Hiramoto, representing the CMMC, were interviewed at a mental health equity forum in Los Angeles to showcase the unique nature of the CRDP.
- The OHE is collaborating with experts to hardwire and institutionalize health equity into its practices:
 - The OHE will establish a Racial Equity Cohort as part of the Government Alliance on Race and Equity, based at the Haas Institute in U.C. Berkeley. The cohort will be made up of ten staff members, who will join a broader cohort over the next year to study curriculum and to apply it to day-to-day work responsibilities in understanding the role of race and equity in the workplace.
 - The OHE is partnering with the Department of Housing and Community Development in doing equity trainings.
 - The OHE will contract a gender lens advisor and partner (GLAP) in 2016 to train, develop, and cultivate how the gender lens can be integrated into the work.
- The California Department of Public Health (CDPH) has approved thirty-one OHE staff positions. Two-thirds of those positions have been filled.
- Danté Allen, the OHE Senior Communications Officer, has updated the format of the newsletter.

Deputy Director Miller stated he and Mr. Allen went on a site visit a few weeks ago to the San Joaquin Valley, touring Stockton, Merced, and Fresno.

Deputy Director Miller read the Equity Manifesto from PolicyLink's Equity Summit, where the OHE presented.

Tamu Nolfo, PhD, the OHE Senior Project Manager, stated Paula Braveman needed to step down from the Advisory Committee. Donnell Ewert, the Director of the Health and Human Services Agency for Shasta County, agreed to join the Advisory Committee. Dr. Nolfo introduced OHE interns Camille Garcia and Fabian Perez.

**Office of Health Equity Advisory Committee Meeting
Meeting Minutes (DRAFT Staff Notes)
December 8-9, 2015**

Dr. Nolfo stated the OHE will be developing a health equity intern orientation curriculum for intern training and support as they go out into the community to help with health equity efforts, such as a pilot project in Marin City.

Meredith Lee, a CDPH HPS I, stated the OHE gave four presentations at the American Public Health Association (APHA) conference, where the theme was health in all policies. Staff organized a panel of local health professionals doing work in health in all policies from Texas, Oregon, Illinois, and California, and an international panel with representatives from Thailand, Namibia, Chile, and Finland. Also, the APHA invited the OHE to do a day-long training on health in all policies.

Discussion

Yvonna Cázares asked what the feedback has been from the health trainings. Ms. Lee stated attendees fill out evaluation forms at the end of trainings. Dr. Nolfo stated sometimes trainings are used as conversation starters to get people interested in searching deeper.

Sergio Aguilar-Gaxiola, MD, PhD, asked how participation in the APHA conference fits in with the dissemination and implementation of the work of the OHE. Ms. Lee stated the Health in All Policies (HiAP) staff has been involved in trainings on an as-requested basis with available funds without being explicitly linked to the Portrait of Promise.

Jeremy Cantor, MPH, stated it was not long ago that health in all policies was a radical idea. Having health in all policies as the theme of the APHA conference is a tribute to the work done by the HiAP staff and task force. He asked if there were conversations at the conference about how to incorporate equity into the health in all policies work.

Ms. Lee stated health in all policies means health, equity, and sustainability in all policies. The notion is new in the United States, yet attendees seemed more aware and responsive than in the past. Although it is harder to speak about equity in a political environment, how to embed equity is now part of the conversation, and a number of speakers not only talked about equity but racial equity as a priority for the health field moving forward. Inequities and the roots of those inequities, which are largely racial, must be addressed in order to address the social determinants of health.

Dalila Butler, MPH, encouraged continued feedback from training attendees to learn if they made changes to their internal practices or strategies as a result of the training and what resources and supports they wished they had in applying a health equity lens.

Regarding the CRDP presentation to Kaiser and some of their partners, Ms. Butler stated Kaiser has been continuing to increase diversity among mental health providers, and there is an opportunity through their community benefits work to think about how to address preventing mental illness or preventing trauma in the first place by investing in communities to make them strong.

**Office of Health Equity Advisory Committee Meeting
Meeting Minutes (DRAFT Staff Notes)
December 8-9, 2015**

Deputy Director Miller stated Angela Coron, who helped put on the UCLA Kaiser forum, spoke with him about the public/private partnership opportunity and the unique interest in mental health. He shared about the upstream nature of the CRDP and its five target populations. Collaborating will help strengthen the work and reach other groups that the OHE may not be strategically addressing.

Joe Wilkins, MBA, FACHE, asked how to know if the OHE is making a difference, how to measure it, and if county health offices are aligning to the OHE mission.

Deputy Director Miller stated progress is being made. The progress can be measured by data on life expectancy and behaviors and where the inequities exist in the state. The challenge will be how to measure and assess the right metrics around the social determinants of health, which will take a collective and collaborative approach. It will be challenging to measure the right indicators to help learn the causes of the causes and for the OHE to be given credit for the progress.

Álvaro Garza, MD, MPH, asked who was in the San Joaquin Valley tour, what the reason for the tour was, and what initiatives are being considered to improve this most disenfranchised and struggling area of the state.

Deputy Director Miller stated the Sierra Health Foundation sponsored and organized the tour to talk to individuals who are on the front lines and to learn about the local politics. Upon his return, Deputy Director Miller asked the Office of Legislative and Governmental Affairs to research the water-related policy that addresses the issues of infrastructure and contaminated drinking water to educate and empower the OHE to ensure those policies are being implemented and the issues are being addressed in the San Joaquin Valley. The OHE is planning a site visit to Kern County next.

Dr. Garza asked to join the next tour and suggested including the San Joaquin Valley Public Health Consortia in the next San Joaquin Valley tour.

Ms. Valenzuela Garcia suggested contacting the Central Valley Coalition or the Environmental Justice Network to discuss the work they have been doing. One of the best things to come from the Equity Summit was a meeting led by Robert Phillips about how to build a local network that is focused on what local entities and community leaders can do to better implement equity policies. She suggested building networks across the state to gain support of impacted communities.

Dr. Aguilar-Gaxiola stated it would be helpful to have the OHE-AC's perspectives as Phase II of the CRDP is implemented because the \$60 million is a modest investment compared to the tremendous unmet needs of many of the populations in California. Sustainability issues and strategic partnerships, including partnering with counties, will be of critical importance. He suggested including, as a future agenda item, a discussion on ways to stretch the \$60 million to have a sustainable impact.

**Office of Health Equity Advisory Committee Meeting
Meeting Minutes (DRAFT Staff Notes)
December 8-9, 2015**

Public Comment – Section 2.

(please reference attached public comment section)

10:50 a.m. Break

11:00 a.m. Small Group Session #1

Dr. Nolfo announced the names, facilitators, and meeting locations for the small group sessions and gave a brief overview of the Project Tracker, which includes brief updates of each unit's activities for the four goal areas of the strategic plan: assessment, communication, infrastructure, and capacity building for implementation. Members of the public were invited to join the group(s) of their choice and provide feedback.

Dr. Nolfo stated the facilitators will give an overview of the work being done in their unit and attendees will provide feedback, assess challenges and barriers, identify ways to build out the work, and prioritize the goals. Dr. Nolfo asked everyone to break up into groups. The four groups repeated four times throughout the afternoon, so everyone had an opportunity to attend all four groups by the end of the day.

12:00 p.m. Lunch

1:00 p.m. Small Group Session #2

Sessions repeat.

1:50 p.m. Small Group Session #3

Sessions repeat.

2:40 p.m. Break

2:50 p.m. Small Group Session #4

Sessions repeat.

3:40 p.m. Small Groups Report Out

Dr. Nolfo asked the facilitators for the small groups to summarize the feedback received in the group sessions.

Community Development and Engagement Unit (CDEU)

Facilitators:

Kimberly Knifong, MBA, HPS I, CDEU, OHE

Leah Myers, MCM, AGPA, OHE

Kimberly Knifong, HPS I, stated, regarding the GLAP and concepts of how stakeholders are concerned about gender lens being applied in policy, practice, and procedure at the OHE, the groups asked questions of whether there would be a niche contractor for every specialized population, how resource allocation works in that environment, and

**Office of Health Equity Advisory Committee Meeting
Meeting Minutes (DRAFT Staff Notes)
December 8-9, 2015**

whether that kind of resource allocation should be brought to the level of health equity and the social determinants of health.

Regarding data collection, the groups felt that the matrix should be audience-friendly and describe the work being done relative to data, disparities, and disaggregation of data.

The groups felt that community engagement needs to go beyond what has been seen before, using a social justice/health equity lens.

Regarding the website redesign, the groups pointed out that many communities need to be able to access the website from cell phones. The California Department of Health Care Services (DHCS) has purview over the cultural competence plan; the groups asked how to provide technical assistance. The groups also asked how sharing data, evaluation approaches, and community-defined practices in Phase II will work for a feedback loop.

When the OHE was created in 2012, other offices were dissolved – the Office of Women’s Health, the Office of Mental Health, the Office of Multicultural Services – and some of the tasks those offices handled are no longer evident in the state system. The groups asked how the OHE can address that gap.

Communications Unit

Facilitators:

Danté Allen, MCM, Senior Communications Officer, Center for Health Program Management (CHPM)/OHE
Camille Garcia, OHE Intern

Danté Allen, the OHE Senior Communications Officer, stated these groups primarily considered the varied audiences. The OHE has focused much of its time and effort on communicating to current stakeholders within the healthcare field; the priority now needs to shift to the general community with a more accessible literacy level and explanations of health components.

The groups discussed publications including the OHE newsletters, website, and the Portrait of Promise Companion Summary, and felt that the information should be simplified and shortened.

The groups suggested creating outreach toolkits and interactive tools to help convey the message.

The groups asked for a dissemination plan regarding reaching the top five languages in the state and how to connect with the work that needs to be done.

**Office of Health Equity Advisory Committee Meeting
Meeting Minutes (DRAFT Staff Notes)
December 8-9, 2015**

The groups asked that the graphic of children on boxes at a baseball game be included, and also stated the need for a mobile-friendly website design.

The groups pointed out that physicians and providers could be useful partners.

Policy Unit

Facilitators:

Solange Gould, DrPH, MPH, Chief, Policy Unit, OHE

Linda Helland, MPH, CPH, Lead, Climate and Health, OHE

Meredith Lee, MPH, CDPH, HIAP, HPS I

Brooke Sommerfeldt, HPS 1, AB 32, OHE

Dan Woo, MPH, AGPA, AB 32, OHE

Solange Gould, the Chief of the OHE Policy Unit, stated the groups particularly focused on the audience for and goals of the Climate Change and Health Equity Issue Brief. More specific direction will be integrated into the next version of the brief.

The groups felt the Policy Unit should prioritize filling gaps in economic development, especially regarding climate change and health inequities, by creating local jobs and other opportunities.

The groups recommended being as specific as possible, using a call to action, having actionable steps to describe the work, and focusing on co-benefits and social determinants to help communities facing inequities understand how things like transportation and housing and land use are both climate change and health equity related and increase their resilience. The groups also pointed out the need to communicate clearly what health professionals can do to help. If possible, the Policy Unit needs to work on building the local public health infrastructure to help communities that have been impacted by budget cuts.

Health Research and Statistics Unit (HRSU)

Facilitators:

Jahmal Miller, MHA, OHE Deputy Director

Robert Lipton, PhD, Unit Chief, HRSU, RS Supervisor II, OHE

Deputy Director Miller stated the groups spent much of their time talking about the role that the HRSU will play in leading efforts around research, statistics, data analysis, and collection, particularly within the context of the strategic plan.

Regarding the assessment objectives, the groups discussed how existing data is moving towards action in policy, effecting change, and influencing legislation to educate and mobilize key stakeholders; how the first demographic analysis in the Portrait of Promise was limited; how to improve data shortcomings; and how to share information with key stakeholders on the local level.

**Office of Health Equity Advisory Committee Meeting
Meeting Minutes (DRAFT Staff Notes)
December 8-9, 2015**

The groups discussed how to make diverse groups of people visible, such as those in geographically isolated areas, and the opportunity to identify how disparities and inequities play out differently by geography.

The OHE plays a key role in demonstrating to other state and national entities why data collection is important in addressing health and mental health inequities. The HRSU influences how academic institutions, state departments, and other state-funded programs implement practices. The groups discussed how to use information to influence policy and guide the OHE-AC's ability to take action.

Robert Lipton, PhD, Unit Chief, HRSU, RS Supervisor II, stated the groups discussed interactivity, usability of the data, and specificity how to measure change over time. They also made suggestions regarding “inconvenient truths,” such as how the racism work will be handled, and pointed out that the HRSU will need to be resource-aware and think about data through time.

Deputy Director Miller stated Ms. Butler recommended using media to communicate the realities of what is happening with disparities and inequities in communities across the state. He stated the HRSU will be mindful of how that is incorporated into the broader discussion and of how data and information can be presented objectively.

Public Comment – Section 3.

(please reference attached public comment section)

5:00 p.m. Closing Comments and Adjournment

Chair Gálvez thanked everyone for participating and ended the proceeding at 4:32 p.m.

Day 2: December 9, 2015

AC Attendees in Person: Sergio Aguilar-Gaxiola, MD, PhD; Dalila Butler; Jeremy Cantor, MPH; Yvonna Cázares, BA; Rocco Cheng, PhD, Vice Chair; Donnell Ewert; MPH, Aaron Fox, MPM; Sandi Gálvez, MSW, Chair; Álvaro Garza, MD, MPH; Cynthia Gómez, PhD; Carrie Johnson, PhD; Patricia Lee, PhD; Uriel Lopez, BA; Dexter Louie, MD, JD, MPA; Francis Lu, MD; Hermia Parks, MA, RN, PHN; Katie Valenzuela Garcia, MS; Linda Wheaton, MURP, AICP; Joe Wilkins, MBA, FACHE.

Chair Gálvez, reconvened the meeting at 9:35 a.m., welcomed everyone, and asked all attendees to introduce themselves. She showed a video, titled “‘Our Moment’ at Equity Summit 2015” from policylink.org/newsandevents/equity-summit-2015 from the PolicyLink Equity Summit. She stated it was an amazing conference and looked forward to the next one.

9:30 a.m. Early Input into the Demographic Report of 2017

**Office of Health Equity Advisory Committee Meeting
Meeting Minutes (DRAFT Staff Notes)
December 8-9, 2015**

Dr. Lipton asked AC members for input on the draft of the second Demographic Report on Health and Mental Health Equity in California, being presented today. He emphasized the need for useful, informational, accessible, interactive data that will motivate action.

Dr. Nolfo stated the demographic report is the data that comes before the Portrait of Promise and must be updated at least every two years, according to statute.

Thi Mai Schreiber, MPH, Research Scientist I, provided an overview, by way of a PowerPoint presentation, of the meeting objectives, the mandate, the “A through N” social determinants of health topics, the process of the first demographic report, the agencies that reviewed the first report, and the successes, challenges, and lessons learned in producing the first demographic report.

Dulce Bustamante-Zamora, PhD, Research Scientist II, Healthy Communities and Indicators Project, provided an overview, by way of a PowerPoint presentation, of the context of the second report, the proposed new story approach and review of other CDPH and California Health and Human Services Agency (CHHS) reports, the proposed expansion of how the A-N relate to the top-ten causes of disease, burden, and death, the proposed diseases and conditions identified to include in the report, the vision for the report, pilot ideas of charts that will be used to guide the process, examples of maps of associations, important considerations for the second report, and a summary of the progress of the work done to date.

Dr. Bustamante-Zamora stated expanding how the A-N relate to the top ten causes of disease, burden, and death will help readers discover associations between the social determinants of health that might have not been apparent, and to reinforce the complexity of factors that interact to produce particular health outcomes. The second demographic report is an opportunity to show that connections exist outside the health field.

Dr. Bustamante-Zamora stated the first draft of the second demographic report will go out for review by the end of summer of 2016, the second draft will go out for review by October of 2016, and there is a tentative publication date of summer of 2017. She asked for feedback on the new story approach, other opportunities, and lessons learned from the first report.

Discussion

AC Vice Chair Rocco Cheng, PhD, asked that the second demographic report dig deeper and go into disaggregated data with respect to Asian Pacific Islander (API) data as resources and time allow or, if that is not possible, that there be a disclaimer.

Vice Chair Cheng requested that posttraumatic stress disorder (PTSD) or anxiety be added to the mental health indicators. He stated housing needs to be clarified. For example, there are often multiple families living in the same household in the Asian

**Office of Health Equity Advisory Committee Meeting
Meeting Minutes (DRAFT Staff Notes)
December 8-9, 2015**

community. Also, income needs to be clarified, since data that indicates that people are employed may not indicate that they work more than one job to make ends meet.

Ms. Valenzuela Garcia stated Breathe California is the only organization in the Sacramento Region that does interventions with families in asthma management and education. The asthma chart is too broad to be useful. She suggested having key informant interviews to focus on the opportunities and issues and to highlight the data gaps. For example, increased income might be a strategy in the end, but housing location and quality is what matters for individuals with asthma.

Carrie Johnson, PhD, stated her appreciation for the data in the first and second reports on American Indians and Alaska Natives. She referenced slide 11, the diseases and conditions identified, that lists substance abuse under mental health. She stated they are different conditions and should be separated in the report.

Cynthia Gómez, PhD, stated the first report outlined what is currently known and the second report will make a case for the social determinants of health model. She cautioned against sliding into the medical model of disease-focused reporting, because it does not align with the OHE philosophical and theoretical models. The second report should be about changes that need to happen that are asset-based rather than deficit-based in order to achieve well-being. She suggested including a graph that predicts regional outcomes should those changes occur.

Dr. Lee agreed and suggested including life expectancy, listing the things that can be seen and the years that can be gained if these changes are made.

Dr. Garza stated he agreed with Dr. Gómez that the CDPH reports are all downstream. The uniqueness of the OHE is that it focuses upstream. He suggested including more charts like the slide on income security for education, transportation, and housing.

Mr. Cantor stated he agreed with Drs. Gomez and Garza. It would distinguish the work of the OHE to include charts like slide 15 with a focus on health outcomes that would build an understanding of things like income security and housing.

Mr. Cantor asked how to fit clinical, public health, and policy work together. He suggested the possibility of adding that information as a column. He suggested a portfolio of strategies and actions steps that relate to the information on issues, such as income security on slide 15, for clinical, transportation, housing, and other partners that are brought together on these issues. He suggested watching the population trends and considering how this will evolve over time. Clinical partners do not understand how to capture the impact and when changes may occur in a two-year program when social determinants take many years to see results. He suggested projecting short-, medium-, long-term impacts.

**Office of Health Equity Advisory Committee Meeting
Meeting Minutes (DRAFT Staff Notes)
December 8-9, 2015**

Ms. Butler stated she liked that slide 15 helps to spur ideas for solutions because it shows that a comprehensive, multi-field approach would be necessary to address the social determinants. She agreed with Dr. Gómez about the opportunity to show a more assets-based approach and to switch from a health inequities frame to a health equity frame.

Ms. Butler suggested including photos of communities by communities and short success stories demonstrating short- and long-term impacts and promoting health equity, along with videos, as a way to encourage community involvement in the web-based demographic report.

Donnell Ewert, MPH, referenced slide 15 and stated he liked urban versus rural on the economic disparities. He suggested including a definition of rural and incorporating a statewide comparison of urban versus rural. He also suggested looking at adverse childhood experiences (ACEs) not only as a social determinant, but as a foundational issue that affects the life course, and how the social determinants would impact that on the list of conditions on slide 15.

Francis Lu, MD, suggested a both/and rather than an either/or focus on the A-N topics and drilling down more specifically on the A-N factors for the top-ten diseases. He also suggested doing a comprehensive A-N both/and approach in terms of looking at the top ten, or even top five, to locate where gaps exist to show where more research is needed. Dr. Lu asked if funding could be provided from private sources or foundations to assist staff in this important work and suggested linking policies to the A-N topics to help individuals understand how policies address A-N issues. It is important for program planners to know where the gaps are.

Dr. Aguilar-Gaxiola agreed that the health conditions should be put together with the social determinants – the challenge will be to see how they intersect – and with looking at both health conditions and well-being. A theoretical framework model that ends in equity and well-being as outcomes is missing from this report. He suggested Healthy People 2020's action model. He recommended including the leading causes of disability on slide 17 as an important consideration for the second report and stated obesity should be included in the diseases and conditions identified on slide 11. He suggested including case stories of success to show that progress is being made.

Aaron Fox, MPM, stated the list of ten conditions on slide 11 feels disconnected. Individuals with chronic diseases talk more about the social determinants than about their disease because that is what they are more concerned about. He cautioned against losing that connection. Reducing the disease burden is a byproduct of the overall goal of improving the social determinants. That is where the focus should be.

Mr. Fox stated the governor signed AB 959, which mandates four departments – the CDPH, the DHCS, the California Department of Social Services (CDSS), and the Department of Aging – to collect voluntary sexual orientation and gender identity data

**Office of Health Equity Advisory Committee Meeting
Meeting Minutes (DRAFT Staff Notes)
December 8-9, 2015**

by 2018. In the meantime, there are other reliable sources of data that can be used. The California Health Interview Survey (CHIS) asks about sexual orientation regarding risk behavior rather than in the demographic section, so that information is not being collected.

Deputy Director Miller stated the OHE has an opportunity to influence how these other entities collect information. The OHE purchased the discrimination module for the CHIS to ask why organizations are not collecting that information at a demographic level, especially now that a precedent has been established with the passage of the law.

Hermia Parks, MA, RN, PHN, stated data reveals many things that move the work forward, but the challenge comes when data is not reported. She suggested adding postpartum depression to the diseases and conditions identified in slide 11. She asked who the audience is that is referenced in slide 17. Dr. Bustamante-Zamora stated the definition is up for discussion. The thinking in this process was to design this for a broad audience, not necessarily only for policy-makers.

Ms. Parks stated a web-based report will be more available to the community and the information needs to be easily understood and relatable. Focusing on the social determinants of health is important.

Dexter Louie, MD, JD, MPA, stated the audience has different interests and different levels of expertise. The OHE looks upstream to effect social change. Individuals have to care and understand before social change can occur. The goal of the demographic report is to make individuals care about the social determinants of health, but to be persuasive, the report must present the data.

Mr. Wilkins stated the private health care industry is moving at a rapid pace. Issues may be looked at differently by 2017. Figuring out what that is and continuing to connect with other agencies will be crucial.

Chair Gálvez stated, while the report should be for the general public, the OHE is fundamentally trying to change how policy-makers and decision-makers see their role and connection. It is important to ground the social determinants to something that individuals identify as health issues. She agreed with focusing on the top five diseases instead of ten. Even the top five diseases may not be the same county to county. It is important to talk about that.

Public Comment – Section 4.

(please reference attached public comment section)

10:50 a.m. Taking a Deeper Dive into the Asian Pacific Islander Data: The Status of Health and Mental Health Disparities in the Cambodian Community

Vice Chair Cheng stated Dr. Nolfo met today's speakers at a stakeholder forum and invited them to present to the OHE-AC about the disparities within the API community.

**Office of Health Equity Advisory Committee Meeting
Meeting Minutes (DRAFT Staff Notes)
December 8-9, 2015**

Kimthai Kuoch, the Chief Executive Officer of the Cambodian Association of America (CAA), showed a video titled “Nixon Bombing of Cambodia,” explaining why and how the Cambodians came to the United States. Mr. Kuoch stated, in order to help reduce the health and mental health disparities in this underserved community, the root causes of the trauma related to genocide that the Cambodian community still experiences must be understood.

Mr. Kuoch provided an overview, by way of a PowerPoint presentation, of the 1975 American bombings that gave rise to the Khmer Rouge and the era of the Killing Fields and genocide that was imposed on the country of Cambodia, the first wave of Cambodian refugees, early resettlement in Long Beach, the origination and mission statement of the CAA, the status of Cambodian health and mental health disparity, why Cambodians are dying younger, leading causes of death, why Cambodians do not obtain treatment services, and barriers to health care access.

Susana Sngiem, the Executive Director of the United Cambodian Community (UCC), provided an overview, by way of a PowerPoint presentation, of the background and mission of the UCC, the three levels of the Cambodian community – generations 1, 1.5, and 2 – barriers in treatment, and mental health strategies.

Ms. Sngiem stated the UCC promotes and advocates for the well-being and advancement of the Cambodian community through health and mental health, youth development, and community engagement. She shared what works within the Cambodian community, how the community is using its strengths, and how it is using the community-based defined practices to meet needs that are so prevalent within the community.

Lindsay Gervacio, the Program Manager for Families in Good Health, provided an overview, by way of a PowerPoint presentation, of the second-generation Cambodian American experience, trauma by proxy, challenges experienced by second-generation Cambodian Americans, Sambo’s story about growing up with a father with PTSD, and building resilience.

Ms. Gervacio stated there is a misperception that the survivors of trauma are only those who directly experience it, but that is not the case. Second-generation Cambodians are directly exposed to the lived experiences of their parents. The impact of generational trauma in second-generation Cambodians is real and is documented. Ms. Gervacio shared a phrase that is poignant for second-generation Cambodians: “No history, no self. Know history, know self.”

Chan Hopson, the Executive Director for the Khmer Parent Association, stated she prepared a PowerPoint presentation but wanted the AC members to hear directly from a genocide survivor how trauma impacts a real person. She stated she was a high school math teacher in Phnom Penh, the capital of Cambodia, during the bombings of 1975.

**Office of Health Equity Advisory Committee Meeting
Meeting Minutes (DRAFT Staff Notes)
December 8-9, 2015**

Ms. Hopson gave a personal account of the bombings, the subsequent Khmer Rouge takeover and being kicked out of her home to live in the jungle, the Killing Fields and the horrors she witnessed, and how she – the only member of her family left alive – survived for four years. She immigrated to the United States and continued to have struggles. Today, she works with people of all ages. She counseled that, if a child at risk of behavioral health issues is caught early, the cost of treatment is low and the child can become a successful member of society.

Mr. Kuoch suggested a video titled “Pass or Fail in Cambodia Town.” He appealed to the OHE-AC to do all in their power to help reduce the health and mental health disparities in this underserved community.

Chair Gálvez thanked the presenters and asked everyone to take a short break, bring their lunches back to the tables, and continue with the discussion part of this agenda item to get the agenda back on track.

12:00 p.m. Working Lunch

Discussion

Mr. Wilkins thanked the presenters for their heartfelt stories. They highlighted the importance of including personal stories in the demographic report because that is what will move people to action.

Dr. Johnson stated American Indians had similar historical trauma and impacts of health and mental health. She stated she liked that Cambodians are healing the generations through stories and empowering knowledge and understanding,

Dr. Lu agreed with Dr. Cheng that it is critical to look at specific communities in the API population. The presenters made it clear that specific ethnic groups need to be drilled down to gain a clearer understanding of the situation. The comorbidity between mental health issues and physical health issues was made very clear in the presentations. The second page of the handout discusses the status of education and economic disparities in the Cambodian community, which ties into the concern about social determinants of health and mental health. It is helpful to understand how that ties in.

Ms. Butler stated she appreciated hearing about the mental health work and other healing efforts the Cambodian community is doing, and about turning feelings of helplessness or hopelessness into feelings of contributing to community and giving back through advocacy. That is a good lesson to continue to support further healing.

Dr. Gómez stated the data presented shows that the level of trauma for the younger generation is related to the impact of early exposure to trauma and the long-term and cumulative impact of that trauma. She suggested considering how to bring communities

**Office of Health Equity Advisory Committee Meeting
Meeting Minutes (DRAFT Staff Notes)
December 8-9, 2015**

together that have shared traumatic experiences so they can collectively find ways to unite and battle these historical traumas.

Vice Chair Cheng applauded the presenters for their courage and thanked them for sharing their important, critical information as well as their personal heart-wrenching experiences. He stated he agreed with Dr. Gómez that communities with shared experiences can work together to overcome systematic, infrastructure, and policy barriers. Adding voices together makes a louder voice to get the attention of legislators.

Public Comment – Section 5.

(please reference attached public comment section)

1:00 p.m. How the State is Aligning with Health Equity – Part 2

Katie Howard, the Executive Director of the Board of State and Community Corrections (BSCC), stated Shalinee Hunter, a Field Representative of the BSCC, was unable to attend today's meeting. Ms. Howard provided an overview, by way of a PowerPoint presentation, of her background and the background and responsibilities of the BSCC under Proposition 47, legislation that adds priorities to the Proposition 47 grants, the amount of funding, grant program planning, the Proposition 47 Executive Steering Committee (ESC), grant recipients and ESC interest, and future meetings.

Ms. Howard provided an overview of Shalinee Hunter's PowerPoint presentation on racial impact statements, bias in decision-making across systems, the premise of racial impact statements, and the racial impact assessment tool developed by the Workgroup to Eliminate Disparities and Disproportionality (WGEDD).

Discussion

Ms. Valenzuela Garcia asked if there would be a local law enforcement training component to the rollout of the program. Ms. Howard stated conversations about training law enforcement in better responses are taking place.

Ms. Valenzuela Garcia asked if there was any geographic distribution factored into the competitive grant. Ms. Howard stated that authority goes to the ESC to decide. Attention is given to make a reasonable match between the population of the state and the dollars that are available.

Ms. Parks asked about how Assembly Bill (AB) 109 relates to Proposition 47. Ms. Howard stated the BSCC has done work on AB 109. AB 109 had an even larger impact across the state than Proposition 47 and the BSCC had responsibilities in connection with that.

Jennifer Buchholz

Jennifer Buchholz, the Bureau Chief of the Special Projects/California Partners for Permanency (CAPP) of the CDSS, provided an overview, by way of a PowerPoint

**Office of Health Equity Advisory Committee Meeting
Meeting Minutes (DRAFT Staff Notes)
December 8-9, 2015**

presentation, of her background and the background and mission of the CDSS, disproportionalities and disparities, and the current efforts in California.

Discussion

Chair Gálvez asked what the WGEDD applies to. Ms. Buchholz stated the idea behind it is that each member of the workgroup takes some of the work that the workgroup is doing back to their own agency.

Chair Gálvez asked how the group was established. Ms. Howard stated the State Interagency Team is responsible for bringing together these organizations. The purpose of the WGEDD is to provide leadership and guidance to facilitate full county implementation of improved systems for the benefit of communities in the common population of children, youth, and families. Ms. Buchholz stated Kelsey Lyles from the OHE is a member of the WGEDD.

Mr. Fox stated his organization is implementing the RISE Initiative, which aims at working with foster families, case workers, and the youth that are in the system to coordinate a welcoming atmosphere. He stated he would send a recent report from the Williams Institute to the CDSS to the presenters.

Michael Newman

Michael Newman, the Acting Director of the Bureau of Children's Justice (BCJ) of the California Department of Justice (DOJ), provided an overview, by way of a PowerPoint presentation, of the background of the BCJ, the Defending Childhood Initiative, adverse childhood experiences and childhood trauma, and five essential strategies: funding, using data, training, early intervention, and engaging local and community stakeholders.

Discussion

Mr. Ewert asked if the BCJ has done any work documenting the association between ACEs and health and social outcomes that are very poor later in life, or has done any work in prevention.

Mr. Newman stated there have been discussions about the issue of preventing ACEs from happening in the first place. Preventing adverse experiences is where policy needs to get to.

Mr. Wilkins stated half the children in California are on Medi-Cal, providers that serve the Medi-Cal population are limited, and there is a significant amount of Medi-Cal fraud, particularly around children's services. Mr. Newman stated the DOJ has the Bureau of Medi-Cal Fraud and the BCJ has a false claims unit.

Ms. Parks stated her organization is involved with the Commercially Sexually Exploited Children (CSEC) grant. She asked how the BCJ is involved.

**Office of Health Equity Advisory Committee Meeting
Meeting Minutes (DRAFT Staff Notes)
December 8-9, 2015**

Mr. Newman stated within the DOJ is a statewide human trafficking coordinator who works directly with the BCJ on children who are the victims of trafficking and is developing systems to be more proactive. The BCJ is a member of the CSEC Action Team and is involved in the Defending Childhood Initiative.

Dr. Lu asked about the impact of using the Racial Impact Assessment tool and suggested documenting the successes going forward. He suggested renaming the tool Cultural Impact Assessment. Individuals will need to be trained to use this tool.

Ms. Buchholz stated information is being pulled from the responses but the CDSS is still working on identifying the tracks to apply it to – the legislative analysis template or the continuum of care reform effort – and mapping out the decision points and looking at these issues.

Dr. Gómez asked about metrics that could link to the health of the individuals being served in order to demonstrate how institutional transformation might be positively impacting the outcomes of the children, youth, and adults served.

Mr. Newman stated the fact that the BCJ exists indicates that bias is being overcome. The BCJ is doing work across all key critical sectors that the DOJ has in place, such as education, child welfare, juvenile justice, delivery of services, and children as consumers.

Public Comment – Section 6.

(please reference attached public comment section)

2:30 p.m. Planning for the February Advisory Committee Meeting

Chair Gálvez stated there have been varying requests for more presentations, fewer presentations, and more opportunity for feedback. She asked for the AC members' preference for a meeting format and about yesterday's format. Chair Gálvez suggested an agenda item on violence in the February meeting.

Dr. Louie suggested inviting Dr. Ashley Wolfe (phonetic), the chief medical officer for Region 9, to give a presentation.

Dr. Gómez stated yesterday was good, but it was too much. Everyone, including the facilitators, was burned out by Group 4. She suggested dividing into two groups and addressing all the issues. She requested that future agendas be prioritized around the continued discussion of the second demographic report to plan the dissemination of the report and the OHE's role.

Mr. Wilkins stated yesterday's meeting was good. He suggested discussions on themes heard yesterday and today – data, insight, and action. An update on the progress of the report would be helpful, as well as a discussion on precision medicine specific to different ethnicities and how health care will impact them.

**Office of Health Equity Advisory Committee Meeting
Meeting Minutes (DRAFT Staff Notes)
December 8-9, 2015**

Ms. Valenzuela Garcia stated she liked yesterday's meeting, but it was a lot. The primary charge of the OHE-AC is to create and implement a strategic plan. That must be central to all agendas. She suggested discussions on metrics, data tracking, focus, and goals.

Mr. Cantor stated he appreciated yesterday's meeting, but four groups is too many. He suggested specialization groups in areas of AC member expertise. He stated he liked the presentations but sometimes has questions. He suggested staff have an opportunity to say how the presentation relates to their work.

Dr. Nolfo asked AC members to email staff with the goals and strategies of the strategic plan they are most interested in for more deliberate and focused small groups in the future.

Ms. Butler stated she appreciated the small groups, presentations, and panel, but was unsure how to apply what she learned from the presentations to move the strategic plan forward. She suggested having small group discussion on how to apply that information.

Dr. Lu stated it may be useful to be assigned to two of the four groups and to have the opportunity to return to those groups on an ongoing basis, in order to focus as a team over several meetings. He asked if AC members could be available to provide advice to staff between meetings as they work on summary reports. He stated the second report is not far away and recommended having an update.

Mr. Fox stated the state will be implementing a new drug Medi-Cal waiver that will change how substance use services are provided and interact with mental health. He suggested having a presentation on this topic.

Vice Chair Cheng stated conceptual dialogue will be important moving forward. He agreed that sometimes there is a need for interpretation of how to link presented information to public policy.

Mr. Ewert stated the local community college has a new Office of Access and Equity funded from the Chancellor's Office; Mr. Ewert believed that funding may be almost universal. He asked if there is a nexus there to be explored, since education is such an important social determinant of health.

Mr. Ewert stated the slide of the income social determinant in the presentation on the report listed past policies on the side. He asked if there would be an opportunity to discuss new policy ideas or agendas for health equity, being mindful that legislators are supposed to bring forth policy ideas. Deputy Director Miller stated the inclusion of existing policies was intentional because much of the original draft talked about the prospects for the future. While there are certain sensitivities to a document coming from

**Office of Health Equity Advisory Committee Meeting
Meeting Minutes (DRAFT Staff Notes)
December 8-9, 2015**

the administration, the AC members can consider information and suggestions regarding policy ideas.

Uriel Lopez, BA, recommended having a presentation on laws to aid immigrants in the state, particularly victims of domestic violence, in obtaining new visa certification, and to aid documented children in obtaining access to health care.

Dr. Garza stated he appreciated hearing how state departments are translating the Portrait of Promise into their policies and practices. He asked if legislators or senior staff who are interested in these issues could discuss the strategic plan in future meetings. He also suggested having a panel of counties or cities that have been working on equity and social justice to discuss their successes.

Deputy Director Miller stated he met with the Ethnic Caucus's staff and other key committees in the Legislature to brief them on the Portrait of Promise, which was well-received. They requested an executive summary document so that, through their member services in the Legislature, they could place that information in the district and elected officials' offices.

Dr. Nolfo stated she and Deputy Director Miller have a paper about the Portrait of Promise published in the *Journal of Public Health Management and Practice*.

Public Comment – Section 7.

(please reference attached public comment section)

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

Chair Gálvez reminded AC members to begin thinking about chair and vice chair nominations in February and elections in May.

Public Comment – Section 8.

(please reference attached public comment section)

3:00 p.m. Closing Comments and Adjournment

Chair Gálvez thanked everyone for participating and ended the proceeding at 3:05 p.m.