



California Department of Public Health
PUBLIC HEALTH ADVISORY COMMITTEE MEETING
Richmond Campus Conference Center
850 Marina Bay Parkway, Room C-136, Richmond, CA 94804-6403
January 23, 2009
10:00 a.m. . 4:00 p.m.
MINUTES

Morning Session
10:00 a.m. . 11:50 a.m.

- **Welcome - Director Mark Horton, MD, MSPH**

Committee Chairman Dr. Mark Horton convened the meeting at 10:04 a.m. with the following members present: Ms. Jeanette Dong, Ms. Cynthia Gomez, Dr. Rodney Borger, Ms. Robin Cox, Ms. Susan Harrington, Ms. Phoebe Seaton, Dr. Mulnard, Dr. Frank Pratt, Dr. Stephen Shortell, and Ms. Ellen Wu. Dr. Anthony Iton arrived at 10:17 a.m.

Information item no action required. Dr. Horton inquired if any member of the public wished to speak to this item. No member of the public came forth to speak.

- **Introductions**

Members and persons present introduced themselves. *Information item, no action.*

- **Review and approval of October 22, 2008 Meeting Minutes**

Dr. Horton offered the minutes for approval and asked for comments on the new format. Robin Cox expressed concern that some of the ideas that were expressed at the last meeting were not reflected in the minutes. Dr. Shortell expressed his desire to see a greater level of detail than currently shown. Dr. Horton agreed to give staff direction to provide more detail in the minutes. It was stated that we may want to explore the idea of recording the meeting in the future. Moved by Dr. Shortell to approve the minutes, seconded by Susan Harrington. Approved unanimously (C. Gomez, R. Mulnard abstained).

Dr. Horton inquired if any member of the public wished to speak to this item. No member of the public came forth to speak.

- **Approval of By laws/Charter . Pete Baldrige, Senior Staff Counsel**

By-Laws were discussed by Peter Baldrige, Senior Staff Counsel. He advised that no comments on the draft bylaws had been received since the last meeting, and invited comments. Rodney Borger asked about the Bagley-Keene Open Meeting Law requirements for workgroups. Mr. Baldrige advised that these requirements are imposed by statute on workgroups of three or more persons. Dr. Borger expressed concern that workgroups may do much of the work of the committee. Dr. Horton asked for a motion to approve the by-laws. Moved by Susan Harrington, seconded by Rodney Borger. Approved by unanimous voice vote.

Dr. Horton inquired if any member of the public wished to speak to this item. No member of the public came forth to speak.

- **Budget Update, Steve Kessler, Chief Deputy Director of Operations**

Steve Kessler, CDPH Chief Deputy Director of Operations, made a presentation on the state budget and responded to questions. The General fund reduction (10% of CDPH budget) is .1%. He discussed specific programs with significant changes. He advised that with respect to the Governor's furlough order, CDPH would shut its offices with exceptions for essential 24-hour public health functions on the furlough days.

Dr. Tony Iton was introduced. He inquired about the conversion of contract positions to state positions and how there could be a cost savings on this. Mr. Kessler said that programs were determining where conversion was appropriate. For example, one contract is a decade old, but on the latest round the program had to go through every position in the contract and every task to justify the contract. The administrative savings are in not having to do that kind of work. Mr. Kessler indicated that in the information technology area, there is much more oversight of contracts, and



the unions see this as a way of surviving and growing, by taking advantage of the constitutional civil service requirements.

Dr. Shortell asked if furloughed employees could take vacation. He was informed that they could not.

Jeanette Dong inquired about the budget reduction process and what proposals the Legislature is considering. Mr. Kessler indicated that this year's process is a little different as the legislature tries to address the budget crisis. He indicated that as of today CDPH is finished with current year reductions.

Ellen Wu inquired about mid-year cuts and was informed that the current year reductions were already completed (targeted at \$2.65 million), but that all of that could change.

Phoebe Seaton asked whether Prop 50 moneys were being stopped. Mr. Kessler indicated that projects have been stopped due to a lack of cash. Rufus Howell, Deputy Director of the CDPH Center for Environmental Health, confirmed that several projects are on hold. He indicated that the water systems use funds from several sources, and sometimes can keep the projects alive with this money. He indicated that the State Revolving Fund is still functioning, but that the bond measure funds are affected. Mr. Kessler indicated his willingness to answer questions by e-mail.

Information item, no action. Dr. Horton inquired if any member of the public wished to speak to this item. No member of the public came forth to speak.

- **Shared Leadership: The Centers for Disease Control and Prevention (CDC) Portfolio Management Program (PMP) . Mike Hughes, CDC Senior Management Official for California**

Dr. Horton introduced Mike Hughes, the federal Centers for Disease Control and Prevention's (CDC) Senior Management Official for California. Mr. Hughes provided an overview of the Portfolio Management Program (PMP) at CDC, a description of the Federal Fiscal Year 2008 CDC extramural funding to entities within California and, described an initiative at CDC to negotiate a Strategic Management Agreement with state health departments.

Mr. Hughes described that the PMP is organizationally located within the Office of Public Health Practice in the CDC Office of the Director, and that the PMP was initiated in 2004 with the assignment of a CDC Senior Management Official (SMO) in New York State. He indicated that in subsequent years, SMOs were assigned to the District of Columbia, North Carolina, Florida, Ohio, Louisiana, Arkansas, Texas, Washington state, California and Hawaii and that the SMOs are part of the state health departments' executive management team and represent the CDC Director in their respective states. It was described that the over-arching goals of the PMP are to promote shared leadership; to facilitate the alignment of state and CDC resources and health impact objectives; and to improve CDC's business practices and field services. In addition, SMOs were responsible for coordinating any requests for CDC assets in the event of a public health emergency.

Mr. Hughes described that the CDC's annual budget for extramural funding of prevention and research programs is approximately \$6 billion. California health departments, academic institutions and community-based organizations received approximately \$600 million (~10% of the national total) in FFY 2008, making California the largest national recipient of these funds. More than one-half of the funding CDC awarded to California in 2008 went to non-research prevention and surveillance programs, and about 40% of the funds supported the purchase of vaccines. The remaining funds were awarded for research (7%) and the PHHS Block Grant (1%). CDPH received approximately one-half of the non-vaccine and non-research funds, primarily in the areas of infectious diseases (HIV, STD, TB and hepatitis), emergency preparedness and health promotion and disease prevention.

Mr. Hughes described the proposed Strategic Management Agreement (SMA), which is an attempt by CDC to redefine its partnerships with state health departments by aligning available resources with mutual health impact

objectives. Further, the SMA strives to improve business practices by removing administrative barriers and to reduce program management burdens to promote increased programmatic flexibility and mutual accountability.

Cynthia Gomez asked about distinctions between research, programs and service. Mr. Hughes indicated that CDC has been moving toward the National Institutes of Health peer-review model for intramural and extramural research projects, including strict adherence to the Office of Human Research Protection's guidelines. Research projects must be approved by



an Institutional Review Board (IRB). Many surveillance, prevention and evaluation studies are considered programmatic information and not subject to peer-review and IRB requirements.

Mr. Hughes described that the CDC FFY 2009 budget (updated as of February 23, 2009) is anticipated to be approximately \$6.28 billion, a \$233 million increase over FFY 2008. The amounts, timing and mechanisms by which any public health funding made available in the Economic Stimulus Package are yet to be determined in any detail as of this date.

Dr. Horton indicated that CDPH is fortunate to be a PMP state, and that he supports the SMA process. In addition to CDC, United States Department of Agriculture (USDA) is a major CDPH federal funder (for WIC and nutrition education) as is the Health Resources and Services Administration (Ryan White Care Act and Maternal Child Health block grant).

Dr. Iton stated that, with regard to the stimulus legislation, that electronic health records are very important. Dr. Iton expressed hope that CDC will make the case to use stimulus funds for this purpose. Mr. Hughes agreed to carry this comment back to CDC.

Dr. Pratt asked if other federal agencies are following the same practices. Mr. Hughes said that to date, the SMA initiative has been internal to CDC and will be implemented in states which have an SMO assignee.

Mr. Hughes indicated that additional information on the Portfolio Management Program, the Senior Management Official, the Strategic Management Agreement and CDC funding in California can be obtained by e-mailing him at: zmn5@cdc.gov or mhughes@cdph.ca.gov.

Information item, no action. Dr. Horton inquired if any member of the public wished to speak to this item. No member of the public came forth to speak.

- **Review/Introduction of CDPH Strategic Plan Goal #1. Gwyn Doebbert, Strategic Planning Project Manager**
<http://www.cdph.ca.gov/HealthInfo/news/Documents/CDPH-Strategic-Plan.pdf>
 - **Center for Family Health . Catherine Camacho, Deputy Director**
 - **Center for Environmental Health . Rufus Howell, Deputy Director**

Dr. Horton introduced Gwen Doebbert to discuss the CDPH Strategic Plan (SP). Ms. Doebbert indicated that Catherine Camacho and Rufus Howell would address their centers. implementation. She recounted that the plan was first implemented on July 1, 2008. It began with gathering baseline data, and evaluating that data. She provided a mid-year update; indicated that the Administrative Division has been actively tracking meeting objectives and that Programs have been responsive to SP objectives; Staff has been designated and data is being provided; performance measurements are being used in decision-making. and Staff have been referring to objectives in determining how to make program proposals.

Ms. Doebbert introduced Rufus Howell. Mr. Howell described the Center changes in staffing. He described the Div. of Food, Drug and Rad. Safety, and the programs within the Division. He next described the Division of Drinking Water and Environmental Management and its major programs. He focused on the Office of Drinking Water. He described the Strategic Plan Objectives, and the Arsenic maximum contaminant level (MCL) Action Plan. He described future challenges from population growth, climate change, environmental restrictions on water availability.

Dr. Horton emphasized that this Center is a good example of how programs use metrics to achieve plan goals. Cynthia Gomez asked about individual water recycling, and the risks of gray water use and inquired about CDPH activities. Mr. Howell advised that there was legislation last year which created a structure for gray water use and that CDPH is working with Housing and Community Development and the California Conference of Local Health Officers to implement the bill provisions.

11:50 a.m. to Noon - BREAK

Noon to 1:15 p.m. . Working Lunch

Dr. Horton broke the meeting for food service for a working lunch at 11:50 a.m. He reconvened at noon, introducing Catherine Camacho to describe the goals for Primary Care and Family Health. She introduced Dr. Shabbir Ahmad to describe MCH activities to reduce infant mortality and adverse birth outcomes. Causes of infant death were discussed. Dr. Ahmad advised that California has 14 million newborn blood spots that are available for genetic research. Some risk factors for infant mortality and morbidity are associated with maternal health and maternal care.



Dr. Horton emphasized the importance of looking at the many specific causes. Dr. Pratt stated that causes are often linked, and we should look for the common thread.

Dr. Ahmad described the interventions of MCAH; partnerships, the Preconception Health Council, Black Infant Health Program (in 17 jurisdictions; 90% of African-American births), Comprehensive Perinatal Services Program, Adolescent Family Life Program, California Diabetes and Pregnancy Program, Regional Perinatal Programs of Cal., Cal. Perinatal Quality Care Collaborative, Breastfeeding Program, Nutrition and Physical Activity Initiative, SIDS program. He described maternal mortality rates, 1970-2006. After a drop in mid 90s, pregnancy-related mortality rates are now where they were in the 70s. Maternal health and care have significant impact on infant mortality and adverse birth outcomes. Dr. Ahmad also described the Cal. Maternal Quality Care Collaborative efforts to improve the maternal care by providing information resources and training to hospital staff.

Dr. Iton asked about concepts of racism as a factor in outcomes. Dr. Ahmad indicated that PCFH is trying to look at this as a factor by inviting experts on social factors to address this concept. Dr. Iton suggests that PCFH's slides should reflect this. He observed that maternal mortality is going up for all groups; why? Dr. Ahmad indicated that the cause may be chronic disease, e.g. obesity, complications from C-sections, hospital quality of care. Dr. Iton asked if healthcare is that much worse.

Dr. Borger suggested that licensing could encourage good baby care. Dr. Shortell encouraged that we look ahead to factors such as stress/trauma/economy/fiscal factors/uninsured/unemployment, etc. [impact of shock on infant mortality levels] that may increase the numbers of mortality. Dr. Horton mentioned recent data about C-section rates twice as high as in other countries, especially among blacks. Need to ask why? Cynthia Gomez suggested we need to look at what we have done right. She also asked whether the Department has rates for Hispanics since they now account for the most births in California. Dr. Pratt indicated that he is already seeing people coming to the ER who have lost their insurance, job; and that if you look where the rubber meets the road it's already grim no matter how good your programs look. One of the most advanced countries, but yet so fundamentally dysfunctional because the system is not doing the job/failed performance. Cynthia Gomez asked that the handouts be provided electronically.
Information item, no action required. Dr. Horton inquired if any member of the public wished to speak to this item. No member of the public came forth to speak.

1:15 p.m. . 1:30 p.m. - BREAK

1:30 p.m. . 2:33 p.m.

- **CDPH Strategic Plan Goal #2. Gwyn Doebbert, Strategic Planning Project Manager**
 - **Emergency Preparedness Office. Betsey Lyman, Deputy Director**

Betsey Lyman and Dr. Paul Kimsey, State Public Health Laboratory Director, discussed the Goal 2 relationship to Emergency Preparedness Office (EPO) and the Division of Labs (DoL). Ms. Lyman indicated that during climate change, severe cold and heat conditions, CDPH may be required to respond as a lead and that CDPH is a secondary partner for other emergencies. She discussed a new cabinet level agency; Cal-EMA. Described EPO and departmental response to emergencies. Funding is from two federal grants; The CDC Public Health Emergency Preparedness Grant and the U. S. Department of Health and Human Services. Office of the Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program (HPP) grants. Funds have been decreasing; -

---23% this year. Los Angeles County gets its own funding. CDC grant currently is ~\$50million. HPP grant is ~\$32.5 million. EPO/DoL have 10 objectives for Goal 2.

- To increase to 80% training of staff to be Disaster Service Workers (currently at 2% leadership).
- 24/7 duty officer notification of program within 15 minutes (now at 7 min.)
- increase the use of tests supported by Lab. Info. Management System. Currently at 60%; 80% goal by 6/09, 100% by 6/2010.
- Increase to 43 the # of local health departments with 70% rating for Strategic National Stockpile. California has 100% score. Several counties scoring high, but small counties scoring low.
- Increase in # of exercises with a public health component to 2 per year.
- Two Pan Flu exercises scheduled for 09 (3/31 and 6/1).

Dr. Horton emphasized the public health aspect of all emergencies, e.g. water systems and skilled nursing facility



evacuations.

Dr. Shortell asked how EPO interfaces with the community response teams. Ms. Lyman advised that this happens more at a local level, but CDPH interacts with many local organizations.

Dr. Iton indicated that in Alameda County, they don't work directly with the community response teams, but with their cities that coordinate with their fire departments. Dr. Shortell indicated that in a pandemic, all this would go out the window. He stated that the community level organizations and response is important and encouraged the need to work with volunteers at the local levels.

Dr. Borger expressed concerns about volunteer liability in an emergency. Ms. Lyman offered to provide a presentation on this issue at a later date.

Robin Cox described a vaccination drill done in her jurisdiction, working with faith-based locations, and getting good public participation. Dr. Shortell suggested collecting these examples and putting them up on the website.

Cynthia Gomez asked how to prepare our population in a more coordinated way. She suggested that we explore helping the population take preventive measures.

Dr. Pratt spoke to the ethics of disaster medicine, and asked if it is something that we should be considering . for example, psycho-social resiliency; the need to let people know that tough decisions may need to be made; quarantine, allocations of care. Ms. Lyman stated that we have a Crisis Care program looking at this issue. Dr. Pratt said that he is doing grand rounds on this topic in four weeks. He indicated that we need to prepare the community to hear that the level of care will be different in an emergency.

Ellen Wu asked how EPO is factoring climate change into preparedness. Dr. Linda Rudolph, Deputy Director of CDPH Center for Chronic Disease Prevention and Health Promotion, stated she did not think it was currently being addressed. Ellen Wu suggested we may be able to get to other public health priorities through Emergency Preparedness funds. She asked what CDPH is doing to slow climate change? Dr. Horton described Legislation [AB 32] and executive orders on that; public health is getting through that climate change has public health consequences. Dr. Horton also suggested scheduling a segment in a future meeting to address the climate change discussion.

Information item, no action required. Dr. Horton inquired if any member of the public wished to speak to this item. No member of the public came forth to speak.

2:34 p.m. . 2:44 p.m. - BREAK

2:45 p.m. . 3:30 p.m.

- **Healthy California 2020 Initiative**
 - **Developing the Workplan**

The committee reconvened at 2:45. Dr. Horton moved to Healthy People 2020 (HP 2020), and noted that this body would be a steering committee for this. He introduced Dr. Linette Scott, Deputy Director, Health Information and Strategic Planning. He indicated that the federal government has introduced a framework for HP 2020; wants the

advisory committee to consider how this might fit for a Healthy California 2020. He also wanted to familiarize the committee with how CDPH is tracking HP 2010 objectives.

Dr. Scott provided background on HP 2010. She indicated that it had overarching goals, 28 focus areas, 901 objectives, and Leading indicators. Goals were improving health and eliminating disparities. The focus areas were represented by interest groups.

Dr. Scott said that HP 2020 looks different, with emphasis being on social determinants. She indicated that the federal Health and Human Services Agency is making recommendations for the framework in a Phase 1 Report. It contained form, framework, and guidelines for implementation, focused on the what and the how to address each goal; addresses both health disparities and equity (and how to maintain equity) and the roots of disparities; Addresses interventions, actions and outcomes. Applying this to California, CDPH has been reporting on Healthy people for several decades. The number of objectives has grown, as has the number for which we have data. Will be doing focus area reviews and roundtables.



Dr. Horton indicated that CDPH has people in programs that are monitoring the data and feeding it in and that the PHAC can help shape a more tailored approach. He opened the floor to discussion. He envisions, e.g., looking at the mission and deciding for ourselves what we want to accomplish.

Dr. Iton stated that this is a great task for this body. He stated that our vision should inform action at the local level, and we should focus on those measures that inform action, and that focusing on healthy people, rather than communities, obscures local factors. He suggested grouping populations in similar environments together and calling upon a Healthy Cities program. He also suggested doing a place-based analysis (data/life-expectancy/socioeconomic status/housing/education/transportation, etc); with a focus on place, on multi-sectoral actions. He felt that it should shine a light on problems in similarly situated communities.

Dr. Horton expressed that he appreciated the comments from Dr. Iton and that social determinants of health and a multi-sector approach are critical and must be taken into account.

Dr. Shortell emphasized a multi-sector approach, and its implications for changes in behavior. He cited a UC Berkeley study using a multi-sector approach addressing problems of housing, transportation, etc. Dr. Shortell suggested a workgroup on priorities, and the development of a research agenda.

Cynthia Gomez asked whether there is a way to follow other initiatives that are being conducted statewide (private studies) and to make sure whether or not they are beneficial to our study. Dr. Shortell mentioned that so many initiatives are being done and that the framework needs to bring them all together. Dr. Horton indicated that we should be visionary and articulate in such a way where everyone can move in the same direction.

Dr. Iton suggested adding additional criteria; For example, ongoing or anticipated activities, place-based strategies, multi-sectoral strategies, and breaking out of disease focused programs. Dr. Horton said he sees a framework similar to the Phase 1 Report and that it should make a substantive part of next meeting. He also stated that we have a couple of meetings in which we can come up with our own framework, using this as a start.

Robin Cox asked about how policies fit in. Dr. Scott responded that they are addressed as interventions. Dr. Horton emphasized that for each objective there should be programs and policies. Robin Cox cited an article in the Nation's Health, and asked if we are going to articulate a bold statement on how California wants to go forward following a multi-sectoral model. She suggested that how strongly we state it will impact our objectives, and we may want to take bold steps, e.g., an emphasis on place, what we mean by that, etc.

Dr. Horton wanted to make sure that our product actually accomplishes what we want to do, and doesn't miss steps. He felt that the area of determinants is exciting, where the creative work will occur. He cited work on adverse childhood experiences and their effects on health; if child abuse is a determinant of health later on, how do we address that determinant.

Cynthia Gomez thought that we have lost our public health audience due to the complexity. She felt that if we can decide who our audience is and what our messages are, this will facilitate the people to understand. She stressed that if we keep it simple, we will get the audience back, and help them understand that it's about less than fixing the whole world.

Dr. Borger stressed that he likes the framework, but that the difficulty is making it into a working document on how to tackle social determinants.

Dr. Iton observed that telling people what to do or not to do hasn't worked very well. He liked the notion of simplicity. He thought that the message should be more about values, and what we want. He felt that we need to align our values with our practices. He indicated that people know what a health community looks like. He stressed that we should tap into participatory processes and take advantage of the fact that as a state we are closer to the people.

Ellen Wu indicated that HP 2020 doesn't seem to focus on effective interventions, but rather cost-effectiveness and that we should look at co-benefits; getting multiple benefits from an intervention. Dr. Horton agreed that the idea of co-benefits should be included in our framework.

Dr. Shortell suggested that we could synergize our agenda with that of others (for example, if kids are healthy they are more likely to go to school). He thinks that how we frame our message may be different for different audiences.



Dr. Scott read in full some of the 2020 criteria, because they may capture some of the ideas being expressed.

Dr. Pratt commented that his own workforce doesn't care about its health. He has to couch the adverse consequences in other terms. He stressed that we may need to let our message be co-opted by other people and interests.

Cynthia Gomez discussed the problem of describing the mini group that you can communicate with. She stressed the need for a simple message and the need to bring all communities to work together.

Dr. Iton suggested stressing strategies that improve opportunity and that having some humility may make you more effective.

Dr. Pratt suggested that emphasizing life skills and benefits is more effective than telling people not to do something.

Robin Cox recalled tobacco prevention ads related to potency; that's a concern they can relate to.

Phoebe Seaton commented that the same determinants that lead to long lives lead to other benefits.

Ellen Wu described mapping social determinants to health determinants.

Dr. Horton asked about process. Given we have three more meetings this year, he asked how we should organize the activity? Workgroups? PHAC meetings?

Ellen Wu suggested that CPEHN holds meetings throughout the state and that they could coordinate with those meetings to obtain feedback. Ellen Wu also recommended limiting the amount of time presentations are conducted to allow for more discussion time.

Dr. Shortell suggested that people volunteer for homework assignments and start to engage the people in other areas, e.g. schools, community organizing.

Dr. Horton stressed that we don't want to present this as a fait accompli to our community partners.

Dr. Iton went back to Robin's suggestion that we look at the mission. He suggested a letter to interested groups, soliciting input from other organizations, telling them our timetable so that they can participate in our meetings.

Cynthia Gomez asked if there is a way for us to have more regular meetings in communities to gather more input.

Robin Cox asked when we could get a presentation on the four chronic disease workshops.

Dr. Horton suggested using the framework presented today as a framework to develop our own by year's end. He suggested leveraging input from outside organizations (Climate change, chronic disease, workforce, etc).

Information item only, no action required. Dr. Horton inquired if any member of the public wished to speak to this item. No member of the public came forth to speak.

3:30 p.m. . 3:55 p.m.

- **Open Discussion/Topics for Future Discussion/Closing Remarks**
- **2009 Meeting Schedule**
 - **April 9th; July 30th; and October 29th**

Dr. Horton reviewed future meeting dates and thanks the Committee for their attendance. Dr. Horton describes CDPH Highlights Report and asks for feedback on the report.

Robin Cox distributed the .Standards of Practice for Public Health Education in California Local Health Departments.. She described that it contains information on coalition building, community mobilization strategies. Approved by California Conference of Local Health Officers (CCLHO).



Dr. Horton introduced John Troidl, UC Davis.

The next meeting was discussed. Dr. Horton suggested that Goals 3, 4, and 5 of the Strategic Plan need to be discussed at future meetings.

Cynthia Gomez asked for minutes ASAP for the benefit of those who could not be here today.

Ellen Wu and Ruth Mulnard asked for presentations in advance. Dr. Horton promised we would work toward that.

Dr. Iton would like to see health information technology on the agenda.

Information item, no action required. Dr. Horton inquired if any member of the public wished to speak to this item. No member of the public came forth to speak.

Adjourn

The meeting was adjourned by unanimous consent at 3:55 pm.