California Department of Public Health
PUBLIC HEALTH ADVISORY COMMITTEE MEETING
California Department of Public Health
Richmond Campus Conference Center
850 Marina Bay Parkway, Bldg C, Room C-136
Richmond, CA 90012

January 29, 2010
10:00 a.m. – 4:00 p.m.

DRAFT MINUTES

Morning Session
10:00 a.m. – 12:30 p.m.

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

Committee Chairman Dr. Mark Horton convened the meeting at 10:10 a.m. with the following members present: Ms. Susan Harrington, Ms. Phoebe Seaton, Ms. Robin Cox, Dr. Stephen Shortell, Christopher Kennedy-Lawford, Dr. Anthony Iton, Ms. Ellen Wu, Ms. Cynthia Gomez, Dr. Franklin Pratt (via teleconference from Los Angeles) and Dr. Jonathan Fielding (via teleconference from Los Angeles). Dr. Horton introduced new Senior Counsel William Chi. Once a quorum was established, Dr. Horton welcomed the members and moved to the next agenda item.

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.

- Review and approval of October 29, 2009 Meeting Minutes

Dr. Horton offered the minutes for approval. Moved by Dr. Shortell, seconded by Robin Cox. Approved unanimously (Dr. Fielding and Cynthia Gomez abstained).

- **Budget Update**

Jose Ortiz, Chief Deputy Director of Operations for CDPH, made a presentation on the proposed fiscal year 2010/11 state budget and briefly discussed the furlough savings breakdown for fiscal year 2009/20010. Mr. Ortiz then responded to questions. *[Please refer to the PowerPoint for further details].*

During his presentation, Mr. Ortiz spoke of major reductions to the budget, including a $120 million reduction due to delays in water projects. Ms. Seaton inquired whether the monies included State Revolving Funds. Mr. Ortiz confirmed that it does.

During his presentation, Mr. Ortiz spoke of approximately $80 million in major augmentations to the CDPH budget, including a restoration of $18 million for immunizations and $3.8 million for Baby BIG for infant botulism vaccine. Mr. Ortiz pointed out that because of major one-time deferrals in expenditures for water projects, the change from the 2009-10 proposed budget appears worse than it is. Ms. Dong inquired as to the source of "other" funds and was informed that other funds included outside grant funding as well as regulatory fees.

Robin Cox inquired as to why the Chronic Disease Prevention Program revenues dropped by $12 million and $8 million in past years. Dr. Rudolph indicated that the reductions were due a decrease in Prop 99 revenues and the biggest decrease was due to the elimination of the Every Woman Counts program.

Susan Harrington expressed concerns about the loss of AIDS drug assistance funding for medications for local jails. Dr. Horton indicated that we are aware of the situation and that we are in discussion with the Administration about ways to mitigate the impacts. He also mentioned that various options are being considered including allowing counties to enter into our negotiations with drug manufacturers regarding rebates.

Christopher Kennedy Lawford inquired whether any of the AIDS Drug Assistance Program dollars included any money for Hepatitis C and he was informed that it does.

During the discussion of the loss of federal dollars due to furloughs, Mr. Ortiz mentioned that it was very difficult to determine the loss of federal dollars. He estimated savings of approximately $41 million for the 2009-10 fiscal year due to the furloughs and a loss of approximately $10.9 million in federal funds due to the furloughs. Mr. Ortiz mentioned that programs were doing a good job of maximizing federal dollars.

Dr. Iton asked why the Department could not quantify the loss of federal dollars by looking at federal grants. Mr. Ortiz mentioned that we are happy to look at that. He also mentioned that by mid-September, the Department would have a better idea of where we are.

Jeanette Dong inquired whether maximizing federal dollars equated to the same baseline of services being provided. Mr. Ortiz indicated that he cannot answer that question from an operations perspective.

Dr. Horton indicated that initially, there was a 2.9% General Fund reduction and now an additional 10% structural reduction. He mentioned that the Department is still suffering from these continued cuts, including the latest cuts to the Maternal and Child Health, HIV/AIDS, and Black Infant Health programs, etc. In addition, CDPH is now facing furlough reductions. He expressed that he can't overstate the impact these cuts have had, especially the reduction of three days per month. For a Department of 3400 employees, this equates to approximately a 400 employee reduction. He added that we are doing our best to cope with these reductions and that we've received some exemptions from the furloughs for H1N1. He added that we will continue to see more reductions in the future. In the Governor's proposed budget, there is another $20 billion shortfall that needed to

be addressed; so, further reductions can be anticipated. The Governor's initial proposal does not involve major cuts to CDPH. The major change will be cuts to employee benefits and salary. Governor is proposing to garner additional federal dollars and if these dollars don't come in, additional reductions to CDPH can be expected. During May Revise, further adjustments will be made to the Governor's Budget based on revenue projections. We may see additional budget reductions then.

Dr. Iton indicated that 9.1% of the CDPH budget is General Fund. He inquired about the State's commitment to Public Health and wondered if there were any additional pressure for federal funders. He asked what strategies CDPH will pursue to make it immune to more General Fund cuts. Mr. Ortiz mentioned that he wasn't sure if 10-15% is too unusual when compared nationwide. Maybe good to compare California with other states and report back at a future date. He was open to suggestions. Dr. Iton indicated that locals use General Fund dollars differently than Special Funds. So, they already have a strategy to deal with budget cuts to protect the highest priority activity or programs. Dr. Horton mentioned that to the extent we could move funds, it is a very good suggestion, but in reality, in most cases, there is no discretion on how to spend the dollars. Instead, it is very prescriptive and very difficult to use strategically. Dr. Horton mentioned that two-thirds of our General Fund dollars are in the Infectious Disease Program and that CDPH is considering other options including the creation of a Public Health Special Fund. Ellen Wu suggested pegging to General Funds things that can't be cut. Hopefully, rather than a 10% across the board cut, we can be more strategic when it comes to future cuts.

Robin Cox stated that, given the public health infrastructure is suffering, we should include a longer budget discussion in a future agenda. She felt that this is a real problem—how we really fund initiatives—and that the topic deserved a bigger discussion. Dr. Horton agreed that we could make this a future agenda item.

Ellen Wu mentioned that since the split, there has been a concern that CDPH wouldn't be sheltered from Medi-Cal. Dr. Horton didn't think the Department has suffered since the split. He mentioned not to understate the successes we have had in bringing federal dollars to the State, especially ARRA stimulus funds. He felt we should look at the bright side, that the Department has been able to bring in resources.

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.

- **California Adult Viral Hepatitis Prevention Strategic Plan, 2010-2014**

Gail Bolan, MD, Chief, CDPH STD Control Branch/Center for Infectious Diseases, along with Rachel McLean, MPH, Adult Viral Hepatitis Prevention Coordinator/STD Control Branch, presented an overview of California Adult Viral Hepatitis Prevention Strategic Plan, 2010 – 2014, including a brief discussions on adult viral hepatitis epidemiology and consequences; the California Adult Viral Hepatitis Prevention Strategic Plan Recommendations; the Institute of Medicine Report; current

CDPH Adult Viral Hepatitis Prevention activities; and next steps. *[Please refer to the PowerPoint for further details].*

Dr. Tony Iton inquired as to why the Annual Age-Adjusted Hepatitis C Mortality Rates for California were greater than the rates for the United States. Christopher Kennedy Lawford stated there are more injecting drug users in California and felt it was more difficult to treat adult viral hepatitis in African Americans and Hispanics.

Dr. Shortell asked whether the data can be broken down by insurance costs. He felt we needed dollars for better data analysis.

Christopher Kennedy Lawford spoke of how he was initially misdiagnosed for Hepatitis and how education was the key to get more people tested and screened. He asked if CDPH will advocate for more funding for California. . He said that Hepatitis is the second most important cause of death and that we must fund education. He felt that a lot of times, people aren't aware of the risk factors. He further felt we have an opportunity to do more because not enough was being done and that a little bit of dollars would go a long way.

Dr. Fielding encouraged CDPH to make an official statement regarding syringe exchanges in order to reduce Hepatitis and HIV infections. He felt it is important from a policy perspective. Dr. Horton mentioned that he wasn't aware that the Department's made an official statement and that we are waiting for the Centers for Disease Control and Prevention's (CDC) guidance given IOM's recommendations.

Cynthia Gomez encouraged private/public partnerships such as partnerships with pharmacies to educate/encourage access to care. She mentioned there were many initiatives been privately funded and wondered if CDPH could find partnerships there. She also recommended partnering with community-based organizations to make them fully aware of the problem and to educate them about hepatitis prevention.

Dr. Shortell asked if CDPH is interested in funding and in working with academia.

Dr. Iton mentioned that while it is good to push people to get screened for Hepatitis, we needed to address the problem of people being denied health insurance. He suggested that CDPH consider a legislative proposal to preclude insurance companies from denying insurance to people with Hepatitis. Dr. Bolan agreed we needed to be mindful that discrimination can happen.

Christopher Kennedy Lawford mentioned that new drugs are coming out and in two years, there maybe new drugs that will cure Hepatitis; so treatment is getting better and he wasn't sure that a payee would have the same expenditures as they do today. He also mentioned that the World Health Organization is taking on Hepatitis in 2010. He stressed that more people will die of Hepatitis C than HIV/AIDS and asked if the Department would step up and consider legislative fixes to address the problem. Dr. Horton added, given the limited dollars, we need to consider simple legislative or policy fixes that will allow high-risk individuals to get the screening/testing/care they

need. He also indicated that this was another reason why we should compel behavior changes in order to have the same impact.

Jeanette Dong mentioned that she would be glad to look into a legislative fix to charge a fee to new pharmacies in order to create new funding and connect back with someone in the Department. She mentioned that there was no legislation currently to address this issue. She also mentioned that some oral tests were in development, but that none were approved by the Food and Drug Administration. She wondered if there was an opportunity to address race-based communities at the federal level.

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.

- **Climate Change Update**

Dr. Rudolph, Deputy Director, CDPH Center for Chronic Disease Prevention and Health Promotion, presented an overview of Climate Change and Health. Her discussion focused on the multiple ways in which climate change will impact health, and public health approaches to addressing climate change through both mitigation (reducing greenhouse gas emissions) and adaptation (reducing the impact of climate change). *[Please refer to PowerPoint for further details].*

Dr. Rudolph mentioned that Climate Change is the single most important issue facing the 21st Century and that we have less than 10 years to do something about it. CDPH is working with the Air Resources Board on a health impact assessment on the proposed California Cap and Trade rulemaking package; this is the first formal health impact assessment that is being conducted by CDPH with another State agency. Dr. Rudolph also spoke about how many actions that reduce greenhouse gas emissions also have very significant health co-benefits - reducing vehicle miles traveled results in reduced greenhouse gas and air pollution emissions, increases physical activity through active transport, decreases traffic congestion and related stress and noise, and leads to improvements in health outcomes including cardiovascular disease, cancer, respiratory disease, and motor vehicle fatalities. Dr. Rudolph reported that CDPH has also prepared a Public Health Climate Adaptation Strategy that is incorporated as a chapter in the California Climate Adaptation Strategy that was put forth by the Resources Agency. Ellen Wu added that ARB is on a fast timeline to get their rulemaking completed. Dr. Rudolph mentioned that ARB wants to have the final rulemaking completed by October 2010.

Dr. Horton has been appointed to CalEPA's Climate Action Team (CAT) to represent California Health and Human Services. CAT, which comprises of representatives from various Agencies, work to coordinate statewide efforts to implement global warming emission reduction programs. Dr. Horton thanked Dr. Rudolph for all of her hard work. Dr. Fielding also thanks Dr. Rudolph for her advocacy.

Dr. Shortell mentioned that this is a real opportunity to get out in front of this. He mentioned that the Dean of the National Institute of Health (NIH) had recently spent most of her time discussing the issue of health and climate change and that NIH's vision is to work closely with the Centers for

Disease Control and Prevention on this issue. He suggested sharing California's plan with NIH so we can get some funding for California

Dr. Horton added that there have been lots of discussions on climate change and mitigation efforts. He went onto point out that once everything is done, there will still be impacts for 10+ years and that it is important for us to get out in front of this issue and be at the table for these discussions in order to determine both positive and negative impacts on health and to help disadvantaged communities that would be disproportionately impacted.

Cynthia Gomez added that this maybe an area where community mobilization is important and where potential health benefits may drive a community to undertake activities we want them to do. i.e., opportunity to strategize as a community, plant trees, etc.

Dr. Horton spoke about our role within the Strategic Growth Council, which is to promote public health by making sure that public health indicators are included in the guidelines that are established by the Council.
Phoebe Seaton mentioned that the Council was looking at disadvantaged communities and that anyone looking to develop strategic plans should consider what the Council is doing. Dr. Shortell stated that he assumed that these indicators will also be in Healthy People 2020. He felt we should not forget to connect the dots.

Dr. Horton concluded this discussion by saying that our goal is to increase everyone's sensitivity levels to the public health impacts of Climate Change. He very much appreciated the ongoing discussion on this issue. He also mentioned that on February 9th, there will be a Senate hearing on Climate Change at the State Capitol.

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.

12:30 p.m. to 1:30 p.m. LUNCH

Afternoon Session
1:30 p.m. to 4:00 p.m.

- **Healthy California 2020 Discussion**

Dr. Scott Fujimoto, Assistant Chief, Office of Health Information & Research, CDPH Center for Health Statistics, provided a summary of the CDPH feedback process for HP2020, and noted the following: CDPH gathered staff input through an internal website, plus solicited outside input from PHAC and CCLHO. The input was compiled into letter signed by Dr. Horton and sent to HP2020 electronically and hard copy. The letter emphasized California's continuing commitment to Healthy People and conveyed the importance of upstream determinants of health. Next, Dr. Fujimoto described and reviewed Healthy California 2010 which primarily tracked indicators and was used for individual programs and grants. Dr. Iton noted that the level of granularity for geographic and

race/ethnicity categories in HP2010 was not fine enough to be of practical use in California. It was hoped that the revised framework of HP2020 would rectify this.

The presentation was followed by a lively discussion of PHAC member's vision and goals for Healthy California 2020, and how HC2020 can be supported given limited state resources and lack of federal funding for HP2020.

Specific Member comments are as follows:
Dr. Fielding mentioned that Los Angeles Department of Health also provided extensive comments to the Feds on HP2020. He then spoke of some of the comments they provided. First, that transparency is needed regarding data resources and how the indicators were selected. Secondly, in previous iterations, HP had issues with being a thick reference book that wasn't very practical. The hope is that the U.S. Department of Health and Human Services (HHS) will invest in a web-based system to utilize HP 2020 to its fullest potential. Finally, the target audiences need to be defined and materials translated to make HP 2020 useful for different audiences. HP was previously targeted towards PH agencies and the public either was not aware of it or felt it was relevant to them.

It was agreed that California should not wait for HHS to finish HP2020, but rather we should translate the current framework into developing Healthy California 2020.

Dr. Horton mentioned that HP2020 at the federal level needs to be a comprehensive document and that there should be subsets we should invest heavily in, in order to have the biggest impact.

Dr. Iton liked CDPH's feedback to the feds on HP 2020 and suggested looking at tying HP 2020 into World Health Organization's challenge to close disparity gap in one generation, how social indicators play out in disparities worldwide, and how to align whole sectors to address social indicators.

Dr. Shortell suggested using Healthy California 2020 as a rolling strategic plan, updated every year. As new evidence or data emerges, objectives could be added, changed, or dropped as needed.

Dr. Horton suggested looking at various sectors within each objective to determine where CDPH will take the lead and where CDPH would consult with private sector, etc. Dr. Fielding added that CDPH has an important role to play in convening, educating, and placing data in digestible form. He added that when CDPH looks at the objectives, we should look at each objective to determine what we take a natural lead on and what we wish to push to the Governor's Office, etc. For some objectives, CDPH will take lead role: (e.g. synthesize data so it is understandable to the public, education, convening, and policy recommendations); for other objectives, CDPH will encourage others to act, and help define unique roles of other public health organizations. In addition, every sector needs to see its responsibility within a broader scope/objective. Dr. Rudolph noted that we should encourage health in all policies, i.e. in other state agencies, departments, etc.

Dr. Fielding recommended that social determinants and health inequities be considered as an overarching principle in the HC2020 objectives. He felt that not everyone understood it due to lack of data. Dr. Horton added that we should focus on education as a policy to increase the number of high school graduates, which would in turn have a positive impact on public health.

Dr. Iton suggested that data be organized in a way that leads us to action. He felt that analyzing data in geographical categories is much more useful than racial/ethnic categories. He felt that the data based on race/ethnicity didn't go below State level didn't have much policy implication or use. Dr. Shortell added that we have tools to do this now using GIS like systems called hot spots mapping. He felt similar tools were needed for CDPH to pinpoint interventions. Dr. Rudolph added that "place-based" mapping is important and asked if we should paint the picture in multiple ways for different goals. Cynthia Gomez noted that if we are looking at upstream social determinants, data based on race/ethnicity is not going to tell us where we need to intervene. Dr. Fielding added that we have a big education job to show the importance of "place (neighborhood characteristics) in determining health.

Ellen Wu asked where we were on HC2020 process. She suggested that we did not need to wait for feds and that the framework is the most important piece. She asked how do we convene and encourage action. Dr. Shortell added that a draft framework by October/November seems doable.

For the next meeting, Robin Cox suggested starting with causal mapping of the social determinants of health and other big topics like climate change and health in all policy. Dr. Horton mentioned that CDPH has been having offsite discussions to look at what are the core businesses of public health and that during those discussions, we chose causal maps to move upstream to a preventive mode.

Dr. Shortell suggested convening a process that started with incorporating current discussion on the CDPH framework into Healthy California 2020 planning. This would cumulate into a statewide summit possibly in Berkeley that would lay out Healthy California 2020 within broad articulation for key milestones, resources, organizational involvement, and timelines. Dr. Fielding suggested obtaining external funding and staff support.
Dr. Horton noted that this is an ambitious plan, and a statewide summit would be challenging given budget constraints. He wondered to what extent we should engage the Administration. The issue of a new incoming administration was raised as to whether the summit should be delayed until next year. He also reminded everyone that Healthy California 2020 criteria was ranked at prior PHAC meetings and that we should build upon the good work already accomplished.

Dr. Iton suggested four concepts to consider: Lifespan/life course, cross sector activities, upstream/downstream determinants, and looking at the evidence base and previous reports such as: Robert Wood Johnson—Healthy America, the recent California Strategic Summit, and the WHO social inequities report. Dr. Iton also presented the BARHII determinants framework.

Dr. Rudolph suggested using the four determinants of health causing 40% of deaths in the State and see how we could outline a "Health in All Policies" approach towards them: alcohol, physical activity, tobacco, nutrition.

Dr. Shortell identified three categories of indicators 1) Things we know (e.g. increased physical activity decreases obesity) 2) Where there is some evidence, try out on pilot basis 3) Items requiring more research.

As for next steps, it was suggested to send CDPH existing Framework materials from the CHHS Convocation and PHEMT off site discussions to PHAC members by early March, as well as web

links to these reports: Robert Wood Johnson— Healthy America, CA Strategic Summit, WHO social inequities reports.

Also need to clarify offer of PHAC members to work with CDPH staff to determine what is needed for April 30 meeting, to ensure that Bagley-Keene laws for open meetings are not violated.

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

- **2010 Meeting Schedule**
  - April 30, July 30, and October 29.

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.

- **Adjourn**

Dr. Horton thanked everyone for their attendance and adjourned the meeting at 4 p.m.