



California Department of Public Health
PUBLIC HEALTH ADVISORY COMMITTEE MEETING
1615 Capitol Avenue, Room 73.776
Sacramento, CA 95899

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

MINUTES

Morning Session
10:00 a.m. – Noon

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

Committee Chairman Dr. Mark Horton convened the meeting at 10:00 a.m., with the following members present: Ms. Dolores Apodaca, Ms. Robin Cox, Dr. Antronette Yancey, Dr. Rodney Borger, Sue Harrington, and Dr. Stephen Shortell and Christopher Kennedy Lawford (Los Angeles). Dr. Dawn Jacobsen, Director of Performance Improvement and Healthy People Coordinator for Los Angeles County also joined from Los Angeles.

Dr. Horton discussed the agenda for the day; He indicated he wanted a very clear idea of the deliverables for Healthy California 2020 by end of the April 2011 meeting. He also requested comments on the National Prevention Strategy framework that is open for public comment.

Dr. Horton discussed hot issues at CDPH. He indicated CDPH's main focus at present is Health Care Reform and making sure we take full advantage of the federal grant opportunities; CDPH is leading the Prevention and Wellness Taskforce that the Health and Human Services Agency pulled together. CDPH is taking full advantage of the federal grants and thus far CDPH has received \$21 million in federal funds. Specific focus areas include home visiting program; national public health improvement program/infrastructure grant with a focus on performance and improvement of data management; public health workforce issues; healthcare quality (background checks of health facility staff); menu labeling (fixing conflicts with existing law/regulations), and access to clinical prevention services in existing public health programs.

Dr. Horton provided a brief budget update. For three years, the State budget has been in crisis. While across-the-board cuts were made in the past, in FY 09/10, we have seen cuts made to big dollar CDPH programs such as Maternal Child Health, Immunization, Black Infant Health, and the Office of AIDS. This year, we did not see any additional reductions. With the exception of a \$20 million GF augmentation for the Every Women Counts program, CDPH was unsuccessful in obtaining augmentations for other programs. Immunization program is the hardest hit this current fiscal year. Even with these cuts, CDPH has been able to bring in millions of federal infrastructure and stimulus dollars; \$120 million for H1N1 and \$180 million in American Recovery and Reinvestment Act (ARRA) funds (\$150 million of the \$180 million in stimulus dollars went to the Drinking Water Program).

Dr. Horton mentioned the furlough program ends on October 31st and will be replaced by a Personal Leave Program effective November 1. This will include a five percent pay reduction (one day off) as well as a three percent increase in employee retirement contributions.

As we come upon the influenza season, our major emphasis will be on health care worker immunizations. The 2006 legislation mandated that general acute care hospitals implement influenza vaccination programs. The first round of reporting shows a 55% vaccination rate for hospital employees in California. While this rate is higher than the national average of 45%, CDPH will issue a challenge to California hospitals to make a concerted effort to increase vaccination rates in 90% hospital employees.

Dr. Yancey asked if we knew what percentage of the 55% vaccination rate was active refusals. Dr. Horton indicated that CDPH did not yet have data on active refusals.

The review and approval of the July 30, 2010 minutes were delayed until a quorum could be established.



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.

- **Budget Update**

Jose Ortiz, Chief Deputy Director of Operations, provided a brief budget update by going over the Budget Highlight document. He spoke of budget augmentations (\$299,000 for Climate Action via the Air Resources Board; \$2.4 million in ARRA funds for tobacco cessation; \$20 million for the Every Woman Counts program) as well as reductions (\$2.6 million reduction in Proposition 99 funding; \$2 million reduction to the Tobacco Control Program; etc.). He mentioned that some of these reductions can be backfilled with federal dollars, but some could not. The Department is also anticipating a two to four percent loss in Proposition 99 funds.

Dr. Iton inquired whether the ARRA augmentation can be used to offset the reductions. Mr. Ortiz and Dr. Rudolph mentioned that ARRA funds are specifically targeted for various programs and therefore we cannot use those funds to offset cuts made to other programs.

Mr. Ortiz mentioned that the budget passed into law is not balanced. If Jerry Brown is elected, he has indicated an interest in zero-based budgeting, but Mr. Ortiz is unsure how it's going to work or its impact to CDPH both for the 2010-11 and 2011-12 fiscal years. Mr. Ortiz pointed out there would be a transition between the Administrations and the Governor-elect may choose to address the holes in the current year in order to minimize painful reductions next year. Therefore, the Budget may change again. *(Please refer to Budget Highlight document for additional information <http://www.cdph.ca.gov/services/boards/phac/Documents/CDPHBudgetActHighlights102910.pdf>).*

- **Review and approval of July 30, 2010 Meeting Minutes**

Since a quorum was established with the arrival of Phoebe Seaton, Dr. Tony Iton and Ellen Wu, Dr. Horton offered the July 30, 2010 minutes for approval. Moved by Dr. Shortell and seconded by Dr. Iton. Approved. Ellen Wu abstained from the 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.

- **National Prevention Strategy**

On September 15, 2010 the Surgeon General convened the National Prevention and Health Promotion Council (the Council). They agreed on the framework for the National Prevention and Health Promotion Strategy (National Prevention Strategy) which includes the *Vision, Goals, and Strategic Directions*. The Council will use the framework to guide development of the National Prevention Strategy. Dr. Horton indicated he wasn't aware of when comments needed to be submitted, but had heard at last week's ASTHO meeting they expected a DRAFT to be completed by end of this year; therefore, he wanted to get the comments in ASAP.

Dr. Horton then mentioned he was a bit disappointed they moved so quickly to identify diseases, etc., without focusing on a prevention strategy. He felt the document looked more like a vision statement than strategy. He felt it needed to articulate on a much broader scale on how to approach prevention and it needs to use a "health in all policy" approach/philosophy involving lots of other departments and the roles of each level of government and community. He was disappointed "health disparities" were only included in 1 of 10 draft strategic direction categories and felt it should be included in all 9 of the other categories. Dr. Horton then asked for comments from members.

Dr. Shortell indicated he supports Dr. Horton's comments and he was also disappointed it isn't a much more powerful document which contains a "health in all policy" philosophy. He felt the roles of public health partners should be part of the implementation plan.

Dr. Iton also supports Dr. Horton's comments. He felt the document was flat and five years out of date. Critical to step back and take a disease-specific focus with a health in all policy philosophy with an eye towards decreasing disparities. He also called for a robust participatory process (especially in low income and marginalized populations) and heightened communication with key credible spokespersons (social norm changes with a focus on key



messaging). Dr. Horton agreed about the robust participatory process and used the Ryan White Initiative (which set up advisory committees on how to use \$\$\$) as an example of a model that should be used for other programs.

Robin Cox mentioned that California's Tobacco Control Program is an excellent model, with local Tobacco Education Coalitions actively working in each county of the state. Dr. Horton agreed it is important to look at models that have worked and to involve partners in local communities. Robin also mentioned the document is missing the vast importance of place, and it doesn't capture social determinants of health. The "place" aspect of "people, place and policy" doesn't jump out in document. Good emphasis on policy, but nothing on the "how." Strategic directions jumped to diseases, missing social determinants of health, environmental health and oral health that PHAC has as top ten.

Dr. Horton indicated there is no way we can address health inequities without addressing social determinants.

Robin Cox also wanted to see a statement about the marriage between public health and good clinical care – how we need to help each other. Training – public health with clinical aspects for all med students/residents.

Dawn Jacobsen felt another draft of the National Prevention Strategy may be issued for review. She expressed concerns this is a separate document from Healthy People 2020 and felt both documents should be integrated.

There was general consensus that the document needs to emphasize the role of government public health; needs to integrate between federal, state and locals; needs cooperation and collaboration; workforce is a huge issue; needs to involve academic institutions for training, etc; needs broad statement at beginning of this strategy.

Dr. Shortell requested we circulate the names of the people on the National Prevention Strategy Council. He inquired whether the advisory committee has been set up. He was informed that the final members have not yet been announced.

- **Health in All Policies (HiAP)**

Dr. Linda Rudolph, Deputy Director of the CDPH Center for Chronic Disease Prevention and Health Promotion, presented an overview of Health in All Policies Task Force (HiAP), including a brief discussion of the Governor's Executive Order which created the HiAP Taskforce, the number of agencies that are represented on the HiAP Taskforce, it's goals, the definition of a Healthy Community; the HiAP Task Force process; public workshops, and HiAP Taskforce recommendations, next steps, etc. [Please refer to the PowerPoint for further details <http://www.cdph.ca.gov/services/boards/phac/Documents/PHACHiAP102910.pdf>].

Dr. Horton thanked Dr. Rudolph and her staff for their hard work. It was suggested this topic be included in the next agenda so we can formally take it up at the next meeting.

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.

- **Healthy People 2020 (HP 2020) National Update**

Scott Fujimoto, MD, MPH, provided a brief update on where the federal government is on Healthy People 2020. The national release is still scheduled for December 2010, although some Topic Areas (such as Social Determinants of Health) will not be ready by then. Also, additional Topic Areas have been added since the last PHAC meeting, including Lesbian/Gay/Bisexual/Transgender Health and Sleep Health, although objectives have not been released for these new Areas yet. A national Healthy People Conference is planned by the federal government in spring 2012.

- **Healthy California 2020 – DRAFT Report**

Purpose of Public Health Advisory Committee (PHAC) Report

Dr. Linette Scott, MD, MPH, mentioned the purpose of the report is to guide the Department's efforts in tracking HP2020 objectives and to provide advice to the Department. She felt the primary audience is state and local public health programs in California and the document would assist in alignment between the federal, state, local and community public health enterprise by highlighting the interdisciplinary effort. The document should reflect prioritized policy based practice and focus on place as opposed to individual behaviors.



General comments from PHAC Members:

- Add emphasis around policy and place by public health. Need HiAP to achieve the targets. This is a new age for public health in California with a specific framing.
- Help inform public health practice in California in the way we administer public health interventions including performance evaluation. Can inform more than state public health and may also inform local public health and private public health efforts.
- The name of Healthy California broadens the framing beyond People to include Policy (ex HiAP) and Places (Practices).
- This document can be official endorsement by the HiAP and Health Communities.
- The Committee requested a presentation on Healthy Community Indicators.

12:30 p.m. to 1:30 p.m. - Lunch

Afternoon Session

1:30 p.m. to 3:30 p.m.

○ **Healthy California Initiative**

Dr. Linette Scott, MD, MPH, presented an overview of the decisions made at the July 2010 meeting regarding the prioritization of the Healthy People 2020 topic areas. The members next discussed how to reach consensus on the remaining objectives areas under the ten prioritized topic areas. A discussion ensued on how to reconcile the list.

Top ten topic areas for HP 2020

Ten topic areas for prioritization were selected at a prior meeting. Social Determinants of Health is seen as an overarching topic area. Equity is an overarching principal.

General Comments from PHAC Members:

- Include Person, Place, Policy conversation and consensus and address this as the context for framing the top ten list. Important to set the framing as there was a move away from the person disease based perspective. Consideration that each topic be approached from the Person, Place Policy perspectives. The 10 topics discussed include the criteria related to impact, equity, etc., that informed the discussions. However put more emphasis on the balance of person, place and policy with reframing around place and policy.

Healthy People 2020 Objectives

General Comments from PHAC Members:

Include in discussion around objectives the broader context and thinking of the PHAC. There may be a limit to the data sets. One suggestion is incorporating the Healthy Community Indicators being developed through CDPH. Identify the restriction of the Healthy People Objectives and the need to go broader and directly tie to Healthy Communities and HiAP. With respect to HP2020, these objectives are the most tied to Place and Policy and thus most highly recommended to the state to track. Want to encourage and support the work of CDPH to focus on Policy and Place and don't want to ignore the focus on healthy people and the national effort. May include goal statements for the Topic Areas that are more specific to California. Part of the goal for PHAC is to advance the practice of public health throughout the state and to expand thinking of public health programs.

The PHAC used an iterative process to review the objectives for each of the prioritized topic areas with the purpose of recommending three to five objectives for CDPH to focus their efforts on related to Healthy People 2020.

Injury & Violence

Note: The PHAC members requested additional help with data and information to further prioritize the injury and violence objectives. Recommend this be a specific agenda item for the January meeting.

Physical Activity



School Physical Education

Favor the objectives that suggest strategy to accomplish it. #4 being the most valuable of the following school-based objectives

PAF HP2020-4	Increase the proportion of adolescents who spend at least 50 percent of school physical education class time being physically active.	1
PAF HP2020-2	Increase the proportion of the Nation's public and private schools that require daily physical education for all students .	2
PAF HP2020-12	Increase the proportion of States and school districts that require regularly scheduled elementary school recess.	3
PAF HP2020-13	Increase the proportion of school districts that require or recommend elementary school recess for an appropriate period of time.	3
PAF HP2020-3	Increase the proportion of adolescents who participate in daily school physical education.	

Challenge with #4 if you do it, then at least 50% active whereas #2 indicates daily. While California has certain levels of physical activity required it is not to this level. We do have Fitnessgram as a data source. Issue is that in lower income schools proportion of time being physically active is often less than 50%

Discussion of strategy related to push or pull approach to physical activity. School recess and PE is a push to the activity.

5, 6	PAF HP2020-9	(Developmental) Increase the proportion of employed adults who have access to and participate in employer-based exercise facilities and exercise programs.	3
1, 4	PAF HP2020-10	(Developmental) Increase the proportion of trips made by walking.	7

#9 Called out in Health Care Reform. Addresses adult population. Similar to addressing kids in school. Needs to reach down to all levels of employees.

#10 is an important step to increasing physical activity by adults.

Peer pressure going for you for objective #9, some work places very involved.

Biggest return on investment is when you get a lot of people doing a little bit of something. Example of farm workers and stretching program to decrease work injuries.

PAF HP2020-5	Increase the proportion of the Nation's public and private schools that provide access to their physical activity spaces and facilities for all persons outside of normal school hours (that is, before and after the school day, on weekends, and during summer and other vacations).	tentative

Dual use has other benefits beyond the physical activity purpose. It is a broader objective that addresses relationship development, supplemental courses/skill development, etc. The strategy has secondary and tertiary benefit and complements other topic areas. The strategy has had increased use and is being nurtured through a number of grant projects. There is not good evidence that it impacts physical activity directly.

Joint use important in rural, low income areas, also is an issue percolating up from local communities, often leverages other things.

Some see as a good first step, giving people facilities then can push to do physical activity.



Relates to safe routes to school and engineering the environment to be able to be active.

Person focused

1	PAF HP2020-1	Reduce the proportion of adults who engage in no leisure-time physical activity.	5
4	PAF HP2020-6	Increase the proportion of adults that meet current Federal physical activity guidelines for aerobic physical activity and for muscle strength training.	2
5	PAF HP2020-7	Increase the proportion of adolescents that meet current physical activity guidelines for aerobic physical activity and for muscle-strengthening activity.	1

These objectives not discussed in length

Nutrition and Weight

Potential overarching outcome measure for the topic area:

1	NWS HP2020-1	Increase the proportion of adults who are at a healthy weight.	5
2	NWS HP2020-5	Reduce the proportion of children and adolescents who are overweight or obese.	4

Recommend #5 be framed as "healthy weight". Need to address problem of anorexia in addition to obesity

1, 3, 5, 5	NWS HP2020-14	Eliminate very low food security among children in U.S. households.	10
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1, 2, 2	NWS HP2020-18	Increase the number of States that have State-level policies that incentivize food retail outlets to provide foods that are encouraged by the Dietary Guidelines.	13
2,3, 5	NWS HP2020-19	Increase the number of States with nutrition standards for foods and beverages provided to preschool-aged children in childcare.	8

These were the most policy and place-based oriented.

#18 addresses food deserts. #18 and #19 is focused on the number of States which makes it challenging to measure for California. Could make it number Counties/communities that have county-level policies. May need to distinguish between access vs. incentivize.

	NWS HP2020-10	Reduce consumption of sodium in the population aged two years and older .	
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Focus on policy interventions to address sodium availability. Strong evidence for population reduction of sodium consumption to reduce hypertension.

3, 3	NWS HP2020-16	Increase the proportion of primary care physicians who regularly measure the body mass index of their patients.	6
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Tie to electronic health records incentive program requirements to collect body mass index.



Public Health Infrastructure

Some committee members struck that none of the objectives addressed resources. Focus is on accreditation.

1, 2, 3	PHI HP2020-6	Increase the proportion of Federal, Tribal, State, and local public health agencies that incorporate core competencies for public health professionals into job descriptions and performance evaluations.	11
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80% of public health professionals in California do not have formal public health training. Cannot move to accreditation or other activities without increasing public health competencies. Also opportunity to push performance management, build competencies, and look at before or at least in parallel with accreditation

1, 1	PHI HP2020-3	Increase the proportion of population-based Healthy People 2020 objectives for which national data are available for all major population groups.	10
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Key to having base for analysis and assessment of population groups and evaluating disparity. Key to performance management and evaluation. Important data systems can measure at county and local level. For Healthy California, recommend focusing parallel activities to state and sub-state level data. Need to focus on this for a California purpose.

2, 4	PHI HP2020-9	Increase the proportion of State and local public health jurisdictions that conduct performance assessment and improvement activities in the public health system using national standards.	6
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3, 3	PHI HP2020-10	Increase the proportion of Tribal, State, and local public health agencies that have implemented a health improvement plan and increase the proportion of local health jurisdictions that have implemented a health improvement plan linked with their State plan.	6
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5	PHI HP2020-18	(Developmental) Increase the proportion of Tribal, State, and local public health agencies that have implemented an agency wide quality improvement process.	1
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#9 and #10 are key to preparing for public health accreditation. This will assist local health departments as well.

2	PHI HP2020-11	(Developmental) Increase the proportion of all degrees awarded to members of underrepresented racial and ethnic groups among the health professions, allied and associated health profession fields, the nursing field, and the public health field.	4
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6	PHI HP2020-15	(Developmental) Increase the proportion of 4-year colleges and universities that offer public health or related majors and/or minors that are consistent with the core competencies of undergraduate public health education.	1
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Workforce shortage. This needs visibility and attention. The continuing threat of infectious disease outbreaks, the health effects of climate change, the epidemic of obesity and chronic illness, the continuing inequalities in health by ethnicity, race and SES, and the challenge of implementing health care reform will place severe strain on the public health workforce exacerbating current shortages of an estimated 250,000 nationwide and 25,000 to 30,000 in California. Thus, there is great need to expand the number of trained public health professionals in both on-campus and distance learning formats so as to achieve the level of human capital needed to meet the HP 2020 objectives.

Addresses disparity and inequity.

5	PHI HP2020-19	(Developmental) Increase the proportion of public health laboratory systems (including State, Tribal, and local) that perform at a high level of quality in support of the 10 Essential Public Health Services.	1
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	PHI HP2020-1	Increase the proportion of Tribal and State public health agencies that provide or assure comprehensive laboratory services to support essential public health services.	
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Laboratory capacity is essential for response. May not need more labs but may need better response.

Five top objectives focus on for Public Health Infrastructure:

1. Core competencies
2. National data
3. Performance assessment/quality improvement
4. Workforce (including disparity/inequity)
5. Labs

Social Determinants

Education and income related from any topic area.

Before the next meeting:

- Review minutes for specific concepts to capture in the report
- Review final HP 2020 roll-out – especially the framing documents
- Review draft report

January Agenda

- Request for updated presentation on Healthy Communities Indicators – 30 min
- Additional input on Injury – 30 min.
- Logistic review of the “report” – who, what where, when – 15 min.
- Review current draft of report – 3 hours
- Health in All Policies Endorsement by PHAC – Action Item – 30 min
- Physical activity break

April Agenda

- Finalize report

3:45 p.m. – 4:00 p.m.

- Open Discussion/Topics for Future Discussion

Dr. Horton thanked members for a robust discussion. He then spoke of the value of the PHAC and mentioned that he would communicate the value of the group to the new Administration via the transition documents. Dr. Shortell, on behalf of the PHAC, thanked Dr. Horton for his leadership.

Ellen Wu inquired why the future meeting dates had been moved from Fridays to Thursdays and mentioned that she would have a conflict with the Thursday dates.

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.