

**Office of Health Equity Advisory Committee  
Quarterly Meeting Planning Subcommittee Meeting**

**Teleconference Minutes (DRAFT Staff Notes)  
Thursday, January 27, 2022**

867-5827-5550, Code 127825

**AC Members Participating:**

Jo-Ann Julien, Subcommittee Chair  
Califia Abwoon  
Jei Africa  
Bernadette Austin  
Angela Ball  
Dannie Casena  
Sarah de Guia, AC Chair  
Nancy Rodriguez  
Angelina Woodberry  
Weiyu Zhang

**Members Absent:**

Valentine Antony  
Kismet Baldwin  
Robin Carter  
Jazmine Garcia Delgadillo  
Lisa Folberg  
Aaron Gardner  
Simran Kaur  
Nahla Kayali  
Patricia Lee  
Shireen Malekafzali, AC Vice Chair  
Yvette McShan  
Vong Mouanoutoua  
Hector Ramirez  
Terra Russell-Slavin  
Ana Gonzalez Seda  
Michael Witte

**State Officials/Staff:**

Ana Bolanos, Assistant Deputy Director, OHE  
Amanda Hooker, Stakeholder Engagement Coordinator, OHE  
Meredith Lee, Chief, Advancing Community Equity Branch, OHE

**Office of Health Equity Advisory Committee**  
**Quarterly Meeting Planning Subcommittee Minutes (DRAFT Staff Notes)**  
**January 27, 2022**

**Speakers from the Public:**

No members of the public addressed the Subcommittee.

**11:30 a.m. Convene Meeting and Welcome | Roll Call | Agenda Review**

Jo-Ann Julien, Subcommittee Chair, called the teleconference meeting of the Office of Health Equity (OHE) Advisory Committee (AC) Quarterly Meeting Planning Subcommittee to order at 11:30 a.m., welcomed everyone, and reviewed the meeting agenda. Roll call was taken; a quorum was achieved.

Amanda Hooker, Stakeholder Engagement Coordinator, reviewed the meeting protocols.

**11:35 a.m. Debrief Fourth Quarter AC Meeting**

**Presenter:**

- Sarah de Guia, Advisory Committee Chair

Recap of Key Agenda Items and Discussions

AC Chair de Guia recapped highlights from the December 1, 2021, AC meeting. She asked Subcommittee Members for their feedback on the structure and information provided in the meeting

Discussion

Subcommittee Member Zhang suggested three items for the next meeting agenda:

- Come to a consensus on how to approach equity moving forward.
- Learn more about the Justice Equity Diversity Inclusion (JEDI) Committee at the next meeting.
- Learn how the \$300,000 investment in the state budget for public health infrastructure will be constructed following the recommendations in the Future of Public Health memo.

Subcommittee Member Austin suggested including a discussion on housing and ways for the AC to meaningfully engage with state agencies that also work on social determinants of health. She suggested presentations by the Strategic Growth Council and the Governor's Office of Business and Economic Development (GO-Biz) to learn more about these agencies and what they do, and also to let them know that the AC is a resource and is interested in meaningful, transparent, deliberate work towards health equity in the things that they are working on. Working groups can potentially come out of that discussion.

Subcommittee Member Austin stated the importance of sharing with the state agency representatives that the work they do and the challenges that California residents face in working with their programs have significant impacts on individual and community health.

**Office of Health Equity Advisory Committee**  
**Quarterly Meeting Planning Subcommittee Minutes (DRAFT Staff Notes)**  
**January 27, 2022**

Subcommittee Member Abwoon stated the ADOS community is not thought about in public health. There is a disconnect with case managers and social workers and a lack of empathy, sympathy, compassion. Something is going on and it is called racism. The state entities hired to help are failing miserably in the ADOS community. They give beautiful presentations but the ADOS community is not being helped. Project Roomkey is intervening but housing is a problem.

Subcommittee Chair Julien agreed with Subcommittee Members Abwoon and Austin. She asked about studies or surveys of where communities are in terms of mental health and the COVID-19 pandemic. She suggested a discussion or presentation on this issue.

Subcommittee Member Ball stated concern about the way the In-Home Supportive Services (IHSS) program is structured. Not all counties operate in the same way. Some have varying staffing structures to support that population. The IHSS program has been lacking during the COVID-19 pandemic. Many times, care providers have high caseloads and do not have the necessary skills to provide sufficient support to recipients. Individuals are afraid that, if they report that they are being neglected by the care provider, they will not have anyone at all, or that the care provider may retaliate against them. The counties need to employ these individuals to ensure there is no retaliation but replace them with someone who is more capable. This program needs a serious overhaul.

AC Chair de Guia agreed that this is important. She stated the need to figure out how to leverage the AC to raise these issues and to create a space for individuals to come and testify or talk about issues. She stated she is hearing that there is a disconnect between local- and state-level provision of care and services. The state level is setting policy so they may not always know what is happening at the local level, and the local level implements the policies but it is clearly uneven across the state. Although issues matter, it is more about the approach taken in connection to the issues such as housing, mental health, IHSS workers, etc.

Subcommittee Member Casena agreed that there is a disconnect between counties and the state but, while trying to bridge that gap, the community that tends to be left behind is the LGBTQ community. One reason they are left behind is the lack of data collection. Every department has a different way of collecting sexual orientation and gender identity (SOGI) data so the data cannot be cross-tabulated to learn about required policies and funding that is needed for the community. He suggested, as the Gender Health Equity Unit is utilizing the COVID-19 grants to identify how SOGI data is being collected, researching within the departments to learn how each department collects that data, if they are training grantees to collect that data and, if not, the barriers that hinder that collection. More cohesion and a willingness to share data is needed to ensure that the community is not further left behind while addressing the gap.

Public Comment

No members of the public addressed the Subcommittee.

**11:45 a.m. Planning for 2022 AC Workplan**

**Office of Health Equity Advisory Committee**  
**Quarterly Meeting Planning Subcommittee Minutes (DRAFT Staff Notes)**  
**January 27, 2022**

**Presenter:**

- Sarah de Guia, AC Chair

Subcommittee Chair Julien asked the Subcommittee to discuss focus areas, standing agenda items, meeting venues, and other items for meetings and AC Committee work in 2022.

AC Chair de Guia suggested allowing time for the AC to build relationship and to delve into an issue or create agreement around the work. One issue in particular is the AC's approach around equity. She suggested a standing agenda item to delve into issues as a committee. This will look different at every meeting.

AC Chair de Guia suggested having a discussion with state and local agencies. Part of why the AC is here is to bring issues to state policy makers to effect change. Leveraging a section of the agenda to focus on issue areas and challenges being faced gives the AC the opportunity to weigh in with policy makers on what is or is not working and what is being done to resolve issues.

AC Chair de Guia suggested having rotating AC Member presentations as a standing agenda item. Discussions can be led by AC Members individually or as a group, and communities AC Members represent can be invited to share.

AC Chair de Guia suggested continuing the standing agenda items of the OHE units and CDPH leadership updates.

Subcommittee Chair Julien stated the AC had discussed having community listening sessions around the state with community presentations and breakout sessions prior to the COVID-19 pandemic. She suggested having a virtual meeting that is hosted in a region or area with a spotlight on that part of California.

AC Chair de Guia stated being virtual versus in-person will depend on the Executive Order on virtual meetings.

Subcommittee Member Africa stated there is overlap on more focused topics. The whole story can be discussed from statewide, local, and community perspectives such as how a policy goes down to the local level, how the local level implements it, and how that affects the community. It would present a much clearer picture of what is happening.

Subcommittee Member Africa suggested a discussion on the AC framework of working together. Although everything is important, the AC can only focus on certain issues in order to move forward. He agreed with the proposed standing agenda items but suggested leaving flexibility for important items that need to be discussed.

Subcommittee Chair Julien agreed and suggested adding the federal level perspective to that list. She stated the AC talked about having a workplan so the AC would have agreement about key priorities for the upcoming year and putting those on future agendas. Health equity is a broad topic but the AC has historically discussed areas that drive other areas such as structural racism that undergirds other issues such as housing and economic opportunity. It is important to review those focus areas so the AC does

**Office of Health Equity Advisory Committee**  
**Quarterly Meeting Planning Subcommittee Minutes (DRAFT Staff Notes)**  
**January 27, 2022**

not lose sight of the areas that were prioritized for the year, such as housing, mental health and access to health care, economic development, education, and structural racism.

Subcommittee Chair Julien asked for more information on what is meant by the request to identify the AC's approach to equity.

Subcommittee Member Zhang stated the need to establish guiding principles and a vision for equity in order to have agreement on priorities. She suggested doing vision exercises or coming to a common definition of health equity, which could be broad or detailed. The AC needs to agree on these things. For example, naming special populations to focus on or the structural barriers that the AC agrees contribute to health inequities.

Subcommittee Member Zhang suggested Human Impact Partners's Health Equity Guide at <https://healthequityguide.org/strategic-practices/develop-a-shared-analysis>.

Subcommittee Member Africa stated equity can be approached on different levels – individual, interpersonal, cultural, organizational, and structural. It is important to be mindful of the stories that are so powerful, like the stories shared by Subcommittee Member Abwoon, which is the individual approach. He stated he is still adjusting to the climate of this group, which is the interpersonal level. Being an information resource to the OHE is the structural level of approach. It is important to clarify the framework and lens being used to do this work.

Subcommittee Chair Julien suggested creating a document or charter that would satisfy the need for clarity around framing or terms of engagement.

AC Chair de Guia agreed with creating a meeting agreement document. It is important for this group to pause, take stock, and reset conversations and the ways in which AC Members engage with each other.

Subcommittee Member Woodberry stated other groups adopt comfort agreements that are read at the beginning of meetings to ensure everyone feels comfortable speaking up and getting the work done that needs to get done.

AC Chair de Guia asked AC Members to send sample meeting agreements to staff. She suggested putting this issue on the next meeting agenda.

#### Public Comment

No members of the public addressed the Subcommittee.

### **12:30 p.m. First Quarter AC Meeting Agenda Discussion**

#### **Presenter:**

- Sarah de Guia, AC Chair

#### Plan Agenda for First Quarter Meeting

**Office of Health Equity Advisory Committee**  
**Quarterly Meeting Planning Subcommittee Minutes (DRAFT Staff Notes)**  
**January 27, 2022**

Subcommittee Chair Julien suggested opening the March 9<sup>th</sup> meeting with the AC Member voice to give AC Members an opportunity to share.

AC Chair de Guia stated June is her last meeting as chair; a new chair needs to be nominated at the next meeting.

Subcommittee Chair Julien asked staff to send an email asking AC Members to be prepared to nominate and vote on a new chair at the March meeting. She asked staff to include in the email that a new recruitment process is beginning to replace the five AC Members who will be stepping off by the December meeting.

AC Chair de Guia suggested including updates on the budget and the JEDI Committee in the update by CDPH leadership, an agenda item on housing with invited presenters, and a discussion on issues around case management in the areas of housing and mental health, and IHSS issues.

Subcommittee Chair Julien suggested grouping issues on the social determinants of health together and having agenda items on AC Committee Work, federal/state/local policy issues, presentations by community and community voices, and OHE units.

AC Member Zhang suggested setting a room agreement and safety guidelines, using the sample mentioned by AC Member Woodbury as a template, at the beginning of the meeting. She suggested bringing in external facilitators to bring clarity and help everyone participate. The budget is also important to discuss prior to the Governor's May Revise to help understand how the state is voting on the infrastructure for public health. She agreed with grouping issues on the social determinants of health together and discussing housing.

AC Chair de Guia suggested asking someone facilitate from the CDPH. She stated agenda items she is hearing is to have the CDPH provide an update on the budget and begin the discussion on housing and mental health.

AC Member Zhang suggested including guiding questions for AC Members to respond to for the AC Committee Work agenda item, such as asking everyone to share one story of victory in the past year that gave them hope or one or two things they will be focusing on this year that is working for their community so everyone is talking about similar things.

AC Member Woodbury suggested that that section be an icebreaker item where everyone can get to know each other better.

AC Member Africa agreed and noted that it would operationalize what equity is. Equity work is about building relationships. The public should know AC Member values.

AC Chair de Guia suggested opening the agenda with an icebreaker, then moving into the AC Committee Work agenda item to discuss meeting agreements and chair nominations, OHE unit updates, state/local presentation, and AC Member reaction time to provide an opportunity to discussion issues that were raised during the meeting.

AC Member Austin agreed with emphasizing mental health and weighing in on the social determinants of health. Housing, employment, and education have a direct effect

**Office of Health Equity Advisory Committee**  
**Quarterly Meeting Planning Subcommittee Minutes (DRAFT Staff Notes)**  
**January 27, 2022**

on mental health. Those are the greatest stressors she sees in the communities she works with. She urged AC Members to share back with the state agency presenters on how the work they do, and the challenges California residents face in working with their programs, have significant impact on individual and community health.

AC Chair de Guia stated the proposed Standing Agenda Items are AC Committee Work/Building; Federal, State, and Local Policy Issues; Community Voices or AC Member-Led Discussions; OHE Unit Updates; and CDPH Leadership Updates.

Public Comment

No members of the public addressed the Subcommittee.

**12:55 p.m. Closing Comments and Adjournment**

Ms. Hooker stated Chris Miller, who is looking at the California Reducing Disparities Project's (CRDP's) strategic plan to reduce mental health disparities and about the connection between spiritual leaders and mental health, requested that this be agendaized at a future meeting.

Subcommittee Chair Julien stated there was a possible state pilot or grant program a few years ago to bring mental health first aid training to spiritual communities and leaders, where faith-based organizations could apply for funding to do a train-the-trainer program to do mental health in the community as quasi experts.

AC Member Woodbury stated she is one of the trainers for mental health first aid. Sacramento County obtained grant funding to do a lay-person training in faith-based organizations in the African American community to recognize when someone is in a mental health crisis and to help them get the mental health support they need. It is an international program run by the National Institute of Health.

AC Chair de Guia stated an individual had emailed asking about language access services. This item should also be agendaized at a future meeting.

There being no further business, the meeting was adjourned at 1:02 p.m.