

**Office of Health Equity Advisory Committee Meeting
Meeting Minutes
December 16-17, 2019**

East End Complex
1500 Capitol Avenue
Training Rooms B and C
Sacramento, CA 95814

877-692-8957; Confirmation Number 7007846

OHE-AC Members Participating:

Manel Kappagoda, JD, MPH, Co-Chair	Jo-Ann Julien, MEd
Kismet Baldwin, MD	Patricia Lee, PhD
Lisa Folberg, MPP	Yvette McShan
Aaron Fox, MPM	Michael Witte, MD
Virginia Hedrick, MPH	

Members Absent:

Sarah de Guia, JD, Co-Chair	Nahla Kayali
Ana Gonzalez Seda, MPH	Angelo Williams, MD
Simran Kaur, MPH	

State Officials/Staff:

Sonia Y. Angell, MD, MPH, Director and State Public Health Officer, California Department of Public Health (CDPH)

Artnecia Ramirez, Assistant Deputy Director, OHE, CDPH

Marina Castillo-Augusto, Chief, Community Development and Engagement Unit (CDEU), OHE

Lazaro Cardenas, Project Lead, Racial and Health Equity Initiative, OHE

Noralee Cole, SSA, OHE

Rafael Colonna, PhD, Research Scientist II, Health Research and Statistics Unit (HRSU); Evaluation Lead, California Reducing Disparities Project (CRDP), OHE

Dorette English, Health Program Specialist I, Health Equity Policy and Planning (HEPP) Unit, OHE

Cullen Fowler-Riggs, LGBTQ Contract Manager, CRDP

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

Chantal Griffin, Housing and Health Equity, Health in all Policies (HiAP), OHE

Kimberly Knifong, MBA, Chief, Business Operations Unit, OHE

Meredith Lee, Project Lead, HiAP, OHE

Peter Oh, DrPH, MPH, Chief, HRSU, OHE

Maureen Njmafa, CDEU, OHE

Sheila Samperio, Tribal Coordinator, CDPH

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September 28, 2019**

Amy Zhang, Special Assistant to Chief Deputy Director of Policy and Programs,
Director's Office

Speakers from the Public:

Lilyane Glamben
Amanda McAllister-Wallner

DAY 1: December 16, 2019

9:00 a.m. Convene Meeting and Welcome | Roll Call | Agenda Review | Meeting Minutes

Welcome and Introductions

Manel Kappagoda, Co-Chair of the Office of Health Equity (OHE) Advisory Committee (AC), called the OHE-AC meeting to order at 9:20 a.m., welcomed everyone, and asked the AC members and staff to introduce themselves. She provided a brief overview of the meeting agenda.

Co-Chair Kappagoda invited Solange Gould to make an announcement. Solange Gould, DrPH, MPH, Chief, HEPP Unit, OHE, stated she accepted a new position as Co-Director at Human Impact Partners, a national health equity organization. She stated Friday will be her last day at OHE. Linda Helland, Health Program Specialist II, HEPP Unit, OHE, will serve as Acting Chief of the HEPP Unit during the recruitment of Dr. Gould's replacement.

Approve September 11, 2019, Meeting Minutes

Jo-Ann Julien, MEd, referred to the 4th paragraph on page 4 and asked to strike the last part of the sentence where it states "while that staff member is being recruited."

Ms. Julien referred to the 1st paragraph under Discussion on page 5 and asked to add "pertaining to health equity" so the sentence would read "Ms. Julien asked for a way for OHE-AC members to share information and resources pertaining to health equity that would not be against the Bagley-Keene Open Meeting Act."

Ms. Julien referred to the 2nd paragraph on page 13 and asked to add the word "not" so the sentence would read "The heat narrative is one of the biggest issues; but it does not show that from a data perspective."

Public Comment

No members of the public addressed the AC.

MOTION: Jo-Ann Julien, MEd, moved approval of the September 11, 2019, Office of Health Equity Advisory Committee Meeting Minutes as revised. Kismet Baldwin, MD, seconded. Motion carried unanimously with no abstentions.

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9:30 a.m. Meet the New CDPH Director, Sonia Y. Angell, MD, MPH, State Public Health Officer and Director, CDPH

Presenter:

- Sonia Y. Angell, MD, MPH, State Public Health Officer and Director, CDPH

Presentation

Sonia Y. Angell, MD, MPH, State Public Health Officer and Director, CDPH, introduced herself and shared her vision for the CDPH and the OHE.

Discussion

Michael Witte, MD, stated it is great to hear that data is one of Dr. Angell's priorities. Population health management is a large issue; getting good data to effectively risk-manage populations that are at-risk to determine what those risks are and how they can be addressed under good managed care is something everyone is interested in.

Aaron Fox, MPM, stated it is encouraging that Dr. Angell has a background in organizing. Someone who is rooted in communities and understands how communities relate to governmental systems is important, especially with public health.

Ms. Julien stated one of the things that resonated with her is the need to incorporate health equity into the over 200 programs within the CDPH. She shared how she has been trying to get individuals to do more health equity for the past five years in a local health department. A barrier she has seen is that there is a notion that health equity is separate from state programs and that being asked to incorporate health equity is seen as extra work beyond the work that programs are funded to do. She stated the need to embed a health equity lens into the deliverables in contracts.

Public Comment

Lilyane Glamben, ONTRACK Program Resources, welcomed Dr. Angell and stated the need to incorporate mental health into the work of the CDPH.

Amanda McAllister-Wallner, Director, California LGBTQ Health and Human Services Network, agreed with the need to incorporate mental health and behavioral health into the work of the CDPH.

10:30 a.m. Meet the New CDPH OHE Assistant Deputy Director, Artnecia Ramirez

Presenter:

- Artnecia Ramirez, MPA, Assistant Deputy Director, OHE

Presentation

Artnecia Ramirez, MPA, Assistant Deputy Director, OHE, introduced herself and her role with the CDPH and the OHE.

Discussion

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Dr. Witte stated his hope that Ms. Ramirez will continue to focus on substance use disorders in her new work at the OHE.

Ms. Julien asked about Ms. Ramirez's strengths and how the AC can support her. Ms. Ramirez stated one of her strengths is budgeting. She stated she is an idea person and problem solver but needs help on the implementation side.

Co-Chair Kappagoda asked about Ms. Ramirez's onboarding to help the AC understand the information that the AC can help fill in for continuity. Ms. Ramirez stated she met with every unit chief and is beginning to meet with staff as part of the onboarding process. She stated the need to better understand the AC's expectations for the OHE and the OHE's expectations for the AC.

Co-Chair Kappagoda asked AC members to share what they see as the role of the AC in relation to the OHE, how the AC can best support the OHE, and how the skill set of the AC members can be used to help move the work of the OHE forward.

Dr. Baldwin stated she has struggled to understand the role of the AC and how it interacts with the OHE. She stated the hope that the AC could determine the top three priorities to recommend to the OHE as things to focus on and work into programs at the state level.

Patricia Lee, PhD, agreed. She stated the role should be a two-way street so the AC will learn things from the OHE on what the OHE is working on, but also will advise the OHE on those things based on the AC's population-level expertise.

Dr. Witte agreed. He stated he has learned during his two years on the AC about listening through different lenses and that equity is in everything and that that is public health. He stated Federally-Qualified Health Centers (FQHCs) are a melding of primary health care and public health to help the most vulnerable populations. Sharing ground-level issues that most of the AC members work with around the state can be helpful in giving advice or sharing knowledge with the OHE, but also hearing what is happening around the state and learning different ways of looking at issues is valuable.

Ms. Julien stated the best place to start is with the California Health and Safety Code (HSC), which states why the AC was created and contains grounding points. Multiple interlocking systems are perpetuating disparities and inequities. She stated the need to work across departments to better understand and chart those systems and to make changes in areas that create negative outputs. The AC has already identified key priorities such as housing and economic opportunity; the AC now needs to move forward by discussing solutions to address those priorities and to make a difference in California. She suggested creating a space on the agenda for focused, targeted, solution-oriented discussions on the identified key priorities and on the alignment among California departments.

Mr. Fox stated he is one of the original AC members. He stated the AC has changed over the years and has gained understanding of what the role of the OHE should be and how the AC can help shape that. AC members come from a variety of backgrounds, which gives the advantage of providing feedback on many different sectors, agendas, backgrounds, and motivations. One thing that has been successful in the last couple of

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years has been the AC looking at ways that the OHE can be sustainable and working with the OHE in ensuring sustainability through funding and ensuring that the individuals who are staffing the Office are the right individuals who understand how to do the work.

Mr. Fox agreed with looking to other departments to see where there are opportunities for collaboration and increased funding to the Office. There are new opportunities in recent years where the AC can work with the Office in a way where everyone does their own job while looking at how to make the Office more sustainable and connected to the community and enriching the AC and the OHE at the same time.

Yvette McShan spoke about the need to focus on disparities in the African American community and include them at the table.

Public Comment

Lilyane Glamben shared about the four hours of public hearing last Monday on the future of Proposition 63, the Mental Health Services Act. She stated she asked the panel how they can speak for four hours and not mention the CRDP. She stated she then asked how anything can be discussed in mental health without addressing disparities in the African American community.

11:00 a.m. OHE AC Membership Recruitment Update

Presenter:

- Artnecia Ramirez, MPA, Assistant Deputy Director, OHE

Presentation

Ms. Ramirez provided an overview, with a slide presentation, of the status, timeline, and next steps in the AC membership recruitment process.

Discussion

Ms. Julien stated she was one of the two AC members who reviewed the membership applications. She stated the process was somewhat flawed. It could have been less rushed and more thought through in terms of the end goal of committee representation. She stated the need to consider what a balanced Committee would look like, such as including statewide representation of people of color, people with lived experience, and people from other departments, before reviewing the applications, and ensuring that all key areas and departments were recruited. She gave the example that there were no applications from other state departments. Not including other state departments and agencies would be an oversight (e.g., of the Health and Safety Code Section 131019.5, page 5, 2f which states “The advisory committee shall be composed of representatives from applicable state agencies and departments....”).

Lisa Folberg, MPP, agreed and stated, although including influencers on the AC has been discussed in the past, it has never been answered. She asked if that discussion has happened internally. Ms. Ramirez stated she was unaware of an internal discussion

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but agreed that influencers on the AC, either decision makers or individuals who have the ear of decision makers, would be desirable to get things moving.

Yvette McShan suggested recruiting past OHE consultants to be a part of the AC.

Virginia Hedrick, MPH, suggested developing a matrix where AC members complete a one-pager about their demographics and areas of expertise, which can be used to fill gaps during recruitment. She suggested a similar matrix for the applicant pool.

Public Comment

No members of the public addressed the AC.

11:30 a.m. Office of Health Equity Business Operations Update

Presenter:

- Kimberly Knifong, MBA, Chief, Business Operations Unit, OHE

Presentation

Kimberly Knifong, MBA, Chief, Business Operations Unit, OHE, provided an overview, with a slide presentation, of the leadership changes, recruitment effort and status, and bylaws updates of the OHE. She asked AC members for feedback on the recent recruitment communications and how they can improve.

Discussion

Mr. Fox stated his organization has been sending out the emails received from the OHE to organizations that are already committed to doing this work.

Ms. Hedrick stated California does not have an equitable hiring process. It so tricky that qualified individuals are willing to pay \$1,000 to a person who knows the tricks to get them a state job.

Ms. Julien suggested establishing regional offices to help assist with recruitment and access into state jobs.

Dr. Baldwin stated this is an equity issue in the hiring process for the state.

Dr. Lee suggested mentors who are willing to help walk individuals through the hiring process. She stated she would be interested in mentoring.

Co-Chair Kappagoda asked where the standards for employment practices are set.

Ms. Knifong stated it is the California Department of Human Resources (CalHR).

Ms. Knifong asked for volunteers to work on recommended changes to the bylaws.

Ms. Julien volunteered. Co-Chair Kappagoda stated Sara de Guia, Co-Chair of the OHE, volunteered to work on the changes to the bylaws.

Public Comment

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Amanda McAllister-Wallner stated their organization circulated the recruitment emails and is happy to continue to do so. The speaker suggested ensuring that the test date is included in the hiring window or a link to it with clear instructions.

Dorette English, Health Program Specialist I, HEPP Unit, OHE, stated there is a projected tsunami of retirements in the future. The speaker encouraged individuals to get on the lists because there will be ongoing openings across the Department. Names are active on the list for one year.

12:00 p.m. Break for Lunch

1:00 p.m. Discussion about Advisory Committee 2020 Meeting Dates and Locations

Presenter:

- Manel Kappagoda, JD, Advisory Committee Co-Chair

Presentation

Co-Chair Kappagoda stated the AC will discuss the 2020 meeting dates and locations and future agenda items. She asked staff to present this agenda item.

Ms. Knifong discussed what the OHE will do to create greater continuity going forward. She stated the strategic planning process was stalled a year ago due to the change in leadership. The organized process had included a SWOT analysis and a draft work plan. She stated it is time to regroup and to see if the priorities of the group have changed. She suggested a future agenda item of reviewing the draft work plan and key priorities recommended a year ago by the AC prior to the change in leadership.

Discussion

Mr. Fox offered the LGBT Center in Los Angeles as a meeting location.

Ms. Julien suggested having a longer roster and meeting in all the major regions across California. She suggested Imperial County as a meeting location.

Ms. McShan suggested a discussion about the immigrant and refugee populations in the San Diego area.

Dr. Baldwin agreed and suggested including the northern counties and small rural counties in the discussion, which seem to be overlooked.

Ms. Hedrick suggested the Yurok Reservation in Del Norte County as a meeting location.

Dr. Witte agreed with holding a meeting in the rural north. It is one of the more challenged areas in terms of health care resources and individuals are often isolated. He noted that areas in the Central Valley also suffer these challenges. He stated he loved the idea of meeting on the reservation but suggested scheduling it during a season with mild weather.

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Dr. Witte suggested the Inland Empire as a meeting location.

Ms. Folberg suggested a discussion on the intersection with the political process and how voices can be amplified at a future meeting such as education around places where individuals can learn about opportunities to have their voices heard. It would also be educational for the AC to learn how individuals want to engage. Included in this could be a discussion on the census, voting, and barriers.

Ms. Julien suggested discussions on climate change, social cohesion and racism, seniors, sex trafficking of minors, homelessness, and African American health at future meetings.

Ms. Folberg suggested a discussion on adverse childhood experiences (ACEs) and trauma-informed care at a future meeting.

Ms. McShan agreed with holding a future meeting in the rural north and learning more about Native American culture.

Dr. Lee agreed with having discussions on civic engagement and climate control at a future meeting.

Public Comment

Amanda McAllister-Wallner suggested presentations from CRDP grantees at AC meetings throughout the next year.

2:00 p.m. Governmental Alliance on Race and Equity and Health Equity Initiative

Presenters:

- Solange Gould, DrPH, MPH, Chief, Health Equity Policy and Planning Unit
- Lazaro Cardenas, Project Lead, CDPH Racial and Health Equity Initiative

Presentation

Dr. Gould introduced the members of the team who have been working on the Governmental Alliance on Race and Equity and Health Equity (GARE) Initiative for the past four years. She asked Lazaro Cardenas to present this agenda item.

Lazaro Cardenas, Project Lead, Racial and Health Equity Initiative, provided an overview, with a slide presentation, of the background, goals, outcomes, accomplishments, and future plans of the GARE Initiative.

Discussion

Dr. Witte asked how to know that the goal of giving health and equity training to 80 percent of the staff is the right training. Mr. Cardenas stated the training is pulled from models that have been proven to be effective.

Dr. Witte stated the importance of gathering new stakeholder information to ensure that the training is relevant to the goals. Dr. Gould agreed and stated much of the work for this initiative over the past four years has been internally-facing work that was focused

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on institutionalized racism inside government policies, processes, and procedures. She stated the initiative could go further, be better, and be held accountable with an external stakeholder group and robust community stakeholder engagement.

Mr. Fox asked what has been learned from the response to the internal work. Dr. Gould stated the work has been feeding an incredible need at CDPH, but there have also been individuals who have put up barriers to this work.

Ms. Hedrick asked about the tribal liaison for the CDPH and how they have been engaged in this process. Dr. Gould stated it has historically been the job of the OHE Deputy Director. The new Deputy Director will determine who will serve that role. Ms. Ramirez added that Sheila Samperio is the temporary Tribal Coordinator for the Department.

Ms. McShan stated the need to deal with racism in the laws. She stated nothing will change until the laws are changed. Meredith Lee, Health in All Policies Team Lead, agreed and stated one of the things this work is trying to do is to change policies. The CDPH and the OHE cannot write bills and laws the same way that the Legislature can, but they can affect how laws are implemented. The goal is to begin to address policies, systems, procedures, and practices that the Department has control over, such as how funding is given out through contracts, budgeting, and community engagement.

Mr. Fox stated there are many stakeholder groups within the departments and different offices have their own stakeholder groups. He suggested tapping organizations that are already engaged in work with a government entity that would be willing to give feedback. Stakeholder groups are more willing to engage in the process if they can see that their participation produces tangible change.

Co-Chair Kappagoda stated it would be helpful for the AC members to learn of other stakeholder groups that are supporting different initiatives within OHE and to better collaborate between them. She suggested including the AC members in the trainings at future AC meetings over the next two years. She asked how the Governor's office is supporting the initiative.

Ms. Lee stated there will be more opportunities to engage with the Governor's office. Staff is currently actively working with and engaging with the Government Operations Agency (GovOps) that oversees CalHR.

Co-Chair Kappagoda asked for a concrete example of a type of policy issue that individuals who have gone through this training and are engaged in GARE are working on. Ms. Lee stated at least four partners are embedding equity into their grants in a thoughtful manner. Mr. Cardenas stated language access and barriers impact communities of color and other agencies are looking at policies around that.

Ms. Julien stated the Public Health Alliance of Southern California's working group on health equity is developing a set of definitions. She asked staff to share the glossary of terms that they are developing with the working group for continuity once they are finalized.

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Co-Chair Kappagoda asked staff to share the OHE's Racial and Health Equity Action Plan with AC members and suggested including other departments' Racial and Health Equity Action Plans with the glossary.

Public Comment

No members of the public addressed the AC.

3:00 p.m. Debrief | Public Comment Period/Public Comment for Items Not on the Agenda

Ms. Julien stated the hope that the Climate Change and Health Vulnerability Assessments will be approved by the CDPH. Dr. Gould stated they are still in internal review and the format is currently being changed. She stated there is a template that can be used to download data that is continuously updated and maintained on the Climate Change and Health Vulnerability Indicators for California (CCHViz) website.

Ms. Julien asked if there has been a discussion on vector-borne diseases. Dr. Gould stated she will be presenting on the Climate Change and Health Program during the unit updates. She stated Dr. Angell pulled together an immediate cross-departmental meeting about climate change and health work, and the Vector-Borne Disease Section (VBDS) was one of the programs that attended that meeting and gave an update on their work. She recommended contacting the VBDS, which most likely has the best data. She stated the hope that the VBDS will be active partners in the CDPH Climate Change Initiative, which will be a cross-departmental initiative to engage all parts of the CDPH that have relevance to climate change.

Ms. Julien suggested writing climate change deliverables into contracts. Individuals often feel the topics of equity or climate change are too daunting or nebulous. Adding concrete examples into contracts would be helpful.

Dr. Witte suggested a discussion around California Advancing and Innovating Medi-Cal (CalAIM) at the next AC meeting.

Dr. Lee asked staff to email her about the details and stated she will speak to her leadership about the right person from the Department of Health Care Services (DHCS) to present on CalAIM at the next AC meeting.

Public Comment

Amanda McAllister-Wallner agreed that CalAIM would be a great agenda item. The speaker suggested a discussion on the Covered California Attachment 7 Refresh at a future AC meeting. The contact for the Attachment 7 Refresh Workgroup is Thai Lee, DO, MPH, Senior Quality Specialist, Covered California.

Amanda McAllister-Wallner stated the DHCS will be releasing the first Request for Proposals (RFP) for the first round of funding from Proposition 64, Prevention and Early Intervention for Substance Use. The funds will be targeted at local community-based projects.

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3:30 p.m. Closing Comments and Adjournment

Co-Chair Kappagoda recessed the meeting at 3:20 p.m. and invited everyone to join the OHE-AC for Day 2 of the meeting tomorrow morning at 9:00 a.m.

DAY 2: December 17, 2019

OHE-AC Members Participating:

Manel Kappagoda, JD, MPH, Co-Chair	Jo-Ann Julien, MEd
Kismet Baldwin, MD	Patricia Lee, PhD
Lisa Folberg, MPP	Yvette McShan
Aaron Fox, MPM	Michael Witte, MD
Virginia Hedrick, MPH	

Members Absent:

Sarah de Guia, JD, Co-Chair	Nahla Kayali
Ana Gonzalez Seda, MPH	Angelo Williams, MD
Simran Kaur, MPH	

State Officials/Staff:

Charity Dean, MD, Assistant Director, CDPH
Artnecia Ramirez, Assistant Deputy Director, OHE, CDPH
Marina Castillo-Augusto, Chief, Community Development and Engagement Unit (CDEU), OHE
Noralee Cole, SSA, OHE
Rafael Colonna, PhD, Research Scientist II, HRSU; Evaluation Lead, CRDP, OHE
Dorette English, Health Program Specialist I, HEPP Unit, OHE
Cullen Fowler-Riggs, LGBTQ Contract Manager, CRDP
Solange Gould, DrPH, MPH, Chief, Health Equity Policy and Planning (HEPP) Unit, OHE
Chantal Griffin, Housing and Health Equity, Health in All Policies (HiAP), OHE
Kimberly Knifong, MBA, Chief, Business Operations Unit (BOU), OHE
Meredith Lee, Project Lead, HiAP, OHE
Maureen Njmafafa, CDEU, OHE
Peter Oh, DrPH, MPH, Chief, HRSU, OHE

Speakers from the Public:

Erica Browne	Amanda McAllister-Wallner (via teleconference)
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9:00 a.m. Reconvene Meeting | Recap of Previous Day and Unfinished Business

Co-Chair Kappagoda reconvened the meeting of the OHE-AC at 9:05 a.m. at the East End Complex, 1500 Capitol Avenue, Training Rooms B and C, Sacramento, 95814. She asked the AC members to introduce themselves. She provided a brief overview of the December 17, 2019, AC meeting agenda and recap of activities from the December 16, 2019, meeting.

9:30 a.m. Updates from Three OHE Program Units

Presenters:

- Marina Castillo-Augusto, MS, Chief, Community Development and Engagement Unit
- Solange Gould, DrPH, MPH, Chief, Health Equity Policy and Planning Unit
- Peter Oh, DrPH, MPH, Chief, Health Research and Statistics Unit

Presentations

Marina Castillo-Augusto, MS, Chief, Community Development and Engagement Unit (CDEU), provided an overview, with a slide presentation, of the unit's work since the last AC meeting and the plans for 2020.

Rafael Colonna, PhD, Evaluation Lead, CRDP, continued the slide presentation and discussed the California Community Mental Health Services Survey, a new survey that is being done under the CRDP. He provided a high-level overview of the survey, including what is hoped to be accomplished, details on the survey design, and a tentative timeline for rolling out the survey and findings over the next 14 months. He noted that the survey will be the first population-level data collection effort conducted by the OHE.

Discussion

Dr. Lee asked for a save-the-date flyer for the CSUS Health Equity Conference scheduled in April of 2020.

Dr. Witte asked how to determine what is valid data, considering all the cultural differences in looking at mental and behavioral health. Dr. Colonna stated, although there are behavior-related items, the survey mainly looks at attitudes, opinions, and beliefs focused on policy and community action related to mental health and mental health services.

Ms. Hedrick stated CRDP subcontractors include tribal and urban Indian grantees, which creates a broad reach of California Indian country. 90 percent of Native Americans in the state of California live in urban areas and are oftentimes left out of grant opportunities.

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Ms. Hedrick noted that the CDPH has been out of compliance for a number of years with the 2011 executive order requiring state agencies and departments to have tribal engagement and consultation. There are significant cultural competency gaps within the CRDP that are likely a result of not having a tribal liaison and tribal engagement, including the fact that some of the survey questions are not culturally competent. The research being done statewide with communities of color should include Native American communities not only in the feedback loop but in engagement from the beginning. Vulnerable populations do not want to answer high-level scientific survey questions that are deficit-based, when the deficits are already well-known within the community.

Ms. Hedrick stated grantees attended the OHE conference in October where data was presented and displayed in a way that they had never seen before. It can be disheartening in small communities to see state agencies presenting on the data they provided in surveys. It is culturally incompetent to represent people as just numbers, particularly when difficult disparities for the communities were shared. She encouraged the OHE and the CRDP team to be mindful and thoughtful about how data is represented and to think about community engagement. This is not just state government work; mental health issues are very real and individuals take them seriously. She stated having real engagement and not just subcontractor-to-state will set the CRDP apart from other contracts.

Ms. Hedrick asked if the survey was created in collaboration or review of any of the subcontracts. Dr. Colonna stated the survey was created with review and support from the technical assistance provider contracts.

Ms. Hedrick asked for additional details about the technical assistant providers from Slide 81, Roles of CRDP partners. Dr. Colonna stated the technical assistant provider information was from the Pacific Institute for Research and Evaluation (PIRE).

Ms. Hedrick stated PIRE is not an American Indian organization. They do work with tribes but this is distinctly different. She stated this is an example of the gaps. She stated specific populations should be part of the review as well, particularly when populations that are historically marginalized and overlooked are grouped in with other issues.

Co-Chair Kappagoda stated this is an example of how reaching out to AC members would be helpful. AC members would welcome and appreciate that outreach. She encouraged staff to reach out to AC members for input and guidance.

Presentations, continued

Peter Oh, DrPH, MPH, Chief, Health Research and Statistics Unit (HRSU), provided an overview, with a slide presentation, of the unit's work since the last AC meeting and the plans for the 2020 Demographic Report and Healthy Communities Data and Indicators Project. He asked for feedback on Slide 119, Percentage of People in Poverty, 2014-2016.

Discussion

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Dr. Lee referred to Slide 119, Percentage of People in Poverty, 2014-2016, and stated she liked the people-icon graphic but stated it is difficult to understand that each line represents a different state because the title is confusing. She suggested including in the title that the graph is a ranking of states.

Ms. Julien suggested a pop-up that includes the cost of living for each state to help tell the whole story.

Dr. Witte stated the importance of looking at the polarization of the communities and the accessibility of the surveys to individuals who are afraid to take surveys, many of which are living in poverty.

Dr. Oh asked for feedback about the usefulness of including varying poverty thresholds.

Ms. Julien stated it depends on the audience. She stated it would be useful if the targets are local health departments. One way to resonate with an audience is to include the median household income.

Dr. Witte referred to Slide 121, the bar graph depicting the percentage of families with children below the federal poverty level, and suggested the percentage at the top of the slide and the legend for the green bars state "single-headed households" and "single householder with children" rather than "female-headed households" and "female householder with children." He stated the data would be more meaningful for both parents to be working for the blue married-couple households bars.

Ms. Julien agreed and suggested moving the California bars to the left side of the slide as the baseline for the demographic breakdown of the other bars. She also suggested changing the font color at the top to coincide with the bars in the graph.

Mr. Fox stated legislators and policy makers do not have time to look at graphs to analyze their meaning. He suggested capturing and distilling the essence of each graph into one obvious sentence. As an example, he referred to Slide 119, Percentage of People in Poverty, 2014-2016, and suggested the topic sentence, "California has the most people living in poverty in the United States." He agreed that the graphs should be included for scientific purposes but, in order for Legislators and policy makers to digest them, the graphs must be simple or their attention will be lost.

Dr. Baldwin stated it will take a lot to make the graphs simple enough to understand. Also, some slides mention 100 percent poverty and other slides mention 200 percent. She suggested making it all one percentage for consistency and better understanding.

Dr. Lee stated the elements are all there but suggested that the title of the graph on Slide 121 be at the top to avoid confusion of the message.

Co-Chair Kappagoda stated the Demographic Report was submitted to the Department of Health and Human Services (DHHS) for review over a year ago. She stated the importance for the Demographic Report to come out as soon as possible to inform local health departments and state agencies.

Dr. Oh asked AC members to send him requests for data points for underlying conditions to present on at the next AC meeting.

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Presentations, continued

Dr Gould provided an overview, with a slide presentation, of the HEPP unit's work since the last AC meeting and the plans for 2020. She distributed the Climate Change and Health Equity Program fact sheet of unit accomplishments to meeting attendees.

Chantal Griffin, Housing and Health Equity, HiAP Program, OHE, continued the slide presentation and discussed the activities that are proposed related to housing, health, and equity. She asked for feedback and priorities on the proposed activities.

Discussion

Dr. Witte asked about the tension between HiAP and climate change work, where the funding comes from, and where the partners are to help make this succeed. He asked about the affordability of new homes that are mandated to include solar panels, which cost an average of \$3,500 per home. He also asked about the affordability of transportation. Ms. Griffin stated HiAP has been looking at ways to ensure that active and healthy transportation is integrated with housing and creating communities that are climate resilient and forward thinking.

Dr. Gould stated housing has always been one of the pillars of climate mitigation. There is a growing understanding of the need to build dense, healthy, equitable, transit-oriented communities. State interventions are somewhat limited since housing is governed at the local level. Part of what the unit will work on this upcoming year is to pull together the evidence of housing as a climate and health issue, and to put that evidence and speaking points into the hands of health professionals who are activated around this issue to speak about the need for adequate affordable housing and anti-displacement.

Mr. Fox stated these issues have been known for a long time but how to scale it up is a challenge. He offered the assistance of the Los Angeles LGBT Center as a resource and partner in this effort.

Ms. Hendrick stated she looked forward to the high-level Executive Summary. She encouraged contacting tribes in California that are receiving federal funding for doing work on affordable housing. They are considering ways to build housing to attract teachers, administrators, and doctors to rural areas.

Dr. Lee liked seeing that the OHE units are thinking of the aging population, particularly with housing. She asked Dr. Oh to report on housing and discrimination at the next meeting.

Co-Chair Kappagoda stated she was excited to see legal aid connecting in the housing strategies and for addiction defense. She volunteered to be a sounding board, a translator between how public health and legal aid thinks about housing, or to help make connections with other legal aid organizations to move that work forward.

Co-Chair Kappagoda asked about the meeting with the governor's tribal liaison and if AC members could participate. Ms. Castillo-Augusto stated the meeting was postponed until more OHE leadership was on board. The tentative timeframe is in February of 2020. She stated AC members are invited to attend.

**Office of Health Equity Advisory Committee Meeting
Meeting Minutes (DRAFT Staff Notes)
December 16-17, 2019**

Co-Chair Kappagoda asked about the RFP process changes to make them more equitable and easily accessible for groups that may not have been able to apply for RFPs in the past. Ms. Castillo-Augusto stated pre-draft solicitations were issued as part of the CRDP process to give communities a sense of the expectations and modifications made to RFP processes for accommodation such as lowering requirements.

Ms. Julien asked Dr. Oh to present on discrimination and minority stressors, income security, food security, and housing, children, and families.

Public Comment

Erica Browne, MPH, Pre-Doctoral Research Fellow, California Initiative for Health Equity and Action, UC Berkeley, asked about the process for taking the information that is generated within the CDPH and sharing it across departments and with legislators. The speaker asked if there will be targeted communication activities beyond the Executive Summary after Dr. Oh's report is released.

Dr. Oh stated the entire Demographic Report will be published, including the Executive Summary and some of the data previewed during his presentation. It will be posted on the OHE website. He stated the full electronic version of the inaugural Legislative Report that includes the baseline Demographic Report, which was published in 2015, is posted on the CDPH website under OHE. Also, the 2018 report will be available on the CDPH website once it is approved by Agency.

Erica Brown asked if there will be subsequent communication that will create opportunities for other departments to respond with community perceptions and experiences around mental health barriers after the report is generated with the larger findings from the survey.

Dr. Colonna stated the survey is interconnected with other activities to further spur community engagement and policy action. The development of collateral materials will begin in 2021 to link findings from the survey to the experiences and stories of the implementation pilot projects to build sustainability and system-change efforts. The education, outreach, and awareness consultant is working on a community engagement plan that will be part of a broader coalition working with other state, local, and community partners.

Charity Dean, MD, Assistant Director, CDPH, shared about when the report was shared and opportunities for interactions. She stated, oftentimes, when the leadership of CDPH is asked questions by legislators about reports that are published or data that has become available, the director of CDPH will be asked to meet with legislators to discuss specific questions or data issues in the report. Oftentimes, those conversations are happening. She agreed for the need to publish the Demographic Report as soon as possible so that data can be shared.

11:30 a.m. Updates on New Program Dollars: Lesbian, Bisexual, Transgender, and Queer Health Equity Initiative & Mental Health Funds

**Office of Health Equity Advisory Committee Meeting
Meeting Minutes (DRAFT Staff Notes)
December 16-17, 2019**

Presenters:

- Solange Gould, DrPH, MPH, Chief, OHE Health Equity Policy and Planning Unit
- Artnecia Ramirez, Assistant Deputy Director, OHE

Presentation

Dr. Gould provided an overview, with a slide presentation, of the status of the Lesbian, Bisexual, Transgender, and Queer (LBTQ) Women's Health Equity Initiative. She stated staff has been working on the administrative end to set up the infrastructure needed to begin to hire staff and determine what the program will look like as it rolls out. She stated the Gender Health Equity Unit (GHEU) has been approved as a new unit in the OHE. Applications for the GHEU Unit Chief have been received and interviews will be held by the first week in January.

Ms. Ramirez provided an update on the mental health funds that were appropriated in the 2019 budget. A meeting will be scheduled with the DHCS, the California Pan Ethnic Health Network (CPEHN), and the CDPH to determine what this program would look like and how it will be rolled out.

Public Comment

Amanda McAllister-Wallner stated appreciation for the progress being made on the GHEU and the vision the OHE has had to provide opportunities for addressing gender and health inequities throughout the state. The speaker stated they look forward to hearing more about how the mental health funds will be implemented.

Maureen Njmafa, CDEU, OHE, asked for clarification that the Mental Health Initiative will be housed under the OHE and the CDEU and will come with at least two positions. Ms. Ramirez stated she could not yet answer that until details are further finalized.

12:00 p.m. Break for Lunch

1:30 p.m. Discussion of Process for New AC Chair or Co-Chairs

Presenter:

- Manel Kappagoda, JD, Advisory Committee Co-Chair

Co-Chair Kappagoda stated AC members will discuss the role of the Co-Chair and the process for picking a new Chair or Co-Chair beginning in 2020, necessitated by the fact that Co-Chairs Kappagoda and de Guia are now at Change Lab Solutions. She asked staff to present this agenda item.

Ms. Knifong reviewed the process for electing a new AC Chair or Co-Chair.

Discussion

**Office of Health Equity Advisory Committee Meeting
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Dr. Baldwin suggested emailing AC members prior to the February OHE leadership vote to remind them of the roles and responsibilities of the Chair and Vice Chair.

Dr. Witte asked if the February vote will be restricted to AC members in attendance. Ms. Knifong stated her understanding of the Bagley-Keene Open Meeting Act is that members could be included in a vote only if their location is posted on the agenda ten days prior to the meeting and members of the public are invited to join them at the location.

Dr. Baldwin suggested sending out a second email ten days prior to a meeting to ask about remote locations so those locations can be added to the agenda to ensure a quorum at the upcoming meeting.

Ms. Knifong summarized the discussion:

- The vote for Chair and Vice Chair will be made in February.
- The new Chair and Vice Chair will begin in May.
- The former Chair and Vice Chair will be available to answer questions and support the new leadership during the transition period through the May meeting, when the new leadership will begin.

Public Comment

No members of the public addressed the AC.

2:00 p.m. Debrief | Public Comment Period/Public Comment for Items Not on the Agenda

Ms. Julien asked Dr. Gould to share her thoughts as this is her last meeting with the AC.

Dr. Gould stated, in her over 20 years of health equity work, she felt she had never worked on such impactful health equity work as she had in her time with the OHE. She stated OHE staff are mission-driven, visionary, and hard-working. One of the stabilizing influences for staff is the AC members who act as a touchstone. She encouraged AC members to continue to provide advice and guidance as the OHE moves into its next phase.

AC Members stated their appreciation for Dr. Gould's leadership over the past four years, thanked her for her work with the OHE, and wished her all the best in her new position.

2:30 p.m. Closing Comments and Adjournment

Co-Chair Kappagoda thanked everyone for participating and ended the proceeding at 1:54 p.m.