

**Office of Health Equity Advisory Committee Meeting
Teleconference Meeting Minutes (DRAFT Staff Notes)
December 1, 2021**

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OHE-AC Members Participating:

Sarah de Guia, Chair	Simran Kaur
Shireen Malekafzali, Vice Chair	Nahla Kayali
Califia Abwoon	Patricia Lee
Jeï Africa	Yvette McShan
Valentine Antony	Hector Ramirez
Bernadette Austin	Nancy Rodriguez
Kismet Baldwin	Ana Gonzalez Seda
Robin Carter	Terra Russell-Slavin
Dannie Cesena	Michael Witte
Jazmine Garcia Delgadillo	Angelina Woodberry
Lisa Folberg	Weiyu Zhang
Jo-Ann Julien	

Members Absent:

Angela Ball
Aaron Gardner
Vong Mouanoutoua

State Officials/Staff:

Rohan Radhakrishna, Deputy Director, Office of Health Equity (OHE)
Ana Bolanos, Assistant Deputy Director, OHE
Lazaro Cardenas, Chief, Health in All Policies and Racial Health Equity Section
Marina Castillo-Augusto, Chief, Community Development and Engagement Unit (CDEU), OHE
Linda Helland, Chief, Climate Change and Health Equity Section (CCHES), OHE
Amanda Hooker, Stakeholder Engagement Coordinator, OHE
Peter Oh, Chief, Health Equity Research and Statistics Section (HERSS), OHE
Jason Tescher, Chief, Gender Health Equity Unit (GHEU), OHE

Speakers from the Public:

Steve McNally

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

Welcome

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Sarah de Guia, Chair of the Office of Health Equity (OHE) Advisory Committee (AC), called the OHE-AC meeting to order at 9:00 a.m., welcomed everyone, provided a brief overview of the meeting agenda, and confirmed the presence of a quorum.

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

Chair de Guia welcomed new AC Members Jei Africa, Bernadette Austin, Dannie Cesena, Jazmine Garcia Delgado, and Weiyu Zhang and asked them to introduce themselves.

September 2, 2021, Meeting Minutes, and September 28, 2021, Subcommittee Meeting Minutes

MOTION: AC Member Seda moved approval of the September 2, 2021, Meeting Minutes, and the September 28, 2021, Subcommittee Meeting Minutes as presented. AC Member Woodberry seconded. Motion carried 17 yes, 0 no, and 2 abstain, per roll call vote as follows:

The following OHE-AC Members voted “Yes”: Abwoon, Antony, Baldwin, Carter, Delgado, Julien, Kaur, Kayali, Lee, Ramirez, Rodriguez, Seda, Witte, Woodberry, and Zhang, and Vice Chair Malekafzali and Chair de Guia.

The following OHE-AC Members abstained: Austin and Cesena.

Public Comment

No members of the public addressed the OHE-AC.

9:15 a.m. Advisory Committee Sharing

AC Members shared one thing they learned over the past year from the stakeholders and communities they represent as feedback for the OHE and the California Department of Public Health (CDPH).

Public Comment

Steve McNally, family member, thanked the AC for creating a safe space for individuals to share. The speaker stated the California Youth Empowerment Network (CAYEN) presented a Community Participation Ladder about not being at the table and allowing community to contribute to meetings to help the system.

Steve McNally asked for an update on the UC Davis Solano Disparity Project that will be expanded across the state and the California Pan-Ethnic Health Network’s (CPEHN) \$63 million funding. The COVID-19 pandemic has taught that, while exclusivity and equity is often discussed, the trusted messengers in communities are not respected. For example, responsive mechanisms are not made mandatory or at least visible. The speaker noted that evidence-informed practices are important not just evidence-based practices. The speaker stated the need to get back into direct services.

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AC Member Ramirez suggested creating or helping to create solidarity within the community to help take care of each other, particularly during the COVID-19 pandemic.

10:00 a.m. Updates from CDPH Leadership

Presenters:

- Caroline Nguyen Kurtz, Program Director, COVID-19 Local Coordination Team, CDPH
- Rohan Radhakrishna, Deputy Director, OHE

Chair de Guia stated the OHE-AC will hear updates from CDPH leadership regarding CDPH's response to the COVID-19 pandemic and the Department's equity priorities.

Caroline Nguyen Kurtz

Caroline Nguyen Kurtz, Program Director, COVID-19 Local Coordination Team, CDPH, provided an overview, with a slide presentation, of the California COVID-19 state dashboard, potential data insight summary, vaccination progress to date, California Vaccine Equity Goals, and progress toward those goals. She reviewed how data is tracked and what is being seen to inform what needs to be established next year. She stated weekly data updates are provided to the CDPH COVID-19 Equity Leadership team.

Discussion

AC Member Zhang asked about the discrepancy in the vaccination data posted on the covid19.ca.gov website, especially doses by ethnicity groups.

Dr. Kurtz stated the two main reasons for data discrepancies are data flow issues and the "unknown" factor. Designating race and ethnicity as "unknown" or "other" is not being factored into the groupings on the state dashboard.

AC Member Zhang asked about the larger issue of enforcement and how mandates work.

Dr. Kurtz stated there are recommendations and mandates at the state level and also avenues that involve employers where the Occupational Safety and Health Administration (OSHA) is involved.

Trudy Raymundo, CDPH, reviewed the current state public health officer orders. Regarding enforcement, many state public health officer orders are focused around settings such as licensed facilities. The CDPH is working closely with other state departments such as the Department of Health Care Services (DHCS), the California Department of Social Services (CDSS), and the California Department of Developmental Services because many facilities are licensed by those state entities. Also, local health departments have the authority to enforce orders.

AC Member Zhang asked about progress data on mandating vaccinations for state and local correctional facility and detention center workers.

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Ms. Raymundo stated the orders revolve around incentivizing vaccinations for workers. Much of the data is anecdotal. She stated she will get back to AC Members with the answer to this question. For many orders with vaccine requirements, there is an opportunity to provide a qualifying exemption based on medical reasons or religious beliefs.

AC Member Russell-Slavin asked about available sexual orientation and gender identity (SOGI) data to identify what this has looked like for LGBTQ communities.

Dr. Kurtz stated data is inconsistent. She stated the need to consider how to collect that information so it reflects accurately and how to determine how it compares to other data already collected.

Jason Tescher, Chief, Gender Health Equity Unit (GHEU), OHE, stated the GHEU is taking a lead role in pulling together different parts of the Department and collaborating with the Centers for Disease Control (CDC) and the Center for Health Statistics and Informatics on collecting SOGI data. The legislation requires the CDPH and providers to collect SOGI data “if known,” which presents a challenge for getting accurate quality data. Also, the CDPH is funding a small study to look at the barriers of facilitators in the Department and in a selection of counties to review how local health departments have or have not been collecting that data.

Chair de Guia agreed that individuals are invisible without the data. She stated it is important to prioritize these issues because these are the communities that are most at risk.

Mr. Tescher agreed and stated the need to learn how to better partner locally. The challenge is improving culturally-competent care so that providers are comfortable with and can provide that data.

AC Member Ramirez agreed that data aggregation can be difficult. The speaker asked that co-morbidity be an intersectional data point that is tracked, particularly for individuals with disabilities. The speaker suggested including a California vaccination bird, such as Big Bird, in the messaging to help younger individuals get vaccinated. Those types of trusted messengers can help alleviate fear and normalize the conversation.

Dr. Kurtz agreed that vaccinations are about the whole family. It is important to consider the wide spectrum of messengers that can reach all family members and that can resonate with different groups. It is also important to simplify the message.

Chair de Guia stated the OHE has put together the COVID-19 Policy Playbook for local counties that has a number of upstream suggestions on how to address and meet needs of communities in different ways. It is important to tackle this from the perspective of vaccines, the work that needs to happen upstream to ensure that systems and policies are equitable, community engagement improvement at the local and state levels to share what is and is not working, and how to have more community- and equity-centered policies moving forward.

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Steve McNally stated the Los Angeles County Department of Mental Health went underneath the data that is regularly reported but is available by doing a countywide data project to begin to break out individuals into different groups. The speaker stated the California Open Data Portal that is available across agencies is a massive data dump that is challenging to decipher for the lay person. The speaker suggested looking at all available resources and creating something that allows data to be put into an Excel file and downloaded but that will create county exhibits for the data for county-by-county comparison.

Steve McNally stated nothing says a county cannot collect more data than it is required to report. Even if it is done manually, the forms should begin to be changed in counties to begin collecting SOGI and other data and using it locally while the state catches up. The speaker suggested that this or another advisory board begin supporting local advocates on community behavioral health boards or mental health boards or the equivalent so that state and county data is in sync. Many counties are not committed to fulfilling their requirements without a fight.

Rohan Radhakrishna

Rohan Radhakrishna, Deputy Director, OHE, stated he just came from testifying to the first-ever California Assembly Select Committee on the Social Determinants of Health. He stated he represented the state perspective and the work of the OHE and the AC over the past nine years and how the OHE is mandated to address the social determinants of health, which, due to the COVID-19 pandemic, is becoming more mainstream. He thanked all who have been involved in the history and formation of the OHE because it is beginning to create upstream change well beyond the Department and into the California Health and Human Services Agency (CalHHS).

Deputy Director Radhakrishna reviewed the updated logo and website of the CalHHS website. He reviewed the Guiding Principles and Strategic Priorities tab. It has been rebranded to model the Federal Health and Human Services Agency website. He stated the tagline has been updated from Data-Driven, Person-Centered to Data-Driven, Equity-Focused, Person-Centered, putting equity at the center. Changes to CalHHS's guiding principles and strategic priorities have been due in part to the work of the Department and the OHE to positively shape the Agency for the future.

Discussion

AC Member Julien asked about dedicated resources for work on the social determinants of health, health in all policies, climate change, health equity, and other programs that are not traditionally funded grant programs historically not seen in public health.

Deputy Director Radhakrishna stated there are no updates on federal funding at this time; however, the Assembly Committee spoke to the need for non-categorical funding to allow more flexibility at the local level.

Public Comment

No members of the public addressed the AC.

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11:00 a.m. Break

11:10 a.m. 2021 Reflection and 2022 Planning

Chair de Guia stated the purpose of this agenda item is to recap the 2021 AC discussions and activities, discuss the AC's priority issue areas and opportunities for action, and plan the next steps for determining recommendations and activities in 2022.

Chair de Guia reviewed the One-Year Recap of Activities from December of 2020 to October of 2021, which was included in the meeting materials. She stated this past year was a year of transition, new leadership, and many new members. She asked AC Members to consider these reflections, the CalHHS's guiding principles and strategic priorities, and Deputy Director Radhakrishna's vision for how to move forward to leverage the AC in 2022 in a way that is building on the momentum being played out at the state and local levels.

Chair de Guia asked for AC Member perspectives, what they took away from this past year, what was learned as an AC Member, and how that might then help the AC going forward.

Vice Chair Malekafzali, Vice Chair of the OHE-AC, stated it was a pivotal year to think through the issues of the COVID-19 pandemic and the importance of health equity, which provides an opportunity to transition those learnings into how the AC does its work and supports the OHE around those issues. A second opportunity is the intentional engagement of the new leadership. This gives the opportunity for the AC to consider what it wants to be and how it wants to help the OHE support its expanded intentions around community engagement with a deep health equity lens.

AC Member Zhang suggested creating a shared analysis on equity because there are many lessons learned last year about the importance of the social determinants of health as well as structural determinants of health. It is important to learn what equity means to each AC Member and how the AC can come together. It is important to build that shared analysis and build solidarity with each other so that the AC does not unintentionally further marginalize the ones who are most marginalized.

AC Member Julien stated she loves where the OHE and AC are now and how dynamic things are. Tremendous shifts have occurred, which creates an exciting time for opportunity. It is important to capitalize on that. She reminded the AC about discussions in the past about collaborating with community, doing listening sessions in communities, taking AC meetings out to communities, and engaging more. The COVID-19 pandemic demonstrated how critical engagement is to the success of the work of the AC. She suggested getting back to that focus. She reminded AC Members that past discussions also included the fact that racial equity undergirds all equity issues. Addressing equity issues also addresses structural racism in tandem.

Chair de Guia asked Deputy Director Radhakrishna how he would like to see the AC Members work and partner with him in 2022.

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Deputy Director Radhakrishna stated the passion and expertise of the AC Members keeps the OHE fresh, accountable, and relevant. He stated he is thankful for the diversity of lived, professional experience in this virtual space. Next year will be a time of strategic priority-setting. The OHE will celebrate its 10-year anniversary, the Portrait of Promise Strategic Plan from 2015 has reached its sunset – a new course will need to be charted for the next three- to five-year period, and new leadership will refresh their priorities.

Deputy Director Radhakrishna stated the OHE is centering equity and antiracism specifically; there is great opportunity for the AC to influence the entire Department. For example, drafts of process and outcome metrics to measure the domains will be brought to the AC early next year for feedback. He suggested off-cycle engagement beyond the quarterly AC meetings, such as surveys and other ways to get ongoing and continuous feedback.

Deputy Director Radhakrishna stated the OHE will formally embark on a strategic planning process in 2022. The AC is the most important audience amongst many from community groups, local health jurisdictions, state partners, and staff. He stated the need for the AC's close and frequent involvement in the entire process. A timeline, trajectory, and opportunities for engagement will be presented in more detail at the next AC meeting.

Deputy Director Radhakrishna stated he looks forward to being out in the community for listening sessions and other meetings. He stated discussions with even more diverse voices on the ground are important.

AC Member Africa suggested discussing how to build partnerships statewide, with local community-based organizations, and stakeholders to move this work forward. He stated the need to find common ground that does not look for perfection but looks for movement. The lack of mutual understanding is often a barrier to moving even one step further.

AC Member Africa stated the need to consider what can be done together to shift the AC and the OHE from being “us” and “them.” No one is dispensable in this work. He stated the need to create a culture where individuals are inclusive and belong so they feel they can contribute significantly to movement that is beginning to happen. He stated, although AC Members may disagree with each other and perspectives may be different, there is a need to move beyond each person's perspectives to get to the common good.

AC Member Africa disagreed with Deputy Director Radhakrishna's concept that this is about long-term. He stated there is a sense of urgency; it is about now, but also, at the same time, there is a need to look at the strategies to change for tomorrow. There needs to be a mindset that it is now with strategic thinking, mindfulness, and movement-building that also will carry on for the infrastructure for tomorrow.

AC Member Austin stated it has been difficult to do meaningful, long-term work during the COVID-19 pandemic. Space needs to be created around strategic planning. She suggested looking at ways to address urgency without burnout such as creating working

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groups to working on long-term, short-term, and urgent goals. It is difficult to make decisions in a committee. Engaging in between these larger AC meetings with smaller working groups of perhaps two AC Members could help advance some of the most important pieces by bringing recommendations to the AC for approval.

AC Member Julien suggested putting AC Member Africa's comments about differing opinions, working past individual disagreements, and finding common ground for the greater good on a future agenda. Part of the reality in being truly diverse and inclusive is having misperceptions of information or perhaps mistrust. It is important to share and receive information in a way that is neutral for the best interests of the community.

AC Member Zhang agreed and stated she refers to this as creating a shared analysis on equity among AC Members.

Chair de Guia stated she loves the idea of working together and doing an equity analysis to learn each other's definitions. She stated the need to be mindful that the AC is an extension of the state, which means the AC must abide by certain laws and the transparency of the work being done together as a group. Work groups can be created of no more than two members. Currently, the Subcommittee meets before AC meetings to discuss agendas. These public meetings can be used to do some of that work.

Chair de Guia stated some of the things she would love to do as an AC going forward is to hear more from AC Members on community needs, perspectives, and solutions. Bringing those to the table to help inform OHE, the strategic planning process, and other partners such as Health in All Policies (HiAP) and the Capitol Collaborative on Race and Equity (CCORE), is important.

Chair de Guia stated she would love to see even more members of the public join meetings and weigh in to hear from the CDPH and the OHE staff directly but also to bring their ideas and solutions to AC meetings. Hopefully, moving forward next year, meetings will be in person and therefore longer to achieve some of those processes. She stated the importance of continuing to offer a virtual or phone-in option for individuals who may not be able to participate in person.

Chair de Guia stated DDR discussed the ways that the CDPH is building in equity in measurement and accountability tools for staff. She stated providing the opportunity for AC Members to hear what is happening and also to offer recommendations for how that work is happening would be great. One of the biggest challenges that local health departments face is the lack of trust between community and government staff. She asked about ways that the OHE and AC Members can share or serve as a model for how to build that trust between community and government.

Chair de Guia suggested working with the Department and AC Members to think about ways to offer flexible funding opportunities – what that might look like for OHE and other projects moving forward in the CDPH.

Chair de Guia noted that she is coming up on the last six months as Chair of the OHE-AC. Leadership shifts are important for growth of organizations and institutions. Vice Chair Malekafzali cannot step in as Chair because legislation mandates that the Chair must be from a community-based organization. She encouraged AC Members to

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step in as Chair. She offered to meet offline with AC Members to share more details about the role of Chair of the OHE.

AC Member Lee stated appreciation for the Unit/Section Reports in the meeting materials but suggested hearing a short synopsis of key takeaways or a key question from the Unit/Section Chiefs at AC meetings. Sometimes the message gets lost in long reports, even though it is good to hear about the great work being done. It is important to have an open dialogue with the Unit/Section Chiefs.

Chair de Guia invited staff to provide a quick update on Assembly Bill (AB) 1220, which deals with housing and the OHE program.

Lazaro Cardenas, Chief, Health in All Policies and Racial Health Equity Section, stated the initiative expands some of the work being done over the past few years to drive cross-sectional change on racial and health equity. He provided an overview of the background and analysis of AB 1220. AB 1220 reforms the Homeless Coordinating and Financing Council and renames it as the California Interagency Council on Homelessness (ICH). A big change is that the CalHHS and the CDPH have joined the ICH. There are smaller working groups under the ICH – the OHE has been invited to participate in the State Funding and Programs Working Group.

Mr. Cardenas stated he will share the most recent Action Plan to Prevent and End Homelessness and the AB 1220 text and analysis in the chat section.

Chair de Guia stated this initiative was highlighted today because the AC has been discussing housing over the past few meetings. The AC can leverage its position with the OHE to share recommendations to the CDPH that can then carry those recommendations to the interagency working group.

Public Comment

No members of the public addressed the OHE-AC.

12:00 p.m. 2021 OHE Program Update | Public Comment | Adjourn

Presenters:

- Lazaro Cardenas, Chief, Health in All Policies and Racial Health Equity Section
- Linda Helland, Chief, Climate Change and Health Equity Section (CCHES)
- Peter Oh, Chief, Health Equity Research and Statistics Section (HERSS)
- Jason Tescher, Chief, Gender Health Equity Unit (GHEU)

Chair de Guia stated the purpose of this agenda item is to give AC Members a chance to ask questions or make comments on OHE program written updates circulated before the meeting, hear public comments, and adjourn the meeting. She asked the Unit/Section Chiefs to share high-level updates from their reports.

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Jason Tescher, Chief, GHEU, stated the Request for Proposals (RFP) for the first \$9.5 million of the LGBTQ Health Equity Initiative is expected to be released in February. Additional staff will be added to implement the Transgender Wellness and Equity Fund.

Peter Oh, Chief, HERSS, noted that the name of several OHE units changed from unit to section as of October, due to administrative requirements. HERSS is in the process of hiring one staff at the entry-level research scientist level. He put the link to the job announcement in the chat section. The last couple of months have been a time of great renewal and reinvigoration for the team. Exciting new data products are expected to be completed for the Healthy Communities Data and Indicators (HCI) Project in early 2022.

Dr. Oh stated the data team will contribute to the CDPH selection of questionnaire contents in early 2022 to be included in the 2023-24 cycle of the California Health Interview Survey (CHIS), which is administered by UCLA. OHE will continue to advocate for a number of health-equity-related questions to be included in the upcoming survey cycle, including questions on climate change and health, justice involvement, personal experiences of discrimination or systemic racism, and questions to support the new Children and Youth Behavioral Health Initiative.

Linda Helland, Chief, CCHES, highlighted that, as climate impacts accelerate, the attention it receives also increases. Federal leadership is back on board. CCHES has provided health and racial equity and climate change data into updated CalHHS Guiding Principles and Strategic Priorities and has increased connections with the Governor's Office and other agencies on elevating the role of addressing the health impacts of climate change and using those to advance health equity outcomes.

Ms. Helland stated Dr. Mark Starr, former OHE Acting Deputy Director, represents the CalHHS on the California Strategic Growth Council (SGC). In this role, he is a champion on racial equity and will be working with others across the agency and other members of the SGC to help staff develop a clearinghouse on racial equity tools, templates, and resources for other state agencies.

Ms. Helland stated the CCHES received another five years of funding from the CDC Climate and Health Program for the Building Resilience Against Climate Effects (CalBRACE) Grant. A staff member will be added, which will greatly increase the CDPH's climate and health leadership that is working to develop an internal strategic plan for the CDPH's climate and health leadership, starting an advisory group on climate and health, and working to support other CDPH programs to address climate change as a public health issue from within their existing programs.

Ms. Helland stated the CalBRACE Grant will also augment and increase existing tools and technical assistance for tribes and local health departments to address the health impacts of climate change, and will support a pilot project to prioritize home energy efficiency and weatherization services for low-income farm workers in Tulare County through working with Community Health Workers or Promotores de Salud Home Visitors.

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Lazaro Cardenas, Chief, Health in All Policies and Racial Health Equity Section, stated his section will work to expand existing HiAP work, to expand existing work on the Racial and Health Equity Initiative to embed racial and health equity into Department policies, programs, and services, and to think through the capacity to support LHJs who have communicated a need from the CDPH to support them on their equity journeys.

Chair de Guia noted that Kristin Burnett, Chief, COVID Equity Response and Recovery Section, posted an update in the chat section. Ms. Burnett wrote that the Section is in the process of hiring several positions, which will be posted in the chat section, and setting COVID response equity goals for the first part of 2022 with an eye toward transitioning equity goals toward the recovery phase.

Chair de Guia noted that Dan Woo, Health Program Specialist II, Climate Change and Health Equity Section, posted the link in the chat section to the recording of yesterday's CDPH/OHE-hosted California Climate Action Team Public Health Workgroup meeting. The theme of the meeting focused on COVID-19 lessons for the climate crisis.

Discussion

AC Member Ramirez stated global climate impacts are also an important direction for the work being done. This significantly impacts everything being done related to health. The weatherization program will be a significant benefit and opportunity to help improve the lives of individuals, especially while going through changes in climate that impact individuals of color and individuals living in poverty.

AC Member Zhang stated she will post a link to the recently-published CPEHN report titled "Nothing About us Without Us" on the use of area-based social indices, their benefits and limitations, and recommendations for decisionmakers when considering the use of these tools to advance equitable solutions.

AC Member Zhang asked AC Members, in their personal and professional roles, to support the People's Response Act, a federal-level legislation that tries to operationalize racism as a public health crisis by proposing a new division of Public Safety at the federal Health and Human Services Agency. She posted a link to a letter being circulated by Human Impact Partners in the chat section.

AC Member Zhang stated the Justice Equity Diversity Inclusion (JEDI) Committee is trying to respond to COVID-19 lessons learned and the 2020 uprising.

Deputy Director Radhakrishna stated he would be happy to provide an update on the Agency JEDI Committee at the next meeting.

Public Comment

No members of the public addressed the OHE-AC.

Adjourn

Chair de Guia thanked everyone for participating and ended the proceeding at 12:29 p.m.