

**Office of Health Equity Advisory Committee Meeting
Teleconference Meeting Minutes (DRAFT Staff Notes)
April 29, 2020**

877-692-8954; Code 6387616

OHE-AC Members Participating:

Sarah de Guia, JD, Chair	Jo-Ann Julien, MEd
Califia Abwoon	Nahla Kayali
Kismet Baldwin, MD	Patricia Lee, PhD
Jessica Buendia	Shireen Malekafzali
Robin Carter, DPA	Vong Mouanoutoua
Lisa Folberg, MPP	Michael Witte, MD
Virginia Hedrick, MPH	

Members Absent:

Aaron Gardner	Yvette McShan
Ana Gonzalez Seda, MPH	Angelo Williams, MD
Simran Kaur	

State Officials/Staff:

Marina Castillo-Augusto, Chief, Community Development and Engagement Unit (CDEU), OHE
Gil F. Chavez, MD, MPH, Senior Advisor to the Director, CDPH
Linda Helland, Acting Chief, Health Equity Policy and Planning (HEPP) Unit, OHE
Amanda Hooker, Stakeholder Engagement Coordinator
Peter Oh, DrPH, MPH, Chief, Health Research and Statistics Unit (HRSU), OHE
Mark Starr, DVM, MPVM, Deputy Director for Environmental Health, CDPH
Jason Tescher, Chief, Gender Health Equity Unit (GHEU), OHE

Speakers from the Public:

No public comment was heard

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

Welcome and Introductions

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. and welcomed everyone. She called the roll, confirmed the presence of a quorum, and provided a brief overview of the meeting agenda.

Chair de Guia welcomed new AC Members Califia Abwoon, Robin Carter, PhD, Shireen Malekafzali, and Vong Mouanoutoua and asked them to introduce themselves. Chair

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de Guia stated California Department of Public Health (CDPH) and OHE leadership recently appointed a new Health in All Policies (HiAP) representative to the AC. She welcomed new AC Member Jessica Buendia and asked her to introduce herself.

Announcements

Chair de Guia provided the announcements:

- Nominations for chair and vice chair of the AC will be heard at the June meeting.
- Staff will soon be putting out a Doodle poll to AC Members to help in scheduling this year's AC meeting dates.

Approve December 16, 2019, and December 17, 2019, Minutes

Chair de Guia stated the AC will consider approval of the minutes from the December meeting.

Jo-Ann Julien, MEd, referred to her comment on page 5 of the December 16th minutes and her "example that there were no applications from other state departments, which would be an important addition to the AC." She asked to clarify that the Health and Safety Code includes reference to having state departments on the AC.

Chair de Guia asked for a motion to approve the minutes.

Ms. Julien moved to approve the minutes. Kismet Baldwin, MD, seconded.

Public Comment

No public comment.

MOTION: Ms. Julien made a motion to approve the December 16, 2019, and December 17, 2019, Office of Health Equity Advisory Committee Meeting Minutes as clarified. Dr. Baldwin seconded. Motion carried 6 yes, 0 no, and 5 abstain, per roll call vote as follows:

The following AC Members voted "Yes": Baldwin, Folberg, Hedrick, Julien, Lee, and Chair de Guia.

The following AC Members abstained: Abwoon, Buendia, Carter, Kayali, and Malekafzali.

9:45 a.m. Updates from CDPH Leadership on COVID-19 Response

Presenters:

- Gil Chavez, MD, MPH, Senior Advisor to the Director
- Mark Starr, DVM, MPVM, Deputy Director for Environmental Health and Acting Deputy Director for Health Equity, CDPH

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Chair de Guia stated the AC Members will hear updates from the CDPH leadership regarding CDPH's response to the COVID-19 pandemic. She asked the representatives from the CDPH to present this agenda item.

Presentation

Mark Starr, DVM, MPVM, Deputy Director for Environmental Health and Acting Deputy Director for Health Equity, CDPH, stated the COVID-19 pandemic is the biggest thing that the CDPH has had to deal with in a century. It has impacted the entire work force. He provided an overview of activities the CDPH and the OHE have been involved with in response to COVID-19 such as responding to the basics of infectious disease spread, posting guidance online, and working with emergency response and local jurisdictions.

Dr. Starr stated, in addition to these routine tasks, the CDPH and OHE are working to improve lab testing, projecting and adjusting models, and considering how to monitor the status of COVID-19 through the future stages of re-opening California. The CDPH's Center for Health Care Quality (CHCQ) is a program that oversees all health care facilities in California. The CHCQ has been active in opening temporary health care facilities in arenas and fairgrounds. These are set up as a precaution to help with surges in health care needs as restrictions are relaxed and the pandemic fluctuates over time.

Gil Chavez, MD, MPH, Senior Advisor to the Director, emphasized that work being done by the CDPH on the COVID-19 pandemic is being done through a health equity lens. He provided an update on the work being done in health equity from a data perspective to flatten the curve. He stated the number of coronavirus cases in California doubled every three to four days prior to the governor's stay-at-home order. That number has now stretched to doubling at more than two weeks and fatalities continue to decline. He stated it is essential that the public continues to be careful and mindful of the need to stay home.

Dr. Chavez stated the CDPH is watching laboratory test reporting closely. This is important for the ability to modify the stay-at-home order. Counting the number of laboratory tests conducted on individuals with infectious diseases is unprecedented. Changes were made to data collection metrics to also include the negative results so the total number of individuals tested were identified. Also, laboratories needed to update their data systems so the results of every lab test, whether positive or negative, could be reported to the CDPH. The CDPH can now track the testing capacity statewide on a daily basis. He gave the example that 58,000 laboratory tests were conducted in California yesterday.

Dr. Chavez stated the governor convened a task force to consider ways to improve testing such as getting personal protective equipment, increasing the number of laboratories, and making use of mobile units to reach the underserved populations, particularly in rural communities. He reported that these things are currently happening and the testing capacity continues to increase.

Dr. Chavez stated the CDPH is trying to collect better data on race, ethnicity, and gender identity in a culturally sensitive manner to better understand the impacts of the

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COVID-19 pandemic on local communities. Important differences have been identified: the earlier part of the pandemic impacted more white and affluent individuals because of travel, then there was a phase where individuals providing essential services in communities were more heavily impacted and, now, a shift is being seen where individuals of color are being more heavily impacted by COVID-19, particularly Latino and African American communities. The CDPH continues to try to better understand the data to learn why that is happening such as institutional racism, poverty, housing problems, and higher rates of chronic diseases.

Dr. Chavez stated the CDPH is working to ensure that the new testing is more equitable so it reaches communities by income, geographic location, race, ethnicity, and gender identity. All testing is being done with that matrix in mind. The CDPH is also working on putting the necessary components in place to help make decisions on when to modify the stay-at-home order, such as good testing, laboratory capacity, contact tracing, isolation of new cases, support for individuals who are exposed, and surge capacity in health systems. He stated the need to ensure, when the stay-at-home orders are relaxed, that businesses, schools, and child care facilities have the ability to continue to practice social distancing.

Discussion

Mr. Mouanoutoua asked about the role that cities should play with regard to enforcement.

Dr. Chavez stated this issue is difficult because it deals with different levels of legal authority and which orders should take precedence over others. The California statewide order is the minimum every community is expected to do. The difficulty arises in that local communities can have more stringent orders than the state, and those take precedence. Local health officers are legally responsible for enforcing state and local community orders.

Ms. Abwoon asked when testing will be made available to areas that currently do not have access to testing such as Compton, Long Beach, and other locations.

Dr. Chavez agreed that that is a health equity issue that is very concerning. The CDPH is working to fix the data problem and to ensure that there is access, regardless of the ability to pay. He stated testing restrictions changed last week to include individuals who provide essential services other than health care. At the same time, more testing is being developed particularly mobile testing to deploy to communities with no access.

Michael Witte, MD, stated the almost 1,400 federally-qualified health centers throughout the state can provide sources for testing, particularly in more isolated areas and inner-city areas. He asked how to work together to improve contact tracing.

Dr. Chavez stated contact tracing will be essential as California begins the reopening process. Thankfully, California has the experience and technical knowledge to do contact tracing since it is done on a regular basis as part of the disease control work. What is lacking is the level of capacity that the COVID-19 pandemic will require. The

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goal is to train 10,000 individuals to supplement the current capacity to do this work in public health. Also, infrastructure to identify and track cases must be created.

Ms. Malekafzali asked about guidance on how to structure responses to COVID-19 so they systemically incorporate a health equity lens.

Dr. Chavez stated health equity models on how to operate during times of emergency activation have not yet been incorporated. He stated he will take that back to his team for discussion.

Public Comment

No public comment.

10:15 a.m. Advisory Committee Discussion

Chair de Guia stated the AC Members will hear updates about current issues that are arising in AC Member communities.

Ms. Buendia stated the Strategic Growth Council has been proactively working with grantees to gather information about upcoming funding related to COVID-19 such as providing extensions to programs and their deliverables and other deadlines. The Strategic Growth Council hopes to work with the CDPH on the long-term recovery of COVID-19, especially as it pertains to local infrastructure.

Ms. Buendia stated the Strategic Growth Council's HiAP team is hosting a variety of convenings with the Government Alliance on Race and Equity (GARE). One will be on May 7th, bringing local and regional members of the racial/equity membership network together to talk about COVID-19 response as a partnership with the CDPH. There will also be statewide discussions at the HiAP Task Force meeting to talk about the intersection of the work and support strategies at the state level.

Mr. Mouanoutoua appreciated the statistics breakdown of ethnicities and races. As a by-product of COVID-19, there has been a spike of aggression, threats, and hate towards Asians. Anything that the governor and the CDPH can do to help will show that there is no tolerance for prejudice and will heal and unify the community.

Dr. Starr stated the CDPH staff has been working on several things, including xenophobia and racism that have come out of this outbreak. One of the governor's recent briefings specifically tackling this issue clearly pointed out that the coronavirus had nothing to do with geographic regions and challenged individuals to overcome xenophobia and racism, which is unacceptable at any time and inappropriate in this situation. Many cities and communities around California have discussed similar things and this is an important part of the response to the pandemic.

Ms. Julien stated stigma and discrimination towards Chinese communities has increased in San Diego, which is a huge concern.

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Chair de Guia asked if this is something to consider raising with the counties that have done the GARE training, and recommended thinking about ways to support local and city governments in this area.

Ms. Buendia stated the GARE national effort has been putting together a number of resources in this area. Local knowledge can be lifted up in this response. She stated she will discuss this at the meeting with local, regional, and other entities.

Ms. Malekafzali echoed everyone's responses around the xenophobia with the Asian-American population. She pointed out another issue with the requirements to wear masks – many Black individuals receive negative reactions upon entering stores while wearing masks. Fears and the biases that exist are unwarranted, but this is not getting as much discussion. She suggested including this in the discussions with the GARE group because masks are here to stay for some time.

Chair de Guia stated Change Lab Solutions has recently finished a guidebook on how to do enforcements in a way that is more equitable so as not to layer on negative interactions that communities of color, youth, and other populations have with police. Change Lab Solutions hosted a webinar with the National League of Cities, giving cities and counties tools to look at enforcement in a way that does not target particular communities. She stated she would like to share that webinar.

Chair de Guia stated the importance of continuing discussions about enforcement, whether with wearing masks or staying indoors. It is vital to prevent targeting particular communities and to be aware of negative biases, particularly as businesses begin to reopen.

Chair de Guia stated Change Lab Solutions has been doing significant research on the authority of local health offices and how it connects with state and local governments. Local cities and counties are struggling to identify their level of authority and the way they should interact with state government. There may be other resources that can be circulated to help people understand what is possible at the local level, particularly around the issue of enforcement and how to not amplify negative interactions.

Mr. Mouanoutoua asked about the AC's role in the COVID-19 response, and whether there is access to Dr. Starr and Dr. Chavez.

Chair de Guia stated, while the AC does not have an official role in the COVID-19 response and does not necessarily have authority, it is the venue to share perspectives from the community and offer recommendations or considerations for the CDPH and OHE staff to consider in their roles.

Mr. Mouanoutoua asked if there is a way to connect those lines of communication before the next meeting in June.

Dr. Starr stated the questions and input shared this morning is valuable. Staff is open to input and concerns from the AC Members at any time.

Ms. Julien stated the county of San Diego Health and Human Services Agency is

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helping deal with the emerging COVID-19 crisis in Tijuana. Many US citizens in Baja, California, are coming to San Diego for care. The CDC Emergency Operations Center (EOC) has established a unified command on the border.

Ms. Julien stated heat is becoming an issue in San Diego County. Normally, cooling centers for older adults and vulnerable populations are set up. This will not be an option during the COVID-19 pandemic. Less than 50 percent of these populations have air conditioning in their homes. She stated the need to consider how to keep individuals safe at home while asking them to stay at home.

Public Comment

No public comment.

10:45 a.m. Health in All Policies Representation on the OHE Advisory Committee

Presenter:

- Linda Helland, Acting Chief, Health Equity Policy and Planning Unit

Chair de Guia stated the AC Members will hear options about Health in All Policies (HiAP) seats on the OHE-AC.

Presentation

Linda Helland, Acting Chief, Health Equity Policy and Planning (HEPP) Unit, welcomed Ms. Buendia, who was appointed by the CDPH director to the HiAP seat on the AC. She stated the CDPH would like to propose a new seat on the AC designated for a state agency partner. She provided an overview, with a slide presentation, of the benefits of a state agency seat on the AC and two potential agencies and candidates to fill that seat – Marcella M. Ruiz, Director, Department of Social Services (DSS) Office of Equity, and Josh Rosa, Policy and Program Support Manager, Department of Housing and Community Development (HCD). She asked the AC Members for their input.

Discussion

Chair de Guia noted that the two proposed candidates are aligned with the goals and mission of the AC. She stated the need to ensure that there continues to be adequate recruitment for AC Members from community-based organizations and advocacy-based organizations.

Dr. Carter asked about the vetting process and how the two organizations were chosen.

Ms. Helland stated the HiAP and racial and health equity teams have worked extensively with both of the individuals and organizations that oversee programs across the state ensuring basic human rights and social determinants of health for underserved populations and immigrant rights.

Dr. Starr stated these individuals would be an additional resource to the AC.

Lisa Folberg, MPP, stated the AC Members have questioned over the years how to

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influence change and how to bring its collective knowledge to bare on important issues that the OHE is directed to address. She spoke in support of a new seat on the AC of a representative from a state department because it furthers the AC's connections with individuals who can take action and advise decision making to help to advance the work of the OHE.

Mr. Mouanoutoua agreed. He asked about state agencies maintaining loyalty to the AC should conflicts of funding or priorities arise. He stated his preference that community members make up the AC over state agency representatives. He suggested the option to include state agencies such as the DSS and HCD as a standing agenda item to give them the opportunity to provide ongoing updates and feedback.

Dr. Starr stated AC Members can abstain from voting in areas of potential conflict.

Patricia Lee, PhD, agreed. She stated in her role representing DHCS on the AC, she provides comments and feedback but cannot be chair or vice chair. She stated her role is to be a pipeline into the DHCS, connect individuals to other individuals, and ensure that the appropriate individuals speak to the AC on current issues. Representatives from state agencies on the AC will likely have limits put on them because of their state role. She spoke in support of including a state agency as part of the process either as a new seat on the AC or as a standing agenda item.

Ms. Julien agreed.

Chair de Guia asked to agendize this item to the next meeting for further discussion.

Public Comment

No public comment.

11:00 a.m. OHE Program Unit Updates

Presenters:

- Jason Tescher, Chief, Gender Health Equity Unit
- Marina Castillo-Augusto, MS, Chief, Community Development and Engagement Unit
- Peter Oh, DrPH, MPH, Chief, Health Research and Statistics Unit
- Linda Helland, Acting Chief, Health Equity Policy and Planning Unit

Presentations

Jason Tescher, Chief, Gender Health Equity Unit (GHUE), provided an overview, with a slide presentation, of the LGBTQ Health Initiative strategies, principles, and activities, and the GHUE COVID-19 response efforts.

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Marina Castillo-Augusto, Chief, Community Development and Engagement Unit (CDEU), provided an overview, with a slide presentation, of the unit's work since the last OHE-AC meeting and COVID-19 response efforts.

Peter Oh, MPH, DrPH, Chief, Health Research and Statistics Unit (HRSU), provided an overview, with a slide presentation, of the unit's work since the last OHE-AC meeting and the racial/ethnic disparities in COVID-19.

Linda Helland, Acting Chief, Health Equity Policy and Planning (HEPP) Unit, provided an overview, with a slide presentation, of the unit's work since the last OHE-AC meeting and COVID-19 response efforts.

Discussion

Nahla Kayali asked where to find statistics comparing the effects of COVID-19 and the flu.

Dr. Starr provided an average case fatality rate comparison between seasonal flu of 0.1 percent and the Spanish Flu pandemic of 100 years ago of approximately 2.5 percent. He estimated that the average case fatality rate for the COVID-19 pandemic may be approximately 0.5 percent, which is five times the case fatality rate of seasonal flu. He noted that a greater number of individuals are being infected by COVID-19, which increases the case fatality rate.

Public Comment

No public comment.

11:50 a.m. Next Steps, Closing Comments, and Adjournment

There being no further business, the meeting was adjourned at 12:00 p.m.