California Department of Health Services (CDHS)
Office of Women's Health (OWH)
Minutes of Women's Health Council Meeting
Held at the Vagabond Inn
2030 Arden Way, Sacramento, CA on January 25, 2006

Council Members in Attendance:
Beatriz Solís, MPH, Marj Plumb,Dr. PH, Golnaz Agahi, LCSW., MPH., Gilda Arreguin, Yali A.Bair, Ph.D., Bev Ching, RN., MS., Namju Cho, MPP, Raquel Donoso, MPH, Rae Eby-Carl, Ellen Eidem, Ernestina Escaréno, Sandra Naylor Goodwin, Ph.D., Luz Alvarez-Martinez, Shelley Mitchell, MA., Gail Newel, MD., MPH., Catherine Quinn, Diana Ramos, MD., MPH., Sarah Samuels, Dr. PH, Joan Stevie, Mily Treviño-Sauceda, Tracy Weitz, MPA, Mary Wiberg.

Council Members not in Attendance:
Jane Sprague Zones, Ph.D, Renetia Martin, MSW, Crystal Crawford, JD, Amparo Villablanca, MD.

OWH Health Staff in Attendance:
Terri Thorfinnson, JD, Leslie Holzman, MPH, Zipora Weinbaum, Ph.D., Tinah Concepcion, Kiran Lanfranchi-Rizzardi.

OWH Staff not in Attendance:
Renee Wagner, Graduate Student, Jonelle Chaves.

GUESTS:
April Fernandez, Office of Binational Border Health, Jody Kersyling, Epidemiology Branch, Joan Chow, STD Control Branch, Kama Brockmann, Office of AIDS, Lisa Hershey, Office of Disability & Health.

Other DHS Staff in Attendance:
Secretary of California Health & Human Services Agency, (CHHSA), Kim Belshé; Director of CDHS, Sandra Shewry; DHS Public Health Officer, Mark Horton, MD; Susann Steinberg, MD, Maternal Child & Adult Health/Office of Family Planning; Don Lyman, MD, Chronic Disease & Injury Control; Carol Freels, Office of Long Term Care; Rene Mollow; Medi-Cal; Jennifer Kent, Legislative & Governmental Affairs; Barbara Bailey, Office of AIDS; Linnea Sallack, Women Infant & Children; Kathleen Mintert, Assistant to Director, (Nutrition and Physical Activity).

Introductions:

Beatriz Solís, Chairperson, called the meeting to order at 8:30 am. Self introductions by all attendees followed. The Director of CDHS, Ms. Shewry gave a brief overview of her history with OWH and Women's Health Council (WHC). She said that after struggling with the vacancy of Chief in the OWH, the appointment of Terri Thorfinnson in June 2005 was a significant achievement. She said that under Terri's leadership the Office and Council have been refocused and re-energized. Ms. Shewry extended a warm welcome to the 16 new Council members and said that they were the best of the best. She reported that with the onset of the online application process, the OWH received 47 completed applications for review. Due to the high volume of interested candidates, the process was extremely competitive. She said that the OWH staff and the Steering Committee worked diligently to determine existing gap areas in the Council and review and rate all applicants in order to ensure a comprehensive membership reflective of the diverse population of the State and the multitude of Women's health issues. She said that her philosophy for the Council as an advisory body was a two-way street. She said that we learn from the Council, and vice-a versa. She said that the Council members were ambassadors, and challenged the new members to look for opportunities to enhance the health and well being of California's women and girls. Ms. Shewry introduced Secretary, Ms. Kim Belshé to say a few words.

Ms. Belshé said that the executive order creating the OWH was signed by Governor Wilson in August, 1993. The office was created to acknowledge the importance of providing a focused approach on women's heath and to develop a state strategy for addressing the health related needs of women. She said that the Women's Council was first convened in July 1994, after Ms. Belshé became Director. She said that she appointed the inaugural Council, which included several members who are still active on the Council, namely, Renetia Martin, Luz Alvarez-Martinez, Amparo Villablanca, and Jane Zones. Ms. Belshé acknowledged the continued work and interest of core founding members who she appointed 12 years ago and welcomed the 16 new Council members and also acknowledged the 10 current Council members. She challenged the new Council members to look for opportunities to enhance the health and well-being of Californian's specifically focusing on:

(1) Healthy families and strong communities
(2) Access to high quality and affordable health care coverage
(3) Healthy life style behavior, physical activity and reversing the upward obesity trend.
(4) Disabled and aged living independently
(5) Prevention and response to natural or international disasters

Mark Horton, MD., MSPH, Public Health officer of CDHS, spoke briefly and said that he was impressed with the wide diversity in the Council which was very valuable to CDHS. He said that when he started his career in public health, the focus was on reproductive health but now, the focus was on chronic disease. He requested the Council's help and involvement in prioritizing the emerging issues.

Morning Presentation by DHS Staff

Women's Health Snap Shot Panel

Ms. April Fernandez, program Manager of the office of Binational Border Health, in San Diego, gave a brief overview of her organization and its mission. Please refer to handouts given out by Ms. Fernandez at the meeting. Ms. Hernandez had also distributed some Spanish/English dictionary and said that more were available. If any one was interested in obtaining copies, please visit their website at: www.dhs.ca.gov/ps/dcdc/cobbh.

Ms. Susann J. Steinberg, M.D., Chief of the Maternal, Child and Adolescent/Office of Family Planning, /Primary Care and Family Health division, gave a presentation on, and overview of her program and recent initiatives. Please see handouts given out during the Council meeting.

Ms. Barbara J. Bailey, M.S., Assistant Chief of the office of AIDS, gave a brief overview on HIV and AIDS in California, specific to women. She encouraged everyone to visit their website, WWW.dhs.ca.gov/AIDS, which was very resourceful. Please also refer to handouts which were distributed during the meeting.

Some questions were asked as follows:

Question: Why was there increasing number of women with HIV?

Answer: The HIV data that the department was gathering will be very beneficial in looking at trends. It will be helpful because AIDS data reflected only what happened for a long period of time and a person could be HIV infected for 15 years but never being moved to an AIDS diagnosis.

Question: Do we have programmatic data specific to women with the separation of race and ethnicity?

Answer: The current data had to be re-evaluated. The primary focus of data gathering was not just women. However, the department was taking a closer look at the data, which the branch was already working on to be able to address the barriers, focusing on women and closing some of the gaps.

CDHS Legislative Process/Budget Briefing

Ms.Jennifer Kent, of the CDHS Legislative and Governmental Affairs division, talked about how the legislative division processed legislations as a division. She said that the department tracked and analyzed approximately 700 to 800 bills a year. She said that the process to get the bills to the Governor's office was fairly long and time consuming. She suggested to anyone who wanted to introduce a

bill to talk to staff in her office that would be able to draft the bill using the right language. So, if this particular bill was to be passed and the Governor was to sign it, the department would have to implement it. Ms. Kent gave a brief budget overview. She said that this was a very successful year. There were 54 BCP's that were approved through Finance. The budget has a big initiative for Emergency Preparedness. Medi-cal had several large expenditures that were very significant and there was a budget approval of $72m to increase and expand enrollment for children in Medi-cal and Healthy families. The department was looking to partner with Counties who not only had existing outreach efforts but also to try and work with Counties who needed to further develop that effort by funding them and giving grants so that they could find kids (about 400,000 to 700,000), who were eligible, but still not enrolled. She said that the Director and the Secretary have worked on this for many years and this showed how important this issue was to them. There was implementation of legislation which the Governor signed last year, SB 484, a cosmetic bill. This year's budget had money to start that program. What this bill did was ask the Cosmetic manufacturer's who were selling cosmetic products over $1m, to report any toxic and harmful chemicals, etc, that were in their products. A lead in candy bill was also funded in the budget. There was a significant interest in this bill in some counties, mainly San Diego and Los Angeles Counties.

Ms. Kent distributed some budget highlight documents and entertained some questions.

Ms. Marj Plumb asked a question as follows: When a sponsor or author introduces a bill, everybody starts to do a fiscal calculation of that. She said that DHS had an Office of Fiscal Forecasting and often times their projection came up too high. She asked what could be done to have a better system of handling this. Ms. Kent said that the biggest tip or advice she could give was to get the language to her office as soon as possible in order to get the accurate fiscal. The amendments were time consuming and often delayed the process, especially when the language was altered, or modified. The procedure is that the program does the analysis and than tells Fiscal Forecasting what purpose the bill will serve. Fiscal will than set the numbers on it.

<u>Chronic Disease and Injury Control</u>

Don Lyman, MD, of the Chronic Disease and Injury Control branch (CDIC), said that three quarters of death, illnesses and injuries were due to three things:

(1) Heart Disease
(2) Cancer
(3) Stokes

He said that the risk factors which lead to these conditions were caused by;
(a) Tobacco, (b) Nutrition, (c) Physical Inactivity.
He reported that the smoking prevalence in California today was in the 14% range, which was the second lowest smoking prevalence in the nation. He said

that the tobacco tax which had been proposed for the November ballot, was been put together by the Cancer Society, the Lung Association, Heart Association, Tobacco Free Kids, California hospital association, etc. It was currently at the Secretary of State's office and once it was released from there, it would require about a million signatures in order to put the proposal on the November ballot. He urged everyone who belonged to any of the above associations to sign this initiative. The tobacco tax would add $2.60 a pack tax. It will back fill for the losses in the tobacco control program. It will also fund a program for obesity at the $60m level. In addition to this, there will be a portion of funding for emergency rooms. In addition there will money for a series of programs, like asthma, heart disease, cancer registry and a series of other things. The total dollar value savings for the $2.60 pack cigarette tax is $2.3b per year. This will be the first major infusion of money into the prevention since prop 99.

Medi-Cal Policy

Serene Mollow, Chief, of the Medi-Cal Care Services branch, congratulated the new Council members on their appointment to the Council. Ms. Mollow spoke on Medi-Cal and the highlights going on in the program. She asked the audience if they were familiar with the Medi-Cal program. Some were and some were not, so she was asked to give a general overview of the program.
She said that the program is operated by State government under the offices of the Federal government, which set up the rules and the State has to abide by those rules. The rules dictate who should be covered and the type of services that would be covered. She said that Medi-Cal, California's Medicaid program was a health care entitlement program for low-income individuals and families who received public assistance for lack of health care coverage. Under Federal law, Medicaid was established in the social security act under Title 19 and established in 1965. Ms. Mollow said that the Medicaid program will be celebrating its 40th anniversary this year. She said that there is a required group like low income children, pregnant women, individuals who are disabled, seniors, who are known as the Mandatory population that must be covered. Sometimes they are known as "Categorically Needy" individuals. There is also a group of individuals who are considered to be "Medically Needy". These are individuals who would are in one of those categories, as "individuals who were required to be covered", but because of their income and resources, were not qualified for the Medi-Cal program.

She moved on to the subject of Medi-Cal Re-design and asked if everyone was familiar with Medi-Cal Re-design. Council members were not familiar with it. She reported that Medi-Cal Redesign served 6.8 million people in California at the cost of $34 billion and that part of this money came from the State General fund. She said that the State has continually seen increase in the Medicaid program. Those increases came about in increased enrollment and increase in health care costs. Last year through the Governor's budget, the program set up some

initiatives that would help them take a better look at how well the Medi-Cal program was being managed. The goal was to look at the use of organized systems of care and ways in which the program could better manage the medical program with improved healthcare outcome, increased access to services, and control in costs. She brushed on Managed Care and said that of the 13 counties, (Imperial, Merced, Madera, Kings, El Dorado, Placer, San Bernardino, San Luis Obispo, Ventura, Mendocino, Sonoma and Marin, there was one county, Imperial County that was not interested in Managed Care. The type of Managed Care plan that was proposed was either, Geographic Managed Care model, or a County organized health system. The latter was organized at a local level.

In closing Ms. Mollow offered to answer any questions which the Council may have. She suggested directing the questions to her, through Terri Thorfinnson, Chief of OWH.

Emerging Issues Panel

Ms. Linnea Sallack, Chief of the office of Women Infant and Children, (WIC) branch, said that there were several emerging issues at WIC, but she was going to focus her attention on three issues:

(a) Program Growth
(b) Food Package Changes
(c) Breast Feeding Support

She said that the target population for the WIC program was low income families. These are women who are either pregnant or breastfeeding, or new mothers with post partum, infants up to one year, and children up to 5 years of age. She said that WIC is a discretionary program and not an entitlement program, which meant that the program works with an annual appropriation from congress by way of annual grants. The program was 100% federally funded. WIC provides services to 82 local contracts, at 623 sites for services throughout the state and in all the 58 counties, plus their partnership with 4000 grocery stores statewide. For more information, please refer to handouts given by Ms. Sallack.

Ms. Kathleen Mintert spoke on the Governor's vision for a healthy California. She said that if California were to lose 360 million pounds it had gained over the last decade, bold action was necessary by individuals and families, as well as business, community and government leaders, by promoting an environment that encouraged healthy eating, regular physical activity and responsible individual choices. She said that the Governor Arnold Schwarzenegger will set forth the following 10-point vision for a healthier California:

- Making healthier choices based on their understanding of the importance of physical activity
- Everyday, every child will participate in physical activities
- California's adults will be physically active everyday
- Schools will only offer healthy foods and beverages to students

- Only healthy foods and beverages will be marketed to children ages 12 and under
- Produce and other fresh health food items will be affordable and available in all neighborhoods.
- Neighborhood communities and buildings will support physical activity, including safe walking, stair climbing, and bicycling.
- Healthy foods and beverages will be accessible, affordable and promoted in grocery stores, restaurants and entertainment venues.
- Health insurers and health care providers will promote physical activity and healthy eating.
- Employees will have access to physical activity and healthy food options.

She suggested visiting the Governor's website for more information.

Long Term Care Integration Initiatives

Ms. Carol Freels, Chief of the Office of Long Term Care, (OLC), started her presentation by giving a brief overview of the history of the office. She said that the office started out as a set of separate programs but spread out throughout the department and most of them were around Medi-cal issues. This was during the previous administration under Mr. Pete Wilson. When Secretary Ms. Kim Belshé came into office, the different programs were put into a single office of OLC under the Director's office.

The OLC had major partnership with the California Partnership for Long Term Care. She spoke about a new program, The Program of All-inclusive Care for the Elderly (PACE). In 1986, state legislation passed authorizing the Department of Health Services to contract with up to 5 demonstration programs. These replication programs were known as PACE. In recognition of the success of the PACE demonstration, the "Balanced Budget Act of 1997" established PACE as a permanent provider under Medicare and a State option under Medicaid and greatly expanded the opportunity for increasing the number of PACE programs nationally. In 1998, State legislation passed authorizing DHS to contract with up to 10 PACE programs. She said that this was a very small program, with programs in Sacramento, called Sutter Senior Care, in Oakland, the Centers for Elders Independence, also in San Francisco, Senior Health program in Los Angeles County, Senior Family Care. These four programs were in operation in 14 different sites. She mentioned another program, The Senior Care Action Network, (SCAN). She said that this was similar to the PACE program except that it was a larger program and in operation in Riverside County, San Bernardino, Los Angeles and Orange. Their primary role was to maximize preventive care. She said that SCAN was a "Medicare Advantage" HMO, which served the needs of over 80,000 seniors in approved zip codes within four Southern California counties including Los Angeles, San Bernardino, Riverside, Orange, Kern and Ventura. Ms. Freels offered to answer questions. It was suggested that any questions be directed to the Vice-Chair, Ms. Plumb.

Open Discussion/Questions: Ms. Marj Plumb suggested to the Council to email any questions that they may have regarding any subject matter and she ensured that the questions will be answered.

Council Business

Marj Plumb, Dr. Ph.D, Vice Chair of the Women's Health Council, addressed the Council, especially the new Council members about the Women's Programs and Emerging DHS initiatives. She said that committees had leadership but needed Council members to sign up for the committees, now or at a later date. She said that, vice chairs will be appointed in the next committee meeting or conference calls before May. She said that the Steering Committee had decided to wait until the next Council meeting in May to elect:

- Elect two more at large members for the steering committee
- Elect subcommittee vice chairs before May, at the first meeting of committees.

Ms. Plumb told the New Council members how the meetings worked and how the work was structured throughout the year and the various expectations.
She said that there will be 3 Council meetings during the year; sub-committees would meet via conference call. She told the Council members to expect email consultations as issues arose, and answer constituent questions received by the OWH.

Adjournment:

The meeting concluded at 5:00pm and Chair, Beatriz Solís thanked everyone for their participation.

The next Council meeting will be held in May. The actual date and place has not been decided yet.