

# Maternal Child Adolescent Health Advisory Board Minutes

April 7, 2022

| Members               |                        |
|-----------------------|------------------------|
| Attendees             | Absent                 |
| Jeff Miller           | Leatisia Mankaa        |
| Renée Alger           | Hannah Watson          |
| Gina Cuclis           | Natalie Johnson*       |
| Annie Nicol           | Ashley Chavez*         |
| Kathy Kane            | Elizabeth Smith        |
| Melissa Apuya         | Viveka Rydell-Anderson |
| Carla Denner**        | Mayra Gallegos         |
| Elizabeth Vermilyea** | Stephanie Montez*      |
|                       | Rachel Napoli*         |
|                       | Bonnie Hayne*          |

\*Excused absence

\*\*Pending Approval by Sonoma County Board of Supervisors

**Staff Present** Janette Allee, Administrative Aide,

**Staff Absent** Colette Mc Geough, RN, PHN Supervisor, MCAH/CHVP Director

**Guest** Dr. Gabriel Kaplan, BA MPA Ph.D., Director of Public Health

**Call to Order** Dr. Jeff Miller called the meeting to order at 12:33 pm and introductions were made.

**Discussion** Dr. Miller stated he invited the new Director of Health Services Tina Rivera to an upcoming MCAH AB meeting and she has accepted the invitation and will be attending in June. Dr. Miller also invited the, newly hired Public Health Director Dr. Kaplan. Dr. Kaplan responded by stating he already had the MCAH AB Meeting on his to-do list, and he may pop into this meeting today, Dr. Miller found this a promising sign of things to come. Shortly after that, Dr. Kaplan did arrive at the meeting and Dr. Miller welcomed him and thanked him for coming. Dr. Miller then offered Dr. Kaplan a brief review of the professional composition of the MCAH AB membership and the agencies the members represent. He then reviewed some ongoing MCAH issues that the MCAH AB is currently working on. and enquired how this Advisory Board could be most effective in supporting the Director of Public Health (PH).

Dr. Kaplan then gave the MCAH AB a synopsis of his career history in Colorado including his experience in policy analysis, legislation work, and his history of working with WIC & MCAH. He informed the members of his work on an initiative relating specifically to upstream investments and addressing the social determinants of health.- He also served as president of the National Association of Chronic Disease Directors and during that time he gave much thought to chronic disease prevention and health promotion and how it applies to local health programs.

He stated, that programs like MCAH are federally funded and in the disease prevention arena there is very little emphasis on secondary or tertiary prevention. He also discussed the social context in which people live and when deprived of political power or influence it leads to undermining their social strength within their community.

He talked about the USA's Gross Domestic Product (GDP) numbers and how the USA spends about 9-10% on social services as compared to other developed nations that are spending between 15-20%. He continued that this is a massive level of underinvestment and we certainly don't put 5-10% of our GDP into public health in this country, so we don't have the resources in public health to change the social dynamics within communities to change economic conditions and to address the centuries of discrimination, social injustice, and deprivation of their political power. This is why a critical component in this public health work is creating collaborative alliances within communities

He stated, one challenge to advancing public health in this country is changing the public's understanding that health is an individual decision and if you have willpower and if you're a moral and ethical person you'll live a virtuous healthy life: won't get sick, and therefore if any of those things happen to you, for example, if you develop diabetes or heart disease or cancer it's on you. It's your

fault you didn't have self-control, you didn't behave like a good person, and you should suffer the consequences. Not only is this perception just incredibly cruel it's just incredibly unfair and it completely neglects lots of different things like genetics and biological endowments. It also neglects the reality that a lot of things are environmentally triggered and caused and, it completely neglects the social and economic context and the political context in which people live, and so we need to help people understand the notion of the social determinants of health. The notion that health is a communal outcome, and it's communally formed, and therefore people's health problems are not created just by themselves.

Another critical area is helping the public understand the distinction between equity and equality. Currently, the distribution of resources is highly unequal, so poorer communities get fewer resources. Equality would be nice but equality is not enough because it presumes everyone is starting the race at the same starting point and they're not. What we really need is equity with greater levels of investment on the basis of actual need. If we were to make our educational resources available equitably we would look at test scores and increase funding to schools where test scores are down rather than penalize those communities because their test scores are down.

This perception that one's health is individual and individually formed, besides being insidious is sadly universal. One of the few great things that came out of the pandemic was the beginning of an understanding that health is not something you can isolate away from yourself; you cannot build walls high enough, you can not create individual protective measures strong enough to protect yourself from the consequences of a society that is living in an unhealthy context. There is no way to create segregated boundaries to protect from a highly infectious disease like COVID.

Dr. Miller responded by adding that ACEs touch on a lot of the topics that Dr. Kaplan referred to and there is a tremendous amount of data on ACEs. Yet, not a lot of recognition among politicians or the public on the effects of ACEs. How can we bring this ACEs information to the forefront along with the aforementioned other health impacts?

Dr. Kaplan agreed, and stated, that ACEs go along with the social determinants of health and it is critical that recognition occurs in public health, and that more needs to be done in this area. ACEs need to be thought of as a chronic condition. We need primary intervention strategies to prevent or protect children from ACEs. However, we can't protect a child from divorce within a family or from the experience of joblessness or a family member that has some level of housing insecurity. Some of those things are beyond our control, and so to the extent that children do have ACEs we need secondary and tertiary preventions to help them heal from that trauma. So the need to identify, treat and respond to ACEs is very important but also to think about the prevention strategies we engage in. NFP and HV and WIC are so critical because they help provide a certain piece of information and critical services that help families navigate the environment safely and we know from research that NFP, which started in Colorado, has outcomes that are so broad cutting because it comes at such a critical time for a child's life. So interventions like that strengthen the foundations of a family that yield benefits across a lifespan and we need more interventions like that at the school level. There are so many families that fit the criteria, of needing intervention or support like that but don't have access to it because of a lack of resources. This is another instance where members of this group could support us greatly in bringing the message to the Board of Supervisors (BOS) and the state legislature about the importance of funding for these programs and interventions they're awfully expensive but I think the sad reality is these are the cost of doing business in a society that has created a 400-year debt towards its history of racism that's what we have to pay off. And we have to start paying it off.

Dr. Miller added evidence has shown that it's more expensive not to spend the money upfront. Even though it's really hard to find the money, this is something that we certainly agree with collaborating on. If there is not enough money at the County level then it has to come from the State to bring those programs to the community.

Gina Cuclis expressed to Dr. Kaplan her appreciation for all the work that Dr. Mase had done with the Sonoma County Board of education to support the Sonoma County School Superintendent navigate through the COVID pandemic, saying it has been a rough two years with a workforce shortage and a specific need for mental health professionals, and sadly the public's perspective of

making it political made their job all the more difficult. She thanked him for being here and looked forward to more discussions.

Dr. Kaplan requested Dr. Miller to share with him any requests from the MCAH AB members in regards to what they would like for him to present or to bring guests from his department to present, to enrich their time here and ensure it is time well spent.

Discussion continued on the language and wording of the MCAH AB goals focused specifically on inclusiveness and equity, and to include fathers and the wording birthing persons.

Administrative support will research the bylaws to determine what is needed to update the mission statement and report back.

**Meeting Minutes** Gina Cuclis motioned to approve the March minutes, Jeff Miller seconded the motion to approve, and the minutes were approved.

**Correspondence** Marta Tilling submitted her resignation, and an application was received from Elizabeth Vermilyea at Child Parent Institute for the Consumer Parent Advocate position.

**State Legislature** Melissa Apuya reported that policy meetings are getting very busy although today is the start of their spring break and members will be off for one week and policy committee will resume on April 18<sup>th</sup>, giving all newly introduced bills from now until the middle of May to have a policy hearing. Melissa pulled up a new list of bills from County Health Executives of California (CHEAC) that were tagged as relating to MCAH, one bill, that may be of interest to this body, AB 2199 from Assembly Member Wicks creates a pilot program called the Birthing Justice for California Families Pilot Project and it is a grant program to allow community organizations, possibly amended to allow hospitals and public health organizations apply for grant funding for doula services. There are a couple more bills relating to MCAH programs relating to data collection and reporting, specifically for Medi-Cal users. Melissa plans to review these more thoroughly to report back at the next meeting. Melissa also mentioned budget information will be coming.

Renee Alger added that the First 5 also recently held a policy meeting and recommended support of the following Assembly Bills: AB1930 Medi-Cal Comprehensive Perinatal Services AB2402 Medi-Cal Continuous Eligibility until age 5.

## **Staff Report**

### **Public Comment**

Marco Caro from Impact Sonoma, Tobacco Control Unit, provided an update regarding tobacco policy, stating that the city of Petaluma has adopted an ordinance stricter than the county policy beginning in January with final implementation in July. This includes the restriction on flavors and vaping, there is an ongoing campaign to match the city of Sebastopol and the Town of Windsor to these policies as well and focusing these efforts on Santa Rosa. Marco expressed the team's appreciation for the MCAH AB's continued support of their efforts.

Brittany Lobo, Health Program Manager for Home Visiting (HV) Teams added that she has been working with Gabriel Kaplan on a letter of support from the Health Department to the Senate and the Assembly Budget Committees regarding the Home Visiting expansions that are proposed in the governor's budget for the next fiscal year which includes 37 million dollar expansion of the California Home Visiting Program (CHVP) along with the national service office for the Nurse Family Partnership asking for an additional 15 million in that expansion and then the Cal-Works HV Program in the governor's budget is also expanded by 89 million dollars and we are advocating for flexibility in terms of model choice for that particular program allowing counties to offer multiple different Home Visiting models through that same funding mechanism which we currently do we are funded by the Cal-Works HVP to provide Nurse Family Partnership (NFP) and our Trauma Informed Approach Field Nursing (TIA FN) to Public Health Nurses (PHN) programs so we provide both services both models operating under the same funding streams, and also advocating for improvements of the Cal-Works HVP so work is happening.

Saskia Garcia the Deputy Director for Sonoma Connect and Sonoma Unidos reported that they are engaged and excited to learn more and happy to connect and grateful to be included.

Pam Granger the Chair of Tobacco Free Sonoma County Community Coalition said she applauds the MCAH AB's efforts to reduce the use of tobacco by kids because the best way to

support equitable public health is to keep youth from starting smoking and she thanked the members for their ongoing support

**Announcements** – Carla Denner training tonight at 6 pm cannabis use and pregnancy conversation for expecting and new parents on zoom sponsored by DHS BH alcohol and other drug prevention.

Elizabeth Vermilyea announced upcoming training at Child Parent Institute on Commercially and Sexually Exploited Children free on Zoom feel free to share these with anyone you think would benefit. She also reminded the group to keep in mind the link behind ACEs and substance use and smoking, these are not independent activities, they are very much predicted by ACEs, bring along the support and the awareness of what those supports are being used for in a functional fashion. The mechanism of action is one thing but what they are doing for people is something else.

**Meeting Adjourned-** The meeting adjourned at 1:54 pm.

| Passed Motions                    |
|-----------------------------------|
| Minutes from March were approved. |
| Handouts                          |
|                                   |
| Action Items                      |
|                                   |
|                                   |

| 2022 Meeting Dates  |          |            |   |
|---|----------|------------|---|
| May 5   | Thursday | 12:30-2:00 | 625 5 <sup>th</sup> Street, City View Rooms |
| June 2  | Thursday | 12:30-2:00 | 625 5 <sup>th</sup> Street, City View Rooms |
| August 4  | Thursday | 12:30-2:00 | 625 5 <sup>th</sup> Street, City View Rooms |
| September 1   | Thursday | 12:30-2:00 | 625 5 <sup>th</sup> Street, City View Rooms |
| October 6   | Thursday | 12:30-2:00 | 625 5 <sup>th</sup> Street, City View Rooms |
| November 3  | Thursday | 12:30-2:00 | 625 5 <sup>th</sup> Street, City View Rooms |
| December 1  | Thursday | 12:30-2:00 | 625 5 <sup>th</sup> Street, City View Rooms |
| MCAH AB WebSite   |          |            |   |
| <a href="https://sonomacounty.ca.gov/Maternal-Child-and-Adolescent-Health-Advisory-Board/">https://sonomacounty.ca.gov/Maternal-Child-and-Adolescent-Health-Advisory-Board/</a> |          |            |   |