



## California Initiative to Advance **Precision Medicine**

# California Precision Medicine Advisory Council Meeting Summary, August 2021

## Update from the Newsom Administration

### Richard Figueroa, Deputy Cabinet Secretary

- Science is critical to COVID and the science is evolving, and that's ok, that's how we move forward
- The Legislature adopted additional funds for ACEs, and that fits into the larger structure of children and children's health, investments in workforce, and expanding Medi-Cal eligibility to undocumented seniors
- Health information technology, set some clear targets, will pass language along (what to do about this)
- The administration is connecting DHCS with organizations that utilize *promotoras*; Planned Parenthood, Vision y Compromiso, etc.

### Scott Morgan, Acting Director of Governor's Office of Planning and Research

- The CIAPM staff specialize in working across agencies and sectors. Specifically, they work with the Health in All Policies Task Force (operated by the Strategic Growth Council), the Governor's COVID-19 Testing Task Force, and the Surgeon General's Office. Depending on budget decisions, they may be able to branch out further to achieve the goals of the council and the program.

## Accepted May 2021 meeting summary

### CIAPM budget presentation

All the projects that were funded by the 14–15 and 16–17 budgets have concluded. The net amount allocated to CIAPM over time, including the \$18.2M that was swept back at the beginning of the pandemic, and the \$12.4M that was allocated in the recent budget surplus, is \$47M.

10% of allocated funds can be used for program administration, including:

- Staff salaries and benefits

- OPR Administration (HR, contracts, accounting)
- Travel
- IT
- Facilities
- Training
- Office supplies
- Printing
- Office equipment
- Phones
- Misc.

CIAPM has \$4.854M in administrative funds to last through the program's sunset date of January 1, 2026. Administrative expenses are estimated to be \$0.882M per year for the next five years.

## Discussion about CPMAC meeting format

Council members came to consensus that in-person meetings are valuable, and that two in-person meetings a year should be held in Sacramento. They decided that at the fall meeting, they will discuss whether the winter 2022 meeting should be held in person.

## Update: CIAPM-sponsored projects in ACEs

Additional funds amounting to \$12.4 million were allocated to CIAPM in the state Fiscal Year 2021-22 budget to support three additional research projects in Adverse Childhood Experiences (ACEs) and fully support the first round of four projects recommended by CIAPM's out-of-state Expert Selection Committee in March. As of August, four of the seven ACEs projects were already underway.

Several Council members previously inquired about certifications for community health workers: Julianne McCall will reach out to the Executive Officer of the California Board of Behavioral Sciences, within the Department of Consumer Affairs, to gather information.

## 2020 Annual Report presentation

### 2020 Highlights

- Advisory Council and working groups
- Cancer disparities research teams
- ACEs RFP
- The California Surgeon General's report on Adverse Childhood Experiences, and other interagency collaborations
- Pandemic response, including the California COVID-19 Testing Task Force
- Network Engagement

- California Legislative Rare Disease Caucus Informational Hearing Testimony
- Asset Inventory
- Increased communications through newsletter and social media
- Capitol Collaborative on Race and Equity (CCORE)

### Plans for 2021

- Select the ACEs proposals that will be funded, and launch the projects (Done)
- Support the ongoing work of the Cancer Disparities projects (Ongoing)
- Continue to provide the Executive and Legislative Branches on-call access to expertise in the fields of precision medicine and precision public health (Ongoing)
- Engage the Advisory Council’s working groups (Data Integration and Equitable Consent) in pursuit of their project goals (Ongoing)
- Revamp the website (Done)
- Create a Precision Medicine Primer and educational resources hub (Done)
- Continue to serve the state in its recovery from the COVID-19 pandemic (Ongoing)
- Expand communications and revamp the Asset Inventory (Ongoing)

### Working Group report-back: Data Integration

The Data Integration Working Group last met on May 25, 2021, when it came to consensus on a definition of the Social Determinants of Health (SDOHs; copied below) and discussed additional topics relevant to a landscape analysis of SDOH work across California and other states:

- Working Group’s definition of SDOHs: The conditions in which people are born, live, learn, work, play, and age that affect a wide range of health outcomes, which are responsible for most health inequities, and the forces and systems that shape daily life, including economic policies and systems, development agendas, social norms, social policies, and political systems
- CalAIM: California Advancing and Innovating Medi-Cal
  - “...provide for non-clinical interventions focused on a whole-person care approach via Medi-Cal that targets social determinants of health and reduces health disparities and inequities.”
  - Timeline: 2-5 years
  - More info: [dhcs.ca.gov/provgovpart/Pages/CalAIM.aspx](https://dhcs.ca.gov/provgovpart/Pages/CalAIM.aspx)
- Report-back from a meeting with the California Health and Human Services Center for Data Insights and Innovation (CDII) about their roles in supporting CalAIM and the forthcoming Data Information Exchange. The center was established in early 2021 to serve as a bridge between agencies’ databases and needs.

### Next Steps:

- The next working group meeting is scheduled for Sept. 8, 2021

- Landscape analysis of SDOH data integration efforts in California and other states
- Engage leaders of CalAIM as they ramp up the new SDOH program
- Launch expert briefings for the Working Group

## Working Group report-back: Equitable Consent

The working group decided to build a website to present information about equitable inclusion of underrepresented minorities (URM) in biomedical research.

Content will include:

- Definition, including cultural competency and proportional representation
- Introduction
  - Delineate between different types of consent (consent to be treated, research consent, etc.)
  - Overview of research engagement, and where the consent process fits in the life cycle
  - Current statistics in URM participation
- History, including case studies
- Existing laws and policies
- Best practices and toolkits for funders, researchers, research staff, and potential and existing research participants
- Inclusion of stories and quotes from community members
- Link to CIAPM’s existing community engagement guidance

Megan also gave a preview of the website for Equitable Consent that has been designed thus far.

The next steps are to design and execute an outreach and engagement strategy to solicit feedback from subject-matter experts and community members.

### TASK

### STATUS *(as of August 2021)*

Reach out to people and organizations that are doing similar work.	Creating org list and collecting potential contacts
Look into providing stipends to community members who participate in the project	Difficult to accomplish
Create high-level outline for website content	Done
Collect and organize resources related to consent and data sharing	Ongoing

