8:59 a.m.

CHAIR BELNAP: It being 8:59 I'm going to call this meeting out of recess.

Ms. Dickison, can you hear us?

PANEL MEMBER DICKISON: Yes, I can.

CHAIR BELNAP: Mr. Coe?

VICE CHAIR COE: I can hear you fine, Mr. Belnap.

CHAIR BELNAP: Madam Secretary?

MS. PELLMAN: Yes, I can hear you, thanks.

CHAIR BELNAP: Court reporter?

He tested okay. All right thank you.

And the ASL? Yeah.

I want to remind everyone in the room to -- and I guess those that are conferencing in to silence all cell phones and other devices. In case of an emergency, follow CSA staffs' directions. And restrooms are in the hallway.

I want to welcome Mr. Pedro Toledo to this interview. Can you hear us, Mr. Toledo?

MR. TOLEDO: Yes, I can hear you.

CHAIR BELNAP: Okay. We're going to start with the standard questions. I'll turn the time over to Mr. Dawson.

MR. DAWSON: Thank you, Mr. Chair.

Mr. Toledo, I'm going to ask you five standard questions that the Panel has requested each applicant

address. Are you ready, sir?

MR. TOLEDO: I'm ready.

MR. DAWSON: First question. What skills and attributes should all Commissioners possess?

What skills or competencies should the Commission possess collectively?

Of the skills, attributes and competencies that each Commissioner should possess, which do you possess?

In summary, how will you contribute to the success of the Commission?

MR. TOLEDO: So, the ideal Commissioner possess the legally required skills and attributes which of course are and include relevant analytical skills, ability to be impartial, and an appreciation for California's diverse demographics and geography.

Additionally, the ideal Commissioner would also possess integrity, which is critical for developing and keeping trust, which is a trait that I possess and has helped me to succeed in positions of trust.

Commissioners must have empathy to different points of view and people from diverse communities. My work with under-served communities throughout Northern California and beyond has helped me to gain a deep respect and appreciation for people with different backgrounds, and with diverse lived experiences.

Commissioners must also have the ability to effectively navigate conflict and be able to work effectively in team settings. In my role as Chief Administrative Officer for one of the largest nonprofit organizations in my region, I've learned when to lead, when to follow, and I work well with colleagues, staff, consultants, community leaders, community members, government leaders.

The ability to set aside one's beliefs, one's agenda to protect the integrity of the Commission or the work of the Commission is also critical.

Analytical skills, both qualitative and quantitative are important. And I have expertise in taking complex concepts and simplifying them for others. I'm comfortable with interpreting legal and regulatory rules, and concepts. I'm detail oriented, cautious, and utilize data to make decisions.

I'm also committed to excellence and have the ability to prioritize performing the work with excellence, and getting work done in accordance with high standards, and diligence, accuracy, and high quality.

I have good communication skills and the ability to present at hearings, which I've done throughout my career. Also, additionally, transparency, conscientiousness, thoughtfulness, sincerity, those are all

skills and attributes that I possess.

Furthermore, I believe that the ideal Commissioner will have to dedicate the time and prioritize the work of the Commission among other -- many other competing responsibilities, such as personal, family, work, and community responsibilities.

Over the last two years I've had--I've been challenged with unexpected family, work, and community responsibility, yet I've demonstrated an ability to overcome these challenges and be able to overcome goals expected of me.

While working full time as Chief Administrative Officer for my organization, and overseeing the Community Health Centers in Southern Sonoma County, I also enrolled in the master's in healthcare administration.

And during this time a close relative developed a terminal illness and I also helped lead the organization through two wildfires, and now a public health emergency. Even in these challenging times and with competing pressures, I've been able to complete the work expected of me in all areas of my life. And to accomplish this I've had to plan very carefully, to organize my work, manage my busy schedule, prioritize, and be able to balance -- to be able to balance my personal, my family, school and community commitments.

I have learned to delegate more and to focus on what's important. People expect me to lead, communicate, to be on time, to show up and to participate. And being present and in the moment when in class, or when with colleagues, or family, or at community meetings that's really important, being able to be in the moment.

Also, I've learned to take time for myself when I need it, which has helped me to successfully navigate and balance loads of responsibility.

MR. DAWSON: Thank you. Question two. Work on the Commission requires members of different political backgrounds to work together. Since the 2010 Commission was selected and formed, the American political conversation has become increasingly polarized, whether in the press, on social media, and even in our own families.

What characteristics do you possess, and what characteristics should your fellow Commissioners possess, that will protect against hyperpartisanship?

What will you do to ensure that the work of the Commission is not seen as polarized or hyperpartisan and avoid perceptions of political bias and conflict?

MR. TOLEDO: My work with leading community health clinics in a rural geographical service area requires me to work with and serve people from diverse backgrounds, including diverse political backgrounds.

While political polarization as permeated many aspects of our lives, it's important to continue to work towards common solutions and that's what I try to do in my work.

I'm not affiliated with a specific political party and the reason for that is I genuinely believe all political perspectives have something to offer. And perhaps this has to do with my training in cultural anthropology, which helps me to appreciate and respect other people's unique experiences, their perspectives and their backgrounds.

To protect against hyperpartisanship I believe Commissioners must seek to understand and to listen to diverse perspectives of their fellow Commissioners and of the public, and others. This will show respect for diverse perspectives, they'll trust, develop a commitment to want to hear and listen from diverse voices.

And I think Commissioners should have genuine curiosity and a desire to genuinely engage with others in an authentic manner, which I believe builds trust and demonstrates that they're opening to understanding and learning from different people and different perspectives.

Additionally, Commissioners must behave professionally among themselves, with staff, with the public, in all aspects of their life. They should avoid being perceived as rude and communicate -- and be able to

communicate effectively with each other and in public. Disagreements occur and when they do, Commissioners should strive to disagree in a respectful and professional manner.

I possess all of these characteristics. And the specific plans that I would have to protect against claims of hyperpartisanship on the Commission would be to engage and leverage trusted community organizations, and community leaders from diverse communities, and with diverse perspectives from across California to be able to build trust with hard-to-reach populations.

MR. DAWSON: Thank you. Question three. What is the greatest problem the Commission could encounter, and what actions would you take to avoid or respond to this problem?

MR. TOLEDO: I believe the biggest or the greatest problem for the Commission would be perhaps a successful challenge to redrawing of the lines. The independent Redistricting Commission was established by citizens of California through the proposition process which is, of course, a direct form -- a form of direct democracy. And the voters took the redistricting process away from politicians to prevent situations where elected officials chose their voters, rather than having the voters choose their representatives.

And the citizens of California, I believe, expect

their votes to matter in choosing their representatives, and they want people who are responsible, representatives who are responsible and accountable to the needs of their communities. The Commission is thus charged with ensuring the principle of one person one vote.

And for the courts to overturn redistricting, the Commission's maps would result in a loss of trust in our electoral process, citizens feeling that their voice and votes don't matter, and resulting probably in disengagement that would hurt our democracy.

Additionally, any redrawing of the line that's done at the courts may not involve -- may result in the perception that those lines are drawn in a partisan and not an independent process.

Regardless, I think in order to avoid legal challenge and in order to ensure that the work of the Commission is accepted by the public and by the -- by everyone, we must follow the laws that govern redistricting, and follow the principle of one person, one vote. We must genuinely and meaningfully engage communities and listen to the voices of Californians when identifying communities of interest.

This will ensure further engagement in our democracy and uplifting of communities, instead of disengagement.

In all decisions Commissioners, I believe, had to seek adequate legal counsel, and evaluate risks, and ensure that their decisions are supported by appropriate documentation and appropriate opinion. And to support such occurrence, I would work tirelessly to ensure that the Commission follows the principle of one person, one vote, that it works to ensure that there's adequate documentation and support for decisions, and ensure that our democracy is protected.

MR. DAWSON: Thank you. Question four. If you are selected, you will be one of 14 members of the Commission which is charged with working together to create maps of the new districts. Please describe a situation where you had to work collaboratively with others on a project to achieve a common goal.

Tell us the goal of the project, what your role in the group was, and how the group worked through any conflicts that arose.

What lessons would you take from this group experience to the Commission if selected?

MR. TOLEDO: Well, after the Affordable Care Act was passed, various years ago, I served as the Chair of the Board for Sonoma County's children -- well, Community Health Initiative, which was comprised of community leaders, government leaders, as well as healthcare and

social service organizations representatives from across Sonoma County, which is a large and diverse county.

And the goal of the group was to develop and implement a strategy to outreach to and enroll all eligible uninsured people in health coverage, and connect those individuals -- if they didn't have a source of trusted care, to connect them with a source of trusted care.

And my primary role as Chair was that of helping to facilitate consensus building and resolving conflict when it arose. And how we worked through conflict to achieve consensus on developing the strategy was that we developed a common understanding of the problem and then a shared vision for change. And we did this by gathering and analyzing data, all of the data that was available to us, whether it was from the Census, whether it was our public health department, from the eligibility department. And we used that data to inform our understanding of the problem.

And we developed a good understanding of where the uninsured were located, which helped us to develop a shared vision.

Conflicts arose when crafting strategies to actually address the problem, to actually go out and as we tailored our strategies for outreach and enrollment. But consistent and open communication helped us to work through the conflict and to build trust with the different members

on the committee that ultimately made the decision.

And of course we held many meetings. We heard, listened to each other's perspective, learned from the experts in the community, the community members, from -- you know, we received guidance from all over. And reviewed all that data, discussed, disagreed, and had those difficult conversations.

But ultimately, we were all patient with one another and respectful with one another and all had the shared vision of getting all of these people enrolled into coverage and improving their health status as our end -- that was our goal. And so, in doing that we all trusted one another.

And I think what also helped us was that we developed a data-driven and objective decision making process, where we used the data as -- all of our decisions were based on data and were data driven. And by focusing and analyzing the data, we were able to more easily work through some of the conflicts and achieve consensus.

In terms of lessons that I'd take from the group experience, I think it's important to take the time to listen to everyone's perspectives. Everyone comes from different experience, different knowledge, different and sometimes incomplete information. But together our knowledge -- you know, together we're able to build a

shared understanding once we understand and we listen to people's perspectives to come up with a shared understanding. And that, of course, creates trust.

And it's important to create a safe space for people and colleagues to express their perspectives, their ideas, and their concerns.

Second, I think a data-driven, objective decision making process helps to diffuse conflicts occasionally, and also in making sound decisions.

And lastly, I would just add that it's critical to have consistent and open communication, and be respectful with one another, since we all process information and data differently, and are looking at it from different perspectives and such.

MR. DAWSON: Thank you. Question five. A considerable amount of the Commission's work will involve meeting with people from all over California who come from very different backgrounds and a wide variety of perspectives.

If you are selected as a Commissioner, what skills and attributes will make you effective at interacting with people from different backgrounds and who have a variety of perspectives?

What experiences have you had that will help you be effective at understanding and appreciating people and

communities of different backgrounds and who have a variety of perspectives?

MR. TOLEDO: Well, working with community health centers over the last 20 years I've had the opportunity to meet with and learn from people from different backgrounds, ethnicities, agendas, perspectives, life experiences. Because every community health center is really focused on their particular community. So, when you learn about one community health center, you're really learning about that one community health center. Every health center is responding to the unique needs of their population, of their service areas, of their community.

And my genuine curiosity about people from different backgrounds I think has helped me to be effective at engaging and developing relationships with diverse people and diverse perspectives. And in my travels across the state and also in my work to help expand health coverage for under-served individuals, and also to expand the access to health care individuals I've had the opportunity to work with and learn from other community leaders, from--with individuals, with consumers, business leaders, government leaders and I've been able to communicate effectively with them, and develop trust with individuals that I've worked with.

And also, just in those travels I've made lots of

friends. I have family who live all over California. Colleagues from community health centers all over the state. And I've had the opportunity to learn about what's important to them and their community, their hopes, their desires, their dreams and those of the people they serve, as well as the things that they want to improve, change or -- and I think this experience allows me to appreciate and understand the people of different backgrounds and with different perspectives, and positions me to do the work of the Commission.

MR. DAWSON: Thank you. At this point we'll go to Panel questions. Each Panel Member will have 20 minutes to ask his or her questions. We will start with the Chair, Mr. Belnap.

CHAIR BELNAP: All right, thank you. Thank you, Mr. Toledo for being with us this morning.

MR. TOLEDO: Thank you.

CHAIR BELNAP: Five years after obtaining a bachelor's and master's degree from Stanford you obtained a law degree from Cornell. Why did you go to law school?

MR. TOLEDO: That's a great question. I went to law school because, you know, coming from an immigrant family the choices that were given to me were to become a doctor -- so, I had three paths that I can take. One was to become a doctor, which I don't like blood so that wasn't

going to work for me. The other was law, a lawyer, or a teacher.

And so, those were the career paths that my parents knew that they felt were appropriate for their male child. And so, of those three options, law just seemed like the most appropriate one for me. And I thoroughly enjoyed it. It was a great experience, an opportunity to learn the law. And it was an exercise in just learning the rules, and the law, which has helped me throughout my career.

(Whereupon the court reporter interrupts the proceeding to announce a technical difficult, and asks the speaker to recapitulate the last 20 seconds of his response.)

MR. TOLEDO: I forgot where I left off, sorry.

CHAIR BELNAP: So, Mr. Toledo, you were answering why law school?

MR. TOLEDO: Yeah, so I went to law school because I had three options in my community, and with my family, and those were to either become a doctor, a lawyer, or a teacher. Those were the options that my family, in my particular experience, you know, that were open to me.

And so, of those three I chose the legal profession and went to law school, and had a great experience and learned a lot that -- and have -- you know,

and ultimately decided to move into the healthcare space, but still use many of the concepts, administrative law concepts in my daily work. Especially in overseeing compliance work at the health center.

CHAIR BELNAP: Okay, thank you. So, I take it that you do not consider yourself to be a lawyer, that's not your profession?

MR. TOLEDO: I consider myself to be an administrative -- a healthcare administrator.

CHAIR BELNAP: Okay. So, you indicated in your application that while on the Board of California Children's Health Initiatives you were able to set aside your personal views to make fair and equitable decisions.

Please describe what that organization is and give us an example of a time when you had to set aside your personal views to make a decision?

MR. TOLEDO: Sure. So, that organization represents the community health initiatives across the State of California and different communities have Children's Health Initiatives, community health initiatives, and those initiatives are focused on enrolling people into health coverage.

So, for example, Sacramento has community health initiatives, Sonoma County does, Napa does. And actually, communities throughout the state do. And at the state

level for the California Community Health Initiative, they're striving to ensure that we all have the resources, and they advocate for and with the regional association.

In terms of being on that board, of course, you know, coming from Sonoma County and coming from a rural area, and representing that area one has an agenda. But when you're on the board, and in my case I was on the executive board, you have to put the interests of the whole organization, the California Community Health Initiative before those of your own individual interests. And that means putting aside your agenda and doing what's right for the organization, an organization that you're on the board for.

And an example would be in, you know, determining how resources were used. You know, being able to -- you know, there's some formulas that may have helped rural areas a little bit more, or urban areas, but really looking at the data and putting, you know, our -- my self-interests aside and ensuring that the resources were used to enroll the maximum number of uninsured individuals as opposed to other formulas that may have helped my area more. Right. Because ultimately we were -- our goal was to enroll as many people as possible into coverage.

CHAIR BELNAP: All right, thank you. Throughout your career you've worked to ensure that medically under-

served communities have access to healthcare. I'd like you to describe an example of your efforts and how they've increased your understanding and appreciation of California's diverse population.

MR. TOLEDO: Yeah. So, in doing -- every health center has to do -- every community health clinic, federally-qualified health center has to do a needs assessment. And that's a requirement of a community health center. And as part of that needs assessment you're looking at the needs of the community. You're looking at the demographics of your community, the health disparities, the -- but also, because 51 percent of your board minimum has to be patients, these organizations are led by the patients, the consumers themselves, and are responsive to the needs of the community. That's what ensures that.

So, working with the leadership of these organizations has brought me very close to the patients, of which I used to be a patient of a community health center. I grew up in -- growing up, a community health center served as my medical home, and the place where I got healthcare. And I've served on boards of community health centers. I've been elected onto boards of community health centers by patients.

But the biggest community health center in Northern California, right after undergraduate, and my

undergraduate education, and that's actually what propelled me to move me from law to community health centers. That experience on the board for Clinica La Raza in Oakland, and being able to -- and having been elected by the patients, a very democratic process, to represent the consumer needs. I, myself was a consumer. And to represent those needs on the board.

CHAIR BELNAP: Okay, thank you. I'd like to read a portion of your application --

MR. TOLEDO: Sure.

CHAIR BELNAP: -- a few sentences, and then ask you to provide an example. This is in your analytical section of your application. You said: Much of my work in healthcare involves analysis of complex data. Often this work requires me to conduct regression analysis and other statistical tools to improve health outcomes and access to care in a cost-effective manner.

I'll stop there. Can you walk us through an example of complex analysis that you've performed?

MR. TOLEDO: Yeah, there's various. There's—oh I think healthcare is very data driven. It has to be. Especially, I mean our organization, which serves about -- we provide about 200,000 visits a year, about a $60 million budget at this point. You're working to leverage your resources. And so, we have all sorts of -- we're data

rich. We have electronic medical records that capture all sorts of information.

So, what we've been working towards is the triple A concept in healthcare, and that's reducing costs, improving the patient experience, and also improving health outcomes, ultimately. So, one of the areas where we've been focusing is on diabetes. And so, we're able to look, we're able to pull all of the data for all of our diabetic patients and then, using our statistical analysis we're able to actually, at this point, identify individuals who are at risk for certain conditions.

And so, when you look through the data, you analyze that data, you're able to come up with -- in our case we're able to come up with -- well, one example would be, well, we were able to go through the list using our analyses and identify the individuals who are at risk of having a heart attack or a stroke in the next -- over the next five years or so.

And so, what we do is we -- when you identify those individuals who, through your algorithms are able -- you've identified that potentially have a health event, then you're able to target interventions for that person. And we have evidence-based interventions for that group that we can -- that we would, of course, recall them in, bring them in, provide appropriate treatment. And that's

how we're able to reduce health disparity by ensuring that that's done across all of our patients, not just those who have insurance, but all of our patients.

CHAIR BELNAP: And in this work how much have you used maps or prepared maps for others to use?

MR. TOLEDO: The usage of maps we do for hot-spotting. So, for example, and that's a terminology we use, identifying clusters. So, we map our patients, where do they live. And then, we also overlap condition and patients who are -- who have sugar levels that are too high, that are potentially -- potentially dangerous. And being able to see if there's clusters of patients. Or, not just that, but also Hep C, or HIV, or other types of issues so that we can identify if there's something in the geographical environment that's helped -- that's causing some of this or that's contributing to these issues, or if we can design interventions that are more effective.

Additionally, the use of--I use maps for health professional shortages, so enabled to -- in order to try to leverage federal funding for loaner payment programs for our physicians, our nurse practitioners, and other healthcare providers. So, we're able to map the disparities in physician shortages in our community, in rural communities, and able to use that data to secure additional funding for loaner payment assistance for our

physicians and other providers.

And also, for developing needs assessments. Our needs assessment is -- and the creation of our service area, which we adjust every three years, is created through mapping software. We use UDS Mapper, which is a GIS software that actually I do, where we take all of our patients, figure out where they're coming from, plot it into the map, and then identify our appropriate service area, where we're going to target our interventions.

CHAIR BELNAP: Okay, thank you.

MR. TOLEDO: For further purposes, yeah.

CHAIR BELNAP: Got it. Thank you. I have no further questions. I'm going to turn the time over to Mr. Coe.

VICE CHAIR COE: Thank you, Mr. Chair. Good morning, Mr. Toledo. Thank you for having the time to speak with us today.

MR. TOLEDO: Good morning.

VICE CHAIR COE: So, you are the Chief Administrative Officer of Petaluma Healthcare, Incorporated, is that right?

MR. TOLEDO: That's correct.

VICE CHAIR COE: So, in your application you also discuss, I think this is another organization, called community health centers, which has a patient-led board of

directors that you referred to earlier.

Help me understand how your organization, Petaluma Healthcare, is related to community health centers?

MR. TOLEDO: Well, community health centers is just a generic term for community health clinics. So, we are a community health center.

VICE CHAIR COE: Okay. But community health centers has a board of directors, so it's some organization that oversees various local community health centers, like Petaluma?

MR. TOLEDO: Community health centers have -- all community health centers have patient-led boards.

VICE CHAIR COE: I see, so community health centers isn't a separate organization, it is just a generic term for centers like Petaluma Healthcare, or Health Center, and your health center has a patient-led board of directors?

MR. TOLEDO: That's right.

VICE CHAIR COE: Okay, understood. With a patient-led board of directors like you have in place at your organization, which as you write, "Ensures that executives like you are overseen by the people who receive medical and dental services at their facilities." In short, you report directly to the people that you

represent.

Do you think that your experience working from this perspective will make you an especially effective Commissioner?

MR. TOLEDO: I think so. And I think it's, you know, getting -- having people whose vested interests is -- who are from the community, who know their community, who -- community health centers actually started during the war on poverty in the civil rights movement. And the concept, unlike other healthcare organizations, where you might have significant medical expertise driving the decisions, medical leaders being on the board, physicians and such on the boards of community health centers, on the boards of healthcare organizations, we're actually restricted. Only 10 percent of our board can be -- individuals on the board can derive their income from healthcare. And that's because Congress at the time believed in the importance of having community members determine their healthcare needs, and not the healthcare community.

That it was actually the healthcare, the patients that knew best about the interventions that they might need, about their issues, about their unique circumstances. And that's continued until today. Community health centers are still led by patients as opposed to being led by physicians and other medical organizations.

That doesn't mean that we don't use evidence-based treatments. We do, we're required to do so. But in terms of when it comes to where we open up sites, the services that we provide, our hours of operation, the needs of the community, those things come from our patients. And our patients tell us, tell management. And, of course, we provide them with the data, and the needs assessment, and others, but they provide us with the qualitative, their lived experience and other information that helps us to collaboratively make decisions for the community.

VICE CHAIR COE: Thank you. I want to discussion information in your essay on impartiality, which I think Mr. Belnap touched on earlier. You discussed your time on the Board for California Children's Health Initiative.

And, well, I think along a similar sense that Mr. Belnap quoted earlier, where you say that while on the board you made efforts to hear diverse voices from across the state in order to make fair and equitable decisions.

My question is in what form did you gather this input and hear these voices? Was it public meetings, was it emails, or surveys, or other some type of communication? How were you gathering this information?

MR. TOLEDO: So, we had monthly meetings, as well as subcommittees, and executive committee meetings. And oftentimes I think the tension, especially in healthcare

and other arenas is oftentimes real -- there's oftentimes there's tension between rural and urban communities, a perceived tension because of resource allocation. And so, those are the things that we had to be very careful with, that I was very careful with and worked very hard to ensure that I put my agendas, my issues aside for the betterment of the entire organization's position and that's for -- an that's the California Children's Health Initiative, and they're now called the California Community Health Initiative because they're beyond children.

But making sure that they were positioning the organization for further funding, for further opportunities that may come down through the federal government process. And so, just ensuring that we did was best for the organization and whether that was in our subcommittee meetings, or our executive meetings, or our regularly monthly meetings with the membership, those were things that we all strove to do. We all strove to do what was best for the population of California.

VICE CHAIR COE: Thank you. In your essays and in some of the discussion you've had this morning you talked about working with or working for, or on behalf of various diverse people in your local region. So, from your interactions with the people that you've met and represented, what have you learned about their needs, and

desires, and preferences that would make you an effective representative for them on this Commission?

MR. TOLEDO: Well, I think what I've learned is everyone is unique. Everyone has diverse perspectives and it's important to understand where people are coming from, to be respectful, and the importance of gaining trust from individuals.

And you do that by meaningfully trying to understand where they're coming from by taking the time, and having genuine curiosity about what their issues, what they care about which may not necessarily be the things that I care about, but it's what they care about. And having genuine curiosity about that and understand that folks are coming with their specific lived experiences, their perspectives, their--and come to these conclusions because of their lived experience, and appreciating that, and respecting that, and understanding that, you know, there's diversity within all communities. And people are not monolithic, right, they're very diverse and they have unique perspectives.

And it's really trying to understand what those are. And in my case it's been -- I've been interested in trying to widen the circle of opportunity for everybody, and trying to see how we reach commonalities, focusing on the things that we share in common. And those are the

things that -- by focusing on those things, focusing on the things that we share in common helps to be able to further discussions and build common trust, and move conversations forward.

VICE CHAIR COE: Thank you. A similar question, but in regards to people in different areas of the state. So, areas outside your local region, Petaluma, Sonoma County, what experiences have you had outside your local region working with people in different regions. Let's say in different areas of the state that may have different regional-based concerns and perspectives, what have you learned about those folks that would make you an effective representative for them on this Commission?

MR. TOLEDO: Sure. And so, I've been working with community health centers. I've traveled all over the state. And even, as I mentioned earlier, even in my personal travel. But, you know, just, well, I consider Sonoma County to be somewhat rural. You know, I've traveled and worked with, very closely with the community health centers in Humboldt, and Lemoore, and Shasta County where it's a lot more rural than we are.

And I've learned that while we're -- that we have some similarities, there's also -- and there's common issues that we all advocate for. But they also have very unique issues to which -- that are impacting the health of

their population and they care about things -- they might be similar, but they care about very specific things to their community. And they have different levels of need, whether it's something as simple as maybe not having specialists, and having -- and not having enough hospital beds, or not having sufficient access to specialty services. Just the challenges of living in rural areas and being able to get and access healthcare. And so, in different regions it's very different. And just the lived experience is very different.

But also, you know, having come from a -- you know, my father was a farmworker and I have had the opportunity to travel across the Central Valley, as well, and looking at -- and the issues in the Central Valley are very different than they are in Humboldt, or Sonoma or, you know, a more rural area, a more urban area like Oakland, or San Francisco, or Los Angeles.

And so, but the people's perspectives, what they care about, the opportunities that they want for their kids, the engagement in their local government, and wanting to be - wanting to have a voice, that's something that I think all communities want. And they want to be heard, they want to be respected, and they want to be -- and, ultimately, they want accountability from their representatives and they want for the betterment of their

community, and the betterment of the health status of their community.

CHAIR BELNAP: And with the theme of communities, I wanted to discuss communities of interest briefly. So, on top of the Census information, some of the most important information that the Commission is going to have to consider is identifying and understanding different communities throughout the state. And some of those communities are easier to find, they're more obvious, they're more engaged. Some are harder to locate.

And earlier you mentioned needing to reach out to trusted community organizations to try and find communities that might be harder to locate. I'm wondering if you can expand about that a little bit more, talk about maybe some strategies that you could see the Commission employing to identify communities of interest, with a special interest on inadvertently overlooking some of these hard to identify communities.

MR. TOLEDO: I think that trusted community organizations have access to individuals. So, when we were working to enroll people into health insurance, and that was, if I remember correctly it was over 20,000 people in Sonoma County that were uninsured, and we were converting to trying to get enrolled into health coverage.

We turned to trusted organizations. For people

who are homeless, there are the homeless organizations, the advocacy groups, the shelters, or the faith-based organizations who provided some of these social services for them. And worked through them and with them to be able to access some of the harder to reach populations. Or, you know, for farmworkers and/or individuals who -- without status, we worked through other organizations. Some of the immigration organizations, but also farmworker organizations, et cetera. And also, faith-based organizations.

In terms of hard to reach populations for, you know, whether it's homeless individuals, people with limited English proficiency, or immigrant populations, different ethnic groups or others, I think there are trusted individuals and/or organizations that can help -- that can help with gaining access to the community and gaining trust with that community so that they can -- so that, essentially, we can provide services or a voice for them, or give them an opportunity to share their voice, rather.

VICE CHAIR COE: So, similar line -- or a similar topic, the same topic, some communities and you may have experienced this in your work, they're less engaged and they don't necessarily feel comfortable coming forward to provide or to speak opinions, or to engage government

entities for a variety of reasons. But since input of communities, as many communities as can possibly found and engaged, since input from these communities is so important to the work of the Commission how do you think you could go about making some of these communities that are concerned, or are not comfortable engaging, how would you go about making them feel comfortable in order to provide their perspectives to better inform the Commission?

MS. PELLMAN: We have three minutes, 30 seconds remaining.

VICE CHAIR COE: Thank you.

MR. TOLEDO: For, you know, in working with the Covered California and I served on the marketing committee. I can't remember the exact title for the commission -- the committee for the Covered California group. But one of the strategies we taught was to really meet people where they live, work and play. So, using the trusted organizations, but also going to the populations themselves. Learning enough to be able to know where they were, and what they were -- you know, the types of places where we can find them. So, going to them, rather than them coming to us.

And so, that was what we needed to do to effectively outreach to them and to bring them in. And, ultimately, through our research we identified that it would take about seven touches to be able to get them to

actually participate with us and initiate the process of looking at health insurance options, and potentially enrolling.

And so, that's the strategy we used both locally and at the state level was to go to the people where they were and try to develop a relationship with them, whether through the organizations and using, leveraging community-based organizations, like community health centers, faith-based organizations or others, or directly. And in some cases both.

VICE CHAIR COE: Okay, thank you. Mr. Chair, I don't believe I have any -- enough time to ask another question, so I'll go ahead and yield my time for questioning.

CHAIR BELNAP: All right, thank you. The time is now yours, Ms. Dickison.

PANEL MEMBER DICKISON: Thank you. Good morning Mr. Toledo, can you hear me okay?

MR. TOLEDO: Yes, I can. thank you.

PANEL MEMBER DICKISON: Okay. So, you've answered a lot of my questions and I may ask something you've already answered because of a few connectivity issues I've had. So, please excuse me if I do.

So, in your essay on impartiality, you acknowledged that not everyone's going to be happy about

the lines once they're drawn, but the people need to have assurance the districts were drawn fairly with appropriate criteria, were thoughtfully and legally evaluated.

What can the Commission do to give people this type of assurance that the lines were drawn fairly, even if they're not happy with them?

MR. TOLEDO: I think the most important thing that the Commission can do is get as many voices and perspectives about the lines, and meaningfully evaluate those perspectives, that information, that data, and take it seriously. Take the voices of the citizens of California, who created the Commission, seriously. Use that and be able to explain in a transparent manner why decisions were made the way that they were made. And I think that goes a long way to address some of those issues.

I think oftentimes people want to be heard and when they're not heard that's when there's distrust, and the perception of not being heard. And so, hearing people and being able to address the issues, and taking that into consideration, even if it doesn't always change the end results may help to diffuse the perception of lack of impartiality, you know, at least the concept that these lines were drawn in an impartial manner, an objective manner. That the data was taken, it was reviewed, and it was analyzed.

MR. TOLEDO: Hello?

PANEL MEMBER DICKISON: Okay, I disappeared for a minute, I do believe.

MR. TOLEDO: I saw a little gap. Did you get my answer, though?

PANEL MEMBER DICKISON: I did. I did. You were just wrapping up when I paused for a moment.

You also talk about visiting under-represented populations from urban and rural settings. What did you learn about the needs of people and how those can differ based on geography?

MR. TOLEDO: I mean I've been -- I've traveled not just throughout California, but also, you know, the world, and I've been fortunate and very lucky to be able to travel.

And I mean, I think there's this perception that for some reason if you're poor you may not, or if you are diverse, or if you live differently than maybe, you know -- if you don't value certain things that mainstream America does that there's something wrong or unusual.

And I think what I've learned is that, you know, people want very similar things. They want good education for their kids. They want the opportunity to be able to excel, to do well, good education, safe places to live. They want access to, you know, good paying jobs and,

ultimately, the ability to live and contribute to society. I generally believe that whether it's, you know, farmworker communities in the Central Valley or, you know, community-- immigrant communities in Los Angeles, or any communities across the state that there is shared commonality and shared values that we all want.

And also, very unique experiences because of where we live and the opportunities that are actually there in the geographical areas where we might live. And, you know, just where do you live determines -- I mean the research shows that where you live determines your health status, too. Right, the schooling, the employment opportunity, the -- I'm sorry, did I lose you?

Did I lose --

CHAIR BELNAP: Ms. Dickison, are you there?

MS. PELLMAN: Shall I stop the clock?

CHAIR BELNAP: Yes, let's stop the clock momentarily.

MS. PELLMAN: Okay, I've done that.

(Pause)

CHAIR BELNAP: So, Mr. Toledo, we apologize. As you probably heard from Madam Secretary, we've stopped the clock.

MR. TOLEDO: No worries.

CHAIR BELNAP: So, we'll just pick up when we get

Ms. Dickison back on the line.

MR. TOLEDO: No problem.

Mr. DAWSON: There she is, we have her back.

MS. PELLMAN: Okay, I'll start the clock. We have 14 minutes and 14 seconds remaining for Ms. Dickison's time.

CHAIR BELNAP: So, Ms. Dickison, can you let us know what your question was and what part of the answer you had heard, so Mr. Toledo knows where to pick up?

MS. PELLMAN: It looks like we've lost her again. I have not restarted the clock yet.

CHAIR BELNAP: Okay.

(Pause)

CHAIR BELNAP: SO Mr. Toledo, while we get Ms. Dickison back on the line, we're going to have Mr. Dawson ask his follow-up questions. That way, we're making the most use of our time.

MR. TOLEDO: Okay.

CHAIR BELNAP: I'm going to turn the time over to Mr. Dawson.

MR. DAWSON: Thank you, Mr. Chair. And, yes, I'll be happy to yield back my time to Ms. Dickison when we get her back.

I wanted to follow up on one of your responses to essay four, on your analytical skills. You mentioned that

you had experience testifying at legislative hearings for healthcare initiatives.

MR. TOLEDO: Uh-hum.

MR. DAWSON: Were these committee hearings on bills?

MR. TOLEDO: There have been committee -- there were committee hearings, yes, on bills, whether it's for community health centers or some of the initiatives that we've undertaken over the past couple of years.

MR. DAWSON: And you came to testify at the request of the bill author, is that how that worked?

MR. TOLEDO: Generally, the bill author. Occasionally, through public testimony as well.

MR. DAWSON: I see, thank you.

MR. TOLEDO: Both here in California, but also in D.C.

PANEL MEMBER DICKISON: Hello. Hi, this is Mrs. Dickison.

CHAIR BELNAP: So, Ms. Dickison, we can hear you. What we've done is we've had Mr. Dawson go ahead and start his questions. We'll have him finish and then he'll yield the time back to you.

PANEL MEMBER DICKISON: Okay, that sounds perfect.

CHAIR BELNAP: Okay, thank you.

MR. DAWSON: Mr. Toledo, in your response to standard question four, you talked about using a data-driven process. What makes a process data driven and how would that be applicable to the Redistricting Commission?

MR. TOLEDO: Sure. So, for using data, what I believe what I'm -- and I can't remember the exact wording in that section. But in terms of making data-driven decisions, it's using the data that's available, taking that, analyzing it and using it -- that the decision making process is informed by the data, but also the decisions are made using that data.

So, for example, in the case of the Commission I would say that the one person, one vote criteria, whether that be information from the Census, but also the electoral data provides information that is useful for determining -- that provides useful data points that can contribute towards the development of maps and the development of measures that help inform the Commission to be able to objectively make decisions, and inform the decisions of the Commission.

MR. DAWSON: So, that sounds to me like it assumes a certain level of sophistication from the Commissioners, would you say?

MR. TOLEDO: Well, I do think that there is some comfort with data and I think there's -- whether it's

analysis of the data, it does assume a level of comfort with analysis or being able to interpret, or at least being able to use data in a decision making process. Or, at least being able to be able to understand what the data means, and how it's being used, and how it's going to inform the decision making process.

And I think that's all work that needs to be -- there has to be the shared understanding by the Commission on how the data is going to be used. And once there's that shared understanding and then -- then, of course, yes, the Commissioners have to have a comfort with data.

MR. DAWSON: But it's possible, then, that also it would require the Commission being able to -- or needing to rely on demographers, geographers, statisticians, lawyers?

MR. TOLEDO: Well, yes, and you need experts. Experts to contribute the data and --

MR. DAWSON: And would you -- are we hearing --

MR. TOLEDO: Taps.

MR. DAWSON: Mr. Toledo, are you hearing me?

MR. TOLEDO: I am hearing you.

MR. DAWSON: Oh, okay, great. Let me just, I just have one more. So, as the CAO of a healthcare center, you're obviously dealing directly with the COVID-19 situation.

MR. TOLEDO: Yes.

MR. DAWSON: What concerns do you have about COVIC-19 affecting the redistricting process?

MR. TOLEDO: Sure, I have many concerns. We're actually in the process of opening up an alternative care site for Sonoma County, planning for the surge. And my organization will be leading that effort for Sonoma County, in partnership with the county government.

And in terms of how it may affect the -- I mean we anticipate -- we don't know how long this infectious disease will be out in the community. We know it likely will be with us for quite some time. And maybe through the -- well, quite some time it will be with us. And so, it potentially will impact our ability to meet in person with social distancing requirements. It could potentially result in more people being sick and maybe not being as willing to participate in public forums, such as these. And also, it may potentially delay even the Census. Who knows at this point? Hopefully, not.

And so, but we're all having to figure out different ways to communicate with one another, whether it's this type of Zoom conference -- I mean, our millennials on staff are doing Zoom parties and with -- you know, in some cases like up to a hundred different people all over the world. So, we're having to figure out how to

communicate differently.

And it's not just the millennials. I think, you know, a lot of our other staff are learning how to use these forms that they might have been hesitant to use in the past.

In our organization, 95 percent of the healthcare that's delivered is being done over the telephone, and a computer, and video technology that was unheard of just a couple weeks ago. And we've transitioned very quickly to this new environment.

And I think the Commission may need to -- of course, within the parameters of the law, look to other types of ways of interacting with the public and potentially even themselves for the purpose of public health and safety.

MR. DAWSON: Thank you. I have no further questions, if we would like to go back to Ms. Dickison.

CHAIR BELNAP: So, Ms. Dickison, if you would, restate the question you were on and also if you could remind Mr. Toledo what part you had heard up to that point, so we can get restarted.

PANEL MEMBER DICKISON: Perfect.

MS. PELLMAN: May I make a time check, too?

PANEL MEMBER DICKISON: Yes.

MS. PELLMAN: We have 22 minutes remaining of the

90 and 14 minutes of those are Ms. Dickison's.

CHAIR BELNAP: Thank you.

PANEL MEMBER DICKISON: Thank you. Thank you, Mr. Toledo.

So, the question was what you learned about, you know, in your travels as you're working with groups in different areas? What you learned about different needs of communities based on geography?

And the last thing that I heard is we're talking about how even where you live determines your health situation.

MR. TOLEDO: Yes. And so, I mean evidence shows that where -- the zip code where you live, the place where you live has an impact on your health status. And that's because of the types of services that are available to you, the schools that are available, the access to food, and other -- nutritious food, I should say. Access to healthcare and other services, you know, or lack thereof.

And those things have a bigger impact on one's health than even genetics. And so, in terms of addressing some of these health disparities and ensuring that people have -- you know, are able to meaningfully engage with government, being able to meaningfully engage in the community and the democratic process, whether it's the local process, or the statewide process, or the federal

process. You know, it's those are -- there might be every local community has the things that those communities are working on, whether it's, you know, development of -- business development in lower, under-served communities or, in our case, you know, affordable housing. Because the housing prices, and I think this is happening across the State of California, are just -- it's so unaffordable for people to live in our community that there's just not the workforce to be able to do the work.

And so, these are all issues that businesses are looking at, small businesses, big, larger businesses, but also community members and we're all facing some of these issues. And we're seeing it in terms of a rise in homelessness, et cetera, et cetera. And each community will be dealing with their specific issues whether it's safety issues, crime, lack of access to a quality education, or whatever it may be.

And every community will have their unique issues that they're struggling with and that they need their elected officials to be responsive to, and accountable for, for addressing.

PANEL MEMBER DICKISON: Okay. So, you answered the rest of my question around communities of interest, and outreach, and those types of things.

So, the first eight Commissioners are selected

randomly.

MR. TOLEDO: Uh-hum.

PANEL MEMBER DICKISON: And then, they are tasked with selecting the final six. What would you be looking for if you were one of the first eight?

MR. TOLEDO: Well, I think certainly impartiality. But also, I think when you're one of the first eight you're also looking for the gaps. What's not -- what are the expertise, whether it's legal, or analytical, or data, or demographics, or what are the gaps in terms of what's not on the -- who's not on the Commission that should be on the Commission, and will give the Commission more credibility and among the electorate, and the citizens of California. So, those are the things that I would be looking at if I were one of the randomly chosen first eight.

And ensuring that there's -- that there's the -- you know, that the requirement, that the promise of the -- that's in the Redistricting Commission's guidance is met and that we have a Commission that is made up of people that reflect the State of California, that have these analytical knowledge, that's impartial, and respects, and reach diversity for all of the State of California.

PANEL MEMBER DICKISON: Thank you. Okay, you answered my next question already. Then with that, as

well, I don't have any further questions right now. Thank you.

CHAIR BELNAP: All right, thanks Ms. Dickison. So, Mr. Dawson has already asked his questions. Mr. Coe, do you have any follow-up questions?

VICE CHAIR COE: I do not have any follow-up questions, Mr. Chair.

CHAIR BELNAP: Okay. I will ask one follow-up question and then I'll give Ms. Dickison a chance to ask a follow-up question, if she'd like.

So, Mr. Toledo, you've testified at the request of bill authors. Has this been recent, this experience?

MR. TOLEDO: It's been a couple of years because when I was serving as the -- I used to be the Director of Community and Government Relations for Redwood Community Health Coalition. And so, in that context I used to do a lot more of that. So, I would say the last time I did it was probably around four or five years ago.

CHAIR BELNAP: Okay. And do you still have any regular contact with particular legislators that you have testified for their bills?

MR. TOLEDO: Yes. Yes, I do.

CHAIR BELNAP: You still have contact with them?

MR. TOLEDO: Yes.

CHAIR BELNAP: May I ask which ones?

MR. TOLEDO: With Congressman Huffman, Congressman Thompson, both of the House. A little with Jared Huffman, used to be on the State Assembly. And Jim Woods, Mike McGuire.

CHAIR BELNAP: So, if you were selected to be a Commissioner, how do you anticipate that your communication would be modified or continued with legislators?

MR. TOLEDO: I mean my communication with legislators are that of a constituent, right. So, we're all constituents of our legislators. In terms of modification, it would be that there would -- I would never want any perception of lack of impartiality, so discussions about the -- maybe it's -- I just don't -- certainly, there wouldn't be discussions about the Redistricting Commission and the work of the Redistricting Commission, other than through public comment. So, it has to be something public. It wouldn't be something individual and one-off.

And I think -- and at this point I'm not doing very much advocacy work. That's done through our regional association, Redwood Community Health Coalition, and our California State Association.

Occasionally, I still keep in contact with them, especially when there's bills of interest to us. But those are things that I've always done and I wouldn't do anything out of the ordinary.

CHAIR BELNAP: Okay, thank you.

MR. TOLEDO: It would be very targeted to community health centers and very targeted to the issues that we've advocated for in some cases year after year.

CHAIR BELNAP: Understood, thank you.

Ms. Dickison, did you have any follow-up questions?

PANEL MEMBER DICKISON: I do not.

CHAIR BELNAP: Okay. I want to assure Mr. Toledo that Ms. Dickison will have access to the whole interview, the whole tape, so she'll be able to see any parts that she's missed, as well as we all have an assistant that's also watching these proceedings the whole way through and who we collaborate with individually. So, in no way will the technical difficulties that we experienced right now affect your interview results at all.

We're going to go into recess now.

MR. DAWSON: Oh, I'm sorry.

CHAIR BELNAP: Yes.

MR. DAWSON: May I have a time check with the -- from the Secretary?

MS. PELLMAN: Yes, we have 12 minutes remaining of the 90 minutes.

MR. DAWSON: Okay, thank you. Actually, at this point, with the 12 minutes remaining, we'd like to offer

Mr. Toledo the opportunity to make a closing statement, if he wishes.

MR. TOLEDO: Sure. I would just say that, you know, I am the child of a farmworker, a man that left his village in Mexico to come work in the agricultural fields of California as a bracero, in the 1950s. And he was a man that picked himself up by his bootstraps, like many immigrants, and a man that worked hard to ensure that his family, his kids would have a better -- would have better opportunities than he.

And one of the things that my father instilled in me was the values of democratic participation. I mean he came from -- he became a U.S. Citizen, and very proudly never missed an election, always participated, always wanted to learn about the people running for office, and the issues that were being voted upon.

And he inspired a commitment to those values of democratic participation in me, and of service to the community, and loyalty to our system of democracy.

And my parents sacrificed, and our family's poverty motivated me to pursue higher education. And I've dedicated my career to improving the health status of under-served communities, and trying to improve opportunities to others.

And health clinics have been the main function by

which I've tried to improve access, improve opportunities for others. And one of the reasons for that is the community health centers have treated my family with dignity and respect.

You know, I mentioned that La Clinica de La Raza in Oakland was the place where my family and I received medical care when I was growing up. And that was care that we, without them, wouldn't have been able to afford. I mean they opened up their doors; they treated us with respect, and members of the community.

And after graduating from college I had the opportunity to serve on the Board of Directors for La Clinica. And what made that experience particularly special and meaningful to me is that it was the patients of La Clinica, at a town hall meeting that elected me onto the board to serve as their representative. And that from -- and that really fueled my passion. It was the beginning of my passion for ensuring access to healthcare services for under-served communities.

But also, to ensuring that people have a voice in improving their health and their health outcomes.

I'd like to serve on the committee because it would allow me to provide -- it would provide me with an unparalleled opportunity to give back to the people of California and this is a state that's given so much to my

family and myself.

And when I -- I do generally believe that when people are acknowledged they feel more tied to their community. When people are included and engaged, they participate more. And when people are empowered, they accomplish great things.

I've demonstrated my ability to maintain impartiality and have the ability to analyze large amounts of quantitative and qualitative data, and have a deep appreciation for California's diversity.

And I think what makes me an ideal candidate for the Commission is that I genuinely believe that everyone deserves a voice and that everyone should have the opportunity to participate.

My family needed someone to hear them when they did and it changed the trajectory of my life. And everyone in California deserves that. Thank you.

CHAIR BELNAP: All right, thank you.

We're going to go into recess now and be back at 10:44 a.m. Thank you.

(Off the record at 10:27 a.m.)

(On the record at 10:44 a.m.)

CHAIR BELNAP: I will call this meeting back out of recess. I'm going to check with Mr. Coe. Are you on the line? I'm going to pause that for a moment.