

**Advisory Council ACHDHE on Health Disparity and Health Equity (ACHDHE)  
October 13, 2015 Meeting Minutes**

**Virginia Department of Health (VDH) Central Office Madison Building  
109 Governor Street, Richmond, VA 23219  
10<sup>th</sup> Floor Conference Room– 11:00 a.m. - 2:00 p.m.**

Attended in Richmond: **State Health Commissioner: Marissa J. Levine, MD, MPH, FAAFP, Adrienne McFadden, MD, JD, FACEP, FAAEM, FCLM; Maia McCuiston Jackson, MD, FAAP; Patti Kiger, M. Ed (PhD); Cecily Rodriguez, MPA; Luisa F. Soaterna-Castaneda, BS, MPH; Karen Reed, MA, CDE; Augustine Doe, MS, MPA;**  
Attended Via Polycom/Phone: **Gloria Addo-Ayensu, MD, MPH; Kate S. K. Lim, MT, (ASCP), FACHE, CPHQ, CPHRM;**  
Did Not Attend: **Linda Redmond, PhD ; J. Elisha Burke, M.Div., D.Min.; Emmanuel Eugenio, MD, FAAP; Beth O'Connor, M. Ed, BA; Keisha L. Smith, MPA; Melody Armstrong, MPA, BSN; Elizabeth Locke, PhD, PT; Jameika A. Sampson, MPH, MBA;**

**Welcome**

Dr. McFadden called the meeting to order and asked everyone to introduce themselves.

**Adoption of Agenda**

The October meeting agenda was approved as submitted.

**ACHDHE Recommendations to the Commissioner**

On behalf of ACHDHE, Karen Reed, Director, Division of Multicultural Health and Community Engagement, Office of Minority Health and Health Equity (OMHHE), VDH, read and delivered to the State Health Commissioner ACHDHE's recommendations from the July 14, 2015 meeting presentations (see attached document).

**Approval of Minutes**

The July 14, 2015 minutes were approved as submitted.

**State Health Commissioner's Updates**

*Dr. Marissa J. Levine*

Dr. Levine shared that the July meeting recommendations were insightful and timely as we advance Virginia's Plan for Wellbeing. She elaborated that Virginia's Plan for Wellbeing, which was also presented at the Joint Commission on Health Care meeting, has a core population health matrix which fits well with the recommendations from ACHDHE. Dr. Levine informed the members that the Secretary of Health and Human Resources is speaking at another event and will be presenting aspects of Virginia's Plan for Wellbeing.

## “Virginia’s Plan for Wellbeing”

Dr. Marissa J. Levine, shared that the Framework for Virginia’s Plan for Wellbeing consists of the following:

- A. Healthy, Connected Communities
- B. Strong Start for Children
- C. Quality Healthcare
- D. Preventive Actions
- E. Well-being: Physical and Emotional Wellness; Aging Well

The Virginia’s Plan for Wellbeing is data driven and focuses on the determinants of health/drivers of health, recommended policies, evidence-based strategies, cost, and return on investment as key indicators.

### A. Healthy, Connected Communities

Consumer opportunity profile, economic opportunity profile, and percentage of the Commonwealth connected via a statewide health information exchange are critical pieces for healthy, connected communities. The Virginia Health Opportunity Index (HOI) provides vital information for understanding healthy, connected communities in Virginia at the census tract levels she expanded.

### B. Strong Start for Children

- Dr. Levine outlined the important components for making Virginia the healthiest state in the nation: teen pregnancy rate, preterm birth rate, thriving infant rate, childhood obesity/overweight rate, percentage of children in kindergarten not meeting Phonological Awareness Literacy Screening for kindergarten (PALS K) benchmarks and requiring literacy interventions, and percentage of third-graders who passed the third-grade Standards of Learning (SOL) reading assessment.
- VDH has moved to more positive approaches in making Virginia the healthiest state by altering the descriptions of some initiatives, including changing the name of the Virginia’s Infant Mortality Prevention initiative to the **Thriving Infant Initiative**. Within this framework, VDH is working closely with the Department of Education and the Board of Education to gather the matrixes for determining the elements for social determinant of health (SDOH).
  - ACHDHE member asked whether privacy laws impact data collection.
    - Dr. Levine emphasized that working early with schools and informing the system of the needs prior to the onset of data collection is important as well as sharing the need for aggregate data collection. Also, she encouraged ACHDHE members to share their suggestions on how to collect school age data for purposes for making Virginia the healthiest state in the nation.

### C. Quality Healthcare

Keeping people out of the hospital is one way to reduce healthcare cost, while getting the right service - including behavioral health and integrated health home and dental health - are essential in driving down healthcare costs. Dr. Levine cited the Oregon state model for successfully tackling healthcare cost while

focusing on the SDOH. The article is available at: <https://www.statereforum.org/Oregon-flexible-services>.

#### D. Preventive Actions

Dr. Levine noted that we have made improvements in several program areas such as immunizations, but we have more work to do. Virginia is focusing on children particularly two-year olds as a milestone. Dr. Levine also noted that clearly we have a vaccine now that can prevent Human Papilloma Virus (HPV); HPV is known to cause certain types of cancer. Yet, it has been a challenge to get the message across to the public how important this vaccine is to preventing these types of cancers.

- Nationally, Virginia is average in vaccination rates for girls against Human Papilloma Virus (HPV).
- Virginia has a long way to go with boys.
- There are political challenges, along with misconceptions about the HPV vaccine regarding sex and sex education, but science clearly tells us we have to vaccinate children at a young age before they are sexually exposed to the virus. This creates better results.

Dr. Levine asked for ACHDHE members' assistance in educating the public about the importance of the Human Papilloma Virus (HPV) vaccine in order to eliminate its misconceptions in communities.

#### E. Well Being: Physical and Emotional Wellness; Aging Well

Currently, Virginia has no good measure of wellbeing, but VDH is using those data we have readily available to provide us with this information. Although a limited source, Dr. Levine told ACHDHE, as of now; VDH is getting peoples' health report from the behavioral risk factor surveillance system ([BRFSS](#)).

Dr. Levine shared with ACHDHE members that Virginia's Plan for Wellbeing is at the start and an underpinning for getting the process going. The next key steps involve Dr. Lilian Peake, Director, Office of Family Health services and Dr. Adrienne McFadden, Director, OMHHE to work together to frame the Virginia's Plan for Wellbeing utilizing the matrix.

Also, Dr. Levine shared that this stage of Virginia's Plan for Wellbeing provides tremendous opportunity for constituents' input (which could result in white papers or a draft plan). She informed ACHDHE members that VDH needs their continued input with the Plan.

#### **Presentations:**

##### **"Virginia Health Opportunity Index (HOI)"**

*Rexford Anson-Dwamena, Social Epidemiologist Senior, Office of Minority Health and Health Equity (OMHHE)*

Mr. Rexford Anson-Dwamena informed the ACHDHE that the HOI is a multilevel analysis of the SDOH. The HOI disaggregates and targets areas for specified interventions at the census tract or community or block group levels. Drilling down information at these levels provides vital information that could have been masked at the aggregate or larger data analysis level.

The HOI is a composite of 13 indices representing a broad array of the SDOH:

- Environmental Quality Index (EPA)
- Population Churning Index
- Population-Weighted Density Index
- Walkability Index

- Affordability Index
- Education Index
- Townsend Deprivation Index
- Food Accessibility Index
- Employment Access Index
- Income Inequality Index
- Job Participation Index
- Access to Care
- Segregation Index

Walkability was added to the HOI as a new measure of health indicator. Additionally, comparing infant mortality rate (IMR) within the HOI, Mr. Anson-Dwamena indicated an inverse relationship. Areas with higher HOI overall have lower IMR and areas with lower HOI have higher IMRs.

ACHDHE Member Feedback:

ACHDHE member asked if crime was included in the HOI.

- Crime data is available however, not in a uniformed and standardized usable format. As such, it was not included within the HOI matrix.

#### **“HOI Walkability Indicator”**

*Justin Crow, Director, Division of Social Epidemiology, OMMHE*

Mr. Crow shared that the walkability index is a new measure in the HOI. Community environmental profile has link evidence associating walkability with Increased walking for transportation & recreation, increase in physical activity, decrease in BMI/Obesity, and decreased air pollution (<http://www.actrees.org/files/Research/JAPAFrank06.pdf>). The walkability methodology was adopted from International Physical Activity and the Environment Network (IPEN), which outlines density, diversity, design, and distance as indispensable elements for determining walkability. Some high poverty areas may have walkability, however, they may also have low walkability to businesses and other quality of life essentials such as parks, schools, housing, grocery stores (limiting access to fresh fruits and vegetables), healthcare, and security.

ACHDHE Member Feedback:

- ACHDHE member questioned if walkability information is being shared with local planning board members. ACHDHE member requested the use of the Health Impact Assessment (HIA) to draw attention towards walkability indicators in communities.

#### **“VDH Walkability Programs”**

*Henry Murdaugh, Director, Division of Social Epidemiology, Chronic Disease Supervisor, Division of prevention and Health Promotion Office of Family Health Services*

Mr. Murdaugh shared that VDH is part of a Five-Member Commonwealth Team comprising Virginia Department of Health, Department of Transportation, General Assembly, Department for Aging and Rehabilitative Services, and Richmond Regional Planning District Commission as part of the Walkability Action Institute. Although only recently formed, the team has already partnered with some statewide and local initiatives including the Union Cycliste Internationale (UCI) Road World Championship in

Richmond, Governor’s “Walk the Skyline” competition for State Employees, Implementation of Complete Streets in communities, and the Governor’s declaration: May as Bicycling Month. The team’s plan of action is to establish an advisory group, host a “Walkability Institute,” strengthen/expand partnerships and capitalize on current health initiatives.

**ACHDHE Member Feedback:**

- ACHDHE members discussed the need to expand walkability in rural communities as well as walkability advocacy initiative that strategically outlining benefits over cost for purposes of gaining leadership support.
- ACHDHE members also discussed the need to get businesses involved because of the direct relationship of walkability to overall health outcomes. Healthy residents have the potential to decrease healthcare cost and increase productivity.

**Announcements and Updates**

**OMHHE Updates**

- Dr. Adrienne McFadden, Director, OMHHE, shared that as of July 1, 2015, 124 congregations joined the Virginia’s Congregations for Million Hearts. Nine additional congregations have since joined the initiative putting Virginia at 133 total congregations. Dr. McFadden attended the American Heart Association conference, “Empowered To Serve,” in Maryland, and plans are underway to replicate the conference in Virginia.
- Dr. McFadden discussed plans to develop a public site for the Virginia Health Opportunity Index (HOI), which would be accessible to the public via tableau by the end of the year. There will also be a small stakeholders meeting by the OMHHE Office of Primary Care on November 3, 2015.
- Dr. McFadden noted that the Virginia Rural Health Annual (VRHA) conference schedule overlapped with the ACHDHE meeting and several members were not able to attend.

**ACHDHE Member Updates**

None provided.

**ACHDHE Member Action Items:**

- ACHDHE members were requested to provide feedback on Virginia’s Plan for Wellbeing for Well-being.
  - Virginia’s Plan for Wellbeing for Well-being Survey:
    - Survey link: <http://www.surveygizmo.com/s3/2080957/Virginia-Population-Health-plan>.
- ACHDHE members were requested to continue to engage their constituents in changing the context of discussion around the HPV vaccination purpose to eliminate a preventable cancer.
- ACHDHE members provide additional feedback from meeting presentations via the survey links below:
  - ACHDHE presentation links:
    - 1. Virginia Health Opportunity Index (HOI) - <http://kwiksurveys.com/s/YNZwxpGn>
    - 2. HOI Walkability Indicator - <http://kwiksurveys.com/s/cDopjgPc>

- 3. Virginia Department of Health Walkability Programs - <http://kwiksurveys.com/s/fMwhJ1kX>

**Public Comments**

- No public comments.

The meeting was adjourned at 1:21 pm.

**Next ACHDHE MEETING:** Tuesday, January 12, 2016.

**Time:** 11:00am – 2:00 pm

**Location:** Mezzanine Conference Room, VDH Central Office, 109 Governor Street, 23219 or via Polycom upon request.

**Respectfully submitted by:**

**Augustine Doe, Health Equity Specialist**

**Minutes reviewed by:**

**Dr. Linda Redmond, Chair**