

**Minority Health Advisory Committee Meeting
April 8, 2008**

Location - VDH - Richmond, VA - Mezzanine Conference Room

Member Attendees: Baxter Harrington, MS, David Simmons, MSN, RN ,CNN, Gloria Addo-Ayensu MD, MPH, Jane G. Cabarrus, Melissa F. Canaday, Miliagritos L. Flinn, Michael A. Pyles, PhD, Claudia M. Tellez, Juan F. Villalona, M.D., and Hassan M. Yousuf, MD

Absentees: Judy Anderson, Lucie Ferguson, PhD, MPH, RN, Gail Jennings, PhD, Tram Nguyen and Rudolph Wilson, PhD

Staff Attendance: Dr. Michael Royster MD, MPH, Karen Reed MA, Fatima Sharif and Ellen McCutcheon

Welcome and Introductions: Baxter Harrington

Mr. Harrington commenced the meeting by welcoming everyone, followed by MHAC members, community members and OMHPHP staff introductions. Six MHAC members introduced themselves as new committee members.

Adoption of Agenda - MHAC Members

The agenda was adopted as presented.

Adoption of Minutes from January 8, 2008 meeting - MHAC Members

The minutes were approved with a minor technical change and posted to the website.

Status of Mental Health of Minority and Underserved Populations in Virginia - DMHMRSAS Representative Neila Gunter

Ms. Gunter, the Director of Human Resources at DMHMRSAS, provided a comprehensive presentation on the, "The Impact of Cultural & Linguistic Competency on Mental Health Services." Ms. Gunter provided an overview of:

- The effect of culture on the encounter between the mental health provider and the client.
- The disparate rates of mental illness in minority populations.
- The effects of society on mental illness, such as minority specific barriers to care and inequality of income.
- The cultural variables linked to the disparate rates of mental illness
- Community characteristics of minority populations

- Costs associated with a lack of cultural competence

Ms. Gunter concluded her presentation by discussing the initiatives underway at the DMHMRSAS to address issues of cultural and linguistic competence, including training employees, the hiring of a new Director of Cultural and Linguistic Competence, and an upcoming conference.

Ms. India Sue Ridout, a representative of DMHMRSAS, then provided a brief overview of the upcoming conference "*The Journey Continues...*" *Promoting and Achieving Cultural and Linguistic Competence* in Portsmouth Virginia from September 10-12, 2008.

MHAC Members Discussion:

- Mr. David Simmons asked what was in place to address inmates with mental illness. Ms. Gunter answered that the local Community Service Boards are to provide case management services and develop leave plans for inmates with mental disorders. She mentioned that it does not always work like it should due to staffing shortages and other issues.
- Mr. David Simmons asked, in response to Ms. Gunter, who has oversight when the Community Service Board doesn't follow through with case management and leave planning services. Ms. Gunter responded that the central office does have oversight since they provide funding to the localities and have agreements with them to meet certain standards. This is monitored by their licensing department.
- Ms. Gunter also mentioned that DMHMRSAS did receive funds from the General Assembly this year to address:
 - Crisis stabilization
 - Prison issues
 - Virginia Tech related issues
- Dr. Michael Pyles commented that gaps can still exist if the Community Service Boards are accountable for court appointed mental health patients since one locality can place the blame on another if a patient falls through the cracks.
- Dr. Michael Pyles commented that issues of cultural competence may exist because of the patient provider interaction and a workforce shortage.
- Ms. Gunter replied that DMHMRSAS is participating in local, national and international recruitment efforts and has contracts in place with international organizations to address the workforce shortage. This is successful for their organization because they tailor the recruitment packages to the needs of their international providers by providing mentoring programs, settling their families into Virginia localities,

training them on how to work with violent clients and other methods that nurture and support the workforce.

- Dr. Addo-Ayensu commented that she wanted to remind everyone that international recruitment leads to more work for everyone because it affects international health. She then asked what local recruiting efforts are going on?
- Ms. Gunter noted that the issue of international recruitment can be a philosophical debate with some for it and some against. However, DMHMRSAS is exploring multiple ways to meet its needs including recruitment in countries where they are welcomed. Ms. Gunter also shared that DMHMRSAS is looking for local providers and keeping all options open.
- Ms. Melissa F. Canaday asked what long term initiatives were in place for getting more young multicultural people from Virginia localities?
- Ms. Gunter replied that each Community Service Board has a recruiting plan so that nurses go to high schools and present at different local functions to recruit. In addition they have the Institute for Allied Sciences in Health that supports students in a summer program to learn about mental health in Petersburg. They also have a partnership for mental health certificates with the Virginia community college system and internships as a way to recruit young people.
- Mr. Baxter Harrington questioned whether all people have some degree of mental illness. Ms. Gunter agreed that there are different degrees of mental illness certain levels of mental illness need to be addressed.
- Dr. Hassan Yousuf commented that what helps him with cultural competence in his practice is to have respect for his patients and once he has respect, it helps him learn their language so everything else falls into place.
- Ms. Claudia Tellez agreed that workforce was important but asked how does mentoring work?
- Ms. Gunter replied that each in-patient facility has mentoring programs and central office shares best practices among the programs across the state. As for the Institute for Allied Sciences in Health, DMHMRSAS has been trying to expand it to Lynchburg but funding issues prevent it. Applicants to the Institute must go through a competitive application process.

Introduction of Dr. Karen Remley - Dr. Michael Royster

Dr. Royster introduced Dr. Remley, the State Health Commissioner, with an overview of her career accomplishments.

Health Commissioner Remarks – Dr. Karen Remley

Dr. Remley thanked Mike for the introduction and introduced herself as someone who loves children and finds cultural competency in health care fascinating. She described her initial vision as State Health Commissioner as “do no harm.” She then suggested that MHAC could best assist her by focusing on three issues that support advancing minority health. MHAC should provide input:

- What should VDH’s priorities be in regard to minority health?
- By June, identify what minority health issues do we want on our legislative agenda? Funding request?
- Considering funding constraints, what can we do to address these issues without funding?

Dr. Remley indicated that after reviewing members CVs she was quite pleased to learn of the depth and breadth of experience and affiliation of MHAC Membership. She concluded her introduction by saying she looked forward to what MHAC could bring to VDH. Dr. Remley then opened up the meeting for members comments or questions.

- Dr. Juan Villalona then raised the issue that Hispanics do not seek medical attention because of language barriers. Since there may be miscommunication, it is an important step to address language issues in hospitals so providers can provide adequate services.
- Dr. Remley replied that she did not know if VDH addressed language access regulations for hospitals and Dr. Royster highlighted the CLAS Act Initiative meant to address culturally and linguistically appropriate services. Fatima Sharif then provided a brief overview of the Medical Interpreter Training Grants Program. (Information on this program can be found at: www.clasact.org)
- Dr. Hassan Yousuf suggested that instead of instituting more services, it would be a good idea to recruit pastors and others within the community who could serve as interpreters. Dr. Remley commented that it was a good idea but there would be issues with HIPAA and privacy. She questioned if this was a place to become a leader and learn from each other with innovative ideas.
- Ms. Claudia Tellez asked what VDH was doing to raise awareness of the private funding community to support recruitment efforts for specialist physicians providing services at no cost. Dr. Remley noted that addressing how tax credit is provided to physicians providing their services at no cost could support the recruitment of specialists. Ms. Claudia Tellez asked how to specifically raise awareness for private foundations? Dr. Remley noted that VDH has little control over the focus of private foundations.

- Ms. Jane Cabarrus shared that the Eastern Shore is rural with overworked and underpaid physicians and a host of access to health care issues. She questioned how this issue can be addressed? Dr. Remley replied that Virginia Shares is a small business health insurance plan that would allow those small businesses that cannot afford health insurance the opportunity to do so. Dr. Michael Royster also shared that the Eastern Shore is designated as a medically underserved area under Federal guidelines. Ms. Karen Reed shared that the area is eligible for other healthcare workforce incentive programs, such as J-1 Waiver and loan repayment programs.
- Mr. David Simmons asked Dr. Remley what MHAC could do to assist her? Dr. Remley encouraged the group to designate one to two legislative issues as priority items that VDH can push forward for the next session of the General Assembly. In addition, she asked that the members serve as the voice of reason and calm in the community and report to VDH the challenges that their community partners are facing.
- Dr. Michael Pyles commented that historical structural changes within the central office prove to be frustrating. He also noted that is important that minority health needs be addressed as an issue for all of VDH so it is realized that it is more than a microcosm issue within the Office of Minority Health. For this reason, MHAC needs to educate every administration about minority health issues. He also referenced previous town hall meetings and a need for follow-up.
- Dr. Remley noted that OMHPHP is the only office that reports directly to **the** Commissioner, therefore OMHPHP is structurally important. In addition, she shared that VDH is one of the largest safety net providers working on preventive care, so their target client population is largely immigrants and minorities. VDH is doing their job of serving the public well and this is information that needs to be shared with legislators. She suggested MHAC invite legislators to provide support to minority health issues.
- Dr. Hassan Yusuf commented that Dr. Remley was the captain of the VDH machine so needs to be a visionary that addresses children's needs. Dr. Remley agreed and mentioned the importance of health food in the school systems. She mentioned that VDH can guide the Governor's agenda but it cannot make laws.
- Dr. Juan F. Villalona noted that an issue with children and obesity is that children need to have gym class more often. Dr. Remley noted, in response, that Delegate O'Bannon went forward with a bill regarding gym class for children but the bill was killed. She suggested that MHAC may want to write a letter (including all members' signatures) to support the issues that it feels need to be addressed. She also noted that WIC is changing to promote more fruit and vegetables nationwide as opposed to the traditional bread, milk and cheese products.

OMHPHP Updates – Dr. Michael Royster

Dr. Royster provided a brief summary of his December 2007 of The State of Health Equity: The Health of Minority and Low Income Populations in Virginia. Dr. Royster discussed some of the factors that create health inequity in racial and ethnic minority and lower socio-economic and disadvantaged communities. He stressed that health inequity is ultimately related to social injustice and the unequal distribution of social determinants of health. Inequities in health exist across multiple diseases with different mechanisms of action and associated with different behaviors. The common factors are social determinants of health, which include:

- Social status Housing segregation Poverty
- Racism Food insecurity The built environment
- Family dynamics Cultural norms

Dr. Royster shared that OMHPHP has provided twenty presentations of the Unnatural Causes series for both internal and external organizations.

- Dr. Michael Pyles asked how the organizations were chosen. Dr. Royster responded that OMHPHP both sought out organizations for presentation and responded to requests for presentation.

In the future OMHPHP would be working on a Health Equity report.

- Provide Health status on low income, racial/ethnic minority, and rural populations.

OMHPHP Updates: Karen Reed

Ms. Karen Reed shared that DHE is undergoing staff changes as Cynthia Beadle, Health Equity Specialist is no longer with the DHE. Ms. Beadle had taken a position with the American Heart Association and she will continue to partner with OMHPHP in her new position. Also, Fatima Sharif, Clas Act Coordinator will be leaving in May – she will be attending John Hopkins Bloomberg School of Public Health. MHAC members will receive position announcements once the recruitment process begins and members are encouraged to share this recruitment information with their constituents.

MHAC Member Information:

Ms. Karen Reed encouraged members to complete and submit the Member Profile Sheet as soon as possible. Once the information is obtained from all members it will be shared with members in order that members can better understand the organizational affiliations and reach of MHAC members.

Health Equity Initiative:

Unnatural Causes: Is Inequality Making Us Sick? DVD – Karen Reed

Ms. Reed shared that the OMHPHP coordinated and placed a bulk order of the series resulting in a greatly reduced rate of 49.95 plus shipping charges. The OMHPHP has received a number of new order requests. Therefore, we are submitting a new order mid-April. Order forms were made available to MHAC members.

Train the Trainer - Health Equity Initiatives- Thursa Crittenden

Ms. Thursa Crittenden informed the committee that OMHPHP would be providing a Training of the Trainer Course on presenting the Unnatural Causes series on May 20, 2008. This training will be presented at a number of locations throughout the state. Dates and time will be posted on the OMHPHP website.

Health Equity Activities Resources - Fatima Sharif

Ms. Fatima Sharif provided a brief overview of the forms developed by the OMHPHP meant to accompany Unnatural Causes presentations/screenings. Members were provided a copy of the forms, including the Screening Evaluation form, Health Equity Initiatives Progress Matrix, Summary Report form, and Sign- In Sheet. (Forms are available via website: <http://www.vdh.state.va.us/healthpolicy/healthequity/unnaturalcauses/resources.htm>)

Public Comment:

Mr. Baxter Harrington acknowledged that meeting end time of 2pm was approaching and asked if there was any public comment. There was no response.

Mr. Harrington queried members to determine their availability to meet briefly beyond the scheduled time. Members unable to stay were informed that information discussed would be shared and they would have an opportunity for input.

MHAC 2008 Action Plan - MHAC members

Baxter Harrington asked committee members what action steps they were interested in pursuing in 2008.

- Dr. Michael Pyles indicated the need to create a fact sheet on MHAC was indicated in the 2008 action plan. Dr. Remley suggested that a fact sheet would be a beneficial because it could be provided to legislators. She also suggested that it should tell a story so it covers "who we are, what we consider important and why we are important."
- Several members agreed to work as a sub-committee to develop such a fact sheet and review other action items. Sub-committee volunteers include: Ms. Miligritos Flinn, Mr. David Simmons and Dr. Michael Pyles.

(Note: Any other members interested in this activity should contact Karen Reed -Karen.Reed@vdh.virginia.gov.

- Mr. Baxter Harrington asked if there was anything the committee wanted to have developed for the legislative agenda by June. Following discussion and questions regarding children's health, healthy food and increased time for gym class in schools, Dr. Remley offered to work with OMHPHP to pull together the background on these legislative issues and have the information sent to MHAC members for review. (Legislative House Bill No. 246 and House Bill No. 242 were passed in the last session. These bills related to creation of a nutrition and physical activity best practices database and physical education requirement. Senate Bill 124 and Senate Bill 721 did not pass. These bills relate to nutritional guidelines for competitive foods in public schools and trans fats in public schools. (Copies of all four bills accompany the minutes.) Individual members are asked to review the bills and forward suggested action to Karen Reed@vdh.virignia.gov by May 15, 2008. Karen will forward the information to the sub-committee who can develop recommendations for discussion at the full MHAC meeting in July. Sub-committee volunteers include: Ms. Miliagritos Flinn, Mr. David Simmons and Dr. Michael Pyles. (Note: Any other members interested in this activity should contact Karen Reed -Karen.Reed@vdh.virginia.gov. A sub-committee meeting will be scheduled for late May or early June.
- Dr. Remley asked if legislators attended MHAC meetings and suggested that MHAC invite Delegate O'Bannon and the Health & Welfare Committee.
- Ms. Melissa Canaday asked what the progress of the survey referenced in the January minutes. (Dr. Wilson was leading this group and was not in attendance; Mr. David Simmons responded that the group had not developed a survey.
- Ms. Melissa Canaday mentioned that she was looking for information on Native American health but could not find it on the OMHPHP website. Dr. Remley responded that, unfortunately, VDH cannot ask some demographic information in order to be welcoming to all individuals. Dr. Royster indicated that OMHPHP did need more information on Native American health. Other members suggested other resources.
- Ms. Jane Cabarrus asked, for clarification, of the committee role with legislators. Dr. Remley responded that the protocol in regard to working with legislatures for the committee is to send recommendations to her, then she will send them to the Secretary of Health and Human Resources who then sends them to the Governor. Committee members can, as individual citizens, work with their legislators as they wish.

- Ms. Jane Cabarrus mentioned that there was seldom proper placement for former in-patient mental health patients on the Eastern Shore and asked what could be done to address the issue. Dr. Remley responded that VDH does not directly address mental health but suggested that DMHMRSAS representative might be helpful. She further indicated that MHAC can make recommendations on any health issue.

The meeting was adjourned.

The next MHAC meeting is scheduled for:

July 8, 2008 - 11:00 a.m. -2:00 p.m.

Location - Virginia Department of Health, 109 Governor Street, Richmond, VA

Future MHAC Meeting Dates - 2008

October 14, 2008

Time: 11:00 am-2:00 pm

December 9, 2008

Time: 11:00 am-2:00 pm

Questions or special needs - please contact: Karen Reed, Director, Division of Health Equity - 804-864-7427 - Karen.Reed@vdh.virginia.gov

Minutes prepared by: Ellen McCutcheon/Fatima Sharif

Minutes reviewed by: Baxter Harrington, MHAC Facilitator

Minutes approved by MHAC members: July 8, 2008 meeting