

The Health Commissioner's Minority Health Advisory Committee Meeting
April 14, 2009 – 11:00am – 2:00pm
Bon Secours Richmond, 4121 Cox Road, Suite 110, Richmond, Virginia 23060

Member Attendees: Gloria Addo-Ayensu, MD, MPH; Judy Anderson; Jane G. Cabarrus; Lucie Ferguson, PhD, MPH, RN; Baxter Harrington, MS; Michael A. Pyles, PhD; David Simmons, MSN, RN, CNN; Theresa Teeka, RN (for Gail Jennings); and Rudolph Wilson, PhD

Members Absent: Melissa Canaday; Miliagritos L. Flinn; Gail Jennings, PhD; Tram Nguyen; Claudia M. Tellez, MD; Juan Villalona, MD; Hassan Yousuf, MD

Staff Attendance: Michael Royster, MD, MPH; Karen Reed, MA; Susan Triggs, RN, MPH; and Thursa Crittenden

1. Welcome

All members were welcomed by MHAC Chair, David Simmons

2. Agenda

The agenda was adopted by the MHAC members in attendance

3. Minutes

January 13, 2009 minutes were reviewed by MHAC attendees
A motion was made and seconded to accept minutes

4. Commissioner's Updates

Thursa Crittenden gave members an update on the Infant Mortality Reduction Workgroup (IMRWG). She mentioned that Dr. Remley gave a presentation during a radio interview with Clovia Lawrence (Richmond radio personality) regarding infant mortality. IMRWG focus areas discussed included: a) Safe sleep environment, and b) Subdivide work group into provider and community member. Ms. Crittenden advised members that, to aid IMRWG members with presentations that focus on awareness and action, a Power Point presentation has been created in two versions, one for physicians and one for grass roots organizations. Future efforts of the IMRWG include an online social network and the identification of policies that impact expectant Moms, including an IMRWG collaboration with American Association of Retired Persons (AARP) Grandmothers' Crusade to tap the resource of generational social networking as it relates to pre-conception, conception, pregnancy, and the raising of children. AARP board approval is pending. Several other presentations were given across sectors that include a) UVA Labor and Delivery Nurses, b) Youth for Tomorrow, c) Healthy Start National meeting, and d) Urban League of Hampton Roads. Future goals include gaining involvement of Emergency Room doctors, insurance companies, schools, and school nurses. The City of Portsmouth, Virginia has provided a "best practice" model that places a Public Health Nurse in schools and empowering them with the ability to talk to children about subjects that school policy prevents school personnel from discussing with the children. Finally, Dr. Royster made a presentation that highlighted the relationship between infant mortality and health equity in terms of the influence of life course social, economic, and environmental differences.

5. Strategic Planning

The Health Equity Conference will be held in Richmond, Virginia from September 10 -11, 2009. National speakers have been confirmed. MHAC members are asked to volunteer to help on planning subcommittees. Several members have already begun helping with the planning process.

Members were reminded that the MHAC Fact Sheet is available for distribution during speaking engagements. An electronic copy can be accessed at

<http://www.vdh.state.va.us/healthpolicy/healthequity/minorityhealth/documents/mhac/mhac-fact-sheet.pdf>

Updates on the use of "Unnatural Causes: Is inequality making us sick?" (UC) were sought by the Chair, David Simmons. Miliagritos Flinn sent her report stating that the VCU School of Nursing is watching

the DVD as part of an undergraduate community health class taught in our Richmond, Tidewater, Fredericksburg and Danville locations. David Simmons told everyone that his students have been given the assignment of listening to UC and writing a report to discuss with other students.

Regarding the survey, Dr. Gloria Addo-Ayensu told the group that trying to integrate the survey created by the student with an MHAC survey may not be possible because the two groups are targeting different audiences. Dr. Addo-Ayensu asked if we could get the information we are looking for in the survey from MAPP information that is or has already been collected by LHD through the Commonwealth? We could analyze data already obtained to get the information we want without having to implement another survey. MHAC members decided that no survey is needed at this time because what was promised to communities with prior survey implementations was not delivered. It was decided that another survey would not be implemented.

Members discussed whether we have or want to have a state Minority Health Plan? If so, a decision must be made on how MHAC's role will be defined. To help members determine this, they requested that someone from another agency come and talk about how their policies affect health equity and how they integrate concepts into their strategic plan. MHAC can approach issues from a multi-level perspective in order to reach stakeholders across all community dimensions. **The OMHPHP will send information on how other states are structured in this regard.** If data is desired, it is important to connect with the statewide MAPP process. Statewide plans can be developed accordingly. There is strength in the group diversity of the MAPP program. MAPP reveals the assets and the gaps in LHDs and would facilitate the creation of a state plan that provides meaningful solutions. The suggestion was made that Jodie Wakeham, PhD, Director of Public Health Nursing should be involved with the development of plans to access and use VDH LHD MAPP data. The group was reminded that the National Association of County and City Health Officials (NACCHO) *Public Health Performance Standards* data is also available. MAPP and *Public Health Performance Standards* principles are very closely aligned with health equity, social determinants of health concepts. LHD jurisdictions will be able to receive from MHAC health equity information that promotes looking at health outcomes through the health equity, social justice, and social determinants of health lens. MHAC is only interested in accessing data that meet the criteria of having community involvement in the district's vision, is collaborative and engaging, provides direction for using the data, provides the health equity lens for problem solving, asks the questions differently, and begins to identify root causes of negative health outcomes.

MHAC members will draft a recommendation to Dr. Remley regarding MAPP suggesting that collaboration between LHDs and MHAC be mandated. Possible language of such a recommendation could be: "In order to promote health equity it would be valuable to integrate it into the MAPP process and involve our office in the training. The training could be a discussion around MAPP and health and health outcomes." Priority areas could be infusing health equity principles into the MAPP process and acquiring funding for health equity initiatives. MHAC members would also like to get the OMHPHP and MHAC into Commonwealth of Virginia Code as funded entities. The full MHAC body can advise Legislative/Policy Subcommittee on how to go forward with advising the Commissioner. **Dr. Addo-Ayensu and OMHPHP will work together to draft a recommendation proposal and will make the draft available for the July MHAC meeting.**

MHAC members want speakers to present to full committee. Potential topics include infant mortality, obesity, prostate cancer, and top 10 concerns affecting ethnic and racial minorities in Virginia. They would like speakers to include Commissioner Remley, Dr. Royster, the Board of Health, and Redevelopment and Housing Authority regarding their programs throughout the Commonwealth. It was agreed that MHAC members must support speakers by committing to attend meetings especially when speakers are scheduled. **There group agreed to have speakers present to the full MHAC for 20 minutes followed by a 10 minute Q&A session. Subcommittee members will have the option of talking to presenters about questions subcommittees may have regarding the topic before or after the meeting in order to maximize the speaker's time. Distance traveled by the speaker will be the final determinant of time allotted to the presentation and Q&A session.** Members agreed that the general meeting format would continue to have an agenda that allows time for update reports from the Commissioner, OMHPHP, and MHAC subcommittees. A suggestion was put forth that meetings move around the state. OMHPHP advised that, though meetings can be in various locations, no travel reimbursement is available for members from Virginia Department of Health. MHAC members feel that the OMHPHP should become the resource for all agencies that deal with the populations MHAC is targeting.

6. OMHPHP Updates

Dr. Royster began his report by providing a general overview the Healthy People 2020 Request for Proposals. He advised that the VDH vision for this proposal is to a) educate senior leaders throughout the government legislature and agencies and b) to integrate knowledge acquired into future strategic plans of agencies across all government sectors and legislative policies. He also told MHAC members that the OMHPHP is communicating with the Robert Wood Johnson Foundation (RWJF) about additional funding for the proposal through the Commission for a Healthier America.

The Health Equity Conference will take place in Richmond on September 10 and 11, 2009. Volunteers are still needed for the planning committees. Contact information for committee Chairs was provided to MHAC members so they can make direct contact with the Chair of their committee of choice. They can also provide Susan Triggs with information about their committee of choice. Resources are needed, and members are asked to provide information for potential funders to Dr. Royster. **Dr. Addo-Ayensu will contact Blue Cross about becoming a conference sponsor.**

Dr. Royster talked about his recent presentations on health equity.

- He presented to the Board of Health about what the OMHPHP does to promote health equity. A segment of “Unnatural Causes: Is inequality making us sick?” was shown and discussed by Board of Health members.
- He also spoke in Petersburg about how social determinants of health influence life expectancy in Petersburg and possible solutions for changing the negative impact of social determinants of health on that life expectancy.

The Rural Health Summit was held in Abingdon, Virginia from March 11-13, 2009. Topics included EMS access issues in rural areas, Rural Health Clinics, Rural Health Policy at the national, state, and local levels, Virginia’s State Rural Health Plan, and the integration of primary care with mental/behavioral health in the rural health care setting.

Karen Reed told the group that the Health Equity Survey, related to the 2008 Health Equity Report, was sent to OMHPHP partners this week asking for input regarding the format of the survey and the timing of when it is sent. Initiatives using Community-Based Participatory Approaches are being developed around Virginia to promote health equity and identify stakeholders. The focus at this point is in southwest Virginia. CLASAct and Health Equity have put together a combined survey for target audiences engaged in Heritage Program and Cultural Competency training events. With regard to CLASAct, presentations have been made to diverse audiences. Interpreter Training Grants are available along with a tool kit that will assist with navigating the healthcare system. MHAC members were also asked to review the *Procedural Guidelines* provided them and send their comments to Karen Reed.

7. Sub-Committee Reports Updates:

Legislative/Policy Subcommittee

Lucie Ferguson reviewed the minutes of the March 25, 2009 meeting. The group identified additional potential sponsors for the Health Equity Conference which include Norfolk State, Bon Secours, Virginia Latino Advisory Board, and Virginia Asian Chamber of Commerce. Subcommittee members asked for ethnic diversity among conference presenters. Members were asked to review the National Medical Association’s best practice framework about social determinants of health. Subcommittee members confirmed that all issues should be brought to members no later than July. The subcommittee is suggesting that MHAC add a question to the Virginia Commonwealth University Commonwealth Poll as part of a multi-step process to form recommendations for the larger MHAC group.

Community Engagement Subcommittee

Dr. Addo-Ayensu provided the March 31 meeting highlights. She discussed the survey created by the OMHPHP intern and specifically wanted to discuss survey questions 3 and 4, questioning whether best practice benchmarks should be incorporated into the survey as a template for other jurisdictions. Since the survey target audience is VDH and other state agencies, it seems that the OMHPHP and the Community

Engagement Subcommittee have competing survey goals. **MHAC members asked to direct comments about the survey to Dr. Addo-Ayensu.**

8. Announcements

- Lucie Ferguson shared newly developed *CHA (Catholic Health Association)* posters that express a vision of health care for all. Bon Secours is a member of CHA. The six points for health reform include health care in the US should be:
 - Available and accessible to all
 - Health and prevention oriented
 - Sufficiently and fairly financed
 - Patient centered
 - Transparent and consensus driven
 - Safe and effective
- OMHPHP is no longer able to provide lunch for future MHAC meetings. It was suggested that MHAC member organizations determine whether they would be able to periodically pay for lunch.

9. **Dr. Royster expressed thanks to Bon Secours for hosting the meeting and providing lunch for the group.**

10. Public Comment

Doreek Charles – Department of Medical Assistance Services (DMAS) asked, “What will be the cost of the Health Equity Conference for attendees?” She was advised that the cost is not set yet because sponsors are still being sought to help defray the cost for attendees.

10. Meeting Adjourned

.....
The NEXT MHAC MEETING is scheduled for:

Date: July 14, 2009

Time: 11:00 am-2:00 pm

Location – Bon Secours Richmond Health System, 4121 Cox Road, Suite 110, Richmond, VA 23060

Future MHAC Meeting Dates – 2008

July 14, 2009, October 13, 2009, December 8, 2009

Time: 11:00 am-2:00 pm

Questions or special needs – please contact: Susan Triggs, Health Equity Specialist – 804-864-7429 – susan.triggs@vdh.virginia.gov

Minutes prepared by: Susan Triggs

Minutes reviewed by: David Simmons, MHAC Chair