

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

Member Attendees: Gloria Addo-Ayensu, MD, MPH; Lucie Ferguson, PhD, MPH, RN; Baxter Harrington, MS; Gail Jennings, PhD; and David Simmons, MSN, RN, CNN

Members Absent: Judy Anderson; Jane G. Cabarrus; Melissa Canaday; Miliagritos L. Flinn; Tram Nguyen; Michael A. Pyles, PhD; Claudia M. Tellez, MD; Juan Villalona, MD; Rudolph Wilson, PhD, and Hassan Yousuf, MD

Staff Attendance: Michael Royster, MD, MPH; Karen Reed, MA; Susan Triggs, RN, MPH; Tiffany Ford – Intern; and Karla Hutton – Intern

1. Welcome

All members were welcomed by MHAC Chair, David Simmons who also thanked Bon Secours for hosting the meeting and providing lunch to the group.

2. Agenda

The agenda was adopted by the MHAC members in attendance

3. Minutes

April 14, 2009 minutes were reviewed by MHAC attendees. The minutes were adopted as written.

4. Updates on MHAC Health Equity Activities – Health Equity Partnerships/Initiatives

David Simmons told about his class activities around “Unnatural Causes: Is inequality making us sick” (Unnatural Causes). Students reviewed Unnatural Causes and provided positive feedback. Dr. Royster advised the group that Unnatural Causes has lesson plans posted on their web site and promised to send the link to everyone.

Gloria Addo-Ayensu advised that their local health department is using Unnatural Causes as a framework for incorporating a health equity focus into the way they do business. Various segments of the health department – physicians, nurse practitioners, senior and middle management – have viewed segments of the video as a means of facilitating the integration of the concepts of Unnatural Causes into their health department practices. Their MAPP process, after being forced into an unplanned break due to staffing changes, will begin again in the fall with a viewing of Unnatural Causes episode, “In Sickness and In Wealth”.

Lucie Ferguson said that Bon Secours is focused on health reform and she has attended rallies sponsored by the Services Employees Union, the Catholic Health Association and the Interfaith Center on Public Policy regarding health reform. One proposal suggests reducing payments to Disproportionate Share Hospital (DISH) to pay for the federal health insurance proposals because more individuals will be enrolled and insured. However, hospitals recognize that not everyone will be enrolled immediately and the neediest hospitals should not be immediately cut but rather the cuts be phased in. An immediate end to these payments would have a negative impact on Bon Secours

Richmond Community Hospital in the short term. Bon Secours is focused on health reform and access to care.

Gail Jennings told the group that her department is planning to watch a health equity televised presentation by Dr. Camara Jones on Friday at 10:30 a.m. at the Madison Building. She will send information about the presentation in case someone has the desire to share the information with others.

5. OMHPHP Updates

Dr. Royster

Virginia Health Equity Conference planning is moving along. There is enough money to carry out the conference. If enough additional money is raised, the plan is to offer a few seed grants to those that qualify. Online registration is open for 300 participants. A limited amount of scholarships will be available. MHAC members were asked to encourage their partners to register to attend the conference. Nationally and internationally known speakers will present the latest information on best practices as they relate to health equity and social determinants of health. The website for the conference is located at <http://www.virginiahealthequityconference.com/index.htm>

The Health Workforce Advisory Committee is coordinating a statewide workforce effort. They are submitting recommendations to Dr. Remley to form a Health Workforce Authority to coordinate activities around the state.

A State Health Access Program Grant was written and submitted by Kathy Wiberly, Director, Division of Primary Care and Rural Health to the U.S. Health and Resources Services Administration. This five-year grant would provide funding to establish a program to help small businesses provide health insurance for their employees. The provision will be made for a three-share insurance premium payment structure: One-third paid by the employee, one-third by the employer, one-third by the state. It would be an expansion of the pilot that is being implemented by Riverside Health Systems. Governor Kaine and Secretary of Health and Human Resources Tavener support the proposal

A Healthy People 2020 grant proposal has been funded by the DHHS Office of Health Promotion and Disease Prevention. Training for State Legislators (including members of the Legislative Black Caucus) and State Agency Representatives will be implemented. This process will help agencies and legislators incorporate Healthy People 2020 goals and objectives into their strategic plans, ensuring that state policies and strategic plans include standards of health equity and social determinants of health. This is a first step towards additional funding for developing an interagency workgroup to promote healthy public policy.

American Public Health Association (APHA) has accepted two abstracts for the Annual Meeting that will be held November 8 – 11, 2009. One abstract provides an overview of the OMHPHP, integrating all areas to promote health equity. The second abstract will highlight geographical information systems (GIS) methods and analytical frameworks used by OMHPHP to promote access to health care and health equity.

The National Office of Minority Health (NOMH) upcoming meetings include a planning meeting on July 23, 2009 in preparation for the August 10 and 11, 2009 meeting at which their National Strategic Plan to eliminate health disparities will be unveiled. Hopefully NOMH will make grant funding available to state Offices of Minority Health to implement components of the plan. Dr. Royster will send out additional information.

Dr. Regina Benjamin has been nominated by President Barack Obama to be the next Surgeon General of the United States. She is a rural Alabama family practice physician who has received accolades for her work in keeping the Bayou La Batre Rural Health Clinic in Bayou La Batre, Alabama in operation through many adverse events which include Hurricane Katrina. She is former associate dean for rural health at the University of South Alabama's College of Medicine in Mobile, where she administers the Alabama AHEC program and previously directed its Telemedicine Program. She serves as the current president of the Medical Association of the State of Alabama. In 1998 she was the United States' recipient of the Nelson Mandela Award for Health and Human Rights. In 1995 she was elected to the American Medical Association's board of trustees, making her the first physician under age 40 and the first African-American woman to be elected. She has also served as president of the American Medical Association's Education and Research Foundation. At one point, Dr. Benjamin mortgaged her house to keep the clinic in operation. She has been instrumental nationally in the fight for access to care.

Karen Reed

Health Equity Initiatives: Susan Triggs will travel to the Remote Access Medical Clinic in Wise, Virginia at the end of July to survey clinic participants. This will be done in partnership with the southwest Virginia Cumberland and Lenowisco Health Departments and the Graduate Medical Education Consortium (GMEC). We will also engage the full staff of the Roanoke City Health Department in viewing and discussing Unnatural Causes. The Central Shenandoah Health District of the Virginia Department of Health is interested in partnering with the OMHPHP for an initiative that will start at the end of the summer of 2009 or early fall. The Division of Health Equity is collaborating with faith-based organizations and community engagement organizational boards in Central Shenandoah Health District.

The Mosby Court Project with VCU is a slow process of engagement and is gaining momentum and respect among the residents. In the Tidewater area, Thursa Crittendon has developed health equity partnerships with the Consortium for Infant and Child Health (CINCH), Norfolk Health Department, and the Urban League.

CLAS Act (CLAS) Initiatives Updates: Medical Interpretation Grants have been funded. The Office is working with the Northern Virginia AHEC to develop a toolkit for navigating the healthcare system and a website to support the initiative.

VDH's has received results of a comprehensive survey addressing Cultural and Heritage Programs. The survey results are being analyzed and will inform future programming.

A request was received from the Medical Examiner's Office for training on how to handle the bodies of deceased Muslims. Currently office is seeking a presenter. Dr. Gloria Addo-Ayensu suggested Imam Jahari of Northern Virginia and she will provide contact information for follow-up.

DHE is precepting a number of student interns that are working on several projects including: a) a language assessment survey (looking at language needs in Virginia) and b) assessing the impact of the health equity campaign over the past two years. The student working on the impact of the health equity campaign will visit the office the week of August 3, 2009. Her name is Anika Richards, and she will contact MHAC members about this.

Lucie Ferguson stated that there is a problem with keeping people enrolled in SCHIP. They are easily enrolled initially but do not re-enroll when the time comes. Dr. Royster advised that MHAC can make a recommendation to Dr. Remley in this regard.

6. Commissioner's Updates

Dr. Karen Remley briefly informed the group of her ongoing priorities. In addition to a focus on infant mortality, she reported that she is conducting a series of presentations that address preparedness and response to H1N1 flu. Dr. Remley reported the creation of a new office within the Virginia Department of Health. The Office of H1N1 Influenza Response will be operating under the direction of Dr. Diane Helentjaris. Further Dr. Remley utilized a power point presentation with slides from the Center for Disease Control (CDC) to inform the group. Dr. Remley talked about the course the outbreak has taken, explained the difference between the seasonal flu and H1N1, and identified those at greatest risk for H1N1 (children and young adults) as being different from those normally at risk for the seasonal flu (very young children and the elderly). The goal is to reduce illness and death and minimize social disruption. She highlighted the need to partner with the private sector to get everyone vaccinated because the public health sector does not have enough personnel to do it all – we must partner. The H1N1 vaccine will be free to everyone. Tamiflu has been found to be good for stopping the disease in families but not in communities. As a result ERs, Flu Clinics, and Urgent Care Centers have struggled to care for those that have been stricken with the H1N1 virus. Dr. Remley talked about the tier of vaccinating that will be in place for fall 2009. She said, "We can capitalize on the herd immunity theory" which is defined as the level of disease resistance of a community or population.*

The group was asked to strategize about how to market the vaccine to various groups that normally do not think of themselves as susceptible to the flu or sickness in general. This group includes young adults and young families. A suggestion was made to try engaging sports coaches and celebrities from Virginia to reach these groups.

*After Dr. Remley left, attendees identified suggestions for disseminating information about H1N1. The list follows: **MHAC members that did not attend the meeting please add your suggestions by sending them to Susan Triggs.***

Ideas included:

- *African American Men's Health Summit*
- *African American Women's Health Summit*
- *Ben Wallace – Athlete from Richmond*
- *Michael Vick – Newport News*
- *Local college athletes*

- *Mommies online networks*
- *Radio personalities*
- *Parrish Nurse Network*
- *Free Clinics*
- *Faith-Based Organizations*
- *Shelters*
- *Law Enforcement*
- *Pastors*
- *Community-Based Organizations that served marginalized groups, such as the homeless*
- *Day Labor Places*
- *Pharmacies*
- *Barber Shops*
- *Beauty Shops*
- *Health Clubs*
- *Mobil Units that serve rural areas to provide seed, grain, and farm equipment*
- *Local businesses for work-site vaccination programs*
- *Civic Groups, i.e., Urban League, Chamber of Commerce, Retail Merchants Association*

7. Sub-Committee Reports Updates:

Legislative/Policy Subcommittee

Lucie Ferguson provided the subcommittee report in the absence of the Chair, Claudia Tellez. The group discussed incorporating OMHPHP and MHAC into the Code of the Commonwealth of Virginia. Student Intern, Karla Hutton provided language from the codes of Indiana, Maryland, Missouri, New York, North Carolina, Ohio, and Rhode Island. She also provided a comparative spread sheet for subcommittee members to review. Discussion centered on whether “minority” should be defined and how other states had or had not defined their use of the word. The group determined that language recommendations for the Virginia Code will include a definition of “minority” and that the focus will be on health equity.

Dr. Royster suggested that the group submit a brief paragraph to Dr. Remley through Joe Hilbert. Steps in the process include

- Writing a short paragraph for each proposal
- No definition of “minority” needed at this point.
- Reference different structures in the proposal paragraph, i.e. reporting to the Secretary of Health
- Send to Dr. Royster by August 1, 2009 to be forwarded to Joe Hilbert

It was moved and seconded that this subcommittee action be moved forward to the Commissioner.

Community Engagement Subcommittee

Dr. Gloria Addo-Ayensu gave this subcommittee report. The group determined that traditional Town Hall Meetings were inadequate for fixing the problem with health

inequities. A better fix is engaging the local public health system (graphic attached) and using the MAPP process.

Dr. Addo-Ayensu talked about the Letter of Recommendation that she developed with OMHPHP staff. The letter included two main recommendations. The first recommendation is to incorporate the concepts of health equity into the MAPP process within all health districts. This would include, having community partners view the MAPP process as an ongoing process that promotes health equity from an upstream perspective. MHAC, in partnership with OMHPHP would create a health equity toolkit for health districts to use, as well as conduct trainings, and provide technical assistance to health district staff as needed. The second recommendation requests VDH to share MAPP data with MHAC to facilitate the development of substantive recommendations to the Commissioner to promote health equity.

It was moved and seconded that this subcommittee action be moved forward to the Commissioner.

The next steps are to a) send e-mail with Letter of Recommendation attached and b) send draft to Dr. Addo-Ayensu before sending to Commissioner. It was not decided who would do this.

8. Announcements

MOTEPP has offered to sponsor lunch for the October MHAC meeting. The location has not been determined.

9. Public Comment

There was no public comment.

10. Meeting Adjourned

The NEXT MHAC MEETING is scheduled for:

Date: October 13, 2009

Time: 11:00 am-2:00 pm

Location – To be announced

Future MHAC Meeting Dates – 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

*Mosby's Medical Dictionary, 8th edition. © 2009, Elsevier