

**Commissioner's
Minority Health and Health Equity Advisory Committee
Meeting Minutes
July 16, 2013 – 11:00p.m. -2:00p.m.
Petersburg Health Department
Conference Room
301 Halifax Street, Petersburg, VA 23803**

Attending in Petersburg: **State Health Commissioner: Dr. Cynthia Romero**
Melissa Canaday, Elizabeth Locke, PhD, PT; Theresa Teekah, BS, MA, CMPH; Patti Kiger, Med (PhD); Karen Reed, MA
Via Polycom: **Saundra Nelson-Cherry, PhD; Louisa Soaterna, BS, MPH; Gloria Addo-Ayensu, MD, MPH; Linda Redmond, PhD**
VDH Staff In person: ; Pierre Robinson, BS; Via Polycom: Susan L. Triggs, PhD, MPH, RN; Alice Peyton, BA
Presenters: Susan L. Triggs, PhD, MPH, RN Frank Dukes, PhD

Welcome

Meeting called to order by Elizabeth Locke, MHHEAC Chair

Agenda

The agenda was adopted with no discussion.

Minutes

The April 9, 2013 meeting minutes were adopted with two revisions. The changes made are as followed:
Page 2 – Item A – line 5- ~~delete-“comma” between the words underserved and populations and following the word include insert “or reflect a focus on disparities due to geographical reasons.”, delete “reflect the a geographical”~~

Line 6 – delete “ area.”

Page 2 - Last bullet - delete “of” add “sent to”

State Health Commissioner's Updates

Dr. Romero announced the appointment of Dr. Marissa Levine as Chief Deputy for Public Health and indicated that Dr. Levine is also serving as Acting Deputy for Public Health Preparedness. Dr. Romero mentioned how excited she was to work on refining the VDH strategic plan and budget processes. Dr. Romero discussed her view of MHHEAC as being critical to her in a health policy advising role.

VDH Presentation

Virginia State Rural Health Plan Presentation (VSRHP)-Susan Triggs, OMMHE and Frank Dukes, Institute for Environmental Negotiation presented an overview of the draft for the VSRHP.

- An online survey was implemented in August of 2012 which was used as a preliminary community engagement tool to identify priority issues to communities and stakeholders.
 - 800 individuals participated in the online survey

- The 2012 Virginia Rural Health Action Conference took place on October 8-9, 2012 in Charlottesville, VA.
 - Co-sponsors were OMMHE, VRHA, and Virginia Public Health Association.
 - There were a total of 120 attendees at this conference.
 - A unique process known as “open space collaboration: cloud input visibility” was conducted.
 - Participants were given the opportunity to decide what the action items should be based on needs they saw in their various communities.
- In-depth interviews were conducted with 24 key leaders who provided input for the VSRHP.
- Five regional meetings were held and all of the ideas presented by participants and responses to interview questions were incorporated to build the final draft of the VSRH plan.
- The first draft of the VSRHP was released April 30, 2013
 - Advisory Team members determined there was a need for in-depth interviews with “on the ground” (everyday) community members.
 - Additional interviews were planned.
- <http://www.va-srhp.org/>
- State Health Commissioner Dr. Cynthia C. Romero expressed a desire to obtain additional input from MHHEAC members.
 - Draft, documents were sent to members for their review.
 - Information about the VSRHP draft was presented during the meeting and discussion facilitated to get input from MHHEAC members.
 - A cursory review of the materials resulted in the following suggestions from MHHEAC members:
 - Dr. Locke posed questions concerning the “Cultural Responsiveness” section of the Supplemental Material. She inquired as to how the “key elements” were determined and whether the 4th bullet point was an educational curriculum for schools.
 - She also suggested that the document had too many references to the medical model and lacked empowerment focused education.
 - Dr. Redmond inquired as to whether the “key issues” in the VSRHP draft were prioritized in any way.
 - Dr. Dukes responded that they were listed in no particular order due to the fact that each separate community had responses to key elements unique to its community, and it would be difficult to try and “prioritize”.
 - Dr. Redmond continued by asking if the strategies section should also include not just the health department but state agency and association partnerships as well.
 - Her final point was that there was an issue missing that needed to be addressed. She stated that there needed to be a use of technology and access to transportation and telemedicine for individuals who had difficulty getting to a doctor/healthcare appointments.

MHHEAC MEMBERS INITIAL RECOMMENDATIONS FOR VSRHP INCLUDE THE FOLLOWING:

1. Remove "Medical model" and use words to empower community to a socio-cultural model - address cultural awareness – who is the community what is the function?
2. Bullet points should not begin with "end of life" and that under section D – Page 17
3. Establish Evaluation for Plan – Community Driven (Look at best practices in other settings to see what was created versus creating whole new measures
4. Regarding the needs of seniors and disabled individuals - suggested different use of terms "abled" or "persons with disabilities". (Noted different member had different preferences of terms.)
5. There was a need to adapt the living spaces of the disabled.
6. There was a need identified for better training for individuals who are serving patients with disabilities, for example some facilities do not have adjustable examination tables for individuals who are confined to a wheelchair

Dr. Romero applauded the efforts of all involved in the plan and said it was exciting and motivating to have community input included that would provide a "living and breathing" environment framework that could result in a model for all disparities. She stated that she sees the need for an "evidence based –data driven" approach.

Dr. Romero informed the committee that she would allow an additional 3 weeks for the members to review the VSRHP draft and make comments. Final comments are to be submitted by August 6, 2013 to Karen Reed or Dr. Locke.

MHHEAC Name/Structure discussion

There was continuation of discussion on the renaming of MHHEAC and a possible restructuring from the April 9, 2013 MHHEAC meeting. Dr. Romero discussed that the best way for MHHEAC to address public health issues is to identify gaps and disparities, targeted goals, focus, be a data-driven organization and expand the scope to incorporate rurality. The Commissioner discussed the importance of identifying tools to assess health and disparities. She further stated the committee must focus on documented goals of something that can result in attainable and documentable analysis of improvement. Dr. Romero noted that she is open to feedback regarding the proposed MHHEAC name change.

There were several suggestions identified:

- Member suggested the use of the term "Minority Health" from the name of this advisory committee. It was noted that an omission from a title may be perceived by citizens as a change in focus on health disparities that disproportionately impact underrepresented populations based on race and/or ethnicity.
- Member suggested the use of the word "disparate" rather than "disadvantaged" in referencing this impact.
- Member suggest that a discussion began concerning the fact that the group had changed a lot since its inception in 1990 and that the name should encapsulate the Council's purpose.

- Member proposed the idea of just using health equity because the term “says it all”. If this terminology was used, then a focus could be made on the “commonality” of all minorities and communities.
- Member suggested that the name of the committee doesn’t need to be modified every time there is a change in leadership.

Following the discussion, Dr. Romero indicated that she greatly appreciated the comments of the members and she would like to take more time to absorb the information received from MHHEAC during this meeting and she will provide members with her conclusion by the next meeting.

Dr. Romero stated that she could see MHHEAC advising her on many topic areas such as, access to mammograms for women on Medicare as well as situations involving our veterans in areas such as homelessness and suicide. OMHHE will engage these partners to be part of future presentations to MHHEAC.

Announcements and Updates

OMHHE Updates - Karen Reed reported the following:

1. The Virginia Joint Commission on Health Care (JCHC) is conducting a study to look into where the Virginia State Office of Rural Health (SORH) Grant should be located.
 - Currently the Virginia SORH is located within the Virginia Department of Health, Office of Minority of Health and Health Equity.
 - JCHC has the goal of determining placement of the Virginia SORH grant, whether within VDH or with the rural community organization that requested for the opportunity to manage the grant.
 - Ms. Reed also indicated that the study will include a survey and meetings around the state; an official notification of its availability has yet to be released.
 - MHHEAC members were encouraged to participate in the survey/meetings as their stakeholders are greatly impacted by the functions of this grant.
 - The VA SORH has several core functions and the OMHHE achieves these functions through leveraging funding and the grant supports portion of the funding of for staffing of 17 full-time, part-time, wage, and contractor positions.
 - **VDH Recommendation:** Virginia SORH is in good standing, has a strong history of managing funds well and meeting grant deliverables. The SORH has received continual requested funding since 1991. VDH, is able to leverage VA SORH funding with multiple funding streams (State Primary Care Office, State Office of Minority Health) maximizing VDH strongly recommends that the State Office of Rural Health remain housed within VDH’s Office of Minority Health and Health Equity
 - MHHEAC members were provided a handout overview summary of VA SORH program.
 - Dr. Romero instructed members to contact Karen Reed in the event they are contacted by the JCHC for information or comments regarding the study.
2. Office Director position recruitment for the Virginia Department of Health, Office of Minority Health & Health Equity is ongoing. Members’ were encouraged to share recruitment for

position. OMHHE other vacancies include: Data Analyst position that would soon be posted as well as a Health Equity Specialist position.

3. Position transfer noted: Susan Triggs is now serving as Rural Health Specialist.

State Health Commissioner's Comments

Dr. Romero reported that Virginia was selected to be one of only 8 states selected for the Excellence in State Public Health Law Program, sponsored by the Aspen Institute and the Robert Wood Johnson Foundation. The goal of the program is to enable policymakers and state agencies to more effectively address public health issues and to become leaders in creating healthier states. The program seeks to strengthen public health law collaborations among state officials and state-level policymakers, and increase leaders' effectiveness on public health issues in their respective states, including working across party lines, across government agencies and branches, and across sectors. Virginia's project team consists of the following individuals:

- Dr. Cynthia Romero – State Health Commissioner
- Dr. Marissa Levine – Chief Deputy Commissioner
- Dr. Bill Hazel – Secretary of Health and Human Resources
- Senator Emmett Hanger
- Delegate Dr. Scott Garrett
- Robin Kurz – Attorney General's Office
- Sarah Stanton – Division of Legislative Services
- Ruth Gaare -Bernheim – University of Virginia
- Joe Hilbert – Director of Governmental and Regulatory Affairs, Virginia Department of Health

Virginia's objective for this project is to establish a model process for developing public health law and policy in Virginia with an initial focus of using a public health law approach to promote reduction of chronic disease risk factors.

MHHEAC Action Items

- MHHEAC members are to share recruitment information on the Office Director position for OMHHE.
- MHHEAC members are to review the draft of the VSRHP draft again and submit suggestions to Karen Reed and Dr. Locke by August 6, 2013.

Public Comments

Two public members attended and stated that it was a wonderful first meeting. They were from Norfolk area and working on diabetes issues and had provided a letter of support to VDH for the WiseWoman Program project proposal.

The meeting was adjourned by the chair at 1:54pm.

The Next MHHEAC MEETING is scheduled for:

NOTE CHANGE of Date: **October 9, 2013** **Time:** 11:00am – 2:00pm

NOTE LOCATION CHANGE: Virginia Health Department - 109 Governor Street, Richmond, Virginia 23219

Minutes reviewed by: Elizabeth Locke, Chair