

**COMMISSIONER'S
MINORITY HEALTH AND HEALTH EQUITY ADVISORY COMMITTEE MEETING MINUTES
July 10, 2012, 12:00 noon – 3:00 pm
Petersburg Health Department
Conference Room
301 Halifax Street, Petersburg, VA 23803**

Members Attending In Person: Jené A. Carter, BS; Portia Lynne Cole, PhD, MSW, LCSW; Lucie Ferguson, PhD, MPH, RN; Elizabeth Locke, PhD, PT; Linda L. Redmond, PhD; Cecily Rodriguez, BS; Theresa Teekah, BS, MA, CMPH; Vía Phone: Sandra Cherry Nelson, PhD

Members Absent: Gloria Addo-Ayensu, MD, MPH; Tia Campbell, RN, MSN, NCSN; Melissa Canaday; Tonya Davis, MS, MBA; Carl A. Gibson, MD, FACP; Tinh duc Phan;

Staff Attendance: Michael Royster, MD, MPH; Susan L. Triggs, PhD, MPH, RN; Patrice Perkins, MS (OMHHE Fellow)

Guest Presenter: Joan Corder-Mabe, RNC, MS, WHNP -- Program Director for A Healthy Baby Begins with You

- **Welcome**

Meeting called to order by Dr. Elizabeth Locke, MHHEAC Chair.

- **Agenda**

The agenda was adopted as written.

- **Minutes**

The April 10, 2012 minutes were approved as submitted.

- **State Health Commissioner's Updates**

VDH updates were provided by Dr. Royster. He shared information regarding the following:

- Governor's Uranium Working Group (UWG). The group will study the impact on health and environment if the State moratorium on mining and milling, enacted in 1984, is lifted. The UWG website is located at www.uwg.vi.virginia.gov. A VDH presentation to local residents will be held in mid-October 2012.
- Access to Dental Care Plan is mandated by the 2011 Appropriations Act. Objectives include: Leveraging public/private partnerships, using dental hygiene and dental students, and increasing availability of reimbursement mechanisms to achieve objectives. Partners are working toward objectives, using the Plan as a roadmap to navigate access issues. There were questions about the characteristics of areas within Virginia that lack adequate dental care. Mike Royster noted that most areas are rural and some are inner city. The issues surrounding adequate dental care include whether there are providers in the area, whether individuals have dental insurance, whether providers accept

Medicaid, etc. Mike Royster said that MHHEAC would be provided access to maps showing the locations of dental health professional shortage areas in Virginia. These maps are on the Virginia Rural Health Data Portal found at http://www.vacard.org/Rural_Health/intro/login.php Please see attached PowerPoint document for web site access instructions in the **Notes Pages view**.

- Infant Mortality in Virginia continues to be a VDH priority. Though documented rates for African Americans (AA) for the period from 1998-2011 are beginning to drop, the rate among AAs remains much higher when compared to other racial/ethnic groups. It was also noted that infant mortality rates of Asians and Hispanics are beginning to increase. Late and very late preterm rates have decreased. However, very late preterm births are the primary contributor to racial inequities in infant mortality, and African American women continue to be at much higher risk for such births.
- Teen Pregnancy rates in Virginia and across the country are declining. Hispanic and AA teen pregnancy rates remain higher than those for Asian and White populations, but have dropped dramatically in the last few years.
- Plan First, Virginia's Medicaid Family Planning waiver program, has shown a significant increase in monthly enrollment for women and a slight increase for men. There was some discussion around the 3-Tier Targeting map for Plan First.

- **Presentation: A Healthy Baby Begins With You**

Joan Corder-Mabe, Program Director, presented information on the program. She shared with the group that the National Office of Minority Health started the program in 2007 as a national campaign to 1) increase awareness about infant mortality with an emphasis on the AA community, and 2) reduce infant mortality disparities. Based on the consistently high rates of infant mortality and preterm births among AA women in Virginia, the initial focus of the program was historically black colleges and universities throughout the Commonwealth. Norfolk State University hosted the first gathering of 50 students who received training on the Preconception Peer Educators Program (PPEP). Students worked through the learning modules over a 2-day period. Students representing Hampton University - Hampton, Hampton University – College of Virginia Beach, and Eastern Virginia Medical School in Norfolk attended. The next training will be hosted by Virginia Union University. Students representing several colleges, universities, and community colleges are expected to participate. Information about this training will be shared with MHHEAC members when it becomes available for members to share with their respective partners. There was discussion about the participation of Old Dominion University. Dr. Locke offered to assist linking Joan to key contacts at the university.

- **Subcommittee Reports**

Each subcommittee reviewed the alignment of its mission and purpose with the redirected Procedural Guidelines per Drs. Remley's and Demsey's directives during the last MHHEAC meeting. The future direction of the subcommittee was discussed and action steps reported to the larger MHHEAC body.

- Community Engagement Subcommittee

Theresa Teekah reported subcommittee members determined the purpose of the Community Engagement Subcommittee is congruent with the revised description of the mission and purpose of the MHHEAC. Members discussed the need for a more formatted and broader perspective of presentations from VDH programs. This will enable members to advise and make recommendations to the Commissioner of Health in a constructive manner. Presentation format may include data (qualitative and quantitative), relevance to community, cost, usage of simplified or core language, and access of services. Discussion of community engagement future direction included recommending prioritizing programmatic presentations based on the Commissioner's priorities and hot topics because the group meets only four times a year. In the future the subcommittee proposed making recommendations and referrals for partnerships of the programs presented to the MHHEAC (see Section 2- Mission and Purpose, paragraph 3). Members discussed developing guidelines for presentation from the VDH and development of a matrix to track and match program recommendations for increased community engagement.
- Policy/Legislative Subcommittee

Linda Redmond reported on the future direction of this subcommittee. The group began by discussing the question of what policy does VDH have on promoting health equity. Their action steps from the meeting were to 1) revisit guidelines from Joe Hilbert on legislative recommendations; 2) review the guidelines on making recommendations to the Commissioner; 3) communicate with OMHHE staff regarding the current relevant policies; 4) determine what are existing VDH policies related to health equity and recommend updates to existing policy; and 5) ask the Commissioner if she will support these types of activities by MHHEAC members.
- Data Subcommittee

The Data Subcommittee did not meet since MHHEAC members did not choose this subcommittee as their preference. The MHHEAC body discussed whether or not the Data Subcommittee should be an ad hoc subcommittee. The determination was that this subcommittee would function as an ad hoc subcommittee with membership determined by the focus issue that requires the subcommittee to meet and provide input.
- **Strategic Plan**

Susan Triggs facilitated a discussion about the general purpose of MHHEAC. Members engaged in a robust discussion around the need to get a better grasp of what the Commissioner needed from MHHEAC. Many questions revolved around VDH current structure and priorities. Members asked for a link to the agency strategic plan. The link to the current VDH Strategic Plan is located at

<http://www.vdh.virginia.gov/Administration/StrategicPlan/>. Members stated they need more information on the agency and its priorities before determining what MHHEAC can do. Information about the focus of each of the divisions and programs and a general orientation to the VDH is vital. Questions raised were:

- Do programs conduct their own evaluations that provide information for the agency strategic plan? MHHEAC was informed that each program varies in the type of evaluation it conducts. Theresa Teekah gave the example of chronic disease programs in VDH, which are funded by CDC and follow CDC evaluation requirements.
- Has VDH done a health equity gap analysis as an agency? The Health Equity Readiness Survey was discussed.
- Historically, how have recommendations been presented to the Commissioner? They have been submitted in the format that MHHEAC submitted recommendations in January 2012. Since then, Drs. Remley and Dempsey have given additional guidance on the meeting format that will be used (i.e. programmatic presentations and discussions) to facilitate recommendations.

General information about VDH is located at <http://www.vdh.virginia.gov/VDHprograms.htm>. Susan Triggs will look into sharing VDH Orientation Modules with MHHEAC members.

Members agreed that impact has to be at the people level for re-directing health equity and including those ground-level folks that normally do not get the services. Though data is important, developing a “story” from the community about barriers that exist to prevent people from getting services they need can be compelling. Such anecdotal information should focus on problems as well as solutions gleaned from analysis of focus groups and surveys. The MHHEAC chair described a pathway for using data → policy → community engagement to analyze and make recommendations concerning health equity.

Questions that followed included: 1) Where is VDH now in terms of data; 2) Knowing what the problems are and what is VDH willing to do about them. MHHEAC was reminded of the recently released 2012 Health Equity Report, which provides a detailed assessment of many health equity issues. The MHHEAC Chair challenged all members to do their homework outside of the meetings in preparation for program presentations. A matrix of core questions can be developed that will stratify the results of MHHEAC’s work. Members also wanted to know about the format for making recommendations to the Commissioner going forward. Will there be flexibility for making recommendations based on need throughout the year? Dr. Royster suggested that MHHEAC could propose a format for recommendations to Dr. Remley and request her feedback.

Members voiced frustration with the fact that they are not receiving presentation information prior to quarterly MHHEAC meetings. **MHHEAC members recommend that presentations are sent to them no later than two weeks prior to the MHHEAC**

meeting. This will afford adequate time for review of the material and proper preparation of more rigorous questions for presenters, and allow all MHHEAC members to come to meetings better prepared to provide the program presenter with recommendations on their program. Other thoughts and recommendations should be sent to Susan Triggs for dissemination.

Committee members asked that the link be sent to them regarding the Local Health Equity Readiness Survey which OMHHE is adapting to the state level for use throughout VDH. The Local Health Department Self Assessment for Addressing Health Inequities is located at http://www.barhii.org/resources/downloads/self_assessment_toolkit.pdf.

The question was asked about how MHHEAC could gather information about the many VDH programs. There are only four meetings a year during which only one program per meeting would be presented and discussed.

Dr. Royster stated that VDH is a very large agency, with numerous programs. It would take many years to become knowledgeable of each. He refocused MHHEAC to look at the presentations and discussions they will have with VDH programs as opportunities to learn about VDH and to provide direct input into how programs can be enhanced to promote health equity. Members can also begin thinking about 1) the guidance they would like to provide to program managers for their presentations and 2) a proposed format for recommendations they will provide to Dr. Remley.

- **Action Items**

- MHHEAC will

- Develop presentation guidelines for program presenters, which should include, but not be limited to, the following:
 1. How has health equity been incorporated into the process of developing the program?
 2. Who does the program serve?
 3. What are target population demographics?
 4. How are issues of access addressed?
 5. Is there a waiting list for services?
- Propose a format for recommendations to Dr. Remley and request her feedback as a means of determining how to prepare recommendations going forward. Considering such areas as
 1. How often
 2. How outlined
- MHHEAC requested additional guidance from the Commissioner regarding the roles MHHEAC should take in providing recommendations.
- Develop a matrix of core questions can be developed that will stratify the results of MHHEAC's work.

- Members will commit to “doing their homework” between meetings per the challenge extended by the MHHEAC Chair (reading/reviewing items sent to them by OMHHE so they are prepared for the meeting and do not require constant orientation to what is being discussed).
 - Susan Triggs will look into sharing VDH Orientation Modules with MHHEAC members.
 - Dr. Royster will talk with Drs. Remley and Dempsey to request additional guidance regarding: 1) the depth of recommendations they would like from MHHEAC on organizational and systems issues, and 2) the format of such recommendations.
 - OMHHE will work with presenters in order to provide presentations 2 weeks prior to MHHEAC meetings.
- **Announcements**
 - **OMHHE Updates**
 - 2012 Virginia Rural Health Association-Virginia Public Health Association Rural Health Conference. This conference will serve as a venue to engage multiple stakeholders to develop priorities for an updated State Rural Health Plan that looks at health promotion, social determinants of health, health equity, and health care.
 - 2012 Virginia Health Equity Report was released in June 2012. The report is retrievable from <http://www.vdh.virginia.gov/healthpolicy/2012report.htm>
 - Environmental Health Equity Project is one in which OMHHE is collaborating with VDH’s Office of Environmental Health Services, Office of Epidemiology, Office of Drinking Water, and the local health districts. Three participating local health districts include Crater, Lenowisco, and Cumberland Plateau. The team is working to engage communities in these areas as the project process evolves.
 - **Other Updates**
There were no other updates.
- **Public Comment**
There was no public comment
- **Meeting Adjourned**

The NEXT MHHEAC MEETING is scheduled for:

Date: October 9, 2012 **Time:** 12:00 noon to 3:00 pm

Location: Petersburg Health Department, 301 Halifax Street, Petersburg, VA 23803

Future MHHEAC Meeting Dates

December 11, 2012 (Optional)

All meetings take place from 12:00 noon to 3:00 pm unless otherwise stipulated.
Subcommittee meetings take place from 11 am to 12 noon.

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

Minutes prepared by: Susan Triggs, PhD, MPH, RN
Minutes reviewed by: Elizabeth Locke, PhD, PT

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