

**COMMISSIONER'S
MINORITY HEALTH AND HEALTH EQUITY ADVISORY COMMITTEE MEETING MINUTES
October 11, 2011 – 11:00 am – 2:00 pm
Petersburg Health Department
Conference Room
301 Halifax Street, Petersburg, VA 23803**

Members Attending In Person: Jené A. Carter, BS; Tonya Davis, MS, MBA; Lucie Ferguson, PhD, MPH, RN; Carl A. Gibson, MD, FACP; Elizabeth M. Giles, PhD, PT; Michael Royster, MD, MPH; and Vía Polycom: Gloria Addo-Ayensu, MD, MPH; Sandra Cherry, PhD; Gary Crum, PhD, MPH;

Members Absent: Melissa Canaday; Tia Campbell, RN, MSN, NCSN; Ethlyn McQueen-Gibson, RN, MSN; Tinh duc Phan; Linda L. Redmond, PhD; Cecily Rodriguez, BS; Edward A. Scott, PhD; Theresa Teekah, BS, MA, CMPH; and Claudia M. Tellez, MPH

Staff Attendance: Karen Reed, MA; Susan Triggs, MPH, RN;

1. Welcome

Meeting called to order by Dr. Gloria Addo-Ayensu, MHHEAC Chair.

2. Agenda

The agenda was adopted by MHHEAC members.

3. Minutes

The July 12, 2011 minutes were approved as submitted.

4. Statement of Commissioner

Dr. Karen Remley, State Health Commissioner, talked to MHHEAC members about infant mortality. She presented a power point presentation and discussed the CDC brief, "Understanding Racial and Ethnic Disparities in U.S. Infant Mortality Rates," along with the article by Dr. Lu and his colleagues titled, "Closing the Black-White Gap in Birth Outcomes: A Life-Course Approach." Dr. Remley highlighted the 12-Point Plan in the Lu, et al. article.

1. Provide interconception care to women with prior adverse pregnancy outcomes
2. Increase access to preconception care to African American women
3. Improve the quality of prenatal care
4. Expand healthcare access over the life course
5. Strengthen father involvement in African American families
6. Enhance coordination and integration of family support services
7. Create reproductive social capital in African American communities
8. Invest in community building and urban renewal
9. Close the education gap

10. Reduce poverty among African American families
11. Support working mothers and families
12. Undo racism

Dr. Remley talked about the programs VDH offers and explained the benefits of each one.

- Healthy Baby Begins with You
- Plan First
- Abstinence Education
- Pregnancy Assistance Fund
- First Time Motherhood new Parent Grant

Dr. Remley cautioned MHHEAC members that infant mortality is only the “tip of the iceberg” regarding health in poor communities and communities of color. Ultimately, we have to keep getting the message out in various ways that appeal to various ethnicities and age groups.

Dr. Donald Stern, Richmond City Health Director, presented to MHHEAC members about the findings of the Richmond Family and Fatherhood Initiative. He spoke about the impact of father absence on the socio-economic status of families. Dr. Stern also talked about the many barriers to father involvement existing in our society, including incarceration and its impact on men’s ability to find steady employment and to keep up with child support. Dr. Remley added that the medical community should make the most of every encounter with young men and women of child bearing age regarding what they can do pre-conceptually.

- One long-term goal for Plan First is to have a woman automatically re-enrolled in Medicaid after delivery.
- Decrease the no-show rate for 6 week visits after delivery

Dr. Remley asked MHHEAC members for feedback for future research regarding infant mortality that will lead to solving the long-time problem of “how to change the numbers” regarding outcomes. It is already known that providers must be included in the problem solving process in order to successfully get the job done. She also advised members that Governor McDonnell has asked all state agencies for 2%, 4%, and 6% budget reduction plans to be submitted within the next few days.

Dr. Remley’s PowerPoint and the articles mentioned are **attached** and will be posted on the OMHHE website for your review along with Dr. Stern’s handout, “Cost & Solutions to Family Fragmentation & Father Absence in Richmond, Virginia.”

5. 2011 Health Equity Report Presentation

Dr. Royster gave a presentation that showed the intricate processes for locating the data, evaluating it, and using it to develop the 2011 Health Equity Report. Some facts he highlighted included

- 10% of differences in life expectancy are related to access and quality of health care
- Reported experiences of discrimination in 2008:
 - White 5.7%
 - Hispanic 17.7 %
 - Black 24.6%
- Low Birth Weight Babies related to Race of Infant:
 - White, non-Hispanic 4.5%
 - Black, non-Hispanic 12.9%
 - Hispanic, any race 5.9%
- There is a 26-year difference in life expectancy across census tracts in Virginia, comparing those with the longest average life (85.7 years) to those with the shortest (59.6 years).

The Health Opportunity Index (HOI) is a new component of the report which describes some of the key SDOH socioeconomic, demographic, and environmental processes that explain how race, class, and geography influence health outcomes. As a result, the HOI identifies key policy arenas within the SDOH to address health equity. When completed, the 2011 Health Equity Report will be available on the OMHHE website.

6. Subcommittee Reports

- Community Engagement Subcommittee: In the absence of both the Chair and Vice-Chair of this subcommittee, Susan Triggs reported that a MAPP Matrix was developed which showed the status of each of the 35 health districts within VDH regarding MAPP. Members were asked to assist with finding the MAPP contact in health districts with no information entered.
- Data Subcommittee: Tonya Davis, Chair reported that subcommittee members made changes to their objectives to make them more closely aligned with MHHEAC priorities. The three objectives are
 - *Objective 1: Help VDH and others become more specific with their data collection, identifying some corrective actions*
 - Collaborate closely with the Chairs of the Commissioner's Infant Mortality Reduction (IMR) and Obesity Work Groups (WG).
 - Invite Chairs of the IMR and Obesity Work Groups to meetings of the Data Subcommittee. **Attendees at this meeting agreed that the larger MHHEAC body would benefit from interacting with the Chairs of these work groups.**
 - Remind speakers addressing subcommittee of MHHEAC data needs
 - Ensure data format is useful to the other MHHEAC subcommittees
 - *Objective 2: Contrast differences between areas that have good health status with those areas that have poor health status*
 - Present data in a more dramatic fashion
 - Develop data in a form similar to the Robert Wood Johnson Foundation Life Expectancy Map

<http://www.commissiononhealth.org/PDF/769f7dcc-46a7-4953-b149-44931d0995e8/CommissionMetroMap.pdf>

- *Objective 3: Determine methods for measuring the impact of interventions*
 - Use data already available from OMHHE
 - Use OMHHE tools available for drilling the data down to the community level
- Policy/Legislative Subcommittee: Gary Crum, Chair reported subcommittee members engaged in a lengthy discussion around the Lu, et al. (2010) article Twelve Point Plan. The group also discussed the MHHEAC priority area of obesity and the C.H.A.M.P.I.O.N. plan on the VDH website. Final action steps related to MHHEAC priority areas were
 - Contact women with adverse pregnancy outcomes within 6 months after giving birth to ensure improved future outcomes
 - Resurrect legislation making physical education mandatory in Virginia schools

Dr. Crum further reported that the subcommittee would promote the areas of greatest urgency deemed so by the larger MHHEAC body and assist with development of recommendations to the State Health Commissioner.

7. Finalize Strategic Plan: 2011 – 2013

Members discussed timeline for priorities in light of Dr. Remley's presentation and information shared from the 2011 Virginia Health Equity Report. The group agreed MHHEAC priorities alignment is as follows:

- Infant Mortality Reduction
 - Most urgent
 - Begin now and work on throughout remaining strategic plan time frame
- Mobilizing Action through Partnership and Planning
 - Ongoing
 - Work on throughout strategic plan time frame
- Obesity Prevention
 - 2012 through 2013

Action Items:

- Ask Health Commissioner to fight hard for existing programs (Plan First, Abstinence Education, Pregnancy Assistance Fund, and First Time Motherhood/New Parent Program) in light of new budget reduction requests
- Develop **policy-related** recommendations asking Health Commissioner to:
 - Make existing programs more efficient (example: Plan First Program continuity of care and access)
 - Develop a Prematurity Impact Assessment Model which will be discussed further in subcommittee meetings .

- Create an interagency collaboration to integrate a focus on health equity (in particular IMR) perspective into policy making and collaboration
 - OMHHE will provide them with examples of what other states are doing (i.e. Washington State, Colorado).
 - Will begin using Healthy People 2020 education modules as a tool to support this effort
 - Require a state study regarding why African American women have adverse pregnancy outcomes that are so much higher than all others
 - Each subcommittee will develop these recommendations from their perspective: Data looking at data-related issues, Policy/Legislative looking at policy and legislative related issues, and Community Engagement looking at community-related issues.
 - Each subcommittee will bring recommendations to **January 2012 meeting** when MHHEAC will begin looking for ways of determining what is most important, using the Health Opportunity Index.
 - Discussing
 - Blending paradigms
 - Finalizing recommendations

Members who did not attend the meeting are asked to comment on the strategic planning direction of MHHEAC developed by meeting attendees.

8. New Business

- Members in attendance voted on two items
 - Lunch options
 - Preferences for receiving meeting related documents
- Members who did not attend the meeting are asked to vote on each item (attached)

9. OMHHE Updates

Dr. Royster provided the **attached** handout of updates regarding health equity initiatives, from national, state and local perspectives.

10. Announcements

There were no announcements.

11. Public Comment

Antoinette Ayers, VCU – Massey Cancer Center, agreed that the Lu, et al. Twelve Point Plan is a very useful tool that MHHEAC should adopt.

12. Meeting Adjourned

The NEXT MHHEAC MEETING is scheduled for:

Date: January 10, 2012

Time: 11:00 am-2:00 pm

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

Future MHHEAC Meeting Dates

April 10, 2012

July 10, 2012

October 9, 2012

December 11, 2012 (Optional)

All meetings take place from 11:00 am-2:00 pm unless otherwise stipulated

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

Minutes prepared by: Susan Triggs, MPH, RN

Minutes reviewed by: Gloria Addo-Ayensu, Chair

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