

**COMMISSIONER'S  
MINORITY HEALTH AND HEALTH EQUITY ADVISORY COMMITTEE MEETING MINUTES  
January 10, 2012 – 11:00 am – 2:00 pm  
Petersburg Health Department  
Conference Room  
301 Halifax Street, Petersburg, VA 23803**

**Members Attending In Person:** Melissa Canaday; Tia Campbell, RN, MSN, NCSN; Tonya Davis, MS, MBA; Lucie Ferguson, PhD, MPH, RN; Carl A. Gibson, MD, FACP; Elizabeth M. Giles, PhD, PT; Cecily Rodriguez, BS; Michael Royster, MD, MPH; Theresa Teekah, BS, MA, CMPH; Vía Polycom: Edward A. Scott, PhD; and Via Polycom Phone: Linda L. Redmond, PhD

**Members Absent:** Gloria Addo-Ayensu, MD, MPH; Jené A. Carter, BS; Sandra Cherry, PhD; Gary Crum, PhD, MPH; Ethlyn McQueen-Gibson, RN, MSN; Tinh duc Phan; and Claudia M. Tellez, MPH

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

**1. Welcome**

Meeting called to order by Lucie Ferguson, MHHEAC Vice-Chair.

**2. Agenda**

The agenda was adopted with changes by MHHEAC members.

**3. Minutes**

The October 11, 2011 minutes were approved as submitted.

**4. Statement of Commissioner**

Dr. Maureen Demsey, chief Deputy for Public Health, presented on behalf of the Commissioner.

Dr. Demsey began by telling MHHEAC members that the focus of VDH in 2012 will be the core functions of public health. She explained that the budget information released by Governor McDonnell on December 19, 2011 included less than a 2% decrease for VDH. She reminded the group that the proposed budget recommendations will be assessed further by the General Assembly (GA). The changes made by the GA will be reviewed again by Governor McDonnell, who will make further recommendations as necessary. The final state budget will not go into effect until July 2012.

Dr. Demsey next talked about Pertussis and Tdap immunizations. Nationally, Pertussis rates have decreased by 29%. Due to increased rates in Virginia, the Health Commissioner called together a work group to look at prevention and use of the vaccine in adults, who care for infants less than 6 months old, across all age ranges. Since these infants cannot be immunized, the process of cocooning is being looked at as a means of protection through “community immunity”. The overall objective is to focus on the

uninsured and the under-insured. Also, the vaccine can be requested by community health centers and free clinics and will be provided to them free of charge. For more information on Pertussis prevention in Virginia, visit

<http://www.vdh.virginia.gov/epidemiology/Immunization/Pertussis/index.htm>

MHHEAC requested the Commissioner to provide a legislative update. Dr. Demsey advised the group that it is too early in the General Assembly session to have a complete picture. The Commissioner will keep MHHEAC apprised of any significant developments.

Dr. Diane Helentjaris, Director - Office of Family Health Services, spoke briefly about the Health Commissioner's Infant Mortality Work Group which has been in place for 3 years. She advised that infant mortality is a sensitive indicator of how we are doing as a state. In 2010, there were 695 infants that died in Virginia. Half of those infant deaths were from prematurity. The infant mortality gap between black women and women of other ethnicities has widened. It is important to analyze the data thoroughly in order to determine root causes and **develop specific initiative recommendations for communities, hospitals, and families.**

Additional information was provided regarding the following:

PLAN FIRST is under the umbrella of the state plan for Medicaid for men and women at  $\leq 200\%$  poverty. Objectives include reduction of unintended pregnancies and education regarding family planning including prevention. The VDH commitment to increase enrollment numbers by 10,000 was achieved.

EMERGENCY ROOM PROOF OF PREGNANCY INITIATIVE has been pushed by the Department of Medical Assistance Services. Women are receiving services wherever they are and are given referrals for long-term care. Agencies are working to encode this process into their procedures of service delivery.

HEALTHY BABY BEGINS WITH YOU involves historically black colleges and universities. College students receive training as peer educators. In Virginia, the program began at Norfolk State University, and in Spring 2012 will include Virginia Union University, Virginia State University, J. Sargeant Reynolds Community College, John Tyler Community College, and Virginia Commonwealth University. Community and professional groups are uniting to decrease the silent epidemic of infant mortality.

The CHILDBIRTH EDUCATION SURVEY is disseminated to all child birth educators in Virginia. The tool provides a standardized approach to information gathering regarding children born in Virginia. For more information about the VDH Infant Mortality Work Group, go to <http://www.vdh.virginia.gov/infantmortality/index.htm>

MHHEAC members had several questions for Drs. Demsey and Helentjaris:

- How can MHHEAC support the VDH budget?

It's too early to tell. The Health Commissioner will certainly let MHHEAC know how support can be provided as it becomes clear.

- What about regulating hospitals regarding Tdap?

VDH is partnering with clinics, working with OB/GYNs to immunize pregnant women, and working toward using an educational focus instead of a mandate.

- What about legislative efforts to rescind the HPV requirement for 6<sup>th</sup> grade girls to be vaccinated? HB65 (Robert Marshall)

VDH is continuing efforts to educate everyone about vaccines.

- Lucie Ferguson shared with MHHEAC members that she had been asked to speak to Leadership Metro Richmond. She felt it was an opportunity to share some of the information she received during MHHEAC meetings. She added some of the slides from Dr. Royster's Health Equity Report presentation on infant mortality inequities and facilitated a discussion. She advised that the information was surprising to members of the audience. Her suggestion is that all MHHEAC members can take a similar approach to get information on the Health Opportunity Index and Infant Mortality out to the broader community, beyond our usual medical and public health audiences.
- What thoughts can you share with MHHEAC on how to get information out?

Several things --

- Help us address disparity issues
  - Share what you know from your areas of expertise
  - Think about the data that may be helpful
  - Challenge VDH to help identify what of the causes and potential solutions are for the disparity in infant mortality affecting African American women
  - Communicate with us openly and honestly about the information VDH puts out there
  - View PowerPoint presentations located at <http://www.vdh.virginia.gov/infantmortality/presentations.htm> and share with your community
  - Focus on African Americans
- Is there class disparity within figures pertaining to infant mortality?

Yes. Socioeconomic status, education, and access to health care all have a role. Women with access to Medicaid have higher rates of poor birth outcomes than women with private insurance. To have access to care only during pregnancy

may not be enough. Poor health prior to pregnancy and improper birth spacing may play a major role. Help us find answers to the question: How do we improve pre-pregnancy health?

Investigate education, job opportunities, pregnancy choices, access to insurance, socio-economic status, and community status – what is the impact of these variables?

## 5. Discussion of Information Presented by Commissioner's Office

Members again discussed the importance of using slides from Dr. Royster's Health Equity Report and infant mortality presentations. Trends for Native American women were also discussed, and Melissa Canaday advised the group that data would be collected during the upcoming *Virginia American Indian Unity Health and Wellness Conference* at the College of William and Mary. This data collection will begin closing the data void for this population in Virginia.

Members agreed that presentations and discussions during MHHEAC meetings were in essence "singing to the choir" and that the need to get information out is imperative. The presentations on the Infant Mortality Work Group website can be used by anyone.

Members discussed that it is important to facilitate open and frank discussions about the role of racism, place, and class. This will help get to the point of discussion that brings out why people find the data offensive and facilitate the understanding of the importance of first acknowledging an issue before trying to solve it. There was discussion that the root issue is not about individuals but systems that help maintain a status quo of disparity. The group was reminded that the Unnatural Causes: Is inequality making us sick? documentary is a very useful tool in getting groups to discuss systemic issues.

In regard to what can be done to decrease infant mortality rates among black women, MHHEAC members serve as a conduit for information. Members can address the following:

- Providing perspective on what you know that can inform VDH processes?
- What other information may be helpful?
- What's occurring in communities that impacts this issue?
- Think more broadly, why do disparities exist in the African American community with decrease in infant mortality for Caucasian Americans and Hispanic Americans.
- Why are the numbers so different?

### Action Items

There was robust discussion about items that could be explored and submitted as recommendations to the Health Commissioner.

- Recommend that the Health Commissioner **not** support HB65, that would rescind HPV vaccine requirements
  - MHHEAC members are willing to act as a constituency group to offer their recommendation for the HB65 LAS to the Commissioner
  - MHHEAC members are willing to communicate with Delegate Robert Marshall's office if requested by the Commissioner.
  
- There was group consensus for MHHEAC members to **develop and send recommendations to Dr. Remley in early February**. The recommendations MHHEAC members agreed to would focus on addressing inequities in infant mortality through the Commissioner's Infant Mortality Workgroup and/or VDH-wide strategies. They include:
  - Raise awareness outside of the health community
  - Engage a broader audience
  - Focus more explicitly on the impact of racism, classism, place, and sexism
  - Use the infant mortality PowerPoint to get the message across
  - Analyze data in greater detail to understand inequity by race, class, etc.
  - In-depth studies to research causes if not enough data exists
  - Raise awareness through curricula information in colleges, high schools, etc. that is linked to courses of study
  - Include focus on social determinants of health through entire plan
  - Evaluate impact on inequities
  - MHHEAC member on Health Commissioner's Infant Mortality Work Group
  - Health Commissioner's Infant Mortality Work Group Membership
  
- OMHHE will **provide samples of recommendations from previous years** to MHHEAC members and provide support to members working on recommendations. The draft should be submitted to VDH by January 25, 2012.

## 6. Review of Strategic Planning Timeline

Members reiterated key points that included weaving what is learned during MHHEAC meetings into the process of their day-to-day activities/encounters.

### Action Steps

- Be prepared to share highlights of community encounters during next MHHEAC meeting
- Invite members of the public/community to MHHEAC meetings
- Put a survey on the OMHHE website for members of the public/community to complete regarding
  - Health Equity
  - Data Subcommittee will discuss during their next meeting
    - Who is the public?

- What questions should the survey include?
- OMHHE will send answers to full MHHEAC by February 1, 2012

## 7. Subcommittee Reports

- Community Engagement Subcommittee

Melissa Canaday reported on subcommittee activities since the last MHHEAC meeting. Members were asked to provide information for filling in the gaps in the MAPP Matrix. Members will also talk to at least three people about SDOH and HE and report back at the next meeting. Talking Points developed by Dr. Addo-Ayensu are **attached** for use by all MHHEAC members.

- Data Subcommittee

Tonya Davis reported that the subcommittee will develop a Template for Action that will be available as the foundation for this new subcommittee. The group will choose one high priority target area (HPTA) from those identified via the OMHHE GIS Mapping data. They will analyze the data for the one HPTA to develop the Template for Action that will be used as the tool for HPTAs throughout Virginia.

Karen Reed shared that OMHHE is working on an instructional PowerPoint video that will explain how to use the Health Opportunity Index. This document will be shared with Data Subcommittee.

- Policy/Legislative Subcommittee

Susan Triggs provided the subcommittee report in Dr. Crum's absence. Action items were:

- Ethlyn Gibson to send a copy of the "Healthy Baby Begins with You" PowerPoint slides to subcommittee members for their review. This initiative is based on the Lu, et al. Twelve Point Plan
- Review other state programs
- Research programs within VDH along with additional state programs relevant to infant mortality
- Prepare a white paper on preconception care

## 8. New Business

MHHEAC accepted nominations for MHHEAC officers. The nominees were:

Chair:	Elizabeth Giles, PhD, PT
Vice Chair:	Lucie Ferguson, PhD, MPH, RN
Secretary:	Melissa Canaday

The MHHEAC members nominated indicated a willingness to serve in the office. MHHEAC members voted the slate of nominees into office. The new officers will begin their leadership term effective April 10, 2012.

Agenda Item Deferred: During the next meeting, Dr. Royster will talk about the Environmental Health Equity project and tell MHHEAC about the data gathering process, the Community Profile tool, how at risk communities are assessed, and planning the engagement and support of communities.

**9. OMHHE Updates**

The **attached** handout of OMHHE Quarterly Updates was provided MHHEAC members.

**10. Announcements**

There were no announcements.

**11. Public Comment**

Patrice Perkins, Doctoral Fellow to the OMHHE attended the meeting and offered no public comment.

**12. Meeting Adjourned**

**The NEXT MHHEAC MEETING is scheduled for:**

**Date:** April 10, 2012 **Time:** 11:00 am-2:00 pm

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

**Future MHHEAC Meeting Dates**

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](mailto:susan.triggs@vdh.virginia.gov)**

**Minutes prepared by: Susan Triggs, MPH, RN**

**Minutes reviewed by: Lucie Ferguson, Vice-Chair**