

**Advisory Council ACHDHE on Health Disparity and Health Equity (ACHDHE)  
January 12, 2016 Meeting Minutes**

**Virginia Department of Health (VDH) Central Office Madison Building  
109 Governor Street, Richmond, VA 23219  
10<sup>th</sup> Floor Conference Room– 11:00 a.m. - 2:00 p.m.**

Attended in Richmond: **State Health Commissioner: Marissa J. Levine, MD, MPH, FAAFP, Lilian Peake, MD, MPH; Adrienne McFadden, MD, JD, FACEP, FAAEM, FCLM; Patti Kiger, M. Ed (PhD); Cecily Rodriguez, MPA; Luisa F. Soaterna-Castaneda, BS, MPH; Linda Redmond, PhD; J. Elisha Burke, M.Div., D.Min.; Keisha L. Smith, MPA; Melody Armstrong, MPA, BSN; Karen Reed, MA, CDE; Augustine Doe, MS, MPA;**  
Attended Via Polycom/Phone: **Kate S. K. Lim, MT, (ASCP), FACHE, CPHQ, CPHRM**  
Did Not Attend: **Emmanuel Eugenio, MD, FAAP; Beth O'Connor, M. Ed, BA; Elizabeth Locke, PhD, PT; Gloria Addo-Ayensu, MD, MPH; Maia McCuiston Jackson, MD, FAAP**

**WELCOME**

Dr. Redmond called the meeting to order and asked everyone to introduce themselves.

**ADOPTION OF AGENDA**

The January meeting agenda was approved as submitted.

**ACHDHE RECOMMENDATIONS TO THE COMMISSIONER**

On behalf of ACHDHE, Dr. Linda Redmond read and delivered ACHDHE's recommendation from the October 13, 2015 meeting presentations to the State Health Commissioner.

**APPROVAL OF MINUTES**

The October 13, 2015 minutes were approved as submitted.

**STATE HEALTH COMMISSIONER'S UPDATES**

*Dr. Marissa J. Levine*

Dr. Levine introduced Dr. Lilian Peake, who was recently hired as the VDH, Deputy Commissioner for Population Health. Dr. Peake's role is to help ensure that all parts of the agency are better aligned in making sure that health equity and a focus on population health improvement is in everything that VDH does. Dr. Levine provided specific examples of how ACHDHE members' recommendations are being integrated into current VDH programs for program enhancement. One recommendation being implemented, she noted, was deepening agency data collection and analysis.

Further, Dr. Levine shared that VDH is moving towards Community Health Assessment (CHA) capability in all of its health districts and that its leadership is aligning resources to that end. This will assure that CHA and Community Health Improvement occurs throughout the state uniformly and consistently.

Dr. Levine discussed the ACHDHE recommendation around Health Impact Assessment (HIA), which is a work in progress. She shared that there is a need for internal training around HIA so that it becomes second nature and leads to a Health in All Policies Approach (HIAP) concept – in which every policy has a health component. In conjunction with state partners, the Association of State and Territorial Health Officials (ASTHO) has identified its annual President’s Challenge as Health Equity with a focus on Community Health Assessment. This will lead to having the data that impacts disparities issues for improving health equity as Virginia’s commitment to a HIAP and HIA as an approach. Dr. Levine indicated that there is a lot more work that needs to be done with collaborative agency leader partners, such as the Virginia Dept. of Transportation and Virginia Conservation Recreation and Parks, with education on these issues. Also, there needs to be unified approach in addressing the importance of how we communicate about health equity and the root causes of inequities in social determinants of health through using simple, understandable terms. Dr. Levine encouraged members to share their thoughts on how we can work collaboratively on this issue.

Further, Dr. Levine shared a tool developed by the Robert Wood Johnson Foundation, “A New Way to talk about the Social Determinant of Health (SDOH)” as an excellent resource for helping to discuss the topic in a way that people understand, find meaningful and not “turn off” whole segments of our population. The web link to A New Way to talk about the Social Determinants of Health is: <http://www.rwjf.org/content/dam/farm/reports/reports/2010/rwjf63023>).

In using language from the tools referenced above, Dr. Levine shared that we would talk about our state in the following manner:

Virginia is blessed with tremendous resources, including first rate medical resources, and yet it makes me wonder why Virginia is not top in health outcomes. We are not tops in our health outcomes because there are three things we have to do:

1. People need access to healthcare providers when they need healthcare. They just don’t have it. There is an inequity in that arena. But, I think that you would agree and everyone would agree that we need people to see a provider when they need them -- preferably before they are in crisis and without lots of obstacles financial or otherwise. That is one area we have not done well.
2. Prevention needs to be the fiber and the fabric of community. Everywhere you turn; it should be easy for you to do preventive things. So, from a medical point of view that means easy access to preventive services such as colorectal screenings and taking away the barriers. But, the other part of it is that the community has to be set up to actually make it easy for people to walk to work, children to walk to school and have safe environments and that they have easy access to nutritious foods, preferably local. And that kind of prevention is the “Investment Prevention” that will help us down the road. But, we do not do that well in Virginia.
3. The third is a little bit of a mindset thing, to-date, “health” has been something we think about restoring or we lose it, **not** retaining and maintaining health while we have it. When you start thinking about health that way, there are all kinds of opportunities. Interestingly, there are opportunities for everybody to have a role, not only us as individuals and in our families, but

people running businesses; for their employees, and local leaders making decisions for their communities, and school principals and you name them, everybody has opportunity to hear them. And I think that we need to think about how we need to get these words going, because, what we are seeing is through science and academia an evolving understanding of what actually impacts health. And we want to utilize that especially from the mindset of how do we maintain and retain our health or we lose it. How do we assure children get a good start and get on a good trajectory?

Dr. Levine concluded that those are some of the approaches in terms of words to frame the situation and, with ACHDHE members help, we can be really impactful if we can speak about health in ways that engages everyone and moves people to action without making this more divisive.

## **PRESENTATIONS**

### **“Virginia’s 2016 Legislative Updates”**

*Joe Hilbert, Director of Governmental and Regulatory Affairs, VDH*

Mr. Hilbert informed the ACHDHE that there are more than 1,000 bills being introduced at the Virginia General Assembly this year. VDH is concerned about bills that impact the agency and public health, Mr. Hilbert indicated. In order to adequately respond to these bills and provide our professional assessment of them, agency staff work across offices as well as with community partners, Mr. Hilbert explained. He provided a PowerPoint that included a limited number of bills that VDH is leading, following or watching.

### **“Virginia’s Proposed Budget”**

*Michael McMahon, Operations Director for Administration, VDH.*

Mr. McMahon provided a general overview of VDH funding and staffing budgets. He provided comparative data, 2008 with 2017, highlighting the differences in federal and state funds received by the agency. Responding to an ACHDHE member’s question about the impact of federal funding and sequestration of 2013, Mr. McMahon indicated that it was short and not as impactful as it could have been. The agency used its contingency plans to reduce the impact of the sequestration, he concluded.

### **“Onsite Sewage Systems and Environmental Justice”**

*Danna Revis and Lance Gregory, Office of Environmental Health, VDH*

Mr. Gregory and Ms. Revis introduced the concept of wastewater islands as areas where individuals and communities do not have access to affordable wastewater solutions that are protective of public health and the environment. Wastewater islands are a lack of access issue, similar to food deserts, that creates an environmental justice issue. The presentation identified a number of social, financial, and environmental factors that can be used to identify disenfranchised individual and in communities living on wastewater islands. An example is historical inequities suffered by African-Americans in Post-Civil war Virginia who acquired poor landholdings with low rates of agriculture production - a correlation that manifests limitations of onsite sewage system options for successive generations.

In responding to an ACHDHE member’s question, the presenters cited limited available funding to assist homeowners with onsite wastewater problems an issue. Regulators must provide waivers to allow

installation of systems that do not fully meet the standards as more expensive alternative systems would. The presenters concluded by emphasizing that the provision of fair and equal access to funding would assist disenfranchised individuals and community access to onsite sewage systems protective of public health and the environment.

### **“Richmond Youth Health Equity Leadership Institute Initiative (YHELI)”**

*Brandi Daniels, Executive Director, East District Family Resource Center*

Ms. Daniels shared that Richmond YHELI was an outcome of an initiative implemented by several collaborative partnerships, including the VDH, Office of Minority Health and Health Equity (OMHHE), Richmond Health District, Virginia Commonwealth University, Department of Housing, Richmond Memorial Foundation, other local civic and community partners. The YHELI project was designed to address health equity issues and leadership skills of youths in underserved and disadvantaged communities. An initial focus included looking at health and food deserts as factors in locating and selecting the program activities. Topics that make up the core of the YHELI program’s curriculum include leadership, self-awareness, healthy eating and healthy lifestyles as well as other specific discussions that address the social determinants of health and health equity, Ms. Daniels informed the ACHDHE. The Richmond YHELI uses focus groups, feedback from community partners, and attendance/participation to continuously enhance the program and track its success, she indicated. Ms. Daniels oversight of the Richmond YHELI initiative garnered national recognition as she was selected in December 2015 as a Health Equity Hero by the Mid-Atlantic Regional Health Equity Council.

## **ANNOUNCEMENTS AND UPDATES**

### **OMHHE Updates**

*Dr. Adrienne McFadden*

Virginia Health Opportunity Index (Virginia HOI) tool demonstration:

Dr. McFadden announced that the Virginia HOI tool is now available to the public. She showed attendees how to navigate the web based resource. Dr. McFadden showcased the HOI’s multiple search functions including legislative districts and counties. She noted that the Virginia HOI has been viewed over 5,000 times since it was launched in December.

Virginia HOI web link: <http://virginiahoi.weebly.com/>.

Office of Minority Health and Health Equity (OMHHE) name change:

Dr. McFadden shared that the OMHHE senior leadership recently completed some strategic planning activities to align OMHHE goals and trends with national efforts. The mission of the office and its priority areas remain intact. However, Dr. McFadden shared that OMHHE has put forth a request to change the name from the Office of Minority Health and Health Equity (OMHHE) to the Office of Health Equity (OHE). The Commissioner has requested feedback from ACHDHE members, she indicated. Accordingly, ACHDHE members will receive a survey for ACHDHE to share their input regarding the name change. If a majority of the surveys indicate support for the name change, the Chair will submit a letter endorsing the name change.

## **ACHDHE MEMBER UPDATES**

ACHDHE member announced the opening of the Norfolk State University Center for Health Disparities and a celebration is planned later in 2016. More information will be shared at the next ACHDHE meeting in April.

## **ACHDHE MEMBER ACTION ITEMS**

ACHDHE members were requested to provide their feedback on the presentations and other topics. The links are indicated below.

### **VDH Presentations**

1. Presentation: Virginia 2016 Legislative Update:
2. Presentation: Virginia Proposed Budget Update:
3. Presentation: Onsite Sewage Systems and Environmental Justice in Virginia:  
**Community Engagement Presentation**
4. Presentation: Youth Health Equity Leadership Initiative (YHELI)

### **VDH Office Name Change**

5. Presentation: Office of Minority Health and Health Equity (OMHHE) Name Change:

## **PUBLIC COMMENTS**

- No public comments.

The meeting was adjourned at 1:55 pm.

**Next ACHDHE MEETING:** Tuesday, April 12, 2016.

**Time:** 11:00am – 2:00 pm

**Location:** Mezzanine Conference Room, VDH Central Office, 109 Governor Street, 23219 or via Polycom upon request.

**Respectfully submitted by:**

**Augustine Doe, Health Equity Specialist**

**Minutes reviewed by:**

**Dr. Linda Redmond, Chair**