

**COMMISSIONER'S  
MINORITY HEALTH AND HEALTH EQUITY ADVISORY  
COMMITTEE MEETING MINUTES  
April 9, 2013 – 11:00 p.m. - 2:00 p.m.  
Petersburg Health Department  
Conference Room  
301 Halifax Street, Petersburg, VA 23803**

**Members Attending In Person:** Tia Campbell, RN, MSN, NCSN; Elizabeth Locke, PhD, PT; Theresa Teekah, BS, MA, CMPH; Cecily Rodriguez, BS Vía Polycom: Gloria Addo-Ayensu, MD, MPH; Susan Alford, BS; MBA; Luisa F. Soaterna, BS, MPH; Melissa Canaday; Sandra Cherry Nelson, PhD;

**VDH Staff Attendance in person:** Karen Reed, MA; Kenneth Studer, PhD; Rexford Anson-Dwamena, MPH; Joshua Nyirenda, MPA. **Via Polycom Phone:** Susan L. Triggs, PhD, MPH, RN

**Presenters:** Kenneth Studer, PhD; Rexford Anson-Dwamena, MPH; Joshua Nyirenda, MPA.

**Welcome**

Meeting called to order by Elizabeth Locke, MHHEAC Chair.

**Agenda**

The agenda was adopted with the following change. The presentation regarding Integrating Health Equity across all Programs was deferred for a future date and additional topic was added to discuss Chair's meeting with Dr. Romero.

**Minutes**

The **January 8, 2013** minutes were approved with no changes.

**VDH/Commissioners Updates**

Karen Reed MA, Acting Director- Administration, VDH - OMHHE conveyed Commissioner Romero regrets for not being able to attend this meeting and that she will attend the July 9, 2013 meeting. Ms. Reed also shared that the Commissioner is supportive of MHHEAC's goals and mission. She further stated that Dr. Romero is supportive of the ways in which MHHEAC members provide advice and is looking forward to working with members.

**VDH PRESENTATION**

**Health Opportunity Index Presentation** – Kenneth Studer PhD, Social Epidemiology and Shortage Designations Manager, OMHHE Rex Anson-Dwamena, MPH, Shortage Designation Specialist OMHHE and Joshua Nyirenda, MPA, Health Equity Specialist OMHHE gave an introductory talk for the HOI, after which the HOI instructional Video was played. A brief discussion of the HOI and other data sources followed. Additional resources can be found on the HOI website at <http://www.vdh.virginia.gov/OMHHE/2012report.htm>.

**Commissioner's expanded vision for MHHEAC**

Dr. Locke shared with members that she requested a meeting with Dr. Cynthia Romero's to learn about her vision for MHHEAC once she realized that Dr. Romero would not be able to attend the April MHHEAC meeting. Karen Reed, attended the meeting as well.

Dr. Locke briefed the members on the discussion points that included the following:

- a. Dr. Romero would like to assure that the appeal of MHHEAC has a greater reach specifically to include applicability to a broader segment of underserved demographic groups and regions. She further suggested that “Rural” be included in the name of MHHEAC, to reflect the scope of the committee’s work. Currently the “MHHEAC” name includes the minorities, and the committee’s work has a focus of underserved, populations, but does not reflect a geographical area. It was also discussed that the MHHEAC’s name should accommodate demographic transitions.
- b. Dr. Romero in review of the MHHEAC organizational documents, commented that of MHHEAC’s subcommittee’s greater prioritization, should be placed on the data committee. Data is an important driver in making decisions regarding policies and practices.
- c. Dr. Romero discussed the importance of having a diverse committee with representatives from various geographic locations and sectors, such as business representative.
- d. Dr. Romero would like a survey of MHHEAC membership to confirm availability and continual desire to serve on the MHHEAC.

### **MHHEAC Members Discussion**

Discussion followed among the members in response to Dr. Romero’s comments.

### **MHHEAC Members Availability**

- Ms. Karen Reed shared that OMHHE staff will verify the availability and willingness of the members to serve. This inquiry will be sent to members by end of April 2013.

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### **Name Change**

- Responding to a request for clarification on the issue of including the word “Rural” in the name of the committee “MHHEAC”, Dr. Locke indicated that her understanding of the Commissioner’s suggestion was not to take away anything from the name but to just include “rural” to convey a broader range of MHHEAC’s purpose.
- Comments included that the addition of “Rural Health” to the name of the committee’s name conveys one aspect of several that are under MHHEAC’S advisory purpose.
- It was then suggested that the name could be kept generic to avoid perceived exclusion of other pertinent mandate areas, and rather included with emphasis in the mission statement.
- A suggestion to drop the word “minority” was received with reservation as what constitutes a minority group today may not be the same in the future based on demographic shifts.
- There was mention that MHHEAC had just recently changed its name a few years ago. Ms. Reed gave a historical account about how MHHEAC deliberated at length to justify the inclusion of the word “minority” in the name of the committee.
- There was general consensus that any change should be carefully pursued to stand the test of time given that the committee just recently went through a name change.
- Dr. Locke presented ‘health equity’ as a suggested name change for the advisory committee.
- Ms. Reed mentioned that mission and vision statements are available online, although an effort will be made to send these documents to the membership. In addition, it was suggested that the procedural guidelines, structure and the history of the committee be sent along with the vision and mission to aid with the change considerations.
- It was also suggested that there may be need to restructure the mission and purpose of the committee to clarify the meaning of “Health Equity”, so people know what is being referred to and the mandate that comes with it.

- It was suggested that equity is not the issue with the name, but how we operationalize/frame it to include rural within its definition, such as the following emphasis: Addressing Health Equity across all rural and urban communities in Virginia.
- It was also noted that the term health equity appears numerous times in the revised operational guidelines without clear definition/description. It was agreed that it will be important to examine the current definition of health equity as used by VDH. There was discussion on suggested names for the committee and the following names were suggested:
  - **Commissioner's Minority Health & Health Equity Advisory Committee [MHHEAC]**
  - **Commissioner's Advisory Council on Health Equity [ACHE]**
  - **Commissioner's Health Equity Advisory Committee [HEAC]**
  - **Commissioner's Health Equity Advisory Council [HEAC]**
  - **Commissioner's Minority Health, Rural Health and Health Equity Advisory Committee. [MHRHHEAC]**

#### **ACTION ITEM:**

- It was decided that the information listed above would be sent to the MHHEAC members and they would think about it, and respond with their thoughts for a name. That information would be tallied and shared with Dr. Romero.

#### **Subcommittees**

There was discussion that there needed to be some decisions made about sub-committees. Last year, the subcommittee meeting times had been changed to accommodate the desires of the members and their availability to attend meetings. Under the current meeting format, there are a number of factors that make this option no longer viable. Further there was discussion as to what the Commissioner wants regarding the subcommittees. The chair informed the meeting that in her meeting with Commissioner Romero, the commissioner requested that primacy be placed on the data subcommittee as the springboard for health equity related policy recommendations to the commissioner. Discussion points included the following:

- Grassroots level information is needed in order to provide informed recommendations to the Commissioner.
- It is important for MHHEAC to know Dr. Romero's vision and priorities regarding health equity in order for the committee to effectively advise her and help her meet the state's goals.
- We anticipate that the Commissioner will communicate her vision and priorities for the committee at the July 9, 2013 meeting.
- It was also mentioned that in addition to understanding the vision, it is also important for the MHHEAC is to have an organizational structure /system that has the capability to provide recommendations and adapt to leadership changes so that regardless what the priorities of the day are, recommendations can be made, rather than only waiting to be told what the vision is.
- Stemming from this discussion it was mentioned that it is also important to understand our role as an advisory committee, and that MHHEAC needs to do an internal self-assessment of how it has conducted business in the past to evaluate its performance in relation to future goals.

#### **Meeting Dates and Times for 2013-2014**

There was discussion regarding meeting dates/location for 2014.

Members decided that meetings will continue on the 2<sup>nd</sup> Tuesday of each quarter from 11am to 2pm – Location: Petersburg HD & via Polycom upon request:

2014 Dates: January 14, 2014, April 8, 2014, October 14, 2014.

#### **Updates**

Ms. Reed informed the meeting that:

- Office of Minority Health & Health Equity (OMHHHE) staff will attend National Rural Health Association Conferences in Louisville Kentucky in May 2013.
- OMHHE staff will present on data analysis in May 2013 at VDH Leadership meeting.
- OMHHE continues to recruit for the Office Director Position.

**Public Comments:**

**None**

The meeting was adjourned by the chair at 2:10pm.

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

**Date:** July 9, 2013      **Time:** 11:00 to 2:00 p.m.

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

**Minutes reviewed by:** Elizabeth Locke, PhD, PT on April 23, 2013.

DRAFT