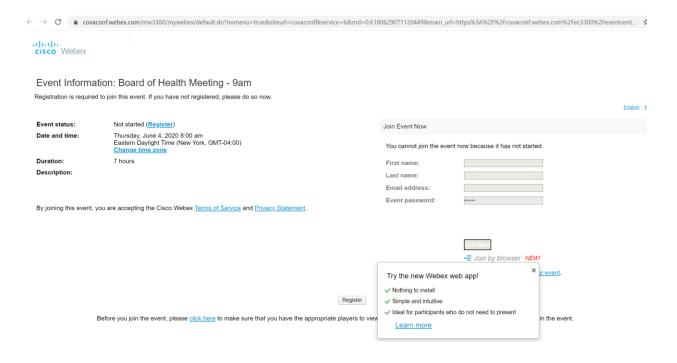
To Register for the Board of Health Subcommittee Meeting on June 29, 2020

(Either to attend and view the meeting or to speak during the Public Comment Period)

The purpose of these instructions is to help any member of the public who wishes to observe or participate in the Board of Health Subcommittee meeting on June 29 to understand how to do so. Please note that the screenshots are from a previous meeting, but the instructions are still the same and the link has been updated in Step 1.

1) Open the link the Online meeting

https://covaconf.webex.com/mw3300/mywebex/default.do?nomenu=true&siteurl=covaconf&service=6&rnd=0.971457825635893&main_url=https%3A%2F%2Fcovaconf.webex.com%2Fec3300%2Feventcenter%2Fevent%2FeventAction.do%3FtheAction%3Ddetail%26%26%26EMK%3D4832534b00000040f166159111e7f07f989bc28b1048a639feca181f113a4f8bdc0c0ee82d1ed77%26siteurl%3Dcovaconf%26confViewID%3D164869883910172254%26encryptTicket%3DSDJTSwAAAATrjcLepDnk1w9NfdrBFTo3YGFGEi-xHKGxYmVDZbBwUw2%26



2) Click on the link that says, "Register" It is in blue and on the line that starts with "Event Status".

Event Information: Board of Health Meeting - 9am

Registration is required to join this event. If you have not registered, please do so now.

Event status: Not started (<u>Register</u>)

Date and time: Thursday, June 4, 2020 8:00 am

Eastern Daylight Time (New York, GMT-04:00)

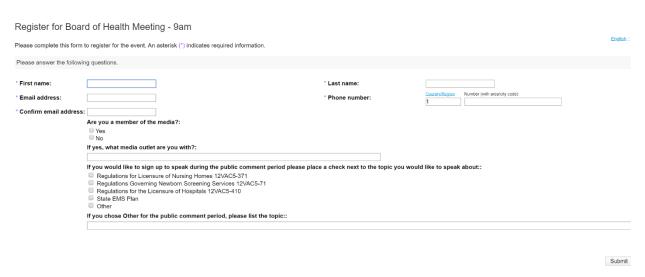
Change time zone

Duration: 7 hours

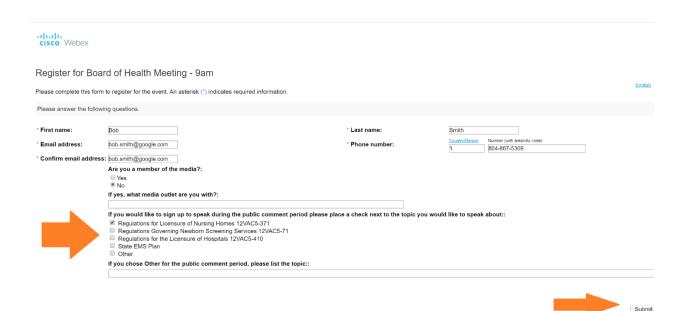
Description:

3) This will prompt you to register for the event. Please enter your name and email address on the registration form. (Note: this information will not be retained after the meeting and will only be used for purposes of making sure people who want to connect to the meeting or speak at the meeting can do so.)

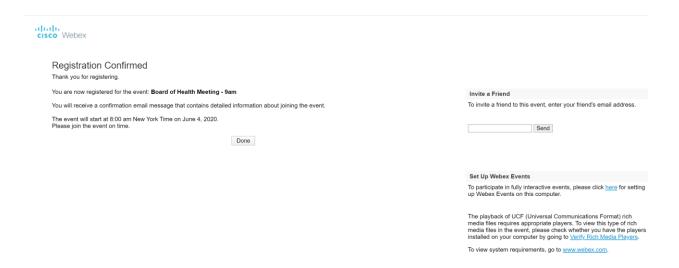
cisco Webex



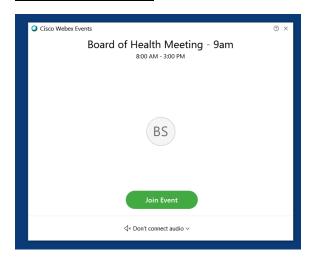
4) If you want to speak during the public comment, choose one of the items on the list in the bottom center of the screen and check the box for the topic you want to speak on. If you do not want to speak but just to watch, the meeting do not check any of those boxes. When you are finished entering registration information and choosing a topic to speak on (if appropriate) click the "Submit" button in the bottom right.



5) Once you have clicked "Submit" that will lead you to the final screen and then you are finished.

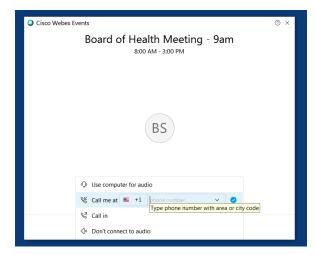


JOINING THE MEETING



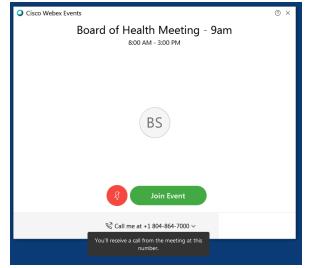
On the day of the meeting, you will click in the email to join the meeting.

You will need to enter your name as it appeared on the registration in order to join.



You should select the "CALL ME AT" option to connect for audio. DO NOT select the call in nor use computer audio options.

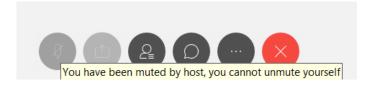
Enter your 10 digit phone number and click the blue check mark.



Click Join Event.

You will receive a phone call from the meeting platform.

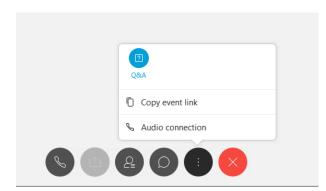
You will be prompted to press 1 when you answer the phone to connect.



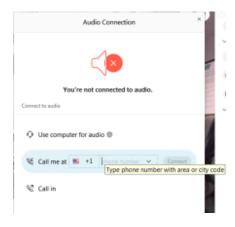
Note that you will be automatically muted when you join the meeting. You cannot unmute yourself to be heard during the meeting until the host unmutes you. This will occur during the public comment period for those who have signed up to do so.

Audio settings:

In order to facilitate public comment, you will need to use your phone to dial in. <u>It is very important that you follow these instructions to merge your phone and computer identification.</u> This will allow you to be unmuted to speak during public comment if you have signed up.



If you have joined the meeting without having WebEx call you, you will need to change the audio settings. Click on the "MORE" control button and select audio connection. **DO NOT** use the call-in option nor the computer audio option.



You will change the type of connection and select "CALL ME AT". Enter your 10 digit phone number and click CONNECT. Press 1 when prompted on the incoming phone call.

State of Board of Health Public Health Policy Subcommittee Agenda June 29, 2020 – 10:00 a.m. VIA WEBEX

Call to Order and Welcome Faye Prichard

Introductions Ms. Prichard

Review of Agenda Joseph Hilbert

Deputy Commissioner for Governmental and

Regulatory Affairs

Background

1) Health Equity Working Group – Overview Sable K. Nelson Dyer, JD

Acting Director, VDH Office of Health Equity

2) VDH Health Policy Research, Analysis and Development Plan – Overview Brenden Rivenbark Senior Policy Analyst

VDH Office of the Commissioner

Break

Public Comment

Next Steps

Discussion of Potential Policy Recommendations Jim Edmondson

Patricia Kinser, PhD, WHNP-BC, RN

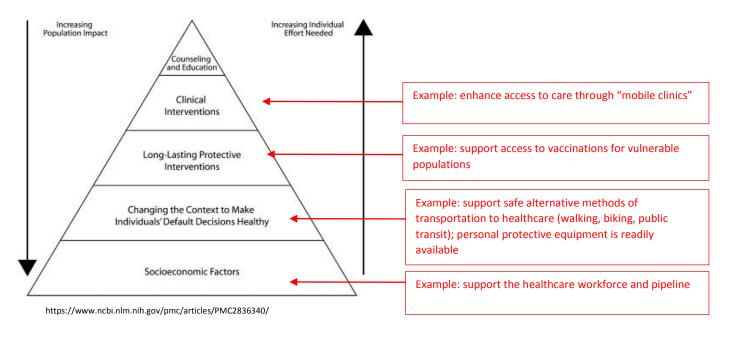
Other Business

Adjourn

Dear Fellow Members of the Board of Health and the Public of the Commonwealth of Virginia,

We propose that the Board of Health should advocate for specific actions to improve the health of all Virginians and to make the Commonwealth better prepared to deal with future disruptive situations/ states of emergency. Analysis of the disparities in health care availability and health outcomes among minority, low-income, and other vulnerable communities has revealed our system's shortcomings for years, but it has been highlighted in boldface type during the pandemic. As members of the Board of Health of the Commonwealth of Virginia, we are greatly concerned about these health disparities, particularly in the context of social injustices and disparities of the current moment. Structural racism and bias is rapidly gaining attention. We have the opportunity now during this period of new awareness to enact policies and take actions that address social determinants of health. We propose immediate and urgent efforts to facilitate conversations with the public and local/regional legislators. Our goal is to develop actions and policy recommendations for consideration by the General Assembly by August 2020.

Friedman's health impact pyramid shows five categories of factors and actions that affect health outcomes. We propose to use these categories to guide our considerations of reasonable and impactful policy recommendations and actions. The table below the pyramid provides specific examples of actions that the Board of Health might consider bringing to the State Health Commissioner and the General Assembly, after feedback from the public (described in the proposed timeline). The suggested timeline at the bottom shows the urgency with which we must act to have a meaningful impact.



Examples of Recommendations that could be made to the VDH/ General Assembly for funding:					
Clinical Interventions	Diagnostic tests	Increase the number of diagnostic tests immediately (tied to reopening the economy and to protecting the most vulnerable citizens)	tbd		
	Preparation for future disruptive situations/	Create a taskforce to rapidly study key issues: necessary stockpiles; training across specialties/ training for National Guard, EMTs, volunteers; efficient utilization of Medical Reserve Corps	tbd		

	states of emergency	Develop plan to use "mobile health clinics" for rapid deployment in disruptive situations/ states of emergency (addressing transportation; telehealth resources) and to deploy them routinely to reach underserved communities in rural and urban areas	
		Develop plan for isolation facilities for use in future pandemics	
Long-Lasting Protective Intervention	Vaccinations	Create a rapidly implementable plan for bringing vaccine clinics to the most vulnerable communities this fall (includes both flu and COVID-19 vaccine, when available)	tbd
Changing the Context to Make Individuals' Default Decisions Healthy	Safe Alternative Methods of Transportation	Partner with Bike-Walk Virginia and community public transit systems to support safe methods of transportation, particularly for obtaining healthcare (e.g., walking, biking, public transit)—including ideas for means of transport to healthcare facilities for people in need	tbd
	Protections against exposures	Develop plans to stockpile and make personal protective equipment immediately available in minority and low socioeconomic status and other vulnerable populations (such as those in long-term care facilities) who may not otherwise be able to access these resources on their own	tbd
Socioeconomi c Factors	Support the healthcare workforce and pipeline	Define what is the "essential" workforce, with the intent to provide additional resources for those workers (e.g., healthcare providers, first responders, child/adult-care providers, food services?)	tbd
		Identify key childcare and adult care facilities that would receive state funding to guarantee child/ adult care for essential workers during future disruptive situations/ states of emergency	tbd
		Identify new opportunities to care for/ retain existing and attract new healthcare workers (ideas: loan forgiveness programs for students in eligible healthcare training programs; pay increases; paid trainings/CEUs; free mental health services; free child/adult-care services)	tbd
		Advocate for leaders in education, social services, labor and other spheres to take actions that affect public health	

We recognize that persistent health disparities cannot be eradicated with a short view; rather, long-term investment of time and resources is required to address these significant issues. The time is now, even in a period of constrained state resources, to build upon the strengths of the Virginia Department of Health and other partners who have worked together to develop and implement "Virginia's Plan for Well-Being." Some things simply cannot wait. The VDH has worked tirelessly, yet it has been <u>historically underfunded</u> to fully address the social and health disparities of our time. We call for creative application of financial resources of the Commonwealth to support the health and well-being of our community. Let us consider how to involve private funders, managed care organizations, and the strengths

of the community to address disparities. Now is the time to dig in, think big, and do the hard work of supporting our fellow citizens.

Sincerely,

Jim Edmondson and Patricia Kinser, PhD, WHNP, RN

Suggested Timeline:

Early June

•Chair of the Board announces a virtual public meeting in which members of the public, legislators, and community leaders may weigh-in on the issues highlighted above

June 29

- First public Board of Health meeting is held (virtually) and public comment is welcomed regarding concepts in this memo
- •Chair of the Board announces a second virtual public meeting-- members of the public, legislators, and community leaders will be asked to weigh-in on the issues

early July

•Second virtual public meeting to be held in which members of the public, legislators, and community leaders may weigh-in on the issues highlighted in this memo.

mid July

- Designated Board of Health members collate and triage findings from public meetings
- •Board of Health submits a memo with several policy items for the State Health Commissioner (Dr. Oliver) to consider and to discuss with the Secretary of Health and Human Resources and the Governor for feedback

late July

•Dr. Oliver communicates with Board regarding next steps; Board members may take on additional tasks of advocacy with the Governor and General Assembly members

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•Proposal is presented to the General Assembly (at emergency session and/or regular sessions) as part of revised FY 20-21 budget and for FY 21-22 budget