

**Advisory Council ACHDHE on Health Disparity and Health Equity (ACHDHE)**  
**October 10, 2017 Meeting Minutes**

**Virginia Department of Health (VDH) Central Office Madison Building**  
**109 Governor Street, Richmond, VA 23219**  
**Mezzanine Conference Room– 11:00 a.m. - 2:00 p.m.**

Attended in Richmond: **M. Norman Oliver, MD, MA; Patti Kiger, M. Ed; Luisa F. Soaterna-Castaneda, BS, MPH; Linda Lee Redmond, PhD; Kate S. K. Lim, MT, (ASCP), FACHE, CPHQ; Keisha L. Smith, MPA; Kathryn E. MacCormick, MSc.; Nia Harrison, MPP; Melody Armstrong, MPA, BSN, CPHRM; Nia Harrison, MPP; Justin Crow; Karen Reed, MA, CDE; Augustine Doe, MS, MPA; Tanai Holcombe-Iroins**  
Attended Via Polycom/Phone: **J. Elisha Burke, M. Div., D. Min.**  
Did Not Attend: State Health Commissioner: **Marissa J. Levine, MD, MPH, FAAFP; Elizabeth Locke, PhD, PT; Maia McCuiston Jackson, MD, FAAP; Gloria Addo-Ayensu, MD, MPH and Emmanuel Eugenio, MD, FAAP.**

**WELCOME**

ACHDHE Chair, Ms. Luisa Soaterna, introduced herself and requested the participants introduce themselves prior to calling the meeting to order.

**ADOPTION OF AGENDA**

The agenda for the October 10, 2017 meeting was approved as submitted.

**APPROVAL OF MINUTES**

The minutes for the July 11, 2017 meeting were approved as submitted.

**ACHDHE RECOMMENDATIONS TO THE COMMISSIONER**

ACHDHE Vice-Chair, Ms. Patti Kiger read ACHDHE's recommendations and submitted them to Dr. Oliver for the State Health Commissioner.

**STATE HEALTH COMMISSIONER'S UPDATES**

*Dr. M. Norm Oliver spoke on behalf of Dr. Marissa J. Levine*

Dr. Oliver thanked the ACHDHE for their recommendation and allowing him to speak for a few minutes.

Dr. Oliver discussed the new grant that the Office of Health Equity (OHE) recently received from the U.S. Department of Health and Human Services. It is an important grant that allows OHE to work with the health district in Prince William County. The health district has an innovative approach that supports prison inmates that have been discharged to continue with the process of recovery from an addiction and living in communities. OHE will support the evaluation efforts for the project, with support from community organizations. Congrats OHE!

Richmond City received an honor out of hundreds that applied for it, from the Robert Wood Johnson Foundation for culture of health. Only 8 cities received this recognition, and one of our guest speakers, Amy Popovich, will hopefully highlight this award in more detail during her presentation.

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Dr. Oliver shared how health related social needs are one of the things that drive health disparities and inequities. He informed the ACHDHE about his participation in a meeting with the Federal Reserve Bank of Richmond. This meeting counted with the participation of bankers, multiple hospital systems, community organizations, academic representatives, foundations, community development, and financial institutions. Further, Dr. Oliver shared that the purpose for the meeting was to discuss how these stakeholders could jointly consider innovative approaches and methods to invest in health, community development, economic development, and financial growth. A recurring theme that came up during the meeting was the need for uphill investment and to engage communities that have been disinvested, by figuring out ways to invest in those communities and understanding that the Return on Investment (ROI) may not be immediate. He reiterated the need for more community development and economic development that translates to the realization of health equity. Working collaboratively for the achievement of health equity is a promising approach and it is important to bring to the table new partners across the Commonwealth.

Dr. Oliver will take the recommendations under advisement and consider them. He shared that they have a lot of constraints of what they can ask for during the general assembly and they have a lot of things they want and they have many items they want to take to the general assembly. We will figure out how these will fit into our numbers. Dr. Oliver stated that both things were important and they will get serious consideration.

- ACHDHE member asked if there were follow up meetings of the meeting Dr. Oliver attended with the Federal Reserve Bank of Richmond and other community development and financial institutions to address the need for uphill investment and engage communities that have been disinvested.
- Although I am unaware of official meetings of the group, however, work has been generated by the collaboration particularly in Richmond City, Dr. Oliver shared with the council. He also announced an upcoming meeting he has with one of the community partners to discuss some strategies.

## PRESENTATION

### **“Bridge to a Healthier Community”**

#### **Richmond City Health District Resource Centers**

*Amy Popovich, Director of Community Engagement*

*Sherrell Thompson, Gilpin Community Health Worker (CHW)*

Ms. Popovich shared the background and history of Richmond City. In almost every public health indicator, the City of Richmond ranks in the bottom fifteen of localities throughout the Commonwealth, an improvement from its previous rank. High clusters of teen pregnancy, sexually transmitted diseases - including HIV- and infant mortality are concentrated in public housing communities. The average age right now is 63 years for residents in Gilpin court- a public housing community. If you cross the river to

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(Westover), the average age is 83 years. The same pattern of inequities can be traced to Gonorrhea rates, low birth weight, and life expectancy.

The formation of the resource centers derived from a strong partnership with the Richmond Redevelopment and Housing Authority and in 2008, it was expanded through a Title X grant. The program has conducted focus groups within the housing communities which help inform the planning and implementation of the program. They have also created a Community Advocate program that has allowed the resource centers to develop into well connected models of care within the community. Each resource center has nurse practitioner on site, for clinical care and the goal is to connect the resident with a primary care provider. Further, Ms. Popovich shared about the development of the resource centers (2009-2016) and some of the services including Reproductive Health and Family Planning, STD/HIV Prevention, Health Education, Chronic Disease and Clinical Training for undergraduate and graduate medical students. In addition to housing, the resource center offers resume building, summer camps, food, clothing, counseling, pregnancy and medical home referrals. Each of the center's staff is comprised of public health nurses, medical assistants, social workers, community health workers, and volunteers.

Ms. Toney, the Community Advocate from Gilpin Court, talked about community health workers also known as Community Advocates. Community Health Workers are trained community leaders who understand the barriers of their own neighborhood and educate, motivate, and inspire other community member to make positive lifestyle choices. She shared how the CHWs offered community outreach, education on health and housing information, navigation to medical, housing, education, and employment resources, and advocacy – improving community quality of life by addressing social determinants of health.

Ms. Popovich concluded her presentation by speaking on the importance of the CHWs in their program. She indicated that she is a better mom because of the CHWs and that a lot of the CHWs are from the communities and go above and beyond what they are required for their job duties.

- ACHDHE member asked how has this affected bus transportation?
  - GRTC has taken some of the bus stops out of the routes where some of the people must walk a little further but they still have access to public transportation. We have a partnership with an organization that assists low-income families purchase a car with a low interest rate loan of about 8% and no down payment. The organization has a good track record of ensuring the vehicles are guaranteed.
- ACHDHE member asked are you finding that the lack of knowledge of the process accessing care for particularly mental health is an issue?
  - There is a bit of a challenge as some of the providers have relocated out of these communities. Also, access to resources for locating providers is a challenge. However, we are addressing the situation by identifying local providers and sharing the information with the people we serve. We are also using public assets like the library to assist the residents select new providers.
- ACHDHE member asked do CHWs receive any training around behavioral health?

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- CHWs participate in a Mental Health First Aid that is available few times a year and there is a community resident that teaches them in the east end.
- ACHDHE member asked what are you measuring?
  - A number of things (# of visits, patients, # of screens, total screens, # of STIs, etc.). The Richmond City Health Department website also has information on other measures.
- ACHDHE member asked how did they get the cash to get a nurse practitioner and keep the program going?
  - There is a statewide community health task force (CHW – Community Health Worker task force) that is chaired by VDH Chronic Disease department and the Institute of Public Health Innovation that is working on that. They are focusing on getting DMAS here in Virginia to approve regulation that involves legislation for coding and billing for direct services for CHWs since CMS allows this at a national level. This decision is then left to the states, hence the task force.
- ACHDHE member asked financial sustainability of the centers, is it case by case?
  - It's really about that relationship and what that funder wants. It can be implemented incrementally, one community at a time. It's about building and having that snowball effect.
- ACHDHE member asked if the funds are immediately received on request?
  - Sometimes we do have it right away but sometimes we run out of funds and we just keep contacting our funders. There are times when we go in our own pockets. It really depends on the situation at that time.

#### PRESENTATION

##### **“Division of Social Epidemiology: Data Updates and Strategy”**

*Justin Crow, Director, Division of Social Epidemiology*

Mr. Crow shared a brief background of the diversity of his department to include the number of employees and their experience in the department. He introduced major program areas and their areas of expertise. Health Professional Shortage Areas (Workforce Database), Health Opportunity Index (Social Determinants of Health), and Health Equity & Health Disparities (Identify health inequities and their root causes). He shared information about Primary Care, Dental and Mental Health in Health Professional Shortage Areas. Mr. Crow highlighted that the Health Opportunity Index (HOI) identifies areas and populations that are most vulnerable to adverse health outcomes based on the Social Determinants of Health. He shared information about Life Expectancy and how to identify disparities impact depending on racial/ethnic, health opportunity, and investing etc.

- ACHDHE member asked if Mr. Crow creates HPSAs at any other level than the county level?
  - Yes, some are built out of census tracts. Anna Riggan works on this information for us.
- ACHDHE member asked if the federal government still use the rational service area?
  - The federal government uses the rational service area approach, which is a relatively self-contained geographic unit with respect to the provision of primary care services. Some states use standardized rational service areas. Virginia does not.

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- ACHDHE member asked if he sees the HOI as a tool that can be used to include underinsured as one of the indicators?
  - No, underinsured have not been included in the HOI. However, we may consider that in future improvements to the HOI.

#### **UPDATES**

##### **Office of Health Equity (OHE) Updates**

###### **OHE Staffing**

Staffing shortages are beginning to come to an end. We now have 12 FTEs. We have a new Health Economist on staff. And we are very excited, because she is the first health economist in the agency.

###### **Workforce**

The workforce incentive programs have awarded scholarships to 23 registered nurses, 22 licensed practical nurses and 6 advanced practice nurses/nurse midwives.

The Office of Health Equity Workforce staff has recommended applicants for all 30 of its Conrad 30, J-1 Visa Slots, marking the fifth time in six years that all Virginia slots are filled. The Conrad 30 program provides each state with 30 J-1 Visas earmarked for foreign physicians who recently completed a US Medical Residency program. The J-1 Visas allow these new physicians to remain in the US for two years if they provide care in a Federally-designated Health Professions Shortage Area or Medically Underserved area.

The State Loan Repayment Program (SLRP) provided loan repayment to 10 awardees.

The Workforce Incentive Program also has a new Emergency Medical Service scholarship program that will be taking in approximately 4,000-5,000 applications annually.

###### **Faith-based**

The Faith-based initiatives have been doing very well. This includes Partners in Prayer and Prevention (P3)-Healthy People, Healthy Churches Program and million hearts. P3 grew out of million hearts. This year, the P3 program won the ASTHO Vision Award, Category B for programs with budgets under \$250,000. The P3 program recruited congregations from the Virginia Congregations for Million Hearts initiative and last year completed its first Health Champions training. The P3 program is beginning its next cohort of 25 Health Champions.

###### **CLAS – Health Equity Training Series**

The Office of Health Equity (OHE) recently concluded the 2017 Summer Brown Bag Health Equity Training Series. The Summer Series showcased several video segments and a Ted MD Talk exploring health inequities, which are the root causes of health disparities. Following the screenings, VDH staff and community partners held panel discussions covering innovative partnerships and projects that use a population health focus to support VA's Plan for Well-being.

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**Virginia's Health Opportunity Index (HOI)**

We are updating the HOI. The data work is done; we just need to get it on the website. You will be able to see trends in different areas. Rex is working with the HOI and Vision Zero project (dealing with auto and traffic).

We are working closely with the oral health coalition creating maps building up the report card (ways to improve). These include maps of HPSAs, providers and SDOH. It also includes poverty, uninsured, children and non-white population.

**Empowered Communities for a Healthier Nation Initiative Cooperative Agreement**

Karen and Augustine worked hard on this grant. It is sponsored by the Federal Office of Minority Health. It targets minority and disadvantage populations, opioids, childhood obesity and serious mental health. This grant supports re-entry and prevents re-addiction. The community stakeholders are Prince William County ADC and George Mason University.

**Other Updates**

The Virginia Board for People with Disabilities recently awarded two grants that are health related. Awardees are the Partnership for People with Disabilities at Virginia Commonwealth University and James Madison University. This grant will support the training of people with disabilities to work with doctors. Both started on October 1, 2017.

Information Resources

- VDH website has links to current and emerging health issues: [www.vdh.virginia.gov](http://www.vdh.virginia.gov)

**Public Comment**

- No public comments were made.

The meeting was adjourned at 1:35 pm.

**Next ACHDHE MEETING:** Tuesday, January 9, 2018.

**Time:** 11:00am – 2:00 pm

**Location:** Mezzanine Conference Room, VDH Central Office, 109 Governor Street, 233219 or via Polycom upon request.

**Respectfully submitted by:**

**Augustine Doe, Health Equity Specialist**

**Minutes reviewed by:**

**Ms. Luisa Soaterna-Castaneda, Chair**

**Ms. Patti Kiger, Vice Chair**