

Commission for Health Advocacy and Equity

Meeting Notes

Date: October 16, 2013

Time: 2:00 pm -4:00 pm

Location: R.I Department of Health State Laboratories

“Making strides to address health equity and the elimination of health disparities in Rhode Island”

I) Call to Order

Meeting called to order by Commission Chair, Dr. Tanya Dailey

II) August 21, 2013 Meetings Minutes Approval

Meeting minutes are approved by Commission Members.

III) Comments on Agenda

No additional comments provided.

IV) Welcome New Commission Members

Introductions of new members were made, and a notary was available for documentation.

V) Priorities Review and Approval

Commission priorities were distributed. The priorities were voted on and accepted.

VI) HEALTH Legislative review

David Heckman from Health, who is a legislative liaison for the Department of Health, came to speak to commission members about several items in the assembly. Several bills were discussed, and David has offered to return to these meetings periodically to give commission members updates as needed. Some topics discussed were:

- A pilot program concerning the usefulness and practicality of the states seat belt law, which HEALTH supported to save lives, especially in the younger populations, was launched. The concern was police practices and racial profiling, but there was no evidence of this from the studies completed in other states. The Department of Transportation will monitor this.
- Another bill that was supported was through behavioral health and required new warning posters to be posted in every store that sells cigarettes, in both English and Spanish.
- Adding synthetic cannabinoids as a Schedule 1 drug. Researchers are using the scientific description of the substances at a molecular level to classify these drugs earlier. This would be important as most of these drugs are targeted to youths.
- New procedures of monitoring in the electronic prescribing of Schedule 2 drugs and electronic reporting of Schedule 4 drugs is in place. These drugs have become significant health problems as they are a greater killer locally and nationally than fires, firearms, and car accidents combined.

- Implementation of same sex marriage bill because where there is inequality under the law, there are health inequities.
- The Lupus education and awareness program was signed, and lupus disproportionately affects minority women.
- The health care reform act was passed which will open up the financial reporting data from hospitals.

Dave Heckman shared a one page document of HEALTH's priorities moving ahead, but with the fiscal cliff, there may be challenges in public health. Some key components of this document are:

- To become the healthiest state in the nation. We have moved from 13 to 10, but are striving to be number 1.
- To provide an improved delivery system through the primary care trust. This would focus primary care funding into practices that are patient centered medical homes to eliminate disparities, increase multidisciplinary support, and provide population health in neighborhoods. A discussion occurred here on zoning laws, in relation to things like liquor or tobacco ordinances. Neighborhood health centers may be able to help by identifying the needs in a neighborhood, seeing whether laws are followed, and being aware of the social environment to help public health outcomes.
- As priorities are changing within the legislature, we need to work with governor to make legislators aware of HEALTH's priorities and win health issues. The legislative study commission's reports on primary care trusts will be coming out around January, and this commission has expressed an interest in being involved with those discussions.

VII) Subcommittee Updates

Data Subcommittee Report

The committee met during the month and the goal was to take the wealth of information available and collapse it into manageable parts for the bi-annual report. This committee looked at other states health disparities reports, and then compiled a list of potential outcomes and demographics for discussion in Rhode Island. These were discussed and suggestions included:

- Making the language appropriate in the report as the commission represents their constituents so the report should be able to be understood by them.
- Using a strategy like infographics for communication or combining strategies for innovative reporting
- Infusing personal narratives
- Reminder that the systems we have are the producers of the outcomes we get. If they systems themselves are rooted in inequality then they might need to be changed.

- Possibly adding diabetes, violence, and substance abuse to the health behavior/outcome list
- Adding sexual orientation to social determinants and including financial literacy with income stability
- Focusing deeper into a few areas rather than broad interpretation of many areas
- Making sure what we choose links to previous discussions on disparities and that we pick an issue that has disparities, even though statistically Rhode Island may be doing well on that topic.
- A reminder that when this commission makes recommendations on topics and processes, it is to all other state agencies. The focus will be on system changes and the commission should link these to the strategic priorities.

A survey will be sent to commission members to choose the three areas they feel we want to focus on. To help with this, HEALTH staff will distribute minority health fact sheets to all members. A reminder to all was made that if any group is planning to hand out materials at a meeting, this should be done prior to the meeting electronically.

Community Engagement Subcommittee

The group has not met yet and anyone who wants to join should contact Julie Rawlings. If you are contacted, please respond to emails because this group needs to meet.

Legislative Subcommittee

The subcommittee has met in early September and the topics addressed were:

- Purpose, role, and function of subcommittee
- Status update on health care reform
- Identifying individuals/organizations to approach and share legislative priorities
- Using information from commission reports to further the subcommittees work

A meeting schedule was presented for those wanting to attend. (Monday 8-9AM at Neighborhood Health Plan RI on 10/28, 11/25, and 1/27.)

VIII) Meeting Schedule

The meeting schedule was discussed with a reminder that these cannot be held without a quorum. A doodle pool will be sent out for the possibility of monthly meetings.

IX) Rhode Map RI Update

- Rhode Map RI is currently working on opportunity mapping
- Rhode Map RI has materials for “meetings in a box” community meetings if anyone is interested.

X) Action items for Dr. Fine

The commission will submit the newly approved commission priorities.