

June 10, 2016

Meeting Minutes 3:00 pm- 4:00 pm

RWU School for Continuing Studies: 1 Empire Plaza, 3rd floor

Attendance: Reggie, AJ, Taino, Sarah, Dora, Samantha, Anisha, Angie, Daniella

1. Selecting measures for health outcomes for the next health disparities report

a. Diabetes; behavioral health (mental health/substance abuse); maternal and child health (e.g. infant mortality)- Daniella provides additional guidance on how to selecting measures for the health outcomes.

Health Outcome Who?

Diabetes Reggie

Dora

Behavioral Health (Mental Health/Substance Abuse) Daniella

Taino

Infant Mortality AJ

Sam

Sarah

Cost Data Sarah

i. Think about measures that have a high rate and then measures that are statistically significant.

ii. Model comes from Cancer Research. This would provide us information on how to measure the diabetes selection.

1. We struggled with topics that were the health models. This is a

good way to divide and conquer the task.

iii. We can think about selecting measures: Angie mentioned that we can look at the last equity report and align the measures of the Commission to the DOH population health plan.

1. The benefits of doing so: SIM measures are aligned with DOH population health plan. Why look at things that are different than the population health plan.

2. Reggie's Pushback: Should the Commission align or should they do something that is different than DOH. Because some outcomes might not be included.

3. Dora: Selection criteria: Think about the first report. What do you think needs to be changed by the legislative.

b. Protocol for measures selection: 1) high rate of disease; 2) statistically significant differences across socio-demographic groups

c. Protocol for measures selection: 1) measures across the chronic disease continuum from prevention to end-of-life care

2. Potential social determinants:

a. Criminal justice; education; housing

i. We should think about cost related non-adherence.

ii. Angie will share infographic to show some connections.

iii. Taino: Believes that we need to look at cross-sectionality.

3. Discuss goal for the report: 1) to "describe disparities"; 2) to propose interventions on disparities; 3) to evaluate previous interventions; and/or 4) to provide guidance on how to move health equity forward?

a. How can we get to a place to achieve Health Equity?

- i. We should think about the action steps/items for people (how to target practitioners and other audience members).
 1. Recommendation is to streamline information between the community agencies and the Commission.
 2. Health Equity Zone: Angie will oversee the HEZ directly. Angie has made some requests about the HEZ. Angie wants the Commission to be dually and directly involved with the HEZ.
 3. What is DOH's diabetes, or HEZ funding stream? At some point someone has to report this? How does this happen?
 - a. Commission should align with the HEZ.
 - b. Pull together CHAG (data for the HEZ): CHAG is an indicators evaluation for the HEZ, and the long-term goal
 - c. SO DOH needs to decide what is the disparity, how to address the disparity, and to evaluate whether a program worked in addressing that disparity?
 - i. Looks like we don't have the framework. How do we create framework.
 - ii. Example: Louisville had a program for housing and education.
 - b. Group was leaning towards #4: Proving guidance health equity forward?
 - i. Taino: Maybe it is aligning the efforts and streamlining these efforts. Integration and Health Plan.
 - ii. What are the measures we are going to look at?
4. The "Triple Aim" and the "Triple Aim for Health Equity"
 - a. Triple Aim is improving the care of population.
 - b. Maybe need a Triple Aim for Health Equity and the quality of

healthcare we received.

c. Reduce the cost of care

d. Need to consider the policy lens for the Health Equity.

Next meeting; bring measures. What are the high rates and high incidence or prevalence of that measure?

Presenting Triple Aim to our approach at the full Commission meeting: That is our model.