Commission for Health Advocacy and Equity
“Making strides to address health equity and the elimination of health disparities in Rhode Island”

Commission for Health Advocacy and Equity
Meeting Minutes
Wednesday, February 28, 2018
2:00 PM to 4:00 PM
Rhode Island Department of Health Room 401

Taino J. Palermo, Ed.D, Roger Williams University, CHAE Chair
• Review Minutes from January 31, 2018 meeting. Motion to accept the minutes.
  o Minutes accepted: All in favor, none opposed.
  o Health Equity Institute Report: Deb Garneau to introduce, presentation to examine connection of HEI with the commission.

Introductions
• CHAE members attending: Aleatha Dickerson (Elderly Affairs), Steve Florio (Commission for the Deaf), Andrea Goldstein (Brown University), Taino J. Palermo, Chair (Roger Williams University), Victoria Goetz (sitting for Kathryn Ryan, Attny General), Raymond Neirinckx (Housing Community Development), Michael Nina (Neighborhood Health Plan), Pamela Cotter (RIDOT), Cynthia Roberts (RI Coalition Against Domestic Violence), Jim Vincent (NAACP, ex officio), Larry Warner (RI Foundation), Raymond Two Hawks Waston (Providence Cultural Initiative)
• RDOH staff and guests: Julian Drix (RIDOH), Deb Garneau (RIDOH), Deb Golding (RIDOH), Krista Handfield (Thundermist Health Center), Ana Novais (RIDOH), Mia Patriarca (RIDOH), Georgia Hollister Isman (Rhode Island Working Families) John Wesley (Director of Policy, RI Coalition Against Domestic Violence)

Julian Rodríguez-Drix, RIDOH
Kresge Grant: Resources and Opportunities.
• One-year grant, 2018 implementation phase. Aims to integrate social justice into existing health equity agenda. Opportunity to expand existing work, requires internal and external engagement.
• Internal: Working with consultant groups (Human Impact Partners, Praxis, Berkley Media etc.) to train 75% internal staff in connections between social justice, public health, and health equity. Trainings will also be open to Commission members.
• External: Community engagement building off existing partnerships. First event is Raising Voices for Climate Change, 3/20. Sharing experiences, work, lessons learned around climate resilience/justice in RI.
• Other events will focus on gentrification, promoting development of healthy communities without displacement, health impact of immigration policies and politics. Anyone interested in partnering should see Julian.
• Health Impact Assessment (HIA) training, 2-day training scheduled in May:
  o Two local case studies: 1) HIA of Port-of-Providence (land use, transportation, planning) 2) Increasing minimum wage.
• Deb Garneau asked about involvement/commitment for minimum wage HIA
  o HIAs are intensive, rigorous, but the process can be as valuable as the product. Roles include Subject Matter Experts, core writers (2-3), facilitators. Involves 2-day training, follow-up work (5-10 hours, more for writers).
  o Raymond Waston asked about concrete steps for addressing gentrification. Teaching a Gentrification class with MET students, and is open to collaboration.
    o Still in exploratory phase. Important to examine best practices, nothing is set in stone.
Commission for Health Advocacy and Equity
“Making strides to address health equity and the elimination of health disparities in Rhode Island”

- Taino asked for clarification about the training and follow-up process: Who will be involved? What is overall goal, commitment and responsibility of participants? What does this work look like moving forward?
  - The aim is to develop the capacity to conduct (and support communities in conducting) HIAs in the future. Case study participants should be committed to one or both case studies, but could also include a wider audience. Will be gathering qualitative and quantitative data, with the specific goal of policy impact.
  - Ana Novais clarified that moving forward the sole responsibility will not need to fall on the initial cohort – there is no commitment beyond initial case studies, and engagement is up to individuals.
  - Participant lists not yet finalized – need to confirm topic, participant interest, availability. Suggestions for participants (e.g. Commission members, DOH, community members, partners etc.) are welcome. Timeline should be clearer in next week or so, finalized in end of March, but likely 3rd week in May.
  - Tai mentioned the Health Disparities checklist, and work Reggie is doing on health and abandoned properties - might be a good connection.

John Wesley, RI Coalition Against Domestic Violence
Georgia Hollister Isman, Rhode Island Working Families
Legislative Proposals: Minimum Wage and Pay Equity Legislation

Recap: In last meeting, the Commission decided to support policy and legislation on increasing minimum wage. Have since reached out to legislators endorsing the bill (Rep. Ranglin-Vassell and Sen. Calkin).

- Two related bills proposed (each are outlined in more detail in packet). There is a rapidly growing coalition, activist, and individual engagement. The Fair Pay Act has a good chance of passing this session, but Minimum Wage Act likely to take around 2 years.
  - Minimum Wage Act: $15/ hour minimum wage – increases $1/year over 5 years, then indexed to inflation. Eliminates subminimum tipped wage (over a longer time period). Strengthens enforcement language. This is a big push, and will need any/all advocacy help available!
  - Fair Pay Act: Prohibits differential payment for any protected classes (current phrasing is open to interpretation by the courts). Instituting best practices around eliminating unconscious bias/salary discrimination: bans prohibition of salary disclosure among employees, removes past salary as a consideration in determining salary, requires disclosure of salary range for job.
  - Currently have a good deal of data on economic impacts, but need public health perspective on advocacy and raising awareness – especially research around public health disparities in wage inequities. Someone from the Commission needed to develop testimony/testify in support of one or both bills, discuss how these topics relate to health.
  - $15 has political resonance, is slightly above what a single person would need to live on in RI, also the highest minimum wage that has been passed in any state. If minimum wage had kept pace with inflation it would be well over $15.

- Steven asked about salary disparities in individuals with disabilities? There hasn’t been much work done around this in Rhode Island yet, however disability is currently included as a “protected class”, and the Fair Pay act includes greater punishment for employers who do not adhere.
- Ana brought up a report from a company that used tax cut savings to increase company minimum wage. Impact of making a business case – increases worker retention, decreases turnover, employee investment, employees making more money will likely spend in the local economy.
- Additional mechanisms of support discussed include op-ed, endorsement, data production, testimony.
- Larry inquired about effective tactics in the previous sick day campaign that could be applied. Most important was for legislators to hear directly from those impacted, because these issues are usually outside of their direct experience.
- Coalition has been meeting monthly, will be bi-weekly going forward. Can set up a separate smaller meeting with interested Commission members and bill sponsors (Rep. Ranglin-Vassell and Sen. Calkin). If anyone connects with them before April meeting, let Georgia and John know.
- Poll: who might be interested in meeting with reps: Cynthia, Ray, Michael, Larry indicated interest.
Commission for Health Advocacy and Equity
“Making strides to address health equity and the elimination of health disparities in Rhode Island”

Policy Promotion Process
Discussion: Criteria, Levels of Support, Process for Consideration

- What does support look like (e.g. standardized letter)? Do we keep the same focus areas for two years, or reassess every year? This will determine policy and legislation support going forward, what does that support look like. In this case might an op-ed be more powerful than a letter of support?
  - Could be tiered, with Commission member (e.g. Cynthia) representing the Commission. Use collective networks and reach to support organizing efforts, or use this as a working case study.
- Deb asked about other legislation outside of two priority areas that we want to support, and Cynthia suggested strategizing focus according to timelines of priority focus areas.
- Mia suggested that the minimum wage piece fits in well with general policy change criteria, and that there seems to be consensus to go beyond endorsement. CHAE has been asked to consider other proposals (Early Childhood Education, Indian Affairs Act etc.), and we can use experience with this legislation as framework.
- Raymond voiced support for a 3-tiered approach, to include support letter, presentations, testifying.
- John inquired about endorsement from the RIDOH director and/or Governor. Deb: Commission can take things further than RIDOH or Governor, who can support but not advocate for agenda.
- **Plan for communicating new legislation, requests for support, community meetings: should be sent to Tai, become a standing agenda item.** RIDOH legislative liaison could speak with group.
- Next steps: Tai will reach out to those who want to connect with bill sponsors, send Reggie’s Health Disparities checklist, share once we know when it’s time to testify. Discuss Op-ed in next meeting.

Taino J. Palermo, Ed.D, Roger Williams University, CHAE Chair
Chair Updates: Membership Revitalization and Recruitment

- Open Seats (9): 20-member Commission, 7 open seats currently, 2 will term out. Ex-officio members could become official members. Decided to wait until April.
- Missing Sectors: A list of current membership, sectors represented, terms will be compiled and shared before next meeting. Will assist CHAE in identifying sectors in need of representation.
- Application and Supporting Materials: RIPHI has money to support County Health Rankings and roadmaps. Focus areas are minimum wage and increasing high school graduation – there is an opportunity to align data and efforts across the coalition to work on minimum wage data brief and policy brief. May “Health in all Policies” summit with legislators, coordinated by RIPHI.

RI Department of Health Updates

- April is Minority Health Month. “Partnering for Health Equity” event at Statehouse, April 4, 3-4:30. Session to be led by HEI and Commission, to include celebration, speakers, networking with legislators. RI Health Equity Summit to be held Sept 20. Commission involvement in implementing this would be helpful.
- PolicyLink Equity Summit to be held mid-April
  - Anti-gentrification toolkit (Equitable Development) could be a useful addition. Julian will connect with Deb on planning anti-gentrification event.
  - Cynthia brought up a tool being developed by the City of Providence Racial Equity for assessing how equitable a specific project is. Cynthia will share.

Adjourn