

**New York State Department of Health  
Minority Health Council  
April 13, 2018 - Meeting Minutes**

Topics	Discussion
Attendees	<p><b>Council Members in Attendance: Daniel Carrion, Guillermo Chacon, Ngozi Moses, Lenora Reid-Rose, Nilda Soto</b></p> <p><b>Council Members Absent: Raul Vazquez (called in), Antonio Pagan, Elizabeth Cohn</b></p> <p><b>NYS DOH OMH HDP Staff:</b> Wilma Alvarado-Little, Director and Associate Commissioner and Harrison Moss, MHC Liaison</p> <p><b>NYS DOH Staff:</b> Claire Simon, AIDS Institute; James Tardy, Legal Affairs</p> <p><b>Available Via Conference Phone:</b></p> <p>Meeting Participants:</p> <ol style="list-style-type: none"> <li>1. Colleen Campbell, public observer</li> <li>2. Jacqueline Hayes, Diversity and Inclusion Program Specialist, NYS Developmental Disabilities Planning Council</li> <li>3. Nabila Ibrahim, Excelsior Fellow, NYS Developmental Disabilities Planning Council</li> <li>4. Carl Letamendi, Director of Evaluation &amp; Divisional Support, Center for Health Equity, NYCDOHMH</li> <li>5. Jordyn Wartts, Public Health Planner, Westchester Developmental Disabled on The Move, Inc.</li> <li>6. Suwie Pujeeh, Program Research, NYS Developmental Disabilities Planning Council</li> </ol>
Call to Order and Welcome	<p><b>Meeting convened at 10:30AM</b></p> <p>Ms. Soto introduced herself, welcomed everyone and reminded participants that the meeting is being webcast and therefore attendees need to speak loudly and clearly when introducing themselves. Council members and other participants introduced themselves followed by those joining via conference phone. Ms. Soto thanked all members and participants in attendance.</p>
Council Business	<p>The Chair announced Dr. Lori Quigley’s resignation from the Council. She commended her on her years of dedication, participation, and for organizing the Voice Your Vision listening session in Albany. She added that Dr. Quigley was a very devoted, active member of the Council who shared her experiences of being a Native American in New York State.</p> <p>Ms. Soto reviewed the agenda for the day, noting that while there are minutes from several past meetings, they can once again not be voted on because they are without quorum. As a recap to the prior discussions on bylaws, the Council constitutes 14 members, however right now there are only 8 active members, 3 of which are pending reappointment since their terms technically ended in 2017. There are several candidates that are currently in the vetting process, and as many know, that process can be a lengthy one, but it is her hope that by the timing of the next meeting, in September, they will have been confirmed.</p> <p>Going back to past meeting minutes, there was a discussion regarding revisions to the bylaws. The items discussed were:</p> <ul style="list-style-type: none"> <li>• Changing the Council’s name to “Health Equity Council” <ul style="list-style-type: none"> <li>○ Use of the word “minority” perception by the underserved as negative</li> <li>○ Can be recommended to Commissioner Zucker, but Legislature needs to approve</li> </ul> </li> </ul>

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	<ul style="list-style-type: none"> <li>• Bylaws on Council Member Attendance and Participation           <ul style="list-style-type: none"> <li>○ Chair to follow up with member after missing 2 consecutive meetings</li> <li>○ It was noted that meeting minutes have not been approved in quite some time due to the inability to meet quorum</li> <li>○ Legal counsel, James Tardy, confirmed that members must physically be seen to vote, so they cannot be counted toward quorum if participating by phone, only in person or via video conferencing. Video conferencing is something that has been discussed and while there have been technical reasons as to why this has not been offered to date, it will continue to be investigated as a viable option.</li> <li>○ Vote to approval revisions to the bylaws could not proceed due to lack of quorum</li> </ul> </li> </ul>
<p>Identifying Best Practice or Evidence-based NYS Programs That Address Health Disparities and Feedback on Council Member Submissions</p>	<p>Wilma Alvarado-Little provided remarks on the Council’s initiative to identify best practice or evidence-based New York State programs that address health disparities, and Commissioner Zucker’s support of it. She said that while he was unable to attend, he asked that she share his enthusiasm regarding this initiative and report back to him based on today’s discussion. Reflecting on the work of the OMHHDP and the Council, there are 3 main goals:</p> <ul style="list-style-type: none"> <li>• Raise awareness about the health of racial, ethnic, and other underserved populations,</li> <li>• Increase the engagement of local grassroots communities and public advocacy and research, and</li> <li>• Increase the number of racial, ethnic, and underrepresented individuals who work in public health.</li> </ul> <p>She added, as an advisory group, it is the expectation that they can raise awareness of the issues involving the health of our communities, but also identify strategies to address the disparities (which persist) and highlight legislation, policies, and programs that can help advance health equity. Ms. Alvarado-Little then turned the discussion over to the Council Chair, Ms. Soto.</p> <p>Before beginning the discussion on identifying best practices, Ms. Soto shared information regarding the updating of the 2019-2024 New York State Prevention Agenda. The focus is making New York the healthiest state for people of all ages and the 5 priority areas identified are:</p> <ul style="list-style-type: none"> <li>• Prevent chronic diseases,</li> <li>• Promote a healthy and safe environment,</li> <li>• Promote health women, infants and children;</li> <li>• Prevent HIV, STDs, vaccine-preventable diseases, and antibacterial resistance, and medical health care associated infections; and lastly,</li> <li>• Promote wellbeing and prevent mental and substance use disorders.</li> </ul> <p>Among the components in addressing these priority areas, is maximizing the impact of evidence-based interventions, which fits within the focus of today’s meeting: strengthening collaborations across health and non-health agencies between state and local agencies among counties, cities, towns, and between public and private organizations that address racial, ethnic, and socioeconomic disparities. She will be forwarding the information shared on the Prevention Agenda via the Survey Monkey tool and she encouraged members to share it with the various organizations that they are involved with. Several areas of concern identified by members that need to be addressed by the Agenda included gender identification, immigrants, and low-income housing, and understanding how New York State will prioritize areas most in need and whether it be based on location (Upstate/Downstate), and of course, funding, whether it be from the community, State, federal programs, etc.</p>

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After much discussion among membership present regarding prioritizing the issues and focus of the Agenda, Guillermo Chacon said that, as a working Council, this work is an open process and he encouraged all to remain engaged and focused on these items so that when they come together for the next meeting in September, there can be a product to present to the Commissioner. As their charge, they Council's product will provide guidelines in terms of settings and best practices for the entire state of New York; keeping in mind that these priorities assist in crafting the Prevention Agenda, setting the priorities for five years. Ms. Alvarado-Little added that the Prevention Agenda is a NYSDOH initiative, so when discussing the social determinants of health, the Minority Health Council is a natural match to assist in helping identify next steps to help move these initiatives forward; making today's discussion in identifying programs that have been effective, so that challenged communities that would benefit from these programs may adopt them, regardless of geographical location. Mr. Chacon added, that while this is a DOH initiative, it is his hope that with a final product, the Agenda would in turn challenge other Agencies throughout New York State such as Labor and Education, as to deal with these social determinants in their entirety, not just in health. It has been his experience, based on the Governor's staff and his public statements, that he acknowledges, understands, and is committed to bring attention to addressing social determinants in all levels of government, not just health. Ms. Alvarado-Little suggested, that in the interest of time, that the group refocus on the Council's charge that is being supported by Commissioner Zucker, and turned the conversation back over to the Chair, Ms. Soto.

Going back to the charge for the Council and identifying best practices, Ms. Soto mentioned the template that had been previously provided to the Council and noted that only 2 members responded with information, Raul Vazquez and Antonio Pagan. While unable to attend in person, Dr. Vazquez joined the discussion via conference phone and walked the meeting attendees through his submission based on the handout distributed before the meeting (see attached table: *GBUAHN/GBUACO Best Practices/Evidence-Based Programs That Address Health Disparities*). He provided several examples from the programs that he brought together, based on the Affordable Care Act, called the Accountable Care Organization (ACO), bringing providers and insurance companies to partner with and work together. In bringing the community members, health care providers, insurance companies, and local resources, the system is working. He provided several examples of how the model is working in different areas such as opiate addiction, mental health disorders, obesity and nutrition, as well as assisting in improving access to care through transportation, cultural and linguistic competencies, exercise programs and facilities, and other community resources made available to those in need to ensure people are getting the proper care to address their issues and concerns.

Ngozi Moses spoke on one of her organization's partners funded through DSRIP, Communities Together for Health Equity (CTHE). CTHE brings community-based organizations together to identify strategies and evidence based models that can be utilized in the City and boroughs to address social determinants. However, she is asking that she may defer to a later date to elaborate on her ideas and programs so that she may gather information and present it in a more cohesive manner (please note that Ms. Moses had assumed that she would not be able to attend today's meeting, so did not have something in writing to speak on or present).

Ms. Soto thanked her and let her know that she too believes the Council will benefit from her providing more information as this applies to today's discussion and the Commissioner's charge to them. Ms. Reid-Rose would like a deferment as well given that in listening to the information provided by both Dr. Vazquez and Ms. Moses, she too is aware of programs in Rochester that would apply. Ms. Soto agreed to her request, adding that members should go back and focus on their community and issue-specific programs that are underway and are working to address the needs of those communities.

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	<p>Mr. Carrion brought up the point that reimplementation of programs often fails, partially because we do not understand how the program was implemented in the first place. Revising the template to incorporate more details on how the program was implemented perhaps would be useful. Mr. Moss said he would leave it to the Council regarding if and how they wish to change the template.</p> <p>Prior to going into the next agenda item on evaluation criteria, there were some ideas from present members regarding the process of accomplishing the Council’s charge which included:</p>
<p>Evaluation Criteria for Best Practice or Evidence-based Programs &amp; Agenda Development</p>	<p>Ms. Alvarado-Little commented that each member is probably aware of programs in their communities and areas of expertise that could be built on, applied and would resonate with other communities.</p> <p>Questions and comments from members in attendance (and on the phone) included:</p> <ul style="list-style-type: none"> <li>• While identifying where best practices have worked, it is equally important in determining if they were effective and worth re-implementing.</li> <li>• Based on that, it was recommended to collect the best practices for the next discussion (September 2018) and then, based on those discussions and defining the criteria, segregate the best practices from there.</li> <li>• Would it be better to evaluate research based science as well as evidence based best practices?</li> </ul> <p>Ms. Alvarado-Little said that these ideas lead to great next steps in identifying the evaluation criteria, then identifying what and where are the resources, and then, implementation. Council Chair Soto encouraged all members to get back to Harrison directly with any other ideas. Harrison asked that Ms. Soto identify a timeline. The Council discussed and agreed on a deadline of July 30, 2018.</p> <p>Discussions continued regarding the template and some had concerns as to what the “final product” will look like to which Ms. Alvarado-Little broke down into what she sees as the following steps, first considering programs that work in the community and what they do and then, later, based on the evaluation criteria the Council comes up with, then tease out more information on those programs. Mr. Chacon agreed, adding that they do not want to go with a 700-page document that no one is going to see; it should be concise.</p>
<p>Meeting Recap, Next Steps, Action Items</p>	<p>Mr. Moss said, in wrapping up, he wanted to capture next steps in updating the template:</p> <ol style="list-style-type: none"> <li>1. Move the program description next to the program column.</li> <li>2. Change “target populations” to “populations in focus”.</li> <li>3. And finally, add an “Outcomes/Data/Evidence” column.</li> </ol> <p>He will distribute the revised template by next Friday, April 20<sup>th</sup>.</p>
<p>Agenda Development</p>	<p>In terms of developing the agenda, the following recommendations were made:</p> <ol style="list-style-type: none"> <li>1. Have the Bureau of Social Determinants present.</li> <li>2. Hear an update on DSRIP.</li> <li>3. Update on the process of crafting the Prevention Agenda.</li> <li>4. Information on helping CBOs to identify value and impact.</li> </ol>

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	<p>Harrison asked members to submit their agenda ideas directly to Ms. Soto and reminded them that agendas need to go through a departmental approval process. Ms. Alvarado-Little added it would be helpful if they could define exactly what help the CBOs need and in what capacity so that efforts are coordinated and that time is used efficiently to help the communities.</p>
<p>Meeting Recap, Next Steps, Action Items</p>	<p>Ms. Soto reminded members that the deadline for submissions is July 30<sup>th</sup> and that the next Council meeting will be held on Friday, September 14<sup>th</sup> at 90 Church Street, New York City at 9:00am. After discussion as to some not being able to make it there on time, Ms. Alvarado-Little suggested that members discuss that amongst themselves and let the Chair know. She will then let the liaison (Mr. Moss) know and the meeting start-time will be scheduled accordingly.</p> <p>For the next meeting, Ms. Soto said that the objective will be reviewing the information collected from the member’s submissions, update on the Prevention Agenda, and potentially an update on the continuation of DSRIP. Mr. Chacon asked what can be done to secure a quorum for September’s meeting, adding that a friendly email reminder should be sent among peers to be present. Ms. Soto agreed and noted that there are members currently being vetted and it is hoped that they will be confirmed prior to the September meeting.</p> <p>Mr. Moss reminded members of the following points:</p> <ul style="list-style-type: none"> <li>• Any members present today that are seeking reimbursement for their travel, need to submit all signed paperwork Claire Mone no later than Friday, April 27<sup>th</sup>, allowing time for any issues to be ironed out so that they receive reimbursement in a timely manner.</li> <li>• While he realizes that they were asked to submit all pre-travel authorizations for the calendar year very early, it was very helpful in ensuring that funds were put aside to cover these costs so that full reimbursements can be made within the guidelines of New York State official travel.</li> <li>• Joyce Meadows, who is our fiscal officer at the New York State Department of Health Office of Minority Health and Health Disparities Prevention, will reach out to members individually regarding any questions or discrepancies with reimbursement requests as she handles all money that goes in and out of our Office.</li> </ul>
<p>Public Comment</p>	<p>Ms. Soto opened the floor to any public participants in attendance both in person and on the phone. The comments were as follows:</p> <ul style="list-style-type: none"> <li>• A participant on the phone wanted to share that she has seen a lot of training in the most recent year for CBO’s especially in this area to engage CBO’s with DSRIP projects. There were invitations that were sent out, including to the agency that she works for and it went into how CBO’s did not only create their own identities, but also how to bill and how to make it more cost effective. The process is already out there, and you (the Council) may want to be careful about reinventing the wheel. Ms. Alvarado-Little added that for additional information regarding the Medicaid Redesign Team, people can always go to their website.</li> <li>• Jackie Hayes, who is the Diversity and Inclusion Specialist at the Developmental Disabilities Planning Council, introduced herself and said that they are currently in the initial phases of developing a minority health initiative focused on individuals with developmental disabilities, so she wanted to observe and hear about some of the work that’s being done, and noted that the models and best practices that are going to be showcased may offer some ways to also pilot those models for individuals with developmental disabilities. Ms. Soto thanked her for interest, attendance and said that there may be opportunities for collaborations “coming down the pike”.</li> <li>• Carl Letamendi, Director of Evaluation with the NYCDOHMH Center for Health Equity said that he wanted to plant a seed to think about aiming at reducing disparities among minority groups. Traditionally we know those groups are comprised of Hispanics and African Americans, but he also wants to challenge the Council to, as we look forward into setting 2020 goals, to consider looking at disparities</li> </ul>

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	<p>within Asian and other Latin American groups as well. These two groups represent 81 countries, all having different life experiences, levels of acculturation when they come into the U.S., and levels of interaction with the government, including different perceptions of the government altogether. He'd like to challenge the group to keep that in mind as he sees this as an opportunity to pave the way for how disparities-related research and evaluation is done in the future. Mr. Chacon thanked Mr. Letamendi for his attendance and points made and let him know that he is a proud member of the New York Immigration Coalition, a statewide organization and one of their core priorities is to be mindful as they engage all immigrant communities including Africa, Asia and South Asia, Latinos and so on. There are reminders at every meeting regarding how complex the realities are for these communities.</p> <ul style="list-style-type: none"> <li>• Colleen Campbell, a graduate student in sociology at Princeton University shared that her research is on reproductive health issues, specifically in maternal health for women of color. She is in attendance in her research capacity to learn about what is happening on the state level in terms of initiatives and policy interventions and added that she would love to speak with anyone about what's going on locally in their communities and organizations. Ms. Moses thanked her for attending and let her know that her organization's work is centered in maternal and child health in Brooklyn, but also works with a related association and she would be happy to share her website and information. Ms. Reid-Rose commented on a recent meeting with a research group from the University of Rochester that is researching and working with Jamaicans due to their poor health outcomes in maternal health. Ms. Soto also offered that New York State the Public Health Committee has been addressing maternal and child health. Jo Ivy-Beauford has been spearheading a report on these issues and has been engaged throughout the state so there are various resources that she could provide should Ms. Campbell want to reach out to her.</li> </ul>
Adjournment	<b>Meeting adjourned at approx. 12:45 pm and Ms. Soto wished all in attendance a happy summer and safe travels.</b>

**Next Meeting Date**  
 September 14, 2018

**Time**  
 9:00 – 1:00

**Location**  
 90 Church Street, Rooms 4A & B, New York, New York