

COMMISSION ON HEALTH EQUITY

Meeting Minutes

January 19, 2022
6:00pm to 8:00pm

DRAFT

COMMISSION MEETING PARTICIPANTS

| Commission Voting Members: | Attendance |
|---|---------------------|
| Autumn Saxton-Ross, Ph.D. Acting Chair, Commission on Health Equity | Present |
| Linda Elam, Ph.D., MPH | Present |
| Leila Finucane, JD., MUP | Present |
| Lori Kaplan | Present |
| Christopher J. King, Ph.D. | Present |
| Ambrose Lane, Jr. | Not Present |
| Autumn Saxton-Ross, Ph.D. | Present |
| Christopher Selhorst, MD | Not Present |
| Alicia Wilson | Present |
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| Commission Advisory Members: | Attendance |
| CM Vincent E. Gray, Chair, Committee on Health | Not Present |
| M. Jermane Bond, Ph.D. | Not Present |
| Hugh Mighty, MD | Not Present |
| Laura Sander, MD, MPH | Regrets/Excused |
| Maranda Ward, Ed.D., MPH | Present |
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| Commission Staff: | Attendance |
| C. Anneta Arno, Ph.D., MPH, Director, Office of Health Equity | Present |
| OHE Staff: | |
| ▪ Monique Johnson, OHE | Present |
| ▪ Makeda Vanderpuije, OHE | Present |
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| Guest List: | Organization |
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Commission on Health Equity

CHE Meeting

DC Department of Health
899 North Capitol Street, NE
Washington DC, 20002

| AGENDA | | |
|---------------|--|--|
| | Wednesday, January 19, 2022 VIA WebEx: <i>See Forthcoming Link</i> 6:00 p.m. – 8:00 p.m. | |
| | <ul style="list-style-type: none">I. General Welcome - <i>Dr. C. Anneta Arno, Director, Office of Health Equity</i>II. Call to Order – <i>Dr. Autumn Saxton-Ross Acting Chair, Commission on Health Equity</i>III. Commission RollcallIV. Approval of AgendaV. Approval of Minutes – CHE Meeting October 20, 2021VI. Office of Health Equity – UpdateVII. “Health Equity Summit 2021” – Report Out & Next StepsVIII. DiscussionIX. Adjournment | |
| | Attachments: <ul style="list-style-type: none">▪ Draft Minutes – October 20, 2021 | |
| | Next Meeting: April 20, 2022 *3:00 – 5:00pm | |

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Meeting Minutes

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6:00pm to 8:00pm

I. General Welcome

Dr. C. Anneta Arno, welcomed all Commissioners as they joined the virtual meeting via WebEx link. She advised that she was not aware of any commissioners who had notified OHE of regrets – but would advised the chair when a quorum was reached, and the meeting could formally begin.

II. Call to Order & Chair's Welcome

Commission Chair Dr. Autumn Saxton Ross called the meeting to order at approximately 6:07pm.

III. Commission Rollcall

Dr. Saxton Ross took the Commission Rollcall – asking all members present to introduce themselves – including as New Year icebreaker, to share their favorite desserts (and popcorn to the next person). OHE staff present also did the same, following commissioners.

IV. Approval of Agenda

The draft agenda was approved at approximately 6:15pm -- without additions.

V. Approval of Minutes #1 - CHE Meeting, April 21, 2021

Minutes for the October 20, 2021 meeting were reviewed. Dr. Saxton Ross requested approval of minutes from the last meeting. They were approved – with amendments to confirm attendance of additional members present and /or who had expressed regrets prior. October 2021 minutes were approved at approximately 6:20pm.

VI. Office of Health Equity - Update

Chair Dr. Saxton Ross, gave the floor to Dr. Arno, to provide an update on the Office of Health Equity.

Dr. Arno noted that further to updates presented at the last meeting regarding the two new grant funded efforts being led by OHE (CDC Health Disparities; and OMH Health Literacy), three new staff members had joined the OHE team at the end of the year. This includes an Epidemiologist that will be leading the work on the Health Opportunity Index (HOI) discussed last time. Additionally, another two new members also joined the team in early January, and will focus mostly on leading implementation and evaluation of the Health Literacy work. Also noted was the excitement and importance of these initiatives for moving the OHE strategic agenda forward.

Questions and comments from commissioners, focused on the potential risk related to our collaboration with the Virginia Department of Health on the HOI -- in light of recent political transition happening in the state. Dr. Arno noted that while she was not specifically anticipating any challenges in this regard, there had not yet been any formal meetings with colleagues this month. She noted too, that the DC Health OHE collegial relationship with the VA Department of Health on HOI collaboration goes back many years, and that it was primarily technical in nature. They would be providing us with technical assistance (TA) in much the same way as they've done with Ohio, including publishing an academic paper, which has already been useful to us in launching our work.

In concluding the OHE update, Dr. Arno noted that beyond launching the two grant programs of work which is being braided and blended together; OHE priorities for FY22 will focus on building out our Health Equity data infrastructure, including a Data Modernization process that in addition to the HOI, will leverage new methods, software and programs including Tableau. Engaging in a strategic planning process will also be important, to help with managing and building out our expanding work program and team.

VII. Health Equity Summit 2021: Report Out & Next Steps

Dr. Arno started by thanking Chair, Dr. Autumn Saxton–Ross, and Commissioner Dr. Christopher King, for their part in supporting both the planning and delivery of our inaugural Health Equity Summit, held on December 9, 2021. They each served as moderators to one of five summit panel sessions. In addition to Daniel Dawes, JD – Executive Director, Satcher Health Leadership Institute at Morehouse School of Medicine, who delivered the keynote address; the other panel sessions were moderated by Dr. LaQuandra Nesbitt; Dr. Amber Hewitt; and Dr. C. Anneta Arno. A total of 22 leaders for agencies across the public, non-profit, philanthropic, and academic sectors participated in the lineup. It was noted too, that all sessions would eventually be transitioned to DC Health's YouTube Chanel, for public viewing with open access.

Dr. Arno shared a brief power point presentation, summarizing a high level report out on summit participation results. She noted that planning for the summit begun in October, 2021, and was delivered on December 9, 2021 – total of about 7 weeks!

She noted that the framing for the summit was to consider planning for recovery and the post-pandemic context – beyond the traditional Health Care Ecosystem – which had been covered in the DC Health report, “COVID-19 Health & Health Care Recovery Report” (May 2021). But a lot of work remained, with respect to two key areas – the social and structural determinants of health; and structural & institutional racism – per Dr. Nesbitt's summary paper published in the American Journal of Public Health (AJPH), December 2020.

Noted too, was the fact that the Commission has for much of last year, discussed the roles and relationship between OHE and the new Office of Racial Equity, in the Office of the City Administrator. She noted that she has made it a priority to collaborate with the new Chief Equity Officer for the District, and they have built a strong working relationship. As such, it

was with mutual agreement that OHE would collaborate with the ORE, in delivery of the Summit, given our intent to focus on these two critical legs of the post-pandemic equity stool.

Indeed, ORE embraces the work of OHE and the Health Equity Report 2018, seeing their role as a critical extender to the equity conversation, and we continue to collaborate in multiple ways. It's important to understand the two strands of work, and how they complement each other. Based on our collaboration, Dr. Arno drafted a one page proposal on the summit, which was quickly approved, first by Dr. Nesbitt, and then by the City Administrator.

Questions and discussion focused on clarifying the roles of the different offices, including the Council Office of Racial Equity (CORE) – which was not a direct participant in the summit; but with which OHE has a working relationship. Interest was expressed in seeing these relationships in some type of organizational chart; although the concept of a Venn diagram, seemed more apt, with ability to picture shared and overlapping roles, functions, and topics – as there is no formal hierarchy or reporting structures between these offices.

Commissioner Alicia Wilson described the role of the “DC Initiative on Racial Equity” – which she participates in—as a non-governmental group that has been pushing hard for a lot of this work, and may be interested in ‘mapping’ many of these processes, which would be helpful to all of us and our networks – knowing who is doing what, and where to go to for help, etc.

Dr. Arno resumed her report out on the summit, noting the importance of collaboration of multiple agencies in planning the summit delivery, and noted success with engaging leaders from across all of the 9-key driver agencies, and more.

Questions were asked about the intended audience of the summit, and if our expectations had been met. The summit was intended to be locally focused – engaging the whole of the community – including all residents; public, private and non-profit partner agencies and employees across the 9-key driver sectors; as well as all District Government employees. While Daniel Dawes provided that national and historical contextual frame, our intent was to engage in a District of Columbia specific dialogue, framed around building a roadmap to a just post-pandemic future -- leveraging learning and insights from our pandemic experience – to inform how we sharpen our implementation tools to disrupt the status quo, with the fierce urgency of now, which are essential to transforming our health and racial equity futures.

In terms of event metrics – there were a total of 940 people registered; and over 520 unique individuals who participated either directly on the summit platform (RunTheWorld), or via DC Health Social Media (Facebook Live). Data shows that we had representation from all 8 wards of the District – with highest representation from Ward 5 (14%); followed by Ward 4 (11%), then Wards 7 and 8 at approximately 9% each. This represents over 40% of participants being residents of the four Wards hardest hit by the pandemic in terms of both burden of disease as well as deaths. Additionally, nearly one third (31%) of participants lived outside of the District; however, we are unable to tell if

they lived within the DMV or beyond, and/or if they worked in DC.

All sessions were well received and highly rated. The following table provides a summary of the overarching qualitative evaluation of the summit by participants. As shown, evaluation respondents reported overall that the Summit sessions were **interesting**, **enhanced knowledge**, and were available in a format/language that **they could access**. Also shown, is that the **opportunity to participate** in the dialogue/ask questions and the focus on **community voice** received lower ratings from respondents overall.

| Health Equity 2021 Summit Evaluation Questions | Ratings <i>(out of 5)</i> |
|--|-------------------------------------|
| ○ The Summit discussions were interesting and engaging. | 4.4 |
| ○ The Summit discussions enhanced my knowledge of health and racial equity issues in DC | 4.2 |
| ○ After the Summit I understand actions I and others (including District officials and organizations) can take to disrupt structural racism and advance health equity. | 4.0 |
| ○ The opportunity to ask questions and share my thoughts about topics discussed during the Summit was available to me. | 3.7 |
| ○ The community’s voice was centered in this Summit. | 3.8 |
| ○ The Summit content was accessible to me in the language and/or format that I needed. | 4.2 |

In discussing these results, Dr. Arno noted further, that in planning the summit, we realized closer to the end, that it would have been good to have had a less formal ‘community forum’ to close out the summit. However, the pre-announcement of a 10am to 4pm schedule locked us in; which made doing it effectively on the day unviable. Our hope, however, is to convene a community forum at a later date TBD – circa. Spring 2022.

CHE commissioners were very complimentary on the summit overall, including noting that having discussed it for years, pulling it off represents a major milestone. Within this context, constructive feedback and suggestions focused primarily on finding ways to broaden the audience, to include more ‘ordinary-resident’ and lay members of the community; as well as to move beyond the possible perception of the convening as primarily a “government agency-to-government agency” show-and-tell format. More real time opportunities for community to engage directly were also raised as a useful future goal, and as demonstrated by participant feedback.

Next Steps: Discussion of next steps focused mostly on how to effectively engage the community going forward; how to meaningfully solicit their authentic input. More

specifically, the conversation focused on how to achieve these goals, given the practical limitations of timeframes and structures within which the Commission is currently organized. These challenges relate to the need to provide recommendations to the Mayor, Council and DC Health Director, by March 1, 2022; and the current Commission program of 4 meetings per year – with the next formally scheduled for April 20th, 2022.

These organizational challenges had been discussed at the last meeting of the commission which focused on CHE bylaws review; including the opportunity to amend the recommendations delivery date; the refinement of proposed sub-committees to support moving the work forward between sessions; as well as increasing the number of regularly scheduled CHE meetings beyond the minimum of 4, per the legislation.

Discussion of recommendations development amongst commissioners included how to develop a functional strategy and cadence to the CHE’s program of work going forward – starting with the annual development of recommendations that would include meaningful community engagement. From this vantage point, it was considered that the process should also respond to a clearer and more refined understanding of the role for the CHE -- especially with reference to roles prescribed or owned by sister Commissions. Namely, those attached to the District’s Office of Racial Equity (ORE) within the Office of the City Administrator, and Council Office of Racial Equity (CORE). The three (CHE; ORE & CORE) were described by one commissioner as *“the combined equity brain trust”* that could be leveraged. The assumption is that ORE & CORE similarly have interests in community engagement, as demonstrated by the ORE’s upcoming publication of a document on *“Meaningful Community Engagement”*. The assumption is that the audience and agenda for each is similar, if not the same, with respect to community input. As such, the sentiment was expressed that there is a need to better understand organizationally where and how the three fit; including clarification of roles and purpose.

One summary of ideas presented suggested that of the Commission’s work program for 2022 calendar year, ought to be focused on the following three items:

- Refining CHE Bylaws;
- Distilling CHE Recommendations (based on Summit takeaways); and
- Development of CHE Community Engagement Agenda.

After much discussion, and the March 1, 2022 timeline notwithstanding, the consensus was that the CHE ought not to ‘rush into’ recommendations without requisite community engagement, or without having a clearer sense of audience and purpose.

A Two (plus 1, total of 3) Step Process was articulated as follows:

1. CHE hosts Community “listening sessions” – date and timeframe TBD Spring 2022 – only very loosely based on Summit takeaways – depending on what they are.
2. Convene meeting with the three “equity brain trust” commissions (*sans community*) – with the primary goal of getting to know each other, including clarifying roles, etc.

Followed in 2023, by:

3. A facilitated meeting – convened by all three commissions (*with the community*) –

with the goal of both hearing from, as well as presenting to – the Community.

With the above as the broad scope of work ahead, the immediate next step identified was a preliminary meeting of the CHE with the ORE Commission. It was suggested that mid-February 2022 (targeting Thursday, Feb 17th), would work best; and Dr. Arno agreed to follow up with Dr. Amber Hewitt, to check on scheduling feasibility.

VIII. Adjournment

The meeting was adjourned at 7:52 pm.