



## MRT Work Group Meeting Summary

### WORK GROUP NAME:

Health Disparities Work Group

### MEETING DATE, TIME, LOCATION:

Friday, September 16, 2011 from 1:00 pm to 4:00 pm  
NYC - NYS Department of Health Metropolitan Area Regional Office  
90 Church Street, 4thFloor, Conference Room A/B, Manhattan

### MEMBERS IN ATTENDANCE:

**CO-CHAIR: Arlene Gonzalez-Sanchez**, Commissioner, NYS Office of Alcoholism and Substance Abuse Services

**CO-CHAIR: Elizabeth Swain**, Chief Executive Officer, Community Health Care Association of NYS

- Vanessa Leung for **Noilyn Abesamis-Mendoza**, MPH, Manager, Health Policy, Coalition for Asian American Children & Families
- **Nisha Agarwal**, Director, Health Justice, New York Lawyers for the Public Interest
- **Diana M. Babcock**, Dual Recovery Peer Specialist, Mental Health Empowerment Project
- **LaRay Brown**, Sr. Vice President, Corporate Planning, Community Health and Intergovernmental Relations, NYC Health and Hospitals Corp.
- **Ana Garcia for Jo Ivey Boufford**, MD, President, New York Academy of Medicine
- **Carla Boutin-Foster**, MD, MS, Associate Professor of Medicine, Weill Cornell Medical College
- **Neil Calman**, MD, President and CEO, Institute for Urban Family Health
- **J. Emilio Carrillo**, MD, VP for Community Health, NY-Presbyterian Hospital
- **Susan Dooha**, Executive Director, Center for Independence of the Disabled in NY
- **Rosa M. Gil**, DSW, President and CEO, Comunilife
- **Charles King**, President and CEO, Housing Works
- **Jonathan Lang**, Director of Governmental Projects & Community Development, Empire State Pride Agenda
- **Glenn Liebman**, CEO, Mental Health Association of NYS
- **Pamela Mattel**, LCSW, CASAC, Chief Operating Officer, Promesa Systems, Inc.
- **Ngozi Moses**, Director of Health Advocacy & Support Services, Make the Road New York
- **Theo Oshiro**, Director of Health Advocacy & Support Services, Make the Road New York
- **Gregson H. Pigott**, MD, MPH, Director, Office of Minority Health Suffolk County Department of Health
- **Chau Trinh-Shevrin**, Director, NYU Center for the Study of Asian American Health
- **Jackie Vimo**, Director of Advocacy, NY Immigration Coalition

## SUMMARY OF KEY MEETING CONTENT:

Following a welcome to the Workgroup's newest member, Glen Liebman, and introductions, Jason Helgerson, Deputy Commissioner, Office of Health Insurance Programs, provided an overview of the MRT process, provided guidance on how to fashion recommendations that will be submitted to the full MRT and answered questions from workgroup members on a series of relevant topics.

The remainder of the meeting provided an opportunity for each of the topical working committees to present their findings and recommendations to the full group for discussion, questions and answers and in some instances to adopt a full workgroup recommendation to be forwarded to other MRT workgroups. The depth of each of the presentations and number of unique topic areas to be addressed precluded the workgroup for completing the defined agenda. As a result an additional meeting of the workgroup has been scheduled for October 3<sup>rd</sup> to permit full and in-depth discussion of all issue areas. The following is a summary of those issue areas discussed at the September 16h meeting.

- **Data Collection** – A proposal to model future NYS data collection efforts on current Affordable Care Act draft standards was presented for consideration by the group. Notable enhancements to the ACA standards recommended by the working committee include a need to disaggregate data to more effectively reflect specific populations; a recommendation to add a question to assess preferred language in the health care setting; a need to exceed ACA recommendations regarding persons with disabilities; a need to collect information on sexual orientation and gender identity; and housing status information. A formal proposal was submitted for full consideration by the workgroup.
- **Disparities Impact Assessment:** A proposal to develop guiding principles for each of the MRT workgroups and the MRT as a whole to use to evaluate proposals and their likely impact on disparities was presented for consideration by the group. This proposal recommends that preference be given to those proposals that are most likely to narrow the health disparities gap, and the MRT should reject policies that are likely to increase already detrimental health disparities. Five steps are outlined that the MRT should take to avoid enacting policies that will have a disproportionately negative effect on the health of communities of color and individuals with disabilities. This proposal was recommended for full adoption by the workgroup and a letter from the co-chairs to other MRT Workgroups will be drafted officially conveying this recommendation.
- **Health Homes:** A series of recommendations regarding the structure and implementation of Health Homes was offered for consideration by the group. Recommendations included: Explicit demonstration of ADA compliance; use of health Information technology to capture critical needs such as reasonable accommodations; an inclusive community advisory board to facilitate bi-directional communication; a need for detailed information to be included in letters sent to those identity for enrollment including a process for and information on how to opt-out; the need for a public information campaign; a need for information to be provided to consumers on how best to navigate the health care system; the importance of including all community-based organizations in a region in outreach and education about the program (not just those that are participating). It was agreed that a set of health home guiding principles will be forwarded by the co-chairs to the Health Home Advisory Panel .

- **Lesbian, Gay, Bisexual, Transgender, and Queer/Questioning:** Several LGBTQ proposals were discussed including a proposal to mandate training on Sexual Orientation and Gender Identity and Expression in OASAS and OMH Licensed Programs and training of physicians on LGBTQ sexual health and cultural competence more broadly to assure access to and utilization of care and to assure reporting of this information. It was noted that HHC currently requires that all new employees receive training on sexual identification and gender orientation. This proposal will be considered by the workgroup. Also presented for consideration was a proposal for Medicaid coverage for transgender surgery/hormone replacement therapy and treatment.
- **Chemically Dependent Individuals:** The following three proposals were presented for consideration by the workgroup:
  - Integrate HCV outreach, testing, care, treatment and supportive services into primary care settings including community health centers, HIV primary care clinics and substance use treatment programs.
  - Expanded Access to Syringes and Harm Reduction Therapy.
  - Upgraded Crisis Care Centers for Persons Who are Chemically Dependent
- **Homeless Persons:** A proposal to establish a Medicaid-reimbursed medical respite care program for homeless persons who need a safe environment to recover from illness but are not ill enough to require hospitalization was presented for consideration. These programs would be for short term residential stays and could be freestanding or located in existing facilities such as shelters and transitional housing facilities. The goals of this proposal include better health outcomes for homeless persons experiencing illness, reduced hospital stays for homeless persons and reduced readmissions and emergency room visits post-hospitalization. This proposal will be considered by the workgroup.
- **Persons with HIV (sexual health):** A proposal to implement quality standards in Managed Care for HIV Testing and other preventive care was presented for consideration. This proposal will continue to be refined.
- **Immigrant Populations:** Several proposals related to care and services for immigrant population were presenting for discussion including insuring primary prevention and basic specialty care for low-income immigrant adults and others and increasing awareness about Emergency Medicaid among consumers, providers, and local Social Services districts and streamlining the application process through prequalification and the extension of certification periods for certain medical conditions to enable providers to receive appropriate reimbursement from federal funds and reduce hospital and institutional reliance on state charity care dollars.

The meeting concluded with a review of the timeline for developing, prioritizing and submitting final recommendations to the full MRT; an overview of the template that must be used to report recommendations and a review of the amended workgroup charge.

### **NEXT STEPS/PRELIMINARY AGENDA FOR NEXT MEETING:**

The October 3 meeting will focus on the remaining topic areas for which recommendations have been developed by workgroup members. These topic areas include:

- Immigrant Populations
- Language Access
- Persons Living with Mental Illness
- Systemic Reform and Access to Health Services
- Workforce
- Persons with Disabilities
- Maternal, Infant and Child Health
- Disease-Specific Proposals
- Smoking Cessation

In addition criteria for assessing and prioritizing workgroup recommendations will be presented and discussed in preparation for implementation of a process to prioritize proposals and initiation of work to fully complete identified proposals for submission to the full MRT in November 2011.

### **NEXT MEETING DATE, TIME, LOCATION:**

Monday, October 3, 2011, 1:00 p.m. – 4:00 p.m.

Addresses:

Albany location - New York State Office of Alcoholism and Substance Abuse Services Office  
4th Floor Conference Room, 1450 Western Avenue, Albany, NY 12203

NYC location - New York State Office of Alcoholism and Substance Abuse Services Office  
8th Floor Conference Room, 501 7th Avenue, New York, NY 10018