

**PRELIMINARY REPORT OF THE
VIRGINIA DEPARTMENT OF HEALTH
OFFICE OF MINORITY HEALTH CARE**

Access to Health Care for African Americans in Virginia

**TO THE GOVERNOR AND
THE GENERAL ASSEMBLY OF VIRGINIA**



HOUSE DOCUMENT NO. 38

**COMMONWEALTH OF VIRGINIA
RICHMOND
2001**

**Preliminary Report to the Governor, General Assembly and the Joint Commission
on Health Care
House Joint Resolution 648 (1999 Session)
Access to Health care for African Americans In Virginia**

Authority for Study

House Joint Resolution (HJR) 648 of the 1999 Session of the General Assembly requested the Virginia Department of Health and other health related entities to co-sponsor a forum on African-American health care access issues. This legislation results from the recommendations of Senate Joint Resolution 355 (1997), a study of the health status of African-Americans living in the Commonwealth. The forum would address the following issues:

1. Providing care in public and private settings;
2. Enrollment in public and private health insurance plans;
3. Recruitment and retention of physicians;
4. Development of culturally competent health care services;
5. Managed Care and African-American access to health care;
6. Public and Private Partnerships to increase access to health care services;
7. Health issues for African-American families.

A copy of HJR 648 is provided at Appendix A.

BACKGROUND

Purpose of the Forum

African-Americans comprise about one-fifth of Virginia's total population of 6.7 million persons. Information from the Virginia Department of Health's Office of Minority Health and the State Health Commissioner's Minority Health Advisory committee shows that there is a substantial gap between the health status of African-Americans (and other minorities) and the white population in the state. African-Americans (and other minorities) tend to have a lower health status. Issues related to access to health care have traditionally been a major contributor to this health status gap. A recent legislative study conducted by Virginia's Joint Commission on Health Care confirmed this disparity. As a result, the Virginia General Assembly passed legislation in its 1999 session to support a forum to examine access to health care issues for African-Americans living in the Commonwealth. The legislation called for the forum to look at a variety of topics that affect access to care.

The goal of the forum is to serve as a means to provide feedback to the executive branch, legislators, other policymakers, and the public on access to care issues for this population.

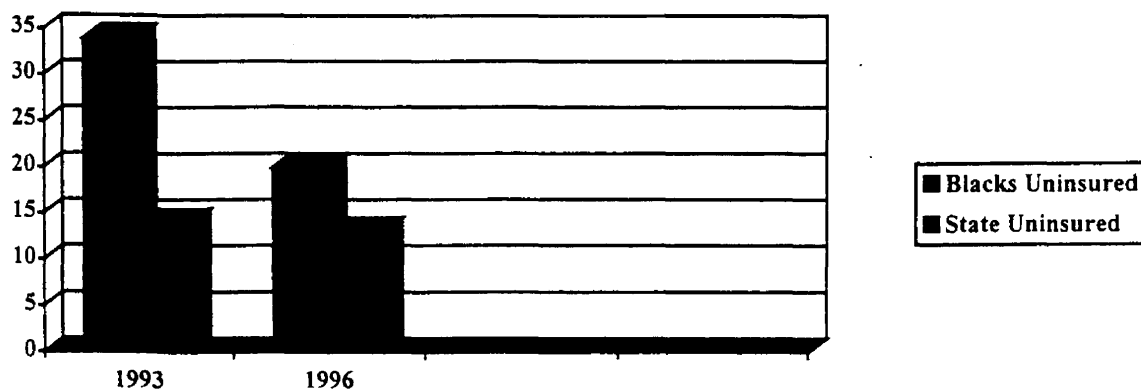
Assessment

The Joint Commission on Health Care (JCHC) commissioned health care access surveys in 1993 and 1996. Part of those surveys compared insurance characteristics for different racial

populations in Virginia. These surveys showed that the percentage of Virginians who were uninsured remained relatively constant over time. In 1993, about 865,000 Virginians, or 14% of the state's total population had no insurance. Thirteen percent (858,000) had no insurance in 1996. By comparison, 22% of African-Americans had no insurance in 1993. These figures were not available for 1996.

The JCHC surveys also showed some improvements in insurance coverage for African-Americans. For example, the percentage of Blacks in the uninsured population declined from 34% in 1993 to 20% in 1996. The survey showed similar improvements in the type of insurance coverage for Blacks. In 1993, 57% of insured Blacks had comprehensive coverage. This percentage increased to 68% in 1996.

Senate Joint Resolution 355 (Appendix B) passed by the 1997 General Assembly requested the Joint Commission on Health Care and the Virginia Office of Minority Health to conduct a study of the health status and conditions of African-Americans in the Commonwealth. Among other things, this study demonstrated that there remains a persistent disparity between the health of African-Americans and other minorities, as compared to Caucasians. That study pointed out that insurance is only one of many issues that affect access to health care services and health information for Blacks and other minorities. The study also concluded that further review of access to health care issues was necessary. As a result, the General Assembly authorized, through



House Joint Resolution 648, funding to support a forum on access to care for this population. The legislation directed the Virginia Department of Health to co-sponsor the Forum, and to address issues identified in the authorization section above.

Cancellation and Re-Schedule

The *Forum on Access to Care Issues for African-Americans* was originally scheduled to be held at Norfolk State University September 15-16, 1999. Hurricane Floyd passed through Virginia, and specifically in the Tidewater region of the state was expected to be particularly affected. The City of Norfolk was in the direct path of the storm. Based on weather forecasts the morning of September 15, 1999, the forum was cancelled.

Attempts to re-schedule the forum within a few weeks after the storm proved futile. Several speakers and the space in which the forum was to be held were not available. Moreover, a substantial number of the registrants would not have been able to attend. Therefore, the forum was held June 21-23, 2000, at Norfolk State University. A total of 205 persons participated in the two and one half-day event.

Co-Sponsors

HJR 648 called for the Virginia Department of Health to co-sponsor the forum with other health related organizations. The following organizations provided additional financial support for the forum:

- Sentara Health Management
- The Virginia Primary Care Association
- Region III, Office of Minority Health, U.S. Public Health Service
- The Office of the Surgeon General, U.S. Department of Health and Human Services

Process

After consultation with the Commissioner of Health, the Office of Minority Health organized a forum planning committee in November 1999. The committee included representatives from the Commissioner's Minority Health Advisory Committee, the State Department of Health, the State Board of Health, private health organizations, medical schools, health care practitioners, faith institutions and community based organizations. Members of the committee are listed at Appendix C.

The committee began its work by choosing L. Robert Bolling and Cora L. Gray as co-chairs. Mr. Bolling was director of the Virginia Office of Minority Health. Ms. Gray is the Virginia Nursing Association's representative on the Board of Health, and serves on the board's subcommittee on Child Health and Minority Health. The planning committee formed two subcommittees to facilitate the implementation of the forum.

- The Program Planning/Public Relationships committee developed the Forum program, and reviewed and approved speakers. This committee also had responsibility for planning all public relationship activities including poster and program design, as well as, arrangements for print and media.
- The Budget/Fundraising committee was responsible for developing a budget and for obtaining additional resources to augment the \$15,000 allocation from the General Assembly.

The planning committee and subcommittees met several times between the initial meeting on November 15, 1999 and the final June 7, 2000 meeting. Most meetings were held in the eastern part of the state, either at Norfolk State University, the Norfolk Department of Public Health or the offices of Sentara Health Management. Some of the committee and subcommittee meetings were conducted by telephone conference calls.

The committee determined that the forum program should include a mixture of plenary sessions, workshops and strategy sessions. Major state or national speakers would be asked to discuss broad policy issues related to access to health care, or health information. The plenary sessions would be smaller venues with one to four presenters focusing on the specific access to health care topics designated in the legislation. Each workshop would include time for questions and answers, and time for proposing recommendations. The strategy sessions provided opportunities for participants to refine and clarify the recommendations for the workshops that are to be shared

with the Governor, The General Assembly and the public. A copy of the program is attached at Appendix D.

Summary of the Program

The forum was held June 21-23, 2000 at the L. Douglas Wilder Center on the campus of Norfolk State University. In the final program, the Forum included a keynote address, four plenary sessions, two strategy sessions and twelve workshops.

DAY 1

Day one included welcome remarks from representatives of Norfolk State, the Office of the Mayor for the City of Norfolk, the Board of Health, the Joint Commission on Health Care, the Norfolk Department of Public Health and the Virginia Department of Health.

The welcome was followed by a keynote address from the Honorable Claude A. Allen, Secretary of Health and Human Resources. The Secretary described his experience riding in an ambulance to highlight many of the access to health care issues that impact African-Americans in the Commonwealth. He emphasized two priority areas. These include personal responsibility and accountability for providers and consumers of health care services, and the importance helping youth to make the right choices regarding healthy behaviors early in life.

The director of minority health provided an overview of the health status of African-Americans in the Commonwealth. The remainder of the morning and the afternoon including workshops on cultural competence, public and private partnerships, health care related to continental Africans and Blacks from the Caribbean, enrollment of children and adults in public and private health plans, and healthy families.

The first day ended with a forty-five minute session that refined the recommendations from the morning workshops.

DAY 2

Day two began with greetings from Dr. Michael A. Pyles, co-chair of the State Health Commissioner's Minority Health Advisory Committee. Dr. Pyles described the role of the Committee in helping the Commissioner and Virginia Department of Health actively address the health concerns of minority residents.

Participants then learned about opportunities to close the gap in access to health information from three speakers. Jeffrey C. Street, a consultant with the Via Consulting Group spoke about the importance of getting accurate and reliable health information to consumers and providers. Deborah Little-Bowser, the State Registrar described how an individual could access vital record information from Virginia. LaJoy Mosby, Deputy Director of the U.S. Office of Minority Health Resource Center established a live connection to the internet to demonstrate how this media could be used to access health information and resources.

The balance of the morning featured panelists from major health-related organizations that represent health plans, physicians, pharmacists, community health centers, health care facilities and public agencies. The panelists discussed their respective organization's efforts and strategies to enhance access to health care services for Virginia's largest minority population. A summary of the panelists' comments follows:

Summary of Panel Discussion: Health Care Organizations

Lynn Warren, RN, MPH - Director of Policy

Virginia Association of Health Plans

Ms. Warren explained that the VAHP represents health plans that provide insurance coverage to over 3.4 million Virginians. VAHP main activities are advocacy, education and outreach, and increasing the public awareness and understanding of the health plans activities. VAHP members participated in the 1993 and 1996 Joint Commission on Health Care surveys that included data on insurance coverage for Blacks in Virginia. In 1996, the board committed to increasing the numbers of African-American physicians in managed care networks, and the organization conducted a study with the Richmond Medical Society to examine African-American physician participation in health plans. One challenge in addressing access the health care for VAHP and other health organization is the inability to collect race and ethnicity information on enrollees and providers. According to Ms. Warren solutions to increasing access to insurance coverage include:

- Working more closely with African-American physician groups and recruiting on Blacks doctors to medical and policy making panels;
- Continuing to perform customer satisfaction surveys;
- Supporting scholarships for minority health professionals;
- Strengthening loan repayment programs for physicians.

Frederick Quarles, MD – Immediate Past President

Old Dominion Medical Society

Dr. Quarles stated that the ODMS is the Virginia affiliate to the National Medical Association, the national advocacy organization for Black doctors. The primary goals of ODMS are to (i) support African-American physicians and patients through advocacy, disease prevention and health education, and research; (ii) support efforts to improve the quality and availability of health care services for Blacks; and (iii) increase the number of African-Americans doctors practicing in Virginia. He indicated that these physicians have historically provided quality care for Black patients in Virginia and nationally.

Dr. Quarles emphasized that a strong focus on 'lifestyle changes' is the key to improving the overall health of Black Virginians. He also said that African-Americans need to increase daily physical activity, and improve nutritional habits. Dr. Quarles called for the construction of more recreational facilities in Black communities.

Dr. Quarles stated that the ODMS supports tax breaks for individuals enrolled in health spas; the use of tobacco settlement monies to underwrite prescription drug costs; and providing loan repayment for doctors who practice in medically underserved areas. According to Dr. Quarles, the ODMS also supports affirmative action programs in medical schools, and the inclusion of cultural competency training in medical school curricula.

Katherine M. Webb - Senior Vice President

Virginia Hospital and Healthcare Association

The mission of VHHA is to advocate for its member hospitals, health systems, and long term care facilities. Ms. Webb indicated that one of VHHA's goals is to provide information on resources available to communities. VHHA publishes a report on the health indices for communities. This report is a compilation of health, education, and housing data from public sources. The

information in the guide ranges from locality's emphasis on health issues, to a public health nurse's assessment of health care gap in her community.

VHHA also offers \$100,000 in grants through a program in conjunction with the Virginia Health Care Foundation. The focus of the grants is to improve community health outcomes.

Rebecca Snead - Executive Director

Virginia Pharmacists Association

Ms. Snead indicated that pharmacists are often a forgotten, but important, link in accessing quality health care services and health information. According to Ms. Snead, the pharmacist is readily available to dispense drugs and information that augments patient care, and that improves the quality of life for the patient. VPA is currently sponsoring minority internships and is helping its members become more active in their respective communities.

John B. Cafazza, Jr. - Executive Director

Virginia Primary Care Association

VPCA represents several community health centers, free clinics, rural health clinics, and migrant health centers across Virginia. The association assists these facilities with business practices and information sharing. VPCA has launched a statewide campaign to eliminate health disparities in Virginia. The campaign, "100% Access, Zero Disparities" is tied to the national initiative by the same name, which seeks ensure that every Virginian will have access and use primary care services, and that there will be no barriers to access or utilization.

Cheryl Roberts - Director of Managed Care

Department of Medical Assistance Services

DMAS manages four managed care programs that can have an impact on access to health insurance for African-Americans. Ms. Roberts stated that African-American teenagers comprise a large percentage of the pregnant adolescents enrolled in the Medicaid program. The Medallion program is a managed care plan that operates on a case management model to ensure that the covered population has access to prenatal services. Medallion II focuses on coverage for pre-schoolers. The new Family Access to Medical Insurance Security plan operates like a commercial insurance product designed to increase coverage for the uninsured and expands coverage to the families of children previously eligible for the Child Medical Insurance Program (CMSIP).

Janet McElhaney - Director of Research

Glennan Center (GC) for Geriatrics and Gerontology

GC is a part of the Eastern Virginia Medical School and provides research on aging and age-associated diseases. It educates health care providers and community persons regarding geriatric health issues, and provides care to older Virginians primarily from the eastern part of the state. GC is increasing its outreach to minorities by hiring staff to focus in this area, and by inviting minorities to participate in research studies.

Dave Levin, MD - Medical Director

Sentara Health Management (SHM)

Dr. Levin described Sentara as an integrated health system that provides hospital care, long term care services, and insurance products. SHM is proud of its efforts to diversify its organization, and has instituted practices that seek out African-American physicians already practicing in communities. Dr. Levin stated that SHM has historically partnered with government and governmental agencies to increase access to health care services by the medically underserved.

SHM also has projects that focus on sickle cell disease management and prostate cancer. These two diseases disproportionately affect African-Americans.

Lowell Rowe, RN- Nurse Manager

Norfolk Department of Public Health (NDPH)

Ms. Rowe indicated the NDPH has been active in improving access to health care for minority population for years. Among its achievements is the establishment of partnerships with Eastern Virginia Medical School and Children's Hospital of the King's Daughters to provide medical care for low-income children. NDPH operates a program that makes nurses available in Norfolk public schools, and offers general medical clinics across the city through its indigent health program.

The afternoon workshops on the second day featured speakers on public and private partnerships, injury prevention and emergency medicine, mental health and substance abuse, fatherhood, chronic disease prevention and treatment, and recruitment of health professionals. Participants' questions and comments generated energetic dialogues with speakers and facilitated the development of recommendations at the end of the workshops. A thirty-minute strategy session to review recommendations followed the workshops.

Day Two ended with a banquet and address from Dr. Michael Blackwell, Chief of Staff to the Surgeon General of the United States. Dr. Blackwell encouraged forum participants to be diligent about improving access. He told them to get angry that African-Americans lack access to health care services, but to turn that anger into solutions for improving access.

DAY 3

On Day Three, Daun Hester of the Norfolk City Council and the eastern Virginia Turning Point Initiative provided commentary on the recommendations developed during the strategy sessions, and she asked participants to follow-through with the recommendations.

Dr. E. Anne Peterson, State Health Commissioner, provided the closing address by describing Virginia's current actions to improve access to health care services and information. She also encouraged participants to become actively involved in their personal health.

Recommendations

Over eighty recommendations were developed from the forum. Many of the recommendations included implementation strategies. Below is the listing of the recommendations and associated strategies.

I. Developing Culturally Competent Health Care for African-Americans

- Establish an inter-organizational task force to address cultural competency issues that are endorsed by the proper authorities (i.e., agency heads, the Secretariat, the Governor).
- Conduct regional cultural competency workshops.
- Develop cultural competency guidelines that will be adopted and enforced.

II. Public and Private Partnerships that Eliminate Barriers to Accessing Services

- Establish a multi-disciplinary approach to providing dental health services. Lack of access to dental health services is a major concern. Educate public about the relationship of healthy teeth to healthy eating.
- Conduct a follow-up session to the forum that provides additional programmatic input.
- Increase African-American representation, and the involvement of culturally sensitive medical professionals in the Healthy People 2010 planning process. There is a concern that decisions about HP 2010 activities are being made by the “white leadership”.
- The public needs to become more active in voicing and documenting concerns to the legislators (i.e., write letters). Educate constituents that their votes count. Take them to legislators.
- Legislature needs to designate money for preventive care.
- The role of community health centers must be considered as one solution to improving access to health care.
- Health organizations should continue to approach African-American religious communities. Focus on helping the pastor or leader understand value of good health. The health organizations should be available to assist the religious organizations with their respective missions. Concentrate on “what the health community can provide to the church, or faith institution”.
 - Conduct health screening. Work with community health centers to perform follow-up care, especially for the uninsured.
 - Hold health education and health promotion classes that are promoted by the ministers (or congregational head) at churches (and other faith institutions). Refer patients from classes to health care providers.
 - Have pastor or leader address difficult questions such as “God takes care of my health.” The religious leader is the expert on scripture, or the dogma of the faith.
 - Look for opportunities “to help people to help other people”.
 - A first step is to develop strategies to involve nurses. Start with small numbers, then expand program.
 - Recognize that African-Americans practice many religions, and these religions can have several sub-set denominations.
 - Work with pastors’ wives.
 - Be succinct and focused in marketing strategies, and provide holistic packages that coincide with faith institutions events throughout the year.
 - Develop alternative strategies to reach individuals who do not attend church.
- Develop prevention strategies that are geared to various African-American audiences.
 - Use celebrities (including local talent for youth), television and advertising to promote prevention among 18-44 year olds.
 - Spend additional funds on outreach.
 - Use existing, and develop new prevention and health promotion materials specifically for African-Americans.

- Prevention of disease should be a top priority for public and private insurers. Insurers should recognize that prevention saves them money.
 - Develop incentives for prevention practices – (i.e., reduced premiums)
 - Mandate that Medicaid enrollees take prevention courses for re-enrollment

Partner with private companies to develop marketing strategies. Let private marketing experts review public agencies marketing strategies.

III. The African Diaspora: The Continent and Caribbean Health

- Recognize that there are many issues that prevent continental and Caribbean Blacks from access the United States health care system:
 - Latino/Hispanic Blacks are less likely to have private health coverage.
 - This community has high rates of chronic disease, but is more likely to delay seeking health care whether uninsured, or insured.
 - Latino/Hispanic Blacks are frustrated with U.S. health care system, and its doctors.
 - Legislative and government activities makes this population wary of seeking care (California's Proposition 187, the balanced Budget Act of 1987, and the Personnel Responsibility Act of 1996).
 - There are major language, and social and cultural issues (i.e., health traditions and practices, level of education, age, gender, length of residence in the United States)
 - Trust is a major issue with this community.
 - Provider and Patient have negative perceptions of one another.
 - Discrimination continues to be an obvious issue with this community.
- Develop holistic concept and approaches to health care
- Combine traditional medicinal practices with non-traditional (Westernized) medicine.
- Change the way health care providers are educated to include cultural sensitivity/competency training and curricula.
- Provide public health and prevention education to consumers at early age (K-12 grades).

IV. Strategies to Enroll African-American Children in Private and Public Health Insurance Programs

- Eliminate the requirement for paternity cooperation in order to secure public insurance (Medicaid).
- Involve more physicians in sharing with patients information about health insurance plans.
- Simplify the state's eligibility process – simplify forms.
- Develop community partnerships through existing coalitions and agencies to do outreach and enrollment.
- Health Plans need to partner with community based organizations.

V. Strategies to Provide Health Insurance to African-American Adults

- Include employers and brokers in the process

- Establish low-cost plans methods to enable more consumers to buy health insurance:
 - Government subsidies
 - Purchasing cooperatives
 - Tax incentives for businesses that hire low-income uninsured
 - Tax credits for low-income

- Develop low cost benefit plans that enable uninsured to purchase primary care and hospitalization coverage.

- Make regulations flexible enough in order to encourage the “pooling” of populations to reduce costs.

- Form alliances for small businesses to buy health insurance at a reduced cost.

- Form an alliance that allows small businesses to share costs of insurance products and to get government dollars.
- Create a trust from tobacco settlement funds to provide adult health care insurance for the uninsured.

- Provide tax incentives for physicians who provide care to the uninsured.

- Shift government dollars to networks that pay providers to care for uninsured African-Americans (i.e., clinics, physicians, hospital programs, and health alliances).

VI. Key Health Issues for African-American Families: Healthy Children, Healthy Families

- Establish programs to assist families to obtain home computers (either free or at reduced cost)

- Replicate MELANET, which accepts donations of computer equipment.

- Train parents to perform basic health care procedures such as temperature taking.

- Utilize state’s surplus computer equipment

- Write to legislators with suggestions on how to use the state’s surplus.

- Partner with private sector.

VII. From Injury Prevention to Emergency Medicine

- Advocate for the Primary Seat Belt Law

- Increase funding and the number of providers of dental care services.

- Encourage more physicians to specialize in geriatrics.

- Improve the distribution of primary care physicians in Virginia to better serve African-American communities.
- Provide transportation services to primary care providers and to emergency departments.
- Increase funding for marketing health messages on television and radio.

VIII. Mental Health and Substance Abuse Issues for African-Americans

- Change financing systems to allow HIV money to be used to pay for mental health services
- Eliminate the separation of treatment services for mental health/substance abuse and physical health.
- Fund pilot projects that link primary care and mental health and substance abuse.
- Provide incentives to increase the number of trained providers to serve diverse racial, ethnic and cultural populations.
- Professional education for providers should include exposure to different cultural experiences, and professional practices.
- Begin mental health and substance abuse education and training at a younger age.
- Providers should seek to be on the client's level.
- Exercise more communication and collaboration among leaders and projects.
- Develop innovative models of care based on best practices.

IX. Key Health Issues for African American Families: Fatherhood

- Establish fatherhood training at Historically Black Colleges and Universities
- Educate mothers about the importance of fathers' roles in the lives of their children.
- Educate children, particularly, young boys, about fatherhood.
- Provide resources for programs that help well-intended fathers, who lack parenting skills.
- Provide resources for programs that help fathers provide for their families.
- Increase use of asset-based education to help fathers see their strengths.
- Develop "rites of passage programs" for fathers.
- Develop strategies to help fathers get mainstream jobs, and not only job preparation.

X. Providing Care for African-Americans in Public and Private Settings

- Become familiar with community, landscape and key stakeholders (includes staff and outside or non-agency professionals, community leaders), and know your politics.

- Identify managed care organizations that can be used for resources
- Identify customers' language and learning styles, and design materials towards these.
- Include advocacy groups in planning of health care services.
- Develop data tracking capacity.
- Develop audit tool for services and quality assessment
- Conduct on-going client and community needs assessments.
- Government and local agencies should employ grant writers that can tap outside grant resources to address community and population specific health concerns; these agencies should employ, and train individuals to have management skills.

XI. The Inter-Relationship Between Disparate Health Outcomes and Access to Prevention and Treatment Services

- Develop and expand the capacity for community caseworkers through health department systems.
- Place greater emphasis on prevention education, including focus on primary care provider knowledge.
- Increase funding for faith-based organizations
- Provide more funding for health forums.
- Increase number of individuals involved with health care legislation that is patient focused.
- Conduct coalition building to support and become a part of the legislative process.
- Provide funding for non-traditional collaboration.

XII. Training, Recruiting and Retaining Health Professionals

- Increase salaries for social workers to ease recruitment and retention activities.
- Increase training opportunities for other health professional fields (i.e., CNAs, LPNs, medical technicians).
- Create mentorship programs at the middle school and high school level to recruit individuals to health professions.
- Support legislation that targets minority health.
- Develop legislative initiative to address the shortage of minority health professionals.

Summary of Recommendations

Recommendations generated by the Forum were voluminous. There was not a workshop specifically dedicated to managed care as a single topic. Thus recommendations specifically

addressing managed care are not salient. However, workshop presenters as well as speakers on the panel for Day Two represented managed care organizations. As a result of this, the essence of managed care was pervasive throughout the Forum. In reality, the majority of the recommendations generated are applicable to the managed care setting. The essence of the approximately eighty recommendations have been succinctly captured in the following eight broad recommendations:

- Continue to conduct on-going client and community needs assessments.
- Increase funding for faith-based organizations to expand their Health Education and Risk Reduction (HERR) activities.
- Encourage the legislature to designate more money for prevention activities.
- Continue to facilitate access through community health centers one solution to improved access to health care.
- Develop a mechanism to recruit more African-American primary care physicians and expand the distribution of primary care physicians in Virginia to better serve African-American communities.
- Establish an inter-organizational task force to address cultural competency issues that are endorsed by the proper authorities (i.e. agency heads, the Secretariat, the Governor)
- Incorporate cultural sensitivity/competency training into the professional educational process of health care providers.
- Conduct follow-up session to the Forum to obtain additional input.

Follow-up to Forum Recommendations

In response to the recommendations elicited from the Forum, The Office of Minority Health proposes the following action steps:

- Continue to foster the collaborative relationship that currently exist with faith-based organizations and seek additional funding to expand the Office of Minority Health's Health Education Risk Reduction (HERR) program.
- Continue and expand the Office of Minority Health's collaborative relationship with the Virginia Primary Care Association, Community Health Centers throughout the Commonwealth, and the VDH Center for Primary Care and Rural Health to address access to healthcare issues for African-Americans and other racial and ethnic minority populations in the Commonwealth.
- Re-energize the dialogue with appropriate officials about cultural competency at the state level and continue the Office of Minority Health's collaborative relationship with the Multicultural Health Task Force currently housed in VDH.
- Present recommendations to the Minority Health Advisory Committee (MHAC) to elicit its input on how to prioritize and make these recommendations operational.

- Staff from the Office of Minority Health will work with multi-disciplinary teams to incorporate recommendations from the forum into HP 2010 goals, objectives and strategies. HP 2010 has as one of its over arching themes for the decade to eliminate health disparities within racial and ethnic minority groups

Evaluation

The Office of Minority Health developed two types of evaluation forms for the forum. The first focused on the speakers and asked participants to measure the usefulness forum overall by rating the speakers effectiveness of presentation, speaker knowledge, speakers ability to respond to questions and the usefulness of the materials. A copy of the evaluation form is at Appendix E. The scale (best to worst) used to measure each of these areas was:

Best: 1=Strongly agree 2=Agree 3=Neutral 4=Not effective 5=Strongly Disagree **:Worst**

Seventy of these evaluations were submitted, or 34 percent of the 205 participants. In each of the areas, 92-95% of respondents rated the speakers and materials as strongly effective or effective.

Appendix F includes the evaluation form used for the **workshops**. On average, fifty percent of the workshop participants responded to the evaluations. This evaluation measured the speakers ability to present material, knowledge of the subject area and ability to respond to questions. It also measured the usefulness of the workshop overall, the materials from the workshop, as well as the setting for the workshop. The scale used for this evaluation is below:

Best: 1=Very Good 2=Good 3=Satisfactory 4= Poor=Very Poor **:Worst**

The majority of the workshop received overall rating as very good or good. A summary of the evaluations is included at Appendix G.

Appendix A: House Joint Resolution 648 (1999
Session of the General Assembly)

HOUSE JOINT RESOLUTION NO. 648

Requesting the State Department of Health to cosponsor a forum with other public and private sector organizations on African-American health care access issues.

Agreed to by the House of Delegates, February 5, 1999

Agreed to by the Senate, February 18, 1999

WHEREAS, the State Department of Health's Office of Minority Health recently completed a study of the health status and conditions of African Americans pursuant to Senate Joint Resolution No. 355 (1997); and

WHEREAS, based on available health data, there are a number of significant disparities in the health status and conditions of African Americans and Caucasians, including life expectancy, heart disease mortality, stroke mortality, diabetes, infant mortality, low birth weight, and teenage pregnancy; and

WHEREAS, heart disease, cancer, stroke, unintentional and intentional injury, and HIV/AIDS are among the most significant health concerns for African Americans; and

WHEREAS, 20 percent of African Americans lack health insurance compared to 14 percent of all Virginians; and

WHEREAS, the Department study concluded that Virginians as a whole are generally making progress towards the Healthy People 2000 objectives established by the United States Department of Health and Human Services but that, in most cases, these objectives will not be achieved for African Americans; and

WHEREAS, the Department study concluded that there is no consistent method for determining the extent to which health promotion activities target African Americans and whether those activities that do so are effective; and

WHEREAS, the Department study further concluded that eliminating the health disparities currently faced by African Americans would benefit the Commonwealth economically by increasing the number of people who are fit to work and thereby contribute to Virginia's productivity and competitiveness; and

WHEREAS, the Department study also proposed additional discussion of strategies to strengthen the African-American family through improvements in access to health care and improvements in behaviors; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the State Department of Health be requested to cosponsor a forum with other public and private sector organizations on African-American health care access issues. The Department shall also develop public and private partnerships with appropriate state and local government agencies and private health-related organizations in conducting the forum.

The forum shall address topics such as (i) providing care to African Americans in public and private settings, (ii) developing strategies to enroll African Americans in private and public health insurance programs, (iii) recruiting and retaining African-American physicians in Virginia, (iv) developing culturally competent health care services, (v) managed care, (vi) public and private partnerships that increase access to care for African Americans, and (vii) identifying key health issues related to African-American families.

The Department shall report the results and recommendations of the forum on African-American health care access to the State Board of Health and the Joint Commission on Health Care by September 1, 1999, and to the Governor and the 2000 Session of the General Assembly as provided in the procedures of the Division of Legislative Automated Systems for the processing of legislative documents.

Appendix B: House Joint Resolution 355 (1997
Session of the General Assembly)

SENATE JOINT RESOLUTION NO. 355

Directing the Joint Commission on Health Care, in cooperation with the Office of Minority Health of the State Department of Health, to study the health status and conditions of African-Americans in the Commonwealth.

Agreed to by the Senate, February 17, 1997

Agreed to by the House of Delegates, February 13, 1997

WHEREAS, African-Americans have experienced a remarkable transition over the last twenty-five years, and many have availed themselves of new opportunities since the passage of civil rights legislation; and

WHEREAS, while there have been significant achievements and accomplishments among African-Americans, improvements in their socioeconomic status have not been uniformly distributed; and

WHEREAS, while the number of African-Americans who are middle class, college educated, in business, or elected officials grew substantially between 1970 and 1995, the masses of African-Americans are stuck in areas of concentrated poverty, unemployment, functional illiteracy, and crime; and

WHEREAS, according to the 1990 census, African-Americans comprise about 12 percent of the population, representing the largest minority group in the United States; and

WHEREAS, among babies who die within their first year, health status indicators reveal that infant mortality and low birth weights result in the death of twice as many African-American babies as white babies; and

WHEREAS, although the life expectancy of Americans has improved for all sectors of the population, it is still lower for African-Americans than for others; and

WHEREAS, the escalating rate of homicides among African-Americans, especially young males, is a public health crisis; and

WHEREAS, cancer is the second leading cause of death for African-Americans; and

WHEREAS, African-Americans continue to have higher rates for HIV infection and AIDS, and pregnancy rates among African-American teenage girls remain higher than for their white counterparts; and

WHEREAS, although coronary heart disease and stroke mortality have declined over the past decades for the total population and for African-Americans, the remaining disparity between African-Americans and other groups is due to the higher prevalence of risk factors such as hypertension, obesity, smoking, and high cholesterol levels; and

WHEREAS, among African-Americans, diabetes mellitus is the fourth leading cause of death for women and the sixth for men, and their noninsulin dependency is 60 percent higher than for white Americans; and

WHEREAS, additionally, due to this disease, African-Americans are more likely to experience higher rates of blindness, amputations, and end-stage renal disease than other groups; and

WHEREAS, while the vicissitudes of life create stressful situations and may adversely affect the health of any person, such life problems are masked through coping strategies that may exacerbate health conditions among African-Americans; and

WHEREAS, although rest and exercise are curative alternatives for the release of stress, the majority of African-Americans have less leisure time to spend resting or exercising than other groups, primarily because of the high costs of and lack of access to health clubs, and other leisure time activities; and

WHEREAS, African-American adults have less access to regular sources of medical care, less choice in where they receive health care, and more difficulty in obtaining appropriate and needed medical care; and

WHEREAS, lack of health insurance and lower incomes among African-Americans create significant financial barriers to health care, and stress, fear, and other health behaviors exacerbate health problems among such persons; and

WHEREAS, although appropriate health education and preventive care services could prevent needless illness and suffering, and save thousands of untimely deaths, African-Americans are less likely to receive these than are other groups; now, therefore, be it RESOLVED by the Senate, the House of Delegates concurring, That the Joint Commission on Health Care, in cooperation with the Office of Minority Health of the State Department of Health, be directed to study the health status and conditions of African-Americans in the Commonwealth.

The Commission shall (i) determine the health status of African-Americans in the Commonwealth; (ii) identify the diseases and health conditions prevalent among such persons; (iii) review the types of reportable diseases and determine the extent to which African-Americans are represented among such diseases; (iv) determine the extent to which health promotion activities are directed to this population, and whether such activities are effective; (v) determine the number of such persons who are medically uninsured, Medicaid eligible, or Medicaid recipients; (vi) ascertain the types of medical services most frequently accessed by African-Americans; (vii) determine Virginia's progress toward meeting the U.S. Department of Health and Human Services' Healthy People 2000 goals relative to minority groups; and (viii) consider such other related issues as the Commission may deem necessary to an assessment of the health status of African-Americans in Virginia and the development of efficacious alternatives and recommendations.

Technical assistance shall be provided by the State Department of Health and the Departments of Education, Social Services, Medical Assistance Services, and Mental Health, Mental Retardation and Substance Abuse Services. All agencies of the Commonwealth shall provide assistance to the Commission, upon request.

The Commission shall complete its work in time to submit its findings and recommendations to the Governor and the 1998 Session of the General Assembly as provided in the procedures of the Division of Legislative Automated Systems for the processing of legislative documents.

Appendix C: Members of the Forum Planning Committee

PLANNING COMMITTEE:

L. Robert Bolling, Virginia Office of Minority Health, Co-Chair

Cora L. Gray, MSN, RN, State Board of Health, Honorary Co-Chair, Subcommittee
Minority Health and Child Health

Reverend Robert Baker, Fairwood-Agape Baptist Church

Donald Barrows, Sentara Family Care

Cynthia Corbett, Norfolk Department of Public Health

Horace Jackson, MD, Private Practice Physician

Charlene Learner, Virginia Beach Department of Public Health

Willar Parson-White, PhD, Norfolk State University

Michael Pyles, PhD, Virginia Commonwealth University

Vanessa Sheppard, PhD, Center for Pediatric Research, EVMS

Gloria Smith, Minority Health Coalition of South Hampton Roads

Mahla Swinford, Louise Obici Memorial Hospital

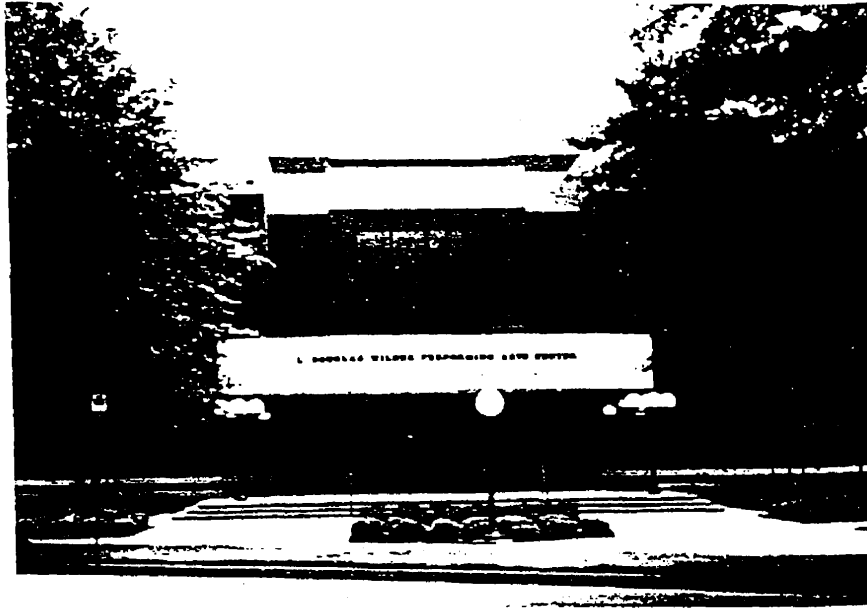
Sylvia Whitaker, Sentara Health Management

Yvonne Williams, Alexandria Health Department

Rudolph Wilson, PhD, Norfolk State University

Appendix D: Forum Program

Access To Health Care
For African-Americans In Virginia
June 21 - 23, 2000



L. DOUGLAS WILDER PERFORMING ARTS CENTER
NORFOLK STATE UNIVERSITY
700 PARK AVENUE
NORFOLK, VA

A Minority Health Forum

Sponsored By:

Virginia Department Of Health's
Office Of Minority Health

Sentara Health Management
Virginia Primary Care Association
Region III Office Of Minority Health, PHS
Office Of The Surgeon General, DHHS



Background Goal:

African-Americans comprise about one-fifth of Virginia's total population of 6.7 million persons. Information from the Virginia Department of Health's Office of Minority Health and the State Health Commissioner's Minority Health Advisory Committee shows that there is a substantial gap between the health status of African-Americans (and other minorities) and the white population in the state. Access to health care appears to be a major contributor to this health status gap. A recent legislation study conducted for Virginia's Joint Commission on Health Care confirmed this disparity. As a result, the Virginia General Assembly passed legislation in its 1999 session to support a forum to examine access to health care issues for African-Americans living in the Commonwealth. The legislation called for the forum to look at a variety of topics that impact on access to care.

Goal:

The goal of the forum is to provide feedback to the executive branch, legislators, other policy makers, and the public on access to care issues for this population.

Objectives:

- ◆ To present current knowledge and data on access to health care issues relative to African-Americans in Virginia.
- ◆ To promote a statewide discussion around key access to health care issues that impact African-Americans.
- ◆ To develop recommendations for improving access to health care for African-Americans to key policymakers in Virginia (i.e., Governor, General Assembly).

FEATURED SPEAKERS

The Honorable Claude A. Allen, Secretary of Health and Human Resources

L. Robert Bolling, Director, Office of Minority Health

Michael Blackwell, DVM, MPH, Chief of Staff, Office of the Surgeon
General

The Honorable Daun Hester, Norfolk City Council and Turning Point Initiative

E. Anne Peterson, MD, MPH, Commissioner of Health

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**DAY 1: Wednesday, June, 21, 2000**

7:30 Registration / Continental Breakfast

8:30 Opening / Welcome

Presiding

**L. Robert Bolling, Director**

Virginia Office of Minority Health

**Marie V. McDemmond, EdD, President**

Norfolk State University

**Iris Jessie, Deputy City Manager**

City of Norfolk

**Cora L. Gray, MSN, RN, Board of Health**

Commonwealth of Virginia

**Patrick Finnerty, Executive Director**

Joint Commission on Health Care

**Valerie Stallings, MD, MPH, Director**

Norfolk Department of Public Health

**E. Anne Peterson, MD, MPH, State Health Commissioner**

Virginia Department of Health

9:00 Keynote Address

**The Honorable Claude A. Allen, Secretary of Health & Human  
Resources**

Commonwealth of Virginia

9:45 Plenary I

*"State of Minority Health in Virginia"*

**L. Robert Bolling, Director**

Office of Minority Health

10:30 Break

~~~~~  
10:45 - 12:15 **Concurrent Workshops**

conference Room A

A. Developing Culturally Competent Health Care Services for African-Americans:

Like the nation, Virginia's population is becoming increasingly diverse. Estimates for the year 2010 indicate that Blacks and other minorities will comprise more than one-fourth of Virginia's total population. These changing demographics pose unique challenges and opportunities for health care providers in the Commonwealth. This workshop will define cultural competency and will provide a real world example of its benefits for improving quality of services and outcomes for African-Americans.

Janis Sanchez, PhD
Professor
Old Dominion University
Norfolk, Virginia

Rev. William Lee, MDiv
Board Member
Kuumba Health & Wellness Center
Roanoke, Virginia

Moderator: Renee Hannah

~~~~~  
**Conference Room B**

B. Public and Private Partnerships that Eliminate Barriers to Accessing Services:

Community based organizations and health systems organizations are attempting to address the health of African-Americans through innovative outreach and health promotion activities. This workshop will review examples of successful models for helping individuals develop healthy behaviors and lifestyles.

Phoebe Butler Ajibade', MS  
Program Coordinator  
Peninsula Baptist Pastor's Council  
Hampton, Virginia

Edwina Davis Gary, MS  
Chief Executive Officer  
Peninsula Institute for Community Health  
Newport News, Virginia

Moderator: Henry C. Murdaugh

~~~~~  
Auditorium

C. The African Diaspora: The Continent and the Caribbean Health:

A growing number of continental Africans and Blacks with Caribbean roots live in Virginia. Many of them come from countries with limited health delivery and public health systems. Others have lived in Virginia for several generations. This workshop will provide an overview

of health issues facing these special black populations and explore how cultural norms, beliefs and traditions impact their successful transition to western health care systems.

Ahmed Moen, PhD
Professor
Howard University
Washington, DC

Elmer Neal, MD
Private Physician
Richmond, VA

Moderator: Alpha Diallo, PhD

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Conference Room C

D: Strategies to Enroll African-Americans Children in Private and Public Health Insurance Programs:

Providing insurance coverage for all of Virginia's children is a major concern for policy makers and the public. This workshop will describe public and commercial insurance options, and examine efforts to enroll African-American children.

Robert Baker, Sr., DM  
Senior Pastor  
Fairwood-Agape Baptist Church  
Portsmouth, Virginia

Sylvia Whitaker  
Sentara Health Management  
Norfolk, Virginia

Kimberly Perry  
Children's Hospital of the King's Daughter  
Norfolk, Virginia

Moderator: Lona Vincent

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12:15 Lunch -- West Cafeteria

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1:00 - 2:30 Concurrent Workshops

Conference Room A

A: Developing Culturally Competent Health Care for African-Americans:

Like the nation, Virginia's population is becoming increasingly diverse. Estimates for the year 2010 indicate that Blacks and other minorities will comprise more than one-fourth of Virginia's total population. These changing demographics pose unique challenges and opportunities for health care providers in the Commonwealth. This workshop will define cultural competency and will provide a real world example of its benefits for improving quality of services and outcomes for African-Americans.

Janis Sanchez, PhD  
Professor  
Old Dominion University  
Norfolk, Virginia

Rev. William Lee, MDIV  
Board Member  
Kuumba Health & Wellness Center  
Roanoke, Virginia

Moderator: Renee Hannah

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### Conference Room B

#### B: Public and Private Partnerships that Eliminate Barriers to Accessing Services:

Community based organizations and health systems organizations are attempting to address the health of African-Americans through innovative outreach and health promotion activities. This workshop will review examples of successful models for helping individuals develop healthy behaviors and lifestyles.

Phoebe Butler Ajibade, MS  
Program Coordinator  
Peninsula Baptist Pastor's Council  
Hampton, Virginia

Edwina Davis Gary, MS  
Chief Executive Officer  
Peninsula Institute for Community Health  
Newport News, Virginia

Moderator: Henry C. Murdaugh

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### Conference Room C

#### C: Key Health Issues for African-American Families: Healthy Children, Healthy Families:

This workshop will describe a collaborative effort to provide comprehensive services to strengthen families with young children, improve community health and increase family self-sufficiency.

Felicia Drummond, RN  
CHIP Coordinator  
Norfolk Department of Health  
Norfolk, Virginia

Rodney Jordan  
VPIRC Technology Coordinator  
Norfolk Department of Health  
Norfolk, Virginia

Gale Lee  
VPIRC Coordinator  
Norfolk Department of Health  
Norfolk, Virginia

Moderator: LaVerne Williams

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## Auditorium

### D: Strategies to Provide Health Insurance to African-American Adults:

Although African-Americans historically utilize public and private insurance programs, a recent study by the Joint Commission on Health Care indicates that 22% of the state's Black population is uninsured, compared to 14% for Virginia's total population. This workshop will explore efforts to obtain coverage for African-American adults in private and public insurance programs.

TBA

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3:15 - 4:00 Strategy Sessions -- Auditorium

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## DAY 2: Thursday, June 22, 2000

7:30 Registration / Continental Breakfast

8:15 General Session:

Greetings: Michael A. Pyles, Co-Chair

Commissioner's of Health Minority Health Advisory Committee

8:30 - 9:30 Plenary II

*"The Digital Divide:" Is Health Information Readily Available to African-Americans"*

Jeffrey C. Street

VIA Consulting Group

Deborah Little, RN, MPS, State Registrar

Virginia Department of Health

LaJoy Mosby, MBA, Deputy Director

Office of Minority Health Resource Center

Department of Health & Human Resources

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9:30 Break

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10:00 - 12:00 Plenary III -- Panel Discussion -- Auditorium

*"Our Contribution to Improving Access to Health Care for African-Americans." This plenary session will feature panelists from major health-related organizations that represent health plans, physicians, pharmacists, community health centers, health care facilities and public agencies. The panelists will discuss their organization's efforts and strategies to enhance access to health care services for Virginia's largest minority population.*

Lynn Warren, RN, MPH, Director of Policy  
Virginia Association of Health Plans

June Tunstall, MD, President  
Old Dominion Medical Society

Katherine M. Webb, Senior Vice President  
Virginia Hospital and Healthcare Association

Rebecca Snead, Executive Director  
Virginia Pharmacists Association

John B. Cafazza, Executive Director  
Virginia Primary Care Association

Cheryl Roberts, Director of Managed Care  
Department of Medical Assistance Services

Janet McElhaney, MD, Director of Research  
Glennan Center for Geriatrics and Gerontology

Dave Levin, MD, Medical Director  
Sentara Health Management

Valerie B. Stallings, MD, MPH, Director  
Norfolk Department of Public Health

Moderator: L. Robert Bolling

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12:00 Lunch -- Wilder Center
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1:00 - 2:30           Concurrent Workshops

**Conference Room A**

A: Providing Care to African-Americans in Public and Private Settings:

This workshops will explore the challenges and feature successful approaches for delivering health care to African-Americans in a physician's office and through a partnership with a public health department and a major medical searching institution.

Sharon Baucom, MD  
Deputy Director for Clinical Services  
Richmond City Department of Public Health  
Richmond, Virginia

Moderator: Arlethia Rogers

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Conference Room B

B: From Injury Prevention to Emergency Medicine:

Can injury prevention messages reduce injury-related visits to hospital emergency departments. This workshop will explore effective prevention strategies targeting African-Americans, and discuss the high rate of ER utilization by African-Americans.

Jennifer Beery, MPH
Center for Injury and Violence Prevention
Virginia Department of Health
Richmond, Virginia

Marcus Martin, MD
Chief, Emergency Medicine
University of Virginia
Charlottesville, Virginia

Moderator: Charlene Learner

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**Conference Room C**

C: Mental Health and Substances Abuse Issues for African-Americans:

This workshop will review research and data on African-American utilization of mental health service and examine the use of the African-American church and spirituality as an effective model for the delivery of mental health services. The workshop will also explore African-American use of substance abuse services in the Commonwealth.

Julie E. Williams, PhD, Director  
Center for Psychological Services & Development  
Virginia Commonwealth University  
Richmond, Virginia

Larry Lindsey  
F.I.R.S.T. Contractors, Inc.  
Richmond, Virginia

Moderator: Ina Deloach

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2:30 Break

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2:45 - 4:15                      **Concurrent Workshops**

**Conference Room A**

A: Key Health Issues for African-American Families - Fatherhood:

This workshop will explore the important role the father plays in sustaining the health of African-American families.

Rev. T. W. Morris  
Pastor  
Shiloh Baptist Church  
Radville, Virginia

Rev. Walter Johnson  
Pastor  
Zion Baptist Church  
Yorktown, Virginia

Rev. Raymond Johnson  
Pastor  
Zoe Community Church  
Newport News, Virginia

Moderator: Ronald J. Clark

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Conference Room B

B: The Inter-Relationship Between Desperate Health Outcomes and Access to Prevention and Treatment Services:

This workshop will look at two diseases, diabetes and HIV, and discuss how factors such as appropriate health messages, affordable pharmaceuticals, and access to providers impact the disproportionate burden of diseases and disability on African-Americans.

Gale Pearson
Virginia Diabetes Program
Newport News, Virginia

Peggy Valentine, PhD
Howard University
Washington, DC

Moderator: Tammie Z. Woodson

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**Conference Room C**

C: Training, Recruiting and Retaining African-American Health Professionals:

This workshop will explore state and national efforts to train, recruit and retain African-American medical, nursing, allied health professionals. Particular emphasis will be placed on the unique role these health professionals play in providing care to African-Americans.

Rowena Wilson, PhD  
Norfolk State University  
Norfolk, Virginia

Mattie Tabron, EdD, F.A.S.&T  
National Society of Allied Health  
Washington, DC

Johnnie Bunche, RN, MS  
Hampton University  
Hampton, Virginia

Thomas Tucker, Director  
Health Career Opportunities Program  
Virginia Commonwealth University  
Richmond, Virginia

Moderator: Audrey Butler

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4:15 - 4:45 Strategy Sessions -- Auditorium
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Scott Dozier Dining Facility, Norfolk State University

6:00 - 7:00 Reception and Entertainment - "The Good Life Band"

7:00 - 9:00 Dinner and Evening Address

7:30 "National Efforts to Address Disparate Health Outcomes"

Michael Blackwell, DVM, MPH, Chief of Staff, Office of the Surgeon  
General

U.S. Department of Health & Human Services

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Day 3: Friday, June 23, 2000

L. Robert Bolling, Director, Presiding

8:30 Continental Breakfast

9:00 - 9:45 Plenary IV -- L. Robert Bolling, Presiding

*"The Challenges and Opportunities: An Analysis of Workshop and Strategy  
Session Recommendations"*

The Honorable Daun Hester

Norfolk City Council and Turning Point Initiative

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9:45 Break

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Introduction of the Speaker -- L. Robert Bolling, Director, Office of Minority  
Health

10:15 Closing Address

*"The Future: What Are We Doing, and What Must We Do to Improve  
Access?"*

E. Anne Peterson, MD, MPH, Commissioner of Health

Virginia Department of Health

11:30 Adjournment

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**BOARD OF HEALTH MEMBERS:**

Lester "Skip" Lamb, Chairman, Hospital Industry  
Forrest R. Marshall, Jr. Vice-Chairman, Local Government  
Shelia W. Elliott, PharmD, Virginia Pharmaceutical Association  
Charles W. Hickey, DVM, Virginia Veterinary Medical Association  
Gwendolyn F. "Gwen" Cody, Consumer  
W. Andrew Dickinson, MD, Medical Society of Virginia  
Gerald A. Fill, Consumer  
Hunter M. Gaunt, Jr., MD, Medical Society of Virginia  
Cora L. Gray, MSN, RN, Virginia Nurses' Association  
Patricia Iannetta, Nursing Home Industry  
James R. Schroeder, DDS, State Dental Association

**STATE HEALTH COMMISSIONER:**

E. Anne Peterson, MD, MPH

**MINORITY HEALTH ADVISORY COMMITTEE MEMBERS:**

Paul Puryear, PhD, Co-Chair, University of Virginia  
Michael A. Pyles, PhD, Co-Chair, Virginia Commonwealth University  
Kim Oanh Cook, Vietnamese Resettlement Association  
Horace Jackson, MD, Private Practice Physician  
Brenda Macklin, MA, Virginia Department of Social Services  
Edward H. Peoples, PhD, Retired  
H. McDonald Rimple, MD, Retired  
Sue Ann Saunders, RN, MPH, Retired  
Reverend Cessar L. Scott, Baptist General Convention of Virginia  
Jamie Ware, The Powhatan Society  
Rudolph Wilson, PhD, Norfolk State University  
Marta Wyatt (deceased), Hispanic Committee of Virginia

**PLANNING COMMITTEE:**

L. Robert Bolling, Virginia Office of Minority Health, Co-Chair  
Cora L. Gray, MSN, RN, State Board of Health, Honorary Co-Chair, Subcommittee  
Minority Health and Child Health  
Reverend Robert Baker, Fairwood-Agape Baptist Church  
Donald Barrows, Sentara Family Care  
Cynthia Corbett, Norfolk Department of Public Health

Horace Jackson, MD, Private Practice Physician  
Charlene Learner, Virginia Beach Department of Public Health  
    illar Parson-White, PhD, Norfolk State University  
Michael Pyles, PhD, Virginia Commonwealth University  
Vanessa Sheppard, PhD, Center for Pediatric Research, EVMS  
Gloria Smith, Minority Health Coalition of South Hampton Roads  
Mahla Swinford, Louise Obici Memorial Hospital  
Sylvia Whitaker, Sentara Health Management  
Yvonne Williams, Alexandria Health Department  
Rudolph Wilson, PhD, Norfolk State University

**SUPPORTERS:**

Region III Office of Minority Health, PHS  
Office of the Surgeon General, DHHS  
Virginia Primary Care Association, Inc.  
Sentara Health Management

**GENERAL INFORMATION**

**EXHIBITS:**

Be sure to visit Exhibits in the Exhibit Hall.

**MESSAGES:**

A message board is located near the south corridor in the Wilder Center. This is the same side of the building as the guard gate on Presidential Drive.

**RESTROOMS**

Restroom facilities are located on the first and second floors.

## Appendix E: Overall Evaluation Form



# Access to Healthcare for African Americans in Virginia Overall Evaluation

Please circle the number below for the most appropriate response: (If a particular item does not apply, please leave the item blank.)

☺
1 = Strongly Agree
2 = Agree
3 = Neutral, No Opinion
4 = Disagree
☹ 5 = Strongly Disagree

- |    |                                                                    | ☺ |   |   |   |   | ☹ |
|----|--------------------------------------------------------------------|---|---|---|---|---|---|
| 1. | The speakers were effective in their presentation of the material. | 1 | 2 | 3 | 4 | 5 |   |
| 2. | The speakers were knowledgeable on the subject matter.             | 1 | 2 | 3 | 4 | 5 |   |
| 3. | The speakers responded well to questions and comments.             | 1 | 2 | 3 | 4 | 5 |   |
| 4. | The material presented will be useful in my job setting.           | 1 | 2 | 3 | 4 | 5 |   |

5. What did you like most about this forum? What did you like least?

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6. Did the forum meet its stated goals and objectives?

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7. Are there any specific recommendations for improving access to health care for African-Americans?

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8. Any Additional Comments

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Please use reverse side if additional space is required.

## Appendix F: Workshop Evaluation Form

**Forum on Access to Health Care for African Americans  
Workshop Evaluation Form**

**Instructor's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Circle your rating for each question below. If you think any aspects of the workshop (presenter, contents, setting, etc.) were particularly good or poor, useful or not useful, please tell us in the Comments box below the question.

**1. How do you rate the presenter's ability to present the workshop material in a clear, understandable manner?**

|             |          |                  |          |               |
|-------------|----------|------------------|----------|---------------|
| 1-Very Poor | 2 - Poor | 3 - Satisfactory | 4 - Good | 5 - Very Good |
| Comments:   |          |                  |          |               |
|             |          |                  |          |               |

**2. How do you rate the presenter's knowledge of the subjects covered during the session?**

|             |          |                  |          |               |
|-------------|----------|------------------|----------|---------------|
| 1-Very Poor | 2 - Poor | 3 - Satisfactory | 4 - Good | 5 - Very Good |
| Comments:   |          |                  |          |               |
|             |          |                  |          |               |

**3. How do you rate the presenter's ability to respond to questions and comments?**

|             |          |                  |          |               |
|-------------|----------|------------------|----------|---------------|
| 1-Very Poor | 2 - Poor | 3 - Satisfactory | 4 - Good | 5 - Very Good |
| Comments:   |          |                  |          |               |
|             |          |                  |          |               |

**4. How do you rate the usefulness and applicability of this workshop to your professional job needs?**

|             |          |                  |          |               |
|-------------|----------|------------------|----------|---------------|
| 1-Very Poor | 2 - Poor | 3 - Satisfactory | 4 - Good | 5 - Very Good |
| Comments:   |          |                  |          |               |
|             |          |                  |          |               |

**5. How helpful were workshop materials (handouts, audio-visuals, etc.) used? (Skip question if none used).**

|             |          |                  |          |               |
|-------------|----------|------------------|----------|---------------|
| 1-Very Poor | 2 - Poor | 3 - Satisfactory | 4 - Good | 5 - Very Good |
| Comments:   |          |                  |          |               |
|             |          |                  |          |               |

6. How do you rate the setting in which the workshop was given (consider things such as comfort, were you able to see and hear the presentation, etc.).

| 1-Very Poor | 2 - Poor | 3 - Satisfactory | 4 - Good | 5 - Very Good |
|-------------|----------|------------------|----------|---------------|
| Comments:   |          |                  |          |               |
|             |          |                  |          |               |

7. What overall rating do you give workshop?

| 1-Very Poor | 2 - Poor | 3 - Satisfactory | 4 - Good | 5 - Very Good |
|-------------|----------|------------------|----------|---------------|
| Comments:   |          |                  |          |               |
|             |          |                  |          |               |

Please give us any suggestions you have for improving this workshop:

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**Thank You for Giving Us Your Comments on this Session**

## Appendix G: Summary of Evaluations

**From Injury Prevention To Emergency Medicine  
Jennifer Berry, MPH and Dr. Marcus Martin**

| <b>Speakers Performance</b> | <b>% Very Good</b> | <b>% Good</b> | <b>% Satisfactory</b> | <b>% Poor</b> |
|-----------------------------|--------------------|---------------|-----------------------|---------------|
| Ability To Present          | 69                 | 31            | 0                     | 0             |
| Knowledge                   | 94                 | 6             | 0                     | 0             |
| Response to Questions       | 88                 | 6             | 0                     | 0             |
| Usefulness of Workshop      | 56                 | 31            | 13                    | 0             |
| Helpfulness of Materials    | 69                 | 25            | 0                     | 6             |
| Workshop Settings           | 75                 | 19            | 0                     | 0             |
| Overall Workshop            | 69                 | 25            | 0                     | 0             |

**Developing Culturally Competent Health Care For African-Americans  
Dr. Janice Sanchez and Rev. William Lee**

| <b>Speakers Performance</b> | <b>% Very Good</b> | <b>% Good</b> | <b>% Satisfactory</b> | <b>% Poor</b> |
|-----------------------------|--------------------|---------------|-----------------------|---------------|
| Ability To Present          | 90                 | 8             | 1                     | 1             |
| Knowledge                   | 92                 | 7             | 1                     | 0             |
| Response to Questions       | 80                 | 13            | 1                     | 0             |
| Usefulness of<br>Workshop   | 72                 | 22            | 4                     | 0             |
| Helpfulness of<br>Materials | 56                 | 22            | 18                    | 1             |
| Workshop Settings           | 66                 | 26            | 7                     | 1             |
| Overall Workshop            | 79                 | 15            | 0                     | 1             |

**Providing Care To African-Americans in Public and Private Settings**  
**Dr. Sharon Baucom**

| <b>Speakers Performance</b>     | <b>% Very Good</b> | <b>% Good</b> | <b>% Satisfactory</b> | <b>% Poor</b> |
|---------------------------------|--------------------|---------------|-----------------------|---------------|
| <b>Ability To Present</b>       | <b>57</b>          | <b>36</b>     | <b>14</b>             | <b>0</b>      |
| <b>Knowledge</b>                | <b>64</b>          | <b>36</b>     | <b>7</b>              | <b>0</b>      |
| <b>Response to Questions</b>    | <b>64</b>          | <b>29</b>     | <b>14</b>             | <b>0</b>      |
| <b>Usefulness of Workshop</b>   | <b>43</b>          | <b>43</b>     | <b>21</b>             | <b>0</b>      |
| <b>Helpfulness of Materials</b> | <b>43</b>          | <b>43</b>     | <b>21</b>             | <b>0</b>      |
| <b>Workshop Settings</b>        | <b>43</b>          | <b>43</b>     | <b>14</b>             | <b>0</b>      |
| <b>Overall Workshop</b>         | <b>57</b>          | <b>29</b>     | <b>14</b>             | <b>0</b>      |

**Key Health Issues For African-American Families - Fatherhood**  
**Rev. T. W. Morris, Rev. Walter Johnson and Rev. Raymond Johnson**

| <b>Speakers Performance</b>     | <b>% Very Good</b> | <b>% Good</b> | <b>% Satisfactory</b> | <b>% Poor</b> |
|---------------------------------|--------------------|---------------|-----------------------|---------------|
| <b>Ability To Present</b>       | <b>100</b>         | <b>0</b>      | <b>0</b>              | <b>0</b>      |
| <b>Knowledge</b>                | <b>100</b>         | <b>0</b>      | <b>0</b>              | <b>0</b>      |
| <b>Response to Questions</b>    | <b>100</b>         | <b>0</b>      | <b>0</b>              | <b>0</b>      |
| <b>Usefulness of Workshop</b>   | <b>100</b>         | <b>0</b>      | <b>0</b>              | <b>0</b>      |
| <b>Helpfulness of Materials</b> | <b>100</b>         | <b>0</b>      | <b>0</b>              | <b>0</b>      |
| <b>Workshop Settings</b>        | <b>100</b>         | <b>0</b>      | <b>0</b>              | <b>0</b>      |
| <b>Overall Workshop</b>         | <b>100</b>         | <b>0</b>      | <b>0</b>              | <b>0</b>      |

**The African Diaspora: The Continent and the Caribbean Health**  
**Dr. Ahmed Moen and Dr. Edward Neal**

| Speakers Performance     | % Very Good | % Good | % Satisfactory | % Poor |
|--------------------------|-------------|--------|----------------|--------|
| Ability To Present       | 58          | 33     | 8              | 0      |
| Knowledge                | 67          | 33     | 0              | 0      |
| Response to Questions    | 67          | 33     | 0              | 0      |
| Usefulness of Workshop   | 17          | 33     | 50             | 0      |
| Helpfulness of Materials | 17          | 33     | 33             | 0      |
| Workshop Settings        | 0           | 50     | 33             | 0      |
| Overall Workshop         | 0           | 50     | 33             | 0      |

**Public and Private Partnerships That Eliminate Barriers To Accessing Services**

**Phoebe Butler Ajibade', MS and Edwina Davis Gary, MS**

| Speakers Performance     | % Very Good | % Good | % Satisfactory | % Poor |
|--------------------------|-------------|--------|----------------|--------|
| Ability To Present       | 60          | 32     | 8              | 0      |
| Knowledge                | 68          | 24     | 8              | 0      |
| Response to Questions    | 56          | 32     | 8              | 0      |
| Usefulness of Workshop   | 48          | 36     | 12             | 0      |
| Helpfulness of Materials | 44          | 44     | 12             | 0      |
| Workshop Settings        | 60          | 24     | 4              | 4      |
| Overall Workshop         | 52          | 32     | 8              | 0      |



**Strategies to Enroll African-American Children in Private And Public Health Insurance Programs**

**Robert Baker, Kimberly Perry and Sylvia Whitaker**

| Speakers Performance     | % Very Good | % Good | % Satisfactory | % Poor |
|--------------------------|-------------|--------|----------------|--------|
| Ability To Present       | 75          | 25     | 0              | 0      |
| Knowledge                | 88          | 13     | 0              | 0      |
| Response to Questions    | 63          | 25     | 0              | 0      |
| Usefulness of Workshop   | 53          | 25     | 13             | 0      |
| Helpfulness of Materials | 50          | 50     | 0              | 0      |
| Workshop Settings        | 75          | 25     | 0              | 0      |
| Overall Workshop         | 63          | 37     | 0              | 0      |

**The Inter-Relationship Between Disparate Health Outcomes and Access to Prevention and Treatment Services**

**Gale Pearson and Dr. Peggy Valentine**

| Speakers Performance     | % Very Good | % Good | % Satisfactory | % Poor |
|--------------------------|-------------|--------|----------------|--------|
| Ability To Present       | 61          | 35     | 3              | 0      |
| Knowledge                | 68          | 26     | 3              | 0      |
| Response to Questions    | 48          | 48     | 3              | 0      |
| Usefulness of Workshop   | 52          | 39     | 10             | 0      |
| Helpfulness of Materials | 48          | 32     | 7              | 0      |
| Workshop Settings        | 48          | 32     | 7              | 3      |
| Overall Workshop         | 52          | 48     | 0              | 0      |

**Training Recruiting and Retaining African-American Health Professionals**

**Dr. Rowena Wilson, Dr. Mattie Tabron, Johnnie Bunch, RN, MS, and Thomas Tucker**

| Speakers Performance     | % Very Good | % Good | % Satisfactory | % Poor |
|--------------------------|-------------|--------|----------------|--------|
| Ability To Present       | 35          | 53     | 12             | 0      |
| Knowledge                | 29          | 59     | 12             | 0      |
| Response to Questions    | 24          | 47     | 12             | 0      |
| Usefulness of Workshop   | 24          | 59     | 12             | 6      |
| Helpfulness of Materials | 18          | 47     | 24             | 6      |
| Workshop Settings        | 41          | 41     | 12             | 6      |
| Overall Workshop         | 24          | 59     | 12             | 6      |

**Key Health Issues For African-American Families:**

**Healthy Children Healthy Families**

**Felicia Drummond, RN, Rodney Jordan and Gale Lee**

| Speakers Performance     | % Very Good | % Good | % Satisfactory | % Poor |
|--------------------------|-------------|--------|----------------|--------|
| Ability To Present       | 47          | 53     | 0              | 0      |
| Knowledge                | 68          | 32     | 0              | 0      |
| Response to Questions    | 42          | 53     | 5              | 0      |
| Usefulness of Workshop   | 26          | 53     | 5              | 0      |
| Helpfulness of Materials | 26          | 53     | 21             | 0      |
| Workshop Settings        | 37          | 12     | 0              | 0      |
| Overall Workshop         | 42          | 58     | 0              | 0      |

**Mental Health and Substances Abuse Issues For African-Americans**  
**Dr. Julie E. Williams and Larry Lindsey**

| Speakers Performance        | % Very Good | % Good | % Satisfactory | % Poor |
|-----------------------------|-------------|--------|----------------|--------|
| Ability To Present          | 88          | 12     | 0              | 0      |
| Knowledge                   | 88          | 12     | 0              | 0      |
| Response to Questions       | 88          | 12     | 0              | 0      |
| Usefulness of<br>Workshop   | 62          | 32     | 6              | 0      |
| Helpfulness of<br>Materials | 88          | 18     | 0              | 0      |
| Workshop Settings           | 53          | 29     | 12             | 0      |
| Overall Workshop            | 77          | 18     | 0              | 0      |

