

2011 -- S 0481

LC01595

STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2011

A N A C T

RELATING TO HEALTH AND SAFETY - COMMISSION FOR HEALTH ADVOCACY
AND EQUITY

Introduced By: Senators Pichardo, DiPalma, Metts, Jabour, and Nesselbush

Date Introduced: March 10, 2011

Referred To: Senate Health & Human Services

It is enacted by the General Assembly as follows:

1 SECTION 1. Legislative Findings.-

2 WHEREAS, Public health pursues its mission of ensuring conditions in which people can
3 be healthy in conjunction with a vast array of governmental, academic, and community partners;
4 and

5 WHEREAS, Where we live affects the quality of air we breathe, our access to good
6 paying jobs, decent housing, the quality of our education, the availability of healthy foods and all
7 these factors determine whether or not an individual is able to live a healthy life; and

8 WHEREAS, Rhode Island has a number of underlying social disparities that impair the
9 health and well-being of a number of populations with the greatest burden borne by minority
10 populations but also affects those not considered vulnerable; and

11 WHEREAS, Underlying social disparities also impact the health of rural communities in
12 Rhode Island; and

13 WHEREAS, The department of health has made strides to address health equity and the
14 elimination of health disparities by coordinating work within its own departmental divisions with
15 the formation of the division of community, family health, and equity; and

16 WHEREAS, The department of health and many programs have a laudable record of
17 taking action in favor of eliminating health disparities and addressing health equity; and

18 WHEREAS, Rhode Island, where disparities remain similar or worse than many other

1 states across the nation despite better access to health insurance, numerous hospitals, community
2 health centers, health programs and efforts; and

3 WHEREAS, The problem of disparities are extensive and impact all state departments
4 and their functions and issues but the responsibility for addressing health disparities has been led
5 by the department of health; and

6 WHEREAS, There is a need to coordinate the expertise and experience of not only the
7 state's health and human services systems, but also its housing, transportation, education,
8 environment, community development and labor systems in developing a sustainable and
9 comprehensive health equity plan;

10 THEREFORE, The general assembly finds and declares that it is in the best interests of
11 the state to establish a commission of health advocacy and equity.

12 SECTION 2. Title 23 of the General Laws entitled "HEALTH AND SAFETY" is hereby
13 amended by adding thereto the following chapter:

14 COMMISSION FOR HEALTH ADVOCACY AND EQUITY

15 **23-1.12-1. Short title.** -- This chapter shall be known and may be cited as the
16 "Commission for Health Advocacy and Equity Act."

17 **23-1.12-2. Definitions.** -- As used in this chapter, the following words and phrases have
18 the following meanings:

19 (1) "Community-based health agency" means an organization that provides health
20 services or health education, including a hospital, a community health center, a community
21 mental health or substance abuse center, and other health-related organizations.

22 (2) "Community-based organization" means an organization that provides any number of
23 community services that support the well-being of Rhode Island communities.

24 (3) "Disparities" means the incidence, prevalence, mortality, and burden of diseases and
25 other adverse health conditions that exist among all Rhode Islanders.

26 (4) "Community health worker" means a person who creates a bridge between providers
27 of health services, community services, social agencies and vulnerable populations within the
28 community. Community health workers provide support and assist in navigating the health and
29 social services system. In addition community health workers can build community capacity
30 through workshops and programs.

31 (5) "Commission" means the commission of health advocacy and equity.

32 **23-1.12-3. Establishment.** -- (a) There is hereby established within the department of
33 health a commission of health advocacy and equity. The commission shall report to the director
34 of the department of health. The director shall appoint nine (9) members representing the

1 diversity of communities affected by disparities, no less than six (6) members who shall be
2 experts with working and practical knowledge of social determinants of health, and no less than
3 two (2) members who shall have a working understanding of how policy structures disparities.

4 (b) The commission shall assess the range of issues that may impact an individual's,
5 family's or community's health and create a plan that addresses the multiple issues that come into
6 play and ensure quality integration and evaluation of any program or policy to reduce or eliminate
7 racial or ethnic health disparities. Such plan shall be developed with input from other agencies,
8 including the attorney general, and the resulting plan shall be broadly disseminated as advisory to
9 other state agencies.

10 (c) Commission members shall serve without compensation and shall be appointed for a
11 term of three (3) years. Three (3) of the initial appointees shall serve for three (3) years, three (3)
12 of the initial appointees shall serve for two (2) years and three (3) of the initial appointees shall
13 serve for one year in order that the commission members serve staggered three (3) year terms.
14 Commission members may be reappointed for additional three (3) year terms without limitation.

15 **23-1.12-4. Purpose.** -- The commission shall advocate for the integration of all activities
16 of the state to achieve health equity. It will work with governmental, academic and community
17 agencies to respond to various needs of individuals and families and their communities as they
18 relate to health outcomes. It will do so by the development and strengthening of partnerships to
19 coordinate the expertise and experience of not only the state's health and human services systems,
20 but also its housing, transportation, education, environment, community development and labor
21 systems in developing a comprehensive health equity plan addressing the social determinants of
22 health. The commission shall set goals for health equity and prepare a plan for Rhode Island to
23 achieve health equity in alignment with any other statewide planning activities. The commission
24 shall educate state agencies in Rhode Island on disparities, including social factors that play a role
25 in creating or maintaining disparities.

26 **23-1.12-5. Disparities impact statement.** -- Every other year, the commission shall
27 annually prepare a disparities impact statement evaluating the likely positive or negative impact
28 of the programs, policies and activities, as defined in section 23-1.12-4, as they relate to
29 eliminating or reducing health disparities. The statement shall include quantifiable impacts and
30 evaluation benchmarks. The statement shall be posted on the department of health website and
31 the website of the executive office of health and human services. The first statement shall be
32 prepared two (2) years after the establishment of the commission.

33 **23-1.12-6. Evaluation.** -- The commission shall prepare an annual health disparities
34 evaluation to evaluate the state's progress toward eliminating or reducing racial and ethnic health

1 disparities using the quantifiable measures and benchmarks outlined in the impact statement. The
2 commission shall hold public hearings to get information to assist in forming the evaluation. The
3 hearings shall be held approximately six (6) months before each yearly evaluation. The evaluation
4 shall summarize the activities of the commission, state agencies and other partners. The
5 evaluation shall be delivered to the governor, speaker of the house and president of the senate.
6 The first evaluation shall be prepared two (2) years after the establishment of the commission.

7 **23-1.12-7. Race, ethnicity, social determinants of health and language data collection**
8 **coordination. --** The commission shall, in consultation with the department of health and other
9 appropriate state agencies, make recommendations for data collection, analysis and dissemination
10 activities by all entities involved in the collection of patients and health care professionals
11 information. The commission shall make recommendations for the coordination by the
12 department of health, other agencies, organizations and institutions as needed to design and
13 implement a training curriculum for primary data collectors and disseminate best practices for
14 collection of race, ethnicity, social determinants of health and language data.

15 **23-1.12-8. Health workforce diversity and development. --** The commission shall
16 make recommendations for the coordination of state, local and private sector efforts established to
17 develop a more racially and ethnically diverse health care workforce. The commission shall
18 include evaluation and development of the community health worker workforce. The commission
19 shall make recommendations for the recruitment, assignment, training and employment of
20 community health workers by community-based organizations and community-based health
21 agencies. Community health workers are individuals who have direct knowledge of the
22 communities they serve, and of the social determinants of health, to assess the range of issues that
23 may impact an individual's, a family's or a community's health and may facilitate improved
24 individual and community well-being and should include, but not be limited to:

- 25 (1) Linking with services for legal challenges to unsafe housing conditions;
26 (2) Advocating with various state and local agencies to ensure that the individual/family
27 receives appropriate benefits/services;
28 (3) Advocating for the individual/family within the health care system. This could be
29 done in multiple settings (community-based organization, health care setting, legal service
30 setting);
31 (4) Connecting the individual or family with the appropriate services/advocacy support to
32 address those issues such as:
33 (i) Assisting in the application for public benefits to increase income and access to food
34 and services;

1 (ii) Working with community-based health agencies and organizations in assisting
2 individuals who are at-risk for or who have chronic diseases to receive better access to high-
3 quality health care services;

4 (iii) Anticipating, identifying and helping patients to overcome barriers within the health
5 care system to ensure prompt diagnostic and treatment resolution of an abnormal finding; and

6 (iv) Coordinating with the relevant health programs to provide information to individuals
7 about health coverage, including RItecare and other sources of health coverage;

8 (5) Assisting the department of health, other agencies, health clinics, healthcare
9 organizations, community clinics and their providers to implement and promote culturally
10 competent care, effective language access policies, practices and disseminate best practices to
11 state agencies;

12 (6) Training of health care providers to help patients/families access appropriate services,
13 including social services, legal services and educational services.

14 (7) Advocating for solutions to the challenges and barriers to health that a community
15 may face.

16 SECTION 2. This act shall take effect upon passage.

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EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF
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AND EQUITY

1 This act would create the commission for health advocacy and equity. The commission
2 would coordinate the state's various departments in order to establish and ensure equitable health
3 standards and conditions for all individuals within the state.

4 This act would take effect upon passage.

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