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LC01832

STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2011

A N A C T

RELATING TO STATE AFFAIRS AND GOVERNMENT -- COMMISSION FOR HEALTH
ADVOCACY AND EQUITY

Introduced By: Representatives Walsh, Cimini, Ajello, Medina, and Williams

Date Introduced: March 03, 2011

Referred To: House Health, Education & Welfare

It is enacted by the General Assembly as follows:

1 SECTION 1. Legislative findings.--

2 WHEREAS, Public health pursues its mission of assuring 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 health foods and all
7 these factors determine whether or not an individual is able to live a health 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 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
13 SECTION 2. Title 23 of the General Laws entitled "HEALTH AND SAFETY" is hereby
14 amended by adding thereto the following chapter:

15 CHAPTER 1.12

16 COMMISSION FOR HEALTH ADVOCACY AND EQUITY ACT

17 **23-1.12-1. Short title.** – This chapter shall be known and may be cited as the
18 “Commission For Health Advocacy And Equity Act”.

19 **23-1.12-2. Definitions.** – As used in this chapter, the following words and phrases shall
20 have the following meanings:

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

24 (2) “Community-based organization” means an organization that provides any number of
25 community services that support the well-being of Rhode Island communities.

26 (3) “Disparities” means the incidence, prevalence, mortality, and burden of diseases and
27 other adverse health conditions that exist among the health of all Rhode Islanders.

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

33 (5) “Commission” means the commission of health advocacy and equity.

34 **23-1.12-3. Establishment.** – (a) There is hereby established within the department of

1 health a commission of health advocacy and equity. The commission shall report to the director
2 of the department of health. The director shall appoint nine (9) members representing the
3 diversity of communities affected by disparities, no less than six (6) members who shall be
4 experts with working and practical knowledge of social determinants of health, and no less than
5 two (2) member who shall have a working understanding of how policy structures disparities.

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

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

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

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

1 **23-1.12-6. Evaluation.** – The commission shall prepare an annual health disparities
2 evaluation to evaluate the state’s progress toward eliminating or reducing racial and ethnic health
3 disparities using the quantifiable measures and benchmarks outlined in the impact statement. The
4 commission shall hold public hearings to get information to assist in forming the evaluation. The
5 hearings shall be held approximately six (6) months before each yearly evaluation. The evaluation
6 shall summarize the activities of the commission, state agencies and other partners. The
7 evaluation shall be delivered to the governor, speaker of the house and president of the senate.
8 The first evaluation shall be prepared two (2) years after the establishment of the commission.

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

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

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

1 and services;

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

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

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

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

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

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

17 SECTION 3. This act shall take effect upon passage.

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EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF

A N A C T

RELATING TO STATE AFFAIRS AND GOVERNMENT -- COMMISSION FOR HEALTH
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1 This act would create the commission for health advocacy and equity which will
2 coordinate the expertise and experience of the state's health and human services systems, as well
3 as its housing, transportation, education, environment, community development and labor
4 systems in an effort to sustain a comprehensive health equity plan.

5 This act would take effect upon passage.

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