

# WEST VIRGINIA LEGISLATURE

## 2017 REGULAR SESSION

**Introduced**

### **House Bill 2866**

**FISCAL  
NOTE**

BY DELEGATE ROWE

[Introduced March 8, 2017; Referred  
to the Committee on Health and Human Resources  
then Finance.]

1 A BILL to amend the Code of West Virginia, 1931, as amended, by adding thereto two new  
 2 sections, designated §16-1-16 and §16-1-16a, all relating to social determinants of health;  
 3 establishing the Minority Health Advisory Team including its composition and duties;  
 4 authorizing a Community Health Equity Initiative Demonstration Project; authorizing the  
 5 Commissioner of the Bureau for Public Health to establish a Community Health Equity  
 6 Initiative Demonstration Project; establishing eligibility requirements; providing for the  
 7 administration of the demonstration project; establishing requirements for a demonstration  
 8 project plan and the selection of communities for participation; establishing reporting  
 9 requirements; and establishing the date on which the demonstration project terminates.

*Be it enacted by the Legislature of West Virginia:*

1 That the Code of West Virginia, 1931, as amended, be amended by adding thereto two  
 2 new sections, designated §16-1-16 and §16-1-16a, all to read as follows:

**ARTICLE 1. STATE PUBLIC HEALTH SYSTEM.**

**§16-1-16. Minority Health Advisory Team.**

1 (a) Advisory Team.-- The Minority Health Advisory Team (MYHAT) is hereby created as  
 2 an advisory body to the commissioner for the purpose of advising the commissioner as to the  
 3 provision of adequate public health services for the state's minority population.

4 (1) The advisory team shall be composed of twenty members, appointed by the  
 5 commissioner, and comprised as follows:

6 (A) The Dean of the West Virginia University School of Public Health or his or her  
 7 designee;

8 (B) The Director of the Marshall University Graduate Program in Public Health or his or  
 9 her designee;

10 (C) The Dean of the West Virginia University School of Medicine or his or her designee;

11 (D) The Dean of the Marshall University School of Medicine or his or her designee;

12 (E) The Dean of the West Virginia School of Osteopathic Medicine or his or her designee;

13 (F) The Commissioner of the Bureau for Behavioral Health and Health Facilities or his or  
14 her designee;

15 (G) The Commissioner of the Bureau for Medical Services or his or her designee;

16 (H) The Commissioner of the Bureau for Children and Families or his or her designee;

17 (I) The State Superintendent of Schools or his or her designee;

18 (J) A representative of a local health department;

19 (K) A representative of a free health care clinic;

20 (L) A representative of a health insurance provider;

21 (M) A representative of a hospital;

22 (N) A representative of the Minority Health Advisory Group;

23 (O) An individual to represent community and technical colleges;

24 (P) A representative of a health care provider recruiting entity;

25 (Q) A representative of a federally qualified health center;

26 (R) Two persons to represent the general public; and

27 (S) The coordinator of the Office of Minority Health within the Bureau for Public Health  
28 who shall serve as the chairperson.

29 (2) Pursuant to the provisions of this section, the commissioner shall appoint an advisory  
30 team on or before August 1, 2017.

31 (3) The advisory team shall meet at the call of the commissioner at least twice a year.

32 (b) Advisory team's powers and duties.-- The advisory team may:

33 (1) Provide technical assistance to communities, including assistance with research and  
34 information on grant opportunities and other potential funding sources;

35 (2) Provide letters of support and recommendations for grant applications;

36 (3) By a majority vote, select communities to participate in the demonstration project  
37 authorized by section sixteen-a of this article;

38 (4) Review, evaluate, make recommendations and approve or reject, by a majority vote,

39 a written plan or amendments to a written plan submitted by a community participating in the  
40 demonstration project authorized by section sixteen-a of this article;

41 (5) Work with state executive departments and agencies to ensure that appropriate  
42 consideration is given by such departments and agencies to the potential impact of their actions  
43 on minority public health;

44 (6) Work to ensure that state government assets are targeted to the state vulnerable  
45 populations and are effectively utilized on the highest impact programs; and

46 (7) Engage in outreach and work closely with state and local officials, with nonprofit  
47 organizations, and with the private sector, both in seeking input regarding the development of a  
48 comprehensive minority public health policy and in ensuring that the implementation of state  
49 programs advances the objectives of that policy.

50 (8) Consult with any state executive department or agency affected by the written plans  
51 or the amendments to the written plans;

52 (9) Establish by guidelines criteria to evaluate the progress and results of implemented  
53 plans;

54 (10) Require participating communities to submit such data and other information related  
55 to the demonstration project authorized by section sixteen-a of this article;

56 (11) Coordinate with established or ad hoc committees, task forces, and interagency  
57 groups; and

58 (12) Perform any other powers or duties necessary to effectuate the provisions of this  
59 section.

**§16-1-16a. Community Health Equity Initiative Demonstration Project.**

1 (a) *Legislative Findings.*-- The Legislature makes the following findings:

2 (1) In West Virginia, statewide, babies in African American families are born with lower  
3 birth weights and higher rates of infant mortality than for babies born in white families; and further,  
4 black children under the age of five years live in poverty at higher rates than for children under

5 five years in white families; and African American families have household income and home  
6 ownership rates much lower than for similarly situated white families;

7 (2) The unemployment rate of African Americans recently has been almost twice the  
8 unemployment rate for Caucasians and significantly higher in some counties with a greater  
9 concentration of African American population;

10 (3) Statistics provided by the state Equal Employment Opportunity Office indicate that the  
11 percentage of minority employees among the full-time state government employees under the  
12 control of the Department of Administration is approximately the same as the percentage of  
13 African Americans in the state's population as a whole;

14 (4) The West Virginia Advisory Committee to the United States Commission on Civil Rights  
15 has found continuing reports of racial discrimination in hiring, tension between law-enforcement  
16 officers and African American citizens and hate crimes and violence against minorities, including  
17 reported incidents of harassment of racial and ethnic minorities in schools;

18 (5) West Virginia enjoys both a low juvenile crime rate and one of the nation's lowest  
19 juvenile detention rates, yet the percentage of minority youth in the West Virginia juvenile justice  
20 system exceeds the national rate of minority youths in the juvenile justice system;

21 (6) In West Virginia, African Americans make up only 3.6 percent of the general population,  
22 but account for one third of the adult prison population, one fifth of the juveniles placed in detention  
23 and admitted to correctional facilities, and over one half of the juveniles transferred to adult  
24 jurisdiction for major felonies; and

25 (7) There is a great and immediate need for comprehensive data collection and analysis  
26 on a multiyear basis and for continuing examination and review of solutions with regard to racial  
27 disparities in the areas of civil rights, health, education, housing, social issues, employment,  
28 economic development and criminal and juvenile justice systems.

29 (b) Policy.-- Researchers have established that the social and physical environment, not  
30 just genetic makeup and individual behavior, influences health and well being outcomes.

31 Structural determinants of health such as socioeconomic status have serious health  
32 consequences. Discrimination is a known risk factor for unhealthy behavior, psychological  
33 distress, and high blood pressure. More proximate social determinants of health, such as living  
34 conditions in the home and neighborhood, can affect exposure to both environmental and social  
35 risk factors for poor health. There are compelling and timely reasons for government, nonprofits,  
36 and their partners in the private sector to address social determinants of health through smarter  
37 investments in community development by establishing and embedding systems of innovation  
38 and establishing a state and local policy advocacy team. It is important that any system of  
39 innovation developed to address social determinates of health:

40 (1) Identify community strengths and areas for improvement;

41 (2) Identify and understand the status of community health needs;

42 (3) Define improvement areas to guide the community toward implementing and  
43 sustaining policy, systems, and environmental changes around healthy living strategies (e.g.,  
44 increased physical activity, improved nutrition, reduced tobacco use and exposure, and chronic  
45 disease management);

46 (4) Assist with prioritizing community needs and consider appropriate allocation of  
47 available resources;

48 (5) Allows local stakeholders to work together in a collaborative process to survey their  
49 community;

50 (6) Offers suggestions and examples of policy, systems, and environmental change  
51 strategies; and

52 (7) Provides feedback to communities as they institute local-level change for healthy living.

53 (c) *Authorizing participation.*-- Effective July 1, 2017, the Commissioner of the Bureau for  
54 Public Health shall establish a Community Health Equity Initiative Demonstration Project, to be  
55 continued for a period of four years, to develop a model government program to promote public  
56 health and general welfare through comprehensive community development for communities

57 across West Virginia.

58 (1) Purpose. The purpose of the demonstration project is the development of model  
59 community programs which will focus and use existing resources of government agencies and  
60 community organizations, whose state or local missions include services for health and human  
61 resources, public education and arts, higher education, mental health care, social and economic  
62 diversity, housing development, economic and community development, urban renewal,  
63 workforce development, and small business development, all intended generally to improve  
64 community and individual public health and welfare, in and for communities identified as needing  
65 special coordination and delivery of services from those agencies.

66 (2) Objective. The objective of the demonstration project is to improve public health by  
67 addressing child and family poverty, educational limitations and other social determinants of  
68 health and welfare through a comprehensive community development plan. The plan should  
69 serve as a model to improve public health and education through comprehensive community  
70 development across the state.

71 (3) Eligibility. Communities are eligible to participate in a demonstration project which have  
72 an area of approximately one square mile, and a population of at least three thousand persons,  
73 of whom: (A) Twenty-five percent are minorities; (B) at least fifty-five percent live in rental housing;  
74 and (C) at least fifty percent have an income under \$27,000.

75 (4) Administration. The demonstration project shall be developed and administered by the  
76 Commissioner of the Bureau for Public Health's Minority Health Advisory Team established  
77 pursuant to section sixteen of this article, and it shall encourage state and local agencies and  
78 community groups to work together to coordinate government and community activities for  
79 improvement of community and individual public health and welfare, and shall identify new and  
80 existing funds, personnel and other existing resources available for the demonstration project.

81 (5) Resources. A demonstration project may receive funding and other committed  
82 resources from government, nonprofit, private sector, and community organizations. The

83 demonstration project shall focus and leverage existing resources, including, but not limited to,  
84 education services, planning and development services, social services, housing and urban  
85 development services, youth and family services and other public and private resources intended  
86 to benefit the quality of life for the community and people living and working in the target  
87 community.

88 (c) *Plan.*-- Any community desiring to participate in the demonstration project shall submit  
89 a plan to the advisory team that provides for the following elements:

90 (1) Community and government participation identifying the agencies of state and local  
91 government and nonprofit and private sector organizations to participate in the activities of the  
92 project whose resources would be focused and directed to best produce anticipated outcomes for  
93 the project and community;

94 (2) Health impact assessment by local participants in collaboration with state and federal  
95 health officials and organizations;

96 (3) Review of health impact assessment results;

97 (4) Development of a community action plan with measurable, achievable, realistic, time-  
98 phased steps to achieving project objectives;

99 (5) Implementation of the community action plan; and

100 (6) Evaluation of measured outcomes.

101 (d) *Selection.*-- By a majority vote, the advisory team may select one or more eligible  
102 communities from those which submit plans for a demonstration project.

103 (e) *Reporting requirements.*-- Commencing November 1, 2017, and each year thereafter,  
104 each participating community shall give a progress report to the advisory team and commencing  
105 January 1, 2018, and each year thereafter, the advisory team shall give a summary report of all  
106 the participating communities to the Legislative Oversight Commission of Health and Human  
107 Resources Accountability as established in article twenty-nine-e of this chapter on progress made  
108 by a pilot demonstration project including any suggested legislation or needed changes to a



109 demonstration project and any suggested expansion of a demonstration project.

110 (f) This section is not intended to, and does not, create any right or benefit, substantive or  
111 procedural, enforceable at law or in equity by any party against the state, its departments,  
112 agencies, or entities, its officers, employees, or agents, or any other person.

113 (g) Termination of the demonstration project.-- The demonstration project terminates on  
114 July 1, 2022.

NOTE: The purpose of this bill is to authorize model Community Health Equity Initiative Demonstration Projects which use existing state and local resources to promote community health and well being. The bill authorizes the Commissioner of the Bureau for Public Health to establish projects with eligibility requirements; and provides for the administration of projects. Additionally, the bill establishes the Minority Health Advisory Team including its composition and duties.

Strike-throughs indicate language that would be stricken from a heading or the present law and underscoring indicates new language that would be added.