

# COMMISSION ON RACE & ACCESS TO OPPORTUNITY

## Minutes of the 5th Meeting of the 2022 Interim

October 27, 2022

### Call to Order and Roll Call

The 5th meeting of the Commission on Race & Access to Opportunity was held on Thursday, October 27, 2022, at 2:00 PM, in Room 129 of the Capitol Annex. Senator David P. Givens, Chair, called the meeting to order, and the secretary called the roll.

Present were:

Members: Senator David P. Givens, Co-Chair; Representative Samara Heavrin, Co-Chair; Senators Karen Berg, Gerald A. Neal, and Whitney Westerfield; Representatives George Brown Jr. and Nima Kulkarni; Hannah Drake, OJ Oleka, and Erwin Roberts.

Guests: Dr. Kelly McCants, Executive Director, Institute for Health Equity, a part of Norton Healthcare; Dana Quesinberry, JD, DrPH, & Assistant Professor, University of Kentucky Department of Health Management and Policy; Terrance Sullivan, JD, Executive Director, Kentucky Commission on Human Rights; and Dr. Edward Miller, Division Director, Maternal Fetal Medicine, Chief Diversity Office, University of Louisville Health.

LRC Staff: Brandon White and Brett Gillispie.

### Norton Healthcare's Institute for Health Equity

Dr. Kelly McCants, Executive Director, Institute for Health Equity, a part of Norton Healthcare, presented to the commission. Norton Healthcare established its Institute for Health Equity in order to promote equitable healthcare access to historically disadvantaged groups, focusing in particular on black residents of Louisville. Dr. McCants stated that Louisville is one of the most segregated cities in the United States due to aggressive and racist redlining. He demonstrated that there is a significant life expectancy gap between majority white residents of affluent east Louisville and majority black residents of west Louisville, with white residents living an average of 12 years longer than their black counterparts.

Dr. McCants said that health and wealth are directly linked, and the poverty experienced by the black residents of west Louisville has a disparate impact on the community's health. This is a direct result of the racist redlining policies of the early 1900s. He added that healthcare and wealth are also tied to secure housing, citing that black veterans of WWII did not have access to the same housing loan opportunities as their white counterparts. Additionally, less than 1 percent of west Louisville is green space, while east

Louisville has significantly higher amounts of green space. This has a direct relationship to air pollution, with greener spaces experiencing less air pollution. Dr. McCants said that in Louisville and in cities that were redlined in similar fashion such as Savannah, GA, the racist zoning affects food security as well, with much higher numbers of households experiencing food insecurity in poor, majority black neighborhoods. Additionally, these neighborhoods are often food deserts that lack access to grocery stores. These neighborhoods also experience the highest rates of hypertension, heart disease, and diabetes. He demonstrated a correlation between homicide, workforce participation, cardiovascular disease, and unemployment levels in these neighborhoods. Racial segregation in housing is directly tied to health outcomes.

Dr. McCants stated that Norton Healthcare believes that, as a large healthcare provider, they can use their resources to bring about positive change in Louisville. Community members have identified that Louisville patients need access to care, access to primary care, transportation assistance, and specialty providers. Cancer, heart disease, and stroke occur at noticeably higher levels in west Louisville than east Louisville. As a result, Norton is planning a site-based investment in west Louisville to improve access to both primary and specialty care. They are constructing the first new hospital in west Louisville in 150 years. Additionally, this will be the only hospital operating in that area since the United States Marine Hospital closed in 1933. Currently, it is a \$100 million investment by Norton. It will be a fully functioning hospital with 20 inpatient beds, an ER, adult and pediatric primary care, outpatient care, and specialty care.

In response to a question from Senator Givens, Dr. McCants said that west Louisville residents need to look to good community examples such as Senator Neal and himself in order to not reinforce negative behavior and have necessary community conversations.

In response to a question from Dr. Oleka, Dr. McCants said that the negative reinforcement that west Louisville children are receiving comes from their peers, and most of his mentorship came from outside the community. Additionally, 60 percent of the families in the community are single-parent female-led households, so positive male leadership is often lacking. He said that Norton Healthcare needs to be aware of the community factors and aware that the social context in the community they will be serving is different than that of a more affluent, majority white community.

In response to Representative Kulkarni, Dr. McCants said that new healthcare facilities should have been constructed in west Louisville a long time ago. He added that Norton serves 50 percent of black residents in Louisville, and that they are engaging with west Louisville because their leadership team understands that they are accountable to the black community.

In response to a question from Representative Kulkarni, Dr. McCants said that Norton is intentional about working with community partners on mental health. Additionally, he said that Norton needs to target communities of color with technological literacy and education.

Representative Brown thanked Dr. McCants for presenting and for the work that Norton is doing towards health equity in Louisville's black community.

Dr. McCants commented that the health outcomes linked to poverty and lack of access to care in Louisville are also experienced in rural Kentucky.

In response to a question from Representative Heavrin, Dr. McCants said that the new hospital will have a pharmacy, and he is not concerned about pharmacy closures in west Louisville because he believes that the new hospital will attract industry to the area.

In response to a question from Representative Heavrin, Dr. McCants said that Norton is primarily focused on the attitude of candidates being hired to work in the new hospital, but that they are partnering with HBCUs to attract people of color to work in the facility.

Senator Neal said that he is impressed with Norton's intentionality in its commitment to racial equity in healthcare access in Louisville. He added that the negative health outcomes experienced by the black community in Louisville is by design due to segregation. He thanked Dr. McCants for the work that Norton is doing to correct this.

In response to a question from Senator Berg, Dr. McCants stated that black patients are more compliant when they have black providers, and this holds true for the Hispanic community, as well.

### **Overdose Mortality Trends among Black Kentuckians**

Dana Quesinberry, JD, DrPH, & Assistant Professor, University of Kentucky Department of Health Management and Policy, presented before the commission on drug overdose trends among black Kentuckians. Dr. Quesinberry stated that there was a 50 percent increase in overdose deaths in Kentucky in 2020, reversing a three year decline in deaths. She said that while the number of overdose deaths among black Kentuckians is currently smaller than that of white Kentuckians, the number is increasing at a rate that is higher than the white population. 2021 is the first year that the age-adjusted rate of drug overdose deaths among black Kentuckians exceeds that of white Kentuckians. This is largely being driven by fentanyl and methamphetamines. Age-adjusted rates of nonfatal overdoses among black Kentuckians are also exceeding that of white Kentuckians.

In response to a question from Senator Givens, Dr. Quesinberry said that prior to the outbreak of the COVID-19 pandemic, Kentucky was experiencing overdose deaths at

a rate of 100-125 per month. This began to spike in September of 2019 and hit its peak in May of 2020 with approximately 250 overdose deaths. As the pandemic restrictions have been lifted, she stated that there is now a new endemic level of overdose death in Kentucky at approximately 150-175 deaths per month.

In response to a question from Senator Givens, Dr. Quesinberry said that the data does not address causation. However, she believes that the disruption by COVID-19 caused endemic despair that resulted in a higher average overdose rate.

In response to a question from Senator Neal, Dr. Quesinberry stated that she believes that the increased rates of overdoses in the black community are likely because the black community was largely opioid naïve before the introduction of fentanyl within the last few years.

In response to a question from Senator Neal, Dr. Quesinberry said that she has no information on whether the people introducing fentanyl into the community are manufacturing it in such a way that the lethality of the drug has increased. She added that fentanyl is often present with other drugs such as methamphetamines in the toxicology reports of deceased users.

In response to a question from Ms. Drake, Dr. Quesinberry stated that access to addiction treatment is a significant problem in Kentucky, and is likely more significant than other health disparities due to the stigma against substance abuse. She added that the data does not speak directly to incidents of racial injustice in 2020, but that 2020 was a historically significant year in both public health and racial justice.

In response to a question from Mr. Roberts, Dr. Quesinberry stated Find Help Now KY provides a comprehensive list of providers offering treatment services for substance abuse. The providers will update their availability on the website to let patients know where they can go to seek treatment immediately. She added that the Appalachian Regional Commission produced a report that found that Kentucky was providing the best care for substance abuse out of any state in the region.

In response to a question from Mr. Roberts, Dr. Quesinberry stated that they are doing research into the best opportunities to intervene with patients suffering from addiction and substance abuse.

In response to a question from Dr. Oleka, Dr. Quesinberry stated that marital and educational status were linked to overdose death rates in men, with single and less educated men suffering higher rates of overdose deaths.

In response to a question from Senator Berg, Dr. Quesinberry stated that KASPER is a wonderful tool and served the purpose of addressing overdose deaths by prescription

opioids. She added that there is a large population in Kentucky that is opioid dependent, and that opioid deaths will continue to be a problem as long as that remains true.

In response to a question from Representative Kulkarni, Dr. Quesinberry stated that the drug crisis in the black community has transitioned from being driven by stimulants to being driven by combination use of both stimulants and opioids. She added that the University of Kentucky will be investing \$0.5 million in drug prevention marketing in the next 10 months.

### **Maternal Health**

Dr. Edward Miller, Division Director, Maternal Fetal Medicine, Chief Diversity Office, University of Louisville Health, presented before the commission. Dr. Miller stated that health outcomes are multifactorial and are affected by social and economic factors, physical environment, behaviors, and clinical care. Life expectancy in Kentucky ranks 45<sup>th</sup> in the U.S. at 75.8 years, while the national average is 78.6 years. He added that Kentucky ranks 1<sup>st</sup> in cancer deaths, 3<sup>rd</sup> in adult overweight/obesity, 4<sup>th</sup> in drug overdoses, 9<sup>th</sup> in heart disease deaths, 13<sup>th</sup> in liver-related deaths, and 21<sup>st</sup> in suicides, and said that this heavily affects young women of child-bearing age.

Dr. Miller discussed how numerous conditions disproportionately affect the black community and shorten black lives, including septicemia, kidney disease, stroke, cancer, heart disease, and homicide. He added that 86 percent of these discrepancies would be avoidable with early access to medical care. Dr. Miller stated that maternal mortality rates rose in the US across almost all demographics from 2018-2020, but this rise disproportionately affected black women, who already have significantly higher rates of maternal mortality than other groups in the US. He added that it is well documented that black women have higher elevated levels of stress when compared to white women. Kentucky ranks 42<sup>nd</sup> in the nation for social and economic status factors among women due to higher rates of poverty, food insecurity, and intimate partner violence.

Dr. Miller stated that drug overdose is the leading cause of maternal mortality in Kentucky. He added that the amount of providers that a woman has access to during her pregnancy, especially if she lives in a low income or rural area, is slashed dramatically. He said that black women are more than twice as likely to experience maternal death as white women in Kentucky. This issue was exacerbated by the COVID-19 pandemic. The maternal death rate for black women was 44.0 per 100,000 live births in 2019, but has risen to 55.3 in 2020 and 6.9 in 2021. Early preterm births is also significantly higher for black women in Kentucky than other demographics. Dr. Miller stated that these disparities are due to racism rather than race.

In response to a question from Senator Givens, Dr. Miller said that minorities in Kentucky have worse rates of common disorders such as diabetes and hypertension than the national average and rheumatological conditions such as lupus. He stated that this is

due to lack of access to care, and cited that there are only six OBGYN providers handling high risk pregnancies in Louisville. He added that black women have difficulty accessing care in the first place due to institutional racism in the medical system.

In response to a question from Representative Kulkarni, Dr. Miller stated that pregnancy is extremely hard on the body, but that deaths from health complications more than a year after pregnancy are not statistically listed as pregnancy-related. He added that black women may come to the doctor later for treatment including distrust of the medical system and lack of access to care.

In response to a question from Ms. Drake, Dr. Miller stated that access to food stamps and other resources during pregnancy would be extremely helpful to disadvantaged women, and that the University of Louisville provides a food pantry for pregnant patients who may be food insecure. He believes that this will help alleviate negative health outcomes.

Representative Heavrin thanked Dr. Miller for his presentation, stating that maternal health is an issue that is very important to her.

In response to a question from Dr. Oleka, Dr. Miller stated racism in the healthcare system is the system that is promoted that leads to inequitable outcomes for patients of color. He provided the example that the risk of having elevated kidney markers is higher for black men, and rather than addressing that equitably, the healthcare system assumed an entirely different acceptable risk for black men than their white counterparts. Additionally, more C-section births are performed on black women due to systemic racism in the way successful births are measured by the healthcare system.

### **Proposed Legislation/C.R.O.W.N. Act**

Senator Westerfield and Terrance Sullivan, JD, Executive Director, Kentucky Commission on Human Rights, presented before the commission on the C.R.O.W.N. Act. The C.R.O.W.N. Act would amend Civil Rights Act chapter 344 and KRS 158 to protect children from discrimination based on hairstyles in order to protect children whose hairstyles have cultural significance. Senator Westerfield credited the student volunteers in attendance at the commission meeting as well as Representative Scott, who was the first to introduce this legislation. Senator Westerfield stated that he is the Senate sponsor for the C.R.O.W.N. Act and is hoping for a House sponsor. He discussed how children across the country have been discriminated against due to having culturally significant hairstyles.

Mr. Sullivan stated that it is important to keep black children from becoming involved with the justice system at school due to their hairstyles. He added that hairstyle discrimination also happens to people of color in the workplace as well as to children in schools. He said that hairstyle discrimination is being used as a proxy for racial

discrimination, and continued hair straightener use by women of color to attempt to overcome this discrimination puts them at elevated risk of uterine cancer.

In response to a question from Representative Heavrin, Mr. Sullivan stated that the C.R.O.W.N. Act is not a mandate on businesses, and that human resources representatives and corporate executives would actually prefer to have this issue codified and clarified in the law, as current statutes are unclear. He added that there are exceptions to hairstyle discrimination for certain lines of employment as long as the policy is applied equally across all racial groups. Senator Westerfield added that he does not believe it is a burden on companies to ask them not to racially discriminate.

In response to a question from Senator Givens, Mr. Sullivan reiterated that as long as there is a legitimate safety concern for employers about the styling of the employees' hair, that their regulations would not be considered discriminatory.

Ms. Drake expressed frustration that black people are still being discriminated against on the basis of their natural hair, and that hair-based discrimination is actually an issue of racism rather than hairstyle. She said that if the commission is serious about race and access to opportunity, then the C.R.O.W.N. Act needs a House sponsor.

Dr. Oleka thanked the student guests brought by Senator Westerfield for participating in the discussion and process surrounding the C.R.O.W.N. Act.

Mr. Roberts stated that if the U.S. Army has implemented changes in their regulations to reduce hair-based discrimination, then the Kentucky General Assembly should be able to do so.

Representative Brown thanked the chairs and staff for putting this month's meeting together, the student guests brought by Senator Westerfield for participating in the process, and Senator Westerfield and Mr. Sullivan for presenting on the C.R.O.W.N. Act. He offered to co-sponsor the C.R.O.W.N. Act in the House.

With there being no further business, the meeting was adjourned at 4:15 p.m.