

MINUTES

Wisconsin Minority Health Leadership Council (WMHLC)

Thursday March 13, 2014

Department of Health Services

Division of Public Health

1 West Wilson Street, Room 250

Madison, WI 53703

9:30 a.m. – 3:00 p.m.

Members Present:

Chris Allen – Program Coordinator, Diverse & Resilient

María Barker - Multicultural Programs Manager, Planned Parenthood of Wisconsin, Inc.

Paulette Bangura - Faculty Associate, UW-Milwaukee School of Continuing Education

Carol Cameron – Project Manager, Wisconsin Pink Shawl Initiative

Inshirah Farhoud - Pediatric Nurse Practitioner, Children's Hospital of Wisconsin

Emmanuel Ngui - Asst. Professor of Health Disparities, UW-Milwaukee School of Public Health

Joshua Salazar – Government Programs, UW Hospitals and Clinics

Fuechou Thao - Public Health Aide, Madison & Dane County Public Health

Conor Williams – Economic Policy Analyst, Community Advocates, Public Policy Institute

Peter Yang – Executive Director, Wausau Area Hmong Mutual Association

JoCasta Zamarripa - State Representative

Absent:

Michelle Hinton – Senior Director, Community Engagement, American Cancer Society

Sarah Noble - Managing Director, Reproductive Justice Collective

Koua Vang - Executive Director, United Asian Services of Wisconsin, Inc.

Staff:

Evelyn Cruz, Director, Minority Health Program

Ruth DeWeese, Minority Health Program Assistant

Dr. Ousmane Diallo, Chief Epidemiologist

María M. Flores, Minority Health Program and Policy Analyst

Kris Freundlich, Strategic Planner, Department of Health Services

Guests:

Lyle Ignace, MD, MPH, Executive Director, Gerald L. Ignace Indian Health Center

ACRONYMS & WEBSITES

ACA

[Affordable Care Act](#)

FPL

[Federal Poverty Level](#)

HW2020

[Healthiest Wisconsin 2020 / State Health Plan](#)

PHC

[Public Health Council](#)

MHP

[Wisconsin Minority Health Program](#)

WMHLC

[Minority Health Leadership Council](#)

[Centers for Medicaid and Medicare Services](#)

- [Health Insurance Marketplace – information](#)

Meeting commenced at 9:45a.m.

Several videos and reports were shown during this meeting that relate to Public Health:

Centers for Disease Control:
[Social Determinants of Equity and Social Determinants of Health](#) (Dr. Camara Jones)

Robert Wood Johnson Foundation
[A New Way to Talk About the Social Determinants of Health](#)

Association of Schools of Public Health
[This is Public Health](#)

["Healthiest Nation in One Generation"](#) video

MARCH 13, 2014 MINUTES

The motion was made to pass the minutes.
Peter Yang moved to approve the minutes
Paulette Bangura seconded.
The minutes passed with no changes.

VOTING

Dr. Lyle Ignace was voted in as a new Council member to fill a vacant term that ends June 2014.

NEXT MEETING DATE

This discussion will be tabled for later. Typically this meeting has been scheduled for late May/early June. It will be an outstate meeting in Wausau. Minority Health Program grantee Wausau Area Hmong Mutual Association (Peter Yang) will host, pending dates chosen, and they will present their grant activities.

HEALTHIEST WISCONSIN 2020 BASELINE AND HEALTH DISPARITIES REPORT

Dr. Ousmane Diallo, Chief Epidemiologist, Division of Public Health

- The [Healthiest Wisconsin 2020 Baseline and Health Disparities Report](#) takes the place of the quinquennial "Minority Health Report".
- All slides follow a similar format. All have the same set of 10 or so slides at the beginning of each set. Notes are included on each slide. The slides include not just the 4 minority groups, but other unequal groups facing significant health disparities: LGBT, Low SES, Disability and Geography.
- Ousmane stated that there is little information on some population groups. He will lead the effort going forward with the DPH Epidemiologists.

DISCUSSION & ISSUES RAISED:

- One member stated that he finds himself comparing the new report to the previous report. His concern is he hopes we don't end up losing the "minority" part of the report. There is a tendency to lose sight of that report. He also stated that generally when a report is produced by a state, this type of report has a home (he cited his experience in producing such a report in North Carolina), and data as important.

Evelyn Cruz stated that the last report was modeled after North Carolina's report. NC also has smaller reports/fact sheets that are important to everybody on their website. One Council member recommended a subcommittee be formed to work on these types of smaller reports/fact sheets.

- One member asked how she can make this information useful in the African and refugee community, especially amongst the community health promoters. How can it have real value for the people her organization represents? One issue is that the *African* community is grouped with the *African-American* community.
- Another member wants to understand more on how he can use it and how it is useful, especially non-LGBT slides.
- One member stated that it could be more user friendly for front line people to take into account when creating programs. We need to show the general population what is the meaning of health disparities. One of the populations she works with that is overlooked is the undocumented population. That population may not be brought up because of the fear that they would be deported. This population would have a huge disparity on the legal population.

Dr. Ousmane Diallo stated that the census data takes into account the foreign born. He stated that one of the issues is lumping the minority health issues with the baseline data. Some indicators that are important for certain populations can be targeted.

- One member stated that we should look at the Report and see where there is no data.
- One member stated that if data is collected at the county level, that data be aggregated to the counties where we do get statistical conclusions. One *HW2020* cross cutting goal is to eliminate health disparities. This grand plan is in contradiction to the Report - that there is not funding to work more deeply on this. It would be irresponsible to not raise this issue with the Secretary regarding funding to work on these issues. Perhaps the Council can find a way to address the funding issue on the monitoring part.
- One member spoke about data collection at the free clinics where she volunteers - one clinic does not collect data and one clinic collects a lot of data. Another member asked how the information he collects at his clinic can affect the reporting.
- One member stated that there isn't a whole lot of data out there to show what his community's issues are. They want to help as much as they can. He has a report that he shared with Evelyn and she will share with Ousmane.

MEDICAID / SOCIAL DETERMINANTS OF HEALTH PROJECT

Marlia Mattke, Deputy Administrator, DHS Division of Health Care Access and Accountability (DHCAA)

(Marlia just returned from maternity leave the week prior to this meeting, so she was unable to discuss in-depth any specifics about the SDoH Project)

Marlia Mattke spoke about the strategic cultural competency training approach across the DHCAA, looking at all areas, to incorporate cultural competency into their policies. They contracted with Harold Gates, a consultant, who is a Social Work professor at MATC and a nationally-known cultural competency expert for the Midwest Center for Cultural Competency.

She shared the DHCAA vision statement, and how they are accomplishing quite a bit around cultural competency with few resources:

- Training for all staff-executive management team and all section chiefs along with continual training;
- Cultural competency around staffing and hiring, delivery of policies and service delivery. Would like to see staff just devoted solely to this; it is an ongoing issue.
- Cultural competency built into the Superutilizer/Complex Care Project from the very beginning of the project;
- Would also like to see cultural competency through adoption of the [CLAS Standards](#), linguistic and translation services, and grant funding. A budget paper was sent to the Secretary's office looking at paying for translation services separately to providers, pregnancy health homes, around contracts on a daily basis, to keep it on people's radar.
- They do not collect racial data as it is not required. New data standards under ACA may change this.

Superutilizer/Complex Care Project. Marlia will brief the Council the next time she is invited.

Evelyn Cruz spoke a little about a grant opportunity to work with Medicaid on reimbursement for Community Health Workers.

Evelyn briefed Marlia on the history of the Minority Health Leadership Council, and stated that the MHLC had formed a relationship with Brett Davis, and would like to continue working with DHCAA through Marlia to use the MHLC as a sounding board.

STRATEGIC PLAN DISCUSSION

Kris Freundlich, Strategic Planner, Department of Health Services

In-depth and rich dialogue was captured and will available as products for Council members to use as they continue the Strategic Planning Process at the next meeting.

Question #1

What role can the MHLC play in bringing the "voice of community" to DHS programs and efforts in order to increase awareness, inclusion and attention to health issues affecting non-majority populations in WI?

Question #2

What role can the MHLC play in promoting understanding, trust, and collaboration between government / academia and non-majority populations in WI?

Question #3

Is our Council operating smoothly and at peak efficiency?

- *What are we doing well?*
- *What do we need to do better?*

LETTER TO GOVERNOR

Draft of Letter. There is no timeline for the Governor to change his mind on accepting Medicaid money and raising the Federal Poverty Level (FPL). One member will send Council members the Legislative Fiscal Bureau documents.

- If WI went up to 133% of the FPL, the government would compensate Wisconsin at 100%. If it stays at 100% it only compensates at 65% or \$0.65 of every dollar. If the FPL was raised to 133%, we would have more citizens covered by Medicaid and it would save taxpayers \$120M.
- We could also do the letter and push for ACA enrollment. We should state what our mind is and encourage the Governor to change his mind. We should have a letter that everyone agrees on 100% or doesn't.

Some Council members are concerned about the letterhead because some members are public employees. One Council member recommends that the letter goes out but he would need to recuse himself because he is a public employee.

Some Council members stated that we should just state the facts, but not a "thank you".

One member feels that when we do something like this it needs to be done in a timely manner. We also should say "thank you" in the letter.

Another member stated that she feels the letter can be very powerful – and used in different ways that we may not foresee. It is influential.

One member also stated he is also not comfortable thanking the Governor. However, we can state what our concerns and recommendations are and state that the decision benefits our community without saying "thank you". Also we need to strive to be non-partisan or bi-partisan. If we don't try and see where our power is and make our concerns heard, nothing will come of it.

One member agreed with concentrating our efforts on messaging for the Affordable Care Act, such as efforts around the Wisconsin Well Women Program, which is one of the only resources available for women to get mammography and cervical screenings.