

MINUTES

Wisconsin Minority Health Leadership Council (WMHLC)

Thursday June 12, 2014

Wausau Area Hmong Mutual Association

1109 6th Street

Wausau, WI 54403

9:30 a.m. – 3:00 p.m.

Members Present:

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

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

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

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

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

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

Peter Yang – Executive Director, Wausau Area Hmong Mutual Association

Excused:

JoCasta Zamarripa - State Representative

Absent:

Chris Allen – Program Coordinator, Diverse & Resilient

Sarah Noble - Managing Director, Reproductive Justice Collective

Staff:

Evelyn Cruz, Director, Minority Health Program

Ruth DeWeese, Minority Health Program Assistant

María M. Flores, Minority Health Program and Policy Analyst

Kris Freundlich, Strategic Planner, Department of Health Services

Guests:

Pa Thao, WAHMA Health Programs Manager / Certified Application Counselor

ACRONYMS & WEBSITES

ACA

[Affordable Care Act](#)

CLAS

[Culturally & Linguistically Appropriate Services in Health & Health Care](#)

HW2020

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

PHC

[Public Health Council](#)

MHP

[Wisconsin Minority Health Program](#)

WAHMA

[Wausau Area Hmong Mutual Association](#)

WMHLC

[Minority Health Leadership Council](#)

ADMINISTRATIVE

Fuechou Thao moved to approve the March 13, 2014 minutes.
Peter Yang seconded.
All approved.

Introductions were made. Peter Yang welcomed the group to the building and gave a background on the Wausau Area Hmong Mutual Association.

VOTING

The ballots were passed around, and Maria M. Flores and Evelyn Cruz explained a little about the voting process, including:

- What groups are not represented, including faith-based. Kris Freundlich stated that perhaps if communication went out after this meeting stating that we are looking at specific areas, including faith based.
 - What areas of the state we are not reaching. One member felt that perhaps we pay specific attention to rural areas, and to areas such as the Fox Valley, La Crosse/ Eau Claire, and Northern Wisconsin.
 - The suggestion was made to enter into discussions with the Regional Offices, who would forward contact names to the Council, and Council members would reach out to them.
 - Another member stated that we should first identify the needs and then specifically recruit in those areas.
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- This is the last meeting for two members. They were among the first group involved with the Council. Their departures create two vacancies.
 - One member discussed the possible creation of an ad hoc committee made up of former members who would inform the current committee, or act as mentors. A departing member stated that this idea has been discussed in the past – “Friends of the Minority Health Leadership Council”.
 - The need for a nominations subcommittee to work on recruitment was discussed.

Maria Barker and Lyle Ignace were on the Ballot.
They were voted in for 3-year terms.

COMMUNITY GRANTEE PRESENTATION

Pa Thao, WAHMA Health Programs Manager & Certified Application Counselor

Evelyn Cruz explained the Minority Health Program's Community Grantee program and how the Program wants to have each grantee make a presentation to the Council.
WAHMA is a Grantee.

Pa Thao is the Health Programs Manager; she is also a certified Marketplace application counselor. She explained that:

- WAHMA has a wide base of support
- Because of the Community Grant and the relationship with the Minority Health Program, they were able to attract other funders, namely the National Library of Medicine
- The Community Grant has three activities: raise awareness and educate the Hmong community about the Affordable Care Act; update the Hmonghealth.org website; and complete and publish the Hmong Family Health Guide

The aim of the project is to help improve the health literacy of Hmong in Marathon, Portage and adjoining counties.

- Create a health coalition
- Gather data supporting health disparities

Recruitment for workshops through the radio station, but word of mouth has been a successful strategy.

- Health insurance workshops with Bridge Community Health Clinic
- Bilingual health literacy courses through the local universities

Outcomes:

- Hundreds of individuals attended health fairs
- 44 individuals enrolled through the Marketplace by Pa
 - Most of these people are college-age students

Challenges:

- 34% of the Hmong population in the area utilize WAHMA
- Technical issues with Healthcare.gov
- Delayed funds
- Hmonghealth.org website not fully functional
- Poor ACA workshop attendance
- Pa is a half-time employee

STRATEGIC PLAN DISCUSSION

Kris Freundlich, DHS Strategic Planner

Evelyn Cruz, Minority Health Officer and Director, Minority Health Program

Evelyn Cruz gave an update on work being done by the Minority Health Program:

- Community capacity building through the WI Promising Practices, MH Leadership Council
- Community engagement
- DPH internal capacity through the CLAS standards

- Partnerships and collaborations
- Data

The Division of Public Health is working on its strategic plan, with four goals. Health equity strategies are woven throughout the strategic plan. The Division still wants to continue moving forward health promoters regardless of funding; there is collaboration with the Medicaid program. :

1. Public Health Leadership
2. Forging Key Partnerships. Partner list.
3. Promote and Inform Decisions. The Division is putting together a data plan for the entire Division. Promising Practices also contributes to this.
4. Assure Strong Business Practices. The Division is putting together a communications plan. The entire Division adopted the CLAS standards and signed the pledge. The MHP is tasked with creating the strategy.

March 13 Analysis

Kris Freundlich went over the Strategic Plan analysis.

During the evening meeting on June 11, there were themes that came up that are similar to the strategic plan.

Does the draft analysis ring true based on what was said at the March meeting? If we had a document that states the main direction, do these things seem like they are the ones we want? It would be good to have a brief strategic plan to give to partners and potential members that includes the Council's priorities.

Some concerns:

- African refugee health data being merged with African-American data.
- Although we need to advocate for improved data, we need to advocate for improved *knowledge*.
- There is nothing in the documents about pushing policy forward. There needs to be a discussion on what the role of the Council is in moving policy forward.
- Another member stated that it is more like "informing policy" rather than moving policy forward.
- Some top priorities are alcohol and substance abuse.
- Mental health should not be separate from general health.
- A huge issue for providers is reimbursement (parity). When can we get to the point where an issue like this is also seen as wellness?
- How can we use the Strategic Plan to fill the vacancies on the Council and to utilize member's talents? Former members may have dropped out because they felt they weren't valued.

- The Council may want to invite the owners of the Sebastian Health Group either as members or to give a presentation. They are a large practice and they conduct therapy across racial and ethnic lines.
- One member stated that there is no talk about mental health in the Hmong community. People go to Hmong shamans. They do work - but only to make people feel better (a placebo effect). He believes that mental health eventually affects physical health. How can it be more recognized? He would like to see more of a focus on mental illness on the Council.
- One Council member stated that the word "leadership" is part of the Council's name. It confers upon us certain rights and responsibilities. Courage is a hallmark of leadership. Council members sell people in the communities short if they don't lead. He is not advocating becoming adversarial. This Council has a unique space to lead; but we need to find time to discern in what *areas* to lead. Who is going to raise the voice in Wisconsin for health disparities? It would be unwise to focus on too many things. This is a call – we sit here in Wausau and see that mental health is the biggest challenge in the Hmong community. Why don't we take that challenge . . . and perhaps partner with the State Council on Mental Health?

Kris Freundlich stated that when taking on an issue – how do we inform and advocate? How does this body become effective and accountable? She asked the group to look at the strategic planning documents.

- Where does the Council go from here? How measurable and how effectively has the Council impacted the government in the past 6-7 years? There is no measurement.
- Something we can advocate for is the need for providers across the board. Just by asking starting to ask questions about health disparities raises awareness.
- One member stated that he was initially under the impression that this body would make recommendation on policies. To be effective, we need to know what legislation will come up and how will that affect health disparities. Can we observe legislation?

Kris asked the Chair and Vice-Chair how they see the Council moving forward.

- Writing a letter to Kitty Rhoades.
- Building relationships and collaborating.
- Highlighting the need for culturally competent mental health services.
- Writing a letter to the State Council on Mental Health, asking for a response.
- Perhaps the Council could start a change in liver deaths in Native Americans – maybe some legislators could claim ownership of that issue. Send letters to leaders of House and Senate committees.

- The best thing would be to *try* something - he has been in other committees where he was never clear on what was being accomplished – primarily because the committee never tried.

Kris Freundlich suggested inviting people from the Mental Health Council and the State Council on Alcohol and Other Drug Abuse and ask them - what do we have to do to move things forward? What are the issues, who needs to be informed, where do we go from here?

- One member suggested that a Council workplan be started. (*Program staff will start a workplan.*)
- One member stated that there are issues of capacity with the Council and even in the Minority Health Program. The Program is very small, and we are talking about such huge issues. The Council should advise DHS to make the program bigger.
- Evelyn Cruz stated that the Program could use more capacity, but there is also collaboration with internal and external partners. (*UW Population Health Fellow, [Hester Simons](#), was placed part-time with the Program July 1).*)

HEALTHY WISCONSIN LEADERSHIP INSTITUTE

Marion Ceraso, Program Director

Marion Ceraso listened to the Council meeting after lunch and before her presentation. There are big themes that the Council discussed. She feels the Institute could help further the Council's work. The Institute is jointly funded by UW and the Medical College of Wisconsin. She has been involved since the institute was founded.

The Institute offers three levels of leadership assistance: Regional Workshops, a Leadership Library, and the Community Teams Program. She discussed the Community Teams Program, and explained many current and past projects:

- Teams mobilize to improve health in their communities
- Three models for Community teams: Turning Point; IOM Community Health Improvement model; and the social-ecological model of health.
- It is a 10-month program focusing on skills-building.
- August 2014 – June 2015 consisting of: three face-to-face workshops; access to distance based educational sessions; cross-community learning; and technical assistance visits.

Expectations of teams:

- Consist of 5-8 individuals who serve as the engine for the larger group.
- They need to cover any travel and lodging.
- If applicable, they need to obtain employer approval.

- Meetings consist of 2-day workshops.
- Once teams have been selected, they plan meeting locations.
- Deadline is July 1, 2014; teams selected will be notified by the end of July.
- If the Council were to apply, they would select a priority topic. However, training allows the Team space to delve deeper.
- Alumni teams have access to other support and resources.
- Meeting Dates: October 15-16, January 27-28, June 23-24.
- Technical assistance is provided between meetings, and the time commitment between meetings is driven by the Team.
- If the Council has a Team, that Team does not HAVE to exclusively include members of the Council.

Kris Freundlich asked if it seemed like a smart move for the Council?

- Would the Team have access to look at other Team's projects?
- A few Council members could not participate, had employer concerns, or needed time to think about participation.

One member stated that there was interest to move mental health forward as the issue. He asked for a straw poll; six people were interested to have the Council apply for this year. It was discussed if the six people would be willing to be the Community Team.

He does not want people to feel excluded who were not at the meeting, or who were unable to stay for the presentation. He wants them to get the opportunity to hear this information. Program staff sent information to all Council members

Inshirah Farhoud made a motion to vote on a Community Team application for the Council.

Koua Vang seconded the motion.

The motion passed to support an application.

The Chair thanked the departing members for their long-standing service to the Council.