

MINUTES

Wisconsin Minority Health Leadership Council (WMHLC)

Thursday December 11, 2014

La Casa de Esperanza

410 Arcadian Ave., Waukesha, WI 53186

9:30 a.m. – 3:00 p.m.

Members Present:

María Barker	Multicultural Programs Manager, Planned Parenthood of Wisconsin, Inc.
Carol Cameron	Project Manager, Wisconsin Pink Shawl Initiative
Inshirah Farhoud	Pediatric Nurse Practitioner, Children's Hospital of Wisconsin
Joshua Salazar	Government Programs, UW Hospitals and Clinics

Excused:

Paulette Bangura	Faculty Associate, UW-Milwaukee School of Continuing Education
Michelle Hinton	Senior Director, Community Engagement, American Cancer Society
Lyle Ignace, MD, MPH	Executive Director, Gerald L. Ignace Indian Health Center
Peter Yang	Executive Director, Wausau Area Hmong Mutual Association

Absent:

Koua Vang	Executive Director, United Asian Services of Wisconsin, Inc.
JoCasta Zamarripa	State Representative

Staff:

Evelyn Cruz	Director, Minority Health Program
Ruth DeWeese	Minority Health Program Assistant
María M. Flores	Minority Health Program and Policy Analyst
Hester Simons	UW Population Health Fellow – Minority Health Program
Kim Whitmore	Policy Section Chief and State Health Plan Officer, Office of Policy & Practice Alignment, Division of Public Health

Guests:

Karen Oates, La Casa de Esperanza

ACRONYMS & WEBSITES

CLAS	Culturally & Linguistically Appropriate Services in Health & Health Care (Minority Health Program)
<i>HW2020</i>	Healthiest Wisconsin 2020 / State Health Plan
MHP	Wisconsin Minority Health Program
PHC	Public Health Council
SIM	CMS State Innovation Model
WMHLC	Minority Health Leadership Council

The meeting was called to order at 9:34am.

WELCOME

Karen Oates, Director of Workforce Development and Financial Stability for La Casa de Esperanza

- La Casa started in the 1960's from a church group that set up a day care center for Latino children
- Today, it has 130-140 employees.
- 40%-70% of clients are Hispanic/Latino, rest are White and African-American
- Focus Areas:
 - Children's education, including Early Head Start provider, child care provider, before & after school programming, and the La Casa charter school through UW-Milwaukee
 - Adult programming, including financial stability, free tax return program, workforce development, including a mentoring program with community employers. The United Way and the Greater Milwaukee Foundation fund some of their programming.
 - Weatherization program

Their mission is to move individuals and families who are in poverty or financially unstable address multiple barriers that they deal with, and getting them to acquire additional assets to sustain stability and survive.

COUNCIL BUSINESS

Minutes from September 11, 2014

- As there was no quorum for this meeting, the approval of the September 11, 2014 minutes was tabled until the next meeting.

MIC-COURSE REVIEW FOCUS GROUP

The Council Members in attendance decided to table the Focus Group until the March 2015 meeting.

Evelyn Cruz updated the Council Members on the purpose of the Health Equity focus groups. One purpose is to gauge if communities feel the disparities are accurate. What can be done to address those disparities? Nine focus groups were held so far across the state by the Minority Health Program's grantees. The Council is considered a key stakeholder.

Kim Whitmore introduced herself to the group as the new Section Chief, Policy Section and State Health Plan Officer. The position of Policy Section Chief is a newly created position. She directly oversees the State Health Plan, the WI Public Health Improvement Initiative grant, the Primary Care Office, the Public Health Council, and Workforce Development. She has also been assigned to oversee the following: emerging public health issues; the prescription opioid issue; public health nursing needs; timely access to data for Local & Tribal health departments, advising on the Healthy Brain Initiative, and the MARPHLI Fellows (MidAmerica Regional Public Health Leadership Institute). She discussed some major initiatives:

- **Public Health Council.** They are charged with monitoring progress of the state health plan and emergency preparedness. They are concerned about the *HW2020 Baseline and Health Disparities Report*, and passed a resolution regarding its dissemination. Bill Keeton, Interim Chair, is scheduled to speak to the MHLC today about this call to action, and about setting up a liaison with the MHLC. *(Bill was not able to attend remotely, María M. Flores will follow-up with him about attending the March meeting).*
- **Data projects.** There is very limited data for minority populations. There are three phases:
 - 1) There is a need for better data, and asking questions at right level, for example, at the zip code or census tract level, rather than having county-level data.
 - 2) There is a need to get data to people who can use it; we have the data, and it is sitting there and not getting out to the community partners. We need to get it in a central place where people can use and access it. Data visualization.
 - 3) Making sure people receiving data can use it and understand it. Working with [Institute for Wisconsin's Health, Inc.](#) (IWHI) to help pilot a data-based platform. Wisconsin is purchasing specific areas to feed this national data. There are 10 pilot health department agencies that will join. There is technical assistance and training available to the health departments.
- **SIM grant update** (see Council's September 11, 2014 minutes). The first year of this grant is devoted to planning. There has been no notice of award yet. The goal is to reduce Medicaid costs and get people healthy (population health focus), with innovative ways of getting health care to where people are. There will be several job openings tied to this grant. There is an opportunity for 4 more years of funding. Some models include expansion of Community Health Workers and school health. Although improved data is a Council priority, Kim stated that the 9-month pilot project will not address the need for data. There may be a need for a representative from MHLC to provide a consistent voice to keep reminding about racial/ethnic, rural, and low SES population data. *Craig Steele discussed this need at the September 11, 2014 meeting.*

One Council member stated that there is a need to generate excitement in the general population about *HW2020*, and get any reports out in foreign languages, especially for community health workers.

Kim Whitmore stated that we rely heavily on partners to be the voice for what we do. Council members should think about the Baseline / Disparities Report, spreading the word about it and making sure to get it out. There are many good ideas for moving forward, including developing simple fact sheets to be translated into other languages. She keeps hearing that it is too big, too academic and not relevant to regular people.

The Council member suggested the Literacy Council (not Literacy Network) may be able to assist with plain-language documents. Perhaps the Literacy Council could be a guest speaker at a future MHLC meeting.

BYLAWS DISCUSSION

As there was no quorum for this meeting, the Bylaws discussion was tabled for the next meeting.

- There were no comments on the Bylaws.

STANDING AGENDA ITEM

Potential Member Discussion & Recruitment

One Council member stated that the Council meets quarterly, and Council members need to be present. There are many ongoing absences, and we need to find people who can make it and be present at meetings. The Council needs to do some soul searching.

Another member stated that Members need to discuss attendance at the next meeting. It is not like Members just found out about the meeting – it has been scheduled for at least year, the meetings are quarterly, and follow a pattern.

The next meeting will be Thursday March 12, 2015 at the Racine Kenosha Community Action Agency, 2113 N. Wisconsin St., Racine, WI 53402.

Future 2015 meetings: June 11 (tentative), September 10, December 10.

One member stated that the Chair and Vice-Chair will send a note to all members asking if the time (9:30am-3:00pm), frequency (quarterly or more?), and length (full days or perhaps half days) of the meetings are appropriate and how they can attend meetings (in person or virtual).

- María M. Flores will draft a letter for them to e-mail to those not present, along with the attendance list. *Sent 12/18/2014 & 01/14/2015.*
- Evelyn Cruz stated that staff needs to know how to address the effectiveness of the Council and how to support them.
- One member stated that she agrees that Council members should be queried, and perhaps an option could be one all-virtual meeting per year.
- One member stated that he likes the idea of have a discussion very soon and also outreach to ALL the members to gauge interest.
 - The length and frequency of the meetings need to be examined. There should be time in the next meeting to discuss length and frequency.
- A member suggested exit interviews to measure the Council's effectiveness. The recommendation was to ask each exiting member a set of questions, and perhaps it should be in person. It was recommended that Evelyn Cruz and staff will conduct the exit interviews.
- There should be a 1/2 or 1-page list of accomplishments. María M. Flores will draft this.
- There needs to be more advocacy and a stronger voice coming out of the Council.
 - Evelyn Cruz stated that with regard to advocacy, staff cannot lobby for issues. She suggested it may be a good idea for the Council to partner with the Public Health Council.
- Members discussed recruitment for new Council members and about contacting: Dr. Shahida Munim; someone from the Literacy Council; someone from the financial literacy area; possibly a staff member from La Casa; special population groups such as minority disability, or LGBT. The suggestion was made that each member in attendance talk to two people by the end of December, about putting names in the hat to bring forward for an e-mail vote to fill vacancies.
- A member suggested that the Council consider changing the Bylaws to reflect non-attendance. Wording should be framed in a positive manner.
- Evelyn Cruz stated that if lawmakers are going to be on the Council, there should be representation from the two parties. One member stated that there are all kinds of political parties; to just have two people representing two parties is not a balance.
- Evelyn Cruz stated that she could speak with the Area Health Education Center System about Council openings so they could connect through a specific geographic area.

HWLI COMMUNITY TEAM UPDATE.

- The first workshop with all the community Teams was held at the Heidel House Resort October 15-16, 2014. It was overwhelming, there was a lot of information, but it was very productive. The first day was dedicated to working

on themselves and making themselves aware of the issues. The Team came up with a focus, and they are gaining traction. Future workshops will be held in January and June 2015.

- The team has so many strengths and weaknesses. They all want to do so many things. The bottom line is the collaboration with other communities, the education and awareness of mental health and impact on community, and informing people in their communities who they are and what they are doing. What funding opportunities are available to being these plans into action, for example health promoters? It is a huge amount of work. The team differs from other HWLI teams in that there are three different communities represented. They are trying to learn together, but the implementation is exhausting.
- The Minority Mental Health Community Team will meet after today's Council meeting.
- Evelyn Cruz asked if Members needed any help connecting with Mai Zong Vue or the State Council on AODA (SCAODA), especially those working with community health workers or the HWLI Community Team. There are peer mental health workers who are reimbursed through Medicaid.

608-266-9218, MaiZong2.Vue@wisconsin.gov

STANDING AGENDA ITEM

Strategic Plan

The Council needs tangible ways of doing things, and documentation of the outcomes. It is hard to see the impact. The workplan and the logic model will be a way of visualizing the work and impact of the Council.

MINORITY HEALTH PROGRAM UPDATES

Evelyn Cruz, Director

Minority Health Program

- The Division of Public Health Community of Practice training calendar was created, and sessions will be held once per month through June. The first session is the WIC Program's Language Access Plan in January.
- Externally she is conducting outreach with partners to make the business case for CLAS: regional WALHDAB meetings (WI Association of Local Health Departments and Boards); regional offices and working with the Primary Care Officer to connect with FQHCs (Federally Qualified Health Centers) in Wisconsin.
- The Program's CLAS grant goes through the end of August. Evelyn would like each Council member to have their organizations sign the pledge to adopt, promote and implement the CLAS Standards:
<https://www.dhs.wisconsin.gov/minority-health/clas.htm>

- One member stated that more information needs to be shared with the Council on internal trainings conducted by the Program or its internal partners. Community organizations may benefit from what the Program is doing internally.
 - *Evelyn Cruz will provide the CLAS PowerPoint with these minutes:*



12-11-2014 CLAS
Minutes Attchmnt.pdf

- Hester Simons stated that the Program is close to starting the analysis from all the grantee focus groups. It is estimated that at the end of June we hope to have everything documented for these current grantees.
- Community Health Worker Initiative. Several Council members work with community health workers. Evelyn is working closely working on this issue state-wide: 1) the curriculum will go for evaluation by the end of December; 2) the beginning of 2015 begins the second stage of planning with the Department of Workforce Development Apprenticeship Program; and 3) piloting the program (the Chronic Disease Prevention Program is paying for this).
- The Department of Children and Families funds the Refugee Health Coordinator in the Division of Public Health. That program is putting together a pilot program for refugee community health workers. A previously-funded grant from the Minority Health Program's PACA's previous grant could be used as a strategy.

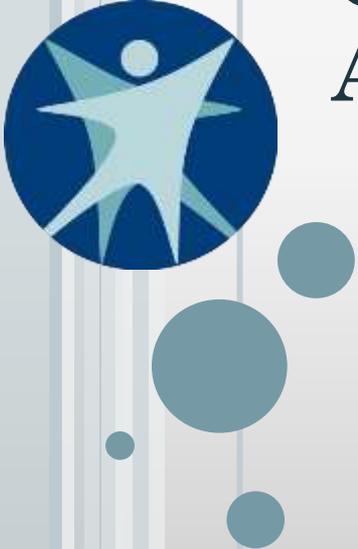
COUNCIL RESOURCE SITE

*María M. Flores, Program & Policy Analyst
Minority Health Program*

María gave a demonstration of the site. Three Council members are already using a similar site for their HWLI Team.

WRAP-UP

- One member stated that her project, "*Cuidándonos Creceremos Más Sanos*" with health promoters was moving along. They are becoming more aware and involved, they are developing information session on the Affordable Care Act, Get Out the Vote, and how women are valued. They are also developing guided conversations.
- Another member stated that her project is wrapping up the year to get people screened and educated about breast cancer.



**DEPARTMENT OF HEALTH SERVICES
DIVISION OF PUBLIC HEALTH:
CULTURALLY AND LINGUISTICALLY
APPROPRIATE SERVICES (CLAS)**

Evelyn Cruz, Minority Health Officer
September 2014

CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES (CLAS)

Health is...



a dynamic state of complete physical, mental, spiritual, and social well-being and not merely the absence of disease or infirmity.*

And Public Health is...



what we as a society do collectively to assure the conditions in which people can be healthy.**

CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES (CLAS)

The enhanced National CLAS Standards are intended to:

- advance health equity,
- improve quality, and
- help eliminate health care disparities.

CLAS establishes a blueprint for individuals, as well as health and health care organizations, to implement culturally and linguistically appropriate services.

CLAS STANDARDS

CLAS standards are a comprehensive series of guidelines that **inform, guide, and facilitate** practices related to culturally and linguistically appropriate health services.

ENHANCED CLAS STANDARDS

Expanded Standards	National CLAS Standards 2000	National CLAS Standards 2013
Culture	Defined in terms of racial, ethnic and linguistic groups	Defined in terms of racial, ethnic and linguistic groups, as well as geographical, religious and spiritual, biological and sociological characteristics
Audience	Health care organizations	Health and health care organizations
Health	Definition of health was implicit	Explicit definition of health to include physical, mental, social and spiritual well-being
Recipients	Patients and consumers	Individuals and groups

NATIONAL CLAS STANDARDS STRUCTURE

- Principal Standard (Standard 1): Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.
- Governance, Leadership, and Workforce (Standards 2-4)
- Communication and Language Assistance (Standards 5-8)
- Engagement, Continuous Improvement, and Accountability (Standards 9-15)

CLAS STANDARDS IMPLEMENTATION

- The Standards' implementation “on the ground” will vary from organization to organization.
- It is important for individuals and organizations to have a vision of what culturally and linguistically appropriate services will look like in practice and to identify available and required resources.

THE CASE FOR THE NATIONAL CLAS STANDARDS

National CLAS Standards were developed in response to:

- Health and health care disparities:
 - Institute of Medicine's publication of *Unequal Treatment* in 2003, and
 - culturally and linguistically appropriate services gained recognition as an important way to help address the persistent disparities faced by our nation's diverse communities.
- Changing demographics:
 - rapid changes in demographic trends in the U.S. in the last decade.

THE CASE FOR THE NATIONAL CLAS STANDARDS (continued)

- Legal and accreditation requirements, which have helped to underscore the importance of cultural and linguistic competency as part of high quality health care and services:
 - national accreditation standards for professional licensure in the fields of medicine and nursing, Public Health Accreditation Board (PHAB), and
 - health care policies, such as the Affordable Care Act.

THE CASE FOR THE NATIONAL CLAS STANDARDS (continued)

- According to *The Economic Burden of Health Inequalities in the United States*:
 - The cost of direct medical care related to disparities is \$229.4 billion.
 - Combined costs of health inequalities and premature death is \$1.24 trillion.

Source: *The Economic Burden of Health Inequalities in the United States* (Joint Center for Political and Economic Studies, 2009)

THE WISCONSIN CASE FOR THE NATIONAL CLAS STANDARDS

- Health disparities
- Cost of disparities
- Access to care
- Quality of care
- Federal and state requirements
- Risk management

THE WISCONSIN CASE FOR THE NATIONAL CLAS STANDARDS (continued)

- Minorities make up 17 percent of Wisconsin's population.
- Health disparities impact one in seven Wisconsin residents.
- Health of Wisconsin Report Cards (2007, 2013), University of Wisconsin Population Health:
 - B- for overall health of Wisconsin residents.
 - D for health disparities in Wisconsin.

ACCESS TO CARE IN WISCONSIN

The American Community Survey 5-year estimate of Wisconsin (2008-12) found that:

- 3.2 percent speak English less than “very well” ;
- 10.9 percent of all Wisconsin residents live with a disability; among those 65 and over, the number rises to 32.7 percent;
- 9.9 percent of those 25 and older have less than a high school education; and
- 8.4 percent of all families and 12.5 percent of all people in Wisconsin live below the poverty level.

QUALITY OF CARE

Culturally and linguistically appropriate services are increasingly recognized as effective in improving:

- the quality of services increasing patient safety (e.g., through preventing miscommunication, facilitating accurate assessment and diagnosis);
- enhancing effectiveness; and
- underscoring patient-centeredness.

Sources:

Beach et al., 2004; Goode et al., 2006.
Betancourt, 2006; Brach & Fraser, 2000; Thom, Hall, & Pawlson, 2004.

FEDERAL AND STATE REQUIREMENTS

- The Joint Commission Requirements (2012)
- National Committee on Quality Assurance HEDIS (2014)
- The Patient Protection and Affordable Care Act (2010)
- Americans with Disabilities Act (1990)
- Title VI of the Civil Rights Act (1964)
- Executive Order 13166 (2000)

RISK MANAGEMENT

- Lawsuit: Incorrect address translation sent medics to the wrong location:

<http://www.washingtontimes.com/news/2014/apr/15/lawsuit-bad-translation-sent-medics-to-wrong-spot/>

- Language, Culture and Medical Tragedy: The Case of Willie Ramirez:

<http://healthaffairs.org/blog/2008/11/19/language-culture-and-medical-tragedy-the-case-of-willie-ramirez/>

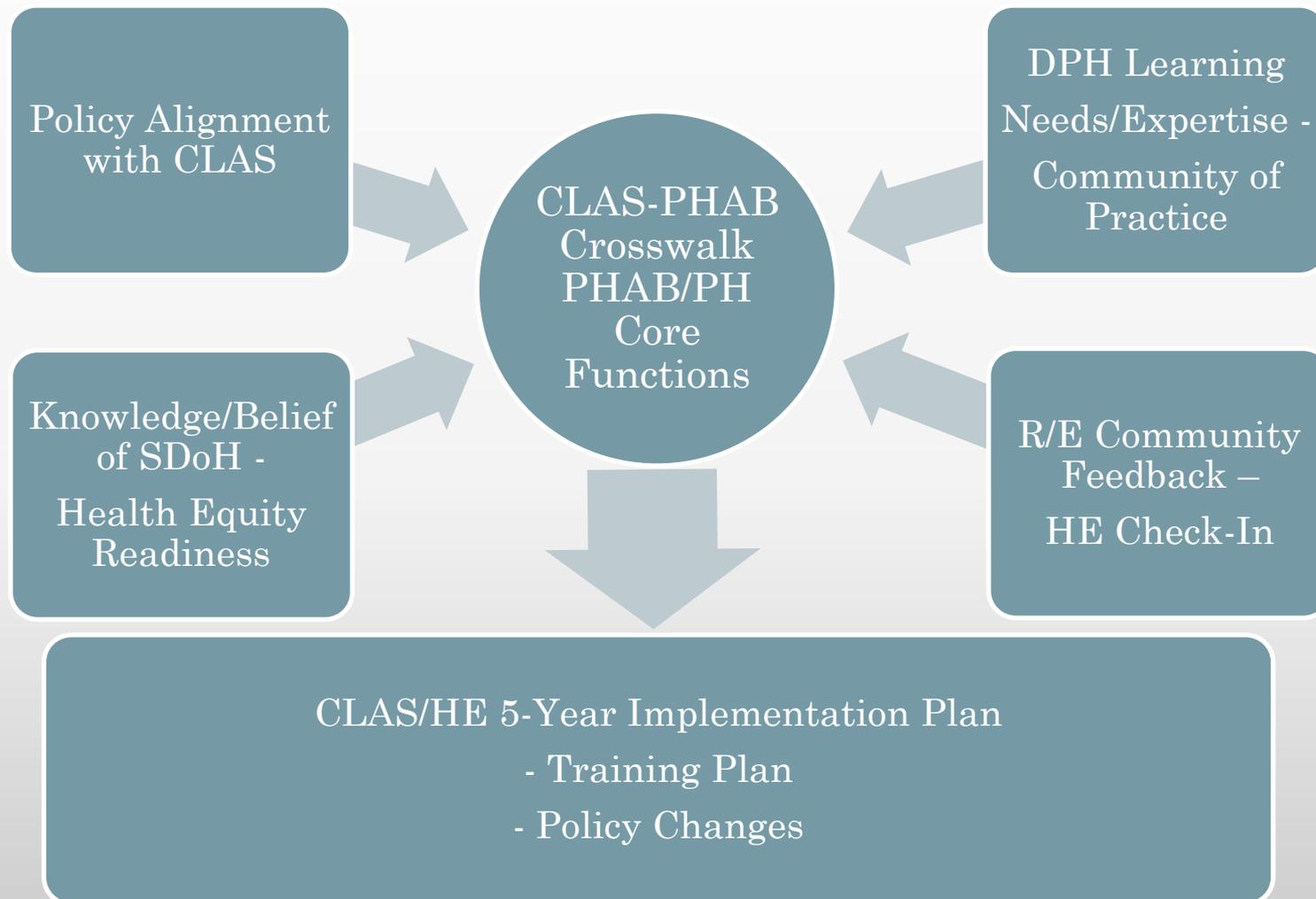
HEALTH LITERACY

- Health literacy is the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.
- Health systems in the U.S. differ from those in developing countries or in specific immigrant communities.
- Health concepts in the U.S. are different from those in immigrants' country of origin.

ADOPTING THE CLAS STANDARDS

- DPH has officially pledged to adopt and implement the CLAS standards:
 - Commitment to Health Equity
 - Quality Improvement
 - Accreditation Readiness
 - Alignment/Legal Compliance
- Next Steps:
 - Five-Year Strategic Plan for Implementing CLAS

DPH CLAS IMPLEMENTATION PLAN



Questions?
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