

MINUTES

Wisconsin Minority Health Leadership Council (WMHLC)

Thursday December 12, 2013

Gerald L. Ignace Indian Health Center

1711 S. 11th Street

Milwaukee, WI 53204

9:30 a.m. – 3:00 p.m.

Members Present:

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

Carol Cameron – Project Manager, Wisconsin Pink Shawl Initiative

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

Sarah Noble - Managing Director, Reproductive Justice Collective

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

Excused:

Chris Allen – Program Coordinator, Diverse & Resilient

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

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

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

Absent:

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

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:

Mari Gasiorowicz, Epidemiologist, Div. of Public Health, HIV/AIDS Section

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

Ana Paula Soares Lynch, Director, Proyecto Salud, CORE/EL Centro

ACRONYMS & WEBSITES

ACA

[Affordable Care Act](#)

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](#)

MINUTES

Paulette Bangura moved to approve the September 2013 minutes.
Conor Williams seconded.
Minutes approved

COMMENDATION LETTER

Background on the idea for the letter:

- There have been technical challenges with people enrolling in the Marketplace.
- There was a concern by the Council with families being kicked off the exchanges and into the Marketplace; they would have a gap in coverage.
- The Governor proposed to extend their coverage for three more months while the exchanges got up and running. Under this proposal, the 92,000 losing BadgerCare would have coverage for three more months.
- The Executive Committee met to discuss this letter.

Discussion: Although the Governor's decision is helping people temporarily stay on BadgerCare until they can get onto the Marketplace, this decision negatively impacts childless adults who are some of the poorest people in Wisconsin . . . they will now need to wait.

We should draft the letter to affirm what is good about the decision, but at the same time raise the issue about the 80,000 childless adults that will now need to wait when they were promised coverage.

By way of Administrator Brett Davis we have been clear about how we feel about not expanding Medicaid

We have a great opportunity to be a voice of those who are affected. We have a responsibility, and we need to take that seriously.

The Senate will be taking this issue up this week, and it is expected to pass. It passed the Assembly last week.

Perhaps we can decide to use the letter to urge the Governor to take the expansion money. Proposal was made that three Members work on a broader letter. One thing to acknowledge is that the Governor is extending the sign-up period, but at the expense of the X number of childless adults.

Dr. Lyle Ignace, Executive Director of the Gerald L. Ignace Indian Health Center, Inc., welcomed us to the building and introduced himself. He joined the meeting for the morning portion.

DHHS REGION V HEALTH EQUITY COUNCIL

MHP Community Grantee Presentation – United Voices

Ana Paula Soares Lynch

Invited guest Ana Paula Soares Lynch gave an overview of the DHHS Region V Health Equity Council. Wisconsin has 6 representatives and there are vacancies to this Council. New members will be selected during the Annual Nationwide RHEC meeting in December. Evelyn Cruz will now be a part of this Council, as all other Region V Minority Health Officers participate.

Other Wisconsin Region V members: Fessahaye Mehbrahtu, Gina Green-Harris, Lisa Tiger

United Voices Grant

United Voices is one of four new Community Grantees of the Wisconsin Minority Health Program. The other three are projects within: the Wausau Area Hmong Mutual Association, Urban League of Greater Madison, and the Racine Kenosha Community Action Agency. The funding will most likely last two years. The Minority Health Program wishes for the Council to meet these grantees, and have at least one Council meeting at the grantees' locations that will include a presentation to the Council on their projects.

United Voices is building grassroots movement to tackle the socio-economic determinants of health (SDoH) through Community Health Promoters. Isolation and racism are two of the primary SDoH. It grew out of the Minority Health Month event on April 13, 2013 (funded by the Public Health Information Campaign grant). This event brought together health professionals and cross-cultural health promoters in a day-long networking and sharing. Paulette Bangura and the Pan-African Community Association were partners in this event. There are several health worker groups attached to this project. The good thing is that most of the blocks are in place for this project. Eventually United Voices will have a cross-cultural newsletter, FB page, digital storytelling, etc.

- Demonstrated the United Voices collaborative partnerships, and talked about the partnerships. *Diagrams enclosed with minutes.*
- We can't fight the SDoH alone. Went over the "Proposed Public Health Approach to Achieve Health Equity". *Enclosed with minutes.*
- The strategic map gives more of a focus and timeline. *Enclosed with minutes.*

The Community Grantee funding was described. Grantees require a 50% match to the funds from the Minority Health Program. Other annual funding from the Program is the Public Health Information Campaign Grant (\$33,000-50,000). This year's Public Health Information Campaign funding is going to support the *HW2020* Mid-course review.

The MH Program evaluator put together a flowchart about the project. We hope that what is being done through *United Voices* will trickle up to the DHHS. *Enclosed with minutes.*

HW2020 BASELINE DATA REPORT OVERVIEW

Mari Gasiorowicz

- The *HW2020 Baseline Data Report* replaces the Minority Health Report. The last one was released in 2008 and covered 2000-2005.
- The format is PowerPoint presentation. It will not be printed – it will exist online. She gave a demonstration of the slides and explained how each chapter is set up.
- The idea is that the chapters have legs . . . that Council members take the slides out to their communities and present the information.
- A webinar will be taped explaining the report
- Very little has been changed through the approval process. Mari has notes on what has been changed.
- Report announced Wednesday, February 12, 2014: <http://www.dhs.wisconsin.gov/hw2020/hw2020baselinereport.htm>

Some highlights:

- Huge disparities with chronic HepB. Asians are at 42% infection rate; however, most infected are foreign born. The suggestion was made that breaking down the Asian groups might give a better picture of those infected.
- Age adjusted: white population is much older than all other populations; even when adjusting for that, the issues that bubble up that are significant.
- Demonstrated an area of statistical significance: while the suicide rate is higher overall for Native Americans, it is really only statistically significant for Blacks and Latinos.
- The report mostly cannot be broken down by gender; for Whites it can be, but for others it would come up as statistically insignificant.
- The suicide rate is still very high for sexual minorities.
- Emmanuel Ngui will get info re adolescent suicide to Mari
- It was suggested that perhaps a dental slide could show the unmet need of dental care.
- The title on the Medicaid and Dentists slide should be changed to the number of dentists who don't accept Medicaid.
- On the MSM-HIV slide – it should be stated in the narrative the definitions of MSM and no-MSM definition - very clearly.

If words like racism and disparities get sanitized, it would be a disservice to the Council . . . we had a lot of pushback on definitions.

Mari discussed that there are some areas that do not have enough data to accurately represent a group. One member suggested that a diamond or asterisk be used consistently to signify that there is not enough information. Communities may not understand the term "not significant"; they may take it to mean they are not important. "Not statistically significant" does not mean the same as "not significant".

DISCUSSION / REACTION

Baseline and disparities report will always be presented together . . . each chapter contains the same set of slides at the beginning of each set. One member was concerned on how it would be presented, what is left out. What can we do to anticipate calls of racism or homophobia?

Evelyn Cruz stated that:

- Part of the plan is that sometime in January to share this with internal DPH and people on the Focus Area teams. The internal people also take this to their Councils.
- The second phase of dissemination is the grantees, and asking the grantees to take this report to their communities.
- We are receiving feedback about the need for fact sheets.
- The report will support some initiatives that will happen at the DPH. For example: the accreditation process and the Midcourse assessment of *HW2020*. It will be used to share information, inside and outside DPH. The dissemination plan will address any feedback.

Several Council members expressed interest in dissemination of the Report.

One member asked if the Mid-Course review show any change in time - will it show changes between the last report and this report? Mari stated that this is really the baseline report - this is not telling us how much we've changed from *HW2010*. We have nothing that shows the difference from *HW2010* to *HW2020*.

Kris Freundlich stated that this report is huge in what it can do. It is a tool - and dissemination is a process. There are different ways in which this can be used. The charge of the Council is that they can see useful information in this.

Some members were very concerned about the statistically small numbers. For example, the North Carolina Minority Health Report addressed this issue; perhaps it would be a good idea to look at what they did. We should also make sure the Tribes are comfortable with the issue of statistically small numbers.

Mari stated that the power of the MHLC is that they can start the dialogue around these issues. For example, one member stated that Milwaukee dentists are an aberration throughout the state in taking Medicaid patients – there needs to be action to change this:

- Perhaps ask if Milwaukee-area dentists could accept 1% of their clients as Medicaid.
- Make a recommendation that perhaps dental hygienists can do certain types of services.
- We can begin with the first ever Latino Wisconsin Dental Association president, Dr. Julio Rodriguez from Janesville. We need to articulate clearly the targets on reducing these disparities, and the means to get toward those targets; but if there are too many targets we spread ourselves too thin. We need to give serious thought to the SDoH . . . these are the largest factors that determine health outcomes.

Perhaps an agenda item could be to start engaging the WI Dental Association, and perhaps devote time to one unit (dental); in that time we can raise some of the actionable areas. Perhaps former Council member Dr. Chris Okunseri could be present at our meeting, and he could present it to the leadership of the Dental Association in a better way than we can. We should forward parts of the report to people who could push this up to action. (*The GMDA Annual meeting is Thursday, May 15, 2014*).

A lot of this can fit well with the March discussion. This is a way to say what we wish to see in the Report. We are passing Mari's work along to the Office of Health Informatics. The Chief Epidemiologist, Dr. Ousmane Diallo, will be taking this on. He will attend the March meeting so the Council to talk to him and share feedback with him.

Mari asked the Council again to look at the population chapters by Thursday December 19; at least one person per chapter. One issue is that there is currently more recent data for some of the issues. Council members are free to call Mari and talk about the issues.

It was stated that it is important for the Council to bring this to the higher-ups. One member stated that the Council could write a thank you to the report team for the report, and also make the request for sustainability. It might be a good idea to have a meeting with DHS leadership.

Evelyn Cruz announced two retirements: Pat Guhleman, the Bureau Director for the Office of Policy and Practice Alignment, where the MHP and *HW2020* reside; and the *HW2020* Director, Margaret Schmelzer, retired in July.

One member stated that one target would be improving numbers for the AI population, and getting Dr. Ignace on the Council or as a partner and go to the GLITC (Great Lakes Inter-Tribal Council) to survey users of clinics.

One member stated that we need to be careful on how we ask for data. Possibly a cover letter from the Council to leadership sent to the DHS Secretary. We need to narrow down a few recommendations that were discussed here and try to find a way of disseminating it upward.

Mari Gasiorowicz stated that we could also explore putting a letter on the website. It would be good to highlight some of the issues.

Evelyn Cruz stated that in the last report there was a letter from the Council. (See page 3 of the last report, *attached*.)

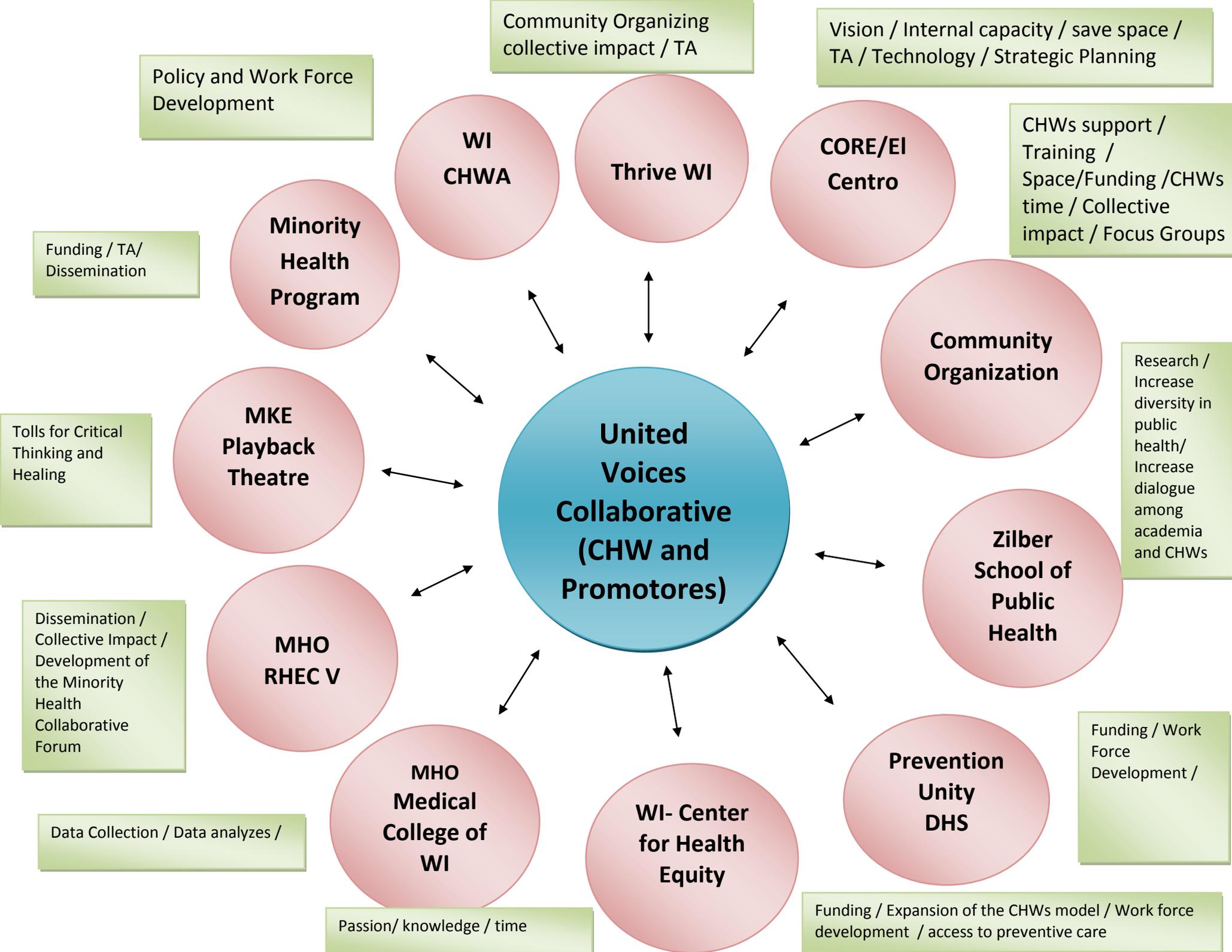
One member stated that one problem with putting it online is that many communities do not have Internet access. He has a template they used in North Carolina. There would definitely be a need for funding to support this.

By next May, the Office of Policy and Practice Alignment is looking to have the information disseminated to the communities, and have a meeting where presenters come together. In March we can talk about priorities, think about the process, and have an intentional way to go about engagement.

WRAP-UP

Dr. Lyle Ignace. The MHP will look at filling the one vacant term; we will see if we can vote over e-mail. *Update: voting will take place at the March meeting.*

Accolades: MHP support, clarity that comes from data that acts as a guidepost to decrease those disparities.



Community Organizing
collective impact / TA

Vision / Internal capacity / save space /
TA / Technology / Strategic Planning

CHWs support /
Training /
Space/Funding /CHWs
time / Collective
impact / Focus Groups

Research /
Increase
diversity in
public
health/
Increase
dialogue
among
academia
and CHWs

Funding / Work
Force
Development /

Funding / Expansion of the CHWs model / Work force
development / access to preventive care

Passion/ knowledge / time

Data Collection / Data analyzes /

Dissemination /
Collective Impact /
Development of
the Minority
Health
Collaborative
Forum

Tolls for Critical
Thinking and
Healing

Funding / TA/
Dissemination

Policy and Work Force
Development

**WI
CHWA**

Thrive WI

**CORE/EI
Centro**

**Community
Organization**

**Zilber
School of
Public
Health**

**Prevention
Unity
DHS**

**WI- Center
for Health
Equity**

**MHO
Medical
College of
WI**

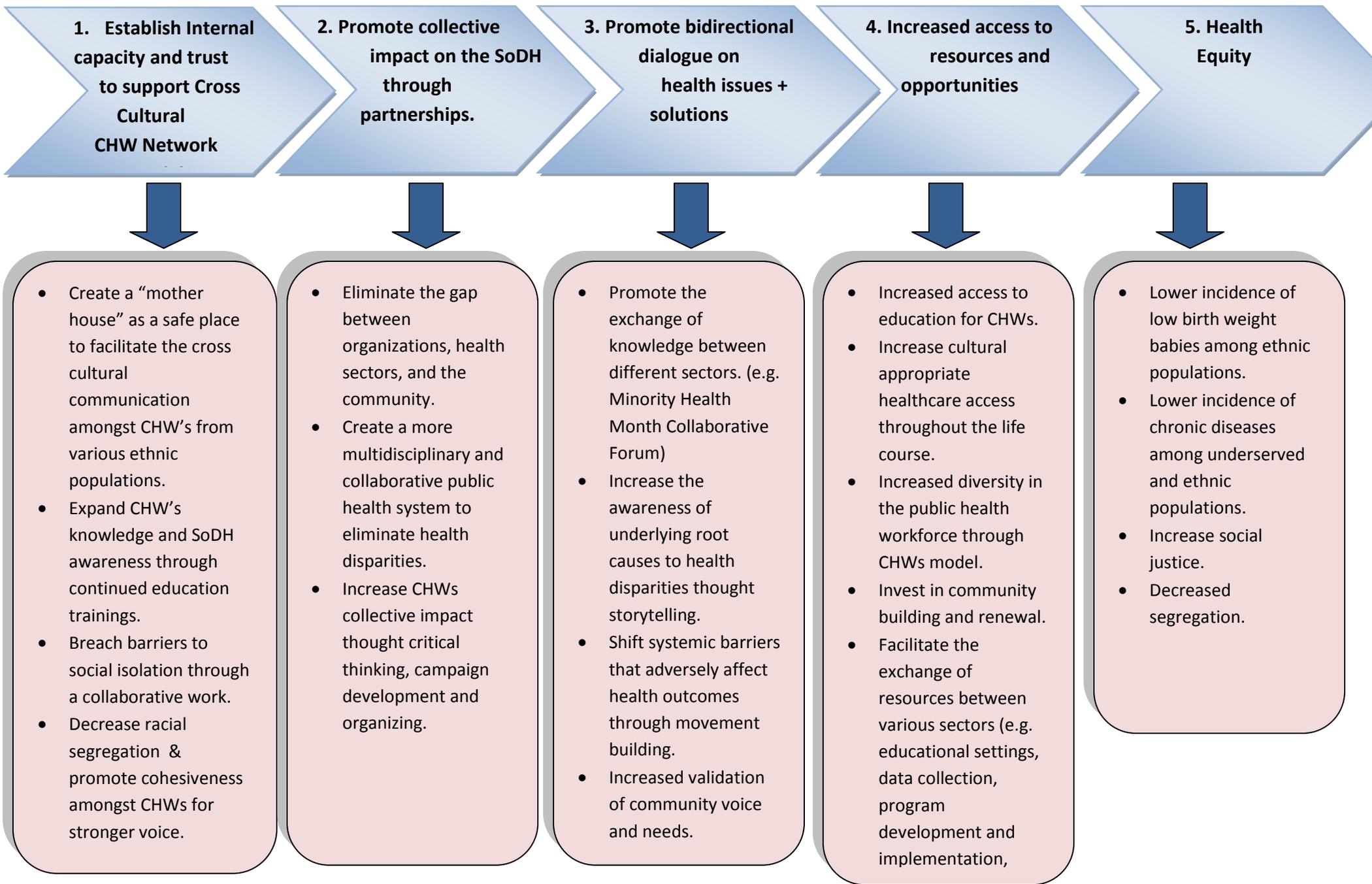
**MHO
RHEC V**

**MKE
Playback
Theatre**

**Minority
Health
Program**

**United
Voices
Collaborative
(CHW and
Promotores)**

Proposed Public Health Approach to Achieve Health Equity



Traditional top down public health approach



1. Federal and state government regulate health care delivery.

2. Incidence of diseases reported at the population level as aggregate data.

3. Correlating behavioral risk factors (e.g. tobacco smoke as major risk factor for cancer) and patient history to explain disease causes.

4. Recognizing that epigenetics plays a huge role in health outcomes

5. Approach to health care delivery: Short-lived individual level interventions (e.g. prenatal care for ethnic populations at risk for delivering low birth weight babies).

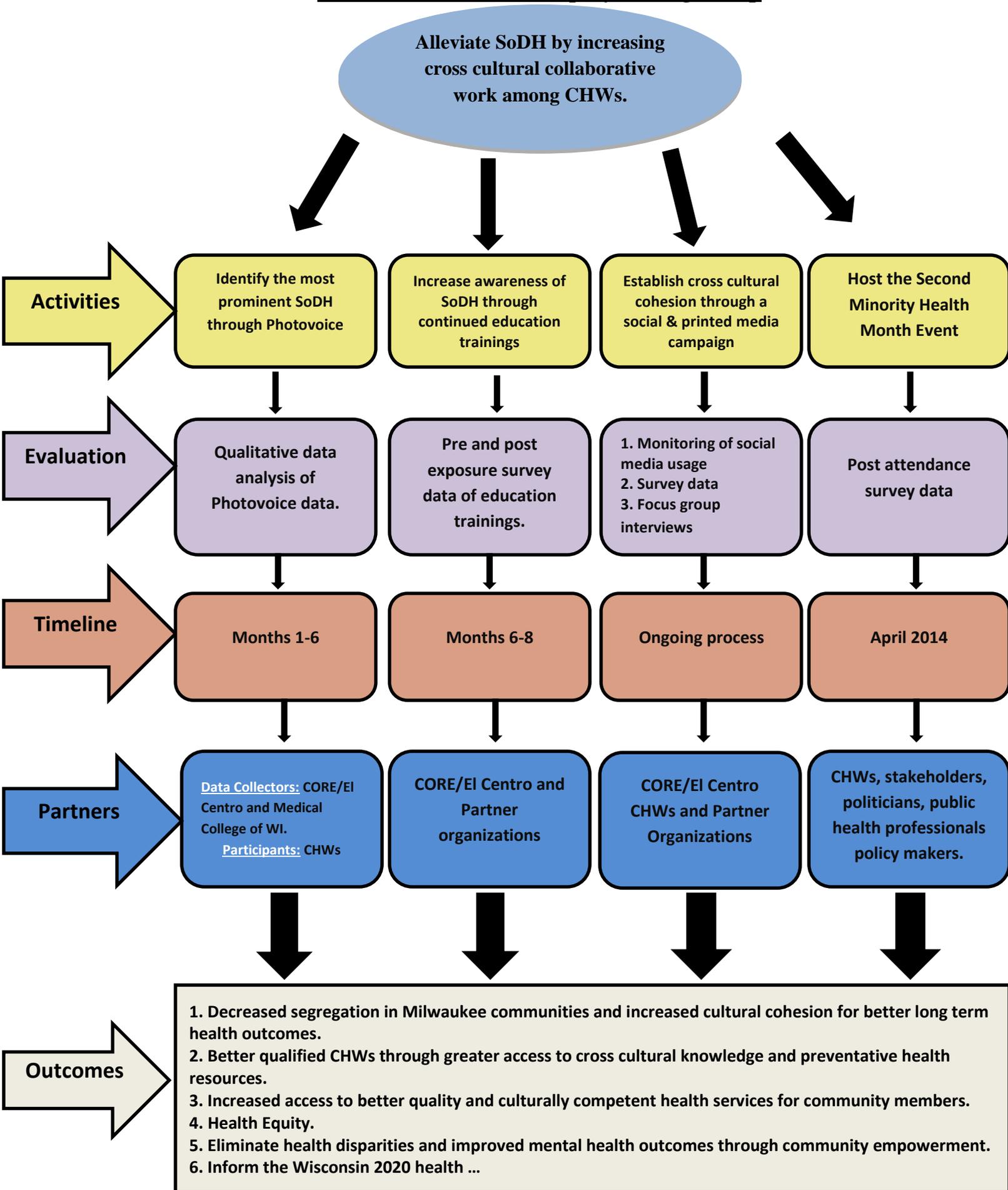
6. Barriers to care and Social-economic determinist of health are not documented or addressed.

7. Health disparities remain stagnant among ethnic populations despite interventions.

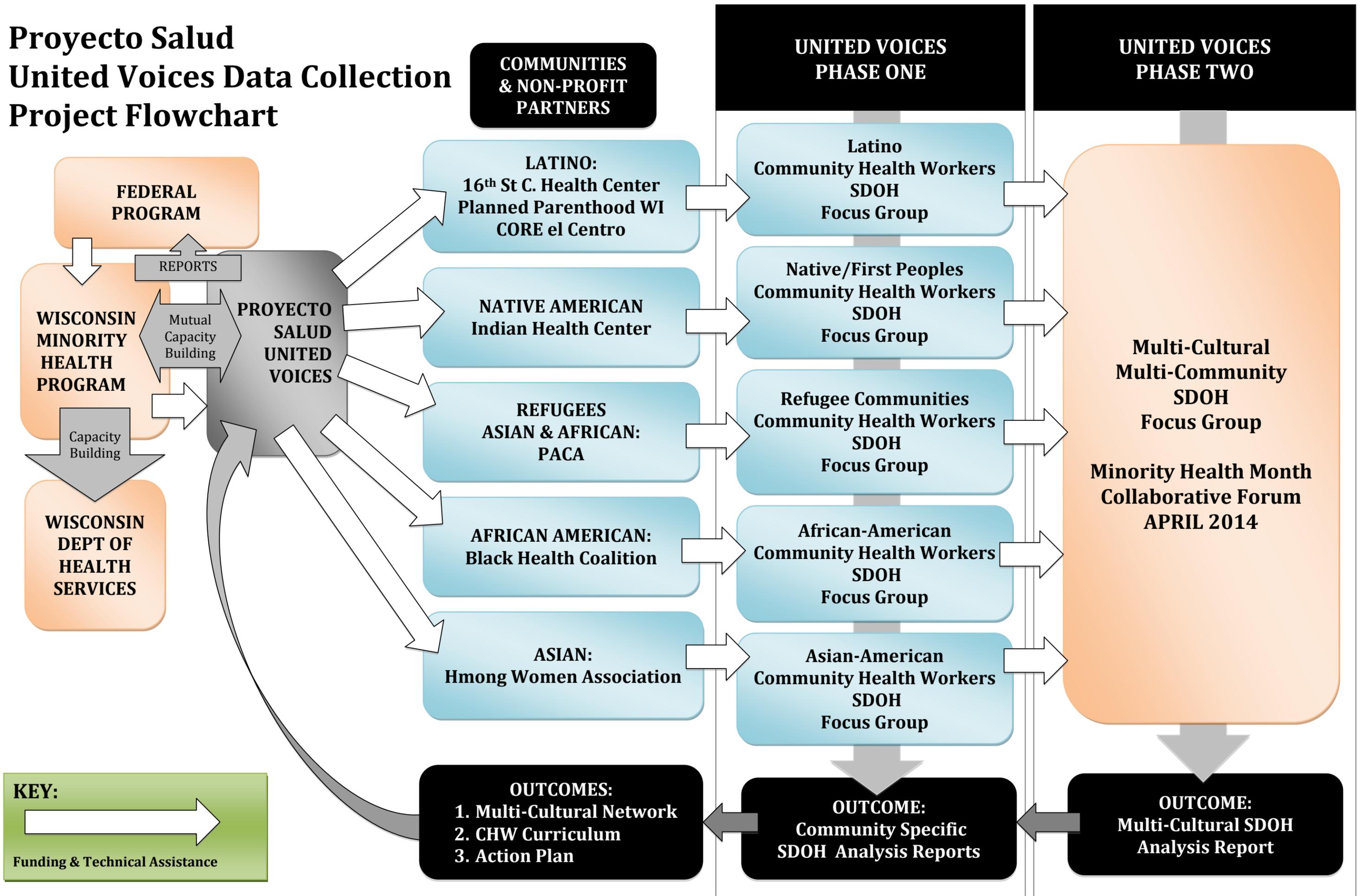
References:

1. Lu MC, Kotelchuck M, Hogan V, Jones L, Wright K, Halfon N. Closing the Black-White Gap In Birth Outcomes: A Life-Course Approach. *Ethnicity and Disease*. 2010; 20:S262-S276,
2. Mukamel DB, Haeder SF, Weimer DL. Top-Down and Bottom-Up Approach to Health Care Quality: The Impacts of Regulation and Report Cards. *Review in Advance*. 2013; 9(3): 1-21.
3. Pearce N. Traditional Epidemiology, Modern Epidemiology, and Public Health. *American Journal of Public Health*. 1996; 86(5):678-683.

United Voices - Health Equity Strategic Map



Proyecto Salud United Voices Data Collection Project Flowchart



From the Minority Health Leadership Council

Dear Partner:

The Wisconsin Minority Health Leadership Council (WMHLC) was established in the spring of 2007. The Council was established by the Department of Health and Family Services in response to expressed community interest for a formalized voice to address minority health issues and racial and ethnic health disparities. The members of the Council are leaders in both minority communities and the field of health care.

The Minority Health Report addresses a critical need of community groups, advocates, private and public organizations, and others for information about the health status of Wisconsin minority populations. The data in this report document the disproportionate burden of poor health that persists among racial and ethnic minority populations.

This report represents an important source of information for the WMHLC as it works with the Division of Public Health, and the Minority Health Program in particular, to give a voice to health issues affecting racial and ethnic minority communities and to advocate for the elimination of health disparities in Wisconsin. Any significant stride to eliminate health disparities will depend on the work of many partners. Council members hope that readers will find this report useful in our efforts toward greater health equity.

WMHLC Members

Patricia Aniakudo, MS, LPC; Chair, WMHLC

Shiva Bidar-Sielaff, MA

Mary Ann Borman, Vice-Chair, WMHLC

Brenda Coley

Dave Denomie

Carla Harris, RN

Kathy Hughes, Vice-Chair, Oneida Nation

Ted A. Kay

Suzanne Matthew, PhD

Emmanuel Ngui, DrPH, MSc

Christopher Okunseri, BDS, MSc, DDPHRCSE, FFDRCSI

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