

**Cultural and Ethnic Communities Leadership Council (CECLC) Meeting Minutes**  
**May 16, 2014 from 11:30 until 2:00, Wilder Foundation**  
<http://www.dhs.state.mn.us/CulturalEthnicLeadershipCouncil>

**Members Present:** Pam Cosby, Sarita Ennis, Hector Garcia, Dave Haley, Paula Haywood, Ann Hill, Pa H. Lor, Anna Mazig, Nathan Moracco, Kamala Puram, Elyse Ruiz (for Hector Garcia), Hassan Samantar, Maria Sarabia, Saciido Shaie, Lajuana Whitmore, Pahoua Yang

**Members Absent:** Yende Andersen, Titilayo Bediako, Mitchell Davis, Jr., Jose Gonzalez, LaRone Greer, Kamaludin Hassan, Sia Her, Annamarie Hill, Rev. Janet Johnson, Vayong Moua, Rep. Jim Abeler, Sen. Michelle Benson, Rep. Tom Huntley, Rep. Tina Liebling, Sen. Tony Lourey, Rep. Tara Mack, Sen. Julie Rosen, Sen. Kathy Sheran

**DHS Staff:** Antonia Wilcoxon, Mee Cheng

**Guests:** Brian Ambuel (SPH-UMN), Brian Balk (DHS)

1. **Welcome and Introduction.** Chair Pam Cosby called the meeting to order at 11:55am and Council members and guests introduced themselves.
2. **Review agenda.** Motion to move up Open Discussion (Item 5) on the agenda to Item 4 after Review Minutes was made by Paula Haywood. Motion seconded by Lajuana Whitmore.
  - a. Motion made to approve May 16, 2014 agenda by Paula Haywood. Motion seconded by Lajuana Whitmore. Motion passed.
3. **Review Minutes.** Discussion meeting minutes and to include Nathan Moracco's closing statement from previous meeting. Moracco paid a compliment on the impact this Council is having on the whole of the agency. "In a meeting, a question about insured individuals came up 'what is the value of uninsured persons?' We know that in MN that there is a 7% uninsured rate. When you look at 7% uninsured, what is that 7% made up of and from which communities? We never had conversations like this before. It is spreading in areas and ways that never seen before. Equity is permeating everywhere."
  - Lajuana Whitmore agrees that there should be efforts to combine efforts across groups and councils that are doing similar health equity work.
    - a. Motion to approve March minutes with changes was made by Lajuana Whitmore. Motion was seconded by Hassan Samantar. Motion passed.
4. **Open discussion**

**Hector Garcia** attended overview of legislative hearing regarding Health Equity report at the Capitol. Report looks at health equity from different lens. Commissioner Ed Ehlinger talked about importance of health equity. Representative Loeffler commented on society's interest in data but noted that data need to come from community decision making and input. Everyone needs to be in it. Garcia is happy that people are starting to think seriously about community, and not just do gestures.

**Dave Haley** noted that Health Equity Report stated that 10% is individual behavior and 40% is policy-related. Haley mentioned that Minnesota Department of Health (MDH) invites interested stakeholders to review and comment on MN Community Measurement's (MNCM) preliminary recommendations for physician clinic measures for the 2014 administrative rule and subsequently, the 2015 Statewide Quality Reporting and Measurement System (SQRMS). Deadline to submit recommendations are due by May 23, 2014.

**Haley** posed question to Council: Is this an issue that we would like to write a letter to Commissioner Ehlinger that measurements include social determinants (general terms or specific) and be included in statewide measurements?

**Nathan Moracco** explained the background history of MNMCM and MDH. Minnesota's 2008 Health Reform Law requires the MDH to establish a standard set of quality measures for health care providers across the state. MDH developed the Minnesota Statewide Quality Reporting and Measurement System (SQRMS), created through Minnesota Rules, Chapter 4654, to collect and report quality measurement data. MDH contracted with MNMCM to collect these data and assist clinics in meeting the measure requirements. Moracco recommended that Council members direct their letter to Commissioner of Health, Dr. Edward Ehlinger. Moracco explained that MNMCM is more focused on disease. Letter from Council should acknowledge MCM's frame and how social determinants are connected to disease in communities of color.

- **LaJuana Whitmore** stated that Research and Evaluation subcommittee group can take on task of drafting a letter to include social determinants in statewide measurements, obtain feedback from Council members and Chair approval and signature and submit letter.
- Motion to have Research and Evaluation subcommittee to draft letter and be empowered to submit letter to include social determinants to Commissioner Ehlinger, was made by Dave Haley. Motion was seconded by Hassan Samantar. Motion passed with no objections.

**Pahoua Yang** summarized her trip to Washington, DC – API Mental Health from a National perspective.

**Hassan Samantar also mentioned that he had been to Washington to discuss issues on disability services.** Samantar was part of a Somali Health Symposium with Commissioner Ehlinger—great turnout from community. Samantar suggested that Council invite Commissioner Ehlinger to one of the CECLC meetings to talk about the Health Equity Report, as well as invite Assistant Commissioner Jeanne Ayers to come and talk to Council.

**Kamala Puram**, along with along with 16 cultural communities, were selected to participate in to a four-day workshop focused on how race should be included in policy. Puram asked if Council members would be interested in this kind of training and where funding will come from. It was hosted by the Humphrey School of Public Policy, and funded by the Minneapolis Foundation. Professor Samuel Myers was the convener.

- Ann Hill suggested that a subgroup of this Council attend the training and bring back the knowledge to the Council on a larger level. Hill mentioned that Minneapolis Foundation is interested in this group and will be in contact with Antonia Wilcoxon. Wilcoxon will follow up with Minneapolis Foundation.

## 5. Subcommittee reports (See Appendix 1)

A. Research & Evaluation (Presented by LaJuana). Group has met two to three times and utilized issue framing technique to help narrow recommendations.

- Four recommendations (page 9)
  1. Improve coordination and use of research and evaluation outcomes;
  2. Educate the public about the collection of race, ethnicity, and language data;
  3. Educate state agencies and DHS on the importance of community-based participatory research methods;
  4. Make data driven decisions based on community-defined cultural and linguistic groups & their members' input, promote translation of evidence-based research into practice.
- Pillars of research and evaluation (page 11)

- Community-defined cultural and linguistic groups make up the foundation of data driven decisions & education.
- Two pillars: Making data-driven decisions and Education
- Next steps and current needs: Data research and estimate resources needed to complete.

B. Leadership (Presented by Dave & Maria). Group met mostly via email and talked about five issues.

- Accountability: How to go about this?
- Support new leadership: How to nurture next generation of leaders from all communities? What does it look like? What do we need to do? Do we want to propose recommendations only for DHS or for other agencies too?
- Hiring and retention: What do requirements look like for job postings? What criteria to include for hiring and retention? Reach out to City of Mpls & St. Paul Public Schools to look at their equity rubric used to hire personnel.
- Equity Cabinet—There is talk of this already—MDH Commissioner Ehlinger talked about equity cabinet, across the state. Example: state level had a Children’s cabinet for a while to study issues related to children. What will this look like? What criteria to use?
  - AH: The governor’s office created a Children’s Cabinet, which spawned several other offices to examine and address specific concerns of children and their families.
  - NM: What is the scope of this? Does it apply to DHS only? What about counties since they provide the services that DHS funds? In-focus or out-focus? Be explicit about scope.
  - AH: A lot of times, counties look to DHS for leadership and what to do. State agencies should make recommendation for counties to follow.
- **Resources needed at the moment:** Not yet but in the future.

C. **Community Health & Health Systems Experience** (Presented by Pahoua)

- Four areas of focus: Culturally appropriate, integrative healthcare options (preventive services); Reduce current barriers to mental health care and increase access; workforce development issues; Awareness of ethnic/cultural disparities.
- Completed: Creative ways to increase access that is meaningful to communities of color. QOL for family/children/elders in community. How to identify this and if it is meeting community needs. Is there a gap? What does it look like? Use Triple Aim Model as a guide. Look at healthcare costs for low-intensity services (earlier contact) go up, cost for tertiary services go down.
- Measurement & Partnerships with DHS, Public Health, and local academic institutions. Connections to mental health services and how local/state policies can be changed to fit needs of community. Lowest hanging fruit was to look at items that were mentioned.
- **Resources needed at the moment:** Maybe after the meeting to decide on needs.

Council feedback to group:

KP: Alternative health service methods (acupuncture, etc..)?

- PY: Yes it is on our list.

NM: This is specific to mental health services?

- PY: Yes, our group focused on mental health issues in order to target our recommendations and scope of work.

AM: Look at the work that Terry Cross had done on children & mental health services included the community on the project.

PH: For purpose of recommendation from this Council to go on, look at common denominator that can go higher up in the health system.

- PY: This would be in the alternative health system issue point that our group will work on.

D. **Cultural Linguistic** (Presented by Hassan): Group has not really met. DHS has contracts with vendors to delivery services, how to determine if services are culturally appropriate & sensitive, transparency of services and eligibility of services at the county level; empower & provide technical assistance to community-based orgs that need resources/knowledge/support or capacity; Utilize Community Health Workers to break cultural barriers—sometimes it is beyond language & interpretation—how questions are posed in a culturally sensitive way when services are being provided?

Feedback:

PY: Would love to see certification process for interpreters (court/medical/mental health interpreters). Witnessed examples where interpreters were not ready to interpret and it was uncomfortable for clients. It's not about word-for-word; it's about understanding the context and delivering it in culturally appropriate manner that respects individual culture and value.

- HS: This is a double-edge sword. By being certified, it can hinder communities that need interpretation services.

KP: Expand that to educating others.

**Resources needed:** None at the moment

E. **AWARENESS** (Presented by Pa): Group looked at 3 key things: how do we serve and reach diverse populations? How do bridge cultures in communities? How do we invest in communities to be involved for change? More research needed to add to how we serve and reach diverse populations. How do communities bridge across different cultures? Examples would be block parties. Empower individuals & communities to seek resources and be in position to seek resources. How to get people to commit to change in themselves, family, and community & to take action?

**Next steps:** Research MN disparities & trend, models from other states. Are there measures (or creating own measure) of these things that already exist?

Feedback from Council:

- MS: cross cultural communities & community engagement, story-based research on community engagement. Awareness sprinkles across all five objectives. Can share resources with subcommittee group.
  - PL: Group looked at having larger orgs supporting smaller organizations that lack knowledge/resource/capacity. Large organizations help develop small organizations with less resources through experience
- SE: Many people from our own culture know that mental health is passed from generation to generation. Understanding where roots of mental health start from own ethnic/culture will help others understand and become aware. Emphasized the importance to identify what emphasized importance to identify what people already know and how new information can be connected to individual community knowledge.

Antonia Wilcoxon reiterated that Council report is due by June 30<sup>th</sup>, 2014. Wilcoxon and staff will send King County template to subcommittees to use for formatting and uniformity purposes.

6. **DHS Updates.** Antonia Wilcoxon provided Council with Office of Community Relations updates regarding: Health Equity Leadership Institute, Council of Asian Pacific Minnesotans Heritage Annual Gala, Bush Community Innovation Grant, National Partnership for Action and the impending publishing

of this council on their national newsletter. The choice of their five goals of NPA is of interest to them. Antonia also mentioned DHS discussion on policy/legislative/budge development, and Equity Stewardship Work Group. Commissioner Jesson will attend June meeting.

7. **Public Comment.** Brian Balk suggested Research & Evaluation subcommittee members look at DHS letter from 3 years ago as a good starting point for the drafting letter on behalf of the Council to the Minnesota Community Measurement and State's Quality Measurement System to include social determinants as part of the state's quality measurement system.
8. **Adjourn.** Motion to adjourn meeting was made by Paula Haywood. Motion was seconded by Dave Haley. Motion passed, meeting adjourned at 2pm.

**Next meeting Friday, June 20, 2014**

**You can contact Pahoua Yang at [Pahoua.yang@wilder.org](mailto:Pahoua.yang@wilder.org) if you want additional information on room reservations for your subcommittees**

## **Appendix 1**

**Preliminary input to initial policy discussions for DHS Executive Team – legislative session 2015**

1. **Research and Evaluation**

Invest in: **Community defined data collection**: for better data and better results: i. Need for coordination; ii. Identify cultural groups; iii. Educate public and community about CBPR

## 2. Leadership

**Seek accountability from DHS on leadership development of diverse employees.** (What is in place to recruit diverse workforce? what are the mechanisms currently used to connect to cultural communities?); i. Support of new diverse leadership; how do new employees of color get support?; ii. Hiring and retention of diverse leadership (what is the current hiring criteria? is there a rubric to assist hiring?); iii. Contracting, how are minority vendors retained? What is the criterion?; iv. Request for proposals from cultural community-based organizations? is there a process in place? v. **Equity Cabinet - CECLC has discussed this topic from its first meeting in November 2013, It is in the MDH Report**; Example: the governor's office created a Children's Cabinet, which spawned several other offices to examine and address specific concerns of children and their families. NOTE: what is our scope here: DHS only, counties, MCOs, need to be explicit

## 3. Community Health and Health System Experience

**Focus on the Triple Aim**: improving the experience of care, improving the health of populations, and reducing per capita costs of health care; i. culturally appropriate preventative care; ii. Reduce Barriers/Improve Access; iii. Improve the capacity of community health services to provide culturally and linguistically competent services; iv. Invest in work force development; invest in integrated health care services; v. Institutions need to focus first on the population served and second on employees' comfort level, with the goal of eliminating racial and ethnic disparities to solid solutions. **Outcomes**: families are well, they receive collaborative care giving; they trust and are comfort with their providers, they actively engage in their health care; they can access the services, they know how to seek support, they support each other, they enjoy relational caregiving, providers are capable to provide services that address complex needs, cultural beliefs and practices are embedded in healing. Patients' concerns do not need a diagnosis to be attended to.

## 4. Culturally and Linguistically Competent Services

**More careful vendors selection** – interpreters that are appropriately trained for specific needs, for ex. a mental health interpreting session was disrupted when both client and interpreter shared similar trauma experiences. Interpreter was not able to conduct the job of interpreting; i. There needs to be certification to align with needs of organizations serving specific needs; ii. More transparency needed in eligibility determination; iii. Empower/provide training and technical assistance to community based organizations; iv. Elevate the role that community health workers can play as building bridges to cultural barriers.

## 5. Awareness

**Empowerment**: making resources easily available so community can find them and use them to build their own capacity (self-determination); i. Serve and reach diverse populations; ii. Bridge cultures in communities: welcoming neighborhoods, parks, engagement events, leadership development of cultural and ethnic persons; iii. Invest in communities to be involved for change.

(May 16, 2014 meeting)