

**Cultural and Ethnic Communities Leadership Council (CECLC) Meeting Minutes**  
**March 20, 2015 from 11:30 until 4:00, Wilder Foundation**  
<http://www.dhs.state.mn.us/CulturalEthnicLeadershipCouncil>

Members Present: Titi Bediako, Michael Birchard, Patricia Brady, Joni Buffalohead, Mitchell Davis Jr., LaRone Greer, Ann Hill, Pa Lor, Anna Mazig, Nathan Moracco, Vayong Moua, Ahmed Mullah, Susie Nanney, Bauz Nengchu, Kristine Rhodes, Saciido Shaie, Nyagatare Valens, Pahoua Yang

Members Absent: Anastacia Belladonna, Sen. Michelle Benson, Rep. Matt Dean, Tenzin Dolkar, Hector Garcia, Muriel Gubasta, Kamaludin Hassan, Paula Haywood, Sia Her, Annamarie Hill, Rev. Janet Johnson, Rep. Tina Liebling, Rep. Diane Loeffler, Sen. Tony Lourey, Rep. Tara Mack, Edward McDonald, Rep., Joe Mullery, Kamala Puram, Sen. Julie Rosen, Maria Sarabia, Sen. Kathy Sheran, LaJuana Whitmore

Chair: Vayong Moua

DHS Staff: Antonia Wilcoxon, Denise Flock, Tim Quan

Guests: Dave Haley (council volunteer advisor), Taska Welters, Sida Li Xiong

**Introductions:**

**Patricia Brady:**

- Introduction into the Blue Ribbon Committee. This program is intended to close some of the employment gaps in Minneapolis/St. Paul which has some of the highest minority employment gaps in the nation. They have started an implementation team which is exposing a lot of information on this topic.

**Michael Birchard:**

- Spent 17 years at North Hennepin College. Diversity coordinator. Lives in Brooklyn Park, Minnesota. Important to be a part of the diversity activities.

**Nyagatare Valens:**

- Financial management background. Worked with the Minnesota Department of Health managing grants.

**Chris Rhodes:**

- Executive Director of American Indian cancer foundation. This foundation addresses health conditions of the American Indian population.

**Pa Lor:**

- Office coordinator of multicultural program at St Katherine's. Disparities in Minneapolis are what I am passionate about and what we could be doing to reduce these inequities.

**Joni Buffalohead:**

- Director of Mdewaketon South Dakota Comm. Background in research. PHD from University of Minnesota in Pharmacy. Involved in urban community and their many issues. Disparate voices make better progress.

**Pahoua Yang:**

- Wilder foundation, director of Community Mental Health. I have been a therapist and gone through the craziness of systemic inequity. As providers, we have to jump through hoops to provide service that honors who they are. This is a good opportunity to be a part of something to make positive change and create health equity. It is difficult to make change.

**Suzy Nanney:**

- Public health trained. Born and raised in rural Missouri. At the University of Minnesota, I work in the field of family health. Health disparities lens is something I focus my work in. Partner with food banks and shelves. Identify ways to support these programs. Address new or upcoming issues. Passion in rural health work and can identify with the community.

**Anna Mazig:**

- Management and policy development. I bring my interest in diversity and inclusion issues.

**Antonia Wilcoxon:**

- I have been at DHS for 10 years. Prior to DHS, I used to manage nonprofit community based organizations in the Frogtown neighborhood of St. Paul. I have high motivation supporting families and communities to achieve their hopes and dreams. I believe that cultural and ethnic communities can assist DHS to learn how to provide more responsive care that reduces disparities and achieves equity.

**Ahmed Mullah:**

- From Lake Region Medical Center. Work with different Somali communities. Also work with neighborhood care providers. Happy to join this group. My profession is actually in Journalism and communication from Ethiopia. I hope to learn more from conversation.

**Vayong:**

- Center for health equity from BlueCross and BlueShield. Change public health policies to address prevention issues. Advocates for entire change continuum and non-traditional health allies. So much of what happens with health happens outside of institutions. My goal is to regroup, to advise health and human services to advance health equity.

**Visitors:****Taska Welters:**

- Juvenile alternative detention initiative community (new). Invited by Paula Haywood.

**Sida Li Xiong:**

- State innovation model, working with the Minnesota Department of Health. Here to listen to all the chat.

### How do we set this table?

See this as an organizing opportunity to influence change in the DHS, health equity issues.

#### Antonia:

- Presentation for CAHPS survey. DHS has received federal dollars to create a satisfaction survey questionnaire for persons who are registered to receive Medicaid. They are randomly selected to survey. Minnesota often has high ranking statistics in this health survey. People who use publically funded insurance get Medicaid and quality is often disparate with both public and private sector insurance. Health inequity is high compared with both. Minnesota looks good but we need to learn more from this survey. Maybe we could select a different vendor for this survey. Maybe revise the format or questions on the survey.

1. Bring all of you up to speed on this survey.
2. Chuck Johnson wants a response to learn about Cultural and Ethnic groups and why they are receiving disparate healthcare activity. **The deadline to submit responses is March 31.**
3. Give DHS responses. Need to do work to present this information.

#### Titi:

- Are there any successful models on getting replies on CAHPS? Surveying minority groups?

#### Vayong:

- How do you want us to review this material (CAHPS survey)?

#### Antonia:

- How we can deliver this material?
  - To send track changes or select a particular answer by the 4 alternatives presented by Robert Lloyd.
  - Maybe we can host focus groups or discussion groups which can help open channels.

#### Vayong:

- Take this example to reframe ways to engage with the DHS.
- Request DHS to be proactively engaging in DHS programs of interest to us.
- Offer our feedback on them and areas of interest.
- Recommend council submit requests for areas of interest.

#### Titi:

- Executive of We Win institute. Academic and social success of students. Health and education are important as often, African American communities are often at the short end of the stick. Be at the table to have a voice. I liked the health and human services leadership institute. Make policies that affect our particular community which lets our communities know that we and they have a voice for them.

#### Dave Haley: (Outside council)

- This is a forum to guide DHS and 87 counties as a focal point for conversation.

#### Ann Hill:

- Office of the Ombudsperson for Families. I was asked to join council and I think it is important work. Formalized the work that communities brought to the department. Know that I am always with you.

**Bauz Nengchu:**

- Same important group (Office of the Ombudsperson for Families) Asked to participate. We take turns in participating. My goal is to bring knowledge and expertise to move these recommendations forward.

**Council approves minutes. Motion to approve:**

Anna Mazig moved and Titi Bediako seconded to pass the minutes. Motion passes  
Minutes approved.

**Motion to approve agenda (revision not to have Lauren Siegel present and Dave Haley presents instead)**

Ann Hill moved, Mitchell Davis seconded, with edits. Motion passes

**Dave Haley:**

- Child protection task force: generated because of the high profile negative outcomes. Questions of function and protection of children. Met for 3-4 months. Met with legislators for bills. Number of equity issues identified based on reports from the community, especially from the non-white populations.

1. Folks from the communities of color are overwhelmingly referred and overrepresented.
2. Positive and negative outcomes for communities of color are disparate, especially towards negative outcomes. There is a great lag behind the white population in positive outcomes for communities of color.

Child protection is of huge concern for the state of Minnesota. There is a great impact on childhood outcomes for the state. We also discussed conclusions, talked to DHS and asked DHS to present to council on demographics of kids.

**What is the DHS achieving in terms of outcomes for children?**

- Make some comment or advocate on legislation for issues that concern us.
- Ask DHS to help us dig into these issues.
- Make more informed comments instead of relying on media for sources of information.
- Ask council to look at these issues.

**Vayong:**

- Are there recommendations to support the task force?

**Dave Haley:**

- The task force had some preliminary recommendations.
- No final recommendations.
- Need to look at recommendations and get them packaged to the council.

**There was one subgroup to provide recommendations around racial disparity. (Focus of the council)**

**Start dialogue with the DHS about why things aren't improving sooner.**

1. Kids with negative outcomes were part of **Family Assessment System**.

2. There is a movement towards moving kids back into the **formal judicial system**. Putting labels on them affects their long term success and diminishes their possibilities in life.

Tim will track child protection task force bills.

**Saciido Shaie introduction:**

- We are voices for the voiceless. No stone unturned for bringing what is important to the table. Assisting with the creation of a Muslim sports center and have been busy for the last couple of weeks to assist in the presentations at the legislative session. I may be called out any time because of the legislative work.

**Nathan Moracco introduction:**

- Work with DHS, health care administration and am here because DHS requires me to be here and I want to be here. Be part of the council and participate in the process.

**LaRone Greer Introduction:**

- Chemical and Mental Health Services administration. Spent time in the counselling field and now work in administration.

**Discussion of the Executive team Leadership Meeting:**

**Vayong starts discussion about Executive Team leadership Meeting with the DHS.**

**Pa Lor:**

- The Executive Team meeting started a genuine 2 way conversation. How can we do make action and who can we partner up with? What might work?

**Pahoua Yang:**

- Always look at both verbal and nonverbal engagement. There was good note taking by the leadership and appreciate the opportunity to have that dialogue. I hope that this dialogue continues.

**Vayong:**

- Assess where recommendations go. How the recommendations will be implemented.

**How do we see success?**

- Dedicate people and a budget to this.
- Move these recommendations into action and continue to work collaboratively.

**Nathan Moracco:**

- Spoke to what this group accomplished and this represented a milestone moment. So sophisticated and clear what this group was about. Well communicated and a very interactive.

Many stakeholders interested in what the DHS does. We should identify ways to address disparities. This is amongst the better or best groups to come forward. Came in with specific purpose and how we can partner with. Milestone moment. Came to great progress. Passionate, and a great sense of maturity. Impact on DHS is noticeable as we get emails internally within the DHS on following up with discussion with council. This group is not going away.

**Adjourn:**

Ann Hill moved, and Mitchell Davis seconded, motion passes.

Session adjourned at 12:05.

**STRATEGIC PLANNING SESSION:**

**Hennepin County HR staff (Sara Gronewold and Michelle K. Schuft) led the Strategic Planning Session for the afternoon**

- Now that we have had a year.
- We need to move into next steps.
- Revisit the mission steps and values.

**Talk about values. Resources and equity foundation needs to be considered as we move forward.**

- 1). What support is needed in work?
- 2). How to embed equity?
- 3). How do we utilize capacity in our own work?

**We should define health equity.**

- 1). A **mission** statement is a Purpose.
- 2). **Vision:** What do you want to see?
- 3). **Value:** What do you prioritize?

What is clear?

What jumps out/in?

- Mission
- Value
- Purpose

**What is unclear?**

- What does it mean to be consistent?
- Reaching out to broader community at an optimal level.

**Is this just about health??**

**How does it intersect with other areas?**

**What is missing?**

- Ambitious parts
- Target population
- Family or children
- Possible solutions to be action items
- What is enough reduction? In disparities?
- Stakeholders

**Inequities are structural. Cross cutting different systems.**

What changes need to be made?

- Cross accountability
- Is there a timeline?
- Is it measurable short or long term?
- Progress reports?
- How things are connected?

**What do we want to pull forward?**

- We need this to work, to apply this work to other agencies

**What do we want to make sure of moving into today's conversation?**

- Know root cause and durable long term solutions

**What do 1<sup>st</sup> year accomplishments look like?**

**As you listen to next year's accomplishments, what were themes and patterns?**

- Involvement
- Action and movement
- locating resources and resources found in people
- values are really driving both work and approach
- integration

**Where are there dependencies and overlaps? How does the team want to work together?**

- Chair per subcommittee in each subcommittee creates priorities and timelines.
- Clarify council expectations.
- Identify other resources that might be of use outside of the council and DHS.

**Resources to accomplish work:**

- Structure individual council work
- Additional health and human services training

**How do we embed equity into our conversations?**

Everybody has a pair of shoes that fit. It aligns with our work. I think it is important to ensure everyone has a pair of shoes that fit without driving everyone crazy. It becomes a part of how we think about things.

**Capacity to develop as a team.**

It is more about our skills to utilize skills effectively and to its fullest capacity.

**Immediate next steps:**

- Appoint a subcommittee member as a chair per subcommittee
- Create a project management structure
- Developing timelines and deadlines need to know the period of time, currently no sense of what the resources are.