

HEAL Council Meeting

APRIL 10, 2020, 12:00 – 2:00PM, WEBEX

Attendees

HEAL Council Members: Jennifer Nguyen Moore, Anita Buel, Jokho Farah, Talia Miracle, Jessica Coleman, Therese Genis, Zitlali Ayala, Va Yang, Bill Devine, Cassandra Silveira, Tamiko (Morgan) Foster, Laurelle Myhra, Jeremy Hanson Willis, Samuel Moose, Callie Chamberlain, Tracine Asberry, Ayah Mohammed

MDH Staff: Kou Thao (CHE), Amy Lopez (CHE), Madison Olmsted (CHE), Mary Manning (HPCD), Jeannette Raymond (Community Engagement Unit), Quenter Ramogi (Office of Diversity and Inclusion), Sara Chute (CHE), Evy Engrav (Office of Diversity and Inclusion), Kate Murray (I-HEALTH member, HPCD), Karen Fogg (I-HEALTH member, CFH), Yasmin Odowa (I-HEALTH Co-Chair, IDEPC), Kathy Denman-Wilke (Community Engagement Unit), Bill Devine (Office of Vital Records), Deb Burns (Health Improvement Bureau), Marisol Chiclana-Ayala (Community Engagement Unit), Lauren Piper (Health Policy Division).

Other Guests:

Action Log as of April 2020

Action	Person Responsible	Due Date
1. Resources on sexual health and how to keep safe during COVID-19	Amy Lopez	April 15
2. HEAL members send examples of “plain language” marketing and messaging	HEAL members	April 17/Ongoing
3. Send list of community outreach contracts	Kou Thao	April 17
4. Follow up with Anita on “essential care” in nursing homes not including ASL interpretation	Kou Thao	April 17

Questions/Concerns April 2020

Questions/Concerns	Response (Kou and Amy will determine the best person to send questions and concerns. There will be an update at the next HEAL meeting.)
How has it been determined who can be tested for COVID-19?	
Lack of demographic data being tracked on who is being tested for COVID-19.	
How do we become better advocates for communities, especially from a greater Minnesota lens? (E.g., provided in Bemidji.)	
How is messaging reaching Asian elders, since there has been reports of misinformation and the lack of accessibility of materials?	
MDH does not currently have data on demographic data for non-positive COVID-19 tests.	
How are we making healthcare organizations accountable to consistent testing processes?	
How is funding being distributed by race and ethnicity?	
Is MDH collecting any information from clinics on individuals describing certain COVID symptoms but not actually seeking care?	
<p>People are not seeking necessary medical care for non-COVID conditions because of the fear of exposure to COVID.</p> <p>How many people are actually infected and have not sought medical care?</p>	

Some individuals are avoiding picking up prescriptions for chronic conditions due to fear of exposure to COVID.	
How can MDH share more about what DHS is doing related to this work?	

Minutes

HEAL Updates, Business & Announcements

MDH COVID-19 Response Updates (Kou Thao)

- MDH has expanded the number of employees involved in the response to alleviate the strain on the divisions that were leading the work as well as increase capacity to sustain the response
- Kou has been pulled into MDH’s response efforts as co-lead of the Partners Section, which oversees all information moving between MDH and all community and government partners
 - These partners include local public health, tribal health, schools, childcare settings, corrections and more. There are specific community outreach liaisons for several different communities of color, American Indian communities, LGBTQIA communities, disabilities communities, elders, faith-based communities
 - There is a Speakers Bureau of trained educators
 - This section includes the public hotline and email boxes
- CHE is sending out email updates with resources
- Many new funding streams are available
 - Government funds through MDH including \$200M for healthcare of which \$50M is already out and the rest will be distributed via an RFP for emergency preparedness and outreach
 - DEED funding for small business support, anticipating that at least 50% will go to POBI businesses, with no interest and a 30-year payback
 - Minnesota Disaster Relief Fund from MN Council on Foundations has been sent to different intermediaries across the state for nonprofits: <https://mcf.org/minnesota-disaster-recovery-fund-coronavirus>

Discussion of the Impact of COVID-19 on Minnesota Communities

Homelessness

- A county commissioner in Bemidji is struggling to work with city council to help convert vacant buildings into housing for people experiencing homelessness right now. How do we become better advocates for these communities, especially from a greater Minnesota lens?

Asian Americans

- How is messaging reaching Asian elders, since there has been reports of misinformation being relayed and the accessibility of materials?
 - MDH is granting money to community-led nonprofits who are doing this work. These organizations will provide translated information and culturally-specific work to disseminate information out to their communities

Domestic Violence

- New York has fact sheets on intimate/sexual partners and how to remain safe during COVID. Does MDH have any information on that and how to keep folks safe?
 - MDH is ramping up communications related to sexual violence through the Health Promotion and Chronic Disease Division

Communications

- Communities need information in plain language. Can we simplify messaging and communications?
 - The Stay Home infographic is a good example
- Laurelle Myhra is working on an infographic on thinking about who's in your circle, going between houses, and the risks involved in socializing beyond your household since this remains unclear to many population

Access to COVID-19 Testing

- Several HEAL members indicated that their communities are concerned about racial disparities in **access to testing** that are not being tracked or recorded. This could be due to inequitable treatment in hospitals, lack of access to care, lack of resources, or distrust of health systems
 - MDH does not currently have data on demographic data for non-positive COVID-19 tests
 - This is a major concern for the Black community
 - What are the checks and balances? How are we making healthcare organizations accountable to consistent testing processes?
 - Discussion around whether disparities are not apparent in the cases and deaths data because people of color may be less likely to access testing
 - Testing and deaths only identify a fraction of the people affected by COVID-19. Does MDH have a sense of how many people are actually infected and have not sought medical care? There are likely to be disparities at this level
 - MDH welcomes ideas or information on existing groups working on equity and testing
- Organizations are doing work to provide resources to **undocumented people** who are particularly at risk during this time

Funding

- Many of the **grants** that mention communities' most impacted needs to be more flexibility to address health disparities of chronic diseases among communities of color and American Indians. Communities are being pitted against each other in these processes
 - Please send any COVID-19 grant announcements that do not support disparities among communities of color and American Indians to Kou or Amy to reference
 - An advocacy letter endorsed by Minnesota Council of Non-Profits, Minnesota Council of Foundations and the Metropolitan Council **was** referenced on Greater Twin Cities United Way's website. There was no mention about equity or racial equity.
- How is **funding** being distributed by race and ethnicity?
 - MDH and the Minnesota Department of Human Services (DHS) are applying for a federal grant to address mental health during COVID-19.
 - Quick and adaptive funding at many levels has been impressive

Limited Access and the Use of Health Care

- Is MDH collecting any information from clinics on individuals who are calling into the clinics and describing certain symptoms but not actually seeking care?
 - If clinics are tracking they are not reporting to MDH if they don't come in
- Several HEAL members are concerned that people are not seeking necessary medical care for non-COVID conditions because of the fear of being exposed to COVID
 - Community members need messaging that if they have an emergency they should still call 911 or go to the ER. This includes concerns of asthma, diabetes, chest pain and heart attacks. Some people are even avoiding picking up necessary prescriptions for chronic conditions due to fear of exposure to COVID.
- Telehealth capacity has increased quickly
- There are a great deal of challenges with the American Indian community and patients accessing telehealth. Some providers are not giving laptops for their patients to use to access telehealth services
- Using different doors for COVID and non-COVID patients at emergency rooms and clinics is helpful. This can be marked using a red/yellow/green system for non-English speakers

Concerns in General

Current MN data is not showing disparities in positive cases and in deaths.

- MDH is hearing consistently from the community outreach liaisons that this is triggering historical trauma, especially for immigrants and refugees. MDH is in the process of creating a resilience and wellbeing team within the COVID response structure.
- How does COVID-19 impact communities of color differently?
 - There is some data broken down on the MDH and the Governor's COVID-19 data dashboards
- How can MDH share more about what DHS is doing related to this work?

HEAL Memo Focus- Systems Change

Office of Diversity and Inclusion (Evy Engrav)

- How is MDH supporting the employees who are doing this work?
 - Human Resources (HR) has put in place many new supportive policies for employees across the state. This includes teleworking and COVID-Leave to care for children. Employees, who are not

able to telework and/or are not able to come to the office due to underlying conditions, is given the option to request COVID-Leave. Evy is working to provide accommodations

- Hotline is now moving remote so that more people can start helping to relieve the strain on workers who have been manning it
- Daily updates to all HR and Diversity and Inclusion staff

Update on supporting and engaging disability communities

- Community liaisons are working on reaching communities with disabilities
- Send Kou and Amy any ideas to work with media partners who provide a broad reach to communities with disabilities.
- What does “essential workers” mean? ASL interpreters or family members that normally interpret for residents are not able to go into the nursing homes. There are differences between what is allowed at home health care and what is allowed at nursing homes.
- People in nursing homes are incredibly fearful especially when friends and roommates are dying
- MDH has contracted with diverse media outlets across MN to put out resources and messaging to diverse communities in Minnesota

Next Meeting

- Next Meeting: Friday, May 8, 2020 from 12-2pm via WebEx.
- Continue sharing issues identified in your communities with Va, Jokho, and Amy

Meeting adjourned at 2:00PM.