

HEAL Council Meeting Summary

DATE: FRIDAY, OCTOBER 22, 2021

LOCATION: ZOOM MEETING

October 2021 HEAL Meeting

Welcome (Roll Call)

HEAL Council Members: Ayah Mohammed, Callie Chamberlain, Dr. Jokho Farah, Dr. Laurelle Myhra, Jeremy Hanson Willis, Jessica Coleman, Zitlali Chavez Ayala

MDH Staff: Jan Malcom (Commissioner of Health), Amy Lopez (Health Equity Planner), Dr. Halkeno Tura (Center for Health Equity, Director), Victoria Gaines (CDC PHAP, Health Equity Fellow), Jeannette Raymond (Public Health Practice, Community Engagement Supervisor) Linda Prail, Stephanie Rosa (CDC PHAP, Health Equity Fellow), Carly Lovallo (CDC PHAP, Health Equity Fellow), Meredith Cooney (CDC PHAP, Tribal Health Fellow), Mary Manning (Health Improvement Bureau Assistant Commissioner), Kathy Denman-Wilke, Sara Chute (Center for Health Equity, Associate Director), Mary Manning (Health Improvement Bureau, Assistant Commissioner), Chelsie Huntley (Community Health Division, Director), Chris Taylor (Governor's Office, Chief Inclusion Officer), Migdalia Loyola (MN Governor's Office, Deputy Chief of Staff for Public Engagement), Michelle Manivel (MN Governor's Office, Public Engagement Aide)

Community Members: Hadija Steen Mills (Healthcare Reparations Cooperative)

Announcing the Center for Health Equity (CHE) Director

Mary Manning and Dr. Halkeno Tura

Mary Manning introduced Dr. Halkeno Turo and explained that the process to hire a new CHE Director was driven by community and engaged HEAL throughout.

Dr. Halkeno Tura stated that he has over 15 years of professional experience in managing public health programs in the US and abroad. He has worked as an independent research consultant for local and international organizations and researchers in several public health program implementation and evaluation related topics as well as in research data analysis. He has conducted public health research in the sustainability of the use of community health workers, maternal and child health service utilization, the intersectionality of gender and health, intimate partner violence and access to health, and the role of social capital in disaster preparedness.

Throughout his professional career, Dr. Tura designed, implemented, and evaluated community-based public health programs and has successfully managed multi-million US government, private, and foundation grants. He has extensive experience in implementing and managing health equity initiatives, health equity impact assessment, and mobilizing stakeholders to work together to address social determinants of health among low-income families, immigrant, and refugee communities. During the past three years, he held positions as Director of refugee health programs with Ethnic Minorities of Burma Advocacy and Resource Center and Deputy Director of Public Health for the Black Hawk County Health Department in Iowa.

HEAL Business

MDH Forecasting through the end of 2021

Commissioner Jan Malcolm

Commissioner Malcolm described the toll the COVID response has had on MDH. It is taking much longer than anticipated to get staff back to their “before time” work because of the surge. There are also several staffing crises to contend with; MDH is severely understaffed with 500 open positions, and the healthcare system overall is experiencing a dire staffing shortage that is impacting all sectors. MDH has made some progress on the deliverables discussed at the HEAL meeting in July but not as much as was hoped for because of these challenges. MDH is making progress toward equitably filling positions. Dr. Tura has just begun his tenure as CHE Director, and everyone is thrilled to have him join the team. Dr. Chomilo will continue his incredible work with MDH but in a limited capacity. MDH is looking into recruiting someone to take over Dr. Chomilo’s work. Some progress has been made on data disaggregation. Disability status has been added to data collection as a need and a data collection standard will be established and published before the end of the year. HEAL will help review that standard as it is being developed. No progress has been made on the Racial Equity Action Plan or Strategic Plan due to staffing. I-HEALTH is being reconstituted and reengaged.

Assistant Commissioner Mary Manning stated that the hope for the Racial Equity Plan is to engage HEAL and I-HEALTH as well as use metrics that the Governor’s Office is currently creating. MDH is currently on target for the goals and objectives around training managers and supervisors in Racism 101 and Historical Trauma. While recruiting is happening slower than anticipated, hiring has been very deliberate and efforts toward creating a more diverse workforce have been fruitful.

CHE Assistant Director Sara Chute discussed the progress made on the CDC Health Disparities Grant objectives and that data is a key piece. It is a great accomplishment to have added disability status, SOGI, race and ethnicity to data collection. Work is moving slowly, but the structure in place is good and work has begun in different areas such as posting job openings and planning projects by starting with strategic conversations with

MDH and community partners. In all the work, it is very important to work with all communities most impacted and to lead with race.

Community Engagement Unit Supervisor Jeanette Raymond stated that there is work being done on networks grant and the hiring process will begin soon (communications coaches will be hired from the community). This grant will focus on weaving together existing equity networks/organizations across the state to create systems change by building capacity at local and regional levels. HEAL will be asked to help provide information on networks around the state, which will ultimately assist with the connection process. Within this larger network, MDH will function as the backbone and can provide training and technical assistance to members.

Health Equity Planner Amy Lopez stated, about the CDC Health Disparities grant, that work plans are undergoing refinement, the quarterly report is being put together, and staff positions have been posted for hire.

Defining Equity (Breakout Sessions)

Dr. Jokho Farah described that the breakout sessions will focus on building an understanding of what *equity* means, across the agency and beyond. Amy Lopez shared CHE's current definition of health equity.

Themes/Comments shared

- Groups discussed the history and context of the definition. The report this definition is pulled from was written in 2013 and published in 2014.
- There was conversation around the term *opportunity* and what it means to have equitable opportunities. In one group, the term *opportunity* evolved into a discussion around access and outcomes. It was agreed that terms should point to action over passivity.
- There was discussion around drivers of inequities (i.e., “isms” and homophobia, etc.). Many explored what inequities lie beyond structural inequities, and what it looks like to achieve and sustain equity? Where does political change play a role and who decides what full health potential means? Health potential does not start at the same place for everyone (i.e., American Indian life expectancy). Suggestion to add words *systemic* and *structural* to the definition. How do we get to a place of optimal health for all communities?
- It is imperative to include healing/repairing past harm because there will still be historical trauma and bias shadowing this work, even when systems adjust for inequities.
- There was discussion around how the World Health Organization (WHO) defines health inequity (“systematic differences in the health status of different population groups.” This means that certain groups experience worse health and increased difficulty accessing healthcare as a result of the systems that influence their lives) ([Health equity: Definition, examples, and action \(medicalnewstoday.com\)](https://www.medicalnewstoday.com/articles/health-equity-definition-examples-and-action)).
- Groups discussed the meaning or use of other language. For instance, the language around *belonging* has evolved in the equity sector. There was agreement to discuss systems change

to embrace all people. The term *health* often implies physical health, and it is important to make clear that health and wellness extends to a sense of meaning and belonging. The definition should also be extended to include language that focuses on all areas of health, such as education, public transportation, access to food, and other social determinants of health.

- With more intersectionality, more people are impacted by inequities.

Updates

SOGI data concerns to Governor's Office

Chris Taylor, Chief Inclusion Officer, Governor's Office

The Office of Inclusion and Equity (OIE) is working to collect SOGI data by adding questions to the employee engagement survey and will continue to do so in the future. OIE and allies would like to add these questions to surveys agencies conduct, and they can support agencies in doing so. OIE did not disaggregate by agency when analyzing data (protections put in place to protect individuals' identities). Additionally, the state does not ask employees to self-identify, and they would need to do so to capture SOGI data within each agency. OIE has not figured out how to collect data from people who do not work within the enterprise.

A concern was raised around disaggregated data not being shared back with agencies (for recruitment, for example). Mr. Taylor stated that culture work needs to happen throughout the enterprise in order to address that (i.e., staff need to be okay with the state knowing that information and the state needs to be able to combat stigma). OIE is trying to balance tensions. There is more that needs to be done outside of race/ethnicity work to address the many dimensions of culture and equity (i.e., different needs come with different identities). OIE is working to uncover universal factors around consistently reporting equity work.

MDH underscored Chris' comments. MDH has included SOGI questions in employee engagement surveys. The numbers are too small to analyze at present and parallel cultural work needs to take place (for example, a percentage of respondents do not answer the SOGI questions due to concerns around being identified).

Sara Chute shared COVID specific updates, including:

- Working on a broader disaggregated standard and inventory across MDH. We have SOGI data as COVID data collection efforts, with testing, Case Investigation and Contact Tracing (CICT), and vaccine.
- COVID reports focused on social vulnerability index, hospital and death rates.
- Testing team, CICT team, and community vaccination teams will provide a more granular update in future HEAL meeting.

HEAL membership

HEAL Co-Chair(s), Dr. Jokho Farah

Dr. Farah stated that the term is ending soon. If HEAL members are interested in extending another term, please contact the Co-Chairs via email. Sooner is better for accuracy regarding the number to recruit.

State Action Team Update

Dr. Laurelle Myhra and Jeremy Hanson Willis

Dr. Myhra shared that Chris Taylor presented recommendations to the One Minnesota Council and asked for support on an ongoing basis. The plan is to continue the work of the State Action Team within the Community Council whose goal is to develop a strategic plan for racial equity. The Community Council is a good fit to implement recommendations. A number of recommendations are already in place or are on track to be in place soon.

Statewide Health Assessment

Cassie Stephan and Jeannette Raymond

Discussion was tabled until the next meeting.

Announcements

MDH Updates/Announcements

None.

HEAL Council Member Updates/Announcements

None.

Public Comment

None.

Action items/Questions to be raised at next meeting

None.

MEETING ADJOURNED AT 2:04PM

Next Meeting

HEAL COUNCIL MEETING SUMMARY

Date: November 19, 2021, Time: 12:00pm – 2:00pm, Location: Zoom meeting

<https://us02web.zoom.us/j/89424858824?pwd=NVhSangyNGc1Nkk0a242VmUzOU1Zdz09>