

memo

HEAL COUNCIL MEMO

DATE: January 29, 2019

TO: Commissioner Jan Malcolm

FROM: MDH Health Equity Advisory and Leadership (HEAL) Council

SUBJECT: The Future of Health Equity Work at MDH

Greetings Commissioner Malcolm,

The Health Equity Advisory and Leadership (HEAL) Council would like to thank you for your leadership in promoting health equity within the Minnesota Department of Health (MDH) and externally with partners and communities. We are grateful for the tone set by both you and Commissioner Ehlinger and for the work the agency has done to advance health equity and embed it into the culture of the agency.

The HEAL Council was created to support MDH in advancing health equity to ensure that “all communities are thriving and all people have what they need to be healthy” (MDH Vision). As MDH prepares for the next administration, HEAL looks forward to working closely with MDH leadership to ensure this important work continues. It is our shared goal and priority to improve the health and wellbeing of **communities most impacted by health inequities** (CMI), as we also represent these communities. HEAL is made up of 25 leaders from across the state representing diverse geographies, racial and ethnic groups, American Indian Tribes, sexual orientation and gender identities, disability communities, faith traditions and more. HEAL also represents multiple institutions, organizations and networks statewide. We know all too well the heavy impact health inequities have on our communities. Together, we write this memo to you and the incoming administration.

Since our founding in January 2018, we have worked closely with MDH leadership to understand both the opportunities and challenges for advancing health equity within MDH and the community. Based on our years of collective experience, deep knowledge and commitment to our communities, and our assessment of MDH strategies and programs, this memo highlights three top priorities to address health inequity bring to your attention and the attention of the next administration: 1) Data Practices, 2) Community Engagement, and 3) Systems Change.

HEAL COUNCIL PRIORITIES

DATA PRACTICES

The HEAL Council has identified inclusive data collection practices as a priority for advancing health equity at MDH. Inclusive data practices mean that when MDH collects data, the data collection, analysis, and dissemination is informed by the communities whose data has been collected and aligns with community priorities and needs and has been culturally informed.

Key Data Practice Issues MDH Must Address:

- **Lack of agency-wide data standards or guidance** - There are currently no agency-wide data standards or guidance on data collection regarding race, ethnicity, language, sexual orientation or gender identity. In order to achieve health equity, there must be standardized measures specific to CMI that will allow for a more robust understanding of what is happening in different communities within larger aggregated groups (example: differences in health outcomes and social determinants as they apply to ethnic groups with a racial category, like the difference that may arise between Southeast Asian groups like Hmong and Lao and Vietnamese when they are lumped within Asian and Pacific Islander). Standardized measures have the potential to provide deeper analyses of health equity issues in communities. Long-term these measures can promote systems change across the agency.
- **Lack of disaggregated data** - Due to a lack of disaggregated data, many communities impacted by health inequities have little meaningful data to describe what is happening in their communities. A robust narrative would include health outcomes and social determinants of health impacting community members' health through use of data sets that are disaggregated in meaningful ways for communities of color, American Indian communities, LGBTQ communities, disability communities, and rural communities. Data disaggregation is an important tool for communities as it helps them to be able to tell their stories about what is happening and is a tool for civic engagement, planning, fund development, and creating community transformation.
- **Disparate community-driven data and decision making** - There is inconsistency in whether divisions and programs across MDH partner and engage with communities in data collection, analysis, and dissemination. It is essential to recognize and acknowledge the historical harm that institutions have had on communities regarding science, experimentation, and data that have led to community mistrust and trauma. Likewise, funding that is earmarked for community specific issues has not always entered communities in a way that is useful. This has led to a number of questions regarding the allocation of funding to communities most impacted, which we would like MDH to respond to:
 - 1) Are financial resources for research and data collection going to communities most impacted by health inequities?

HEAL COUNCIL MEMO

- 2) How does MDH respond when identifying disparities based on the data (For example, are resources allocated/sought to address the disparities?)
- 3) How is collected community data shared and analyzed *with* that participating community before reports are issued or policy or program decisions are made?

HEAL Council Data Practice Recommendations:

- HEAL recommends that MDH **create a plan and action steps for implementing standards on data collection, data analysis and data dissemination across the agency in 2019**. Within this plan, agency-wide data disaggregation standards are needed, specifically regarding race, ethnicity, and language (REL), sexual orientation and gender identity (SOGI), disability status, and social determinants of health.
- HEAL recommends that **an agency-wide process is created and implemented for when MDH identifies disparities through its data or surveillance**. Within this process, 1) the data is promptly shared and co-analyzed *with* the community impacted by the disparities and 2) that resources are allocated to address the disparity, as informed by those community's needs and solutions generated from the community impacted.
- HEAL recommends that MDH **develop data sharing protocols and standards within MDH divisions and across other agencies** (Department of Human Services, city and county public health, academic institutions, community agencies, hospital systems, federal agencies, etc.) in order to streamline and encourage the sharing and analyzing of data on communities most impacted by health inequities. For all of these recommendations, HEAL strongly emphasizes the need for communities most impacted to be involved in the creation and review of these data protocols and standards.

COMMUNITY ENGAGEMENT

The HEAL Council views community engagement strategies as a crucial way to rebuild trust and relationships with communities most impacted by health inequities, and encourages MDH to listen authentically to and partner with communities on all initiatives that impact the health of CMI. The Centers of Disease Control define community engagement as “the process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting the wellbeing of those people.” They recommend being clear about the populations/communities to be engaged and the goals of the effort; knowing the community, including its economic condition, political structure, norms, history, and experience with engagement efforts; and going into the community to build trust and relationships and to seek commitments from formal and informal leadership (CDC Principles of Community Engagement, 1997). The council has reviewed MDH’s community engagement plan and supports the current strategies around 1) MDH implementing a community engagement plan, 2) MDH partnering with and

strengthening the capacity of CMI, and 3) MDH aligning its advisory committees' structures, membership, and process to advance health equity.

Key Community Engagement Issues MDH Must Address:

- **Community Engagement Processes and Procedures**- MDH is consistently gathering information in community settings, and gathering data about communities most impacted by health inequities. While there are community engagement trainings and recommendations, there does not seem to be an agency-wide community engagement process that employees can turn to that dilates issues like checking back with communities and how MDH holds itself accountable to communities in the community engagement process. There also does not seem to be a process for sharing recommendations and information back with communities, and generally the process and procedures do not seem to be well documented and shared thus creating a lack of clarity throughout the agency.
- **Shared power and decision making** - The council also observed that there is a lack of shared power and decision making between MDH and community partners. MDH does not have a shared definition for shared power and decision making with community partners as it relates to working with communities impacted by health inequities. Some steps towards sharing power and listening authentically to CMI are:
 - Trying to diversify MDH councils/boards to make active effort not to tokenize individuals, and being intentional about invitations, as well as, consciously building capacity of community members and intentionally retaining them
 - Planning for intentionally and getting community members to attend meetings to advise and partner on a diverse array of initiatives across the department
 - Having the community frame and control their narrative and allowing them to define it and having a process for how community impacts the narrative about what creates health
 - Being intentional about diversifying MDH leadership and staff and hiring and retaining CMI community members

HEAL Council Community Engagement Recommendations:

- Establish MDH agency-wide processes and procedures that promote accountability when engaging with CMI at the beginning, middle and end of a community engagement process. This could include the “Principles for Authentic Engagement” developed by Public Health Practice, and additionally:
 - Clear statements of intention and need from community as it relates to the initiative
 - Clear statements as to how MDH will engage community throughout the process and after the process
 - Clear statements as to how a community may benefit or may be impacted by a process, including what types of information will be solicited and then given back in the form of community generated data

HEAL COUNCIL MEMO

- Promote community engagement processes that are more accessible for CMI, which includes budgeting for stipends and/or childcare, transportation assistance for community members to be able to attend advisory meetings, hosting meetings in community spaces, and contracting with community organizers to host meetings
- Institute an agency-wide understanding of shared power and decision making that can also be applied in multi-sectoral spaces and other government agencies in order to create more authentic engagement and decision making with CMI.
- Create a metric standard in order to measure the longitudinal impact and upstream investment of engaging in community while using best practices
- Build understanding at MDH of how to leverage institutional power to take a stance in difficult situations that impact CMI and make sure that public health prioritizes health in all policies and making policy decisions using an equity analysis tool.
- Coordinate statewide community engagement strategies that will bring together multiple levels of government and different sectors that serve CMI to share power and decision making as it relates to policies and decisions that impact CMI health.

SYSTEMS-LEVEL CHANGE

Systems-level change is necessary to move the dial on health equity and create sustainable, long-term impact. Systems that regularly and intentionally evaluate policies and practices through an equity lens are better equipped to respond when inequities are identified. The HEAL council identified key areas that require ongoing evaluation and improvement plans with accountability measures.

Key Systems-Level Issues MDH Must Address:

- **Workforce development** - A workforce that is deeply passionate, connected, and committed to health equity for those who suffer the greatest disparities is essential. This requires a commitment to regularly scheduled reviews of recruitment, hiring, promotion, and retention policies and practices.
- **Training** - Current efforts are being made to provide internal training on health and racial equity across MDH. However, more rigorous evaluation of the efficacy and impact is needed. Baseline data, collected from the employee engagement tools, must be assessed to determine whether behavior change is happening, to what extent, and to measure the impact therein.
- **Funding** - The Council noticed that there are not clear mechanisms to communicate who is awarded funding in CMIs and transparency in sharing with communities who has been awarded funding via different funding streams and what funding opportunities are available, particularly that will prioritize CMIs and advancing health equity.

HEAL COUNCIL MEMO

- **Navigating MDH** - It continues to be difficult for CMI to navigate MDH as an institution. Issues such as an inability to find contact people for programs and deciphering which division is responsible for handling issues and resolutions continue to be issues.

HEAL Council Systems-Level Recommendations:

1. Encourage transparency and working across departmental silos, across sectors, and across other government agencies.
2. Make workforce data and trends publicly available by demographic (e.g., race/ethnicity, sexual orientation, gender identity, disability status, etc.) and report trends over time regarding hiring, retention, recruitment, promotion and dismissal.
3. The regularly scheduled reviews of recruitment, hiring, promotion, and retention policies and practices to be developed and filtered with a social justice and equity lens. We encourage the administration to lean on the HEAL Council to help partner on what this looks like for MDH, including adding questions to the hiring process about bias and how the candidate will incorporate and champion equity into their work plan.
4. Establish departmental goals related to health equity (based on baseline data, collected from employee engagement tools) and evaluation measures with accountability for all MDH employees including MDH leadership.
5. Incorporate health equity as a responsibility in job descriptions. The employee's evaluation/performance review their ability to advance health equity. This process shall be streamline throughout the entire agency, and this should include expectations about staff development and training related to bias.
6. Assign resources: financial, human and otherwise, to health equity initiatives with the end goal of an organizational culture shift to increase intercultural competency and mindfulness.
7. Better communication, coordination and accountability from MDH to communities throughout community engagement processes to decrease the likelihood that communities are confused about how to access decision makers, services, and other important information.
8. Expand and create publicly accessible information on grantmaking at MDH so that communities most impacted can readily access information about who is receiving funding, for what health issues, and what work needs to be done to ensure equity in grantmaking.
9. For accountability and to set realistic goals and identify quality improvement measures, baseline data will need to be collected. Departments should identify areas for improvement (based on data or known issues) in areas of health equity and identify champion(s) to lead this work, report on progress and modify goals over time. Division directors will report on status of health equity initiatives (against established goals) and efforts to Executive Office and I-HEALTH. A strategy to disseminate and share this information will contribute to cross departmental collaboration and greater agency level impact.

HEAL COUNCIL MEMO

HEAL would like to extend our gratitude to you and MDH leadership and staff for their thoughtful leadership and movement on health equity initiatives across the agency. As a next step, HEAL members would like to meet with you by March 31, 2019 to discuss how to implement the above recommendations and best support MDH during this new administration. HEAL Co-Chairs Va Yang and Dr. Jokho Farah will follow up with you to schedule this meeting.

We know that advancing health equity is a long-term effort, and the HEAL Council and communities stand with MDH in its efforts to make Minnesota more equitable for our current residents and for future generations to come. We look forward to continued partnership with MDH as we collectively work to ensure all communities in Minnesota thrive.

Signed - HEAL Council Members:

Dr. Jokho Farah, HEAL Co-Chair

Va Yang, HEAL Co-Chair

Ruth Richardson, HEAL Council Member

Dr. Abiola Abu-Bakr, HEAL Council Member

Dr. Rachel Hardeman, HEAL Council Member

Sameerah Bilal, HEAL Council Member

Dr. Felicia Washington Sy, HEAL Council Member

Dr. Tamiko Morgan, HEAL Council Member

Samuel Moose, HEAL Council Member

Darin Prescott, HEAL Council Member

Malissia Jones, HEAL Council Member

Melanie Plucinski, HEAL Council Member

Laurelle Myhra, HEAL Council Member

Migdalia Loyola, HEAL Council Member

Carlos Guereca, HEAL Council Member

Camille Cyprian, HEAL Council Member

Therese Genis, HEAL Council Member

Cassandra Silveira, HEAL Council Member

Jennifer Nguyen Moore, HEAL Council Member

Joann Usher, HEAL Council Member

Alexandra Griffin, HEAL Council Member

Dr. Dylan Galos, HEAL Council Member

Houa Moua, HEAL Council Member

Appendix A

About the HEAL Council

The HEAL Council was created in January 2018 as part of a broader effort by the MDH to address Minnesota's disparities in health status – particularly those persistent disparities across various ethnic, racial and regional groups. The HEAL Council members represents the voices of many communities most severely impacted by health inequities across the state, including racial and ethnic minority groups, rural Minnesotans, Minnesotans with disabilities, American Indians, LGBTQ community members, refugees and immigrants.

HEAL COUNCIL MISSION, VISION, VALUES

Adopted September 2018

VISION

The MDH HEAL Council envisions a Minnesota where health equity is experienced by all, and communities most impacted by historical trauma, structural oppression and health inequities can control and contribute to their own futures.

MISSION

The MDH HEAL Council's mission is to be a guiding body that works collaboratively with MDH to create sustainable action for systems and policy changes that advance health equity for all communities.

PURPOSE

The purpose of the HEAL Council is to eliminate health disparities, name and address institutionalized structural racism and other social, economic, and environmental injustices that create health inequities.

VALUES

1. We value sustainable solutions and action.
2. We value transparency and accountability.
3. We value diversity, equity, intersectionality and justice.
4. We value experience, practice, and knowledge.
5. We value community engagement and participation.
6. We embrace that this work is complex, which includes ambiguity and tension.

HEAL Council Accomplishments

- HEAL met six times in 2018 (bi-monthly), dedicating over 30 hours per member to the Council (over 750 volunteer hours).
- HEAL members advised on several MDH initiatives and projects, including:
 - MDH's 2015-2019 Strategic Plan and Work Plan
 - Center for Health Equity Eliminating Health Disparities Initiative Request for Proposals review
 - Advised MDH Equity in Grants workgroup on draft documents to be implemented agency-wide
 - Center for Health Equity's Health Equity Coaching Initiatives
 - MDH SQRMS data collection efforts and metrics
 - Results from the MDH Employee Survey
- The HEAL council co-chairs have worked with I-HEALTH (internal health equity leadership council of MDH) to streamline efforts and align the work of the councils.
- The HEAL Council has drafted and adopted internal governance structures including mission, vision, values, purpose, decision making, and council member roles.
- The HEAL Council has spoken with Commissioner Malcolm about the importance of health equity work across the department