



Minutes of the January 11, 2008
Office of Health Improvement
Minority Health Advisory Council (MHAC) Retreat
9:00 a.m. – 2:00 p.m.

Members Attending:

George Rust, M.D., Co-Chair
D. Ann Travis Honeycutt, M.D., Co-Chair
Jaime Altamirano, M.D.
Pamela Craft
Katherine Cummings
Chaiwon Kim
Mel Lindsey
Sonia Alvarez-Robinson (*Facilitator*)

DCH Staff Attending:

James T. Peoples, Executive Director
Kristal Ammons
Mae Bowden
Lynn Christian
Harold Young
Edgar Angulo

Members Absent:

Juanita Cone, M.D.
Orlin Marquez
Dan Salinas, M.D.
Tish Towns

The Office of Health Improvement held its first Minority Health Advisory Council (MHAC) Retreat Friday, January 11, 2008 at the Morehouse School of Medicine's National Center for Primary Care. Council Member Sonia Alvarez-Robinson served as Facilitator. The meeting was called to order at 9:30 a.m. by Co-Chairperson George Rust who asked James Peoples to give the *Welcome and Overview*.

James began the meeting by first of all telling members how pleased Commissioner Medows is with the progress of the report and the work that the Council is doing. He stated that this report is the single most positive product coming from the Department of Community Health. He gave special thanks to Dr. George Rust and the Morehouse School of Medicine's National Center for Primary Care for the use of the facility, and for their diligent work in assisting with the data research, calculations and county level information for the report. James also thanked Sonia Robinson for agreeing to facilitate the retreat.

Dr. Rust gave an overview included making decisions on the final output of the report, discuss the marketing plan and what we are going to do with the report once it has been published and the recommendations for closing the gaps.

Sonia Alvarez Robinson reiterated the two major focus points of today's retreat; 1) data and how we present it; and 2) what do we do with it or what are the recommendations that will result from it.

Dr. Rust then referred the "County Health Disparities Indicators --- Variables & Sources of Data (Attachment A) sheet he distributed to members. He tried to show what data the MHAC could identify on the county level and what data could not be identified. For example, smoking rates are not available by county levels. Other information we have at the county level is only good for black/white. Other ethnic backgrounds, such as Hispanic/Latino, Asian, are captured poorly on the county level. Dr. Rust stated that because of that, should we have special pages in the report for those kinds of indicators that would focus on those other ethnic groups rather than have nothing at all? He wanted members to think about that and come up with a conclusion..

Dr. Rust stated that some of the workforce data is good at the state level. To get the county level is too time consuming at the moment. Kristal Ammons will follow up with Ben Robinson regarding the workforce data.

Dr. Rust then referred members to the "Defining the Grades" (Attachment B) document, back of the page. This document gave an example of the how the counties could be graded. Dr. Rust suggested using the A-F grading system. The document provided to members lists the grades along with the explanation used. After much discussion of this particular document and realizing the potential lack of information, hopefully the document will promote much conversation statewide.

Sonia Robinson's discussion results and recommendations:

Data Analysis/Calculations for groups with smaller population size – no data

Option: Sections focused on health outcomes and equality in those populations.

- **Find population level where an analysis could be conducted (e.g. msa, rural, metro Atl, etc.)**
- **Be more specific and descriptive about diversity within each racial/ethnic group**
- **Can focus on geographic areas where concentrated**

Also for county level: grades

Include listing in data table even when you put * or not available

Table by group only; including counties where those groups are

Statewide Data – health behavior

- **Include all groups**
Table by group only; including counties where those groups are
- **Simple, Consistent**
- **Comparison counties – MSA, rural/metro**

Statewide & Local/County

Possible action/recommendation focused on specific disparity-next step to start addressing the disparity.

Appendix total disparity

Macro: (recommendations)

- ✓ **Invest in programs/initiatives to eliminate racial and ethnic health disparities**
- ✓ **Commit to and budget for measuring disparities at local level for all racial and ethnic groups (improve data collection)**
- ✓ **Promote and support community organizations; collaborate with communities, support leadership and fund those communities**
- ✓ **Public policies**
- ✓ **Best practices**
- ✓ **Build support and fully utilize a diverse workforce**
- ✓ **Monitor progress and engage**
- ✓ **Accountability and ownership**
- ✓ **Know the disparities in your community; focus on and target services to populations with health disparities, assuring that services are provided in a culturally competent manner**
- ✓ **Convene diverse partners i.e., business, counties, foundations, , and civic planning organizations/agencies**

Promotoras across groups

Have state, district health departments and counties submit a strategic plan for eliminating health disparities

Assess role in the elimination of health disparities. Consider a broad comprehensive approach by implementing policies and strategies that support community development and social justice. (CO)

Develop and use innovative outreach and service delivery models to reach the medically under-served in disenfranchised communities, such as mobile health care vans, school-based health centers and storefront service locations (CO)