

**Minutes of the December 8, 2006 Meeting of the  
Office of Health Improvement  
*Minority Health Advisory Council (MHAC)*  
10:00 a.m. - Atlanta, Georgia**

**Members Attending:**

Jaime Altamirano, M.D.  
Juanita Cone, M.D.  
Katherine Cummings  
Mel Lindsey  
Sonia Alvarez-Robinson (via telephone)  
Pamela Craft  
Chaiwon Kim (Yotin Srivanjarean attending for)  
Orlin Marquez  
George Rust, M.D.  
Dan Salinas, M.D. (Dr. Alonzo White attending for)  
D. Ann Travis Honeycutt, M.D.

**Members Absent:**

Tish Towns

**DCH Staff Attending:**

Commissioner Rhonda Medows  
Debbie Hall  
James T. Peoples  
Mae Bowden  
Lynn Christian  
Paulette Poole  
Lisa Marie Kuczarski  
Kristal Ammons

**Guests**

Vera White, National OMH  
U.S. *Department of Health &  
Human Services*

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The Office of Health Improvement held its inaugural Minority Health Advisory Council meeting on December 8, 2006, at the Department of Community Health (DCH) in Atlanta, Georgia. New council member appointments were made by Dr. Rhonda M. Medows, DCH Commissioner. Members were given folders that included the Department's structure, an overview of the Office of Health Improvement to include the Office of Minority Health, a list of Minority Health Council responsibilities, as well as statistical information on Georgia's 42nd ranking in America's Health Rankings provided by United Health Foundation. A copy of the Agenda and List of Attendees are attached hereto and made official parts of these Minutes as **Attachments #1 and #2**.

The meeting was called to order at 10:10 a.m. by Commissioner Rhonda Medows, who introduced herself and welcomed the newly appointed members. Commissioner Medows talked about her passion to reduce and/or eliminate health disparities among minority populations and her expectations from the Advisory Council. Commissioner Medows strongly emphasized to the members that the task ahead is not going to be easy and that she will need their help.

A major portion of the Commissioner's strategic plan is advocating for the healthcare consumer, and partnering with other organizations whose goals/mission are in concert with DCH. Also ensuring *at least* low-income children have the right and receipt of healthcare and healthcare coverage. Specifically, Commissioner Medows spoke briefly about the congressional battle regarding funding for the *PeachCare for Kids* program. The Department must have an

additional \$131,000,000 to continue healthcare coverage for low-income children up until the next federal fiscal year which starts in October 2007.

Dr. Medows sees the Council as an outcome oriented group. To help with that, she is asking them to address **three major** areas, believed to be critical to getting things accomplished, when setting goals for the Council:

- 1) Education (include the Community, general public, healthcare consumers and the healthcare community at large). Make sure these provider associations and the local community recognize the role that health care disparities play in health outcomes of the populations.
- 2) Action (actually getting out and helping those with action (support, advocate, etc.), and develop community based actions that support our overall mission; and,
- 3) Funding/Building Strategy (we MUST HAVE funding and future strategies that include financial partnerships utilizing grants, foundation support and state funding. It is going to take the private and public sector commitment working with us.

Dr. Medows expects and requests that the work of the Council be acknowledged thru the Department's website, including meeting notices, reports generated by the Council, and other pertinent information related to our work. Dr. Medows feel that it is important that people know that you are doing something so that they can work with you to get things accomplished.

The floor was then handed to James Peoples, OHI Interim Executive Director, who asked Council members and DCH Staff to introduce themselves and tell a little about their work and who they represent (please see **Attachment #3**, List of Council Members). Members expressed their appreciation to serve on the Minority Health Council.

James Peoples then introduced Debbie Hall, Chief Operating Officer, who expressed her support to the Council and looks forward to working with them.

Vera White, Program Analyst for the National Office of Minority Health, U.S. Department of Health & Human Services (DHHS) greeted Council members on behalf of Dr. Arlene Lester, Regional Minority Health Consultant for Region IV-Office of Minority Health, DHHS. Ms. White thanked members for their future hard work and offered support on behalf of DHHS as needed. She also informed members that the DHHS is currently developing the national action agenda, which is a blueprint for the nation to eliminate health disparities. This information will be provided to the Council.

Kristal Ammons, OHI Program Consultant II, presented a brief history on the beginning of OMH which was housed under the auspices of the Department of Human Resources from 1991 to 1999. Following its transfer to the DCH, several programs and initiatives were developed to include:

- 1) Health Education and Awareness initiatives (health disparities reports, Lifeline to Health Radio, diabetes initiatives, SIDS;
- 2) Language Access;
- 3) GRACE (Georgia's Response to Addressing Cultural Competence and Equity in Healthcare);

- 4) Eliminating Health Disparities Grants;
- 5) Georgia Breast Cancer License Tag Fund; and
- 6) HIV/AIDS TAKE (Take Action, Keep Educated) Project.

Council Member Katherine Cummings was interested in the “LifeLine to Health Radio” and its status. Ms. Ammons added that that particular initiative has been discontinued. Mr. Peoples stated that the Department may look into offering that service again. Ms. Cummings agreed and stated that Georgia Public Radio is making a concerted effort to do healthcare coverage and is eager to work with various groups.

Ms. Ammons gave members a brief overview of the HIV/AIDS TAKE Project, which will include the development of a statewide Community of Practice (see **Attachment #4**).

Mr. Peoples briefly discussed organizational requirements for the Council and responsibilities, the structure of the Department of Community Health, and the various programs it is responsible for. One program discussed was the Georgia Volunteer Health Care Program. This program began in 2005 and offers Sovereign Immunity (SI) protection to uncompensated, licensed health care professionals while they provide donated care to eligible patients.

Dr. D. Ann Travis Honeycutt asked is there was a difference in this program and the Georgia Free Clinic Network. Mr. Peoples stated that the two are different and one specific difference is the sovereign immunity. Staff provided a fact sheet to members that included more details on the program. Mr. Peoples also stated that he would forward a copy of the legislation (HB 166) to Council Members and also invite Program Director Pauline Lindstrom to a future meeting to further discuss the program.

Mr. Peoples stated the top five DCH initiatives for 2007 which is important to know as the Council move forward with their work:

- 1) Medicaid Transformation;
- 2) Integrity of our Programs & Safety Net
- 3) Uninsured: Community Solutions;
- 4) Consumerism; and,
- 5) Health Improvement & Resolving Disparities.

Mr. Peoples reviewed some DCH demographics relating to Medicaid, Uninsured and Peachcare. Council Member Dr. Juanita Cone asked why the demographics for the Hispanic/Latino population were so low considering the number of migrants, legal and illegal. Mr. Peoples stated that in some cases, he believes that there may be more Hispanics/Latinos eligible but because of citizenship issues and the lack of awareness of programs offered contributes to the low statistics. Council Member Orlin Marquez agreed and further stated that the main issue is education. He has seen where Latino/Hispanic families who have children think that if the parent does not qualify for services then the children don't. Council Member Pamela Craft added that even though free screenings, education are being offered, many are afraid to take advantage of these programs and services because they are scared that they will be discovered and deported back to their homelands. She agrees that education is the key. Council Member Mel Lindsey also added that some of this fear is not unwarranted because the policies of eligibility are not that clear and what happens in terms of self reporting, etc. He further stated that the Georgia Public Policy

Institute conducted a study which showed that out of 300,000 uninsured, 80% of those would qualify for Medicaid or PeachCare IF they would only apply.

Council Member Dr. George Rust asked if data was available on the proportion of in take workers who are fluently bi-lingual and or the proportion of providers who are fluently bi-lingual. Mr. Marquez added that not only do we need workers/providers that are fluently bi-lingual but, are properly educated and kept abreast of the current changes and guidelines. He noted that many social workers are not informed of eligibility requirements, changes in policies, etc. Council Member Dr. Jaime Altamirano stated that we need to identify this type of data in order to really be effective and develop effective programs.

Mr. Peoples gave a brief overview of the Office of Health Improvement. He added that although each area (Minority Health, Women's Health and Men's Health) will have its own board, he would like to see a sub committee made up of 1 or 2 members from each board to strategize a retreat involving all boards. James Peoples identified that OHI will focus on the four major disparities in Georgia (diabetes, cardiovascular disease and stroke, HIV/AIDS and cancer).

Pamela Craft and Katherine Cummings requested that oral health and mental health issues be included in our overall work strategy for the Office of Health Improvement.

Mr. Peoples also informed Council members that OHI plans to sponsor health fairs across the state targeting various health issues affecting Georgia's citizens. Membership noted that often there is no data or results measuring the effectiveness of statewide health fairs and conferences, and that this may be an issue for the Council to address.

Mr. Peoples then led the Council in an exercise to develop guiding principles. These principles will be used to guide the Council in its deliberations. They also will be used to test the appropriateness of proposals, recommendations, ideas, etc. and serve as a philosophy of what the MHAC stands for.

Members came up with the following **MHAC Guiding Principles:**

- 1) Identify disparities, prioritize disparities and to transform them into effective programs;
- 2) Make sure that we listen to the Communities we serve;
- 3) Recognize that our criteria of health should be inclusive, and not limited to medical conditions;
- 4) Respect and be conscience of varied opinions/contributions from all Council Members;
- 5) Maintain a focus on improving health status and outcomes throughout Georgia;
- 6) Develop evidenced based interventions informed by data;
- 7) Be culturally sensitive;
- 8) Allow for diverse perspectives; and
- 9) Be realistic in our goals and objectives and recognize limitations.

Members were requested to e-mail Mr. Peoples with any additional guiding principles.

At the request of Commissioner Medows, members were asked to decide on a new mission statement for the MHAC. The new mission statement is understood to read as follows:

“To improve the health of all Georgians by eliminating health disparities and achieving health quality and equity for all”

Ideas were also discussed for the vision statement which will be determined at a later date.

Mr. Peoples recapped on critical points discussed during the meeting. He also asked members to determine the frequency of scheduled meetings. Members agreed to meet monthly for the first quarter and subsequently determine future meeting schedules. Mr. Peoples said that members will be contacted for meeting dates via e-mail which will be the primary source of communication. Also, a copy of the draft minutes will be distributed to members for their review before finalizing.

Although members voted Dr. George Rust as Chairman of the Minority Health Advisory Council, Dr. Rust prefers that there be further discussion at the next meeting.

There being no further business, the meeting was adjourned at 12:00 noon.

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**Items for DCH Staff Follow-Up**

- ✓ A copy of House Bill 166 will be sent to Council members (legislation regarding the Georgia Volunteer Health Care Program.
- ✓ A list of Minority Health organizations across Georgia.
- ✓ The issues of Oral Health and Mental Health will be included with OHI Program Initiatives.
- ✓ Sub-Committees to be developed on *Data, Strategic Planning* and possibly *Funding*.