

Cultural and Ethnic Communities Leadership Council (CECLC)

Community Relations
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Legislative Report

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I. Letter from the Chair

Since 2013, the Cultural and Ethnic Communities Leadership Council (CECLC) has worked closely, critically, and collaboratively with the Department of Human Services (DHS) to advance health and human services equity through systemic, policy, and practice changes. Minnesota is well known for its high quality of life and overall prosperity, but unfortunately that experience is not shared by all Minnesotans, especially our diverse cultural and ethnic communities that cut across all communities experiencing structural inequities. Look across our state, and you'll see gross inequities in education, housing, employment, and health. Clearly, this is not about isolated and inevitable social phenomena occurring randomly. Similar to chronic disease, CECLC recognizes that inequities are avoidable, preventable, unjust, and can be effectively addressed through community driven action and leadership. Though many factors impact these inequities within and beyond DHS's purview, CECLC diagnoses a root cause as inconsideration and devaluation of equity integration in core decision making. Therefore, we are squarely focused on root causes and solutions to embed equity at the center of key decisions within DHS's scope of work and functions. CECLC represents a legislatively charged and powerful set of community voices to offer equitable accountability, partnership, and recommendations to DHS.

I invite you to deeply grapple with this report's discovery and approach towards advancing equity. You'll notice a deliberate focus transforming agency culture, behavior, and priorities. We did this by urging DHS to adopt a comprehensive equity policy to embed equity within key decisions, such as leadership advancement, contracting, budgeting, policy analysis, and community engagement. The equity policy exemplifies a structural solution to a structural problem. In my visit to DHS's Senior Management Team last December, I expressed the need to change hearts, minds, and policies to actualize equity. We're not up against a programmatic problem, rather a pervasive absence of diverse cultural communities when priorities are being set and acted upon. To my knowledge, DHS ratified the country's first and boldest agency-wide equity policy. The real work, accountability mechanism, and opportunity is not in place to integrate equity. DHS leadership should be commended and I want to express gratitude for Commissioner Jesson, Chuck Johnson, Antonia Wilcoxon, and Anne Barry for ensuring equity principles are translated into substantive action and implementation.

None of this would be possible without the wisdom, resilience, and tenacity of CECLC members. Peruse our composition and you'll see the greatest equity impact are members themselves. CECLC members are serious change agents with intelligence, passion, and love for community. I believe that CECLC's implemented recommendations compounded with DHS's equity policy is a critical first step towards structural and intergenerational equity. I am humbled and emboldened among so many powerful community leader to eradicate disturbing inequities in our state. As a citizen and resident of Minnesota, lift this report up to offer critical thinking, accountability, and promise for more transformation. Hopeful with our progress, CECLC remains vigilant and relentless in its leadership and commitment to equity.

In solidarity,

Vayong Moua, Chair, Cultural and Ethnic Communities Leadership Council

II Executive Summary

The Minnesota Legislature established the Cultural and Ethnic Communities Leadership Council (CECLC) in 2013. The council's mandate, adjusted in 2015 (see page 6), is to advise the Commissioner of the Minnesota Department of Human Services on ways to understand and help close the significant gaps in health outcomes between most Minnesotans and the state's communities of color.

In this annual report we:

- Summarize our work in 2015
- Identify some the major problems and issues we see confronting racial and ethnic groups in accessing human services
- Recommend ways to address those issues
- Set objectives for the next biennium
- Review ways that programs, groups and grants are reducing disparities
- Discuss the creation of a new DHS administration (Community and Partner Relations) and its positive impact on our work.

Working with the new Community and Partner Relations Administration, we believe we helpfully shaped and encouraged the adoption of an internal DHS policy to promote more equity in hiring, contracting, and supply procurement. Together we also identified ways to engage more authentically with communities of color and consistently interpret any policy changes in light of disparities.

We worked more closely this year with health equity stakeholders. One important outcome of those conversations was our endorsement of revisions proposed by the Minnesota Department of Health regarding health care quality measurement data. These proposed revisions aim to increase the availability and usefulness of Race, Ethnicity, and Language (REL) data, specifically by disaggregating the data to allow for closer analysis of disparities in health outcomes.

All of this work moves us closer to effectively closing the critical gaps in access and outcomes for Minnesota's diverse communities.

III Legislation

Laws of Minnesota 2015, Chapter 78, Article 4, Section 50 [256.041] CULTURAL AND ETHNIC COMMUNITIES LEADERSHIP COUNCIL (Appendix I) amended as follows:

- Members appointed by the commissioner of human services serve for two years.
- The council expires on June 30, 2020.

IV Introduction

The Cultural and Ethnic Communities Leadership Council (CECLC) was initially established by the Minnesota Legislature under Laws of Minnesota 2013, chapter 107, article 2, section 1, and became effective August 1, 2013.

The council actively listens to people in communities experiencing health and human services access and outcome disparities, analyzes input from other sources, and advises the commissioner of the Minnesota Department of Human Services (DHS) on ways to address those disparities. The DHS Office of Community Relations supports the work of this volunteer council. The office consists of one director, one project manager, one Star of the North Fellow, and a policy analyst on loan from another division. This report is submitted to the Minnesota Legislature pursuant to Minnesota Statutes 2015, chapter 78, article 4, section 50, sub-division 8.11. This report was prepared by the Office of Community Relations with assistance from the Office of Agency Performance.

The council has five overarching goals. Details about each is provided in Appendix F. Section VI of this report. Section VIII of this report describes the council's plans to prioritize next steps.

A. Five CECLC goals

Awareness: To increase at DHS an awareness of the significance of inequities, their impact on the state's cultural populations and move to action to achieve equity.

Leadership: To strengthen relations among the council and state entity to promote clear and meaningful dialogue about equity in a government structure.

Community health and health systems: To enhance family wellness by ensuring that they receive collaborative care giving; they trust and are comfortable with their providers; they actively engage in their health care. Providers are capable and have appropriate resources to provide services that address complex needs, cultural beliefs, and practices are embedded in healing.

Culturally and linguistically competent service: To promote practices that make vendor selection rigorous to meet the needs of the community; there is transparent eligibility determination. Community-based organizations are partners and powerful allies supporting the health of their communities. Utilization of community health workers is the norm.

Research and evaluation: To change attitudes about data: data must explain the whole persons. Develop measurement strategies to best obtain most appropriate data with community-defined cultural and ethnic groups' input. Promotion of evidence-based research into practice, and use of community-based, participatory, research.

DHS is committed to addressing the recommendations and is undertaking a number of initiatives in alignment with the recommendations. Section VI of this report highlights key DHS initiatives matched to the CECLC recommendations they best align with.

Section IV.A includes work towards the **Leadership** goal. Section IV.C describes council participation in **Community health and health systems change** and **Research and evaluation** goals work outside the agency.

Sections IV.B and VII describe agency initiatives informed and addressing council work towards **Leadership** and **Culturally and linguistically competent service** goals.

V CECLC Work and Activities

A. Highlights for the period of February 2015 –December 2015:

Change in council leadership

Following the retirement of Council Chair Pam Cosby from the University of Minnesota, the council elected, and the commissioner appointed, Vayong Moua to chair the council.

Presentations to the council

Robert Lloyd, Health Program Quality Manager, and Karen Schirle, Health Care Research and Quality Director, presented findings of the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey. Council members discussed ways to capture the experience of communities of color receiving Medical Assistance. Council members were concerned with the high satisfaction ranking with Minnesota Health Care Programs (MHCP) for Minnesota as reported to the Center for Medicare and Medicaid Services (CMS).

Robert Lloyd presented four options that would allow DHS to better understand the disparities in health care access and outcomes experienced by cultural and ethnic communities. The options were:

- 1 Race/ethnic focus groups provide qualitative feedback
- 2 Clinic level provider survey about their cultural competencies
- 3 Enrollee survey to assess their Health Literacy & Limited English Proficiency (LEP)
- 4 Survey asking about consumer's experiences with cultural competencies. Replace some of the survey questions with cultural competencies questions, translated into target language

The council urged DHS to invest resources in options one and three.

Research participation

The Wilder Foundation presented “Speaking for Ourselves,” a research project on immigrant and refugee communities from Hmong, Somali, Liberian and Hispanic communities. The council was able to provide feedback on the research process.

Supporting agency learning: L-4 Team presentation and debrief

L-4 is a nine-month long leadership training for DHS employees in which participants choose an action learning project that they work on as a team, and intended to benefit and support the agency's mission.

Two L-4 teams chose Council's recommendations as an action learning project.

The first developed a manual for the Human Resources Division to guide its efforts in diverse hiring and development. (Sponsor: Human Resources Director Connie Jones); and the second team prepared a set of procedures to guide the Contracts division to increase the use of vendors governed by members of cultural and ethnic communities and other targeted groups. (Sponsor: Contracts Division Director Jay Brunner)

Policy Institute at Roy Wilkins Center Training, University of Minnesota

Council members attended the Roy Wilkins Center for Human Relations and Social Justice Health and Human Services Workshop in public policy, a three-day long lectures and discussion, tailored for the CECLC members working on equity issues. The Wilkins Community Fellows Program addresses structural causes of inequality and provides a framework for creating social change using two approaches: 1) Build the capacity of local community based organizations to use the tools of policy analysis; 2) Prepare leaders of communities of color to make their own cases for social change.

Course objectives:

- An introduction to policy analysis.
- An understanding of the basic concepts and terminology of policy analysis and
- An understanding of the strengths and weaknesses of alternative approaches to policy analysis.
- An emphasis of two key elements of policy analysis: problem structuring and recommendation.

Workshop takeaways:

- Purpose of evidence.
- Learning how to get people to listen to you to make a real change.
- All policy proposals have almost by nature a disparate impact on cultural and ethnic communities.
- Use cultural lenses early on in the conversation and admit it upfront.
- Encourage that we, as a council, be forthright and upfront in looking at policies.
- What was learned resonates with the work at DHS.
- How using the equity lenses make policies look very different, and realize how there is an equity impact to every policy.

April 2015 Healthcare Equity Leadership Institute

To celebrate National Minority Health Month, the council sponsored a daylong institute in partnership with the University of Minnesota Program in Health Disparities Research and Hennepin County Medical Center. Keynote speaker Dr. Joseph Betancourt, MD was impactful. Over half of event attendees were DHS employees and some were energized by the presentations. The event felt like a community organizing event. The reaction of attendees shows a real opportunity to shift culture at the agency.

Institute highlights:

- DHS Deputy Commissioners, Chuck Johnson and Anne Barry, were both in attendance
- There was a great dialogue among council members and staff at DHS.
- Presentations by the participants were powerful. A topic that stood-out as enlightening to DHS staff was presentations about current hiring practices.
- Recognition of Antonia Wilcoxon's leadership in advancing equity at DHS with years of work and communication internally which result in part in better

understanding of how community is interested in engaging with DHS. “From the very beginning of this work, we said that we can’t do work in the communities without the community. The voices of the people receiving the services are important and they matter,” Antonia Wilcoxon stated.

Recommendations to DHS leadership

In February 2015, members of the council attended a meeting of the DHS Executive Team to present the council’s recommendations. Members framed the meeting with the following stated goals:

1. The council hopes to have an influence on agency management and policy.
2. The council wants to identify 2-3 major priorities with a high impact to achieve equity at DHS.
3. The council endeavors to build partnerships and relationships over the long term to address management and policy challenges for equity work at multiple levels.

Legislative session monitoring

During the legislative session, the Council members tracked bills that were included in the Governor’s policy and budget proposals for DHS.

The council examined the preliminary recommendations of Child Protection Taskforce and legislative package to identify impact on racial disparities/inequities in Minnesota, and to start dialogue with DHS about why things are not improving faster. Members of the African American community Phyllis Sloan and Vivian Jenkins Nelson presented the recommendations from the African American group monitoring the work of the task force, which included a recommendation to utilize persons within the communities to work as navigators to support families around issues they are facing and increase supervision of all counties in regards to child protection. They also mentioned the fact that children with negative outcomes were part of Family Assessment System; and there is a movement towards moving children back into the formal Judicial System.

2015 bills of interest to the council:

- Human services commissioner required to study the disproportionate representation of black and Indian children in out-of-home placements (HF0828).
- Legislative audit commission health impact assessment program establishment (SF1671).
- Health disparities provisions modifications and appropriation; health equity data plan establishment [(REL) (SF0501, HF1208)].
- Mandated screening by sentencing guidelines commission for racial impact of legislation (SF0769, HF1610).
- Youth development and crime prevention program establishment and appropriation.
- Southeast Asian veterans culturally specific mental health services appropriation.
- Human services data provisions modifications (SF1434).

Strategic planning

In March, council members participated in a strategic planning session led by trainers who are also Hennepin County employees. The process focused on the following:

- Revisiting mission, vision and values of the council.
- Identifying resources needed for the equity work such as formally structuring council work; increasing health and human services training, funding and staffing.
- It was decided that the subcommittees had completed their tasks of refining the recommendations.
- A work plan was developed.

Council members presented at the Overcoming Racism conference at Metropolitan State University; council chair Vayong Moua and council member Titi Bediako participated in a panel discussion with Community Relations Director Antonia Wilcoxon and Deputy Commissioner Chuck Johnson on the CECLC.

Consultation with DHS senior management

On July 2015 the Community and Partner Relations Administration (CPR) was created by the Commissioner of Human Services to actively demonstrate the agency's commitment to the people served, its employees and partners. This affirmative commitment is in alignment with, and serves to demonstrate, the agency's values.

Assistant Commissioner Anne Barry and Director of Community Relations Antonia Wilcoxon in collaboration with DHS staff and members of cultural and ethnic communities have been working on equity and community engagement since 2010. Anne Barry and her leadership team have been working on the creation of a charter for her new administration "Charter of the Community and Partner Relations administration (CPR), to create, monitor, support and develop culture change across the entire DHS agency. The administration has four areas of concentration- Community Relations, County Relations, Office of Indian Affairs, and Equity and Performance Development. The goal is to advance a culture inside DHS that is accepting and warm, as well as keep at laser-sharp focus on equity.

Value driven goals of the new CPR administration:

Goal #1: Equity: The people we serve, employees, and partners are treated equitably and have access to opportunities that support their success.

Goal #2: Engagement: DHS develops and implements policies and programs with involvement of the people we serve, employees, and partners.

Goal #3: Accountability for results: DHS develops and implements policies and programs with involvement of the people we serve, employees, and partners.

Goal #4: Transparency: Information is shared regularly and openly with the people we serve, employees, and partners.

Goal #5: Diversity and inclusion: Diversity and inclusion are promoted and valued in the department's workforce and in all aspects of the agency's work."

Commissioner's visit

In November, DHS commissioner Lucinda Jessen visited with council members. The commissioner and council members engaged in dialogue on:

- Community engagement. The commissioner mentioned the recent awarding of the Bush Foundation grant.
- Equity Policy. The executive team and senior management team recently endorsed the policy, which will require dedicating resources for equity in all policies work, training and developing staff to utilize an equity lens on all aspects of DHS businesses.
- Council's importance: Commissioner Jessen said, "the CECLC's recommendations help DHS's leadership. We need vigilance, structure and authentic community engagement."

Nathan Moracco, Health Care Administration Assistant Commissioner, said the health care team at DHS has 10 items discuss with the council. The team is also examining how to better collect Race, Ethnicity and Language (REL) data and refer to State Innovation Model (SIM). There is a \$45 million grant from the federal government for improving healthcare spaces, better collection and changing this data for real practical impact of REL data, and to come together to interface with clients.

He added that the family risk factor report is complete, and the team is reviewing what can be done with the insights and the information offered in that report. Given the fact that there are specific social determinants of health, the team is considering how to bring that to the health plans and providers.

B. DHS Equity Policy

Overview and purpose

In 2015, DHS adopted an agency-wide equity policy, developed in close collaboration with the council. This equity policy creates a foundation on which to build specific equity focused initiatives and procedures. This policy prioritizes equity in all of the agency's decisions. DHS is responsible for providing services to Minnesota's most vulnerable people, and it has an opportunity and responsibility to implement policies and procedures that seek to address disparities and advance equity. Minnesota is a national leader in health and human services, consistently ranking high overall in a number of measures of health and human services quality and outcomes. However, cultural, ethnic, and other communities faced with disparities do not experience equitable access to human services and have high rates of poor health outcomes once they receive services.

Assistant Commissioner Anne Barry said, "Once the DHS Equity Policy is passed, then it will be time for the work to be done. DHS will need to dedicate resources, train people and use an equity lens for all future policies. It is the responsibility of the employees."

Goals

A policy goal is to institutionalize an approach to decision-making, program and policy development, implementation, and evaluation that improves outcomes and reduces disparities for the people DHS serves. The agency places a specific focus on communities of color, American Indians, and other groups experiencing disparities in Minnesota.

This policy requires the perspective and participation of underrepresented communities to be included when programs are designed, implemented, and evaluated. This policy aims to incorporate equity department-wide into all programs, policies, and decisions, ensuring that the agency considers equity in all aspects of its business.

Policies

Workforce and Leadership Development: DHS will actively recruit, hire, welcome, develop and support a workforce, which is diverse and inclusive of people who are underrepresented in the development of state policies, programs and practices, so that the agency can support the success and growth of all people who call Minnesota home.

Contracting and Procurement: DHS will develop and apply equity criteria throughout the contracting and procurement process in order to select vendors who are in the best position to achieve equitable outcomes within the populations being served.

Equity Analysis: DHS will incorporate equity considerations and analysis into the development of policies, rules, procedures, and legislative proposals, as well as program design and implementation.

Community Engagement and Inclusion: DHS will authentically engage cultural and ethnic communities before decisions are made and throughout the agency's planning, program development, program evaluation, and decision-making process.

C. CECLC Participation on Global Issues of Inequity

The council recognizes the social determinants of health framework, acknowledging that DHS cannot achieve health equity on its own. Participation in global issues informs the council's work in disparities reduction within DHS. Where opportunities to collaborate occur, the CECLC is strategic in advancing its own goals.

Statewide Quality Reporting and Measurement System (SQRMS) rule changes

The council joined other supporters in equity work in Minnesota by recommending changes to the Statewide Quality Reporting and Measurement System (SQRMS) 2016 rule. MDH stakeholders aligned with CECLC **Community Health and Health Systems, Culturally and Linguistically Competent Service, and Research and Evaluation** goals.

Supporters recommended mandatory collection of race, ethnicity, preferred language, and country of origin data. In order to show the disparities for each cultural and ethnic group, data should use more categories for race, ethnicity, and language than recommended by federal guidelines. In addition, sociodemographic factors such as income, gender identity, sexual orientation, education level, employment status, housing situation, disability status, mental health and health literacy need to be collected and reported.

Finally, supporters recommended providers, Minnesota Community Measurement, and the health care system engage with communities to increase the capacity to improve the process of collecting data and to increase community capacity to understand and participate in policy making.

Shadow report to the UN CAT

The council joined with other organizations to sponsor a response to the *2013 Periodic Report of the United States of America to the UN Committee Against Torture*. The ad-hoc workgroup drafting the response aligned with council's **Community Health and Health Systems** and **Research and Evaluation** goals. The workgroup response calls for the UN Committee to request racial profiling data from law enforcement.

The workgroup identifies local officials' failure and active interference with impartial investigations of reported police misconduct as required under the Convention Against Torture and Other Forms of Cruel, Inhuman or Degrading Treatment or Punishment (CAT).

The response group requested that the UN find no significant improvement in the US. Further, the group recommends the finding that the US failed to take effective measures to reduce the incidence of cruel, inhuman, and degrading treatment by law enforcement officials experienced particularly by vulnerable groups, in particular racial minorities, migrants, and persons of different sexual orientation.

Invitation to the UN WGA

The council joined other organizations in extending an invitation to the United Nations' Working Group of Experts on People of African Descent. The invitation calls out similar gaps that the CECLC identified in its **Community Health and Health Systems** goal. The invitation highlights growing economic inequities and the persistence of health disparities for Minnesotans of African descent as a matter of life and death, stating:

“Minnesota, a northern state with a relatively progressive history, has a national and international reputation for liberal leadership and legislation and, hence, may appear on the surface as a poor choice for a visit by the Working Group. However, in a visit to Minnesota, you will learn the truth of conditions for Minnesotans of African descent and why Minnesota been ranked the second worst state for Black Americans, worse than states whose unjust conditions have recently received greater media attention, such as Maryland, Missouri, Michigan, South Carolina, and Ohio.”

The persistent inequities (in the environment, opportunity and healthy living) for people of African descent in Minnesota are illustrated most starkly by the following:

- The death rate Minnesotans of African descent is consistently much higher than the White population across all age groups, apart from the elderly.
- The rate of infant mortality for Minnesotans of African descent is more than twice that of Whites.
- Minnesota's per capita income is \$30,529, but income disparities are severe.

D. Graduate Students Highlight Disparities Issues

Five graduate students from the University of Minnesota's School of Public Health reported on disparities issues. The project presentations were part of the council's Dec. 11 meeting at the Wilder Foundation in St. Paul.

The interns researched issues related to disparities affecting people served in human services programs. The topics they chose to research were aligned with the council's priorities, which were highlighted in its 2014 legislative report (PDF).

Interns and their presentation topics:

- Ming Yi — Supplemental Nutrition Assistance Program (SNAP) participation rates for certain populations
- Stephania "Cookie" Walker Anderson – Equity as a goal and a process
- Amanda Pedersen — Gaps analysis on disability services
- Anyamele Nkechi Jane Frances — Disparities in the child protection program
- Carrie Vogelsang — Opportunities to increase community engagement in programs and services for older adults



DHS Community Relations Director Antonia Wilcox, second from right, poses with Community and Partner Relations interns, from left: Anyamele Nkechi Jane Frances, Carrie Vogelsang, Amanda Pedersen and Stephania "Cookie" Walker Anderson.



Intern Ming Yi presents information about the Supplemental Nutrition Assistance Program (SNAP) to Cultural and Ethnic Communities Leadership Council meeting participants.

VI Equity Review

The council's enabling legislation requires a review of DHS programs, groups, and grants used to reduce disparities, including any available outcome data on the reduction of disparities. This summary provides an overview of the agency's projects aimed at disparities reduction. Although the bill language requires DHS to report "statistically valid measures and outcomes," more coordination and resources are necessary in order to measure and report at a statistically valid level on the outcomes for communities targeted by these projects.

Four goals, adopted in 2012 after DHS senior leaders participated in the White Racial Frame/Anti-Racism Training, guide the equity priorities at DHS:

- Applying equitable practices into existing DHS rules, policies and procedures that address and reform structural patterns in the system that perpetuate health and human service disparities.
- Equity performance improvement of DHS staff and service providers through engagement in the communities they serve and attending cultural competency/anti-racism trainings.
- Improve awareness and access to DHS programs and services by communities of color and American Indians.
- Inclusion of communities of color and American Indians in DHS project design and planning to better align DHS with community goals in order to attend to high priority areas and reduce health and human service disparities.

As documented in the previous report, DHS conducted a second equity review of all business areas, asking its administrations to provide information about projects undertaken to address equity, including the purpose of the project, equity goal, and target audience, how target communities were involved in project design, potential impacts of the project, barriers and how they are determining project successes.

The review seeks to meet the bill requirement that the CECLC *include a list of programs, groups, and grants used to reduce disparities, and also statistically valid reports of outcomes on the reduction of the disparities (subdivision 8, paragraph 11).*

A. Agency-wide Summary of Equity Projects by Equity Goal, Administration and Target Communities

A total of 49 projects were reported across the agency. Table 1 below summarizes the number of projects submitted by administration and by equity goal. The most common equity goals reported by administrations were to improve access and awareness (37% of projects) and community inclusion in project design and planning (27%).

Table 1. Number of Equity Projects by DHS Equity Goal and Administration

| | | DHS Administration | | | | | | |
|--------------------|---|------------------------------|--------------------|----------------------------------|-------------------------|-------------|-----------|------------|
| | | Children and Family Services | Community Supports | Continuing Care for Older Adults | Direct Care & Treatment | Health Care | Total | Percent |
| Equity Goal | Applying equitable practices into existing DHS rules, policies and procedures that address and reform structural patterns in the system that perpetuate health and human service disparities. | 2 | 3 | 0 | 0 | 0 | 5 | 10% |
| | Equity performance improvement of DHS staff and service providers through engagement in the communities they serve and attending cultural competency/anti-racism trainings. | 2 | 2 | 0 | 4 | 0 | 8 | 16% |
| | Improve awareness and access to DHS programs and services by communities of color and American Indians. | 7 | 1 | 5 | 0 | 5 | 18 | 37% |
| | Inclusion of communities of color and American Indians in DHS project design and planning to better align DHS with community goals in order to attend to high priority areas and reduce health and human service disparities. | 3 | 5 | 5 | 0 | 0 | 13 | 27% |
| | Other Goal | 0 | 1 ¹ | 3 | 0 | 2 | 5 | 10% |
| | Total | 14 | 12 | 13 | 4 | 7 | 49 | |

¹ One project was submitted as a joint project between CSA and CCOA, so is counted for each administration, but not duplicated in the total counts.

Respondents were asked to indicate the target community or communities for the project, including any specific race, ethnicity or language, geographic location, and, when applicable subgroups. Table 2 below shows the number of projects by target community. While many projects targeted a single cultural or ethnic community, some projects had more than one target community and other projects noted that they target a more general population, such as “all” or “communities of color”.

Table 2. Results by Target Community

| Target Community | Number of Projects | Percent of Total Projects² |
|---|---------------------------|--|
| African/African American | 15 | 31% |
| American Indian | 20 | 41% |
| Asian/Pacific Islander | 10 | 20% |
| Hispanic/Latino | 6 | 16% |
| Russian | 1 | 2% |
| Multiple communities, target communities not specified ³ | 15 | 31% |
| No target community referenced ⁴ | 7 | 14% |

B. Narrative Summary

Below is a summary of an analysis of the details provided by administrations about the equity projects in their business area. For purposes of this report, information collected about the following were analyzed and included:

- Project purpose
- How target communities were involved in project design
- Potential impacts of the project
- Barriers to achieving project’s equity goals
- How project success is determined
- Monitoring and evaluation strategies

² Total of percentages in this column is higher than 100% because administrations could indicate more than one target community.

³ This includes projects where the target community was noted as descriptions such as: “all”, “communities of color”, “with limited English proficiency”.

⁴ This includes projects where the target community was not “applicable” or where no target community was provided.

Project purpose

A large percentage of reported projects pursued educating clients from cultural and ethnic communities about the services available to them. In some cases, DHS sought help from an ethnic-specific agency to communicate in a culturally appropriate way. For example, the MSHO program selected agencies from Somali and Southeast Asian cultural communities with the goal of educating elders on the MSHO program.

DHS made efforts to increase the capacity of existing providers, and grow the overall number of culturally and ethnically representative providers. Ethnic-specific agencies were contracted to supply clinical supervision, supporting new providers from within those communities.

Tribal representatives were invited to review and comment on the biennial gaps analysis that informs the balance of the long-term services and supports system.

Two projects attempted to share data and analyze it with affected communities. Eight projects focused on DHS staff development.

Target community -involvement in project design

The majority of projects reported community input from organizations DHS funds. The board on aging contracted with the Emergency, Community, Health and Outreach (ECHO) program to promote available services with representative voices and mass media. Multiple projects leveraged the existing outreach capabilities of tribal governments.

In some projects, DHS employees from cultural and ethnic communities advised the agency on assessment. Both the Continuing Care for Older Adults and Children and Family Services Administrations reported working with representative staff to advise on cultural community issues.

A few projects acknowledged the value of direct input from clients and/or affected community members. The Health Care Administration used the Cultural and Ethnic Communities Leadership Council for community feedback on managed health care customer satisfaction. DHS staff conducted informational interviews with Somali, Lao, Hmong and other members prior to funding ethnic-specific outreach organizations to educate elders on Minnesota Senior Health Options.

Potential positive impacts on target community

Administrations were asked to identify potential positive impacts of their project on the target community. The most common themes that were described included community awareness, culturally appropriate service delivery, and informing policy and decision-making.

Community Awareness:

Administrations reported that one of the positive impact of their projects is raising awareness and better understanding of services. This leads to recipients' or caregivers' better utilization of

existing benefits/services, or even of new services that were introduced to communities. For instance, raising the appeal rates of health plan decisions for everyone will raise the health care literacy for all, which could lead to better health care outcomes.

Culturally Appropriate Service Delivery

By collaborating with a target community, meaningful, coordinated services are offered, and professional and communal support can be utilized in ways that communities find more useful. That way, benefit and service recipients are connected to appropriate services and resources so they can enjoy higher quality of life and maintain their independence. That is made possible with earlier identification which is essential for timely diagnosis of medical conditions like Alzheimer's disease.

By improving child safety, wellbeing and permanency outcomes for children, and by providing welfare services within tribes', and ethnic community's cultures and traditions, the number of children in foster care can be safely reduced. That is made possible through increasing the number of qualified culturally and linguistically appropriate providers, American Sign Language interpreters, and mental health professionals/supervisors providing mental health services for children in their communities.

Informing Agency Policy and Decision-Making

Many administrations discussed how their projects will benefit target communities because they will be positively impacted by changes in agency policy and decision-making.

- Deeper understanding of the diverse needs of individuals and families, this will inform policy and program development to help with the planning, and design of appropriate programs and interventions that meets the needs of benefit and service recipients.
- Identification of the gaps in the capacity of service delivery system and provide funding for addressing these gaps.
- Establishing or stimulating collaboration and stronger relationships and relationships to facilitate effective coordination of policies, programs, and procedures in partnerships that bring together communities, providers, government agencies, tribal governments and interested others.
- Enhancement of tribal infrastructure and maximization of fiscal resources that allow building the capacity of tribal governments in the administration of Medical Assistance and community based long-term care services and supports.
- Realization of the importance of prioritizing funding for projects and policies that show measurable outcomes and improvements for families receiving services and supports in all communities across Minnesota.

- Collecting feedback from communities during the planning, design and implementation of projects will help DHS to make programs more culturally sensitive and equitable.

Potential negative impacts on target community

Administrations were also asked to identify any potential negative impacts of projects on target communities.

Some of the reported projects were survey assessments and studies that evaluate the program or service. Also some programs/projects have no effective evaluation method or means. Some of the identified possible negative impact are due to multiple perspectives of target communities, services may not meet the needs of all or be waste of resources. Target community members who are identified may feel isolated due to the stigma associated with their condition in their respected cultural community.

It was also reported that a potential negative impact could be promising more than the program can achieve and not respecting the tribal governments and their priorities and timelines. Furthermore provider agency's ineffective or disrespectful interactions with the community (tokenism) may lead to a negative impact and new communities may have challenges with language barriers.

Finally some programs reported that lack of planning for feedback data collection during some grants led to missed opportunities for learning and informing or guiding future efforts and also misinterpreting community experiences with services during analysis or generalization could have impact negatively.

Reported barriers

Administrations reported a variety of barriers to achieving project equity goals. The most common was the lack of time, resources and funding for project implementation or sustainability. Another common barrier was around overcoming community mistrust and developing community relationships so that they are able to successfully engage communities in their planning efforts. Other barriers included the lack of culturally specific service providers and resources, as well as cultural and language barriers. In addition, some noted economic or societal issues, such as lack of affordable housing and poverty, as ongoing barriers.

Many administrations didn't specifically address the question of what can be done to address barriers. Those that did, talked about increased efforts around partnerships and community engagement, as well as seeking out new sources of funding.

How success was determined

Administrations responded to this question in a variety of ways. Many administrations defined success as the successful implementation of their program or project. In some cases, measures around service access or utilization are used to track progress. Some projects indicated that measures or an evaluation plan were yet to be developed. It was less common for administrations

to report that improved participant outcomes or measuring the quality or participant satisfaction with programming as indicators for success.

Examples of indicators for success include:

- Work to improve State/Tribal relations and the achievement of Tribal authority over programs.
- Increased program awareness and participation rates
- Development of culturally appropriate materials
- Increase in eligible providers or program grantees
- Diversity in staff hiring and service providers

Other successes included increased community participation through stakeholder groups and participation in evaluation. Some noted plans to evaluate the project but no specifics provided on how success will be determined.

Project evaluation and monitoring

Administrations were asked to identify how the impacts of projects are monitored and evaluated. Projects are monitored and evaluated through a variety of means. In some cases, administrations are tracking and reviewing participant program/resource utilization data or employee training participation rates and collecting feedback directly from program participants. In some cases, there is a strong focus on ongoing discussions with providers or with oversight committees about progress, but it is not explained how this evaluation is formalized and fed back into an improvement process. Some administrations refer to the responsibility of the provider or grantee in carrying out an evaluation but don't define how DHS is evaluating impacts. Some administrations use pre-existing grant management or state/federal monitoring requirements to systematize evaluation.

Evaluation may not be happening in a formalized manner. Instead, some projects refer to ongoing discussions or "review of information" but gave no indication of what criteria they are using to evaluate success. In a few cases, the projects included involving the community in the analysis and evaluation of program impacts.

C. Conclusion

Overall, the results of this equity review indicate that DHS has a number of efforts in place that are attempting to address equity in a variety of ways. However, most of these projects reflect early stage disparities reduction efforts. In many cases, further work to link the work of projects to measurable outcomes for the targeted communities has yet to take place. In addition, reported efforts to engage with communities in project planning and design often did not utilize authentic community engagement efforts and often relied on agency staff or service providers who are from target communities as an intermediary for community input. Finally, many projects had limited evaluation mechanisms or only focused on input and process evaluation measures.

Further work to evaluate whether and how project activities lead to disparities reduction is needed.

VII Recommendations Aligned with Initiatives

Awareness: DHS increases awareness of significance of inequities, impact on cultural populations, and moving to action to achieve equity

2015 Highlights:

- DHS is implementing a Bush Foundation Community Innovation Grant which includes measuring the level and authenticity of community engagement used at the DHS, learning sessions focused on the historical and social context that leads to inequity, and workshops focused on participatory leadership skills which contribute to successful engagement
- Training on conscious and unconscious bias is incorporated into Respect in the Workplace training and New Employee Orientation at DHS

Looking ahead:

- Bush Grant participants will carry out community engagement events, using their participatory leadership training, in order to engage around a particular topic or with a particular community relevant to their business area
- Conscious and unconscious bias training will be incorporated into standard manager and supervisor training at DHS.

Leadership: Strengthen relations among the council and state agency to promote clear and meaningful dialogue about equity

- Working closely with CECLC, DHS developed an agency-wide equity policy which requires that equity be considered in all aspects of the department's work
- Legislative proposals must include information on the impact on equity and is a criteria considered by the Executive Team when final decisions are made
- DHS hired a diversity recruiter and a diversity and inclusion coordinator

Looking ahead:

- DHS is working to improve equity considerations throughout the development of the legislative package
- Diversification of the workforce is ongoing, including efforts to create employee resource groups, improved enforcement of internal job interview policy that requires an interviewer from an underrepresented group, and studying the use of missed opportunities and justified hires.

Community Health and Health Systems: Families are well; Providers are capable and have resources to provide services that address complex needs, cultural beliefs, and practices

- DHS is beginning to analyze the use and feasibility of expanding the culturally specific provider designation currently in use in the Alcohol and Drug Abuse Division (ADAD) to mental health services.

Culturally and Linguistically Competent Service: Vendor selection meets the needs of the community; Community based organizations are partners in supporting the health of communities

- L4 Leadership Development Program project aimed at increasing use of vendors governed by members of cultural and ethnic communities and other targeted groups
- Ongoing review of organizations that DHS currently contracts with to identify minority governed organizations
- Ongoing recruitment of vendors from currently underrepresented communities and development of tools to ease the grants/contract application process.

Looking ahead:

- DHS will develop a well-documented system of minority run organizations which can be used to identify number of minority run organizations, make up of organizations' decision making body, and populations served

Research and Evaluation: Develop measurement strategies to best obtain most appropriate data with community-defined cultural and ethnic group's input.

- DHS's Office of Indian Policy developed an American Indian dashboard in order to measure American Indian specific outcomes that are masked when measuring the population as a whole

Looking ahead:

- DHS is in planning stages of an initiative to evaluate programs based on data that is disaggregated by race and ethnicity in order to identify disparities in outcomes and be accountable for the success of all populations

VIII Creation of the CPR Administration

A. Introduction:

The Community and Partner Relations Administration (CPR) was created by the Commissioner of Human Services in July 2015 to actively demonstrate the Department of Human Service’s commitment to the people the agency serves, its employees and its partners. Through a collaborative process led by Assistant Commissioner Anne Barry, CPR developed its strategic framework in partnership with CPR staff, other employees from across DHS, county representatives, and members of the CECLC. Through this process, CPR developed its missions and 5 value-driven goals, which support the advancement of CECLC recommendations. These goals are not unique to CPR, but rather reflect goals for which the entire agency is responsible. CPR exists to provide support and accountability and facilitate connections as the agency works towards these common goals. The following section will review CPR’s mission and value driven goals, review the organizational structure of CPR, and highlight key equity-focused projects that CPR is leading in 2016.

B. Administration Mission:

“By working collaboratively with the people we serve, employees, and partners, we promote and advance an organizational culture that values and demonstrates equity, engagement, accountability for results, transparency, and diversity and inclusion.”

C. Value-Driven Goals:

Goal 1: Equity

Goal: “The people we serve, employees, and partners are treated equitably and have access to opportunities that support their success.”

Value Statement: “DHS values equitable outcomes by being responsive to the unique status, concerns and needs of the people we serve, employees, and partners, and recognizes the particular need to increase positive outcomes for communities in which disparities exist.”

Goal 2: Engagement

Goal: “DHS develops and implements policies and programs with involvement of the people we serve, employees, and partners.”

Value Statement: “DHS values authentic collaboration with the people we serve, employees, and partners, demonstrated by engagement early, and throughout the agency’s planning and decision making processes.”

Goal 3: Accountability for Results

Goal: “DHS is accountable for achieving positive results for the people we serve, our employees and our partners.”

Value Statement: “DHS values ongoing performance improvement and innovation as demonstrated through capacity building, agency-wide development, evaluation, and data-informed decision-making.”

Goal 4: Transparency

Goal: “Information is shared regularly and openly with the people we serve, employees, and partners.”

Value Statement: “DHS values mutual trust, brought about through honest and open sharing of information with the people we serve, employees, and partners.”

Goal 5: Diversity and Inclusion

Goal: “Diversity and inclusion is promoted and valued in the Department’s workforce and in all aspects of the agency’s work.”

Value Statement: “DHS values a variety of perspectives and is committed to creating a diverse and inclusive agency which values the worth and dignity of all people, including the people we serve, our employees, and our partners.”

D. Community and Partner Relations Organizational Structure:

The Community and Partner Relations Administration is under the direction of an Assistant Commissioner and a leadership team comprised of the Directors of the Office of Community Relations; Office of County Relations; Office of Equity, Performance and Development; and the Office of Indian Policy.

E. Equity Initiative:

Part of CPR’s work in 2016 includes advancing an equity initiative that closely aligns with recommendations from the council. The equity initiative is being coordinated by CPR in collaboration with the relevant business areas from across DHS through the creation of an equity initiative team. DHS is in the process of developing workgroups and project plans for the various projects included in the equity initiative. The Equity Initiative consists of the following activities:

- Implementation of Equity Policy: identify affected business areas, implement education and training on requirements of policy, and develop materials to support equity policy implementation by business areas across DHS
- Training: build individual and systemic awareness of equity as it relates to DHS
- Research and Data Analysis: implement use of disaggregated data for system and program evaluation
- Community Engagement: build skills and understanding of the importance of authentic community engagement
- Tool development: develop supportive instruments that can further equity efforts
- Workforce: implement policies and programs to recruit, hire, retain, and advance a diverse workforce
- Contracts, Grants, and Procurement: identify grantees and contractors that are run by members of targeted communities, define culturally specific providers
- Budget and Legislative Development: ensure diverse perspectives are included in development of proposals and that equity is considered when evaluating proposals

IX CECLC Priorities for 2016

The council and its subcommittees met to review each recommendation in the context of current limitations. The council reached detailed success indicators. The council analyzed alignment of DHS with those indicators, the engagement of current stakeholders, and resources currently available.

The CECLC worked to prioritize next steps and inform budget proposals. The result was the following list of activities with matched outcomes:

| Goals | Outcomes |
|--|--|
| 1. Develop and Implement CECLC Communication Plan (message framework and strategy) | <ul style="list-style-type: none"> • Increased visibility and awareness of CECLC among community members and organizations • Improved communication channels between community and CECLC • Increased engagement, partnerships and collaboration with other state and local agencies and community based organizations in order to further shared goals for improved policies and increased influence on legislation |
| 2. CECLC Participation in Evaluation of Addressing Inequities/Disparities by DHS, Health Plans and other DHS Partners? | <ul style="list-style-type: none"> • CECLC can determine gaps in data collection methods at DHS in order to best address disparities • DHS programs have data stratification and analysis by race, language, ethnicity and other socio-demographic factors • Health Plans and other health system partners present improved data to DHS regarding persistent disparities with cultural and ethnic communities • Health Plans and other health system partners are held accountable by DHS for addressing the persistent disparities and will be taken into account for contract renewals |

| Goals | Outcomes |
|--|---|
| 3. Recruitment of CECLC members outside Metro Twin Cities area | <ul style="list-style-type: none"> • Increased representation throughout the state, especially those from rural areas in order to address the needs of all populations that are affected by disparities • Council meetings held in various locations throughout the state |
| 4. Equity lens, analysis, and leadership capacity building and monitoring at DHS <ul style="list-style-type: none"> • Roy Wilkins Center • Collaborative skill building sessions with DHS, CECLC and other community partners • Bush Grant activities | <ul style="list-style-type: none"> • Increased equity, quantity, and quality of authentic community engagement activities involving DHS • Improved program design and evaluation at DHS through participatory leadership practices to better understand and address disparities • Development of “Equity Institute” with key community partner organizations (i.e. MN Council of Nonprofits) that have shared equity goals |
| 5. CECLC Monitoring and Refinement of DHS Equity Policy Accountability Activities | <ul style="list-style-type: none"> • Improved DHS performance agency-wide in meeting established equity criteria • Increased involvement by community in developing measures of success for meeting equity criteria • Improved integration and acceptance of equity criteria across agency, after meeting with key leaders across DHS that are part of an internal “equity leadership council” |

X Appendix

A. Graduate Student Reports

Why is the participation rate to Supplemental Nutrition Assistant Program (SNAP) for certain population low?

Ming Yi

In 2014, Minnesota's SNAP participating rate was approximately 70% among eligible people. Why?

- People's lack of awareness
- Stigma, especially for seniors
- Time-consuming paperwork
- Benefit inadequacy
- Language barrier
- Environmental factors, such as transportation.

Is the government working on involving more people into SNAP?

- Community outreach has been done for years to strengthen people's participation, especially working poor and the elder's awareness.
- Relationships between SNAP program, nutrition education programs, and farmers markets has been strengthened.
- There are social workers doing interpreter services for non-English speakers.

However, more could be done and accomplished.

- How to eliminate stigma?
- Can the minimum amount of SNAP benefits be increased?
- What about the undocumented immigrants? Why can't they be eligible?

Making Equity a Priority as Both a Goal and a Process

Cookie Walker

The Minnesota Department of Human Services (DHS), along with its county and tribal partners, is engaged in ongoing efforts to decrease inequities and improve outcomes for people of color and American Indians. As DHS continues to embed equity in its efforts, it will be critical to ensure that equity is embraced as both a goal and a process. Organizational Equity Tools help decision makers to understand the potential consequences of decisions before they're made in order to intentionally avoid building inequities into structures, processes and systems.

Organizational Equity Tools, including decision-making, assessment and planning tools, have been developed by a variety of non-profits, foundations, private businesses, and government agencies. These tools are designed to be user-friendly and flexible so that they can be easily inserted into existing, routine practices. For example, an Equity Tool may be a checklist of criteria to consider when assessing a program or establishing vendor performance measurements, a series of questions to answer when making a contracting or grant-making decision, or reminders built into an established process to maintain a focus on equity. Such simple, yet powerful tools have been used to operationalize equity in the areas of planning, budgeting, personnel, policy development and business practices.

Project steps and goals

In order to determine areas within DHS operations where Equity Tools are needed, and the design and content that will be most useful, an initial Equity Prioritization Assessment will be conducted.

Equity prioritization assessment⁵

1. Does staff have a shared definition of equity (e.g., clarity around what is meant by “vulnerable” and “underserved” populations), diversity, engagement and accountability?
2. Does each division’s strategic plan, vision, mission and values reflect an explicit commitment to equity?
3. Is staff intentionally educated about historical injustices, structural inequities, and current community issues?
4. Are diversity, equity and inclusion policies adopted?
5. What decision-making, assessment and planning strategies are currently used to operationalize equity?
6. In what operational areas are equity tools currently applied (i.e., planning, budgeting, personnel, policies, contracting, funding)?
7. What reminders and supports to maintain equity as a priority are used (e.g. decision-making guides)?
8. How is progress toward achieving equity goals measured?
9. How equity efforts reassessed are based on progress measures?
10. What accountability mechanisms for progress toward equity measures are used?

⁵Adapted from multiple sources: How to Make Racial Equity a Priority in Your Foundation, Dorothy A. Johnson Center for Philanthropy; An Introduction to Racial Equity Assessment Tools: Governing for Racial Equity, Race Forward; Portland City & Bureau Leadership: Racial Equity Strategy Guide, Portland’s Partnership for Racial Equity.

Based on the results of the initial Assessment, model Equity Tools (decision-making, assessment and planning tools) will be identified and adapted for use by DHS staff in partnership with county and Tribal partners and the Cultural and Ethnic Communities Leadership Council (CECLC) in order to better operationalize equity within current and future initiatives.

Gaps Analysis on Disability Service in Minnesota

Prepared By: Amanda Pederson

Background:

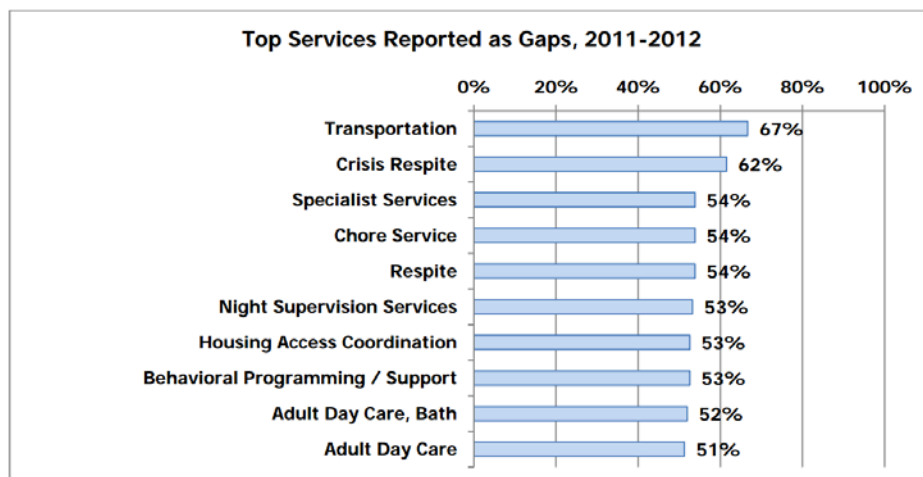
- More than 20 percent of Minnesotans have a disability⁶
- Many Minnesotans feel as though there are gaps between what services are available and what services they need to lead their lives.

7

Major Service Gaps:

- Transportation
- Employment
- Housing
- Respite Care
- Mental Health Services
- Services to help people maintain their own homes⁸

Figure 4: Top Ten Services Reported as Gaps



Recommendations:

- Increase transportation services for medical and non-medical appointments.
 - Giving service providers incentives for developing or expanding transportation services.
 - Expanding hours that agencies have transportation services available.
- Create better systems that are easier for people to navigate and understand.
 - The state government should create more user-friendly resources online and through phone support.
 - Agencies and providers should create awareness about existing services for individuals seeking disability services.
- Housing

⁶ Centers for Disease Control. 2011 Behavior Risk Surveillance System Survey. Retrieved at: https://www.cdc.gov/brfss/data_tools.htm

⁷ Minnesota Department of Human Services. (2013, August). 2012 Long-Term Services and Supports County Gaps Analysis Survey Disability Services. Retrieved from: <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-6797-ENG>

⁸ Minnesota Department of Human Services. (2013, June). Minnesota Community Services Input Study Report. Retrieved from: http://www.dhs.state.mn.us/main/groups/agencywide/documents/pub/dhs16_179965.pdf

- Create more affordable housing for people living with disabilities

Disparities in the Child Protection Program

Anyamele Nkechi Jane Frances

The Child Protection Programs assists in protecting children from abusive environments. Such abuse includes emotional abuse, neglect, negligent treatment, exploitation, physical abuse, and sexual abuse.

Key findings:

- Services are delivered through the 87 counties and 11 federally acknowledged Native Indian Tribes (American Indian).
- African and Native Americans are disproportionately affected
 1. In 2014 Child Protection Services accepted 19,000 cases
 2. The incidence rate of maltreatment in Minnesota is 19.8 per 1000 in Minnesota child population.
- African American Incidence is 44.1 per 1000
- Native American Incidence is 83.3 per 1000
- White Incidence is 14.3 per 1000.

Populations Impacted

- African Americans and American Indians disproportionately affected.
- African American and Native American children were three and six times more likely to be alleged to have been maltreated compared to white children.
- Out of home placement for African American and American Indian children: They were 4.0 and 15 times more likely to be placed out of home compared to white children.
- Family investigation and assessment:

Factors

- Institutional racism and systemic bias.
- History of relocation of American Indians.
- Socioeconomic class and access to funds.
- Single parents.

Challenges

- Funding and resources
- Evaluation and Continuous Quality Improvement (CQI).
- Screening and eliminating areas of potential bias.

Positives

- Disproportionality index for African American has decreased from 4.4 to 2.1 in 10 years.
- Decrease in out of home placement for Native Americans since they took over the delivery of services.

Lessons Learned, Promising Practices, and Opportunities for Increased Community Engagement and Cultural Competency to Advance Equity

Carrie Vogelsang

Based on alignment of recommendations from the Cultural and Ethnic Communities Leadership Council with the programs and services for Older Adults at the Department of Human Services, Minnesota Board on Aging and other partner agencies.

CECLC Recommendations for DHS related to Older Adults

- Engage the community to determine needs and gaps in services
- Communities know where to go where their needs will be met; They need to be able to understand and access all available services; emphasis placed on choice and right to live in dignity in the environment of choice
- Community: ownership, engagement, supports for individuals; engage the political process to support individuals
- Health services: create policies that meet the needs of the community; create policies that integrate foreign trained health professionals; utilize the assets of the community to meet needs of the community members; provide funding available for grants

Continuing Care and Older Adults at DHS

Data Collection, Community Engagement and Infrastructure – Looking at reports, papers, projects and programs. Highlighting current status, challenges and future opportunities.

- Findings/Results not extensive in past reports about cultural and ethnic communities. It has improved, but there is need for increased representation on current high-level reports and presentations. Long Term Services & Supports Report, Senior Linkage Line.
- Research currently looking at racial differences in quality of life indicators in nursing facilities and this is ongoing with the University of Minnesota.
- Over-sampling in cultural and ethnic communities currently taking place in multiple programs and discussions about how best to engage with cultural and ethnic communities is taking place with multiple departments. - Aging and Adults Services and Disability Divisions.
- Participation from diverse communities in surveys and focus groups, but there is need for greater commitment to incorporate feedback, increase diversity on advisory panels and inclusion of community experts at all points of decision-making process for programs. Opportunity: Own Your Future.
- Pay for Performance options for quality improvement projects (including PIPP) in nursing facilities – opportunity to incorporate healthy equity improvement measures.
- Infusing cultural norms and values into traditional training models for caregivers and providers – Dementia team (Disability Services) project Taking ACTION
- Contracted agency partners provide data and feedback about programs. Opportunity for increased commitment of time and resources to build relationships and communicate directly with cultural and ethnic communities in order better monitor and set priorities for agency partners.

- Examples outside DHS of collecting data on race, ethnicity and language (REL) as well as sociodemographic data when measuring quality and performance (MN Community Measures 2015 and Voices for Racial Justice for MDH/Legislature 2014)

B. CECLC CAHPS Response

Methodology:

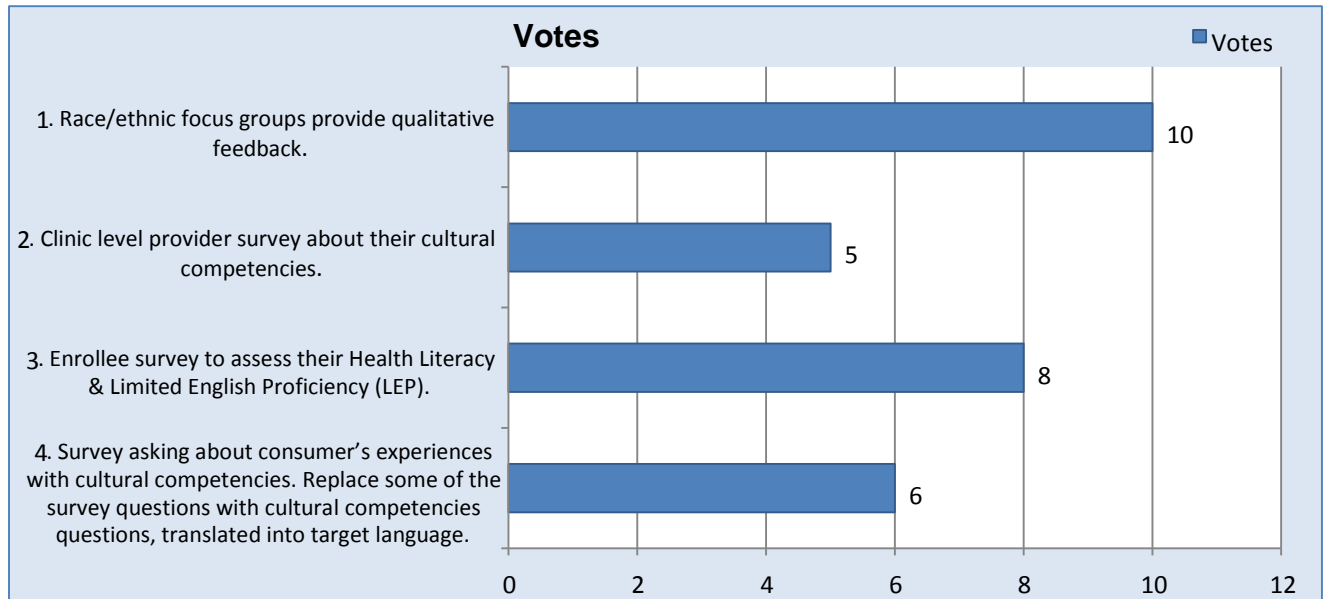
Results collected through phone interview. Participants were asked to select top 2-3 choices of these 4 options.

Below are narratives of the phone interview.

- The focus groups with people would be ideal because the survey administrators could directly communicate to the affected groups and attain upfront cultural and ethnic input.
- We should try to leverage the opportunities provided by faith-based organizations or other local community level partnerships that are available.
- For me, this survey would be good if implemented correctly because there is currently a lack of proper training, missing care for changing demographics, need to take into considerations for health care needs of others and what cultural and ethnic communities really need.
- Think that people with Limited English Proficiency (LEP) need to be considered and if we want to find out how to improve healthcare systems, we need to know who are getting service. Data collection would be more meaningful with LEP knowledge and engagement.
- All of the options are important and needed. We need solid answers so that people don't just complete the survey with speed and lack the understanding of the questions. DHS will get a better view of what needs of communities of color are with the variety of options. Focus groups, in particular, need to represent the cultural background of the people and should be performed by members of their respective cultures (Black/SE Asian). People should feel comfortable with the representatives and be able to clearly understand the questions. Often, focus groups are conducted by people who are not a part of the group (cultural/ethnic group) and these needs to be considered.
- The survey itself needs multiple areas of improvement. We can simultaneously implement multiple improvements.



Recommendation to Improving CAHPS Survey CECLC Responses



- I personally prefer option #3 and then #1 as a next choice. As you know, the Latino community is very diverse and is home to 13-18 Latino community countries of origin. Therefore, it is very wide and diverse. The largest barriers to the Latino community would be poverty and inability to escape, and language issues.
- It is important to be mindful of how the Latino Community views healthcare providers to be. The idea of sitting and engaging a physician is not respectful to the Latino Community. Engaging patients in this manner is not appropriate unlike how it is viewed in America. We go to doctors because doctors know best.
- We should be aware of models of direct engagement with communities. Engage them by verbal and conversational means. Surveys are not an ideal tool; it is not usually culturally viable tool. Latino community prefers lots of talking. We communicate more verbally than by using prints. Often at fairs, you will find leaflets littered around the place as people prefer verbal communication. This verbal communication is how to gain information rather than a fancy questionnaire. Who are you trying to reach? Who is answering the most? What factors contribute the most? Engage verbally to attain answers to the actual issue. We can incorporate phone calls. These communities are not responsive to the written material. The fact that we have models that show verbal communication is ideal for this community over written communication, should be of great influence because it is effective.

- We should also target those who are underrepresented instead of those who are overrepresented. Try a broad range of methods. In my capacity, you will learn that this is a common thread that is effective and efficient. (Verbal communication)
- As those of a different socioeconomic bracket, we are not the ones affected by disparities. The reality of a budget is that while some options are initially expensive but in the long-term overall, are more cost effective towards the goal.
- We may also need to consider transport and access for these individuals, should there be a focus group. Access, facing economic barriers amongst many. Sometimes, the solution involves different models. I recommend we start from the ground up where the point of access to underrepresented communities is and work our way up. We should focus on implementing and creating effective methodologies, not from the top down. Billions of dollars have been wasted and in my opinion, disparities have been widened. The Freedom to Breathe Act to create more awareness of second hand smoking is a good model for us, possibly. The acknowledgement of community elders to assist with the study and the realization of the Latino Family nucleus where the female is in charge of family health is important to aiding in communication.
- I think Focus groups are the best by far as we can listen to the folks talk face-to-face in depth to understand what they mean and also gives us the opportunity to follow up. They can also follow up and can clarify why people are thinking the way they are.
- In my opinion, option #1 of the focus groups is going to get honest opinions from the feedback provided. #3 is no good, hard enough to get survey responses from people already. Going to be the same lack of replies and same kind of answers. Options #2 and #4 are alright, involving interpretation of cultural competency.
- Given the number of individuals of a diverse background, surveys should come in additional languages in addition to English and Spanish. There is a need to offer other languages. Getting same results all the time. Need to accommodate other populations. Workable feedback needs additional languages and interpreted. Extra questions/added or traded should be made available in other languages.
- They currently use mail and telephone methods in collecting survey responses. Do they have an online option? It can be hard to get some people if they are only available at certain hours.
- The type of method in doing the translation, using translated approach and bilingual speakers is questionable. It should be noted that often when there are similar languages but different dialects, notably Spanish, a translation committee is used to assist with the different dialects. This should be done in a similar manner for other languages.
- Original assessment design was tested on a predominantly white population of adults. They admit data was not tested on a diverse population and I think this should be considered. Around 10 years of the same response. The assessment/survey should be tested in this changing times and geographical demographic changes.
- Population tested is mostly white and the control group was white. Should test this survey towards a wider range of populations. Health literacy is reflected through white framework. Need to be mindful of the varying geographic populations. This test of the survey was done in California. Should consider other places of the Country.
- We should not narrow down the things we can do because there isn't a single solution that will solve all the issues. The first 3 recommendations are easy but I don't think that one gets us along better than another. For example, many immigrants will not know what cultural competency is since they may have come from a mostly homogenous nation

where people look and speak the same. An American-born cultural or ethnic individual might know to ask these things.

C. MDH SQRMS Letter

Comments on Proposed Update to the Statewide Quality Reporting and Measurement System (SQRMS) 2016 Rule

Submitted to Minnesota Department of Health through health.reform@state.mn.us

November 25, 2015

As you know, in 2009, through a series of one on one interviews with over 67 racial, ethnic, and immigrant leaders and organizations, the top policy issue identified was the need for better data on health disparities of each individual racial and ethnic community. Since then, members of these communities have been advocating new standards of collection, use and sharing of data. These new standards should include Race, Ethnicity, Language, Country of origin, Income Level and other Socio-demographic factors.

One of the main reasons for this community ask is that, currently, we only know the bigger picture of disparities, but the way data is collected, used and shared, continues to make the situation of health disparities incomplete if not 'invisible' in many cases.

This lack of meaningful data is preventing ALL of us from setting priorities, developing policies and programs, and allocating resources to achieve Health Equity in Minnesota.

Our efforts to change this have included being part of a multi stakeholder group, which in 2011 identified categories for race, ethnicity, language, and country of origin.⁹ These and other data recommendations were presented to the Insurance Exchange and Health Care reform task forces in 2012.

All of these efforts have been, in many cases, very frustrating, as we have waited for the system to listen to and implement our recommendations. For instance, last year (May 2014), we provided public comments on the report, "Minnesota Community Measurement's

Recommendations for 2014 State Quality Reporting and Measurement System Physician Clinic Measures," which was signed by 38 organizations; however, our comments were neither fully listened to nor meaningfully considered.

In the midst of that frustration, we were pleased to have the opportunity to work on a contract with MDH. As part of this contract, Voices for Racial Justice (VRJ) conducted key informant interviews around the state with members from diverse communities to inform the 2015 MDH report on stratifying quality

⁹ <http://mn.gov/commerce/insurance/images/ExchATF-RELquestions-variables8-29-12.pdf>

measures using socio-demographic factors.¹⁰ The goal of this work entailed engaging diverse communities (focusing on race, ethnicity, and preferred language, country of origin, sexual orientation, gender identity, disability status and geography) with government leaders and leaders of the health care system to influence changes and to inform decisions that affected local communities.

VRJ followed its Principles of Authentic Community Engagement¹¹ - an intentional process of cocreating solutions to inequities in partnerships grounded in building relationships based on mutual respect and on acknowledging each person's added value in the development of solutions. MDH also agreed to follow these same principles, thus making the contract an authentic partnership between government and local communities.

Based on the 94 conversations that leaders of local communities had with regard to the contract mentioned above, VRJ developed the report, "Advancing Health Equity by Making Racial, Ethnic and Socio-Demographic Disparities Visible in Minnesota's Health Care Quality Measurement System."¹² This report put the voices of local communities at the center of the effort to disaggregate data. Furthermore, the report answered some of the questions that were asked at the "MDH Memo 2015 proposed rule."¹³

After reading all of the reports created around this effort, we proposed updates to the

Statewide Quality Reporting and Measurement System (SQRMS) 2016 Rule. Our comments are listed below:

1. We strongly support the MDH Rule language asking the health care system for the collection and reporting "of race, ethnicity, preferred language, and country of origin" to be REQUIRED or MANDATORY. By doing this, we will achieve uniformity, accountability and adequate numbers to identify all disparities. Improving data on health disparities should be a top priority for the state. Data is needed to justify devoting more programs, services and resources to reducing disparities. All health care providers should be required to report their quality data in ways that make disparities visible. Statewide mandatory data reports are necessary so that disparities experienced by all groups in all parts of the state are visible.
2. The rule proposes the reporting of REL and Country of Origin data for July 2017 ONLY for the following three clinic measures: (1) Optimal Asthma Control-Adult, (2) Optimal Asthma Control-Child, and (3) Colorectal Cancer Screening. The proposed rule should be strengthened to collect data on disparities for all provider quality of care measures, not just the five that are proposed in the current wording of the rule. We expect the reporting to start as soon as possible (July 2016). Considering health disparities and their connection to social determinants of health, we

¹⁰ <http://www.health.state.mn.us/healthreform/measurement/SQRMSreportMarch2015.pdf>

¹¹ <http://voicesforracialjustice.org/wp-content/uploads/2014/10/VFRJ.Authentic-CommunityEngagement.09.11.14.pdf>

¹² <http://voicesforracialjustice.org/wp-content/uploads/2014/10/RES-D-Report-VRJ-01-26-15.pdf>

¹³ <http://www.health.state.mn.us/healthreform/measurement/ProposedRule2015/2015MemoProposedRule.pdf>

are particularly interested in the reporting of socio-demographic data around the following six clinic measures: (1) Optimal Diabetes Care (Adult and Child), (2) Optimal Vascular Care, (3) Depression Remission at 6 months, (4) Optimal Asthma Control (Adult and Child), (5) Patient Experience of Care Survey, and (6) Colorectal Cancer. Measures on disparities, including each composite measure, should be stratified, which means specific enough to show the disparities for each of the different racial and ethnic groups and other groups experiencing disparities. Stratifying both the composite and component measures allows for broader identification of disparities and patterns, and opportunities to address health disparities.

Note: It is our understanding that at least 80% of the health care providers are already collecting REL and country of origin data. For these providers, the MANDATORY reporting should start by July of 2016. The rest of the providers should submit a plan by April of 2016 on how they are starting to collect data (in July 2016) and how they are reporting this data by July 2017.

3. Beyond REL, other sociodemographic factors need to be collected and reported **AS SOON AS POSSIBLE** by health care providers as follows: (1) Income, (2) Gender identity, (3) Sexual orientation, (4) Education level, (5) Employment status, (6) Housing situation, (7) Disabilities, (8) Mental health, and (9) Health literacy.
4. Data needs to be collected using more categories for race, ethnicity and language than those recommended by federal guidelines (click the link for more specific categories which are relevant in MN¹⁴).
5. Health Care providers, Minnesota Community Measurement, and the health care system in general, need to engage on an ongoing basis with communities experiencing health disparities (in particular communities of color and American Indian communities) to improve all the processes around collecting, reporting and evaluating data. By doing this, people from communities experiencing disparities can have access to more precise information, and develop narratives and recommendations regarding policy.
6. While collecting data, the system should also pay attention to the following: (1) Explain data privacy and security protections to patients; (2) Communicate the purpose and use of REL Data; (3) Build community trust in the health care system; (4) Make health equity data available to communities; (5) Develop inclusive, culturally appropriate methods of collecting REL data; (6) Develop a uniform construct for collecting REL data across all systems; (7) Develop awareness of structural racism and discrimination; (8) Develop an appropriate evaluation process to determine if the data collection and reporting methods are effective, are being used (and if so, how), and how the availability of data is impacting affected communities.

¹⁴ <http://mn.gov/commerce/insurance/images/ExchATF-RELquestions-variables8-29-12.pdf>
Cultural and Ethnic Community Leadership Council
2016 Legislative Report

7. Resources should be provided to communities experiencing disparities so they can increase their knowledge of the health care data system, develop leadership and capacity to participate in policymaking, have the ability to develop their own narratives about the challenges and barriers to health care, and develop plans and strategies for reducing health disparities within their communities.
8. Training should be made available to providers and communities experiencing disparities so they can work together to improve data collection and reduce disparities.
9. Funding and technical assistance should be provided to community organizations who are led by, represent, and/or serve patients and communities with disparities so they are able to be fully involved in planning and implementing changes to the data. The communities themselves should determine their resource needs and decide how their community will be involved in this effort.

In conclusion, the plan for improving data on disparities should be accelerated to include more quality measures and more social and economic factors because the harm that is caused by health disparities is affecting far too many communities.

Sincerely,

1. Aqui Para Ti Program; Henne-Teen and Center For Health Equity Leadership (in Primary Care)/Department of Family and Community Medicine (HCMC)
2. Asian Media Access
3. AAPIHC Asian American Pacific Islander Health Coalition
4. Billy Moua (Board Member of Open Cities Health Center)
5. BUILD to BLEND
6. Commission of Deaf, DeafBlind and Hard of Hearing Minnesotans
7. Confederation of Somali Community in Minnesota
8. CHUM Human Services Agency of Duluth
9. Cultural and Ethnic Communities Leadership Council (CECLC)
10. Growth & Justice
11. Hennepin County Medical Center
12. Hope Community, Inc.

13. Immigrant Law Center of Minnesota.
14. Minneapolis Urban League
15. MNACHC (MN Association of Community Health Centers)
16. Minnesota Budget Project

17. Minnesota Nurses Association Rose Roach
18. (NAPAWF) National Asian Pacific American Women's Forum
19. Navigate MN
20. People's Center Health Services
21. SEWA-Aifw (Asian Indian Family Wellness)
22. TakeAction Minnesota
23. Voices For Racial Justice
24. Waite House-Pillsbury United Communities
25. West Side Community Health Services

Individuals

1. Ariella Tilsen: Vital Edge Consulting
2. Billy Moua: Board Member of Open Cities Health Center
3. Eugene M. Nichols: Board Chair, Open Cities Health Center, 4. Kathleen Call: Professor and Researcher on Health Disparities 5. Michelle Allen: Physician and Health Equity Researcher.

D. UN CAT Response

**Shadow Report from Minnesota:
A Human Rights Perspective on
“Prompt and Independent” Investigations
of Law Enforcement Misconduct**

**Regarding Failures to Implement the
Convention Against Torture and
Other Forms of Cruel, Inhuman or
Degrading Treatment or Punishment (CAT)**

**A Response to the
2013 Periodic Report of the United States of America**

**Submitted by
Ad-Hoc Work Group-Minnesota
Re: US Compliance With Human Rights Treaties**

**Co-Sponsored by
Asian Media Access
Communities United Against Police Brutality
Isuroon (Seeking Health and Empowerment for Somali Women)
Maria Iñamagua Campaign for Justice
Minnesota Black Nurses Association
Minnesota Tenants Union**

September 22, 2014

I. Title and Date:

**Local Failure to Provide Prompt and Impartial Investigation of Reports of Cruel or Degrading Treatment or Punishment
September 17, 2014**

II. Reporting Organization

Ad-Hoc Work Group-Minnesota Re: US Compliance With Human Rights Treaties

**Co-Sponsored by
Asian Media Access
Communities United Against Police Brutality
Isuroon (Seeking Health and Empowerment for Somali Women)
Maria Inamagua Campaign for Justice
Minnesota Black Nurses Association
Minnesota Tenants Union**

III. Issue Summary



1. One common thread running through national incidents such as the Michael Brown case¹⁵ and local Minnesota examples, Terrance Franklin¹⁶, Al Flowers¹⁷, Chris Lollie¹⁸, Maria Inamagua¹⁹ and innumerable other similar but less well-known cases of police misconduct is

¹⁵ **NAACP calls for special prosecutor in Michael Brown shooting case**, Washington Post By Mark Berman August 21, 2014 at <http://www.washingtonpost.com/news/post-nation/wp/2014/08/21/naACP-calls-for-special-prosecutor-in-michael-brown-shooting-case/> For more, see Endnote 1.

¹⁶ See **“What really happened to Terrance Franklin? Three months and counting “** By Mary Turck, *News Day*, August 15, 2013, at <http://www.tcdailyplanet.net/news/2013/08/15/what-really-happened-terrance-franklin-three-months-and-counting> For more, see Endnote 2.

¹⁷ The Al Flowers case raises issues of whether official investigations of police misconduct by local officials are adequate in scope, prompt, and impartial. For more, see Endnote 3.

¹⁸ **New St. Paul skyway arrest video released by police**, St. Paul Pioneer Press, by [Mara H. Gottfried](mailto:mgottfried@pioneerpress.com), [mgottfried@pioneerpress.com](http://www.twincities.com/crime/ci_26505612/st-paul-skyway-arrest-video-released-by-police), 09/10/2014 12:01:00 AM CDT, Updated: 09/10/2014 09:24:55 PM CDT http://www.twincities.com/crime/ci_26505612/st-paul-skyway-arrest-video-released-by-police This report includes the surveillance video of Chris Lollie and the confrontation with police in the downtown St. Paul skyway. NOTE: The footage is overlaid with the audio recording from Lollie's cell phone that he uploaded to YouTube.

¹⁹ The only hearing held in the US Senate to-date regarding US implementation of the human rights treaties was a hearing conducted on December 16, 2009 by the US. Senate Judiciary Committee's Subcommittee on Human Rights and The Law. For the hearing, encouragingly entitled **“THE LAW OF THE LAND: U.S. IMPLEMENTATION OF HUMAN RIGHTS TREATIES”**, extensive comments were provided by NGOs across the country, including by the *Maria Inamagua Campaign for Justice*, whose comments addressed Cultural and Ethnic Community Leadership Council

local officials' failure to provide and, indeed, active interference with a prompt and impartial investigations of reported police misconduct as required under the Convention Against Torture and Other Forms of Cruel, Inhuman or Degrading Treatment or Punishment (CAT), Articles 12 and 16.

2. By routinely inserting local police department personnel into the investigation of local police misconduct (gathering and compiling information, controlling the pace of the investigation to a crawl, too often providing selective information to the media during the investigation, and writing the investigation's report) local authorities not only increases the likely public perception of taint, bias, and lack of objectivity, but also violate the critical obligations of promptness and impartiality which, because they stem from the CAT, a treaty which the United States has ratified which as a ratified treaty is the "supreme law of the land" under the US Constitution, Article 6, Section 2.

3. An additional root of police misconduct at the local level, of course, is the failure of the US government to ensure, as required by Article 10 and 16, that

“ education and information regarding the prohibition against torture [and, per Article 16, “**cruel, inhuman or degrading treatment or punishment**”] are fully included in the training of law enforcement personnel, civil or military, medical personnel, **public officials** and other persons who may be involved in the custody, interrogation or treatment of any individual subjected to any form of arrest, detention or imprisonment.”

IV. Link to Previous Concluding Observations

4. When the Committee last reviewed US compliance with the CAT in 2006, it issued the following Concluding Observation relevant to the necessity of prompt, independent, and thorough investigations of brutality and ill-treatment:

Paragraph 37: The Committee is concerned about reports of brutality and use of excessive force by the State party's law-enforcement personnel, and the numerous allegations of their ill-treatment of vulnerable groups, in particular racial minorities, migrants and persons of different sexual orientation which have not been adequately investigated (art. 16 and 12).

The State party should ensure that reports of brutality and ill-treatment of members of vulnerable groups by its law -enforcement personnel are independently, promptly and thoroughly investigated and that perpetrators are prosecuted and appropriately punished.

5. In the course of expressing concern for a particular situation in Chicago, the Committee reiterated the importance of prompt, thorough, and impartial investigations of **all** allegations of acts of torture or cruel, inhuman or degrading treatment or punishment by law enforcement personnel and bring perpetrators to justice, in order to fulfill its obligations under article 12.

government failures to comply with the “prompt and impartial” investigation requirements of the CAT. .For more, see Endnote 5.

The Committee properly linked the concern for proper investigation with concern for law enforcement officials;’ sense of impunity. Concluding Observations 2006, Paragraph 25.

Paragraph 25. The Committee is concerned at allegations of impunity of some of the State party’s law-enforcement personnel in respect of acts of torture or cruel, inhuman or degrading treatment or punishment.

The Committee notes the limited investigation and lack of prosecution in respect of the allegations of torture perpetrated in areas 2 and 3 of the Chicago Police Department (art. 12). The State party should promptly, thoroughly and impartially investigate all allegations of acts of torture or cruel, inhuman or degrading treatment or punishment by law -enforcement personnel and bring perpetrators to justice, in order to fulfill its obligations under article 12 of the Convention. The State party should also provide the Committee with information on the ongoing investigations and prosecution relating to the above mentioned case

6. The Committee also called for systematic collection and reporting regarding ill-treatment allegedly committed by law -enforcement officials.

Paragraph 42: The Committee requests the State party to provide detailed statistical data, disaggregated by sex, ethnicity and conduct, on complaints related to torture and ill-treatment allegedly committed by law-enforcement officials, investigations, prosecutions, penalties and disciplinary action relating to such complaints. . . . The Committee encourages the State party to create a federal database to facilitate the collection of such statistics and information which assist in the assessment of the implementation of the provisions of the Convent ion and the practical enjoyment of the rights it provides.

V. Legal Framework

7. The CAT articles relevant to this concern are: Articles 10, 12 and 16.

VI. The CAT Committee List of Issues to the US for the Current Review of Particular Relevance to the Issues Raised in this Shadow Report

8. **CAT Issue 27:** In light of the Committee’s previous Concluding Observations, please provide information on:

- (a) Steps taken to ensure that all forms of torture and **ill-treatment of detainees by its military or civilian personnel**, in any territory under its de facto and de jure jurisdiction, as well as in any other place under its effective control, **is promptly, impartially, and thoroughly investigated**, and that all those responsible, including senior military and civilian officials authorizing, acquiescing or consenting in any way to such acts committed by their subordinates are prosecuted and appropriately punished, in accordance with the seriousness of the crime (para. 26) Are all suspects in prima facie cases of torture and ill-treatment as a rule suspended or reassigned during the process of investigation?

9. CAT Issue 42: [In its previous Concluding Observations 2006] the Committee expressed its concern about reports of brutality and use of excessive force by law enforcement officials and ill-treatment of vulnerable groups, in particular racial minorities, migrants and persons of different sexual orientation (para. 37) Such concerns have also been voiced by the Committee on the Elimination of Racial Discrimination and the Human Rights Committee (CERD/C/USA/CO/6, para. 25 and CCPR/USA/CO/3/Rev.1, para. 30). Please:

- (a) Describe steps taken to address this concern. Do these steps include establishing adequate systems for monitoring police abuses and developing adequate training for law enforcement officials? Furthermore, please **indicate steps taken by the State party to ensure that reports of police brutality and excessive use of force are independently, promptly and thoroughly investigated and that perpetrators are prosecuted and appropriately punished.** Information should also be provided on the impact and effectiveness of these measures in reducing cases of police brutality and excessive use of force.
- (b) Provide information on **measures taken by the State party to put an end to racial profiling used by federal and state law enforcement officials.** Have the federal Government and state governments adopted comprehensive legislation prohibiting racial profiling? Statistical data should also be provided on the extent to which such practices persist, as well as on complaints, prosecutions and sentences in such matters.

VII. Previous UN Body Recommendations



10. Concern for brutality and use of excessive force by law enforcement officials and ill-treatment of vulnerable groups, in particular racial minorities, migrants and persons of different sexual orientation has also been expressed by the Committee on the Elimination of Racial Discrimination (CERD), the body monitoring US compliance with its obligations under the International Convention for the Elimination of All Forms of Racial Discrimination (ICERD),²⁰ and by the Human Rights Committee (HRC), the body monitoring US compliance with the International Convention on Civil and Political Rights (ICCPR).²¹

²⁰ See the CERD's 2008 Concluding Observations at CERD/C/USA/CO/6, para. 25.

²¹ See the HRC's 2006 Concluding Observations at CCPR/USA/CO/3/Rev.1, para. 30. Of particular relevance to the experience of Chris Lollie (St. Paul, Minnesota), the Human Rights Committee stated:

30. The Committee reiterates its concern about reports of police brutality and excessive use of force by law enforcement officials. The Committee is concerned in particular by the use of so-called less lethal restraint devices, such as electro-muscular disruption devices (EMDs), in situations where lethal or other serious force would not otherwise have been used. It is concerned about information according to which police have used tasers against . . . people who argue with officers or simply fail to comply with police commands, without in most cases the responsible officers being found to have violated their departments' policies. (articles 6 and 7)

The State party should increase significantly its efforts towards the elimination of police brutality and excessive use of force by law enforcement officials. The State party should ensure that EMDs and other restraint devices are only used in situations where greater or lethal force would otherwise have been justified, and in particular that they are never used against vulnerable persons. The State

11. Most recently, the CERD renewed the concern for prompt, thorough, and independent investigation of reported police ill-treatment in Paragraphs 17(a) and 17(b) of its August 29, 2014 Concluding Observations.²² To emphasize this concern, the CERD invoked Article 9, paragraph 1, of the Convention and rule 65 of its amended rules of procedure to request the US to provide an progress report on Paragraphs 17(a) and 17(b) within one year. See CERD 2014 Concluding Observations, Paragraph 33

VIII. Recommended Questions to the US

12. Nearly 20 years after the US ratified the Convention Against Torture and Other Forms of Cruel, Inhuman or Degrading Treatment or Punishment (CAT), what evidence have you produced for the record of this review to document 1) that the existence of the Convention Against Torture and Other Forms of Cruel, Inhuman or Degrading Treatment or Punishment (CAT) is known by local officials and law enforcement officers throughout the US, 2) that its provisions are accepted by them; and 3) that they have been incorporated into law enforcement oversight and daily operations at the state and local level in the United States?

13. What statistics do you rely on to demonstrate whether racial profiling and degrading treatment (ill-treatment) by law enforcement officials is on the decline?

14. Given the on-going number of complaints of police brutality and misconduct, does it appear to you that the current process of administrative complaint and civil lawsuit is adequate to adequately address the roots of these complaints?

15. In light of the general failure by the current alignment of federal agencies to achieve national awareness of the CAT and to implement its provisions, especially at the state and local levels where most law enforcement activity occurs, what is the US objection to formation of an independent national human rights institution to develop a national plan of action and comprehensively coordinate and advance implementation of the CAT (and the other ratified human rights treaties) at all levels of US government – federal, state, and local?

IX. Suggested Recommendations

party should bring its policies into line with the United Nations Basic Principles on the Use of Force and Firearms by Law Enforcement Officials.

²² Specifically in Paragraph 17(a), the CERD urged the US to “ensure that each allegation of excessive use of force by law enforcement officials is **promptly and effectively investigated**; that the alleged perpetrators are prosecuted and, if convicted, punished with appropriate sanctions; that investigations are re-opened when new evidence becomes available; and that victims or their families are provided with adequate compensation.”

16. We respectfully request that the Committee find 1) no significant improvement in the US in the awareness and implementation of the CAT at the state and local level and 2) that the US has failed to demonstrate that it has taken effective measures pursuant to the CAT to reduce the overall incidence of cruel, inhuman, and degrading treatment by law enforcement officials experienced particularly by vulnerable groups, in particular racial minorities, migrants and persons of different sexual orientation.

17. Specific recommendations, therefore, include the following:

1. Reissuance of the recommendations made in the Committee’s previous review relating to cruel, inhuman, and degrading treatment and punishment.
2. Reinforcement of the recommendations relating to cruel, inhuman, and degrading treatment and punishment made by other human rights monitoring bodies (the CERD and the Human Rights Committee) that have addressed these conditions in terms relevant to their particular treaties.
3. Recommendation that the US authorize an independent national human rights institution to develop a national plan of action and comprehensively coordinate and advance implementation of the CAT (and the other ratified human rights treaties) at all levels of US government – federal, state, and local

ENDNOTES

“Prompt and Impartial” Investigation

Endnote 1. Michael Brown

NAACP calls for special prosecutor in Michael Brown shooting case, Washington Post By Mark Berman August 21, 2014 at <http://www.washingtonpost.com/news/post-nation/wp/2014/08/21/naACP-calls-for-special-prosecutor-in-michael-brown-shooting-case/> “We need to talk about justice for Michael Brown,” Cornell William Brooks, the organization’s new president and chief executive, said in a statement sent out on Thursday afternoon. “Justice rests in the hands of one person: St. Louis County Prosecutor Bob McCulloch, a man with deep personal, family, and professional ties to the local police department.”

See also <http://www.yourblackworld.net/naACP-wants-ferguson-prosecutor-gone-he-says-no-way/> “Reportedly, McCulloch said during a radio interview, Wednesday that he has “absolutely no intention” of recusing himself. During the same interview, he stated that prosecutors, who began presenting evidence to a grand jury on Wednesday, could possibly need **another two months.**”

The call for an independent prosecutor continues to be raised as grand jury process and investigation fails to meet “prompt and impartial” standard: “McCulloch has said previously that the investigation is expected to last into mid-October. A spokesman for McCulloch was out of the office this week and didn’t respond to calls from The Associated Press seeking an update on the status of the investigation.” ∴ Ferguson protesters call anew to remove prosecutor, by Alan Scher Zagier, Associated Press, September 16, 2014 at

<http://www.newsobserver.com/2014/09/16/4157549/ferguson-protesters-call-anew.htm>. Critics have noted that the use of a grand jury by a County Attorney, such as is being used in the Michael Brown case and others, such as Terrance Franklin (see below), is no assurance of an “impartial” investigation or process for reviewing complaints of police misconduct. As Minnesota civil and human rights attorney, Jordan Kushner explains at <http://www.tcdailyplanet.net/news/2013/09/20/e-democracy-terrance-franklin-mike-feeman-and-grand-jury-scam> :

For those concerned, it is important to realize that the grand jury process is completely a political tool to avoid political responsibility and transparency.

[The County Attorney] has no legal obligation to have a grand jury make the decision. A grand jury is only required in Minnesota to charge cases of first degree murder and certain career sex offender cases that carry mandatory life imprisonment. This case does not fit first degree murder (premeditated or other inapplicable circumstances). It is at most a second degree murder case if an officer intentionally shot Terrance Franklin without justification. The county attorney almost never uses a grand jury if he does not have to do so. It is a needless expenditure of time and money. The office just makes its own decision. The only exception is when a police officer is accused of criminal conduct, or other rare politically sensitive cases where the county attorney wants to avoid accountability for the decision whether to bring criminal charges.

The next thing to realize is that if a grand jury "decides" not to return an indictment (criminal charge) because the county attorney does not want it to. In the secret grand jury proceedings, the county attorney exclusively decides what testimony and evidence to present to the grand jury. The oft-repeated saying/cliche in the field is "you can indict a ham sandwich." The only time you hear about a grand jury not returning an indictment is when the case involves a police officer. It is just a convenient way for the county attorney to avoid ownership of the decision.

It is also a convenient way for the county attorney to avoid having to explain his decision and keep the public in the dark. The other politically convenient aspect of the grand jury is that the law requires proceedings to be secret. The identity of the grand jurors is secret so we don't get to hear from the people who decided not to indict why they made the decision. Since the witnesses and evidence presented to the grand jury is also secret (at least the county attorney is not allowed to reveal it), Freeman can avoid disclosing what evidence he (or his prosecutors) presented. He therefore gets to hide behind a legal wall that he has chosen to erect.

The straightforward, honest and open way to handle the matter would be for [the County Attorney] to just decide himself whether or not to charge any police officers (like he would do in any other case), share the evidence developed and explain his interpretation. Members of the public could then make their evaluations. Given the smoke-and-mirror approach of the grand jury process, it is understandable and arguably justifiable to conclude that the [County Attorney] and the system are engaged in a cover-up. I personally have no way of knowing what happened, and it is an open question how much we can ever find out since the only witness other than the cops is dead. However, thanks to [the County Attorney]. we don't get to find out what there is to know.

Endnote 2. Terrence Franklin

“What really happened to Terrance Franklin? Three months and counting “ By [Mary Turck, News Day](#), August 15, 2013, at <http://www.tcdailyplanet.net/news/2013/08/15/what-really-happened-terrance-franklin-three-months-and-counting>

“Terrance Franklin was shot to death by Minneapolis police on May 10. He was shot after a police chase, in a basement laundry room, where the only people present were Minneapolis police officers, their dog, and Terrance Franklin. Since then, demonstrations and demands for action and information have been met with the standard "we're investigating" line from MPD and promises of a grand jury investigation. But no information. Not from the police. Not from the coroner. Not from the county attorney.

.....

But what's taking so long? This is not a case with dozens of witnesses or boxes full of complicated documents. This is not a case with a long timeline, or wiretaps that need to be transcribed.

How long does it take for an autopsy? How long does it take to gather the evidence of what happened in that basement laundry room where Terrance Franklin was shot to death? How long does it take to get statements from the police officers who were present — or to acknowledge that they are "taking the Fifth" and refusing to testify because they might incriminate themselves? How long does it take to get the case to a grand jury?

In May, writing in the Minnesota Spokesman-Recorder, Mel Reeves quoted police spokesperson Cindy Barrington as saying, “We don’t anticipate hearing anything for four weeks. As soon as we have confirmed data that’s public, we will present it.”

That was May. This is August. “

Endnote 3. Al Flowers

The Al Flowers case raises issues of whether official investigations of police misconduct by local officials are adequate in scope, prompt, and impartial.

See Al Flowers files excessive force complaint against Minneapolis police, Minnesota Public Radio, [Brandt Williams](#) · Minneapolis, Sep 10, 2014, <http://www.mprnews.org/story/2014/09/10/al-flowers-files-excessive-force-complaint>

“Flowers alleges he was beaten by police officers who came to arrest his teenage daughter July 25. Police arrested Flowers on suspicion that he assaulted an officer. Flowers' booking photo showed him with cuts on his face. {No criminal charges have been brought against Flowers.]

"The force used was excessive and unnecessary," said [Flowers' attorney, State Senator Bobby Joe] Champion. The complaint was filed with the city's Office of Police Conduct Review. People who file complaints with the Office may request that a civilian or a police investigator look at their cases. Champion said he requested an 'independent' investigator look at what happened that night in July.

Lewis was chosen by Mayor Betsy Hodges to lead the city's probe of the same incident.

However, Champion said the scope of that investigation is too narrow because Lewis will

[only] examine if police violated department policies. The investigation should determine whether or not the use of force by officers and if Flowers' arrest were justified, Champion said.

Activist Al Flowers files complaint alleging police misconduct, alleges misconduct by officers during arrest at his home in July, by Libor Jany, Star Tribune, September 9, 2014 - 9:28 PM <http://www.startribune.com/local/minneapolis/274532951.html>

Flowers' lawyer, [State Senator] Bobby Joe Champion, said Tuesday that his client is still recovering from eye and rib injuries sustained in the altercation with police.

Champion said he was pleased with Lewis' appointment, but said he would prefer a broader inquiry "to reassure not just Mr. Flowers, but the public, that we can trust our leadership, that they're going to do what's in the best interests of the public."

Champion said he would prefer that the police department not be involved in the investigation.

"We believe that it should not be the police department gathering and compiling that information, because it has the perception of being tainted or biased, or lacking objectivity," Champion said.

Endnote 4. Chris Lollie

The You Tube Video and Audio of Chris Lollie's Tasing and Arrest

<https://www.youtube.com/watch?v=UWH578nAasM&feature=youtu.be>

St. Paul Police Tase And Arrest Black Man Sitting In Skyway [VIDEO]

Aug 29, 2014, by Hannington Dia, <http://newsone.com/3049340/chris-lollie-arrest>

New St. Paul skyway arrest video released by police

St. Paul Pioneer Press, by [Mara H. Gottfried, mgottfried@pioneerpress.com](mailto:mgottfried@pioneerpress.com), 09/10/2014 12:01:00 AM CDT, Updated: 09/10/2014 09:24:55 PM CDT

http://www.twincities.com/crime/ci_26505612/st-paul-skyway-arrest-video-released-by-police

This report includes the surveillance video of Chris Lollie and the confrontation with police in the downtown St. Paul skyway. NOTE: The footage is overlaid with the audio recording from Lollie's cell phone that he uploaded to YouTube. The man seen standing close by the arrest is a plain-clothes officer.

St. Paul stun gun arrest: Police release skyway surveillance video

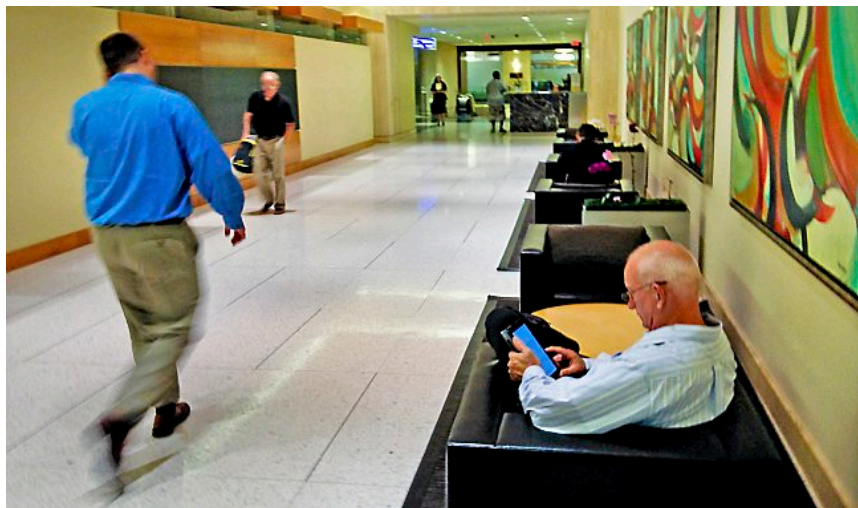
[Curtis Gilbert](#) · St. Paul, Minn. · Sep 10, 2014

St. Paul police have released surveillance videos that provide new details on the Jan. 31 arrest of Christopher Lollie. The department's Internal Affairs Unit is reviewing the arrest. [Mayor Chris Coleman ordered the review](#) after Lollie's cell phone video documenting the incident went viral, garnering more than 1 million views.

MPR News reporter Curtis Gilbert watched the videos, spoke to police officials and reviewed city rules to try to find out what happened and what areas of skyway are open to the public. Here's his review of what occurred:

...

Gilbert: Unlike Minneapolis, the entire St. Paul skyway system is public space. I spent almost an hour today [September 10, 2014] sitting in the exact same chair where Chris Lollie was, typing on my laptop, and fiddling with my phone. Security never came up and asked me what I was doing there.



Tevlin: Lessons in Lollie videos, for untrained minds, September 13, 2014 - 10:41 PM, by [JON TEVLIN](#) , Minneapolis Star Tribune

<http://www.startribune.com/local/stpaul/275020771.html>

.....

When I first saw the video of St. Paul Police arresting Chris Lollie, a young black man, in the city's skyways, my gut instinct was it looked like overkill by the officers.

But the video, shot by Lollie, shows only his perspective. I count several cops among my friends, and I've seen how jumping to conclusions based on a single vantage point can be dangerous. So I withheld my opinions on the case until police released a second version of events, culled from video monitors inside First National Bank Building and Securian Center.

The new videos didn't change my mind.

.....

Faced with the same situation, I likely would have complied and walked away unharmed, save for the small piece of my soul that I left behind.

But because I'm not a young black man, cops don't routinely stop me and ask for identification; Lollie is likely simply tired of it. I mentored a black teen for years, and the only time I was ever followed in a store was when we were together. Enough said.

I'm also pretty sure that if I did assert my rights in such a situation, I wouldn't end up face-planted to the carpet.

The cops say Lollie was resisting arrest, but it's not supported by the videos.

Mayor Coleman requests review of controversial arrest captured on video

[Mukhtar Ibrahim](#), Minnesota Public Radio, St. Paul, Minn. · Aug 29, 2014

<http://www.mprnews.org/story/2014/08/29/st-paul-arrest-review-requested>

Lollie said in an interview on Friday that he is convinced that the officers questioned and arrested him because he is black. Lollie said he tried to talk to the officers, but it "it was just color of my skin that made them want to escalate" the situation.

"My demeanor was what really saved me," he said. Lollie said he thinks his video of his encounter with police went viral largely because there is increased attention on police arrests of black men following the death of an 18-year-old by an officer in Ferguson, Missouri.

"This is happening every day, everywhere across the United States of America," Lollie said. "The premise of what happened in Ferguson remains the same everywhere. We need protection. We need the police. We really do, but we don't need the police we have right now. Not at all."

.....

St. Paul Police Department Manual: They should not have Tasered Chris Lollie

By [Mary Turck](#), [News Day](#)

September 12, 2014

<http://www.tcdailyplanet.net/blog/mary-turck/st-paul-police-department-manual-they-should-not-have-tasered-chris-lollie>

The St. Paul Police Department Manual states:

- The ECD shall not be used in any interview or interrogation situation unless the physical defense of the officer or others becomes an issue.

- The ECD should not be used as a pain compliance technique including used to escort or prod individuals. ...
- A subject who is simply walking or running away from a scene and not posing assaultive/violent or potentially assaultive/violent behavior should not be exposed to the ECD.”

That’s what the [St. Paul Police Department Manual](#) says about prohibited use of “Electronic Control Devices,” one of which was deployed against Chris Lollie in January. Chris Lollie is the St. Paul man who was waiting for his kids to get out of daycare in downtown St. Paul, and was then shot with the ECD and arrested after he refused to give police his name.(Taser is a registered trademark for one brand of ECD.) All charges against Lollie later were dropped.

There’s lots more. Section 246.05 of the police manual says the ECD should be used to control “potentially violent or assaultive subjects.” That’s definitely not what is shown in either [Chris Lollie’s cell phone video](#) or the [downtown building surveillance videos](#) released this week by the police.

The police manual raises another important question: **Why wasn’t there a report long before now on the incident?** The manual says, “Officers shall clearly articulate and justify each and every cycle used against a subject in a written report,” and also “Each time an officer deploys an ECD they shall file a written police report documenting the use of force and their supervisor will also file a Supervisory ECD Deployment Form.” Where are those reports?

...

Let’s see what the reports have to say. And if there are no reports, that calls for another level of review, not only for misuse of the weapon against a clearly non-threatening civilian, but also for failure to follow departmental procedures that closely regulate the use of this dangerous weapon.

Endnote 5. Maria Iñamagua

The only hearing held in the US Senate to-date regarding US implementation of the Human rights treaties was a hearing conducted on December 16, 2009 by the US. Senate Judiciary Committee’s Subcommittee on Human Rights and The Law. For the hearing, encouragingly entitled “**THE LAW OF THE LAND: U.S. IMPLEMENTATION OF HUMAN RIGHTS TREATIES**”, extensive comments were provided by NGOs across the country, including by the *Maria Iñamagua Campaign for Justice*, whose comments addressed government failures to comply with the “prompt and impartial” investigation requirements of the CAT, as follows:

I. Our Request for Human Rights Investigation Under Ratified Human Rights Treaties

In our letter dated July 14, 2006 to the Inspector General for the Department of Homeland Security (**copy attached**), we called for a **prompt and impartial human rights investigation** into Maria’s death as required by the Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT), Part I, Articles 12, 13 and 16.

In our letter, we summarized the publicly reported facts surrounding Maria's death which provided a sound basis ("reasonable cause" is the treaty term) to investigate. We also cited seven specific violations of international treaty obligations. Specifying these violations, we stated:

...

- Fourth, the United States has an obligation to ensure that any individual who alleges that he has been subjected to "cruel, inhuman, or degrading treatment" in any territory under its jurisdiction has the right to complain and to have his case promptly and impartially examined as required by the Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, Part I, Articles 13 and 16.
- Fifth, the United States has an obligation to ensure that its competent authorities proceed to a prompt and impartial investigation, wherever there is a reasonable ground to believe that an act of "cruel, inhuman, or degrading treatment" has been committed in any territory under its jurisdiction as required by the Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, Part I, Articles 12 and 16.

To-date, no prompt and impartial investigation has been made with respect to Maria's death. Hopefully this formal request for an investigation by the Office of Inspector General (a "competent authority") will result in one.

...

While we were eventually promised a thorough investigation in writing by the Inspector General some seven months later (February 28, 2007), the investigation did not actually start until May 2007, and did not issue its Report for more than another year (June 2008). This was hardly the "prompt" investigation we requested as required by the CAT, Part I, Articles 13 and 16. In addition, the investigation conducted was not at all the thorough and impartial human rights investigation that we requested and is required by the CAT. It was not a thorough human rights investigation because it did not address any of the violations of human rights treaties that we had identified in our July 14, 2006 letter quoted above. It was not impartial either, since its final report was preceded by five months of exclusive closed-door communication (mid-January to mid-June 2008) between the investigating body, the Office of the Inspector General of the Department of Homeland Security, and the subject of the investigation, the DHS's Bureau of Immigration and Customs Enforcement, regarding what the report would ultimately say. Maria's family and community of concern were not permitted to participate in or even to observe these communications.

As a consequence, needless to say, the Report that resulted from this process was not satisfactory. We analyzed that Report in comments to the Inspector General and requested that he complete the investigation. **Copy attached.** Regarding the human rights treaty shortcomings of the investigation, we stated:

V. Shortcomings of the Inspector General's Report

The Inspector General's Report is not the "prompt and impartial" human rights review that the United States promised when it ratified the International Covenant on Civil and Political Rights (ICCPR) in 1992 (Part I, Articles 13 and 16) and the Convention on Convention Against Torture and Other Forms of Cruel, Inhuman or Degrading Treatment or Punishment (CAT) in 1994 (Articles 12 and 16).

Coming more than two years after Maria Iñamagua's death and almost two years after the human rights investigation was formally requested, the Report is hardly "prompt".

And as to the "impartial" requirement, there have been too many structural elements, one-sided aspects of the "editing" phase of this review process, that prevent the Report from meeting that standard. Examples of the Inspector General's one-sided process:

- On January 13, 2008, five months before the Inspector General issued his Report, the Inspector General gave ICE a copy of the Draft Report for its review and comment. No such opportunity was afforded Maria's family or the community groups that had filed the complaint.
- During the five month period (mid-January — mid-June), ICE had access to dialogue with ICE staff members about the substance and wording of the Draft Report. In contrast, under OIG policy and practice, Maria's family and the community groups that had filed the complaint were not allowed a similar opportunity. While the Inspector General and ICE may believe there are benefits to such an uneven process, such a process can hardly be called, fair, even-handed, and impartial.

The *Maria Iñmagua Campaign for Justice* recommends that the Inspector General reconsider that policy and practice for future investigations/reviews and publish the guidelines it will follow in conducting its reviews/investigations.

No reply from the Inspector General was received and to the best of our knowledge beyond holding this subcommittee hearing on December 16, 2009, no action regarding implementation of the human rights treaties has been taken by the US Senate.

Shadow Report from Minnesota: A Human Rights Perspective on
"Prompt and Independent" Investigations of Law Enforcement Misconduct

Addendum – Update – October 17, 2014

The US Department of Justice (USDOJ) continues to miss golden opportunities to “ensure that reports of brutality and ill-treatment of members of vulnerable groups by its law -enforcement personnel are independently, promptly and thoroughly investigated and that perpetrators are prosecuted and appropriately punished”, as recommended in the Committee’s 2006 Concluding Observation., Paragraph 37 and by other UN review bodies cited in the text of our Shadow Report

Subsequent to filing this Shadow Report from Minnesota, which focuses specifically on the ongoing failures of US governments at all levels to provide prompt, independent and thorough investigation of reports of police misconduct as required by the Convention Against Torture and Other Forms of Cruel, Inhuman or Degrading Treatment or Punishment (CAT), we have learned that the US Department of Justice (USDOJ) has just concluded a nine-month review of the Minneapolis Police Department’s oversight and discipline process, has presented its draft findings and recommendations to City officials, and will be presenting its final report within 3-5 weeks.

Based on the USDOJ’s draft findings and recommendations (USDOJ Report), it is clear that the USDOJ continues its history of failing to take reasonable steps to “ensure that reports of brutality and ill-treatment of members of vulnerable groups by its law -enforcement personnel are independently, promptly and thoroughly investigated and that perpetrators are prosecuted and appropriately punished”, as recommended in the Committee’s 2006 Concluding Observation., Paragraph 37.

In an October 8, 2014 Open Letter to the Communities of Minneapolis²³, Minneapolis Mayor Betsy Hodges extensively described the USDOJ’s review and listed its draft findings and recommendations as follows:

Following a 9-month-long review process [requested by the Minneapolis Chief of Police], the Department of Justice previewed their draft findings to City leaders and community stakeholders earlier today [October 8, 2014].

OJP [Office of Justice Programs (OJP) of the U.S. Department of Justice] noted several strengths in our police department:

- Chief Harteau’s realigning and reorganizing the department is moving in the right direction, and is shifting department culture toward accountability and transparency.
- Increased collaboration between residents and police is improving the police conduct review process, and bringing more accountability and transparency to it.
- The department’s new community-outreach strategies are starting to prove effective.
- There is alignment around these goals between elected leaders and department leadership that is unique among cities of our size.

²³ The Open Letter is available at <http://mayorhodes.com/2014/10/08/an-open-letter-from-mayor-betsy-hodges-to-the-communities-of-minneapolis>.

OJP stressed that it takes time in any police department for changes like these to take root in the department and be felt in community.

At the same time, OJP found that the most commonly reported types of officer misconduct are lack of respect, unprofessional language or tone, and lack of cultural competence and sensitivity.

The draft recommendations are that MPD should:

- Develop a new, prevention-oriented Early Intervention System, in partnership with community, for officers who show signs of going down the wrong path, and provide a broad range of interventions.
- Strengthen coaching for officers about their behavior and integrate it with the new Early Intervention System.
- Heighten transparency in the complaint process, and make more data about it available to community.
- Improve community relations by integrating model practices into community policing and expanding community engagement.
- Improve communications about the police conduct and oversight process.

The next step is that the Department of Justice will take the feedback that they heard from community stakeholders earlier today and will return with final recommendations in 4-6 weeks. Once we have received those final recommendations, we will begin the process of working with stakeholders to implement them.

Assuming that the Mayor's public presentation of the draft DOJ Report is accurate, two things are apparent:

First: The DOJ did not take this golden opportunity [an invitation from the Minneapolis Chief of Police] to educate local officials in Minneapolis by placing their obligations regarding police misconduct in the context of their obligations under the ratified human right treaties, including the CAT.²⁴

Second: with specific reference to local officials' obligation under the CAT and other ratified human rights treaties to provide independent, prompt and thorough investigation of police misconduct and to ensure that perpetrators are prosecuted and appropriately punished, the final DOJ Report is on track to have nothing to say. The draft DOJ report does not even make clear

²⁴ As cited in the main text of the Shadow Report, the other ratified human rights treaties that require prompt and independent investigation of police misconduct are the International Convention on Civil and Political Rights (ICCPR) and the International Convention for the Elimination of All Forms of Racial Discrimination (ICERD). UN monitoring committees for these treaties have also previously issued recommendations reminding the US to step up implementation of its obligation to ensure prompt and independent investigations of police misconduct. US officials have routinely failed to publicize these obligations and recommendations back home and to involve local officials (who are responsible for most of the police work in the US) in the UN's human rights review processes.

that such an obligation exists and also fails to assess Minneapolis performance of this obligation, a fundamental component of accountability and preventing police misconduct.

As long as municipalities such as Minneapolis can continue to view the integrity of its investigation of police misconduct via truly independent, prompt and thorough investigations as a “frill” or “optional” and as long as municipalities such as Minneapolis can skate through a DOJ review without being held to account for failure to fulfill this basic human rights obligation, police impunity will flourish and more Michael Browns will die.

We ask that the Committee take this concrete example of US failure to take *bona fide* steps to implement the CAT into consideration when it reviews US compliance and in shaping its Concluding Observations.

E. Working Group of Experts on People of African Descent Letter

Planning Committee for a Visit to Minneapolis By the United Nations' Working Group of Experts on People of African Descent

September 14, 2015

Mireille Fanon Mendes-France, Chairperson
Working Group of Experts on People of African Descent
Office of the United Nations High Commissioner for Human Rights (OHCHR)
Palais Des Nations 1211 Geneva 10, Switzerland
Dear Madam Chairperson and Working Group Members:

Re: Invitation to Visit Minnesota (Twin Cities of Minneapolis/St. Paul) During the Working Group's Country Visit to the United States

Why Minnesota? The growing economic inequities and the persistence of health disparities for Minnesotans of African descent are a matter of life and death.²⁵ Minnesota, a northern state with a relatively progressive history, has a national and international reputation for liberal leadership and legislation and, hence, may appear on the surface as a poor choice for a visit by the Working Group. However, in a visit to Minnesota, you will learn the truth of conditions for Minnesotans of African descent and why Minnesota been ranked the **second worst state for Black Americans**²⁶, worse than states whose unjust conditions have recently received greater media attention, such as Maryland, Missouri, Michigan, South Carolina, and Ohio.

Conditions meriting that status for Minnesota have been documented in three major studies that provide a good review of the inequitable conditions experienced by Minnesotans of African descent and present recommendations consistent with the International Convention for the Elimination of All Forms of Racial Discrimination (ICERD).

²⁵ This is not only our conclusion, but also the conclusion reached by high ranking health officials in the Minnesota Department of Health who have formally advised Minnesota's state legislators as follows: "The growing economic inequities and the persistence of health disparities in our great state are a matter of life and death for many. Communities across the state are being devastated by high rates of infant mortality, diabetes, suicide, and more." See the Cover Letter to Legislators, included as part of the Minnesota Department of Health's "Report to the Legislature: Advancing Health Equity in Minnesota (February 2015) online at http://www.health.state.mn.us/divs/chs/healthequity/ahe_leg_report_020414.pdf.

²⁶ 24/7 Wall Street, "The Worst States for Black Americans" at <http://247wallst.com/special-report/2014/12/09/the-worst-states-for-black-americans/>.

1. Minnesota Department of Health’s “Report to the Legislature: Advancing Health Equity in Minnesota (February 2014)”²⁷ at http://www.health.state.mn.us/divs/chs/healthequity/ahe_leg_report_020414.pdf and
2. Minnesota Shadow Report to CERD (2014), “A Human Rights Perspective on The Land of 10,000 Lakes Disparities, online at <http://www.cuapb.org/wp-content/uploads/2012/12/MN-Specific-ICERD-SR-2014-Final.pdf>.²⁸
3. Minnesota Council on Black Minnesotans (COBM) Report, “Disparity Analysis: A Review of Disparities Between White Minnesotans and Other Racial Groups: (2013), written by Jonathan M. Rose, online at <https://bay173.mail.live.com/mail/ViewOfficePreview.aspx?messageid=mgzv2a5PBY5RGyHgAjfeSwdA2&folderid=flinbox&attindex=0&cp=-1&attdepth=0&n=68683939>.

In Minnesota you will find severe conditions that correspond to issue areas that we understand your Working Group has identified for particular focus in your visit to the US:

- 1) Police Violence;
- 2) Criminal Justice System; and
- 3) Poverty/Economic Conditions.

Police Violence in Minnesota

Fatal shootings by police across Minnesota are on the rise — 46 people were killed from 2009 through 2013, more than twice as many as were killed in the five years prior.

²⁷ This groundbreaking study is the first State Executive Branch department in the country to 1) trace the roots of health to social and economic determinants such as housing, employment, education, etc. , 2) trace those health disparities to structural racism, which the report defines as structures and systems shaped by public policies that “routinely advantage white people while producing cumulative and chronic adverse outcomes for people of color and American Indians” (Health Equity Report at page 11), and 3) call for the elimination of those disparities through policy examination and reform. Sound as this Report is, the reforms it calls for have not yet been placed by state officials in the context of obligations of the International Convention for the Elimination of All Forms of Racial Discrimination (ICERD).

²⁸ The Minnesota Shadow Report to the CERD places Minnesota’s disparities in the context of the human rights obligations the US has (at all levels of government) to take special measures to eliminate these inequities. The Shadow Report also notes potentials at the state and municipal level to take action consistent with these obligations. See Shadow Report, pages 2-4. In its visit to Minnesota, the Working Group will have an opportunity to monitor what Minnesota officials at the state and municipal level have done with these opportunities.

- St. Paul’s Police Department leads the state in this regard. Beginning in 2009, St. Paul officers have shot and killed 11 men, nine of whom were people of color. Source: Minnesota Bureau of Criminal Apprehension (BCA) data.²⁹
- The Minneapolis Police Department leads the region in excessive force complaints leading to high settlement costs. To illustrate: between 2006-2012, Minneapolis paid nearly \$14M in cases of alleged misconduct. A settlement-discipline gap, however, may promote a sense of impunity.³⁰

Studies witnessing to numerous incidents of lethal excessive force in Minnesota include “Stolen Lives” (2014) compiled by Communities United Against Police Brutality (CUAPB).³¹ And to illustrate that police non-accountability has been an unaddressed problem in Minneapolis as well as nationally, see the earlier Human Rights Watch Report, “Shielded from Justice: Police Brutality and Accountability in the United States” (1998).³²

Among the recent police-related deaths in Minnesota, two lethal incidents, one in St. Paul and one in Minneapolis, exemplify the failure to the prompt, independent investigation and prosecution that municipalities are required to provide in such cases pursuant to two human rights treaties ratified by the US in 1994: 1) the International Convention for the Elimination of All Forms of Racial Discrimination (ICERD) and the Convention Against Torture and Other Forms of Cruel, Inhumane, and Degrading Punishment or Treatment (CAT).

Terrence Franklin, Minneapolis, killed May 10, 2013

Marcus Golden, St. Paul, killed January 14, 2015

In neither of these cases was a prompt, independent, effective investigation undertaken. Neither state law nor municipal ordinances required it and none has been provided.

In September 2014, Minnesotans submitted a Shadow Report to the UN, focusing on the obligation to provide prompt, independent investigation and prosecutions. The Shadow Report

I. ²⁹ See “St. Paul police officers lead in rising use of deadly force // Community leaders ask hard questions about deaths of black suspects” by Nicole Norfleet and James Walsh, Minneapolis Star Tribune, February 7, 2015 online at <http://www.startribune.com/st-paul-police-officers-lead-in-rising-use-of-deadly-force/291169771/>.

³⁰ See Minneapolis Star Tribune article “**Minneapolis cops rarely disciplined in big-payout cases // Minneapolis paid nearly \$14M in cases of alleged misconduct from 2006-2012**” by Alejandro Matos and Randy Furst (June 3, 2013).

³¹ See “Stolen Lives” at <http://www.cuapb.org/wp-content/uploads/2012/12/Minnesota-Stolen-Lives-Names-2013.pdf>.

³² See this report at online at <http://www.hrw.org/legacy/reports98/police>. The section on Minneapolis is online at <http://www.hrw.org/legacy/reports98/police/uspo84.htm>.

highlights several recent local instances of lethal and non-lethal excessive force.³³ UN committees monitoring US compliance with the ICERD and the CAT have made the US treaty obligations regarding “investigations and prosecutions” a priority. They have asked the US to file Follow-Up Reports on steps they have taken to ensure proper investigation and prosecution of excessive force cases at the state and municipal level. Final review and action by the UN monitoring committees on the US Follow-Up Report will not be taken until after the Working Group’s visit to the US.

Another focus on the problem of police violence is provided by the fact that the US Department of Justice (DOJ) has named Minneapolis one of the six cities nationwide that it will be specially working with to improve police/community trust.³⁴ Hopefully part of the DOJ’s work will include attention to working with local officials to improve the city’s structure for police operations and accountability consistent with the human rights standards.

In light of the UN’s on-going review regarding police accountability measures, the Working Group’s visit to Minnesota in January will give it the opportunity to see what Minnesota is or is not doing on these important police accountability issues and thereafter be able to convey its first-hand findings to the UN Human Rights Council and the UN’s treaty monitoring committees.

Criminal Justice System in Minnesota

The Unheeded Call for Systemic Court Reform (May, 1993): see MINNESOTA SUPREME COURT TASK FORCE ON RACIAL BIAS IN THE JUDICIAL SYSTEM Final Report (May 1993)³⁵. Despite this powerful report, Minnesota continues to have one of the nation’s highest disparity in rates of incarceration, relative to white, of its American Indian and African-American populations.

| Number and rate of adults incarcerated in the Minnesota Department of Corrections Prison System as of July 1, 2013 | | | | |
|---|---------------------|-------------------|-------------|------------------------|
| | Incarcerated | Population | Rate | Disparity Ratio |

³³ See Shadow Report from Minnesota: A Human Rights Perspective on “Prompt and Independent” Investigations of Law Enforcement Misconduct, copy attached.

³⁴ See the DOJ’s News Release regarding its “National Initiative for Building Community Trust and Justice” online at <http://www.justice.gov/opa/pr/attorney-general-holder-announces-first-six-pilot-sites-national-initiative-building-0>. The six cities selected for this DOJ program are: Birmingham, Alabama; Ft. Worth, Texas; Gary, Indiana; **Minneapolis, Minnesota**; Pittsburgh, Pennsylvania; and Stockton, California.

II. ³⁵ See this Report online at [http://www.mncourts.gov/documents/0/Public/Court Information Office/Race Bias Report Complete.pdf](http://www.mncourts.gov/documents/0/Public/Court%20Information%20Office/Race%20Bias%20Report%20Complete.pdf). The Supreme Court continues to work on this. See also, August 21, 2015 Minneapolis Star Tribune Commentary “A fairer court system in Minnesota? Yes, with miles to go” online at <http://www.startribune.com/a-fairer-court-system-in-minnesota-yes-with-miles-to-go/321927241/>.

Reform of the judicial system has never been placed in the context of the obligations of the International Convention for the Elimination of All Forms of Racial Discrimination (ICERD).

| | | | | |
|---------------------------|-------|---------|---------|-------------|
| Black or African American | 3,384 | 287,165 | 1,178.4 | 10.3 |
| American Indian | 860 | 56,230 | 1,529.4 | 13.4 |

Source: Incarcerated: Minnesota Department of Corrections adult inmates as of 07/01/2013.
Retrieved from: <http://www.doc.state.mn.us/PAGES/>

Roots: Human rights activists and scholars in Minnesota have identified some of the roots of these disparities, including these: 1) uncorrected School Discipline Policies that deny equal education opportunities and increase jeopardy of incarceration³⁶, 2) failure to implement viable activity to reduce Disparate Minority Contact (DMC) with the Juvenile Justice System³⁷, and 3) unequal impact of drug and crime control policies and practices.³⁸

³⁶ See Minnesota Minority Education Partnership Policy Brief: Solutions Not Suspensions – Ending the Discipline Gap in Minnesota Public Schools online at http://mmep.org/wp-content/uploads/2014/03/official_sns_research-policy_brief.pdf. For a nationwide report on this problem, see Opportunities Suspended: The Disparate Impact of Disciplinary Exclusion from School by Daniel J. Losen and Jonathan Gillespie, August 2012 online at <http://civilrightsproject.ucla.edu/resources/projects/center-for-civil-rights-remedies/school-to-prison-folder/federal-reports/upcoming-ccrr-research/losen-gillespie-opportunity-suspended-2012.pdf>.

³⁷ See Swayze and Buskovich, On The Level: DMC in Minnesota’s Juvenile Justice System (October 2012) Minnesota Department of Safety online at

https://dps.mn.gov/divisions/ojp/forms-documents/Documents/On%20The%20Level_FINAL.pdf
Further reason to take measures to reduce contact by African-American juveniles with the juvenile justice system is that they are “18 times more likely than White children to be sentenced as adults and ...represent 58% of children sentenced to adult facilities “ with severe results for these children: “Relative to peers sent to juvenile facilities, children who are sentenced as adults are twice as likely to be assaulted by a correctional officer, five times as likely to be sexually assaulted, and eight times as likely to commit suicide.” See “The Essence of Innocence: Consequences of Dehumanizing Black Children”, Goff, et al., *Journal of Personality and Social Psychology*, 2014, Vol. 106, No. 4, 526–545 (February 2014) online at <http://www.apa.org/pubs/journals/releases/psp-a0035663.pdf>.

³⁸ See, for example Minnesota Civil Liberties Union, Picking Up the Pieces – Policing in America: A Minneapolis Case Study at <https://www.aclu.org/feature/picking-pieces>; Simms, Collateral Costs: Racial Disparities and Injustice in Minnesota’s Marijuana Laws (April 2014), 2020 Minnesota at <http://www.mn2020.org/issues-that-matter/economic-development/collateral-costs-racial-disparities-and-injustice-in-minnesotas-marijuana>. See also **Punishing Race: A Continuing American Dilemma (Studies in Crime and Public Policy)** by University of Minnesota Law School professor Michael Tonry (July 2012). See summary review of Tonry’s key findings and recommendations at http://www.amazon.com/Punishing-Race-Continuing-American-Dilemma/dp/0199926468/ref=sr_1_1?ie=UTF8&qid=1402955416&sr=8-1&keywords=punishing+race, including that crime policies are among a set of social policies enacted since the 1960s that have maintained white dominance over black people despite the end of legal discrimination.

Poverty/Economic Health Conditions in Minnesota

This category includes several inequities in which Minnesota’s record is outstanding:

1. **Leading Health Indicators / Mortality and Income:** The persistent inequities (in the environment, opportunity and healthy living) for people of African descent in Minnesota are illustrated most starkly by comparing 1) mortality/death rates, 2) infant mortality rates, and 3) income by race and ethnicity.

Death Rate: The rate of death for Minnesotans of African descent is consistently much higher than the death rate of the state’s White population across all age groups, apart from the elderly.

Table 1: Mortality rates per 100,000 by race/ethnicity and age, Minnesota 2007–2011 Age at Death

| Race/Ethnicity | 1–14 | 15–24 | 25–44 | 45–64 | 65+ |
|---------------------------|------|-------|-------|-------|---------|
| Black or African American | 23.8 | 82.2 | 144.4 | 771.6 | 3,670.0 |
| White | 13.5 | 47.7 | 89.4 | 433.7 | 4,473.0 |

Source: Minnesota Department of Health (MDH), Center for Health Statistics

Infant Mortality Rate: The rate of infant mortality for Minnesotans of African descent is more than twice that of Whites.

Table 2: Infant mortality per 1,000 births by race/ethnicity of mother, Minnesota 2006–2010 (birth year) Race/Ethnicity of Mother

| | Black or African American | American Indian | Asian | Hispanic* | White | Total |
|-----------------|---------------------------|-----------------|-------|-----------|-------|-------|
| Rate | 9.8 | 9.1 | 4.9 | 4.8 | 4.4 | 5.1 |
| Disparity Ratio | 2.2 | 2.0 | 1.1 | 1.1 | 1.0 | 1.2 |

Even when controlling for the education of the mother, infant mortality rates are still higher for African American mothers, at a ratio of nearly two to one.³⁹

³⁹ See tables 3 and 9 on page 81 of the Minnesota Department of Health’s Report to the Legislature: Advancing Health Equity in Minnesota (February 2014), hereafter The Minnesota Health Equity Report, online at http://www.health.state.mn.us/divs/chs/healthequity/ahe_leg_report_020414.pdf; Executive Summary at <http://www.health.state.mn.us/divs/chs/healthequity/aheexecutivesummary.pdf>; Recommendations at <http://www.health.state.mn.us/divs/chs/healthequity/recommendations.htm>; the Report’s terminology including structural inequities and structural racism at <http://www.health.state.mn.us/divs/chs/healthequity/definitions.htm>.

Poverty/Income: While Minnesota’s average per capita income is \$30,529, the income disparities are severe.

Per capita income - Minnesota 2012

| Black or African American | American Indian | Asian | Hispanic* | White |
|----------------------------------|-----------------|----------|-----------|-----------------|
| \$14, 820 | \$17,014 | \$25,121 | \$15,569 | \$32,750 |

Source: 2012 Census ACS 1 year, B19301 (race alone).

And the numbers are even worse with respect to children in communities of color and American Indians:

| | Black or African American | American Indian | Asian | Hispanic* |
|---------------------------------------|----------------------------------|-----------------|----------|-----------|
| % Children Under 18 below poverty | 46.1% | 37.8% | 20.4% | 30.4% |
| Ratio to White Under 18 below poverty | 4.8 to 1 | 3.9 to 1 | 2.1 to 1 | 3.1 to 1 |

Source: 2012 Census ACS 1 year, B19301 (race alone).

Economic jeopardy in Minnesota’s African-American communities also is deepened by a lack of assets. Nearly two-thirds of African-American Minneapolis-St. Paul residents, compared with about one-fourth of the cities’ white residents, live in ‘*asset poverty*,’ meaning they do not have enough assets to live above the poverty level for three months if they lose their main source of income. Health Equity Report at page 91.

Three additional key economic indicators are housing, unemployment, and education.

A. **Housing:** Minnesota ranks first nationally (i.e., is the worst) in the disparity between African-American homeownership (21%) and White homeownership (75.5%). Substantial disparities exist for other communities of color and American Indians.

Percent of housing units that are owner occupied by race/ethnicity, Minnesota

| Black or African American | American Indian | Asian | Hispanic* | White |
|---------------------------|-----------------|-------|-----------|-------|
| 21.3 | 47.1 | 53.5 | 45.1 | 75.5 |

Source: 2012 Census ACS 1 year, B25003 (race alone).

B. **Unemployment:** From 2007 to 2011, the Metropolitan Council's Fair Housing and Equity Assessment report shows, the unemployment rate for black residents in the Minneapolis-St. Paul metropolitan statistical area (MSA) was 2.5 times the unemployment rate for whites -- the **highest ratio among the 25 largest metropolitan areas in the U.S.** See article about the

report at http://www.twincities.com/localnews/ci_25004196/minnesotas-racial-poverty-disparities-must-be-addressed-met.

C. Education: The educational opportunity gap in Minnesota - with White students scoring twice as high on standardized tests - reflect both economic and judicial crises and a school system that for black students is often a pipeline to prison. Student suspension rates based on race mirror arrest rates in Minneapolis for adults: African Americans eleven times as likely to be arrested for low level crimes and misdemeanors, than whites. When we look at the status of children of African descent we see regress not progress.⁴⁰

The Cumulative Impact on Minnesotans of African Descent

The cumulative impact of these conditions --- in health, housing, employment, incarceration, police brutality and other (all well-documented) inequities--- put our communities and especially our children in a state of crisis.

Your Opportunity Here in Minnesota

We are pleased to learn that the US Working Group of Experts on People of African Descent will be making a Country Visit to the United States in January 2016 in support of the UN's goals for the Decade for Persons of African Descent and that as part of its visit will be spending time in several US cities, doing fact-finding regarding the status and prospects of people of African descent in various parts of the US. At the conclusion of its visit, we understand that the Working Group will be 1) holding a media conference; 2) issuing a press release containing its preliminary findings and recommendations; and 3) presenting a Mission Report to the UN's Human Rights Council.

As part of your visit to the United States, we cordially invite you to come to Minnesota, in particular to the Twin Cities of Minneapolis and St. Paul. The Twin Cities, which includes the state capitol (St. Paul) and the state's largest metropolitan city (Minneapolis) is an excellent central location for people of African descent throughout the state of Minnesota and the Midwest. As this letter hopefully conveys, such a visit would significantly advance consciousness of the human rights framework among our elected officials, local media, and the population at large. Attention to the human rights framework can be very helpful in addressing the conditions that persons of African descent are experiencing in Minnesota and can, by reflection, prompt similar advances in our neighboring states and nationally.

A Visit to Minnesota (Twin Cities) Will Meet Working Group Goals

⁴⁰ See a Minnesota community-based report and response in this area provided by the African American Leadership Forum Education Work Group's report "Crisis in Our Community: Closing the Five Education Gaps", written by member Jeffrey A. Hassan, online at <http://ericmahmoud.com/crisis-community-closing-five-education-gaps/>.

We understand the Working Group’s goals for its Country Visits as explained on the UN website and we are prepared to assist you to meet them in your visit to Minnesota .⁴¹

| Working Group Goals For a Country Visit | How Your Visit to Minnesota Will Advance Them |
|--|--|
| 1. Examine in detail the situation of people of African descent in the country | The recent studies of disparities in Minnesota (cited above), augmented by personal testimonies and contacts you make here will put the Working Group in an excellent position to draw meaningful conclusions about this significant region of the US; since Minnesota is viewed as a leading liberal state, its failures to acknowledge and implement internationally recognized human rights instruments that the US has ratified is a good benchmark to demonstrate how far the US is from living up to its human rights commitments. |
| 2. Identify any problems and make recommendations for how these could be resolved | Conversations arranged with affected and engaged community members and key official decision-makers will help the Working Group identify roadblocks and solutions |
| 3. Look critically at the situation in a country. | This is likely to be assured by your having been chosen for this Working Group, but the events arranged for your visit will assist. |
| 4. Identify good practices that could be replicated in other countries | Based on your schedule here, meeting with community members and policy makers engaged in these issues, you will be in a good place to recognize any such. |

We are a resourceful and diverse group of community activists who value your time and presence. Collectively, we have the connections to make each moment of your visit productive and meaningful to your purposes. With this in mind, we present in the next section a list illustrating the kind of events/activities that we can arrange for your visit.

Potential Elements of Your Visit to Minnesota (Twin Cities)

Our draft itinerary for your visit to the Twin Cities provides you fair and meaningful contact with all the elements you need to prepare your post-visit report, but with an emphasis on contact with people of African descent so that you can receive candid views regarding the realistic impact of government policies and practices.

1. Community Reception with Program Focused on the Purpose of the Visit and Goals of the Decade for People of African Descent
2. Meeting with authors of the Department of Health’s “Health Equity Report to the Legislature” and community members and legislators active in seeking implementation of the Report’s recommendations
3. Meeting with authors and community endorsers of the Minnesota-based Shadow Report to the UN’s Committee for the Elimination of All Forms of Racial Discrimination (CERD) and participants in the Durban Conference

⁴¹ In addition, we understand that the Working Group’s *modus operandi* in countries it visits is to meet with the heads of State and of Government, with relevant Government ministers, representatives of independent human rights institutions, UN agencies, civil society, academia, the media, human rights defenders, people of African descent, among others.

4. Meeting with State Legislators and community members regarding relevant racial equity legislation being advanced in Minnesota
5. Meeting with Minneapolis elected officials and staff and community members involved in equity ordinances and administrative implementation of an Equity Agenda
6. Meeting with community members and public officials regarding criminal justice and police accountability issues, including the CERD and CAT obligations to endure prompt, effective, and independent investigation and prosecution of police ill-treatment
7. Meeting with community-based and mainstream media

This is, of course, a draft itinerary for your input and approval. We will work closely with you and your staff before finalizing the schedule of events to make sure we optimize your goals for your time here.

Conclusion

We would be most honored by your acceptance of our invitation and will work closely with you and your staff in the months before your arrival to make sure that everything works out well for the Minnesota part in your successful and powerful Country Visit. If you have questions, suggestions for altered itinerary to better meet your needs, or requests for additional information, please contact us.

Respectfully Submitted on Behalf of the Planning Committee-Minnesota,

Judge LaJune Thomas Lange (retired)
Honorary Consul for South Africa for the State of Minnesota
Senior Fellow, Roy Wilkins Center
President, International Leadership Institute
Office: (612) 605-6268
Email: JudgeLange@gmail.com

F. 2015 CECLC Recommendations

Cultural and Ethnic Communities Leadership Council Recommendations for Action

- A. Awareness goal: DHS increases awareness of the significance of inequities, impact on the state's cultural populations and moves to action to achieve equity.**
- a. Community Engagement
 - b. Community Empowerment
 - c. Community and DHS Collaboration
- B. Leadership goal: strengthen relations among the council and state entity to promote clear and meaningful dialogue about equity in a governmental structure.**
- a. Equity Analysis
 - b. Accountability of Existing Leadership
 - c. Support of New Leadership
 - d. Hiring and Retention
 - e. Contracting
- C. Community Health and Health Systems goal: Families are well. They receive collaborative care giving; they trust and are comfortable with their providers. They actively engage in their health care. Providers are capable and have appropriate resources to provide services that address complex needs, cultural beliefs, and practices are embedded in healing.**
- a. Modify rules, regulations and incentives relating to equity/disparities reduction
 - b. Increase recognition of foreign trained health care professionals
 - c. Improve understanding of the cultural perspective in understanding complex issues such as a mental health diagnosis in the Western world
 - d. Establish gender-specific fitness programs
 - e. Develop ongoing relationships with cultural communities
 - f. Require managed care organizations to contract with culturally specific providers
 - g. Redefine access to care
 - h. Repeal Child Care Assistance Program statute
- D. Culturally and Linguistically Competent Services Goal: Vendor selection is rigorous to meet the needs of the community; there is transparent eligibility determination. Community-based organizations are partners and powerful allies supporting the health of their communities. Utilization of community health workers is the norm.**
- a. Improve interpreter training and add certification as a requirement
 - b. Vendor selection
 - c. Services and eligibility at the county level
 - d. Community Health Workers
 - e. More effective system of health and human services delivery
 - f. Culturally and linguistically appropriate services (CLAS) standards

E. Research and Evaluation Goal: change attitudes about data: data must explain the whole persons. Develop measurement strategies to best obtain most appropriate data with community-defined cultural and ethnic groups' input. Promotion of evidence-based research into practice

- a. Establish mechanism for obtaining detailed data
- b. Educate communities about the importance of race/ethnicity and language data collection
- c. Coordination of data activities
- d. DHS Equity Dashboard is more detailed with race/ethnicity/language data
- e. Evidence-based practices and research
- f. Community Based Participatory Research

DHS senior management team

The following chart is framed to reflect the focus areas established by senior management leaders for the agency. They established these focus areas after completion of a “White Racial Frame” training workshop

The focus areas include:

- Inclusion of communities of color and American Indians in DHS design and planning in order to attend to high priority areas related to health and human service disparities.
- Performance improvement of DHS staff and service providers through creation and implementation of a department-wide accountability system and cultural competency/anti-racism trainings.
- Creation of a rules analysis process to identify and reform structural patterns and policies that perpetuate health and human service disparities.
- Improve access to DHS program and services by communities of color and American Indians.

These CECLC recommendations contrast with the topics of an **Equity Report** requested by the community relations director to the assistant commissioners, after input from council members on question items on the survey.

G. CECLC Membership

The commissioner of human services appointed members of the Cultural and Ethnic Communities Leadership Council (CECLC).

<http://www.dhs.state.mn.us/CulturalEthnicLeadershipCouncil>

| MEMBER | AFFILIATION |
|---|---|
| Five members representing diverse cultural and ethnic communities: | |
| <i>Vacant</i> | <i>Term Expires:</i> |
| <i>Mitchell Davis Jr</i> | <i>Minneapolis Urban League Term Expires: 01/15/2016</i> |
| <i>Kamaludin Hassan</i> | <i>Hennepin County Adult Mental Health Local Advisory Council Term Expires: 01/15/2016</i> |
| <i>Pahoua Yang</i> | <i>Amherst Wilder Foundation, Southeast Asian Services Term Expires: 01/15/2016</i> |
| <i>Steve Yang</i> | <i>Director of Financial Aid North Hennepin Community College Term Expires: 01/15/2017</i> |
| <i>Two members representing culturally and linguistically specific advocacy groups:</i> | |
| <i>Michael Birchard</i> | <i>Chief Diversity and Affirmative Action Office/Academic Advisor/TRIO Program Term Expires: 01/15/2017</i> |
| <i>Vayong Moua</i> | <i>Senior advocacy and health equity principal, Center for Prevention, Blue Cross and Blue Shield of Minnesota Term Expires: 01/15/2016</i> |
| <i>Two members representing culturally specific human services providers</i> | |
| <i>Babette Jamison</i> | <i>Executive Director Women's Advocates, Inc. Term Expires:01/15/2017</i> |

| | |
|--|--|
| <i>Titilayo Bediako</i> | <i>WE WIN Institute Inc., Multicultural Children's Issues</i> <i>Term Expires: 01/15/2016</i> |
| <i>Two members representing the American Indian Community:</i> | |
| <i>Beverly Bushyhead</i> | <i>Term Expires: 01/15/2017</i> |
| <i>Aaron Wittnebel</i> | <i>Getting to Zero Strategist</i> <i>Hennepin County Public Health</i> <i>Term Expires: 01/15/2017</i> |
| <i>Two members representing counties serving large cultural and ethnic communities:</i> | |
| <i>Patricia Brady</i> | <i>Director,</i> <i>Ramsey County Workforce Solutions</i> <i>Term Expires: 01/15/2017</i> |
| <i>Adesola Oni</i> | <i>Train Coach Practice Unit</i> <i>Hennepin County/Corrections</i> <i>Term Expires: 01/15/2017</i> |
| <i>One member who is a human services program participant member representing communities of color</i> | |
| <i>Pa H. Lor</i> | <i>Office Coordinator, Multicultural & International Programs and Services Office, St. Catherine University</i> <i>Term Expires: 01/15/2016</i> |
| <i>One member who is a parent of a human services program participant, representing communities of color:</i> | |
| <i>Saciido Shaie</i> | <i>Prevent Child Abuse Minnesota, Parent leader for child safety and permanency,</i> <i>Term Expires: 01/15/2016</i> |
| <i>The chairs ranking minority members of the committees in the House of Representatives and the Senate with jurisdiction over human services:</i> | |
| <i>Rep. Matt Dean, House Finance chair</i> | |
| <i>Rep. Tara Mack, House Policy Chair</i> | |
| <i>Rep. Tina Liebling, House Minority Lead (Health Care)</i> | |
| <i>Rep. Diane Loeffler, House Finance Minority Lead (Human Services)</i> | |

| | |
|---|---|
| <i>Rep. Joe Mullery, House Policy Minority</i> | |
| <i>Sen. Tony Lourey, Senate Finance chair</i> | |
| <i>Sen. Kathy Sheran, Senate Policy Chair</i> | |
| <i>Sen. Julie Rosen, Senate Minority Finance</i> | |
| <i>Sen. Michelle Benson, Senate Minority Policy</i> | |
| <i>Two members representing faith-based organizations ministering to ethnic communities:</i> | |
| <i>The Rev. Janet Johnson, Ordained Elder</i> | <i>Wayman African Methodist Episcopal Church Term Expires: 01/15/2016</i> |
| <i>Vacant</i> | |
| <i>One member who is a representative of a private industry with an interest in inequity issues:</i> | |
| <i>Brendabell Njee</i> | <i>Nursing Assistant Guardian Angels Albertville Term Expires: 01/15/2017</i> |
| <i>One member representing the University of Minnesota program with expertise on health equity research</i> | |
| <i>Dr. Susie Nanney</i> | <i>Term Expires: 01/15/2017</i> |
| <i>Four representatives of the state ethnic councils</i> | |
| <i>Edward McDonald, Council on Black Minnesotans</i> | |
| <i>Sia Her, Council on Pacific Islanders Minnesotans</i> | |
| <i>Hector Garcia, Chicano Latino Affairs Council</i> | |
| <i>TBD, Minnesota Indian Affairs Council</i> | |
| <i>One representative of the Ombudspersons for Families (rotating):</i> | |
| <i>Bauz Nengchu, Muriel Gubasta, Jill Kehaulani Esch, and Ann Hill</i> | |
| <i>Three DHS employees:</i> | |
| <i>LaRone Greer</i> | <i>Chemical and Mental Health Administration Term Expires: 01/15/16</i> |

| | |
|-------------------------|---|
| <i>Tiki Brown</i> | <i>Children and Family Services Administration Term Expires: 01/15/2018</i> |
| <i>Maria Sarabia</i> | <i>Health Care Administration Term Expires: 01/15/2016</i> |
| <i>Anne Barry</i> | <i>Assistant Commissioner for Community and Partner Relations; Senior management team liaison</i> |
| <i>Antonia Wilcoxon</i> | <i>Community Relations Director</i> |
| <i>Jay Z. Colond</i> | <i>Community Relations Project Manager</i> |
| <i>Carrie Vogelsang</i> | <i>Community Relations Consultant (Research Analysis)</i> |
| <i>Huda Farah</i> | <i>Policy Analyst, Community Relations</i> |
| <i>Brian Ambuel</i> | <i>Star of the North Intern, Governor's Office</i> |
| <i>Dawn Duffy</i> | <i>Administrative Staff</i> |

H. Cultural and Ethnic Leadership Council Photo Gallery



DHS Community Relations Director Antonia Wilcoxon welcomes employees, community representatives and the Cultural and Ethnic Communities Leadership Council to the Bush Community Innovation Grant kickoff event Sept. 30, 2015



Assistant Commissioner for Community and Partner Relations Anne Barry explains her administration's mission and core responsibilities at the Bush Grant kickoff.



DHS employee Cecil White Hat gives a blessing in Lakota and English.



Deputy Commissioner Chuck Johnson welcomes session participants to the Bush Grant kickoff.



Vayong Moua, senior advocacy and health equity consultant at the Center for Prevention at Blue Cross and Blue Shield of Minnesota, provides the council's perspective on the Bush Grant.



Bush Grant kickoff event participants include, from left, John Reinert and Steve Grabowski, both DHS employees, and Ann Poole from the American Cancer Society.



Rong Cong, left, and Brian Ambuel, right, are recent graduates of the University of Minnesota and are North Star Fellows at DHS, assisting with community relations activities. Carrie Vogelsang, center, is a student worker at DHS and a student at the university's School of Public Health



DHS employees from the Office of Indian Policy, from left, Yvonne Barrett and Alicia Smith, share a table with consultant Sandra White Hawk and David Hesse from Change Inc.



David Everett, DHS diversity and inclusion consultant, and Rosa Tock from Waite House get to know one another at the Bush Grant kickoff event.



Bush Grant training participants gather at Neighborhood House's Wellstone Center on St. Paul's West Side for their training Nov. 13, 2015. Front row, from left: Connie Jones; Saciido Shaie, CECLC member; Alice Lynch, community member; Haregewoin Tsegaye; Antonia Wilcoxon; John Rienert; Back row, from left: Ivina Fursman, Technology of Participation trainer; Megan Phinney, community member; Nancy Lee; Steven Grabowski; Ama Akakpo; Diane Dodge, community member; Brian Ambuel; Jay Colond; Beryl Palmer; Melvin Giles, community member; Laura Johannson, Technology of Participation trainer.



DHS Community Relations Director Antonia Wilcoxon, second from right, poses with Community and Partner Relations interns, from left: Anyamele Nkechi Jane Frances, Carrie Vogelsang, Amanda Pedersen and Stephanie “Cookie” Walker Anderson Dec. 11, 2015, at the CECLC meeting at the Wilder Center in St. Paul.



Intern Ming Yi presents information about the Supplemental Nutrition Assistance Program (SNAP) to Cultural and Ethnic Communities Leadership Council meeting participants.



Cultural and Ethnic Leadership Communities Council members and staff pose for a picture Dec. 11, 2015. Back row, from left: Michael Birchard, Kamaludin Hassan, Mitchell Davis Jr., Nyagatare Valens, Maria Sarabia, Jay Colond. Middle row, from left: Titilayo Bediako, Brian Ambuel, Carrie Vogelsang, Dawn Duffy, Vayong Moua, Antonia Wilcoxon. Front row, from left: LaRone Greer, Saciido Shaie, Pa Lor, Huda Farah, Pahoua Yang.

I. Enabling Legislation

Laws of Minnesota 2015, Chapter 78, Article 4, Section 50 [256.041] CULTURAL AND ETHNIC COMMUNITIES LEADERSHIP COUNCIL

Subdivision 1.

Establishment; purpose.

There is hereby established the Cultural and Ethnic Communities Leadership Council for the Department of Human Services. The purpose of the council is to advise the commissioner of human services on reducing disparities that affect racial and ethnic groups.

Subd. 2.

Members.

(a) The council must consist of:

(1) the chairs and ranking minority members of the committees in the house of representatives and the senate with jurisdiction over human services; and

(2) no fewer than 15 and no more than 25 members appointed by and serving at the pleasure of the commissioner of human services, in consultation with county, tribal, cultural, and ethnic communities; diverse program participants; and parent representatives from these communities.

(b) In making appointments under this section, the commissioner shall give priority consideration to public members of the legislative councils of color established under chapter 3.

(c) Members must be appointed to allow for representation of the following groups:

(1) racial and ethnic minority groups;

(2) the American Indian community, which must be represented by two members;

(3) culturally and linguistically specific advocacy groups and service providers;

(4) human services program participants;

(5) public and private institutions;

(6) parents of human services program participants;

(7) members of the faith community;

(8) Department of Human Services employees; and

(9) any other group the commissioner deems appropriate to facilitate the goals and duties of the council.

Subd. 3.

Guidelines.

The commissioner shall direct the development of guidelines defining the membership of the council; setting out definitions; and developing duties of the commissioner, the council, and council members regarding racial and ethnic disparities reduction. The guidelines must be developed in consultation with:

- (1) the chairs of relevant committees; and
- (2) county, tribal, and cultural communities and program participants from these communities.

Subd. 4.

Chair.

The commissioner shall appoint a chair.

Subd. 5.

Terms for first appointees.

The initial members appointed shall serve until January 15, 2016.

Subd. 6.

Terms.

A term shall be for two years and appointees may be reappointed to serve two additional terms. The commissioner shall make appointments to replace members vacating their positions by January 15 of each year.

Subd. 7.

Duties of commissioner.

(a) The commissioner of human services or the commissioner's designee shall:

- (1) maintain the council established in this section;
- (2) supervise and coordinate policies for persons from racial, ethnic, cultural, linguistic, and tribal communities who experience disparities in access and outcomes;
- (3) identify human services rules or statutes affecting persons from racial, ethnic, cultural, linguistic, and tribal communities that may need to be revised;
- (4) investigate and implement cost-effective models of service delivery such as careful adaptation of clinically proven services that constitute one strategy for increasing the number of culturally relevant services available to currently underserved populations; and
- (5) based on recommendations of the council, review identified department policies that maintain racial, ethnic, cultural, linguistic, and tribal disparities, and make adjustments to ensure those disparities are not perpetuated.

(b) The commissioner of human services or the commissioner's designee shall consult with the council and receive recommendations from the council when meeting the requirements in this subdivision.

Subd. 8.

Duties of council.

The council shall:

- (1) recommend to the commissioner for review identified policies in the Department of Human Services that maintain racial, ethnic, cultural, linguistic, and tribal disparities;
- (2) identify issues regarding disparities by engaging diverse populations in human services programs;
- (3) engage in mutual learning essential for achieving human services parity and optimal wellness for service recipients;
- (4) raise awareness about human services disparities to the legislature and media;
- (5) provide technical assistance and consultation support to counties, private nonprofit agencies, and other service providers to build their capacity to provide equitable human services for persons from racial, ethnic, cultural, linguistic, and tribal communities who experience disparities in access and outcomes;
- (6) provide technical assistance to promote statewide development of culturally and linguistically appropriate, accessible, and cost-effective human services and related policies;
- (7) provide training and outreach to facilitate access to culturally and linguistically appropriate, accessible, and cost-effective human services to prevent disparities;
- (8) facilitate culturally appropriate and culturally sensitive admissions, continued services, discharges, and utilization review for human services agencies and institutions;
- (9) form work groups to help carry out the duties of the council that include, but are not limited to, persons who provide and receive services and representatives of advocacy groups, and provide the work groups with clear guidelines, standardized parameters, and tasks for the work groups to accomplish;
- (10) promote information sharing in the human services community and statewide; and
- (11) by February 15 each year, prepare and submit to the chairs and ranking minority members of the committees in the house of representatives and the senate with jurisdiction over human services a report that summarizes the activities of the council, identifies the major problems and issues confronting racial and ethnic groups in accessing human services, makes recommendations to address issues, and lists the specific objectives that the council seeks to attain during the next biennium. The report must also include a list of programs, groups, and grants used to reduce disparities, and statistically valid reports of outcomes on the reduction of the disparities.

Subd. 9.

Duties of council members.

The members of the council shall:

- (1) attend and participate in scheduled meetings and be prepared by reviewing meeting notes;
- (2) maintain open communication channels with respective constituencies;
- (3) identify and communicate issues and risks that could impact the timely completion of tasks;
- (4) collaborate on disparity reduction efforts;
- (5) communicate updates of the council's work progress and status on the Department of Human Services Web site; and

(6) participate in any activities the council or chair deems appropriate and necessary to facilitate the goals and duties of the council.

Subd. 10.

Expiration.

The council expires on June 30, 2020.

EFFECTIVE DATE.

This section is effective retroactively from March 15, 2015.