



**Midwest Genetics  
Network**  
Region 4

# Midwest Genetics Network

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REGIONAL MEETING

OCTOBER 1-2, 2018

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# Health Equity and the MGN

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All work in the Midwest Genetics Network will contribute to the goal of improving underserved populations' access to genetics services.



# Health Equity and the Regional Genetic Networks



Midwest Genetics  
Network

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“The program intends to improve health equity and health outcomes in individuals with genetic conditions, reduce morbidity and mortality caused by genetic conditions (including congenital and metabolic disorders); and to improve the quality of coordinated and comprehensive genetic services to children and their families.”





# Defining Health Equity

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“Health equity means that everyone has a fair and just opportunity to be healthier. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.”

*\* Braveman P, Arkin E, Orleans T, Proctor D, and Plough A. What Is Health Equity? And What Difference Does a Definition Make? Princeton, NJ: Robert Wood Johnson Foundation, 2017*



# Defining Health Equity

Health equity can be viewed both as a *process* – removing economic and social obstacles to health such as poverty and discrimination and as an *outcome* – everyone has a fair and just opportunity to be healthy\*



*\* Braveman P, Arkin E, Orleans T, Proctor D, and Plough A. What Is Health Equity? And What Difference Does a Definition Make? Princeton, NJ: Robert Wood Johnson Foundation, 2017*

# Equality



# Equity

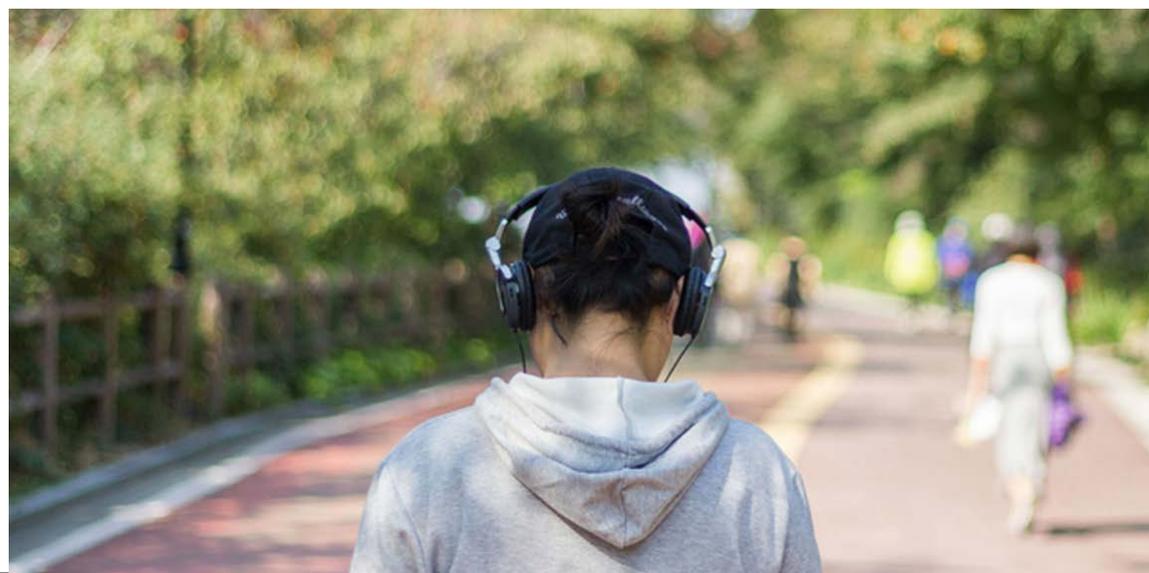




# Social Determinants of Health

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Good health begins in the places where we live, learn, work and play.





# Health Equity and the MGN



## NEEDS ASSESSMENT

Data driven identification of underserved communities across the region



## ESTABLISHED WORKGROUP

Developed action plan to oversee the work



## STATE ASSESSMENTS

Identification of historically underserved communities in each state



## IDENTIFIED “STARTING POINT”

Process to identify state priorities



## IMPLEMENTATION

What happened?



# Health Equity and the MGN

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## Milwaukee, WI

16th St. Community Health  
Clinic:

- 37,040 Patients served in 2017
- 69% of patients live at 100% of poverty level or below
- 21% of patients are uninsured, 58% receive Medicaid/Medicare
- 86% of patients are Hispanic

## Outreach Activities

- Engagement with clinic staff
- Data collection – how many are referred to genetics?
- Patient navigation
- Community conversation- NBS and Genetics



# Health Equity and the MGN

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## Minnesota

Communities Identified for Outreach:

- Indigenous or American Indians
- Hemoglobinopathies
- Refugees and Migrant Workers

## Outreach Activities

- Engagement with MN partners
- Connections to established orgs providing outreach to communities re: genetics
- Relationship building



# Health Equity and the MGN

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## LESSONS LEARNED



**PARNTERSHPIS ARE ESSENTIAL**



**BE MINDFUL OF HISTORY**



**OUTREACH SHOULD BE  
COMMUNITY-BASED  
AND COMMUNITY DRIVEN**



**TRUST NEEDS TO BE BUILT/EARNED**



**RECOGNIZE CAPACITY**



# USING A HEALTH EQUITY LENS

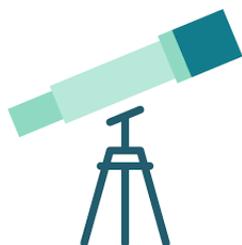


# Using a Health Equity Lens

## RGN Performance Measure:

Number of patients for whom the RGN program facilitated connections to a geneticist

Goal: Increase the number of patients receiving services



How is the patient getting to the appt.?



How is the patient paying for the appt.?



Was information provided in a language the patient is comfortable with/understands?



Is there historical trauma that may prevent patient from seeking services?



Does the patient feel safe attending appt./providing personal information to provider?



# Using a Health Equity Lens

## RGN Performance Measure:

Number of resources on genetics used/accessed from the RGN program

Goal: Increase the number of individuals using RGN resources



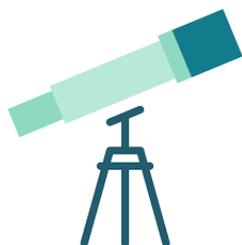
Are we providing resources patients/families want and need?



Are resources provided in languages other than English?



Are resources accessible?





# Health Equity and the MGN

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## MOVING FORWARD

- Seek out** what is unfair or not working in providing access to genetic services
- Aspire** to serve all communities consistent with their wants/needs
- Recognize** the impact of accessible genetic services on individuals and communities
- Identify and Facilitate** opportunities for individuals, families, and communities to be involved



# Health Equity and the MGN

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## This morning

- Begin regional conversation on access issues around language**
  - Interpreting in Genetics**

## This afternoon

- Health Equity Workgroup**
  - Address barriers, lessons learned, and strategies to internalize/integrate a health equity lens into our work.**

