

2017 State Health Assessment: Steering Committee Meeting

Date: July 7, 2017 10:00 – 11:15

Location: WSOC, 2nd floor in Cherry A Conference Room or dial in: 877-273-4202, 2953146#

Attendees: Heidi Klein, Mark Levine, Martha Maksym, Tracy Dolan, Sarah Squirrel, Todd Moore, Sadie Fischesser, Martha Friedman, Heidi Gortakowski

Absent: Mary Kate Mohlman, Mercedes Avila

Item #	Time	Topic	Presenter	Relevant Attachments	Action #
1	10:00	<p>Welcome and meeting goals</p> <ol style="list-style-type: none"> 1. Discuss methods for focus on health equity 2. Finalize preparation for the Advisory Committee meeting 	Dr. Levine	Attachment 1: Agenda	
2	10:05	<p>Finalize framework for health equity Context matters</p> <p><i>If we want to use a health equity lens in carrying out the assessment, what needs to be amended or added?</i></p> <p>Definition, approach and analytic methods</p>	Discussion	<p>Attachment 2: Health Equity definition and values</p> <p>Definition:</p> <p>Steering Committee members discussed whether inequity is caused through conscious or unconscious action. It could be both. Members stressed that conscious attention to equity is important because if we aren't explicitly talking about equity then we probably aren't doing it.</p> <p>It will be important to note that while some inequity may not be based on individual intentionality it can be rooted in structures that were put in place that were intentional. We need to work consciously/intentionally to remove them.</p> <p>The graphic depicting the differences between equality and equity also highlights the need for structural intervention (e.g. removing the fence)</p>	<p>Add to the health equity handout</p> <p>Definitions:</p> <ul style="list-style-type: none"> • Add note re: Intentionality • add fence graphic <p>General principles:</p> <ul style="list-style-type: none"> • equity and cultural competence are a journey not an end • WHO definition of health

			<p>General Principles</p> <p>Add: Striving to eliminate inequity is a journey not an end. It requires a conscious commitment to continuous learning and seeking opportunities for improvement.</p> <p><u>How we engage others:</u></p> <p>The process will include both IN and OUT engagement to ensure oversampling –for qualitative and quantitative data – of populations experiencing inequity.</p> <p><u>How we will analyze data given small rural populations:</u></p> <p>To the extent possible we will “oversample” to obtain quantitative data. However, for many issues we will not need to reprove what has been proven in the scientific literature about the connections between race, gender, income and education with health inequity.</p> <p>Qualitative data will complement the quantitative. Task Force members stressed the value of engaging thought leaders or influencers and key community leaders. This is part of the “OUT” engagement.</p> <p><u>Grounding needed:</u></p> <p>Need to share the definition of health and/or well-being to ensure clarity that is more than physical health; inclusive of mental health and behavioral health</p> <p>Reminder that the goal of the State Health Improvement Plan is to improve health outcomes. Given what we know about the drivers of health and health equity the strategies will need to address the determinants of health. This will require engagement beyond the health sector.</p>	<ul style="list-style-type: none"> • Other sectors connections to root causes; • Opportunity framing and forward focus; energizing <p>Follow Up:</p> <ul style="list-style-type: none"> • Schedule time at the AHS Deputies meeting to share the SHA/SHIP process
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3	10:35	<p>Review draft materials for Advisory Committee</p> <ul style="list-style-type: none"> • Review agenda and anticipated outcomes • Review and amend draft vision statement • Consider options for adjusting the agenda and process • Identify necessary pre-meeting materials • Review list of respondents to date 	Heidi Klein	<p>Attachment 3: Draft Agenda for 7/28/17</p> <p>Review invitees to AC</p> <p>Value of Draft Vision as a conversation starter – amendment to add communities; keep short then use questions for deeper discussion</p> <p>Want to get into the Vermont details; not stay high level</p> <p>Use word “opportunity” rather than “differently” because helps avoid blame. Health equity as the outcome.</p> <p>Length of the meeting? Create space within the meeting for storytelling and relationship building</p> <p>Role of SC members at AC meeting? Observers. One option would be to have them assist as tabletop facilitators</p>	<p>In advance of Advisory Committee meeting;</p> <ul style="list-style-type: none"> • Confirm early childhood invitees • Add ‘community’ to draft vision • Rework timing with this feedback; 3 hours max • Include pre-work – population vs. individual • Send SC members the AC RSVP survey • Follow-up with Mercedes about tabletop facilitation