## 2017 State Health Assessment: Steering Committee Meeting

Date: January 3, 2018; 9:30 am -11:00 am

Location: 108 Cherry Street, Burlington, Conference Room 3B

Dial in: 877-273-4202, Conference Room #: 9557194 Moderator: (host only): 4762439

Attendees: Mercedes Avila, Clarence Davis, Tracy Dolan, Sadie Fischesser, Heidi Klein, Mark Levine, Martha Maksym, Mary Kate Mohlman, Todd Moore, Sarah Squirrel

Item #	Topic	Discussion	Attachments	Action #
1	Update on the State Health Assessment	Children and Families Sarah expressed concern that children are not identified in the section on "priority populations" given the strong interest by members of the Advisory Committee in both children's health and wellbeing and the call for investments in children and families as a key strategy for lifelong health and wellness. Tracy noted that others may not see the commitment to children solely in the analysis by age in all sections and the section on maternal and family health.  Additional actions to highlight children and family investments include:  1. A special call out section in the document 2. Reordering of the sections to bring children, mothers and families as the first topic in the section on "priority health outcomes" 3. Narrative throughout on the importance of investments in children and families as primary prevention 4. Use of opportunity for lifelong wellness as one criteria for ranking and priority setting.  Community Voices Steering Committee members also noted the importance of ensuring that voices	Attachments:  Draft Table of Contents Sample: Injury Pages	Writing team to consider options for call out on children Bring draft pages to Sarah S for review  Staff to send Steering Committee members
		from the discussions with community members living with inequity and discrimination (the "out" engagement) are included in the report. Staff are reviewing the notes and adding them to the narrative.		the write up of the themes from (the "out engagement")



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		Public Comment/Press Release and other desired distribution  When the report on the State Health Assessment is completed it will be posted on the health department website and notices in compliance with the public comment requirements will be followed. Additionally, Steering Committee members will identify additional opportunities for presentations of the data with key partners (e.g. the Early Childhood Council, the Accountable Communities for Health, RiseVT board of directors).  Publication Date		Steering committee members will identify potential gatherings to invite health department staff for presentation and discussion.
		Health department staff are still working to complete all analysis and writing in January.		
2	Determine Priority Setting Process	The Committee discussed options for moving to the next step of identifying priorities for action. The current State Health Improvement Plan includes 3 overall goals with approximately 10 objectives. Members agreed that a small and reasonable set of priorities is needed moving forward to stimulate joint action.  Criteria to be Used  Staff shared updated criteria based on the recommendations by the Steering Committee and review of processes used in other states. Members considered the possibility of purposeful identification of goals within each of the following overall categories:  • current size/severity of impact and/or trend in wrong direction • greatest potential for lifelong health and wellness/quality of life • equity  They agreed to start with an initial ranking using all the criteria and then discussion among the members of the Steering Committee to ensure that the goals are reflective of these three categories (see full description below).  Method  A sample rating and ranking sheet from MA was considered as a means of structuring a rating and then ranking of issues. Steering Committee members supported the notion of using a grid such as this. Given the inherent complexity of	Attachment: Draft rating sheet	"Translate" the criteria into plain English Finalize the rating sheet. Set up Advisory Committee meetings and on-line survey



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		the data, the criteria and the process, Steering Committee members suggested that it be used in a facilitated group session. An electronic survey could then be used by others unable to attend a session.  By whom  Steering Committee members noted the importance of including members of the Advisory Committee in the ranking and rating process through both "in" and "out" engagement. To honor the commitment and focus on equity they recommended a second round of engagement of community members with lived experience. This reengagement is important to forging long- term relationships based on a demonstration of listening and action.  The process  1. Members of the Advisory Committee – through a combination of in-person meetings and on-line survey – will rate and rank issues  2. Health department staff with expertise on the health issues will rate and rank issues  3. Steering Committee will review the ratings and ranking results. In determining the final rating and ranking, consideration will be given to: the different voices and perspectives as well as the commitment to equity and lifelong health.  Steering Committee members noted that extending this process will means that priorities and plans will not be set until mid- year. Meaningful engagement takes precedence over deadlines.	Staff to track responses and ratings by group (AC, on-line, staff) so it is possible to see if any differences emerge and to note if any voices/perspectives are missing.
4	Other	Steering Committee members noted the importance of communicating how the State Health Improvement Plan is used and the impact it has. Specifically, communications should include the improvements/results over the last five years. The health department tracks this in the online scorecard* but most partners are not likely to be aware of this.  http://www.healthvermont.gov/about/performance/state-health-improvement-plan-2013-2017	Health department staff will create a brief statement of results/impact – how setting priorities makes a difference.



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