

## 2017 State Health Assessment: Steering Committee Meeting

**Date:** June 7, 2017 11:00 – 12:15

**Location:** VDH, 108 Cherry Street, Conference Room 2B, 2nd floor, Burlington

Present: Dr. Mark Levine, Commissioner VDH; Tracy Dolan, Deputy Commissioner of Public Health VDH; Dr. Maria Mercedes Avila, Associate Professor of Pediatrics at UVMHC; Todd Moore, CEO OneCare; Martha Friedman, notetaker, VDH; Heidi Klein, VDH. On phone: Dr. Sadie Fischesser, AHS Field Services Director Brattleboro and Bennington; Dr. Mary Kate Mohlman, Director of Healthcare Reform.  
 Absent: Martha Maksym, Assistant Secretary of Agency of Human Services; Sarah Squirrel, Executive Director of Building Bright Futures

Item #	Time	Topic	Presenter	Relevant Attachments	Minutes	Action #
1	11:00	<b>Welcome and meeting goals</b> <ol style="list-style-type: none"> <li>1. Finalize framework for health equity</li> <li>2. Finalize list of community advisors and stakeholders</li> <li>3. Discuss populations of interest</li> <li>4. Approve the Block Grant Budget</li> </ol>	Dr. Levine	<b>Attachment 1:</b> Agenda	<p>A primary goal in the 2017 process is to ensure that health equity is central to both the State Health Assessment (SHA) and the State Health Improvement Plan (SHIP). While VDH has not updated 2010 report, addressing health disparities have remained a priority. The group noted that in VT we now have a shared understanding that race, gender and poverty affect health. The question now is: what do we do the move the needle collectively?</p> <p>The current SHIP document is a model that has been successful: it is specific about goals, measures and strategies; it provides a clear focus of action and accountability.</p> <p><i>Question:</i> Who put 2010 report together? Was there a community voice?</p> <p><i>Answer:</i> the public health department engaged public health partners. The goal this time is to take a broader approach -- build upon this network, the recent Community Profiles engagement, and other opportunities to meet with members of the community.</p>	
2	11:05	<b>Review overall project goals and plan</b> <ul style="list-style-type: none"> <li>• Review purpose of State Health Assessment and Health Improvement Plan</li> </ul>	Heidi Klein	<b>Attachment 2:</b> 2017 State Health Assessment and	<p>Review of slide deck and discussion:</p> <ul style="list-style-type: none"> <li>▪ <b>Identification of assets:</b> national guidelines encourage a process such as community asset mapping</li> </ul>	

		<ul style="list-style-type: none"> <li>Describe how the SHA/SHIP fits with other state health planning</li> <li>Review overall approach and plan</li> <li>Review roles and responsibilities</li> </ul>		State Health Improvement Plan	<ul style="list-style-type: none"> <li><b>Role of Steering committee:</b> to help identify missing opportunities for connection and ensure alignment with other state plans and planning processes; health system reform in particular</li> <li><b>Difference between public health data assessment vs. system assessment:</b> system relates to capacity—what is “Team Vermont”?</li> <li><b>Data:</b> what are the creative ways to get at oversampling and better representation so we can set up the system for health throughout.</li> <li><b>Equity:</b> What do we know about what drives health, balanced with what drives inequity? Consider also the federal mandates that people don’t know about (CLAS Standards, Title 6)</li> </ul>	
3	11:15	<p><b>Finalize framework for health equity</b></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>	Discussion	Attachment 3: Health Equity definition	<p><b>Draft definition of health equity:</b> A draft was offered to start the discussion. The intent was to call out the root causes of inequities. Steering committee members appreciated the focus on the positive and suggested furthering the statement: It is possible to achieve/attain health equity.</p> <p>Another suggestion was to consider adding religion and immigration status to the list of avoidable inequities associated with race, gender, ethnicity, social position, sexual orientation and disability.</p> <p><b>Data through an equity lens:</b> VDH is working to setting up the infrastructure to ensure systematic updating and reporting of our most utilized data set by:</p> <ul style="list-style-type: none"> <li>Race/ethnicity</li> <li>Gender or sex</li> <li>Income</li> </ul> <p>These categories have been proposed as they are considered the leading root causes of inequities. In addition, we know in VT age, education, sexual orientation, and disability often add in. We are not sure we data have been collected in a manner to allow analysis by these categories or by immigration and religion.</p>	<p>Review and revise definitions of health equity</p> <p>Determine whether analysis will be by gender vs. sex and provide explanation</p> <p>Consider how to highlight which health outcomes are most affected by inequity</p>

4	11:35	<p><b>Finalize list of community advisors and stakeholders</b></p> <p><i>If we want to use a health equity lens in carrying out the assessment, who else needs to be included?</i></p>	Discussion	<p><b>Attachment 4:</b> Stakeholder list</p>	<p><b>Generation of the list:</b> These are only VDH current partners. The goal is to expand this list based on the suggestions of the Steering Committee. <i>What populations of interest are missing? What partners are missing?</i></p> <ul style="list-style-type: none"> <li>▪ no category for LEP (includes people with disabilities, Vermonters who can't read or write—isolated population, people from other countries)</li> <li>▪ ADAP has collected themes from research with rural, isolated populations</li> <li>▪ Under key partners some are specific to certain geographic areas and there are counterparts in other areas; invite from each region or is one statewide entity sufficient?</li> <li>▪ In defining and identifying groups, consider following the social determinants of health as defined by the CDC 5 domains</li> </ul> <p><b>Method of Engagement:</b> The proposal is to invite all who are on the list to a large gathering to help us understand current community conditions and forces that might shape the future. Additionally, VDH is prepared to “go out” to organizations and individuals who cannot attend or who prefer a more personalized engagement.</p> <ul style="list-style-type: none"> <li>▪ if trying to get at less visible voices a big group wouldn't work. Would effort be better doing multiple smaller events?</li> <li>▪ Be attentive to power dynamics in terms of facilitation and information sharing;</li> <li>- Role for field service directors to help connect with community partners at the local level</li> </ul> <p><b>Use of the data collected:</b> This is intended to help identify community needs and priorities. The priority setting to determine the top goals of the future State Health Assessment Plan will be based on the combination of data on existing health trends found in the quantitative assessment along with the qualitative data gathered on community values, needs and forces</p>	<p>Reorganize populations of interest using 5 domains of SDOH from CDC</p> <p>Send out to group to determine who is missing: organizations and individuals</p> <p>Work on defining in vs out and how we utilize partnerships and resources that are already in place to go as deep as possible</p>
5	11:55	<p><b>Approve Block Grant budget &amp; workplan &amp; workplan</b></p>	Heidi Klein	<p><b>Attachment 5:</b> Block Grant overview</p>	<p>VDH manages a small amount of grant money which is to be directed toward achievement of goals identified in the SHIP.</p>	

					A draft budget was passed out to Steering Committee; Todd Moore moved to accept, knowing that next year priorities will be shifted based on new SHA. Mercedes Avila seconded. No objections. All in favor.	
	12:10	<b>Next Steps</b>	Dr. Levine		<p>How often and what is the commitment:</p> <ul style="list-style-type: none"> <li>▪ Minimum of four more times (slightly less than once a month)</li> <li>▪ 1.5 hour meeting</li> <li>▪ Doodle ASAP</li> <li>▪ Heidi Klein will be point of contact</li> </ul>	Set up next meeting in early July to review the Community Advisory engagement plan