

2017 State Health Assessment: Advisory Committee Meeting

October Meeting Summary

The October meetings of the State Health Assessment and State Health Improvement Advisory Committee were designed to: 1) describe what we know about health equity*, the health outcomes of Vermonters, and the contributors to those outcomes; and 2) identify existing community efforts and organizational assets aimed at improving health and reducing inequities.

The meetings began with a review of data collected through the engagement of Vermonters experiencing health inequity to better understand the conditions of people's lives and opportunities for health. According to Vermonters who experience health inequities, they:

- face discrimination, prejudice, and racism that is often invisible to others;
- don't trust and feel misunderstood by "the system;"
- don't feel valued, included, or safe;
- feel socially isolated and seek community connections;
- feel like services aren't designed to support them;
- feel a lack of agency over their health and their own lives;
- believe this takes place because our society has been structured to maintain a status quo that provides them with unequal opportunities

A full description of the themes collected through the engagement can be found in the SHA/SHIP "Out" Engagement Findings. These findings help to understand the context for the data on health trends and outcomes.

Next, participants reviewed quantitative data on trends in health outcomes among priority populations. The data presented were a purposeful, curated selection, intended to complement existing data reports on the whole population. Over 65 data points were selected based on the following criteria:

- potential inequity
- trending in the wrong direction
- Vermonters faring worse than counterparts in other states

Participants were asked to share information about potential contributors to these health outcomes based on their understanding of community conditions and policies. Notes from these discussions can be found in "data feedback."

* **Health Equity** exists when all people have a fair and just opportunity to be healthy, especially those who have experienced socioeconomic disadvantage, historical injustice and other avoidable systemic inequalities that are often associated with social categories of race, gender, ethnicity, social position, sexual orientation, and disability

2017 State Health Assessment: Advisory Committee Meeting

Last, the sessions ended with a mapping of community and organizational assets (“asset charts”). Specifically, participants were asked to answer the following:

- How are you working on health outcomes and/or health behaviors (prevention, access to care, early detection, treatment, health education)?
- How are you working to address the contributing factors and relevant social determinants?
- How are you working towards a fair and just society? (confront root causes of inequity (-isms); build internal capacity for equity; prioritize upstream policy changes; align funding decisions with equity; include diverse communities in decision-making)

These assets and the members of the Advisory Committee will be critical in developing action plans for identified priorities for the State Health Improvement Plan.