

**Meeting Open:** at 5:35 p.m.

**Attendees:** Rogers Johnson, Dottie Morris (in at 6:10 p.m.), Sean Locke, Devon Chaffee, Charlie Dennis, Maria Devlin, Sharon Harris (out at 6:59 p.m.), James Maggiore, Ahni Malachi, Salman Malik, Pawn Nitichan, Robert Quinn, Eli Rivera (in at 5:57 p.m.) Allyson Ryder, and Trini Tellez

**Quorum:** Yes

**Approval of Minutes:** Minutes from 7/9/2020 meeting approved with an amendment after roll call vote with 11 in favor and 2 abstentions.

**Listening Session Update:**

- Thank you extended to those able to attend and assist with the programming.
- Had approximately 47-50 participants.
- Learning experiences with navigating CART services and providing the technical support for such an event.
- Follow up on how to meet the needs of someone with hearing or auditory issues when that person cannot communicate the need upon logging in.
- Received notes from three groups that were fully operational and then one partial group.
- Working with Devon Chaffee to create a summary/synopsis of the event and the notes.
- Devon will use a similar abstracting process from the previous report to pull data and summarize information gathered.
- Received positive feedback regarding the event.
- Council's feedback is that this may be the best opportunity to interact and it was one of our best attended listening sessions.
- Identified one group that would like to do a smaller scale listening session in Manchester; Somali group of families that had been identified. Will follow up to see how many will attend, may need 4-5 members of the Council to assist.
- Question: A way for people to provide input on the topic without being present at the sessions?
  - An issue is website access to share that information with the Council through the website.
- Follow up question: Can a method for doing this be created?
  - Explanation of the GACDI website and that other platforms exist within the State's online infrastructure. So it is theoretically possible, but would require conversations with DOIT to determine what that would look like.

**Presentation of COVID-19 Equity Response Team's report:**

- Kirsten Durzy introduces herself as member of Equity Response Team.
- Presentation on initial report and recommendations by Trini and Kirsten.
  - GACDI letter prompts creation of the COVID-19 Equity Response Team.

- Background on Team members – five people: Bobbie Bagley, Kirsten Durzy, Rogers Johnson, Dottie Morris, Trinidad Tellez.
- Background information on the Team's work.
  - Definition of health equity (Health equity means reducing and ultimately eliminating disparities in health and its determinants that adversely affect excluded or marginalized groups)
  - Meaning of equity (No significant difference between groups in access, utilization, and outcomes)
  - Team found strong correlations between disparities as a result of COVID to general health outcomes.
  - Discussion of upstream and downstream public health framework. A lot of energy is spent downstream (Risk behaviors, disease and injury, mortality). Less time is spent upstream and talking about how we developed systemic policies and systems that lead to the disparate downstream impacts.
- Report:
  - Had 30 days to release initial report and recommendations.
  - Team aware of gaps and extensive work that remains to be done.
  - The report is the initial step.
  - A big focus was on the "Why?" and the source of racial disparities
  - Background on the upstream factors that contribute to COVID-19 disparities
  - Then the strategies and recommendations starting with COVID-19 specific recommendations and then other pillars and strategies for long term impact and support.
  - Attached are also public comment recommendations, supporting resources, and other state-level COVID-19 equity entities.
- Recommendations (64 in total some more complex but none are "low-hanging fruit"):
  - Pillar One: COVID-19 Specific Recommendations
    - Robust disparity data dashboards – points of access for data and information
    - Increase community testing
    - Seek to test all high-risk populations, especially People of Color
    - Assure testing site have written protocols for community outreach and demographic identifier data
    - Conduct equity review analyses
    - Mandate mask use in high infection rate areas and high risk situations or environments
    - Assure worker protections
    - Assure healthy food access
    - Create communication channels to hear community voice
    - Provide awareness of opportunities for redress and reporting bias, mistreatment and discrimination

- Deploy COVID-19 Response Community Health Workers (CHWs)
- Expand compassionate release for people at high risk of COVID-19 and remove barriers to administrative home confinement
- Provide isolation and quarantine housing support
- Listen and engage staff at all levels throughout crisis response processes
- Provide awareness of opportunities for redress and reporting bias, mistreatment, and discrimination
- Etc.
- Pillar Two: Permanence of Equity Team
  - Work upstream to address the underlying determinants of COVID-19
  - Focus on COVID-19 immediately, expand focus as work continues in the future
  - Expand the team
  - Co-create a plan
  - Provide resources to support the team's work
- Pillar Three: Align Government Systems for Equity
  - Formalize the Equity Response Team as a Commission
  - Assure diverse representation across all government
  - Ensure equity response in emergency response operations
  - Build alignment and connection between existing efforts related to diversity, inclusion, and equity
  - Establish a cross-state agency Equity Council (Concepts, however, are not intended to be limited to state-level action as many recommendations could be applied in other contexts)
  - Implement use of equity review analysis processes
  - Enhance data systems capacity to identify disparities
  - Assure compliance with federal civil rights and state laws related to communication access
  - Facilitate professional development of staff commissions, councils, taskforces, etc.
- Pillar Four: Organizational Cultural Effectiveness
  - Implement the 7 elements of the Culturally Effective
  - Both at state and other levels
- Pillar Five: Equitable Data Practices
  - Adopt and follow best practices for equitable data collection, analysis, dissemination and utilization (including such information as race, ethnicity, sexual orientations, gender identity/expression)
  - Dedicate staff with specific expertise in equitable data best practice methodologies

- Develop internal protocols that require the use of vetted and approved Equity Review Tool analysis for all programmatic and policy work
- Pillar Six: Increase knowledge about NH communities at risk for experiencing disparities
  - Continue work on an expansion of the initial data scan (Initial data scan was performed by Equity Response Team)
    - Team found very limited data about communities in New Hampshire
  - Create a centralized data hub or clearinghouse
    - Ease of access to the existing data
  - Implement an assessment of communities of color in New Hampshire
  - Establish a cross-institution community-academic partnership for continued research and understanding of communities in need in New Hampshire
- Pillar Seven: Systems Accountability for Equity
  - Seek to diversify the public health and social service workforce across all sectors and levels (particularly high leadership levels)
  - Provide opportunities for training for management level staff on how to understand and operationalize equity in their organizations
  - Create a team of equity and inclusion thought leaders within each organization that is representative of every level and aspect of the organization
  - Hire and fund internal and external evaluators and improvement specialists that are skilled in equity
  - Engage in cross-sector and cross-department work to build clear strategic plans that center equity
- Pillar Eight: Use of Effective Equity-Promoting Strategies
  - Use community-led, equity-informed, asset-based strategies
  - Promote and engage the CHW workforce
  - Provide good quality jobs with fair livable wages and benefits
  - Ensure access to affordable quality healthcare
- Pillar Nine: Equitable Resource Allocation
  - Diversify review panels for funding opportunities and grants
  - Target continued or new opportunities for CARES Act funds to go into the hands of racial/ethnic minorities, especially Black and Brown, organizations, businesses, nonprofits and communities
  - Improve notification of the available funds
  - Create a minority owned/led certification process for nonprofits and businesses
  - Dedicate funding for minority owned/operated nonprofits and businesses

- Funders should value minority and immigrant/refugee organizations' role and prioritize them for funding
    - Funders should have practices and processes in place to ensure that funding and other resources are dispersed in a manner that supports the need of People of Color living and working in New Hampshire.
  - Pillar Ten: Community Engagement
    - Conduct community forums to disseminate this Initial Report and Recommendations and solicit feedback through community engagement, listening sessions, feedback forums and other virtual and non-virtual events
  - Pillar Eleven: Policy
    - Establish a policy committee of the codified Equity Response Team
- New and Improved COVID-19 Data Dashboard with interactive analytics (<https://www.nh.gov/COVID19>)
  - Demonstration of the new dashboard
  - No testing data up yet because the data was unreliable. Under 60% of testing data included race/ethnicity information.
- Questions:
  - Capture information related to disability?
    - Issues like capturing data on existing disabilities and is a goal to include and capture that information along with sexual orientation, gender identity, housing status, and other variables.
    - Building this system will take months and can be difficult; testing data in particular because there are so many points of service who need to be gathering this data.
    - Need for education and training on collecting the data. The questions need to be asked and information gatherers need to understand the importance of gathering that information.
  - Work going forward?
    - Governor has put the work of the Equity Response Team under the Council to bring the recommendations to the fore and we will become the drivers, along with the Equity Response Team, forward.
    - Point of explaining complexity for all the inputs of data is because data can be burdensome to manage, gather, and understand. Effective August 1, 2020, race/ethnicity information is mandatory for lab data.
  - Hearing more about particular recommendations for the Council to take on from the beginning or that have particular movement going forward?
    - Getting the data collection as close to 100% as possible. For example, age is collected 100% of the time, but race is not yet. Useful to identify where testing needs to be done, among other things, and which communities need the outreach.

- Data piece would be difficult for the Council beyond the outreach and education. Data completeness has improved over time.
- Review the report and read through it. As a Council we come back and pursue. Goal is to go beyond educating people. So Council should sit with the report and think about what we should pursue.
- These things will cost money and requirement in investment.
- Community forums and outreach need to happen and occur.
- Relationship between Response Team and COVID-19 Equity Taskforce.
  - N.H. COVID-19 Equity Taskforce established at the beginning of the COVID-19 pandemic arriving in N.H. Recognizing and anticipating the disparate impact. Taskforce has been active and called for action in multiple areas.
  - Taskforce is around to do the on the ground work.
  - Council's role can be to advise and recommend actions.
  - Depends on the issue. Taskforce is a bit of a grassroots response that can work on issues that call for a grassroots response. The Council will need to consider where it is best posed to do work and follow through on recommendations.
  - Can be room for cross-collaborative work between all the groups due to the shared interest of moving the work forward.
  - We're going to be making recommendations and making sure the government is responsible for doing things to benefit for everyone.
- Why is race/ethnicity not on all the forms in the first place?
  - Seems like a simple thing, but labs do not interact with clients providing the materials getting tested.
  - Questions are there to be asked on sample forms. But providers are sometimes afraid to ask, some are making assumptions based on sound of name or appearance.
  - Part of the issue is the impact of race is invisible to people and it gets omitted and if you raise it, the response is that there is no reason to ask. People do not think to do it until pressed to put the question on documents and gather that information.
  - Then there is a fear of filling out race and lack of trust for whoever is collecting that information.
- Question: Regarding recommendations and Council's role.
  - The Governor has done that, creating the permanence of the Response Team, as a portion of the GACDI. Our doing that is to make the information as public as possible.
  - Assemble a group/subcommittee that could be part of the team to narrow the scope of recommendations.

- Creating a permanent commission was part of working in a vacuum and how to carve out more time to do the work. Various ways for permanency to occur.
- Governor's letter.
- Motion to create a subcommittee to review the recommendations
  - Discussion of Commission/Council work.
    - We could consider whether the Commission should be severed off into a permanent group or something along those lines.
  - Can we allocate funds or recommend a permanent council/commission that performs the work?
    - This is part of the recommendations we could consider and make. There are statutorily authorized councils, boards, commissions, that are all volunteer with administrative support provided by certain related state agencies.
  - Public meeting requirement and quorum.
  - Motion passed unanimously.
- Interested participants will reach out to Rogers/Trini/Sean to gauge interest and set up subcommittee and date/time.

**Other Business:**

- Training time/date. Is that going to be in September or should we postpone further.
- Members will reach out to exec committee to express thoughts.

**Adjourn:** 8:05 p.m.