Notes from Identifying Strategic Issues Meeting 9.12.13

*Small Group Discussion*

**GROUP 1**

* Reducing rates of HIV (C2P) a lot of inequalities & a need to address sexual health/ wellbeing
* Focus is too broad, needs to me narrowed
* How do we measure these? Actions/ What we do?
* We need to strengthen links between health centers, schools, and communities; possibly throughout reach programs; increase community engagement – give voice to the underserved and marginalized groups
* Connections to schools: shouldn’t they be holistic in how we look at students? What are strategies for the health care world to engage schools as partners?
* How do we think broadly about families? Who are the sources of support?
* We should try to get information from students/ residents to give them a voice
* Connect to protect- issues of stigma, family acceptance, sex-ed in BPS, linkages to care, equity and racial justice
* DCF- Engagement, undoing racism, youth
* Provide holistic care- language, transportation, work and schools, work to keep seniors in their own homes
* BPHC- Educate on nutrition, advocates to engage agencies and systems

**GROUP 2**

* Equity/inequality- racial disparity is hard to understand
* Need to train people to understand- Black people mistrust health system
* Workforce issue is a trust issue
* Strengthen community resilience: need open doors for community members, need for community connection
* Need to address racism, racism leads to social determinants of health
* Racism-poverty-jobs
* Single out employment
* Nothing like having a job to create resilience
* Job and training; jobs=security=engagement
* Immigrants needs
* Diabetes/kids/health – health movement for kids
* Transportation issue for kids, after school participation, barrier to access
* Crime/ substance abuse
* Exposure to new careers

**GROUP 3**

* Working with low income, homeless- disparities are clear
* Infant mortality
* Even though schools, CHCs, hospitals, and public health systems are great, if you go home to poor housing or are homeless, it doesn’t matter
* Access-equity-racism plays a part or is overarching factor
* How does poverty contribute to health outcomes? Felicia sees it in patients she serves
* Immigration Status
* Incarceration rates- reintegration; lack of programs and support
* Substance abuse- lack of services
* Integration of providers
* Resilience- built in the community
* Participation in research- historical communities of color haven’t participated- due to mistrust
* Housing/ foreclosure crisis- BHA- creation of tenant advocacy/ community engagement
* Question #2- add “connection to providers” “better integrating the provider community”
* So many CBO’s doing work- but not necessarily integrated
* Accountability- through engagement of provider and community
* Helping residents understand and access resources

**GROUP 4**

Q#1

* “Other” is very broad- was there data that was more specific? Can we quantify what’s included in other health inequities?
* Reword the question “What health equity issues could we focus on?” -> How could we work toward building health equity?
* Building capacity on what’s already working
* Phrase questions in a more positive way
* As a people there are some individuals who feel entitled- all in the mindset sensitivity training
* Seems very soft – seems like it would be challenging to address (hard to make the connection to the vision)
* Flip it to have more of a positive spin vs. negative
* If one believes you deserve to be treated fairly they/we will see changes

Q#2

* Hard to have an issue that’s not well defined- decide which ones are most critical
* Food access (healthy)
* Policies and practices re: landscapes of communities- monitor liquor stores, fast food, etc… neighborhood development
* Add “action” word after the word “policies and practices”

Q#3

* Change “chronic diseases” to chronic health conditions
* Address ethnicity data- there are limits to how the data is collected
* Add trauma caused my immigration, resettling
* Trauma of linguistic alienation

**GROUP 5**

* Data re: trust of neighbors sticks out why is that? Violence?
* All are important. 1st goal- too broad 2nd and 3rd levers to address issues
* What’s missing? 3rd- several steps away from addressing issue. Community resilience different issue than helping people have improved outcomes
* Trauma- affects people on individual basis, but affects whole community
* We do pretty well with health outcomes, what sticks out are outcomes for Blacks and Latinos- need a focus on them, bearing the burden
* If we focus on racial and ethnic- mix “and others”
* Assuring people with health issues are getting the best services and delivered in the best way
* Part of access? No
* Trust issue?
* Social cohesion- covered in resiliency?
* How do we improve neighborhood cohesion and increase trust? How do we use positive media to build trsut instead of media building distrust in our neighborhoods?
* Grant for curriculum in schools to prevent teen pregnancy, HIV-AIDS, STI
* Research grants? BPS turned it down- no time in the school day
* How can we assure appropriate community support so people living in the community with chronic diseases and disabilities can enjoy optimal health and well being?
* The media impacts negatively on how the neighborhoods really are and so new or old residents tend not to trust and live afraid of reaching out to neighbors

**GROUP 6**

Q#1 Eliminating Racial and Ethnic Disparities

* Wording seems broad. 2nd and 3rd issues seem to feed into the 1st issue
* Some African Americans feel that racial inequities are a true barrier
* 1st issue is very broad. Could be an even “higher” issue, maybe an overarching goal
* Racism is a root cause of the inequities
* Issues around Blacks dying more frequently from certain diseases and cancers, such as breast cancer, colon cancer, and prostate cancer

Q#2 Improving Health Outcomes of All Bostonians

* Key influencers for these issues; who has the power, how do we access and influence them. Make them look at social determinants with a health lens
* Encourage people to think outside of the box and seek treatment. Remove stigma of receiving treatment

Q#3 Increasing Community Resilience

* Coordinated advocacy – in order to really change policy
* Add in violence, address sexual abuse
* How is community truly defined?

**GROUP 7**

Strategic Issues Critique

Pros:

* These issues are at the forefront of what is being talked about in our communities
* VA’s work is also relevant to SDOH

Cons:

* The vision may be too broad
* What about home environment \? What is the mental health/ status? Financial? Who is home when the kid gets home? Resources in environment?
* School aged children will now be closer to home
* So how will that impact the strategic issue?
* Patient centered medical home
* How do physicians connect with resources for care? Being able to understand
* Information/resources- how do you connect resources to the doctors/providers?
* Having a central clearing house

**GROUP 8**

* They cover everything- in order to make a difference, narrow the focus- include everything under the sun- not useful questions, impossible to do anything with them
* Important but not impossible to address
* How to change them? Identify a number of key issues through these processes- which ones are more important? Where do we want to place our attention and time?
* What aspect of each? Do we have data/input on what’s important to people?
* In the context of 12 coalitions, they could work towards answering these questions
* Maybe clarify that it isn’t meant to be able to answer all of them
* Within different language groups, different needs
* Add framing statement with context about why theyre so broad
* Data on racial inequities so its clear that addressing racial inequities is first priority
* Better define a problem to help address a problem
* How to make them actionable so you can do something about them?
* Add to “among others”- include health care for people with disabilities
* What strategic issues are missing? Nothing, too much already
* System- addresses all of the pieces
* What’s a way to include all the other populations
* As we deal with these issues, how we can make sure to not leave out smaller populations that are in fact impacted by these populations
* Also, community engagement is missing from these questions – could be subsumed under community resilience
* How can we ensure adequate community engagement of all populations? Ongoing and sustained
* How to fortify community engagement? Ensure they are involved and needs are being met