2024-03-06 Health Equity Framework Workgroup English Transcript

>> Welcome in folks, thanks for coming. Just give everyone a minute or two to filter in here. Welcome. Good to see everyone. Give it another minute or so. Welcome. I think we have a few more folks that are planning to show up today. Give it a little bit of time. Welcome, folks that are just joining. I think I'll give it until 2:05 and then get started here. Let the last of folks trickle in. Okay. So, we're here at 2:05, welcome everyone. We'll go ahead and get started. As folks trickle in we'll greet them as they come, but welcome to our fourth meeting. Quick reminder, we have captioning, so we do have closed captioning in English today. We do not have Spanish closed captioning. You'll see in the email we sent out before the meeting last week, it's by request now so you can request the translation services beforehand, but today we just have the English captioning. If you do want that for next time, just let us know and we'll provide that.

So we're going to start off, maybe we should hit record first. On the meeting. Hello, welcome

I believe we're going to start here with reviewing the meeting minutes from the last two meetings that we had since we didn't have a chance to do that last time. First, we'll take a moment to review the minutes from January 30th, also in the meeting packet minutes are provided, on the screen Sara Murray will go ahead and share those.

So this is from the 30th, go ahead and take a quick look here. Let us know if there's anything here that you feel like didn't get captured or should be taken care of.

>> Yes, I saw on one of the minutes, I don't remember which time, the updating of the modernization manual is not part of the committee's scope. Whos did they decide who's scope it is? Who is going to do that?

>> Hey bob, there's been no decision made of the update to the modernization manual, but if we get to the point the decision is made it would be with local public health and a revision would be done through a process with local public health

>> Any thoughts or concerns, changes, updates to the meeting edits before we go ahead and finalize them?

Okay that feels good, now we'll take a little time to review our last meeting on the 13th of February

So go ahead and review. So these are the minutes from February 13th. So go ahead and do the same review, if you have any questions, edits, updates, anything like that me see feel free to let us know.

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Okay, anyone have any updates or changes to the meeting minutes for February 13th, before we finalize them?

>> This is Jennine from Oregon health workers association and I believe it was this meeting, actions in OHA that are aligned, I believe there was something in that and didn't appear to be captured

>> We'll make a note of that and add it in as well.

>> The reason it was brought up in all honesty, so there isn't duplicate in efforts around this work

>> Thank you. Anything else?

That sounds good. We'll add of add those in and finalize as well. Thank you for your attention and feedback, attention to detail here. So yes, welcome. I'll review some of the points from last meeting before intro, we talked about modernization outside of the health equity frame work scope, we looked at the proposed structure, 40 minutes we decided appropriate outside of scheduled meeting time, first and third Wednesday as we know because we're all here, OHA staff will continue to facilitate and all these decisions can be gone over at any time, if we try things out, we don't like it, we can go back to our voting and decision making and see what might work better for us.

Today we'll be talking about group agreements, project milestones and our next agenda and some decisions about that as well. So, for our warmup today, we have the usually, name, pronouns, title, and the question is one thing about spring that you are looking forward to? So let's see. Should we do on mic intros or in the chat? We'll do on mic. So William Blackford, I am performance system coordinator with OHA public health division. And I'm looking forward to making a garden, first time I would do that but I have a little planter box in the backyard and hopefully grow things that are like really easy to grow.

So yeah, I'll just throw it who's next, Margaret

>> I'm Margaret, I'm a fiscal analyst with health promotion and chronic disease prevention of public health division OHA, obviously new to this group and I think I'm looking at about two things about spring that I'm excited about is hearing more birds and seeing more flowers.

Yeah, sorry --

>> Put us on the wrong track.

>> You're good, William. Hi all, I'm Nettie Tiso, introing myself, because I'm cofacilitating, my pronouns are she/hers I'm a project manager for the project end of this initiative and in terms of spring, I'm just looking forward to getting out more, I've just been a Hermit all winter and because we're running a little tight on time now, if folks feel comfortable putting their intros in the chat that would be awesome. If anyone feels they want to share something, we can share, two or three people, otherwise feel free to pop in in the chat.

>> Sorry about that, I got too excited talking about spring and jumped right in there. Put that in the chat really quick.

>> Says she's looking forward to that natural vitamin D, same, more sunshine in that same vein. Jacky, more outside time and sun light, I think there's a theme here. Love that the center of all the spring flowers, getting outside more, fresh air. Yeah, Larry. Sunshine in the morning and evening. I think we're finally at the point where the days are getting longer now so that's been really nice. Christine is excited about sleep. Excited about flowers and greenery, the sun, longer days I think that's a theme, sun, thank you for participating, we'll move on to our next piece here, which is the group agreements.

Finally getting to them, we put them off for many a session but finally we're getting to them. So yeah, these are agreements we sort of came up with by looking at a few different things, you know, like what other groups have done, things we think are important group agreements and also sort of conducted a collaboration activity with each other and we did all together where different agreements came out so we want to bring attention to that. I'll read through these first, we have three or four slides of them, then I'd love to open the floor up to hear from folks like if we want to change any of these or add anything, edit anything we have here or questions on what does this mean or that mean because we're all trying to arrive at a common understanding here.

So here's some of our group agreements.

So experience discomfort, so allowing sort of discomfort to exist within the group. Name and account for power dynamics wherever those might exist. Move up, move back, you know, sort of like the way, thinking consciously about the way we take up space or make space for others.

Confidentiality, acknowledge intent but center impact that things aren't always taken the same and acknowledging that is the case.

So learn from previous experiences and focus on moving forward. Slow down to allow participation

from all group members. Try not to speed through things.

Stay engaged. Speak your truth and hear the truth of others, you know, we want honestly as much as possible, as folks feel comfortable there are varying degrees of comfort with the way we speak our minds in the space but want to encourage that.

Expect and accept nondis-- sorry nonclosure meaning we might not get a final bow wrapped on the present moment what we're talking about.

Next slide, please. So we hold grace around the challenges of working in a virtual space. We all know that things malfunction, there's internet, all sorts of things going on in our spaces, remember interdependence and interconnected understand and then share responsibility for the success of our work together. It's a collaborative group, everything we do is ours to share in that responsibility for what we succeed at. So yeah, I'd love to open the floor at this point. We can go back to different slides if you want to relook at anything or revisit something but I'd love to hear if there's any immediate feedback on the language or anything we missed you might want to add.

>> My only immediate feedback as to confidentiality I think learning from the experiences, anonymity, not confidentiality that's my only consideration or change.

>> All right. Feel good about that change. And I'll go ahead and make that change. Other comments, questions, concerns, things to add? So yeah, feels like we're good on the group agreements then. Quick and easy there. And if something comes up to you later or you think of something after the meeting feel free to let us know but we'll go ahead and move forward with the group agreements. Thank you.

So I can see, I want to look at that collaboration i I'm not sure -- so I think we're a little bit ahead on our time here. Thank you. So this is the one pager created from the activity that we did on collaboration. So again, I would love to have us look at this, have it land, sit with us for a second so we can remember all the things we sort of collectively contributed for what collaboration is in this space. And yeah, any questions or thoughts come up I'd love to hear them as well. Okay. I think that's a good place to start from our common understanding of how we want to work together and I look forward to seeing how that works out in practice as we go through.

Again, we're a little bit ahead so instead of moving to break I think, Nettie do you want to move into the maneuverable timeline piece?

>> Definitely. Sarah, can you flip up to -- yes. Thank you. Okay. So this slide shows you what is not a set in stone time line, the only thing here that has to be done is our first deliverable the role guidance

we've started to talk through, that focus on each domain in the modernization manual, that is due November first, that's the hard deadline here, the reason we're bringing this up is because we again, this is the worker making all the decisions outside of that final deadline which we've all been told by the legislature. So prior to that, we were looking at and thinking about how do a lot of things with like measuring our success so setting mile stones is the way that we're doing that. The thing is that we aren't experts in how this should go. So there's so many options. We can have a ton of milestones. We can have a milestone for every domain. We put this together because we were like maybe this will work, but it's just to give you a visual of what we could do. The reason we are making a decision about milestone dates is that the public health advisory board will be reporting to them as we're going through this work so we kind of want to give ourselves these achievable approximate milestones that we can say this thing is done, we're going to celebrate, now let move to the next thing. With that in mind, my first quotation is are there folks and feel free to come off mute. Are there folks that have any ideas or opinions on what we should do like how many milestones, where they should be, and I can also give context. There are seven domains in the public health modernization manual. The last domain is the bulkiest1 per our initial kind of research.

So we separated that out and this conversation might feel very particular. I'm a project manager so I obsess over this stuff, I don't expect you to but I am curious does this look okay, can we talk about how we want to break up this work? What are your initial thoughts and if you'd rather talk about how we are going to evaluate how things are going or how we are going to celebrate when we finish something, that's great too. We're just starting at, you know, level zero right now so we can eventually provide dates to the public health advisory board where they can expect to, you know, when we check in with them we've done this thing, reached our milestone. Any thoughts right off the bat thank you Mish a, that's a huge good point, we can flex these dates, only what is set in stone is the final deliverable, come June we can say these are messed up, I don't like this and change it all but it's important we set those parameters so we can just loosely aim to get the work moving forward. But we absolutely can go back and be like that took way longer, we're only, going to celebrate after domain five because, you know, I have no idea like how long each one is going to take but I'm sure it's going to be varied.

Another prompt maybe would be have you been in other spaces or work groups where there was a mile stone reached and you celebrated it in a virtual setting and do you want to share about that? I know it's kind of a hard question. It's hard to celebrate in a virtual space. A lot of times I see it happening where people get celebrated by like sending out a newsletter then we acknowledge people that way.

And this is like, we still don't have the answer to this. It's really just something that would be great if people can marinate on it or observe in some of your workspaces. And bring these ideas to us. It may sound like not that important but celebrating the milestones and the work we've done over time brings your team so much closer and working together and I think people should be recognized when they do hard things

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>> I appreciate o all of that, Nettie, just the acknowledgment of having to catch the successes when they come our way, this is Sara Beaudrault, we'll use these mile stones to the touch point to see make sure we're taking information back to the health advisory board and giving that board an opportunity to review and provide input and direction to this work group if they want to so again like the timelines are flexible but knowing that we're going to have dates and touch points with the board is good to have built out on something like this and we will of course communicate with the full work group when the agenda items come up and you're always welcome to join those meetings and take part in the conversations.

>> The ongoing dialogue which is generated during this work group, you all share your experiences to the communities you represent and recognizing all the variables and ways in which it impacts how work is, how services are provided within. It will help us to better understand that I think each of us come at this from a different perspective, there is common interest how we stand up for the communities and populations we represent and me, I feel like a kid sitting in a movie just waiting to hear your perspective, hear your challenges, to hear the opportunities and models of success and input on ways in which we can better understand your situation which will provide us to be having a whole list of to look, holistic way of looking what's happening to the state. How that's represented will be amazing so we look forward to that.

>> Thank you, Larry. I did want to call to action the draft of the actual final result, so Sara I'll ask you to correct me on what I'm about to say if it's wrong.

   So my idea of what's going on is our role map doesn't have to be a polished final deliverable, the final deliverable is a health equity frame work due in June of 2025 and we would build in like draft reviews and kind of like really clearly map it out and make sure we have enough time with the role map it's a little trickier since we have this turn around like two weeks. The way we were actually -- I might have something. A timeline of this, essentially, we will have we'll try to finalize them to a point of only a few edits left so two weeks at a time, domain one, you know, two weeks we have to get all the content in there and then at the end before we turn in that draft deliverable on November first, we will have, I think it's two weeks to polish it up. So that is a really big, good point. I'm not sure like how that's going to feel and it might be something we adjust as we move through the work. Then think of something for the domain but it's already finalized. Sara what do you think about that?

>> That all makes sense. I think, to bob's question about the domains, bob, the domains are being used the same as foundational capabilities. It's just sort of a different word that's come out of this group so the seven foundational capabilities that people that are, that work in either OHA or local public health

authorities are familiar and this whole group will become familiar with them.

So everything Nettie said is exactly right. We'll be taking those foundational capabilities or domains, talking about some of our public health work related to topics like communications, community partnership, policy work, all these things that are at the foundation of what we do in public health. We'll take each of those areas individually and when this group meets again we're going to walk you through an activity for how we can review the information that we already have, pull in some pieces about the roles of community-based organizations and other partners and kind of like find the areas that most closely connect us to reaching our 2030 goal of eliminating health inequities in Oregon. So it will be a little bit like work book oriented, it will be very hands on and interactive. We'll come up with a final, you know, a version, a draft that we all agree to being complete enough to share with the public health advisory board and they're the ultimate group that the responsible for this deliverable so they'll review everything and hopefully we'll adopt it at the end of the process.

I think there are a few FAD members on this group, Dr. Dannenhoffer, Jacky, and Maria Davis who is not here today

>> Does anyone have questions about that?

Okay. All right. Can we reshare screen and look at that timeline again? I know -- totally fine if we want to take this to vote, I'll ask the question, how do we feel if we say tentative to milestones where they are and have a moment next meeting to come back and say we changed our minds, we can always check back in two meetings because we'll start a domain soon, if it's an actual idea. And if you don't agree totally tell me now, I won't be hurt. Just want to know what you like and what you want.

All right, I think what we'll do then is say this looks nice but we're going to come back, get into domain one soon, come back and look at this, spend a couple minutes.

Thank you all for your feedback. Let's do a break.

>> Okay. Everyone come back at 2:45. We'll do a quick fiveish minute break and come back.

>> Sweet. Thank you.

>> Welcome back everyone, hope we had a good break. I think we're going to start pack by sort of grounding with a question or thought from Larry about sort of hearing different voices within the work group, if I'm interpreting correctly what the plan is

>> I think what I'm saying is we have a wonderful opportunity to be able to hear from you all, to be able to understand from your perspective what some of the issues of concern are I mean I love the fact that we're ahead on schedule but I tuned into this meeting literally just waiting to hear some of the issues of concern you all may have so bringing voice to that is very important. You have been asked to be a part of this group because you do represent communities, populations and systems that we are recognizing on a continuum to have a capacity in so as such, would be really nice to be able to hear some perspectives as a part of today's meeting to help guide us, to help us to really understand how we have informed efforts that allow us then to support what you are looking for. So just asking if people, what to take a step, take a stab, say something with regard to issues you would at least like to put on the table for us to consider would be amazing.

>> So the floor is open for folks, come on the mic or put your comments in the chat. Misha yes,

>> I'm Misha Marie social navigator, we help folks with intellectual disabilities and so often folks with intellectual disabilities really struggle in the areas of access and satisfactory outcomes in health care and so I just feel really honored to be able to uplift that perspective and participate in this process in the hopes of closing, overcoming some of those barriers, challenges, I'm working on some real independent projects so hoping to improve peoples outcomes when they interact with health care providers and health care systems and this feels like a really foundational place to have a voice. And so yeah, that's me and what I'm hoping to be able to bring to it and get from it in all selfishness so thank you.

>> Thank you, Misha. Other thoughts or comments?

>> I'm an employee over in Lincoln counties and personally part of our grand trans community and our work does reside in trans health equity advocacy and using this space to advocate for the trans and gender diverse community while we're at this weird intersection of expanding access to care like through things like house bill 2002 and in that respect, also at this really tumultuous sociopolitical time for our trans and queer community and those things are happening simultaneously, we're facing tremendous difficulty accessing care equitably, lot of harm in different care situations so hoping to advocate for that community in particular in this space.

>> Yes, bob

>> I think in the public health departments there is very strong congratulation of our state goal of health equity and I think we're looking for a little more specific direction on how we're going to measure that progress. You know, from many other things we do in public health, for example, immunizations, STI rates or we can do that and I think the public health community is looking for a little guidance on how we measure that we actually are getting towards health equity.

>> Thank you

>> Hi there, from the program OHA public health division, my colleagues, Beck, Mari e, bob have spoken about -- we are, specifically within the reproductive health section talking about health equity, but really trying to talk about how to operationalize that aspiration in that we have providers in our network and we can put out all the flyers and posters in the world but there's still that disconnect and it's not just, well, it's not just information disconnect but complete barriers in accessing care.

How can we, instead of -- and this is nothing against social media, I love it, putting another social media campaign out, what is more tangible and is it literally, whether it's lift, Uber, you name it, having access to that, helping the medical professional really unpack trauma informed care, so it's not just a nice little slogan or is it, those interactions with medical professionals, do you feel like somebody is actually listening to you and I realize, I get it, you're a medical professional and literally you're billing by the minute, you know, but you can still kind of get in the middle there, say oh yeah, they didn't hear a word I said and I feel worse than how I felt before.

So that's sort of why I'm here.

>> Thank you. We'll go to Natalie first, and hear from Misha little bit

>> I'm Natalie with the boys and girls club. For us, really, we serve youth. Really addressing the inequities and upstream health care, you know, giving them the tools that they need and the communities, the black and brown communities we're serving. How do we address the opportunities for the inequities that happen as they get older? So really addressing the upstream health care discussion.

>> Thank you, Natalie.

>> Misha did you want to follow up on something?

>> I just wanted to emphasize I may mispronounce your name, is it Mica? Yes, yes, and yes. You know, trainings and slogans and flyers and things only go so far and so often, the boundaries, the barriers, the challenges are things tougher to get at with those tools and so what tools we have on some of these issues that really go beyond that, you know, had fantasies of, you know, really getting in on training with health care providers and things like that so, you know, during their standardized course work that is just what they do to be accredited, licensed, certified, etc., they have some point and getting comfortable with people with disabilities so there's not just, you know, people are so uncomfortable like what do I do, to come up with, how do I communicate? It's just just a real challenge so I just really wanted to say thank you for expressing those things. It's hard to figure out where to get the work in there to make a difference.

>> Sorry Natalie wasn't sure if your hand was up from before

>> Sorry that was from before, forgot to put it down.

>> No worries, just didn't want to miss you if you had your hand up.

>> Hi, this is Larry again. I hope this space continues to really talk about some of the things y'all are talking about. The models of success, it would be really great to hear from local public health stand points some of the things they have put in place because there are ongoing efforts occurring we may not be aware of so how that's work, how they interacted with the organizations and CCOs and other folks to help up lift care efforts, health care efforts within their area and then even within the community so the things which have worked how people have felt affirmed, how they recognize deficits and maybe how they team them with some of the other service providers be that local public health departments, state groups or other entities to be able to support and up lift that, so again, having that type of story, having those type of examples for us to really build off of, I think creates opportunities where we can start imagining ways in which we can express ourselves, talk about the good, the things that are difficult, ways to start building bridges into some of the ways we would love to support this work as we move forward. Now, some of that may be idealistic but we have to start somewhere, we need a good base to really represent an informed discussion how we as a collective start doing this.

>> I'm excited to continue to explore these things together.

So in the interest of time, I think we'll move on to our next agenda piece which is the future agenda building and other questions so I'll hand it off to Nettie for that next piece.

>> Thank you, William, thank you all. Again as a reminder, this work group is creating everything from your voices, we are here to be a scribe, to be, to set things up for you so we are talking about agenda creation now. We want to make sure that next meeting is a codesigned agenda. We want to make sure you're getting what you need. And let me just give you a little description of what we are proposing. And then we basically need to pick two of the things for next time.

So first of all, Sara had mentioned a little bit ago that we had this workbook style for going through rule guidance. So what happened for the past couple weeks is Sara has been working with the project team to design a worksheet that will be going through each of the domains, AKA foundational capabilities to help us organize our thoughts and also get everything recorded or written and what we were going to do if it's okay with everybody is dive into that first next week and go through the worksheet that Sara made and just kind of see how it's going to work out for us so we can kind of test the waters and go through domain one which is communications, and use it as just an example of how this work could go so that's one agenda item.

Okay then we have another tool available to us already, another thing in health equity discussion, which is something that would take some discussion so I'm going to start with modernization 101, so we have a presentation.

Our amazing modernization team has created a presentation and they've actually presented at other work groups. It's very much like what is modernization in relation to the work we're doing? So we have this option to invite, so Sara is one of those people and then also Sara's colleague Steve would come to the meeting, present about modernization 101, take some questions. So that's one -- your second option

The third one is we were like maybe we want to do a health equity 101. Just popped in our team chat, so we and also were inspired by you all because we talked about this way early on, like I mean it's only been four meetings but about what is health equity, what does it mean in this room? If we're doing a 101, what would you prefer is the question and then if we go to do a health equity 101, we want to know what you would learn about, but not even learn, it's us getting grounded, stuff we all I'm sure work around and know, but right, okay, yeah, so bob says -- or sorry, Dr. Bob says both and I feel like that would be useful too. Is there around order, though, that we want to do them in? Does it matter?

All right. Okay.

So I'm going to say, I think that we should do what we have already done for next time. The worksheet modernization. And then can we spend the next ten minutes-ish talking about what you want to see in the health equity 101 grounding presentation?

When we're covering health equity and essentially, we'll just bring some slides in but we want to

make our presentation geared on what you focus on so do we want to talk about the definitions of health equity, are there other main foundational things, looking to subject matter experts here? So definitions. So true, we all see it differently. Thank you, Christine.

Let me scroll up, I think I missed Margaret. Vision about what health systems and functioning communities would look like in our ideal future. Love that activity. Super big question, right, what does reaching the 2030 goal look like? And how do we envision that? Cultural lens, thank you. Structural analysis definitions. Policies. Perpetuating health inequities. Yes. That's amazing. Thank you Jeanine. History, remaining impacts of prior inequitable practices. That's a big one. This is amazing, thank you.

Love that, Janine. Thank you.

Does anyone have who lived or work experience that they want to share about on this topic? Probably a weird way to pose that.

Are there any anecdotal things to bring to the table in a will inspire some of these ideas?

>> Do you mean, Nettie, are you wondering about getting examples about what some of these barriers look like, that kind of thing, or?

>> Yeah., how you're -- I guess, yeah, where you see this work landing in your daily like where you, yeah, where you see an example of how it's affected you. Health inequity in general or in your community. Thank you, Kristine. Not sure if I'm prompting right, Larry or Sara, anything to add?

>> What I would say with this, I talked to some individuals on the screen off line about some of their situations or limitations, obstacles and I've learned a lot. Learned a lot in terms of how they saw the world, the impacts of their local situation. And how they even considered health equity so I hope as we get more familiar with our selfs some of those voices will be shared in this group, with understanding commonalities and also differences that will help paint a better picture for much of the things we're talking about.

>> This is Sara. I really appreciate what everyone has shared in the chat, your ideas and what you hope the conversations can be in this group. I think, you know, it sets up some of our early conversations and hopefully we can hold on to these throughout the entire process, you know, check to see, are we having the right conversations and is the work moving us to these things that we've said are important and, you know, ultimately, I think a lot of these could be used further on in the process to have a conversation like did we do our work, did we do something that contributes to a lot of these priorities for people in the group?

>>   Thank you. So I'm going to read the chat. So Christine saying even in this spacing, it's hard to recognize, we don't feel safe or comfortable answering right now. Thank you so much, Christine and we have to get to a place of safety and it certainly isn't going to happen overnight and then, I really appreciate Janine, your comment as well, on creating materials that don't solely center whiteness. These are all really big points and I, again, just where, what we can do as facilitators and supporters of this group to make you feel more safe, I'm sure that's not only an appropriate question to be asking but where we're trying to get to and marry for all your input and feedback on our journey.

>>   This is Larry. Also I think about this. For those who take longer than others to process what they really want to be able to say or contribute, I think we should always leave space for you all to formulate some of those ideas and share in between meetings, you know, by way of sending that information directly, to Nettie, or William, just so we can be a prize to some of the things you all are formulating, part of that process. Also I loved that you shared in the chat because it's sometimes easier to do so but that gives us a record to look back and see in a we are gathering information from your view point and making sure we incorporate that into future meetings so we appreciate those expressions also.

>>   I'm wondering if it would be helpful, I see there is a varying degree of engagement, I'm wondering it would be helpful to do break out rooms where people would have conversation with prompted dialogue, I think there's definitely stuff happening in the chat and maybe being able to break into a smaller group would feel comfortable for more folks. I don't know, just a guess around trying to increase engagement.

>>   That's a great suggestion. Thank you. Just slowing down a little, I love that people are typing in the chat and you can continue to do that.

   I want to pose a question. Is there something that we're missing in the next couple agendas and this could be like basically I feel that break out room idea was kind of one of them, I think that would be a cool thing as Janine posed to bring to our next meeting. Is there anything like that, other, like any other ideas and just going to leave the space kind of open so feel free to come off mute or type in the chat

>>   I typed that I want to hear from Larry more.

>>   I'm completely serious, Larry is well known in the black community and we trust him and he's one of us and we can relate to him and I haven't heard a lot from him. Hear a lot of white women talking and I

want to hear more from a lens of someone that understands and is part of the the black community

>> So I'm shamelessly going to try to respond and thank you Christine for that. Here's what I would say, I think working in public health for over 35 years I'm going to say I learned a lot from different systems, respect the work that's been done in local health authority arenas. I come from the community so I embrace and support and affirm community based organizations in that they often times also have their finger on the pulse of the community as does LPHAs as sometimes they're fingers are on the same pulse of different parts of it or aspects of what they're doing, but I feel enlightened anytime we have opportunity to promote better understanding of individual's situations and within the represented populations we all speak for, bringing, creating a form, a medium, a platform to bring those voices to the table. I think often times, we have not necessarily miscommunication but we don't have enough communication across the board because we have built in Silos across systems.

I'm hoping through this process and maybe as was suggested by Janine, maybe smaller work groups, we have opportunity where people can come together and really bring their voice into those small settings and talk their truth about what this is.

Honestly I would hate to see us not take advantage of you all as resources for this overall process. Each person represented in these squares brings a different perspective. A life experience, measures of success and also things that didn't go so well, we'd love to hear all of those things to better inform processes and really build the type of outcomes into that exercise we intend to do.

I for one don't want to have individual voice, I'd like to be quiet as much as I can which is really hard for me but I want the voice of this group of, this is what I'm interested in. I know my mind -- actually I don't, my mind is all over the place but I would love to hear what you all are thinking and how you're framing things and how that changes one week to the other based on variables we may not be aware of. So it's going to be nice hopefully as we evolve, get more familiar with one another, bring voice to the things we hope to share with group, or the outcome of us all learning and growing and incorporating what we've learned as a part of how we move forward.

>> I really appreciate this discussion from you folks. Nettie, was there more to this piece we want today get through today?

>> I think we're good. We really wanted to know if there was anything to prioritize on that list and I think we got our answer. So we can go to developing stuff from there. Thank you, though.

>> Great. Okay, well, I will yeah, I think I'll move us into the public comment portion here just to wrap

us up. So yeah, any members in public here that wish to provide comment, you may have a few minutes to do so. I'll just leave the floor open for a little bit and if no one comes forward I'll go ahead and end the meeting.

>> Looks like no one from the public wishes to provide comment so I'll end the meeting here. If you wish to chat or ask questions we'll keep the meeting open a little longer, otherwise feel free to reach out to us via email, email Janine, Nettie or I and yeah, would love to look forward to our next meeting to hear from all of you all. Have a great rest of your day. Thank you.