HEC Retreat 3/19/18
Wrap-up Report

HEC Retreat Aims:

- Relational: HEC members will learn about one another, engage, and experience strengthened relationships
- Objective: HEC members will leave with an understanding of HEC’s short term tasks
- Objective: HEC members will consider and make decisions about its presentation to the OHPB re: its role, importance and unique value added, how it would like to be engaged, and some of its core work
- Objective: HEC will identify some key areas to focus recommendations around re: the social determinants of health and behavioral health reports

Agenda:

12:00 p.m. Welcome (Michael and Carly)
- Retreat objectives
- Introduction of facilitator

12:05 p.m. Member Introductions and Review of the Agenda (Ashley and all)
- Name, organizational affiliations(s), cultural strand, and gender pronouns

12:15 p.m. Getting to Know You: 1 Truth and 1 Lie Exercise (Ashley and all)
- Benefits: Fun, engages extroverts and introverts equally, good for geographically diverse groups, and strengthens relationships

12:50 p.m. Perspective and Appreciation: Group Timeline + Values Exercise (Ashley and all)
- Benefits: Elicits and demonstrates the rich diversity among members of the group as well as common threads, supports effective communication, and yields deepened relationships

1:20 p.m. Nature Break

1:28 p.m. Traditional Grounding (Ashley)
- Backing: Cultural teachings, neuroscience findings, groupwork best practices

1:35 p.m. Context Setting (Michael and Carly)
- Quick review of HEC background and charge
- Summary of conversation with the OHPB
- OHPB May 1st presentation and short-term tasks

1:45 p.m. Discussion and Decision-Making: HEC Role, Importance and Value Added, Engagement, and Work (Ashley and all)

3:10 p.m. Work Session: Key Areas of Recommendation Re: Social Determinants of Health and Behavioral Health Reports (Ashley and all)
- Top 2+ issues/areas/themes to appreciate
- Top 3+ issues/areas/themes that need to change

3:55 p.m. Closing (Ashley, Michael, and Carly)
Retreat Notes
The purpose of this wrap-up report is to summarize any major discussion points, decisions, or accomplishments associated with the retreat, and to relay any recommendations offered by the facilitator Ashley Horne.

Getting to Know You: 1 Truth and 1 Lie Exercise
The purpose of this exercise was to engage all members of the HEC and supporting OEI OHA staff in a way that maximized participation of those who were participating remotely and those who do not always speak up in a group setting (introverts), thereby equalizing participation among members of the group. As facilitator, I was struck by how all members of the HEC enthusiastically participated in this exercise. There was no detectable resistance or demonstration of strained interpersonal or group dynamics. Rather, members showed respect, interest, grace, and humor throughout.

Perspective and Apperception: Group Timeline + Values Exercise
This exercise was intentionally scheduled to follow the previous relationship building exercise, which served as an ice-breaker. This exercise is a culturally adapted mash-up of two dominant group exercises with a twist. The purpose of this exercise was to deepen appreciation, understanding, and relationships among members of the group. The process steps allowed participants the time to reflect, generate ideas, and then share them visually and verbally. The river timeline (populated with important life events) and sun (populated with informing values and teachings) demonstrated the rich diversity among members of the group, as well as common threads that weave them together. This sharing will support effective communication and strengthened relationships, and it will yield better work processes and content.

As facilitator, I found it powerful how vulnerable and present the entire group was in their sharing and listening to one another. Members and staff spoke about huge lifetime moments, including traumatic ones. People move at the speed of trust, so this indicated to me that the group is healthy. I observed that the group built on their foundation and grew in terms of trust, understanding, appreciation, and relationships during and because of this exercise.

Discussion and Decision-Making: HEC Role, Importance and Value Added, Engagement, and Work
The purpose of this process was to engage all members of the HEC in the generation and synthesis of ideas regarding what the HEC will present to the OHPB in May of 2018. HEC members worked in pairs and threes at four different workstations representing the four things that need to be communicated to the OHPB. These included:
A. Role of the HEC – What do you want to communicate to OHPB?
B. Importance and value added of the HEC?
C. How would you like the HEC to engage and be engaged?
D. The work – What would you like to see the HEC do? What seeds would you like to plant during the presentation?

The notes transcribed from the retreat workstations are below:

Workstation A. Role of the HEC – What do you want to communicate to OHPB
- Create a culture of equity first within OHPB
- Hold OHPB and its committees accountable regarding equity
• Help or develop health equity metrics and tools
• Develop/adopt, apply and diffuse a health equity lens
• Build capacity for other OHPB committees to apply equity lens
• Proactively engage in policy development (Equity Focus)
• Provide input on OHPB/OHA policies, procedures, and programs
• Provide diverse stakeholder opinion/viewpoints
• Endorse or oppose policy option
• Start broad focus with some limited local focus
• Proactively identify priorities
• Voice of community and social justice
• Educate and inform healthcare workforce on Social Determinants of Health and Health Equity.

Workstation B. Importance or value added of the HEC
• Focused and intentional Equity, Diversity and Inclusion lens
• Offer diverse and informed perspectives
• Aligned with state priorities
• We give voice to communities that often don’t have one
• Engage with a variety of stakeholders (CBO, CCO, others)
• Liaisons to invented community members
• Deep equity expertise and experience
• Passion and commitment to the work
• Ability to link health system priorities to larger equity efforts
• Accountability to the public
• Relentless and unencumbered advocacy or ability to advocacy.

Workstation C. How HEC would like to be engaged
• HEC will engage in the full scope of OHPB work
• Review current and scope need (Community Health Needs Assessment and Community Surveys)
• Appropriate level of homework – internal to the group
• Support and Empower Co-Chairs – internal to the group
• Liaise with local community stakeholders- internal to the group
• Involve HEC from the start – how others engage with us
• Provide an ongoing opportunity for input and engagement
• Make time for process and true engagement
• Provide materials ahead of time and approach us in advance (preferable at the start of a process or project)
• Identify opportunities for our committee to collaborate with other committees
• Be clear about your “ask” from us... (e.g. Are we advising? Get to decide? Give input?)
• HEC request report of outcomes as a result of HEC engagement.

Workstation D. The Work – What would you like to see the HEC do? What seeds would you like HEC to plant?
• Meaningful influence/approve annual health equity report
• Be engaged in top priority policy options
• Identifying priority policy options
• Outreach to community
• Make sure there is a process to make easy for others to come to us
• Define health equity and OHPB to adopt
• Advise OHA on strategic priorities on Health Equity and be involved in developing health equity metrics/health equity plan requirements
• Hold OHPB/OHA accountable for Health Equity
• Fill vacant seats on committees (OHPB) intentionally and strategically
• Notes of conversation about how HEC can be engaged. Lens - marginalizes the work and the committee; Health Equity is not an extra step/or something for consideration/; it’s the work and equity is throughout; lens implies done product/limiting; consider (Adding to this point, the facilitator shared some framing language re: equity; equity is about outcomes and good government and is based on the understanding that every person should have the opportunity to thrive.)

The group did a terrific job working in small teams to generate and record their ideas at each workstation. The wrap-up discussion was a critical step. It allowed everyone an opportunity to hear and better understand all the ideas, and it stimulated deeper thinking individually and collectively, thereby providing space for additional ideas such as the one about not limiting equity work to a “lens” for the reasons discussed.

At the closing of this process, we discussed that the next steps would be for the HEC Co-Chairs and OEI staff to look at the above draft ideas and organize the contributions under the most logically appropriate categories (A.-D.). Subsequent to these revisions being made, the larger HEC group should be provided an updated draft and an opportunity to provide feedback before it is finalized.

**Work Session: Key Areas of Recommendation Re: Social Determinants of Health and Behavioral Health Reports**

Given additional information provided at the beginning of the meeting, this agenda item was modified to focus solely on the Social Determinants of Health Report. I asked members to share one or more things that they appreciate about the report as well as a few things that need to be addressed/changed. This prompt focused members on the material, shined a light on issues that not all may have noted, and illustrated common thinking in the room. This simple process helps groups begin to tackle complex policy issues in a short amount of time. Members readily shared observations and recommendations.

**Notes on the specific recommendations made are below:**

• HEC members brought forward recommendations around the diversity of the workforce, telehealth and telehealth reimbursement, and state credentialing and licensing of providers. The process is very cumbersome.
• Work with the CHC around the state and the collection of SDoH information and how it can be better incorporated using EHR platform and most important the opportunity to share that information among providers.
• Organizational and culture change that needs to be addressed when talking about a health equity plan, one component of the plan could be asking/sharing what is being done at the systems level. What is wanted is a paradigm shift. Page 9 of the health equity plan and policy option #5 provide opportunity for this.

At the closing of this process, we discussed that the next steps would be for the HEC members to review the questions and suggested policy fixes on pg. 3 of the Social Determinants of Health Report. Members were invited to provide feedback to the questions, including whether they get to the issues that need to be addressed, and to address the proposed fixes.

**Closing**

At the close of the retreat, HEC members and OEI staff shared that they felt inspired, connected, energized, and organized to do their future work together as a result of the retreat. I’ve facilitated hundreds of equity-related government change and systems reform groups, and I feel compelled to share how truly wonderful it was to work with the HEC and OEI staff. I was impressed with how willingly everyone engaged in each of the four retreat processes. Discussions were insightful, respectful, energizing, and rich in content. HEC members should feel proud and with a sense of confidence. Groups with healthy communication and relations, a passionate and expert membership, and supportive organizational leadership thrive. I’m confident that the HEC will be successful in its future endeavors.

**Recommendations for Engaging HEC Members Who Did Not Attend the Retreat**

After debriefing the retreat with the HEC Co-Chairs and lead OEI staff, I was asked to share a couple of recommendations on how HEC members who were not able to attend the retreat may be brought up to speed and included in some of the retreat work. Though it isn’t really possible to re-create the conditions necessary for group relationship building without fuller participation, it is possible and valuable to review the content-related outcomes of the retreat and assess whether they have anything they would like to add.

Specifically, I recommend that an optional meeting be offered for those who could not attend the retreat. This meeting could be scheduled to occur right before a regular standing meeting or at another time that works for members. It would be beneficial to ask what other ideas, if any, they would add under each of the workstation topics. It would also be good to ask the same questions that were asked of the retreat participants about the Social Determinants of Health Report.

As for maintaining and strengthening relationships on an ongoing basis, I recommend that each HEC meeting start with an opening or activity that grounds and connects members. These do not necessarily have to be topically focused on the work of the HEC and should address one or more relational objectives.