VERMONT
DEPARTMENT OF HEALTH

SHA/SHIP "Out" Engagement Findings

"Out" Engagement Process Overview

Between August 11 and September 28, 2017 Department of Health staff held 13 "out" engagement sessions as part of the State Health Assessment/State Health Improvement Plan engagement process. These sessions were with organizations and individuals who either experienced health inequities or work with groups that experience them. Group sizes ranged from one on one meetings to 10 participants with two Health Department facilitators. The meetings generally lasted about an hour.

Meetings used a semi-structured approach with questions about vision for health and equity, assets and barriers to health equity, and making the Health Department's work more transparent and inclusive.

Overarching Issues

In analyzing findings, overarching issues commonly emerged.

- **Questions of whether people understand public health**. Discussions generally focused on health *care*, rather than public health. This included health care, health access, insurance, and interactions with the health care system.
- **The current political environment influences perspectives on health**. Overarching themes emerged about groups feeling outside of the status quo, excluded, and anxious in a political environment that reinforces white supremacy and devalues groups that face oppression and health inequities. Within this larger political climate **health care reform** emerged as an issue, with questions of what health care will look like in the future and general support for a single payer health care system.
- **The need for massive system reform**. Participants mentioned the need for far-reaching system reform beyond systems related to health to have equal opportunity for health. These included education, housing, transportation, and criminal justice systems. One participant summarized this well: "Our society would have to look radically different for everyone to have an equal opportunity to be healthy. We need to have more equal distribution across the board."
- **Need for a holistic approach to health**. While discussions focused on health care, participants expressed that it should not just focus on physical health care (which included oral health), but that it should also include spiritual health and mental health as well. In almost all engagement sessions participants indicated a need for better mental health supports. The holistic approach suggested often went into the need to address social determinants of health, including, but not limited to, strong, safe, and vibrant communities; affordable, safe, quality housing; safe and efficient transportation; and family wage jobs and economic prosperity.

Vision for Health

While partners listed specific action items as part of their vision, higher level trends also emerged. The trends that emerged most strongly are listed below.

- **The need for massive system changes**. This was the most common theme that emerged and is reflected both in the overarching issues, listed above, and the assets and barriers, listed below. There are two components to this. First, all actors in the system (providers, recipients of services, etc.) need to understand, or at least respect, each other's perspectives and worldview

Second, the system needs to understand unique experiences and adjust to them, rather than asking individuals to adjust to the system. It needs to open itself up so that it recognizes, respects, and supports everyone in Vermont, not just those who can easily understand and access it.

- **Communities in which everyone feels respected, included, and safe**. In their visions of health participants spoke of their desire for everyone to feel like they belong regardless of language spoken at home, racial identity, disability, ethnicity, sexual orientation, or immigration status.
- **Potential for self-actualization.** Participants' visions included the ability for people to overcome systemic barriers to fulfill their talents and potentials.
- **Integration of mental health and mental wellbeing**. A need to improve mental health service quality (in terms of culturally-appropriate care), reduce costs, integrate it with overall health, and weave more holistic mental health supports into communities was commonly mentioned.

Assets for Health Equity

Few assets emerged during the engagement sessions. The most common was **community**. The value of being part of a community of supportive, like-minded individuals was a common asset expressed in conversations. These communities can emerge online and through social media as well as in geographic areas. Being part of a community makes people feel less alone and like they have people who understand and share in their unique experiences. Two lesser themes were people of color or with disabilities feeling empowered to speak up for their needs and that support systems, when they exist, are often good; however, this was always presented with the corollary that there is not enough support available and that it is often generalized, rather than personalized.

Barriers to Health Equity

Numerous barriers surfaced through the engagement process. As in the section on values, these have been boiled down to high level topics.

- **Discrimination, racism, and prejudice.** Participants felt excluded from civic life and communities, passed over for job opportunities, and like systems had low expectations for members of their group, especially as it relates to education. Historic systematic oppression and discrimination that leads to an unequal distribution of opportunity was a running trend through the conversations.
- **Not feeling valued**. Stemming from experiences of discrimination, racism, and prejudice, participants said that members of their group do not feel valued in Vermont or that they do not feel equally valued, respected, or heard by systems in Vermont, including by their health providers.
- **Lack of trust in "the system."** Because of past harm by the system—whether historical or personal, because their voices and experiences are not included in or respected by the system, and because they are not valued, members of groups who participated in engagement sessions often do not trust institutions and systems or feel like they support their needs.
- **Lack of understanding of specific populations.** Participants feel like health care providers, health systems, and other systems do not understand them or their unique needs or know how to reach them effectively and that this impacts the care they receive and their potential for self-actualization. It leads them to feeling like massive system change is necessary.