Meeting Open at 10:36 a.m.

Members Present (roll-call with disclosure of who else in room): Trinidad Tellez, Kirsten Durzy, Rogers Johnson, Dottie Morris. All unaccompanied.

Quorum: Yes

Others Present: Melissa Richards, note-taker. No public members.

Welcome, Structure of Remote Meeting, and Review of Charge:

- Review of Right to Know Procedures for compliance with the requirements of RSA chapter 91-A and Emergency Order 12.
  - Members of the public can view and listen to the public meeting via online webinar or via phone. Members of the public will be muted throughout the meeting.
  - All votes taken during the meeting shall be done by roll call vote

- Webinar Functionality
  - Members of the Equity Response Team and note taker have logged into Zoom as Panelists. Members can view any attendees. The public will only be able to see the panelists, not others from the public.

- Review of Charge
  - To develop a recommended strategy to address the disproportionate impacts of the COVID-19 pandemic and to oversee the implementation of the recommended plan.
  - Operate for 30 days and during that time, generate a recommended strategic plan

Discussion Regarding Development of Charter:

- How are we going to work together? Charter will begin to be drafted and approved by members at a future meeting. Need to come to agreement on a number of items that we would consider a part of a charter including mission, membership, meeting structure, objectives, and process.
  - Members request to meet at least once per week throughout the 30 days of Response Team’s initial charge.
  - Anticipate work will need to happen between meetings; possible subcommittee meetings.
  - Chair will coordinate scheduling and agendas.
o Intend to produce a clear, workable plan with members of communities of color and other disparately impacted communities, in the 30 day timeframe

o Work may not be initiated during this 30 day timeframe – need to consider what happens beyond the 30-day window.

o Need to think about how we are calling in other people in an advisory capacity to the process – how do we engage expertise and experience/perspectives needed to inform plan.

o Aim to make decisions equitably, should conduct decision making using consensus.

o Aim for at least 4 members available to schedule a meeting; need a quorum (3) to meet.

Discussion of Other States’ Efforts:

- Review of states that have an entity responding to COVID-19 inequities at the State level
  - Colorado, Illinois, Indiana, Louisiana, Massachusetts, Michigan, Minnesota, Ohio, Pennsylvania, Tennessee, Utah, Virginia, West Virginia
    - Kirsten has contacts with CO and IN teams that she will follow up with.
  - Louisiana appears to be the only State with dedicated funds – Governor committed $500,000 to the task force
    - Dottie will follow up with her contacts in LA to learn more
  - Consider looking at other States with similar demographics (ID, ND, SD, Utah, VT) as NH for lessons learned and to inform our thinking
    - Dottie to explore

Discussion of Plan Outline – “Response Team’s Charge and Mission Document”:

- Drafted based on the letter to the Governor from the Governor’s Advisory Council on Diversity and Inclusion, around 4 components:
  - Collection and ongoing release of demographic data
  - Conduct a thorough analysis of all available data using a cross-cultural research method to examine the social, cultural and systemic factors contributing to differences and disparities in COVID-19 related outcomes
  - Identify and recommend specific resources that could be allocated to address these disparities
  - Within 30 days, identify and recommend achievable steps for the State and other stakeholders to consider undertaking to remedy the disparate impact of COVID-19, which is likely to be a public health concern for months, if not years to come

- Plan Outline – may want to structure broader than these 4 components

- Need to take into consideration availability of both specific State resources vs community specific resources
• Will be important to figure out what data we want to look at.
  o Are there groups who are collecting information?
  o May take us in other directions
  o What and then how do we want to look at this?
  o What existing data we want to look at
  o What voices we want to hear
  o We can craft a plan that is for our state and for our communities
    ▪ Can we find a way to bring in additional voices so we really are making a plan that’s responsive?

(Rogers Johnson out at 11:46 a.m.)

  o Organizational leaders – how can they be of assistance and what questions do we have that they can put out to their groups / listservs to get clarification?
  o How do we want to take in that information?
  o Start thinking about questions
    ▪ Plan to have subcommittee meeting during the upcoming week
    ▪ Develop an instrument to get out
    ▪ May find want to talk to more people – have short timeframe
    ▪ Do as much as we can in a deep and meaningful way
  o What are the different categories of questions and who to ask?
    ▪ Healthcare providers
    ▪ Academics
    ▪ People with Lived experience
    ▪ Major employers
    ▪ Faith Community
    ▪ Legal/Legislative/Public Servant/Public Officer
      o From what perspective are they answering? Cross comparison and multiple perspectives.

(Bobbie Bagley joined at 11:54 a.m.)

• Updates on Component #1: Collection and ongoing release of demographic data
  o Department of Health and Human Services’ recognition that much of what needs to be improved is within Department control and can get started on fixes now
  o COVID-19 Dashboard now active: https://www.nh.gov/covid19/dashboard/summary.htm
    ▪ Race/Ethnicity identified only for a certain % of the infections, hospitalizations, and deaths data. Recognition that these need to be closer to 100%
- Planning to create a different tab for Race/Ethnicity disparities data with information more clearly displayed (case rates and rate ratios), more visualization with graphics, and more stratification (exploring: age, geography and possibly occupation)
  - Testing data disaggregated by race/ethnicity needs to be made available - need to see testing data to determine whether the disproportionately affected communities have appropriate access to testing
  - Increase in training for collection of this data – can move these numbers up
    - There is training on collection of race/ethnicity data created for State response work by the Office of Health Equity. Working to ensure this is standard orientation for anyone beginning the State response work
    - More needs to be done to ensure the local level is trained and understands the importance of collecting this data and how to collect this data including community health clinics, both health departments, and hospitals – improvement is needed at every entry level
- Need to have something in the report that deals with how we communicate the information about what’s happening with disparities.
  - This is addressed by the 2nd bullet in the plan: Conduct a thorough analysis of all available data using a cross-cultural research method to examine the social, cultural and systemic factors contributing to differences and disparities in COVID-19 related outcomes, as well as how to communicate this.
    - Will discuss this more in depth at next meeting.

Discussion of Next Steps

- Think about: What do we want for plan? What does this need to be? Do we have a framework? All encompassing? What do we want to make sure we capture the community’s voice to accomplish our objective?
  - Recommendation: Next two weeks spent in collecting the input from the community which will inform the structure of the plan the Response Team puts forth
    - Engage established networks and organizations (e.g. NAACP has 3 branches). NH is small, we are all connected.
    - Spend the remaining two weeks looking at input to build the plan.
- Will have subcommittee meeting early in week
  - Chair to send out scheduling Doodle-poll – members requested to respond by Sunday evening.

Public Comment: None

Meeting Adjourned: 12:06 p.m.