Meeting Open at 6:01 p.m.

Members Present (roll-call with disclosure of who else in room): Kirsten Durzy (accompanied in room by Charlie Blue Arm), Bobbie Bagley, Rogers Johnson, Dottie Morris, and Trinidad Tellez. All unaccompanied except as noted.

Quorum: Yes

Others Present: 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
- Charge is to develop a recommended strategy to address the disproportionate impacts of the COVID-19 pandemic and to oversee the implementation of the recommended plan.

Discussion and development of an instrument/process to solicit input from the various voices, perspectives, skills and expertise that are needed to inform the plan.

- Discussion of potential mechanisms in order for people to have access not just by computer or in writing, such as a phone number/warm line.
- Discussion of a potential way to compile, park and track information such as a slack channel.
- Discussion of how to get the word out and options for capitalizing on other opportunities in media and through existing networks and organizations (churches, libraries, etc).
- Reminder that prior discussion we considered various kinds of stakeholders/sectors.
- Question about objective and what trying to gather. Realize we can exhaust ourselves with data. Reminder our charge is to build the plan, not do the work – so what data do we need to help that?
- Discussion about what data sources we consider reliable. Where is the data we can trust? Is there a standard process across the state?
• Movement at DHHS around working on the race and ethnicity data set, training up people who are collecting data. (Led by T.Tellez and K.Durzy)
• Collecting more information from people’s lived experience might be even more helpful.
• Discussion of need to frame findings to include underlying structural determinants and root causes, and provide a clear cultural context so the interpretation and outcome are understood correctly. Using an equity lens will be helpful for the state – so can explain “Disparities exist because…”
• Discussion of equitable ways to collect data. We need a richer data set; have a better narrative.
• Discussion of dissemination – how do findings move back into communities.
• Discussion of best practice is for qualitative to inform quantitative survey.
• Discussion of need for questionnaire disseminated broadly now. Can then build into plan some qualitative data collection strategies like listening sessions or focus groups or interviews with key members of the community.
• Discussion of potential recommendations in plan for an implementation team that goes beyond the 30 days and the five people. Academic, community-based, participatory research team to look at social, cultural context. Policy people.
• Discussion of potential questions (what things are we seeing and how to best address this):
  o What are the critical issues that you think are impacting communities of color in NH?
  o What personal experience have you had as it relates to COVID-19?
  o What policy or other change/action recommended – what’s your call to action?
• Discussion of how Nashua Public Health Department is doing their Community Health Assessment – including questions around COVID-19, exploring people’s experience. Could expand upon same COVID questions and make them available in multiple languages. B.Bagley will share instrument.
• Recommend add in text box for sharing stories.
• Discussion of evaluative assessment; concerned and charged to attend to population of people of color in NH, so that’s who we want to hear from. Gathering information that can inform us in building a plan that is tailored to the population we’re interested in.
• Discussion of other potential questions might want to include; reflective questions.
  o What do you worry about on a daily basis?
  o Where do you go to find support when you need it?
• Reminder: DHHS COVID materials currently translated into 8 languages plus American Sign Language video.
• Discussion about Community Health Workers (CHWs) and importance in COVID and contact tracing – their understanding of communities is critical.
• Reference to book, The Spirit Catches You and You Fall Down - how do we understand and use the culture to understand how to be effective?
• Discussed need to make testing accessible for everybody – need to over-test in racial/ethnic minority groups, homeless, substance use populations.
• Discussed importance of, when someone presenting about COVID data, being able to talk about disparity and disproportionate impact.

Discussion of Next Steps
• Review Nashua Community Health Assessment instrument

Public Comment: None

Meeting Adjourned: 7:46 p.m.