DEPARTMENT OF HEALTH SERVICES **STATE OF WISCONSIN**
F-01922 (12/2019)

OPEN MEETING MINUTES

Name of Governmental Body: Governor's Health Equity Council			Attending: Andrea Palm, Andrea Werner,Cristy Garcia-Thomas, Diane Erickson, Dr. Jasmine Zapata, Dr. Michelle Robinson, Elizabeth Valitchka, Ellen Sexton, Gale Johnson, Gina Green-Harris, Guy (Anahkwet) Reiter, Janel Hines Jerry Waukau, Joya Headley, Julie Mitchell, Isaak Mohamed, Lillian Paine, Lisa Peyton-Caire, Lt Governor Mandela Barnes, Maria Barker, Mary Thao, Micaela Berry-Smith, Patricia Metropulos, Paula Tran Inzeo, Sandra Brekke, Sarah Ferber, Shiva Bidar-Sielaff, Stacy Clark, Tia Murray,Tito Izard, MD, Wanda Montgomery, William Parke-Southerland State Staff and Guests: Beth Wikler, Cecie Cupler, Faith Russell, T.R. Williams, Wenona Wolf, Lisa Pugh, Margarita Northrup; Jonathan Moody, Bianca Shaw, Corinda Rainey-Moore, Meghan Elledge, Adin Palau, Amina Maamour, Jill Groblewski, Jody McIntyre, Savitri Tsering, Kara Pennoyer, Harold Gates, Karen Nelson, Chet Agni, Morgan Bailey, Naiya Patel, K. White, Vincent Lyles
Date: 10/21/2020	Time Started: 1:00 p.m.	Time Ended: 4:00 p.m.	
Location: Zoom Video Conference			Presiding Officer: Council Chair Gina Green-Harris

Minutes

I. Welcome & Agenda Overview

a. Welcome new member Cristy Garcia-Thomas
b. Review of Agenda
  i. Review minutes from prior meeting
  ii. Continue discussion about opinions around equity versus disparity
  iii. “Common Goals and Priorities” and pitfalls to avoid
  iv. Operating principles and structure
  v. Next steps

II. Continue discussion on equity and disparity from 9/30 meeting

a. Review of key questions:
  i. Do we have a common definition for equity?
  ii. How should we center our work around this definition?
b. Reflections on the slide from 9/30 meeting on equity/disparity
What about equity/what do we think when we hear equity?
  i. Julie Mitchell: nothing missing, very complete
  ii. Dr. Tito Izard: unequal application of justice, looking at one point in time without larger context, easy to get off the mark. Justice or injustice
    1. Historical, unequal application of grace and mercy
    2. Provide a uniform definition of equality and equity - have to look at it in the context of correcting for historical context, unequal application of grace and mercy
    3. Evaluate in historical context

iii. Janel Hines: middle could be broader. Would like to move more items from different sections into the middle
    1. Resource allocation
    2. Opportunities/access

c. Difference between equity and disparity- need to define for future work
    i. Shiva Bidar-Sielaff: power, power shifting is really important
    ii. Mary Thao: reaction to slide or hoping that we can look in the center?

d. Gina Green-Harris: However we feel about the slide at the present moment?
    i. Wanda Montgomery: how do we take all of this information, synergies, must-dos and then bring them into focus, streamlined pathway, so that we don't become another council that meets and doesn't produce results
    ii. Maria Barker: Power, seat at the table- speaks to a lot of privilege. All the people at this table come with a lot of privilege. Need a common language—what motivates us to contribute - words that are common everyday language to people in our community who may not have all the privilege we have. How we think about equity - those words are less accessible

e. Shifting of power, resources, systems, and structures?
    i. Mary: "Policy" jumps out at me. Continuing with what my colleagues just shared regarding history. We tend to forget or acknowledge history, which leads to repeated history. Specifically, policymaking and policymakers in any institution or organization that continues the same behaviors/process that contribute to the very items on this slide
    ii. Trauma- trauma looks different for everyone. Racism, injustice- all contribute to trauma. Equality - inclusion, resources, all needed to interrupt lack of resources for trauma. Mental health services, youth community - resources we need to give to them. Resources across the lifespan. Trauma and equity
    iii. William Parke-Sutherland: Policy stands out to me as well. Especially as one way to help address or interrupt injustice, racism, inequity
    iv. Isaak Mohamed: equality- jobs, healthcare, affects a lot of us in our lives. We are part of this equity council- advocate for who we represent. Help the community - be the eyes and voices of our community
    v. Patricia Metropulos: When I think of equity I also think of "safety" emotional and physical as well as "belonging" (not just a seat at the table but a welcoming seat)
    vi. Stacy Clark: safety is huge
    vii. Lisa Peyton-Caire: need a compelling vision that encompasses all of this work. Framework of a statewide plan that is equity based with an eye on eliminating disparity.
        1. We choose an operating definition for equity that encompasses these things
        2. Core work – move Wisconsin from first in the nation on disparities to first in the nation for health equity
        3. Need a structure/focus areas
    viii. Equity through multiple lenses - numerous equity work frames, we have to choose the right one. We need one that is reflective of the entire state and meets the needs of our personal locations
    ix. Revert to a disparity lens when work gets produced. Need to stay focused on equity. Looped throughout the fabric
    x. Tito: Actually, I don't think we either agree with a common definition OR we are trying to appease others by creating a gentle, non-threatening goal. Using gentle version

xi. Guy (Anahkwet) Reiter: Real change, real movement. Need to look at what's happening right now. If our community was to get affected by COVID like Navaho - if hospital beds are full, have nowhere to go. Use these inequities to our advantage to show that things are not going the way they should

xii. Andrea Werner - I think that equity involves giving EVERY person the opportunity to experience optimal health and wellbeing, and that our role is to eliminate the causes of disparity in those outcomes

f. Need definition but also need to get to the meat of the group. As we think about equity- is that the same language and jargon for health equity? Is it the same terminology that we've used on this slide?

g. How do we center our work—what strategies should we entertain to do this work? Need: 1) synergy; 2) power shifts; 3) empowering our own communities; 4) justice; 5) mercy; 6) advocates

i. Andrea Werner: Is there a difference between health equity and equity- What is our overall aim, how do we measure that, and what are drivers that drive change. Need overall aim statement

ii. Sandra Brekke: Everyone has a fair and just opportunity to be as healthy as possible.
Mary: I like that.

iii. Cristy: equity and inequity are within our control. WE can control have consistent equitable outcomes across populations. Disparities are outside of our control. Common language is key. Equity in broadest sense- addressing social determinants of health, economic security. When you put health in front- consistent, equitable outcomes - narrows focus on outcomes

iv. Health equity- talking about health care systems, behavioral changes.

h. How do social determinants of health (SDOH) fit into the work of the Council?

i. Sarah Ferber: There are so many factors leading to or from health. Housing, access to healthy food, income and the list goes on. Without any of those things, health can be thrown off

ii. Sandra: Health equity and disparities are driven by social and political determinants of health

iii. Andrea: I agree; I am assuming the social determinants of health must be part of this

iv. Tito: Health disparities result when vulnerable population groups experience the dual combination of inequitable resource distribution and care delivery required to accomplish and sustain health parity in addition to unequal access, coverage and representation within the healthcare system

1. Need to focus on statements that have broad agreement- Example: health care is a right. Health- what are we actually topic about?
2. Health disparities- inequitable resource distribution, where we as a society can redistribute so that there is parity and everyone has opportunities
3. Disparities and inequities- always comes back to economics. Economic inclusion – don't have effective capitalism. Capitalism that allows for disruptions in these variables. Makes it difficult to have conversation

v. Andrea Werner: What I mean is in scope; health and well-being go hand in hand. In many instances, the social determinants are the root cause of health disparities

vi. Wanda: Social determinants drives, I believe, why some people are excluded from health equity. It's a judgement

vii. Lisa Peyton-Caire: haven't dealt with root causes of health inequities. Big challenge- wealth gap, persistent common factor impacting communities of color, rural communities. Unanswered question. Have to address economic insecurity and how it colors experience of families across

the state. Need to take burden off of health care system to resolve this. Need broader levers, other sectors to drive change- have to tie to other sectors

viii. Sandra: Health outcomes - morbidity and mortality are driven by health behaviors (30%), clinical care (20%), social and economic factors (40%), physical environment (10%). County health rankings.

ix. Julie Mitchell: I think this Council needs to address 1) social determinants including access to housing, food, green space, clean air, and water, among others; 2) access to healthcare (insurance or free clinics); 3) healthcare delivery including patient experience; 4) clinical outcomes such as diabetes control and breast cancer mortality; 5) prevention including immunizations and counseling on healthy lifestyles

i. Frames- what is the role of health care in health equity? Is that a way to narrow it?

   i. Tia Murray: think outside of SDOH. Distracted us from root causes. If still operating within capitalistic society that perpetuates these disparities. How can we dismantle if operating in the same system. Decolonizing lens

   ii. Andrea W.: If we are standing in the future and feel like we have accomplished our work, what would that future look like? How can we measure that? Are there some key metrics that we would look at and create a measurement set; not only clinical but also institutional?

   iii. Julie: also agree with those who have said we need a specific aim. we will achieve x (SMART goal) by y (time)

   iv. Lillian Paine: structural determinants of health: social, economic, and political mechanisms which generate social class. SMARTIE goals: https://www.managementcenter.org/resources/smartie-goals-worksheet/ Stronger commitment with actionable steps around equity and inclusion.
   Julie loves SMARTIE goals; Stacy thanks for these too

   v. Sandra: all comments are correct. What are the measurable outcomes we are looking for here? Needs to drive the work? What do we want to see changed; how do we measure it and how to get at the root cause? Political determinants of health. Structural determinants

   vi. Mary: Refer to the executive order: the aim, vision, or mission is to "Eliminate health disparities throughout the State of WI by 2030. The first paragraph does a good job capturing the foundation which will lead us to develop strategic imperatives and tactics to support and deliver the aim.

   vii. Andrea W.: Referring to the executive order: I understand the aim; I am brainstorming on how to measure it; e.g. access to care within 1 mile radius for all WI residents; food security, decreasing number of homelessness, suicide rates…the things we could measure are endless

   viii. Paula Tran Inzeo: look across oceans and our history. Indigenous lens- could learn from our histories as well. SDOH

      1. To whom will we be held accountable?
      2. How will we assess our actions?
      3. What criteria do we want to assess our progress?
      4. Radical ideas of what is possible- indigenous ways

   ix. Lillian: Structural determinants of health: social, economic, and political mechanisms which generate social class

   x. Andrea W. loves this. Con Berwick wrote an article in JAMA in June called "The Moral Determinants of Health: that aligns with these comments

xi. Janel: Equity themes - access to resources to improve health outcomes
How: policy, social determinants of health
xii. Mary: Defining success metrics to be measured can be defined when we narrow down the tactics that tie back to the aim perhaps…
xiii. Janel: conversation is pulling out a lot of themes. Definition: Equity is about access to resources to improve health outcomes
Mary agrees; William agrees
xiv. Jasmine: I love the idea of power redistribution

j. Gina: common themes, bring slide back. Next meeting, develop a common definition moving forward. All thumbs up.

III. Review of the minutes

a. Ellen Sexton moves to approve minutes
b. Janel seconds the motion
c. No objections- minutes approved

IV. Common goals and Principles:

a. How do we make sure this council is successful? What is one thing that you've liked about other councils or projects involved in health equity work?
i. Ellen: like when groups narrow in on topics that will have impact
ii. Andrea W.: outcome measures, need to also have process measures
iii. Wanda: once we identify common goals and priorities, once we get down the road and realize the path isn't working, need to be able to admit that we didn't get it right, fix course. Flexibility
iv. Tia: model and mirror the process that we are trying to change. That is an outcome itself. Working within a hierarchical system. How are we working with the community to hold us accountable? What are we leaving behind? Think about our own process
v. Tito: reduction in health disparities and health equity, first need to think about whether this applies to all vulnerable populations or certain groups. What's necessary to reduce health disparities in LatinX community could be different than what is needed for other groups. No one size fits all. Second, need to think about five ways we will impact: individual and family level actions, things that can be done through community collaborations, institutional initiatives, municipal mandates (local level), state and public policy that may be necessary, federal policy and executive orders.
Sandra thinks these are on track!
vi. Joya Headley: I'm young, so most councils I've been a part of have really been about elevating and advocating the youth voice. I think movements are ALWAYS effective when they reach out to our younger generations. Giving them those platforms, education, etc.
Jasmine: Great point!
vii. Andrea W.: It is very helpful to have the voice of the community at the table…people who have lived experience with disparate outcomes and can contribute to the solutions put forth
viii. Micaela Berry-Smith: What I have seen be successful in councils and what I would love to see in this council, is utilizing the strengths and success we all see in our work/community dismantling disparities and coming together to improve the larger state. Creating task groups once our goals are created
ix. Stacy: I haven't sat on councils as this one, but per my experience with projects and working with the LGBTQ community, I've found that sexual minority stressors play an essential role in

inequities among this group. Especially the youth. Having the capacity to aggressively/intentionally respond to the different communities is vital.

x. Jasmine: I've appreciated councils that are very transparent and involve community voice and that keep community members informed and involved on their progress. I have also have enjoyed councils that increase excitement and buzz and get people motivated for change. Need to take action, shake work up to help with media, tear it down and start something new, buzz and excitement

xi. Jerry Waukau: advocate for those not at the table. Council has to listen, are we listening?

b. Piece of feedback that you would have for us as a council to make sure that we move forward successfully?

   i. Wanda: having a start and an end. Some run on too long. People start changing and never get to the desired outcome

   ii. Tito: those representing the Governor and the administration, be honest about limitations of administration and willingness to advance. Don't want to give our time to initiatives that aren't going to go anywhere

   iii. Jasmine: what teeth do we have?

c. What is one impact that you think might be possible from our work?

   i. Policy change/development

   ii. Andrea W.: Awareness and transparency around facts

   iii. Janel: Work to improve health outcomes- social determinants of health, want what we've done together make a difference

   iv. Andrea W.: coming to the table with humility and open minds

   v. Tito: think we can advance disaggregation of the data AND establish a foundation for researching WI historical examples which created and/or reinforced structural racism or bias, etc.

   vi. Joya: Very blunt, but I want these statistics regarding negative health outcomes to go down

   vii. Jasmine: I want an overhaul of our criminal justice system. I want health care to be recognized or at least talked about as a human right. I want to see more diversity in the medical field. I want expansion of Medicaid. I want a restructuring of the current educational system and an elimination of the horrible education gap racial statistics. I want to see black boys have FAR greater than 50% graduation rates. I want stabilization of the family unit. I want families basic needs met. I want multi-million dollar endowments to serve communities of color; I want radical wealth redistribution.

      1. Emphasis on evidence-based disregards lived experience. Reinforces disparities
      2. Alongside of changes in outcomes, it would be great to have a clear set of actions for how we will organize with and lift up the leadership of communities most impacted by inequity (that builds on existing efforts), a set of resources committed to moving policy change, and a clear narrative with messages that can bring folks together across the state around health equity
      3. My aunt mentioned to me yesterday that my grandmother's great grandmother was a slave and that really made me think about how some of the things I am experiencing now as a black woman in America have roots back all the way to the history of slavery in my bloodline. I love Dr. Izard's advocacy for a comprehensive reparation plan.

4. Sometimes I wonder how much wealth would be in my generation line if my ancestors were not slaves

viii. Sandra: improve infant and maternal mortality rate by race. To get this outcome, we will have to impact all determinants of health working with the 6 target areas that Dr. Izard talked about. Untie health coverage from employment. Love the increasing graduation rate outcome!

ix. William: and expansion of Medicaid as a first step toward increasing coverage

x. Andrea W.: I would like to see community health workers living in the neighborhoods co-funded by public and private, person by person creating health and wellbeing

xi. William: create continuous BadgerCare coverage for women for one year after they give birth

xii. Tia: Look at how we collect and analyze data around health disparities

xiii. Ellen: need to deploy resources more efficiently or in a better way

xiv. Paula: Alongside of changes in outcomes, it would be great to have a clear set of actions for how we will organize with and lift up the leadership of communities most impacted by inequity (that builds on existing efforts), a set of resources committed to moving policy change, and a clear narrative with messages that can bring folks together across the state around health equity

xv. Stacy: Close the gaps in health care, resources, and opportunities for people of Trans Experience and LGBTQ community. (Hormones, PrEP, LGBTQ 101 for health care officials, etc.) Inclusivity with implementation

xvi. Patricia: I think we need to include more marginalized communities in the design and participation in clinical trials. We need far more diversity among clinical providers

d. How to drill down in categories: What does it mean to look at these areas in a new way? Maternal child health- how approach the work in a new way?

i. Lisa: A solid statewide strategy/plan that ties health equity/health improvement to economic equity/security with solid policy proposals that our legislature will support

ii. Develop a new plan- not just a plan for the current administration. Plan for the state from here on out. Need to develop something that can be here for the long haul. Enough meat to be impactful

iii. Tito: nonpartisan issue, bipartisan legislative act that we are asking for. If we are trying to accomplish bipartisan change, that would water down what we are trying to do and stay in status quo. If want to break through and go beyond, then we have to win both sides

iv. Andrea W.: Gina can you please summarize again the themes that you have? I think we should we consider Racism as one of the primary drivers of disparities. This would create a space to focus on change at the individual and the institutional level. Racism or discrimination

e. Themes: 1) Policy; 2) Data collection; 3) Health outcomes; 4) Income; 5) Racism

i. William: should we broaden income to allocation of resources?

ii. Andrea W.: broader than income

iii. Tia: zip codes would miss historical impact- trauma, oppression, wealth inequalities

1. Food insecurity means different things for different communities
2. Chronic stress of being in America
3. Andrea W. - I totally agree with what you are saying Tia, I am simply trying to support the fact that wellbeing is part of health. I am not set on social determinants

iv. Gale Johnson: physical and mental health disparities

v. Jasmine: Yes! Mental health is very important

vi. Tito: Definition of health. Health is stable living exhibited within the mind, body and spirit

vii. Michelle: I have been thinking a lot about strategy. Regardless of what we determine to be our focus I think there are at least two types of strategies that this council must leverage if we are to make an impact: an inside strategy and an outside strategy, and those strategies must be designed to be interconnected and synergistic. The strength of this council is through the collective networks, communities and work that we are all connected to. Any inside strategy will inherently require the support of our communities
viii. Gina: Agreed Dr. Robinson! We need to have those strategy conversations. Need to have teeth
ix. Gale: Reallocating resources, may be some resources in communities that evidence says works
x. Jasmine: As it relates to the question about income, I'd like to see us move beyond just income and strive for equity in land ownership, home ownership, business ownership and other assets
xi. Guy: English is a deficit based language. Look at strengths of our communities. Point out the positives as well
xii. Andrea W.: since this is being recorded in the minutes, I want to clarify that my intention was to say that I believe health and wellbeing occur in AND outside of the traditional healthcare settings, and the social determinants of heath I view as an inclusive way to incorporate each individual's life context and history
xiii. Joya: community and resources- meet people where they are at. Health advocacy includes lifestyle changes

f. Gina- how do we bring the community's voice to the table?

i. Maria: use everyday language in whatever we develop so that those of us who are working with community members can share information with our community
    1. Whatever the Council recommends needs to have inclusive language
    2. Need to include undocumented population
    3. Wisconsin residents rather than Wisconsin citizens
ii. Jasmine: I'd love to see us have monthly new briefings with statewide media to give a summary of what we have discussed and allowing an opportunity to provide feedback or input. Perhaps we can have listening sessions within our networks. Or there can be an email or phone number (for those who are unable to send email) where people can give public comments
iii. Gale: Council will be breaking into subcommittees, all agree health equity is important, all have different expertise. When we get to the point where we are breaking into subcommittees- is there a possibility for subcommittees to include members who are not part of the council. Always movers and shakers in the community.
iv. Joya: "Inclusivity happens before we get to the goal setting". Powerful point
v. Jasmine: Also, we should use the bodies of already existing community based research and utilize that in our plans. There have been extensive community engagements across the state receiving feedback on issues like this. We do not necessarily need to start from scratch with whole new community engagement efforts. We should listen to what the community has already been saying for years. Making sure to add a diversity of age will be important as well. I'd love to see 65+ and under 18 somehow involved and their voice heard
vi. Tito: stay focused in these conversations- distribution and redistribution of resources to people who need to be made whole due to historical injustices
    1. Not a class-based issue
    2. Racism wasn't class based
vii. Tia: true essence of equity. We shouldn't be offended.

viii. Jasmine: Response to Tito's comments – PREACH!

ix. Sandra: Do other communities have Equity plans or local groups working on this? To be designated a "Wisconsin Healthy Community" it is a requirement. These groups might be the way we keep our communities informed

x. Jerry: painful history, all of this trauma just compounds trauma. Addiction. Let's talk about the strengths we got. Can't keep complaining about what you didn't give me when you took the land. History- not everyone understands

xi. Jasmine: 1st things 1st. I love your comments Dr. Izard, Jerry and Tia. We need to address our history and repair historical harms

xii. Joya supports

xiii. Guy: resilient, strong culture, still have our language, have our understanding of who we are. Physical, mental and spiritual- all parts of who we are. Have been in many circles to talk about what has happened. We need to start to build from this point forward. What was done has been done. How do we move forward?

xiv. Paula: Repair, reparations- part of income inequality and wealth. We all get to name our own narrative. Our histories are celebrated. Comments from Tito, Guy, and Jerry- deeply connected to root causes of power concentration. Interconnected fates- genocide, slavery, historical trauma- can all connected more than we think.

xv. Jasmine: Question- What does repairing harm look like for you? Big dreams, big pictures.

xvi. Jerry: Preserve what we have, how can we make this better for our community, how get involved in new initiatives- learning collaborative. In one now about ACEs, Harambe- native americans and blacks have gone through similar traumas. How can I help kids who are struggling in our communities? Move the needle

xvii. Guy: Invisible people, search and seek for visibility, Government and state live up to word in documents. Sovereign nation- all of our treaties have been broken

xviii. Jasmine: Protecting and repairing treaties is something important we can advocate for. I will do more research on this. THANK YOU Jerry and Guy for taking the time to enlighten me. I need to know what to fight for. I believe focusing on these things is an innovative and out the box approach to take. Rather than a council just talking about social determinants of health. Before we can discuss social determinants of health, let's repair historical harms. Wow; powerful

xix. Tito: Hold US accountable, can't have justice if have unequal distribution of resources. US has not meant terms of treaties. Reparations- goes beyond injustice tied to slavery. Live up to justice that was owed under existing agreement. Live up to what you said. Look at the amount of dollars that the average Native American gets, less than what people get for Medicare. What can be done to achieve parity? Do what you said you were going to do first. Restorative health equity

xx. Sandra: Wisconsin has a robust ACE/TIC movement. Missing from the ACE study is race. Should it be included in WI? Clarification - should racism be an ACE?

V. Operating Principles: Faith Russell from the Department of Health Services reviewed open meetings requirements and presented on options for quorum and voting thresholds. Members took a vote to advise Gina on their top choices among the following four options:

Options For Quorum (Q) and Voting Requirements (V)	Quorum	Voting Requirement*	Negative Quorum*

#1: Simple Q; Simple V (default)	18	10	8
#2: Simple Q; 2/3 V	18	12	6
#3: 2/3 Q; Simple V	23	12	11
#4: 2/3 Q; 2/3 V	23	15	8
* These thresholds depend on the number of members present. For these examples, it is assumed that the number of members present is the quorum number needed for a quorum.			

i. Mary: I vote for number 2. I like #2 because it allows us to continue our meetings with a quorum of 18 instead of trying to get 23 or more at a meeting. Voting at 2/3 of 18 allows us to focus on majority votes carry. Having the 6 votes to block a motion is small enough to achieve but not so high it can't be achieved. It's a good balance. Six negative votes to strike down a motion. Small but not so high that its unachievable

ii. Shiva: Can talk through issues and hopefully have consensus. If have to vote, use the lower threshold. I've never been in a council of this type when we weren't able to reach consensus. Should have 2/3 of participants be present rather than voting threshold

iii. Isaak: 2/3 of the council to be present (#3 and #4)

iv. Jerry: like simple Q (Option 1)

v. Wanda: like number 2. If we go in person, will be able to be online as well as in person. Yes

vi. Mary: operational rules for the entire council, will these apply to our subcommittees. May not have a large subcommittee- how apply to those groups as well?

Faith: would apply to subcommittees and apply system to the numbers of the subcommittees. If public members on the subcommittee, then you could decide to include them in votes as well

vii. William: could have same system or a different system for subcommittees?

Faith: thinks there could be a different system but will need to confirm

William: Small subcommittee- could have a small walking quorum- three person walking quorum

viii. Total Vote: From chat: see table below*. There were 17 in favor of Option #2, which requires a simple majority to conduct Council business and 2/3 of the members present to pass a motion. There were 8 members in favor of Option #3, which would require a 2/3 majority of members to be present to conduct Council business and a simple majority of members present to approve a motion. The majority of the Council is in favor of Option #2.

b. Meeting times/length; do people like three hours?

i. Wanda: For the discussions right now, the three hours is helpful; subcommittees may not want a full three hours

ii. Janel:

1. three for now, then adjust as needed
2. build in some breaks
3. build in some small group time into the existing 3 hours?

DHS staff: will check on potential for small group time or subcommittees for last hour of these meetings or whether they need to be separate

c. Subcommittees:
    i. Gale:
        1. Data subcommittee- first one established today and get out of the way today
        2. There may be subcommittees that are long-term and others that are short-term in terms of the work
    ii. Tito: developing policy and recommendations, if we don't have data then don't have justification for policy. Committees may phase in depending on where we are with the group. Not clear to me yet on recommendations. All vulnerable population groups collectively
    iii. Sandra: I feel to know what subcommittees we need, I need to have a better feeling for the outcomes we are defining and what work it will take to get us to the outcomes
    iv. Andrea W.: I feel to know what subcommittees we need, I need to have a better feeling for the outcomes we are defining and what work it will take to get us to the outcomes
    v. Michelle: I agree with, Sandra. I think there is some more grounding work we need to do to get clearer on our aims before we finalize any work groups. Also, those should be determined within the context of other groups and committees that are already established
    coordination and alignment is key
    vi. Elizabeth Valitchka and William also agree with this comment
    vii. Paula: be thoughtful about how to complement other work that is happening across the state.

d. Gina: in January, plan to bring in state offices to understand what is happening across the state. Presentations from the state to talk about this work.
    i. Gale: members from other state agencies on the subcommittees
    ii. Ellen: data from other states
    iii. Sandra: Is there a repository where people can compile research, articles and other readings that we can all access?

VI. Public Comment

a. Lisa Pugh: Co-Chair of the Governor's Task Force on Caregiving. Recognize how underserved populations are affected by caregivers:
    i. Many are women of color, low wage jobs
    ii. Family caregiver side- women of color do more of this work
    iii. Offers speakers
        1. Direct care speakers: The contact information regarding our recommendation to engage PHI for additional Health Equity data impacting DCW is below:
            a. Robert Espinoza; Vice President of Policy; respinoza@PHInational.org
            b. Stephen Campbell; Data and Policy Analyst; scampbell@PHInational.org
        2. Family caregiving speaker: Donna Benton, PhD (on the CA Master the Plan for Aging Equity Workgroup)
        Pronouns: she, her, hers
        Director, USC Family Caregiver Support Center/LACRC
        Associate Research Professor of Gerontology
        Direct Phone: (213) 740-5904
        benton@usc.edu

VII. Conclusion

a. The next meeting will be November 18, 1-4 p.m.

b. Motion to adjourn: Wanda Montgomery; Second: William Parke-Sutherland; all were in favor – meeting adjourned

***Advisory Vote (No formal motion)**

Option #2:

1. Guy
2. Mary
3. Micaela
4. Andrea W.
5. Janel
6. Wanda
7. Ellen
8. Sarah
9. Sandra
10. Stacy
11. Julie
12. Tia
13. Maria
14. Joya
15. Paula
16. Vlyles55
17. Jasmine

Option #3:

1. William
2. Tito
3. Michelle
4. Patricia
5. Elizabeth V
6. Isaak
7. Shiva
8. Andrea P.

Prepared by: Beth Wikler on 10/21/2020.

These minutes are final. They were approved by the governmental body on: 11/20/2020