



## Taking Action Chat Box Notes

1. Making the business case for Health Equity is an essential strategy to eliminate health disparities! Achieving Health Equity for All is everyone's responsibility!
2. "Biases have been profitable" - an Incredibly powerful statement. And a great call to action.
3. How do you create an opportunity to have all stakeholders at the table to understand the issue and then each stakeholder can see how they contribute to process of health equity.
4. One of the biggest challenges we face in public health at the state level is that health inequities are "agnostic" when it comes to what insurance coverage an individual has/does not have. For something like SMBP, getting all the insurers to cover similar benefits is nearly impossible. We would benefit from public health funding that allows us to provide services where people are, without regard to their insurance coverage.
5. We must listen and then act upon what is heard.
6. those paying the bills; i.e. employers who offer health insurance should be forcing insurance carriers, and not to acquiesce to the carriers if they don't want to do something or add to the benefit plan.
7. We have an opportunity to work more upstream and to complement the programs that are implemented downstream
8. One strategy includes expanding employee health programs within employers as well as collaborations with public health programs.
9. An example of an early COVID-19 vaccination policy that may have contributed to inequities in the distribution of the vaccine and therefore to bad outcomes, quoted from last year's (2021) National Forum Signature report: "Setting the initial age criterion for vaccination, and now for booster immunization, at age 65 and above unintentionally contributed to disparities in the burden of COVID-19. Given that the vaccine prevents

most COVID-19 deaths, this age cutoff prioritizes the early vaccination and associated protection from death due to COVID-19 of a much greater proportion of white people than Hispanic or Non-Hispanic Black people, because 85% of COVID-19 deaths in whites occur at age 65 and above, while only 68% of such deaths for Non-Hispanic Blacks and 62% for Hispanics occur at this age."

10. Based upon strategic meetings this week with other organizations, there is frustration that stakeholders are saying what they need, however there is not support to provide resources to support the strategies being proposed.
11. Everybody at a table needs to come with willingness to speak up, learn from each other, and not just sit there without asking for clarification or sitting back assuming everyone is mind readers. Otherwise having a table is just useless if we are all just staring at each other and assuming the worst not the best in moving forward. I'd like to think people coming together to address issues are coming together to solve them. Those that aren't are sitting back, sitting at home, and being keyboard warriors on social media.
12. Do you believe diet is central to these maternal disparities and the subsequent impact on kids as the "behaviors" are passed on through generations? We need to include cooking skills is critical!
13. What investments can we make in public health that will work to reduce health inequities, in particular for CVD?
14. Heart attacks, strokes & hypertension combined (CVD) kill more men and women at ages 35-45+ than the cancers they are commonly screened for. Let's start in screening for subclinical atherosclerosis (inexpensive, low risk heart CT scan ~\$150) and prevent heart attacks & strokes with proactive preventive medications and therapeutic lifestyle coaching around Lifes Essential 8.
15. Why do health systems and clinical practices still struggle with investing in prevention. What are the system barriers to this?
16. Hopefully they have modeled heart disease which is orders of magnitude a larger problem than colon cancer.