HSCI November Steering Committee Meeting Notes

Meeting outcomes

* Inform and make decisions around what kind of leadership and structure can help schools/districts sustain the school health and wellness work going on in districts and at the systems level that is most supportive of district needs.

Introductions & Hot Topics

* Attendance:
  + In person: Meggan Parezo, Alison McCarthy, Taralyn Jensen, Sophie Oppenheimer, Omar Estrada, Rebecca Toll, Finessa Ferrell, Shannon Allen, Amy Dyett, Ashley Schwader, Cheryl Miller, Russ Carson, Curtis Robbins, Lorin Scott-Okerblom
  + Phone: Sarah Mathew, Kathy Patrick
  + Guests: Dara Hessee, Karen McNeil Miller
* Hot topics sent via e-mail

Structure & Strategic Action Plan

Activity

* Question 1
  + A: A steering committee could do this, but we are not currently doing it well . If the WG work is going to continue to be impactful, a leadership group is helpful for that – but there’s an assumption this work is helping schools and districts
  + Decision-making: until SC, not funder has decision making we don’t think A can work.
  + If sustainability is the focus, then A makes sense. Districts are asking “now what?” after implementation. Whatever scenario comes to fruition, sustainability should be the focus. Could be a sustainability work group, not a whole leadership body.
* Question 2
  + How immediate is this? Do we have time? Yes, could be 6-12 months
  + Got caught up on the word “positioned”
  + If had a WGRC, would be more connected to work and local. Could coordinate, but still have that group decision making power.
  + B is not a huge shift from what we have, but needs decision-making
  + Ideal would be a pool of funds that a leadership group
  + Districts are grateful for the funding and feel strange pushing back against health foundation.
    - Then how do we structure ourselves to best address it?
      * A is the best way to have unified voice, but I get stuck in the how

Discussion with Karen and Dara from the Health Foundation

* Informal conversation about what you all do, successes and challenges, etc.
* TCHF has been looking at information from statewide listening tour
  + Population of focus: Low income, minority, marginalized, immigrant communities
  + Vision: every person across Colorado: We have what they need to lead our healthiest lives
  + Health equity focus and foundation; community solution focused
  + Pie is the same size, but will be shared among more focus areas than before – so question will be who is having the greatest impact.
  + If there is a significant shift in the area of schools and school-aged children, we would not exit abruptly.
* Colorado is being watched, people want to learn from us. We’ve invested a lot and would like to be out front and figuring things out.
* Connections and understanding what’s happening in this space has been helpful
* There is a tension and a brilliance of working at state level. There are many degrees of separation between us/the system & people on the ground. Too much focus on one or the other, it doesn’t work.
* Case to make: connection between health & education? Or tradeoffs are the issue?
  + Case – link between feeling well and the ability to learn (not behavior). Not sure they believe they will get better scores in math if they don’t have health. Academic achievement and better health and wellness.
* Have made progress on the connection between health and academics, but have funding issues
* A lot of school districts have made progress, but the need to sustain is real.
* FRL rates is one way to understand need in schools. Outside of school, looking to community for public will – hearing community voice to understand community need.
* Would like to have time to dig further to develop community voice in a way that integrates the schools – make sure schools have a seat at the community table. Need ability to figure that out for ourselves and adapt infrastructure to listen to community need. Need freedom to be successful, align with Foundation priorities and community needs
* Lack of decision-making authority makes innovation/adaptation difficult.
* If the Foundation didn’t exist, we would lose a lot of voices. Programmatic work would stop. PD system and hub work would likely stop happening collaboratively and return to individual organizations.
* Thought it may not be attractive to funders, wellness coordinator model is working well, and is so needed to support this work. With time and system support, it can be sustained.
* What would be a high-impact change:
  + Expectation or requirement around the Whole Child development. The policy itself rarely changes things, but can create the space to do that. Policy and practice.
    - We have health standards, but it’s not part of testing so no one holds us accountable
    - There are policies we can leverage if we have room to educate on opportunities
  + Wellness coordinators, with support.
* If we asked communities what they see as a priority for their kids, I wonder if health & wellness would rise to the top.