# ***Health Equity Advisory Commission***

# ***Meeting Notes***

Date: December 7, 2022

1. **Agenda Consensus, Housekeeping and Review of** [**Previous Meeting Notes**](https://vermontgov.sharepoint.com/%3Aw%3A/r/teams/HEAC-VermontHealthEquityAdvisoryCommissionTeam/Shared%20Documents/General/HEAC%20Meeting%20Minutes%20and%20Agendas/Minutes%20and%20Notes/10.26.2022_notes.docx?d=w4608c7c08be84e16b2b123568d801bb1&csf=1&web=1&e=JoRxM4)(5 mins)

Making connections with Health Department, Office of Racial Equity. Encourage transparency as we continue on this journey.

Health Department got a no cost extension on the CDC Health Disparities grant, to continue through May 2024. Final list of community organizations receiving this grant is coming soon.

From Al B at Vermont Community Foundation: Evaluation “lite” process is being determined, figuring out how best to support the grantees in a way that works best for them.

State Youth Council will convene in December. 28 youth appointed to this first council. Over 200 youth applied – those who are not selected will be offered other opportunities to be involved in policy work.

1. **Public Comment** (10 mins)

none

1. **Equity Break -** Sara Chesbrough (5 mins)

Canadian indigenous-led non-profit Native Land Digital <https://native-land.ca/> <https://www.instagram.com/tv/Ck9mUEtgVby/> <https://americanindian.si.edu/nk360/informational/rethinking-thanksgiving>

From Chair: How are we staying grounded in the work we are doing?

1. **Discussion on HEAC Continuing Education** [**Report**](https://vermontgov.sharepoint.com/%3Ab%3A/r/teams/HEAC-VermontHealthEquityAdvisoryCommissionTeam/Shared%20Documents/General/Reports/HEAC_Report_on_Continuing_Education_10-31-2022.pdf?csf=1&web=1&e=YsN6Nj)(5 mins)

This was a heavy lift. Likely lots of information from sub-committees didn’t make it in to the final. There may need to be corrections. May need to resubmit if we make corrections.

Lot of the writing and scaffolding was done by Xusana and Jay. Kheya and Mark took it over the finish line. Thank you to all.

Reintroduces us to a new set of legislators and committees. It is very comprehensive.

Proposal to take the document, keep framework – easier than staring at a blank document

1. **Committee Report-outs and Updates** (10 mins)

Productivity hangs on what happens outside of these meetings. Committees – double down! Bring findings and recommendations back to the full group. Please keep accurate notes and store them in respective folders.

Mark asked that each committee identify a notetaker and a facilitator who would be responsible for reporting out at meetings of the full HEAC. If only able to make a short-term commitment, the facilitator could lead for 3 months.

Three committees provided reports.

* + **Training:** Needs members to make the committee more robust. Also need a note taker.
	+ **Social Determinants of Health / Policy:** This committee met 11/14. Sara C is the notetaker and Kirsten M will facilitate.

The committee has a list of roles and responsibilities for the OHE that come from the original version of our enabling statute. This group is working on Sec. 252 a-f because of their focus on policy, which is the foundation of the OHE. **RECOMMENDATION**: The group recommends adding a section about the values of the OHE to the January 1 description of the Office.

* + **Data:** This committee met on 11/4/22. They discussed the importance of AHS “Score cards” and “Community Profiles” as public-facing data.

**FINDING:** These do not disaggregate date by race, ethnicity, disability status, LQBTQIA status, or other demographic categories. **RECOMMENDATION:** The Data committee recommends that this data should be broken down by health disparity populations.

This committee has also spent some time talking about where the OHE should be located. They have identified three options, each with advantages and disadvantages: (1) within the Health Dept; (2) at the cabinet level with direct report to the Governor’s office; and (3) as a quasi-government entity, similar to the Housing and Conservation Board or the Human Rights Commission.

The following committees did not have reports and do not appear to be meeting regularly. The group discussed whether these committees should be disbanded, re-organized, or collapsed into other committees. It was noted that the committees are mapped on categories named in the enabling statute.

**FOLLOW-UP**: Mark will reach out to these three committees to find out what they need to be more effective.

* + Access to Care
	+ Engagement and Communications
	+ Grants and Funding
1. **Discussion Areas** (15 mins)
	* **Office of Health Equity (OHE) § 252 (c) (1) (A-F) (and values).** Section 252 of our enabling stature require the HEAC to identify the structure and jurisdiction of the OHE, where the office will be located (independent or in a branch of state government), how it will be staffed, who it will serve and the issues it will address, and the steps that are needed to establish said office.

The SDH/Policy committee has also discussed adding recommendations regarding the values driving the work of the OHE. The group discussed whether it makes sense to outline the values now or to charge the OHE with developing its values. It was noticed that by embedding recommendations regarding the values of the OHE in the legislation that will create this office help to make legislative intent clear.

It was noted that the scope of the office should drive where the OHE is located within state government. HEAC should be focusing on the items above (A-F) before addressing where the OHE should have its administrative home.

* + **Coordination with Health Dept.** There is a clear need to coordinate with the Office of Health Equity Integration (OHEI) within the Dept of Health. That office is still establishing itself. Their mission/vision will soon be posted publicly.

“We all want the same thing” so let’s avoid duplication.

Ashley OHEI asked the group if there a “multi-layered” approach to the question of where the OHE sits within government?

* + **Consultative – Advise**: It was noted that the HEAC is not “just report writers.”

The enabling stature requires the HEAC to have an ongoing consultative role. This includes

* + 1. identifying limitations and problems with existing rules, policies, programs, etc. (§252 (3))
		2. Weighing in on relevant funding decisions.
		3. Distributing funds through grants to community-based projects.

PROCESS NOTE

The group talked about the need to be careful when speaking on behalf of the HEAC. Since many members are representatives of organizations, it is appropriate for those members to report back to their groups. However, HEAC created an Engagement and Communications Committee in order to avoid conflicting messages out to the public. Given that that committee is inactive, communication should go through the Chair and Vice Chair

1. **Annual Report § 252 (e) and Sec. 6.** (30 mins). The following are all required parts of the annual report due January 15, 2023.
	* Health Equity Programmatic Transformational Framework
		1. Policy
		2. Training (expanding on what was previously reported)
		3. Data
	* OHE
	* Budget (Both the HEAC and the OHE need funding,
	* Inclusive terms for “non-white”
	* Disaggregated data categories beyond “non-white”
	* Use of ARPA (2021), Pub. L. No. 117-2 (health equity)
2. **Governance** (5 mins)
* Committees were reminded of the importance of identifying someone to report out to the full HEAC.
* Intentionally focus on findings and recommendations. Break these out in committee minutes so they can easily be identified and vetted with the full HEAC.
* Appointments. One year review and follow-up. Removal of nonparticipants. Xusana is reviewing.
* Report Meeting Next Week (week of the 21st of November). Any member interested in building the framework for the Annual Report, let Mark know.
1. **Next Steps** (5 mins)
	* Meeting Notes will be uploaded to SharePoint.
	* Chair/Vice-chair will create the Report framework draft
	* Meeting for initial review and report discussion (week of 21 November)
	* Collaboration meeting with HEAC and VDH
	* **Additional meetings of the full HEAC will be necessary to get the Annual Report done. Please fill out the meeting poll ASAP**

Next scheduled meeting 11/30, 12:30-2 PM

Please be mindful of the [HEAC Phone Tree](https://vermontgov.sharepoint.com/%3Ab%3A/r/teams/HEAC-VermontHealthEquityAdvisoryCommissionTeam/Shared%20Documents/General/HEAC%20Basics/HEAC%20Phone%20Tree%20as%20of%20Oct%202022.pdf?csf=1&web=1&e=jO9jrd)

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