# Health Equity Advisory Commission

# Meeting Notes

Date: April 6, 2022

1. Updates

* VCF and VDH released the RFP for the CDC Health Disparities grant
* VRJA - PR2 – meeting every Thursday at Richard Kemp Center
* Ashley Kraybill, Director of Health Equity at VDH, will be officially extended an invitation to be part of the Commission

1. Subcommittee report outs - Folders are set up in Sharepoint for some subcommittees

**SDOH and Policy** combined subcommittees

* + Working on scopes
  + Combine meetings, every two weeks
  + Have Policy SOW, final draft of SDOH
  + Next step – how to lay out framework for more concrete framework, KATA framework?

Training

* + Met several times, meet biweekly
  + Developed scope
  + Thinking about education, more broadly speaking
  + Discussing KATA framework

Data

* + Meeting biweekly
  + Discussion about scope, focus of work
  + How can we inform work of the broader commission, act in advisory capacity
  + Still working through scope
  + Discussing approach/framework of meetings

Grants and Funding

* + Similar updates
  + CDC HD grant RFP is live
  + Need reviewers

Access to Care

* + Chair Davis will connect with this group

1. KATA framework
   * Break up smaller tasks into meaningful steps
   * Broad group and subcommittees should think through
2. Report due to legislature in October
   * Few things hanging:

* We have a 180K appropriation to support us in figuring out the OHE. Language vague on purpose. It was expected that Chair Davis would hire a person while we were standing up this commission, but she wanted consent, input, and participation so intentionally not hired that vendor
* Do we still feel like we need that assistance? Do we need a consultant?
* We can request to repurpose these funds
* We do have a Health Equity and Community Engagement Team at VDH – they are critical stakeholders. Chair Davis would love to hear from more of the staff on that team. We have an Office of the Health Care Advocate who has been very involved. There are lots of people adjacent to our work that should be part of the convo
  + Is scope of future office of HE laid out? Public health only or other aspects of health equity?
  + We can also go to statement of intent – what was the spirit of the legislation
  + Mark – original bill was not what was originally proposed – we may find some things to resurrect by reviewing. Policy never comes out the way it goes in.
* Steffen - Would it be possible for us to bring on a coordinator?
  + We have the expertise on the council; we need a facilitator to link subcommittee work, handle public input in this process, direct traffic
  + General discussion, consensus is YES without a vote
  + Develop an RFP to issue 🡪 can Grants and Subcommittee do this? Huddle
  + X will speak to Procurement in BGS, are they aaware of any RFPs issues for similar services? Might need an expedited RFP process
  + DD Council might be able to be helpful in designing RFP
  + In a previous meeting we had a long session – what are the concerns/what are the issues? We highlighted all the things not going well. Next step is figuring out what CAN state gov’t do about it? Who are state offices that should be a part of this? Some of it doesn’t fit in VDH. Think about the list of grievances and draw a line to the Agency that can do something about that.
  + What do we mean when we say health equity? Referring to just within health care system? Things that influence people’s health and well being broadly? What is the scope?
* Leslie can put some things together to facilitate a discussion.
* We need to choose one and define it explicitly
* Bring resources in that would be in plain language for neurodivergent people
* Page 9 Section 2 legislative intent gets close to how leg was defining HE, it’s also in definitions – health disparity/health equity: “Health equity” means all people have a fair and just opportunity to be healthy, especially those who have experienced socioeconomic disadvantage, historical injustice, and other avoidable systemic inequalities that are often associated with the social categories of race, gender, ethnicity, social position, sexual orientation, and disability
* Need to crosscheck our understanding of this – can call this out in the report
* Define it as flexible and moving, give ourselves freedom to move forward with initiatives we have, ask for space and time as things change to keep adding – to the report and to reccs we are giving the Legislature. Why can’t we just say “because of the state of health care nationally, we look at health equity is something that uplifts the top issues that impact BIPOC people” Don’t want to get stuck in a definition.
* Philosophical – important to get a proper framing and have common ground. This is not just a health related issue. There’s a need to come to consensus whether we are viewing SDOH as having direct impact on folks health to the extent that we are talking about policy, training, data collection across other state systems. Whose responsibility is it to connect the dots?

1. Meeting with OPR

* They are interested in work of HEAC, specifically around education and training for health professionals, how they can support in setting appropriate requirements. H.661 – links back to HEAC enabling statute. HEAC doesn’t have to weigh in right now on getting the bill passed, but will be incorporated on the back end. Invite Sec of State to our full meeting? Chair Davis can invite Lauren Hibbert to the June meeting. Can the training/education subcommittee frame/help us lead the discussion. Discuss in May.

1. Public Comment

* none

1. Review/Preview

* Chair Davis will formally invite Ashley Kraybill, VDH Health Equity Director, to join Commission in May
* Chair Davis to connect with Access to Care subcommittee
* We agreed to utilize our appropriation to hire someone to assist us in a facilitative/streamlining role
  + Do this by RFP?
    - Kirsten will share DD Council example
    - Chair Davis will check with BGS for examples
    - Grants and Funding subcommittee will decide if they can take this on
  + Think about definitions by comparing examples
* Review list of issues and concerns (issue mapping), think about where in state govt this happens
* Shared links in chat
* Link to VCF website, Q+A session registration in chat
* Please reach out to Al Belluche if you have interest in serving as a reviewer for the CDC Health Disparities grant project proposals. [abelluche@vermontcf.org](mailto:abelluche@vermontcf.org) Please note it is a conflict of interest for applicants to serve as reviewers