

Health Equity Advisory Commission

Meeting Notes

DATE: November 2, 2021

I. Welcome and Updates

Chair Davis called the meeting to order at 3:05 pm.

Davis reviewed some housekeeping items:

- a. Commission members who are not State employees now have a partner email, which is firstname.lastname@partner.vermont.gov. Please activate your partner email ASAP as this will be how Commission notices will be sent out.
- b. The Commission now has a SharePoint site for documents.
- c. If you are eligible for a stipend, you will receive an expense form soon. You will probably also need to file a 990 with your social security number to receive your stipend.

Vice Chair Gillom shared that he has organized the health equity issues identified in the minutes of last meeting into themes. He has sent this draft to a second reviewer from the Commission for additional input before presenting to the group.

David asked the Commission to adjust the agenda so that public comment could be taken first. The group agreed.

II. Public Comment – Office of the Healthcare Advocate

There were three (3) representatives of the Office of the Healthcare Advocate present: Mike Fisher, Chief Healthcare Advocate and two staff members, Sam Peisch and Alisha Roderigue.

Fisher opened by thanking the legislature and those who advocated for the Commission to be created in statute. His office wants to invite an ongoing conversation with the Commission, especially regarding legislation. Access to care and equity are key issues for the Healthcare Advocate.

Peisch shared their vision for “Investing in Vermont’s Future,” a legislative initiative that would seek American Rescue Fund Act (ARPA) funds for health equity. This would include supporting cultural brokers in healthcare setting. It has a strong emphasis on access to primary care and mental health services. The initiative frames health equity work as both addressing health disparities for BIPOC Vermonters and as an employment opportunity for the BIPOC community.

Chair Davis noted that the presentation by the Healthcare Advocate raises the broader question of how the Commission wants to interface with other external organizations. She suggested that the Commission may need to make this a regular agenda item rather than leaving these opportunities up to public comment.

Commission members agreed to review the document provided by the Healthcare Advocate and to give feedback. Chair Davis will circulate the document.

III. Decision: Consensus Building Model and Community Standards.

The Commission initially reviewed the consensus model at its last meeting but decided to wait until the next meeting for formal adoption.

The Commission gave the document a final review. It was decided that the opening of the Shared Values Statement would be changed:

The draft reads, “As, we begin to discuss difficult topics such the intersection of race, class, and oppression with healthcare”

Rather than try to capture all the forms of group identity (race, class, gender, age, etc.) a more generic phrase – for example “various identity statuses” – would be used to be inclusive of all types of identity.

With this change, the group agreed by consensus to adopt the Community Standards.

Chair Davis will make the correction and circulate the final document

IV. Review of Topic Mapping, Data, and Projects

Vice Chair Gillom reported on the status of topic mapping above as an update. Further discussion of this agenda item was tabled until the next meeting.

V. Overview of CDC-funded Health Equity Grant – Sara Chesbrough

The Vermont Department of Health received a \$28 million grant from the Centers for Disease Control on June 1, 2021. The focus of the grant is on building organizational and community infrastructure to address health disparities for four (4) populations:

- BIPOC Vermonters.
- Vermonters who identify as LGBTQ+.
- Vermonters with disabilities.
- Vermonters with low socio-economic status.

The Department has just received spending authority and anticipates moving money “out the door” as early as November-December 2021.

The grant uses four (4) strategies to address health disparities:

- Prevention and Mitigation.
- Data Collection.
- Capacity Building within the Health Department and in the field.
- Community Strategies.

The performance period for the grant runs until May 2023, but a no-cost-extension is likely to add an additional year. This means that all grant activity will need to take place by May 2024.

Chesbrough noted that there are opportunities for the Commission to assist those working on this grant. For example, the grant includes standing up three different advisory groups. This may create “Commission fatigue” in that many of the same people are likely to serve on some of these boards as well as the Commission.

Leslie Johnson asked how this grant will interface with the Office of Health Equity that this Commission is charged with designing.

In designing a plan for the Office of Health Equity, the Commission will be addressing, in part, how health equity efforts will be sustained after the 2.5 years of the grant, Chesbrough noted.

It was also noted that the broad definition of “health” used by the grant may influence where within state government the Office of Health Equity is located.

Patricia asked if there could be some local “town halls” to hear directly from Vermonters, especially those in marginalized communities, about how they identify their needs.

Kheya cautioned that the Commission and those working under this grant pay attention to high need, low representation groups. These groups like the Abenaki tribes that are small in number but high in need. She also emphasized that some communities have experienced historic trauma, making it very important that leadership come from within the community, not outside. These leaders may be volunteers.

Monica expressed her hope that data collection under the grant could drive efforts long into the future.

The Commission discussed what existing data sets and needs assessments it might draw upon to inform its work. Chair Davis asked for volunteers to collect this information. The following group will collect this information: Monica Hutt, Leslie Johnson, Kirsten Murphy, and Isaac

VI. Overview of CLAS Standards – Andrea Brett

CLAS Stands for **C**ulturally and **L**inguistically **A**ppropriate **S**ervices. These are standards in health and healthcare that are designed to advance equity, resolve disparities, and improve care.

Brett shared a list of the standards, and Chair Davis will provide a link to these.

Chair Davis noted that as the Commission moves forward, it may want to adopt certain standards for its work or the work that it endorses. The CLAS Standards may be one of those frameworks.

Commission members asked for more information about the task of the group. Vice Chair Gillom said that once the topic mapping is completed, it may show a logical group of subcommittees that could organize around specific work projects.

The Commission agreed that the primary agenda item for the next meeting should be creating a workplan for developing the

Commission's first report, which is due to the legislature in mid-January.

VII. Review & Preview

Chair Davis reviewed next steps:

- Members will activate their partner emails.
- Davis will send out expense forms.
- The Commission will use the Consensus Model and Community Standards as adopted today. Davis will circulate the revised document.
- Davis will share the link to the CLAS Standards with the group.
- The Healthcare Advocate will send a one (1)-page summary of their initiative and Davis will circulate.
- Davis will send a scheduling poll to arrange a meeting in 2 weeks.

The meeting closed at 4:24 pm.

Respectfully Submitted,



Kirsten Murphy