

## **Health Equity Advisory Commission**

**Notes: August 11, 2022**

In Attendance: Steffen Gillom, Xusana Davis, Joanne Crawford, Monica Hutt, Karen Noone, Kell Arbor, Ashley Kraybill, Brett Long, Kirsten Murphy, Geoff Pippenger, Sam Peisch, Patrick Scheld, Andrea Brett, Kheya Ganguly, Josh Hanford, Justin Kenney, Sarah Launderville (Notetaker)

### **General Check-ins**

- Steffen: Licensure Vermont requires 2x the hours compared to neighboring states (besides MA) for mental health. Thinking about what that means for our ability to attract professionals.

### **Subcommittee Check-ins**

Geoffrey: Social Determinants of Health/Policy Subcommittee

- Conversation and exploration around location of the Office of Health Equity

Kirsten: Data Subcommittee

- Xusana able to join most recent meeting
- Principles that guide data collection
- Crafted a letter that approaches other AHS entities and asks the status of what data is being collected already and get a lay of the land

### **Themes/Recommendations Legislature**

Before our next deadline for the legislature

What do we have at this point?

- Kheya Training Committee- Major requirement for the next report
- Looking at class standards
- Trying to reset meetings since Leslie left
- Areas of what we want people to be receiving training in
- While some professions require CEUs and then some professions don't so it's left up to the different agencies to decide what training is needed and many of those individuals are the ones providing the bulk of the services. Leaning towards- more or less? Interested in seeing what is where with the training happening today to help figure out what questions we need to be asking. The data is so scattered, so in turn figuring out the trainings is very challenging.
- Potentially Recommend legislation around Cultural Competence be part of the training – even then looking at the term “cultural competence” as that has started shifting to “cultural empathy” Looking at the terms and definitions is important
- Ashley: Wondering have we been focusing on health care professionals or more broadly?
  - o Been looking at that more broadly (beyond physical health). Also leadership of agencies, housing, economic services- all social determinants of health.
- Mental Health example, differences around case managers
- Should have the training and be consistent
- What the states surrounding us are doing and scale us down or even make us competitive. Barriers around training and licensure look for the lower hanging fruit. Let's under-complicate these things.
- Get state money, you should get XYZ training
- Monica: Interest in the conversation around licensure- double hours in Vermont. Does that make you a better

clinician? Examples around getting licensure- if we can't effect the hours necessary can we help facilitate the job matches that can help provide that clinical hours so it becomes a pathway. Some job matching?

- Kheya: Indentured servitude (intentional use of the words) is created and then a job at the DA that doesn't pay well then people are working two full time jobs to get through.
- We have a very rigid system that limits people.
- Steffen: Associate License pathway might be a good way to move forward. Look at CT for example. De-regulate the complicated pieces of it. Ability for supervisors to supervise people outside of the state.
- Kell: Training providers part of PRIDE Center work- basic language. Content- get intersectional. Less providers able to hold that. How to leverage technology that is accessible to people. Information needs to be presented where it's useful. Where does experience play into this, etc? UVM students not in the hospital until year three and should be there sooner.
- Andrea: doesn't pay to get a masters and then go through licensure program. Make sure policies staying with best current practices so that the agencies are not choosing something old and one and done.
- When considering a recommendation: What type of hours asking for? What's the measure? What's the quality of hours? What are other states requiring and topics? Look at what associations are recommending. What are the skills really needed for the job?
- Maybe as a large group we can get ideas out there.

## **Committee Snapshots**

Training/Data- see above

Contracts/Grant committee Patrick: Assisting VT Community foundation on guidance for CDC grants they're doing. Federal grants have reimbursement model and that is a challenge for some of the smaller nonprofits and providing technical assistance to those nonprofits.

Wonder if that should be a recommendation? What will we be recommending overall?

## **What other information or education/training we might want as a council? (Open Dialogue)**

- Language
- Different populations
- Training on historical background of the health equity movement and what are some of the things going on, commonly used definition and what other people are doing.
- Hoping we've had trainings on racism and implicit bias- Kheya willing to help with that does for her job
- Common language- health equity, etc.
- LGBTQIA, Black, Disability – (should be expanded beyond the groups and are we going to tackle health equity)
  - o New Americans, Refugees, Women
- The data overall- substance use disorder, review of race/implicit bias training
- Stuff is changing all the time to help us stay current and what is happening
- Opening the door to ask questions of one another to help take care of each other emotionally

- Do a training of trainers?
- Ashley coming from a public health perspective thinking of key organizations and resources around Gov. Alliance on Race and Equity (gold standards) collective governance and supporting and preparing the grant we're working in. Human Impact Partners. Training capacity building across the country.

### **Jay Greene Presentation**

- About a month ago worked with Xusana abstract to UVM Health Equity conference happening October 2022. Still in process of choosing folks, and got back in touch and they would like to feature HEAC on a panel with the Vermont Department of Health and the New York State Department of Health. Extend the invitation to those who helped work on the abstract and present and be involved in planning and development of that presentation material for the conference. Final materials need to be sent by September 22, 2022.
  - o Thought of a place to get some feedback from the audience of people who are attending.
  - o Kheya is willing to volunteer to be involved
  - o Ashley curious asked to combine three groups into one presentation – do we want to say we'd like our own presentation or share the time?
  - o Monica- same around the joint invitation, could see VT Dept of Health and HEAC but not the NY fit and not our focus.
  - o Topic how our state government is working on health equity.
  - o Kheya- thinking can see where might be interesting where the Dept of Health's are in comparison/contrast and need more time to do this. Starting with the DOH and then leading into HEAC work.

- Ashley- hesitant having a comparison regarding offices of health equity as we are emerging as a team and could be harmful as it is so new. Maybe an opportunity to work together with the groups.
  - Action Steps: Jay will reach out to organizers members who are interested in meeting with Sara Chesbrough to talk about the specifics and next steps. Let Jay know if we are interested in helping out over the next week around the presentation development.
- Xusana will also be presenting at the conference

### **Lauren Hibbert Presentation**

#### **Director of Office of Professional Regulation**

- Under Secretary of State's office
- Nursing, OT, PT, Dentists, Chiropractors, Mental Health professions, ADAP, etc. comprehensive group of health care professionals
- Supportive of the creation of this commission
- Uniformity – all governed by statutes and administration rules
- Cont. Education
- Initial Education
- Some professions have Health care equity initial
- Strongly encourage not to make recommendations for initial licensure but make a VT specific licensure after. If VT comes out of alignment with that then it makes it hard. She recommends that our recommendations are in the continuing education bucket.
- Cont. Education- goal should be around competency assessment and Health equity should be part of that
- Don't want to oversee a "click the box" program. They approve cont. education. There is criteria to approve

programming. She wants to understand what to look for and that it is substantive and important.

- Can come back at the end of August
- Could invite members to their boards – all meet publicly
- Coming into the close of a federal grant, around reducing barriers to licensure and were looking military families, low income, new Americans, and those with criminal backgrounds. Looked at those four population groups and there could be cross over.
- Implemented rules- individuals trained in a foreign country. Need to have a path for individuals- those were implemented about 9 months ago and committed and proud of that work.
- Don't want to build barriers for people

Kirsten: Earlier conversation around our states and other states- in mental health the types of hours are supervised practice post- graduation

H.661- not part of this groups work and streamlining licensure. Could be a voice at that table, but that is very complicated and very contentious.

She had wanted a legislative mandate to do that report that is in H.661.

- Are planning at this point and other mandates around tele-health rules too (major push right now through October)

Sarah: How do you engage stakeholders? And understand that she is recommending not to make changes at initial regulations, but does the office have any reach and work nationally around some changes that could be made at the beginning instead of at continuing education.

- Rulemaking and public meetings around process overall and do get engagement.
- Part of an association of regulatory boards for every board they are part of. Not part of accreditors for schools and that is a different piece. Graduate nursing school and graduated everything of that accreditor. Little voice there- not a huge voice.

Kheya: When Lauren was talking part of mental health. How do you see the role of HEAC interacting with the office: Specific stakeholders to the report but not sure HEAC is a part of that report specifically.

661 Report- yes, will involve many of us.

### **Community Input**

No comments