Plain-Language Summary

Introduction

This is the first report of the Health Equity Advisory Commission (the “Commission”). It is being submitted to the state legislature's health committees. The law that requires this is 18 V.S.A. §252. This is the plain-language summary. There is also an audio format available here.

Organizing the Commission

The law that created the Commission requires it to have 29 members. These members represent diverse communities. These include people who are Black, Latino, Asian, Indigenous, LGBTQIA+, and/or have a disability. Diversity is important to health equity work. This is because more voices mean more inclusion in health policy.

Public health and healthcare regulation are big topics. Many people do this work full-time for many years. Because these are big topics, the Commission will take its time to research and talk to the community. That is why the Commission created seven (7) subcommittees focused on different parts of this work. These subcommittees are:

Subcommittee 1 - Access to Care

Subcommittee 2 - Policy & Programming

Subcommittee 3 - Training

Subcommittee 4 - Engagement & Communication

Subcommittee 5 - Data

Subcommittee 6 - Prevention, Upstream Services, & Social Determinants of Health

Subcommittee 7 - Grants & Funding

Practices & Protocols.

The Commission believes that everybody’s opinion is important. The Commission knows that not everyone will agree on everything. That is why the Commission tries to get as much agreement as possible. But the Commission is also okay with disagreement.

The Commission has a meeting accessibility policy to support members and the community. Find the accessibility policy here.

Early Findings

The Commission is just starting to talk about health equity in Vermont. The group has found some areas to think more about. These topics are below. This is not a complete list of all the important issues. The Commission will talk to the community more to learn about more topics.

Data

There are a lot of health data that the Commission can use. Not all the data are inclusive. Western medicine has a strong focus on some communities and not others. In Vermont, there are smaller numbers of communities of color, so the data are hard to use. Some data systems still use outdated technology. Some of the health information we know is the result of harm and trauma. Some examples are:

1. The work of J. Marion Sims.

2. The experience of Henrietta Lacks.

3. Forced sterilizations by the U.S. government. This happened in Puerto Rico. It also happened in jails, detention centers, and institutions for people with disabilities.

4. Vermont’s role in eugenics.

5. And many more.

All of this means that we need more data, and we need to find better ways to collect it.

The Commission plans to make more recommendations about data collection and analysis.

Community Input

Not everybody can participate in conversations about health equity. This is because of reasons such as:

• Not speaking the same language.

• lack of accessibility.

• challenges in going to a particular place.

• having to pay or lose money in order to participate.

• not feeling safe or welcome.

The Commission is diverse, but it needs more community voices. This helps the state do better research and build more trust.

The Commission plans to keep talking with the community about these barriers.

Resources & Sustained Support

There are many people who do health-related work. They do not all have the same funding or staffing. The Commission recommends proper staffing, funding, and timing. The Commission recommends more stability in funding.

The Commission plans to make more recommendations about staffing and funding.

Further Exploration (Issue Mapping)

The topics discussed above are not all the important issues. There is a list below that shows more topics.

The Commission will make more recommendations about the topic areas listed below.

Relationship between the Commission and other groups.

* What are the best ways to work together?
* It is important to collect both data and stories.

Community Input.

* The Commission wants to learn more about differences in health outcomes.
* The Commission wants to hear from people who are experts in areas like housing and education.
* The Commission will make accommodations so the community can participate in its work.

Concerns for Specific Groups.

* The Commission wants to serve all groups. No one group is more worthy than another.
* There needs to be clear policy around treatment for the LGBTQIA+ community.
* Some of this policy exists in Vermont for the white LGBTQIA+ community, but not for LGBTQIA+ people of color.
* Basic access to healthcare is difficult, especially for the Trans community.
* The Indigenous community experiences many disparities. This contributes to reduced trust in public health and healthcare delivery.
* Youth have limited options for care in schools.
* Policy and treatment decisions must be trauma-responsive.

Pandemic Response.

* Recovery and response work must consider the barriers for people with disabilities.
* Homelessness is a barrier. People without a home have inconsistent access to spaces for quarantine, handwashing, remote gathering, and more.
* LGBTQIA+ people are excluded from COVID-19 data collection.
* To accommodate remote gatherings, many services switched to a phone/internet format. Many people do not have phone or internet.

Access.

* The Commission wants to learn more about the use of Safe Use sites.
* It is hard to find doctors and dentists with accessible offices who practice trauma-informed care.
* People with psychiatric disabilities face biases at hospitals.
* Access to health care in rural areas is more difficult.
* The Commission wants to learn more about technology. This includes telemedicine, reviewing health records, and tracking personal health information like blood pressure.
* The Commission wants to learn more about transportation to healthcare appointments.
* There is a need to improve physical access in healthcare facilities.
* There is a need for more accommodations for sensory issues in healthcare settings.
* The Commission wants to learn more about health education in schools. This includes health education for people of all ages who have disabilities.
* The Commission wants to learn more about longer appointments. This could help patients with developmental disabilities. People with developmental disabilities may process information slowly. They may need concepts explained more than once.
* How are young adults with disabilities supported when moving from pediatric care to adult medicine?
* The Commission wants to learn more about insurance coverage, especially Medicaid.

Rules and Laws.

* We can serve more family structures by re-imagining HIPAA and other regulations.
* The state can consider changes to the licensure process to bring more healthcare workers to Vermont.
* The Commission wants to learn more about possible Mental Health Peer Support certification.

Upstream Factors.

* Limited transportation affects people’s ability to get to health appointments
* Healthcare systems contribute to incarceration.
* Decriminalizing sex work could help more people have access to care.
* Lack of consistent food access creates negative health outcomes.

Health Care Profession(s).

* The Commission wants to hear more from nurses.
* A provider's backgrounds impacts services. How does this impact the LGBTQIA+ community?
* There is wage disparity in healthcare professions.
* Patient should see themselves reflected in the healthcare workforce.
* The Commission wants to learn more about ways to support people entering the health field.
* Healthcare facilities must address incidents when patients abuse staff from historically marginalized groups.
* People living with disabilities are more likely to be sent to jail or fined when they are in crisis.

Mental and Emotional Health.

* There needs to be more meaningful conversation about mental health.
* The Commission wants to learn more about the intersection of mental health outcomes and race/ethnicity.
* The Commission wants to hear more from psychiatric survivors.
* There is a need for more peer support services in all systems.
* The Commission wants to learn more about involuntary hospitalizations. Does this lead to more people being sent to jail?

Cultural Factors.

* Access to care is more difficult when there is insufficient language access. This includes access to American Sign Language and people who communicate through gesture.
* Ableism may guide what kind of care is offered to people with disabilities.
* Cultural understanding is an important factor in healthcare.
* How do traditional and Indigenous healing fit alongside the existing licensure model?
* Healthcare providers need training about disability etiquette.