

Health Equity Advisory Commission
Meeting Minutes

Format

- Tuesday July 26, 2022 @ 12:30 p.m.
- Virtual: MS Teams
- Phone: 802-828-7667 | Meeting ID: 686 488 314

Materials Presented/Distributed

- Slide deck from Dr. Jacqueline Hunter from UVM Health Network
- 2021 CCRPC ECOS report: <https://www.ecosproject.com/2021-annual-report>
- Webinar: [Improving the Collection of Race and Ethnicity Data for Health Plans to Advance Health Equity](#)

Attendance

[Present: Monica Hutt, Xusana Davis, Andrea Brett, Sara Chesbrough, Joanne Crawford, Kheya Ganguly, Jay Greene, Bard Hill, Mark Hughes, Ginger Irish, Kell Arbor, Justin Kenney, Lehana Guyette, Kirsten Murphy, Patricia Johnson, Geoffrey Pippenger, Thato Ratsebe]

Agenda

1. Updates/Announcements
2. Presentation by Dr. Hunter

Minutes

- **Announcements**
 - There's an HHS-led webinar today on health equity. It is the first of three, and we will find a way to get the recording out to HEAC members.
 - New member: Bard Hill, stepping in to represent DAAL.

- **Dr. Hunter**
 - Dr. Hunter discusses the goals and trends in DEI work in health care delivery and at organizations in general.
 - Q: How are you recommending to medical schools and other educational programs what you want to see from people entering the field?
 - A: Doing a DEI 101 training series with leadership across the hospital. Next step is to tackle culture in the organization--finding the right info and the right method to make it stick (on-demand trainings are not very engaging or effective). Also looking at continuing education credits, etc.
 - A: Safe Zone training talks about the LGBTQIA+ population in healthcare (pronouns, health issues, best practices, etc). This training is being done at University of Arizona and UVM hopes to bring them in for a train-the-trainer to bring it to UVM.
 - What do you see as the difference between cultural humility/competence/etc
 - A: For a long time, it was about competency. Cultural humility is a newer shift that seems to reflect need to be aware of the impact of behavior. There are many differences between groups and we can't lump people too much into big groups because there's diversity *within* populations. Competence implies an end point, whereas humility implies an ongoing practice. It comes down to education, respect, and awareness.
 - Q: What can State of Vermont do regarding improving training, CEUs, credentialing, etc?
 - A: Understand the need, make it accessible, and make it interesting for providers. How can we change the perception that it's a check-the-box activity and instead make it be seen as a value-add? We need people to connect to the "why."
 - Q: What are the professions you don't have in your purview but that need more education?

- A: Law enforcement. Paramedics. Direct support providers and home care providers. People who interact with patients during transport of patients to long-term care facilities or hospice facilities. Patients need cultural humility training too!
 - Q: How do we protect staff from discriminatory patients?
 - A: Protect staff in the moment. Educate patients.
- Q: How does UVM make decisions about disaggregating data amid the pervasive excuse people often give of Personally Identifiable Information?
 - A: Challenge the status quo and set the tone. This sets the expectations that "we're moving in this direction, and best practice calls on us to drill down deeper."