2022-12-20 HEAC Meeting

Tuesday, December 20, 2022

In attendance:

Justin Kenney (he/him), Chief Performance Officer

Xusana Davis (she/her), ED of Racial Equity, ORE  
Kirsten Murphy (she/her), Vermont Developmental Disabilities Council

Rev. Mark Hughes (he/him), Chair of HEAC, ED of Vermont Racial Justice Alliance

Kheya Ganguly (she/her), Vice-Chair, Director of Trauma and Resiliency Programming, DMH

Bard Hill (he/him), Principle Assistant, Agency of Human Services

Ashley Kraybill (she/her), Director, Vermont Department of Health Office of Health Equity Integration (OHEI)

Jay Greene (they/them), Policy and Research Analyst, Office of Racial Equity (administrative support, notetaker)

Start of meeting: 1:05PM

* 1. **Agenda Consensus, Housekeeping and Review of**[12-7-2022 notes.docx](https://vermontgov.sharepoint.com/:w:/r/teams/HEAC-VermontHealthEquityAdvisoryCommissionTeam/Shared%20Documents/General/HEAC%20Meeting%20Minutes%20and%20Agendas/Minutes%20and%20Notes/12-7-2022%20notes.docx?d=w2f09e17d19874a74b13b2650e74b0909&csf=1&web=1&e=o352kP)(5 mins)
     + Will review January report on 12/28/22
  2. **Public Comment**(5 mins)

No members of public on the call to contribute comments

* 1. **Committee Report-outs and Updates**(10 mins)
     + Kirsten Murphy, SDoH and Policy Subcommittees
       - No new recommendations generated since last meeting, agree with the work done by subcommittee in the past
     + No other subcommittee reports
  2. Governance – Decision Making Re-visited (5 mins)
     + Rev. MH: Concerned about lack of participation by representatives of community-based organizations, capacity for group decision making without community input, as well as concern from Ashley Kraybill, Director of VDH Health Equity Integration
       - Concerns about credibility, inclusion, working counter to purpose of HEAC
       - Kheya Ganguly: agrees, concerned with making big decisions today with only 6 participants
     + Bard Hill: notice that this is a common phenomenon among local boards/commissions across the State, suggests further communication with community-based orgs to ensure participation from statutorily-mandated participants, also notes concern over participation
     + KM: shared concerns from Lehana and Green Mountain Support advocates-HEAC hasn't done as much to ensure inclusivity for individuals with developmental disabilities (agendas sent out at least a week in advance to help individuals prepare for meetings), need a plain-language version of October training report. Will be important to have plain-language summary of any big decisions so that Lehana can contribute.
       - Rev. MH agrees with points, would like to do better in the future with regards to administrative supports
       - Xusana Davis, via chat: "Jay and I will be providing the administrative support to make sure there's fewer of those instances in the future"
     + Rev. MH: what is the plan for outreach to folks who are statutorily mandated to participate, also the plan for reaching out to wider public?
     + Justin Kenney: seems very common that there's efforts to get public comment, but it comes in very limited numbers. Some situations with a lot of public comment, some not-question if there is capacity/desire from members of the public to provide additional comment.
     + Bard Hill: suggests scheduling agenda items for public HEAC input during other meeting times in community spaces and events/occasions where people who may have additional comments will naturally be present, give opportunities instead
     + JK: intent of having large and diverse membership is to have members of HEAC represent their constituent communities, compensate for lack of public input, but difficult when we don't have participation from the constituent communities. Could large group decisions be made via email or remote voting?
       - JG: mentioned that it's against public meeting laws in Vermont to make decisions outside of announced meeting times
     + XD: we don't use Robert's Rules/Parliamentary process, but we are still subject to public meeting law-still are required to warn meetings ahead of time and post minutes afterward, give opportunity for public comment, unless there's an extension from the Legislature, we will have to go back to having in-person meetings rather than remote meetings.
     + Rev. MH: How to make sure meetings are being warned, when does remote open meetings statute sundown?
       - XD: send me/JG the agenda for each meeting, we will post to online public meeting calendar, Act 78 of 2022 made changes to allow remote public meetings-Jan 15, 2023 is cutoff for when we have to have an in-person option again, used to have public meeting option in Waterbury office complex
       - Bard Hill: notes that 48-72 hour notice and provision of agendas is not accessible for people who need additional supports w/re: developmental disabilities, requires about a week for those who need additional supports
       - KM: notes that there is a strong prohibition on decision-making via email for public commissions
     + Rev MH: do we need to start having in-person options then?
     + XD: agree, need to start having in-person option
     + Rev MH: January 4 meeting is next gathering, should be announced next week. For meetings beyond January 15, need to have a physical location for ALL Meetings, including subcommittee meetings-how to plan for that? Can the full meetings be at the Pavilion or Waterbury office?
       - XD: if we're talking equity, how can we make sure that people from rural areas don't have to hike in to central VT. Would suggest rotating in-person locations around the state and let members of the public participate. Would help ensure geographic equity and transit issues. The geographic center of the state is Randolph, VT (convenient to do meetings in Montpelier due to presence of State offices). Also, wherever we are, need audiovisual equipment to allow public participation. Have HEAC budget for booking meetings in spaces with AV equipment.
     + Rev MH: suggest using libraries, often have requisite AV equipment available. Would multiple locations be possible to ensure statewide reach, or is it overly ambitious?
       - XD: Not too ambitious, just need to put people in the right places
       - Rev MH: having multiple physical locations could be useful for public hearings in the future, don't need to make a firm decision today
       - KG: think it's a good thing to try to see if we can get more participation. Other item: January report-suggests saying in the report that we haven't been able to make a decision yet, due to challenges with community participation, rather than trying to make a big decision with so few people
         * JG: agrees, if the LEG wants an equitable decision, then it needs time to happen in an equitable way
         * KM: agrees, may be best way forward
         * Rev MH: the LEG will be fine if the report is delayed. We've learned a great deal over the past year about how to organize this work, gained a better understanding of the magnitude of what we're seeking to address. Want to be honest about where we're at. Could share some general findings about need for administrative support, overlapping Office of Health Equity Integration, can talk about what we do know and what we don't feel comfortable making a strong decision on without more input
  3. **Office Of Health Equity Integration (20 mins)**
     + Rev MH: Establishment [H.210](https://legislature.vermont.gov/Documents/2022/Docs/BILLS/H-0210/H-0210%20As%20Introduced.pdf) - OHE, as introduced-there was comparison of H.210 as introduced compared to what was passed, identified viability of the majority of the language that defined OHE as articulated in H.210 as introduced, lean in at making a strong recommendation that it's adopted as component of OHE.
       - KM: H.210 as introduced was wise in the outline of roles and responsibilities, went into some depth about the qualifications for the head of the office and the detail about the grant-making role the OHE could play and procedures for that. Made sense with HEAC's enabling statute regarding authority of the office, roles and responsibilities. Also, as SDoH and Policy subcommittee has spent time looking over H.210, continue to try to not put the cart before the horse-what the office does should drive where it's located, there are advantages to lots of different structures, the answer may be both/AND (may exist at a statewide level and a Department of Health level). Open to alternates to just A or B.
     + Rev MH: [H-0210 As Introduced.pdf (vermont.gov)](https://legislature.vermont.gov/Documents/2022/Docs/BILLS/H-0210/H-0210%20As%20Introduced.pdf)-section 252, B1: "Powers and Duties". Original intent was to place the office inside Vermont Department of Health. Some specific powers/duties/functions, i.e. items A-L, see especially J the developing the statewide plan. Looking back at the scope assigned to OHE, seems impractical that OHE would be within an Agency/Department. Submitting reports to Gov/LEG is part of the OHE's purview.
       - "(e) The Office is authorized to seek the assistance and avail itself of the services of employees of any State agency, department, board, bureau, or commission as it may require and as may be available to it for its purposes. All State agencies, departments, boards, bureaus, or commissions are authorized and directed to cooperate with the Office of Health Equity, to the extent consistent with law."-these are incredibly sweeping powers and authorities that the office would possess, and should possess to have the appropriate level of oversight. There are other options for determining the appropriate level of powers/authorities that OHE should possess. There may be a need to delay implementation of an OHE until HEAC completes its deliberations, since HEAC has the responsibility to provide input to LEG.
     + Advising - Recurring Meetings with OHEI (12/21)-HEAC leadership to continue to meet with OHEI to discuss recommendations for OHE.
     + Budget – Discussions and Joint Fiscal
       - Rev MH: know that VDH is looking to fund OHEI past 2024-this could be an opportunity to recommend to the LEG that the HEAC suggests funding OHEI beyond the CDC grant. Need details on OHEI budget from VDH leadership to understand/make recommendations to LEG.
       - KM: agree, but want to give $ amounts as early in the LEG session as possible, don't want to get closed out by other budget requests
       - Ashley Kraybill: can't join meeting tomorrow (12/21), but other VDH leadership will be there. In conversation with Commissioner Dr. Levine and others, historically, VDH has been funded almost entirely by Federal funds-there isn't a strong tradition of funds coming to VDH From State LEG. OHEI can give HEAC numbers on what they're currently doing. CDC grant was $28 million for 2 years for a variety of strategies, including community grantmaking. Was an emergency fund that came under circumstances of the pandemic. Caution that whatever the numbers are, we should consider thinking intentionally about a sustainable solution, not a short term "Band-aid" fix.
       - Rev MH: thanks, COVID-19 exacerbated health inequities and prompted increased funding. With regards to funding OHEI, we don't want to end up in the same situation again, and it's the right thing to do.
       - BH: Dept of Health is so grant driven that projects tend to come and go-personal perspective, should ask for adequate funding to stabilize infrastructure across populations experiencing health inequities. Where are we bending the curve/impacting those disparities/inequities the most? That would be a good foundation for future workforce expansion/contracting. MD, ME, MA all have long-term stable relationships with academic centers that provide evidence-based policy recommendations. Could be worth investing in relationships there.
       - Rev MH: goes towards a programmatic approach towards institutionalizing health equity in practice across the state.
     + AK: used to work in Wisconsin, State health department had strong relationship with U of Wisconsin which was very valuable. The way the OHEI is organized is around populations with demonstrated, data-based health inequities. VDH is funded by short-term federal grants around health outcomes (morbidity and mortality), not changing SDOH. Model of public health is shifting towards SDOH, but it's hard to do and complicated.
  4. **Annual Report Discussion (40 mins)-**reached at 2:13PM
     + Policies and Programs
     + Funding and Grants
     + HEAC Budget
     + Rev MH: going back and looking at 7 areas where HEAC has responsibility in enabling statute-Section 252, c)1-7: first 2 are standing up and advising OHE, next 2 are reviewing and advising other state agencies with regards to health equity in all policies, advising LEG On funding decisions relating to health disparities, distribute grants that stimulate development of community/neighborhood-based projects to address health inequities, advising LEG on efforts to improve cultural competency and anti-racism (see Nov 2022 report) Other areas to flag for reporting: budget recs for the continuation of the HEAC itself in FY2023, propose that we pull together a laundry list of what HEAC needs to survive in terms of funding, need to consider whether current budget can roll over to new FY-what's current budget status?
     + XD: original allocation was $180K, we haven't used it to hire consultant or pay for anything major. Believe that these funds are intended to carry forward-can make a note to Dept of Finance that HEAC intends to carry that funding forward. Will give further updates to HEAC as able to find up-to-date budget data.
     + Rev MH: imagine that we will want to fund community engagement in the upcoming year. Will meet again before report is complete, but would like all to think about budget for continuation of HEAC and OHE. In addition to reviewing budget of OHEI, imagine what it would cost for a full OHE with full staffing.
     + XD: (via chat)-reminder to group to submit per-diems ASAP.
  5. Updates
     + Rev. MH: future meetings with Chair, Vice-Chair KG, and EDRE XD: need to talk about report recommendations re: white and Non-white Terms and Data Categories, ARPA Fund and Health Equity
       - KM: would like to find out more info about where ARPA funds are already allocated, what's available. Who to reach out to in Finance?
       - Justin Kenney: ARPA funding obligations are reported to Treasury on a quarterly basis, can provide a link to Vermont Open Data Portal [Results for "ARPA - State Fiscal Recovery Quarterly Project Overview" | Page 1 of 1 | Open Data | State of Vermont](https://data.vermont.gov/browse?q=ARPA%20-%20State%20Fiscal%20Recovery%20Quarterly%20Project%20Overview&sortBy=relevance) (will have another report in early Feb where Vermont Open Data Portal will be updated again.)
     + XD: discussing request of data terminology for white/non-white groups-
     + Rev MH: having challenges pulling full membership together, may need to delay giving an  answer on preferred terms for white/non-white groups.
       - JG: data extremely important for measuring disparities, but need broader community input re: preferred terminology. Want to see community engagement around preferred language.
     + Rev. MH: wishing all a happy holiday season and thanks to everyone!