***Health Equity Advisory Commission Meeting Agenda***

Date: July 18, 2023

Facilitator: Rev Mark Hughes

1. **Agenda Consensus, Previous Meeting Notes** (5 mins)
2. **Public Comment** (10 mins)
   * none
3. **Status of RFP**
   * A link is posted on State Bid website that takes you to the BGS site and RFP. Closing date August 9. If there are any community members who can step in to outreach and recruit applicants, that would be great.
   * Period for questions built into proposal. Questions due by August 2.
   * Did we appoint a group of folx to be on stand-by to review?
   * Projected start date for work is Sep 1
   * Can we find a different way to advertise, outreach, recruit applicants?<http://www.bgs.state.vt.us/pca/bids/bids.php> (scroll down) Sara will share on VDH OHEI Health Equity newsletter.
4. **Revisit budget and report**
   * Tabled
5. **Placement of the Office of Health Equity in state government** 
   * The spreadsheet lays out the pros and cons of several different options (Governor’s Office, Health Department, Agency of Administration, Office of Racial Equity, independent instrumentality of state government)
   * Kirsten read through spreadsheet
   * Several people wavering between VDH and an independent office.
   * (Sandi Y): feels "right" to be in VDH, some concerns with how Office of Child Advocate is working (lack of infrastructure).
   * (Andlea): lends legitimacy if in VDH; does not think it should go in ORE – they have a lot on their plate and should maintain focus on equity broadly.
   * (Brett) VDH makes sense
   * (Joanne) worry about housing equity within VDH (easy to do on a good day, but can VDH maintain focus on equity in, for example, an emergency); worries jobs will likely go to existing state employees; consider role of HEAC re: oversight
   * (Christine) Similar to conversations we have about law enforcement. Agreed that positive outcomes could come from independent instrumentality. VDH has the infrastructure, but do we want to give them the power and control?
   * (Mark) this all started with the Wellness Working Group of the VRJA H.210 in 2020 and the passage of Act 33 in 2021. Originally requested for the Office to be in VDH. Age old challenge that we have with advocacy and state government. Concerns about putting health equity in the place that failed Black people during COVID (VDH) with no apparent change/evidence they can get the work done. One time $ was put toward people (staffing out OHEI). Concerned about governance of VDH over “all state agencies”. They shouldn’t be buried under 1 of the 6 Depts in AHS. Gov has communicated that he wants it in VDH. Right now the clearest path is VDH. Don’t want to see a self-fulfilling prophecy that it is made to fail if forced anywhere else. We are averse to placing the OHE in VDH but have no other option. Note areas in our report that we have most concern about, work together to create mitigating strategies, how do we overcome these areas of concern. Work with partners at VDH and collaborate with them, ensure we are placing ourselves on the proper trajectory – eventually this office should come out of VDH.
   * (Joanne) having worked in state for a while, see how jobs are filled and it’s often the people in the next office. Even if it is put in VDH, will this advisory group still have oversight? Feel strongly that we get more community partners in this group. State Depts oversight of other state depts may not be thorough.
   * (Mark) HEAC is in an advisory role, may not necessarily have oversight persay.
   * (Sandi) what else have we “placed somewhere” in our recent history? 1988 Act 264 coordinated services and what’s happening now. We love the independent offices – they don’t change at the whim of the Governor, there isn’t yet an umbrella over independent offices. Is there a way to place it under VDH for the following reasons, with the intent to become independent? How do you get it “out” from under VDH if it is placed there?
   * (Kirsten) fan of independent office but will accept the political climate. In terms of mitigating strategies, our report could give the HEAC specific duties that aren’t exactly oversight.
   * (Katie) smaller budget, what can a 2 person office achieve?
   * $250K base funding, we have the stability of the Office of Health Equity Integration infrastructure, convert OHEI into OHE with HEAC oversight.
   * Discussion of HEAC oversight role: There are not many community members and it is not effective to have state agencies overseeing other state agencies. HEAC will not really provide oversight – they are an advisory body. There is opportunity to make this role stronger, more effective even without direct oversight.
   * Mark's proposal, which had general agreement from the group: **Put it in VDH and also acknowledge the goal would be to eventually move it out of VDH to an independent entity. Note the areas HEAC has the most concern (as outlined in the report) and work together with VDH to figure out mitigating strategies.**
6. **Next Steps** (5 mins)
   * Start the report, should be simple, need a framework, state why we’re concerned and what we’re proposing to mitigate. Kirsten volunteered to start the draft
   * A few of us can fill in some of those pieces for folx to react to at 8/1 meeting.
   * Mark will discuss next steps with VDH Deputy Commissioner Arel and Dr. Levine.

Scribe: Sara Chesbrough, supplemented by Katie Stetler

Next meeting: August 1, 2023 12:30-2 PM

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