Health Equity Advisory Commission

Annual Report pursuant to 18 V.S.A. Sec. 252(e)

With recommendations as required by Act 78 (2023), Sec. E.100.1 (a)

January 2, 2024

PREPARED BY:
Rev. Mark Hughes, Co-Chair
Kirsten Murphey, Co-Chair
On behalf of the Health Equity Advisory Commission

SUBMITTED TO THE GENERAL ASSEMBLY
Senate Committee on Appropriations
Senate Committee on Government Operations
Senate Committee on Health and Welfare
House Committee on Appropriations
House Committee on Government Operations and Military Affairs
House Committee on Health Care
House Committee on Human Services

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Vermont Health Equity Advisory Commission Members

Kell Arbor - Pride Center of Vermont

Andlea Brett (through Oct. 2023) and Deb Reger (Nov. 2023 forward) - Koasek Abenaki Band

Sara Chesbrough - Department of Health

Joanne Crawford – Abenaki, Missisquoi band

Xusana Davis - Office of Racial Equity

Annette Denio - Psychiatric Survivors Network

Kheya Ganguly - Department of Mental Health (Vice-Chair through Nov. 2023))

Steffen Gillom - NAACP – Windham

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Alex Farrell - Department of Housing and Community Development

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Brett Long - Department of Economic Development

HB Lozito - Out in the Open

Abel Luna - Migrant Justice

Carol McGranahan - Commission on Native American Affairs

Kirsten Murphy – Vermont Developmental Disabilities Council

Lucy Neel – Nulhegan Abenaki Tribe

Rachel Edens- Department for Children & Families

Thato Ratsebe - Association of Africans Living in Vermont

Kenneth Russell - Another Way Community Center

Kell Arbor - Outright Vermont

Sandi Yandow - Federation of Families for Children's Mental Health

Executive Summary

This report serves as both the Annual Report of the Health Equity Advisory Commission (HEAC) and as a response to the legislature's request that HEAC provide a specific recommendation regarding where to site the Office of Health Equity (OHE), per Sec. E.100.1 (a) of Act 78 (2023).

The primary recommendation put forward in this report is that the legislature place the Office of Health Equity in the Vermont Department of Health for at least the initial phase of its development. The HEAC reached this conclusion after an inclusive and exploratory process that examined the challenges and advantages associated with locating the OHE in several places within state government. This report also includes previous work accomplished by the HEAC that established the roles and responsibilities of the OHE, which was a very important consideration in determining the citing of the OHE. The HEAC requests an appropriation of $1.2M in FY'25 stand up the OHE. This includes $750,000 to continue a program of strategic community-based and neighborhood-based grants.

In addition, this report summarizes the work done by the HEAC during 2023 and recommends moving the administration of the HEAC from the Agency of Administration to the Agency of Human Services. This will facilitate the HEAC's advisory role in the work of the Office of Health Equity. The HEAC is seeking $370,000 to support its work.

Establishing the Office of Health Equity is a critical step toward embedding equity work in Vermont's approach to healthcare reform. The HEAC deeply appreciates the legislature's commitment to addressing the harmful systems of oppression, including ableism, homophobia/transphobia, and systemic racism that consistently produce adverse and disparate health outcomes. The HEAC welcomes the engagement of at-large committee members, the House Committee on Health Care, House Human Services, and Senate Health and Welfare as partners in this ongoing work.

Introduction

Act 33, 2021 (18 V.S.A. § 252) established the Health Equity Advisory Commission (HEAC), a 30-member team of state staff, advocacy organizations, and community members focused on expanding equity in public health and healthcare delivery. The Commission's purpose is to:

- "Promote health equity and eradicate health disparities among Vermonters, including particularly those who are Black, Indigenous, and Persons of Color; individuals who are LGBTQ+; and individuals with disabilities;"
- "Amplify the voices of impacted communities regarding decisions made by the state that impact health equity, whether in the provision of health care services or as the result of social determinants of health;"
- "Provide strategic guidance on the development of the Office of Health Equity, including recommendations on the structure, responsibilities, and jurisdiction of such an office;"

The HEAC is Co-chaired by the Executive Directors of the Vermont Racial Justice Alliance and the Vermont Developmental Disabilities Council. The Commission has met one to two times each month since October 2021 and engaged in an array of meetings across several working committees. The HEAC

also meets regularly with leadership from the Vermont Department of Health (VDH) and from the Office of Health Equity Integration within VDH to discuss areas of collaboration.

18 V.S.A. § 252 (c) empowers and assigns the HEAC the following duties in the corresponding sections (emphasis added by the Commission in bold text):

(1) provide guidance on the development of the Office of Health Equity, which shall be established based on the Advisory Commission's recommendations not later than January 1, 2023; and
(2) provide advice and make recommendations to the Office of Health Equity once established; and
(3) identify and examine the limitations and problems associated with existing laws, rules, programs, and services related to the health status of individuals who are Black, Indigenous, and Persons of Color; individuals who are LGBTQ; and individuals with disabilities; and
(4) advise the Department of Health and General Assembly on any funding decisions relating to eliminating health disparities and promoting health equity, including the distribution of federal monies related to COVID-19; and
(5) to the extent funds are available for the purpose, distribute grants that stimulate the development of community-based and neighborhood-based projects that will improve the health outcomes of individuals who are Black, Indigenous, and Persons of Color; individuals who are LGBTQ; and individuals with disabilities; and
(6) advise the General Assembly on efforts to improve cultural competency, cultural humility, and antiracism in the health care system through training and continuing education requirements for health care providers and other clinical professionals.

Some of our key findings and recommendations from previously submitted reports include:

- **Whole-of-government approach**. The HEAC has determined that "Any serious attempt towards health equity must be endeavored with an understanding of the persistent nature of the disparate outcomes across all Social Determinants of Health." This is consistent with data demonstrating that harmful systems of oppression, including ableism, homophobia/transphobia, and systemic racism consistently produce adverse health inequities (Yearby et. al, 2022; Hoffman et. al, 2011; National Center for Health Statistics, 2020). Moreover, these disparities not only echo but are compounded by similar disparities in housing, education, employment, economic development, transportation, and the criminal and juvenile justice system. By Executive Order, the Biden Administration has cited a whole-of-government approach as the key to racial equity and support for underserved communities.

- **A programmatic approach**. The HEAC has further determined that this work will require a standardized approach, applying an equity framework to programming across all systems of state government. This proposed statewide program will require centralized authority, prioritization, cooperation, and the close coordination of all state agencies to ensure transformational outcomes. Success of such a statewide program requires a unified effort on policy, training, data collection, and more.

- **Training that is comprehensive and consistent**. In its recommendations regarding training, both for state workers and for health professionals, the HEAC focused on the importance of naming the systemic issues and creating standardized, continuous training. Equity training is

never a "one and done" activity, but rather a process through which individuals grow in their understanding of the issues and their capacity to imagine and embrace new approaches in their day-to-day work. Training must be required not only for state employees but for state contractors and grant recipients as well.

- **Adequate funding for health equity work.** To achieve the transformative vision set out in Act 33, health equity work must be well supported with funding spread over three complementary entities. This three-pronged approach includes:
    - An Office of Heath Equity that uses the tools of government systems (for example, licensure, budgeting, strategic planning, data collection, and assessment) to advance equity.
    - The Health Equity Advisory Commission, which brings together people with lived experience from marginalized groups and government leaders to examine, revise, and craft public policy that fosters systemic change and equitable outcomes.
    - Community-based partners who receive grant funding not only to improve health outcomes at the local level but to develop and deploy practical strategies that can be brought to scale.

This report builds on these themes. In particular, the HEAC outlines legislative next steps toward standing up the Office of Health Equity, repositioning the Health Equity Advisory Commission, and funding the three-pronged approach outlined above.

Review of Legislative Requirements

This report responds to two legislative requirements.

18 V.S.A. Sec. 252 (e) directs the HEAC to provide "annually, on or before January 15…a written report to the Senate Committee on Health and Welfare and to the House Committees on Health Care and on Human Services with its findings and any recommendations for legislative action."

In addition, Act 78 (2023) Sec. B.1100 (a) (3) appropriates $500,000 General Fund to the Agency of Administration in fiscal year 2024. Funds are appropriated "for community grants related to health equity." A stipulation was placed on the release of these funds that they "shall not be released until the recommendation and report required by Sec. E.100.1 of this act, regarding the permanent administrative location for the Office of Health Equity, is provided to the committees of jurisdiction listed in Sec. E.100.1 of this act and the positions in the Office of Health Equity created by this act are filled."

Sec. E.100.1 (a) of Act 78 (2023) directs the Health Equity Advisory Commission to submit a written report to the House Committees on Appropriations, on Government Operations and Military Affairs, and on Health Care and the Senate Committees on Appropriations, on Government Operations, and on Health and Welfare regarding the appropriate state entity for the Office of Health Equity to be attached to for administrative purposes. The reported is required to:

- identify various state entities to which the Office could be attached for administrative purposes in order to best position the Office to align with, coordinate with, and complement the State's health equity efforts, and
- examine the potential benefits and drawbacks of the Office being attached to each of the entities identified.
- include a recommendation on how to administer community grants related to health equity.

Sec. E.100.1 (b) Authorizes then Agency of Administration to expend funds appropriated for the Health Equity Advisory Commission to fund administrative positions to complete the work required by this section or other legislation.

Sec. E.100.2 (a) allocates $250,000 of the funds appropriated in Sec. B.100 to fund two positions in the Office of Health Equity. There is a stipulation that these funds may only be expended, and the positions may only be filled, once the recommendation required by Sec. E.100.1 regarding the permanent administrative location for the Office of Health Equity is provided.

Review of Themes in Previous Reports

18 V.S.A. § 252 (e) requires the HEAC to submit an annual report to the Senate Committee on Health and Welfare and to the House Committees on Health Care and Human Services with "it's findings and any recommendations for legislative action." The *Preliminary Report*[1] offers insight into the Commissions' initial impressions of systemic health inequities and thoughts for further exploration. The *Continuing Education Report*[2], submitted November 1, 2022, provided recommendations for improving cultural competency, cultural humility and antiracism in Vermont's health care system through initial training, continuing education requirements, and investments.

The HEAC provided 37 recommendations in last year's Annual Report[3], dated February 15, 2023, which included General Findings; the Office of Racial Equity; statewide Policies and Programs; Funding and Grants; Training and Education, and Data Collection. Some of the recommendations and analysis were responses to questions posed to the HEAC surrounding data and policy. There was also a section of the report that provides a discussion and recommendations on the use of the terms "White" and "Non-white" in data collection and disaggregation. (See Appendix 3 for the full list of recommendations).

The report outlined findings and recommendations for legislative and other actions required for the continued work of the HEAC and the implementation of the Office of Health Equity including a baseline appropriation request of **$1,570,000.00** to support continued HEAC operations and the initial implementation of the Office of Racial Equity.

[1] Full link text: https://aoa.vermont.gov/sites/aoa/files/HEAC%20Report%201%20%20Preliminary%20Findings%20on%20Health%20Equity%20in%20Vermont.pdf

[2] Full link text: http://aoa.vermont.gov/sites/aoa/files/InfoReportReleases/HEAC_Report_on_Continuing_Education_10-31-2022.pdf

[3] Full link text: https://aoa.vermont.gov/document/health-equity-advisory-commission-annual-report-february-15-2023

Summary of Actions and Accomplishments during 2023

Since its last annual report was released last February, the HEAC has focused its energy on three activities that all center on the need from more administrative help and on getting the Office of Health Equity up and running by 2024.

1. Ensuring adequate resources for both the HEAC and the Office of Health Equity.

   - ❖ HEAC members sought to educate legislators about the need to sustain their investment in centering equity in Vermont's health reform efforts by establishing a stakeholder advisory commission and an entity within state government dedicated to health equity. This advocacy resulted in a potential appropriation for the Office of Health Equity and a community grants program through Act 78, pending the HEAC providing additional recommendations.

   - ❖ The HEAC has approximately $163,625 remaining in funding that was originally allocated to it when Act 33 created the board. The HEAC has been cautious in how it uses this funding, which has been carried over for two years.

     Recognizing that the HEAC needs administrative support, the HEAC sought to hire a contractor to provide meeting facilitation, scheduling, outreach, and report writing. The HEAC prepared a Request for Proposal that was posted in September 2023 and netted two responses. Neither presented the type of basic support that the HEAC is looking for. Consequently, the HEAC forged ahead with preparing this report through its members, all volunteers. However, the HEAC is still actively engaging with one of the firms that submitted a proposal to see if the proposed scope of work could be focused more tightly on administrative support, outreach, and community engagement.

2. Building a consensus on the HEAC regarding the placement of the Office of Health Equity, as well as ensuring that leadership within the OHE's proposed home would accept this new entity.

   As described in the Recommendations below, this conversation has been the primary focus of the HEAC since the end of the 2023 legislative session. This required consulting many experts in government operations, both on the HEAC and outside of its membership. The HEAC carefully reviewed the pros and cons of five different options, finally settling on the Vermont Department of Health for at least the first phase of the OHE's development. (See Appendix 1 for a detailed summary of the options considered by the HEAC).

   Many additional meetings were held with leadership in VDH to understand the budget implications of siting the OHE within VDH and to ensure that VDH was willing to act as an administrative home. Additional work had been done to share the anticipated roles and responsibilities of the OHE as described in Appendix 3 with VDH and identify a set of administrative objectives (See Goal Area 1, page 13) that ensure clear lines of authority and communication without administrative overlap.

3. Building a wider membership on the HEAC.

While the HEAC has a very active core of participants that includes individuals from community organizations and from state government, more participation is needed. The HEAC leadership continues to reach out to entities named in Act 33 as having a seat on the HEAC. This year has seen the addition of representatives from the Pride Center, the Koasek band and the Nulhegan band of the Abenaki, and the Vermont Federation of Families for Children's Mental Health. The HEAC has also benefited from the addition of the VDH Director for Health Equity, Song Nguyen. Rev. Mark Hughes was re-elected as Chair, with Kirsten Murphy elected as Co-Chair.

Budget Overview

Budget Summary, Requested Funding for FY'25

Health Equity Advisory Commission		Total
• HEAC Governance, Staffing and Administration	$120,000.00	
• HEAC Community Engagement, Stipends and Facility Expenses	$90,000.00	
• Assessment of State Policies and Programs (Consulting)	$160,000.00	
		$370,000.00
Office of Health Equity (OHE)		
• Staffing, Overhead and Indirect Expenses (Executive Director and 2 Managers)	$450,000.00	
• Community-based and Neighborhood-based Grants	$750,000.00	
		$1,200,000.00
Total		**$1,570,000.00**

The HEAC is seeking $1,570,000 for Fiscal Year '25. Based on the recommendations below, which would relocate the HEAC to the Agency of Human Servicers and site the Office of Health Equity in the Vermont Department of Health, this funding would flow through the AHS. Details are as follows.

1. HEAC governance, staffing and administration, ($120,000): To be effective and efficient, the HEAC requires administrative support. During FY'23, the HEAC has been cautious in how it has used its initial allocation from the legislature. However, as the work expands, it is critical that the HEAC not rely on Commission members for basic administrative functions. The HEAC anticipates that it will be able to sustain support through FY'24 using carry-over funds currently estimated at approximately $150,000 for contracted meeting facilitation, targeted community outreach, and funds to enable the participation of community partners.

2. HEAC community engagement, stipends, and facilities expenses ($90,000): Community engagement is essential to the HEAC's statutory charge to advise state government on the impact of current and emerging policies, rules, programs, and services on the health and well-

being of individuals who are Black, Indigenous, and Person of Color; individuals who are LGBTQ; and individuals with disabilities. The HEAC will always conduct its work in a manner that maximizes access for community members, providing travel vouchers, food, and childcare where necessary to accommodate participation, as well as fair market compensation for community members who might be asked to serve on more formal sub-committees and who would otherwise not be able to participate.

3. Assessment of State Policies and Programs ($160,000). An important part of the HEAC's work in the coming year will be the development of a scope of work pursuant to 18 V.S.A. § 252 (c) (3) and (4). In this work the HEAC will operationalize the ongoing statutorily mandated work of examining the limitations and problems associated with existing laws, rules, programs, and services and reviewing and monitoring, and advising all state agencies regarding the impact of current state policies, procedures. laws, and rules as they pertain to the health and health status of Black, Indigenous, and Persons of Color; individuals who are LBGBTQ; and individuals with disabilities. With the assistance of a contractor, the HEAC will evaluate baseline data, identify opportunities, and establish priorities for action under its statutory powers and duties including but not limited to examining the limitations of policies and programs and advising all state agencies regarding the impact of current state policies.

4. Office of Health Equity, Staffing, Overhead and Indirect Expenses ($450,000): With funding from the FY'24 budget that can be release based upon the delivery of the recommendations in this report, the HEAC, in partnership with the Vermont Department of Health, will hire an Executive Director ("ED") for the Office of Health Equity in early 2024. The ED's duties will include, but are not limited to, directing the Office of Health Equity (OHE), representing the OHE in external affairs, and facilitating meetings, decision-making, program implementation, budgeting, and – when funding is made available – implementing and monitoring community-based and neighborhood-based grants. The ED will hire up to two full-time managers or assistants, based on the ED's evaluation of the needs of the OHE. In addition, the VDH charges overhead for salaried positions in order to cover the cost of the extensive resources – for example, data analysis and public health expertise -- available through VDH.

5. Community-based and Neighborhood-based Grants ($750,000): Act 33 envisioned that the HEAC would distribute grants "that stimulate the development of community-based and neighborhood-based projects that will improve the health outcomes of individuals who are Black, Indigenous, and Persons of Color; individuals who are LGBTQ; and individuals with disabilities." Upon the creation of the OHE, Act 78 (2023) Sec. B.1100 (a) (3) authorized $500,000 for the initiation of this grant program. To ensure the smooth operation of this grant program and alignment with statutory intent, the HEAC will determine the strategic priorities for this grant program and make the awards. However, the OHE will be tasked with administering and monitoring these grants to assure their fiscal soundness and assess their community impact.

Recommendations

Response to Sec. E.100.1 (a) of Act 78 (2023)

* **Recommendation #1**. That the legislature situates the Office of Health Equity in the Vermont Department of Health.

* **Recommendation #2.** That in three years, the HEAC will review where the Office of Health Equity sits in state government to ensure that it continues to have the reach, authority, and support necessary to achieve a whole-of-government approach to reducing health disparities.

In combination, these two are the primary recommendations from the HEAC for the upcoming session in relation to the siting of the Office of Health Equity (OHE). The assessment and discussion for this important decision has been a core component of the HEAC's work to-date and has involved a great deal of time and energy. After considering five different options, the HEAC recommends that the legislature site the OHE in the Vermont Department of Health. The VDH is best positioned to help the OHE to establish itself and move forward with conducting impactful work both at the community level and within state government. It should be noted, however, that the HEAC makes this recommendation with some hesitation. Long term, an administrative home deep within AHS, may make it more difficult for the OHE to achieve the whole of government approach necessary for this work. For this reason, a three-year review is recommended.

The HEAC considered five different administrative homes for the OHE:

- The Governor's Office
- The Vermont Department of Health
- The Agency of Administration, similar to how the Office of Racial Equity is currently positioned.
- The Office of Racial Equity
- As an independent instrumentality of state government, similar to the way in which the Vermont Housing and Conservation Board operates.

Debate centered around two issues: First, the desire to place the OHE in a position that would enable it to work across all sectors of state government; and second, the need to site the OHE in a place where it could take advantage of existing government infrastructure as it builds its reputation, reach, and capacity. A detailed list of the considerations discussed is in Appendix 1.

Although the concept of Health Equity aligns closely with physical, mental, and emotional health, it is bigger and broader than that, both in its inputs and its impacts. As emphasized in HEAC's *Preliminary Report*[4], health equity must be addressed with a whole-of-government approach to ensure true transformation. In order to address health disparities and the impacts of those disparities on the lives of people of color, individuals with disabilities, and the LGBTQ+ population,

[4] Full link text: https://aoa.vermont.gov/sites/aoa/files/HEAC%20Report%201%20%20Preliminary%20Findings%20on%20Health%20Equity%20in%20Vermont.pdf

we need to take a systemic approach to the policies and practices across state government – everything from housing development to transportation solutions; from financial regulation to tax policies; from early education to services for older Vermonters.

At the same time, the Office must live somewhere to begin its work and to embrace and promote its whole-of-government message. Positioning the OHE in VDH will provide critical administrative infrastructure and access to public health expertise. The HEAC is hopeful that through VDH, the OHE can leverage work done to date in several areas including: Response to the recent pandemic, the re-vitalization of the Health (Equity) in All Policies work across state government, messaging focused on prevention and health promotion, and unique links to the training and support of medical professionals. Additionally, an initial siting in the Department of Health connects the work squarely to the data and communication capacities of the Department and enables rich conversations about the social determinants of health with departments across the Agency of Human Services.

Act 78, Sec. E.100.1 (a) requires the HEAC with making a recommendation for the "permanent administrative location for the Office of Health Equity." The HEAC respectfully suggests that forecasting a permanent home is not practical at this time. Instead, the HEAC recommends periodic review of where the OHE sits, based on evolving role of health equity initiatives within Vermont's overall approach to healthcare reform and social justice. In collaboration with partners both within and outside state government, the HEAC should consider how the OHE can exist more independently, if it would be better positioned in a different department or agency of state government, or if should extend its temporary placement in VDH. The HEAC recommends such a review at the end of year three of the OHE's operations. Any change would be framed as a recommendation to the legislature.

* **Recommendation #3**. That the legislature create the Office of Health Equity in statute as an entity within the Vermont Department of Health, charging the OHE with working collaboratively across state government to promote health equity and eradicate disparities in health outcomes and access to healthcare and in the social determinants that contribute to poor health among Vermonters, including particularly those who are Black, Indigenous, and Persons of Color; individuals who are LGBTQ+; and individuals with disabilities. The statute should stipulate that the placement in VDH is temporary and will be reviewed in three years.

The HEAC acknowledges that some work will need to be done to identify appropriate language in statute describing the relationship between the Office, the Commission, and the Vermont Department of Health. (See Goal Area I, Goals and Objectives for 2024-25 below).

As envisioned in Act 33, the HEAC will have ongoing advisory duties regarding the Office of Health Equity. Specifically, Sec. 252(c)(2), includes under "powers and duties" that the HEAC will:

> "Provide advice and make recommendation to the Office of Heath Equity once established, including input on: (A) any rules or policies proposed by the Office; (B) the awarding of grants and the development of programs and services; (C) the needs, priorities, programs, and policies relating to the health of individuals who are Black, Indigenous, and People of Color;

individuals who are LGBTQ; and individuals with disabilities; and (D) any other issue on which the Office of Health Equity requests assistance from the Advisory Commission."

At the same time, as an entity operating within the Vermont Department of Health, the OHE will be subject to oversight by the Commissioner or the Commissioner's designee. The HEAC also notes that to the greatest degree possible, working thing VDH should not limit the OHE's reach to VDH or even to the Agency of Human Services. Creative approaches to reducing health disparities necessarily involve working in partnership with many other sectors of government, including housing, transportation, education, and economic development. With guidance from the Commissioner and the Commissioner's leadership team, the OHE will be encouraged to consult, collaborate with, and invest in work that cuts across these silos. The OHE will build on a similar cross-government initiative that resides within the VDH – specifically the Health in All Policies efforts and the development of the State Health Improvement Plan.

* **Recommendation #4**. That the legislature appropriate $1,200,000 for FY'25 for the operation of the Office of Health Equity for FY '25.

  The HEAC has determined that $450,000 is necessary for the minimal operation of this new office with an Executive Director and two staff members. In addition, $750,000 is budgeted for community-based and neighborhood-based grants, which will be awarded by the HEAC, but administered by the OHE.

* **Recommendation #5**. That, to the extend funds are available, community grants will be distributed by the Office of Health Equity at the direction of the HEAC, in a manner that: (1) follows all applicable state administrative rules regarding competitive grants; (2) has the greatest likelihood of modeling promising and best practices in addressing health disparities for the populations identified in 18 V.S.A. Sec. 252; (3) builds on health-equity related investments made by the Vermont Department of Health though its Health Equity grant from the Centers for Disease Control; and (4) best aligns with health priorities identified through the HEAC's community engagement work.

  This recommendation directly addresses the requirement under Sec. E.100.1 (a) of Act 78 (2023) that this report include information about how to administer community grants related to health equity. The Vermont Department of Health has learned a great deal over the course of the last two years about investing in the work of community partners at the forefront of health equity work. A substantial grant from the Centers for Disease Control and Prevention has made it possible for VDH to support a wide range of health equity initiatives across the State. As the CDC grant winds down through 2024-25, the HEAC can take advantage of lessons learned and the demonstrated excellence of the program's strongest projects.

<u>Response to 18 V.S.A. Sec. 252 (e), HEAC Annual Report</u>

* **Recommendation #6**. That the legislature revises 18 V.S.A. Sec. 252 (d), which creates the Health Equity Advisory Commission (HEAC), in light of the creation of the Office of Health Equity as an

entity within the Vermont Department of Health. Specifically, the HEAC should be moved from the Agency of Administration, supported by the Office of Racial Equity, to the Agency of Human Services as an affiliated board under the AHS Central Office**.**

Attaching the HEAC to the Office of Racial Equity (ORE) was intended to be temporary. The ORE does not have the organizational capacity to support the HEAC long term. As noted in the matrix in Appendix 1, there is also some misalignment of mission, in that the HEAC addresses not only racial disparities, but also those based on disability and on gender identity and sexual orientation.

Pursuant to 18 V.S.A. Sec. 252(2), the HEAC will act in an advisory capacity to the Office of Health Equity. This charge alone is a significant body of work and includes advising the OHE regarding:

1. Any rules or policies recommended by the Office.
2. The awarding of grants and development of programs.
3. The needs, priorities, programs, and policies relating to the health of individuals who are Black, Indigenous, and Persons of Color; individuals who are LGBTQ; and individuals with disabilities"; and
4. Any other issue on which the Office of Health Equity requests assistance from the Health Equity Advisory Commission.

It therefore makes sense to migrate the board to the agency in which the OHE resides. At the same time, the statutory charge to the HEAC is much broader than advising the OHE. Locating the HEAC in AHS Central Office aligns it with other affiliated Boards that broadly serve the mission of AHS and, in some cases, make community grants – for example, the Human Services Board, SerVermont, and the Developmental Disabilities Council.

* **Recommendation #7.** That the legislature appropriate $370,000 to the HEAC for FY'25.

To accomplish the duties outlined in its enabling statue, the HEAC requires a budget for administrative support ($120,000), funding to engage community members ($90,000), and support for professional assistance in reviewing policy across state government ($160,000), as charged by Act 33, Sec. 252(c) (3 and 4).

* **Recommendation #8.** That the legislature revises 18 V.S.A. Sect. 252 (e) to change the reporting cadence of the HEAC to a bi-annual schedule.

The HEAC recommends that it be required to report to the legislature and the Governor at the beginning of each legislative biennium – so, once every other year – beginning with a next report in FY 2025 and then bi-annually after that. A two-year cadence will enable the HEAC to have the time to focus on gathering information, assessing data, and working with both state and community partners to formulate actionable and strategic recommendations that can be considered over a full biennium. An annual cadence has proven to be inefficient, in that it does not offer enough time to create working relationships, strategize outreach efforts, and assess and analyze information to inform concrete recommendations. The HEAC feels pressure to work toward the report vs. working

toward its important goals – a common issue for groups with a high percentage of community members and a charge focused on large-scale concepts and complex activities.

Goals and Objectives for 2024-2025

There is a tremendous body of work that the OHE and the HEAC must undertake to establish an impactful program that dismantles the systemic injustices that have created marked health disparities for Vermonters from marginalized groups. The following are the HEAC's priorities for the next two years.

Goal Area 1. Relationship Building and Administrative Issues.

Objective 1. Define and formalize the role of the HEAC to both the Agency of Human Services and the nascent OHE, including but not limited to developing any necessary memoranda of understanding between these entities and clarifying how the personnel, financial management, legal, and information technology needs for each entity will be made available and at what cost.

Objective 2. Develop an ongoing, strategic relationship between the HEAC and initiatives by the Vermont Department of Health, including but not limited to the following: The VDH Office of Health Equity Integration; the Health in all Policies Task Force that is being newly revitalized at VDH; and the 2024 State Health Assessment and State Health Improvement Plan.

Objective 3. Identify connections with state agencies, departments, and offices that address the needs of children and youth, including but not limited to the Agency of Education, the Department of Children and Families, the Office of the Child, Youth, and Family Advocate, the Department of Mental Health, and the Department of Corrections.

Goal Area 2. Statutory Duties of the HEAC

Objective 1. Identify the data sources across state government that will be most impactful in charting progress toward health equity. Where possible, recommend the use of common definitions for subcategories by race, ethnicity, gender identity, sexual orientation, disability status and other demographic characteristics. Begin to establish baseline measures.

Objective 2. Pursuant to 18 VSA Sec. 252(c)(3 and 4), establish a protocol for advising "all State agencies regarding the impact of current and emerging State policies, procedures, practices, laws, and rules on the health of individuals who are Black, Indigenous, and Persons of Color; individuals who are LGBTQ; and individuals with disabilities state policies as it impacts health equity." These guidelines should include criteria by which the HEAC will select specific agencies and/or policies for such a review, a process for the review, and a means by which findings and recommendations will be widely shared.

Objective 3. Review and prioritize recommendations that the HEAC provided to the legislature in November 2022 (See *Continuing Education Report*,) pursuant to 18 V.S.A. Sec. 252(c)(7), which charges that the HEAC "advise the General Assembly on efforts to improve cultural competency, cultural humility, and antiracism in the health care system through training and continuing

education requirements for health care providers and other clinical professionals." Bring actionable items forward to the appropriate government entity.

Goal Area 3. Community Outreach and Investment

Objective 1. Develop and implement a community engagement strategy with appropriate support from a consulting firm.

Objective 2. Pursuant to 18 V.S.A. Sec. 252(c)(6), continue to refine guidelines and execute a program to "distribute grants that stimulate the development of community-based and neighborhood-based projects that will improve the health outcomes of individuals who are Black, Indigenous, and Persons of Color; individuals who are LGBTQ; and individuals with disabilities." Competitive Grants will be awarded by the HEAC and administered by the OHE consistent with state rules. It is important to note that funding from a large health equity grant from the Centers for Disease Control (CDC) is phasing out. This leaves a critical gap in building the capacity needed to impact health disparities.

Challenges

The HEAC is aware that it continues to face significant challenges in reshaping how Vermont thinks about and addresses health equity.

- **Need for an Executive Mandate**

    - While the legislature has signaled its commitment to health equity through Act 33 and subsequent support, a whole-of-government approach to this work would be greatly advanced by a sign of commitment from the Governor.

      At the time of this writing, Vermont policy makers are considering participation in the next iteration of health reform through the Centers for Medicaid and Medicare Innovation (CMMI), known as the "AHEAD Model."[5] Health Equity is a top priority for AHEAD. This is consistent with the White House's "Executive Order on Further Advancing Racial Equity and Support for Underserved Communities Through The Federal Government." Moreover, it underlines the recognition that the traditional goals of health reform – better care, lower cost, and a healthier population – are inextricably tied to health equity.

      If Vermont is selected to participate in this model, the Governor would be among the leaders signing this agreement with the federal government, signaling welcome support for health equity work. Regardless of participation in AHEAD, an Executive Mandate is needed to advance health justice and the well-being of all Vermonters.

[5] See: https://www.whitehouse.gov/briefing-room/presidential-actions/2023/02/16/executive-order-on-further-advancing-racial-equity-and-support-for-underserved-communities-through-the-federal-government/

- **Need for carefully delineated duties**

    - Through a recent grant from the Centers for Disease control, the Department of Health (VDH) has established an Office of Health Equity Integration (OHEI) within the VDH Commissioner's Office. The Vision of the Office of Health Equity Integration is "A transformed public health system that is just and equitable." In other words, the OHEI is focused on advancing health equity specific to state public health programming. By contrast, the HEAC and the OHE are concerned with the root causes of health disparities across all government systems. The HEAC continues to meet with leadership from VDH and OHEI to ensure complementary rather than overlapping roles.

- **Insufficient Community Participation**

    - Two-thirds of the HEAC are members of communities across Vermont, many representing organizations that support, serve or advocate for individuals who are currently experiencing inequity in our health care system. Unfortunately, attendance from many of the organizations identified in statute has been inconsistent, and it has become increasingly difficult to get a representative quorum at any given Commission or sub-committee meeting.

    - One serious inhibitor seems to be the actual or perceived limitations of the current per-diem reimbursement in 32 V.S.A. §1010. The policy only allows for a payment of $50 per day for meetings and events attended. The state must ensure that these laws are updated to reflect current market rates based on cost of living and inflation. Additionally, clear guidance must be provided to all members appointed to Boards and Commissions statewide relative to filing for *per diem.* 32 V.S.A. §1010. §252 (h) is misleading in suggesting that payments can only be made for the attendance of meetings, but not committee-related work outside of meetings.

- **Insufficient Administrative Support**

    - 18 V.S.A. §252, assigns administrative, legal, and technical assistance for the HEAC to the Agency of Administration at the request of the Executive Director of Racial Equity. This model cannot sufficiently sustain the ongoing operations of the Commission. The already overburdened Office of Racial Equity has provided support based on its available capacity. The Executive Assistant to the Secretary of the Agency of Administration is similarly very busy in her role supporting multiple executives on a full-time basis. Full staffing of the HEAC Is required to ensure success.

    - The Commission intended to utilize contracted support to assist in formulating recommendations for this report, but it was unable to do so due to tight timelines and the transition in Commission leadership. The Commission will continue to explore the idea of a consultant to support the efforts of the HEAC. Further details on staffing can be found in the Budget section of this report.

Conclusion

The work of the HEAC has been arduous, but the stakes are very high. In the words of Dr. Martin Luther King, Jr., "Of all the forms of inequality, injustice in healthcare is the most shocking and inhumane." Everyone in Vermont deserves to enjoy the highest quality of health, no matter what they look like, what their abilities are, how they identify, or who they choose to love. To ensure this outcome, it is crucial that the work of health equity be embraced across the whole of government. This work must be sufficiently funded, and those leading this work must have the resources, reach, and authority to address the root causes of persistent health disparities. Appropriately sited within state government, the Office of Health Equity will be critical partner in advancing this work. However, the Office is just one element of the infrastructure needed to transform our health system. Equally important is the continued development of the HEAC and the partnerships build with representatives from impacted communities.

This report provides legislative recommendations regarding the Office of Health Equity, the Health Equity Advisory Commission, and grant making to community partners. Together, these organizations will bring to fruition the hopes envisioned in Act 33. The legislature has requested that this work be led by the HEAC. The HEAC implores the legislature to adopt the recommendations put forward in this report. We deeply appreciate the support of the legislature as we partner in advancing health equity in Vermont. We look forward to meeting with many of the Committees named at the top of this report and to answering any questions you may have. Thank you for your support and guidance as we together take health equity in Vermont to a place of national leadership.

Appendix 1: Comparison of locations for the Office of Health Equity

This table has been included because Sec. E.100.1 (a) of Act 78 (2023) specifically requires the HEAC to identify potential administrative locations for the Office of Health Equity and to examine the advantages and disadvantages of each option.

Governor's Office		Health Department		Agency of Administration		Office of Racial Equity		Independent Instrumentality	
Pro	**Con**	**Pro**	**Con**	**Pro**	**Con**	**Pro**	**Con**	**Pro**	**Con**
Gives reach across state government	Potential disconnect if a Governor does not prioritize this work.	Supports a peer workforce in new ways.	Potential siloing	Cross-government reach: AOA is there to serve all the other agencies in state government.		Legislative influence. ORE is well respected by the lawmakers.	Potential lack of mission compatibility. ORE has its own distinct and important mission to address racial equity; OHE is meant to extend to other populations who experience health disparities.	High degree of independence allows the OHE to be an honest broker.	Could lead to siloing of similar efforts and resources within state government
Showcases the Governor's commitment and confers authority to act across departments.	Not sure an independent office can be placed in the Governor's office; more likely it would be in the Agency of Administration.	Opportunity for Health to lead in equity work.	May diminish the whole-of-government approach recommended by the HEAC. Health is broader than traditional healthcare and should be the work of all facets of government.	Peer relationships to heads of other Agencies. There to support the mission of each Agency	AOA may lack of capacity for administrative support to the OHE.	Opportunity to leverage the expertise, relationships, and connections of the current staff.	Could require restructuring/revising the name, scope, and vision of the ORE.	Clear authority across state government. Acts as an independent voice.	State government should be responsible for repairing the harm of systemic injustice. Could appear that the state is separating itself from this duty.

Governor's Office		Health Department		Agency of Administration		Office of Racial Equity		Independent Instrumentality	
Pro	**Con**	**Pro**	**Con**	**Pro**	**Con**	**Pro**	**Con**	**Pro**	**Con**
Honors intersectionality of this work.		VDH is our public health entity	the Office of Health Equity Integration has its own mission, vision, and purpose to serve the VDH. There is a potential for role confusion, but also the opportunity to collaborate.	HR sits in AOA, so much of our work starts here.	lack of connection to communities across the state.	Racial equity and health equity are very connected.	ORE is growing very rapidly and may need some time to absorb another critical area of focus.	Can take advantage of apparatus of state govt that makes work easier (payroll system, IT, etc.).	Capacity challenges will remain. It may be more challenging to access necessary relationships, data systems, etc.
Less siloing.		VDH is a trusted voice on health issues.	One important function of VDH is general public health messaging, especially in an emergency. This may make sharing information about health inequities more challenging.	Co-location with ORE		Developing good connections with communities through IDEAL-could leverage local health equity work.	Siting the OHE here will further silo equity work into ORE, which might signal to other depts that equity work is owned solely by ORE instead of those depts taking ownership of work in their areas of expertise.	Answerable to a board, specifically the HEAC.	Siloed from the rest of state government. There is the potential to assume a role of oversight vs. collaboration, and this could limit the OHE's impact.
		VDH is the center for the development of public health policies.	The Health in All Policies Taskforce will be starting up again, with VDH chairing. (This could be a pro or a con).	A statewide, whole of government approach would be more powerful at the Agency level.		Existing connection between ORE staff and others engaged in health equity work inside and outside state government.		Can be immediately responsive to the public. Lack of pressure to answer to your hosting agency.	Potential lack of resources in legal, communications, policy development, legislative connections.

Governor's Office		Health Department		Agency of Administration		Office of Racial Equity		Independent Instrumentality	
Pro	**Con**	**Pro**	**Con**	**Pro**	**Con**	**Pro**	**Con**	**Pro**	**Con**
		The VDH has articulated health equity as a goal for their public health work in their last two strategic plans.	OHEI funding will be sharply reduced when CDC grant ends. What opportunities are there for sustaining the work of the OHEI as its team is reduced?					Perceived as more neutral by the legislature	Lack of connection to communities across the State.
		VDH can utilize the state health assessment and existing data sets (BRFSS, YRBS) to assess impacts of a lack of health equity and can provide that information directly.							Any new entity has a longer start-up period.
		VDH has a local office of health in every community across the state. Their reach can be impactful.							

Governor's Office		Health Department		Agency of Administration		Office of Racial Equity		Independent Instrumentality	
Pro	**Con**	**Pro**	**Con**	**Pro**	**Con**	**Pro**	**Con**	**Pro**	**Con**
		VDH has tremendous experience in accessing & managing federal funds/grant opportunities.							
		VDH is directly linked to education for medical providers. OHE in the VDH can intimately influence that education, which is a core component for true cultural change.							
		Easier start-up. Within VDH. Support can include legal, grants management, communications, policy development, legislative support, and budget.							

Appendix 2: Previous Recommendations

The following is taken from the HEAC's Annual Report, February 15, 2023, pages 17-18.[6]

General Findings

1. Undertake whole of government approach to addressing equity in the state; and
2. Develop and implement an equity framework to be applied to systems and programming across state government; and
3. Examine and update the existing per-diem structure for community participation on Boards and Commission; and
4. Include sufficient budget for the HEAC to offset the community facility rentals and participant stipends; and
5. Engage community in public spaces in communities across the state; and
6. Budget for dedicated administrative and legal support to sustain HEAC operations; and
7. Carry forward funding for contracted support for the HEAC until such time as it is expended fully; and
8. Amend 18 V.S.A. § 252 (h)to establish an hourly rate of compensation for Commission members of $50.00, with a cap of 15 hours per month, per member to be compensated at this rate for Board meetings, special meetings, sub-committees and working groups.

Office of Health Equity

9. Adopt the scope of responsibility for the Office of Health Equity provided by the HEAC; and
10. Provide guidance on the positioning of the Office of Health Equity within state government; and
11. Establish an appropriation to fund the Office of Health Equity administratively and operationally.

Statewide Policies and Programs

12. Redesignate the Health in All Policies Initiative to "Health Equity in All Policies"; and
13. Relaunch Health in All Policies initiative, to facilitate a seamless expansion of health equity policy initiative statewide

Funding and Grants

14. Establish an HEAC grant fund to HEAC to fund and administer grants for community-based and neighborhood-based projects that improve health outcomes for impacted communities as prescribed in 18 V.S.A. § 252 (c) (6); and
15. Approve appropriation for the operationalization of the HEAC; and
16. Approve appropriation for HEAC community engagement; and
17. Approve appropriation for the implementation of the Office of Health Equity; and
18. Deploy ARPA funding to support community-based programs targeted at achieving health equity by eliminating avoidable unjust disparities in health on the basis of race, ethnicity, disability, or LGBTQ status: and
19. Accept follow-on report or committee testimony on ARPA Fund distribution.

[6] See: https://aoa.vermont.gov/document/health-equity-advisory-commission-annual-report-february-15-2023 .

Training and Education

20. Create a Health Equity Program across all systems of state government; and
21. Establish of a Health Equity Fund to ensure ongoing financial support for the work related to health equity programs; and
22. Require baseline health equity training and education for all state employees, contractors, grant recipients; and
23. Require baseline health equity training and education for and licensed/certified professionals who work in health-related fields; and
24. Create a Health Equity Telehealth Program to specifically provide access to a broader selection of providers who possess the cultural competency and humility required to provide appropriate services; and
25. Leverage community support groups to provide services to marginalized populations through grant creation; and
26. Create standardized baseline awareness training on the origins, impact and mitigation approaches to addressing the harmful systems of ableism, homophobia/transphobia, and systemic racism; and
27. Create a programmatic and continuous Training and Education Program (with Standards); and
28. Develop more (and more consistent) plain-language and accessible documentation; and
29. Review the full report previously submitted.

Data Collection

30. As referenced in 18 V.S.A. §253, "health-related individual data" should be understood broadly to include data regarding the social determinants of health, including but not limited to housing, employment, education, economic services, incarceration, and involvement with the Department of Children and Families.
31. Data should be disaggregated by race, ethnicity, gender identity, age, primary language, socioeconomic status, disability, and sexual orientation.
32. The State must adopt a uniform strategy of data collection, disaggregation, and analysis to aid in addressing the causes and impact of disparate outcomes in health and in the social determinants of health.
33. Key metrics must be selected based upon areas thought to be most impactful. These data should be disaggregated by race, ethnicity, gender identity, age, primary language, socioeconomic status, disability, and sexual orientation. For an example of such key metrics, see the **Agency of Human Services Performance Score Cards**.[7]
34. To be effective, the HEAC must have access to expertise in data systems and analysis, including but not limited to two full-time positions within the Office of Health Equity.

White and Non-White Terms and Data Categories

35. A statewide policy on the collection of social demographic data, including race, ethnicity, gender identity, sexual orientation, primary language, and disability status: and
36. Research of relevant federal policy; and
37. Consultation with lawyers versed in data policy.

[7] Full link text:https://humanservices.vermont.gov/our-impact/performance-scorecards

Appendix 3: Duties of the Office of Health Equity

The following is taken from the HEAC's Annual Report, February 15, 2023, Appendix 1, pages 19-21.[8]

18 V.S.A. §252(c) calls on the Health Equity Advisory Commission to "provide guidance on the development of the Office of Health Equity" (hereafter, "the Office"). The guidance is organized in five categories, used below to organize these preliminary recommendations.

1. Structure, responsibilities, and jurisdiction of the Office, the HEAC recommends that:
    a. The Office be charged with working across State government to promote health equity and eradicate disparities in health outcomes and access to healthcare and in the social determinants that contribute to poor health among Vermonters, including particularly those who are Black, Indigenous, and Persons of Color; individuals who are LGBTQ; and individuals with disabilities.
    b. The Office be 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.
    c. All State agencies, departments, boards, bureaus, or commissions be authorized and directed to cooperate with the Office of Health Equity, to the extent consistent with law.
    d. The Office be advised by the Health Equity Advisory Commission.

2. Office staffing, the HEAC recommends that:
    a. The Office be administered by a Director of Health Equity, who shall have the following experience, skills, knowledge, and qualifications.
        i. Lived experience of oppression or discrimination, or both, based on race, ethnicity, perceived mental condition, or LGBTQ or disability status, or any combination thereof.
        ii. Demonstrated experience addressing inequities in a range of political and professional environments.
        iii. Experience in equity advocacy or systems change efforts, including experience working in or with individuals who are Black, Indigenous, or Persons of Color; individuals who are LGBTQ; or individuals with disabilities.
        iv. Experience measuring and monitoring program evaluation activities and working in multidisciplinary partnerships.
        v. Demonstrated success in the administration of community, education, or social justice programs that focus, in part, on the elimination of structural racism, including at least two years in a managerial, supervisory, or program administration capacity.
        vi. A strong understanding of the root causes of inequities and the social determinants of health and capacity to educate others.

[8] See: https://aoa.vermont.gov/document/health-equity-advisory-commission-annual-report-february-15-2023 .

vii. A strong understanding of health inequities and disparities in Vermont.

b. Staff skills and experience:
   i. Collection and analysis of health and health-related data.
   ii. Development and implementation of training regarding the origins, impact, and mitigation approaches to addressing the harmful systems of ableism, homophobia/transphobia, and systemic racism.
   iii. Stakeholder engagement and the development, administration, and evaluation of community grants.
   iv. Policy analysis.
   v. Interagency collaboration across departments of state government

3. Populations served and specific issues addressed by the Office, the HEAC recommends:
   a. The Office shall serve Vermonters who experience disparities in health outcomes and access to healthcare and in the social determinants that contribute to poor health, including particularly those who are Black, Indigenous, and Persons of Color; individuals who are LGBTQ; and individuals with disabilities.

4. Duties of the Office, including how grant funds shall be managed and distributed, the HEAC recommends:
   a. The Office shall have the following powers, duties, and functions:
      i. Leading and coordinating health equity efforts.
      ii. Publishing data reports documenting health disparities.
      iii. Providing education to the public on health equity, health disparities, and social determinants of health.
      iv. Building capacity within communities to offer or expand public health programs to better meet the needs of individuals who are Black, Indigenous, and Persons of Color; individuals who are LGBTQ; and individuals with disabilities.
      v. Conducting State-level strategic planning to eliminate health inequities.
      vi. Providing technical assistance to health agencies and community-based organizations.
      vii. Coordinating and staffing the Health Equity Advisory Commission.
      viii. Building collaborative partnerships with communities to identify and promote health equity strategies.
      ix. Providing grants to community-based organizations to support individuals who are Black, Indigenous, and Persons of Color; individuals who are LGBTQ; and individuals with disabilities and to support ongoing community-based projects that are designed to reduce or eliminate health disparities in Vermont.

x. Developing a statewide plan for increasing the number of individuals who are Black, Indigenous, and Persons of Color; individuals who are LGBTQ; and individuals with disabilities in the health care profession, including recommendations for the financing mechanisms and recruitment strategies necessary to carry out the plan.

xi. Working collaboratively with the University of Vermont's College of Medicine and other health care professional training programs to develop courses that are designed to address the problem of disparities in health care access, utilization, treatment decisions, quality, and outcomes among individuals who are Black, Indigenous, and Persons of Color; individuals who are LGBTQ; and individuals with disabilities.

xii. Developing curricula and the provision of continuing education courses to teach cultural competency in the practice of medicine.

xiii. Administering grants that stimulate the development of community-based and neighborhood-based projects that will improve the health outcomes of individuals who are Black, Indigenous, and Persons of Color; individuals who are LGBTQ; and individuals with disabilities.

b. The Office may:

i. Hire personnel as the Director of Health Equity shall deem necessary.

ii. Apply for and accept any grant of money from the federal government, private foundations, or other sources, which may be available for programs related to the health of individuals who are Black, Indigenous, and Persons of Color; individuals who are LGBTQ; and individuals with disabilities.

iii. Serve as the designated State agency for receipt of federal funds specifically designated for health equity programs that support individuals who are Black, Indigenous, and Persons of Color, individuals who are LGBTQ, and individuals with disabilities.

iv. Enter into contracts with individuals, organizations, and institutions necessary for the performance of its duties under this chapter.

5. Regarding the time frame and necessary steps to establish the Office, the HEAC recommends:
    a. The Director of Health Equity shall be appointed by the HEAC by January 1, 2024.
    b. The Director of Health Equity shall hire staff to the extent that funds are made available to the Office by the General Assembly by July 1, 2024.

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