

H.210 Health Equity Bill

Testimony: House Health Care Committee

February 22, 2021

Rep. William J Lippert, Jr., Chair
Rep. Anne B. Donahue, Vice Chair
Rep. Timothy Briglin, Ranking Member
Rep. Annmarie Christensen
Rep. Brian Cina
Rep. Sarah Copeland-Hanzas
Rep. Elizabeth "Betsy" Dunn
Rep. Douglas Gage
Rep. Michael Hebert
Rep. Lori Houghton, Clerk
Rep. Benjamin Jickling

Dear Vermont House Health Care Committee,

As members of the BIPOC Health Justice Committee in Windham County, we have been tracking the increasing disparities in Vermont's COVID cases. Witnessing these realities has led us to consider systemic changes that are needed in how Vermont measures and ensures the health of Vermonters. We come to your committee in support of H.210, and specifically the following items:

1. **Expanded access to health care for our BIPOC community**

Establishing a full range of accessible and culturally appropriate health care services across our State is an important principal step in ensuring health care needs are identified and addressed. This includes comprehensive and affordable health insurance coverage, and recruitment and retention of BIPOC health care staff (administrative and medical).

2. **Creation of the Office of Health Equity under the umbrella of the Department of Health.**

We want to acknowledge that factors outside of the health care system, such as those defined as the social determinants of health, has lead us to act on and advocate for a broader strategy to meaningfully impact health outcomes. These factors can and should be monitored by this Office.

3. **Empowering and funding community-based organizations**

Projects that focus on research, collaboration, implementation, and evaluation can address, reduce, and eventually eliminate health disparities in our State. And, those that are on the ground are those that we have seen more accurately capture our communities' experiences; and therefore, those that should be most empowered to capture and address localized/urgent concerns. Furthermore, hosting collaborative planning and strategy development with these entities will be central to making impactful, unified, and effective

progress on the Office's work. And, offering technical assistance to access funding will stimulate the development of community-based and neighborhood-based projects.

4. **Creation of the Health Equity Advisory Commission**

To ensure the Office of Health Equity has comprehensive oversight in its work, the broad commission membership can monitor health equity issues throughout Vermont through unified local perspectives and provide the Office of Health Equity with recommendations and guidance.

5. **Increase of certification requirements through the Vermont Board of Medical Examiners**

Partnering with UVM and other medical training institutions to integrate anti-racism and cultural competency education into their curricula for the practice of medicine is an important step at setting a baseline for expectations to have on providers' cultural humility. In addition, the expansion of continuing education credits in these areas of study will ensure an on-going learning process for our medical practitioners.

The items below are items that are NOT in the bill, and should be considered as amendments:

1. **Collaborative and comprehensive data accountability**

Because the determinants of health span beyond the capacity of the Department of Health, we advocate for the creation of a centralized platform for race-based data collection on the State and County level, available at the Office of Health Equity. Each of the eight Vermont Quality of Life Outcomes pertain to the well-being of Vermonters of color. Results Based Accountability (RBA) is the framework that will keep us on track. Simply put, what gets measured gets done. Expanding the availability of indicators monitoring the well-being of our BIPOC community members demonstrates their value to our State's future. Each branch of State government would monitor racial disparities and contribute to the centralized platform. Each branch would utilize RBA both on the population and performance levels. A comprehensive "bank" of indicators and program performance measures would guide departmental programs to frame their annual reports to the General Assembly. The performance level work demonstrates the various ways that department is "turning the curve" on its population indicators.

2. **Increased representation from traditionally underrepresented regions in VT**

Southwest and Northeast Vermont are often scarcely included in Vermont's collaborative efforts. As an example, in H.210, among the non-government organizations that have one location, 5 are in the Northwest, 4 are in the Southeast. In contrast, only 2 are in the Northeast, and only 1 is in the Southwest. We encourage legislators to seek and invite at least 1 additional organization each from the Northeast and Southwest regions of Vermont. These should especially be organizations that serve marginalized populations (e.g. homeless, those struggling

with drug addiction, those psychiatrically labeled, BIPOC, LGBTQ+).

3. **Anti-racism health care education should be given to more than just providers**

The culture in health care institutions is shaped by BOTH providers and support staff (e.g. administrators, maintenance employees). As such, we must push to enlarge our scope of education provision when impacting our health care system.

Thank you for considering these comments and recommendations as you review H.210.

Sincerely,

DIANA WAHLE

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Diana brings the following experience to her testimony:

- Windham SE School District Social Competency Development Curriculum Coordinator
- Co-Founder Community Equity Collaborative of the Brattleboro Area (CEC)
- Co-Chair, CEC Diverse Workforce Development Sub-Committee
- Chair, CEC BIPOC Health Justice Sub-Committee

WICHIE ARTU

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Wichie brings the following experience to his testimony:

- Data & Analytics Specialist, Brattleboro Memorial Hospital (BMH)
- Co-Founder, Brattleboro Memorial Hospital's Council on Racial Equity
- Community Representative, Vermont Racial Equity Task Force
- Data Manager, CEC BIPOC Health Justice Sub-Committee
- Racial Justice Organizing Leadership and BIPOC Caucus Member, Root Social Justice Ctr
- Member, NAACP of Windham County
- Rep. from Vermont Partnership for Fairness & Diversity, COVID Vaccine Advisory Comm.

Co-Signers – all members of the CEC BIPOC Health Justice Sub-Committee in Brattleboro

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