

H.210 Health Equity Bill

Testimony: Senate Health & Welfare Committee April 21, 2021

- Sen. [Virginia "Ginny" Lyons](#), Chair
- Sen. [Ruth Hardy](#), Vice Chair
- Sen. [Ann Cummings](#)
- Sen. [Cheryl Hooker](#)
- Sen. [Joshua Terenzini](#), Clerk

Dear Senate Health & Welfare Committee:

As members of the BIPOC Health Justice Committee in Windham County, we have been tracking the increasing disparities in Vermont's COVID cases, the latest in a long line of unequal access to health care in Vermont. Witnessing these realities has led us to consider systemic changes that are needed in how Vermont measures and ensures the health of Vermonters. In its original form, we testified in favor of H.210 on February 22 to the House Health Care Committee.

As we review the present bill that was passed by the House, we affirm the section of the bill related to data accountability. However, we ask that **more collaborative and comprehensive data accountability** be considered. 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.

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, LGBTQ, and other marginalized community members demonstrates their value to our State's future. Each branch of State government would monitor these 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.

We have significant concerns about the following sections that were either changed or eliminated completely.:

1. Creation of the Office of Health Equity, former Section 252:

We want to acknowledge that factors outside of the health care system, such as those defined as the social determinants of health, have led us to advocate for a broader strategy to meaningfully impact health outcomes. We appreciate the present work that the VDH Health

Equity and Community Engagement Team is doing during COVID. We see this team as laying the groundwork for a permanent Office of Health Equity. Facing future health challenges will require leadership to prevent, for example, situations that were created by Vermont's vaccination roll-out. We all are now aware of the significant race/ethnicity disparities in Vermont's COVID-19 cases. Under the original roll-out plan, Vermont prioritized people in nursing homes and people age 75 and over. Nationally, 78 percent of the people who reside in nursing homes are white and nationally, the average life expectancy of Black people is 72. Thus, Black Vermonters, by a seemingly race neutral policy, were excluded from the early stages of the vaccine roll-out.

Under the leadership of the Director of Health Equity, the social determinants of health would be monitored by the Office of Health Equity. The Joint Fiscal Office estimated the cost of the bill as \$102,000 to \$147,000 for the Director of Health Equity; \$65,000 to \$117,000 for other Health Equity Department staff; approximately \$7,000 for the Health Equity Advisory Commission; and \$66,000 for data collection. These funds can be drawn from federal Office of Minority Health grants, from the COVID Rescue funding, and from the CDC Health Disparities funding.

The present version of the bill places this office under the Director of Racial Equity's office. The Executive Director of Racial Equity sees that as a temporary arrangement. We highly recommend that, for the long term, the Office of Health Equity be located under the umbrella of the Vermont Department of Health.

The present bill does not ask for reporting from the Office of Health Equity until 10/1/22. We recommend a report would be submitted on 12/31/21 and annually thereafter.

2. **Creation of the Health Equity Advisory Commission – new section 252**

H.210, as introduced, lays out a detailed structure for the Office of Health Equity. To ensure the Office of Health Equity has comprehensive oversight in its work, the broad Health Equity Advisory Commission membership can monitor health equity issues statewide. The Commission's membership would provide local perspectives, recommendations and guidance from marginalized populations. H.210, as passed by the House, tasks the Advisory Commission with work that has already been completed by the drafters of H.210, as introduced. Thus, the Advisory Commission is being tasked with "busy work." We recommend that the original full set of responsibilities for the commission be returned to the bill.

H.210, as passed by the House, would expand the duties of the Executive Director of Racial Equity to include oversight of the Health Equity Advisory Commission, without the allocation of any additional funds to support the work. As we have stated, we recommend that the Director of Health Equity be a fully funded position eventually at the Vermont Department of Health. The scope of the Director of Health Equity's work would include Commission oversight.

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

This recommendation refers to former section 254, Grants in Promotion of Health Equity. Projects that focus on research, collaboration, implementation, and evaluation can address,

reduce, and eventually eliminate health disparities in our State. Those that are on the ground are those that accurately capture our communities' experiences; therefore, they should be 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 of Health Equity's work. Offering technical assistance to access funding will stimulate the development of community-based and neighborhood-based projects.

We appreciate the intention of the VDH to utilize the CDC funding for these purposes. However, a permanent funding for community organizations to partner effectively in health-related work needs to be put in place. Having community grants as a part of H.210 will ensure this practice continues beyond the use of the CDC funds.

4. Increase of certification requirements through the Vermont Board of Medical Examiners

This recommendation refers to former section Section 1400. 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. We recommend reinstating this section of the original bill. Partnering with UVM and other medical training institutions to integrate anti-racism and cultural humility education into their curricula for the practice of medicine on all educational levels is an important step at setting a baseline for transforming health delivery. In addition, the expansion of continuing education credits in these areas of study will ensure an on-going learning process for our medical practitioners. We recommend that this section of the original bill be reinstated and inclusive of more than just medical providers.

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

Sincerely,

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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

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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.