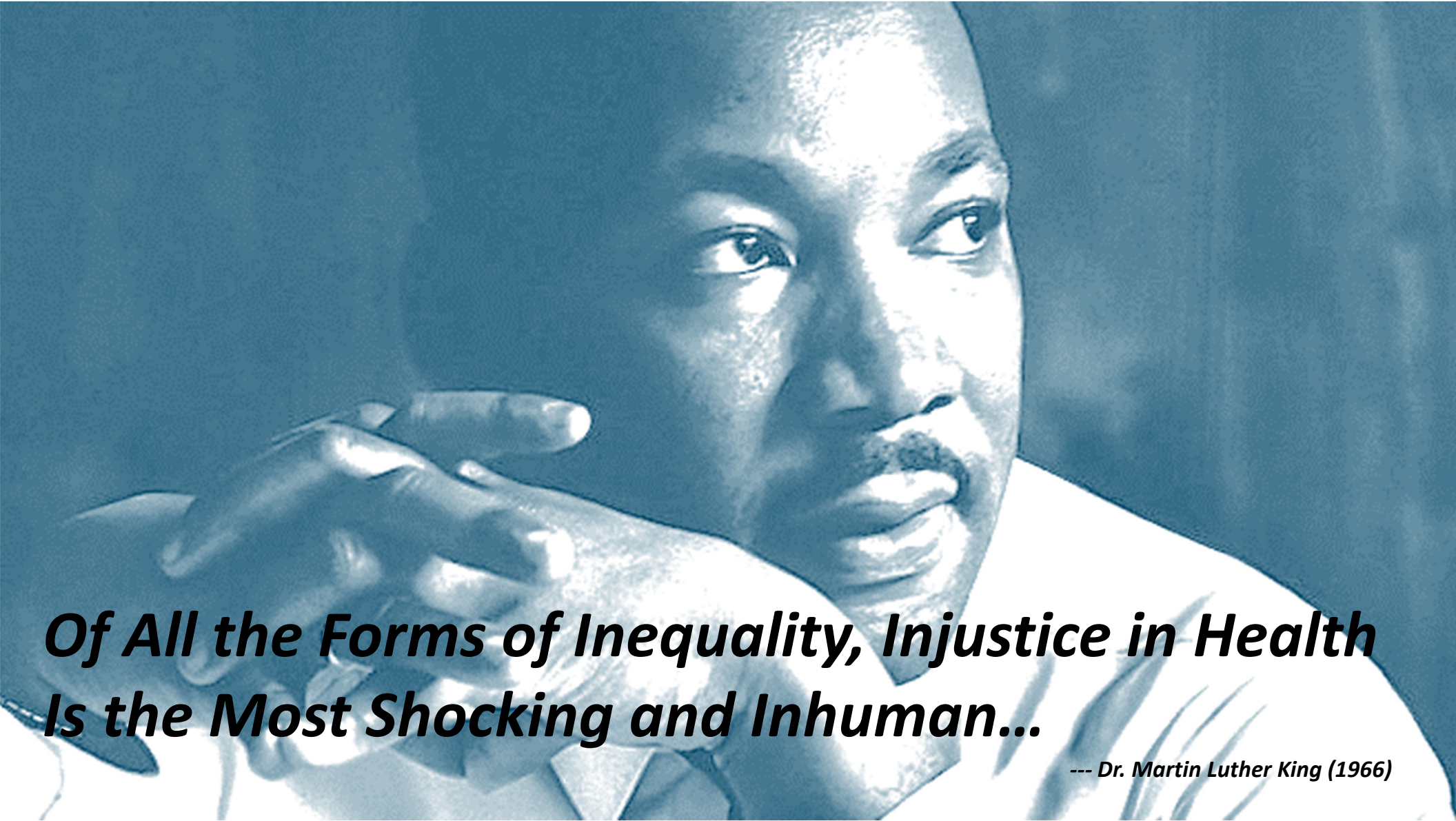




Health Equity Advisory Commission

January 2024



***Of All the Forms of Inequality, Injustice in Health
Is the Most Shocking and Inhuman...***

--- Dr. Martin Luther King (1966)

BIPOC Vermonters report that they are more than twice as likely as White Vermonters to delay seeking medical care in the last year due to cost.

Adults with a disability are over five times more likely to report poor physical health than adults with no disability

LGBTQ+ Vermonters use e-cigarettes at twice the rate of non-LGBTQ+ Vermonters (10% vs. 5%)

BIPOC adults are ten times more likely to experience physical symptoms based on reactions to their race than white, non-Hispanic adults.

Almost half (48%) of Vermonters who are LGBTQ+ have experienced a traumatic brain injury. Almost a third (30%) report poor mental health.

19% of adults with 3 or more disabilities seriously consider suicide.

Hispanic youth in Vermont were more than 3x as likely to attempt suicide as white Vermont youth.

Rates of most common chronic diseases (diabetes, heart disease, COPD, etc.) are 2 to 2.5 x higher for Vermonters with disabilities than for those without disabilities

Nearly half (49%) of all VT youth who identify as gay or lesbian have purposefully hurt themselves with out wanting to die

HEAC 2021-2023

Building Trust, Partnerships, and Consensus

Overview

- The HEAC was created by Act 33 of 2021 as a response to:
 - The marked health disparities experienced by Vermonters from marginalized group as set out in the 2018 State Health Assessment.
 - The disproportionate impact of Covid-19 on Vermonters from marginalized groups.
 - The request by advocates to create a permanent Office of Health Equity within state government.
- Initial appropriation of \$180,000, to be managed by the Office of Racial Equity.

Act 33 Intent

*... To promote health and achieve health equity by eliminating avoidable and unjust disparities in health through a system and **comprehensive approach** that addresses **social, economic, and environmental factors** that influence health.*

Act 33

Purpose

- 1) "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.**"
- 2) "**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."
- 3) "Provide strategic guidance on the development of the **Office of Health Equity**, including recommendations on the structure, responsibilities, and jurisdiction of such an office."

Sec. 252 Powers & Duties

- 1) Provide guidance on the development of the Office of Health Equity.
- 2) Provide advice and make recommendations to the Office of Health equity once established, including:
 - Any rules or policies
 - The awarding of grants
 - The needs, priorities, programs, and policies relating to the identified populations.
 - Any other issue on which the OHE requests assistance.

Sec. 252 Powers & Duties

- 3) Review, monitor, and advise all State agencies regarding the impact of current and emerging State policies, procedures, practices, laws, and rules on the health of the identified populations.
- 4) Identify and examine the limitations and problems associated with existing rules, programs, and services related to the health status of the identified populations.

Sec. 252 Powers & Duties


- 5) Advise the Dept. of Health and the General Assembly on any funding decisions relating to eliminating health disparities and promoting health equity, including Covid-19 monies.
- 6) To the extent funds are available, distribute grants that stimulate the development of community-based and neighborhood-based projects that will improve the health outcomes of the identified populations.

Sec. 252 Powers & Duties

- 7) 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.

Composition of the HEAC

18 Community Groups

- Racial Justice Alliance
 - Rutland area NAACP
 - Association for Africans Living in Vermont
 - Windham County NAACP
 - Pride Center of Vermont
 - Outright Vermont
 - Migrant Justice
 - Out in the Open
 - Another Way Community Center
 - Vermont Psychiatric Survivors
 - Vermont Center for Independent Living
 - Elnu Abenaki Tribe
 - Nulhegan Abenaki Tribe
 - Koasek Traditional Nation of Missiquoi
 - Vermont Commission on Native American Affairs
 - Green Mountain Self-Advocates
 - Vermont Developmental Disabilities Council
 - VT Federation of Families for Childrens Mental Health
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Composition of the HEAC

10 State Government Officials

- Executive Director of Racial Equity
- Commissioner of Health
- Commissioner of Mental Health
- Commissioner of Disabilities, Aging, and Independent Living
- Commissioner of Health Access
- Commissioner of Children and Families
- Commissioner of Housing and Community Development
- Commissioner of Economic Development
- Chief Performance Officer
- Chief Prevention Officer

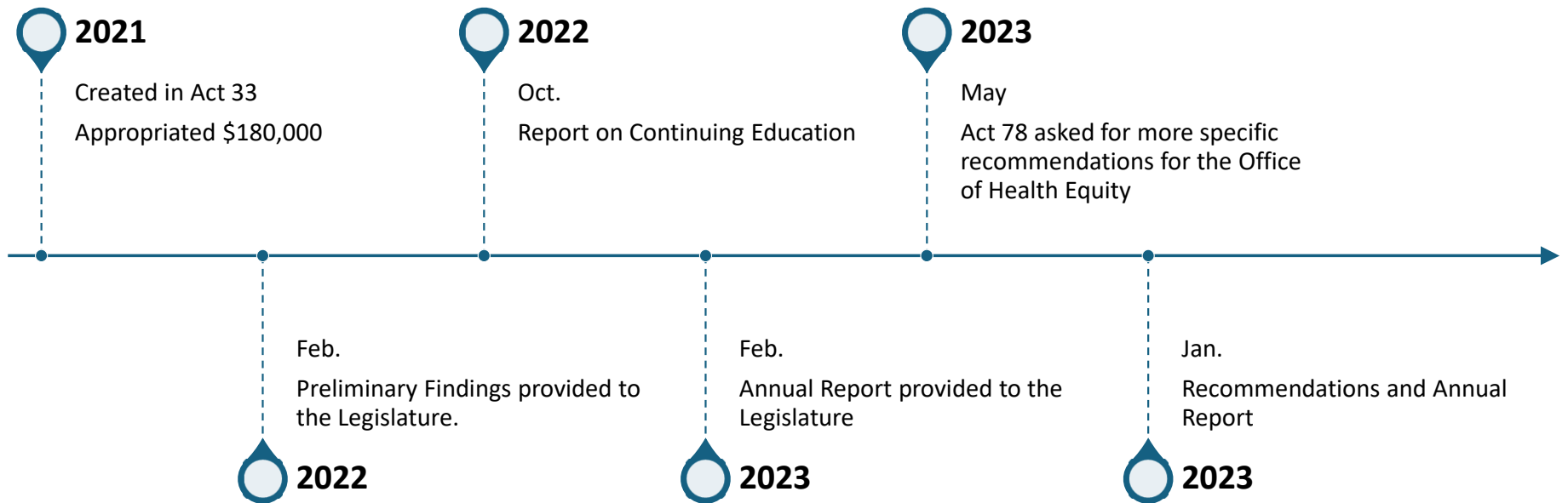
Composition of the HEAC

“Any other members at large that the Advisory Commission deems necessary to appoint to carry out the function of this section...”

Director of the Office of Health Equity Integration



Timeline, HEAC Deliverables



Key Findings of the HEAC

Whole of government approach.

A programmatic approach.

Training that is comprehensive
and consistent.

Need for adequate funding for
health equity work.

HEAC Recommendations

Next steps for the Legislature

Three- Pronged Approach

An **Office of Health Equity** that uses the tools of government systems (licensure, data collection & analysis, strategic planning) to advance health equity.

The Health Equity Advisory Commission, which brings together people from marginalized communities and government leaders to examine, revise, and craft public policy that fosters systemic change and equitable outcomes.

Community Partners who receive grant funding to improve health outcomes at the local level and test practical strategies that can be brought to scale.

Recommendation #1

- **Sit the Office of Health Equity in the Health Department.**

That the legislature situates the Office of Health Equity in the Vermont Department of Health.

Recommendation #2

Review the placement of the Office of Health Equity in 3 years.

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.

Recommendation #3

Create the Office of Health Equity in law.

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.

Recommendation #4

Budget \$1.2 million for the Office of Health Equity for FY '25.

That the legislature appropriate \$1,200,000 for FY'25 for the operation of the Office of Health Equity for FY '25.

- *\$450,000 for the operation of the OHE*
- *\$750,000 for community-based grants.*

Recommendation #6

The HEAC will award the grants and the OHE will administer them.

Criteria for awarding grants will be

- 1) Follows state administrative rules regarding competitive grants.*
- 2) Pick projects that have 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) Build on health-equity related investments made by the Vermont Department of Health through its Health Equity grant from the CDC.*
- 4) Aligns projects with health priorities identified through the HEAC's community engagement work.*

Recommendation #6

Move the HEAC from the Agency of Administration to the Agency of Human Services, Central Office as an affiliated board.

That the legislature revises 18 V.S.A. Sec. 252 (d), which creates the Health Equity Advisory Commission (HEAC), to better align with the creation of the Office of Health Equity as an entity within the VDH. 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.

Recommendation #7

Budget \$370,000 for the HEAC for FY'25.

That the legislature appropriate \$370,000 to the HEAC for FY'25.

- *\$120,000 for administering the HEAC.*
- *\$90,000 for community outreach.*
- *\$160,000 consultant assisting in a comprehensive review of policy and programs with an equity lens.*

Recommendation #8

Make the HEAC's reporting schedule to every other year.

That the legislature revises 18 V.S.A. Sect. 252 (e) to change the reporting cadence of the HEAC to every other year.

Challenges for the Office & the Commission

- Need for an Executive Mandate.
- Need to carefully delineate duties.

The Office of Health Equity and the Office of Health Equity Integration play complementary, not overlapping, roles.

- Insufficient Community Participation.
- Insufficient Administrative Support for the HEAC.

Budget for FY '25

Category	Cost	Appropriated	Requested
Office of Health Equity			
Staffing & Operations	\$450,000	\$250,000	\$200,000
Community Grants	\$750,000	\$500,000	?
HEAC			
Operations	\$120,000		?
Community Engagement	\$90,000		?
Assessment of Policies & Programs, consultant	\$160,000		
	\$370,000		
			?

We thank the legislature for its support.

Questions?

Please contact the HEAC's Co-Chairs

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