# Health Equity Advisory Commission

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

**January 15, 2025**

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 and Outright Vermont

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

Joanne Crawford – Abenaki Health and Heritage (Executive Committee Member)

Xusana Davis - Office of Racial Equity (Executive Committee Member)

Annette Denio - Psychiatric Survivors Network

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

Wichie Artu - NAACP – Windham

Alex Farrell - Department of Housing and Community Development

Bard Hill - Department of Disabilities, Aging, and Independent Living

Rich Holschuh - Abenaki – Elnu band

Rev. Mark Hughes – Vermont Racial Justice Alliance (Co-Chair, Executive Committee Member)

Monica Hutt - Chief Prevention Officer (Executive Committee Member)

Alex McCracken - Department of Vermont Health Access

Patricia Johnson – NAACP, Rutland Area

Justin Kenney - Chief Performance Officer

Ashley Kraybill - Department of Health (member at largen)

Sarah Launderville - Center for Independent Living (Executive Committee Member)

Brett Long - Department of Economic Development

HB Lozito - Out in the Open

Abel Luna - Migrant Justice

Kirsten Murphy – Vermont Developmental Disabilities Council (Co-Chair)

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

Katie Stetler – Vermont Department of Health

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

The following organizations have seats on the HEAC but do not currently have an appointed member: Green Mountain Self-Advocates and the Commission on Native American Affairs.

## Executive Summary

This report serves as the Annual Report of the Health Equity Advisory Commission (HEAC). It fulfills the HEAC's obligation under 18 V.S.A. Sec. 252 (e), which 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."

During 2024, the HEAC primarily focused on creating the State Office of Health Equity (OHE) within the Vermont Department of Health (VDH). In last year's Annual Report, the HEAC recommended that the State OHE be placed in VDH, with the condition that this placement be reviewed by the legislature in three years. The House Health Care Committee and the Senate Health and Welfare Committee indicated their support for this recommendation during the 2024 legislative session. Since May 2024, the HEAC has worked with VDH to move money appropriated for the State OHE from the Agency of Administration to VDH, to develop a job description for the State OHE Director, and to establish how VDH will oversee the State OHE within its existing structures. At the time of this report, VDH is prepared to post the Director position and to work with the HEAC to recruit and interview appropriate candidates. Since the Director of the State OHE is an exempt position, VDH and the HEAC hope to put forward two candidates for final interviews and appointment.

The HEAC's Annual Report from 2024 made other recommendations for the legislature that are intended to strengthen the structure and scope of the State OHE and to improve the functioning of the HEAC. Since these recommendations are still pending, this report is necessarily short.

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 looks forward to working with committees of jurisdiction in the 2025 Legislative Session to reduce these disparities and to support the creation of community-based approaches to wellness.

## Background

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;"

18 V.S.A. § 252 (c) empowers and assigns the HEAC the following duties in the corresponding sections:

(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.

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 (OHEI) within VDH to discuss areas of collaboration.

Since it was established in 2021, the HEAC has published four reports. The HEAC's *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.

In its 2023 Annual Report[3] (February 15, 2023), the HEAC provided 37 recommendations across multiple areas, 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. In response to a specific directive to the HEAC, 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).

[1] See: https://aoa.vermont.gov/sites/aoa/files/HEAC%20Report%201%20-%20Preliminary%20Findings%20on%20Health%20Equity%20in%20Vermont.pdf
[2] See: https://aoa.vermont.gov/sites/aoa/files/InfoReportReleases/HEAC_Report_on_Continuing_Education_10-31-2022.pdf
[3] See: https://aoa.vermont.gov/document/health-equity-advisory-commission-annual-report-february-15-2023

In its 2024 Annual Report (January 2, 2024)[4], the HEAC focused primarily on the administrative infrastructure necessary to stand up the Office of Health Equity and to improve the functioning of the HEAC. These included recommending that the OHE be placed within the Vermont Department of Health and that the legislature review that placement after three years.

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 insidious 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.

[4] See: https://aoa.vermont.gov/sites/aoa/files/documents/HEAC-2024-Report_Final_1-2-24-.pdf

- 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.

## Actions and Accomplishments during 2024

The HEAC has focused its energy on two main areas this year: first, getting the Office of Health Equity operational by early 2025; and second, improving how the HEAC functions, given that there is little administrative assistance available to support its work.

1. Establishing the Office of Health Equity within the VT Department of Health.

   - Act 78 (2023), Sec. E.100.2 (a) allocated $250,000 to fund two positions in the Office of Health Equity. This funding was to be held by the Agency of Administration until the HEAC completed an analysis of the best administrative home for the new office. While this recommendation was provided to the legislature in January 2024, it took several months before legislative committees of jurisdiction were able meet with the HEAC and to indicate their concurrence with the recommendation that the OHE sit in VDH. Additional time was needed to move the funds from the Agency of Administration to VDH. During this time, the HEAC was in close contact with VDH as the department established how it would fit the OHE within its existing structures.

   - The HEAC worked closely with VDH Deputy Commissioner Julie Arel to craft a job description for the Director of the OHE. VDH is ready to post this position in early January 2025. This exempt position will require appointment by the Governor. The HEAC and VDH are collaborating to recruit a strong pool of candidates and interview finalists with the goal of referring two applicants for consideration by mid-February.

   - A second staff position within OHE is anticipated. However, the HEAC and VDH felt it was important to hire the Director first, so that the Director could take the lead in deciding the most appropriate staffing model.

2. Strengthening the HEAC.

   - By design, approximately two thirds of entities that appoint members to the HEAC are community organizations; the remaining one third are State of Vermont employees. With so many volunteers, the HEAC has continued to struggle with a lack of administrative support and with sustaining the participation of community partners. Placement under the Office of Racial Equity was intended to be short term, and ORE has had limited capacity to assist with planning meetings, outreach, record keeping, and writing reports.

     However, the HEAC has had a core of consistently active members. With time, this group has developed the trust and mutual respect needed to engage in equity work. The HEAC has designated six of these members to serve as an Executive Committee. (They are

identified in the roster on page 2). This is proving helpful in streamlining agenda setting and meeting planning.

❖ The HEAC has continued to build partnerships with other state initiatives that touch on health equity and on the social determinants of health. These include:

(1) The Office of Health Equity Integration (OHEI). The OHEI works to bring a health equity lens to the public health work throughout VDH. The HEAC anticipates working closely with the OHEI to ensure complementarity between the OHEI, which focuses internally on VDH, and the State OHE, which looks outward across state government.

(2) The development of the VDH State Health Improvement Plan (SHIP). Every five years VDH undertakes a detailed assessment of the health of Vermonters. Based on these findings, VDH builds a new strategic plan for improving health outcomes. Reflecting its longstanding commitment to health equity, VDH has continued to highlight the needs of marginalized populations in its assessment and in its next strategic plan for improving health here in Vermont. The HEAC meets regularly with VDH staff overseeing this process, and several HEAC members serve on working groups that are developing actionable steps to implement the SHIP.

(3) Vermont's Healthcare Reform efforts. In collaboration with the Governor's Office and the Green Mountain Care Board, AHS leadership is developing plans for the next generation of healthcare reform. One program under consideration is the AHEAD Model, a federally funded opportunity to pursue certain healthcare reform goals including strengthening primary care, offering providers the predictability of prospective payments, and strategic investments based on community need. Vermont was selected in July 2024 as a potential participant. More detailed plans are being developed before Vermont decides whether to pursue this opportunity as part of its broader healthcare reform efforts. AHEAD centers health equity as a key measurement of quality improvement, and AHEAD would require structured engagement with community partners representing the populations served by the HEAC. For these reasons, AHS staff working on health reform have sought out the HEAC's input.

Regardless of whether Vermont participates in AHEAD or chooses other frameworks going forward, the HEAC is committed to partnering with State leaders to ensure that health equity is a top priority in the reform of health delivery systems.

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## 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. The fact that the Director of the State Office of Health Equity will be an appointed position is an important step in this direction.

- **Continued need for carefully delineated duties**

  The HEAC has been meeting throughout the year with entities within VDH to ensure that the Commission and the new State OHE complement rather than duplicate the existing public health infrastructure within state government. By virtue of their whole of government approach, the HEAC and the State OHE are concerned with the root causes of health disparities across all government systems.

- **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 remains difficult to get a representative quorum at any given Commission or sub-committee meeting. The legislature may wish to consider reducing the number of appointing organizations on the HEAC. At the same time, however, it remains critically important that the ratio of community partners to state employees remains 2:1.

- **Insufficient Administrative Support**

  18 V.S.A. §252 assigned administrative, legal, and technical assistance for the HEAC to the Agency of Administration through the Office of Racial Equity. This was intended as a temporary situation. The ORE cannot sufficiently sustain the ongoing operations of the Commission. As noted in the recommendations, the HEAC favors moving the Commission from the Agency of Administration to Agency of Human Services to align it more closely with the State OHE to which the HEAC is advisory. Wherever the HEAC sits, there need to be sufficient resources to provide basic administrative support to the HEAC. Better support for the Commission will accelerate progress toward health equity.

## Next Steps and Recommendations for the Legislature

Several key recommendations put forward by the HEAC in its 2023 Annual Report have yet to be reviewed by legislative committees of jurisdiction. The HEAC hopes that the legislature will work with us this session to move these ideas forward.

- **Recommendation #1**. That the legislature create the State Office of Health Equity in statute as an entity within the Vermont Department of Health, charging the State 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. Suggested statutory language is provided in Appendix 3.

- **Recommendation #2**. That the legislature continues to appropriate adequate resources for the operation of the State Office of Health Equity for FY '26. Currently, the OHE has $250,000 available for FY '25. The HEAC has determined that over time, more funding – $450,000 or more annually -- will be necessary for the minimal operation of this new office, with an Executive Director and two staff.

  An additional $500,000 is available to the State OHE once it opens for the purpose of making community grants available. However, considerable work needs to take place first. Working with the HEAC and VDH, the State OHE needs to develop a strategic plan that sets funding priorities and a process for soliciting and reviewing grant applications.

- **Recommendation #3**. That the legislature revises 18 V.S.A. Sec. 252 (d), which creates the Health Equity Advisory Commission (HEAC), to better align with the placement of the Office of Health Equity 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. The HEAC is open to discussing where within AHS the HEAC should sit. Suggestions include VDH and the AHS Central Office as an affiliated board.

- **Recommendation #4.** 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 2026 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, conduct outreach efforts, and assess and analyze information to inform concrete recommendations.

## Conclusion

This report provides legislative recommendations regarding the State Office of Health Equity, the Health Equity Advisory Commission, and grant making to community partners. Together, these three entities will bring to fruition the hopes envisioned in Act 33. The legislature has requested that this work be led by the HEAC.

The HEAC looks forward to working with the legislature to make the statutory changes that will strengthen Vermont's ability to address marked disparities in health across multiple groups. 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: Updated Goals and Objectives for 2024-2025

There is a tremendous body of work that the State 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 as reported in January 2023 for a two-year period. Now at the half-way mark, a progress report accompanies each objective.

**Goal Area 1. Relationship Building and Administrative Issues.**

| Objective | Progress & Next Steps |
|---|---|
| **Objective 1.1**<br>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. | **Moderate Progress**<br>While not yet reduced to writing, the fact that the OHE will sit within VDH means that the Office will have access to the same state systems as any other entity within AHS.<br><br>❖ Monitor costs to the OHE for state systems as the operating budget for the OHE is very tight. |
| **Objective 1.2**<br>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. | **Moderate Progress**<br>As detailed above under accomplishments, above the HEAC has built relationship with VDH initiatives including the Office of Health Equity Integration, the Office of Health Statistics and Informatics, and the AHS Healthcare Reform Team.<br><br>❖ Continue to outreach to the Health in All Policies Task Force and other groups. |
| **Objective 1.3**<br>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. | **Not Yes Initiated**<br>The HEAC is waiting for the new State OHE to help develop a strategic initiative and work plan |

## Goal Area 2. Statutory Duties of the HEAC

| Objective | Progress & Next Steps |
|---|---|
| **Objective 2.1**<br>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. | **Some Progress**<br>VDH's Health Assessment has provided an excellent source of data about the health disparities experienced by Black and Brown Vermonters, people with disabilities, people who identify as LGBTQ+ and Indigenous Vermonters.<br><br>❖ Develop a compendium of existing data regarding health disparities. Work with the HEAC to select priority metrics. Advocate for consistent measurement of these data points, including but not limited to using them as quality metrics for the AHEAD model and other healthcare reform efforts. |
| **Objective 2.2**<br>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. | **Not Yet Initiated**<br>The HEAC looks forward to the development of a review process that will enable us to support state agencies in assessment of the impact of their policies and practices on health equity. We will work to do that in coordination with the OHE and plan to set that as a primary goal for the Office. |
| **Objective 2.3**<br>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. | **Not Yet Initiated**<br>The HEAC plans to return to these recommendations for continuing education during 2025. |

## Goal Area 3. Community Outreach and Investment

| Objective | Progress & Next Steps |
|---|---|
| **Objective 3.1**<br>Develop and implement a community engagement strategy with appropriate support from a consulting firm. | **Some Progress**<br>The HEAC continues to try different strategies to engage community partners. This includes holding hybrid meetings that include a physical location in the community such as the Richard Kemp Center in Burlington. The HEAC has not been able to engage a consulting firm to assist in this effort and other administrative duties. An RFP was posted but the applications in response were not appropriate. |
| **Objective 3.2**<br>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. | **Not Yet Initiated**<br>Fund for community grants cannot be released by the AOA until the State OHE is open. Strategic priorities and procedures for the distribution of these limited funds also need to be develop. |

# APPENDIX 2: Previous Recommendations 2023

The following is taken from the HEAC's Annual Report, February 15, 2023, pages 17-18.[5]

**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.

[5] 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**.[6]
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.

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

# APPENDIX 3: Duties of the Office of Health Equity

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". The following guidance was provided in the HEAC's 2023 annual report. It is drawn largely from H. 210 (2021) as originally introduced to the House Committee on Healthcare.

1. Regarding the structure, responsibilities, and jurisdiction of the State Office of Health Equity, 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. Regarding staffing the State Office of Health Equity, 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.
        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 State Office of Health Equity, 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. Regarding the duties of the State Office of Health Equity, 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.