



Introduction to the VT Community Health Equity Partnership

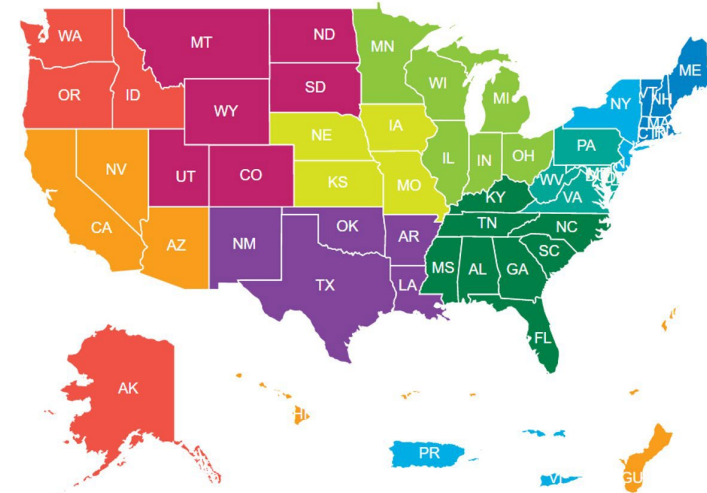
Tuesday, March 29th, 2022

Acknowledgement

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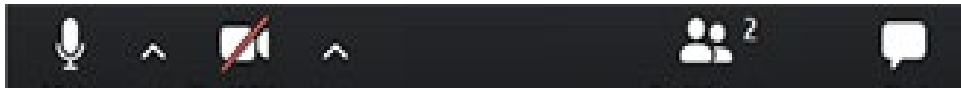


**PUBLIC HEALTH
LEARNING NETWORK**
The Regional Public Health
Training Centers & Partners



Protocol for Meeting

- All participants are muted
- This webinar is being recorded
- Live transcript is available from your Zoom control panel from the “More” menu
- Your controls are at the bottom of your screen:



- Click on the chat icon to open the chat box
 - Raise your hand to be unmuted to speak to the group
- Type any questions or comments you have for the instructor into the chat box – we will address as many as we can
- If your name does not appear as first and last name, please rename yourself



Breakout Groups



Today's Speakers

Dr. Mark A. Levine



Dr. Mark Levine was appointed commissioner of health by Governor Phil Scott and began service on March 6, 2017. Prior to his appointment he was a Professor of Medicine at the University of Vermont, and most recently the Associate Dean for Graduate Medical Education and Designated Institutional Official at the College of Medicine and the UVM Medical Center. He also served as the Vice Chair for Education in the Department of Medicine. Dr. Levine obtained his B.A. in Biology from the University of Connecticut and received his M.D. degree from the University of Rochester. He completed his Internal Medicine Residency and a Chief Resident year at the University of Vermont and a fellowship in general internal medicine at the University of North Carolina, which emphasized clinical epidemiology, research training, teaching, and administration of educational programs.

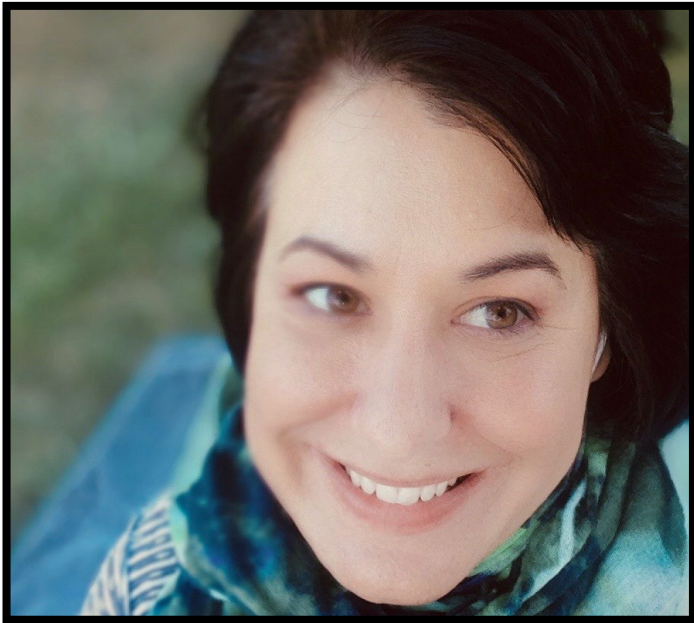
Dr. Levine has gained a reputation as an outstanding teacher and educational program innovator, receiving teaching awards from the medical school and the Department of Medicine. He maintains his faculty appointment and continues to actively teach.

Prior to becoming Commissioner, he actively practiced general internal medicine with special interests in solving complex diagnostic dilemmas, health promotion/ disease prevention, screening and clinical nutrition. This provided him with personal perspective on the challenges our healthcare system holds for physicians as well as patients. At the nexus of Dr. Levine's clinical, education, public health and advocacy efforts is his heightened interest in improving health at the population level through health policy directed at fostering a culture of health. As Health Commissioner, Dr. Levine takes great pride in leading the Department of Health's efforts to fulfill its mission – *To protect and promote the best health for all Vermonters* and is honored to represent its vision of *Healthy Vermonters living in healthy communities*.



Today's Speakers

Kirsten Durzy



Kirsten Durzy, MPH is a public health professional who has worked in community health and education settings in multiple states, within higher education, tribal communities, nonprofits and in the public sector. She has provided expertise in strategy, governance, community engagement and facilitation in various public-private collaborations and coalitions across New Hampshire, most specifically in the areas of evaluation, HIV, Infectious Disease and building equitable and just organizations. Kirsten currently serves as the Health Equity Project Director II for the CDC Foundation and is assigned to the New Hampshire Department of Health and Human Services. Kirsten is passionate about health equity, equitable evaluation and research methods and has done extensive work in the areas of narrative first-person storytelling.

During the ongoing COVID-19 pandemic response, Kirsten serves as the Equity Subject Matter Expert for the

NH DPHS COVID response, co-leads the NH COVID Equity Task Force and served on the NH Governor's COVID Equity Response Team. Kirsten has been appointed to multiple state, regional and national committees and boards including serving as NH's representative to the HHS/FEMA Region One State Equity Committee and as the NH COVID Equity State Lead to the White House COVID Equity Task Force. Kirsten leads the OurStory NH storytelling project and is honored to have been selected as a 2019 NASTAD Minority Leadership Fellow, a 2021 NH Women's Foundation AmplifiHER Honoree, a 2021 co-recipient of the NH Public Health Association Raaga Devineni Equity and Justice Award and the 2022 Keene State College President's

Outstanding Woman of New Hampshire Award. Kirsten received her Masters in Public Health from the Gillings School of Global Public Health at the University of North Carolina at Chapel Hill and Bachelors Degree from Mount Holyoke College.



VT Community Health Equity Partnership Webinar #1

Introduction to the VT Community Health Equity Partnership

March 29, 2022, 9-11am

Agenda

- Welcome - Dr. Mark Levine
- Grant Overview - Penrose Jackson
- Building Equity: Public Health and Community - Kirsten Durzy
- Breakout Room Discussions
- Share-out
- Closing + Evaluation

Webinar Objectives

By the end of our time together, participants will be able to:

- Explain the purpose of the work led by the Vermont Public Health Institute under its contract with the Vermont Department of Health to reduce COVID-19 related health disparities.
- Understand the resources available to your collaborative under this grant.
- Evolve our collective awareness around how we define “health equity”.

Statement of Purpose

The Vermont Community Health Equity Partnership exists to assist the Vermont Department of Health to meet the goals of the CDC Grant to Address Health Disparities – specifically to “mobilize partners and collaborators to advance health equity and address social determinants of health as they relate to COVID-19 health disparities among populations at higher risk and that are underserved.”

We Commit To

- Respect and trust each other
- Honor individual experience
 - Embrace your right to risk
- Expect “imperfect ideas” and “messy musings”
 - Be present and lean into discomfort

Action Learning Collaborative Summary

- March 2022 – May 2023
- Statewide learning and sharing through webinars and in-person trainings
- Shared library system for documentation and cross-referencing
- Facilitated local team meetings
- One-on-one coaching as needed

Goal

Provide information and resources to Vermont Department of Health Districts and community partners to help build capacity to create a culture for equity.

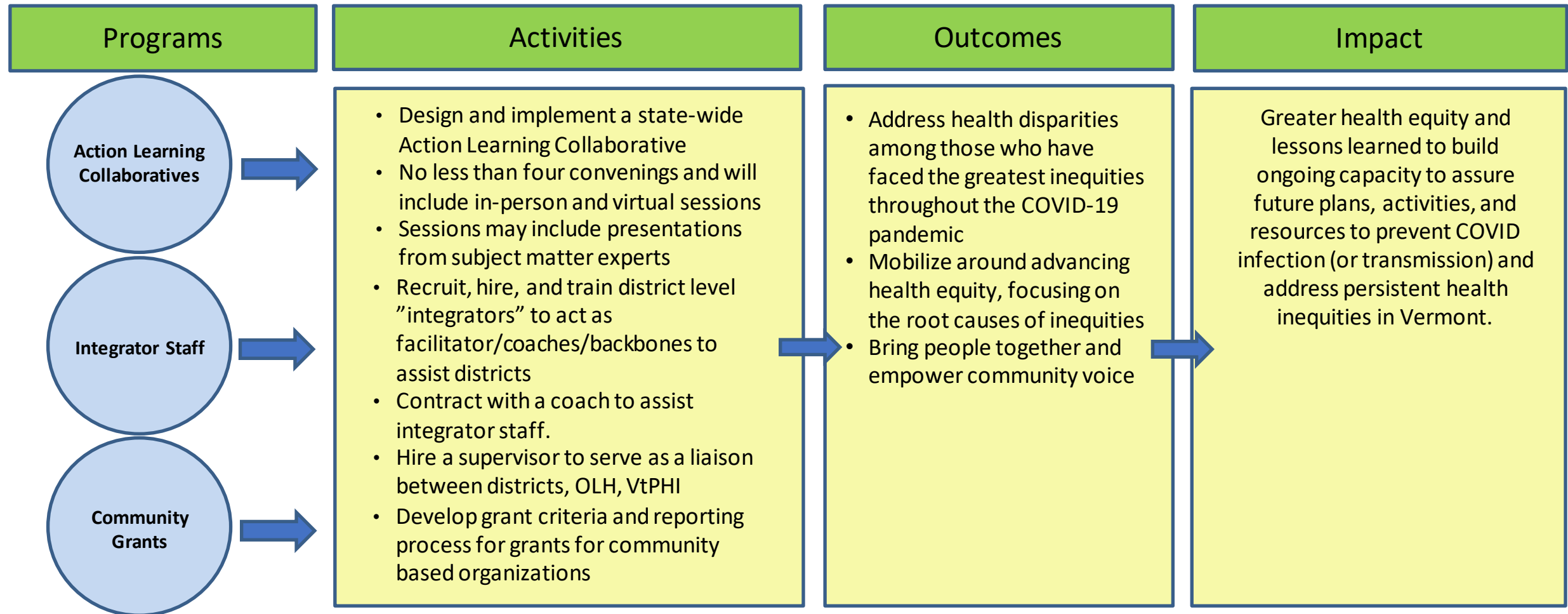
Objectives

- Address health disparities among those who have faced the greatest inequities throughout the COVID-19 pandemic.
- Mobilize around advancing health equity, focusing on the root causes of inequities.
- Bring people together and empower community voices.

VtPHI will collaborate with the Office of Local Health to assist health equity capacity building in Vermont

Department of Health Districts

Create opportunities for a diverse range of community members and partners to collaborate to build healthier, more resilient communities. **Provide** opportunities for training and technical assistance to collaboratives by convening regular Learning Community sessions. **Support** innovative, community-led approaches to improve community resilience. **Support** strategies to promote healthy communities and eliminate health disparities. **Engage** with the Office of Local Health and the community to reach the identified grant goals.



Resources Available

Workshops and Webinars

April 11, 1-3pm	Webinar #2: The Importance of Data
April 15, 9:30-10:30am	The Use of Questions in VT CHEP: Padgett Coaching
April 26 - 28	Collective Impact Summit (<i>deadline to register April 15th</i>)
May 12, 10-12am and 2-4pm	Webinar #3: Statewide Convening: Moving Forward Together

Coaching Support with Padgett Coaching - *reach out to them directly*

Coaching and collateral support to enable every team to do its best work. Using team coaching as an ideal tool to create sustainable change, they will help our teams see where they are as well as what they wish to achieve.

Health Resources in Action Consultations - *let Cathy know what supports you think you need and she will connect with HRiA*

Expertise built on their health equity framework – centered on racial equity – to guide our internal work, as well as our work with communities, partners, and clients. This framework relies on three foundational components to operationalize and advance health equity.

- o Challenge assumptions and narratives about what promotes and hinders health
- o Create and sustain authentic and diverse stakeholder engagement
- o Strengthen capacity to correct power imbalances and address inequities

Building Equity:

Public Health and Community

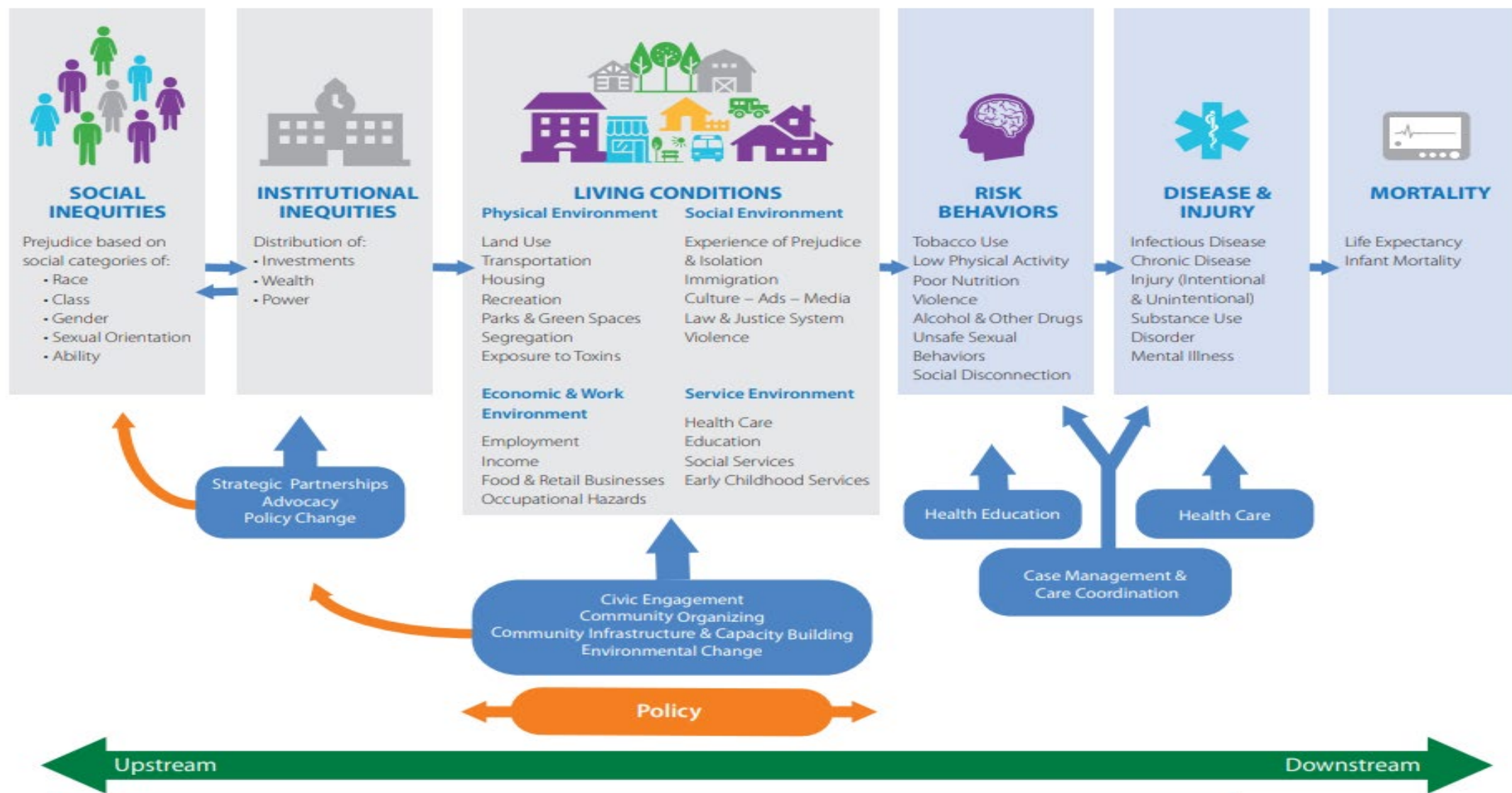
Kirsten Durzy, MPH

Health Equity Project Director II, CDC Foundation *assigned to the NH DHHS*

Kirsten.J.Durzy@affiliate.dhhs.nh.gov
kdurzy@cdcfoundation.org

“Health equity means that everyone has a fair and just opportunity to be as healthy as possible. *This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.*”

A Public Health Framework for Reducing Health Inequities



“The COVID-19 pandemic has shone a harsh light on existing disparities in health and healthcare... disparities [which] stem from health inequities rooted in systemic and unjust social and economic policies”

COVID and Equity – the National Picture

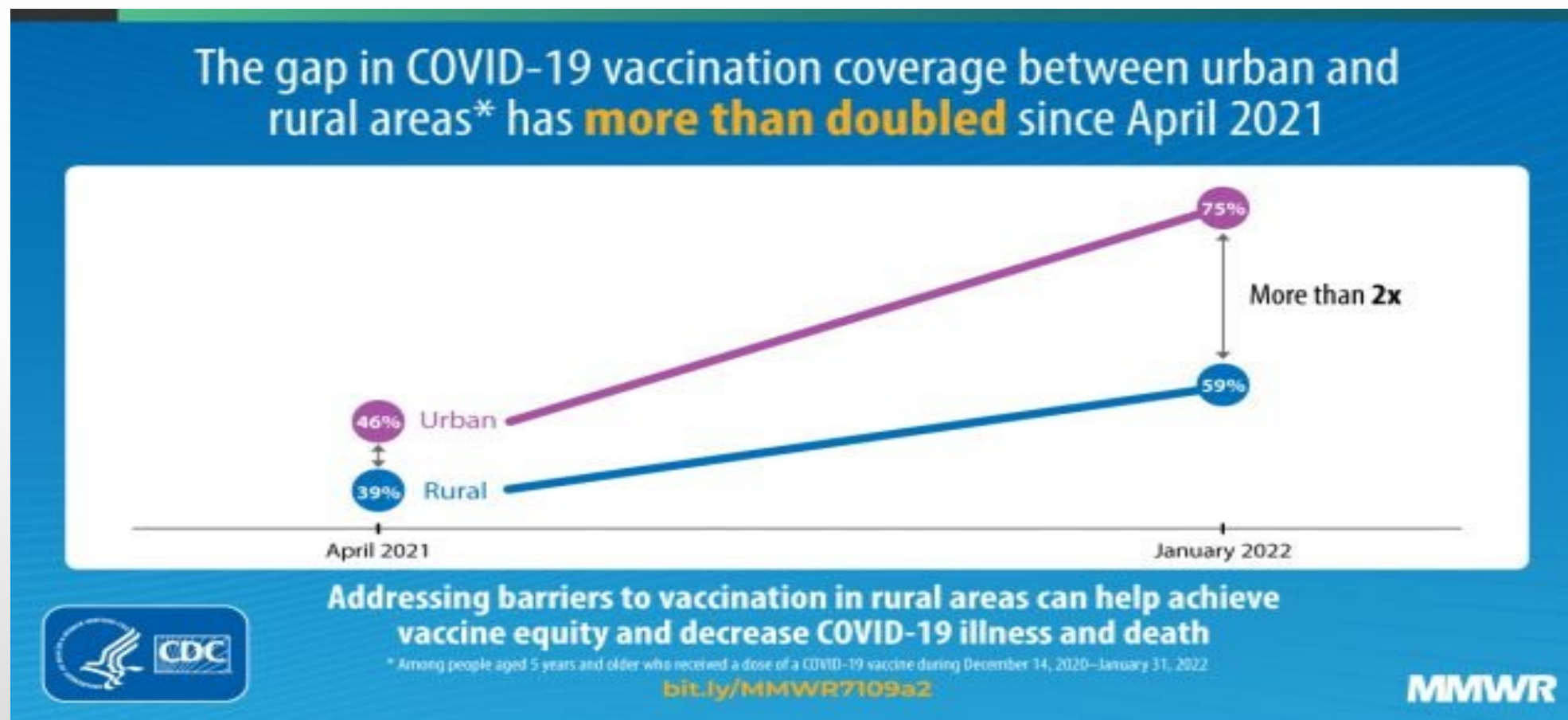
Rate ratios compared to White, Non-Hispanic persons	American Indian or Alaska Native, Non-Hispanic persons	Asian, Non-Hispanic persons	Black or African American, Non-Hispanic persons	Hispanic or Latino persons
Cases ¹	1.5x	0.7x	1.1x	1.5x
Hospitalization ²	3.1x	0.8x	2.5x	2.3x
Death ³	2.7x	0.8x	1.7x	1.1x

¹ Data Source: Data reported by state and territorial jurisdictions (accessed February 14, 2022), [COVID-19 Case Surveillance Public Use Data | Data | Centers for Disease Control and Prevention \(cdc.gov\)](https://data.cdc.gov/NCHS/COVID-19/Case-Surveillance-Public-Use-Data). Numbers are ratios of age-adjusted rates standardized to the 2019 U.S. intercensal population estimate. Calculations use only the 66% of case reports that have race and ethnicity; this can result in inaccurate estimates of the relative risk among groups.

² Data source: [COVID-NET](https://data.cdc.gov/NCHS/COVID-19/Hospitalization-Public-Use-Data) (March 1, 2020 through February 5, 2022). Numbers are ratios of age-adjusted rates standardized to the 2020 US standard COVID-NET catchment population. Starting the week ending 12/4/2021, Maryland temporarily halted data transmission of COVID-19 associated hospitalizations, impacting COVID-NET age-adjusted and cumulative rate calculations. Hospitalization rates are likely underestimated ([linkexternal icon](#)).

³ Data Source: National Center for Health Statistics provisional death counts (<https://data.cdc.gov/NCHS/Provisional-Death-Counts-for-Coronavirus-Disease-C/pj7m-y5uh>, data through February 5, 2022). Numbers are ratios of age-adjusted rates standardized to the 2019 U.S. intercensal population estimate.

COVID and Equity – the National Picture



COVID and Equity – the Local Picture

Vermont - COVID-19 Cases by Race and Ethnicity as of February 28, 2022

Location	White % of Cases	White % of Total Population	Black % of Cases	Black % of Total Population	Hispanic % of Cases	Hispanic % of Total Population	Asian % of Cases	Asian % of Total Population	American Indian or Alaska Native % of Cases	American Indian or Alaska Native % of Total Population
Vermont	93%	93%	2%	1%	2%	2%	2%	2%	<1%	1%

% of Cases with Known Race	% of Cases with Unknown Race
81%	19%

Vermont – COVID 19 Vaccination Rates by Race and Ethnicity as of March 7, 2022

Location	% of Total White Population Vaccinated	% of Total Black Population Vaccinated	White to Black Ratio	Percentage Point Difference Between White and Black Rate	% of Total Hispanic Population Vaccinated	White to Hispanic Ratio	Percentage Point Difference Between White and Hispanic Rate
Vermont	85%	75%	1.14	-10	>99%	0.77	26


% of Vaccinations with Known Race	% of Vaccinations with Known Ethnicity
97%	95%

<https://www.kff.org/other/state-indicator/covid-19-cases-by-race-ethnicity/?currentTimeframe=0&selectedRows=%7B%22states%22:%7B%22vermont%22:%7B%7D%7D%7D&sortModel=%7B%22colId%22:%622Location%22,%22sort%22:%22asc%22%7D>

<https://www.kff.org/other/state-indicator/covid-19-vaccinations-by-race-ethnicity/?currentTimeframe=0&selectedRows=%7B%22states%22:%7B%22vermont%22:%7B%7D%7D%7D&sortModel=%7B%22colId%22:%622Location%22,%22sort%22:%22asc%22%7D>

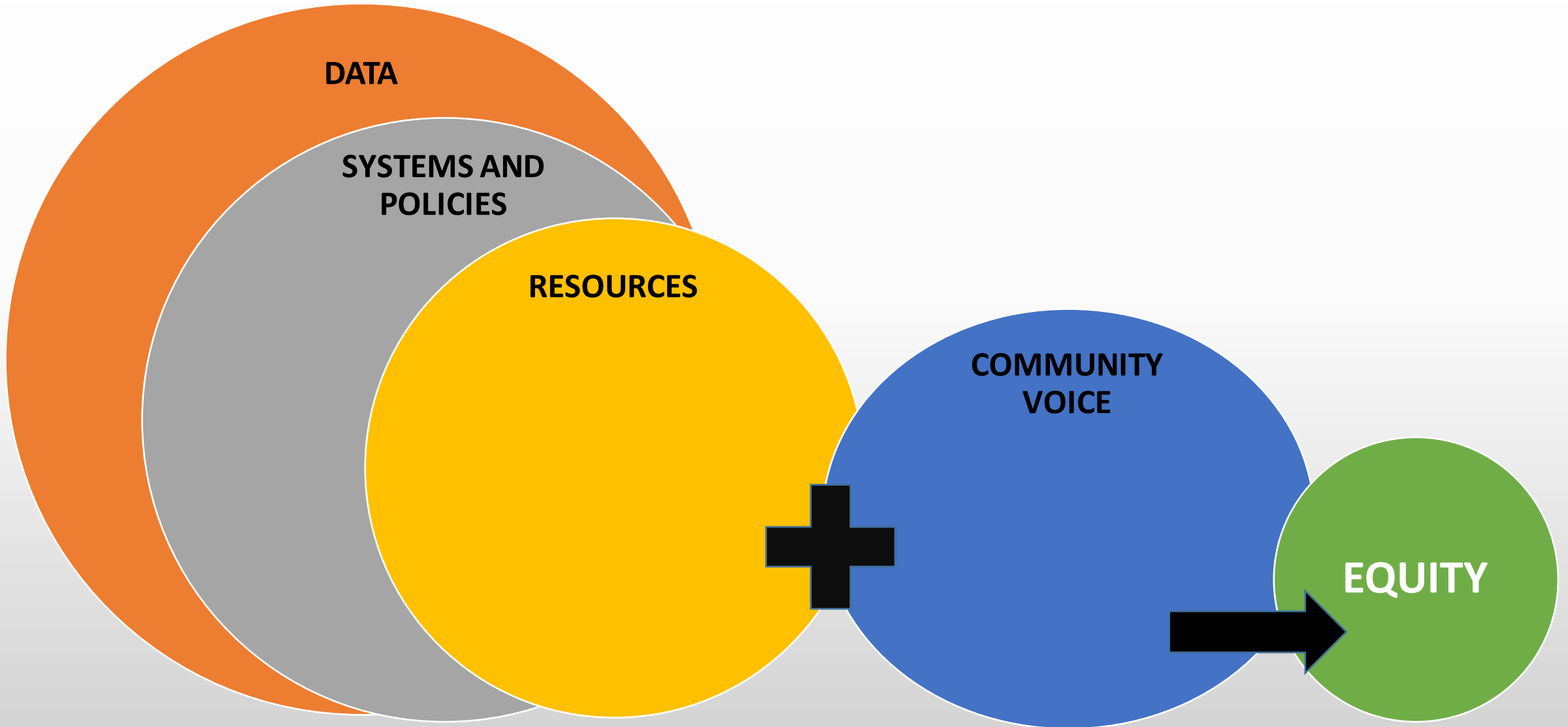
COVID and Equity – the Local Picture

TABLE 2. COVID-19 vaccination coverage for persons aged ≥ 5 years who have received their first dose of the Moderna or Pfizer-BioNTech vaccine, or a single dose of the Janssen (Johnson & Johnson) vaccine, by jurisdiction* and urban-rural classification[†] — December 14, 2020–January 31, 2022



Jurisdiction	Vaccination coverage, no. (%)								
	Overall no. (%) with available county-level data	Six-level urban-rural classification						Two-level urban-rural classification	
		Large central metropolitan	Large fringe metropolitan	Medium metropolitan	Small metropolitan	Micropolitan	Noncore	Urban	Rural
Vermont	510,091 (85.7)	— [§]	— [§]	— [§]	185,762 (88.2)	194,964 (84.5)	129,365 (84.2)	185,762 (88.2)	324,329 (84.4)

Moving Towards Equity

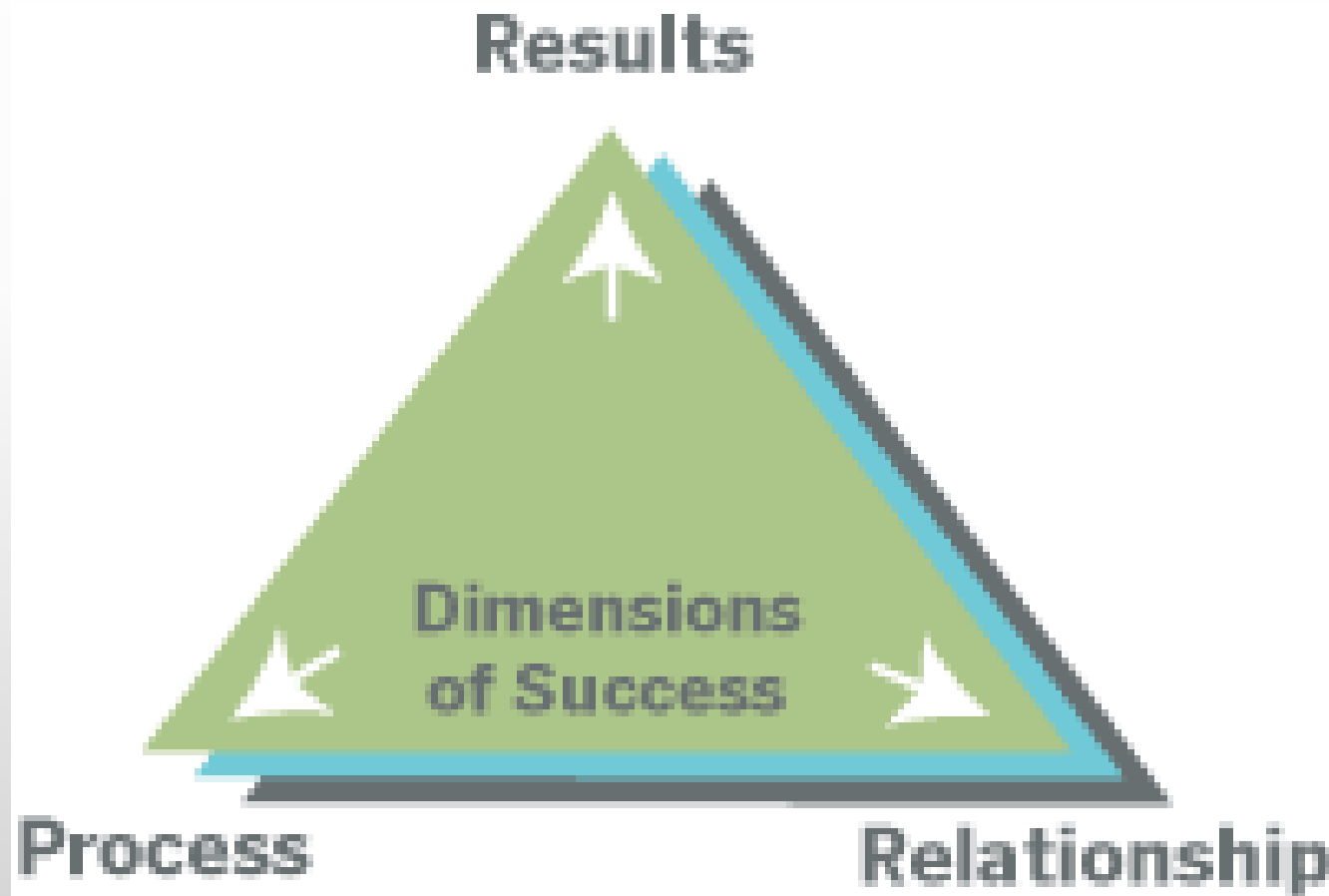


Reframing the Public Health Narrative on Community

- Seek to Learn, Listen and Build Trust and recognize that relationships take time to establish
- Open opportunities to hear and listen to community stories - Inclusive, authentic voice
- Expansion of collection of quality (Race, Ethnicity and Linguistic) REaL and (Sexual Orientation and Gender Identity) SOGI data to include first person narrative, art, music, literature
- Diversify workforce across all sectors and levels and require public health systems to operationalize their values of equity
- Increased understanding and appreciation of the intersectionality of historically marginalized communities
- Appreciation and celebration of assets of immigrant and other communities – deeply rooted historical knowledge
- Address and hold accountable for change those systems that perpetuate oppression, racism, violence
- Build true community response that is co-created, co-led and co-credited across communities of concern and traditional public health systems

When Traditional Outcomes are Not Enough

The Interaction Institute for Social Change's **R-P-R Triangle**



Where to Start

Data	Who is at the Table ? What is being collected? How is data that identifies disparities collected? How is that data analyzed and disseminated ?
Systems/Policies	Who is at the Table ? What systems hold power? How is workforce of these systems being diversified and supported / trained? How are those systems challenging their own structure?
Resource Allocation	Who is at the Table ? Where are funds and human capital going? How are decisions about scarce resource allocation happening?
Community Voice	Who is at the Table ? How is information about need being collected? How is information about community knowledge and resiliency being collected? Who is making decisions and guiding/informing policy and practice?

Look to local expertise and approaches – always ask WHO IS AT THE TABLE and WHO IS NOT



Breakout Rooms Instructions

- Please select the VDH District you are associated with.
- You will have thirty minutes together to discuss the following questions:
 - “I used to think....and now I think...” Or, “What new idea am I taking away with me today that I didn’t have before I started?”
 - What is my hope for this work in your district?
 - What might be the biggest risk (or your greatest fear) around this work in your district?
 - What roadblocks do you think currently exist?

Other possible questions:

- What more do I need to be successful?
 - What questions do I have?
 - What are the steps being taken to engage community partners/individuals in this work?
- Choose someone to report out to the larger group one of the following:
 - ★ A risk
 - ★ A roadblock
 - ★ A need
 - ★ A question

Sharing

Share one from each group:

- ★ A risk
- ★ A roadblock
- ★ A need
- ★ A question

Closing

- Please fill out the evaluation
- An email will be shared in the next few days on how to access this and future webinars, the FAQ of questions raised today and the reflective questions for homework
- Share Point one-stop filing system coming soon
- Reflective Questions- to be discussed at the April 11th Webinar
 - ★ Think about another voice to invite into this work?
 - ★ What do you think the next step in this work is?

Thank you!

If you have any questions, please do not hesitate to reach out to Cathy at vtpublichealth@outlook.com.