

Health Equity Advisory Commission Meeting Minutes

Date: September 2, 2025

Attendees: Mark Hughes, Monica Hutt, Joanne Crawford, Sarah Launderville, Xusana Davis, Alex McCracken, Kirsten Murphy, Song Nguyen, Kate Jerman, Kheya Ganguly.

Agenda item	Notes
Welcome & Introductions	<p>Kirsten will help with notes and facilitation.</p> <p>Members of the HEAC introduced themselves, saying who they represented and why they continue to make time for participating in the HEAC. What is motivating about this work? Several members shared their continued optimism that the HEAC is a unique opportunity to address important and overlooked issues. Others talked about value of meeting partners who are not part of state government and who bring perspectives from marginalized communities.</p> <p>The new Executive Director for the State Office of Health Equity (OHE) Kate Jerman introduced herself. She talked briefly about her background working in health equity in CA and, most recently, as the Director of the Prism Center at UVM. The mission of the Prism Center is to “create a campus community where people of all sexual and gender identities can thrive,” according to their website. Kate is originally from Vermont and she strongly believes that if positive change is possible anywhere, it is possible in Vermont.</p> <p>The agenda was revised so that Kheya could give her presentation earlier in the meeting.</p>
Presentation & Discussion	<p>HEAC member Kheya Ganguly is the Agency of Human Services Director of Trauma Prevention & Resilience Development. At the HEAC’s request, she shared some information about trauma and an expanded understanding of the types of experiences that cause Adverse Childhood Experiences (ACES). Kheya drew from a slide deck she has prepared for a new training that will be available in the state’s learning management system.</p> <p>Key points included:</p>

- The original ACES Study was conducted in the mid-1990s. It focused on how traumatic childhood events may negatively affect adult health.
- The original 10 ACES were all experiences that would have occurred internal to a family or household – for example, parental divorce, substance use disorder in parents.
- Subsequent research has expanded our understanding of ACES to include events that occur in the community. Examples include witnessing community violence, perceived lack of safety, racial discrimination, bullying, and living in foster care. The fact that experiencing systemic racism and other forms of oppression speaks to how prejudice and discrimination are public health issues.
- A person’s ACES score is not destiny. Interventions at the family and community level can strengthen resilience.

HEAC members reacted to the presentation and discussed its implications for HEAC work.

- Several members said that discussing trauma – especially in a rushed presentation without time for processing – is triggering. More care should be taken when bringing these issues up for discussion. People would not come out to talk about trauma unless they know they are in safe space where they have established trusted partnerships.
- Could VDH do a better job ensuring that youth from marginalized groups participate in the YRBS survey. Students who have been placed in private and/or out-of-state programs do not fill out the YRBS. This fails to count the experiences of a students who are disproportionately from marginalized groups.
- The Vermont Racial Justice Alliance is building on this broader understanding of trauma in its Wellness Working Group.
- Affinity spaces and programs that support youth in understanding and embracing their intersectional identities may be a means of building resilience. Does the State invest sufficiently in these programs.
- How can the HEAC support professionals to be more aware and better at addressing trauma, especially as related to systemic oppression. Tools are things like education and licensure.

	<ul style="list-style-type: none"> The HEAC continues to find these issues so complex and deeply embedded in our government and other systems. Systemic oppression is designed to be baked into the very tools and programs we might use to help. In this way, these programs, especially state/public programs, perpetuate harm. This speaks to the need to get money to community partners to do the work.
Updates	Kirsten briefly updated the group on some logistical issues. She is working with Katie Stetler to determine if the HEAC's remaining funding has been moved from the Agency of Administration to the Department of Health yet. If not, how does HEAC access its funding, which it needs for its upcoming retreat.
Retreat	<p>The HEAC talked about its upcoming retreat, planned for Saturday, Sept. 13. Jean Hamilton and Ornella Matta-Figueroa, who co-direct the Land Access Opportunity Board, have agreed to facilitate the retreat. An appropriate space has been identified at the Langevin House at Vermont Tech in Randolph, VT.</p> <p>Some HEAC members expressed concern that this retreat is too soon, especially if the hope is to involve more members who are community partners. They wondered if the meeting should be pushed back to a time in October.</p> <p>Others member expressed a desire to stick to the original date so that HEAC can “reset” and start working on pieces of the HEAC's workplan. The date has been on member schedules for several months. Key topics for the agenda have been identified. These are:</p> <ol style="list-style-type: none"> 1. Revisit/revise work plans. 2. Develop strategies to encourage more member participation or adjust membership; develop/plan more community engagement. 3. Set parameters for interaction with the State Office of Health Equity (OHE). <p>The group discussed the pros and cons of keeping the date or pushing out to October. The HEAC reached a consensus that the retreat would be moved to October. The Executive Committee will discuss a new date. A couple of members asked the Executive Committee to consider a date during the work week rather than a Saturday.</p>
Adjourn	The meeting adjourned at 2:00 pm.