



Health Equity Advisory Commission Annual Report pursuant to V.S.A. Sec. 252(e)

January 7, 2026

Prepared by:

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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





Introduction

In its report submitted January 2, 2025, the Health Equity Advisory Commission (HEAC) recommended that the legislature revise 18 V.S.A. §252 (e) to adjust the reporting cadence of the HEAC to a bi-annual schedule. A two-year cadence enables 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.

Consistent with this recommendation, the HEAC has chosen to provide a very brief report this year, in anticipation of the next full report in January 2027, at the beginning of the next biennium.

Details regarding the HEAC's purpose and duties, can be found in [last year's report](#).

The HEAC's enabling statute, proceedings, and additional reports are available at [Health Equity Advisory Commission | Agency of Administration](#).

Key Findings to Date

Key findings from previously submitted reports continue to guide the HEAC's work:

- ▶ **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). 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.
- ▶ **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.
- ▶ **Comprehensive and consistent training.** In its recommendation regarding continuing education, 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 and responsibilities spread over three complementary entities. This three-pronged approach includes:
 - An Office of Health 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.
 - 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.

Updates

Supporting the creation of the State Office of Health Equity (OHE) is a critical part of the HEAC's mission 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" (18 V.S.A. § 252).

During 2025, the Vermont Department of Health (VDH) hired the inaugural Director of the State OHE. HEAC members participated in the interview process and orientation for the new OHE Director. Kate Jerman comes to this new role from the University of Vermont, where she was the Executive Director of the Prism Center, which supports and empowers lesbian, gay, bisexual, transgender and queer students, as well as students whose identities fall in between or expand beyond those categories. Jerman brings deep experience in public health, youth leadership, community organizing, healthcare, and systems change. She earned her bachelor's degree in social work from New York University and her master's in public health from Columbia University. Her career has included working in county government, health care settings, community organizations, and higher education in Vermont, New York, and California.

In addition, the HEAC's administrative home moved from the Agency of Administration to VDH within the Agency of Human Services (AHS). VDH has been providing administrative support to the HEAC. This is much appreciated since two thirds of the members of the HEAC are community partners who work outside of state government.



Insufficient administrative support was identified as a challenge in last year's legislative report.

Last September, the HEAC elected Sarah Launderville, Executive Director of the Vermont Center for Independent Living, as a Co-Chair. She joins Co-Chair Mark Hughes, Director of the Vermont Racial Justice Alliance.

Goals for 2026

The HEAC would like to highlight three goals for 2026.

- ▶ **Building a Relationship with the State OHE.** The HEAC is in close conversation with Director Jerman as the OHE and the HEAC explore how to delineate their complementary roles and how best to address the original stated goals for both entities.
- ▶ **Expanding and Enhancing Community Engagement in the HEAC.** The HEAC is uniquely positioned to bring State leadership and programs directly in contact with community partners. 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. The HEAC continues to explore ways to leverage this expertise in a manner that brings tangible benefits to marginalized communities.
- ▶ **Engaging decision-makers on legislation and policies impacting the health of Vermonters.** The HEAC will prioritize its statutory charge to advise state agencies and the General Assembly 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” (18 V.S.A. § 252(c)3). An example of an emergent policy that is of interest to the HEAC is S.142, an act relating to a pathway to licensure for internationally trained physicians and medical graduates. Similarly, the HEAC sees opportunity to advance health equity through Vermont's recently awarded Rural Health Transformation Grant and hopes to provide those overseeing this work with critical input from marginalized communities.

In conclusion, the HEAC would again like to express its deep appreciation for the support of the legislature as we partner in advancing health equity in Vermont.