

VtPHI Advisory Board Meeting Summary July 30, 2024

Note this meeting held virtually.

Find recording link [here](#) Passcode uHXr*s5K

Attending:

- Penrose Jackson, Interim ED, VtPHI
- Laural Ruggles, VtPHI Advisor
- Sally Kerschner, VtPHI Advisor
- Heidi Klein, HRiA contractor in VT
- Ron Dendas, retired health care manager
- Reese Kelly, Embodied Values Consulting
- Erin Creeley, Vt Dept. Health St Albans
- Steve Ridini, ED, Health Resources in Action
- Heidi Westerman, ASTHO
- Dan Olson, ED, Vt Public Health Assn
- Molly Lawrence, President, VtPHA
- Joanne Crawford, Abenaki Health and Wellness
- Ruben Garza, ED, United Way, Windham Co
- Richard Amore, Agency of Commerce and Community Development

Welcome and Introduction by Penrose Jackson

HRiA Role as VtPHI Incubator by Steve Ridini, ED of HRiA: Overview of Health Resources in Action (HRiA) and their long history of service as an “incubator” for nascent organizations. HRiA, as an incubator, supports VtPHI to grow as an organization. HRiA offers services such as IT, HR, financial, development, at no cost to VtPHI. Penrose, Laural, Sally are considered consultants as employed by HRiA. The MOU that formalizes the HRiA/VtPHI relationship was signed summer 2023 and is for a three year period. Steve views HRiA’s incubator role as supporting a transformative relationships, not solely transactional. The HRiA Board fully supports this service of HRiA.

Steve shared his slides that describe HRiA values and equity framework. Discuss the concept of “PSE” – Policy, Systems, Environment. HRiA has moved more into advocacy in recent years due to the need to interpret data and science findings for policy makers. HRiA has two registered lobbyists on staff and monitors their time closely due to the HRiA 501c3 status. Reviewed external environmental opportunities and challenges. Described HRiA projects and programs. HRiA is creating an updated strategic plan to be ready this fall. Describes focus on trust-based philanthropy. Noted HRiA received one of the Mackenzie Scott Innovation Awards. Discuss fiscal cliff, end of COVID-19 funds as stressor for non-profits. Increase role of foundations such as RWJ, Kresge.

Erin notes that the National Network of PHI Engagement Coordinator, Erin Marziale, gave a special presentation on NNPHI to the St Albans group because they were unable to attend the initial Advisory Board meeting on May 15.

Penrose notes that VtPHI is planning an in-person meeting with this Advisory Board for this fall. VtPHI and VtPHA will meet this fall to review and update the "alignment document" that was created summer 2023 when the VtPHA, VtPHI and HRiA were creating new organizational relationships.

Penrose shared the virtual "stickies" from the discussion at the May 15 VtPHI Advisory Board meeting. Discussion of the critical role of addressing Health Equity when working in public health. Use of findings from Community Health Needs Assessments as organized by Vt hospital systems. Discuss how can VtPHI support next-gen public health leaders.

Funding updates: VtPHI has received a grant from Vermont Community Foundation to support some of the hours by the VtPHI consultants and further work. The funding is through May, 2025. Opportunity for funding from UVM Leahy Institute for Rural Partnerships. Possible opportunity with CDC Prevention Research Centers.

Funding from other sources not usually considered? When submitting grants, we need to focus our potential activities, use our strategic plan as a guide. Ron notes the Rippel Foundation of New Jersey as potential. Discussion of community data, such as RPC, CHNA, and shared data sets for better assessments and defining outcomes. Richard notes The Medium and case studies on civic spaces: <https://medium.com> JoAnne notes UVM LEND program.

HRiA website: <https://hria.org>

VtPHI Website for meeting summary and slides: <https://vtphi.org>

Next Steps: VtPHI Planning Committee will meet August 19 at 9:00 AM to plan for the fall in-person meeting.

Chat transcript

16:17:47 From Molly Lawrence, she/her to Everyone:

Thank you, Steve!

16:18:00 From Reese Kelly to Everyone:

Thanks, Steve 😊

16:18:13 From Steven Ridini (he/him), HRiA to Everyone:

You are welcome, Molly!

16:18:35 From Steven Ridini (he/him), HRiA to Everyone:

You're welcome, Reese!

16:23:22 From Laural Ruggles to Everyone:

I appreciated your list of actual PSE work. Real life examples are helpful when explaining PSE to those who are less familiar or comfortable with it.

16:23:47 From Molly Lawrence, she/her to Everyone:

Reacted to "I appreciated your I..." with 👍

16:25:55 From Steven Ridini (he/him), HRiA to Everyone:

Reacted to "I appreciated your I..." with 👍

16:28:37 From Richard Amore, DHCD (he/him) to Everyone:

In the notes for the stickies, there a typo - under second bullet - under community building - it should be "Healthy Community Design and Placemaking" (not placement).

16:34:31 From Erin Creley (she/her) to Everyone:

VDH Health Equity page: <https://www.healthvermont.gov/about/our-vision-mission-values/health-equity>

16:34:39 From Reese Kelly to Everyone:

Reacted to "VDH Health Equity pa..." with 

16:35:15 From Erin Creley (she/her) to Everyone:

HE Definition: <https://www.healthvermont.gov/about/our-vision-mission-values/health-equity#:~:text=What%20is%20health%20equity%3F>


16:35:17 From Laural Ruggles to Everyone:

Reacted to "HE Definition: https..." with 

16:35:33 From Laural Ruggles to Everyone:

Thanks Erin, you beat me to it!


16:35:38 From Erin Creley (she/her) to Everyone:

Reacted to "Thanks Erin, you bea..." with 

16:40:51 From Erin Creley (she/her) to Everyone:

NMC in Franklin/Grand Isle is also working on a CHNA "refresh" rather than a completely new CHNA, which feels like such a better fit at this time than a completely new process.

16:41:11 From Steven Ridini (he/him), HRiA to Everyone:

Reacted to "NMC in Franklin/Gran..." with 

16:41:17 From Molly Lawrence, she/her to Everyone:

Reacted to "NMC in Franklin/Gran..." with 

16:41:24 From Reese Kelly to Everyone:

Reacted to "NMC in Franklin/Gran..." with 

16:41:43 From iPhone (6) to Everyone:


Reacted to "NMC in Franklin/Gran..." with 

16:42:25 From Richard Amore, DHCD (he/him) to Everyone:


Sharing a great article from the VT Community Foundation on our partnership with Better Places and building social connection and civic engagement.

<https://www.sevendaysvt.com/news/vermont-community-foundation-cultivates-connections-one-place-at-a-time-41433934>

16:44:20 From Erin Creley (she/her) to Everyone:

Reacted to "Sharing a great arti..." with 

16:46:17 From Reese Kelly to Everyone:

Reacted to "Sharing a great arti..." with 

16:48:35 From Laural Ruggles to Everyone:

2 journal articles published while I was involved in the Dartmouth PRC
https://journals.lww.com/jhmonline/citation/2016/01000/a_review_of_tools_to_assist_hospitals_in_meeting.9.aspx

16:49:02 From Laural Ruggles to Everyone:

<https://muse.jhu.edu/article/508711>

16:49:05 From Erin Creley (she/her) to Everyone:

Accountable Community for Health groups around the state would be good to add

16:49:13 From Molly Lawrence, she/her to Everyone:

Reacted to "Accountable Communit..." with 👍

16:49:20 From Steven Ridini (he/him), HRiA to Everyone:

Reacted to "Accountable Communit..." with 👍

16:49:55 From Erin Creley (she/her) to Everyone:

For the "County-level gov't orgs" and to align with what Richard is saying I'd add the Regional Planning Commissions

16:50:03 From Laural Ruggles to Everyone:

Reacted to "For the "County-leve..." with 👍

16:50:05 From Reese Kelly to Everyone:

Reacted to "For the "County-leve..." with 👍

16:50:10 From Molly Lawrence, she/her to Everyone:

Although less structure/regulation than other states like MA, VT hospital's Community Benefit \$

16:50:21 From Erin Creley (she/her) to Everyone:

Reacted to "Although less struct..." with 👍

16:50:41 From Reese Kelly to Everyone:

Yes, wondering if it's worth exploring grant funding that addresses SDOH.

16:51:06 From Erin Creley (she/her) to Everyone:

Vermont After School and similar school-based youth and community engagement groups/orgs/projects

16:51:58 From Richard Amore, DHCD (he/him) to Everyone:

Lots of great articles and case studies on how civic spaces can support and advance this work - <https://medium.com/reimagining-the-civic-commons/>

16:53:45 From Molly Lawrence, she/her to Everyone:

Did you say Aug 18?

16:54:39 From Erin Creley (she/her) to Everyone:

Replying to "Did you say Aug 18?"

19th, I think.

16:54:50 From Laural Ruggles to Everyone:

Ron, I sent you the meeting invitation

16:54:51 From Reese Kelly to Everyone:

Replying to "Did you say Aug 18?"

Oh bummer. I'm away on vacation.

16:54:59 From Richard Amore, DHCD (he/him) to Everyone:

Yes 8/19 at 9am

16:55:02 From Molly Lawrence, she/her to Everyone:

Replying to "Did you say Aug 18?"

thanks! Likewise...



Health Resources in Action

30 July 2024



HEALTH
RESOURCES
IN ACTION



About Us

Health Resources in Action is a non-profit organization comprised of 300+ staff working in 45 states to improve and reimagine public health. We collaborate with a diverse group of partners, clients, and community members to solve complex public health challenges so that all people can thrive.



VISION



Healthy people thriving in equitable
and just communities.

MISSION



HRiA partners with individuals, organizations, and communities to transform the ***practices, policies, and systems*** that improve health and advance equity.

Values

HRiA seeks sustainable solutions for complex problems using an anti-racist approach.

We aim to be adaptable and flexible in meeting clients and partners where they are, offering our decades of knowledge and resources to collectively realize our dream of equitable, sustainable health for all.

The foundation of this work is centered on the following HRiA values:



- **Health and racial equity** by identifying and addressing the root causes of health inequities, intentionally working to shift narratives and power imbalances, and disrupt all systems of oppression.
- **Leading with heart** by demonstrating our passionate commitment to our work, continuously challenging ourselves with humility and vulnerability while pursuing and holding ourselves accountable to our mission.
- **Collaboration** by intentionally and respectfully leading, partnering, and following to strengthen relationships, uplift different voices, and build trust.
- **Innovation** by driving toward new strategies, questioning norms, and continuously learning and evolving to support the needs of our clients and communities.

HRiA Health Equity Framework





What is a Public Health Approach?

- We look broadly at *what influences health* and work across sectors.
- We work *upstream to change policies, systems, and environments*.
- We identify inequities and *pursue health equity for all*.



Policy, Systems, and Environmental Change Approaches

*Making healthy choices the
easiest choice.*



Policy: A law, regulation, procedure, administrative action, incentive or voluntary practice of governments and other institutions.

Systems: Approaches that impact all elements, including social norms of an organization, institution, or system.

Environmental: Approaches that include changes to the physical, social, or economic environment.

Examples of PSE work at HRiA

HRiA has been engaged in policy, systems, and environmental (PSE) change work for decades, such as:



Partnering with others to remove alcohol advertising from Boston's public transportation system

Creating smoke-free public housing

Removing toxic cleaners from Boston Public Schools

Banning the sale of flavored tobacco products in MA

Investing in community-based efforts to disrupt institutional and structural racism

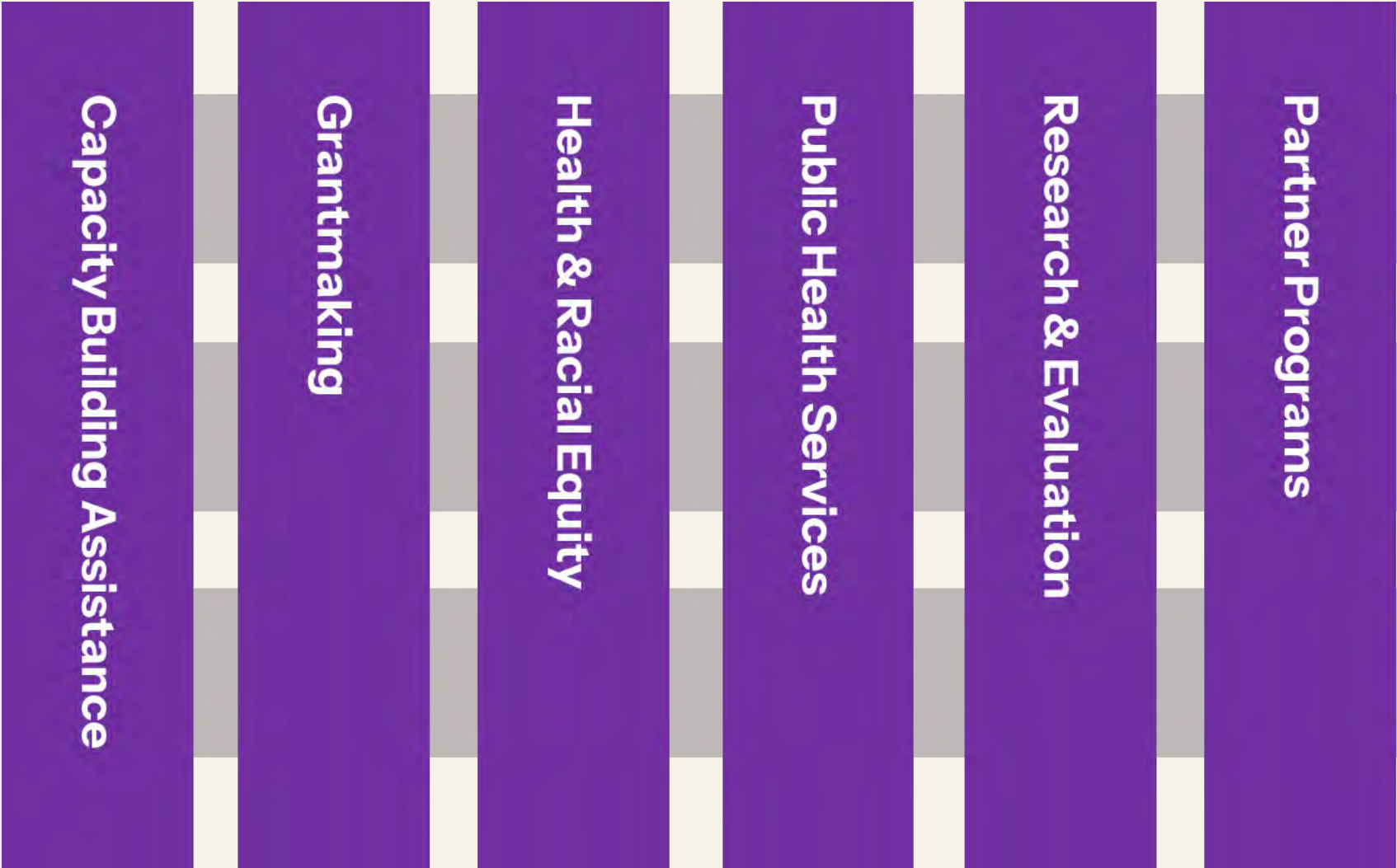
Distributing fentanyl strips to providers

Developing health improvement plans centered on health and racial equity

HRiA's Structure



Business Line Clusters



Infrastructure Clusters



HRiA's Model



- **Mission-driven nonprofit consulting**
 - Nonprofit business structure – mission and margin
- **National organization that works locally**
 - National reach, local roots
- **Funding diversity**
 - Cost reimbursement and "fee for service" funding from many types of clients
- **Social impact entrepreneurs**
 - Pursue and create business opportunities aligned with mission, priorities, and interests
- **"Matrixed" organization**
 - Staff work across programs as consultants, thought leaders, and subject matter experts

External Environmental Opportunities Themes



- Understanding the importance/impact of policy, systems, and environmental change approaches
- Focus on Health and Racial Equity
- Community collaboration and power sharing
- Shifting community narratives
- Investing in workforce development and capacity building
- Use of technology
- Emerging public health issues (e.g. climate/environmental justice, economic justice)
- Shift in public acceptance of harm reduction strategies
- Trust-based philanthropy

External Environmental Challenges Themes



- Fiscal cliff/Competition for funding
- Politicizing Public Health
- Misinformation/Disinformation
- Anti-DEIB legislation/backlash
- Workforce Capacity
- Siloed funding and systems
- Challenge of funding/measuring PSE impact
- Short term vs. long term thinking
- Technology/AI

Questions & Answers

HRiA Evolution: 1950s-1970s

- HRiA **founded as The Medical Foundation** in 1957.
- Created to **advise and fund biomedical research** and increase **public health awareness** in Massachusetts.
- Aimed to **build the evidence base** around prevention and treatment of specific diseases.
- Expanded **public health approach in 1960s**; helped incubate the Mass League of Community Health Centers.

THE MEDICAL FOUNDATION

Program Spotlight:
Grantmaking Evolution:
Biomedical Sciences to
Community Health

Public Health Field in the U.S.:

- Focus on implementation of immunization & infectious disease programs (tuberculosis, rubella, etc.)
- Established data surveillance systems.
- Increased financial support of community health centers with federal dollars (passing of Comprehensive Health Planning Act, 1966)

1980s-1990s

- Continued expansion into larger public health field; **focus on knowledge & behavior change.**
- **Trainings** for educators in **tobacco & substance use prevention.**
- Implemented **peer leadership models** in HIV/AIDS, tobacco prevention, and violence intervention.
- Helped launch **gay-straight alliances (GSAs)** in schools.

Program Spotlight:
Information & Referral Services:
From Mass 311 to Helplines

Public Health Field in the U.S.:

- Emergence of HIV/AIDS epidemic.
- Abstinence-focused messaging (“Just say no.”)
- Environmental health concerns arise due to industry contaminants.
- Political and fiscal challenges around role of government.
- Major focus on tobacco: first federal health report published on smoking (CDC’s Smoking & Health: A National Status Report, 1986); Master Settlement Agreement established with 4 largest tobacco companies (1998).



2000s-2010s

- Changed name to **Health Resources in Action** (2008).
- Launched multiple **new services/flagship initiatives**.
- Expanded **geography** and type of **partners & funders**.
- **Topic focus:** tobacco, healthy eating, environmental health, substance use disorders, youth development, and racial & socioeconomic disparities.
- Deep bench in **community engagement**; edging into **policy, systems, and environmental (PSE) change**.
- Widened our engagement of **fiscal partners** (e.g., MACHW, Positive Deviance Initiative).

Program Spotlight:
Community Health Improvement: Engagement
Locally across the U.S.

Public Health Field in the U.S.:

- Passage of the Affordable Care Act (2010).
- Establishment (and then elimination) of CDC's Prevention & Public Health Fund.
- Funding trends on chronic disease (including tobacco use & healthy eating), environmental health, & sexual health.
- Focus on identifying health disparities and differential outcomes by demographic groups.

HRiA's Equity Journey

Early 2000s

- Created an internal Diversity Team and Health Disparities Taskforce
- Expanded community work with explicit focus on racial disparities. Impacts include:
 - Supporting the removal of alcohol advertising from Boston's public transportation system
 - Implementing smoke-free public housing policies
 - Removal of toxic cleaners from Boston Public Schools
 - Reducing childhood lead poisoning in Boston neighborhoods

PRE-1999

- Partnered with the country's first community health centers
- Developed an organizational focus on health disparities and community engagement in topics such as maternal health and mortality, alcohol and tobacco prevention, and chronic disease
- Created peer-lead training manuals on various public health topics including HIV/AIDS, alcohol and tobacco prevention, and violence prevention

2015 - 2019

- Conducted our first organizational diversity assessment
- Formed our Equity & Inclusion Committee
- Launched Equity & Inclusion Strategic Plan
- Established our Health Equity Framework Impacts include:
 - Advocated for banning the sale of flavored tobacco products in Massachusetts
 - Invested in community-based efforts to disrupt institutional and structural racism

2020 - 2023

- Refined our Equity & Inclusion Strategic Plan into a Health Equity in Action Strategic Plan
- Formed a Health Equity in Action Team
- Fostered organizational culture to advance health and racial equity by creating Racial Justice & Identity Based Affinity Groups and Policy & Advocacy Committee Impacts include:
 - Facilitated the development of health improvement plans centered on health and racial equity
 - Distributed fentanyl strips to providers working to address the overdose crisis

2024 AND BEYOND

- Prioritizing policy, systems, and environmental change approaches across organization
- Launch of the Innovation Incubator