

VtPHI Advisory Board
Meeting Notes
1.29.25

We began with an Around the Room, speaking to our impressions of the “national scene” and impacts we might anticipate on Institute work, with each person bringing a “positive thought” (or two) about moving forward. “Work local and support one another” and “keep an eye on affordability” were, I think, at the heart of everyone’s remarks – speaking for myself, those themes and the positive thoughts helped me recenter and focus for the rest of the meeting (and after...)

Since this came up a few times, Ruben mentioned his United Way’s tax assistance program which has a sub-set that helps refugees and asylum seekers. Their blurb is below; for more [information](#). He “thought out loud” about how to not bring negative attention to this work.

Since the start of the Covid-19 pandemic in 2020, our Volunteer Income Tax Assistance (VITA) program has evolved into serving a smaller, but just as important group of people. In 2023, we partnered with Ethiopian Community Development Council and Community Asylum Seekers Project to deliver no-cost tax preparation services to their clients who are majority refugees and asylum seekers. The refugee population, of mostly Afghan descent, had never filed a tax return nor had been provided with tax education.

HRiA’s Steve Ridini couldn’t join us as planned, and Heidi Klein stepped in his stead to offer:

- Public Health Institutes are even more important in these times
- Keep in mind that public health “has been here before” with leaders discounting science, misconstruing (or demeaning) the value of the work, and more. We will get through this.
- NNPHI has diversified its funding sources of the years, and only about 10% of its net revenues today (yesterday?) accrue from federal sources
- Public Health Institutes can – should plan to – fill gaps
- The Robert Wood Johnson Foundation has reaffirmed its commitment to health equity and racial justice
- Over the last few months Steve has been part of a process to interview key informants from “major players” (e.g., CDC, NIH). Heidi will share those finding with us, but did note that there is a great deal of support for climate justice and emergency preparedness

Given the “sensitivities” about DEI, should this Institute continue to lead with health equity. We revisited our Mission, Vision, and Guiding Principles and I asked us to think more about a bit of the wording in the Mission and Guiding Principles.

Vision: “A healthy and equitable Vermont across all people and communities.”

For your consideration: Leave unchanged? Change?

Mission:

For your consideration: Delete the crossed out portion? “The VTPHI promotes innovating approaches ~~to health equity~~ through community-based in evidence-informed strategies to improve the health of all Vermonters.” (With a bit more word-smithing to be sure, if we make the change!)

Guiding Principles

For your consideration: Delete #2 with the belief that it’s contained in #1?

1. Include community voice

- ~~2. Honor lived experience~~
3. Advocate for social, economic, and environmental justice
4. Utilize data and evidence-informed practices
5. Remain curious and open; not afraid to change the status quo
6. Uphold integrity in processes and practices

Additional comments/themes:

- Live our values, change our language to not divert from the values?
- Public Health is 100% all about people.
- With all the “noise” right now, people will find it hard to focus. If we decide to communicate, factor in that people will be tired; simplify
- As a organization totally outside government we exist as a group of people committed to the values – opportunities for strategic conversations and engagement. Others can refresh us

Several of us then offered updates from work that “connects” with the Institute:

- Ron – even though he’s retired from PHI work as a vocation, he remains committed as an avocation. He’s connected through board work on his local FQHC and is meeting with many people/groups interested in improving community health. He’s interested in authentic community engagement (not tools like surveys) which includes decision-making. What role do we play as stewards in these conversations? Public health probably can’t drive the word, but be actively engaged with time and talent ... maybe leading to treasure?
- Heidi K and Penrose reported they’d met with someone at UVM who may have resources to fund the Institute as a “thought partner” in their work. They’ve met once and will meet again in about a week. If these discussions continue to move forward, Heidi and Penrose promised to be much more forth-coming with specifics
- Heidi K let everyone know that Steve Ridini plans to contact Dr. Levine to arrange a meeting with him and someone on a “peer level” with Dr. Levine to connect on the value of Public Health Institutes
- Laural will meet soon with a community-minded banker to explore how our work might be interesting to that sector
- People will meet with Charlie Baker, the ED of the Chittenden County Regional Planning Committee, to learn more on how RPCs are responding to Gov. Scott’s Executive Order that regional plans must include environmental justice in their regional plans
- The Vermont League of Cities and Towns might be an ally
- Similarly, the Agency of Commerce and Community Development
- Denise suggested connecting with a Vermont environment water group that is focusing on flood resilience; she can facilitate
- After the meeting Penrose learned of the [Vermont Futures Project](#)– lots of connection(s)
- Penrose also reminds us of the “[Roadmap](#)” to Food Security in Vermont by 2035, published by Farm to Plate
- What can you add? Please do and reply to all

Next Meeting? Probably late March/early April. We agreed to connect via email as we wish; meet earlier if we think it’s time ...