



Meeting Minutes
Wednesday, May 8th, 2019 | 9:30 a.m. – 12:30 p.m.
32 College St, Montpelier VT

Commissioners present:

Marcia Merrill (Chair), Carol Buchdahl, Lisa Carlson, Mary Daly, Charlotte Dennett (by phone), Ruth Finn, Kim Nolan, Lisa Ryan, Kerry Secrest, Lisa Senecal

Commissioners absent:

Ed Adrian, Kellie Campbell, Deborah Bucknam, Emilie Kornheiser, Heidi Tringe, Marybeth Christie Redmond

Advisors present:

Karen Trongsard-Scott of Vermont Network Against Domestic & Sexual Violence
Margarite Adelman of WILPF

Guests: Edisa Muller

Staff: Cary Brown, Hannah Lane, Lilly Talbert

Presiding: Marcia Merrill

Recording: Hannah Lane

1. Call to order and approval of agenda

Meeting called to order at 9:30 a.m.

Meeting Agenda Approval Process:

MOTION made by Carol and seconded by Kerry:

To approve the meeting agenda, giving discretion to the chair to deviate from the agenda as necessary.

MOTION APPROVED. Agenda adopted.

2. Welcome/Introductions

Marcia welcomed everyone and asked them to introduce themselves.

3. Approval of April 2019 Meeting Minutes

Approval of April 2019 Minutes

MOTION made by Mary and seconded by Kerry:

To approve the April 2019 minutes as submitted.

MOTION APPROVED. Adopted as presented.

4. Staff Updates

Cary began with legislative updates.

- High school interns have been working with us and taking amazing notes in committee meetings, but mostly Cary and sometimes Hannah listening and monitoring.
- Paid Family and Medical Leave went through the House, passed, and went to the Senate. In the Senate Economic Development Committee, it underwent significant changes. They removed the medical leave; someone would be able to take time off to bond with a new child or to take care of a family member, but not for one's own medical condition. There is a combination of employee/employer contributions. There is also a new provision that ties the leave time to the qualifying event rather than the participant, which poses some logistical concerns.
 - Commissioners were very concerned about siblings and sick parents who work at different companies who all independently contribute to this leave plan not being able to use the program.
 - Commissioners also expressed concern about the exclusion of personal medical leave.
- Minimum wage increase.
- Equal Pay Bill, data collection by gender request. Issue is that right now VDOL tracks jobs by industry but not by occupation, and this makes it difficult to really assess the wage gap. Example: 3% of construction jobs are women – almost no wage gap, but what jobs are they doing?
- Spousal Maintenance. Senate was considering S.99, not in line with what the Task Force recommended, but was too controversial and didn't have enough time. We testified about that, Hannah made some good wording change suggestions which they took, which will probably be going through this year. Currently, there are 8 factors that judges need to consider when they decide Spousal Maintenance Orders, and one of those is a table that provides guidance about the amount and duration of spousal maintenance depending on the length of the marriage and the disparity in income between the parties. The guidelines are temporary. This bill that will likely pass will make them permanent. Our general talking points and position is that a one size, formulaic approach doesn't work, but that fairness and predictability are important.
- Reproductive Health Care. Access to abortion, H.57 and Prop 5. both have passed. In 2021 Prop 5 will need to go through again, then on to the voters.
- The sexual harassment law that passed last year contained a "do not darken my door" provision. There is a new bill looking to add this to any non-discrimination settlements so that no settlements in Vermont could prohibit the aggrieved employee from applying to work for the company again.
- A Child Care bill that would increase money available for scholarships available to educators, invest in student loan repayment programs, etc. is in the works.
- There is an element in the capital bill that includes a study that looks at building a new women's facility. The Network and others would like them to be including others in the study.

Change The Story's Annual Retreat is next week. A new staff person, Aly Johnson-Kurts has been hired, and she has hit the ground running.

The State Workforce Development Policy Committee is discussing data collection. They cover workforce development for the entire state, and are required by law to look at underrepresented populations and look at equitable access. There has been some movement to ask them to look at more specific data around women's workforce participation; Cary is following along.

Listening Project data analysis is ongoing. Hannah will send the instructions to the Commissioners again.

Hannah passed around proposed FY20 meeting schedule, to be voted on in June.

Cary provided a brief update on our H.707 Sexual Harassment work and on contractors Abigail Hartman and Marketing Partners.

Lilly will be working on the H.707 Sexual Harassment website, as well as updating VCW's website into a new State template.

Lilly is also working on 2020 Suffrage Centennial planning. The Vermont Centennial Suffrage Alliance (VCSA) will sponsor events and publicize events around the state. The alliance is sponsoring a parade and gathering on Sat. 8/22/2020.

WILPF is looking at doing a 10/20 program, Susan Wagner from NY to address the issue arounds women's rights and suffrage and deals with racial and ethic and rural issues that women face. Universal declaration of Human Rights with Eleanor Roosevelt this year.

Hannah passed around an updated Commissioner Contact List. Hannah will send this out again electronically with updates.

Cary will be speaking at the AAUW Bennington meeting on Monday about Vermont's Salary History Ban.

Coffee is not something VCW can continue to pay for. Kim offered to check in with City Market for donations as her snack contribution and Carol will get hot cups. ***Hannah will follow up with Kim about quantity and logistics.

Marcia would like Commissioner photos to be redone in the fall, after new Commissioner appointments are made.

5. Department of Children and Families

Working Group & Vermont Parent Representation Center came and presented in April. Commission follow-up discussion included:

- Problems and the stories presented were appalling/very concerning.
- Is this an issue that we, as a Commission, can have any impact on? What's the entry point? Are we educated enough? How do we meaningfully contribute?
 - All of these children have mothers, and half of the children are female.
- Shared personal stories of witnessing others fostering.
- Lead, follow, comment, step aside, suggest remedy
- ***Hannah will send out DCF Parent Handbook to Commissioners

The Education & Human Development Committee should consider this and provide guidance to staff and the Commission.

6. VOTE: Approve policy proposals from Health, Safety, and Civil Rights Committee

Adoption of Youth Sexual Health and Education Policy

MOTION made by **Carol** and seconded by **Ruth**:

To adopt the Youth Sexual Health and Education Policy as recommended by the Health, Safety, and Civil Rights Committee.

MOTION APPROVED. Adopted as recommended.

Adoption of Teen Health and Sexuality Education Policy

MOTION made by **Carol** and seconded by **Ruth**:

To adopt the Teen Health and Sexuality Education Policy as recommended by the Health, Safety, and Civil Rights Committee.

MOTION APPROVED. Adopted as recommended.

7. Committee Work

Committee broke out and worked in small groups and reported back.

The Economic Equity & Security Committee discussed the Equal Pay Compact. Staff will discuss what this could look like and will report back in June.

The Health, Safety, and Civil Rights Committee had a discussion about how Committees could work differently going forward and proposed that the large group gather information about what people are passionate about. When there is something important, they would work with ad hoc committees, working with specific legislation or on issues. The standing Committees would stay in structure and meet periodically to review and update our public policies. Other issues they discussed included drugs & young kids with ADHD, obesity, nutrition, LGBTQIA, gender discrepancies in health care.

Education & Human Development talked about moving VCW's Early Childhood Care and Education to Education Policies and addressing bullying with a more comprehensive policy.

8. Nominations for VCW Chair (election to be held at June meeting)

The VCW Chair is two-year position, Marcia's term is up in June. She has let us know she does not want to run again. We will take nominations at this meeting, and the election will happen next meeting. You may nominate yourself or anyone else.

Carol nominated Lisa Senecal, who expressed willingness to serve.

Nominations were closed.

9. Announcements

Lisa Ryan announced upcoming trainings for COSA volunteers at the Community Justice Center in Rutland on May 31st from 5:30 – 8:30 p.m. and June 31st for anyone who'd like to join.

Meeting Adjourned at 12:27 p.m.

Youth Sexual Health and Education

The Vermont Commission on Women supports legislation, policies, programs, and initiatives that promote the health and wellbeing of Vermont youth, with a focus on inclusive, comprehensive sex education and prevention strategies, and support and education for pregnant and parenting teens.

Sexual health is defined by the World Health Organization as “a state of physical, mental and social well-being in relation to sexuality. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.”ⁱ

All Vermont schools and other appropriate youth-serving organizations shall provide sex education including information about relationships, reproduction, puberty, sexual orientation, gender identity, consent and decision making skills, sexually transmitted infections and prevention, contraception, and pregnancy in accordance with [Vermont State Comprehensive Health Education Law \(VSA 16\)](#)ⁱⁱ. This education must provide young people with medically accurate, age-appropriate information and skills necessary to help them make decisions for their health and overall well-being.ⁱⁱⁱ Sex education should be informed by evidence of what works best to prevent unintended pregnancy and sexually transmitted infections and should also respect young people’s right to complete and honest information. Sex education should treat sexual development as a normal, natural part of human development.^{iv} This education should be grounded in an understanding of reproductive justice.^v

We are committed to protecting, promoting, and expanding these education programs until all Vermont youth have access to comprehensive, medically accurate, quality information and resources to support them in making sexual health decisions that are right for them. While Vermont state health education laws are strong when it comes to providing sex education in schools, consistent support and resources are needed to ensure widespread adoption and equitable implementation.

Nationally there has been a 67% decline in the teen birth rate since 1991, including significant declines in all 50 states and among all racial/ethnic groups. Currently nearly two out of every 100 teen girls will have a child each year in the United States.^{vi} Rates are higher among young people living in poverty, living in foster care, or facing persistent racism and discrimination. One-third of teen girls who have dropped out of high school cite early pregnancy or parenthood as a key reason, and less than 2% of teen moms finish college by age 30. Daughters born to women in their 20s are three times less likely to become teen moms themselves compared with daughters of teen moms.^{vii}

Vermont has the second lowest teen pregnancy rate in the country. In 2016 there were 16.7 pregnancies per 1,000 women 15-19 years of age, a decrease from 20.6 in 2014 and 21.9 in 2013. In 2016, there were 347 pregnancies to Vermont teens aged 15–19. Two-hundred and thirteen (or 61%) resulted in teen births. Based on these data, the 2016 teen birth rate was 10.3 per 1,000, down from 14.2 in 2014. Teen births/pregnancies vary significantly among communities. While the overall rate of unintended pregnancy is 50%, young women under 20 have the highest rate of unintended pregnancy (72%), followed by women ages 20-24 (70%).^{viii}

Young people are waiting longer than ever before to have sex. On average, young people in the United States have sex for the first time at about age 17.^{ix} It is vital to recognize that not all young people choose to wait until they are older to have sex, and the percent of students who have, rises with each grade level. While 19% of 9th graders in Vermont have ever had partnered sex, that rises to 60% by senior year.^x Access to sex education before people have partnered sex is the best way to ensure positive health outcomes; young people

who use condoms the first time they have sex are more likely to use condoms in subsequent sexual encounters.^{xi} Health disparities do exist for LGBTQ students and Racial and Ethnic Minorities due to stigma, bias, discrimination, and social isolation associated with historically unfair and unjust systems, structures, policies, attitudes and cultural norms. Ensuring access to inclusive and affirming sex education for all young people is one way to help address these disparities. While teen pregnancy continues to decline, CDC estimates that youth ages 15-24 make up over one quarter of the sexually active population, but account for half of the 20 million new sexually transmitted infections that occur in the United States each year.^{xii} Access to health care services in a confidential and supportive environment helps to ensure that young people can make determinations about pregnancy and explore their reproductive life plan.

According to the Vermont 2017 YRBS data overall 40% of high school students have ever had sexual intercourse; 31% of high school students reported having sex in the past 3 months; 9% reported 4+ sexual partners in their lifetime; 42% of students have never had sexual intercourse. Among sexually active students, the last time they had sex: 56% used a condom and 50% used prescription birth control to prevent pregnancy; less than one in five used both a condom and prescription birth control the last time they had sexual intercourse; 19% used drugs or alcohol at last sex. 10% of high school students reported having ever been physically forced to have sexual intercourse and 7% of students reported they were physically hurt by someone they were dating in the past year.^{xiii}

We are committed to working to reduce risk factors and enhance protective factors related to the sexual health and wellbeing of all Vermont youth. The sexual health of vulnerable Vermont youth populations, including racial and ethnic minorities, runaway and homeless youth, youth in foster care, youth in the juvenile justice system, refugee and New American youth, LGBTQ youth, and youth with developmental disabilities, requires more focused attention and effort, and teens who are pregnant or parenting, should receive adequate support^{xiv}.

We are committed to supporting sex education that is in line with and guided by [national standards](#) and [guidelines](#).

ⁱ https://www.who.int/topics/sexual_health/en/

ⁱⁱ <https://legislature.vermont.gov/statutes/section/16/001/00131>

ⁱⁱⁱ <https://siecus.org/issues/>

^{iv} <http://www.futureofsexed.org/youthhealthrights.html>

^v <https://www.sistersong.net/reproductive-justice/>

^{vi} <https://powertodecide.org/what-we-do/information/why-it-matters>

^{vii} <https://powertodecide.org/what-we-do/information/why-it-matters>

^{viii} <https://www.hhs.gov/ash/oah/facts-and-stats/national-and-state-data-sheets/adolescent-reproductive-health/vermont/index.html>

^{ix} <https://www.guttmacher.org/fact-sheet/american-teens-sexual-and-reproductive-health>

^x http://www.healthvermont.gov/sites/default/files/documents/pdf/CHS_YRBS_statewide_report.pdf

^{xi} <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1874201/>

^{xii} <https://www.cdc.gov/std/life-stages-populations/adolescents-youngadults.htm>

^{xiii} http://www.healthvermont.gov/sites/default/files/documents/pdf/CHS_YRBS_statewide_report.pdf

^{xiv} <https://www.healthyteenetwork.org/?s=parenting+teens&op>

Teen Pregnancy and Sexuality Education

The Vermont Commission on Women supports legislation, policies, programs, and initiatives that promote responsible and comprehensive sexuality education and prevention of teen pregnancy, as well as provide support and education to pregnant and parenting teens.

All Vermont educational environments shall provide comprehensive sexual education including information about reproduction, puberty, sexual orientation, gender identity, relationships, consent and healthy sexual behavior, decision making skills, sexually transmitted diseases, contraception, and pregnancy.¹ Preventing teen pregnancy helps expand opportunity, create positive social change, and allows young people to be stronger contributors to their communities.²

We are committed to protecting and expanding sexual education programs until all teens have access to quality information and access to contraception they need to honor their intention not to get pregnant, therefore reducing poverty and improving the family's welfare. Nationally we have seen a 67% decline in the teen birth rate since 1991, including profound declines in all 50 states and among all racial/ethnic groups. Currently nearly two out of every 100 teen girls will have a child each year, and nearly all teen pregnancies are unplanned. Rates are higher among young people living in poverty, living in foster care, or facing persistent racism and discrimination. One-third of teen girls who have dropped out of high school cite early pregnancy or parenthood as a key reason, and less than 2% of teen moms finish college by age 30. Daughters born to women in their 20s are three times less likely to become teen moms themselves compared with daughters of teen moms.³

Currently 58% of the states require sexual education instruction in public schools, and the content and quality information varies from state to state. There is even greater variance among states that do not have laws requiring sexuality education, where individual schools choose whether or not sexuality education is taught and how it is implemented.⁴

Teenagers will have sex, and over half of them have done so by 17 years old. The more concerning figures relate to the un-healthy relationships or un-safe situations these teens are in while having these relationships. In an annual study of high school students in Vermont it was found that 10% have had sexual intercourse with more than four people, and 19% of them were impaired by drugs or alcohol during their last sexual encounter. Only 58% reported using a condom, 47% used a prescribed form of contraceptive, and 7% took no pregnancy prevention measures. 9% of those teens report they experienced physical dating violence, and 7% report they were forced to have sexual intercourse. Not only is that behavior a risk for pregnancy, it is a risk for spreading STD's/HIV, and causing lifelong trauma.⁵

In Vermont in 2015, 249 white females under 20 years of age gave birth, and the majority were born to mothers over 18 years old. Our teen birth rate is almost half of what the national average is, and Vermont's abortion rate is lower than the national average.⁶ Preventing teen pregnancies leads to significant savings in publicly funded programs, and estimates show that annually more than \$4 billion in medical and economic supports during pregnancy and infancy.⁷

In 2017, there was an increase in bills introduced requiring instruction in consent, and most sought to improve the quality of sexuality education by requiring that sexuality education be developmentally appropriate, medically accurate,

¹ Planned Parenthood. *What is Sex Education?* Available at <https://www.plannedparenthood.org/learn/for-educators/what-sex-education>

² Power to Decide. *Why it Matters*. Available at <https://powertodecide.org/what-we-do/information/why-it-matters>.

³ Power to Decide. *Why it Matters*. Available at <https://powertodecide.org/what-we-do/information/why-it-matters>.

⁴ Sexuality Information and Education Council of the United States. (2017). *Sex Ed State Legislative Year-End Report*. Retrieved from <http://siecus.org/index.cfm?fuseaction=document.viewdocument&ID=D677643F0FA486C206DFAD94E82FFE79EB909068886CD6E0B053272E8ADC7CA301874C2EEFDC1682C826FF9A7472B56F>.

⁵ U.S. Department of Health and Human Services, Office of Adolescent Health. (May 30, 2017). *Vermont Adolescent Reproductive Health Facts*. Available at <https://www.hhs.gov/ash/oah/facts-and-stats/national-and-state-data-sheets/adolescent-reproductive-health/vermont/index.html>.

⁶ U.S. Department of Health and Human Services, Office of Adolescent Health. (May 30, 2017). *Vermont Adolescent Reproductive Health Facts*. Available at <https://www.hhs.gov/ash/oah/facts-and-stats/national-and-state-data-sheets/adolescent-reproductive-health/vermont/index.html>.

⁷ Power to Decide. *Why it Matters*. Available at <https://powertodecide.org/what-we-do/information/why-it-matters>.

evidence based, and culturally appropriate. Many focused on changing the language in statutes to be inclusive of LGBTQ youth, and a large number of the proposed bills highlighted consent and sexual violence prevention.⁸

⁸ Sexuality Information and Education Council of the United States. (2017). Sex Ed State Legislative Year-End Report. Retrieved from <http://siecus.org/index.cfm?fuseaction=document.viewdocument&ID=D677643F0FA486C206DFAD94E82FFE79EB909068886CD6E0B053272E8ADC7CA301874C2EEFDC1682C826FF9A7472B56F>.