

## Access • Primary & Oral Health Care

### • A Vision for Health Care Equity

Equitable access to health care means that quality and comprehensive health services are equally available, affordable, coordinated, culturally appropriate and offered with respect to all Vermonters. As our partners clearly stated: "Access to health care should not be a privilege."

### • Access is More Than Insurance

In Vermont, 96% of adults and 99% of children have primary health insurance, higher than many other states. Oral health is integral to overall health, yet only 57% of Vermonters have dental insurance that covers routine care. Having health insurance is a starting point for accessing medical and dental care, but it takes more than insurance.

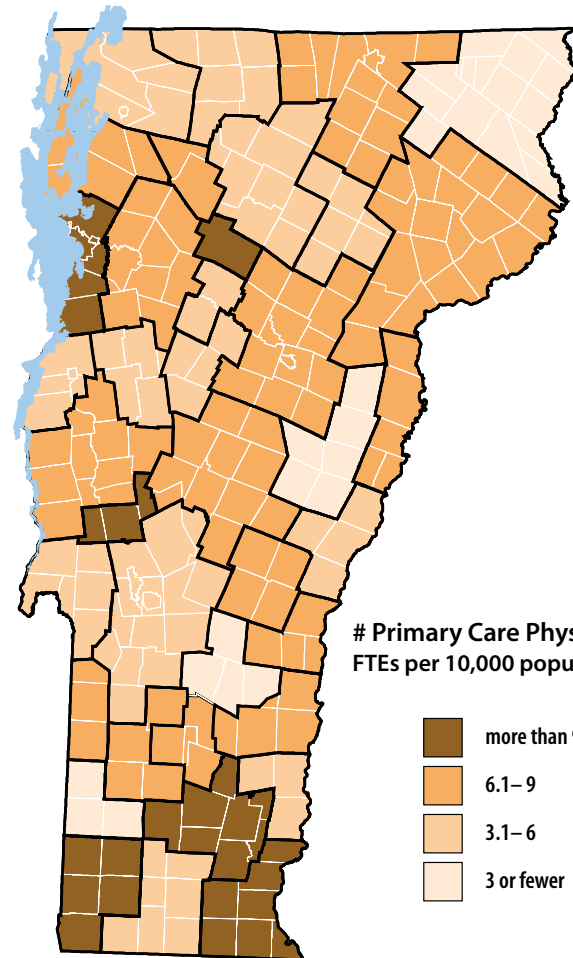
### • Access to Medical & Dental Care

To measure access to care, we consider the ratio of physicians or dentists to the population of an area, and the percentage of the population that has insurance plus a usual care provider. Nurse practitioners and physician assistants also provide much of the primary care. By these measures, access varies across the state. Adult females (92%) are more likely than males (84%) to have a usual provider, and white, non-Hispanics are more likely than people of color. Vermont adults (71%) are much more likely than U.S. adults (65%) to have had a dental visit in the past year. Females are more likely than males, white, non-Hispanics are more likely than people of color, and those with higher income and education are the most likely to have regular dental care.

## Supply of Primary Care Physicians

Vermont Department of Health/Health Care Provider Census • 2016

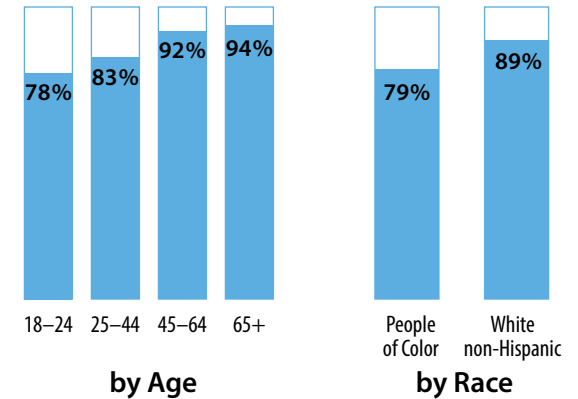
# Full Time Equivalent (FTE) physicians to population



## Access to Primary Care

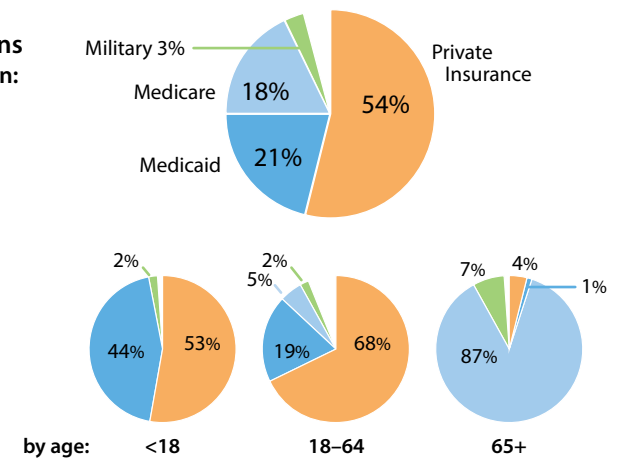
Vermont Behavioral Risk Factor Surveillance System • 2016

% of Vermont adults who have a usual primary care provider



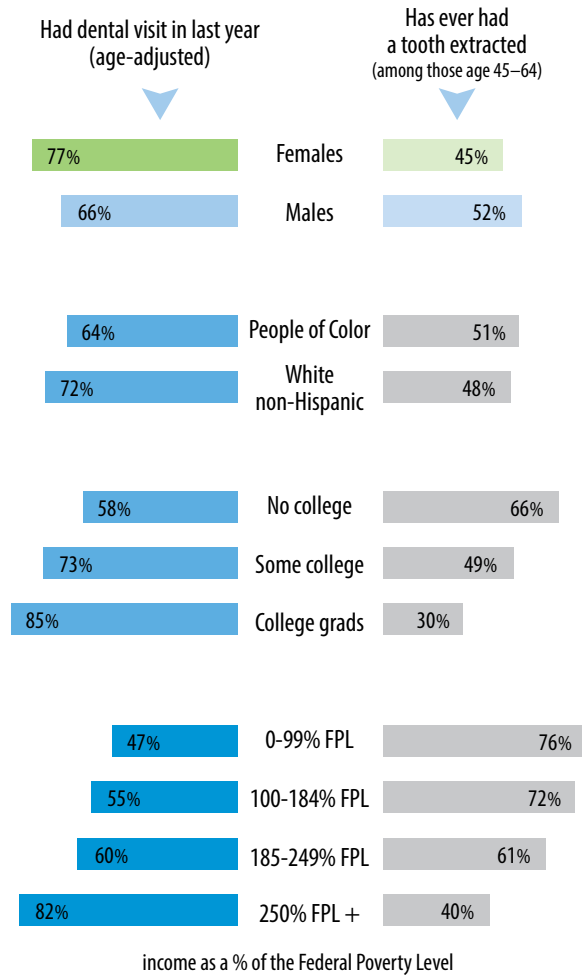
## Primary Health Insurance Sources

Vermont Household Health Insurance Survey • 2014



## Dental Visits & Tooth Extractions

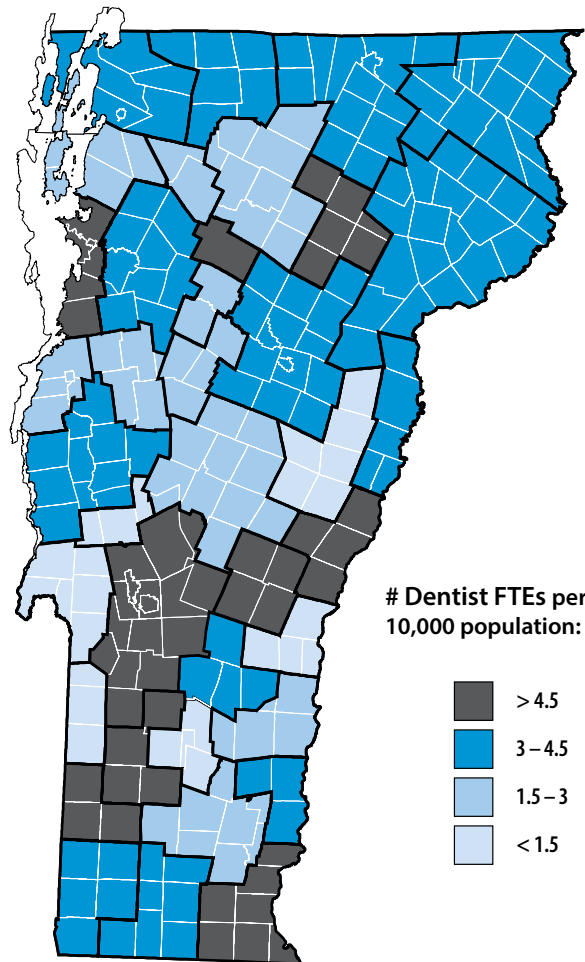
Vermont Behavioral Risk Factor Surveillance System • 2016



## Supply of Dentists

Vermont Department of Health/Health Care Provider Census • 2017

# Full Time Equivalent (FTE) dentists to population



## Barriers to Health Care

Beyond insurance and the supply of providers, a complex interplay of social, environmental and infrastructure barriers can stand in the way of accessing health care.

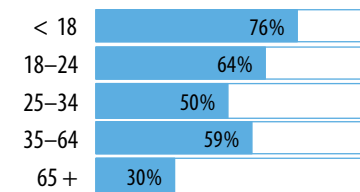
Our partners said that people of color, those who identify as LGBT, who have disabilities, or work on farms or in forestry may not see themselves represented, understood or respected by health care providers. Providers may not have sufficient training to understand, prevent or treat their particular health needs, or may have implicit bias that results in discrimination. Travel to care may be difficult for people who live in rural areas, for those with lower incomes or disabilities, especially when public transportation is inadequate.

## Dental Insurance

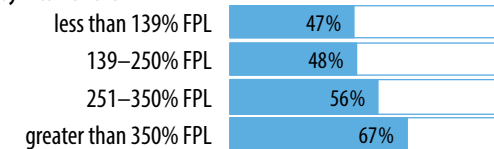
Vermont Household Health Insurance Survey • 2014

% of Vermonters who have dental insurance, by age and income (as a % of the Federal Poverty Level)

by Age-



by Income Level-



## Access • Mental Health & SUD Treatment

### • Access to Mental Health Professionals

Mental health professionals in the state include social workers, psychologists, mental health counselors, psychotherapists, psychiatrists, mental health advanced practice RNs, marriage and family therapists, psychoanalysts, and mental health physician assistants. Social workers are by far the largest group.

As a measure of access to mental health services, the ratio of mental health care providers to population varies widely across the state. Grand Isle and Essex counties have the fewest, while Windham, Chittenden and Washington counties have the greatest number of providers to residents.

### • What is Substance Use Disorder?

Substance Use Disorder (SUD) occurs when the recurrent use of alcohol or drugs causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school or home. Having a combination of alcohol and drug use disorders is common, and substance use disorders often occur with mental health problems.

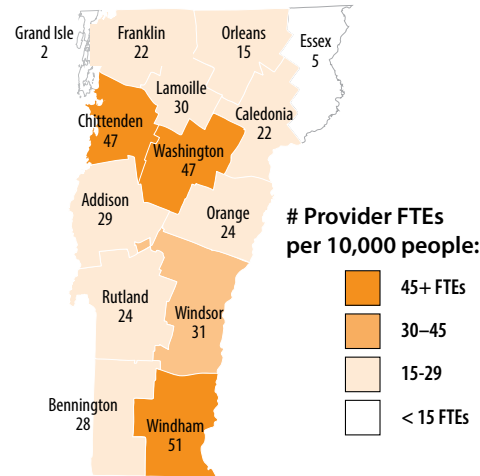
### • Vermonters in Need of Treatment

An estimated 33,000 Vermonters are in need but not in treatment for alcohol use disorder, and 17,000 are in need but not in treatment for drug use. While a higher proportion of Vermonters living in poverty are in need of treatment, the total count is higher for those at the highest income level (250% or more of the Federal Poverty Level).

### Supply of Mental Health Care Providers

Vermont Dept. of Health/Health Care Provider Census • 2016 & 2017

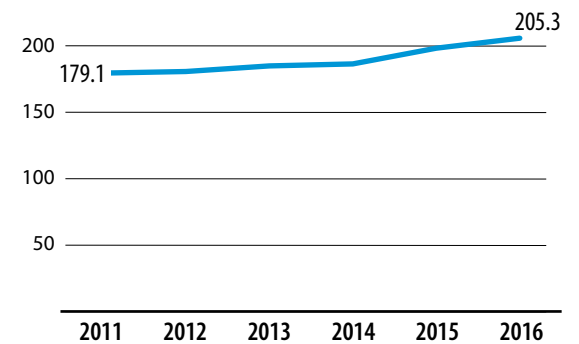
# Full-Time Equivalent (FTE) providers of various mental health services, per 10,000 people



### Mental Health Emergency Dept. Visits

Vermont Uniform Hospital Discharge Data Set • 2011–2016

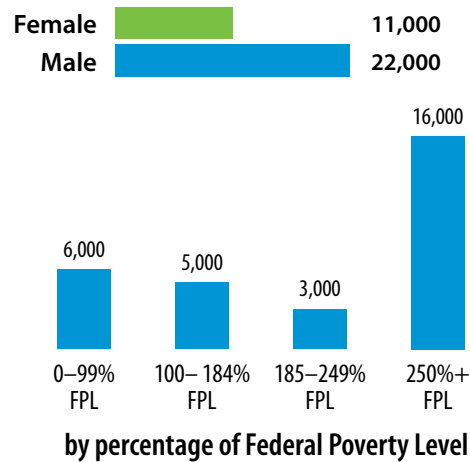
# Emergency Department visits for mental health disorders, per 10,000 people



### Vermonters Going Untreated for Alcohol Use

National Survey on Drug Use & Health/Vermont • 2011–2014

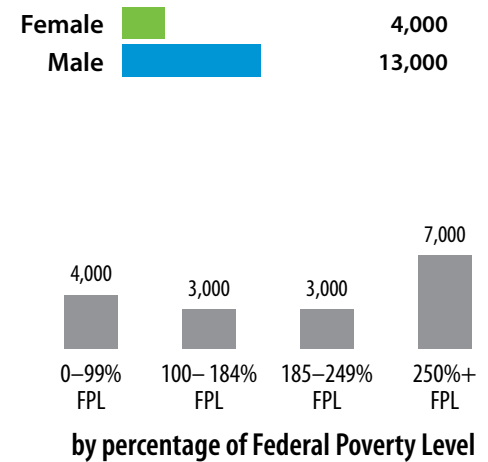
Estimated # of people age 12+ who did not receive needed treatment, to nearest thousand



### Vermonters Going Untreated for Drug Use

National Survey on Drug Use & Health/Vermont • 2011–2014

Estimated # of people age 12+ who did not receive needed treatment, to nearest thousand



## Treatment for Substance Use Disorder

Health Effectiveness Data & Information Set • 2016

Of those diagnosed with a substance use disorder,



45% received a follow-up treatment, and



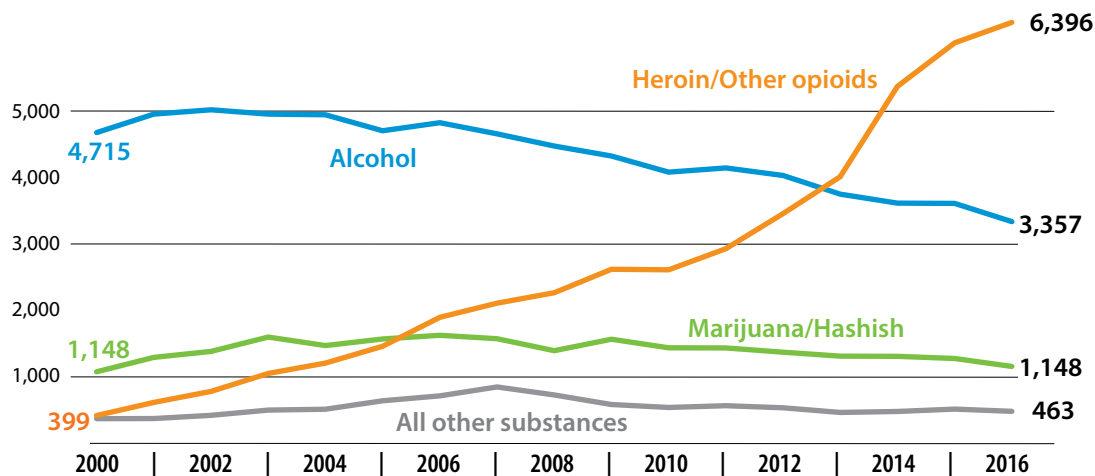
17% stayed in treatment



## Substance Use Disorder Treatment Trend

Substance Abuse Treatment Information System • 2000–2016

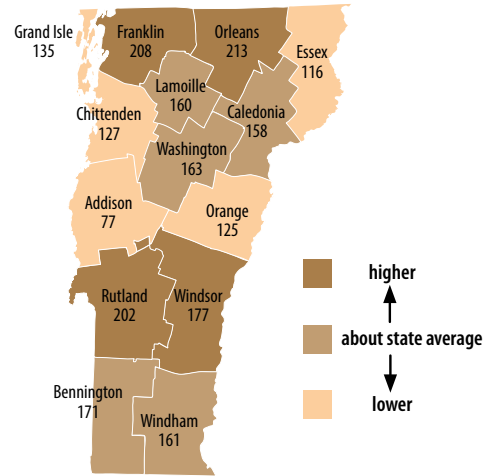
# Vermonters treated in preferred provider system for substance use disorder, by substance



## Treatment for Opioid Use Disorder

Medicaid & Substance Abuse Treatment Information System • 2016

Estimated total # of people receiving medication-assisted treatment at a Hub or Spoke, per 10,000 people, by county



### • Medication-Assisted Treatment

There is strong evidence that medication-assisted treatment with methadone or buprenorphine is effective in keeping patients in treatment and in decreasing illicit opioid use.

### • Why don't people go to treatment?

Many people with substance use disorder do not recognize that they need treatment. When they are diagnosed and treatment is recommended, they still may not go. And if they do enter treatment, they may not stay. Of Vermonters who were diagnosed with a substance use disorder in 2016, an estimated 45% entered treatment and, of those, 17% stayed in treatment.

There are many reasons why people may resist starting treatment, or staying in treatment. Personal, sociocultural, structural and systemic barriers that prevent a person from accessing health care are often even stronger barriers to accessing treatment for alcohol and drug problems or mental illness. And stigmatization of those who have mental illness or substance use disorder is still a strong force that keeps people from seeking help.

### • Substance Use Disorder Treatment Trends

More Vermonters are in need of treatment for alcohol use disorder than for opioid use disorder.

Since 2013, as the Care Alliance for Opioid Addiction hub & spoke system of medication-assisted treatment has expanded, the number of people in treatment for opioids has surpassed the number of people in treatment for alcohol.

## Access • Hospitals & Health Clinics

### Insured & Underinsured Vermonters

In 2014, 4% or 23,000 Vermonters had no health insurance – an improvement from 8% uninsured Vermonters in 2000 and 7% in 2012. But many people who have insurance are under-insured. Of those under the age of 65 who have private insurance, more than one-quarter (27% or 92,000 individuals) were considered under-insured due to either high deductibles, uncovered costs, or both.

### Access to Care for the Underserved

Vermont has 12 Federally Qualified Health Centers with more than 60 clinic sites, nine Rural Health Clinics and 10 Free Clinics. These health centers and clinics are spread out across the state, providing improved access to primary, dental and mental health services for the uninsured and under-insured.

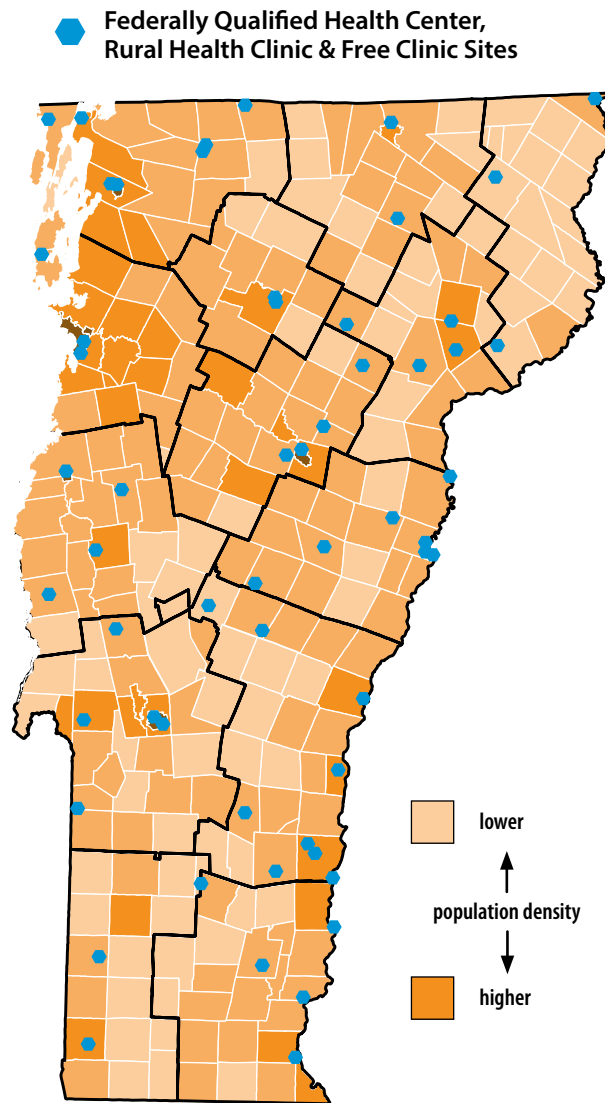
*Federally Qualified Health Centers* are health care practices that provide high quality, comprehensive primary care and preventive services. They offer these services even if the patients don't have health insurance or cannot pay the full cost. Payment is on a sliding scale basis.

*Rural Health Clinics* are located in rural, medically underserved areas to increase access to primary care for patients with Medicaid and Medicare.

*Free Clinics* offer their services to uninsured and low income individuals, at nominal or no cost. They also help patients find medical or dental care, and enroll in health insurance plans.

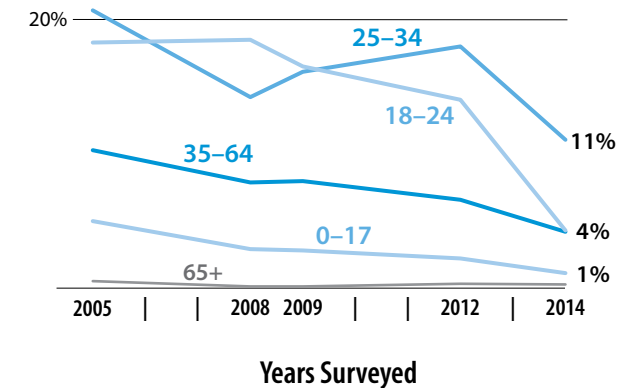
### Health Clinics for the Underserved

American Community Survey • 2016  
Bi-State Primary Care Association • 2018



### Uninsured Vermonters, by Age

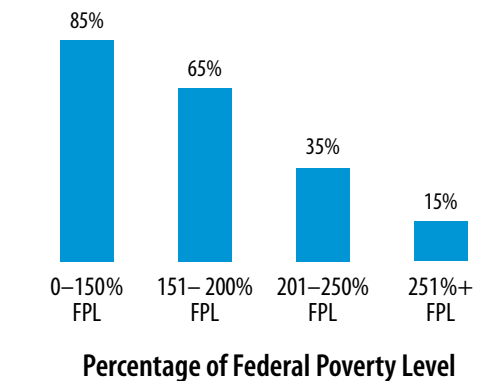
Vermont Household Health Insurance Survey • 2005–2014  
% of Vermonters who do not have any form of insurance



### Under-insured Vermonters, by Poverty Level

Vermont Household Health Insurance Survey • 2014

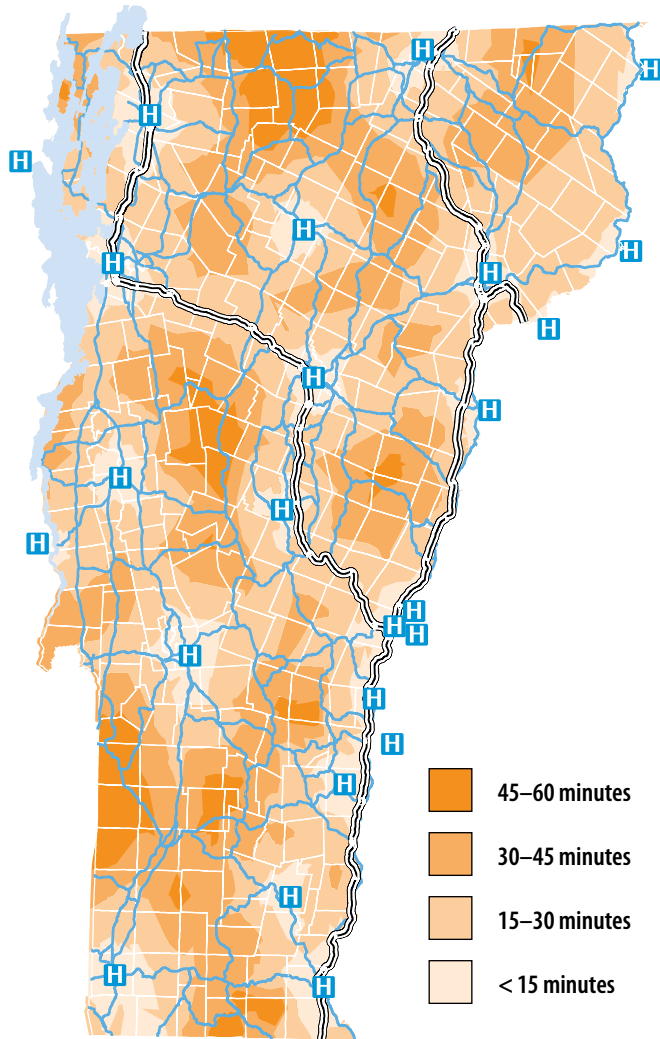
% of Vermonters with private health insurance who are under-insured (age 0-64)



## Hospital Drive Time

Vermont Department of Health /GIS • 2018

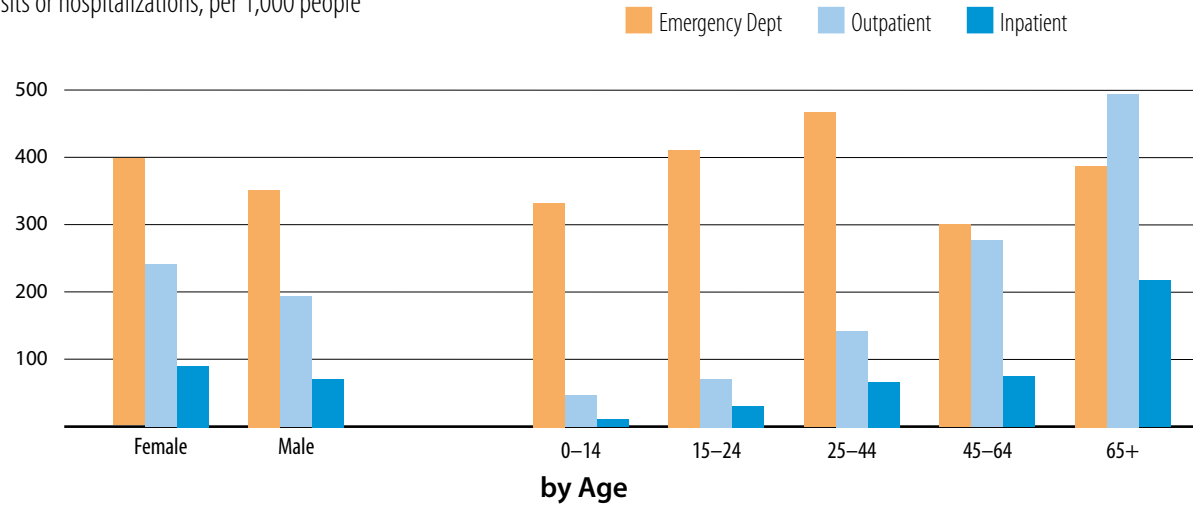
# minutes it takes to drive to a hospital in or near Vermont



## Hospital Utilization

Vermont Uniform Hospital Discharge Data Set • 2015

# visits or hospitalizations, per 1,000 people



### • How do you get to medical care?

Vermont's 14 non-profit hospitals and network of health care systems are well distributed geographically. However, the rural layout of our state, the many miles of dirt roads, limited public transportation in some areas, and severe weather events all contribute to making the logistics of getting to a medical facility another barrier to accessing care.

Long driving times may markedly influence treatment patterns. Depending on where you live, it could take more than 45 minutes to drive to the nearest hospital. Drive times may be even longer to get to specialty care.

### • Hospital Utilization

Hospitals are an integral part of the health care system, and hospital utilization data is useful in measuring trends in emergency department, outpatient and inpatient visits for chronic illnesses, infectious diseases, injuries and other emergencies. Such hospital utilization data is reflected throughout this assessment.

Overall in Vermont, hospital utilization of all types is higher for females compared to males. Both inpatient and outpatient hospitalizations increase with age. Vermonters age 25 to 44 are most likely to go to the emergency department, and those age 45 to 64 are least likely.