

UPDATE OF THE STATE HEALTH ASSESSMENT AND STATE HEALTH IMPROVEMENT PLAN

Today: Finalize the State Health Assessment

- Describe the health status of the population,
- Identify areas for health improvement, determine factors that contribute to specific health outcomes, and
- Identify assets and resources that can be mobilized to address population health improvement.

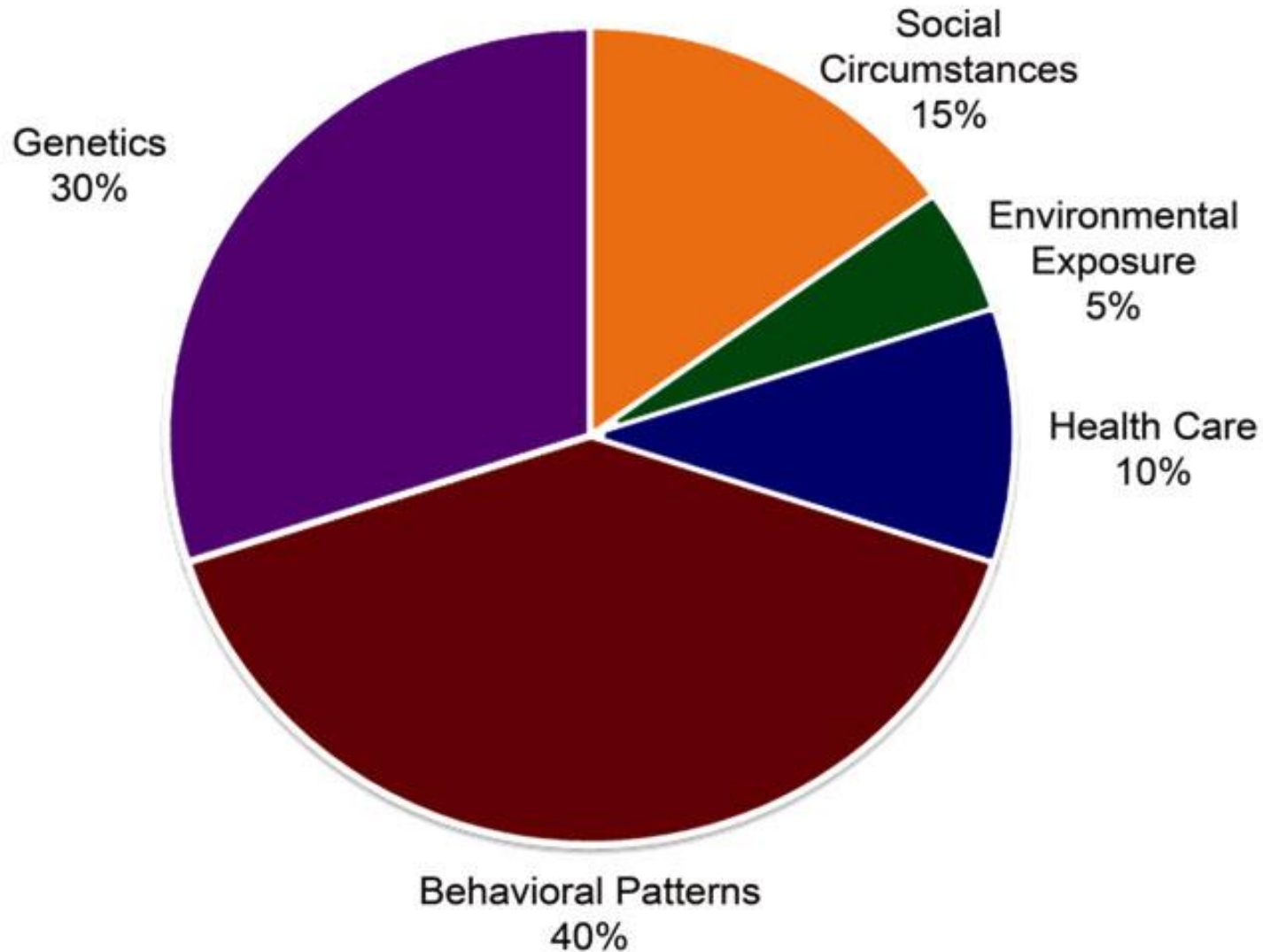
Introduce Ourselves

Name and Community of Residence



The Contributors to Health Outcomes

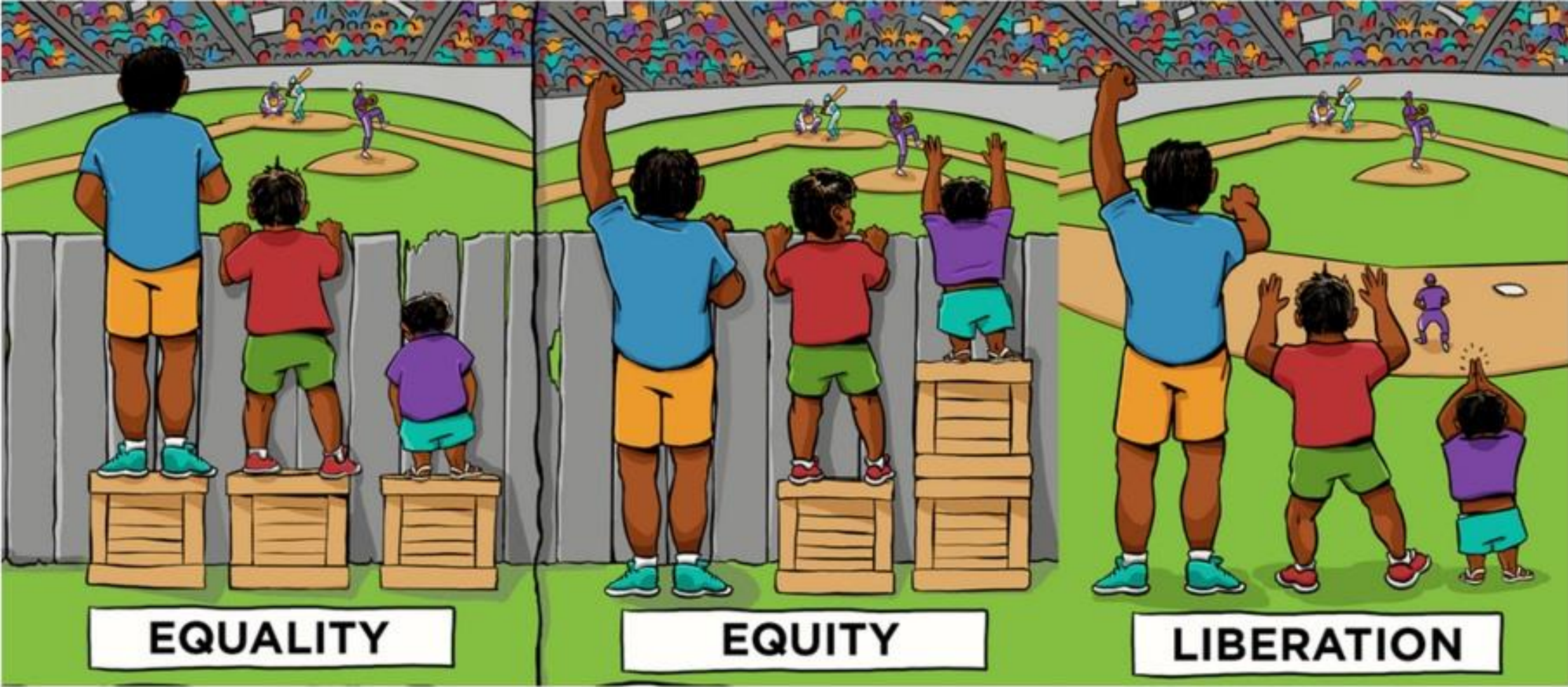
What are the factors that contribute to health?



Note: This does not fully represent the interaction among the different factors.

Source: N Engl J Med 2007;357:1221-8.

Where do we want to go?



FAIR AND JUST SOCIETY

- Confront root causes of inequity (-isms) •
- Build internal capacity for equity • Prioritize upstream policy changes
- Align funding decisions with equity • Include diverse communities in decision-making

SOCIAL DETERMINANTS



Safe and supported early childhood development

Economic prosperity, equitable law and justice system

Family wage jobs and job opportunities



Safe, quality housing

Clean and sustainable natural environments



Safe and efficient transportation

POPULATION HEALTH OUTCOMES



Quality education



Strong, vibrant communities



Recreation, parks, and natural resources

Civic engagement and community connections



Affordable, local, healthy food

Access to care • Prevention • Early detection • Treatment • Health education



The Context of People's Lives

Findings from the “out” engagement

“Out” Engagement

- Opportunity to hear from Vermonters whose voices haven't been included or who experience health inequities (lived experience)
- 13 organizations working on diverse issues; about 40 participants
- Some similar themes to “in” engagement

- Veterans
- Immigrants
- People with disabilities: brain injuries, developmental and intellectual disability
- Racial justice
- Youth
- Refugees
- Migrant farmworkers
- Mental health
- LGBTQ
- Criminal justice

...and many differences



“Our society would have to look radically different for everyone to have an equal opportunity to be healthy. We need to have more equal distribution across the board [not just health, but other systems as well].”

For your consideration

- Why might people feel so differently?
- What conditions might be contributing to these health outcomes?
- What is going on in people's lives and in society that could be contributing to these health outcomes?

“Having an invisible disability is socially isolating.”

**"No one gives you a chance to see
if you're capable."**

**“Give people empowerment for
once!”**

“We can’t outsource health [to providers; we need to have agency over our own health].”

“The quality of care in Vermont leaves much to be desired... for veterans specifically.”

“Most of our parents immigrated here because of war. They saw those tragic things happen. I feel like they came to America and they had to deal with those things by themselves. They have to go through that trauma by themselves.”

“Representation [of minority groups] is really important, whether it’s in a school or in a hospital... being able to connect to somebody.”

“Vermont doesn’t do a good job recognizing or acknowledging people who aren’t white.”

“It’s easier for society to select a certain group of people as being ‘less than us’.”

EXCLUSION: both implicit and explicit

According to Vermonters who experience health inequities, they...

- ▣ face discrimination, prejudice, and racism on a constant basis that is often invisible to others;
- ▣ don't trust and feel misunderstood by "the system;"
- ▣ don't feel valued, included, or safe;
- ▣ feel socially isolated and seek community connections;
- ▣ feel like services aren't designed to support them;
- ▣ feel a lack of agency over their health and their own lives;
- ▣ believe this takes place because our society has been structured to maintain a status quo that provides them with unequal opportunities.

Exercise

What popped out to you? What did you notice?

What questions does it raise... for you? For your work?

In five years, if we have successfully worked towards achieving health equity, what would we have accomplished?

Vision: All people in Vermont have an equal opportunity to be healthy and live in healthy communities

- Everyone feels respected, valued, included, and safe to pursue healthy and meaningful lives;
- All ages, all abilities, and all Vermonters have equitable access to the conditions that create health;
- Investments are focused on prevention and the conditions that create positive health outcomes; and
- Services are available, accessible, affordable, coordinated, culturally appropriate and offered with cultural humility.

Core Values: **Equity** • **Affordability** • **Access**



Affordable, Healthy, Local Food



Health and Prevention Services



Recreation, Parks and Natural Resources



Safe and Efficient Transportation



Safe, Quality Housing



Safe and Supported Community Early Childhood Development



Economic Prosperity, Equitable Law and Justice System



Family Wage Jobs and Job Opportunities



Clean and Sustainable Natural Environments



Quality Education



Strong, Vibrant Communities

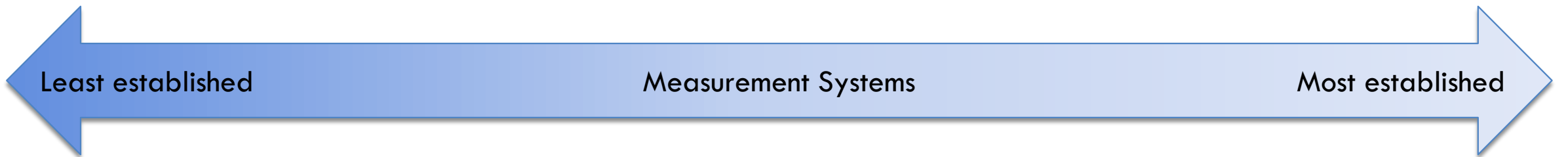
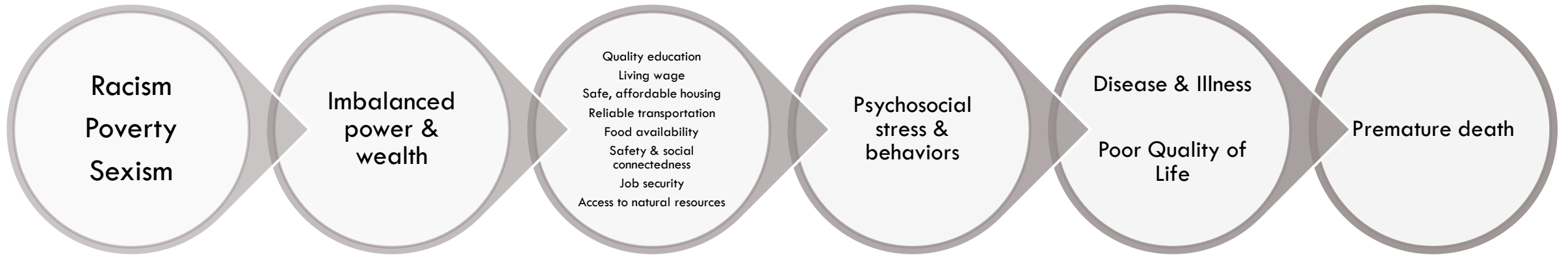


Civic Engagement and Community Connections

The Health Status of Vermonters

- Current demographics and the State of the State
- Priority populations based on historical injustice or underinvestment
- Health status

<http://www.healthvermont.gov/stats/hv2020>





State of the State



State of the State – Describe VT; key health statistics

General demographics - age, race, socioeconomic status, rural/urban, languages

Fundamental Health Statistics - leading causes of death, life expectancy, IMR

Priority Populations - as determined through historical injustice or underinvestment

a. Race

b. Poverty/SES

c. LGBTQ

d. Disability

e. Youth and older adults

Priority Health Status Topics

a. Infectious Disease

HIV, STD, Hepatitis

Vaccine-preventable diseases

Zoonotic, vector-borne

Healthcare-acquired infections & Other reportable diseases

b. Chronic Disease

Protective Behaviors - physical activity & nutrition

Risk Behaviors - alcohol, tobacco & other drugs

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Mental Health, trauma

Morbidity - burden of chronic disease

Mortality - chronic disease deaths

Mortality & Morbidity - Cancer

c. Injury

Overall Mortality & Morbidity - relative rank and age

Unintentional injury - falls, Motor Vehicle crashes, Traumatic Brain Injury

Intentional injury - firearms, suicide, Intimate partner violence

d. Environmental Health

Climate and Health

Healthy Homes, Schools, and Communities

Food Safety and Drinking Water

Chemical and Radiological Safety

e. Maternal & Family Health

Family Planning, Pregnancy & Maternal Morbidity

Babies & Small Children - Safe sleep, child & parent behaviors (nutrition, breastfeeding)

Childhood screening, developmental disorders, CSHN

f. Access & Linkages to Care

Insurance, transportation drive times, care pattern behaviors

Access to MH, SUD, OH, needle exchange, telemedicine

Draft outline for State Health Assessment

Vermont Demographics

Demographics	Estimated Number	Percent
Total - 2011-2015	626,604	100.0%
Sex		
Males	308,573	49.2%
Females	318,031	50.8%
Age		
< 5 years	30,395	4.9%
5-19 years	114,427	18.3%
20-24 years	45,125	7.2%
25-44 years	144,620	23.1%
45-64 years	189,764	30.3%
65-74 years	58,953	9.4%
75+ years	43,320	6.9%

Median Age	42.4 years
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2011-2015 American Community Survey

2016 VT Population by Race, Ethnicity

	Not Hispanic		Hispanic	
Total	612,943	100.0%	11,651	100.0%
White	581,225	94.8%	9,644	82.8%
Black or African American	7,558	1.2%	589	5.1%
American Indian and Alaska Native	2,032	0.3%	394	3.4%
Asian, Native Hawaiian, Pacific Islander	11,113	1.8%	226	1.9%
Two or More Races	11,015	1.8%	798	6.8%

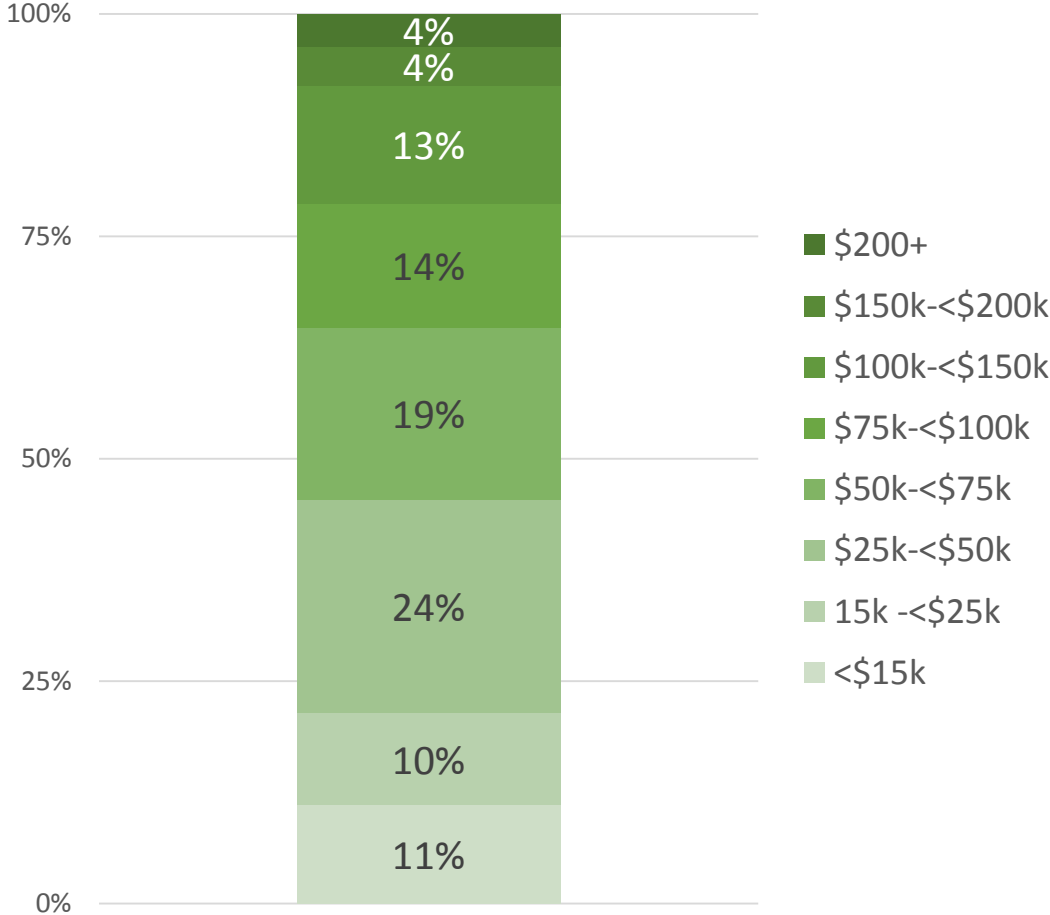
Of an estimated 624,594 Vermonters in 2016, 98.1% are non-Hispanic and 93.1% are white, non-Hispanic

Total White, non-Hispanic	581,225	93.1%
Total People of Color	43,369	6.9%

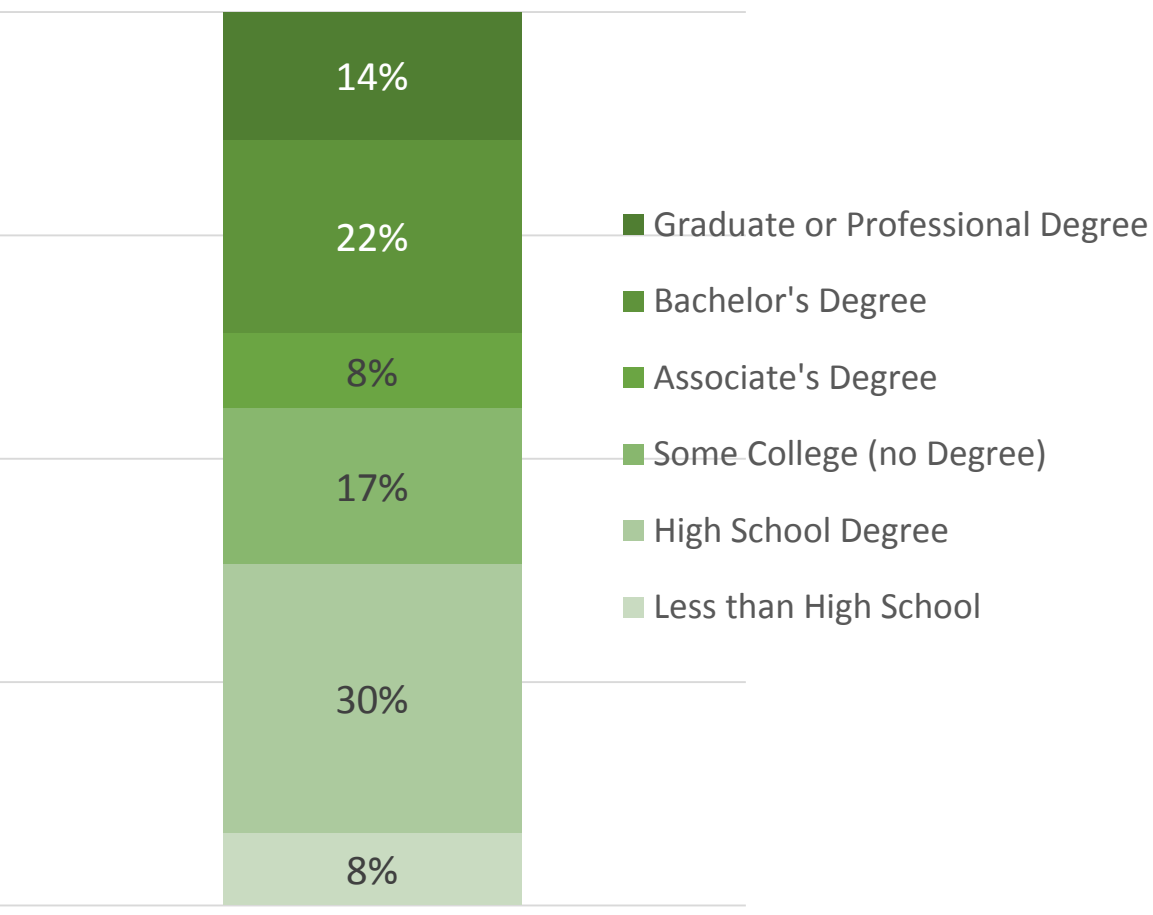
2016 Vermont Population Estimates; American Community Survey

Socioeconomic Status

Household Income among Vermonters



Highest level of education, Vermonters ages 25+

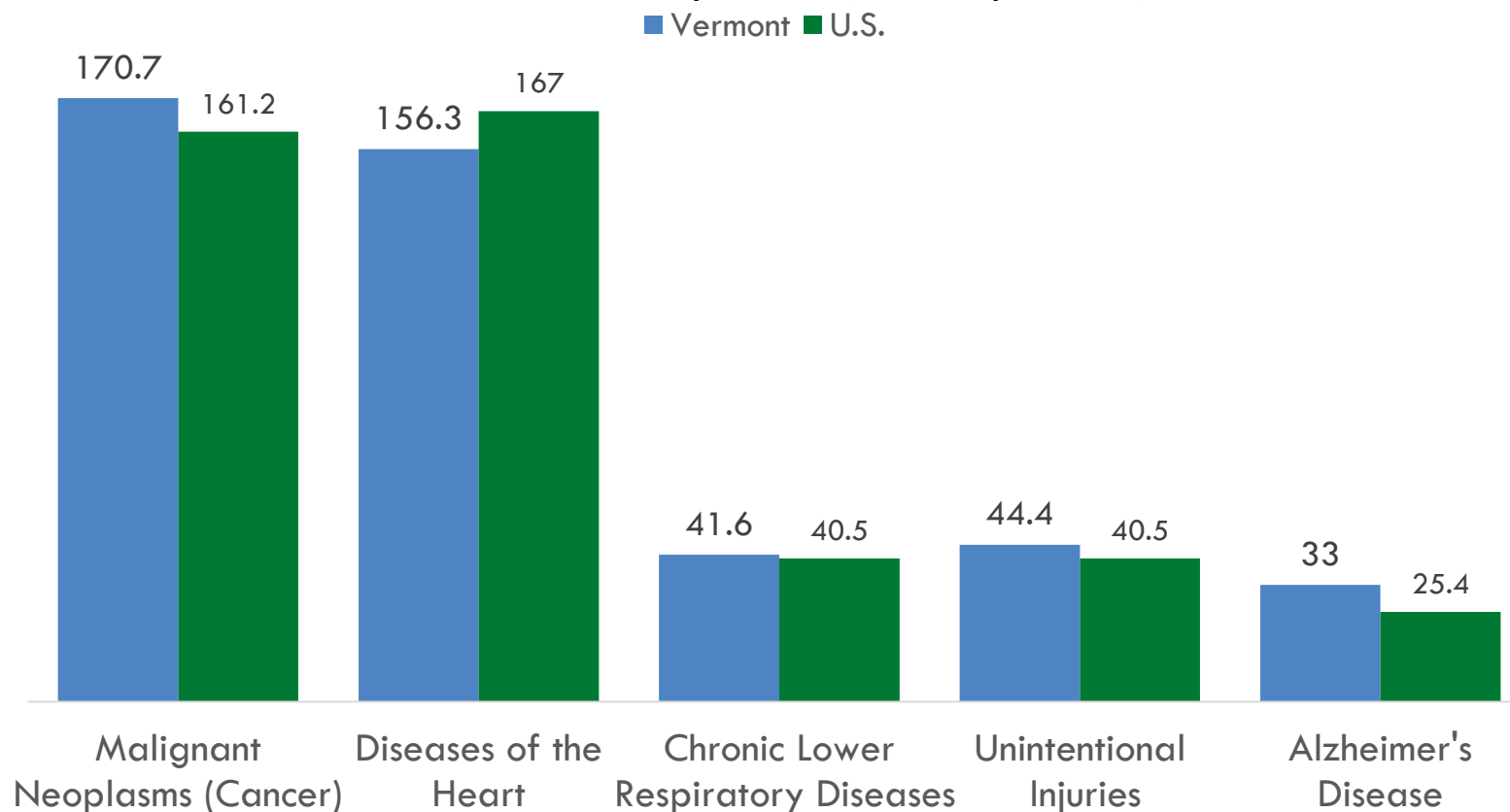


Leading Causes of Death

Top 10 causes of death

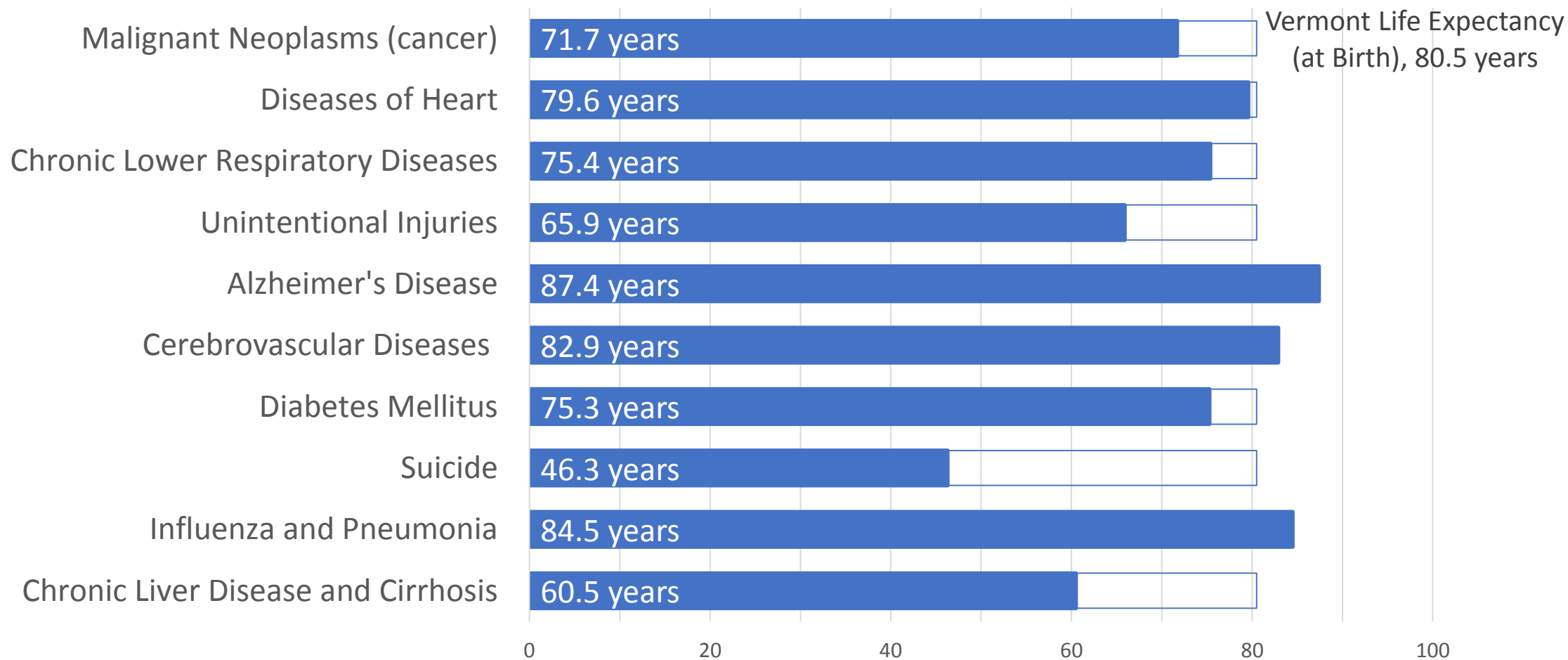
- 1 Malignant Neoplasms (cancer)
- 2 Diseases of Heart
- 3 Chronic Lower Respiratory Diseases
- 4 Unintentional Injuries
- 5 Alzheimer's Disease
- 6 Cerebrovascular Diseases
- 7 Diabetes Mellitus
- 8 Suicide
- 9 Influenza and Pneumonia
- 10 Chronic Liver Disease and Cirrhosis

Leading Causes of Death in Vermont, with U.S.
Crude Rate per 100,000 Population, 2014



Premature death

Average Age at Death for Top 10 Causes



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transportation

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communities



Recreation, parks,
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resources

Access to care • Prevention • Early detection •
Treatment • Health education

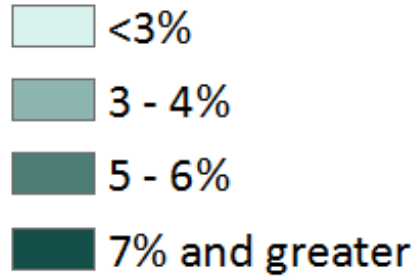
Civic engagement
and community
connections



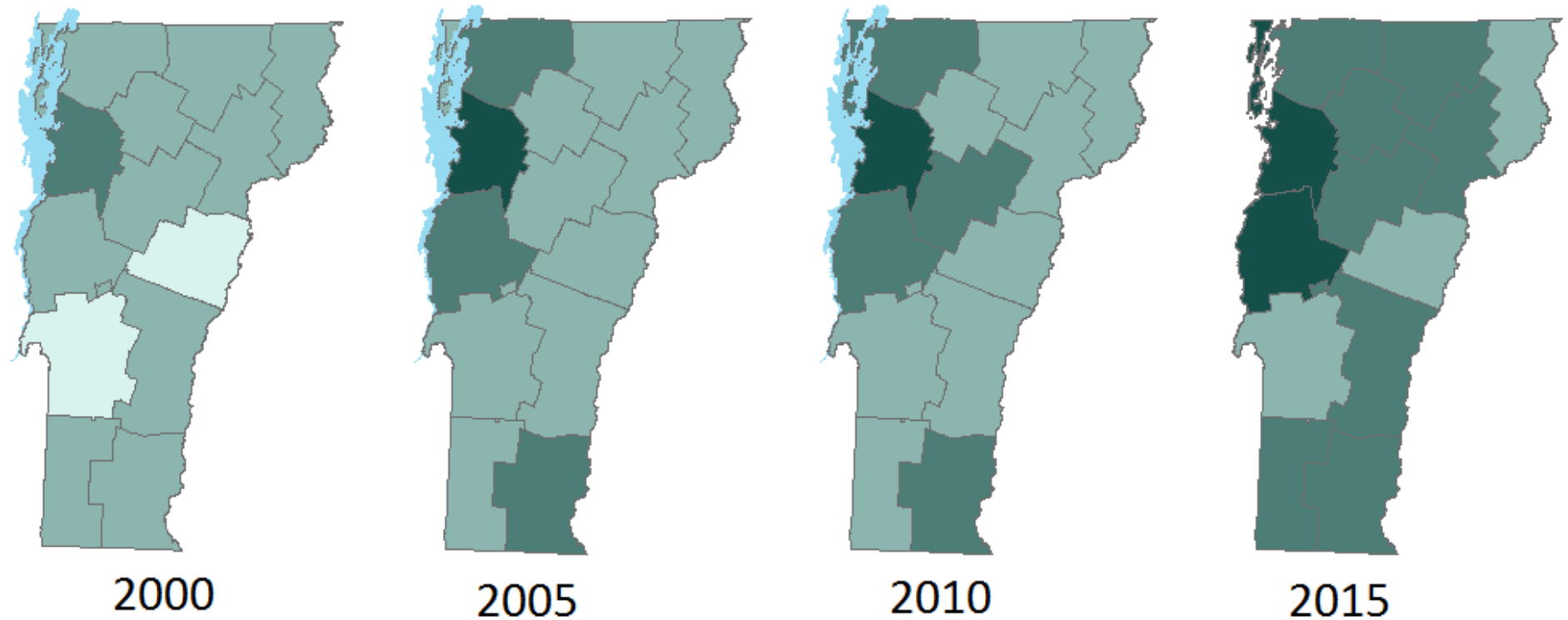
Affordable, local,
healthy food

Race & Ethnicity as priority populations

Percent of County Residents who are NOT white, non-Hispanic



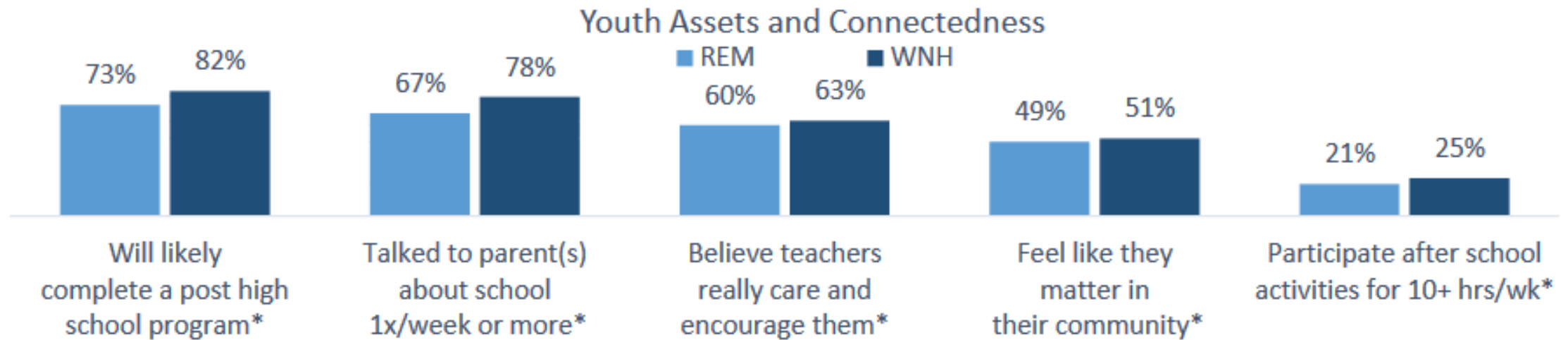
Changing Racial Makeup of Vermont



Youth assets by race/ethnicity

REM = Racial or Ethnic Minority

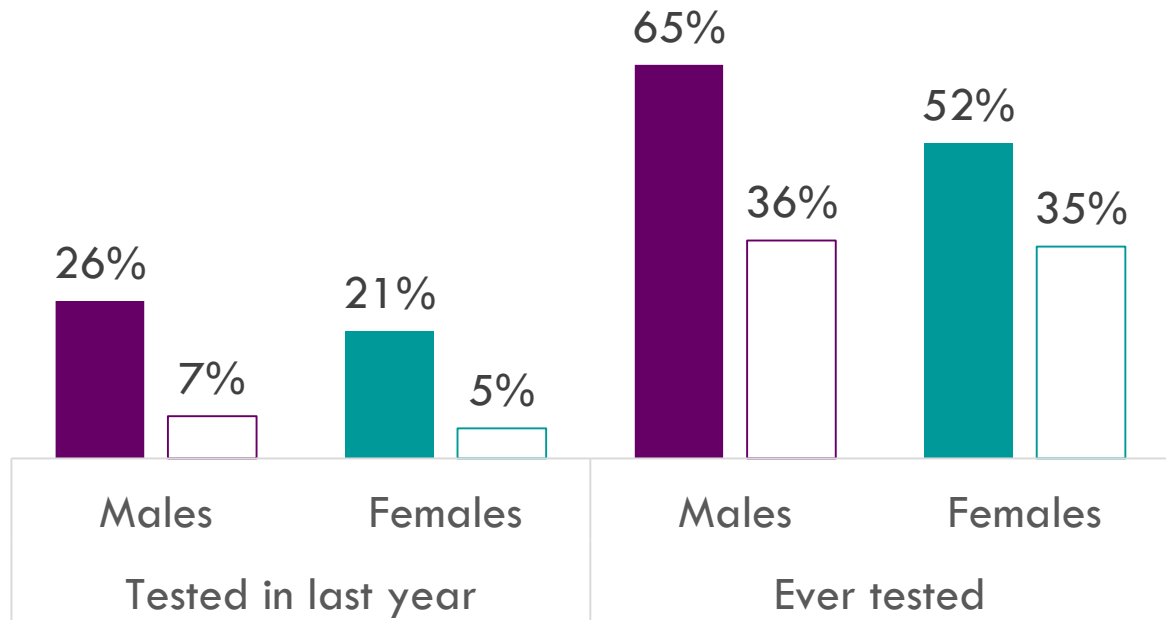
WNH = White, non-Hispanic



Sexual Orientation as priority populations

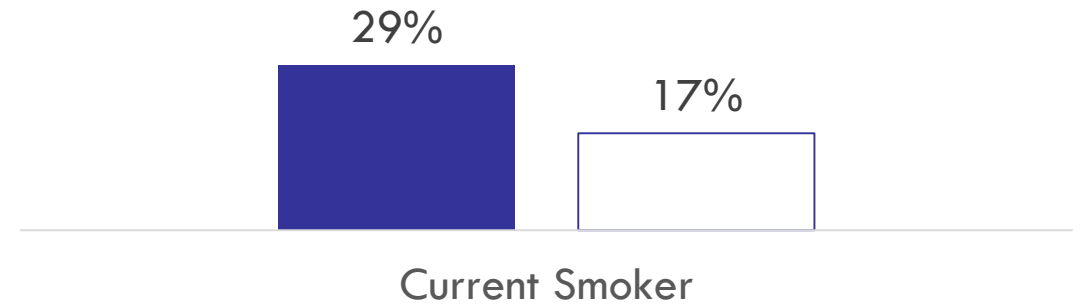
HIV testing by sexual orientation

■ LGBT □ Not LGBT



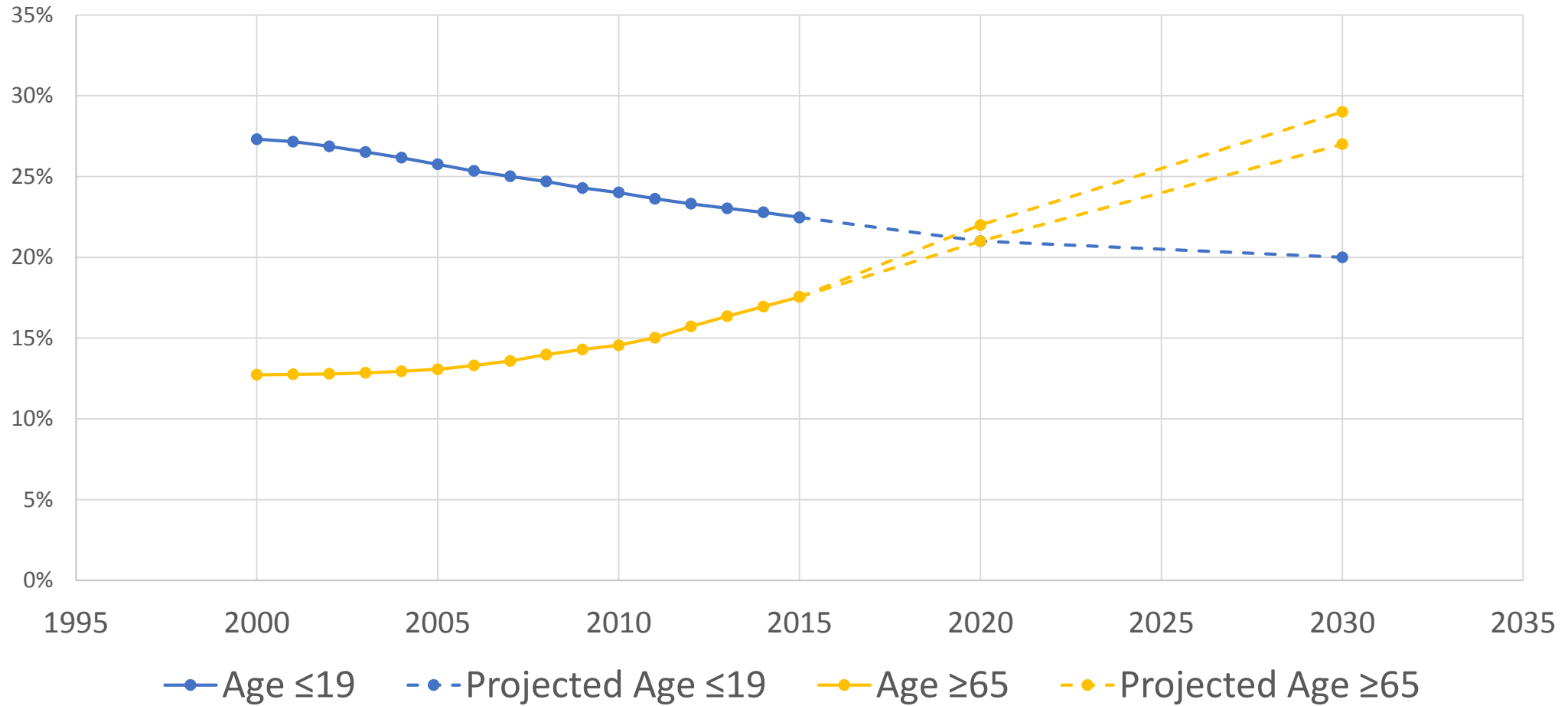
Smoking status by sexual orientation

■ LGBT □ Not LGBT



Aging Population

Age as a Percent of the Total Vermont Population



Tips for Successful Engagement

- Be fully present
- Listen for understanding
- Allow yourself to feel uncomfortable
- One person speaks at a time
- Each person speak once before anyone speaks twice
- W.A.I.T.

Conditions, Factors, and Connections

- What factors or conditions might be contributing to health status? -- **WORKSHEET**
- How does my work connect to these populations & health status, the contributors to health equity, and/or creating a fair and just society? -- **STICKY NOTES**
- ❖ If you are interested in data that is not presented today, please note that on the lined paper pads.

Tabletop Worksheet

Health Topic	Context and Potential Contributing Factors
Obesity	Lack of access to affordable nutritious food; daily stress

Sticky Note

VT Food to Plate

Creation of farmers markets
that accept 3 Squares
coupons

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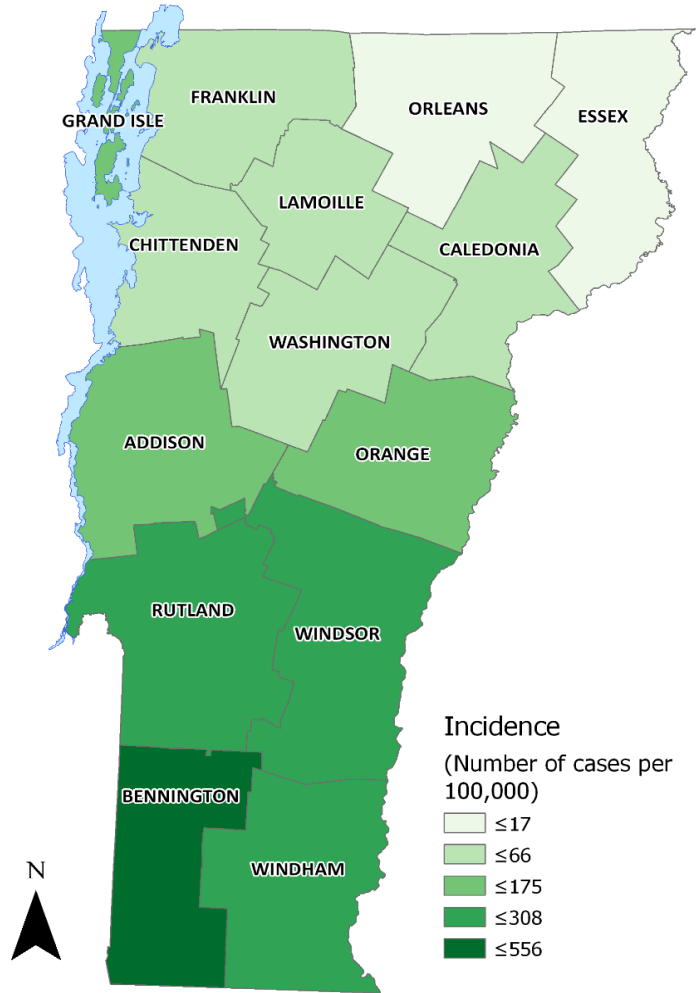
Access to care • Prevention • Early detection • Treatment • Health education

Civic engagement and community connections

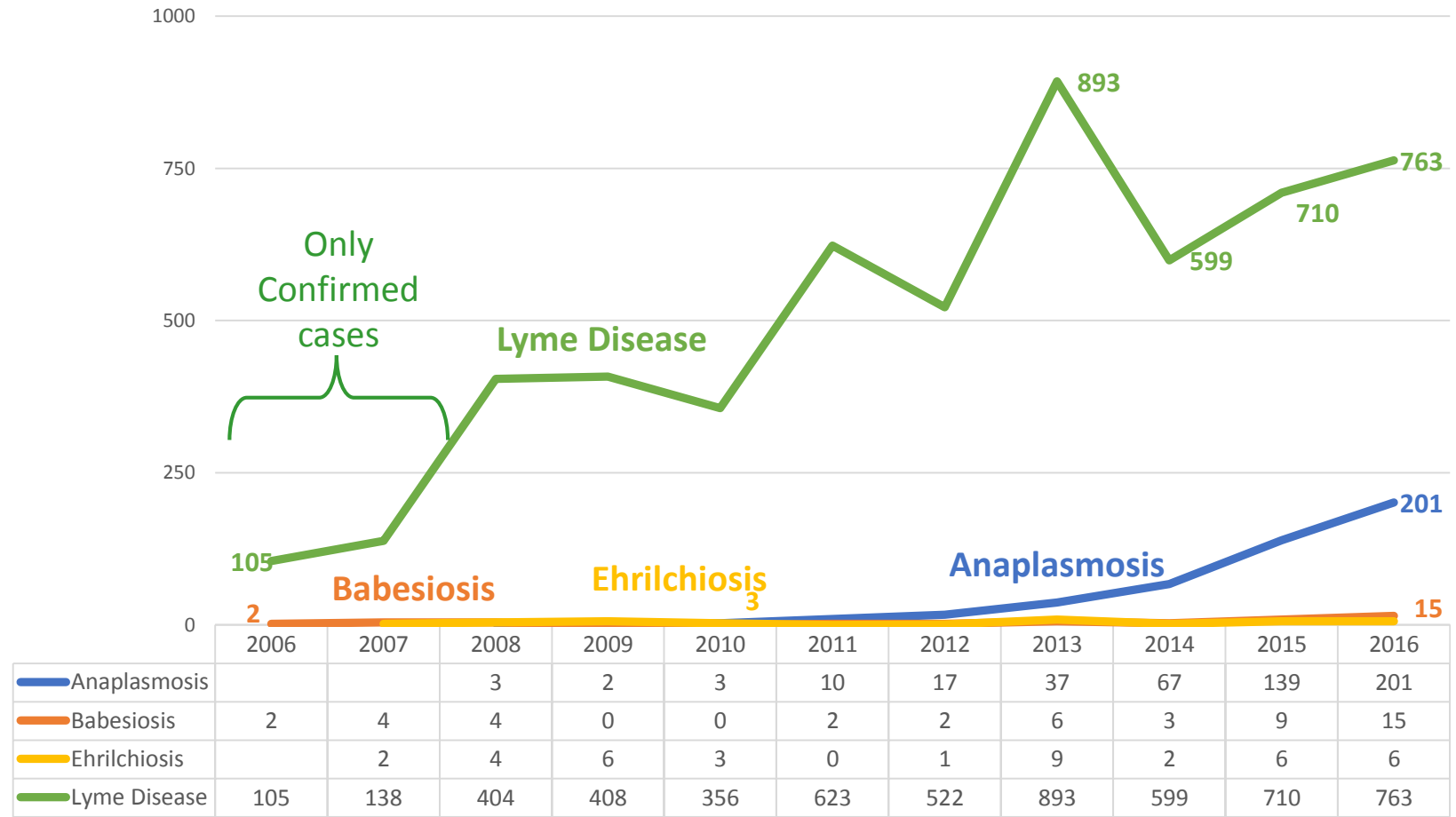


Tickborne Diseases

County-Level Tickborne Disease Incidence in Vermont, 2016



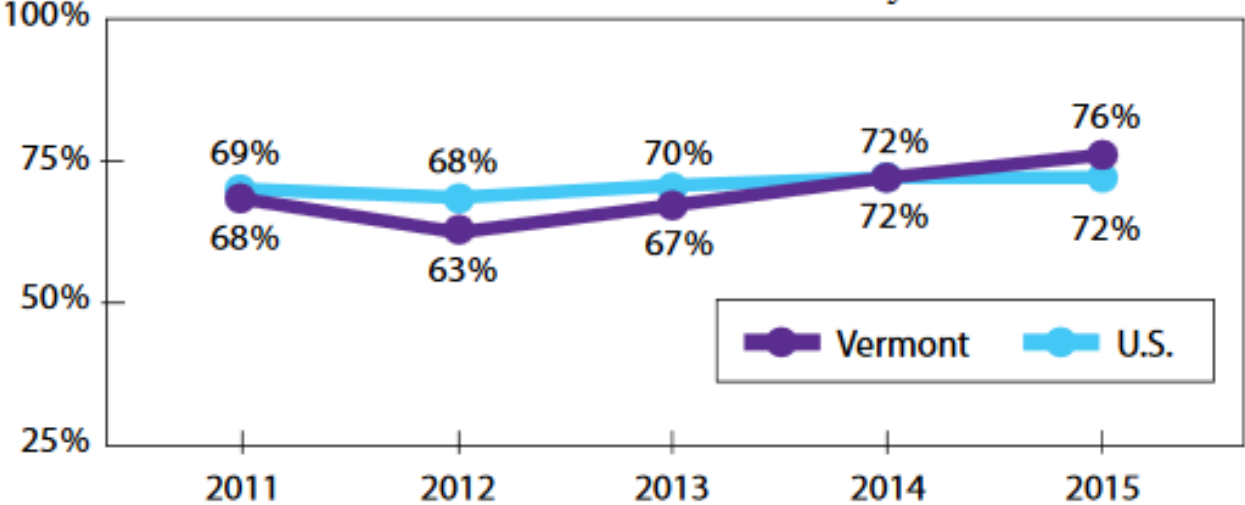
Reportable cases of tickborne disease, 2006-2016



Childhood immunizations

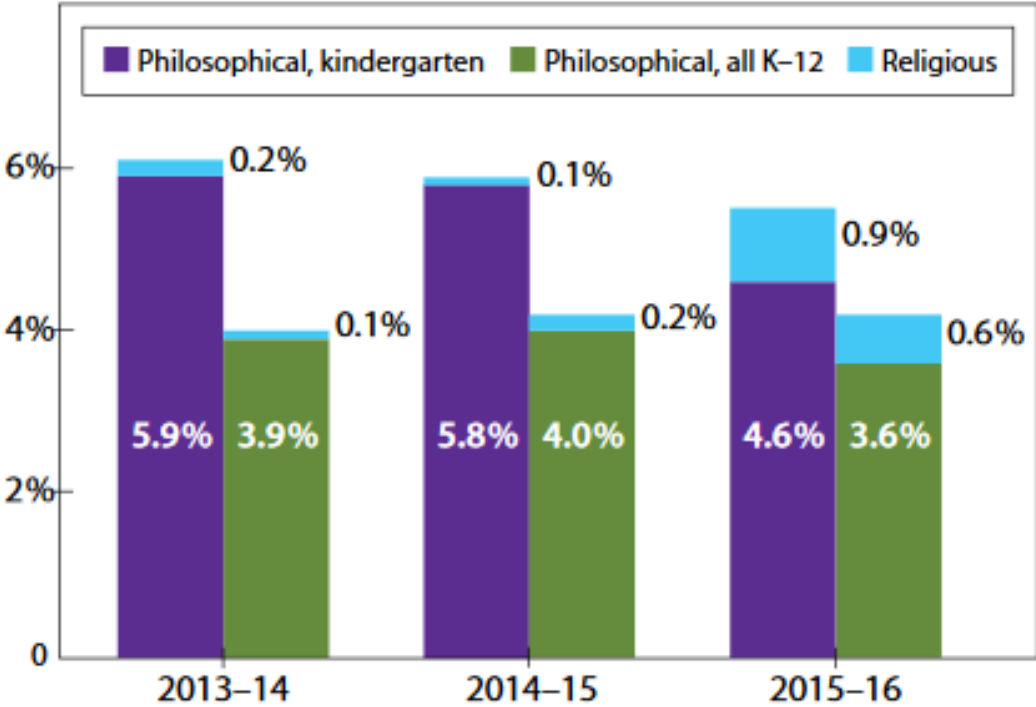
Percentage of Vermont children age 19–35 months receiving the full series of recommended vaccines (4:3:1:4:3:1:4)*

National Immunization Survey



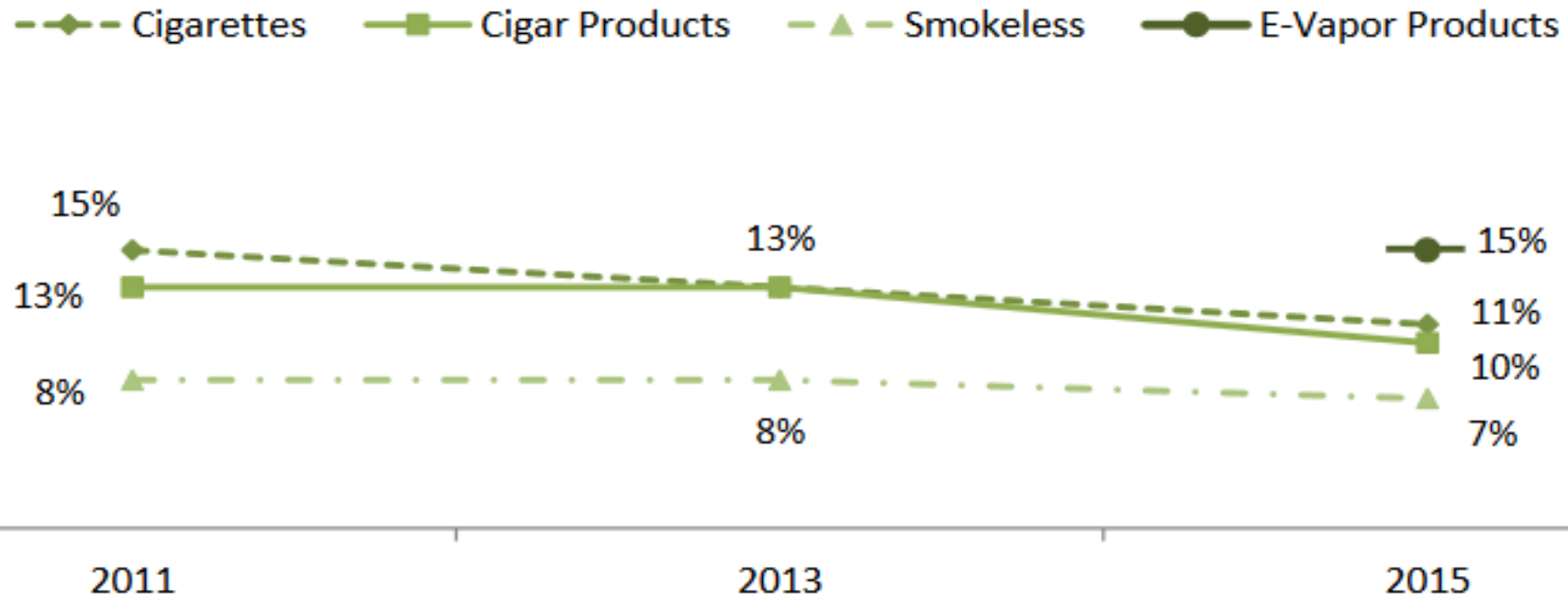
* 4+ DTaP: 4 or more doses of diphtheria, tetanus and pertussis vaccine; 3+ Polio: 3 or more doses of poliovirus vaccine; 1+ MMR: 1 or more dose of a measles, mumps, rubella vaccine; 4+ Hib: 4 or more doses of Haemophilus influenzae type b vaccine; 3+ HepB: 3 or more doses of hepatitis B vaccine; 1+ Var: 1 or more doses of varicella vaccine; 4+ PCV: 4 or more doses of pneumococcal conjugate vaccine

Non-medical exemptions in public & independent schools, kindergarten entry & K–12



Tobacco Use

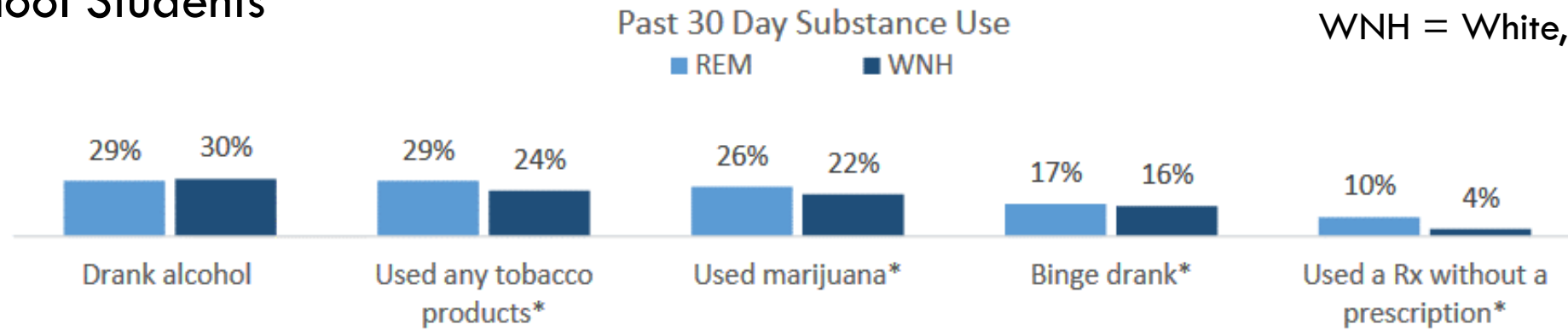
Tobacco Product Use in the Past 30 Days among High School Youth, 2011-2015



**The use of electronic vapor products was a new question in 2015.*

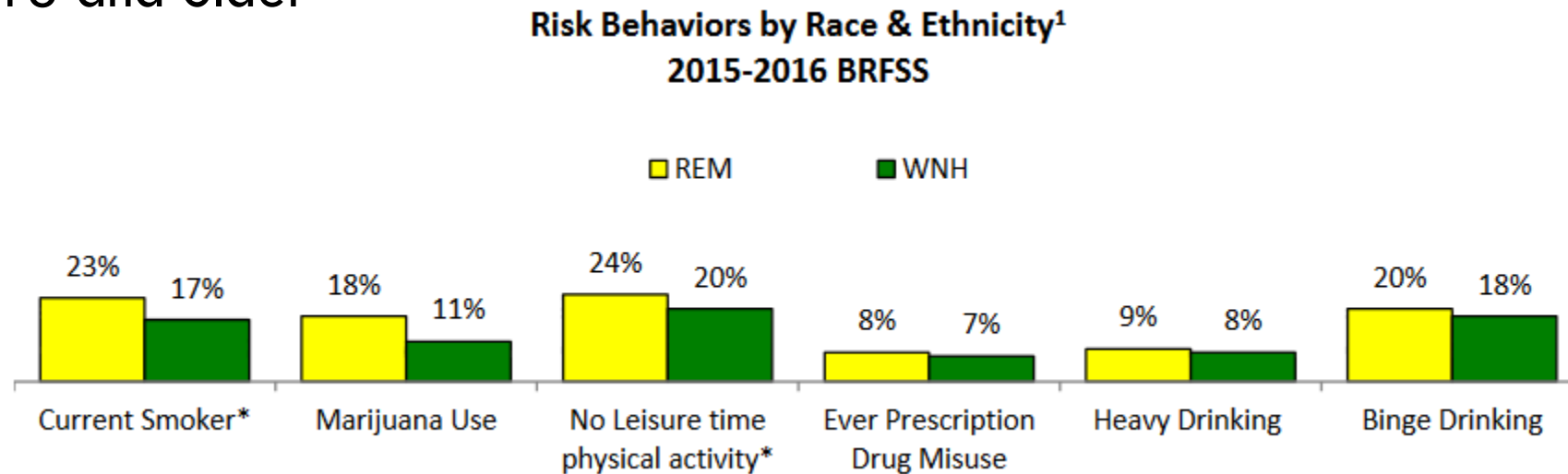
Adult & youth risk behaviors by race/ethnicity

High School Students



REM = Racial or Ethnic Minority
WNH = White, non-Hispanic

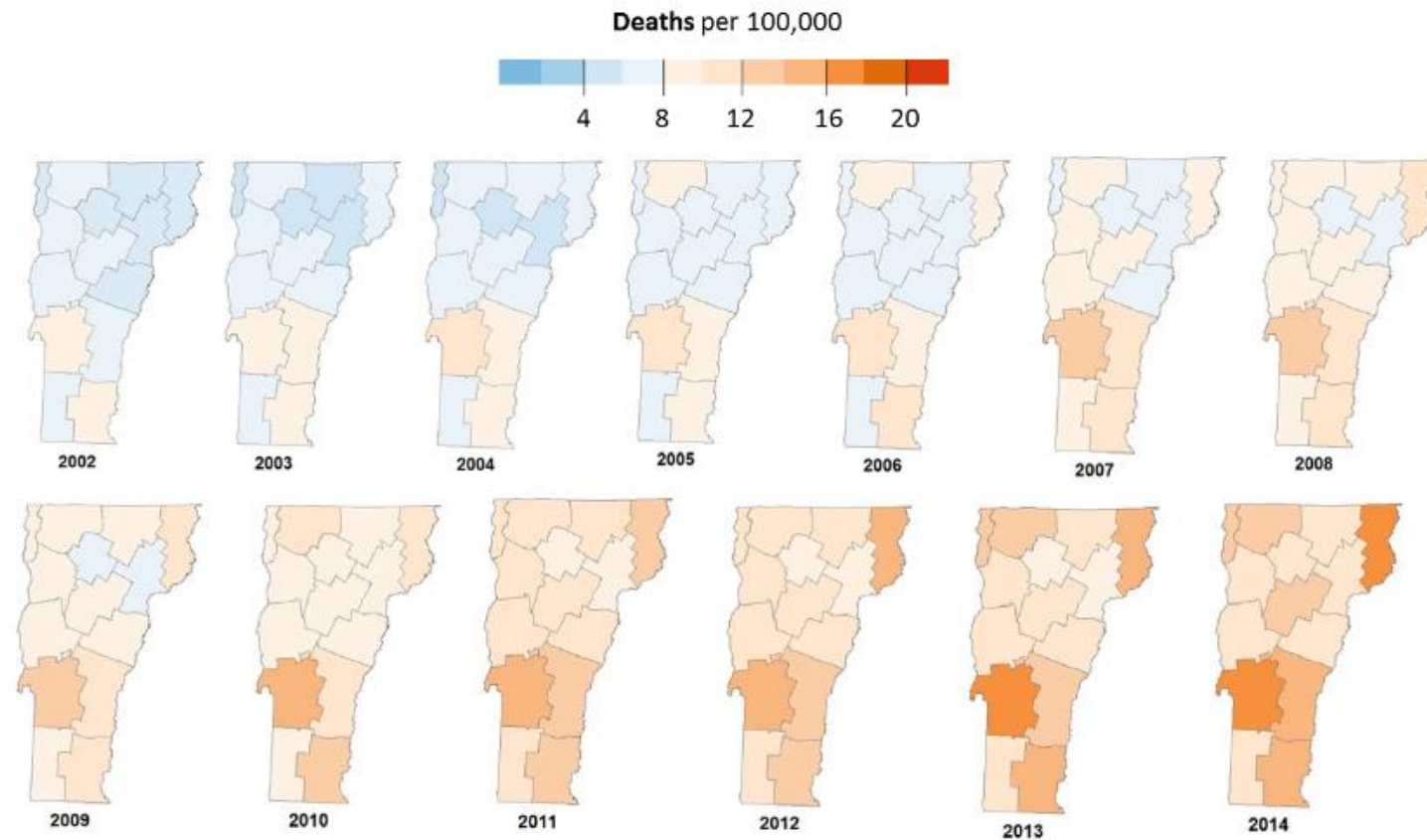
Adults age 18 and older



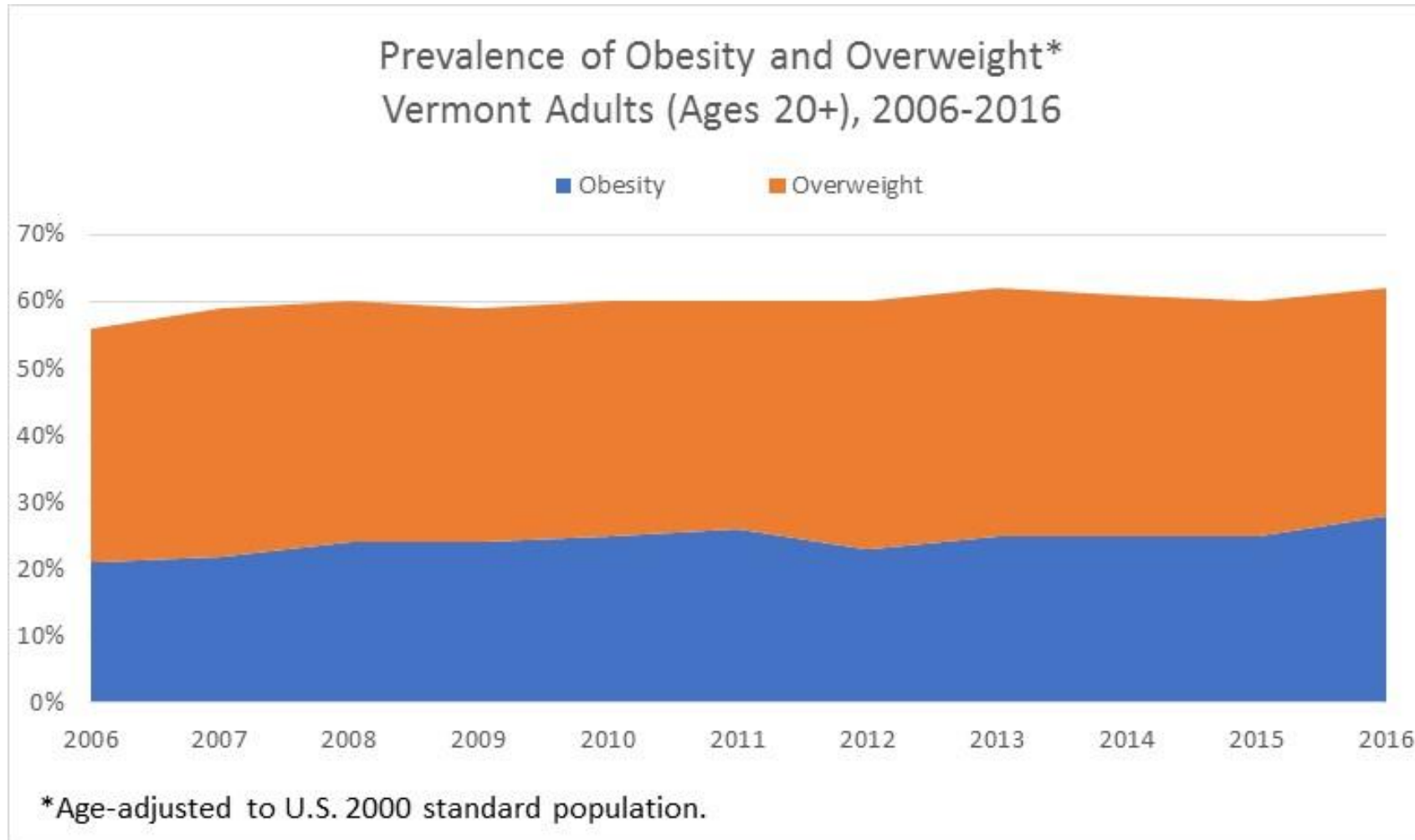
Drug-related fatalities over time

Vermont Drug Poisoning Estimated Deaths by County (All Drug Poisoning Deaths)

Source: Centers for Disease Control and Prevention, Drug Poisoning Mortality: United States, 2002-2014

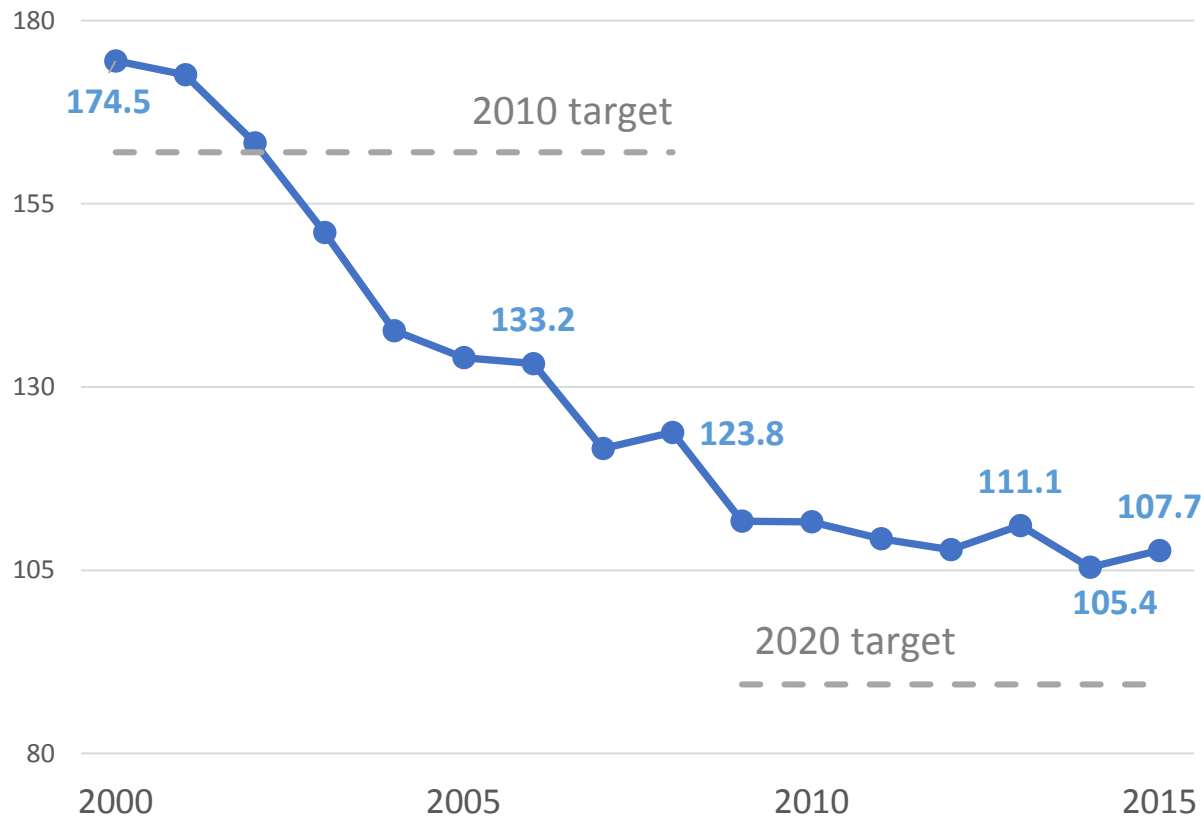


Most Vermonters are overweight and obese

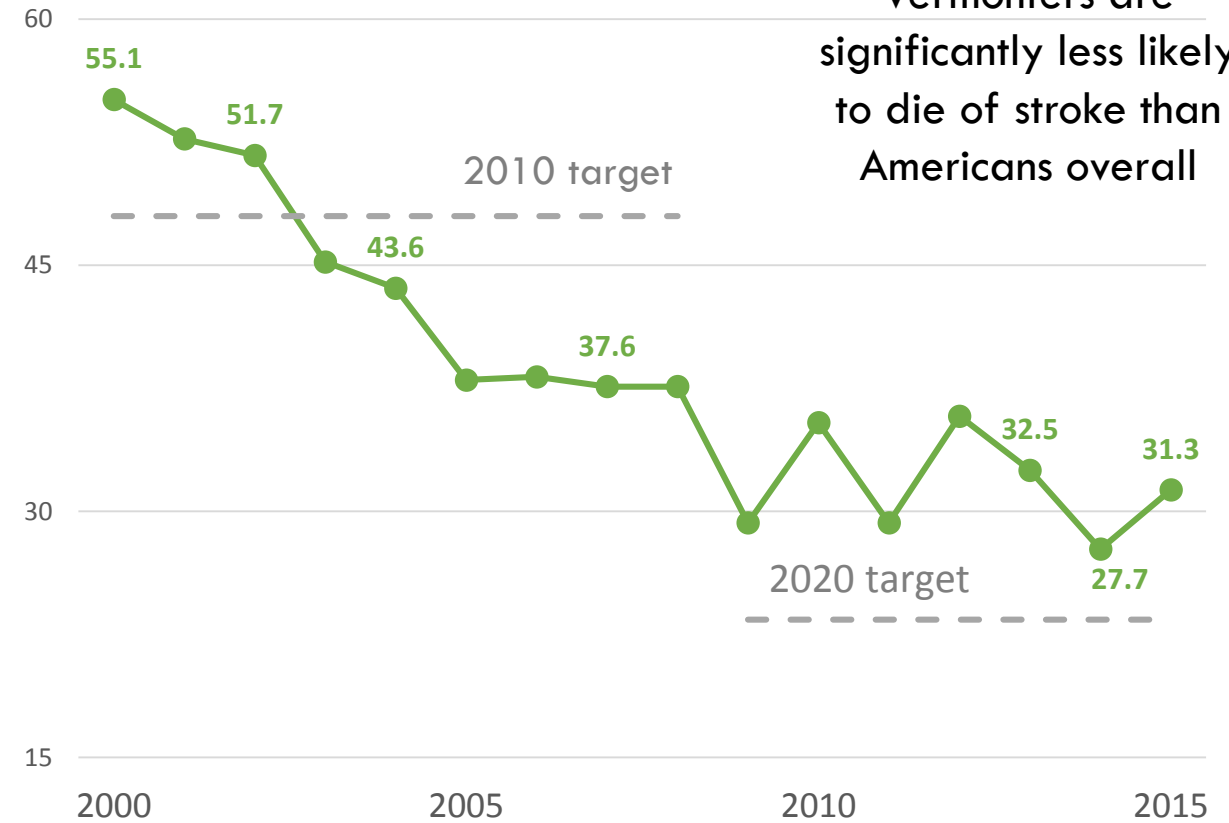


Heart Disease & Stroke

Coronary heart disease death rate per 100,000 Vermonters

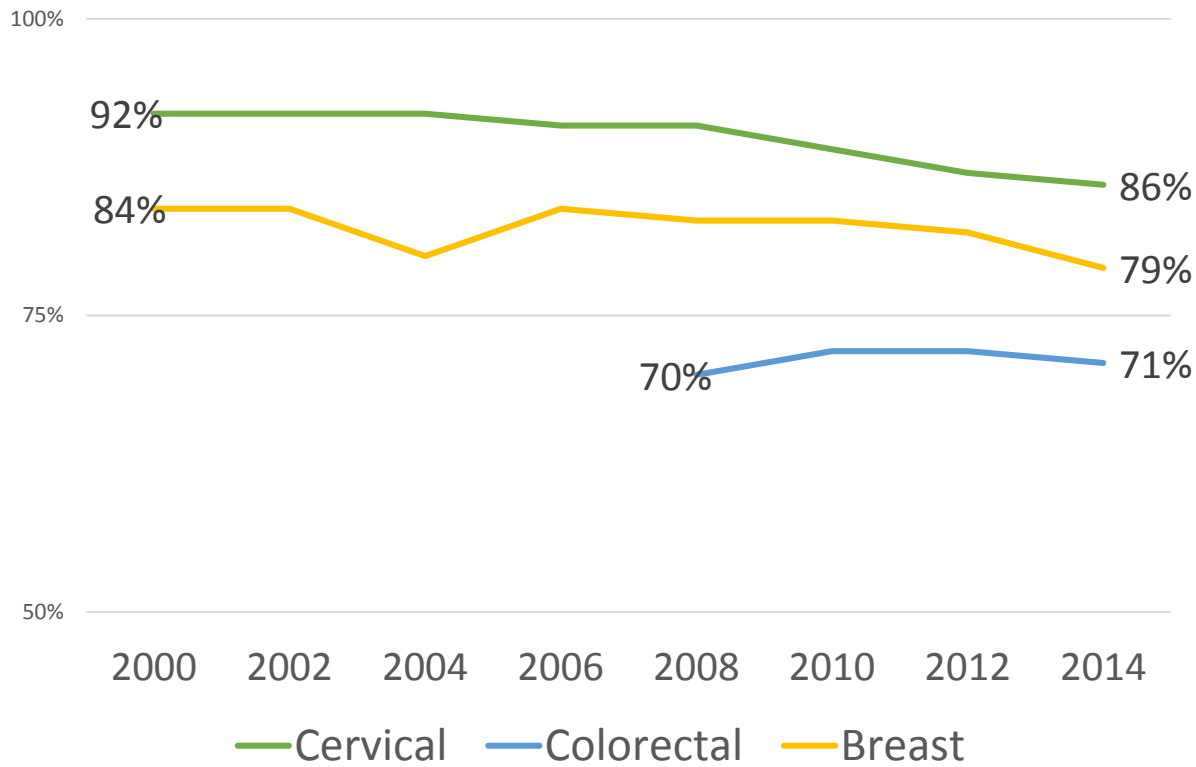


Stroke death rate per 100,000 Vermonters

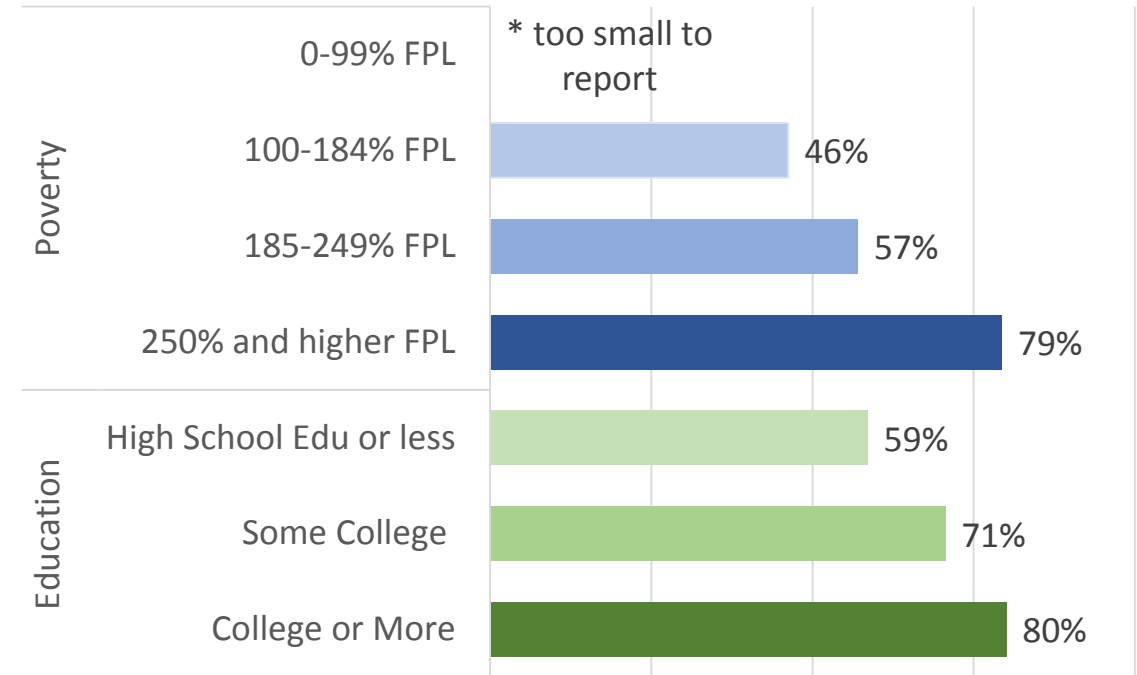


Cancer

% receiving recommended cancer screening

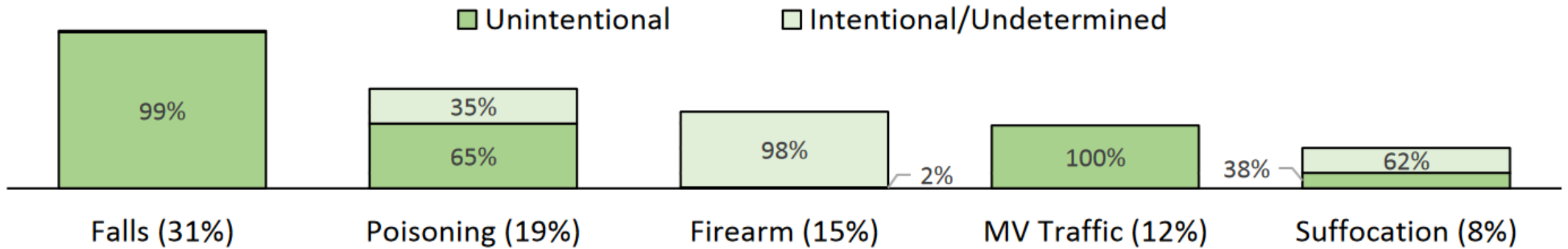


Percent of adult cancer survivors who report good to excellent general health by education and poverty, BRFSS 2016



Top Injury Deaths by age

Leading Causes of Death as a percentage of all injury deaths, by intent

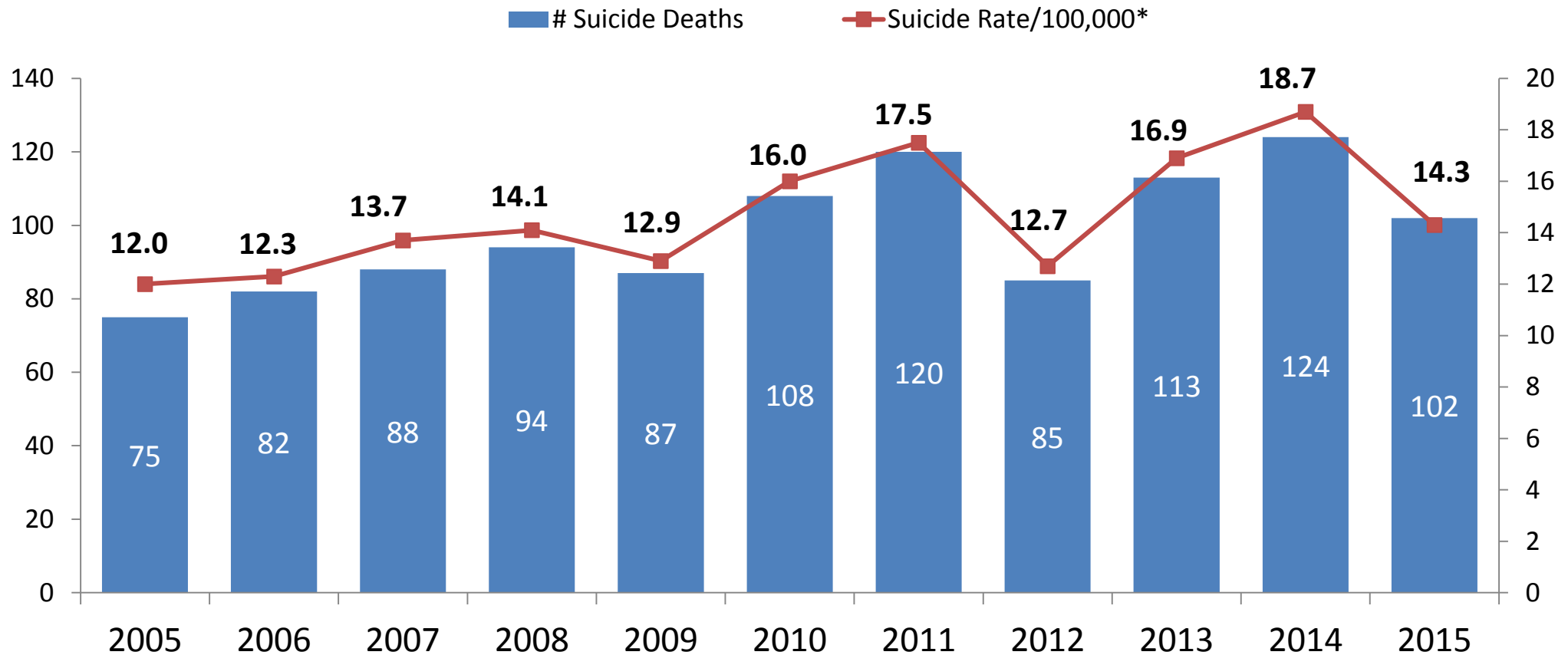


Age 0-14	Age 15-24	Age 25-44	Age 45-64	Age 65+
1. Suffocation	1. Motor Vehicle Traffic	1. Poisoning	1. Firearm	1. Falls
2. Motor Vehicle Traffic	2. Firearm	2. Motor Vehicle Traffic	2. Poisoning	2. Firearm
3. Drowning	3. Suffocation	3. Firearm	3. Motor Vehicle Traffic	3. Motor Vehicle Traffic
4. Six Tied	4. Poisoning	4. Suffocation	4. Falls	4. Suffocation
5. Five Tied	5. Drowning	5. Poisoning	5. Poisoning	5. Poisoning

*Blue coloring indicates suicidal intention

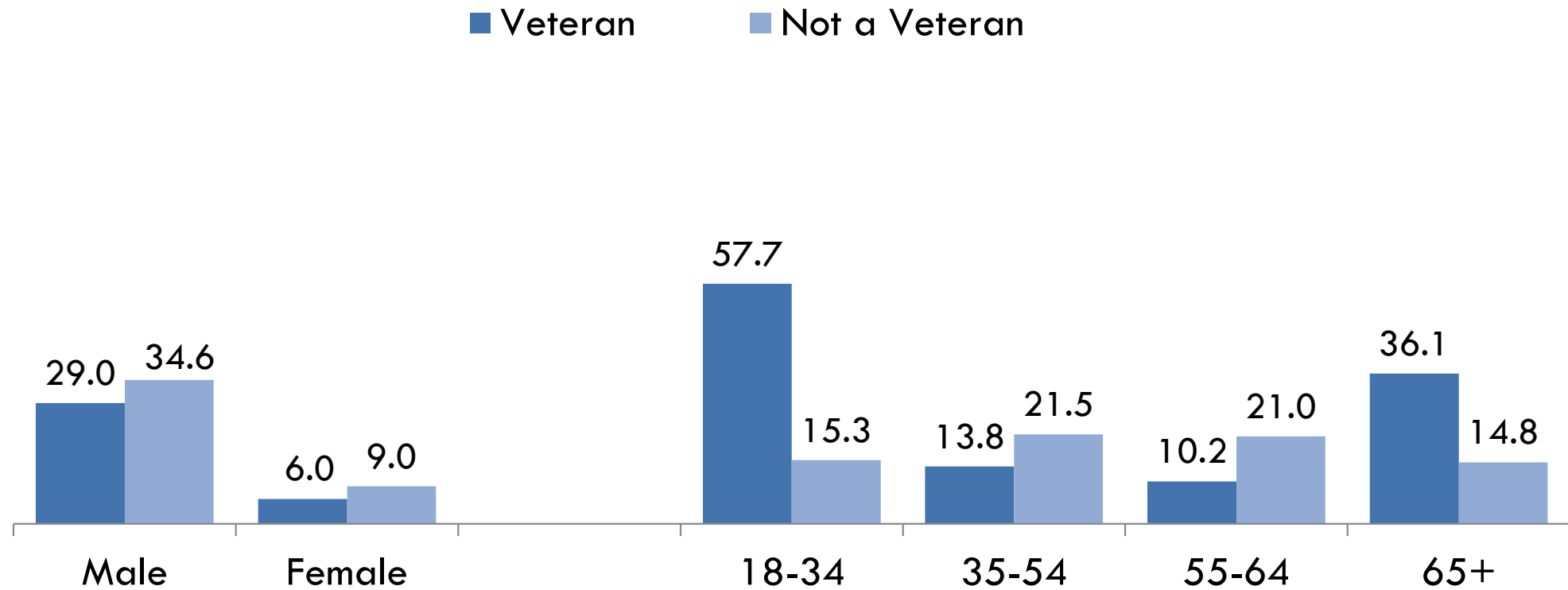
Suicide

**Number of Suicide Deaths and Suicide Death Rate Per 100,000
Vermont Residents, 2005-2014**



Suicide in Veterans

Suicide Death Rate by Veteran Status, Gender and Age, Vermont Residents, 2014- 2015



Conditions, Factors, and Connections

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POPULATION HEALTH OUTCOMES



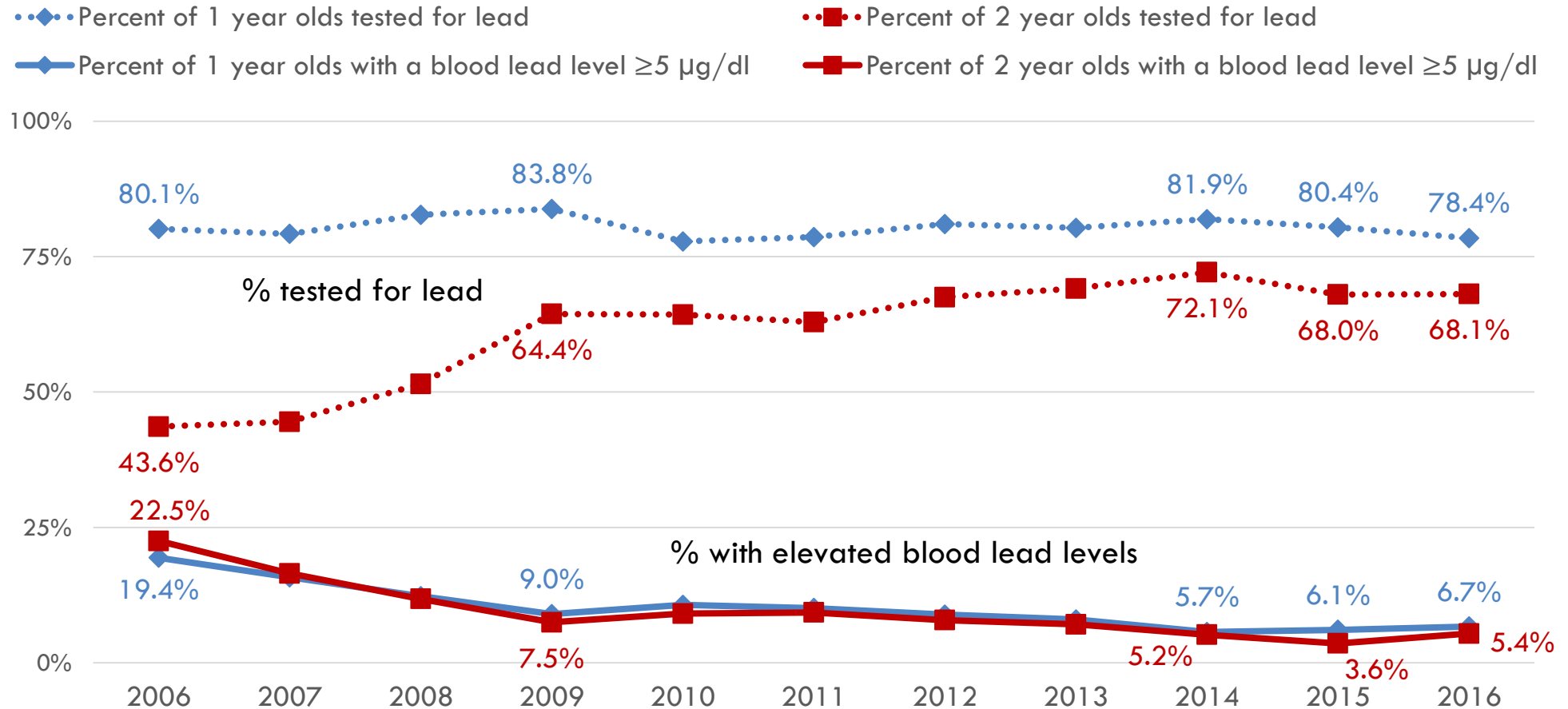
Access to care • Prevention • Early detection • Treatment • Health education

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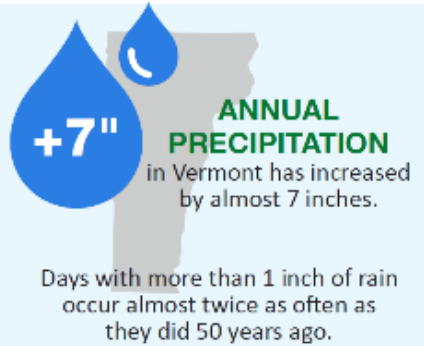
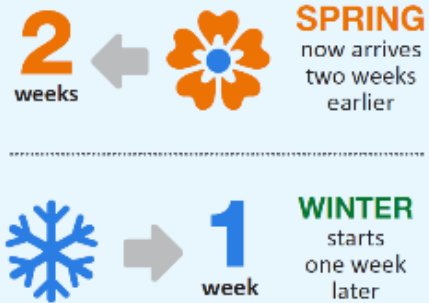
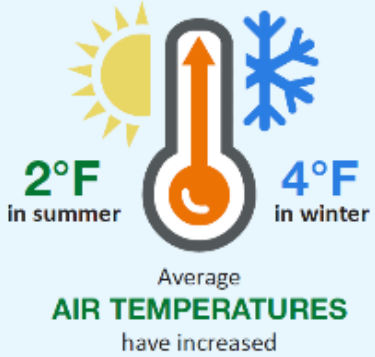
Lead Poisoning

Vermont children ages 1 and 2 tested for lead;
 Vermont children ages 1 and 2 with elevated blood lead levels

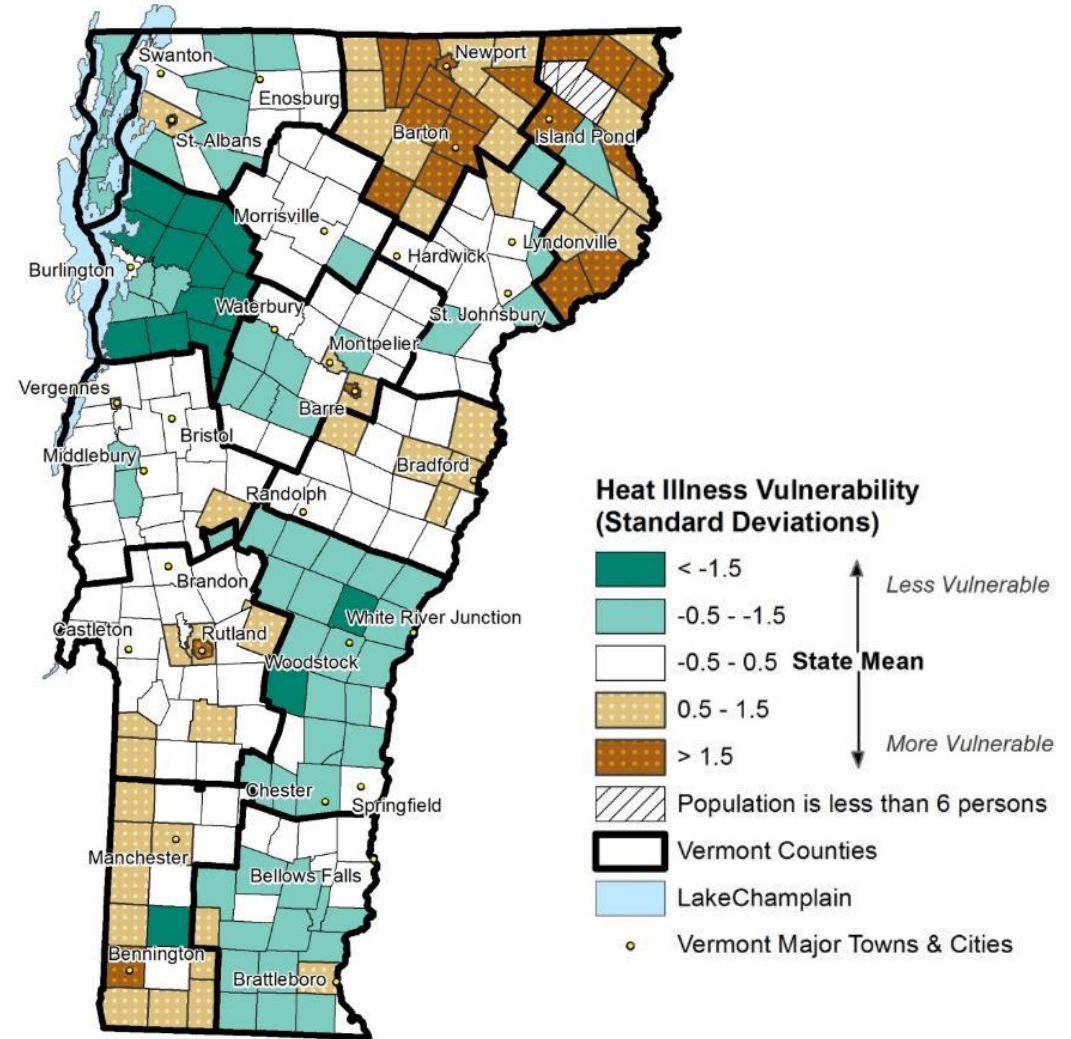


Climate Change & Heat Vulnerability

IN THE PAST 50 YEARS:



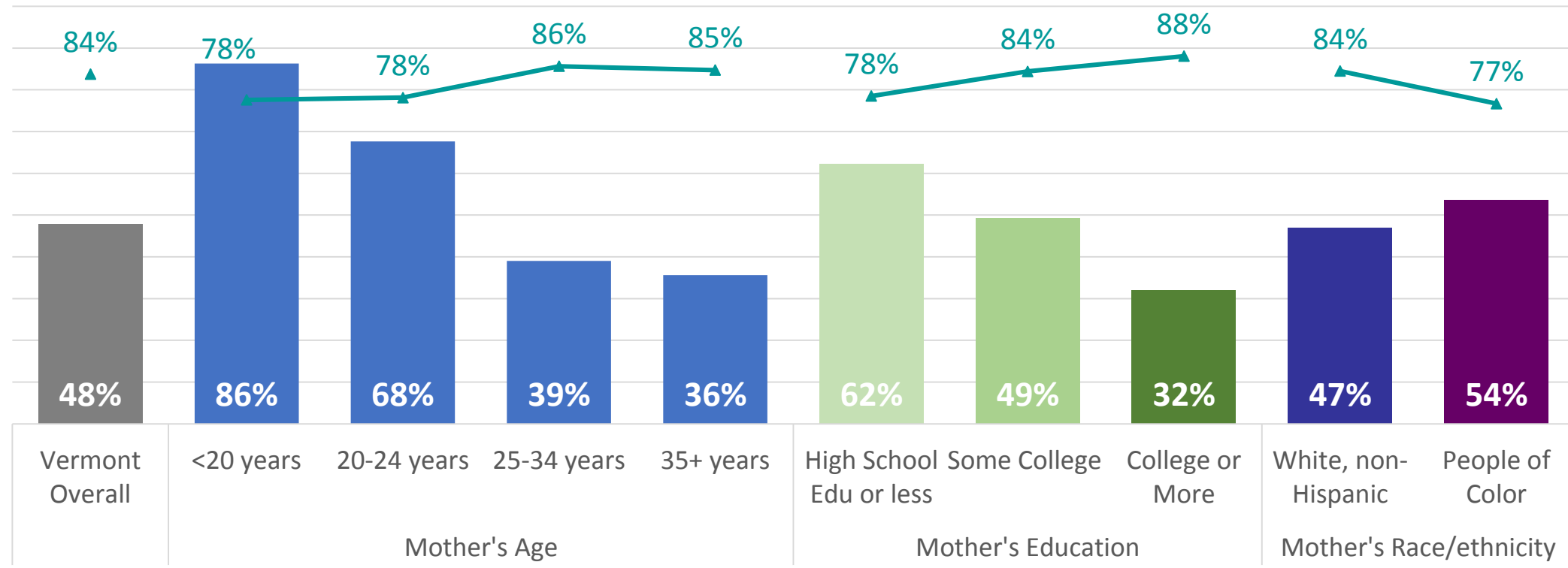
Lake Champlain temperatures increased by 2-7° F in the past 50 years.



Unintended Pregnancies & Prenatal Care

Unintended Pregnancy & Prenatal Care, by age, education & race/ethnicity

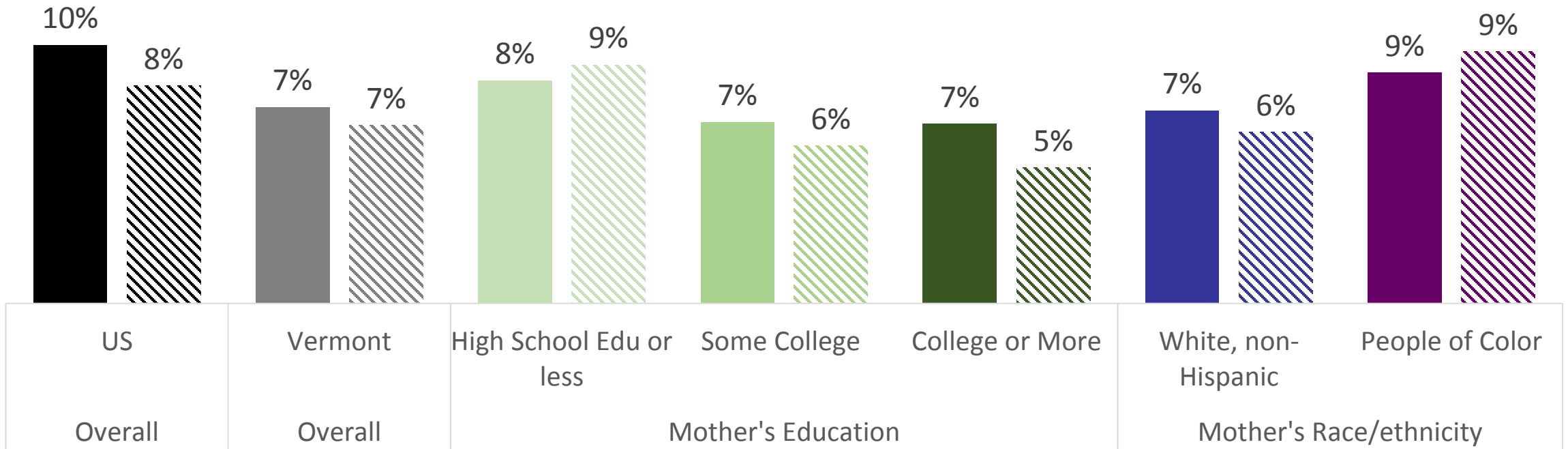
■ Percent of pregnancies that are unintended, PRAMS 2014 ▲ Percent of women who receive first trimester prenatal care, Vital Statistics 2014



Preterm & Low Birthweight

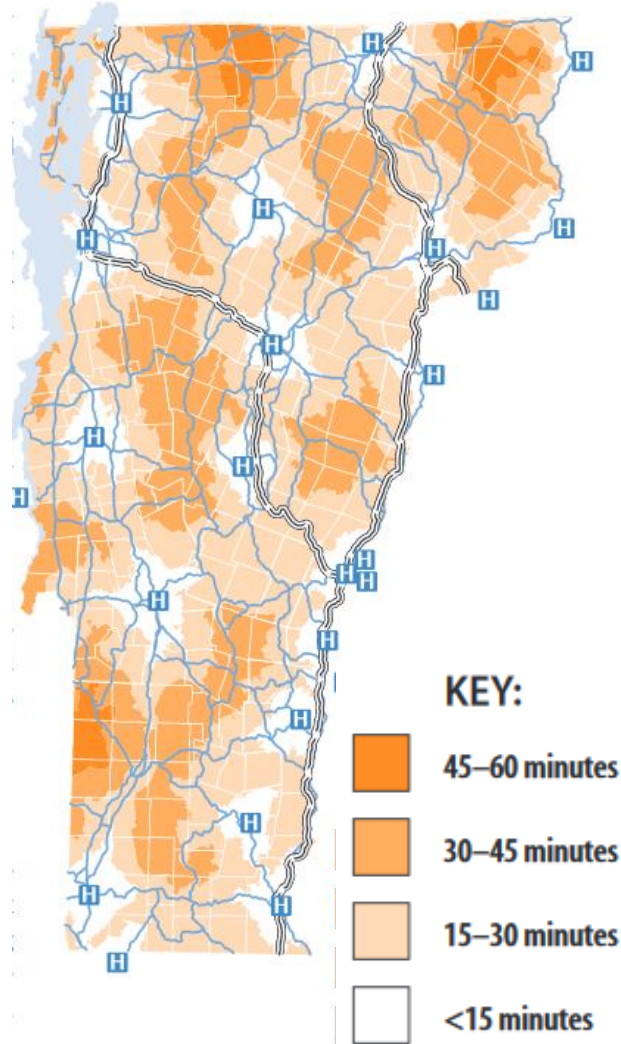
Preterm and low birth weight overall, by education and race/ethnicity

■ Preterm ▨ LBW



Access to Care & Services

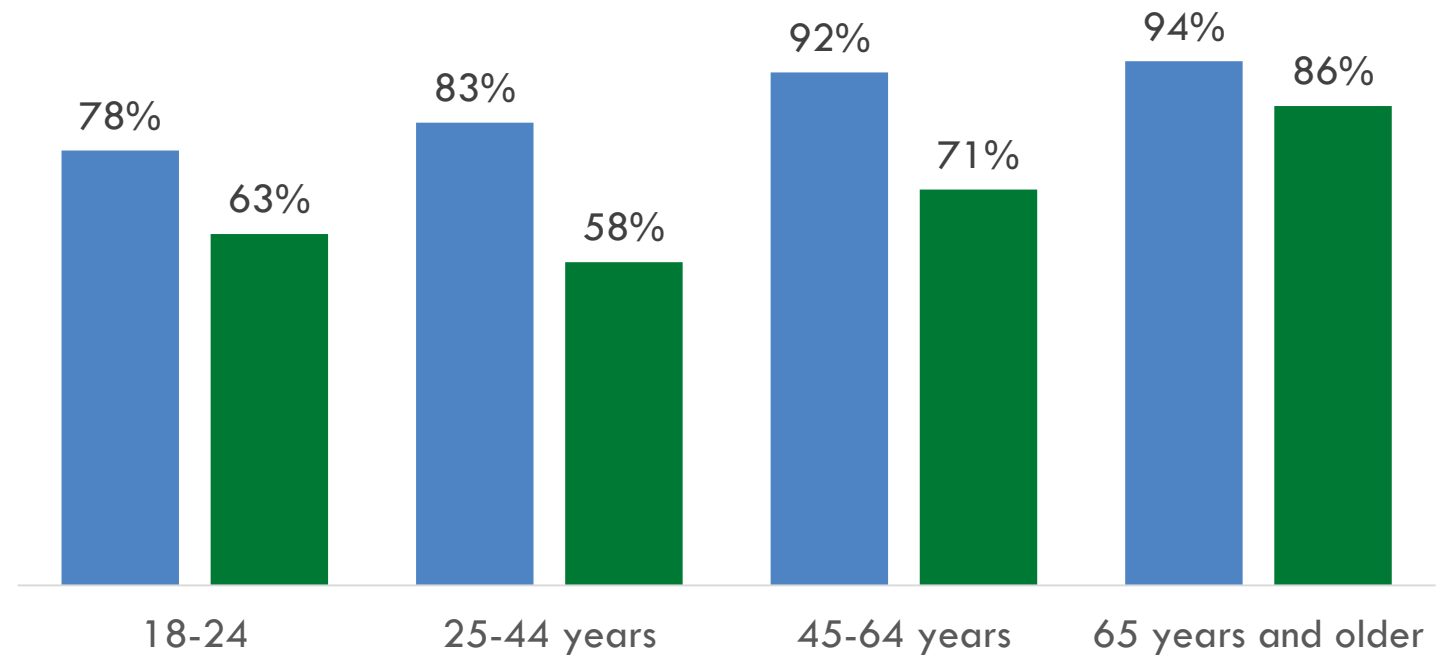
Drive times to hospital emergency departments



PCP=Primary Care Provider

Adults with a Usual PCP, Report Seeing Doctor in Past Year

■ Usual PCP ■ Seen Doctor in Past Year





Up Next: Developing the SHIP

The State Health Improvement Plan (SHIP)

1. Review the results of the State Health Assessment
2. Conduct a Strategic Assessment of the current environment and opportunities
3. Apply criteria to prioritize issues
4. Identify evidence-based strategies related to the priority issues
5. Report and track both the health outcomes and the performance measures related to the priorities