

## A Vision of Health Equity

### What is the State Health Assessment?

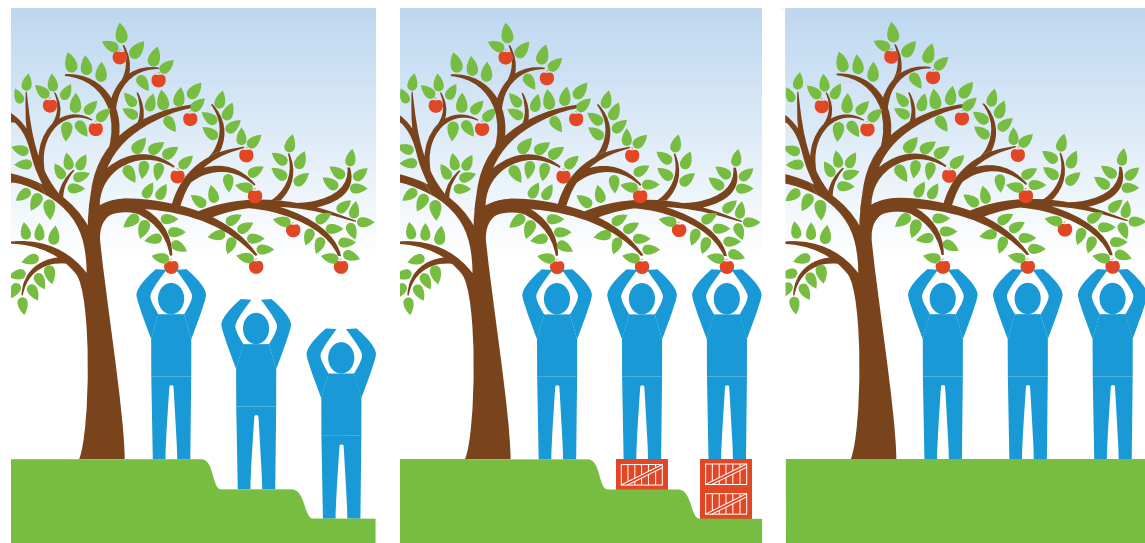
The 2018 State Health Assessment is the five year update on what we know about the health status of Vermonters. It provides vital data for examining health inequities by race and ethnicity, gender, age, sexual orientation, disability, socioeconomic status and geography.

To build the state health assessment, we drew upon an extensive array of public health data reports and data sources, the last state health assessment published in 2012 as *Healthy Vermonters 2020*, and our halfway to 2020 report card.

We reviewed concerns detailed in the state's hospital community health needs assessments and expressed in *Building Bright Futures* reports. The Vermont Agency of Human Services *Community Profiles*, which included input from nine regional workshops across the state, provides a strong foundation.

The purpose of this assessment is to prioritize goals and objectives for health, and to help us monitor trends, identify gaps, and track progress. This will be the basis for developing the next State Health Improvement Plan for 2018-2023.

The following pages provide telling data about health outcomes and disparities, and is informed by what we know about the factors that contribute to health, as they relate to child and family health, chronic disease, environmental health, infectious disease, injuries, and access to care.



*Health equity exists when all people have a fair and just opportunity to be healthy—especially those who have experienced socioeconomic disadvantage, historical injustice, and other avoidable systemic inequalities that are often associated with social categories of race, gender, ethnicity, social position, sexual orientation, and disability*

### What is health equity?

While Vermont is consistently ranked as one of the healthiest states in the nation, data shows that not everyone has an equal opportunity to be healthy. Past health assessments have often focused on access to health care and individual behaviors that influence our health.

But changing the health care system and personal behaviors alone will not create the fair and just opportunities that are necessary for all Vermonters to be as healthy as they can be.

We will begin to create these conditions only when we consider the social and environmental factors, the power structures and systemic racism, class oppression and other forms of discrimination that shape the conditions that affect people's lives.

When we work to improve opportunities for health where we live, work, learn and play, when our systems and structures are designed to support health for all, and when we explicitly name and address underlying causes of health disparities, only then will we be moving toward health equity.

## Looking Through a Health Equity Lens

With this assessment, we are taking a closer look at health factors and health outcomes that vary across the state and among populations to begin to tell the complex story that is the health of Vermonters.

We are using a health equity lens to clearly see where there are health inequities, and where there are opportunities for change. Health equity was considered at each step in the process, including:

- *who is engaged in planning and priority setting*
- *how we engage people*
- *what data is considered and how it is analyzed*
- *how data is reported*
- *who is part of the decision-making process*

Communities in Vermont that have experienced health inequities were represented in decision-making throughout the engagement process to ensure that their voices are reflected in this work.

## Populations in Focus

Four broad groups of Vermonters were chosen for special focus, based on data, what we know about historical injustice these communities have faced, and what Vermonters themselves have told us:

- Race, Ethnicity & Culture
- LGBTQ Identity
- People Living with Disabilities
- Social Class & Socioeconomic Status

Quotes on these pages are from partners who participated in the state health assessment engagement process.

## The Engagement Process

We invited more than 140 organizations large and small to participate in an engagement process, and more than 80 agreed to serve on the State Health Assessment Advisory Committee. The group included experts in health and health care, human services, agricultural and rural issues, racial justice, immigrant rights, disability rights, veterans' affairs, aging, and youth leaders. We have worked with some of these partners for many years; with others, this was the start of a new relationship.

Along with the advisory committee, we convened a steering committee to assess our current system, and develop priorities for data analysis.

## Creating the Vision

Together, our partners created the vision for our work to create a fair and just opportunity for health for all Vermonters –

- They shared insights and expertise concerning the factors that are driving us toward this vision, or working against it.
- They identified a range of community and statewide assets and efforts underway to create the conditions to achieve our vision.
- They shaped this assessment, and they will be key to developing cross-sector strategies to improve health outcomes.

*Data sources and methodology – pages 68-69*

*Populations in Focus – pages 12-21*

*Advisory Committee participants – back cover*

## Our Vision

*All people in Vermont have a fair and just 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 promoting the conditions that create positive health outcomes.*

*Services are available, accessible, affordable, coordinated, culturally appropriate and offered with cultural humility.*

– Our Core Values –

**Equity • Affordability • Access**

# The Public Health System

## ★ Health Department Local Offices



## Vermont's Commitment to Public Health

Vermont has a longstanding commitment to promoting health and healthy communities. The Health Department and other partners work to align efforts of the many service providers to ensure access to quality, affordable care. Our public health system includes partners from many other sectors beyond health that are responsible for creating conditions for people to be healthy.

## The Public Health Authority

Public health authority in Vermont is established in Title 18. To achieve this mandate, the state has a centralized public health department with 12 local offices. The health commissioner has broad authority to act to protect the health of Vermonters. Collaborating with public, private and community partners, the Health Department leads efforts in five functional areas, and these form the structure for this state health assessment:

- maternal, child and family health
- chronic disease and injury prevention
- environmental public health
- infectious disease
- access to and links with clinical care

Public health is sustained by cross-cutting support functions such as health surveillance and disease investigation, public health laboratory, chief medical examiner, Emergency Medical Services, and all-hazards preparedness and response—including the volunteer Medical Reserve Corps and Strategic National Stockpile.

## Hopitals & Health Care

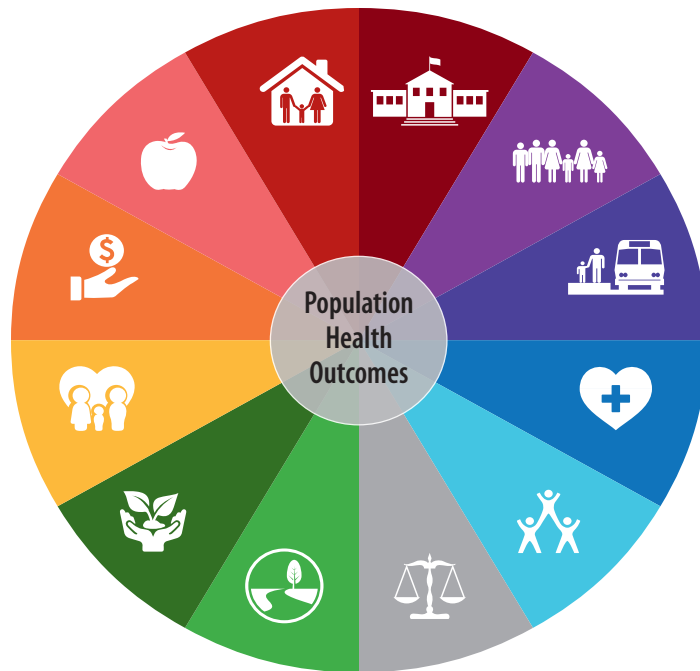
Access to health insurance sets Vermont apart from much of the United States. In 2016, 95% of Vermonters had health insurance, compared to the national average of 88%, and 98% of Vermont's children were insured, also above the national average of 96%.

For a small rural state, Vermont has a robust clinical health system. Our network of hospitals, clinics and primary care homes, coupled with nearly universal insurance coverage, provides a strong foundation for most clinical care. There are 13 hospitals located within the state, and we have an interstate relationship with Dartmouth Hitchcock Medical Center in neighboring Hanover, New Hampshire. Both Dartmouth and the University of Vermont Medical Center in Burlington have strong medical education programs.

Many Vermonters receive their primary care from one of 12 Federally Qualified Health Centers, or patient-centered medical homes, where a primary care provider can connect patients to additional government and community services or supports.

Increasingly, partners in the clinical system are integrating physical health, mental health and substance use disorder services. Vermonters in need of treatment for alcohol/drug use, or mental health services are linked to specialty providers located around the state. Vermont's *Care Alliance for Opioid Addiction* Hub & Spoke system of medication-assisted treatment is recognized as a model for other states.

*See Access to Care pages 62-67 for maps of health care professionals, hospitals, FQHCs, rural health clinics, and free clinics.*



-  Family Wage Jobs, Job Opportunities & Economic Prosperity
-  Access to Affordable, Healthy, Local Food
-  Affordable, Safe, Quality Housing
-  Quality Education
-  Strong, Vibrant Communities
-  Access to Safe & Efficient Transportation
-  Access to Health & Prevention Services
-  Civic Engagement & Community Connections
-  Equitable Law & Justice System
-  Access to Recreation, Parks and Natural Resources
-  Clean & Sustainable Natural Environments
-  Safe & Supported Community Early Childhood Development

### Health Care Transformation Efforts

Major transformation initiatives are underway to provide better care at lower cost to improve the health of populations. One important example is the *Accountable Communities for Health* movement. Embedded within these initiatives is the recognition of the social determinants of health, and the need to engage with partners beyond the health care system.

The goal is to improve health by connecting health care with social services and community partners to provide housing, transportation and other supports to individuals. Public health offers prevention strategies—including investments in community-wide infrastructure and policy changes, to reduce disparities in the distribution of health and wellness opportunities for all.

### Cross-Sector Action & Accountability

Access to health care is essential but insufficient for positive health outcomes. Leaders in other sectors are also recognizing the opportunity for their decisions to impact health and equity. There are many examples in our state of cross-sector actions that improve health—from Safe Routes to School, to Farm to Table, to worksite wellness.

Vermont's *Health in All Policies Task Force* is a governor-appointed, cabinet level group given the charge to consider health in the budgets, policies and programs of nine other state agencies that do not explicitly have health as their mission.

The task force can apply the authority and tools of government to make changes that encourage improved health.