Populations in Focus

Health Inequities Among Vermonters

Some of us have more opportunities than others to enjoy good health and quality of life. Vermonters who identify as white and heterosexual, do not have a disability, live in urban or suburban areas, or are middle or upper class generally have better health compared to other Vermonters. These are health inequities.

Some of these distinctions are clear when we compare the majority or dominant population to the minority populations in our state. Too often these differences result from historically unfair and unjust systems, structures, policies, attitudes and cultural norms.

Throughout this report, we demonstrate health inequities by the numbers. Even when we cannot measure differences due to the small numbers of some groups of Vermonters, there is every reason to believe they share similar experiences with people across the country: the stigma, racism, bias, discrimination, social isolation, and unequal access that are at the root of trauma and toxic stress, worse health, and lower quality of life. These Vermonters also possess strength and resilience, qualities that are not easily measured, and that contribute greatly to our state.

"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."

"Vermont doesn't do a good job recognizing or acknowledging people who aren't white."

Race, Ethnicity and Culture

The land that is now Vermont has been home to Abenaki and other Native American groups since long before it was a state. Some black and African American Vermonters chronicle their families living in Vermont for centuries. Others, like many white Vermonters, are newer arrivals.

While Vermont remains one of the whitest states in the U.S., over the past 15 years the percentage of people of color has nearly doubled. In 2016, 7% of the population are people of color, and 93% are white, non-Hispanic.

Some of the growing diversity across the state is due to immigration from other countries. Refugees make up a small percentage of people of color– and not all refugees are people of color. Vermont is also a home for several thousand farm workers from Mexico and Central America who help to maintain the state's agricultural economy.

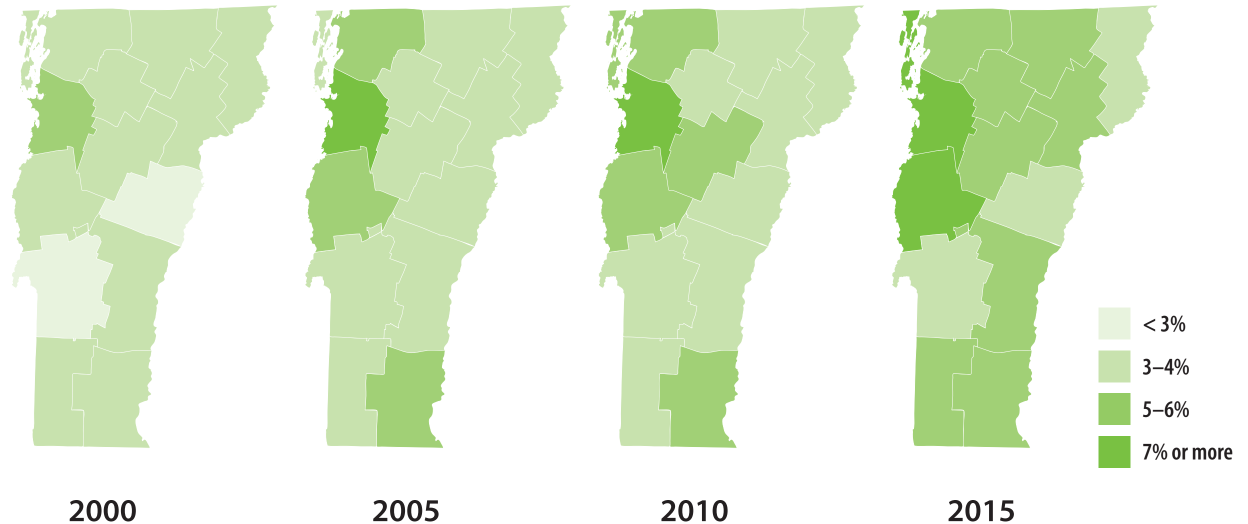
"All health issues are LGBTQ health issues, so LGBTQ should be part of all conversations."

LGBTQ Identity

An estimated 5% of adult Vermonters identify as lesbian, gay, bisexual or transgender. People age18 to 24 are most likely to identify as LGBT, and those age 65+ are least likely; 8% of high school students identify as lesbian, gay or bisexual.

Changing Racial Makeup of Vermont

U.S. Census • 2000-2015 – % of county residents who are people of color



"The problem is that this world is not created for people with a disability."

People Living with Disabilities

Nearly one-quarter (22%) of adult Vermonters have at least one type of disability: a physical, cognitive, intellectual or developmental disability, hearing or vision loss. Some of these disabilities can be seen and others are not readily apparent. Of those adults who have a disability, 10% have two or more. And some groups are more affected: people of color and those who identify as LGBT are more likely to have one or more disabilities.

"In this day and age you wouldn't expect a gender wage gap in a progressive state like Vermont."

Social Class & Socioeconomic Status

Income is the most common measure we have of socioeconomic status. Along with education and occupation, income is strongly associated with health outcomes. Throughout this report, when we refer to poverty, we mean people living at or below 100% of the Federal Poverty Level (FPL), as calculated from household income and family size. Eligibility for Medicaid is 133% FPL, and eligibility for other health and social services are capped at 185%, 200% and 250% of FPL.

In 2016, 12% of Vermonters are living at or below 100% of FPL, but there are income inequities across the state. And while we can map the percentage of town residents living in poverty, this may still mask wide disparities of income among residents within a town.

2017 Federal Poverty Levels

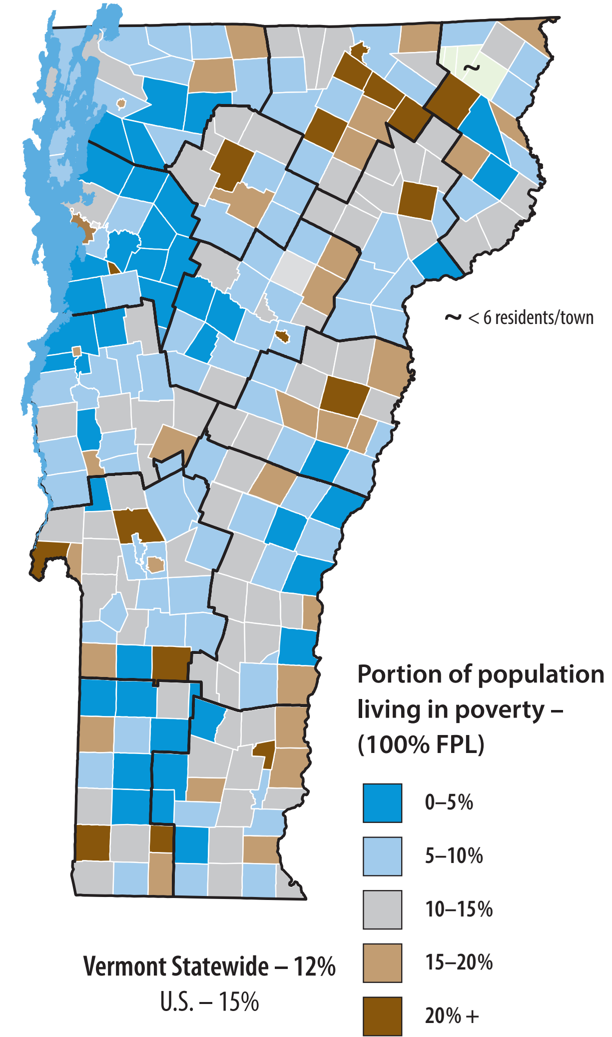
Family Size	100%	133%	185%	200%	250%
1	$12,060	$16,040	$22,311	$24,120	$30,150
2	$16,240	$21,599	$30,044	$32,480	$40,600
3	$20,420	$27,159	$37,777	$40,840	$51,050
4	$24,600	$32,718	$45,510	$49,200	$61,500
5	$28,780	$38,277	$53,243	$57,560	$71,950
6	$32,960	$43,837	$60,976	$65,920	$82,400
7	$37,140	$49,396	$68,709	$74,280	$92,850
8	$41,320	$54,956	$76,442	$82,640	$103,300

U.S. Department of Health & Human Services • 2017

For larger families/households, add $4,180 for each additional person.

Population Living in Poverty, by Town

American Community Survey 5-year Estimates • 2012–2016



Race, Ethnicity & Culture

• Who are Vermonters of Color?

Vermonters come from a wide range of ethnic, religious and cultural backgrounds. In 2016 7%, or more than 43,000 Vermonters, are people of color. This includes approximately 8,100 who identify as Black/African American, 2,400 as American Indian/ Alaskan Native, 11,300 as Asian/Pacific Islander, 11,700 as Hispanic, and 11,800 people of two or more racial groups. Since the start of the state's refugee resettlement program in1980, more than 8,000 refugees have arrived in the state, some of whom are people of color.

• Health Care & Quality of Life

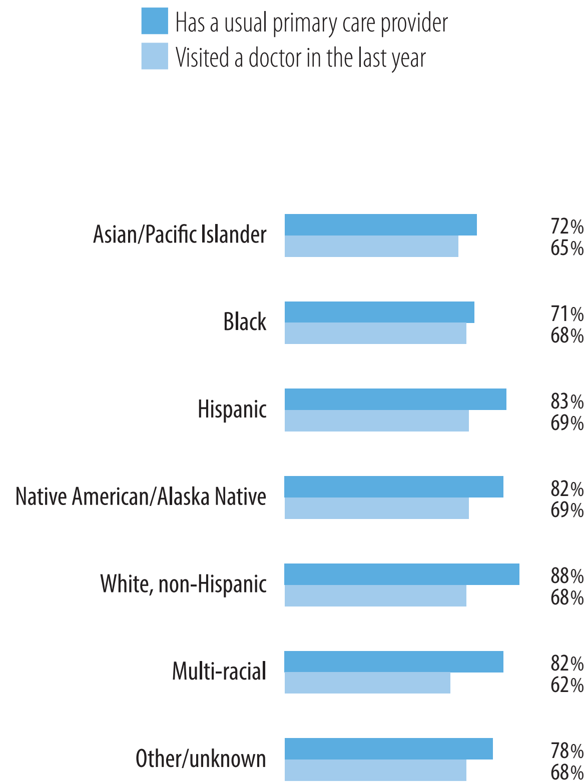
While white Vermonters and Vermonters of color visit the doctor at about the same rate, white Vermonters are more likely to report having a usual primary care provider. Adults who are Native American/Alaska Native and multi-racial are more likely to report fair or poor general health compared to other races and ethnicities. There are many possible reasons for these differences.

Our partners told us that, as people of color, they do not see themselves represented or respected by the systems that are meant to promote health. They may not have trusting relationships with their providers, or believe that the health care and other systems will understand their needs. Added to that may be experiences of prejudice or being discriminated against by the system meant to serve them. These factors can all lead to chronic stress and worse physical and mental health.

Access to Health Care

Vermont Behavioral Risk Factor Surveillance System • 2012–2016

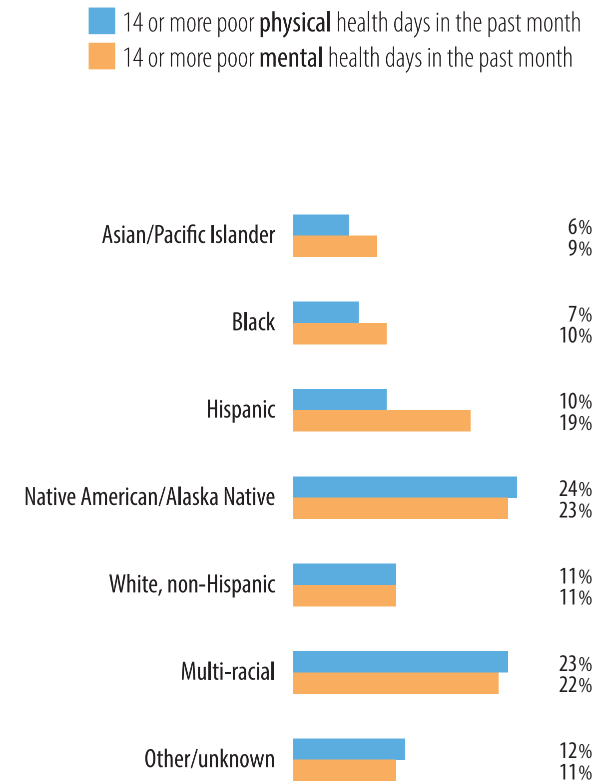
% of adults who report having regular health care



Quality of Life

Vermont Behavioral Risk Factor Surveillance System • 2012–2016

% of adults who report poor physical and mental health

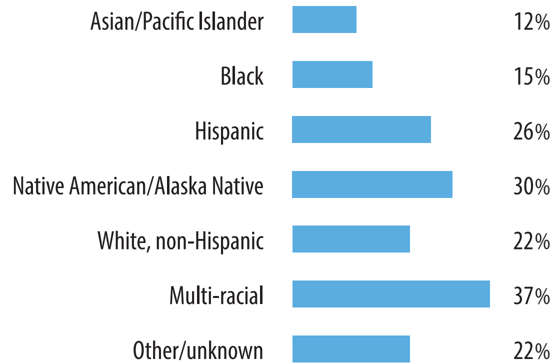


"Representation is really important, whether it's in a school or in a hospital ... being able to connect to somebody."

Depression Among Adults

Vermont Behavioral Risk Factor Surveillance System • 2012–2016

% of adults who have ever been diagnosed with depression



Protective Factors for Youth

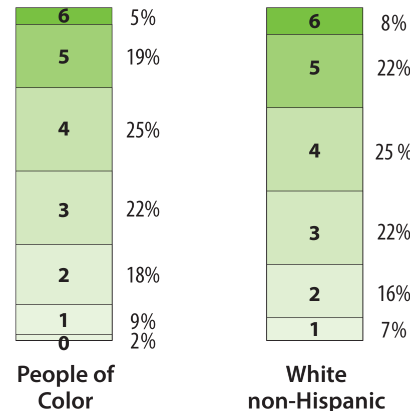
Vermont Youth Risk Behavior Survey • 2015

% of high school students who have 0-6 of these factors:

Talk with parents about school at least weekly • Spend 10 + hours in after-school activities

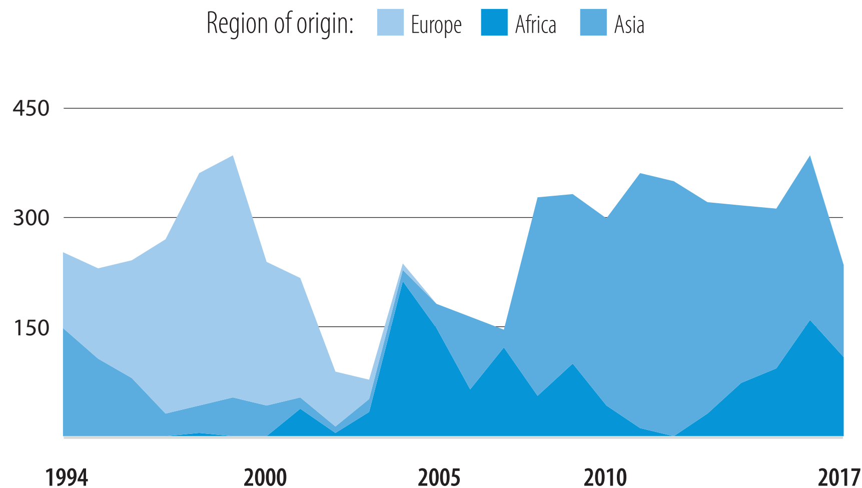
Have teachers who care about you • Feel valued by your community

Can help decide what happens at school • Feel safe at school



Number of Refugees Resettled in Vermont

U.S. Committee for Refugees & Immigrants • 1994-1999 & Refugee Processing Center • 2000–2007



Since 1994, 6,340 refugees have arrived in Vermont. The yearly average is 266 people. To date, 29 countries are represented.

• Mental Health

National measures of mental health are similar across racial groups. One measure of mental health is depression. In Vermont, multi-racial adults are most likely to have ever been diagnosed with depression.

Mental health was a major concern expressed by our partners, who witness the challenges in their communities. The mental health system has limited capacity to understand or recognize the chronic stress or generational trauma of racism.

And many of the people who came to Vermont as refugees have been traumatized by violence and displacement, but cultural stigma may be a barrier to seeking mental health care. When they do seek care, they are further challenged by a system that does not understand their unique cultural or linguistic needs and experiences of trauma.

"Most of our parents immigrated here because of war. They saw those tragic things happen ... they came to America and had to deal with those things by themselves. They have to go through the trauma by themselves."

• A Sense of Belonging, or Not

Many of our partners said that people of color are not treated equally in their communities and are made to feel they do not fully belong. Feeling such disconnection is a risk to both physical and mental health. When we survey high school students about protective factors that relate to connectedness and community, youth of color generally report having fewer of these protective factors compared to white youth.

LGBTQ Identity

• Who identifies as LGBTQ?

The Health Department's data sources do not yet fully reflect Vermont's LGBTQ population. To best represent the available data, we use LGB when referring to youth, and LGBT for adults. Of the 5% of adult Vermonters who identify as lesbian, gay, bisexual, or transgender, young adults are most likely to identify as LGBT and older adults are least likely. Among 8% of high school students who identify as LGB, 2% describe themselves as lesbian or gay, and 6% as bisexual; another 4% are not sure. Females are much more likely than males to describe themselves as bisexual (10% compared to 3%), and are more likely to be unsure of their gender orientation (5% compared to 4%).

• Health Care & Quality of Life

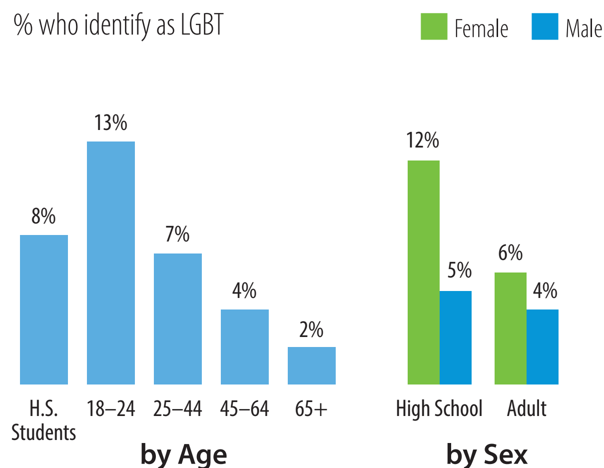
LGBT adults are slightly less likely than heterosexual adults to have a usual primary care provider, or to have visited a doctor or a dentist in the past year. They are, however, twice as likely as heterosexual adults to delay care, or be unable to get care due to cost. A greater proportion of LGBT Vermonters report worse health than heterosexual Vermonters. Lack of access to quality, affirming health care is a concern expressed by many LGBT Vermonters. Many experience discrimination, or find themselves having to educate their health care providers about their particular health needs.

"We need more knowledgeable health care providers and clinics with all staff–including front desk and clinical–welcoming of LGBTQ patients."

Gender Orientation

Vermont Youth Risk Behavior Survey • 2015
Vermont Behavioral Risk Factor Surveillance System • 2016

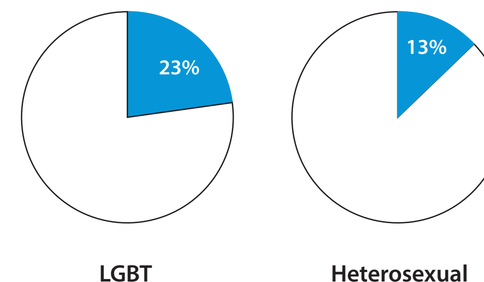
% who identify as LGBT



Quality of Life

Vermont Behavioral Risk Factor Surveillance System • 2016

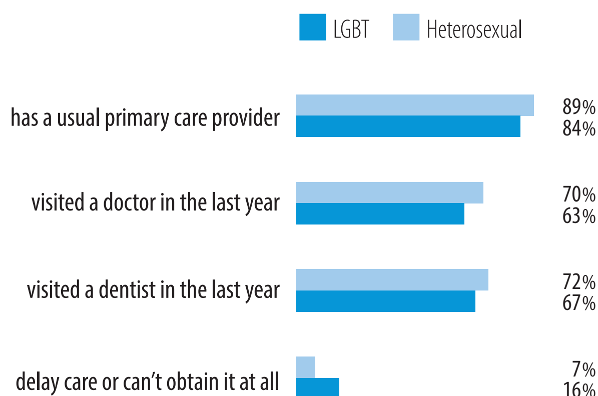
% of adults who report fair or poor health



Access to Health Care

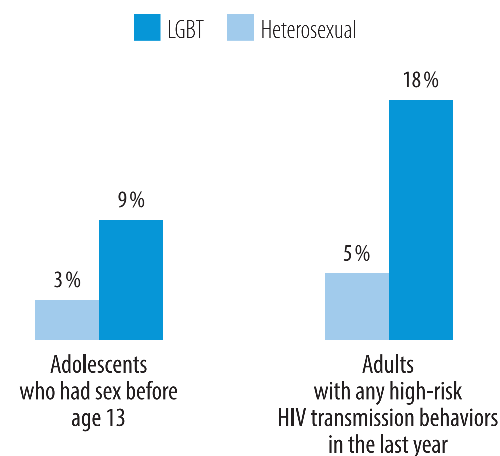
Vermont Behavioral Risk Factor Surveillance System • 2016

% of adults who report having regular health care



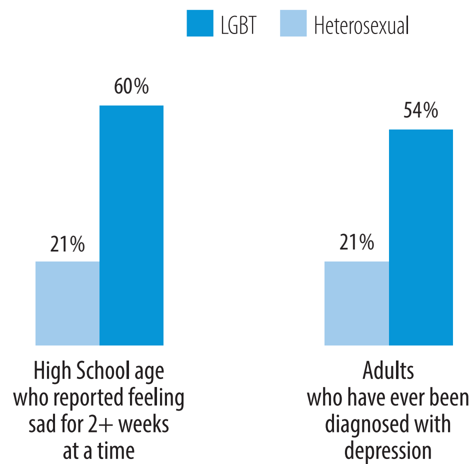
Sexual Health Risk Behaviors

Vermont Youth Risk Behavior Survey • 2015
Vermont Behavioral Risk Factor Surveillance System • 2016



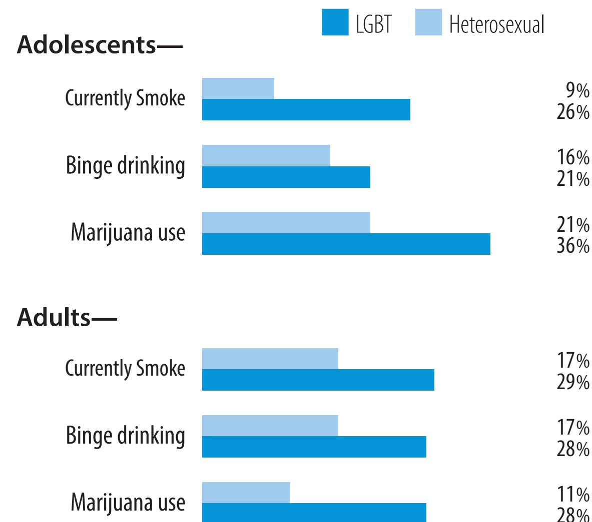
Depression

Vermont Youth Risk Behavior Survey • 2015
Vermont Behavioral Risk Factor Surveillance System • 2016



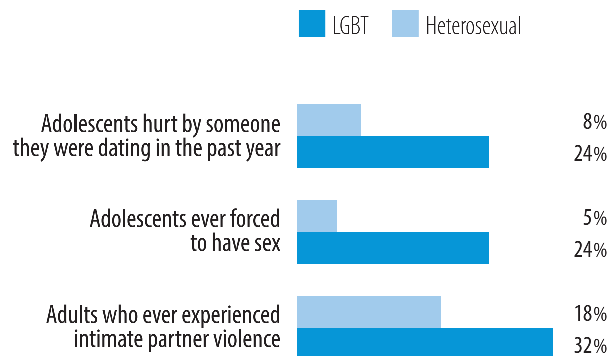
Tobacco, Alcohol & Drug Use

Vermont Youth Risk Behavior Survey • 2015
Vermont Behavioral Risk Factor Surveillance System • 2016



Intimate Partner & Sexual Violence

Vermont Youth Risk Behavior Survey • 2015
Vermont Behavioral Risk Factor Surveillance System • 2014

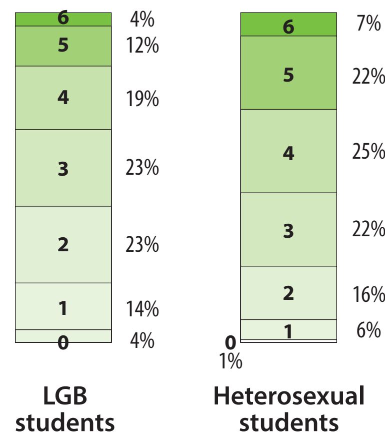


Protective Factors for Youth

Vermont Youth Risk Behavior Survey • 2015

% of high school students who have 0-6 of these factors:

Talk with parents about school at least weekly • Spend 10 + hours in after-school activities
Have teachers who care about you • Feel valued by your community
Can help decide what happens at school • Feel safe at school



"It's frustrating because providers and public health professionals still do not engage with this community adequately ... in my experience, doctors don't even ask and just adopt hetero-normative language, which makes an appointment even more difficult."

• Mental Health

National research shows that people who identify as LGBTQ have more mental health risk factors, depression and mental illness than those who are heterosexual. These differences in health may stem from bullying, discrimination and rejection that the LGBTQ community continues to face. The growing visibility of LGBTQ issues can be felt to be both supportive and stressful for individuals.

• Risk Behaviors

Smoking, binge drinking and marijuana use is more common among LGB youth and LGBT adults than among heterosexuals. Sexual violence is also more common, especially for youth. LGBTQ males and females are more likely than hetero-sexuals to have ever been tested for HIV, and to have been tested within the past year, as is recommended for everyone who is sexually active.

• A Sense of Belonging, or Not

Many Vermonters have found a sense of belong-ing through LGBTQ-welcoming organizations and groups, while others have found connectedness through informal networks. Having a positive and supportive community can build resilience and connections.

"It's important to feel supported within your own community."

People Living with Disabilities

• Who has a disability?

Among Vermonters of all ages, 15% are living with a disability. The likelihood of having disabilities increases with age. By adulthood, nearly one-quarter (22%) of Vermonters have at least one type of disability, and 10% have multiple disabilities. Vermonters of color and those who identify as LGBT are more likely to have a disability than white non-Hispanics and heterosexuals.

• Health Care & Quality of Life

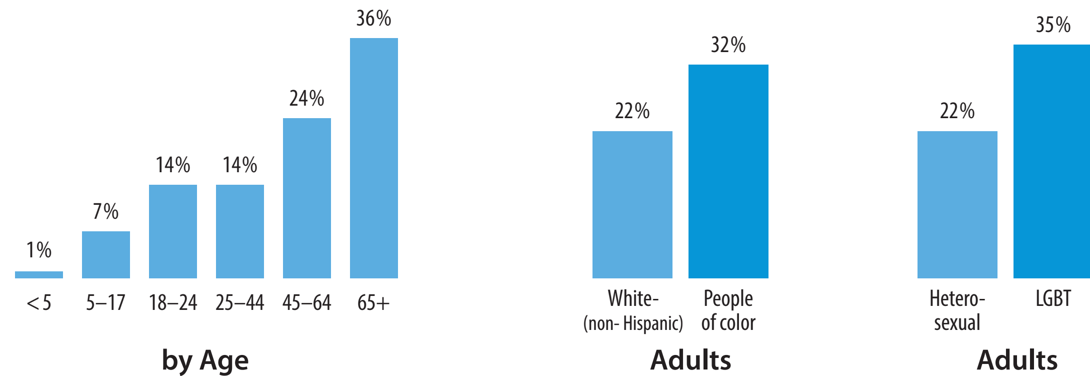
People who are living with disabilities are as likely as those without disabilities to have a regular primary care provider, are more likely to have visited a doctor in the past year, but less likely to have seen a dentist.

People with disabilities report that transportation to care is difficult, and they often feel discriminated against by health care providers, or feel their providers have insufficient training to understand their disabilities and particular health needs.

People with disabilities also experience multiple other inequities: fewer opportunities for higher education, better jobs, higher incomes, adequate housing and transportation options. The built environment–public buildings, parks, green spaces, etc.–too often discourage participation in community life and physical activity. Such daily challenges can result in worse health. Adults who have any disability are nearly seven times more likely to report fair or poor health compared to those who do not have a disability.

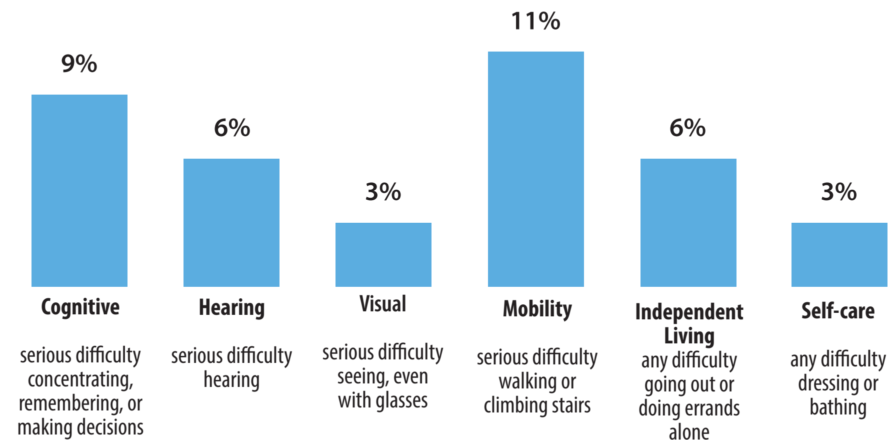
People with Disabilities

Vermont Behavioral Risk Factor Surveillance System • 2016
American Community Survey • 2016



Type of Disability Among Adults

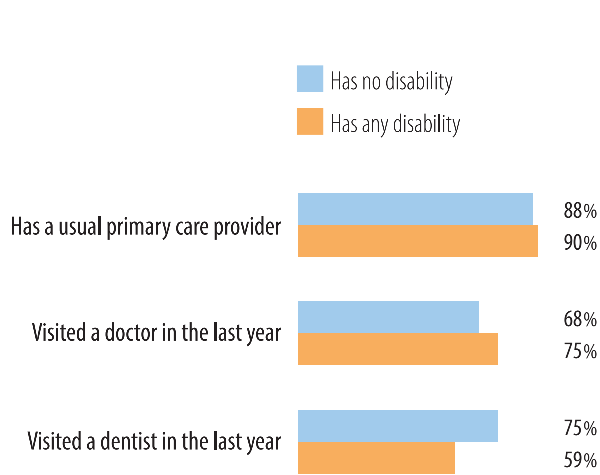
Vermont Behavioral Risk Factor Surveillance System • 2016



"I want to be seen as a person, not a disability. I deserve equal treatment and equal quality of care."

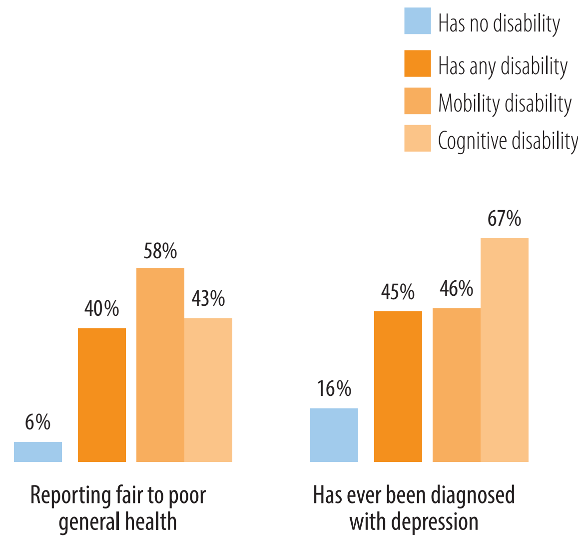
Access to Health Care

Vermont Behavioral Risk Factor Surveillance System • 2016



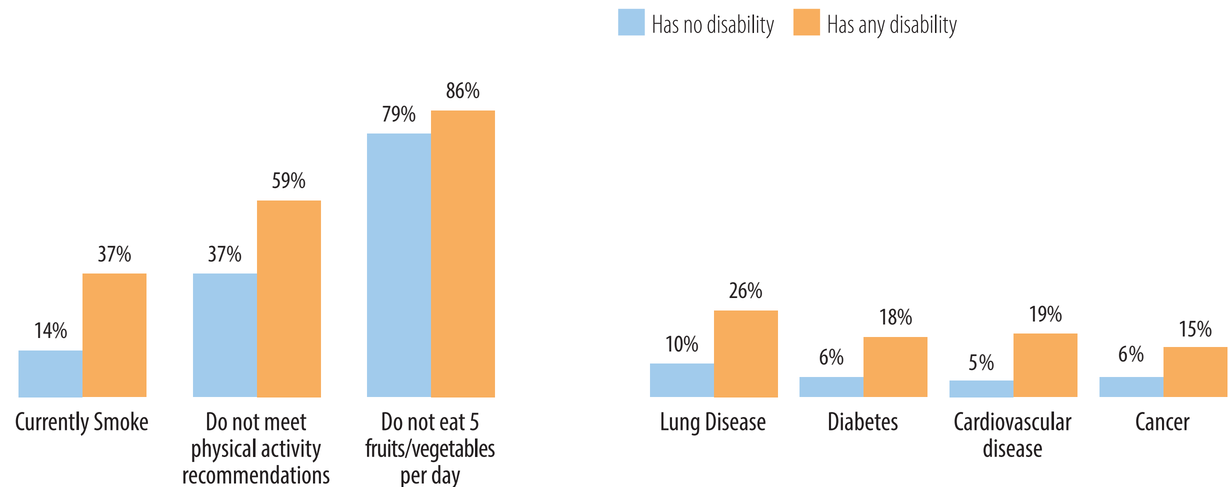
Quality of Life

Vermont Behavioral Risk Factor Surveillance System • 2016



Risk Behaviors & Chronic Disease

Vermont Behavioral Risk Factor Surveillance System • 2015 & 2016



"I want equal treatment in the medical system and appropriate accommodations, like doctors who know how to communicate with people with disabilities and exam rooms that are sensory-friendly."

• Risks, Chronic Disease & Mental Health

Health risks such as smoking, physical inactivity and poor nutrition are more common among adults with disabilities.

Adults with disabilities are also much more likely to have lung disease, diabetes, cardiovascular disease, cancer–or to have been diagnosed with depression, compared to adults who do not have a disability. Two-thirds of adults with a cognitive disability have ever been diagnosed with depression, more than people with any other type of disability.

• A Sense of Belonging, or Not

Vermonters who have disabilities shared that they do not always feel connected or valued in their communities. They report social isolation, and the feeling that they are perceived as their disability rather than as a person with a disability.

While they desire full inclusion in their communities, they also value their connections with others who have had similar experiences and can support each other. In a rural state like Vermont, the ability to connect online and through social media is a valuable resource.

"People with disabilities aren't given equal opportunities for health, community participation, or following our dreams."

Social Class & Socioeconomic Status

• How do we measure social class?

Income is sometimes used to signify social class, but income and class are not exactly the same. Social class–or socioeconomic status–is also influenced by education and occupation, which are both closely tied to income. Socioeconomic status shapes many areas of our lives: where we live, the food we eat, the air we breathe and water we drink, our schools, and the opportunities we have for social connectedness.

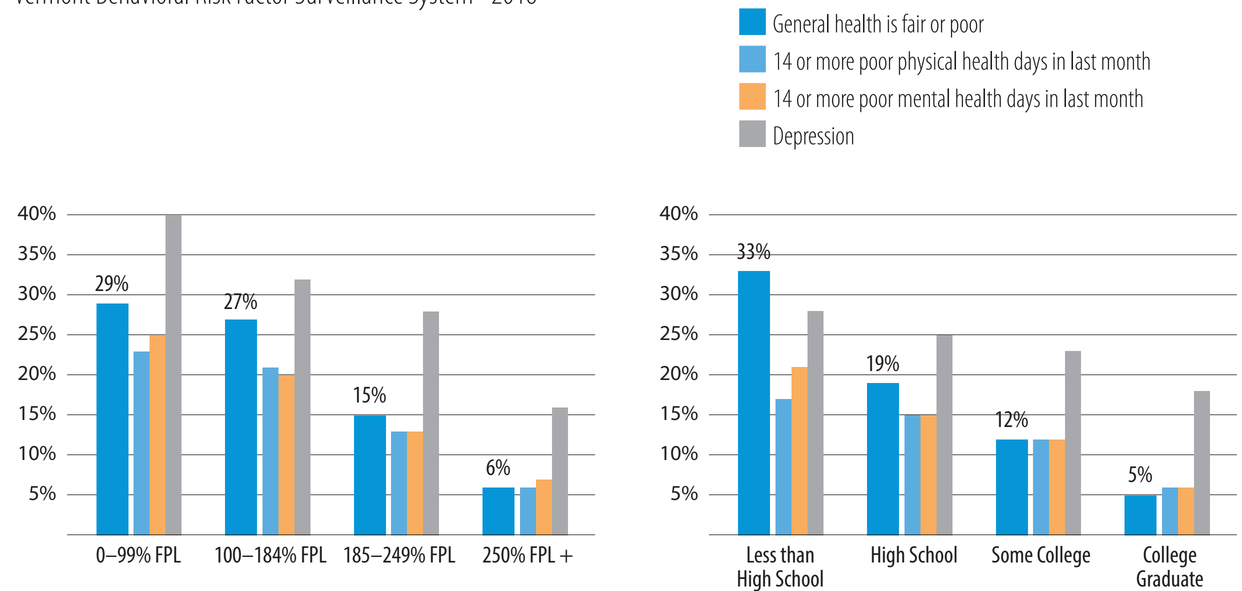
To analyze health status by socioeconomic status, we most often use the Federal Poverty Level (FPL). This is a measure of poverty based on guidelines issued each year by the U.S. Department of Health & Human Services. Educational attainment is another valuable measure, in combination or when infomation on income is not available. In 2016, 12% of Vermonters were living at or below 100% of FPL, but there are differences among us: 11% of white non-Hispanics, 15% of those younger than 18, 13% of women, 11% of men, and 9% of those age 65+ are living in poverty.

• Income, Education & Health Disparities

Vermonters without a high school diploma are six times more likely to report being in fair or poor health compared with those with a college degree. Similar differences are seen by income. When comparing income at all education levels, the median earnings for men are higher than for women. For women with a bachelor's degree, earnings are only slightly higher than for men with a high school diploma.

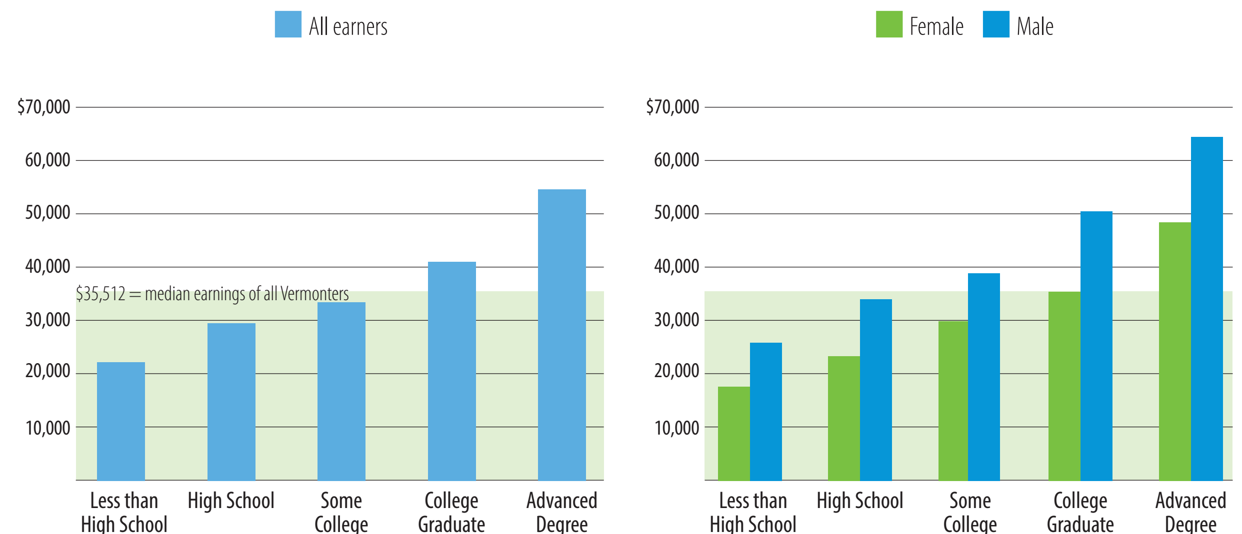
Quality of Life, by Federal Poverty Level & Education

Vermont Behavioral Risk Factor Surveillance System • 2016



Median Earnings, by Education

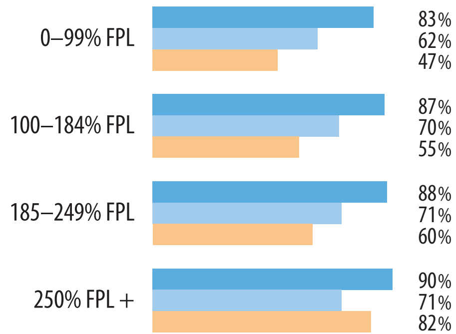
American Community Survey • 2011–2015

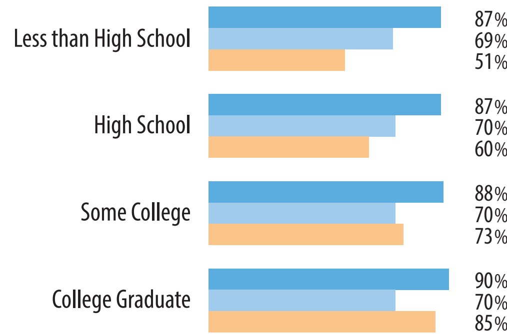


Access to Health Care, by Federal Poverty Level & Education

Vermont Behavioral Risk Factor Surveillance System • 2016

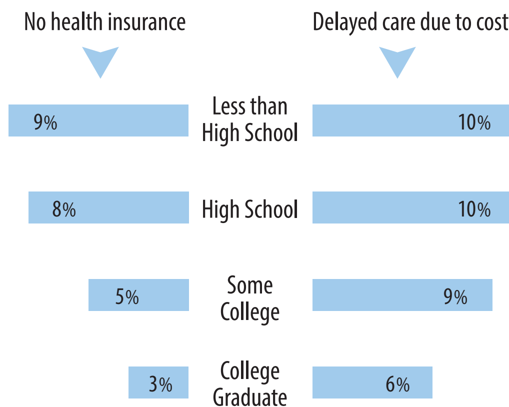
Has a usual primary care provider
Visited a doctor in the last year
Visited a dentist in the last year





Costs Associated with Health Care

Vermont Behavioral Risk Factor Surveillance System • 2016



Protective Factors for Youth

Vermont Youth Risk Behavior Survey • 2015

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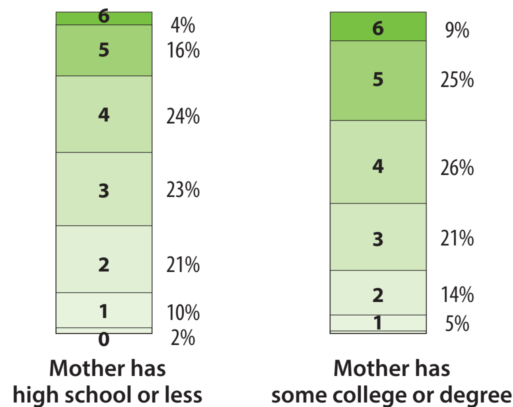

"I work round the clock and still can't afford the basics to keep my family healthy."

• Mental Health

Many stressors are associated with poverty. Safe and affordable housing, nutritious and affordable food, reliable transportation and quality child care can be difficult to access, and these stressors can affect a person's mental outlook. Poor mental health makes it more difficult for a person to complete their education and hold a job. As a result, people with poor mental health are more likely to live in poverty. The likelihood of having depression and a string of poor mental health days decreases as income and education rises.

• Access to Health Care

Adults at all education and income levels are equally likely to visit a doctor in the past year, but adults in higher income households are more likely to have a usual primary care provider than those in lower income households. The likelihood of seeing a dentist within the past year increases with higher education and higher income.

• A Sense of Belonging, or Not

High school students from families with a mother who has been to college are more likely to feel connected in their homes, schools and communities. When we survey students about protective factors that relate to connectedness and community, those who have mothers with some college or a degree are more likely to have more of these protections than students whose mothers who have a high school diploma or less.