

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 health care, but it takes more than insurance.

• The Supply of Medical Providers

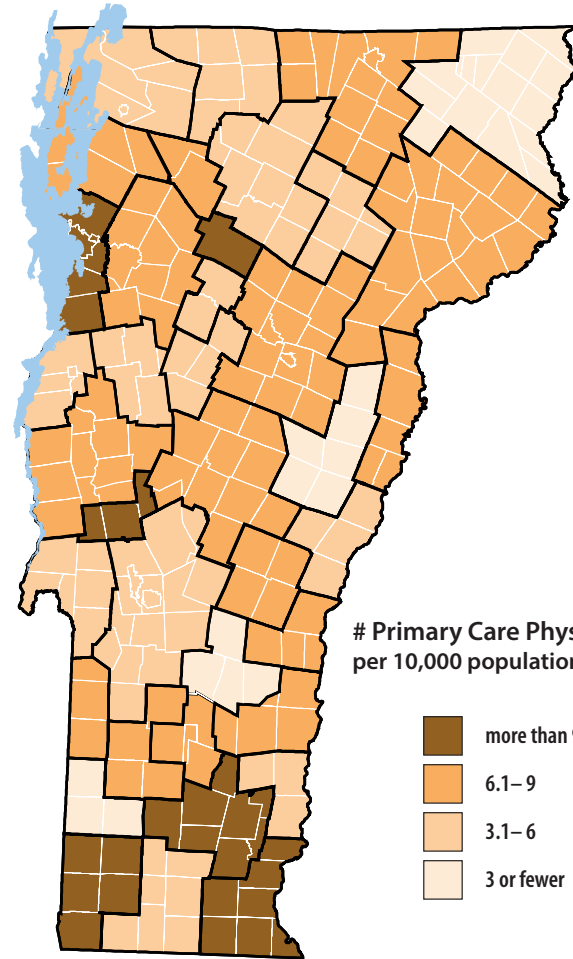
To measure access to health care, we consider the provider-to-population ratio, which populations have insurance coverage plus a usual primary care provider or dentist. By these measures, access varies across the state, and among populations.

Among adult Vermonters, females (92%) are more likely than males (84%), to have a usual health care provider, and white people are more likely than people of color. At 71%, Vermont adults 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 people 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

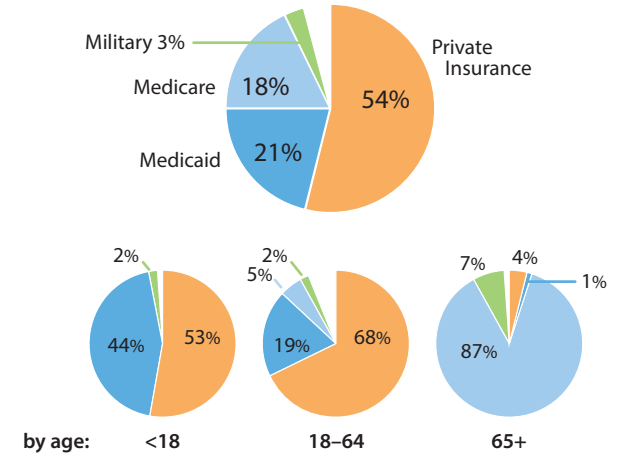
Vermont Department of Health/Health Care Provider Census • 2016

Full Time Equivalent (FTE) physicians to population



Primary Health Insurance Sources

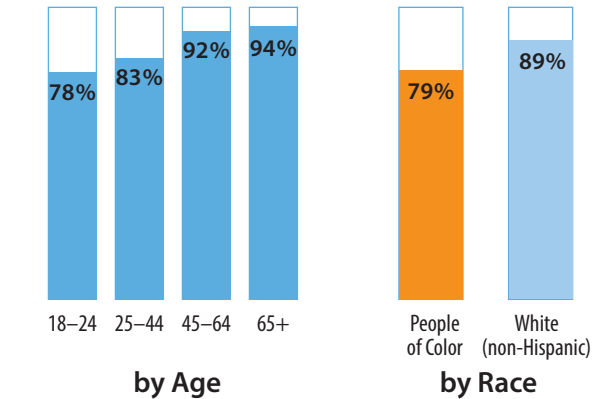
Vermont Household Health Insurance Survey • 2014



Access to Primary Care

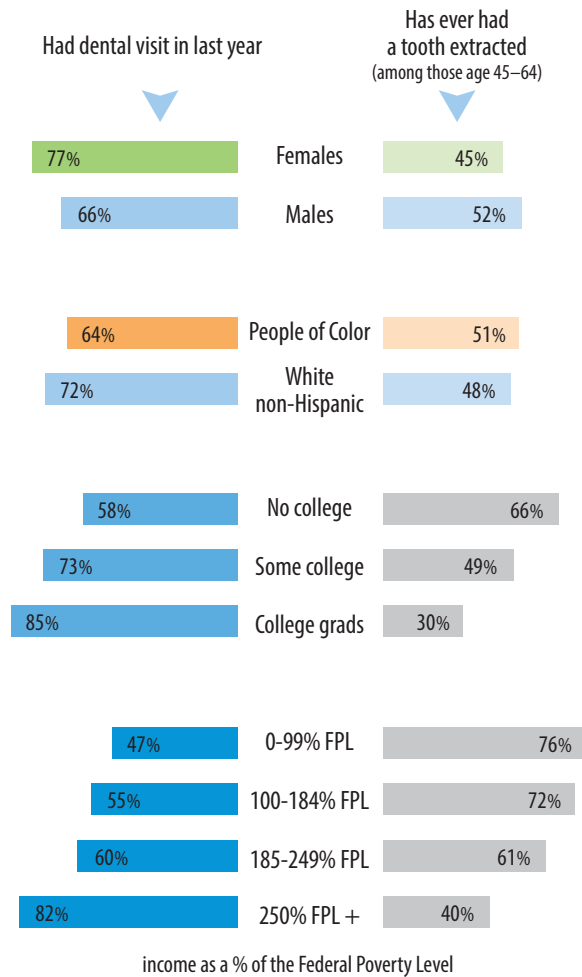
Vermont Behavioral Risk Factor Surveillance System • 2016

% of Vermont adults who have a usual primary care provider



Dental Visits & Tooth Extractions

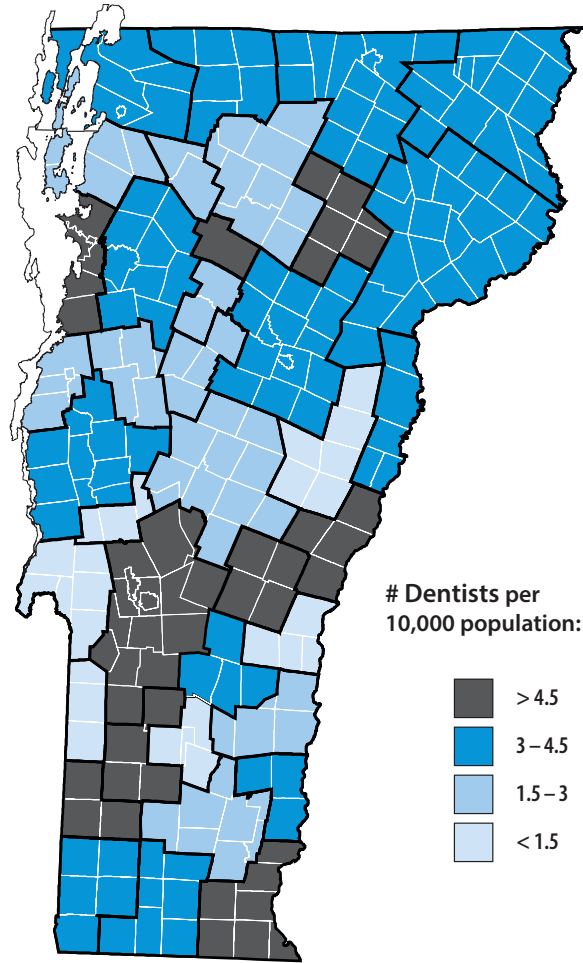
Vermont Behavioral Risk Factor Surveillance System • 2016



Supply of Dentists

Vermont Department of Health/Health Care Provider Census • 2016

Full Time Equivalent (FTE) dentists to population



Barriers to Health Care

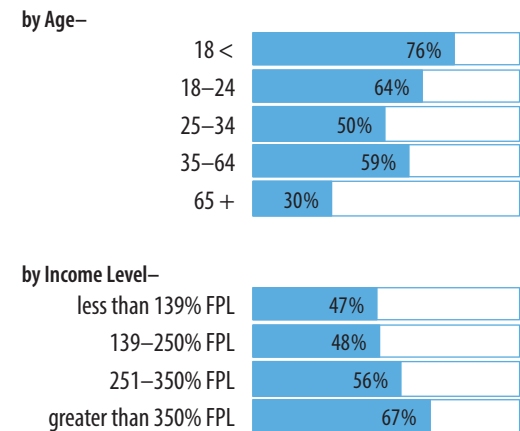
Beyond insurance and the supply of providers, a complex interplay of social, environmental and infrastructure barriers can stand in the way of accessing health care.

Our partners said that people of color, those who identify as LGBT, or who have disabilities 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 who have 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)



Access • Mental Health & SUD Treatment

• Supply of Mental Health Professionals

Mental health professionals in the state include psychologists, psychoanalysts, psychotherapists, psychiatrists, mental health advanced practice registered nurses, marriage and family therapists, mental health counselors, and social workers.

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 are the most underserved counties, 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.

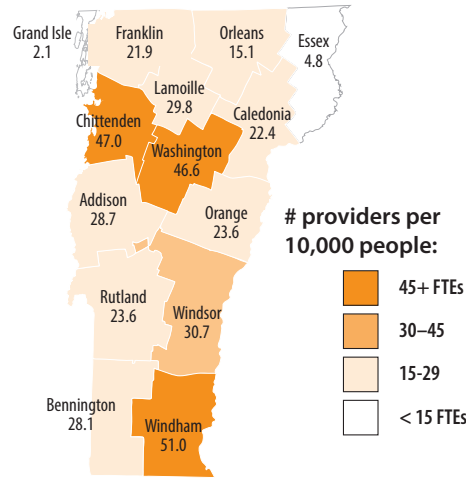
• Vermonters in Need of Treatment

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

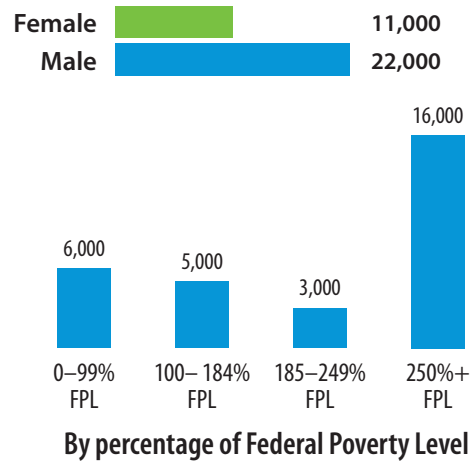
Full-Time Equivalent (FTE) providers of various mental health services, per 10,000 people



Vermonters Going Untreated for Alcohol

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

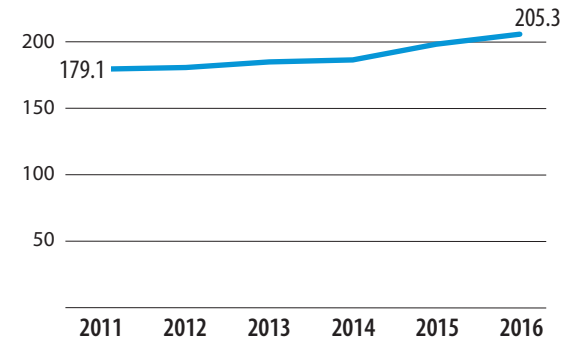
Estimated # of people age 12+ who did not receive needed treatment, to nearest thousand



Mental Health Emergency Dept. Visits

Vermont Uniform Hospital Discharge Data Set • 2011–2016

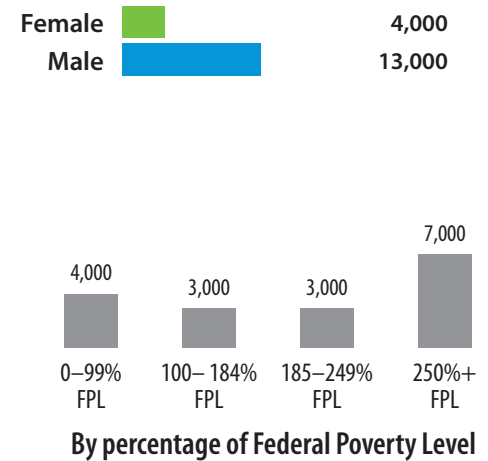
Emergency Department visits for mental health disorders, per 10,000 people



Vermonters Going Untreated for 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, VT-adjusted

Of those diagnosed with a substance use disorder,



44% received a follow-up treatment, and



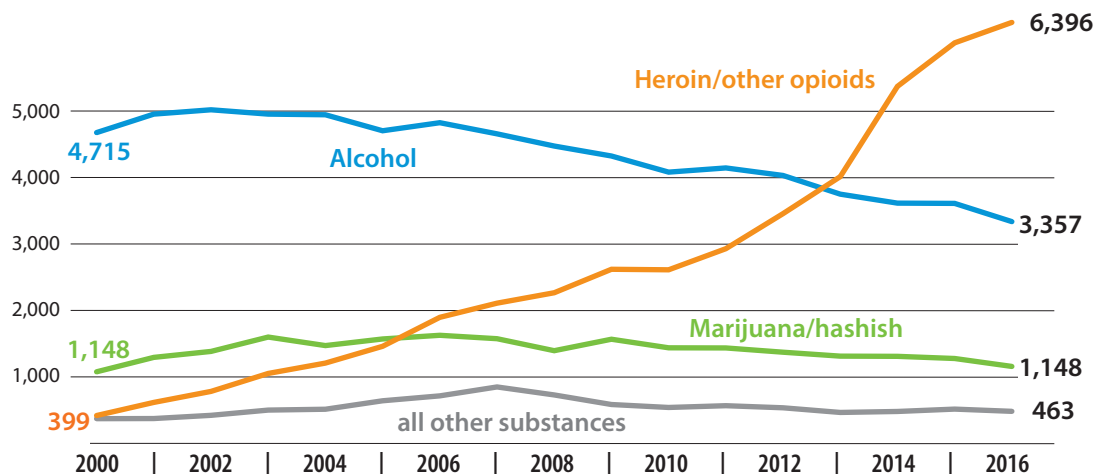
17% stayed in treatment



Substance Use Disorder Treatment Trend

Substance Abuse Treatment Information System • 2000–2016

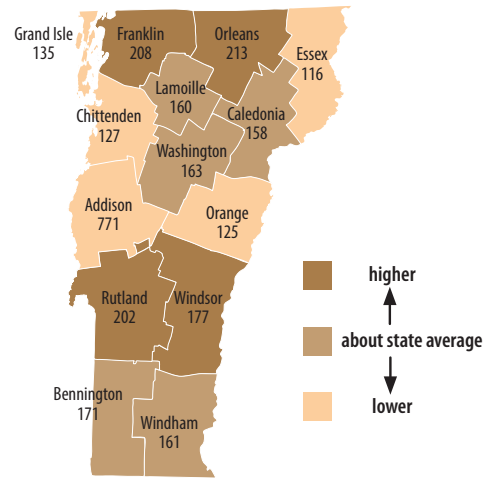
Vermonters treated in preferred provider system for substance use disorder, by substance



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



• Medication-Assisted Treatment

There is strong evidence that methadone and buprenorphine in medication-assisted treatment is effective in improving treatment retention and 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 are diagnosed with a substance use disorder, an estimated 44% enter treatment and, of those, 17% stay 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.

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 and spoke' system of medication-assisted treatment has expanded, the number in treatment for opioids has surpassed the number in treatment for alcohol.

Access • Hospitals & Health Clinics

Insured & Underinsured Vermonters

In 2014, 3.7% or 23,000 Vermonters had no health insurance—a significant improvement from 8.4% uninsured Vermonters in 2000 and 6.8% in 2012.

But many Vermonters who have insurance are under-insured. Of those under the age of 65 with private insurance (not Medicare), more than one-quarter (27% or 92,332 individuals) were considered under-insured due to either high deductibles, high expenses, or both.

Access to Care for the Underserved

Vermont has 12 Federally Qualified Health Centers, nine Rural Health Centers and nine 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.

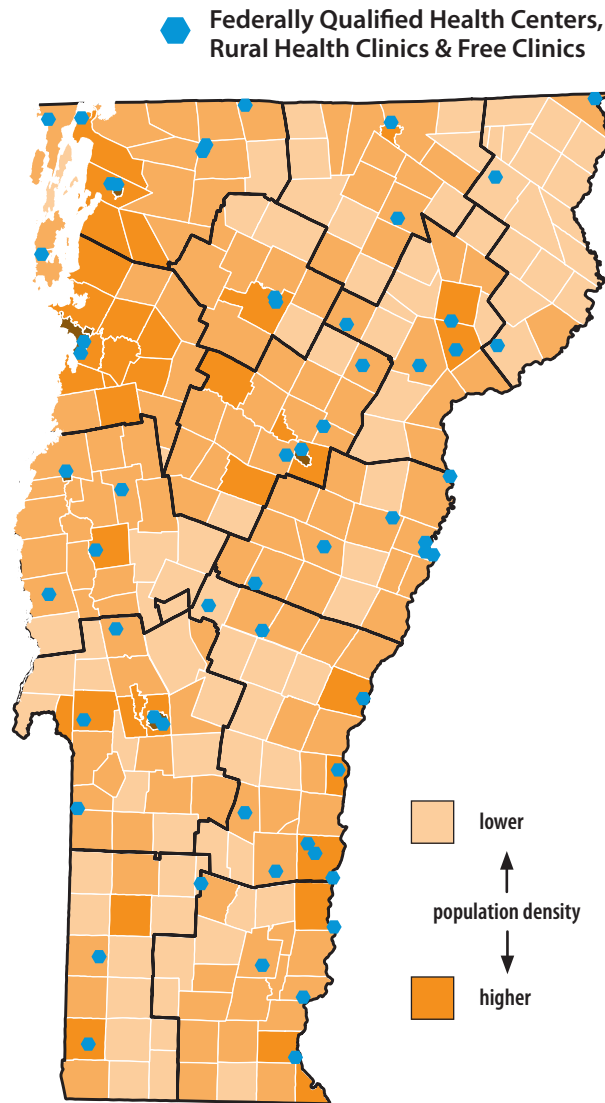
Federally Qualified Health Centers are health care practices that provide high quality, comprehensive primary care and preventive services. They offer these services even if the patients don't have health insurance or cannot pay the full cost. Payment is on a sliding scale basis.

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 economically disadvantaged individuals, at nominal or no cost.

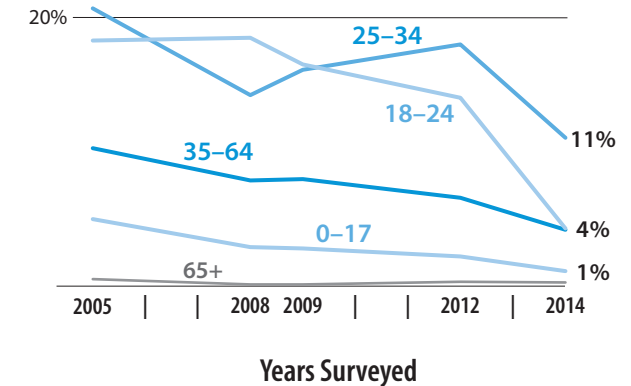
Health Clinics for the Underserved

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



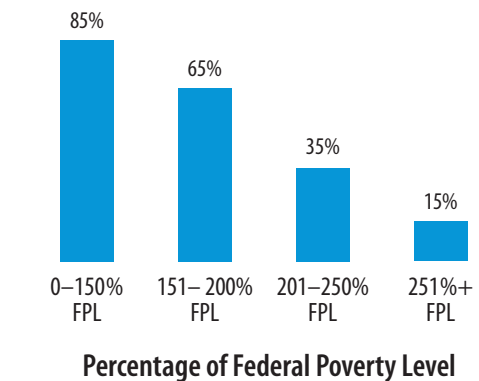
Uninsured Vermonters, by Age

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



Under-insured Vermonters, by Income

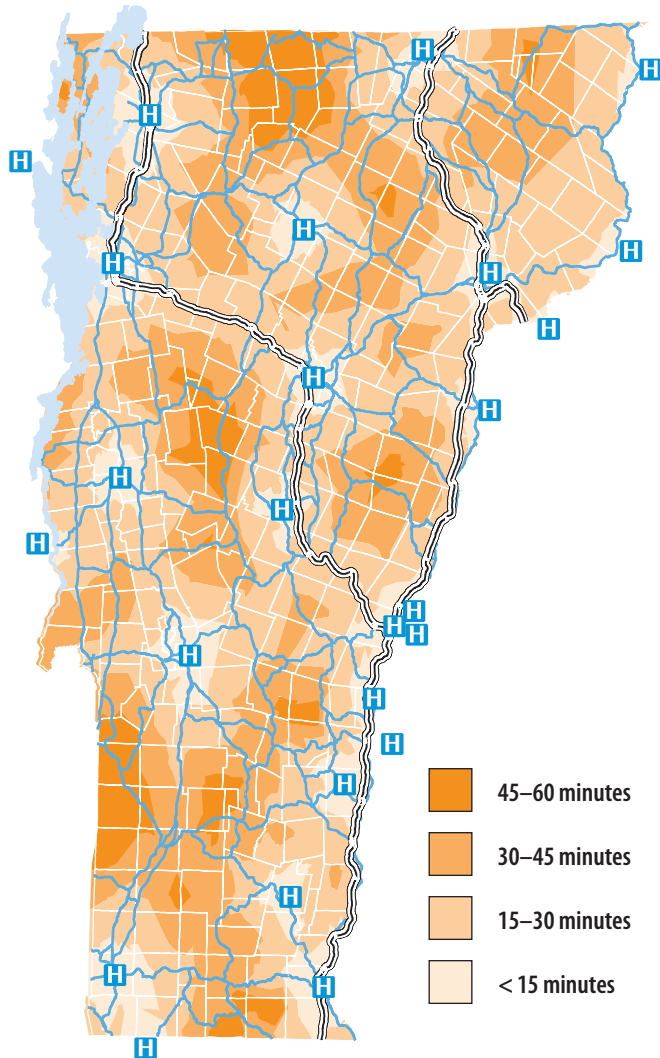
Vermont Household Health Insurance Survey • 2014
% of Vermonters with private health insurance who are under-insured (age 0-64)



Hospital Drive Time

Vermont Department of Health GIS • 2018

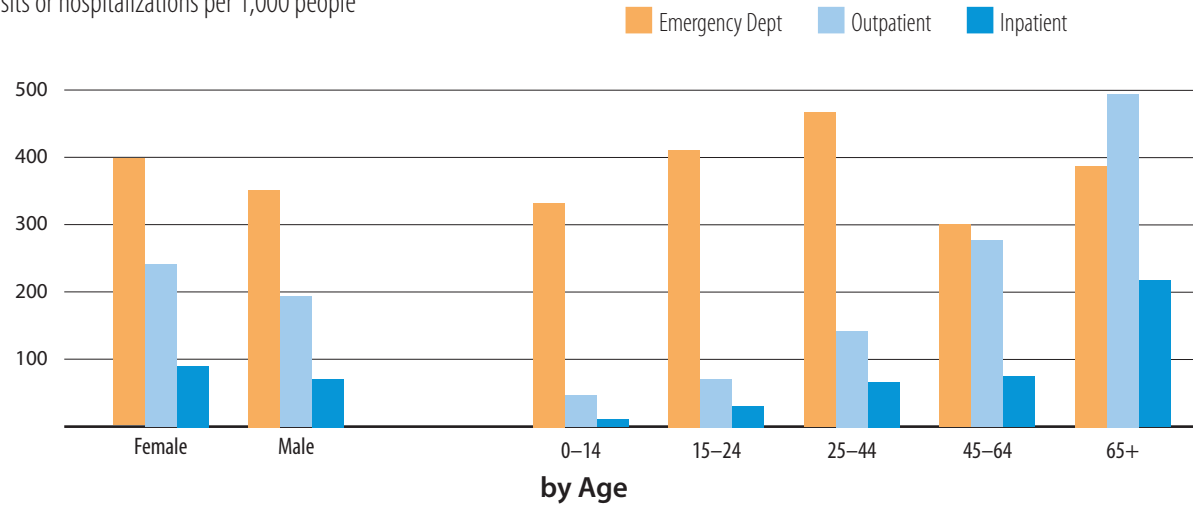
minutes it takes to drive to a hospital in or near Vermont



Hospital Utilization

Vermont Uniform Hospital Discharge Data Set • 2015

visits or hospitalizations per 1,000 people



• How do you get to medical care?

The rural layout of our state, the many miles of dirt roads, general lack of public transportation, and our often severe weather 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

All types of hospital utilization are higher for females than for males.

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.