Health drivers

- The four tribes in the Abenaki nation: Missisquoi, Elnu, Nulhegan, and Koasek, are consistently underrepresented in statewide data.
- The 2020 US Census notes 2,289 people identifying as American Indian/Alaska Native (AI/AN). Another 14,526 include AI/AN in their multi-racial identity.
- Causes of data underrepresentation:

The 2022 Health Equity for Abenaki Indigenous People report:

"...there is little to no peer reviewed published literature about the Abenaki, and we found no publications for this review that explicitly address mental health, substance use, health or well-being within Abenaki communities".

- Institutionalized racism leading to exclusion of non-white groups in studies
- Land theft decentralizing communities, making inclusion harder
- Inherent mistrust of institutions by AI/AN community members following a long history of eugenics, forced sterilizations, and genocide
- Reluctance to participate in data collection due to sustained hopelessness

"A mistrust in medical and social institutions creates a barrier to parenting ... There is a fear that organizations that are supposed to help will fracture the family structure"

Median incomes for Indigenous households were \$35,000 in 2022, for white households they were \$64,412.

"I've known people who have lost jobs, including myself, once they found out that they were native. If I can take advantage of white privilege, why would I want to detriment my kids[?]"





Health conditions

Middle school and high school-aged Indigenous students report feeling hopeless, having thoughts of suicide, or make suicide attempts at higher rates than all Vermont students.

"My mom...elderly and disabled...a lot of doctors struggle with trying to communicate with her because they don't know the source of her fear."

- From 2014-2022, 38% of Indigenous community members reported being current cannabis users, compared to 22% for Vermont as a whole.
- ▼ 15% of Vermonters have experienced intimate partner violence, but that numbers jumps to 27% among the American Indian/Alaska Native communities.
- Chronic disease rates are consistently higher among the AI/AN communities.

Prevalence rates for chronic conditions	COPD	Diabetes	Hypertension	Cardiovascular disease
All VT	7%	9%	25%	8%
AI/AN	13%	17%	30%	24%

- Living in food deserts, with little access to affordable, healthy foods, contributes to high illness rates.
- **Twice as many** Indigenous students tried alcohol before the age of 13 compared to all students, 26% to 13%.

Key themes:

- -Limited data on health needs
- -Culturally responsive services
- -Multiple environmental stressors
- -High chronic disease burden

"It's like we're all missing like a huge part of ourselves. Some of that pain is cellular. It's generational and ancestral."





Data Sources used in this document

- County Health Rankings, University of Wisconsin Population Health Institute. Rely on multiple resources and partnerships to arrive at data. Resources are outlined on this page: https://www.countyhealthrankings.org/explore-health-rankings/vermont/data-and-resources and include:
 - VT Department of Health Population Health Surveys and Data: https://healthvermont.gov/stats/population-health-surveys-data
 - State of VT Agency of Education Data and reporting: https://education.vermont.gov/data-and-reporting
 - VT Cancer Registry: https://www.healthvermont.gov/stats/surveillance-reporting-topic/cancer-data
 - VT Crime Information Center: https://vcic.vermont.gov/ch-information/statistics/online
 - VT Department of Health Environmental Public Health Data Tracking: https://healthvermont.gov/environment/tracking
 - VT State Highway Safety Office: https://shso.vermont.gov/content/reports-and-data
 - VT Health Research Data and records: https://healthvermont.gov/stats
 - VT Vaccination coverage: https://www.healthvermont.gov/disease-control/immunization/vaccination-coverage
- CARES database, University of Missouri. Data compilation is from many resources, including and not limited to:
 - US Census Bureau
 - the American Community Survey (ACS) 2017-202
 - Center for Disease Control and Prevention (CDC)
 - United States Department of Agriculture (USDA)
 - Department of Transportation
 - Federal Bureau of Investigations
- Behavioral Risk Factor Surveillance System (BFRSS 2021)
- Health Equity for Abenaki Indigenous People: Improving Access to Quality Mental Health and Substance Use Services by Maria Mercedes Avila, Christine Begay Vining, Joshua Allison-Burbank, and Christine Velez
- DMH Vision 2030
- Title V report
- Youth Risk Behavior Survey



