

Understanding where asthma disparities exist in Vermont can help us work toward a more equitable future. This data brief explores **disparities in the rate of asthma emergency department visits by race and ethnicity**.

Environmental Justice and Health Equity

Environmental factors such as clean air and water are fundamental to human health and well-being. But environmental benefits, like clean air and water, and environmental burdens, like exposure to air pollution and extreme heat, are [not evenly distributed in society or in Vermont](#).

Some attitudes and practices reinforce segregation of neighborhoods, disinvestment in already impoverished communities, and discriminatory housing practices. This means that Communities of Color in Vermont often experience more than their fair share of environmental burdens and have less access to environmental benefits.

National Asthma Trends

Asthma is a common chronic disease that can greatly impact the lives of those who live with it. Nationwide, Black and American Indian/Alaska Native people have the highest asthma rates compared to other races and ethnicities due in part to systemic conditions and environmental injustices discussed in this brief.

In 2018, national data suggests that Black people were 42 percent more likely than white people to have asthma.⁴ Additionally, when compared to white groups, Hispanic/Latino and Black children are more likely to visit the emergency department or be admitted to the hospital for asthma.⁵

Asthma Trends in Vermont

Vermont had the fifth highest prevalence of adult asthma in the United States in 2021.³ The Department of Health's [Asthma Program](#) and the [Environmental Health Public Data Tracking Program](#) report that the burden of asthma is not shared equally among Vermont residents. Certain people are disproportionately more likely to have asthma – people who are unable to work, identify as LGBTQIA+, rent their homes, have disabilities, and are in families making less than 2.5 times the federal poverty level.

KEY POINTS

- In Vermont, racial disparities in asthma emergency department visits exist, and social determinants of health are being examined as upstream factors.
- Factors related to environmental injustice, like unequal access to healthy housing, may contribute to racial differences in asthma-related emergency department visits.
- Identifying health disparities, even with our limited data sources, can help us work toward a more equitable future and reduce health care costs in the long run.



People who are unable to work



People who identify as LGBTQIA+



People who rent their home



People with a disability



Adults in families making less than 2.5 times the federal poverty level

Disparities in Asthma Emergency Department Visits

Additionally, [a data brief published by the Health Department's 3-4-50 Program](#) shows variation in lung disease prevalence among specific racial groups in Vermont. American Indian or Alaska Native and Multi-racial adults had a higher prevalence of lung disease (asthma and COPD) than white adults. However, Black adults and those who identified as another race had a similar prevalence of lung disease as white adults.

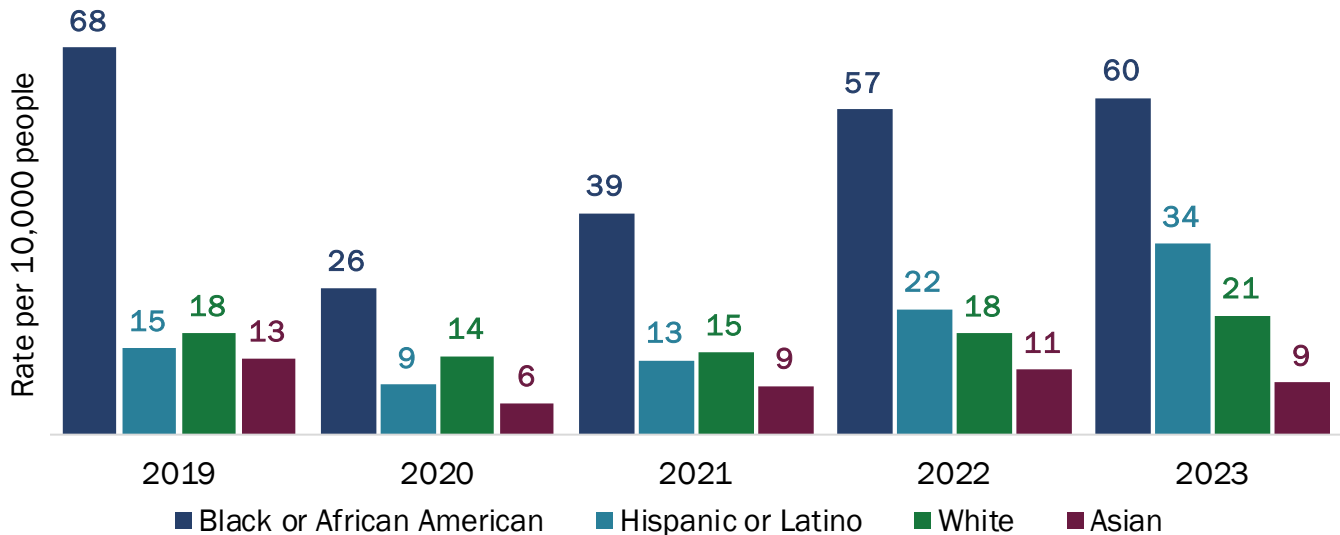
Asthma Emergency Department Visits Data by Race and Ethnicity

While asthma prevalence for Black, Indigenous, and People of Color (BIPOC) adults is similar to that of white adults in Vermont, there is wide variation in the rate of visits to the emergency department for asthma.

Of the groups we had data for:

- **Black or African American people living in Vermont** visit the emergency department for asthma at the highest rates.
- **Asian people living in Vermont** visit the emergency department at the lowest rates.
- **Hispanic** and **white** groups had similar rates of emergency department visits for asthma.

Black or African American people living in Vermont are consistently at least twice as likely to visit the emergency department for asthma than all other racial or ethnic groups.



Data Source: ESSENCE, 2019-2023. Note: For Black or African American, Asian, and white categories, ethnicity is not Hispanic or Latino. The Hispanic or Latino category includes people of all racial groups who identified as Hispanic. Data are shown for racial groups for which there were at least 6 asthma emergency department visits each year. 2020 population estimates are used for 2019 rate calculations; 2022 population estimates are used for 2023 rate calculations. Emergency department visits were low for all groups in 2020, likely due to the impacts of COVID-19 on healthcare utilization. Data include all age groups (not just adults).

Disparities in Asthma Emergency Department Visits

The reasons why higher rates of asthma emergency department visits exist for Black or African Americans in Vermont are not well understood. Particularly since the prevalence of asthma is similar for Black and white people living in Vermont. Differences in access to routine health care to manage asthma symptoms and exposure to poorer-quality housing may be contributing factors.

In addition, [Vermont BRFSS data show](#) that BIPOC groups are less likely to have a primary care physician than white groups and are more likely to report that they have an illness or symptom that was made worse by conditions in their home.

Key Takeaways

Working toward environmental justice in Vermont will mean addressing the upstream factors — like unequal access to healthy housing, socioeconomic and job opportunity, transportation, and health care — that lead to disproportionate asthma emergency department visit rates by race and collectively acting to change this environmental public health trend.

Some ways we might work toward this include:

- Making sure that people have equal access to routine, culturally competent health care and messaging (for example, translated materials), and appropriate medications so conditions like asthma can be managed before they result in emergency department visits. This includes access to paid time off from work and transportation to healthcare appointments.
- Ensuring that all people living in Vermont have equal access to safe and healthy housing.
- Engaging with community groups to learn more about the specific environmental health concerns in their neighborhoods.
- Learning more about what drives Vermont's high prevalence rates of asthma across racial and ethnic groups (for example, exploring the impact of older housing, use of wood as a heating source, use of natural gas for cooking, proximity to dirt roads as sources of air pollution, etc.).

A lack of equal access to healthy housing, transportation, and health care may explain the higher rates of asthma emergency department visits among Black or African American people in Vermont.

Data Acknowledgment

The Vermont Department of Health recognizes the many social, economic, and environmental inequities that drive the data in this report. The Environmental Public Health Tracking Program acknowledges that the data presented in this brief are an incomplete story and a work in progress. We are working to incorporate data that reflects lived experiences among all people living in Vermont and data that is informed by the communities and partners that the Health Department seeks to serve.

Disparities in Asthma Emergency Department Visits

We recognize that there are many ways people who identify with various racial and ethnic groups prefer to describe themselves. For this data brief, race and ethnicity were self-reported by patients at the hospital. The racial and ethnic categories are based on the U.S. Office of Management and Budget's Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity. We acknowledge that these labels do not fit well for everyone who identifies with one of these groups.

References:

1. [Vermont's Environmental Justice Law \(Act 154\)](#)
2. [Vermont Physical Activity and Nutrition Program](#)
3. [Vermont Asthma Program](#)
4. [Current Asthma Demographics](#)
5. [Asthma in Our Communities Infographic](#)

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