

A scenic landscape of Vermont mountains and forests. The foreground is filled with dense green evergreen trees. In the middle ground, a small red barn sits in a green field. The background shows rolling blue mountains under a hazy, orange-tinted sky, suggesting a sunrise or sunset.

Vermont State Health Improvement Plan 2025–2030

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Overview of the State Health Improvement Plan

The State Health Improvement Plan is a five-year roadmap for ensuring that all people and communities in Vermont have fair and sustainable access to opportunities for health and well-being. It provides a framework for action for agencies, organizations, and communities across the state to address the most important health needs for people in Vermont.

The State Health Improvement Plan is a direct response to findings from the [2024 State Health Assessment](#). The Assessment reviewed existing public health data sources and collected information from over 350 community members and partners about the root causes of health issues, how social and environmental factors shape individual experiences, and solutions that will work best for different communities. The State Health Assessment prioritized the strengths and needs of communities in Vermont that experience the greatest health inequities, including Indigenous People, people of color, people with disabilities, people who are unhoused, LGBTQ+ Vermonters, and older Vermonters.

The Communities of Focus:

- + Indigenous People
- + People of Color
- + People with Disabilities
- + People who are Unhoused
- + LGBTQ+ Vermonters
- + Older Vermonters

The State Health Improvement Plan is used to:

- Guide the development of policies, programs, and actions at the state and community level.
- Prioritize use of limited resources.
- Advocate for policies or resources.
- Expand on existing efforts demonstrating success.
- Identify gaps and opportunities for improvement.
- Activate a Health in all Policies approach to analyzing and helping to solve some of our state's most pressing health problems.
- Provide accountability in achieving state health goals by tracking progress on indicators and performance measures.

Achieving the goals of this State Health Improvement Plan requires the collaboration and active involvement of communities, individuals, sectors, and partners across the state, within and outside health care. This multi-year Plan marks the path forward for our work together to improve health and well-being for all Vermonters.



Structure of the Plan



Goals are broad statements about what we aim to achieve over the five-year period of the State Health Improvement Plan. There are four goals related to housing, cost of living, access to care, and mental health/substance use.



Strategies are a series of actions or approaches implemented to achieve the goal. Together, partners are already working on some of these strategies, while others will require further action planning.



Indicators look at how well we are achieving the goal. They measure population-level outcomes. We do not have direct influence over indicators but have an interest in monitoring and responding to high-level trends.



Performance measures look at how well the strategies are working. They contribute to achieving the indicators. Performance measures are used for accountability and to inform decision-making and improvement efforts.

Note: Performance measures are in development.

A [scorecard](#) helps to visualize and manage performance and track progress towards population health improvement.





Goal 1:

Improve the availability of affordable, accessible, and safe housing

Why this matters

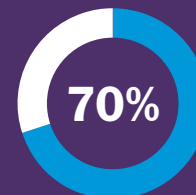
Safe, stable and affordable housing is essential for healthy people and communities.

Poor housing is associated with a range of health conditions such as respiratory diseases including asthma, cardiovascular diseases, and mental health. When people cannot access affordable housing, they must choose between paying rent or their mortgage and affording essentials like food and health care.

The 2024 Vermont State Health Assessment found that the key issues contributing to housing as a health need include substandard housing environments due to neglected maintenance, the high cost of housing, a limited number of contractors available to make repairs, landlords raising rents while not maintaining properties, and economic support, policies, and initiatives for affordable housing that are not addressing acute needs. A comprehensive and coordinated approach to programs, policies, and resources to increase affordable, accessible, and safe housing is vital.



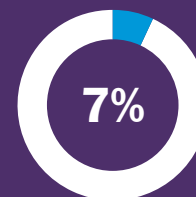
Vermont Housing Statistics



About 70% of homes in Vermont were built before 1978, the year lead in house paint was banned. ([Childhood Lead Poisoning, Vermont Department of Health](#))



31% of Vermont households spend 30% or more of their income on housing. ([U.S. Census American Community Survey 1-year estimates, 2021](#))



7% of Vermont adults were unable to pay their mortgage, rent or utilities some time in the past year. Rates are higher for adults with a disability (14%) and Black, Indigenous and People of Color (12%). ([VT Behavioral Risk Factor Surveillance System, 2022](#))

Strategies

1. Ensure that decision-makers at the state and community level consider the health and health equity impacts of new or revised policies and programs related to housing.
2. Increase investments in the development, restoration and stewardship of affordable, accessible, healthy, and safe housing units.
3. Expand access to varied sheltering options to meet people's needs, such as congregate and scattered site shelters, recovery housing, safe places to stay when a home is uninhabitable, and housing to accommodate respite care.
4. Enhance interagency communication and coordination to ensure that all households who are unhoused or at risk of being unhoused have access to the Coordinated Entry system.
5. Assess and reduce environmental health risks and climate change impacts within homes by leveraging assets such as community health workers, home weatherization initiatives, and responders to rental health housing needs.

Indicators

1. Percent of households that spend 30% or more of their income on housing.
2. Percent of affordable housing units that are accessible/adaptable.
3. Rate of heat-related emergency department visits per 100,000 people.
4. Rate of heat-related emergency department visits per 100,000 adults age 65 and older.
5. Rate of emergency department visits with a primary cause of asthma per 10,000 children under age 5.
6. Rate of emergency department visits with a primary cause of asthma per 10,000 people age 5 and older.
7. Percent of children age 1 to 2 whose blood lead level was non-detectable in the past year.



Ideas for Performance Measures

- Number of clients leaving Coordinated Entry for permanent housing solutions.
- Number of households weatherized.
- Percent of representatives on the Health in All Policies Task Force who report that health is routinely incorporated into decision-making in their agency.

Goal 2:

Improve health and quality of life by addressing the impact of the high cost of living

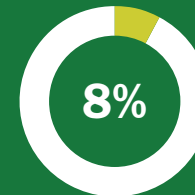
Why this matters

Participants in the 2024 State Health Assessment discussed the high cost of living in Vermont as a major barrier to health and well-being.

They described how the rising cost of essentials like housing, food, transportation, and health care force people to make difficult trade-offs and prioritize certain needs over others, often at the expense of their physical and mental health. The high cost of living disproportionately impacts certain populations who are already experiencing greater rates of health disparities. Older people, people with disabilities, Indigenous people, people of color, and immigrant communities face compounded challenges that put their health and well-being at even greater risk.

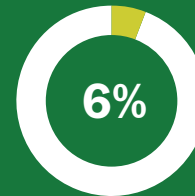


Vermont Cost of Living Statistics



8% of households in Vermont experienced food security in the last 12 months.

(Current Population Survey Food Security Supplement, 2021)



6% of Vermont adults say there was a time in the past year that they did not go to a provider because of cost.

Adults with less education or lower income, BIPOC adults, LGBTQ+ adults and those with a disability are more likely to delay medical care due to cost.

(VT Behavioral Risk Factor Surveillance System, 2022)

Strategies

1. Expand programs and initiatives that ensure all children and adults in Vermont have consistent, dignified access to nutritious food.
2. Promote sustainable systems and policies related to agriculture, regional planning, climate adaptation and health care that create food security for all.
3. Maximize the reach and impact of existing public benefits, such as STABLE investment accounts for people with disabilities and WIC, to create a more just and resilient safety net.
4. Advocate for policies that contribute to financial well-being such as guaranteed/universal basic income, paid parental leave, and educational savings accounts.
5. Enhance pathways to education and employment for all people in Vermont, including youth, older people, and people with disabilities.

Indicators

1. Percent of households experiencing food insecurity in the past year.
2. Percent of people living below the poverty level in the past year.
3. Percent of adults age 18–64 with a disability who are employed.
4. Percent of adults age 65 and older participating in the labor force.



Ideas for Performance Measures

- Number of municipal strategies being implemented to increase access to healthy food.
- Percent of eligible Vermonters enrolled in 3SquaresVT.
- Number of children participating in the Child Care Financial Assistance Program.

Goal 3:

Increase access to inclusive, equitable, and affordable health care services

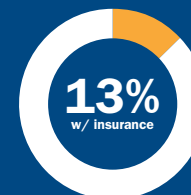
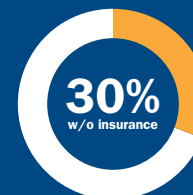
Why this matters

Participants in the 2024 State Health Assessment described many challenges related to access to care in Vermont.

These include lack of service availability, concerns about quality of services, high costs, language and cultural barriers, lack of diverse providers, issues with insurance cost and coverage, and lack of transportation. One of the repeating consequences for patients, health care providers, and the cost of care is that these challenges often result in overburdening emergency departments. Access to care intersects with the other goals as well. For example, limited housing makes it difficult to attract health care providers and worsens workforce challenges.

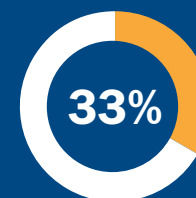


Vermont Cost of Living Statistics



30% of people without insurance and 13% of people with insurance report difficulty paying their medical bills.

(VT Household Health Insurance Survey, 2021)



One-third of all Vermonters with long service wait times had physical and psychological pain and declines in overall health as a result.

(State of Vermont Wait Times Report, 2022)

People who identify as Black or African American, American Indian or Alaska Native, or LGBT and people under age 65 with a disability are more likely to report experiencing discrimination or prejudice during health care encounters than Vermonters overall.

(VT Household Insurance Survey, 2021)

Strategies

1. Implement health care payment and delivery reform initiatives to reduce health care costs and sustain access to quality care.
2. Expand health care services (including telehealth) provided in the home, schools, workplaces, and other community-based settings to facilitate equitable access to care for underserved populations.
3. Enhance safe and accessible public transportation options, especially in rural areas, to enable people to get to and from health care appointments and promote community connectedness.
4. Support a statewide infrastructure for community health workers to guide people in navigating the health care and social service system using a culturally appropriate, person-centered approach. Community health workers are front line public health professionals who are trusted members of or understand the community being served.
5. Promote cultural humility in the health care system by creating more welcoming environments for people experiencing health inequities (such as Black, Indigenous, and people of color, LGBTQ+ people, and people who speak languages other than English), providing training for existing staff, and recruiting and retaining more diverse staff.



Ideas for Performance Measures

- Number of municipalities actively engaged in transportation planning.
- Number of J-1 visa waivers issued to foreign-born physicians.
- Time to services at Certified Community-Based Integrated Health Centers.

Indicators

1. Percent of adults age 18 and older who did not see a doctor when they needed to because they could not afford it in the past year.
2. Percent of adults who experienced transportation insecurity in the past year.
3. Percent of children age 3 to 11 who had at least one well care visit in the past year.
4. Percent of youth age 12 to 17 who received at least one preventive health care visit in the past year.
5. Percent of adults age 65 and over who received a Medicare Annual Wellness visit in the past year.
6. Percent of people going out of Vermont for gender affirming surgery.
7. Percent of LGBTQ+ people who experienced discrimination or prejudice during health care encounters.
8. Percent of physicians, physician assistants, and nurse practitioners who are Black, Indigenous, or a person of color.





Goal 4:

Strengthen the capacity of the mental health and substance use services system to support individuals and communities

Why this matters

Mental health and substance use were identified as major concerns in the 2024 State Health Assessment, driven by factors such as housing insecurity, high cost of living, lack of access to care, trauma, and living with chronic stress.

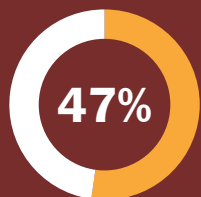
Participants spoke of the increase in prevalence of mental health issues, including isolation and loneliness, especially since the COVID-19 pandemic. It is difficult to match individual needs to available substance use services, since treatment options are inadequate in volume or type, and insurance adds barriers. The mental health and substance use workforce is seen to be suffering from a lack of providers, especially diverse providers, due to burnout, high turnover, housing difficulties and the high cost of living in Vermont.



Vermont Cost of Living Statistics

37
per 100K

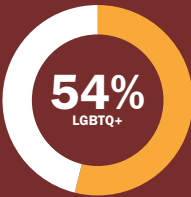
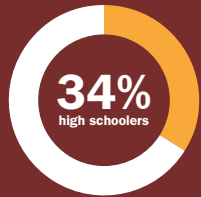
The rate of opioid-involved accidental or undetermined drug overdose deaths was 37 per 100,000 people.
[\(Vermont Vital Statistics, 2022\)](#)



47% of the time, people on Medicaid begin substance use disorder treatment within 14 days of diagnosis.
[\(VT Medicaid Claims, 2022\)](#)

19
per 100K

The rate of suicide deaths is 19 per 100,000 people.
[\(VT Vital Statistics, 2023\)](#)



During the past 30 days, 34% of all high school students—and 54% of LGBTQ+ students—experienced poor mental health (stress, anxiety, and depression) most of the time or always.
[\(Vermont Youth Risk Behavior Survey, 2023\)](#)

Strategies

1. Expand efforts to provide integrated mental health services, substance use disorder treatment, and physical health care to more holistically and equitably address individual needs.
2. Recruit and retain mental health and substance use providers who are diverse in their race, ability, gender identity, and other characteristics by expanding financial supports and fostering psychologically safe working conditions.
3. Expand the peer workforce and the availability of peer support services to diversify and promote health equity within the mental health and substance use service system.
4. Offer training and support for community service organizations to develop trauma-responsive policies and environments and deliver trauma-responsive care, education, and resources.
5. Strengthen community and school-based programs and opportunities that promote social well-being and connectedness and are tailored to the unique needs of different populations, such as LGBTQ+ youth, older people, Black, Indigenous, and people of color, and people with disabilities.
6. Implement and expand equitable access to existing mental health and substance use services, including evidence-based treatment, recovery services, residential facilities, community harm reduction initiatives, and community prevention programs.



Ideas for Performance Measures

- Percent of Vermonters covered by a local tobacco-funded coalition.
- Number of individual patients administered naloxone by Emergency Medical Services.
- Percent of adults improved upon discharge from adult outpatient programs.

Indicators

1. Rate of suicide deaths per 100,000 people.
2. Percent of students in grades 9 through 12 who feel like they matter to people in their community.
3. Percent of students who are chronically absent from school.
4. Percent of adults age 18 and older with any mental health condition receiving treatment.
5. Percent of adults age 65 and older with any mental health condition receiving treatment.
6. Percent of people who had depression during their most recent pregnancy.
7. Rate of accidental or undetermined opioid-related deaths per 100,000 people.
8. Percent of adults age 18 and older who currently use cigarettes, e-cigarettes, or smokeless tobacco.
9. Percent of students in grades 9 through 12 who used cigarettes, electronic vapor products, cigars, or smokeless tobacco in the past month.
10. Percent of adults age 21 and older who reported binge drinking in the past month.



Developing the Plan

The development of the State Health Improvement Plan was a collaborative effort among state agencies, community organizations, and individuals with lived expertise. They considered strategies that were recommended by community members and partners during the State Health Assessment, contained in other state or community plans, and/or demonstrate evidence that they will impact the goal. The strategies were revised based on feedback from partners across the state.

Strategies

The Plan ultimately includes strategies that will be the most impactful for people in Vermont and possible to implement, including those that:

- Address key findings from the State Health Assessment.
- Benefit populations that experience inequities.
- Improve systems and policies, versus individual behavior.
- Have available state and community resources (e.g., organizational capacity, funding, political will).
- Align with other state/community plans or initiative.

Indicators

The population health indicators in the State Health Improvement Plan were selected based on the following criteria:

- The data can be broken out by demographics and/or geography.
- The indicator is monitored in other state/community plans and initiatives.
- Data is available annually.

Performance measures

Performance measures are in development to assess how well the strategies are working.

Key Partners

Thank you to the many organizations and individuals who developed the State Health Improvement Plan and are leading implementation efforts, including:

- Abenaki Health and Heritage
- Agency of Human Services
- Bi-State Primary Care
- Brattleboro Memorial
- Building Bright Futures
- Champlain Housing Trust
- Department of Children and Families
- Department of Disabilities, Aging, and Independent Living
- Department of Health
- Department of Mental Health
- Department of Vermont Health Access
- Developmental Disabilities Council
- HCRS
- Janet S. Munt Family Room
- Little Rivers Healthcare
- Migrant Health Programs—UVM Extension
- Mt. Ascutney Hospital and Health Center
- Network Against Domestic & Sexual Violence
- New American Public Health Initiative
- Porter Medical Center
- Rutland Pride
- Springfield Inclusion Committee
- Vermont Afterschool
- Vermont Care Partners
- Vermont Commission on Native American Affairs
- Vermont Sustainable Jobs Fund
- Vermont Racial Justice Alliance
- Vermont Youth Council
- VNAs of Vermont