

During the public comment period in April to May 2018, approximately 50 Vermonters responded to the draft State Health Assessment. This is a summary of the questions, themes and comments:

The Health Care System

Gaps in the health care system –

- Expanded access to dental care is needed
- Lack of available mental health services (especially psychiatrists) and the right match for care
- Need more general practitioners and less physician assistants to receive appropriate care
- Lack of independent psychiatric providers (providers not affiliated within a hospital setting)

Cost –

- Cost of care and medication/prescription drugs
- The moderate needs program under Medicaid needs assessment; it is not based on medical need/diagnosis, it is simply based on Medicaid status
- Health care costs vary greatly from one facility to another – please share this information with the public

Concerns about quality of care –

- Individual experiences with care were shared by a few respondents.

Response – We share the concerns of Vermonters about gaps in the health care system and work diligently with our partners, leading policy and program reforms to ensure that everyone has access to appropriate and affordable health care services.

For personal concerns related to specific providers, the following resources are available:

[Vermont Board of Medical Practice](#) licenses allopathic physicians, physician assistants and podiatrists, and certifies anesthesiologist assistants and radiologist assistants. The Board also investigates complaints and charges of unprofessional conduct against any health care professional it licenses or certifies, and determines if charges are substantiated.

[Secretary of State's Office of Professional Regulation](#) regulates nurses, osteopaths and other health professionals.

[Vermont Health Care Advocate](#) HelpLine is a free resource available to help all Vermonters solve problems related to health care. Call 1-800-917-7787 to speak with a health care advocate, or fill out the [Help Request Form](#).

Topics & Issues Missing from the Report

- Healthy homes – clean, dry, safe, maintained, ventilated, thermally controlled, pest-free and contaminant-free – is a key determinant of health
- Identification of clusters of neurological diseases – Alzheimer's disease, Parkinson's disease and Amyotrophic Lateral Sclerosis (ALS)
- Rates of infant and maternal mortality for women – and if this changed along race and economic lines
- End-of-life health, post-traumatic stress as a factor in many health concerns

Response – Thank you for bringing these to our attention. We will add them to our data development agenda.

To see data that is available through the health department beyond the State Health Assessment, check out our [Data Encyclopedia: A Review of Data Sources and Resources Available at The Vermont Department of Health](#). The Data Encyclopedia provides an overview of the commonly used data sources to assess and track population health outcomes and contributors to disease in Vermont. It is intended to provide a high-level description of the type of information in each data source, the potential uses and limitations of the data, and the existing reports summarizing the data.

If you are interested in learning more about how Vermonters are faring on a range of health issues, check out: <http://www.healthvermont.gov/stats/hv2020>

The **Data Explorer** visualizes 134 population indicators with trend lines showing progress to our 2020 goals, and maps comparing the data at the county, health district, and hospital service area levels. Explore the interactive maps and trends that help us quantify the achievement of priority outcomes. ([towns listed by geographic region](#))

Scorecards are interactive 'report cards' that show how well Vermont is doing relative to our desired outcomes in 2020. They display statewide population data and program performance measures that support a transparent and accountable health department. They also include additional information on why the indicators are important and the actions we are taking to achieve those goals.

Top Issues of Concern

- Family planning (we are doing well lowering the teen pregnancy rate, which is great)
- Toxics and children
- Alzheimer's disease research
- Among older Vermonters: suicide, falls, housing, nutrition, and social isolation are major concerns
- Improving the mental health outcomes for people of color living in Vermont
- Improving safety for LGBTQ youth (Ex: LGBTQ youth reported high rates of being hurt or forced to have sex in their relations)
- Demands on our health care system coming from the growing population suffering from chronic disease, with obesity as a common denominator
- Particulates from diesel fuel exhaust in buses and trucks
- Poor laws in cities and towns regarding smoking next to buildings
- Contaminated lakes, streams and rivers – weak mitigation laws and monitoring
- Smoking and second-hand smoke
- Suicides
- Opioids and other illegal drugs
- Vaccine safety and parental choice
- Lyme disease and its co-infections

Questions about Reported Data

- Seeking standardized data

Response – *This is very challenging with so many data sources. We chose to maximize the story, rather than maximize comparability across indicators.*

- I don't think that it is true that we have "the lowest fertility rate of all states"

Response – *It is close, but Vermont is lower. See the report from the National Center for Health Statistics: https://www.cdc.gov/nchs/data/nvsr/nvsr66/nvsr66_01.pdf (page 42 = Fertility rates; VT = 51.1 and NH = 51.3, page 38 = number of deaths)*

- Does this assessment include any Vermont residents that choose to obtain their health care from providers outside of Vermont? If not, then how can your data statistics be accurate?

Response – *Death and birth are Vermont residents regardless of where they occurred; hospital data includes Vermonters hospitalized in bordering states (NH, MA, NY.)*

- Oral health should be added to either chronic disease or infectious disease or both

Response – Oral health is integrated into the Chronic Disease section, in some of the Populations in Focus narrative, and in the Access to Care section.

- I am confused about the data versus the write up explaining the data regarding student connectedness

Response – Thank you for bringing this to our attention. The text should avoid referring to differences for this graph.

Suggested Strategies

Many respondents offered suggested strategies for addressing the health outcomes presented in the state health assessment. While the scope of the assessment does not include strategies, these may inform future efforts and the State Health Improvement Plan 2018-2023.

Changes in health care system –

- Single payer to improve access to affordable health care
- Primary care for all would make a noticeable difference in the health shortcomings of the poorer citizens in Vermont.
- Cheaper prescription drugs – make a small number of commonly used generic drugs that can be obtained from Canadian manufacturers available for purchase by prescription with cash by Vermonters at Vermont pharmacies.
- Does the vision include the goals of the All Payer Model and use the vehicle of the Accountable Communities for Health?

Preventing chronic disease –

- New approach to chronic disease... the present system of primary care MDs managing population health and hospitals treating disease has failed. To continue to place priority on this failed model is unwise.
- Innovative approaches such as investment in people's health... through exercise and nutrition ... effective in not only prevention and cure of chronic disease but many cancers as well.
- Resolving obesity may take combined efforts between town government, school systems, and commerce... two modifications in towns (building sidewalks/stop bussing nearby children to school, and building raised garden beds/teaching gardening and food preservation in low-income housing developments) are simple, local, effective strategies to improve our population health.
- Provide workshops, education, and training for the general public ... It would be ideal to promote free opportunities for people to participate to encourage them to learn more about how to eat right, how to exercise right and mainly how to take care of themselves better.

Substance Use Disorder –

- Counseling and recovery support programs for those recovering from any kind of addiction
- Education for prevention of Substance Use Disorder in all age groups
- Alternative pain treatment education for doctors
- Student education on what drugs do to your brain and your life
- Student education on coping, resiliency, thinking outside the peer pressure, saying no creatively
- PSAs on the effects of drugs on the brain and lives

Response – We will be working to identify evidence-based strategies to improve health through changes in the health care system, the integration of health and community services, and community-wide prevention. These strategies will be informed by the [vision](#) developed by the community multiple advisors engaged.

Health Equity

- Under the ‘healthy equity’ section, there are the terms “systemic racism” and “class oppression”. Unfortunately, these are not phrases for neutral, civil service. They are ideological, political, and extremely divisive.

Response – It is unfortunate that that some language has become politicized, but these terms are not inherently political. The development of this document was led by an outside steering committee, guided by an advisory committee and, while it is published by the Health Department, both these groups consisted of partners across the public and private sectors. The language used in this document reflects the language of our stakeholders and that which was identified through quantitative and qualitative research.

- The leading language in your report is shaming and undermining to how much good we’ve accomplished.

Response – We agree that we have made great progress in improving health in Vermont! Despite this, gaps in health persist and there is more work to be done. Until everyone has a fair and just opportunity for health we will continue to pursue health equity.

- Getting statistics on race, gender preferences, income levels, etc. is not the answer to achieving your goal. People are people, and quality of life should be expected to be fair for all automatically and not be the focus but the expectation. The goal for health care in Vermont should (be) improvement, not who's getting the improvement. Everyone deserves it and everyone should get it.

Response – *We agree that everyone deserves good health and that everyone should automatically have the opportunity for a good quality of life, but unfortunately that’s not the case right now. While data alone is not going to solve the problem, it is an important first step. Data helps describe problems so that policies and practices can be designed to address them. That is the next step in our process as we develop the strategies in the State Health Improvement Plan.*

- For all the health outcomes, it is important to track peoples' racial identity. I think we'd find that many of these health outcomes are worse for people of color.

Response – *Data nationally shows that in many cases health outcomes are worse for people of color. We expect this it is similar in Vermont, even when our data does not have the statistical power to show it. We are working with our partners to better track racial identity so we can better describe the health of everyone living in Vermont.*

- Thank you for explicitly citing that racial oppression and trauma due to racism is hard to understand and quantify, yet many Vermonters of color are experiencing it.

Response – *We recognize that systems of racism are everywhere, including in Vermont. In analyzing our data, it became clear that we must include this to improve health for all people living in Vermont.*