
**Report to
The Vermont Legislature**

**Health Equity Data
2024 Report to the Legislature**

In Accordance with 18 V.S.A. § 253

**Submitted to: House Committee on Health Care and Human Services
Senate Committee on Health and Welfare**

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Health Equity Data 2024 Report to the Legislature

Introduction

This report is prepared in accordance with 18 V.S.A. § 253(b)(1), that requires the Vermont Department of Health (Department) to systematically analyze “health equity data using the smallest appropriate units of analysis feasible to detect racial and ethnic disparities, as well as disparities along the lines of primary language, sex, disability status, sexual orientation, gender identity, and socioeconomic status.”

Data are critical to our understanding of the health of people and their communities. It is with data that we can describe and contextualize what promotes health, drives disparities, and how structural racism and other forms of oppression influence health outcomes.

Health Equity Analysis and Reports

The Department is working to build an infrastructure that supports standardization and integration across all data sources where this is feasible. The Department expects to publish a comprehensive report that is focused on health equity across populations and diseases in 2024 that includes data sources from across the Department and the Agency of Human Services. This report will analyze data from multiple sources and aggregate several smaller reports into one comprehensive report.

Data Analyses and Reports

In 2023, the Department analyzed several available distinct data sets to detect disparities in health equity. Two of the health equity analyses completed were the Behavioral Risk Factor Surveillance Survey (BRFSS) Annual [Report](#) and the Youth Risk Behavior Survey (YRBS) Bi-Annual [Report](#).¹ These reports show statewide health and wellbeing data disaggregated by gender, age or grade in school, race and ethnicity, sexual orientation, gender identity, education, income, and disability status.

Using the BRFSS and YRBS data, the Department published several data briefs called, “BRFSS and YRBS Populations in Focus.” These briefs differ from the annual reports in that they focus on specific populations that have historically faced inequity, and are listed below:

- [BRFSS Populations in Focus: Black Indigenous People of Color Adults](#)
- [BRFSS Populations in Focus: LGBTQ+ Adults](#)
- [BRFSS Populations in Focus: Adults with Disability](#)
- [YRBS Populations in Focus: Race and Ethnicity](#)
- [YRBS Populations in Focus: Sexual Orientations and Gender Identity](#)
- [YRBS Populations in Focus: Disability](#)

In 2023, the Department also completed several analyses that included health equity data, focused

¹ The 2021 BRFSS report is the most recent statewide summary due to the lag between data collection and data reporting. The 2022 BRFSS will be released in early January 2024. The 2021 YRBS report is the most recent statewide summary. It is completed every other year. The CDC has not yet provided the 2023 YRBS finalized data set.

on specific programs and topics rather than specific populations. The following are a list of these analyses:

- [Vermont Cancer Data Pages](#);
- [Vermont Asthma Data Pages](#);
- [Vermont Cannabis Data pages](#);
- [Vermont Vital Statistics Annual Report](#);
- [Vermont Intentional Self-Harm and Death by Suicide Annual Report](#);
- [Vermont Annual Opioid-Related Fatal Overdoses Brief](#);
- [The Suicide Data Linkage Project Report](#);
- [The Social Autopsy, Annual Suicide Morbidity and Mortality in Vermont Report](#);
- [The Heart Disease Data Pages](#); and
- [Vermont Tobacco Data Pages](#).

Finally, the reports listed below are topic-specific analyses with a focus on populations with historical health disparities.

- [Youth Tobacco Use Disparities](#);
- [Adult Tobacco Use Disparities](#);
- 3-4-50 briefs specific to:
 - [Disability](#);
 - [Socioeconomic status](#);
 - [LGBTQ+](#);
 - [Older Vermonters](#); and
 - [Race and Ethnicity](#).
- [Disability and Risk of Suicide](#);
- [Suicide in Rural Vermont](#);
- [LGBT Youth and Suicide Plan](#);
- [Suicide Morbidity and Mortality Among Men](#); and
- [Adults with a Disability Brief](#).

Community Resilience Index

In 2023, the Department released the [Community Resilience Index](#), an interactive dashboard with local geographic viewpoints to approach the data. This health equity tool is intended to help public health officials examine community resilience among populations across the state. For the purposes of this tool, community resilience is defined as the ability of a population to mitigate and recover from public health crises and personal health emergencies in a manner that sustains physical, social, and mental health. This tool also presents the ability to examine the prevalence of specific indicators used in the construction of the index, such as manageable housing expenses, reliable internet access, supportive income level, and employment status. Additionally, the Vermont Community Resilience Index disaggregates indicator data by race and ethnicity groups when the data is available.

Healthy Vermonters 2030

The Department is in the process of developing [Healthy Vermonters 2030](#), a system of Department-wide assessments and plans regarding the health of Vermonters. Healthy

Vermonters 2030 provides an integrated health equity informative lens to all of the Department's work. The analyses from these integrated data sets will allow the Department to measure health and wellbeing disaggregated by a variety of variables including race, ethnicity, primary language, sex, disability status, sexual orientation, gender identity, and socioeconomic status. The Healthy Vermonters data sets will be used to create a new set of public dashboards that create interactive tools to measure a variety of outcomes for populations living in Vermont.

State Health Assessment and Improvement Plan

The Vermont State Health Assessment (SHA) is conducted every five years and provides an overview of what we know about the health of people in Vermont at a point in time. The SHA is an analysis of quantitative and qualitative data that examines health inequities by race and ethnicity, gender, age, sexual orientation, disability, socioeconomic status and geography. The assessment takes data from around the state, presents it in a way that summarizes the main health issues facing Vermonters, and identifies 3-5 priorities that the state will focus on for the next five years.

Results of the State Health Assessment are used to develop the State Health Improvement Plan (SHIP). The SHIP outlines how the Department and other state and community partners will prioritize efforts to promote health and equity in Vermont over a five-year period. It is a way for different sectors and organizations to coordinate on key issues to improve the lives of people in Vermont. The Department, with guidance and direction from an external Steering Committee, began the process of updating the State Health Assessment in the summer of 2023. The updated SHA is planned to be published in late 2024, with the SHIP to follow in 2025. The Department and the SHA/SHIP Steering Committee are committed to using an equity lens in both the process for developing the SHA/SHIP and in the final product.

Data Collection Standards and Planning

Data Encyclopedia

The Department maintains a [Data Encyclopedia](#) that provides an overview of the majority of data sources owned or consistently used by the Department. Types of sources include population-based surveys, registries and surveillance systems, regulatory and licensing data, insurance claims, and hospital discharge data. The data owned and used by the Department is not all integrated and standardized. This limitation impacts the Department's ability to take its existing data and complete a comprehensive analysis that measures health equity across lines of race, ethnicity, primary language, sex, disability status, sexual orientation, gender identity, and socioeconomic status. The Department initiated the first of several steps that are required to optimize the use of these data by categorizing the health equity data available within the Data Encyclopedia.

The Data Encyclopedia is a piece of the Department's emerging infrastructure and augments the Department's capacity to collect and analyze health equity data across the Department and the Agency of Human Services. The Encyclopedia is updated regularly to account for data source changes and document new information as needs arise. The Department's goal is to standardize data collection practices when possible (i.e. when the Department has control over the design of the survey, question construction, etc.). While in many cases the Department does not have

control over the design (e.g., US Census), the Department does have control over how the data are analyzed, and to that end, is establishing standards and best practices to optimize health equity analyses. When possible, the Department advocates for the incorporation of health equity data collection and analysis best practices into externally owned (i.e. not state owned) data sources and data products.

Health Equity Data Analysis Plan

In 2023, the Department completed a Health Equity Data Analysis Plan (Data Analysis Plan). The goal of the Data Analysis Plan is to comprehensively identify the infrastructure needed to create a health equity database where all health equity data is integrated and standardized so a comprehensive analysis is possible.

Health Department Strategic Plan

In 2022, the Department began updating its Strategic Plan for 2024. Through this effort, the Department has identified main goals that include increasing data accessibility, equitable data collection, and meaningful analysis. Efforts to address this goal may include creating, documenting, and training staff on consistent and clear recommendations and expectations for equitable data methodology, interpretation, and communication. Efforts may also address elevating the importance of qualitative data alongside quantitative data, and increasing community-held, appropriate, and respectful interpretation and communication about data. The collective goal identified by the Department in its Strategic Plan will contribute to the prioritization across all divisions within the Department. Through this initiative, the Department anticipates operationalizing the data collection, documentation, and analysis of health equity metrics, standards, and guidelines in a manner consistent with the charge in required in 18 V.S.A. § 253(b)(1).

Office of Health Equity Integration (OHEI)

In 2022, The Office of Health Equity Integration was created with the mission of reimagining and rebuilding public health systems that have historically prevented individuals and communities in Vermont from living their healthiest lives. The Office oversees a federal grant from the Center Disease Control and Prevention (CDC) which provided resources to increase the Department's capacity to collect, analyze, and report health equity metrics. Data activities have been enhanced through trainings, cross divisional collaborations, and feedback from community partners in order to improve health equity data knowledge and integration throughout the Department.

Data Collection Best Practices

The Department is also in the process of improving its health equity data collection practices. Guidelines and best practices are currently being drafted advising Department staff how to ask health equity-based questions. Guidelines addressing a consistent approach in asking race- and ethnicity-based questions are important for the development of trust with surveyed communities. The first of these guidelines are expected to be released to staff in early 2024.

Department staff are actively participating in activities to educate themselves on current best practices in the evolving field of health equity metrics. To this end, staff participated in several educational opportunities through ASTHO (Association of State and Territorial Health Officials) and through the DREAM (Data Roadmap for Racial Equity Advancement in Maternal

and Child Health).

Partner Coordination

The Department is also working with Vermont Information Technology Leaders' (VITL) to systematically review the health equity data within the Vermont Health Information Exchange (VHIE). VITL is a non-profit organization that operates a medical record database that aggregates health data and serves as a conduit for exchange of health information across the health system. VITAL operates VHIE, a secure, statewide data network that gives health care organizations in Vermont the ability to electronically exchange and access their patient's health information. This database facilitates information sharing between healthcare providers with no overlapping affiliation. The Department uses VHIE's data in a variety of ways, one of them being for the Department's health equity analysis. The Department is working to integrate and standardize health equity data within VHIE to further build the infrastructure needed to conduct a comprehensive health equity data analysis.

The Department is also in the process of collaborating with the Agency of Human Services to work towards consistent health equity data collection processes across the Agency. Consistency in data collection practices will allow for increased integration of data interdepartmentally. Data integration across the Agency's departments will allow for more robust data sets and subsequent comprehensive analyses to measure disparities in health equity. For example, the Department meets quarterly with departments across the Agency to standardize how race- and ethnicity-based data should be collected. However, antiquated data collection systems present barriers in successfully standardizing data. Updated systems would allow departments under the Agency to further meet their goals of standardizing and integrating data.

Limitations

The Department continues to face staffing challenges which limited the health equity data analysis required by 18 V.S.A. § 253. However, the full-time data analyst position for this work was successfully filled in late August 2023, and they are working towards building the infrastructure necessary to complete a comprehensive health equity analysis.

The Department's Office of Health Equity Integration, a key internal partner for this work, also faced challenges in 2023. These included staff changes, competing priorities, and concerns regarding continuation of position funding. Additionally, similar issues at the Agency of Human Services have impacted the Department's ability to create an equity dashboard and develop guidelines for collecting health equity data across the Agency.

The nature of Vermont's small population poses challenges to health equity analysis when data sources are not focused on Vermont specifically. National data sources pose significant challenges for analysis and application to Vermont populations. When the Department uses national data for application to Vermont's population, the Department must methodologically reduce the data to reflect Vermont's small population. Reducing national data proportionately to Vermont's population decreases the confidence of the data. Therefore, the Department is working on alternative methodology to make national data as useful as possible.

Next Steps

Ongoing actions by the Department in 2024 will include:

- Continue to hold forums to document best practices for inclusive data collection for the purposes of health equity data analysis;
- Continue to provide context to the data and underscore the root causes of health disparities, particularly for populations of focus;
- Collaborate with the Agency of Human Services to ensure consistency in health equity data collection across the Agency;
- Integrate equity data into the Healthy Vermonters 2030 analysis and dashboard;
- Continue maintaining the Health Equity Data Analysis Plan and the Data Encyclopedia;

Items to be initiated by the Department in 2024 include:

- Document best practices and alternatives related to data suppression and statistical confidence when sample size is less than what is generally recommended;
- Publish a comprehensive health equity analysis including as many data sources as possible;
- Develop and encourage the inclusion of an acknowledgement of data limitations in the Department's publications;
- Support the incorporation of health equity data collection and analysis best practices into the various state-owned sources and for external, not state-owned data sources and data products; and
- Prepare for the analysis and reporting of the race and ethnicity oversample data collected by the BRFSS in 2022 and 2023. (Note: data will not be available until Fall of 2024, with reporting anticipated in 2025.)