



HEALTH EQUITY IN VERMONT:

PRELIMINARY DATA FROM THE 2018 STATE HEALTH ASSESSMENT



“Our society would have to look radically different for everyone to have an equal opportunity to be healthy. We need to have more equal distribution across the board [not just health, but other systems as well].”

Outline

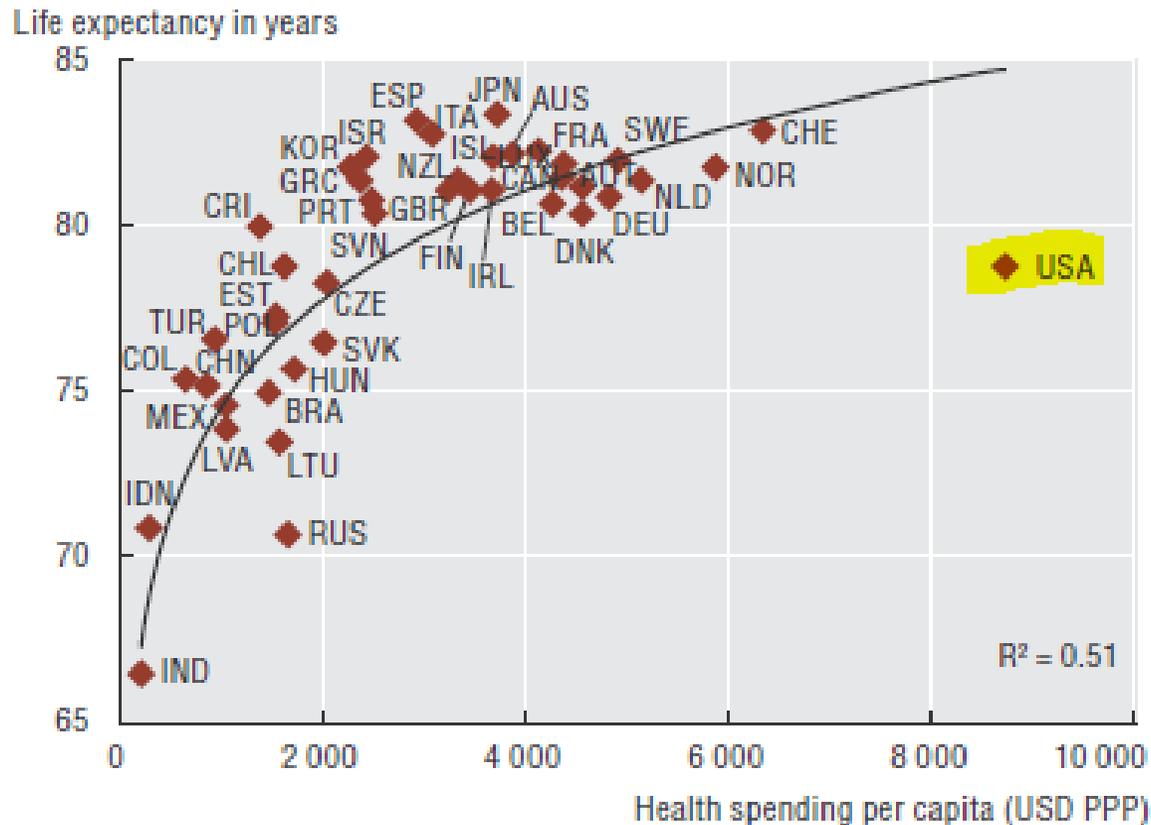
- The contributors to health outcomes
- The roots of “health equity”
- What we know about the health of Vermonters by subpopulation

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Determinants of Health

U.S. High Health Spending ≠ Excellent Health Outcomes

3.3. Life expectancy at birth and health spending per capita, 2013 (or latest year)

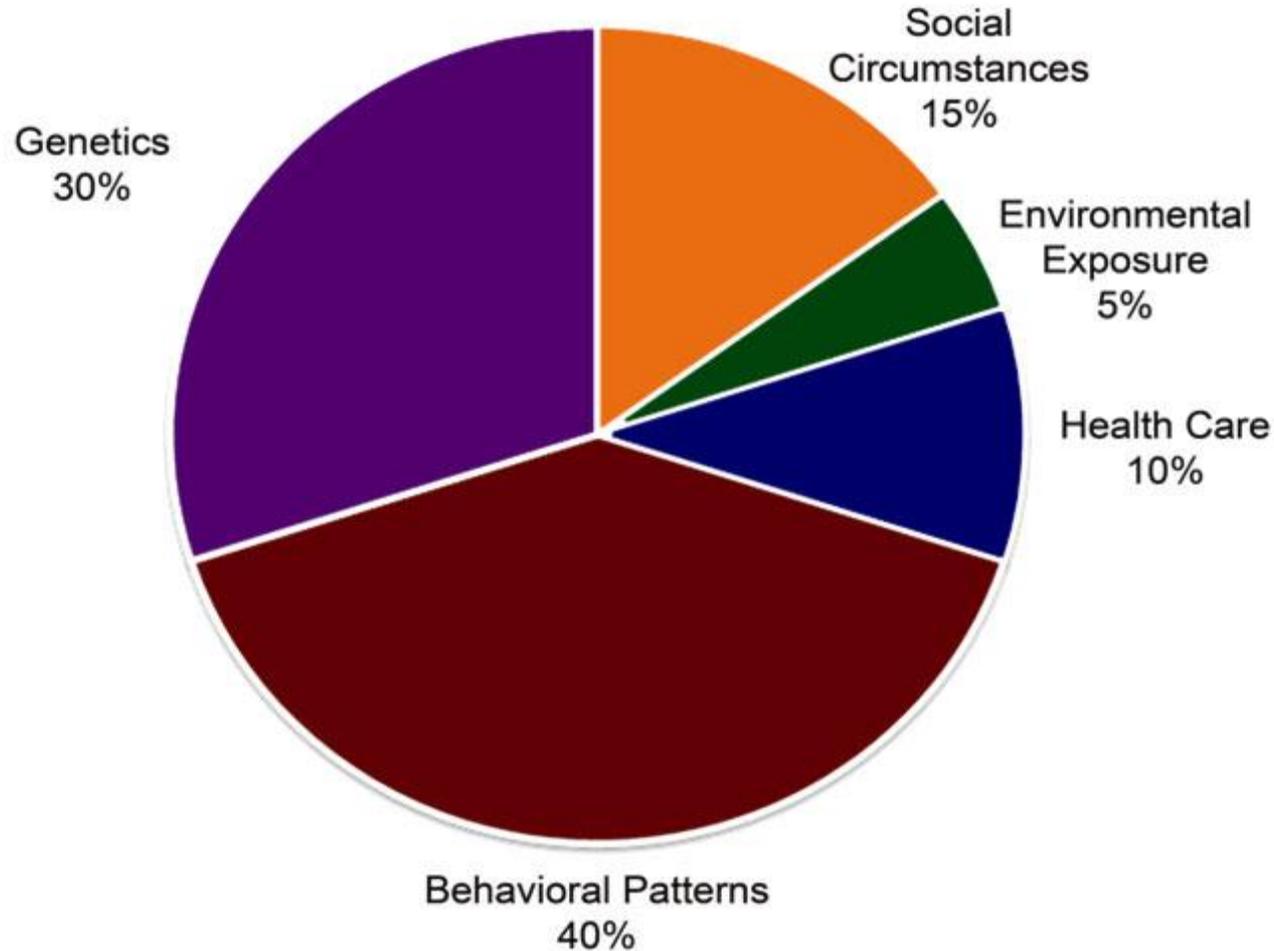


The U.S. spends more than any other industrialized country on health care but yields mediocre - at best - health and well-being outcomes.

Source: OECD Health Statistics 2015, <http://dx.doi.org/10.1787/health-data-en>.

StatLink  <http://dx.doi.org/10.1787/888933280727>

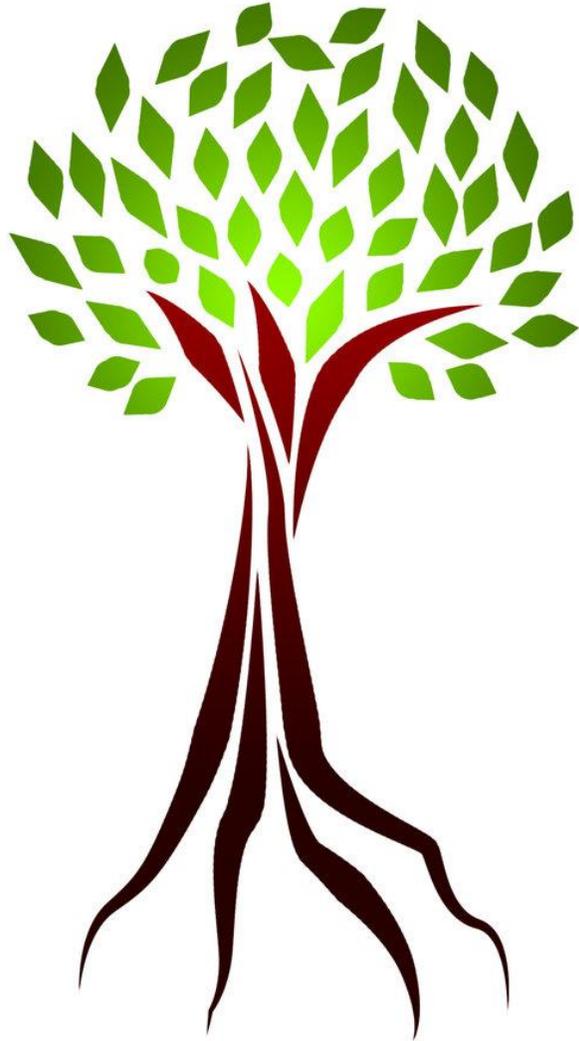
Factors that contribute to health



Access to health care contributes only 10% towards health outcomes.

In order to improve health outcomes we must consider action targeted to other factors.

Factors that contribute to the factors



Leaves: **Health Outcomes**

Birth outcomes, obesity, heart disease, diabetes, ...

Branches: **Factors Contributing to Health Outcomes**

Behavior, genetics, social circumstances, environment

Trunk: **Social Determinants of Health**

conditions in which people are born, grow, work, live, and age.

Roots and Soil: **Root Causes of Health**

Forces and systems that shape daily life and the –isms they create related to categories of race, gender, ethnicity, social position, sexual orientation, disability

Health Equity

Health equity exists when all people have a **fair and just** opportunity to be healthy, especially those who have experienced socioeconomic disadvantage, historical injustice and other **avoidable inequalities** that are often associated with social categories of race, gender, ethnicity, social position, sexual orientation and disability.

What is Health Equity?



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Basic Demographics

Key Demographics

Demographics	Estimated Number	Percent
Total - 2011-2015	626,604	100.0%
Sex		
Males	308,573	49.2%
Females	318,031	50.8%
Age		
< 5 years	30,395	4.9%
5-19 years	114,427	18.3%
20-24 years	45,125	7.2%
25-44 years	144,620	23.1%
45-64 years	189,764	30.3%
65-74 years	58,953	9.4%
75+ years	43,320	6.9%

Median Age	42.4 years
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2011-2015 American Community Survey

1/17/2018

2016 VT Population by Race, Ethnicity

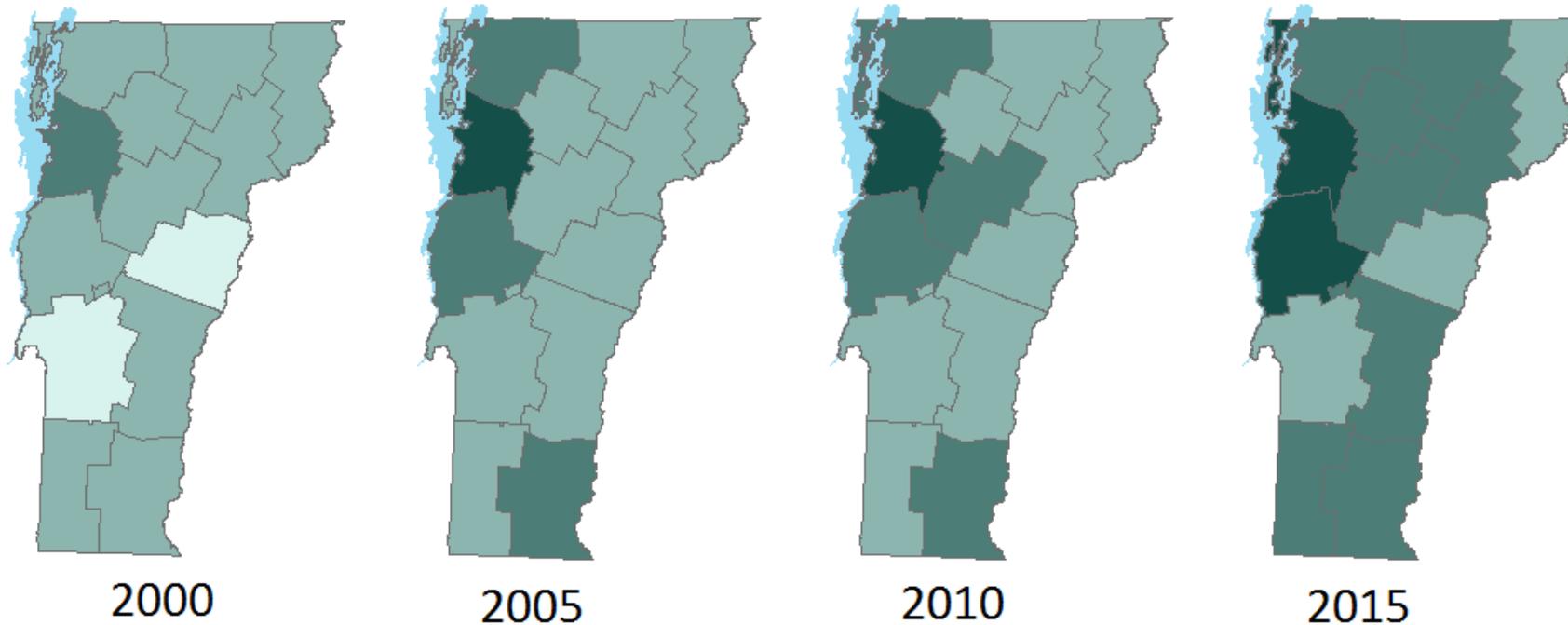
	Not Hispanic		Hispanic	
Total	612,943	100.0%	11,651	100.0%
White	581,225	94.8%	9,644	82.8%
Black or African American	7,558	1.2%	589	5.1%
American Indian and Alaska Native	2,032	0.3%	394	3.4%
Asian, Native Hawaiian, Pacific Islander	11,113	1.8%	226	1.9%
Two or More Races	11,015	1.8%	798	6.8%

Of an estimated 624,594 Vermonters in 2016, 98.1% are non-Hispanic and 93.1% are white, non-Hispanic

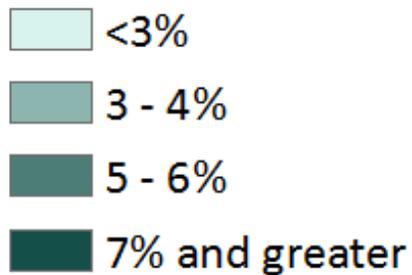
Total White, non-Hispanic	581,225	93.1%
Total People of Color	43,369	6.9%

2016 Vermont Population Estimates; American Community Survey

Changing Racial Makeup of Vermont



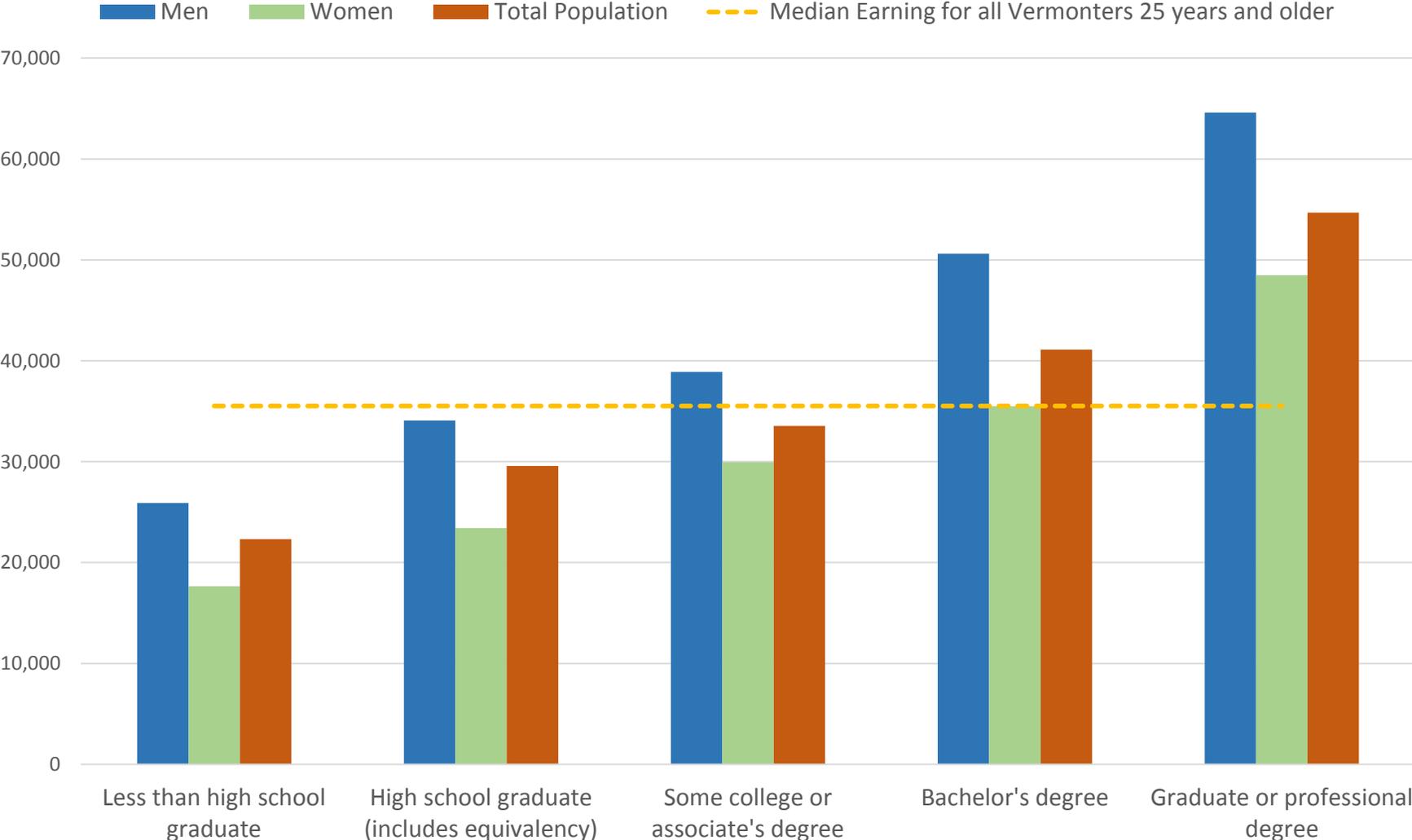
Percent of County Residents who are NOT white, non-Hispanic



The percent of non-white, non-Hispanic Vermonters is growing.

Vermont is not all white and it is not just Chittenden County

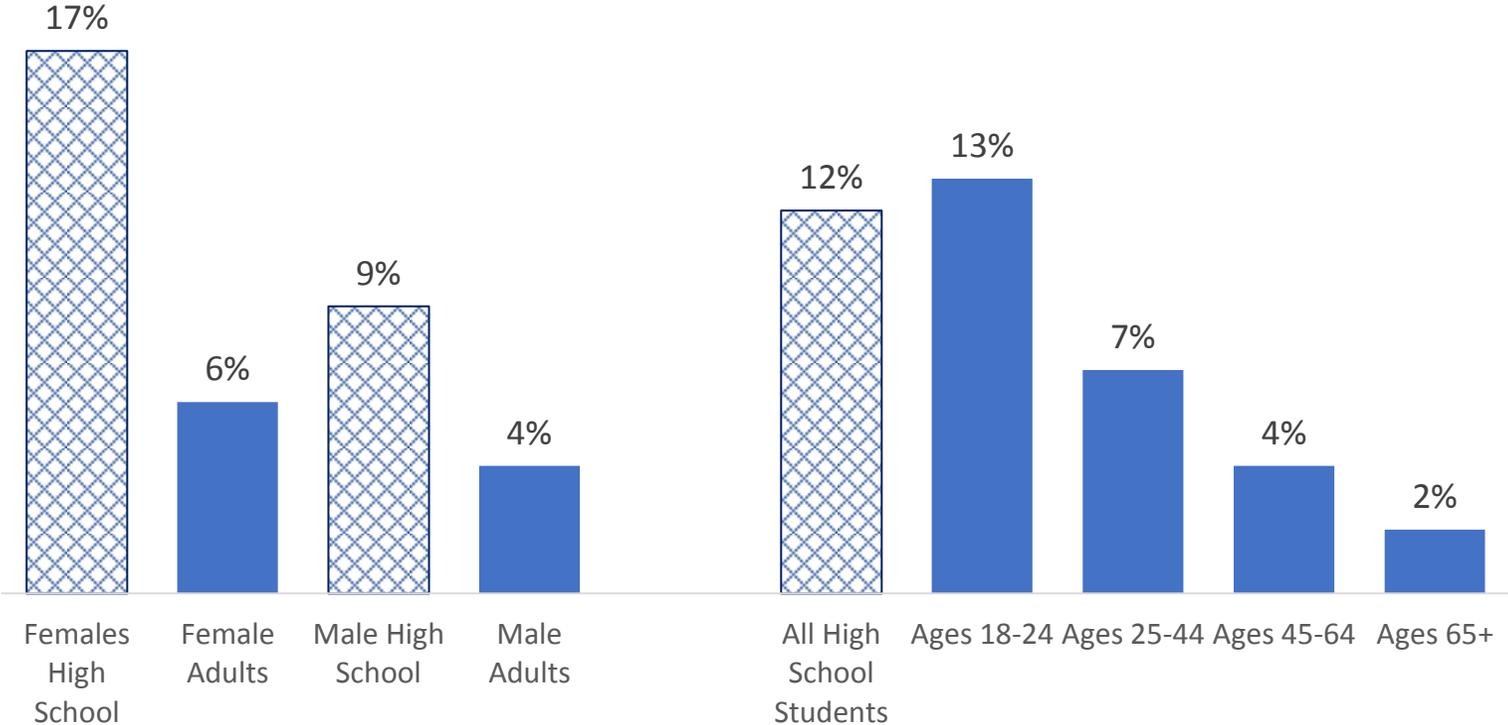
Vermont Median Earnings by Sex and Education



The connection between economic status and education

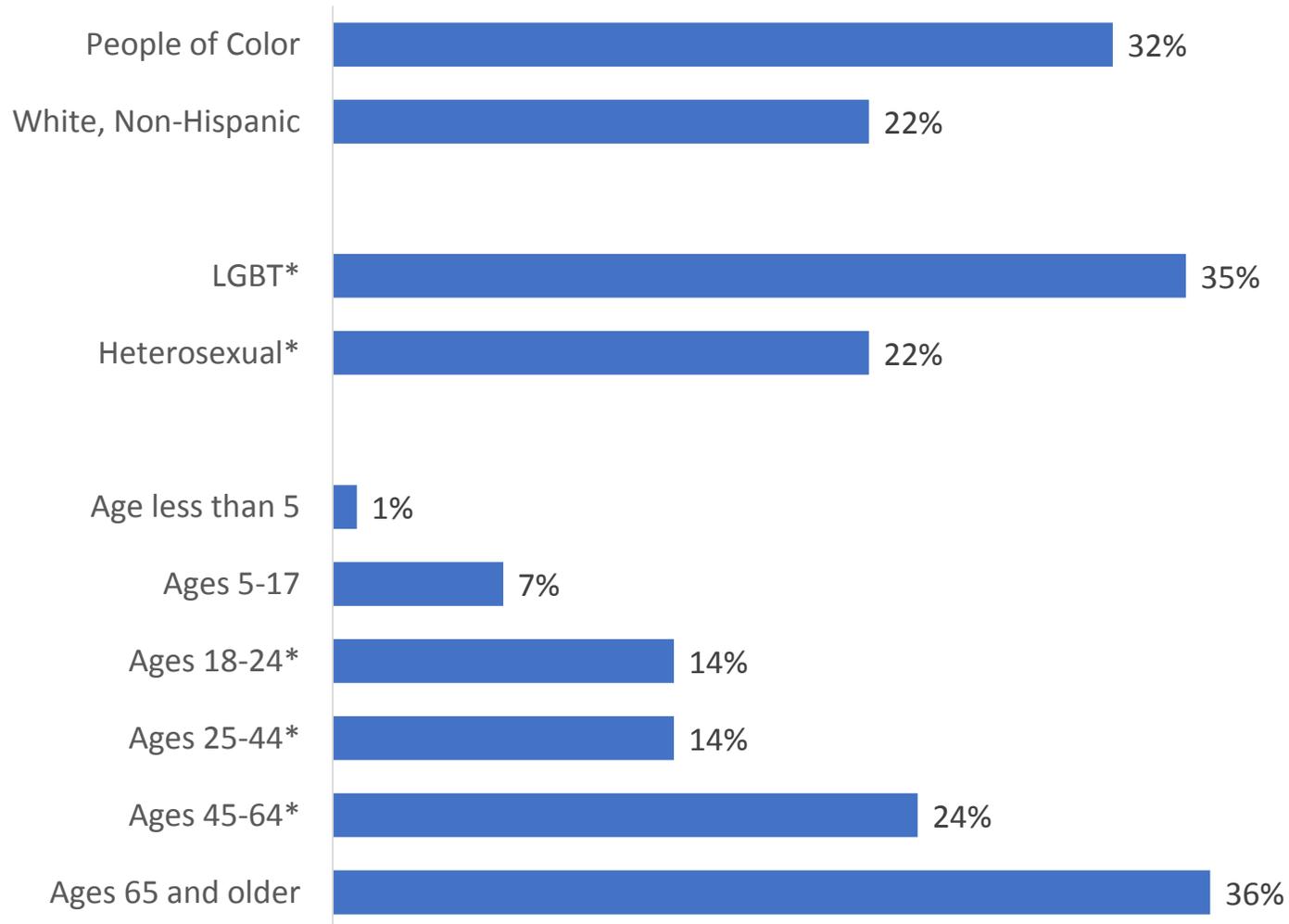
Sexual Orientation

Vermonters describing themselves as Lesbian, Gay, Bisexual or Transgender,



5% of the Vermont adult population and 12% of Vermont high school students identify as either lesbian, gay, bisexual, transgender, or another sexual identity.

Disability



22% of Vermonters have a disability; 10% of Vermonters have multiple disabilities

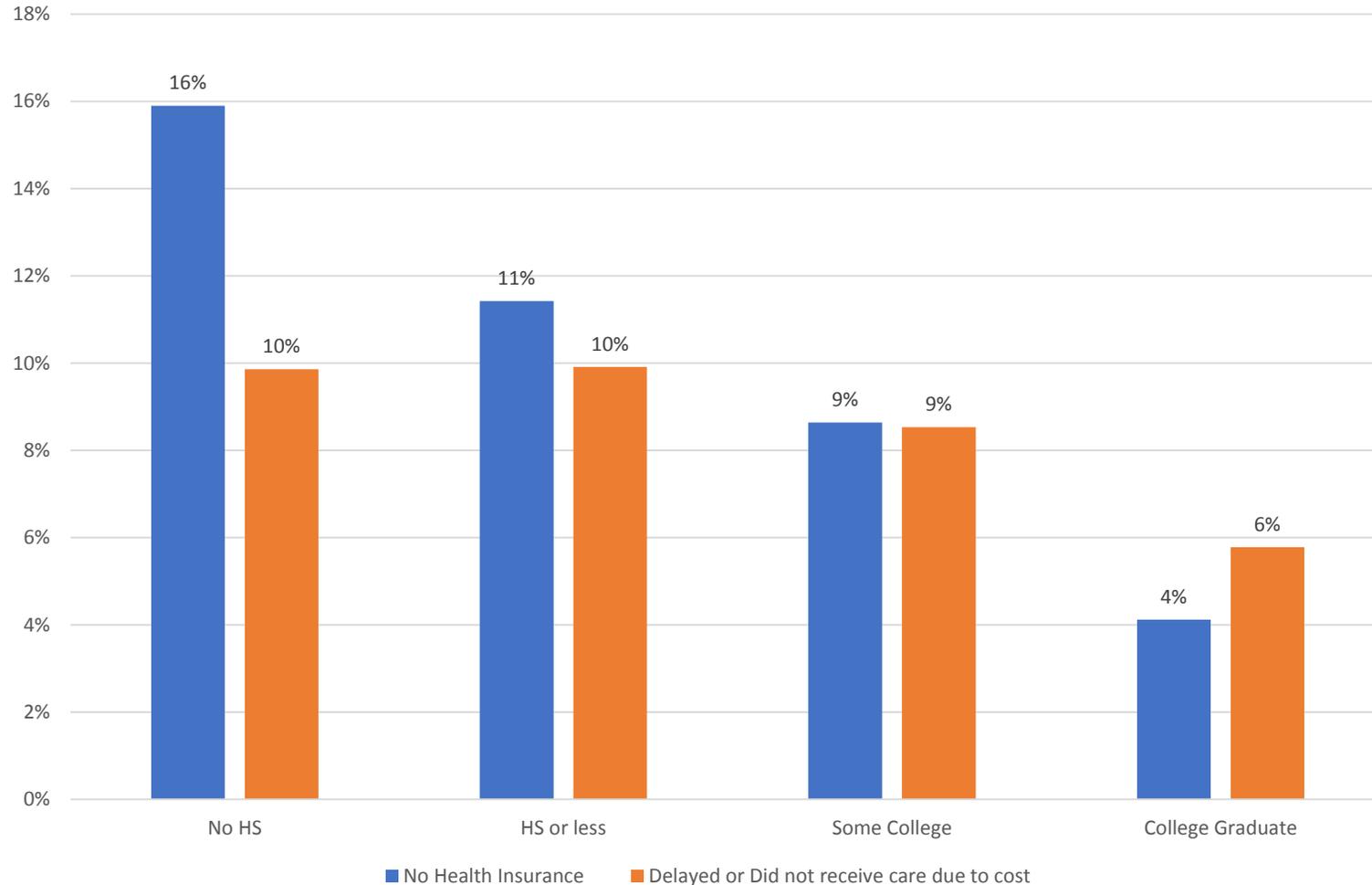
People of Color are statistically more likely to have a disability

LGBT are more likely to have a disability

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Health Care Access

Access to Health Care by Education



Lack of health insurance statistically decreases with an increase in education.

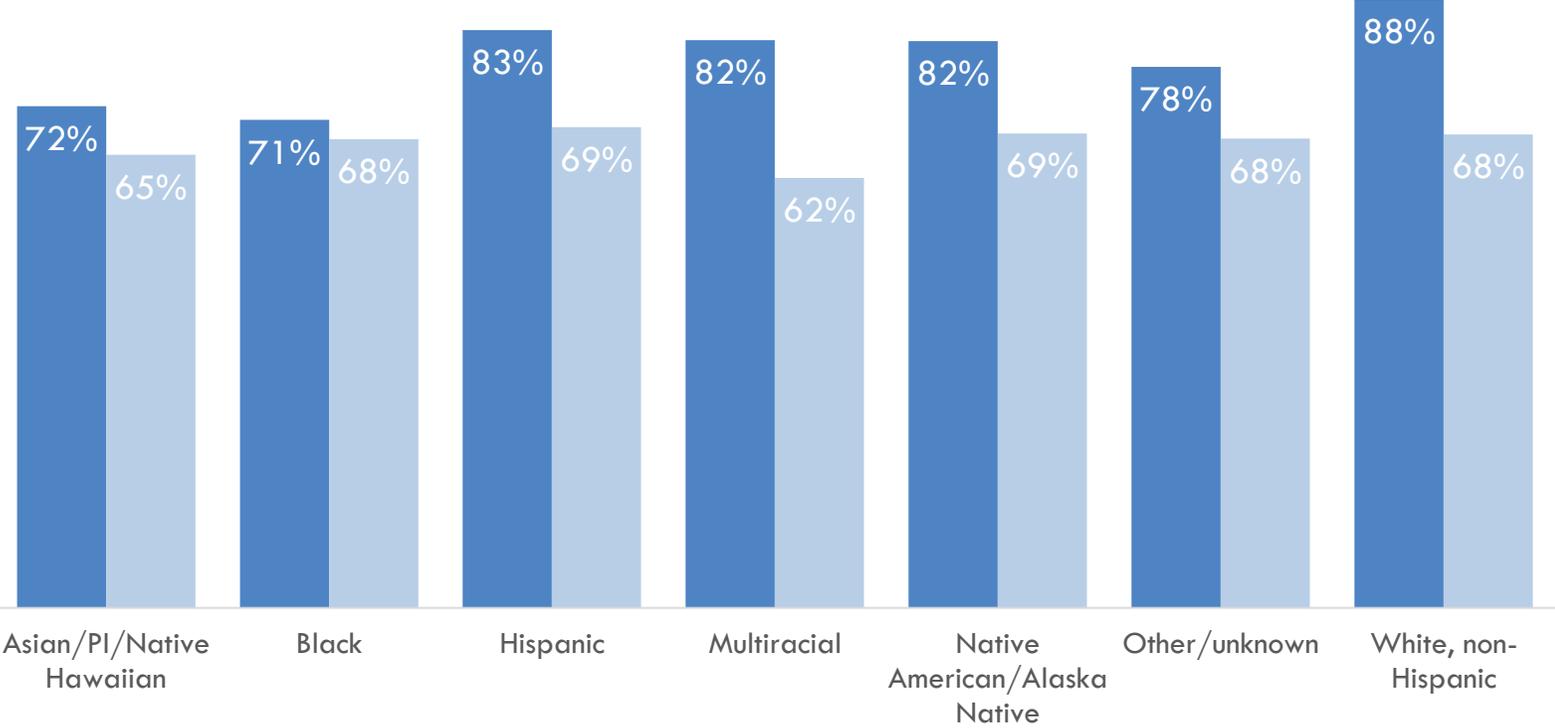
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2015 YRBS

Access to Health Care by Race

Access to Health Care by Race, VT BRFSS 2012-2016

■ Has a Usual Primary Care Provider ■ Visited a doctor in last year

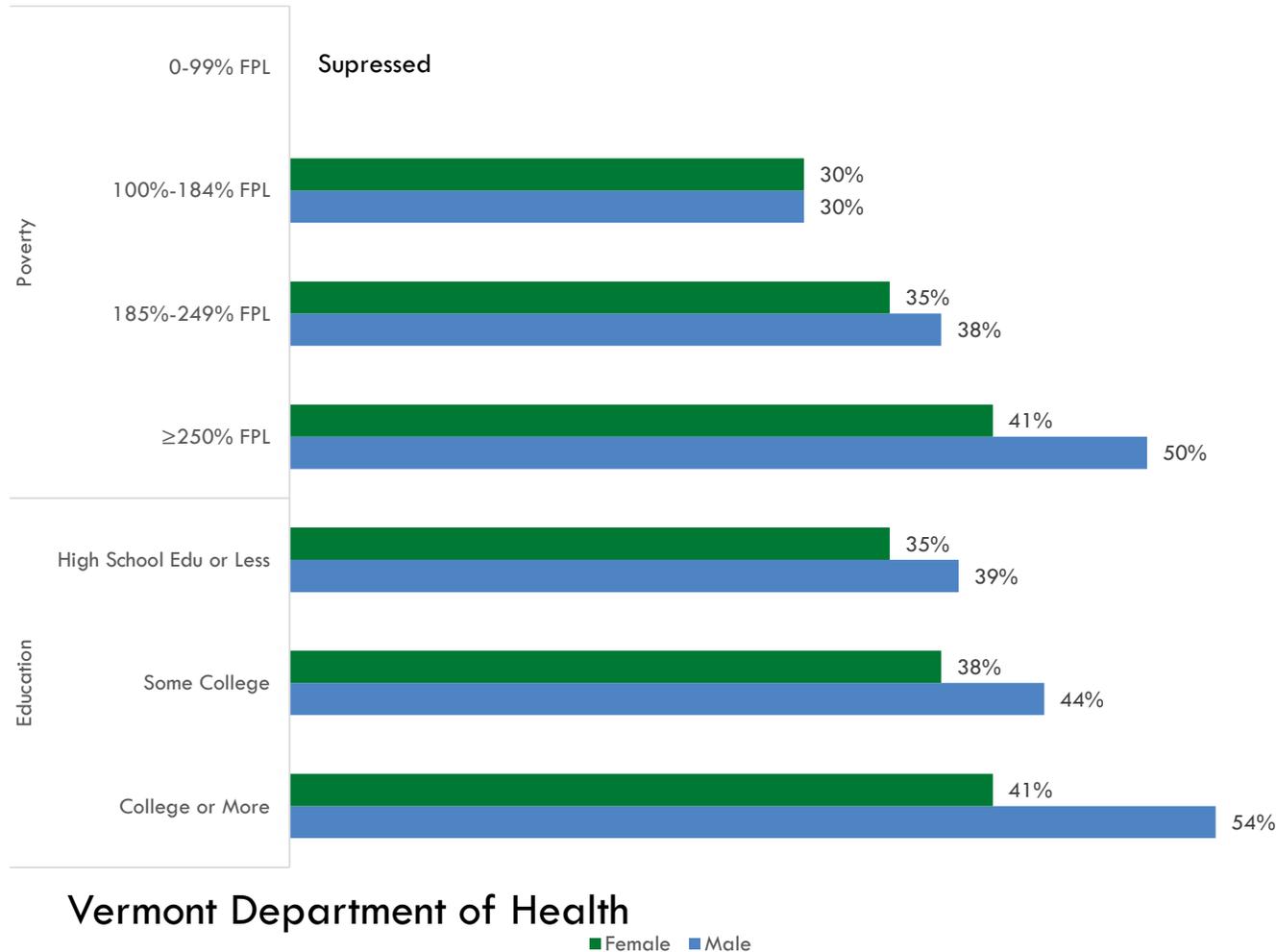


There is no difference in visiting the doctor within the last year by race

However, white non-Hispanic Vermonters are more likely to have a regular primary care provider

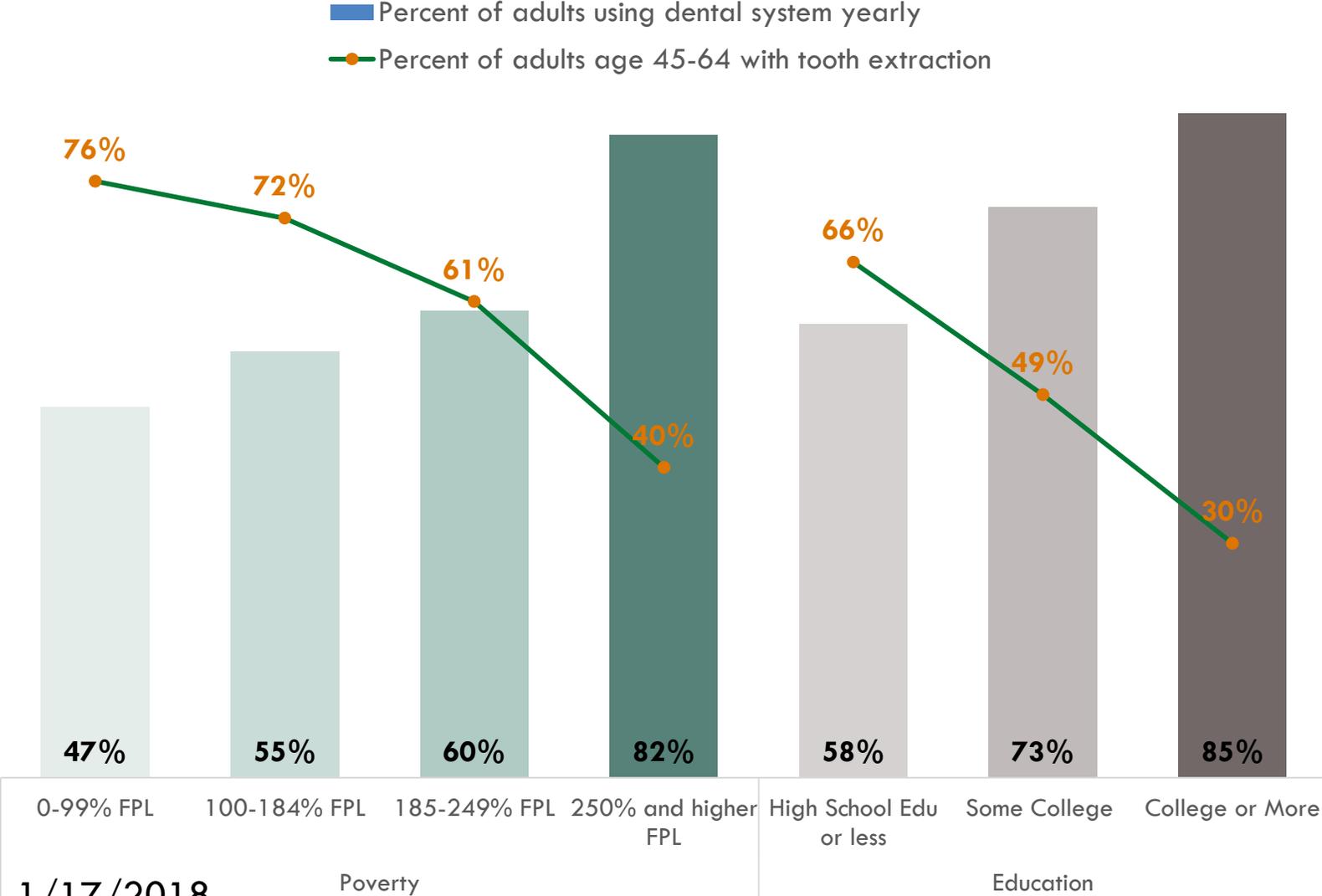
Access to Health Care by Poverty and Education

Adults 65+ Up to Date on Clinical Preventive Services, by Education and poverty level



Access to Clinical Preventive Services increases as income increases and as education increases

Access to Dental Care by Poverty and Education



The proportion of adults who visited a dentist in the last year increases with income and with education.

The proportion with teeth extracted decreases with increasing income and with increasing education level.

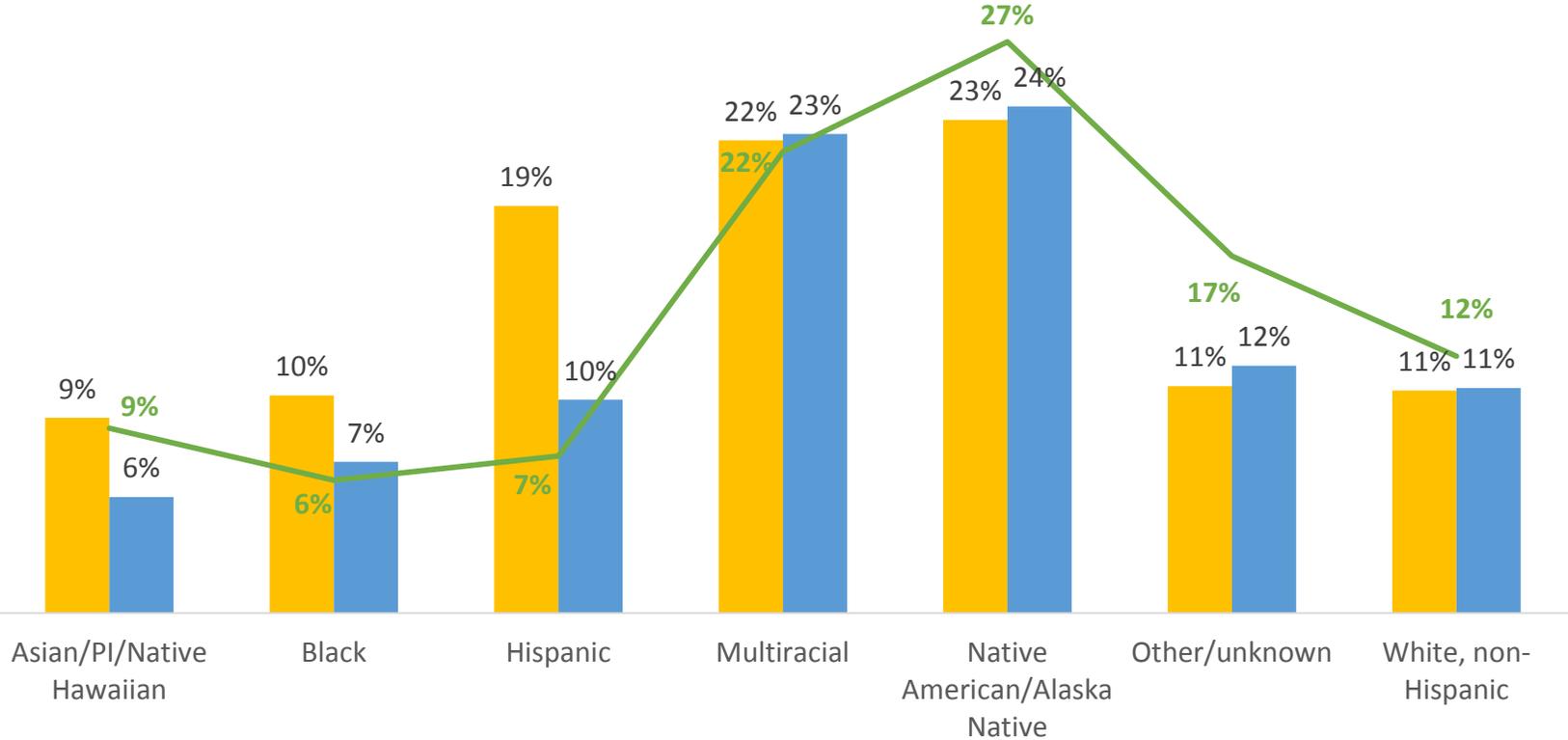


Population Health Outcomes

A small selection of data intended to highlight both health disparities and health inequities

Quality of Life by Race

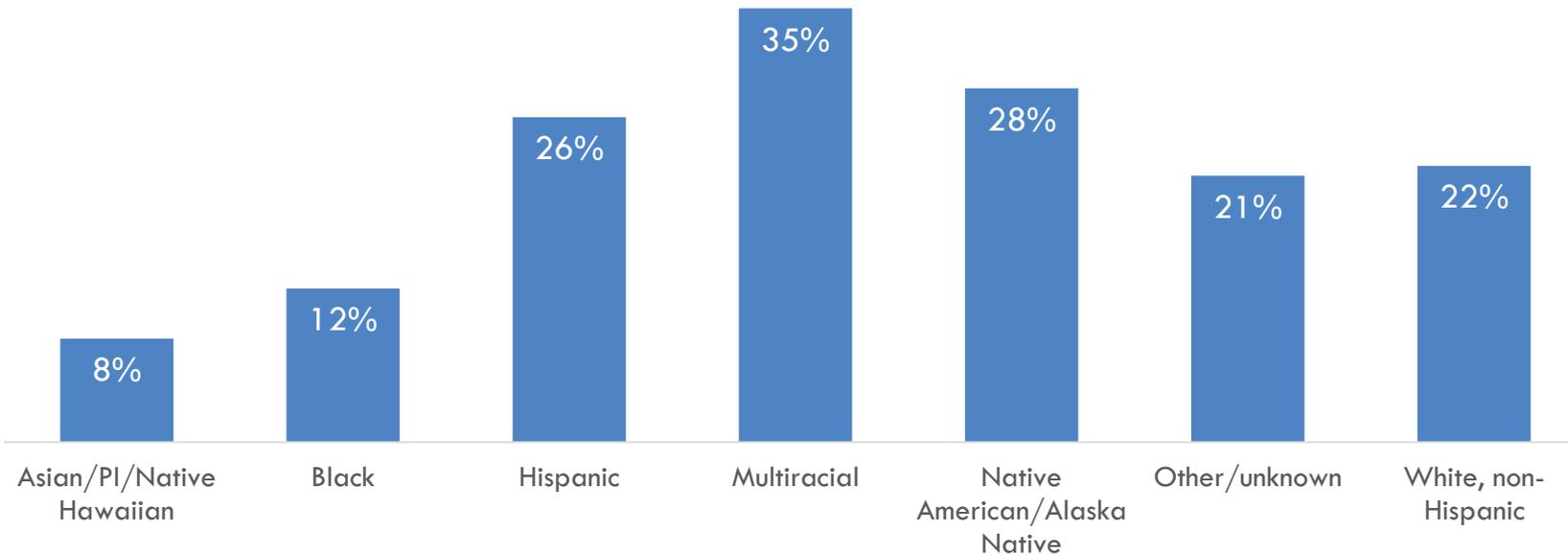
■ 14 or more poor mental health days in the last 30
■ 14 or more poor physical health days in the past 30
— General health is fair or poor



Adults who are Native American/Alaska Native and multiracial are more likely to have fair/poor general health than other races/ethnicities.

Depression by Race

Depression among adults by race/ethnicity, BRFSS 2012-2016

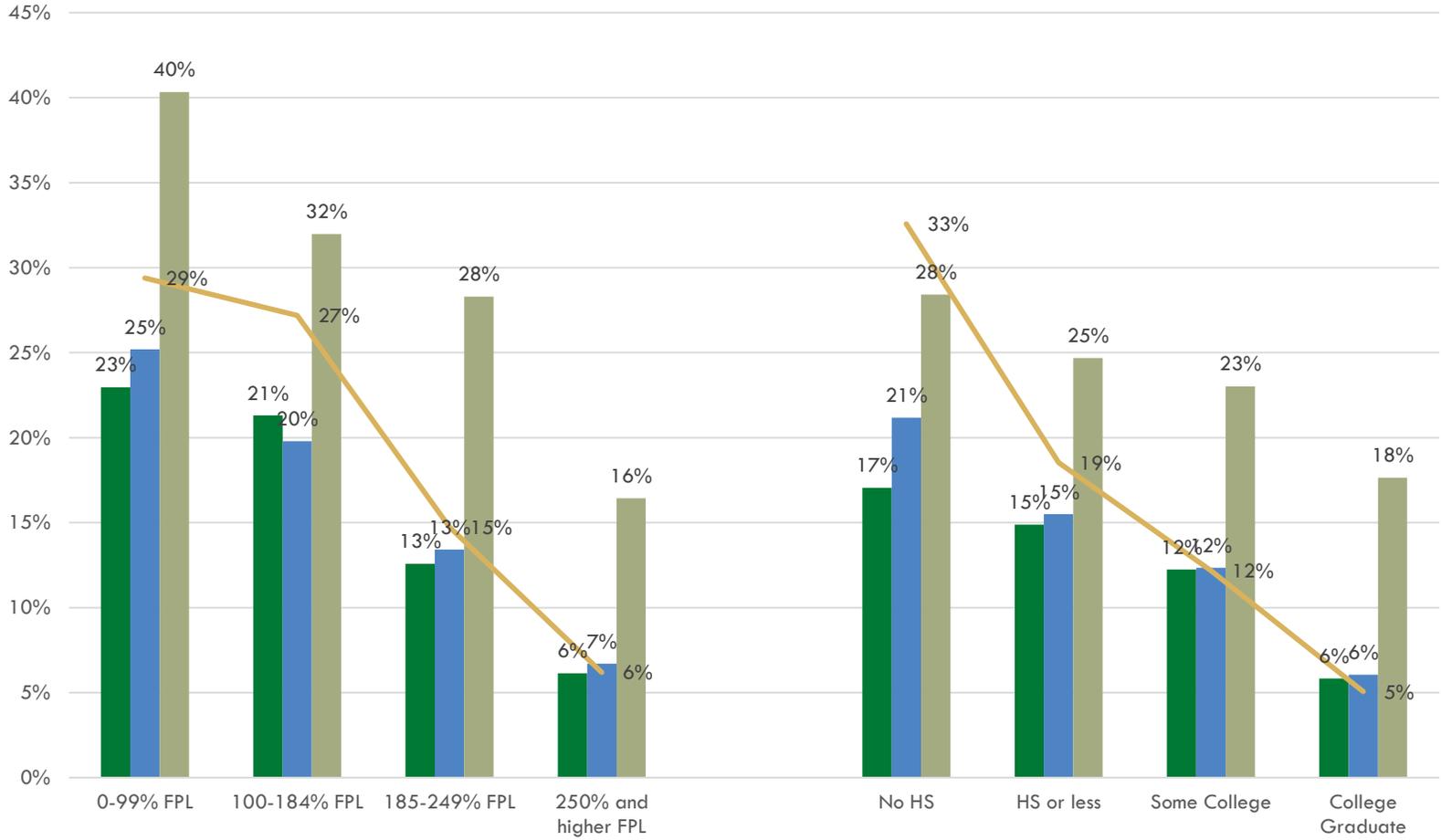


Multiracial Vermonters are more likely to have ever been diagnosed with depression than white, non-Hispanic Vermonters.

Asian/PI/Native Hawaiian and black Vermonters are less likely to report being depressed.

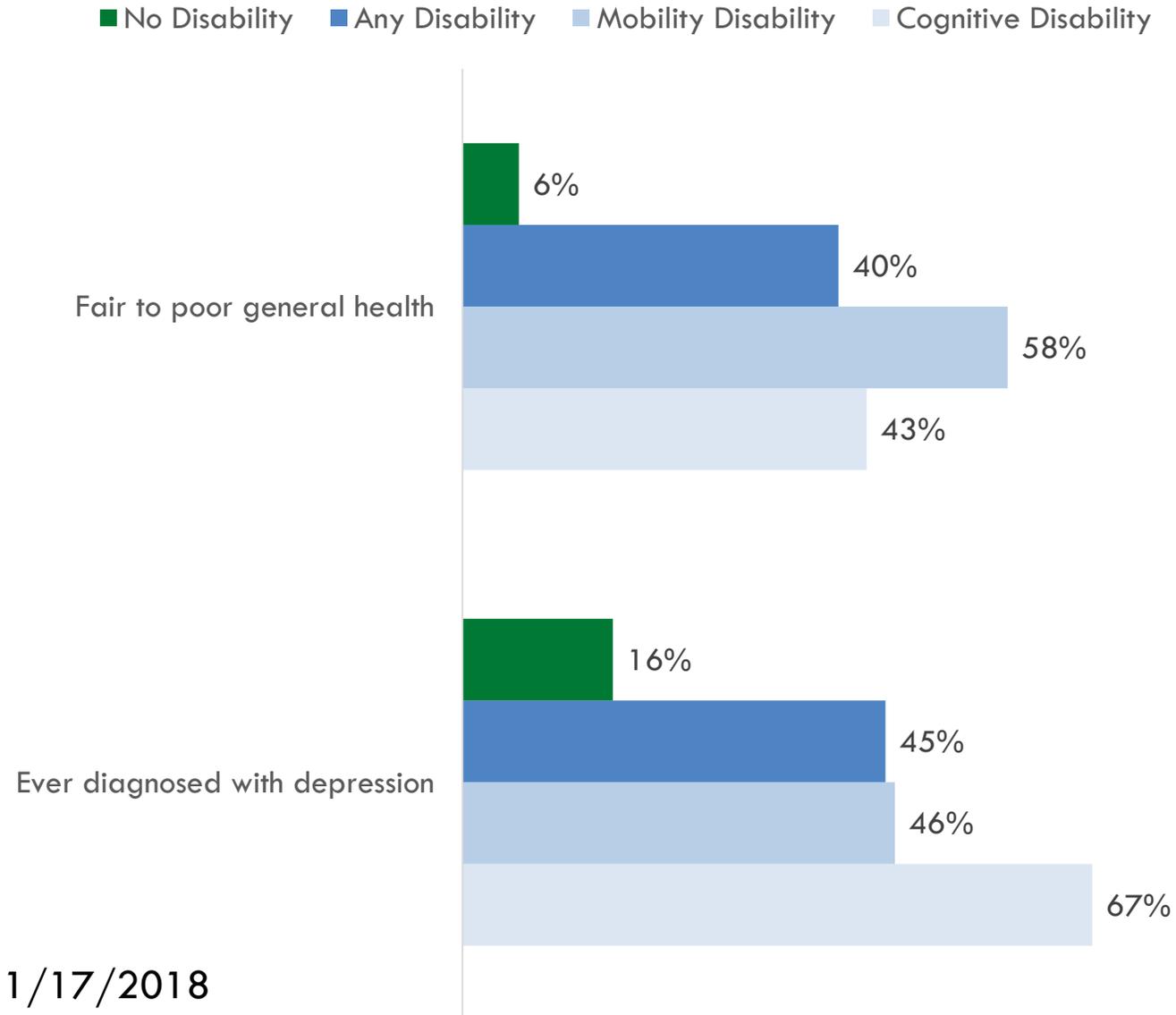
Health and Mental Health by Poverty and Education

Healthy Days, General Health and Depression by Socioeconomic Factors,



There appears to be a similar pattern between health, mental health and depression as income increases and education increases

Health Status and Depression by Disability

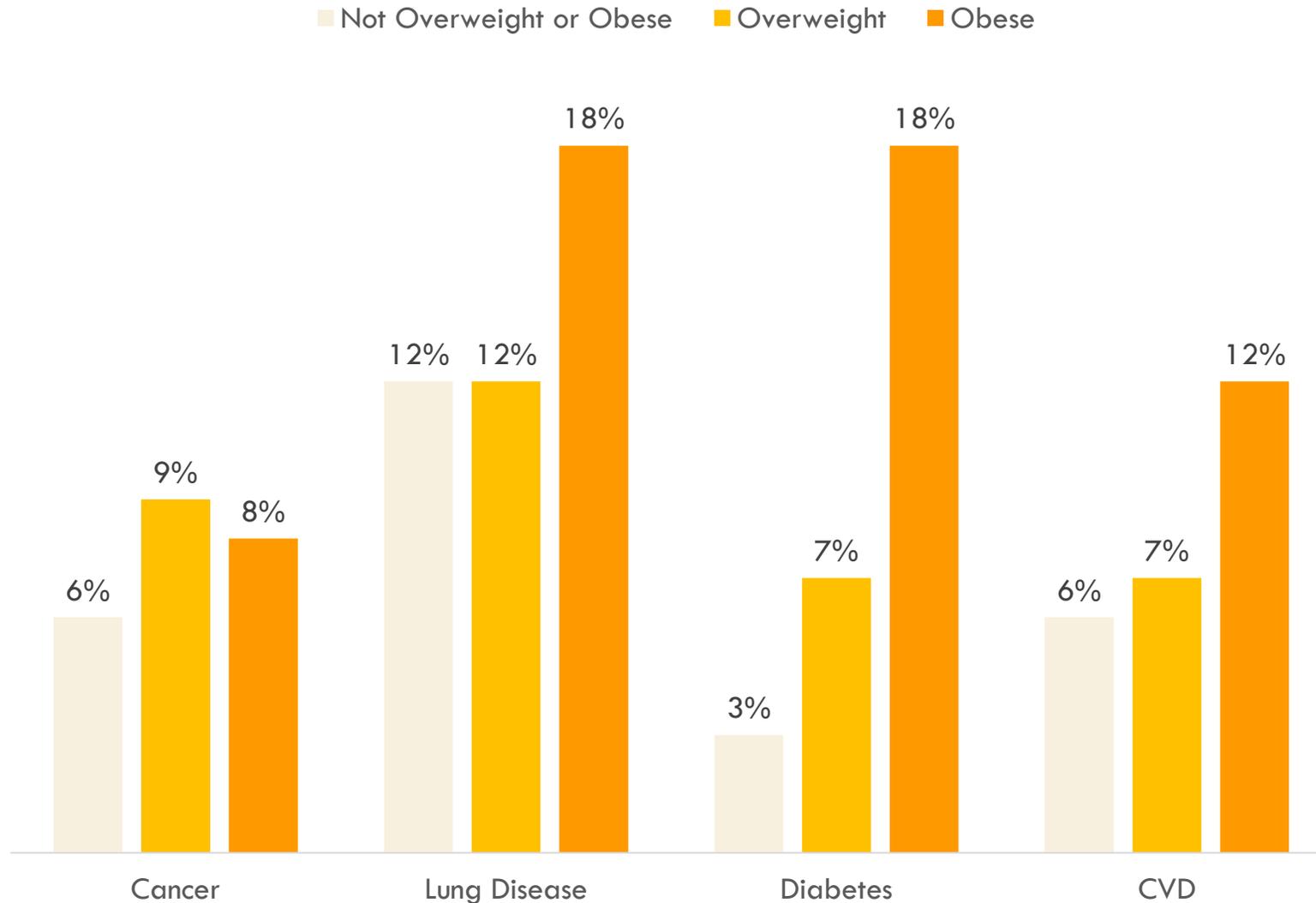


Vermonters with a disability are 3x as likely to have been diagnosed with depression

2 in 3 Vermonters with a cognitive disability report depression

Adults with any disability are nearly 7x more likely to report fair or poor health

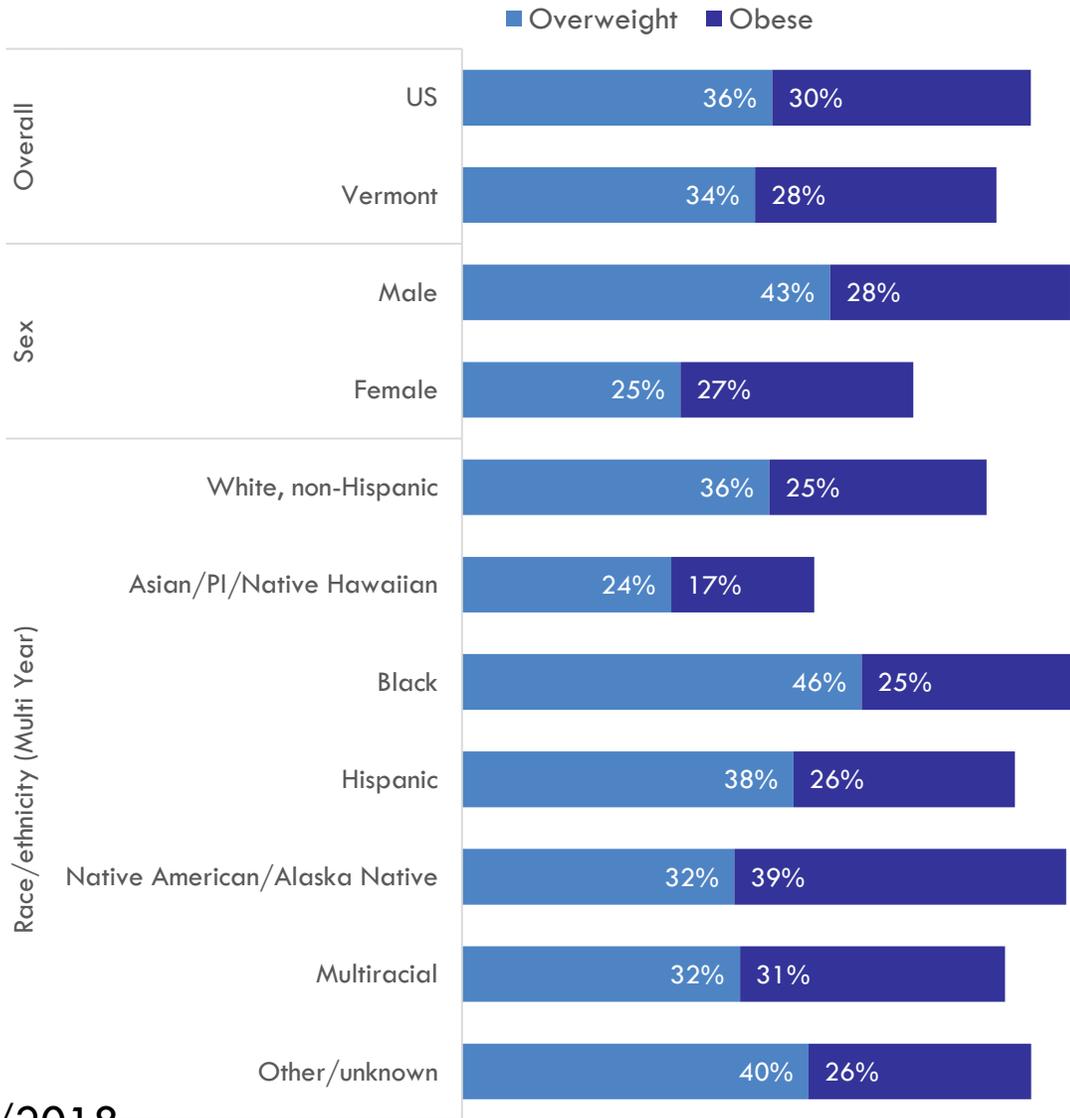
Prevalence of Selected Chronic Conditions



Obese adults are statistically more likely to have lung disease, diabetes, and CVD.

Adults who are overweight are at higher risk chronic conditions as well, however only the difference for diabetes is statistically significant.

Overweight by Gender and Race



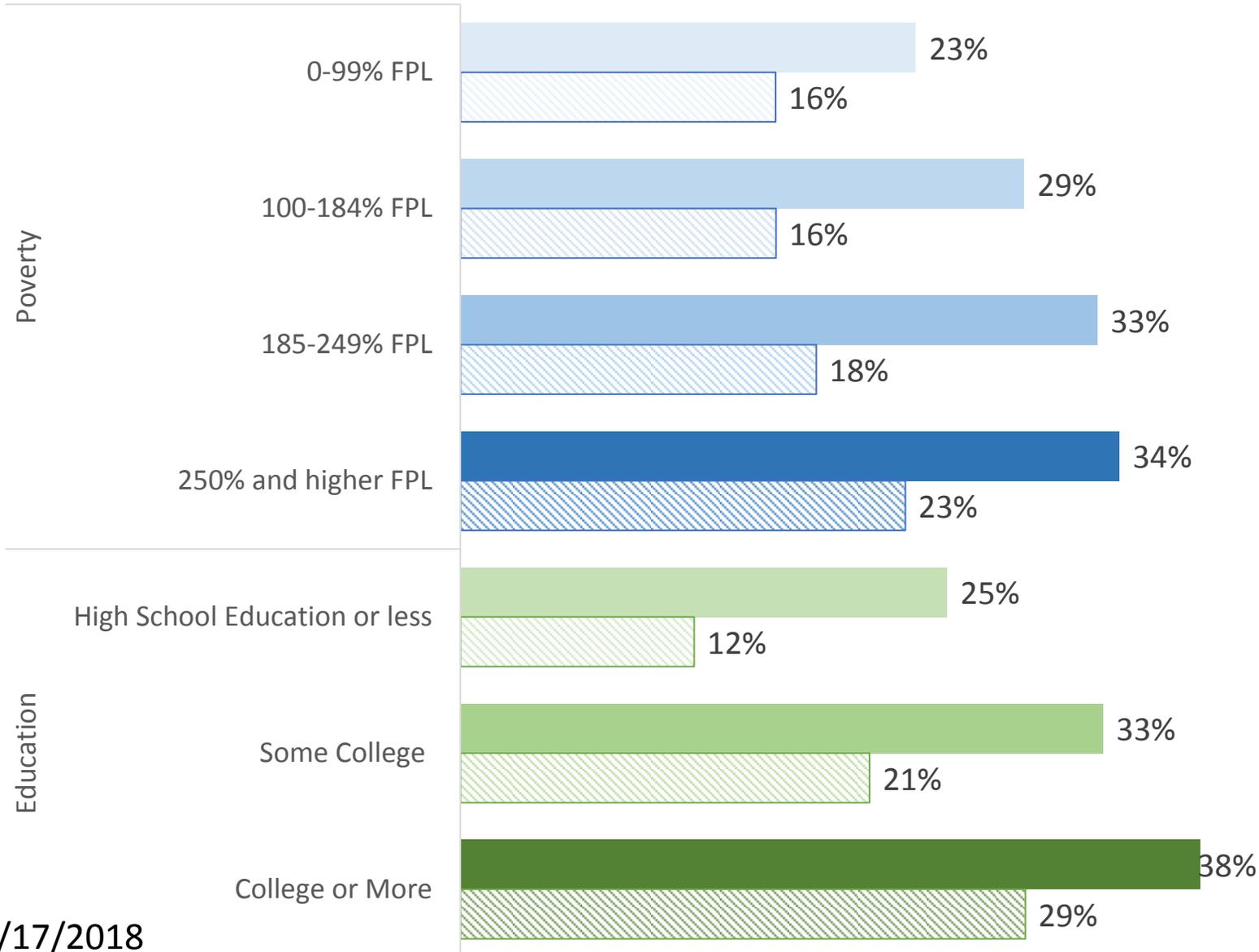
Males are statistically higher for overweight, and for obesity.

Black Vermonters report higher rates of overweight

Native American and Alaska Natives are the most likely to report being obese.

Fruits and Vegetables by Poverty and Education

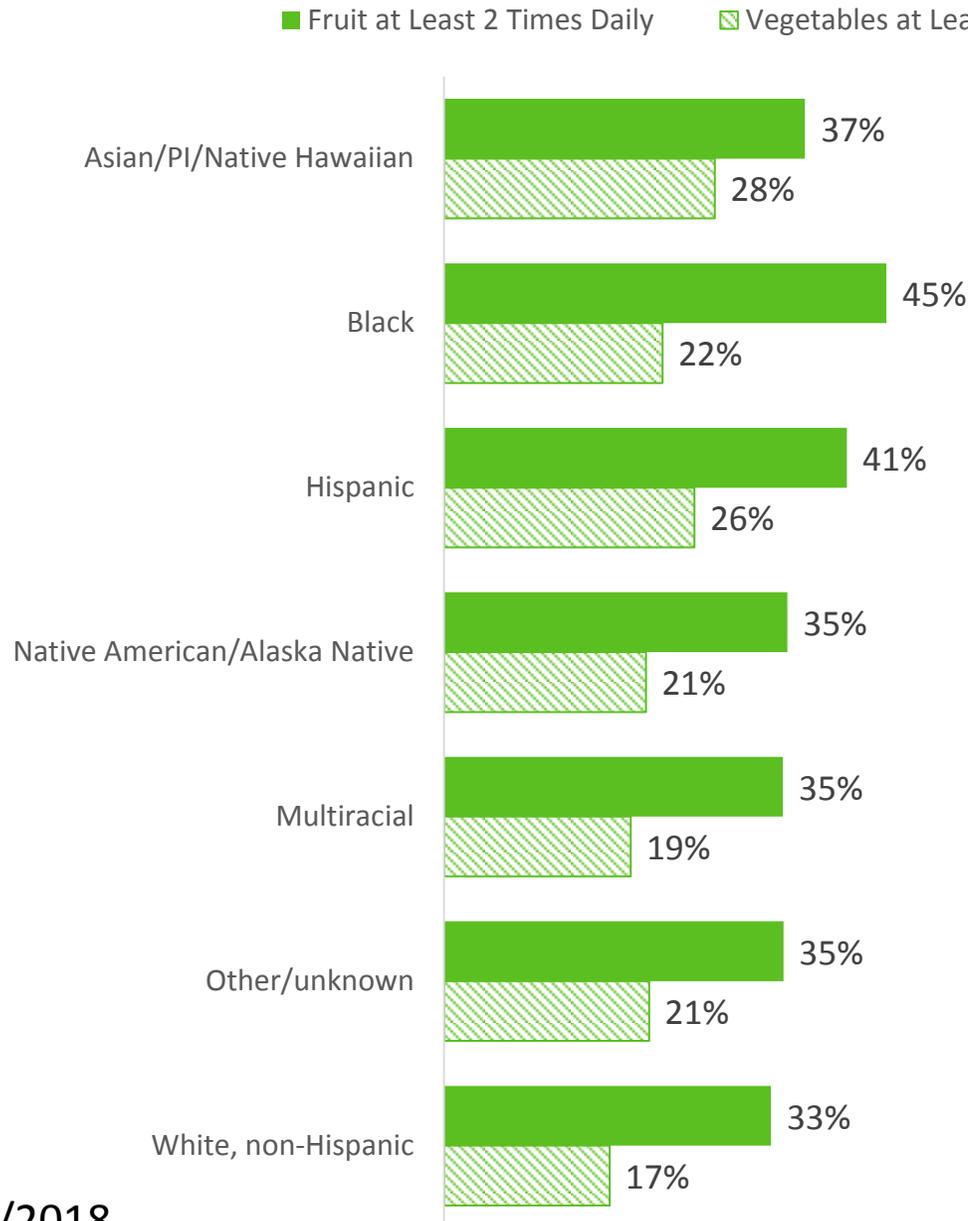
■ Fruit at Least 2 Times Daily ▨ Vegetables at Least 3 Times Daily



Likelihood of eating recommended fruits and vegetables increases as income increases.

Likelihood of eating recommended fruits and vegetables increases as education increases.

Fruit and Vegetables by Race in Adolescents



Students of color are more likely to eat the recommended fruits and vegetables compared to white, non-Hispanic students.

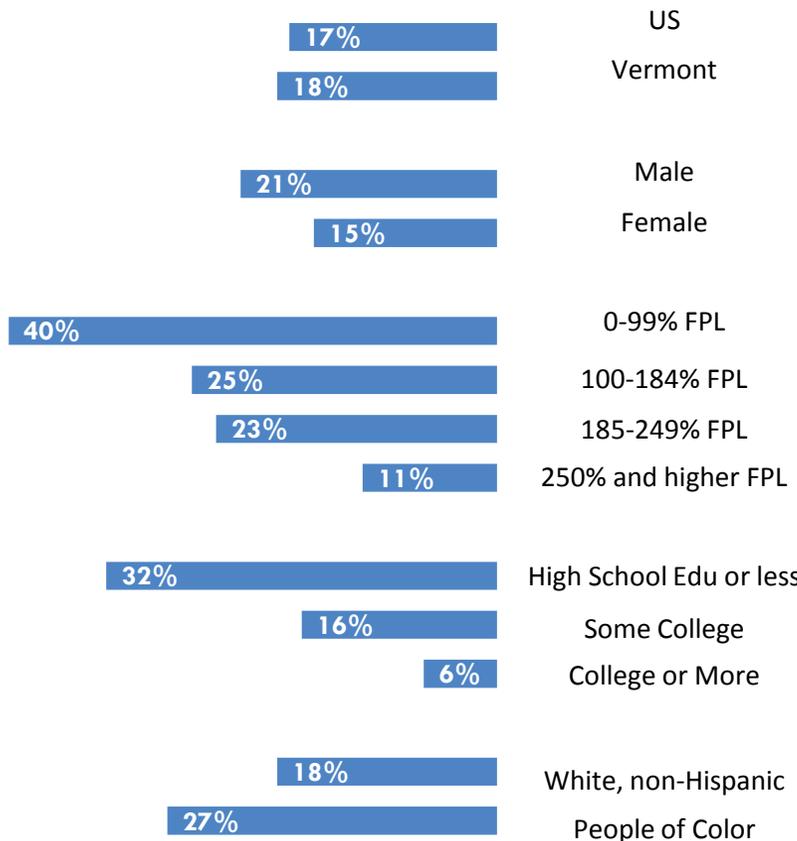
Rates are higher for black and Hispanic students for both fruit and vegetables.

Asian/PI/Native Hawaiian students were also significantly higher than white, non-Hispanic students for vegetables.

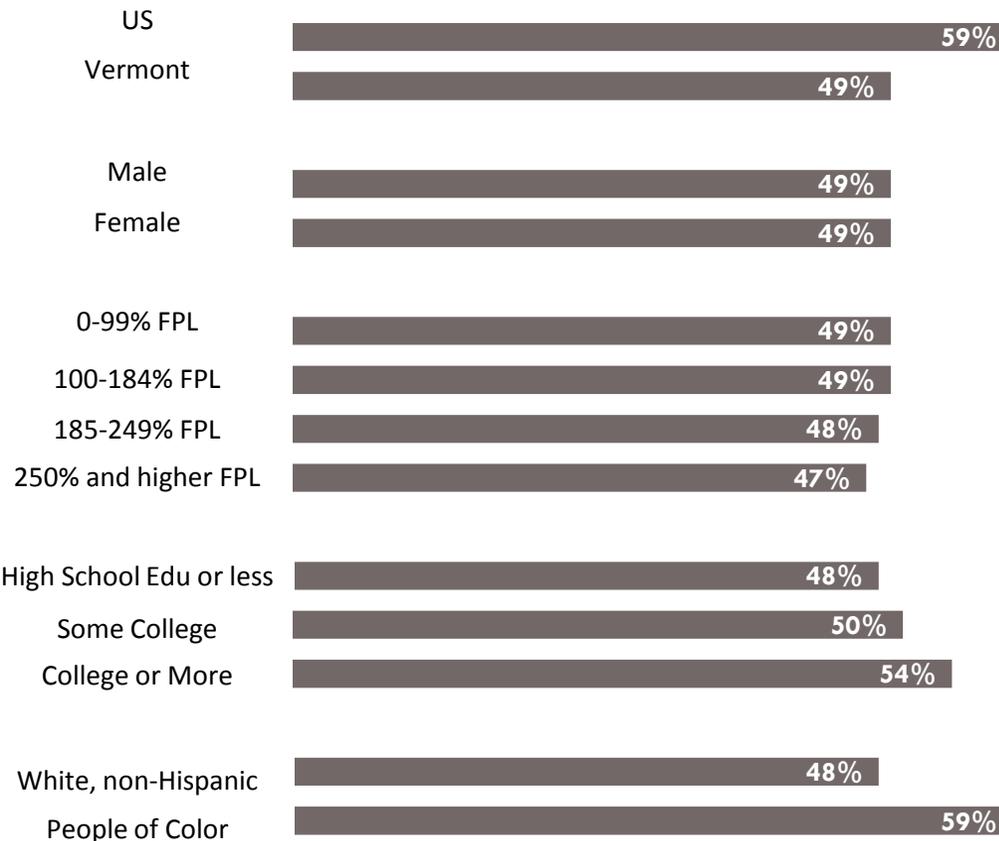
Smoking and Quit Attempts

By sex, poverty, education, and race/ethnicity,

Current Smokers

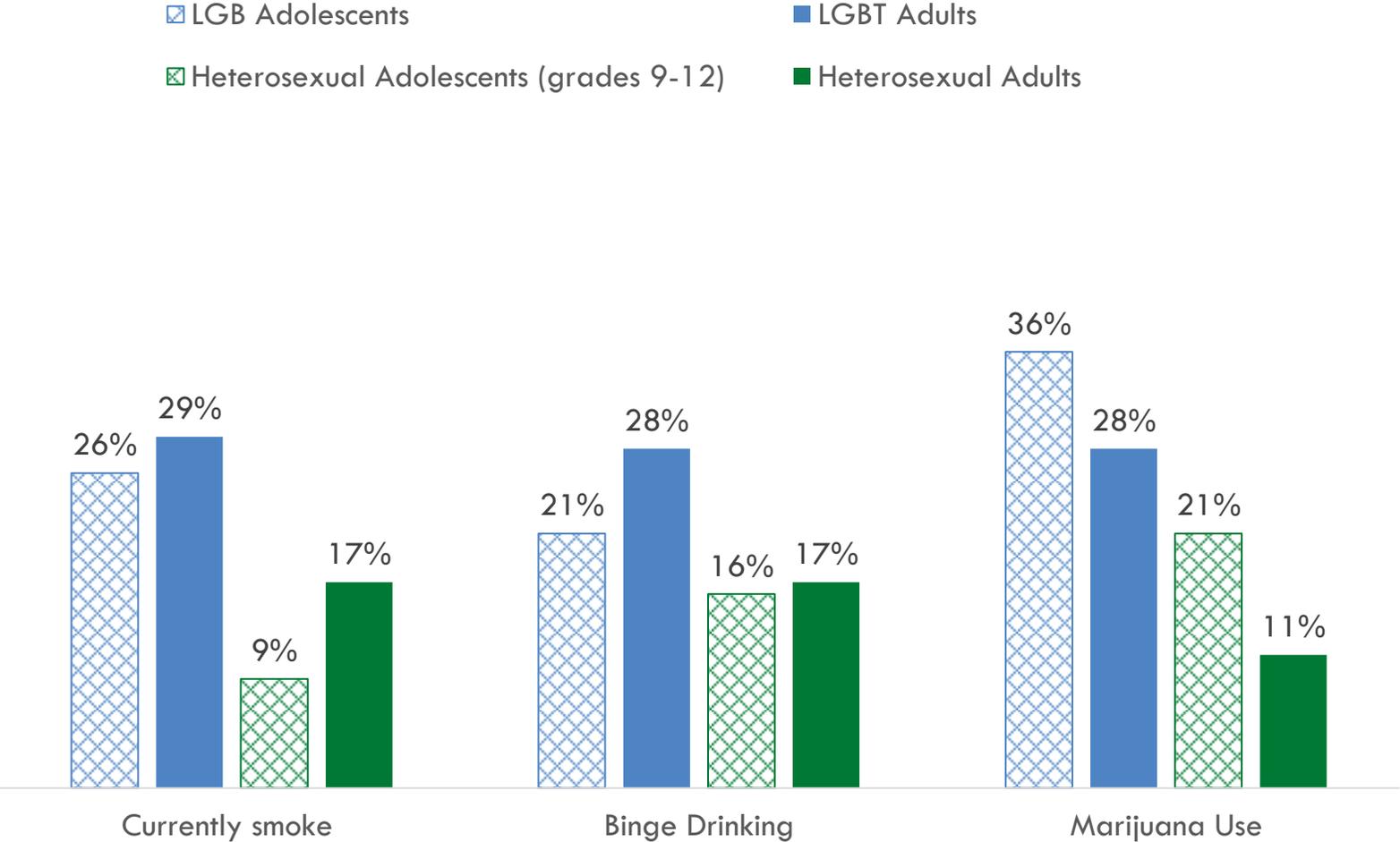


Tried to Quit



Smoking prevalence decreases as income increases and as education increases
 About half of Vermonters want to quit regardless of sex, poverty status, education, or race

Substance Use by Sexual Orientation

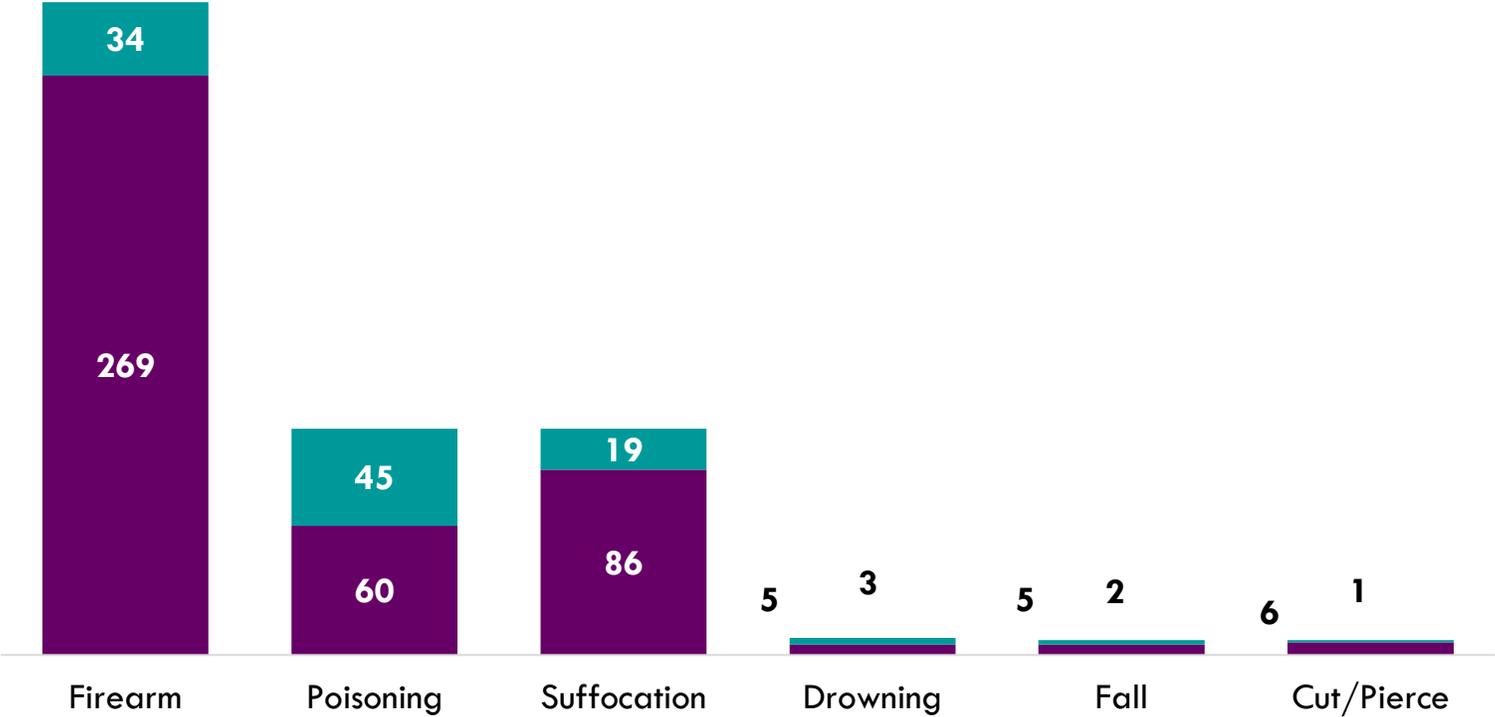


Substance use is statistically worse among LGBT students and adults than their heterosexual peers for all substances.

Suicide by Cause and Gender

Number of suicide deaths by cause and gender, 2010-2014

■ Male ■ Female

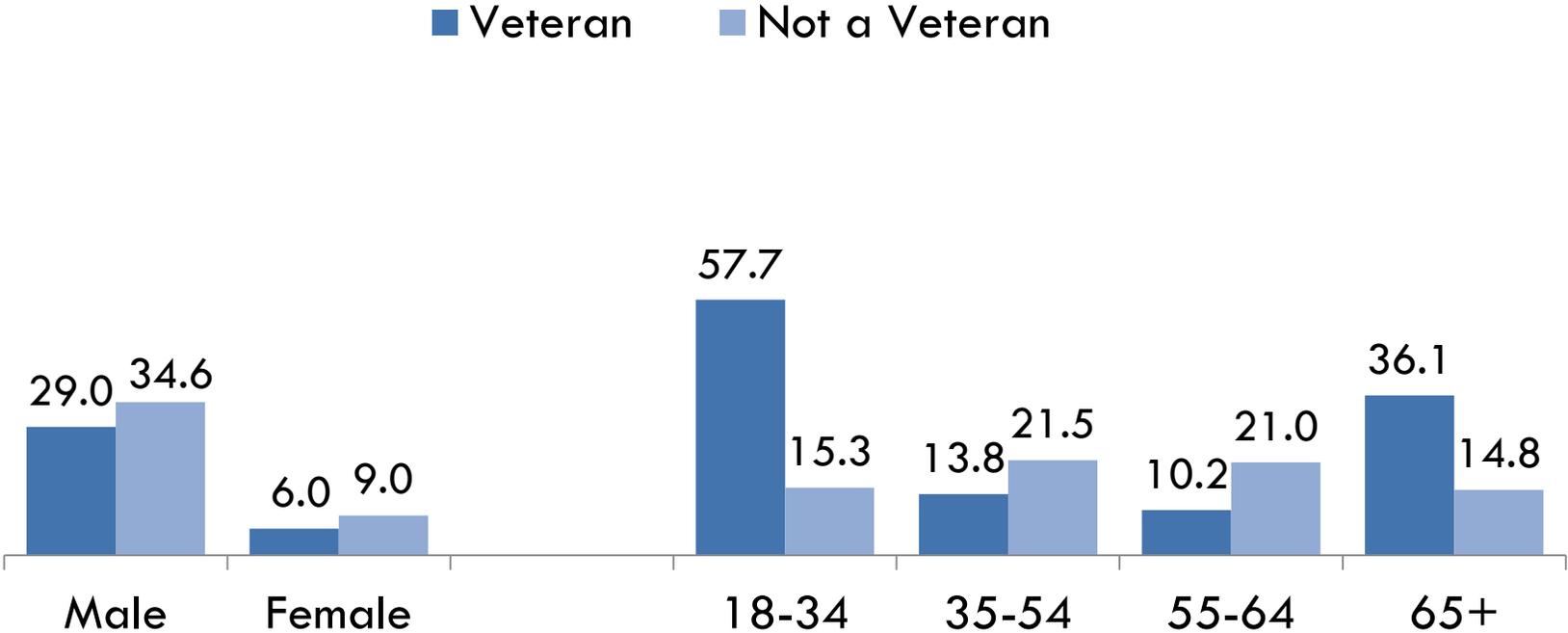


Most suicides are due to firearms; these are primarily among males

Females are most likely to die via poisoning, followed by suffocation.

Suicides by Sex and Veteran Status

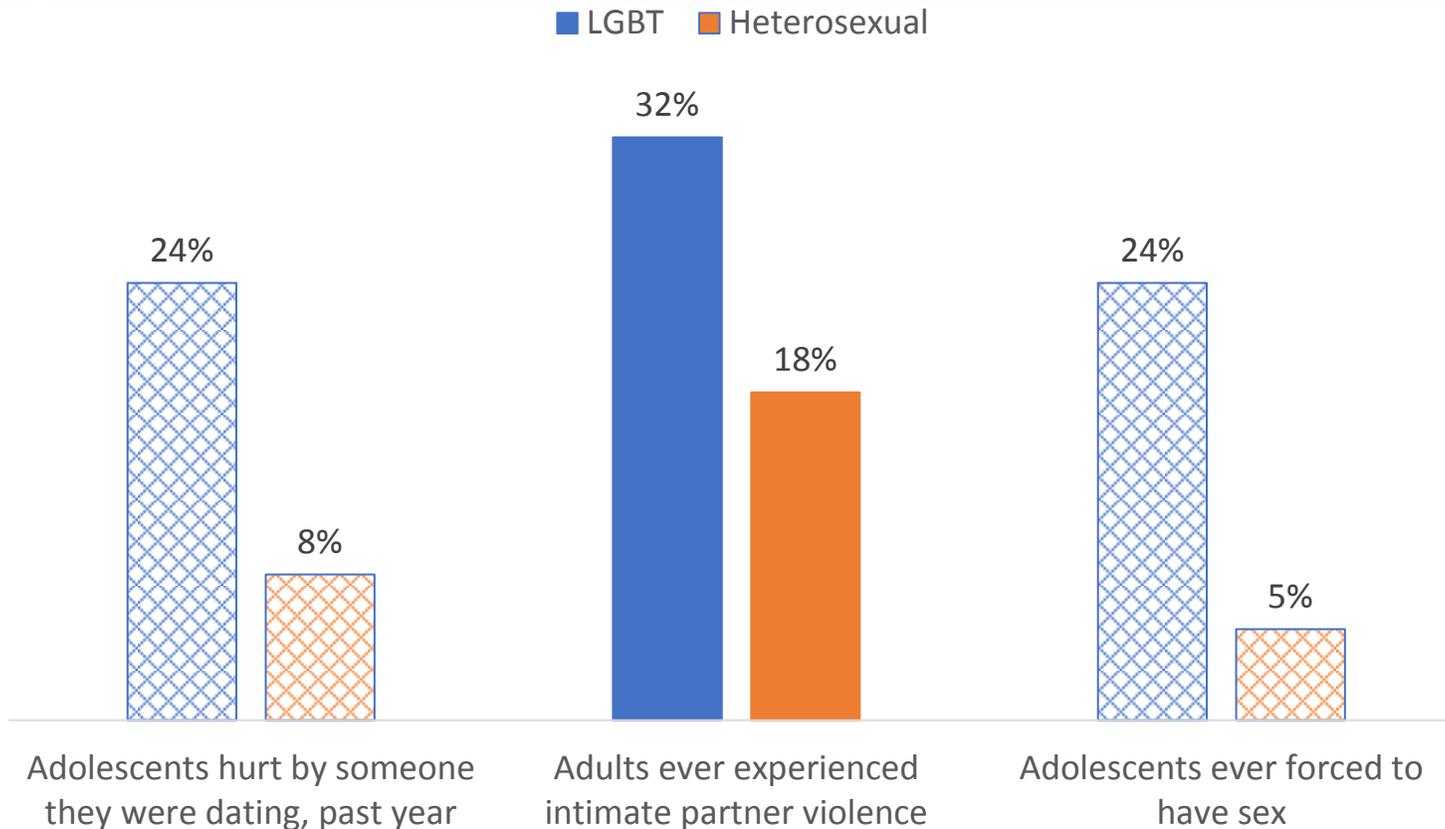
Suicide Death Rate by Veteran Status, Gender and Age, Vermont Residents, 2014- 2015



Suicide rates among Veterans are higher than among non-Veterans

The rates are highest among the ages of 18-34 and 65+

Intimate Partner and Sexual Violence by Orientation



LGBT adolescents are 3x as likely to report intimate partner violence as their heterosexual peers, and

LGBT adults are nearly 2x as likely to report ever having experienced intimate partner violence.

LGBT adolescents are 5x as likely to report ever having been forced to have sex.

According to Vermonters who experience health inequities, they...

- ▣ face discrimination, prejudice, and racism, continually, that is often invisible to others;
- ▣ don't trust and feel misunderstood by "the system;"
- ▣ don't feel valued, included, or safe;
- ▣ feel socially isolated and seek community connections;
- ▣ feel like services aren't designed to support them;
- ▣ feel a lack of agency over their health and their own lives;
- ▣ believe this takes place because our society has been structured to maintain a status quo that provides them with unequal opportunities.

Vision: All people in Vermont have a fair and just opportunity to be healthy and live in healthy communities

- Everyone feels respected, valued, included, and safe to pursue healthy and meaningful lives;
- All ages, all abilities, and all Vermonters have equitable access to the conditions that create health;
- Investments are focused on prevention and the conditions that create positive health outcomes; and
- Services are available, accessible, affordable, coordinated, culturally appropriate and offered with cultural humility.

Core Values: **Equity** • **Affordability** • **Access**

Conditions that Create Health

-  Affordable, Healthy, Local Food
-  Health and Prevention Services
-  Recreation, Parks and Natural Resources
-  Safe and Efficient Transportation
-  Safe, Quality Housing
-  Safe and Supported Community
Early Childhood Development
-  Economic Prosperity, Equitable
Law and Justice System
-  Family Wage Jobs and
Job Opportunities
-  Clean and Sustainable
Natural Environments
-  Quality Education
-  Strong, Vibrant Communities
-  Civic Engagement and
Community Connections

Health equity exists when all people have a fair and just opportunity to be healthy, especially those who have experienced socioeconomic disadvantage, historical injustice and other avoidable systemic inequalities that are often associated with social categories of race, gender, class, ethnicity, social position, sexual orientation, and disability.

For More Information

Data on the Health of Vermonters

How Healthy Are We?

<http://www.healthvermont.gov/stats/hv2020>

How Are We Doing?

<http://www.healthvermont.gov/about/performance>

The 2018 State Health Assessment

The 2017 Process

<http://www.healthvermont.gov/about/reports/assessment-plan-2017-shaship-process>

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