



# Vermont State Health Improvement Plan • 2019-2023



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## Our 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 promoting  
the conditions that create positive  
health outcomes.*

*Services are available, accessible,  
affordable, coordinated, culturally  
appropriate, and offered with  
cultural humility.*

**– Our Core Values –**

**Equity • Affordability • Access**

December 31, 2018



Dear Vermonter,

We now know that even beyond a person's genetics or life choices, some people are born into healthier lives than others. Where you live, how far you get in school, how good a job and income you have, and whether you own your home are strong predictors of a person's health. These social determinants have direct impacts on an individual's own health outcomes and whether they might develop conditions such as cancer, heart disease and diabetes.

For all people to have a fair and just opportunity to live a long and healthy life, we must consider the distribution of these social determinants in our society – and very deliberately seek ways to even out the chances for health and wellbeing. Within grants, contracts, programs, policies and our own organizational structures, we must educate, discuss and address these critical issues and disparities. The health and lives of Vermonters are at stake.

Our collective work to move toward this vision of health equity for all Vermonters requires the active involvement of communities, individuals, and partners across the state, within and outside of health care. Our collective impact requires the participation of all sectors and branches of government, even those not traditionally associated with health.

Most importantly, we must build and strengthen relationships and partnerships with communities of people most affected by disparities in health – especially those who have historically held the least power. They are the experts on their own experience, and we cannot make changes for good without their involvement.

This strategic approach embraces the accepted current roadmap for success in public and population health. We invite you to engage with us as we embark on this five-year journey.

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Agency of Human Services  
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Former Executive Director  
of Building Bright Futures

**Paul Dragon**

Director of Field Services  
Agency of Human Services

## A Vision of 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 systemic inequalities that are often associated with social categories of race, gender, ethnicity, social position, sexual orientation and disability.

**Health Disparities** are statistical differences in health that occur between groups of people. These could be from any cause.

**Health Inequities** exist when avoidable inequalities lead to an uneven distribution of the resources and opportunities for health, and are differences in health that are avoidable, unfair or stemming from injustice. The concept of health inequities focuses on conditions that create health, and emphasizes the systemic distribution of opportunity, wealth and power.

**Social Determinants of Health** are the conditions in which people live, learn, work, play, worship and age that affect a wide range of health, functioning; and quality of life outcomes and risks. These include social, economic and physical conditions, as well as patterns of social engagement and sense of security and wellbeing.

**Discrimination** is the unequal treatment of members of various groups based on race, gender, social class, sexual orientation, physical ability, religion and other categories.

**Power** is having the potential to shape our lives and the world around us.

**Prejudice** is an unfavorable opinion or feeling formed beforehand or without knowledge, thought or reason.

**Vermonters** is every person living in the state, both long-term residents and new neighbors.



### Building on the 2018 State Health Assessment

To better understand the root causes of health disparities among Vermonters, the *State Health Assessment 2018* focused on the concept of health equity. It presents an extensive array of vital data for examining health disparities and inequities – by race and ethnicity, sexual orientation, disability, socioeconomic status, gender, age and geography at a point in time – helping to inform the process for choosing health priorities and the broad strategies for improvement over the next five years that are outlined in the following pages.

### Moving Toward Health Equity

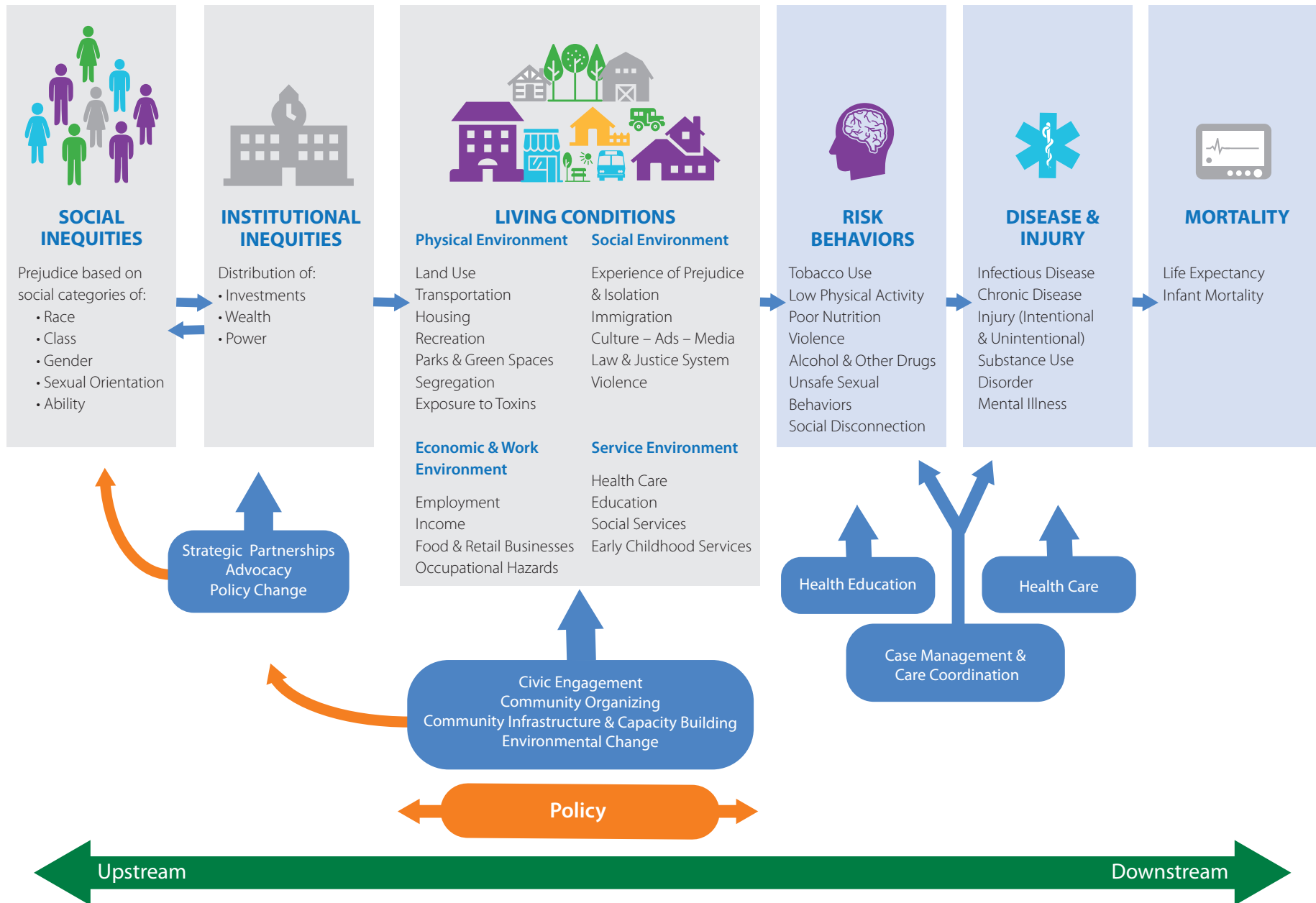
Health equity moves beyond preventable differences to focus on fair and just opportunities for health. Health inequities are created when such conditions don't exist. When people do not have fair and just opportunities for health – when they experience systemic discrimination in their physical, social and natural environments – this can affect health outcomes.

### Public Health Framework for Reducing Health Inequities

If we understand why some people are able to live healthy lives and others are not, we can be more strategic in our actions and policies to address inequities. This framework identifies contributors to health outcomes, and the different types of strategies to move us from traditional *downstream* approaches of treatment, management of disease, injury and risk behaviors, to *midstream* approaches of addressing social determinants (living conditions), to an *upstream* focus on institutional and social inequities.

The Vermont Prevention Model (*page 16*) has informed our strategies for decades. Recognizing that personal behaviors and health outcomes are shaped by relationships, organizational supports, community conditions and policies, we have focused on changing the social determinants. What this does not do is address the causes of different social determinants in the first place. The *State Health Improvement Plan 2019-2023* takes aim at reducing those health inequities that directly contribute to the social determinants.

# A Public Health Framework for Reducing Health Inequities



– Adapted from the Bay Area Regional Health Inequities Initiative

## Developing the State Health Improvement Plan

### The Health Assessment and Improvement Process

In 2017, the Vermont Department of Health convened more than 80 organizations and partners (*listed on the back cover*) to develop the state health assessment and state health improvement plan. The steering committee and advisory committee included a wide range of partners, including experts in health and health care, human services, agriculture and rural issues, racial justice, immigrant issues, disability rights, veterans' affairs, aging, and youth leaders.

The *State Health Assessment 2018* describes what we know about the health of Vermonters at a point in time. It provides vital data for examining health inequities by race and ethnicity, gender, age, sexual orientation, disability, socioeconomic status and geography. This assessment served as the basis for identifying the priority health issues and social conditions to be addressed in the state health improvement plan. (*See Priority Health & Social Conditions*).

### What is the State Health Improvement Plan?

The plan is a set of strategies and actions for all partners to align efforts to address the selected high priorities for reducing inequities. It will be used to set direction for the next five years for budgets, policies and programs across the health system – and by partners from the variety of sectors that contribute to health and equity.

### State Health Improvement Strategies

The roots of health inequities and outcomes are intertwined. So too are the strategies. Strategies outlined in this plan represent the best opportunity to use the talents, resources, and authorities or power of our many partners throughout the state – both within and outside state government – to create opportunities for increased health equity. These strategies purposely focus on the changing conditions of people's lives and the upstream opportunities for prevention that will impact multiple health outcomes.

The five health outcome statements (*opposite page*) describe the positive future state for all Vermonters. In keeping with the focus on closing the equity gap, measures that will be tracked for the next five years are for specific populations (*pages 14-15*), with 5% targeted improvements for each.

### Guiding Principles for Choosing Strategies

Evidence-based strategies were collected and then screened to ensure they meet these criteria:

- > closes the health equity gap among population groups
- > focuses on prevention as the highest priority for health
- > addresses the root causes of inequities
- > impacts multiple health outcomes

The final strategies were selected based on the readiness of partners throughout Vermont to work together in their implementation.

## Priority Health & Social Conditions



Child Development



Chronic Disease Prevention



Mental Health



Oral Health



Substance Use Prevention



Social Determinants of Health:  
Housing, Transportation, Food  
and Economic Security

## VISION

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

### Health Outcomes

Children achieve their optimal development  
Communities support healthy living and healthy aging  
Vermonters have lifelong opportunities for oral health  
Vermonters demonstrate resilience and mental wellness  
Vermont creates the social conditions that promote health

### State Health Improvement Strategies

#### Invest in policies and infrastructure that create healthy communities - page 6.

Implement policies and promote norms that encourage physical activity and healthy eating, and discourage tobacco, alcohol, drug use/misuse.

Use health care reform and regulatory levers to support access to food, housing, transportation.

Expand housing and weatherization programs.

Form partnerships and shared investments to expand transportation services.

Expand community water fluoridation.

#### Invest in programs that promote resilience, connection and belonging - page 8.

Expand access to home visiting programs.

Promote the *Strengthening Families* system.

Expand opportunities such as mentoring, peer support and after-school programs for youth.

Implement strong school health and wellness plans, policies and programs.

Create community supports for people in recovery.

Implement *Zero Suicide* in health care systems.

#### Expand access to integrated person-centered care - page 10.

Integrate oral health, mental health, substance use disorder prevention into primary care.

Create a universal system for developmental screening and referrals for children and families.

Implement SBINS\* for health behaviors, housing, transportation, food and economic security.

Integrate oral health into health care practice and other settings (nursing homes, schools, etc.).

Promote practice improvements and professional development for early care and learning providers.

\* Screening, Brief Intervention & Navigation to Services

#### Adopt organizational and institutional practices that advance equity - page 12.

Meaningful community engagement • Equitable programs, policies and budgets • Respectful care and services • Informed actions and decisions

## Invest in policies and infrastructure that create healthy communities.

### Priority Health & Social Conditions



Child Development



Chronic Disease Prevention



Mental Health



Oral Health



Substance Use Prevention



Social Determinants of Health:  
Housing, Transportation, Food  
and Economic Security

### Healthy Community Strategies

*Investments are focused on promoting the social conditions that prevent discrimination, reduce isolation and create positive health outcomes.*

**1. Community Policies and Norms** – Municipalities, work sites and other settings use evidence-based approaches to implement policies and promote norms that encourage physical activity and healthy eating – and that discourage tobacco use, unhealthy alcohol and drug use/misuse.



**2. Health Care Incentives and Flexibility** – Use health care payment reforms and regulatory levers (health insurance and health system regulation, health care organization, workforce licensure, etc.) to create incentives and encourage flexibility in using health care resources to support access to food, housing and transportation.



**3. Housing and Weatherization** – Expand subsidies, loans and grant programs that support housing and weatherization.





Our potential for good health is shaped by our genetics, our behavior, the conditions of our daily lives, and the structures and systems in which we all live. Some of this can be changed by individual choices. But historic and contemporary policies have created and maintained institutional and social inequities, keeping some groups of people from having equal opportunity for health.

**4. Transportation Partnerships** – Form partnerships and shared investments in transportation to increase connectivity and reduce isolation.

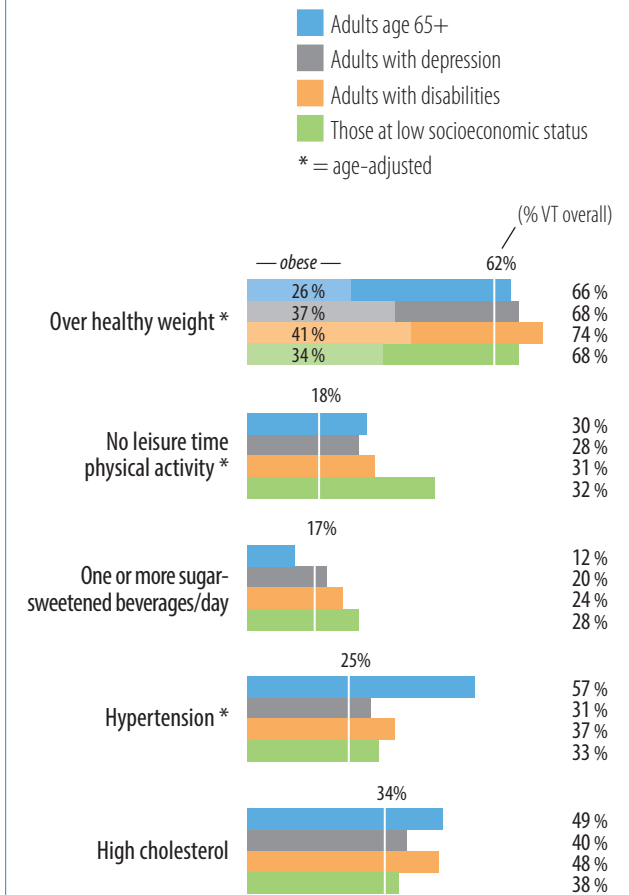


**5. Fluoridation** – Expand community water fluoridation.



### Physical Activity & Nutrition Risks

Vermont Behavioral Risk Factor Surveillance System • 2016



## Invest in programs that promote resilience, connection and belonging.

### Priority Health & Social Conditions



Child Development



Chronic Disease Prevention



Mental Health



Oral Health



Substance Use Prevention



Social Determinants of Health:  
Housing, Transportation, Food  
and Economic Security

### Personal, Family & Community Resilience Strategies

*Everyone feels respected, valued, included and safe to pursue healthy and meaningful lives.*

**1. Home Visiting** – Expand access to an array of home visiting services for families who have young children, or are expecting.



**2. Strong Families** – Promote the *Strengthening Families* cross-sector system to strengthen families' protective factors and mitigate the impact of adverse experiences.



**3. Resilient Youth** – Expand community-based opportunities such as mentoring, peer support and after-school programs to build resilience and protective factors among youth.



**Resilience** = the ability to recover from setbacks, adapt well to change, and keep going in the face of adversity.

Substance use, chronic disease, and mental health are intertwined with lack of resilience, connection and belonging. When we focus on supporting children and families experiencing adversity, and on early intervention to help them develop the connections and resiliency needed to adopt healthy lifelong behaviors, skills and supports, we can prevent these health outcomes.

**4. School Health and Wellness** – Implement school health and wellness plans, policies and programs to support healthy behaviors, resilient youth and a healthy and positive school environment.



**5. Recovery Supports** – Create community-based supports such as training, coaching and peer services for people in recovery.



**6. Zero Suicide** – Implement *Zero Suicide* in health care systems to improve care and outcomes for individuals who are at risk of suicide.



**Protective Factors for Families**

- Parental resilience
- Social connections
- Knowledge of parenting and child development
- Community supports
- Social and emotional competence of children

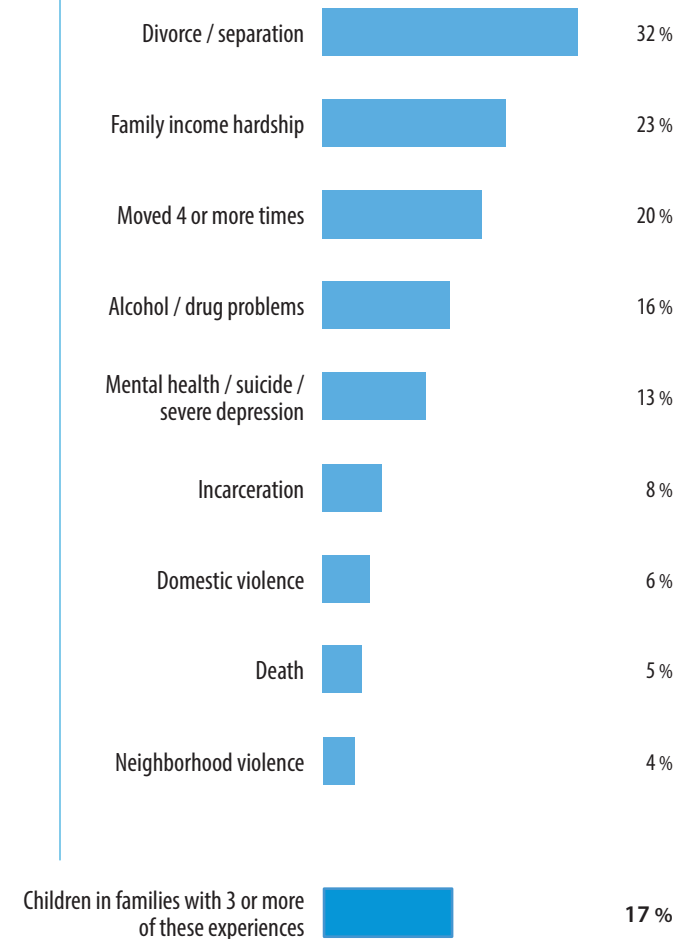
**Protective Factors for Youth**

- Youth resilience
- Social connections
- Knowledge of adolescent development
- Concrete support in times of need
- Cognitive and social-emotional competence

**Adverse Family Experiences**

National Survey of Children's Health/Vermont • 2016

% of Vermont children age 6–17 living in households with Adverse Family Experiences





## Expand access to integrated person-centered care.

### Priority Health & Social Conditions



Child Development



Chronic Disease Prevention



Mental Health



Oral Health



Substance Use Prevention



Social Determinants of Health:  
Housing, Transportation, Food  
and Economic Security

### Health Care & Community Services Strategies

*Services are available, accessible, affordable, coordinated, culturally appropriate, and offered with cultural humility.*

**1. Integrated Primary Care** – Integrate oral health, mental health and substance use disorder prevention, early intervention and treatment into primary health care for both adults and children.



**2. Developmental Screening** – Create a system of universal developmental screening and referrals for children and their families to be used in early care, education and health settings.



**3. Screening, Brief Intervention and Navigation to Services** – Implement screening for health behaviors, housing, transportation, food and economic security, with brief intervention and navigation to services in all health care practice settings.



Equitable access to health care means that quality and comprehensive health services are equally available, affordable, coordinated, culturally appropriate and offered with respect to all Vermonters. Beyond insurance and the supply of providers, a complex interplay of social, environmental and infrastructure barriers can stand in the way of good health.

**4. Dental Care** – Improve access to, and quality of, dental care by integrating oral health into health/medical homes and other settings such as community clinics, schools, home visits, nursing homes and Telehealth practice.



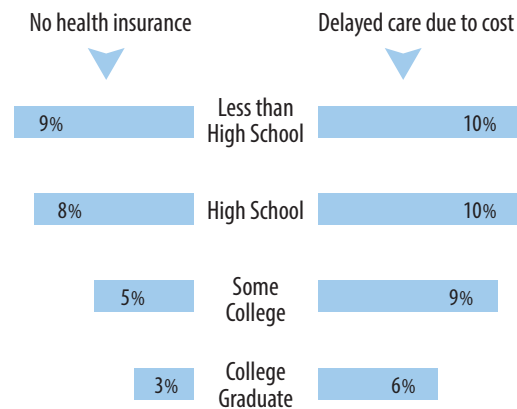
**5. Early Social and Emotional Development** – Promote social and emotional development of all children through practice improvements and professional development for early care and learning providers.



### Costs Associated with Health Care

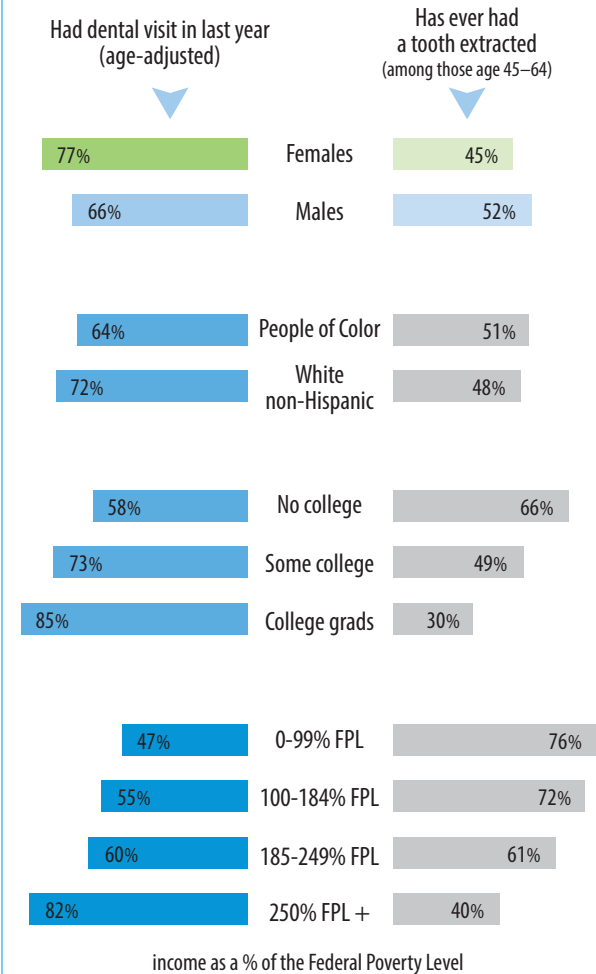
Vermont Behavioral Risk Factor Surveillance System • 2016

% of adults who report cost-associated barriers to care



### Dental Visits & Tooth Extractions

Vermont Behavioral Risk Factor Surveillance System • 2016



## Adopt organizational and institutional practices that advance equity.

### Priority Health & Social Conditions



Child Development



Chronic Disease Prevention



Mental Health



Oral Health



Substance Use Prevention



Social Determinants of Health:  
Housing, Transportation, Food  
and Economic Security

### Organizational & Institutional Strategies

*All ages, all abilities, and all people in Vermont have equitable access to the conditions that create health.*

**1. Community Engagement** – Engage in meaningful ways with communities that are experiencing inequities to create a shared agenda that advances health equity.



**2. Program, Policy and Budget Development** – Apply knowledge about bias, structural racism, and other forms of discrimination when developing programs, policies and budgets.



**3. Respectful Care and Services** – Provide culturally and linguistically appropriate care and services.



**4. Informed Actions and Decisions** – Incorporate understanding of the roots of inequity in actions and decisions.





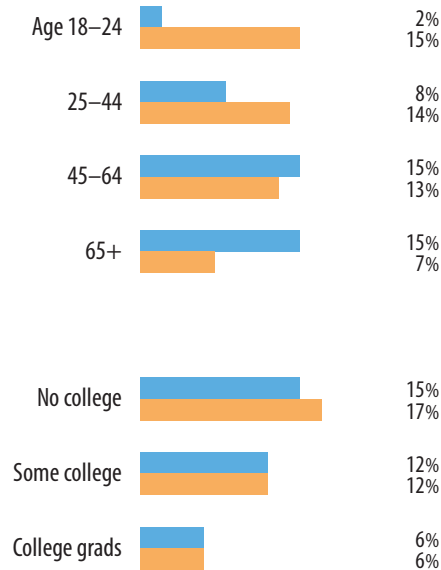
Data in the *Vermont State Health Assessment 2018* demonstrates a number of health inequities. Even when we cannot measure differences due to the small numbers of some groups of Vermonters, there is every reason to believe they share similar experiences with people across the country: the stigma, racism, bias, discrimination, social isolation, and unequal access that are at the root of trauma and toxic stress, worse health and lower quality of life.

### Quality of Life, Age & Education

Vermont Behavioral Risk Factor Surveillance System • 2016

% of adults who report they are in poor physical or mental health

■ 14 or more poor **physical** health days in the past month  
 ■ 14 or more poor **mental** health days in the past month

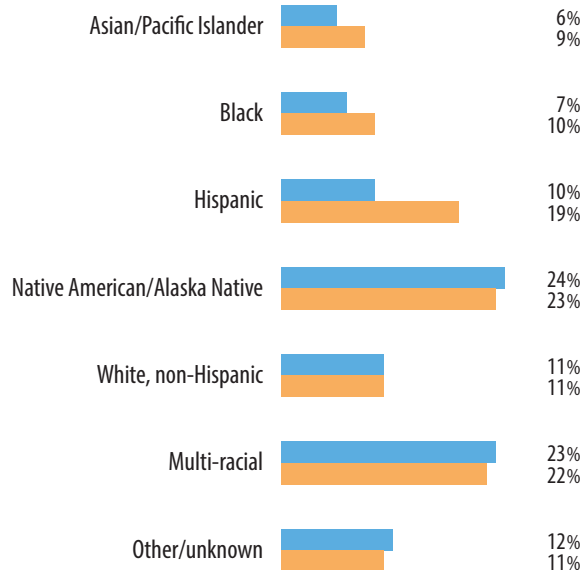


### Quality of Life, Race & Ethnicity

Vermont Behavioral Risk Factor Surveillance System • 2012–2016

% of adults who report poor physical and mental health

■ 14 or more poor **physical** health days in the past month  
 ■ 14 or more poor **mental** health days in the past month

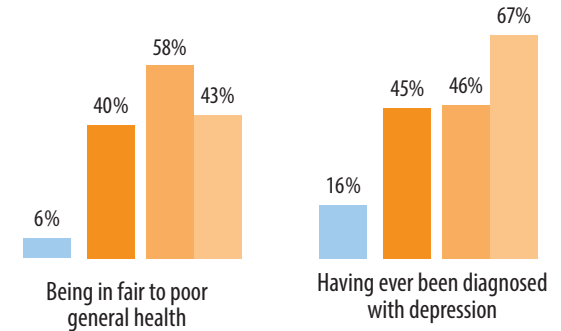


### Quality of Life & Disabilities

Vermont Behavioral Risk Factor Surveillance System • 2016

% of adults who report:

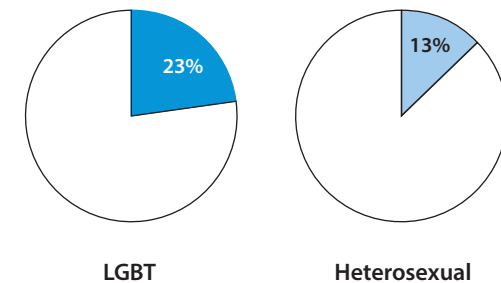
■ Has no disability  
 ■ Has any disability  
 ■ Mobility disability  
 ■ Cognitive disability



### Quality of Life & LGBTQ Identity

Vermont Behavioral Risk Factor Surveillance System • 2016

% of adults who report having fair or poor health



## State Health Improvement Plan • Health Outcomes & Measures

### SOCIAL DETERMINANTS OF HEALTH

#### Vermont creates the social conditions that promote health



	Year	Value	
% of food insecure households in Vermont	2017	10%	•••
% of households that spend 30% or more of their income on housing	2017	28%	
Average # of public transit trips per resident per year	2016	8	
# of people who are homeless (adults and children)	2018	1,291	
% unemployed – of population age 16 and older – in the workforce	2017	3%	
% of adults with low socioeconomic status who have a usual primary care provider	2017	86%	••

### CHILD DEVELOPMENT • MENTAL HEALTH

#### Children achieve their optimal development



	Year	Value	
% of children age 1-5 who have elevated blood lead levels (5-9 µg/dL venous-confirmed)	2017	1.1%	
% of children who have a developmental screening in the first 3 years of life	2016	58%	
Of mothers who gave birth in the last year, % with depression during the 3 months before pregnancy, among women in households with incomes below 100% of the Federal Poverty Level	2016	42%	
% of adults with children in the home who always or usually get social and emotional support	2016	84%	••
Of adults with children in the home, % who have depression	2017	26%	••
% of kindergarteners eligible for free or reduced lunch who are ready for school in all 5 domains of healthy development	2018	74%	

### CHRONIC DISEASE PREVENTION • SUBSTANCE USE PREVENTION

#### Communities support healthy living and healthy aging



	Year	Value	
% of adults age 18-24 who used marijuana in the last 30 days	2017	28%	
% of adults age 65 and older who drink at a level of risk	2017	22%	
% of LGBT adolescents in grades 9-12 binge drinking in the last 30 days	2017	18%	
% of LGBT adolescents in grades 9-12 who used marijuana in the last 30 days	2017	33%	
% of LGBT adolescents in grades 9-12 who used any tobacco product in the last 30 days	2017	25%	
% of LGBT adults who currently smoke cigarettes	2017	22%	••
% of LGBT adults binge drinking in the last 30 days	2017	21%	••
% of adolescents of color in grades 9-12 binge drinking in the last 30 days	2017	16%	
% of adults of color binge drinking in the last 30 days	2017	23%	••
% of adolescents of color in grades 9-12 who used any tobacco product in the last 30 days	2017	20%	

% of Native American adults who currently smoke cigarettes	2017	42%	● ●
% of adults with disabilities who currently smoke cigarettes	2017	33%	● ●
% of adults with disabilities who do not meet aerobic physical activity guidelines	2017	54%	---
% of Medicaid-insured adults who smoke	2017	30%	
% of adults with low socioeconomic status who do not meet aerobic physical activity guidelines	2017	52%	● ●
% of adolescents in grades 9-12 who are obese, in school districts with 50% or more free and reduced lunch	2017	17%	
% of adults with low socioeconomic status who eat vegetables 3 or more times a day	2017	17%	---
% of adults with depression who currently smoke cigarettes	2017	27%	

MENTAL HEALTH • SUBSTANCE USE PREVENTION • CHILD DEVELOPMENT • CHRONIC DISEASE

**Vermonters demonstrate resiliency and mental wellness**



	Year	Value	
% of adults of color always or usually getting emotional support	2016	72%	● ●
% of adults with disabilities always or usually getting emotional support	2016	66%	
% of adults with low socioeconomic status always or usually getting emotional support	2016	71%	● ●
% of LGBT adults always or usually getting emotional support	2016	76%	● ●
% of children age 0 to 18 who live in a home where the family demonstrates all qualities of resilience	2017	79%	
% of children age 6 months to 5 years who are flourishing (meet all 4 criteria for flourishing)	2017	68%	
% of children age 6 to 17 years who are flourishing (meet all 3 criteria for flourishing)	2017	40%	
% of live births to women who used substances (alcohol, tobacco or illicit drugs) during pregnancy	2016	35%	
% of adolescents in grades 9-12 who used 2 or more substances – including tobacco, alcohol, marijuana, prescription drugs – in the past 30 days	2017	22%	
% of adults who used 2 or more substances in the past 30 days	2017	19%	● ●
% of adults with depression who used 2 or more substances in the past 30 days	2017	25%	
% of LGBT adolescents in grades 9-12 who made a suicide plan in the past year	2017	33%	
% of adolescents of color in grades 9-12 who made a suicide plan in the past year	2017	15%	
# of suicide deaths, per 100,000 males age 65 and older	2016	43.3	● ● ●
# of suicide deaths, per 100,000 Vermonters	2016	17.2	

ORAL HEALTH

**Vermonters have lifelong opportunities for oral health**



	Year	Value	
% of adults age 45-64 with disabilities who have lost at least 1 tooth due to decay or gum disease	2016	73%	---
% of adults with disabilities who visited a dentist in the last year	2016	59%	---
% of adults with a household income below \$75,000 who visited a dentist in the last year	2016	65%	● ●
% of 3rd grade students who are enrolled in the National School Lunch Program who have dental decay experience	2017	43%	
# of emergency department visits for non-traumatic dental conditions, per 1,000 Vermonters	2016	8.2	
% of population served by community public water systems that have optimally fluoridated water	2017	56%	



## Next Steps • State Health Improvement Action Planning

### First Year of the Five Year Action Plans

This plan outlines the high-level strategies that will guide our work for the next five years. Together, partners are already working on some of these strategies, while others will require further refinement and action planning.

The first year of this five-year plan will include:

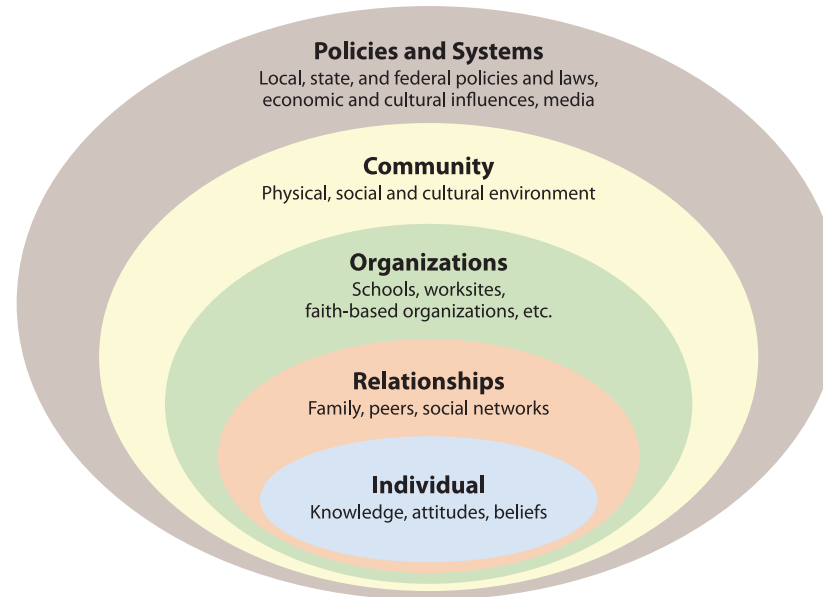
> **Shared Agenda** – Developing relationships, building partnerships and developing a shared agenda and implementation plan with the communities most affected by, and experiencing inequities: people of color, LGBTQ community, people with disabilities, and those of lower socioeconomic status.

> **Partners** – Identifying partners that will carry forward the work, and be held accountable for progress.

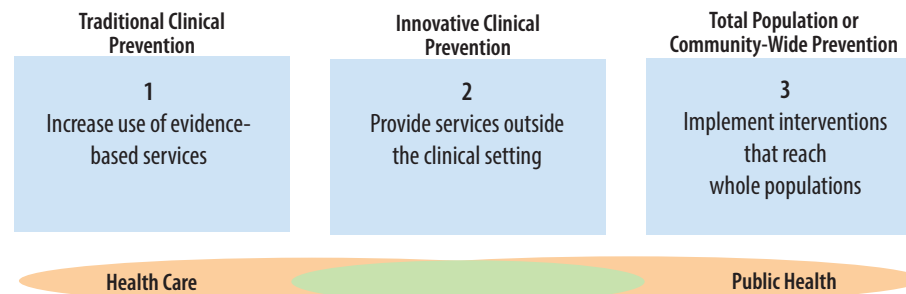
> **Actions** – Outlining the actions needed to implement strategies at the different levels of the Vermont Prevention Model and within CDC's Three Buckets of Prevention (*opposite*).

> **Performance Measures** – Using the performance management system to build the accountability and monitoring scorecard that will track progress toward population health improvement. This will include health outcomes and performance measures (*pages 14-15*).

### Vermont Prevention Model



### Three Buckets of Prevention



*Vermont State Health Improvement Plan 2019-2023*

notes –

## State Health Improvement Partners

AALV  
AALV Youth Group  
Alzheimer's Association  
American Cancer Society  
American Lung Association  
Black Lives Matter Vermont  
Blue Cross Blue Shield of Vermont  
Brain Injury Association of Vermont  
Building Bright Futures  
Center for Health & Learning  
Champlain Valley Head Start  
Community of Vermont Elders (COVE)  
Disability Rights Vermont  
Efficiency Vermont  
Greater Burlington YMCA  
Green Mountain Care Board  
Green Mountain Crossroads  
Green Mountain Self Advocates  
Howard Center  
Hunger Free Vermont  
Lund Center  
Migrant Justice/Justicia Migrante  
Nulhegan Abenaki Tribe  
OneCare

## Advisory Committee Participating Organizations

Outright Vermont  
Permanent Fund  
Population Health Systems  
Pride Center of Vermont  
Rights & Democracy  
Special Olympics Vermont  
Spectrum Youth & Family Services  
Sudanese Foundation of Vermont  
United Ways Vermont/2-1-1  
USCRI Vermont Refugee Resettlement Program  
University of Vermont Medical Center  
UVM Center on Disability & Inclusion  
UVM Extension Vermont Migrant Education Program  
UVM Children's Hospital  
UVMMC Community Health Improvement  
Vermont Area Health Education Center Network  
Vermont Association of Area Agencies on Aging  
Vermont Association for the Blind & Visually Impaired  
Vermont Association of Hospitals & Health Systems  
Vermont Association of the Deaf  
Vermont Care Partners  
Vermont CARES  
Vermont Child Health Improvement Program  
Vermont Commission on Women  
Vermont Dental Hygienists Association  
Vermont Developmental Disabilities Council  
Vermont Ethics Network  
Vermont Family Network  
Vermont Farm Health & Safety Coalition  
Vermont Food Bank  
Vermont Hindu Temple  
Vermont Housing Finance Agency  
Vermont League of Cities & Towns  
Vermont Legal Aid  
Vermont LEND (Leadership Education in Neurodevelopmental Disabilities)  
Vermont Network Against Domestic & Sexual Violence  
Vermont Principals Association  
Vermont Psychiatric Survivors  
Vermont Recovery Network  
Vermont State Dental Society  
Veterans in Vermont  
VNAs of Vermont  
Voices for Vermont's Children  
VT FEED-Shelburne Farms  
Youth Safety Council of Vermont

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Published December 2018