# Joint resolution relating to racism as a public health emergency

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Commissioner

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VERMONT
DEPARTMENT OF HEALTH

# Racial Injustice is Truly a Public Health Issue

Our state health improvement plan is built on the concept of *health equity*. Health equity exists only 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 so often associated with race or ethnicity.

In our state, and across the country, health equity cannot be achieved without addressing racism – which we are seeing all too well is inherent in our society. Public health is defined as what we do collectively as a society to assure the conditions in which people can be healthy. To improve the health of all Vermonters – and on a larger scale, the U.S. population – it's essential that we join together to end the structural racism and other forms of discrimination that directly lead to worse health outcomes such as we are seeing with COVID-19 among people of color: higher rates of illness, higher rates of hospitalization and a higher death rate. It is not in Vermont's character to let this be.

*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.*

Vermont Department of Health, https://www.healthvermont.gov/about-us/our-vision-mission/health-equity

# Social Determinants of Health

- Social Determinants of Health (SDOH) are the conditions in which people are born, grow, live, work and age. The social, economic, and physical environment that affect a wide range of health, functioning, quality of life, risks and outcomes.
- They include factors like socioeconomic status, education, neighborhood and physical environment, employment, and social support networks, as well as access to health care.
- The World Health Organization recognizes 10 factors that affect health and life expectancy: social gradient, stress, early life experiences, social exclusion, work, unemployment, social support, addiction, food, and transportation

Figure 1

# Social Determinants of Health

| Economic Stability | Neighborhood and Physical Environment | Education | Food | Community and Social Context | Health Care System |
|---|---|---|---|---|---|
| Employment | Housing | Literacy | Hunger | Social integration | Health coverage |
| Income | Transportation | Language | Access to healthy options | Support systems | Provider availability |
| Expenses | Safety | Early childhood education | | Community engagement | Provider linguistic and cultural competency |
| Debt | Parks | Vocational training | | Discrimination | Quality of care |
| Medical bills | Playgrounds | Higher education | | Stress | |
| Support | Walkability | | | | |
| | Zip code / geography | | | | |

**Health Outcomes**

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

KFF
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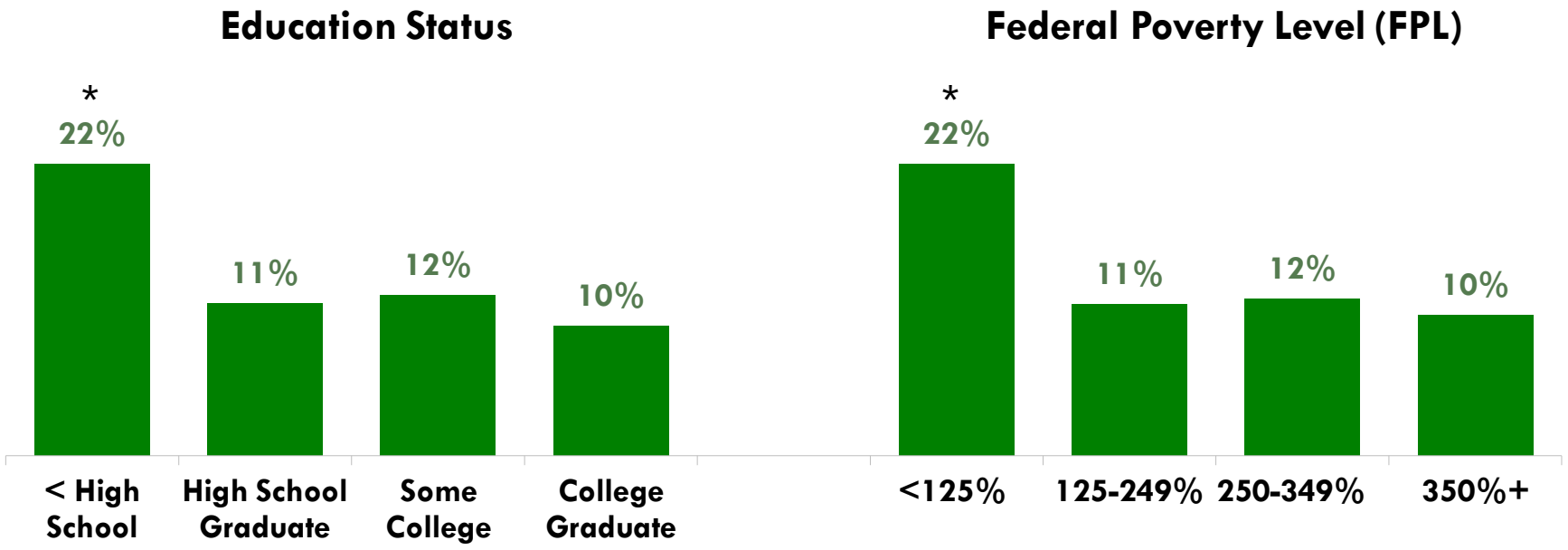
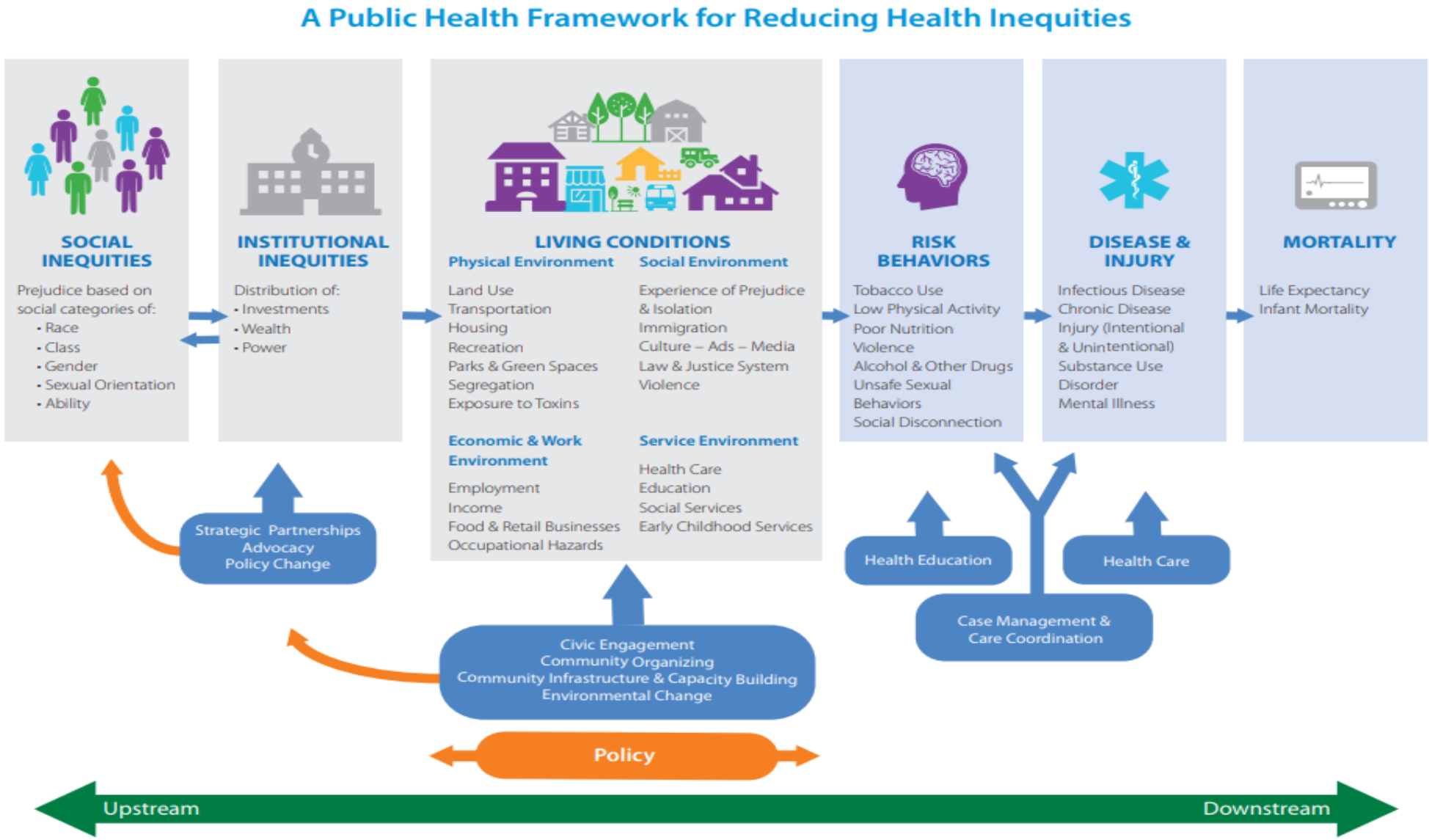
# Example of SDOH in Action: Adult Asthma Prevalence by Education and Income

Adults that did not graduate from high school and those with a household income closer to the federal poverty level (FPL < 125%) had significantly higher rates of current asthma which were approximately twice that of Vermonters with higher levels of education or household income.




* Group is significantly different from other groups within demographic breakdown

Vermont Department of Health - Source: 2017 VT BRFSS




**Vermont Department of Health's framework for addressing health inequities**

# Applying an Equity Lens

Health inequities exist across all aspects of public health.

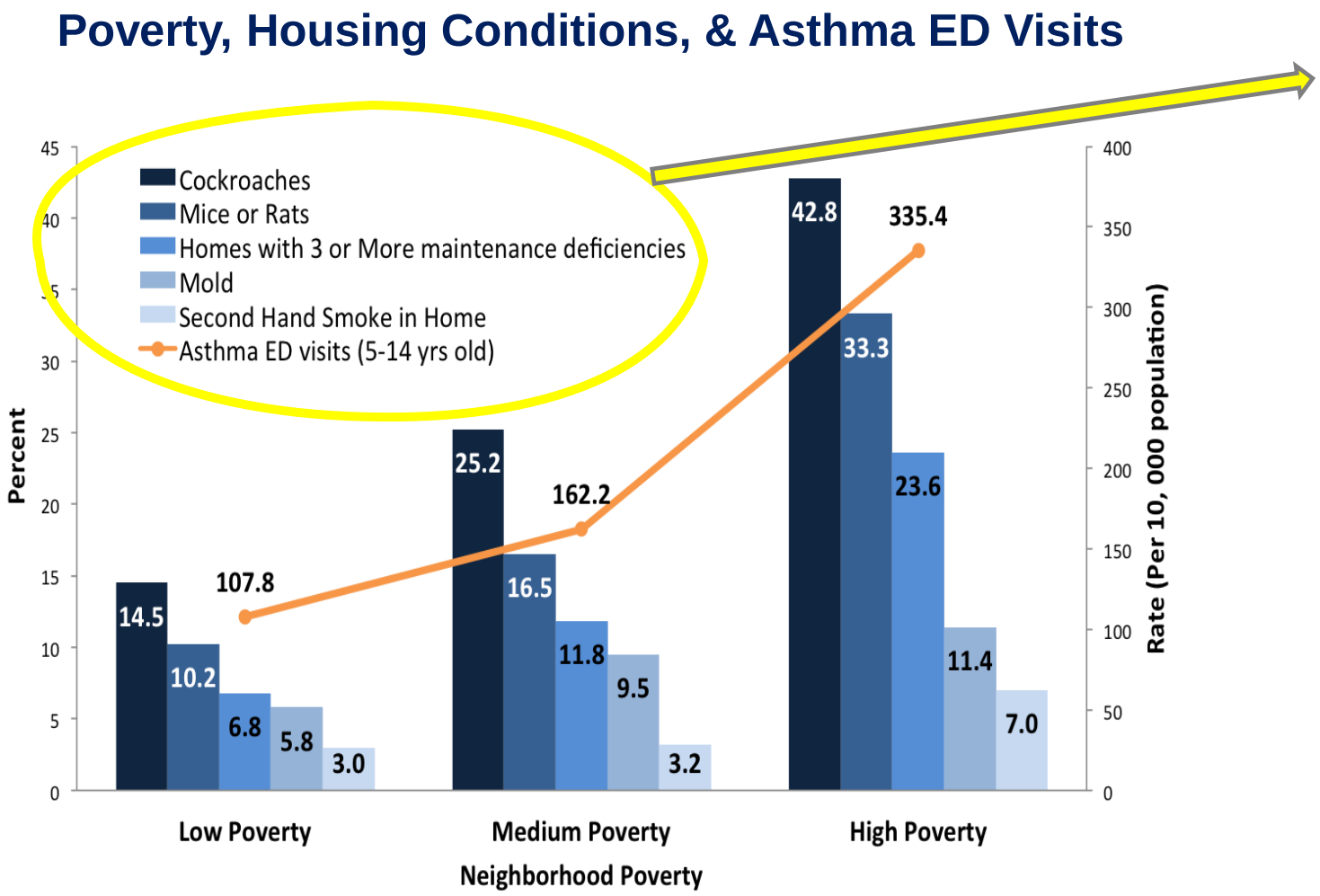
Some conditions have been exacerbated by the COVID-19 pandemic, such as respiratory conditions like asthma and COPD.

Reframe from focusing on populations with health conditions to **systemic conditions** causing the conditions.

A health equity lens would ask questions like:

- Why are different populations being impacted more than others?
- What are the systemic, root causes contributing to these inequities?
- Where is the power imbalance to maintain these inequities?
- What is public health's role in addressing these root causes beyond addressing the health condition?

# Applying an Equity Lens: Example




## Applying an Equity Lens:

What are maintenance requirements for rented properties in your jurisdiction?

How do these requirements (or lack of) maintain harmful living conditions that exacerbate asthma/ respiratory conditions?

What are statewide resources for mold treatment and removal?

How accessible are resources? What resources are available for rented vs. owned properties?

# Health Equity and Community Engagement Team

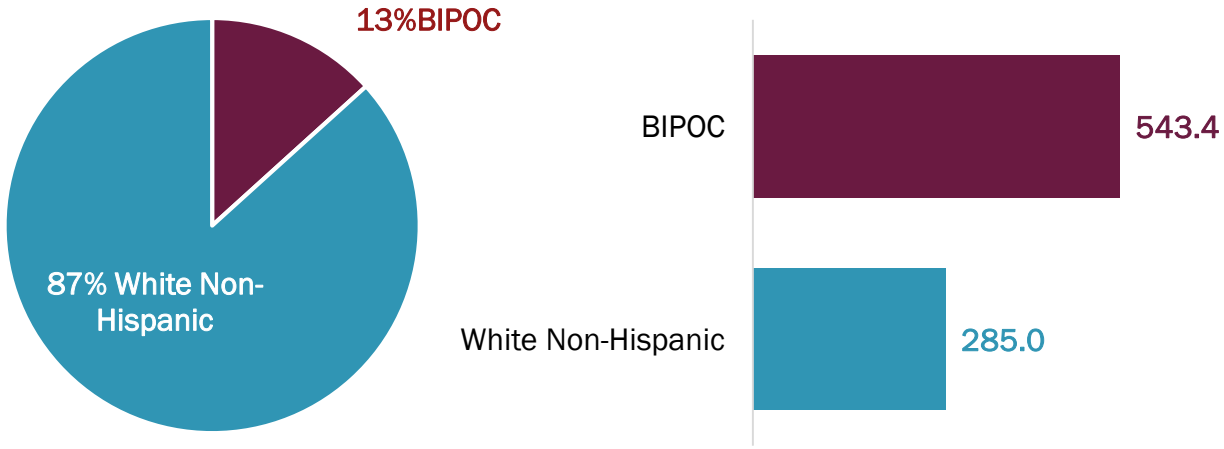
As part of the Department of Health's COVID-19 response, a **Health Equity and Community Engagement (HECE) Team** was created to engage partners across the state and enhance the Health Operations Center's (HOC) educational, prevention, and outbreak response strategies.

- The team focuses on applying a health equity lens to the following areas:
  - Priority populations disproportionately impacted by COVID-19
  - Partnerships with organizations serving BIPOC communities
  - Internal and external communication
  - Data collection
  - Culturally appropriate COVID-19 plans
  - Workforce Development
  - Providing support for Coronavirus Relief Fund distribution

# How can the pandemic in Vermont teach us the important lessons of health equity?

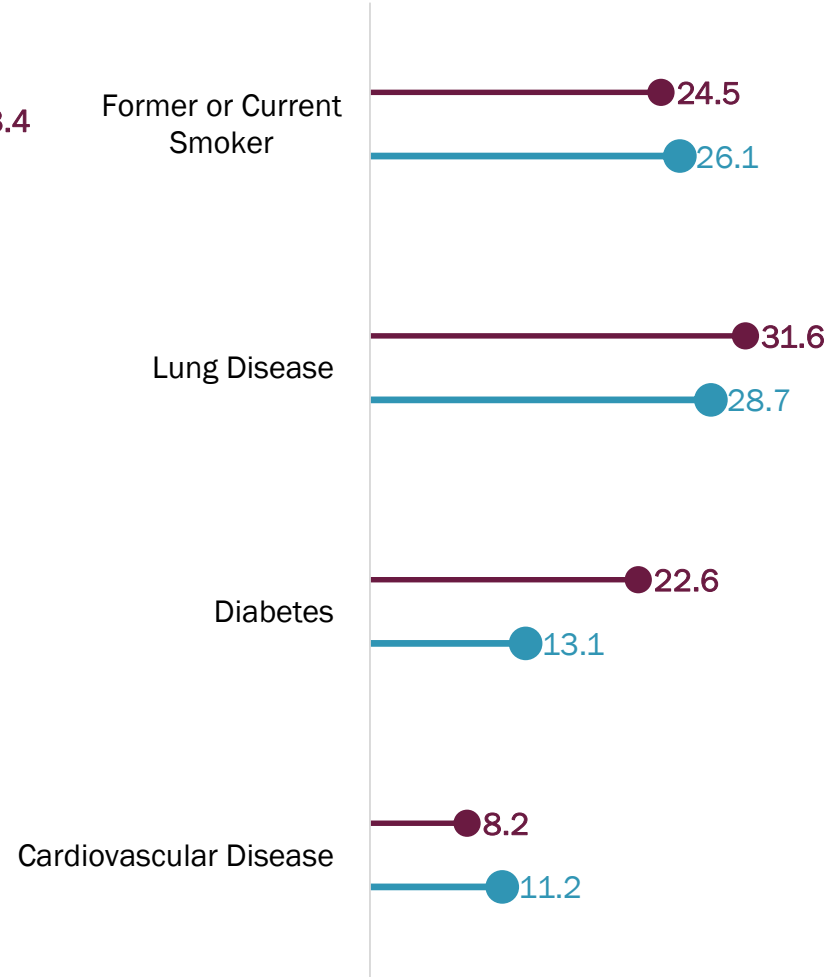
## 1 in 8 COVID-19 cases are BIPOC. Rates of COVID-19 are nearly 2 times higher for BIPOC compared with white non-Hispanic residents.

Rates per 10,000 Vermont BIPOC or white non-Hispanic residents



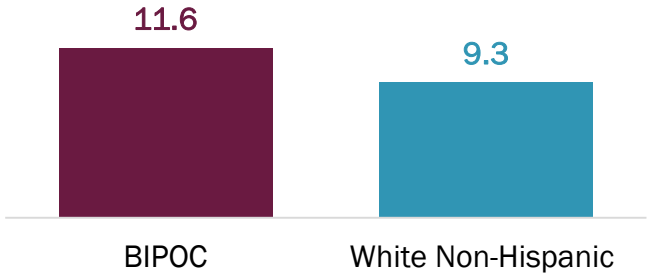

## BIPOC with COVID-19 have higher rates of some pre-existing compared with white non-Hispanic people with COVID-19.

Rate per 10,000 Vermont BIPOC or white non-Hispanic residents




## BIPOC with COVID-19 have a higher hospitalization rate than white non-Hispanic people with COVID-19.

Rate per 10,000 Vermont BIPOC and white non-Hispanic residents




**54**
**BIPOC Vermonters have been hospitalized for COVID-19**

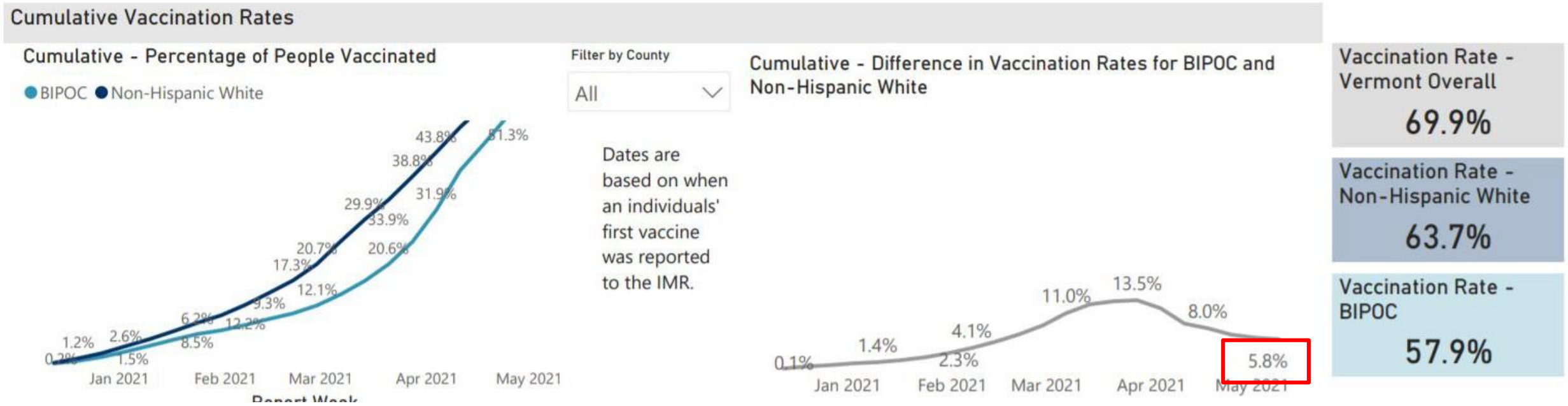
# Rationale for Prioritization Of BIPOC  Vaccination

- All of the previous data, plus
- Newly emerging Vermont data on vaccination (at least one dose):

  Rate in BIPOC: 20.2%

  Rate in non-Hispanic white: 33.4%

# Equity


Cumulative Vaccination Rates
Cumulative - Percentage of People Vaccinated
BIPOC
Non-Hispanic White
1.2%
2.6%
6.2%
9.3%
12.1%
17.3%
20.7%
29.9%
38.8%
43.8%
0.2%
1.5%
8.5%
12.2%
20.6%
33.9%
31.9%
81.3%
Jan 2021
Feb 2021
Mar 2021
Apr 2021
May 2021
Filter by County
All
Dates are based on when an individuals' first vaccine was reported to the IMR.
Cumulative - Difference in Vaccination Rates for BIPOC and Non-Hispanic White
0.1%
1.4%
2.3%
4.1%
11.0%
13.5%
8.0%
5.8%
Jan 2021
Feb 2021
Mar 2021
Apr 2021
May 2021
Vaccination Rate - Vermont Overall
69.9%
Vaccination Rate - Non-Hispanic White
63.7%
Vaccination Rate - BIPOC
57.9%

# What are some contributing factors that led to the disparities we see for Black, Indigenous and people of color?

- Systemic and structural racism, and oppressive systems affect the conditions in which people are born, grow, live and work.
- People in communities that are underserved may:
  - Have higher rates of underlying medical conditions.
  - Work in jobs with higher risk for exposure and have less paid sick time.
  - Be more likely to live in multi-generational housing or congregate living spaces.
  - Have less access to personal protective equipment and hand sanitizer.

# What Must be Done About the Black, Indigenous and People of Color Disparities we See?

- Fund racial justice advocacy organizations
- Fund community health workers
- Focus on primary prevention efforts
- Acknowledge that Vermont Department of Health messages and services miss many Vermonters
- Engage the community in determining the most effective ways to reach all people

# Vermont Black, Indigenous and People of Color & COVID-19

BIPOC Vermonters represent 6% of the State's population but **14%** of COVID-19 cases.

# Chittenden County – Racism is a Public Health Emergency

- In July 2020, the Vermont Department of Health signed on with over 30 other Chittenden county organizations to declare racism a public health emergency.
- Xusana Davis and I announced the State of Vermont's intention to support and collaborate in this regional public health effort

# Specifically, Health Listed Three Immediate Actions

1. As we began doing during the development of our State Health Assessment and State Health Improvement Plan, we will deliberately engage people of color in dialogue about the issues facing them and about possible solutions.
2. We commit to striving to eliminate inequities in health, health care, and health systems and ensuring that health supports and services are available, accessible, affordable, coordinated, culturally appropriate, and offered with cultural humility.
3. As part of testing or contact tracing we commit to collecting data about race, ethnicity, and preferred language and will publish that data to our website.