
**Report to
The Vermont Legislature**

**Health Equity Data
2022 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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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 such 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...”

Health Equity Data Collection

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. For each data source, the encyclopedia includes information on the system design, data available, frequency of data collection, population included, strengths and limitations, and indicators available for analysis.

The Department recently completed a review of the data encyclopedia to document data collection related to race, ethnicity, gender identity, age, primary language, socioeconomic status, disability status, sexual orientation, and sex. Through this review, the Department identified gaps in both the data encyclopedia and in data collection practices for health equity data. These two identified gaps will be addressed to implement consistent, Department-wide best practices for the collection of health equity data.

Supplemental Data Sources on Health Equity

Several programs within the Department regularly collect and report on data showing health inequities by population from a variety of sources. For example, the State Health Assessment (SHA) addresses disparities among populations by race, ethnicity, gender identity, age, primary language, socioeconomic status, disability status, sexual orientation, sex, and other breakout categories.

Other sources utilized by the Department for health equity data include the Behavioral Risk Factor Surveillance System survey, the Vermont Youth Risk Behavior Study, and the Pregnancy Risk Assessment Monitoring System. See Appendix A for examples on health equity data collected from these sources.

Health Equity Data Analysis Limitations

Uniform Data Collection Procedures

As noted above, there are several programs within the Department that collect health equity data. However, these programs do not currently utilize consistent health equity data collection

procedures and instead use a variety of methodologies to do so. In order to facilitate the aggregation and subsequent analysis of these disparate data collected across programs, the Department must develop data collection procedures to guide the systematic analysis of health equity data. In this current context, in the absence of such procedures, the Department was not able to conduct a robust health equity analysis.

Impact of Covid-19

The Vermont Department of Health's ability to implement a comprehensive assessment of the data related to health equity has been further inhibited due to the ongoing COVID-19 response, towards which most of the Department's surveillance and supplemental resources were redirected since the enactment of Act 33 (2021), which established this reporting requirement.

Next Steps

The Department has completed the hiring process of a health equity analyst to lead this work and is currently in the process of hiring other team members to support this work. The Department anticipates hiring to be completed in 2022.

Additionally, the Department is working with the Agency of Human Services to collaborate on data collection efforts with the goal to develop guidelines for collecting health equity data across the Agency.

Starting in 2022, the Departments will:

- 1) Reconcile the gaps in the Data Encyclopedia;
- 2) Develop guidelines for collecting health equity data for systematic analysis;
- 3) Enhance collaboration with the Agency of Human Services to ensure consistency in health equity data collection across the Agency;
- 4) Begin to incorporate these collection best practices into the various health equity data sources;
- 5) Create a data analysis plan;
- 6) Conduct a comprehensive analysis of health equity data; and
- 7) Begin to develop a health equity dashboard, with completion targeted for late 2022.

Appendix A: Examples of Health Equity Data Collected by the Department of Health

Example 1

The figure below highlights that Vermonters in the LGBTQAI+ community—both adolescents and adults—experience intimate partner violence and sexual violence at higher rates than heterosexual Vermonters, roughly two to five times as likely, depending on the measure.

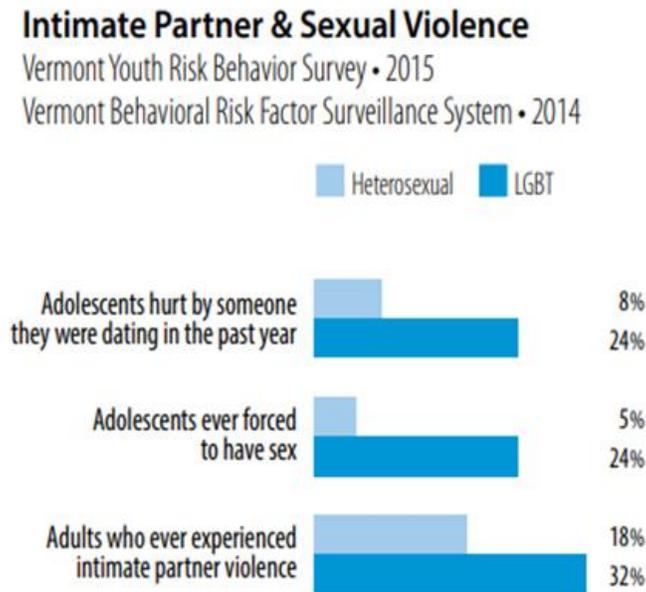


Figure 1: Intimate Partner & Sexual Violence among people who identify as heterosexual and people in the LGBTQAI+ community

Example 2

The next figure illustrates that Vermonters in the LGBTQAI+ community—both adolescents and adults—are significantly more likely to participate in the risk behaviors of smoking, binge drinking, and marijuana use, as compared with people who identify as heterosexual.

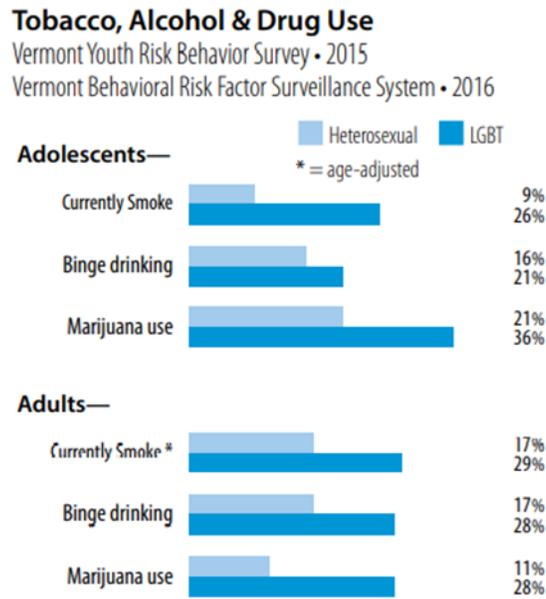


Figure 2: Tobacco, Alcohol, and Drug Use among people who identify as heterosexual and among people in the LGBTQIA+ community.