Health Equity Data
2025 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 "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.

This year major progress was made at the Department. An easy-to-access page, on the Department's healthvermont.gov website, was created that collates the various health equity related data analyses and projects into one location. Data analyses included program and population specific briefs, longer populations of focus reports as well as a comprehensive report on the state of health equity and the State Health Assessment (SHA). The SHA included an explicit focus on six key populations and a qualitative data collection process designed to ensure as much inclusion as possible. While more can always be done, this collective body of work is an important demonstration of the focus and effort to address the need for thoughtful and inclusive data collection, analysis, and dissemination.

Health Equity Analysis and Reports

Data analysis specifically examining disparities in health equity can be found on the Health Equity Data page. This page was created to centralize all analysis related to health equity, creating a one-stop-shop on the Health Department site for those seeking information. Data analyses are done on a large range of data sources, surveys, registries and records. Topics of focus range widely from substance use to heat vulnerability. The list includes The State of Health Equity in Vermont 2024 comprehensive report. The report utilizes data from the Behavior Risk Surveillance System (BRFSS), Youth Risk Behavior Survey (YRBS) and Vermont Vital Statistics and a brief summery follows here. Additionally, the Community Resiliency Index, Healthy Vermonters 2030 and the State Health Assessment have all seen updates this past year and short summaries are provided below.

The State of Health Equity in Vermont Report

Health Insurance and Access to Care
Statewide, 94% of Vermont adults have health insurance. However, only 82% of Black adults report having health insurance. Similarly, a lot of Vermont adults (90%) have access to a primary care physician. Adults who are Asian or Native Hawaiian or Pacific Islander (81%), Black (80%) or another race (79%) are significantly less likely to have a primary care provider.

Physical and Mental Health

Thirteen percent of Vermonters report "fair or poor health." Disparities are seen across many populations including American Indian or Alaska Native adults (32% report "fair or poor health") and adults 65+ (21%).

Compared to the statewide rate reporting "not good" mental health (16%), adults who are Bisexual (34%), another sexual orientation (38%) and Transgender (55%) report poor mental health at statistically higher rates. All LGBTQ+ student populations report poor mental health and feeling anxious at higher rates than the statewide number. Students who are Transgender have the highest rates of these indicators (72% and 75% respectively). Transgender students are also statistically more likely to seriously consider suicide, make a suicide plan, and attempt suicide.

Youth Risk Factors

Students with a disability, who are Gay/Lesbian, Bisexual, Transgender, Asian or Native Hawaiian or Pacific Islander, Black and Hispanic are statistically more likely to report they don't get at least an hour of exercise per week.

Two percent of Vermont students report they most of the time/always go hungry due to lack of food at home. Significant disparities are seen among students who are Hispanic (5%), Gay/Lesbian (3%), another sexual orientation (3%), Transgender (6%), questioning their gender (3%) or have any disability indicator.

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 and is updated biannually. 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. Each measure includes a story behind the curve and provides an integrated health equity 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 was used to create a new set of [public dashboards](#) (to be published by February 2025) 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 findings were published May 2024 with the formal report coming by February 2025. 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.

Key findings from the SHA show continued health inequities in Vermont. Critical social determinants of health, like homelessness and ability to afford food are both on the rise for Vermonters at large, and much higher for Vermonters in the six communities of focus: Indigenous people, older Vermonters, people of color, people with disabilities, people who are unhoused, and people who identify as LGBTQ+. Based on the findings in the qualitative and quantitative data, overwhelmingly the following four issues emerged and will be the goals of the SHIP: access to housing, cost of living, access to care, mental health, and substance use. The qualitative and quantitative data are broken out by population, providing a detailed look at the health disparities in Vermont.

Of note, this is the first Vermont SHA with in-depth qualitative findings, allowing for a much more in-depth look at some of the disparities that do not always appear in quantitative data in Vermont. While findings are primarily aimed at generating the SHIP, the SHA is also meant for broader use for planning and decision making, and Vermonters are encouraged to use these data in the work of making a healthier, more equitable Vermont.

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 Department Strategic Plan

The current Strategic Plan runs from 2024-2029. In this plan, 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 (exemplified in the current SHA), 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).

Data Visualization Workgroup

A Health Department work group is updating our Data Visualization Style Guide. The updated guidelines will provide more information on document and chart accessibility along with brand standards on colors, fonts, and templates. With the new guidance and templates, analysts will be able to create accessible data products while adhering to visual standards that create trust and brand consistency in the eyes of the public.

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, report health equity metrics, and support state level collaborations on initiatives like the VT Health Information Exchange. Data activities continue to be enhanced through trainings, cross divisional collaborations, and feedback from community partners to improve health equity data knowledge and integration throughout the Department. In partnership with the Department's Office of Workforce Development, a mandatory 3-part training series was offered to all staff across the Department focusing on key concepts and conditions contributing to racial inequities in public health. This

training highlighted each staff members role in addressing and implementing an equity perspective in their work, including those working with data equity. The Office of Health Equity Integration continues to collaborate cross divisionally to inform data guiding resources and best practices reporting on health outcomes, with particular attention to how health surveillance affects historically marginalized populations.

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 were to be released on race, ethnicity, sexual orientation and gender identity. The Department plans to work on further guidance on disability in the coming year.

Partner Coordination

Vermont Information Technology Leaders (VITL)

In SFY24 the Department collaborated with Vermont Information Technology Leaders (VITL) on developing and piloting dashboards, as well as designing communications for the Race-Ethnicity-Language (REL) data Use Cases, prioritizing the commitment to expanding the collection, reporting, and analysis of standardized Health Equity data. VITL is a non-profit organization that operates VHIE, a secure, statewide data network that gives health care organizations in Vermont the ability to electronically exchange and access their patients' health information. This database facilitates information sharing between health care providers with no overlapping affiliation. The Department uses VHIE's data in a variety of ways, including the Department's Health Equity analysis. These efforts are essential for addressing disparities and improving the health outcomes of the Vermonters.

Agency of Human Services Unified Health Data Space (UHDS)

The Agency of Human Services is working hard on the UHDS, and the Department collaborates on this work and shares best practices in data collection through this integrated process. The UHDS will be an integrated, comprehensive data repository, combining data from multiple sources including clinical, claims, social drivers of health, and more. The goals of the UHDS are to create one health record for every person, improve health outcomes, improve healthcare operations, and enable data to be used for investment and policy decisions. Additionally, the Department will be able to utilize the resulting analytics and reporting functions of the UHDS in its work.

Partner coordination for the SHA

Over 130 organizations were contacted to help arrange focus groups and interviews with people representing the communities of focus and subject matter experts. Partner organizations helped to connect the interview team with participants, schedule focus groups, and create the conditions that allowed for meaningful and authentic conversations to take place. In all, 45 focus groups (with 351 participants) were conducted with community members and staff from organizations that serve the community. In addition, 40 key informant interviews were conducted with subject matter experts.

Limitations

Staffing the full-time analyst position supporting health equity analysis continued to be a challenge. To meet this challenge, the Department adjusted its strategy and was able to increase accessibility of health equity related data on the website, complete a comprehensive health equity report, and complete data collection guidance related to health equity. Efforts to integrate health equity work into the ongoing functioning of staff is an ongoing activity.

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.

SHA limitations: The SHA encountered a number of common limitations and challenges that are fully listed on [the SHA webpage](). They are all common to secondary data reviews and community-based qualitative data collection and do not undermine the value of the findings. Particular limitations were around finding data on the unhoused population and Indigenous People.

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/Checklist

Item	Progress	Next Steps
Continue to hold forums to document best practices for inclusive data collection for the purposes of health equity data analysis	Completed for Race and Ethnicity, Sexual Orientation and Gender Identity.	Identify staff to complete similar processes for disability and socio-economic status.
Continue to provide context to the data and underscore the root causes of health disparities, particularly for populations of focus	SHA, Healthy Vermonters Dashboard completed.	Continue in future reports.
Support the Agency of Human Services to ensure consistency in health equity data collection across the Agency	In progress.	Following AHS needs.
Integrate equity data into the Healthy Vermonters 2030 analysis and dashboard	Completed	
Maintain the data equity page and ensure regular updates.	In progress	
Document best practices and alternatives related to data suppression and statistical confidence when sample size is less than what is generally recommended	In progress	Data Standards Guide updated, additional review and work needs to be completed to address additional situations.
Publish a comprehensive health equity analysis including as many data sources as possible	Completed	
Develop and encourage the inclusion of an acknowledgement of data limitations in the Department's publications	Completed, published to HIVE and shared internally.	Review periodically, making updates as appropriate.
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.)	Preparation complete, awaiting final data. Expected in October 2024.	Statewide report expected to be released around the end of 2024.