Health Equity Data
2026 Report to the Legislature

January 15, 2026

In Accordance with 18 V.S.A. § 253

Submitted to: House Committee on Health Care
House Committee on Human Services
Senate Committee on Health and Welfare

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Key Takeaways

- The Vermont Department of Health continues to build systems to embed health equity into timely and thoughtful analysis of existing and new data sources.
- Ongoing work will continue to ensure high quality and comprehensive analysis.
- Population-level data sources continue to show critical health disparities, including gaps in mental health outcomes and access to food among Indigenous people and people of color, as well as gaps in mental health outcomes and access to health care among people who identify as LGBTQ+.

Introduction

This report is prepared in accordance with 18 V.S.A. § 253(b)(1), that requires the 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 is critical to our understanding of the health of people and their communities. It allows us to describe and contextualize what promotes health, drives disparities, and how structural racism and other forms of oppression influence health outcomes.

Progress continues to be made at the Health Department. Health's easy-to-access web page, created to collate various health equity-related data analyses and projects in one location, is updated regularly. Data analyses included program and population-specific briefs, longer "populations of focus" reports, and the State Health Assessment (SHA), with the resulting State Health Improvement Plan (SHIP). 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

The Health Equity Data page includes analyses on a large range of data sources, surveys, registries and records, such as:

- The Youth Risk Behavior Survey "populations in focus" reports, which present the full breadth of survey results by race and ethnicity, sexual orientation and gender, and disability.

- A data brief analyzing the perceptions of race by others using Behavioral Risk Factor Surveillance System data.
- An analysis of: social media use among youth and mental health; aging and heat-related illness; and health risks due to social isolation among older adults.

The periodic Household Health Insurance Survey was completed in 2025, and a report, including a health equity section, was released.

The Community Resiliency Index, highlighted in years past, also continues to be updated.

Youth Risk Behavior Survey Populations in Focus Reports: Race and Ethnicity

Mental Health

- Statewide, 14% of high school students reported they made a plan in the last year for how they would attempt suicide. Students who are Hispanic (20%) or have multiple races (21%). Similarly, Hispanic (15%) and multi-racial students (13%), as well as those whose race is American Indian or Alaskan Native (15%), are more likely to have attempted suicide in the past year, compared to students overall. White students (6%) are less likely to have attempted suicide during this time period.

Food Insecurity

- Statewide, 2% of high school students said that during the last 30 days they were hungry most of the time or always because there was not enough food in their home. Students who are Black (4%), Hispanic (6%), or American Indian or Alaskan Native (8%) are more likely to indicate they experienced food insecurity in the last month.

Perceptions of Race

- Statewide, 21% of high school students felt they were ever treated badly or unfairly in school because of their race or ethnicity. Significantly higher proportions of all populations of color indicated they felt they'd been treated poorly in school due to their race or ethnicity, while a lower proportion of White students felt the same.

Behavioral Risk Factor Surveillance System Populations in Focus Reports: Sexual Orientation and Gender Identity

Depressive Disorders

- A quarter of Vermont adults report ever being diagnosed with a depressive disorder. Adults who are gay or lesbian (38%), bisexual (53%), another sexual identity (46%), or transgender (60%) are all more likely to report a depressive disorder diagnosis. Heterosexual adults (23%) are less likely to report such a disorder, and cisgender adults (25%) are as likely as adults overall to indicate having a depressive disorder.

Routine doctor visits

- Three-quarters of Vermont adults saw a doctor for a routine visit in the last year. A lower proportion of transgender adults (61%) reported having a routine doctor visit in the last year. All other adults, regardless of sexual orientation or gender identity, reported visiting the doctor at similar proportions to adults overall.

No leisure time physical activity

- Statewide, 20% of Vermont adults say they do not participate in any leisure-time physical activity. There are no statistical differences by sexual orientation and gender identity in leisure-time physical activity participation.

Healthy Vermonters 2030

The Health Department finalized Healthy Vermonters 2030, a dataset of 58 indicators that tell us about the health and well-being of people in Vermont. The project includes public dashboards, or interactive tools to support measurement and monitoring of outcomes for populations living in Vermont. Each measure includes a story behind the curve and provides an integrated health equity lens to all the Department's work. The analyses from these integrated data sets allow the Health Department to measure health and well-being disaggregated by a variety of variables, including race, ethnicity, primary language, sex, disability status, sexual orientation, gender identity and socioeconomic status.

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. It 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 and summarizes the main health issues facing Vermonters.

The Health Department, with guidance and direction from an external Steering Committee, published the SHA findings in May 2024 and the formal report in early 2025. The SHA shows continued health inequities in Vermont. Critical social determinants of health, like homelessness and the ability to afford food, are 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+. 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.

Results of the State Health Assessment are used to develop the State Health Improvement Plan (SHIP), which was released in the summer of 2025. The SHIP provides a framework for action for different agencies, organizations, and communities across the state to address the most important health needs for people in Vermont. Based on the findings from the SHA, the four goals of the SHIP are:

1. Improve the availability of affordable, accessible, and safe housing.
2. Improve health and quality of life by addressing the impact of the high cost of living.
3. Increase access to inclusive, equitable, and affordable health care services.
4. Strengthen the capacity of the mental health and substance use services system to support individuals and communities.

The SHIP serves as a north star for ensuring that all people and communities in Vermont have inclusive, equitable, and sustainable access to opportunities for health and well-being. We will continue to use data to track progress towards achieving our shared goals.

While SHA findings are primarily aimed at developing 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 and more equitable Vermont.

Data Collection Standards and Planning

Data Encyclopedia

Health 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 Health 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. After implementing steps to improve the depth of information captured related to health equity and the processes for capturing that information, the Health Department is shifting focus towards improved reporting and availability of that information within the encyclopedia.

The Data Encyclopedia is a piece of the Health Department's emerging infrastructure and augments its 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 needed. Health'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 Health Department does not have control over the design (e.g., U.S. Census), it 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, Health 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 is for the period 2024-2029. In this plan, the Health Department has identified four goals, one of which is increasing data accessibility, equitable data collection, and meaningful analysis. Key strategies to achieve this goal include:

- Creating, documenting, and training staff on consistent and clear recommendations and expectations for equitable data methodology, interpretation, and communication.
- Strengthening communication about data collected and reported by the Department to ensure it is accessible and can be used to inform decision-making and action.
- Centering community relationships in the collection and use of data.

The collective goal identified by Health in its Strategic Plan will contribute to prioritization across all divisions within the department. Through this initiative, the Health Department anticipates operationalizing the data collection, documentation, and analysis of health equity metrics, standards, and guidelines in a manner consistent with the charge required in 18 V.S.A. § 253(b)(1).

Data Visualization Workgroup

A Health Department work group completed a significant revision and update to our Data Visualization Style Guide. These guidelines provide more information on document and chart accessibility, along with brand standards on colors, fonts, and templates. With the new guidance and templates, analysts can 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. From August 2022 to August 2025, the Office oversaw a federal grant from the Centers for Disease Control and Prevention (CDC) that provided resources to increase the Health Department's capacity to collect, analyze, report health equity metrics, and support state-level collaborations on initiatives like the Vermont Health Information Exchange. Data activities continue to be enhanced through trainings, cross-division collaborations, and feedback from community partners to improve health equity data knowledge and integration throughout the Health Department.

In partnership with Health's Office of Workforce Development, a mandatory three-part training series was offered to all staff across the Health Department and included in New Employee Orientation training, focusing on key concepts and conditions contributing to racial inequities in public health. This training highlighted each staff member's role in addressing and implementing an equity perspective in their work, including those working on data equity.

The Office continues to provide ongoing support and technical assistance to all the Health Department's divisions, and offers learning opportunities to all staff, including highlighting the importance of sharing narratives beyond data points. OHEI 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 and Analysis Best Practices

The Health Department continues to improve its health equity data collection practices, as having a consistent approach in asking health equity-based questions is important for the development of trust with surveyed communities. Guidelines and best practices advising Health Department staff on how to ask questions on race, ethnicity, sexual orientation, gender identity, and disability have been released. The Health Department plans to review and revise existing guidance in the coming year and begin to work on guidance to ask about

socio-economic status. Additionally, the Health Department continues to develop best practice documents and support staff to complete analyses in ways reflective of our commitment to health equity. As examples, there are best practices for completing weight and Body Mass Index (BMI) analysis, a tip sheet for those completing an analysis that includes a small number of respondents, and an equity data acknowledgement statement that we are working to include in our data products more consistently.

Partner Coordination

Agency of Human Services Unified Health Data Space (UHDS)

The Agency of Human Services is working hard on the UHDS, and the Health 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 Health Department will be able to utilize the resulting analytics and reporting functions of the UHDS in its work.

Limitations

The Health Department continues to face challenges in competing priorities, funding concerns, and staff changes.

Vermont's small population poses challenges to health equity analysis. Health continues to explore and implement alternate collection and analysis methodologies that ensure data are as useful as possible.

Next Steps and Checklist

Item	Progress	Next Steps
Continue to hold forums to document best practices for inclusive data collection for health equity data analysis	Completed for Race and Ethnicity, Sexual Orientation and Gender Identity, and Disability	Identified staff to complete similar processes for socio-economic status. Plan to begin work in 2026

Item	Progress	Next Steps
Continue to provide context to the data and underscore the root causes of health disparities, particularly for populations of focus	State Health Assessment, Healthy Vermonters Dashboard completed	Continue in future reports, such as the State Health Improvement Plan Scorecard and annual reports
Support the Agency of Human Services to ensure consistency in health equity data collection across the Agency	In Progress	Following AHS needs
Support Vermont Department of Health Strategic Plan efforts to improve accessibility of data dashboards	In Progress	Includes accessibility criteria and establishment of a process for review and correction. Also, focus on meeting federal digital accessibility standards (April 2026)
Integrate equity data into the Healthy Vermonters 2030 analysis and dashboard	Completed	
Maintain the data equity page and ensure regular updates	Completed	This has been incorporated into the regular practice of the Health Department
Document best practices and alternatives related to data suppression and statistical confidence when sample size is less than what is generally recommended	In Progress	Continue to document data collection and analysis best practices in stand-alone or other documents; Data Standards Guide Updated in 2024, set schedule for regular review and updating
Publish a comprehensive health equity analysis including as many data sources as possible	Completed	

Item	Progress	Next Steps
Develop and encourage the inclusion of an acknowledgement of data limitations in the Department's publications	Completed, published to the Department's Intranet 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)	Completed	Statewide report released