
**Report to
The Vermont Legislature**

**Health Equity Data
2023 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.

Health Equity Data Collection and Analysis

Data Collection Standards

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.

In 2022, the Department built upon its prior review of the data encyclopedia content and documented details about equity questions asked/used for many of the collection systems the Department owns or utilizes. Specifically, information related to race and ethnicity, sex, gender, and LGBTQ+ was documented and summarized, along with considerations and recommendations for asking these types of questions. Work continues to complete this documentation for other equity areas, specifically disability, primary language, and socioeconomic status.

The Department also recently completed a SWOC assessment (strengths, weaknesses, opportunities, and challenges) of data system lifecycles as related to health equity measures. While more heavily focused on data collection, the assessment also addressed data management and reporting/use of information. This information is being used to determine future scope and action items.

From these efforts, the Department has begun documenting considerations and guidelines for the Department’s collection of health equity data. In 2023, the Department plans to convene round table discussions to further develop guidelines for data collection. Documentation of health equity metrics, standards, and guidelines will be an ongoing project as the base of knowledge continues to evolve for these areas, and as our data systems change and grow.

The Department is also working with the Vermont Health Information Exchange to develop a plan to promote consistency of race and ethnicity, gender, and sex information within the exchange. The plan for these activities is expected to be completed in early 2023, followed by implementation.

Data Analysis

Due to capacity limitations, the Department was not able to implement a health equity data analysis plan in 2022. This will be a priority responsibility for the data analyst, once onboarded. Despite this limitation, the Department continued to expand its inclusion of health equity topics in analytic products, as well as its approach to completing data analysis. An example is the [household health insurance survey](#), which newly included expanded populations of focus questions. Other specialized analyses focusing on health equity were completed throughout the year using data for programs such as [3-4-50](#) or sources like the [Youth Risk Behavior Survey](#).

The Department recently released an updated version of its [Social Vulnerability Index](#), which is a planning tool to evaluate the relative vulnerability of populations in different parts of the state. It utilizes data on 16 metrics from the American Community Survey, which fall into three broad themes: socioeconomic vulnerability, demographic vulnerability, and housing/transportation vulnerability. A new index, a Community Resilience Index is in development and expected to be released in the first quarter of 2023. Community resilience is 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. The Vermont Community Resilience Index is an interactive health equity tool intended to help public health officials examine community resilience among populations across the state.

In 2023, as a companion to standards and guidelines for the collection of health equity related information, the Department will document best practices for analyzing, presenting and disseminating these data.

Challenges

The Vermont Department of Health faced staffing challenges which limited the health equity data analysis required by 18 V.S.A. § 253. The lead data analyst position for this work was filled for roughly half of 2022 before being vacated. This position is currently under recruitment. The Department's Office of Health Equity Integration, a key internal partner for this work, was also largely being formed throughout 2022. Additionally, similar staffing changes at the Agency of Human Services (Agency) have impacted the Department's ability to create an equity dashboard and develop guidelines for collecting health equity data across the Agency.

Next Steps

The Department is actively working to hire a health equity analyst to lead this work. The Department anticipates hiring to be completed in early 2023. Additionally, the Department is working with the Agency to collaborate on data collection efforts with the goal to develop guidelines for collecting health equity data across the Agency.

Ongoing actions by the Department in 2023 will include:

- Developing guidelines for collecting health equity data for systematic analysis;
- Collaborating with the Agency of Human Services to ensure consistency in health equity data collection across the Agency;

Items to be initiated by the Department in 2023 include:

- Create a data analysis plan;
- Begin a comprehensive analysis of health equity data;
- Begin to incorporate health equity data collection best practices into the various data sources; and
- Develop a health equity dashboard, with completion targeted for late 2023.