



Vermont Population, by Racial & Ethnic Category

| | 1990 U.S. Census – | | 2007 Estimate – | |
|------------------------------------|--------------------|-------------|-----------------|-------------|
| | Total # | Percent | Total # | Percent |
| White Non-Hispanic | 552,413 | 98.2% | 596,777 | 96.0% |
| Hispanic or Latino | 5,687 | 0.7% | 8,170 | 1.3% |
| Asian* | 3,215 | 0.5% | 7,573 | 1.2% |
| Black/African American | 1,951 | 0.3% | 6,485 | 1.0% |
| American Indian/ Alaskan Native | 1,696 | 0.3% | 2,839 | 0.5% |
| Total Population | 562,758 | 100% | 621,254 | 100% |

* This category also includes Native Hawaiian/Other Pacific Islander

Race, Ethnicity & Cultural Identity

Goal

Better health for *all* Vermonters

Twenty years ago in 1990, the United States Census estimated Vermont's racial and ethnic minority populations to be about 2 percent of the total population. By 2007, that figure had doubled to 4 percent, representing about 24,500 Vermonters.

While these numbers are still proportionally small compared to the rest of the U.S., Vermont's racial and ethnic populations are growing at a much faster rate than the population overall. Between 1990 and 2007, Blacks or African Americans have been the fastest growing population in Vermont, with their numbers more than tripling in the past 18 years.

The second fastest growing racial group in Vermont are Asians, including Native Hawaiian and other Pacific Islanders—with populations increasing from 0.5 percent of the total population in 1990, to 1.2 percent in 2007.

Who is a Vermonter?

Vermonters come from a wide range of racial, ethnic and cultural backgrounds, including Black Americans and American Indians, many of whom are descendants of the aboriginal Abenakis. Many more recent residents come from Africa, the Middle East, Asia and Eastern Europe—and a Hispanic/Latino population from Mexico, Cuba and the Americas.

Definitions

Race and Ethnicity = Racial and ethnic classifications are used by federal, state and local governments, private agencies, and researchers to define group characteristics, track morbidity and mortality, and assess the health status of populations.

For more information on reporting race and ethnicity, see the Reader's Guide, page 8.

Immigrant = A person who leaves one country to settle permanently in another.

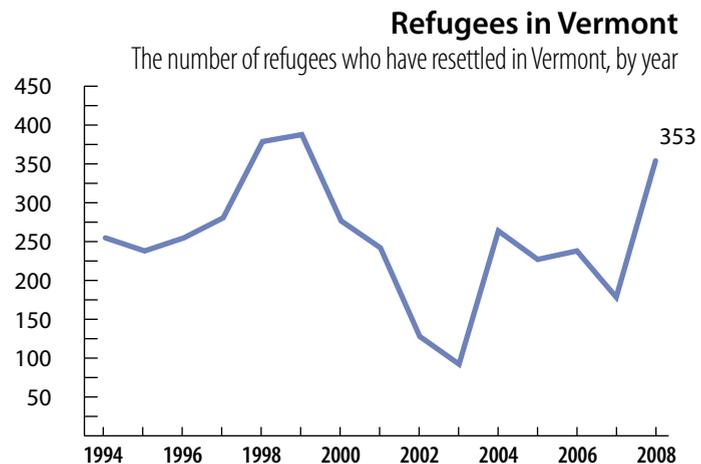
Refugee = A person who flees in search of refuge, as in times of war, political oppression, or religious persecution.



Some of these are refugees, some are immigrants, and all may have varying health needs and concerns.

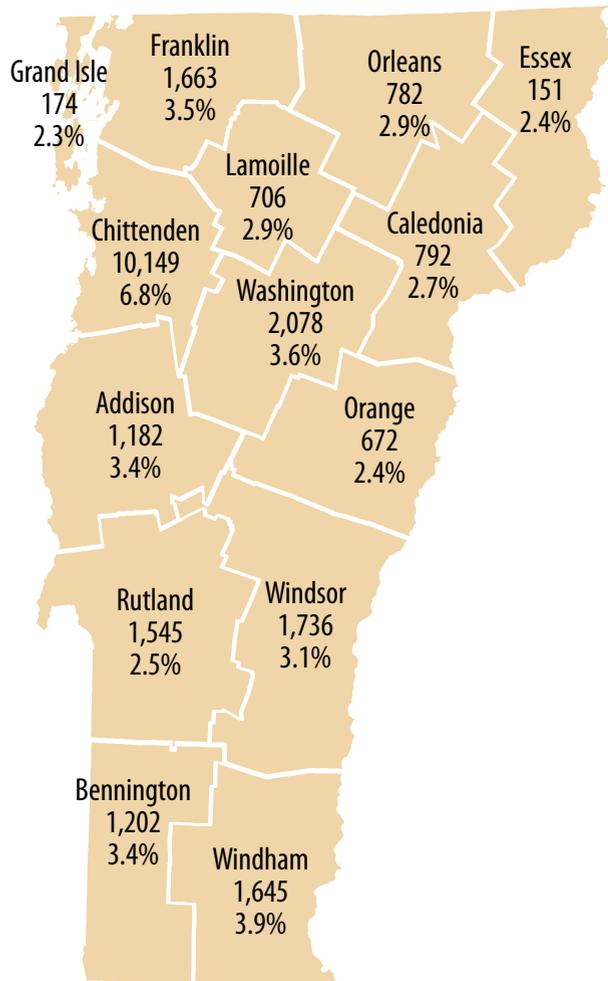
> Vermont's Refugee Resettlement Program welcomed 353 people from countries throughout Africa and Asia in 2008.

> Since 1994, more than 4,000 refugees have resettled in the state.



Racial & Ethnic Minority Populations

and % of total population, by county • 2007 Estimates



Racial and ethnic minority populations are living throughout the state in urban and rural areas:

> More than half of all the state's racial and ethnic minority populations, and two-thirds of the Hispanic population, live outside Chittenden County.

> Franklin County is home to the greatest number of American Indians.

Education and race

There is wide variation in educational attainment among racial and ethnic groups. This may be due to differences in access to education, either here in the U.S. or in a person's country of origin. In some cases, Vermont mirrors national trends, and in others, we are more unique. Data presented here are from the 2000 U.S. Census.

Whites, Hispanics & Blacks:

> In Vermont, White non-Hispanics, Hispanics and Blacks have similar educational attainment, with between 13% and 16% reporting less than a high school education, and 29% to 37% reporting a bachelor's degree or higher.

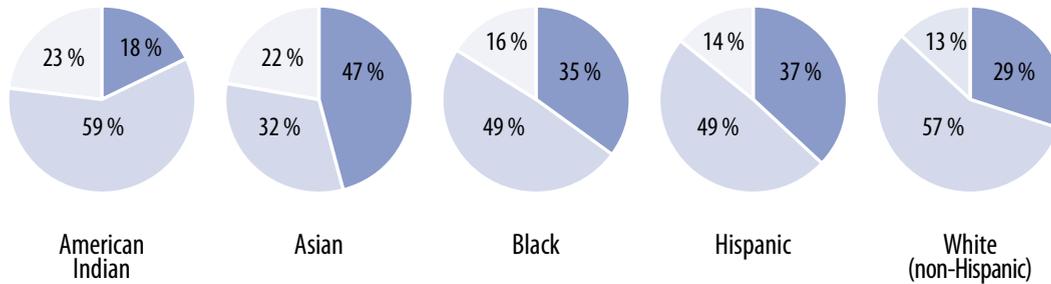
> White non-Hispanics in the U.S. have similar educational attainment as in Vermont. However, the percentage of U.S. Hispanics and Blacks with less than a high school education is much higher nationally (48%) than in Vermont (28%).

Race & Education

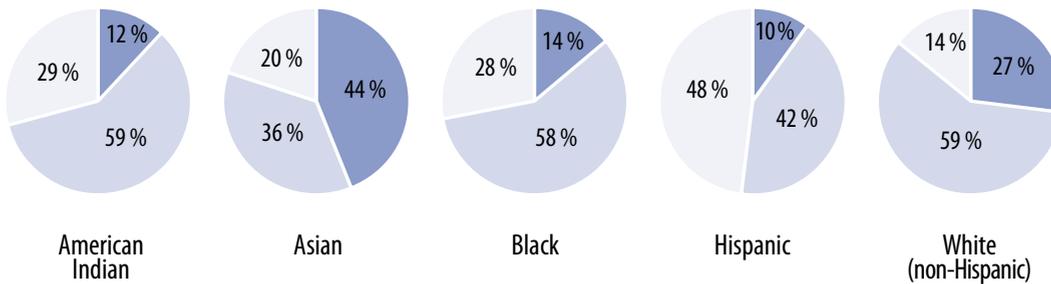
% of population age 25+ by race and educational attainment • 2000 U.S. Census

Didn't finish high school
 High school graduate (or equivalent)
 Bachelor's degree and above

Vermont



U.S.



Asians:

> 47% of Vermont's Asian populations have a bachelor's degree or greater, the highest for any racial or ethnic group. Asians also have a high percentage of people who have less than a high school diploma (22%).

> Educational attainment among Asians is similar in Vermont and the U.S.

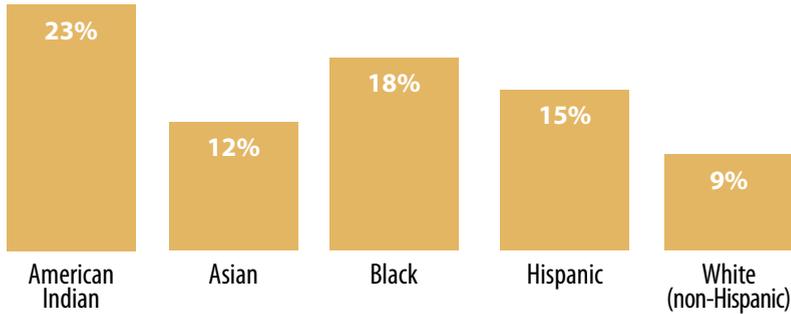
American Indians:

> American Indians in Vermont have the lowest percentage for having a bachelor's degree or more (18%), and the highest for not finishing high school (59%).

> Educational attainment for American Indians is similar in Vermont and the U.S.

Race & Income

% of Vermonters living below the Federal Poverty level (FPL) • 2000 U.S. Census



Family Size 100% FPL 2009

| | |
|---|----------|
| 1 | \$10,830 |
| 2 | \$14,570 |
| 3 | \$18,310 |
| 4 | \$22,050 |
| 5 | \$25,790 |
| 6 | \$29,530 |
| 7 | \$33,270 |
| 8 | \$37,010 |

Race and income

In Vermont, racial disparities that relate to income also exist.

> Based on the 2000 Census in Vermont, while approximately one in 10 White non-Hispanics and Asians were living below the poverty level, one in four American Indians fell into that category.

Owning your own home

There are also racial and ethnic disparities in home ownership in Vermont.

> 71% of White non-Hispanics owned their own home in 2000, compared to 33% of Blacks.

See Housing & the Built Environment chapter for more details.

Race & Home Ownership

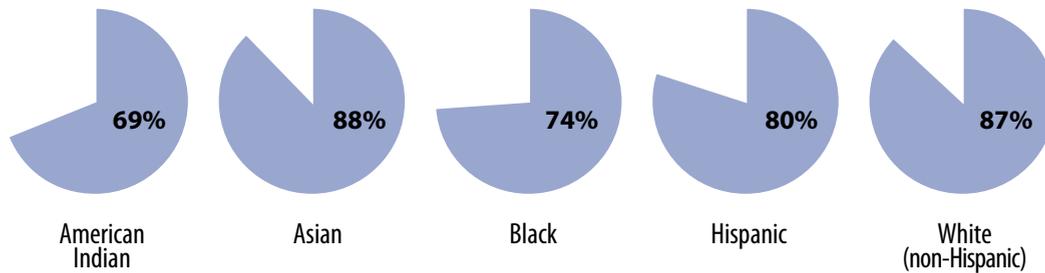
% of Vermonters living in owner-occupied housing units • 2000

| | 2000 U.S. Census – |
|-------------------------------|--------------------|
| White Non-Hispanic | 71% |
| Hispanic or Latino | 51% |
| American Indian/Alaska Native | 50% |
| Asian | 44% |
| Black/African American | 33% |



Race & Health Insurance

% of Vermonters age 18-64 with health insurance • 2003-2008



A different access to health care

Access to care often differs according to race and ethnicity. The greatest disparities in access to health care are found among American Indian/Alaskan Native groups.

In Vermont, between 2003 and 2008:

> Approximately one-third of American Indian and Alaskan Native adults age 18 to 64 reported that they did not have health insurance in the past year.

> Between 22% and 25% of American Indians, Asians and Blacks did not have a personal doctor, more than twice as many as White non-Hispanic Vermonters.

> At 27%, almost three times as many American Indians reported not having enough money to see a doctor in the past year, compared to White non-Hispanic Vermonters.

Most Vermonters, however, are unaware of these disparities in access to care:

> Three of four adults believe that their experiences when seeking health care were the same as for people of other races.

The health status of minority groups

Due to the small numbers of racial and ethnic minorities in Vermont, race reporting errors and statistical analysis limitations sometimes make it difficult to determine if there are differences in health status across racial and ethnic groups.

While nationally disparities by race can often be observed in incidence or deaths from cancer, and hospitalizations, injuries or deaths from any cause, it is not possible to observe such disparities in Vermont.^{3,4,5,6}



There are, however, measurable disparities by race in prevalence of chronic disease and overall reported health status.

Rates for prevalence of diabetes, asthma and obesity all vary by race, as does the percentage of Vermonters who say their health is good or excellent.

Smoking, lack of exercise and poor nutrition, all key determinants of poor health, vary by race, too.

• *Diabetes, asthma, obesity*

Among Vermonters from 2003 to 2008:

> 12% of American Indians have diabetes, compared to 6% of White non-Hispanics.

> 18% of American Indians have asthma, compared to 10% of Blacks, 11% of Hispanics, 9% of White, non-Hispanics, and 5% of Asians.

> 33% of Blacks are obese, compared to 4% of Asians.

• *Smoking*

From 2003 to 2008:

> 13% of Asians and 41% of Indians smoke, compared to 18% of White non-Hispanics.

From 2005 to 2007:

> At 19%, smoking during pregnancy is highest among White non-Hispanic women, compared to 10% for Black women, and 4% for Asian women.



Race & Chronic Conditions

Vermonters age 18+ • 2003-2008

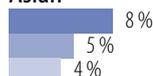
% with

- diabetes
- asthma
- obesity

American Indian



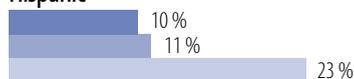
Asian



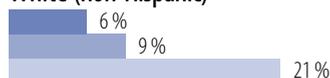
Black



Hispanic



White (non-Hispanic)



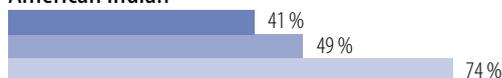
Race & Health Risk Factors

Vermonters age 18+ • 2003-2008

% that

- smokes
- doesn't meet physical activity guidelines
- does not eat 3+ vegetables per day

American Indian



Asian



Black



Hispanic



White (non-Hispanic)



• Physical activity and nutrition

From 2003 to 2008:

> 63% of Blacks *do not* get the recommended amount of physical activity, compared to 43% of White non-Hispanics.

> 56% of Asians reported that they *do not* eat at least three servings of vegetables a day, compared to nearly three-quarters of Blacks and American Indians.

• Sexually Transmitted Diseases

Another area where health disparities by race can be observed is in the prevalence of sexually transmitted diseases.

Among Vermonters in 2007:

> The rate of chlamydia among White non-Hispanics was 161.4 per 100,000 people. Among Blacks, the rate was six times higher, at 900.3 per 100,000 people.



> Blacks also have higher rates of gonorrhea than White non-Hispanics (198.1 per 100,000 compared to 7.8 per 100,000).

Youth smoking, drinking and drug use

Youth risk behaviors also vary greatly by race and ethnicity. Among Vermont eighth through 12th graders from 2005 to 2007:

> Students of Native Hawaiian/ Pacific Islander descent have the highest rates of smoking, drinking and other drug use, while White non-Hispanics and Asians often have the lowest rates for the same behaviors.

> Approximately one in five Black students have ever injected narcotic drugs, and 21% reported using cocaine in the past 30 days.

> Among American Indians, while use of injected narcotics is lower than that of most other race and ethnic groups, they have high rates of smoking, binge drinking and marijuana use.

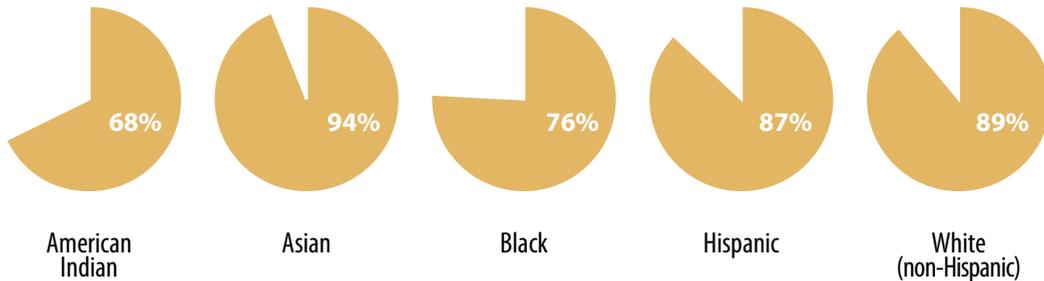
Stress reactions to racial discrimination

Among all Vermonters, 1.5%, or about 6,800 adults, have experienced physical symptoms (a headache, upset stomach, tensing of muscles, or pounding heart) in the past 30 days, as a result of how they were treated based on their race.

> These Vermonters are four times more likely to report poor or fair health (40%), compared to those who did not report physical symptoms related to their race (6%).

Race & Perception of Health

Vermonters age 18+ who report they are in good or excellent health • 2003-2008



> They are also more likely to smoke (46% compared to 16%), be depressed (59% compared to 22%), and have low incomes (78% compared to 40%).

When stress related to discrimination is compounded over a lifetime, the effects on health can begin to be seen.⁷

Vermont data from 2005 to 2007 highlight racial disparities in maternal and child health:

> 6% of White non-Hispanic mothers have low birth weight babies, compared to 11% of Black mothers, and 8% of Asian/Pacific Islander mothers.

Stress and birth outcomes

It is possible that poor birth outcomes, independent of the mother's socioeconomic status, may be a result of chronic stress and racial discrimination.⁸



> 9% of White non-Hispanic mothers have pre-term births, compared to 15% of Black mothers, and 7% of Asian/Pacific Islander mothers.

> 64% of Black mothers receive adequate prenatal care compared to 88% of White non-Hispanic mothers.

Stress reactions among youth

Youth who are of a racial or ethnic minority are more likely to report stressful school environments.

Among Vermont eighth through 12th graders in 2005 and 2007:

> Compared to White non-Hispanics, students who are of a racial or ethnic minority are more likely to report being bul-



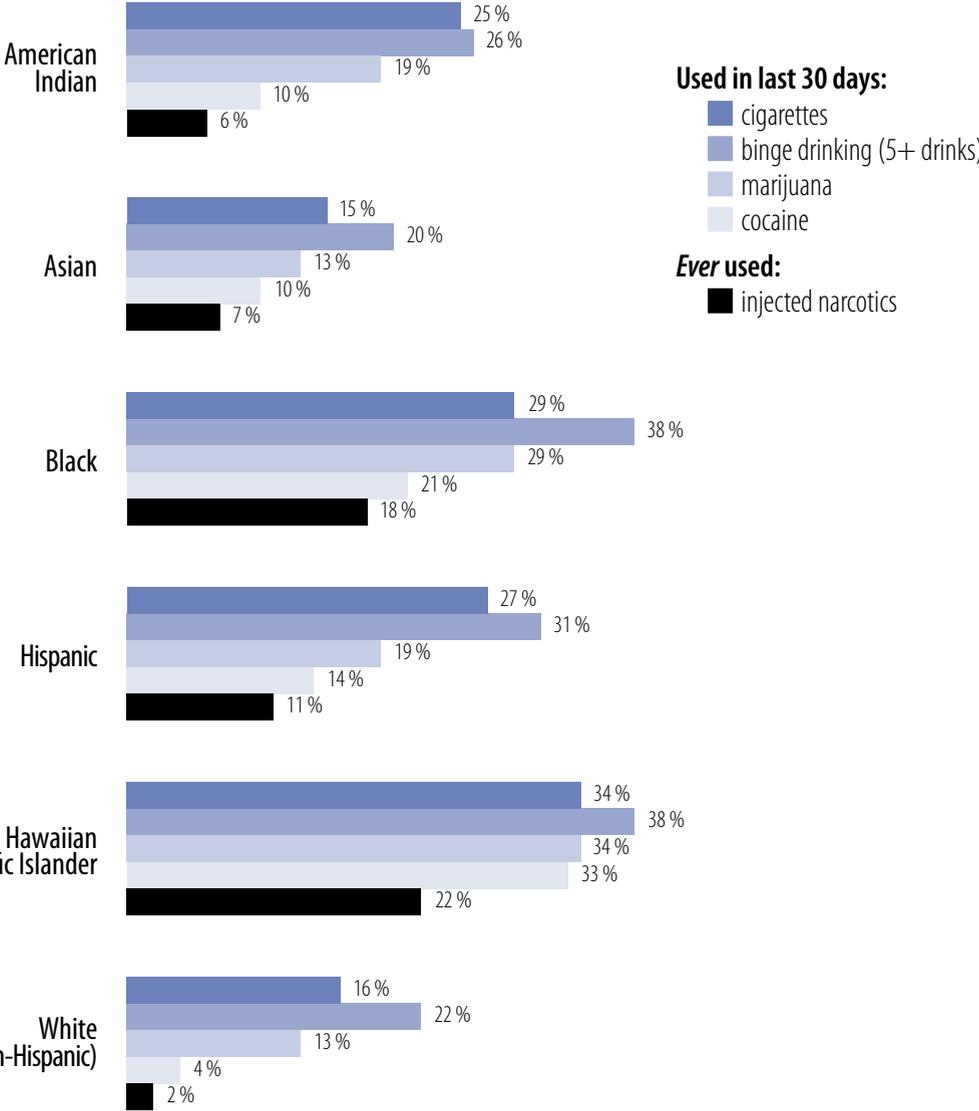
lied, missing school because they felt unsafe, or being threatened or injured by a weapon at school in the past 12 months

> Suicide attempts are between two and five times higher in other racial groups compared to White non-Hispanics. ▼



Youth Risk Behaviors

Vermont Youth Risk Behavior Survey • 2005 & 2007
 % of 8th-12th graders who have –

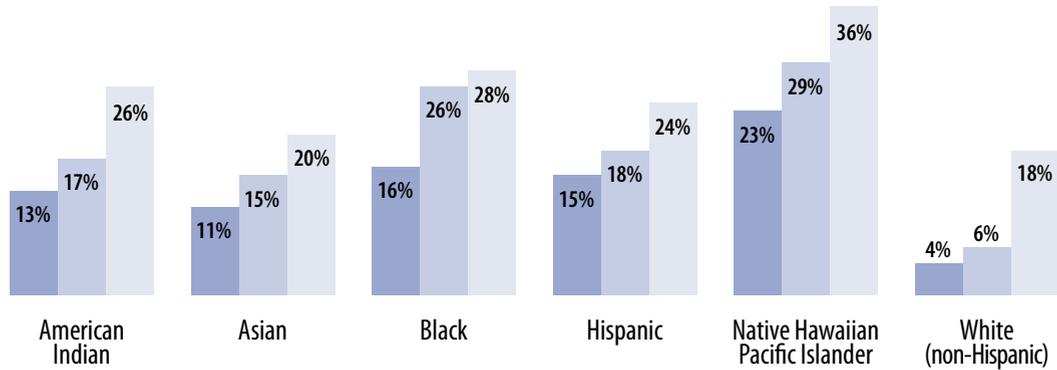


School Security & Race

Vermont Youth Risk Behavior Survey • 2005 & 2007

% of Vermont students in grades 8–12 who:

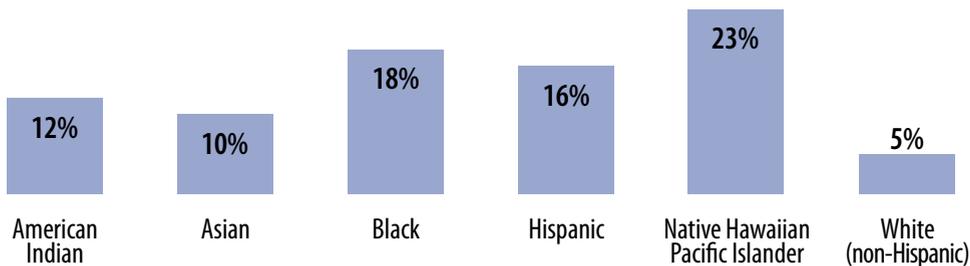
- missed school in the last 30 days because they felt unsafe
- were threatened or injured by a weapon at school in the last 12 months
- were bullied in the last 30 days



Suicide & Race

Vermont Youth Risk Behavior Survey • 2005 & 2007

% of 8th–12th graders who attempted suicide in the last 12 months



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(Also see Stress, Disability & Depression chapter.)