

# Vermont State Health Assessment Community Engagement Data



## Access to Care

The data in this slide deck is specific to **access to care** as a health need.

May 2024

# Where does this data come from?

**This data was collected as part of the 2024 [Vermont State Health Assessment](#).**

We are grateful to the people of Vermont who participated in focus groups and interviews for the State Health Assessment. The following information comes from individuals who identify as members of and/or support one or more of the following communities:

- Indigenous people
- People of color
- People with disabilities
- People who are unhoused
- People who identify as LGBTQ+
- Older Vermonters

The information presented here are the expressed opinions of Vermonters based on their lived and professional experiences. They are not the opinions of the Vermont Department of Health, but rather the people who make up the communities with whom we work.

# How can I use this data?

Please use this data freely! We hope that it is useful for our partners in your efforts to improve health and well-being.

You can use this data to:

- Elevate the voices of people with lived experience to provide context to quantitative data.
- Understand the factors that impact health and well-being.
- Identify solutions to address some of the most important health needs facing people in Vermont.
- Inform planning and decision-making for your organization or community.
- Identify opportunities for collaboration with other organizations or sectors.

Visit [How Healthy Are We? Data Resources | Vermont Department of Health](#) to access other Health Department data. Access local data, trends over time, visualizations and maps, equity and disparities information, topic-specific data and more.

# Who does this data reflect?

## Geographic representation of focus group participants

County	Focus group involvement	% of State population
Addison	7%	6%
Bennington	<b>13%</b>	6%
Caledonia	7%	5%
Chittenden	25%	26%
Grand Isle	<1%	1%
Lamoille	4%	4%
Missing	6%	
Orange	<b>1%</b>	5%
Orleans	6%	4%
Rutland	6%	9%
Washington	8%	9%
Essex	1%	1%
Franklin	6%	8%
Windham	<b>4%</b>	7%
Windsor	<b>5%</b>	9%

## Community representation of focus group participants

Community	Focus group involvement
Older Vermonters	19%
Vermonters with a disability	19%
LGBTQ+ Vermonters	15%
Vermonters of color	14%
Missing data	11%
Unhoused Vermonters	10%
None of the above	8%
Indigenous Peoples	4%

## Community representation of interviewees

Community	Key informants
No specific community	23%
Vermonters of color	18%
Older Vermonters	15%
Vermonters with a disability	14%
Unhoused Vermonters	13%
LGBTQ+ Vermonters	11%
Indigenous Peoples	5%

# Access to Care: Key Drivers & Health Impacts

## (slide 1 of 4)

Key drivers are important factors that contribute to a health need. These were identified by the community.

Key Drivers	Health Impacts
<b>1. Insurance high costs:</b> Almost all participants discussed how insurance policies and coverage impact their health: high premium costs, copays, and medications. Lack of cost transparency coupled with high levels of bureaucratic mazes make patients highly confused about their healthcare.	<p>“My biggest health problem is the price of insurance. I own my own business and I can’t afford the price of health insurance, so I don’t have any.”</p> <p>Not being able to afford insurance means not having routine checkups and screenings, getting care only in an emergency, ending up with huge bills from crisis situations. Having insurance means still not getting care because people cannot afford high deductibles.</p>
<b>2. Insurance policies dictating healthcare:</b> Health insurance and Medicaid policies impact the way health care is administered by deciding what procedures, doctors, visits, and medications they will cover. Many participants shared stories of insurance companies not covering what their doctor recommended.	<p>Not getting recommended care, medications, and follow up.</p> <p>“Every routine checkup and screening I miss is putting me at major risk down the road.”</p>
<b>3. High cost of healthcare services and medications:</b> Healthcare is unaffordable with and without insurance. A for profit system- the sicker and more vulnerable a person is, the more costs they incur. 15-minute hurried appointments. Many believe doctors pushing medications and needlessly complicate care for profit.	<p>Going to the doctor doesn’t solve anything, so choose not to go. Cannot afford care and medications. Serious medical issues impact financial security and create large debts.</p>

# Access to Care: Key Drivers & Health Impacts

## (slide 3 of 4)

“There are not enough providers, so emergency rooms are being overutilized.”

Key Drivers	Health Impacts
<b>7. Not enough medical providers:</b> not enough primary care doctor, which leads to struggles connecting with other resources and treatment. Not enough specialists, with long wait times for appointments. Lack of pediatric providers and specialists, having to wait years to meet with some providers.	“Doctors at urgent care are becoming some people's primaries because they don't have anybody else.” Families travel far to get services. Children need a primary care provider and a dentist to join Head Start, but the lack of availability of both makes it hard for families to qualify for a program funded to help them.
<b>8. Lack of diversity of providers</b> was called out by many people.	“I think it's the lack of understanding and curiosity about the experiences of those communities, the lack of appreciation of the strengths of those communities turns into distrust in many cases which then takes us down a spiral of missed opportunities.”
<b>9. Lack of consistent, reliable access to internet:</b> for some communities, lack of consistent, reliable access to internet impacts ability to access healthcare. Need to access the MyChart system online to see lab results and communicate with providers, sign up to receive Covid vaccinations online, go to telehealth appointments, check out bus routes to providers.	Possible gaps in care due to lack of providers or transportation cannot be overcome. Inability to use programs and services online.

# Access to Care: Key Drivers & Health Impacts

## (slide 4 of 4)

“They are on a waitlist now because there are no doctors open. They're overcrowded. I have one person who's been on a waitlist for a year and a half now. They go to urgent care, or they go to [the free] clinic. That's a big issue here.”

Key Drivers	Health Impacts
<b>10. Transportation barriers, especially in rural areas:</b> People struggle to access playgrounds, food banks, doctors, dentists, recreational activities, and the grocery store. Walking can be hazardous in the winter. Not having access to reliable transportation limits people's ability to work. Cars are expensive to maintain, register, repair, and operate. Rural areas lack bus routes, and rides can be very long. Bus safety concerns, especially for young women were also raised.	<p>“If you live in the more rural parts, you have to figure out how to get yourself there and if you cannot drive, do not have a vehicle, do not have a friend, good luck to you.”</p> <p>Missed doctor appointments, being dropped by providers, losing many hours of work, inability to get to appointments altogether.</p>
<b>11. Public/shared transportation options are inadequate:</b> One rural solution checks to see if you have a vehicle and will not drive you, even if car is broken, without a doctor's note. Difficult to wait for hours for transportation, especially in winter. These are hard to schedule, unreliable, restrict which doctor can be seen, do not allow to bring a support person. People being forgotten or not picked up from appointments.	Makes medical appointments very difficult to attend.
<b>12. Competition for resources leading to 'othering':</b> Many examples cited, including parents not getting free epi pens while Narcan is free; Refugees/immigrants getting housing while those living in Vermont for many generations are unhoused; those working multiple jobs having no insurance while those who do not work get benefits; people from out of state getting benefits/housing/beds.	Further dismantling community wellbeing, sharing of resources, and the way others are evaluated and treated. Competition for resources, real or not, increasing stress.

# Access to Care: Summary of Key Drivers

#	Key drivers (not in order of importance)
1	High insurance costs lead many to avoid healthcare services.
2	Insurance policies dictating healthcare, limiting services for many.
3	High cost of healthcare services and medications.
4	Many people are now using the emergency room as primary care.
5	The system necessitates strong advocacy skills to get needs met.
6	Staffing and workforce challenges decrease availability of services.
7	Not enough medical providers to meet community needs.
8	Lack of diversity of providers.
9	Lack of consistent, reliable access to internet.
10	Transportation barriers, especially in rural areas.
11	Public/shared transportation options are inadequate.
12	Perceived competition for resources leading to 'othering.



# Access to Care: Possible Solutions

“It's not only accessing the care but it's accessing the most appropriate care for our communities for the most marginalized communities.”

These solutions were identified by participants of the focus groups and interviews.

## Possible solutions

Greater access to care coordinators, peer advocates, or community health workers to help patients navigate the health care system and connect them to services such as fuel assistance, food stamps, housing support, and mental health services.

Work with insurance companies and health care providers to offer longer medical appointment times for people with disabilities.

Offer interpretation services, ensure that paperwork is translated, and use plain language in all points of contact with patients.

Increase salaries, offer loan forgiveness and support finding housing to recruit and retain health care workers.

Diversify the workforce racially, linguistically, and culturally (e.g., motivate BIPOC providers to move to and stay in VT).

Host a statewide nurse triage call system where people could call in off hours, to alleviate the administrative burden on physicians.

Expand use of services where a provider can send notes and pictures to specialists for advice and consultation on patient care.

Have more bus routes and more flexibility with transportation systems.

Provide health care where people already are. Offer in-home care, mobile clinics, partner with employers to bring healthcare services into worksites, and integrate medical and behavioral health services into school.

Train healthcare providers on implicit bias, diversity, inclusion and belonging for the Indigenous community. Support the Indigenous community's expression of its culture, history, and spirituality in medical settings.

Train providers in disability etiquette.

Educate providers to have extra care with LGBTQ+ patients, e.g., check in around pronouns, safety at home.