Vermont State Health Assessment Community Engagement Data

Discrimination

The data in this slide deck is specific to **institutional and interpersonal discrimination** as a health need.

May 2024

VERMONT
DEPARTMENT OF HEALTH

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 for 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	**13%**	6%
Caledonia	7%	5%
Chittenden	25%	26%
Grand Isle	<1%	1%
Lamoille	4%	4%
Missing	6%	
Orange	**1%**	5%
Orleans	6%	4%
Rutland	6%	9%
Washington	8%	9%
Essex	1%	1%
Franklin	6%	8%
Windham	**4%**	7%
Windsor	**5%**	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%

Discrimination: Key Drivers & Health Impacts
(slide 1 of 3)

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

Key Drivers	Health Impacts
1. Discrimination from healthcare and service providers, including assumptions about patients, rude treatment, and lower quality care. "In that, just to listen to the patient more and get to know them and not make general decisions on what you think, what your opinion is of them."	Negative and at times traumatic patient experiences, avoidance of care, lack of tailored services.
2. Discrimination based on socioeconomic and insurance level. Discrimination from providers and clinics leading to lower quality of care.	Negative patient experience, lack of care.
3. Discrimination in accessing housing and resources based on credit scores, past mistakes, substance use, and low income.	Poverty, homelessness, inability to meet basic needs.

Discrimination: Key Drivers & Health Impacts
(slide 2 of 3)

Key Drivers	Health Impacts
4. Gender-based discrimination: Lack of focus on issues disproportionately impacting women, femmes, queer and trans individuals like gender-based violence, domestic violence, and intimate partner violence.	Untreated physical and mental health impacts, lack of access to appropriate care and resources for survivors.
5. Gender and race-based discrimination experienced by Black women: Black women reported systemic, repeated, at times traumatic mistreatment in many aspects of medical care.	Negative and at times traumatic patient experiences, avoidance of care, negative health outcomes.
6. Stigma and discrimination faced by individuals with mental health conditions and substance use disorders, including bias from healthcare providers and barriers to housing. "A very specific example is maybe somebody who uses substances, presents with a wound related to Xylazine at the ED. The wound needs full care, but perhaps the provider doesn't treat them as kind because they're like 'Well, if you weren't injecting, then you wouldn't have this issue.'"	Avoidance of seeking care, frequent misdiagnosis, lack of access to appropriate treatment and housing, exacerbation of mental health and substance use issues.

Discrimination: Key Drivers & Health Impacts
(slide 3 of 3)

Key Drivers	Health Impacts
7. LGBTQ+ discrimination, including misgendering, lack of gender-affirming care, lack of knowledgeable and accepting providers, and bullying in schools.	Inappropriate or avoided care, negative mental and physical health impacts, feelings of isolation.
8. Discrimination against individuals with disabilities, including lack of accessible housing, lack of confidentiality in healthcare settings, and provider assumptions about abilities.	Inappropriate housing and care settings, feelings of disrespect and lack of autonomy.
9. Discrimination faced by youth in educational settings, especially racial discrimination, bullying based on weight/gender identity, and lack of access to school activities.	Negative mental health impacts, social isolation, lack of enrichment opportunities.
10. Racial and ethnic discrimination in healthcare settings, manifesting as provider bias, lack of cultural competency, and limited diversity among healthcare staff. "I hear from patients all the time that they feel like they're discriminated against because they're a person of color."	Poorer overall health outcomes, distrust of healthcare institutions, avoidance of seeking care.

Discrimination: Summary of Key Drivers

#	Key drivers (not in order of importance)
1	Discrimination from healthcare and service providers impacts quality of care.
2	Discrimination based on economic and insurance level decreases access to quality services.
3	Discrimination in accessing housing and community resources promotes housing instability.
4	Gender-based discrimination caused by lack of culturally appropriate services.
5	Gender and race-based discrimination experienced by Black women in medical settings creates additional service access barriers.
6	Stigma and discrimination faced by individuals with mental health conditions and substance use disorders.
7	Discrimination against members of the LGBTQ+ community, such as lack of gender-affirming care and bullying in schools.
8	Discrimination against individuals with disabilities, including physical and institutional barriers to accessing care.
9	Discrimination faced by youth in educational settings.
10	Racial and ethnic discrimination in healthcare settings.

Discrimination: Possible Solutions

"We need to connect with and listen deeply with those especially who have experienced the greatest inequities and really need to connect more so with people with lived experience, to inform our practices, to change our policies."

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

Possible solutions
Increase diversity in the health care workforce.
Increase cultural competency and anti-bias training for providers. Explore and challenge underlying stigma when caring for individuals of different socioeconomic status, ability, culture, race, gender, and age.
Train in using correct pronouns and providing gender-affirming care.
Initiate mandatory, regular training on gender-based violence and trauma-informed care for all health care providers.
Integrate screening and support services for patients who experienced gender-based violence.
Create safe spaces for LGBTQ+ youth.
Collect additional data on inequities in health outcomes.
Implement non-discriminatory housing policies.
Increase specialized housing solutions for those with unique needs
Address bullying in schools in a manner that reduces bullying and does not further victimize the child who was bullied.
Offer benefits in a manner that fits the urgency of the need, current economic realities, and the humanity of those who seek help.
Increase community input, compensate community expertise, and create spaces for building community so that those impacted by stigma and discrimination can share, connect, challenge and change the narrative.
Build opportunities for providers and patients to co-design solutions and to participate in self-reflection.