Vermont State Health Assessment Community Engagement Data

Older Vermonters

The data in this slide deck is specific to the health needs of **older Vermonters**.

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 and/or support 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 participated in the State Health Assessment?

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%

Older Vermonters: Key Drivers & Health Impacts
(slide 1 of 5)

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

Key Drivers	Health Impacts
1. The proportion of people living in VT who are older is growing fast: the older people get, the more likely that their medical and physical limitations are becoming more significant. The workforce and services needed to provide them with care is shrinking. "It's getting a little scary when you look towards the future and you look at more and more people aging, and how are we going to care for all these people…particularly when you have people out on the outskirts that are 40 minutes from anything, from getting a gallon of milk."	Older Vermonters are aging in isolation and inappropriate conditions, worsening physical and mental health difficulties.
2. Inadequate level of services and housing.	Being unsafe in environments that do not suit them lead to falls and accidents. Social isolation, stress, fear. A high utilization of the emergency department.
3. Transportation is an enormous barrier, especially in rural locations: those who can no longer drive have little access to transportation. Hard to get groceries, medications, go to adult day care, attend medical appointments, or get medical equipment. "If I got to go to the medical store to get diabetic shoes, I have to walk a mile and a half from where the bus lets me on. Yeah, and this time of year, I'll have to not have it."	Social isolation, inability to get basic needs and healthcare needs met.

Older Vermonters: Key Drivers & Health Impacts
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Key Drivers	Health Impacts
4. High cost of medical care and increased need of use: Adult day care, hospital stays, ER, ambulance, home help, and nursing homes. Many of those with any significant diagnosis – cancer, lung infection, needing dialysis – cannot afford services. "The cost is just totally ridiculous to afford. We're talking a hundred thousand dollars here that this hospital got out of me. It's not right. It shouldn't be that expensive. They're making a profit. Half the time I spent down in the ER because there was no bed. There's no reason to keep raising the cost of healthcare."	There is a feeling that the margin for anything going wrong is very slim. Many are financially strapped, stuck, depressed, and sick.
5. Insurance and Medicaid are not stepping up when needed the most: not covering, partially covering, or have stopped covering essential medications, eyeglasses, hearing aids, dentures, insulin, vitamin D, antihistamines, vaginal estrogen.	A harder time being a part of and interacting with their environment, are further isolated, and sicker.
6. Living on a fixed limited income, and no ability to respond to inflation, increases in prices of food, medication, housing, bills, medical care. "You go and you pay for the visit. To me, that's okay. But then you're afraid to bring up something else because then they're going to send you to someplace else…and you just can't afford it. So where you say, well put it off. I'm not going to go."	High levels of stress, emotional toll of having to decide between necessities.
7. Inadequate cost of living increases in benefits have profound impact on the most vulnerable.	Cannot afford care, while increasingly needing it more. Some are unable to afford housing any longer.

Older Vermonters: Key Drivers & Health Impacts
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Key Drivers	Health Impacts
8. Many desperately need Medicaid and are **over the income limits**. Example of a married couple in early 60s with one spouse disabled and another making 30k a year with no insurance - will not qualify.	Unable to pay for needed healthcare. Spiraling negative impacts: eat less, give up medications.
9. Very vulnerable to loss of housing. Situations like spouse dying, getting COVID, needing ICU or hospitalization may result in getting behind on rent or housing costs.	Housing costs are so high they are pushing people out of being able to access anything else.
10. No appropriate and affordable housing alternatives available when wanting to downsize. No senior housing available. People are aging with their housing.	Can't afford fixing the house, so have leaky roofs, mold, bad air quality.
11. Accessible housing options are limited: Very few housing options for people with walkers, canes, and chairs. People need downstairs apartments, ramps, accessible bathrooms.	Falls, fractures, inability to go to the bathroom, shower, enter house, loss of autonomy.
12. An increase in the number of older Vermonters who are **unhoused**, living on the streets or in shelters.	Difficult physical conditions, being exposed to contagious sicknesses, wounds, blood, needles, feces, violence.

Older Vermonters: Key Drivers & Health Impacts
(slide 4 of 5)

Key Drivers	Health Impacts
13. Discrimination based on age by doctors. Reported being treated as guinea pigs, with doctors not trying to get to the root of the problem, not giving the time to talk about their ailments, and just throwing pills at them.	Missed diagnosis, missed opportunities to encourage health and well-being, lack of care for conditions.
14. Treated badly in healthcare settings for behavior associated with aging: for moving slower or not understanding what someone is saying.	Not getting emergency care when in need because of how they are treated.
15. Discrimination based on socioeconomic status and the type of insurance they carry. Clinics "run them out" if they have Medicaid.	Not seen by providers, delayed care.
16. Extreme social isolation: many handle grief and loss of loved ones, chronic illness, and have small and declining friend networks.	Depression, anxiety, higher suicide rates.
17. Caregivers are under enormous strain to both see a loved one decline and provide all the support and advocacy for them.	Caregivers' health may decline, sometimes to the point of ending in ICU. Exhaustion, dehydration, and mental health decline were noted.

Older Vermonters: Key Drivers & Health Impacts
(slide 5 of 5)

Key Drivers	Health Impacts
18. Hip fractures and falls. Very few beds, skilled nursing, rehab. The care that people need after the hospital is not available in the state.	Can no longer take care of themselves, and there's nobody to take care of them.
19. Multiple conditions at the same time, health deteriorating. Diabetes, obesity, heart disease, hypertension, pulmonary concerns, UTIs for older women, deteriorating senses. Sometimes there is a cascade effect with more and more issues arising.	Overwhelming level of need with lesser ability to get care.
20. Alzheimer's, Parkinson's, and other **dementias are an increasing diagnosis in the state**: with behaviors that are becoming harder to manage, family members are struggle with care. Many cannot get appointments to neurologist for diagnosis or medication.	Overwhelmed caregivers, delay of care.
21. Dental concerns, especially dentures and the overall lack of dental providers in the state make dental care a rarity for many.	Impact ability to eat and living with pain. "It took months to get [an elderly person] in who had rotting teeth, who couldn't get hip surgery because of rotting teeth...and we only figured that out because [they were] about to get evicted because…housing was in squalor because [they] couldn't move to clean it."

Older Vermonters: Summary of Key Drivers

#	Key drivers (not in order of importance)
1	The proportion of older people in VT is growing fast.
2	Inappropriate level of services and housing.
3	Transportation is an enormous barrier.
4	High cost of medical care and increased need of use.
5	Insurance and Medicaid are not stepping up when needed the most.
6	Living on a fixed limited income as cost of living increases.
7	Inadequate cost of living increases in benefits.
8	Many desperately need Medicaid and are over the income limits.
9	Very vulnerable to situations that could cause loss of housing.
10	No options for downsizing.
11	Accessible housing options are limited.

#	Key drivers (not in order of importance)
12	Increasing in number of unhoused.
13	Discrimination based on age by doctors.
14	Treated badly in healthcare settings for behavior that comes with aging.
15	Discrimination based on socioeconomic status and type of insurance.
16	Extreme social isolation.
17	Caregivers' health declines under stress.
18	Hip fractures and falls.
19	Multiple conditions at the same time.
20	Dementias are an increasing diagnosis in the state.
21	Dental concerns due to aging and severe lack of dental providers.

Older Vermonters: Possible Solutions

"Community is what makes life worth living, whether it's family within your home, neighbors, townspeople, or church; it's what makes the world go around."

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

Possible solutions
Expand community-embedded and home-based health and social services to support blood pressure checks, screening for fall risk and other home-based assessments.
Have a combination of community health worker, social worker, and nurse available for people to see with no appointment, reason or qualification necessary (replicating the school nurse vision).
Emphasize prevention, e.g., expand access to and promote awareness of exercise programs to help prevent falls.
Create feedback and communication channels around the state, so needs expressed by service providers are addressed rapidly.
Increase suicide prevention efforts for older Vermonters.
Set up an LGBTQ+ safe facility for seniors with targeted services.
Change the way we use the land and eat. Use the land to feed people directly rather than for animal agriculture.
Dedicate more intentional work to building and maintaining community.
Ensure providers can see and appreciate patients as a whole person, have time to listen to everything the patient brings, and actively listen.