Vermont State Health Assessment Community Engagement Data

People of Color

The data in this slide deck is specific to the health needs of **People of Color** in Vermont.

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 People of Color.

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%

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

Key Drivers	Health Impacts
1. Institutional inequity in healthcare: At the intersection of gender, race, and doctor's belief they know all: painful process of trying to make doctors believe symptoms, especially for Black women.	Symptoms going untreated for Black women. Lower levels of trust, communication, quality of care, and flow of care for BIPOC women.
2. Lack of provider diversity: There are not enough providers who represent people of color. BIPOC practitioners are leaving the state because they need a livable wage and want to be able to support their families. With each one leaving there is less of a network for others. "…a Black woman call up and say she wanted a clinician who's Black. I can't provide that. We don't have that. Thinking about those kinds of barriers, those barriers are huge and really need to be front and center thought about and figured out in such a White state."	Not having a culturally competent healthcare, mental health and substance use provider workforce results in isolation and loneliness. Those who do find mental health providers are seeing them remotely from other states.
3. Cost of insurance: No cost transparency of how much services will cost, e.g., if there are additional fees like facility fees or reading test results fees. Many do not qualify for state assistance but cannot afford insurance through employer.	Unable to get high-cost services like scans. Hit with a surprising cost which impacts all aspects of life.
4. Parents and families might not be able to leave work to access healthcare. Might prioritize children's healthcare appointments over their own.	Parents' mental and medical health unattended. Prevention, screenings and appointments not done.
5. Multi-racial Vermonters having to choose White or Black on intake forms and surveys. Do not have a place to identify.	"Othering", getting the sense that care is not for them.

"Many White Vermonters understand class privilege, but they don't understand racial privilege or heteronormative privilege. So the concept of a privilege - if I have more money I have privilege - is something that I think a lot of people understand but the idea that you have privilege because of the color of your skin, you did not have the same barriers that others did and that in itself is a privilege."

Key Drivers	Health Impacts
6. Significant, constant worries about how to pay the bills, will they be able to have heat this winter, where they would live. Housing, food, internet, electricity, clothing, childcare are items people are struggling with.	Those who cannot afford shelter, food and clothing, cannot afford healthcare. People are choosing between food and medications. High levels of stress.
7. Low wages. Wages barely increased compared to inflation. Parents with multiple jobs are still not making enough to meet needs of household. "There's not an emergency around the fact that people of color are disproportionately being displaced and harmed by the rise in cost of living and the wages barely increased."	Parents are very tired, stressed, and helpless – there is no other way to support the family. Not being able to afford basics of life leads to living in places that expose you to substance use and impact your mental health.
8. Equity and discrimination in housing: The proportion of Black people who are unhoused is much larger than the proportion of Black people in the state. Who owns a home and who doesn't in VT. It is believed by many that rent amounts change depending on skin color.	Discrimination and inequities interfere with wellness, mental health, how a person sees themselves, self-talk, and how a person associates with peers. People needing to confront barriers where other people do not.
9. Lack of affordable housing: Even people with a decent income, single people, and no kids are struggling to find an affordable apartment.	People are unable to leave situations that are harmful to them like living with mold or being in an unhealthy abusive relationship.
10. Large amount of people who are unqualified for assistance are struggling. Concern for low middle class who doesn't qualify for any assistance and cannot afford housing. Many families in this range.	Enormous amount of stress to try to keep housing. Living in deteriorating conditions.

People of Color: Key Drivers & Health Impacts
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"If you have to go online for your therapy, if you have to cross state borders…if you can't go and have a baby without being violated and almost dying, it's so much…there's so much that other people just don't have to worry about, don't have to go through and it does wear on your ability to take care of yourself, keep your job, and keep your housing. It's just so heavy."

Key Drivers	Health Impacts
11. **Available housing became uninhabitable** after rain and flooding for some. Housing with previous issues were made worse.	Displaced people, with no housing to move into. People are living in unsafe housing situations.
12. **BIPOC community experiences both overt and subtle discrimination in the healthcare system**. Many White people are unaware how prevalent discrimination is. A BIPOC healthcare worker described the need to carry their healthcare badge to be treated as a human when a patient. "Trying to explain to a White therapist what being micro aggressed about your hair all day is like, is an exercise in futility and probably going to make your mental health worse."	Weathering is the invisible erosion of a person's essential life energy by being looked down upon and treated less than in a million tiny ways every day.
13. **Black women describe many situations of discrimination and trauma.** Healthcare professionals belittling symptoms and health conditions and making rude and judgmental comments. Multiple occurrences of not being believed, either for their own symptoms or the symptoms of their babies and children.	For Black women, the quality of medical care is extremely diminished: hurried, rude care, medical procedures done without medication, without medical staff introducing themselves or paying attention to the human aspects of care, children not thriving or almost dying, and high levels of stress and anxiety when dealing with health services.
14. **Little data on health outcomes for BIPOC Vermonters**: There isn't a lot of existing data and there aren't a lot of organizations measuring the differences in health outcomes for BIPOC Vermonters.	Impact of barriers and discrimination is unchecked.

People of Color: Key Drivers & Health Impacts
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Key Drivers	Health Impacts
15. Intense mental health struggle for kids and youth: Seeing toddlers who need mental health support up to elementary school: behavioral disruption, emotional dysregulation, anger, oppositional behavior. With older youth there is a lot of anxiety, depression, and disordered eating.	BIPOC students are majorly struggling with substance use disorders. Everyone working in schools being pulled to handle very angry kids. School personnel is in crisis – helpless and burnt out.
16. Not enough youth mental health and substance use providers. Decreasing funding of mental health positions in schools along with a crisis level increase in demand.	People who are not in mental health and substance use fields are handling this crisis. Without the mental health care they need, a high number of BIPOC youth are attempting suicide and know people who have taken their own lives.
17. Not enough mental health and substance use providers in general: Calls to police which are around emotional outbursts, rather than crime, have gone up significantly, where people need assistance to help regulate them in some way. In some smaller towns the police force spends most of its time working with people on mental health and substance use issues.	This is not the police's primary training, so they are handling a huge crisis with little expertise. Criminalizing mental health. Traumatizing.
18. The system of mental health in the state is overly complex and hard to navigate. Paperwork, lag time, providers with different licensures can bill for some services while others cannot.	Many people are struggling to find help or give up, relapse, overdose.
19. Intense isolation. Many, including youth and families, describe loneliness and feeling 'othered' in a very White state. Finding community was also a concern for BIPOC children of White parents.	Loneliness, additional stress, always having to adapt or represent, carrying an invisible weight to all situations.

People of Color: Summary of Key Drivers

#	Key drivers (not in order of importance)
1	Institutional inequity in healthcare.
2	Severe lack of provider diversity.
3	Cost of insurance/Medicaid is a barrier to care.
4	Parents and families prioritize children's healthcare over their own.
5	Multiracial Vermonters do not have a place to identify on intake forms and surveys.
6	Significant, constant cost worries about cost of living.
7	Low wages outstripped by high costs.
8	Inequity and discrimination in housing.
9	Lack of affordable housing.
10	People who are don't qualify for assistance and are struggling.

#	Key drivers (not in order of importance)
11	Available housing uninhabitable after floods.
12	BIPOC community faces overt and subtle discrimination in the healthcare system.
13	Black women experiencing discrimination and trauma in the healthcare system.
14	Little data on health outcomes for BIPOC Vermonters.
15	Intense mental health and substance use struggles for kids and youth.
16	Not enough youth mental health and substance use providers.
17	Not enough mental health and substance use providers in general.
18	VT mental health system is overly complex and hard to navigate.
19	Intense social, cultural, and service isolation.

People of Color: Possible Solutions

"The State of VT…had grant funding to support all these queer, BIPOC organizations around the state that were particularly looking at health and wellness…It was incredible, but it was not something that was funded long-term. It was a one-time pretty much grant opportunity and it was so moving to see what the community would build when it was actually funded, and they helped people tremendously."

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

Possible solutions
Diversify the workforce by retaining practitioners who are BIPOC and motivating them to move to and remain in Vermont.
Provide health care where people already are (e.g., partner with employers to bring healthcare services into work sites).
Have options to reflect mixed race in demographic questions.
Offer sliding scales for health services, even when someone has insurance.
Use plain, understandable language in all points of contact with clients/patients.
Encourage providers to engage with the community on a regular basis and be more visible in events like Juneteenth.
Have a proactive, integrated, ongoing mental health services for children in schools, so they have a safe place to start and end each day, and professionals who can support challenges that come up.
Collaborate across state agencies to integrate mental health, substance use, and medical services into shelters and housing.
Expand food assistance programs and make healthy foods more affordable and accessible (e.g., expand VeggieVanGo).
Add wound care to Narcan kits.
Support communities in creating welcoming, supportive and pro-social activities that bring people together.
Fund and sustain financial support of BIPOC community initiatives, so the community can help itself, rely on itself, and experience the empowerment that comes with that, eliminating the need for cultural training or to first establish trust.