Vermont State Health Assessment Community Engagement Data

People with Disabilities

The data in this slide deck is specific to the health needs of **people with disabilities** 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 with disabilities.

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. High costs of services, medications, and medical equipment, with many **struggling to afford care even with insurance**. "A lot of people can't afford healthcare or have a ton of medical debt, so they're avoiding going to the doctor because they literally can't afford it. I have Medicare and Medicaid, and on disability income. I'm not making ends meet."	Untreated conditions, worsening of chronic illnesses.
2. **Medicaid income restrictions** and Medicare limitations leave some unable to qualify for or use coverage.	Poorer overall health outcomes than with treatment and care.
3. **Rural residents with disabilities face additional barriers** to healthcare access, such as limited transportation options, long distances to providers, and a lack of local specialists.	Delayed or forgoing care.
4. **Difficulty finding providers, long wait times, and needing to travel out of state for some specialties.** The transition-age years seem to be a particularly high-risk time, with disruptions in support services as youth age out of pediatric care and into the adult system. "…home and community-based services are in a shambles…That system has been underfunded in various ways for more than three decades. The people in that pot…that qualify for 30 hours a week of community support, respite on the weekends, whatever that is, they're not getting any of those services. They might be getting three hours."	Lack of support throughout life and during key transition periods can set people on a path to chronic health challenges and increasing levels of disability.

People with Disabilities: Key Drivers & Health Impacts
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Key Drivers	Health Impacts
5. Unaccommodating providers and institutions: Individuals with mobility issues, blindness, and other disabilities encounter unaccommodating providers and inaccessible facilities, forms, and telehealth platforms. "The doctors don't speak in plain language. You don't understand how to sign up for the appointment…Do you think somebody with an IQ of 70 is managing that effectively? Not so much. There's still a lack of disability etiquette. You're an adult. You come in with your mom…and the doctor talks to your mom."	Inability to access quality care.
6. Extreme financial struggles and worries faced by people with disabilities, often due to high healthcare costs, limited employment opportunities, and inadequate income supports.	Poverty is a major driver of health inequities and can create additional barriers to care.
7. The lack of affordable, accessible housing in Vermont has major impacts on the health of people with disabilities.	The stress of housing instability takes a profound mental and physical toll.
8. Many are forced to **live in substandard conditions** with issues like mold, pests, and disrepair.	Substandard living conditions worsen chronic health issues, while housing instability causes toxic stress levels that lead to poor health outcomes.

People with Disabilities: Key Drivers & Health Impacts
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Key Drivers	Health Impacts
9. Those experiencing homelessness face even greater health risks, lacking access to basic hygiene, healthcare, and a safe environment. Shelters and hotels are often inaccessible.	Worsening chronic health issues and toxic stress levels lead to poor health outcomes.
10. People with disabilities **face pervasive stigma and discrimination in healthcare settings**. Providers often dismiss their concerns as "behavioral issues" or deem them less worthy of care.	Inappropriate treatment, neglect of co-occurring physical conditions, and patients feeling unwelcome.
11. Discrimination based on other marginalized identities like race, gender, and class compounds these issues.	Psychological distress, avoidance of care, and inadequate treatment of health issues, ultimately leading to health disparities and poorer health status for people with disabilities.
12. Interviewees discussed how **disability is closely intertwined with mental health and substance use issues**, which are prevalent and rising in Vermont.	Co-occurring disorders can exacerbate existing health problems.

Key Drivers	Health Impacts
13. Barriers to mental health treatment include a severe shortage of providers, long waitlists, limited options for youth and people with co-occurring disabilities, and again, high costs. "Our community mental health system is like, 'That's the other side of the house. You have an intellectual disability. I don't want to hear about your depression'…there is a real difficulty in accessing good mental healthcare for people who also happen to have developmental disabilities and are very stressed and lonely people because they're not getting any services right now."	Co-occurring disorders increase risk of injury and chronic disease.
14. Lack of intensive, long-term substance use treatment.	Can lead to premature mortality.
15. Inaccessible and inappropriate crisis response further traumatizes individuals.	Distrust of providers, hesitance from interacting with providers, delayed care.
16. A severe shortage of mental health providers and programs equipped to serve youth, especially those with co-occurring disabilities. Families face long waitlists, high costs, and difficulty finding accessible, appropriate care. Schools and community organizations are not adequately resourced to fill the gaps.	Youth with disabilities are an underserved group whose mental health and substance use needs are often overlooked in a strained system. Youth with disabilities are at higher risk for mental health crises and substance use issues, which can derail their health, education, and social development.

People with Disabilities: Key Drivers & Health Impacts
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Key Drivers	Health Impacts
17. Diabetes, heart disease, chronic obstructive pulmonary disease (COPD), chronic pain, and mobility impairments.	These disabilities have inherent health impacts and make it more difficult for individuals to access appropriate care.
18. A growing aging population that is learning to live with increased levels of disability. Dementia and Alzheimer's were noted as growing problems with limited support services.	Many challenges faced by aging people and family members and caregivers. Caregiving responsibilities can take a toll on physical and mental health, particularly when support services are lacking.
19. Secondary disabilities acquired through traumatic injury or complications from existing conditions.	Avoidable complications, worsened health outcomes.
20. Chronic disease management is impeded by lack of support: Lack of specialists, unaffordable medications and medical equipment, and stigmatizing provider attitudes.	Lack of support for these conditions leads to avoidable complications, faster disease progression, and poorer quality of life.

People with Disabilities: Summary of Key Drivers

#	Key drivers (not in order of importance)
1	Struggling to afford care even with insurance.
2	Medicaid income restrictions.
3	Rural residents face additional barriers.
4	Difficulty finding providers, long wait times, and needing to travel out of state for some specialties.
5	Unaccommodating providers and institutions.
6	Extreme financial struggles and worries.
7	Lack of affordable, accessible housing.
8	Living in substandard conditions.
9	Those who are unhoused face even greater health risks.
10	Face stigma and discrimination in healthcare settings.
11	Discrimination based on other marginalized identities.

#	Key drivers (not in order of importance)
12	Disability is closely intertwined with mental health & substance use issues.
13	Additional barriers to mental health treatment.
14	Lack of intensive, long-term substance use treatment.
15	Inaccessible and inappropriate crisis response.
16	A severe shortage of mental health providers and programs to serve youth, especially those with co-occurring disabilities.
17	Diabetes, heart disease, COPD, chronic pain, and mobility impairments.
18	A growing aging population that is learning to live with increased levels of disability.
19	Secondary disabilities related to current health conditions.
20	Chronic disease management is impeded by lack of support.

People with Disabilities: Possible Solutions

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

Possible solutions
Work with insurance companies and healthcare providers to offer longer medical appointment times for people with disabilities.
Use plain language in healthcare settings.
Train providers in cultural competency and disability etiquette.
Streamline benefits applications and advertise where to find information about programs and benefits.
Expand community-based, integrated mental health and substance use services.
Expand school- and community-based mental health prevention and early intervention programs and develop more intensive treatment options.
Offer more care coordination services and support.
Increase access to needed medications, mobility aids, and home modifications, and expand dementia support services.
Promote evidence-based chronic disease prevention and management programs.
Increase truly affordable and accessible housing stock and provide permanent supportive housing with on-site services.
Improve rural transportation infrastructure.
Improve coordination between schools, pediatric primary care, and disability services to support youth during times of transition.
Involve people with disabilities in policy and program planning.