

The 2024 State Health Assessment is an overview of what we know about the health and well-being of people in Vermont. This data brief reflects findings about the health needs and experiences of Indigenous People in Vermont. It includes information from publicly available data and focus groups and interviews with community partners and individuals with lived expertise.

## Key Findings

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**“That a number one priority is the challenge to be who we are. To be seen, to be acknowledged and to be included...just as human beings first.”**

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- The four tribes in the Abenaki nation, Missisquoi, Elnu, Nulhegan, and Koasek, are **consistently underrepresented** in statewide data.
- Causes of data underrepresentation:
  - **Institutionalized racism** leading to exclusion of non-white groups in studies.
  - Land theft **decentralizing communities**, making inclusion harder.
  - Inherent mistrust of institutions by Indigenous community members following a long history of **eugenics, forced sterilizations, and genocide**.
  - Reluctance to participate in data collection due to **sustained hopelessness**.

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**"I've known people who have lost jobs, including myself, once they found out that they were native. If I can take advantage of white privilege, why would I want to detriment my kids?"**

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- Median incomes for Indigenous households were **\$35,000** in 2022. For White households they were \$64,412.
- Cultural, financial, and administrative barriers, along with a **sustained history of discrimination**, contribute to Indigenous Peoples avoiding support services.
- Administrative processes that don't include Indigenous Peoples, or that require people to identify themselves as such, perpetuate **cultural isolation**.

**“There needs to be other options of therapy for people; music, dance, art, it's very important, especially for us as indigenous people to have that type of therapy.”**

- Middle school and high school-aged Indigenous students report feeling **hopeless**, having **thoughts of suicide**, or make **suicide attempts** at higher rates than all Vermont students.
- **Twice as many** Indigenous students tried alcohol before the age of 13 compared to all students, 26% to 13%.
- Chronic disease rates are **consistently higher** among Indigenous Peoples.

Prevalence rates for chronic conditions	COPD	Diabetes	Hypertension	Cardiovascular disease
All VT	7%	9%	25%	8%
<b>Indigenous Peoples</b>	<b>13%</b>	<b>17%</b>	<b>30%</b>	<b>24%</b>

- Support services provided by and for Indigenous Peoples are **underfunded** and not incorporated into the existing service infrastructure.
- Widespread **food security challenges**. These can be addressed with further support for community farms and food pantries run by Indigenous Peoples.
- Traditional healthcare does not allow for **Indigenous spirituality practices**, further alienating Indigenous Peoples.

**“We do everything for the next seven generations. Not just for one generation or a year...to actually own it and be a part of it and look at long term effects and how that's going to help people long term.”**

## References:

- [County Health Rankings](#), University of Wisconsin Population Health Institute. Resources include:
  - [VT Department of Health Population Health Surveys and Data](#)
  - [VT Agency of Education Data and Reporting](#)
  - [VT Cancer Registry](#)
  - [VT Crime Information Center](#)
  - [VT Department of Health Environmental Public Health Data Tracking](#)
  - [VT State Highway Safety Office](#)
  - [VT Vaccination coverage](#)
- [CARES database](#), University of Missouri. Data compilation is from many sources, including but not limited to:
  - US Census Bureau
  - American Community Survey (ACS)
  - Centers for Disease Control and Prevention (CDC)
  - United States Department of Agriculture (USDA)
  - Department of Transportation
  - Federal Bureau of Investigation
- [Behavioral Risk Factor Surveillance System \(BRFSS 2021\)](#)
- [Youth Risk Behavior Survey](#)
- [Health Equity for Abenaki Indigenous People: Improving Access to Quality Mental Health and Substance Use Services](#) by Maria Mercedes Avila, Christine Begay Vining, Joshua Allison-Burbank, and Christine Velez