



Seeking Feedback on the Draft of the 2025-2030 Vermont State Health Improvement Plan

January/February 2025

What are we asking of you?

- Review this brief slide presentation to learn:
 - Why we have a State Health Improvement Plan;
 - How it was developed;
 - A draft of the plan.
- Afterwards, complete this [survey](#) by Friday, February 28 to provide feedback on the draft plan.

What is the State Health Improvement Plan (SHIP)?

- The State Health Improvement Plan is also called the SHIP.
- It is a five-year roadmap (2025-2030) for ensuring that all people and communities in Vermont have inclusive, equitable, and sustainable access to opportunities for health and well-being.
- It reflects the shared efforts of people and organizations across the state and helps to coordinate on important issues facing people in Vermont.
- It outlines what we plan to achieve, how we will achieve it, and how we will know if we have achieved it.

SHIP Goals 2025-2030

The goals are the outcomes we hope to achieve through the SHIP. They reflect the most important health needs facing people in Vermont. They were identified based on focus groups and interviews with community members and partners across the state, as part of the 2024 State Health Assessment.

Access to Care: Increase access to inclusive, equitable, and affordable health care services.

Cost of Living: Improve health and quality of life by addressing the impact of the high cost of living.

Housing: Improve the availability of affordable, accessible, and safe housing.

Mental Health & Substance Use: Strengthen the capacity of the mental health and substance use services system to support individuals and communities.

How the SHIP was developed

Definitions

Strategy: A series of broad actions taken to achieve the SHIP goal.

Indicator: A quantitative measure of how well we are achieving the SHIP goal.

- Workgroups met between October–December 2024 to draft the plan, based on key findings from the State Health Assessment.
- Workgroup members include state agencies, community organizations, and individuals with lived expertise.
- They prioritized strategies that would be the most feasible and impactful, especially for communities experiencing inequities.
- Some of the strategies align with existing efforts to which we hope to bring visibility and support. Some will require new or improved ways of working.

Access to Care

Proposed Strategies: Access to Care

1. Expand health care services (including telehealth) provided in the home, schools, workplaces, and other community-based settings to facilitate equitable access to care for underserved populations.
2. Enhance safe and accessible public transportation options, especially in rural areas, to enable people to get to and from health care appointments and promote community connectedness.
3. Support a statewide infrastructure for community health workers (front line public health professionals who are trusted members of or understand the community being served) to guide people in navigating the health care and social service system using a culturally appropriate, person-centered approach.
4. Promote cultural humility and antiracism in the health care system by creating more welcoming health care environments, providing training for existing staff and recruiting and retaining more racially, linguistically, and culturally diverse staff.
5. Streamline paperwork and other administrative requirements to ease demands on the health care workforce and improve the patient experience.

Proposed Indicators: Access to Care

1. % of adults who experienced transportation insecurity in the last year.
(Behavioral Risk Factor Surveillance System)
2. % of Medicaid-enrolled children age 1 to 17 who received a preventive dental service in the calendar year
(Medicaid claims)
3. % of youth age 12 to 17 who received at least one preventive health care visit in the past 12 months
(VT School Nurse Report)
4. % of children age 0 to 11 who had at least one preventive care visit in the past 12 months
(National Survey of Children's Health)
5. % of physicians providing primary or specialty care in VT that are Black, Indigenous, or a person of color
(Health Care Workforce reports)
6. % of physician assistants providing primary or specialty care in that are Black, Indigenous, or a person of color
(Health Care Workforce reports)
7. % of dentists providing primary or specialty care in VT that are Black, Indigenous, or a person of color
(Health Care Workforce reports)

Cost of Living

Proposed Strategies: Cost of Living

1. Expand programs and initiatives that ensure all children and adults in Vermont have consistent, dignified access to nutritious food.
2. Promote agricultural, regional planning and health care systems and policies that promote food security and sustainability.
3. Maximize the reach and impact of existing public benefits, such as child care financial assistance, energy assistance, and WIC, to create a more just and resilient safety net.
4. Advocate for policies that contribute to financial well-being such as guaranteed/universal basic income and educational savings accounts.
5. Enhance pathways to education and employment for people in Vermont, including youth, older people, and people with disabilities.

Proposed Indicators: Cost of Living

1. % of households experiencing food insecurity in the past 12 months
(U.S. Census, Current Population Survey, Food Security Supplement)
2. % of people living below the poverty level in the past 12 months
(U.S. Census, American Community Survey)
3. % of adults age 18 and older who did not see a doctor when they needed to because they could not afford it in the past 12 months
(Behavioral Risk Factor Surveillance System)
4. % of adults who report being dissatisfied or very dissatisfied with their life
(Behavioral Risk Factor Surveillance System)
5. % of high school seniors with plans for education, vocational training, or employment
(VSAC senior survey)

Housing

Proposed Strategies: Housing

1. Increase investments in the development, restoration and stewardship of affordable, accessible, and safe housing units.
2. Expand access to varied sheltering options to meet people's needs, such as congregate and scattered site shelters, safe places to stay when a home is deemed uninhabitable, and respite care.
3. Ensure that all individuals and families who are unhoused or at risk of being unhoused have access to Coordinated Entry and that the process connects people to housing that meets their unique needs.
4. Assess and reduce environmental health risks within homes by leveraging assets such as community health workers, Town Health Officers, and home weatherization initiatives.
5. Identify and enhance existing communication and coordination across state and community organizations about housing availability, resources, and needs.

Proposed Indicators: Housing

1. % of households that spend 30% or more of their income on housing
(U.S. Census, American Community Survey)
2. % of adults who were unable to pay their mortgage, rent, or utilities at some time in the past year
(Behavioral Risk Factor Surveillance System)
3. % of children age 1 to 2 whose blood lead level was non-detectable in the past 12 months
(Healthy Homes and Lead Poisoning Surveillance System)
4. Rate of emergency department visits with a primary cause of asthma per 10,000 people age 5+
(Vermont Uniform Hospital Discharge Data Set)
5. Rate of emergency department visits with a primary cause of asthma per 10,000 children under 5
(Vermont Uniform Hospital Discharge Data Set)
6. % of children who live in a supportive neighborhood (people in this neighborhood help each other out, watch out for each other's children and know where to go for help in the community)
(National Survey of Children's Health)

Mental Health & Substance Use

Proposed Strategies: Mental Health & Substance Use

1. Integrate mental health, substance use disorder treatment, physical health, and health equity into a comprehensive care approach.
2. Foster psychologically safe working conditions and expand financial supports to recruit and retain racially, linguistically, and culturally diverse mental health and substance use providers.
3. Expand the peer workforce and the availability of peer support to diversify and promote health equity within the mental health and substance use service system.
4. Offer training and support for community service providers to deliver trauma-responsive services, care, education, and resources.
5. Strengthen community- and school-based opportunities that promote social well-being and connectedness and are tailored to the unique needs of different populations, such as LGBTQ+ youth, older people, Indigenous people, people of color, and people with disabilities.
6. Implement and expand equitable access to existing mental health and substance use services, including evidence-based treatment for people with substance use and mental health disorders, community harm reduction initiatives, and community prevention programs.

Proposed Indicators: Mental Health & Substance Use

1. Rate of suicide deaths per 100,000 people
(Vital Statistics)
2. Rate of accidental or undetermined opioid-related deaths per 100,000 people
(Vital Statistics)
3. % of adults age 18 and older who currently use cigarettes, e-cigarettes, or smokeless tobacco
(Behavioral Risk Factor Surveillance System)
4. % of students in grades 9 through 12 who feel like they matter to people in their community
(Youth Risk Behavior Survey)
5. % of mental health counselors providing patient care in Vermont that are Black, Indigenous, or a person of color
(Health Care Workforce reports)
6. % of social workers providing patient care in Vermont that are Black, Indigenous, or a person of color
(Health Care Workforce reports)
7. % of psychologists providing patient care in Vermont that are Black, Indigenous, or a person of color
(Health Care Workforce reports)
8. % of licensed alcohol and drug use counselors providing patient care in Vermont that are Black, Indigenous, or a person of color
(Health Care Workforce reports)

What's next?

- Complete this [survey](#) by Friday, February 28 to provide feedback on the draft plan. You will be able to provide feedback on one or more goals.
- Workgroups will update the plan based on feedback received.
- The State Health Improvement Plan will launch in April 2025.
- Workgroups will continue to meet over the five-year period of the plan to implement and coordinate efforts.
- If you have questions, reach out to katie.stetler@vermont.gov.