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State Health Assessment and Plan

State Health Assessment =

What do we know about the health of Vermonters?

State Health Improvement Plan =

What are we going to do about it?

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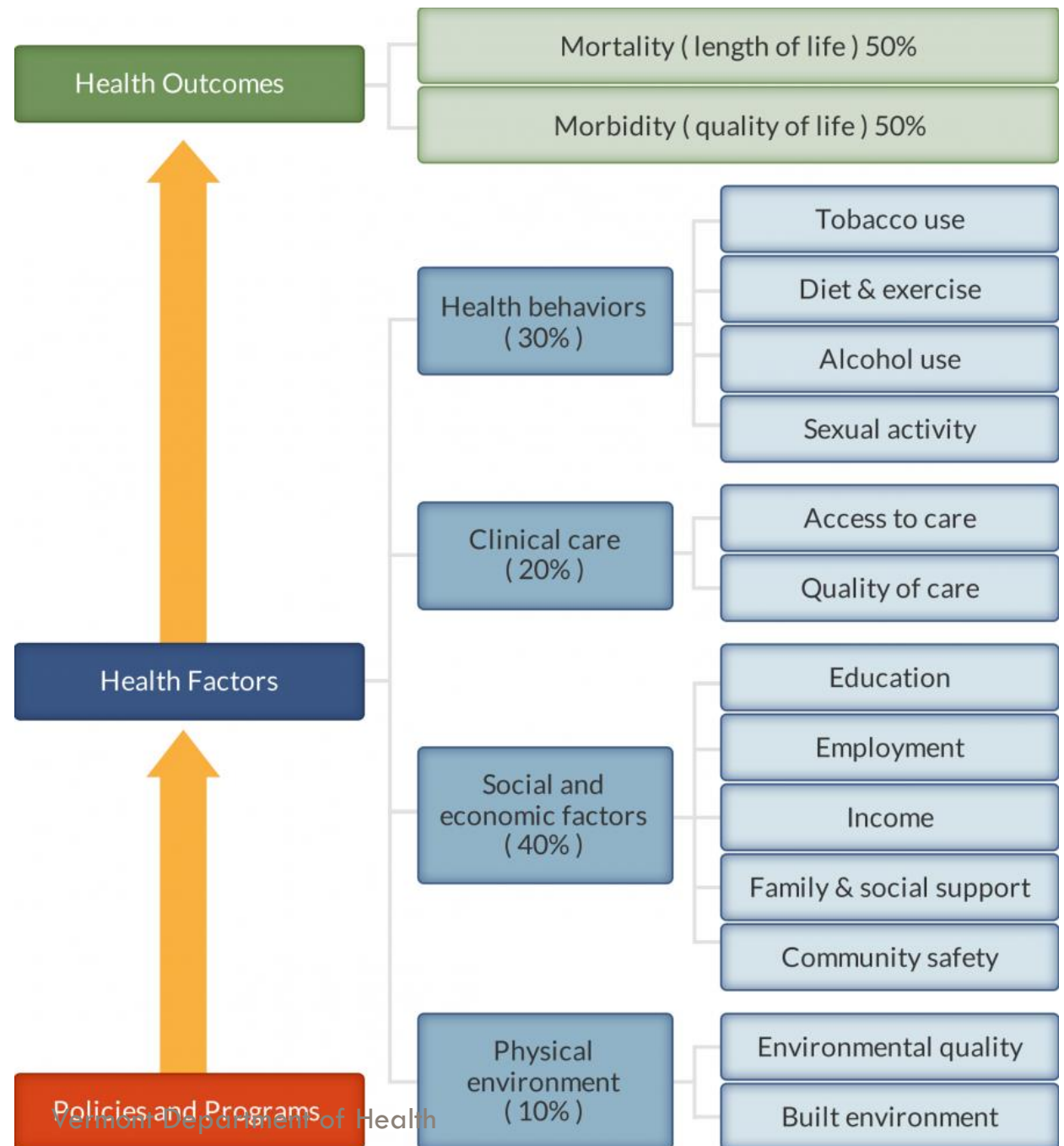
State Health Assessment

What are the key health challenges in Vermont?

What are the contributing factors?

Which populations are most affected?

- What are the key health challenges in Vermont?
- What are the contributing factors?



Which populations are most affected?

Disparities: Statistical differences in health that occur among populations defined by specific characteristics (e.g. age, sex) Could be from any cause.

Inequity: Differences in health outcomes that are avoidable, unfair, and shaped by condition of people's lives related to the distribution of money, power and resources.

Often associated with social categories of race, gender, ethnicity, social position, sexual orientation and disability.

Health Equity

Health equity exists when all people have a **fair and just** opportunity to be healthy, especially those who have experienced socioeconomic disadvantage, **historical injustice** and other **avoidable inequalities** that are often associated with social categories of race, gender, ethnicity, social position, sexual orientation and disability.

Applying a Health Equity Lens to the State Health Assessment

- Who we engage
- How we engage
- What data we consider and how we analyze it
- How we report the data/report

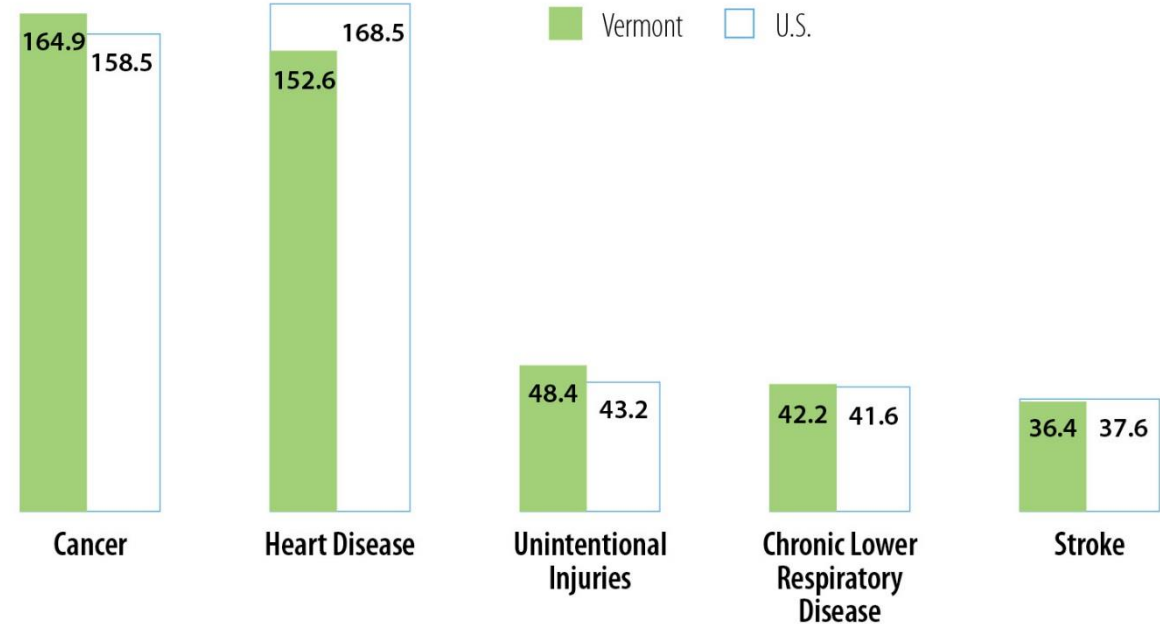


Overall Health Statistics

Leading Causes of Death

Vermont Vital Statistics • 2015 / National Center for Health Statistics • 2015

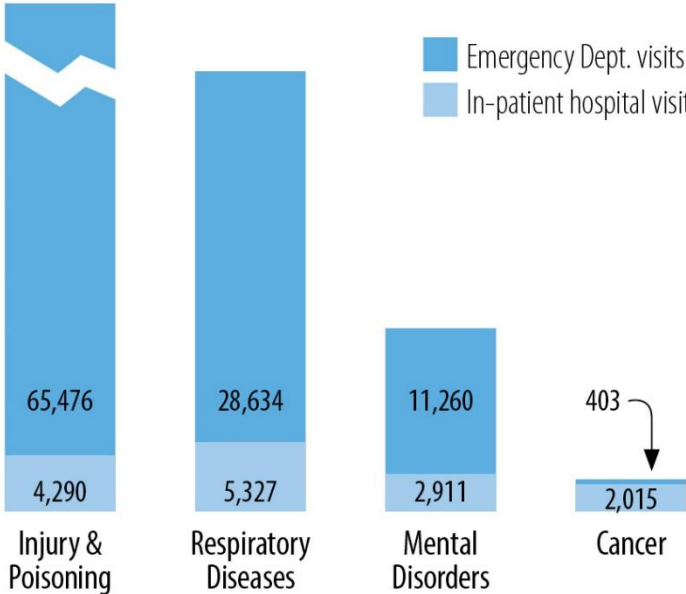
deaths, per 100,000 people (age-adjusted)



Leading Causes of Hospitalization

Vermont Uniform Hospital Discharge Data Set • 2015

of hospital and emergency department visits among Vermont residents at Vermont hospitals in 2015



Overall Health Statistics

Quality of Life

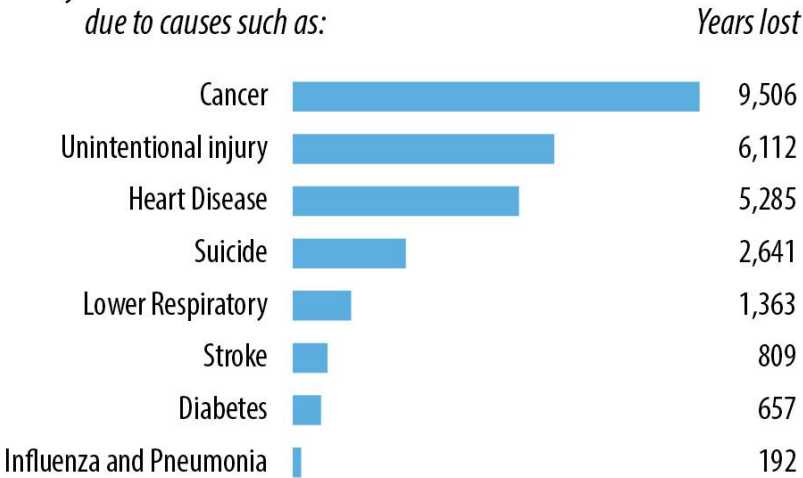
Vermont Behavioral Risk Factor Surveillance System • 2016

% of adults who report they are in poor physical or mental health

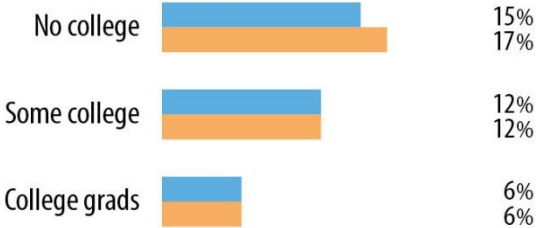
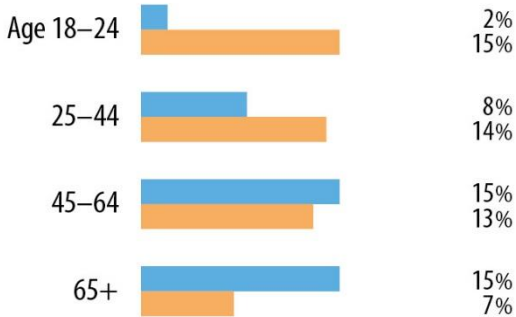
Years of Life Lost to Premature Death

Vermont Vital Statistics • 2015

*In 2015 there were an estimated 35,215
total years of life lost to Vermonters
due to causes such as:*



■ 14 or more poor **physical** health days in the past month
■ 14 or more poor **mental** health days in the past month

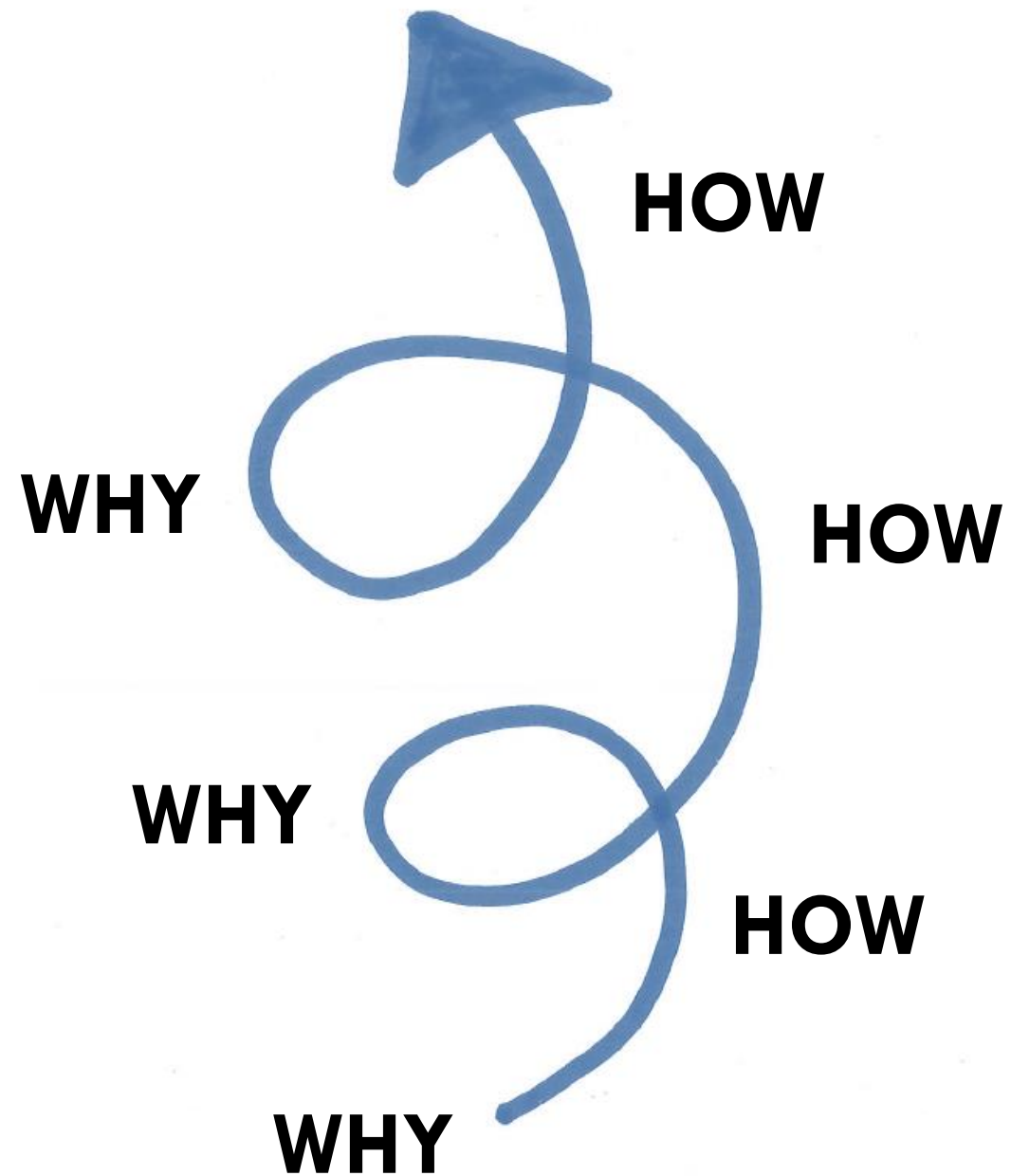


Which populations are most affected?

Those who have experienced socioeconomic disadvantage, **historical injustice** and other **avoidable inequalities** that are often associated with social categories of **race, gender, ethnicity, social position, sexual orientation and disability**.

Asking why — Pause





“Everyone should be able to live in an environment where they feel accepted, respected, welcomed, valued, safe. Communities should be embracing.”

“Having an invisible disability is socially isolating.”

“It’s easier for society to select a certain group of people as being ‘less than us’.”

“All health issues are LGBTQ health issues so LGBTQ should be part of all conversations.”

“Vermont doesn’t do a good job recognizing or acknowledging people who aren’t white.”

"I feel included but only if I can speak English... and sometimes I get tired of it. Otherwise, no one gives you a chance to see if you're capable."

“Our society would have to look radically different for everyone to have an equal opportunity to be healthy. We need to have more equal distribution across the board [not just health, but other systems as well].”

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State Health Improvement Plan

Vision

Outcomes

Indicators

Strategies

In five years, if we have successfully worked towards achieving health equity, what would we have accomplished?

Vision: All people in Vermont have a fair and just opportunity to be healthy and live in healthy communities

- Everyone feels respected, valued, included, and safe to pursue healthy and meaningful lives;
- All ages, all abilities, and all Vermonters have equitable access to the conditions that create health;
- Investments are focused on prevention and the conditions that create positive health outcomes; and
- Services are available, accessible, affordable, coordinated, culturally and linguistically appropriate and offered with cultural humility.

Core Values: Equity • Affordability • Access



Affordable, Healthy, Local Food



Health and Prevention Services



Recreation, Parks and Natural Resources



Safe and Efficient Transportation



Safe, Quality Housing



Safe and Supported Community Early Childhood Development



Economic Prosperity, Equitable Law and Justice System



Family Wage Jobs and Job Opportunities



Clean and Sustainable Natural Environments



Quality Education



Strong, Vibrant Communities



Civic Engagement and Community Connections

Priorities from the State Health Assessment

Health Conditions/Outcomes

- ❑ Childhood Development
- ❑ Chronic Disease
- ❑ Mental Health
- ❑ Oral Health
- ❑ Substance Use Disorder

Social Conditions/Determinants

- ❑ Housing
- ❑ Transportation
- ❑ Food
- ❑ Income/Economic Stability

Priority Populations and Outcomes

2018-2023	Disability	LGBTQ	People of Color	Low SES	Other
Childhood Development				x	x
Chronic Disease	x	x	x	x	x
Mental Health		x	x		x
Oral Health	x			x	x
Substance Use		x	x		
Cross-cutting Co-occurring	x	x	x	x	x
		Vermont Department of Health			

Outcomes

- Fair and just opportunities exist for health throughout Vermont
- Vermonters have the resources for healthy living and healthy aging
- All children achieve optimal development
- Vermonters have life-long opportunities for oral health
- Vermonters demonstrate resiliency and mental wellness

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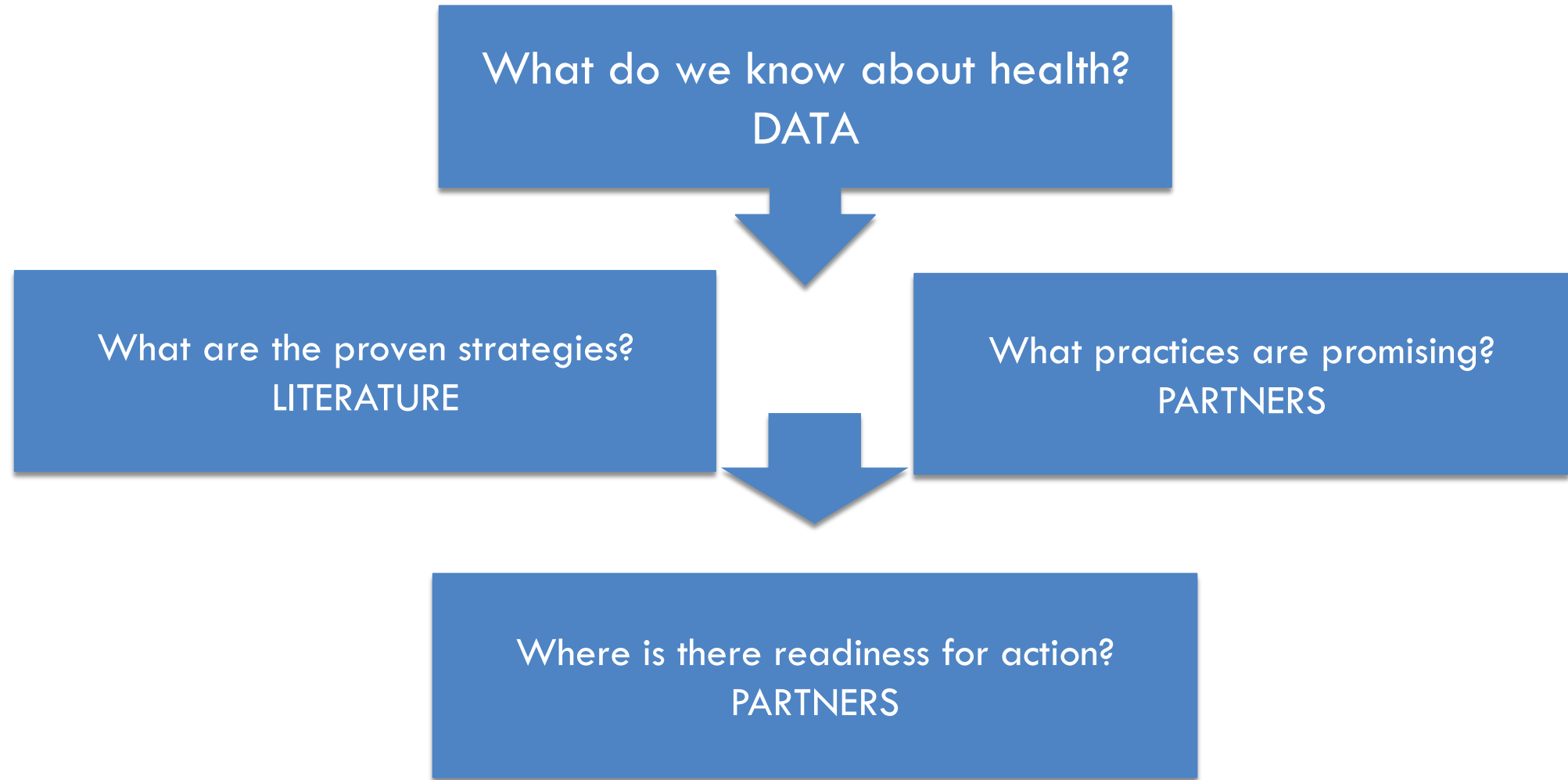
How?

Process used to identify and select strategies

Current draft strategies

Finalizing strategies

Selecting Strategies



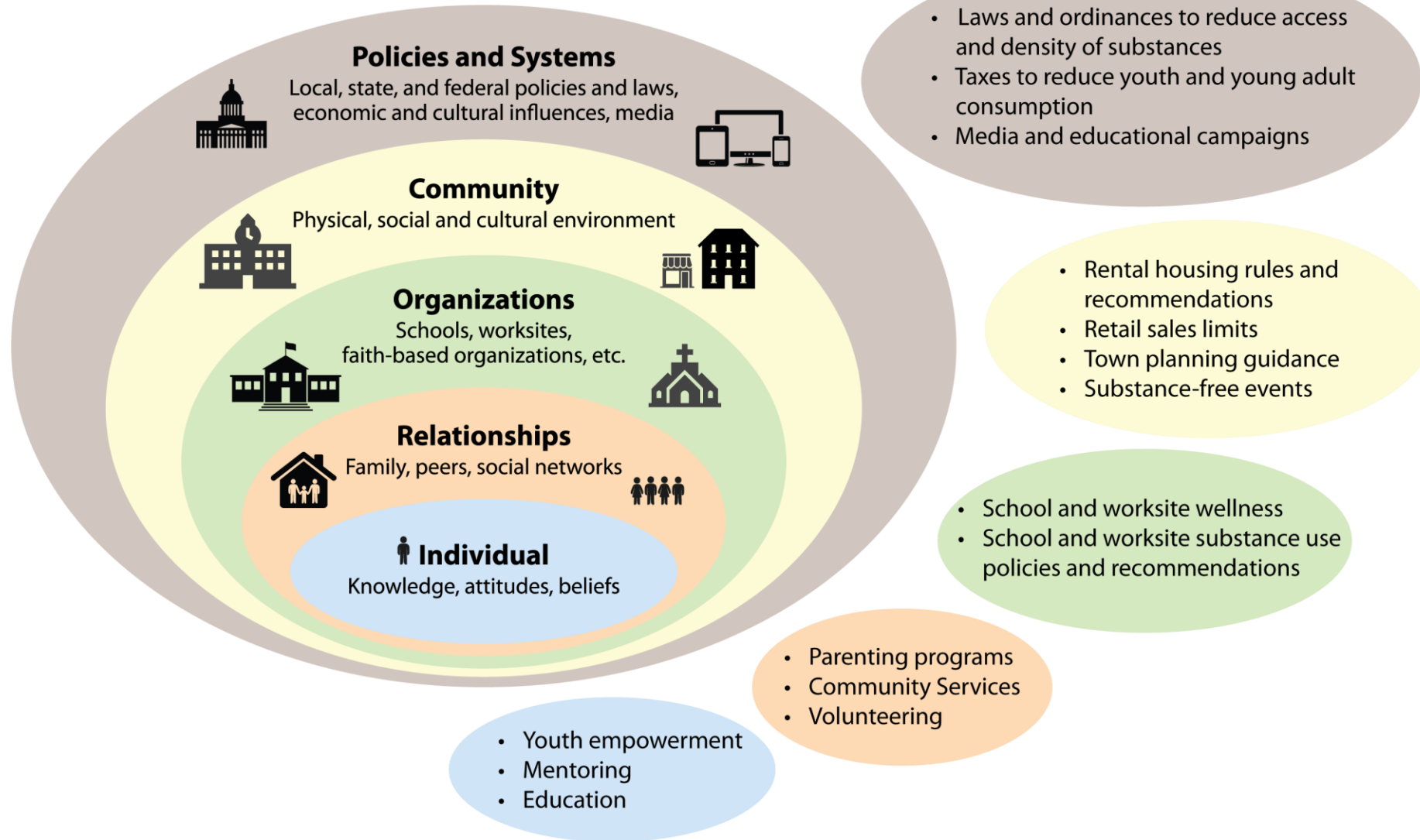
Partner Engagement

- Learn about the issues and proposed strategies
- Offer additions based on intersection with partner work
- Sign up for implementation plan development
- Identify strategies most “ready” with our priority populations - where is there energy/support to move forward
- Consider experience in working with the priority populations based on equity

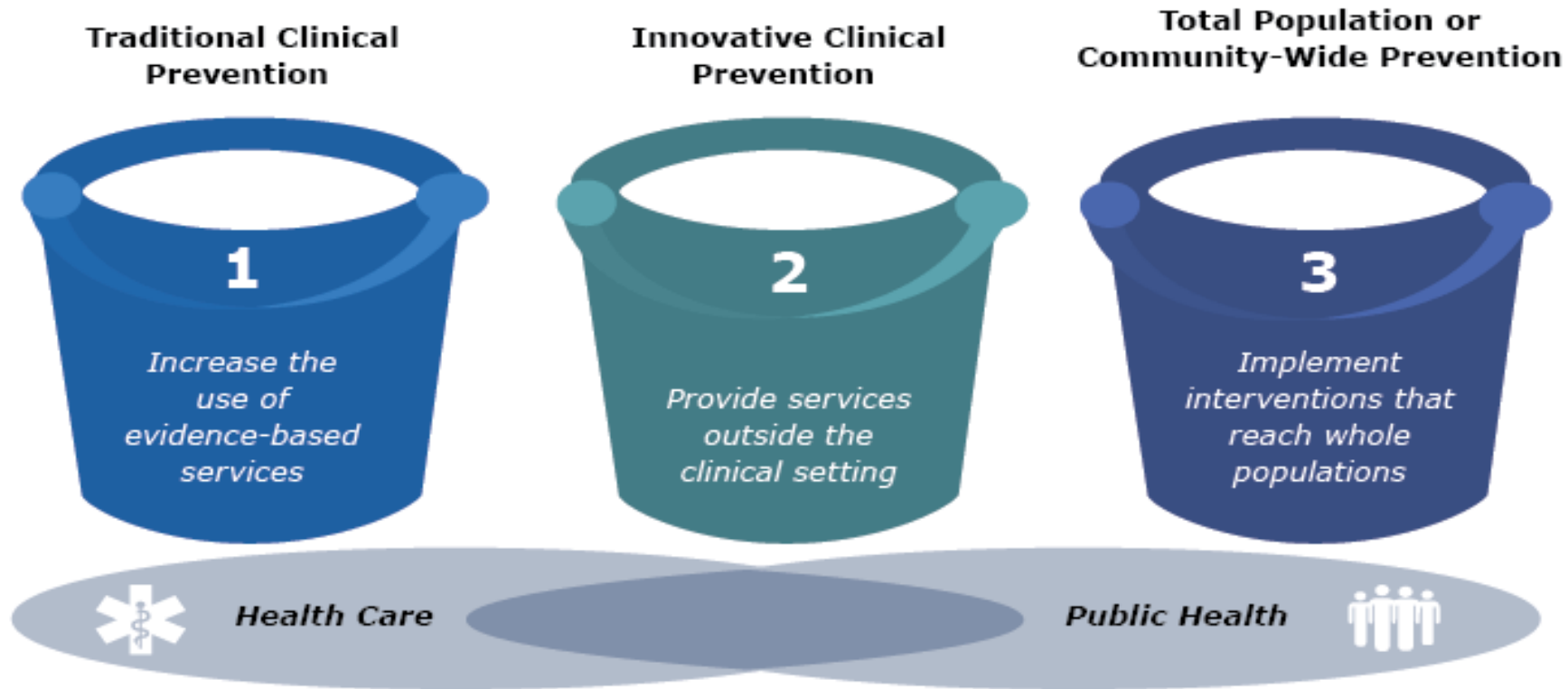
Cross-Cutting Strategies

- ❑ Implement policies and invest in **infrastructure** to create healthy communities
- ❑ Invest in programs that promote individual and community **resilience, connection** and **belonging**
- ❑ Expand **access** to **integrated** person-centered care and services
- ❑ Implement **institutional changes** for equity

Substance Misuse Prevention Model



Framework for Strategies with Health Care Partners



To read more: <http://journal.lww.com/jphmp/toc/publishahead>



Invest in **Infrastructure** to Create Healthy Communities

- ❑ Promote policies and norms related physical activity, nutrition, tobacco and substance use in municipalities, worksites and other sectors
- ❑ Create incentives and flexibility for primary prevention efforts such as “Food as medicine” and “Housing as healthcare”
- ❑ Expand loans and grants for housing and weatherization
- ❑ Create shared investments and partnerships for transportation to increase connectivity and reduce isolation
- ❑ Use state regulatory levers (e.g., health insurance regulation, provider and ACO regulation, health care organization and workforce licensure, etc.) to encourage investments in primary prevention

Invest in programs that promote individual and community resilience, connection and belonging

- ❑ Expand access to an array of home visiting services for families with and expecting young children
- ❑ Promote cross-sector and community-based collaboration that is informed by family voice to build efficient and effective early childhood systems that mitigate the impact of adversity and strengthen protective factors
- ❑ Expand opportunities in the community to build resilience and protective factors among youth (mentors, peer programs and supports)
- ❑ Implement school health and wellness plans, policies, programs to support healthy behaviors, resilient youth, and positive school environments
- ❑ Create community-based resiliency and recovery supports such as: training, coaching, and peer services

Expand Access to Integrated Person-Centered Care

- Create universal screening and referrals for children in early care, education and health settings
- Implement Screening, Brief Intervention and Navigation Services (SBINS) in health care practice settings
- Implement Zero Suicide
- Pilot innovative payment and service delivery models to improve access to and the quality of dental care in medical homes and alternative settings (e.g. community clinics, schools, home visiting, nursing homes), including Telehealth

Adopt Institutional Practices for Increasing Equity

- Provide culturally and linguistically appropriate care and services
- Apply knowledge about bias and structural racism in developing programs, policies and budgets
- Incorporate the roots of inequity in work across sectors
- Engage in meaningful ways with communities experiencing inequities in order to develop a shared agenda to advance health equity

Finalizing Strategies



Implementation Plan: Year One

- Identify existing relationships and connections
- Share insights and experiences in working with populations of concern
- Develop a shared agenda and implementation plan with the populations affected

For More Information

For the full report: [2018 State Health Assessment](http://www.healthvermont.gov/about/reports/state-health-assessment-2018)

<http://www.healthvermont.gov/about/reports/state-health-assessment-2018>

For data beyond the report:

❑ [Scorecard for State Health Improvement Plan 2013-2017](http://www.healthvermont.gov/about/performance/state-health-improvement-plan-2013-2017)

<http://www.healthvermont.gov/about/performance/state-health-improvement-plan-2013-2017>

❑ [Community Health Needs Assessment by HSA](http://www.healthvermont.gov/ia/CHNA/District/atlas.html)

<http://www.healthvermont.gov/ia/CHNA/District/atlas.html>

❑ [Data Encyclopedia](http://www.healthvermont.gov/sites/default/files/documents/pdf/Data_Encyclopedia.pdf)

http://www.healthvermont.gov/sites/default/files/documents/pdf/Data_Encyclopedia.pdf

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