Vermont State Health Assessment Community Engagement Data

Indigenous People

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

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%

Indigenous People: Key Drivers & Health Impacts
(slide 1 of 5)

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

Key Drivers	Health Impacts
1. Distrust and fear of state and government institutions based on current and longstanding discrimination and mistreatment. "We live in a state of Vermont. They had eugenics that came and took our kids. We had a choice, either you went to jail, you were sterilized, or they took your kid. That was what was choices. So, when the state of Vermont shows up or anything that has that identity, we don't trust them, because they've shown their true colors. We say you can speak all you want, but action shows your true colors..."	Members of the community are unwilling to engage in healthcare initiatives. "Many folks in our communities who did not get any COVID vaccines and still do not, they do not trust the establishment because the establishment was imposed unwillingly a long time ago, and that still hasn't changed, and that's why there needs to be options for people to look for solutions within their communities."
2. Health institutions not recognizing **native spirituality as part of health, fresh food as medicine**, impact of natural medicines, and the importance of wellbeing of community.	Inability for the native community to access a healthy lifestyle, healthcare, and prevention activities. "If you're not even seen, you don't exist. [...] It's really hard to say, well, there's this great program and we can't get into it, or we need to adapt this program. I would just say what program? The programs that we need - they don't exist. We can't fix them."
3. Being excluded in healthcare, for example, in forms in the hospital as a demographic.	No services and programs exist for a population that isn't recognized as existing.
4. Recognition of tribal structure, its leaders as the voice of the people.	Speaks to recognition, identity, structure of communication, building health and wellbeing.

Indigenous People: Key Drivers & Health Impacts (slide 2 of 5)

"It seems like people who try to help themselves and better themselves never get ahead. But if I quit my job, my family would have a low enough income that we would all be covered by health insurance, my kids could get free college, and some of my household bills would be paid for. But we won't do that so instead we struggle."

Key Drivers	Health Impacts
5. Impacts of living in poverty: many live in rural areas, low socioeconomic status, experience insurance difficulties, unaffordable healthcare, insufficient transportation, low quality of care, low quality of food, high levels of stress, and not enough providers.	Avoid going to doctors and specialists. Living with enormous amounts of stress. Veterans and older Indigenous people are unable to get to services.
6. Need time to build trust and relationships with providers and VT Department of Health personnel to be able to open up and engage. Clinics closing and constant turnover of providers makes relationships unattainable.	Giving up trying to find care.
7. High need and many barriers to dental and vision care. "Getting to a specialist in the state of Vermont is ridiculous. Let alone a dentist, let alone an eye doctor, and it can take you six months to get into an eye doctor."	"Most people can't afford dental or offer those plans, or even subsidies towards it. So then you go without because you can't afford it, and then I told you the scenario, you walk into the emergency room, you come out with a $40,000 bill, and you never get out from under that debt for the rest of your life."
8. Economic hardships despite hard work. So many struggling to keep their businesses going, working multiple jobs, and still unable to afford basics. "If we could expand Medicaid to include marginal people, I qualify because I'm broke, but there's teachers who make a pretty decent salary and can afford to live, but they can't afford the healthcare too, so they're forced into making those decisions. Do I eat or do I go to the doctor?"	Closing Native businesses so owners can get health insurance working for someone else. Not treating conditions so not to miss wages. Going without insurance. Emotional turmoil juggling between what to pay. Difficult to raise kids this way.

Indigenous People: Key Drivers & Health Impacts (slide 3 of 5)

"Our people are not going to air their dirty laundry, so there's no privacy when you get there [the mental health agency]. Everybody knows you're there and that's just not something that works for our people either."

Key Drivers	Health Impacts
9. Affordable healthy fresh food is a huge concern. For the Indigenous community, natural fresh food is medicine. Gardening is engrained in the culture and values, and there's immense knowledge of sustainable practices leading to being able to feed everyone, reducing costs, and helping community identity and mental health. Contrast this with a reality in which parents go hungry so kids can eat badly processed food.	The Indigenous community is further susceptible to specific health concerns from processed foods than other populations. Choosing between meds and food. Going hungry.
10. Unaffordable housing options, an increase in the amount of people struggling with housing or are unhoused. Veterans and older Indigenous people were recognized as two populations especially vulnerable in the current housing and high cost of living conditions.	Hopelessness, high levels of stress, cannot get to services depending on where they can afford to live. Only with affordable housing can people start to meaningfully address health, safety, education, or anything else.
11. Multiple ways in which **identity is attacked, questioned, or belittled** in medical settings.	Not being able to identify yourself and embrace who you are in a medical setting influence how much you reveal to providers, how heard you are, and how prepared providers are to treat you well.
12. Identifying as Indigenous is not safe. Safer to not identify as Indigenous.	Tremendous loss of identity and culture if not identifying. Being attacked if identifying.
13. Ignorance and lack of awareness contributing to further fear and distrust. "In 1978, almost 5,000 indigenous women were sterilized without consent…It's fresh. It's an open wound."	Distrust and fear are exacerbated by ignorance of medical personnel who do not understand or anticipate it.

Indigenous People: Key Drivers & Health Impacts (slide 4 of 5)

"Then they ask you when you get to the doctor's office, do you feel safe at home? Are you depressed? We don't know these people. Why would we tell them yes, we are, no, we're not. We wouldn't do that. We have to have some kind of relationship with somebody to be able to open up with them."

Key Drivers	Health Impacts
14. Lack of Indigenous providers: Difficult to talk to a counselor who doesn't come from an indigenous community, understands the cultural and spiritual aspects. While seeking help, people find that they also must give a history lesson and bring therapists up to speed culturally.	Not getting therapy and psychiatric needs met, even when in crisis. High suicide rates.
15. People in the community live with multiple sources of trauma. Elders still remember some of the traumatizing actions taken by the state, intergenerational trauma, PTSD of veterans returning from services.	Encountering providers with lack of cultural awareness, history, and who treat with no knowledge of trauma-informed care.
16. High rates of suicide and many barriers to mental health care.	"We have the highest suicide rate…There's like 50 people to 100 people per counselor and they're waiting in line for somebody not to need services so that people can actually get services."
17. Medicaid dictating therapy. Therapy modalities such as art, for those not wanting to engage in traditional talk therapy, are not approved by Medicaid. "How Medicaid allows you to be charged and who can charge and who can't, and how the state of Vermont allows certain people to charge and others can't. The same thing with the VA [Veterans Administration], if you don't have certain credentials, and you're not on their list, you can't use us or anybody else.	Lack of providers and help is exacerbated. "Even if you can find somebody out of state, is Medicaid going to pay for it? I live on a very fixed income, and even for me to put out $30 a month it's going to affect other parts of my life tremendously, and I'm lucky in that I'm not ready to kill myself, but there are people out there that probably are, and they still can't get the help either."

Indigenous People: Key Drivers & Health Impacts (slide 5 of 5)

"We need to really aggressively help people. It's just crazy that instead, money is being spent on advertising health insurance plans and on layers and layers of administration that just complicate things."

Key Drivers	Health Impacts
18. Readily accessible alcohol, opioids, and cannabis in the community are being abused. Consider cannabis a drug and have concern about its use to numb. Frustrated about dispensaries opening. Consider methadone as drug addiction, and not as recovery.	Dispensaries impacting kids and those who want to be in recovery. See many impaired from drugs, many overdoses.
19. See substance use as a result of not being able to flourish as a community.	Health of the community and health of a person are intertwined.
20. Higher rates of conditions such as diabetes, pancreatic cancer, glaucoma and degenerative eye issues, liver issues unassociated with alcohol and drugs, and ear infections for kids.	Processed food leading to some of these higher prevalences. Providers' ignorance about Indigenous- specific susceptibilities and care.
21. Gaps in care are frequent because of high cost of services, delayed care, dealing with bureaucracy of care, and Medicare denying medications that have been working.	Gaps of care lead to increasing symptoms and severity of illness.
22. Fear of not being able to afford healthcare, of choosing between healthcare and food or bills, and of losing home.	Healthcare in itself is the cause of a lot of stress and instability.

Indigenous People: Summary of Key Drivers

#	Key drivers (not in order of importance)
1	Distrust and fear of state and government institutions.
2	Lack of recognition that native spirituality is part of health.
3	Being excluded in healthcare.
4	Recognition of tribal structure.
5	Impact of living in poverty.
6	Need time to build trust and relationships.
7	High need and many barriers to dental and vision care.
8	Economic hardships despite hard work.
9	Affordable, healthy fresh food is a frequent concern.
10	More people struggling with housing.
11	Identity is attacked, questioned, belittled.
12	Identifying as Indigenous is not safe.

#	Key drivers (not in order of importance)
13	Ignorance and lack of awareness contributing to further fear and distrust.
14	Lack of indigenous providers.
15	Living with multiple sources of trauma.
16	High rates of suicide, many barriers to mental health care.
17	Medicaid dictating therapy.
18	High rates of alcohol, opioids, and cannabis abuse.
19	See substance use as a result of not being able to flourish as a community.
20	Higher rates of specific health conditions.
21	Gaps in care are frequent.
22	Fear of not being able to afford healthcare is a stressor.