



Fiscal Year 2020 Budget Testimony

Health Commissioner Mark Levine, MD • February 7, 2019

Public Health in Vermont

★ Health Department Local Offices



Vision

Healthy Vermonters living in healthy communities

Mission

Protect and promote the best health for all Vermonters

- 1 Effective and integrated public health programs
- 2 Communities with the capacity to respond to public health needs
- 3 Internal systems that provide consistent and responsive support
- 4 A competent and valued workforce that is supported in promoting and protecting the public's health
- 5 A public health system that is understood and valued by Vermonters
- 6 Health equity for all Vermonters

Public health keeps kids healthy and communities strong

Public health and prevention programs in your community:



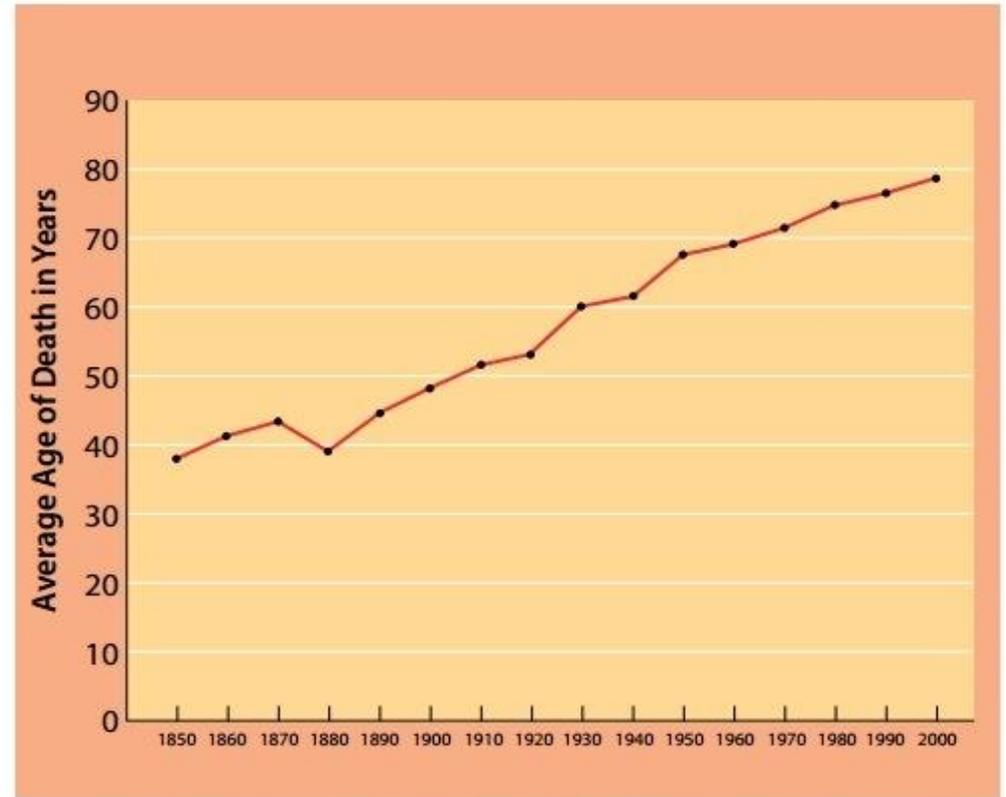
We all benefit

Public Health Goal:
A long and healthy life.

Vermont life expectancy at birth = 80.5 years



Life Expectancy 1850 to 2000 for Men and Women in the United States



Visit <http://mappinghistory.uoregon.edu/english/US/US39-01.html> and click on the buttons to look at the life expectancies from various decades for men and women at various ages of life.

Provide access to reproductive health services.

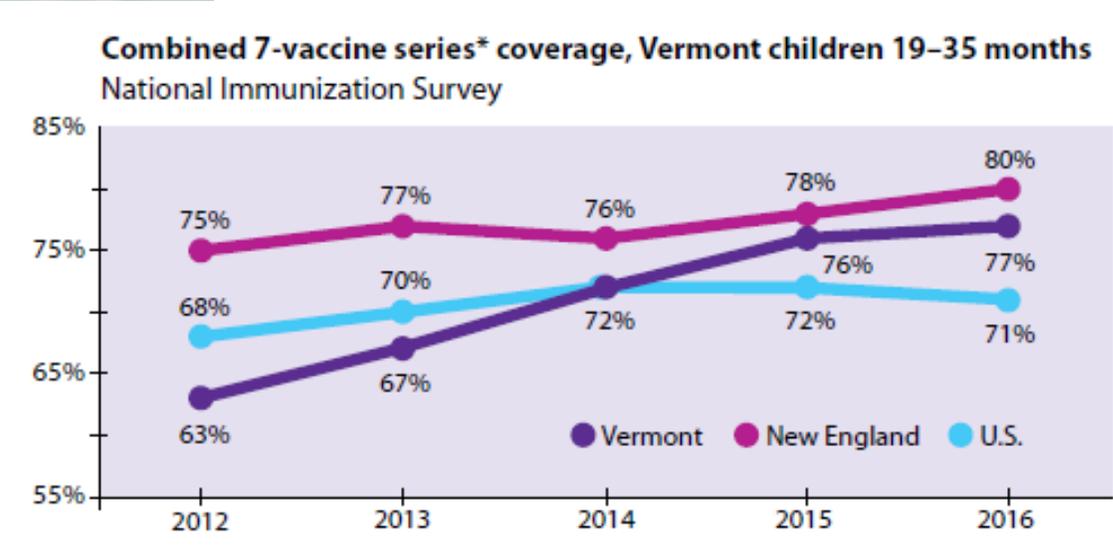
You may qualify for free family planning services.



Home visiting to support families with young children.



Ensure all children receive all recommended vaccines.



Reduce exposure to toxins, especially among children.



The video player shows a cartoon illustration of a family (father, mother, and two children) standing in a yard in front of a house. The word "Lead" is written in large letters above the house. The video player interface includes a search bar, a play button, and a progress bar showing 0:07 / 3:22.

Lead Information for Refugees and New Americans – Nepali

HealthVermont

Subscribe 245

456 views

Monitor disease and respond to outbreaks/emergencies.



Prevent chronic disease.



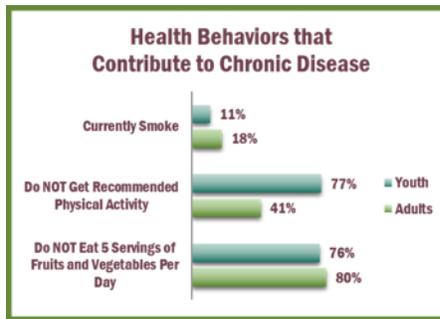
Public Health Goal:

Healthy Vermonters in Healthy Communities: 3-4-50 in Action



"You get one person excited about school wellness and it spreads like wildfire. Before you know it, people are coming into your office to steal your yoga balls!"

LINDA MITCHELL, DORSET ELEMENTARY



Data Source: 2016/2015 BRFSS and 2015 YRBS
Data are age-adjusted to the U.S. 2000 population

ON STUDENT WELLNESS POLICIES

"Students aren't standing around at recess anymore. Everyone is engaged and everyone is excited to be here."

Linda Mitchell, School Nurse, Dorset Elementary

3·4·50
VERMONT

Prevent substance use disorder.

The best prescription for pain may be the one that's never written.



Your pediatrician can suggest a number of options for managing your child's pain from a sports injury. And most of these are not opioids. Talk to your doctor and find out which pain management approach is best.



OPIOIDS SCORECARD

Communities all across the state have been facing the challenge of opioid addiction. The scorecard reflects how we are doing at preventing, screening, intervening, treating and helping Vermonters in recovery.

Opioids



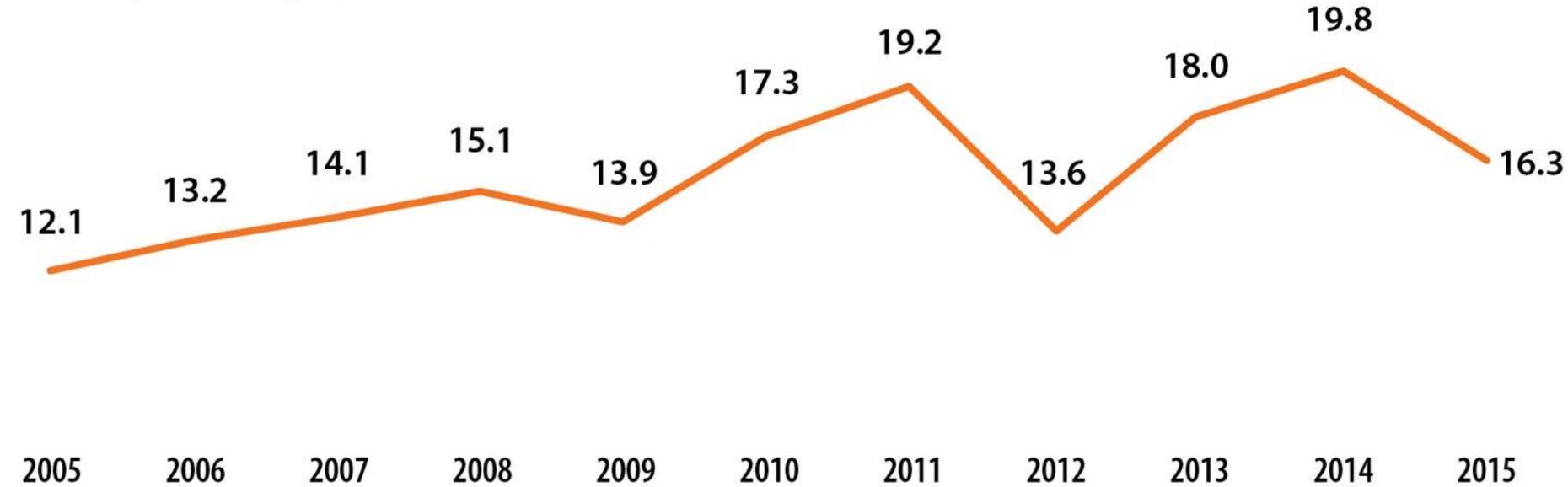
Opioids		Prevent and eliminate the problems caused by opioid misuse.			
+	Opioids	Rate of Emergency Department visits for heroin overdose per 10,000 Vermonters (syndromic surveillance)	2017	2.5	↗ 2
+	Opioids	Number of opioid analgesic morphine milligram equivalents (MMEs) dispensed per 100 residents	2017	51,019	↘ 2
+	Opioids	Rate of infants exposed to opioids per 1,000 live births (Vermont residents in Vermont hospitals)	2016	28.3	↘ 2
+	VAOA Opioids	Number of accidental (non-suicide) drug deaths involving opioids	2017	101	↗ 3
+	Opioids	Number of accidental (non-suicide) drug deaths involving prescription opioids	2017	33	↘ 1
+	Opioids	Number of accidental (non-suicide) drug deaths involving heroin	2017	39	↘ 1
+	Opioids	Number of accidental (non-suicide) drug deaths involving fentanyl	2017	67	↗ 7

Support mental health. Prevent suicide.

Suicide Deaths

Vermont Vital Statistics • 2005–2015

of deaths, per 100,000 people



total # suicide deaths each year:

75	82	88	94	87	108	120	85	113	124	102
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Looking at health status through a health equity lens:

INTRODUCTION

Populations in Focus

Health Inequities Among Vermonters

Some of us have more opportunities than others to enjoy good health and quality of life. Vermonters who are white and heterosexual, do not have a disability, live in urban or suburban areas, or are middle or upper class generally have better health compared to other Vermonters.

When we compare the majority population to the minority populations in our state, differences in health, or *health disparities*, are revealed. Too often these differences result from historically unfair and unjust systems, structures, policies, attitudes and cultural norms. These differences in health that are avoidable, unfair, and unjust are *health inequities*.

Throughout this report, we demonstrate health inequities by the numbers. Even when we cannot measure differences due to the small numbers of some groups of Vermonters, there is every reason to believe they share similar experiences with people across the country: the stigma, racism, bias, discrimination, social isolation, and unequal access that are at the root of trauma and toxic stress, worse health, and lower quality of life. These Vermonters also possess strength and resilience, qualities that are not easily measured.

"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."

"Vermont doesn't do a good job recognizing or acknowledging people who aren't white."

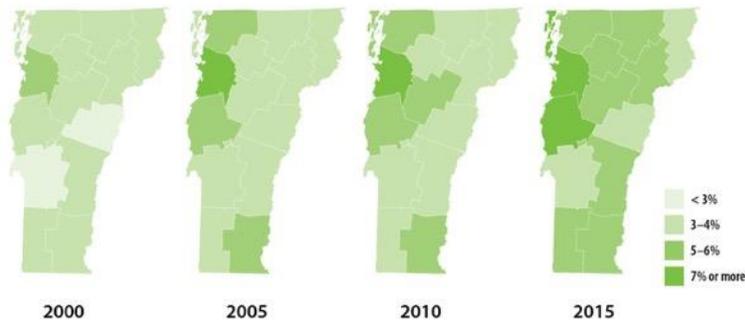
Race, Ethnicity and Culture

The land that is now Vermont has been home to Abenaki and other Native American groups since long before it was a state. Some Black and African American Vermonters chronicle their families living in Vermont for centuries. Others, like many white Vermonters, are newer arrivals.

While Vermont remains one of the whitest states in the U.S., over the past 15 years the percentage of people of color has nearly doubled. In 2016, 7% of the population are people of color, and 93% are white, non-Hispanic.

Changing Racial Makeup of Vermont

U.S. Census • 2000–2015 – % of county residents who are people of color



Some of the growing diversity across the state is due to immigration from other countries. Refugees make up a small percentage of people of color – and not all refugees are people of color. Vermont is also a home for several thousand farm workers from Mexico and Central America who help to maintain the state's agricultural economy.

"All health issues are LGBTQ health issues, so LGBTQ should be part of all conversations."

LGBTQ Identity

An estimated 5% of adult Vermonters identify as lesbian, gay, bisexual or transgender. People age 18 to 24 are most likely to identify as LGBT, and those age 65+ are least likely; 8% of high school students identify as lesbian, gay or bisexual.

"The problem is that this world is not created for people with a disability."

People Living with Disabilities

Nearly one-quarter (22%) of adult Vermonters have at least one type of disability: a physical, cognitive, intellectual or developmental disability, hearing or vision loss. Some of these disabilities can be seen and others are not readily apparent. Of those adults who have a disability, 10% have two or more. And some groups are more affected: people of color and those who identify as LGBT are more likely to have one or more disabilities.

"In this day and age you wouldn't expect a gender wage gap in a progressive state like Vermont."

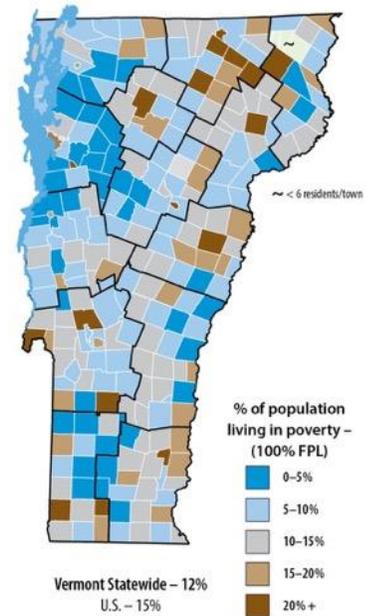
Social Class & Socioeconomic Status

Income is the most common measure we have of socioeconomic status. Along with education and occupation, income is strongly associated with health outcomes. Throughout this report, when we refer to poverty, we mean people living at or below 100% of the Federal Poverty Level (FPL), as calculated from household income and family size. Eligibility for Medicaid is 133% FPL, and eligibility for other health and social services are capped at 185%, 200% and 250% of FPL.

In 2016, 12% of Vermonters were living at or below 100% of FPL, but there are income inequities across the state. And while we can map the percentage of town residents living in poverty, this may still mask wide disparities of income among residents within a town.

Population Living in Poverty, by Town

American Community Survey • 2012–2016



Family Size	2017 Federal Poverty Levels				
	100%	133%	185%	200%	250%
1	\$12,060	\$16,040	\$22,311	\$24,120	\$30,150
2	\$16,240	\$21,599	\$30,044	\$32,480	\$40,600
3	\$20,420	\$27,159	\$37,777	\$40,840	\$51,050
4	\$24,600	\$32,718	\$45,510	\$49,200	\$61,500
5	\$28,780	\$38,277	\$53,243	\$57,560	\$71,950
6	\$32,960	\$43,837	\$60,976	\$65,920	\$82,400
7	\$37,140	\$49,396	\$68,709	\$74,280	\$92,850
8	\$41,320	\$54,956	\$76,442	\$82,640	\$103,300

U.S. Department of Health & Human Services • 2017

For larger families/households, add \$4,180 for each additional person.



Vermont State Health Improvement Plan • 2019-2023

State Health Improvement Plan: Priority Health & Social Conditions



Child Development



Oral Health



Chronic Disease Prevention



Substance Use Prevention



Mental Health



Social Determinants of Health:
Housing, Transportation, Food
Security, Economic Security

VISION

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

Health Outcomes

**Children achieve their optimal development
Communities support healthy living and healthy aging
Vermonters have lifelong opportunities for oral health
Vermonters demonstrate resilience and mental wellness
Vermont creates the social conditions that promote health**

State Health Improvement Strategies

Invest in policies and infrastructure that create healthy communities - page 6.

Invest in programs that promote resilience, connection and belonging - page 8.

Expand access to integrated person-centered care - page 10.

Adopt organizational and institutional practices that advance equity - page 12.

Meaningful community engagement • Equitable programs, policies and budgets • Respectful care and services • Informed actions and decisions

www.healthvermont.gov/SHIPScorecard

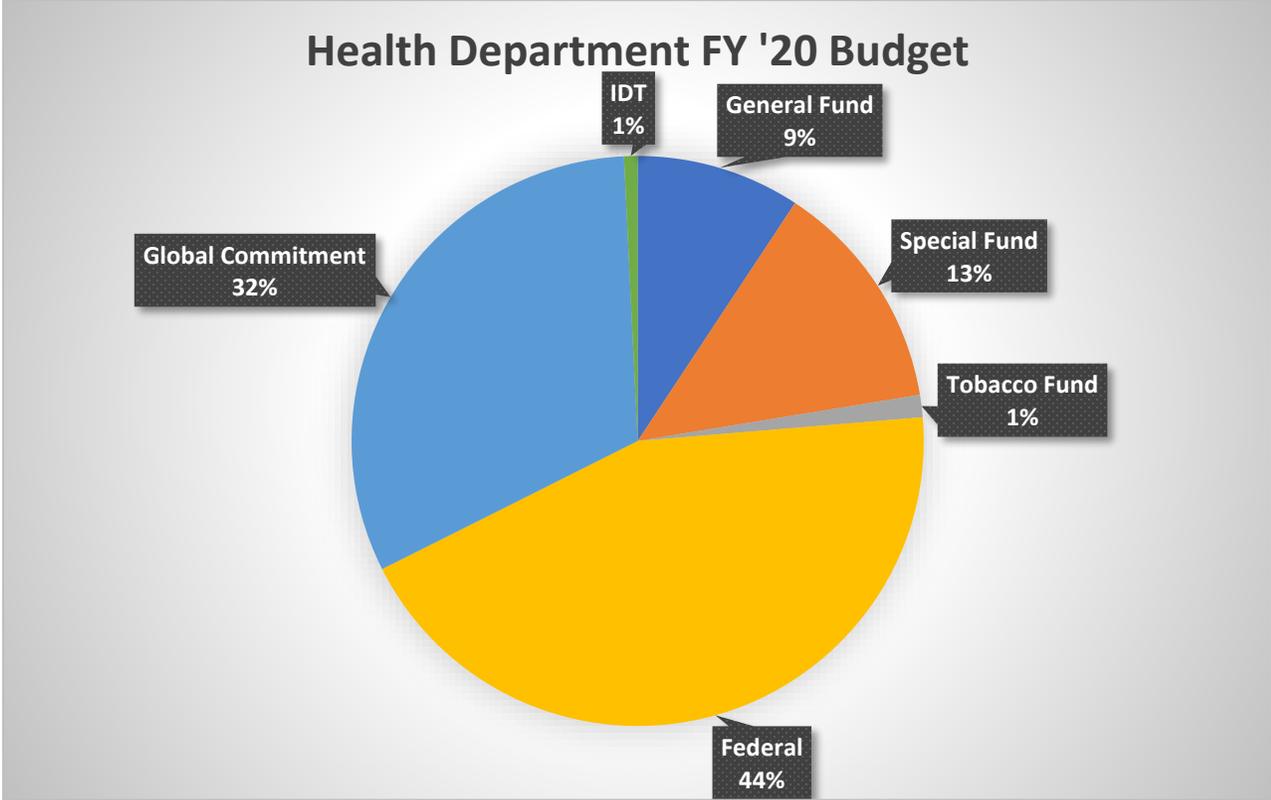
State Health Improvement Plan 2018-2023

	Time Period	Current Actual Value	Current Trend
Vermont creates the social conditions that promote health			
+	SHIP	% of food insecure households in Vermont	2017 10% → 1
+	newHV2020	% of households that spend 30% or more of their income on housing	2017 28% ↘ 3
+	SDOH	Average number of public transit trips per resident per year	2016 8 → 0
+	VAHS Act186	Number of persons who are homeless (adults and children)	2018 1,291 ↗ 2
+	SHIP	% unemployed - of population age 16 and older - in workforce	2017 3% → 2
+	SHIP	% of adults with low socioeconomic status who have a usual primary care provider	2017 86% ↘ 1
Children achieve their optimal development			
+	newHV2020	% of children age 1-5 who have elevated blood lead levels (5-9 µg/dL - venous confirmed)	2017 1.1% ↘ 1
+	newHV2020	% of children who have a developmental screening in the first 3 years of life	2016 58% ↗ 2
+	Optimal Develop	Of mothers who gave birth in the last year, % with depression during the 3 months before pregnancy among women in households with incomes below 100% FPL	2016 42% → 0
+	Optimal Develop	% of adults with children in the home always or usually getting social and emotional support	2016 84% ↗ 1
+	Mental Wellness	Of adults with children in the home, % who have depression	2017 26% ↗ 2
+	Child Develop	% of kindergartners eligible for free or reduced lunch who are ready for school in all 5 domains of healthy	2017 74 → 0

FY 2020 SUMMARY & HIGHLIGHTS

- Current service cost increase = 2%
- Proposed General Fund increase = 1%

Mission: To protect and promote the best health for all Vermonters.



General Fund	\$ 14,973,670
Special Fund	\$ 21,200,323
Tobacco Fund	\$ 2,038,835
Federal	\$ 70,873,191
Global Commitment	\$ 51,095,020
IDT	\$ 1,236,325
Total	\$ 161,417,364

Agency of Human Services - Department of Health Fiscal Year 2020 Executive Budget Recommendation

Administration & Support	GF	SF	IdptT	FF	Invmnt GCF	TOTAL
VDH Admin & Support - As Passed FY19	2,756,570	1,737,815	45,000	6,577,531	3,443,137	14,560,053
Personal Services:						
Salary and Fringe Increase	8,225	3,093		20,231	5,596	37,145
Retirement Contribution Increase	23,240	4,043		48,698	11,260	87,241
Other Fringe Decrease	(1,399)	(286)		(2,500)	(661)	(4,846)
ISF Charge Increase - Workers Compensation	3,909	330		9,691	2,011	15,941
Eliminate position thru attrition	(40,000)					(40,000)
Operating Expenses:						0
ADS true-up from AHSCO (BAA item; AHS net-neutral)	97,198	20,460		327,334	66,493	511,485
Net ISF Operating Expense Increases	26,933	39,044	1,218	147,429		214,624
Net Operating Expense Changes		20,000	45,000	(65,000)		0
Grants:						0
Allocation of AHS-wide Grants reduction plan (BAA item; AHS net-neutral)	(6,859)				(17,260)	(24,119)
						0
FY20 Changes	111,247	86,684	46,218	485,883	67,439	797,471
FY20 Gov Recommended	2,867,817	1,824,499	91,218	7,063,414	3,510,576	15,357,524

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Public Health Appropriation	GF	SF	Tob	IdptT	Ptrust	FF	Medicaid GCF	Invmt GCF	TOTAL
VDH Public Health - As Passed FY19	9,483,976	17,368,655	1,088,918	1,120,000	25,000	45,853,114	931,433	11,504,822	87,375,918
Personal Services:									
Salary and Fringe Increase - Existing Positions	67,849	354,357		17,808		393,479		274,549	1,108,042
Salary and Fringe Increase - Existing Positions (Capped Federal Funds)	200,000					(200,000)			0
Retirement Contribution Increase - Existing Positions	152,435	61,302		8,010		432,101		139,158	793,006
Other Fringe Decrease - Existing Positions	(8,246)	(3,478)		(573)		(28,738)		(7,116)	(48,151)
Salary and Fringe Increase - New Positions	157,436	5,208				406,264		36,876	605,784
Retirement Contribution Increase - New Positions	3,254	99				7,482		699	11,534
Other Fringe Decrease - New Positions	(33)	(6)				(39)		(39)	(117)
Net Personal Services Account Changes	153,031					(336,045)		112,014	(71,000)
Eliminate 8 positions thru attrition	(210,000)								(210,000)
									0
Operating Expenses:									0
ISF Charge Decrease - Fee for Space	(6,951)	(5,490)		(138)		(6,551)		(19,460)	(38,590)
Net Operating Expense Account Changes	190,841					(286,260)		95,419	0
Opioid Antagonist Program - Naloxone		400,000							400,000
									0
Grants:									0
Allocation of AHS-wide Grants reduction plan (BAA item; AHS net-neutral)	(24,425)								(24,425)
									0
FY20 Changes	675,191	811,992	0	25,107	0	381,693	0	632,100	2,526,083
FY20 Gov Recommended	10,159,167	18,180,647	1,088,918	1,145,107	25,000	46,234,807	931,433	12,136,922	89,902,001

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Eliminate 8 positions thru attrition	(210,000)								(210,000)
									0
Operating Expenses:									0
ISF Charge Decrease - Fee for Space	(6,951)	(5,490)		(138)		(6,551)		(19,460)	(38,590)
Net Operating Expense Account Changes	190,841					(286,260)		95,419	0
Opioid Antagonist Program - Naloxone		400,000							400,000
									0
Grants:									0
Allocation of AHS-wide Grants reduction plan (BAA item; AHS net-neutral)	(24,425)								(24,425)
									0
FY20 Changes	675,191	811,992	0	25,107	0	381,693	0	632,100	2,526,083
FY20 Gov Recommended	10,159,167	18,180,647	1,088,918	1,145,107	25,000	46,234,807	931,433	12,136,922	89,902,001

Agency of Human Services - Department of Health Fiscal Year 2020 Executive Budget Recommendation

Public Health Appropriation	GF	SF	Tob	ldptT	Ptrust	FF	Medicaid GCF	Invmnt GCF	TOTAL
VDH Public Health - As Passed FY19	9,483,976	17,368,655	1,088,918	1,120,000	25,000	45,853,114	931,433	11,504,822	87,375,918
Personal Services:									
Salary and Fringe Increase - Existing Positions	67,849	354,357		17,808		393,479		274,549	1,108,042
Salary and Fringe Increase - Existing Positions (Capped Federal Funds)	200,000					(200,000)			0
Retirement Contribution Increase - Existing Positions	152,435	61,302		8,010		432,101		139,158	793,006
Other Fringe Decrease - Existing Positions	(8,246)	(3,478)		(573)		(28,738)		(7,116)	(48,151)
Salary and Fringe Increase - New Positions	157,436	5,208				406,264		36,876	605,784
Retirement Contribution Increase - New Positions	3,254	99				7,482		699	11,534
Other Fringe Decrease - New Positions	(33)	(6)				(39)		(39)	(117)
Net Personal Services Account Changes	153,031					(336,045)		112,014	(71,000)
Eliminate 8 positions thru attrition	(210,000)								(210,000)
									0
Operating Expenses:									0
ISF Charge Decrease - Fee for Space	(6,951)	(5,490)		(138)		(6,551)		(19,460)	(38,590)
Net Operating Expense Account Changes	190,841					(286,260)		95,419	0
Opioid Antagonist Program - Naloxone		400,000							400,000
									0
Grants:									0
Allocation of AHS-wide Grants reduction plan (BAA item; AHS net-neutral)	(24,425)								(24,425)
									0
FY20 Changes	675,191	811,992	0	25,107	0	381,693	0	632,100	2,526,083
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Agency of Human Services - Department of Health Fiscal Year 2020 Executive Budget Recommendation

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For more info: [Naloxone Distribution and Administration in Vermont – Data Brief](#) (November 2018)

Agency of Human Services - Department of Health Fiscal Year 2020 Executive Budget Recommendation

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Agency of Human Services - Department of Health Fiscal Year 2020 Executive Budget Recommendation

Alcohol and Drug Abuse Programs	GF	SF	Tob	FF	Medicaid GCF	Invmnt GCF	TOTAL
ADAP - As Passed FY19	2,468,452	1,163,962	949,917	14,495,543	29,165,239	5,814,234	54,057,347
Personal Services:							
Salary and Fringe Increase - Existing Positions	(52)	(16,871)		13,218			(3,705)
Retirement Contribution Increase - Existing Positions	12,023	6,557		57,983			76,563
Other Fringe Decrease - Existing Positions	(795)	(645)		(3,923)			(5,363)
Salary and Fringe Increase - New Position		16,865		49,482			66,347
Retirement Contribution Increase - New Positions		325		952			1,277
Other Fringe Decrease - New Positions		(16)		(47)			(63)
							0
Operating Expenses:							0
Grants:							0
Net grant account code changes	(414,872)			2,961,762		(207,433)	2,339,457
Allocation of AHS-wide Grants reduction plan (BAA item; AHS net-neutral)	(118,070)				(255,951)		(374,021)
							0
FY20 Changes	(521,766)	6,215	0	3,079,427	(255,951)	(207,433)	2,100,492
FY20 Gov Recommended	1,946,686	1,170,177	949,917	17,574,970	28,909,288	5,606,801	56,157,839

Agency of Human Services - Department of Health Fiscal Year 2020 Executive Budget Recommendation

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Operating Expenses:							0
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Agency of Human Services - Department of Health Fiscal Year 2020 Executive Budget Recommendation

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