

State Youth Advisory Group on Health Equity

Recommendations and
Strategies from Youth to
Advance Health Equity in
Healthcare, the Third Space,
and Mental Health

SYAG ON HEALTH EQUITY

Health equity conversations are happening across the state, but youth are often left out. These conversations and decisions affect young people too; therefore, it is only right that youth have opportunities to contribute! Thus, Vermont Afterschool partnered with Vermont Child Health Improvement Program (VCHIP) VT RAYS this summer to convene a State Youth Advisory Group (SYAG) on Health Equity. As a result, the SYAG on Health Equity was created for young people to gather, discuss, and put forward strategies and recommendations for Vermont to address equity in Healthcare, the Third Space, and Mental Health. This report outlines the main findings from the summer SYAG meetings.

COMMON BARRIERS TO ACHIEVING HEALTH EQUITY:

- Financial and Physical Inaccessibility
- Lack of diversity
- Exclusive Environments
- Lack of quality relationships
- Lack of knowledge about services and resources
- Transportation



HEALTHCARE



The quality and accessibility of healthcare services directly affect health equity. During the meetings, youth expressed concerns over the accessibility and inclusivity of healthcare appointments and providers. Below are the youths' strategies and recommendations to address the barriers to receiving quality, inclusive, and accessible healthcare.

FINANCIAL AND PHYSICAL INACCESSIBILITY:

- Medicare for all/universal healthcare
 - This is a long term goal, but Vermont should work to lower insurance and health related expenses in the meantime
- Open more small clinics and urgent care facilities in rural areas, to ensure easier and quicker access for rural communities
 - There is still a concern about transportation in this idea
 - More flexible hours and evening hours would be essential for workers
 - These are usually understaffed, so there needs to be more full time providers

LACK OF DIVERSITY AND LANGUAGE BARRIERS:

- People of different backgrounds, races, sexualities, etc. need to be in healthcare, so youth can see a provider that relates to them
 - Vermont needs to encourage people of various backgrounds to be part of the workforce
 - More staff need to be BIPOC, LGBTQ+, younger, have disabilities, and of various religious backgrounds
- A program that pays BIPOC and/or LGBTQ+ Vermonters to get educated and go into the healthcare field to reduce barriers of entering the field
 - Programs for youth/young people that set up mentoring opportunities with professionals who look like them to encourage young people to go into the field
- Free mandatory trainings for those who are already healthcare professionals on how to work with people from different backgrounds/cultures and/or to learn other languages
 - Have medical staff attend classes on gender identity, vaping, adolescent development, etc.
 - Youth should be part of creating these materials
- Interpreters and cultural liaisons that understand the patient's culture and are comfortable addressing their concerns with the doctor should be available at appointments
- Sign language interpreters for youth with disabilities is essential



EXCLUSIVE ENVIRONMENT AND LACK OF QUALITY RELATIONSHIPS:

- Providers should be encouraged to use correct pronouns
 - Ask youth their pronouns and/or offer their own pronouns in the beginning of the appointment
- Providers need to listen to the youth and their experiences
 - Try using more conversational language and work to understand the youth's perspective
 - Providers need to be more comfortable with discussing taboo subjects as well
- Providers should ask about mental health at physical health checks and should work to get to know their young patients
 - For example, ask about their interests, the activities they're involved in, and how their friends are
- Youth serving spaces need to be Judgement Free Zones with follow through on making sure it stays that way
 - Staff should be open to youth expressing themselves and providers should listen for content without getting caught up in how it is expressed
- Doctor's need to talk through the process of what they are going to do and check in with the patient every step of the way
- Having gender and culturally diverse staff, so youth can connect and feel seen, heard, and understood

LACK OF KNOWLEDGE ABOUT SERVICES AND RESOURCES:

- Inclusive and comprehensive Sex Ed and health classes, including information for all genders and sexualities
 - Free contraceptives placed around school bathrooms
 - Peer to peer education opportunities would also be great to include
- Have information on insurance, how to use it, and any other information you may need in schools; This could be part of mandatory, quality health classes
- Healthcare providers should use language everyone can understand and avoid industry jargon
- Youth made resources to educate staff about all the current things that are going on for youth; could be workshops, ongoing committees, websites, videos (like TED Talks), and lists/Infographics
 - Healthcare organizations could form a youth committee to do this work
- Free healthcare consultants should be available to answer questions about healthcare and insurance as doctors may not know about navigating the system
 - Important to have cultural brokers/liaisons who can relate to experiences of BIPOC, LGBTQ, youth with disabilities, etc. to help them navigate the system

THIRD SPACE



The third space, anywhere outside the home and school, can be powerful places for positive youth development. It is important that every youth has the opportunity to participate in quality third space programming if they choose to and that these experiences are inclusive, welcoming, safe, and fun! Third Space opportunities can prevent risky behaviors, teach young people valuable skills, and support social and emotional growth and development in a safe space. Again, members of SYAG were able to identify strategies and recommendations to increase equity in third spaces. These ideas are documented below:

FINANCIAL AND PHYSICAL INACCESSIBILITY:

- Sports and other third space programs need to be financially accessible to all
- Third space opportunities need more funding, so there are more options, diverse programs, and all can be made accessible
- Programs need to be available within walking distance from the school where youth can decide what activities they want to do there
 - Partnering with local stores and businesses to support the programs and/or provide space for a program to occur might be an option
- Food and meals should be made available at all programs

LACK OF DIVERSITY AND LANGUAGE BARRIERS:

- Third spaces should have LGBTQ+, culturally, and racially diverse staff so young people can feel seen, heard, and understood by connecting with leaders who can relate to them
 - Staff should be encouraged to learn another language, especially one that is used by the community they work in
- Programs should have peer/youth leaders and adult leaders
 - Youth in the program can better connect with the peer leaders
 - The peer leaders gain leadership skills and youth have a greater say of what happens in the program
- Youth need to be involved in deciding which programs are available in their community and adults need to prioritize what youth say they want and need



EXCLUSIVE ENVIRONMENT AND LACK OF QUALITY RELATIONSHIPS:

- Teen Centers and Third Space programs should be a relaxing environment where youth feel comfortable to be themselves
- Third space leaders should talk openly with youth
 - They should also be willing to understand and trust youths' perspectives and experiences
- Free or mandatory training for third space leaders to educate them on how to work with people from different backgrounds & cultures and to support people who speak other languages
- Gender Neutral bathrooms should be available in all third spaces
- Team activities and sports should be more inclusive, especially for disabled and marginalized youth
 - Equitable size range and flexible/affordable uniform choice for teams
 - Having open meetings about stereotypes and having conversations to help the team be more welcoming
 - Some teams should be based on skill rather than gender
 - Coaches should be educated on transgender and non-binary youth

LACK OF KNOWLEDGE ABOUT SERVICES AND RESOURCES:

- Programs should be supported in incorporating youth voice and empowering young people who attend the program to advertise to youth and families in the community





The need for quality and accessible mental health resources is a topic that resonates strongly with young people, especially after a year of isolation due to COVID-19. Youth now more than ever need equitable mental health services and welcoming spaces with people that make them feel comfortable expressing themselves. During SYAG, young people thought of ways to increase the accessibility and quality of mental health resources, with an additional focus of decreasing the stigma around mental health related issues. Below are their strategies and recommendations:

FINANCIAL AND PHYSICAL INACCESSIBILITY:

- Universal access to mental healthcare is essential for all youth to receive quality support they need
- There needs to be more mental health professionals and resources
 - Currently, waiting lists are long and it is difficult to find a provider to fit you in
- It needs to be more affordable and accessible for youth to get a diagnosis
 - Right now, youth need a diagnosis to access services, but if they cannot afford or access a diagnosis in a timely manner, then they cannot receive support
- Having more high-quality online counselors that are good at working with a diverse group of youth and building relationships through video meetings are important
- Middle and elementary schoolers should have access to counselors and therapists in the school
- Peer groups should be created that youth can be a part of to talk about their challenges with other youth who may relate more to what they are going through
 - This solution would be financially feasible as it would be free to attend
 - Could be done in schools, third spaces, or other community spots
 - These affinity groups could also decrease stigma, but confidentiality would still be important





LACK OF DIVERSITY:

- Vermont needs more mental health professionals from marginalized groups because young people need to see themselves in their service providers to connect
 - Vermont needs professionals that are LGBTQ+, BIPOC, disabled, have varied abilities and interests, etc.
 - Youth need to have the opportunity to talk to someone who they can relate to and have the tools and knowledge relevant to their culture and experiences
- One possible solution could be college scholarships and incentives for LGBTQ+, BIPOC, and disabled people to get degrees and join the workforce in VT
- Youth should be included in educating the workforce, so new professionals get an opportunity to hear the perspective of young people

LACK OF KNOWLEDGE ABOUT SERVICES AND STIGMA AROUND MENTAL HEALTH:

- Include quality and culturally relevant mental health education in schools
- Mental health should be taught more in schools starting at a younger age
 - As early as 3rd grade would be great, but it could be beneficial to incorporate age appropriate material earlier than this as lots of changes happen during early childhood
 - Normalize the health of minds and have open discussions in classes about mental health before someone is struggling
 - Incorporate mental health information into classroom spaces, curricula, and school design
 - Trauma-informed pedagogies, professional development in mental health, and integrated models of mental health education in class materials are suggestions
- More education for youth on how to access resources and get help
- Youth should be able to take mental health days from school on occasion with no penalty (within reason as they recognize this could be abused)
 - Regular sick days could apply to mental health too
 - School could incorporate a space for mental health days in the school building
 - This would help with food access, low supervision, and abuse of resource
 - Counselors could be there too, so youth can talk to someone if they want

TRANSPORTATION



Transportation is a barrier identified by the group that prevents Vermonters from accessing healthcare services, third space opportunities, and mental health resources. Getting to a yearly check-up, a therapy session, a soccer practice or play rehearsal can be challenging for youth who do not drive or have no access to reliable transportation and can greatly affect their ability to access these resources. Therefore, transportation needed its own set of ideas and recommendations. As such, the various strategies youth came up with during our conversations around health equity to address transportation and transportation gaps are compiled below:

SUGGESTED RECOMMENDATIONS AND STRATEGIES TO ADDRESS TRANSPORTATION AS A BARRIER TO HEALTH EQUITY:

- A shuttle or uber-like services that would bring youth from the school to where they need to go
 - Bus drivers might be able to run and/or be part of this program
- Access to paraeducators who could drive students to medical appointments/third space opportunities from schools
- A bus system for rural Vermont, either tied to the school or not, that could be accessed outside of school hours
- Towns could use the public school bus system and involve those that also have bus driving jobs during the school year as a way to transport youth during the summer and out of school hours
 - Some collaboration between afterschool and summer organizations would be essential
- Public transit programs and initiatives that are designed for youth to use
- Co-location of services at the school to address transportation barriers
 - For example, schools having vaccine clinics during the day
- Co-location of services at a third space location to address transportation barriers
- The co-location of services at a school or third space center would depend on what works best for each community



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