

# 2018 COMMUNITY HEALTH NEEDS ASSESSMENT



 **GraceCottage**  
FAMILY HEALTH  
& HOSPITAL

Townshend, Vermont

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## Introduction

This report presents the findings of a comprehensive 2018 Community Health Needs Assessment (CHNA) for residents of Windham County and surrounding towns within the Grace Cottage Family Health & Hospital service area. It identifies significant health needs (SHNs) in our community and establishes priorities that the Grace Cottage leadership team has chosen based on an analysis of the findings. An Implementation Plan will be developed in the coming months to address the established priorities.

Grace Cottage first began conducting assessments of the healthcare needs of the community in 2004. As in 2012 and in 2015, Grace Cottage conducted a 2018 Community Health Needs Assessment in partnership with the two other Windham County hospitals, Brattleboro Memorial Hospital and the Brattleboro Retreat. The Vermont Department of Health – Brattleboro Office actively assisted in this project.

While the population health data and resident survey results compiled in this report were prepared in collaboration with the institutions listed above; each of the three hospitals establish their own priorities and implementation strategies. The CHNA findings presented herein provide the most recent, comprehensive data regarding the healthcare issues, conditions and concerns of Windham County residents. The data is available to local health and human services organizations and to the public at large.

This 2018 CHNA complies with IRS Regulations promulgated under the Patient Protection and Affordable Care Act. By law, it is required to be conducted every three years.

This report was approved by the Grace Cottage Board of Trustees at their September 21, 2018 meeting. The associated CHNA Implementation Plan will be presented to the Board for approval at their January, 2019 meeting. The Report is available to the public on the Grace Cottage website, [www.gracecottage.org](http://www.gracecottage.org).

## About Grace Cottage

Grace Cottage Family Health & Hospital is an independent, non-profit healthcare facility located in Townshend, Vermont. Grace Cottage Family Health is a Federally-certified Rural Health Clinic. Its nine practitioners provide primary care, pediatrics and mental health services to more than 7,000 individual patients annually. The Community Health Team at Grace Cottage Family Health includes an RN Care Coordinator, two RN Diabetes Educators, two Health Coaches, a Behavioral Health Specialist, an RN Outreach Coordinator, and a Resource Advocate.

Grace Cottage Hospital is a 19-bed inpatient facility for acute and rehabilitative care. It is equipped with a 24-hour emergency department for critical care treatment, a hospice suite, and rehabilitation, laboratory and diagnostic imaging departments. Patients benefit from our hospitalist program whereby doctors serve in weekly rotations on a full-time basis, overseeing patients' care and communicating with patient and family members on matters such as lab results, changes in medication, discharge needs, and more.

Outpatient rehabilitation, lab and diagnostic imaging services are open to members of the public with a written doctor's order.

The Grace Cottage Hospital Community Wellness Center offers yoga, Strong Bones, and a variety of other free and low-cost classes and support groups for the public.

In 2017 and again in 2018, Grace Cottage was recognized as a Top 20 Critical Access Hospital in the USA for Patient Satisfaction by the National Rural Health Association.

## The Grace Cottage Service Area

Grace Cottage Family Health & Hospital is located on Grafton Road (Route 35) in Townshend, Vermont. Townshend is in the center of Windham County, in the southeastern corner of the state, bordered by New Hampshire and Massachusetts.

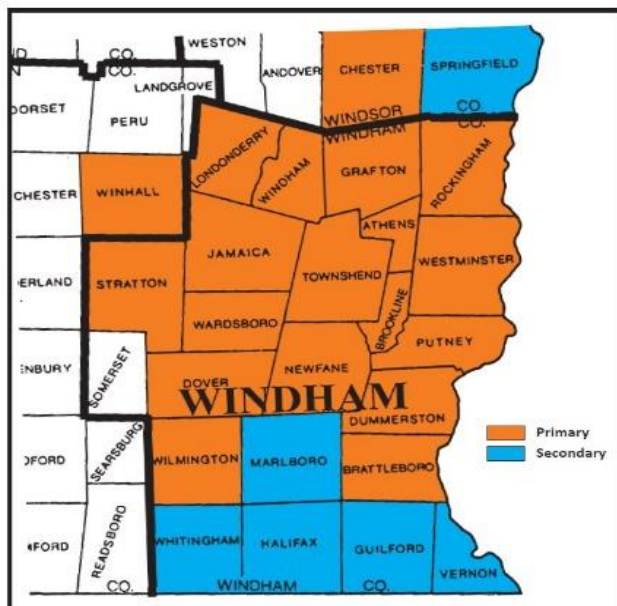
Grace Cottage identified its Primary and Secondary Service Areas by reviewing the towns of residence of our patients, and by considering the proximity of towns to Townshend. On the chart to the right, towns and affiliated villages are listed in order, based on the percentage of patients coming from each town.

The map below shows all of the towns highlighted as primary or secondary service areas. The vast majority of our patients are Windham County residents.

Therefore, for the sake of continuity, and in order to share our findings with our partner health and human service agencies most effectively, we decided to report on the health needs of all Windham County residents.

On the following pages, the demographic, economic and population health data represents the Windham County population.

The results of our Community Health Needs survey, conducted in conjunction with our Brattleboro-based partners, reflect the entire group of 1,257 people who took the survey; with more than 90% of survey-takers being Windham County residents.



### Grace Cottage Family Health & Hospital Unique Patients FY 2017

	% of Total Patients
<b>PRIMARY SERVICE AREA</b>	<b>83.3%</b>
Townshend/W Townshend	15.1%
Newfane/S Newfane	14.0%
Brattleboro	10.8%
Jamaica	6.6%
Wardsboro/W Wardsboro	6.3%
E Dover/W Dover	4.3%
Grafton/Cambridgeport	3.9%
Londonderry/S Londonderry	3.4%
Rockingham/Saxtons River/Bellows Falls	3.3%
Chester	3.3%
Putney	2.7%
Brookline	2.5%
Wilmington	1.8%
Winhall/Bondville	1.7%
Dummerston/W Dumm/E Dumm	1.3%
Athens	1.2%
Westminster	0.5%
Windham	0.3%
Stratton	0.2%
<b>SECONDARY SERVICE AREA</b>	<b>3.9%</b>
Vernon	1.1%
Springfield/N Springfield	1.1%
Guilford	0.5%
Marlboro	0.5%
Whitingham/Jacksonville	0.6%
Halifax	0.2%
<b>BEYOND</b>	<b>12.8%</b>
Hinsdale, NH	0.6%
New York City	0.4%
Manchester	0.3%
Peru	0.2%
Keene, NH	0.2%
Walpole, NH	0.2%
Weston	0.2%
Chesterfield, NH	0.2%
Bennington	0.2%
Winchester, NH	0.2%
OTHER (Less than 10 patients per town):	10.1%
<b>TOTAL</b>	<b>100.0%</b>

\*Town = Town of patient's mailing address.

\*\* Numbers based on patients who have had at least one encounter in any Grace Cottage department in FY2017.

## **Executive Summary**

On August 8, 2018, the Grace Cottage Senior Leadership Team, together with the Medical Executive Committee, reviewed and discussed the findings of the 2018 Community Health Needs Assessment, as presented by the 2018 Windham County CHNA Steering Committee in the pages that follow. Together, the group identified the following significant community health needs within the Grace Cottage service area.

### **Significant Community Health Needs**

#### **Health Issues & Conditions:**

- Diabetes/Obesity/Weight Management
- Mental Health (Stress, Anxiety, Depression)
- Substance Abuse
- Healthy Aging
- Dental Health
- Smoking/Tobacco Use
- Heart Disease (Hypertension, High Cholesterol)

#### **Barriers To Achieving Good Health:**

- Financial Constraints
- Lack of Education/Knowledge
- Transportation Limitations

### **Priorities Established by Grace Cottage Leadership**

At the August 8 meeting, the group then prioritized the health conditions that Grace Cottage will address in a CHNA Implementation Plan based upon criteria established by senior leadership.

Criteria used to prioritize the identified significant health needs included:

- The importance placed by the community on the need
- The severity or urgency of the Significant Health Needs (SHN)
- Alignment with Grace Cottage's strengths and pre-existing established priorities
- The ability of Grace Cottage to impact the SHN within a reasonable timeframe
- The feasibility and effectiveness of possible intervention
- The ability to measure outcomes
- The availability of other resources to address the SHN
- The financial resources and human resources required
- Health disparities associated with the need (e.g. by race/ethnicity, gender)
- Whether addressing this SHN will have a positive impact on other identified SHNs

<b>Level 1 Priorities:</b>
<ul style="list-style-type: none"> <li>• <b>Diabetes/Obesity/Weight Management</b></li> </ul>
<ul style="list-style-type: none"> <li>• <b>Mental Health Issues (Stress, Anxiety, Depression)</b></li> </ul>
<ul style="list-style-type: none"> <li>• <b>Substance Abuse</b></li> </ul>
<b>Level 2 Priorities:</b>
<ul style="list-style-type: none"> <li>• <b>Healthy Aging</b></li> </ul>
<ul style="list-style-type: none"> <li>• <b>Dental Issues</b></li> </ul>
<b>Level 3 Priorities:</b>
<ul style="list-style-type: none"> <li>• <b>Smoking/Tobacco Use</b></li> </ul>
<ul style="list-style-type: none"> <li>• <b>Heart Disease (Hypertension, High Cholesterol)</b></li> </ul>

In January of 2019, the Grace Cottage Leadership Team will present a strategic Implementation Plan to address the Level 1 Priorities noted above. We will report on the progress of our efforts on an annual basis. The Plan and an annual update will be posted on our website.

We will not prepare formal strategies for tackling the Level 2 and 3 Priorities noted above for the following reasons:

At Grace Cottage efforts to promote healthy aging and combat heart disease are constant and diverse. These issues will always be a top consideration in the care of individual patients and a primary driver in the classes and services we provide to the community.

On an on-going basis we continue to make efforts to reducing smoking and tobacco rates in our community by encouraging patients who use tobacco products to quit and by offering free health coaching and cessation counselling.

We recognize the severity of the need for affordable dental care in our community and will continue to support affordable access with efforts such as providing housing to visiting dental students who offer low-cost care to patients at a nearby dental practice.

We will address all community health needs, and every individual's unique health needs, within the context of our mission and clinical strengths and will work hard to achieve significant positive results.

## **A thank you to our partners**

We would like to thank Brattleboro Memorial Hospital and the Brattleboro Retreat for working together with us in conducting the Community Health Needs Assessment survey and reporting on its findings. We would also like to thank all of the community partners who provided input into the 2018 Community Health Needs Assessment. In particular, we thank the Vermont Department of Health—Brattleboro District for its generous sharing of statistical data, insight, and support in preparing this report.

## How Data Was Obtained

Grace Cottage Family Health & Hospital conducted a collaborative Community Health Needs Assessment in partnership with Brattleboro Memorial Hospital and the Brattleboro Retreat. In October 2017, the Windham County Community Health Needs Assessment (CHNA) Steering Committee formed and began meeting. The Steering Committee was comprised of representatives from Brattleboro Memorial Hospital, the Brattleboro Retreat, Grace Cottage Family Health & Hospital, and the Vermont Department of Health (Brattleboro District). From October 2017 through August 2018, the group met eight times to move the project forward. The data collection process took place from November 2017 through May 2018. The resident surveys were available throughout the month of March 2018.

### Sources of Data

This report consists of four primary sources of information:

- Demographic, geographic, economic, and Population Health data gathered on Windham County residents from a variety of sources, mostly accessed through the Vermont Department of Health's online databank
- Community Health Needs Survey results (See survey in the Appendix)
- Completed questionnaires submitted by groups and agencies representing unique populations of Windham County residents (potentially medically underserved populations.)
- Completed questionnaires submitted by healthcare providers

Grace Cottage did not receive any written comments regarding its 2015 CHNA Report or Implementation Plan.

### Process for Consulting With Persons Representing the Community's Interests

The 2018 CHNA Steering Committee made significant effort to assure that the needs and concerns of all segments of the Windham County population were heard.

On page 43 of this report, details are provided regarding the outreach efforts made to assure that residents of all towns, and individuals of all demographic profiles had the opportunity to take the Community Health Needs survey in written form or online.

Additionally, in the appendix of this report, information is provided from representatives of eleven social service agencies and non-profit groups who were asked to identify the needs of the people in the community they serve, their barriers to achieving good health and well-being, and the resources available in the community to address their needs and barriers.



## Limitations and Information Gaps

The data presented in this report has a few limitations.

First, this report used various secondary sources for information on demographic data, social and economic factors, health behaviors, and health outcomes. These various sources segment by geography in different ways. Some sources use county geography; others are by town. Accordingly, data sources may not be consistent in their geographic scope or reporting period, which limits comparisons. Although the most recent available data was used in this report, the secondary data may be several years old.

Second, the quantitative data collected in the surveys was self-reported. The advantage to self-reported data is that it provides the respondents' own views directly. Thus, the surveys provide respondents' perceptions of themselves and their world. Of course, the main disadvantage of self-reported data is that there is no independent verification of the respondents' answers. Self-reporting may suffer from recall bias, social desirability bias, and errors in self-observation. The survey attempted to correct for social desirability bias by including a second question that deflected the focus away from the respondent (i.e., Q2 focused on "neighbors or your community").

Third, the consumer survey was not distributed to a random sample. Rather, respondents chose to participate in the survey (whether in hard-copy or online), and thus were a self-selected sample set. This means that one cannot extrapolate statistical conclusions based on the consumer survey results. That said, the consumer survey has very good participation results and was fairly representative of the demographics of the county population.

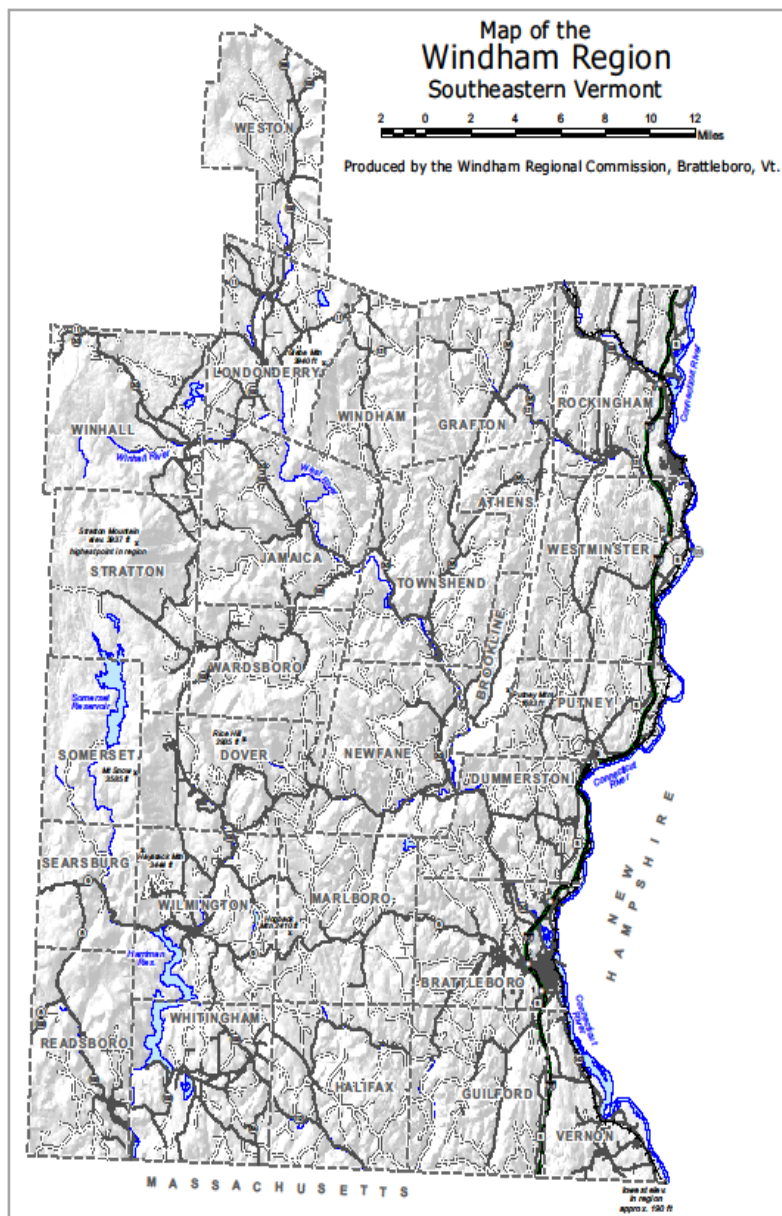


Grace Cottage Hospital

# Windham County: the Region, Population Demographics, and Healthcare Access

## Geography – Windham County

Vermont's road conditions are a common barrier to healthcare. Windham County has a total of 1,491 miles of roads; 868 miles, or 58% of these, are unpaved. This makes travel difficult during the five winter months and the mud season that follows. Additionally, the geography of Windham County, specifically the mountains, can be challenging, as road conditions vary greatly throughout the county based on elevation. The land climbs sharply from Brattleboro, in southeastern corner of Windham County (278 feet above sea level); to Townshend, in the northwest (616 feet elevation); and to the town of Windham (1,950 feet in elevation), at the county's far northwestern corner.



Lack of public transportation in Windham County plays a significant and persistent role in limiting access to health and human services. Windham County's 2015 Community Health Needs Assessment identified lack of transportation as a major factor affecting access to health care services. This difficulty persists in 2018.

Most of Windham County has infrequent or no public transportation. Residents with economic challenges often find the costs of buying and maintaining a car and purchasing gasoline are insurmountable barriers when faced with a choice between food, heating fuel, car insurance, or gasoline. It is not uncommon for low-income patients to cite lack of transportation as the reason for canceling a medical appointment. The Windham Regional Commission works to assess the transportation difficulties and opportunities, but at present, the challenges persist.

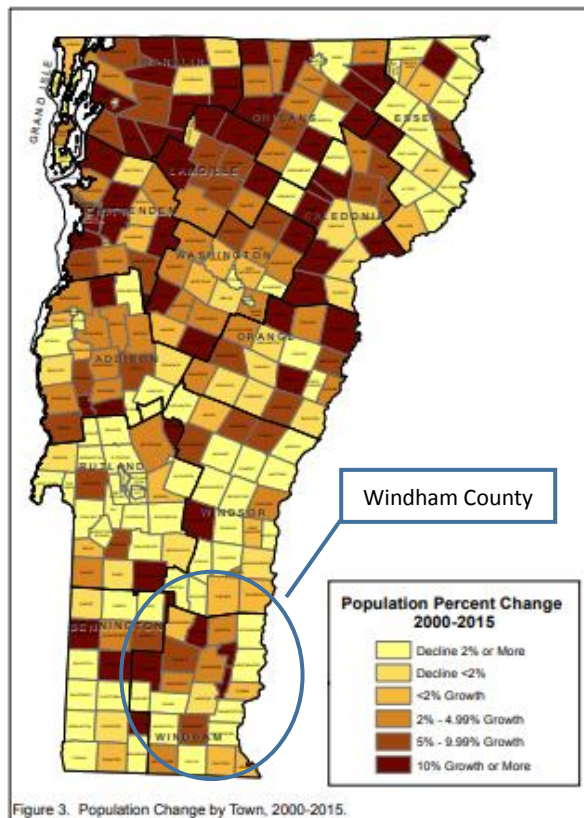
*(At left): Dirt Roads vs. Paved Roads & Relief Map for Windham County. The darkest lines are paved roads; double-dotted lines are unpaved; single-dotted lines are town borders; shading indicates mountainous character of county. (Source: Windham Regional Commission, 2013).*

## Population – Windham County

Vermont is second only to Wyoming, as the least populous of the 50 United States.

	<u>Windham County</u>	<u>Vermont</u>	<u>United States</u>
Population	42,869	623,657	325,719,178
Population Density (Per Square Mile)	56.7	67.9	87.4
Population Change since April 2010	-3.7%	-0.3%	5.5%
Age Under 18	18.0%	18.7%	22.6%
Age 18-64	60.0%	62.6%	61.8%
Age 65 and Older	22.0%	18.7%	15.6%
Race/White	93.0%	92.9%	60.7%
Race/Other	7.0%	7.1%	39.3%
Female	51.0%	50.6%	50.8%
Education High School Graduate (age 25+)	91.5%	91.9%	87.0%
Education Bachelor's Degree or Higher (age 25+)	35.3%	36.2%	30.3%
Median Household Income (2012-2016)	\$50,917	\$56,104	\$55,322
Per Capita Annual Income (2012-2016)	\$28,923	\$30,663	\$29,829
Persons in Poverty	12.7%	11.9%	12.7%

(U.S. Census Quick Facts, July 1, 2017 estimates)



Some Windham County towns have gained population since the year 2000, and some have lost population, but overall, Windham County is losing population. This is shown town by town at left.

In part, the population decline is a response to a perceived lack of economic opportunity.

Younger workers are inclined to move elsewhere in search of better career opportunities. The percentage of workers in their late teens and early twenties, those entering the workforce, is small, compared to those who are retired. Job creation has been stagnant in Vermont for several decades.

“In short, low wages, rising cost of living, and limited job opportunities are creating ... a future that looks anything but secured, especially for younger residents. Failure to address that disconnect will result in many Southeastern Vermonters continuing to search for economic opportunity elsewhere,” according to the Southeastern Vermont Comprehensive Economic Development Strategy (CEDS) report.

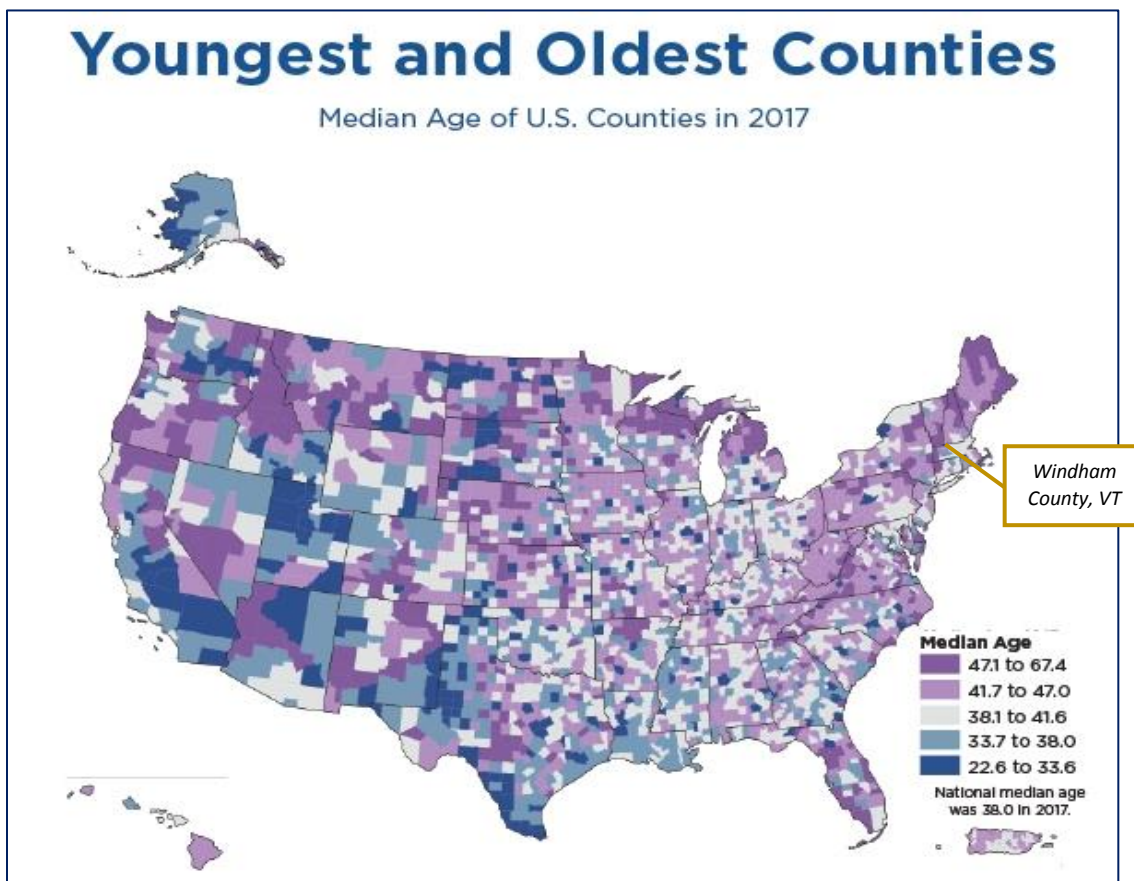
Sources: <https://www.census.gov/quickfacts/fact/table/windhamcountyvermont,vt,US/PST045217>;  
[http://www.healthvermont.gov/sites/default/files/documents/pdf/STAT\\_2015\\_Population\\_Estimates\\_Bulletin.pdf](http://www.healthvermont.gov/sites/default/files/documents/pdf/STAT_2015_Population_Estimates_Bulletin.pdf);  
<https://brattleborodevelopment.com/wp-content/uploads/2016/09/FINALCEDSReport.pdf>



## Windham County's Aging Population

**"Vermont's most notable demographic trend is the aging of its population."**

*Southeastern Vermont Community Action Community Assessment, 2015*



Windham County, VT, is in the highest median-age bracket (47.1 to 67.4) of all U.S. counties, as indicated in the map above. Vermont ranks third, following Maine and New Hampshire, as the top three states in the nation for rate of increase in median age. Between 2000 and 2016, Maine's increase was 6 years, New Hampshire's was 5.9, and Vermont's was 5. The fourth ranking state, Florida, had only a 3.4-year increase in median age.

Will Sawyer, of the Vermont State Data Center at UVM's Center for Rural Studies, says the Center predicts the median age in Vermont will be 43.9 in the year 2030, with seniors making up 24.4% of the population. At the time of the 2010 U.S. Census, Windham County's age 65+ population was 22%.

Sources: <https://www.census.gov/library/visualizations/2018/comm/youngest-oldest-counties.html>;  
<https://www.census.gov/newsroom/press-releases/2017/cb17-100.html>  
[https://www.uvm.edu/crs/Census/presentations/vcda\\_033111.pdf](https://www.uvm.edu/crs/Census/presentations/vcda_033111.pdf)

## Health Equity



While Vermont is consistently ranked as one of the healthiest states in the nation, data shows that not everyone has an equal opportunity to be healthy. Insurance coverage, economic status, age, distance from healthcare sources, and the number of available medical providers—all of these and more have an impact on a person's and a family's health.

This Windham County Community Health Needs Assessment makes a point to consider the needs of the “Potentially Medically Underserved” – defined as respondents in one or more of the following categories: Age 65+, household income less than \$35,000, people of color, transgendered, and/or limited English speakers. (See pages 54 and 60-61 for more details on these specific needs.)

For all Vermonters to be as healthy as they can be, the healthcare facilities that serve them must consider the social and environmental factors that affect health. The goal is to improve health by connecting healthcare with social services and community partners that can provide housing, healthy food, heat assistance, transportation and other support to individuals.

## Healthcare Access: Insurance

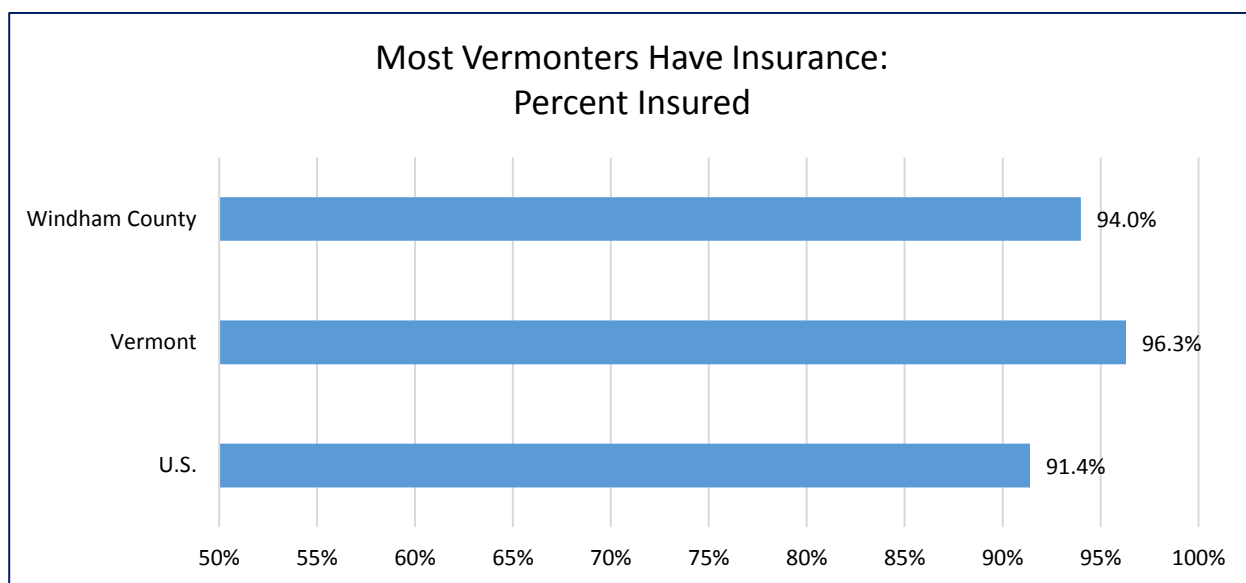
Despite recent changes in healthcare policy and focus in recent years, one fact remains constant: access to comprehensive healthcare services is important for overall health. The Vermont Department of Health and the Vermont Office of Rural Health and Primary Care work to improve access to primary care, dental and mental health care for all Vermonters – especially the uninsured, under-served and most rural populations.

How well is this working for Windham County residents?

While it is important to note that healthcare access is more than being covered by insurance (it also includes, for example, the number of available providers), health insurance still plays a large role.

According to the Vermont Department of Health’s 2016-17 “Healthcare Workforce Census,” Windham County residents are more likely to be insured than other Americans, but less likely than other Vermonters.

The large majority of Windham County residents is covered by some type of health insurance, but being enrolled in a health insurance plan is only part of the story. Beyond the enrollment fees, there are also costs for co-pays and deductibles. Many survey respondents (see the second half of this report) indicated that the cost of co-pays and deductibles is often a barrier to good health, including dental health.

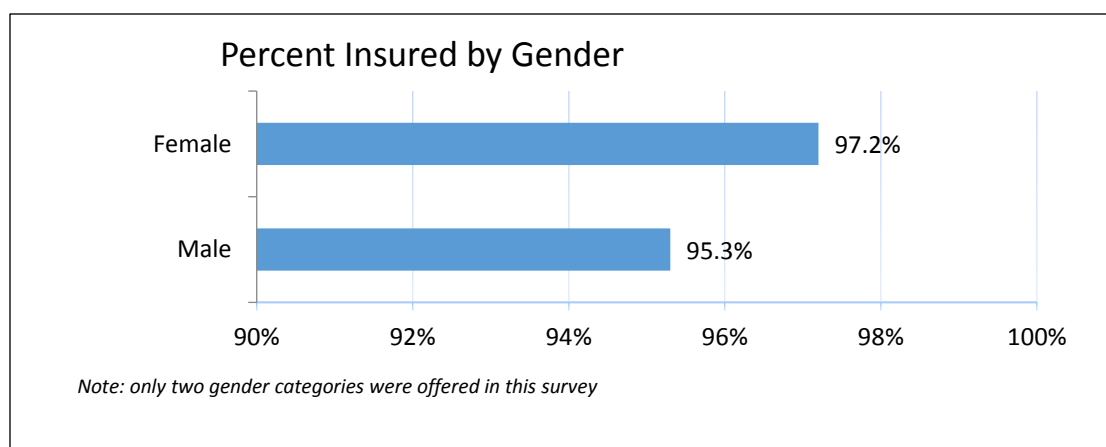
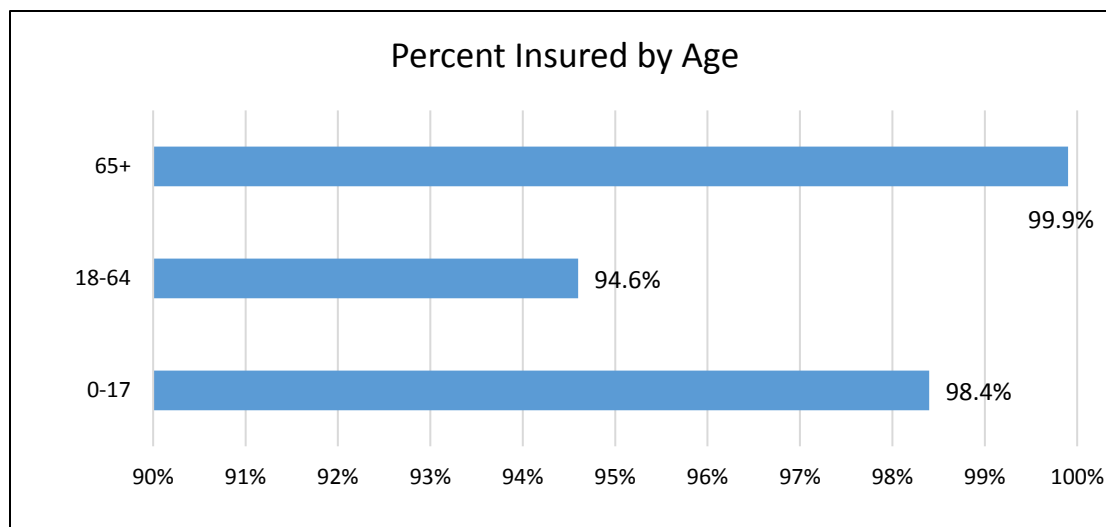
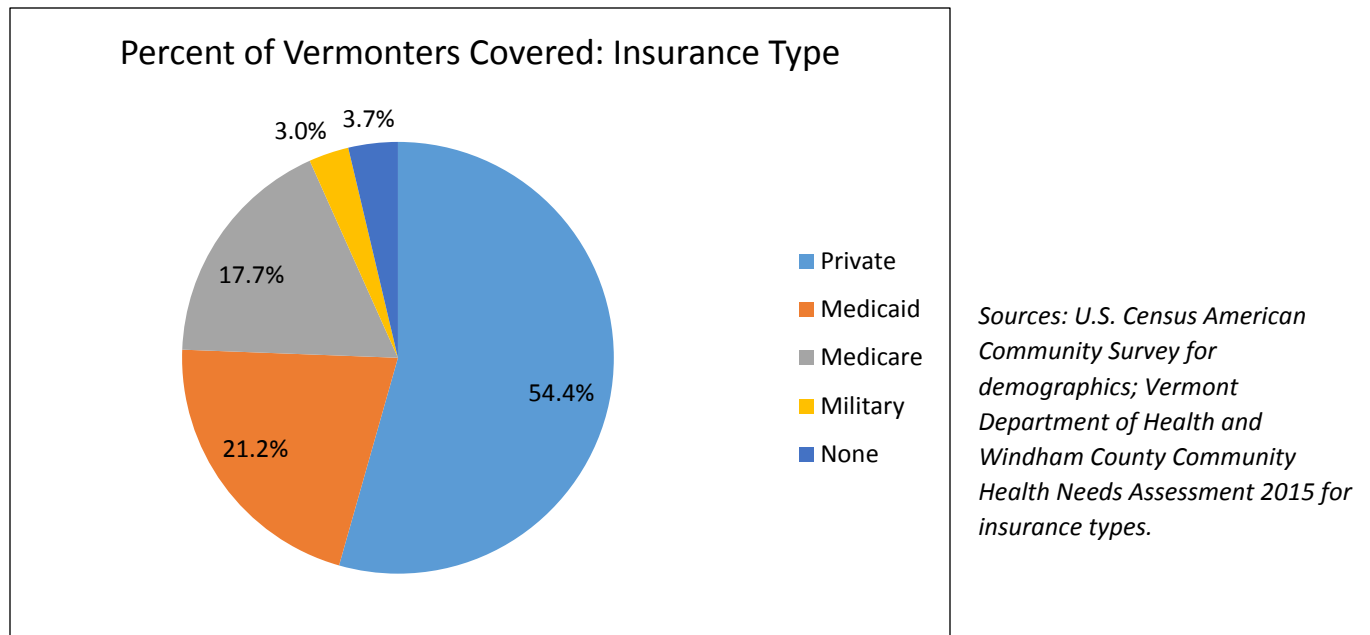


Each Windham County hospital has at least one staff member whose job includes helping people sign up for health insurance and other benefits. Here are some details (note: each hospital keeps its records differently):

- The Brattleboro Retreat helped 33 patients in 2017, and 15 patients thus far in 2018\* with free care or reduced fee applications. They also helped 14 Windham County clients with VT Medicaid enrollment, and another 7 county residents with VT Medicaid for the disabled enrollment.
- Brattleboro Memorial Hospital assisted with health insurance applications for 124 households in 2017 and 75 households thus far in 2018\*.
- Grace Cottage Hospital had 508 client visits in 2017, and 196 thus far in 2018, for community members seeking assistance with health insurance.\*

\* Jan. to July 2018

The following graphics illustrate insurance coverage of Vermonters by overall population, by age, and by gender. The first chart shows what types of insurance are covering Vermonters and Windham County residents.



## Healthcare Access: Providers

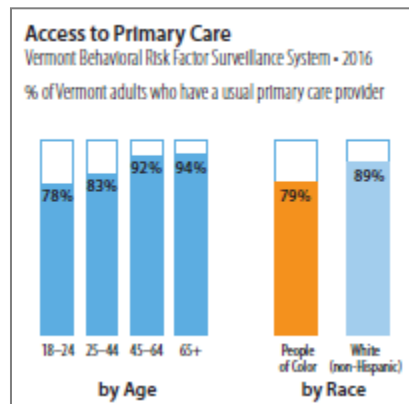
Throughout the U.S., there are geographic areas, populations, and facilities with too few primary care, dental and mental health providers and services. The federal government works with state partners to determine which of these should be classified with “shortage designations,” and therefore eligible to receive certain federal resources.

The two main shortage designations are “Health Professional Shortage Area” (HPSA) and “Medically Underserved Area.”

Grace Cottage Family Health qualifies as a HPSA.

Several towns in Windham County are also designated a “Medically Underserved Areas” (MUAs), meaning they have a shortage of primary care health services. Towns in Windham County that qualify for MUA designation include:

Athens	Grafton	Rockingham	Wardsboro
Brookline	Jamaica	Stratton	Weston
Dover	Newfane	Townshend	

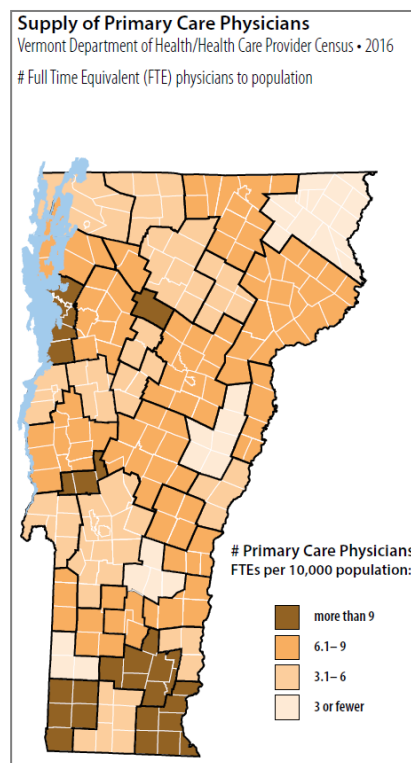


At the time of issuance of this report, there are at least six primary care providers accepting new patients in Windham County, but that is not always the case. The number was closer to zero just two months ago. Access to primary care can be difficult because recruitment of new primary care providers for Windham County is very challenging, expensive, and time-consuming, with no guarantee of retention. Residents experience health care service shortages in the form of long wait times for appointments, particularly when they are seeing a new provider.

The situation is fluid because the loss of just one provider can send hundreds of patients scrambling for a new provider. In the past year, several Windham County primary care providers have either retired or moved away, requiring their patients to seek a new provider.

By the spring of 2018, most of the patients who lost their “Medical Homes” in 2017 had been accommodated at other practices within the county. A “Medical Home” refers to a regular provider who is seen for all primary care issues.

One main difference between having a “Medical Home” and going to urgent care is the continuity of care. A provider in a “Medical Home” has a record of each patient’s health issues over time, so that patterns and progression of diseases can be noted and treated.

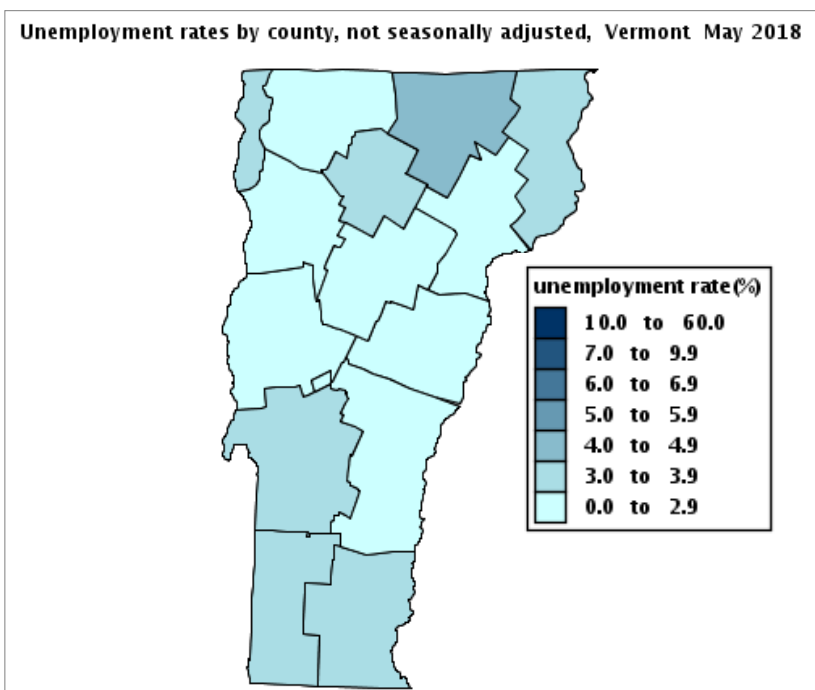
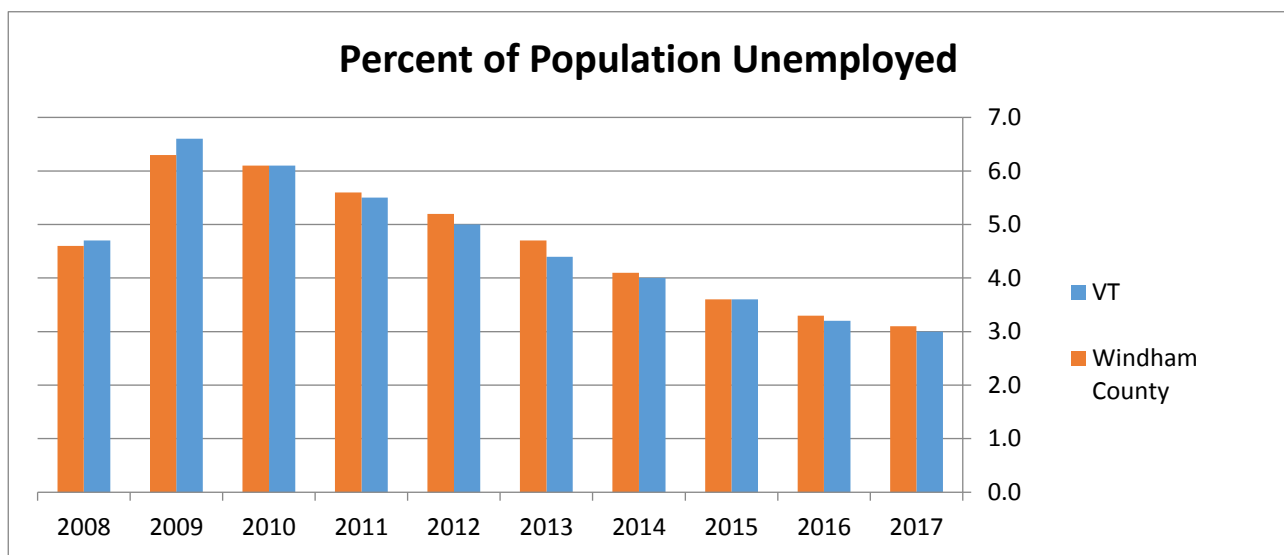
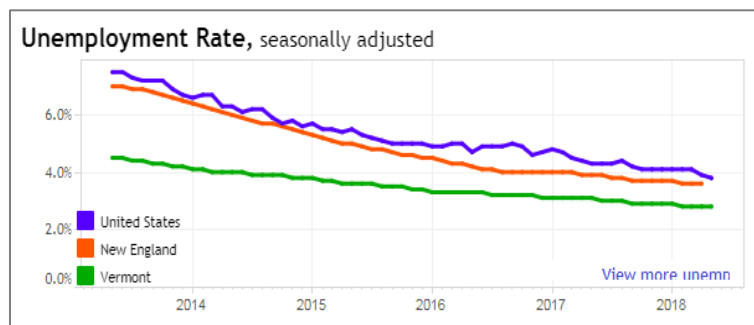


Sources: HPSA & MUA information: U.S. Health Services and Resources Administration (HRSA), <https://bhwh.hrsa.gov/shortage-designation>; Windham County provider information: Brattleboro Memorial Hospital, Brattleboro Retreat, Grace Cottage Hospital, Vermont Department of Health/Brattleboro; <http://www.healthvermont.gov/about/reports/updating-sha-ship>



## Windham County Employment

Unemployment rates have gone down throughout the United States over the past decade, and this trend also holds true for Vermont and Windham County. Statistically speaking, Windham County's unemployment rate keeps pace fairly closely to the state's overall rate, but it has been slightly higher than Vermont's for six of the last seven years.



Sources:

<http://www.vtlni.info/>;

<http://www.vtlni.info/detftp.htm#ces>;

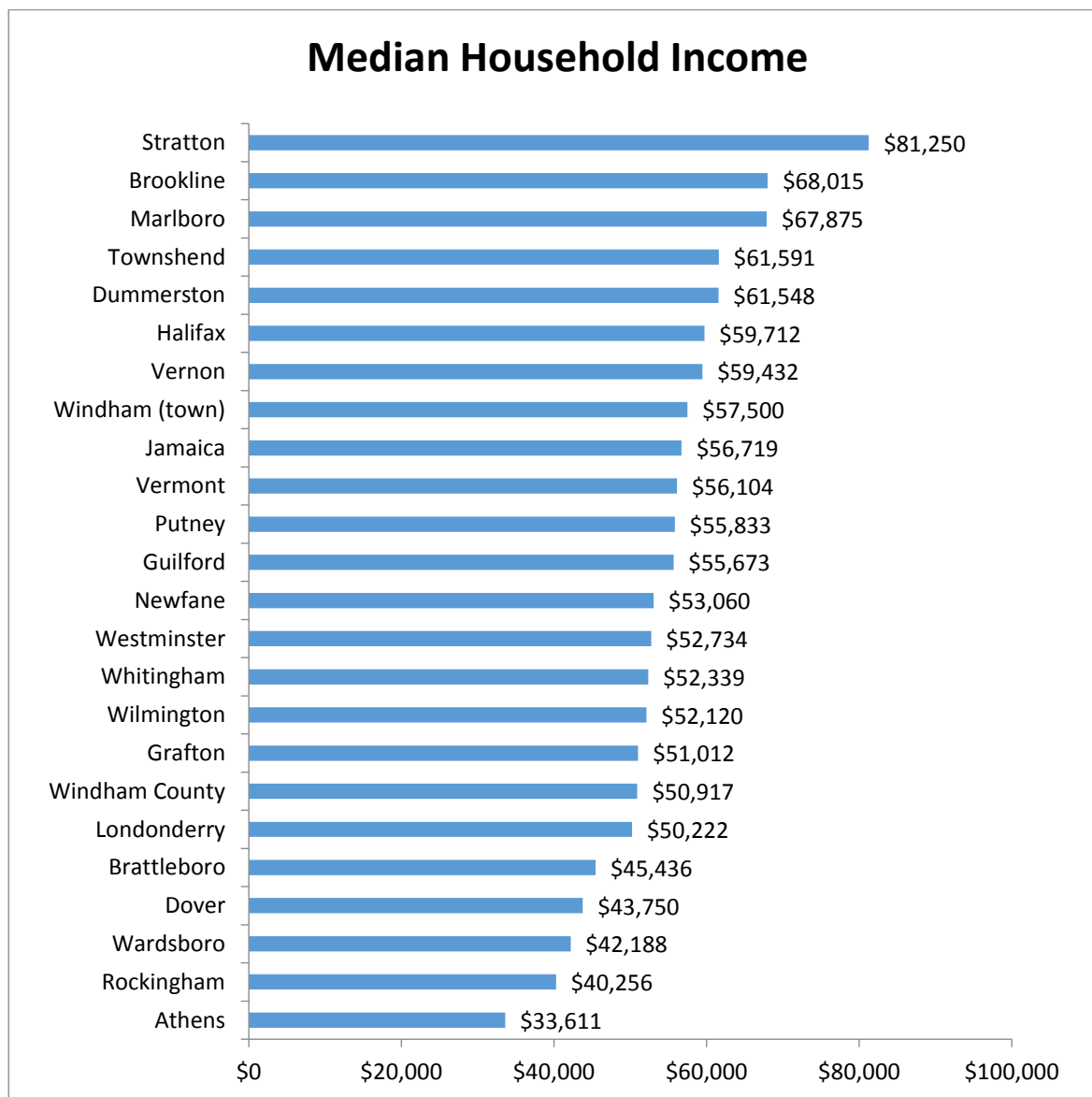
<https://data.bls.gov/map/MapToolServlet?survey=la&map=state&seasonal=u>

## Median Household Income

In 2015, the median household income for Windham County was \$51,045; in 2018, it is \$50,917. Vermont's statewide median family income is currently \$56,104.

While the inflation rate for the nation has averaged around 2% for the past three years, Windham County's median annual income has dropped by \$128. Windham County lost a major employer in 2015 when the Vermont Yankee Nuclear Power Plant closed; hundreds of highly skilled workers moved out of the area.

Even though median incomes vary greatly across the county, six Windham County towns fall below the county median, and half of them fall below the state's median income.

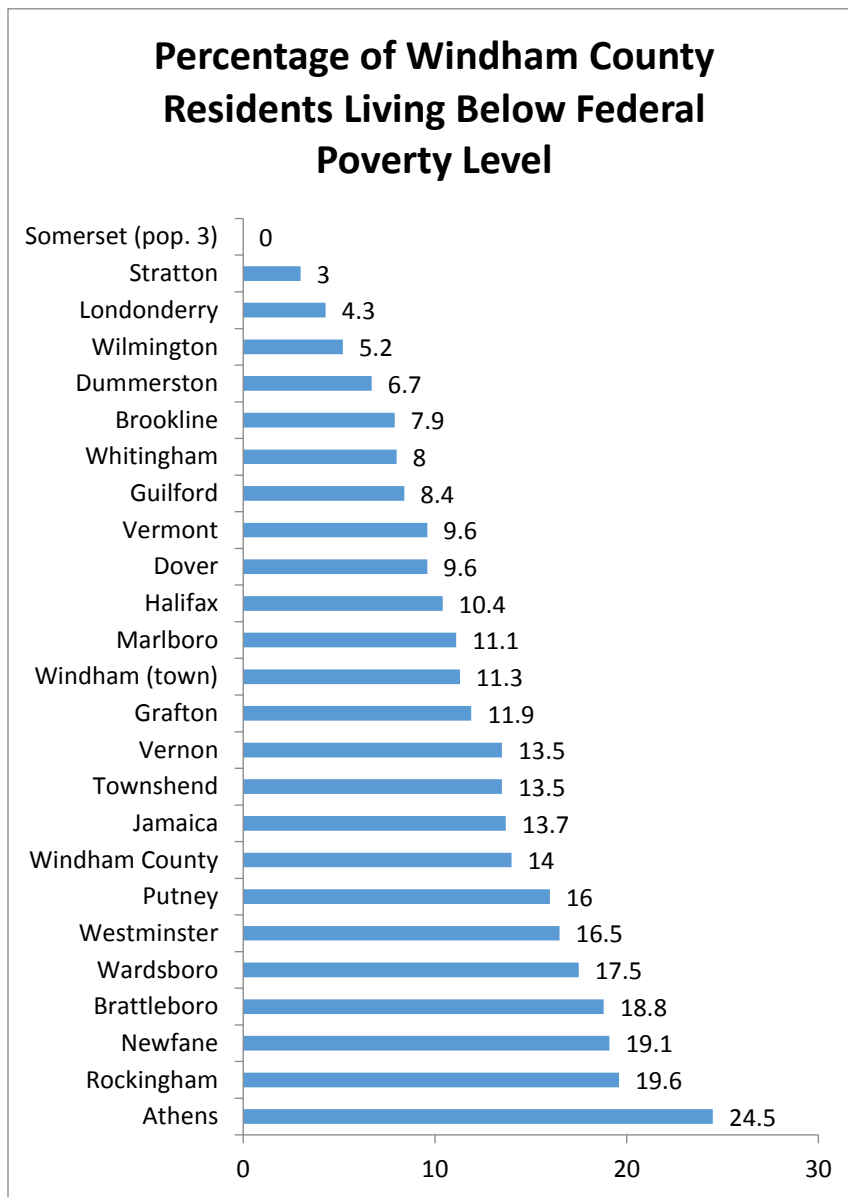
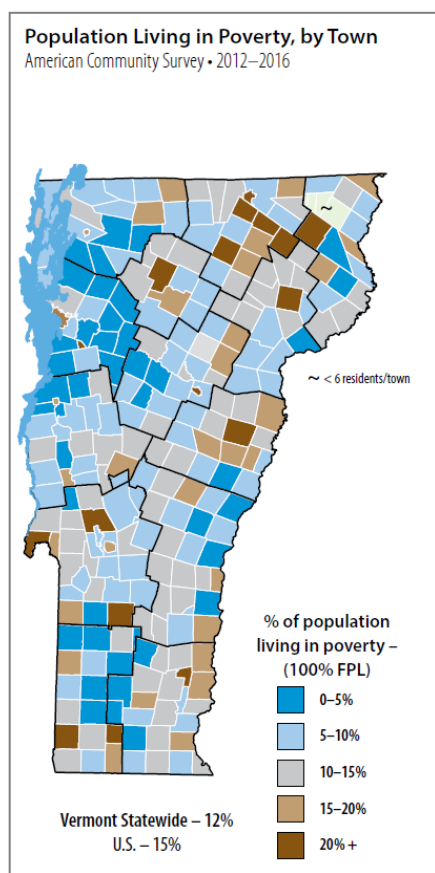


Source: [https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?\\_afpt=table](https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?_afpt=table)

## Poverty in Windham County

The federal poverty level (FPL) is a measure of income issued every year by the U.S. Department of Health and Human Services. FPLs are used to determine eligibility for federal programs and benefits, including health insurance. For 2018, the FPL income numbers are: \$12,140 for individuals; \$16,460 for a family of 2; \$20,780 for a family of 3; \$25,100 for a family of 4. Families with incomes up to 250% of the FPL are considered low income.

The percentage of Windham County's residents who live below the federal poverty level varies widely across the towns within the county, and the percentage itself hides those within a town who struggle with poverty despite a seemingly low poverty rate town-wide.



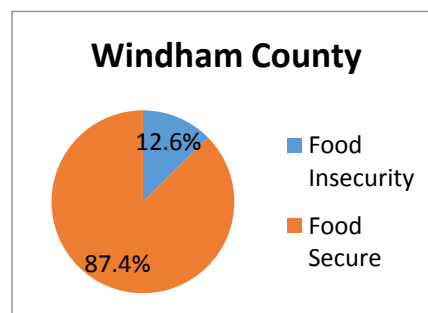
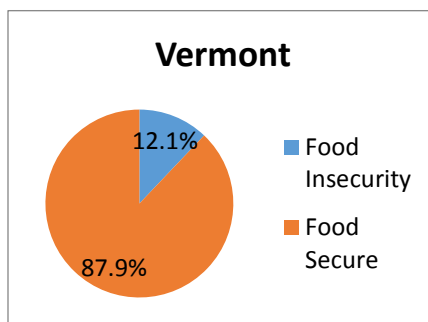
Sources: <https://www.healthcare.gov/glossary/federal-poverty-level-fpl/>  
[https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS\\_16\\_5YR\\_S1701&prodType=table;](https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_16_5YR_S1701&prodType=table;)  
[http://www.healthvermont.gov/sites/default/files/documents/pdf/4%20Populations%20in%20Focus\\_0.pdf](http://www.healthvermont.gov/sites/default/files/documents/pdf/4%20Populations%20in%20Focus_0.pdf)

## Poverty's Impact: Health Care Access and Food Insecurity

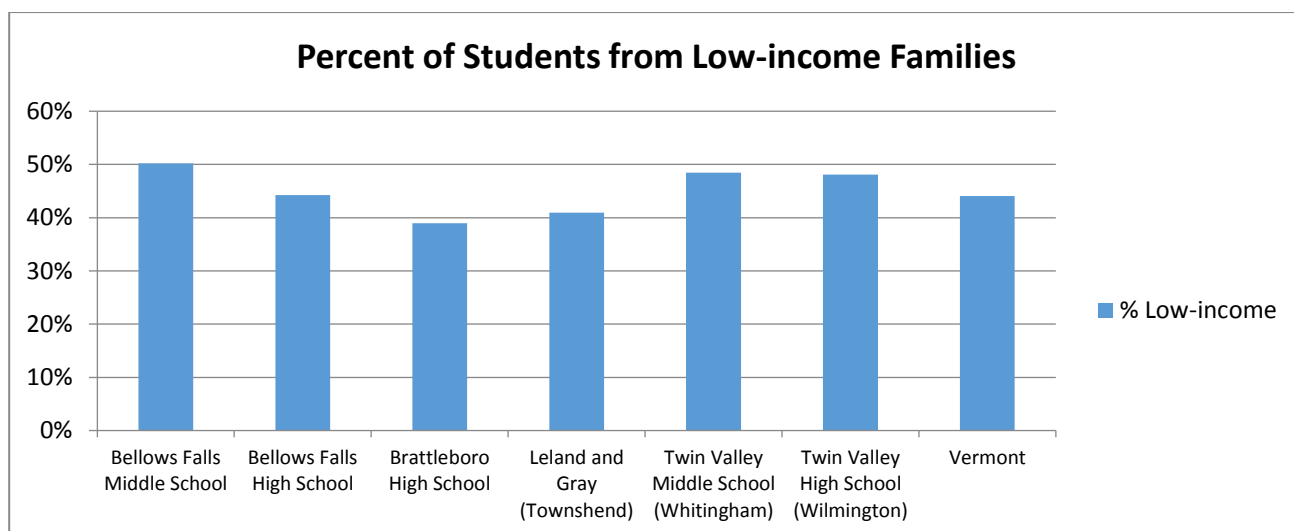
The relationship between one's economic status and one's health has been well-documented. Poverty can be both a cause, and a consequence, of poor health. Income can affect access to healthcare as well as access to healthy foods.

Every four years, the national organization Feeding America conducts a survey about food insecurity in America with the help of its partners, including the Vermont Foodbank. The 2014 "Hunger in America" study found that an estimated 63% of households in Vermont reported having to choose between paying for food and paying for utilities at some point in the previous 12 months; 21% make that choice every month.

The choice is similar when deciding between healthcare deductibles and co-pays. Many low-income Vermonters put off healthcare needs until a crisis arises. The 2014 "Hunger in America" study reported that 56% of Vermont respondents said they had to choose between paying for food and medicine/medical care at some point in the past 12 months; 23% said must choose every month.



Food insecurity is also a significant problem in Windham County, affecting 12 out of every 100 residents (estimated total = 5,500). Fourteen percent of Vermont's children under the age of 18 live in food insecure households, according to Hunger Free Vermont. During the 2017-18 school year, an average of 51.8 percent of secondary-school-age students in Windham County qualified for free or reduced price lunches. The Vermont Department of Education and the USDA administer the Community Eligibility Provision (CEP) program, which provides breakfast and lunch to all students at no charge for eligible schools. Four Windham county schools participate in CEP.



Sources: <https://www.vtfoodbank.org/about-us/newsroom/hunger-in-america>;  
<https://www.hungerfreevt.org/hungerinvermont/>;  
[http://www.feedingamerica.org/research/map-the-meal-gap/2016/overall/VT\\_AllCounties\\_CDs\\_MMG\\_2016.pdf](http://www.feedingamerica.org/research/map-the-meal-gap/2016/overall/VT_AllCounties_CDs_MMG_2016.pdf);  
<http://education.vermont.gov/sites/aoe/files/documents/edu-nutrition-free-and-reduced-eligibility-report-2017.pdf>

A number of organizations are working to help the residents of Windham County access healthy foods, especially fruits and vegetables, including the Vermont Department for Children & Families through its 3Squares (SNAP) program and the Vermont Foodbank through its support of local food shelves and through its VeggieVanGo program.



VeggieVanGo trucks arrive at a variety of locations throughout Windham County each month—low-income housing sites, schools, and hospitals—with large bins of fresh produce to give away to families and individuals in need. Along with providing free access to healthy, fresh food, VeggieVanGo staff and volunteers provide education and outreach, including cooking demonstrations and taste tests of the vegetables available, paired with recipes and cooking tips. Information and application assistance is also available at these events for the 3SquaresVT food assistance program.

**Windham County has food shelves, at the following locations:**

- Agape Christian Fellowship, Canal Street, Brattleboro (weekly)
- Brigid's Kitchen and Pantry, Walnut Street, Brattleboro (2xweek)
- Deerfield Valley Food Pantry, Church Street, Wilmington (2xmonth)
- Groundworks Drop-in Center, S. Main Street, Brattleboro (4xweek)
- Guilford Food Pantry, Guilford Center Road, Guilford (1xweek)
- Jamaica-Wardsboro Food Pantry, Main Street, Wardsboro (2xmonth)
- Neighbors Pantry, Main Street, Londonderry (monthly)
- Our Place Drop-in Center, Island Street, Bellows Falls (6xweek)
- Putney Food Shelf, Christian Square, Putney (2xweek)
- Townshend Food Shelf, Townshend church (weekly)



**Windham County also has meal sites for the general public:**

- Brigid's Kitchen and Pantry, Walnut Street, Brattleboro (lunch: M, W, Thu, Sat)
- Loaves & Fishes, Main Street, Brattleboro (lunch: Tue, F)
- Our Place Drop-in Center, , Island Street, Bellows Falls (breakfast & lunch: M-F)
- West Brattleboro Baptist Church, Western Avenue, Brattleboro (lunch: last Sunday)

**Other organizations working to improve food security include:**

Community Health Teams: Brattleboro Memorial and Grace Cottage both have Community Health Teams, which include health specialists who educate patients about nutrition and help them access healthy food.

Edible Brattleboro has gardens and a Share the Harvest Stand in Brattleboro. It partners with the Brattleboro Food Co-op and with local farmers, gathering leftovers from farmers markets and giving them away.

Food Connects, which helps to connect local farmers to schools, healthcare facilities, and other outlets by delivering locally produced food, and provides educational and consulting sources to improve the food system so that fresh, locally-produced food is more available.

The Hunger Council of Windham Region helps schools and other sites to set up meal programs, provides nutrition education to professionals and the public, and works to change state and federal policy.

The University of Vermont Extension Service and its Center for Sustainable Agriculture are participating in the "Enhancing Food Security in the Northeast" (EFSNE) project," a USDA initiative exploring whether greater reliance on regionally produced food could improve food access in low-income communities, while benefiting farmers, food supply chain firms and others in the food system.

# Windham County: Population Health Indicators

According to the Vermont Department of Health’s “Healthy People 2020” report, “Health is shaped by factors well beyond genetics and health care. Income, education and occupation, housing and the built environment, access to care, race, ethnicity and cultural identity, stress, disability and depression are ‘social determinants’ that affect population health.”

Vermont’s “Healthy People 2020” initiative is part of a nationwide effort developed by the U.S. Department of Health and Human Services (HHS). Every ten years, the federal “Healthy People” report tells about current conditions and sets benchmarks for improvement in the coming decade. The goal is twofold: to encourage collaboration among health and social services providers, and to help individuals make more informed healthcare choices.

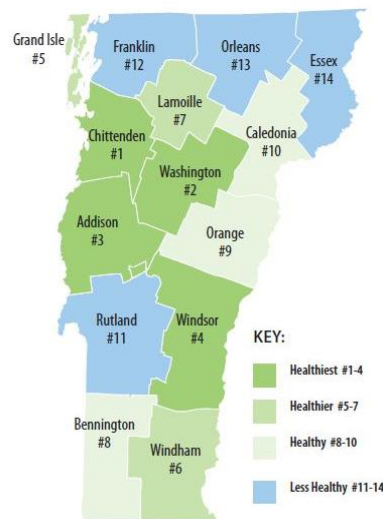
According to HHS, “Chronic diseases, such as heart disease, cancer and diabetes, are responsible for seven out of every 10 deaths among

Americans each year and account for 75 percent of the nation’s health spending. Many of the risk factors that contribute to the development of these diseases are preventable. ... The Healthy People initiative is grounded in the principle that setting national objectives and monitoring progress can motivate action.”

Like the federal initiative, the VDH’s “Healthy

Vermonters 2020” report includes data on current conditions and goals for improving health outcomes in the coming decade. The most up-to-date data can be found at [healthvermont.gov](http://healthvermont.gov).

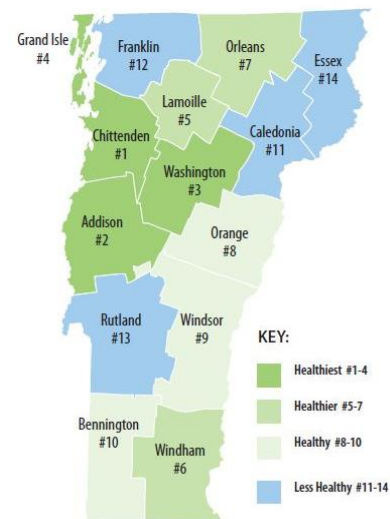
Chronic conditions included in the VDH report that have the most impact on Vermonters’ health include: cancer, diabetes, heart disease, high blood pressure, high cholesterol, lung disease, mental health, nutrition and obesity, physical activity, stress, and substance abuse. The most up-to-date data for the prevalence of these conditions in Windham County is presented in the following pages. Overall, Windham County ranks sixth out of Vermont’s 11 counties in overall rankings for health factors and health outcomes.



**Health Factor Rankings, by County**

Rankings are based on a combination of health behavior measures (tobacco use, diet/exercise, alcohol use, sexual activity), clinical care measures (access, quality), socio-economic factors (education, employment, income, family/social support, community safety) and environmental measures (air quality and the built environment).

County Health Rankings 2012 • data 2002-2010



**Health Outcome Rankings, by County**

Rankings are based on a combination of morbidity measures (poor or fair health, poor physical health days, poor mental health days, low birthweight) and mortality (premature death).

County Health Rankings 2012 • data 2002-2010

Sources: <https://www.healthypeople.gov/2020/About-Healthy-People>;

<http://www.healthvermont.gov/about/reports/healthy-vermonters-plans-reports>;

<http://www.healthvermont.gov/sites/default/files/documents/2016/11/Healthy%20Vermonters%202020%20Report.pdf>



## Windham County Behavioral Risk Assessment

According to the Vermont Department of Health, “Poor nutrition, lack of physical activity and tobacco use are three behaviors that contribute to the development and severity of four chronic diseases that claim the lives of more than 50% of all Vermonters.” VDH uses the slogan “3-4-50” to emphasize the connection between these risk behaviors and chronic disease.

Every other year since 1993, the VDH and the Vermont Agency of Education have conducted the Vermont Youth Risk Behavior Survey (YRBS). Developed by the U.S. Centers for Disease Control (CDC), the YRBS helps to monitor priority health risk behaviors that contribute to the leading causes of death, disease, injury and social problems among youth. Students are asked questions about physical activity, nutrition, weight status, tobacco use, alcohol consumption and other substance use, violence and bullying, and sexual behaviors.

Likewise, the CDC & VDH also conducts a similar assessment of adults. Titled the Behavioral Risk Factor Surveillance System (BRFSS), this data collection covers a wide range of health and lifestyle topics, from pregnancy, to diabetes nutrition, to smoking and tobacco use, to chronic disease.



Much of the population health data provided in this report comes from these two surveys, YRBS and BRFSS.

According to the VDH, “Personal health behaviors ... have a major impact on the health of the population.” Healthcare providers and researchers recognize that beyond personal preferences and choices, behavior is greatly influenced by the conditions, communities, systems and social structures in which people live. The need to belong to a group that shares common values and habits is another powerful influence on behavior.

Some risks can be circular. For example, poor diet and sugar-sweetened beverages are linked to tooth decay and increased risk for obesity. And Vermonters who are obese or smoke tend to have more tooth loss, making it harder to eat healthy foods.

While personal behavior is an important measure for preventing disease, Vermont communities can be powerful agents of change, and simple changes in local policies or programming can help create conditions for everyone to have an equal chance to be healthy.

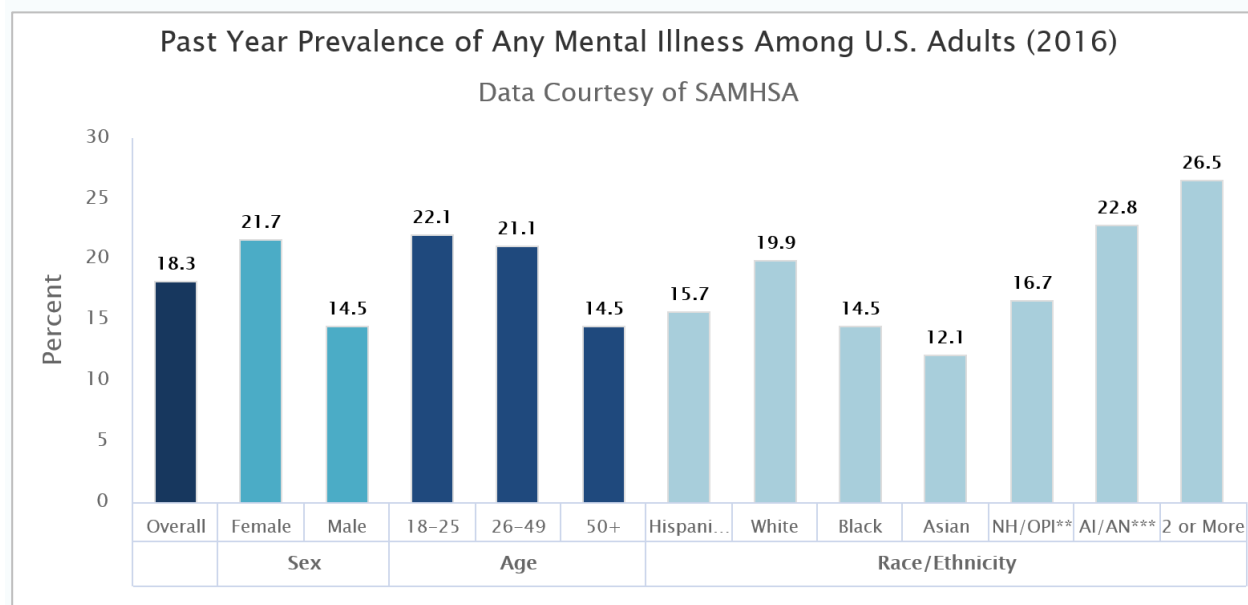
This 2018 Windham County Community Health Needs Assessment is one tool in this process, helping to guide the prevention, treatment, and outreach strategies of Windham County’s three hospitals.

Sources: <http://www.healthvermont.gov/health-statistics-vital-records/population-health-surveys-data/youth-risk-behavior-survey-yrbs>;  
<http://www.healthvermont.gov/health-statistics-vital-records/population-health-surveys-data/youth-risk-behavior-survey-brfss>;  
<http://www.healthvermont.gov/stats/surveys>

## Mental Health

Mental and emotional health are critical to general health. While some people with mental health problems are publicized in high-profile cases, mental health issues more often remain hidden. One main reason for this is the stigma attached to mental illness. People can understand diabetes or a broken leg, but depression, anxiety, and other challenges are harder to see and understand. Individuals may have symptoms, but the reasons behind those symptoms are not always clear.

According to the National Institute of Mental Health, nearly one in five US adults lives with a mental illness (44.7 million in 2016). Mental illnesses include many different conditions that vary in degree of severity, ranging from mild to moderate to severe. In Vermont 19.39% of adults aged 18 or older experienced Any Mental Illness (AMI) in 2011 and 2012 based on the 2011 and 2012 National Surveys on Drug Use and Health. (AMI is defined as the presence of any mental, behavioral, or emotional disorder in the past year that met DSM-IV criteria.)



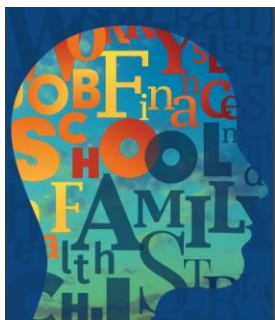
Jilisa Snyder, Ph.D., is Clinical Director at the Brattleboro Retreat's Anna Marsh Clinic. She has written about the hidden aspects of mental health, including the following: "Telling someone experiencing a major depression to 'pick yourself up by your bootstraps' or, for a person struggling PTSD to 'get over it,' is like telling a runner with a broken leg to 'just rise up and finish that marathon.' We can see and appreciate the casted leg. But we often do not see or understand the signs and symptoms of a mental illness—sometimes because people feel ... profuse shame, and cannot show outward signs of their suffering. Yet mental health is as real and authentic as any other aspect of one's health. ... Mental illness arises from vulnerabilities due to the interplay of genetic, biochemical, relational, and environmental factors, not personal weakness. ..."

Two of the most prevalent mental illnesses are anxiety and depression.

### **Anxiety Disorders:**

Anxiety is a natural reaction to stress. At normal levels, it may help to motivate and improve performance. But when anxiety interferes with the ability to meet personal, professional and community responsibilities, it may be at the level of a serious but treatable mental illness. Anxiety may be caused by something specific, it may occur suddenly, or it may be a generalized long-term tendency to worry.





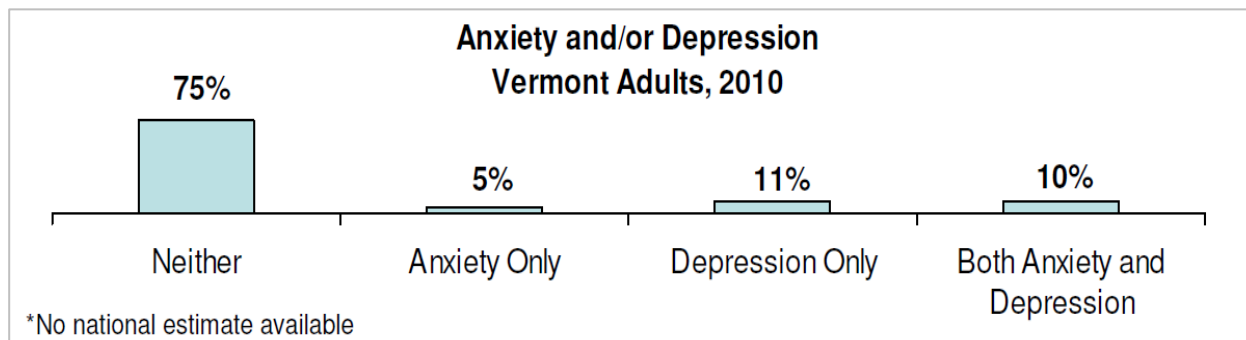
When the length of time or intensity of anxious feelings gets out of proportion to the original stressor, it can cause physical symptoms including fatigue, insomnia, muscle aches, sweating, and nausea or diarrhea. These responses move beyond anxiety into an anxiety disorder.

There are six main types of anxiety disorders that include: generalized anxiety disorder, panic disorder, phobia, social anxiety disorder, obsessive-compulsive disorder (OCD), post-traumatic stress disorder (PTSD), and separation anxiety disorder.

People with PTSD suffer from anxiety as a response to experiencing or witnessing a traumatic event, such as war, natural disasters, assault, serious accident, or an unexpected death. It can affect children as well as adults, causing sleep problems, a tendency toward angry outbursts, and other issues.

According to Medical News Today, anxiety disorders affect 40 million people (18% of the population) in the U.S. It is the most common group of mental illnesses in the country. However, only 36.9% of people with the condition receive treatment. Anxiety disorders typically develop in childhood and persist into adulthood.

In Vermont, 25% of Vermont adults said they have anxiety and/or depression in 2010, according to the Vermont Department of Health's most recent Vermont Behavioral Risk Factor Surveillance System 2010 Data Summary. Of these, 11% had depression, 10% had both anxiety and depression, and 5% had anxiety only.



Anxiety disorders can affect one's physical health, job performance, relationships, and overall enjoyment of life. It can also increase the risk for other mental health problems, such as depression, substance abuse, eating disorders, and thoughts about or actual attempts of suicide.

Sources: <https://www.brattlebororetreat.org/articles/stepping-forward-courage-thoughts-ending-stigma-during-mental-illness-awareness-week>; <https://www.nimh.nih.gov/health/topics/anxiety-disorders/index.shtml?rf=32471>; <https://www.nimh.nih.gov/health/publications/post-traumatic-stress-disorder-ptsd/index.shtml>; <https://www.medicalnewstoday.com/info/anxiety>; <https://www.samhsa.gov/disorders/mental>; <https://www.nimh.nih.gov/health/topics/anxiety-disorders/index.shtml>; <https://www.nimh.nih.gov/health/statistics/mental-illness.shtml>; <https://www.samhsa.gov/data/sites/default/files/sr170-mental-illness-state-estimates-2014/sr170-mental-illness-state-estimates-2014/sr170-mental-illness-state-estimates-2014.htm>; [https://www.samhsa.gov/data/sites/default/files/2015\\_Vermont\\_BHBarometer.pdf](https://www.samhsa.gov/data/sites/default/files/2015_Vermont_BHBarometer.pdf); [http://www.healthvermont.gov/sites/default/files/documents/2016/12/summary\\_brfss\\_2010.pdf](http://www.healthvermont.gov/sites/default/files/documents/2016/12/summary_brfss_2010.pdf)

Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (February 28, 2014). *The NSDUH Report: State Estimates of Adult Mental Illness from the 2011 and 2012 National Surveys on Drug Use and Health*. Rockville, MD

## Depression:

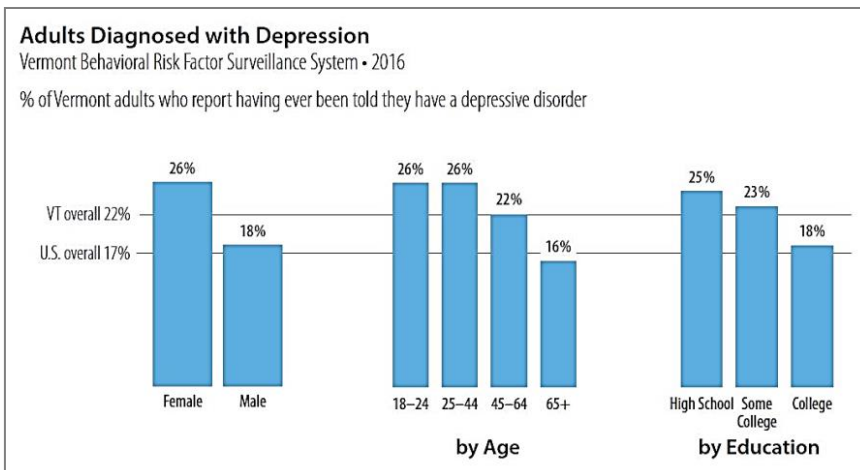
Stress is a risk to health that is difficult to quantify, but anyone who lives with great stress from day to day knows the toll it can take on one's energy, mental outlook and quality of life. Often, the result is depression.

According to the National Institute of Mental Health, depression is a common but serious mood disorder, causing severe symptoms that affect how

you feel, think and handle daily life: socializing, sleeping, eating, or working. A depressive disorder is not a passing blue mood but rather persistent feelings of sadness and worthlessness. To be diagnosed with depression, a person's symptoms must be present for at least two weeks.

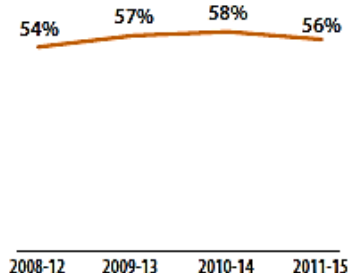
In 2016, approximately 13% of Vermont children age 6 to 17 had a diagnosis of anxiety, and 4% had a diagnosis of depression. A small percentage of children who need to see a mental health professional were not able to get care. For those age 6 and older, about half who sought care had a diagnosable problem. Approximately half of all adults who have been diagnosed with a mental health condition are in treatment or counseling. Over the past decade, the percentage of adults diagnosed with depression has remained between 20-23%.

The Vermont Department of Health assesses the prevalence of mental health diagnoses in adult Vermonters by conducting the "Behavioral Risk Factor Surveillance System" survey every other year, and by conducting the "Youth Risk Behavior Survey" every two years. The county data above comes from those surveys.



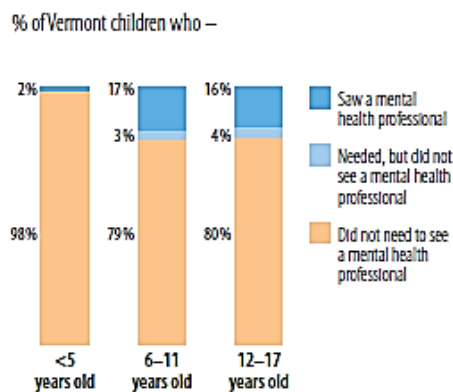
**Adults in Mental Health Treatment**  
Substance Abuse & Mental Health Services Administration  
Vermont Behavioral Health Barometer • 2013–2016

% of Vermont adults with any mental health condition who are receiving treatment or counseling (5-year averages)



**Children in Mental Health Treatment**  
National Survey of Children's Health/Vermont • 2016

% of Vermont children who –



Sources: <http://www.healthvermont.gov/ia/CHNA/County/atlas.html>;

[http://www.healthvermont.gov/sites/default/files/documents/pdf/6%20Chronic%20Disease\\_0.pdf](http://www.healthvermont.gov/sites/default/files/documents/pdf/6%20Chronic%20Disease_0.pdf)

## Suicide:

Suicide is a leading cause of death for all ages, both nationally and in Vermont. When someone takes his/her/their own life, it also has a devastating effect on families and communities.

Windham County's rate of suicide has been higher than the state's for several years.

The number of Vermont teens who have made a suicide plan is also higher in Windham County.

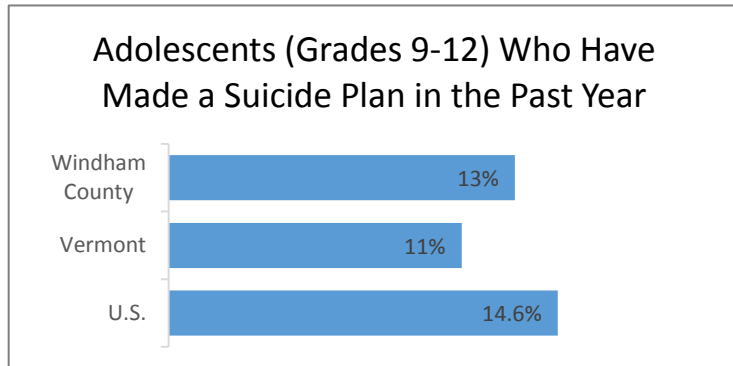
Teen suicide is a real concern in Vermont, and many organizations, schools and mental health agencies have led communities to become more aware of the issue and to support families and friends after an event of suicide.

According to the most recent YBRS, one in ten students in grades 7 to 12 made a suicide plan during the past 12 months; 5% of students attempted suicide during that same time frame. Following a decrease in the percent of students who reported making a suicide plan from 1995 to 2005, the percent of students making a suicide plan has significantly increased since 2007. While the percent of students making a suicide plan significantly decreased between 2015 and 2017, it still remains above the HV2020 Goal of 8%.

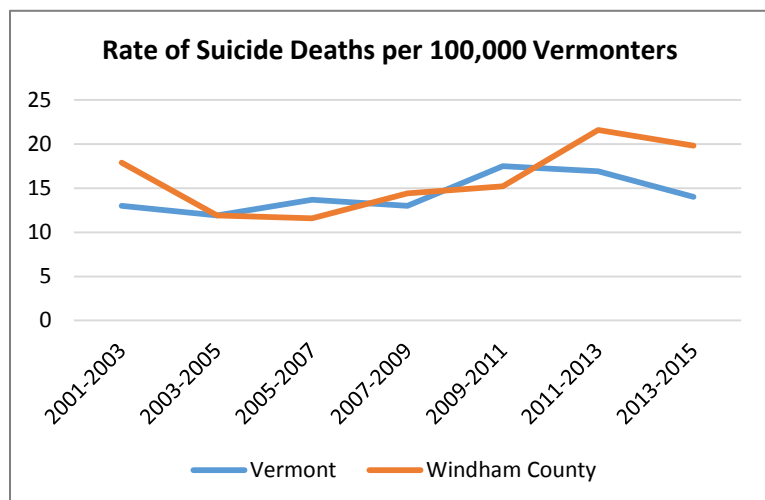
Veterans and youth identifying as Lesbian, Gay, Bisexual, Transgender, or Questioning are more likely to attempt or succeed at suicide.

Suicide may not be predictable, but people who are considering suicide may display signs such as alcohol or drug abuse; mental health issues such as depression; physical illness such as a chronic disease; financial troubles; or problems at home, school or in the workplace.

To prevent suicide, Vermonters must work together to support youth and adults who are in crisis, offering both hope and help.



Data sources: above 2017 YBRS; below: VDH CHNA Health Atlas



Sources: [http://www.healthvermont.gov/sites/default/files/documents/pdf/CHS\\_YBRS\\_WindhamCounty.pdf](http://www.healthvermont.gov/sites/default/files/documents/pdf/CHS_YBRS_WindhamCounty.pdf); <http://www.healthvermont.gov/sites/default/files/documents/pdf/HV2020QuickReference.pdf>; <http://www.healthvermont.gov/children-youth-families/adolescent-health/prevent-teen-suicide>; <http://vtspc.org/what-we-know-about-suicide-nationally-and-in-vermont/>; <http://www.healthvermont.gov/ia/CHNA/County/atlas.html>; <https://www.cdc.gov/healthyouth/data/yrbs/pdf/trendsreport.pdf>

## Substance Use and Abuse

There are many reasons why people use alcohol, tobacco and other drugs: to relieve physical or psychological pain, to counter stress, to alter traumatic experiences or feelings of hopelessness. Prioritizing future health over immediate needs is especially difficult in the face of multiple daily stressors and pervasive marketing that can make it seem as if alcohol or drugs will make life easier.

Addiction is not a choice or a moral failing. Some people are genetically prone to addiction, and this in itself is a risk factor in developing a substance use disorder. As a chronic illness, addiction becomes a physiological and psychological need. Quitting or seeking treatment is never easy, and relapse is common, but many people do find a path to recovery. Adding to the stress of behavior change is the feeling of isolation that may come from avoiding friends or situations that may trigger smoking, drinking or drug use.

### Alcohol

An estimated 33,000 Vermonters are in need of, but have not sought treatment for, alcohol use disorder.

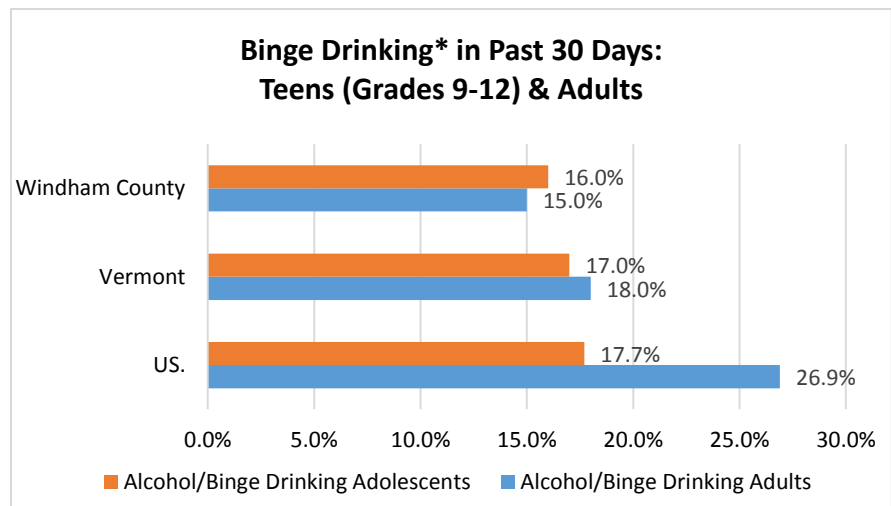
The age at which a young person starts drinking strongly predicts alcohol dependence later in life. The percentage of high school students who currently drink (one or more drinks in the past month) has decreased significantly—from 42% in 2005 to 30% in 2015.

However, the incidence of binge drinking is still a concern. The CDC recently revised its definition of binge drinking, making it gender-specific. (See note, above.)

By middle school, 2% of Vermont students binge drink. By high school, 16% of them binge drink. One in three adults age 18 to 24 binge drinks, and 5% of older adults age 65+ binge drinks.

The medical diagnosis for problem drinking that becomes severe is “alcohol use disorder” – a chronic relapsing brain disease characterized by compulsive alcohol use, loss of control regarding intake, and a negative emotional state when not using.

Older adults are more susceptible to the health risks of alcohol use due to physiological changes, any chronic disease they may have, or some medications they take. Excessive alcohol use can increase the risk for dementia. One in four (25%) Vermonters age 65+ engage in risky alcohol use, higher than the U.S. average of 19%. Risky drinking for this age group (65+) is two or more drinks on one occasion for females, three or more for males. In contrast to other risk behaviors, older adults with higher incomes and education are more likely to engage in risky drinking compared to those with lower incomes and less education.



*\*Note: Binge drinking is defined as 4+ drinks in one sitting for women; 5+ drinks in one sitting for men. Windham County and VT adolescent data are from 2017 YBRS; county and state adult data are from VDH 2016 CHNA Health Atlas; U.S. data is from 2015 Healthy Vermonters 2020. Quick Reference.*

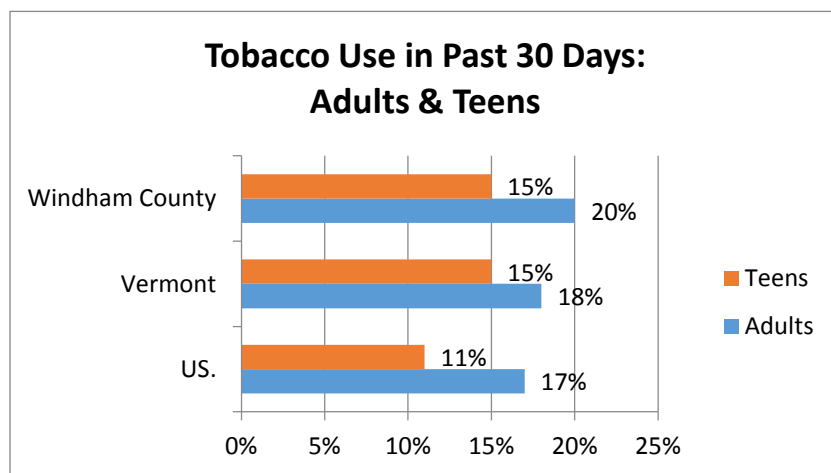
Sources: <http://www.healthvermont.gov/ia/CHNA/County/atlas.html>  
[http://www.healthvermont.gov/sites/default/files/documents/pdf/6%20Chronic%20Disease\\_0.pdf](http://www.healthvermont.gov/sites/default/files/documents/pdf/6%20Chronic%20Disease_0.pdf)

## Cigarettes and Tobacco

The percentage of adults who smoke, and the rate of their attempts to quit, have stayed relatively unchanged over the past decade. In 2016, 18% of all adult Vermonters smoked. The rate is higher in Windham County.

Teenage cigarette smoking has declined slightly over the past several years, but use of e-cigarettes is on the rise (see Vaping, page 28). In 2015, 11% of Vermont high-school students reported smoking cigarettes in the past 30 days; 11% of Windham County students reported the same. In 2017, that number was 9% statewide and 10% in Windham County. When cigars, smokeless tobacco, and e-cigarettes were included, the percentage for the state rose to 19% and for the county to 20%.

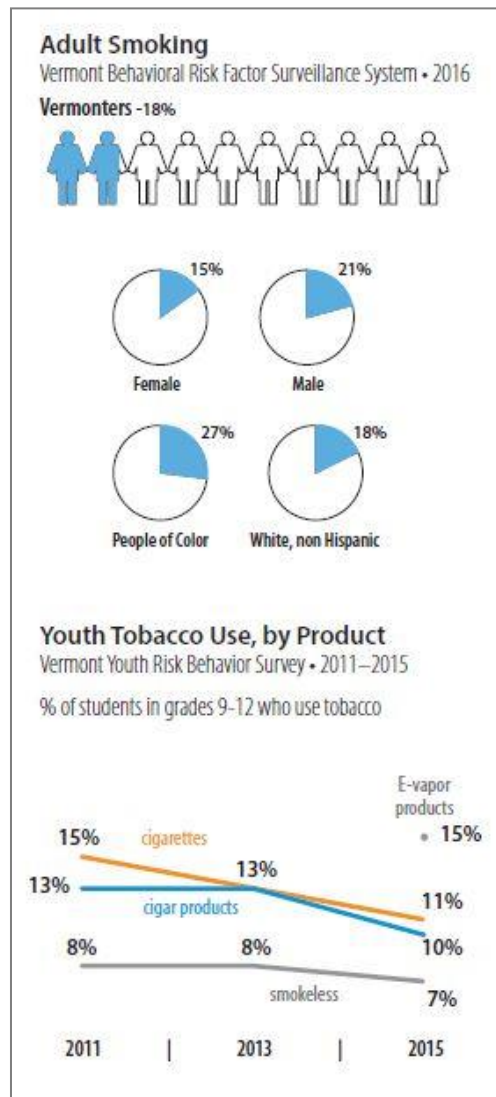
Vermont high school students who used one or more tobacco products in the past month were much more likely to use marijuana, alcohol, and to binge drink compared to students who do not use tobacco. For students who have asthma, the use of tobacco, alcohol and marijuana can make symptoms much worse.



Windham County and VT adolescent data are from 2017 YBRs; county and state adult data is from VDH 2016 CHNA Health Atlas; U.S. data is from 2015 Healthy Vermonters 2020 Quick Reference.

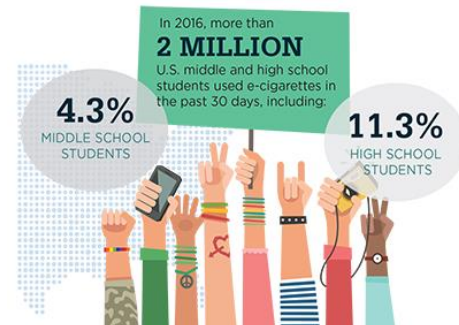
Smoking rates vary by population group. As income and education levels rise, the smoking rate decreases. Males are more likely to smoke than females. Vermonters of color are more likely to smoke than white Vermonters, but are also more likely to make an attempt to quit (59% compared to 49%).

Sources: <http://www.healthvermont.gov/ia/CHNA/County/atlas.html>  
[http://www.healthvermont.gov/sites/default/files/documents/pdf/6%20Chronic%20Disease\\_0.pdf](http://www.healthvermont.gov/sites/default/files/documents/pdf/6%20Chronic%20Disease_0.pdf);  
[http://www.healthvermont.gov/sites/default/files/documents/pdf/CHS\\_YRBS\\_WindhamCounty\\_15.pdf](http://www.healthvermont.gov/sites/default/files/documents/pdf/CHS_YRBS_WindhamCounty_15.pdf);  
[http://www.healthvermont.gov/sites/default/files/documents/pdf/CHS\\_YRBS\\_WindhamCounty.pdf](http://www.healthvermont.gov/sites/default/files/documents/pdf/CHS_YRBS_WindhamCounty.pdf);  
[https://www.cdc.gov/tobacco/data\\_statistics/surveys/nyts/index.htm](https://www.cdc.gov/tobacco/data_statistics/surveys/nyts/index.htm)



## E-Cigarettes & Vaping

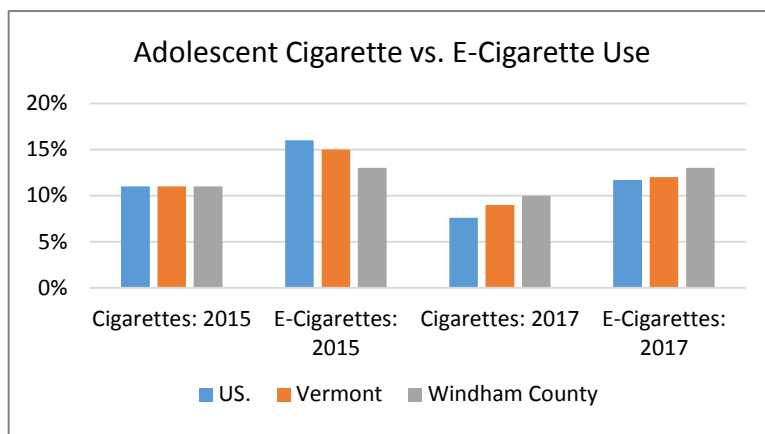
Electronic-cigarettes, sometimes known as “e-cigarettes” are devices that have a battery inside that heats liquid into an aerosol (vapor). The user inhales the vapor in an activity that simulates smoking. Vaping is the term used for use of this device, because of the vapor that is inhaled. Vaping can be used to inhale tobacco, marijuana, and other drugs. E-cigarettes can also be used to inhale marijuana and other drugs. They are a convenient way to do this discreetly because many of them are created to look like ordinary objects like pens, computer thumb drives, and pencil sharpeners. The exhaled vapor can easily be hidden, so students are beginning to use them secretly during class.



Research shows that teens who try vaping, thinking it is harmless, are more likely to use other addictive substances, including regular cigarettes, marijuana, alcohol and drugs. Dual use (use of e-cigarettes and conventional cigarettes) by the same person is also common among youth and young adults (ages 18-25).

Of the 35 states that collect data on e-cigarette/e-vapor use, Vermont currently has the lowest rate, at 13%. West Virginia

is highest, at 31%. Still, the rate of use is rapidly increasing. In just over a decade, this fad has grown into huge industry, with hundreds of thousands of users.



The use of e-cigarettes is on the rise for adults, but also particularly for teens. Use among teens has seen the fastest growth. The National Youth Tobacco Survey for 2011-15 shows that the national rate among teens was 2% in 2011 and 16% just four years later. In 2015, more teens reported use of e-cigarettes than conventional cigarettes (15% vs. 11%). It is now estimated that more than one in four students in grades 6-12, and more than one in three young adults, have tried e-cigarettes.

In both the 2015 and 2017 Youth Risk Behavior Surveys, 13% of Windham County teens reported using e-cigarettes in the past 30 days, while the Vermont rate dropped during that same time period, from 15% in 2015 to 12% in 2017. In both cases, the rate of e-cigarette use is higher than that of traditional cigarettes.

The risks associated with the nicotine used in e-cigarettes may be less than with conventional cigarettes, but the long-term effects of vaping are as yet unknown. E-cigarettes are a new invention, on the market for only about 11 years. Nearly 20% of young adults believe e-cigarettes cause no harm, more than half believe they are only moderately harmful, according to the U.S. Surgeon General.

Sources: [https://www.cdc.gov/tobacco/data\\_statistics/surveys/nyts/index.htm](https://www.cdc.gov/tobacco/data_statistics/surveys/nyts/index.htm);  
[http://www.healthvermont.gov/sites/default/files/documents/pdf/CHS\\_YRBS\\_WindhamCounty\\_15.pdf](http://www.healthvermont.gov/sites/default/files/documents/pdf/CHS_YRBS_WindhamCounty_15.pdf);  
[http://www.healthvermont.gov/sites/default/files/documents/pdf/CHS\\_YRBS\\_WindhamCounty.pdf](http://www.healthvermont.gov/sites/default/files/documents/pdf/CHS_YRBS_WindhamCounty.pdf); <https://e-cigarettes.surgeongeneral.gov/getthefacts.html>; [https://www.cdc.gov/tobacco/basic\\_information/e-cigarettes/index.htm](https://www.cdc.gov/tobacco/basic_information/e-cigarettes/index.htm)

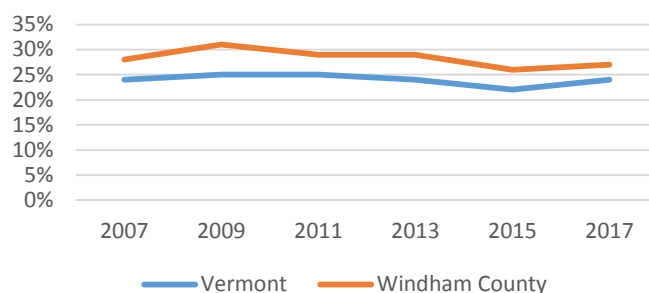


## Marijuana

Perceptions of risk and community acceptance strongly influence behavior. Among high school students, more than 75% think it is wrong or very wrong for someone their age to smoke cigarettes, yet only 50% think it is wrong or very wrong to use marijuana or to drink. More Vermonters drink alcohol and use marijuana compared to the overall U.S. population. For Vermonters age 12+, alcohol is by far more commonly used than marijuana or any other drug. However, the county's teen use of marijuana is higher than the statewide average.

It will be important to note any changes in rates of marijuana use after July 1, 2018, when recreational marijuana use became legal in Vermont.

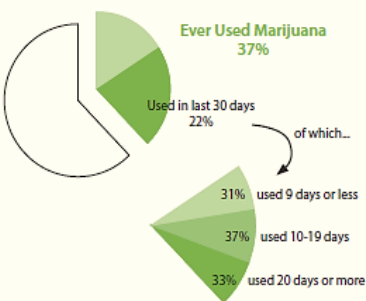
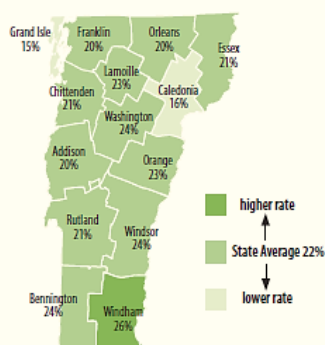
### Marijuana Use in Past 30 Days: Adolescents Grades 9-12



#### Marijuana Use Among High School Students

Vermont Youth Risk Behavior Survey • 2015

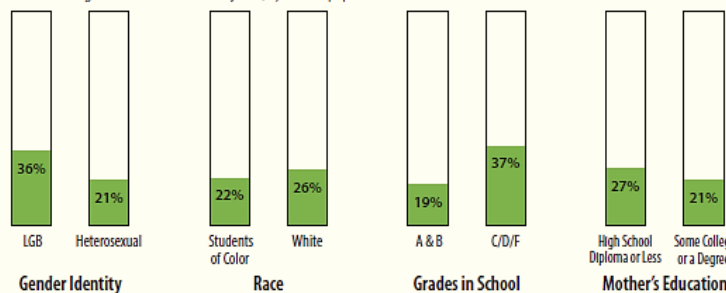
% of students in grades 9-12 who used marijuana in the past 30 days, by county



#### Marijuana Use Among High School Students

Vermont Youth Risk Behavior Survey • 2015

% of students in grades 9-12 who use marijuana, by various populations



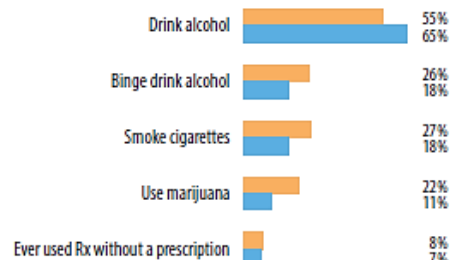
#### Current Alcohol, Tobacco & Drug Use

Vermont Behavioral Risk Factor Surveillance System • 2016

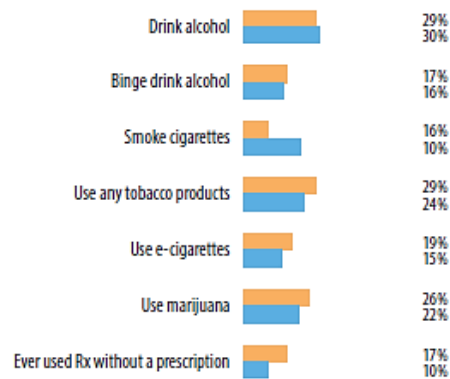
Vermont Youth Risk Behavior Survey • 2015

People of Color  
White, non-Hispanic

##### Among adults, age 18 +



##### Among High School Students



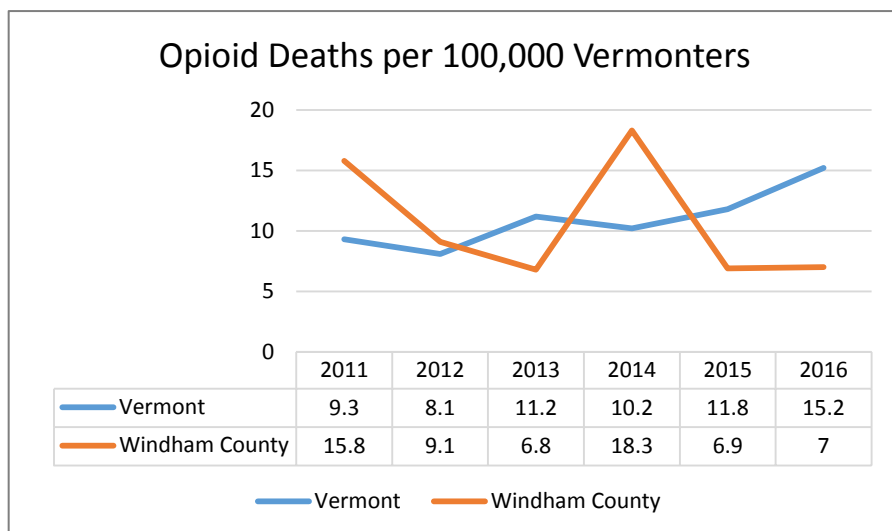
Sources: <http://www.healthvermont.gov/ia/CHNA/County/atlas.html>;

[http://www.healthvermont.gov/sites/default/files/documents/pdf/6%20Chronic%20Disease\\_0.pdf](http://www.healthvermont.gov/sites/default/files/documents/pdf/6%20Chronic%20Disease_0.pdf);

[http://www.healthvermont.gov/sites/default/files/documents/pdf/CHS\\_YRBS\\_WindhamCounty.pdf](http://www.healthvermont.gov/sites/default/files/documents/pdf/CHS_YRBS_WindhamCounty.pdf)

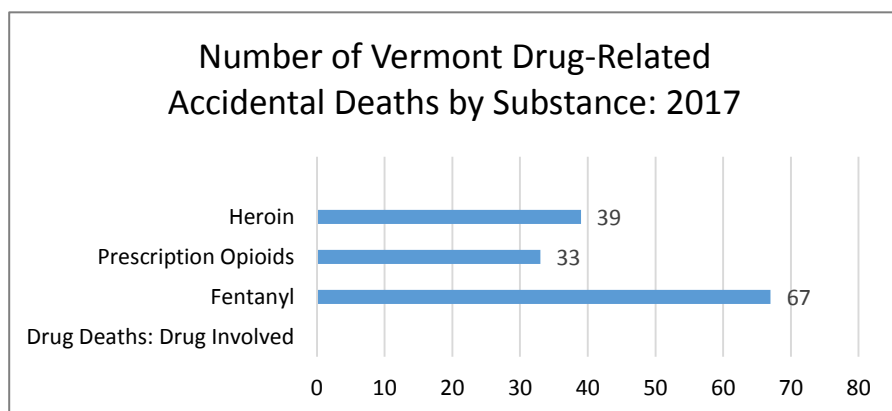
## Opioids

Communities all across the state of Vermont, and across the nation, have been facing the challenge of opioid addiction. Anyone can become addicted to these powerful drugs, and opioid addiction is a lifelong problem. It can start with just one prescription or one dose. The number of drug-related deaths, especially those associated with opioids, are being constantly monitored and are still a great concern in Vermont. The rate of fentanyl-related deaths has increased eightfold since 2011, from 8% in 2011 to 64% in 2017.



The Vermont Department of Health's Division of Alcohol & Drug Abuse has selected measures to be used to gauge progress, recognizing that many of the measures reflect long-term goals that involve multiple systems and providers – and it will take time and a coordinated effort to effect change. The focus is on prevention, intervention, treatment and recovery.

National data shows that Vermont has one of the highest percentages of illegal drug use in the country. The illegal drugs these data examines are: cocaine (including crack); heroin; hallucinogens; inhalants; and prescription drug misuse. In addition to immediate effects, those who use illegal drugs are more likely to get sick from diseases like stroke and cancer. It is important to look at the reasons why more Vermonters are using



illegal drugs than citizens in most other states. The Department of Health is monitoring how our efforts are making a positive difference with illegal drug use, especially among young people in Vermont.

Children and youth have a higher risk of future addiction if they misuse substances when they are young. Therefore, the VT Department's Division of Alcohol & Drug Abuse has established priorities related to reducing the rate of underage drinking, prescription drug misuse, and marijuana use. Seven percent of Windham County's high-school teens report having misused prescription pain medications, and 8% reported misusing stimulants in the most recent YBRS.

Sources: [http://www.healthvermont.gov/sites/default/files/documents/pdf/ADAP\\_Annual\\_Overview.pdf](http://www.healthvermont.gov/sites/default/files/documents/pdf/ADAP_Annual_Overview.pdf);  
<http://www.healthvermont.gov/ia/CHNA/County/atlas.html>; <http://www.healthvermont.gov/scorecard-opioids>;  
<http://www.healthvermont.gov/alcohol-drug-abuse/alcohol-drugs/heroin-and-other-drugs>;  
[http://www.healthvermont.gov/sites/default/files/documents/pdf/CHS\\_YBRS\\_WindhamCounty.pdf](http://www.healthvermont.gov/sites/default/files/documents/pdf/CHS_YBRS_WindhamCounty.pdf)

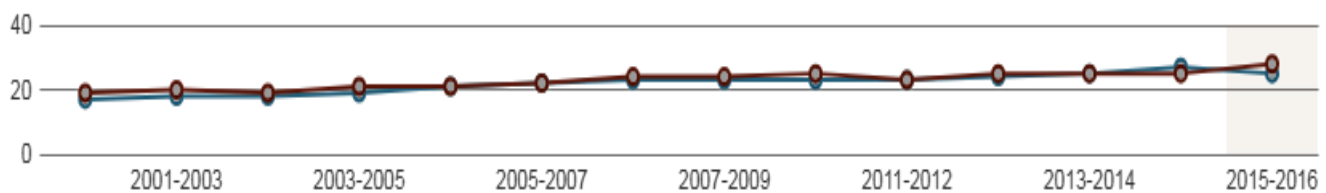


## Obesity, Inactivity and Nutrition

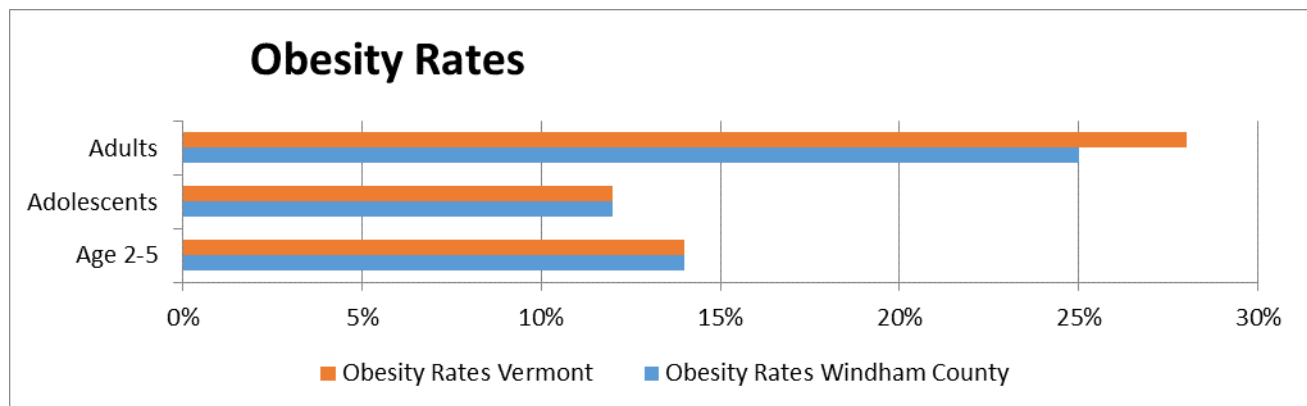
Vermonters, like other Americans, are becoming more overweight. In fact, there is a growing trend toward obesity. The terms ‘overweight’ and ‘obese’ describe weight ranges that are above what is medically considered to be healthy. According to the U.S. Centers for Disease Control (CDC), “A high amount of body fat can lead to weight-related diseases and other health issues and being underweight can also put one at risk for health issues.”

In 2016, two-thirds of Vermont adults were overweight or obese. Compared to the U.S., Vermont adults have a lower rate of obesity (28% compared to 30%) but a similar rate of overweight. This growing trend affects males and females, and people of all races, incomes and education levels– but especially Vermonters at the lower end of the socioeconomic ladder. People often become less active as they age, and this corresponds to a tendency to gain weight. Adults age 45 to 64 are more likely, and adults 65+ are *much* more likely, to be overweight than those age 20 to 44.

The percentage of Vermont’s adult population (age 20 and older) who are obese has risen from 19% in the year 2000, to 28% in 2015. While Windham County’s percentage (blue line) is slightly less than the state average (red line), it has increased at a similar rate, from 17% in 2000, to 25% in 2015. One in four adults who live in Windham County is obese.



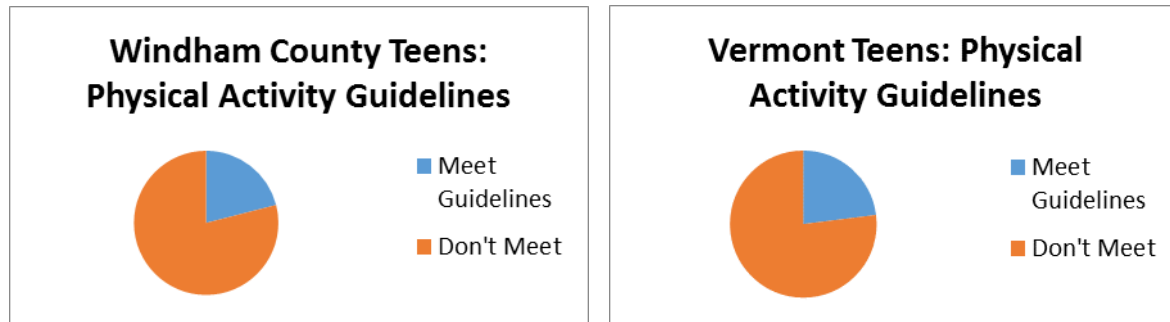
While the trend toward obesity increases as one ages, increasingly it affects teens and children. Over the last 15 years, the VDH’s Youth Risk Behavior Study (conducted every two years since 1993) has found that consistently 12-15% of adolescents in grades 9-12 are obese. Data from the Women, Infants, and Children (WIC) program also show that for children age 2-5, 14% are already obese.



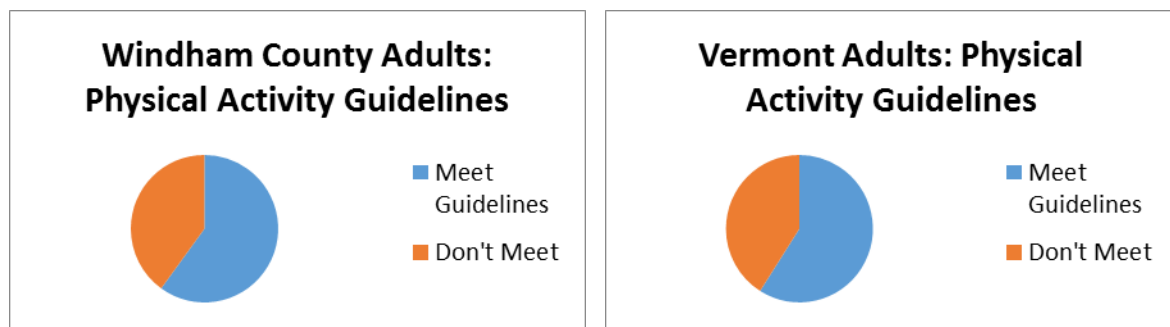
Source: <http://www.healthvermont.gov/ia/CHNA/County/atlas.html>

As a chronic condition, obesity greatly increases a person’s risk for other serious illnesses and other chronic conditions—such as high blood pressure, high cholesterol, diabetes, heart disease, stroke, gall-bladder disease, osteoarthritis, sleep apnea and some cancers. Obesity is complex and multi-faceted, but is most often the result of physical inactivity and poor nutrition.

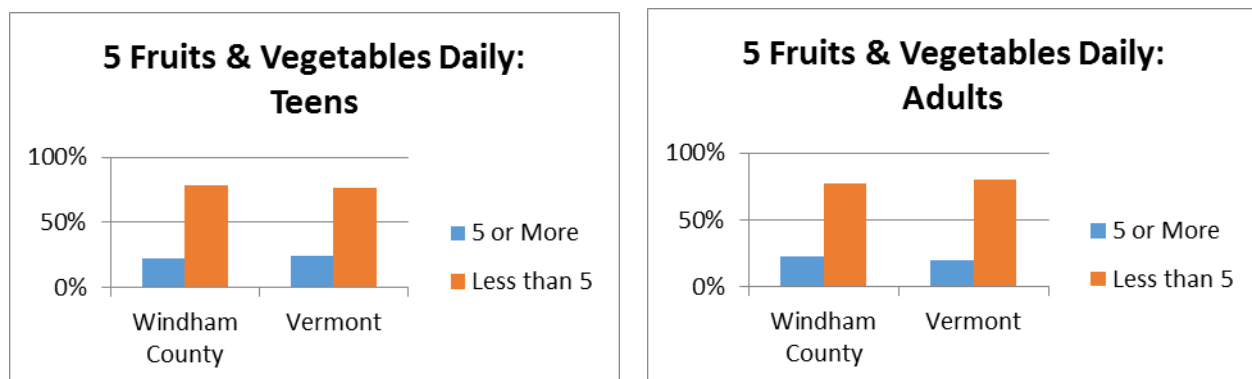
Windham County’s adolescents are comparable to the state average in terms of meeting physical activity guidelines, but this is not good news. Only 21% of Windham County teens meet the recommended guideline of getting 60 minutes of physical activity per day. Vermont’s statewide average is 23%. This means that 79% of teens in Windham County and 77% statewide are not active enough for optimal health.



Adults in Windham County do much better in terms of meeting physical activity guidelines, though it’s important to note that the recommendation for adults is 30 minutes a day (versus 60 minutes for youth).



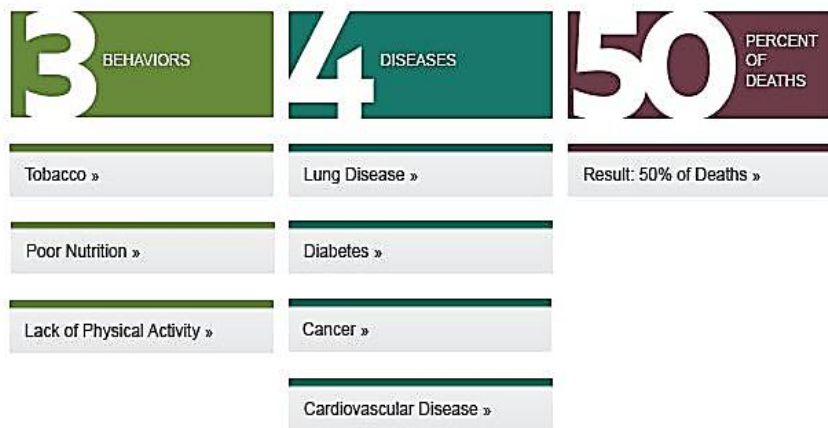
In terms of nutrition, both teens and adults in Windham County are comparable, but in a way that fails to meet nutrition guidelines. Using the recommended daily consumption of five fruits and vegetables per day as a measure, 77% of adults and 78% of teens do NOT eat enough produce for optimal health.



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

## Chronic Diseases

Research has shown that more than half of all chronic disease deaths are due to the same four diseases, which are caused by or exacerbated by the same three behaviors: lack of physical activity, poor diet, and tobacco use. The Vermont Department of Health uses the slogan 3-4-50 as a reminder of these facts.



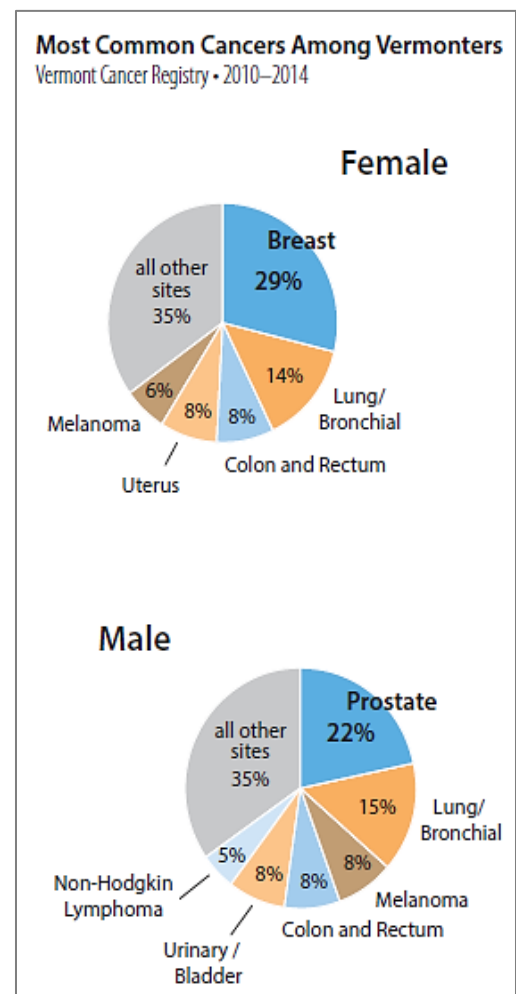
## Cancers

Cancer is not a single disease, but a group of more than 100 different diseases that often develop gradually as the result of a complex mix of lifestyle, environment, and genetic factors. Certain behaviors put people at a higher risk for certain cancers, including: tobacco use, alcohol use, diet, physical inactivity, and overexposure to sunlight.

Cancer affects thousands of Vermonters, and is now the leading cause of death. Cancer occurs in people of all ages, but risk increases significantly with age. Approximately four in 10 adults in the U.S. will develop cancer in their lifetime.

Some types of cancer are more prevalent among Vermonters compared to the U.S. population. For females, the incidence of breast cancer, cancers of the lung/bronchus, uterus, urinary bladder, and melanoma of the skin is higher than in the rest of the U.S. For males, the incidence of melanoma of the skin, urinary bladder cancer, non-Hodgkins lymphoma and esophageal cancer is higher than in the rest of the U.S.

Nearly two-thirds of cancer deaths in the U.S. can be linked to tobacco use, poor nutrition, lack of physical activity, and obesity. Not all cancers can be prevented, but risk for many can be reduced through a healthy lifestyle. Excess weight increases the likelihood of Cancers of the breast (postmenopausal), colon and rectum, uterus, thyroid, pancreas, kidney, esophagus, gallbladder, ovary, cervix, liver, non-Hodgkin lymphoma, myeloma and prostate (advanced stage). Use of tobacco increases the likelihood of Cancers of the lung, larynx (voice box), mouth, lips, nose and sinuses, throat, esophagus, bladder, kidney, liver, stomach, pancreas, colon and rectum, cervix, ovary and acute myeloid leukemia.



Sources: <http://www.healthvermont.gov/3-4-50/data-results>;

[http://www.healthvermont.gov/sites/default/files/documents/pdf/6%20Chronic%20Disease\\_0.pdf](http://www.healthvermont.gov/sites/default/files/documents/pdf/6%20Chronic%20Disease_0.pdf);

[http://www.healthvermont.gov/sites/default/files/documents/pdf/HPDP\\_3-4-50\\_Cancer\\_%20Data%20Brief\\_FINALapproved\\_040717.pdf](http://www.healthvermont.gov/sites/default/files/documents/pdf/HPDP_3-4-50_Cancer_%20Data%20Brief_FINALapproved_040717.pdf)

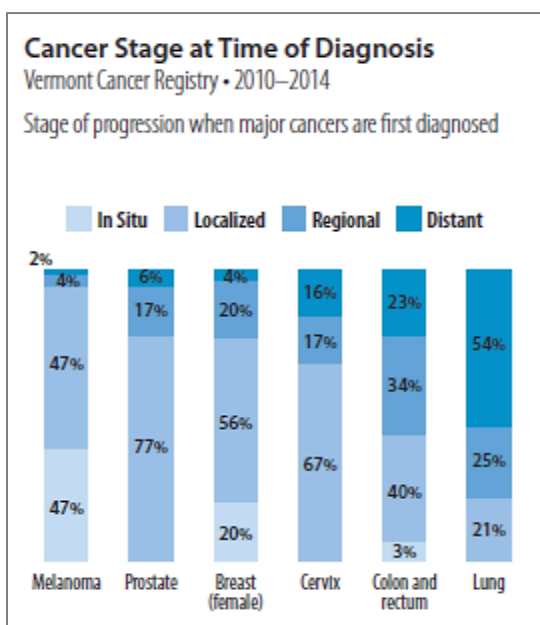
## Cancer Screening Tests

The good news is that cancer is often survivable. Survival rates are highest when the cancer is found and treated early before it has spread. That's why recommended cancer screenings are so important, including those for lung, breast, cervical, and colorectal cancers.

There is some relationship between education, income and race and the rate of use for some certain cancer screenings. For example, in Vermont, the three-year Pap test rate for women aged 25-65 was lower among those with a high school education or less than among college graduates (2016). Vermont women aged 21-65 who lived below 250% of the federal poverty level were less likely to report having been screened, compared to those at or above 250% of the federal poverty level (2016). Racial and ethnic minorities in Vermont had a lower breast cancer screening rate (70%, 2014 and 2016) compared to racial and ethnic minorities nationally (81%, 2016).

## Breast Cancer and Cervical Cancer Screening Rates

The incidence of breast cancer among Windham County women is 121.2 per 100,000 residents, or 12%, for the period of 2010-2014. For all Vermont women, the percent is slightly higher at 13%.

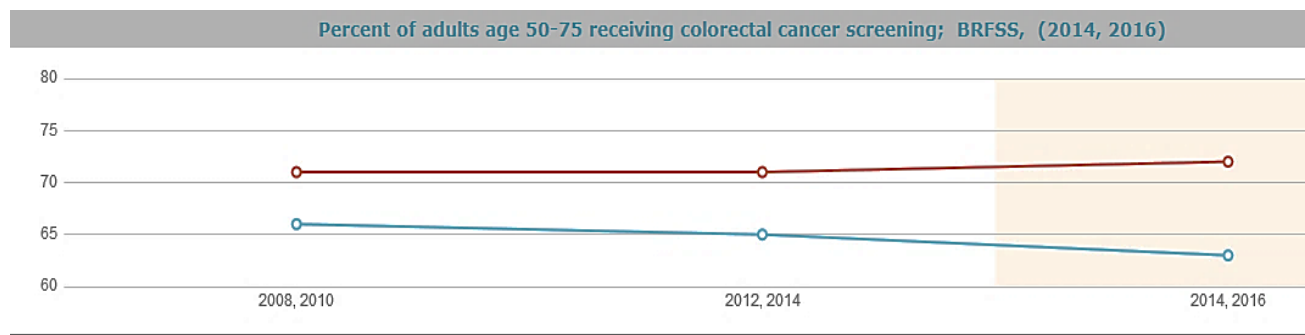


The percentage of Windham County women age 50-74 who have the recommended breast cancer screening (annual mammogram) is 77%, compared to 79% for all Vermont women. The percentage of Windham County women age 21-65 who have the recommended cervical cancer screening is 87% (86% statewide).

## Colon Cancer Screening Rates

The incidence of colorectal cancer is higher in Windham County than in the rest of the state, 42.8 cases per 100,000 people, versus 36.1 per 100,000 statewide. This corresponds to a lower rate for colon cancer screenings. The percentage of Windham County adults age 50-75 who have the recommended colorectal cancer screening (fecal occult blood screening and colonoscopy) is 63%, compared to 72% statewide. Windham County consistently lags behind the state average for this screening.

For chart below: Blue = Windham County; Red = Vermont



Sources: [http://www.healthvermont.gov/sites/default/files/documents/pdf/stat\\_CancerDataPagesPDF.pdf](http://www.healthvermont.gov/sites/default/files/documents/pdf/stat_CancerDataPagesPDF.pdf);  
<http://www.healthvermont.gov/ia/CHNA/County/atlas.html>;  
<http://www.healthvermont.gov/sites/default/files/documents/2016/11/Healthy%20Vermonters%202020%20Report.pdf>  
[http://www.healthvermont.gov/sites/default/files/documents/pdf/6%20Chronic%20Disease\\_0.pdf](http://www.healthvermont.gov/sites/default/files/documents/pdf/6%20Chronic%20Disease_0.pdf)

## Diabetes

Diabetes affects more than 55,000 Vermonters. The Vermont Department of Health (VDH) reports that, “Diabetes is a serious disease that makes your blood sugar too high – either because your body doesn’t make enough insulin, or because the insulin it makes is not used correctly by your body. High blood sugar over time causes problems in many parts of the body,” thus diabetes is often a contributing factor in other diseases.

In 2015, diabetes was the primary cause of 123.2 deaths for every 100,000 Vermonters, and the contributing cause for 25.4 deaths per 100,000 Vermonters.

(The difference between primary and contributing cause likely reflects the fact that diabetes is the cause of other fatal diseases. For example, diabetes is the most common cause of kidney disease, which can progress to death from kidney failure.)

The prevalence of diabetes among Vermonters has remained steady for the past several years.

Windham County consistently reports slightly higher rates of diabetes than the statewide average, 9% in 2016, versus 8% overall for Vermont. The county’s incidence rate has been consistently higher than the state average at least since 2011.

The VDH predicts that rates of diabetes among the population will continue to increase in the future. As overweight Vermont children reach adulthood, diabetes rates are expected to increase substantially. Also, many Vermonters have prediabetes, and the VDH anticipates that 15% to 30% of these will develop Type 2 diabetes within five years.

The percentage of Windham County adults who have had their blood sugar tested in the past three years (data from 2012-2014; due to be reported again in 2018) is 53%, comparable to the statewide percentage of 52%.

The percentage of Vermonters with diabetes who received diabetes education services is only 46%. The VDH has set a goal of increasing that to 60% but reports that the trend is toward a lower percentage, not higher.

### Diabetes-related Deaths

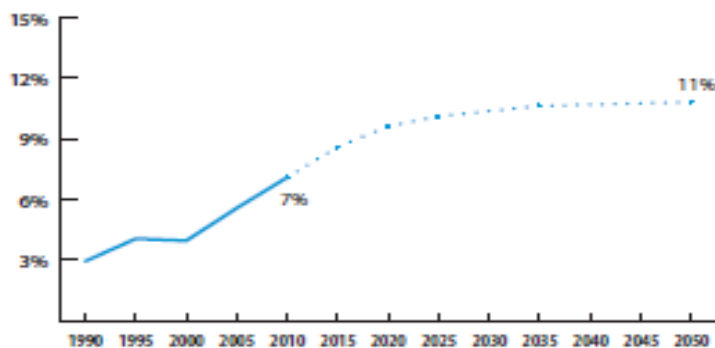
Vermont Vital Statistics • 2006–2015

# of deaths, per 100,000 people



### Projected Prevalence of Diabetes

% of adults who have diabetes



### Clinical Care for Diabetes

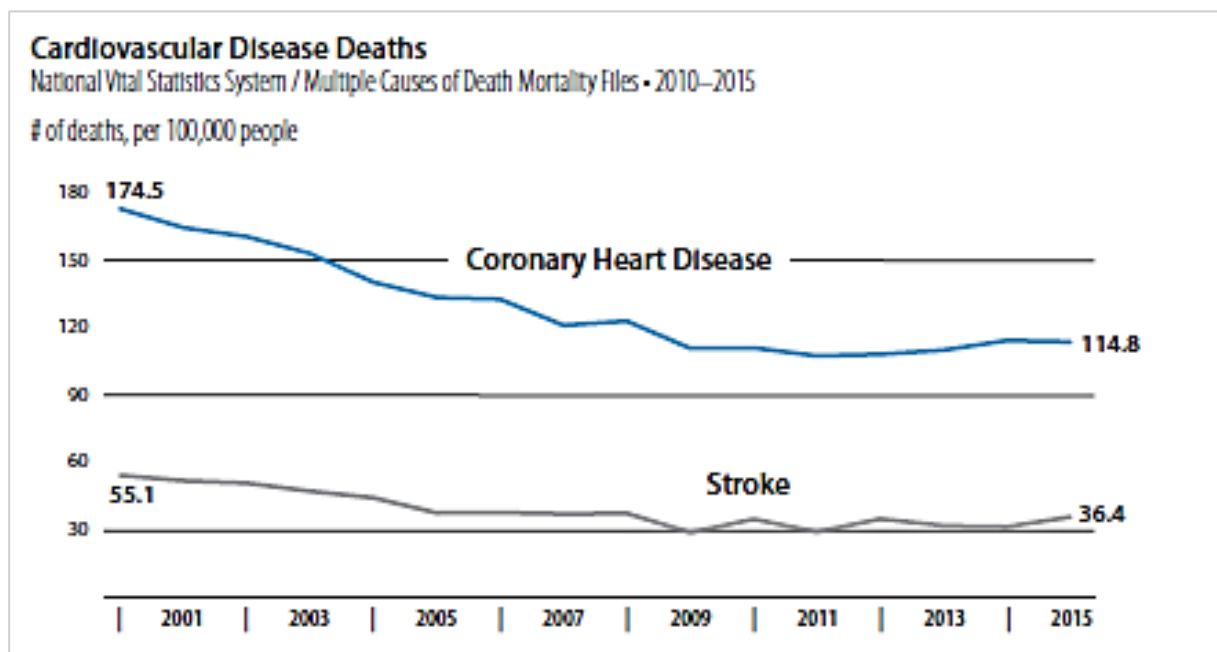
% of adults with diabetes who report they have medical care that meets clinical guidelines • 2010

Sources: <http://www.healthvermont.gov/about/reports/healthy-vermonters-plans-reports> ;

<http://www.healthvermont.gov/ia/CHNA/County/atlas.html> ; <http://www.healthvermont.gov/wellness/diabetes>

## Heart Disease Deaths

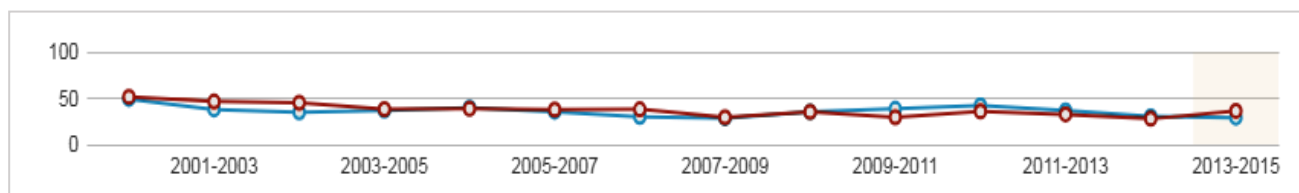
Deaths of Vermonters from heart disease and stroke have been declining steadily over the past decade. Vermonters are significantly less likely to die of stroke than Americans overall. Still, heart disease is the #2 cause of death, and stroke is #6.



The Windham County rate of incidence for cardiovascular disease is comparable to the state's rate: 7% of the county's population and 8% of the state's. These two rates have been comparable for at least 18 years.

Likewise, deaths due to coronary heart disease are 116.9 per 100,000 people, versus 118.9 deaths per 100,000 for the state, and these state-county rates have been close to equal for 18 years.

The incidence rate of deaths due to strokes in Windham County is similar to the state rate. The most recent statistic for Windham County is 29.1 per 100,000 people (blue line), and 36.4 per 100,000 for the state (red).



**Sources:** [http://www.healthvermont.gov/sites/default/files/documents/pdf/6%20Chronic%20Disease\\_0.pdf](http://www.healthvermont.gov/sites/default/files/documents/pdf/6%20Chronic%20Disease_0.pdf);  
<http://www.healthvermont.gov/ia/CHNA/County/atlas.html>

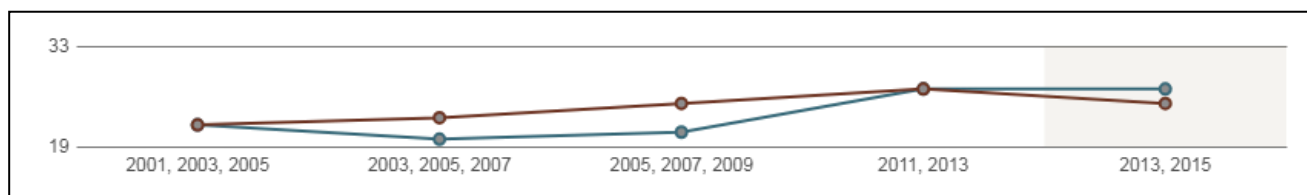
## High Blood Pressure and High Cholesterol

More than half of all Vermonters who have cardiovascular disease also have at least one of the following key risk factors: high blood pressure (also called hypertension), high cholesterol, and/or a habit of smoking.

According to the U.S. Centers for Disease Control (CDC), “Blood pressure is the force of blood pushing against the walls of your arteries. Blood pressure normally rises and falls throughout the day. But if it stays high for a long time, it can damage your heart and lead to health problems.” High blood pressure raises one’s risk of having heart disease or a stroke, which are leading causes of death in the U.S.

High blood pressure has no warning signs or symptoms, and many people do not know they have it. Therefore, regular blood pressure screenings are an important diagnosis tool. Patients have their blood pressure checked routinely, each time they see a medical provider. Those who have been diagnosed with hypertension need to check their blood pressure much more often.

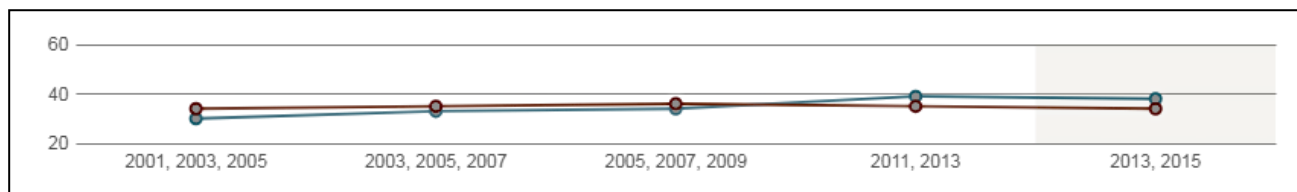
The incidence rate of high blood pressure among Windham County’s population rose from a low of 20% in 2003, to 27% in 2011, and it has remained at this level ever since (blue line). This is higher than the state average (red line), which has remained relatively steady over the past decade and a half.



Regular screenings for cholesterol level in the blood are also important. Like high blood pressure, the presence of a high cholesterol level has no symptoms by itself, even though it may be causing damage silently, behind the scenes.

The CDC reports that, “Cholesterol is a waxy, fat-like substance that your body needs. But, when you have too much in your blood, it can build up on the walls of your arteries. This can lead to heart disease and stroke—leading causes of death in the United States.” Approximately one in every six adult Americans has high cholesterol. It can be easily diagnosed with a simple blood test.

Windham County’s rate of high cholesterol levels among its population was lower than the state average until 2009, when it jumped sharply, by 5%. It has remained higher than the state average ever since.



The percentage of Windham County adults who have had their cholesterol level checked in the past five years (the recommendation interval for those whose cholesterol is in the safe range) is 75%, compared to the statewide average of 76%.

Sources: <https://www.cdc.gov/bloodpressure/about.htm>; [https://www.cdc.gov/cholesterol/docs/consumered\\_cholesterol.pdf](https://www.cdc.gov/cholesterol/docs/consumered_cholesterol.pdf); <http://www.healthvermont.gov/ia/CHNA/County/atlas.html>

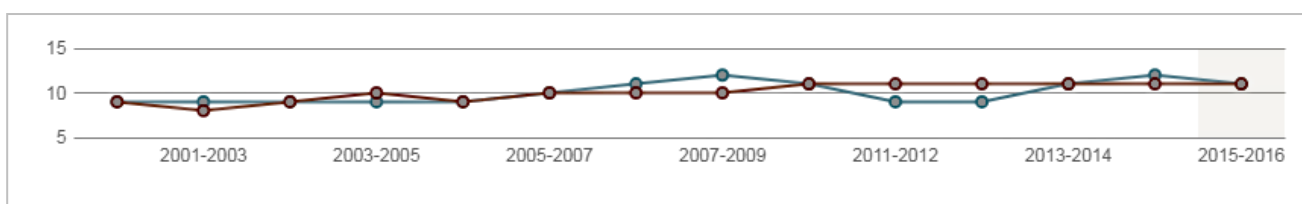


## Lung Health

The three most common lung diseases that afflict Windham County residents are asthma, chronic obstructive pulmonary disease (COPD), and lung cancer. The latter two are directly related to smoking, and the first one, while not directly caused by it, is certainly aggravated by smoking.

**Asthma:** According to the Vermont Department of Health, “Asthma is a chronic disease in which the lungs become inflamed and airways narrow and react to ‘triggers.’ When the lungs become irritated, the airways swell and mucus builds up, causing shortness of breath, coughing, wheezing, chest pain or tightness, tiredness or a combination of these symptoms. People with uncontrolled asthma often have difficulty sleeping and breathing, may miss school and work, and often face costly medical bills due to hospitalizations and emergency department visits. Asthma affects people of all ages, and most often starts during childhood.”

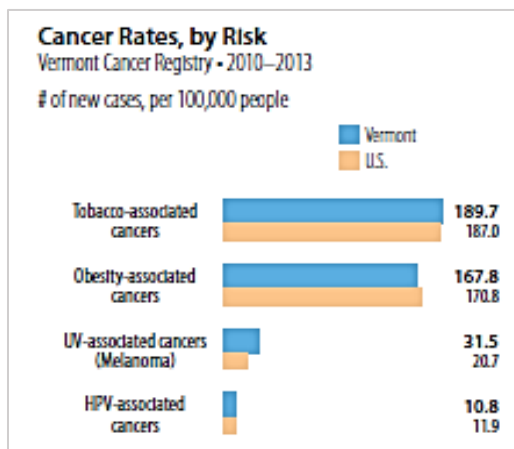
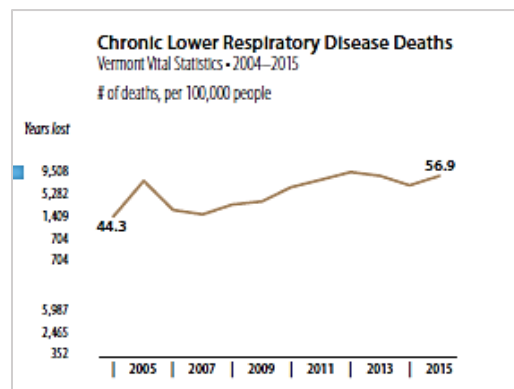
Windham County’s incidence of asthma among adults was worse than the state’s rate in 2007 and better than the state’s rate in 2011-12, but is now equal at 11% each.



**Chronic Obstructive Pulmonary Disease (COPD):** This term refers to a group of diseases that cause airflow blockage and breathing-related problems, including emphysema and chronic bronchitis. Tobacco smoke is a key factor in the development and progression of COPD. Almost 15.7 million Americans -- 6.4% -- reported a diagnosis of COPD, but the actual number may be higher, as COPD is known to be underdiagnosed. Both Windham county and Vermont report a rate of 6%.

Chronic lower respiratory disease – bronchitis, emphysema, asthma – is the third leading cause of death, and there has been no change over time. Nearly all of these deaths occur among adults age 45+. The death rate increases with age, and is higher among white Vermonters.

**Lung Cancer:** Smoking can cause cancer almost anywhere in the body. One-third of cancers diagnosed in the U.S. are associated with tobacco; nine out of 10 cases of lung cancer are caused by smoking. Vermont adults with non-skin cancer smoke at a higher rate than those without cancer (25% vs. 18%), which can worsen the odds of survival. Windham County’s rate of lung cancer is noticeably better than the state’s (54.9 cases per 100,000, versus 64.9 for Vermont).



Sources: <http://www.healthvermont.gov/wellness/asthma>;  
<http://www.healthvermont.gov/tracking/chronic-obstructive-pulmonary-disease>;  
<http://www.healthvermont.gov/ia/CHNA/County/atlas.html>



## Prevention: Vaccines

Vaccinations help protect people from the risk of disease, especially infants who are too young to be vaccinated, and children and adults with weakened immune systems. Vaccinations can protect those being vaccinated, as well as prevent those in contact with vulnerable populations from transmitting a dangerous disease. Increased vaccination rates can help to protect the health of all Vermonters, those who receive immunizations, and those they are in close proximity to.

The Vermont Immunization Program provides health care providers with all pediatric and most adult vaccines at no cost through the federal Vaccines for Children and Vaccines for Adults programs.

Individuals with questions about what is best for their family should speak to their health care provider. Those without a healthcare provider can contact a nurse at the VDH local health office in Brattleboro by calling (892)257-2880 or visiting [www.healthvermont.gov/disease-control/immunization](http://www.healthvermont.gov/disease-control/immunization).

### Children: School-Age Vaccinations Rates

Congress created the federal Vaccines for Children (VFC) Program in 1993. The goal of the VFC Program is to prevent vaccine-preventable diseases by removing or reducing cost barriers. The VFC program is funded by federal entitlement money guaranteed to each state to buy vaccines for children who are Medicaid eligible, uninsured, underinsured (defined in this case as a health insurance policy that will not cover vaccination services), Alaskan native, or native American.

Data on Windham County vaccine coverage is tracked by the Vermont Department of Health (VDH). The tables below are the most recent data on the percentage of students by school who are fully vaccinated. There has been improvement in the percent of fully-vaccinated students in some Windham schools, and there is room for more improvement.



PUBLIC SCHOOLS	STATEWIDE COMPARISON DATA		
		Total Enrollment	Fully Vaccinated
2017-18 VACCINATION COVERAGE	Kindergarten Public	5,899	92.0%
	Kindergarten Independent	356	76.1%
	Kindergarten Total	6,255	91.1%
	Seventh grade Public	6,081	92.5%
	Seventh grade Independent	582	87.8%
	Seventh grade Total	6,663	92.1%
	K-12th Public	76,130	95.1%
	K-12th Independent	9,116	88.9%
	K-12th Total	85,246	94.4%

County	Supervisory Union/District	School Name	Total Enrollment	Fully Vaccinated
Windham	Windham Central SU	Dover Elementary	77	98.7%
Windham	Windham Northeast SU	Bellows Falls Union High School	332	98.5%
Windham	Windham Southwest SU	Halifax School	53	98.1%
Windham	Windham Southeast SU	Green Street School	231	97.0%
Windham	Windham Northeast SU	Athens/Grafton Joint Contract School	74	95.9%
Windham	Windham Northeast SU	Saxtons River Elementary	98	95.9%
Windham	Windham Southeast SU	Vernon Elementary	161	95.0%
Windham	Windham Northeast SU	Bellows Falls Middle School	237	94.9%
Windham	Windham Southwest SU	Twin Valley Elementary	175	94.9%
Windham	Windham Southeast SU	Brattleboro Union High School	759	94.3%
Windham	Windham Central SU	Townshend Village School	70	94.3%
Windham	Windham Central SU	NewBrook Elementary School	119	94.1%
Windham	Windham Northeast SU	Westminster School	192	93.8%
Windham	Windham Southeast SU	Academy School	352	93.5%
Windham	Windham Southeast SU	Brattleboro Area Middle School	289	93.4%
Windham	Windham Southeast SU	Oak Grove School	127	92.9%
Windham	Windham Northeast SU	Central Elementary	163	92.6%
Windham	Bennington Rutland SU	Flood Brook School	285	91.9%
Windham	Windham Southeast SU	Dummerston School	145	90.3%
Windham	Windham Central SU	Leland & Gray Union High School	286	89.9%
Windham	Windham Southeast SU	Putney Central School	157	88.5%
Windham	Windham Southeast SU	Guilford Central School	95	87.4%
Windham	Windham Central SU	Windham Elementary	15	86.7%
Windham	Windham Central SU	Wardsboro Central School	39	84.6%
Windham	Windham Southwest SU	Twin Valley Middle/High School	234	83.8%
Windham	Windham Central SU	Jamaica Village School	52	82.7%
Windham	Windham Central SU	Marlboro Elementary	76	73.7%

STATEWIDE COMPARISON DATA		Total Enrollment	Fully vaccinated
INDEPENDENT SCHOOLS 2017-18 VACCINATION COVERAGE	Kindergarten Public	5,899	92.0%
	Kindergarten Independent	356	76.1%
	Kindergarten Total	6,255	91.1%
	Seventh grade Public	6,081	92.5%
	Seventh grade Independent	582	87.8%
	Seventh grade Total	6,663	92.1%
	K-12th Public	76,130	95.1%
	K-12th Independent	9,116	88.9%
	K-12th Total	85,246	94.4%

\*\*\* – data redacted for schools with enrollment of six or fewer students to protect confidentiality

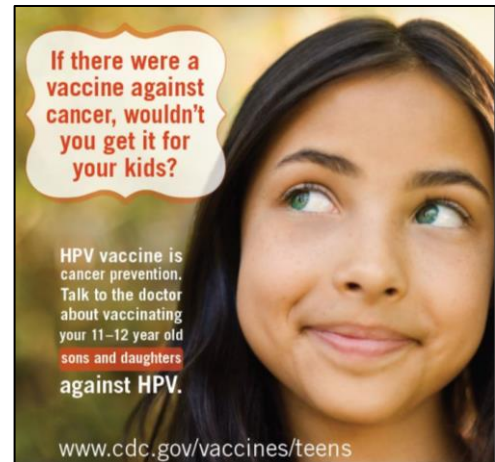
County	School Name	Total Enrollment	Fully Vaccinated
Windham	Inspire For Autism Inc.	15	100.0%
Windham	Kurn Hattin Homes	93	100.0%
Windham	Hilltop Montessori School	79	98.7%
Windham	Community Schoolhouse	39	97.4%
Windham	Stratton Mountain School	138	97.1%
Windham	Meadows Educational Center	40	95.0%
Windham	Saint Michael School	112	93.8%
Windham	Vermont Academy	204	93.6%
Windham	Greenwood School	59	91.5%
Windham	Kindle Farm School	54	88.9%
Windham	Mt Snow Alpine Training Academy	29	86.2%
Windham	The Grammar School	71	83.1%
Windham	The Putney School	233	75.1%
Windham	The Compass School	73	74.0%
Windham	Neighborhood Schoolhouse	31	67.7%
Windham	12 Tribes School-Bellows Falls	7	0.0%

## Adolescents & Young Adults: HPV Vaccine

Human Papilloma Virus (HPV) is a virus that can cause six different types of cancer. It is so common that nearly all sexually active men and women get it at some point in their lives. The virus is easily spread by intimate skin-to-skin contact. There are many different types of HPV. Most HPV infections (9 out of 10) go away by themselves within two years, and most people with HPV never develop symptoms or health problems. But, sometimes, HPV infections last longer, and they can cause certain cancers and other diseases. Every year in the United States, HPV causes 32,500 cancers in men and women.

The HPV vaccine is a safe and effective vaccine that prevents most common health problems associated with the virus, including cancer. Vaccination with the HPV vaccine prior to exposure to the virus can decrease the risk of certain cancers. The vaccine is fairly new. In 2006, the first HPV vaccine was licensed for girls, and five years later it was recommended for use in boys. The HPV vaccine should be given to all adolescents at 11-12 years, when it is most effective. The HPV vaccine may be given anytime from age 9-26 years.

According to the Vermont Immunization Program's 2017 annual report, 44 percent of Windham County teens age 13–15 had completed the HPV vaccine series, compared to the statewide average of 46.8 percent. Windham County ranked ninth out of Vermont's 14 counties in terms of its percentage of teens immunized.



## Flu Vaccines: Children, Adults & Seniors

Influenza, commonly called “the flu”, is a contagious respiratory illness caused by a virus that affects the nose, throat and lungs. Influenza spreads from person to person when an infected person coughs or sneezes.

Unlike the common cold, the flu can cause serious illness and can be life-threatening. Each year in the U.S., influenza is estimated to be responsible for at least 9 million cases of disease, 140,000 hospitalizations, and 12,000 deaths. Approximately 71-85 percent of seasonal flu-related deaths have occurred in people 65 years and older, and 54-70 percent of seasonal flu-related hospitalizations have occurred among people in that age group.

Those at highest risk of contracting a serious or deadly case of the flu include:

- Pregnant women and breastfeeding mothers
- All adults 50 years of age and older
- Residents of nursing homes and other long term care facilities
- Healthcare workers
- Travelers
- People with certain chronic medical conditions or a compromised immune system
- Anyone with a condition that can compromise respiratory function

CDC recommends that everyone 6 months of age and older get a seasonal flu vaccine each year by the end of October if possible. It is especially important for those with weakened immune systems.

In Windham County 62% of residents age 65 and older receive an annual flu vaccine, slightly higher than the Vermont figure of 59%.

Sources: <https://www.cdc.gov/hpv/parents/questions-answers.html>; <http://www.healthvermont.gov/immunizations-infectious-disease/immunization/parents>; <http://www.healthvermont.gov/immunizations-infectious-disease/immunization-health-care-professionals/vaccines-childrenvaccines>; <https://www.cdc.gov/flu/about/disease/65over.htm>; [www.healthvermont.gov/stats/data](http://www.healthvermont.gov/stats/data)

## 2018 Community Health Needs Survey

With input from the Grace Cottage medical staff, in January of 2018, the CHNA Steering Committee prepared a short 12-question survey (See Appendix). The survey questions were identical to the questions asked in 2015. Some of the answer options were different in 2018.

The survey was made available in paper form and online from March 1 – March 31, 2018.

In order to get a broad representation of all community residents, many efforts were made. First, surveys were made available at each of Windham County's Town Meetings. Survey boxes were also available at each of the County's three hospitals, at the Vermont Department of Health and at various additional locations. See a list of locations to the right.

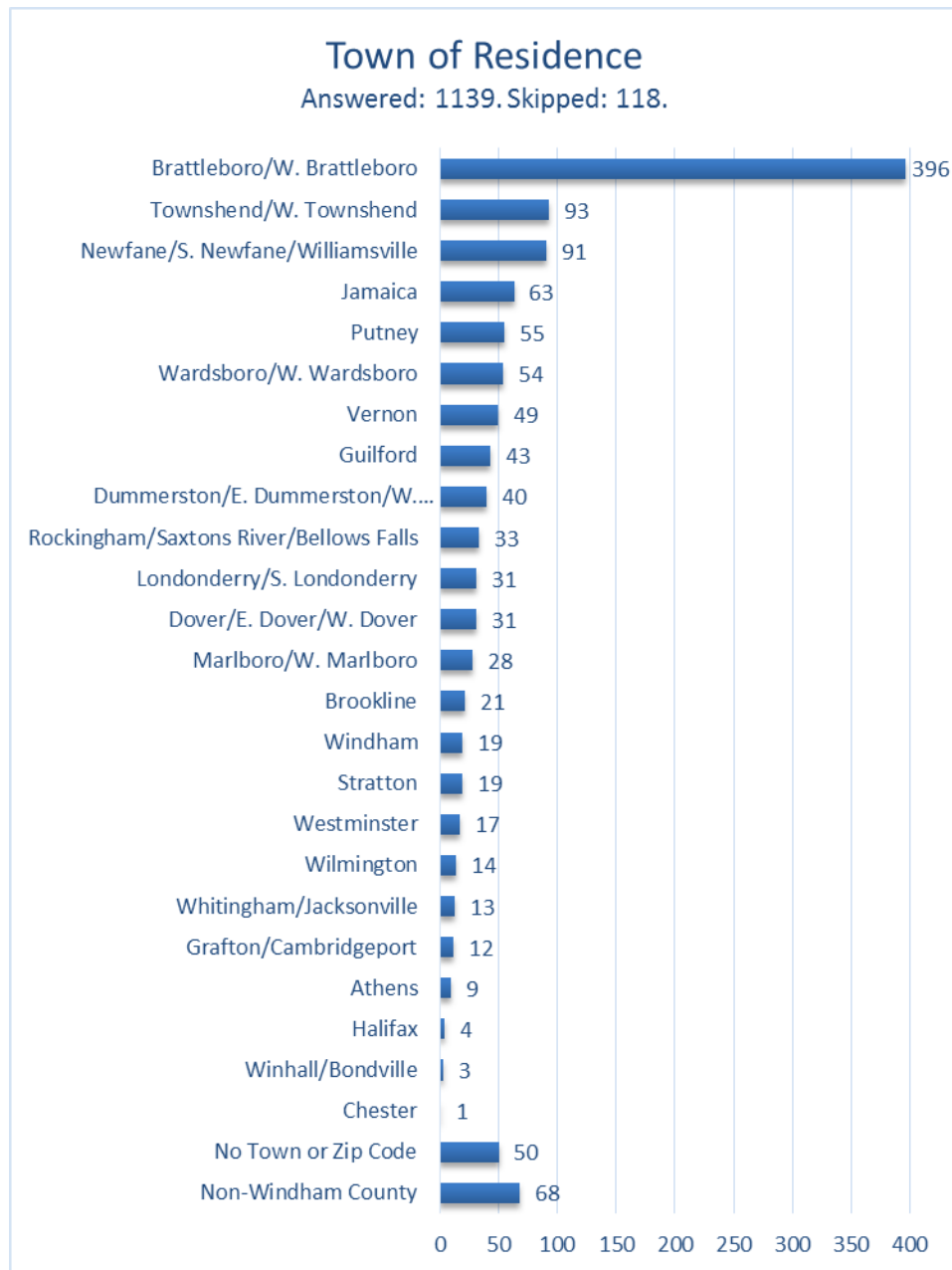
The online survey was promoted with a series of press releases in February and March in all local media outlets, and through social media including facebook and Front Porch Forum.

The 2017 census reports a population for Windham County of 42,869. Total number of survey-takers was 1,257, up from 699 in 2015.

2018 CHNA Survey Collection	
<b>Paper Surveys:</b>	
LOCATION/SOURCE	EST. #
ATHENS TOWN MEETING	4
BRATTLEBORO TOWN MEETING	14
DOVER TOWN MEETING	18
GRAFTON TOWN MEETING	6
JAMAICA TOWN MEETING	37
LONDONDERRY TOWN MEETING	28
NEWFANE TOWN MEETING	14
S. NEWFANE/WINDHAM TOWN MEETING	22
STRATTON TOWN MEETING	16
TOWNSHEND TOWN MEETING	30
WARDSBORO TOWN MEETING	44
WILMINGTON TOWN MEETING	7
BMH CAMPUS	75
GC CAMPUS CAMPUS	67
GC CHT OUTREACH COORDINATOR	16
BRATTLEBORO RETREAT	12
VALLEY CARES	15
SOV - WIC/ECON SERVS.	36
CCV CAMPUS	12
LOAVES & FISHES MEAL SITE	18
THE WINSTON L. PROUTY CENTER	2
APSV	8
OTHER/MISC.	20
<b>Total Paper Survey Completed:</b>	<b>521</b>
<b>Total Individual Online Surveys Completed:</b>	<b>736</b>
<b>Total 2018 CHNA Surveys Completed:</b>	<b>1257</b>

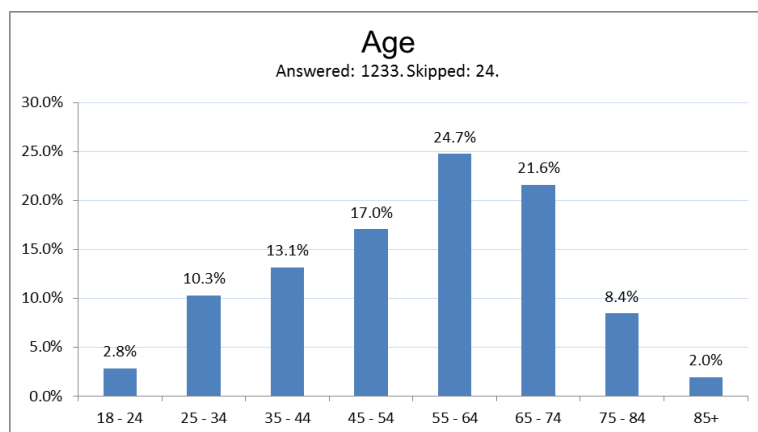
## Residence of Survey Takers

With the exception of Somerset, an unincorporated township with a population of 3, every town in Windham County was represented in the survey results. The number of survey-takers per town is listed below. Roughly 92% of all respondents are Windham County residents.





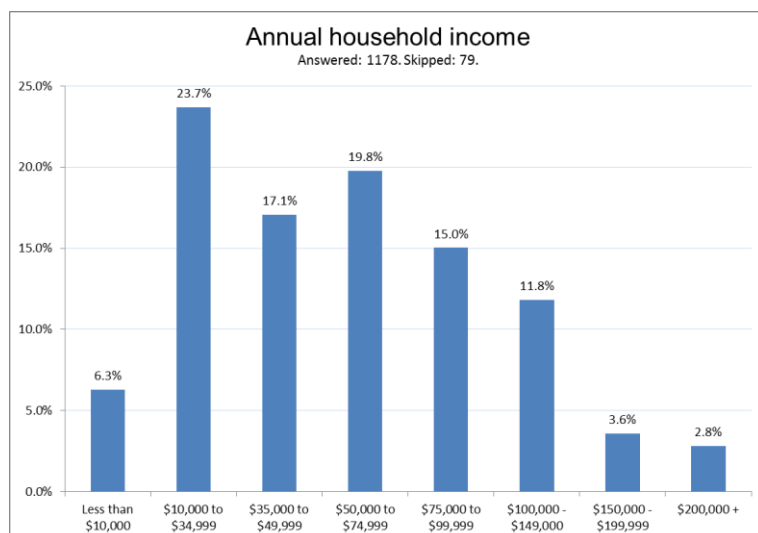
## Demographics of Survey Takers



By and large, the demographics of the 1,257 2018 CHNA survey respondents are representative of the Windham County population. A few exceptions are noted below. \*The demographics of all Windham County residents are provided on page 9 of this report.

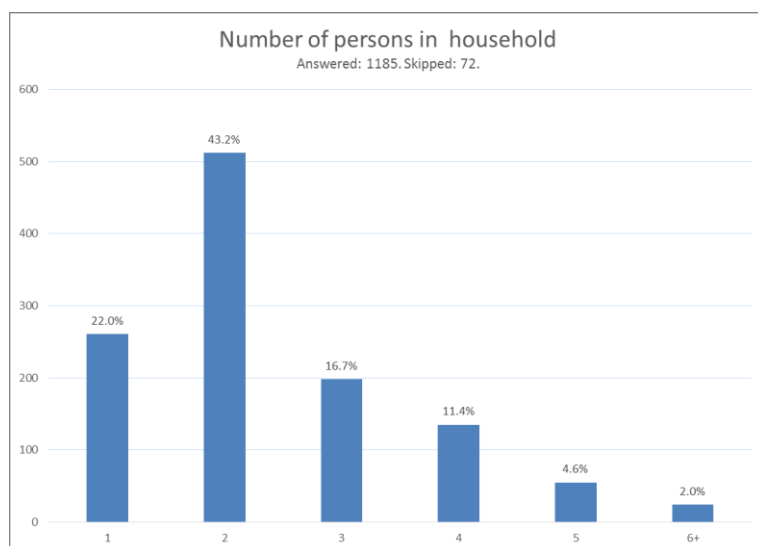
### Age:

Windham County has more people in the 18-24 and the 85+ categories, and fewer residents in the 55-64 and 65-74 categories as compared to the survey respondents. *(Based on 2016 VDH population estimates.)*



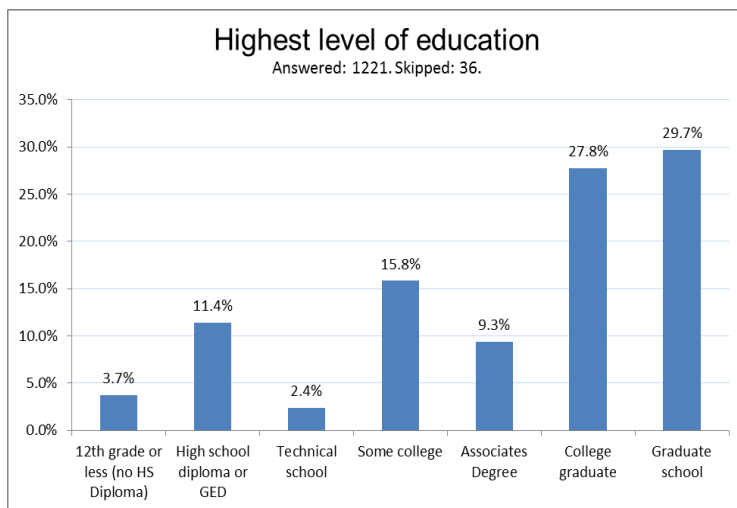
### Household Income:

The income profile of the survey respondents is very close to the actual population with one exception: there are more households in the \$10K-\$34,999 range county-wide. *(Based on US Census data, 2016.)*



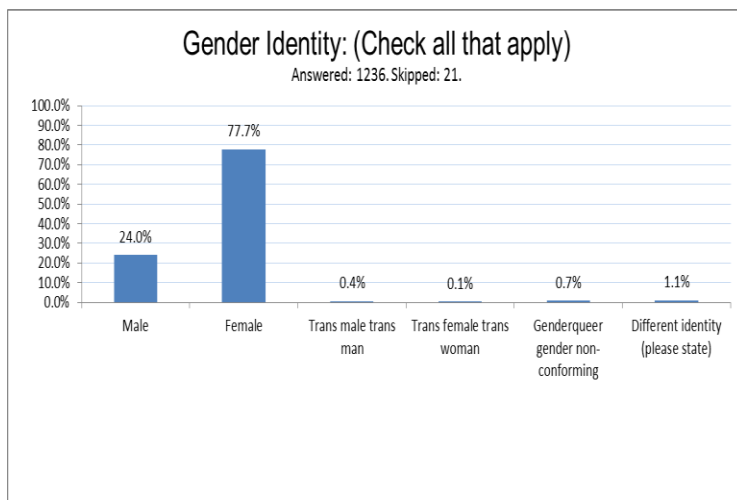
### Number in Household:

Again, the survey results are quite similar to Windham County statistics. The average household size of CHNA Survey respondents is 2.4. Throughout Windham County, the average size is 2.2. *(Based on US Census data, 2016.)*



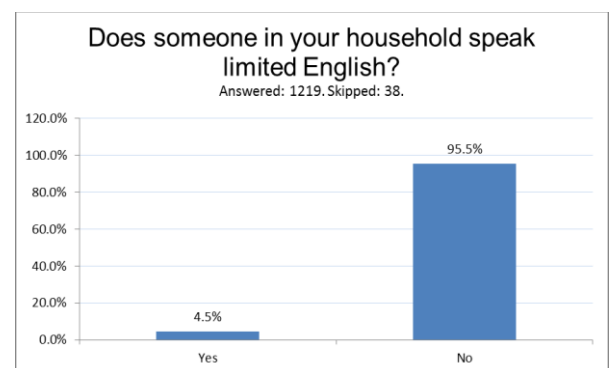
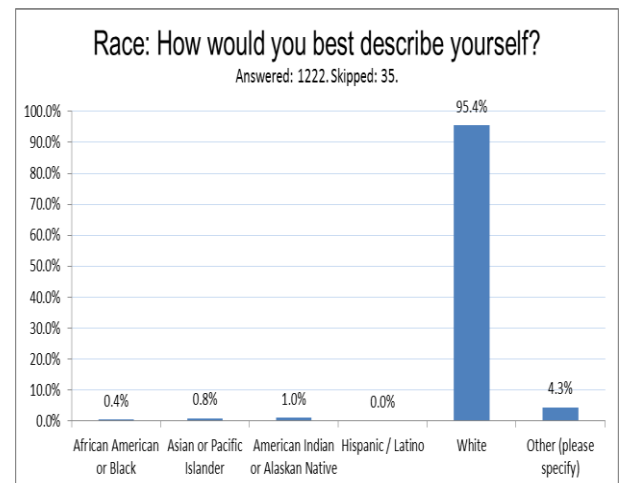
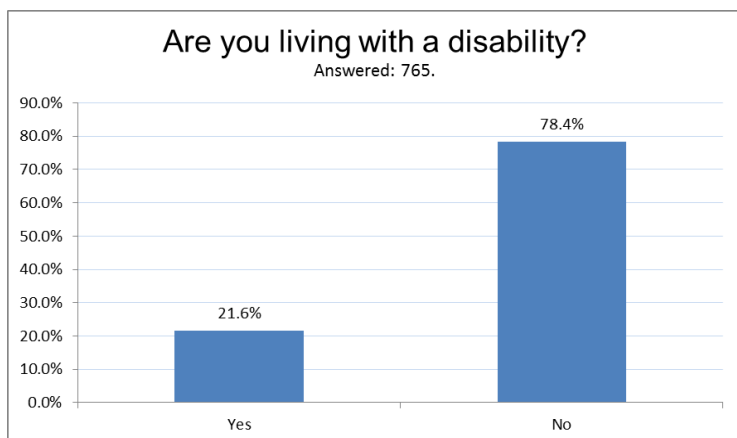
**Education:** While the income levels of survey respondents and the population as a whole are very similar, survey respondents are much more highly educated. In Windham County, 57.5% of respondents hold college degrees compared to only 35.3%. (Source: US Census, 2016; WC, age 25+)

**Gender:** While the gender ratio of Windham County is close to 50/50, more females than males took the survey. However note the survey-takers were representing the needs of themselves and their families.



**People of Color:** The percent of people of color survey-takers is small, comparable to the population of Windham County.

**Note:** Comparable data on Windham County residents who are transgender or living with a self-described disability are not available.



## 2018 CHNA Survey Results:

Beyond the demographic questions, survey-takers were asked three questions, identical to the questions asked in the 2015 survey:

**Question 1: What are the most significant health issues or concerns facing you and your family?**

**Question 2: What are the most significant health issues or concerns facing your neighbors or your community?**

**Question 3: What most prevents you and your family from attaining good health and well-being?**

In each instance, they were offered the ability to 'check all that apply'. The answers to these questions are shown on the following pages by ranking, with the Top 10 displayed in orange.

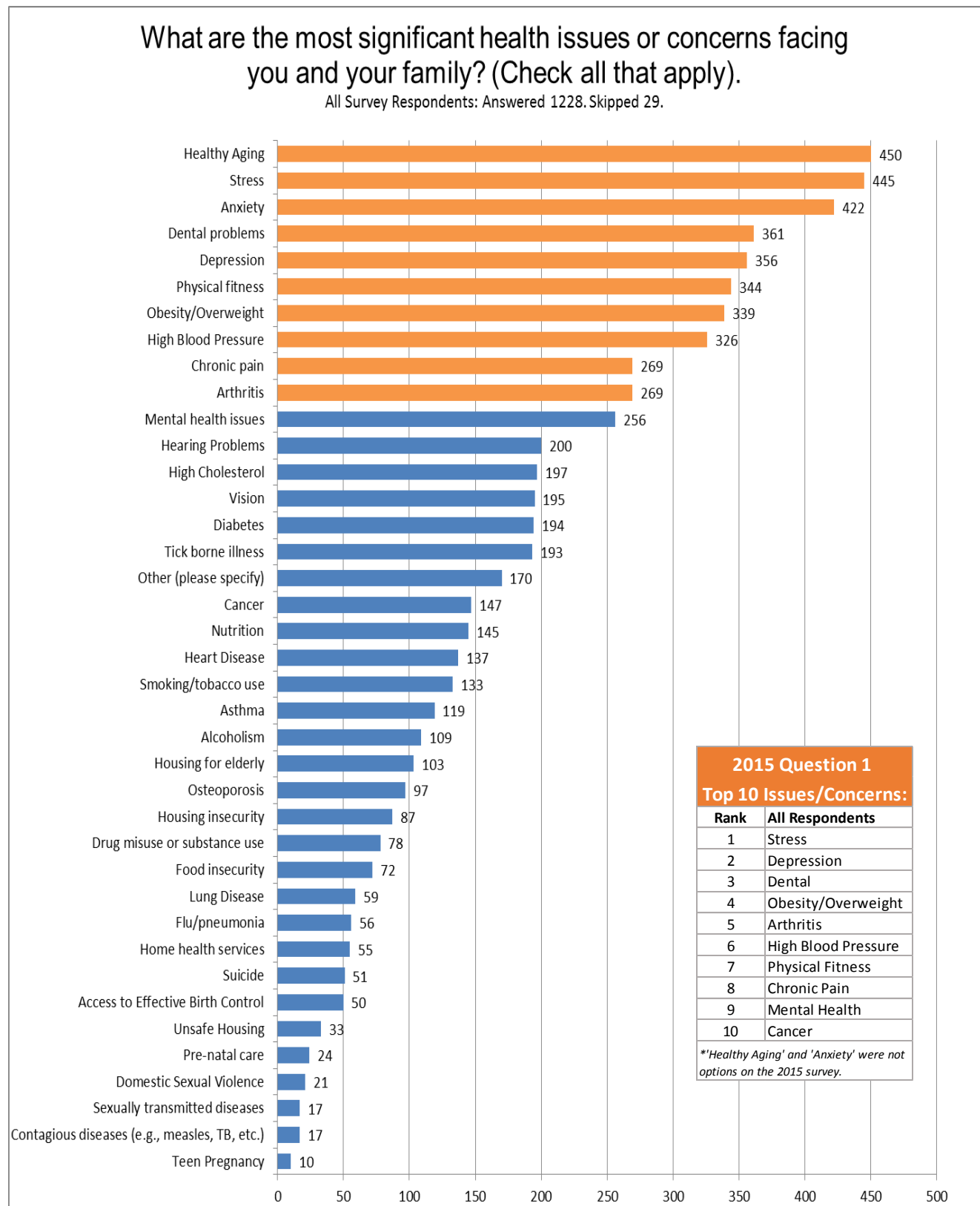
Note that while the questions were identical to those posed in 2015, survey-takers were given more options to choose from, including 'Healthy Aging', 'Anxiety', and 'Housing Insecurity.'

**Note that answers are provided for different segments of the survey population:**

- **All Respondents**
- **Medically Underserved Respondents**
- **Senior Respondents**
- **Low Income Respondents**

We did not provide segmented responses based on race or gender non-conformity as the total number of respondents in these categories was too low for fair analysis. The concerns of these groups were merged in the pages reflecting the 'Potentially Medically Underserved' population.

## 2018 CHNA Question 1: All Respondents



## 2018 CHNA Question 1: All Respondents

In response to Question 1, 170 respondents checked “Other”. The ‘Cloud’ graph below identifies the words typed in most frequently in identifying ‘other’ issues or concerns.

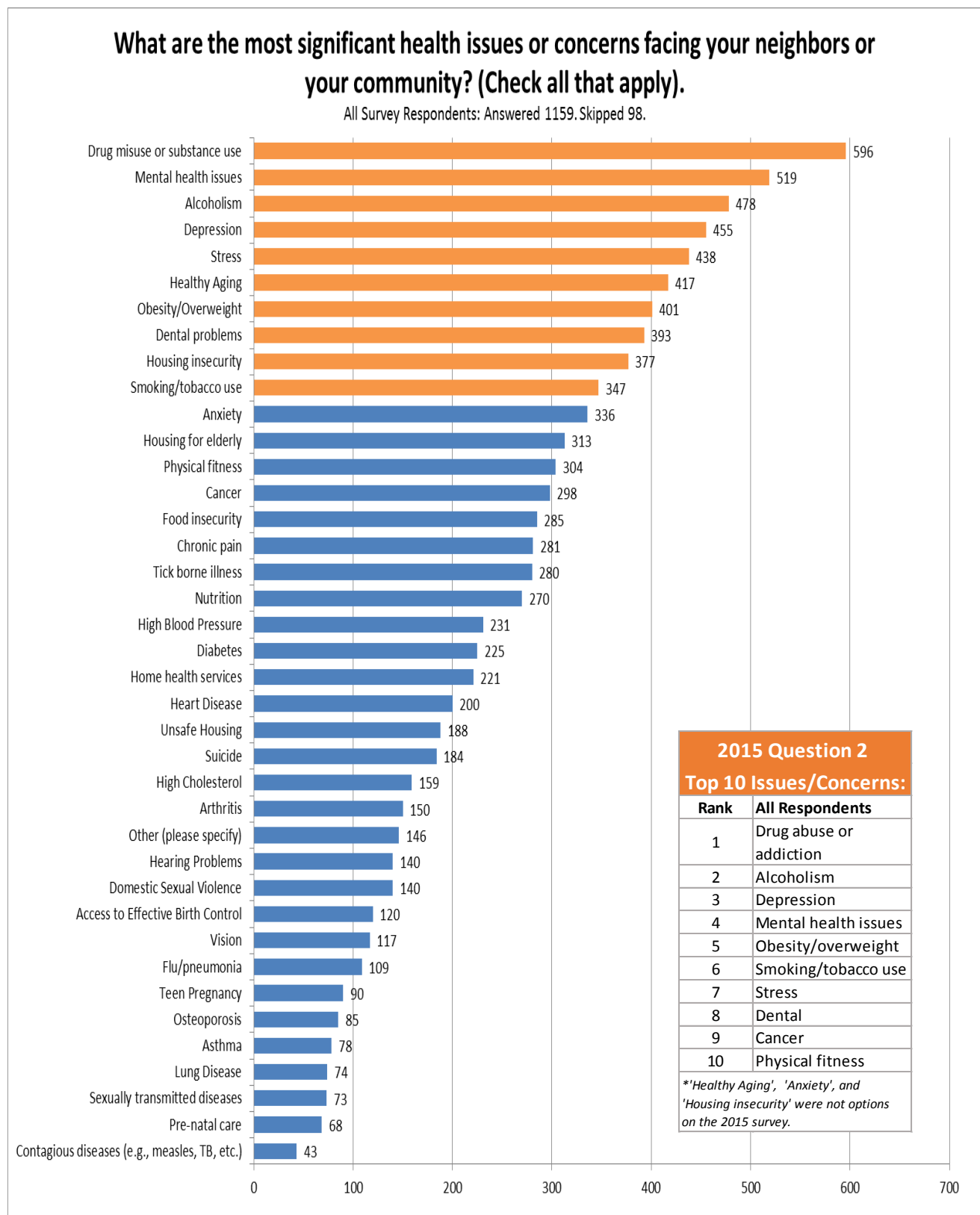
Q1 What are the most significant health issues or concerns facing you and your family?  
(Check all that apply).



A small sampling of comments that represent some of the ‘other’ concerns, as written by individual respondents, is provided below:

- Affordable high quality health care
- Access to healthcare in general, single payer healthcare, Medicare for all! Dental care needs to be included in healthcare! Medicaid will pay for ambulance to ER and the antibiotics for a dental access, but won't pay more than \$500 for cleanings, fillings only! The mouth is part of the body. Further it's health is essential to good health!
- Speech
- Turnover of primary care providers
- Eating disorder
- ADHD (adult)
- Epilepsy and seizure disorders; Traumatic Brain Injury
- Medical freedom and affordable insurance. Clean food, water and air.
- Autoimmune diseases
- Lack of local doctors
- Multiple Chemical Sensitivity. Chronic Fatigue Syndrome.
- e-cigarettes
- Having a kidney dialysis center nearby
- Renal issues
- Autism
- Parkinson's disease

## 2018 CHNA Question 2: All Respondents





## 2018 CHNA Question 2: All Respondents

In response to Question 2, 146 respondents checked "Other". The 'Cloud' graph below identifies the words typed in most frequently in identifying 'other' issues or concerns.

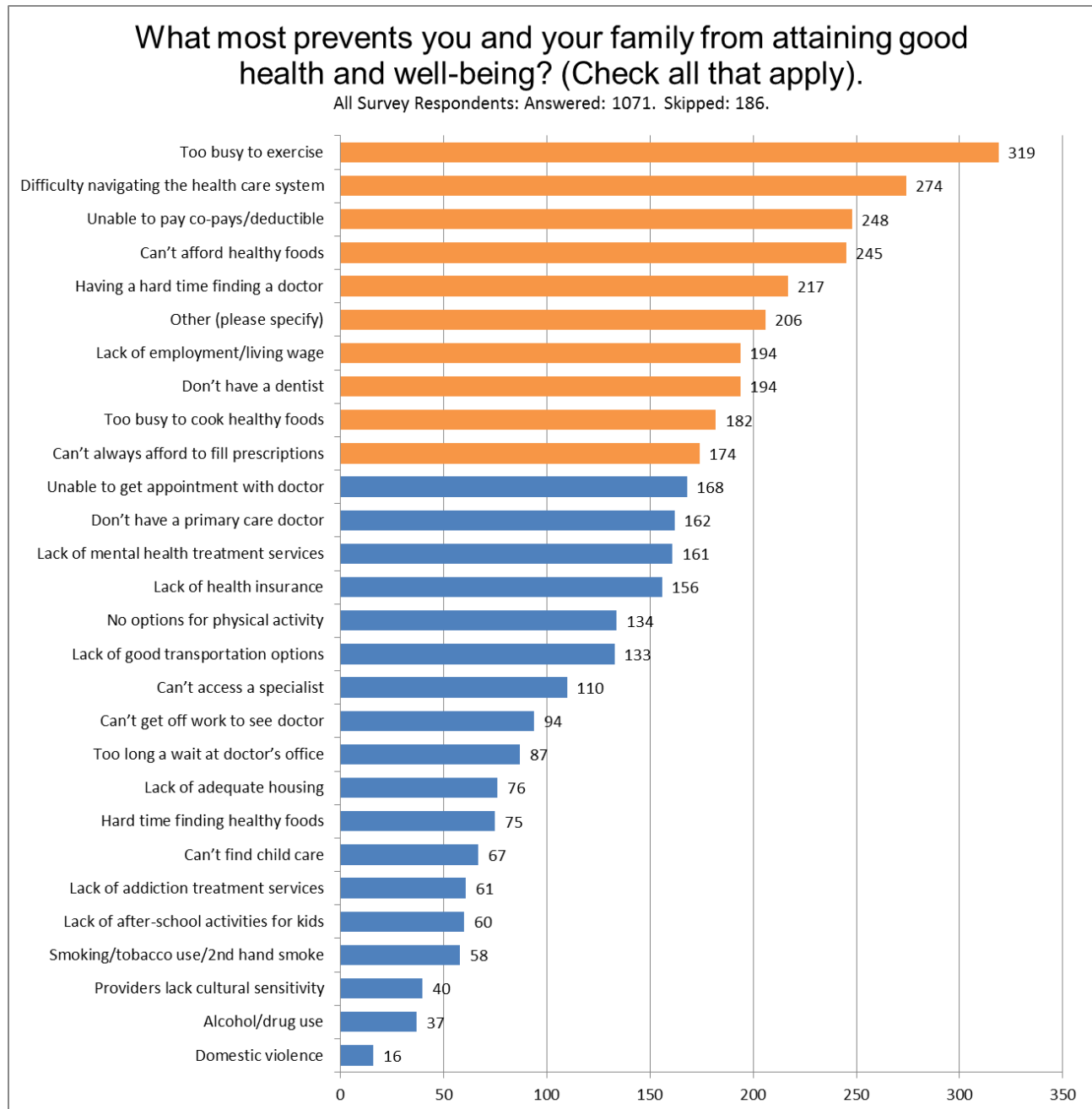
Q2 What are the most significant health issues or concerns facing your neighbors or your community? (Check all that apply).

neighbors Opiate access medical lack providers insurance  
needs health affordable know Drug community  
primary care care cost healthcare doctors addiction people

A small sampling of comments that represent some of the 'other' concerns, as written by individual respondents, is provided below:

- Dominance of fast foods and soda, cheap food choices that lead to poor nutrition
- Undiagnosed lyme and lyme-like disease
- Air pollution from fragranced dryer vents affects my health and my child's health in my neighborhood and my own yard. Air pollutants in my community affect my ability to function in the world even though I'm healthy when not exposed to other people's toxic fragrances.
- Commenting that its curious to me that "domestic sexual violence" is here but not "domestic violence" generally. The design of the survey leaves a response gap that can taint the findings.
- Mental health stigma
- Opiate addiction & Domestic Neglect
- There is no transportation in the valley, it is very difficult to get to the grocery store, drug store, medical appointments. There is no childcare that is affordable. People cannot work without childcare. Big lack of mental health/ primary care providers, and help with drug and alcohol. We all know the terrible stories of people waiting in ER's for days and weeks at a time while waiting for a mental health bed in Vermont. It is unacceptable, inhumane, and just horribly wrong, that we have a huge problem in Vermont with drugs and alcohol and there are very few options for many people when trying to seek treatment.
- Opiate Crisis
- Allergies
- Don't know my neighbors all that well.

## 2018 CHNA Question 3: All Respondents



### 2018 CHNA Question 3: All Respondents

In response to Question 3, 206 respondents checked "Other". The 'Cloud' graph below identifies the words typed in most frequently in identifying 'other' issues or concerns.

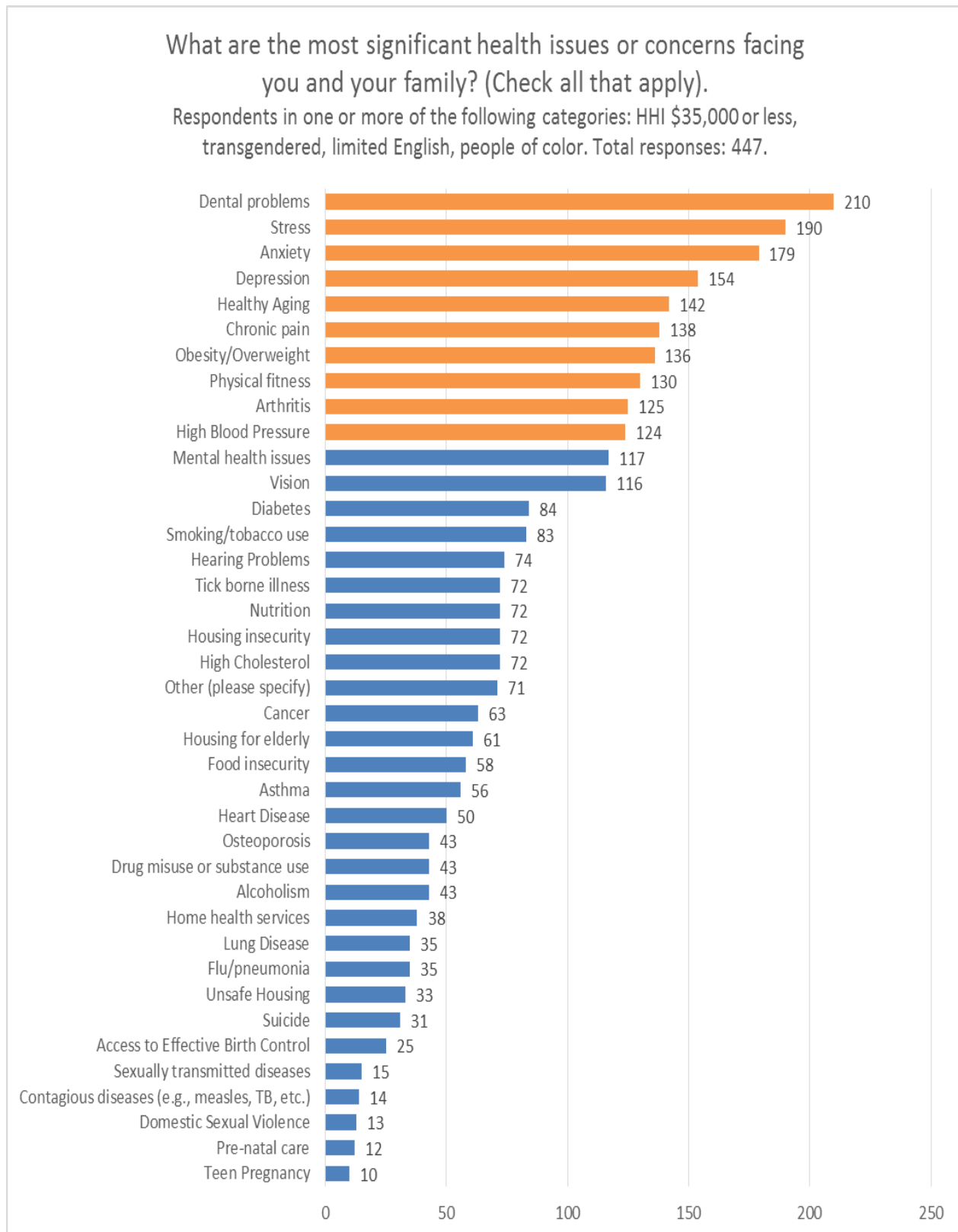
Q3 What most prevents you and your family from attaining good health and well-being?  
(Check all that apply).



A small sampling of comments that represent some of the 'other' concerns, as written by individual respondents, is provided below:

- Inability to find child care prevents people from moving here!
- Failure of Obamacare
- Self-discipline!
- Nothing – we have good healthcare
- Having to go to Dartmouth for specialists
- Difficult options for exercise – far away, cost
- Time, busy-ness
- Need a swimming pool for winter activity!
- Not enough job creation
- Lack of urgent care center, if own doctor is not available only option is emergency room, specialist do
- Lab work too expensive
- Health insurance doesn't cover the care I want.
- Lack help coping with parenting teens
- Given up
- So busy with hustle and bustle of owning a business and having three children that there is very little time for self-care and slowing down when I am ill.
- Lack of MD psychiatrists (not psychotherapists "
- There is a ""Catch 22"": illness decreases the ability to work, which decrease income, which decrease ability to make health food choices and increases stress, which makes illness more difficult to resolve.
- Dementia impacts decision-making
- As a family with an above \*local average income, a home of our own and two fully insured, fully salaried parents and one child, we still find it hard to afford child care, and insurance/medical costs.

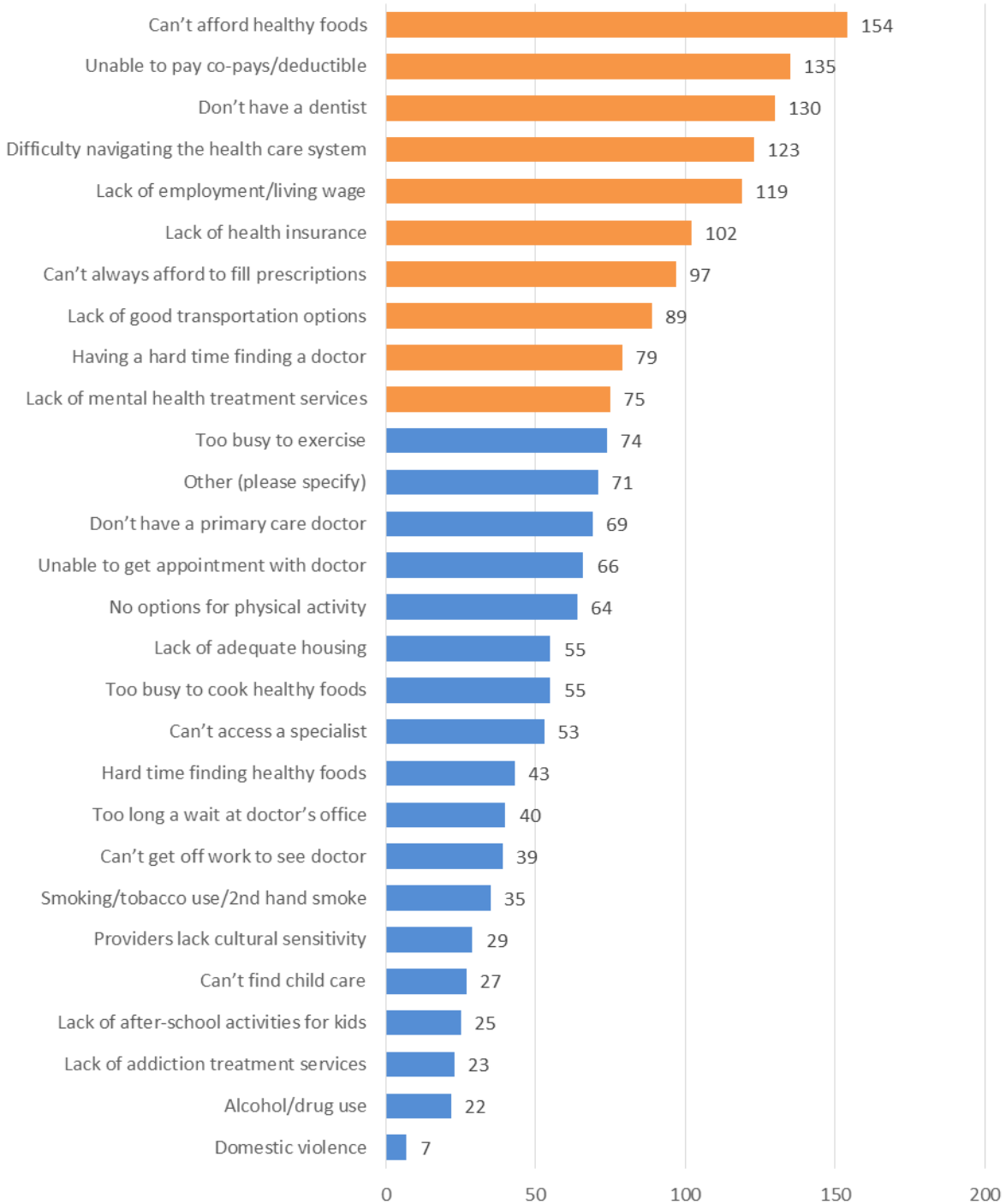
## 2018 CHNA Question 1: Potentially Medically Underserved Respondents



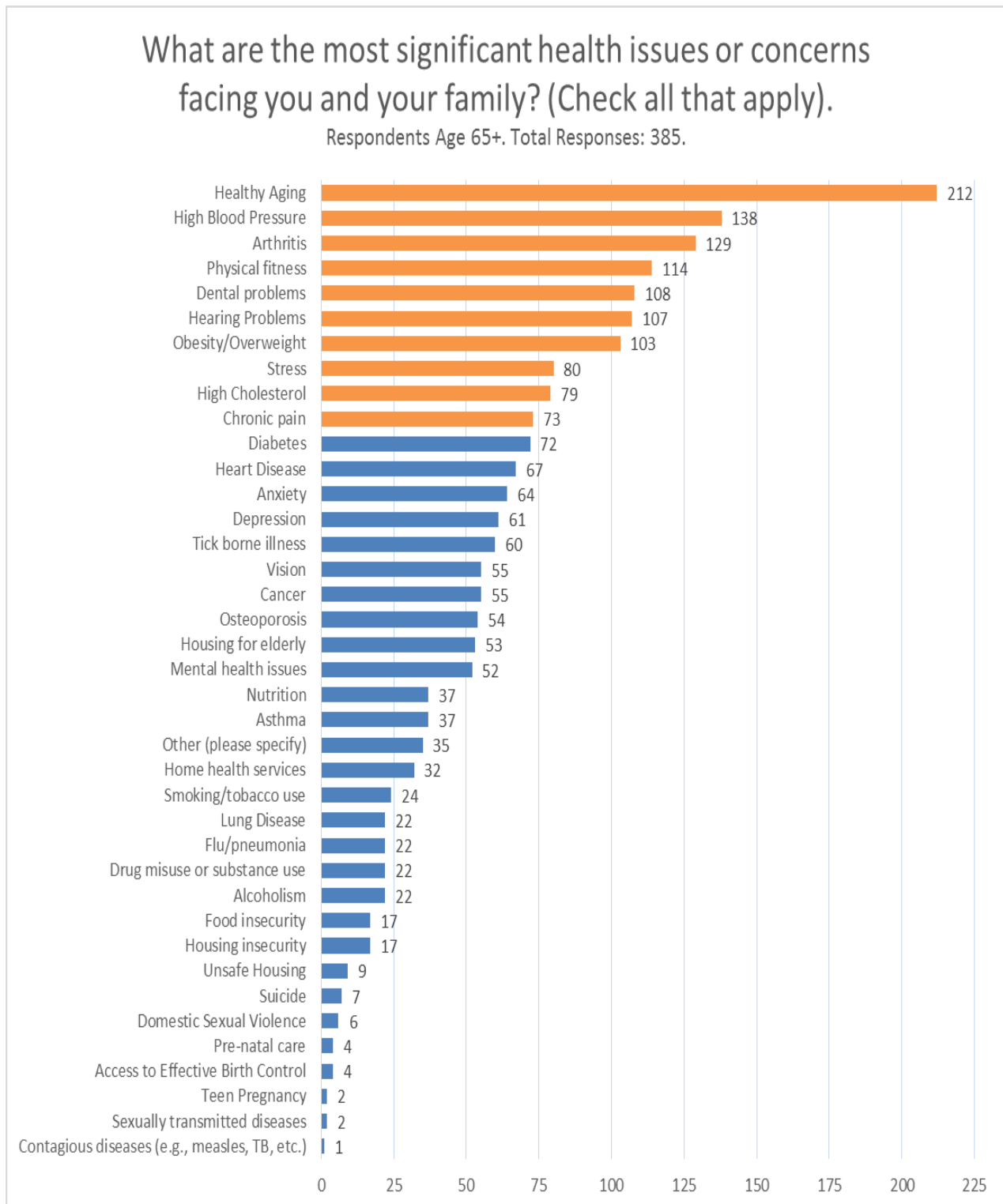
## 2018 CHNA Question 3: Potentially Medically Underserved Respondents

## What most prevents you and your family from attaining good health and well-being? (Check all that apply).

Respondents in one or more of the following categories: HHI \$35,000 or less, transgendered, limited English, people of color. Total responses: 405.

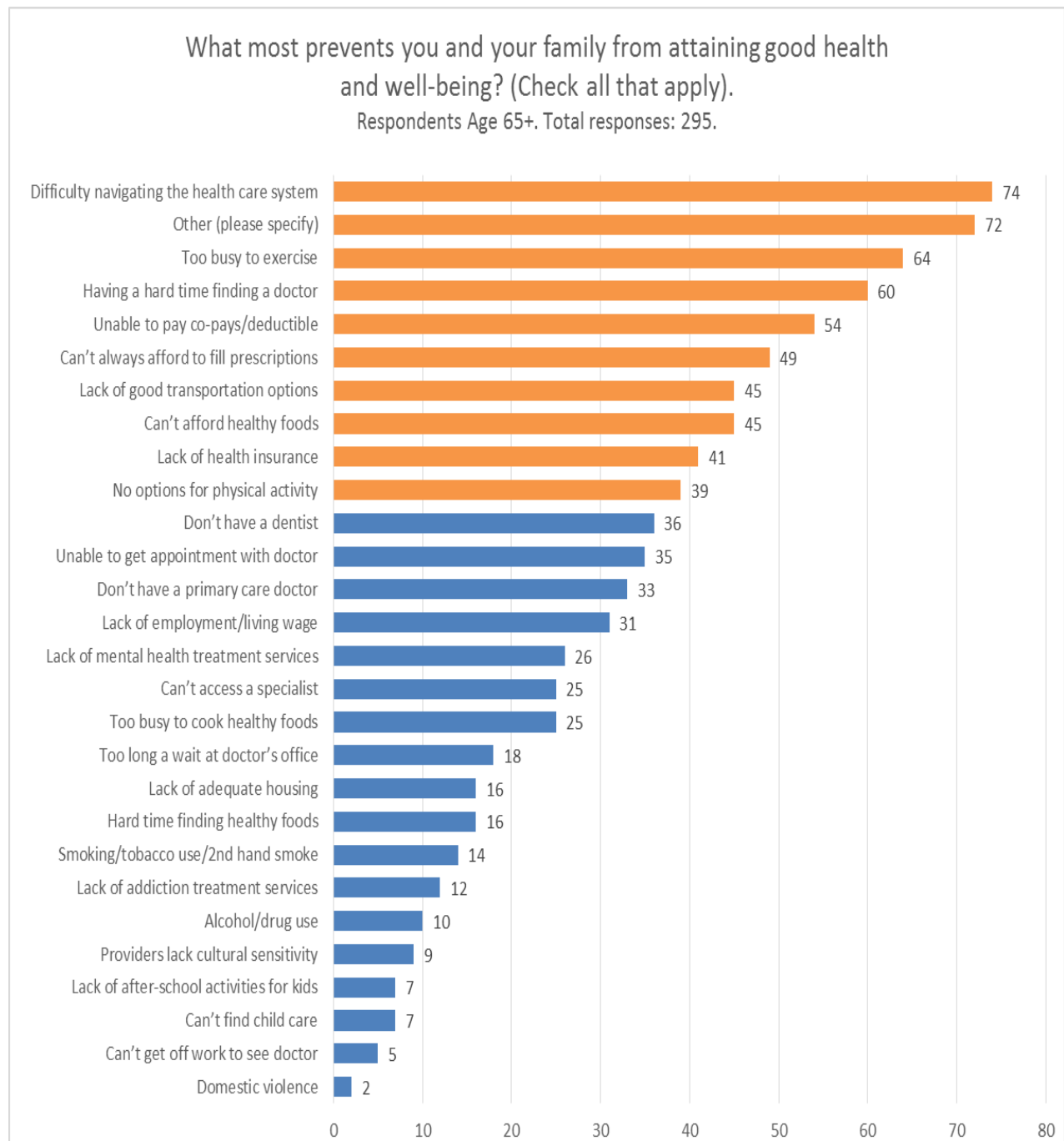


## 2018 CHNA Question 1: Seniors

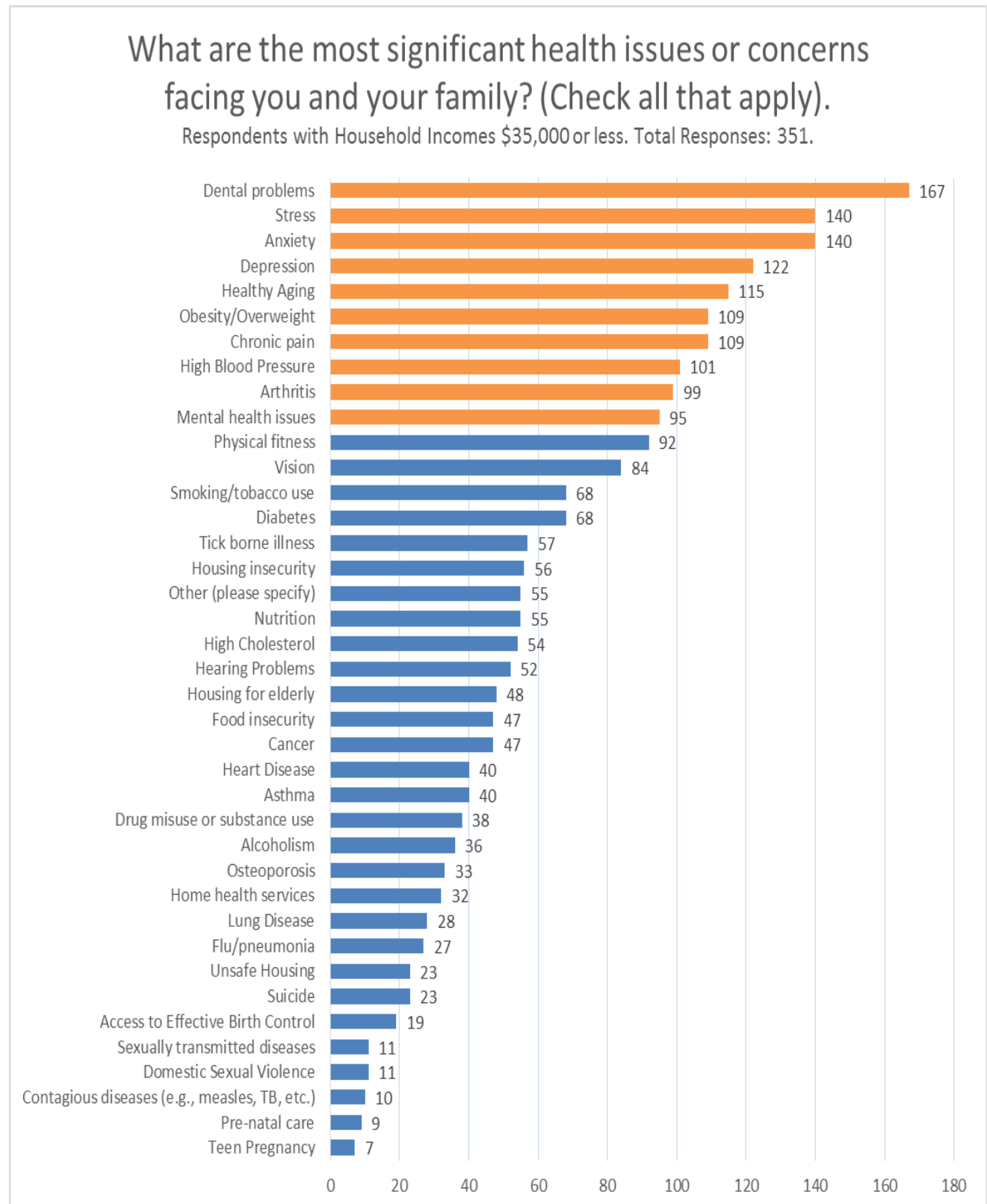




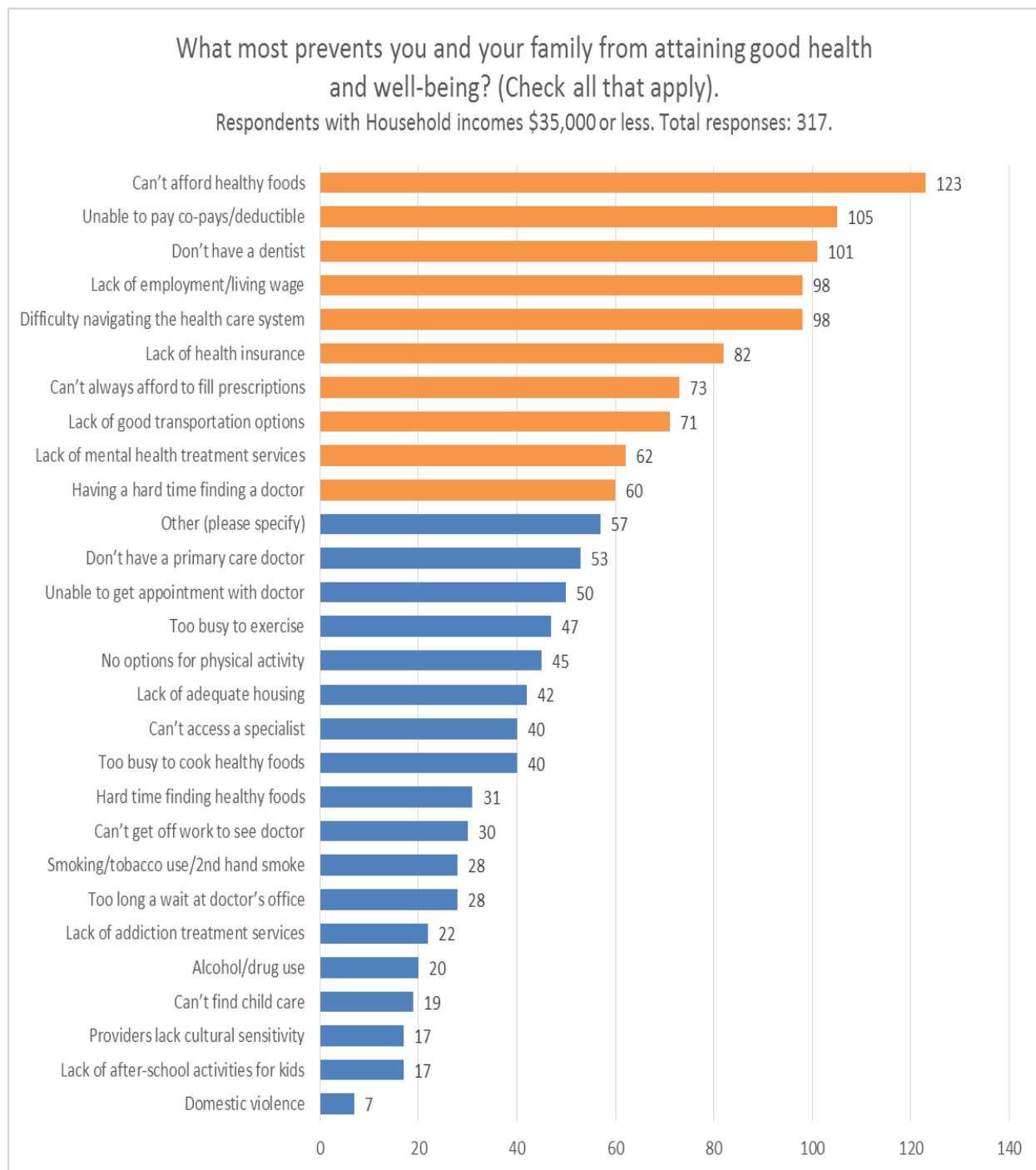
## 2018 CHNA Question 3: Seniors



## 2018 CHNA Question 1: Low Income



## 2018 CHNA Question 3: Low Income



## Summary of Findings

Based on an analysis of all of the data, survey results and commentary included in this report, the 2018 CHNA Steering Committee drew the following conclusions:

### Requisites for the Maintenance or Improvement of Health Status

- Access to health care including physical, mental and oral health services
- Access to illness prevention
- Adequate nutrition
- Safe and healthy housing
- Social supports and
- Environmental factors (clean air, eater, access to recreation, etc.)

### Significant Health Needs of Windham County Residents

- Access to primary care providers
- Alcohol & Substance Abuse
- Culturally sensitive services
- Financial Barriers – high copays and deductibles or needs not covered by insurance
- Flu vaccinations
- Good nutrition
- Mental Health (stress, anxiety, depression)
- Obesity/Overweight/Physical Activity
- Oral Health Access
- Prevention of Chronic Diseases including hypertension
- Smoking/Nicotine Use
- Support for Healthy Aging (including arthritis and needs listed above)
- Support to Navigate the Healthcare System
- Transportation

### Health Needs of People of Color, Low-Income & Medically Underserved Populations

A focus of the 2018 Community Health Needs Assessment (CHNA) was to identify individuals and groups in the community who may be medically underserved. Persons potentially at risk for medical underservice include low-income individuals, people of color, LGBTQ and any others who may experience difficulty in accessing appropriate healthcare. The findings were very similar to the 2015 needs.

In addition to the survey results from the “potentially medically underserved” subset of all survey respondents, Table 1, presented in the Appendix, summarizes the considerable amount of input obtained on medically underserved populations. The table identifies:

- The health needs of the identified population;
- The barriers to achieving or maintaining good health faced by the identified population;
- Community resources potentially available to address these needs and barriers

Table 1 in the Appendix provides an easily-referenced synopsis of key input obtained from the participating external organizations about local medical underservice and health access.

The feedback on the needs of Windham County's medically underserved populations is greatly appreciated and highly informative. Several common themes regarding the health needs and concerns of medically underserved populations in Windham County emerged from the group's written comments as well as their collective survey responses:

- **Mental Health.** Mental health issues were a significant concern among all populations. "Mental health" broadly included Alzheimer's, anxiety, bipolar, borderline personality disorder, dementia, depression, PTSD, as well as undiagnosed mental health issues. Stress, anxiety and depression were all listed in the top five answers in the survey portion of the CHNA of the potentially medically underserved (PMU).
- **Oral Health.** The need for dental services was a recurrent theme across all age groups, from children and young adults to seniors. Dental concerns were the number one concern among PMU respondents of the survey.
- **Diet & Nutrition.** Poor diet and nutrition were raised as concerns. Resulting health issues such as overweight and obesity were also a concern as well as not being able to afford high quality healthy foods. Similarly, some common themes emerged regarding barriers to the achievement or maintenance of good health for people of color, low-income and medically underserved populations.
- **Transportation Barriers.** Transportation challenges arose as a common barrier across all populations. Winter road conditions make getting to appointments difficult. Even for individuals who live in Brattleboro, sidewalk and weather conditions can make walking to appointments challenging, especially for individuals with disabilities.
- **Financial Barriers.** Financial barriers impede good health in many ways. Individuals are forced to choose between basic necessities (food, housing, heat) and healthcare. Even those with insurance may face prohibitive healthcare costs; insurance, for example, may cover only 80% of the cost. High deductibles and co-pays create a barrier to good health forcing individuals to meet their health needs last as basic necessities must come first. This is also true for purchasing healthy food. Obtaining affordable food was identified as the number one barrier to achieving health and wellness among PMU respondents.
- **Systemic Barriers.** Navigating the healthcare system can be difficult for some individuals. Medically underserved individuals sometimes fall through the cracks when one service stops and another might begin, but an individual doesn't know about it or finds it too difficult to apply.
- **Lack of Stable Housing.** This was also identified by as a common theme. From teens to adults, this is an area that was identified as a barrier. If someone does not have stable housing, it is harder for them to achieve health and wellness.

## Health Conditions and Concerns of Patients as Identified by Healthcare Providers

Members of the Grace Cottage medical staff, rehabilitation staff, and Community Health Team were asked to report on the health issues or concerns of their patients. 25 of these staff members shared their perspectives. The top 10 health issues are listed below:

- Depression (17)
- Obesity/Overweight (17)
- Mental Health Issues (15)
- Chronic Pain (14)
- Anxiety (13)
- Healthy Aging (12)
- Diabetes (11)
- High Blood Pressure (11)
- Nutrition (11)
- Physical Fitness (11)

When asked to identify barriers to good health faced by their patients, providers listed:

- Time, Money.
- Poverty
- Lack of dental care
- Transportation barriers
- Accessibility to all services
- Lack of emphasis on self-care
- Poor modeling by other family members
- Financial hardship
- Lack of places to exercise
- Lack of alternative pain management solutions
- Lack of personal responsibility
- Cost of healthy food
- Lack of knowledge regarding the importance of healthy nutrition
- Lack of mental health providers
- Lack of dentists accepting Medicaid
- Lack of motivation, desire, initiative
- Being pulled away from health issues by 'life stressors'
- Emotional/mental abuse
- Isolation
- Lack of reasonably priced home caregivers
- Dementia
- Lack of resources for home modifications (grab bars, ramps, etc.)
- Difficult to get time off work for appointments
- Insurance coverage limits
- Depression
- Lack of support
- Lack of good jobs, affordable housing
- Stress
- Low self-esteem



# **Evaluation of Actions Taken to Address Health Needs Identified in the 2015 CHNA**

On July 17, 2015, the Grace Cottage Board of Trustees adopted a 2015 Community Health Needs Assessment (CHNA). In the report, six health conditions were established as priorities based on similar criteria as used to establish priorities in 2018. The health issues chosen were 1) Aging, 2) Breast Cancer, 3) Colon Cancer, 4) Diabetes, 5) Heart Health, and 6) Mental Health. On August 21, 2015, the Board of Trustees adopted a CHNA Implementation Plan to address these prioritized conditions.

The full 2015 CHNA Report and Implementation Plan can be found at [www.gracecottage.org](http://www.gracecottage.org).

A summary of the actions, outreach initiatives, and related results that have occurred between September 2015 and August 2018 are noted below.

## **Aging**

- Grace Cottage has developed and implemented a geriatric assessment program, with a cross-functional team including primary care providers, pharmacy, mental health, dietary, occupational therapy, and physical therapy.
- Patients are referred from primary care to our “Falls Prevention Clinic” on an individual, outpatient basis.
- We have various community wellness programs addressing strength, flexibility, and falls prevention for elders. These are group sessions facilitated by trained staff. Examples include: Tai Chi for falls prevention, Strong Bones, chair yoga.
- We have implemented support groups in collaboration with SASH that address elder issues: examples include Living Alone Support Group, Men’s Coffee Club.
- In November of 2016 and November of 2017, we held a Healthy Aging Conference in Grafton VT for members of the community. Forty-five people registered for the 2-day event in 2016. Thirty registered for the 1-day conference in 2017. Presenter topics included Fall Prevention, Understanding Dementia, and the Psychology of Aging Well.
- In April of 2018, we began outreach for the Medicare population to schedule wellness exams. By June of 2018, thirty-nine percent (39%) of the patients we reached out to had scheduled a Medicare Wellness Exam.

## **Breast Cancer**

- Outreach was conducted in 2016 for women ages 40 – 45 who had not had a mammogram.

## **Colorectal Cancer**

- A non-invasive colon cancer screening test (Cologuard) is being offered to patients who are 50 years or older. This test is based on the latest advances in stool DNA sciences. This testing is done in the privacy of the patient’s home and may appeal to people who want to be screened for colon cancer, but do not want or refuse to have a colonoscopy. If the test detects signs of cancer or precancerous polyps than the patient is referred for a colonoscopy.
- Grace Cottage conducted outreach to patients who were aged 50-55 who had not had an initial screening colonoscopy. Educational materials were provided to patients regarding the importance of colorectal screenings and the prevention and early detection of colon cancer.

## **Diabetes**

- We conduct ongoing outreach to patients with an A1C greater than 9 and/or have not been seen for primary care follow-up in the past year.
- The last outreach was conducted in February of 2018 and as of April of 2018 forty-four percent (44%) of those patients had scheduled an appointment with their primary care provider.
- Diabetes counselling is on-going with the two diabetes educators who are members of our Community Health Team. On average, these two clinicians work with 20-25 patients weekly, focusing on lifestyle changes including: incorporating healthy activities, making healthy food choices, and monitoring of blood sugars as needed. To date we have seen positive trending in A1C levels and weight loss for the most at risk patients.

## **Heart Health – High Blood Pressure/Heart Disease**

- Grace Cottage continues to complete outreach to patients who have not seen their primary care provider in a year. The last outreach was conducted in December of 2017 and as of February of 2018 thirty-five percent (35%) of those patients had scheduled an appointment with their primary care provider.
- Certain high-risk hypertensive patients are being attended to by our Community Health Team with home visits and home blood pressure monitoring.
- In March 2018, we implemented a pilot home blood pressure monitoring program for a group of patients with significant hypertension issues. To date, there are 10 patients involved in the pilot, all of whom send a.m. and p.m. blood pressure results to our Community Health Team via the patient portal. These numbers are tracked and graphed by the patient, and the overall trending has been positive with reduction in systolic pressures as a whole. Challenges to this program include: internet access, patient compliance, and scheduling of visit re-checks.
- We are utilizing wireless ZIO patches, which are used to diagnose heart arrhythmias. Comprehensive data collection helps ensure detection of infrequent or asymptomatic arrhythmias. The patch is discreet and easy to wear which patients find beneficial.

## **Mental Health**

- Grace Cottage has added a Licensed Independent Clinical Social Worker (LICSW) to the clinic staff. As a mental health provider, she collaborates with our staff Psychiatric Mental Health Nurse Practitioner, and the Community Health Team Behavioral Health Specialist to provide the necessary mental health care and services to our patients. By adding the LICSW we are now able to provide counseling to patients seven years and older.
- Mental illness and substance abuse can be associated. Grace Cottage participates in the HUB and Spoke program in collaboration with the Brattleboro Retreat. A Registered Nurse and Social Worker from the HUB and Spoke program provides services to patients who are in the program for substance abuse treatment. Grace Cottage has added an additional provider to provide medication assisted treatment.
- We are continuing to provide ongoing support groups, individual counseling, screenings and outreach.
- Another area of focus that addresses population health is the RISE VT initiative. We are hopeful to develop a collaborative effort with Brattleboro Memorial Hospital in order to better focus on creating a county-wide healthier community.
- Outreach was conducted for patients with a diagnosis of depression that had not been seen in the past year. The most recent outreach was conducted in February of 2018 resulting in forty-four percent (44%) of those patients scheduling an appointment.

## **Contact Information**

### **Grace Cottage Family Health & Hospital**

185 Grafton Road, PO Box 216, Townshend, VT 05353.

[www.gracecottage.org](http://www.gracecottage.org)

For questions or comments regarding this report, contact the office of Community Relations at 802-365-9109 or write to: [info@gracecottage.org](mailto:info@gracecottage.org).

### **2018 CHNA Steering Committee:**

Jacki Brown, Marketing Manager, Grace Cottage Family Health & Hospital

Rebecca J. Burns, RN, Dir of Community Initiatives & Blueprint Project Manager, Brattleboro Memorial Hospital

Erin Fagley, Digital Marketing Strategist/Community Liaison, Brattleboro Retreat

C. J. King, Grant Writer, Grace Cottage Family Health & Hospital

Prudence MacKinney, Director, Vermont Department of Health –Brattleboro District

Crystal Mansfield, Director of Rehabilitation Services, Community Health Team, Community Wellness Programs

Gina Pattison, Director, Development & Marketing, Brattleboro Memorial Hospital

Konstantin von Krusenstiern, VOP Development & Communications, Brattleboro Retreat

**Brattleboro Memorial Hospital:** 17 Belmont Avenue, Brattleboro, VT 05301. 802-251-8604.

**Brattleboro Retreat:** Anna Marsh Lane, P.O. Box 803, Brattleboro, VT 05302. 802-258-3785.

**Vermont Department of Health-Brattleboro District:** 232 Main St., Suite 3, Brattleboro, VT 05301. 802-257-2880.

# APPENDIX

## 2018 CHNA Survey (front)



### **2018 COMMUNITY HEALTH NEEDS ASSESSMENT**

If you are at least 18 years of age, please take a minute to complete the survey below. All responses will remain anonymous. The purpose of this survey is to get your opinions about community health issues. Thank you for your time and interest in helping us to identify our most pressing problems and issues.

**1. What are the most significant health issues or concerns facing you and your family? (Check all that apply).**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Access to Effective Birth Control             | <input type="checkbox"/> Hearing Problems     | <input type="checkbox"/> Smoking/tobacco use           |
| <input type="checkbox"/> Alcoholism                                    | <input type="checkbox"/> Heart Disease        | <input type="checkbox"/> Sexually transmitted diseases |
| <input type="checkbox"/> Anxiety                                       | <input type="checkbox"/> High Blood Pressure  | <input type="checkbox"/> Stress                        |
| <input type="checkbox"/> Arthritis                                     | <input type="checkbox"/> High Cholesterol     | <input type="checkbox"/> Suicide                       |
| <input type="checkbox"/> Asthma  | <input type="checkbox"/> Home health services | <input type="checkbox"/> Teen Pregnancy                |
| <input type="checkbox"/> Cancer  | <input type="checkbox"/> Housing insecurity   | <input type="checkbox"/> Tick borne illness            |
| <input type="checkbox"/> Chronic pain                                  | <input type="checkbox"/> Housing for elderly  | <input type="checkbox"/> Unsafe Housing                |
| <input type="checkbox"/> Contagious diseases (e.g., measles, TB, etc.) | <input type="checkbox"/> Flu/pneumonia        | <input type="checkbox"/> Vision                        |
| <input type="checkbox"/> Dental problems                               | <input type="checkbox"/> Food insecurity      | <input type="checkbox"/> Others: _____                 |
| <input type="checkbox"/> Depression                                    | <input type="checkbox"/> Lung Disease         | _____  |
| <input type="checkbox"/> Diabetes                                      | <input type="checkbox"/> Mental health issues | _____  |
| <input type="checkbox"/> Domestic Sexual Violence                      | <input type="checkbox"/> Nutrition            | _____  |
| <input type="checkbox"/> Drug misuse or substance use                  | <input type="checkbox"/> Obesity/Overweight   |  |
| <input type="checkbox"/> Healthy Aging                                 | <input type="checkbox"/> Osteoporosis         |  |
|  | <input type="checkbox"/> Physical fitness     |  |
|  | <input type="checkbox"/> Pre-natal care       |  |

**2. What are the most significant health issues or concerns facing your neighbors or your community? (Check all that apply).**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Access to Effective Birth Control             | <input type="checkbox"/> Hearing Problems     | <input type="checkbox"/> Smoking/tobacco use           |
| <input type="checkbox"/> Alcoholism                                    | <input type="checkbox"/> Heart Disease        | <input type="checkbox"/> Sexually transmitted diseases |
| <input type="checkbox"/> Anxiety                                       | <input type="checkbox"/> High Blood Pressure  | <input type="checkbox"/> Stress                        |
| <input type="checkbox"/> Arthritis                                     | <input type="checkbox"/> High Cholesterol     | <input type="checkbox"/> Suicide                       |
| <input type="checkbox"/> Asthma  | <input type="checkbox"/> Home health services | <input type="checkbox"/> Teen Pregnancy                |
| <input type="checkbox"/> Cancer  | <input type="checkbox"/> Housing insecurity   | <input type="checkbox"/> Tick borne illness            |
| <input type="checkbox"/> Chronic pain                                  | <input type="checkbox"/> Housing for elderly  | <input type="checkbox"/> Unsafe Housing                |
| <input type="checkbox"/> Contagious diseases (e.g., measles, TB, etc.) | <input type="checkbox"/> Flu/pneumonia        | <input type="checkbox"/> Vision                        |
| <input type="checkbox"/> Dental problems                               | <input type="checkbox"/> Food insecurity      | <input type="checkbox"/> Others: _____                 |
| <input type="checkbox"/> Depression                                    | <input type="checkbox"/> Lung Disease         | _____  |
| <input type="checkbox"/> Diabetes                                      | <input type="checkbox"/> Mental health issues | _____  |
| <input type="checkbox"/> Domestic Sexual Violence                      | <input type="checkbox"/> Nutrition            | _____  |
| <input type="checkbox"/> Drug misuse or substance use                  | <input type="checkbox"/> Obesity/Overweight   |  |
| <input type="checkbox"/> Healthy Aging                                 | <input type="checkbox"/> Osteoporosis         |  |
|  | <input type="checkbox"/> Physical fitness     |  |
|  | <input type="checkbox"/> Pre-natal care       |  |

Please complete both sides of survey.



## 2018 CHNA Survey (back)

3. What most prevents **you and your family** from attaining good health and well-being? (Check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Alcohol/drug use                            | <input type="checkbox"/> Having a hard time finding a doctor            |
| <input type="checkbox"/> Can't afford healthy foods                  | <input type="checkbox"/> Don't have a primary care doctor               |
| <input type="checkbox"/> Difficulty navigating the healthcare system | <input type="checkbox"/> Don't have a dentist                           |
| <input type="checkbox"/> Hard time finding healthy foods             | <input type="checkbox"/> Too long a wait at doctor's office             |
| <input type="checkbox"/> Lack of good transportation options         | <input type="checkbox"/> Unable to pay co-pays/deductible               |
| <input type="checkbox"/> Lack of health insurance                    | <input type="checkbox"/> Can't always afford to fill prescriptions      |
| <input type="checkbox"/> Lack of adequate housing                    | <input type="checkbox"/> Can't access a specialist                      |
| <input type="checkbox"/> Domestic violence                           | <input type="checkbox"/> Lack of mental health treatment services       |
| <input type="checkbox"/> Too busy to exercise                        | <input type="checkbox"/> Lack of addiction treatment services           |
| <input type="checkbox"/> Too busy to cook healthy foods              | <input type="checkbox"/> Smoking/tobacco use/2 <sup>nd</sup> hand smoke |
| <input type="checkbox"/> No options for physical activity            | <input type="checkbox"/> Lack of after-school activities for kids       |
| <input type="checkbox"/> Can't get off work to see doctor            | <input type="checkbox"/> Providers lack cultural sensitivity            |
| <input type="checkbox"/> Unable to get appointment with doctor       | <input type="checkbox"/> Lack of employment/living wage                 |
| <input type="checkbox"/> Can't find child care                       | <input type="checkbox"/> Other: _____                                   |

4. Age:

- ☐ 18 - 24
- ☐ 25 - 34
- ☐ 35 - 44
- ☐ 45 - 54
- ☐ 55 - 64
- ☐ 65 - 74
- ☐ 75 - 84
- ☐ 85+

9. Highest level of education:

- ☐ 12<sup>th</sup> grade or less (no HS Diploma)
- ☐ High school diploma or GED
- ☐ Technical school
- ☐ Some college
- ☐ Associates Degree
- ☐ College graduate
- ☐ Graduate school

5. Gender Identity: (check all that apply)

- ☐ Male
- ☐ Female
- ☐ Trans male/trans man
- ☐ Trans female/trans woman
- ☐ Genderqueer/gender non-conforming
- ☐ Different identity (please state): \_\_\_\_\_

10. Annual household income:

- ☐ Less than \$10,000
- ☐ \$10,000 to \$34,999
- ☐ \$35,000 to \$49,999
- ☐ \$50,000 to \$74,999
- ☐ \$75,000 to \$99,999
- ☐ \$100,000 - \$149,000
- ☐ \$150,000 - \$199,999
- ☐ \$200,000 +

6. # of Persons in Your Household: \_\_\_\_\_

7. Are you Hispanic, Latino, or of Spanish origin?

- ☐ Yes
- ☐ No

11. Does someone in your household speak limited English?

- ☐ Yes
- ☐ No
- ☐ If yes, language spoken \_\_\_\_\_

8. How would you best describe yourself?

- ☐ African American or Black
- ☐ Asian or Pacific Islander
- ☐ American Indian or Alaskan Native
- ☐ White
- ☐ Other: \_\_\_\_\_

12. Town of residence: \_\_\_\_\_

13. Zip code where you live: \_\_\_\_\_

You can submit at Town Meeting, in person to the front desk at BMH, GCH, the Retreat, or the agency that you received the survey from, or mail completed survey to Community Health Needs Assessment, Grace Cottage Hospital, PO Box 1, Townshend, VT 05353. Survey is also available online at: [www.wellnessinwindham.org](http://www.wellnessinwindham.org).

Surveys must be received by March 31, 2018. Thank you for your participation!

## Qualitative Input Concerning the Health Needs of Potentially Medically Underserved

The information below was gathered and prepared by Brattleboro Memorial Hospital as part of the CHNA process.

Organization	Population Served by the Organization	Health Needs of the Population Served	Barriers to Achieving or Maintaining Good Health faced by the population served by the Organization	What community resources are potentially available to address these needs and barriers
<b>AIDS Project of Southern Vermont</b>	The AIDS Project of Southern VT provides medical case management to HIV+ individuals, and supportive services to their families, prevention services, including counseling and testing. We offer syringe services for people who inject drugs.	<ul style="list-style-type: none"> <li>•Appropriate screening exams (Gay, trans, LGBTQ)</li> <li>•Complicated multiple/ health issues</li> </ul>	<ul style="list-style-type: none"> <li>•Transportation</li> <li>•PCPs – lack of continuity of care</li> <li>*Coordination of care- multiple diagnoses</li> <li>•Insurance coverage (co-pays, co-insurance, deductibles, no dental)</li> <li>•Lack of dentists</li> <li>•Lack of psychiatrists</li> <li>•Comprehensive support systems (24/7)</li> </ul>	<ul style="list-style-type: none"> <li>•Vermont 211</li> <li>•Resource sharing</li> </ul>



Organization	Population Served by the Organization	Health Needs of the Population Served	Barriers to Achieving or Maintaining Good Health faced by the population served by the Organization	What community resources are potentially available to address these needs and barriers
<b>Boys &amp; Girls Club of Brattleboro</b>	<p>Boys &amp; Girls Club of Brattleboro serves youth between the ages of 6 and 19 years old. We have members from all over the greater Brattleboro area. A large percentage of BGC members are from disadvantaged or low income homes. BGC of Brattleboro has over 1000 members.</p>	<ul style="list-style-type: none"> <li>• Food insecurity, nutrition, knowing where the next meal is coming from</li> <li>• Marijuana is an issue among high school students</li> <li>• Dental</li> <li>• Vision</li> <li>• Mental health</li> <li>• Also, many young people do not have a general feeling of safety physically, mentally and/or emotionally.</li> <li>• General drug use is up, if not specifically with our members at least within their families.</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of parental assistance/ involvement</li> <li>• Cost of seeing a provider (co-pays, etc.). Many will have an injury, but not have it seen due to cost issues.</li> <li>• Stigma attached to the school lunch program. Teens won't complete the paperwork and miss a meal.</li> <li>• Free school lunch program only allows certain food items.</li> <li>• Lack of mental health providers, long wait and delays for mental health services.</li> <li>• Navigating services is a challenge – where is it, what time, is it child friendly?</li> <li>• Transportation always an issue for kids. Safety concerns arise when children are walking alone, at night/dusk.</li> <li>• Few dentists take Medicaid.</li> <li>• Lack of child care/child friendly sites</li> </ul>	<ul style="list-style-type: none"> <li>* Boys &amp; Girls Club provides dinner to members and families 6 nights/week.</li> <li>• Boys &amp; Girls Club has extended hours in the summer with a sliding fee scale – provides summer meals, too.</li> <li>• The Boys &amp; Girls Club also provides education and training around substance use and abuse, avoidance of using drugs and how to stop once/ if you start.</li> <li>• Also homelessness is a large problem for young people in our community, whether it is the youth themselves that are homeless or their entire family.</li> </ul>

Organization	Population Served by the Organization	Health Needs of the Population Served	Barriers to Achieving or Maintaining Good Health faced by the population served by the Organization	What community resources are potentially available to address these needs and barriers
<b>Brattleboro Housing Partnership/SASH</b>	The Brattleboro Housing Partnership houses seniors, adults with disabilities and families. The mission of the Brattleboro Housing Partnership is to ensure the provision of quality affordable housing opportunities in viable communities for lower income households. The Support and Services at Home (SASH) program serves Medicare recipients in meeting their health related goals and supports participants in becoming better self- managers.	<ul style="list-style-type: none"> <li>• Dental</li> <li>• Homemaking services for seniors and adults with disabilities</li> <li>• Medication management</li> <li>• Nutrition</li> <li>• Unaddressed addiction issues</li> <li>• Mental health</li> <li>• Prescribing Psychiatrist</li> <li>• Access to PCP</li> <li>• Chronic Disease Management</li> <li>• Isolation</li> </ul>	<ul style="list-style-type: none"> <li>• Transportation</li> <li>• Discrimination</li> <li>• Poverty</li> <li>• Housing</li> <li>• Insurance gaps</li> <li>• Not enough providers</li> <li>• Education</li> <li>• Access to healthier foods</li> <li>• Stigmas</li> <li>• Waitlists</li> <li>• Communication Barriers</li> </ul>	<ul style="list-style-type: none"> <li>• Community Health Team</li> <li>• Wellness Programs</li> <li>• Moderate Needs/Choices for Care Programs</li> <li>• Wellness Programs with incentives</li> <li>• Connecticut River Transit – transportation</li> <li>• HCRS programs</li> <li>• Winston Prouty Case management/ Education</li> <li>• EES education</li> <li>• Senior Solutions Case Management</li> <li>• VT Foodbank</li> <li>• Community of Vermont Elders</li> <li>• Senior Meals</li> <li>• SEVCA</li> <li>• Shelter Plus Care</li> <li>• VT Center for Independent Living</li> <li>• Groundworks</li> <li>• Voc. Rehab</li> </ul>

Organization	Population Served by the Organization	Health Needs of the Population Served	Barriers to Achieving or Maintaining Good Health faced by the population served by the Organization	What community resources are potentially available to address these needs and barriers
<p><b>Children's Integrated Services (CIS)</b></p> <p><i>Family Supportive Housing (FSH)</i></p> <p><i>Early Learning Center</i></p> <p><i>Child Care Support Services</i></p>	<p>Children's Integrated Services (CIS) serves pregnant women and families with children 0-6 years old. Many of our families are low-income and we focus on coordinated Child developmental services and family support.</p> <p>Case management for families with young children (priority children 6 and under) who are homeless or at risk of becoming homeless</p> <p>Early education for children 6 weeks through 5 years</p> <p>Child Care Referral, Child Care Financial Assistance Program, Early Learning Express Bookmobile, Child and Adult Care Food Program, Training &amp; Funding Opportunities for Early Care &amp; Learning Providers</p>	<ul style="list-style-type: none"> <li>• Poor diet and nutrition (and knowledge of diet and nutrition)</li> <li>• Mental health including depression, anxiety, bipolar, borderline personality disorder and mental health issues without a defined diagnosis).</li> <li>• Diabetes</li> <li>• Dental</li> <li>• Mental health issues impact other areas of health such as meeting daily needs, diet, exercise, self-care, etc.</li> <li>• Respiratory issues from smoking</li> <li>• Substance abuse (heroin, alcohol)</li> <li>• Weight issues</li> <li>• Homelessness, lack of stable housing which impacts physical and mental health and diet</li> </ul>	<ul style="list-style-type: none"> <li>• Transportation</li> <li>• Waiting lists, lack of providers</li> <li>• Very limited access to psychiatry</li> <li>• Lack of information/knowledge</li> <li>• Lack of basic needs such as housing and childcare. Clients in "crisis" mode and so don't have time/energy, etc. to look after health needs</li> <li>• Bad experiences and/or trauma in the past</li> <li>• Guilt around not keeping up with healthcare</li> <li>• Time management/ability to keep appointments. Mental health issues can take over -ability to keep appointments, etc.</li> <li>• Surrounded by negative influences</li> <li>• Poverty – again always in "crisis" mode</li> <li>• Access to phones/ changing numbers, being in contact with medical providers</li> <li>• Lack of natural support systems</li> <li>• Limited funds to purchase healthy foods</li> </ul>	<ul style="list-style-type: none"> <li>• Med Rides</li> <li>• CIS/other home visiting agencies</li> <li>• Y Bus</li> <li>• Healthcare navigators</li> <li>• Housing case workers</li> <li>• Sue Rand at the Health Department</li> <li>• Local food shelves</li> <li>• WIC</li> </ul>

Organization	Population Served by the Organization	Health Needs of the Population Served	Barriers to Achieving or Maintaining Good Health faced by the population served by the Organization	What community resources are potentially available to address these needs and barriers
<b>Green Mountain Crossroads</b>	Green Mountain Crossroads primarily works with youth, adults, and seniors who are Lesbian, Gay, Bisexual, Transgender, and/or Queer (LGBTQ) living in rural areas and small towns. Of particular interest to us and to the individuals served are access to LGBTQ-competent physical and mental healthcare providers with a specific focus on competency and familiarity with providing care to trans and gender non-conforming people. Many of the individuals we serve are also low-income.	<ul style="list-style-type: none"> <li>• Access to competent care providers for queer and trans people. This extends to all types of care, not those dealing specifically with directly related items such as hormone-replacement therapy. We find frequently that even when care providers say they are LGBTQ friendly, they are not experts or even have basic competencies in serving trans-gender patients. Frequently, our folks are traveling out of state and/or many hours to find care providers with whom they are comfortable working.</li> <li>• Care that is affordable even though transgender care is supposedly covered under Medicaid in the State of Vermont. These days, many providers are not aware of this. Folks wait and/or delay or skip seeking care until health issues are dire.</li> <li>• Endocrinologist, surgeons for gender confirmation surgery</li> <li>• Hormone replacement therapy</li> <li>• Peer-based services</li> <li>• Trans competent therapists</li> </ul>	<ul style="list-style-type: none"> <li>• Gatekeeping- needing letters for surgery, etc. Must go through a certain amount of therapy before “earning” other care.</li> <li>• Insurance companies, not care providers, deciding how long and what type of treatments make sense.</li> <li>• Care being cut off by insurance before folks are truly well.</li> <li>• Challenges updating identity documents to match gender</li> <li>• Misunderstanding what’s possible – trans folks having kids for example.</li> <li>• Ability to pay</li> <li>• General stigma</li> <li>• Cultural competency</li> <li>• Lack of providers for folks with physical disabilities, sidewalks and road conditions in winter are dismal and means folks cannot be self-reliant on getting to appointments, meetings, social gatherings, etc.</li> <li>• Lack of sober spaces to gather</li> <li>• Forms that don’t adequately apply to folks</li> <li>• Must take time off work to recover from surgeries, etc.</li> <li>• A widely-held belief that medical professionals know us and our own body and needs better than we do</li> </ul>	GMC provides trainings and education on competency around working with LGBTQ folks. Happy to work developing materials and/or providing training. Send providers to Philadelphia Trans Health Conference in June. Pride Center of Vermont, Outright Vermont, AIDS Project of Southern Vermont, Vermont CARES

Organization	Population Served by the Organization	Health Needs of the Population Served	Barriers to Achieving or Maintaining Good Health faced by the population served by the Organization	What community resources are potentially available to address these needs and barriers
<b>Senior Solutions</b>	Older adults (60yo+) and People living with Disabilities of all ages	<ul style="list-style-type: none"> <li>• Social support and stimulation; includes mental and emotional. can obtain either through personalized attention (VNs, family/friends) or community engagement (senior centers, volunteering, church, town events)</li> <li>• complete nutrition</li> <li>• physical activity- unique for each individual and their limits/goals</li> </ul>	<ul style="list-style-type: none"> <li>• confusing information from various sources on how to lead "healthy" life (different for everyone)</li> <li>• various agencies/NPOs/orgs offering services to people with varying eligibility requirements; adds to client's confusion &amp; frustration when already distressed and seeking assistance</li> <li>• resources (grocery stores, exercise classes, MDs) are more spread out and/or scarce in VT</li> <li>• money- most older adults aren't working full time anymore so they have less funds to spend on travel/food/extra expenses to improve lifestyle</li> </ul>	<ul style="list-style-type: none"> <li>• free classes/services at hospitals</li> <li>• AAAs</li> <li>• Cares Groups</li> <li>• churches,</li> <li>• community centers</li> <li>• The Current/MOOver</li> <li>• various community groups (Neighborhood Connections, RSVP)</li> </ul>

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<b>Southeastern Vermont Community Action (SEVCA)</b>	Southeastern Vermont Community Action serves low-income residents of Windham & Windsor Counties who are suffering.	<ul style="list-style-type: none"> <li>• Coping with the social determinants of health</li> <li>• Living in constant state of scarcity, resulting in abnormally high stress levels and leading to inability to focus and ineffective executive function</li> <li>• Substance abuse &amp; recovery issues</li> <li>• Tobacco addiction</li> <li>• Poor diet &amp; nutrition</li> <li>• Health conditions associated with chronic homelessness</li> <li>• Other Mental Health issues</li> </ul>	<ul style="list-style-type: none"> <li>• Inability to access appropriate needed health services</li> <li>• Lack of a “medical home” with continuity of health care providers and coordination of care</li> <li>• Cost of health insurance premiums, high deductibles &amp; co-pays</li> <li>• Lack of accurate Info re: affordable &amp; available health care options</li> <li>• Inability to meet basic needs such as housing, heat, nutrition, financial security, etc.</li> </ul>	<ul style="list-style-type: none"> <li>• Federally Qualified Health Centers (FQHCs)</li> <li>• Affordable Care Act (ACA) / VT Health Connect</li> <li>• Health Connect Navigators</li> <li>• Community Mental Health Agencies</li> <li>• 3SquaresVT Program</li> <li>• Housing, Fuel, Food, Emergency Shelter, and other programs addressing basic needs</li> <li>• Interagency coordination of services</li> </ul>

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<b>Townshend SASH</b>	Serves anyone on Medicare, and sometimes Medicaid in the towns surrounding Townshend and Townshend.	<ul style="list-style-type: none"> <li>• HTN</li> <li>• Isolation</li> <li>• hearing/vision</li> <li>• Balance</li> <li>• chronic condition management</li> <li>• depression</li> <li>• anxiety</li> <li>• dental</li> <li>• nutrition</li> <li>• diabetes</li> <li>• weight,</li> <li>• arthritis</li> </ul>	<ul style="list-style-type: none"> <li>• Sometimes a loss of faith in medical system</li> <li>• amount of time provider will spend</li> <li>• transportation at times</li> <li>• pride</li> <li>• education about condition</li> <li>• loss of hope</li> </ul>	SASH and the Community Health Team are fantastic resources to assist with all of these obstacles. We rock!



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<b>Women's Freedom Center</b>	<p>The Women's Freedom Center is the domestic and sexual violence resource agency for Windham and southern Windsor counties. While the Women's Freedom Center works to end men's violence against women, we provide support to all survivors of domestic and sexual violence. The majority of the survivors we work with are in fact women and children. And while these issues cut across all socio-economic lines, most of the women we serve have significant financial challenges. Those challenges may make them more likely to need our help with their trauma history itself creating huge economic repercussions.</p>	Mental Health	<p>Stress/ overwhelmed, exacerbated by long waits for mental health support – wide gap between crisis and stability support</p> <ul style="list-style-type: none"> <li>• Domestic violence wreaking havoc on financial options/ work history/ rental stability, etc. Victims are often starting over from zero – may put their health last instead of first unless it is a medical emergency</li> <li>• Challenges getting access to mental health providers (wait time, HCRS especially)</li> <li>• For women fleeing without their psych meds sometimes, it's hard to see a psychiatrist quickly</li> </ul>	<ul style="list-style-type: none"> <li>• Numerous progressive grass roots orgs</li> <li>• 2 hospitals</li> <li>• Retreat,</li> <li>• HCRS</li> <li>• Phoenix House,</li> <li>• private therapists</li> <li>• Free</li> </ul>

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<b>Women, Infants, and Children (WIC) Program</b>	WIC is a supplemental foods, health care referral, and nutrition education program for low-income pregnant, breastfeeding and non-breastfeeding postpartum women, and to infants and children up to age five. Low-Income is based on 185% of Federal Poverty level. Women or children who are receiving Vermont Medicaid/ Dr. Dynasaur and children in custody of Department of Children & Families are eligible.	<ul style="list-style-type: none"> <li>• Nutrition education and breastfeeding support</li> <li>• Food Security</li> <li>• Substance Use and Abuse (Alcohol and drugs)</li> <li>• Tobacco Use</li> <li>• Dental Care</li> <li>• Blood lead screening</li> <li>• Vaccination</li> <li>• Referral Resource based on health needs</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of nutrition information and knowledge</li> <li>• Food insecurities</li> <li>• Family unit instability</li> <li>• Time management and ability to keep appointments</li> <li>• Families who have suffered trauma</li> <li>• Lack of insurance and providers for dental care</li> <li>• Transportation</li> <li>• Lack of physical activity</li> </ul>	<ul style="list-style-type: none"> <li>• WIC Program with outlying clinic sites</li> <li>• VT Department of Health – Public Health Nutritionists, Public Health Dental Hygienist, Public Health Nurses (Immunization/Lead)</li> <li>• VT Food Bank – Veggie Van Go</li> <li>• Groundworks Collaborative</li> <li>• Children’s Integrated Services (CIS)</li> <li>• Early Education Services (EES)</li> <li>• Help Me Grow – 211 x6</li> <li>• 3 Squares</li> <li>• 802 Quits</li> <li>• Language Line for translation</li> <li>• Health Care &amp; Rehabilitation Services (HCRS)</li> </ul>

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<b>Youth Services</b>	<p>The population served by Youth Services includes the following;</p> <ul style="list-style-type: none"> <li>• Families with children of all ages</li> <li>• Adults and youth who are involved in the justice system (through court diversion and now the new pretrial program)</li> <li>• Children ages 0 all the way up to age 22. The majority of youth we serve are school age or transitional age</li> </ul>	<ul style="list-style-type: none"> <li>• Nutrition and exercise</li> <li>• Substance abuse and misuse</li> </ul>	<ul style="list-style-type: none"> <li>• Capitalism</li> <li>• Affordability for healthcare, food, quality supplements</li> <li>• Accessibility (cultural, transportation)</li> <li>• Lack of treatment capacity (developmentally and culturally)</li> <li>• Poverty</li> <li>• Homelessness</li> <li>• Depression</li> <li>• Violence/trauma in the home</li> <li>• Lack of hope</li> <li>• Communities not vibrant w/ good economic opportunities for all skill sets and backgrounds</li> <li>• Trust in systems</li> <li>• Discrimination- against poverty, race, gender, etc.</li> <li>• Lack of investment/ resources in school-age youth population – focus &amp; funding is shifting to early childhood.</li> <li>• We need to support significant developmental changes in teens, young adults</li> </ul> <p>Reduction of resources; we need to generate more revenue by tax policies that are not shifting burden to middle and low income</p>	<p>Reduction of resources; we need to generate more revenue by tax policies that are not shifting burden to middle and low income</p>