

2024 Community Health Needs Assessment



 **GraceCottage**
FAMILY HEALTH & HOSPITAL

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Introduction

This report presents the findings of a comprehensive 2024 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 Medical Executive Team and the Senior Leadership Team have chosen to address, 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 formal assessments of the community's healthcare needs in 2004. This now occurs every three years. Beginning in 2012, Grace Cottage has been conducting its Community Health Needs Assessments in partnership with the two other Windham County hospitals, Brattleboro Memorial Hospital and the Brattleboro Retreat. The Vermont Department of Health, the Vermont Agency of Human Services, and United Way, all with offices in Brattleboro, actively assisted in this project in 2024.

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

This 2024 CHNA complies with IRS Regulations promulgated under the Patient Protection and Affordable Care Act. By law, hospitals are required to conduct a Community Health Needs Assessment every three years.

This CHNA report was approved by the Grace Cottage Board of Trustees at their November 15, 2024, meeting. The associated CHNA Implementation Plan was presented to the Board for approval at their March 21, 2025, meeting. The Report is available to the public on the Grace Cottage website, gracecottage.org.

About Grace Cottage

Grace Cottage Family Health & Hospital is an independent, non-profit healthcare facility located in Townshend, VT.

Grace Cottage Family Health is a Federally certified Rural Health Clinic. Its 15 medical practitioners provide primary care, pediatrics, geriatrics, and mental health services to more than 8,000 individual patients annually. In addition, the Community Health Team at Grace Cottage Family Health works closely with medical providers and includes an RN Care Coordinator, a Registered Diabetes Educator, and a Health Resource Advocate.

Grace Cottage Hospital is a 19-bed inpatient facility equipped with a 24-hour emergency department for critical care. It also has a hospice suite, inpatient beds for acute care and rehabilitation, infusion services, and laboratory and diagnostic imaging. Hospital patients benefit from our hospitalist program, with doctors serving in weekly rotations to oversee patients' care and to communicate with patients and family members on matters such as lab results, changes in medication, discharge needs, and more. The hospital's lab and imaging services are open to the public with a written doctor's order. Grace Cottage also has a busy outpatient physical and occupational rehabilitation department, a retail pharmacy, and free wellness classes and support groups for the public.

In 2023 and in 2024, Grace Cottage earned the highest score in Vermont in the Human Rights Campaign's Healthcare Equality Index. Both Grace Cottage Hospital and Grace Cottage Family Health have achieved "Age-Friendly Health System" certification for care of older patients from the Institute for Healthcare Improvement.

Grace Cottage Service Area

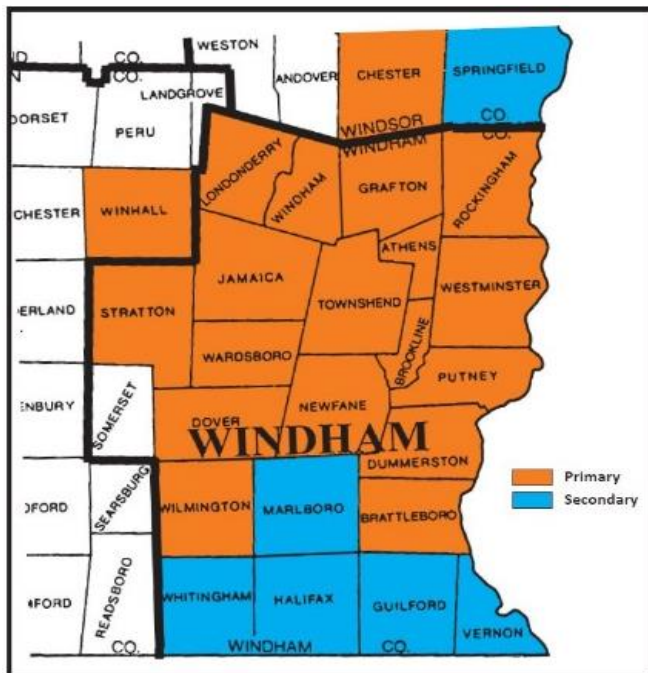
Grace Cottage Family Health & Hospital is located at 185 Grafton Road (Route 35) in Townshend, VT. Townshend is at the geographic center of Windham County, the county located in the southeastern corner of the state, bordered on the east by New Hampshire and on the south by Massachusetts.

Grace Cottage has 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 below, towns and affiliated villages are listed in order of the number of patients coming from each town*. All patients with at least one encounter at Grace Cottage in the past two years are counted; no patient is counted twice.

The map below shows towns highlighted as Grace Cottage's primary (orange) or secondary (blue) service areas. The vast majority of Grace Cottage patients are Windham County residents.

For the sake of continuity, and in order to share our findings with our CHNA partners most effectively, we are reporting on the health needs of all Windham County residents.

On the following pages, the demographic, economic, and population health data represents the entire Windham County population. Likewise, the 2024 patient survey was distributed to residents throughout Windham County.



Patients Ranked by Town, 2023-2024

Brattleboro	2150
Newfane/Williamsville	1572
Townshend *	1034
Putney	741
Wardsboro	653
Jamaica	644
Chester	559
Londonderry	483
Dover, East Dover	463
West Townshend/Windham *	441
Bellows Falls/Cambridgeport/Saxtons River	402
Grafton	355
Wilmington	276
Bondville/Winhall	207
Vernon	189
Springfield	128
Whitingham/Jacksonville	120
Dummerston	118
Hinsdale	117
Marlboro	104
Westminister	85
Brookline	84
Keene	49
New York City	48
Athens	44
Weston	44
Halifax/West Halifax	35
Guilford	34
Manchester Center	34
Peru	30

* Patients are listed by their mailing address town.

Most Windham residents get their mail in W. Townshend

Executive Summary

On September 11, 2024, the Grace Cottage Senior Leadership Team and the Grace Cottage Medical Executive Committee reviewed and discussed the population health information that appears on the following pages of this report, comparing it to their clinical experience with patients. They also reviewed the results of the 2024 Community Health Needs Assessment community survey, focus group responses and social service leadership survey responses, paying special attention to the top ten health concerns of the community and barriers to health, as follows:

Significant Community Health Needs Identified by the CHNA Survey

Health Issues & Conditions:

- Dental Health
- Vision & Hearing
- Musculoskeletal conditions like arthritis and back pain
- Mental Health (anxiety, depression, stress, etc.)
- Cancer (all kinds, access to screenings and treatments)
- Access to emergency medical services
- Heart Disease/High Blood Pressure (hypertension)
- Infectious Disease (COVID, flu, HIV/AIDS, TB)
- Environmental Health
- Neurological disorders (especially Alzheimer's and Parkinson's)
- Respiratory diseases (especially asthma and COPD)
- Diabetes and related complications
- Nutritional deficiencies
- Access to reproductive health/maternal and child health concerns
- Substance use problems
- Domestic partner violence

Barriers To Achieving Good Health:

- Access to appointments (can't get appointment, no time off work, lack of transportation)
- Not satisfied with choices for care (including lack of cultural sensitivity)
- Financial Constraints (including no insurance, can't afford co-pays, deductibles, prescriptions, etc.)
- Transportation Limitations

Priorities Established by Grace Cottage Leadership

At the Sept. 11, 2024, meeting, the group discussed the significant community health needs listed above, establishing the priorities that Grace Cottage will address over the next three years.

Criteria used to prioritize the identified significant health needs included:

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

The chart below shows Grace Cottage’s ranked priorities for the next three years. Grace Cottage’s CHNA Implementation Plan will provide details of how these priorities will be addressed.

Level 1 Priorities:
<ul style="list-style-type: none"> • Access to Primary Care
<ul style="list-style-type: none"> • Cancer Screening and Prevention
<ul style="list-style-type: none"> • Mental Health Treatment and Support
Level 2 Priorities:
<ul style="list-style-type: none"> • Basic Needs (housing, food access, transportation, employment, safety)
<ul style="list-style-type: none"> • Healthy Aging (heart disease and cardiovascular)
Level 3 Priority:
<ul style="list-style-type: none"> • Access to Rehabilitation Services (physical and occupational therapy)

In January of 2025, the Grace Cottage Leadership Team will present an Implementation Plan to the Hospital Board of Trustees to address the Priorities noted above. Over the next three years, we will report annually on our progress with these issues. The Implementation Plan and the annual update will be posted on our website.

We will not prepare formal strategies for tackling some of the issues and needs identified in the community survey and focus groups (see list on page 5) for the following reasons:

- Grace Cottage does not offer dental, vision, or hearing services. Grace Cottage providers can do initial assessments as part of a regular appointment and can then refer patients to specialists for these issues.
- Musculoskeletal/arthritis, neurological, respiratory, and reproductive concerns, as well as infectious diseases, diabetes, heart issues, substance use, and nutrition are already addressed during office visits.
- A new primary care clinic building (currently in the works) will provide additional space to address the need for greater access to appointments.
- Grace Cottage’s Equity Team is already addressing issues of cultural sensitivity and competence and is working with other organizations to help with this.
- Domestic violence concerns are discussed during office visits and references made to appropriate services.
- Transportation has long been identified as a concern, as has housing, but these cannot be addressed by Grace Cottage alone. Our Community Health Team and Patient Resource Advocate help to connect patients to ride assistance. We work on food access by sponsoring a monthly VeggieVanGo event where free food is distributed. We will briefly address basic needs in our Implementation Plan, but we will not include a plan to address housing, employment, or safety, all on the list above under Basic Needs.
- Grace Cottage has a busy 24/7 Emergency Department with specially trained emergency medicine providers, as well as telehealth connections to specialists at Dartmouth Health. We also have an excellent working relationship with Rescue Inc and other area rescue squads for emergency ambulance transportation.

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.

Thank You to Our Partners

We would like to thank our partners at Brattleboro Memorial Hospital and the Brattleboro Retreat for working with us to conduct the Community Health Needs Assessment and to report on its findings. We especially want to thank Brattleboro Retreat staff for designing the community survey and collating results (all partners created the survey questions), and Brattleboro Memorial Hospital staff for reaching out to local social service organizations for their insights. These two organizations, along with United Way personnel, also organized and conducted several focus groups to collect information from underserved communities. We also want to thank all of the community partners who provided input, all community members who completed the survey, and all those who attended focus groups. Thank you also to the Vermont Department of Health for its wealth of statistical data and to the Vermont Agency of Community Services for their assistance.

How Data Was Obtained

Grace Cottage Family Health & Hospital conducted a collaborative Community Health Needs Assessment in partnership with Brattleboro Memorial Hospital, the Brattleboro Retreat, and the Vermont Department of Health. The Windham County Community Health Needs Assessment (CHNA) Steering Committee formed and began meeting in November 2023. The group met at least monthly over the next ten months.

The data collection process took place from January through June 2024. CHNA surveys were available from mid-April to mid-June 2024. The survey was conducted entirely online, with the link shared widely through various organizations and by social media. 524 responses were received.

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 Assessment Survey results (See survey in the Appendix)
- Completed questionnaires submitted by social service agencies representing unique populations of Windham County residents (potentially medically underserved populations.)
- Group discussion and clinical experience of Grace Cottage healthcare providers and leadership

Since Grace Cottage did not receive any written comments regarding its 2021 CHNA Report or Implementation Plan, this was not part of the information collected.

Process for Consulting with Persons Representing the Community's Interests

The 2024 CHNA Steering Committee made significant efforts to assure that the needs and concerns of all segments of the Windham County population were heard, as described in survey efforts above.

Additionally, in the appendix of this report, information is provided from representatives of several Windham County social service agencies and non-profit groups, who were asked to identify the needs of the people in the communities they serve, their barriers to achieving good health and well-being, and the resources available in the community to address their needs and barriers (see pages 92-96).

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 are segmented 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 data available 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 community. 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 asking questions that deflected the focus away from the respondent (i.e., respondents were first asked which health issues are of most concern to themselves and their family; this was followed by a question about the top health issues of the community).

Third, the consumer survey was not distributed to a random sample. Rather, respondents chose to participate in the survey, 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 had very good participation and was fairly representative of the demographics of the county population.



Grace Cottage Hospital

Windham County Demographics

Population Data

Vermont is the second least populous of the 50 states; only Wyoming is smaller.¹ During the years 2010-2022, the U.S. population grew 7.7%, while Vermont's population grew by just 3.4% and Windham County's populations grew by a comparable 3.0%.² The South is the fastest-growing region in the country.³

Vermont is ranked as the nation's "most rural," according to the U.S. Census.⁴ The rural nature of Vermont brings challenges as well as benefits. A smaller population means fewer financial resources to support health care. Also, attracting medical providers can be difficult when more lucrative opportunities exist in urban areas. These, plus Vermont's mountainous geography, can affect health care access.

	<u>Windham County 2023</u>	<u>Windham County 2017 *</u>	<u>Vermont 2023</u>	<u>U.S. 2023</u>
Population	45,966	42,869	647,464	334,914,895
Population Density Per Square Mile (2020 data)	58.4	56.7	69.8	93.8
Population Change, 2010-2022	3.0%	N/A	3.4%	7.7%
Age Under 18	16.4%	18.0%	17.7%	21.7%
Age 18-64	58.5%	60.0%	61.7%	61.2%
Age 65 and Older	25.6%	22.0%	21.6%	17.3%
Race/White Alone	94.6%	93.0%	93.8%	75.5%
Race/Other	5.4%	7.0%	6.2%	24.5%
Female	50.2%	51.0%	50.2%	50.4%
Education: High School Graduate, % of persons age 25+	94.2%	91.5%	94.2%	89.1%
Education: Bachelor's or higher, % of persons age 25+	40.4%	35.3%	41.7%	34.3%
Median Household Income (2018-2022)	\$65,473	\$50,917	\$74,014	\$75,149
Per Capita Annual Income (2018-2022)	\$40,284	\$28,923	\$41,680	\$41,261
Persons in Poverty	10.9%	12.7%	10.4%	11.5%
<i>Source: U.S. Census Quick Facts: 2023 estimates ⁵</i>				
<i>* 2018 CHNA used 2017 Census data, so repeated here.</i>				

¹ <https://www.britannica.com/topic/largest-U-S-state-by-population>

² <https://usafacts.org/data/topics/people-society/population-and-demographics/our-changing-population/state/vermont/county/windham-county/>

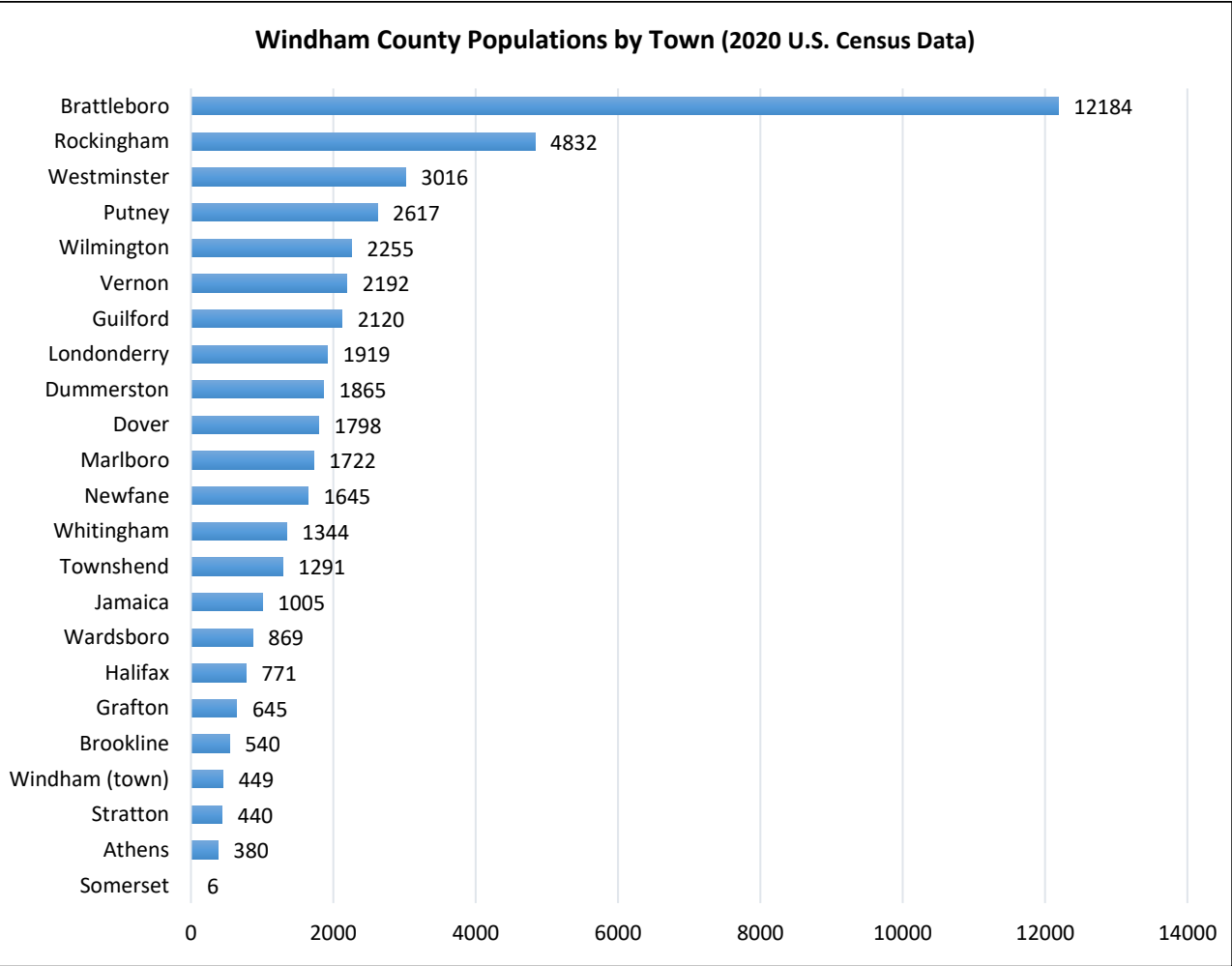
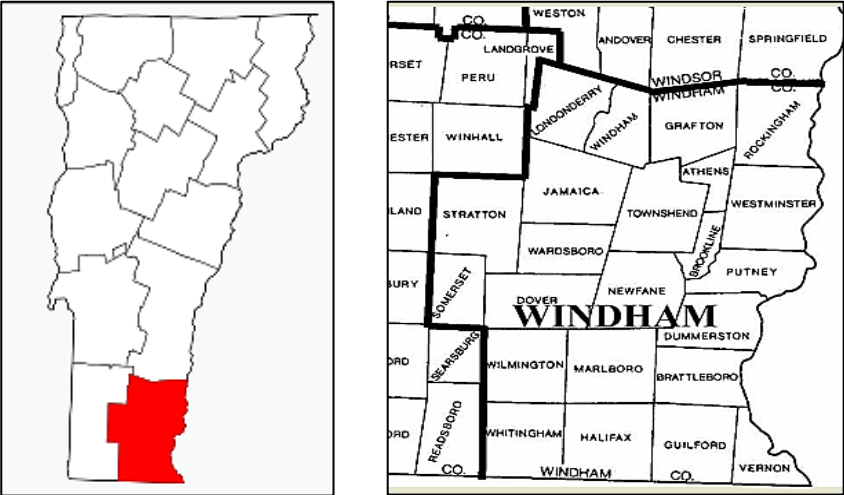
³ <https://www.prb.org/resources/how-did-state-populations-change-2010-2020/>

⁴ <https://www.census.gov/newsroom/press-releases/2022/urban-rural-populations.html>

⁵ <https://www.census.gov/quickfacts/fact/table/windhamcountyvermont,VT,US/PST045223>

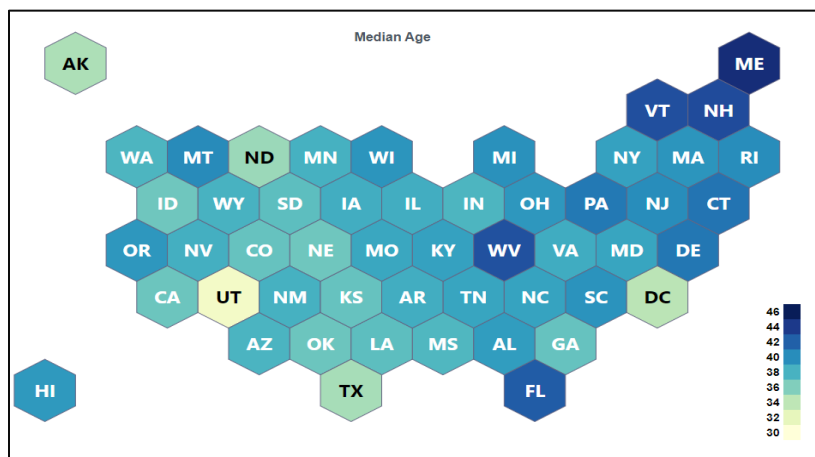
Windham County Populations, Town by Town

Windham County is in the southeast corner of the state. It has 23 towns. Windham County’s estimated population in 2023 was 45,966; in the 2020 census, it was 45,905. Approximately one quarter of the county’s population resides in Brattleboro, by far the largest town in the county by population.



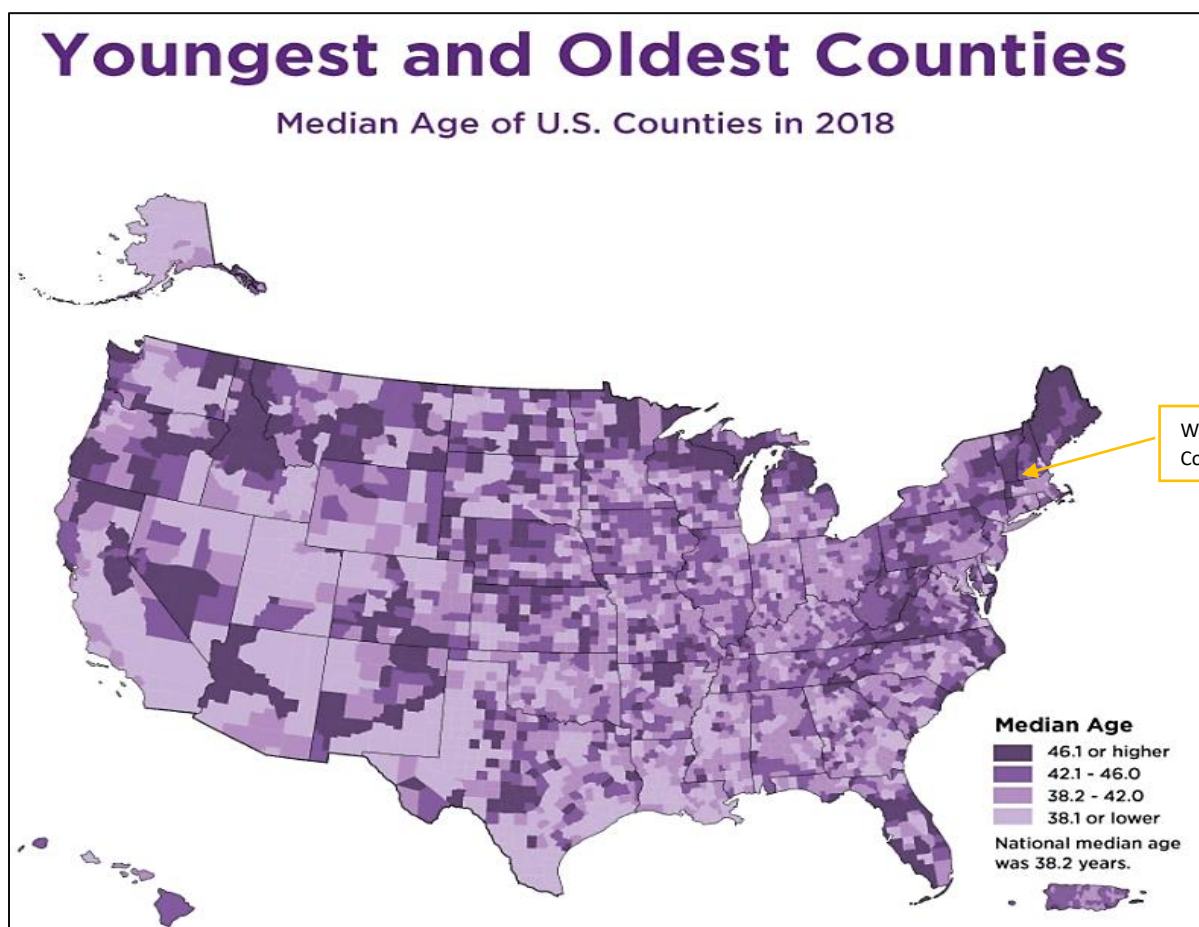
Windham County's Aging Population

In 2018, the social services organization Southeastern Vermont Community Action stated in its Community Assessment report that, "Vermont's most notable demographic trend is the aging of its population."⁶ In fact, Vermont ranks third in terms of the age of its population, after Maine and New Hampshire.



This chart by World Population Review shows the median age by state. Vermont's median age is 42.8, ranked third after Maine and New Hampshire.⁷ The map below shows that Windham County, VT, ranks in the highest median-age bracket of all U.S. counties, 46.1 or higher.⁸

As Vermont's population ages, the demands on its health care system also increase.



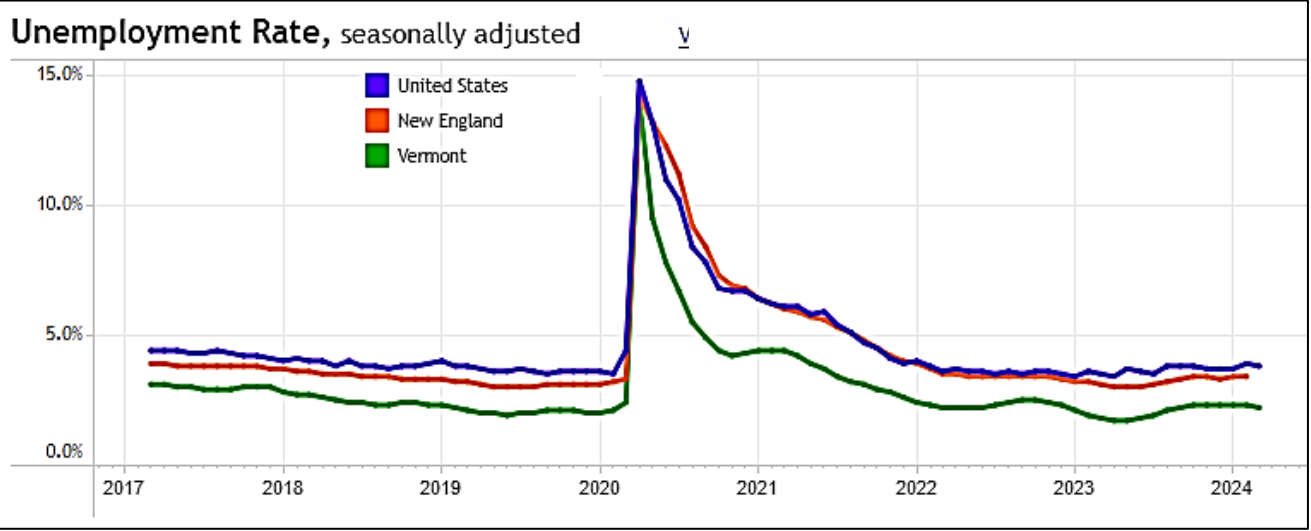
⁶ https://www.sevca.org/images/pdf/Community_Assessment_2018-with_Attachments.pdf, p. 12

⁷ <https://worldpopulationreview.com/state-rankings/oldest-states>

⁸ <https://www.census.gov/library/visualizations/2018/comm/youngest-oldest-counties.html>

Windham County Employment

The COVID-19 pandemic had a huge impact on Vermont’s unemployment rate, obvious in the chart below, provided by the Vermont Department of Labor. Also shown is the recovery seen in 2020-2024.



In 2022, Windham County had the sixth largest labor force in the state, with a labor force of 21,221. Since 2010 its labor force has decreased by 16.6%.⁹

In 2023, the county’s unemployment rate fluctuated between 1.9% and 2.7%, with an annual average of 2.3%. By comparison, Vermont’s largest (by population) and most urban county, Chittenden, averaged 1.6%.¹⁰

Windham County’s Median Household Income

While having a job is one important indicator of one’s economic status, the actual wages are equally important. Windham County’s average annual wage (adjusted for inflation) has not increased much over the past decade.¹¹

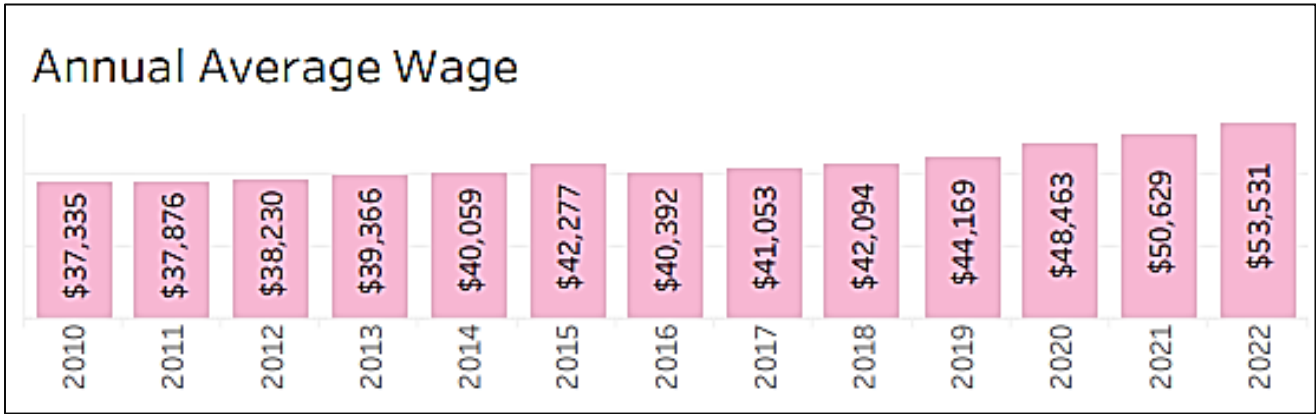


Chart Source: ¹²

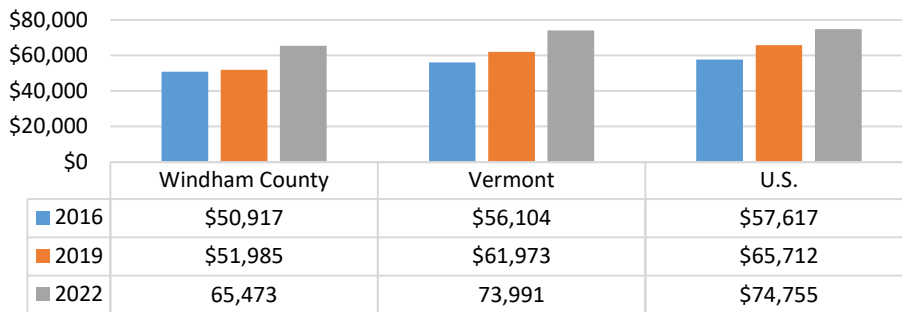
⁹ <http://www.vtmi.info/profile2023.pdf>

¹⁰ <http://www.vtmi.info/lausann.pdf>

¹¹ <http://www.vtmi.info/profile2023.pdf>

¹² <http://www.vtmi.info/profile2023.pdf>, p. 120

Median Wage: Windham County vs VT and U.S.



Windham County's median household income lags well below Vermont's and the nation's median wage, as shown at left.¹³

Median household incomes for individual Windham County towns are shown below.¹⁴

Median Household Income			
Town	2016	2019	2022
Athens	\$33,611	\$47,813	68,750
Brattleboro	\$45,436	\$38,176	45,019
Brookline	\$68,015	\$58,542	68,929
Dover	\$43,750	\$51,806	49,233
Dummerston	\$61,548	\$68,954	95,026
Grafton	\$51,012	\$55,469	73,542
Guilford	\$55,673	\$68,359	73,558
Halifax	\$59,712	\$59,063	61,346
Jamaica	\$56,719	\$65,139	64,583
Londonderry	\$50,222	\$57,500	74,444
Marlboro	\$67,875	\$69,531	80,417
Newfane	\$53,060	\$55,093	62,813
Putney	\$55,833	\$51,818	72,344
Rockingham	\$40,256	\$43,668	70,165
Stratton	\$81,250	\$88,036	152,083
Townshend	\$61,591	\$56,181	77,679
Vernon	\$59,432	\$66,905	77,254
Wardsboro	\$42,188	\$53,958	73,750
Westminster	\$52,734	\$59,556	77,167
Whitingham	\$52,339	\$63,015	65,000
Wilmington	\$52,120	\$50,132	80,476
Windham (town)	\$57,500	\$63,000	86,354
Windham County	\$50,917	\$51,985	65,473
Vermont	\$56,104	\$61,973	73,991
U.S.	57617	\$65,712	74,755

¹³ Ibid.

¹⁴ <https://data.census.gov/all/profiles?q=poverty%20windham%20county%20vt> plus corresponding profiles for each town;
Note: Somerset is also in Windham County. It has only 6 residents. The median wage is \$65,473.

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. For 2024, the FPL income numbers are: \$15,060 for individuals (up from \$12,760 in 2021); \$20,440 for a family of 2 (\$17,240 in 2021); \$25,820 for a family of 3 (\$21,720); \$31,200 for a family of 4 (\$26,200).¹⁵

The percentage of Windham County residents who live below the federal poverty level varies widely across the towns and fluctuates over time. The percentage itself hides those within a town who struggle with poverty despite a seemingly low poverty rate for that town.

Some Windham County towns have seen noticeable shifts since the 2021 CHNA. Poverty rates for individual Windham County towns are shown below. (Note that a poverty percentage is not available to the town of Somerset. With just 6 residents, that % was not calculated by the U.S. Census Bureau.)¹⁶

% of Persons Living Below Federal Poverty Level			
Town	2016	2019	2022
Athens	24.5	30.1	21
Brattleboro	18.8	20.9	21.7
Brookline	7.9	7.2	11
Dover	9.6	16.4	10.2
Dummerston	6.7	6.8	2
Grafton	11.9	8.3	6.8
Guilford	8.4	7.5	11.5
Halifax	10.4	10.1	6.7
Jamaica	13.7	9.8	12.6
Londonderry	4.3	3.9	3.4
Marlboro	11.1	10.6	7.9
Newfane	19.1	7.5	9
Putney	16	11.1	13.6
Rockingham	19.6	20.5	14.6
Stratton	3	3.8	0
Townshend	13.5	5.9	6.2
Vernon	13.5	10	4.7
Wardsboro	17.5	12.3	4.8
Westminster	16.5	9.5	10.1
Whitingham	8	9.4	16.3
Wilmington	5.2	6.5	5
Windham (town)	11.3	10.9	4.2
Windham County	14	11.6	12.6
Vermont	9.6	10.2	10.4
U.S.	14	12.3	12.6

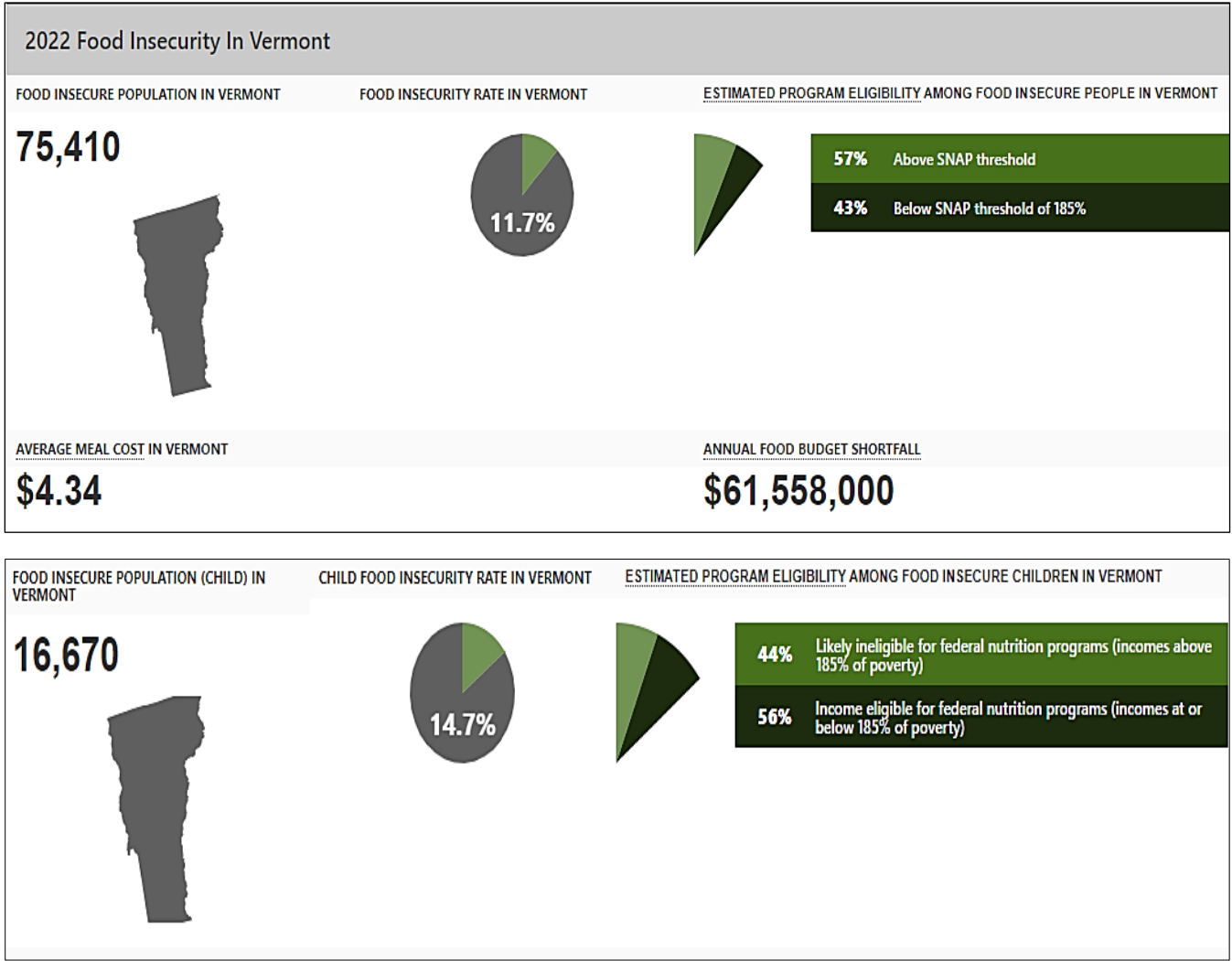
¹⁵ <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>

¹⁶ <https://data.census.gov/all/profiles?q=poverty%20windham%20county%20vt> plus corresponding profiles for each town, and VT and the U.S.

Poverty’s Impact on Health 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. Poverty can also affect access to healthy food. Households that experience food insecurity are unable to obtain enough good food for an active, healthy life for all household members.¹⁷

While statistics show that Vermont’s food insecurity situation is not as dire as some states, there is still cause for concern. Many adults and children still go hungry in Vermont—as much as 11.6% of the population. As this graphic from Feeding America shows.¹⁸ And the second graphic shows the situation is worse for children.¹⁹



Food insecurity is also a significant problem in Windham County, affecting 11 out of every 100 residents.²⁰ During the 2020-21 school year, an average of 36.7% percent of secondary-school-age students in Windham

¹⁷ https://www.feedingamerica.org/sites/default/files/2020-05/Brief_Local%20Impact_5.19.2020.pdf
¹⁸ <https://map.feedingamerica.org/county/2022/overall/vermont>
¹⁹ <https://map.feedingamerica.org/county/2022/child/vermont>
²⁰ <https://www.countyhealthrankings.org/health-data/health-behaviors/diet-and-exercise/food-environment-index?state=50&year=2024&tab=1#map-anchor>

County qualified for free- or reduced-price lunches. (To qualify as income-eligible for free meals, a household's income must be at or below 130% of the Federal Poverty Level guidelines. To qualify for reduced-price meals, a household's income must be 130-185% of FPL.)²¹ Starting in School Year 2022-23, the state has required all public schools to offer meals (breakfast and lunch) at no charge to all students. State funds cover the cost. State-approved independent schools that offer meals at no charge to all students receive state funds to cover the cost of providing meals to students attending on public tuition.²²

A number of organizations are helping Windham County residents to access healthy foods, especially fruits and vegetables. These include 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. Grace Cottage Hospital and Brattleboro Memorial Hospital both host monthly VeggieVanGo events.

Windham County has public meals and food shelves at the following locations:

- Agape Christian Fellowship, 30 Canal St., Brattleboro (weekly)
- Brattleboro Senior Meals, 207 Main St., Brattleboro (breakfast 2xweek, lunch 5xweek)
- Broad Brook Community Center, 3940 Guilford Center Rd., Guilford (weekly)
- Deerfield Valley Food Pantry, 7 Church St., Wilmington (2xmonth)
- Grafton Community Church, 55 Main St. (Route 121) Grafton, VT (most mornings)
- Groundworks Collaborative's Foodworks, 143 Canal St., Brattleboro (5xweek)
- Jamaica-Wardsboro Community Food Pantry, 134 Main St., Wardsboro (monthly)
- Loaves & Fishes, 193 Main St., Brattleboro (2xweek)
- Neighbors Pantry, 2nd Congregational Church, 2021 North Main St., Londonderry (monthly)
- Our Place Drop-in Center, 4 Island St., Bellows Falls (meals 5xweek; pantry 5xweek)
- Putney Food Shelf, 10 Christian Square, Putney (2xweek)
- St. Brigid's Kitchen & Pantry, 19 Walnut St., Brattleboro (meals 4xweek; pantry monthly)
- Townshend Community Food Shelf, 34 Common Rd./Townshend Church (weekly)
- West Brattleboro Baptist Church, 979 Western Ave., Brattleboro (monthly)



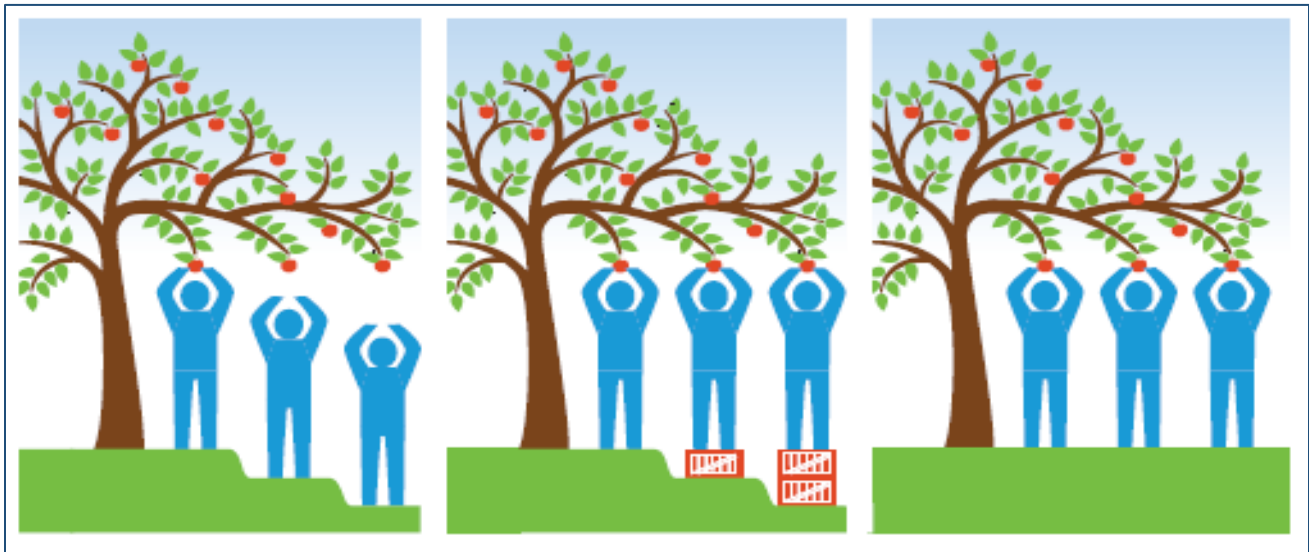
Other organizations working to improve food security include:

- 3SquaresVT (formerly known as food stamps), administered through VT's Dept. of Families & Children.
- Commodity Supplemental Food Program provides monthly food boxes to low-income adults 60+.
- The Hunger Council of Windham Region helps schools and other sites set up meal programs; provides nutrition education to professionals and the public; works to change state and federal policy.
- Meals on Wheels/Senior Solutions – Delivering nutritious meals to seniors and others at home.
- Vermont 211 – Dial 2-1-1 or visit vermont211.org; "Community Resource Directory" by zip code.

²¹ <https://education.vermont.gov/sites/aoe/files/documents/edu-report-nutrition-2024-free-and-reduced-corrected.pdf>, p. 4

²² Ibid, p. 3

Windham County: Health Care Access



Health Care Equality vs Equity

Equality doesn't always mean equity. Equity means that all people have the resources they need to take advantage of the opportunities. As this graphic illustrates, sometimes adaptations and accommodations are necessary to achieve an equitable result.²³ George Washington University's Milken School of Public Health explains it this way: "Equality means each individual or group of people is given the same resources or opportunities. Equity recognizes that each person has different circumstances and allocates the exact resources and opportunities needed to reach an equal outcome."²⁴

While Vermont is often ranked as one of the healthiest states in the nation, data shows that not everyone has an equal opportunity to be healthy. Health insurance coverage (or lack thereof), economic status, lack of transportation, age, race, gender, ethnicity, social position, sexual orientation, disability, distance from healthcare sources, and lack of available medical providers—all of these and more can impact a person's and a family's health opportunities.

Those entrusted with preparing this 2024 Windham County Community Health Needs Assessment have been careful to consider the needs of those who may be "Medically Underserved," defined as those who do not have adequate access to health care, whether because there are too few primary care providers, or because there is a lack of culturally sensitive or special needs providers.²⁵

In order 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—factors often labeled as "social determinants of health." The goal is to improve health not only through the direct provision of healthcare services, but also by connecting Vermonters with social services and community partners that can provide housing, healthy food, heat assistance, transportation, and other necessary resources.

²³ <https://www.healthvermont.gov/about-us/how-are-we-doing/state-health-improvement-plan>

²⁴ <https://onlinepublichealth.gwu.edu/resources/equity-vs-equality/>

²⁵ <https://toolkit.ncats.nih.gov/glossary/underserved-group/>

Useful Terms for Understanding Health Care Equity

Health Equity exists when all people have a fair and just opportunity to be healthy – especially those who have experienced socioeconomic disadvantage, historical injustice, and other avoidable systemic inequalities that are often associated with social categories of race, gender, ethnicity, social position, sexual orientation, and disability.²⁶

Health Disparities are statistical differences in health that occur between groups of people. These could be from any cause.

Health Inequities exist when avoidable inequalities lead to an uneven distribution of the resources and opportunities for health, and differences in health that are avoidable, unfair, or stemming from injustice.

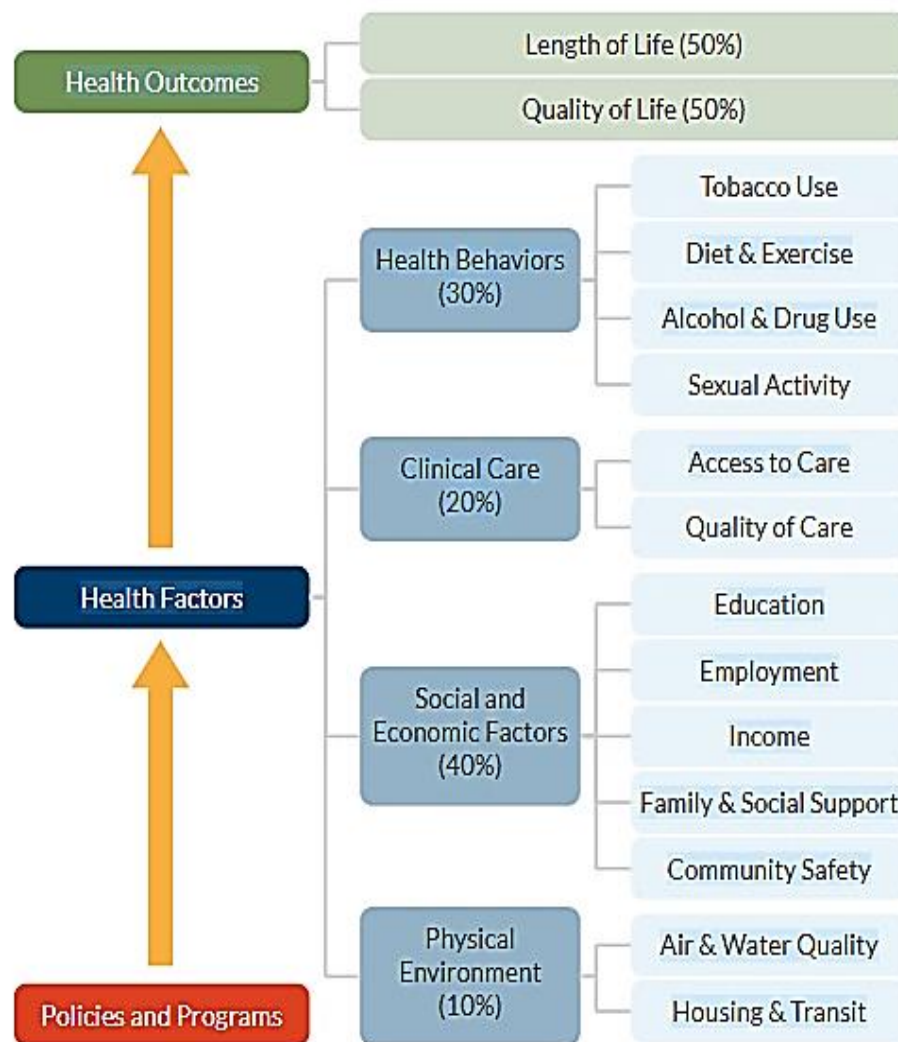
Health equity work focuses on conditions that create health and then seeks to mitigate inequities that arise from unfair systemic distribution of opportunity, wealth, and power.

Discrimination is the unequal treatment of members of various groups based on race, gender, social class, sexual orientation, physical ability, religion, and other categories.

Prejudice is an unfavorable opinion or feeling formed beforehand, or without knowledge, thought or reason.

Social Determinants of Health are the conditions in which people live, learn, work, play, worship and age that affect a wide range of health, functioning; and quality of life outcomes and risks. These include social, economic, and physical conditions, as well as patterns of social engagement and sense of security and wellbeing.

This graphic above illustrates how lifestyle behaviors and social determinants affect one’s health.²⁷



²⁶ <https://www.healthvermont.gov/about-us/how-are-we-doing/state-health-improvement-plan>

²⁷ <https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model>

Access and Insurance

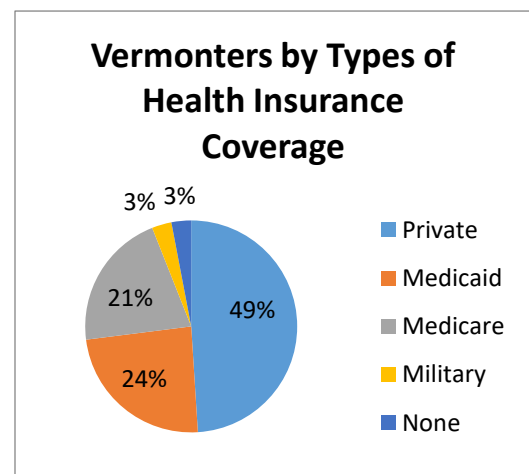
Access to comprehensive healthcare services is important for overall health. That access may be limited if a person does not have health insurance at all, lacks money for co-pays, or if there are no available medical providers nearby. Access can also be affected by lack of transportation for getting to appointments.

The Vermont Department of Health and Vermont's Office of Rural Health & Primary Care are working to improve access to primary care, dental care, and mental health care for all Vermonters – especially the uninsured, under-served, and rural populations. The partners who are preparing this report are also working together to improve access to patients and potential patients in their service area.

How well is this working for Windham County residents? First, some context.

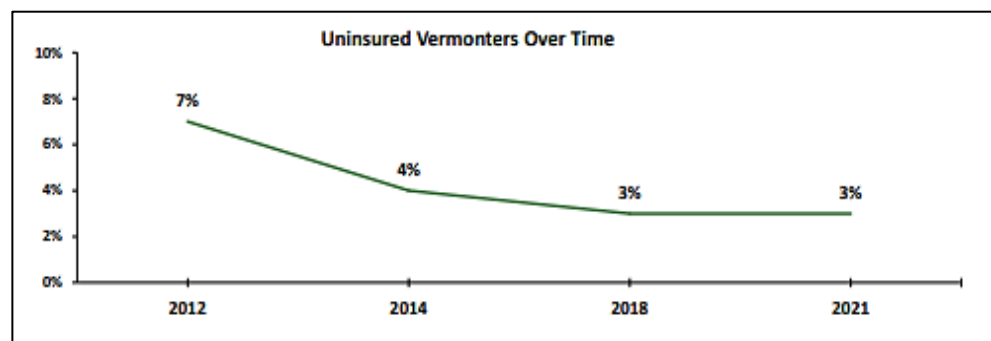
Most Vermonters have some level of health insurance. The Vermont Department of Health conducts a periodic household survey of Vermont residents to measure the uninsured rate and to find out where insured residents are getting their insurance. Generally, this survey is conducted every 3-4 years.

The most recent survey was in 2021 and 3,037 Vermont households responded. This survey included questions about the impacts of COVID-19 and about health savings and health reimbursement accounts. It also sought to gain information about the financial impact of health care and about the disproportionately affected populations. The good news is that it determined that a record number of Vermonters have some kind of health insurance. Almost half (49%) are covered by private health insurance, while 24% were enrolled in Medicaid and 21% in Medicare.²⁸



Of the nearly 70,000 Vermonters who lost their jobs or were furloughed due to the COVID-19 pandemic, the vast majority reported that they were able to maintain health insurance coverage (84%). Of those who maintained coverage, more than one in three (36%) enrolled in Medicaid, while 30% were covered by a spouse or parent, 12% utilized COBRA, and 9% signed up through the state's health insurance marketplace, Vermont Health Connect.²⁹

Data from both the 2018 and 2021 surveys shows that Vermont's population is currently at its lowest recorded level of uninsured since the surveys began in 2000.³⁰ While this is good news, it is not the whole story.



²⁸ 2021 Vermont Household Health Insurance Survey, Vermont Department of Health, <https://www.healthvermont.gov/stats/population-health-surveys-data/household-health-insurance-survey>, p. 7.

²⁹ Ibid, p. 8

³⁰ Ibid, p. 19.

The 2021 survey found that Windham County had the highest rate of being uninsured: 5%.³¹

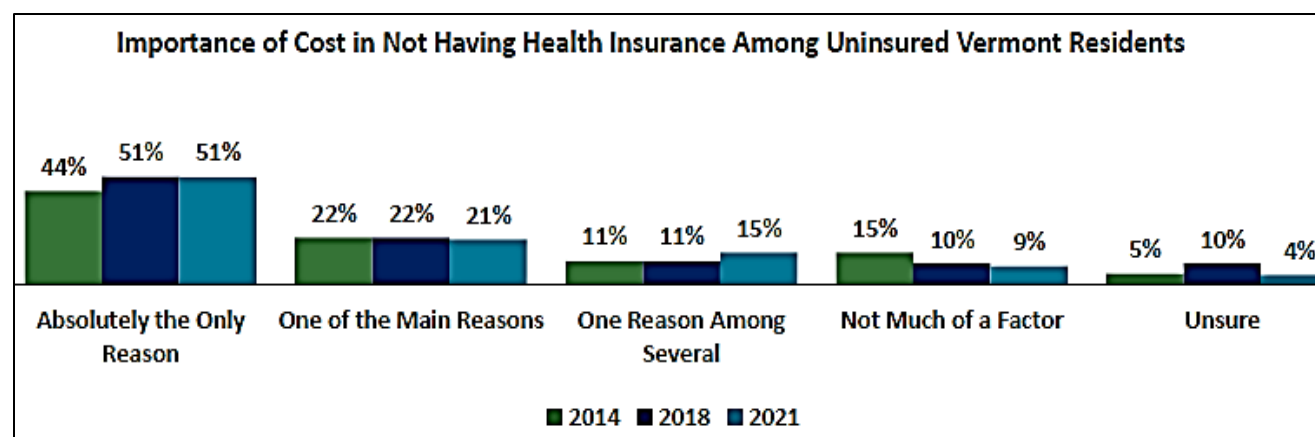
Uninsured Vermonters by County

Windham County had the highest rate of uninsured at 5% (2,200) followed by Addison County with slightly less than 5% (1,700) and Bennington County with 4% (1,400) of residents uninsured.



County	Estimated Population
Addison County	1,700
Bennington County	1,400
Caledonia County	900
Chittenden County	3,400
Essex County	200
Franklin County	1,100
Grand Isle County	N/A
Lamoille County	1,000
Orange County	1,000
Orleans County	800
Rutland County	1,900
Washington County	2,200
Windham County	2,200
Windsor County	1,600

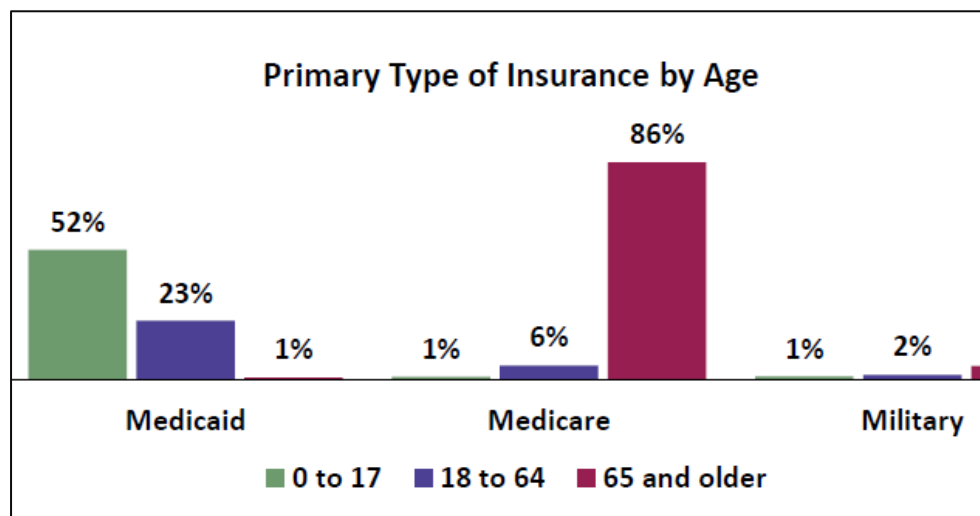
The main reason that Vermonters cite for not being insured is cost³²:



³¹ Ibid, p. 24.

³² Ibid, p.36.

The state's health insurance survey also provided information about insurance coverage for Vermonters by age: (see chart at right). Over half (52%) of Vermonters 0 to 17 years old (60,000) are enrolled in Medicaid as their primary source of insurance. Sixty-four percent of adults ages 18 to 64 (243,400) report having private insurance, while 86% of adult residents ages 65 and older



(104,800) are enrolled in Medicare.³³ The age group most likely to be uninsured continues to be 25 to 34 years old - 8% of Vermonters in this age range are uninsured.

Culture and ethnicity also have an impact. Those who identify as American Indians or Alaska Natives are significantly more likely than Vermonters overall to be uninsured (9% vs. 3%).³⁴

Having health insurance is one thing, but being able to afford to use it is another. Many Vermonters are “under-insured,” meaning they either have high deductibles that they cannot afford to pay, or important health care services are not covered by their insurance. They often delay care. The 2021 health insurance survey found that more than a third of Vermonters (38%) under age 65 are under-insured, up from 36% in 2018 and 27% in 2014.³⁵

Twenty percent of Windham County's Community Health Needs Assessment Community Survey respondents indicated that the cost of co-pays and deductibles is a barrier to good health. To help mitigate this situation, each Windham County hospital has at least one staff member who helps people sign up for health insurance and other benefits that may reduce their cost of living, thus reserving some of their monthly budget for health needs.

Here is a summary of this work at Grace Cottage:

- Grace Cottage's Resource Advocate is licensed to help clients apply for subsidized health insurance through the Vermont Health Connect insurance marketplace. The number of new clients helped in this way since the 2021 CHNA are as follows: 59 in 2022, 35 in 2023, and 102 to date in 2024*
- The Resource Advocate also helps clients apply for free and reduced-fee care to lessen the burden of co-pays and deductibles. That work is summarized below:
 - 2022 - GCH granted Reduced fee to 92 individuals
 - 2023 - GCH granted Reduced Fee to 87 individuals
 - 2024 - GCH granted Reduced Fee to 72 individuals so far *

* Jan. to Oct. 2024

³³ Ibid, p. 16

³⁴ Ibid, p. 7

³⁵ Ibid, p. 44

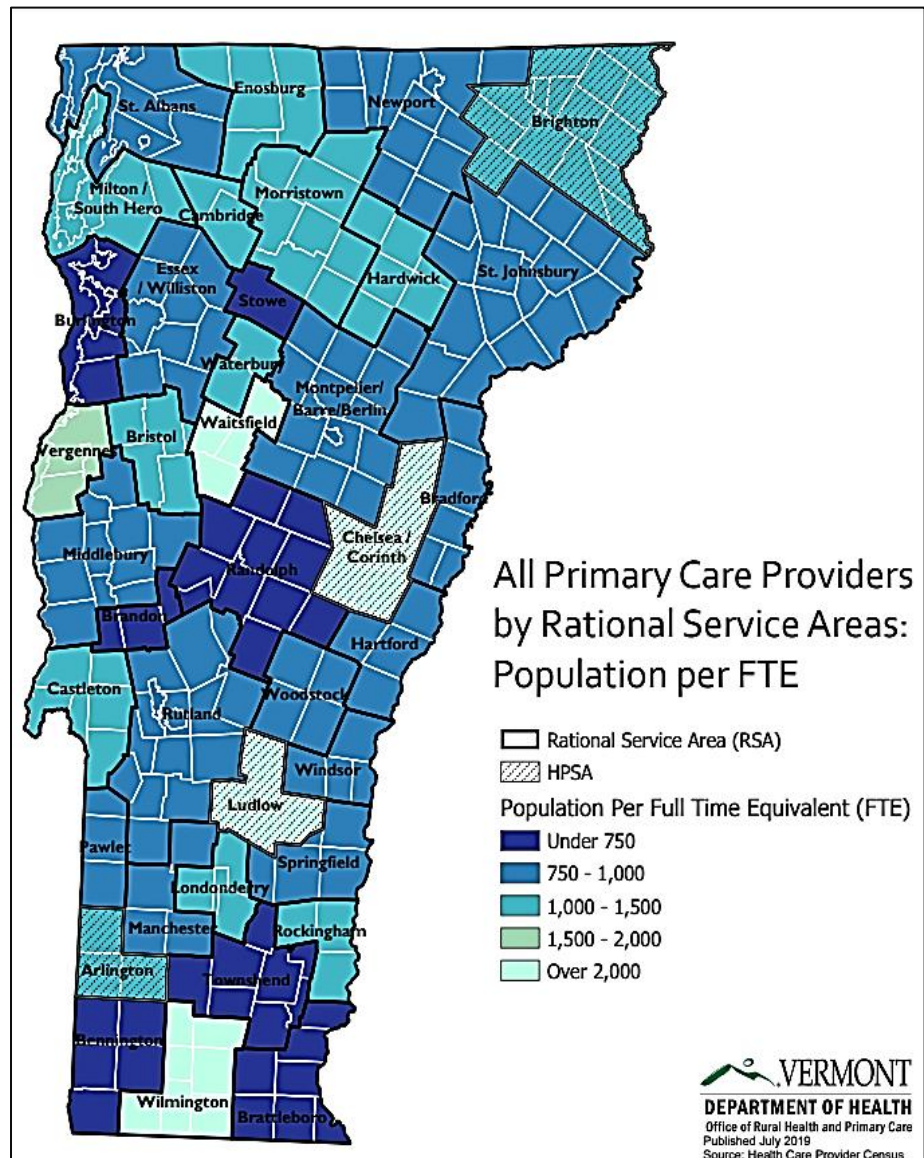
Access and Availability of Providers

Throughout the U.S., there are many regions that lack an adequate number of providers offering primary care, dental, and mental health 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 Vermont Department of Health tracks provider-to-patient ratio for a variety of medical provider types, including primary care, oral health, and mental health. This data helps in establishing shortage designations. The two main shortage designations are “Health Professional Shortage Area” (HPSA) and “Medically Underserved Area” (MUA).³⁶

As the map at right shows,³⁷ Brattleboro and Townshend, where this CHNA’s partners are located, have lower provider-to-patient ratios than other places in this state, due of course to the presence of these institutions. Without them, access would be greatly reduced. (A low ratio means more providers per population.)



Similarly, Windham County has a lower mental-health-provider-to-patient ratio than other parts of the state, due to mental health services provided by all three institutions. Northern Vermont and Addison County have the highest ratio for this type of care.³⁸ The Brattleboro area has a low dentist-to-patient ratio, but Townshend has a noticeably higher ratio.³⁹ Windham County has dental practices only in Brattleboro and Wilmington.

³⁶ <https://www.healthvermont.gov/systems/health-professionals/shortages-and-designations>

³⁷ <https://www.healthvermont.gov/sites/default/files/documents/pdf/AIPCP-2018Map-withbackground.pdf>

³⁸ <https://www.healthvermont.gov/sites/default/files/documents/pdf/Psychiatrists2018-withbackground.pdf>

³⁹ <https://www.healthvermont.gov/sites/default/files/documents/pdf/RSA-Dentists-2017.pdf>

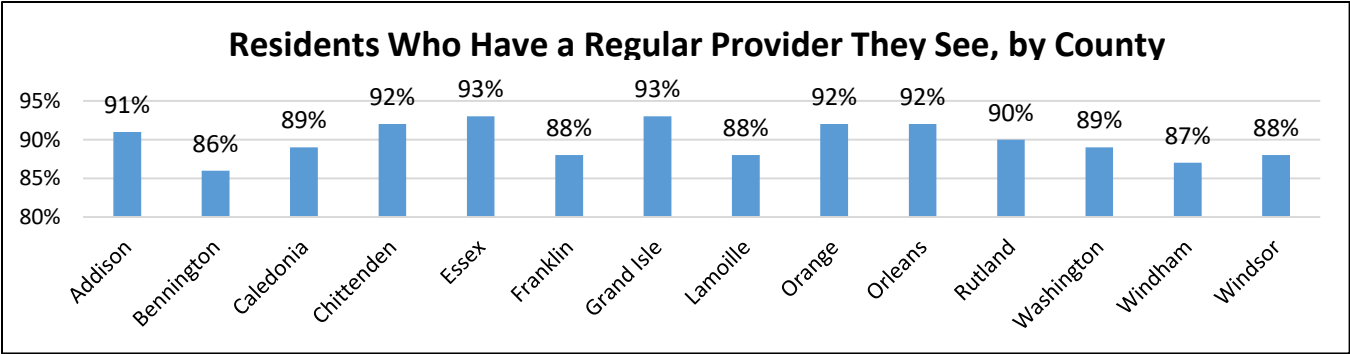
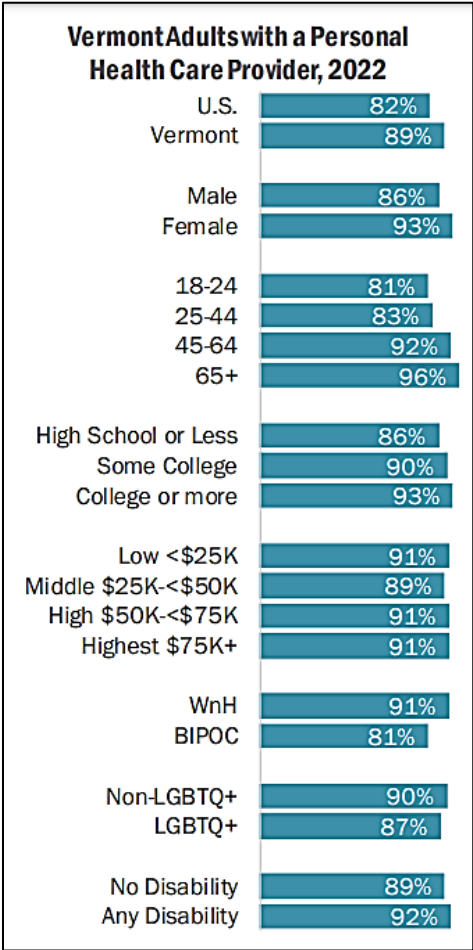
Several towns in Windham County are designated as Medically Underserved Areas, meaning they have a shortage of primary care health services, a high infant mortality rate, a high poverty rate, or a high elderly population. Towns in Windham County that qualify as MUAs include⁴⁰:

Athens	Grafton	Rockingham	Wardsboro
Brookline	Jamaica	Stratton	Westminster
Dover	Newfane	Townshend	

The Vermont Department of Health reports that 89% of Vermonters have an established primary care provider (PCP), either a physician, a nurse practitioner, or a physician assistant, that they see for their primary care needs.⁴¹ This means that 89% of Vermonters have a “Medical Home,” a medical practice and provider who is seen for all primary care issues. An important difference between having a “Medical Home” and going to urgent care is the continuity of care. Vermonters who do not have a PCP are more likely to go to an urgent care center or to a hospital Emergency Department when they need care, or to put off seeking care until the situation is dire. A provider in a “Medical Home” has a record of a patient’s health issues over time, so that patterns and progression of diseases can be noted and treated.

Vermont’s percentage of residents with a regular PCP is higher than the U.S.’s, which is 82%. Vermont’s percentage varies based on gender, age, education achieved, income, race, LGBTQ+ or not, and disability, but it remains above 80% in all categories.⁴²

Among Vermont’s counties, Windham County has a lower percentage of residents with a PCP, compared to other Vermont counties, though at 87%, it is still higher than the national norm.⁴³



Some residents report having difficulty getting an appointment with a primary care provider (see survey results). The situation is fluid. The loss of just one provider can send hundreds of patients scrambling for a new provider, causing health care shortages in the form of long wait times for first-time appointments.

⁴⁰ <https://data.hrsa.gov/tools/shortage-area/mua-find>
⁴¹ <https://www.healthvermont.gov/sites/default/files/document/HSI-BRFSS-2022-DataSummary.pdf>, p. 18
⁴² Ibid.
⁴³ Ibid, p. 19

Access: Geography and Transportation

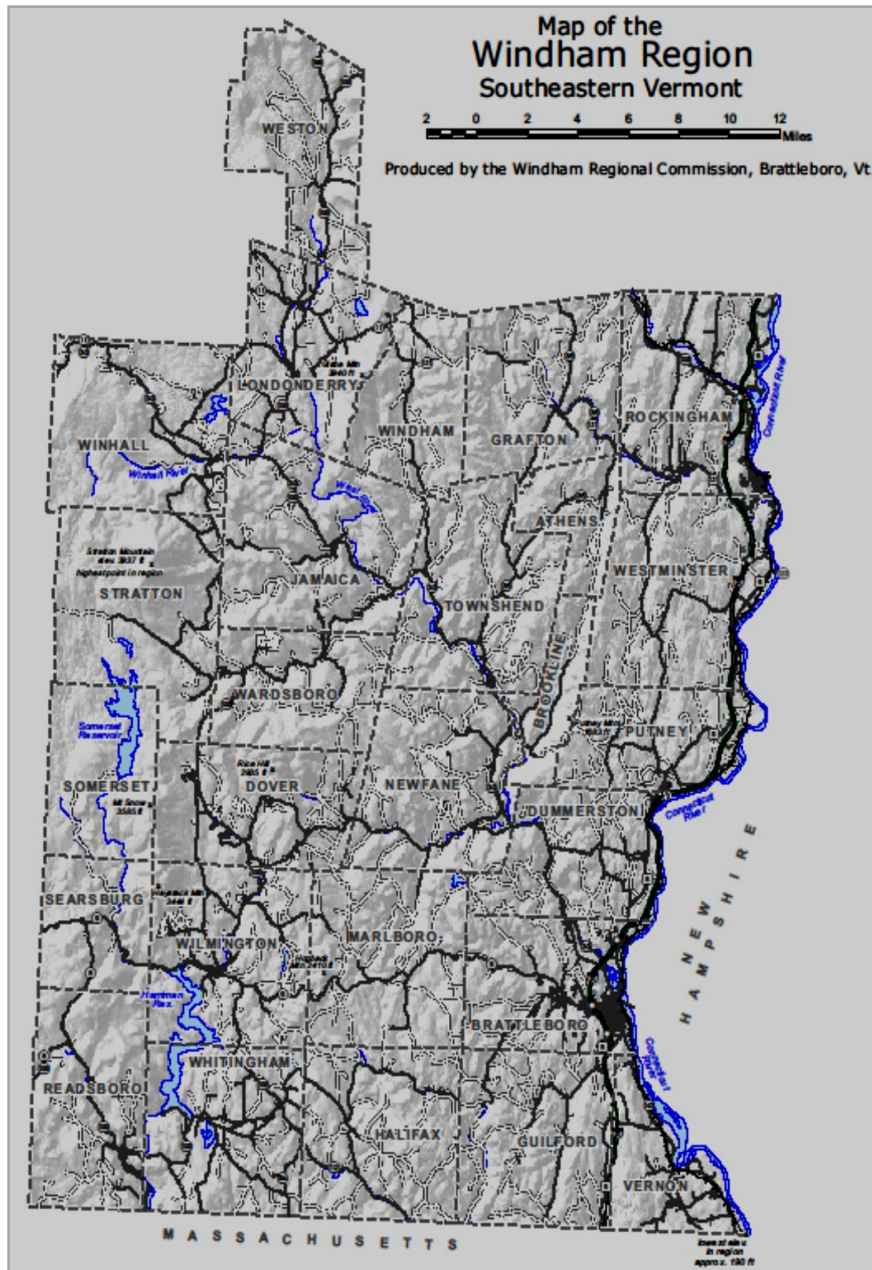
Vermont's road conditions are a common barrier to health care. Windham County has a total of 15,763 miles of roads; 8,550 miles, or 55% of these, are unpaved.⁴⁴ This makes travel difficult during the winter months and the mud

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 the 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

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.

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.



The Windham Regional Commission works to assess the transportation difficulties and opportunities, including tapping into infrastructure improvement appropriations. At present, the challenges persist.

Map: Dirt Roads vs. Paved Roads & Relief Map for Windham County. Darkest lines are paved roads; double-dotted lines are unpaved; single-dotted lines are town borders; shading indicates mountains.⁴⁵

⁴⁴ <https://vtrans.vermont.gov/planning/maps/stats>

⁴⁵ Windham Regional Commission, 2013.

Windham County Population Health

“Social Determinants of Health”

Healthcare providers increasingly recognize that health outcomes are influenced by a large number of interwoven but diverse factors. These factors are generally called the “Social Determinants of Health” (SDOHs).

The U.S. Department of Health and Human Services (HHS) groups these SDOHs into five categories: economic stability; education access and quality; healthcare access and quality; the neighborhoods and environments where people are born, raised, live, work, play, and age; and quality-of-life and social connections.⁴⁶

Every ten years, HHS creates a nationwide “Healthy People” report, providing information about current conditions and setting benchmarks for improvement in the coming decade. The report aims to encourage collaboration among health and social services providers, and to help individuals make more informed healthcare choices.⁴⁷

The Vermont Department of Health (VDH) and Windham County’s healthcare providers also recognize the strong link between social indicators – demographic, economic, environmental, and access factors – and the actual health of the county’s residents.

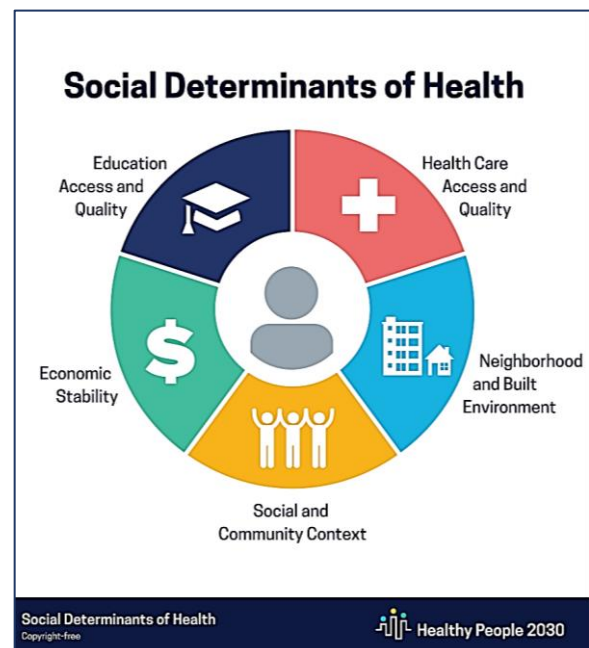
VDH also creates a statewide “Healthy People” report every ten years, and it too recognizes the importance of lifestyle behaviors and SDOH.

According to Vermont’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.”⁴⁸

The Vermont Department of Health’s “Healthy Vermonters 2020” report also includes data on current conditions and goals for improving health outcomes. The most up-to-date data can be found at healthvermont.gov.

Windham County’s social service providers have participated with the three healthcare provider organizations responsible for creating this Community Health Needs Assessment report. Please see reports from these social service organizations in the Appendix at the end of this report. Their insights are also included throughout the report and have been considered by the providers at each of the three healthcare organizations while determining priorities for the coming three years.

(The CHNA is done every three years and includes priorities; see the opening section of each organization’s report to learn about that healthcare organization’s priorities.)



⁴⁶ <https://health.gov/healthypeople/priority-areas/social-determinants-health>

⁴⁷ https://www.cdc.gov/nchs/healthy_people/index.htm

⁴⁸ <https://www.healthvermont.gov/sites/default/files/documents/2016/11/Healthy%20Vermonters%202020%20Report.pdf>

Windham County Behavioral Risk Assessments

As part of its research into the Social Determinants of Health, the Vermont Department of Health (VDH) conducts two behavior risk surveys, one for youth and one for adults.

The Vermont Youth Risk Behavior Survey (YRBS) is conducted every other year. Developed by the U.S. Centers for Disease Control (CDC), YRBS helps to monitor health risk behaviors that contribute to death, disease, injury, and social problems among youth. Two different versions of the survey are offered, one for middle school students (grades 6-8) and another one for high schoolers (grade 9-12). Students are asked about physical activity, nutrition, weight status, tobacco use, alcohol and other substance use, violence and bullying, and sexual behaviors. The Vermont Agency of Education helps to conduct this survey, and nearly all schools participate.

~ YRBS ~



VDH and the U.S. Centers for Disease Control (CDC) conduct a similar annual assessment of adults each year. Called the Behavioral Risk Factor Surveillance System (BRFSS), this survey covers a wide range of health and lifestyle topics, from housing to food security, pregnancy and sexual health, smoking and tobacco use, alcohol, firearms, tick bites, health habits, and chronic disease. All states and territories, plus Washington D.C. are surveyed. 2023 data is not yet available, and the 2024 survey is currently in process. In 2022, the survey reached 8,811 adult Vermonters across the state.

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

According to VDH, “Personal health behaviors have a major impact on the health of the population and contribute to the leading causes of disease and premature death.”⁴⁹ Medical providers and health researchers recognize that beyond personal preferences and choices, each person’s behavior is greatly influenced by the conditions, communities, systems, and social structures in which people live (the Social Determinants of Health). The need to belong to a group that shares common values and habits can be a powerful influence on behavior.

To help emphasize this point, the Vermont Department of Health has created the slogan “3-4-50,” reminding us of the connection between risk behaviors and chronic disease. VDH points to three behaviors (lack of physical activity, poor nutrition, and tobacco use) that contribute to the development and severity of four chronic diseases (cancer, Type 2 diabetes, heart disease and stroke, and lung disease) that claim the lives of more than 50% of all Vermonters.⁵⁰



While personal behavior is important for preventing disease, Vermont communities can be powerful agents of change. Policy and programming changes can help create conditions so that everyone has an equal chance to be healthy. VDH’s goal is “to make the healthy choice the easy choice where we live, work, learn and play.”⁵¹

This 2024 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.

⁴⁹ <https://www.healthvermont.gov/health-statistics-vital-records/population-health-surveys-data/brfss>

⁵⁰ <https://www.healthvermont.gov/3-4-50>

⁵¹ Ibid.

Windham County's Four Most Common Chronic Diseases

Four chronic diseases cause more than 50 percent of deaths in Vermont.⁵² These are: cancers, heart disease and stroke, Type 2 diabetes, and lung diseases.



As individuals and as a community, there are things we can do to reduce the incidence of each of these deadly diseases. According to HHS, “Most chronic diseases can be prevented by eating well, being physically active, avoiding tobacco and excessive drinking, and getting regular health screenings.”⁵³ Thus, it makes sense for healthcare providers to focus on these diseases and these behaviors when assessing community health and designing programs and interventions for the future.

Data for these conditions in Windham County is presented on the following pages.

Cancers

Although we commonly use the term “cancer,” this is not a single disease, but a group of more than 100 different diseases characterized by uncontrolled growth and spread of abnormal cells.⁵⁴

Cancer is very common. Approximately four out of ten men and women will develop some type of cancer in their lifetime. Each year, roughly 4,000 Vermonters are diagnosed and as many as 1,400 die from some form of cancer. It is the leading cause of death in Vermont and the second leading cause in the U.S.⁵⁵

Which cancers are most common, and what can we do to prevent them?

Most Common Cancers

Five types of cancer make up most of the new cancer diagnoses or cancer-related deaths. The top five cancers with the highest incidence rates for males and females combined are lung and bronchus, melanoma of the skin, colorectal, urinary bladder, and non-Hodgkin lymphoma. As many as 1,391 Vermonters die from cancer each year with the top five cancer deaths being from lung and bronchus, colorectal, pancreas, leukemia, and non-Hodgkin lymphoma. Breast cancer and prostate cancer are other cancers of a particularly high burden in Vermont as well.⁵⁶

Top Cancers in Vermont		
Rates per 100,000, age-adjusted		
	Incidence	Mortality
Lung & Bronchus	56.2	36.2
Melanoma (skin)	36.6	2.2
Colorectal	33.2	14.1
Urinary bladder	23.0	4.6
Non-Hodgkin Lymphoma	18.6	5.7

Source: Vermont Cancer Registry, 2016 – 2020

⁵² Ibid.

⁵³ <https://www.cdc.gov/rural-health/php/public-health-strategy/public-health-considerations-for-health-behaviors-in-rural-america.html>

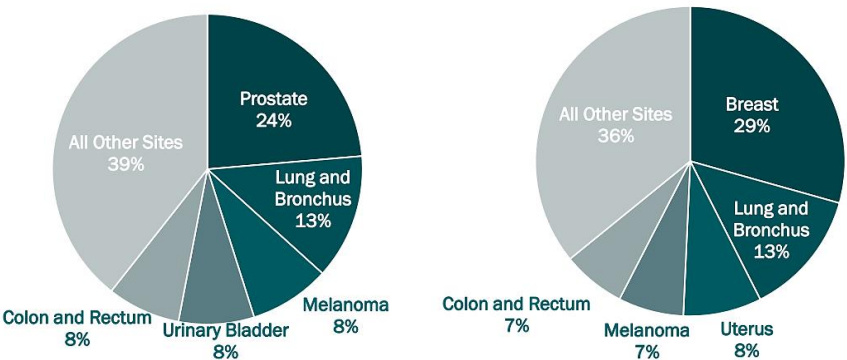
⁵⁴ <https://www.healthvermont.gov/wellness/cancer>

⁵⁵ <https://www.healthvermont.gov/environment/tracking/cancer>

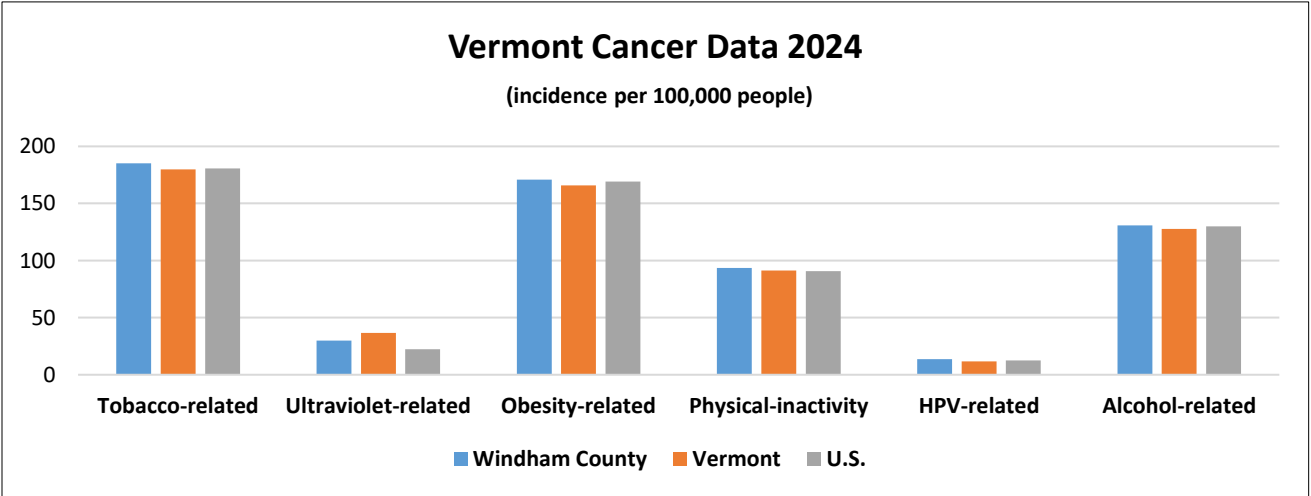
⁵⁶ <https://www.healthvermont.gov/sites/default/files/document/hpdp-cancer-vt-eval-plan-2024.pdf>

Prostate and lung and bronchus cancers are the most common cancers among Vermont males. Breast and lung and bronchus cancers are the most common cancers among Vermont females.⁵⁷

Top Cancer Diagnosis in Vermont – Biologically Male at left, Biologically Female at right:



How does Windham County compare to the rest of Vermont? According to the Vermont Department of Health’s Cancer Data 2024 report, the rates of cancer are relatively similar in all Vermont counties, but Windham County’s rates do tend to be higher than elsewhere in the state, as the chart below shows.⁵⁸



Risk Factors

As indicated above, while anyone can develop cancer, personal behaviors such as tobacco use, overexposure to sunlight, diet, physical activity, and alcohol use can increase the risk.⁵⁹

Social determinants of health such as race/ethnicity, income level, disability status, area of residence, and sexual identity and orientation can also be factors. The Vermont Department of Health is currently studying five populations to track the incidences of cancers for each. These are the BIPOC (black, indigenous, and people of color), LGBTQ+ (lesbian, gay, bisexual, transgender and queer), Vermonters living with disabilities, low-income

⁵⁷ <https://www.healthvermont.gov/sites/default/files/document/hsi-cancer-data-pages-2024.pdf>, p. 33-34

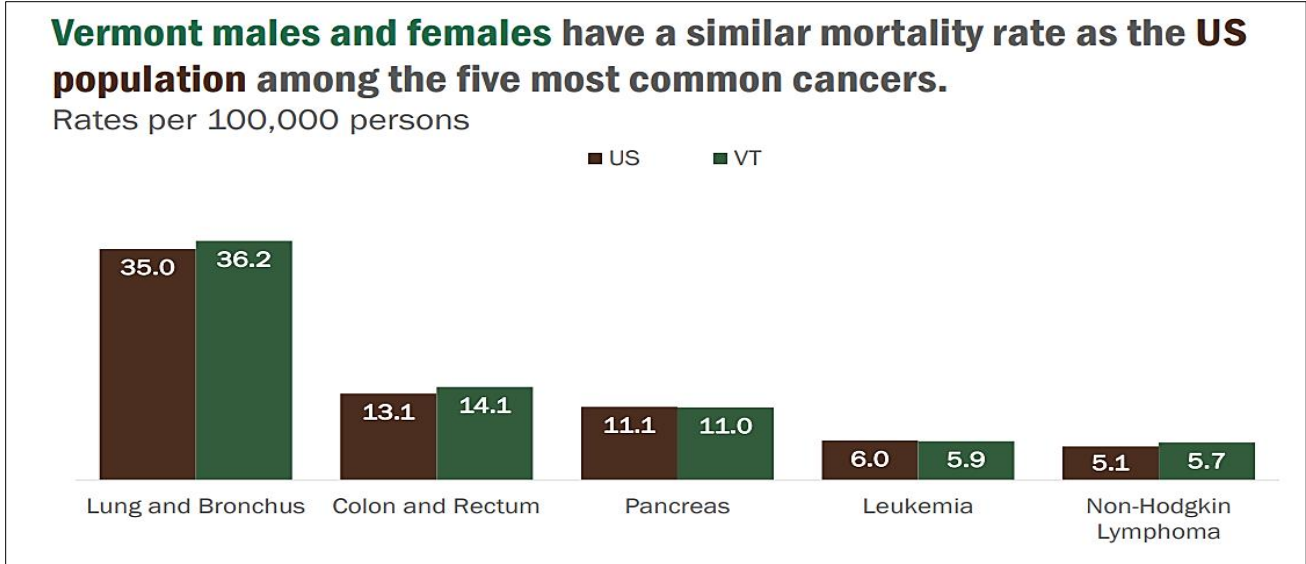
⁵⁸ <https://www.healthvermont.gov/sites/default/files/document/hsi-cancer-data-pages-2024.pdf>

⁵⁹ Ibid

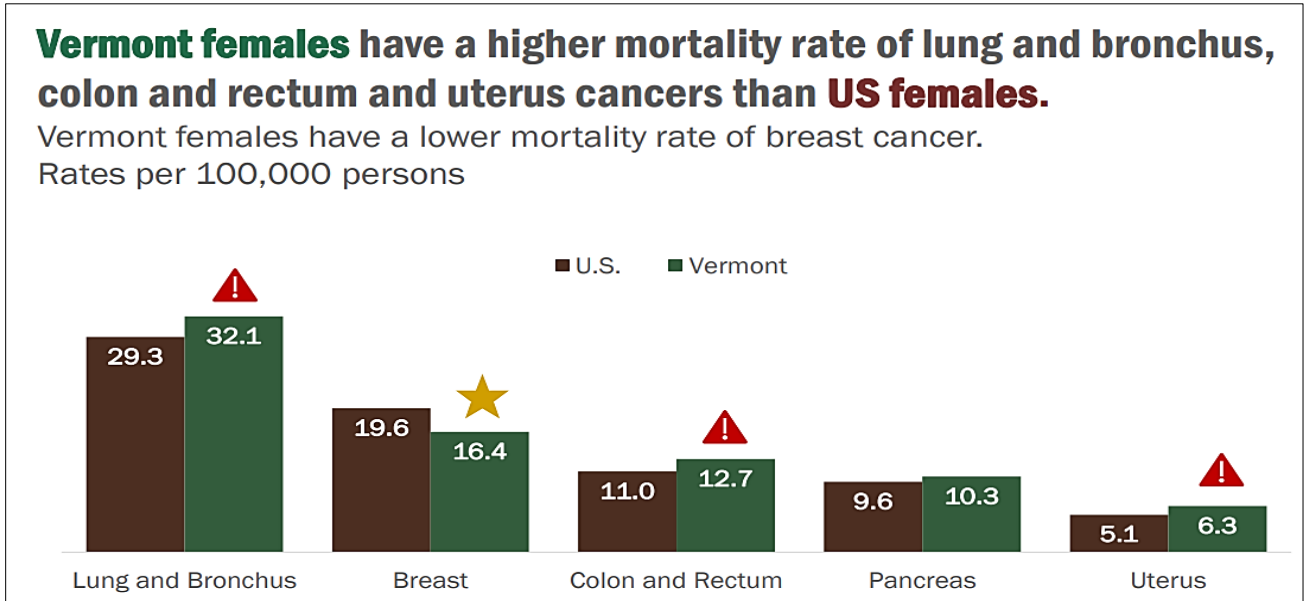
Vermonters (household income at 250% or less than federal poverty limit), and rural Vermonters.⁶⁰ As these populations are tracked, more conclusions regarding these Social Determinants of Health may be possible.

Cancer Mortality Rates

Different types of cancers have different rates of occurrence and different rates for survival. While melanoma is one of the more common cancers, its survivability rate is high. On the other hand, pancreatic cancer is less commonly diagnosed but much more likely to cause death. Overall, Vermont mortality rates for the most common cancers are similar to rates for the U.S., as shown below.⁶¹



For certain cancers, the mortality rate is higher in Vermont for certain genders:

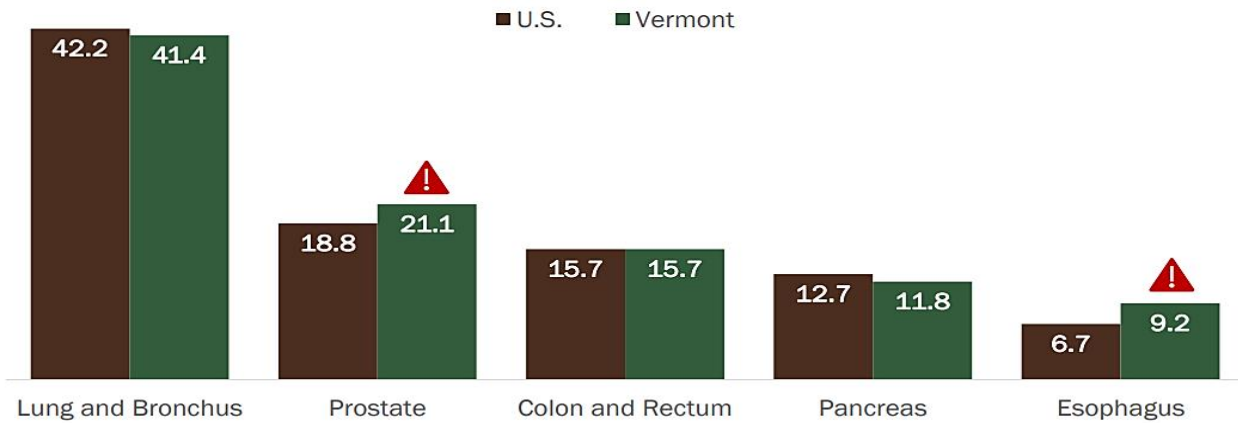


⁶⁰ Ibid

⁶¹ <https://www.healthvermont.gov/sites/default/files/document/hsi-cancer-data-pages-2024.pdf>, p. 65

Vermont males have a higher mortality rate of prostate and esophagus cancers than U.S. males.

Rates per 100,000 persons



In Windham County, 22% of deaths are caused by cancer. The incidence of tobacco-related cancer, melanoma, and HPV cancers are slightly lower in Windham County, but obesity-related cancers are higher.

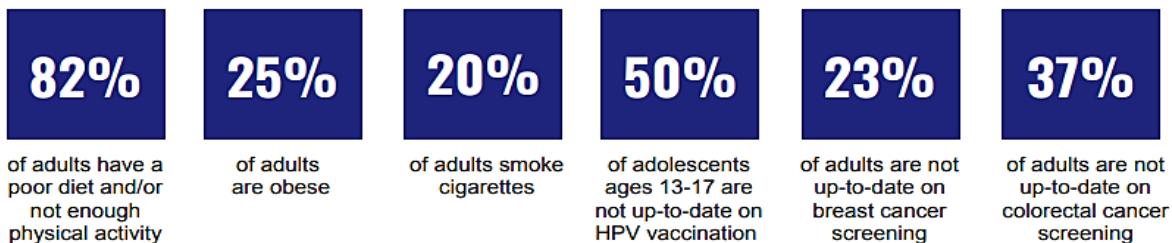
Tobacco use increases the risk of cancers of the lung, lip, oral cavity, throat, esophagus, stomach, colon and rectum, liver, pancreas, larynx (voice box), trachea, cervix, kidney, bladder, and acute myeloid leukemia. Excess weight increases the risk of cancers of the esophagus, stomach, colon and rectum, liver, gallbladder, pancreas, bone marrow, breast (postmenopausal), uterus, ovary, membranes surrounding the brain and spinal cord (meninges), and thyroid.⁶²

Cancer Screening Tests

The good news is that cancer is often survivable, with early detection. When cancer is found and treated early, before it has spread, a person's chance for survival is much better. That's why following the recommendations for cancer screenings is so important, including those for lung, breast, cervical, and colorectal cancers.

The rate of colorectal cancer screening is worse in Windham County than Vermont overall. All other Windham County cancer screening rates are similar to the Vermont rates.⁶³

In Windham County:



⁶² https://www.healthvermont.gov/sites/default/files/documents/pdf/stat_cancer_Windham.pdf, p. 1

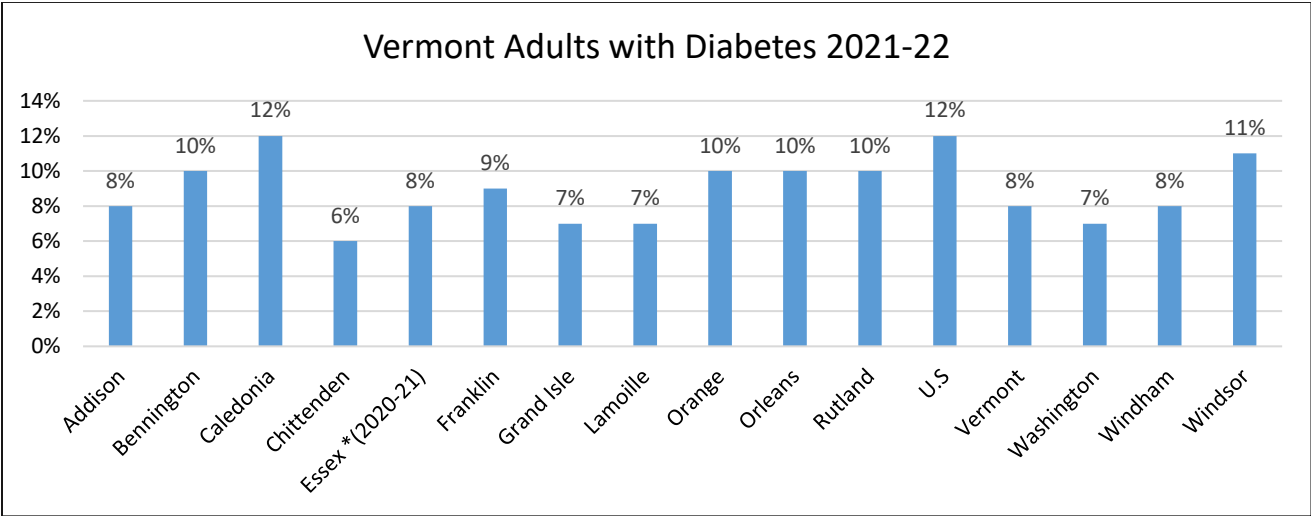
⁶³ Ibid, p. 2

Diabetes

Diabetes is a chronic disease that causes high blood sugar to be too high, either because a person’s body doesn’t make enough insulin (the hormone that turns food into energy) or because the insulin it makes is not used correctly. Chronically high blood sugar causes problems throughout the body. Over time, build-up of glucose in the blood can damage eyes, kidneys, nerves, or the heart, leading to serious health complications.⁶⁴

There are two main types of diabetes. For Type 1 diabetics, the body cannot produce insulin. These diabetics must take insulin as a shot (injected medication). Type 1 diabetes is more common in children. For Type 2 diabetics, the body makes insulin but does not use it properly. Type 2 diabetes is much more common than Type 1 (83% vs 17%⁶⁵) and is usually seen in adults.⁶⁶

Approximately 12% of adults in the U.S. have diabetes. Vermont rates are somewhat better: 8% among all Vermont adults, and 8% for Windham County adults. Vermont county rates are shown here.⁶⁷



Even though Windham County’s rate is better than the nation’s, diabetes is still a major cause for concern. The population of Windham County in 2022 was 45,842, so 8% means that 3,667 County residents have diabetes.

Prevalence for diabetes increases with age. There are no statistical differences in diabetes prevalence by race, ethnicity, gender identity, or sexual orientation. Males and females report statistically similar rates of diabetes. Adults with a disability are more than twice as likely to report having diabetes than those with no disability. Diabetes rates are higher among adults with less education and lower household incomes.⁶⁸

Diabetes Management

Before Type 2 diabetes develops, a person typically has prediabetes. Intervention and lifestyle changes at this point can reverse the trend so that full diabetes does not develop, so it is important to make changes and have regular blood sugar tests to monitor, and hopefully improve, the situation. Without lifestyle changes, 15 to 30 percent of people with prediabetes will develop type 2 diabetes within five years, and for those with diabetes,

⁶⁴ https://www.healthvermont.gov/sites/default/files/documents/pdf/HS_1305_Data_Pages_081816.pdf

⁶⁵ <https://www.healthvermont.gov/sites/default/files/document/HSI-BRFSS-2022-DataSummary.pdf>

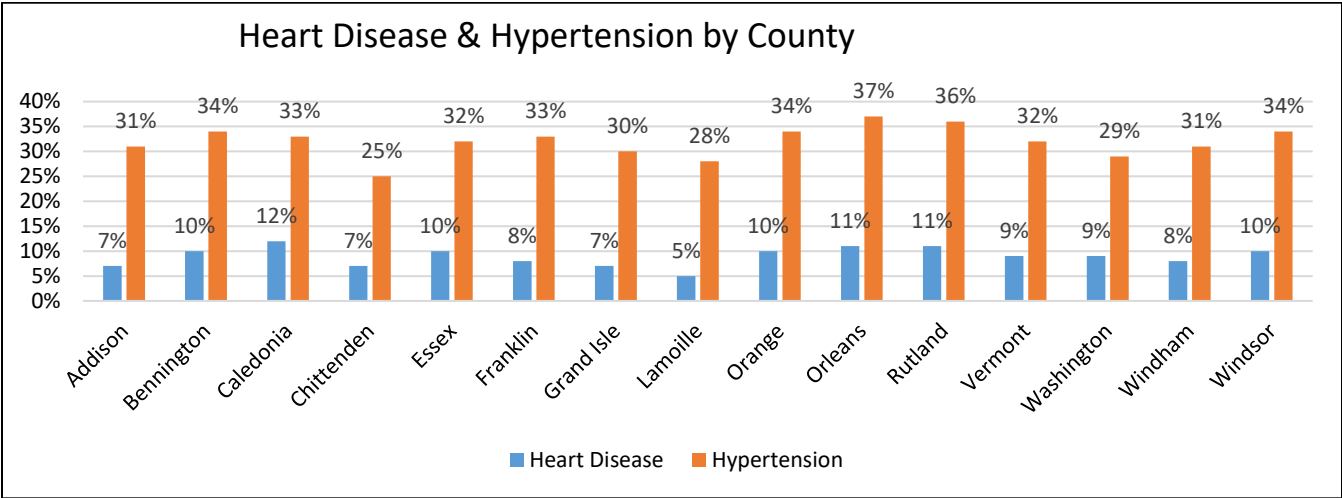
⁶⁶ <https://www.healthvermont.gov/wellness/diabetes/diabetes-vermont-data-and-facts>

⁶⁷ Ibid; note that too few respondents were from Essex County for this survey, so only the previous year’s data is available.

⁶⁸ <https://www.healthvermont.gov/sites/default/files/document/HSI-BRFSS-2022-DataSummary.pdf>

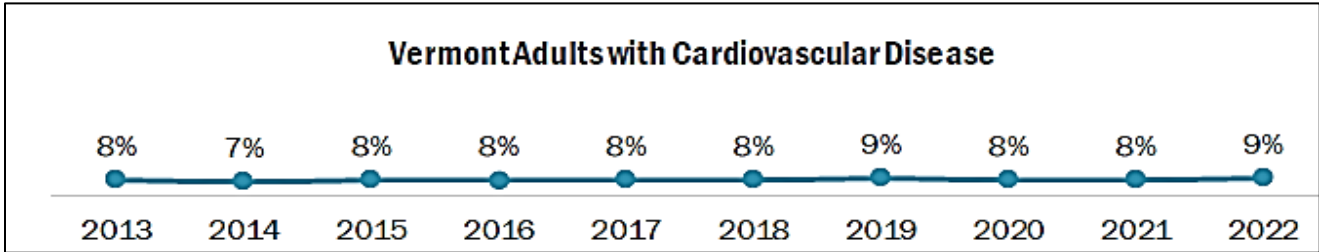
Cardiovascular Disease (Heart Disease)

Cardiovascular disease, also called heart disease, is a serious disease that affects 42,000 Vermonters.⁷⁶ It is the second leading cause of death among Vermonters, after cancer.⁷⁷ Two diseases associated with heart disease -- stroke and hypertension (high blood pressure) -- raise the risk of death by heart disease. In 2020, Windham County's rate of death due to coronary heart disease (97.7 per 100,000 people) was better than Vermont's rate (128.9 deaths per 100,000).⁷⁸ The prevalence of heart disease, and thus the risk of death, is much higher. Vermont county rates for heart disease and high blood pressure are shown here.⁷⁹



Males are more likely to have cardiovascular disease than females, and the incidence increases with age. The prevalence also increases among adults with lower household income. There is no statistical difference of prevalence by race or ethnicity. The Vermont Department of Health reports that non-LGBTQ+ adults are more than two times as likely to report having cardiovascular disease than LGBTQ+ adults, and adults with a disability are three times as likely to report having cardiovascular disease than adults with no disability.⁸⁰

Rates of cardiovascular disease among Vermonters have remained consistent for the past decade:⁸¹



It is concerning that hypertension and cardiovascular disease rates remain consistent, despite much effort by medical providers to encourage patients to improve lifestyle habits. The county's healthcare organizations continually ask what more can be done and what new approach could be more successful. There's still work to do.

⁷⁶ <https://www.healthvermont.gov/stats/surveillance-reporting-topic/cardiovascular-disease-data>

⁷⁷ <https://www.healthvermont.gov/wellness/heart-disease/individuals-families-and-heart-disease>

⁷⁸ VDH, Healthy Vermonters 2020 Data Explorer

⁷⁹ VDH Behavioral Risk Factor Surveillance System, Published January 2024

⁸⁰ Ibid

⁸¹ Ibid

Lung Health & Respiratory Diseases

The most common lung diseases among Windham County residents are asthma, chronic obstructive pulmonary disease (COPD), lung cancer, and during the past several years, COVID-19.

Asthma

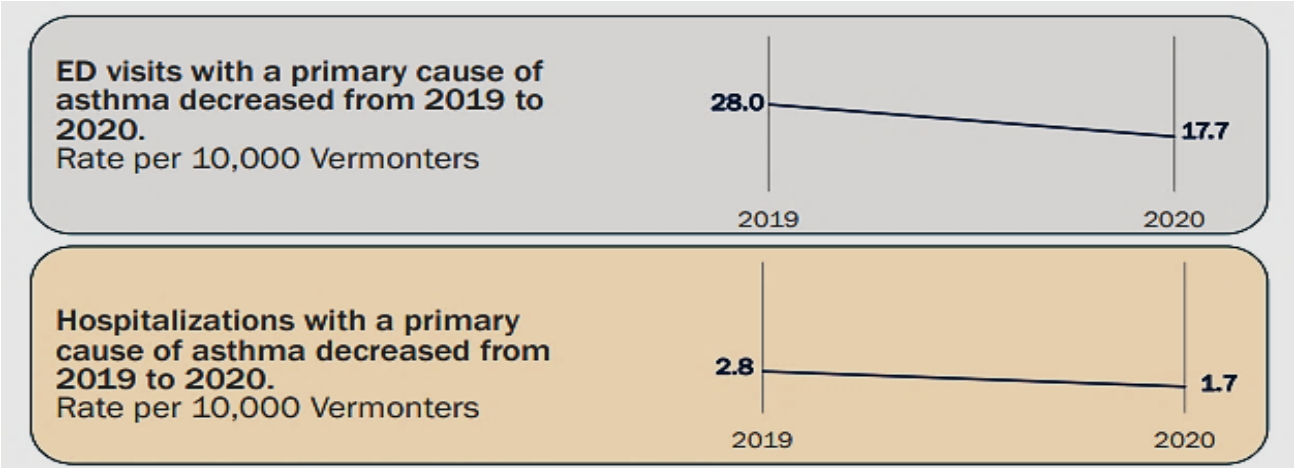
Asthma is a serious chronic disease that inflames and narrows the airways in the lungs and can cause recurring attacks of wheezing, chest tightness, shortness of breath and coughing.⁸² A cause for asthma has not been specifically identified. Generally, asthma is caused by a complex mix of genetic and environmental factors.⁸³

Asthma affects people of all ages, but it most often starts during childhood. Approximately 13% of Vermont adults have asthma, and approximately 8% of Vermont children have asthma. This is higher than for the percentages for the general population of the U.S. The CDC reports that 8.7% of American adults and 6.2% of American children have asthma.⁸⁴ Vermont ranks fifth highest among the states for the prevalence of asthma in adults.⁸⁵ Windham County’s incidence of asthma among adults (14%) is slightly higher than the state’s rate.⁸⁶

Because asthma is partly influenced by genetics, it may not be possible to completely prevent or cure it. However, it can be managed. The focus of the state’s asthma management plan is to provide education about how to reduce or eliminate environmental factors and to work to reduce hospitalizations due to asthma attacks.

The Vermont Department of Health recommends that everyone with asthma get an Asthma Action Plan every year.⁸⁷ Despite that recommendation, only one in four Vermont adults have an asthma action plan. Almost two in three Vermont children do have an action plan.⁸⁸

It’s interesting to note that, during the COVID-19 pandemic, childhood asthma prevalence decreased (2019-2021) and fewer Vermonters were admitted to emergency departments or hospitals for asthma (2019-2020).⁸⁹



⁸² <https://www.healthvermont.gov/sites/default/files/documents/2016/11/Healthy%20Vermonters%202020%20report.pdf>

⁸³ <https://apps.health.vermont.gov/ias/querytool?topic=HealthyVermonters2020&theme1=RespiratoryDiseases>

⁸⁴ <https://www.cdc.gov/nchs/fastats/asthma.htm>

⁸⁵ https://www.healthvermont.gov/sites/default/files/document/HSI_2023_Asthma_Data_Pages.pdf

⁸⁶ VDH Behavioral Risk Factor Surveillance System, Published January 2024

⁸⁷ <https://www.healthvermont.gov/wellness/asthma-lung-disease/asthma-self-management-education>

⁸⁸ https://www.healthvermont.gov/sites/default/files/document/HSI_2023_Asthma_Data_Pages.pdf

⁸⁹ Ibid

Chronic Obstructive Pulmonary Disease (COPD)

COPD refers to a group of progressive diseases, including emphysema and chronic bronchitis, that block airflow and cause breathing-related problems. COPD was the sixth leading cause of death in the U.S. in 2021 and has been the fourth leading cause in Vermont since 2016.⁹⁰

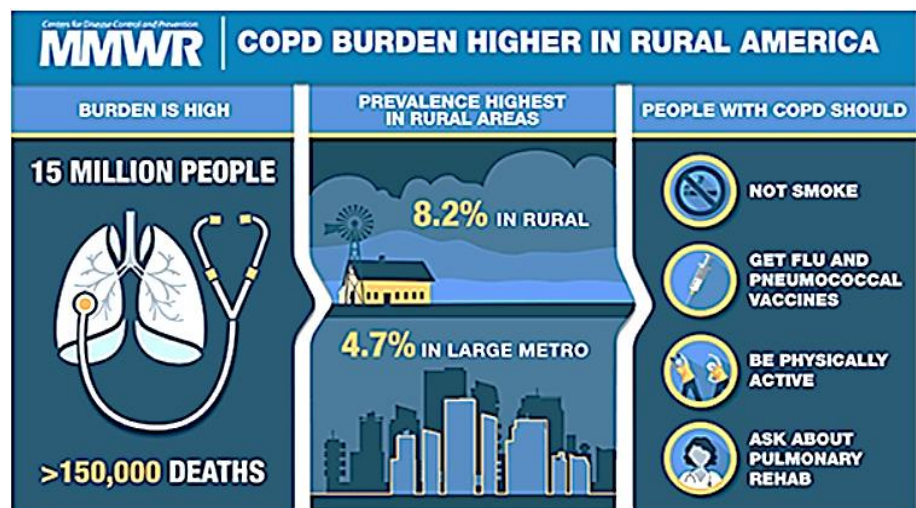
Tobacco smoke is the key factor in the development and progression of COPD. Other lung irritants, including second-hand smoke, environmental pollutants, and wood smoke, can also contribute, but eight in ten COPD-associated deaths are caused by smoking. Therefore, unlike asthma, most incidences of this disease are lifestyle-related and thus preventable.⁹¹

Nearly 16 million Americans have COPD, but the actual number may be higher, as COPD is known to be underdiagnosed.⁹² Both the U.S. and Vermont have a 7% incidence rate; Windham County's rate is 6%.⁹³

Men and women report having COPD at the same rate. There are no statistical differences in the prevalence of COPD by race, ethnicity, sexual orientation, or gender identity.⁹⁴ However, adults with less education and lower household incomes are more likely to have COPD. Rates are also higher for those living with a disability – they are four times more likely to have COPD than other adults.⁹⁵

Statistics show that COPD is more common in rural America than in urban areas, as shown in this graphic from the CDC. The difference may be due to higher rates of smoking and less access to programs to help with quitting.⁹⁶

The Vermont Department of Health has recently received a grant to implement a new COPD Program that aims to increase awareness among healthcare providers and the public alike.⁹⁷



Medications, managing stress, reducing exposure to pollutants and other substances that irritate the lungs, avoiding foods that cause flare ups, and engaging in the right level of healthy physical activity can all help with managing COPD. Developing a disease management plan with a medical provider is also very important.⁹⁸

⁹⁰ <https://www.healthvermont.gov/environment/tracking/chronic-obstructive-pulmonary-disease-copd>;

<https://www.healthvermont.gov/wellness/asthma-lung-disease/copd-chronic-obstructive-pulmonary-disease>

⁹¹ Ibid.

⁹² <https://www.cdc.gov/copd/about/index.html>

⁹³ VDH Behavioral Risk Factor Surveillance System, Published January 2024

⁹⁴ https://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR_2018_BRFSSReport.pdf

⁹⁵ Ibid.

⁹⁶ <https://www.cdc.gov/rural-health/php/public-health-strategy/public-health-considerations-for-chronic-obstructive-pulmonary-disease-copd.html#:~:text=Rural%20residents%20face%20higher%20risks,of%20life%20and%20reduced%20deaths>

⁹⁷ <https://www.healthvermont.gov/wellness/asthma-lung-disease/copd-chronic-obstructive-pulmonary-disease>

⁹⁸ <https://www.lung.org/lung-health-diseases/lung-disease-lookup/copd/living-with-copd/copd-management-tools>

Lung Cancer

Approximately 25% of all Vermont cancer deaths are due to lung and bronchus cancer. Lung cancer is the leading cause of cancer deaths among adults in both Vermont and the U.S., and in both males and females (biological designation).⁹⁹

While lung cancer rates have declined somewhat due to decreases in the prevalence of smoking, most cases of lung cancer are still caused by smoking. Smoking can cause cancer almost anywhere in the body, but particularly in the lungs.¹⁰⁰

The majority of lung cancers are diagnosed in late stages when treatment is mostly ineffective.¹⁰¹



Until recently, there were no screening tests for detecting lung cancers at an early stage.

In 2013, screening guidelines were developed for high-risk individuals, based on smoking history and age (especially current and former heavy smokers, age 55-80). The screening uses low dose computed tomography to detect abnormalities in the lungs.¹⁰²

While lung cancer screening is important, it should not be considered a substitute for quitting smoking. See page 46 of this report for statistics on tobacco use and other smoking issues in Vermont and Windham County.

Since 2005, an organization called Vermonthers Taking Action Against Cancer (VTAAC) has worked to create an action plan to improve detection and outcomes for all cancers in Vermont. In December of 2021, this network of groups and individuals published the 2025 Vermont Cancer Plan. Among other things, it promotes screenings.

Because screening for lung cancer is relatively new, VTAAC provides information on its website and in its report to promote screenings for those who fit the following criteria: smokers and former smokers who are age 50-80, who still smoke or have quit in the last 15 years, and who smoked the equivalent of one pack a day for 20 years (1 pack/day for 20 years, 2 packs/day for 10 years, ½ pack/day for 40 years, etc.).

Lung cancer screening is recommended yearly for anyone fitting these criteria.

Early screening improves the chances of survival. The five-year survival rate for early-stage lung cancer is much higher (63%) than the survival rate (8%) for those diagnosed at a late stage.¹⁰³

At present there are nine hospitals in Vermont that offer lung cancer screening. The closest centers to Windham County are in the towns of Rutland and Windsor.¹⁰⁴

⁹⁹ https://www.healthvermont.gov/sites/default/files/document/HSI_Cancer_Data_Pages_2023_1.pdf

¹⁰⁰ <https://www.healthvermont.gov/wellness/cancer/early-detection-and-screening>

¹⁰¹ <https://www.healthvermont.gov/wellness/cancer/early-detection-and-screening>

¹⁰² <https://www.healthvermont.gov/wellness/cancer/early-detection-and-screening>

¹⁰³ <https://svhealthcare.org/news/should-i-be-screened-for-lung-cancer>

¹⁰⁴ <https://vtaac.org/lung-cancer-screening/>

Windham County: Mental Health

Mental illnesses are conditions that affect a person's thinking, feeling, mood, and behavior. These illnesses may happen over a short period of time, or they may come and go. Some can be chronic (long-lasting).

Mental illnesses can vary in degree, from mild to moderate to severe, and these varied conditions can be exhibited in a variety of symptoms. They can affect a person's ability to relate to others and to function each day.¹⁰⁵



Mental and emotional health are critical to general health. While some people's 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 obvious.

The Brattleboro Retreat explains the stigma surrounding mental illness this way: "Disgrace, shame, mistrust. These are words that go hand in hand with stigma. And, even though scientific research has shown otherwise, mental illness and addiction are still seen by many through a distorted lens as forms of indulgence, or weakness, or flaws in a person's character ... Among the many heartbreaking outcomes of stigma are silence and isolation. The result is that people in great pain remain quiet for fear of being judged. As their isolation grows, the people in their lives become less willing to ask what's wrong. The cycle perpetuates itself mainly because it prevents people from doing the one thing that will help the most: seek treatment. Mental illness and addiction are real medical illnesses, just like heart disease, cancer, and diabetes."¹⁰⁶

As Jilisa Snyder, Ph.D., Senior Psychologist at the Retreat's Anna Marsh Clinic, states, "Telling someone experiencing a major depression to 'pick yourself up by your bootstraps' or, for a person struggling with PTSD to 'get over it' is like telling a runner with a broken leg to 'just rise up and finish that marathon.'"¹⁰⁷

The Retreat has organized a campaign titled "Stand Up to Stigma" to help the public understand how stigma makes the situation worse and to encourage those with mental illnesses to get the help they need.

The National Institute of Mental Health (NIMH) estimates that more than one in five U.S. adults live with a mental illness (57.8 million in 2021) and says that more than half of these remain untreated.¹⁰⁸ Vermont's latest statistic (2019) indicates that Vermonters are slightly more likely to get treated – 59% of Vermonters with a diagnosable mental, behavioral, or emotional disorder received treatment or counseling in the previous year.¹⁰⁹

¹⁰⁵ <https://medlineplus.gov/mentaldisorders.html>

¹⁰⁶ <https://www.brattlebororetreat.org/stand-up-to-stigma>

¹⁰⁷ <https://www.brattlebororetreat.org/articles/stepping-forward-courage-thoughts-ending-stigma-during-mental-illness-awareness-week>

¹⁰⁸ <https://www.nimh.nih.gov/health/statistics/mental-illness>

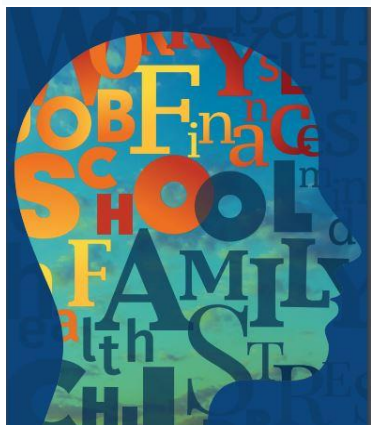
¹⁰⁹ <https://app.powerbigov.us/view?r=eyJrIjoiaWJlYTFjZWQzN2RmYS00ZWY1LWlxYzQtN2E1YWFIOTBmNTVklwiidCI6IjIwYjQ5MzNiLWJhYWQzNDMzYy05YzAyLTcwZWJhYz01NTIjNiJ9>

All of the Brattleboro Retreat's services are aimed at helping those with mental health issues. Windham County residents also have resources for mental health care at Brattleboro Memorial and Grace Cottage.

Common mental illnesses include anxiety disorder (panic attacks, obsessive-compulsive behavior, and phobias); depression, bipolar, and mood disorders; eating disorders; personality disorders; post-traumatic stress; and psychotic disorders including schizophrenia. Anxiety and depression are especially common.¹¹⁰

Anxiety Disorders

Anxiety is a natural reaction to stress. It may be caused by something specific, or it may occur suddenly, or it may be a generalized long-term tendency to worry.



At normal levels, anxiety may help to motivate and improve performance. But when anxiety interferes with one's ability to meet personal, professional and community responsibilities, it is best to get treatment.

Anxiety that is long-lasting, intense, and out of proportion to the original stressor 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: generalized anxiety, panic disorder, phobia, social anxiety disorder, obsessive-compulsive disorder (OCD), post-traumatic stress disorder (PTSD), and separation anxiety.¹¹¹ People with

PTSD suffer from anxiety as a response to experiencing or witnessing a traumatic event, such as war, natural disaster, assault, a serious accident, or an unexpected death. PTSD can affect children as well as adults, causing sleep problems, a tendency toward angry outbursts, and other issues.¹¹²

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.

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.¹¹³

Depression - Adults

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.

¹¹⁰ <https://medlineplus.gov/mentaldisorders.html>

¹¹¹ <https://www.nimh.nih.gov/health/topics/anxiety-disorders/index.shtml?rf=32471>;

¹¹² <https://www.nimh.nih.gov/health/publications/post-traumatic-stress-disorder-ptsd/index.shtml>

¹¹³ <https://www.medicalnewstoday.com/info/anxiety>

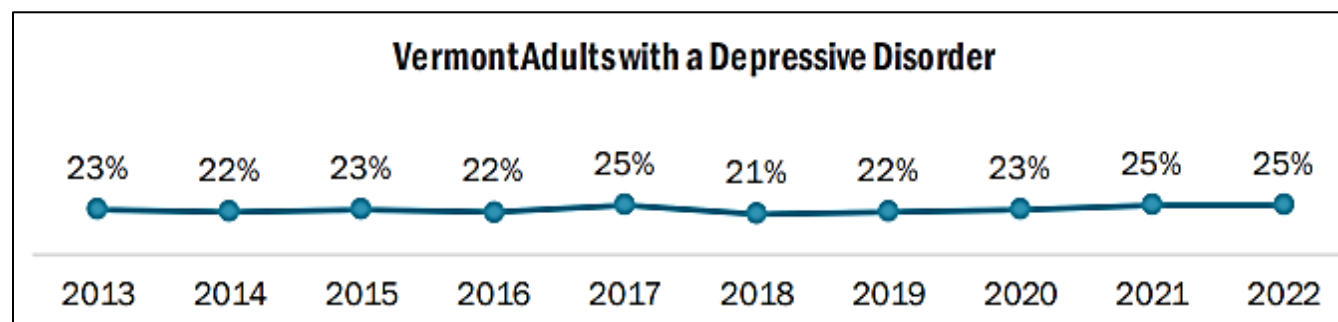
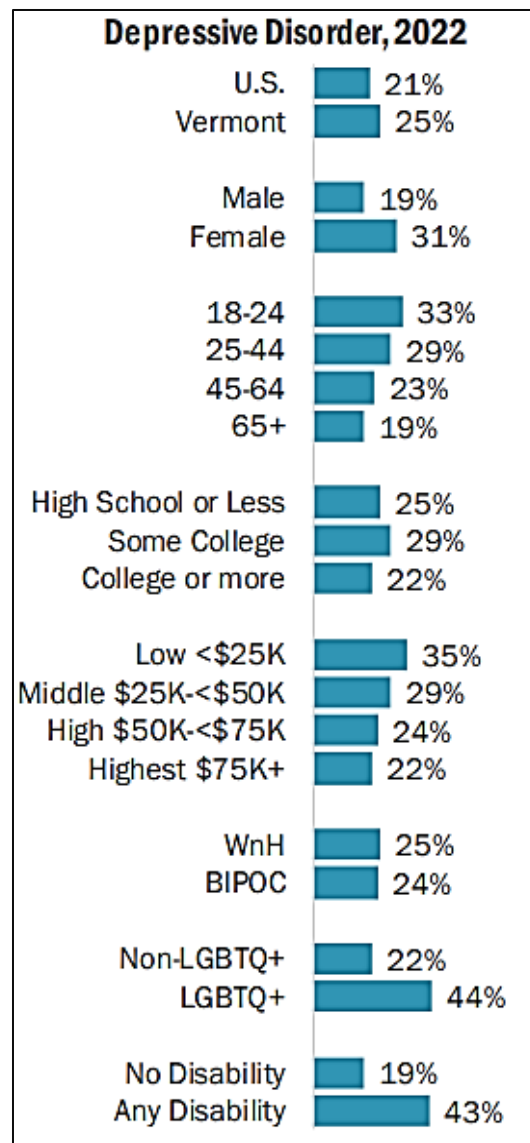
A depressive disorder is not a passing blue mood, but rather a persistent feeling of sadness and worthlessness. To be diagnosed with depression, a person's symptoms must be consistently present for at least two weeks.¹¹⁴

The VT Department of Health assesses the prevalence of mental health diagnoses in adult Vermonters by conducting the "Behavioral Risk Factor Surveillance System" survey and in youth by conducting the "Youth Risk Behavior Survey"; both surveys are conducted every two years. The county data below and at right comes from those surveys.¹¹⁵

In 2022, one-quarter of Vermont adults reported being told they had a depressive disorder at some point in their lives, higher than the 21% among U.S. adults. Both of these numbers are higher than in the 2020 report (23% in Vermont and 18% in the U.S.) but it's important to note that the 2022 survey was conducted in the midst of the COVID-19 pandemic. Still, the number of Vermont adults with depression has remained fairly steady over time, as seen from the timeline below.

As shown at right, women are statistically more likely than men to report having a depressive disorder. The rate decreases as people age. Those who identify as black, indigenous, and people of color (BIPOC) have rates similar to those who identify as white. LGBTQ+ identity, and disability status do affect the rates of depression. Depression rates are similar across all education levels.

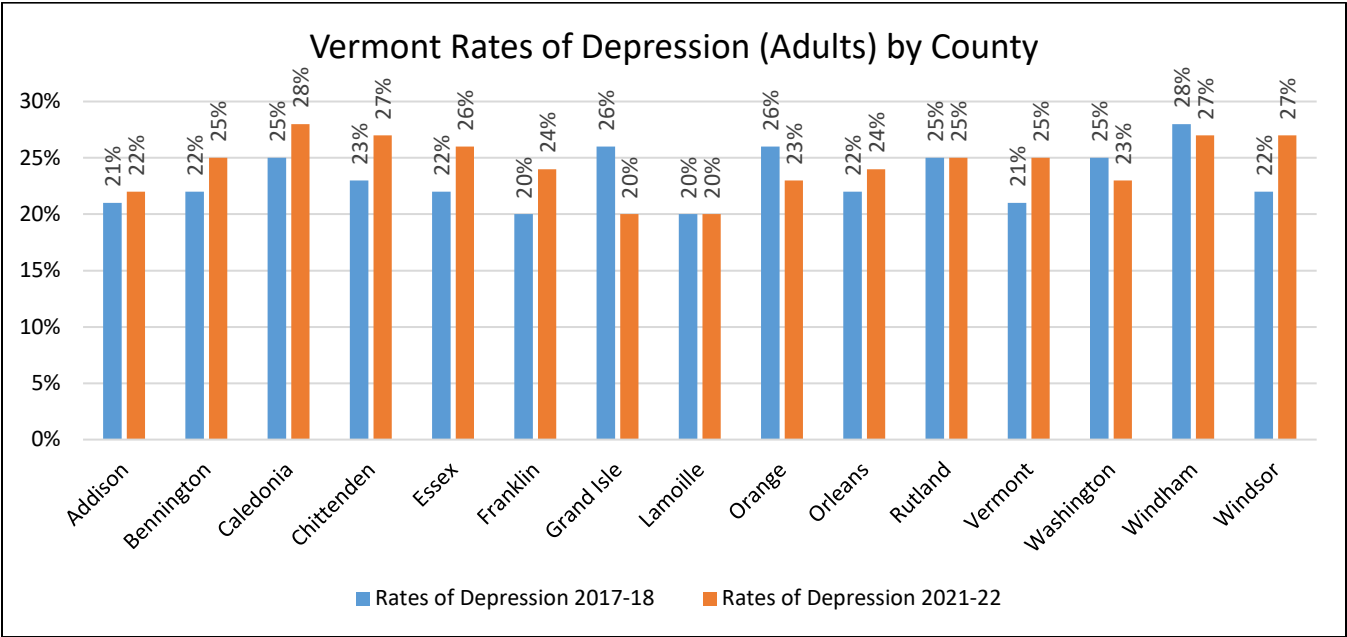
Income level makes a noticeable difference. Adults with a household income of less than \$25,000 are statistically more likely to have a depressive disorder than those with more income. The rates of depression decrease steadily as household income increases.



¹¹⁴ <https://www.nimh.nih.gov/health/topics/depression/>

¹¹⁵ <https://www.healthvermont.gov/sites/default/files/document/HSI-BRFSS-2022-DataSummary.pdf>;
https://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR_YRBS_WINDHAM_2019.pdf

In 2018, Windham County had the highest rate of depression of all counties in Vermont.¹¹⁶ In 2022, Caledonia County had the highest rate, and Windham was a close second with two other counties.¹¹⁷



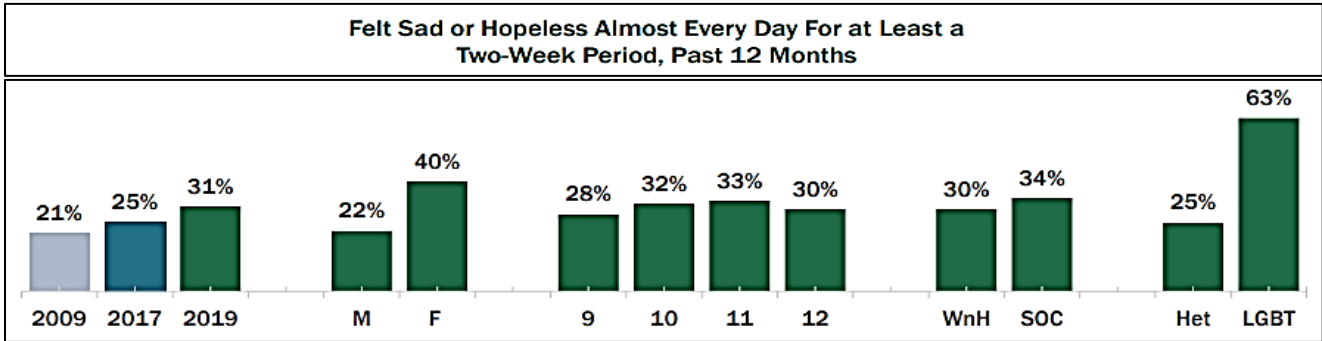
Depression - Youth

Depression is also common among Windham County youth.

The following results are from the 2021 Vermont Youth Risk Behavior Survey.¹¹⁸ (This survey is conducted every two years. The 2023 survey has been conducted but results are not yet available.) The 2021 report includes a caution that COVID-19 and related school closures, remote learning, lack of social interaction, and other factors with conducting the survey may have affected the results.¹¹⁹

According to the 2021 survey, 35 percent of Vermont high school students reported poor mental health most or all of the time. Middle school rates were lower. These results are presented on the following page.¹²⁰

First, for comparison’s sake, here are results for high school students from the 2019 survey:



¹¹⁶ https://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR_2018_BRFSSReport.pdf

¹¹⁷ <https://www.healthvermont.gov/sites/default/files/document/HSI-BRFSS-2022-DataSummary.pdf>

¹¹⁸ <https://www.healthvermont.gov/sites/default/files/document/hsi-yrbs-2021-full-report.pdf>

¹¹⁹ Ibid.

¹²⁰ https://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR_YRBS_WINDHAM_2019.pdf

	VT	County	F	M	9th	10th	11th	12th	BIPOC	WnH	LGBTQ	HetCis
Reported that their mental health was most of the time or always not good	35	40 *	55	25 *	36	37	43	43	42	39	63	30 *
Have been bothered by feeling nervous, anxious, or on edge most of the time or always	36	41 *	57	25 *	37	37	42	47 +	40	41	65	31 *
Felt sad or hopeless	30	34 *	47	22 *	28	33	36	41 +	43	33 *	56	26 *

	VT	County	F	M	9th	10th	11th	12th	BIPOC	WnH	LGBTQ	HetCis
Did something to purposely hurt themselves without wanting to die	22	24	34	13 *	19	26	30	21	30	23	48	14 *

	VT	County	F	M	6th	7th	8th	BIPOC	WnH	LGBTQ	HetCis
Reported that their mental health was most of the time or always not good	22	21	28	14 *	10	18	28	18	22	33	16 *
Have most of the time or always been bothered by feeling nervous, anxious, or on edge	24	23	34	14 *	12	19	32	27	24	38	19 *
Felt sad or hopeless	22	20	27	14 *	13	17	26	26	20	33	15 *
Have ever done something to purposely hurt themselves without wanting to die, such as cutting or burning themselves on purpose	18	17	23	11 *	12	14	21	16	18	32	9 *

Legend: M = male, F = female; #s are grade numbers; WnH =white and non-Hispanic, BIPOC = black, indigenous, & people of color; HetCis = heterosexual & cisgender; LGBTQ = lesbian, gay, bisexual, transgender, other sexual orientation, questioning & queer

Because COVID-19 created such unusual circumstances, it will be important to compare the upcoming 2023 results to those from before the pandemic.

Suicide

Students answering the Youth Behavior Risk Survey (YBRS) and adults answering the annual Behavioral Risk Factor Surveillance System (BRFSS) also responded to questions about thoughts of and actions toward suicide.

When someone takes his/her/their own life, it also has a devastating effect on families and communities.

Suicide is a leading cause of death for all ages, both nationally and in Vermont; Vermont's rate of suicide is larger than the national average.¹²¹

Three charts on the following page show how Vermont's suicide death rate compares to other New England states and compares Vermont's rates of suicide-related Emergency Department visits for recent years.¹²²

¹²¹ <https://www.healthvermont.gov/emergency/injury-prevention/suicide-prevention>

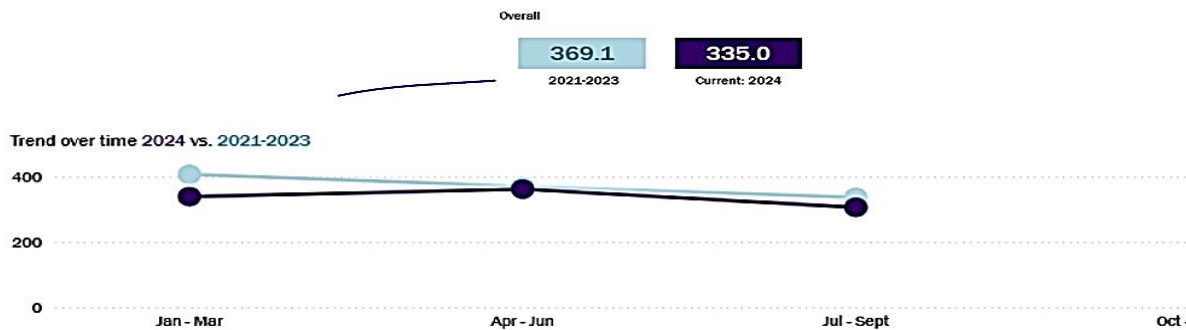
¹²² Source of these charts: Chris Allen, Director of Suicide Prevention, Vermont Department of Mental Health

New England States Rate (2022)

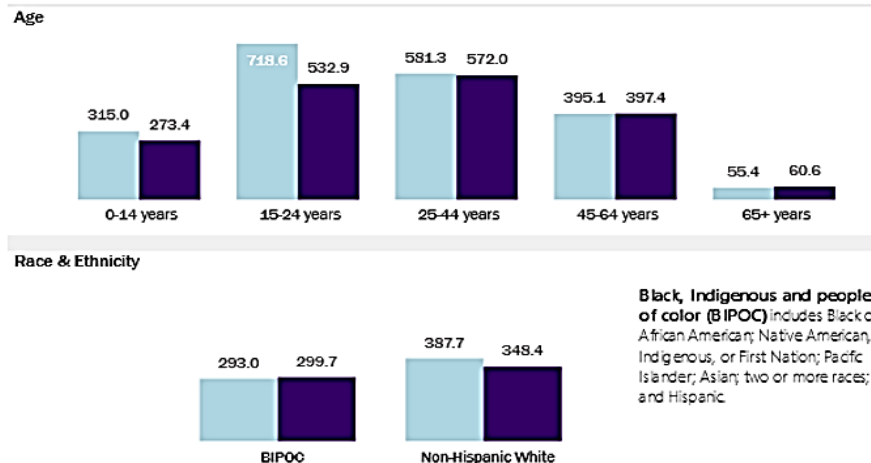
State	Rate per 100,000	# of suicide deaths
Connecticut (44)	10.6	398
Maine (21)	17.7	268
Massachusetts (49)	8.3	626
New Hampshire (24)	16.6	247
Rhode Island (45)	10.6	126
Vermont (20)	18.0	128

Source: <https://www.cdc.gov/nchs/pressroom/sosmap/suicide-mortality/suicide.htm>

Windham County-Suicide Related Emergency Dept. Visits



Windham County-Suicide Related Emergency Dept. Visits

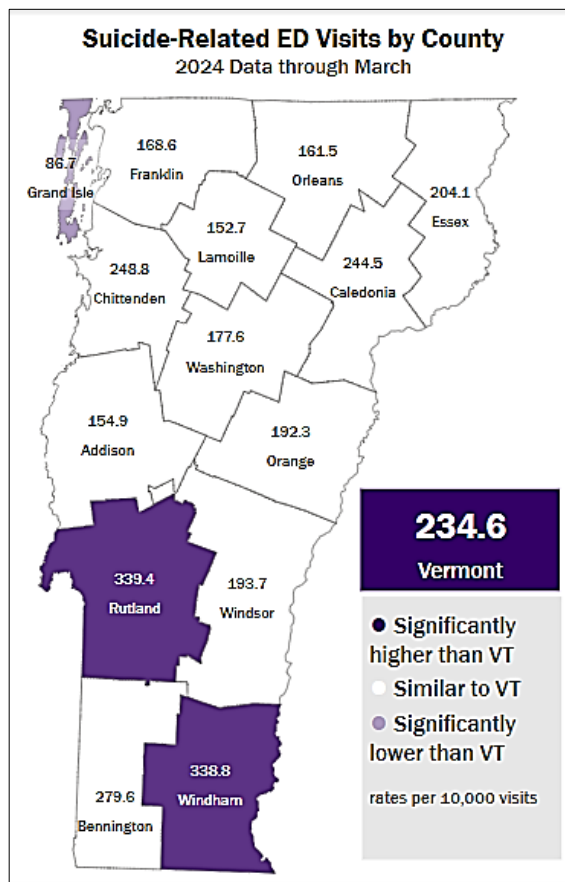


Suicide Risk Factors

Suicide risk factors include relationship problems, doubts about self-esteem and self-identity, traumatic events, anniversaries of traumatic events, substance misuse, neglect, loss of a job, mental illness and lack of mental health care, chronic health issues, social isolation, and access to lethal means (firearms and medications).¹²³

According to Vermont's Department of Mental Health, suicide triggers vary based on one's personal identity. Here are some examples of how some factors can impact groups differently¹²⁴:

- Stress resulting from prejudice and discrimination (family rejection, bullying, violence) is a significant risk factor for suicide attempts among LGBTQ+ youth and young adults.
- High school students of color are significantly more likely to make a suicide plan or attempt suicide than their peers.
- High school female students are significantly more likely than male students to make a suicide plan or attempt suicide.
- Adults with a disability are five times more likely to consider suicide.
- For middle-aged men, life stressors that challenge traditional male roles, such as unemployment and divorce, have been identified as risk factors.
- People experiencing poverty, especially in rural areas, are at risk due to increased life stressors and lack of access to adequate, affordable behavioral health care.
- Older adults and youth experience higher levels of social isolation.
- First responders (including EMS, fire, law enforcement, and emergency dispatchers) and military veterans have stressors, including exposure to traumatic events such as death by suicide, higher rates of post-traumatic stress, the stigma associated with seeking help and increased access to lethal means.¹²⁵



Access to physical and mental health care, social connections, meaningful work, support for substance misuse, and support for self-esteem and learning coping skills can all help reduce the risk of suicide.¹²⁶

As of mid-June 2024, the overall rate of VT-wide suicide-related Emergency Department visits was significantly lower than the previous three-year average. However, residents of Rutland and Windham Counties experienced statistically higher rates of suicide-related ED visits compared to the rest of Vermont.¹²⁷

¹²³ <https://www.healthvermont.gov/emergency/injury-prevention/suicide-prevention#risk>

¹²⁴ <https://www.healthvermont.gov/emergency/injury-prevention/suicide-prevention#risk>

¹²⁵ Ibid.

¹²⁶ Ibid

¹²⁷ <https://www.healthvermont.gov/stats/surveillance-reporting-topic/suicide-data>

Teen suicide is a major concern in Vermont, and many organizations, schools and mental health agencies have worked to raise awareness about this issue and to support families and friends after an event of suicide.

For the 2019 survey, the number of Windham County high school students who reported having made a suicide plan was 12-14%; for LGBTQ+ youth, that rate was 36%. The percent who actually attempted suicide was 7%.¹²⁸

In 2021, the percentage who had made a suicide plan rose to 13-20%, with the largest percentage being high school juniors. The percentage of Windham County high schoolers who actually attempted suicide rose to 8%. Presented here are the 2021 results for high school and middle school students.¹²⁹

	VT	County	F	M	9th	10th	11th	12th	BIPOC	WnH	LGBTQ	HetCis
Did something to purposely hurt themselves without wanting to die	22	24	34	13 *	19	26	30	21	30	23	48	14 *
Made a plan about how they would attempt suicide	14	16 *	20	12 *	13	16	20	17	23	15 *	33	10 *
Attempted suicide	7	8	10	6 *	7	9	9	8	11	7	16	5 *

	VT	County	F	M	6th	7th	8th	BIPOC	WnH	LGBTQ	HetCis
Ever seriously thought about killing themselves	18	15	18	12	7	15	18	21	14	26	10 *
Ever made a plan about how they would kill themselves	13	11	16	6 *	10	9	14	12	12	21	7 *
Ever tried to kill themselves	6	5	9	3 *	.	7	6	8	5	11	3 *

In 2023, Windham County's death rate by suicide was noticeably higher than the statewide average and most county rates.¹³⁰ The county's consistently high rates of suicide are an important health factor to address.

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

Vermont has developed several programs to help with suicide prevention. These include a Centers for Disease Control and Prevention (CDC) five-year grant to study and respond to this issue. Other programs include the Zero Suicide prevention program supporting primary care, emergency departments, and mental health settings; Youth Thrive (including West River Valley Thrives, located next to the high school is Townshend), Mental Health First Aid, an eight-hour education program to introduce risk factors and warning signs of mental health problems; and the 9-8-8 Suicide and Crisis Lifeline.

All three Windham County hospitals are front and center for helping to address mental health issues in their communities.

¹²⁸ https://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR_YRBS_WINDHAM_2019.pdf

¹²⁹ https://www.healthvermont.gov/sites/default/files/document/HSI_YRBS_2021_Windham.pdf

¹³⁰ <https://www.healthvermont.gov/sites/default/files/document/hsi-injury-2023-suicide-report.pdf>

Windham County: Substance Use

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.¹³¹

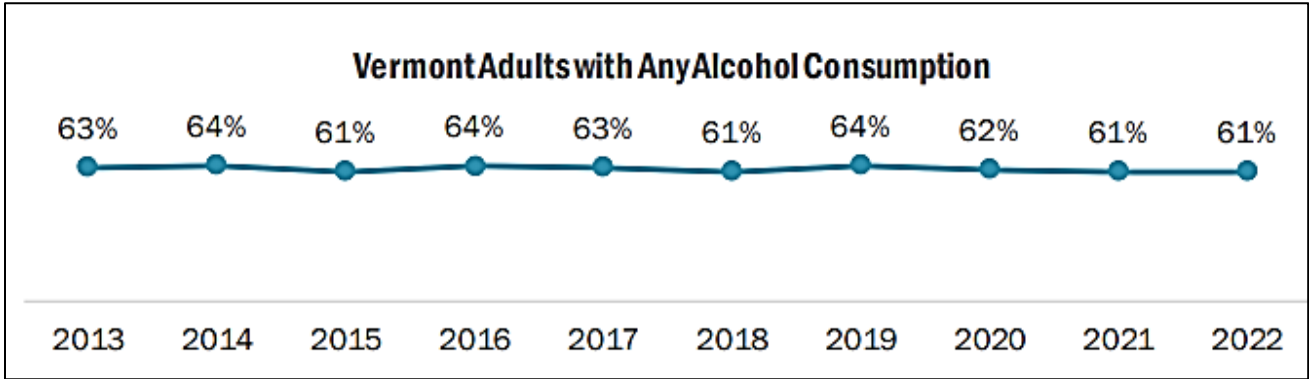
Substance misuse is not a moral failing. The Vermont Department of health reminds us that, “Addiction is a chronic illness that can be activated by genes, upbringing, social groups, and living environments. ... Cravings can be so overpowering that it’s hard to think about anything else—including how a person’s behavior can be harmful to them and others.”¹³² But recovery is possible. Quitting or seeking treatment is never easy, and relapse is common, but many people do find a path to recovery.

The VDH includes questions about substance use in its annual Behavioral Risk Factor Surveillance System (BRFSS) for adults and its biennial Youth Risk Behavior Survey (YRBS) for teens, in order to see trends over time. Data from these reports is used in the following sections of this report. Note: the reports contain much more detail on these issues than it is possible to present here.

Alcohol

National data shows that Vermonters in all age categories drink alcohol at higher rates compared to the country overall. The rate of Vermont adults who binge drink is similar to the nationwide rate.¹³³

According to the 2021 BRFSS, alcohol use among all Vermonters has remained fairly steady over the years.



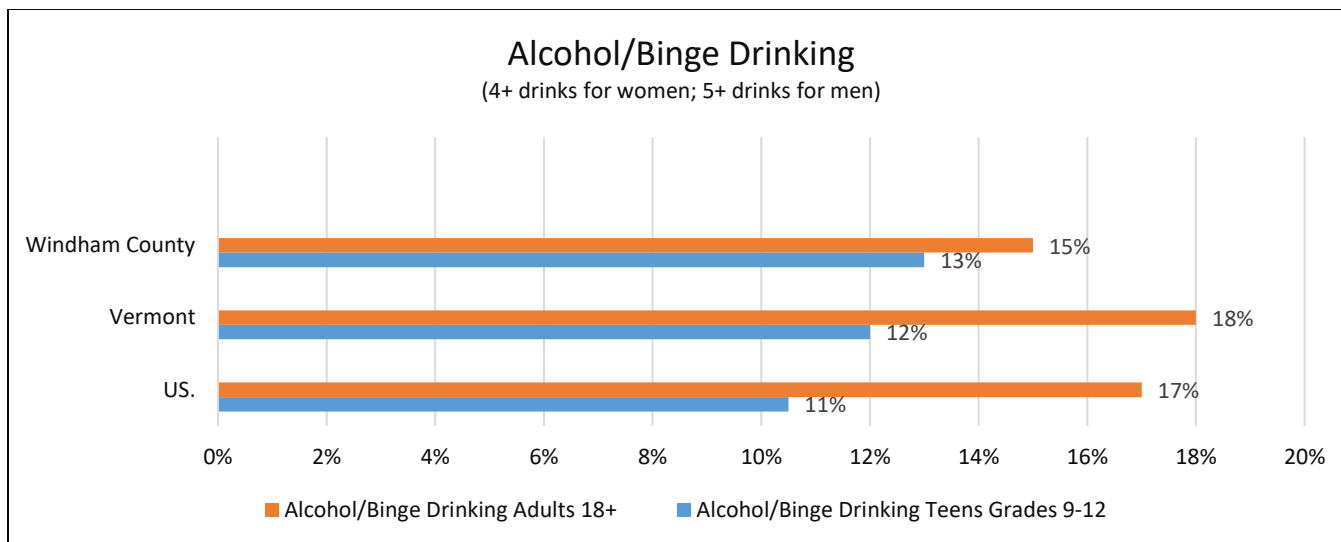
According to the 2021 YBRS report, 13% of Windham County high school students said they currently engage in binge drinking (four or more drinks on a row for females, five in a row for males), compared to 12% for the Vermont high school rate and 10.5% for the U.S.

For adults, the rates for binge drinking are 15% for Windham County, 18% in Vermont, and 17% in the U.S. These numbers are lower than those reported in the 2021 Windham County Community Health Needs Assessment, but county and state rates are still higher than the U.S. average.

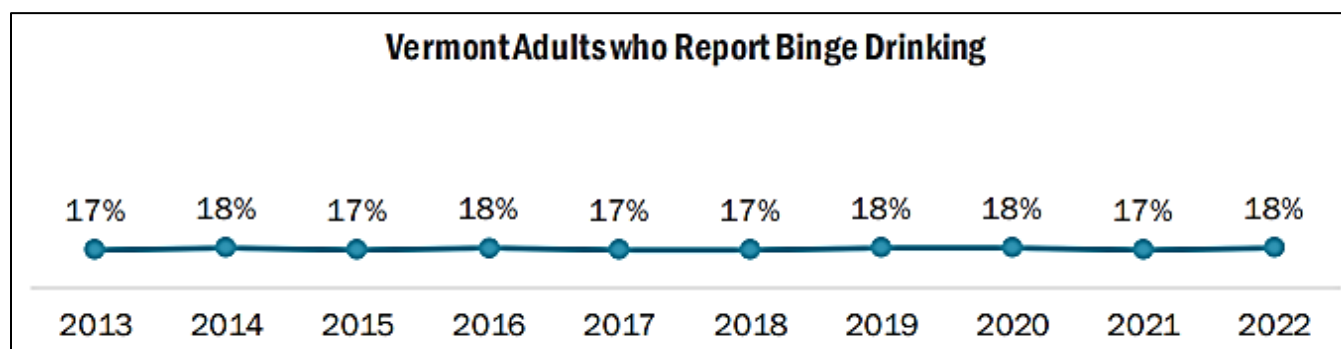
¹³¹ <https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHF2017/NSDUHF2017.htm>

¹³² <https://www.healthvermont.gov/alcohol-drugs/end-addiction-stigma>

¹³³ <https://www.healthvermont.gov/alcohol-drugs/substance-use-information/alcohol>



According to the 2021 BRFSS, binge drinking rates have also remained fairly steady over the years.



According to the 2021 YRBS, the percentage of Vermont high school students who currently drink (one or more drinks in the past month) has decreased significantly since 2005 when the rate was 42%. The statewide rate in 2018 was 31%; Windham County's rate was 32%. In 2021, the statewide rate was 25% and Windham County's rate was 26%.¹³⁴ For middle school students, the 2018 rates were 7% for Vermont, 8% for Windham County. In 2021, those rates were 5% for Vermont and 6% for Windham County.¹³⁵

The CDC defines binge drinking as drinking that brings a person's blood alcohol concentration to 0.08 g/dl or above, which typically happens when men consume 5 or more drinks or women consume 4 or more drinks in about 2 hours. One in six US adults binge drinks about four times a month, consuming about seven drinks per binge. Binge drinkers are most often age 18-34, but teens and those mid-30 to mid-40 are also susceptible.¹³⁶

Older adults are especially susceptible to health risks from excessive alcohol use due to physiological changes, other chronic disease they may have, or some medications they may take. Excessive alcohol use can increase the risk for high blood pressure, heart and liver disease, digestive problems, mental health issues, and dementia.¹³⁷

¹³⁴ https://www.healthvermont.gov/sites/default/files/document/HSI_YRBS_2021_Windham.pdf

¹³⁵ https://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR_YRBS_WINDHAM_2019.pdf;

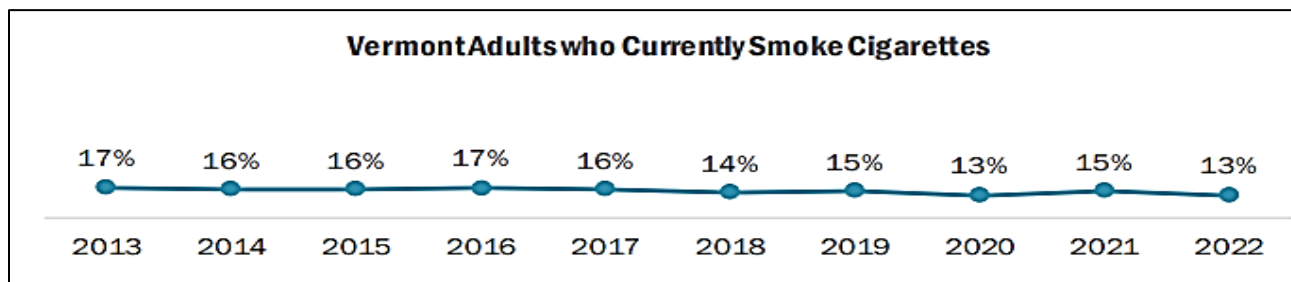
https://www.healthvermont.gov/sites/default/files/document/HSI_YRBS_2021_Windham.pdf

¹³⁶ <https://www.cdc.gov/alcohol/fact-sheets/binge-drinking.htm>

¹³⁷ <https://www.cdc.gov/alcohol/about-alcohol-use/index.html>

Tobacco Cigarettes & E-Cigarettes

The percentage of Vermont adults who smoke tobacco cigarettes has reduced slightly over the past decade, from 17% in 2013 to 13% in 2022.



Smoking is more common for adults in the 25-64 age range than for those who are ages 18-24 or 65+.

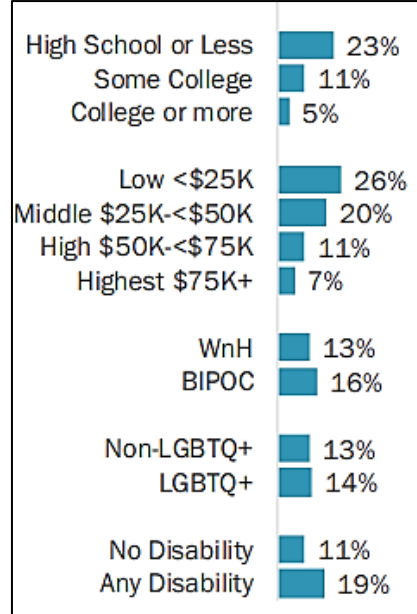
There are no large statistical differences in smoking rates by race and ethnicity or sexual orientation and gender identity.

Education level and household income make a significant difference.

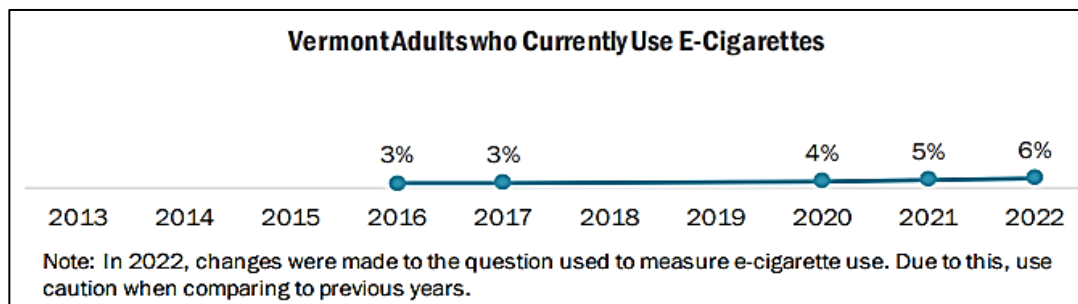
Adults with a disability are statistically more likely to smoke cigarettes than adults with no disability.

On the other hand, adults who are ages 18-24 years old are much more likely to smoke e-cigarettes (22%, versus 8% for 25-44-year-olds, 3% for 45-64-year-olds, and 1% for those 65+). The rate of e-cigarette use has doubled since 2016, the first year the survey asked this question.¹³⁸

Likewise, the 2019 and 2021 YBRs show a dramatic decrease in the percentage of Vermont high school students who smoked tobacco cigarettes in the past 30 days before the survey. The 2019 report showed a 50% decrease over the previous decade, from 18% in 2009, to 7% for both Vermont and Windham County in 2019. That number was nearly the same in 2021: 7% for Vermont and 9% for Windham County.¹³⁹



Electronic cigarettes, sometimes called “e-cigarettes,” are devices with a battery inside that heats liquid into an aerosol (vapor). The user inhales the vapor in an activity called vaping that simulates smoking. Vaping can be



¹³⁸ <https://www.healthvermont.gov/sites/default/files/document/HSI-BRFSS-2022-DataSummary.pdf>

¹³⁹ https://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR_YRBS_WINDHAM_2019.pdf;

https://www.healthvermont.gov/sites/default/files/document/HSI_YRBS_2021_Windham.pdf

used to inhale tobacco, cannabis, and other drugs. Vaping is a convenient way to do this discreetly because many e-cigarettes are created to look like ordinary objects (pens, computer thumb drives, and pencil sharpeners), and the exhaled vapor can easily be hidden.

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

In 2019, 26% of Vermont high schoolers and 27% of Windham County high schoolers cited current use of an electronic vapor product/e-cigarette. The numbers were better in 2021, when 16% of Vermont high schoolers and 19% of Windham County high schoolers reported e-cigarette use.¹⁴⁰

According to the Vermont Department of Health, most smokers want to quit. The 2022 VBRSS found the following rates for quit-smoking attempts among adults: 51% of Americans, 44% of Vermonters, and 49% of Windham County smokers. There are no statistical differences in quit-smoking attempts by sex, age, education level, household income level, race, ethnicity, sexual orientation, gender identity, or disability status.¹⁴¹

Vermont offers free counseling and support for those attempting to quit tobacco and vaping. Free nicotine replacement patches, gum and lozenges are offered to Vermonters, delivered to their door, through Vermont's 802Quits program.

Translation services are also available. During Fiscal Year 2022, 802Quits had 3,770 enrollees, substantially more than in FY2019, when 2,627 Vermonters registered with the program.¹⁴²



Marijuana (Cannabis)

Using cannabis can negatively affect brain development and impair judgement and coordination. Different forms of cannabis can have very different levels of THC and can cause severe reactions.¹⁴³

National data shows more Vermont high schoolers are using cannabis compared to the country overall. The rates in 2021 were 15.8% for the U.S., 20% for Vermont, and 25% for Windham County youth.¹⁴⁴ Use of cannabis is now legal in Vermont, and while there are age limits, as with obtaining alcohol, access is fairly easy.

The YBRS includes questions about the use of cannabis. In 2017, the percentage of Windham County high school students who admitted to having tried cannabis was 44%, compared to 37% for all of Vermont. Windham County also had a higher statistic in 2019, when the rates were 45% for the county, vs 40% for VT. In 2021, 38% of high school youth said yes to the question, "Have you ever used marijuana?", compared to 31% in Vermont.

Twenty-four percent of Vermont adults said they had used marijuana/cannabis in the month before the survey. Because cannabis is not universally legal throughout the U.S. Higher rates of use are evident among younger adults, those with lower household income, with BIPOC and LGBTQ+ identity, and those living with a disability.

¹⁴⁰ Ibid.

¹⁴¹ VDH Behavioral Risk Factor Surveillance System, Published January 2024

¹⁴² <https://www.healthvermont.gov/stats/surveillance-reporting-topic/cancer-data>, Cancer Scorecard

¹⁴³ <https://www.healthvermont.gov/alcohol-drugs/lets-talk-cannabis/cannabis-and-youth>

¹⁴⁴

<https://nccd.cdc.gov/Youthonline/App/Results.aspx?TT=A&OUT=0&SID=HS&QID=QQ&LID=XX&YID=2021&LID2=&YID2=&COL=S&ROW1=N&ROW2=N&HT=QQ&LCT=LL&FS=S1&FR=R1&FG=G1&FA=A1&FI=I1&FP=P1&FSL=S1&FRL=R1&FGL=G1&FAL=A1&FIL=I1&FPL=P1&PV=&TST=False&C1=&C2=&QP=G&DP=1&VA=C1&CS=Y&SYID=&EYID=&SC=DEFAULT&SO=ASC>; https://www.healthvermont.gov/sites/default/files/document/HSI_YBRS_2021_Windham.pdf

Opioids

The Vermont Department of Health website reports that,

“Opioids – such as prescription painkillers and heroin – are powerful drugs that are highly addictive. Opioids slow breathing and heartbeat, and act on the brain to relieve pain. They can rewire brain chemistry, making anyone susceptible to addiction. Opioid use disorder (OUD) can have potentially devastating consequences for people who experience addiction and for their families and our communities. In Vermont, the number of deaths due to opioid overdose has increased almost 500% in the last 10 years. The synthetic opioid, fentanyl, which is 50 times stronger than heroin, has been a driving force in the increase of overdoses.”

Communities across Vermont, and across the nation, have been facing the challenge of opioid use disorder. OUD can wreak havoc on one’s life, and sadly, too often, it also proves fatal.

The trendline for accidental opioid-related deaths continues to climb, as the line graph at right shows. In January to March 2024, 41 Vermonters died of opioid-related accidents; all but two of these deaths involved fentanyl. In addition, three non-Vermont residents died in Vermont.¹⁴⁵

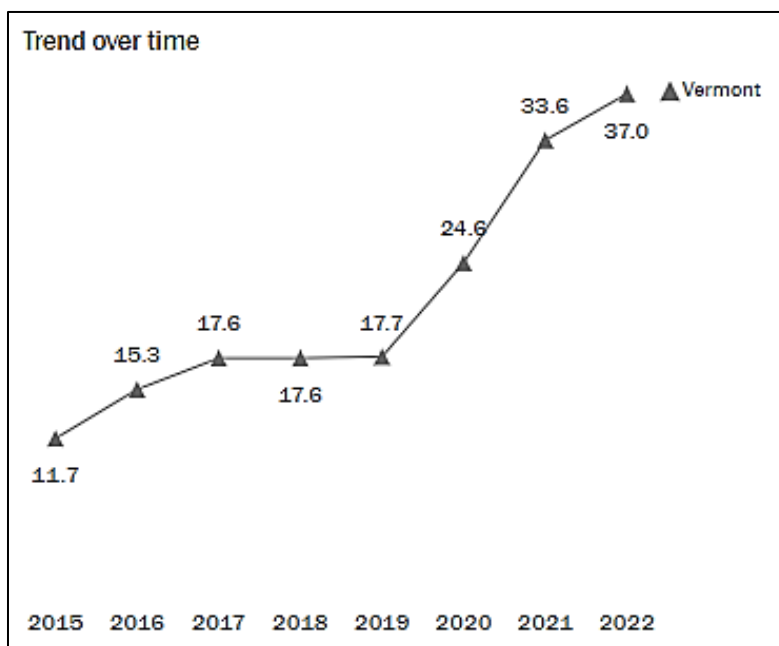
OUD is a lifelong chronic illness and, as with diabetes or heart disease, it requires a multifaceted treatment approach, including harm-reduction practices, recovery coaching, medication-assisted treatment (MAT), and behavioral therapy.

Vermont currently offers public education, intervention services, and support for the treatment and management of OUD. Confidential referral to services is available through the hub.vthelplink.org website and by calling 802-565-LINK. Between 2022 and 2023, Vermont’s Helplink received over 1,000 calls and chats, and over 28,000 website visits.¹⁴⁶

Grace Cottage offers MAT in its primary care clinic, and Brattleboro Memorial Hospital participates in the Rapid Access to Medication program (RAM), which provides MAT to Emergency Department patients in active opioid withdrawal; BMH also helps to connect these patients to other treatment programs.

All three Windham County hospitals participate in the Windham County Consortium on Substance Use.

According to the 2021 YBRS, among Windham County high schoolers, 3% report having tried cocaine, 1% have tried heroin, and 1% have tried methamphetamines. Each of these numbers is one percent less than in the 2019 YBRS.¹⁴⁷ The adult BRFSS does not ask about illicit drug use.



¹⁴⁵ <https://www.healthvermont.gov/sites/default/files/document/dsu-monthly-opioid-report.pdf>

¹⁴⁶ <https://www.healthvermont.gov/sites/default/files/document/dsu-annual-overview-2023.pdf>

¹⁴⁷ https://www.healthvermont.gov/sites/default/files/documents/pdf/CHS_YBRS_statewide_report.pdf;
https://www.healthvermont.gov/sites/default/files/document/HSI_YBRS_2021_Windham.pdf

Windham County: Lifestyle Choices & Health

The Vermont Department of Health's use of the 3-4-50 logo is a reminder that three unhealthy behaviors can lead to the four most common diseases and contribute to at least 50% of Vermont deaths.

The 3-4-50 model emphasizes the importance of choice in living a healthy life. As indicated, lack of physical activity, poor diet, and tobacco use are the most common unhealthy behaviors.

Tobacco use has already been addressed in this report. In this section of the Windham County Community Health Needs

Assessment, we focus on the importance of physical activity and a healthy diet.



The Vermont Department of Health and the community's health organizations have set goals for public health after gathering information about chronic health conditions that affect the community. But statistics and goals mean nothing if they do not motivate individuals to choose healthy behaviors. Each individual Vermonter's lifestyle and personal health behaviors have a major impact on Vermont's population health.

Overweight and Obese

The terms "overweight" and "obese" describe weight ranges above what is considered to be healthy for a given height. Being obese is defined as having a Body Mass Index of 30 or higher.

Healthy weight has a significant impact on a person's health. 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."¹⁴⁸ Being obese or overweight increases the risk for many chronic diseases, including type 2 diabetes, atherosclerosis, gynecologic abnormalities, arthritis, respiratory disorders and certain types of cancer. In addition, it impacts quality of life, and additional medical costs result from treating obesity-related illnesses.

The Vermont Department of Health reports that overweight and obesity rates have reached "epidemic proportions" in Vermont and across the United States. When numbers for obesity and overweight are combined, the result shows that over 60% of Vermonters are overweight or obese.¹⁴⁹ Thus, obesity is a significant public health challenge in Vermont.¹⁵⁰

The trend toward being overweight or obese affects males and females, and people of all races, incomes and education levels— but especially Vermonters at the lower end of the socioeconomic ladder and Vermonters in the 45-64 age range.¹⁵¹

¹⁴⁸ <https://www.cdc.gov/healthyweight/assessing/index.html>

¹⁴⁹ [https://www.healthvermont.gov/wellness/plans-reports/physical-activity-and-nutrition-publications#:~:text=Overweight%20and%20obesity%20rates%20have,Factor%20Surveillance%20Survey%2C%202017\).](https://www.healthvermont.gov/wellness/plans-reports/physical-activity-and-nutrition-publications#:~:text=Overweight%20and%20obesity%20rates%20have,Factor%20Surveillance%20Survey%2C%202017).)

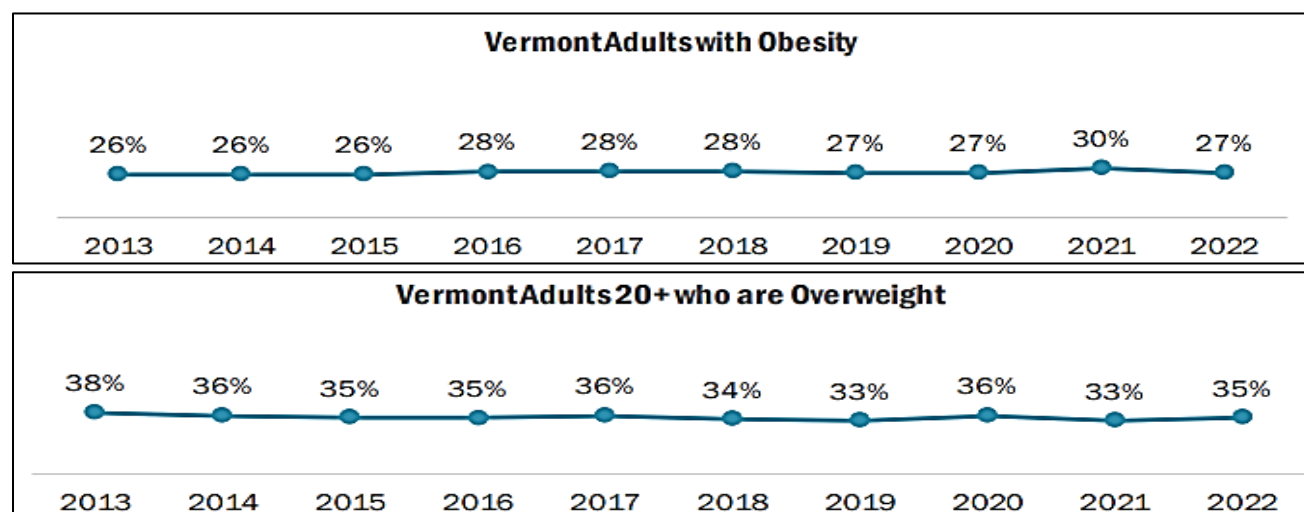
¹⁵⁰ https://www.healthvermont.gov/sites/default/files/documents/pdf/Promoting_Healthier_Weight_toolkit.pdf

¹⁵¹ https://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR_2018_BRFSSReport.pdf

Factors contributing to being overweight or obese include lack of physical activity; not eating enough fruits and vegetables; spending too much time in front of computers, phones, and televisions; and regular consumption of sugary beverages.

The 2022 BFRSS survey asked respondents about their weight. For all groups – U.S., Vermont, and Windham County adults – the rate for being overweight was the same, 35%. Obesity rates showed more variation, with 34% of Americans being obese, compared to 27% of Vermonters, and 29% of Windham County residents.¹⁵²

Rates of Vermont adults being overweight and obese have remained steady over the past decade.¹⁵³



Obesity rates for Vermont high school students have increased: 11% in 2011, 13% in 2019,¹⁵⁴ 14% in 2021. 14% of Windham County teens are obese and 14% are overweight.¹⁵⁵ Notice that the perception of being overweight is actually greater than the reality. While 14% of Windham County teens are classified as being overweight, 30% describe themselves as overweight; 42% of teens said they were trying to lose weight.¹⁵⁶

	VT	County	F	M	9th	10th	11th	12th	BIPOC	WnH	LGBTQ	HetCis
Were overweight	14	14	13	15	18	15	13	11	15	14	13	14
Were obese	14	14	11	16	13	12	16	15	21	13 *	19	12 *

	VT	County	F	M	9th	10th	11th	12th	BIPOC	WnH	LGBTQ	HetCis
Described themselves as slightly or very overweight	29	30	31	29	26	32	33	30	34	30	41	26 *
Were trying to lose weight	41	42	54	31 *	41	45	40	44	49	41	53	38 *

¹⁵² <https://www.healthvermont.gov/sites/default/files/document/HSI-BRFSS-2022-DataSummary.pdf>

¹⁵³ Ibid.

¹⁵⁴ <https://www.healthvermont.gov/sites/default/files/document/HV2020-Highlights-Report%20%281%29.pdf>

¹⁵⁵ https://www.healthvermont.gov/sites/default/files/document/HSI_YRBS_2021_Windham.pdf

¹⁵⁶ https://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR_YRBS_WINDHAM_2019.pdf

Exercise & Physical Activity

The Vermont Department of Health also asks questions in both the adult BFRSS and the Youth Behavior Risk Survey to track exercise/physical activity levels and nutritional habits. This page of the report focuses on leisure time activity.

The 2021 survey asked teens if they met the recommended guideline of 60 minutes of physical activity per day at least five days a week. Just over half—53% in Vermont and 54% in Windham County—said yes; the U.S. average was just 45.3%.

By contrast, 75.9% of American teens, 73% of Vermont teens, and 77% of Windham County teens said they spent three or more hours per day on screen time (not including doing schoolwork).¹⁵⁷

The 2022 adult survey asks questions about physical activity differently than in the youth survey, then summarizes all responses under the heading “no leisure time physical activity or exercise.”

The recommendation for adults is to get at least 30 minutes of physical activity per day, four to five times a week (versus 60 minutes each day for youth).¹⁵⁸

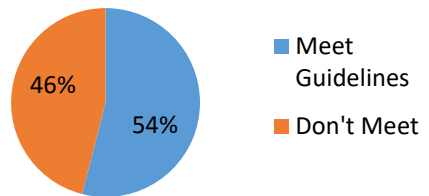
Still, despite the recommendation for adults being only half that of youth, 24% of U.S. adults said they had no time for this; nor did 20% of Vermont adults and 18% of Windham County adults.

For Vermont as a whole, gender did not seem to greatly influence the tendency to exercise. Men and women report “no leisure time for physical activity” at similar rates, with females slightly more likely to find the time.

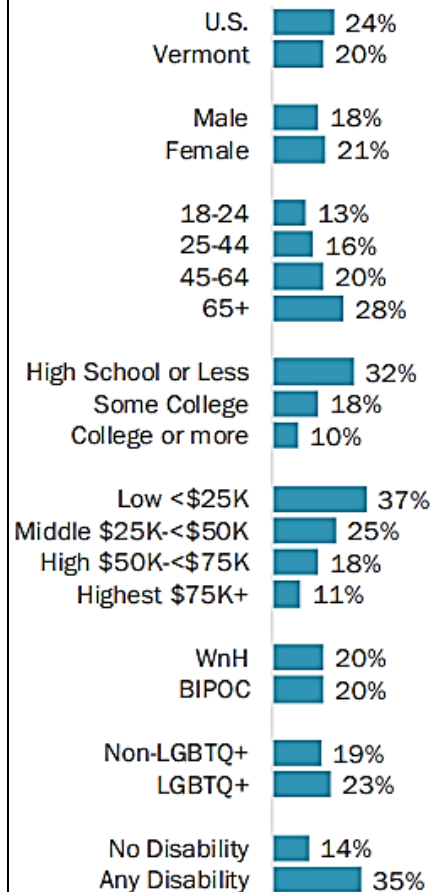
Likewise, adults of color reported the same activity level as adults identifying as white. LGBTQ+ adults were slightly more likely to find the time for leisure-time activity.

Those with lower household incomes were less likely to find time for leisure activities. Disability status and age also made a notable difference.

Windham County Teens Meeting Physical Activity Guidelines 2021



Vermont Adults with No Leisure Time Physical Activity, 2022



¹⁵⁷ https://www.healthvermont.gov/sites/default/files/document/HSI_YRBS_2021_Windham.pdf:
<https://nccd.cdc.gov/Youthonline/App/Results.aspx?TT=A&OUT=0&SID=HS&QID=QQ&LID=XX&YID=2021&LID2=&YID2=&COL=S&ROW1=N&ROW2=N&HT=QQ&LCT=LL&FS=S1&FR=R1&FG=G1&FA=A1&FI=I1&FP=P1&FSL=S1&FRL=R1&FGL=G1&FAL=A1&FIL=I1&FPL=P1&PV=&TST=False&C1=&C2=&QP=G&DP=1&VA=C1&CS=Y&SYID=&EYID=&SC=DEFAULT&SO=ASC>

¹⁵⁸ <https://www.cdc.gov/physical-activity-basics/guidelines/adults.html#:~:text=Physical%20activity%20is%20one%20of,muscle%2Dstrengthening%20activity%20each%20week.>

Nutrition

Teens and adults alike were also asked if they met the recommendation for consuming 5+ fruits and vegetables per day. Most Vermonters, teens and adults alike, do NOT eat enough fruits and vegetables for optimal health.

Only 18% of Vermont teens and 12% of Windham County teens reported meeting this guideline. (The U.S. report does not include a comparable statistic.)

Youth were also asked if they eat breakfast every day. Only 25% of U.S. teens said yes; 33% of Vermont teens said yes; 27% of Windham County teens said yes.

The 2022 BFRSS survey did not ask about fruits and vegetable consumption, but the 2021 did.¹⁵⁹

The survey results indicated that Windham County adults are doing slightly better (28%) than their Vermont and U.S. counterparts; state and national rates in 2021 are 16% and 23% respectively, as shown in the chart at right. These rates have been consistent over the past decade.

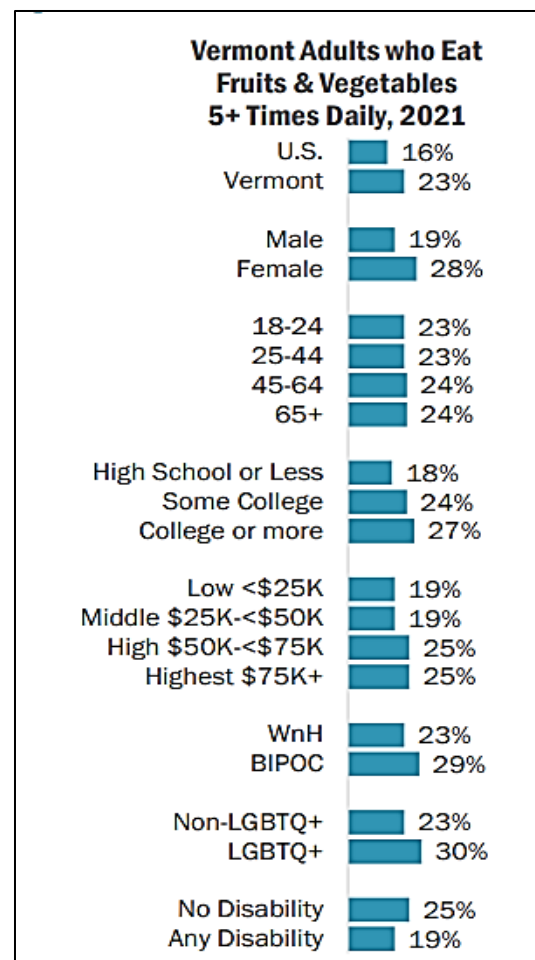
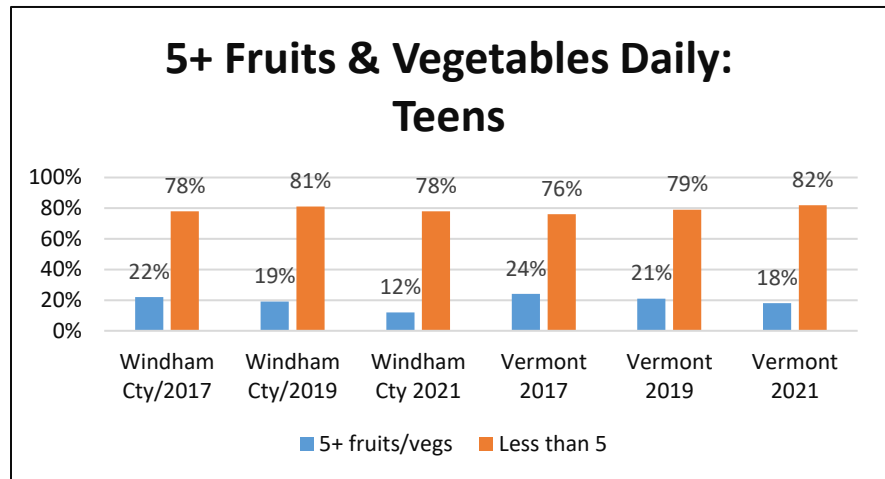
The BIPOC and LGBTQ+ communities are more likely to meet the nutritional guidelines, as are females and college-educated adults. Age does not appear to be a significant factor.

Food Insecurity

In the 2022 survey, adults were asked about food insecurity.

One in ten Vermont adults reported that they received food stamps in the past year; 7% reported that often or always, their food supplies did not last through the whole month, and they did not have money to buy more.

Food insecurity is higher among adults with less education and lower household incomes. BIPOC adults and adults with a disability reported that they were more likely to experience food insecurity in the past year than white, non-Hispanic adults and those with a disability. There are no statistical differences in food insecurity by sexual orientation and gender identity.¹⁶⁰



¹⁵⁹ <https://www.healthvermont.gov/sites/default/files/2023-02/HSI-BRFSS-2021-DataSummary.pdf>

¹⁶⁰ <https://www.healthvermont.gov/sites/default/files/document/HSI-BRFSS-2022-DataSummary.pdf>

Disease Prevention: Vaccines

Vaccinations help protect people themselves from the risk of disease, and they can protect those around them, especially vulnerable populations, like infants too young to be vaccinated, and children and adults with weakened immune systems.

The U.S. Department of Health & Human Services and the U.S. Centers for Disease Control (CDC) work together to develop lists of recommended vaccines for infants, children, teens, and adults. These lists are available, along with vaccine explanations, at the website www.cdc.gov/vaccines, or by calling 1-800-CDC-INFO (800-232-4636).

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.

Vaccines for Children

The CDC has created recommended vaccination schedules to protect children from 14 preventable diseases. The immunization schedules list the recommended timing of various vaccinations, based on extensive research, with the goal of protecting children from diseases at the earliest time the vaccines are safe and effective. Delaying vaccines can leave a child vulnerable to a disease when they are small and most at risk.

Congress created the federal Vaccines for Children (VFC) Program in 1993 in order to remove or reduce any cost barriers. The VFC program provides vaccines to medical providers at no cost for the eligible patients.

Pre-School Vaccination Rates – Vermont and Windham County

In 2023-24, 94% of Vermont children in center-based childcare and preschool programs completed all vaccine or immunity requirements (a child may achieve immunity by having the disease without being vaccinated). Windham County's rate was 95%.

School-Age Vaccination Rates – Vermont and Windham County

For Vermont's K-12 students, 94% of those in either independent and public schools completed all vaccine or immunity requirements during the 2023-24 school year (the independent school rate was 89%). Windham County's rate was 91%. The rates for individual schools ranged from 86-90+%.¹⁶¹

College-Age Vaccination Rates – Vermont and Windham County

In 2023-24, 91% of new, incoming, full-time students and allied health undergraduates in Vermont had completed all vaccine or immunity requirements (Varicella, MMR, HepB, Tdap, and Meningococcal). County-level data is not available. This rate is lower than the state's five-year average (92.4%) and the second lowest in that time frame.¹⁶²

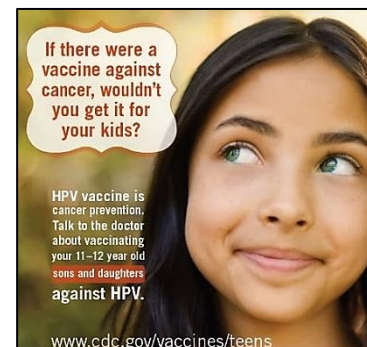
¹⁶¹ <https://www.healthvermont.gov/stats/surveillance-reporting-topic/school-vaccination-data>

¹⁶² Ibid.

Adolescents & Young Adults: HPV Vaccine

The Human Papilloma Virus (HPV) can cause six different types of cancer. It is so common that nearly all sexually active people get it at some point in their lives. The virus is easily spread by intimate skin-to-skin contact. There are more than 100 varieties of HPV.

Most HPV infections go away by themselves, and most people with HPV never develop symptoms or health problems. But, sometimes, HPV infections last longer and cause certain cancers and other diseases. It may take years for these cancers to develop, and there is no way to predict who will be affected. Every year in the U.S., HPV causes 32,500 cancers in men and women.



The HPV vaccine is safe and effective and can prevent most common health problems associated with the virus, including cancer.¹⁶³ The first HPV vaccine was first licensed in 2006. It 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 to 26.

According to the 2021 Vermont Vaccine Coverage report (published Oct. 2022), 65.7% of 15-year-old Vermont teens (born in 2006) had at least their first dose of HPV vaccine. Windham County had the second lowest rate of all counties (58.1%).¹⁶⁴ In 2017, Windham County ranked ninth out of Vermont's 14 counties.

Other Recommended Vaccines

COVID-19 Vaccines

The results of this disease are still fresh in the public's mind and no explanation of COVID-19 is needed.

The CDC recommends that everyone ages 6 months and older get a COVID-19 vaccine. This is especially important for those who are immuno-compromised.

Recommendations on when and how often to get vaccinated vary depending on an individual person's health condition, so a provider's advice is suggested.

Vermont's latest report on COVID-19 vaccine coverage is from April 2023 and includes adults only.¹⁶⁵

In Windham County, 78% of females and 74% of males had completed a primary series of COVID-19 vaccine as of April 11, 2023. Vermont's over-all rates were 82% for females and 77% for males. Windham County's rates are midway in the rankings for all Vermont counties.¹⁶⁶ (The 2023 report notes that in some cases, gender is reported as sex assigned at birth, and in other cases as chosen

County	Female		Male	
	%	Pop estimate	%	Pop estimate
Addison	86%	18,410	81%	18,367
Bennington	78%	18,196	74%	17,274
Caledonia	75%	15,021	69%	14,972
Chittenden	88%	83,675	85%	80,099
Essex	59%	3,065	57%	3,098
Franklin	76%	24,783	70%	24,619
Grand Isle	91%	3,571	82%	3,664
Lamoille	85%	12,677	81%	12,685
Orange	76%	14,386	70%	14,506
Orleans	74%	13,492	67%	13,545
Rutland	81%	29,375	75%	28,816
Washington	88%	29,363	81%	29,046
Windham	78%	21,559	74%	20,663
Windsor	78%	28,100	73%	26,962
VT	82%	315,673	77%	308,316

¹⁶³ <https://www.cdc.gov/hpv/parents/cancer.html>

¹⁶⁴ <https://www.healthvermont.gov/sites/default/files/documents/pdf/imr-vaccination-coverage-2021-annual-report.pdf>

¹⁶⁵ <https://www.healthvermont.gov/sites/default/files/document/lisid-covid-vaccination-data-report.pdf>

¹⁶⁶ Ibid.

gender, due to varying sources of information and how it was reported. Race/ethnicity information was not reported for 5% of those vaccinated.)

The data for booster shots was as follows: 35% of Vermonters ages 5+ received a booster between Sept. 2022 and April 2023; Windham County's rate was 33%; for Windham County residents ages 65+ the rate was at least 50%, with higher rates for older age brackets. The Department of Health website also presents 2023-2024 vaccination data, but this does not differentiate between a primary COVID-19 vaccine and a booster. The percentage of Vermonters who received any kind of COVID-19 vaccine in 2023-2024 was 26%; Windham County's rate was 22%.¹⁶⁷

DTaP or Tdap

These two vaccines protect against pertussis (a respiratory disease also called whooping cough), diphtheria (a rare but potentially fatal disease), and tetanus (commonly known as lockjaw, which describes one of its results). DTaP is given to babies and children younger than seven years old, and the other is for older children and adults. After the initial shot, only the tetanus vaccine needs a booster shot (every 10 years). 79% of Vermonters and 81% of adults in Windham County are up to date with their tetanus shots.

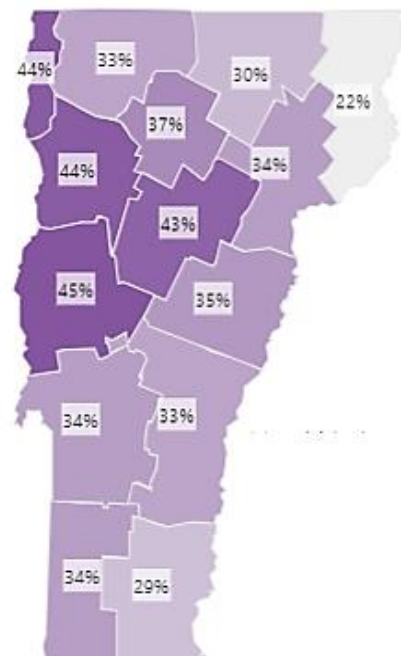
Flu Vaccines

Influenza, commonly called "the flu," is a contagious viral infection 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 deadly. The CDC estimates that since 2010, flu-related hospitalizations in the U.S. have ranged from 140,000 to 710,000, and flu-related deaths have ranged from 12,000 to 56,000. Older adults, young children, and those with certain health conditions (asthma, diabetes, health disease, and pregnancy) are at highest risk.¹⁶⁸

The CDC recommends that everyone ages 6 months and older get a flu vaccine each year, by the end of October if possible.

In the past year (July 1, 2023, to June 30, 2024), 38% of Vermonters and 75% of Vermonters age 65+ received a flu vaccine; Vermont's three-year average is 43%. For Windham County, the 2023-2024 rate was 29%*.¹⁶⁹



* 3-year average for Windham County was not available.

Pneumonia Vaccines

Pneumonia is another potentially deadly disease, especially for older Americans and those who are immuno-compromised. Pneumonia affects the lungs, causing the air sacs to fill with fluid or pus. The severity of the disease depends on age, overall health, and the cause (bacteria, virus, or fungi).

¹⁶⁷ <https://www.healthvermont.gov/stats/surveillance-reporting-topic/vermont-covid-19-and-flu-vaccination-data>

¹⁶⁸ <https://www.cdc.gov/vaccines/adults/vpd.html>

¹⁶⁹ <https://www.healthvermont.gov/stats/surveillance-reporting-topic/vermont-covid-19-and-flu-vaccination-data>

Influenza can develop into pneumonia. Pneumococcal pneumonia is the most common type of pneumonia in adults, affecting about 175,000 Americans each year.

Two vaccines for pneumonia are available; a medical provider can guide a person's choice. In Vermont, 71% of those ages 65+ have received a pneumonia vaccine; in Windham County, 70% of those who are 65+ are vaccinated.

RSV Vaccines

RSV, an important cause of the common cold, can sometimes cause respiratory distress, especially in infants, older adults, and individuals with underlying health conditions. It is highly contagious and tends to peak from fall through spring. RSV is the leading cause of hospitalization in the U.S. for infants under the age of one year.

In 2023, new RSV vaccines and a longer-lasting antibody product for infants were approved, marking a turning point in the ability to combat this virus safely and effectively. Several variations of the vaccinations are available, and specific recommendations are available from one's primary care provider.

Shingles

Chickenpox and Shingles are both caused by the varicella-zoster virus (VZV), which causes a painful blister-like rash with itching, tiredness, and fever.

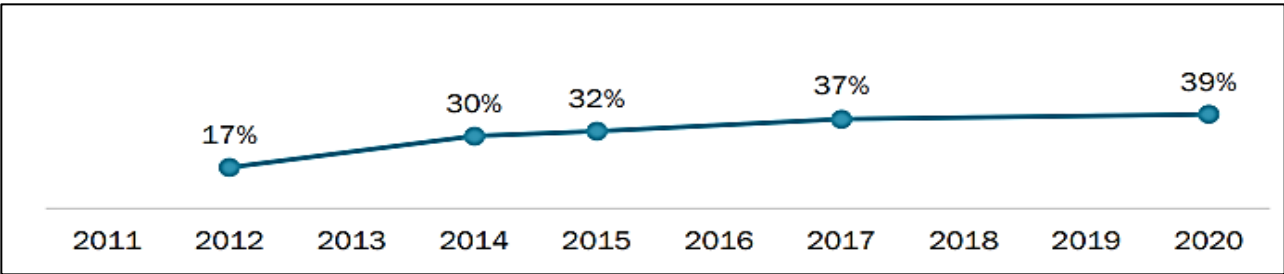
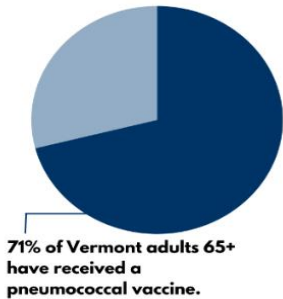
Chickenpox is generally a childhood disease, and those who have it may acquire immunity, or the virus may remain dormant in their system, raising the likelihood of them developing Shingles later in life. One in three American adults will get Shingles as some point in their lifetime.¹⁷⁰

A vaccine for children can protect against chickenpox. It is generally required for children in childcare or school.

The Shingrix vaccine can protect adults against developing Shingles.

Recent data for Shingles vaccination rates is not readily available, but in 2020, the CDC reported that Shingles vaccination among adults ages 60+ increased from 6.7% in 2008 to 34.5% in 2018. Men and women were equally likely to have received the vaccine. Vaccination coverage was highest for those who were not poor and those who had more than a high school education.¹⁷¹

Vermont's 2019-20 Behavioral Risk Factor Surveillance System survey report showed that for adults 50+ (for whom the Shingles vaccine is now recommended), the U.S. vaccination rate was 31%, the Vermont rate (shown below) was 39%, and the Windham County rate was 36%. These rates have steadily increased over time.¹⁷²



¹⁷⁰ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10618697/>
¹⁷¹ <https://www.cdc.gov/nchs/data/databriefs/db370-h.pdf>
¹⁷² https://www.healthvermont.gov/sites/default/files/documents/pdf/HSI_BRFSS_2019-2020_SWReport.pdf

CHNA Survey Results

A total of 524 people completed the 2024 Community Health Needs Assessment (CHNA) survey. The vast majority of these are Windham County residents. Surveys were completed online, with links provided via partner websites and patient news channels, by news and social media, and through local social service organizations, where assistance was provided for those who did not have web service at home.

Information about Windham County health needs was also solicited by surveying leaders from social services organizations and towns. In addition, focus groups were held with underserved communities – BIPOC, LGBTQ+, refugee, and unhoused populations were invited to participate in these groups. Information gained from the leadership survey and the focus groups follows this report on the survey conducted with the general population.

Community survey questions are provided here, followed on page 64 by a summary of the survey responses.

(Survey Template)

WINDHAM COUNTY CHNA 2024

If you are at least 18 years of age, please take a minute to complete the survey below. The purpose of this survey is to get your opinions about community health issues. All responses will remain anonymous.

Q1 How would you rate your health today?

- ☐ Very good
- ☐ Good
- ☐ Moderate
- ☐ Bad
- ☐ Very bad

Q2 Have you used any of the following services in the past year? (Check all that apply)

- ☐ Medical appointment with my regular doctor
- ☐ Dentist for a cleaning or dental work
- ☐ Medical specialist visit
- ☐ Visit to the emergency room
- ☐ Visit to an urgent care center
- ☐ Mental health provider
- ☐ Substance use treatment services
- ☐ Medical appointment outside of Windham County
- ☐ Telehealth medical appointment
- ☐ Telehealth mental health or substance use treatment appointment
- ☐ Flu shot
- ☐ COVID vaccine
- ☐ Tobacco quit help (helpline, medications, counseling)
- ☐ None of the above

Q3 What health issues concern you the most? (Select for yourself, your family & your community)

	For myself	For my family	For neighbors and other members of the community
Heart disease and cardiovascular conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes and related complications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory diseases such as asthma or chronic obstructive pulmonary disease (COPD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer and access to screenings and treatments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health disorders including depression, anxiety, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance use problems, such as with alcohol, opioids, or other substances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infectious diseases such as influenza, COVID, tuberculosis, or HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maternal and child health concerns including prenatal care and infant mortality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Musculoskeletal conditions like arthritis or back pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neurological disorders such as Alzheimer's disease or Parkinson's disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Injury, accidents, and access to emergency medical services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to reproductive health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vision and hearing health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutritional deficiencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental health concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic or intimate partner violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other concerns:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other concerns:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other concerns:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q4 What are Windham County's most significant assets/strengths related to health and wellness? (for example, things that are going well that make it easy to be/stay healthy)

Q5 How could Windham County improve to promote health? (for example, provide access to services, or address environmental or other issues)

Q6 Have any of the following barriers affected your ability to find the help you need (medical, mental health, dental, substance use)?

	Medical Care	Dental Care	Mental Health Care	Substance Use Treatment
Don't have insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can't afford co-pays/deductible/prescription costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can't get an appointment with a provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't have time off work for appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providers lack cultural knowledge/sensitivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can't find BIPOC provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can't find LGBTQIA+ provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't want to ask for help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can't make it to appointments (no rides, distance, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not satisfied with choices for care in my area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of needed supports like family or friends to access care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't want/need a provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't have any barriers to finding the help I need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other barriers:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q7 What makes it hard to be as healthy as you would like to be?

- ☐ No local options for physical activity
- ☐ Exercise options too expensive
- ☐ Too busy to exercise
- ☐ Unstable housing situation
- ☐ Unhealthy living environment
- ☐ Poor air/water quality
- ☐ Experience discrimination or social exclusion
- ☐ Feel unwelcome in my community
- ☐ Language or cultural barriers
- ☐ Isolation or loneliness
- ☐ Dealing with significant stress
- ☐ Don't have time to cook healthy food
- ☐ Lack of income or resources
- ☐ Limited access to educational resources or opportunities
- ☐ No access to transportation
- ☐ Lack of employment opportunities
- ☐ Can't afford healthy food
- ☐ Not enough food
- ☐ Concerns about neighborhood safety
- ☐ Inadequate social support networks
- ☐ Issues with employment or working conditions
- ☐ Limited public transportation options
- ☐ No broadband or internet access
- ☐ Other _____
- ☐ Other _____
- ☐ Other _____

Q8 Do you know who to contact if you need assistance with the services below?

	Not really	Somewhat/partially	Yes, definitely
Food insecurity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical health concerns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health concerns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling unsafe at home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling unsafe in the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next section asks some fully anonymous questions about you and your household. These optional questions help us better understand the population of our community and how this relates to the community's health needs.

Q9 Do you live in Windham County, VT

- ☐ Yes
- ☐ No

Q10 Town of your residence

▼ Athens ... Windham

Q11 What is your US Zip Code? _____

Q12 Do you work in Windham County, VT?

- ☐ No
- ☐ Yes

Q13 Town where you work

▼ Athens ... Windham

Q14 Where did you receive most of your medical care in the past year?

- ☐ In Windham County
- ☐ Outside of Windham County

Q15 Number of people in your household _____

Q16 Number of people under 18 in your household _____

Q17 What is your Age?

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

Q18 Gender identity (check all that apply)

- ☐ Female
- ☐ Male
- ☐ Transgender
- ☐ Non-binary/non-conforming
- ☐ Other _____
- ☐ Prefer not to say

Q19 What primary language(s) are spoken in your household?

- ☐ English
- ☐ Dari
- ☐ Spanish
- ☐ Tigrinya
- ☐ Pashto
- ☐ Haitian Creole
- ☐ French Creole
- ☐ Mandarin
- ☐ Arabic
- ☐ Portuguese
- ☐ Hindi
- ☐ Swahili
- ☐ French
- ☐ Other _____

Q20 How would you describe your race (select all that apply)

- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Native Hawaiian or Pacific Islander
- ☐ Prefer not to say
- ☐ Other _____

Q21 Are you of Hispanic, Latino, or Spanish origin?

- ☐ No, not of Hispanic, Latino, or Spanish origin
- ☐ Yes, Mexican, Mexican American, Chicano
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, Another Hispanic, Latino, or Spanish origin (ex., Salvadoran, Dominican, Colombian, etc.)

Q22 What is your housing situation?

- ☐ Assisted Living/Nursing Home
- ☐ Unhoused
- ☐ Temporary/shelter, etc.
- ☐ Own
- ☐ Rent
- ☐ Shared
- ☐ Other _____

Q23 Please select your current employment status (please select all that apply)

- ☐ Student
- ☐ Homemaker or stay-at-home parent
- ☐ Retired
- ☐ Disabled
- ☐ Unemployed and looking for work
- ☐ Unemployed not looking for work
- ☐ Working part-time
- ☐ Working full-time
- ☐ Other

Q24 What is the highest level of education you have completed?

- ☐ Some high school or less
- ☐ High school diploma or GED
- ☐ Some college, but no degree
- ☐ Associates or technical degree
- ☐ Bachelor's degree
- ☐ Graduate or professional degree (MA, MS, MBA, PhD, JD, MD, DDS etc.)
- ☐ Prefer not to say

Q25 What was your total household income before taxes during the past 12 months?

- ☐ Less than \$25,000
- ☐ \$25,000-\$49,999
- ☐ \$50,000-\$74,999
- ☐ \$75,000-\$99,999
- ☐ \$100,000-\$149,999
- ☐ \$150,000 or more
- ☐ Prefer not to say

Q26 What kind of health insurance do you and your family have? (please select all that apply)

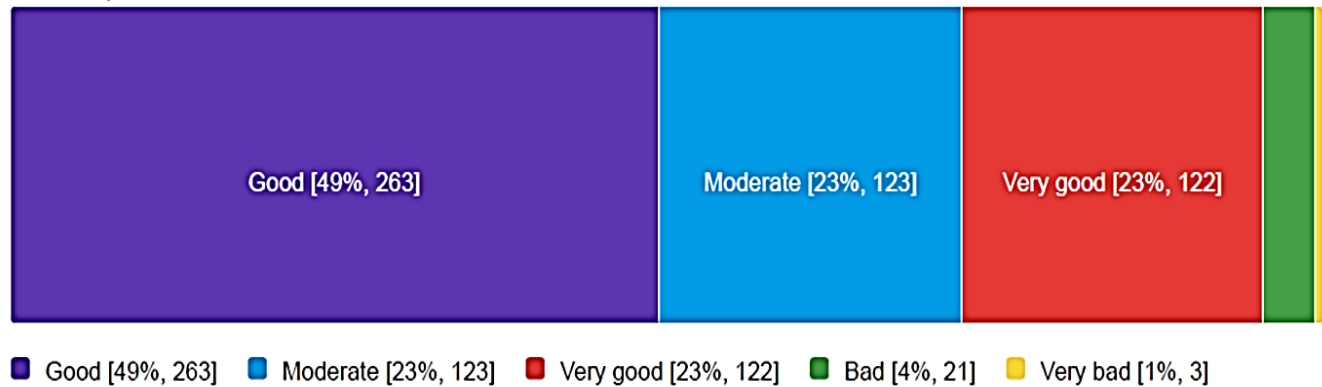
- ☐ Uninsured (at least one household member)
- ☐ Private insurance through employer plan or family plan
- ☐ Private insurance through VT Health Exchange
- ☐ Veterans Benefits
- ☐ Medicare
- ☐ Medicaid
- ☐ Dr. Dynasaur
- ☐ Other _____
- ☐ Other _____

2024 Windham County CHNA Survey Results

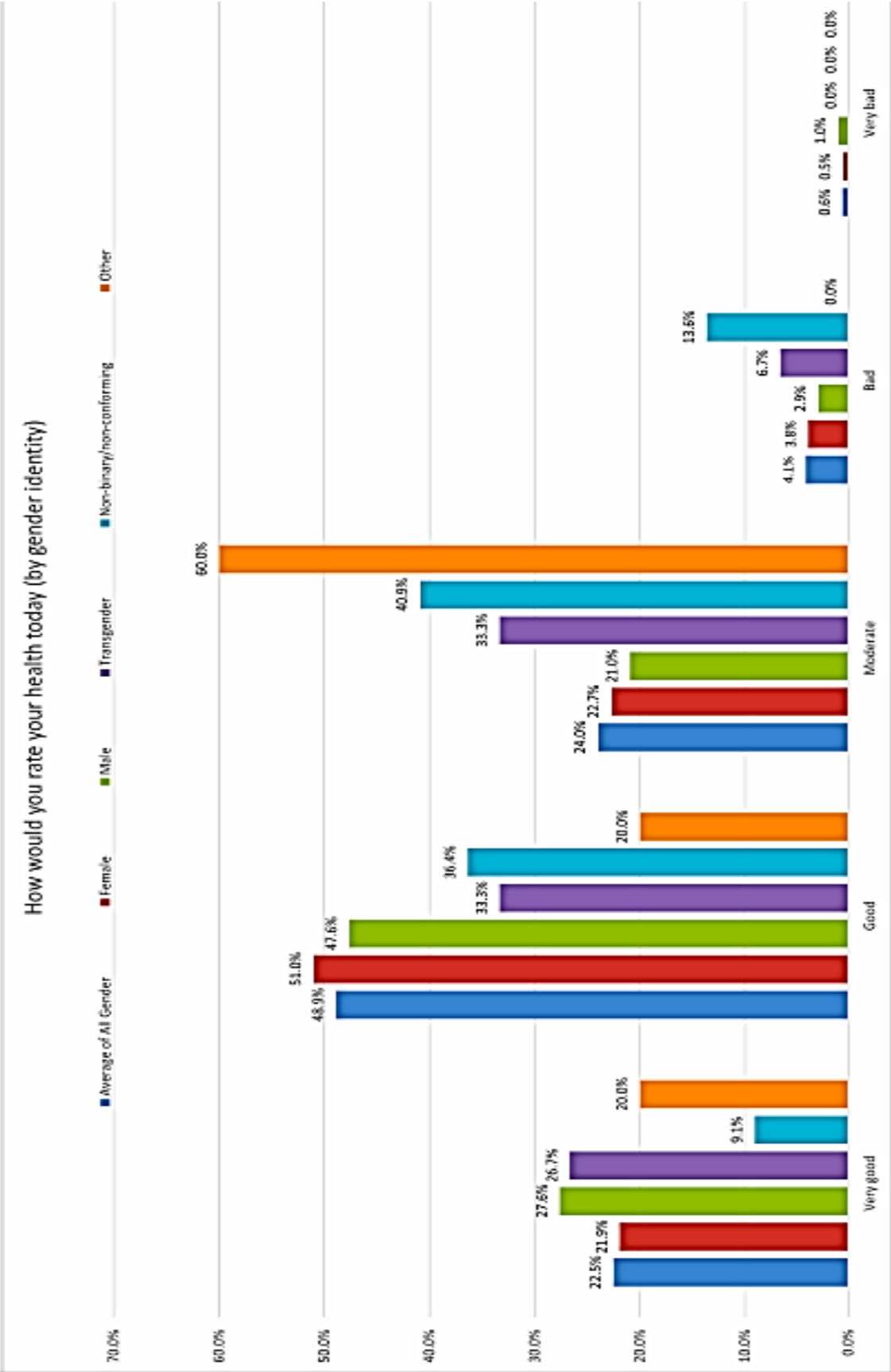
Section 1: Health-related questions

How would you rate your health today?

532 Responses



Self-reported health by gender identity, race, and income categories



What health issues concern you the most (for yourself)?

**(ranked by # of respondents who checked these boxes; # of
respondents is indicated on each line)**

- 258 - Dental Health
- 251 - Vision & Hearing
- 229 - Musculoskeletal conditions like arthritis and back pain
- 203 - Mental Health (anxiety, depression, stress, etc.)
- 194 - Cancer (all kinds, access to screenings and treatments)
- 190 - Injuries, accidents, access to emergency medical services
- 169 - Heart Disease/Cardiovascular Conditions
- 158 - Infectious Disease (COVID, Flu, HIV/AIDS, TB)
- 136 - Environmental health concerns
- 103 - Neurological disorders (Alzheimer's & Parkinson's)
- 103 - Respiratory diseases (asthma and COPD)
- 102 - Diabetes and related complications
- 91 - Other concerns
- 78 - Nutritional deficiencies
- 70 - Access to reproductive health services
- 28 - Maternal and child health concerns
- 25 - Substance use problems
- 16 - Domestic partner violence

What health issues concern you the most (for your family)?

**(ranked by # of respondents who checked these boxes; # of
respondents is indicated on each line)**

- 223 - Mental Health (anxiety, depression, stress, etc.)
- 215 - Dental Health
- 195 - Vision & Hearing
- 183 - Cancer (all kinds, access to screenings and treatments)
- 182 - Injuries, accidents, access to emergency medical services
- 162 - Musculoskeletal conditions like arthritis and back pain
- 161 - Neurological disorders (Alzheimer's & Parkinson's)
- 158 - Heart Disease/Cardiovascular Conditions
- 147 - Infectious Disease (COVID, Flu, HIV/AIDS, TB)
- 126- Environmental health concerns
- 120 - Diabetes and related complications
- 112 - Access to reproductive health services
- 103 - Respiratory diseases (asthma and COPD)
- 86 - Substance use problems
- 75 - Nutritional deficiencies
- 74 - Maternal and child health concerns
- 73 - Other concerns
- 22 - Domestic partner violence

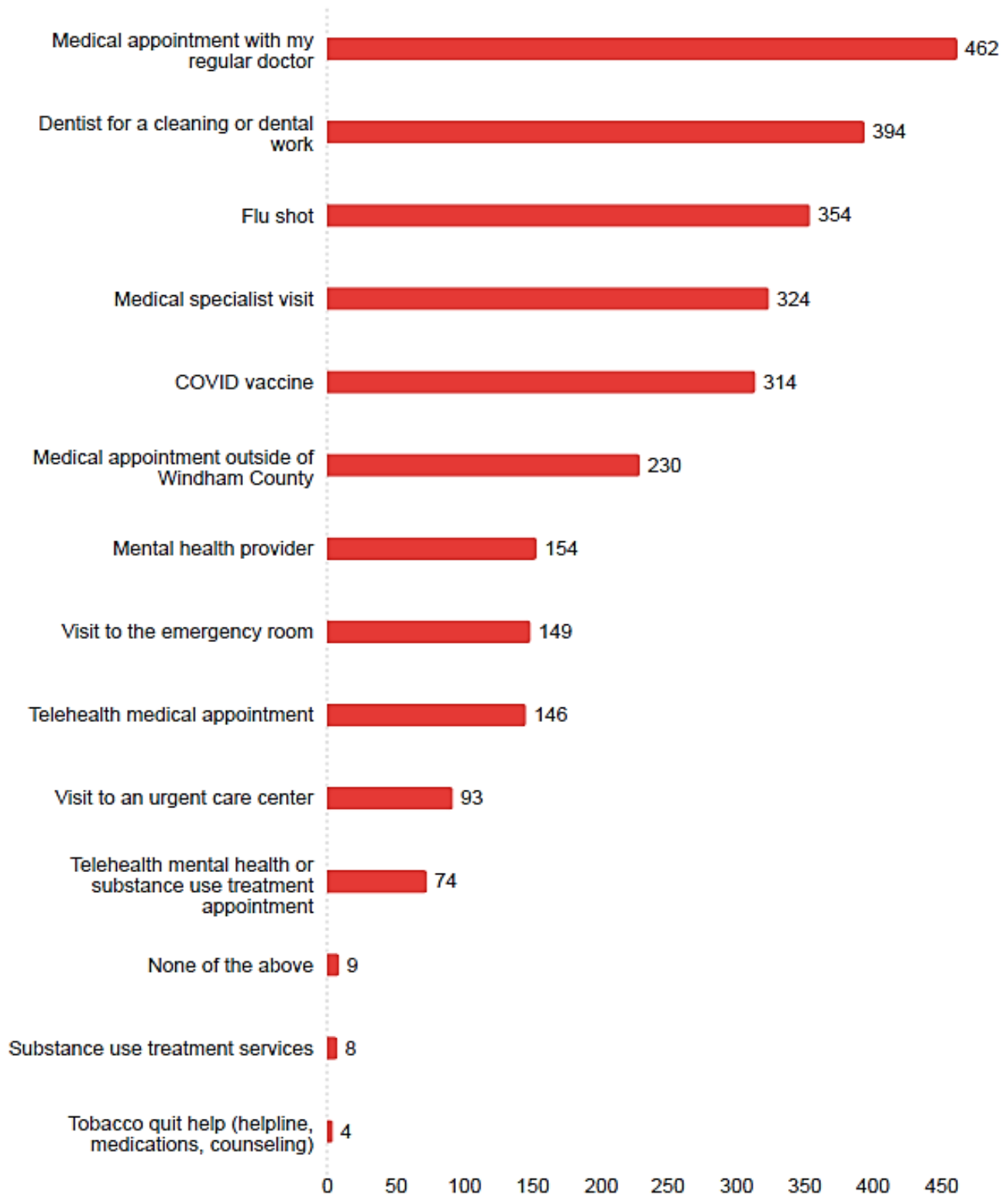
What health issues concern you the most (for your community)?

(ranked by # of respondents who checked these boxes; # of respondents is indicated on each line)

- 335 - Substance use problems
- 319 - Mental Health (anxiety, depression, stress, etc.)
- 282 - Dental Health
- 271 - Domestic partner violence
- 269 - Infectious Disease (COVID, Flu, HIV/AIDS, TB)
- 257 - Access to reproductive health services
- 252 - Maternal and child health concerns
- 247- Environmental health concerns
- 243 - Injuries, accidents, access to emergency medical services
- 237 - Cancer (all kinds, access to screenings and treatments)
- 222 - Vision & Hearing
- 219 - Nutritional deficiencies
- 213 - Neurological disorders (Alzheimer's & Parkinson's)
- 189 - Diabetes and related complications
- 169 - Heart Disease/Cardiovascular Conditions
- 150 - Respiratory diseases (asthma and COPD)
- 145 - Musculoskeletal conditions like arthritis and back pain
- 101 - Other concerns

Have you used any of the following services in the past year?

529 Responses



How could Windham County improve to promote health?

Hundreds of comments were received in answer to this question, and these are summarized below, with some direct quotes from respondents:

A pressing concern among Windham County residents is the need for increased access to primary care physicians and mental health services, as well as improved affordability and accessibility of dental care. Transportation challenges, especially for those in rural areas or needing to access specialists outside the county, are also frequently cited. The community expresses a desire for better communication and coordination among healthcare providers, expanded services for the uninsured, and a more robust focus on preventive care and education. Addressing the complex issues of substance use disorder and homelessness is also viewed as crucial to improving overall health and wellness in the county.

Some quotes that illustrate some of the concerns are as follows:

- "More primary care docs, more therapists, more public health offerings..."
- "Need lots more providers of many kinds - long waitlists most places (including eye care, dental)."
- "Access to mental health services, more primary care doctors, expanded hours & services for uninsured community members"
- "Need significantly shorter wait time for mental health services, as well as substance abuse services."

What are Windham County's most significant assets/strengths related to health and wellness?

Hundreds of comments were received in answer to this question, and these are summarized below:

Windham County residents overwhelmingly perceive their access to nature and outdoor recreation as a major strength promoting health and wellness. The presence of strong medical institutions like Brattleboro Memorial Hospital, Grace Cottage Hospital, and the Brattleboro Retreat also instills confidence in the community's healthcare infrastructure. Furthermore, there is a strong emphasis on healthy living and a supportive community culture that fosters wellness. While access to healthy food and the availability of alternative medicine options are appreciated, residents also highlight the dedication and compassion of healthcare providers as significant assets in their pursuit of health and wellness.

What barriers have affected your ability to find the help you need?

(ranked by # of respondents who checked these boxes; # of respondents is indicated on each line)

- 138 - Can't get an appointment with a provider
- 117 - I don't have any barriers
- 116 - Not satisfied with the choices for care in my area
- 105 - Can't afford co-pays/deductibles/prescription costs
- 54 - Providers lack cultural knowledge
- 51 - Don't have time off work for appointments
- 37 - Can't make it to appointments
- 36 - Don't have insurance
- 34 - Other barriers
- 29 - Lack of needed supports to access care
- 25 - Can't find LGBTQIA+ Provider
- 20 - I don't want to ask for help
- 18 - Can't find a BIPOC provider
- 3 - I don't want/need a provider

Barriers to care by type of service

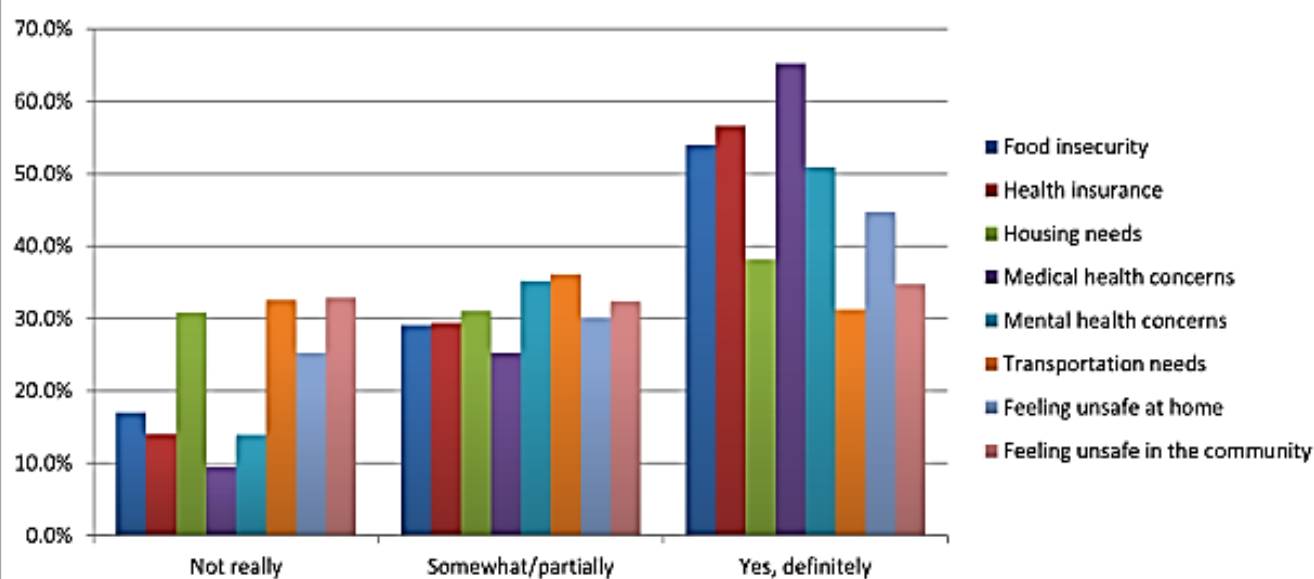
Have any of the following barriers affected your ability to find the service you need?	Dental Care	Medical Care	Mental Health Care	Substance Use Treatment
Can't afford co-pays/deductible/prescription costs	75	105	62	12
Can't find BPOC provider	12	18	17	7
Can't find LGBTQIA+ provider	18	25	29	9
Can't get an appointment with a provider	68	138	98	9
Can't make it to appointments (no rides, distance, etc.)	21	37	19	12
Don't have insurance	83	36	35	10
Don't have time off work for appointments	42	51	29	8
I don't have any barriers to finding the help I need	112	117	65	45
I don't want to ask for help	16	20	26	9
I don't want/need a provider	2	1	5	26
Lack of needed supports like family or friends to access care	20	29	26	5
Not satisfied with choices for care in my area	64	116	62	15
Other barriers:	14	34	15	3
Providers lack cultural knowledge/sensitivity	23	54	33	9

What makes it hard to be as healthy as you want to be?

(ranked by % of respondents who checked these boxes)

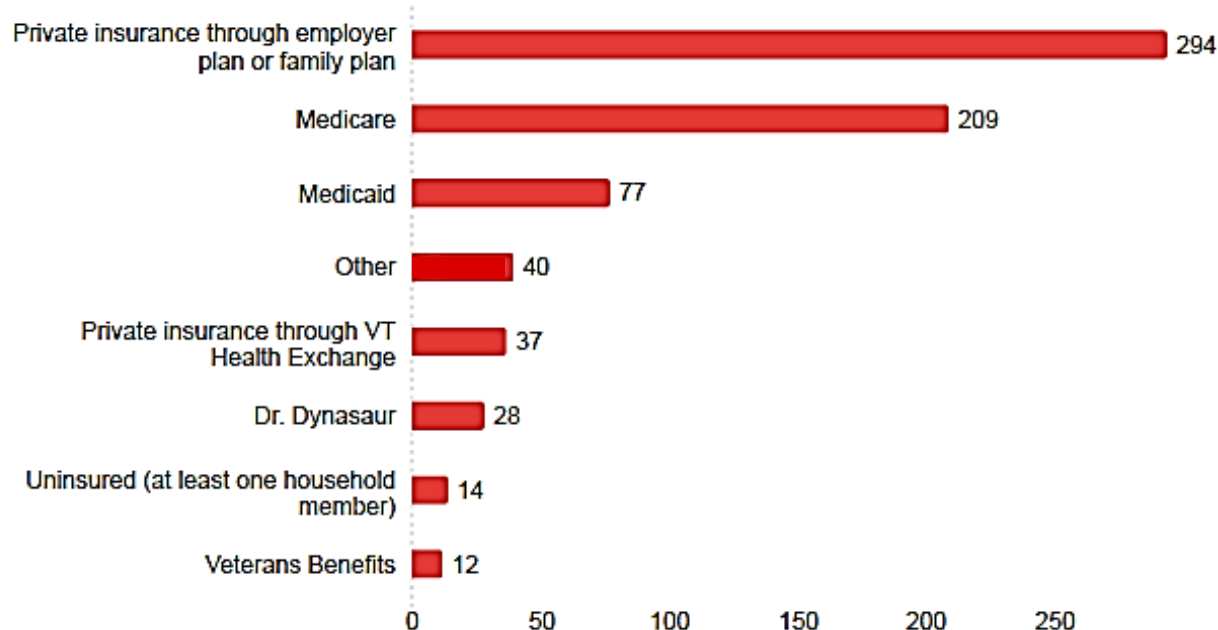
1. Dealing with significant stress
2. Too busy to exercise
3. Concerns about neighborhood safety
4. Lack of income or resources
5. Isolation or loneliness
6. Limited public transportation
7. Exercise options too expensive
8. Inadequate social support networks
9. Can't afford healthy food
10. Don't have time to cook healthy food
11. No local options for physical activity
12. Experience discrimination or social exclusion
13. Issues with employment or working conditions
14. Feel unwelcome in my community
15. No broadband or internet access
16. Unhealthy living environment
17. Unstable housing situation
18. No access to transportation
19. Lack of employment opportunities
20. Poor air/water quality
21. Limited access to educational resources/opportunities
22. Not enough food
23. Language or cultural barriers

Do you know who to contact if you need assistance with the services below?



What kind of health insurance do you and your family have? (please select all that apply)

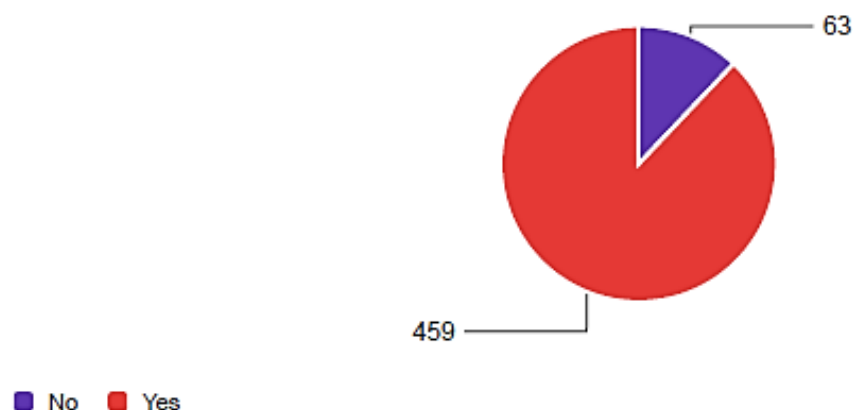
523 Responses



Section 2: Survey Respondent Characteristics and Demographics

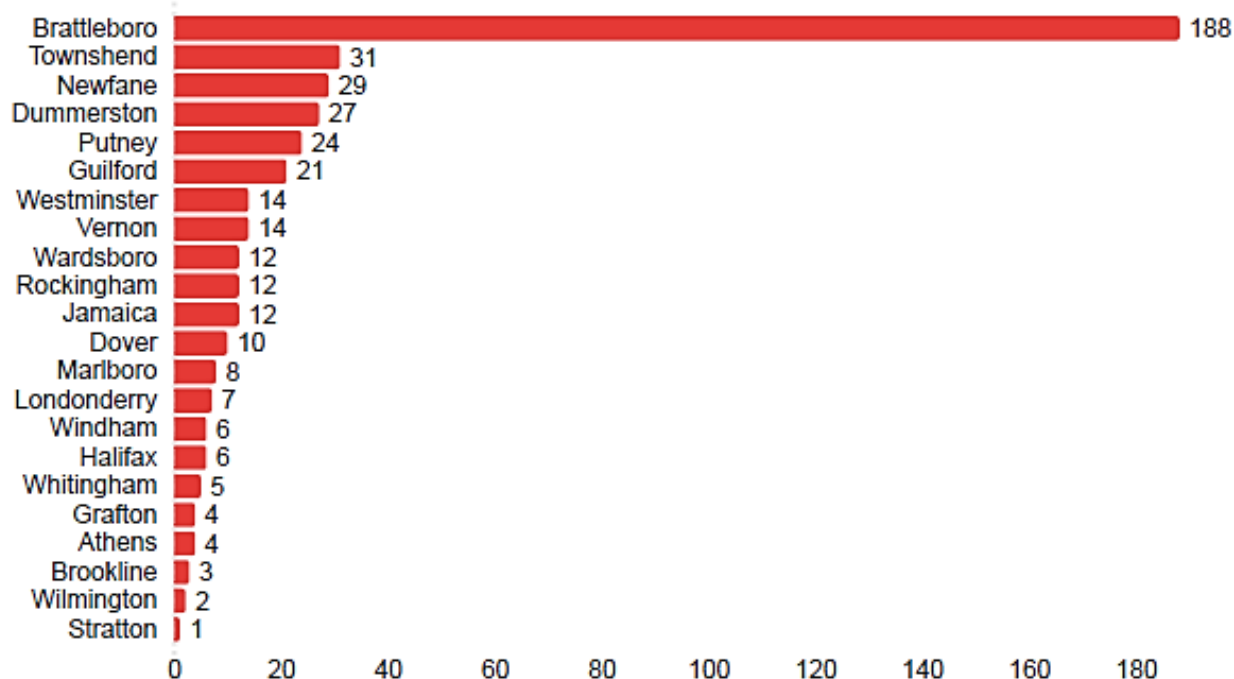
Do you live in Windham County, VT

522 Responses



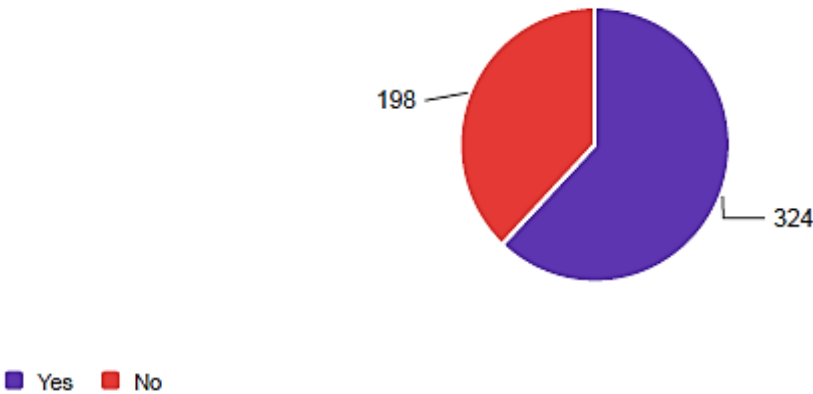
Town of your residence

440 Responses



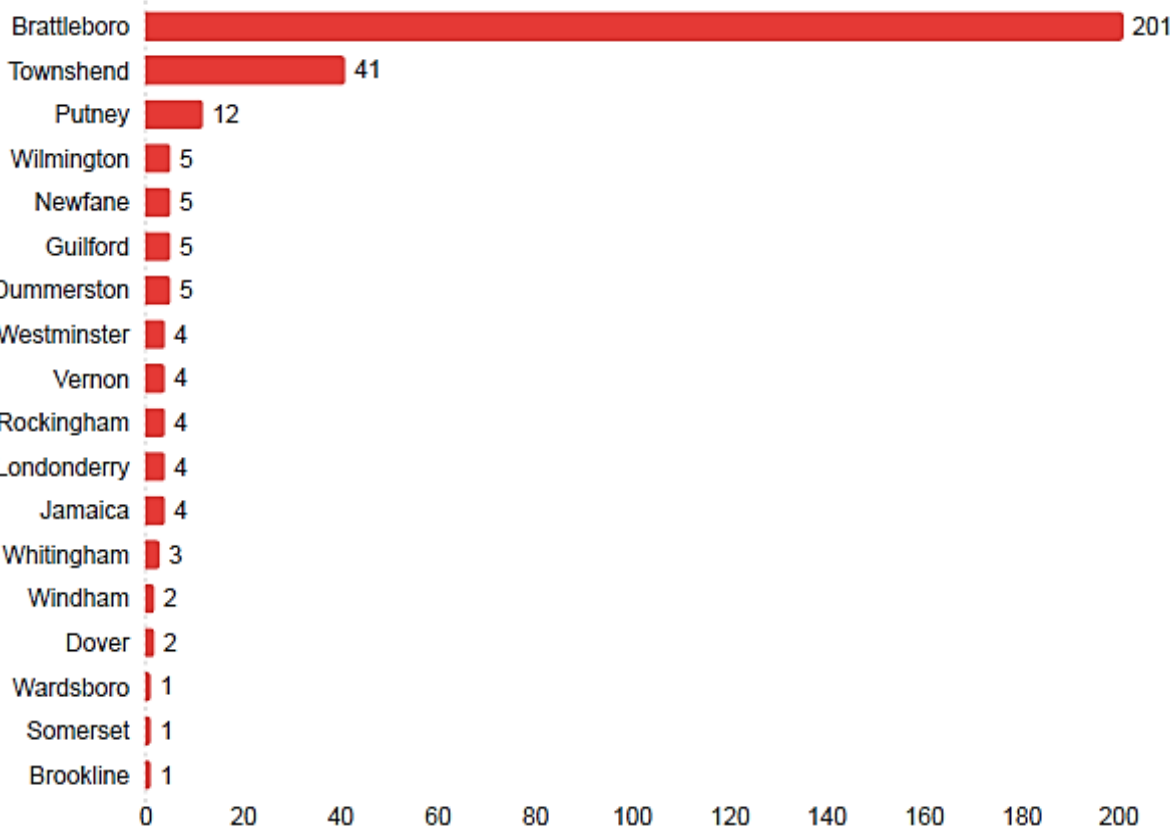
Do you work in Windham County, VT?

522 Responses



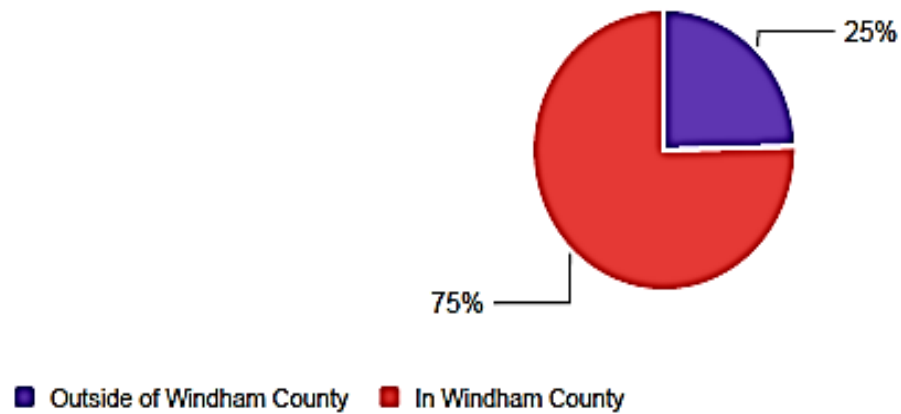
Town where you work

304 Responses

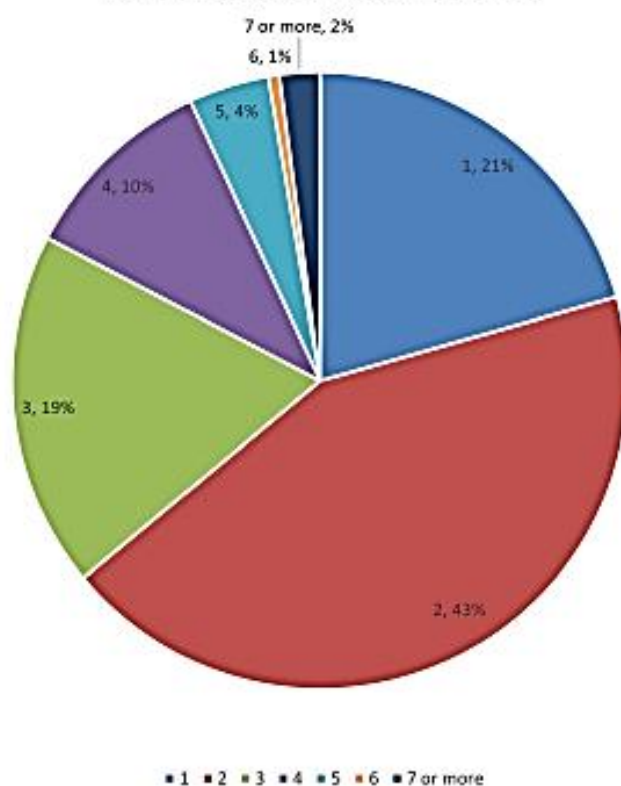


Where did you receive most of your medical care in the past year?

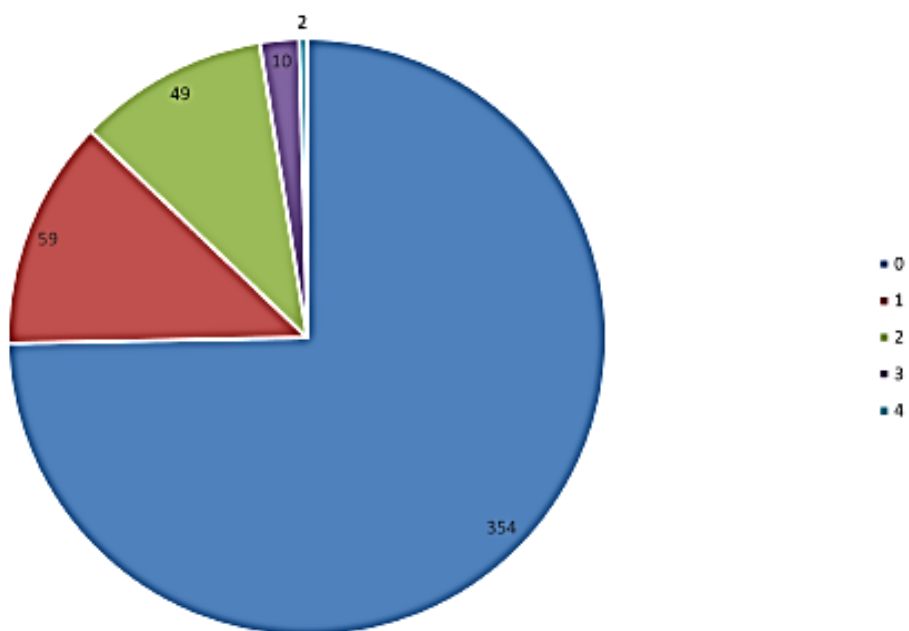
521 Responses



Number of people in your household

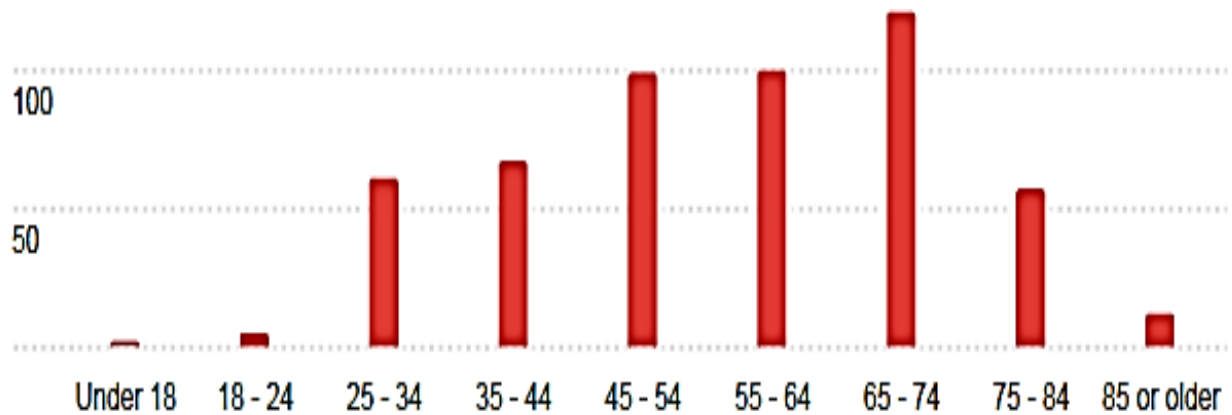


Number of people under 18 in your household



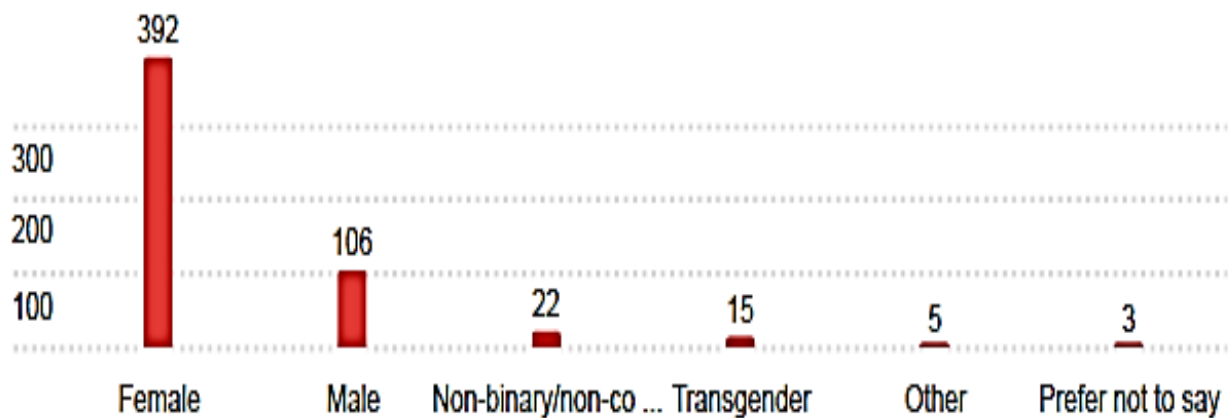
What is your Age?

523 Responses



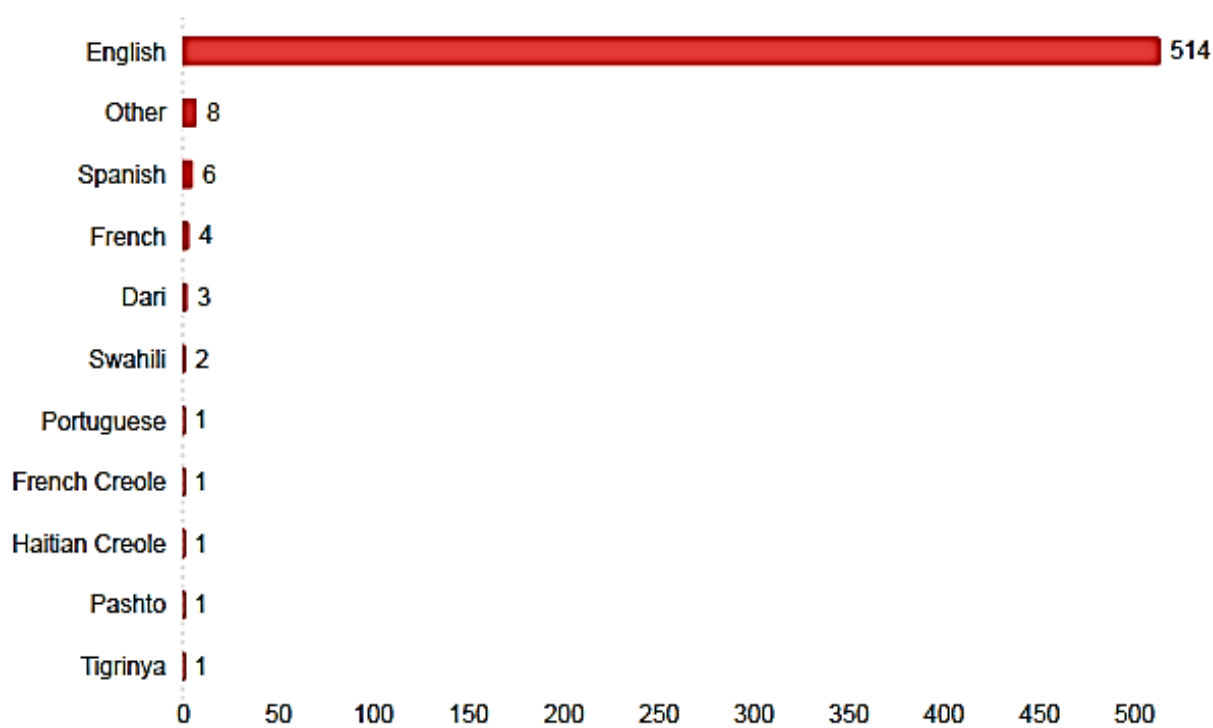
What is your gender identity (check all that apply)

520 Responses



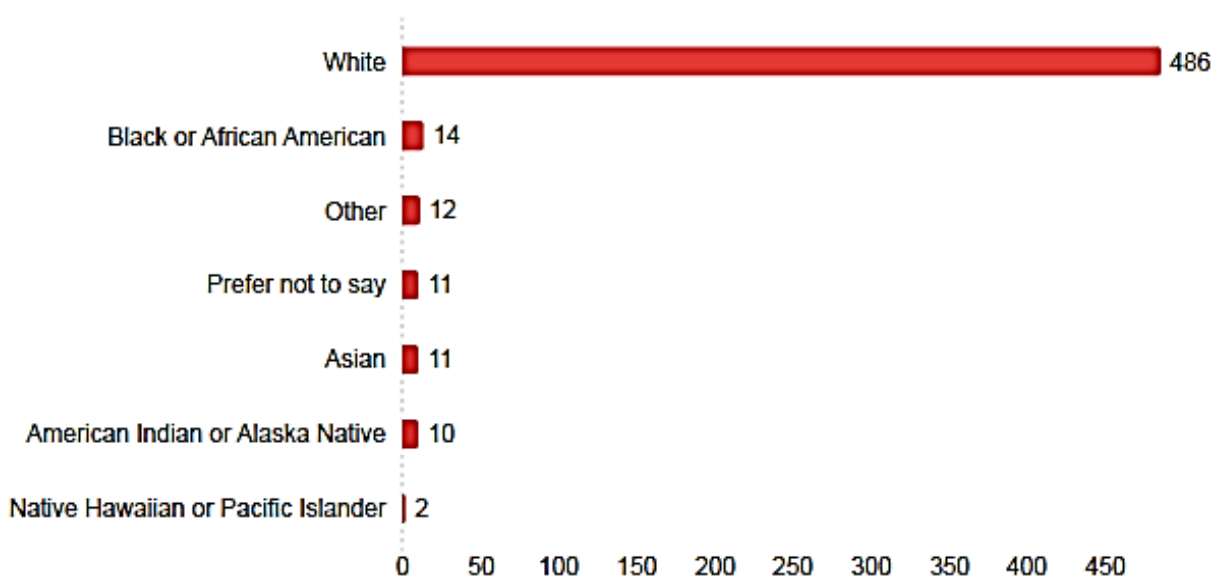
What primary language(s) are spoken in your household?

525 Responses



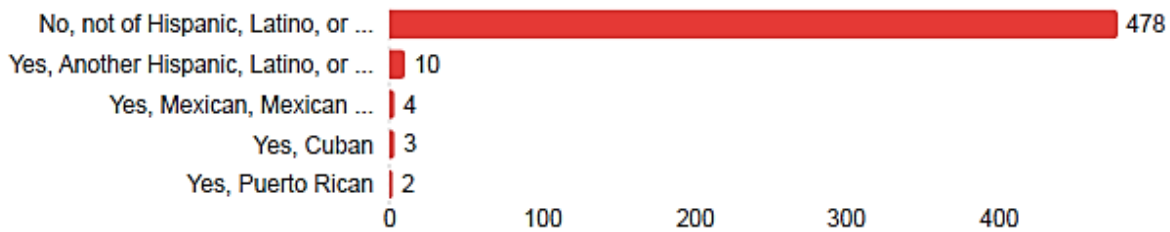
How would you describe your race (select all that apply)

517 Responses



Are you of Hispanic, Latino, or Spanish origin?

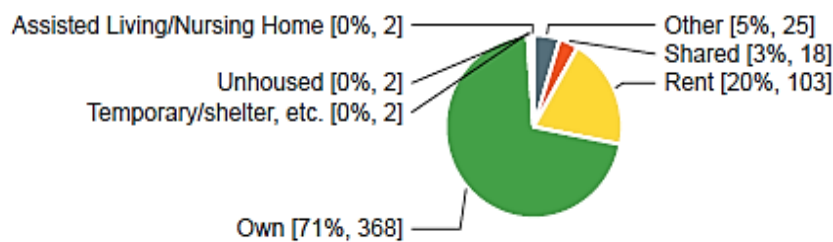
495 Responses



What is your housing situation?

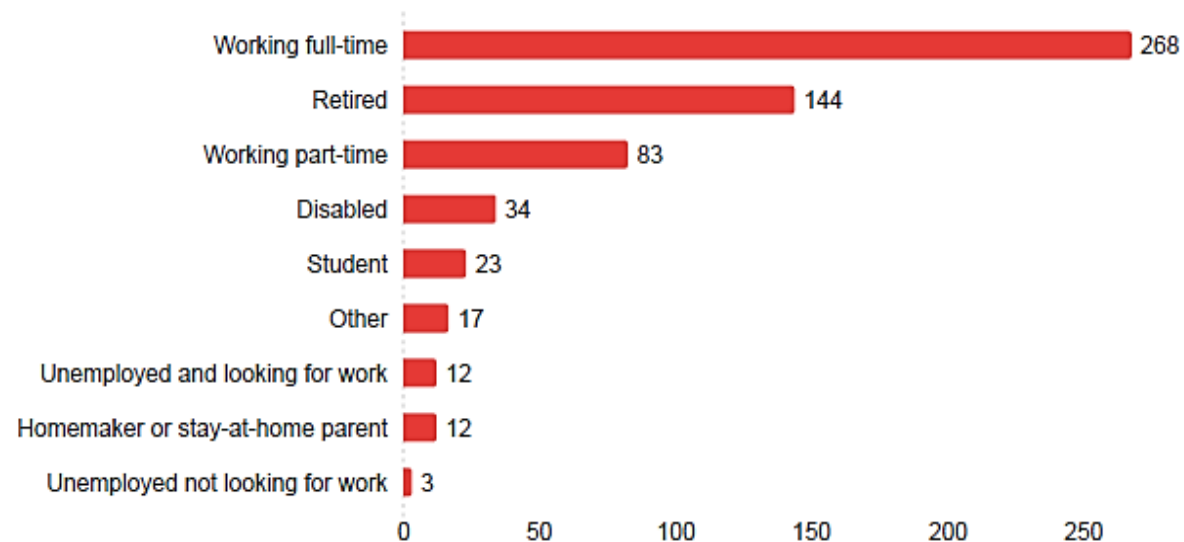
520 Responses

■ Other ■ Shared ■ Rent ■ Own ■ Temporary/shelter, etc. ■ Unhoused
■ Assisted Living/Nursing Home



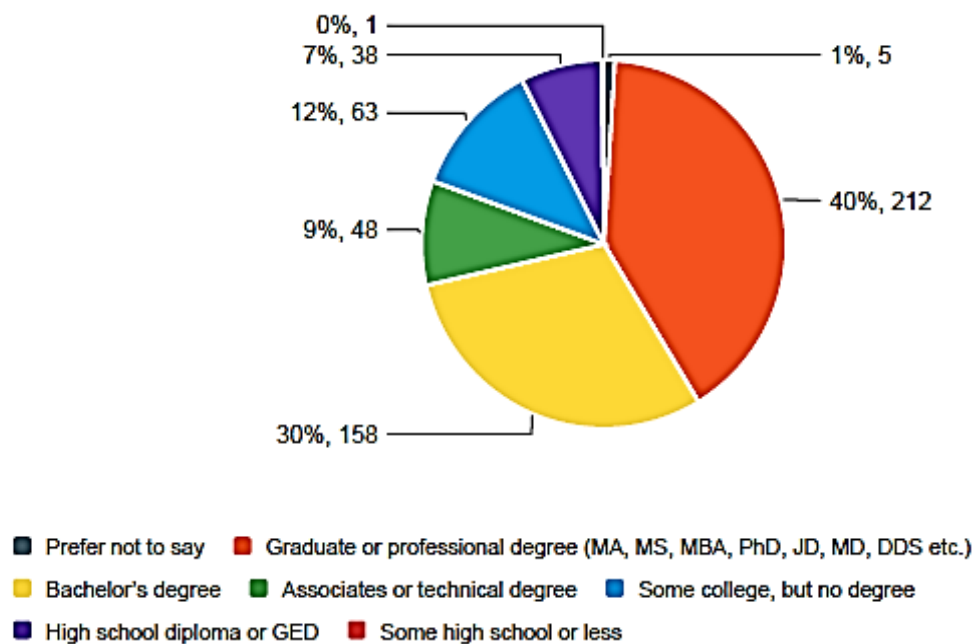
Please select your current employment status (select all that apply)

522 Responses



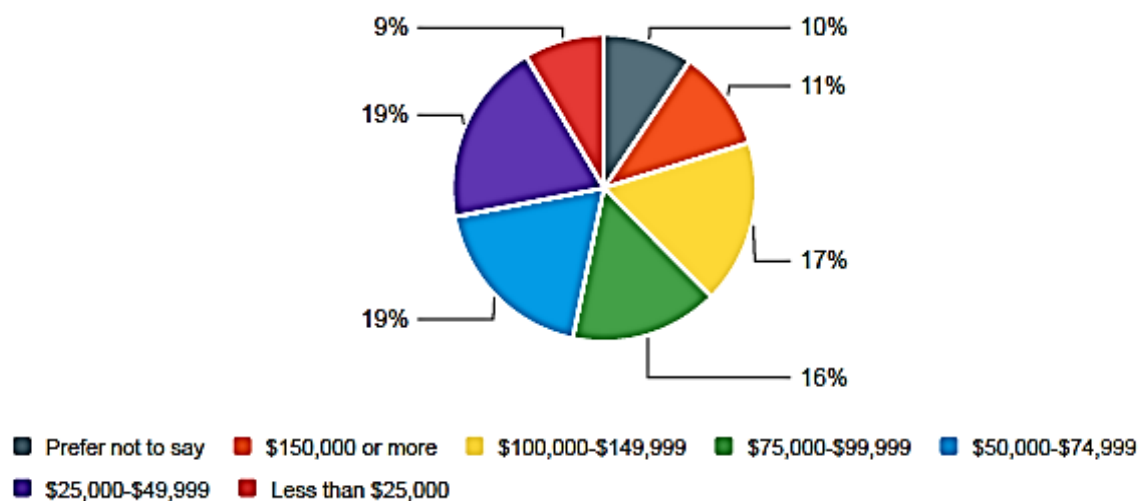
What is the highest level of education you have completed?

525 Responses



What was your total household income before taxes during the past 12 months?

514 Responses



Focus Groups Summary

Focus groups were conducted with four specific communities: BIPOC-identified individuals, the unhoused community, the LGBTQIA+ community, and the New Vermonters (immigrant) community. Participants were paid for their time, \$50 per one-hour focus group. In the case of the LGBTQIA+ community, rather than a traditional focus group, members of the community opted to fill out a specific survey asking the same questions, which were then summarized together.

These populations in Windham County face significant barriers to accessing and receiving equitable healthcare. Barriers include lack of culturally competent care, language barriers, discrimination and stigma, limited access to specialized services, and socioeconomic disparities. These challenges create a healthcare experience that is often fraught with frustration, distrust, and fear, leading to delayed care and adverse health outcomes.

The focus groups consistently emphasize the need for increased cultural competency training for healthcare providers, expanded access to affordable and specialized services, improved language support, and a greater focus on addressing systemic biases within the healthcare system. To truly promote health and wellness for all, Windham County must prioritize creating a more inclusive, equitable, and accessible healthcare environment that recognizes and responds to the diverse needs of its vulnerable populations.



LGBTQIA+ Focus Group

The LGBTQIA+ community in Windham County faces significant challenges in accessing healthcare that is both competent and affirming of their identities. These challenges include long wait times due to a scarcity of queer-friendly providers, experiences of misgendering and dismissal of concerns, and difficulty navigating healthcare systems that are not designed with their needs in mind. The lack of accessible, specialized care, particularly for mental health and gender-affirming treatments, further compounds these difficulties.

Despite these challenges, individuals find support in their personal relationships and communities, and some have had positive experiences with specific providers who demonstrate cultural competency and understanding.

The focus group highlights the urgent need for increased training and awareness among healthcare professionals, expanded access to specialized LGBTQIA+ healthcare services, and a commitment to creating a more inclusive and supportive healthcare environment for all.

Challenges

"Being queer and non-binary makes me feel hesitant with starting any health-related needs. I know it will always be an extra step to ensure that my health professional is queer-friendly."

"There are not a lot of options to receive LGBTQ+ informed and affirming care in Southern Vermont, and the providers that do exist have long wait times for establishing care."

Positives

"My primary care doctor is better and cares to be sensitive to this."

Learnings

"I think more required training for health professionals regarding how to best work with and support their queer patients."

"We need LGBTQ+ adolescent programs (inpatient, outpatient, hospital diversion, therapeutic and peer groups). We need LGBTQ+ informed and affirming SUD treatment options."

BIPOC Focus Group

The BIPOC (Black, Indigenous, People of Color) community in Windham County faces significant challenges in accessing and receiving adequate healthcare. These challenges stem from various factors, including socioeconomic disparities, lack of culturally competent care, and experiences of discrimination and bias within the healthcare system.

The focus group participants highlighted the difficulty in finding providers who understand their cultural backgrounds and health needs, leading to feelings of distrust and reluctance to seek care. The lack of affordable insurance and limited access to specialized services further exacerbate these challenges.

Despite these obstacles, the BIPOC community finds support in their personal networks, community organizations, and a few culturally sensitive providers. The focus group emphasizes the urgent need for increased cultural competency training for healthcare professionals, improved access to affordable care, and a commitment to addressing systemic biases to create a more equitable and inclusive healthcare system for BIPOC individuals.

Challenges

"Lack of subspecialty providers in general and culturally/racially diverse subspecialty providers."

"Assumptions by medical staff that they are there to abuse the system i.e. looking to get disability without having a proper discussion of why they are seeking medical care."

Positives

"SEVCA, Aids Project Southern Vermont, Hireability VT, Brattleboro Retreat. Local food shelves as some people do not qualify for services."

Learnings

"Providers need cross-cultural training and follow up to ensure that they use the training in their daily practice, to be more open-minded, to hire more culturally and racially diverse providers and health care staff."

"Healthcare staff not diagnosing and treating them appropriately due to racial bias."

New Vermonters Focus Group

The New Vermonters Community in Windham County encounters significant challenges in accessing healthcare, stemming primarily from language barriers and cultural differences. These challenges contribute to difficulties in scheduling appointments, understanding medical information, and receiving timely care. Experiences of discrimination further complicate their healthcare journey.

Despite these obstacles, the community finds support in their families, friends, and cultural organizations. They actively pursue healthy lifestyles through activities like walking, healthy eating, and exercise.

The focus group responses highlight the critical need for improved language services, including access to culturally competent translators, and increased cultural awareness among healthcare providers. Addressing these needs will create a more welcoming and accessible healthcare environment for New Vermonters.

Challenges

"We cannot learn enough from translators and cannot have good communication."

"One of the participants faced discrimination for getting a job; they did not accept her because she was a refugee."

Positives

"Conversation partner, social media, going out with people, multicultural community, ECDC."

Learnings

"We will be glad if you can find a better way for those people who have language problems and want to visit a provider."

"Find doctors and psychotherapists from our country for better communication and great results of treatment."

Unhoused Community Focus Group

The unhoused community in Windham County faces immense challenges in maintaining their health and well-being. Substance use disorder, poverty, and homelessness create significant barriers to accessing and receiving adequate care. The stigma associated with these challenges often leads to discrimination and dismissive attitudes from healthcare providers, further discouraging individuals from seeking help.

While community organizations like Groundworks and Better Life Partners provide crucial support, the unhoused community expresses a strong need for more accessible healthcare, reduced stigma, and increased understanding from providers. Addressing these challenges will require a comprehensive approach that combines healthcare access, social support, and harm reduction strategies to improve the health and well-being of this vulnerable population.

Challenges

"Every problem we have always comes back to our substance use disorder, it makes it hard to address other things."

Positives

"Drop-in center, Better Life Partners, Brattleboro Retreat, Groundworks, and the Groundworks Outreach Team."

Learnings

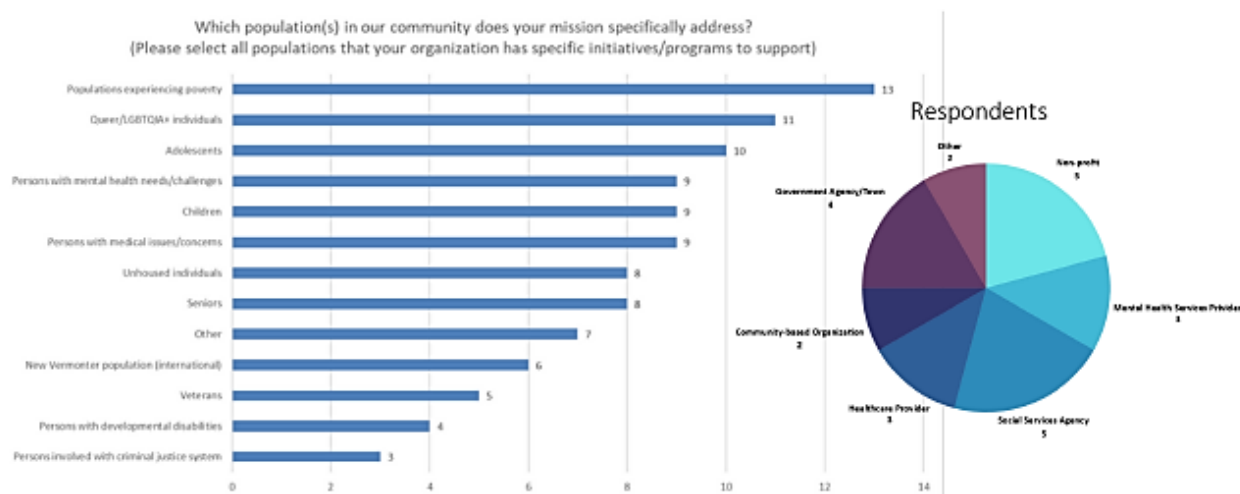
"More education around stigma for the community!"

"More safe places for people to be when they are unhoused. Where do we sleep? Somewhere to BE during the day. More shelters. standard weekly hours for primary care in one space at the drop-in center."

Leadership Survey

The Leadership Survey gathered insights from 24 respondents representing 20 different organizations in Windham County. These organizations range from healthcare providers and non-profits to government agencies and community-based groups, addressing diverse populations including children, seniors, individuals with mental health needs, and the unhoused.

- Boys and Girls Club of Brattleboro
- Brattleboro Area Hospice
- Brattleboro Housing Partnerships
- Brattleboro Memorial Hospital
- Brattleboro Retreat
- CRJ Consulting Group, LLC d/b/a Vermont Partnership for Fairness & Diversity
- Drift Mavyn, LICSW, LLC
- Foodworks (a program of Groundworks Collaborative)
- SASH for All, at Windham and Windsor Housing Trust
- Senior Solutions
- Town of Athens
- Town of Grafton
- Town of Vernon
- Turning Point of Windham County
- UVM Extension - Migrant Health
- WCDC
- West River Valley Thrives
- Grace Cottage Family Health and Hospital
- Groundworks Collaborative
- HCRS



The following 10 items, in this order, represented the greatest areas of concern related to health in Windham County, from their perspective:

1. Mental health disorders including depression, anxiety, etc.
2. Substance use problems, such as with alcohol, opioids, or other substances
3. Heart disease and cardiovascular conditions
4. Injury, accidents, and access to emergency medical services
5. Nutritional deficiencies
6. Dental health
7. Diabetes and related complications
8. Respiratory diseases such as asthma or chronic obstructive pulmonary disease (COPD)
9. Cancer and access to screenings and treatments
10. Musculoskeletal conditions like arthritis or back pain

What are Windham County's most significant assets/strengths related to health and wellness?

The leadership survey responses highlight a strong sense of community engagement and collaboration as a core asset in Windham County's health and wellness landscape. The presence of dedicated individuals and organizations working towards community improvement is widely recognized. Furthermore, the availability of a diverse range of resources, including hospitals, mental health services, food assistance programs, and support groups, is seen as a significant strength. The collaborative spirit among these various entities is particularly valued. While there is an appreciation for the natural environment and the quality of care provided by many providers, the emphasis remains on the collective effort and commitment to supporting the well-being of the community.

Community Engagement, Collaboration

"People care a lot about where they live and their community, there are a lot of resources and people who dedicate their work to improving the community."

"A great collaborative network of committed providers, many community assets including our hospitals, community mental health and social service networks."

Variety of Resources, Support Systems

"Extensive support systems in place to try and assist the people that need help."

"Windham County has a wide variety of low-barrier resources related to health and wellness."

Dedicated Healthcare Providers

"The biggest assets are the people that provide care."

"The quality of care from providers is good."

How could Windham County hospitals and agencies better collaborate to improve the health of the community?

The leadership survey responses highlight a strong desire for increased collaboration and communication among Windham County hospitals and agencies. The prevailing sentiment is that improved coordination, information sharing, and joint initiatives would lead to more effective and holistic care for the community. Leaders advocate for a more integrated approach to address the complex interplay of social, mental, and physical health needs. Specific suggestions include community health workers, home visits, and shared educational events. The overarching goal is to create a seamless network of support that empowers individuals and fosters a healthier community.

Collaboration, communication

"The collaboration that occurs between community partners."

"Meet jointly to share information, challenges and ideas."

"Better coordination amongst agencies."

Integrated Services

"Continue to find ways to integrate services and capitalize on each other's strengths."

"Improved (communicative and collaborative) discharge planning for people experiencing homelessness."

Outreach and Engagement

"More community connection and initiatives that meet people where they live or where they are at to support building long-term relationships and trust."

"Visit people at their homes and/or local events to share info and services."

"Free community/home/employment-based health screenings, consults, and chronic care management."

Has anything changed in the past three years (since last CHNA assessment) that has helped or hindered the community's health and health needs?

The leadership survey responses reveal a mixed picture of progress and challenges in Windham County's health landscape over the past three years. The increased availability of telehealth, particularly for mental health care, is widely recognized as a positive development. However, this is tempered by concerns about digital access for vulnerable populations. The ongoing struggle with staffing shortages and provider turnover in healthcare settings is a significant hindrance, impacting access to care and continuity of care. The COVID-19 pandemic has also left a lasting impact, with increased acuity and complexity of health needs, particularly in mental health and substance use disorders. While innovative programs like Healthworks ACT have shown promise in addressing these challenges, leaders emphasize the need for continued investment in resources and support systems to meet the evolving needs of the community.

Positive Changes

"Love the increased access to telehealth, especially for mental health care."

"We have added telemedical consultative services to your ED and hospital: teleED, teleNeurology, and telePsychiatry which assures excellent acute and hospital patient care."

Challenges

"A large turnover in staffing and providers leaving roles."

"The health systems have continued to struggle post-pandemic with staffing, financial performance and ever-changing rules for reimbursement from insurers."

"The closing of local Phoenix Houses and a lack of program funding for our local mental health facility have had a significant effect on our client's ability to access supportive programming."

Mixed impact

"Housing costs have risen."

"The impact of the pandemic has dramatically increased the intensity of need, acuity of those we serve."

"Food is more expensive, access to the internet is more expensive. SASH for All has expanded."

Is there any other feedback that you would like the area's hospitals to know, as they consider the health needs of the community?

The feedback highlights a need for hospitals to prioritize compassionate and non-judgmental care, particularly for individuals struggling with substance use disorders. There's a strong call for improved communication and collaboration among healthcare providers to ensure coordinated and effective patient care. Additionally, the feedback underscores the persistent challenges of provider recruitment and retention, the high cost of healthcare, and the need for improved transportation options, especially for vulnerable populations. Leaders also stress the importance of addressing systemic issues like stigma and discrimination within the healthcare system, advocating for increased cultural competency training and more inclusive care practices.

Compassionate care

"Please try not to shame people when they come in for drug-related problems."

Recruitment and retention

"What will it take to attract and retain providers?"

Transportation

"I don't think you can rely on microtransit to get everyone to and from your hospitals."

Collaboration, communication

"We would like to increase the level of cross-communication and collaboration with other healthcare providers."

Stigma, discrimination

"Our client population (largely people experiencing homelessness) continues to convey feeling stigmatized by medical providers."

Contact Information

Grace Cottage Family Health & Hospital

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

gracecottage.org; 802-365-7357

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

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.

United Way: 1222 Putney Road, Suite 202, Brattleboro, VT 05301. 802-257-4011

Vermont Department of Health - Brattleboro District:

232 Main St., Suite 3, Brattleboro, VT 05301. 802-257-2880.

Vermont Agency of Human Services - Brattleboro District:

232 Main St., Suite 105, Brattleboro, VT 05301. 802-585-5334

2024 CHNA Steering Committee:

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

Sue Graff, Field Director, Brattleboro Health District, Vermont Agency of Human Services

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

Rebecca LaPointe, Director of Local Health Services, Brattleboro District, Vermont Department of Health

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

Candice Taylor-Diallo, Community Health Equity Coordinator, United Way of Windham County

Kurt White, Vice President, Community Partnerships & Communications, Brattleboro Retreat

Mary Wilson, Communications Coordinator, Brattleboro Retreat