

Community Health Needs Assessment

Addison County, Vermont



2024

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Porter Medical Center Leadership Message



Bob Ortmyer

*President,
Porter Medical Center*

We are pleased to present the 2024 Community Health Needs Assessment (CHNA) for Addison County. This important survey, conducted every three years, is a critical tool to help us understand local community health needs to drive our work at Porter Medical Center - and more broadly, the work of healthcare partners in our region.

Building on key learnings from our last survey in 2021, this year's CHNA has been an inclusive journey, steered by the principles of equity and a deep understanding of local social determinants of health. Our goal in this work is to identify and prioritize the health needs of our community to better serve you in the years to come.

After extensive research, community engagement, and thoughtful deliberation, we have identified three critical areas that require our collective focus: access to healthcare, housing, and mental health and substance use services. These priorities continue from our 2021 survey and reflect our commitment to not only treat illness but also to foster wellness throughout this region.

- First, enhancing healthcare access is fundamental. We recognize that without equitable access to healthcare services, our community cannot thrive. We are dedicated to expanding these services and removing barriers that prevent individuals from receiving the care they need, from physical to financial.
- Second, we acknowledge that stable and affordable housing is a cornerstone of good health. As such, community partners are collaborating with local organizations to address the housing needs that contribute to health outcomes for all community members and impact employee housing for healthcare workers.
- Lastly, the prevalence of mental health and substance misuse challenges has prompted us to intensify our efforts in providing comprehensive support and treatment options. This is a growing concern across Vermont and must be addressed in the coming years with immediacy.

The CHNA process is a reflection of our shared commitment to equity in Addison County. All of the partners involved in this survey have helped to ensure voices from all segments of our community were heard, especially those who have historically been marginalized. We believe that by understanding the unique challenges faced by different groups, we can create targeted strategies that address disparities and promote health equity.

As we move forward, we invite you to join us. Your participation, feedback, and support are crucial as we implement these priorities. Together, we can build a healthier, more resilient community.

Sincerely,

Bob Ortmyer

President
Porter Medical Center

Acknowledgments and Special Contributions

The 2024 Community Health Needs Assessment was guided by our Steering Committee — representing community partners including: community-based organizations, social service providers and healthcare institutions.

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COMMUNITY SURVEY DATA ANALYSIS

The Center for Rural Studies at the University of Vermont

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- University of Vermont Medical Center's CHNA team for sharing their CHNA templates and processes
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- Jason Duquette-Hoffman for allowing use of his photographs
- Mia Sorongon, Community Health Improvement intern, for helping update the *About Our Community* section

And all the community members and organizations who helped make this report possible!

Executive Summary


A Community Health Needs Assessment (CHNA) is a process that non-profit hospitals complete every three years in partnership with community-based organizations to learn more about the significant health needs in the greater community. These valuable insights inform strategic investment and guide community programming to improve the identified priorities. The University of Vermont Health Network- Porter Medical Center (UVMHN-PMC) and the 12 members of the 2024 CHNA Steering Committee collaborated on the 2024 CHNA for its designated Health Service Area of Addison County.


2024 CHNA GOALS


- To conduct an inclusive and high-quality assessment of community health needs and assets across the lifespan in Addison County, through the lens of health and racial equity.
- To partner with diverse stakeholders resulting in: 1) consensus of priority needs to address; 2) shared buy-in for implementation strategies; 3) support of complimentary community initiatives and assessments.

DATA GATHERING AND COMMUNITY HEALTH PRIORITIES

The 2024 CHNA process was inclusive and robust, with an intentional focus on equity. We reviewed secondary data available for the region in addition to collecting new data through surveys and focus groups of community members.

 **SECONDARY DATA:** 50+ health indicators and findings from recent focus groups hosted by other organizations

 **COMMUNITY SURVEY:** Offered in 6 languages with 1,063 survey responses [a significant increase from last cycle's response rate]

 **FOCUS GROUPS:** 2 sessions held with community members who have lived experience; 3 sessions held with local subject matter experts and professionals

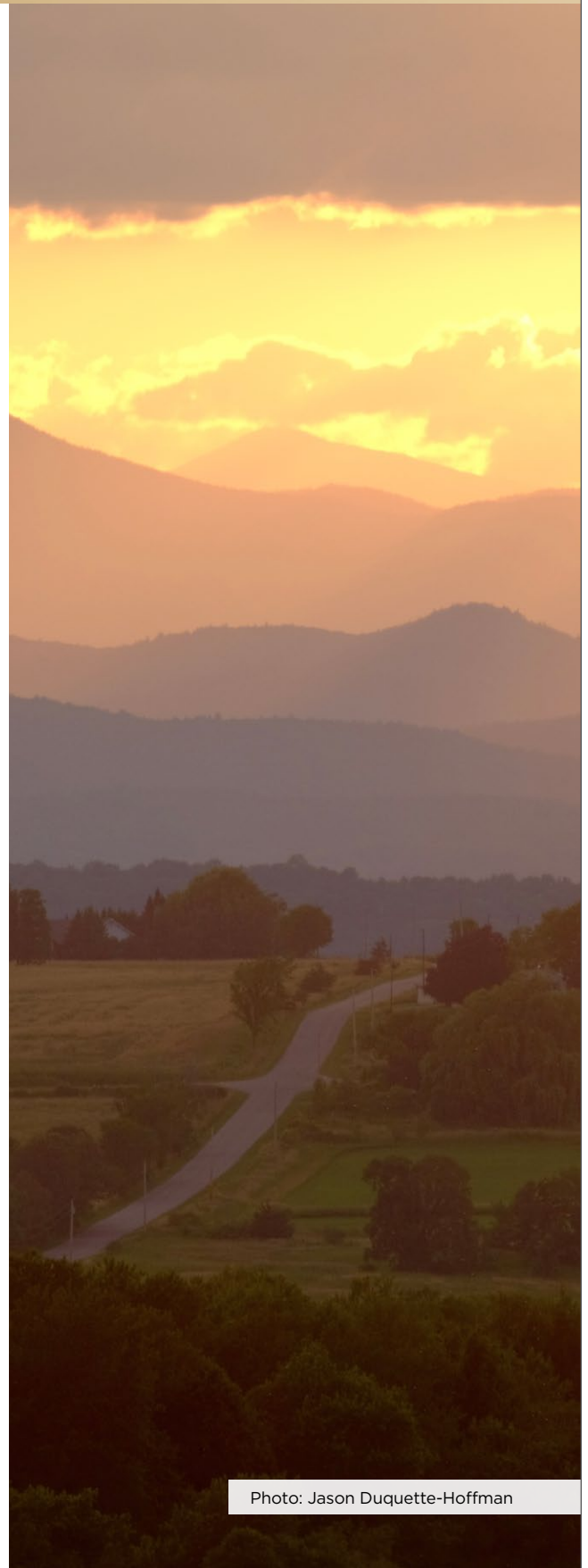


Photo: Jason Duquette-Hoffman

COMMUNITY HEALTH PRIORITY SESSIONS

In July 2024, community leaders were engaged in prioritizing emerging health priorities from the data gathering phase. One virtual session was held with the Steering Committee and one session was held with the wider community.

Over 50 participants were invited to the sessions and to take the prioritization survey. In total, 29 people from 23 different local organizations and agencies provided ratings via a survey by three criteria: Impact, Community Readiness, and Equity.

Six health priorities emerged from this process. The Steering Committee confirmed that all the priorities are important and interrelated. To have a feasible and meaningful Community Health Improvement Plan (CHIP), three of the six priorities were selected to target and allocate resources to via the CHIP. These are noted throughout the CHNA report as a “Top Priority”. Collaborative projects on topics that were not chosen one of the top three priorities can continue and expand even if they are not a focus of the CHIP.

Addison County’s Community Health Priorities

Feedback from surveys conducted in prioritization sessions informed the final selection of the 2024 CHNA priorities. Information about all six priorities is discussed in the CHNA report.

COMMUNITY HEALTH PRIORITIES (IN ALPHABETICAL ORDER)

- **Cost of Living**
- **Cultural Humility and Inclusivity**
- **Healthcare Access (Top Priority)**
- **Housing (Top Priority)**
- **Mental Health and Substance Use (Top Priority)**
- **Transportation**

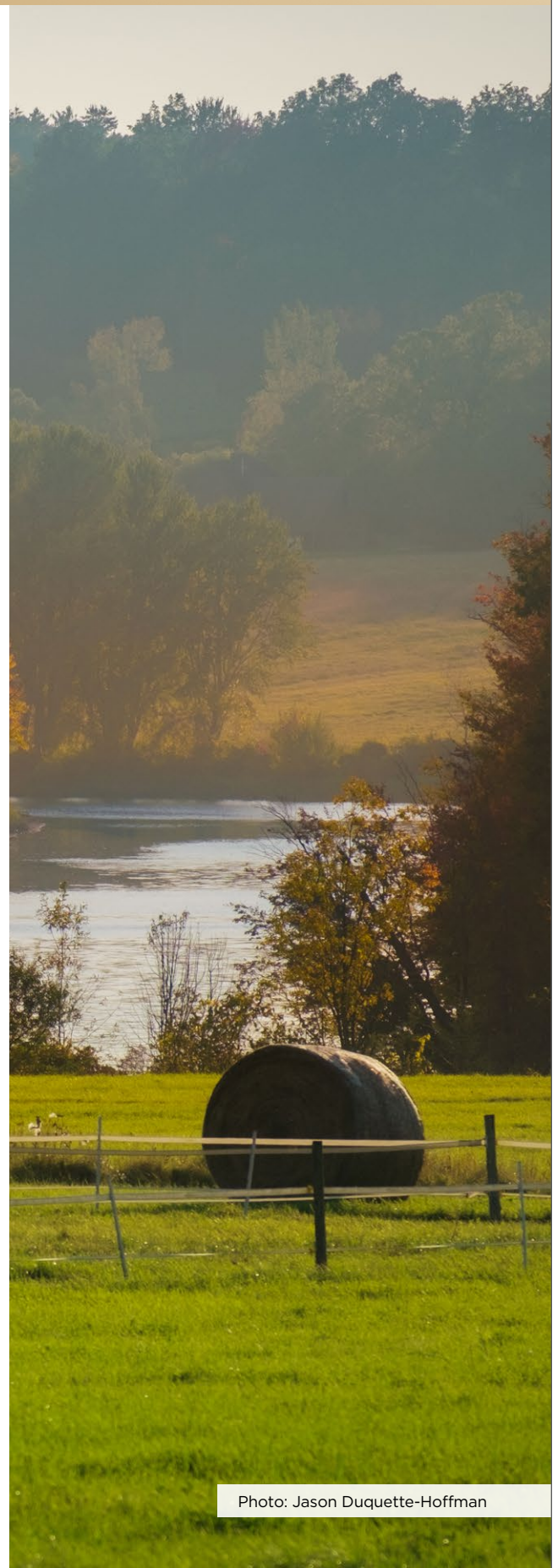


Photo: Jason Duquette-Hoffman

Community Health Priorities and Opportunities for Improvement

The table below lists six community health priority areas and examples of opportunities for improvement that emerged from the data collection and analysis. These are examples of needs under each broad priority. This list is not meant to be exhaustive of all the opportunities for improving health and wellbeing, but to provide meaningful examples of areas for potential impact in our community.

To achieve health equity, it is essential as a community to examine the foundational drivers of health — the social, environmental, economic, and cultural context and conditions that shape health status. Health equity — shared visions of a healthy community where everyone has a fair and just opportunity to be healthy no matter their racial and ethnic identity, socio-economic status, primary language, or where they live- has been a guiding principle of the CHNA process.

In reviewing data collected through the various methods, it is apparent that demographic differences play a part in community members’ experiences of health needs and priorities. This CHNA continues to examine who in our community lacks access to resources. Continued examination will help us identify barriers to health and identify necessary structural changes to address inequities. The data highlights disparities based on socio-economic status. Socio-economic status is, “social standing or class of a group or individual, often measured as a combination of education, income, and occupation”.¹

For this reason, Health Equity and Economic Stability have been identified as Foundational Drivers for all themes and key areas of improvement. This is represented as a solid horizontal line across the bottom of the table.

COMMUNITY HEALTH PRIORITIES (* DENOTES A TOP PRIORITY)

	Cost of Living	Cultural Humility and Inclusivity	Healthcare Access*	Housing*	Mental Health and Substance Use*	Transportation
Opportunities for Improvement	Jobs that pay a living wage	Navigation of community supports and services	Decrease wait times	Zoning policy that simplifies building housing	Opportunities for community connection	Public transit options to help people get to specialty medical services
	Jobs that offer full benefits	Access to in-person interpretation	Increase access to primary care physicians	Increase specialized housing	Decrease stigma	Flexibility of scheduling rides with short notice
			Increase preventative screenings	Wrap around services to keep people housed	Crisis services	Increase safety and accessibility for walkers and bikers
			Improve insurance coverage or access to free care		Mental health programming for youth	
			Healthcare workforce recruitment and retention		Support groups (caregivers, AA, tobacco cessation)	



Next Steps: Moving From Assessment to Action

- The CHNA report will be made available publicly: online and print copies.
- The CHNA findings will inform the development of the 2025-2027 Community Health Improvement Plan (CHIP) that PMC will develop in collaboration with key community partners.

The 2025-2027 CHIP Process Will

- Facilitate inclusive community engagement to generate solutions that build upon strengths and address inequities.
- Communicate shared goals, strategies, and resources to make measurable improvements.

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TO LEARN MORE ABOUT THE 2024 CHNA/CHIP PROCESS AND SEE PAST CHNA/CHIPS, PLEASE VISIT:

www.portermedical.org/about/community-health-needs-assessment

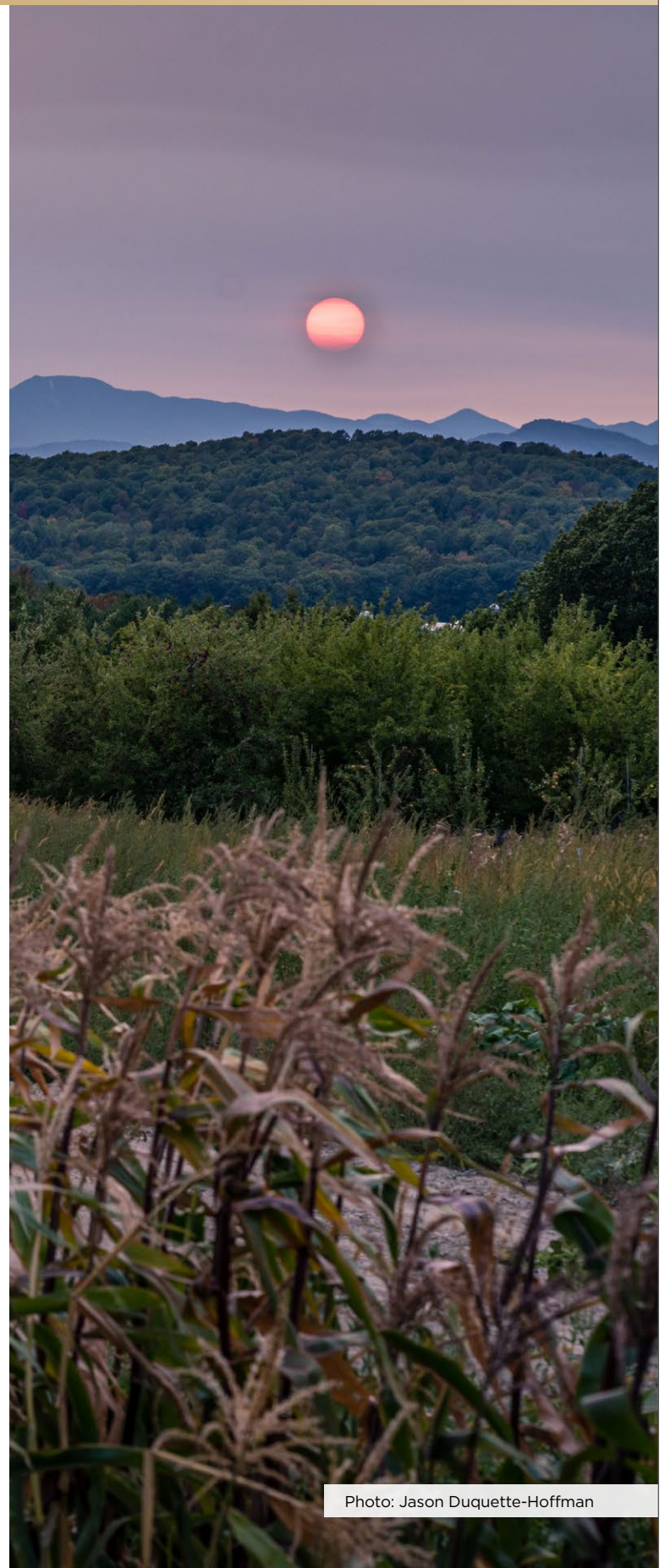


Photo: Jason Duquette-Hoffman

About this Report

What is a Community Health Needs Assessment?

The Affordable Care Act requires all non-profit hospitals to identify “significant health needs” in their communities every three years through an assessment process. The IRS guidance for conducting a Community Health Needs Assessment (CHNA) for Charitable Hospital Organizations, as outlined in Section 501(r)(3), describes a significant health need as, “requisites for the improvement or maintenance of health status both in the community at large and in particular parts of the community, such as particular neighborhoods or populations experiencing health disparities.”²

To understand community priorities, hospitals and their partners draw on health and demographic data from a variety of sources, as well as seek community-wide input through activities such as surveys and focus groups. These findings inform a formal prioritization process to identify the significant health needs to be addressed by the corresponding Implementation Strategy. Hospitals and partners then work together to identify actions for addressing these priorities in the greater community through a Community Health Improvement Plan (CHIP).

About the 2024 CHNA

In 2021, the top health priorities identified for Addison County were access to healthcare, housing, and mental health services. The 2024 CHNA process examined how needs and resources have changed over the last three years, especially for our underserved and marginalized populations.

The 2024 CHNA seeks to tell a robust story of health and wellbeing, with a focus on advancing health equity. The following vision and goals were adopted:

VISION

- The 2024 CHNA process will guide measurable community health improvements in Addison County.

GOALS

- To conduct an inclusive and high-quality assessment of community health needs and assets across the lifespan in Addison County, through the lens of health and racial equity.
- To partner with diverse stakeholders resulting in: 1) consensus of priority needs to address; 2) shared buy-in for implementation strategies; 3) support of complimentary community initiatives and assessments.



USE THIS REPORT TO:

- Learn about health and wellbeing in our community
- Inform decisions on strategic planning or community programming
- Access data about health and wellbeing specific to our community
- Indicate where community priorities align with proposed projects for grant applications
- Identify opportunities for further exploration and continued conversations between community partners

Community Collaboration

The 2024 CHNA process was overseen by a 12-member Steering Committee, representing key organizational partners and community members. The work took place during a 6 month-long process conducted between April 2024 and September 2024. Efforts were made to create an inclusive Steering Committee with representatives who could bring different perspectives including healthcare, public health, social services, and community-based organizations. The Steering Committee played an integral role in shaping and informing each step of the assessment process.

Two work groups were created to focus on data gathering activities and for community engagement. This report contains findings from secondary data sources, a community survey that generated over 1,000 responses, and focus group conversations. The findings provide valuable insights into the health and wellbeing of our community. Our hope is that this assessment will promote rich dialogue and guide strategic investments to advance health equity.

GUIDING CONCEPTS FOR THE 2024 CHNA

The 2024 CHNA process was guided by two foundational concepts: the **Social Determinants of Health** (SDOH) and **Health Equity**.

Social Determinants of Health

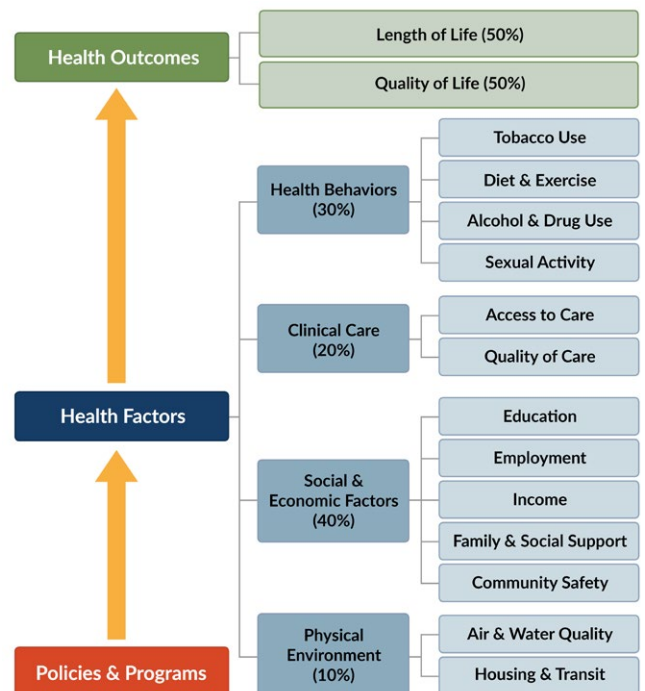
The U.S. Department of Health and Human Services’ Healthy People 2030 defines the social determinants of health as “the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.”³

There are many factors in our community that impact health outcomes. It is estimated that about 50% of health outcomes are due to social determinants of health (social & economic factors and the physical environment).⁴ Examples of social determinants of health include access to affordable housing, quality education, and well-paying jobs.

Social Determinants of Health



INFOGRAPHIC SOURCE: Healthy People 2030³



INFOGRAPHIC SOURCE: County Health Rankings⁴

Equity

According to the Vermont Department of Health, “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 available system inequities that are associated with social categories of race, gender, ethnicity, social position, sexual orientation and disability.”⁵

To achieve health equity, it is essential to examine the foundational drivers of health -- the social, environmental, economic, and cultural context and conditions that shape health status.

EQUALITY:

Everyone gets the same – regardless if it’s needed or right for them.

EQUITY:

Everyone gets what they need – understanding the barriers, circumstances, and conditions.



INFOGRAPHIC SOURCE: Robert Wood Johnson Foundation⁶

Health disparities are preventable differences in health outcomes that are due to systemic issues. Healthy People 2030 defines health disparities as, “a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.”³

Measuring health disparities across groups is important to the work of advancing equity for underserved and marginalized populations. Improving health equity and decreasing disparities is possible through addressing social determinants of health.

About Our Community

Introduction

For the Community Health Needs Assessment, the community served by Porter Medical Center is defined as Addison County, Vermont.

This section provides a snapshot of the demographic and socio-economic characteristics of the community. Some of these indicators are also featured in later sections of this report broken out by different populations to show disparities.



ADDISON COUNTY

Addison County is located in the lower Champlain Valley of Vermont with Lake Champlain and the Adirondacks to the west and the Green Mountains to the east. The unique landscape of Addison County, the farmlands of the Champlain Valley, and the predominately wooded settings near the foothills of the Green Mountains promote a variety of lifestyles and a balanced blend of light industry and farming.

Addison County is rural and known for agriculture. The County has 766.3 square miles of land which makes it the fourth largest county in Vermont by total area.⁹

Addison County is bordered to the north by Chittenden County, Vermont’s most densely populated county, which includes Vermont’s largest city, Burlington, and its surrounding suburbs. The northern portion of Addison County is considered a commutable distance to Burlington so residents have the option of traveling north for employment, healthcare, shopping and other services.

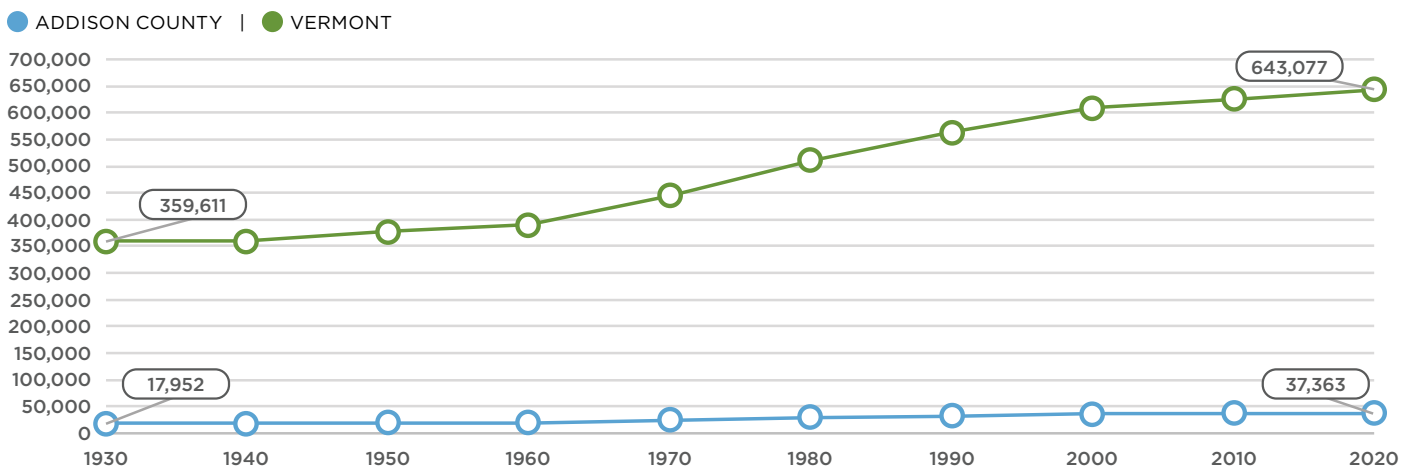
Addison County is bordered to the south by Rutland County. Rutland County is home to Vermont’s third largest city, Rutland. Residents who live in the southern portion of Addison County have access to Rutland County for work, healthcare, and other opportunities. Addison County is bordered to the east by Windsor, Orange and Washington Counties. For the eastern Addison County communities of Hancock and Granville, accessing services within our county is challenging in winter as this requires traveling over mountain roads.



POPULATION DEMOGRAPHICS

The chart below shows how the populations of Vermont and Addison County have grown since 1930. The 2020 population estimate for Addison County is 37,363 which is almost 6% of the state’s total population.⁹ According to population estimates, Addison County’s population increased by 1.5% between 2010 and 2020.^{9,10}

POPULATION CHANGE BY DECADE



SOURCE: U.S Census Bureau⁹, Vermont Department of Health¹⁰

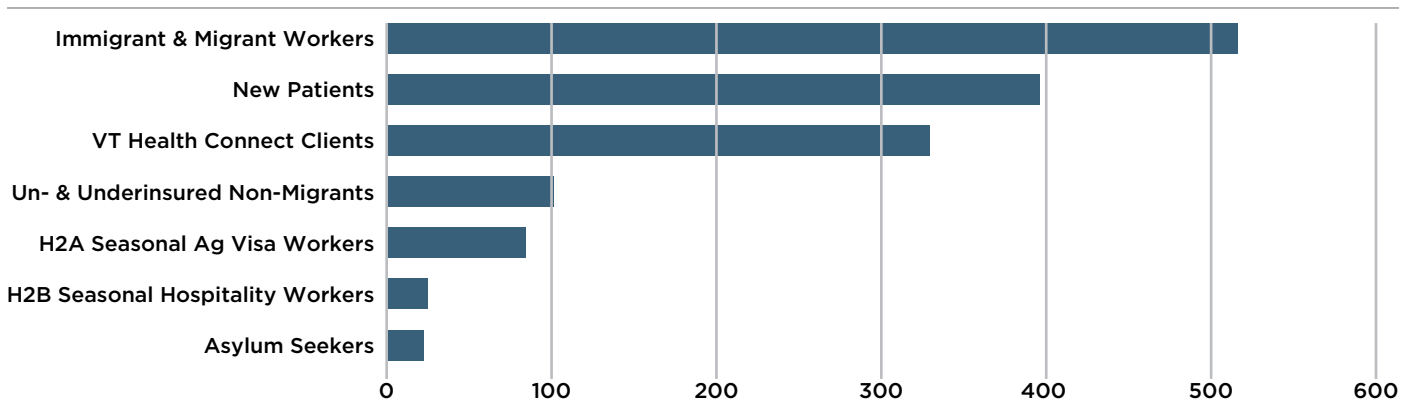
Race and Ethnicity

A vast majority (91.4%) of Addison County residents are white non-Hispanic.⁹ There is a relatively sizeable population of individuals (3.9%) who are two or more races in Addison County.⁹ Hispanic or Latino residents (of any race) are Addison County’s more prevalent minority population at 2.5%.⁹

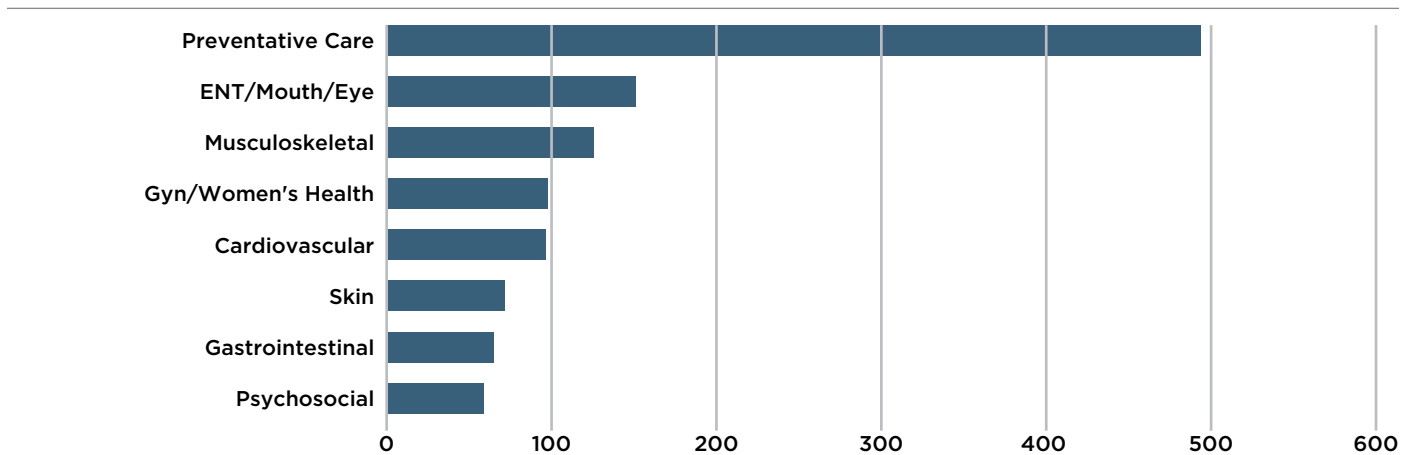
5.7% of Addison County residents speak a language other than English at home, which is slightly higher compared to Vermont overall (5.4%).⁹

Compared to the rest of Vermont, the highest estimated concentration of migrant farm workers who are provided housing onsite at their job live in Addison County.¹¹ While the exact number of migrant workers in Addison County is unknown, in 2023, the Open Door Clinic (ODC) served 1,233 unique patients- and over 500 of the patients identified as immigrant and migrant workers.¹² As the number of migrant workers in Addison County grows, there has also been a shift in the industries people work in. In the past, migrant workers were mostly in farming, and now more people are present in industries such as retail, construction, hospitality, and food service.¹² Open Door Clinic has also seen an increase in the number of Latina women settling in Vermont and seeking healthcare.¹² The shifting demographics of migrant workers may impact the types of health services that are needed as well as the continued need for language access services.

2023 OPEN DOOR CLINIC PATIENT POPULATION*



TOP MEDICAL DIAGNOSES*



*Some patients may fall into more than one category

SOURCE: Open Door Clinic¹²

Population by Age and Sex

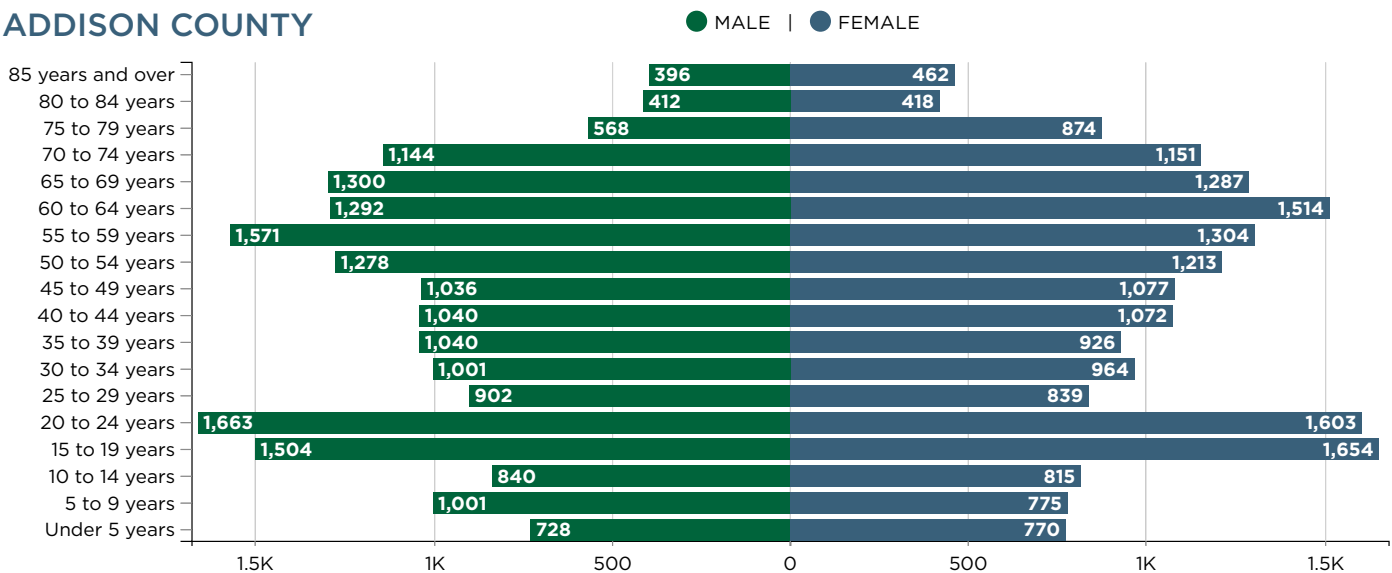
Vermont is also aging faster than the nation as a whole. Addison County's older adult population has been increasing, and the average age of Addison County residents is slightly older than Vermont overall.

In 2012, 14.1% of Addison County's population was age 65 and older.⁹ By 2022, the population of people age 65 years and older grew to 21.4%.⁹ This represents a significant shift in the age of the county's population. The increasing age of the population and decrease in working age adults may contribute to changing and complex health needs in the coming years.¹³

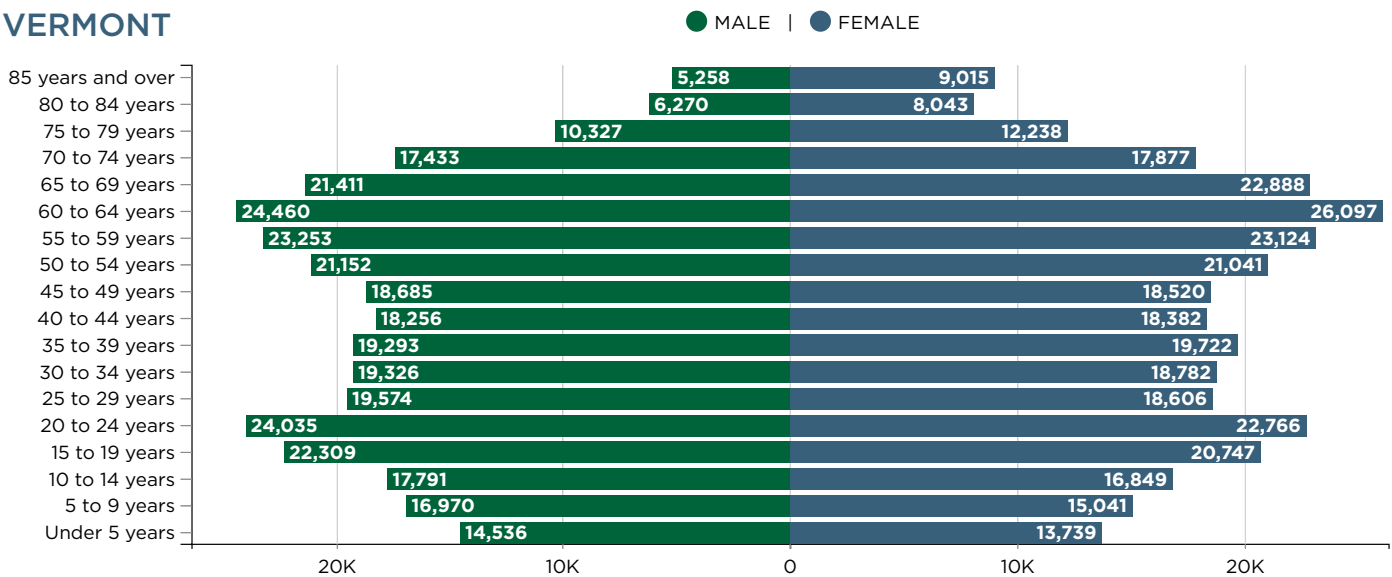
MEDIAN AGE OF POPULATION ⁹	
Addison County	43.9 years
Vermont	43.2 years
United States	39 years

POPULATION BY AGE AND SEX, VERMONT VS. ADDISON COUNTY

ADDISON COUNTY









VERMONT



GRAPH SOURCE: U.S. Census Bureau⁸

It is important to consider the unique health and wellbeing needs of older adults because, “Older adults who live alone are at higher risk for loneliness, injury from falls, and cognitive decline”.¹⁴

Healthy Aging Indicators by Age Group		60-69	70-79	80+
	Live alone ¹	19%	33%	34%
	Rarely or never gets the social and emotional support they need ²	9%	***	***
	Fell during the past year ³	37%	27%	35%
	Had worsening memory and confusion in the past year ⁴	9%	11%	28%
	Did not see a healthcare provider in the past year ⁵	18%	11%	13%
	Consumes alcohol at a risk level ⁶	29%	23%	10%

Summary

- ✓ Addison County has the 10th oldest population in the state.
- ✓ The 60-69 age group is the largest-by-decade age group in the county.
- ✓ Each age group has different risk factors.
- ✓ Approximately 1 in 3 adults 80+ years old live alone and 1 in 4 experience cognitive decline.

*** Statistic suppressed due to insufficient sample size
 Data source: VT Behavioral Risk Factor Surveillance System: ¹ 2019-2021; ² 2016, 2018, 2020; ³ 2014, 2016, 2018, 2020; ⁴ 2013, 2016, 2020; ⁵ 2015-2021; ⁶ 2018-2021

SOURCE: Vermont Department of Health¹⁴

Insurance Rate

The US Census Bureau estimates that 4.7% of Addison County residents were uninsured in 2022.⁹ Overall, Vermont has one of the lowest rates in the country of people living without health insurance at 3.9%.¹⁵

Education

Many towns offer early education/preschool. However, it will be noted later in this report that accessing affordable childcare is a challenge for community members. There are five school districts/supervisory unions that serve Addison County students, four in Addison County and one in Rutland County. In addition to traditional secondary schools, the Patricia A. Hannaford Career Center offers an integrated work and learning program. The 2021 School Report from the State of Vermont Agency of Education noted the high school completion rates of the public high schools in the county in the table below:

HIGH SCHOOL COMPLETION RATES

Middlebury Union High School	84.4%
Mount Abraham Union High School (Bristol)	87.7%
Vergennes Union High School	96.2%

SOURCE: Addison County Chamber of Commerce¹⁷

41.8% of Addison County residents have a bachelor's degree or higher, which is slightly lower in comparison with Vermont overall (44.2%).⁹ There are multiple options for seeking higher education in nearby areas as well as in Addison County. Addison County is home to Middlebury College, a prestigious liberal arts college, the Community College of Vermont, and Northlands Jobs Corps, a residential and educational training program located in Vergennes for youth ages 16-24 years.

Income and Poverty

Addison County has a lower poverty rate and a higher median income compared to Vermont and the United States.⁹

POVERTY RATE

Addison County	7.5%
Vermont	10.4%
United States	12.6%

SOURCE: U.S. Census Bureau⁹

MEDIAN HOUSEHOLD INCOME



SOURCE: U.S. Census Bureau⁹

Employment and Industry

As of 2022, Addison County has the second most farm acreage in the state and accounts for 25% of Vermont's agricultural sales.¹⁶ The County is home to three local newspapers, more than 50 service organizations and more than 40 faith communities. The employment rate in Addison County is 61.7% which is slightly lower than Vermont's rate of 62.8%.⁹ The major employers in the county include Middlebury College, Porter Medical Center and Collins Aerospace.¹⁷

PROMINENT INDUSTRIES

AGRICULTURE	MANUFACTURING	RETAIL
Dairy	Beer	Art
Fruit	Paper	Food
State of Vermont	Cheese	Novelties

SOURCE: Addison County Chamber of Commerce¹⁷

Population Centers

Middlebury

Middlebury, the seat of Addison County, was chartered in 1761 and was settled just after the Revolutionary War. Today, the village is listed on the National Register of Historic Places and is home to shops, businesses, churches, and public buildings. Middlebury is the largest community in the county with a population of 9,158 as of 2022.¹⁷ Middlebury is home to Middlebury College. Middlebury is also the hub for medical services in the county with the University of Vermont Health Network Porter Medical Center (a critical access hospital), Helen Porter Healthcare and Rehabilitation Center, and many of the area's medical provider offices.

Vergennes

Established in 1788, Vergennes is Vermont's oldest incorporated city. Vergennes encompasses 1,200 acres of land that was carved from the three neighboring towns of Ferrisburgh, Panton and Waltham. It is where Thomas Macdonough built and armed the fleet that would defeat the British on Lake Champlain during the War of 1812. In the late 1990s, Vergennes residents launched a Main Street revitalization effort and formed the Friends of the Vergennes Opera House to complete the restoration of the 1897 Opera House. Today, Vergennes is home to 2,571 residents (as of 2022)¹⁷ and Collins Aerospace, one of the largest employers in the county.

Bristol

Bristol, known as the "Gateway to the Green Mountains," was founded in 1762 and is currently home to 3,789 residents.¹⁷ The town was originally known as Pocock, after a distinguished English admiral. The name was changed to Bristol in 1789 but the community still celebrates its heritage during the annual Pocock Rocks Street Fair. The Bristol Band has presented outdoor summer concerts on the town green every Wednesday since shortly after the Civil War. Downtown Bristol is a National Historic District with small shops and restaurants and a vibrant artist community.

Smaller Towns and Villages

Approximately 60% of Addison County residents live outside the three population centers. These outlying communities are rural with few local services. Of these communities, 9 are governed by select boards and most have their own elementary school, fire department, and town office. There are small country and convenience stores/gas stations in some of these communities. Some of the smaller towns do not have public libraries of their own, however these residents have lending rights at some larger area libraries. The large grocery stores are located in the population centers along with other shopping, banking and healthcare services. Accessing resources can be difficult throughout Addison County due transportation challenges. Transportation is discussed in more detail later in the report.

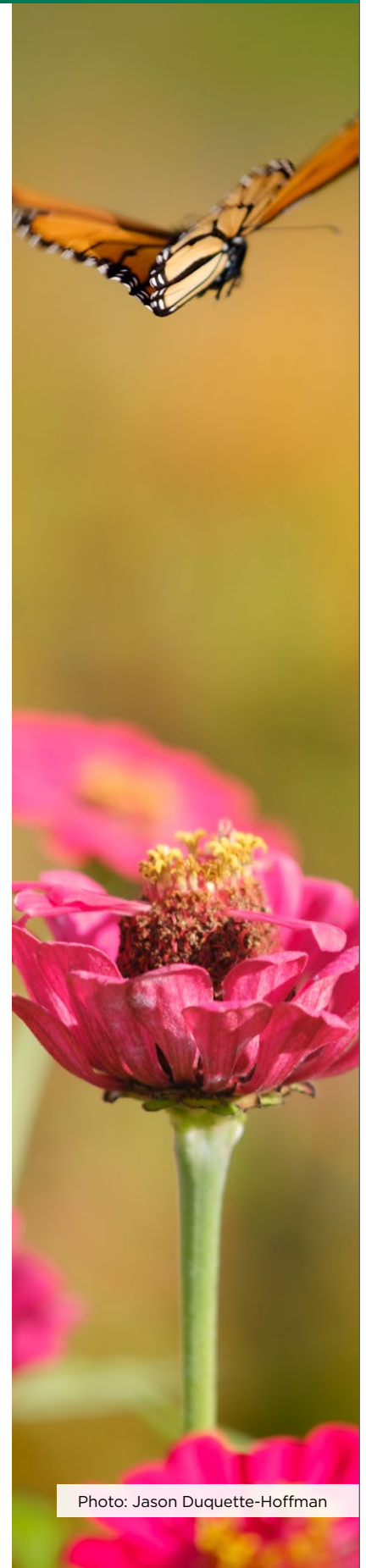


Photo: Jason Duquette-Hoffman

Data Gathering and Community Engagement

Overview

The 2024 CHNA process kicked off in April of 2024 with a purposeful approach to promote a collaborative, inclusive, and participatory community-centric process. Together with the Steering Committee, this multi-phased assessment was approached through the lens of health equity to identify populations experiencing the most disparate health outcomes and the activities that would leverage health improvement.

This section describes the methods and limitations of each data collection method and how the findings were prioritized- resulting in the 2024 Community Health Priorities.

DATA COLLECTION METHODS

 **SECONDARY DATA**

 **COMMUNITY SURVEY**

 **FOCUS GROUPS**

DATA COLLECTION SUMMARY

A rigorous mixed methods approach included the collection of quantitative data through analysis of secondary data (pre-existing data from other organizations); a community-wide survey; and qualitative data collected via focus groups with community leaders, health and human service providers, and priority populations. The collection of data using multiple methods and from a diversity of sources increases the ability to overcome limitations of any single method – enabling a deeper understanding of the story of health and wellbeing in our community. Inclusive community engagement and incorporating diverse perspectives has been a guiding principle throughout. In particular, this mixed method approach brings focus and context to the experiences of populations that previously were not heard from and creates a more accurate picture of the overall health and wellbeing of people in Addison County.

The Center for Rural Studies at the University of Vermont analyzed the community survey data. The CHNA Project Lead, the UVMHN-PMC Senior Community Health Liaison, led the rest of the data gathering and analysis activities with support from the Steering Committee and the Data Workgroup.

While efforts were made to gather the most inclusive, relevant, timely, and reliable data to tell the story of health and wellbeing in the community, it is important to recognize that each method for gathering data has limitations. This section describes the methods, limitations, and gaps that were encountered as part of this process.

A timeline of this data collection is shown below:

METHOD	TIMELINE	DESCRIPTION
Secondary Data	May- June 2024	Identification of 50+ population-level indicators and recent focus group data related to health and wellbeing in the community, and the analysis of data with particular focus on where health status is on a downward trend
Community Survey	May 3- May 31, 2024	1,063 responses from community members across Addison County
Focus Groups	May- June 2024	3 focus groups with professionals to provide context about the priority issues and barriers to care community members are experiencing 2 focus groups with populations of interest, key perspectives that may not be heard in the Community Survey

DATA COLLECTION METHODS AND LIMITATIONS

Secondary Data

The CHNA team made an intentional effort to use secondary data to be most efficient, and to avoid having the community answer questions they have recently been asked via other assessments. This approach was particularly important to ensure marginalized populations are not overburdened in re-telling their stories and experiences.

Key Health and Wellbeing Indicators

Key Health and Wellbeing Indicator selection was based on the previous Addison County CHNA and informed by the 2022 University of Vermont Medical Center CHNA. UVMMC led a robust and inclusive selection process for their CHNA that was grounded in evidence-based, community health indicators research and publications. Indicators were chosen using criteria that included factors such as: data availability, ability to analyze over time, timeliness, relevance to the community, and ability to disaggregate by selected population characteristics.

UVMMC's indicator list was replicated by Addison County and then edited based on local relevancy and data availability. The Project Lead worked with the Data Work Group to review the list of indicators for any topics or populations that were missing or underrepresented. For indicators that provided health disparity data, efforts were made to document those as well.

Sources ranged from local community partner data, to the Vermont Department of Health, to the United States Census Bureau.

Limitations of the Key Health and Wellbeing Indicators include:

- Changes over time may not be statistically significant. The “Trend” column in the Key Health and Wellbeing Indicator Table only shows if measures are generally moving in a positive or negative direction.
- The years of available data vary considerably due to the various sources and data availability.
- Most indicator data are derived from samples which may not be fully representative of the population.
- Margin of Error for data can be found at the original source.
- Data sampled from smaller populations are often subject to larger relative shifts over time than data from larger populations.
- Data sampled from smaller populations are more likely to be suppressed and not available to the public (n/a). Therefore, some data is only available at the State level.
- Self-reported secondary data indicators are subjective and can be less accurate.
- Focusing on trends over time does mitigate some data inaccuracy.
- The 2021 Vermont Youth Risk Behavior Survey was conducted during COVID. Some methods were different than past years. Caution should be used when interpreting and comparing the 2021 results to other years.
- The 2018 colorectal screening rate is for adults ages 50-75. 2022 was the first year data was collected for this measure among adults ages 45-75. Change between years cannot be directly compared.
- In 2023, Vermont schools started using a new test to screen third grade students who are proficient in reading at their grade level - the Vermont Comprehensive Assessment Program (VTCAP). The previous reporting period data is from the old version of the assessment- Smarter Balanced Assessments. Change between years cannot be directly compared.

The Key Health and Wellbeing Indicator Table highlights 50+ population level indicators, organized by the social determinants of health domains

The Key Health and Wellbeing Indicator Table be found on page 31. Key findings and health disparity data have been integrated into the Community Health Priorities section of this report.

Focus Groups

Two organizations recently conducted health and wellness related focus groups in Addison County, and gave permission for their findings to be shared in this report. A summary of their methods and populations of focus are described below.

VERMONT DEPARTMENT OF HEALTH

From November 2023 to February 2024, the Vermont Department of Health (VDH) and the Center for Behavioral Health Integration (C4BHI) conducted a community-wide engagement process to talk with residents and subject matter experts about the health needs of people in the Porter Hospital service area.¹⁸

3 focus groups were conducted with 24 total participants along with 3 individual interviews. The focus groups were arranged by Building Bright Futures, the Open-Door Clinic, and the local Housing Authority. The populations served by those groups include older adults, BIPOC Vermonters, the immigrant and refugee communities, people with disabilities, and the LGBTQ+ community. The 3 key informant interviews were completed with healthcare providers and community organization leadership team members, representing similar communities in their work.

Key findings from these discussions have been integrated into the Community Health Priorities section of this report. Detailed findings can be found in [Appendix 1](#).

EARLY CARE AND LEARNING PARTNERSHIP

In November 2023, Early Care and Learning Partnership completed and shared analysis of focus groups they hosted with marginalized or underserved populations in Addison County.¹⁹ They asked focus group participants about what is working well in the health care system, what has been problematic, and how the system could be more equitable.

They spoke with over 40 subjects including participants in the Learning Together program of the Parent/Child Center (young parents and those struggling with serious life challenges), women in the Viva El Sabor culinary collective (undocumented Mexican and Guatemalan workers, few of whom speak English or have transportation), and participants in the Speak-Up program of the Counseling Service of Addison County (young adults with intellectual and physical challenges).

Key findings from these discussions have been integrated into the Community Health Priorities section of this report. Detailed findings can be found in [Appendix 2](#).

REPRESENTED VOICES

- Older adults
- BIPOC Vermonters
- Immigrant and refugee communities
- People with disabilities
- LGBTQ+ community

REPRESENTED VOICES

- Young parents and those struggling with serious life challenges
- Undocumented Mexican and Guatemalan workers
- Young adults with intellectual and physical challenges

Community Survey

The Addison County CHNA Community Survey aimed to examine social and environmental conditions that contribute to people's health and wellbeing. The Community Survey was the most wide-reaching opportunity to gather new data and hear from community members ages 16 and older about their perspectives and experiences.

Data from the survey was cleaned and analyzed by Centers for Rural Studies (CRS). The survey was open from May 3- May 31, 2024 and received 1,063 valid responses. Addison County has a 2018-2022 Population of 37,434. Given a 95% confidence level, there is a margin of error of +/- 2.9 percentage points. If the survey were conducted 100 times, 95 of those times, results would fall within +/- 2.9 percentage points. The 2024 Community Survey received improved engagement compared to the previous CHNA cycle which happened during the COVID-19 pandemic and received 761 community survey responses.

Data was collected using a convenience/snowball sampling methodology. This sampling method provides the greatest opportunity for broad outreach and wide participation from across the community but is not a random sample of the community. Because of this, results provide significant insight into community perspectives but are not statistically representative to the greater community or to the specified demographic groups for which additional analyses were conducted. There were survey responses across demographics, but some populations were more likely to respond than others. The following populations had the highest percentages of respondents: 25-44 year olds, people who have insurance, people with a college or technical degree, people who are employed at least part-time, people who live in a house owned by them or someone they live with, cis-gender females, people who are heterosexual, and white non-Hispanic people. Graphs that show details of survey respondent demographics can be found in the Appendix with the full survey results. Having a mixed method approach to the CHNA addresses this limitation by seeking quantitative and qualitative data from multiple sources.

On the question about where people live, towns were listed in alphabetical order, so the town of Addison was first on the drop down list. Significantly more people chose Addison over other towns, which is likely because they thought they were indicating they lived in Addison County. Even with the town question skewed toward the Town of Addison, we had respondents from every town in Addison County.

CRS also analyzed some of the questions for health disparities. Breaking out questions by the following demographic subgroup analyses (specified age, income, race & ethnicity and disability status groups) resulted in reduced numbers of respondents within each category. Analyses by specified demographic populations provide an understanding of comparisons across population groups but are not considered statistically representative of those populations. However, community survey findings will still provide helpful context for how experiences can differ between populations.

**2024 SURVEY
RESPONSES**

1063

**2021 SURVEY
RESPONSES**

761

Outreach and Engagement

Survey responses were anonymous and the survey could be completed online or on paper. Most of the respondents completed the survey online through Microsoft Forms. 60 of the surveys were completed on paper. 22 surveys were completed in Spanish, most of which were on paper. The paper version of the survey was located in key locations throughout the community to help reach populations that were less likely to take the survey online. Paper surveys were available at ODC, HOPE, Gather, MCH, CHC, ACHHH, Helen Porter, Champlain Orchards, and through a community champion who did outreach to individuals in the migrant community.

The 2024 Community Survey was Addison County's first CHNA survey to be offered in 6 languages. With the assistance of the UVM Health Network's Language Access Services Team, the most common languages requested at Porter Medical Center were identified. The list was validated with the Steering Committee. The community survey was offered in the following languages: English, Spanish, Arabic, Burmese, Vietnamese, and French.

Community partners helped to promote the survey through use of a communications toolkit. The communications toolkit included a sample email, social media posts, a FPF post, a poster, and a rack card. Outreach materials were available in English and Spanish. The Steering Committee shared information out through their list serves and the Community Outreach and Engagement Workgroup reached out to additional community partners such as municipalities, healthcare clinics, schools, libraries, afterschool programs, recreation departments, dental offices, and other community service organizations in the region.

In addition to spreading awareness through community partners, there was also paid promotion. Two county-wide Front Porch Forum posts were made. Addison County Regional Planning Commission posted once during the first week the survey was open. Porter Medical Center supported another county-wide ad during second to last week of the survey. There were paid ads in the Addison Independent during the last couple weeks of the survey.

Four \$50 Visa gift cards were offered to randomly selected survey respondents to increase participation. Addison County Regional Planning Commission supported an additional random gift card drawing.

To support engagement with marginalized and underserved populations, \$20 gift cards were offered to priority populations to incentivize participation and honor their time. The \$20 gift cards were made available through Addison County Regional Planning Commission's health equity grant. A total of 30 gift cards were distributed through Open Door Clinic, Charter House Coalition, and through a community champion who did individual outreach to the migrant community. These gift cards helped increase responses among people who are English Language Learners, have low income, or have experienced housing insecurity.

Key findings from the community survey have been integrated into the Community Health Priorities section of this report. The communications toolkit, community survey template, and graphs with survey respondent demographics/ tables with full community survey results can be found in [Appendix 3](#), [Appendix 4](#), and [Appendix 5](#) respectively.

THE 2024 COMMUNITY SURVEY WAS OFFERED IN SIX LANGUAGES

- English
- Spanish
- Arabic
- Burmese
- Vietnamese
- French

POPULATIONS OFFERED AN INCENTIVIZE TO TAKE THE SURVEY

- People with low income
- People who have experienced housing insecurity
- English language learners

Focus Groups

Focus Group Topic Selection

The Data Workgroup reviewed existing focus group data from the Vermont Department of Health and Early Care and Learning Partnership. These focus groups included community members from underserved and marginalized communities. In order to not duplicate efforts, the Data Workgroup then discussed what additional focus groups should be conducted.

The Data Workgroup recommended to the Steering Committee that focus groups be hosted around the three priority areas that were identified in 2021: access to healthcare, mental health, and housing. Because of the intersection of mental health and substance use, the mental health focus group asked about both mental health and substance use services. Due to the high population of older adults in Addison County, the healthcare access focus group centered on the experience of older adults. Impacting these areas takes more than the three-year CHNA cycle and these topics were still issues of concern in the community, as evidenced by secondary data.

Hosting focus groups on the 2021 topics allowed the team to do a deeper dive in to how these topics are impacting Addison County community members in 2024. This mixed approach of asking about specific topics in focus group settings and broader topics in the community survey allowed the team to both follow up on 2021 priorities and assess for any new emerging issues. The Steering Committee approved of the Data Workgroup's recommendation.

GUIDING QUESTIONS TO DETERMINE WHICH TOPICS TO COVER IN FOCUS GROUPS

1. Which populations are already represented in existing and recent focus group data?
 - a. Did we adequately understand the health needs of the groups that have been interviewed so far?
 - b. Even if a group has already been engaged via a focus group- are there additional questions we would want to ask, or specific topics we would want to dig into in more detail with that population?
2. Are there other underserved or marginalized groups that are not represented?
3. Which populations can we connect with within our timeline and set up quality focus groups?

Community Member Focus Group - People with Lived Experiences

Two focus groups were hosted in June 2024 with community members who have lived experience around two of the 2021 CHNA priorities: access to healthcare services and mental health or substance use services. A third focus group around housing was planned, but it was cancelled due to a lack of people signing up. Due to a quick turnaround of setting these focus groups up, the team was unable to recruit people who have lived experience with housing insecurity.

REPRESENTED VOICES

- Older adults who have lived experiencing seeking healthcare, or their caregivers
- People who have lived experience seeking help for mental health or substance use, or their caregivers

Focus groups for community members were organized in collaboration with community partners who have trusting relationships with populations directly impacted by the discussion topics. The decision to host in-person, virtual, or hybrid was based on recommendations from the collaborating community partners on how to best reach their clients. Focus groups were facilitated by the Project Lead and the Data Work Group.

Focus groups were 1.5 hours long and community member participants were offered a \$50 Visa gift card to incentivize their participation. Light snacks and refreshments were also provided during the focus groups.

Focus groups were analyzed for key themes by the Project Lead and Data Workgroup. Limitations of this method include potential bias of interpreting qualitative data. This was mitigated by focus group facilitators each taking notes and reviewing key takeaways with each other following each discussion.

A summary of each focus group is below:

FOCUS GROUP TOPIC	COLLABORATING COMMUNITY PARTNER	PARTICIPANTS	NUMBER OF PARTICIPANTS	FOCUS GROUP FORMAT
Access to Healthcare Services	Elderly Services Inc.	Older adults with lived experience seeking healthcare, or their caregivers	6	In-person
Access to Mental Health and/or Substance Use Services	Counseling Service of Addison County; Turning Point Center of Addison County	Adults with lived experience seeking help for mental health or substance use, or their caregivers	10	Hybrid

Key findings from these discussions have been integrated into the Community Health Priorities section of this report. The focus group guide and more detailed findings can be found in [Appendix 6](#) and [Appendix 7](#) respectively.

Subject Matter Expert Focus Groups

The Data Workgroup also conducted focus groups with subject matter experts on the 2021 CHNA priority areas. This would result in comparative feedback from people with lived experience and from people who work professionally in those fields.

The subject matter expert focus groups were completed instead of multiple individual key informant interviews due to time constraints. These focus groups were unpaid, 1 hour long, and occurred at existing community meetings- Addison County Substance Use and Prevention Coalition, Community Health Action Team (CHAT), and the Addison County Housing Coalition.

The CHAT meeting was hybrid and the other two focus groups were virtual. Focus groups were facilitated by the Project Lead and the Data Workgroup. Notes were taken by hand, and conversations were recorded and/or transcribed through Zoom tools to fill in any note taking gaps. The exception was the CHAT meeting, which due to a technological issue was not recorded. Results were analyzed for emerging themes within each focus group and for recurring themes across focus groups.

Due to conflicting meeting schedules, two of the organizations who could not make it to the focus group meetings provided feedback afterwards. That feedback was incorporated into the findings as well. In total, 36 individuals representing 23 organizations participated in the Subject Matter Expert Focus Groups.

ORGANIZATIONS WHO PARTICIPATED IN FOCUS GROUPS

- Addison County Home Health and Hospice
- Addison Housing Works
- Ascend Housing
- Atria Collective
- Blueprint for Health
- Boys & Girls Club of Greater Vergennes
- Building Bright Futures
- Champlain Valley Unitarian Universalist Society
- Charter House Coalition
- Counseling Service of Addison County
- HOPE
- John Graham Housing Services
- Middlebury Police Department
- Mountain Community Health
- Rutland Regional Medical Center
- Savida Health
- State of Vermont, Agency of Human Services
- The Bristol Hub Teen Center & Skatepark
- Tri-Valley Transit
- Turning Point Center of Addison County
- United Way of Addison County
- Vermont Department for Children and Families
- Vermont Department of Health

Key findings from these discussions have been integrated into the Community Health Priorities section of this report. The focus groups guide and more detailed findings can be found in [Appendix 8](#) and [Appendix 9](#) respectively.

Analyzing Findings and Selecting Community Health Priorities

Step 1

Data collected from each of the three methods were analyzed for emerging health priorities within the community. Findings were selected based on the “threshold descriptions” for each method as shown below. The preliminary emerging health priorities were analyzed. The goal of this process was to combine closely related findings. The result was a list of 8 emerging health priorities.

DATA GATHERING METHOD	THRESHOLD DESCRIPTION
Secondary Data	Key health and wellness indicators that are getting worse, key findings from pre-existing focus groups
Community Survey	Top 3 most selected actions to improve the community, per SDOH domain, OR more than 20% disagree with the statement about their community
Focus Groups	Emerging findings based on analysis within and across focus groups

Step 2

The list of 8 emerging health priorities was then brought to the Steering Committee for their feedback. Steering Committee members confirmed that all the priorities were of importance to the community. Steering Committee members were then asked to rate the findings based on impact, community readiness and equity (definitions on the right). Two closely related topics were combined into one, refining the list to 7 emerging health priorities.

PRIORITIZATION CRITERIA	
IMPACT	We can make a difference. Investing in this area has the potential for powerful, measurable improvements for health and wellbeing in our community.
COMMUNITY READINESS	Working together can help make the greatest impact. We have the capacity as a community to address this need. Some resources and networks may already exist, and assets could be built upon to address this priority.
EQUITY	Equity exists when all people have a fair chance to be healthy. Many systems in our society make it harder for those of a certain race, gender, ethnicity, social position, sexual orientation, and disability status, to attain their highest level of health.

Step 3

A virtual prioritization session was hosted in July 2024 to gather additional feedback from the wider group of community organizations. In total, over 50 people from a range of organizations, community groups, and agencies were invited to participate. 24 individuals attended. Participants reviewed key data, participated in break out discussions, and then were then asked to rate the emerging priorities based on impact, community readiness, and equity (same criteria as above). Community members who were not in attendance were still invited to provide feedback via the survey.

Step 4

Following this session, the final survey feedback and findings were analyzed. Including responses from the Steering Committee and community prioritization surveys, 29 individuals representing 23 organizations gave feedback on the emerging priorities via the survey.

ORGANIZATIONS WHO PROVIDED SURVEY FEEDBACK INCLUDED:

-
- Addison Allies Network
 - Addison Central School District
 - Addison Community Action / CVOEO
 - Addison County Home Health and Hospice
 - Addison County Regional Planning Commission
 - Addison Housing Works
 - Agency of Human Services
 - Atria Collective, formerly WomenSafe
 - Counseling Service of Addison County
 - HOPE
 - John Graham Housing & Services
 - Middlebury College Health Services
 - Middlebury Family Health
 - Mount Abraham Unified Union School District
 - Mountain Community Health
 - Open Door Clinic
 - Porter Medical Center
 - Porter Primary Care-Middlebury
 - Region 2 VPLO, Rutland Regional Medical Center
 - Turning Point Center of Addison County
 - United Way of Addison County
 - UVMHN/Blueprint for Health
 - Vermont Department of Health

Step 5

Following this prioritization process the Project Lead analyzed the findings. Based on the findings, six health priorities emerged, and three were identified as “Top Priorities”. To have a feasible and meaningful Community Health Improvement Plan (CHIP), three priorities were selected to target and allocate resources to via the CHIP. These three are noted throughout the CHNA report as a “Top Priority”.

- **Cost of Living**
- **Cultural Humility and Inclusivity**
- **Healthcare Access (Top Priority)**
- **Housing (Top Priority)**
- **Mental Health and Substance Use (Top Priority)**
- **Transportation**

The Steering Committee was given a final opportunity to reflect and provide feedback. The Steering Committee confirmed that all the priorities are important and interrelated, and their feedback validated the top three community health priorities that were chosen to focus on via the CHIP.

Healthcare Access, Housing, and Mental Health and Substance Use

The top 3 overall ranked priorities (housing, mental health, healthcare access) also scored well in the criteria of impact, community readiness, and equity. Substance use was the 4th ranked topic overall and scored similarly to the other 3 topics in the criteria rankings of impact, community readiness, and equity.

Due to the noted intersection of mental health and substance use, the recommendation was to combine them into one priority area (vs not naming substance use as a top priority). Access to mental health services was a 2021 priority, and within the previous CHIP there were multiple mental health strategies that included addressing substance use. Including substance use will codify important intersectional work that is already happening to improve mental health and substance use outcomes for community members. Mental health and substance use may have separate strategies and workflows in the community. The CHIP process will decide which intersectional strategies and which mental health or substance use specific strategies we will focus on as a community.

Cultural Humility and Inclusivity, Cost of Living, and Transportation

Three emerging health priorities were selected to target and allocate resources to via the CHIP. However, collaborative projects between community partners on topics that were not chosen can continue and expand.

Cultural humility and inclusivity is a cross-cutting topic that scored well and is integral to all healthy community efforts. Therefore, cultural humility will be intentionally integrated as a key component of each chosen priority area (vs being a separate priority area of focus or not included).

While still important areas of work for the community, cost of living and transportation scored the lowest overall. Due to capacity and sphere of influence, these topics will not be top focus areas of the updated CHNA and CHIP. However, collaborative work can still happen on these topics. Topics that are not specifically included as one of the top three priorities could still be integrated into CHIP efforts if deemed appropriate during the CHIP process. For example, affordable housing efforts intersect with cost of living, and healthcare access may intersect with transportation.

To learn more about CHIP efforts from the last year, and how the community will collaborate to address the top community health priorities moving forward, see the section titled [Community Resources and Next Steps](#).

Key Health and Wellbeing Indicators

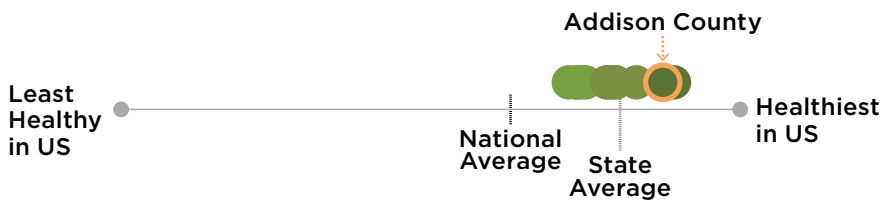
Introduction

The Key Health and Wellbeing Indicators in this section represent health outcomes and factors across broad domains of community health and wellbeing.

The indicators provide important context for recent trends in Addison County and offer a frame of reference for the community health priorities discussed in the following section.

Health Outcomes

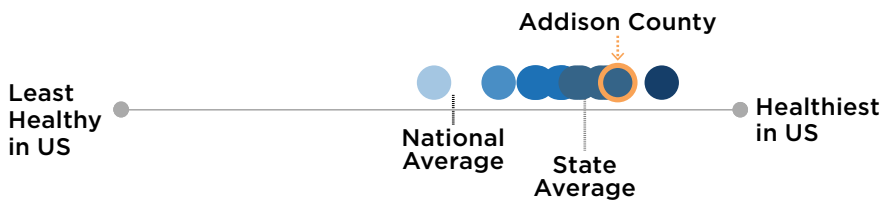
Addison County has better than average health outcomes compared to other Vermont counties and compared to the average county in the United State.²⁰



GRAPH SOURCE: County Health Rankings²⁰

Health Factors

For health factors, Addison County ranks about the same as other Vermont counties, but better than the average county in the United States.²⁰



GRAPH SOURCE: County Health Rankings²⁰


“**Health Outcomes** tell us how long people live on average within a community, and how much physical and mental health people experience in a community while they are alive.”²⁰

“Many things influence how well and how long we live. **Health Factors** represent those things we can improve to live longer and healthier lives. They are indicators of the future health of our communities.”²⁰

Key Health and Wellbeing Indicators











The table below provides indicator data over time for the region organized by the Department of Health and Human Services' Healthy People 2030 social determinants of health domains.

Data sources ranged from local organizations to the Vermont Department of Health, and to the United States Census Bureau.









Some measures below can be broken out by demographics to show health disparities. If an indicator has a  icon before the name, that means health disparity data is available. Disparity data has been integrated into the Community Health Priority sections of the report to highlight how some populations in Addison County or the State of Vermont are facing more barriers to health than others within the priority areas.

KEY HEALTH AND WELLBEING INDICATOR TABLE

 Getting better, increasing trend
  Getting better, decreasing trend
  No change, good trend
  Getting worse, increasing trend
  Getting worse, decreasing trend
  Neutral increasing trend
  Neutral decreasing trend

KEY HEALTH AND WELLNESS INDICATORS	GEOGRAPHIC LEVEL	PREVIOUS REPORTING PERIOD	CURRENT REPORTING PERIOD	TREND	YEARS	SOURCE
Social Determinant of Health Domain: Healthcare Access						
Ratio of population to dentists	Addison County	2450 to 1	1880 to 1		2010, 2022	County Health Rankings & Roadmaps ²¹
Ratio of population to mental health professionals	Addison County	428 to 1	290 to 1		2014, 2023	County Health Rankings and Roadmaps ²²
Ratio of population to primary care physicians	Addison County	940 to 1	890 to 1		2010, 2021	County Health Rankings & Roadmaps ²³
People without health insurance coverage	Addison County	5.2%	4.7%		2013-2017, 2018-2022	U.S. Census Bureau ²⁴
 Adults who had a routine doctor visit, past year	Addison County	72%	75%		2017-2018, 2021-2022	Vermont Department of Health ²⁵
 Adults with a personal health care provider	Addison County	89%	91%		2017-2018, 2021-2022	Vermont Department of Health ²⁵
 Adults who visited the dentist, past year	Addison County	70%	73%		2017-2018, 2021-2022	Vermont Department of Health ²⁵






Key Health and Wellbeing Indicators

KEY HEALTH AND WELLNESS INDICATORS	GEOGRAPHIC LEVEL	PREVIOUS REPORTING PERIOD	CURRENT REPORTING PERIOD	TREND	YEARS	SOURCE
Social Determinant of Health Domain: Healthcare Utilization						
Children 3 and under who received a developmental screening in the past 12 months	Middlebury Health Service Area	78%	74%		2017-2019, 2020-2022	Blueprint for Health ²⁶
Adults receiving colorectal screening	Vermont	71%	70%	NA	2018, 2022	Vermont Department of Health ²⁵
* Adults ages 65 and older receiving flu vaccine, past year	Addison County	63%	75%		2017-2018, 2021-2022	Vermont Department of Health ²⁵
* Women ages 50-74 with mammogram, past 2 years	Addison County	77%	72%		2017-2018, 2021-2022	Vermont Department of Health ²⁵
Children receiving recommended vaccines	Addison County	79.6%	77.4%		2019, 2022	Vermont Department of Health ²⁷
Children (1-2 years old) receiving blood lead test	Vermont	72.5%	68.3%		2017, 2022	Vermont Department of Health, Vermont Child Health Improvement Program ²⁸
Social Determinant of Health Domain: Health Outcomes						
High school students who used cannabis, past 30 days	Addison County	17%	20.4%		2021, 2023	United Way of Addison County ²⁹
High school students who drank alcohol, past 30 days	Addison County	24.2%	29.2%		2021, 2023	United Way of Addison County ²⁹
* Adults with Diabetes	Addison County	7%	8%		2017-2018, 2021-2022	Vermont Department of Health ²⁵

Key Health and Wellbeing Indicators

KEY HEALTH AND WELLNESS INDICATORS	GEOGRAPHIC LEVEL	PREVIOUS REPORTING PERIOD	CURRENT REPORTING PERIOD	TREND	YEARS	SOURCE
* Adults who binge drink	Addison County	16%	20%	↑	2017-2018, 2021-2022	Vermont Department of Health ²⁵
* Adults ages 20+ who are obese	Addison County	23%	28%	↑	2017-2018, 2021-2022	Vermont Department of Health ²⁵
* Adults who smoke cigarettes	Addison County	15%	11%	↓	2017-2018, 2021-2022	Vermont Department of Health ²⁵
* Adults with a depressive disorder	Addison County	21%	22%	↑	2017-2018, 2021-2022	Vermont Department of Health ²⁵
* Adults with Asthma	Addison County	13%	8%	↓	2017-2018, 2021-2022	Vermont Department of Health ²⁵
* Adults with COPD	Addison County	5%	6%	↑	2017-2018, 2021-2022	Vermont Department of Health ²⁵
* Adults with poor mental health	Addison County	9%	15%	↑	2017-2018, 2021-2022	Vermont Department of Health ²⁵
* Adults with poor physical health	Addison County	9%	10%	↑	2017-2018, 2021-2022	Vermont Department of Health ²⁵
* Adults with arthritis	Addison County	23%	26%	↑	2017-2018, 2021-2022	Vermont Department of Health ²⁵
* Adults with high blood pressure	Addison County	24%	31%	↑	2017-2018, 2021-2022	Vermont Department of Health ²⁵
Teen pregnancy rate per 1,000	Addison County	8.1	6.4	↓	2017, 2022	Vermont Department of Health ³⁰







Key Health and Wellbeing Indicators

KEY HEALTH AND WELLNESS INDICATORS	GEOGRAPHIC LEVEL	PREVIOUS REPORTING PERIOD	CURRENT REPORTING PERIOD	TREND	YEARS	SOURCE
Leading causes of death	Vermont	Cancer, Heart Disease, Accidents, Chronic Lower Respiratory Disease, Alzheimer's Disease	Heart Disease, Cancer, Accidents, Alzheimer's Disease, Chronic Lower Respiratory Disease	NA	2017, 2022	Vermont Department of Health ³⁰
Opioid Related Deaths per 100,000	Vermont	17.6	37.7		2017, 2022	Vermont Department of Health ³¹
Death rate due to intentional self-harm (suicide) per 100,000	Vermont	18	19.8		2017, 2022	Vermont Department of Health ³⁰
* High school students who used a tobacco product, past 30 days	Addison County	27%	14%		2019, 2021	Vermont Department of Health ³²
High school students who had at least one sunburn, past year	Addison County	77%	80%		2019, 2021	Vermont Department of Health ³²
Social Determinant of Health Domain: Education Access & Quality						
Educational Attainment (High School Graduate or Higher)	Addison County	92.8%	94.5%		2013-2017, 2018-2022	U.S. Census Bureau ³³
* Kindergarten Readiness	Vermont	82.92%	86%		2018-2019, 2022-2023	Vermont Agency of Education ³⁴
Third grade students who are proficient in reading at their grade level	Vermont	41.17%	48.91%	NA	2022, 2023	Vermont Agency of Education ³⁵

Key Health and Wellbeing Indicators

KEY HEALTH AND WELLNESS INDICATORS	GEOGRAPHIC LEVEL	PREVIOUS REPORTING PERIOD	CURRENT REPORTING PERIOD	TREND	YEARS	SOURCE
Social Determinant of Health Domain: Financial Security						
* Individuals experiencing homelessness	Addison County	81	77	↓	2019, 2024	Housing & Homelessness Alliance of Vermont ³⁶
Households receiving food stamps/SNAP benefits	Addison County	10.9%	9%	↓	2013-2017, 2018-2022	U.S. Census Bureau ³⁷
People paying 30% or more of household income toward mortgage	Addison County	31%	24%	↓	2017, 2022	Vermont Housing Finance Agency ³⁸
People paying 30% or more of household income toward rent	Addison County	44%	47%	↑	2017, 2022	Vermont Housing Finance Agency ³⁸
People whose income in the past year was below the poverty level	Addison County	7.8%	7.5%	↓	2013-2017, 2018-2022	U.S. Census Bureau ³⁹
People 16 or older who are unemployed	Addison County	2.9%	2.6%	↓	2013-2017, 2018-2022	U.S. Census Bureau ³⁹
* Adults who experienced food insecurity, past year	Vermont	NA	7%	NA	2022	Vermont Department of Health ²⁵
* Adults who did not visit doctor due to cost	Addison County	8%	5%	↓	2017-2018, 2021-2022	Vermont Department of Health ²⁵

Key Health and Wellbeing Indicators

KEY HEALTH AND WELLNESS INDICATORS	GEOGRAPHIC LEVEL	PREVIOUS REPORTING PERIOD	CURRENT REPORTING PERIOD	TREND	YEARS	SOURCE
Social Determinant of Health Domain: Neighborhood & The Built Environment						
Number of bus rides and Dial-A-Rides rides	Tri Valley Transit Service Area	126,022	180,335		2021, 2023	Tri-Valley Transit ⁴⁰
Housing units built before 1940 as percent of total units	Addison County	27.1%	27.6%		2013-2017, 2018-2022	U.S. Census Bureau ⁴¹
Rental vacancy rate	Addison County	3.8%	4.3%		2013-2017, 2018-2022	Vermont Housing Finance Agency ⁵¹
Low access to a grocery store for low-income residents	Addison County	0%	0%		2015, 2019	U.S. Department of Agriculture ⁴²
* Adults with lack of reliable transportation	Vermont	NA	6%	NA	2022	Vermont Department of Health ²⁵
Days with particulate matter over the standard (air pollution)	Addison County	0%	0%		2013, 2019	Vermont Department of Health ⁴³
* High school students who were physically active at least 60 minutes per day on 5 or more days, past week	Addison County	46%	56%		2019, 2021	Vermont Department of Health ³²

Key Health and Wellbeing Indicators

KEY HEALTH AND WELLNESS INDICATORS	GEOGRAPHIC LEVEL	PREVIOUS REPORTING PERIOD	CURRENT REPORTING PERIOD	TREND	YEARS	SOURCE
Social Determinant of Health Domain: Social & Community Context						
Households with children	Addison County	27.2%	23%	↓	2013-2017, 2018-2022	U.S. Census Bureau ⁴⁴
People aged 5 years or older who speak English less than "very well"	Addison County	1.1%	0.8%	↓	2013-2017, 2018-2022	U.S. Census Bureau ⁴⁴
People 65 years or older living alone	Addison County	8.2%	8.5%	↑	2013-2017, 2018-2022	U.S. Census Bureau ⁴⁴
* Adults who always or usually feel socially isolated	Vermont	NA	7%	NA	2022	Vermont Department of Health ²⁵
* Middle school students who were bullied, past 30 days	Addison County	20%	24%	↑	2019, 2021	Vermont Department of Health ³²
* High school students who were bullied, past 30 days	Addison County	16%	17%	↑	2019, 2021	Vermont Department of Health ³²
* High school students who felt sad or hopeless, past year	Addison County	28%	24%	↓	2019, 2021	Vermont Department of Health ³²

Table Notes

Please note that changes over time may not be statistically significant. The "Trend" column only shows if measures are generally moving in a good or bad direction. For additional methods and limitations, please see the section of the report titled "Data Collection Methods and Limitations".










Community Health Priorities

Overview

The next sections present the key findings from the 2024 Community Health Needs Assessment organized by six community health priorities that emerged from the assessment process.

Each section features key qualitative and quantitative findings on the community health priority, offering valuable context and community insights.

The data show how the community health priorities support the social determinants of health (SDOH) and how interconnected the community health priorities are with each other.

Community Health Priorities	Related Social Determinants of Health
Cost of Living	 
Cultural Humility and Inclusivity	
Healthcare Access	
Mental Health and Substance Use	 
Housing	 
Transportation	

SOCIAL DETERMINANTS OF HEALTH

				
Education Access and Quality	Health Care Access and Quality	Neighborhood and Built Environment	Social and Community Context	Economic Stability

THE SIX COMMUNITY HEALTH PRIORITIES, IN ALPHABETICAL ORDER, ARE:

- Cost of Living
- Cultural Humility and Inclusivity
- Healthcare Access*
- Mental Health and Substance Use*
- Housing*
- Transportation

*The three priorities that Addison County will focus on during the new Community Health Improvement Plan (CHIP) cycle are labeled as a "Top Priority" in the title of their section. These top priorities are Healthcare Access, Housing, and Mental Health and Substance Use.

Cost of Living



Photo: Jason Duquette-Hoffman

Introduction

To have a healthy community, community members should be able to afford their basic needs like food and medical care. The ability to pay for basic needs is influenced by finances and the overall cost of living.

This section discusses key community needs and opportunities to improve the cost of living within Addison County.

Note, housing and transportation have a direct impact on the cost of living. They were identified as Community Health Priorities and thus have their own sections. Find more details about those two topics later in this report.

KEY THEMES

- **Basic Needs**
- **Employment Opportunities**
- **Healthcare Costs and Insurance**

“Health is the difference between living and living well, you can get by on a daily basis or thrive.”

**COMMUNITY MEMBER,
CHNA FOCUS GROUP**

Basic Needs

A theme that came up across the data methods was the difference between surviving and thriving. Surviving means community members at least have their basic needs met. To thrive, they also need the opportunity to engage in meaningful activities and make connections with each other. Due to the high cost of living, there are community members that just get by on a daily basis. Some families are also still feeling the financial impacts of the COVID-19 pandemic.

The increasing cost of basic needs like housing, food, utilities, transportation, healthcare, and childcare is a constant stressor for community members.¹⁸ In CHNA focus groups, subject matter experts shared that many factors influencing the high cost of living were national systems-level issues that are difficult to impact at the local level.

Food Access

According to the U.S. Department of Agriculture, no areas in Addison County have both low income and low access to a grocery store.⁴² The majority of Community Survey respondents felt that they could get the foods they want to eat.

I CAN GET THE FOODS I WANT TO EAT



87.54% AGREE

12.46% DISAGREE

SOURCE: Community Survey

However, some populations are more likely to experience food insecurity than others. Vermont adults who have less education, lower incomes, a disability or are BIPOC are significantly more likely to have experienced food insecurity.²⁵ Accessing healthy and affordable foods can also be challenging for people who live outside of a town center and do not have access to a personal vehicle.

“We all know that you should eat well, healthy from scratch foods whenever possible because that’s where you are in control of what the ingredients are. You should be eating as much the vegetables and the fruit, which are the most expensive things that you can get.”

VDH FOCUS GROUP

IN THE COMMUNITY SURVEY, PEOPLE REPORTED THE FOLLOWING:

20.1%

of community survey respondents did not agree that they have enough money to pay for the basic things they need

23.5%

of community survey respondents did not agree that they had the resources they needed to recover from impacts of the COVID-19 pandemic

29.8%

of community survey respondents did not agree that they can get affordable childcare

SOURCE: Community Survey

“There is a lack of support available for children/ elders, and many families have to shoulder the caregiving burden on top of other obligations without community support. Those that seem to be managing better have extended family networks to help them. Without that, an individual is on their own. This affects economics, housing, health, education...”

COMMUNITY SURVEY RESPONDENT

Employment Opportunities

Access to jobs that offer a living wage and full benefits can help improve health outcomes.

While 83.8% of community survey respondents agree that they can find work that pays fairly, the high cost of living still makes it difficult to afford living in Addison County. The overall poverty rate in Addison County is 7.5%, but due to current and historic inequitable systems, some populations experience higher rates of poverty than others.⁹

The table to the below shows poverty rates among Addison County’s four most common racial and ethnic identities.

DISPARITIES IN POVERTY RATES, ADDISON COUNTY

RACE AND ETHNICITY	POVERTY RATE
White, non-Hispanic	7.0%
Black or African American	18.8%
Two or More Races	10.6%
Hispanic or Latino (of any race)	25.4%

SOURCE: U.S. Census Bureau⁹

Household income may also impact education. According to the Agency of Education, Vermont students who are eligible for free and reduced lunch have a lower readiness level (75%) compared to students are not eligible for free and reduced lunch (89%).³⁴

Healthcare Costs and Insurance

The high cost of healthcare continues to be a barrier for community members, and insurance has a major impact on the services people can access. Having access to care, regardless of insurance status or income, is critical to addressing health inequities.

When ranking the ways to improve access to healthcare, community survey respondents identified having more healthcare services that are free or fully covered by insurance as a top priority. In CHNA focus groups, people expressed frustration that the separation of health, vision, and dental insurance treat the body as if its parts are unrelated. It is difficult to have holistic health if someone cannot afford any of those insurances. Both community members and subject matter experts expressed a desire for universal healthcare and acknowledged it would take many years of focused efforts at national and state levels to make change.

ACCORDING TO COMMUNITY SURVEY RESPONDENTS, TOP CHOICES FOR STRENGTHENING PEOPLE’S FINANCES IN THEIR COMMUNITY INCLUDE:

- Increase jobs that provide full benefits (health insurance, retirement savings, paid sick time)
- Increase jobs that pay a living wage
- Increase jobs that provide paid time off for medical appointments, dental appointments, and when someone is sick

“...the barriers we see very often [for mental health and substance use services] are transportation and insurance. So, insurance driving which medication patients can be on. Or, if somebody no longer qualifies for Medicaid and they have to go to the next insurance- and whatever formulations of their medication are covered. And that really kind of messes with people’s recovery.”

COMMUNITY LEADER,
CHNA FOCUS GROUP

The table to below shows insurance rates among Addison County’s four most common racial and ethnic identities. While Addison County’s overall uninsured rate is 4.7%, some populations are less likely to be covered by insurance than others.⁹

DISPARITIES IN INSURANCE, ADDISON COUNTY

RACE AND ETHNICITY	PERCENT UNINSURED
White, non-Hispanic	4.3%
Black or African American	14.1%
Two or More Races	11.4%
Hispanic or Latino (of any race)	18.5%

SOURCE: U.S. Census Bureau⁹

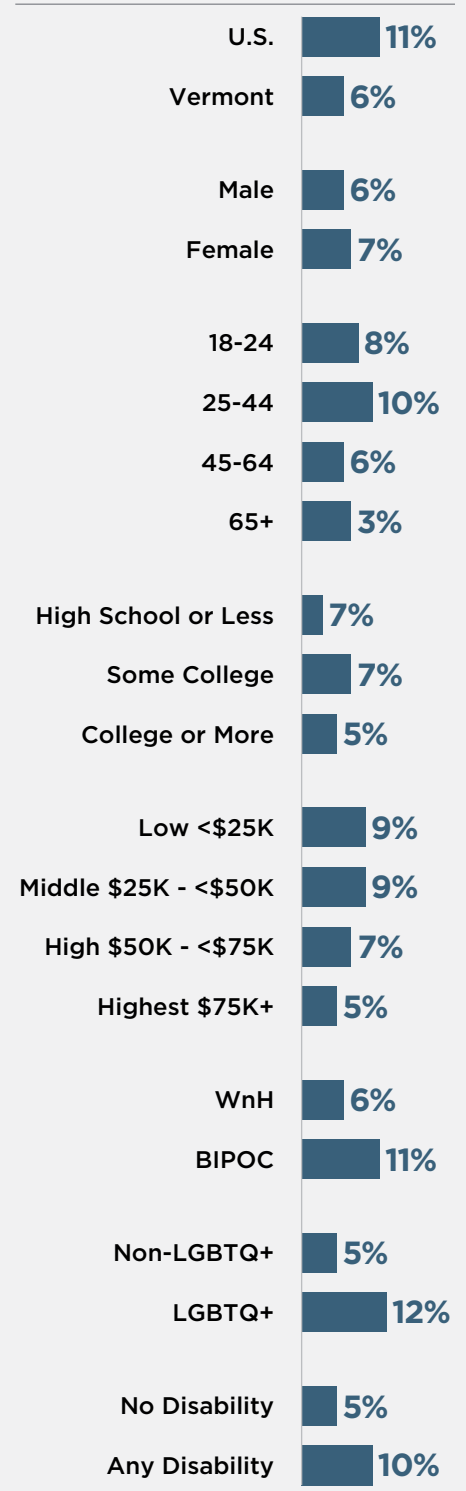
Even for people with insurance, limitations in coverage can disrupt treatment regimens and direct the care people receive. For example, if someone changes from Medicaid to a different insurance, they may no longer be able to afford the medications they are used to. In the CHNA focus groups it was also noted that navigating insurance and understanding what coverage you have can also be a barrier to getting care. Older adults shared that unless someone is wealthy, to afford memory care people must carry a specific type of insurance. If someone loses their insurance or their needs change, it is likely that they will not be able to afford the care they need.

“Dementia care is bankrupting me...”

COMMUNITY SURVEY RESPONDENT

Between 2017-2018 and 2021-2022, the rate of adults in Addison County who reported not visiting the doctor due to cost decreased from 8% to 5%.²⁵ This is an improvement overall. However, Vermont-level data shows that there are significant disparities in rates of delaying care due to cost based on age, race and ethnicity, sexual orientation and gender identity, education level, household income level, and disability status.²⁵

VERMONT ADULTS WHO DID NOT VISIT A DOCTOR DUE TO COST, 2022:



SOURCE: Vermont Department of Health²⁵

Cultural Humility and Inclusivity

Photo: Jason Duquette-Hoffman

Introduction

Ensuring that our community spaces and services make people feel safe, respected, and understood is critical to providing quality care. Cultural humility and inclusivity are cross-cutting theme that we see in all the CHNA priorities.

Investing in and promoting cultural humility and inclusivity can improve health for groups that have been impacted by historic and current inequities. As one community survey respondent shared, “Our communities are healthier, stronger and more resilient when we invest in the wellbeing of all and center the needs and desires of the most vulnerable among us with creativity, dignity and respect.”

This section discusses key community needs and opportunities to improve cultural humility and inclusivity within Addison County.

KEY THEMES

- TRUST OF SYSTEMS
- NAVIGATION OF SERVICES
- LANGUAGE ACCESS

CULTURAL HUMILITY:

An ongoing look at oneself as a way to better understand and respect others.⁴⁵

INCLUSIVITY:

Everyone can access care they need and be a part of the community.⁴⁶

Trust of Systems

CHNA focus group participants shared there is a lack of trust in systems from groups of community members that have been structurally marginalized. Findings from across the data methods show that some of the populations facing the most barriers to health include people who are BIPOC, LGBTQ+, living in poverty, older adults, migrant workers, and people who have a disability.

It can be complicated for people to understand what benefits they are eligible for. On top of that, the amount of paperwork requiring personal information can be a major barrier to requesting assistance. Due to fear of discrimination or stigma, populations like migrant workers with a lower trust of agencies may also hesitate to seek help in their community for services like housing assistance. Building a relationship and making it easier to apply for services (for example, decreasing the amount of detailed paperwork) could help address the lack of trust.

Meeting people where they are at was another key approach mentioned in focus groups. Families may not agree with their healthcare provider on what constitutes a problem (for example, mental health and substance use challenges). It is important to respect cultural differences, engage with people wherever they are at, and support change when they are ready.

There are opportunities to increase learning among providers. For example, to improve equity for the LGBTQ+ community, participants in one focus group recommend Addison County host a provider training on how to offer inclusive care for LGBTQ+ patients- including information on foundational concepts like what language to use.

While a majority of community survey respondents agreed that local government leaders work for people of all backgrounds, almost a third disagreed. Survey respondents who identified as African American/ Black or Hispanic/Latino, have a household income of \$25,000-\$75,000, or were 16-24 years old were more likely to disagree that local government leaders work for everyone.

LOCAL GOVERNMENT LEADERS WORK FOR PEOPLE OF ALL BACKGROUNDS



SOURCE: Community Survey

“There is fear around migrant workers seeking services and making connections with agencies.”

COMMUNITY
LEADER, CHNA
FOCUS GROUP

“By strengthening social support and engagement, as well as promoting economic and social development, we can build healthier, more vibrant and inclusive communities.”

COMMUNITY
SURVEY
RESPONDENT

Navigation of Services

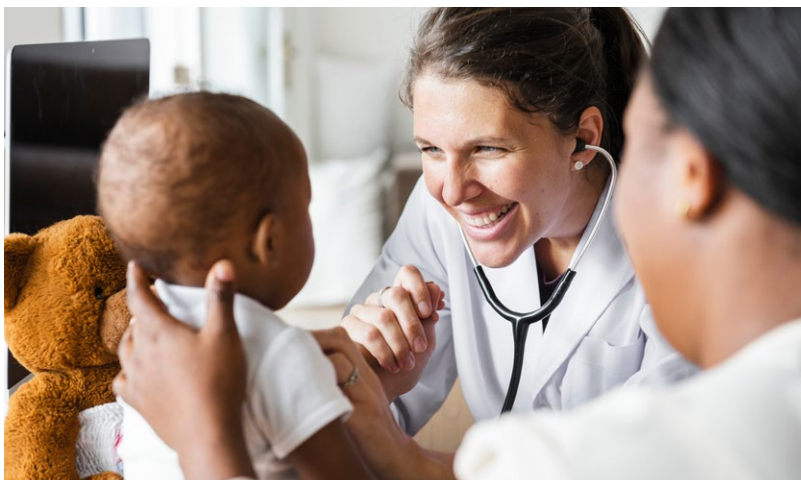
Another access issue that came up as a theme was the complexity of social services and the healthcare system, and that it can be difficult to navigate on your own. Participants in the Early Care and Learning Partnership's focus group were appreciative of those who know how to navigate the complex worlds of health and social services to get people the help they need.¹⁹ People most appreciated when the navigation service was provided by someone from their own community.¹⁹ Older adults in the CHNA healthcare access focus group also expressed that getting their needs met can be difficult unless they are able to advocate for themselves or have help.

Community members shared that they really appreciate when providers have a deep understanding of their culture, but also knowledge of their personal story.¹⁹ Having plenty of time with a provider and seeing the same provider over time is important to achieve this. The high value of building a relationship with the same provider over time was particularly important to older adults, people with mental health challenges, people with substance use challenges, and migrant workers.

When community survey respondents were asked what would improve health care access in Addison County, about 11% of people ranked improving care coordination as a top priority. This is important because it suggests that even if there are adequate services available or people do have some form of health insurance coverage, people still struggle to get connected to the help they need. This is particularly true with mental health services, which are needed among marginalized groups.

“Health is being able to still do what you enjoy- and not having to be dependent on other people including family. The two most important issues to me are availability and affordability. I find both to be challenging.”

**COMMUNITY MEMBER,
CHNA FOCUS GROUP**



Language Access

While the majority of community members in Addison County primarily speak English, for the estimated 5.7% who speak a language other than English at home⁹, language access can be a major barrier to receiving equitable care.

LANGUAGES SPOKEN IN ADDISON COUNTY (OTHER THAN ENGLISH)

Spanish	1.7%
Other Indo-European Languages	2.4%
Asian and Pacific Island Languages	1.5%
Other	0.2%

SOURCE: U.S. Census Bureau⁹

Community survey respondents who identify as African American/Black or Two or More Races/Ethnicities were less likely agree that their language needs are met when they receive healthcare services. Language access challenges can be exacerbated when seeking help for mental health.

Participants in the Early Care and Learning Partnership valued access to in-person, professional interpretation services at health visits.¹⁹ They felt that in-person interpretation was more accurate than phone interpretation. Promoting use of plain language in medical appointments is important as some focus group participants felt an additional need for a “medical jargon” interpreter.¹⁹



“(there are) models of specially training interpreters to act as mental health interpreters, but that brings an additional dynamic into mental health care that’s complicated, that some practitioners don’t like and some patients don’t like.”

VDH FOCUS GROUP PARTICIPANT

“...we have historically not done a great job around language access. We have put pretty significant effort into changing that, but we’re not quite there yet.”

VDH FOCUS GROUP PARTICIPANT

PRIORITY

Healthcare Access



Photo: Jason Duquette-Hoffman

Introduction

Healthcare access encompasses various factors that impact community members' health and wellbeing. It refers to being able to see an appropriate and accessible provider for health care needs within a reasonable amount of time and distance.

This section discusses challenges that impact access across the spectrum of healthcare needs.

Note: Mental health and substance use specific needs are outlined in their own section later in this report.

KEY THEMES

- PRIMARY CARE
- SPECIALITY CARE
- WAIT TIMES
- HEALTHCARE WORKFORCE, SHORTAGES, AND RETENTION
- HEALTH OUTCOME DISPARITIES

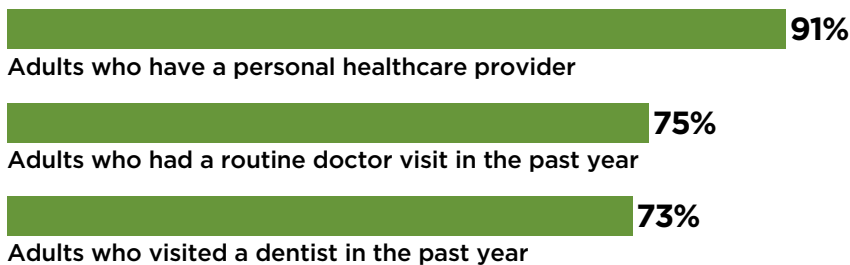
Primary and Preventative Care

There is inadequate availability of primary care services to meet the Addison County’s needs. Primary and preventative care are critical aspects of healthcare throughout the lifespan, and decreasing access to these services is an area of concern. In the community survey, one of the top ways people said healthcare could be strengthened was increasing availability of primary care services. Some of the other key findings that emerged included access barriers related to insurance, and prohibitively high costs. A deeper exploration of these issues can be found in the [Cost of Living](#) section.

In addition to community members voicing concern that it is difficult to get a primary care provider, Vermont Department of Health data show there were decreased rates of preventative screenings and primary care across the lifespan. There were decreased rates of Addison County children receiving recommended vaccinations²⁷ and completing of childhood developmental screenings²⁶, and decreased rates of Vermont children receiving blood lead tests.²⁸ There was also a decreased percentage of Addison County adults completing recommended mammograms.²⁵

While many Addison County adults have a personal healthcare provider, had a routine doctor visit in the past year, and visited a dentist in the past year, some populations have different experiences with healthcare access than others. State-level data show that adults who are male, BIPOC, or have less education are significantly less likely to have a personal healthcare provider, to have had a routine doctor visit in the past year, or have visited the dentist in the past year.²⁵ Vermont adults who are LGBTQ+, 25-44 years old, have a disability, or lower income are also significantly less likely to have visited a dentist in the past year.

HEALTHCARE ENGAGEMENT OF ADDISON COUNTY ADULTS



SOURCE: Vermont Department of Health²⁵

“It is nearly impossible to find a primary care physician if you are new to the community - and if you do it is likely you will have to travel to another town or to Burlington.”

COMMUNITY SURVEY RESPONDENT

“The importance of preventing diseases and maintaining a healthy lifestyle cannot be overstated in community health. Through health education, vaccination programs, and regular check-ups, we can effectively prevent the occurrence of diseases.”

COMMUNITY SURVEY RESPONDENT

Specialty Care and Other Medical Services

Access to specialty care and other types of medical services are also difficult to access in Addison County. In addition to reporting issues accessing primary care, community survey respondents reported issues with accessing care for sexual/reproductive health, end of life care, and specialty medical services. When services are not available in Addison County, community members must travel to get their needs met. Having to travel for care can be particularly challenging for people who do not have a person vehicle. In the CHNA focus group with older adults, participants noted that as they get older traveling for care becomes more challenging. Transportation gaps are discussed in more detail in the [Transportation](#) section of this report.

TYPE OF MEDICAL SERVICES	PERCENT OF RESPONDENTS WHO DO NOT AGREE THEY CAN ACCESS SERVICES
End of Life Care Services	16%
Sexual Health/ Reproductive Services	18.34%
Specialty Medical Services	23.23%

SOURCE: Community Survey

Wait Times for Care

If community members have to delay care due to long wait times, their health may get worse while they wait. In the community survey, respondents said decreasing wait times and increasing availability of services outside of standard business hours (before 8am or after 5pm) were two of the top ways to make it easier to get the healthcare they need. During focus groups, participants also noted that wait time for appointments was a key issue.

“It is increasingly difficult to find or get appts with a specialist. My endocrinologist decided to move to another state and my oncologist is very busy and is not as responsive as I would like. I have sought care out of state.”

COMMUNITY SURVEY RESPONDENT

“I think the biggest thing is the waitlist. Even when you do call, if you’re not feeling well, it could be six weeks before you get in to see a doctor because they’re so booked.”

VDH FOCUS GROUP PARTICIPANT

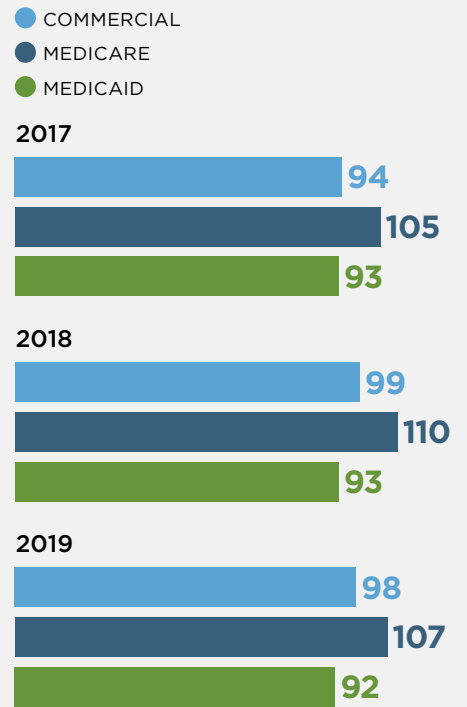
“The availability of healthcare has decreased significantly, driving more people to seek ER and urgent care services including myself and family.”

COMMUNITY SURVEY RESPONDENT

According to a 2022 Green Mountain Care Board report, wait times between a primary care provider visit and a follow-up specialist visit can differ based on insurance type- with Medicare recipients generally experiencing the longest wait times.⁴⁷ They also found that between 2017 and 2019, “commercial and Medicare coverage types demonstrate a slight increase in wait times while Medicaid wait times remain consistent over time”.⁴⁷

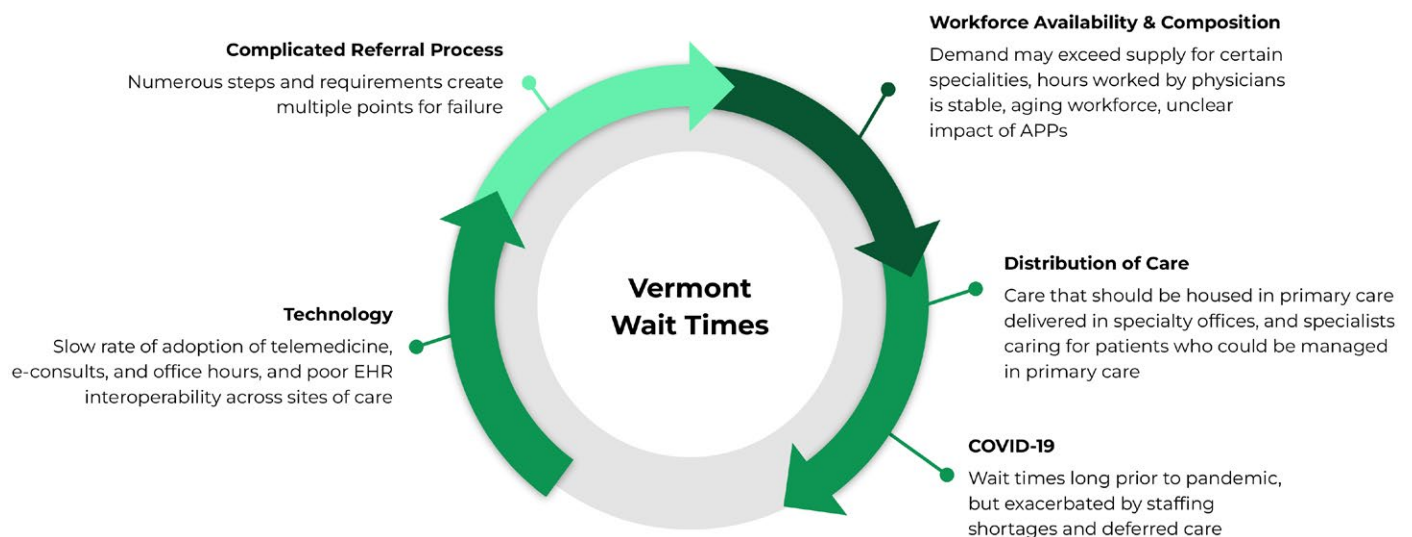
When someone is sick or is ready to seek help for a chronic disease, community members want to connect quickly with their provider. If the wait time is too long, people may seek care elsewhere, creating a domino effect that impacts emergency services. During the focus group for healthcare providers, people shared that when wait times are too long for primary and outpatient care, many individuals go to the emergency room or urgent care instead. These avoidable trips create unnecessary costs and distress for patients and create a backlog in the emergency room. The backlog in the emergency room is a particular challenge for populations with more acute health care needs, such as older adults or people coping with mental health or substance use challenges. Additional details on crisis care can be found in the [Mental Health and Substance Use](#) section of this report.

AVERAGE DAYS BETWEEN PCP AND FOLLOW-UP SPECIALIST VISIT, VERMONT BY COVERAGE TYPE



SOURCE: Green Mountain Care Board⁴⁷

SOME POTENTIAL FACTORS INFLUENCING WAIT TIMES



INFOGRAPHIC SOURCE: Green Mountain Care Board⁴⁷

Healthcare Workforce, Shortages, and Retention

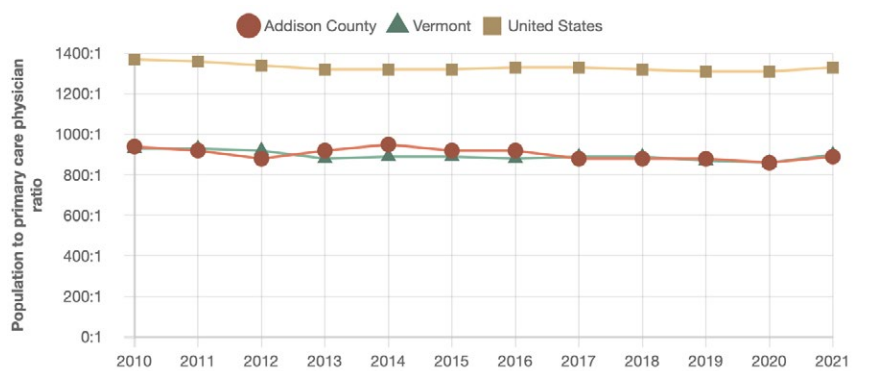
A shortage of healthcare providers and frequent turnover was mentioned many times in the focus groups. This was a stated concern from both community members and subject matter experts. Focus group themes and survey responses indicated a shortage of primary and specialty services for physical and mental health needs. These workforce issues can also contribute to long wait times and people having to travel longer distances for care.

During the mental health and substance use focus group, participants reflected that having many different counselors, doctors and case managers is disruptive to care and that it is much preferred to have a consistent and knowledgeable healthcare team. Having many different providers resulted from both complicated care coordination and frequent turnover of their current providers. While the community members acknowledged a shortage of providers is a systemic problem connected to issues such as housing and cost of living, it was clear that this issue is generally a challenge in accessing quality care in Addison County.

Increased patient acuity also impacts workforce. The American Hospital Association reported that delayed care due to the pandemic has contributed to increased patient acuity in hospitals across the United States.⁴⁸ Even if the number of providers improves or the number of patients stay the same, the needs of patients have become more complex and thus requires more of a provider’s time. In addition, other unmet needs may intersect with healthcare. For a discussion on the increasingly complex health needs of people experiencing homelessness in Addison County, see the [Housing](#) section.

While the current provider workforce does not yet meet the need, provider ratios for primary care,²³ dental²¹, and mental health²² professionals appear to be trending in a positive direction in Addison County. By looking at data from mixed sources and hearing from community members with complex care needs, we see there are still gaps in accessing healthcare services in Addison County. However, Addison County is doing better than the United States overall, and there are positive trends to build on to address this need.

PRIMARY CARE PHYSICIANS IN ADDISON COUNTY



SOURCE: County Health Rankings²³

“There are staffing issues, multiple people that would be good candidates but they don’t offer competitive wage to hire them—speaks to larger staffing issues in the county.”

**COMMUNITY MEMBER,
CHNA FOCUS GROUP**

“Do not have so many people getting involved, that screws the plan up. You get one manager for your case, the hospital gives another, go to Burlington you get another, you come back and there is a new one. I like to keep all my problems to one person if I could.”

**COMMUNITY MEMBER,
CHNA FOCUS GROUP**

“Right now I know that there are not enough doctors and too many people need help, and I understand that. But when it comes to you personally, it becomes so much more significant than reading in the newspaper that we don’t have enough doctors. That’s kind of scary.”

**COMMUNITY MEMBER,
CHNA FOCUS GROUP**

Spotlight on Health Outcome Disparities

Disparities in healthcare access can lead to disparities in health outcomes. As discussed in the [About This Report](#) section, health equity can be improved through addressing the social determinants of health and making healthy options more easily accessible to everyone. Health disparities are noted throughout each section of the CHNA report and are an important factor to consider in promoting equitable health and wellbeing outcomes for the entire community.

Addison County has several health outcomes and indicators that suggest overall health outcomes are better than average compared to the rest of the state and the country.²⁰ However, not all residents experience these positive health outcomes and trends equally. Though county-level breakdowns of health outcome data by demographics were not available, the trends we see at the state-level provide insight into which populations in Addison County are facing the most barriers to health.

In Vermont, three behaviors (no physical activity, poor diet, and tobacco use), lead to four diseases (cancer, heart disease and stroke, type 2 diabetes, and lung disease) which result in more than 50% of deaths in Vermont.⁴⁹ Preventing these chronic diseases, especially for populations that experience higher rates of poor health outcomes, can improve community health.



SOURCE: Healthy People 2030³

CHRONIC DISEASE	PERCENT OF ADULTS DIAGNOSED		
	UNITED STATES	VERMONT	ADDISON COUNTY
Cancer (Non-Skin)	8%	10%	^
Skin Cancer	5%	6%	^
Cardiovascular Disease	9%	9%	7%
Diabetes	12%	8%	8%
Asthma	10%	13%	8%
COPD	7%	7%	6%

[^]Due to changes in the question in 2022, county-level data are not available.

SOURCE: Vermont Department of Health²⁵

The following tables summarize disparities in Vermont health outcomes by disability status, income, age, race and ethnicity, and sexual orientation and gender identity. These disparities must be taken into account and explored further when planning healthcare access solutions to ensure all Addison County residents have the opportunity to live healthy lives.

DISABILITY STATUS	
Vermonters with a disability experience high rates of health disparities	People who identify as low income, LGBTQ+, or are older adults (65+) are significantly more likely to have a disability.
2X as likely to have arthritis	
2X as likely to have a depressive disorder	
3X as likely to have cardiovascular disease	
4X as likely to have COPD	
6X as likely to have cognitive decline	
8X as likely to have chronic kidney disease	

Data refer to differences when comparing health data for Vermonters with a disability versus Vermonters without a disability.

SOURCE: Vermont Department of Health²⁵

INCOME			
Vermonters with lower incomes experience higher rates of:			Vermonters with lower incomes experience lower rates of:
Poor physical health	Cardiovascular disease	Asthma	Annual dental care
Poor mental health	Subjective cognitive decline	Arthritis	Flu vaccination
Depressive disorders	COPD	High blood pressure	Breast cancer screening
Stress	Obesity		
Chronic Kidney Disease	Diabetes		

Data refer to differences when comparing health data for Vermonters with lower incomes versus higher incomes.

SOURCE: Vermont Department of Health²⁵

AGE

Older adults (65+) in Vermont experience higher rates of:

Arthritis	Cardiovascular disease
Cancer	Diabetes
Chronic kidney disease	Subjective cognitive decline

Data refer to differences when comparing health data for Vermonters aged 65 or older versus younger age groups.

SOURCE: Vermont Department of Health²⁵

RACE AND ETHNICITY

BIPOC Vermonters experience higher rates of:

BIPOC Vermonters experience lower rates of:

Subjective cognitive decline	Colorectal cancer screenings
Delayed healthcare due to cost	Tetanus vaccinations
	Routine medical and dental care

Data refer to differences when comparing health data for BIPOC Vermonters versus white non-Hispanic Vermonters.

BIPOC: Black, Indigenous, and People of Color

SOURCE: Vermont Department of Health²⁵

SEXUAL ORIENTATION AND GENDER IDENTITY

LGBTQ+ Vermonters experience higher rates of:

Female Vermonters experience higher rates of:

Male Vermonters experience higher rates of:

Fair or poor overall health	Depressive disorder	High blood pressure
Poor mental health	Stress	Cardiovascular disease
Stress	Arthritis	
	Asthma	
	Poor mental health	

Data refer to differences when comparing health data for LGBTQ+ versus heterosexual/cis-gender Vermonters.

Data refer to differences when comparing health data for female versus male Vermonters.

LGBTQ+: Lesbian, Gay, Bisexual, Transgender, Queer/Questioning

SOURCE: Vermont Department of Health²⁵

PRIORITY

Housing

Photo: Jason Duquette-Hoffman

Introduction

Having access to safe and affordable housing is an important factor impacting health and wellbeing for all community members.

Across the state there is a high level of housing insecurity. Data show that Addison County community members weigh difficult choices, such as spending limited income on housing instead of healthcare. As one VDH focus group participant shared, “...to have stable housing and to have space over which they have control and in which they feel secure is an essential aspect of stabilizing health and health outcomes.”

This section highlights a variety of housing-related issues in Addison County.

KEY THEMES

- AVAILABILITY
- AFFORDABILITY
- SPECIALIZED HOUSING
- SUPPORT SERVICES
- QUALITY

“...so if we’re talking about things like diabetes, asthma, cancer, those kind of things that are on that list, if they don’t have resources to pay for housing or their basic needs, they’re definitely not going to have resources to be able to make any lifestyle changes.”

**VDH FOCUS GROUP
PARTICIPANT**

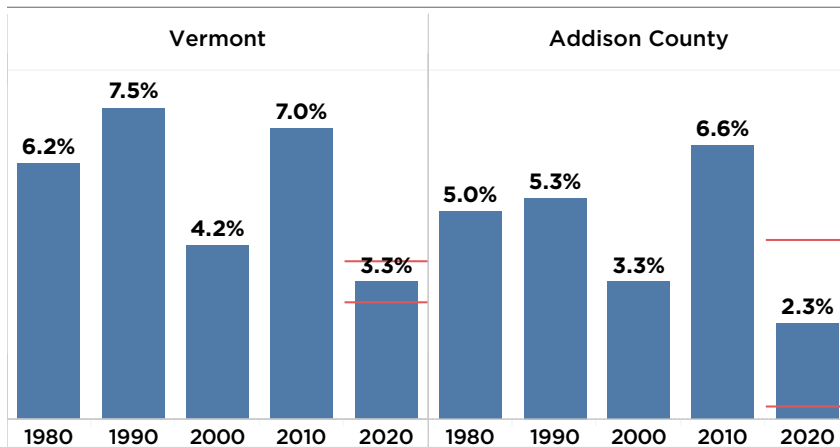
Housing Availability

According to community survey respondents, their top choice for improving the physical environment of their community is to increase the availability of housing.

Similarly, 83.6% of 2023 Addison County Regional Housing Survey respondents, believe there is a housing shortage in their community.⁵⁰

A healthy rental vacancy rate is considered 4% to 6%. With an estimated vacancy rate of 4.3% in 2022, Addison County is on the low end of what is considered healthy, which means it is harder for people to find places to rent.⁵¹ This is an improvement compared to the vacancy rate of 2.3% in 2020, but lower than it has been in most of the previous decades.

RENTAL VACANCY RATE



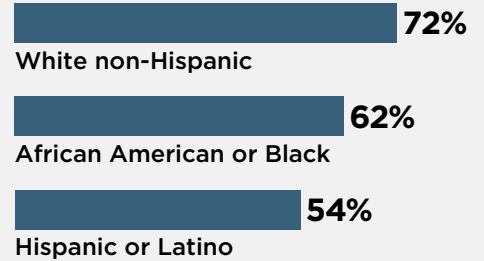
Red bars represent the margin of error
SOURCE: Vermont Housing Finance Agency⁵¹

According to the community survey, some populations are also less likely to be able to find housing that meets their needs. Focus group members shared that to meet the needs of different household, it is important to have multiple types of housing available such as:

- Single family homes
- Apartments
- Duplexes

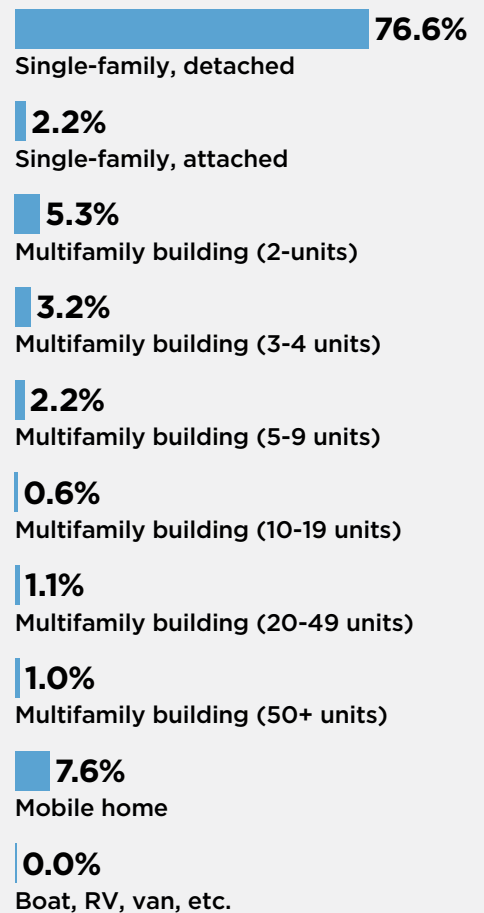
The majority of Addison County’s current residential buildings are single-family homes (76.6%).⁵² The second most common type are mobile homes (7.6%).⁵² In the 2023 Addison County Regional Housing Survey, single family homes and senior housing were ranked highest for preferred new housing types to be built.⁵⁰ During a CHNA focus group, it was suggested that zoning policies could be changed to make it easier to build housing.

PERCENT OF COMMUNITY SURVEY RESPONDENTS WHO CAN FIND HOUSING THAT MEETINGS THEIR NEEDS



SOURCE: Community Survey

RESIDENTIAL BUILDING TYPE ESTIMATES IN ADDISON COUNTY



SOURCE: Vermont Housing Finance Agency⁵²

Housing Affordability

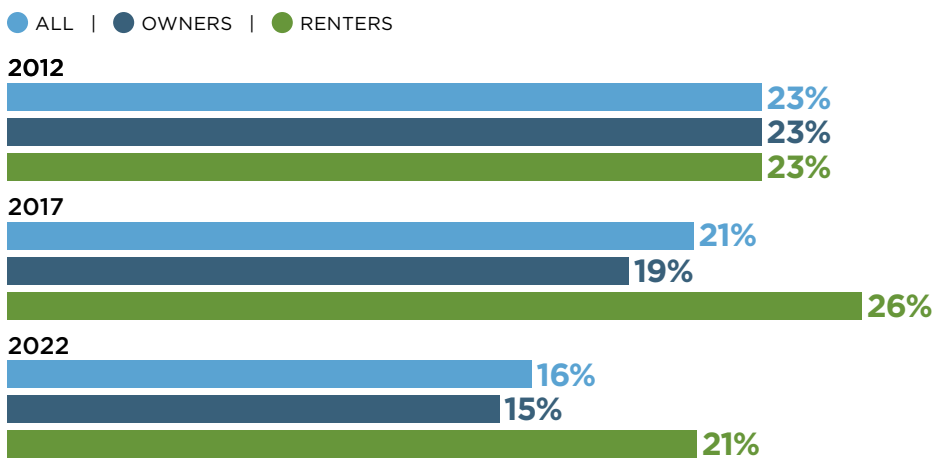
High housing costs contribute to having a high cost of living. Community survey respondents ranked increasing the affordability of housing as a top 3 priority to strengthen the physical environment of their community. Over 43% of community survey respondents did not agree that they can get affordable housing.

Considering how many households in Addison County are burdened by housing costs, this is not surprising. In Addison County, almost half of renters (47%) are paying more than 30% of their income toward rent.³⁸

- 21% of renters are considered cost burdened.
- 26% of renters are considered severely cost burdened.

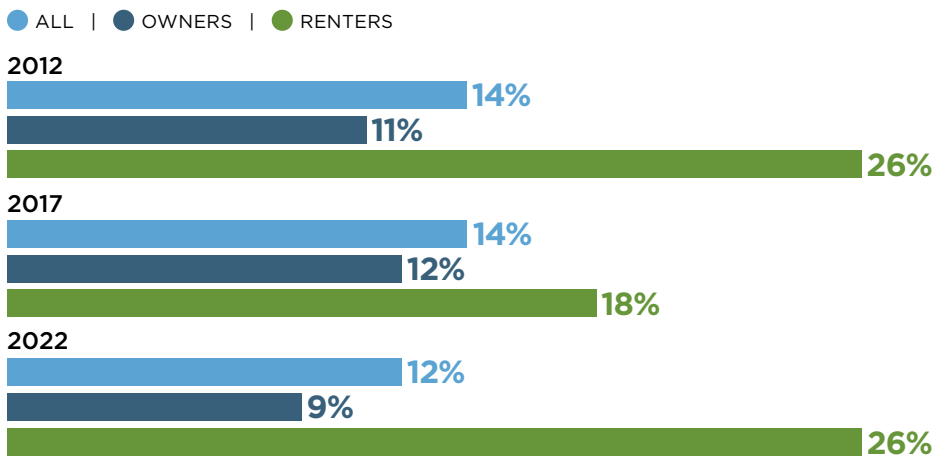
For people who own their homes, the cost burden rates have been decreasing.³⁸ However, almost a quarter (24%) of homeowners are still considered cost-burdened.

HOUSEHOLDS PAYING 30-49% OF INCOME



SOURCE: Vermont Housing Finance Agency³⁸

HOUSEHOLDS PAYING 50% OF INCOME OR MORE



SOURCE: Vermont Housing Finance Agency³⁸

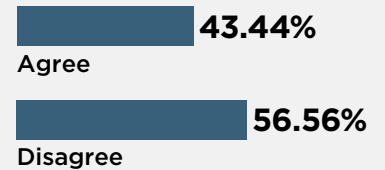
COST-BURDENED:

Households that spend more than **30%** of their income on housing

SEVERELY COST-BURDENED:

Households that spend more than **50%** of their income on housing

I CAN GET HOUSING THAT IS AFFORDABLE



SOURCE: Community Survey

Home ownership is out of reach for many Addison County community members. There are disparities in homeownership when the data is broken out by race,⁵³ income,⁵⁴ and age⁵⁷.

Residents who identify as white, have higher incomes, and are older are more likely to own homes. 76% of white residents own their home.⁵³ The average household income for homeowners is almost twice as high as the average household income of renters in Addison County.⁵⁴ According to the 2020 Vermont Housing Needs Assessment, “Between 2020 and 2025, the median age of the head of an Addison County household will increase from 59 to 61 for owners and remain at 46 for renters”.⁵⁷

“So many of my millennial friends have not been able to buy a house and are losing hope about staying in VT. This actively pushes people out of our community because they can’t find an affordable place to put down roots. VT will continue to lose its young population if the housing crisis continues as is.”

COMMUNITY SURVEY RESPONDENT

The lack of affordable housing also impacts the workforce. 64% of Addison County’s workforce are commuting in.⁵⁵ In focus groups, subject matter experts shared that the lack of housing and high cost of living in Addison County causes people to move, particularly young workers. This makes it difficult to recruit new clinicians and contributes to long wait times among patients.

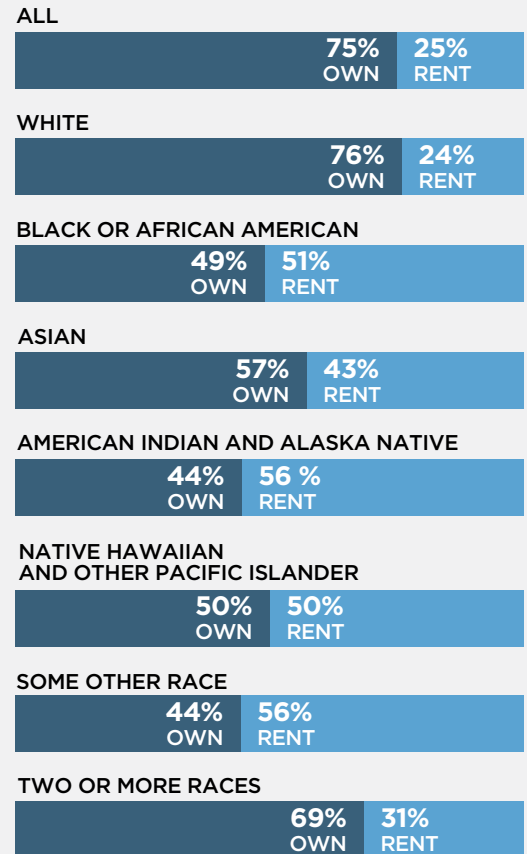
“We’ve had several people accept the position and then end up declining it because they cannot find housing that they can afford, and we try to be competitive with our wages, but it’s not enough in terms of what’s available for the high-cost housing.”

VDH FOCUS GROUP PARTICIPANT

DISPARITIES IN HOME OWNERSHIP

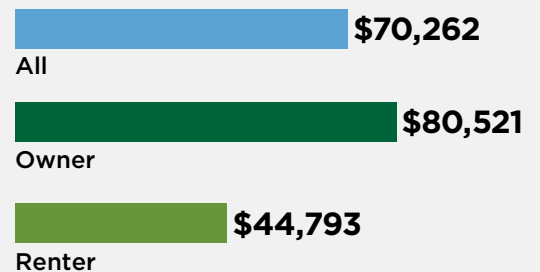
Home ownership is a key strategy to build generational wealth in the United States.

Structural racism and income inequality have led to disparities in homeownership rates.



SOURCE: Vermont Housing Finance Agency⁵³

ESTIMATED MEDIAN HOUSEHOLD INCOME BY TENURE



SOURCE: Vermont Housing Finance Agency⁵⁴

Specialized Housing

Across data methods we heard that Addison County needs more housing, overall. This includes housing that meets specific population needs. During CHNA focus groups, community members shared a need for the following:

- **Sober living**
 - People need somewhere safe to go after leaving treatment.
 - There is a need for transitional housing, day programs, and sober living for people in recovery.
- **Respite care**
 - The lack of long-term care services means that family members become caregivers and may not be able to get help when they need respite. This puts caregivers in a vulnerable position.
- **Housing for older adults**
 - Older adults in the healthcare focus group were specifically concerned that there were limited options for in-home supports and long-term care. 58% of community survey respondents anticipated needing these types of services in the future.
 - As discussed in the Cost of Living section, cost limits people's ability to access this type of care and insurance coverage is often inadequate.
- **Housing for people with a criminal record**
- **Affordable housing with adequate support and wrap around services**
 - See next section for detailed discussion.

58.7%

Of community survey respondents anticipate needing long-term care services (like nursing homes, assisted living, or homebased care) and support within the next 5 years

SOURCE: Community Survey

“Absence of long-term or skilled nursing care beds impacts the availability to get acute and ongoing care. Families need additional support with care for family members.”

**COMMUNITY SURVEY
RESPONDENT**

“I am also concerned about finding affordable assisted housing and care... People are living longer and everyone knows there is a shortage of options for the average or disabled person, yet the new options in Addison County/Middlebury area are for the wealthy.”

**COMMUNITY SURVEY
RESPONDENT**

Support Services

Being successfully housed is essential for supporting a healthy life. As of January 2024, 77 individuals in Addison County were experiencing homelessness.³⁶

The chronic homelessness rate has increased over the last five years. In 2024, 43 of the 77 individuals who were experiencing homeless had been unhoused for one year or more.³⁶ In 2019, 18 of the 81 people experiencing homelessness had been unhoused for a year or more.³⁶

It is not just a matter of not having enough housing units. People experiencing housing insecurity have increasingly complex health needs that impact their ability to keep housing and stay healthy. They may need more intense wrap around services than what is available to keep them housed. Based on the Point in Time count, over the past five years Addison County has seen an increase in the number of unhoused individuals who are experiencing chronic health conditions such as physical disabilities, developmental disabilities, and substance misuse.³⁶

77

Number of individuals experiencing homelessness in 2024

SOURCE: Housing and Homelessness Alliance of Vermont³⁶

“Services don’t follow people after they are housed.”

COMMUNITY LEADER, CHNA FOCUS GROUP

NUMBER OF ADDISON COUNTY RESIDENTS WHO ARE EXPERIENCING HOMELESSNESS BY DEMOGRAPHICS

Population	2019	2024
Number of unhoused residents	81	77
Number of unhoused children	23	11
Number of unhoused residents over 55 years old or older	16	22
Number of veterans	2	1
Number of people fleeing domestic or sexual violence	12	10
Number of times more likely that Black residents are unhoused compared with white residents	NA	10.5X
Number of unhoused residents by length of being unhoused		
Less than one month	13	3
One to three months	9	5
Three months to one year	17	28
One year or more	18	43

SOURCE: Housing and Homelessness Alliance of Vermont³⁶

NUMBER OF ADDISON COUNTY RESIDENTS WHO ARE EXPERIENCING HOMELESSNESS BY DEMOGRAPHICS

Population	2019	2024
Number of unhoused residents with chronic health conditions		
Physical Disability (Long-Term)	13	21
Developmental Disability	1	4
Mental Health (Severe and Persistent)	21	19
Chronic Substance Misuse (Alcohol and/or Drug)	5	13
Other Chronic Health Conditions (Long-Term)	3	15

SOURCE: Housing and Homelessness Alliance of Vermont³⁶

In CHNA focus groups, subject matter experts shared that mental health and substance misuse have a direct impact on people’s ability to acquire and keep safe and affordable housing. Regarding structural changes, focus group participants identified a need for long-term policy changes that allow people to keep support services after they are housed. This would increase people’s chances of keeping housing.

Organizations like Charter House Coalition and John Graham Housing & Services are community assets that help provide housing services for some of our most marginalized community members. Focus group participants also agreed that the housing coordinators and navigators, the people who work directly with community members to find them housing, are key community strengths.

“The long-term homeless life is chaotic. It is hard to get mail, they might lose their phone. They are bouncing around so they might apply to a program and then are gone.”

**COMMUNITY LEADER,
CHNA FOCUS GROUP**

Housing Quality

Quality and safety are important factors for housing that support health. The age of housing units is an indicator that often describes housing stock quality. Older housing also presents health and safety issues, such as exposure to lead paint or inadequate weatherization, including drafts, pests, inefficient energy use, and mold. Exposure can lead to health problems. Approximately 27% of homes in Addison County were built prior to 1940.⁵⁶

Cost of maintenance and repair can be too much for many Vermonters, especially those who are low-income renters and those who live in mobile home parks.⁵⁷ According to the 2020 Vermont Housing Needs Assessment:

“Critical concerns facing mobile home parks in Addison County include six parks located in a 100-year floodplain, at least one mobile home park at risk due to poor quality units, and multiple infrastructure vulnerabilities that include drinking water and public wastewater systems as well as a number of major capital improvement needs.”

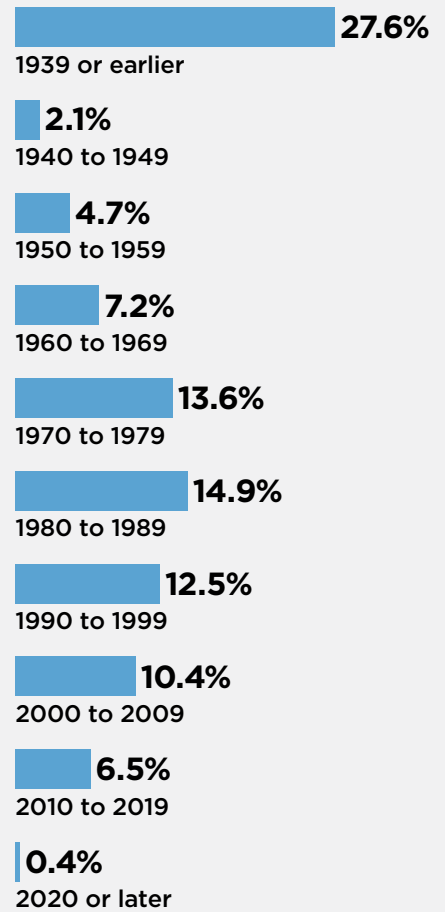
VERMONT HOUSING FINANCE AGENCY⁵⁷

Homeowners who are younger than 62 with household incomes between 50-80% of the median are the largest demographic group in Addison County, and statewide, experiencing housing problems.⁵⁷ Large family households are the most likely household type in Vermont to experience at least one housing problem according to tracking by the U.S. Department of Housing and Urban Development (HUD).⁵⁷ Households are categorized as having a housing problem if they have one or more of these problems:

1. Lacks complete kitchen or plumbing
2. Overcrowded
3. Housing costs more than 30% of household income

Migrant farm worker housing improvements are needed and additional housing is required for people in non-farm sectors of the economy. Vermont farmworker members of the non-profit organization Migrant Justice have identified Dignified Work and Quality Housing as a priority community problem to address.⁵⁸ Referencing the most recent Health and Safety Conditions on Vermont Dairy Farms survey, 20% of dairy farm workers reported living in or near the barn and 7% of workers reported lack of heating in their housing.⁵⁹ To address housing conditions for farmworkers, Champlain Housing Trust established a loan program that supports rehabilitation of farmworker housing.⁶⁰ This program makes housing updates more affordable so homeowners can provide healthier living conditions.

ESTIMATED HOUSING UNITS BY YEAR STRUCTURE BUILT



SOURCE: Vermont Housing Finance Agency⁵⁶

“The communities suffer due to the lack of access to housing; that is why we are forced to live in ranches where the housing is poor, and we are paid unfair salaries, working more than 70 hours a week.”

COMMUNITY SURVEY RESPONDENT

PRIORITY

Mental Health and Substance Use

Photo: Jason Duquette-Hoffman

Introduction

Strong mental health promotion and substance use prevention efforts are critical for a healthy community—especially in the wake of traumatic events like the COVID-19 pandemic.

Communities increase resilience and promote health by addressing issues that put people at a higher risk for mental health and substance use disorders. Due to the intersection of mental health and substance use, these two topics are talked about together.

This section highlights a variety of key themes that emerged around mental health and substance use.

Note: Mental health and substance use related issues are closely tied to healthcare access. For details on additional healthcare access issues that impact a wide range of health topics, see the [Healthcare Access](#) section.

KEY THEMES

- CONCERNING DATA AND DISPARITIES
- COMMUNITY CONNECTION
- STIGMA
- SERVICES AND PROGRAMS
- CARE COORDINATION

“Health means safety, contentment, and me being the one to define what I need and what I am.”

**COMMUNITY MEMBER,
CHNA FOCUS GROUP**

Concerning Data and Disparities

Mental health and substance use continue to be pressing issues in Addison County, and they were exacerbated by increased social isolation and stress during the COVID-19 pandemic and lockdowns. There is a need for increased resources to address mental health and substance use issues across the spectrum of prevention, treatment, and recovery. The [Key Health and Wellbeing Indicators](#) show the need for continued work in this area. The section below highlights concerning trends and disparities.

During CHNA focus groups, subject matter experts highlighted concerns about:

- The interplay of mental health and substance use challenges with other community health issues such as housing, transportation, and insurance coverage
- The need for more resources for those struggling with substance misuse
- The need for cultural competency and language access when working on mental health and substance use concerns

Mental Health

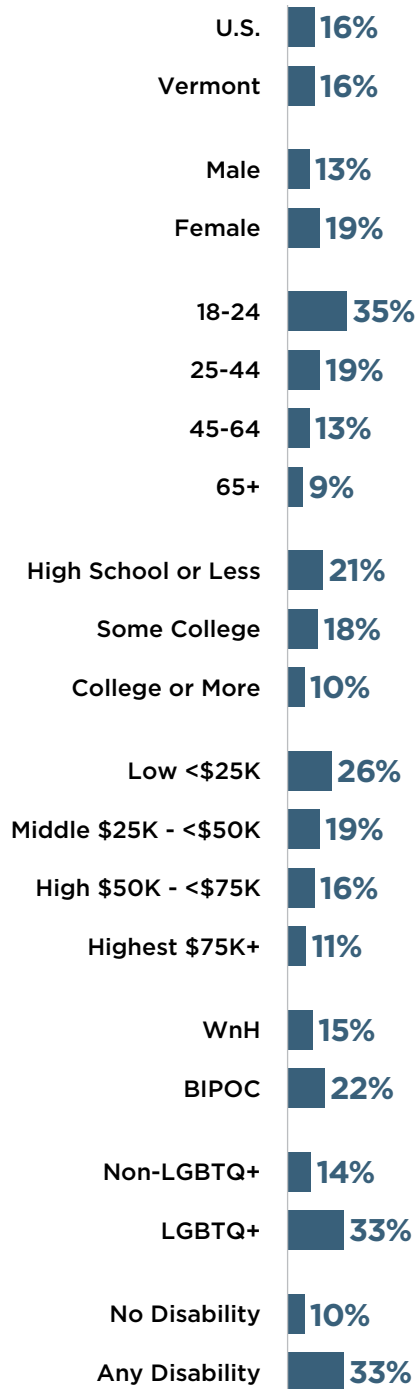
Between 2017 to 2022, the rate of Addison County adults who reported having poor mental health increased from 9% to 15% and in 2022 over a fifth of Addison County adults (22%) reported having a depressive disorder.²⁵ In 2022, 7% of Vermont adults reported always or usually feeling socially isolated.²⁵ 2022 was the first time the Vermont Department of Health surveyed adults for social isolation, so trend and county-level data was not available.

“Depression is rampant. We can’t get people into counseling. There are very few people who are prescribing any of the heavy-duty psych meds. We don’t have enough access to primary care to be able to even have a primary care provider be in charge of the antidepressants.”

**VDH FOCUS GROUP
PARTICIPANT**

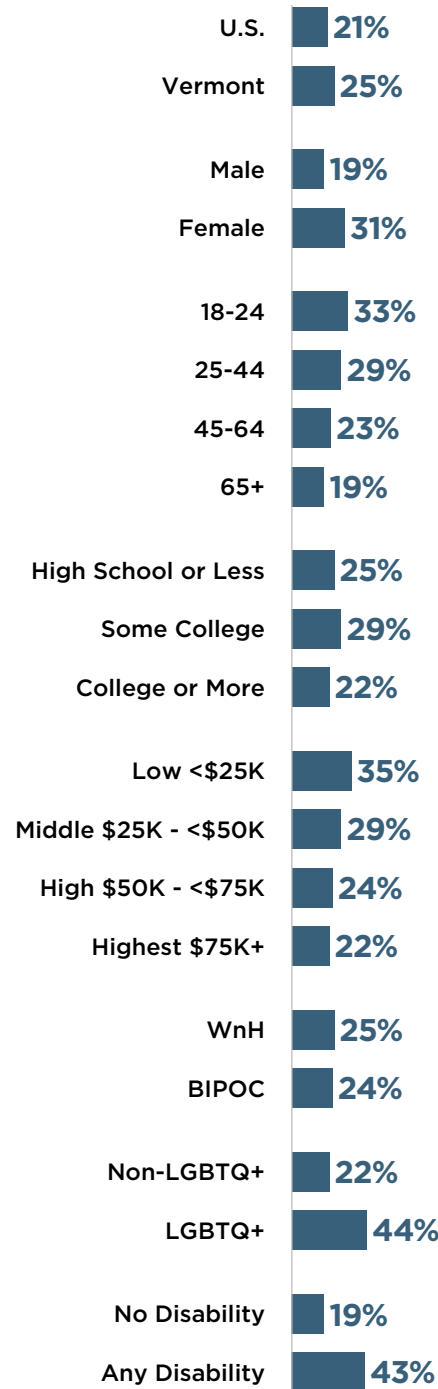
Though county-level breakdowns of health outcome data by demographics were not available, the trends we see at the state-level provide insight into which populations in Addison County experience higher rates of mental health challenges than others.

VERMONT ADULTS WITH POOR MENTAL HEALTH, 2022



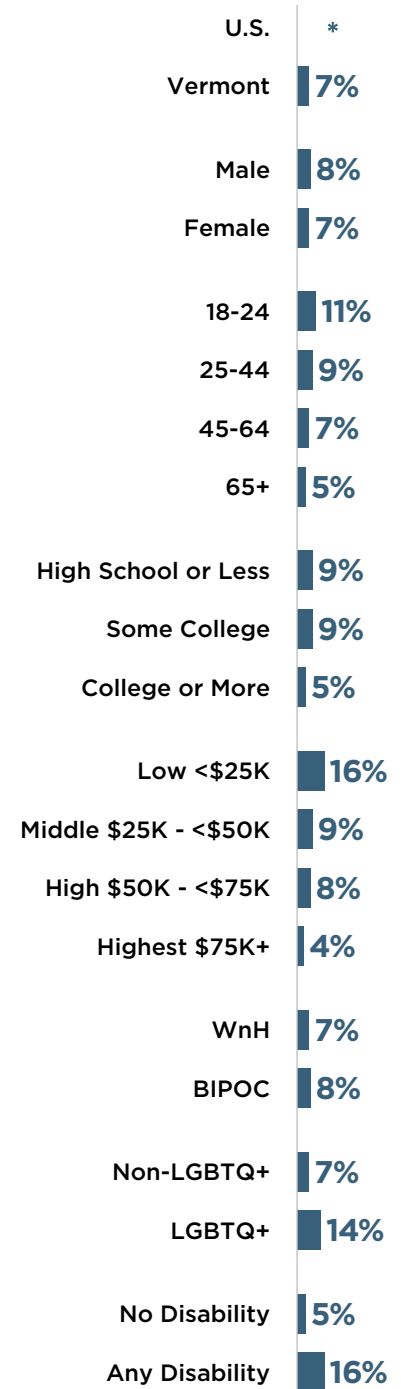
SOURCE: Vermont Department of Health²⁵

VERMONT ADULTS WITH A DEPRESSIVE DISORDER, 2022



SOURCE: Vermont Department of Health²⁵

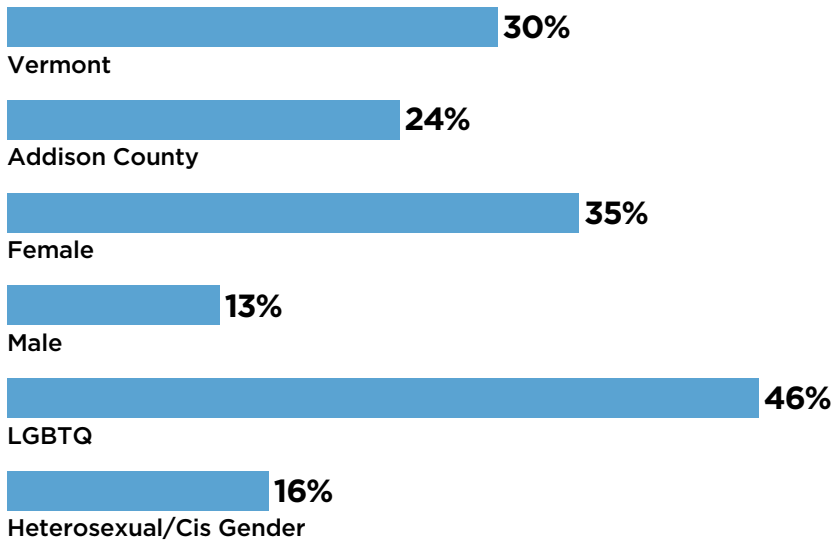
VERMONT ADULTS WHO ALWAYS/USUALLY FEEL SOCIALLY ISOLATED, 2022



SOURCE: Vermont Department of Health²⁵

Youth have also experienced mental health challenges. Addison County high schoolers (24%) are statistically less likely to report feeling sad or hopeless compared to their peers in Vermont overall (30%).³² However, among Addison County high schoolers there are disparities. High schoolers who were female or LGBTQ+ were statistically more likely to report feeling sad or hopeless.³²

ADDISON COUNTY HIGH SCHOOLERS WHO FELT SAD OR HOPELESS



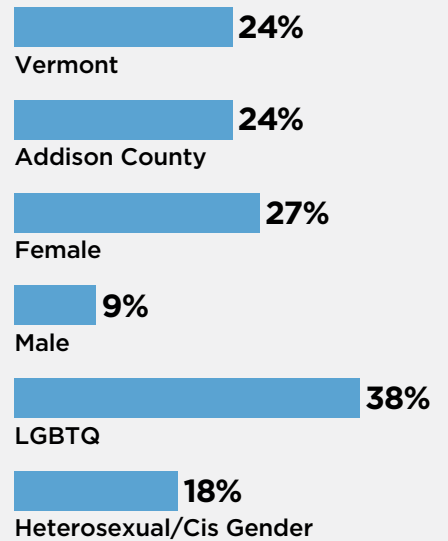
SOURCE: Vermont Department of Health³²

Preventing bullying can protect both the physical and mental health of youth. According to the CDC:

“Bullying can result in physical injury, social and emotional distress, self-harm, and even death. It also increases the risk for depression, anxiety, sleep difficulties, lower academic achievement, and dropping out of school. Youth who bully others are at increased risk for substance misuse, academic problems, and experiencing violence later in adolescence and adulthood.”⁶¹

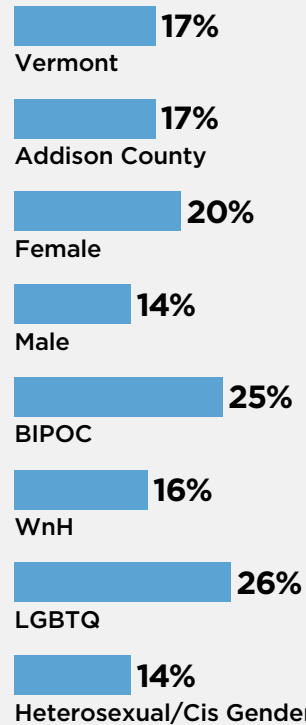
In Addison County, 24% of middle school students and 17% of high school students were bullied in the past 30 days.³² Female students and LGBTQ+ students were statistically more likely to have experienced bullying in both middle and high school.³² In high school, BIPOC students were also statistically more likely to have experienced bullying.³²

ADDISON COUNTY MIDDLE SCHOOLERS WHO WERE BULLIED IN PAST 30 DAYS



SOURCE: Vermont Department of Health³²

ADDISON COUNTY HIGH SCHOOLERS WHO WERE BULLIED IN PAST 30 DAYS



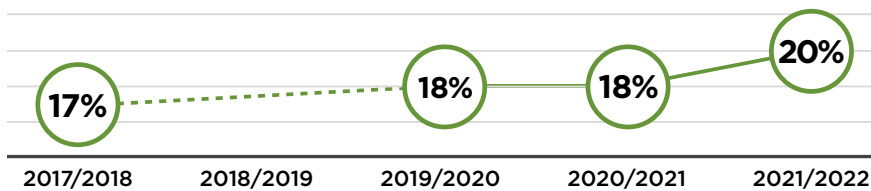
SOURCE: Vermont Department of Health³²

Substance Use

Preventing substance misuse and providing access to help to those who need it improves lives. For the purposes of this report, substance misuse includes using substances like alcohol, cannabis, tobacco, or opioids in a way that causes harm to the person who is using them or others. Addressing substance misuse as a community is most effective when it happens at multiple levels- from helping individuals access substance use disorder treatment to creating policies that support upstream efforts prevention like smoke-free laws.

There have been increases in substance use and misuse rates among both adults and youth in Addison County. Among adults, monitoring for general increases in substance use rates and substance misuse (like binge drinking) is a way to identify areas of concern. In Addison County, 67% of adults consumed alcohol in the last month, which is statistically higher compared to Vermont overall (61%).²⁵ Over the last five years, the percentage of Addison County adults who binge drink increased from 16% to 20%.²⁵

ADDISON COUNTY ADULTS WHO BINGE DRINK

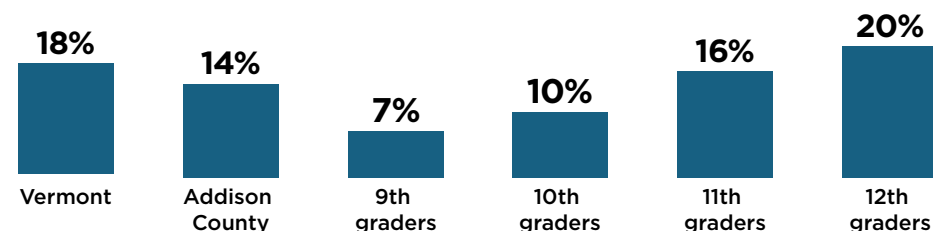


2018/2019 not available

SOURCE: Vermont Department of Health²⁵

Among youth, any substance use is considered misuse because their brains are still developing. Using substances as a youth increases the risk of developing substance misuse and dependence. According to United Way of Addison County's Core Survey, in the last 2 years there were increases in the percentages of Addison County high school students who drank alcohol and who used cannabis in the past 30 days. Addison County high school students report statistically lower rates of tobacco use (14%) compared to their Vermont peers (18%).³² However, tobacco use increased significantly as Addison County students get older.³²

ADDISON COUNTY HIGH SCHOOLERS WHO CURRENTLY SMOKED CIGARETTES OR CIGARS, USED SMOKELESS TOBACCO, OR USED ELECTRONIC VAPOR PRODUCTS



SOURCE: Vermont Department of Health³²

SUBSTANCE MISUSE DISPARITIES AMONG VERMONT ADULTS

Populations that have been historically marginalized or underserved may experience higher rates of substance use.

Adults with lower incomes experience higher rates of:

- Cigarette smoking
- Cannabis use

Adults with less education experience higher rates of:

- E-cigarette use
- Cigarette smoking

Adults with disabilities experience higher rates of:

- E-cigarette use
- Cigarette smoking
- Cannabis use

LGBTQ+ adults experience higher rates of:

- Heavy drinking
- Binge drinking
- Cannabis use

BIPOC adults experience higher rates of:

- E-cigarette use

SOURCE: Vermont Department of Health²⁵

Opportunities for Connection

A sense of belonging is key to mental health. Addison County community members want opportunities to create meaningful connections with each other. When asked to rank the top three ways to strengthen social support in their community, community survey respondents chose:

- Increase programs for youth and young families
- Increase programs for elders and older adults
- Increase connections between community members

During focus groups, community members suggested increased access to in-person support groups to give community members opportunities to connect with peers. Suggestions included:

- Caregiver support groups, with an intentional focus on providing advanced support to people who have long-term experience with caregiving
- Alcoholics Anonymous
- Tobacco cessation

Community Resilience

An interagency group of healthcare, human service providers and educators have been meeting as the Building Resilient Communities group for the last year to work towards a vision of Addison County as a trauma healing community. The project started with child/family providers and has now expanded to adult providers. The plan is to provide training and supports to the staff in order to integrate trauma healing practices into daily work. The team has begun to create a training menu based upon the six principles of trauma informed systems, has already offered an intensive trauma informed supervision practices workshop to an interagency group of 22 supervisors and held a series of interagency lunches to support building connections between staff. The hope is to offer more training opportunities and to hold large group quarterly meetings on specific topics.

“Health means to me feeling good enough to enjoy life. And also feeling supported and connected... Relationships are key to health.”

COMMUNITY MEMBER, CHNA FOCUS GROUP

“People need deeper interpersonal connections in the community to interrupt the current epidemic of loneliness and loss of hope.”

COMMUNITY LEADER,
CHNA FOCUS GROUP

ADDISON COUNTY HAS STRENGTHS TO BUILD ON

90.1%

OF COMMUNITY SURVEY RESPONDENTS AGREE THAT THEY TRUST THEIR NEIGHBORS

86.6%

OF COMMUNITY SURVEY RESPONDENTS FEEL LIKE THEY BELONG

84.8%

OF COMMUNITY SURVEY RESPONDENTS AGREE THAT THEY FEEL SAFE

84.4%

OF COMMUNITY SURVEY RESPONDENTS AGREE THAT PEOPLE HELP EACH OTHER

SOURCE: Community Survey

Stigma

People are more likely to seek help when they feel welcomed and safe. Feeling judged or stigmatized can be a barrier that prevents people from engaging with services that could help them meet their health goals.

In the CHNA focus groups, community members with mental health or substance use challenges shared that they sometimes feel stigmatized and tokenized in the community. While there are programs that try to reduce stigma, focus group participants did not feel like the broader community understood or welcomed them. Furthermore, when they were included, they did not feel integrated. There is an opportunity to build on existing resources and communications campaigns that educate the community about mental health and substance use disorders to increase understanding and create a community where everyone feels like they belong.

The 2018 State Health Assessment summarizes the complex factors that can lead to substance misuse and addiction:

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

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

VERMONT DEPARTMENT OF HEALTH⁶²

“It’s tough, trying not to feel like a circus side act that’s being placed in some community. Can be tough in reducing the stigma [for mental health or substance use].”

COMMUNITY MEMBER,
CHNA FOCUS GROUP

“I would like to see the community address stigma regarding poverty, addiction, and homelessness.”

COMMUNITY SURVEY
RESPONDENT

Services and Programs

In addition to physical healthcare access challenges, there is a specific need for improved access to services and programming for mental health and substance use in Addison County. Getting mental health or substance use services can be particularly challenging for people at-risk for higher rates of health disparities, especially immigrants, refugees, and older residents.¹⁸ Youth are another population that need increased support. When community survey respondents were asked to choose the top ways to strengthen schools and other places where people learn, the top choice was to increase programs that help youth be mentally healthy.

Over a fifth of community survey respondents did not agree that they could get mental health services (22%) and over a fourth of community survey respondents did not agree that they can get substance use treatment (26%). Looking the data by race and ethnicity, there were disparities in who said they could and could not access services.

In CHNA focus groups, subject matter experts shared that to meet people where they are at, it is important for our systems to be ready to get people the help they need as soon as they are ready. For example, when someone is interested in rehab but there is no space for them, there is a missed opportunity to get the person into treatment. There also are not enough in-patient beds in the hospital to hold people there until they can get into treatment. Organizations want to be able to offer services when patient readiness is high, and the current system does not always have adequate resources to meet this goal.

Lack of transportation and insurance also came up as barriers for seeking services for mental health and substance use. Those topics are discussed in further detail in the [Transportation](#) and [Cost of Living](#) sections.

Crisis Services

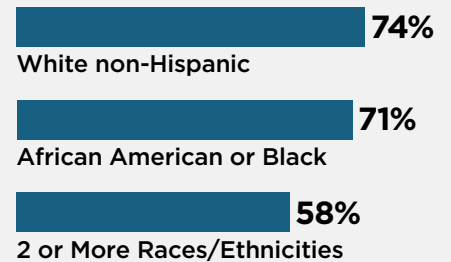
Easy access to quality care is critical for stabilizing and supporting the health of community members who are experiencing an acute crisis related to mental health or substance use problems. Crisis services can occur in a variety of settings. Examples include resources like CSAC’s 24/7 emergency phone line or in-patient care at Porter’s Emergency Department.

Over the last couple years, there has been an increase in the number of patients coming to Porter Medical Center’s Emergency Department and Express Care for psychiatric and substance misuse related problems.

“I hope the community can pay more attention to mental health, because mental health is as important as physical health.”

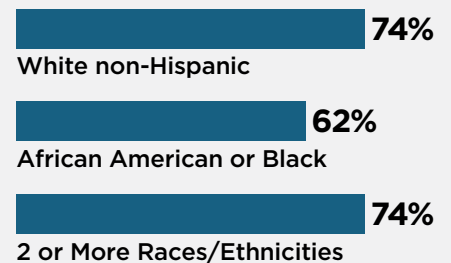
COMMUNITY SURVEY
RESPONDENT

I CAN GET MENTAL HEALTH SERVICES



SOURCE: Community Survey

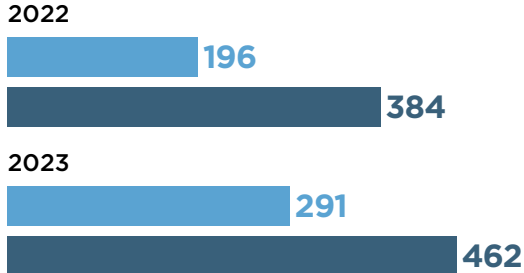
I CAN GET SUBSTANCE USE TREATMENT



SOURCE: Community Survey

PMC EMERGENCY DEPARTMENT PATIENT ENCOUNTERS PSYCHIATRIC AND SUBSTANCE MISUSE

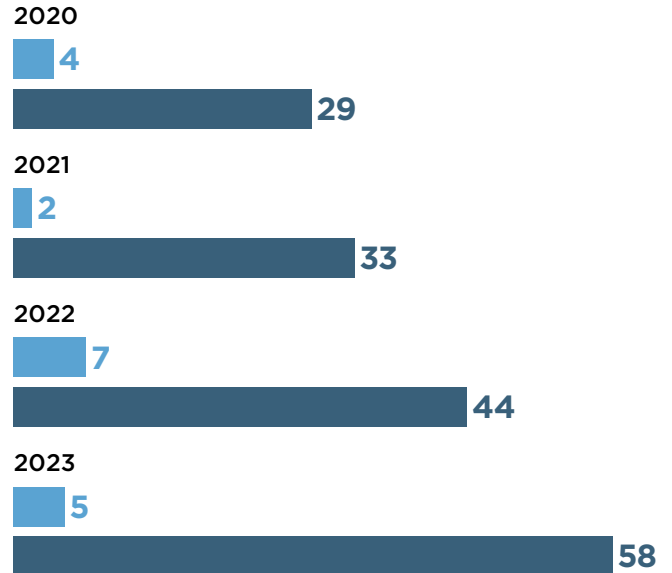
● SUBSTANCE MISUSE | ● PSYCHIATRIC



SOURCE: UVMHN Data Management Office⁶³

PMC EXPRESS CARE PATIENT ENCOUNTERS PSYCHIATRIC AND SUBSTANCE MISUSE

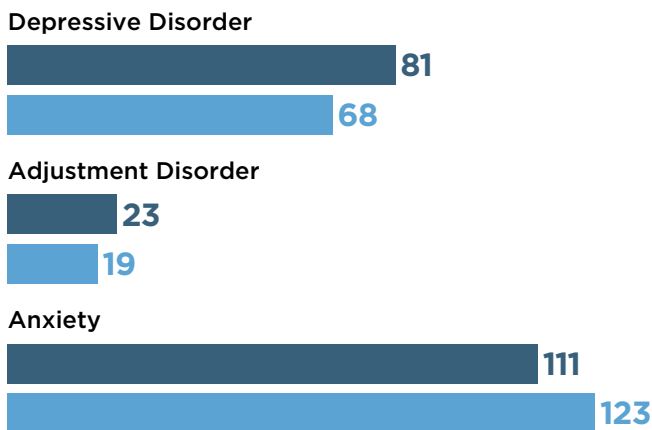
● SUBSTANCE MISUSE | ● PSYCHIATRIC



SOURCE: UVMHN Data Management Office⁶³

PMC EMERGENCY DEPARTMENT PATIENT ENCOUNTERS PSYCHIATRIC - MAJOR DIAGNOSTIC CATEGORIES PATIENT ENCOUNTERS

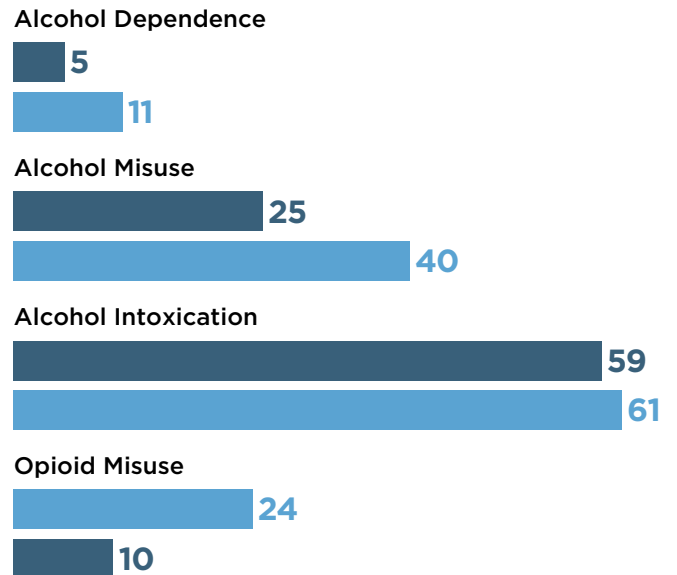
● 2022 | ● 2023



SOURCE: UVMHN Data Management Office⁶³

PMC EXPRESS CARE PATIENT ENCOUNTERS SUBSTANCE MISUSE - MAJOR DIAGNOSTIC CATEGORIES PATIENT ENCOUNTERS

● 2022 | ● 2023



SOURCE: UVMHN Data Management Office⁶³

During the community member focus group, participants shared that they struggled with the current systems available for crisis services. Some participants felt they could not get the help they needed and expected. To improve crisis services, focus group participants wanted to be able to call someone who was eager to help, welcoming, and very knowledgeable. If admitted to the hospital, they wanted to get help quickly and be in rooms that were comfortable and welcoming. Improving access to prevention and early intervention services are also a key part of the solution. One person shared that they were not connected with the services they needed until they experienced a crisis, hurt themselves, and were admitted to the hospital.

One project that is helping address this gap is CSAC's Interlude project. Interlude is a low-barrier alternative to the emergency room for people in a mental health crisis. It offers mental health support in a calm and trauma-sensitive environment.⁶⁴

“Before I got the help I needed, I had to hurt myself in order to go to the hospital.”

COMMUNITY MEMBER, CHNA FOCUS GROUP

Care Coordination

In CHNA focus groups, subject matter experts discussed how the social service organizations in Addison County are assets. In addition to organizations that specifically support mental health and substance use needs, like Counseling Service of Addison County (CSAC) and Turning Point Center of Addison County (TPCAC), the community was grateful to have organizations that support interrelated social determinants of health like housing. Healthcare and other social services can be complicated to navigate, and the more that organizations collaborate, the easier it is for community members to get their needs met.

Focus group participants shared that collaborative relationship among organizations was key to their successes. Interagency meetings allow service providers to stay updated on what everyone is working on and help identify ways to best serve the community together. While people have started working together in new ways, COVID-19 also impacted how organizations function and resulted in high turnover. There are opportunities to increase interagency understanding of what each organization is doing, decrease silos, and ultimately improve care coordination for community members.

“Out here the [provider] groups communicate with each other and work together to make things happen.”

COMMUNITY MEMBER, CHNA FOCUS GROUP

Transportation



Photo: Jason Duquette-Hoffman

Introduction

Transportation issues are cross cutting and impact multiple community health priority areas. Having reliable, safe and affordable transportation options allow community members to connect with the services they need in a timely manner. Additionally, ensuring safety for bikers and pedestrians creates alternative transportation options and promotes community health.

This section outlines key challenges and opportunities for improvement related to transportation.

KEY THEMES

- **AFFORDABLE RURAL TRANSIT**
- **ACCESS TO SPECIALITY HEALTHCARE SERVICES**
- **SAFETY FOR WALKERS AND BIKERS**

“Solutions to support affordable housing and increased public transportation systems between rural/more populated towns would resolve a lot of other issues, like shortages in the workforce.”

COMMUNITY SURVEY RESPONDENT

Affordable Transportation in Rural Areas

Transportation is a significant issue in rural areas like Addison County. Over 15% of community survey respondents replied that they do not have access to affordable transportation options. Survey respondents with lower household income were more likely to say they do not have affordable transportation options. Survey respondents also listed increased access to public transportation as a key factor in strengthening the physical environment of the community, strengthening finances for community members, and making it easier to get needed healthcare. Transportation access is connected to many other priority health issues identified, such as health care access and cost of living. Addison County residents using public transportation to commute, engage in shopping and recreation, and to access healthcare and other essential services, making it a key part of community health.⁴⁰

Most residents of Addison County live in more rural locations outside of city or village centers, which can impact their ability to travel easily if they do not have a reliable personal vehicle. In the 2023 Regional Housing Survey conducted by the Addison County Regional Planning Commission, 67.6% of residents replied that they do not live in village centers.⁵⁰ These areas are less likely to be well-connected by the public transit system or in walking distance to a public transit pick up location.

“One thing we haven’t talked about is how transportation ties into this web. Again, being able to get to good food. Is it a grocery store? Is it a medical appointment? Is it getting to childcare? Being as rural as most of Addison County is, if you don’t have a vehicle of your own, that can impact so many other pieces of your life.”

VDH FOCUS GROUP PARTICIPANT

As with many social determinants of health, some Vermonters are disproportionately impacted by transportation access issues. In 2022, 6% of Vermont adults reported that they lacked reliable transportation.²⁵ Vermont adults who are 18-44 years old, LGBTQ+, have less education, lower incomes, or a disability are significantly more likely to experience transportation insecurity.²⁵ These gaps in the transit system should be explored further.

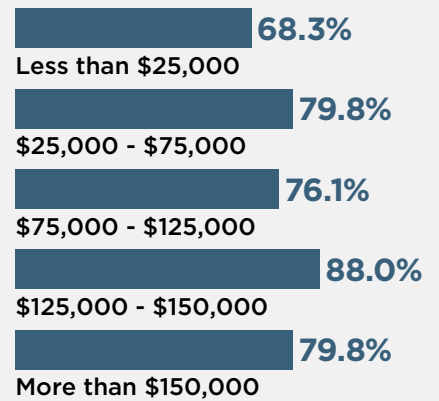
Adults with a disability are 4x as likely to experience transportation insecurity

SOURCE: Vermont Department of Health²⁵

LGBTQ+ adults are over 2x as likely to experience transportation insecurity

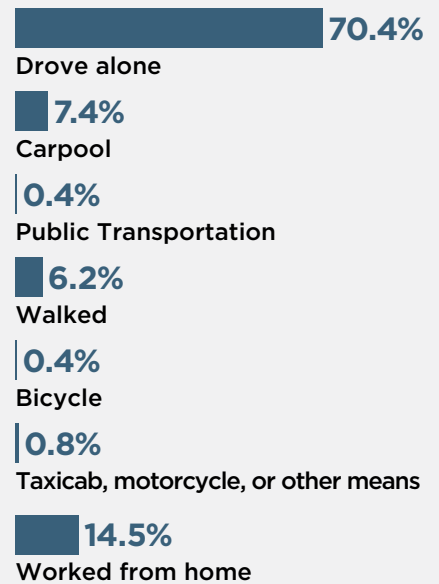
SOURCE: Vermont Department of Health²⁵

COMMUNITY SURVEY RESPONDENTS WHO AGREE THEY HAVE AFFORDABLE TRANSPORTATION OPTIONS, BY HOUSEHOLD INCOME



SOURCE: Community Survey

MEANS OF TRANSPORTATION TO WORK (WORKERS 16 YEARS AND OVER)



SOURCE: U.S. Census Bureau⁹

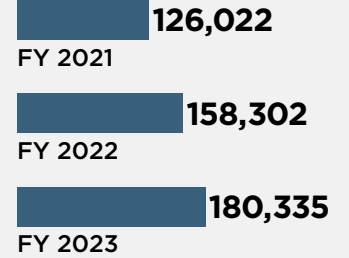
The average commute time to work in Addison County is higher than the state average- approximately 25.6 minutes for Addison County residents, compared to approximately 23.2 minutes for the state of Vermont overall.⁹ Some Addison County residents commute to larger city centers in Chittenden and Rutland counties for work. The chart below shows the means of transportation to work for workers 16 years and over in Addison County.

Tri-Valley Transit

Tri-Valley Transit is the main public transportation provider in Addison County. Tri-Valley Transit provides bus routes and volunteer driver services, but these services can be somewhat limited to the outlying communities. Other agencies may provide transportation to their clients for specific purposes, but in general, transportation is a concern for those who do not drive or do not have a reliable personal vehicle. Because the county is rural and sparsely populated, extensive public transportation is a challenge. By offering Dial-A-Ride services Tri-Valley Transit helps fill transportation gaps so people can access healthcare and other critical services they need. Dial-A-Ride services focus on older adults, people with disabilities and people with low income. This is a critical service but may not be an option for all community members. Rides may be free or subsidized depending on eligibility criteria.

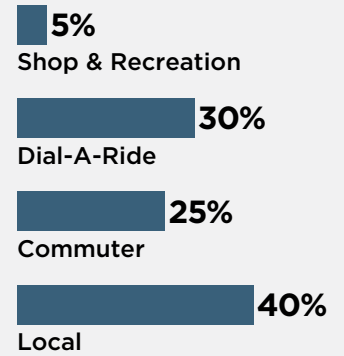
Transportation access in Addison County also continues to expand; over the past few years, the Tri-Valley Transit Fleet has expanded, routes were added to connect some of the more remote areas, and Middlebury has participated in the new micro-transit project. Tri-Valley Transit reports increasing annual rides provided.⁴⁰

TRI-VALLEY TRANSIT TOTAL ANNUAL RIDERSHIP, BY FISCAL YEAR



SOURCE: Tri-Valley Transit⁴⁰

TRI-VALLEY TRANSIT RIDERSHIP BY TYPE, FISCAL YEAR 2023

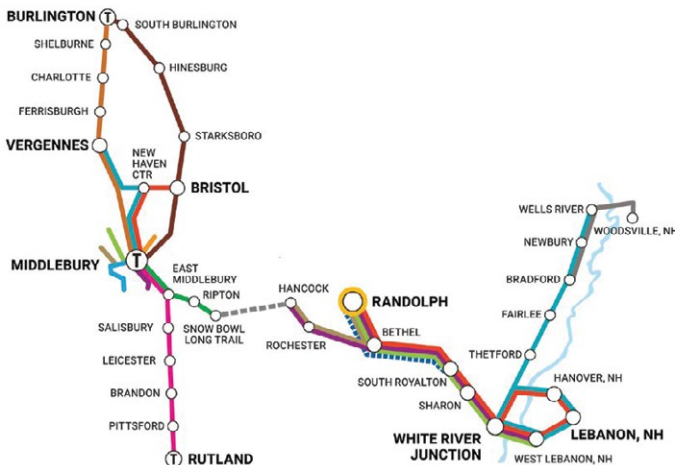


SOURCE: Tri-Valley Transit⁴⁰

PUBLIC BUS ROUTES

Whether you ride by choice or if it's your only option, bus routes reach many destinations throughout our service area.

- > Transportation for **Everyone!**
- > Fare-Free since March 2020
- > Commuter & local routes

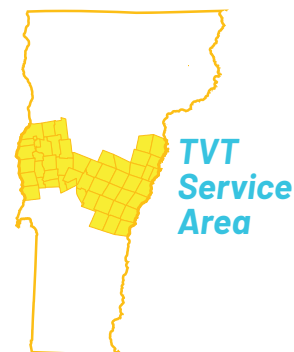


INFOGRAPHIC SOURCE: Tri-Valley Transit⁴⁰

DEMAND RESPONSE

Vital Transportation Service for people in need. Programs include:

- > Older Adults and Persons with Disabilities
- > Non-Emergency Medical Transportation
- > Recovery & Job Access Program



Access to Specialty Healthcare Services

Older adults are concerned because many specialty healthcare services are not available in Middlebury. This concern was also shared by folks in the mental health access focus group. Most specialized healthcare services and larger hospital systems are in locations such as Burlington VT, Lebanon NH, and Boston MA, which can mean driving an hour or longer for many residents of Addison County.

The Dial-A-Ride Program discussed in the previous section helps address this need, although based on community member responses, this continues to be a challenge for some residents. For example, respondents in the CHNA focus group shared that Medicaid rides need to be scheduled in advance, which is a challenge for more urgent or immediate needs. Focus group participants also shared that ride availability can vary based on staffing and workforce issues. Additionally, navigating public transit may be challenging for English Language Learners if translation and interpretation services are not available.

While telehealth services are often suggested as an alternative to people living in rural communities with limited in person healthcare access, there are challenges to that too due to internet access. Almost 15% of survey respondents stated they did not have access to reliable internet. Additional information about healthcare access challenges can be found in the section titled [Healthcare Access](#).

Safe and Accessible Places to Exercise

There are ample opportunities for outdoor physical activity in Addison County including walking, running, biking, swimming in lakes, streams and outdoor public pools, and use of recreation fields. However, there are concerns that the roads are dangerous in some towns for pedestrians and cyclists. Making the community more accessible to pedestrians and cyclists supports the health of community members and provides a free or low-cost transportation option.

When community survey respondents were asked to rank ways to strengthen the physical environment of their community, two of the top choices were:

- Increase safety for bikers and walkers
- Increase places for community activities and recreation

“There are so many specialized services that we have to travel for. Either Dartmouth or Burlington, even though is not very far away, it’s an issue when you are older.”

COMMUNITY MEMBER, CHNA
FOCUS GROUP

“Expand public transportation options to improve access to healthcare and social services.”

COMMUNITY SURVEY
RESPONDENT

IT IS EASY TO FIND SAFE WAYS TO EXERCISE

17.77%

Disagree

82.23%

Agree

SOURCE: Community Survey

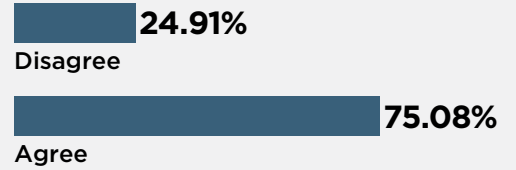
Promoting pedestrian and biker safety is important to Addison County residents, as reflected in the survey and by community initiatives. The Walk-Bike Council of Addison County formed in 2017 in response to three cyclist deaths in the county. The Council works to make walking and biking safer for everyone. Addison County has many strengths around access to physical exercise and outdoor recreation. Most towns have either a parks and recreation department or a recreation committee, and there are many state parks, town parks, recreation centers, and access to the state and national forests. Addison County has several networks of maintained walking trails and bike routes, such as the Trail Around Middlebury, Bristol Trail Network, and Triangle Bike Loop.⁶⁵

Several elementary schools also participate in the national Safe Routes to Schools Program, an initiative that supports and promotes students being able to safely walk or bike to school. This includes schools in the communities of Bristol, Middlebury, Vergennes, Salisbury, and Ripton.

However, not all residents have equitable access to safe and accessible physical exercise and activity. Some communities, especially in the more rural villages, do not have as many roads with sidewalks or safe routes for pedestrians. Almost 25% of community survey respondents did not agree that there are accessible sidewalks and buildings, which is an area for improvement that should be further explored.

Additionally, the Youth Risk Behavior Survey shows there were differences in youth engagement in regular exercise related to sexual orientation and gender identity.

SIDEWALKS AND BUILDINGS ARE EASY TO USE AND ACCESSIBLE



SOURCE: Community Survey

ADDISON COUNTY HIGH SCHOOL STUDENTS WHO WERE PHYSICALLY ACTIVE AT LEAST 60 MINUTES PER DAY ON 5 OR MORE DAYS, PAST WEEK

Student Identity	Percent
Female Students	50%
Male Students	62%
LGBTQ+ Students	36%
Heterosexual/ Cis-gender Students	63%

SOURCE: Vermont Department of Health³²



Community Resources and Next Steps

Overview

To address community needs, Porter Medical Center and community partners will collaborate and build on existing efforts. Addison County has many organizations working to address the unmet needs of community members across the domains of health.

The IRS requires that Community Health Needs Assessments identify important health care facilities and resources available within the community to address the health priorities.

This section provides a list of organizations that help meet the needs of Addison County community members and outlines the next steps the community will take to improve health and wellbeing together through the Community Health Improvement Plan (CHIP).

“What first comes to mind is we partner really well in Addison County so folks are willing to come to the table, less that this is mine and this is yours, there is a willingness to collaborate.”

**COMMUNITY LEADER,
CHNA FOCUS GROUP**

Addison County’s organizations are major assets in getting people the help they need. Many organizations identified in this list have been engaged in the CHNA process or were highlighted by community members during data outreach efforts. It is important to note that this list is not exhaustive; there are many additional groups, organizations, schools, and municipalities working to improve health and wellbeing across our community.

Community Resources

ORGANIZATION	DESCRIPTION	WEBSITE LINK
ACORN Network	This organization supports farmers and food producers, engages in food education, and ensures access to healthy food for all community members. ACORN promotes the importance of local food and agriculture.	https://www.acornvt.org/
Addison County Home Health and Hospice	Provides home care services to families and individuals of all ages such as nursing, rehabilitation, medical social work, and ancillary support along with hospice and palliative care programs.	https://www.achhh.org/
Addison County Parent/Child Center	The center provides various services including childcare, playgroups, housing assistance, mental health consultation and educational opportunities for all ages. The center also provides home visits and other types of outreaches to families.	https://www.addisoncountypcc.org/
Addison Housing Works	Formerly known as Addison County Community Trust is a nonprofit affordable housing trust with rental apartments, mobile home parks, single-family homes, and senior housing.	https://www.addisonhousingworks.org/
Age Well VT	Provides access to healthy meals, in-home care, and community resources for older adults.	https://www.agewellvt.org/
Agency of Human Services - Economic Services Division	A division of the Vermont state government that provides programs and benefits to improve the economic well-being of Vermonters. These benefits are for a variety of topics such as children, emergencies, food, fuel & utilities, housing, work & family support, etc.	https://dcf.vermont.gov/esd

Community Resources and Next Steps

ORGANIZATION	DESCRIPTION	WEBSITE LINK
Ascend Housing	A non-profit organization that provides housing-based services with the goal of creating housing stability. Coordinators work with tenants and property managers to address housing issues.	https://ascendhousing.org/
Atria Collective	Atria works with other community members to support those affected by domestic and sexual violence through advocacy and education.	https://www.atriavt.org/
Blueprint for Health	Blueprint for Health creates community focused strategies to improve health and wellbeing through programs that provide primary care, pregnancy care, opioid use disorder treatment, as well as workshops for healthy living that are patient- and family-centered along with cost effective.	https://blueprintforhealth.vermont.gov/
Boys & Girls Club of Greater Vergennes	Provides after-school and summer programs for youth of all ages. They promote social and emotional well-being along with encouraging participants to be leaders in their communities.	https://www.bgcvergenes.org/
Bristol Hub Teen Center & Skatepark	A teen center that serves youth ages 12-19 through providing a safe, supervised, substance-free environment for outside of school hours.	https://bristol skatepark.com/
Building Bright Futures	Building Bright Futures is a nonprofit that supports community members and state initiatives through convening stakeholders and community members to support the needs of families and children in Vermont.	https://buildingbrightfutures.org/
Champlain Valley Office of Economic Opportunity	This office works to help individuals achieve economic independence through a variety of programs. These programs cover housing support, advocacy, food, childcare, health services, and support for those impacted by domestic and sexual violence.	https://www.cvoeo.org/
Champlain Valley Unitarian Universalist Society	An inclusive community of varying religious affiliations with goals to educate, support, and strengthen the community.	https://www.cvuus.org/

Community Resources and Next Steps

ORGANIZATION	DESCRIPTION	WEBSITE LINK
Charter House Coalition	A non-profit, volunteer-based organization dedicated to providing basic food and housing in and around Middlebury, Vermont	https://chcvt.org/
Counseling Service of Addison County	Designated community mental health agency that provides a multi-disciplinary approach for developmental services, substance abuse treatment, psychiatry, psychology, mental health counseling, social work, family therapy, and child therapy	https://www.csac-vt.org/
Elderly Services Inc.	Offers elders and their families an adult day care center to help delay or prevent nursing home placement; it also provides creative, high-quality programs to help elders live safe and satisfying lives in their own homes and communities	https://elderlyservices.org/
Gather	Gather is a community living room hosted by Bread Loaf Mountain Zen Community in downtown Middlebury. It hosts different community-focused events throughout the week and provides a space where everyone is invited and respected.	https://gatheronthegreen.org/
Help Overcoming Poverty's Effects (HOPE)	HOPE provides home care services to families and individuals of all ages. This is done through a variety of programs including housing support, financial assistance, food shelves, budget counseling, medical needs, and job-related assistance.	https://www.hope-vt.org/
John Graham Housing and Services	John Graham Housing and Services provides many different programs for the community surrounding housing and community support through emergency shelters and affordable apartments.	https://www.johngrahamshelter.org/
Mountain Community Health	Mountain Community Health is a patient-centered medical home that offers a variety of services regardless of an individual's ability to pay or insurance status. They also have a sliding fee discount program for all eligible patients.	https://www.mchvt.org/

Community Resources and Next Steps

ORGANIZATION	DESCRIPTION	WEBSITE LINK
Open Door Clinic	Open Door Clinic is a free health clinic for uninsured and under-insured adults in Addison County.	https://opendoormidd.org/
Pathways Vermont	Pathways Vermont provides many different services with the focus of ending homelessness and improving the mental health of the community.	https://www.pathwaysvermont.org/
Savida Health	Opioid addiction treatment center that delivers medication-assisted treatment (MAT) in a caring and confidential environment.	https://svidahealth.com/listing/savida-health-vergennes-vt/
Tri-Valley Transit	A nonprofit organization that provides public transit buses for everyone and door to door Dial-A-Ride service for vulnerable populations who cannot access the buses.	https://www.trivalleytransit.org/
Turning Point Center of Addison County	A non-profit recovery center that provides a safe, friendly, and substance use free environment where all people in recovery, and their families and friends, can meet for peer-to-peer recovery support, social activities, recovery coaching, education, and advocacy.	https://turningpointaddisonvt.org/
United Way of Addison County	United Way of Addison County works to improve the lives of those in the community through programs focused on health, education, and financial stability.	https://unitedwayaddisoncounty.org/
University of Vermont Health Network- Porter Medical Center	Provides healthcare to the residents of Addison County and its surrounding communities through an acute care facility, a skilled nursing facility, a network of primary care and specialty medical practices, an infusion center, and "Porter ExpressCare".	https://www.portermedical.org/
Vermont Department of Health	The Vermont Department of Health provides upstream public health interventions in the community and direct care to families through the Women Infants and Children (WIC) program.	https://www.healthvermont.gov/
VT 2-1-1	Vermont 211 is a referral and confidential information program to connect Vermonters with many different services.	https://vermont211.org/

Next Steps: Moving from Assessment to Action

The 2024 Community Health Needs Assessment process offered a robust opportunity to hear from diverse community members, leaders, and organizations about the strengths, assets, and most pressing needs and opportunities impacting the health and wellbeing of our community. Key findings from the CHNA can be used by community partners to drive strategy, guide investments and inform decisions.

We will continue to engage with the assessment findings and develop an updated Community Health Improvement Plan (CHIP) in collaboration with key partners.

- The community health priorities that will be the focus of the 2025-2027 CHIP will be:
 - Healthcare Access
 - Housing
 - Mental Health and Substance Use
- The CHIP will outline shared goals and a framework for addressing the community health priorities.
- The CHIP will outline the allocated resources and key partnerships to address the top priorities for the next three calendar years.
- The CHIP efforts will be driven by the Community Health Action Team (CHAT), Addison County's Accountable Community for Health (ACH). Since the 2024 key priorities align with the 2021 priorities, the community has another 3 years to focus on building and expanding current efforts around access to services for healthcare, housing, and mental health and substance use.
 - The most recent CHIP annual report is located in Appendix 10.
 - Local organizations' updates from CHAT's 2024 Data Meeting can be found in Appendix 11.
- Annual progress will be reported annually and publicly available on Porter's website:
 - <https://www.portermedical.org/about/community-health-needs-assessment/>

To learn more about the Community Health Needs Assessment, request a presentation of key findings, or learn more about opportunities to get involved, please contact:

Amanda Froeschle

Senior Community Health Liaison
afroeschle@portermedical.org

University of Vermont Health
Network - Porter Medical Center

Appendix

APPENDIX 1: VERMONT DEPARTMENT OF HEALTH FOCUS GROUP FINDINGS

Main Findings of VDH Focus Groups- Primary Needs

MENTAL HEALTH AND SUBSTANCE USE

DESCRIPTION	QUOTES
An increased need for mental health services across the community, fueled by social isolation, economic challenges, and concurrent medical problems.	<p>“Depression is rampant. We can’t get people into counseling. There are very few people who are prescribing any of the heavy-duty psych meds. We don’t have enough access to primary care to be able to even have a primary care provider be in charge of the antidepressants.”</p> <p>“We’re a tiny little town...3 police officers. So they’re spending the majority of their time now working with folks, either dealing with substance abuse or with mental health issues. Not actually policing...”</p>
There are not enough available service providers of any kind, leading to delays in treatment or not getting treatment.	<p>“...the designated agencies have been built to be that additional support, but in terms of funding to them, their ability to pay people at a sort of competitive rate, has been really challenging so they’re chronically understaffed...”</p> <p>“Urgent care here is a savior for a lot of people because of the waitlist for doctors.”</p>
Any challenges in getting mental health or substance use services are greater for people at-risk for higher rates of health disparities, particularly immigrants, refugees, and older residents.	<p>“...we have historically not done a great job around language access. We have put pretty significant effort into changing that, but we’re not quite there yet.”</p> <p>“(there are) models of specially training interpreters to act as mental health interpreters, but that brings an additional dynamic into mental health care that’s complicated, that some practitioners don’t like and some patients don’t like.”</p>

ISSUES ACCESSING HEALTH CARE

DESCRIPTION	QUOTES
There are not enough primary care or specialty providers to meet community needs, leading to delays in treatment or not receiving treatment.	<p>“I think the biggest thing is the waitlist. Even when you do call, if you’re not feeling well, it could be six weeks before you get in to see a doctor because they’re so booked.”</p>
The high cost of care causes some to not receive needed treatment.	<p>“...often low income, rural, isolated Vermonters who may not have good access to transportation, ability to take time off work or comfort, asking their employer for time to attend to healthcare or sort of the labor rights to do that without fear of reprisal or to take time to heal from COVID without fear of losing your job while having compensated sick time, even in a limited way.”</p>

<p>The lack of providers leads many to have to travel long distances and pay more for medical treatment</p>	<p>“...transportation a huge issue to get to doctor’s appointments. That they have enough gas to do X, Y, or Z during the week and enough money to pay for that gas, but they don’t have enough to say, get to Burlington for an appointment.”</p> <p>“One thing we haven’t talked about is how transportation ties into this web. Again, being able to get to good food. Is it a grocery store? Is it a medical appointment? Is it getting to child care? Being as rural as most of Addison County is, if you don’t have a vehicle of your own, that can impact so many other pieces of your life.”</p>
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HOUSING

DESCRIPTION	QUOTES
<p>Limited housing stock, especially affordable housing, has created a high level of housing instability for many community members.</p>	<p>“...to have stable housing and to have space over which they have control and in which they feel secure is an essential aspect of stabilizing health and health outcomes.”</p>
<p>The high cost of housing has direct impact on health due to the stress of unstable housing and the need to spend limited income on housing instead of healthcare.</p>	<p>“...so if we’re talking about things like diabetes, asthma, cancer, those kind of things that are on that list, if they don’t have resources to pay for housing or their basic needs, they’re definitely not going to have resources to be able to make any lifestyle changes.”</p>
<p>Limited housing options have made it difficult to hire and retain professionals, further exacerbating the shortages of medical and behavioral health providers.</p>	<p>“We’ve had several people accept the position and then end up declining it because they cannot find housing that they can afford, and we try to be competitive with our wages, but it’s not enough in terms of what’s available for the high-cost housing.”</p>

COST OF LIVING

DESCRIPTION	QUOTES
<p>The increase in costs of necessities beyond housing; food, utilities, transportation, healthcare, and childcare, is a constant stressor for many community members.</p>	<p>“...in order to afford your utilities and your housing and your food, people often cannot do that on a single income. How do you also then deal with childcare? Because if you’re getting more than one job, then your times are not when childcare is. It’s just a constant fight.”</p> <p>“...got their raises and their Social Security then they had the recertifications for the rent. So the rent goes up. Every one of them was stuck when that went up. Medicare went up...their cell phone use has gone up. Car insurance has gone up, the cable has gone up.”</p>
<p>The increasing cost of food causes many to have a less healthy diet instead of going hungry.</p>	<p>“We all know that you should eat well, healthy from scratch foods whenever possible because that’s where you are in control of what the ingredients are. You should be eating as much the vegetables and the fruit, which are the most expensive things that you can get.”</p>

APPENDIX 2: EARLY CARE AND LEARNING PARTNERSHIP FOCUS GROUP FINDINGS

Main Findings of Early Care and Learning Partnership Focus Groups - Primary Needs

TOPIC	DESCRIPTION
Time	<p>Making sure that providers and patients have enough time together to get to know one another. Subjects appreciated the care and concern of other office staff but really wanted more time with the person they considered their primary provider</p> <p>Timeliness of getting appointments is often an issue of concern. Subjects were sympathetic to health care provider offices being understaffed, but, in their own situations really wanted quicker responses. They especially appreciated the work of support staff at places such as CSAC, Open Door, and P/CC in helping to assure that the loop was closed quickly for referrals.</p>
Language access and cultural responsiveness	<p>Language access: Subjects were very appreciative of live interpretation at health visits that did not depend on their children. The phone interpreters were appreciated in a pinch but were not considered very accurate. (Can't see body language for example or not familiar with the local environment). Some subjects also felt a need for a "medical jargon" interpreter.</p> <p>Cultural translation: Subjects had high marks for groups such as Open Door, the P/CC, and CSAC for their deep understanding of the cultural situation of individual participants. This goes much deeper than an understanding of issues related to race and culture, and touches on the knowledge of actual situations (family background, prior histories of trauma, access to other resources (or lack thereof).</p> <p>Electronic Health Records: There were many comments, both pro and con about this. It does allow timely sharing of information, but, as one subject said, "it is very open to interpretation, and you don't know what people are really thinking about you." Several mentioned deciding to stop providing full information about their situations because it can be used inappropriately. The EHR also was seen as cutting into time that could otherwise be spent developing deeper relationships.</p>
Navigation assistance and support programs	<p>Subjects were appreciative of those who know how to navigate the complex worlds of health and social services, and who seem to exercise more power in these arenas to get things done. They most appreciated when the navigation was provided by someone from their own community.</p> <p>Although Addison County is rich in the supports often needed by people "living on the edges" such supports were seen as difficult to access unless you had an assertive partner, parent, or dedicated case manager.</p> <p>Consistency: People would love to see the same provider over time.</p>
Other Findings	<p>People expressed high regard for their dentists.</p> <p>They wished mental health services were more available and culturally responsive.</p> <p>A few suggested having therapy animals in the waiting rooms to help people reduce anxiety.</p> <p>The "Health Care Celebration Tent" of Special Olympics was mentioned as a joyous way to collect required health care information without redundancy.</p> <p>People felt that pregnant women get great respect and treatment, young children usually get great care, and adults or high-risk teens without case managers, seem to be less responded to.</p>

APPENDIX 3: 2024 CHNA COMMUNICATIONS TOOLKIT

2024 Community Health Needs Assessment Communications Toolkit

The following toolkit has been developed to facilitate outreach by the partner organizations who are taking part in the Community Health Needs Assessment (CHNA) for Addison County.

These materials can be used to meet our goal of increased survey participation by employees, partners, and community members and gathering a representative sampling of our community.

This kit contains the following materials:

- Email Copy in English and Spanish
- Postcard to drive survey awareness in English and Spanish
- Social Media Suggested Copy in English and Spanish
- Front Porch Forum Suggested Copy in English and Spanish

We have also developed an **information card** and **posters**. You'll find more information about these items on the **Sample Printed Materials & Links** page of this kit. Request printed copies by emailing Amanda at afroeschle@portomedical.org.

In addition to promoting the CHNA survey through the materials included here, the survey will also be promoted with:

- Press release shared with the Addison Independent
- Organic and paid social media advertising
- Signage at multiple locations throughout the community

If you have any questions, please contact:

Amanda Froeschle
afroeschle@portomedical.org

2024 Community Health Needs Assessment Communications Toolkit

Email Communication

Use this email body copy and subject line as written or modify to add your own voice and local information. The PDF postcard is recommended to send as an attachment.

Recommended Subject Line:

What do you think can strengthen the health of your community?

Body copy:

Every three years, residents of Addison County are encouraged **to join the conversation** about how to strengthen community health. Currently, multiple local organizations are working together to promote a Community Health Needs Assessment (CHNA).

This year's CHNA survey results will inform a three-year plan that:

- Identifies and prioritizes health needs
- Builds upon existing strengths
- Works on solutions with community partners

How to join the conversation:

- Please click to **take the 10-minute online community survey**: now available in 6 languages!
- Share this email with your friends and neighbors, aged 16 and older
- To thank you for your time, you can enter a drawing for a chance to win one of four \$50 gift cards.

CLICK TO TAKE THE SURVEY: <https://bit.ly/2024CHNA>

For more information about the Community Health Needs Assessment, visit <https://www.portermedical.org/about/community-health-needs-assessment/>.

Thank you in advance,
[insert name and title]

We recommend attaching the 2024 CHNA Postcard to your email, available here:

[Click to Download 2024 CHNA Postcard in English](#)

Traducción al español al final de este documento.

2024 Community Health Needs Assessment Communications Toolkit

Printed Materials & Links



Postcard

In addition to being sent via Email, the CHNA postcard can also be printed at 8.5" x 5.5":

[Click to Download 2024 CHNA Postcard in English](#)

[Descargar: postal de CHNA 2024 \(Español\)](#)

Poster

A 8.5" x 11" poster is also available for distribution purposes, with some more details than the postcard:

[Click to Download 2024 CHNA Poster \(Multiple Languages\)](#)

Note: You can request printed quantities of your preferred version(s) to be mailed to you by contacting Amanda Froeschle. Please feel free to share electronically or print out on a standard printer/copier.



2024 Community Health Needs Assessment Communications Toolkit

Social Media Posts

Whatever social channels you use, please share links to drive access to the survey. Local images of your people and team are preferred, but there is a standard image in the toolkit. Recommended copy:

- Help improve the health of your community & enter for a chance to win a \$50 gift card! <https://bit.ly/2024CHNA> #vt #health #community #survey
- Just 10 minutes can help strengthen the health of your community. Take the survey for a chance to win a \$50 gift card. <https://bit.ly/2024CHNA> #vt #health #community #survey
- Take the 10-minute survey and help shape the health of your community. Enter for a chance to win a \$50 gift card. Click here to get started. <https://bit.ly/2024CHNA>

Survey Link to Share: <https://bit.ly/2024CHNA>



[Click to download this image for use in social media.](#)

Front Porch Forum Post

Use this copy for your Front Porch Forum post. Use as-is or edit to fit your voice.

Help shape the health of your community.

Multiple local organizations are working together to conduct a community health needs assessment (CHNA) to better understand the strengths and health needs of communities in Addison County. Please take part and tell us what you think! [Click here to take the 10-minute survey](#) and be entered in a drawing to win one of four \$50 gift cards.

Traducción al español al final de este documento.

2024 Community Health Needs Assessment Communications Toolkit

Correo electrónico

Use el cuerpo del mensaje y el asunto de este correo electrónico tal como están escritos o modifíquelos para añadir su propia voz e información local. Se da una imagen, que puede usarse como pie de página, si su programa de correo electrónico permite imágenes.

Enlaces: Encuesta CHNA en línea - <https://bit.ly/2024CHNA>

Línea de asunto:

¿Qué cree que puede fortalecer la salud de su comunidad?

Copia del cuerpo:

Cada tres años, se anima a los residentes del condado de Addison **para que se unan a la conversación** sobre cómo fortalecer la salud de la comunidad. Actualmente, varias organizaciones locales están trabajando juntas para promover una Evaluación de las necesidades médicas de la comunidad (Community Health Needs Assessment, CHNA).

Los resultados de la encuesta CHNA de este año informarán un plan de tres años que:

- Identifica y prioriza las necesidades médicas
- Se basa en las fortalezas existentes
- Trabaja en soluciones con colaboradores de la comunidad

Cómo unirse a la conversación:

- Haga clic para [responder la encuesta de la comunidad en línea de 10 minutos](#): ¡ahora disponible en 6 idiomas!
- Comparta este correo electrónico con sus amigos y vecinos, mayores de 16 años.
- Para agradecerle por su tiempo, puede entrar en un sorteo para tener la oportunidad de ganar una de las cuatro tarjetas de regalo de \$50.

Para obtener más información sobre la Evaluación de las necesidades médicas de la comunidad, visite <https://www.portermedical.org/about/community-health-needs-assessment/>.

Gracias de antemano,
[escriba el nombre y título]

[Descargar: postal de CHNA 2024 \(Español\)](#)



2024 Community Health Needs Assessment Communications Toolkit

Plantillas de publicaciones en redes sociales

Independientemente de los canales sociales que use, comparta enlaces para facilitar el acceso a la encuesta. Se prefieren las imágenes locales de su gente y su equipo, pero hay una imagen estándar en el kit de herramientas.

Copia de publicación sugerida:

- ¡Ayude a mejorar la salud de su comunidad y participe para tener la oportunidad de ganar una tarjeta de regalo de \$50! <https://bit.ly/2024CHNA> #vt #health #community #survey
- Solo 10 minutos pueden ayudar a fortalecer la salud de su comunidad. Responda la encuesta para tener la oportunidad de ganar una tarjeta de regalo de \$50 <https://bit.ly/2024CHNA> #vt #health #community #survey
- Responda la encuesta de 10 minutos y ayude a dar forma a la salud de su comunidad. Entre para tener la oportunidad de ganar una tarjeta de regalo de \$50. Haga clic para comenzar. <https://bit.ly/2024CHNA>

Publicación en el Front Porch Forum

Use esta copia para su publicación en el Front Porch Forum. Úsela tal cual o edítela para adaptarla a su voz.

Ayude a dar forma a la salud de su comunidad.

Varias organizaciones locales están trabajando juntas para hacer una evaluación de las necesidades médicas de la comunidad (CHNA) para comprender mejor las fortalezas y las necesidades médicas de las comunidades en el condado de Addison. Participe y cuéntenos lo que piensa.

[Haga clic aquí para hacer la encuesta de 10 minutos](#) y entrará en un sorteo para ganar una de las cuatro tarjetas de regalo de \$50.

APPENDIX 4: 2024 ADDISON COUNTY CHNA COMMUNITY SURVEY TEMPLATE

2024 Addison County Community Health Needs Assessment

What are the major health needs in your community?

WE WANT TO HEAR FROM YOU!

Porter Medical Center is working with partners in Addison County to find out what you think the most important health needs are in our community. We want to help meet the health needs of people who live and work in our region.

PLEASE FILL OUT THIS SURVEY.

If you are 16 years old or older and currently live in Addison County, you may take this survey. It only takes about 10 minutes to fill it out.

YOUR ANSWERS ARE PRIVATE.

The survey does not ask for your name or how to contact you. You may choose to not answer any of the questions. You may stop the survey at any time.

ENTER A GIFT CARD DRAWING.

To thank you for filling out the survey, you can enter a drawing to win a \$50 gift card. The drawing is separate and information on how to enter is at the end of the survey. Your name cannot be linked to your survey answers.

FILL OUT THE SURVEY ON THE WEB OR ON PAPER.

You can use a computer or cell phone to fill out the survey. **This survey is available online in English, Spanish, Vietnamese, and French.** You can change the language using the drop-down button in the top right of the survey webpage.

THIS SURVEY IS AVAILABLE ON PAPER IN ENGLISH, SPANISH, ARABIC, BURMESE, VIETNAMESE, AND FRENCH.

If you would like a paper copy, you can reach out to any of these organizations: HOPE, Gather, Open Door Clinic, Mountain Community Health, Counseling Services of Addison County, Addison County Home Health and Hospice, United Way of Addison County, Addison Allies, Vermont Department of Health- Middlebury District Office, or Charter House Coalition. Or, if you would like a paper copy mailed to you, reach out to Amanda at afroeschle@portermedical.org.

If you need this survey in a different language, please call 802-847-8899.

DO YOU HAVE QUESTIONS?

If you have questions about the survey or the results, please reach out to Amanda at afroeschle@portermedical.org.

Thank you for your time and your help!

SURVEY PARTNERS:

Porter Medical Center, Counseling Services of Addison County, Addison County Home Health and Hospice,

United Way of Addison County, Addison Allies, Vermont Department of Health- Middlebury District Office, Charter House Coalition, Mountain Community Health

1. Please choose your age.

- Under 16 years of age
- 16 to 18 years
- 19 to 24 years
- 25 to 34 years
- 35 to 44 years
- 45 to 54 years
- 55 to 64 years
- 65 to 74 years
- 75 years and over
- No Answer

2. Please choose the name of the city or town where you live.

- Addison
- Bridport
- Bristol
- Cornwall
- Ferrisburg
- Goshen
- Granville
- Hancock
- Leicester
- Lincoln
- Middlebury
- Monkton
- New Haven
- Orwell
- Panton
- Ripton
- Salisbury
- Shoreham
- Starksboro
- Vergennes
- Waltham
- Weybridge
- Whiting

- No answer
- Other

Community can mean different things to different people. For this survey, ‘your community’ can be as big as all of the Addison County or as small as your neighborhood. Please answer the survey questions by thinking about the area you consider as your community.

3. Please tell us how much you agree or disagree with these *Social Connection and Wellbeing* statements: In my community...

	STRONGLY AGREE	SOMEWHAT AGREE	SOMEWHAT DISAGREE	STRONGLY DISAGREE	NO ANSWER
I trust my neighbors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel safe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel like I belong	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel accepted for my beliefs and religion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel accepted for my gender identity and sexual orientation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel accepted for my race and ethnicity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People help each other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are ways to take part in social life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local government leaders work for people of all backgrounds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is a good place to raise children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is a good place to be a young adult	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	STRONGLY AGREE	SOMEWHAT AGREE	SOMEWHAT DISAGREE	STRONGLY DISAGREE	NO ANSWER
It is a good place to grow old	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Please tell us how much you agree or disagree with these **Community Resource** statements:
In my community...

	STRONGLY AGREE	SOMEWHAT AGREE	SOMEWHAT DISAGREE	STRONGLY DISAGREE	NO ANSWER
I can get the foods I want to eat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have affordable transportation options	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can get reliable internet services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is easy to find safe ways to get exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can get housing that is affordable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can get housing that meets my needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can get safe housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	STRONGLY AGREE	SOMEWHAT AGREE	SOMEWHAT DISAGREE	STRONGLY DISAGREE	NO ANSWER
Sidewalks and buildings are easy to use and accessible for all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The impacts of climate change are being addressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**5. Please tell us how much you agree or disagree with these *Community Resource* statements:
In my community...**

	STRONGLY AGREE	SOMEWHAT AGREE	SOMEWHAT DISAGREE	STRONGLY DISAGREE	NO ANSWER
I can find work that pays fairly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can find work that fits my skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have enough money to pay for the basic things I need	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have the resources I need to recover from the impacts of the COVID-19 pandemic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My language needs are met when I receive health care services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can get primary healthcare services (like seeing a doctor for checkups or a health concern)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can get specialty medical services (like care for cancer, heart disease, or surgery)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can get mental health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can get substance use treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	STRONGLY AGREE	SOMEWHAT AGREE	SOMEWHAT DISAGREE	STRONGLY DISAGREE	NO ANSWER
I have high-quality education opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can get affordable childcare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can get sexual health and reproductive services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can get end of life care services					

6. Choose the top three ways to strengthen the *physical environment* for your community.

Please select at most 3 options.

- Increase places to buy healthy food
- Increase safety for walkers and bikers
- Increase safety in public spaces
- Increase places for community activities and recreation
- Increase emergency housing services
- Increase actions that address climate change
- Increase availability of housing
- Increase availability of public transportation
- Increase availability of childcare
- Other

7. Choose the top three ways to strengthen the *social support* for your community.

Please select at most 3 options.

- Increase programs for youth and young families
- Increase programs for elders and older adults
- Increase connections between community members
- Increase community understanding and acceptance of people with different identities or backgrounds
- Increase programs and services for people with different identities or backgrounds
- Increase anti-racism work
- Increase arts and culture events
- Increase resources to prevent bullying
- Other

8. Choose the top three ways to strengthen *schools and other places where people learn* in your community.

Please select at most 3 options.

- Increase early childhood education programs
- Increase programs that help youth be mentally healthy
- Increase programs that help youth be physically healthy
- Increase ways for youth to get free and healthy foods at schools
- Increase safety at elementary, middle and high schools
- Increase education opportunities after high school
- Increase programs and services for people who have different learning needs or need extra support
- Increase sense of belonging for people with different identities or backgrounds
- Increase English Language Learner education opportunities
- Increase job training programs
- Other

9. Choose the top three ways to strengthen *people's finances* for your community.

Please select at most 3 options.

- Increase workforce training
- Increase jobs that pay a living wage
- Increase jobs that provide full benefits (like health insurance, retirement savings, and paid sick time)
- Increase financial literacy trainings
- Increase affordability of healthy food
- Increase affordability of housing
- Increase affordability of childcare
- Increase affordability of public transportation
- Increase affordability of primary care services (like seeing a doctor for checkups or a health concern)
- Increase affordability of dental care services
- Increase affordability of mental health services
- Increase affordability of substance use disorder treatment services
- Other

10. Choose the top three ways to strengthen *health care* for your community.

Please select at most 3 options.

- Increase coordination of care between health care providers
- Increase health care workers' understanding and acceptance of people with different identities or backgrounds
- Increase jobs that provide paid time off for medical appointments, dental appointments, and when someone is sick
- Increase language access services (like translation and interpretation)
- Increase availability of primary care services (like seeing a doctor for checkups or a health concern)
- Increase availability of dental care services
- Increase availability of mental health services
- Increase availability of substance use disorder treatment services
- Increase access to health insurance for migrant workers
- Increase availability of long-term care services and supports (like nursing homes, assisted living, and home based care)
- Other

The next few questions will help us to understand more about the people who answered this survey. This information helps us focus our efforts to improve the health of our community. The information will not be used to identify you in any way. You may choose not to answer any question you do not want to.

11. Choose the top three things that would make it easier for you to get the health care you need.

Please select at most 3 options.

- More appointments during normal business hours (8am-5pm)
- More appointments outside of normal business hours (before 8am or after 5pm)
- More weekend appointments
- More telehealth services
- More health care offices near where you live
- More ways to get to an appointment (like safe walking paths, public buses, or car shares)
- More health care services are free or fully paid for by insurance
- More language access services
- Decrease wait times
- My beliefs or religion are more welcomed by health care workers
- My gender or sexual identity is more welcomed by health care workers
- My race or ethnicity is more welcomed by health care workers
- Other

12. Overall, how satisfied are you with your life these days? On a scale from 0 to 10 with 0 being least satisfied and 10 being most satisfied.

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

13. My religious or spiritual beliefs play an important role in making health decisions.

STRONGLY AGREE	SOMEWHAT AGREE	SOMEWHAT DISAGREE	STRONGLY DISAGREE	NO ANSWER
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. My personal or cultural beliefs play an important role making health decisions.

STRONGLY AGREE	SOMEWHAT AGREE	SOMEWHAT DISAGREE	STRONGLY DISAGREE	NO ANSWER
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. Including yourself, how many people do you live with?

The value must be a number

16. How many people do you live with that are under age 18?

The value must be a number

17. How many people do you live with that are under age 5?

The value must be a number

18. How many people do you live with that are over age 65?

The value must be a number

19. What type of health insurance do you have right now?

- I do not have health insurance right now
- Medicaid
- Medicare
- TRICARE, VA, or Military
- Private insurance through my employer or a family member’s employer
- Other private health insurance
- No answer

20. Do you currently have dental insurance?

- Yes
- No
- No answer

21. Do you or someone you live with have a chronic health condition?

- Yes
- No
- I do not know
- No answer

22. Do you or someone you live with have a disability?

- Yes
- No
- I do not know
- No answer

23. What is the highest level of education you have completed?

- Less than High School (no diploma, certificate)
- High School graduate or equivalent
- Some College or University, but no degree
- College, University, or Technical degree
- Advanced or Graduate degree
- No answer

24. What is your employment status?

- Employed full-time
- Employed part-time
- Self-employed
- Homemaker
- Full-time student
- Not employed and looking for work
- Not employed and not looking for work
- Retired
- No answer

25. Please choose the statement that best describes your current housing situation.

- Rented by me and/or someone in my household
- Owned by me and/or someone in my household
- Owned by my boss
- At a shelter outside
- At transitional or emergency housing
- No answer
- Other

26. Do you anticipate needing long-term care services and supports (like nursing homes, assisted living, or homebased care) in Addison County within the next 5 years?

- Yes
- No
- No answer

27. How long have you lived in the United States?

- Less than a year
- Between 1-5 years
- More than 5 years, but not my entire life
- I have lived in the United States my entire life
- No answer

28. How would you describe your gender?

**We list the most common identities while recognizing this is not a complete list.*

- Cisgender female (gender identity matches sex assigned at birth)
- Cisgender male (gender identity matches sex assigned at birth)
- Genderqueer, non-binary, or fluid
- Transgender female
- Transgender male
- No answer
- Other

29. How would you describe your sexual orientation?

**We list the most common identities while recognizing this is not a complete list.*

- Heterosexual/Straight
- Pansexual
- Gay/Lesbian
- Queer
- Asexual
- Bisexual
- No answer
- Other

30. How would you describe your race and ethnicity?

*(Choose all that apply) *This is a modified list of the most common government categories. We recognize this is not a complete list.*

- Asian
- African American
- Black
- White
- Hispanic/Latino/Latine/Latinx
- Arab
- Native American or Alaskan Native
- Native Hawaiian or Pacific Islander
- No answer
- Other

31. What is your spiritual belief or religion?

32. About how much is your household income each year?

(A household is a group of people sharing a home and household income is the combined income of all in that group.)

- Less than \$25,000
- \$25,000-\$50,000
- \$50,000-\$75,000
- \$75,000-\$100,000
- \$100,000-\$125,000
- \$125,000-\$150,000
- More than \$150,000
- No answer

33. Is there anything else you would like to tell us about Community Health?

Thank you for taking our survey!

Answers to our last survey showed us where to add programs and services to help improve the health of our community. You can see past reports on Porter Medical Center’s website: <https://www.portermedical.org/about/community-health-needs-assessment>.

The next page has information on how to sign up for a gift card drawing. If you are filling this out on paper, please ask the person you got the paper survey from for help in entering the gift card drawing.

APPENDIX 5: 2024 ADDISON COUNTY CHNA COMMUNITY SURVEY

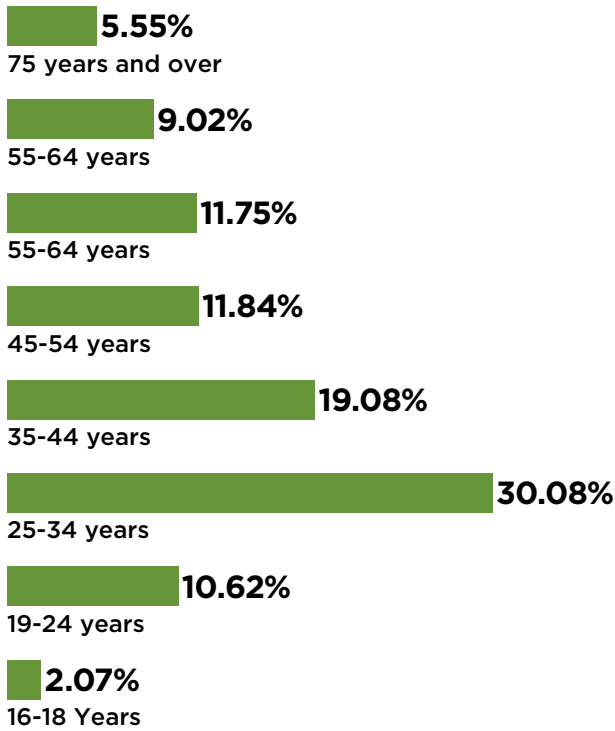
Demographics and Survey Results

2024 COMMUNITY SURVEY RESPONSES

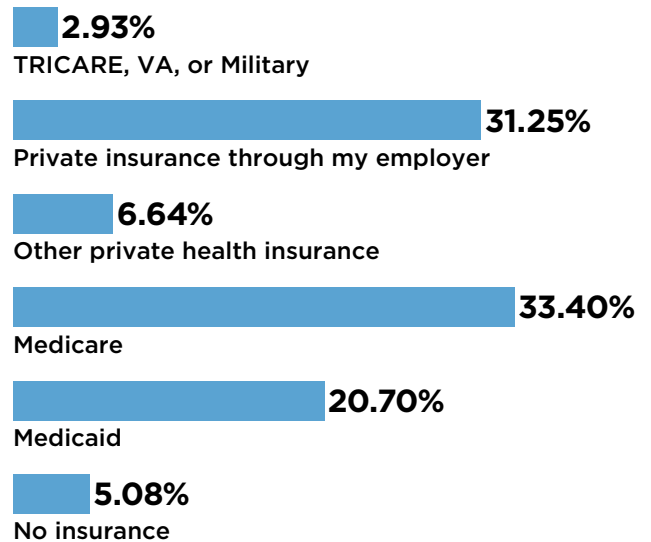
A total of 1063 responses were generated. Addison County has a 2018-2022 Population of 37,434. Given a 95% confidence level, there is a margin of error of +/- 2.9 percentage points. If the survey were conducted 100 times, 95 of those times, results would fall within +/- 2.9 percentage points.

Demographics of Survey Respondents

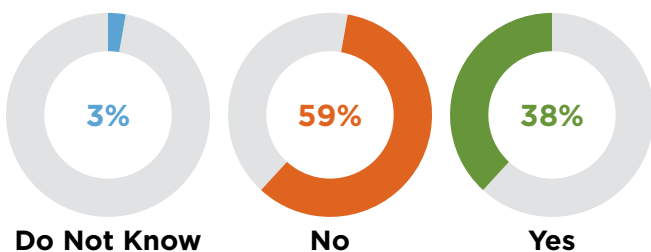
AGE OF SURVEY RESPONDENTS



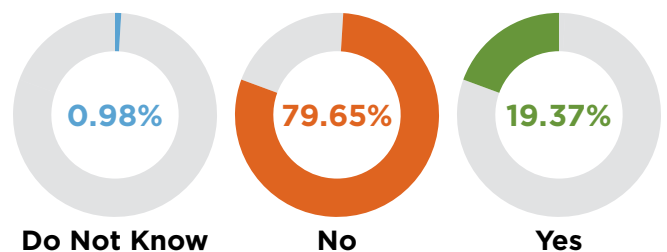
WHAT TYPE OF HEALTH INSURANCE DO YOU HAVE RIGHT NOW?



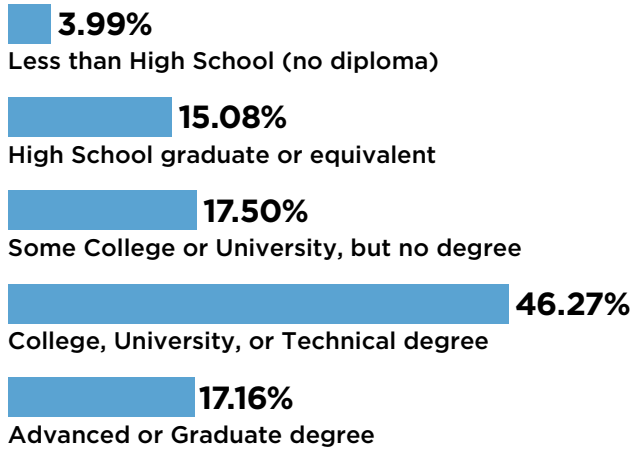
DO YOU OR SOMEONE YOU LIVE WITH HAVE A CHRONIC HEALTH CONDITION?



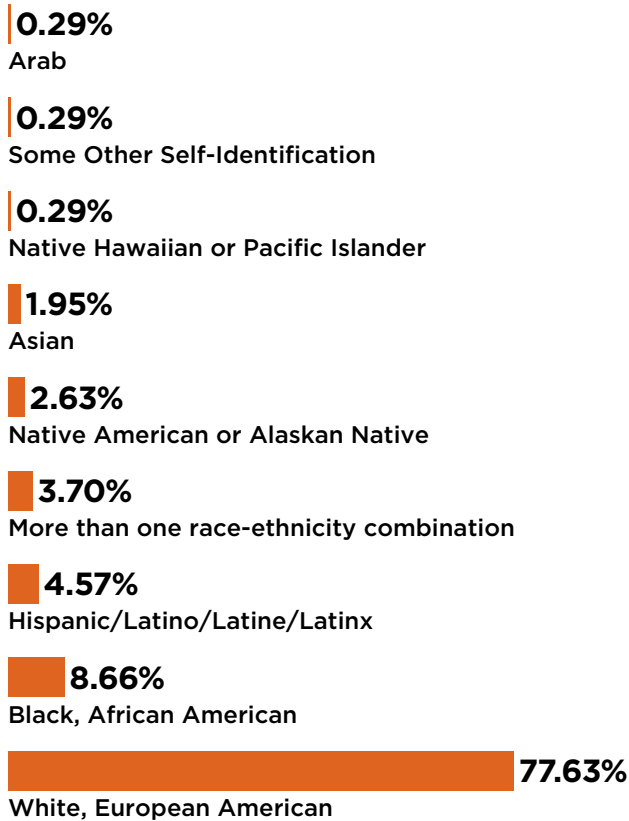
DO YOU OR SOMEONE YOU LIVE WITH HAVE A DISABILITY?



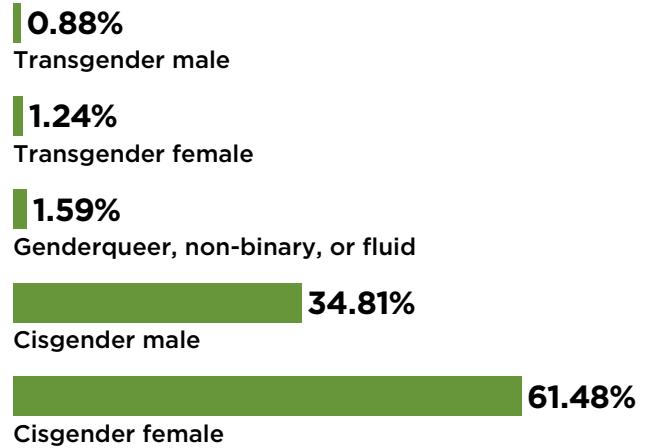
WHAT IS THE HIGHEST LEVEL OF EDUCATION YOU HAVE COMPLETED?



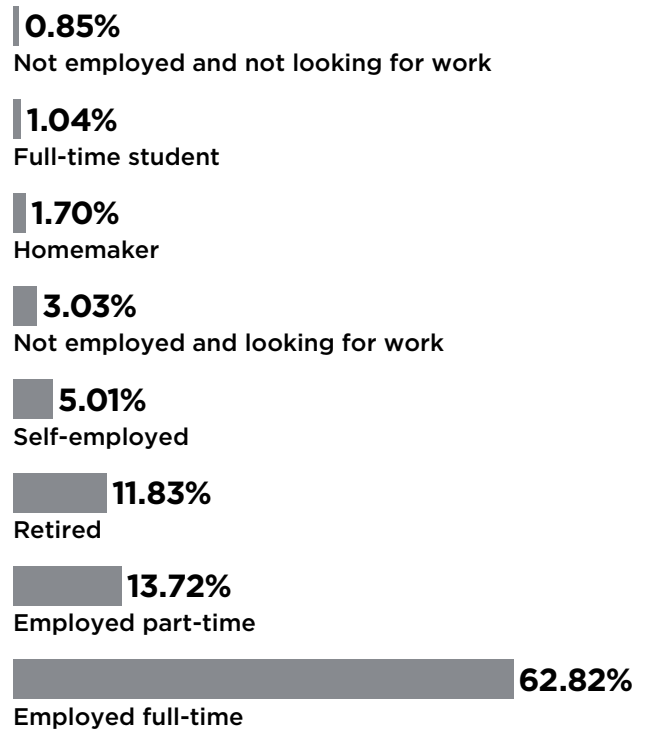
RACE AND ETHNICITY



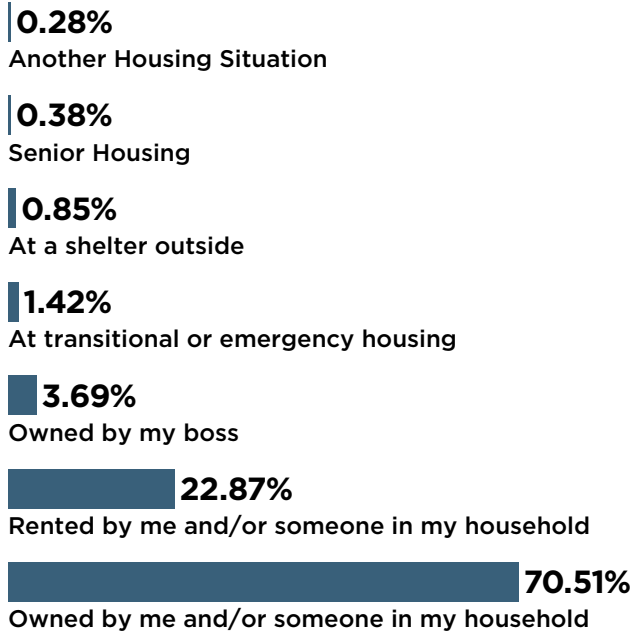
HOW WOULD YOU DESCRIBE YOUR GENDER?



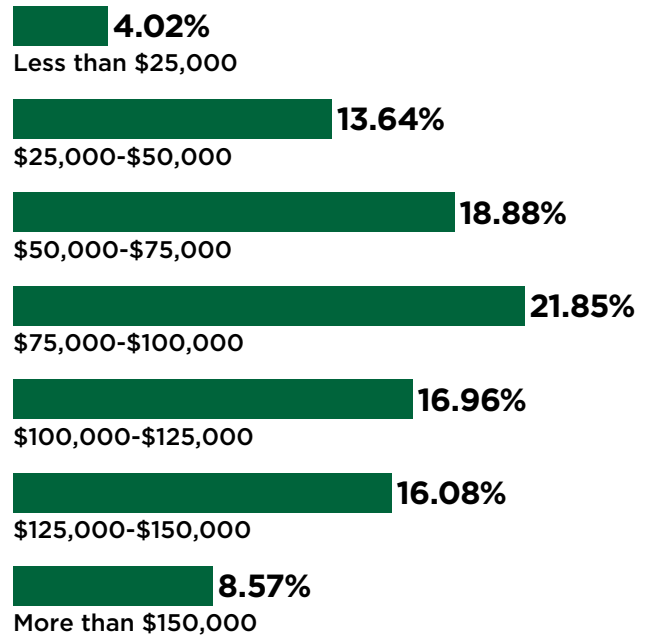
WHAT IS YOUR EMPLOYMENT STATUS?



PLEASE CHOOSE THE STATEMENT THAT BEST DESCRIBES YOUR CURRENT HOUSING SITUATION.



ABOUT HOW MUCH IS YOUR HOUSEHOLD INCOME EACH YEAR?



Community Survey Results

TABLE 1. AGE

PLEASE CHOOSE YOUR AGE	PERCENT
16-18 years	2.07
19-24 years	10.62
25-34 years	30.08
35-44 years	19.08
45-54 years	11.84
55-64 years	11.75
65-74 years	9.02
75 years and over	5.55
Total	100

TABLE 2. RESIDENCE

PLEASE CHOOSE THE NAME OF THE CITY OR TOWN WHERE YOU LIVE	PERCENT
Addison*	35.98*
Bridport	2.72
Bristol	7.86
Cornwall	5.14
Ferrisburgh	4.27
Goshen	0.78
Granville	1.26
Hancock	0.68
Leicester	1.65
Lincoln	2.23
Middlebury	17.36
Monkton	1.84
New Haven	4.17
Orwell	1.45
Panton	1.45
Ripton	0.78
Salisbury	1.07
Shoreham	1.45
Starksboro	0.97
Vergennes	3.98

Waltham	0.68
Weybridge	1.45
Whiting	0.78
Total	100
*This percentage is skewed due to respondents thinking Addison- County.	

Community can mean different things to different people. For this survey, ‘your community’ can be as big as all of the Addison County or as small as your neighborhood. Please answer the next questions by thinking about the area you think of as your community.

Please tell us how much you agree or disagree with these Social Connection and Wellbeing statements:
In my community...

TABLE 3. TRUST NEIGHBORS

I TRUST MY NEIGHBORS	PERCENT
Strongly Agree	44.12
Somewhat Agree	46.02
Somewhat Disagree	7.09
Strongly Disagree	2.77
Total	100

TABLE 4. FEEL SAFE

I FEEL SAFE	PERCENT
Strongly Agree	48.53
Somewhat Agree	36.22
Somewhat Disagree	13.34
Strongly Disagree	1.91
Total	100

TABLE 5. FEEL BELONGING

I FEEL LIKE I BELONG	PERCENT
Strongly Agree	43.23
Somewhat Agree	43.4
Somewhat Disagree	10.59
Strongly Disagree	2.78
Total	100

TABLE 6. FEEL ACCEPTED FOR BELIEFS AND RELIGION

I FEEL ACCEPTED FOR MY BELIEFS AND RELIGION	PERCENT
Strongly Agree	40.73
Somewhat Agree	40.38
Somewhat Disagree	13.69
Strongly Disagree	5.2
Total	100

TABLE 7. FEEL ACCEPTED FOR GENDER IDENTITY AND SEXUAL ORIENTATION

I FEEL ACCEPTED FOR MY GENDER IDENTITY AND SEXUAL ORIENTATION	PERCENT
Strongly Agree	52.34
Somewhat Agree	34.66
Somewhat Disagree	10.23
Strongly Disagree	2.77
Total	100

TABLE 8. FEEL ACCEPTED FOR RACE AND ETHNICITY

I FEEL ACCEPTED FOR MY RACE AND ETHNICITY	PERCENT
Strongly Agree	53.57
Somewhat Agree	30.26
Somewhat Disagree	10.78
Strongly Disagree	5.39
Total	100

TABLE 9. PEOPLE HELP EACH OTHER

PEOPLE HELP EACH OTHER	PERCENT
Strongly Agree	46.7
Somewhat Agree	37.67
Somewhat Disagree	11.28
Strongly Disagree	4.34
Total	100

TABLE 10. TAKING PART IN SOCIAL LIFE

THERE ARE WAYS TO TAKE PART IN SOCIAL LIFE	PERCENT
Strongly Agree	43.3
Somewhat Agree	39.48
Somewhat Disagree	13.57
Strongly Disagree	3.65
Total	100

TABLE 11. LOCAL GOVERNMENT WORK FOR PEOPLE OF ALL BACKGROUNDS

LOCAL GOVERNMENT LEADERS WORK FOR PEOPLE OF ALL BACKGROUNDS	PERCENT
Strongly Agree	30.9
Somewhat Agree	41.32
Somewhat Disagree	20.83
Strongly Disagree	6.94
Total	100

TABLE 12. GOOD PLACE TO RAISE CHILDREN

IT IS A GOOD PLACE TO RAISE CHILDREN	PERCENT
Strongly Agree	45.99
Somewhat Agree	37.63
Somewhat Disagree	12.02
Strongly Disagree	4.36
Total	100

TABLE 13. GOOD PLACE TO BE A YOUNG ADULT

IT IS A GOOD PLACE TO BE A YOUNG ADULT	PERCENT
Strongly Agree	37.44
Somewhat Agree	38.82
Somewhat Disagree	17.68
Strongly Disagree	6.07
Total	100

TABLE 14. GOOD PLACE TO GROW OLD

IT IS A GOOD PLACE TO GROW OLD	PERCENT
Strongly Agree	40.31
Somewhat Agree	39.62
Somewhat Disagree	14.53
Strongly Disagree	5.54
Total	100

Please tell us how much you agree or disagree with these Community Resource statements:

In my community...

TABLE 15. ACCESS TO FOOD

I CAN GET THE FOODS I WANT TO EAT	PERCENT
Strongly Agree	50.69
Somewhat Agree	36.85
Somewhat Disagree	9.69
Strongly Disagree	2.77
Total	100

TABLE 16. AFFORDABLE TRANSPORTATION OPTIONS

I HAVE AFFORDABLE TRANSPORTATION OPTIONS	PERCENT
Strongly Agree	44.02
Somewhat Agree	40.21
Somewhat Disagree	12.48
Strongly Disagree	3.29
Total	100

TABLE 17. ACCESS TO RELIABLE INTERNET SERVICES

I CAN GET RELIABLE INTERNET SERVICES	PERCENT
Strongly Agree	43.48
Somewhat Agree	40.52
Somewhat Disagree	10.43
Strongly Disagree	5.57
Total	100

TABLE 18. EASY TO FIND SAFE WAYS TO EXERCISE

IT IS EASY TO FIND SAFE WAYS TO GET EXERCISE	PERCENT
Strongly Agree	43.73
Somewhat Agree	38.5
Somewhat Disagree	14.11
Strongly Disagree	3.66
Total	100

TABLE 19. I CAN GET HOUSING THAT IS AFFORDABLE

I CAN GET HOUSING THAT IS AFFORDABLE	PERCENT
Strongly Agree	24.59
Somewhat Agree	31.97
Somewhat Disagree	21.67
Strongly Disagree	21.77
Total	100

TABLE 20. ACCESS TO HOUSING THAT MEETS MY NEEDS

I CAN GET HOUSING THAT MEETS MY NEEDS	PERCENT
Strongly Agree	28.56
Somewhat Agree	36.97
Somewhat Disagree	20.72
Strongly Disagree	13.75
Total	100

TABLE 21. ACCESS TO SAFE HOUSING

I CAN GET SAFE HOUSING	PERCENT
Strongly Agree	40.73
Somewhat Agree	38.46
Somewhat Disagree	13.11
Strongly Disagree	7.69
Total	100

TABLE 22. SIDEWALKS AND BUILDINGS ARE EASY TO USE AND ACCESSIBLE

SIDEWALKS AND BUILDINGS ARE EASY TO USE AND ACCESSIBLE FOR ALL	PERCENT
Strongly Agree	33.62
Somewhat Agree	41.46
Somewhat Disagree	17.77
Strongly Disagree	7.14
Total	100

TABLE 23. IMPACTS OF CLIMATE CHANGE ARE BEING ADDRESSED

THE IMPACTS OF CLIMATE CHANGE ARE BEING ADDRESSED	PERCENT
Strongly Agree	30.9
Somewhat Agree	37.15
Somewhat Disagree	23.44
Strongly Disagree	8.51
Total	100

Please tell us how much you agree or disagree with these Community Resource statements:

In my community...

TABLE 24. CAN FIND WORK THAT PAYS FAIRLY

I CAN FIND WORK THAT PAYS FAIRLY	PERCENT
Strongly Agree	39.65
Somewhat Agree	44.17
Somewhat Disagree	11.83
Strongly Disagree	4.35
Total	100

TABLE 25. CAN FIND WORK THAT FITS SKILLS

I CAN FIND WORK THAT FITS MY SKILLS	PERCENT
Strongly Agree	41.88
Somewhat Agree	43.28
Somewhat Disagree	12.91
Strongly Disagree	1.92
Total	100

TABLE 26. HAVE ENOUGH MONEY FOR BASIC NEEDS

I HAVE ENOUGH MONEY TO PAY FOR THE BASIC THINGS I NEED	PERCENT
Strongly Agree	38.64
Somewhat Agree	41.26
Somewhat Disagree	13.11
Strongly Disagree	6.99
Total	100

TABLE 27. HAVE RESOURCES NEEDED TO RECOVER FROM IMPACTS OF COVID-19 PANDEMIC

I HAVE THE RESOURCES I NEED TO RECOVER FROM THE IMPACTS OF THE COVID-19 PANDEMIC	PERCENT
Strongly Agree	34.67
Somewhat Agree	41.81
Somewhat Disagree	19.16
Strongly Disagree	4.36
Total	100

TABLE 28. LANGUAGE NEEDS ARE MET DURING HEALTH CARE SERVICES

MY LANGUAGE NEEDS ARE MET WHEN I RECEIVE HEALTH CARE SERVICES	PERCENT
Strongly Agree	50.87
Somewhat Agree	37.46
Somewhat Disagree	9.41
Strongly Disagree	2.26
Total	100

TABLE 29. ACCESS TO HEALTH CARE SERVICES

I CAN GET PRIMARY HEALTH CARE SERVICES	PERCENT
Strongly Agree	45.57
Somewhat Agree	37.74
Somewhat Disagree	14.43
Strongly Disagree	2.26
Total	100

TABLE 30. ACCESS TO END OF LIFE CARE SERVICES

I CAN GET END OF LIFE CARE SERVICES	PERCENT
Strongly Agree	38.78
Somewhat Agree	44.52
Somewhat Disagree	13.74
Strongly Disagree	2.96
Total	100

TABLE 31. ACCESS TO SEXUAL HEALTH AND REPRODUCTIVE SERVICES

I CAN GET SEXUAL HEALTH AND REPRODUCTIVE SERVICES	PERCENT
Strongly Agree	38.80
Somewhat Agree	42.86
Somewhat Disagree	14.11
Strongly Disagree	4.23
Total	100

TABLE 32. ACCESS TO AFFORDABLE CHILDCARE

I CAN GET AFFORDABLE CHILDCARE	PERCENT
Strongly Agree	30.85
Somewhat Agree	39.36
Somewhat Disagree	17.91
Strongly Disagree	11.88
Total	100

TABLE 33. ACCESS TO HIGH QUALITY EDUCATION OPPORTUNITIES

I HAVE HIGH QUALITY EDUCATION OPPORTUNITIES	PERCENT
Strongly Agree	37.89
Somewhat Agree	40.7
Somewhat Disagree	17.72
Strongly Disagree	3.68
Total	100

TABLE 34. ACCESS TO SUBSTANCE USE TREATMENT

I CAN GET SUBSTANCE USE TREATMENT	PERCENT
Strongly Agree	35.51
Somewhat Agree	38.69
Somewhat Disagree	19.61
Strongly Disagree	6.18
Total	100

TABLE 35. ACCESS TO MENTAL HEALTH SERVICES

I CAN GET MENTAL HEALTH SERVICES	PERCENT
Strongly Agree	39.24
Somewhat Agree	38.54
Somewhat Disagree	17.01
Strongly Disagree	5.21
Total	100

TABLE 36. ACCESS TO SPECIALTY MEDICAL SERVICES

I CAN GET SPECIALTY MEDICAL SERVICES	PERCENT
Strongly Agree	36.74
Somewhat Agree	40.03
Somewhat Disagree	17.68
Strongly Disagree	5.55
Total	100

TABLE 37. CHOOSE THE TOP THREE WAYS TO STRENGTHEN THE PHYSICAL ENVIRONMENT FOR YOUR COMMUNITY.

ALL MENTIONS WITHIN “TOP THREE”.	PERCENT
Increase availability of housing	17.06
Increase safety for walkers and bikers	12.71
Increase places for community activities and recreation	12.39
Increase safety in public spaces	11.70
Increase places to buy healthy food	10.92
Increase emergency housing services	9.48
Increase availability of childcare	8.59
Increase availability of public transportation	8.04
Increase actions that address climate change	7.84
Other	1.27
Total	100

TABLE 38. CHOOSE THE TOP THREE WAYS TO STRENGTHEN THE SOCIAL SUPPORT FOR YOUR COMMUNITY.

ALL MENTIONS WITHIN “TOP THREE”.	PERCENT
Increase programs for youth and young families	17.43
Increase programs for elders and older adults	17.36
Increase connections between community members	15.94
Increase community understanding and acceptance of people with different identities or backgrounds	13.95
Increase programs and services for people with different identities or backgrounds	9.59
Increase arts and culture events	9.19
Increase anti-racism work	7.90
Increase resources to prevent bullying	7.43
Other	1.22
Total	100

TABLE 39. CHOOSE THE TOP THREE WAYS TO STRENGTHEN SCHOOLS AND OTHER PLACES WHERE PEOPLE LEARN IN YOUR COMMUNITY.

ALL MENTIONS WITHIN “TOP THREE”.	PERCENT
Increase programs that help youth be mentally healthy	18.59
Increase safety at elementary, middle and high schools	11.69
Increase early childhood education programs	11.46
Increase programs and services for people who have different learning needs or need extra support	11.00
Increase education opportunities after high school	10.01
Increase programs that help youth be physically healthy	9.97
Increase ways for youth to get free and healthy foods at schools	8.72
Increase job training programs	8.16
Increase sense of belonging for people with different identities or backgrounds	7.20
Increase English Language Learner education opportunities	2.41
Other	0.79
Total	100

TABLE 40. CHOOSE THE TOP THREE WAYS TO STRENGTHEN PEOPLE’S FINANCES FOR YOUR COMMUNITY.

ALL MENTIONS WITHIN “TOP THREE”.	PERCENT
Increase jobs that provide full benefits (health insurance, retirement savings, paid sick time)	18.17
Increase jobs that pay a living wage	17.23
Increase affordability of housing	16.64
Increase affordability of childcare	8.86
Increase affordability of healthy food	8.24
Increase workforce training	7.59
Increase financial literacy trainings	6.58
Increase affordability of primary care services (seeing a doctor for checkups or health concern)	5.63
Increase affordability of dental care services	3.52
Increase affordability of public transportation	3.00
Increase affordability of mental health services	2.93
Increase affordability of substance use disorder treatment services	1.20
Other	0.42
Total	100

TABLE 41. CHOOSE THE TOP THREE WAYS TO STRENGTHEN HEALTH CARE FOR YOUR COMMUNITY.

ALL MENTIONS WITHIN “TOP THREE”.	PERCENT
Increase availability of primary care services (like seeing a doctor for checkups or a health concern)	17.03
Increase jobs that provide paid time off for medical appointments, dental appointments, and when someone is sick	13.43
Increase availability of mental health services	12.77
Increase coordination of care between health care providers	11.37
Increase health care workers' understanding and acceptance of people with different identities or backgrounds	9.87
Increase availability of long-term care services and supports (like nursing homes, assisted living, and homebased care)	9.47
Increase availability of dental care services	8.17
Increase availability of substance use disorder treatment services	7.07
Increase access to health insurance for migrant workers	5.03
Increase language access services (like translation and interpretation)	5.00
Other Ideas	0.80
Total	100

The next few questions will help us to understand more about the people who answered this survey. This information helps us focus our efforts to improve the health of our community. The information will not be used to identify you in any way. You may choose not to answer any question you do not want to.

TABLE 42. CHOOSE THE TOP THREE THINGS THAT WOULD MAKE IT EASIER FOR YOU TO GET THE HEALTH CARE YOU NEED.

ALL MENTIONS WITHIN “TOP THREE”.	PERCENT
More appointments outside of normal business hours (before 8am or after 5pm)	16.91
More health care services are free or fully paid for by insurance	15.08
Decrease wait times	11.37
More health care offices near where you live	11.09
More weekend appointments	11.02
More telehealth services	9.96
More appointments during normal business hours (8am-5pm)	8.86
More ways to get to an appointment (like safe walking paths, public buses, or car shares)	7.20
More language access services	2.75
My beliefs or religion are more welcomed by health care workers	2.08
Other	1.69
My gender or sexual identity is more welcomed by health care workers	1.48
My race or ethnicity is more welcomed by health care workers	0.49
Total	100

TABLE 43. SATISFACTION WITH LIFE

OVERALL, HOW SATISFIED ARE YOU WITH YOUR LIFE THESE DAYS?	PERCENT
1	0.00
2	0.75
3	2.05
4	3.91
5	6.34
6	10.34
7	19.85
8	27.87
9	18.83
10	10.07
Total	100
Average Score was 7.49	

TABLE 44. RELIGIOUS OR SPIRITUAL BELIEFS AND HEALTH DECISIONS

MY RELIGIOUS OR SPIRITUAL BELIEFS PLAY AN IMPORTANT ROLE IN MAKING HEALTH DECISIONS.	PERCENT
Strongly Agree	22.38
Somewhat Agree	39.17
Somewhat Disagree	17.93
Strongly Disagree	20.52
Total	100

TABLE 45. PERSONAL OR CULTURAL BELIEFS AND HEALTH DECISIONS

MY PERSONAL OR CULTURAL BELIEFS PLAY AN IMPORTANT ROLE MAKING HEALTH DECISIONS.	PERCENT
Strongly Agree	35.71
Somewhat Agree	40.84
Somewhat Disagree	12.88
Strongly Disagree	10.58
Total	100

TABLE 46. PEOPLE IN HOUSEHOLD

INCLUDING YOURSELF, HOW MANY PEOPLE DO YOU LIVE WITH?	PERCENT
1	11.01
2	22.12
3	19.12
4	22.42
5	16.12
6	6.32
7	1.80
8	0.70
9	0.30
10	0.10
Total	100

TABLE 47. PEOPLE UNDER 18 IN HOUSEHOLD

HOW MANY PEOPLE DO YOU LIVE WITH THAT ARE UNDER AGE 18?	PERCENT
0	25.10
1	41.57
2	26.71
3	4.22
4	1.41
5	0.40
7	0.60
Total	100

TABLE 48. PEOPLE UNDER 5 IN HOUSEHOLD

HOW MANY PEOPLE DO YOU LIVE WITH THAT ARE UNDER AGE 5?	PERCENT
0	47.96
1	46.33
2	5.10
3	0.41
4	0.20
Total	100

TABLE 49. PEOPLE OVER 65 IN HOUSEHOLD

HOW MANY PEOPLE DO YOU LIVE WITH THAT ARE OVER AGE 65?	PERCENT
0	55.18
1	25.50
2	17.73
3	0.60
4	0.60
5	0.40
Total	100

TABLE 50. TYPE OF HEALTH INSURANCE

WHAT TYPE OF HEALTH INSURANCE DO YOU HAVE RIGHT NOW?	PERCENT
I do not have health insurance right now	5.08
Medicaid	20.70
Medicare	33.40
Other private health insurance	6.64
Private insurance through my employer	31.25
TRICARE, VA, or Military	2.93
Total	100

TABLE 51. DENTAL INSURANCE

DO YOU CURRENTLY HAVE DENTAL INSURANCE?	PERCENT
No	44.52
Yes	55.48
Total	100

TABLE 52. CHRONIC HEALTH CONDITION

DO YOU OR SOMEONE YOU LIVE WITH HAVE A CHRONIC HEALTH CONDITION?	PERCENT
Do not know	2.78
No	59.03
Yes	38.19
Total	100

TABLE 53. DISABILITY

DO YOU OR SOMEONE YOU LIVE WITH HAVE A DISABILITY?	PERCENT
do not know	0.98
No	79.65
Yes	19.37
Total	100

TABLE 54. HIGHEST LEVEL OF EDUCATION

WHAT IS THE HIGHEST LEVEL OF EDUCATION YOU HAVE COMPLETED?	PERCENT
Less than High School (no diploma)	3.99
High School graduate or equivalent	15.08
Some College or University, but no degree	17.5
College, University, or Technical degree	46.27
Advanced or Graduate degree	17.16
Total	100

TABLE 55. EMPLOYMENT STATUS

WHAT IS YOUR EMPLOYMENT STATUS?	PERCENT
Employed full-time	62.82
Employed part-time	13.72
Retired	11.83
Self-employed	5.01
Not employed and looking for work	3.03
Homemaker	1.70
Full-time student	1.04
Not employed and not looking for work	0.85
Total	100

TABLE 56. CURRENT HOUSING SITUATION

PLEASE CHOOSE THE STATEMENT THAT BEST DESCRIBES YOUR CURRENT HOUSING SITUATION.	PERCENT
Owned by me and/or someone in my household	70.51
Rented by me and/or someone in my household	22.87
Owned by my boss	3.69
At transitional or emergency housing	1.42
At a shelter outside	0.85
Senior Housing	0.38
Another Housing Situation	0.28
Total	100

TABLE 57. ANTICIPATED NEED FOR LONG-TERM CARE SERVICES

DO YOU ANTICIPATE NEEDING LONG-TERM CARE SERVICES AND SUPPORT?	PERCENT
No	41.3
Yes	58.7
Total	100

TABLE 58. RESIDENCE IN UNITED STATES

HOW LONG HAVE YOU LIVED IN THE UNITED STATES?	PERCENT
Less than a year	1.04
Between 1-5 years	9.88
More than 5 years, but not my entire life	13.34
I have lived in the United States my entire life	75.74
Total	100

TABLE 59. GENDER

HOW WOULD YOU DESCRIBE YOUR GENDER?	PERCENT
Cisgender female (gender identity matches sex assigned at birth)	61.48
Cisgender male (gender identity matches sex assigned at birth)	34.81
Genderqueer, non-binary, or fluid	1.59
Transgender female	1.24
Transgender male	0.88
Total	100

TABLE 60. SEXUAL ORIENTATION

HOW WOULD YOU DESCRIBE YOUR SEXUAL ORIENTATION?	PERCENT
Asexual	0.35
Bisexual	5.47
Gay/Lesbian	2.65
Heterosexual/Straight	87.13
Pansexual	3.35
Queer	1.06
Total	100

TABLE 61. ANNUAL HOUSEHOLD INCOME

ABOUT HOW MUCH IS YOUR HOUSEHOLD INCOME EACH YEAR?	PERCENT
Less than \$25,000	4.02
\$25,000-\$50,000	13.64
\$50,000-\$75,000	18.88
\$75,000-\$100,000	21.85
\$100,000-\$125,000	16.96
\$125,000-\$150,000	16.08
More than \$150,000	8.57
Total	100

TABLE 62. RACE AND ETHNICITY

	PERCENT
Arab	0.29
Some Other Self-Identification	0.29
Native Hawaiian or Pacific Islander	0.29
Asian	1.95
Native American or Alaskan Native	2.63
More than one race-ethnicity combination	3.70
Hispanic/Latino/Latine/Latinx	4.57
Black, African American	8.66
White, European American	77.63
Total	100

NOTE: Some community survey questions were broken out by the following demographic subgroups for analysis: age, income, race & ethnicity and disability status groups. This resulted in reduced numbers of respondents within each category. Analyses by specified demographic populations provide an understanding of comparisons across population groups but are not considered statistically representative of those populations. The findings can provide helpful context for how experiences can differ between populations but should be used with these limitations in mind. For these analyses, please reach out to Porter Medical Center.

APPENDIX 6: 2024 ADDISON COUNTY CHNA FOCUS GROUP GUIDE FOR COMMUNITY MEMBERS

Focus Group Guide - Community Members

Arrival

- Review and sign consent form
- Have some light snacks

Welcome and Level Setting

1. Hello everyone! First, I want to let everyone know that today's session will be recorded so we can refer back to it for when detailing our notes and identifying themes. The recording will not be posted publicly, our team will just be using it to remember what was said. If anyone objects to being recorded please let me know.
 - a. Push record
2. Welcome and thank you for participating in this discussion about getting healthcare services/ substance misuse and mental health services/ housing in Addison County.
3. I am Amanda Froeschle, facilitator for this focus group. I am a Senior Community Health Liaison with UVMHN- PMC.
4. Here we also have:
 - a. Craig Stevens, the District Director for Middlebury Office of Local Health. He will help take notes today.
 - b. Sylvie Morrison, the United Way of Addison County's Director of Advocacy. She will help co-facilitate.
 - c. Jessica Hellyer, the Substance Misuse Prevention Consultant with the Middlebury Office of Local Health. She is taking notes today.

Purpose and background

1. The reason we are hosting focus groups is because Porter Medical Center and multiple other health and human service organizations in Addison County are working together to complete the Community Health Needs Assessment (CHNA). This is an assessment that happens every 3 years and identifies the communities' top health priorities.
2. Focus groups allow us to do a deeper dive about your experiences and perceptions regarding healthcare access/mental health and substance use/housing in Addison County. This topic was a priority identified in 2021, the last time we did this community assessment, and today's focus group will be an opportunity to do a deeper dive into people's stories about what access looks like in 2024.
3. Your opinions really matter to us because you have lived through what it is like to find healthcare as an older adult or for an older adult/ find services for mental health or substance use/ to try to find housing. You are the experts in what people have experienced around this topic. We won't ask you to share personal health information, but your experience informs your opinions, which we do want to know.
4. We will use this information to help identify opportunities to support and promote health and wellbeing across Addison County. We are grateful for your participation today in this conversation.

Ground rules

1. We also have some ground rules for today to ensure we have a thoughtful and respectful conversation.
2. Participation is voluntary and you may choose to not answer questions or end participation at any time.
3. Please speak only for yourself and speak one at a time so everyone can be heard.
4. Do not be afraid to speak up, but be respectful of other group members. It's important that we hear from everyone, so I may occasionally call on an individual to make sure that they have had an opportunity to share their perspective. There will be plenty of time for everyone to speak.
5. If we are taking a long time on one topic, I may move us along to make sure we are able to cover every question. Please know that I want to hear your stories, and will be balancing our time together so we can hear from everyone and wrap up on time.
6. We want this to be a comfortable space to share experience and honest thoughts. There are no wrong answers - everyone's experiences are valid and important.
7. Share as much as you feel comfortable, but avoid sharing details about your personal health or anyone else's. While we want to learn from your experiences around accessing healthcare /mental health or substance use services/housing, in Addison County, we do not ask you to share anyone's personal health information or other identifiable details.
8. Information gathered here will not be linked to a specific person. While we will list organizations that helped us host and recruit focus groups, we won't share any identifiable information about individuals. Information will be used to identify trends and barriers.
9. Any quotes we share will be anonymous. If use a quote in our report, we would cite the person who says it as something general like "community member". By learning from you today, we can better understand different experiences and perspectives about the health of our community.

Consent

1. Does anyone have questions or concerns before we get started?
2. In order to document consent for participation, we need everyone to fill out a consent form. If you haven't yet, please take a moment to fill that out.
3. Thank you and let's get started.

Questions

1. To kick things off, let's take a few minutes to learn a little about each other. We will go around and give everyone the chance to share how long they have lived in Addison County. And answer the question "what does health mean to you"? You are also welcome to share your name if you'd like, but that is not required.
 - a. Is there anything you would like to add based on what other people just shared?
2. What things in your community (like programs, services, people) help you get healthcare services/ mental health and substance use services/ housing?
 - a. Why are these working?
 - b. How could they be improved?
3. What challenges do you face in getting healthcare services/mental health and substance misuse services/ housing?
 - a. What makes it difficult to get the help you need?
4. What other things (like programs, services, or people) could address these challenges?
5. If you had a magic wand, what would you change to improve health in your community?
4. Is there anything else related to the health and wellbeing of your community that you'd like to share with us?

Close Out

1. Thank you again for taking time to participate today. This information will be compiled with the other focus group information and shared with leaders from the organizations involved with the Community Health Needs Assessment so we can analyze it.
2. Once the CHNA report is completed, it will be made available on the UVMHN Porter website and shared broadly across Addison County.
3. Before you head out, please see me to get your \$50 visa gift card.
4. Does anyone have any questions before we end?
5. After we close today, if you have any questions, please feel free to contact me.
 - a. Amanda Froeschle: afroeschle@portermedical.org

Thank you!

APPENDIX 7: 2024 ADDISON COUNTY CHNA, COMMUNITY MEMBERS FOCUS

Group Findings

Overall Takeaways from Community Member Focus Groups

Healthcare Access

(Addison County Substance Use and Prevention Coalition Meeting)

Location: In-person at ESI

Criteria for participation:

- Addison County residents who are 60 years or older and have lived experience with seeking healthcare services
- Caregivers who support a family member in Addison County with lived experience (caregivers must be 18 years or older)

Number of participants: 6

Quotes

- “Healthcare is broken.”
- “Health means to me feeling good enough to enjoy life. And also feeling supported and connected... Relationships are key to health.”
- “Health is being able to still do what you enjoy- and not having to be dependent on other people including family. The two most important issues to me are availability and affordability. I find both to be challenging.”
- “Right now I know that there are not enough doctors and too many people need help, and I understand that. But when it comes to you personally, it becomes so much more significant than reading in the newspaper that we don’t have enough doctors. That’s kind of scary.”
- “There are so many specialized services that we have to travel for. Either Dartmouth or Burlington, even though is not very far away, it’s an issue when you are older.”

Themes

- Wait times (PCP, long term care, memory care)
- Limitations of insurance
- Affordability
- Limited and expensive support services in for home
- Need support group for caregivers
- Workforce issues
- Specialty medical care
- Transportation

Summary

- Participants wished for universal healthcare which could cover the costs of all services that are necessary for leading healthy lives. The cost of care is a major barrier, especially for any time of long term care or in home care. Unless someone is wealthy or has the perfect kind of insurance, some services are unaffordable.
- There are very long wait times to for both primary care providers (PCPs) and for specialty care. People who have PCPs were grateful to be established in the system and appreciated when their providers knew them and their needs and were able to address their needs in a timely manner. However, once you do have an appointment with a provider, you don't get a lot of time with them. One participant shared that they have to do a lot of research on their own before meeting with a provider in order to effectively advocate for themselves. If people cannot get in to see their PCP, they end up having to go to the ED for care instead. There was concern that current support systems are on "thin ice" because of the lack of workforce. Facilities could end up closing because it is hard to recruit and keep staff. Participants felt that the overall healthcare system was broken.
- Caregiving for older adults can be lonely and isolating. Participants expressed a desire for in-person support groups for caregivers. It would also be important to have support groups designed for long-time caregivers so they can get the level of support they need based on their experience. Caregivers were also worried about how their loved ones would receive care if the caregiver got sick. The lack of available and affordable support services puts people in a vulnerable position.
- The lack of specialty care in Addison County means that people have to travel. Transportation does not always go where you need to and timing can be an issue. Even if people are able to drive themselves currently, there was concern that as they get older reaching the services they need will become very difficult.

Mental Health and Substance Use

Location: Hybrid. In-person at Counseling Services of Addison County and on Zoom

Criteria for participation:

- Addison County residents who are 18 years or older and have lived experience with seeking mental health or substance misuse services
- Caregivers who support a family member in Addison County with lived experience (caregivers must also be 18 years or older)

Number of participants: 10

Quotes

- “Thank heavens I found a therapist that works with me. She makes me feel so much better about myself.”
- “Health means safety, contentment, and me being the one to define what I need and what I am.”
- “Health is a series of mostly unrecognized goals that become less optional with every year that goes by.”
- “Health is the difference between living and living well, you can get by on a daily basis or thrive.”
- “For my body to keep moving and for my mind to find peace and balance.”
- “I’ve also been lucky enough to have a case manager, the same one, for many years...I do fear the day she could get a better job offer.”
- “Out here the [provider] groups communicate with each other and work together to make things happen.”
- “There are staffing issues, multiple people that would be good candidates but they don’t offer competitive wage to hire them- speaks to larger staffing issues in the county.”
- “Do not have so many people getting involved, that screws the plan up. You get one manager for your case, the hospital gives another, go to Burlington you get another, you come back and there is a new one. I like to keep all my problems to one person if I could.”
- “Before I got the help I needed, I had to hurt myself in order to go to the hospital”.
- “I feel they are just trying to put us into the community but not educating the community about us, so we’re just being placed out there, but there is real no bridging the gap and the only way to do that is to educate the public more about mental illness and get the public more comfortable and inclusive rather than just placing them at an event”.
- “It’s tough, trying not to feel like a circus side act that’s being placed in some community. Can be tough in reducing the stigma.”
- “You don’t get the help you really want, unless you go to Burlington or something where you can go and be admitted. It just seems like a prison when you go through the thing at Porter now. They put you in one room over in the back, no TV, no nothing. You just sit on the bed and survive that way.”

Themes

- Workforce: turnover of providers and case managers
- Crisis services
- Stigma of mental health and substance use
- Transportation

Summary

- Participants want to be able to be a part of the community and where they can find balance and thrive. In addition to community organizations that offer support services and opportunities for community connection, some participants mentioned personal ways that help them be healthy such as their pets or music.
- Multiple participants felt that crisis services were inadequate. When in crisis they want to be able to call someone who is eager to help, welcoming, and very knowledgeable. If they need to be admitted to the hospital, they wanted to be able to get help quickly and be in rooms that are comfortable and welcoming. Unfortunately, it can also be difficult to receive services unless they get to crisis point and end up in the hospital. There also are not enough places to go to detox. While some doctors may allow you to stay in the emergency department for a little bit, usually people are moved out quickly. The lack of a psychiatric ward at Porter also came up as a barrier to health. People are taken out of community to get care with different providers. Transportation can also be difficult in this situation.
- Lack of providers and frequent turnover was mentioned many times. Frequent turnover of providers and case managers is very challenging for clients. Having consistent and knowledgeable providers is very important to people's success. People want a case manager who is knowledgeable about how to help and who is familiar with their personal story. It is very challenging when people frequently have to start over with a new provider or have a lot of different people managing their care instead of just one go-to person. One participant shared that they have to do a lot of their own research to make up for what their providers do not help with. There is also no opportunity of choice with providers. The lack of providers means that if you don't get along with someone, you do not have the opportunity to find a better fit. In addition to experiencing long wait times for mental health services and crisis care, participants also shared that there are long wait times for general healthcare services too. One participant shared that even though it took multiple months to get a mental health counselor, while they were waiting, there were follow up calls to check in and that service was helpful.
- People sometimes feel stigmatized and sometimes tokenized in the community. While there are programs that try to reduce stigma, participants do not feel like the broader community understands or welcomes them. When they are included, they do not feel integrated. Participants mentioned that they sometimes feel shame or a lack of respect when seeking help during crisis care or just when trying to set up Medicaid rides.
- Various housing needs also were discussed. There is a need sober housing, detox beds, and rental assistance if someone is in the hospital for a long time and can't pay rent. It is difficult to return to the community and stay healthy if you lose housing when in hospital.
- There were mixed responses to telehealth. Some felt that it could not replace in-person appointments and interactions. Others felt it increased accessibility- especially for those with physical mobility issues, transportation issues, or people who are immunocompromised. Some people suggested it would be helpful to have more in person support groups like AA and tobacco cessation groups.

APPENDIX 8: 2024 ADDISON COUNTY CHNA FOCUS GROUP GUIDE FOR SUBJECT MATTER EXPERTS

Focus Group Guide- Subject Matter Experts

Welcome

1. Before we get started, I want to let everyone know that today's session is being recorded so we can refer back to it for when detailing our notes and identifying themes. The video footage will not be posted publicly, our team will just be using it as a transcript. If anyone objects to being recorded please let me know via the chat, or direct message me? Press record for remote meeting.
2. Hello everyone! Welcome and thank you for participating in this discussion about access to healthcare/access to substance misuse and mental health services/access to housing in Addison County.
3. I am Amanda Froeschle, facilitator for this focus group. I am a Senior Community Health Liaison with UVMHN- PMC.
4. Also on the call we have Craig Stevens, the District Director for Middlebury District Office. He will help take notes today. We also have Sylvie Morrison, the United Way of Addison County's Director of Advocacy. She will help co-facilitate.
5. (Can skip this if the full group is already familiar with Zoom). In case not everyone is familiar with Zoom, I'd like to go over some of the basic features:
 - a. There is a menu bar at the bottom of your Zoom screen. The first icon, a microphone, allows you to mute and unmute yourself. The carrot on the top right of this icon gives you more control options and settings.
 - b. The second icon, the video camera, allows you to turn your camera on and off. It also has a settings button in the top right corner. If you need to go off camera due to poor internet quality or for any other reason, click on the video camera icon and make sure you are muted.
 - c. The reactions icon with smiley face can be used to "raise your hand" if you have a comment or question.
 - d. Are there any questions right now about the Zoom features? If you have questions during the meeting, feel free to raise your hand and we will address it.
 - e. If you are comfortable turning on your camera during our discussion today, we encourage you to do so.

Purpose

1. Porter Medical Center and multiple other health and human service organizations in Addison County are working together to complete the Community Health Needs Assessment (CHNA). This is an assessment that happens every 3 years and identifies the communities' top health priorities.
2. Today's focus group is part of the CHNA effort. By learning from you today, we can better understand different experiences and perspectives about the health of our community.

3. Focus groups help us do a deeper dive about your experiences and perceptions as subject matter experts and professionals regarding healthcare access/mental health and substance use/housing in this county. This topic was a priority identified in 2021, and the focus group will be an opportunity to do a deeper dive into people's stories about what access looks like in 2024.
4. Your feedback today will help the health and human service organizations in planning and working to meet the needs of AC residents. This discussion is just one of several and the information from everyone will be combined to understand trends related to strengths and challenges faced in the county.
5. We are grateful for your participation today in this conversation.

Group Introductions

1. To make sure we know each other and have a list of who is participating today, please sign in via chat with your name, organization, role, and how long you have worked in Addison County.

Ground rules

1. We also have some ground rules for today to ensure we have a thoughtful and respectful conversation.
2. Participation is voluntary and you may choose to not answer questions or end participation at any time.
3. Please speak only for yourself or your organization, and speak one at a time so everyone can be heard. Please use the raise hand feature and I will call on people to speak (Or, if it's a small group, people can just unmute).
4. Do not be afraid to speak up, but be respectful of other group members. It's important that we hear from everyone, so I may occasionally call on an individual to make sure that they have had an opportunity to share their perspective. There will be plenty of time for everyone to speak.
5. If we are taking a long time on one topic, I may move us along to make sure we are able to cover every question. Please know that I want to hear your stories, and will be balancing our time together so we can hear from everyone and wrap up on time.
6. We want this to be a comfortable space to share experience and honest thoughts. There are no wrong answers - everyone's experiences are valid and important.
7. Share as much as you feel comfortable, but avoid sharing details about your personal health or anyone else's. While we want to learn from your expertise around accessing healthcare /mental health or substance use services/housing, in Addison County, we do not ask you to share anyone's personal health information or other identifiable details.
8. Information gathered here will not be linked to a specific person. It will be used to identify trends and barriers. Any quotes we share will be anonymous. While we will list organizations that participated in our focus groups, when use a quote in our report, we would cite the person who says it as something general like "community leader" or "mental health expert".

Consent

1. Does anyone have questions or concerns before we get started?
2. In order to document consent for participation, could everyone please send a message in the chat saying something to the effect of “I consent to participate”. As I said at the beginning, you are free to stop participation and free not answer questions as you prefer.
3. Thank you and let’s get started.

Questions

1. What assets in your community support access to healthcare/access to substance misuse and mental health services/access to housing?
2. From your perspective, what are the top three most pressing needs for improving access to healthcare/access to substance misuse and mental health services/access to housing?
 - a. Which populations face the most challenges to maintaining health?
 - b. Which populations are the hardest to reach?
3. What structural changes (i.e. supports, policies) are needed to improve the health of all community members?
 - a. What are short term solutions?
 - b. What are long term solutions?
4. What is your community currently working on to address health equity and health disparities?
5. What is your vision of a healthy community?
6. Is there anything else related to the health and wellbeing of your community that you’d like to share with us?

Close Out

1. Thank you again for taking time to participate today. This information will be compiled with the other focus group information and shared with leaders from the organizations involved with the CHNA.
2. Once the report is completed, it will be made available on the UVMHN Porter website and shared broadly across Addison County.
3. After we close today, if you have any questions, please feel free to contact me.
 - a. Amanda Froeschle: afroeschle@portermedical.org

APPENDIX 9: 2024 ADDISON COUNTY CHNA, SUBJECT MATTER EXPERT FOCUS GROUP FINDINGS

Mental Health and Substance Misuse

(Addison County Substance Use and Prevention Coalition Meeting)

Number of participants: 15

Orgs represented: 12

Quotes

- “What first comes to mind is we partner really well in Addison County so folks are willing to come to the table, less that this is mine and this is yours, there is a willingness to collaborate.”
- “...the barriers we see very often [for mental health and substance use services] are transportation and insurance. So, insurance driving which medication patients can be on. Or, if somebody no longer qualifies for Medicaid and they have to go to the next insurance and whatever formulations of their medication are covered. And that really kind of messes with people’s recovery.”
- “I think a lot of it goes back to workforce development and Addison County and sort of affordability and cost of living so being able to recruit clinicians, we have really long wait times for folks to get in with mental health clinicians because there’s not enough of them.”
- “An increased focus on preventative care... for Addison County residents, shifting the focus and providing policies that promote preventative care such as vaccination screenings, health education or harm reduction practices.”
- “Housing is critical for a healthy community”.
- “People need deeper interpersonal connections in the community to interrupt the current epidemic of loneliness and loss of hope.”

Themes

- Collaborative relationships among local organizations is a strength
- Lack of transportation
- Lack of insurance
- Workforce issues
- Mistrust in systems
- Services need to follow people longer and be more flexible
- Must meet basic needs like housing
- People need meaningful connections with others in the community

Summary

- Participants discussed how the social service organizations in Addison County are assets. In addition to organizations that specifically support mental health and substance use needs, the community is grateful to have organizations that support other social drivers of health, like housing.
- The collaborative relationship among organizations is key to their successes. Interagency meetings allow people to stay updated on what everyone is working on and help identify ways to best serve the community together. People are starting to work together in new ways.
- Participants shared that insurance has a major impact on the services people can access.

- Participants also discussed workforce issues as a reason for lack of access to services. Lack of housing and high cost of living in Addison County causes people to move, particularly young workers. This makes it difficult to recruit new clinicians and contributes to long wait times among patients. Participants suggested that increased telehealth options could help mitigate wait times for mental health and substance use services.
- Lack of transportation was also discussed as a barrier. In a rural area like Addison County, it can be difficult for people to get to services. Transportation access is also related to workforce issues. Even when a system is in place, like Medicaid rides, sometimes the lack of driving staff means the resource is not available. Medicaid rides also require people to schedule the ride 24-48 hours ahead of time, which can be an issue for immediate needs.
- Populations facing the most barriers to health include LGBTQ youth, people living poverty, BIPOC, older adults, and populations with a lower trust of systems such as migrant workers. Participants also shared that it is important to consider cultural competency when discussing mental health and substance use services. Families may not agree what constitutes a problem, so it is important to meet people where they are at. To address health equity, organizations are doing street outreach together (TPCAC, ODC, Gather). They provide check ins and offer services right where people are. In addition, this serves as a way to build trusting relationships with marginalized community members.
- In order to meet people where they are at, it is also important for our systems to be ready to get people the help they need as soon as they are ready. When someone is interested in rehab but there is not space for them, there are missed opportunities to get people into treatment. There also aren't enough in-patient beds in the hospital to hold people there until they can get into treatment. Organizations want to be able to offer services when patient readiness is high.
- Participants shared that meeting basic needs like food, housing, and places to exercise was key to support community health. Specifically for housing, people need somewhere safe to go after leaving treatment. There is a need for transitional housing, day programs, and sober living for people in recovery.

Healthcare

(CHAT Meeting)

Number of participants: 6

Orgs represented: 5

Quotes

- None available due to technological issue

Themes

- Lack of insurance and limits to insurance leads to gaps in care.
- Wait times
- Workforce issues
- Mistrust in systems
- Meeting basic needs

Summary

- Participants shared that existing organizations in the community that offer health services and assistance with other social drivers of health are assets. There is a high level of collaboration among organizations and clients are treated with respect as they access multiple services. Organizations that serve specific populations like people with low incomes or older adults were mentioned, such as Open Door Clinic and Addison County Home Health and Hospice. Participants discussed how there is diversity in the types of healthcare that are offered- eg. Porter, FQHC, Express Care, naturopathic clinic, health clinics in high schools.
- Case managers are also important assets because they help connect people with social drivers of health. They help provide a holistic approach to supporting a person's diverse needs. To have a healthy community, community members should not have to carry stress related basic needs like housing, medical needs, and food.
- Participants felt that there were many systemic issues that created barriers to accessing healthcare. The cost of healthcare and lack of health insurance is a core part. It is difficult because the separation of health, vision, and dental insurance treat the body as if its parts are unrelated. It is difficult to have holistic health if someone cannot afford any of those insurances. Participants shared a desire for a single payer healthcare system. Also, it can be difficult for people to understand which benefits they are eligible for. Going through a lot paperwork to receive the benefit is an additional barrier.
- Workforce issues have resulted in a lack of primary care providers and specialists. This ends up contributing to long wait times and backlogs in the hospital. For example, there is high demand for mental health service. Because people cannot get into see their primary care physicians, they may end up going to the ED instead. This causes a backlog as the ED fills with people who ideally would have been seen in different healthcare settings. Similarly, if an older adult is not able to see their primary, they may go to the ED instead. This can be a very disruptive, expensive and stressful experience.
- Wait times, especially for primary care and mental health, are long. Wait times for specialists can also be long, and people may also have to seek care outside of Addison County. There were also concerns about people being able to receive MOUD treatment locally in a timely manner. It would decrease treatment barriers if more local primary care physicians were comfortable with offering treatment.
- A couple short term approaches were identified. One was to host a provider training on caring for LGBTQ+ patients- including foundational concepts like what language to use. Another approach is to address the decreased levels of primary care screenings. During COVID, preventative screenings and regular check-ups declined. Working with community partners to encourage and incentivize people to catch up on their preventative healthcare is a feasible activity.
- Participants shared that healthcare access is particularly difficult for people who are unhoused (transportation issues), the migrant community (language barriers and mistrust of systems), older adults (transportation, technology) and the LGBTQ+ community (doctors need more training, especially around caring for trans patients).

Housing

Addison County Housing Coalition Meeting

Number of participants: 15

Orgs represented: 11

Quotes

- “Substance use and mental health go hand in hand.”
- “The long-term homeless life is chaotic. It is hard to get mail, they might lose their phone. They are bouncing around so they might apply to a program and then are gone.”
- “There is fear around migrant workers seeking services and making connections with agencies.”
- “Services don’t follow people after they are housed.”
- “Easy access to services and hand holding if you need it.”
- “Everyone should have access to a safe, healthy, permanent home. They should also have fresh food.”
- “People are healthier when they have connection to each other.”

Themes

- Community organizations are a community strength
- Collaboration among organizations is a strength
- Need more physical housing
- Need housing tailored to needs of marginalized populations
- Need support services to keep people housed
- Mistrust in systems

Summary

- The main assets in the community are the organizations supporting housing access. This includes organizations that directly provide housing, and organizations that provide supportive services so people are able to keep their housing. Participants also agreed that the housing coordinators and navigators are a community asset. They are the people who work directly with community members to help find them housing.
- Addison County needs more housing in general. However, specifically the area needs housing that serves marginalized populations (eg. sober living, respite care, housing for older adults, affordable housing with adequate support services, housing for people with a criminal record). It is also important to have multiple types of housing to meet the needs of different households (eg. apartments, single family houses, duplexes).
- Cultural competency is also an important consideration when finding people housing. There is fear and stigma about seeking services about housing, especially among populations like migrant workers that are nervous about working with agencies.
- There is a high level of acuity for people seeking housing services. It is not just a matter of not having enough housing units, it is also that people seeking services need more intense services than what is available. Mental health and substance misuse have a direct impact on people’s ability to acquire and keep safe and affordable housing. The group discussed that it is particularly challenging to find support for the long-term homeless population, particularly those with mental health issues or criminal records.

- Regarding structural changes, participants identified a need for long-term policy changes that allow people to keep support services after they are housed. This would increase people's chances of keeping housing. Participants also mentioned policy change around eligibility for housing, Medicaid reform, simplifying paperwork, and step-down systems to support people with substance misuse disorders. Ideally, efforts would support upstream efforts so people can receive services that prevent them from becoming unhoused.
- Potential short-term changes could include zoning changes that make it easier for housing to be built and increasing public transportation.
- To address health equity, organizations are working together to provide support to some of the most underserved people in the community. For example, there are outreach teams that address both mental and physical health.
- Visions for a healthy community include all basic needs being met and people feeling connected to each other.

APPENDIX 10: COMMUNITY HEALTH IMPROVEMENT PLAN- ANNUAL REPORT- YEAR 2 (MAY 16, 2024)

Community Health Improvement Plan 2023 Annual Report

Porter Medical Center



— THE —
University of Vermont
HEALTH NETWORK

Porter Medical Center

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A Message From Leadership



Erin Armstrong, LICSW
Director, Community Health
Improvement, UVM Health Network

The University of Vermont Health Network is committed to improving the health and wellbeing of people in the communities we serve. Every three years, UVM Health Network's six health care partners conduct a Community Health Needs Assessment (CHNA). CHNAs help us to reflect on our work to date and consider the challenges and opportunities involved in creating healthier communities. This process informs how priority health needs will be addressed by each health care partner alongside our diverse community partners.

Porter Medical Center's [Calendar Year 2023 Community Health Improvement Plan \(CHIP\)](#) annual report serves as a demonstration of the organization's accountability and effectiveness working together to strengthen community health. We are thrilled to celebrate and share stories of impact and collaboration, and the initiatives that are addressing the underlying drivers of health and advancing health equity in our region.

Our organization is committed to becoming an anti-racist organization and promoting greater access and inclusivity. Our priority is ensuring that the voices of those most impacted are centered in the conversation and development of strategies. While we are making good progress, our work will never be done in this area.

As you read through this report, I hope it's clear that people are at the heart of this work and what motivates us to make progress with these initiatives. This is just a snapshot of all the good work happening across our region as a result of strong partnerships within our communities. As we move forward together, we look forward to sharing our progress. Thank you for taking time to learn about this important work.

In partnership,

Erin Armstrong

Introduction

Annual Report Overview

Adopting an 'Implementation Strategy' and evaluating the impact of our Community Benefit programs is a requirement of our health system's tax-exempt status. This demonstrates our commitment, accountability and effectiveness in addressing our communities' identified health priorities. An annual progress report is best practice for Community Benefit. This report spotlights programmatic highlights, investments made, and collaboration with our key partners to improve the health of our community in 2023.

Prioritization

A community meeting convened 32 leaders and CHNA collaborators: UVMHN Porter Medical Center (PMC), Addison County Home Health and Hospice, Five-Town Health Alliance, and additional key community partners. A set of criteria was established to select the top priorities to be addressed in the CHIP: scope of work, severity of issue, ability to impact, community readiness, and health equity. Informed by the findings from the 2021 CHNA, break out room discussion, and weighing the criteria, the top priorities addressed by PMC are:

- *Access to Healthcare Services*
- *Mental Health and Well-being*
- *Housing*

Priorities identified in the CHNA that were not selected by the prioritization process were:

- *Community Connection*
- *Workforce*
- *Food Access*
- *Racism*
- *LGBTQ*
- *Schools*

The 2022-24 CHIP details resources allocated and many on-going collaborative projects between community partners. Additionally, the CHNA collaborators determined that the selected top three priorities integrate many components, including addressing the social determinants of health and referral to community resources.

ABOUT US

Since 1925, Porter Medical Center (PMC) has been providing high-quality health care to the residents of Addison County, Vermont and its surrounding communities. Our mission is to improve the health of our community, one person at a time. PMC is comprised of a 25-bed acute care facility, a 105 bed skilled nursing facility which includes a memory care unit, short-term rehabilitation unit, and a long-term care unit. Porter operates a network of primary care and specialty medical practices throughout the region, as well as an infusion center and "Porter ExpressCare."

Summary of Accomplishments

In 2023, PMC strengthened internal efforts to improve equitable access to health care and collaborated with external community partners on projects to improve other social determinants of health. PMC looks forward to building on these efforts throughout 2024.

Highlights of 2023

- Enhanced use of technology and EHR to improve access to care.
 - ◆ Started work that will provide easier patient access by simplifying scheduling process, enabling patient self-scheduling, and adding tele site consults for psychiatry in Porter ED with UVMMC along with other behavioral health services at Porter.
- Increased access to mental healthcare through strong cross-organization commitment and engagement.
 - ◆ There is increased support for mental health services through a clinical psychologist who provides care in Primary Care offices and added tele site consults for psychiatry with UVMMC.
- Screened for displacement and homelessness in Addison County.
 - ◆ Social Determinants of Health (SDOH) screening standardized and conducted at every Wellness visit. SDOH screener includes housing insecurity questions; screening positive triggers an automatic referral to Care Management.

Investments

- **Counseling Service of Addison County (CSAC):** \$25,000
 Providing support for the “Living Room Model” as well as to help expand community-based training in Emotional CPR to help address the mental health crisis in a community framework.

TOTAL: \$25,000

Key Community Partnerships

- Counseling Services of Addison County
- Veggie Van Go
- Hannaford Career Center
- Vermont State University

Work in Progress/Anticipated for 2024

- Conducting the 2024 CHNA.
- Collaborating with community partners to address health priorities identified in the 2024 CHNA.
- Strengthening and growing external community partnerships.



Calendar Year 2023: Work to Date



Access to Health Care Services



GOALS:

- Enhance use of technology and Electronic Health Record (EHR) systems to improve access, effectiveness, outreach, and overall quality of care.
- Expand workforce recruitment and retention efforts to increase capacity.
- Reimagine health care to increase access to services.
- Improve equity in the health care system by developing a collective approach and coordinated impact within the community.
- Cultivate resilient communities to support mental and social wellbeing

OBJECTIVES:

- Improve utilizations and functions of VITL and the EHR systems to better communicate between/among healthcare delivery organizations and thereby enhance both integration and access opportunities.
- Reduce number of vacant positions and turnover rate through recruitment efforts and improved employee experience.
- Redesign the health care delivery system to be patient-centered using a team based approach with wrap-around services.
- Increase number of patients receiving care coordination and wrap-around services.
- The steering committee will develop key indicators to measure health equity

POPULATIONS OF FOCUS: Addison County Residents, Health Care Employees

Calendar Year 2023 Progress Made

- Started work that will provide easier patient access by **simplifying scheduling process and enabling patient self-scheduling**.
- **Working to expand online screening**, including Medicare Wellness questionnaires.
- Collaborating with Hannaford Career Center and Vermont State University on **workforce training programs**.
- **Implemented Nursing and Respiratory Therapy career pathways** for interested staff.

- Led UVM Health Network’s participation in **nursing workforce grant initiative** in partnership with Governor Scott and AHS.
- Held quarterly **manager training**.
- **Actively expanding and updating HR policies through lens of Diversity, Equity and Inclusion.**
- Organized and participated in **Middlebury and Burlington Pride events**, which included opportunities for staff.
- **Helped 245 families in 2023 as a Veggie Van Go program leader.** Included distributing 25 bags of food to families monthly via primary care and pediatric clinics.
- **Care Management** in all Primary Care offices.
- **Case management** connected with mental health and through UVM Health Network Population Health Service Organization.
- Embedded **Mental Health team**.
- Ambulatory **Pharmacist, Dietitian**.
- **Increased after hours** for telemedicine visits.
- **Collaborating with Hannaford Career Center** and Vermont State University on LNA and RN programs.
- Developing **nursing and respiratory therapist career pathways**.
- **Explored offering MA training program** at Hannaford Career Center.
- Participation and sponsorship of **CSAC Interlude Room project** in support of mental health (donated \$25,000).
- Started work that will provide easier patient access by adding **tele-site consults for psychiatry in Porter ED with UVMHC along with other behavioral health services** at Porter.

BY THE NUMBERS

245

families as a **Veggie Van Go** program leader

Donated

\$25,000

to the **CSAC Interlude Room** project in support of mental health



Housing



GOALS:

- Reduce displacement and homelessness in Addison County.
- Promote a safe environment for youth, families, and older Vermonters in the home setting.

OBJECTIVES:

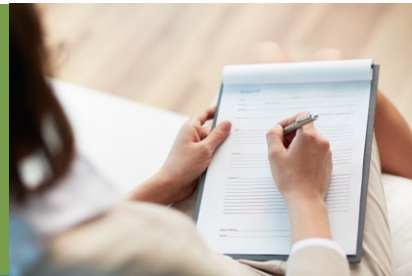
- Develop cross-sector collaboration and expand conversations to identify solutions around affordable housing in Addison County.
- Increase number of affordable housing units by 5%.
- Identify needs for housing and other environmental factors.
- Increase collaboration with service organizations to understand services and need for individuals at various age levels.
- Increase number of safety assessments conducted in the community by 10% and provide appropriate supports.

POPULATIONS OF FOCUS: Addison County Residents, High Risk Patients in Addison County

Calendar Year 2023 Progress Made

- **SDOH screening standardized and conducted at every Wellness visit.** Includes: housing insecurity questions; screening positive triggers an automatic referral to Care Management.
- **Expanded Palliative Care Support Volunteers** offering bereavement groups and 1:1 support for grief.

Mental Health and Well-being



GOALS:

- Advance mental wellness through equitable access to timely, responsive, and integrated system.
- Strong cross-organization commitment and engagement to increase access to mental health care.

OBJECTIVES:

- Increase provider training, patient mental health screen and referral to community resources by 5%.
- Develop mental health work plan to address access to care and care coordination.
- Increase number of non-traditional settings in which individuals can access behavioral health services and resources.
- Increase number of patients receiving treatment for Substance Use Disorder/Alcohol Use Disorder by 2%.
- Engage 10% of health and human services in advocacy work to support the community mental health agency.
- Identify resources and supports to promote resiliency and protective factors for individuals.
- Reduce death by suicide by 2% based on VT statistics.

POPULATION OF FOCUS: Addison County Residents

Calendar Year 2023 Progress Made

- Multiple **collaborative meetings between Porter and Counseling Service of Addison County** (CSAC) to improve clinical and operational workflows. CSAC regularly sends relevant notes for shared patients.
- **SDOH screening**, which includes alcohol screening, is now done at every wellness exam.
- **Clinical psychologist providing care** in primary care offices.
- **Active recruitment for adult psychiatrist.**

- **Two Social Work Care Managers shared among the three primary care sites** and active recruitment for another. CSAC has an embedded mental health clinician with law enforcement.
- **Child/Adolescent Psychiatrist joined PMC Pediatrics** staff in fall 2023.
- **No longer licensing restriction for medication-assisted treatment (MAT)**; partnering with Dr. Sanjit Maruti and his team to better support our clinicians who are or are interested in delivering MAT.



CONTACT

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APPENDIX 11: 2024 ADDISON COUNTY DATA MEETING INFORMATION SHEET

ADDISON COUNTY DATA MEETING 2024

Hosted by the Community Health Action Team | Updated May 2024

Housing

Addison Housing Works

- In 2023, the program served 104 households (including 68 children) and helped 96% of them maintain safe, stable housing.
- 28 people, including eight children and five people with disabilities, found a home at Firehouse Apartments.
- AHW averaged 171 Households on the Waitlist in 2023.
- About half of applicants (151) were denied or deemed ineligible—they didn't even make it on to the waitlist.
- It is estimated that 300 AHW households live below the poverty line.



Charter House Coalition (2023)

- 83 Individuals provided with emergency shelter.
- 31 Individuals transitioned from being houseless to permanent, sustainable housing.
- 162 Visits by case management to persons living in motels or living unsheltered.
- 6 Persons that gained employment or training within 30 days of arrival into the shelter.
- 88% of guests have income but cannot afford fair market value rents.
- Provided 7,750 bednights, more than 15,000 meals to shelter guests
- **49 pages is the number of pages for one affordable housing application. It can take 9 applications per guest.
- *****Lead Agency for Coordinated Entry (See powerpoint presentation)**

John Graham Housing & Services (JGHS)

- In 2023, JGHS worked with 328 people (down from 383) including:
- JGHS provided shelter, housing and/or services to 127 people at five properties, three Zero Energy Modular Homes (ZEMs), and scattered sites. Of those 127 people, 71 were female, 53 were male, 1 was nonbinary. 31 were children.
- An additional 201 people received services like food, transportation, referral to therapeutic services, outreach, and help with applications.
- Of the 127 people who received housing and/or services, 38 people (adults and children) received free shelter at the John Graham Shelter and two scattered sites; 85 people, with the help of project based or other vouchers, lived in affordable housing at JGHS apartments or at scattered sites.
- JGHS provided 6,408 bednights of free housing in JGHS shelter spaces and GA (General Assistance) apartments and more than 10,000 bednights of affordable housing in JGHS apartments.
- JGHS served 6 veterans, 17 people who experienced Domestic Violence, 29 adults over 60, 7 people experiencing chronic homelessness, 24 people who struggle with severe mental health challenges, 8 people with SUD (Substance Use Disorder), and 13 people with other disabilities.

Helping People Out of Poverty (HOPE)

- 58 households were served
- 53 households were enrolled in the HOP
- 51 Households were stabilized or rehoused
- 100% stabilized or rehoused within 28 days, average of 9 days from enrollment to stabilization
- 93% remained stably housed at 90 days

ADDISON COUNTY DATA MEETING 2024

Champlain Valley Office of Economic Opportunity (CVOEO)

- 95 households served through the Heat and Utility Assistance Program
- 423 households served through the Food Shelf
- 16 households served through the Financial Futures Program

Parent Child Center

- Supported 120 families with housing issues - emergency, hotels, permanent, applications, shelter, charter house, and ELm Street.
- 11 families were at Elm in 2023

Homelessness Data January 2024 (collective data point)

- During the Point in Time Count - we know that 156 individuals were experiencing homelessness (increase from 97 individuals in January 2023)
- 41 are children (under age 18)
- 109 are adults (ages 18-65)
- 6 are elders (ages 66+)



Food Security

Economic Services

- As of April 2024 there are currently 2723 recipients of 3Squares benefits residing in Addison County, this amounted to \$502,646 being paid out in food benefits for the month. This was a drop of around 400 participants from last year and a significant drop in amounts being paid out due to COVID funds running out and benefit allotment levels returning to pre-covid eligibility amounts.
- Work Requirements also returned to eligibility, which was most likely the reason for the significant drop in eligible individuals.
 - Statewide There are 66,606 participants in the 3SquaresVT program which amounts to \$12,718,209 paid out for the month of April. Last year there were roughly 71,000 participants with over \$20,000,000 being paid out per month.
- Our statistics team has not yet quantified the estimated number of Vermonters at or below 185% FPL (threshold for eligibility for a household) but it is assumed the rate of individuals at this income level *not* participating in 3Squares is still relatively high. 2023 was estimated that roughly half of this population did not participate in SNAP. These numbers generally won't be available until the end of June.
- The State of Vermont will be participating in the new Summer EBT program

Giving Fridge (501c3)

- Since December 2020, more than 45,000 meals (purchased from local chefs and restaurants) have been provided to Addison County community members, made possible through various grants, Everything Nice plant & retail sales and donations.
- The GF provides an average of 350 meals per week to Addison County families and individuals experiencing health & financial hardship. Each person receives 3-4 meals per week. Meals are distributed via Automated Giving Fridge locations, direct delivery and via partner organizations.
- Partnerships with New Community Project, PMC, UVMHN, local food shelves and many more
- Majority of referrals are for individuals with diet-related and inflammatory illnesses who are looking for healthier food options (anti-inflammatory needs)

ADDISON COUNTY DATA MEETING 2024

Farmacy - Food is Medicine

- In 2023, ACORN served 100 participants for 15 weeks, sourcing from three local, organic farms. This equated to almost \$50,000 in local purchasing.
- With a gorgeous crop list featuring 30 different fruits and vegetables for participants to enjoy, 65% of participants tried a new fruit, vegetable, or recipe during the program.
- 85% of participants increased vegetable consumption through the program.
- 95% of participants reported that the program benefited their health.
- 78% of participants saw their confidence in cooking increase.

Veggie Van Go

- The average increased from 130 in 2023 to 250 families in 2024

New Community Project

- 180 food boxes provided each month through Food Share Program – 48 home deliveries of food boxes.
- 156 truckloads totaling 7,500 cubic feet of food were rescued from Trader Joe's and the Middlebury Natural Foods Co Op and distributed to the community.
- 240 prepared meals a month distributed in partnership with Age Well VT and The Giving Fridge.
- 2,320 lbs. of produce grown in NCP's Food Justice Garden.

Champlain Valley Office of Economic Opportunity (CVOEO) - Pantry Soft

- Total households served: 1313
 - Unduplicated households served: 379
- Total household members served: 2868
 - Unduplicated: 777
- First time clients served: 308
- First time household members served: 595
- Adults served (unduplicated): 457
- Seniors served (unduplicated): 92
- Children served (unduplicated): 228

HOPE Food Shelf

- We served 2,696 individuals.
 - 10% of these were elderly, 10% children under the age of five, and 19% between the ages of six and eighteen.
 - 8 were employed, and 20 had a documented disability (many more have undocumented disabilities.) 24% were fortunate to have a housing subsidy, and 54% of households were receiving 3Squares benefits.
- The number of people accessing our services climbed steadily during the last part of 2022. In recent months, we have seen a 30% increase in traffic, including many households that are new to us. In June 2023, we served 986 individuals in our food shelf, an all time high.

Vergennes Food Shelf

- Food Assistance Survey Results (77 Spanish Speaking Migrant Farmworkers)
 - 80% of respondents are under age 35, 77% are male, 23% are female.
 - 67% felt that there are specific food products that are difficult to find in the area.
 - 67% of the respondents reported that their consumption of fruits and vegetables has increased as a result of food assistance programs.
 - 76% of the respondents reported that food assistance programs have increased their access to culturally appropriate foods.

ADDISON COUNTY DATA MEETING 2024

Demographics

- Population of Addison County is ~37,578 people (Most recently available Census)
- 21,617 people are currently employed (April, 2024, VT Labor Market)
- 1.9% Unemployment Rate (April 2024, VT Labor Market)



Cost of Living

- In Vermont, the necessary annual income to meet the basic needs of a household with two adults and two children (before taxes) is \$104,193 (MIT Living Wage) (State of Vermont's Children REport)

Birth Data

- 5,068 births in Vermont in 2023, down from 5,384 in 2021 (CDC)



Women, Infants & Children

- WIC maintained an active enrollment of 416 children under 5
- WIC eligible during this same time period was 613 which means 67.9% of eligible children under 5 are enrolled, 32.1% of eligible children or 197 are not enrolled

Early Childhood Screening

Developmental screening in the first 3 years of life = percentage of children who were screened for risks of developmental, behavioral and social delays using standardized screening tools in the 12 months preceding their first, second or third birthday. (OneCare)

- Developmental screening rates for children under 3 is at 74% - all patients (State of Vermont's Children Report)
- Well-care visits (age 3-21) is about 65% which is above the 61% target (OneCare)

Childcare

According to Childcare Services (State Service)

- Increase in the number of spaces available from 820 in 2023 to 850 in 2024. This is for 6 wks to 5 year olds.
- There is a significant need for 6 wks to 3 year old (400 spots are needed)
- The demand includes about 323 infant spots, 129 toddler spots, and 148 preschooler spots (Lets Grow Kids - SATS2022)
- There are now enough spaces for 3-5 years old, but it might not be in the program or area you are seeking
- Shortages of spaces are related to the cost of infant/toddler care, lack of building space and lack of trained teachers.
- An infant/toddler program opened in January 2024 with 24 spaces. There have also been several programs closed so the net gain is about 10 spaces for infants/toddlers.

Parent Child Center

- Total referrals: 221
- 130 Early Intervention referrals and 84 referrals for speech

ADDISON COUNTY DATA MEETING 2024

School Age Data



The State of VT Children: 2023 Year in Review

- In 2022, there were 3,144 children under age 10 living in Addison Co, down from 3,246 in 2017
- State-level data also show a decrease in the percent of Addison County families with children under 12 living below the Federal Poverty Level (FPL), from 30% in 2017 to 23.4% in 2020.

Employment & Non-traditional Education

Hannaford Career Center

- In 2023, an additional 100 people will have attended the adult ed classes this year, including another 15 LNA's this year and 7 phlebotomists.
- New classes: welding classes, forklift training, small engine repair, and a newly added Clinical Medical Assistant Certification (CMAC) course starting July 2024.



Vermont Adult Learning - January 1, 2023 through December 31, 2023

- Total number of students served: 86
- 28% report to be low income; 45% report to have a disability
- Total number of instructional hours: 3,038
- Country of birth other than USA: Afghanistan, Angola, Brazil, China, Haiti, Honduras, Mexico, Thailand

Resources

Atria Collective (formerly WomenSafe)

- Atria Collective served a total of 601 adults and children through 8,907 points of contact (this is an increase of about 60 individuals)
- The Supervised Visitation Program provided a total of 255 monitored visits and exchanges for 20 families and 27 children
- Prevention programming reached 5,988 youth and adults through 857 presentations and outreach events
- 361 parents and caregivers of children exposed to gender-based violence received supportive services

Reach Up

- As of April 2024 there were 113 families participating in the program in Addison county for a total of 257 recipients. 182 recipients are under 19 years old. \$67,992 in monthly benefits were disbursed.
- Statewide there are 3672 families participating, made up of 9556 individuals. 6667 of these are children under 19 years old. The total monthly benefits released was \$2,229,792.

New Community Project

- 5 cords of firewood donated to NCP's Community Woodbank
- 6 families received heat assistance - firewood.
- 2 families received heat assistance – other fuels.

ADDISON COUNTY DATA MEETING 2024

Resources (Continued)

Vermont 211

Top Referred Services from 211 in Addison County in 2023

- Housing/Shelter: 148
- Consumer Services (Money Management, Tax Organizations, etc.): 43
- Criminal Justice & Legal Services: 13
- Health Care: 25
- Mental Health & Substance Use Services: 14
- Disaster Services: 139
- Information Services: 124
- Income Support/Employment: 40
- Total Referrals in 2023 in AC: 659



Flood Response - United Way of Addison County

- \$102,623 was distributed to individuals/households in the community impacted by the summer flooding.
- 82 applications (81 - english | 1 - spanish) were submitted and 69 were approved for flood damage and repair costs.
- The average award amount was \$1,500.

Mental Health

Counseling Services of Addison County

- 428 adults with office based, outpatient therapy and psychiatry services
- 134 adults with severe psychiatric conditions with comprehensive case management and clinical services.
- Responses to 418 crisis calls from adults and 208 calls for kids and their families.
 - This includes both in-person responses, where a CSAC staff person attended a client in the community or at the Emergency Department, and responses that were completed over the phone.
- 284 children with school-based mental health services.
- 91 adults with support towards sobriety from substance use.
- 187 intellectually disabled adults with case management, employment support, coordination of safe housing, and community integration.
- For children and families, trends in 2023 include:
 - Younger children – elementary aged – with increased levels of aggression having a significant impact on classroom, teachers, and administrators in schools.
 - Complex, multi-diagnostic presentation – most commonly involving trauma, neglect, and high levels of current life stressors.
- For adults:
 - Top three diagnosis for adults seeking services at CSAC:
 1. Mood Disorders: These include bipolar disorder, cyclothymia, hypomania, major depressive disorder, disruptive mood dysregulation disorder, persistent depressive disorder.
 2. Anxiety
 3. Substance Use

ADDISON COUNTY DATA MEETING 2024

Open Door Clinic (Uninsured and Underinsured)

- 1234 unique patients: 48% were Latinx, 9.5% were Black/African American and 1.9% were Asian/Pacific Islander (Increase of 72 patients)
- Regarding employment status, 49.5% were employed full-time, and 22.1% were employed part-time, seasonally, or self-employed.
- Top reasons for visits included: 1) Healthcare Maintenance: 494 patients,
- 2) ENT/Mouth/Opth: 148 patients (these are mostly dental), 3) Musculoskeletal: 122 patients 4) GYN/Women's: 94 patients, and 5) Cardiovascular: 83 patients
- In 2023, the Open Door Clinic provided:
 - 1452 visits with a healthcare provider
 - 284 visits with a dental provider
 - 325 Covid boosters
 - 64 Tdaps
 - 417 flu vaccines
- Interpreters were arranged for 487 patients across 1,947 interactions/appointments
- Language Line was arranged for 57 patients across 70 appointments/interactions
- 343 consults/appointments with our health insurance navigator who enrolled
- 89 individuals in Medicaid, 128 individuals in BC/BS & MVP
- 649 follow-up conversations with clients/Vermont Health Connect
- During our outreach season we provided health screenings, vaccines and medical visits to 55 farms and orchards, where 474 patients were seen by a healthcare provider, including 110 new patients.



Healthcare:

Porter Primary Care Offices

- 76% of PCP patients had an HbA1c >9 or had not had an A1c in the last year.
- 62% of patients have adequately controlled blood pressure (<=140/90)
- 45% of patients 12 and older were screened for depression
- 34% of patients received influenza vaccine at Porter locations
- 67% of appropriate patients were screened for colorectal cancer
- About 15,000 patients from Addison County were seen by a Porter Primary Care or Pediatric practice

Health Service Area Data (OneCare)

- 19.7% IET Engagement for Medicaid patients compared to the national average of 15% (IET = Initiation and Engagement in Treatment)
- 77.3% ED Follow Up for Medicaid patients regarding Substance Use
- 76.2% ED Follow Up for Medicaid patients regarding Mental Health Illness
- 62.3% Medicare Annual Wellness Visits, which is above the 52% target

Chronic Conditions:

Percentage of Addison County adults diagnosed with the following chronic conditions between 2021-2022 (BRFSS 2022):

- | | |
|-------------------------------|------------------------------------|
| ● Chronic Kidney Disease: 3% | ● COPD: 6% |
| ● Diabetes: 8% | ● Depressive Disorder: 22% |
| ● Cardiovascular Diseases: 7% | ● Hypertension: 31% |
| ● Asthma: 8% | ● Obesity: 28% |
| ● Arthritis: 26% | ● Subjective Cognitive Decline: 9% |

ADDISON COUNTY DATA MEETING 2024

Oral Health

- 42% of children in VT have had experience with tooth decay, this is significantly higher than the last Basic Screening Survey which indicated 31%
- Dental care needs as well as urgent dental care needs have increased significantly over the past 10 years. Dental care needs – increased 11% to 25% in past 10 years, Urgent dental care needs increased 2% to 6% in past 10 years in Vermont
- 42% of all VT third grade aged children have dental sealants, down from 66% 10 years ago
- 73% of adults in Addison County have seen a dentist in the past year
- 40% of all VT adults age 45-64 have had at least on tooth extracted ever
- 7% of Medicaid eligible children age 1-5 in Addison County have been treated for extractions, endodontics, or restorations. With 71.4% of those receiving care in the office setting, and 28.6% needing care in the hospital setting.



Immunizations

- HPV vaccinations among 13-15 year olds currently at 61.5%
- Shingles vaccine 50-64 = 43.6% and 65+ = 37.6%
- Flu vaccine 50-64 = 44.6% and 65+ = 65.7%
- Pneumococcal 65+ = 59.7%
- VDH currently does monthly in house vaccine clinics and outreach to conduct 4 equity clinics targeting hard to reach or vulnerable populations.

Substance Use Prevention, Treatment & Recovery

United Way of Addison County Core Survey (2024)

- About 50% of high school students think there is no risk or slight risk from smoking marijuana/cannabis once or twice a week. [this is similar to 2023]
- About 80% of high school students think there is moderate or great risk from using electronic vapor products regularly. [this is similar to 2023]
- About 76% of high school students agree or strongly agree that they feel optimistic about their future. [similar to 2023]
- About 66% of students (high school and middle school) agree or strongly agree that they feel valued by adults in their community. [this is an increase of about 4% from 2023]
- Top two concerns for high schoolers are vaping and mental health (About 40% each)

Fatal Overdose Rates (VDH)

- In 2023, there were 231 opioid overdose deaths that were classified as accidental or undetermined intent. The 231 deaths in 2023 represent a five percent decrease from the 244 deaths in 2022
- Most opioid-related deaths involve multiple substances. In 2023, 91% (210) of opioid-related fatal overdoses involved two or more substances, with 29% (68) involving four or more substances
- Fentanyl is currently the most prevalent substance involved in opioid-related deaths. In 2023, 95% (220) of opioid-related fatal overdoses involved fentanyl
- Deaths involving fentanyl could include prescription fentanyl, illicit fentanyl, fentanyl analogs or a combination. Heroin involvement in 2023 fatal overdoses is low (9, 4%). The proportion of overdoses involving heroin has decreased each year since 2018 (69, 53%).

ADDISON COUNTY DATA MEETING 2024

Substance Use Prevention, Treatment & Recovery (Continued)

Treatment (MAT - Savida, MCH, PMC)

- There are approximately 300+ Addison County patients receiving medication assisted treatment (MAT) for opioid use disorder.
 - There are approximately 191 patients enrolled in Medicaid across Mountain Community Health, Savida, and PMC (The remainder of patients have BCBS/MVP/Cigna/private pay)

Recovery (Turning Point Center)

- Turning Point facilitated group participation has gone up 53.4%
- 454 Groups held at TPRCAC with 3746 participants. (Does not reflect unique individuals.)
- 298 Doses of Narcan distributed to the community. 55% more compared to prior year's 192 doses.
- 75 Participants in Recovery Coaching (5.6% increase from 71 last year).
- Recovery Coaches met with 65 unique individuals (This is a 91.2% increase from 34 unique individuals)

Division of Substance Use - Naloxone

- The Health Department distributed 68,827 doses of naloxone through the Narcan® Kit and Harm Reduction Pack programs
- Community naloxone was reported to reverse 152 overdoses.
- EMS administered naloxone to 886 patients.
- EMS documented distributing 577 naloxone Leave Behind Kits to patients and their families.

VT Helplink (Provides alcohol and other drug support and referral)

- Vermonters can now access free naloxone, fentanyl test strips and mail-back envelopes through the support center.
- In one year VT Helplink received: • 1,000+ calls and online chats • 28k+ website visits
- Of the people who call or visit VT Helplink: from Addison County • 58% indicate alcohol use as the primary substance of concern

Teen Centers

Teen Center - Middlebury

- 150 drop in attendees over 2100 individual encounters.
- 45 camp registrants expected for 2024

The Hub - Bristol

- We served (approximately) 4090 meals in 2023 which was an increase from (approximately) 3943 in 2022. This represents a 3.7% change.
 - Many times we serve seconds to youth and send teens home with leftovers.
- We served 289 students in 2023 which was an increase from 272 in 2022, this represents a 6.3% increase.

Boys and Girls Club - Vergennes

- In 2023, 109 youth were served.
- Boys and Girls Club serves youth grades 4th-12th.

ADDISON COUNTY DATA MEETING 2024



Transportation

Tri-Valley Transit

- TVT (Addison Region) totaled 85,964 bus rides in FY23
 - 19,393 more bus rides than in FY22 (29% growth and continuing to trend up)
- TVT (Addison Region) totaled 29,919 dial-a-rides in FY23
 - 341 fewer rides than FY22 (decrease in private pay rides)

Department for Children and Families - Middlebury Family Service (2023)

- In 2023, there were 18,761 intake calls made to the Centralized Intake/Child Abuse Hotline for the State of VT. Of those calls, 3795 were accepted for investigation or assessment.
- In Addison County, 846 reports were made to the hotline. Of those 846 reports, 139 intakes were accepted for investigation or assessment. From those intake calls, 30 cases were opened.
- As of April 1, 2024, there are 936 children/youth in DCF custody Statewide. There are 49 children/youth in DCF custody in Addison County. (This is a decrease from 66 children/youth in DCF custody in 2023)
- 47% of the youth in custody in Addison County are placed with kin or fictive kin compared to the statewide average of 36%.
- We have six children/youth in residential care.
- We know that children/youth are more likely to succeed when they are placed with family/fictive kin and in their home community.
- We are in need of families who can commit to providing respite to biological/foster families.
- We are in need of people/families who are willing to become licensed foster care providers.

Older Vermonters

Addison County Home Health & Hospice

- Current daily Census: 328 (excluding Medicaid waiver)
 - Home care: 195
 - Maternal child health: 65
 - Therapy: 54
 - Hospice: 14
- Number of patient visits occurring in outpatient therapy clinics in New Haven and Vergennes: 50/week
- 10 customers/day who visit the Medicine Chest, our durable medical equipment store and about 8 deliveries/ day made to community members (oxygen, hospital beds for hospice patients)
- Number of patients served in our growing Private Duty business line: 30 and growing
- Flu vaccines: 1,356
- 1,000 lunches served to Camp Kookamunga campers in August 2023 as part of our community outreach
- 18 meals/ restaurant or home-cooked meals served to hospice patients and their families through our Food for the Soul program
- NOTE: Decrease in Medicare funding for homecare C24 and C23: 6.815%. Further cuts are expected for C25.

ADDISON COUNTY DATA MEETING 2024

Older Vermonters (Continued)

Age Well

- In 2023, Age Well provided services to 2,052 older adults (60+) throughout Addison County
- Age Well has 187 volunteers in Addison County providing meals on wheels delivery, companionship, grocery shopping and many other tasks. We're actively looking for an additional 35 volunteers in Addison County to meet the growing need.
- Age Well delivered 41,560 Meals in to individuals; 3,857 Congregate Meals Served; and 9,973 Grab & Go Meals Served
- Age Well provided Case Management and Options Counseling for a total of 3,624 hours of care coordination to Addison County residents
- Age Well's Helpline served 1,732 older adults and caregivers in Addison County (increase of 1,000)

Elderly Services:

- 70-75% capacity right now and growing (increase from 45-50% capacity)
 - We can serve 60 people at a time, and up to 100 over the course of a day.
 - We're serving about 120 participants and 240 caregivers (respite and support). In the past we served 225-250 participants over the course of a year and 450-500 caregivers
- **We opened the Center for Positive Aging on July 1, 2023 to provide counseling on issues related to age and caregiver support. We have provided over 500 hours of counseling over the past year and will be increasing capacity in the next several years to about 2,000 hours.*

Support and Services at Home (SASH), 2023

- SASH has 4 SASH Coordinators (Community Health Workers) and one SASH Wellness Nurse who served 228 people in Addison County. Staff recorded 2,214 visits with participants
- Sites served in 2023 include:
 - Vergennes: Armory Lane Apartments, McKnight Lane, Addison Housing Works trailer park on Pantown Road, Valley View I, Valley View II, Hillside Acres, the Willow Apartments and individual homes in the surrounding community.
 - Middlebury: Middlebury Commons, The Meadows, South Village and South Street, and individual homes in the surrounding community
 - Bristol: Pleasant Hills, and the Kilburn Trailer Park, and individual homes in the surrounding community
 - Shoreham/Orwell serves individual homes throughout the community.
- SASH participants have an average of 8 chronic conditions, the top chronic conditions: 66% of participants have hypertension, osteoarthritis 52%, general vision decline 52%, Hyperlipidemia 49%, and chronic pain 40%.
- 85% of Addison SASH participants have 3 or more chronic conditions.
- Of those screened, 25% report loneliness and 22% report being socially isolated.
- SASH provided quality improvement health interventions to control hypertension and diabetes. Statewide there was a 7.5mmHg average decrease in systolic blood pressure in SASH participants between 2020-2023.

****Please send updates and information to Sylvie Morrison at sylvie@unitedwayaddisoncounty.org****

APPENDIX 12: IRS COMPLIANCE REQUIREMENTS

REQUIREMENT	REPORT SECTION	PAGE NUMBERS
Part V Section B Line 3a A definition of the community served by the hospital facility	About Our Community	Page 12
Part V Section B Line 3b Demographics of the community	About Our Community	Pages 12-18
Part V Section B Line 3c Existing healthcare facilities and resources within the community that are available to respond to the health needs/priorities of the community	Community Resources and Next Steps	Pages 78-83
Part V Section B Line 3d How data was obtained	Data Gathering and Community Engagement	Pages 19-29
Part V Section B Line 3e The significant health needs/priorities of the community	Community Health Priorities	Pages 38-77
Part V Section B Line 3f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority populations	Key Health and Wellbeing Indicators Community Health Priorities	Pages 30-37 Pages 38-77
Part V Section B Line 3g Process for identifying and prioritizing community health needs/priorities and services to meet the community health needs/priorities	Data Gathering and Community Engagement	Pages 19-29
Part V Section B Line 3h Process for consulting with persons representing the community's interests	About This Report Data Gathering and Community Engagement	Pages 9-11 Pages 19-29
Part V Section B Line 3i Impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA.	Appendix 10: 2022 Community Health Improvement Plan- Annual Report- Year 2	Pages 144-156

Endnotes

1. American Psychological Association. (2023). Inclusive language guide (2nd ed.). <https://www.apa.org/about/apa/equity-diversity-inclusion/language-guidelines.pdf>
2. Community Health Needs Assessment for Charitable Hospital Organizations - Section 501(r)(3) | Internal Revenue Service (irs.gov). Retrieved from: <https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3>.
3. Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion (N.D.). Social Determinants of Health. <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>
4. The University of Wisconsin Population Health Institute. (2024). County Rankings Model. <https://www.countyhealthrankings.org/resources/county-health-rankings-model>
5. Vermont Department of Health. (N.D.) Health Equity. <https://www.healthvermont.gov/about-us/our-vision-mission/health-equity>
6. Robert Wood Johnson Foundation. (2022). Visualizing Health Equity: One Size Does Not Fit All Infographic. <https://www.rwjf.org/en/insights/our-research/infographics/visualizing-health-equity.html>
7. GIS Geography. (n.d.). Vermont County Map. <https://gisgeography.com/vermont-county-map/>
8. Addison County VTGenWeb. (n.d.). Addison County Vermont History and Genealogy. <https://usgenwebsites.org/VTAddison/towns.html>
9. United States Census Bureau. (n.d.). 2020 Decennial Census- Addison County, Vermont. <https://data.census.gov/all?q=Addison%20County,%20Vermont>
10. Vermont Department of Health. (2020). Vermont Population Estimates- By County, Town, and Age. <https://www.healthvermont.gov/sites/default/files/documents/pdf/HS-STAT-2019-Population-Estimates-Bulletin.pdf>
11. Vermont Housing Finance Agency. (n.d.). Addison County, Migrant Workers (2012, 2017, 2022). <https://housingdata.org/profile/income-employment/migrant-workers>
12. Open Door Clinic. (2023). Annual Report. <https://opendoormidd.org/2023-annual-report/>
13. Oliver Wyman, Green Mountain Care Board, VT Agency of Human Services. (2024). Middlebury Healthcare Community Meeting Presentation, Green ou- Act 167 (2022) Community Engagement To Support Hospital Transformation. https://gmcboard.vermont.gov/sites/gmcb/files/documents/20240724%20Community%20Meeting_Middlebury_Porter_v02.pdf
14. Vermont Department of Health. (2023). Healthy Aging in Addison County: An Overview of Adults 60+ Years Old. <https://www.healthvermont.gov/sites/default/files/document/HPDP-BH-State-Aging-Overview-Addison.pdf>
15. United States Census Bureau. (n.d.). 2020 Decennial Census- Vermont. <https://data.census.gov/all?g=040XX00USS0>
16. United States Department of Agriculture. (2022). State and County Profiles- Vermont. https://www.nass.usda.gov/Publications/AgCensus/2022/Online_Resources/County_Profiles/Vermont/
17. Addison County Chamber of Commerce, VT. (n.d.). Community Profile. <https://www.addisoncounty.com/community-profile>
18. Vermont Department of Health and Center for Behavioral Health Integration. (2024). Porter Hospital- Addison County, State Health Assessment Community Engagement.
19. Early Care and Learning Partnership. (2023). Vermont Community Health Equity Partnership, Emergent Learning After Action Review.
20. County Health Rankings & Roadmaps. (2024). Addison, VT. <https://www.countyhealthrankings.org/health-data/vermont/addison?year=2024>
21. County Health Rankings & Roadmaps. (2024). Dentists- An Access to Care Measure. <https://www.countyhealthrankings.org/health-data/health-factors/clinical-care/access-to-care/dentists?year=2024&county=50001>
22. County Health Rankings & Roadmaps. (2024). Mental Health Providers- An Access to Care Measure. <https://www.countyhealthrankings.org/health-data/health-factors/clinical-care/access-to-care/mental-health-providers?year=2024&county=50001>
23. County Health Rankings & Roadmaps. (2024). Primary Care Physicians- An Access to Care Measure. <https://www.countyhealthrankings.org/health-data/health-factors/clinical-care/access-to-care/primary-care-physicians?year=2024&county=50001>
24. U.S. Census Bureau. (2022). Comparative Economic Characteristics. American Community Survey, ACS 5-Year Estimates Comparison Profiles, Table CP03 (2013-2017, 2018-2022). <https://data.census.gov/table/ACSCPSY2022.CP03?q=insurance&g=050XX00USS0001&d=ACS 5-Year Estimates Comparison Profiles>.
25. Vermont Department of Health. (2024). Behavioral Risk Factor Surveillance System, Annual Data Summary Reports (2018, 2022). <https://www.healthvermont.gov/stats/population-health-surveys-data/behavioral-risk-factor-surveillance-system-brfss>

26. State of Vermont, Blueprint for Health. (2024). Community Health Profile Data- Data Through Calendar Year 2022. <https://blueprintforhealth.vermont.gov/community-health-profiles>
27. Vermont Department of Health. (2024). Vaccine Coverage 2022- Vermont Immunization Registry Annual Report. <https://www.healthvermont.gov/sites/default/files/document/hsi-imr-annual-report-2022.html>
28. Vermont Department of Health and Vermont Child Health Improvement Program. (n.d). Pediatric Blood Lead Screening and Management in Vermont. https://www.med.uvm.edu/docs/pediatric_blood_lead_screening_and_management_in_vermont/vchip-documents/pediatric_blood_lead_screening_and_management_in_vermont.pdf?sfvrsn=82ec11a8_2
29. United Way of Addison County. (2024). CORE Survey- Years 2021 and 2023.
30. Vermont Department of Health. (2024). Annual Vital Statistics Reports (2017 and 2022). <https://www.healthvermont.gov/stats/vital-records-population-data/annual-vital-statistics-reports>
31. Vermont Department of Health. (2024). Fatal Overdoses Among Vermont Residents, Annual Data Brief- Data through 2023. <https://www.healthvermont.gov/sites/default/files/document/dsu-fatal-opioid-overdoses-2023.pdf>
32. Vermont Department of Health. (2024). Vermont Youth Risk Behavioral Survey- County Reports (2019 and 2021). <https://www.healthvermont.gov/stats/population-health-surveys-data/youth-risk-behavior-survey-yrb>
33. U.S. Census Bureau. (2022). Comparative Social Characteristics in the United States. American Community Survey, ACS 5-Year Estimates Comparison Profiles, Table CP02 (2013-2017, 2018-2022). <https://data.census.gov/table/ACSCPSY2022.CP02?q=high school graduate or higher&g=050XX00US50001>
34. State of Vermont, Agency of Education. (2024). Ready for Kindergarten! Survey 2022-2023 Report. <https://education.vermont.gov/documents/ready-for-kindergarten-2022-2023-survey-report>
35. State of Vermont, Agency of Education. (2024). Vermont Education Dashboard: Assessment (2022 and 2023). <https://education.vermont.gov/data-and-reporting/vermont-education-dashboard/vermont-education-dashboard-assessment>
36. Housing & Homelessness Alliance of Vermont. (2024). Point-in-Time Count. <https://helpingtohousevt.org/pointintime/>
37. U.S. Census Bureau. (2022). Food Stamps/Supplemental Nutrition Assistance Program (SNAP). American Community Survey, ACS 5-Year Estimates Subject Tables, Table S2201 (2013-2017, 2018-2022). [https://data.census.gov/table/ACSST5Y2022.S2201?q=S2201: Food Stamps/Supplemental Nutrition Assistance Program \(SNAP\)&g=050XX00US50001](https://data.census.gov/table/ACSST5Y2022.S2201?q=S2201: Food Stamps/Supplemental Nutrition Assistance Program (SNAP)&g=050XX00US50001)
38. Vermont Housing Finance Agency. (n.d.). Addison County, Cost Burden (2012, 2017, 2022). <https://www.housingdata.org/profile/income-employment/cost-burden>
39. U.S. Census Bureau. (2022). Comparative Economic Characteristics. American Community Survey, ACS 5-Year Estimates Comparison Profiles, Table CP03 (2013-2017, 2018-2022). <https://data.census.gov/table/ACSCPSY2022.CP03?q=insurance&g=050XX00US50001&d=ACS 5-Year Estimates Comparison Profiles>.
40. Tri-Valley Transit. (2024). Publications- Annual Reports. <https://www.trivalleytransit.org/publications/>
41. U.S. Census Bureau. (2022). Selected Housing Characteristics. American Community Survey, ACS 5-Year Estimates Data Profiles, Table DP04 (2013-2017, 2018-2022). https://data.census.gov/table/ACSDPY2022.DP04?t=Financial Characteristics&g=040XX00US50_050XX00US50001.
42. U.S. Department of Agriculture, Economic Research Service. (2023). Food Access Research Atlas (2015, 2019). <https://www.ers.usda.gov/data-products/food-access-research-atlas/go-to-the-atlas/>
43. Vermont Department of Health. (2024). Tracking Air Quality in Vermont. <https://www.healthvermont.gov/environment/tracking/air-quality>
44. U.S. Census Bureau. (2022). Comparative Social Characteristics in the United States. American Community Survey, ACS 5-Year Estimates Comparison Profiles, Table CP02 (2013-2017, 2018-2022). <https://data.census.gov/table/ACSCPSY2022.CP02?q=high school graduate or higher&g=050XX00US50001>.
45. U.S. Centers for Disease Control and Prevention. (2024). Embracing Cultural Humility and Community Engagement. <https://www.cdc.gov/global-health-equity/php/publications/cultural-humility.html>
46. University of Kansas. (N.D). The Community Toolbox- Section 11 Building Inclusive Communities. <https://ctb.ku.edu/en/table-of-contents/culture/cultural-competence/inclusive-communities/main>
47. Green Mountain Care Board. (2022). Health Service Wait Times Report Findings. https://dfr.vermont.gov/sites/finreg/files/doc_library/vermont-wait-times-report-021822.pdf
48. America Hospital Association. (2022). Pandemic-Driven Deferred Care Has Led to Increased Patient Acuity in America's Hospitals. <https://www.aha.org/system/files/media/file/2022/08/pandemic-driven-deferred-care-has-led-to-increased-patient-acuity-in-americas-hospitals.pdf>
49. Vermont Department of Health. (2024). 3-4-50: Prevent Chronic Disease. <https://www.healthvermont.gov/wellness/3-4-50-prevent-chronic-disease>
50. Addison County Regional Planning Commission. (2023). Addison County Regional Housing Survey- Data Summary and Analysis. https://acrpc.org/wp-content/uploads/2024/02/Regional-Housing-Survey2_21_24.pdf
51. Vermont Housing Finance Agency. (n.d.). Addison County, Rental Vacancy Rate. <https://www.housingdata.org/profile/rental-housing-costs/vacancy-rate>

52. Vermont Housing Finance Agency. (n.d.). Addison County, Residential Building Type Estimates. <https://www.housingdata.org/profile/housing-stock/residential-building-type>
53. Vermont Housing Finance Agency. (n.d.). Addison County, Percent of homeowners and renters by race (2020). <https://www.housingdata.org/profile/homeownership-costs/homeownership-by-race>
54. Vermont Housing Finance Agency. (n.d.). Addison County, Estimated Median Household Income by Tenure. <https://www.housingdata.org/profile/income-employment/median-household-incomea>
55. Vermont Housing Finance Agency. (n.d.). Community Snapshot. <https://www.housingdata.org/profile/snapshot>
56. Vermont Housing Finance Agency. (n.d.). Addison County, Estimated Housing Units by Year Structure Built. <https://www.housingdata.org/profile/housing-needs/year-structure-built>
57. Vermont Housing Finance Agency. (2020). 2020 Vermont Housing Needs Assessment. https://housingdata.org/documents/images/Chapter%2011_Addison%20County.pdf
58. Migrant Justice. (2023). Housing and Employment Rights for Vermont Dairy Workers. <https://vermontlaw.b-cdn.net/wp-content/uploads/2024/07/housing-and-employment-rights-for-vermont-dairy-workers-2024-1.pdf>
59. Migrant Justice. (2019). Health and Safety Conditions on Vermont Dairy Farms. https://migrantjustice.net/sites/default/files/2020%20Flyer%20Health%20and%20Safety%20Surveys%20-%20202pg_0.pdf
60. Champlain Housing Trust. (n.d.) Vermont Farmworker Housing Repair Loan Program. <https://www.getahome.org/vermont-farmworker-housing-repair-loan-program/>
61. Centers for Disease Control and Prevention. (2024). About Bullying. <https://www.cdc.gov/youth-violence/about/about-bullying.html>
62. Vermont Department of Health. (2018). Vermont State Health Assessment. <https://www.healthvermont.gov/sites/default/files/documents/pdf/VT%20State%20Health%20Assessment%202018%20Full%20Report.pdf>
63. University of Vermont Health Network, Data Management Center. (2024). Psychiatric and Substance Misuse Encounters.
64. Counseling Service of Addison County. (n.d.). Interlude-Mental Health Crisis Alternative. https://www.csac-vt.org/what_we_do/adult-mental-health/interlude-mental-health-crisis-alternative.html
65. Walk-Bike Council of Addison County. (2020). We need your online input for the Triangle Bike Loop Planning Study! https://www.walkbikeaddison.org/triangle_bike_loop_planning_study