

*Fletcher Allen Health Care*

# Community Health Needs Assessment 2013



COMMUNITY HEALTH NEEDS ASSESSMENT

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## COMMUNITY HEALTH NEEDS ASSESSMENT

### *Executive Summary*

Fletcher Allen Health Care's 2013 Community Health Needs Assessment (CHNA) was conducted over a two year period for the health service area of Chittenden and Grand Isle counties. A steering committee planned and guided the assessment. The committee included representatives from Fletcher Allen, Visiting Nurse Association of Chittenden and Grand Isle Counties, Vermont Department of Health and the Community Health Centers of Burlington. For a description of the community served by Fletcher Allen and demographics, please see page 3 and 4.

Opinions were acquired through 17 Key Leaders interviews, 5 focus groups, and a community survey of 1345 individuals. Quantitative data were collected for 63 community indicators. This assessment looked at both traditional health needs along with the social determinants of health. The purpose of the assessment is to better target resources to improve the health of our community and to meet State and Federal requirements. Vermont's Act 53 requires that hospitals maintain awareness of community needs and report on how these are met. The Affordable Care Act requires that all hospitals and health systems conduct CHNAs at least once every three years. This is reported on Fletcher Allen's IRS Form 990, Schedule H.

The Community Health Assessment Steering Committee determined from the results of the CHNA that several areas of need offered opportunities for focused funding exist in the Fletcher Allen Health Service Area (Chittenden and Grand Isle counties), to wit:

- The language and cultural challenges of New Americans.
- Transportation for easier access to health care, child care, and healthy foods.
- Health Care:
  - Access to dental care,
  - Access and availability of mental health care, especially for youth, and
  - Health literacy and resources to understand the health care system.

The Steering Committee recommended these priorities to Fletcher Allen's Community Benefit Committee (CBC), which oversees the Community Benefit Fund. The Committee includes six Fletcher Allen employees and six community members and is chaired by Fletcher Allen's Chief Medical Officer. The CBC reviewed the recommendations and supporting data, and agreed upon five objectives upon which to focus funding, collaboration and in-kind investment. Additionally, a new committee is being formed at Fletcher Allen that will focus exclusively on ongoing community health needs assessment and implementation plans. The five priority areas (in alphabetical order) are:

#### ACCESS TO FOOD & GOOD NUTRITION

Access to affordable healthy food was cited by key leaders, focus group participants and survey respondents as an important need in our community. Obesity prevention and adequate nutrition for children were also seen as high needs.

### DENTAL HEALTH (ESPECIALLY CHILDREN)

Dental health needs were cited in key leader interviews focus groups, and the community survey as a high need in our community. This includes access to dental health providers, affordable dental health treatment and education.

### MENTAL HEALTH (ESPECIALLY CHILDREN)

Through the CHNA, the community identified the need for mental health supports for children. Timely access to treatment for all ages and the early detection of mental health issues for children and teens were also noted as high needs in our community. Key leaders also stressed the importance of additional supports for children and families as a key component in reducing the future need for mental health services.

### REMOVING BARRIERS TO CARE (AFFORDABILITY, TRANSPORTATION, LANGUAGE)

In key leader interviews and in focus groups, we heard of challenges New Americans face, especially in terms of difficulties navigating the health care system and other social supports. Inadequate transportation was also seen as a significant need in our community, as was affordability of health care. In reviewing the data, the Community Benefit Committee agreed to not list “New Americans” as a specific priority, but, rather to focus on removing barriers to care, as barriers were a frequent theme relating to this population, which affects many others as well.

### SENIOR ISSUES (CAREGIVING, SAFETY, WELL-BEING)

The region’s aging population presents unique challenges for our community. Keeping seniors safe in their homes and ensuring adequate and affordable caregiving supports were cited as needs to be addressed. Creating an environment of optimal well-being for seniors through access to primary care, chronic disease maintenance and prevention, and access to social supports were also seen as needs.

### *For More Information*

A detailed implementation plan begins on page 18. The implementation plan specifies strategies Fletcher Allen is undertaking to address the needs stated above.

Fletcher Allen’s Community Health Needs Assessment and Implementation plan are posted on our website at [www.fletcherallen.org](http://www.fletcherallen.org). Paper copies are available as requested by calling the Community Health Improvement Office at 802-847-2278.

### *Fletcher Allen's 2013 Community Health Needs Assessment Summary*

The federal Affordable Care Act requires that all hospitals complete a Community Health Needs Assessment (CHNA) by September 2013. The office of Community Health Improvement at Fletcher Allen Health Care, in collaboration with local partners and funded with a small grant from the Vermont Department of Health, completed the collection of data and community input from Chittenden and Grand Isle Counties and analyzed that information. The purpose of the CHNA is to establish priorities for improving health, developing effective interventions and evaluating programs and policies.

Since the mid-1980s Fletcher Allen has led (often in partnership with community-based organizations) community health assessments. In 2003 the State of Vermont passed Act 53 (since amended) which required that all Vermont Hospital Service Areas perform an assessment on a routine basis. Subsequent legislative and regulatory changes revised this requirement to one that hospitals understand their communities' needs and publish relevant information on those needs on their websites. Recent changes in annual Schedule H of the IRS 990 form (strengthened by provisions in the Affordable Care Act and regulation) require that tax-exempt hospitals and health systems conduct a Community Health Needs Assessment at least once every three years and adopt an "implementation strategy" to meet needs identified by the assessment. In order not only to meet these governmental requirements, but also to help inform development of a new Community Benefit Plan, Fletcher Allen began the assessment process reflected in this report in the fall of 2011.

As noted earlier, this assessment is the most recent in a series. Fletcher Allen led (or co-led) large-scale assessments during 2000 and 2004. In recent years it also conducted a series of Key Leader interviews. In 2007, twenty-two community leaders were interviewed on their thoughts regarding Fletcher Allen's role in an effort to assess Fletcher Allen's relationships with community partners as well as to understand future and current community health needs. Later in 2010, a number of leaders whose work supported pediatric efforts were interviewed. Throughout this decade the community has described consistent concern and pervasive need for accessible and affordable, culturally competent health care; accessible mental health care and substance abuse treatment; a livable wage; affordable housing; and improvement of healthy behaviors. Those concerns are repeated in this assessment and some more specific needs are defined.

## Our Community

For the last two years, Vermont has been ranked the healthiest state in the country by the United Health Foundation. Vermont ranks first in *America's Health Rankings* by the American Health Foundation. Fletcher Allen's Health Service Area (HSA) includes Chittenden and Grand Isle counties, as well as a few outlying towns in Lamoille and Franklin counties. For the purpose of this assessment, data collection efforts focused on Chittenden and Grand Isle counties.

Chittenden County is home to the largest population in Vermont, with more than 150,000 residents. Compared to the entire state, Chittenden county residents have less unemployment, a higher rate of dental provider usage, a higher median income and higher levels of education. Chittenden county residents are also more diverse, with almost 9% of residents of a racial, ethnic minority. Grand Isle county is much more rural with a slightly older population. Unemployment is higher, and the median income is on par with the state. Grand Isle county has less than the State's average for residents with higher education degrees and has more uninsured adults than both Chittenden county and the State. Both counties rate very high according to national metrics. In the 2012 *County Health Rankings by the Robert Wood Johnson Foundation*, Chittenden County ranks first and Grand Isle County fourth in Vermont.

Though national rankings seem laudable, the respondents and interviewees noted real room for improvement in areas such as obesity, nutrition and substance use.

## Fletcher Allen Health Care

Fletcher Allen is committed to being a national model for the delivery of high-quality academic health care for a rural region. Its mission is to improve the health of the people in the communities served by integrating patient care, education and research in a caring environment.

The partnership of Fletcher Allen, the University of Vermont College of Medicine and the College of Nursing and Health Sciences forms Vermont's university medical center. Fletcher Allen serves as the community hospital for approximately 160,000 residents in Chittenden and Grand Isle counties and provides primary care services at eleven Vermont sites. Through the statewide Blueprint for Health project, these practices have become Patient-Centered Medical Homes, providing safety nets of care for patients with chronic illness with a focus on coordinating care to prevent illness and complications.

As a regional referral center and Level I Trauma Center, Fletcher Allen provides advanced-level care to a population of one million people throughout Vermont and northern New York. The medical center extends beyond the four main campuses to include more than 30 patient care sites and 100 outreach clinics, programs and services throughout the region.

## Methods of Data Collection

The CHNA Steering Committee, which began meeting in August 2011, guided a traditional assessment approach: reviewing quantitative community health indicators; interviewing key leaders; conducting focus groups; and developing and disseminating a survey to the general public. (Members, Appendix A)

### KEY LEADER INTERVIEWS

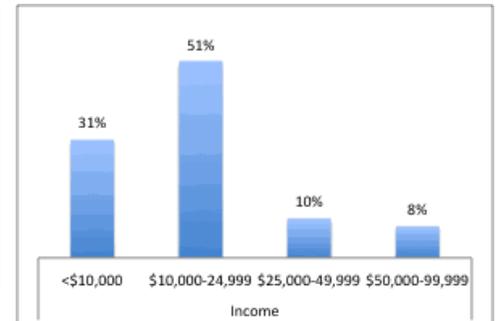
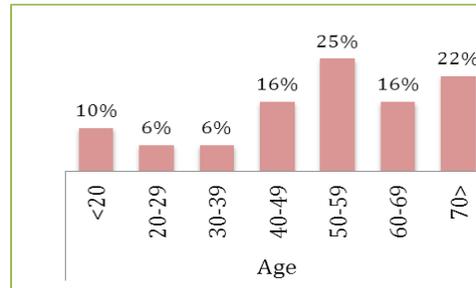
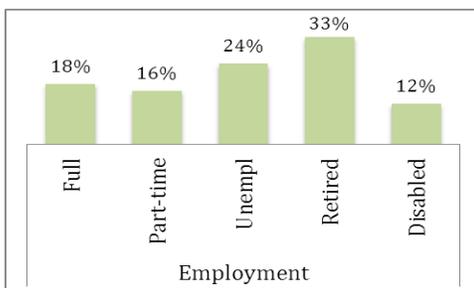
Karen McKnight, Quality Consultant, and Julie Cole, Project Coordinator, at Fletcher Allen interviewed seventeen leaders in Chittenden and Grand Isle counties during the late fall/early winter of 2011-2012. The interviews generally lasted sixty to ninety minutes. Interviewees answered questions about healthy communities, unmet needs, important health issues, barriers, range of available community services and offered recommendations for improving the quality of life for residents. Participants reviewed transcripts of their interviews and were assured that their comments would remain non-attributable.

The Steering Committee selected leaders based on various age groups served (seniors, children, adults, families, for example) as well as a mix of subject areas (low-income, refugees, mental health, substance abuse, for example). Leaders represented: human service agencies, schools, law enforcement, state agencies, local funders, health care, mental health care, youth services and senior services. (List of Key Leaders, Appendix B. Key Leader Summary, Appendix C)

### FOCUS GROUPS

Focus groups were held with people who were unlikely to respond to a traditional survey tool. Five focus groups were held at the following locations or with the following agencies: Spectrum Youth Services, South Square (a Burlington Housing Authority site), C.I.D.E.R (Grand Isle Senior services), Community Health Centers of Burlington, and Winooski O'Brien Center (refugee resettlement and Bhutanese community). Focus group participants received \$40 gift cards. Toby Knox & Associates conducted and reported the focus groups. (Focus Group Summary Report, Appendix D)

53 individuals participated in the focus groups; 36 females, 16 males and one transgendered. Seventeen had not completed high school; 17 had a GED or high school degree; 14 had some college or a college degree; two had a graduate degree. The unemployed and the >65 populations are over represented in the focus groups, while the <20 age group is under represented when compared to census data. Employment, age and income status for Focus Groups are shown below:



### *Collation of Data from Focus Groups and Interviews*

Comments from participants in the focus groups and leader interviews were grouped into “Theme Buckets” and weighted by the number of times the theme was mentioned in focus groups and interviews. The categories: Community Connections, Education, Substance Abuse/Mental Health, Access to Healthy Foods, Transportation, Language Barriers, Safety, Dental Health, Health Care, Case Management and Other. For the full list, sub categories and weighting see Themes, Appendix E.

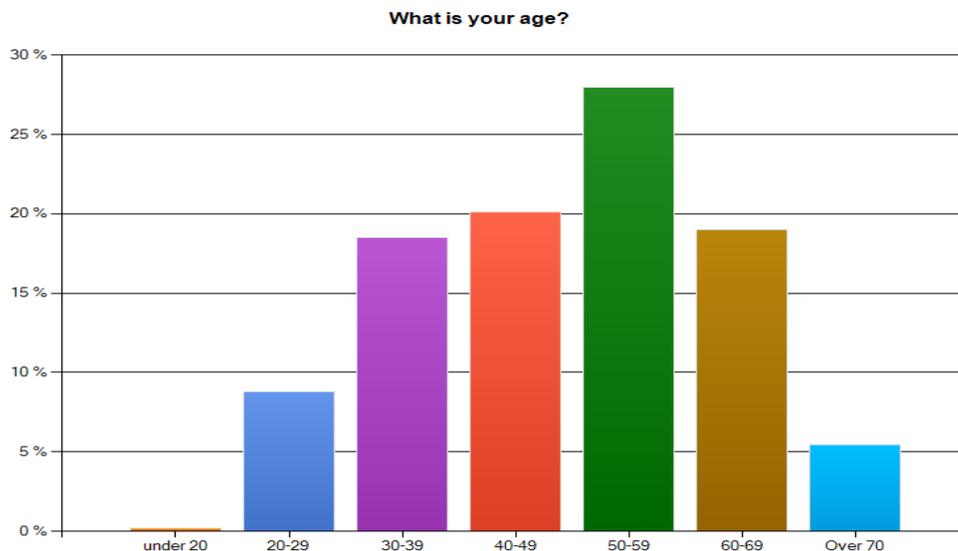
#### COMMUNITY SURVEY

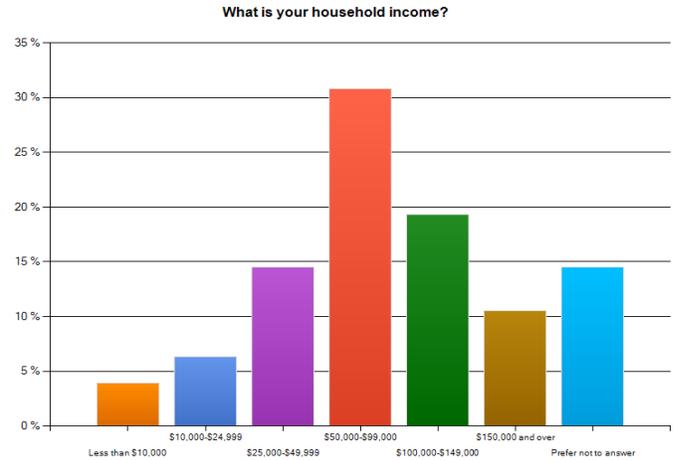
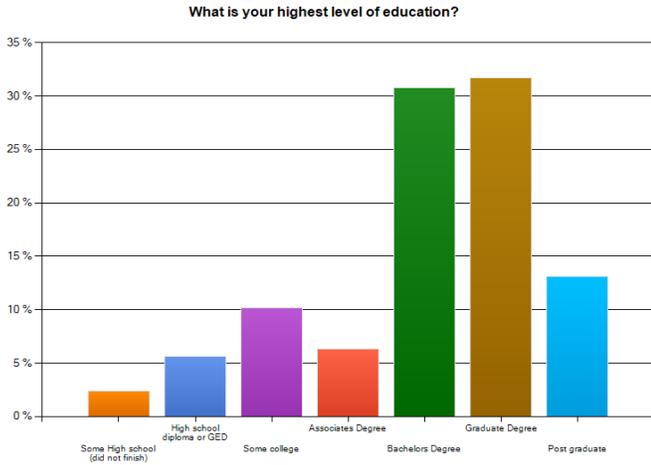
The Steering Committee used information gathered from the key leader interviews and the focus groups to craft the questions for the community-wide survey. An online survey using Survey Monkey was distributed through email, Facebook, and Front Porch Forums throughout the two counties. Paper surveys were distributed at the Community Health Centers of Burlington, select libraries and town halls, two senior living sites, Lund Center, the O’Brien Community Center in Winooski, three ESL classes in Winooski and through the Association of Africans Living in Vermont. Over 1623 people opened the online survey, 1345 (82.9%) completed it. Approximately 150 paper surveys were completed and returned. (Survey, Appendix F)

A predominance of respondents were from Burlington, South Burlington, Charlotte, Essex Junction, and Shelburne. Williston, Winooski, Bolton/Jericho, Milton and Hinesburg were well represented. However, Grand Isle County and the rural areas of Chittenden County were not.

Twenty five percent of the respondents were male and 75% female. 88.5% were white, 3.7% were Black, 4.1% were other non-white, 3.7% preferred not to answer. The percentage of Blacks and other nonwhite people represented is somewhat higher than the percentages seen in the census. Age, income and education distributions are shown below.

#### DEMOGRAPHIC DATA FROM COMMUNITY SURVEY (N=1345)





While the age distribution is similar to the focus groups, the surveys reached a cohort with higher levels of education and higher incomes. In addition, more were employed: 68% were employed full time, 18% part-time, 9% retired and 6% unemployed; compared to 18%, 16%, 33%, and 24% respectively in the focus groups. When compared to census figures, males, people under 20 years, and people who had not completed high school were underrepresented in the pool of survey respondents.

The survey reached a different demographic than the focus groups as was intended.

COMMUNITY INDICATORS

Using information garnered from the focus groups and the community leaders, the Steering Committee identified 63 community indicators to compare the Fletcher Allen service area to state and national data. The indicators were grouped in the following categories:

- Access to Health Care
- Chronic Disease
- Health status
- Child and maternal health
- Risk Behaviors
- Causes of death

Data were collected from local, state, and national data sets for recent years. (Table of Indicators, Appendix G.)

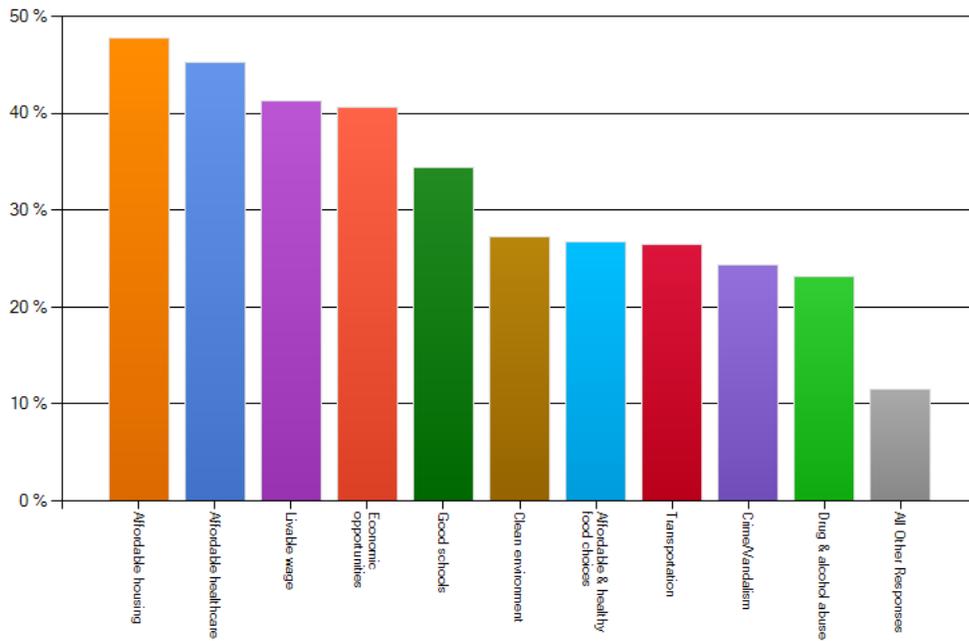
*Assessment Results*

COMMUNITY DESCRIPTION

Respondents in focus groups generally felt that Chittenden and Grand Isle counties were excellent places to live - many saying they wouldn't want to live anywhere else.

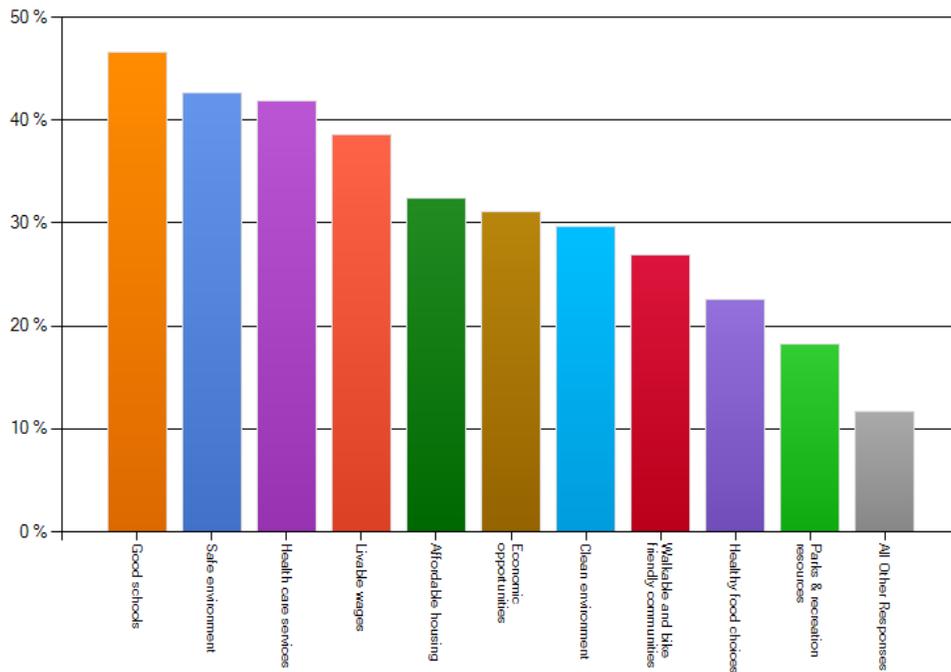
Survey respondents described the *vibrant* community and their *concerns* for the community with broad but very similar strokes. The most important features were: good schools, affordable health care services, livable wage, affordable housing, economic opportunities and a safe environment. These opinions were mirrored in the focus groups and by the key leaders, many of whom spoke of the need for safe and affordable housing, affordable accessible health care (including dental and mental health care) and quality education.

**When you think about the community where you live, what are you most concerned about? Please choose up to five (5).**



DATA FROM COMMUNITY SURVEY (N=1345)

**When you imagine a strong, vibrant, healthy community, what are the most important features you think of? Please choose three (3).**



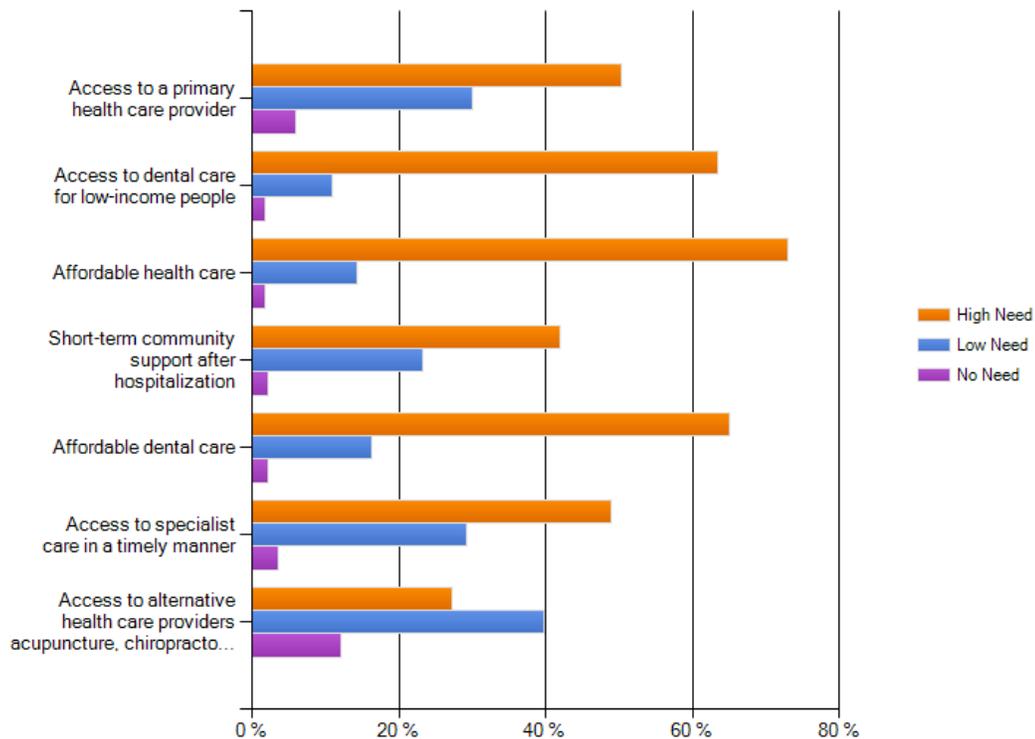
HEALTH CARE

Ninety two percent of adults in Chittenden County have health insurance, 87% in Grand Isle County and almost all (99%) of children under 18 have some health insurance. Interviewees and survey respondents felt that health care access is quite good, especially in Burlington where transportation is not an issue. But for those living “off the bus route” access is a problem. The offices at Tilley Drive were mentioned specifically as a transportation challenge in focus groups.

Community indicators show that almost 80% of adults use the dental health care system and interviewees praised the dental clinic at CHCB. Still, both old and young respondents, especially those with lower incomes, repeatedly voiced the issues of available, accessible, affordable dental care, especially for children. While dental services are available in Burlington, accessibility is seen to be a problem. The need clearly surfaced on the community survey, as well.

Most adults and children have health insurance, yet 70% of the respondent say that affordable health care is a high need. There was a sense from the interviews that there are inequalities in health care based on age, race, and income. The Black and Asian respondents reported a greater need for access to primary care providers and specialists than the white respondents. (Note that the number of non-white respondents is small and should not be considered statistically significant, but may suggest areas for further study. (Black n=43, Asian n=33).)

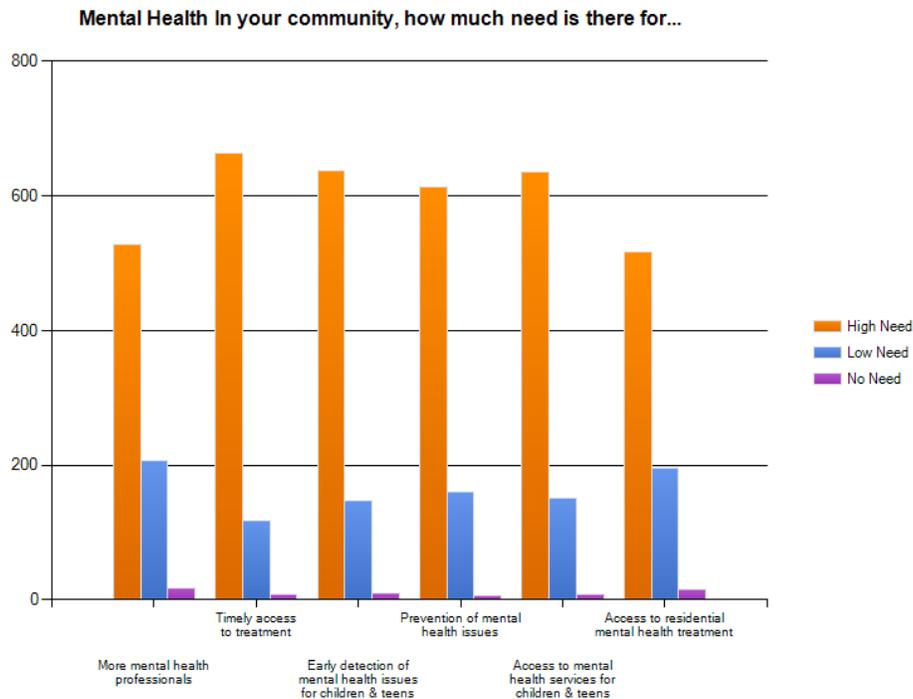
Healthcare In your community, how much need is there for...



DATA FROM COMMUNITY SURVEY (N=1345)

## MENTAL HEALTH CARE

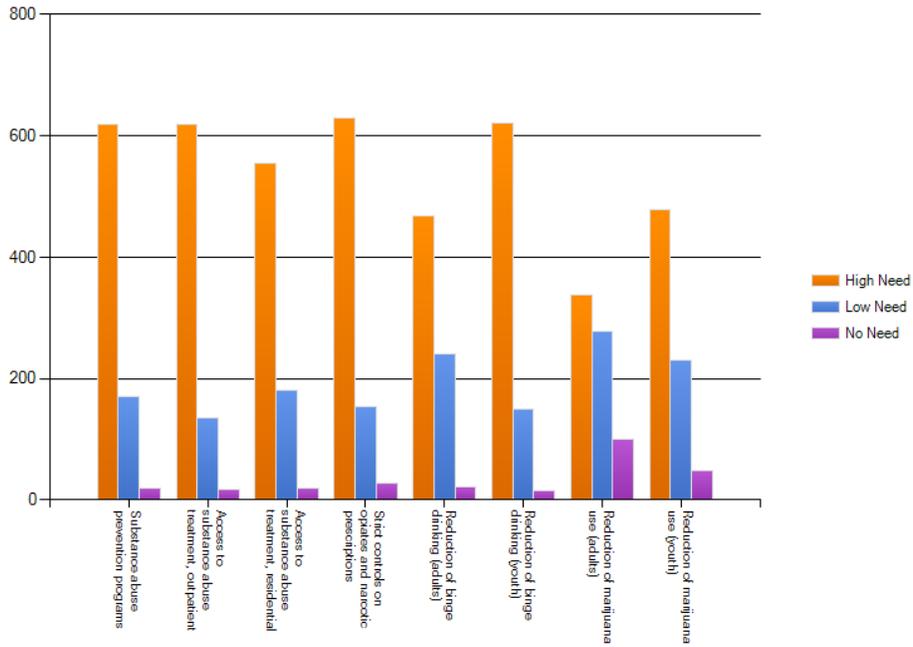
The perennial concern with the availability of and timely access to mental health services continues to be noted in interviews and in survey responses. The need for early detection and prompt intervention for children with emotional and mental health needs was repeated with passion from several fronts in the face to face interviews. Leaders report that for those children at immediate risk, the DCF investigation lag is very long. Access to mental health service and to psychiatric evaluations may takes weeks, particularly for children and teens. There is a sense that if we address the emotional needs of the children, their future need for mental health and substance abuse services may be reduced. These same concerns surfaced in the survey.



## SUBSTANCE ABUSE

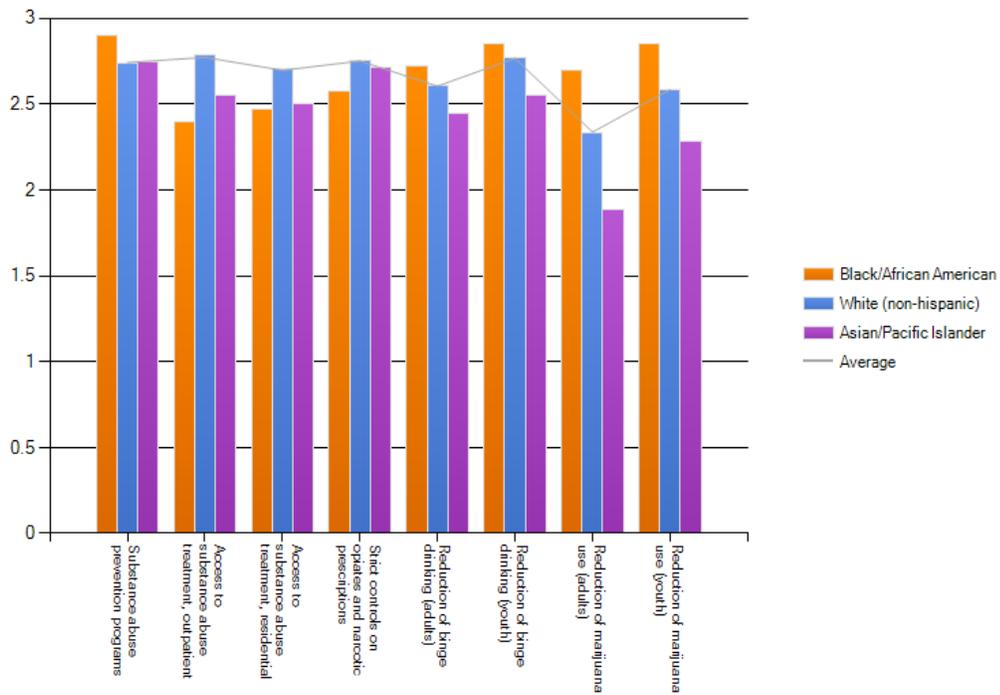
Respondents indicated that substance abuse continues to be a nagging and significant problem in our community. The over prescribing and misuse of prescription medications and opiates has risen in the public conscience as a problem similar to other addictive drugs. The lack of residential treatment centers and long waits for Suboxone treatment were noted by both providers and individuals in leader and focus group responses. The Youth Risk Behavior Survey indicates that youth binge drinking is lower in both counties than the state and the state prevalence is lower than the nation, (CC 19%, GIC 17%, VT 21%, US 30%). Still survey respondents consider the reduction of youth binge drinking a high priority, less so for adults. Marijuana use among youth is one of the few areas where both local and statewide prevalence exceeds the national (CC 23%, GIC 22%, VT 24%, US 21%). The reduction of marijuana use for youth was also noted in the community survey as a higher priority than for adults. The perception of the need to reduce marijuana use both in adults and youth varies by race, with Blacks identifying those as high needs; Asians perceive the need to be lower.

Substance Abuse In your community, how much need is there for...



DATA FROM COMMUNITY SURVEY (N=1345)

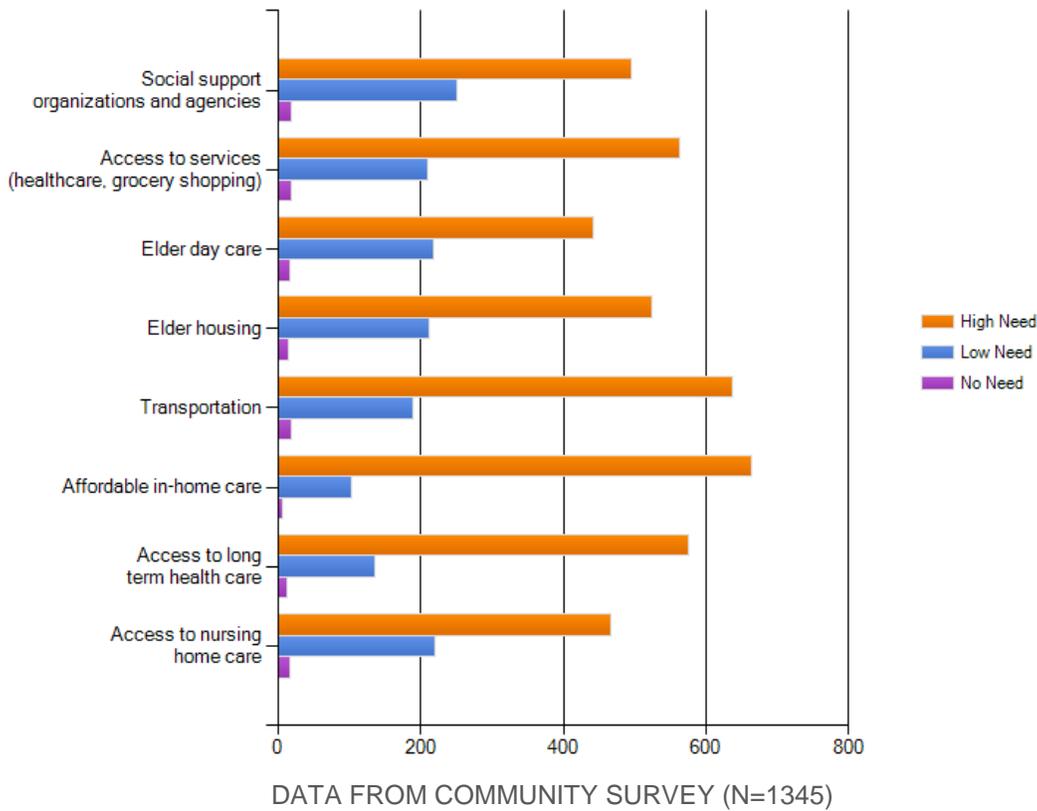
Substance Abuse In your community, how much need is there for...



## SENIORS

Seniors in focus groups spoke of a need for advocates within the hospital /health care system to speak up for them and to help them understand diagnoses, treatment and insurance. Seniors in Grand Isle cited the need for local senior housing and long term care. The Grand Isle focus group had high praise for C.I.D.E.R, the local senior resource organization, and noted that without the transportation that it provides, they would be very isolated. In the community survey, respondents cited affordable in home care and transportation as high needs. Transportation and elder housing are particular concerns of the Black respondents.

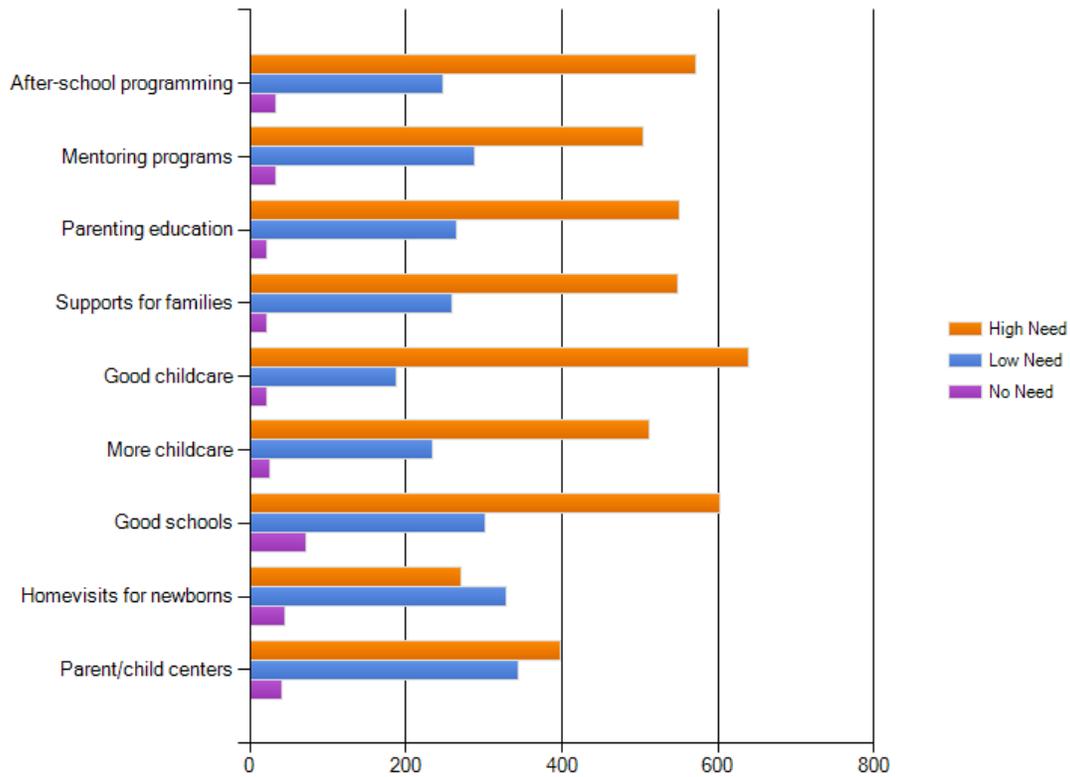
Seniors In your community, how much need is there for...



## CHILDREN AND FAMILIES

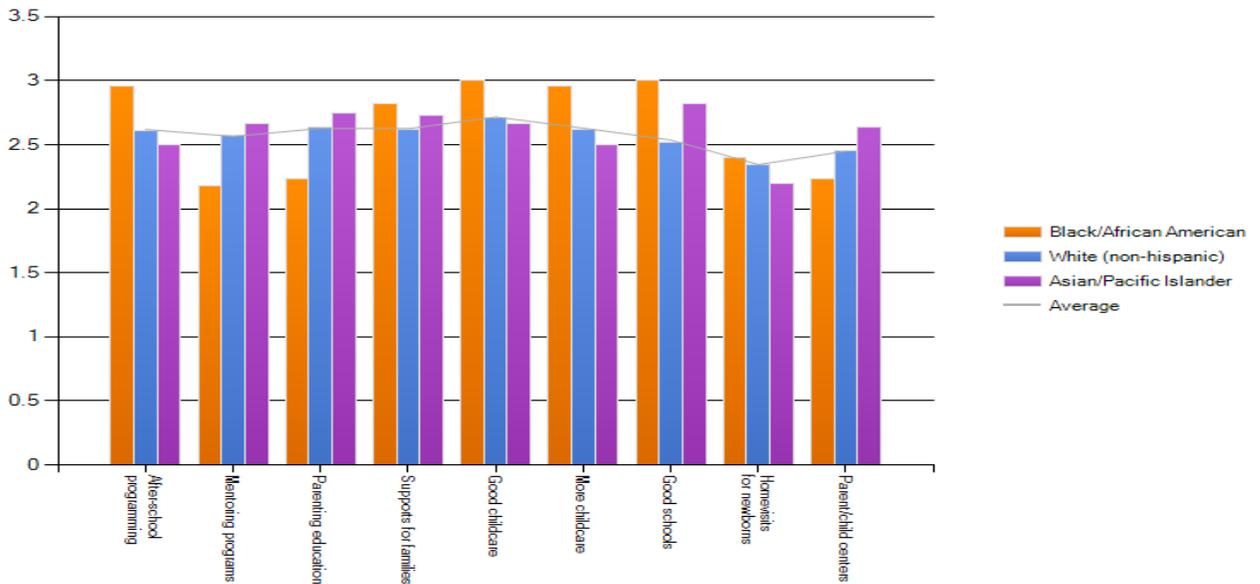
Across the board, survey respondents and interviewees cite a good education as an indicator of a good community. And quality education ranks close to the top of surveyed needs, but it is a particularly pressing need among the Blacks and Asians, as is the need for quality childcare. This assessment did not tease out the respondents’ definition of “good schools“ or “quality education.” Leaders and focus groups noted the need for out-of-school programming for youth. The need for good childcare, more childcare and afterschool programs surfaced for Black survey respondents, while parent child centers, parenting programs, and mentoring programs were more important to the Asian respondents.

**Children & Families In your community, how much need is there for...**



DATA FROM COMMUNITY SURVEY (N=1345)

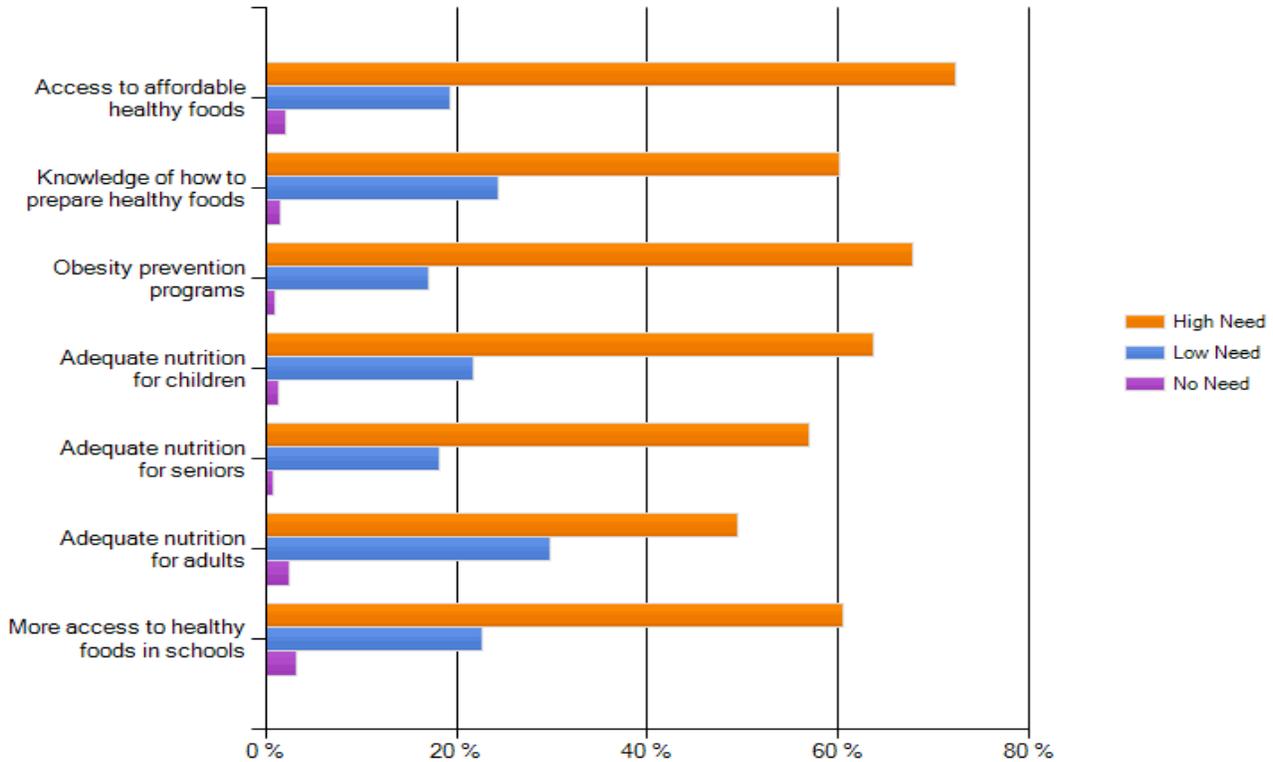
**Children & Families In your community, how much need is there for...**



NUTRITION

Access to affordable healthy foods and obesity prevention programs were cited by survey respondents as high needs. The opinions stated in the face to face interviews were similar. Adequate nutrition for adults was a lesser concern, even when survey responses are sorted by age. This is an example where the quantitative data looks good, but there is a distinct call for improvement.

Hunger & Nutrition In your community, how much need is there for...

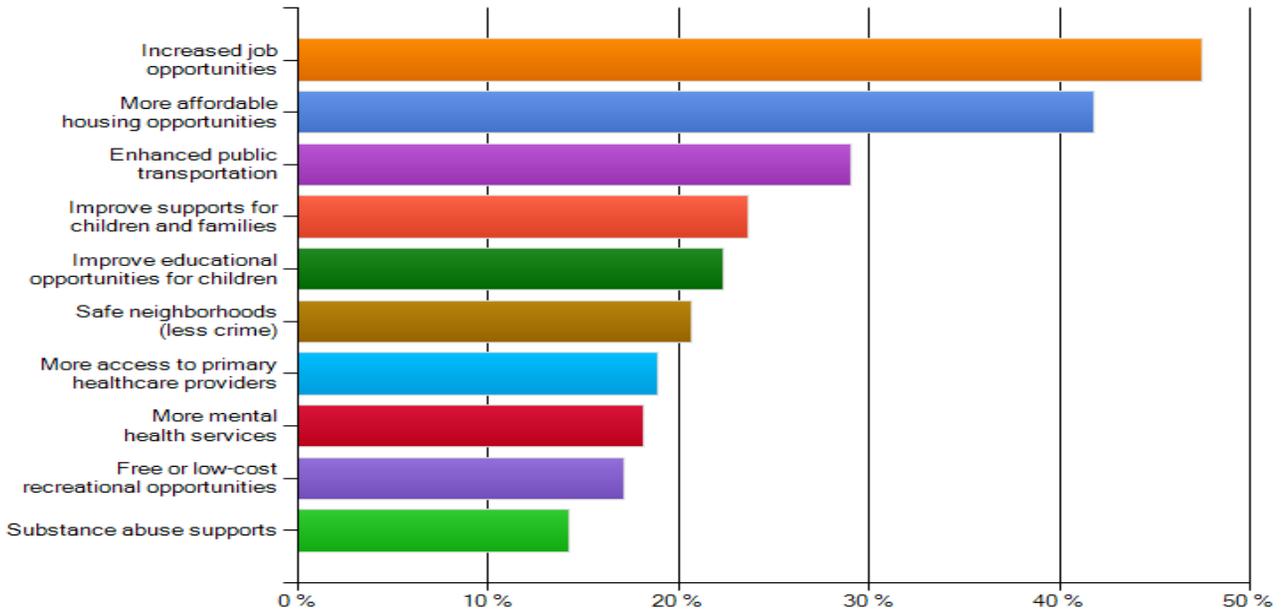


DATA FROM COMMUNITY SURVEY (N=1345)

IMPROVING THE QUALITY OF LIFE

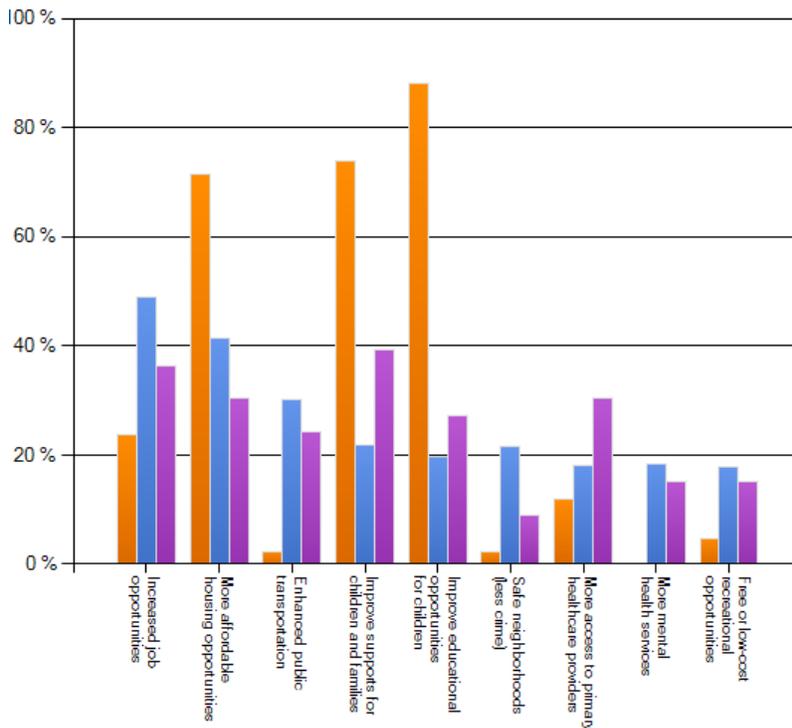
The need for housing – using descriptors such as “safe,” affordable” and “quality” - came up repeatedly in the focus groups and leader interviews. Overall 40% of the survey respondents cited affordable housing as a factor that would “*Improve the quality of life*” in the area. This is a greater concern for those whose incomes are under \$50,000 a year than for those with higher incomes. Those in the latter group indicate that better job opportunities would improve the quality of life. Although community indicators show that unemployment in Vermont is low compared to the US and continues to trend down and the number of jobs in Vermont has almost returned to its pre-2009 high, the concern with under employment is on-going.

**In your opinion, what would improve the quality of life for residents in Chittenden & Grand Isle counties? Please choose up to three (3).**



To the survey question of improving the quality of life, almost 90% of Black respondents very clearly cited the need to improve education opportunities for children, followed by the need for supports for children and families, then the need for affordable housing. Other groups were not as definitive.

**In your opinion, what would improve the quality of life for residents in Chittenden & Grand Isle counties? Please choose up to three (3).**



DATA FROM COMMUNITY SURVEY (N=1345)

## *Community Environment*

Some significant concerns stood out in the leader interviews and focus groups which did not come out in the community survey.

### CULTURAL AND LANGUAGE BARRIER

The problem of the language barrier for new Americans looms large, cited repeatedly in interviews by providers, educators and ethnic individuals as a multifaceted problem. They cannot understand their health care provider, to say nothing of the health care or insurance systems; they are bright yet they struggle in school and cannot get jobs; they are afraid on the street because they don't know whether they are being scorned or welcomed; the elders fear they will not get citizenship if they cannot master the language. And in turn the schools and health care systems struggle to provide good service in the face of 35 different languages. The cultural barriers present hurdles for both newcomers and "locals." This contributes to an undertone of cultural and ethnic prejudice. There is a real need for cultural understanding for both the new and established.

### POCKETS OF CRIME

While the community indicators show that Chittenden County has a higher incidence of violent crime than does Vermont, it is much lower than the US (County: 184/100,000,;State :133; US: 429). There are pockets of crime and domestic abuse, particularly in the Old North End and Winooski. It is recognized that the problem is often rooted in substance abuse.

### COLLABORATION OF SERVICE PROVIDERS

Several Key Leaders brought up the lack of collaboration between agencies and organizations. Services are provided in silos sometimes resulting in redundancy or in spotty service delivery or in service delays. Recipients of services said they did not know what services were available to them. Both providers and recipients noted excessive documentation requirements and difficulty navigating the resources and systems. It was suggested that rather than trying to meet the assessed needs with the services that exist within the present funding streams and thereby maintaining the silos, the community should define the services that are needed and provide flexible funding for innovative and pilot projects that encourage collaboration and fill the gaps.

### *Assessment Summary*

As with any assessment this one generates as many questions as it answers. What is clear is that the Chittenden and Grand Isle County area is, in general, a very healthy and very livable area. Respondents noted the ongoing and over reaching concerns with good schools, affordable housing, a livable wage, a safe environment, accessible health care and economic opportunity. However there are pockets of specific needs and problems which deserve attention. If we can mend the pockets the whole garment will be improved. In targeting resources, it is important to keep in mind that individual choices, such as the use of alcohol, tobacco and other drugs, exercise and nutrition, have a greater impact on health than health care itself. And consider that rural Chittenden County was not well represented in this assessment.

## *Implementation Plan*

The Community Health Assessment Steering Committee determined from the results of the CHNA that several areas of need offered opportunities for focused funding efforts in the Fletcher Allen Health Service Area (Chittenden and Grand Isle counties), to wit:

- The language and cultural challenges of New Americans.
- Transportation for easier access to health care, child care, and healthy foods.
- Health Care:
  - Access to dental care,
  - Access and availability of mental health care, especially for youth, and
  - Health literacy and resources to understand the health care system.

The Steering Committee recommended these priorities to Fletcher Allen's Community Benefit Committee (CBC), which oversees the Community Benefit Fund. The Committee includes six Fletcher Allen employees and six community members and is chaired by Fletcher Allen's Chief Medical Officer. The Committee reviewed the recommendations and supporting data, and agreed upon five objectives upon which to focus funding, collaboration and in-kind investment. The five priority areas (in alphabetical order) are:

- Access to Food and Good Nutrition
- Dental Health (especially children)
- Mental Health (especially children)
- Removing Barriers to Care (Transportation, Language, Affordability)
- Senior Issues (Safety, Caregiving, Well-Being)

Fletcher Allen Health Care developed four primary ways to implement a plan around the above areas:

- Community Benefit Committee oversight of the Community Benefit Fund,
- Community Health Improvement programs,
- Community Health Team direct support to patients, and
- Community involvement by Fletcher Allen.

### Community Benefit Fund

Approximately \$725,000 appropriated annually by the Community Benefit Committee. All funding efforts moving forward for FY14-FY16 will focus on the five priority areas identified in the CHNA, noted above.

### Community Health Improvement

This Fletcher Allen office (\$1.3 million budget), serves a variety of populations and age groups, from the Early Hearing Detection Intervention program for newborns to the Falls and Fires program for at-risk seniors. The office partners with other non-profits, businesses, community leaders and governmental agencies to offer a multitude of programs and educational offerings in an effort to improve the health of the communities Fletcher Allen serves.

### Community Health Team

In 2010, the Vermont Legislature passed Act 128, which in part provides that Medicaid and Vermont's three major commercial insurers will provide funds to support primary care clinics recognized by the National Committee on

Quality Assurance as Patient Centered Medical Homes. Funds are paid directly to the clinics by the insurers on a “Per Member Per Month” basis and to 14 Health Service Area lead organizations (13 hospitals and one Federally Qualified Health Center) to staff Community Health Teams which provide patients and clinics with no-cost supports. In 2011, the Centers for Medicaid and Medicare Services awarded Vermont a Multi-Payer Advanced Primary Care Practices (MAPCP) grant which allows for the use of Medicare funds for these purposes as well.

In FY09, Fletcher Allen received funding to support CHT services at two adult internal medicine clinics, its own Aesculapius Medical Center and the community-based practice owned by Dr. Eugene Moore. In FY12, Act 128 and MAPCP funding made it possible to expand CHT supports to all primary care practices in its Health Service Area. The CHT now supports 29 clinics with a total patient population of nearly 160,000. The CHT is led by a nurse and includes nurses, social workers, registered dietitians, health educators and contracts with area fitness centers to provide fitness testing and training. Providers refer patients who have or are at risk for developing chronic illness to the Team. The Team’s success began during the pilot phase and continues to this day. In 2012, 74% of the patients referred were subsequently served (5,429 people). Of those whose goal included specific measures, the Team saw the following patient success (measured six months following “graduation” from the program):

- 85.7% improved Hemoglobin A1c measures,
- 63% maintained weight loss, and
- Nearly 70% improved blood pressure (systolic) measures.

### Community Involvement

Fletcher Allen partners in community-wide planning efforts that dovetail with the CHNA. Several Community Benefit Committee members participate on the steering committee of the ECOS project, which is a multi-stakeholder group representing all 19 municipalities in Chittenden County as well as 40 non-profit, institutional and governmental agencies and organizations. The ECOS project is designed to prioritize and implement regional sustainable community development initiatives. Many staff serve on the boards of other mission related community organizations and planning groups. In partnership with United Way of Chittenden County, Fletcher Allen has also begun examining how the collective impact process can help develop solutions to complex community problems through shared goals and activities with other community agencies.

### *Access to Food and Good Nutrition*

*Why address it?* Obesity rates continue to climb in Fletcher Allen’s Health Service Area, as well as across the nation. The percentage of children participating in the free and reduced school lunch program in Chittenden County (51.5%) and Grand Isle County (49%) are notably higher than Vermont’s average (37.9%) and the nation (42%). Access to affordable healthy food was cited by key leaders, focus group participants and survey respondents as an important need in the community. Obesity prevention and adequate nutrition for children were also seen as high needs.

### *Action/Implementation plan:*

- Past and present Community Benefit funding of:
  - Fletcher Allen’s support of the United Way of Chittenden County’s Health Impact area funds programs that are committed to making sure that every person in the community can achieve

optimal health and personal safety through access to care, a safe and caring home, and good nutrition.

- In FY12, Fletcher Allen supported several food and nutrition efforts. Examples include a grant to Vermont Works for Women in support of Fresh Food, which services high-quality lunch and snacks to low-income children at participating childcare centers; seed money to start an organic garden at Smilie Elementary school and an exercise and nutrition program through the YMCA at Winooski Elementary school.
- Ongoing programs:
  - Fletcher Allen is committed to serving fresh, locally produced, minimally processed foods to patients, staff and families. The Center for Nutrition and Healthy Food Systems was recently established to educate other health care institutions about building a sustainable food service. Fletcher Allen is a signatory for Healthy Foods in Health Care initiative.
  - Healthsource Community Education series features several nutrition and healthy cooking classes each year.
  - Fletcher Allen staff serve on Hunger Free Vermont's Hunger Council, as part of the Community Hunger Project. The Council has been instrumental in expanding access to 3SquaresVT statewide, in passing state legislation to provide free breakfast to all low-income students in Vermont and in passing the 2009 Child Nutrition Omnibus bill that helped feed children during the summer, in school and in afterschool programs.
- New initiatives and future plans:
  - The Community Benefit Committee will explore additional opportunities to leverage funding in this area for FY13-FY16.

### *Dental Health (Focus on Children)*

*Why address it?* In Chittenden County, almost 20% of adults do not use the dental health system. That number rises to 23% in Grand Isle County. The percentage of children on Medicaid in Grand Isle County mirrors the state average, at 42% (29% in Chittenden County) which is almost double the U.S. average. Dental health needs were cited in focus groups, key leader interviews and the community survey as a high community need. This includes access to dental health providers, affordable dental health treatment and education.

#### *Action/Implementation plan:*

- Past and present Community Benefit funding of:
  - The Community Health Centers of Burlington for their sliding fee program in the dental clinic.
  - The Burlington School District's Tooth Tutor program, which ensures that every child has access to preventive, restorative and continuous care in a dental office.
  - Fletcher Allen's Health Assistance Program for assistance with income eligible community members for dental health needs.
- Ongoing programs:
  - Fletcher Allen provides oversight and support to four dental residents, three of whom are placed at Federally Qualified Health Centers.
- New initiatives and future plans:

- Fletcher Allen’s Pediatric Outreach Coordinator is working with the Tooth Tutor and School Nurses at the Winooski School District to implement a transportation system for dental visits.
- Fletcher Allen is partnering with United Way and others to develop a plan for increasing access to dental health care for low-income families.

### *Mental Health (Focus on Children)*

*Why address it?* Through the CHNA the community identified the need for mental health supports for children. Timely access to treatment for all ages and the early detection of mental health issues for children and teens were also noted as high needs in the community. Key leaders also stressed the importance of additional supports for children and families as a key component in reducing the future need for mental health services.

#### *Action/Implementation plan:*

- Past and present Community Benefit funding of:
  - HowardCenter Street Outreach Project, which assists those with mental health, substance abuse, homelessness and unmet social service needs and coordinates services for those individuals in downtown Burlington.
  - Visiting Nurse Association of Chittenden and Grand Isle Counties’ Family Room, which provides services to at-risk parents and their children from birth through five years in a supportive, nurturing environment.
- Ongoing programs:
  - Fletcher Allen’s Department of Child Psychiatry recently increased staffing by adding two full-time child psychiatry nurse practitioners and another full-time child psychiatrist. Patient wait times for appointments have been dramatically reduced, from 132 days to 21 days in the last year.
  - With funding from the State of Vermont, the Child Psychiatry department oversees the Autism Assessment Program, which is available to children and families across the state in an effort to increase early detection and intervention.
  - Fletcher Allen, along with other hospitals across the state, absorbed some of the State’s Mental hospital patients and continues to work collaboratively with the State in creating a sustainable placement plan for the future.
  - The Child Psychiatry fellowship program was created three years ago in an effort to graduate more child psychiatry professionals into the field. Three or four fellows participate in the program each year.
  - Fletcher Allen continues to work in partnership with HowardCenter’s Crisis Services.
- New initiatives and future plans:
  - Fletcher Allen’s Pediatric Outreach Coordinator has identified additional opportunities for collaboration and programming through nationally recognized outcomes based programs to help increase support for children by enhancing family skills and capacity.
  - Fletcher Allen has partnered with HowardCenter and United Way to facilitate an on-going dialogue to identify barriers and opportunities for systems change within our current pediatric mental health services.

### *Removing Barriers to Care (Affordability, Transportation, Language)*

*Why address it?* As a federally designated refugee resettlement site, Vermont, and especially Chittenden County, is home to a large number of refugees, with approximately 35 languages spoken in the Burlington and Winooski schools. In focus groups and in key leader interviews, we heard of the challenges New Americans face, especially in terms of difficulties navigating the health care system and other social supports. In reviewing the data, the Community Benefit Committee agreed to not list “New Americans” as a specific priority, but, rather, to focus on removing barriers to care as barriers were a frequent theme relating to this population, which also affects many others as well. Inadequate transportation was also seen as a great need in our community, as was affordability of health care. Grand Isle County in particular has higher rates of uninsured than state levels (13%) and a higher percentage of adults receiving Medicaid or other public programs (25%).

#### *Action/Implementation plan:*

- Past and present Community Benefit funding of the Community Health Centers of Burlington for their sliding fee program.
- Ongoing programs
  - Fletcher Allen’s Health Assistance Program: provides assistance with co-pays, medications, vision, dental and hearing care.
  - Transforming Primary Care: Fletcher Allen began this initiative in early 2012 and by the end of calendar 2013 all its internal medicine, family medicine and pediatric clinics will have a new care delivery process in place that is founded on the principles of standardization, reliability and customization to the patient. Key to the work of “Transforming” is creating and supporting the capability to harness information and to understand information to increase the health of the population served (today 75,000) and to improve the patient experience.
  - Patient Assistance Program: Fletcher Allen is committed to providing financial assistance to persons who have essential health care needs and are uninsured, underinsured, ineligible for a government program or otherwise unable to pay, for medically necessary care based on their individual financial situation. In FY11, Fletcher Allen provided \$7.1 million in charity care to income-eligible patients.
  - Fletcher Allen helps to subsidize several bus routes in the region to increase access to care for patients. In FY12 this cost approximately \$50,000. Fletcher Allen also assists income eligible patients with parking costs; approximately \$163,000 a year.
  - Through our Case Management and Social Work department, Fletcher Allen helps facilitate safe and timely discharges via transportation, bridge medications, gas cards, ferry passes and other short term transition necessities.
  - Fletcher Allen arranges in person interpreters for approximately 900 appointments per month across our network. Fletcher Allen is also rapidly increasing the use of technology to provide ASL and spoken interpretation, in addition to phone interpreter service. In FY12, Fletcher Allen provided over \$1 million in translation services.
- New initiatives and future plans:
  - Partner with United Way on two new initiatives:

- Neighbor Rides will increase access to transportation options for seniors and adults with disabilities.
- The Interpreter Project will explore a systemic approach to quality translation needs of multiple organizations.

### *Senior Issues (Caregiving, Safety, Well-Being)*

*Why address it?* Our aging population presents unique challenges for our community. Although the percentage of residents 65 and over in Chittenden County is less than the overall State's average, the rate at which Chittenden County is aging is much greater. Our aging population presents unique challenges for our community. Keeping seniors safe in their homes and ensuring adequate and affordable caregiving supports were cited as needs to be addressed. Creating an environment of optimal well-being for seniors, through access to primary care, chronic disease maintenance and prevention and access to social supports were also seen as needs.

#### *Action/Implementation plan:*

- Past and present Community Benefit funding of:
  - Cathedral Square for Support and Services at Home (SASH), which connects the health and long-term care systems for seniors in the region.
  - Visiting Nurse Association of Chittenden and Grand Isle Counties' Adult Day program which provides care for elders, people with dementia, adults with mental and physical disabilities and others who need support during their day.
  - Vermont Ethics Network education and outreach regarding Advance Directives, palliative care and the like for both community members and health care professionals.
- Ongoing programs:
  - Fletcher Allen's Director of Palliative Care Services chairs UVM Dean's Palliative Care Collaborative. The Collaborative seeks to develop and implement approaches to improve the quality of care for serious illness at the end of life, as well as to improve the experience of patients and families during these times, through fellowships, educational programs and community resources.
  - Fletcher Allen's Rural Palliative Care Network (RPCN) was developed in 2009 to strengthen regional palliative care expertise and collaboration and to provide telemedicine palliative care consultations to remote sites. While telemedicine can help overcome specific staffing and educational challenges unique to rural environments, aspects of this model are also relevant to urban centers such as dissemination of distance education and improving care transitions.
  - Healthsource Community Education series features classes on senior related health issues several times a year, including free blood pressure and low-cost cholesterol screenings.
  - Through Fletcher Allen's Falls and Fires program, income-eligible seniors or disabled adults are offered free home safety assessments and receive assistance with materials for modifications.
  - Footnoters program, which offers free foot care to seniors and disabled adults, at senior residences or congregate meal sites.
  - Free self-management classes held year-round.

- Work in partnership with the Burlington Housing Authority to employ a SASH nurse at Burlington’s housing sites to offer both individual and group education through 1:1 visits, group wellness classes, health education, medication management, assistance and support with chronic disease management and self-care. Residents are low-income seniors and disabled adults.
- Comprehensive transition planning for seniors, including arranging home care, transfers to rehab, skilled nursing care and other extended care facilities.
- Fletcher Allen continues to partner with organizations such as SASH, Community Health Teams, Vermont Chronic Care Initiative, Vermont Managed Care, Adult Protective Services, Vermont Respite House, Department of Health Access, home care agencies and more.
- New initiatives and future plans:
  - Fletcher Allen will continue to work on innovative ways to improve the care of the elderly in the hospital by preserving their mobility, proactively addressing nutrition and medication issues and focusing on the risk of falls.

Four specific health issues were identified through review of external health data. All of these below are addressed, at least partially, in the five identified priority areas.

### *Cancer*

*Why address it?* The CHNA identified that the incidence of breast cancer and of colorectal cancer in women in the county is higher than the statewide incidence. Lung cancer incidence in the county is statistically the same as for Vermont as a whole, but is statistically worse than for the U.S. While not all cancers are preventable, not using tobacco products, healthy eating and exercise help prevent many cancers. “Besides lung cancer, tobacco use also increases the risk for cancers of the mouth, lips, nasal cavity and sinuses, larynx, pharynx, esophagus, stomach, pancreas, kidney, bladder, uterus, cervix, colon, ovary and acute myeloid leukemia (*Cancer Facts & Figures 2013* found at [www.cancer.org/cancer/cancercauses](http://www.cancer.org/cancer/cancercauses)). Regarding nutrition, the National Cancer Institute reports that “with respect to dietary factors that may protect against cancer, the greatest consistency was seen for fruits and nonstarchy vegetables.” The same site notes that “a growing body of epidemiologic evidence suggests that people who are more physically active have a lower risk of certain malignancies than those who are more sedentary.” ([www.cancer.gov/cancertopics/pdq/prevention](http://www.cancer.gov/cancertopics/pdq/prevention))

### *Action/Implementation plan:*

- Past and present Community Benefit funding of:
  - Fletcher Allen has long supported the American Cancer Society’s Coalition for a Tobacco Free Vermont. The Coalition works to secure tobacco program funding, protect the tobacco trust fund, educate lawmakers concerning need for increased cigarette tax and the need to strengthen smoke-free restrictions and works to build momentum around providing greater access to cessation treatment and services by the Medicaid population.
- Ongoing programs:
  - From 2001-2011 Fletcher Allen provided leadership for adult cessation programs located at all Vermont hospitals by offering Fresh Start trainings, assisting practitioners in gaining credentials as Tobacco Treatment Specialists maintaining a statewide database on all people served by the program,

and in managing distribution of free Nicotine Replacement Therapy to clients. During 2011-2012 Fletcher Allen supported the transition of the program to the Vermont Blueprint for Health, which supports the recognition (National Committee on Quality Assurance) of patient-centered medical homes and the creation of Community Health Teams which provide additional support to the PCMHs. From 2001-2011 the statewide program served 18,000 smokers with a quit rate of over 60%. Since 2001 Fletcher Allen has been one of the hospitals providing cessation services and served 2195 smokers. Today, Fletcher Allen's Community Health Team has five certified Tobacco Treatment Specialists, and one who is in the process of becoming a Specialist. In the year just ended, the Team served 246 people who had set quit dates.

### *Chronic Disease*

*Why address it?* Rates of adult asthma, arthritis and cancer in Chittenden and Grand Isle counties are above the national average.

#### *Action/Implementation plan:*

- Past and present Community Benefit funding of:
  - Funding to the Greater Burlington Y for the B-Fit program, which is a free physician-referred exercise program for seniors with chronic disease. The weekly classes combine gentle land and water exercises which emphasize flexibility, strength, balance and cardiovascular endurance.
- Ongoing programs:
  - Free self-management programs for individuals living with chronic disease are offered throughout the year. In FY12, Fletcher Allen offered 23 free workshops to the community.
  - Fletcher Allen's patient-centered medical homes are primary care settings that improve quality and educate patients, empowering them to become partners in their care to create optimum health. Patient-centered medical homes include the Community Health Team, nurses, social workers, dietitians and health educators; who work together to help patients manage chronic conditions.
  - Transforming Primary Care: Fletcher Allen began this initiative in early 2012 and by the end of calendar 2013 all its internal medicine, family medicine and pediatric clinics have a new care delivery process in place that is founded on the principles of standardization, reliability and customization to the patient. Key to the work of "Transforming" is creating and supporting the capability to harness information and to understand information to increase the health of the population served (today 75,000) and to improve the patient experience.

### *Substance Abuse*

*Why address it?* Substance abuse was frequently cited in key leader interviews and focus groups, especially as it pertained to opiate use and addiction. Both Chittenden and Grand Isle counties have higher levels of youth marijuana use than the national average.

*Action/Implementation plan:*

- Ongoing programs:
  - Fletcher Allen, in conjunction with the University of Vermont, operates the largest methadone treatment clinic in the state.
  - Fletcher Allen supports HowardCenter's ACT/1 Bridge program through sponsorship of rent for the facility. ACT/1 Bridge provides a safe detoxification center and offers short-term substance abuse treatment.
- New initiatives and future plans:
  - In 2012 Fletcher Allen was selected by the State of Vermont to host a pilot project for the treatment of opioid dependence. The Hub and Spoke pilot is a collaborative effort with Fletcher Allen (through its Community Health Improvement Office) and the HowardCenter, as well as the Vermont Blueprint for Health. Working with the Community Health Team, the pilot calls for coordinating the care of individuals with complex addictions who receive prescribed opiate therapy.

*Prenatal Care*

*Why address it?* First Trimester care rates in Chittenden and Grande Isle counties are below the national average.

*Action/Implementation plan:*

- Ongoing programs:
  - Transforming Primary Care: Fletcher Allen began this initiative in early 2012 and by the end of calendar 2013 all its internal medicine, family medicine and pediatric clinics will have a new care delivery process in place that is founded on the principles of standardization, reliability and customization to the patient. Key to the work of "Transforming" is creating and supporting the capability to harness information and to understand information to increase the health of the population served (today 75,000) and to improve the patient experience.
- New initiatives and future plans:
  - Work with OBGYN, family practice, pediatrics and the community to understand rates and possible NICU ramifications.

*Needs Identified in the CHNA not Included in this Implementation Plan*

The Community Health Needs Assessment identified several social determinants of health that were not included in the five priority areas. The top needs were livable wage and affordable housing. While these are important social determinants of health, they are outside the scope of our expertise and core competencies and are more suited to community collaborative efforts.

*Affordable Housing.* The need for more housing of this nature was cited in focus groups as well as the community survey as a large community need. Numerous community organizations (the Champlain Housing Trust, the

Burlington Housing Trust, the ECOS Project and others) are working on this issue. This focus was seen as outside Fletcher Allen's purview or ability to impact in any material way.

*Livable Wage & Economic Opportunities.* A livable wage (and economic opportunity) was also noted as a need by key leaders, focus groups, and the community at large. As with affordable housing, a community-wide livable wage is outside Fletcher Allen's purview. However, Fletcher Allen does participate in the Working Bridges program, which is a collaborative dedicated to improving workplace productivity, retention, advancement and financial stability for employees.

## COMMUNITY HEALTH NEEDS ASSESSMENT STEERING COMMITTEE 2012-2013

BEVERLY BOGET

Director of Planning and Government Relations, Visiting Nurse Association of Chittenden and Grand Isle Counties

ALISON CALDERARA

Director of Community Relations and Development, Community Health Center of Burlington

JULIE COLE

Project Coordinator, Community Health Improvement, Fletcher Allen Health Care

HEATHER DANIS

District Director, Burlington District, Vermont Department of Health

EDWIN DEMOTT

Public Health Supervisor, Vermont Department of Health

KAREN MCKNIGHT

Quality Consultant, Jeffords Institute for Quality and Effectiveness, Fletcher Allen Health Care

## KEY LEADERS INTERVIEWED

### BURLINGTON POLICE DEPARTMENT

Chief of Police

### C.I.D.E.R.

Executive Director

### COMMUNITY HEALTH CENTER OF BURLINGTON

Medical Director

### HOWARD CENTER

Executive Director

Director of Mental Health and Substance Abuse Services

### HUNGER FREE VERMONT

Executive Director

### MILTON FAMILY CENTER

Executive Director

### SPECTRUM YOUTH AND FAMILY SERVICES

Executive Director

Associate Executive Director

### UNITED WAY OF CHITTENDEN COUNTY

Executive Director

### UNIVERSITY OF VERMONT

Professor

### VERMONT AGENCY OF HUMAN SERVICES

Field Director, Burlington District

### VERMONT OFFICE OF MINORITY HEALTH

Minority Health Coordinator

### VISITING NURSE ASSOCIATION

VP for Adult Clinical Services

Director of Child and Family Services

### WINOOSKI SCHOOL DISTRICT

School Nurse (2)

## KEY LEADER INTERVIEWS

### EXECUTIVE SUMMARY

#### *Process*

During the late fall/early winter of 2011, seventeen leaders in Chittenden and Grand Isle counties were interviewed by Fletcher Allen as part of our community health assessment. Interviews were conducted by Karen McKnight, Quality Consultant, and Julie Cole, Project Coordinator. The interviews generally lasted sixty to ninety minutes. Interviewees were asked a series of questions about healthy communities, unmet needs, important health issues, barriers, range of available community services and recommendations for improving the quality of life for residents. All interviews were transcribed and returned to participants for review. Participants were also assured that their comments would remain non-attributable.

#### *Responses*

The first question asked of leaders was their vision of a healthy community. The most commonly cited themes from this question were around effective collaboration between agencies, a robust education system, access to nutrition literacy and healthy food, an equitable healthcare system with a focus on prevention and strong social determinants of health (affordable housing, employment, and economic success).

When asked what is currently healthy about our community, respondents cited strong community collaboration, a well-educated and skilled workforce, focus on a healthy lifestyle including nutrition literacy nutritious food availability, a range of community services and resources, a healthy and clean environment and low poverty.

The next few questions asked community leaders about unmet health needs in the community, as well as the current most salient health issues. By far, mental health and substance abuse were mentioned the most.

Overprescribing of prescription drugs, access to (addiction or mental health treatment, long wait times for treatment, lack of prevention interventions (especially for children and substance abuse), a culture in Vermont that minimizes drug use were all cited as particular unmet needs.

Case management and discharge issues were also mentioned by leaders as an area of need in our community. In that regard, a need for more coordinated care, lack of transition plans and the absence of medical respite beds for our most vulnerable populations were cited.

Issues around nutrition, access to healthy foods, obesity and cost of food were also noted. Leaders felt that more support for children and families were also needed in our community, especially in terms of prevention for children and keeping kids on the right track. Continued support for New Americans were also mentioned by leaders as an area that was a need.

Additional areas of unmet need that leaders expressed were dental health, especially in terms of access for low-income populations, lack of a low-barrier shelter, affordable housing, low rates of DCF investigations, lack of community gathering points in our more rural areas as well as economic opportunities.

Barriers cited by leaders were transportation, excessive documentation requirements, difficulty navigation resources and systems, and cultural understanding. Leaders cited inadequacy of transportation, excessive documentation requirements, difficulty navigating resources and systems, and cultural understanding as barriers.

Interviewees were asked their thoughts on efforts that could be done to improve the quality of life for residents. Supports for children and families was mentioned overwhelmingly as most important in regards to changing the narrative for children. Keys to success include: Keeping children engaged, connected to their communities and offering healthy avenues for them outside the home. Increasing our communities' capacities to offer substance abuse treatment, timely access to and early detection of mental health issues and changing the drug culture in Vermont were also noted as strategies to improve the health of our community. Other comments by leaders to improve the quality of life for members (inhabitants) of their communities were to ensure an equitable health care system, maintain a strong focus on education, increase economic opportunities, affordable housing, and continued community building.

## FOCUS GROUP SUMMARIES

Prepared by: Toby Knox & Associates, LLC  
Shelburne, VT 802-985-3192

### *Research Objective*

The main objective of the focus groups was to hear from community members regarding their thoughts on the health of their community.

The focus groups are part of a larger assessment being conducted by Fletcher Allen Health Care and other community agencies.

### *Methodology & Sampling*

Five focus groups were conducted during the period of November 2 – December 16, 2011. The groups were held in the following locations:

- South Hero Congregational Church with senior citizens
- Community Health Center in Burlington with a cross-section of patients
- Burlington Housing Authority's South Square with residents
- Winooski Community Center with Bhutanese refugees
- Spectrum in Burlington with young adults

FAHC Community Health Improvement coordinated the recruitment of the participants and the logistics.

In total, 53 individuals participated in the five focus groups.

Throughout this report, selected verbatim comments of the focus group participants appear in *italics*.

Due to the small sample size, these findings are qualitative in nature, and thus cannot be projected to represent the views of all residents of the Chittenden and Grand Isle Counties.

### *Overall Demographics of Participants\**

Gender: 36 females, (68%) 16 males (31%) and 1 transgender

Age breakdown: Under 20 - 5; 20-29 - 3; 30-39 - 3; 40-49 - 8; 50-59 - 13; 60-69 - 8; 70 plus - 11

Marital Status: Single: 19; With partner: 1; Married: 19; Widowed: 6; Divorced: 6

Education: (1 person did not respond); Less than high school: 13; Some high school: 4;

High school graduate: 16; GED: 1; Some college: 6; Bachelor's degree: 8; graduate degree: 2

Income: Less than \$10,000: 15; \$10,000-\$24,999: 25; \$25,000-\$49,999: 5; \$50,000-\$99,999: 4; Unknown/not recorded: 2

Employment: Full employment: 9; Part-time: 8; Retired: 16; Unemployed: 12; Disabled/handicapped: 6

Medical insurance\*: Public; 31; Private: 7; None: 5; Yes, with no designation: 7; Other/not recorded: 4; \* Several participants indicated both public and private

Children under 21 living at home: 14

Residence: 29 Burlington; 6 South Burlington; 10 Winooski; 6 South Hero; 2 Grand Isle

\*One individual did not fill out a demographic form and on several forms some items were left blank so not all of the categories add up to 53.

### *Executive Summary*

In spite of their various concerns, problems, challenges or disliked aspects, participants, by and large, feel positive about their community. The community's small size and a sense of community are important and valued.

Neighbors and friends are supportive and appreciated. With a few exceptions, there are few complaints about the delivery of healthcare and the medical community. Community Health Center is well thought of.

There are numerous items about which participants have varying degrees of concern:

- The amount of crime and the concern for one's personal safety
- Mobility and transportation
  - The lack of low cost transportation options other than CCTA or SSTA
  - Inconvenient bus schedules and routes
  - Difficulty walking on the sidewalks in winter
  - Poor street lighting
- Income disparity and inability to access certain services or resources due to cost
- A status of feeling of financial insecurity that has could have an effect on one's health
- The gaps in health insurance coverage and the subsequent cost of non-covered medical services or the co-pay
- The prevalence of a homeless population and the inability to obtain adequate shelter or housing
- An undertone of ethnic and cultural prejudice and discrimination
- The inability of residents who do not speak English to function easily in the community
- An unacceptable level of child and domestic abuse
- The existence of substance abuse with limited resources to affect change
- The amount of time waiting in the FAHC Emergency Room and the unequal treatment of those who arrive by ambulance as opposed to those who arrive on their own
- The practices and focus of the Burlington Police Department with regards to youth and the heightened police presence in downtown commercial Burlington versus in neighborhoods needing a police presence

Many of the suggestions or recommendations to make the community better or address healthcare related needs are in response to stated concerns:

- Increase the number of shelters

- Increase the number of youth activities
- Assure residents' personal safety and reduce the crime level
- Include dental and eye glasses Medicaid insurance coverage
- Reduce the anxiety and insecurity that many feel with respect to being “on the edge” and thus not having the resources to pay for medical costs or maintain a healthy lifestyle
- Address the substance abuse and treatment problem
- Increase the street lighting
- Reduce the waiting time in the ER
- Address the bus scheduling and routing
- Address the inequality of access to desired services that affect one's health, such as gym memberships
- Position more Burlington police in neighborhoods with significant crime

It is common for many participants to make choices concerning their health because of limited funds for preventive or emergency care, food, and housing or needed medical services not covered by health insurance.

Obtaining desired information regarding health and wellness is difficult for many residents either due an inability to understand English or not knowing where to obtain information.

#### *Demographics of South Hero Participants*

8 participants: 6 females and 2 males

Marital status: 5 widowed, 2 married, 1 single

Age: All 8 are more than 70 years old

Education: 5 high school graduates, 1 Bachelor's degree, 1 graduate degree

Income: 1 - less than \$10,000; 3 - \$10,000-\$24,999; 2 - \$25,000-\$49,999; 1 - \$50,000-\$99,999; 1 – unknown

Employment: All are retired

Health insurance coverage: 2 – public; 2 – public & private; 2 – “yes” have insurance; 1 – no insurance; 1 – “other”

Residence: 6 live in S. Hero and 2 in Grand Isle

Only 1 household has a child under the age of 21 living at home.

#### **South Hero – Good about the Community**

Participants feel very positive about their community.

C.I.D.E.R.'s programs and transportation are especially well received.

*Generally we depend on C.I. D. E. R. for a lot of things.*

*It allows people to remain in their homes and not have to go into nursing homes. It affords transportation for doctors' visits and the hospital.*

*C.I.D.E.R. is wonderful and this community is wonderful.*

There is a strong sense of community and close knit connections among residents.

*The islanders are close knit and probably have to be under certain circumstances.*

The volunteer fire department, rescue squad and sheriffs are held in high esteem.

Available locally are a doctor and physical therapist. A seniors' living center is being planned.

The schools and the local land trust are mentioned as positives as well as lack of pollution.

### ***South Hero - Concerns about the Community***

There are few things about the area that are deemed not to be positive:

- An aging population
- High property taxes
- Potential isolation in a disaster
- Lack of employment opportunities.

*I think that eventually it's going to be that the kids that are in school now are going to move away so it's going to be the older groups, older citizens living here, and as they die off the younger kids probably won't be coming back because there isn't any kind of work except farming and maybe some small businesses.*

*The property taxes are so high here that young families cannot afford to live here.*

*But with only two roads in and out... we could survive for a while like we did with the ice storm.*

### **South Hero – Healthcare Concerns**

A number of healthcare related items are listed as concerns or lacking and/or are desired locally:

- Lack of palliative care
- Lack of an eye doctor
- Lack of local dialysis treatment
- A desire for a larger, more modern health facility and laboratory
- A desire for more local specialists
- A desire for a senior center and/or adult day care
- Current lack of options for shut-ins
- The long waiting time in the emergency room if you do not arrive by ambulance.

*If you go by yourself you are going to wait.*

*Maybe a bigger clinic with more options of physicians. Maybe more specialists.*

*I am thinking of adult day care. There are people that can't be alone.*

### *South Hero – Risky Behavior, Emergency Access and Preventive Care*

The only thing considered to be risky behavior concerns local highway safety and congestion during parts of the year.

*It's a bigger deal in the summer, spring and fall. It's better in the winter.* Participants do not believe there is a problem accessing emergency services thanks to C.I.D.E.R.'s services and the rescue squad.

No desired preventive services are lacking.

*We get flu shots regularly.*

*They have a foot clinic here at the church once a month.*

There is mention that there is no fitness center or exercise space available; however, exercise is available through C.I.D.E.R.

### *Demographics of South Square Participants*

Participants: 12 females

Marital status: 1 widowed, 5 divorced, 6 single

Age: 3 – 50-59; 6 – 60-69; 3 – 70 +

Education: 3 some high school; 5 high school graduates, 2 some college, 2 Bachelor's degree

Income: 4 - less than \$10,000; 7 - \$10,000-\$24,999; 1 – unknown

Employment: 1 part-time; 2 unemployed; 6 retired; 2 handicapped/disabled; 1 unknown

Health insurance coverage: 6 – public; 2 – public & private; 1 – “yes” have insurance; 1 – no insurance; 1 – no response; 1 - private

Residence: All live in South Square in downtown Burlington

There are no children under the age of 21 living at South Square.

### **South Square – Good about the Community**

By and large, South Square residents feel good about where they live and the community in which they live.

*There's transportation; there's shopping; there's the waterfront; there's the hospital. Everything is here.*

*The shuttle bus will take you whichever place you want to go.*

*We have a lot of specialists. There is really no shortage.*

*We have a teaching hospital here. We have colleges here. College means new, young blood and constantly bringing new things to the area. It won't stagnate.*

*The farmers' market.*

*The library. If you want to take computer classes or languages they are there to help and assist you.*

*People have to take advantage and look into these things that are available because there is everything available. We get help with medication costs, eye glasses costs, free shower seat if you need it or free shower head. The positives are endless.*

### *South Square – Concerns about the Community*

More than half of the participants cite personal safety as a concern.

*The crime rate and what's been going on. I don't feel safe going out at night by myself.*

The poor condition of the roads and sidewalks causes difficulties.

*What would make things better for me and people with walkers and wheelchairs would be for them to fix these roads.*

*It would be wonderful if the sidewalks were cleared better in the winter.*

There is unhappiness with the waiting time in the emergency room.

The transportation options for people on limited incomes are few, especially for places off CCTA routes.

*I think accessibility to some of the clinics they have set up at Fletcher Allen like orthopedics. It's out on Tilly Drive.*

*If you are up at the ER and you call a cab, and you have a walker or a wheelchair, they will charge you extra.*

*One day I ended up in the Emergency Room, by ambulance, I was pretty sick and I didn't have any way home and I didn't have any money because it was the end of the month. I had to walk home from the ER and I didn't feel very good.*

There is a concern among participants about the size and condition of the homeless population and the lack of suitable places for them to go during the day.

*I think something has to be done about the homeless population....there are a lot of people out there and there's not enough outreach workers.*

*The COTS station and whatever any other services are but they don't have any place to go during the day.*

Residents express a concern that there is not an intermediate care facility for patients discharged from the hospital but who are not ready to return home.

*There's no place for them to go other than to be shuffled from nursing home to nursing home.*

The prevalence of domestic abuse is a concern.

*Whenever you have economic pressures, with people who are not able to find a job and not able to support their family, then you get into abuse with people who wouldn't ordinarily do that.*

### ***South Square – Making the Community Better***

Participants desire a downtown supermarket.

*What I would like to see is another supermarket here rather than City Market, which is very expensive. Something that is accessible so if we want to walk we can.*

The lack of translators for non-English speaking residents is a problem.

*The more diversified we get as a community the more need there is for translators.*

*I think what needs some attention is translation work, especially with the foreigners and particularly with medical care.*

There is a desire by some to participate in local cultural events but difficulty with transportation makes it challenging.

*There's a lot of cultural diversity that we are not allowed to be in on because of barriers that are set up, whether it be lingual or transportation.*

### *South Square – Healthcare Concerns or Needs*

It is suggested that there be improved publicity of the various programs for which residents are eligible.

Several individuals indicate having had a negative experience with doctors who are not respectful of the elderly.

Even though most residents are happy living at South Square, they express an anxiety as to where they would live if South Square were not available for some reason.

*I'd be on the street.*

*In a nursing home.*

*What's going to happen to me if I have a major stroke?*

There is a questioning as to who will be an advocate or support for an elderly individual in need.

*You need an advocate when you are elderly and in the hospital.*

*Fletcher Allen does have an advocacy system in place but I've never seen it in action myself.*

### *South Square – Emergency and Preventive Services*

There are mixed experiences in accessing emergency room services, primarily revolving around transportation to the ER.

*Unless you call an ambulance, you can't get to the ER because no buses go there.*

*If you don't go in the ambulance you don't get taken care of very soon.*

*We are on fixed income and sometimes we don't have money to take a cab.*

There is appreciation for South Square's wellness expert who is on-site once a week.

*She is the one that is teaching us and making us available to classes that will prevent problems.*

A number of residents are pleased with the services that the Community Health Center offers.

*I get all the care I need...I'm very impressed. I love all my doctors.*

*I go for the dental part which is very helpful. It's a sliding fee.*

### *South Square – Access to Desired Information*

Most residents feel they do not have the healthcare and community related information they would like. However, there is not a preferred source of information and many are unsure where to turn. Only three of the participants access the Internet for desired information.

*I think posting it on the wall (at South Square).*

*I think Champlain Valley Agency on Aging is a good resource for getting general information. They are a wealth of information if you can get someone to call you back.*

There is a lack of participation in the various wellness and other presentations given at South Square. Timing of the presentations and other factors are barriers.

### *Demographics of Spectrum/Youth Participants*

Participants\*: 1 female; 6 males; 1 transgender

Marital status: 7 single

Age: 4 – under 20; 3 – 20-29

Education: 1 some high school; 2 high school graduates, 3 some college, 1 unknown

Income: 5 - less than \$10,000; 2 - \$10,000-\$24,999

Employment: 2 part-time; 5 unemployed

Health insurance coverage: 3 – public; 1 – public & private; 1 – “yes” have insurance; 2 - other

Residence: 6 live in Burlington and 1 in South Burlington

Children under 21 living at home: 1 HH – 2 children; 2 HH – 1 child

\*One person did not fill out the demographic form.

### *Spectrum/Youth Population – Good about the Community*

The participants, ranging in age between 18 and 21, indicate the things they like about their community have to do with the general environment in which they live. They appreciate the community is not spread out and not crowded. There are enough things and activities for them to do to satisfy them. They find the support they need from friends.

*I like that everything is so close together.*

*I like having a bunch of friends that can support you with decisions that you make and choices that come up in life.*

*I think Burlington is pretty mellow. It's not too crowded. Most of the people are nice and pretty cool.*

*There is a bunch of places that you can go for walks and ride your bikes and you can do a lot of activities.*

### *Spectrum/Youth Population – Making the Community Better*

There is a desire for increased number of services for youth, such as shelters and places for them to hang-out.

*We have a lot of people my age living outside and barely making it.*

*There is no place for us to hang out or just chill.*

*Like an older Boys and girls Club kind of thing. That would be cool.*

*A shelter, like Spectrum for kids that like, once they turn 22 you have to leave the shelter. They are still going to be homeless but yet they can't stay there anymore because they had a birthday.*

Associated with a concern about crime, there is a desire for increased street lighting.

*More lights on the street...I can't see anything.*

### *Spectrum/Youth Population – Concerns about the Community*

Crime, trash, substance abuse, and the practices of the police are concerns. Police are thought to hassle youth for no reason and to protect the business community more so than the neighborhoods where the individuals live. There is distrust of the police.

*You walk down Church Street and it's just filthy.*

*There's a lot of crime in my neighborhood.*

*...when I go out at night I never see a cop. That's why I don't walk late at night here.*

*I think it would help if you had less cops on Church Street protecting the Market Place and more cops monitoring the Old North End.*

*I think that cops pay a lot of attention to the petty stuff. Like they abuse their power.*

*They want to protect Burlington's image on Church Street and keep homeless people and youth off of Church Street from tainting the image of Church Street but there is not money in protecting the North End because there's no business and there's no rich people there.*

*I honestly would take care of my own problems before I ever would go to the police.*

Inconsistent bus service, especially at night, is problematic.

### *Spectrum/Youth Population – Concerns about Healthcare*

Even though all participants indicate they have health insurance, there is concern and anxiety concerning coverage, transitioning from one carrier to the next and the co-pay costs.

*I have to figure out the whole Medicaid to VHAP switch.*

*There's a co-pay and you don't get either eye care or dental. I don't remember.*

*The whole co-pay thing... I am scared. I am a type one diabetic.*

*I honestly have gotten sick with worry considering I already know what my life expectancy is.*

There are difficulties with being covered due to bureaucratic difficulties with carriers and other social service agencies.

*I feel they nit-pick about it, about who they cover, how much they cover and why they cover it.*

*They canceled them (Food Stamps) in June because I missed some paperwork.*

There are complaints about the waiting time in the ER.

A prevalence of substance abuse and smoking are indications of a less than healthy community.

*I live in a neighborhood with lots of substance abuse.*

*If you walk down Church Street you see all the people smoking ...and second hand smoke is bad.*

A number of individuals state they do not eat well due to the cost of food.

*I don't buy food. I buy cigarettes because that's all I can really afford because I can go 3 days without food but I can't go 3 days without a smoke.*

*On the first of the month I go (to Rite Aid) and spend \$50.00 on Oatmeal Crème pies.*

### *Demographics of Bhutanese Refugee Participants*

Participants: 9 females; 6 males

Marital status: 14 married; 1 single

Age: 1 – under 20; 1 – 20-29; 1 – 30-39; 3 – 4-49; 7 – 50-59; 2 – 60-69

Education: 12 less than high school; 2 high school graduates, 1 Bachelor's degree

Income: 1 - less than \$10,000; 10 - \$10,000-\$24,999; 2 - \$25,000-\$49,999; 2 - \$50,000-\$99,999.

Employment: 2 part-time; 7 full time; 4 unemployed; 2 retired

Health insurance coverage: 9 – public; 3 – “yes” have insurance; 3 – no insurance

Children under 21 living at home: 6 HH – 1 child; 4 HH – 2 children; 2 HH – 3 children

### *Bhutanese – Good about the community*

The Bhutanese refugees are tied to their culture and religion and, while there are challenges and difficulties in living in the Burlington area, they appreciate the general environment.

*We like our culture and our religious practice.*

*The environment here, we love that. We like the rules and regulations around here.*

### *Bhutanese – Concerns about the Community*

The refugees face many obstacles and hurdles to fully functioning easily in the community. Most participants do not speak English, and it is a barrier to daily living and complete integration into the greater community. Most of the problems and challenges they face stem from an inability to speak or understand English.

*The problem is the English language.*

*We don't know what dates (on food) are expired and which one is good. We don't know which one is healthy food.*

*Because of the language barrier I am not able to work.*

Transportation is a problem in terms of the bus schedule or the routes.

*There is no bus to go to Costco. And Shaw's over there. Some people do their job but they have to take the bus to different places and they have to walk for a mile to get to the job.*

*Sundays we have to go for a job and there is no transportation on Sundays.*

Many individuals are concerned about their safety and the crime rate.

*We do not feel safe at night.*

*It is uncomfortable to go from our house at night because of outside people, street people.*

*I'm stuck in my home until he (her husband) is back from work (after 2 a.m.) because the street is not a good place.*

Several individuals express their concern about African-Americans.

*There is a problem with black people. They loot.*

A lack of understanding English makes some participants uneasy about their safety.

*While we are walking, they might say something bad and we don't know what they are talking about and that scares us.*

There is concern that without an ability to speak English that citizenship will be denied leading to an uncertain future.

*What will happen if we don't get citizenship?*

### *Bhutanese – Concerns about Healthcare*

The lack of health insurance and/or the gaps in coverage for eye glasses and dentistry are a worry and results in participants not accessing required or desired medical services.

*Medicaid insurance. That does not cover properly. Dental and eye glasses.*

Many are reluctant to access emergency services due to the cost not covered by health insurance.

*They call friends for help instead of calling the ambulance. They call the ambulance because of emergency problem and they send a really big bill.*

*Many of our community people didn't go to the hospital because they don't have insurance.*

*From the hospital, they call many times to take care but because of insurance she didn't go.*

Having adequate housing is a problem, especially for those with limited incomes.

*They applied for the housing program and they are not qualified because she is disabled and only her husband works so that income does not match the housing program criteria.*

### ***Bhutanese – Challenges Facing their Community***

Participants express concern that some people in the greater Burlington community do not understand their culture and traditions, which makes life for them difficult and uncomfortable.

*They are always criticizing the culture so we don't like that. We want to be free to celebrate our culture here.*

*If I wear pink or red, it doesn't matter...but when I took a job they sent me back from job because I had on a little pink shirt.*

*Because our culture is really close and when we walk we join hands and that is a close friend. We didn't think that they were gay.*

*In our culture when a mom or dad passes, or someone in the family, we have cultural rules and regulations. We have to pray for him, for his soul, and you have to wait for 13 days. The job manager offered 2 or 3 days and said we don't have a job for you after 13 days.*

Participants lament the lack of a local Hindu temple.

Individuals wanting to exercise and not pay money do not know where to go.

*There is no public place where we can go and do exercise. They ask for money.*

Obtaining the proper education in order to have a good job is a problem

*After graduation the kids are not going to get a good job because they don't have money to pay for college fees.*

*One problem in the community is schooling. But people who are above 18 are not qualified for high school.*

Learning about available services in the community is difficult due to the language problem. The participants do not depend on the media or other traditional communications channels for desired information. Friends and volunteers in the community are more likely to be an information source or a resource.

### ***Demographics of Community Health Center Participants***

Participants: 8 females; 2 males

Marital status: 3 married; 5 single; 1 partner; 1 divorced.

Age: 2 - 30-39; 5 - 40-49; 3 - 50-59

Education: 1 less than high school; 1 GED; 1 some high school; 1 high school graduate; 1 some college; 4 Bachelor's degree; 1 graduate degree

Income: 4 - less than \$10,000; 4 - \$10,000-\$24,999; 1 - \$25,000-\$49,999; 1 - \$50,000-\$99,999

Employment: 2 full time; 3 part-time; 4 disabled; 1 unemployed

Health insurance coverage: 8 – public; 2 - private

Residence: 3 live in Burlington; 4 in Winooski; 3 in S. Burlington

Children under 21 living at home: 2 HH – 1 child; 1 HH – 3 children

### *Community Health Center Participants – Visions of a Healthy Community/Make Community Better*

Not all aspects of the vision are currently attainable.

Having a safe community and having the security of knowing your family's health needs will be taken care of are important to participants.

*Having the security that your health and dental needs will be met for you and your family.*

Diversity and having a connection to the community are valued.

*I think a community that has neighbor-to-neighbor connections...an understanding and comfort and knowing that you can go to your neighbor for help.*

*A place where you know that you can go and have a community and be a part of something that is bigger than yourself and that could be somewhere where you can find a spiritual connection or it could be a community center.*

Equal access to community and health related services and programs are desired.

*Equal access for all to community services and resources.*

*Accessibility meaning that services and resources are on an equal footing so that all can get them...because I see that there are so many things that one can access with resources and funds that it doesn't seem fair that membership at a gym would cost so much when that could contribute to my health.*

### *Community Health Center Participants – Good about the Community*

The local food shelves and the abundance of local foods are well received.

*The food shelves around here do quite a good job.*

Participants feel favorably about the Community Health Center.

Vermont Heat Assistance is a welcome community resource.

### *Community Health Center Participants – Concerns about the Community*

The amount of homeless is a concern with unemployment being a contributing factor.

*It's scary to think that some people are out there in the winter.*

Access to substance abuse counseling and treatment are lacking.

*We had a friend that we were trying to help with that (Suboxone) and she has been up to all agencies and they told her there was a 3 year waiting period.*

*I would have no idea where to find a mental health counselor.*

There is a sentiment that children are at risk – both from child abuse, racism and bullying.

*The whole bullying and harassment pieces with all kids who are different, whether they be in special education, whether it's cultural competency or whatever that is, kids are being put at risk.*

A number of additional issues are raised that need attention:

- Racism
- Crime rate
- Inadequate street lighting
- The need for more activities for youth.
- Housing
- Transitional housing for those discharged from correction facilities
- Alcoholism

*There is a strong undercurrent of racism in Vermont.*

*There is a decisive difference between justice for whites and justice for minorities.*

*We need more for our young people to do.*

*Property crimes or mean things that people do where in the end it pulls the community apart. You don't trust people.*

*Some of the housing stock is in serious need of help and there are many landlords that do not address the issues when tenants need them.*

*Alcohol abuse is 24/7.*

### ***Community Health Center Participants – Concerns about Healthcare***

Some individuals have no dental and eye glasses insurance coverage.

*You know how they talk about food insecurity. It's also that type of insecurity on 'what happens if my eye glasses break?'*

Many participants are making a choice between obtaining medical services or not due to the cost.

*I'm going to physical therapy but that's only for a certain length of time and I can't afford to pay for it out of my pocket and they only give you so many weeks and then shut you off.*

There is discontent over the waiting time in the ER and the cost associated with receiving care.

*It's available (emergency services) but what terrifies me is the cost, even with health insurance.*

*At least if you call an ambulance they will wheel you right in.*

Being on the edge financially is a general and specific healthcare concern.

*How many of us are one paycheck away from being where I can't take care of my family.*

### ***Community Health Center Participants – Preventive Care and Non-Medical Services***

There is a desire for increased access to alternative medicine.

*You can see a chiropractor but any other holistic or alternative medicine aren't covered by Medicare.*

*I want to see my insurance cover a doula or midwife.*

*I don't see why existing providers can't provide a membership to a simple gym.*

Most participants, but not all, feel they have the knowledge or the ability to learn of the available resources that affect their health.

## THEMES FROM KEY LEADER INTERVIEWS AND FOCUS GROUPS

### Fletcher Allen Community Health Assessment 2012

*Themes that were mentioned more than once:*

	Focus Groups	Key Leaders	Total
<b>EDUCATION</b>			
Day care	1	1	2
Quality		5	5
Youth Programming	2	1	3
<b>SUBSTANCE ABUSE/ MENTAL HEALTH</b>			
Rx drug abuse and overprescribing	1	3	4
Lack of treatment centers/wait lists	2	5	7
Access to MH services for children		2	2
Early detection of MH problems for children		4	4
<b>ACCESS TO HEALTHY FOODS</b>			
Cost/availability	1	2	3
nutrition education	2	1	3
hunger		2	2
<b>HEALTH CARE</b>			
Transportation to health care	1	2	3
Transportation to Tilley Drive	2		2
Dental Health	4	3	7
Equitable, affordable healthcare	1	4	5
Emergency room wait times	2	1	3
<b>LANGUAGE BARRIERS</b>			
Cultural understanding	3		3
Translation costs		2	2
Communication difficulties for ESL learners	3		3
<b>ECONOMY</b>			
Safe affordable housing	3	4	7
Employment opportunities	1	1	2
livable wage		3	3
<b>ENVIRONMENT</b>			
Safety from crime	3	1	4
Senior housing (Grand Isle)		2	2
Collaboration between agencies/services	1	5	6
Information about available programs	2		2

## COMMUNITY SURVEY

Fletcher Allen, in collaboration with the Community Health Centers of Burlington, Vermont Department of Health and Visiting Nurse Association of Chittenden & Grand Isle Counties, is conducting a survey to assess the top health needs of our community. We are interested in your input. Results of the survey will be available online at: [www.fletcherallen.org](http://www.fletcherallen.org) in the early summer of 2012.

The survey will take approximately 10 minutes to complete. Your opinions are invaluable to us and we appreciate your time.

Thank you!

**\*1. Do you reside in either Chittenden or Grand Isle Counties?**

- Yes  
 No

**\*2. Are you over the age of 16?**

- Yes  
 No

**\*3. What is your zip code?**

ZIP:

**\*4. Are you a permanent resident of Vermont?**

- Yes  
 No

## Healthy Community

**5. When you imagine a strong, vibrant, healthy community, what are the most important features you think of? Please choose three (3).**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Senior housing                  | <input type="checkbox"/> Livable wages                | <input type="checkbox"/> Diverse populations                    |
| <input type="checkbox"/> Safe environment                | <input type="checkbox"/> Health care services         | <input type="checkbox"/> Affordable housing                     |
| <input type="checkbox"/> Economic opportunities          | <input type="checkbox"/> Parks & recreation resources | <input type="checkbox"/> Walkable and bike friendly communities |
| <input type="checkbox"/> Transportation                  | <input type="checkbox"/> Good schools                 | <input type="checkbox"/> Healthy food choices                   |
| <input type="checkbox"/> Mental health services          | <input type="checkbox"/> Clean environment            | <input type="checkbox"/> Senior services                        |
| <input type="checkbox"/> Drug & alcohol free communities | <input type="checkbox"/> Good childcare               |   |

Other (please specify)

## Community Concerns and Needs

**6. When you think about the community where you live, what are you most concerned about? Please choose up to five (5).**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Livable wage                      | <input type="checkbox"/> Senior services           | <input type="checkbox"/> Supports for refugee & immigrant populations (New Americans) |
| <input type="checkbox"/> Clean environment                 | <input type="checkbox"/> Affordable housing        | <input type="checkbox"/> Lack of community gathering points                           |
| <input type="checkbox"/> Domestic abuse                    | <input type="checkbox"/> Affordable senior housing | <input type="checkbox"/> Enough mental health services                                |
| <input type="checkbox"/> Racial or cultural discrimination | <input type="checkbox"/> Crime/Vandalism           | <input type="checkbox"/> Drug & alcohol abuse   |
| <input type="checkbox"/> Affordable healthcare             | <input type="checkbox"/> Good schools              | <input type="checkbox"/> Economic opportunities                                       |
| <input type="checkbox"/> Good & affordable childcare       | <input type="checkbox"/> Child abuse/neglect       | <input type="checkbox"/> Adequate parks & recreation resources                        |
| <input type="checkbox"/> Affordable dental care            | <input type="checkbox"/> Transportation            | <input type="checkbox"/> Affordable & healthy food choices                            |

Other (please specify)

## Community Needs

We are interested in hearing about needs that aren't being met by available resources and services in your community. The following questions ask you about specific types of needs. Please tell us how much of a need there is for each of the following subject areas.

### 7. Healthcare

In your community, how much need is there for...

	High Need	Low Need	No Need	Don't Know
Affordable dental care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to alternative health care providers (acupuncture, chiropractors, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to a primary health care provider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to dental care for low-income people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to specialist care in a timely manner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Short-term community support after hospitalization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Affordable health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 8. Seniors

In your community, how much need is there for...

	High Need	Low Need	No Need	Don't Know
Elder day care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Elder housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Affordable in-home care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to nursing home care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social support organizations and agencies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to services (healthcare, grocery shopping)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to long term health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Community Needs continued...

We are interested in hearing about needs that aren't being met by available resources and services in your community. The following questions ask you about specific types of needs. Please tell us how much of a need there is for each of the following subject areas.

#### 9. Children & Families

In your community, how much need is there for...

	High Need	Low Need	No Need	Don't Know
Homevisits for newborns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
More childcare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mentoring programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supports for families	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parent/child centers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After-school programming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Good childcare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Good schools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parenting education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

#### 10. Hunger & Nutrition

In your community, how much need is there for...

	High Need	Low Need	No Need	Don't Know
Adequate nutrition for seniors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adequate nutrition for children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to affordable healthy foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
More access to healthy foods in schools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obesity prevention programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge of how to prepare healthy foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adequate nutrition for adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Community Needs continued...

We are interested in hearing about needs that aren't being met by available resources and services in your community. The following questions ask you about specific types of needs. Please tell us how much of a need there is for each of the following subject areas.

### 11. Substance Abuse

In your community, how much need is there for...

	High Need	Low Need	No Need	Don't Know
Reduction of marijuana use (adults)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance abuse prevention programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduction of marijuana use (youth)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strict controls on opiates and narcotic prescriptions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to substance abuse treatment, residential	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to substance abuse treatment, outpatient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduction of binge drinking (adults)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduction of binge drinking (youth)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 12. Mental Health

In your community, how much need is there for...

	High Need	Low Need	No Need	Don't Know
Access to residential mental health treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
More mental health professionals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to mental health services for children & teens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Early detection of mental health issues for children & teens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prevention of mental health issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timely access to treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Community Improvements

**13. In your opinion, what would improve the quality of life for residents in Chittenden & Grand Isle counties? Please choose up to three (3).**

- |   |  |
|---|--|
| <input type="checkbox"/> Improve educational opportunities for children | <input type="checkbox"/> More access to dental healthcare providers      |
| <input type="checkbox"/> Improve educational opportunities for adults   | <input type="checkbox"/> More access to alternative healthcare providers |
| <input type="checkbox"/> Improve supports for children and families     | <input type="checkbox"/> More community gathering points                 |
| <input type="checkbox"/> Improve housing for seniors                    | <input type="checkbox"/> Enhanced public transportation                  |
| <input type="checkbox"/> More affordable housing opportunities          | <input type="checkbox"/> More mental health services                     |
| <input type="checkbox"/> Free or low-cost recreational opportunities    | <input type="checkbox"/> Substance abuse supports                        |
| <input type="checkbox"/> Safe neighborhoods (less crime)                | <input type="checkbox"/> Increased job opportunities                     |
| <input type="checkbox"/> More resources for New Americans               | <input type="checkbox"/> Better end of life care                         |
| <input type="checkbox"/> More access to primary healthcare providers    |  |

Other (please specify)

## Demographic Information

### 14. Demographic Information

#### What is your gender?

- Male  
 Female  
 Do not identify with male or female

#### 15. What is your age?

- under 20                       40-49                       Over 70  
 20-29                           50-59  
 30-39                           60-69

#### 16. What is your highest level of education?

- Some High school (did not finish)       Associates Degree                       Post graduate  
 High school diploma or GED               Bachelors Degree  
 Some college                                   Graduate Degree

#### 17. What is your household income?

- Less than \$10,000                       \$50,000-\$99,000                       Prefer not to answer  
 \$10,000-\$24,999                       \$100,000-\$149,000  
 \$25,000-\$49,999                       \$150,000 and over

#### 18. What is your race/ethnicity?

- Black/African American  
 White (non-hispanic)  
 Native American  
 Hispanic  
 Asian/Pacific Islander  
 Prefer not to answer

Other (please specify)

#### 19. Do you have children under the age of 21 living with you?

- Yes  
 No

## Thank you!!

Thank you for completing the survey. Your opinions are invaluable to us.

If you have any questions regarding this survey, please contact Fletcher Allen Community Health Improvement Office at 847-2278.

## FLETCHER ALLEN COMMUNITY HEALTH ASSESSMENT: COMMUNITY INDICATORS

June 2012

### Demographics: Socioeconomic Status/Education Level

Indicator	US	VT	Chittenden County	Grand Isle County
Population	307,006,550	625,741	156,545	6,970
Age Distribution (%)				
< 18	24	20.7	25	24
18-64	63	64.8	64	61.5
65+	14.6	14.6	10	14.5
Gender (%)				
Female	51	51	51	50
Male	49	49	49	50
Race %				
White, Non-Hispanic	72.4	96	91.3	94.7
Racial Ethnic Minority	27.6	4	8.7	5.3
% Under Federal Poverty Level	14.3	11.5	10.6	9.4
% Adults age 25+ without high school education	15.4	10	7.2	8.7
% Adults age 25+ with Bachelor's Degree or Higher	27.5	32.4	44.7	29.4
Median Household Income	\$50,221	\$51,219	\$60,182	\$51,993
% Unemployment <sup>2</sup>	8.2	5.3	4.0	7.3
%of adults with health insurance <sup>3</sup>	88	92	92	87

Source: [www.census.gov](http://www.census.gov) unless otherwise footnoted

### Access to Health Care

<b>Indicator</b>	<b>US</b>	<b>Vermont</b>	<b>Chittenden County</b>	<b>Grand Isle County</b>
% of Uninsured Adults <sup>5</sup>	12	8	8	13
% of Adults with a usual primary care provider <sup>6</sup>	83	88	89	89
% of Uninsured youth (under 18) <sup>5</sup>	7	2.8	<1	n/a
% of Adults with Medicaid or other public program <sup>5</sup>	19	17	17	25
% of Adults with Medicare <sup>5</sup>	15	17	11	15
% of Children with Medicaid/Dr. Dynasaur <sup>7</sup>	24	42	29	42
% of Adults who use the dental health care system <sup>8</sup>	69	73	81	77
Mental Health providers <sup>9</sup>		945:1	531:1	2559/1

### Health Status of overall population and priority populations: 5 Leading Causes of Death

<b>Indicator</b>	<b>US</b>	<b>Vermont</b>	<b>Chittenden County 2008</b>	<b>Chittenden County 2005</b>
Malignant Neoplasms (cancer)	404,030	1,275	264	262
Cardiovascular disease	616,067	1,208	307	283
Chronic Lower Respiratory Diseases (COPD, Emphysema)	127,924	343	62	70
Accidents	123,706	305	43	51
Diabetes Mellitus	135,952	278	27	18

Source: VT Department of Health, Vital Statistics, 2008 VT Resident Deaths  
National Data – Center for Disease Control and Prevention, 2009

<b>Indicator</b>	<b>US</b>	<b>Vermont</b>	<b>Grand Isle County 2008</b>	<b>Grand Isle County 2005</b>
Malignant Neoplasms (cancer)	404,030	1,275	18	16
Cardiovascular disease	616,067	1,208	14	14
Chronic Lower Respiratory Diseases (COPD, Emphysema)	127,924	343	3	6
Accidents	123,706	305	2	2
Diabetes Mellitus	135,952	278	2	2

Source: VT Department of Health, Vital Statistics, 2008 VT Resident Deaths  
National Data – Center for Disease Control and Prevention, 2009

### Risk Factor behaviors and conditions related to top 5 causes of death

Indicator - Adults	US	Vermont	HSA
% of adults (age 20+) who are obese (BMI 30+)	25	24	21
% of adults (age 18+) who engage in 30 min. of mod. physical activity 5+ times/week	34	59	58
% of adults who eat 3+ daily servings of vegetables	29	31	33
% of adults who eat 2+ daily servings of fruits	31	39	41
% of adults (18+) who smoked cigarettes in past 30 days	15	14	12
% of adult binge drinking*	24	19	18

Source: Behavioral Risk Factor Surveillance System, [www.cdc.gov/brfss](http://www.cdc.gov/brfss)

Indicator - Youth	US	Vermont	Chittenden County	Grand Isle County
% of youth in grades 9-12 who are overweight or obese (BMI > or equal to 95 <sup>th</sup> percentile for age)	11	10	8	15
% of youth in grades 9-12 that engage in 30 minutes of moderate physical activity, 5+ times/week	27	27	25	23
% of youth in grades 9-12 who eat 3+ daily servings of vegetables	21	14	17	13
% of youth in grades 9-12 who eat 2+ daily servings of fruit	21	37	38	29
% of youth in grades 9-12 who smoked cigarettes in the past 30 days	26	18	10	14
% of youth who engage in binge drinking *	30	25	19	17
% of youth who used marijuana in past 30 days	21	24	23	22

Sources: National Youth Risk Behavior Survey 2010

Vermont Youth Risk Behavior Survey 2010

\*Note: Binge drinking is defined as: 5 or more alcoholic drinks on one occasion, at least once in the past 30 days.

### Child and Maternal Health

Indicator	US	Statewide	Burlington HSA
% Low birth weight (= <5.5 lbs.) (2009)	7	6.5	7
% Low birth weight (= <3.3 lbs.)	1	1	1
% pregnant women who received first trimester prenatal care	89	90	86
% of pregnant women who receive early and adequate prenatal care	80	89	92
% women using tobacco during pregnancy	10 <sup>12</sup>	19	13
% of pregnant women who quit smoking during the first trimester (3 months) of pregnancy	10 <sup>13</sup>	29	37
% of pregnancies among adolescent females aged 15-17	22	21	17.7

Source: Vermont Department of Health, Div. Health Surveillance, Public Health Statistics and Center for Birth Certificates, 2011, unless otherwise footnoted

### Preventative Measures

Indicator	US	Statewide	Burlington HSA
% of non-institutionalized adults age 65+ who receive annual influenza immunizations	63	66	74
% of non-institutionalized adults age 65_ who have ever been vaccinated against pneumococcal diseases.	61	67	74
% adult women who have had a pap test in the preceding three years	82	83	82
% women 49+ who have had a mammogram in the last two year <sup>9</sup>	75	77	80
% adults 50+ who have had a sigmoidoscopy or colonoscopy	54	59	75

Vermont Department of Health, Center for Health Statistics 2010 unless otherwise footnoted

### Top 5 Chronic Diseases

Indicator (ranked by state)	US	Vermont	Burlington HSA
% Arthritis among adults	16	24	25
% Hypertension among adults	29.3	22	23
% Obese (age 20+ with a BMI <30)	25	24	21
% Asthma among adults <sup>15</sup>	6.5	9	9
% Cancer among adults	3.8	9	5
% Asthma prevalence (<18 years) <sup>4</sup>	9.4	10	8.3

Vermont Department of Health, Adult Behavioral Risk Factor Surveillance System, [www.healthvermont.gov](http://www.healthvermont.gov), 2005-2009 unless otherwise footnoted

### Social Environment

Indicator	US	Statewide	Chittenden County	Grand Isle County
Violent crime rate (per 100,000) <sup>18</sup>	429	133	184	13
Child abuse rate (per 10,000) <sup>16</sup>	6 million	52.1	34.6	n/a
%Free and reduced lunches <sup>16</sup>	42	37.9	51.5	49
Number of Homeless Persons <sup>17</sup>	750,000	521	266	107
% persons below poverty level <sup>1</sup>	13.8	11.1	10.8	6.4

Note: Child abuse data varies significantly for each year between 1998-2008

## Sources

1. US Census, [www.census.gov](http://www.census.gov)
2. VT Dept of Labor, Economic and Labor Information, [www.vtlmi.info](http://www.vtlmi.info)
3. VT Blueprint for Health, Annual Report 2010
4. Behavior Risk Factor Surveillance System, [www.cdc.gov/brfss](http://www.cdc.gov/brfss)
5. BISCHA Report to Legislature 2010
6. County Health Risk Factors, USPHS, 2012
7. VT Kids Count 2011
8. Health Disparities of Vermonter 2010
9. Robert Wood Johnson, [www.countyhealthrankings.org](http://www.countyhealthrankings.org)
10. Vermont Dept. of Health, Vital Statistics, 2008
11. Center for Disease Control and Prevention, [www.cdc.gov](http://www.cdc.gov)
12. VT Youth Risk Behavior Survey, 2009
13. March of Dimes, Smoking during Pregnancy 2010
14. VT Center for Health Statistics 2010
15. Allergy and Asthma Foundation of America
16. United Way of Chittenden County
17. VT Coalition to End Homelessness
18. Carsey Institute, [www.nneindicators.unh.edu](http://www.nneindicators.unh.edu)

## CANCER INCIDENCE

The Commission on Cancer requires an annual “community outreach” report. Section 3 of that report requires that prevention and early-detection/screening programs reflect the cancer experience of our region and that these measures be included in community needs assessment.

### BREAST CANCER

The incidence of breast cancer in Chittenden County is 138.3/100,000. (Vermont 130.7/100,000) Source: Vermont Department of Health, Vermont Cancer Registry (2009).

### LUNG CANCER

The incidence of lung and bronchus cancer in Chittenden County is 79.8/100,000 (Source: American Lung Association, Estimated prevalence and incidence of lung disease by Lung Association territory, 2010.) (Vermont 79.6/100,000. 2007. U.S. 69.2/100,000. 2007. [Source: Vermont Department of Health, Vermont Cancer Registry (2010)].

### PROSTATE CANCER

The incidence of prostate cancer in Chittenden County is 140.5/100,000 (Vermont 149.7/100,000. 2005-2009. (Source: Vermont Department of Health, Vermont Cancer Registry).

### Colorectal Cancer

The incidence rates of colorectal cancer:

Chittenden County	Male: 66.5/100,000	Female: 55.4/100,000
Vermont	Male: 72.9/100,000	Female: 44.8/100,000

Chittenden County incidence is for 1997-2001. Vermont incidence is for 2001.

(Source: Vermont Department of Health, Colorectal cancer in Vermont, 2005.)