PORTER HOSPITAL, INC.

COMMUNITY HEALTH NEEDS ASSESSMENT REPORT

NOVEMBER, 2012

Community Health Needs Assessment
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INTRODUCTION/EXECUTIVE SUMMARY:

Principally involved in this project were three individuals: Ron Hallman, Vice President of Development and Public Relations at Porter Hospital, Madison Styrbicki, a junior at Middlebury College who spent her January-Term working to conduct a series of interviews throughout the month, and myself, Heidi Sulis, as project coordinator. I received my Master's in Public Health from Yale University, School of Epidemiology and Public Health in 1985; and then managed the Department of Community Health Outreach at Porter Hospital for the 21-year period, spanning December of 1989 through May of 2011. My resume including my academic and professional experience along with my volunteer activities is included at the end of this document.

At the outset of this project, a number of resources were read, reviewed and/or reevaluated in order to better prepare for our interviews and position ourselves to assess and draw meaningful conclusions from our findings. Included in this review were: *Porter Medical Center's 2004 Act 53 Community Needs Assessment, Healthy Vermonters 2010, The Health Disparities of Vermonters, 2010, AHEC's 2011 Snapshot of the Vermont Primary Care Workforce, and Vermont's 2010 Blueprint for Health*.

Another document that was thoroughly reviewed, and will be included in its entirety in our completed CHNA, is the 2009 Addison County Community Needs Assessment, entitled, *The Health of Our Community*, completed by our local Middlebury District Office of the Vermont Department of Health. As the "process" was initially outlined to us through a power point presentation, it was explained that we could use pre-existing pieces of information collected by other organizations. Given the breadth of this assessment - explanation of service area, data review and a survey conducted by themselves of 180 Addison County residents in the fall of 2009 - combined with the fact that there isn't a new body of data/numbers to look at just yet, it seemed nothing less than prudent to incorporate this entire document into our completed needs assessment.

Additionally, and unique to this year's CHNA is a brand-new assessment/survey that was initiated by Jessica Holmes, both a faculty member and economist at Middlebury College and Board Member of Porter Hospital. Collaborating with staff, board and trustees at the College and Hospital, and working closely with Ron Hallman and some of her students, in the summer of 2011, Jessica developed an on-line survey to assess the community's perceptions of medical care access and quality of care in Addison County.

Between October and December, 2011, links to this survey were emailed to all faculty and staff at Middlebury College, all members of the Addison County Chamber of Commerce, and all affiliates of Porter Medical Center (both employees and board members). In addition, the Addison Independent, one of our local newspapers, published an article about the survey, with a link to it, and Porter Hospital also posted the survey link on its webpage, with the hopes of further increasing community participation.

A total of 510 individuals participated in the survey, the results of which will be made available in the addendum of the final document. While it should be noted that this survey primarily focused on participants' perceptions of Porter Medical Center and the role it plays within our service area - a single entity to be considered within a much larger field of players - it nonetheless validly captures the "consumer's perspective," within a specific context, and is the first survey of its kind to have been done in our community. So long as we hold it within the proper context, it does add merit and value to the CHNA as a holistic document.

Finally, between January and October of 2012, a total of 25 interviews were conducted primarily with professionals and individuals who represent a wide variety of community organizations and/or constituents that cut across all socio-economic strata including those individuals who are marginalized within our communities. Included in this group, listed below, are health care providers, legislators, Middlebury's town planner, and a variety of administrators. We did not conduct any focus groups, and admittedly are shy on the consumer perspective, at least from "face-to-face" encounters, but feel confident that through the lens and perspective of many individuals interviewed, we certainly captured consumers' concerns.

Those interviewed included:

Joanne Calvi, Jeff Heath and Staff – Middlebury District Office, VDH

Kerri Duquette-Hoffman – Women Safe

Rachel Guy – Middlebury Office, Planned Parenthood

Neil Gruber, Executive Director – Helen Porter Healthcare and Rehabilitation Center

Senator Claire Ayer, Legislator, Addison County

Mike Fisher, Representative, Addison County

Larry Goetschius, Executive Director – Addison County Home Health and Hospice

Bob Thorn, Executive Director – Community Services of Addison County

Eileen Fuller, MD – Middlebury Family Health

Harvey Green, DDS – Harvey Green Dentistry

Kate McGowan and Helen Friesmuth – United Way of Addison County

Mike Fernandez – Resident of Bristol and Board Member, Porter Hospital

Christopher Mason, Police School Resource Officer – Middlebury Police Department

Sharon Koller, Student Assistant Program Counselor – Mount Abe Union High School

Tom Fontana, School-based Clinician – Vergennes Union High School

Melanie Clark, Coordinator, Addison County Youth Prevention and Control Grants

Jeanne Montross, Executive Director - HOPE

Fred Dunnington, Town Planner – Town of Middlebury

Gretchen Gaida Michaels, MD – Bristol Internal Medicine

Poppy Cunningham, RN and Donna Bailey, Co-Director - Addison Co. Parent/Child Center

Julie Arel, MSW, MPH – Executive Director/Open Door Clinic

Joanne Corbett, MSW, ACSW, LICSW – Executive Director/Elderly Services

Jody Brakeley, MD – Pediatrician

Martha Redpath, CNM and Heather Kidde Brown, CNM – Tapestry Midwifery

James L. Daily – President/Porter Medical Center

Clearly emerging from the body of interviews done between January and July, and further corroborated by consumer surveys completed between 2009 and 2012 are the following challenges/priorities for our future consideration and focus:

- Access – to primary care providers, to insurance, to comprehensive services
- Substance Abuse/Addiction - Opiate addiction, abuse and addiction of/to
    - prescription drugs and narcotics
- Mental Health
- Dental Health
- Obesity – Nutrition – Exercise
- Homelessness

This really comes as no surprise as we saw most of these issues surfacing back in 2004, and then again explicitly articulated through the work of our local Health Department's 2009 Community Assessment. A significant number of additional concerns and challenges were also addressed during the interviewing process, all of which will follow in our Summary of Interviews.

ADDISON COUNTY - OVERVIEW OF OUR COMMUNITY

Addison County is located in the lower Champlain Valley of Vermont with Lake Champlain and the Adirondacks to our west and the Green Mountains to our east. The unique landscape of Addison County – the fertile farmlands of the Champlain Valley and the predominantly wooded settings near the foothills of the Green Mountains – provides a variety of lifestyles and a nicely balanced blend of light industry and dairy farming. Addison County is rural and known for its dairy farming. It has the most farm acreage in the state and leads the state in the value of agricultural products sold. The County is home to three local newspapers, seven service or fraternal organizations and more than 100 faith communities. The major employers in the county include Middlebury College, Porter Medical Center and Goodrich Corporation, now a part of United Technologies (UTC Aerospace Systems).

Addison County is bordered to the north by Chittenden County, Vermont's most densely populated county, which includes Vermont's largest city (Burlington) and its surrounding suburbs. The northern portion of Addison County is considered a "commutable" distance to Burlington so residents have the option of traveling north for employment, healthcare, shopping and other services. Addison County is bordered to the south by Rutland County. Rutland County is the home of Vermont's second largest city, Rutland. Residents who live in the southern portion of Addison County have the option of traveling to Rutland County for work, healthcare, etc. The southern most communities of Addison County - Leicester, Whiting and Orwell - are part of school supervisory unions that primarily serve Rutland County students. Addison County is bordered to the east by Windsor, Orange and Washington Counties. For the eastern Addison County communities of Hancock and Granville, accessing services within our county is challenging particularly in winter as this typically necessitates traveling over mountains.

According to the U.S. Census Bureau, the 2009 population of Addison County was 36,760. This number reflects a 2.2% increase from April, 2000 and also represents approximately 6% of the State's total population. In Addison County, 21% of the population comprises persons aged 18 and under, 5% - persons under the age of 5, and 13.3% persons aged 65 years and older. By gender, there is nearly an even split with 50.3% females and 49.7 percent males in the county. The median age is 36. Y race and ethnicity, 96% of the population is Caucasian and Latinos represent the most prevalent among ethnic groups at 1.2%. In 2008, the median household income was $56,585 and 9.5% of the County's population was below poverty level. The unemployment rate as of March, 2009 was 8.2%.

Regarding education, most towns in Addison County offer preschools and all have elementary education programs. For secondary education, students go to consolidated school districts which serve neighboring communities. There are three school districts in Addison County: Addison Central Supervisory Union, Addison Northeast Supervisory Union and Addison Northwest Supervisory Union. In addition to traditional secondary schools, the Patricia A. Hannaford Career Center offers an integrated work and learning program to students in all three districts. Public School Enrollment for FY'09 was:

2,713 for pre K-6, 772 for grades 7 & 8, and 1,679 for grades 9-12. The 2007-08 high school completion rates for our three respective high schools were 92.8%. In addition to public schools, Addison County is the home of Middlebury College, a prestigious liberal arts college, a branch of the Community College of Vermont, and Northlands Jobs Corps., a residential and educational training program for economically challenged youth ages 16-24.

Population Centers:

Middlebury

Middlebury, the shire town of Addison County, was chartered in 1761 and was settled just after the Revolutionary War. Today, the village is listed on the National Register of Historic Places and is home to many shops, businesses and architecturally distinguished churches and public buildings. It is the largest community in the county with a population of approximately 8,200. Middlebury is home to prestigious Middlebury College, the region's largest employer. Middlebury is the hub for medical services in the county with Porter Hospital, a critical access
Hospital with 25 beds, Helen Porter Healthcare and Rehabilitation Center and the majority of area physician offices.

Vergennes

Established in 1788, Vergennes is Vermont's oldest and first incorporated city. It is home to about 2,800 residents and encompasses approximately 1,200 acres of land that was carved from the three neighboring towns of Ferrisburgh, Panton and Waltham. Vergennes is home to United Technologies, another large employer in the region. In the last decade, Vergennes experienced a downtown revitalization, which began with significant renovations to the Vergennes Opera House. At one time, Vergennes' Main Street consisted primarily of boarded up window fronts but it is now thriving with notable restaurants and shopping.

Bristol

Bristol, known as the "Gateway to the Green Mountains", was founded in 1762 and is currently home to approximately 3,800 residents. Bristol has a vibrant main street and a strong artist community. The town supports a busy recreation department with a myriad of classes, a clay studio, skate park, teen center and skating rink. Bristol's town green has been part of the village throughout its history. The Bristol Band has presented outdoor summer concerts on the town green every Wednesday since shortly after the Civil War. The green also hosts 4th of July events, farmers' markets, Movies in the Park, the Harvest Festival and many other activities. Finally, a truly unique feature about Bristol is that garbage and recycling is picked up by horse-drawn wagon.

Smaller Towns and Villages:

Approximately 60% of Addison County's residents live outside the three population centers. These outlying towns are small and rural with few local services. These communities are governed by select boards and most have their own elementary school. There are small stores with some food choices but limited fresh produce. The large grocery stores are located in the population centers along with other shopping, banking and healthcare services. Transportation is a significant issue in our county. Addison County Transit Resources provides bus and volunteer driver services but these services are somewhat limited and work for some but not all situations. Agencies such as Parent Child Center, Addison County Home Health and Hospice and Elderly Services provide transportation for their clients for specific purposes but in general, transportation is a concern for those who do not drive and those without a reliable vehicle.

There are ample opportunities for outdoor physical activity in Addison County but in outlying communities there is concern that the roads are dangerous for walking and biking due to fast moving traffic and narrow shoulders. There are few, if any, sidewalks and people often drive short distances because of this. There are no fitness clubs or other indoor facilities for classes and open gym time. There is no paid recreation staff in the outlying towns; some have volunteer recreation or trail committees whose activities are dependent upon the interest and energy of those involved.

DATA REVIEW

Demographics:

- **In 2007, an estimated 36,760 people lived in Addison County,** about 6% of the state's total population.
- **Addison County is expected to continue to grow slowly**, at approximately 2% to the year 2020.
- **Addison County has a higher proportion of young people age 0-22 years** (38% versus 33% for VT) and a lower proportion of people age 65 and older (11% versus 13% for VT). However, with the lowest birth rate in the nation, Vermonters under the age of 18 years are gradually decreasing while those 55 years and older continue to grow in number.
- **254 adults in Addison County are living with disabilities,** 91 people living with disabilities are age 18-64 years while 163 people living with disabilities are 65 years and older. Vermonters living with a disability are projected to increase by 35% between 2007 and 2017. Younger people with disabilities are predicted to increase 22% while older people with disabilities will increase by 42%.
- **Addison County has similar educational attainment as the state as a whole,** 14% of adults in Addison County have less than a high school diploma, 33% are high school graduates, 28% have some college education and 26% are college graduates.
- **Addison County has a slightly lower proportion of people living at less than 200% of poverty than the state as a whole** (24% in Addison County vs. 26% in VT).
- **Addison County's median household income in 2000 is higher than Vermont's** at $43,142 for Addison County versus $40,856 for Vermont.
- **70% of people age 16 and older in Addison County are working.**
- Addison County's unemployment rate in 2000 was 3.2%. **Unemployment in Addison County climbed to 5.5% in August 2009** although, this is down from the 10-year high recorded in March 2009 of 8.2%.

Sources: US Census Bureau 2000 data, US Census Bureau Current Population Estimates, Vermont Department of Disabilities, Aging and Independent Living, Shaping the Future of Long Term Care and Independent Living June 2008 Report and Bureau of Labor Statistics

Quality of Life:

A 2007 United Way of Addison County community needs assessment asked: What are the best things about living in Addison County? 750 people participated in the assessment and said the following:

- The **people** of Addison County received the most recognition as one of the best aspects of our community. Respondents said Addison County has "a small town feel where everyone knows everyone."
- Addison County's **beauty, agriculture and location** were considered among the community's top assets.
- **Local services** were next on the list of best things about Addison County. This included social service organizations, health services and schools.
- The **availability of cultural and recreational activities** was considered a highlight of living in Addison County. Some of the activities mentioned were hiking, hunting, fishing, dancing, skiing, sculpting and painting.

The United Way of Addison County needs assessment also asked: What kinds of problems or issues are you and your community members facing today? Responses were:

- Almost half of the respondents said **financial stability** was the biggest issue facing the community. Tax relief, better paying jobs and the high cost of living were listed as concerns for Addison County residents.
- **Health issues** were also a concern for Addison County residents. Lack of access to affordable care was top of the list of health concerns, while the need for better substance abuse treatment was next.
- Lack of affordable **housing** was also listed as a significant concern.
- Next on the list was access to **transportation**. This is of particular concern for Addison County residents who live outside of Middlebury, Bristol and Vergennes because lack of transportation affects their ability to access services and to maintain quality employment.

Source: United Way of Addison County, Addison County Speaks – Community Needs Assessment 2007

Access to Healthcare:

- **14% of adults in Addison County do not have health insurance and 9% have "no personal doctor" vs. 12% statewide and 88%...both higher than the state at 12% and 72% respectively.**
- **In 2008, Addison County had a higher ratio of primary care providers than it did in 2000.** There were 89.3 primary care FTEs per 100,000 people in 2008 up from 77.1 FTEs per 100,000 people in 2000.

Sources: Vermont Department of Health, Health Status Report 2008 Appendix and Vermont Department of Health 2008 Physician Survey

Hospitalizations:

Addison County residents are hospitalized at a rate of 71.6 per 1,000 versus 86.1 per 1,000 statewide. The cost of hospitalizations per capita in Addison County is $1,037 versus $1,266 statewide.

Between 2002 and 2007, Addison County ranked 7th for hospitalizations among Vermont's 14 counties, where 1 is the best for:

- Pulmonary Heart Disease

Between 2002 and 2007, Addison County ranked 8th for hospitalizations among Vermont's 14 counties, where 1 is the best for:

- Coronary Artery Disease
- Hypertension
- Tobacco Use
- Congestive Heart Failure

Between 2002 and 2007, Addison County ranked 9th for hospitalizations among Vermont's 14 counties, where 1 is the best for:

- Diabetes
- COPD

Source: Vermont Program for Quality in Health Care 2009 Vermont Health Care Quality Report

Substance Abuse Related Hospitalizations:

Between 2002 and 2006, Addison County residents accounted for 4% of the state's total population of people hospitalized for substance abuse related illness.

Between 2002 and 2006, Addison County tied with Essex County for the lowest rate of hospitalizations for opioid abuse and dependence.

Between 2002 and 2006, Addison County ranked 5th for hospitalizations among Vermont's 14 counties, where 1 is the best for:

- Cannabis abuse and dependence

Source: Vermont Program for Quality in Health Care 2009 Vermont Health Care Quality Report

Access to Long Term Care:

- **Vermonters increasingly prefer to receive their long term care services at home** as evidenced by a contraction of the state's institutional capacity. Over the last twelve years, 600 Vermont nursing facility beds have closed (from roughly 3,900 to 3,300) shifting care into the home and community-based system.
- **In 2007, 34% of Addison County adults with disabilities utilized personal care services in their homes;** this is higher than the state as a whole at 23.2%.

- **In 2007, 55% of Addison County adults with disabilities participated in adult day care services,** which is significantly higher than the state's proportion at 14.2%.
- **Vermont's nursing homes served 3,118 residents in 2007.** Although nursing homes make a significant contribution to the state's long term care system, they house only 3.3% of Vermonters age 65 and older and 12.5% of those age 85 and over.
- **29% of Addison County adults with disabilities were served in nursing homes in 2007;** this is much lower than the statewide proportion at 39%.

Source: Vermont Department of Disabilities, Aging and Independent Living, Shaping the Future of Long Term Care and Independent Living June 2008 Report.

Healthy Lifestyles:

Tobacco Use

- **19% of Addison County adults smoke cigarettes and half (50%) of Addison County smokers have tried to quit smoking,** both are slightly lower than the statewide proportion at 20% and 53% respectively.
- **24% of Addison County pregnant women quit smoking during the first trimester of pregnancy,** which is lower than the statewide proportion of pregnant women who quit smoking at 29%.
- **59% of Addison County smokers with children prohibit smoking in their home and 69% prohibit smoking in their car,** versus 66% of smokers prohibiting smoking in their home and 72% prohibiting smoking in their care for the state as a whole.

Physical Activity and Nutrition

- **More than half (56%) of Addison County adults engage in recommended amounts of moderate or vigorous physical activity,** this is slightly lower than the state proportion at 58%.
- **18% of Addison County adults engage in no leisure time physical activity,** this is comparable to the statewide proportion at 19%.
- **68% of individuals in Addison County are not eating 5+ fruits and vegetables each day,** comparable to statewide total at 69%.

Obesity and Food Security

- **More than one in five (21%) Addison County adults are obese;** this is comparable to the statewide proportion at 21%.
- **8% of Addison County residents do not have enough food to eat and enough money to buy food;** this is comparable to the statewide proportion at 9%.

Alcohol Abuse

- **5% of Addison County adults are considered "heavy" drinkers,** compared to 7% statewide.
- **13% of Addison County adults are "binge" drinkers,** compared to 17% statewide.

Cancer Screening

- **78% of Addison County women age 40 and older have had a mammogram in the preceding two years,** this is about the same as the state as a whole at 77%.
- **87% of Addison County women have had a Pap test in the preceding three years;** this is higher than the Vermont proportion at 83%.
- **Only 38% of Addison County adults age 50 and older have had a fecal occult blood test in the past two years** but this is higher than the state as a whole at 32%.
- **58% of Addison County adults age 50 and older have ever had a sigmoidoscopy or colonoscopy** and this is comparable to the statewide proportion at 59%.

Maternal and Child Health

- **89% of Addison County pregnant women receive prenatal care within the first trimester of pregnancy,** compared to 90% statewide.
- **87% of Addison County pregnant women receive early and adequate prenatal care,** compared to 89% statewide.

Radon Testing

- **Only 17% of Addison County adults live in homes that have been tested for radon,** this is lower than the state as a whole at 22%.

Sources: Vermont Department of Health, Middlebury District Office Community Snapshot Data 2008 and Vermont Department of Health, Health Status Report 2008 Appendix.

<u>Health Status:</u>

Disease prevalence among Addison County adults is comparable to statewide disease prevalence:

	Addison County	Vermont
Diabetes	6%	6%
Asthma	15%	14%
Hypertension	24%	24%
Obesity	21%	22%
Cardiovascular Disease (MI, Stroke, CVD)	7%	7%
Have a Chronic Disease	25%	27%
Have 2 or more Chronic Diseases	8%	9%

Arthritis

- **Almost ¼ (24%) of Addison County adults with chronic joint symptoms have not seen a health care provider about their symptoms.** However, this is better than the state as a whole at 28%.
- **39% of Addison County adults with arthritis have limited ability to work for pay due to their arthritis,** compared to 31% statewide**.**
- **More than half (52%) of Addison County adults with arthritis have received counseling from their health care provider on physical activity or exercise,** this is lower than the Vermont proportion at 58%.

Diabetes

- **Addison County has the second highest rate in the state of diabetes-related deaths (109 deaths per 100,000 people),** this statistically worse than the state as a whole at 91 deaths per 100,000 people.
- However**, the rate of hospitalizations for uncontrolled diabetes among Addison County adults age 18-64 years is significantly better than the state as a whole** at 2.7 hospitalized per 10,000 for Addison County verses 3.4 for Vermont.
- **The proportion of Addison County adults with diabetes receiving the following education, screenings and immunizations is lower than the state as a whole:**
    - **--Diabetes education** (53% for Addison County vs. 56% for VT)
    - **--Annual dilated eye exam** (64% for Addison County vs. 72% for VT)
    - **--A1C measurement at least twice/year** (63% for Addison County vs. 69% for VT)
    - **--Pneumonia vaccination** (41% for Addison County vs. 46% for VT)
    - **--Cholesterol measured** (60% for Addison County vs. 72% for VT)
- **The proportion of Addison County adults with diabetes receiving the following screenings and immunizations is better than the state as a whole:**
    - **--Annual Foot Exam** (80% for Addison County vs. 75% for VT)
    - **--Influenza vaccination** 48% for Addison County vs. 46% for VT)

Heart Disease and Stroke

- **Addison County's death rate from coronary heart disease is higher than the state as a whole** at 150 deaths per 100,000 for Addison County verses 138 per 100,000 for Vermont.
- **Addison County's rate of stroke is higher than the state as a whole** at 150 per 10,000 for Addison County verses 138 per 10,000 for Vermont.
- **23% of Addison County adults have high blood pressure,** which is comparable to the state as a whole at 22%.
- **73% of Addison County adults have had their cholesterol checked within the preceding five years,** compared to 72% statewide.

Respiratory Diseases

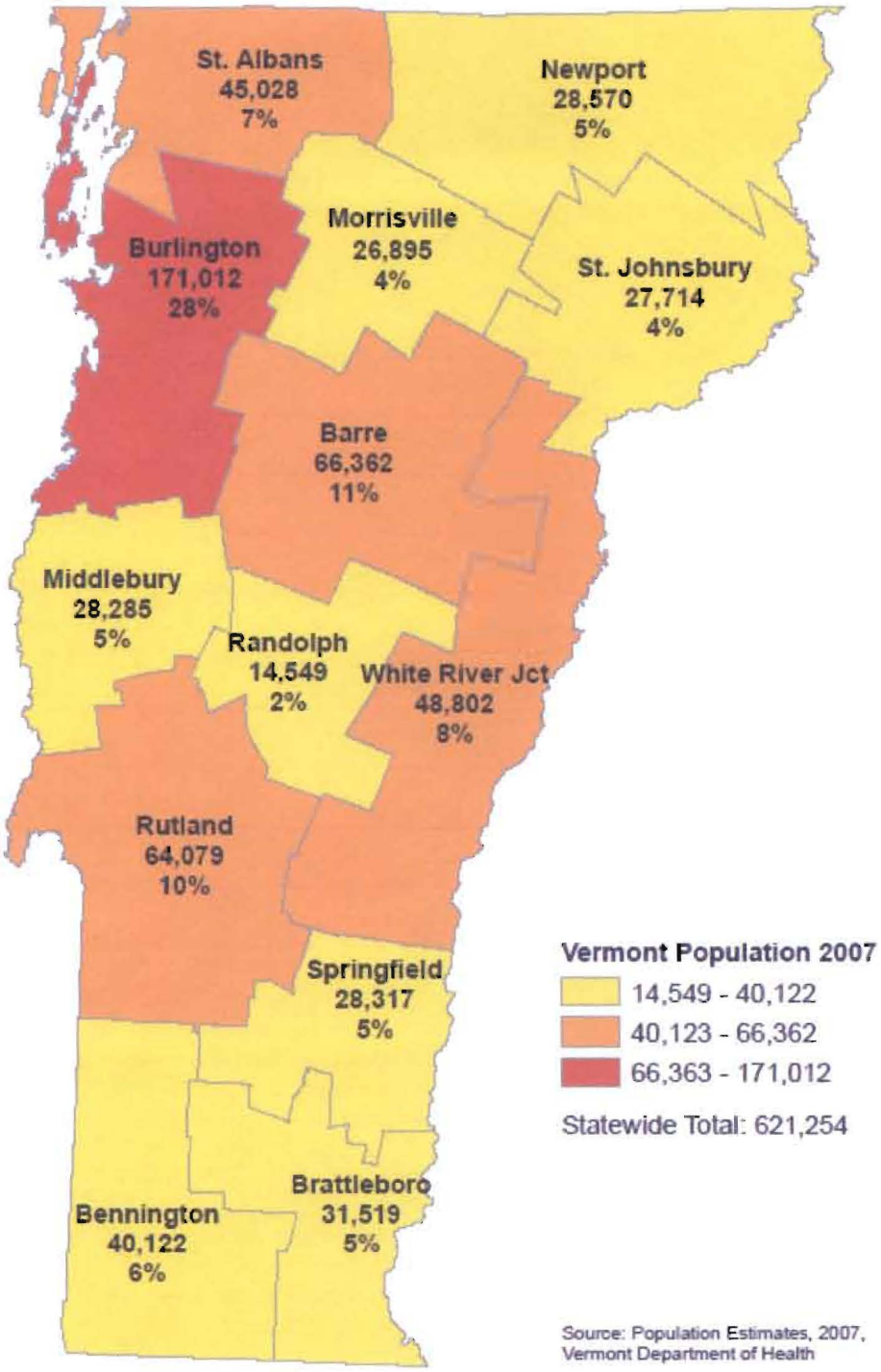
- **Addison County's death rate from COPD among people age 45 and older is lower than the state as a whole** at 108 deaths per 100,000 for Addison County verses 123 per 100,000 for Vermont.
- **1/3 of Addison County adults with asthma have received a written asthma management plan from their health care provider,** this is higher than the statewide proportion at 23%.

Sources: Vermont Department of Health, Middlebury District Office Community Snapshot Data 2008 and Vermont Department of Health, Health Status Report 2008 Appendix.

Maps and Graphs

Vermont Blueprint for Health
Vermont Department of Health

Total Vermont Population by HSA



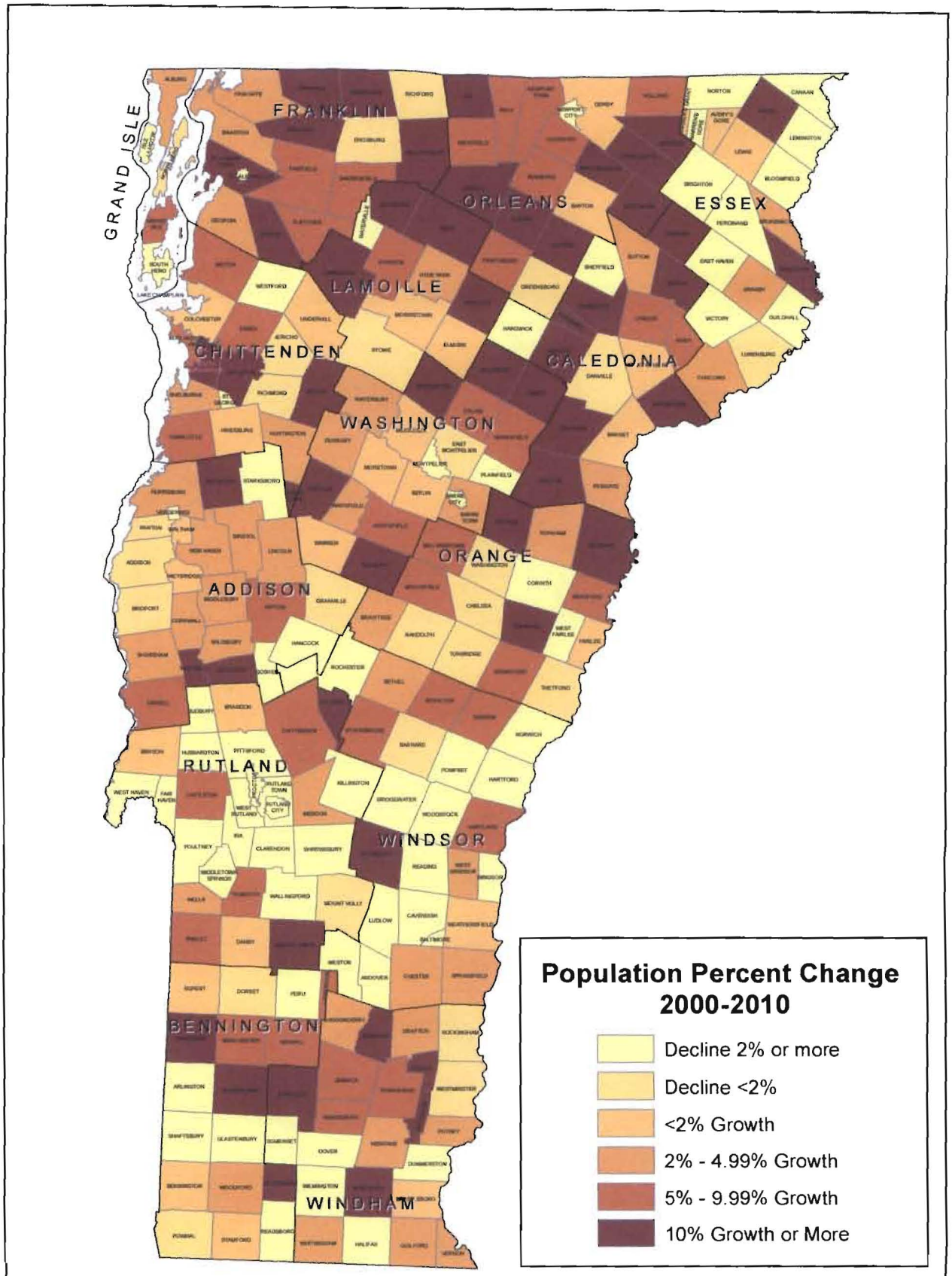


Figure 3. Population Change by Town, 2000-2010.

Table 1. Vermont 2000 and 2010 Census Counts, and 2001-2009 Population Estimates by County.

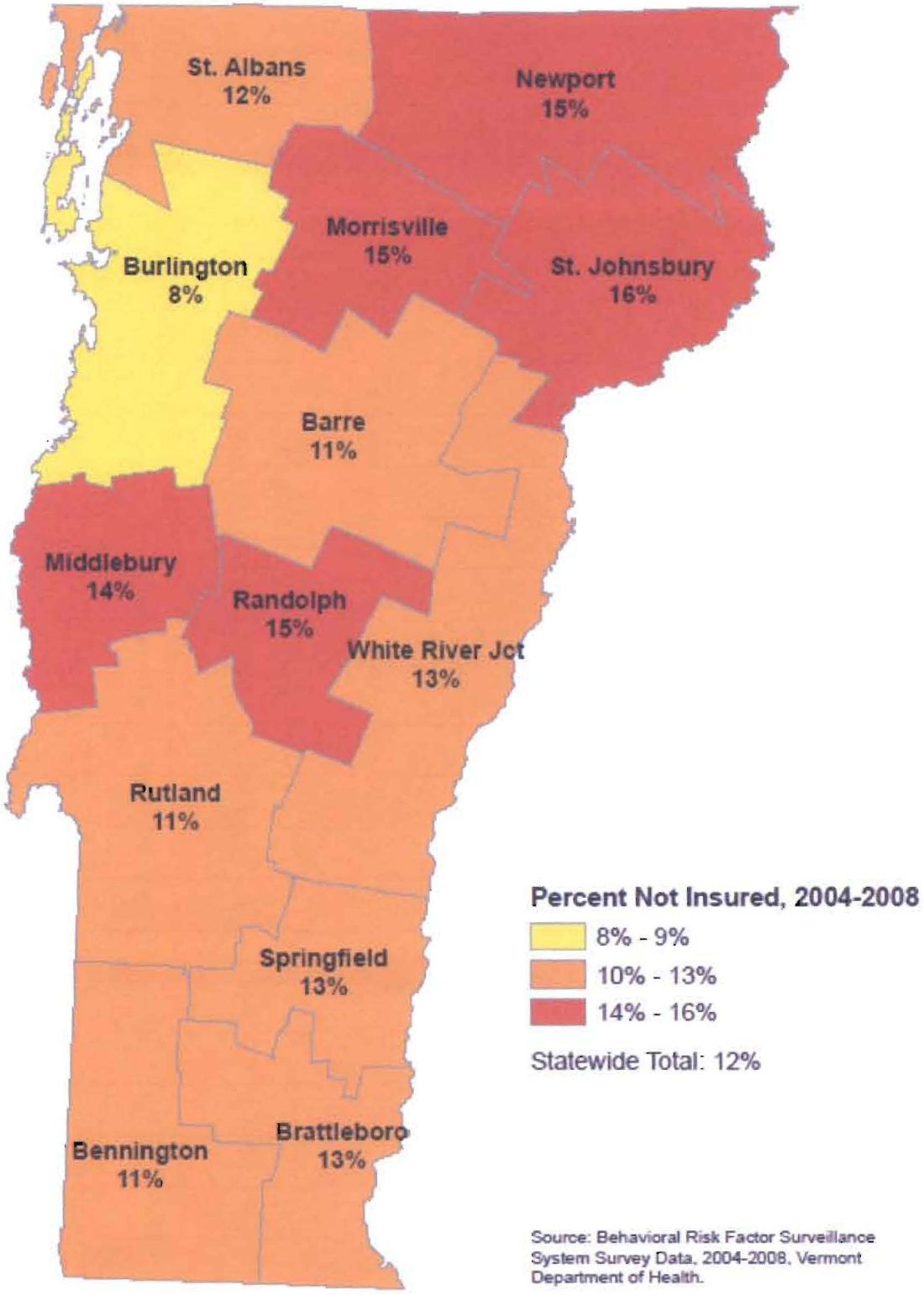
	Year										
	2000 Census	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010 Census
VERMONT	608,827	612,223	615,442	617,858	619,920	621,215	622,892	623,481	624,151	624,817	625,741
Addison	35,974	36,055	36,320	36,432	36,580	36,611	36,758	36,886	36,905	36,847	36,821
Bennington	36,994	36,974	37,105	37,083	37,062	36,960	37,127	37,077	37,168	37,151	37,125
Caledonia	29,702	29,704	30,046	30,188	30,642	30,881	31,252	31,238	31,167	31,213	31,227
Chittenden	146,571	148,441	149,639	150,410	151,445	152,163	152,861	153,625	154,659	155,793	156,545
Essex	6,459	6,467	6,503	6,480	6,478	6,450	6,341	6,421	6,404	6,331	6,306
Franklin	45,417	45,900	46,305	46,590	46,942	47,192	47,392	47,455	47,462	47,620	47,746
Grand Isle	6,901	7,020	7,108	7,201	7,265	7,282	7,173	7,152	7,211	7,022	6,970
Lamoille	23,233	23,378	23,475	23,539	23,444	23,421	23,642	23,778	23,971	24,193	24,475
Orange	28,226	28,696	28,735	28,921	29,040	29,066	29,249	29,119	29,032	28,965	28,936
Orleans	26,277	26,443	26,540	26,908	27,064	27,224	27,215	27,332	27,269	27,234	27,231
Rutland	63,400	63,132	62,982	63,113	62,997	63,003	62,894	62,618	62,368	61,946	61,642
Washington	58,039	58,526	58,889	58,958	59,081	59,366	59,414	59,275	59,278	59,353	59,534
Windham	44,216	43,998	44,122	44,353	44,241	44,187	44,390	44,444	44,407	44,441	44,513
Windsor	57,418	57,489	57,673	57,682	57,639	57,409	57,184	57,061	56,850	56,708	56,670

Vermont Population 2000-2010.
2000 and 2010 are Census Counts as of April 1.
2001-2009 are intercensal estimates based on the 2000 and 2010 Census counts.

Addison County Total

Ages	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
<1	407	376	371	362	361	358	339	341	328	315	307
1-4	1,650	1,550	1,554	1,541	1,558	1,571	1,515	1,549	1,511	1,479	1,465
5-9	2,537	2,455	2,364	2,260	2,192	2,118	2,055	1,992	2,013	1,990	1,923
10-14	2,649	2,751	2,770	2,753	2,701	2,663	2,570	2,443	2,340	2,285	2,246
15-17	1,706	1,704	1,713	1,706	1,691	1,689	1,689	1,684	1,654	1,587	1,561
18-19	1,675	1,693	1,723	1,738	1,747	1,768	1,787	1,801	1,791	1,735	1,725
20-24	2,835	2,784	2,812	2,903	2,971	3,013	3,004	3,054	3,021	3,018	3,069
25-29	1,692	1,587	1,590	1,544	1,598	1,550	1,577	1,639	1,609	1,640	1,624
30-34	2,281	2,220	2,199	2,130	2,032	1,991	1,908	1,813	1,787	1,787	1,778
35-39	2,768	2,693	2,589	2,552	2,444	2,392	2,378	2,345	2,273	2,158	2,051
40-44	2,953	2,997	3,002	2,911	2,870	2,850	2,751	2,651	2,608	2,543	2,508
45-49	3,009	2,970	3,029	3,079	3,086	2,987	3,067	3,047	2,968	2,962	2,968
50-54	2,574	2,766	2,777	2,858	2,918	2,979	2,993	3,071	3,141	3,108	3,057
55-59	1,869	1,973	2,135	2,276	2,431	2,537	2,688	2,728	2,779	2,848	2,932
60-64	1,304	1,389	1,479	1,540	1,695	1,802	1,911	2,071	2,209	2,381	2,505
65-69	1,081	1,132	1,151	1,207	1,231	1,260	1,342	1,422	1,523	1,625	1,703
70-74	1,065	1,047	1,024	1,007	977	978	1,020	1,037	1,117	1,120	1,123
75-79	857	885	898	915	903	900	899	877	875	858	849
80-84	565	563	586	592	628	654	685	692	706	716	704
85+	497	520	554	558	546	551	580	629	652	692	723
Total	35,974	36,055	36,320	36,432	36,580	36,611	36,758	36,886	36,905	36,847	36,821

Percent In HSA Without Health Insurance



Source: Behavioral Risk Factor Surveillance System Survey Data, 2004-2008, Vermont Department of Health.

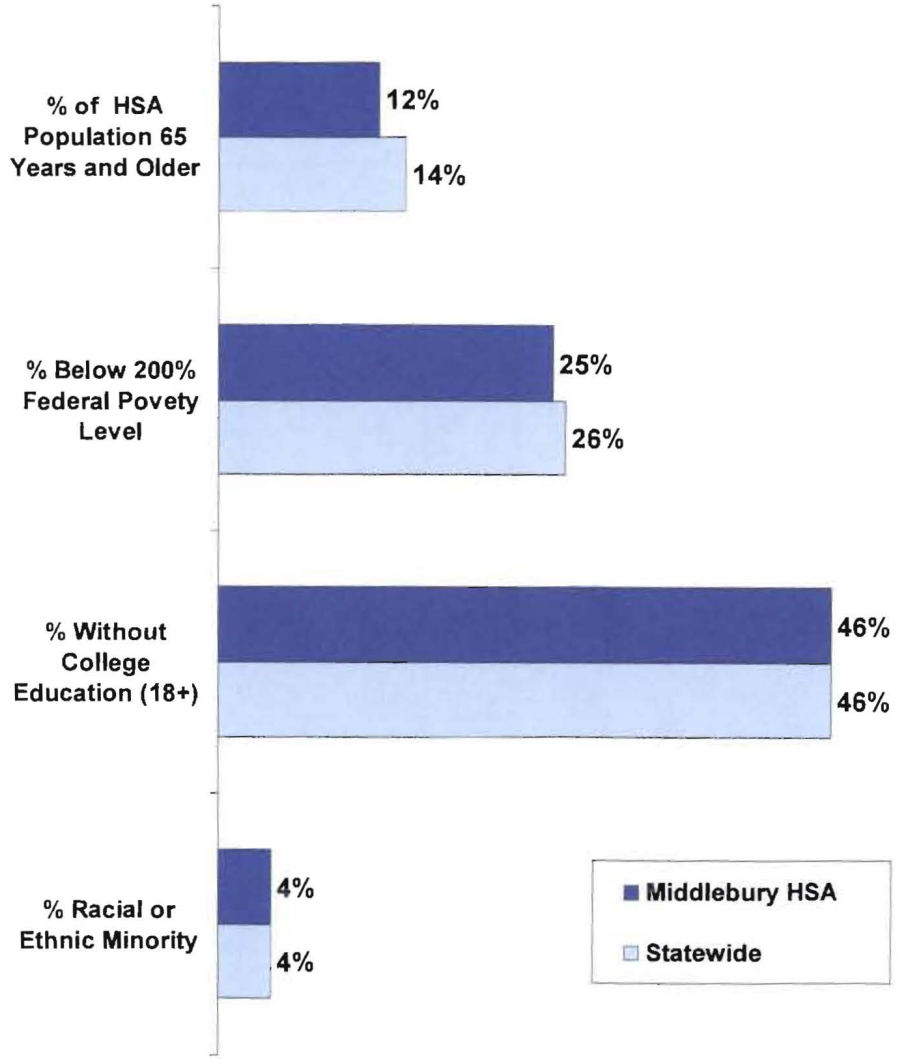
Demographics

Overall there are 28,285 Vermonters living in the Middlebury Hospital Service Area. This represents 5% of all Vermonters. Of the Middlebury HSA residents, there are 3,479 over the age of 65. This is 12% of the population in that area. Those older adults make up 4% of all the state's 65+ population.

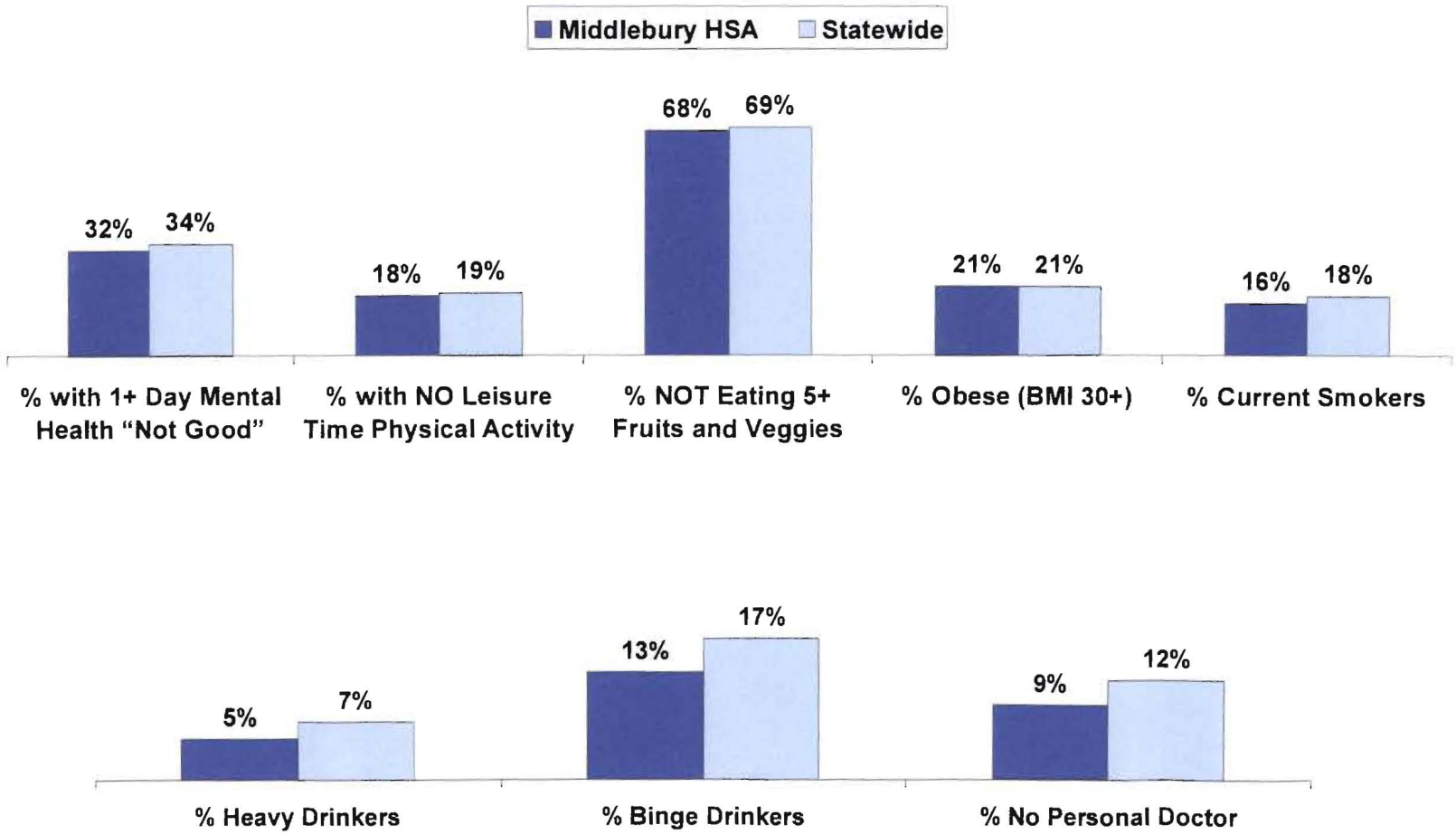
One-quarter of Middlebury HSA residents have incomes at or below 200% of the Federal Poverty Level (25%); just fewer than half do not have a college degree (46%).

Data in this report are based on the following sources:

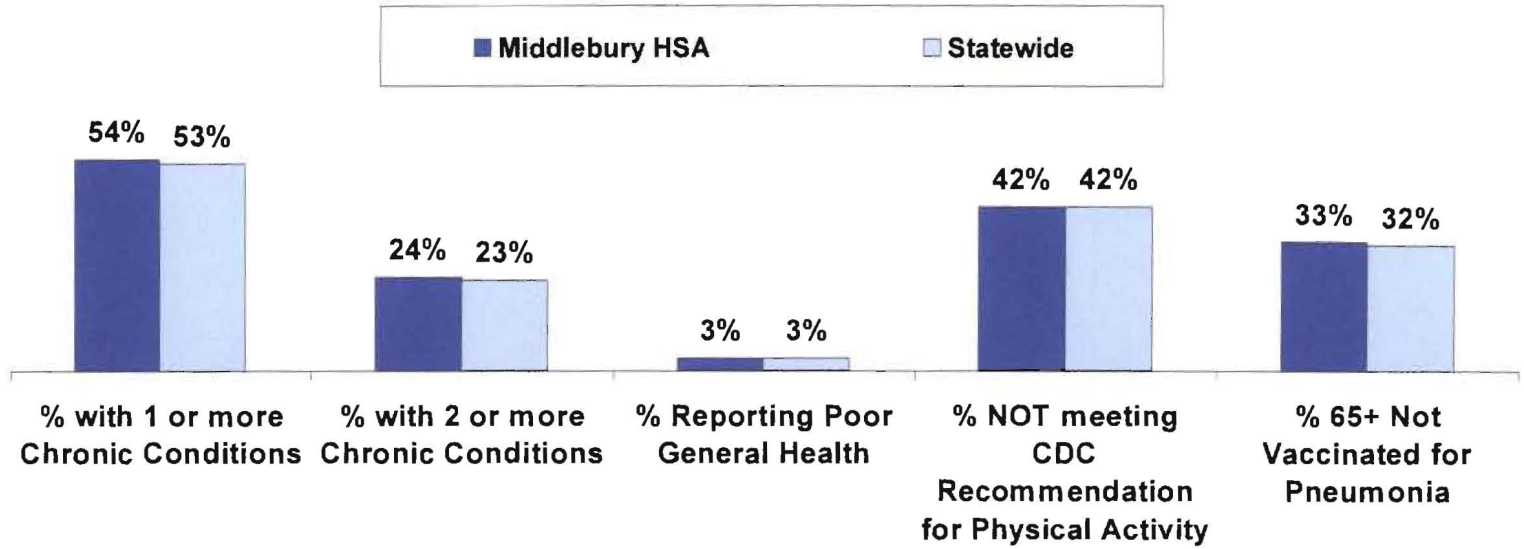
- 2007 Population Estimates
- 2000 Census Data
- 2004-2008 VT BRFSS Data
- 1997-2006 VT Uniform Hospital Discharge Data Set



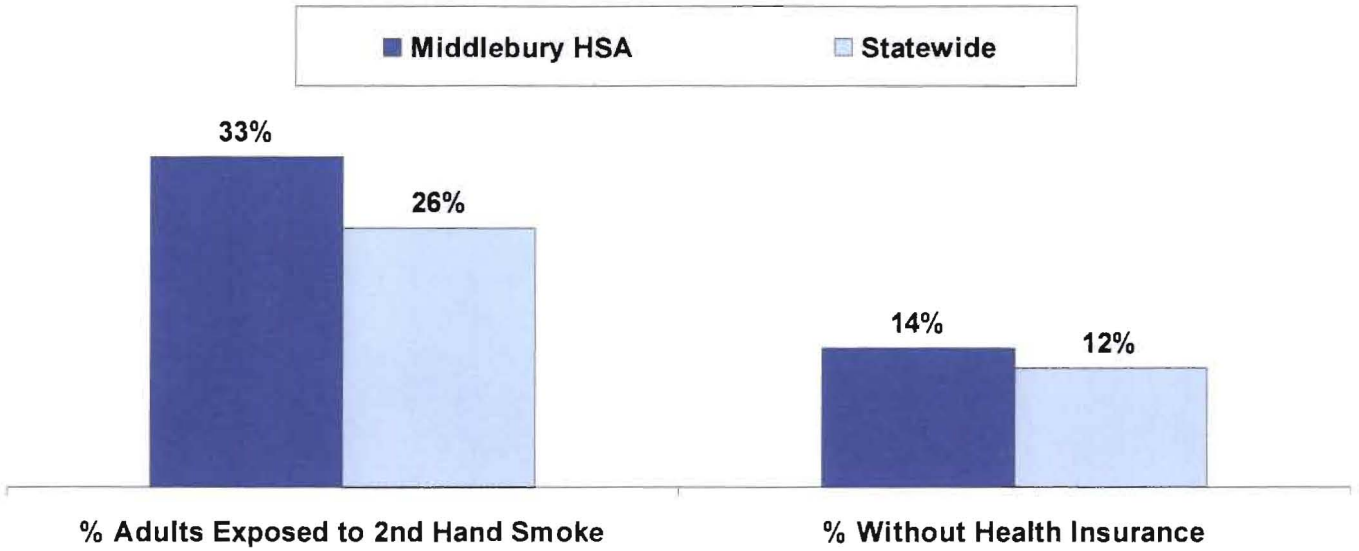
Risk Factors – Where HSA Shows BETTER Results Than VT Overall

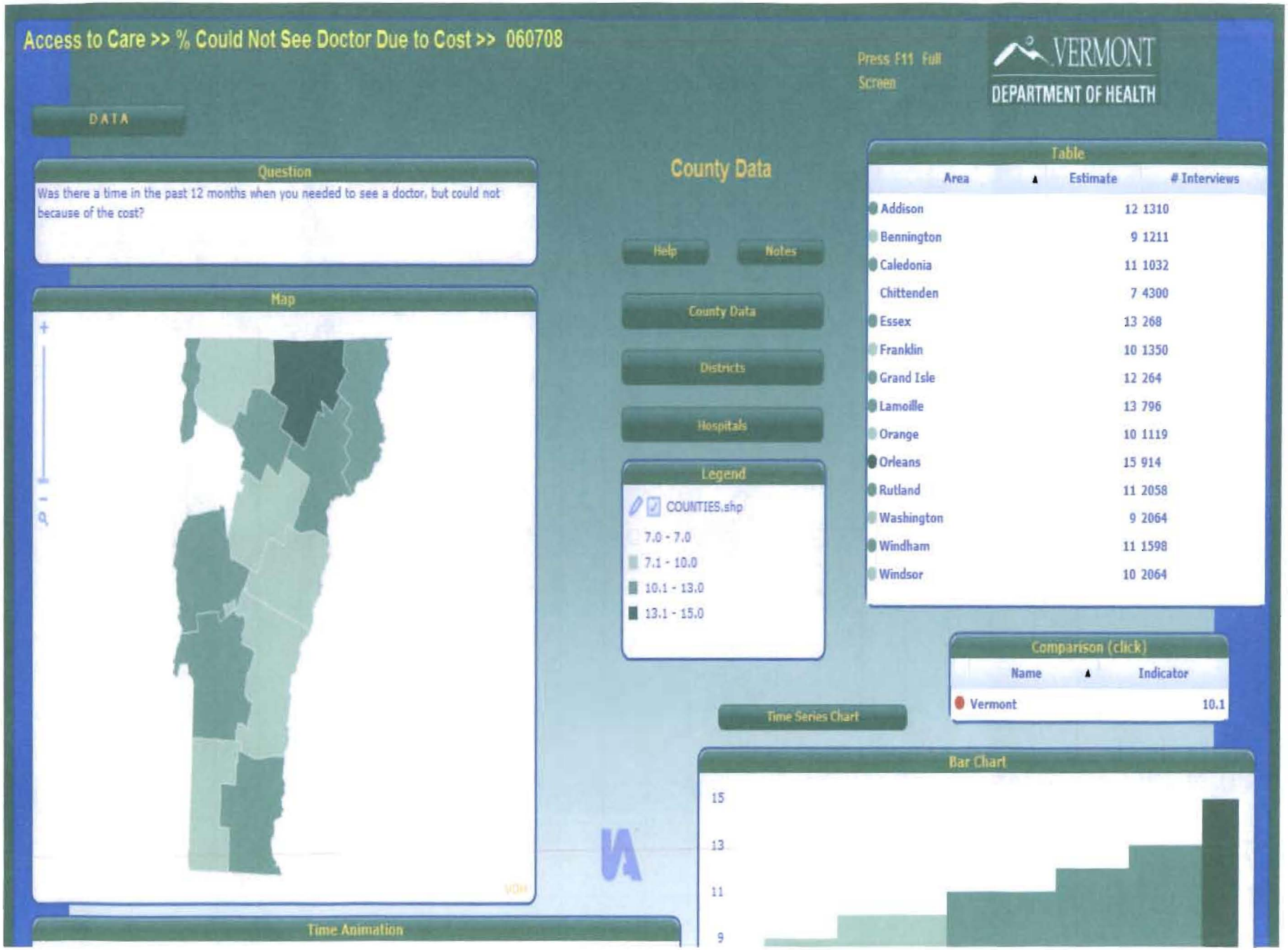


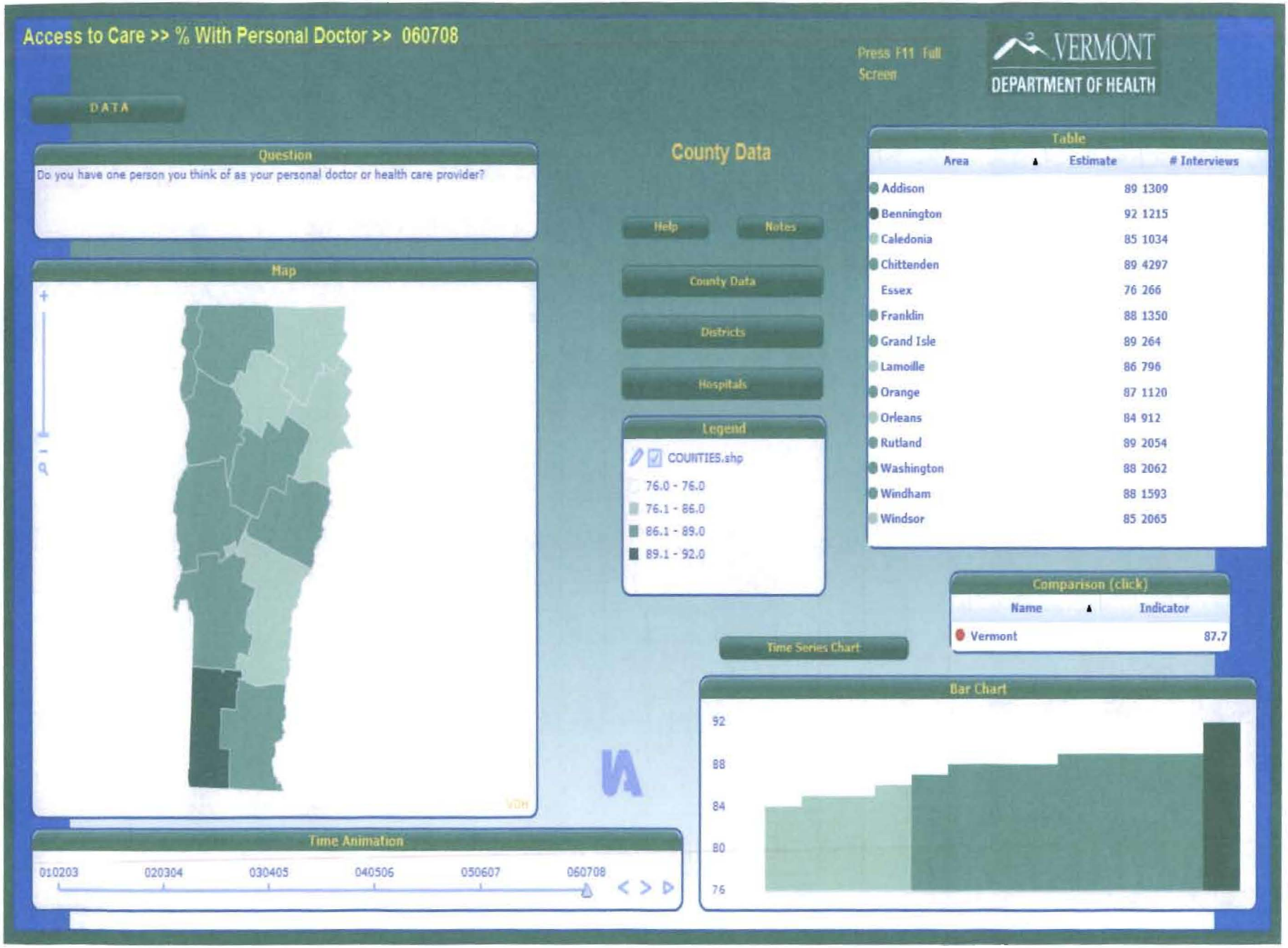
Risk Factors – Where Results for the HSA Are THE SAME As VT Overall

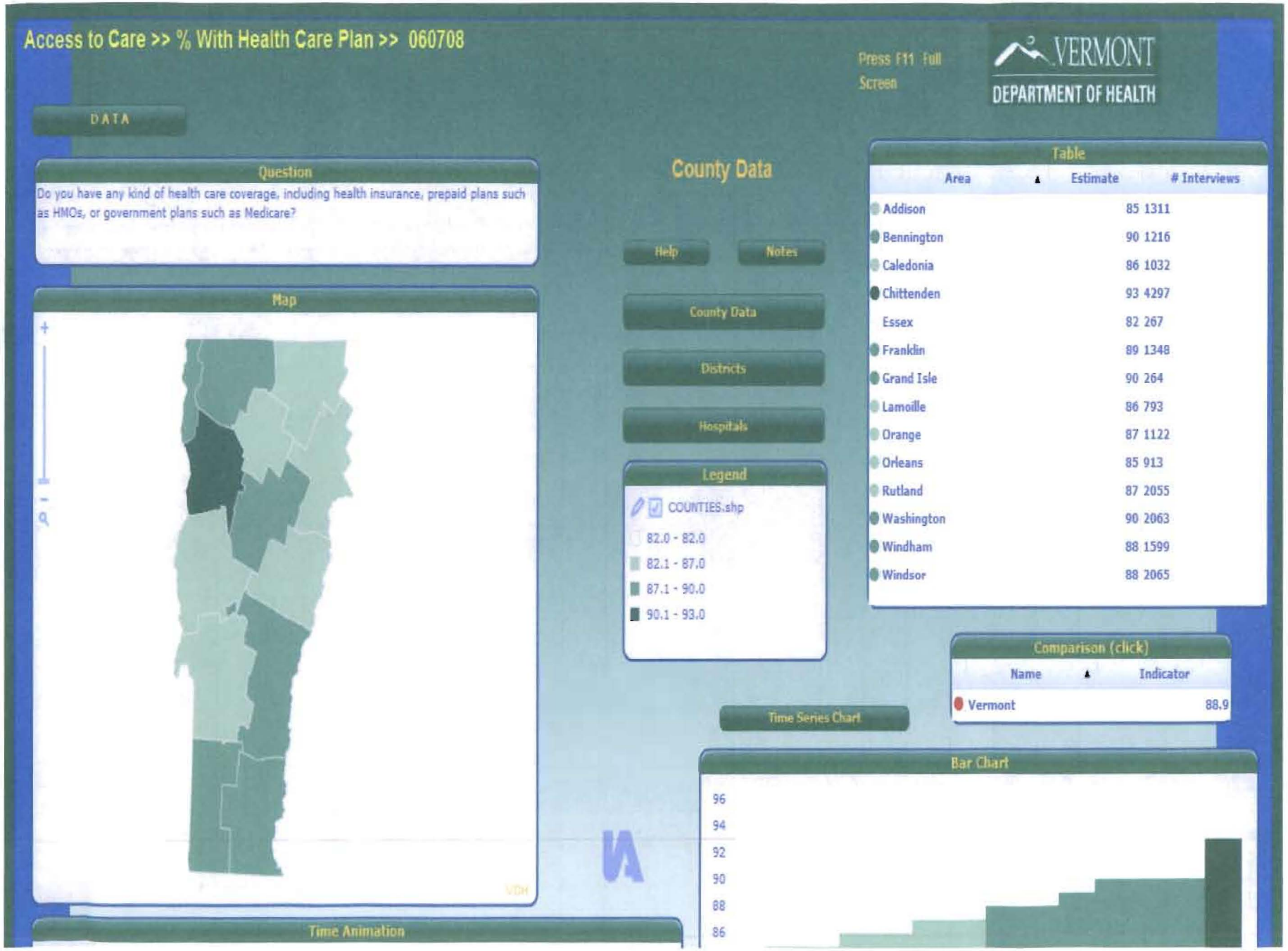


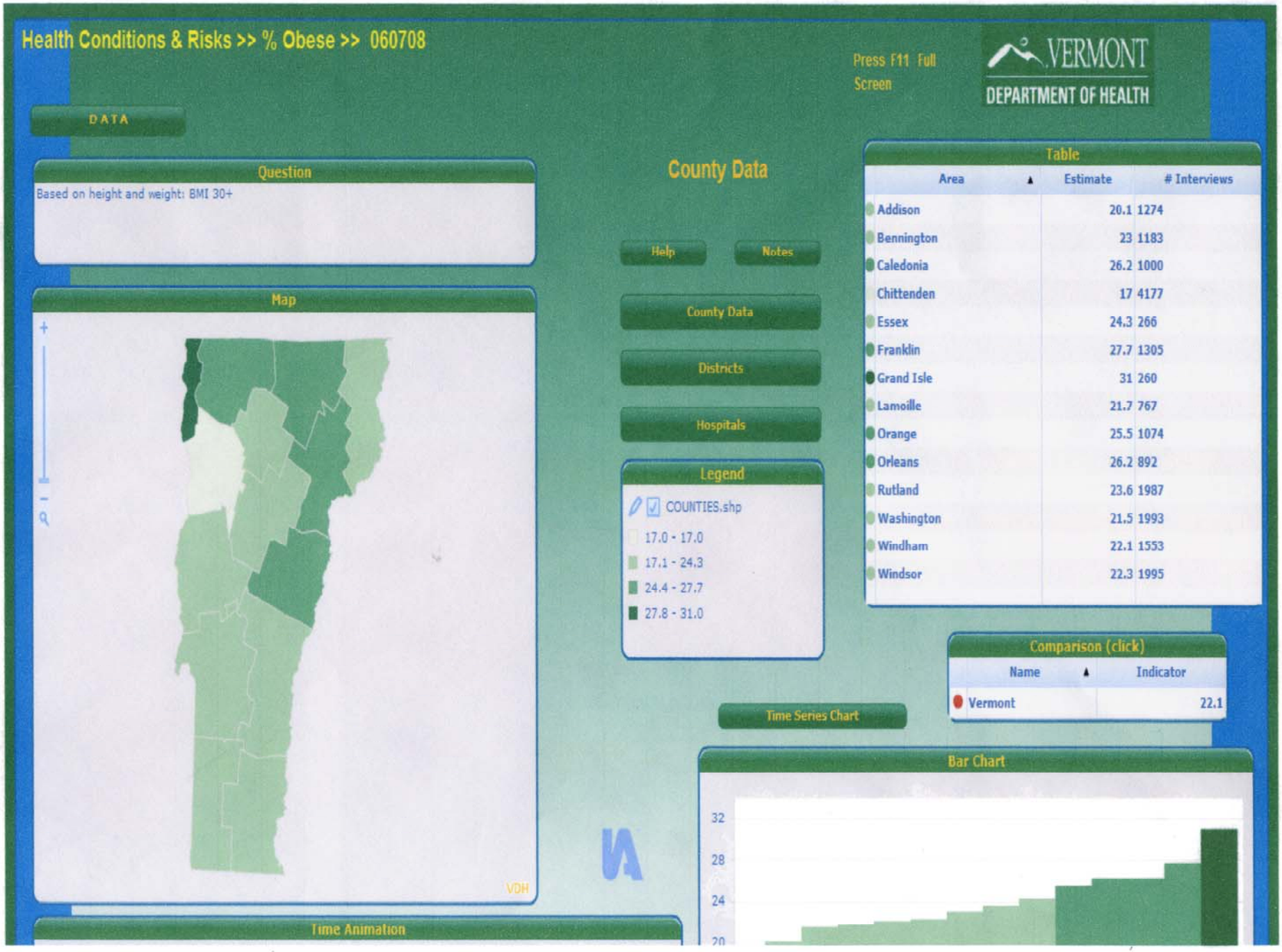
Risk Factors – Where Results for HSA Are WORSE Than VT Overall

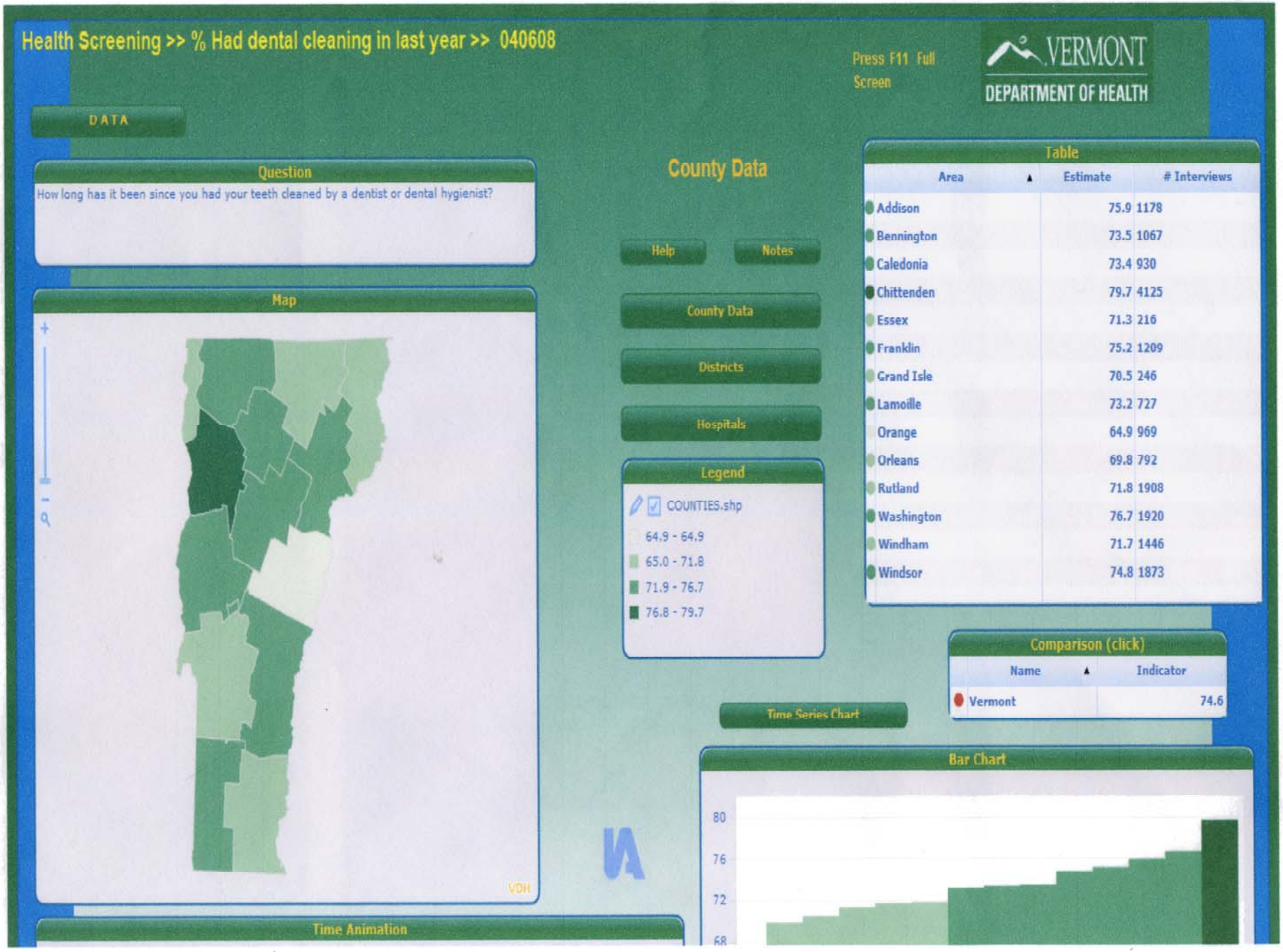



Access to Care >> % Could Not See Doctor Due to Cost >> 060708
Press F11 Full Screen
VERMONT
DEPARTMENT OF HEALTH
DATA
Question
Was there a time in the past 12 months when you needed to see a doctor, but could not because of the cost?
County Data
Help
Notes
County Data
Districts
Hospitals
Legend
COUNTIES.shp
7.0 - 7.0
7.1 - 10.0
10.1 - 13.0
13.1 - 15.0
Table
Area
Estimate
Interviews
Addison 12 1310
Bennington 9 1211
Caledonia 11 1032
Chittenden 7 4300
Essex 13 268
Franklin 10 1350
Grand Isle 12 264
Lamoille 13 796
Orange 10 1119
Orleans 15 914
Rutland 11 2058
Washington 9 2064
Windham 11 1598
Windsor 10 2064
Map
Comparison (click)
Name
Indicator
Vermont 10.1
Time Series Chart
Bar Chart
15
13
11
9
Time Animation


Access to Care >> % With Personal Doctor >> 060708
Press F11 full Screen
VERMONT
DEPARTMENT OF HEALTH
DATA
Question
Do you have one person you think of as your personal doctor or health care provider?
County Data
Help
Notes
County Data
Districts
Hospitals
Legend
COUNTIES.shp
76.0 - 76.0
76.1 - 86.0
86.1 - 89.0
89.1 - 92.0
Table
Area
Estimate
Interviews
Addison 89 1309
Bennington 92 1215
Caledonia 85 1034
Chittenden 89 4297
Essex 76 266
Franklin 88 1350
Grand Isle 89 264
Lamoille 86 796
Orange 87 1120
Orleans 84 912
Rutland 89 2054
Washington 88 2062
Windham 88 1593
Windsor 85 2065
Map
Comparison (click)
Name
Indicator
Vermont 87.7
Time Series Chart
Bar Chart
92
88
84
80
76
Time Animation
010203
020304
030405
040506
050607
060708


Access to Care >> % With Health Care Plan >> 060708
Press F11 Full Screen
VERMONT
DEPARTMENT OF HEALTH
DATA
Question
Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?
County Data
Help
Notes
County Data
Districts
Hospitals
Legend
COUNTIES.shp
82.0 - 82.0
82.1 - 87.0
87.1 - 90.0
90.1 - 93.0
Map
Table
Area
Estimate
Interviews
Addison 85 1311
Bennington 90 1216
Caledonia 86 1032
Chittenden 93 4297
Essex 82 267
Franklin 89 1348
Grand Isle 90 264
Lamoille 86 793
Orange 87 1122
Orleans 85 913
Rutland 87 2055
Washington 90 2063
Windham 88 1599
Windsor 88 2065
Comparison (click)
Name
Indicator
Vermont 88.9
Time Series Chart
Bar Chart
96
94
92
90
88
86
Time Animation


Health Conditions & Risks >> % Obese >> 060708
Press F11 Full Screen
VERMONT
DEPARTMENT OF HEALTH
DATA
Question
Based on height and weight: BMI 30+
County Data
Help
Notes
County Data
Districts
Hospitals
Legend
COUNTIES.shp
17.0 - 17.0
17.1 - 24.3
24.4 - 27.7
27.8 - 31.0
Table
Area
Estimate
Interviews
Addison 20.1 1274
Bennington 23 1183
Caledonia 26.2 1000
Chittenden 17 4177
Essex 24.3 266
Franklin 27.7 1305
Grand Isle 31 260
Lamoille 21.7 767
Orange 25.5 1074
Orleans 26.2 892
Rutland 23.6 1987
Washington 21.5 1993
Windham 22.1 1553
Windsor 22.3 1995
Map
VDH
Comparison (click)
Name
Indicator
Vermont 22.1
Time Series Chart
Bar Chart
32
28
24
20
Time Animation


Health Screening >> % Had dental cleaning in last year >> 040608
Press F11 Full Screen
VERMONT
DEPARTMENT OF HEALTH
DATA
Question
How long has it been since you had your teeth cleaned by a dentist or dental hygienist?
County Data
Help
Notes
County Data
Districts
Hospitals
Legend
COUNTIES.shp
64.9 - 64.9
65.0 - 71.8
71.9 - 76.7
76.8 - 79.7
Table
Area
Estimate
Interviews
Addison 75.9 1178
Bennington 73.5 1067
Caledonia 73.4 930
Chittenden 79.7 4125
Essex 71.3 216
Franklin 75.2 1209
Grand Isle 70.5 246
Lamoille 73.2 727
Orange 64.9 969
Orleans 69.8 792
Rutland 71.8 1908
Washington 76.7 1920
Windham 71.7 1446
Windsor 74.8 1873
Map
VDH
Comparison (click)
Name
Indicator
Vermont 74.6
Time Series Chart
Bar Chart
80
76
72
68
Time Animation

Community Health Needs Assessment

Summary of Interviews

Access – to primary care, primary care providers, insurance, etc.

"Good access to health care influences a person's use of health care services and improves overall health. While the subject of health insurance is often at the center of any discussion about health care, access to care involves more than simply having health insurance coverage. Barriers to timely and comprehensive health care are many: a shortage of providers or hospitals, lack of reliable transportation or long drives to care, cultural or personal beliefs, language and education—as well as a lack of insurance or being underinsured." i[1]

The first objective of the *Healthy Vermonters 2010* is to establish primary care. Getting patients in to see a "primary care professional ensures that a complete medical history and other health information is easily available, and that medical care is consistent and coordinated over time."ii[2] It was also noted that "repeated messages from a health care professional are very important in changing adult behavior," which would most likely come from a primary care physician.2

- For Julie Arel, Director of the Open Door Clinic (ODC), increased access to care, universal access to insurance and cultivating cultural and linguistic support for their patients are among her top priorities.
- 99% of their patients are uninsured or underinsured adults ranging between the ages of 18 and 65 years old; and roughly 75% of their patients are employed at least part time, but by employers who do not offer health insurance.
- While her staff spends a lot of time helping patients enroll in the state health insurance programs, and then ultimately identifying and transferring their care to primary care homes, two major barriers persist relative to accomplishing these goals. One, peoples' perceptions that they can/cannot afford the statewide premiums, and two, there is currently only one provider in our service area who is taking new patients. Thus we have far too few providers for the number of people in need and two, this could mean having to travel beyond one's own community which remains an unrealistic choice, most especially for those with inadequate transportation options.

- Julie states that there are probably somewhere in the area of 500 migrant and farm workers in Addison County, many of whom do not speak English, who come to the ODC for their healthcare. In addition to this population of patients, they also see and serve a variety of individuals of other ethnicities, who Julie feels are largely "invisible in our community." Addison County is not equipped to deal with the cultural and linguistic barriers, which leads to people not receiving the care they need or to going elsewhere for care, which can mean traveling far beyond/outside their community.
- Julie wishes the clinic could be open more days out of the week to avoid patients accessing the ER when their need is not an emergency; and also notes the need for walk-in clinics in the community so that people do not have to resort to going to the ER, a sentiment echoed by Mike Fernandez, hospital board member and resident of Bristol. Mike wishes to see a more "urgent care" capacity in the medical system and perhaps more flexible physician schedules in order to prevent unnecessary trips to the ER.

- Dr. Eileen Fuller, primary care physician at Middlebury Family Health, also recognizes the need for more primary care physicians in the community, acknowledging that most practices are not taking new patients. She has seen these struggles play out in her own practice which was closed for two years, during which time two providers left to establish a palliative care practice, while the remaining providers embarked on implementing the EMR. She attributes some of the primary care physician shortage to the political issues in Vermont -- all of the unknowns -- along with being in private practice. While approximately 50% of PCPs in Vermont are still in private practice, increasing costs of medical school education and higher and higher student debt load require higher salaries which become cost prohibitive for those in private practice to offer potential candidates. She has seen a pattern of high turnover rates among younger doctors in the community, and she wishes to find a ways to make this community more desirable to encourage establishing home and a career here.

- Dr. Jody Brakeley, pediatrician, believes the biggest access challenge for children is the fact that "Medicaid compensation is not very good for providers, and is a barrier to recruiting and retaining pediatricians in Vermont."

- Martha Redpath, CNM and Heather Kidde-Brown, CNM from Tapestry Midwifery believe the maternal health insurance coverage in

Vermont is better than in many other states. Their services are well covered by Medicaid. They do recognize that the lack of access to primary care providers in the community is an issue for some, as it adversely impacts their patients seeking other types of medical care. They also note that for some of their patients, transportation - or lack thereof – is a barrier to seeking and accessing proper care.

- The *Addison County Medical Care Community Perceptions 2011* finds roughly 32% of the respondents to believe access to Family Practice is 'good', though 4.9% believe access to be 'very poor' and 7.45% perceive it as 'poor'.[iii][3] The most common weakness of the health care system in Addison County that was cited by the respondents was the "lack of access to providers (particularly primary care). More than 125 respondents referenced the number of practices that no longer accept patients, long waits for appointments, and high turnover of providers." [iv][4]

- Another challenge within the Addison County health care system, as mentioned by many respondents from the *Addison County Medical Care Community Perceptions 2011,* was the "inability to attract and retain high quality providers who have experience in complex cases, expertise in the latest medical innovations and a willingness to provide individual attention and personalized care."4 There was a specific mention of a need for more male primary care physicians.4

- Jim Daily, President of Porter Hospital, recognizes the great need for primary care physicians in Addison County. He attributes the high turnover rate of young primary physicians to the 'trailing spouse'. With more women physicians coming in, the husband is now the trailing spouse. Generally speaking, it is harder for recruitment and retention of a women physician with a trailing male spouse for many different factors.

- Kate McGowan, Executive Director of the United Way of Addison County also believes that access, in terms of insurance/financial coverage, especially for dental care, substance abuse and mental health, remains a serious issue for many people in our service area. Her wish for the future is to get everyone on basic health insurance, focus on prevention, and manage people holistically versus one disease type at a time. She also believes that we need to increase consumer awareness about cost – patients are insulated from the cost of care they consume.

- Senator Ayer mentions the need for everyone to receive primary care as an overall priority in health care reform in Vermont.

Dental Care/Oral Health

Many individuals interviewed expressed the sentiment that dental care is often viewed as a "luxury" as compared to other types of medical care, though it is clear that oral health is central to overall health. Access to dental care is important in Addison County and it remains a serious issue, as many people we interviewed pointed out.

- Julie Arel from the ODC sees a lot of poor dental health among her patients. She believes that dental health and access to affordable care is horrible in our community. Even among people with health insurance, dental insurance is often rare, which often results in poor dental hygiene, physical health issues worsened or caused by dental decay, and ultimately, permanent loss of teeth which carries its own social/economic stigma.

- Staff at the Vermont Department of Health recognizes the need for improvement regarding dental care access, particularly for kids. They spoke of the discrepancy between what the Dental Society recommends (being seen by age 1) and what dentists actually practice "on the ground." It is noted that dental care is often left out in political efforts/reform because it is not seen more as a real medical issue. The need for access to fluoridated water in the community was also an expressed concern.

- Mike Fernandez, a member of the Bristol community and Porter Hospital Board, expressed his concern that the lack of a dentist/dental services in Bristol is a serious health issue for the people of Bristol and an important community concern. And, he believes this ultimately leads to people not receiving the care they need.

- Dr. Harvey Green, a practicing dentist in Middlebury, believes there is an adequate number of dentists to meet the needs of the Middlebury community, and notes that he has seen more and more ads for local dental practices, which implies that the capacity is there. He offers that public transportation doesn't always work well for patients coming from outside of Middlebury; and also recognizes the lack of providers/coverage elsewhere, specifically in Bristol. Dr. Jody Brakeley, pediatrician, sees access to dental care especially in communities such as Bristol and Brandon as a serious issue as well. She feels the issue is centralized around a lack of transportation options that go beyond dental care.
- Dr. Green acknowledges another significant, two-pronged barrier in the system: 1) poor reimbursement rates (to providers) for adult

Medicaid patients, leads to many dentists who are not willing to take these patients due to this financial barrier, and 2) the $495/year Medicaid benefit for adults can be inadequate given their overall needs. Further, VHAP insurance does not cover dental at all which leaves those recipients without help. Dr. Green explains that there are state vouchers given out to people, but there is a miscommunication between social services and consumers, as these vouchers do not cover dental care. Simply stated, he feels that the current system is largely "complex and inadequate" for most of the population.

- Thus given these substantial barriers – inadequate reimbursement, and lack of both transportation options and providers in surrounding communities, significant pockets of the population may not be getting the care that they need.

- Dr. Green finds the program *HeadStart* to be successful in bringing in children for their first screening at a young age. He has found that often times the mother of the child coming in will follow up to make an appointment for herself. The utilization of care increases as a result of the programs in schools. He sees a need for a pediatric dentist in Middlebury or Addison County. There has been no improvement on recruiting one to the area.

- Poppy Cunningham, RN and Donna Bailey, Co-Director of the Parent Child Center believe that lack of access and availability to dentists and dental services is a huge issue among their participants, and within our community in general. From their point of view, those over the age of 18 really struggle with getting dental work, and explain that if one is over the age of 18, and on Medicaid, that individual is eligible for $500 of dental work per year, which is grossly insufficient for many.

- Jeanne Montross, Executive Director of HOPE, echoes Poppy and Donna's sentiments, agreeing that dental needs are a huge issue for her target population – low income residents and those living in poverty in our county. She believes that dental care should be part and parcel to our general health care coverage.

- Dr. Green and Staff at the Department of Health mentioned the aging dental population as a concern. As many of Dr. Green's colleagues are 55 or older, the need for dental recruitment is more urgent now. There has been no advancement in a 'residency' program as suggested in 2004. This sentiment is echoed in *The Health Disparities of Vermonters 2010* which reflected the growing concern of the aging of the dental profession. As dentists age, they are working fewer hours and are close to retirement. v[5]

Mental Health

"The remnants of Hurricane Irene did what policymakers hadn't been able to accomplish for more than a decade — close the state's antiquated psychiatric hospital."vi[6] The state hospital was described as antiquated and in crisis resulting in decertification and the loss of federal funding in 2003. 6 As a result of the state hospital closing, mental health patients had no place to go. They were being sent to places not qualified to care for mental health patients.

Efforts are underway to reconstruct the delivery of mental health care services in Vermont. "The proposed new hospital is the key component in the governor's long-term plan to replace the care that had been offered at the 54-bed Vermont State Hospital in Waterbury, but he also proposed mid-term remedies to the current crisis, which the committee bill endorsed."vii [7] These plans include 4-13 million dollars in renovations, services, and expansions across the state in order to help the mental health needs of the state.

- Bob Thorn, Executive Director of the Counseling Service of Addison County (CSAC), does not have an answer for the closing of the State Hospital, though he recognizes that the community needs *something*. He supports the governor's efforts not to rebuild the State Hospital, but instead, to invest in each community individually. He values the idea that people wish to stay within their own community as much as possible. He recognizes that with the closing of the State Hospital, however, mental health patients have no place else to go beside emergency rooms. This is neither good for the patient or for the ER staff.
- Thorn recognizes another challenge for his agency: there is a community perception that CSAC is "too big" for a "quaint New England town." He offers that many individuals do not see the underbelly (and increasingly pervasive issues of) mental health, substance abuse and abuse in our community. He states that substance abuse is a huge issue…especially in our schools where we have 25 clinicians working…in situations that could probably support 50 clinicians.
- Thorn's services are particularly hard pressed as his agency is the only public mental health service in all of Addison County. He does not have the ability to say his practice is 'closed' like in primary care, but instead he puts patients on a waiting list that he describes as "growing or stagnant." He saw some improvement in shortening the waitlist

after moving to a short-term therapy model, but they still have about 40 people on the waiting list.

- He also sees a growing need for children. There is a specific lack of funding for Individual Family Services (IFS). And again, as the only public counseling service in Addison County, the demand for services is far greater than the supply. The excess demand is less than ideal, as some children receive care too late or not at all.
- Thorn wishes to unify programs and better integrate services in order to consolidate care. This way, patients do not fall through the cracks, nor do they receive overlapping care.

- Senator Claire Ayer agrees in that she believes there needs to be more interconnectivity among mental health, physical health, and substance abuse. At a Porter Hospital board meeting in January of 2012, there was discussion of the new proposed payment reform plans for health care in Vermont and the hope that we will be able to find a way to facilitate the integration of services, specifically mental and physical health.
- She also says the Vermont State Hospital has been a problem for 20 years, though its closing has caused many different problems, the biggest of which is the question of how to rebuild the 54-bed capacity that it held. She speaks of efforts leaning towards changing to community-based facilities rather than one large, institutionalized building. As 15-bed facilities are not considered 'warehouses' by the federal government, they are then willing to fund the smaller institutions.
- Senator Ayer also stressed the need for more step-down beds—beds that are located in a facility not in a hospital, but not fully in the community either. The number of these beds needs to increase statewide, especially as they are not equally distributed throughout the state. She also sees the need for more crisis beds in communities. As the support is there, she is optimistic about future progress.

- Both Senator Ayer and Bob Thorn recognize that there is no place to go for mental health patients, and that the ER is an inadequate and unacceptable solution. Jim Daily, President of Porter Hospital, directly sees the impact of seriously ill mental health patients using the ER. He understands that there is no other place for these patients to go, but at the same time acknowledges that by utilizing regular hospitals as means of care, the seriously mentally ill pose potentially serious risks of danger to both themselves and those employees caring for them.

- Jody Brakeley, pediatrician, discusses the Addison County Supervisory Union's (ACSU) effort as they launch a pilot project to study 'whole

families' specifically looking at behavioral and mental health. She says the program has "tremendous potential to draw the medical community together and provide better services."

- Dr. Eileen Fuller, primary physician at Middlebury Family Health, sees a problem of getting people to see a counselor. As waiting times are so long, people are less likely to follow up. She finds the compliance rate to be much higher if the counseling is done in the same building right down the hall from her. Another real gap that she sees in the system is that there is no pediatric psychiatrist in our service area.

- Neil Gruber, Administrator of the local nursing home, discusses the need for more mental health services within his population and the emerging role of how Helen Porter is best equipped to meet these needs. While they currently use telemedicine services via FAHC, a significant challenge for them is finding clinicians who have expertise in dealing with elders/residents who have significant mental health issues.

- Mike Fernandez, Porter Hospital Board member and community member from Bristol, points out the lack of mental health services in Bristol. He wishes to see the definition of mental health to be broadened to encompass a variety of issues that may be considered catalysts for other health problems like homelessness or substance abuse.

- The Vermont Department of Health mentions the major priority of (more) children's mental health services. Over the past few years, they have seen great improvement with Children Integrated Services (CIS), specifically the referrals coming from a central source. They still wish to see health coverage of children up through the age of 21.

- Kerri Duquette-Hoffman from WomenSafe, believes there is a need for better access to children's mental health services, along with a great need for a children's support group. Consistency within a support group of this nature is challenged by the lack of staffing available.

Substance Abuse

Substance abuse is gaining recognition around the state of Vermont. The underground nature of the issue raises unanswered questions and serious concern. Despite the secretive nature of the problem, there is no denying the deadly effect it has on the Vermont population. Keith Flynn, Vermont public

safety commissioner, said, "opiates are our biggest killer in Vermont. Last year, more people died in Vermont from opiates than from automobile crashes and murders combined." viii[8]

***Eight years ago in the CHNA…there is still a great need for "more substance abuse intervention/treatment options for women (and others), improved continuity of care, and reducing waiting times for care." ix[9]

- Poppy Cunningham, RN and Donna Bailey, Co-Director of the Addison County Parent Child Center speak at great length about the impact that substance abuse (particularly that of opiates) has on the lives of a significant percentage of their participants; and moreover, how problematic it is not to have any treatment options - centers or providers - in our service area. Essentially, if a person wants to get into treatment, she/he has to go elsewhere, to Brattleboro, Rutland or Burlington, where even if one could manage the entangled transportation issues, the individual might have to wait for months to get into a center. And then, should the timing, availability and transportation all miraculously align, there remain for the individual, significant gaps and tremendous fragmentation between treatment plans, appropriate and sufficient psychiatric/counseling support, and coordination of care between all of the providers treating the individuals (e.g. therapist, psychiatrist, primary care provider/physician). Further, as Donna and Poppy articulate, there is really nothing, in terms of treatment options, for the "dads" that they serve through their programs. Many of these young men are not covered by Medicaid or private insurance, and should they be on VHAP, transportation will not be paid for, which creates a huge obstacle toward seeking treatment.
- Poppy and Donna note that there has been much discussion over the years about this issue, by and among many key players in our community, and feel there continues to be significant resistance in taking the critical next steps to creating local solutions.
- Needless to say, these women feel that having treatment options within our county/service area for all of our community members who are struggling with substance abuse and addiction issues would be a tremendous asset and enhance the well-being and health of our whole community.
- The Vermont Department of Health knows this is a growing concern for the community. As much of this is done underground, it is difficult to know for sure just how big the problem is. While direct services see the problem the most, there is still knowledge of it throughout the community.

- Bob Thorn from the Counseling Service has seen an increase in heroine use, as it is generally cheaper and easier to get. The substance abuse program he is running is not funded well despite its growing demand.

- Kerri Duquette-Hoffman, Director of WomenSafe, sees a growing problem specifically with opiates. She expresses a concern for the lack of options for treatment in the community, as waiting lists are too long.

- Jim Daily, President of Porter Hospital, believes the community does not like to talk about the issues regarding substance abuse despite its growing problem in schools and elsewhere. He acknowledges that many people are not willing to support a treatment center here, as they believe it might attract more addicts to Middlebury.

- Representative Mike Fisher applauds Porter's recent effort to be more engaging in health care policy, specifically with opiate treatment. As a whole, he sees a "lack of appropriate treatment options" within Addison County and within the State of Vermont. Despite the recent conversations about the substance abuse problem, no one is taking action. People know the need is there, though it may be hard to prove in numbers since the abuse is very much underground.

- Mike Fernandez has seen a growing substance abuse problem. He notes that there have been more break-ins, specifically where children are stealing from family members in order to support their habits.

- Dr. Jody Brakeley sees substance abuse as a huge problem and one that is growing in both our schools and broader communities as well. She notes the direct impact it has on families as a whole—leading to poverty or even homelessness, a significant - and growing - community issue.

- Senator Clair Ayer sees a gap in the care of patients who are suffering from more than just substance abuse. There is a lack of interconnectivity among substance abuse, mental health and physical health efforts.

- Dr. Harvey Green DDS has noticed a decline in substance abusing patients. He accredits this to the fact that people know dentists either do not or will not prescribe narcotics. The Open Door Clinic has a similar policy, as it does not prescribe narcotics, so addicts are less likely to use, or potentially abuse, their services for that reason according to Arel.

Relative to tobacco use specifically, *Healthy Vermonters 2010,* notes the need to "encourage pregnant women to quit [smoking]" for not only their health, but also for their baby's health. x[10]

- The Vermont Department of health speaks of the consistently low smoking rates among pregnant women as a positive in the community, while still recognizing the occasional spike in numbers. There is still much room for improvement as a whole.

- Rachel Guy, Director of Planned Parenthood, has seen a trend of women quitting smoking during pregnancy, but picking it back up afterwards. Although it is a good thing the women are not smoking during pregnancy, they are still putting their child at risk after he or she is born with both direct secondhand smoke inhalation as well as the increased probability that the child will smoke because his or her parent does.

- Redpath and Kidde Brown have seen a great improvement with the smoking issue. The results of efforts that started years ago are definitely beginning to shine through. Addison County has lower recorded rates than other communities.

Substance Prevention

Melanie Clark, Tobacco Prevention Coordinator, and for the past 12-13 years prior, former Coordinator of the Addison County Youth Prevention and Control Grants, currently chairs the Addison County Prevention Partnership(ACCP), a group of community organizations, businesses and concerned individuals working together to prevent tobacco and substance abuse in Addison County. The ACPP was reorganized in 2010 as a merger between the three prevention coalitions in Addison County: Addison County Prevention Partnership, Addison County Tobacco Control Roundtable and Vergennes Prevention Council. Melanie explains that this merger was formed voluntarily in an effort to increase collaboration and efficiency between these groups…….and better position ourselves to meet the needs of Addison County residents, particularly in light of diminishing state and federal funding. Their mission and goals are as follows:

The Addison County Prevention Partnership advocates for, and cultivates improved healthy behaviors and wellbeing through the prevention, treatment and recovery from alcohol, tobacco, and other drugs. xi[11]

Goals:

1. Prevent the onset, and reduce the progression of all substance use, including tobacco and childhood/underage drinking
2. Educate the community about the health hazards resulting from the use of tobacco, alcohol, and other drugs
3. Decrease the availability and use of substances in our community
4. Reduce community-wide exposure to secondhand smoke
5. Support local treatment options for individuals wishing to quit tobacco, alcohol and other drugs
6. Link individuals to local and statewide treatment and recovery services
7. Provide and promote opportunities for the community and individuals working in the fields of prevention, enforcement, treatment, and recovery to collaborate and discuss issues associated with substance abuse
8. Reduce substance-abuse related problems in our community
9. Build prevention capacity and infrastructure at the State and community levels

Many events and activities are planned throughout the year to help reduce substance abuse, including as examples from 2012, Sticker Shock events, Vergennes Community Action Group Meetings, and a Celebration of Teen Prevention and Leadership back in May.

- Melanie believes that there is a good network of people doing prevention with the coalition/partnership, and that they've been supportive of the initiatives to reduce exposure to second-hand smoke, e.g. eliminating smoking and tobacco use in all areas but one at Addison County Field Days, campaigning to create smoke-free zones in Bristol, and having our schools partner with our mental health agency so our students have access to resources within their respective schools.
- Further, she states that youth are getting the message that smoking isn't good for them, as reported in the statewide highlights of the *2011 Vermont High School Youth Risk Behavior Survey* xii[12], which says that "24% of students ever smoked a whole cigarette, a significant decrease from 31% in 2009." While this has its merit, Melanie feels that youth are shifting their substances, away from cigarettes to marijuana, chew tobacco, and harder drugs.
- Melanie would like to see more "in-person cessation services," offering that some people who are trying to quit want to connect with the people who are helping them, and feel more comfortable with a "local face." She also believes and recommends that more funding would help their prevention efforts, and that a different granting mechanism

or model, other than going year-to-year, one grant at a time, would both heighten peoples' level of commitment to the projects and encourage more people to participate in these important community-wide endeavors.

- Sharon Koller, MS, ASAC, LCHMC (licensed clinical mental health counselor), is employed by the Counseling Service of Addison County and works as a Student Assistant Program Counselor three days a week at Mt. Abraham Union High School. The SAP program is an early intervention screening program whereby students can either self-refer to the program, or be referred by family members, friends, teachers or an administrative person, in the case of a policy violation, for instance. Sharon explains that the SAP program has been at Mt. Abe for 15 years, and that students feel it's an established, safe place to come. She states the service is well utilized and that it is getting more coordinated and integrated with overall student services there. While the *Youth Risk Behavior Survey* xiii[13] suggests that usage rates are trending down, Sharon is seeing more violations and doesn't feel like she is seeing a drop in use among their students.

- Sharon sees upwards of 90 students per year, spanning grades 7-12, and offers that the biggest challenge for many of these children/students is living with so much substance abuse around them (speaking primarily of marijuana and tobacco use in this context); and that many have parents and extended family members who condone the behavior. Thus the kids start experimenting with these substances early in their lives, and essentially receive considerable reinforcement for making these choices. Because so many 7th graders come into Mt. Abe already using, she feels we should be starting younger - in our elementary schools (perhaps via a program or programs that could travel from one school to another) – simultaneously targeting parents, and would like to see more partnerships -- with our schools, the hospital and other organizations.

- Tom Fontana, MS, LCMH, ASAC is an SAP counselor at Vergennes Union High School. He believes the program is a great service and feels it's an awesome opportunity to be in the school. They see about 10% of the school's population which statistically aligns with the Positive Behavior Intervention and Support Model.

- Sharon feels it would be most helpful to have a systemic attack on reducing exposure, via more outreach to individual communities, more quit groups, etc. She adds that many of these kids are living in

poverty and have transportation issues so making services accessible within their home communities would be ideal. She explains that many services and specialized groups, like Alateen, tend to be clustered in Middlebury. Her dream is to have these services available within all of our schools where it would be much more likely that kids would come and avail themselves of these critically important services.

- Tom would like to implement more peer-based models of group leadership around the issues of drugs, alcohol and safe behaviors. He would like to create a new "exploratory," in the school curriculum, whereby more juniors and seniors could have built into their schedules time to spend with kids from the Middle School. One of the frustrations he described is that there will no longer be SAPs after this year. He doesn't know where all this is going, given changes in funding, structure of programs, etc., and expresses concern about fragmentation and creating artificial lines that don't work for kids (who wish to access these resources).

Violence and Safety

"WomenSafe works toward the elimination of physical, sexual and emotional violence against women and their children through direct service, education and social change." xiv[14] This local, non-profit provides: xv [15]

Advocacy Services (free and confidential)
24 hour Hotline
Information and Referral
Emotional Support
Medical Advocacy
Legal Advocacy
Transitional Housing (and support and advocacy)
Systems Advocacy
Support Groups
Community Outreach and Education
Supervised Visitation and Monitored Exchanges

- Kerri Duquette-Hoffman, Director of WomenSafe, explains that over the past year, through their 24-hour hotline and other outreach efforts, WomenSafe handled about 450 callers who were experiencing domestic violence (though some of these callers were also experiencing sexual violence); and another 50 callers who were experiencing sexual violence. Their calls increased by 20% over the previous year, and she believes that the individuals' situations have become more difficult and

take longer to resolve. She feels that the depressed economy has certainly contributed to this trend, and that women don't have the same options in terms of family support/options, e.g. parents and extended family members may no longer have big homes where women and their children can be sheltered and take refuge for a while.

Their statistics, broken down by specific service, for the fiscal year July 1, 2010 through June 30, 2011 were as follows 14:

+ Emotional crisis support and general info/referral – 2,951 times
+ Support, advocacy and navigation through civil or family court processes – 759 times
+ Parenting information and support – 179 times
+ Support, advocacy and navigation through criminal legal processes – 161 times
+ Assistance with more than 121 *Relief from Abuse Orders*
+ Emergency Financial Assistance – 97 times
+ Support and Advocacy to 42 women who had a self-identified disability
+ 9 visits to the hospital

- Kerri feels very positively that Addison County currently has on-call Sexual Assault Nurse Examiners (SANEs), at Middlebury College's Parton health Center and at Porter Hospital. These nurses are trained to provide rape exams for forensic purposes and are extensively involved in sexual abuse cases, which number 3-10 per year.
- Kerri expresses her concern that there are only two SANE nurses in our community, and that unfortunately, they cannot cover for one another. Should they be unavailable, the back-up plan is to have a physician do the exam which is not optimal. She wishes there could be overlap between the two in order to provide better care to those victims of sexual assault.
- Relative to non-sexual violence, Kerri states there is really great collaboration between other providers and WomenSafe when women present with domestic violence. They have seen an improvement as the ER staff has collectively made an extra effort to help women feel safe. The ER staff is respectful and sensitive to the patients' circumstances, specifically to chronic substance abusers. The staff offers patients the option to seek treatment, from which many success stories have resulted.

Between July 1, 2010 and June 30, 2011, WomenSafe assisted 408 children who were exposed to violence, through calls and meetings with their parents and other concerned adults – a 14% increase from the previous year. Additionally, their Supervised Visitation Program provided 240 supervised visits and monitored exchanges during this same time frame, a 35% increase over the previous year. (website)

- Relative to gaps or opportunities for improvement, Kerri feels that getting kids the services they need is still a significant challenge, even though the Parent Child Center, CSAC, and our schools and school-based clinicians all work to support and meet their needs. She feels that we need more resources, including a children's support group. Further, WomenSafe recognizes the importance of not only children's support groups, but also adult counseling support especially for single women. There needs to be a consistency within the support in order to ensure success.
- Kerri believes the overall community collaboration -- schools, town, police, hospital, State's Attorney's office, The Addison County Council Against Domestic and Sexual Violence, the Sexual Assault Response Team of Addison County, and the Vermont Network Against Domestic Violence and Sexual Assault -- has contributed a great deal to the success of helping women in need.

- Chris Mason, School Resource Officer with the Middlebury Police Department, works primarily at the Middlebury Union High School(MUHS), but also spends some time each week at the Mary Hogan Elementary School and the Middlebury Union Middle School (MUMS). He explains the tri-fold nature of his professional role within the schools. The first component is that of (law) enforcement - what he feels to be the most prominent and least effective part of his role: he responds to crime/civil offenses, traffic violations, drugs/alcohol, violence (fights/confrontations). The second component of his work is education -more productive than enforcement – is taking a more preventative role by participating in classes at Middle and High Schools where drugs, alcohol, the internet, sexting (when a person takes an image of him/herself and then exchanges the images, usually via cell phones) are all discussed. He also participates in wellness fairs/booths (demonstrating fatal vision goggles/beer goggles…), and does a lot of teaching right out in the parking lot. The final component of his work is the biggest for Chris, and that is getting to know the students – their backgrounds, what's going on at home, etc., to establish trust and make connections. His ethos: one can't be effective within a community unless he/she is part of the trusted community. He tries hard to be friendly and non-threatening, and a positive role model in the students' lives.

- Relative to safety issues, Chris feels there is very, very little violent crime in Middlebury…an occasional bar fight, domestic violence and arguments rising to the level of violence.

- Chris shares that drugs are here for sure - - heroin is making a comeback, marijuana is #1 in prevalence, followed by pills (oxicontin, vicodin, narcotics), and other drugs coming from Albany and the Bronx. He feels there is certain degradation of our community that results from drug use and dealing. At this point in time, what constitutes the most consistent "dangerous" activity in Middlebury are traffic accidents due to someone driving drunk on the road. This is really our biggest safety concern at this time. There is usually 1 FTE (fulltime employee) devoted to enforcement, DUIs and drug enforcement due to traffic violations.

Maternal/Child and Reproductive Health

- One of the goals of the Vermont Department of Health is to increase the number of women who receive early entry into prenatal care. They also children as a major priority. While they have seen improvements over the past ten years, there is room for continued – and more - improvement as Children Integrated Services currently only covers children up to the age of 6 years old. The VDH would like to see this expanded to cover children up to the age of 21 years old.

- Martha Redpath and Heather Brown Kidde, certified nurse-midwives from Tapestry Midwifery believe the number of women receiving first trimester prenatal care to be high in the community. Many of their patients are willing to drive more than an hour to receive their prenatal care.
- They point out a number of strengths in our local and statewide systems: the fact that the maternal health insurance coverage in Vermont is better than in many other states. Their services are well covered by Medicaid; the low C-Section rate in Addison County, though it is no longer the lowest in the State; and the coordination of care in our county/service area. They feel as though the community works well together to get the best possible care for the patient. They hope the implementation of Electronic Medical Records (EMRs) will improve the coordination of care even more.
- Overall, Redpath and Brown Kidde see transportation to be adequate, though there are a few pocket populations that find it difficult. Those that must travel to Burlington for services may have a harder time than others. Also, it is most problematic for teens. This weakness is well covered by the Parent/Child Center, as they usually can help with transportation.

- The midwives explain that The Parent Child Center has proven to be an essential asset within the community. They provide transportation options for teens and others which then give these participants/patients opportunities to receive the care they need. The Parent Child Center also helps with narcotic addictions and substance abuse. Fletcher Allen has addiction programs; Rutland is improving on their addiction program; Middlebury and Addison County as a whole is lacking, as there is not an adequate program dealing with substance abuse.

Healthy Vermonters 2010 denoted one of its objectives as reducing teen pregnancy. Although "from 1991 to 1997, Vermont's young teen (age 15-17) pregnancy rate dropped 39 percent giving Vermont the lowest young teen birth rate in the nation," there is still a concern for older teens…Teen mothers are less likely to complete high school or college, and more likely to live in poverty. Infants born to teen mothers are more likely to be born at low birth weight." xvi [16]

- Redpath and Kidde Brown notice a decline in teen pregnancies within the community, as does Rachel Guy, Director of Planned Parenthood, who believes the teen rate in general to be very good. She does recognize a gap among young females, ages 19-21. These young women are out of high school, leaving them with less support…..then, with unintended pregnancies there is a continued cycle of poverty and other related complications.

The *Addison County Medical Care Community Perceptions 2011* finds that 81% of respondents would recommend Porter Hospital's birthing center. The top reasons the 19% of respondents said would not recommend Porter's facilities are "limited technology and/or complications better handled elsewhere…poor reputation/prior experience at Porter…preference for a home birth." xvii [17]

Obesity/Behavior/Lifestyle

Obesity in Addison County was recognized as a growing concern among many we interviewed.

- The local district office of the Vermont Department of Health (VDH) sees a trend among mothers being overweight and continuing to gain weight; and acknowledges that obesity in adults tends to directly impact the prevalence of obesity in kids. They explain that when mothers bring their children into clinics, staff within the department will use the encounter as an opportunity for outreach, asking if they would like help with their diet. Not only will it improve the mother's health, but also influence the health of the child. As there has been limited success in telling people what they already know (they need to lose weight), they offer that a better solution, relative to preventing more chronic conditions, is to change the environment we live in – create more walking and bike paths around town, etc.

- The VDH sees opportunity for prevention in schools, and recognizes the varied efforts of local schools…..while some are providing great examples with improved quality of (local) food for lunch and encouraging physical activity, other schools are not making as much progress.

- Dr. Eileen Fuller, primary care physician, believes there needs to be a change to prevent obesity in adults. For example, while many insurances will pay for people with diabetes to see a dietician, those at high risk for other issues or chronic conditions are not. She wishes to see high-risk patients able to get preventative dietary care free of charge and /or without any out-of-pocket expense. Acknowledging that we are in the fast food and computer age, she recognizes the importance of focusing on preventive health in children as well. She mentions a growing concern for obesity in children, which leads to a number of chronic diseases all of which are preventable with proper care.

- Julie Arel from the Open Door Clinic strongly believes in changing the environment of Addison County in order to change the social norm. Education is a step in the right direction, though behavioral tendencies are hard to change. She believes in making it harder for people to smoke, having better lunches in schools, creating easier access to healthier foods, etc.

- Midwives Martha Redpath and Heather Kidde Brown believe the obesity rates in Addison County to be very high. They also express

concern about childhood obesity, as they encounter this issue vis a vis some of the older children of the women they serve. They acknowledge varied efforts from school to school to encourage education, gardening, and other nutritional programs as a step in the right direction. But they also believe that in order to make an impact on obesity rates, the efforts must start in elementary school. Dr. Eileen Fuller and the staff at the Vermont Department of Health also mention the importance of, and direct impact that the educational programs in schools that will potentially have on the health of our children and ultimately, the obesity rates in Addison County.

Food and Housing

At the outset of this project, and given my background in public health, I felt it would be important to include something on housing/homelessness and food scarcity within this document, as I believe their consistent presence in our lives, or lack thereof, are in the most fundamental of ways, predictors of our health and well-being. When our most basic of needs aren't met with food, clean water and shelter, our well-being, in the more traditional sense we think about health – our physical, emotional, and mental health, etc. are put at tremendous risk and jeopardy. This said, I have only managed to give the broadest of brush strokes to these two issues which represent critically important and growing concerns in our county and service area.

In an article entitled, "Homelessness on the rise among Vt. Families," (*Addison County Independent,* July 17, 2008), Kathryn Flagg writes that "the number of homeless families in Vermont increased by 20% over the last seven years, from 429 families in 2000 to 516 families in 2007." She interviews Elizabeth Ready, Director of the John Graham Emergency Shelter in Vergennes, who says, "the trouble…is that many Vermont families are teetering increasingly close to the edge of homelessness – and a single event can sometimes be enough to tip the scales against them. It could be something as simple as somebody loses a job, an illness, even like a major car repair." Diana Rule, Manager at the shelter adds, "I'm definitely seeing more people struggling with deeper issues – more families with children, more working poor, just more people struggling. …..We're never able to meet the need."

- Jeanne Montross, Executive Director of HOPE, speaks of our homeless population, stating that the numbers of homeless persons are definitely on the rise, and that people with severe mental illness constitute the largest percentage of this newly homeless population. In their *Report to the Community, September 2011*, HOPE reported that

they supported 133 families by avoiding homelessness, or ending a period of homelessness by providing payments for rent, mortgages or security deposits. During this same time frame, they also provided at their building, on 18 occasions, hot showers to the homeless.

- Jeanne also explains that their organization does a tremendous amount of work and outreach via their emergency food shelf, food baskets during holidays, and a relatively new gleaning project, which between 2010 and 2011 yielded 30,000 pounds of fruits and vegetables that were then made available at food shelves around the county. In this same year, they served 500 people per month at the food shelf, which constituted 50,760 meals to the residents of Addison County.

- Donna Bailey, Co-Director and Poppy Cunningham, RN of the Addison County Parent Child Center (PCC) explain that housing is a huge issue for their participants, some of whom are trying to move out of multi-generational poverty into independent, financially realistic and sustainable housing situations. Since 2003, the PCC has operated and managed a small number of housing units and currently owns a house on Elm Street which includes 9 single rooms and one 2-room apartment. In this home or dwelling they operate a first-time renters' program, which allows for participants to live at this residence for one year, at a subsidized rate, during which time they learn independent living skills, all the while being supported by PCC Staff. Tenants have to pay 33% of their gross income, and have to work greater than or equal to 20 hours per week, or participate in a PCC program or elsewhere.

- Kerri Duquette-Hoffman of WomenSafe feels the need for more subsidized housing as well as consistent transitional housing in order to help women bridge the gap between what they have and what they need. She notes that federal subsidies are drying-up which is putting a greater burden on their fundraising efforts and annual budget.

Long Term Care

With the Baby Boomer generation growing older, nursing homes and home care are getting more attention from both the local community and the U.S. as a whole.

- Neil Gruber of Helen Porter Nursing Home sees the growing concern of more people growing old and fewer people left to take care of them. He recognizes the success of the adult day care program in the community, though expresses concern for the nursing home. Older

nursing home models are no longer ideal, as the upcoming elderly population highly values privacy and a sense of 'home.' Additionally, State policy changes over the past 15 years, with shifting emphasis to more home-based and community-based services over "institutionalized" care, have resulted in significant downward pressure on nursing home occupancy throughout the State and especially in Addison County.

- Helen Porter feels the pressure to do the best it can with the physical plant and structure that is already in place. It has re-engineered itself from a 118-bed facility to a new more diversified model, including 20 short-term rehab beds, a burgeoning dementia care program, and a number of other "cultural" changes (adding more home-like touches to their decorum, implementing decentralized dining, and using different language to denote different parts of the facility [Lemon Fair Lane rather than East Wing], and convey respectfulness towards the patients [elders rather than patients or residents].

- Neil Gruber, Administrator at Helen Porter Nursing Home, is actively looking for a geriatric specialist. Although there is not one in Middlebury, he uses telemedicine services in order to directly work with a doctor from Fletcher Allen. While this has worked well for the given circumstances, he notes that other communities that have their own specialist are doing very well.

- The *Addison County Medical Care Community Perceptions 2011* finds 70% of its respondents would recommend Helen Porter Nursing Home for themselves or someone they knew. The top reasons the other 30% said they would not recommend Helen Porter are "low quality of care…poor food/accommodations/institutional setting…preference for a setting closer to or at home."[iv][4]

- Joanne Corbett, Executive Director of Elderly Services, Inc. (ESI), is very concerned with the ongoing cuts to funding (both state and federal) for programs that support adult day care services for the elderly in our community. She explains that ESI has an average of 130 participants per week, 70% of whom are paid for under government programs, and 30% of whom are private pay. More and more of the private pay folks are on a sliding fee scale which means that they do not pay the full amount of the services provided.

- In addition to funding cuts, which she feels are causing families to keep their loved one at home rather than accessing these important

services, she believes there remains a stigma for some families, in terms of placing a loved one into adult day care – similar to placing a loved one into a nursing home. The combination of the financial cuts and the stigma mean that more and more elderly people are being kept at home which can lead to isolation, lack of exercise, depression, more medication management, etc. Joanne believes that serving these people with ongoing/early services and programs will save money down the road and reduce other types of health care expenditures.

- Further, Joanne believes that in Addison County there is a strong and wide array of services for the elderly, most recently enhanced by the establishment of two retirement communities, Eastview and the Lodge, and the new ARCH (Addison Respite Care Home) room at Helen Porter Health and Rehab which she feels has been very well received by the families who have received the benefits of this space. Relative to the future, she believes that we need to figure out how to do the things we need to do at a lower cost of delivery, convince people that paying for these services out-of-pocket is worth the investment, continue to break down the barriers of the stigma of placing an elderly person into a program, and increase education and outreach about the value of programs currently offered.

- Larry Goetschius, Executive Director of Addison County Home Health and Hospice believes that the greatest strength that exists in our community is that Addison County health and human service agencies are committed to working together, and that "we try not to compete whenever possible." That said, as he thinks about moving forward with health care reform, he is concerned about maintaining these organizational relationships and asks, "can we hold onto that sense of community...." or will this become increasingly difficult as we try to survive with diminishing resources? And further, " how do we survive as a local system when we move to larger systems of Accountable Care Organizations or Global Budgets?"

- Larry is concerned about the Feds lumping For Profits and Non Profits together to calculate profits and therefore cuts. Already they are under a variety of financial pressures: not only have there been no increases in the Medicaid reimbursement rates since 2007, there have been two cuts in these rates and three in the Medicare reimbursement rates respectively. Larry states that 52% of their patients are on Medicare and 37% are on Medicaid. Additionally, because of the pressures to get patients out of the hospital sooner, Home Health patients are sicker, which when combined with the fact that Home health is working under its own DRG system; there is compounded

pressure on them to serve patients with predetermined revenues. He offers, "we need to have our values even when we have financial pressures."

- Relative to access, Larry says that "coordinated transitions" between hospitals, nursing homes and the patient's home will continue to be very important…but suggests that the more transitions, the more opportunity for medical errors, lack of good communication, etc. He further states, "we take care of all patients regardless of where they are in the county and regardless of their condition and ability to pay. We see patients in a very timely manner regardless of the demand, by paying overtime, incentives, etc. We have evening, weekend, and on-call staff who pick up the slack. We never have people wait for our services; however, sometimes the State will delay accepting a person into "Choices for Care," etc., so there are potential access issues then."

Blueprint for Health/Electronic Medical Record

The Vermont Blueprint for Health recognizes that "chronic conditions are the leading cause of illness, disability, and death in Vermont."xviii[18] "Common chronic conditions in adults include diabetes, hypertension (high blood pressure), cardiovascular disease, asthma, arthritis, cancer, respiratory diseases, depression and other mental health disorders, substance dependence and many others."18 "Common chronic conditions [in children] are respiratory diseases, asthma, emotional-behavioral problems and congenital or genetic problems."18

The Blueprint for Health is a plan for prevention. "The goals of prevention are to improve the length and quality of life by forestalling illness, decreasing the incidence of disease and premature death, reducing suffering, and saving money." xix [19]

- Daily believes increasing primary care access and self-responsibility among the community will ultimately be cost-effective in the sense that many chronic diseases will be avoided or better managed.

- In a Board Meeting at Porter Hospital, it was stated that the Blueprint for Health initiative may result in primary care doctors having more time so that they may focus more on care rather than paperwork. This could increase the number of patients seen.

- The Porter Hospital Board recognizes the need for developing connections among providers. The implementation of EMRs is expected to improve the cohesiveness of the medical community.

- Larry Goetchius, Executive Director at Addison County Home Health and Hospice, believes EMRs to be a step in the right direction towards developing new systems to coordinate care more effectively among all of the separate entities/service providers in the community. He believes that with coordinated care and the Blueprint, there is a huge opportunity to get ahead on the chronic care management of our respective patients. If there were a coordinated care system, the patient would always receive the care he or she needs.

- Representative Mike Fisher also believes EMRs will improve the interconnectivity of the community where "with the right kind of partnership, we can help people make real changes."

- Dr. Gretchen Gaida Michaels, a physician at Bristol Internal Medicine articulates that her greatest challenge in practicing medicine is communication. She offers a differing perspective on the EMR, which she has been using for several years across different practices. She feels that there is an illusion that the EMR is going to be easier, more efficient and therefore facilitate better communication among all players….when in fact, it is equally, if not more cumbersome to navigate than our previous means of communication. Patients expect that she know what's been going on with their "whole self," whether they've been served by Porter, Fletcher Allen Health Care, Dartmouth Hitchcock or a host of private providers….but the reality is that she works hard to ferret out this information which can be difficult to navigate and time-consuming. She believes that what makes for a satisfying encounter (with a patient) is integrated communication, and that there is not enough of good old fashion calling and talking with colleagues anymore.
- Secondly, Dr. Gaida Michaels worries that she and her professional colleagues are becoming more "silo'ed," and that it's sometimes really hard to get to do medicine. The systems issues related to the EMR take away from reading the literature, she does not get see colleagues with any regularity, Grand Rounds has largely fizzled out, and there is no one to discuss cases with….we are losing support for one another. .

- The different types of payments that the Blueprint plan is experimenting with, specifically bundle payments and population-based payments, will facilitate collaboration and coordination among services.

- Senator Clair Ayer, Bob Thorn—Executive Director of Addison County Counseling Services, and Goetchius, expressed the need for

coordination of services in order to best treat the patient. There is a great inefficiency within transitions between different care services. The discontinuity either creates gaps or duplicates care.

- The *Addison County Medical Care Community Perceptions 2011* asked the open-ended question of what Addison County does well as a community, many of the respondents believe the "rich network of dedicated, knowledgeable and caring providers, many of whom take the time to build personal relationships with their patients" to be a strength.[vi][31] The "collaboration of providers in Addison County" was another strength mentioned by many respondents.31

References

i[1] Health Disparities of Vermonters 2010 p.38
ii[2] Healthy Vermonters p. 5
iii[3] Addison County Medical Care Community Perceptions 2011 p. 5
iv[4]Addison County Medical Care Community Perceptions 2011 p. 17-18
v[5] Health Disparities of Vermonters 2010 p.43
vi[6] Associated Press. "Vermont, Where Irene Flooded Key Hospital, Struggles to Rebuild Mental Health System – The Washington Post. "*Washington Post: Breaking News, World, US, DC News & Analysis*. Web. 02 Feb. 2012.
vii[7] Remsen, Nancy. "Plan for Vermont State Psychiatric Hospital Advances." *Burlington Free Press* 28 Jan. 2012: 3B. Print.
viii[8] Hemingway,Sam. "Opiate Abuse in Vermont." *Burlington Free Press* 26 Jan. 2012. Print.
ix[9] CHNA 2004 p.88
x[10] Healthy Vermonters 2010 p.45
xi[11] www.womensafe.net/
xii[12] *the* 2011 Vermont High School Youth Risk Behavior Survey, *Statewide Highlights.*
xiii[13] *health**vermont**.gov/.../yrbs**2009/2009YouthRiskBehaviorSurvey**.aspx*
xiv[14] www.acprevention.org/
xv[15] The Advocate, Vol. 17, Issue 1, Spring, 2012
xvi[16] Healthy Vermonters 2010 p.31
xvii17] Addison County Medical Care Community Perceptions 2011 p. 15
xviii[18] Blueprint for Health: Strategic Plan 2007 p. 4
xix[19] Blueprint for Health: Strategic Plan 2007 p.6

Addison County
Community Health Needs Assessment 2009
Middlebury District Office
Vermont Department of Health

KEY INFORMANT INTERVIEWS & COMMUNITY DISCUSSIONS
SUMMARY OF FINDINGS

Summary of Interview Findings:
In February 2009, 12 key informants participated in informal interviews that consisted of nine open-ended questions. The purpose of these interviews was to be a starting point for further exploration. This was not scientific research and cannot be interpreted as such.

Key Health Issues
When asked what they viewed to be the major health issues in their community, the key informants provided a wide range of responses. The most frequently identified issues were:

- Access to mental health services particularly for depression and anxiety
- Lack of access to affordable transportation for individuals requiring out-of-county healthcare such as dialysis and radiation
- The prevalence of chronic conditions such as diabetes and hypertension and risk factors such as obesity

Other key health issues identified include:

- Access to affordable, quality health insurance
- Risk factors - e.g. lack of sleep, lack of exercise, poor nutrition
- Poverty and its influences
- Overworked and understaffed social services, hospitals and healthcare providers
- Affordable prescription drug costs and managing multiple medications
- Lack of preventative care, health education, and community outreach

What Needs to be Done?
Key informants identified two main themes: education and outreach. Most expressed that increased education and outreach efforts promote healthier lifestyles and increased efforts directed toward schools and youth organizations promote a healthier younger generation.

Other responses include:

- Bring dialysis service to Addison County and improve transportation services to dialysis services in Chittenden or Rutland Counties.
- Increase substance abuse prevention education for youth.
- Work toward universal or open access healthcare.
- Re-evaluate and improve state health programs including Catamount Health Insurance and the Choices for Care Program.
- Promote responsibility in managing one's health with programs like Healthier Living Workshops.
- Promote exercise and other healthy activities including more pedestrian and bike-friendly areas, exercise opportunities for the elderly and facilities to encourage exercise during colder months.
- Upgrade and improved IT and electronic resources to increase efficiency and accuracy in patient care.

- Increase the focus on prevention of chronic illness in hopes of decreasing the dependence on acute care.

What is keeping us from achieving these goals?
Key informants overwhelmingly agreed that more funding is needed to develop and maintain programs and that adequate staff is necessary for quality healthcare.

Other identified barriers include:
- Lack of mental health treatment in primary care settings.
- Lack of community buy-in for new initiatives. Lack of easily communicated goals.
- Lack of preventative care and health promotion initiatives.
- Differing beliefs of how to change the healthcare system. Some expressed that changes to the system must be incremental and occur over time whereas others expressed that changes must be global and occur simultaneously.
- Limited time and resources to devote to new initiatives.
- Inadequate program planning and budgeting.

Community Discussions:
In March 2009, a group of 20 community partners met to discuss the community profile, community resources and gaps and needs. The themes that emerged from the meeting were:
- Access to healthcare
- Healthcare integration
- Utilization of healthcare

Specific issues listed:
- Lack of access to routine healthcare for low-income individuals
- Most of the healthcare and other services in Addison County are located in Middlebury, can be challenging for people in outlying towns to access care
- Health insurance, co-pays, prescription medication are not affordable for many
- Physicians and other healthcare providers are retiring, how will we maintain a local population of healthcare providers?
- Challenge of linking services with the people who most need them
- Need for more mental health services and substance abuse treatment
- Fragmentation of services
- Need better data and information on what works and is cost effective
- Need access to affordable or free physical activity programs/events
- End-of-life care utilizes inordinate amount of resources, need to increase access to home care and hospice

In October 2009, People of Addison County Together hosted a Food, Fuel, Shelter and Healthcare Summit. Eight community leaders participated in a discussion about Addison County's healthcare needs and identified the following as areas for improvement:

- Access to dental care
- Transportation to healthcare

- Access to alcohol and drug treatment
- Need to develop a patient advocate program to make sure patients are getting the services and care they need
- Need to improve and simplify access to state health insurance programs by funding and training more advocates to help patients access state health insurance programs, simplifying the application process, explaining Economic Services' new systems for applying to local non-profits and helping Porter Hospital and other organizations assess for eligibility for state health insurance programs and making sure patients have the resources (by linking patients to advocates/local non-profits) to enroll in those programs.
- Need to look at national models that build relationships with high-user patients in the emergency room where they are most comfortable going for care and then work on moving these patients into a medical home, which is more cost effective.

ADDISON COUNTY HEALTH ASSESSMENT
SURVEY RESULTS

180 Addison County residents completed a one-page, double sided community health survey during the fall of 2009. (See Appendix A for the Community Survey Tool.) The purpose of the survey was to get community member opinions about the most pressing community health problems in the County.

The community health survey was distributed in post offices in Bristol, Starksboro, Monkton, North Ferrisburgh, Vergennes, Granville, Salisbury, Shoreham and Middlebury. It was also distributed at Addison County Home Health and Hospice, the waiting room of Middlebury Family Health and Rainbow Pediatrics, DCF Economic Services and Open Door Clinic.

Demographics:

Respondents represented all of Addison County's 21 municipalities and ranged in age from 12 to 84 years old. The average respondent age was 49.6 years old. The majority of survey respondents were female. Of the respondents who identified their gender, 123 were female while only 36 were male. The majority of survey respondents also indicated that they had higher annual incomes ($50,000 or more) as illustrated by the table below:

Annual Income from all Sources	Number of Responses
Less than $10,000	10
Less than $15,000 ($10,000 to less than $15,000)	11
Less than $20,000 ($15,000 to less than $20,000)	7
Less than $25,000 ($20,000 to less than $25,000)	11
Less than $35,000 ($25,000 to less than $35,000)	21
Less than $50,000 ($35,000 to less than $50,000)	18
Less than $75,000 ($50,000 to less than $75,000)	35
$75,000 or more	49

Community and Personal Health and Paying for Health Care:

Survey respondents overwhelmingly believe that our community is "healthy." Eight respondents said the community was "very healthy", 99 respondents rated the community "healthy" and 56 said it was "somewhat healthy." Four respondents said the community was "unhealthy" and only three said it was "very unhealthy."

Access to health care was rated as the most important factor for a healthy community.

Most important factors for a Healthy Community	Number of Responses
Access to health care	70
Low crime/safe communities	62
Good place to raise children	59
Healthy behaviors and lifestyles	58
Clean environment	55
Good jobs and healthy economy	49
Good schools	30

Survey respondents overwhelmingly reported that they were "healthy." 33 respondents said they were "very healthy," 99 said they were "healthy" and 30 said they were "somewhat healthy." Only four respondents said they were "unhealthy" and six reported that they were "very unhealthy."

The majority of survey respondents reported that they had private health insurance. 124 respondents said they paid for health care with health insurance. 31 indicated that they paid cash, 25 said they utilized Medicare, 20 respondents said they utilized Medicaid and only four said they used Veteran's Administration services. (Please note that respondents could check more than one response to this question.)

A greater percentage of survey respondents who reported that they were "somewhat healthy" also indicated that they paid cash or were a Medicaid participant. 36% (11 of 30) of respondents were reported that they were "somewhat healthy" also indicated that they paid cash or utilized Medicaid. In contrast, 10% (14 of 132) of respondents were reported that they were "very healthy" or "healthy" also indicated that they paid cash or were a Medicaid participant. The majority of respondents who said they were "very healthy" or "healthy" indicated that they had private health insurance.

Access to health services in Addison County:

The majority of survey respondents said they could "always" access annual check-ups, sick care, dental cleanings and fillings, prescription and over-the-counter medications and laboratory and x-ray services in Addison County.

The majority of survey respondents said they "did not need" home health care, mental health services, drug and alcohol abuse treatment, emergency room care, nursing home or assisted living care.

Services accessed in Addison County	Always	Sometimes	Never	Did Not Need
Annual check-up in a doctor's office	116	27	24	5
Sick care in a doctor's office	92	41	21	18
Dental cleaning or x-rays	99	32	30	9
Dental fillings or other treatment	80	39	30	23
Prescription or over-the-counter drugs	128	26	9	7
Home health care	22	2	23	121
Lab or X-rays	76	44	15	33
Mental health counselor	31	14	23	97
Alcohol or drug abuse counselor	6	4	25	132
Emergency room care	51	26	14	78
Nursing home	4	2	16	141
Assisted living	3	1	20	142

When asked why respondents did not get health services in Addison County, the top answers were "services not available in Addison County" and "did not have dental insurance." Affordability of services was also an issue as 28 respondents indicated that they could not afford to pay fees, their co-pays or deductibles.

Reasons why survey respondents did not access health services in Addison County	Number of Responses
Service not available in Addison County	35
Did not have dental insurance	26
Could not afford to pay fee at time of service	15
Could not afford co-pay or deductible	13
Did not have regular doctor	11
Did not have health insurance	9
Could not get an appointment	8
Too long a wait for an appointment	7

33 survey respondents checked "other" in response to reasons why they did not get health services in Addison County and of those 22 said they utilized out-of-county health care providers and services.

Where survey respondents go for health care and how they get information about health resources:

The overwhelming majority of survey respondents go to a doctor's office when they are sick or need health care. 165 respondents said they go to the doctor and 37 utilize the hospital's emergency department. Please note that respondents could check more than one option for this question and most of the 37 respondents who said they utilized the emergency department also indicated that they went to a doctor. Only four respondents said they went to Open Door clinic for their care while 18 said they received care from a complimentary/alternative health provider.

Most survey respondents said they get information about community health resources through the newspapers. Many also get information about health resources from neighbors and family. 66 survey respondents said they get information about health resources available in the community from the newspaper. 44 respondents said they get information about local health resources from neighbors and 41 said they get information about health resources from family. 35 respondents get information from community service organizations, 15 get information from school and 10 said they get information about local health resources from church. The top responses listed by respondents who wrote in an "other" response were the internet (9 responses), doctor (8 responses) and work and friends were tied at 7 responses.

COMMUNITY ORGANIZATIONS, COALITIONS & RESOURCES

Addison County Coalitions:

Addison County Council Against Domestic and Sexual Violence: Works to promote and enhance the safety and well-being of all members of the Addison County community.

Addison County Emergency Planning Committee: Local emergency responders and other partners engage in planning and drills to deal with a variety of emergencies that could impact our county.

Addison County Farm Worker Coalition: Preventative health, education and social opportunities as well as transportation for Addison County farmers and their employees.

Addison County Food and Fuel Coalition: Faith community, non-profit and government organizations working together to provide home heating assistance and enhance and expand community meals.

Addison County Tobacco Control Roundtable: Education and advocacy focused on preventing youth from starting to smoke, limiting exposure to secondhand smoke and linking smokers to cessation services.

Housing Solutions: Multi-agency organization providing financial assistance for housing needs (rent/mortgage payments, deposits).

Maternal Child Health Coalition: Working to improve health outcomes of pregnant and parenting women and their children.

People of Addison County Together: Regional Partnership for the county, serves as the incubator for new initiatives. Projects include youth initiated grants, leadership for and serving as fiscal agent to the Food and Fuel and Farm Worker Coalitions.

Strategic Prevention Framework Grantees (Addison County Prevention Partnership and Boys and Girls Club of Vergennes): Conducting needs assessment and planning related to underage drinking and binge drinking among young adults.

Health Improvement Resources and Organizations:

Addison County Home Health and Hospice: home-based health services.

Counseling Service of Addison County: comprehensive mental health and substance abuse services.

Elderly Services: adult day center, aging education center, assistance for caregivers and ESI College which promotes lifelong learning.

Open Door Clinic: a free clinic dedicated to insuring access to healthcare for all persons, regardless of financial circumstances.

Porter Hospital: comprehensive healthcare services.

Turning Point Recovery Center: Substance-free social and educational gathering place for people in recovery. Hosts peer support meetings such as NA & AA.

Vermont 211: information and referrals to a wide range of community services and resources.

Vermont Department of Health: comprehensive public health services including WIC, a supplemental nutrition education program for pregnant women and children up to age five.

Select Community Resources:
Community Meal Sites: Middlebury Congregational Church, St Stephen's Church

Farmers' Markets: Bristol, Middlebury, Orwell, Vergennes

Food Shelves: Bristol – St. Ambrose Church, Middlebury – CVOEO, HOPE, Vergennes – Congregational Church

Libraries: Bristol, Cornwall, E. Middlebury, Hancock, Lincoln, Middlebury, Monkton, New Haven, Orwell, Salisbury, Shoreham, Starksboro, Vergennes

Middlebury Area Land Trust: Trail Around Middlebury

Newspapers: Addison Eagle, Addison Independent, Valley Voice

Recreation Departments: Bristol, Middlebury

Senior Centers: Hancock, Middlebury

APPENDIX A

Addison County Health Assessment Community Survey

Please take a minute to complete the survey below. The purpose of this survey is to get your opinions about community health problems in Addison County. The Vermont Department of Health and Addison County Home Health and Hospice will use the results of this survey and other information to identify the most pressing problems that can be addressed by our community. Thank you and if you have any questions, please contact us (see contact information on back).

1. How would you rate our community as a "Healthy Community?"

___Very Unhealthy ____Unhealthy ____Somewhat healthy ____Healthy ____Very Healthy

2. In the following list, what do you think are **the three most important factors for "Healthy Community?** (Those factors which most improve the quality of life in a community.)

Check only three:

_____ Good place to raise children
_____ Low crime/safe communities
_____ Low level of child abuse
_____ Good schools
_____ Access to health care (e.g. family doctor)
_____ Parks and recreation
_____ Clean environment
_____ Affordable housing
_____ Tolerance for diversity
_____ Good jobs and healthy economy
_____ Strong family life
_____ Healthy behaviors and lifestyles
_____ Low adult death and disease rates
_____ Low infant deaths
_____ Religious or spiritual values
_____ Arts and cultural events
_____ Other _____

3. How would you rate your own personal health?

___Very Unhealthy ____Unhealthy ____Somewhat healthy ____Healthy ____Very Healthy

4. When you or your family needed health services in the last year, how often did you or your family get the following services in Addison County?

Annual check-up in a doctor's office	Always	Sometimes	Never	Did not need
Sick care in a doctor's office	Always	Sometimes	Never	Did not need
Dental Cleaning or x-rays	Always	Sometimes	Never	Did not need
Dental fillings or other treatment	Always	Sometimes	Never	Did not need
Prescription or over the counter drugs	Always	Sometimes	Never	Did not need
Home health care	Always	Sometimes	Never	Did not need
Lab or X-Rays	Always	Sometimes	Never	Did not need
Mental Health Counselor	Always	Sometimes	Never	Did not need
Alcohol or drug abuse counselor	Always	Sometimes	Never	Did not need
Emergency Room care	Always	Sometimes	Never	Did not need
Nursing Home	Always	Sometimes	Never	Did not need
Assisted Living	Always	Sometimes	Never	Did not need

5. Please check below any of the reasons why you and your family did not get health services they needed in Addison County.

_____ Does not apply to me
_____ Do not have regular doctor
_____ Did not have health insurance
_____ Did not dental insurance
_____ Could not afford to pay fee at time of service
_____ Could not afford co-pay or deductible
_____ Service not available in Addison County
_____ Payment of balance due was required
_____ Too long a wait for an appointment
_____ Appointment time not convenient
_____ Could not get an appointment
_____ Could not take time off from work
_____ Did not have a ride
_____ Doctor did not accept Medicaid
_____ Doctor did not accept Medicare
_____ Other _____

6. Where do you usually go when you are sick or need health care? (Check all that apply.)

_____ Doctor office
_____ Open Door Clinic
_____ Other _____
_____ Hospital Emergency Department
_____ Complimentary/Alternative Health Provider

7. Where do you get information about health resources available in your community? (Check all that apply.)

_____ School _____ Church _____ Neighbors _____ Family _____ TV
_____ Newspaper _____ Community Service Organization _____ Other _____

8. How do you pay for your health care? (Check all that apply.)

_____ Pay Cash (no insurance)
_____ Medicaid
_____ Medicare
_____ Other _____
_____ Health insurance (e.g. private insurance, BCBS-VT, MVP)
_____ Veteran's Administration

9. What is your age? _____ Years

10. In what town do you live? _____

11. Sex: _____ Male _____ Female

12. Is your annual household income from all sources. . .

_____ Less than $10,000
_____ Less than $15,000 ($10,000 to less than $15,000)
_____ Less than $20,000 ($15,000 to less than $20,000)
_____ Less than $25,000 ($20,000 to less than $25,000)
_____ Less than $35,000 ($25,000 to less than $35,000)
_____ Less than $50,000 ($35,000 to less than $50,000)
_____ Less than $75,000 ($50,000 to less than $75,000)
_____ $75,000 or more

Thank you very much for your response. If you would like more information about this community project, please contact:

Vermont Department of Health, Middlebury District Office
700 Exchange Street, Suite 101, Middlebury, VT 05753
802-388-4644 (phone)

Heidi R. Sulis
9 Birch Drive
Middlebury, Vermont 05753
802-388-8020

EDUCATION:

Yale Medical School **New Haven, CT**
Department of Epidemiology and Public Health
Master's Degree in Public Health, May 1985.
Major concentration in Health Services Administration.

Wellesley College **Wellesley, MA**
Bachelor of Arts Degree, June 1981.
Major concentrations in Anthropology and English.

Harvard University **Cambridge, MA**
Pursued additional studies in Anthropology and English during Harvard's annual summer School Program, 1980.

PROFESSIONAL EXPERIENCE:

1/01 – Present (Part-time) **Porter Hospital, Inc.** **Middlebury, VT**
Certified Childbirth Educator

Provide education to childbearing women and families, covering topics of pregnancy, labor, coping skills (breathing/relaxation, medications), birth, baby care and family changes; demonstrate skills in teaching adolescent and adult learners.

2/12 – Present (Part-time) **Bristol Internal Medicine,** **Bristol, VT**
Office Representative

Perform a variety of office tasks including maintaining up-to-date information of demographic, patient account, insurance and clinical data, patient scheduling, and a variety of functions related to the conversion to a new Electronic Health Record system.

8/11 – 5/12 **Champlain Valley Unitarian Universalist Society** **Middlebury, VT**
Interim Coordinator of Religious Education Program

Planned and managed a program of religious education for children/youth members of the congregation. Ensured adequate volunteer teacher coverage, enrollment process, and coordinated special programming/guest speakers and inter-generational services with minister.

12/89 – 5/11 **Porter Hospital, Inc.** **Middlebury, VT**
Community Health Outreach Program Manager

Administered the Perinatal Education Program, Lifeline Program (In-home Emergency Response System serving 550 individuals in the community), Tobacco Cessation Program, and Breast Cancer Screening Project, along with a number of smaller, periodic educational programs/offerings and screening (Memory screenings) for the community and hospital service area. Was fully responsible for managing and evaluating staff persons; and developing and maintaining the departmental budget. Over a six-year period, partnered with the Vermont Humanities Council to provide to all Porter employees and volunteers *Literature and Medicine*, *Humanities at the Heart of Health Care*, an invaluable opportunity to share our collective experiences through the reading of literature and poetry, and telling of stories. Coordinated the statewide tobacco grant for 10 years and was responsible for all components of the local cessation program including, counseling, classes, marketing, database, supervision, NRT distribution, inpatient referral systems, and provider education.

9/86 – 6/89 **Frontier Nursing Service** **Hyden, KY**
Coordinator of Administration Support Services

Supervised four Rural Health Clinics, Home Health Agency and Women's Healthcare Center. Working primarily with advanced registered nurse practitioners (both FNP's and CNM's), registered nurses and their support staffs, provided a variety of services, including: managerial, personnel, budgetary and legislative (for a period of time worked extensively on legislation for prescriptive privileges for nurse practitioners in Kentucky). Also administered three grants for the above centers, and often acted as liaison communicating their needs and problems to the organization's overall management team.

7/85 – 8/86 **American College of Nurse-Midwives** **Washington, DC**
Membership and Publications Coordinator

Maintained association's membership records, compiled membership statistics and monthly reports, edited and produced bi-monthly newsletter, assisted with the production of various informational publications.

PROFESSIONAL CERTIFICATIONS:

1/05 – Present **CAPPA Certified Childbirth Educator**

VOLUNTEER EXPERIENCES:
(All Current)

Champlain Valley Unitarian Universalist Society

For the past eight years, have volunteered in Religious Education Program with the congregation's youth, ages 3-12.

Community Health Services of Addison County

Board Chair and volunteer with the Open Door Clinic, a free clinic which serves the uninsured and underinsured of Addison County. Volunteer as office manager approximately once per month at evening clinics and women's clinics in Middlebury and Vergennes.

Hospice Volunteer Services of Addison County

Completed 30-hour training in November, 2010 and currently serve as a Hospice Volunteer in Addison County.

Addison County Medical Care Community Perceptions

December 2011

Addison County Medical Care—Community Perceptions
Survey Results

Between October 20, 2011 and December 4, 2011 an online survey was launched to assess community perceptions of medical care access and quality in Addison County. Links to the survey were emailed to all faculty and staff at Middlebury College, all members of the Chamber of Commerce, and all affiliates of Porter Medical Center (both employees and board members). In addition, the *Addison Independent* published an article about the study (with a link to the survey) and Porter Hospital posted the survey link on its webpage.

A total of 510 individuals participated in the survey. As the profile of respondents below suggests, the sample is overrepresented by women, those in middle age, the highly educated, and the insured. While this does not mirror Addison County's demographic distribution, it is important to realize that women make the vast majority of health care decisions for their families, older individuals tend to access the health care system more than the young, and those with more education and health insurance are more likely to research medical care options and to have the financial wherewithal to secure the highest quality care. In other words, this sample is well-suited to the purposes of this survey.

Profile of Respondents (n=510)

- Close to 90% live in Addison County
- 70% of the sample is female
- Average age is about 55
- About 5% have a HS degree or less, 12% have some college, 40% have a college degree, 27% have a masters or professional degree, and 15% have a doctoral degree
- 87% rate their current health as good (32%) or very good (55%)
- 98.4% have health insurance (among those, 95% have private insurance, 12% have Medicare, 2.5% have Medicaid/Catamount/VHAP and 1% claim military benefits)[1]
- Approximately 20% are currently employed in the health care sector

General Opinions

Respondents were asked their level of agreement with several statements about the relative merits of small versus large hospitals as well as the need for institutions like Porter Hospital and Helen Porter Nursing Home in our community.

As the table below indicates, opinions varied widely (with a fair amount of neutrality) but a few general conclusions may be drawn. There was a slight tendency to be neutral or disagree with the notions that doctors are more qualified or quality of care is higher at larger hospitals. Respondents also tended to disagree that patients receive more individualized attention at larger institutions. On the other hand, there was more agreement that technology is more advanced at larger institutions. No clear consensus emerged about the likelihood of either infection or early discharge at large versus small hospitals and privacy was not an overwhelming justification for traveling to a larger hospital. The strongest agreement surfaced with respect to the value of Porter Hospital and Helen Porter Nursing Home in the community, and somewhat with the need to provide financial support to ensure the vitality and longevity of Porter Hospital.

[1] These percentages don't sum to 100% because some respondents carry both private insurance and Medicare.

Please rate your level of agreement with the following statements					
	1-Strongly Disagree	**2-Disagree**	**3-Neutral**	**4-Agree**	**5-Strongly Agree**
Doctors are more qualified at large hospitals than at small hospitals.	7%	35%	36%	19%	3%
Technology is more advanced for all services at large hospitals compared to small hospitals.	3%	21%	20%	43%	13%
The overall quality of most standard care is higher at a large hospital than at a small hospital.	7%	46%	34%	11%	3%
Patients get more individualized attention at large hospitals than at small hospitals.	17%	59%	21%	3%	1%
The likelihood of getting an infection is greater at large hospitals than small hospitals.	3%	23%	40%	28%	6%
The likelihood of being discharged too early or suffering from complications is greater at larger hospitals.	4%	23%	46%	25%	2%
Privacy is very important to me so I am willing to travel at least 30 miles to receive non-urgent medical care.	14%	35%	27%	20%	5%
Communities like Addison County need a local hospital like Porter.	1%	1%	5%	29%	64%
The local community should provide financial support to Porter to ensure its vitality and longevity.	5%	11%	23%	35%	27%
Communities like Addison County need a long-term care center like Helen Porter Nursing Home.	1%	2%	12%	39%	46%

*The cell with the highest frequency is highlighted in dark green. To denote the directional trend, the next most frequent cell is highlighted in light green (unless both adjacent cells are within 5% of each other in which case both adjacent cells are highlighted in light green).

Primary Care Choice

As the table below suggests, the strength of the provider-patient relationship is one of the strongest determinants of primary care provider choice. At least 15% of respondents also viewed reputation of the provider, the strength of his or her network or a willingness to explore non-traditional care as "Most Important" factors in their decision-making.[2]

Please rate the importance of the following factors when choosing (or retaining) a primary care provider

	Not Important	Somewhat Important	Very Important	Most Important
Average waiting time for an appointment	5%	36%	52%	8%
Average time spent in waiting room before being seen	9%	46%	40%	5%
The length of time the provider spends with me on each visit	2%	17%	58%	23%
The quality of the medical school or residency attended by the provider	14%	45%	33%	8%
The depth of the personal relationship formed with the provider ("my provider really knows me")	2%	19%	43%	36%
The depth of the personal relationship formed with the nurse ("the nurses really know me")	11%	41%	37%	10%
The reputation of the provider in the community	3%	30%	49%	18%
The strength of the provider's referral network	9%	28%	48%	15%
Proximity to my home	8%	43%	40%	9%
Proximity to my work	15%	42%	34%	10%
The personal attention given to me by the provider	0%	8%	44%	47%
The willingness of the provider to explore non-traditional, alternative treatments	16%	32%	34%	18%

Almost all respondents have a primary care provider (96%), and among those, 83% have chosen a primary care provider in Addison County. The most common reasons for seeking primary care outside Addison County include: **closer to my home** (n=34), **quality of care** is better elsewhere (n=22), maintained **prior relationship** with provider from different county (n=10), **no local practices were accepting patients, appointment could not be made in reasonable time or better hours elsewhere** (n=9), **privacy** (n=6) and **insurance coverage/cost** (n=3).

[2] Note, 16% of respondents also viewed a provider's willingness to explore non-traditional treatments as "Not Important".

Provider Changes

Close to 60% of respondents (n=297) have changed providers in the area, with the majority switching involuntarily (due to provider departure or retirement). Among those who chose to switch providers, most did so because of dissatisfaction with the **personal relationship or attention** given by the provider/staff (n=55), the **quality of medical care** received (n=32) or the **lengthy wait** for an appointment or in the waiting room (n=26). Others mentioned location (n=13), and the desire for either alternative care (n=11), a female provider (n=10), or greater privacy (n=5).

Medical Services in Addison County

Participants were also asked to comment on their perceptions of the **quality, accessibility** and **technology** available in various medical services in Addison County. As seen below, many area services received high marks on these measures. Also, although not highlighted in green, one should also note the high frequency with which respondents had "no opinion," particularly with respect to accessibility and technology.

Please rate your perception of the quality of the following medical services in Addison County. (Please answer even if you have no direct experience with a particular practice)

	No Opinion	1-Very Poor	2-Poor	3-Average	4-Good	5-Very Good
OB/GYN / Maternity Services	20.59%	0.59%	3.14%	19.22%	32.16%	24.31%
Midwifery	40.39%	0.59%	0.98%	12.35%	28.63%	17.06%
Internal Medicine	21.18%	0.20%	2.55%	25.49%	37.65%	12.94%
Cardiology	28.24%	0.78%	5.29%	27.06%	30.00%	8.63%
General Surgical Services	17.65%	0.39%	5.49%	28.04%	36.28%	12.16%
Orthopedics	20.78%	0.59%	4.12%	22.35%	33.92%	18.24%
ENT (Ear Nose and Throat)	29.80%	0.20%	2.55%	22.16%	30.39%	14.90%
Urology	40.20%	0.98%	3.53%	21.37%	25.49%	8.43%
Podiatry	40.20%	1.77%	3.92%	24.51%	23.73%	5.88%
Ophthalmology	27.26%	1.37%	3.73%	19.02%	30.59%	18.04%
Pediatrics and Adolescent Medicine	24.71%	0.59%	1.77%	19.80%	33.53%	19.61%
Family Practice	10.78%	0.78%	4.12%	22.94%	41.57%	19.80%
Emergency Services	7.65%	2.75%	5.49%	24.90%	38.63%	20.59%
Oncology	43.14%	2.35%	7.84%	24.90%	17.26%	4.51%
Radiology	23.33%	1.18%	4.90%	25.88%	32.75%	11.96%

Please rate your perception of the accessibility of the physicians (ease with which one can get an appointment, personal connection with patient, etc.) for each of the following medical services in Addison County. (Please answer even if you have no direct experience with a particular practice)

	No Opinion	1-Very Poor	2-Poor	3-Average	4-Good	5-Very Good
OB/GYN / Maternity Services	36.67%	1.77%	4.12%	17.84%	24.71%	14.90%
Midwifery	53.33%	0.20%	1.77%	12.94%	18.82%	12.94%
Internal Medicine	31.96%	1.18%	6.28%	26.28%	26.67%	7.65%
Cardiology	41.96%	0.78%	3.14%	23.14%	24.90%	6.08%
General Surgical Services	31.37%	0.39%	3.53%	25.49%	29.41%	9.80%
Orthopedics	29.61%	0.98%	4.90%	22.94%	31.96%	9.61%
ENT (Ear Nose and Throat)	38.04%	0.59%	1.77%	22.55%	26.08%	10.98%
Urology	50.00%	1.37%	3.14%	21.37%	19.41%	4.71%
Podiatry	47.45%	2.55%	5.69%	22.75%	17.26%	4.31%
Ophthalmology	34.90%	1.57%	2.35%	20.20%	27.26%	13.73%
Pediatrics and Adolescent Medicine	35.49%	0.59%	2.75%	18.82%	25.88%	16.47%
Family Practice	14.90%	4.90%	7.45%	25.69%	31.96%	15.10%
Emergency Services	14.12%	2.55%	3.92%	21.77%	32.75%	24.90%
Oncology	53.14%	1.37%	4.71%	21.18%	15.88%	3.73%
Radiology	31.77%	1.18%	4.31%	22.75%	28.43%	11.57%

Please rate your perception of the technology available for each of the following medical services in Addison County. (Please answer even if you have no direct experience with a particular practice)

	No Opinion	1-Very Poor	2-Poor	3-Average	4-Good	5-Very Good
OB/GYN / Maternity Services	36.86%	0.59%	2.16%	23.73%	26.08%	10.59%
Midwifery	53.33%	0.59%	1.37%	20.98%	17.45%	6.28%
Internal Medicine	34.31%	0.78%	1.77%	29.61%	26.28%	7.26%
Cardiology	36.67%	1.18%	6.67%	26.28%	23.73%	5.49%
General Surgical Services	29.22%	0.98%	3.33%	30.59%	27.26%	8.63%
Orthopedics	34.12%	0.78%	2.55%	28.04%	24.31%	10.20%
ENT (Ear Nose and Throat)	40.00%	0.59%	1.37%	26.86%	21.77%	9.41%
Urology	48.04%	0.78%	2.35%	27.06%	17.06%	4.71%
Podiatry	48.43%	1.37%	2.35%	28.43%	15.88%	3.53%
Ophthalmology	37.26%	0.98%	2.75%	23.33%	24.90%	10.78%
Pediatrics and Adolescent Medicine	38.63%	0.98%	0.98%	30.78%	21.77%	6.86%
Family Practice	22.55%	0.98%	2.75%	34.51%	29.80%	9.41%
Emergency Services	19.22%	2.75%	3.73%	27.65%	34.12%	12.55%
Oncology	50.20%	2.55%	7.06%	22.94%	13.92%	3.33%
Radiology	32.55%	1.18%	3.92%	28.04%	24.90%	9.41%

Hospital Care

Respondents were asked about the factors that influence their decisions regarding hospital choice. As the table below suggests, the most important factors tended to be specialization in care needed, best physician reputation, latest technology, availability of the most comprehensive services, and physician recommendation. Far less important to most were the designation as a teaching hospital and the amenities offered.

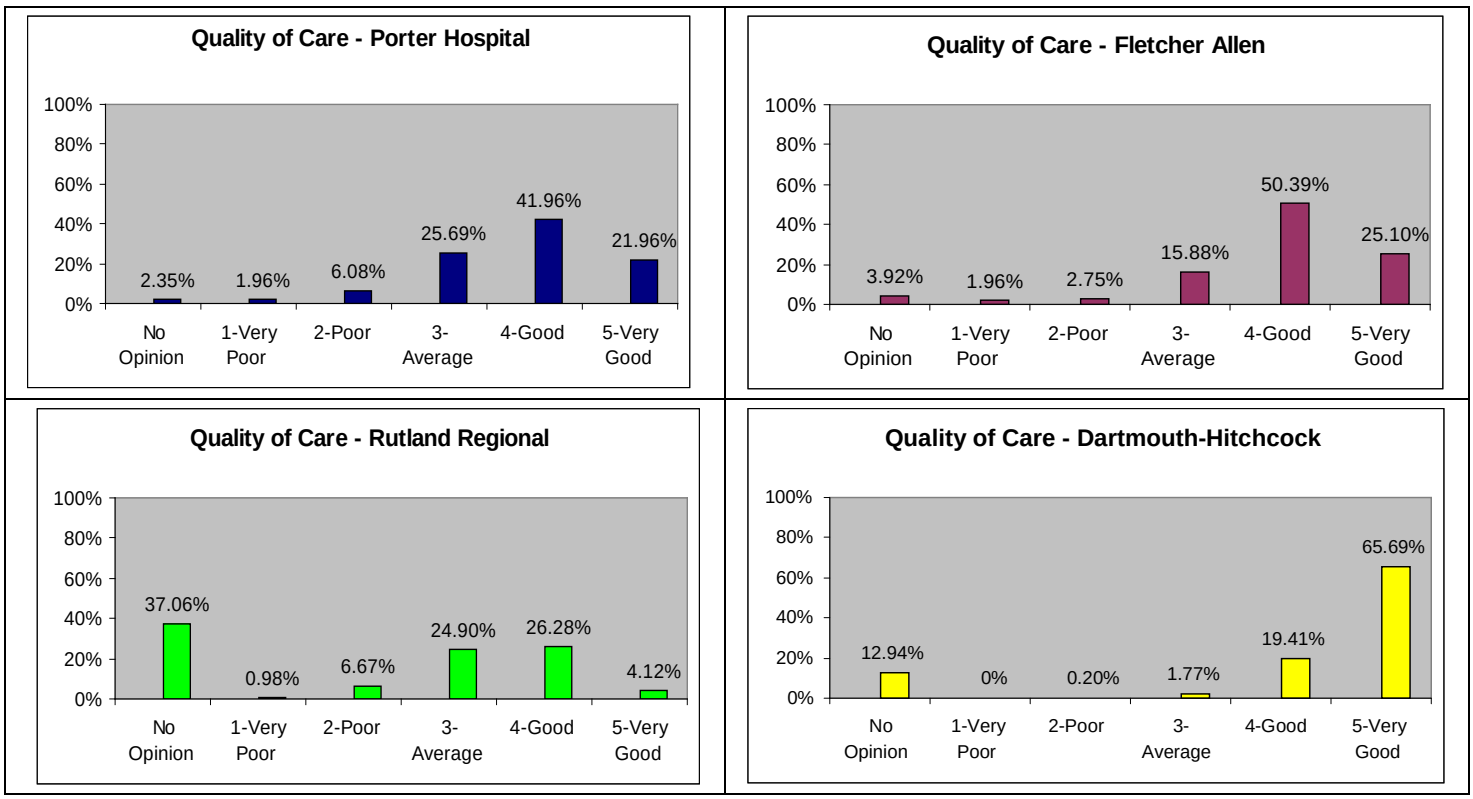
How important are the following factors in your decision about where to seek hospital care (e.g. surgical care, diagnostic testing, childbirth, etc.)?

	Not Important	Somewhat Important	Very Important	Most Important
Availability of the most comprehensive services	0.80%	18.92%	53.79%	26.49%
Specialization in care I need	0.20%	4.14%	41.03%	54.64%
Physician recommendation	0.79%	15.28%	58.14%	25.79%
It is a teaching hospital	42.15%	32.01%	20.28%	5.57%
Closest hospital to my home	19.60%	46.34%	24.95%	9.11%
Best nurse reputation	8.30%	35.77%	43.48%	12.45%
Best physician reputation	0.98%	10.63%	46.26%	42.13%
Latest technology available	1.19%	15.28%	44.25%	39.29%
Lowest cost to me	20.28%	43.94%	23.26%	12.53%
Hospital's published mortality and complication rates	16.43%	33.07%	34.27%	16.23%
Availability of beds	13.47%	41.19%	37.43%	7.92%
Physical infrastructure (overall appearance, room quality, parking availability)	12.10%	46.43%	34.13%	7.34%
Amenities (food quality, valet parking, single rooms)	28.46%	46.25%	21.94%	3.36%

Survey respondents were also asked their perceptions of the **quality of care**, **quality of providers**, **patient safety** and **availability of technology** at Porter Hospital, Fletcher Allen, Rutland Regional Medical Center, and Dartmouth-Hitchcock. As the charts below suggest, Dartmouth-Hitchcock is viewed more favorably than any other institution along all dimensions and in many cases, the relative differences are quite pronounced. Furthermore, the perceptions of Porter more closely resemble those of Fletcher Allen than those of either Dartmouth-Hitchcock or Rutland Regional Medical Center.

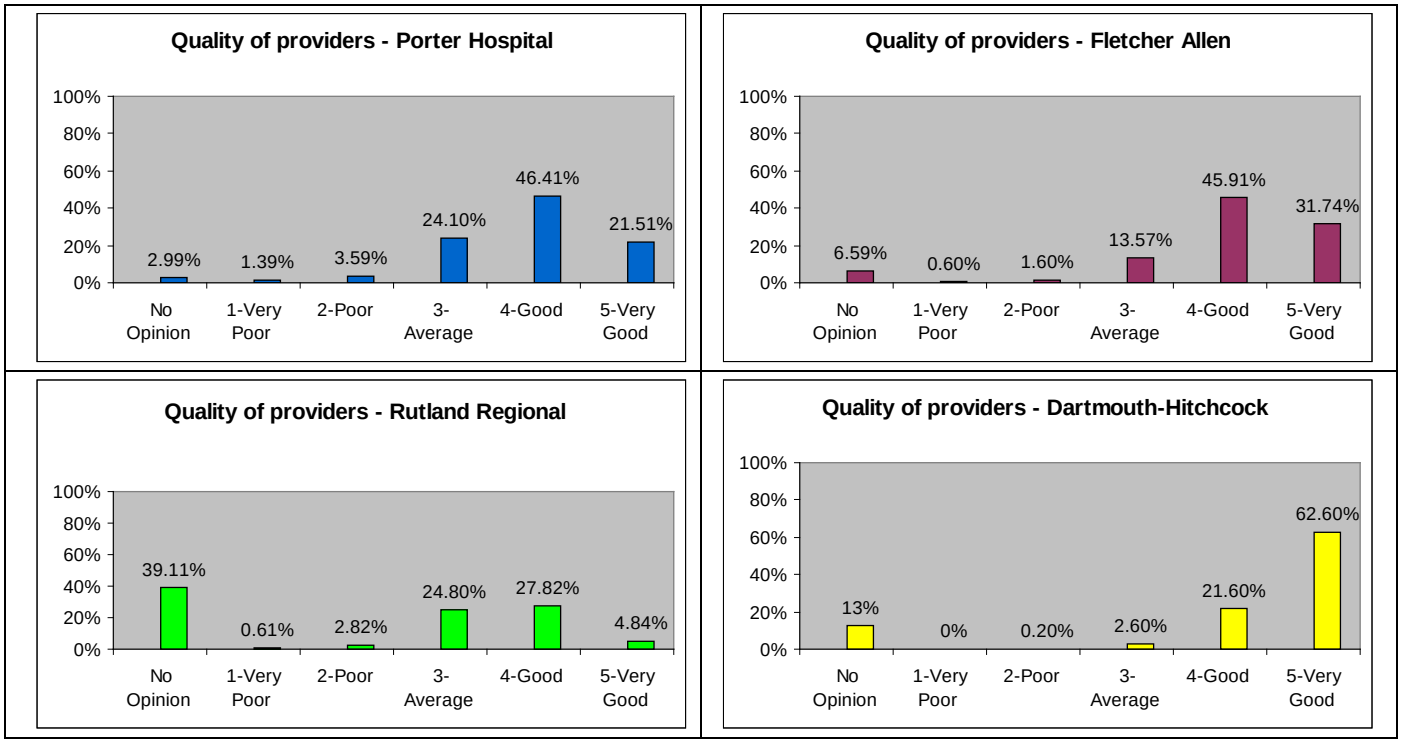
On a related note, when respondents were asked how they assessed the quality of a particular medical center, 44% deemed **prior personal experience** most important, 35% considered **specialist opinion** most important and 27% deemed **primary care opinion** most important. Far fewer respondents considered the following sources most important: **Friends and family recommendations** (10%), **online research** (5%) and **media sources** (2%).

On a scale of 1 to 5, what is your **perception** of the overall **quality of care** at the following institutions? (Please answer even if you have no direct experience at a particular institution)



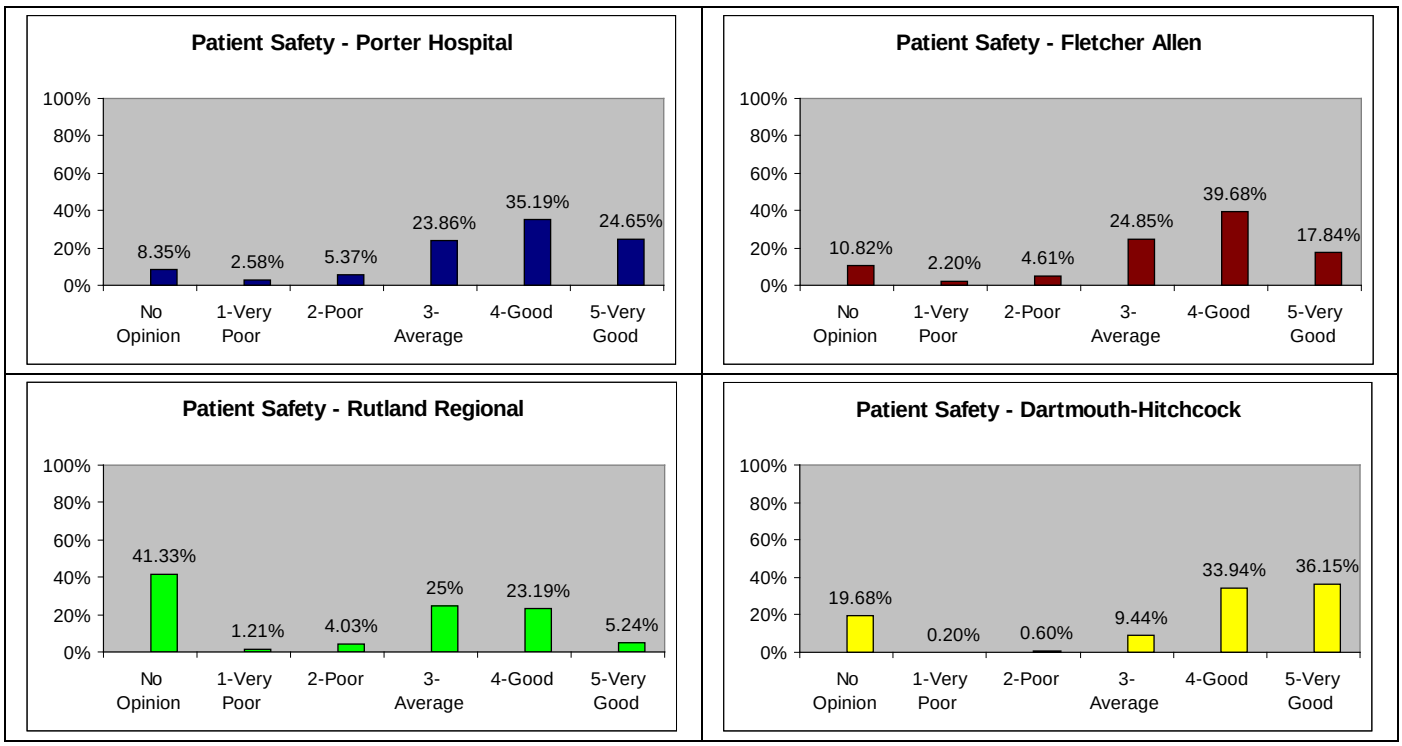
As the graphs above suggest, 66% of respondents view the quality of care to be “very good” at Dartmouth-Hitchcock compared to only 25% who share the same view of Fletcher Allen, 22% for Porter and 4% for Rutland Regional. However, it is important to note that more respondents had no opinion about quality of care at Rutland Regional (37%) or Dartmouth-Hitchcock (13%) than either Fletcher Allen (4%) or Porter (2%).

On a scale of 1 to 5, what is your **perception** of the overall **quality of the physicians and other health care providers** at the following institutions? (Please answer even if you have no direct experience at a particular institution)



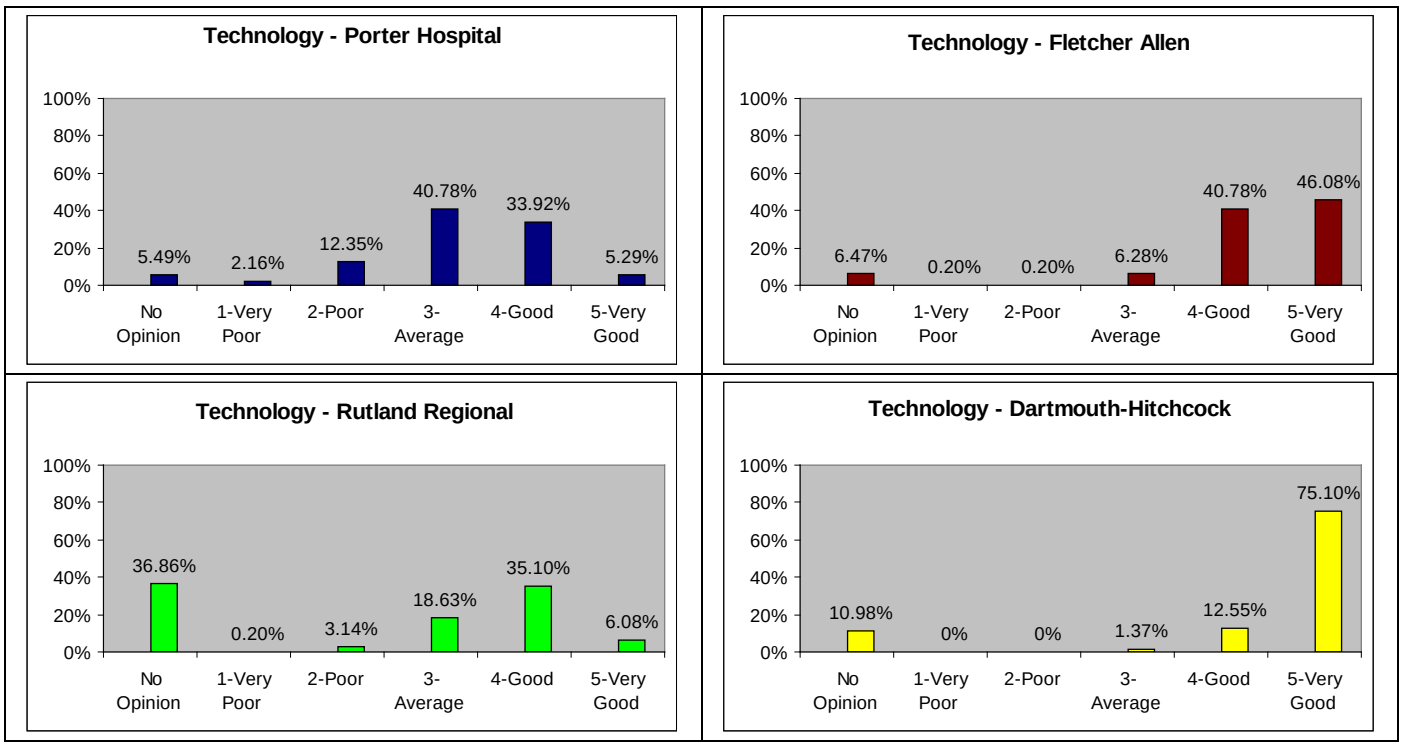
Almost 63% of respondents view the quality of providers to be “very good” at Dartmouth-Hitchcock compared to 32% who share the same view of Fletcher Allen, 22% for Porter and 5% for Rutland Regional. Again, fewer respondents had formulated opinions about the quality of providers at Rutland Regional and Dartmouth-Hitchcock than either Porter or Fletcher Allen.

On a scale of 1 to 5, what is your **perception** of the **overall patient safety level** at the following institutions? (Please answer even if you have no direct experience at a particular institution)



Respondents appear to have fewer opinions about patient safety and indeed the disparities between the institutions are smaller than along any other measure; 36% of respondents view patient safety to be “very good” at Dartmouth-Hitchcock compared to 25% for Porter, 18% for Fletcher Allen and 5% for Rutland Regional.

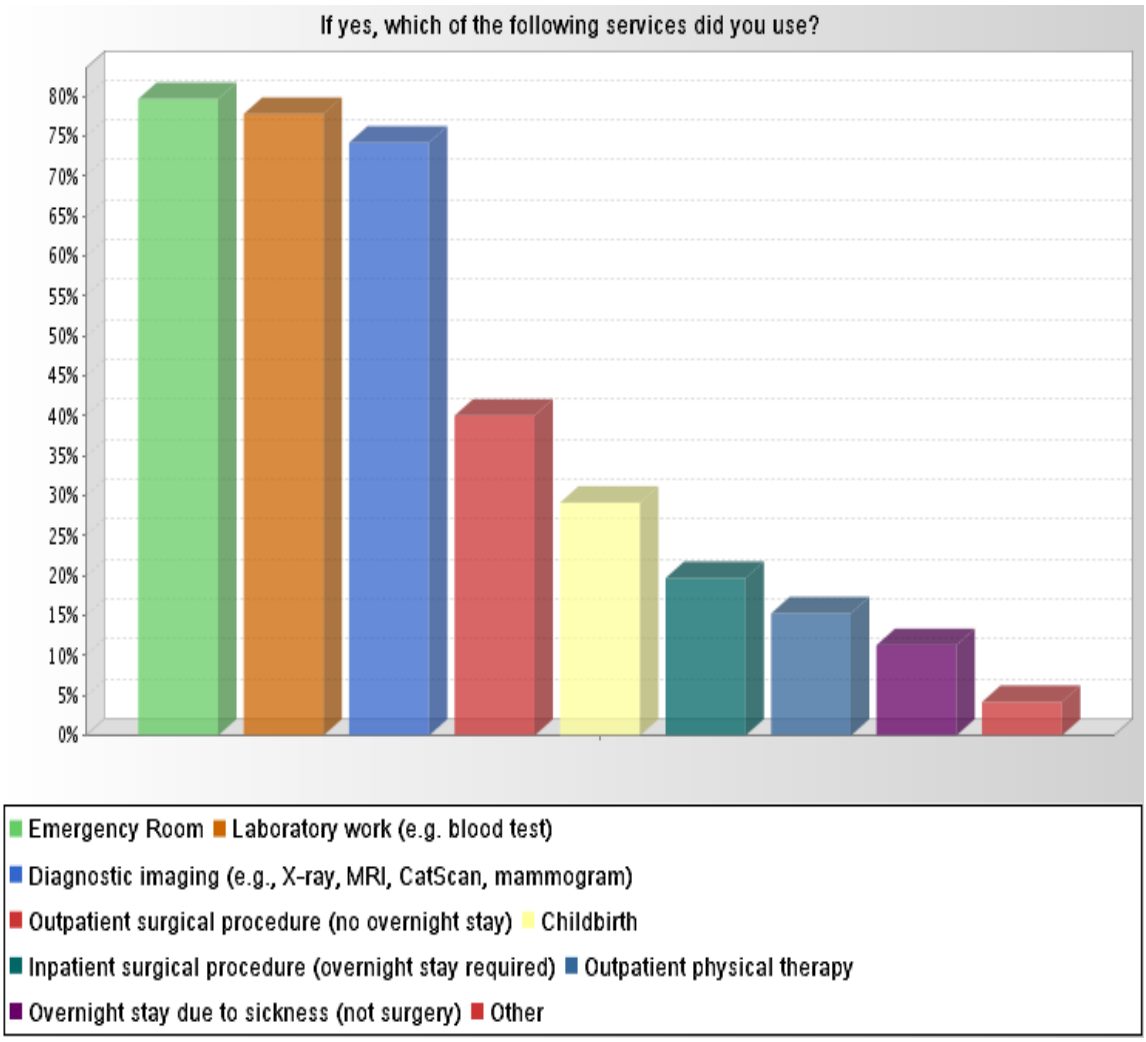
On a scale of 1 to 5, what is your **perception** of the overall **availability of technology** at the following institutions? (Please answer even if you have no direct experience at a particular institution)



According to respondents, technology availability is perceived to be the greatest at Dartmouth-Hitchcock (with 75% of respondents viewing it to be “very good”) compared to 46% who share the same view of Fletcher Allen, and only 5% for Porter and 6% for Rutland Regional.

Experience with Porter Hospital

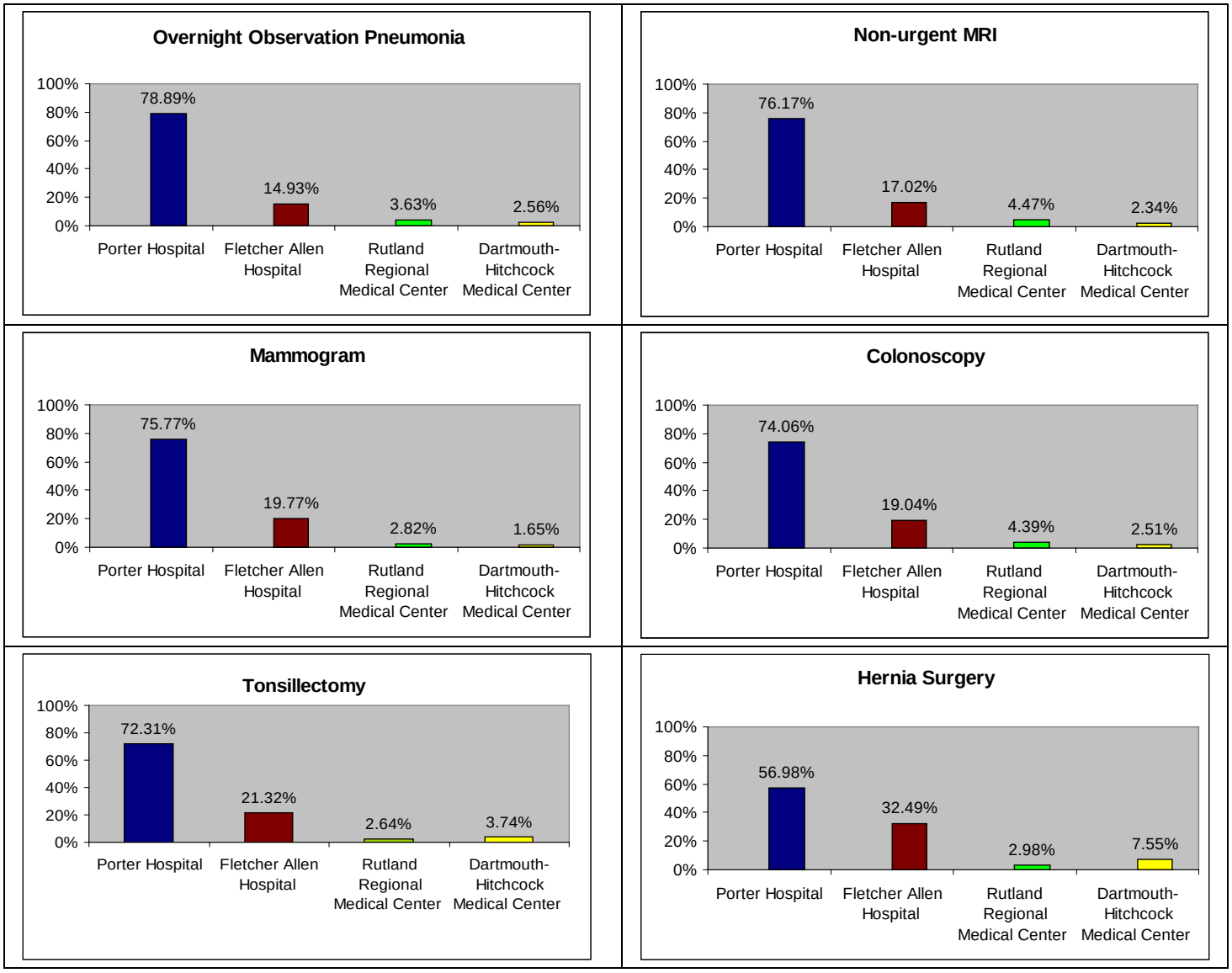
About 94% of respondents have sought care at Porter Hospital, the majority having received emergency care, laboratory work or diagnostic imaging.

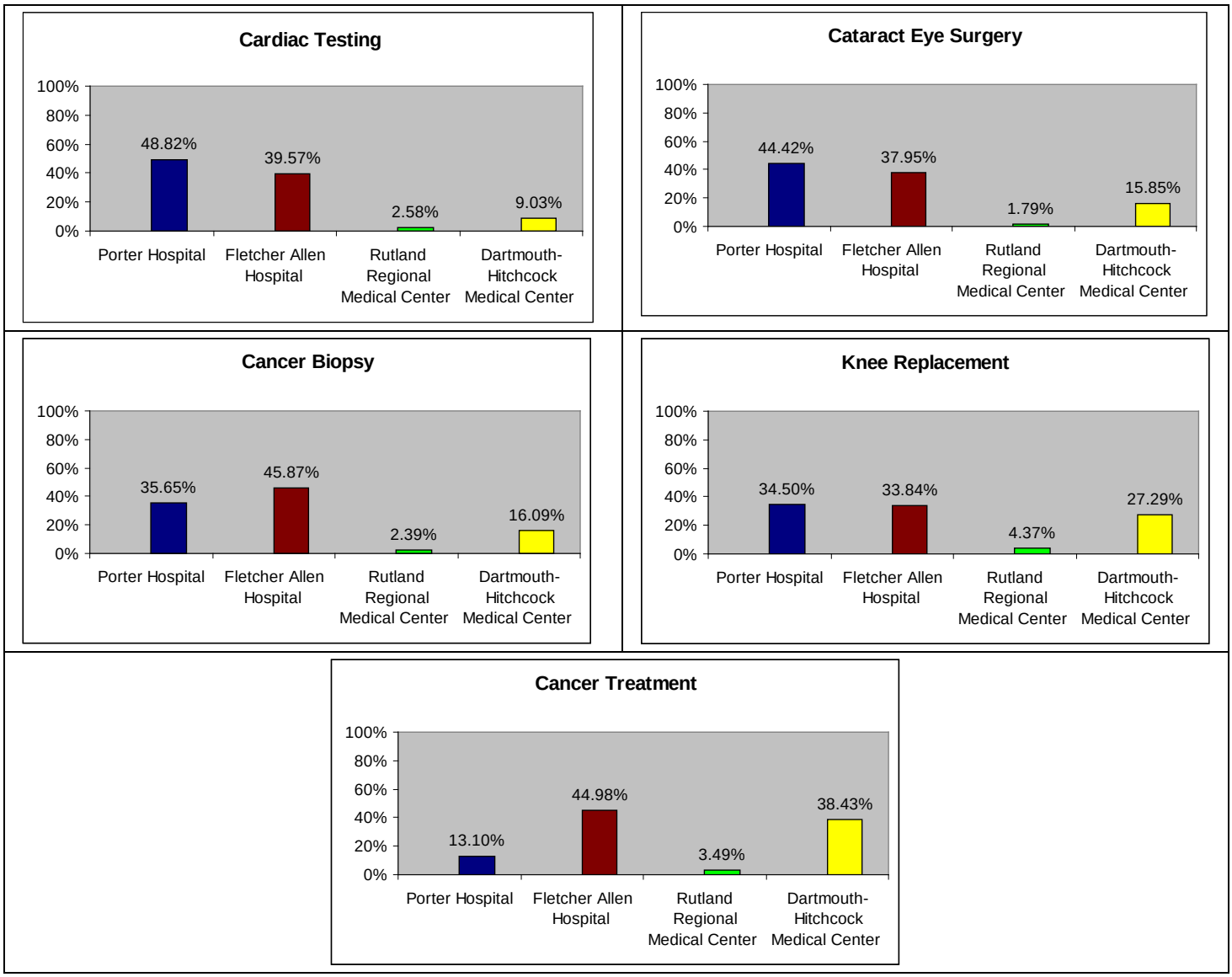


Hospital Choice for Select Conditions

In order to get a better sense of hospital choice, respondents were asked where they would most likely seek care for a variety of health care needs.

As the graphs below indicate, many respondents feel comfortable seeking treatment at Porter Hospital for diagnostic and routine care, but tend to look to Fletcher Allen or Dartmouth-Hitchcock for life-threatening or complex care. Very few respondents view Rutland as preferable to Porter, Fletcher Allen or Dartmouth-Hitchcock.





When respondents were asked to elaborate on their choices above, many conveyed strong comfort with Porter Hospital for "basic" care. They praised the convenience and quality of care at Porter and expressed confidence in local providers to either provide appropriate treatment or refer elsewhere when necessary.

Others expressed clear preferences for Dartmouth-Hitchcock and/or Fletcher Allen, particularly for more life-threatening or complex care. Respondents who preferred these alternative sites most frequently referred to: the **higher volume of patients/greater experience of providers**, the **availability of state-of-the-art technology**, the **more expansive team of doctors available for consultation/referral**, the **reputation of academic medical centers**, **poor personal experiences at Porter** and/or **poor reputation of Porter**.

Other less common but notable reasons for choosing hospitals other than Porter for these conditions include: Porter care not covered by health insurance (e.g., Empire/UHC) or too costly; lack of privacy (e.g., patient confidentiality violated); more familiar with services offered at other hospitals; dissatisfaction with

quality/accessibility of local providers led to relationships with non-local providers and hence different hospital affiliations; non-traditional alternative approaches to medicine not valued or offered at Porter; no radiation at Porter; no dedicated endoscopy unit; no open MRI.

Recommending Porter Hospital

Approximately 85% of respondents answered "yes" to the question "Would you recommend Porter Hospital to a friend who moved to the area?"

When asked to elaborate, many commented that their answer really depended on the type of medical care needed. Reasons for not recommending Porter include: **perceived poor reputation/prior bad experience** (e.g., "poor reputation in the community", "hear of too many situations which were mishandled", "recidivism rate", "bad experiences with care", "my experiences with providers connected to Porter has not been positive", "I know a fair amount of people that work at Porter…and from what they tell me, I would not recommend it", "poor reputation, poor experiences of people I have sent there"; n=32), **poor quality personnel or management** (e.g., "bedside manner of surgeons/specialists", "nursing practices being used are not up to date with latest evidenced-based nursing", "lack of professionalism", "disorganized", "no one is in charge…nowhere to make suggestions or file complaints"; n=9), **outdated technology/physical plant** (e.g., "run-down, low technology, outdated", "backwoods hospital with inadequate technology and sub-par medical expertise", n=6), **small size** (n=6), and **cost** (n=3).

Specific Porter Hospital Perceptions and Experiences

Perhaps the most detailed information about Porter usage was gleaned from the question "Please tell us how your perceptions of or experiences at Porter Hospital may have informed your current choice for hospital care. Please be as specific as possible." Over 300 respondents gave detailed answers to this question. In general, there were many glowing reports of "compassionate nurses and physicians", "knowledgeable practitioners", "personable, professional and competent staff", "individualized care and attention", "convenience", "cozy and warm, welcoming atmosphere", "prompt and efficient treatment" with "good follow-up", "lower post-op infection rates", etc.

However, there were those whose negative perceptions/experiences shaped their hospital choices as well. In particular, there were numerous references to **poor medical care** (e.g., misdiagnoses, mistreatment, premature discharge and/or poor discharge planning, surgical mistakes, low quality staff; n=53), **rude and/or unprofessional staff** (e.g., "cold, rude and uncaring", "rough/rude care…no sympathy", "unfriendly check-in", "bad attitudes", "standoffish/unfriendly" reception, "dismissive/unresponsive" providers, "poor attitudes about patient care", "requests made of staff seemed to be an inconvenience", "nurses seem harried, are curt and overworked", "gossiping in front of patients"; n=31) and **long waits for care** (n=23). Although by no means limited to the ER, it was the department most often referenced in these comments (but also the department most frequented by respondents).[3]

Additional comments were made about the **physical infrastructure,** (e.g., "dirty", "outdated", "halls cluttered with equipment, dirty linens and food trays", "once was examined in literally a broom closet due to lack of space", "surgical theatres more closely resembled a garage", etc.), **technology** (e.g., outdated endoscopy unit, the closed, low-resolution and infrequent availability of the MRI, etc.), **operations management (**e.g., lost medical records or lab results, incorrect billing, poor treatment of staff, etc.), **access**

[3] For example, there were about twenty complaints about quality of care in the ER, about a dozen references to long waits in the ER and an additional nine complaints about attitudes of staff in the ER.

(e.g., unable to secure appointment with providers, high cost, insurance would not cover, etc.), **high turnover of providers** and **HIPAA violations**.

Worth noting is that a handful of people mentioned that EMS workers advised them against using Porter Hospital (this was reinforced by the strongly negative views of at least one respondent who self-identified as a member of EMS).

Porter Birthing Center

81% of respondents answered "yes" to the question "If you or someone for whom you make local medical decisions were pregnant, would you choose Porter's Birthing Center for the birth?"[4]

Among those who said "no", the top reasons cited for not relying on Porter's birthing center were: **limited technology and/or complications better handled elsewhere** (e.g., "Porter doesn't give epidurals and I like the comfort of knowing there is a neonatal unit nearby", "it is my preference to use the services of a facility that has a NICU", "FAHC is much more experienced if something goes wrong", "Porter doesn't seem like a professional, up-to-date hospital", "they are behind the times, not Baby Friendly", "lack of epidural block anesthesia", "if there are complications, Porter is not fully equipped with qualified/knowledgeable staff to care for these issues", "seems antiquated"; n=22), **poor reputation/prior experience at Porter** (e.g., "the care has ALWAYS been wrong there in the past", "Like Fletcher Allen better - Porter's reputation is not good", "the nurses were not nice to my wife when she gave birth", "poor reputation in the community", "I did not have a good experience with the hospital", "sadly I have heard too many stories about poor medical care at Porter Hospital, both first hand and other", "ER could not get it right when I was pregnant"; n=22) and **preference for a home birth** (e.g., "too many interventions in hospital birth, I would rather be at home", "I would prefer home birth with a midwife"; n=15).

Additionally, several respondents were unhappy with the choice of childbirth providers in Addison County (in terms of age, gender and quality; n=8) or live closer to another hospital (n=8). It should also be noted that many respondents commented that they knew very little, if anything, about the quality of the Porter Birthing Center.

[4] Please note, 42 participants skipped this question.

Helen Porter Nursing Home

Close to 70% of respondents answered "yes" to the question "If you or someone for whom you make local medical decisions needed long term care, would you choose Helen Porter Nursing Home?"[5]

Among those who responded "no", the top reasons cited for not relying on Helen Porter were: **low quality of care** (e.g., "residents heavily medicated", "unsafe environment", "care was way below par", "bell calls not answered in timely manner", "patients left alone way too much", "once weekly baths"; n=23), **poor food/accommodations/institutional setting** ("dirty, smelly and patients don't look happy to be there", "not enough single rooms", "facility is tired-looking", "too institutional", "menu not well-balanced"; n=19), **inadequate and unprofessional staff** ("issues with adequate MD coverage", "extremely understaffed", "lack of professionalism and commitment to patients and families", "staff not well-informed"; n=17), **preference for a setting closer to home/family** (n=15), and **preference for home care** (n=11). A few respondents cited cost (n=3) and fear that patients would be encouraged to seek physician assistant suicide (n=2) as additional reasons to seek long term care elsewhere.

It should again be noted that many respondents commented that they knew very little, if anything, about Helen Porter. This is confirmed by the following table which depicts respondents' impressions of Helen Porter (note: the most frequented cell is "no opinion" for all aspects of care and an additional 21 respondents did not answer this section).

Regarding Helen Porter Nursing Home, what are your perceptions of the following?

	No Opinion	1-Very Poor	2-Poor	3-Average	4-Good	5-Very Good
Quality of care	40.57%	1.03%	3.69%	18.24%	27.46%	9.02%
Quality of the nursing staff	41.60%	1.03%	2.46%	18.85%	26.03%	10.04%
Patient safety	42.71%	1.03%	2.26%	19.71%	25.67%	8.62%
Patient comfort	42.03%	1.86%	4.35%	18.63%	24.43%	8.70%
Availability of technology	50.21%	1.24%	3.93%	23.97%	15.70%	4.96%
Physical infrastructure (general appearance, quality of rooms, etc.)	40.33%	2.26%	3.91%	25.31%	21.19%	7.00%
Amenities (quality of food, activities for residents, etc.)	43.33%	2.29%	3.54%	25.21%	19.17%	6.46%

[5] Please note, 67 participants skipped this question.

Strengths of the Health Care System in Addison County

Several common themes emerged when respondents were asked to comment on the strengths of the health care system in Addison County. According to respondents, perhaps the greatest strength is the **rich network of dedicated, knowledgeable and caring providers**, many of whom take the time to build personal relationships with their patients (e.g., "highly qualified, caring doctors", "caring and very competent nurses", "physicians that know you personally", "you are not treated like a number", "personalized care", "doctors tend to know you and treat you with great care", etc.). Many also cited the **availability and convenience of a variety of services** including primary care, specialty care, emergency care, long-term care, home health care and alternative care (e.g., "wide scope of specialties", "we have a hospital, long-term and rehab care…also have an extensive network of physicians", "variety of providers and alternative care", etc.). Others specifically named **Porter Hospital** as one of Addison County's greatest strengths (e.g., "great to have a local hospital", "availability of Porter Hospital", "that we have such a facility as Porter", etc.). Finally, several respondents referred to the **collaboration of providers** in Addison County (e.g., "health care providers seem to work really well together", "ability to collaborate with longstanding colleagues", "intra-agency cooperation and coordination", "interconnectedness", "the provider community works together to improve the coordination of care", etc.)

Weaknesses of the Health Care System in Addison County

Participants were also asked to comment on perceived weaknesses of the health care system in Addison County. By far the most commonly cited weakness was the **lack of access to providers** (particularly primary care). More than 125 respondents referenced the number of practices that no longer accept patients, long waits for appointments, high turnover of providers, part-time and inconvenient practice hours and/or voids in both primary and specialty care (former largely due to closed practices, latter due to small community). Recommended areas of need include male primary care doctors, female OB/GYNs, endocrinology, dermatology, dialysis, cancer, gerontologists, palliative, allergy, psychiatry, and anesthesia. Another general theme that emerged was the **inability to attract and retain high quality providers** who have experience with complex cases, expertise in the latest medical innovations and a willingness to provide individual attention and personalized care. **Limited access to technology** and **rising costs** were two other common themes. Finally, some respondents referred to **lack of confidentiality/privacy** and **inadequate alternative care options** as additional weaknesses.

Improvements to the Health Care System in Addison County

Finally, participants were asked to suggest improvements to the health care system in Addison County. Almost 100 respondents referred to the need to **attract and retain more primary care and specialty providers** with many suggesting that higher pay be offered as an incentive. Numerous respondents also suggested the need to improve **technology and physical infrastructure,** particularly at Porter Hospital (e.g., "upgrade the hospital buildings. Improve the computer system to eliminate errors when dispensing care and medication"; "easier access to chemo and radiation treatments"; "computerize the records"; "get better diagnostic testing facilities"; "raise some money and fix the place up for the patient and their families. Get window treatments in the OR waiting room. Invest in signs on the outside. Get private rooms. Start matching the buildings to the level of care. Did you ever get your blood drawn at Porter? Wonderful people; HORRIBLE setting"). Another common suggestion was to find ways to **lower costs**. Many respondents also advocated **improving the quality of care and bedside manner** of providers in the area (e.g., "raise the quality of care, improve the bedside manner of ALL physicians - that is what one expects in a community hospital; improve the reputation as it relates to life's most serious illnesses", "get doctors and nurses into the

healthcare system that want to be there", "train nurses and nurse practitioners better, and attract more doctors who care about patient care", "recruit real talent...send health care providers for regular education", "[hire] nurses who behave more professionally", "evidence-based practice - create quality initiative…many healthcare providers do not think highly of Porter - that tells me something is wrong with the system"). Several community members recommend **better marketing** about the health care quality and availability in the county (e.g., "better advertising of services", "publicize the level of technology available, the health benefits of a community hospital", "provide better 'user's guide' to healthcare services", "promote the healthcare possibilities through the media, newspapers, TV, online, etc.", "introduce the community to the doctors' training and credentials", "marketing- specifically what services you do provide & how that compares with FAHC", "I sense that some of my perceptions may be wrong in terms of available technology and specialists -- advertising or publicity to prove otherwise would be useful"). Participants also advocated **more coordinated care** among providers, a greater **focus on preventative care**, **more alternative care** options and **shorter waits in the ER**. A few respondents also mentioned the need to improve **morale** (e.g., "increase healthcare workers staffing so they are not short staffed and burned out", "improve the work environment with higher wages and bringing back a paid lunch break. Happy employees have a huge impact on the quality of care - right now most employees are frustrated and unhappy", "foster environment where affordable services are provided and have adequate number of health care providers, so that physicians and nurses and technicians and receptionists are not stressed and rushed").

Possible Action Steps

- Initiate a multi-pronged messaging campaign to better inform the local community about services offered through Porter Hospital, Helen Porter Nursing Home and Porter Practice Management. Throughout the survey it was clear that many respondents were either uninformed or misinformed about the quality and availability of services at Porter Medical Center (PMC). PMC might conduct a campaign that highlights:

    - The strong sentiment among survey respondents that communities need and should financially support institutions like Porter Hospital and (to a lesser extent) Helen Porter Nursing Home
    - The great majority of respondents who would recommend Porter Hospital to others
    - The variety of services offered by PMC (e.g., 'user's guide')
    - The multiple ways in which local providers stay current with the latest evidence-based medicine and technological advances
    - The background and training of the health care providers
    - The safety record of Porter Hospital
    - The cutting edge technology that *is* available at Porter Hospital
    - The number of successful births, surgeries, etc. performed each year at Porter Hospital
    - The Birthing Center's ability to handle complications yet provide a home-like experience
    - The successful implementation/benefits of the new EMR system
    - The recent introduction of volunteer ambassadors to improve the patient experience in the Emergency Department
    - Average waits in the Emergency Department at Porter relative to most other hospitals
    - The convenience, quality and type of care provided by Helen Porter Nursing Home
    - The addition of new primary care providers as they come online and/or the primary care practices that are accepting new patients

- Along the same lines, offer a free outreach program to educate community members about the value of healthy nutrition and other preventative care (this would help project a positive image about PMC and create an opportunity to advertise available services). If held at the hospital in combination with an open house, it would enable community members to tour the facility.

- Evaluate morale throughout the affiliated enterprises (Porter Hospital, Porter Practice Management and Helen Porter Nursing Home). A simple survey of employee satisfaction might identify cost-effective opportunities to improve morale which in turn has the potential to reduce turnover and increase worker productivity, patient satisfaction/retention and net revenues. This survey might be done in conjunction with a PMC-wide discussion of the importance of 1) establishing warm, caring and attentive relationships with patients at all levels of interaction (reception, food service, nurses, lab techs, physicians, etc.), 2) maintaining confidentiality of all care given, and 3) identifying ways to improve efficiency in billing, transfer of medical records, admission/discharge/follow-up of patients, etc.

- Perceptions of Porter are largely formed by experiences at the most frequent points of entry (ER, lab and diagnostic imaging). Reallocate resources to these focal points to ensure a warm and friendly reception, short/pleasant waits, an attractive infrastructure and the delivery of the highest quality, most attentive care.

- Porter Hospital access is strongly linked to primary care access in Addison County. Take even more aggressive steps to increase availability and continuity of primary care doctors in Addison County. When hiring, consider the demographic mix of potential providers (e.g., increasing the number of male primary care doctors and female OB/GYNs).

- Evaluate the benefits of adding part-time capacity in allergy, dermatology, palliative, gerontology, endocrinology, psychiatry, and/or anesthesia. Think creatively about how to leverage the demand for more alternative care and a home birth experience.

- Work to ease tensions between EMS and ER staff in order to improve the image of PMC projected by EMS personnel.

- Review the adequacy of staffing ratios at Helen Porter Nursing Home.

- Research cost-effective infrastructure improvements in the Helen Porter Nursing Home environment that would increase utilization, particularly among privately insured patients. If not done already, follow up with families who express interest in Helen Porter but elect not to admit loved ones there to better identify opportunities for improvement.

- Given the greater confidence in Dartmouth-Hitchcock compared to Fletcher Allen, PMC might explore opportunities to affiliate with Dartmouth-Hitchcock rather than Fletcher Allen if affiliation becomes a possible strategy.

Data by Hospital Service Area

Middlebury

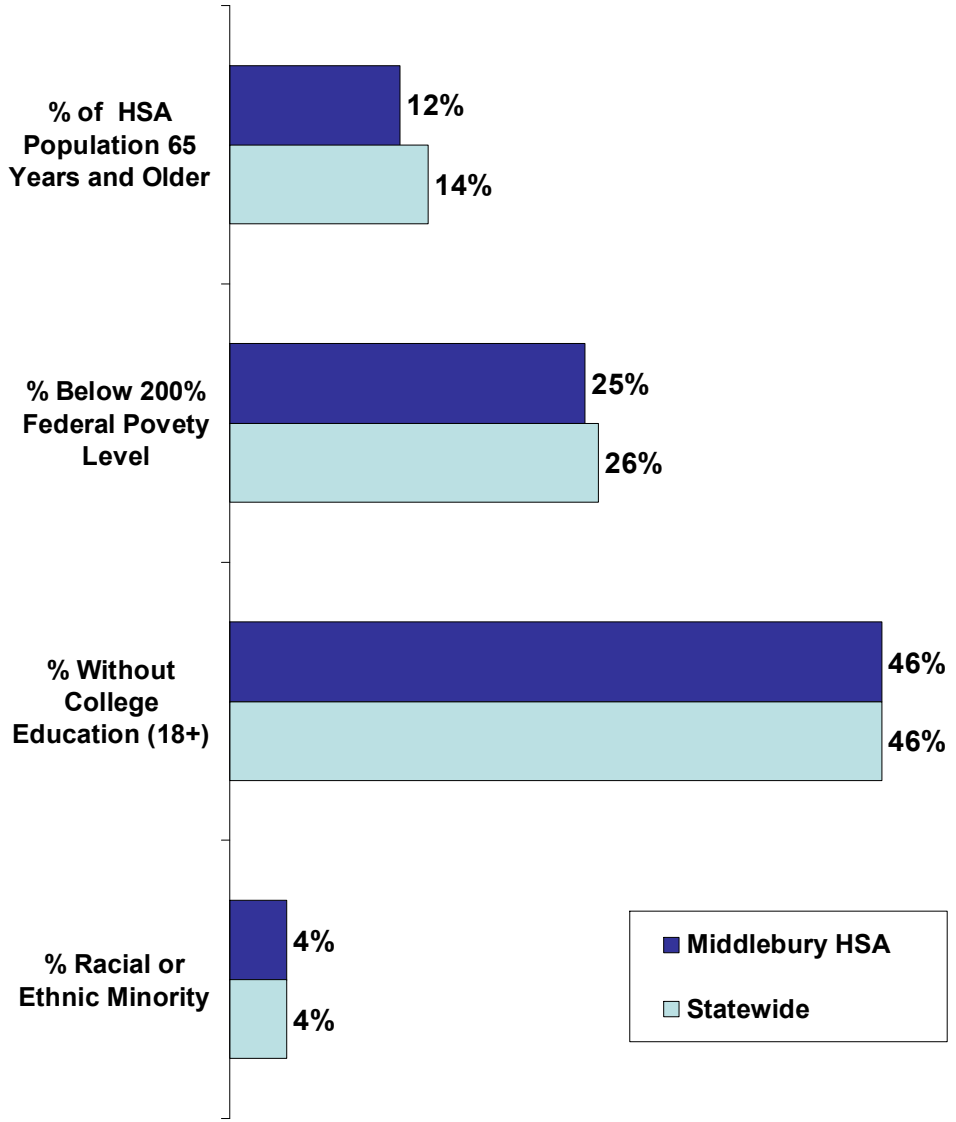
Demographics

Overall there are 28,285 Vermonters living in the Middlebury Hospital Service Area. This represents 5% of all Vermonters. Of the Middlebury HSA residents, there are 3,479 over the age of 65. This is 12% of the population in that area. Those older adults make up 4% of all the state's 65+ population.

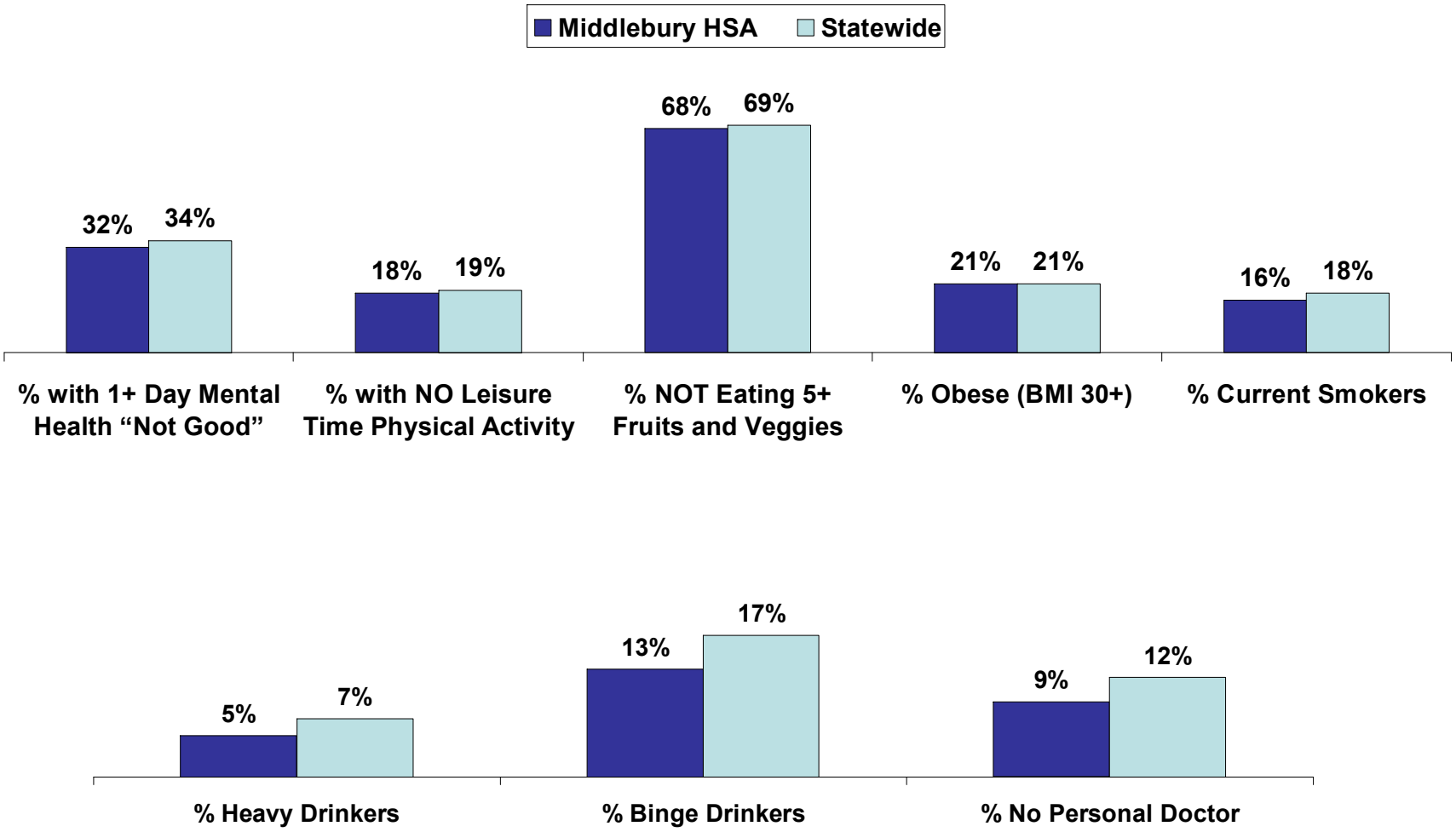
One-quarter of Middlebury HSA residents have incomes at or below 200% of the Federal Poverty Level (25%); just fewer than half do not have a college degree (46%).

Data in this report are based on the following sources:

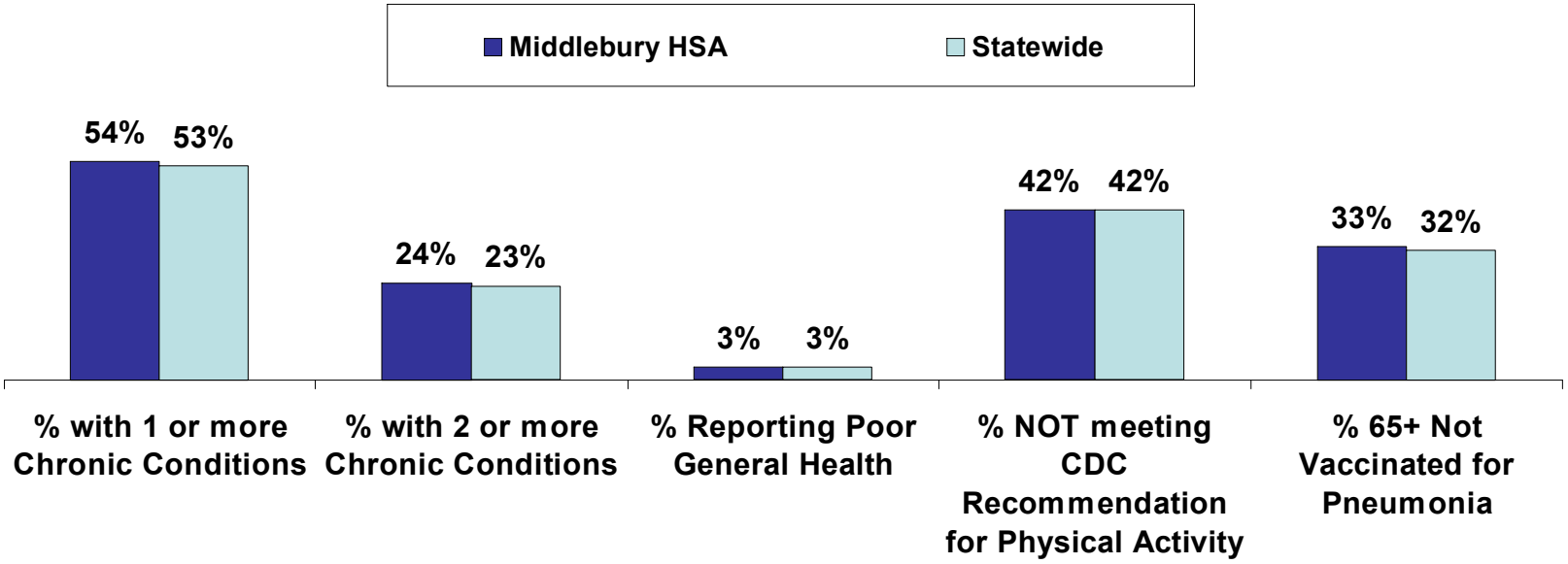
- 2007 Population Estimates
- 2000 Census Data
- 2004-2008 VT BRFSS Data
- 1997-2006 VT Uniform Hospital Discharge Data Set



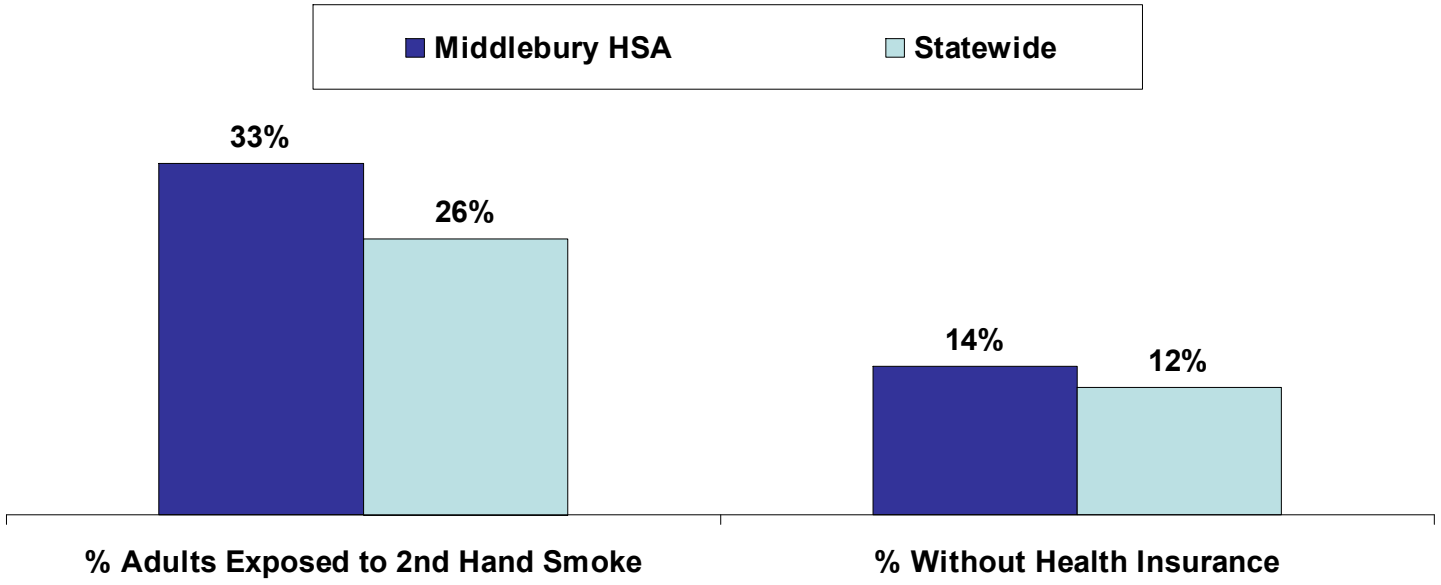
Risk Factors – Where HSA Shows BETTER Results Than VT Overall



Risk Factors – Where Results for the HSA Are THE SAME As VT Overall



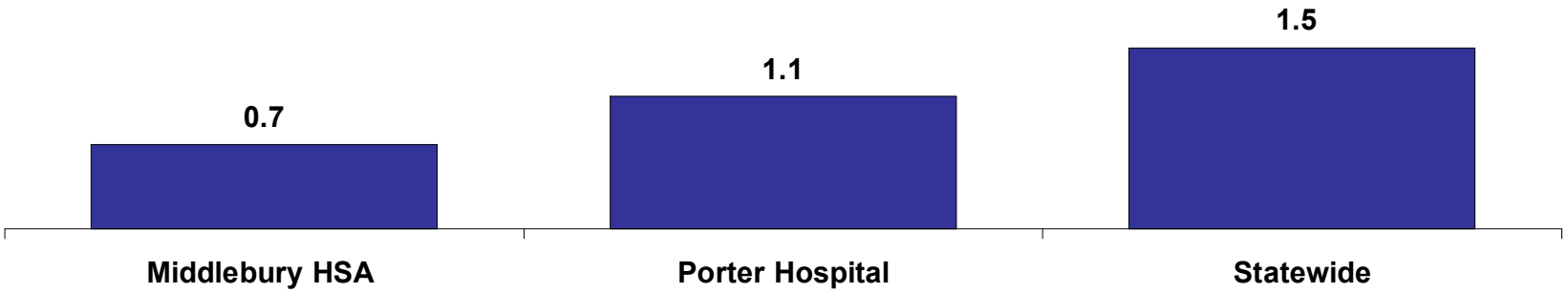
Risk Factors – Where Results for HSA Are WORSE Than VT Overall



Asthma

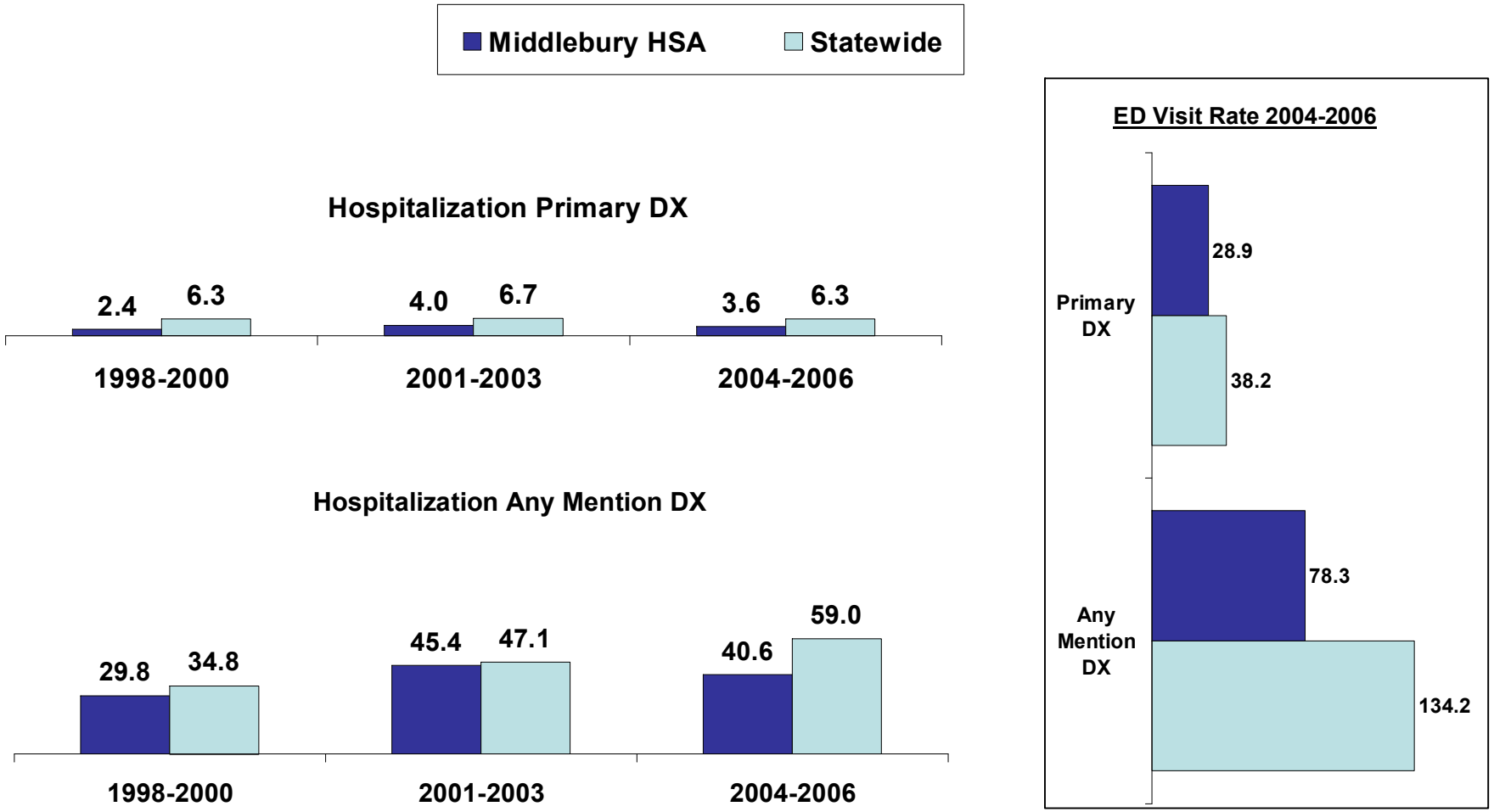
Middlebury HSA Prevalence, 14%
Vermont Statewide Prevalence, 15%

Primary DX Hospitalizations Per 100 Persons, 1997-2006 Average, Age and Severity Adjusted



Charges Per Capita, 2004 - 2006	Middlebury HSA	VT
Hospital Charges	$71	$90
ED Charges	$6	$10

Asthma Hospitalization and ED Visit Rate
(Rate Per 10,000)



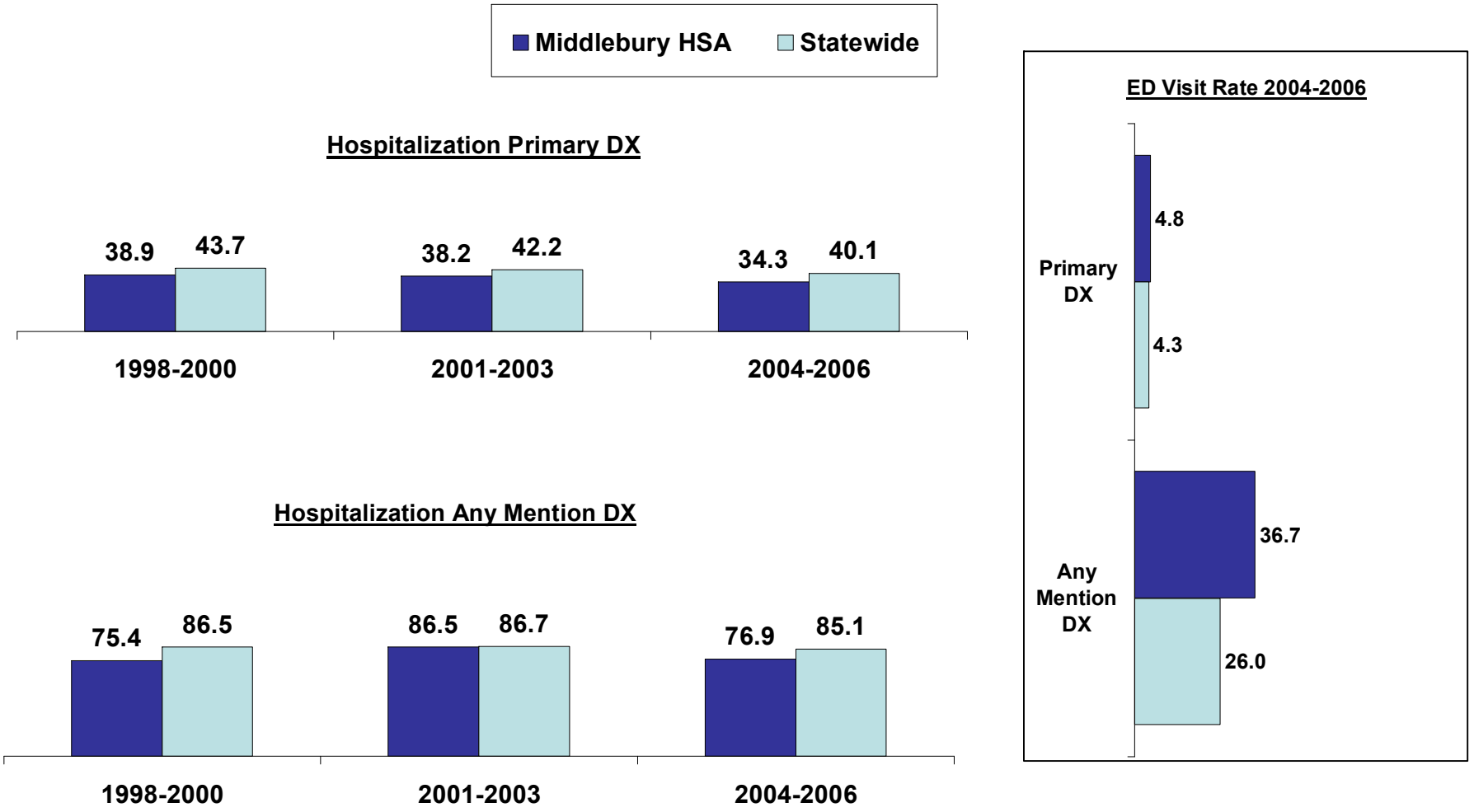
Cancer

Middlebury HSA Prevalence, 7%
Vermont Statewide Prevalence, 7%

Primary DX Hospitalizations Per 100 Persons, 1997-2006 Average, Age and Severity Adjusted

Charges Per Capita, 2004 - 2006	Middlebury HSA	VT
Hospital Charges	$141	$182
ED Charges	$6	$5

Cancer Hospitalization and ED Visit Rate
(Rate Per 10,000)



COPD

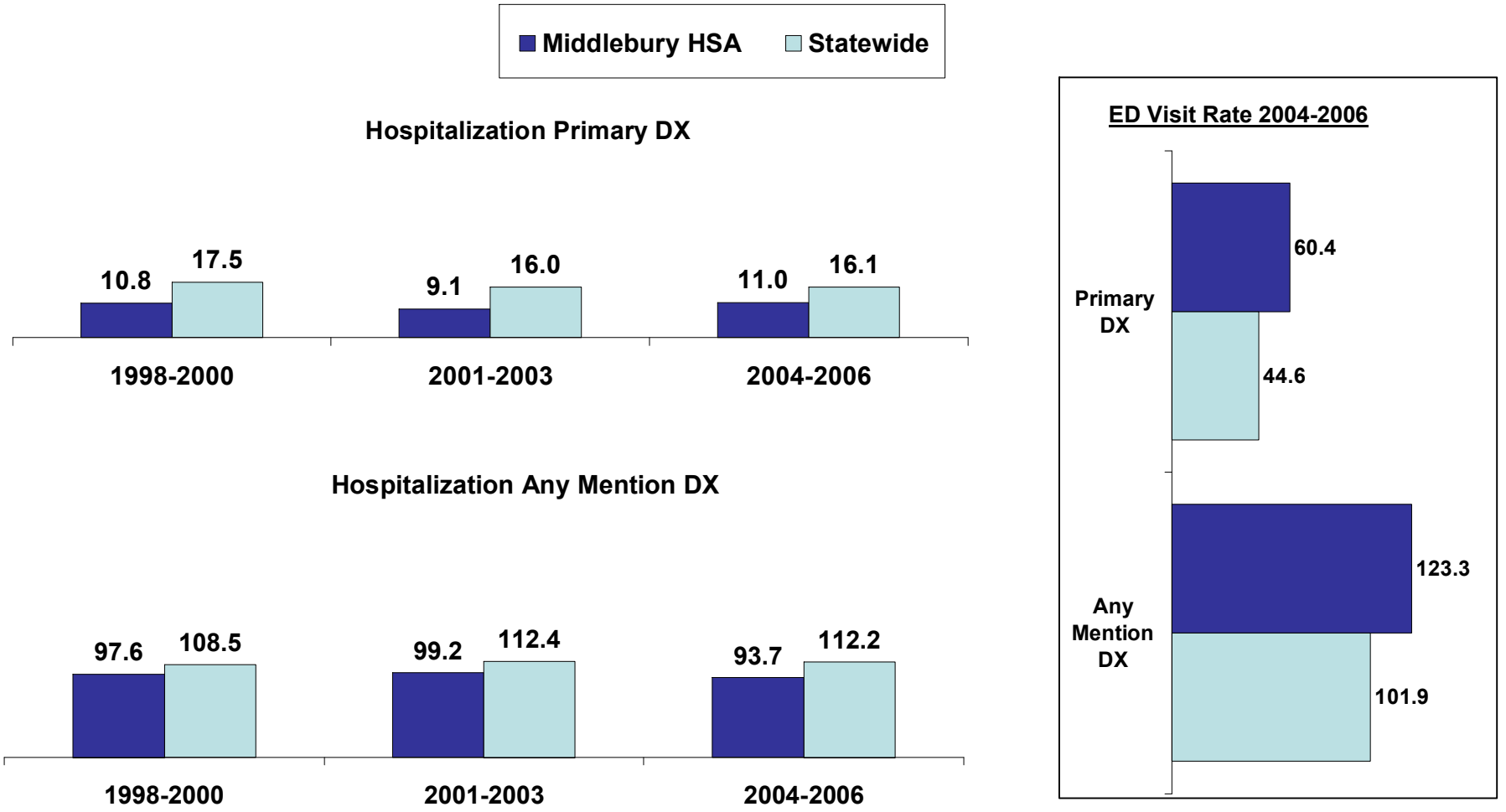
Middlebury HSA Prevalence, 3%
Vermont Statewide Prevalence, 3%

Primary DX Hospitalizations Per 100 Persons, 1997-2006 Average, Age and Severity Adjusted

Charges Per Capita, 2004 - 2006	Middlebury HSA	VT
Hospital Charges	$153	$196
ED Charges	$15	$13

COPD Hospitalization and ED Visit Rate

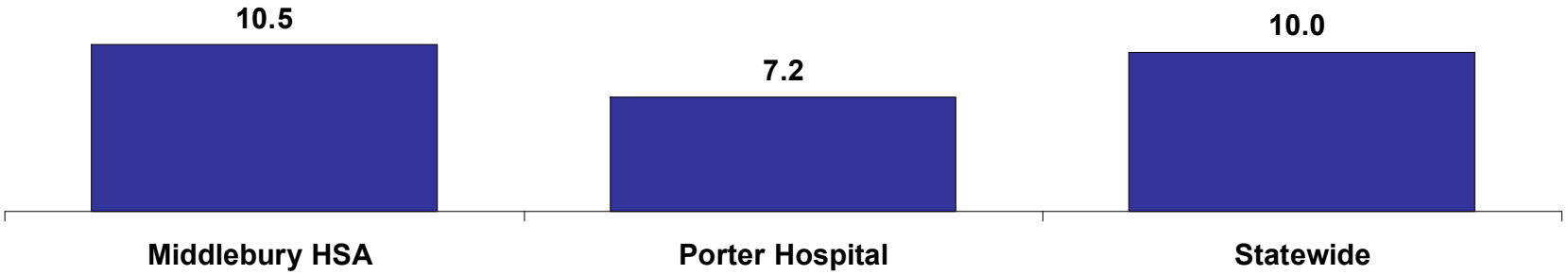
(Rate Per 10,000)



CVD (including Stroke)

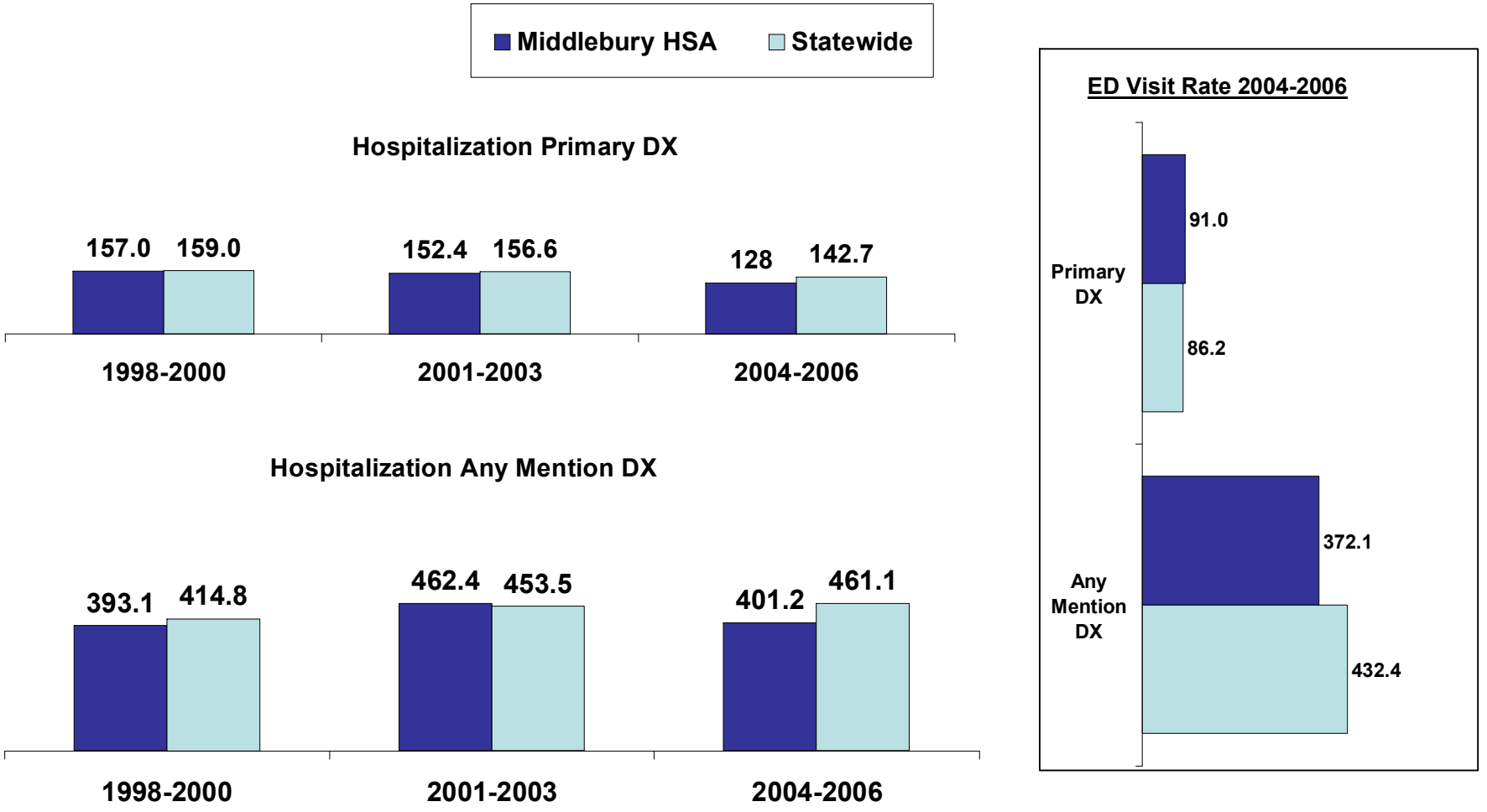
Middlebury HSA Prevalence, 8%
Vermont Statewide Prevalence, 7%

Primary DX Hospitalizations Per 100 Persons, 1997-2006 Average, Age and Severity Adjusted



Charges Per Capita, 2004 - 2006	Middlebury HSA	VT
Hospital Charges	$757	$884
ED Charges	$64	$65

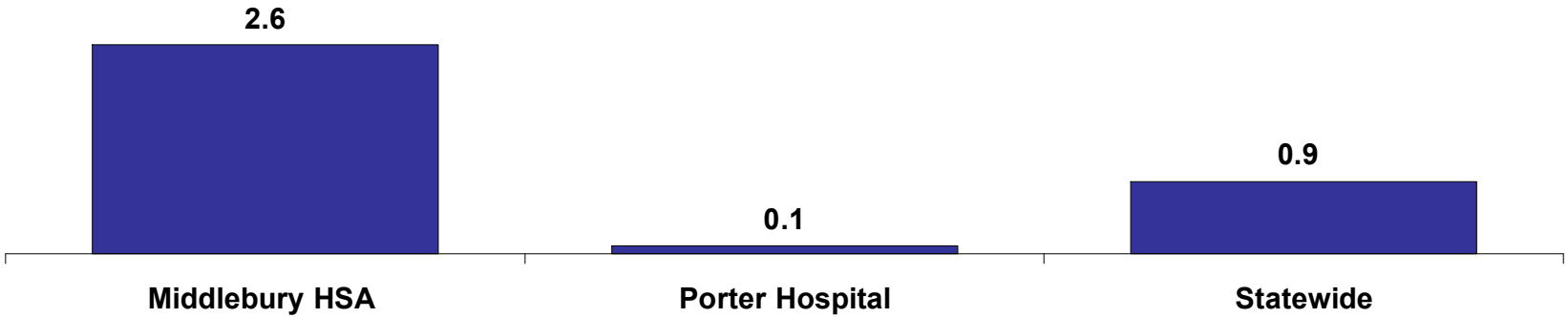
CVD Hospitalization and ED Visit Rate
(Rate Per 10,000)



Depression (Moderate To Severe)

Middlebury HSA Prevalence, 8%
Vermont Statewide Prevalence, 7%

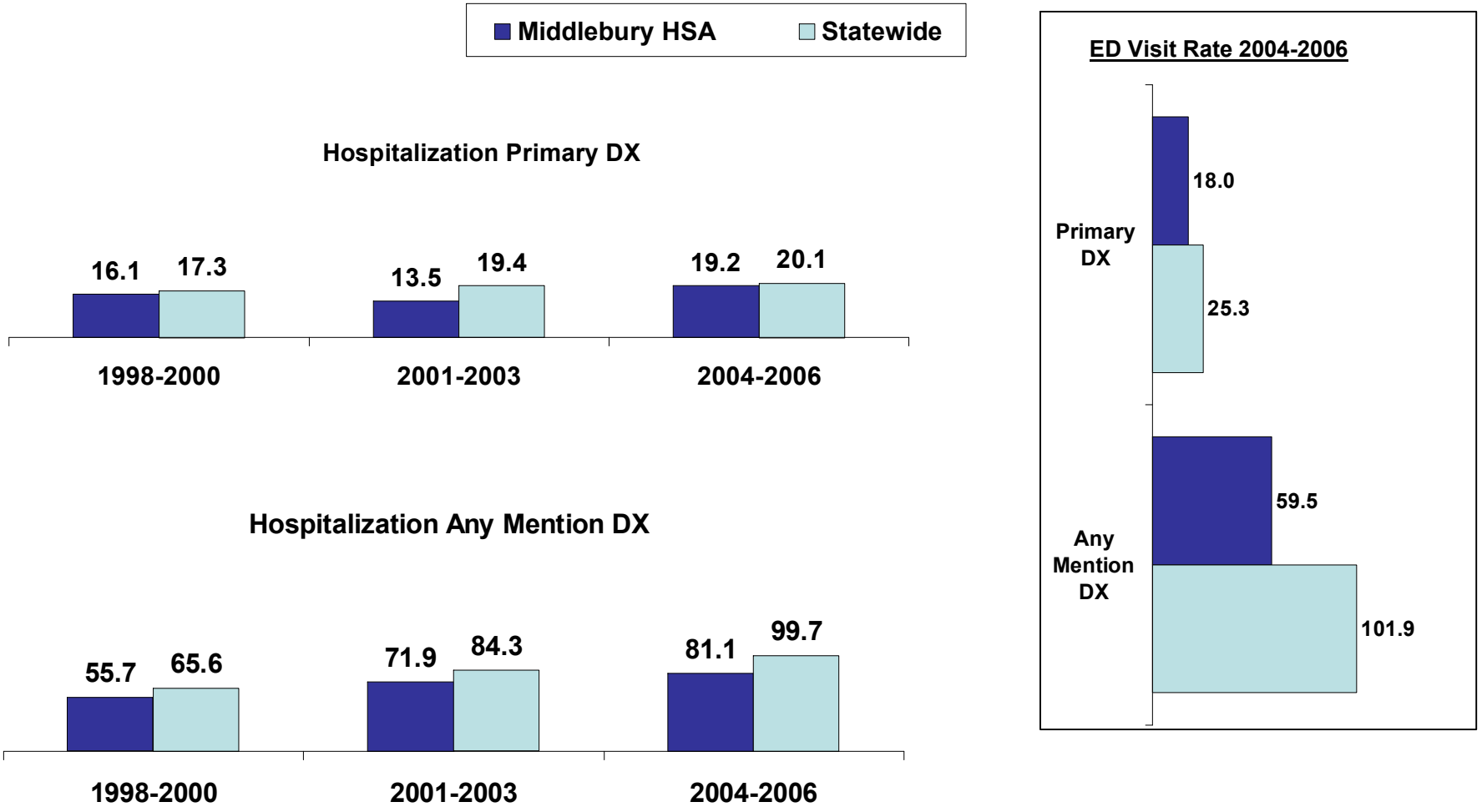
Primary DX Hospitalizations Per 100 Persons, 1997-2006 Average, Age and Severity Adjusted



Charges Per Capita, 2004 - 2006	Middlebury HSA	VT
Hospital Charges	$110	$131
ED Charges	$7	$10

Depression (Moderate to Severe) Hospitalization and ED Visit Rate

(Rate Per 10,000)



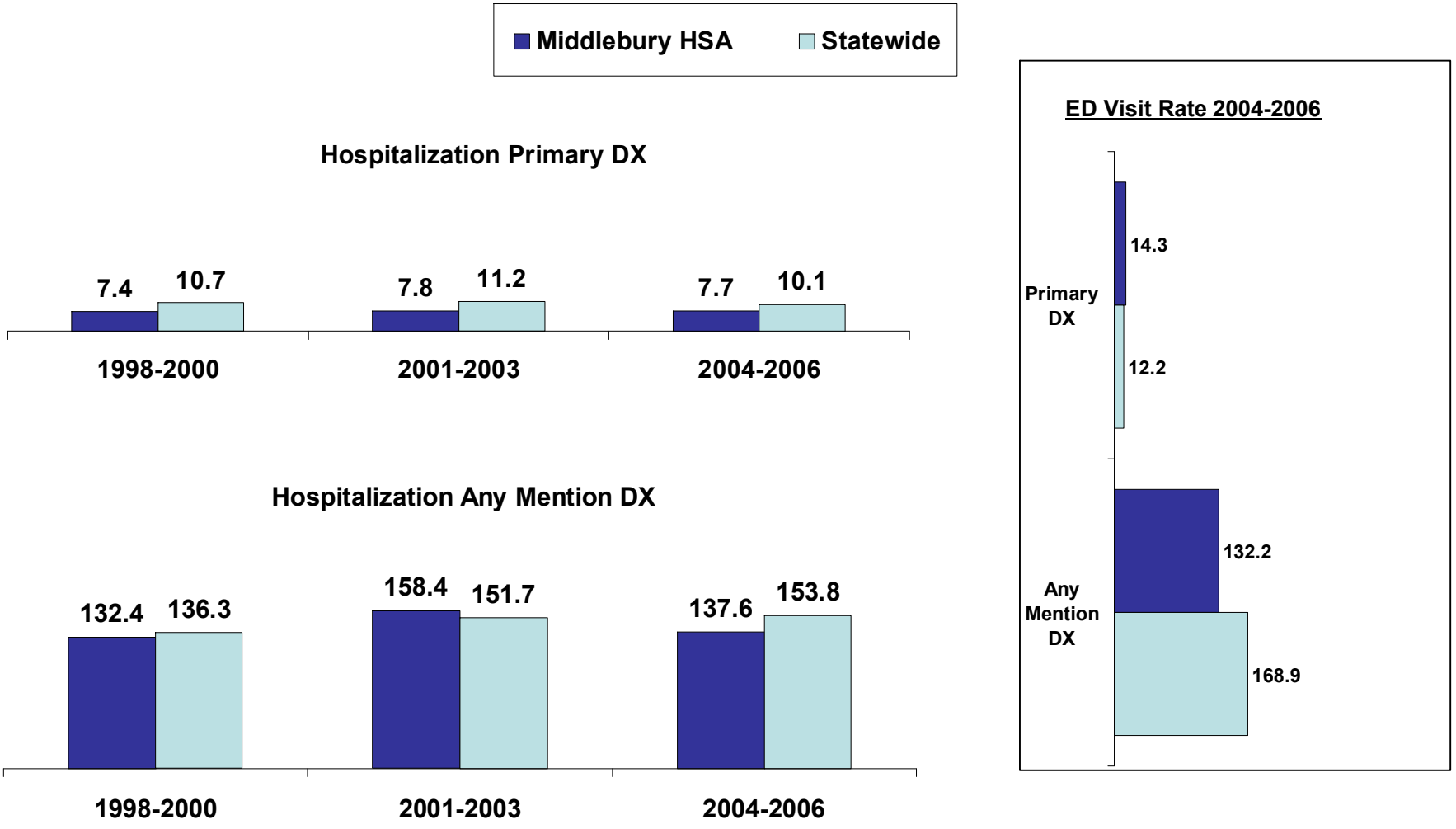
Diabetes

Middlebury HSA Prevalence, 6%
Vermont Statewide Prevalence, 6%

Primary DX Hospitalizations Per 100 Persons, 1997-2006 Average, Age and Severity Adjusted

Charges Per Capita, 2004 - 2006	Middlebury HSA	VT
Hospital Charges	$247	$267
ED Charges	$20	$22

Diabetes Hospitalization and ED Visit Rate
(Rate Per 10,000)



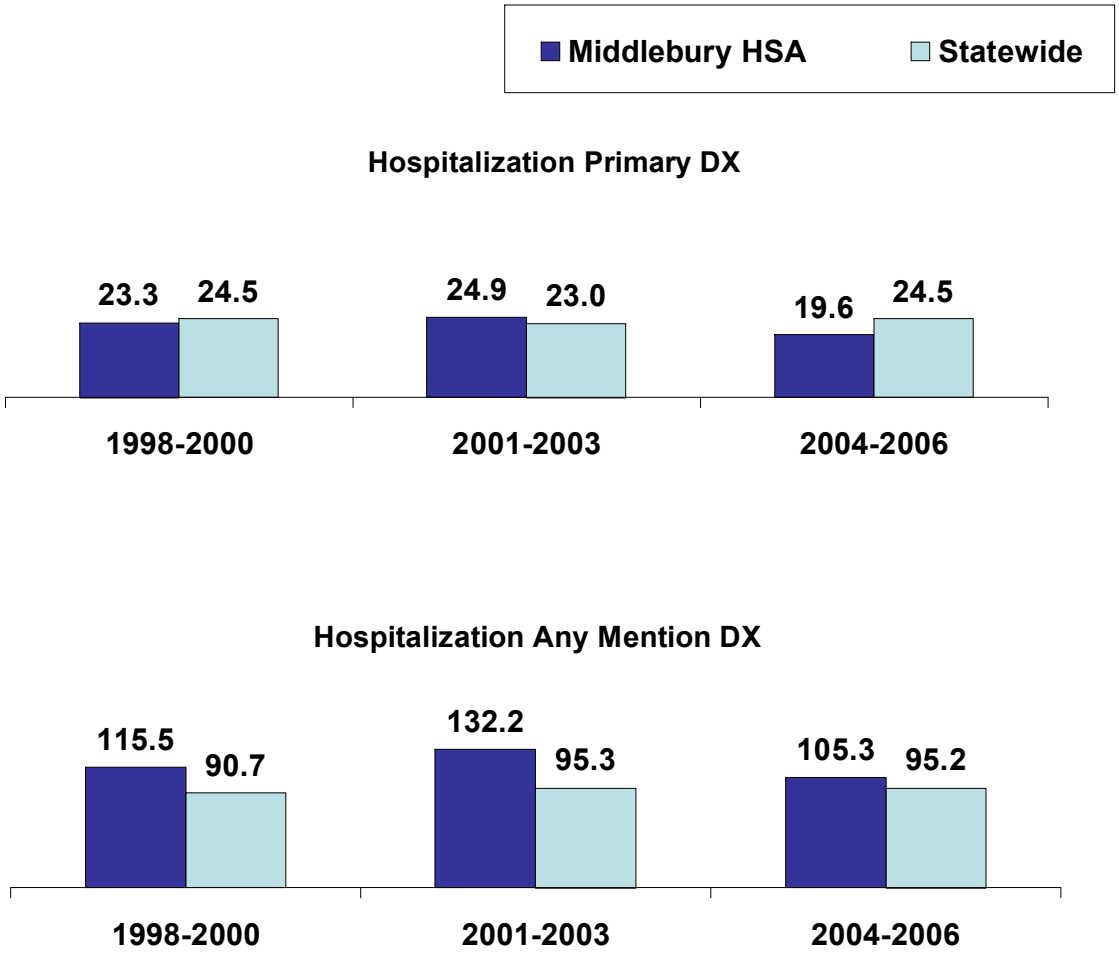
Heart Failure

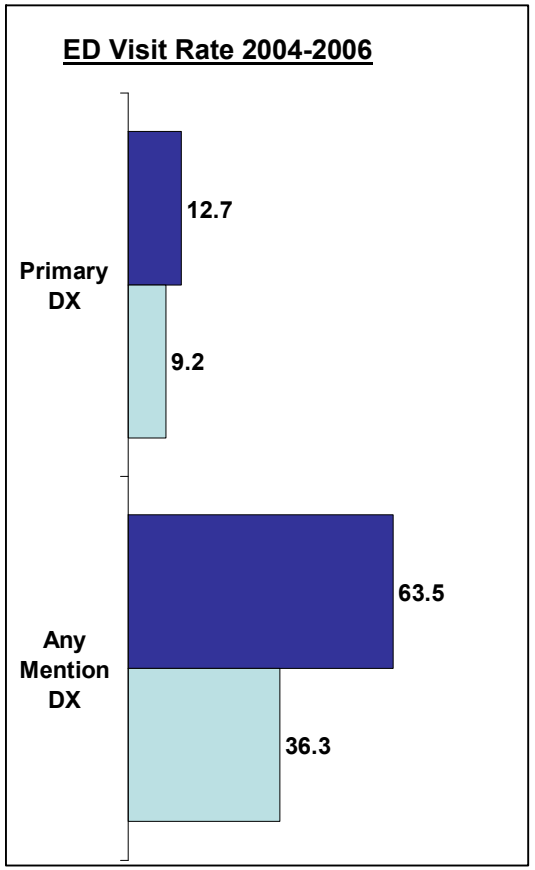
Prevalence Not Available

Primary DX Hospitalizations Per 100 Persons, 1997-2006 Average, Age and Severity Adjusted

Charges Per Capita, 2004 - 2006	Middlebury HSA	VT
Hospital Charges	$180	$198
ED Charges	$14	$7

Heart Failure Hospitalization and ED Visit Rate
(Rate Per 10,000)





Hypertension

Middlebury HSA Prevalence, 25%
Vermont Statewide Prevalence, 24%

Primary DX Hospitalizations Per 100 Persons, 1997-2006 Average, Age and Severity Adjusted

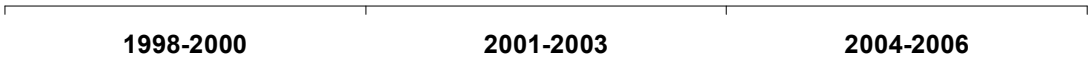
Charges Per Capita, 2004 - 2006	Middlebury HSA	VT
Hospital Charges	$461	$496
ED Charges	$34	$39

Hypertension Hospitalization and ED Visit Rate

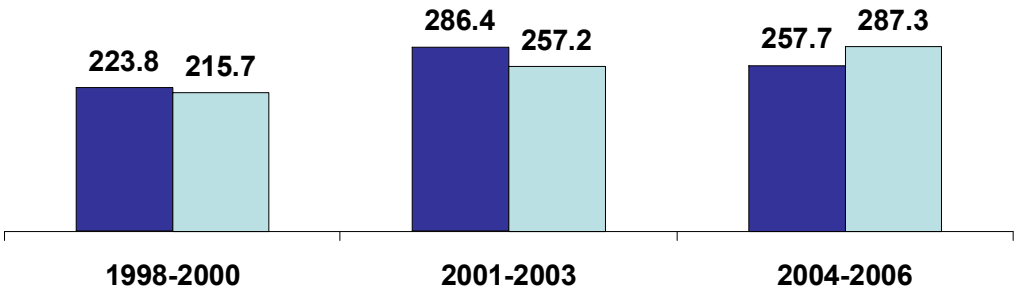
(Rate Per 10,000)

Hospitalization Primary DX

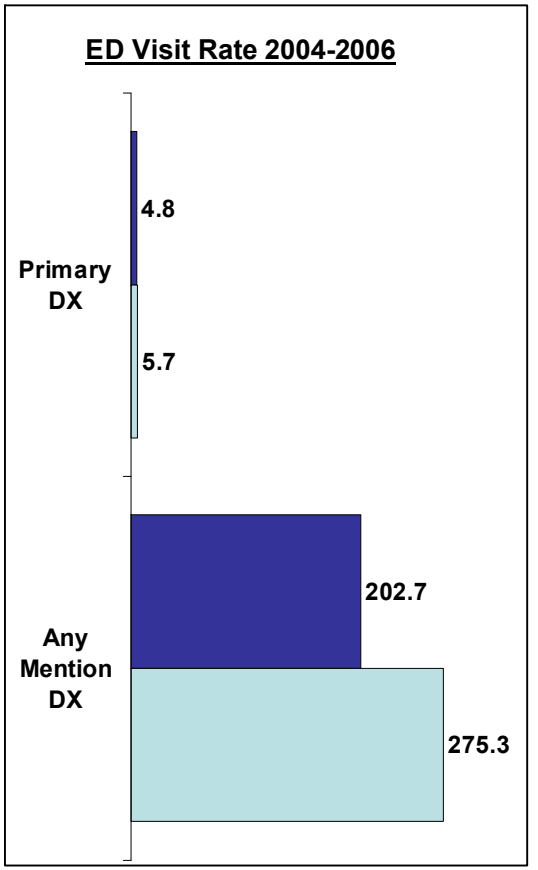
Hypertension is rarely the primary condition for a hospitalization.
(See Section II, Page 122.)



Hospitalization Any Mention DX

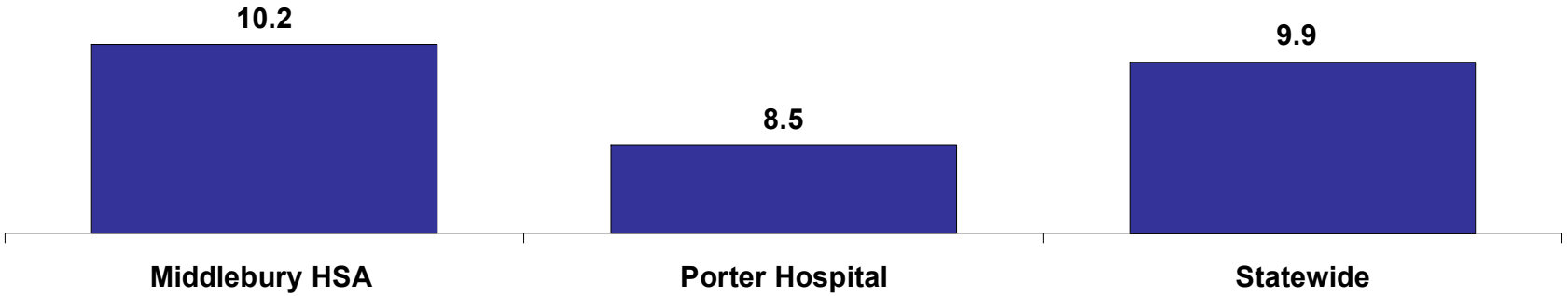


ED Visit Rate 2004-2006



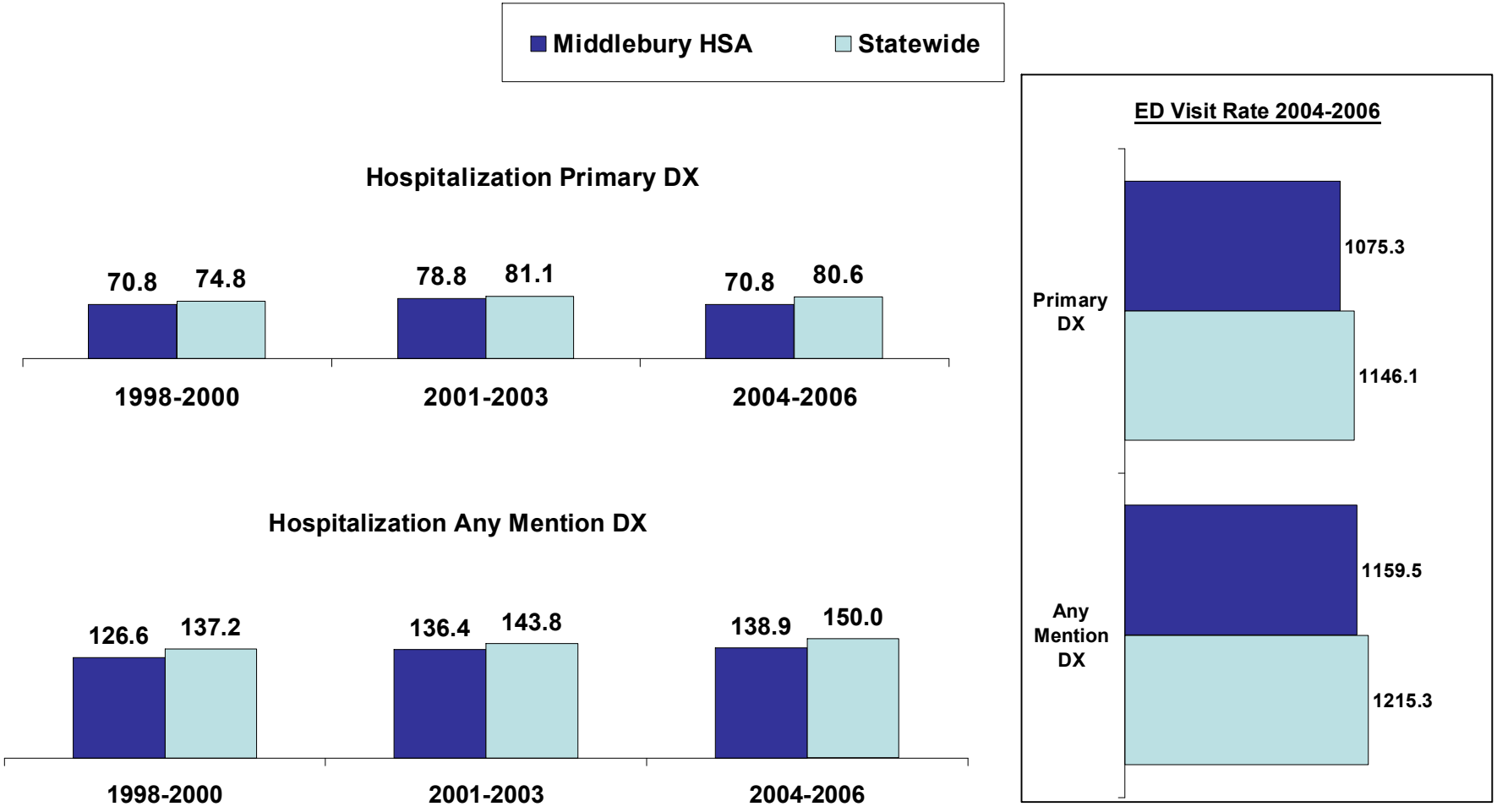
Injury
Prevalence Not Available

Primary DX Hospitalizations Per 100 Persons, 1997-2006 Average, Age and Severity Adjusted



Charges Per Capita, 2004 - 2006	Middlebury HSA	VT
Hospital Charges	$408	$428
ED Charges	$68	$74

Injury Hospitalization and ED Visit Rate
(Rate Per 10,000)

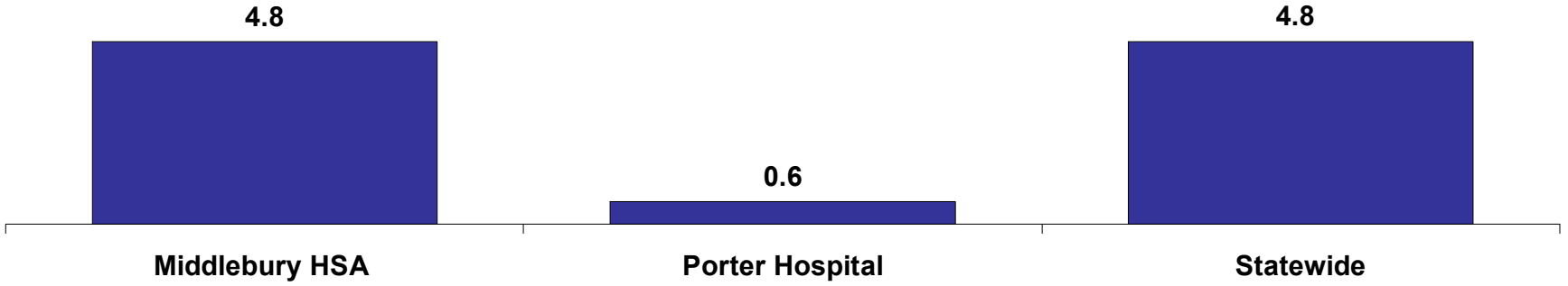


Mental Health

(including Depression and Substance Abuse)

Middlebury HSA Mild to Severe Depression Prevalence, 23%
Vermont Statewide Mild to Severe Depression Prevalence, 22%
Middlebury HSA 1 or More Poor Mental Health Days, 32%
Vermont Statewide 1 or More Poor Mental Health Days, 34%

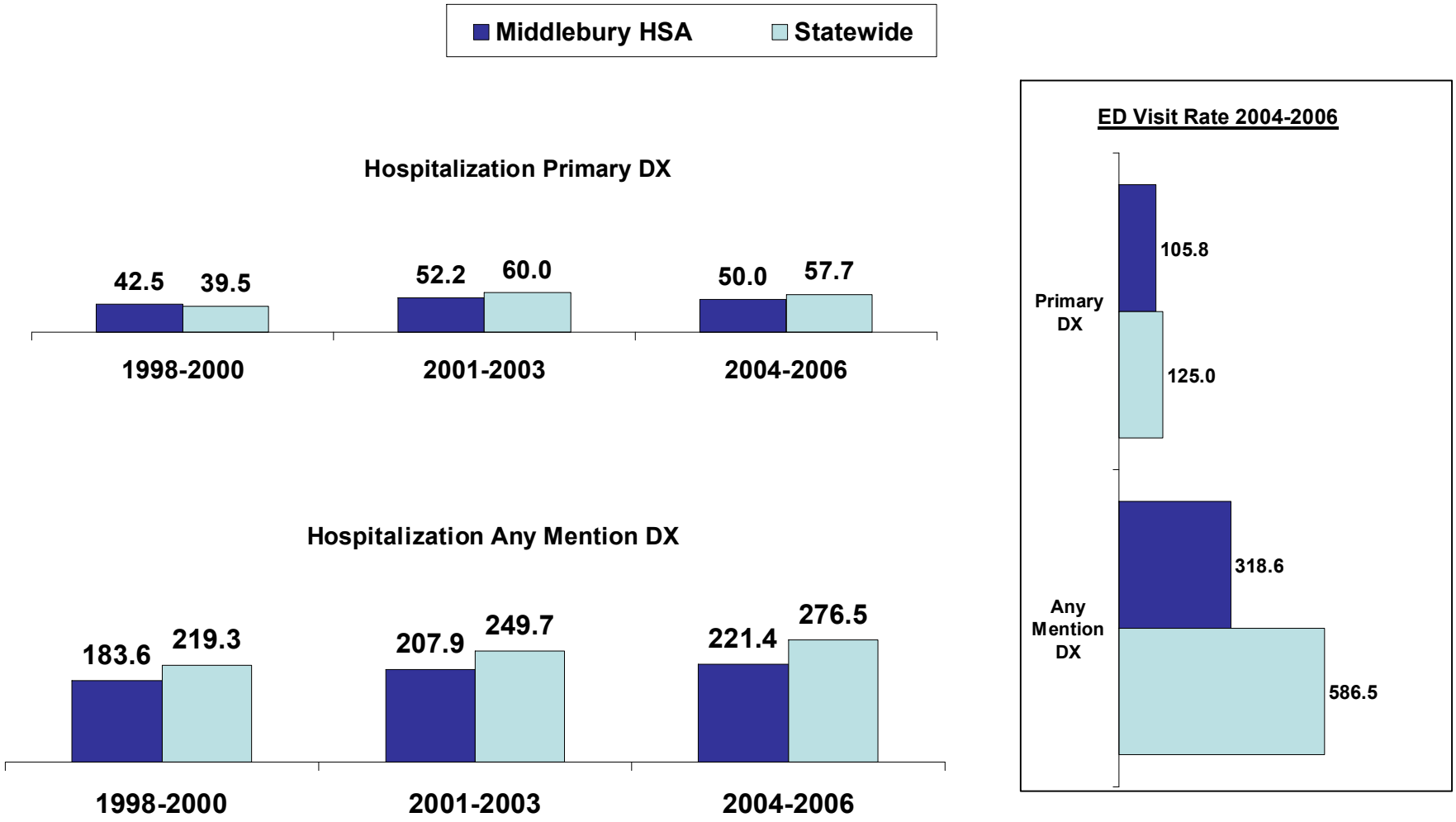
Primary DX Hospitalizations Per 100 Persons, 1997-2006 Average, Age and Severity Adjusted



Charges Per Capita, 2004 - 2006	Middlebury HSA	VT
Hospital Charges	$340	$408
ED Charges	$34	$53

Mental Health Hospitalization and ED Visit Rate

(Rate Per 10,000)



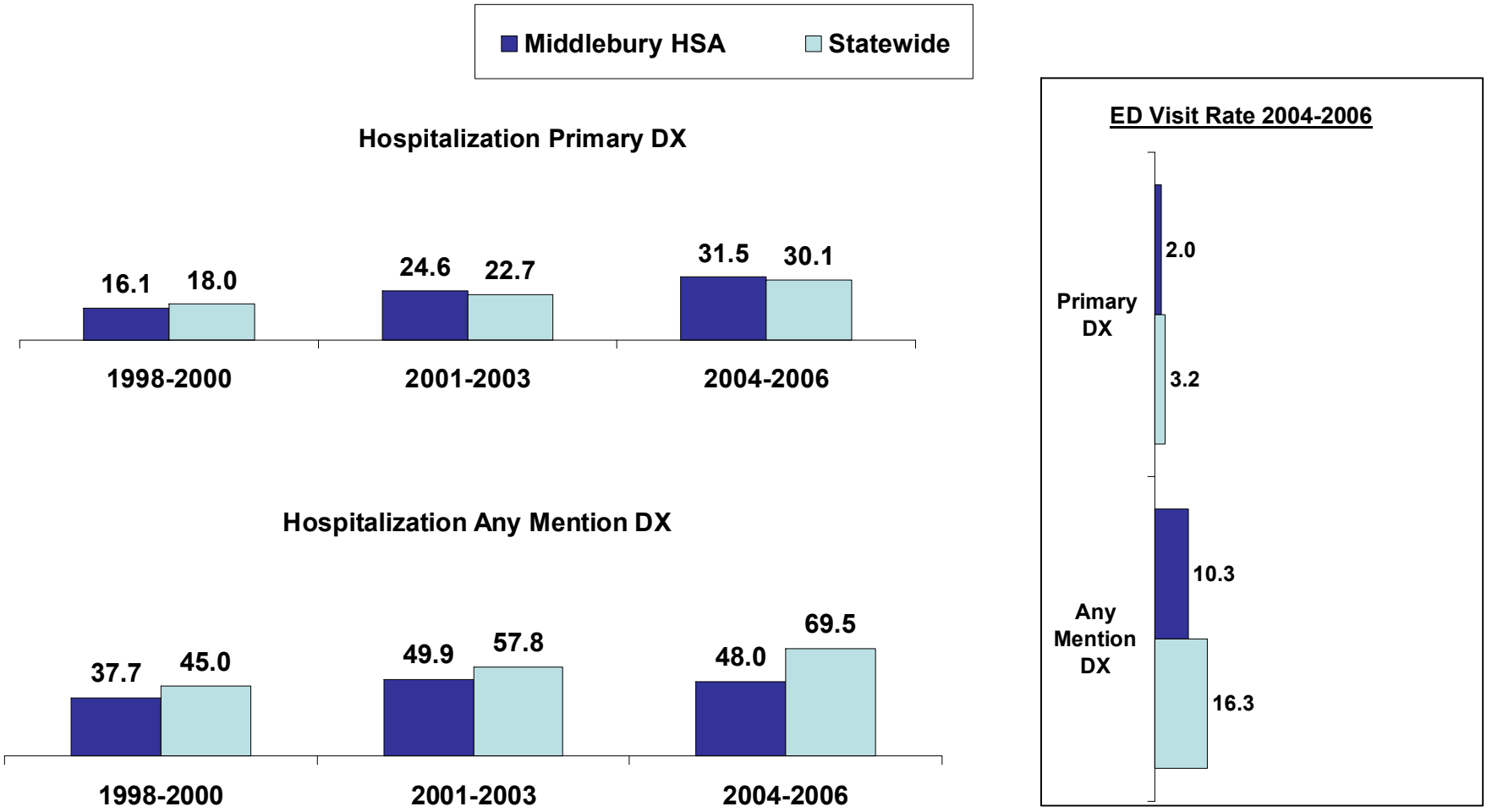
Osteoarthritis

Prevalence Not Available

Primary DX Hospitalizations Per 100 Persons, 1997-2006 Average, Age and Severity Adjusted

Charges Per Capita, 2004 - 2006	Middlebury HSA	VT
Hospital Charges	$122	$143
ED Charges	$1	$3

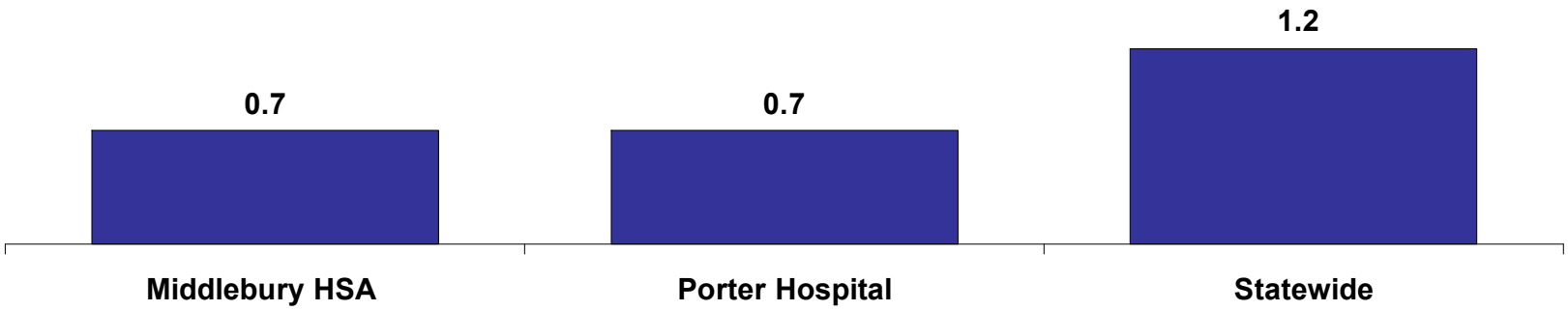
Osteoarthritis Hospitalization and ED Visit Rate
(Rate Per 10,000)



Substance Abuse

Prevalence Not Available

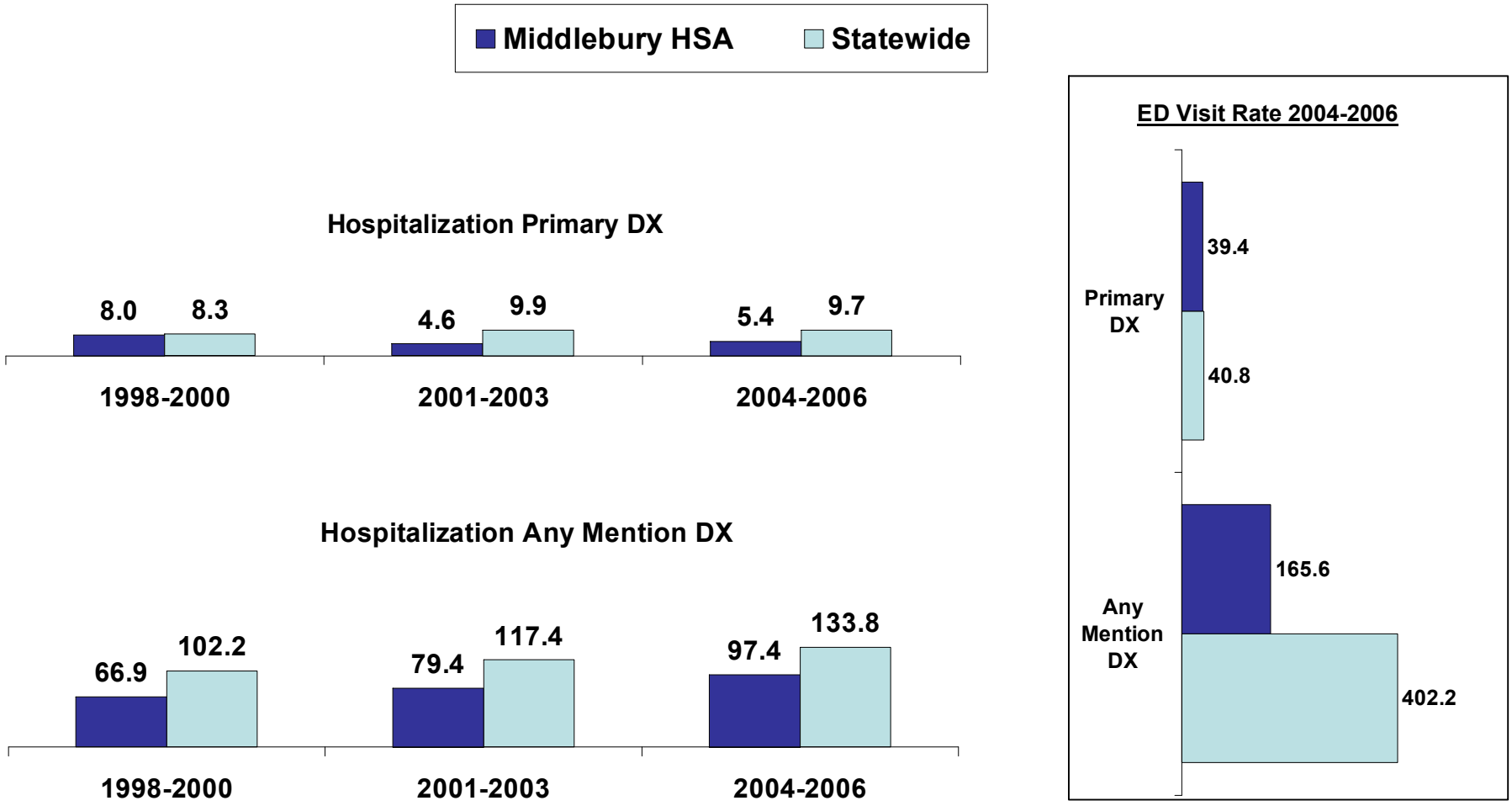
Primary DX Hospitalizations Per 100 Persons, 1997-2006 Average, Age and Severity Adjusted



Charges Per Capita, 2004 - 2006	Middlebury HSA	VT
Hospital Charges	$164	$203
ED Charges	$18	$35

Substance Abuse Hospitalization and ED Visit Rate

(Rate Per 10,000)



Middlebury Hospital Service Area Hospitalizations for Specific Conditions, 1997 - 2006	Total # Hospitalizations	Avg # Days	Avg Age	Avg Charge	Avg # Proced.	Avg # DX	Avg Charge/Day
Asthma, Primary DX	95	3.2	45	$6,314	0.4	4.3	$1,973
Asthma, Any Mention DX	1,038	4.6	51	$11,947	1.5	6.6	$2,597
Cancer, Primary DX	1,387	5.5	60	$17,791	3.0	5.1	$3,235
Cancer, Any Mention DX	2,892	5.5	60	$15,366	2.3	6.0	$2,794
COPD, Primary DX	278	4.4	70	$7,938	0.6	6.0	$1,825
COPD, Any Mention DX	2,701	5.8	72	$13,920	1.7	7.9	$2,396
Cardiovascular Disease, Primary DX	4,276	5.0	69	$16,490	2.6	7.1	$3,298
Cardiovascular Disease, Any Mention DX	11,736	5.8	69	$15,904	2.1	7.3	$2,766
Depression, Primary DX	461	8.2	41	$7,305	0.2	4.7	$890
Depression, Any Mention DX	1,887	6.3	56	$11,423	1.1	6.9	$1,813
Diabetes, Primary DX	209	5.4	51	$12,273	1.6	7.2	$2,273
Diabetes, Any Mention DX	3,944	6.0	67	$15,177	2.0	8.3	$2,547

Middlebury Hospital Service Area Hospitalizations for Specific Conditions, 1997 - 2006	Total # Hospitalizations	Avg # Days	Avg Age	Avg Charge	Avg # Proced.	Avg # DX	Avg Charge/Day
Heart Failure, Primary DX	633	5.1	74	$10,472	1.4	8.3	$2,053
Heart Failure, Any Mention DX	3185	6.4	76	$15,518	1.9	8.7	$2,425
Hypertension, Primary DX	26	3.5	65	$7,139	1.4	5.5	$2,040
Hypertension, Any Mention DX	6,887	5.4	70	$14,905	2.0	7.4	$2,760
Injury, Primary DX	2,004	6.2	54	$18,858	2.4	5.9	$3,051
Injury, Any Mention DX	3,650	8.1	57	$24,463	2.8	7.0	$3,016
Osteoarthritis, Primary DX	644	4.5	68	$26,547	2.1	4.0	$5,939
Osteoarthritis, Any Mention DX	1,214	4.8	71	$19,753	1.9	5.8	$4,098
Substance Abuse, Primary DX	168	4.2	48	$4,929	0.5	5.7	$1,179
Substance Abuse, Any Mention DX	2,256	5.5	52	$14,128	1.9	6.9	$2,592

Middlebury Hospital Service Area Hospitalizations by Primary MDC DX Code, 1997 – 2006	Total # Hospitalizations	Avg # Days	Avg Age	Avg Charge	Avg # Proced.	Avg # DX	Avg Charge/Day
BRAIN and CNS DX	1,190	6.2	60	$16,615	1.7	5.8	$2,680
BURNS DX	17	10.0	32	$28,480	2.6	6.2	$2,848
DIGESTIVE DX	2,120	5.1	59	$12,973	2.2	5.4	$2,544
EAR, NOSE, & THROAT DX	260	2.7	40	$10,057	1.7	3.7	$3,725
ENDOCRINE DX	570	5.0	56	$10,630	1.2	6.3	$2,126
EYE DX	49	3.5	44	$9,113	1.5	4.8	$2,604
FEMALE REPRODUCTIVE DX	737	2.7	49	$9,910	3.1	4.0	$3,670
HEART AND CIRCULATORY DX	4,471	4.5	67	$15,819	2.7	7.1	$3,515
H.I.V. DX	2	2.0	42	$2,601	0.0	3.5	$1,300
INFECTION DX	386	6.6	55	$16,549	1.9	7.3	$2,507
INJURY AND TOXIC EFFECT DX	337	4.4	50	$11,565	1.6	5.9	$2,628
KIDNEY & URINARY DX	706	4.9	63	$12,735	1.5	7.1	$2,599
LIVER & PANCREAS DX	527	5.8	58	$16,819	2.6	5.9	$2,900
LYMPHATIC DX	309	6.1	41	$18,599	2.0	5.1	$3,049
MALE REPRODUCTIVE DX	223	2.9	64	$11,688	1.9	3.5	$4,030
MENTAL ILLNESS DX	1,302	8.5	42	$7,457	0.3	4.8	$877
MUSCULOSKELETAL DX	2,320	5.1	61	$20,602	2.2	4.9	$4,040

Middlebury Hospital Service Area Hospitalizations by Primary MDC DX Code, 1997 – 2006	Total # Hospitalizations	Avg # Days	Avg Age	Avg Charge	Avg # Proced.	Avg # DX	Avg Charge/Day
NEONATAL DX	2,951	3.0	<1	$4,151	0.5	1.9	$1,384
PREGNANCY & CHILDBIRTH DX	2,921	2.3	29	$5,027	2.2	3.7	$2,186
RESPIRATORY DX	2,584	5.8	62	$12,234	1.1	6.5	$2,109
SKIN AND BREAST DX	520	4.7	56	$9,117	1.3	5.1	$1,940
SPLEEN & BLOOD DX	225	5.2	52	$11,989	1.2	6.1	$2,306
SUBSTANCE ABUSE DX	168	4.2	48	$4,929	0.5	5.7	$1,174
TRAUMA DX	99	9.4	31	$37,561	4.9	7.7	$3,996
ALL OTHER DX	614	10.3	59	$12,063	0.3	6.7	$1,171

Middlebury Hospital Service Area Primary Procedure In Hospitalization, 1997 – 2006	Total # Hospitalizations	Avg # Days	Avg Age	Avg Charge	Avg # Proced.	Avg # DX	Avg Charge/Day
NO PROCEDURES LISTED	8,045	4.3	44	$5,737	0	4.8	$1,334
CARDIOVASCULAR SYSTEM	2,485	5.5	63	$24,266	4.0	7.4	$4,412
DIGESTIVE SYSTEM	1,872	7.0	58	$19,062	3.2	5.7	$2,723
EAR	6	1.3	22	$12,766	2.3	2.7	$9,820
ENDOCRINE SYSTEM	42	2.4	59	$12,068	2.0	2.8	$5,028
EYE	32	5.6	48	$15,970	2.8	6.2	$2,852
FEMALE GENITAL ORGANS	763	2.8	47	$10,249	3.2	4.1	$3,660
HEMIC & LYMPHATIC SYSTEM	79	8.1	46	$29,339	3.1	5.4	$3,622
INTEGUMENTARY SYSTEM	473	7.0	55	$15,022	2.4	5.5	$2,146
MALE GENITAL ORGANS	1,305	2.3	10	$3,655	1.2	1.9	$1,589
MUSCULOSKELETAL	2,024	5.6	59	$23,668	2.6	4.9	$4,226
NERVOUS SYSTEM	520	6.0	42	$19,122	2.2	4.6	$3,187
NOSE, MOUTH AND PHARYNX	79	4.6	33	$11,962	2.5	3.8	$2,600
OBSTETRICAL	2,680	2.3	29	$4,951	2.2	3.8	$2,153
RESPIRATORY SYSTEM	430	11.5	56	$35,582	3.6	7.2	$3,094
URINARY SYSTEM	593	5.8	66	$13,801	2.3	6.8	$2,379
MISCELLANEOUS	4,160	5.3	62	$10,848	1.8	6.6	$2,047

Porter Hospital Hospitalizations for Specific Conditions. 1997 – 2006	Total # Hospitalizations	Avg # Days	Avg Age	Avg Charge	Avg # Proced.	Avg # DX	Avg Charge/Day
Asthma, Primary DX	83	3.3	53	$5,805	0.4	4.6	$1,759
Asthma, Any Mention DX	543	3.9	62	$8,822	1.2	6.2	$2,262
Cancer, Primary DX	625	4.4	62	$14,675	3.2	4.4	$3,335
Cancer, Any Mention DX	1,366	4.6	67	$12,297	2.4	5.8	$2,673
COPD, Primary DX	263	4.2	70	$7,691	0.5	5.8	$1,823
COPD, Any Mention DX	2,092	5.0	74	$9,967	1.3	7.3	$2,009
Cardiovascular Disease, Primary DX	2,009	4.2	73	$7,915	1.5	6.7	$1,907
Cardiovascular Disease, Any Mention DX	6,922	4.7	74	$10,410	1.5	6.9	$2,201
Depression, Primary DX	9	3.7	57	$4,520	1.0	5.3	$1,232
Depression, Any Mention DX	1,021	4.5	66	$9,182	1.2	6.9	$2,031
Diabetes, Primary DX	144	4.8	53	$8,794	1.1	6.1	$1,824
Diabetes, Any Mention DX	2,302	4.8	70	$10,071	1.5	7.4	$2,094

Porter Hospital Hospitalizations for Specific Conditions. 1997 – 2006	Total # Hospitalizations	Avg # Days	Avg Age	Avg Charge	Avg # Proced.	Avg # DX	Avg Charge/Day
Heart Failure, Primary DX	507	4.6	76	$8,232	1.3	7.7	$1,790
Heart Failure, Any Mention DX	2,703	5.3	78	$10,375	1.5	7.9	$1,957
Hypertension, Primary DX	19	3.4	69	$6,696	1.9	6.1	$1,987
Hypertension, Any Mention DX	4,012	4.4	74	$10,347	1.5	6.9	$2,346
Injury, Primary DX	995	4.8	62	$14,139	2.1	5.5	$2,946
Injury, Any Mention DX	1,823	5.8	64	$16,096	2.2	6.2	$2,770
Osteoarthritis, Primary DX	449	4.6	71	$29,482	2.3	3.9	$6,368
Osteoarthritis, Any Mention DX	878	4.6	75	$19,645	2.0	5.6	$4,243
Substance Abuse, Primary DX	81	2.9	53	$4,438	0.6	5.5	$1,515
Substance Abuse, Any Mention DX	701	3.9	58	$8,836	1.1	6.4	$2,271

Porter Hospital Hospitalizations for Primary MDC DX Codes. 1997 – 2006	Total # Hospitalizations	Avg # Days	Avg Age	Avg Charge	Avg # Proced.	Avg # DX	Avg Charge/Day
BRAIN and CNS DX	441	5.7	72	$8,998	2.0	2.7	$1,579
BURNS DX	8	4.9	36	$5,955	1.9	2.3	$1,215
DIGESTIVE DX	1,605	5.0	64	$13,323	2.5	2.5	$2,665
EAR, NOSE, & THROAT DX	96	2.8	56	$6,380	1.7	2.2	$2,278
ENDOCRINE DX	405	4.4	65	$8,079	1.8	2.7	$1,836
EYE DX	12	3.0	44	$4,631	1.1	2.4	$1,544
FEMALE REPRODUCTIVE DX	519	2.6	47	$9,919	3.0	2.1	$3,815
HEART AND CIRCULATORY DX	2,100	3.4	71	$7,026	2.2	2.8	$2,067
H.I.V. DX	0	--	--	--	--	--	--
INFECTION DX	203	5.2	61	$10,144	1.8	2.6	$1,951
INJURY AND TOXIC EFFECT DX	197	3.0	55	$6,681	2.1	2.6	$2,227
KIDNEY & URINARY DX	419	4.4	71	$7,997	1.7	2.8	$1,818
LIVER & PANCREAS DX	317	4.7	61	$12,667	2.6	2.4	$2,695
LYMPHATIC DX	19	6.6	73	$13,348	2.9	3.0	$2,022
MALE REPRODUCTIVE DX	75	2.3	67	$12,027	2.5	2.1	$5,229
MENTAL ILLNESS DX	49	6.8	70	$8,506	1.6	2.7	$1,251
MUSCULOSKELETAL DX	1,284	5.0-	68	$20,758	2.6	2.4	$4,152

Porter Hospital Hospitalizations for Primary MDC DX Codes. 1997 – 2006	Total # Hospitalizations	Avg # Days	Avg Age	Avg Charge	Avg # Proced.	Avg # DX	Avg Charge/Day
NEONATAL DX	2,476	1.9	<1	$1,210	1.4	1.3	$637
PREGNANCY & CHILDBIRTH DX	2,498	2.0	27	$4,737	2.6	2.1	$2,368
RESPIRATORY DX	2,055	4.9	70	$8,563	1.7	2.8	$1,748
SKIN AND BREAST DX	434	4.4	58	$8,401	2.0	2.5	$1,909
SPLEEN & BLOOD DX	99	3.8	67	$8,284	2.3	2.7	$2,180
SUBSTANCE ABUSE DX	81	2.9	53	$4,438	1.6	2.6	$1,530
TRAUMA DX	23	4.8	36	$15,654	3.2	2.6	$3,261
ALL OTHER DX	62	5.8	77	$9,181	1.9	2.8	$1,583

Porter Hospital Primary Procedure In Hospitalization, 1997 – 2006	Total # Hospitalizations	Avg # Days	Avg Age	Avg Charge	Avg # Proced.	Avg # DX	Avg Charge/Day
NO PROCEDURES LISTED	2,055	3.1	47	$5,214	0	4.6	$1,682
CARDIOVASCULAR SYSTEM	78	8.2	65	$18,292	3.1	6.9	$2,231
DIGESTIVE SYSTEM	1,236	6.3	63	$17,935	3.5	5.1	$2,847
EAR	3	2.3	23	$5,527	2.3	2.0	$2,403
ENDOCRINE SYSTEM	26	1.5	58	$13,413	1.9	1.9	$8,942
EYE	1	8.0	78	$14,332	2.0	7.0	$1,792
FEMALE GENITAL ORGANS	571	2.5	45	$9,911	3.3	3.5	$3,964
HEMIC & LYMPHATIC SYSTEM	21	4.9	51	$16,357	4.2	4.6	$3,338
INTEGUMENTARY SYSTEM	301	6.0	60	$12,482	2.3	5.3	$2,080
MALE GENITAL ORGANS	1,100	1.9	4	$2,204	1.1	1.5	$1,160
MUSCULOSKELETAL	1,064	5.4	67	$24,169	2.6	4.8	$4,476
NERVOUS SYSTEM	92	2.6	34	$5,847	2.1	3.8	$2,249
NOSE, MOUTH AND PHARYNX	36	2.7	34	$6,540	2.0	3.3	$2,422
OBSTETRICAL	2,291	2.0	28	$4,644	2.2	3.1	$2,322
RESPIRATORY SYSTEM	128	6.4	68	$12,378	2.5	6.2	$1,934
URINARY SYSTEM	404	6.2	76	$9,921	2.0	7.5	$1,600
MISCELLANEOUS	3,330	4.0	68	$7,307	1.7	6.4	$1,827

Addison Northeast Supervisory Union
Youth Risk Behavior Survey
Summary of Results
1999- 2011

Addison Northeast Supervisory Union
Youth Risk Behavior Survey – Summary of Results
1999-2011 Response Rate 2011: 83% grades 9-12

Number of students participating in this survey

	9	10	11	12	ANESU	VT
99	152	101	96	62	523	9096
01	127	103	120	67	565	9337
03	69	91	70	46	382	8081
05	143	130	88	72	585	9342
07	110	123	101	83	594	8453
09	123	99	109	74	557	11,427
11	107	113	116	90	433	8654
11 response rates	.85	.92	.80	.69	.83	

Percent of students who were in a physical fight during the past 12 months

	9	10	11	12	ANESU	VT
99	26	28	18	18	24	29
01	29	21	20	27	24	29
03	32	27	20	22	27	30
05	39	29	16	22	29	27
07	34	24	25	18	25	27
09	45	23	21	26	30	27
11	36	23	38	17	29	23

Percent of students who were in a physical fight on school property during the past 12 months

	9	10	11	12	ANESU	VT
99	14	17	5	6	12	16
01	14	10	13	11	12	14
03	16	18	10	7	14	14
05	24	20	8	8	17	14
07	21	14	12	8	15	12
09	23	10	12	7	14	12
11	16	13	18	7	14	9

Percent of students who's boy/girlfriend hit, slapped or physically hurt them during the past 12months

	9	10	11	12	ANESU	VT
99	12	5	6	8	8	8
01	10	9	9	14	10	7
03	10	9	7	11	9	6
05	6	2	7	7	5	6
07	6	6	8	5	7	7
09	8	7	6	5	7	7
11	5	11	11	*	8	7

Percent of students who have ever been touched against their wishes or forced to touch someone else

	9	10	11	12	F	M	ANESU	VT
05	12	5	13	13	18	3	11	10
07	11	9	13	6	15	3	9	11
09	12	16	17	8	18	5	12	11
11								

Percent of students who have ever been forced to have sexual intercourse

	9	10	11	12	F	M	ANESU	VT
05	3	2	6	4	5	1	4	5
07	5	0	3	2	4	1	3	5
09	10	8	9	7	9	5	7	5
11	*	5	*	10	7	4	5	6

Percent of students who carried a weapon such as a gun, knife, or club on school property in the past 30 days

	9	10	11	12	ANESU	VT
99	11	17	6	17	12	12
01	11	14	16	15	14	8
03	4	16	11	7	11	8
05	12	8	13	18	12	9
07	13	17	13	9	14	9
09	10	9	16	12	12	9
11	18	19	21	15	18	9

Percent of students who did not go to school because they felt unsafe during the past 30 days

	9	10	11	12	ANESU	VT
99	4	5	3	6	5	4
01	6	7	1	3	5	4
03	9	2	1	0	3	4
05	3	5	5	0	3	5
07	3	1	3	4	3	4
09	11	3	2	1	5	5
11	6	*	10	*	6	4

Percent of students who were threatened or injured with a weapon on school property during the past 12 months

	9	10	11	12	ANESU	VT
99	8	11	5	10	8	8
01	7	7	6	3	6	6
03	14	12	1	4	9	7
05	6	8	6	3	6	6
07	6	5	5	4	6	6
09	10	4	6	3	6	6
11	12	9	8	*	8	6

Percent of students who said that someone had stolen or deliberately damaged their property on school property during the past 12 months

	9	10	11	12	ANESU	VT
99	29	26	20	19	29	25
01	34	31	20	20	30	27
03	26	26	24	20	24	25
05	40	38	37	31	38	24
07	24	22	19	20	21	23
09	No data	No data	No data	No data	No data	No data
11	No data	No data	No data	No data	No data	No data

Percent of students who were bullied* during the past 30 days

	9	10	11	12	F	M	ANESU	VT
05	26	18	16	9	22	18	19	18
07	24	14	19	6	19	19	17	17
09	35	17	14	8	23	19	20	17
11	32	19	25	15	23	22	23	17

*For the purposes of the VT YRBS, bullying was described as occurring when, on many occasions, a student or group of students say or do unpleasant things to another student to make fun of, tease, embarrass, or scare him/her; or purposefully exclude him/her. Bullying can occur before, during, or after the school day; on school property, a school bus or at a school-sponsored activity. It is not bullying when two students of about the same strength and power argue or fight or when teasing is done in a friendly way.

Percent of students who bullied* someone during the past 30 days

	9	10	11	12	F	M	ANESU	VT
05	31	18	11	21	17	31	21	21
07	24	22	20	12	19	25	21	21
09	29	24	18	16	17	25	23	20
11	24	15	28	10	16	24	20	17

Percent of students who were electronically bullied in the past 12 months.

	9	10	11	12	F	M	ANESU	VT
09	22	17	9	12	23	5	15	15
11	17	12	23	9	21	10	16	15

Percent of students who said they always or almost always wear a safety belt when riding in a car driven by someone else

	9	10	11	12	ANESU	VT
99	75	83	90	88	83	77
01	81	85	80	71	80	79
03	86	82	87	83	84	84
05	85	90	88	90	88	83
07	86	86	87	88	87	83
09	87	85	77	81	83	83
11	87	85	83	86	85	85

Percent of students who rode a bicycle one or more times during the past 12 months, who said they always or almost always wear a bicycle helmet

	9	10	11	12	ANESU	VT
99	21	25	18	17	25	31
01	30	26	19	33	29	36
03	27	29	31	24	31	38
05	24	27	31	33	29	33
07	30	29	24	34	31	34
09	17	22	28	27	23	26
11	17	24	20	17	23	34

Percent of students who were injured in a car or other vehicle crash during the past 12 months

	9	10	11	12	ANESU	VT
99	7	14	10	16	11	9
01	7	12	12	23	11	9
03	13	9	7	9	7	8
05	8	5	6	13	7	8
07	No data	No data	No data	No data	No data	No data
09	No data	No data	No data	No data	No data	No data
11	No data	No data	No data	No data	No data	No data

Percent of students who were injured in a crash during the past 12 months and the driver was 15 to 17 years old

	ANESU	VT
99	35	48
01	50	50
03	37	44
05	43	44
07	No data	No data
09	No data	No data
11	No data	No data

Percent of students who were injured in a crash during the past 12 months and they were driving

	ANESU	VT
99	32	33
01	25	30
03	18	33
05	21	32
07	No data	No data
09	No data	No data
11	No data	No data

Percent of students who were injured in a crash during the past 12 months and they were not wearing their safety belt

	All (ANESU)			Vermont		
	F	M	ALL	F	M	ALL
99	29	52	39	36	52	44
01	68	61	64	34	52	44
03	50	29	39	24	35	30
05	25	33	31	29	42	36
07	38	50	46	26	48	38
09	29	55	44	26	51	40
11	n/a	No data	No data	No data	No data	No data

Percent of students who during the past 30 days <u>rode in</u> a car or other vehicle driven by someone who had been drinking alcohol

	9	10	11	12	ANESU	VT
99	24	37	22	38	29	26
01	22	32	34	37	30	24
03	22	30	23	24	26	22
05	29	20	24	18	24	22
07	22	24	18	25	22	23
09	28	26	23	26	25	23
11	25	20	28	22	24	21

Percent of students who during the past 30 days <u>drove</u> a car or other vehicle when they had been drinking alcohol

	9	10	11	12	ANESU	VT
99	4	8	9	32	11	10
01	5	3	14	23	10	9
03	2	8	3	15	6	8
05	2	5	3	13	5	8
07	5	7	4	10	6	8
09	7	3	9	15	8	7
11	*	6	10	*	8	7

Percent of students who during the past 30 days <u>rode in</u> a car or other vehicle driven by someone who had been smoking marijuana

	9	10	11	12	ANESU	VT
99	18	32	33	42	29	30
01	17	38	36	35	31	27
03	16	20	20	37	22	24
05	17	23	40	40	28	23
07	11	20	17	40	21	22
09	16	20	25	31	22	24
11	13	18	28	23	20	25

Percent of students who during the past 30 days drove a car or other vehicle when they had been smoking marijuana

	9	10	11	12	ANESU	VT
99	5	14	17	34	15	16
01	3	9	16	21	11	13
03	0	10	12	30	12	12
05	5	7	20	24	12	11
07	4	8	14	20	11	11
09	7	4	13	18	10	12
11	*	7	15	11	9	13

Percent of students who during the past 12 months made a plan about how to attempt suicide

	ALL (ANESU)			Vermont		
	F	M	ALL	F	M	ALL
99	18	8	12	19	13	16
01	20	9	15	17	10	13
03	15	8	11	16	10	13
05	16	6	12	15	8	11
07	8	5	7	10	7	9
09	13	5	9	11	7	9
11	8	6	7	10	7	8

Percent of students who during the past 12 months actually attempted suicide

	ALL (ANESU)			Vermont		
	F	M	ALL	F	M	ALL
99	9	3	6	9	5	7
01	10	5	8	10	4	7
03	9	5	7	10	4	7
05	11	2	8	9	4	6
07	4	2	3	6	4	5
09	6	2	5	5	3	4
11	4	3	3	5	3	4

Percent of students who during the past 12 months attempted suicide and required medical treatment

	ALL (ANESU)			Vermont		
	F	M	ALL	F	M	ALL
99	2	1	2	2	2	2
01	4	2	3	3	2	2
03	3	2	2	3	2	2
05	3	1	2	3	1	2
07	1	2	1	2	1	2
09	2	0	1	2	1	2
11	No Data	No Data	No Data	No Data	No Data	No Data

Percent of students who consumed at least one drink of alcohol during the past 30 days

	9	10	11	12	ANESU	VT
99	37	59	51	73	51	46
01	31	46	52	50	44	43
03	31	33	47	50	39	39
05	30	35	47	49	38	37
07	30	40	36	55	39	39
09	28	40	43	50	39	36
11	20	29	43	43	33	35

Percent of students who binged on alcohol (had five or more drinks of alcohol in a row within a couple of hours) during the past 30 days

	9	10	11	12	ANESU	VT
99	21	42	41	66	38	29
01	9	34	34	32	26	25
03	12	21	28	37	23	23
05	17	18	29	39	23	21
07	17	23	16	38	23	23
09	11	18	29	31	22	20
11	11	14	25	24	18	21

Percent of students who have ever had a drink of alcohol other than a few sips

	9	10	11	12	ANESU	VT
99	64	75	81	93	75	72
01	53	71	82	73	69	69
03	56	63	73	78	66	65
05	48	65	72	76	63	64
07	52	65	63	78	63	62
09	50	64	73	80	65	61
11	40	51	73	69	58	60

Percent of students who first consumed alcohol, other than a few sips, before 13 years of age

	9	10	11	12	ANESU	VT
99	29	30	26	24	28	29
01	29	21	27	17	25	27
03	21	21	11	20	19	25
05	22	17	17	18	19	22
07	27	22	11	8	17	20
09	27	17	23	16	21	19
11	16	16	18	13	16	15

Percent of students who drank alcohol on 3 to 9 days during the past 30 days

	9	10	11	12	ANESU	VT
99	12	24	27	42	30	19
01	9	21	24	27	25	17
03	11	10	14	15	19	15
05	10	11	14	28	19	14
07	10	12	9	24	20	14
09	6	13	13	22	18	13
11	7	10	15	16	12	13

Percent of students who drank alcohol on 10 days or more during the past 30 days

	9	10	11	12	ANESU	VT
99	4	9	4	14	7	8
01	4	4	6	8	6	6
03	2	8	8	9	7	6
05	6	4	5	1	5	5
07	5	5	4	10	6	6
09	4	3	6	6	5	4
11	7	*	5	*	5	4

Percent of students who drank alcohol on school property during the past 30 days

	9	10	11	12	ANESU	VT
99	4	5	1	5	4	5
01	5	5	11	7	7	5
03	4	8	4	2	5	5
05	4	4	3	1	3	4
07	4	2	6	5	4	4
09	3	2	4	3	3	3
11	*	6	*	*	4	3

Where students get their own alcohol (only among students who drank during the past 30 days)

			Stole it	Home	Some other way	Store	Gave someone money to buy it	Someone gave it to me
1999	**ANESU**	**F**	1	20	9	2	21	47
		M	7	16	11	0	37	29
	VT	**F**	2	14	12	2	24	47
		M	7	12	15	5	31	30
2001	**ANESU**	**F**	1	19	10	0	19	51
		M	10	22	22	5	19	22
	VT	**F**	0	12	16	0	12	60
		M	6	13	24	7	28	22
2003	**ANESU**	**F**	2	17	13	1	25	42
		M	6	16	19	5	28	26
	VT	**F**	2	17	13	2	22	45
		M	6	14	17	6	28	29
2005	**ANESU**	**F**	2	31	15	1	15	36
		M	5	21	23	3	15	33
	VT	**F**	2	19	15	2	20	42
		M	6	15	20	5	23	31
2007	**ANESU**	**F**	1	24	1	0	22	52
		M	9	25	2	0	23	41
	VT	**F**	2	21	2	1	26	48
		M	7	20	3	5	30	36
2009	**ANESU**	**F**	1	21	No data	1	29	47
		M	9	17	No data	12	27	35
	VT	**F**	1	16	No data	3	29	52
		M	4	15	No data	9	30	41
2011	**ANESU**	**F**	*	19	No data	*	31	47
		M	*	18	No data	12	19	50
	VT	**F**	1	15	No data	3	26	56
		M	4	17	No data	9	27	43

Percent of students who have ever smoked a whole cigarette

	9	10	11	12	ANESU	VT
99	46	56	55	77	56	54
01	25	48	53	47	43	42
03	28	33	36	43	34	36
05	25	26	28	35	28	30
07	26	28	31	31	30	29
09	15	24	36	41	29	28
11	13	14	22	36	21	24

Percent of students who smoked cigarettes one or more days during the past 30 days

	9	10	11	12	ANESU	VT
99	22	30	29	55	31	31
01	10	23	33	25	23	22
03	16	15	20	20	18	20
05	12	10	13	26	14	16
07	9	10	10	17	12	16
09	9	14	25	31	19	16
11	9	6	12	23	12	13

Percent of students who smoked every day during the past 30 days

	9	10	11	12	ANESU	VT
99	7	10	9	35	12	13
01	3	14	15	13	13	8
03	1	7	7	13	7	7
05	7	4	3	11	6	6
07	3	3	7	6	5	5
09	3	7	6	14	7	5
11	*	*	*	9	3	4

Percent of students who smoked a whole cigarette prior to age 13

	9	10	11	12	ANESU	VT
99	28	22	22	37	27	28
01	13	18	23	17	18	21
03	16	17	11	15	15	18
05	13	9	11	12	11	14
07	16	17	11	8	14	12
09	10	12	13	11	12	12
11	9	7	10	8	9	7

Percent of students who smoked more than 10 cigarettes, on days when they smoked during the past 30 days

	9	10	11	12	ANESU	VT
99	3	3	4	11	5	6
01	1	2	4	3	2	3
03	0	5	1	7	3	4
05	0	0	0	1	2	2
07	1	2	4	5	3	3
09	2	1	2	11	4	2
11						1

Percent of students who smoked more than a pack, on days when they smoked during the past 30 days

	9	10	11	12	ANESU	VT
99	1	0	0	3	1	2
01	0	0	2	2	1	1
03	0	2	0	0	1	1
05	0	0	0	1	0	1
07	1	2	0	1	1	1
09	1	0	1	3	1	1
11						1

Percent of students who tried to quit smoking cigarettes during the past 12 months

	9	10	11	12	F	M	ANESU	VT
05	4	7	9	8	8	7	7	9
07	No data	No data	No data	No data	No data	No data	No data	No data
09	No data	No data	No data	No data	No data	No data	No data	No data
11	*	69	*	48	42	47	45	44

Percent of students who used chewing tobacco or snuff during the past 30 days

	9	10	11	12	ANESU	VT
99	3	0	2	6	2	8
01	2	4	3	2	3	5
03	3	5	1	4	4	5
05	5	5	2	0	4	7
07	6	13	3	7	8	8
09	5	4	11	12	8	8
11	8	5	10	7	8	7

Percent of students who, in the past 7 days, were in the same room with someone who was smoking cigarettes

	9	10	11	12	ANESU	VT
05	53	48	57	50	53	52
07	46	50	56	46	47	51
09	47	47	41	55	46	49
11	46	33	48	52	44	41

Percent of students who, during the past 7 days, were in the car with someone who was smoking cigarettes

	9	10	11	12	ANESU	VT
05	43	34	31	37	36	39
07	38	38	39	33	38	39
09	34	39	37	42	37	39
11	35	30	36	40	35	31

Percent of students who have ever tried marijuana

	9	10	11	12	ANESU	VT
99	39	48	55	70	50	47
01	29	51	55	58	47	42
03	31	46	51	63	46	41
05	27	36	49	51	38	37
07	19	39	32	54	35	35
09	21	38	44	60	39	36
11	18	24	35	41	29	39

Percent of students who smoked marijuana before age 13

	9	10	11	12	ANESU	VT
99	14	10	13	10	12	15
01	11	12	13	14	12	12
03	12	14	9	15	13	6
05	11	7	7	18	10	9
07	12	15	6	8	11	9
09	7	9	14	11	10	8
11	11	6	9	6	8	6

Percent of students who smoked marijuana one or more times in the past 30 days

	9	10	11	12	ANESU	VT
99	19	36	35	47	31	30
01	18	38	32	35	31	26
03	15	23	28	53	28	25
05	18	19	33	37	24	22
07	9	20	18	39	21	21
09	16	28	29	32	25	22
11	12	15	25	20	18	24

Percent of students who smoked marijuana one or more times on school property in the past 30 days

	9	10	11	12	ANESU	VT
99	7	14	6	6	8	9
01	7	20	13	19	14	8
03	4	11	11	11	10	7
05	7	8	6	8	7	6
07	5	7	3	12	6	6
09	4	7	8	8	7	6
11	*	*	5	7	5	6

Percent of students who have ever used inhalants (e.g. sniffed glue, or breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high)

	9	10	11	12	ANESU	VT
99	13	24	13	26	17	14
01	12	16	14	20	15	14
03	14	8	6	11	9	13
05	18	15	10	10	7	12
07	10	5	7	11	8	12
09	9	5	8	5	7	10
11	10	*	10	*	8	8

Percent of students who have used cocaine during their lifetime

	9	10	11	12	ANESU	VT
99	7	9	8	16	9	9
01	5	10	8	17	8	7
03	6	10	10	18	8	8
05	6	7	7	21	8	6
07	No data	No data	No data	No data	No data	No data
09	No data	No data	No data	No data	No data	No data
11	No data	No data	No data	No data	No data	No data

Percent of students who have used cocaine prior to age 13

	9	10	11	12	ANESU	VT
99	3	4	1	6	3	2
01	3	2	3	2	3	2
03	1	4	1	0	2	2
05	1	4	0	1	2	2
07	No data	No data	No data	No data	No data	No data
09	No data	No data	No data	No data	No data	No data
11	No data	No data	No data	No data	No data	No data

Percent of students who have used cocaine in the past 30 days

	9	10	11	12	ANESU	VT
99	3	4	3	8	4	5
01	4	6	3	8	5	4
03	1	5	3	4	4	4
05	4	5	1	10	5	4
07	2	3	5	4	3	5
09	3	1	3	7	3	4
11	5	*	5	*	4	3

Percent of students who during their lifetime have taken steroid pills or shots without a prescription

	9	10	11	12	ANESU	VT
99	4	4	2	6	3	5
01	2	8	6	6	5	5
03	7	2	3	7	4	5
05	4	2	1	3	3	4
07	1	3	2	1	2	3
09	2	1	2	4	3	2
11	No data	No data	No data	No data	No data	No data

Percent of students who during their lifetime have used heroin

	9	10	11	12	ANESU	VT
99	1	5	3	8	4	4
01	2	2	6	11	5	3
03	1	3	1	4	2	3
05	2	3	0	3	2	3
07	1	2	1	2	1	3
09	2	2	3	3	2	3
11	*	*	6	*	4	3

Percent of students who during their lifetime have used methamphetamines

	9	10	11	12	ANESU	VT
99	7	12	18	18	12	10
01	5	17	11	16	12	7
03	6	10	6	11	8	6
05	6	5	5	10	6	5
07	1	4	1	2	2	4
09	2	1	3	4	2	4
11	*	*	6	*	4	3

Percent of students who during their lifetime have used hallucinogens

	9	10	11	12	ANESU	VT
99	13	25	26	38	23	20
01	11	27	20	30	21	15
03	3	9	11	30	12	12
05	6	8	13	18	10	10
07	4	8	9	17	9	10
09	4	6	10	15	9	9
11	7	6	9	*	7	10

Percent of students who during their lifetime have used a needle to inject any illegal drug into their body

	9	10	11	12	ANESU	VT
99	1	5	1	5	3	4
01	2	4	4	6	3	3
03	1	2	1	4	2	2
05	2	1	0	1	1	2
07	2	2	0	1	1	2
09	2	2	4	3	3	2
11	No data	No data	No data	No data	No data	No data

Percent of students who were offered, sold, or given an illegal drug on school property during the past 12 months

	9	10	11	12	ANESU	VT
99	27	34	36	31	32	28
01	22	39	31	42	32	26
03	25	23	34	33	28	26
05	23	28	24	27	25	20
07	17	24	24	28	23	20
09	15	28	27	26	22	19
11	13	13	14	15	14	18

Percent of students in Grades 9 – 12 who think that their parents think it is wrong or very wrong for them to:

			Smoke Cigarettes	Drink Alcohol	Use Marijuana
2003	ANESU	F	93	78	87
		M	91	81	83
		A	92	80	85
	Vermont	F	90	80	91
		M	89	76	87
		A	89	78	89
2005	ANESU	F	89	75	90
		M	92	71	82
		A	90	73	86
	Vermont	F	91	77	91
		M	90	74	88
		A	90	75	89
2007	ANESU	F	92	79	90
		M	94	71	86
		A	93	75	88
	Vermont	F	93	82	92
		M	91	77	88
		A	92	79	89
2009	ANESU	F	92	77	88
		M	92	74	86
		A	91	75	87
	Vermont	F	93	82	90
		M	90	76	87
		A	91	79	89
2011	ANESU	F	91	75	87
		M	89	67	80
		A	90	71	84
	Vermont	F	92	77	87
		M	89	71	81
		A	91	74	84

Percent of students in Grades 9 – 12 who think it is wrong or very wrong for them (someone their age) to:

			Smoke Cigarettes	Drink Alcohol	Use Marijuana
2003	ANESU	F	81	52	66
		M	74	43	54
		A	77	47	60
	Vermont	F	72	50	64
		M	71	51	60
		A	72	51	62
2005	ANESU	F	79	51	65
		M	79	42	52
		A	79	47	59
	Vermont	F	79	51	69
		M	77	49	63
		A	78	50	66
2007	ANESU	F	80	51	67
		M	73	40	60
		A	77	46	64
	Vermont	F	78	52	70
		M	73	47	65
		A	75	50	67
2009	ANESU	F	73	46	64
		M	71	41	55
		A	72	44	60
	Vermont	F	75	51	67
		M	71	48	61
		A	73	49	64
2011	ANESU	F	81	52	73
		M	74	43	53
		A	78	47	62
	Vermont	F	78	49	63
		M	71	46	53
		A	74	47	58

Percent of students in Grades 9 – 12 who think that there is great risk in harming themselves from:

			Smoking 1 or more packs of cigarettes per day	Drinking 1 or 2 alcoholic beverages nearly every day	Using marijuana regularly
2011	ANESU	F	58	49	40
		M	52	30	27
		A	55	39	33
	Vermont	F	65	44	41
		M	54	32	28
		A	59	38	34

Percent of students in Grades 9 – 12 who report that it is easy to get:

			Cigarettes	Alcohol	Marijuana
2003	ANESU	F	65	72	53
		M	68	70	66
		A	67	71	60
	Vermont	F	68	71	59
		M	69	69	63
		A	69	70	61
2005	ANESU	F	69	72	60
		M	70	72	66
		A	69	72	63
	Vermont	F	67	71	55
		M	70	71	60
		A	68	71	58
2007	ANESU	F	69	75	60
		M	71	78	62
		A	70	76	61
	Vermont	F	64	68	53
		M	68	69	57
		A	66	69	55
2009	ANESU	F	66	64	56
		M	70	69	63
		A	68	66	59
	Vermont	F	65	67	55
		M	69	67	59
		A	67	67	57
2011	ANESU	F	60	69	43
		M	68	75	57
		A	64	72	50
	Vermont	F	64	74	58
		M	70	72	66
		A	67	73	62

Percent of students who know an adult who has used marijuana, cocaine, or another illegal drug during the past year:

	ANESU			VERMONT		
	F	M	ALL	F	M	ALL
2001	56	56	56	56	56	56
2003	54	59	56	56	56	56
2005	57	56	56	54	55	55
2007	51	47	49	52	52	52
2009	54	49	51	57	54	56
2011	No data	No data	No data	No data	No data	No data

Percent of students who know an adult who has sold drugs during the past year

	ANESU			Vermont		
	F	M	A	F	M	A
2001	31	34	33	32	33	32
2003	29	36	32	33	33	33
2005	30	28	29	31	31	31
2007	27	28	27	30	31	31
2009	29	27	28	33	32	33
2011	No data	No data	No data	No data	No data	No data

Percent of students who have ever had sexual intercourse

	8-10	**11-12**	**ANESU**	**VT**
99	24	54	37	38
01	20	50	36	34
03	17	46	32	35
05	22	48	33	36
07	27	43	38	37
09	22	56	41	40
	9-10	**11-12**	**ANESU**	**VT**
11	18	54	35	41

Percent of students who have had sexual intercourse during the past 3 months

	8-10	**11-12**	**ANESU**	**VT**
99	17	38	26	27
01	13	40	28	25
03	9	33	21	26
05	13	36	23	27
07	18	33	28	28
09	No data	No data	No data	No data
	9-10	**11-12**	**ANESU**	**VT**
11	12	45	28	32

Percent of students who first had sexual intercourse before age 13

	8-10	11-12	ANESU	VT
99	9	7	8	8
01	7	5	6	6
03	6	5	5	6
05	8	1	4	6
07	8	3	5	6
09	5	4	6	5
	9-10	**11-12**	**ANESU**	**VT**
11	*	4	3	4

Percent of students who have had sexual intercourse, who used drugs or alcohol before their most recent sexual experience

	8-10	11-12	ANESU	VT
99	33	29	30	31
01	28	27	26	27
03	33	29	31	26
05	28	49	24	24
07	21	26	25	28
09	13	22	20	20
	9-10	**11-12**	**ANESU**	**VT**
11	32	17	20	23

Percent of students who have had sexual intercourse who used a condom during their most recent sexual experience

	8-10	11-12	ANESU	VT
99	72	61	67	62
01	64	57	59	63
03	71	72	71	60
05	76	67	70	65
07	74	59	69	63
09	59	66	63	65
	9-10	**11-12**	**ANESU**	**VT**
11	64	62	63	63

Percent of students who have had sexual intercourse with four or more people during their lifetime

	8-10	11-12	ANESU	VT
99	8	14	11	12
01	5	15	10	9
03	5	7	7	10
05	7	8	8	9
07	7	11	10	11
09	5	13	10	10
	9-10	**11-12**	**ANESU**	**VT**
11	5	15	10	11

What method did you and your partner use to prevent pregnancy the last time you had sexual intercourse?

			Condoms	Depo-provera	Withdrawal	Birth Control Pills	No method	Not sure/other method
2001	ANESU	F	38	12	8	33	9	0
		M	57	6	0	16	17	2
	VT	F	44	6	6	31	10	2
		M	57	2	6	20	10	3
2003	ANESU	F	57	3	6	23	11	0
		M	51	5	0	28	12	2
	VT	F	44	5	5	31	12	2
		M	57	2	6	20	9	4
2005	ANESU	F	55	4	1	27	11	2
		M	61	3	3	20	8	6
	VT	F	45	5	4	33	8	4
		M	58	2	4	23	9	5
2007	ANESU	F	33	3	2	45	14	3
		M	70	4	3	12	8	3
	VT	F	44	4	6	33	9	4
		M	55	1	7	24	7	6
2009	ANESU	F	33	No data	5	47	8	7
		M	48	No data	6	30	7	10
	VT	F	39	No data	5	43	8	5
		M	54	No data	5	27	7	6
2011	ANESU	F	30	No data	*	59	*	*
		M	47	No data	*	28	12	*
	VT	F	40	No data	4	46	6	3
		M	55	No data	5	28	7	5

The person with whom you have had sexual activity are:

			Males	Females	Males and Females	Never had sexual intercourse
2001	ANESU	F	29	0	1	70
		M	0	29	1	70
	VT	F	31	0	2	67
		M	1	33	2	64
2003	ANESU	F	18	0	2	80
		M	0	30	1	69
	VT	F	32	1	2	65
		M	1	35	2	63
2005	ANESU	F	26	1	1	71
		M	0	29	1	69
	VT	F	36	0	2	66
		M	1	32	2	62
2007	ANESU	F	27	1	3	69
		M	0	36	1	63
	VT	F	33	1	3	64
		M	1	37	2	60
2009	ANESU	F	30	1	2	67
		M	0	34	2	64
	VT	F	36	1	3	61
		M	1	38	1	60
2011	ANESU	F	44	*	8	48
		M	*	53	4	42
	VT	F	48	1	7	44
		M	1	54	2	43

Percent of students who have talked with parents or other adults in their family about HIV or AIDS

	9	10	11	12	ANESU	VT
99	55	60	62	52	56	59
01	49	52	54	56	52	54
03	46	47	56	50	48	52
05	50	40	43	47	42	43
07	No data	No data	No data	No data	No data	No data
09	No data	No data	No data	No data	No data	No data
11	No data	No data	No data	No data	No data	No data

Percent of students who are at risk for being overweight (85th BMI percentile)

	9	10	11	12	ANESU			Vermont		
					F	M	All	F	M	All
99	19	20	15	10	14	20	17	12	18	15
01	11	16	17	12	12	16	14	12	14	13
03	15	18	10	20	11	19	15	14	16	15
05	19	18	13	19	15	20	17	12	15	14
07	18	13	11	14	14	15	14	14	15	15
09	19	8	10	14	9	17	13	13	15	14
11	14	20	14	11	14	15	15	11	15	13

Percent of students who are overweight (95th BMI percentile)

	9	10	11	12	ANESU			Vermont		
					F	M	All	F	M	All
99	8	8	8	10	5	12	8	6	9	8
01	12	15	10	15	6	20	13	5	14	10
03	6	15	13	17	10	14	12	8	15	11
05	8	7	10	10	6	10	8	6	13	10
07	9	14	14	11	8	18	12	8	15	12
09	7	13	14	10	9	14	12	8	16	12
11	8	15	*	15	8	14	11	6	13	10

Percent of students who describe themselves as underweight

	9	10	11	12	ANESU			Vermont		
					F	M	All	F	M	All
99	13	12	20	18	12	18	15	12	19	16
01	15	7	18	12	10	16	14	11	19	15
03	16	11	11	15	5	20	13	11	17	14
05	10	15	11	8	5	19	11	10	15	13
07	15	7	9	12	8	14	11	9	15	12
09	17	11	15	19	14	15	15	9	15	12
11	13	11	12	12	10	18	12	9	16	13

Percent of students who describe themselves as overweight

	9	10	11	12	ANESU			Vermont		
					F	M	All	F	M	All
99	31	40	24	35	36	29	33	39	23	30
01	27	42	31	31	37	28	32	36	24	30
03	29	30	27	43	40	24	31	37	26	31
05	38	29	33	29	39	25	33	34	24	29
07	23	26	36	20	29	25	28	34	25	30
09	28	22	23	24	29	23	26	33	26	30
11	21	32	25	34	31	24	28	32	24	28

Percent of students who are trying to lose weight

	9	10	11	12	ANESU			Vermont		
					F	M	All	F	M	All
99	43	51	33	40	59	24	42	61	25	42
01	38	46	36	45	57	22	40	58	26	41
03	41	40	40	50	62	23	41	60	26	43
05	48	39	49	33	57	27	43	58	27	42
07	38	39	47	24	48	27	39	58	29	43
09	43	35	37	31	51	26	38	56	29	42
11	32	47	39	51	53	30	42	57	29	43

Percent of students who are trying to gain weight

	9	10	11	12	ANESU			Vermont		
					F	M	All	F	M	All
99	7	5	13	20	2	18	10	3	23	13
01	8	14	18	9	3	22	13	3	21	12
03	9	10	11	9	1	19	11	3	20	12
05	9	10	6	14	1	20	10	4	19	12
07	9	7	8	12	2	16	8	3	22	13
09	10	10	14	10	5	17	11	3	19	11
11	11	9	14	14	*	21	12	4	23	14

Percent of students who vomited or took laxatives during the past 30 days

	9	10	11	12	ANESU			Vermont		
					F	M	All	F	M	All
99	5	6	3	5	8	2	5	7	2	5
01	6	9	7	3	11	2	11	9	2	6
03	7	2	9	13	9	2	6	8	2	5
05	4	6	9	3	7	2	5	7	3	5
07	5	4	3	2	6	1	4	7	2	5
09	4	3	3	7	4	2	3	6	2	4
11										

Percent of students who took diet pills, powders, or liquids during the past 30 days

	9	10	11	12	ANESU			Vermont		
					F	M	All	F	M	All
99	3	3	2	3	4	2	3	7	2	5
01	2	7	2	2	5	2	4	7	2	5
03	7	3	7	9	7	4	5	7	3	5
05	4	1	5	4	4	2	3	5	2	4
07	3	3	5	1	3	2	3	5	3	4
09	1	2	2	4	2	1	1	4	2	3
11										

Percent of students who participated in aerobic exercise three or more days during the past 7 days

	9	10	11	12	ANESU	VT
99	69	51	58	48	64	64
01	82	60	51	55	66	69
03	72	73	61	50	69	67
05	77	68	54	69	70	67
07	No data	No data	No data	No data	No data	No data
09	No data	No data	No data	No data	No data	No data
11	No data	No data	No data	No data	No data	No data

Percent of students who exercised moderately five or more days during the past 7 days

	9	10	11	12	ANESU	VT
99	50	38	51	31	45	27
01	26	27	25	34	26	28
03	22	34	27	15	24	26
05	28	24	20	39	29	27
07	No data	No data	No data	No data	No data	No data
09	No data	No data	No data	No data	No data	No data
11	No data	No data	No data	No data	No data	No data

Percent of students who participated in physical education classes at least once during the past 7 days

	9	10	11	12	ANESU	VT
99	96	36	25	16	51	49
01	96	40	19	27	50	58
03	97	48	18	23	50	56
05	97	61	10	33	58	56
07	100	54	16	14	49	49
09	98	48	19	16	51	48
11	95	49	22	34	49	38

Percent of students who participated in physical education classes five days during the past 7 days

	9	10	11	12	ANESU	VT
99	10	2	2	3	5	24
01	2	0	3	8	3	28
03	1	0	0	0	0	17
05	5	3	0	0	3	14
07	4	3	2	2	3	18
09	2	1	3	1	2	19
11	*	6	*	*	4	13

Percent of students who spend 3 or more hours per day watching TV or playing on the computer

	9	10	11	12	ANESU	VT
05	44	32	32	38	37	36
07	34	35	33	31	33	36
09	42	48	38	46	43	38
11	36	37	35	33	35	36

Percent of students who spend 5 or more hours per school day watching TV or playing on the computer

					ANESU			Vermont		
	9	**10**	**11**	**12**	**F**	**M**	**A**	**F**	**M**	**A**
2001	10	8	9	9	5	14	9	5	10	8
2003	9	10	6	13	5	13	9	6	12	9
2005	14	8	8	11	8	13	11	8	12	10
2007	10	6	5	6	6	8	7	7	12	10
2009	14	14	13	9	9	16	13	7	13	10
2011	11	11	12	9	11	11	11	8	11	9