

# RUTLAND COUNTY

## Community Health Needs Assessment

2012-2015

Produced by Rutland Regional Medical Center

October 1, 2012

**Table of Contents**

- A. Purpose and methodology..... 1-2
- B. Executive summary..... 3
- C. Priority focus areas..... 4
- D. Definition of the Community..... 5-9
  - a. Geographic description..... 5
  - b. Target populations..... 5
  - c. Primary existing facilities / resources..... 5-9
- E. Prioritizing..... 9-11
  - a. Rationale and approach..... 9
  - b. Inputs..... 10
  - c. Presentation of results..... 11
- F. Data review..... 11-79
  - a. Secondary research..... 11-62
    - i. Rationale and approach..... 11
    - ii. Presentation of data..... 12-40
      - 1. Demographics..... 12-20
      - 2. Access to and quality of care..... 20-26
      - 3. Quality of Life..... 27-30
      - 4. Health behaviors..... 30-42
      - 5. Physical environment..... 43
      - 6. Health status indicators..... 43-61
  - b. Community surveys..... 62-74
    - i. Rationale and approach..... 62
      - 1. Dental Provider Survey..... 62
      - 2. Consumer Survey..... 62-64
      - 3. Emergency Department Consumer Survey..... 65-66
    - ii. Presentation of data..... 67-74
      - 1. Dental Provider Survey..... 67
      - 2. Consumer Survey..... 68-73
      - 3. Emergency Department Consumer Survey..... 73-74
  - c. Focus groups..... 74-77
    - i. Rationale and approach..... 74-75
    - ii. Report of Toby Knox & Associates..... 75-77
    - iii. Presentation of data..... 77

**List of Figures**

Figure 1 Population Change 1990-2010..... 12

Figure 2 Population Percentage Changes 1990-2010..... 13

Figure 3 Population by Age 2010 ..... 14

Figure 4 Percentage of Population 65+ 2000-2007 ..... 14

Figure 5 Education Attainment ..... 15

Figure 6 High School Dropout Rate Grades 9-12 2008-2010 ..... 15

Figure 7 Rutland County High School Event Completion Rates 2009-2010..... 16

Figure 8 Poverty Rutland County Compared to Vermont 2008 & 2009 ..... 17

Figure 9 Rutland County Median Household Income 2000 v 2009 ..... 18

Figure 10 2010 Employment Statistics for Potential Employees ..... 18

Figure 11 Vulnerable Populations Rutland County..... 19

Figure 12 Vulnerable Population Rutland County 2008 Compared to 2009 ..... 20

Figure 13 Vulnerable Populations - Unemployment 2008 v. 2009..... 20

Figure 14 Percentage of Uninsured Adults, Rutland County 1999-2010..... 21

Figure 15 Health Resource Availability 2008, 2010 ..... 22

Figure 16 Medicare Beneficiary Hospitalization for Chronic Conditions 2007 ..... 23

Figure 17 Inpatient Hospital Utilization, RRMCM v. FAHC 2008 ..... 24

Figure 18 Inpatient Hospital Utilization, RRMCM v. Vermont 2008 ..... 24

Figure 19 Age Distribution of Primary Care Dentists in Rutland 2009..... 25

Figure 20 Projected Number of Individuals Needing Elder Care Services, Rutland County ..... 26

Figure 21 Crime Rate Comparison, Rutland County v. Vermont 2009 ..... 27

Figure 22 Capacity and Vacancies at Rutland County Childcare Providers..... 29

Figure 23 Percentage of Adults with Disabilities Reporting Sufficient Emotional Support ..... 30

Figure 24 Tobacco Use Rutland County 2004-2009..... 31

Figure 25 Every Day Smokers in Rutland County 2004-2009..... 31

Figure 26 Tobacco Use in Rutland County 2004-2009..... 32

Figure 27 Current Smokers in Rutland County 2004-2009 ..... 32

Figure 28 Current Smokers, Rutland County v. Vermont 2009 ..... 33

Figure 29 Alcohol, Tobacco & Drug Use, Students Grades 9-12 ..... 34

Figure 30 Percentage of Adults Who Smoke, Rutland County, 1993-2009 ..... 35

Figure 31 Percentage of Youth Grades 9-12 Who Smoked Cigarettes One or more days ..... 35

Figure 32 Percentage of Youth Who Consumed at Least One Alcoholic Drink in the Last 30 days..... 36

Figure 33 Percent of Youth by Grade Who Binged on Alcohol in Past 30 days, 2011 ..... 36

Figure 34 Youth Poor Nutrition & Exercise 2011 ..... 38

Figure 35 Youth and Adult Overweight & Obesity, Rutland County v. Vermont..... 39

Figure 36 Sexual Activity of Youth 2011 ..... 40

Figure 37 Youth Reporting 4 or more Sexual Partners 2011 ..... 40

Figure 38 Youth Bicycle and Automobile Safety 2011 ..... 41

Figure 39 Youth Personal Safety Concerns 2011 ..... 42

Figure 40 Maternal and Child Health 2009..... 44

## Rutland County Community Health Needs Assessment Report 2012 - 2015

Figure 41 Maternal Health, Rutland County v. Vermont 2006-2008 .....	45
Figure 42 Teenage Pregnancy Rate, Vermont v. US 2007 and 2010 .....	45
Figure 43 Rutland County Teenage Pregnancy Rate, 2000-2010 .....	46
Figure 44 Average Annual Injury Hospitalization Rate per 10,000 .....	47
Figure 45 Hospitalization Rate per 1,000 Population due to injuries in Rutland County .....	47
Figure 46 Injury Death Rates, Percent of All .....	48
Figure 47 Highest Causes of Death in Rutland County v. Vermont 2008 .....	48
Figure 48 Suicide Rate per County 2008 .....	49
Figure 49 Heart Disease Death Rates .....	50
Figure 50 Coronary Heart Disease Death Rate Rutland County .....	50
Figure 51 Stroke Death Rate Rutland County .....	51
Figure 52 Percent with High Blood Pressure, Rutland County v. Vermont .....	52
Figure 53 Sedentary Lifestyle, Rutland County v. Vermont .....	52
Figure 54 Cardiovascular Risk Factors Rutland County .....	53
Figure 55 Cancer Screening Rates 2005-2009, Rutland County Compared to Vermont .....	54
Figure 56 Cancer Screening Rutland County .....	54
Figure 57 Breast Cancer Screening .....	55
Figure 58 Colon Cancer Screening .....	55
Figure 59 Cervical Cancer Screening .....	56
Figure 60 Cancer Incidences and Death Rates per 100,000 Population (1 of 2) .....	57
Figure 61 Cancer Incidences and Death Rates per 100,000 Population (2 of 2) .....	57
Figure 62 Cancer Incidences Rutland County .....	58
Figure 63 Diabetes Prevalence Rutland County 2004-2010 .....	59
Figure 64 Diabetes Screening Measures .....	60
Figure 65 Diabetes Death Rates per 100,000 .....	60
Figure 66 Rutland County Disease Report 2011 Bulletin as Percentage of Vermont Cases .....	61
Figure 67 Age Distribution of Consumer Survey Respondents .....	63
Figure 68 Education Attainment of Consumer Survey Respondents .....	64
Figure 69 Household Income Distribution of Consumer Survey Respondents .....	64
Figure 70 Age Distribution of Emergency Department Consumer Survey Respondents .....	65
Figure 71 Education Attainment of Emergency Department Consumer Survey Respondents .....	66
Figure 72 Household Income Distribution of Emergency Department Consumer Survey Respondents ...	66
Figure 73 General Practice Dentists Rutland County Accepting Patients .....	67
Figure 74 Specialty Dentists Rutland County Accepting Patients .....	67
Figure 75 Self-reported Primary Care Access by Consumer Survey Respondents .....	68
Figure 76 Self-reported Primary Dental Care Access by Consumer Survey Respondents .....	69
Figure 77 Self-reported Mental Health and Substance Abuse Counseling Access by Consumer Survey Respondents .....	70
Figure 78 Barrier to Health Services, Self-reported by Consumer Survey Respondents .....	71
Figure 79 Self-reported Lack of Insurance by Consumer Survey Respondents by Age .....	72
Figure 80 Self-reported Lack of Insurance by Consumer Survey Respondents by Education Attainment.	73
Figure 81 Self-reported Lack of Insurance by Consumer Respondents by Household Income .....	73

**List of Attachments**

- A. List of data sources / reports
- B. Dental survey 2011
- C. Community survey tool
- D. Emergency Department survey tool
- E. Focus Group invitation letter, questionnaire and ranking sheet
- F. Summary Report: Focus Groups, Toby Knox & Associates, LLC

## A. Purpose and methodology

Rutland Regional Medical Center began performing community health assessments in 1996, to identify and prioritize the health needs of the hospital service area's constituents to help guide the planning of hospital programming. The process, both then and now, takes into consideration available data reports on health indicators and combines this information with input from community members and leaders. Culminating the information obtained, we can:

- Describe the health status of the community
- Identify community health needs and concerns
- Compare the needs to those previously identified, to observe trends
- Pinpoint where additional resources are needed

Assessments have been undertaken in 2000, 2004, and 2009 and now, for 2012. This report will serve to share the information gathered and an explanation of the review and prioritizing process that lead to the recommendations made here.

We must take into consideration the influence of environment, access to healthcare, healthy lifestyle choices, and socioeconomic factors and the effect they have individually and collectively on health status of a community. To achieve this, we have used a six-step approach to conducting this and other needs assessments, including:

1. Defining the community we serve (our hospital service area);
2. Conducting research to collect data from other sources to analyze existing data that relates to the health status of the population;
3. Conducting surveys of community members as consumers of health services;
4. Interviewing community leaders;
5. Review of all of the information to identify the needs of our community;
6. Prioritize and report the identified needs and recommendations.

To oversee the work performed, we invited community leaders with special knowledge or expertise of public health to serve as an advisory committee throughout the process of completing the community health needs assessment. This group of individuals brought diversity of perspective to the process:

- ❖ Jan Hansen, Rutland Area Visiting Nurse Association and Hospice, Inc.
- ❖ Joanne Calvi, Vermont Department of Health
- ❖ Kevin Loso, Rutland Housing Authority
- ❖ Larry Jensen, Community Member, Board Member of Community Health Centers of the Rutland Region, Commissioner Rutland City Police
- ❖ Sarah Narkewicz, Rutland Blueprint Manager, Rutland Regional Medical Center
- ❖ Sarah Roy, Division of Alcohol & Drug Abuse Programs, Vermont Department of Health
- ❖ Susan Schreibman, Rutland Planning Commission
- ❖ Traci Moore, United Way of Rutland County

The advisory committee met monthly beginning in May of 2011 to monitor the progress of the work, provide input and support, and to provide assistance when necessary. In addition to the advisory committee is an oversight committee, made up of the following community partners:

Thomas W. Huebner, Rutland Regional Medical Center  
Edward Ogorzalek, Rutland Regional Medical Center  
Claude LaPerle, Community Member  
Lyle Jepson, Stafford Technical Center  
Jo Ann Riley, Castleton Community Seniors  
Caprice Hover, Rutland County Parent Child Center  
Victor Pisanelli, Jr., MD, Rutland Regional General Surgery  
Jeff McKee, Rutland Regional Medical Center  
Larry Jensen, Community Member and member, Board of Directors of Community Health Centers of the Rutland Region  
Jan Hansen, Rutland Area Visiting Nurse Association & Hospice, Inc.  
Kevin Loso, Rutland Housing Authority  
Sarah Roy, Division of Alcohol & Drug Abuse Programs, Vermont Department of Health  
Traci Moore, United Way of Rutland County  
Joe LaRosa, Community Member  
Joanne Calvi, Vermont Department of Health  
Paula Baker, Rutland Free Library  
Roger Baker, MD, Retired, Community Member  
Sheriff Stephen Benard  
Kathy Felder, RN, NP, Mid-Vermont Urology  
Melanie Gaiotti, Department of Liquor Control  
Sandy Cohen, Community Member  
Ann Warrell, Vermont Country Store  
Barbara Hanson, Southwestern Vermont Council on Aging  
Deb Hall, Rutland County Housing Coalition  
Bill Lucci, Stafford Technical Center  
Doug Norford, Rutland Mental health Services  
Grant Whitmer, Community Health Centers of the Rutland Region  
Brian Nolan, Community Member  
Martha Coulter, Community Member  
Julie Teta, Community Member  
Ardy Wolyneec, Rutland Area Visiting Nurse Association & Hospice, Inc.

This group is charged with general oversight of Rutland Regional Medical Center's community service, or benefits provided to the community above and beyond their primary role as a provider of hospital-based medical services. As such, this group provided valuable feedback throughout the process as stakeholders in the health and promotion of health across our community.

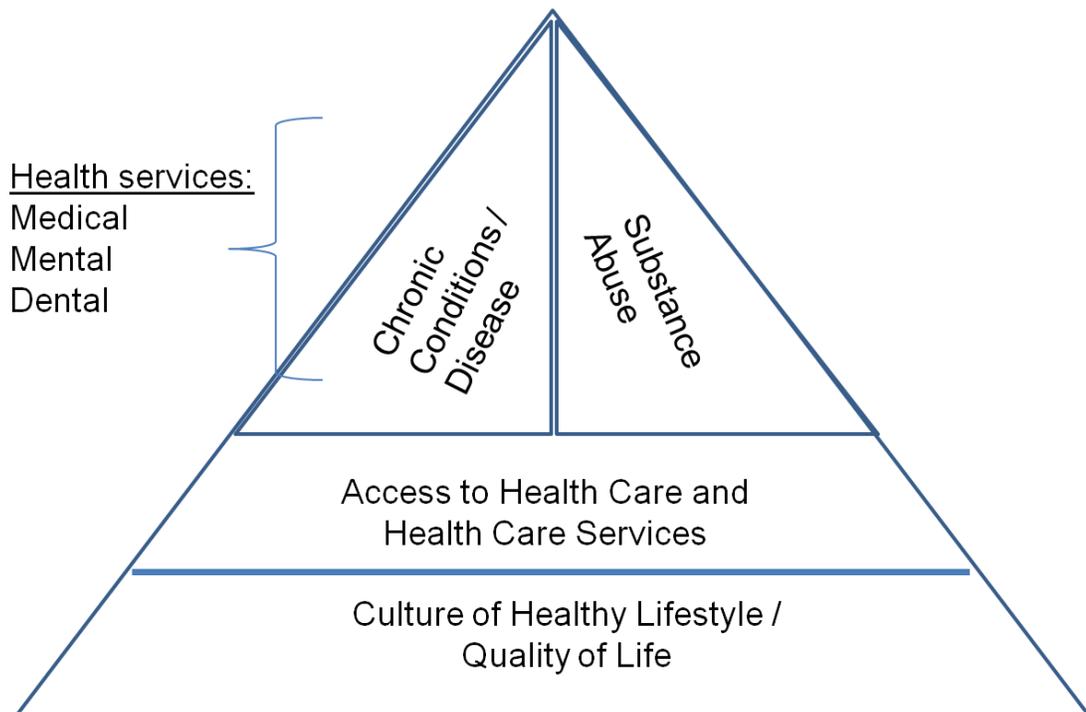
We now present this information to you through this report for your review, consideration and use. Please do not hesitate to contact us should you have any questions, suggestions, or feedback to help us improve the process in the future.

B. Executive summary

There are many factors that influence the health of a community and for the purpose of conducting this needs assessment we use as a backdrop the definition of health from the World Health Organization (WHO), as adopted at the International Health Conference in New York in 1946:

“Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.”

Therefore, taking into consideration Health Behaviors of individuals, Access to and Quality of Care, Social and Economic Determinants affecting the community and individuals, and the physical environment of our community, we have reviewed a number of factors to develop this report. During an advisory committee meeting, where we were reflecting upon all of the information that has been culled, one member was able to depict and summarize the needs of our community and how they relate to one another, the shape of need in Rutland County:



What this illustration seeks to share is that health services – medical, mental and dental, must be available and utilized to address the identified needs of chronic conditions and substance abuse. These resources, in turn, must be supported by a culture that embraces healthy lifestyle, good choices for health and behavior and encouragement of a positive quality of life.

It is both our hope and our expectation that the information presented in this report will be used across the community by individuals and organizations to help guide strategic planning initiatives and collaborations toward the development of new community programs to promote and improve the health status of our community.

### C. Priority focus areas

Based upon the Prioritizing meeting of the oversight committee held on March 28, 2012, members recommend that the community focus on the following priority issues:

➤ **Reduce substance use, including tobacco and alcohol**

- Decrease the use of illegal substances*
- Decrease % of adults and youth tobacco use*
- Decrease use of prescription narcotics/prescribing of*
- Reduce hospital utilization for substance abuse (ED and Admissions)*
- Reduce incidence of arrests for substance-related offenses*
- Reduce % of students grades 8-12 who drank in the last 30 days*

➤ **Improve access to and availability of health care – medical dental, mental health and substance abuse**

- Increase number of addicted individuals who can access substance abuse treatment in Rutland County*
- Increase % of adults and children receiving preventative dental care*
- Increase appropriate use of current resources, and referrals to those resources*
- Increase number of mental health providers*
- Increase access to urgent care resources*

➤ **Improve chronic health care delivery and supports**

- Increase % of adults up-to-date on age-appropriate screenings*
- Increase % of adults and youth up-to-date on immunizations*
- Decrease ambulatory care sensitive hospitalizations*
- Improve EMR connectivity across the Rutland County health system*
- Increase enrollment in self-management programs*

➤ **Promote a culture to embrace exercise and healthy eating**

- Increase % of adults and youth participating in physical activity*
- Increase % of adults and youth with healthy diet*
- Decrease % of adults and youth with BMI over 30*
- Increase number and use of safe and affordable recreational opportunities*



surgery. Round-the-clock in-house physician coverage is available for critical care patients in the Intensive Care Unit. RRMC also provides a variety of health and wellness resources for individuals, families, health care professionals, employers and organizations.

RRMC is licensed by the State of Vermont and also fully accredited by Joint Commission. The federal government has recognized deemed Rutland Regional Medical Center a Sole Community Provider because of its isolated location, weather and travel conditions and the fact that it is the only source of hospital services reasonably available to certain Medicare beneficiaries. Rutland Regional has also been granted the distinction of being a Rural Referral Center by the Health Care Financing Administration (HCFA) because of the severity of cases treated and the specialized physicians available to treat those cases. Rural Referral Centers must meet stringent quality, volume and medical staff specialty requirements.

Rutland Mental Health Services, Inc. 775-4340  
78 South Main Street, Rutland, VT 05701

RMHS is a community mental health and developmental disabilities system providing clinical and supportive services to promote health, and is the State Designated Mental Health Agency for Rutland County. In response to community needs, they provide services that span every age, including Evergreen Substance Abuse Program (Evergreen), adult substance abuse treatment services, including drug and alcohol assessment, Intensive Outpatient Program (days or evenings -Quitting Time), on-site psychiatric services, Aftercare Program, Co-occurring Services, Rocking Horse Program, Project CRASH, Drug Court Services, Incarcerated Women’s Initiative, Specialty Groups, and Individual Counseling. Treatment is provided without regard for gender, race, religion, sexual orientation, place of national origin, socio-economic status, political affiliation, or physical or mental disability.

RMHS’ mission is to improve the overall quality of life of residents of the greater Rutland region by offering high quality health, human services, education, employment, and rehabilitative programs that empower individuals, families, and communities to reach their full potential. RMHS strives for quality and embraces and promotes client self-determination.

Rutland Area Visiting Nurse Association & Hospice, Inc. 775-0568  
7 Albert Cree Drive, Rutland, VT 05701

Rutland Area Visiting Nurse Association & Hospice (RAVNAH) is a non-profit, Medicare-certified home health agency providing quality health care services to people of all ages, even before birth and through the end of life. In addition to in-home nursing services, RAVNAH advances health promotion and prevention through a patient-centered approach including screenings, clinics (i.e., flu and foot), and early intervention. Incorporated on January 9, 1946, RAVNAH’s purpose has always been to promote health, educate the public on disease prevention, and provide skilled nursing care. RAVNAH strives to enhance the quality of life of those they serve through

comprehensive home and community health services. They provide home health and community services to all who need it, regardless of their location, complexity of health issues, or ability to pay.

### Primary Care

Primary care in Rutland County meets the medical needs of different populations in the community: families, adults, and children. Services include family medicine, general internal medicine, pediatrics, and obstetrics-gynecology. Providers include physicians (MDs/Dos), advanced practice registered nurses (APRNs), and physician assistants (PAs).

In 2011, the range of primary care services was being provided at 19 practice sites by the equivalent of 39 full-time physicians and an additional 17 APRNs, and PAs. Some primary care providers are private independent medical offices, some are clinics affiliated with RRMC, and complementing the primary care services are the Federally Qualified Health Centers, now operating six (6) sites across the region.

Rutland Free Clinic 775-1360  
145 State Street, Rutland, VT 05701

Rutland Free Clinic began operation in 1996, and is dedicated to providing health care to the uninsured whose household incomes fall below 200% of the federal poverty line and the underinsured who have catastrophic health insurance with at least an annual \$10,000+ deductible. Their goals are always to:

1. Meet immediate medical needs (including medications)
2. Obtain insurance and/or free care coverage
3. Transition each client to a Primary Care Provider (and specialist if needed)

Consultations and examinations are provided by volunteer professionals, now including dental and mental health services. Some of the services they provide are:

- Routine/Primary health exams: medical and dental
- Restorative Dental Care
- Chronic care management
- Physical exams
- Acute illness exams (no emergency care is available)
- Annual flu clinics
- Mental Health counseling
- Physical therapy
- Occupational therapy
- Dental Hygiene care
- Women's Health clinics
- Nutrition counseling
- Alternative Health modalities

It is not their intention to be the primary care provider for individuals and families on an ongoing basis, but rather to facilitate access to such services for the long-term. To support this goal, they also assist people with applications to VHAP, Medicaid, RRMC Free Care, Ladies First, and prescription assistance programs.

#### Primary Dental Care

Comprehensive dental care services, offering all aspects of preventive, cosmetic and restorative treatments are available for individuals and families across the Rutland region. Primary care dental professionals provide cutting edge technology and services, and they also provide education for patients concerning relationship between dental health and overall health and wellbeing.

The Rutland Hospital Service Area in 2009 reported having 33 primary care dentists, including 1 pediatric dentist. There were also 14 specialty dentists identified providing oral surgery, endodontic, orthodontic, and periodontal services. Notably, the Rutland Free Clinic and the Federally Qualified Health Centers (Community Health Centers of the Rutland Region) also offer dental services.

The Rutland dental community supports the Vermont Department of Health's Tooth Tutors program, offering screenings for children and educating them about prevention. Tooth Tutors play a major role in referring children to dental practices for comprehensive dental preventative care and treatment. Additionally, the Head Start program works to ensure that children have access to dental care, and an early start for prevention and developing sound, lifelong oral hygiene habits.

#### Vermont Department of Health –

Twelve district offices around the state provide the essential health promotion and disease prevention services necessary for an effective public health system. The Rutland District office works in partnership with local health care providers, voluntary agencies, schools, businesses and community organizations to provide support, services and foster collaboration to address health issues identified in the community. This office serves: Benson, Brandon, Castleton, Chittenden, Clarendon, Danby, Fair Haven, Goshen, Hubbardton, Ira, Killington (Sherburne), Mendon, Middletown Springs., Mt. Holly, Mount Tabor, Pawlet, Pittsfield, Pittsford, Poultney, Proctor, Rutland City, Rutland Town, Shrewsbury, Sudbury, Tinmouth, Wallingford, Wells, West Haven, West Rutland.

The office is also host to Health Department programs serving individuals and families. These community-based programs include Ladies First, Vermont WIC (Women, Infants and Children), Breastfeeding and Mother-to-Mother Support, Children's Integrated Services, and EPSDT (Early Periodic Screening Diagnosis and Treatment Program for children eligible for Dr. Dynasaur). They conduct eligibility screening for programs such as 3SquaresVT, Reach Up, and Medicaid, and provide assistance with forms and enrollment processing.

Recognizing the vast array of services and supports available throughout our community, the Community Health Improvement office of Rutland Regional Medical

Center, with considerable input from community stakeholders, has compiled a Resource Guide which will be available in June of 2012. Please look for and use this tool to learn about and access the many resources available for individuals and families.

## E. Prioritizing

### a. Rationale and approach

The information gathered from secondary research, surveys and focus groups was compiled and presented to the advisory group for preliminary ranking of priorities and later presented to the full oversight committee for final prioritization of health issues identified in the Rutland Hospital Service Area. This meeting took place on March 5<sup>th</sup>, 2012 and included a review the findings from the 2004 and 2009 assessments, including the goals, objectives and achievements from across the community. The discussion then focused on the areas of focus becoming apparent from each area of work – secondary data analysis, surveys and focus group discussions.

Highlights of the secondary analysis include:

Demographics - aging population, Rutland High School dropout rate rising, and increased poverty

Lifestyle choices - increases in substance use and depression rates

Healthcare delivery system(s) – provider shortages (primary care and mental health), emergency department utilization, high percentage of Medicare beneficiaries, access to and utilization of dental care services, aging provider populations (medical and dental)

Health status indicators – high tobacco use; high substance use (especially for 18-25 years olds); high overweight and obesity rates; fewer youth exercising; youth not eating recommended vegetables and fruits; high teen pregnancy rate; screening rates for breast and colon cancers remain low; and high rates of chronic obstructive lung disease death, uncontrolled diabetes resulting in hospitalization, heart disease and stroke deaths, and the region’s rate of hospitalization for injury are higher than the State rates (especially for elders).

Consumer surveys from the general public and from emergency department customers, provided information about access to healthcare services and utilization of those services. Consumers reported barriers to accessing care included lack of health and/or dental insurance, and lack of a regular doctor, along with inability to afford fees, co-payments and deductibles. In addition, large percentages of respondents with less education (Grade 11 or less) and/or of younger age (18-25) indicated they did not have, or did not need medical or dental check-ups in the past two years. A negative perception of medical services was also raised by respondents as an issue concerning access to and utilization of medical care.

The focus group discussions spanned the topics of access to healthcare, environment, healthy lifestyle behaviors, and socioeconomic influences, resulting in a wide array of

subjects. These included societal and generational culture issues, teenage pregnancy, bullying, substance abuse, crime, homelessness and those marginally housed, underutilization of public transportation, shortages of practitioners, medical and dental recruitment and retention efforts, economic climate (especially the need for jobs), the need for a more positive perception of the region by community members, needs to connect healthcare providers with community-based services, an aging population and their needs, inadequate reimbursement rates for healthcare providers, issues around poverty, recreational resources (especially free and low-cost), need to improve proper prescribing of prescription drugs, and end-of-life education and short-term facilities.

Themes emerged through the committee's review of the information and a list of thirteen (13) were prepared for presentation to the oversight committee for consideration and ranking.

b. Inputs

The oversight committee met on March 28<sup>th</sup>, 2012 for a presentation beginning with a review of the goals and objectives from the 2009 Community Health Needs Assessment, highlighting the continuing needs and then discussing the emergent needs identified through the data collection process for the 2012 assessment. The themes presented by the advisory committee to the oversight group for prioritization were:

- ▶ Reduce substance use, including tobacco and alcohol
- ▶ Improve access to and availability of health care – Medical, dental, mental health (including pediatric for all), and substance abuse
- ▶ Improve chronic health care
- ▶ Promote a culture of prevention
- ▶ Promote a culture to embrace exercise and healthy eating
- ▶ Cultivate and promote a positive image of the region to support recruitment and retention of providers
- ▶ Advance a positive image of the health delivery system
- ▶ Support aging in place by improving availability of and access to Elder care services and supports
- ▶ Promote end-of-life decision-making
- ▶ Improve utilization of public transportation
- ▶ Engage youth in their own health, their community(ies), the economy, etc. and support their transitions
- ▶ Break down the culture of generational poverty
- ▶ Improve awareness and utilization of services and resources across fields (medical, mental health, dental, human services, schools)

Priority setting criteria was provided to assist participants with decision-making. Participants were asked to consider each theme and consider the measurability of outcomes, the seriousness of the problem (its degree of impact), available resources to address the need, and its external salience. Participants were asked to rank each theme, using a “1” to indicate less importance, a “3” to indicate more importance, and a “9” to indicate most importance. At the end, the rankings for each theme were totaled and reported out.

c. Presentation of results

The themes are shown below in rank order, from highest importance to lowest, with their scores from the exercise.

- A. Reduce substance use, including tobacco and alcohol [105]
- B. Improve access to and availability of health care – Medical, dental, mental health (including pediatric for all), and substance abuse [93]
- C. Improve chronic health care [81]
- D. Improve awareness and utilization of services and resources across fields (medical, mental health, dental, human services, schools) [75]
- E. Promote a culture to embrace exercise and healthy eating [73]
- F. Engage youth in their own health, their community(ies), the economy, etc. and support their transitions [69]
- G. Break down the culture of generational poverty [59]
- H. Support aging in place by improving availability of and access to Elder care services and supports [57]
- I. Promote a culture of prevention [49]
- J. Advance a positive image of the health delivery system [35]
- K. Cultivate and promote a positive image of the region to support recruitment and retention of providers [29]
- L. Promote end-of-life decision-making [25]
- M. Improve utilization of public transportation [17]

F. Data Review

- a. Secondary research
  - i. Rationale and approach

The first step of the 2012 Community Health Needs Assessment for the Rutland region was to review the past reports and then seek updated information from more than 60

data reports from local, regional and national sources concerning a breadth of health indicators. The listing of reports reviewed is included as Appendix A.

We began with updated reports of previously used data sources, and looked to new reports of information not previously available to review health indicators, health risks, and associated health issues, our secondary research included a review of demographic information, and information discussing access to health services, quality of life, healthy lifestyles and behaviors, environment, and mental health.

i. Presentation of data

1. Demographics

Population

- Rutland County population has decreased since 2000
- In 2010, an estimated 61,642 people lived in Rutland County, about 9.8% of the State’s total population. Source: US Census Bureau, Profile of General Population, 2010
- Rutland County’s population was expected to grow at 2% to the year 2016 but has instead declined from 2000 to 2010. The population fell from 63,743 to 61,642, a rate of -3.4%. Source: US Census Bureau, Profile of General Population, 2005 and 2010
- More recently, Rutland County’s population is projected to grow only 2% by 2020, the slowest in the state. Counties in northwestern Vermont are expected to grow as much as 15-20% by year 2020. This limited population growth rate is the result of a high rate of youth out-migration and an aging population as a whole. Source: Rutland Community Programs, Inc. Headstart Community Assessment, 2010
- Rutland County residents are older, living with lower income, and achieve lower education levels than the average Vermonter, increasing their vulnerability.

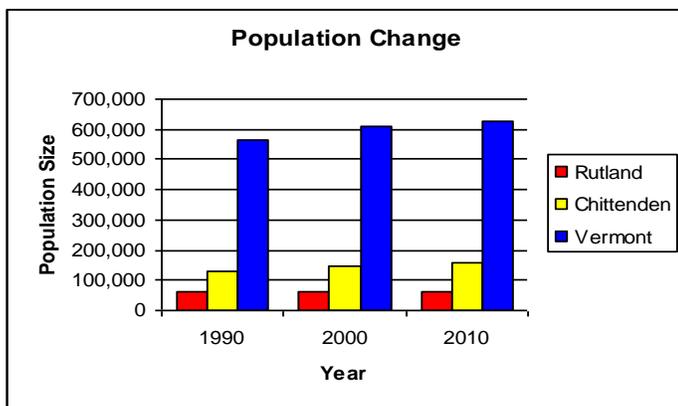
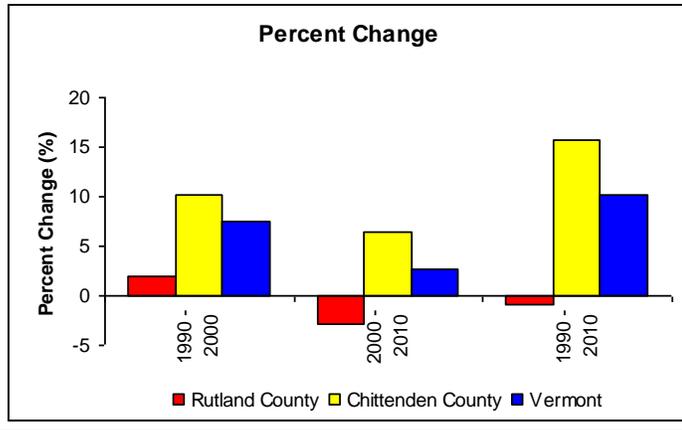


Figure 1 Population Change 1990-2010



**Figure 2 Population Percentage Changes 1990-2010**

Source: US Census Bureau, Profile of General Population, 1990, 2000, 2010

### Aging population

- Rutland County residents are continuing to get older
- In 2010, the median age of Rutland County residents was 44.3 years, which increased from 39.23 years in 2000, and remains one of the highest in New England. Source: US Census Bureau, Profile of General Population, 2010.
- Vermont is projected to have 24.4% of the population age 65 years and older in 2030, making it the 8<sup>th</sup> ranked state in the nation. Source: US Census Bureau, Population Projections, 2030
- Compared to Vermont in 2010, Rutland County residents were older, with a lower proportion of youth less than 19 years of age (22% versus 24% for VT); a lower proportion of young adults ages 20-44 years (28% versus 30%); a higher proportion of older adults ages 45-65 (32% versus 30%); and a higher proportion of elderly adults 65 years and older (16% versus 14%). Source: US Census Bureau, Profile of General Population, 2010.
- Rutland County's elderly population will increase in numbers and continue to be proportionately older than Vermont. From 2010 to 2017, the total number of residents age 65 years and older in Rutland County is projected to increase by 3,404 elders, a 34% increase. By 2017, it is estimated that the elderly in Rutland County will comprise 21.1% of the County's total population higher than the 18.3% estimated for Vermont as a whole.

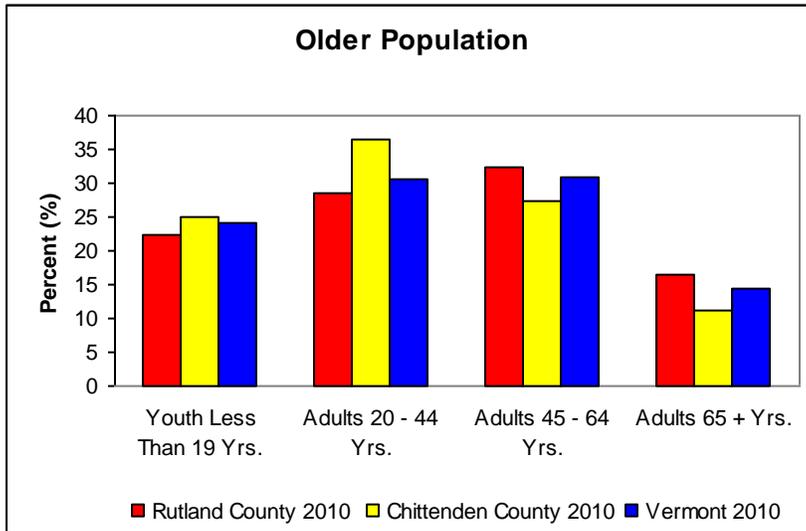


Figure 3 Population by Age 2010

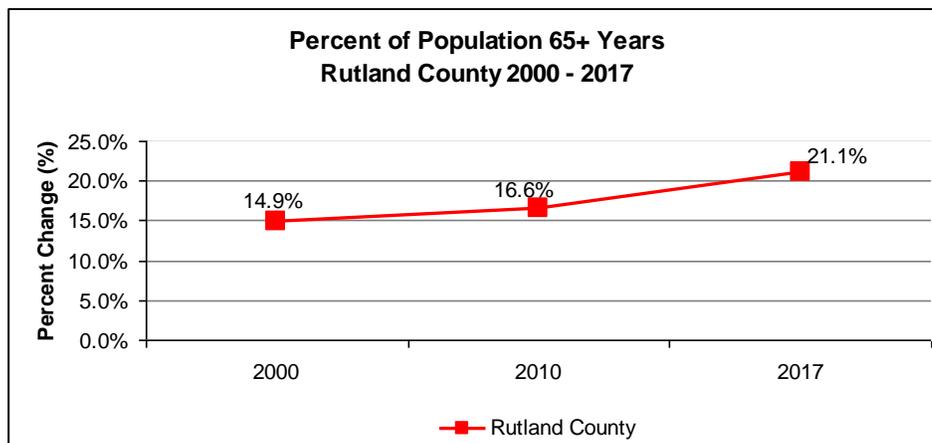


Figure 4 Percentage of Population 65+ 2000-2007

Sources: US Census Bureau, Profile of the General Population, 2000 and 2010 & Shaping the Future of Longer Term Care and Independent Living, Vermont Agency of Human Services, 2008.

### Educational attainment

- For Rutland County, the percentage of people completing a Bachelor’s degree or higher was 26.3% for 2006-2010, compared to the State rate of 33.3%. Source: <http://quickfacts.census.gov/qfd/states/50/50021.html>
- While the percentage of Rutland County residents with Some College is higher than the State average, Rutland County adults that initiate higher education learning do not complete degree programs at the same rates as Vermont as a whole or the national average. Source: <http://www.clrsearch.com>

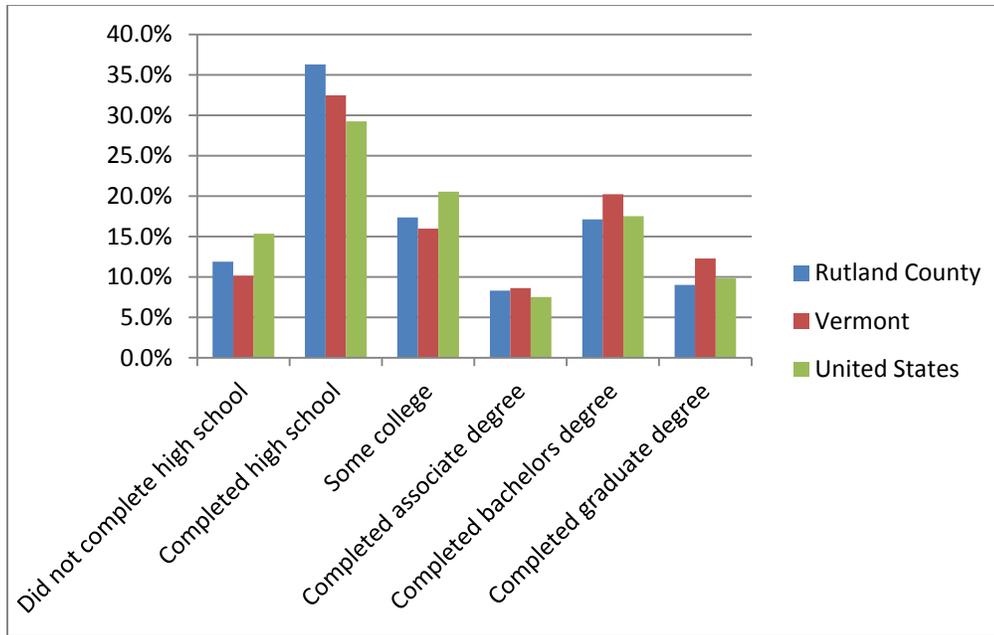


Figure 5 Education Attainment

- From 2008 to 2010, the high school dropout rate in Rutland County increased from (2.96% to 3.43%) compared to a slight decrease in high school dropouts in the State of Vermont (2.89% to 2.69%)

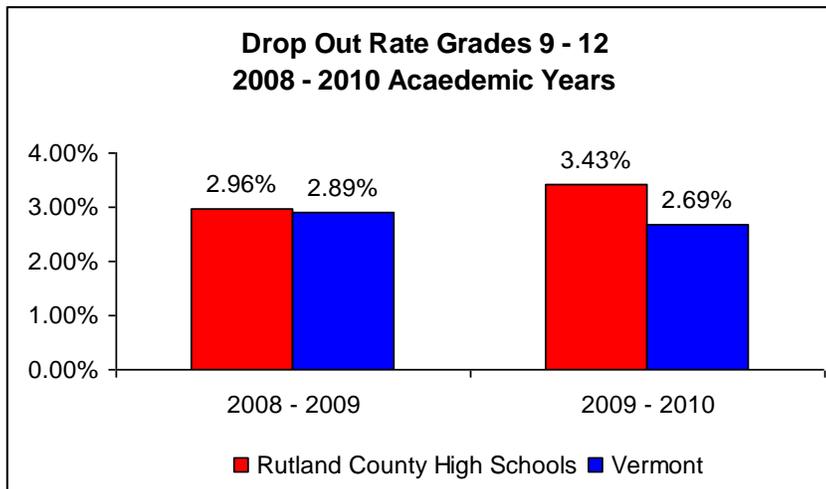


Figure 6 High School Dropout Rate Grades 9-12 2008-2010

Source: Vermont Department of Education, VT Public School Dropout and High School Completion Report, 2008 – 2010.

- The 2009 – 2010 event completion rate (graduation rate) among high school seniors in Rutland County ranged from 91.6% (Rutland Senior High School) to 96.3% (Otter Valley) compared to Vermont at 93.2%. All schools in Rutland County increased the event completion rate from the 2007 – 2008 school years with the exception of Rutland Senior High School, which decreased

from 94.4% to 91.6%, the lowest event completion rate in the County. Event completion rate for the State of Vermont also increased from the 2007 – 2008 school year, from 92.4% to 93.2%.

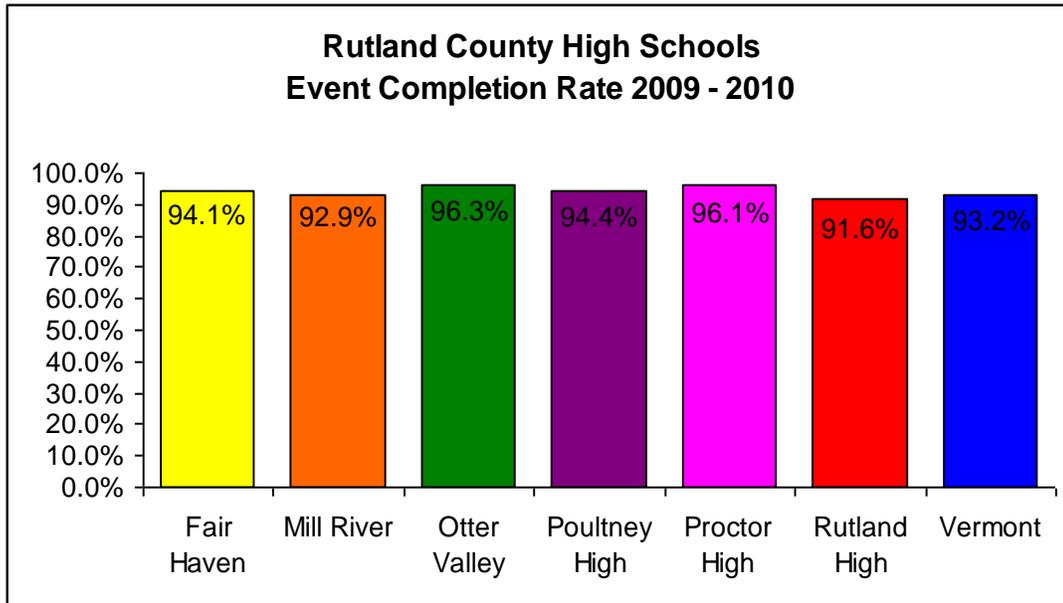


Figure 7 Rutland County High School Event Completion Rates 2009-2010

Sources: Vermont Department of Education, VT Public School Dropout and High School Completion Report, 2009 – 2010 and Community Health Needs Assessment 2008 – 2009. N = Fair Haven (63), Mill River (49), Otter Valley (49), Poultney (18), Proctor (11), Rutland (152), Vermont (3,693).

### Income

- Rutland County residents tend to be lower income and less affluent overall than Vermonters.
- The percentage of persons living 200% below the poverty line was 11.8% for 2006-2010 in Rutland County, as compared to the State rate of 11.1%. Source: <http://quickfacts.census.gov/qfd/states/50/50021.html>
- From 1999 to 2009, the proportion of all individuals in Rutland County living below poverty increased from 10.9% to 13.6%. This rise is approximately proportional to the increase of all individuals living below poverty throughout the state.

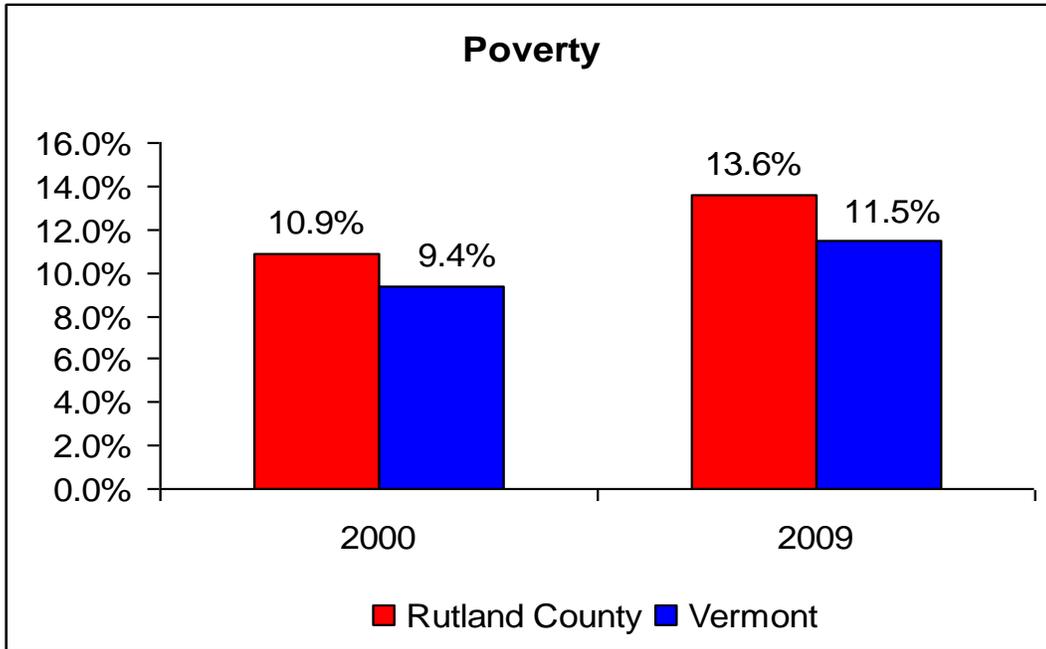
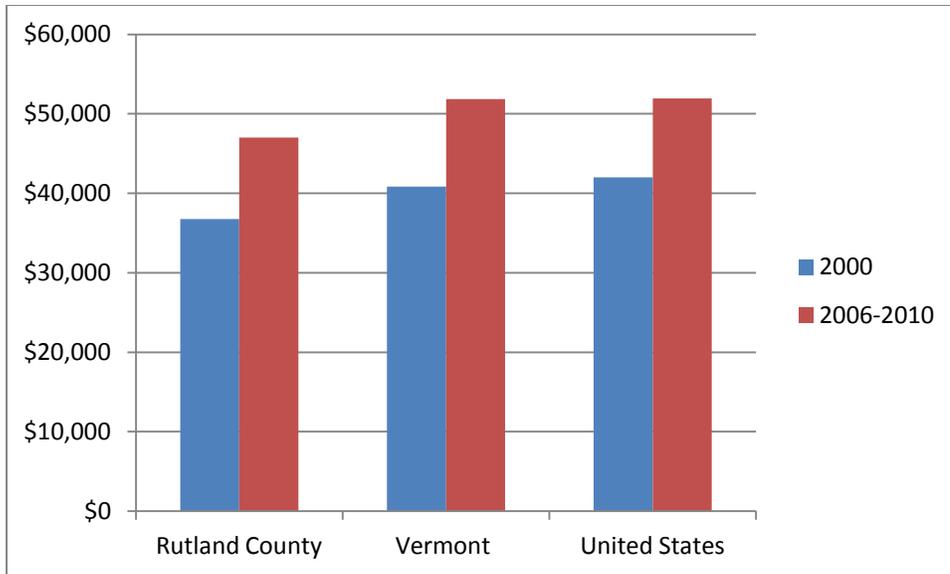


Figure 8 Poverty Rutland County Compared to Vermont 2008 & 2009

Sources: USDA Economic Research Service Poverty Data, 2000 and 2009.

- Rutland County’s median household income for 2006-2010 (\$47,027) in 2009 was lower than both the State of Vermont (\$51,841) and the United States (\$51,914). The percent increase from 2000 to 2010 was slightly higher than both the state and the nation – Rutland 28%, Vermont 27%, United States 24%.
- Notably, while our median household income lags behind state and federal levels, it has risen at a higher rate. Rutland County median household income in 2000 was \$36,743; in 2006-2010 is was \$47,027, and increase of 28% compared with a statewide increase of 27% and 24% nationwide.



**Figure 9 Rutland County Median Household Income 2000 v 2009**

Source: US Census Bureau, Economic Characteristics, 2000 and 2010.

- Rutland County’s unemployment rate has tracked comparable to the State of Vermont rate through 2011, 5.4% as compared to 5.3%, and considerably better than National averages (8.3% as of January 2012). Sources: Rutland December 2011: google.com/publicdata; State (November 2011) and National: Bureau of Labor Statistics via bls.gov

2010 Employment Statistics for Potential Employees (Age 16+)	Rutland County		Vermont		United States	
Employment potential	50,327		490,019		237,450,726	
Civilian total	31,612		325,556		143,186,664	
Employed Civilians	31,612	62.81%	325,556	66.44%	143,186,664	60.30%
Unemployed Civilians	2,775	5.51%	24,840	5.07%	14,575,184	6.14%
Not in Labor Force	15,900	31.59%	138,864	28.34%	78,452,745	33.04%

**Figure 10 2010 Employment Statistics for Potential Employees**

Source: Adapted from <http://www.clrsearch.com>

Vulnerable populations

- The number of vulnerable people in Rutland County who face unique health risks and barriers to care, requiring enhanced services targeting strategies for outreach and case management have generally increased since 2005, with the exception of severely work disabled adults. The 2009 data reveals:
  - 7,072 adults 25 years and older who have no high school diploma (compared to 7,029 in 2005)
  - 6,251 people who have used drugs within the last month (5,769 in 2005)
  - 4,348 people who have major depression (4,069 in 2005)
  - 1,350 people who are severely work disabled (1,370 in 2005)
  - 2,003 people who are unemployed (1,322 in 2005)

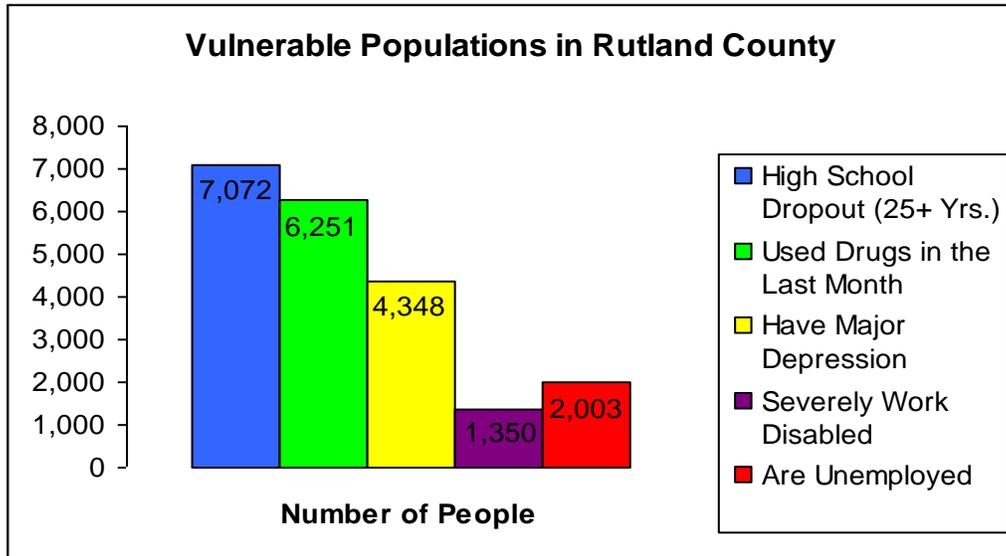


Figure 11 Vulnerable Populations Rutland County

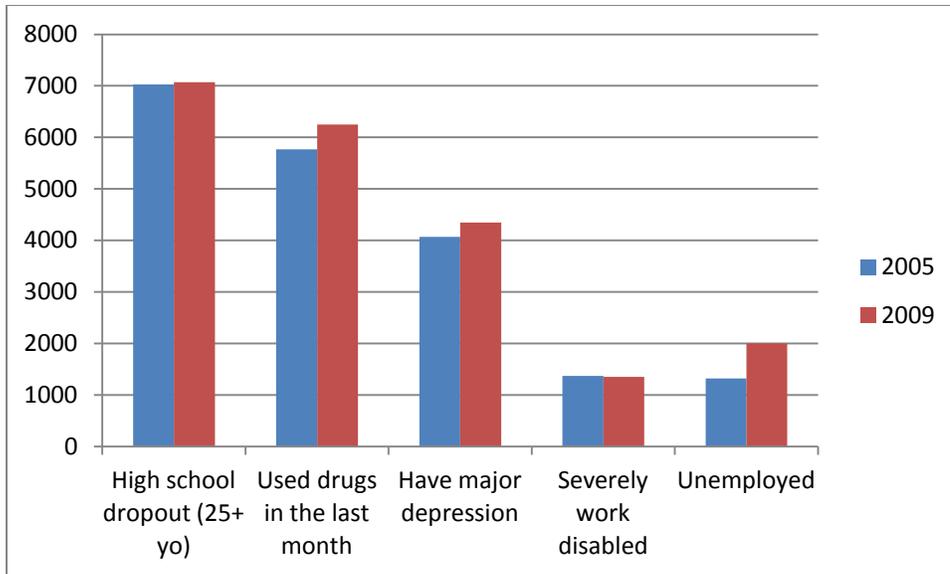


Figure 12 Vulnerable Population Rutland County 2008 Compared to 2009

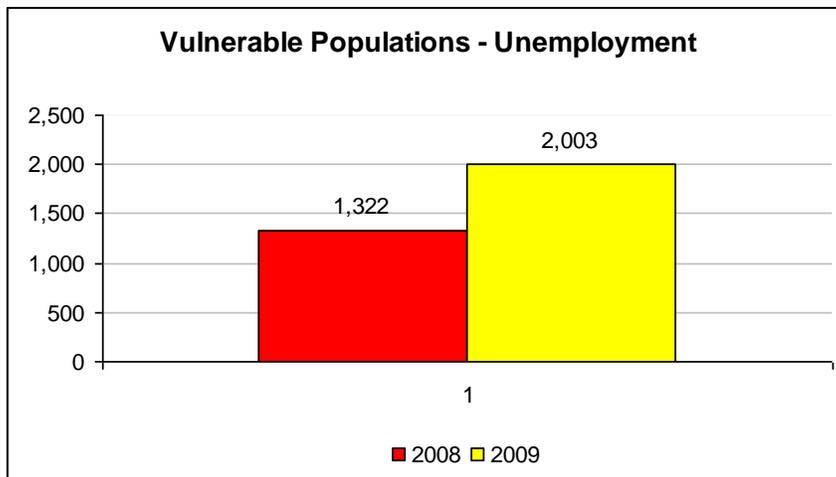


Figure 13 Vulnerable Populations - Unemployment 2008 v. 2009

Source: Community Health Status Indicators, Rutland County, 2008 - 2009

## 2. Access to and quality of care

### Health Insurance

- From 2001 – 2005, 15% of Rutland County adults were uninsured compared to 14% in the State of Vermont. In 2010, the percent of uninsured adults in Rutland County decreased by 3% to 12% of adults uninsured and the state decreased by 2%, from 14% to 12% of adults uninsured. Rutland County was able to insure 88% of the goal, showing improvement on insuring adults.

- The largest number of uninsured adults lived in the southern part of the state, with 26% of uninsured adults living in Southwest Vermont (Addison, Bennington, and Rutland Counties).  
Source: Vermont Office of Health Access: Task 7 Study of the Uninsured and Underinsured 2011 (Data from 2009)

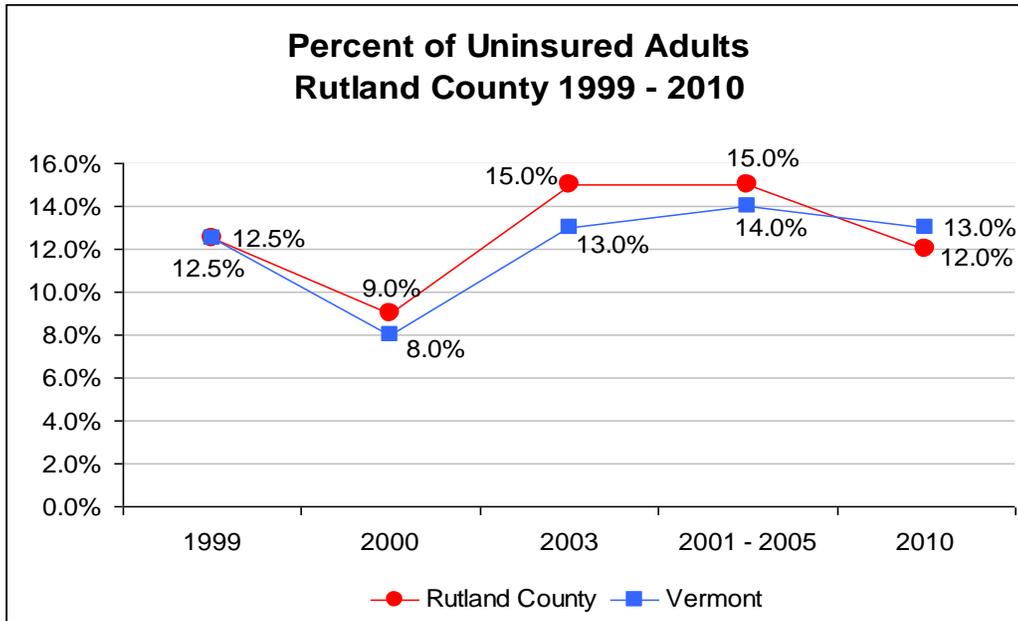


Figure 14 Percentage of Uninsured Adults, Rutland County 1999-2010

Source: 1999 – 2003: Rutland Regional Health Status Indicators, Rutland Partnership for Health, Revised 2004; 2001 – 2005: Health Status of Vermonters, Appendix, 2008, Vermont Department of Health; 2010: County Health Rankings Clinical Care, Rutland County and Vermont.

### Primary Care Access

- Rutland County Residents Do Not Have Adequate Access to Primary Care
  - In 2011, Vermont had a total of 469 Primary Care Physicians (MD/DOs), which compared to supply benchmarks equals a shortage of 35 FTEs, a worsening since 2010 by 10 FTEs.
  - In Rutland County, there were 39 Primary Care MD/DOs across 19 practice sites, improving the supply in FTEs by 2 as compared to 2010 (-12 and -10, respectively). At this level of shortage, Rutland County ranks as the second worst in the state, only behind Windsor County at -11 FTEs.
  - Of the three counties in Vermont with greatest need for Primary Care Physicians, Rutland has the highest proportion of MDs limiting or not accepting new patients, moving from 24% in 2009, to 36% in 2010 and 49% in 2011. For other providers (APRNs, etc.), this figure is also rising, from 48% in 2009, down to 45% in 2010, but up to 52% in 2011.
  - The specialty areas of greatest need in Rutland County are Internal Medicine, which shows a worsening trend with shortages of 20 FTEs in 2009 and 24 FTEs in 2011, and Obstetrics-Gynecology. Source: The Vermont Primary Care Workforce, AHEC Vermont Area Health Education Centers, 2011
  - Across Vermont, 83% of primary care physicians (in office settings) accept new patients, but only 72% accept new Medicaid patients and 69% accept new Medicare patients.

- In Rutland County, 87% of physicians accept new patients, but only 66% accept new Medicaid patients and 68% accept new Medicare patients. Both of these acceptance rates are lower than the previous report in 2008, when they were 75% and 72%, respectively.

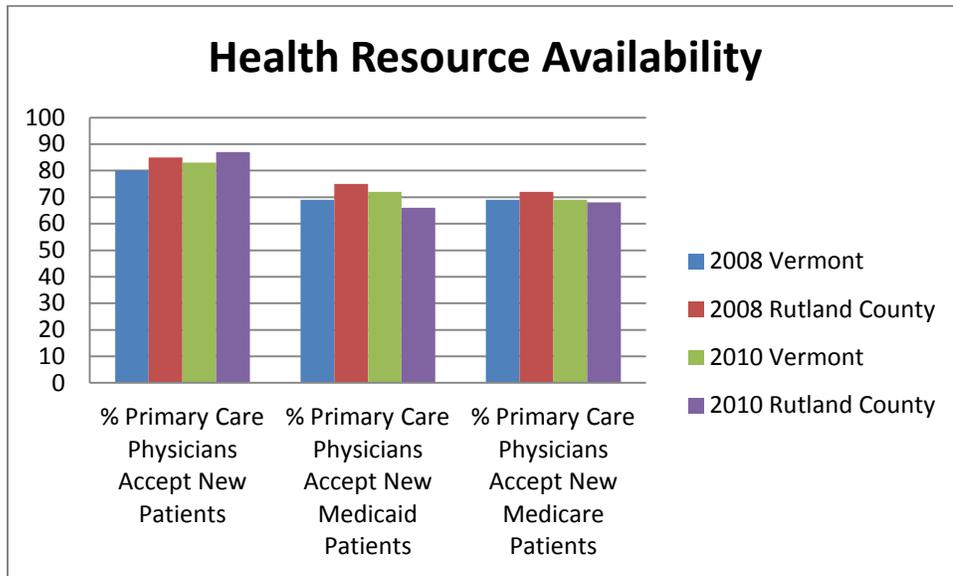


Figure 15 Health Resource Availability 2008, 2010

- In Rutland County 22% of Primary Care physicians and 15% of Specialty physicians are ages 60 or older. Source: Vermont Department of Health, 2010 Physician Survey, Statistical Report

### Specialty Care Access

- Rutland County Residents Have Access to Specialty Care
  - In 2010, 100% of Specialty Care Physicians (Anesthesiologists, Neurologists, Ophthalmologists, Surgeons, etc.) in Rutland County accepted new patients in general, 7% more than the State of Vermont (at 93%).
  - 90% of Specialty Care Physicians in Rutland County accepted new Medicaid patients, 2% more than Vermont (at 88%).
  - 93% of Specialty Care Physicians in Rutland County accepted new Medicare patients, 2% more than Vermont (at 91%). Source: Vermont Department of Health, 2010 Physician Survey, Statistical Report

### Hospitalization Rates for Ambulatory Care Sensitive Conditions (ACSC)

- Hospitalization rates for ACSC that could be treated in a physician’s office, if primary care was received in a timely manner, are one indication of a need for increased access to and/or use of primary care services in Rutland County.
- Rutland County is reported as having preventable hospital stays at a rate of 73 per 1,000 Medicare enrollees for ACSC, compared to the State average of 56, rendering a ranking of 13<sup>th</sup> out of 14 counties. This result suggests either or both that the quality of care provided in the

outpatient setting is less than ideal or there is a tendency to overuse the hospital as a main source of care. Source: County Health Rankings

- Emergency room visits per beneficiary in the Rutland HSA were nearly twice that of 7 other HSAs and significantly above the state average.
- From 2003 - 2007, the ACSC hospitalization rate was 5.63 per 100,000 population in Rutland County, the second highest in the state of Vermont. This is also significantly higher than the State's hospitalization rate of 5.00 per 100,000 population over the course of 5 years. Source: Recommendations to Improve Utilization and Variation in Health Care Services in Vermont, Vermont General Assembly, 2010.
- From 2003 – 2007, Rutland County had a significantly higher ambulatory sensitive inpatient day rate than the state average (1.5 compared to 1.18), and was 50% higher than the lowest HSA. Source: Recommendations to Improve Utilization and Variation in Health Care Services in Vermont, Vermont General Assembly, 2010
- Rutland County's aging population results in a higher percentage of Medicare beneficiaries (20.9%) than both Chittenden County (12.7%) and the state of Vermont (17.2%). Hospitalization rates for chronic conditions of Medicare beneficiaries are significantly higher in Rutland County than Chittenden County and the state. These chronic conditions should ideally be identified, assessed, and treated by a primary care physician before the patient needs to seek hospitalization.
- Ambulatory Sensitive Conditions:
  - Angina
  - Convulsions
  - Asthma
  - Dehydration - volume depletion
  - Pneumonia
  - Diabetes
  - Cellulitis
  - Gastroenteritis
  - Chronic obstructive pulmonary disease
  - Hypertension
  - Congestive heart failure
  - Kidney/urinary infection

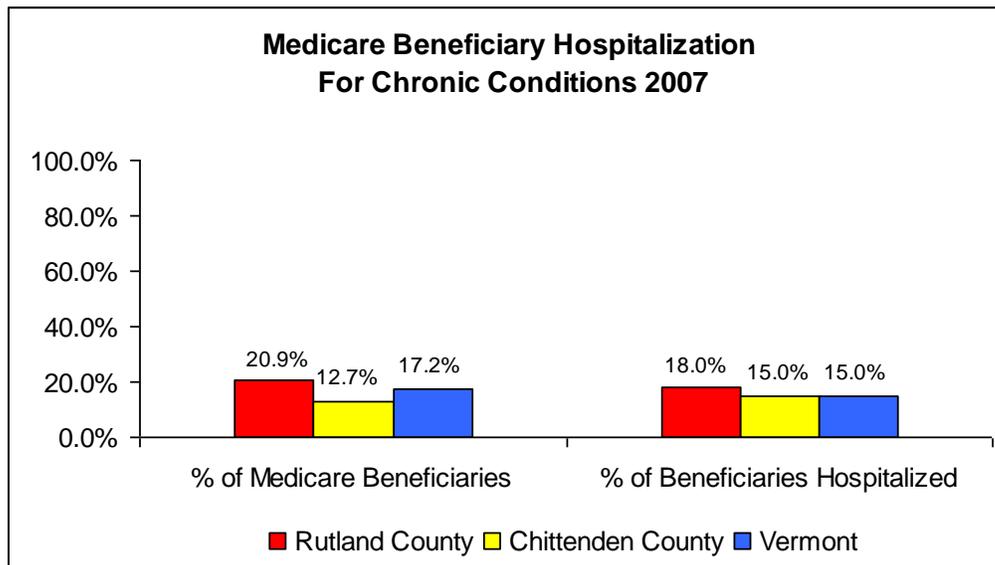


Figure 16 Medicare Beneficiary Hospitalization for Chronic Conditions 2007

Source: Vermont Program for Quality Health Care 2010

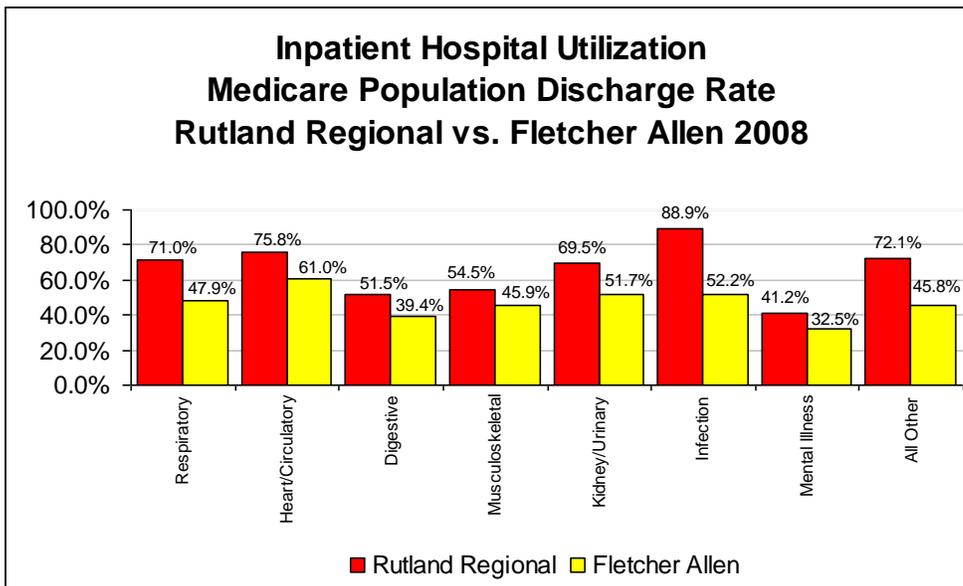


Figure 17 Inpatient Hospital Utilization, RRM v. FAHC 2008

Source: Vermont Department of Health, Hospital Utilization Report, 2008

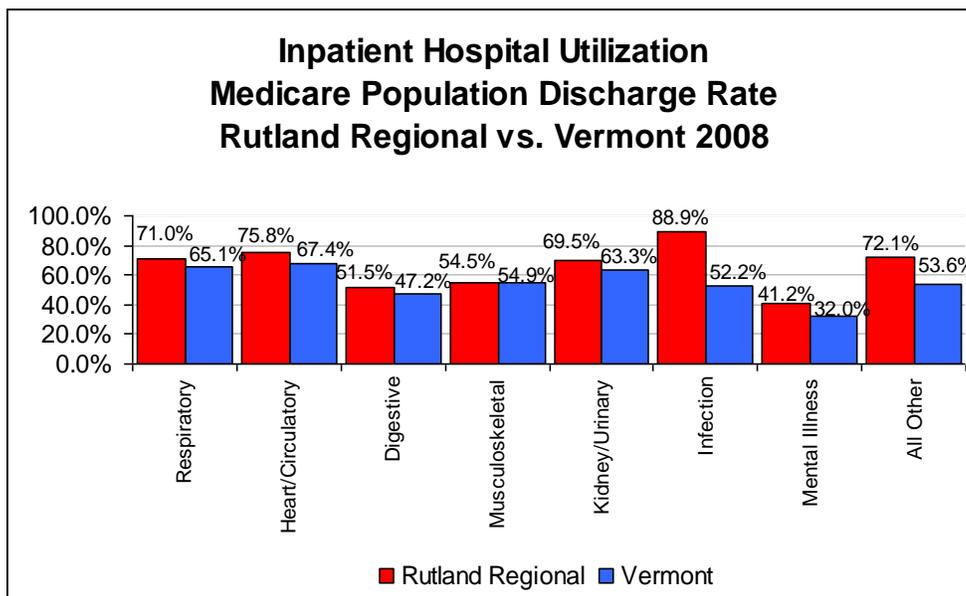


Figure 18 Inpatient Hospital Utilization, RRM v. Vermont 2008

Source: Vermont Department of Health, Hospital Utilization Report, 2008

#### Access to Dental Care

- About one-quarter of county residents do not receive routine dental care.
- 96% of general dentists are accepting new patients as of July 2011, compared to only 79% in 2008.
- The number of general dentists accepting new Medicaid adult patients is unchanged from 2008 (21%).
- Annually, only 3 out of 4 Rutland County adults (74%) use dental care services. Source: Rutland County Head Start 2011 Community Health Assessment 2011

- In 2009, Rutland County had a higher ratio of primary care dentist FTEs to 100,000 population than Vermont (38.07 vs. 35.01). Sources: Rutland County Head Start 2011 Community Health Assessment 2011, Vermont Dentist Survey 2009
- From 2007 to 2009, Vermont experienced a **decrease** of 3.9 fewer FTEs in primary care, mostly concentrated in Windham, Lamoille, and Rutland counties, while Chittenden County saw an increase in primary care dentistry. Notably, Rutland County had one of the **greatest increases** in primary care FTEs, with a net of 2.6. Source: Vermont Dentist Survey 2009
- Nearly 50% of Rutland primary care dentists are over the age of 60 (15 out of 33), and only 5 are under the age of 50. Source: Vermont Dentist Survey 2009

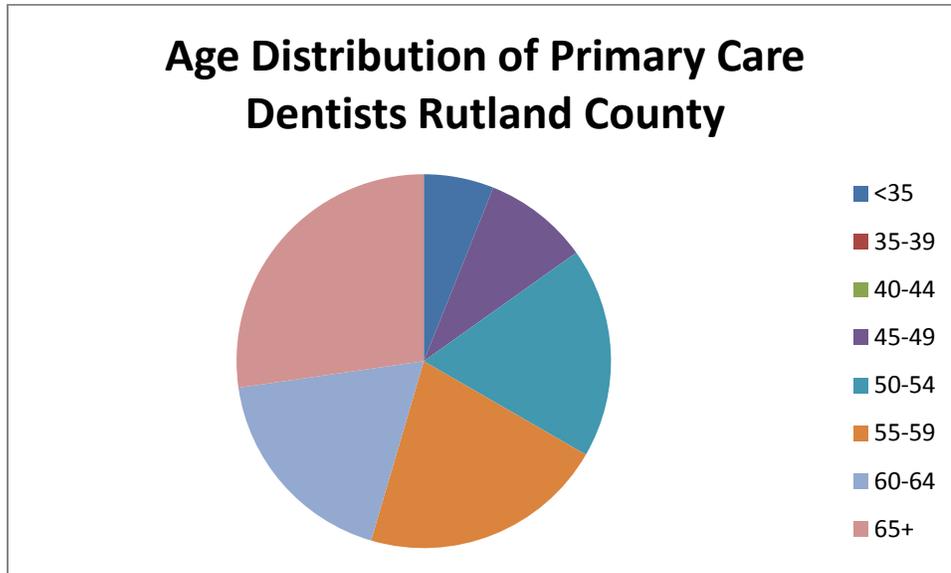


Figure 19 Age Distribution of Primary Care Dentists in Rutland 2009

- In Vermont, nearly 60% of the population is served by public drinking water supplies that are fluoridated. This represents about 310,000 people, or about half the state's population. Source: Vermont State Dental Society 2011
- In the past year, 71% of Rutland County adults had at least one dental visit. 9% of adults' last dental visit was 1 year to less than 2 years and 9% of Rutland County adults' last dental visit was 5 or more years or never. Source: BRFSS 2006, 2008, 2010

#### Access to Hospital Facilities

- In 2010, the state of Vermont had a rate of 2.1 hospital beds per 1,000 people, slightly below the national average of 2.6 beds per 1,000 people. Source: Kaiser State Health Facts 2011
- Rutland County's capacity of hospital beds is slightly above the national rate of 22 beds per 10,000 people. Rutland County had 188 licensed hospital beds, or 30.5 beds per 10,000 people. This increased slightly over the past few years due to the decrease in population in the State. Source: Kaiser State Health Facts 2011

#### Access to Nursing Homes

- In 2007, Rutland County encompassed 11.7% of the state’s entire population of people with disabilities requiring long term care (2<sup>nd</sup> largest count in the state). Source: Shaping the Future of Long Term care and Independent Living, State of Vermont 2007 - 2017
- In 2007, Rutland County exceeded the Vermont nursing facility use rate (41% vs. 39%). Source: Shaping the Future of Long Term care and Independent Living, State of Vermont 2007 - 2017

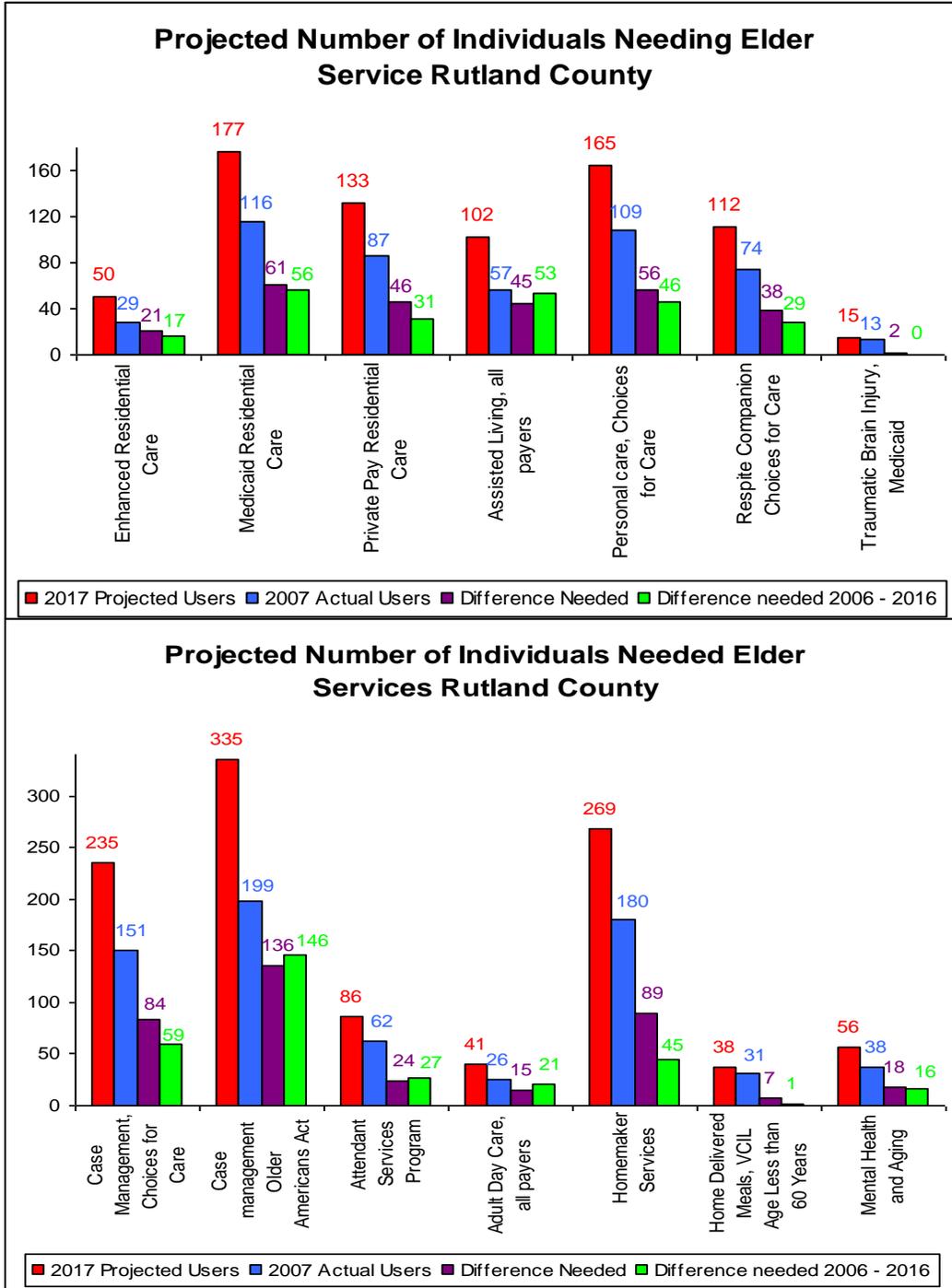


Figure 20 Projected Number of Individuals Needing Elder Care Services, Rutland County

Source: Shaping the Future of Long Term Care and Independent Living, State of Vermont 2007 – 2017, 2006 – 2016; Department of Disabilities, Aging and Independent Living, Vermont Agency of Human Services, 2007

### 3. Quality of life

#### Poor Mental Health Days

- In 2011, Rutland County residents reported an average of 3.5 mentally unhealthy days, including stress, depression, and emotional problems, for the last 30 days compared to an average of 3.3 mentally unhealthy days in Vermont, and against the national benchmark of 2.3. Source: County Health Rankings 2012
- Nationwide in 2008-2009, 6.5% of adults aged 18 or older had a major depressive episode (i.e., depression) in the past year. On the whole, Vermont had a similar rate at 6.49%; the exception is among 18-25 year olds with a rate of 9.37% compared with the national average of 8.13% Source: State Estimates of Substance Use and Mental Disorders from the 2008-2009 National Surveys on Drug Use and Health, U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, June 2011.
- In 2010, Vermont’s most populated counties, Rutland and Chittenden, served the fewest per 1,000 (5.1 and 4.4 respectively). Source: Adult Mental Health Outpatient, Substance Abuse and Community Rehabilitation and Treatment Services Design, Vermont Department of Mental Health 2011
- It is estimated that in Rutland County the population per mental health professional is 2,258:1, as compared with an overall State rate of 945:1. Source: County Health Rankings 2012, Additional Measures
- The percentage of those needing and not receiving treatment for substance abuse and alcohol continues to exceed national rates.
- Nearly all Vermont Substance Abuse Treatment facilities receive Federal and State funding for provision of services, making their sustainability of services susceptible to funding trends, especially in the negative. Source: Vermont, States in Brief, December 2008

#### Crime

- In 2010, the crime rate in Rutland County was between 42.23 and 58 per 1,000 people, the highest in the state along with Windham County and Chittenden County. This compares to the state crime rate of 43.50 per 1,000 people, showing Rutland County to be at or above the state average. Source: 2010 Vermont Crime Report, Vermont Department of Public Safety Division of Criminal Justice Services

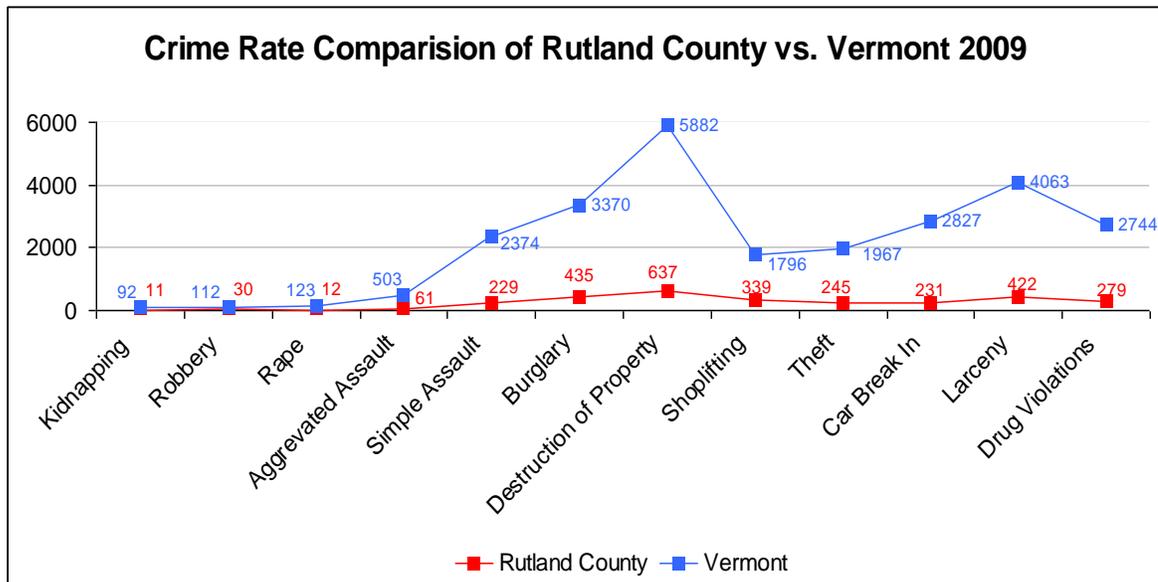


Figure 21 Crime Rate Comparison, Rutland County v. Vermont 2009

- Nationally, the incidence of Drugs as the Primary Offense for arrest under federal law was 28.9% and in Vermont it was higher, 32.2%. The figures are the essentially the same for Drugs-trafficking, specifically. Source: United States Sentencing Commission, Statistical Information Packet, Fiscal Year 2010, District of Vermont
- Child pornography as the Primary Offense for arrest under federal law was 2.3% nationally and more than twice that in Vermont at 5.6%. Source: United States Sentencing Commission, Statistical Information Packet, Fiscal Year 2010, District of Vermont
- The violent crime incidence for Rutland County (132) is significantly higher than the national benchmark (73), but similar to the state rate (134). Source: County Health Rankings 2012

### Rates of Domestic Violence

- In 2010-2011, Rutland County had 95 domestic violence charges (10.8%) the 3<sup>rd</sup> highest in the State of Vermont. The Rutland County rate was more than twice the 2008-2009 rate (45). Source: State of Vermont Domestic Violence Fatality Review Commission Report 2012
  - In 2010-2011, Rutland County had the 2<sup>nd</sup> highest rate of court petitions for relief from domestic violence (16.57%) even though the county is reported to contain only 10% of the State's population. This was a reduction from the 2008-2009 Rutland County rate of 19%. Source: State of Vermont Domestic Violence Fatality Review Commission Report 2012
- In 2007, the number of child abuse and/or neglect investigations was 230 for Rutland County. There were 13 reported cases of physical abuse, 24 sexual abuse, 20 risk of harm, and 3 emotional neglect. Source: Child Abuse and Neglect in Vermont, Department of Children and Families, 2007

### Affordable Housing

- In 2007, Rutland County was defined as having an acute shortage of affordable housing, along with the State, which exceeds the national average for "severe housing burden", defined as a household spending 50% of its income for housing and utilities. Source: Understanding Vermont, Vermont Community Foundation 2007; The New England Rental Market, Federal Reserve Bank of Boston 2007
- In 2010, Rutland announced the renovation and conversion of two old and unused buildings into affordable housing units. Source: Vermont Affordable Housing Coalition 2010
- 40% of Rutland County renters pay at least 30% of their income to rent. Because the county's renters earn significantly less than their counterparts statewide, renting in the county is a greater burden for its renters despite the fact that rents are lower than statewide. Rutland County has subsidized housing for 19.1% of renter. Source: Rutland County Housing Needs Assessment 2005

### Access to Healthy Food

- Access to healthy foods in Rutland County is ranked at 52% as compared with the national benchmark of 92%; Rutland County is slightly ahead of the State (49%), however. Source: County Health Rankings 2012
- Fast food restaurants make up 36% of all restaurants in Rutland County; the national benchmark is 25% and the state of Vermont is reported at 33%. Rutland County falls within the upper quarter of all counties in Vermont. Source: County Health Rankings 2012

- The number of Vermont households running out of food – or lacking access to enough food for a healthy life – rose from 12.1% in 2008 to 13.6% in 2009. Source: Vermont Foodbank; US Department of Agriculture Household Food Security in the United States Report 2009
- Vermont ranked 20<sup>th</sup> in the nation for prevalence of very low food security from 2007 – 2009, third highest in New England after Maine and Rhode Island. Source: Vermont Foodbank; US Department of Agriculture, Household Food Security in the United States Report 2009
- 16% of low income Vermonters eats less than they feel they should because there is not enough food, or no money to buy food. 28% of Vermonters who earn less than 250% of the poverty level are obese. Source: The Health Disparities of Vermonters 2010
- More than half of all babies born in Vermont and their families benefit from the healthy food package they receive through the WIC supplemental nutrition program. Source: The Health Disparities of Vermonters 2010
- In 2011, Rutland Area Farm and Food Link collected and distributed 8,896 pounds of fresh food to shelters and food service organizations. Source: Rutland Area Farm and Food Link 2011 Annual Report

### Childcare Supply

- There were more childcare vacancies than children to fill them in Rutland County area in June 2011. Source: Rutland County Head Start 2011 Community Assessment

Capacity and Vacancies at Rutland County Childcare Providers			
Licensed Centers & Registered Homes	Total Capacity	Total Vacancies	Vacancy Rate
0-6 years	1,925	287	15%
School age	1,537	242	16%
<b>Total</b>	<b>3,462</b>	<b>529</b>	<b>15%</b>

Figure 22 Capacity and Vacancies at Rutland County Childcare Providers

Source: Rutland County Community Child Care Resource and Referral Office 2011

### Support for Disabled Adults

- In 2008, Rutland County’s proportion of adults with disabilities reporting sufficient emotional support was significantly worse than statewide (63% vs. 72%) and lower than then Healthy Vermonter’s Goal of 79%. In 2009, Rutland County improved to 66% satisfaction and is now above the state total of 63%. However, the proportion of adults with disabilities reporting sufficient emotional support in Vermont dropped significantly (from 72% to 63%). Source: 2008: Health Status of Vermonters, VDH, based on 2001-2005 data; 2009: BRFSS 2009, based on 2005 – 2009 data

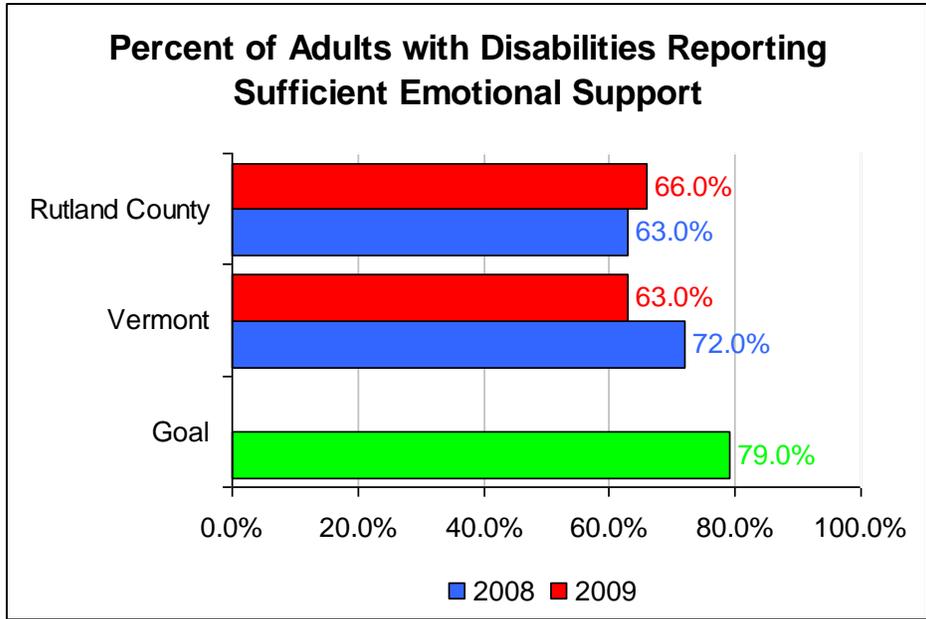


Figure 23 Percentage of Adults with Disabilities Reporting Sufficient Emotional Support

4. Health behaviors

Substance Abuse Rates

- Since State estimates of substance abuse were first generated using National Surveys of Drugs Use and Health, Vermont has ranked among the *highest* 10 states for several measures, including illicit drug use, alcohol use and others. Source: Vermont, States in Brief, The Office of Applied Studies, U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, December 2008.
- In 2008-2009, 8.4% of the U.S. population aged 12 or older had used an illicit drug in the past month, increase of almost 2%. In Vermont, this rate was 12.34%, up from the prior report (11.64%), placing Vermont as the 3<sup>rd</sup> highest state in this category. Source: State Estimates of Substance Use and Mental Disorders from the 2008-2009 National Surveys on Drug Use and Health, U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, June 2011.
- Nationally, about 2.78% of persons aged 12 and over were dependent on or had abused illicit drugs in the past year. Vermont rate was reported as 2.8% and so is comparable. Specific to 18-25 year olds, however, Vermont's rate is 9.47% compared to the national rate of 7.85, placing Vermont among the highest ten states. Source: State Estimates of Substance Use and Mental Disorders from the 2008-2009 National Surveys on Drug Use and Health, U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, June 2011.
- In 2008-2009, 6.4% of the U.S. population aged 12 or older reported having used marijuana in the past month. In Vermont, this rate was 10.83, placing Vermont as the 2<sup>nd</sup> highest state in this category. Source: State Estimates of Substance Use and Mental Disorders from the 2008-2009 National Surveys on Drug Use and Health, U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, June 2011.
- Nationally, nonmedical use of pain relievers in the past year among persons aged 12 or older remains unchanged at 4.8%; Vermont's rate of 5.37% is similar to that of many other states, however, in the age category of 18-25 year olds, Vermont ranks 6<sup>th</sup> in the nation at 14.6%. Source: State Estimates of Substance Use and Mental Disorders from the 2008-2009 National Surveys on Drug Use and Health, U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, June 2011.

- Rutland County smoking, alcohol, and drug abuse rates are very high:

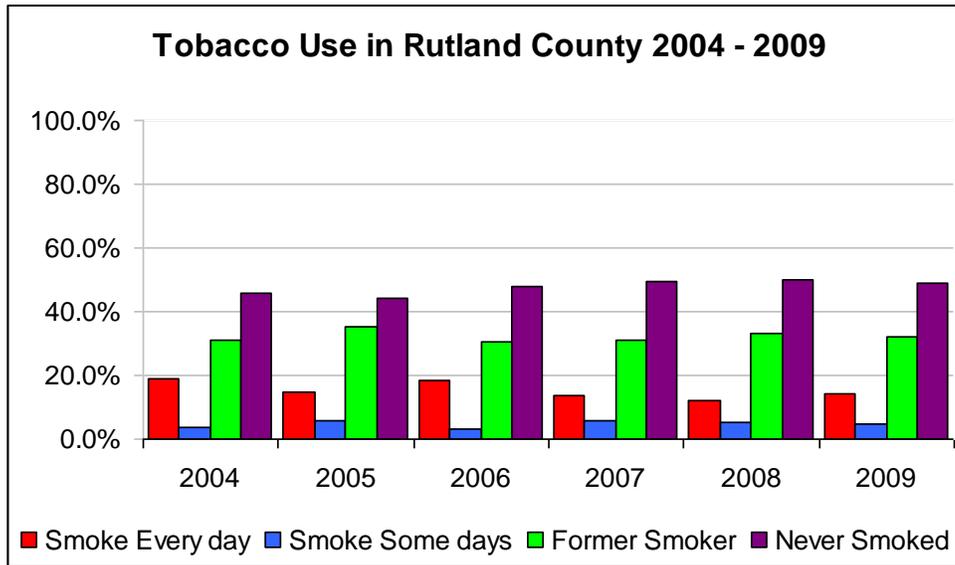


Figure 24 Tobacco Use Rutland County 2004-2009

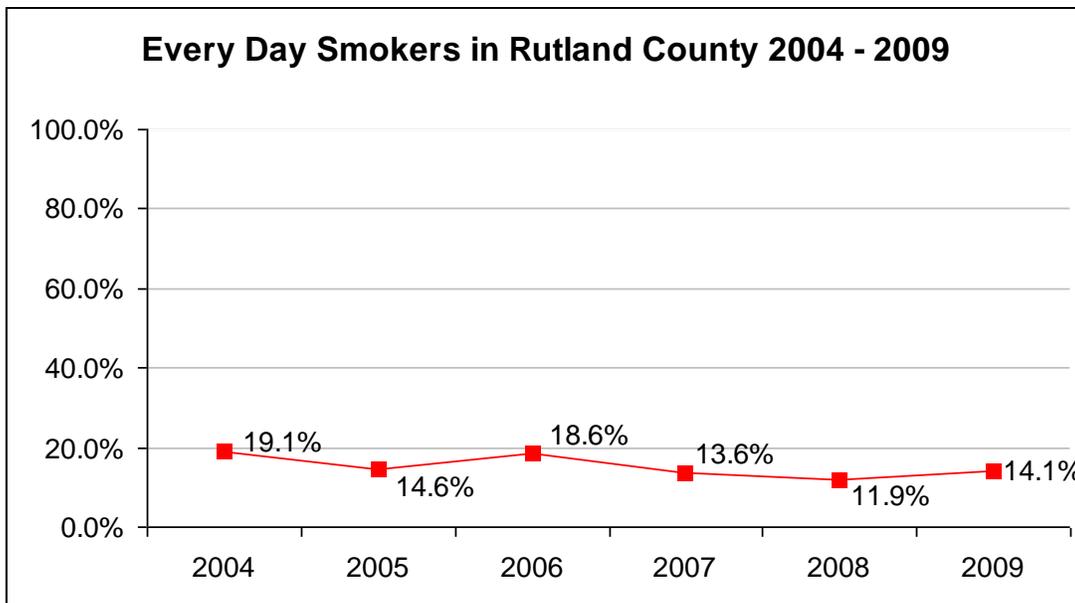


Figure 25 Every Day Smokers in Rutland County 2004-2009

Source: CDC Behavioral Risk Factor Surveillance System, SMART: BRFSS City and County Data, Rutland, VT Micropolitan Statistical Area 2009

- The number of everyday smokers in Rutland County had decreased in previous years but has recently been on the rise.
- Rutland County is comparable to Vermont in adults that smoke some days and former smokers, but has more adults that smoke everyday (14.1 vs. 12.5) and less adults that have never smoked (48.9 vs. 51.3)

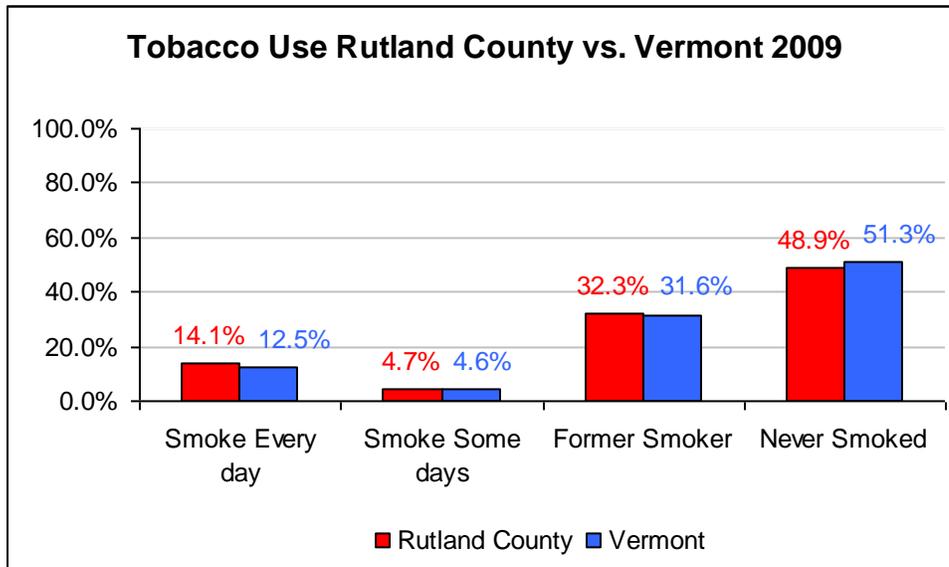


Figure 26 Tobacco Use in Rutland County 2004-2009

- The percentage of current smokers vs. nonsmokers has remained relatively consistent throughout the years, with an increase in proportion of nonsmoking adults to smokers every year. From 2004 to 2009, nonsmoking adults have increased 4.4% and smokers have decreased 4.2%.
- Rutland County has a greater number of current smokers than the State of Vermont (18.8% vs. 17.1%) and fewer adults that do not smoke than the State (81.2% vs. 82.9%).

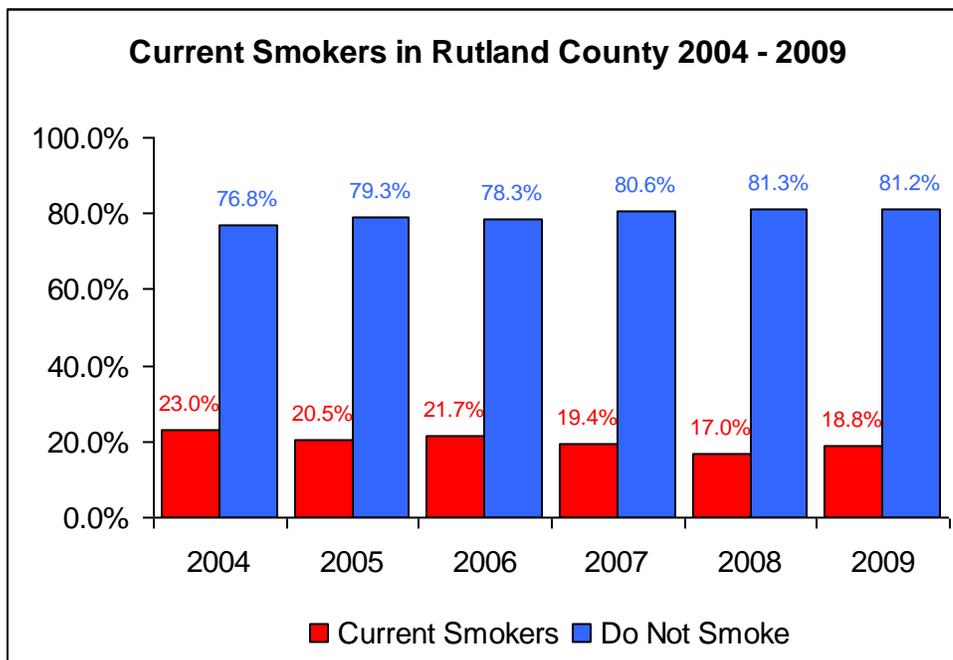


Figure 27 Current Smokers in Rutland County 2004-2009

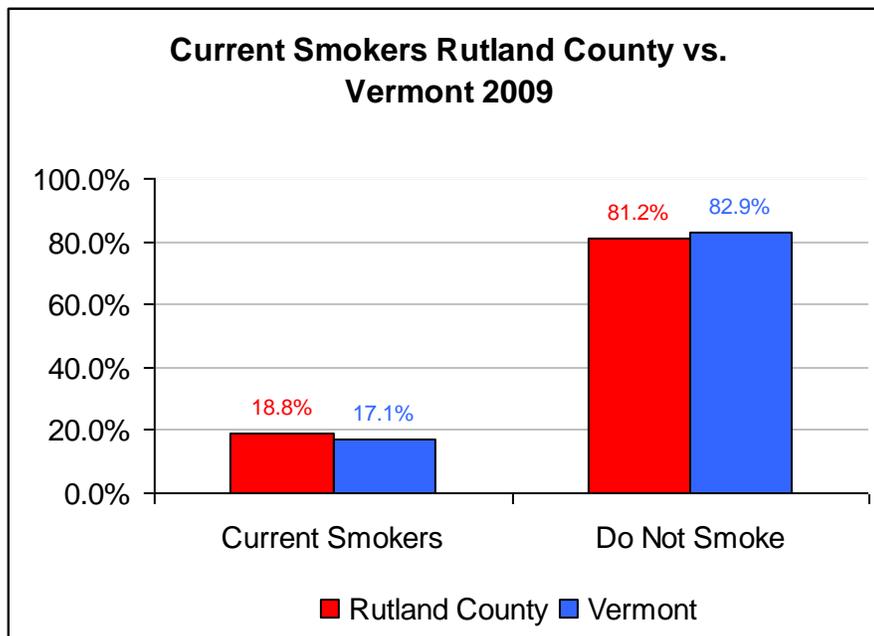


Figure 28 Current Smokers, Rutland County v. Vermont 2009

Source: CDC Behavioral Risk Factor Surveillance System, SMART: BRFSS City and County Data, Rutland, VT Micropolitan Statistical Area 2009

- In 2011, 32% of student's grades 9 – 12 drank alcohol at least once during the past 30 days. However, alcohol use within the last 30 days is declining (in 1999, the percentage was 52% and it was 38% in 2009). The statewide rate is 35% and in 2009 it was 39%.
- In 2011, 22% of high school students reported binge drinking (drinking five or more drinks in row) (at the state level, 21% of students reported binge drinking in 2011). In 2007, 23% of all students reported binge drinking compared to 18% in 2009. Additionally, those that report having binged 3 or more days out of the last 30 days continue to go down. In Rutland County this was reported by 7% of respondents compared to 15% in 1999 and 9% in 2009. The statewide rate was 8% in 2011.
- The rate of cigarette smoking in the past 30 days has been declining since 1999 (39%) in Rutland County for youth. In 2009 it was 21% and in 2011 it was 14% (State rate of reporting was 13% compared to 2009 at 18%). Of interest is that 39% of respondents in Rutland County indicated that a health professional asked them about smoking and 33% say that a parent/guardian discussed the dangers of smoking with them. (State rates are 41% and 34%, respectively)
- The percentage of students who have smoked marijuana within the last 30 days (25% in 2011; state rate 24%) has declined since 1999 (34%), with 27% of students reporting use in 2007 and 26% reporting use in 2009. The percentage of students who have ever tried marijuana has also been declining in Rutland County, from 51% in 1999 to 41% in 2007 to 40% in 2009 and 38% in 2011 (the state rate for 2011 was 39%).
- In 2011, the percent of students who every used a prescription stimulant or pain reliever not prescribed to them was 10%, compared to the state rate of 14%.
- The percent of students using inhalants, methamphetamines, and hallucinogens are continuing to decline in Rutland County (inhalants 1999 21%; 2009 10%; 2011 9% (State in 2011 8%)); (methamphetamines 1999 9%; 2009 5%; 2011 3% (State in 2011 3%)); (hallucinogens 1999 20%; 2009 11%; 2011 9% (State in 2011 10%)).

- 13% of Rutland County students in grades 9-12 that reported using a prescription pain reliever not prescribed to them (Oxycodone, Vicodin, etc.) was 13%, similar to the statewide reporting at 12%. The Rutland County rate in 2009 was 16%.
- In Rutland County 15% of students in grades 9-12 reported that someone offered, sold or gave them an illegal drug on school property within the last 12 months. This is down from previous years – 1999 was 31%; 2007 was 22%; and 2009 was 20%. The statewide rate in 2009 was 21% and in 2011 was 18%. Source: The 2011 Vermont Youth Risk Behavior Survey, State and Rutland County reports

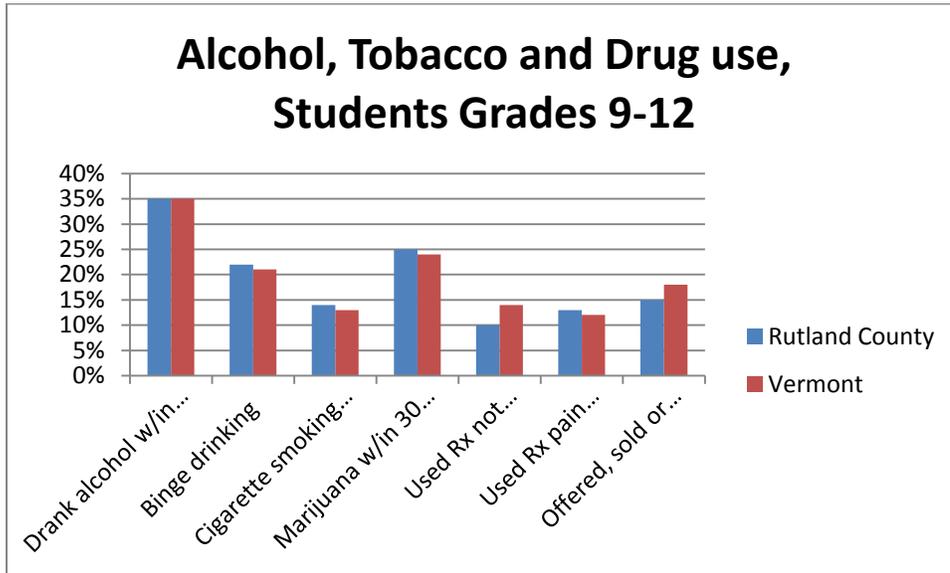


Figure 29 Alcohol, Tobacco & Drug Use, Students Grades 9-12

Source: The 2011 Vermont Youth Risk Behavior Survey, Rutland County and Vermont

Trends in Adult and Youth Smoking and Drinking

- Since 1999, adult smoking in Rutland County has been consistently higher than the State of Vermont but has followed the trends of the State totals.

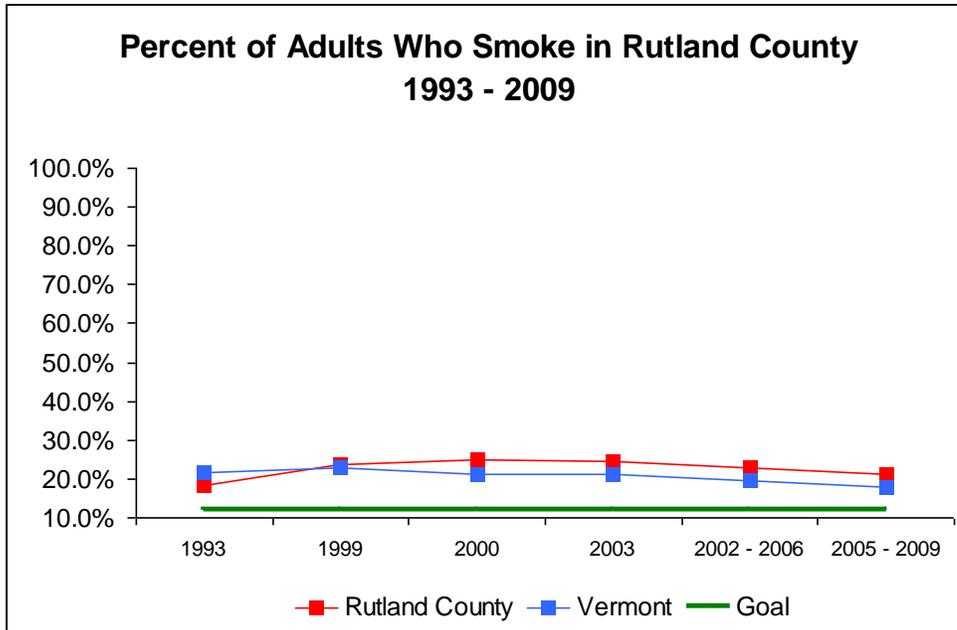


Figure 30 Percentage of Adults Who Smoke, Rutland County, 1993-2009

Source: 1993-2003 data: Rutland Region Health Status Indicators, Rutland Partnership for Health and the James T. Bowse Community Health Trust; 2002-2006 data: 2007 Community Profile for Rutland City School District, VT Agency of Human Services Planning Division; 2005-2009 data: Behavioral Risk Factor Surveillance System 2009, Vermont Department of Health

- Youth smoking rates continue to decline in Vermont and Rutland County. However, youth smoking in Rutland County (21% in 2009; 14% in 2011) continues to be slightly higher than across the State of Vermont (18% in 2009; 13% in 2011).

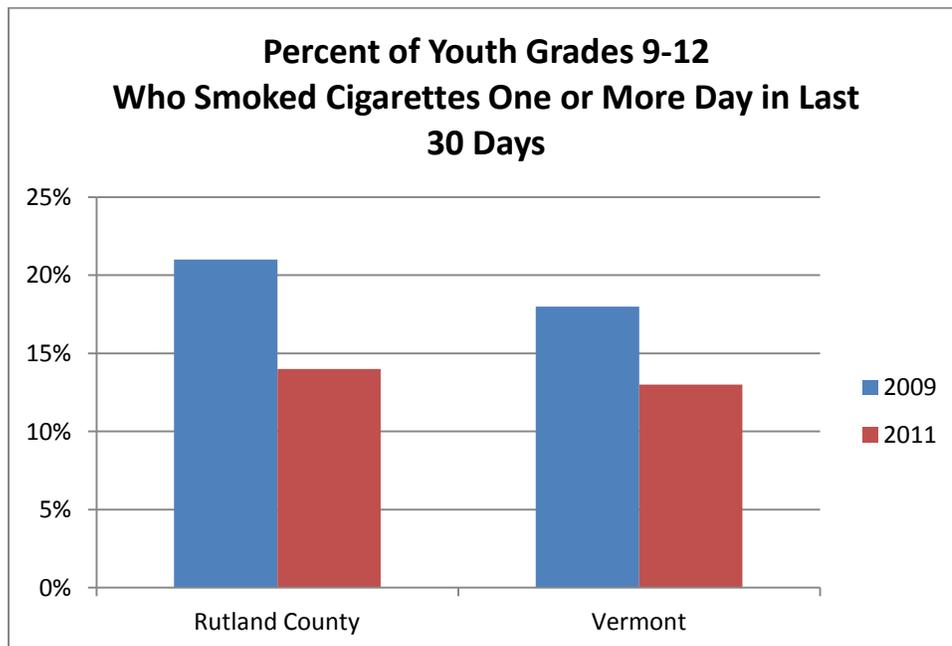


Figure 31 Percentage of Youth Grades 9-12 Who Smoked Cigarettes One or more days

Source: Youth Risk Behavior Survey 2011, Rutland County and Vermont reports

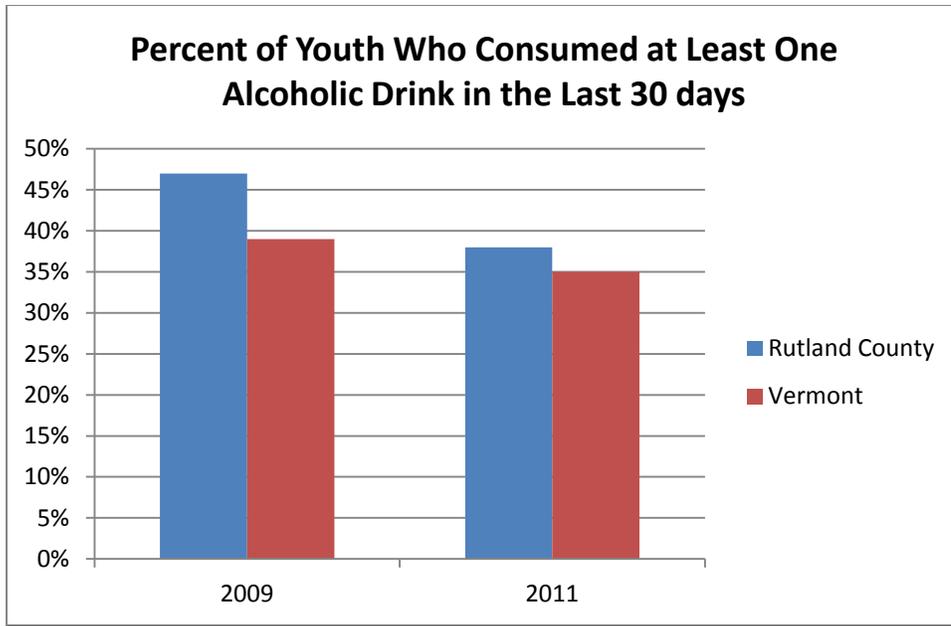


Figure 32 Percentage of Youth Who Consumed at Least One Alcoholic Drink in the Last 30 days

Source: Youth Risk Behavior Survey 2011, Rutland County and Vermont reports

- In 2008-2009, 7.4 % of the population aged 12 or older was classified with dependence on or abuse of alcohol nationwide in the past year. Vermont is comparable, at 7.5% on the whole and has similar to national rates across each age grouping category.
- Vermont had the highest rate of past month use of alcohol among persons aged 12 to 20 in 2008-2009 at 36.6%, compared to the lowest at 14.2% and that national rate of 26.81%. Additionally, Vermont ranked 2<sup>nd</sup> highest for binge drinking among this age group at 24.62%, as compared to that national rate of 17.7%. Source: State Estimates of Substance Use and Mental Disorders from the 2008-2009 National Surveys on Drug Use and Health, U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, June 2011.

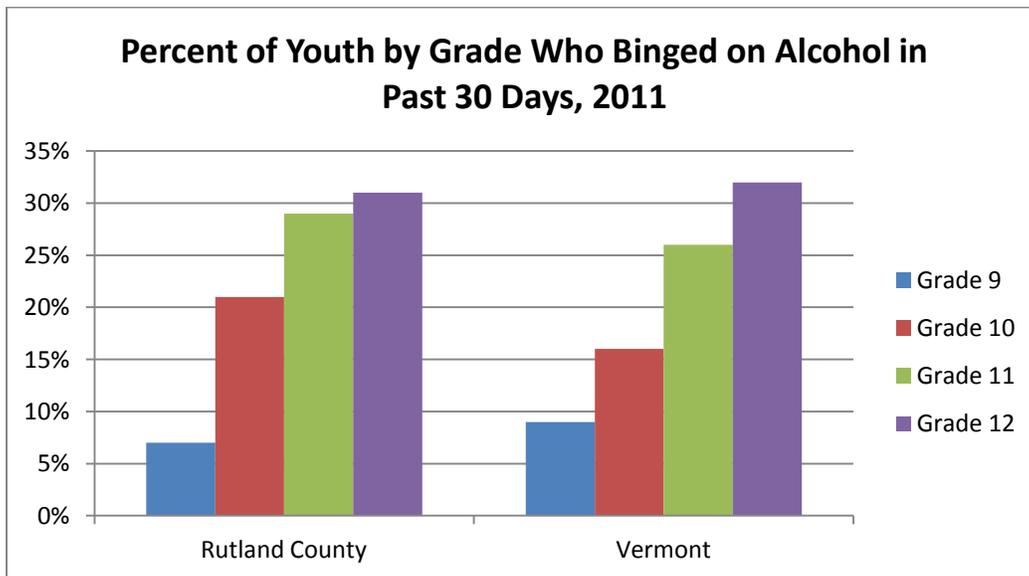


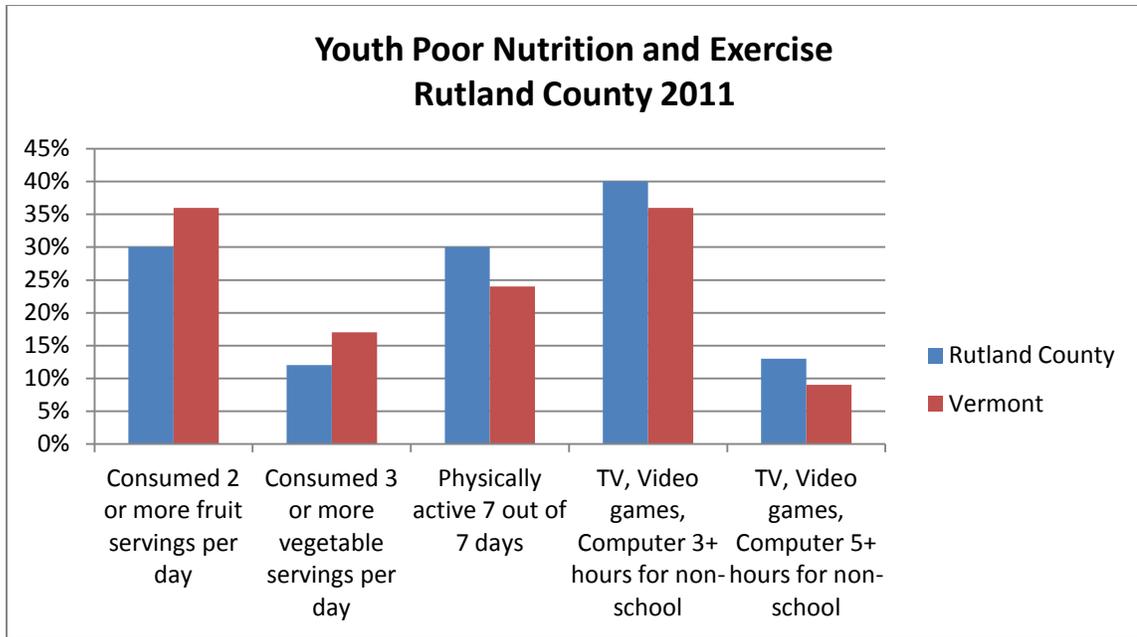
Figure 33 Percent of Youth by Grade Who Binged on Alcohol in Past 30 days, 2011

Source: Youth Risk Behavior Survey 2011. Rutland County and Vermont reports

- Since 1995, 12<sup>th</sup> grade binge drinking rates have declined among students in Rutland County and Vermont from a high of 47.5% in Rutland County in 1995 to new low in 2011 at 31%. Still, roughly one in three seniors in high school engages in binge drinking. With the exception of 2001, 2009 was the first year that Rutland County 12<sup>th</sup> grade binge drinking rates were lower than the State average (21% vs. 23%). In 2011 the region maintained this, with Rutland County reporting at 31% compared to the state rate of 32%. Source: Youth Risk Behavior Survey 2011, Rutland County and Vermont reports

### Rates of Obesity and Overweight

- Compared to Vermont, Rutland County adults are significantly worse than statewide in terms of eating 2 or more servings of fruit a day (36% vs. 39%) but have improved 1% since the 2001-2005 data. They are less likely than Vermonters as a whole to eat 3 or more servings of vegetables a day (29% vs. 30%) but have closed the gap from 28% vs. 31% in the 2001-2005 data. Rutland County adults are less likely to exercise at recommended levels (80% vs. 84% of adults engage in some form of physical activity during leisure time). Source: Health Status of Vermonters 2008, Vermont Department of Health based on 2002-2005 data; Physical activity data: Behavioral Risk Factor Surveillance System 2009, Vermont Department of Health
- Proportionally fewer Rutland County youth engage in healthy nutrition than in Vermont.
  - Only 30% of youth in Rutland County reported eating 2 or more servings of fruit a day in 2011, a new low and a decline since the last needs assessment (2005 the rate was 32%). Comparatively, at the state level the rate is improving (in 2009 34% of students in grades 9-12 reported consuming 2 more or more servings of fruit per day in the past week; in 2011 this rose to 36% . Source: Vermont Youth Risk Behavior Survey 2011, Vermont Department of Health, State and Rutland County
  - Only 12% of Rutland County youth in grades 9-12 eat 3 or more servings of vegetables a day vs. 17% in Vermont overall in 2011. Again, the Rutland County rate has decreased (in 2009 it was 14%) while the State rate has increased (in 2009 it was 15%) Source: Vermont Youth Risk Behavior Survey 2011, Vermont Department of Health, State and Rutland County
  - Proportionally, more youth exercise regularly (physically active seven of past seven days) in Rutland County (30%) compared to Vermont (24%). The proportion of Rutland County youth exercising regularly has fluctuated in recent years (2007 rate 29%; 2009 27%) while the statewide total remained unchanged from 2009 to 2012 (at 24%).
  - In 2011, student grades 9-12 reported that on an average school day they use the computer for non-school activities, watch television or play video games for increasingly more time. In Rutland County the percent of students engaging in these activities for 3 or more hours per day was 40% (2001 rate was 32% and 2005 41%); for 5 or more hours the rate in 2001 was 13% (2001 it was 9%; 2005 12%). The statewide rates in 2011 were: 3+ hours at 36% and 5+ hours 9%. Source: Vermont Youth Risk Behavior Survey 2011, Vermont Department of Health, State and Rutland County



**Figure 34 Youth Poor Nutrition & Exercise 2011**

Source: Vermont Youth Risk Behavior Survey 2009, Vermont Department of Health, State and Rutland County

- Overweight and obesity are significant negative health issues for Rutland County youth and adults.
  - In 2011, 14% of Rutland County youth in grades 9-12 report being overweight and 11% report being obese. Rutland County has slightly more overweight and obese youth compared to Vermont (2011 rates are 13% and 10%, respectively).
  - Consistently nearly one-half of students in grades 9 through 12 in Rutland County report trying to lose weight (1999 47%, 2007 48%, 2009 48% and 2011 48%). This is somewhat higher than the statewide rates of 42% in 2009 and 43% in 2011. Predictably, the largest percent of the students trying to lose weight is female (62% compared to 33% male in 2011; 57% compared to 29% at the state level in 2011) Source: Vermont Youth Risk Behavior Survey 2011, Vermont Department of Health, State and Rutland County
  - Nearly one in four Rutland County adults are obese (24%) which is the same as the State average, but is a 2% increase from the previous community health needs assessment report (22%). 38.7% of Rutland County adults are overweight, therefore 62.7% of adults in Rutland County are either overweight or obese. This is greater than the Vermont average of 56.9%. Source: Behavioral Risk Factor Surveillance System 2009, Vermont Department of Health; Rutland Co-op and Rutland Nutrition Coalition 2009, Kaiser Family Foundation State Health Facts 2009

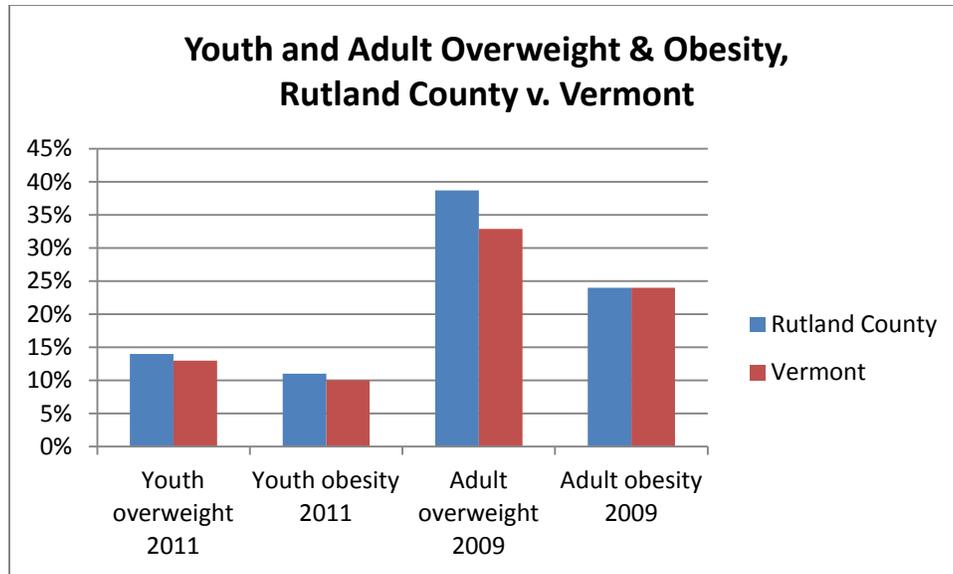


Figure 35 Youth and Adult Overweight & Obesity, Rutland County v. Vermont

Source: Vermont Youth Risk Behavior Survey 2011, Vermont Department of Health, State and Rutland County; Obesity and Health Status Report 2006, Vermont Department of Health

### Levels of Youth Sexual Activity

- The percent of youth in grades 9 through 12 who have had sex is has remained just below one-half of those reporting in Rutland County (46% in 2009 vs. 45% in 2011) and has remained about the same in Vermont (45% in 2009 vs. 41% in 2011). Source: Vermont Youth Risk Behavior Survey 2009, Vermont Department of Health, State and Rutland County
- Condom use in Rutland County by students in grades 9-12 has remained steady at about two-thirds of those responding, and slightly above the rate statewide (1999 62%; 2007 66%; 2009 67%; and 2011 66%). At the state level the rate was 64% in 2009 and 63% in 2011.
- The percent of youth in grades 9 through 12 in Rutland County report having had 4 or more sexual partners in their lifetime hovers just under 15% (12% in 2011, a new low). This is above the statewide rate of 11% reported in 2011. Source: Vermont Youth Risk Behavior Survey 2011, Vermont Department of Health, State and Rutland County

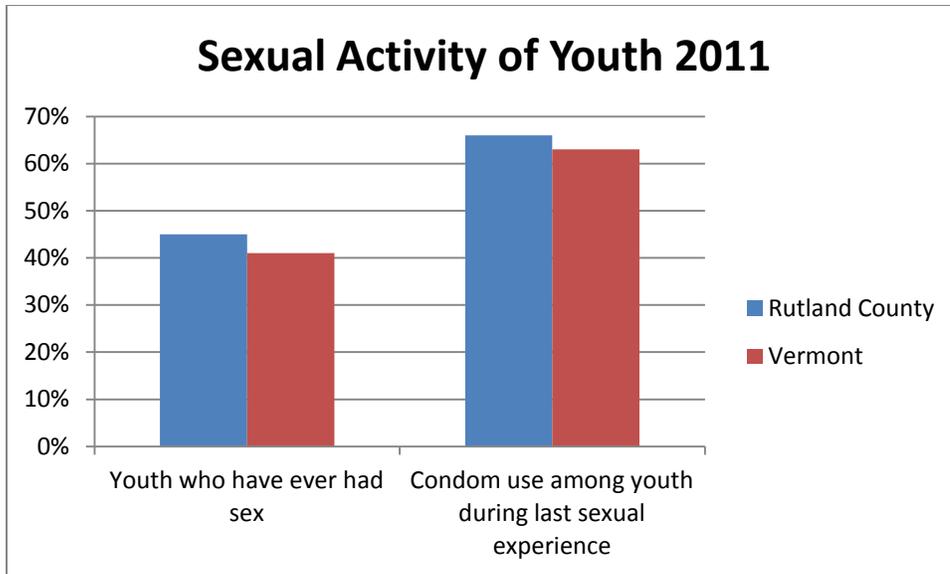


Figure 36 Sexual Activity of Youth 2011

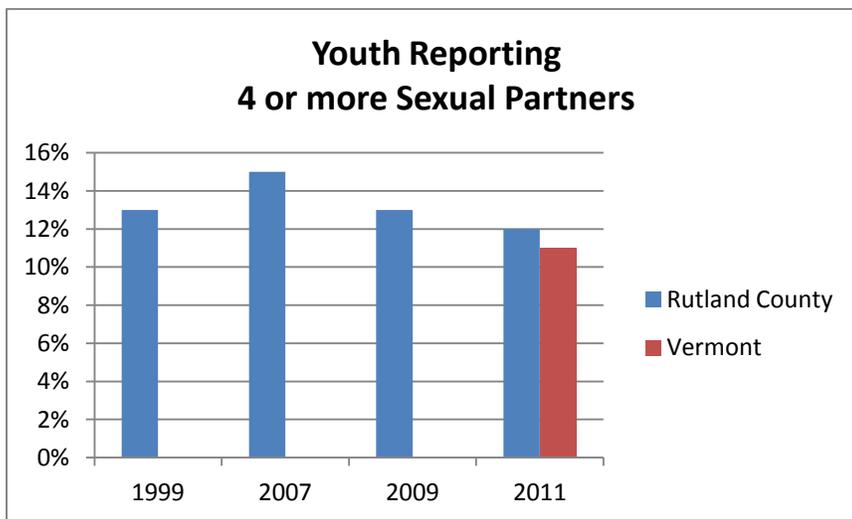


Figure 37 Youth Reporting 4 or more Sexual Partners 2011

### Personal Safety

- 71% of Rutland county students in grades 9 through 12 report riding bicycles; of those 24% wear a helmet always or most of the time and 67% report that they rarely or never do. Bicycle helmet use among Rutland County students is reported lower than Vermont (24% vs. 34%). Source: Vermont Youth Risk Behavior Survey 2011, Vermont Department of Health, State and Rutland County
- Seatbelt use in Rutland County and Vermont is similar. Youth in grades 9 through 12 in Rutland County buckle up 83%, compared to the state rate of 85%. The Rutland County rate rose from 1999 (73%) to 2005 (82%), and seems to have plateaued. Source: Vermont Youth Risk Behavior Survey 2011, Vermont Department of Health, State and Rutland County

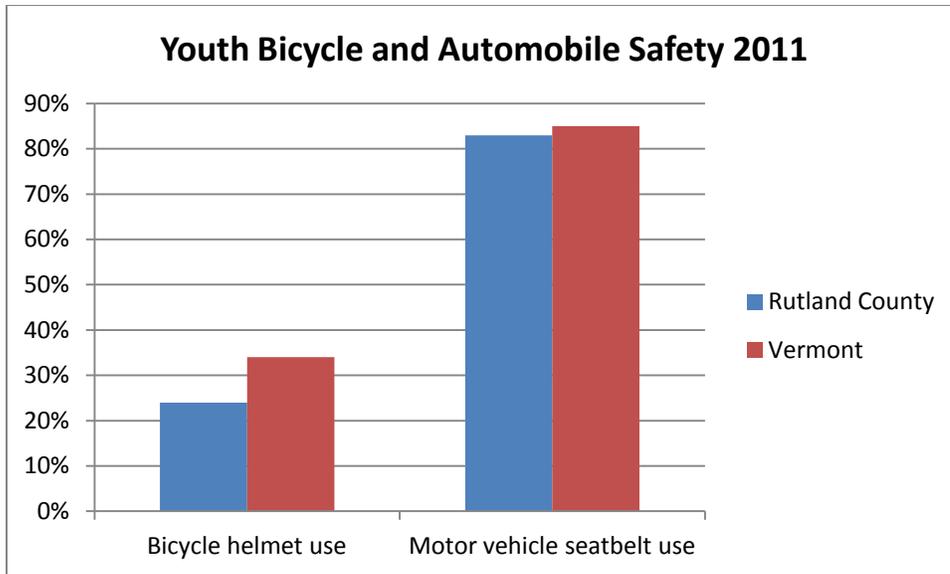


Figure 38 Youth Bicycle and Automobile Safety 2011

Source: Vermont Youth Risk Behavior Survey 2011, Vermont Department of Health, State and Rutland County

- In 2011 24% of Rutland County students in grades 9 through 12 reported having ridden in a car with a drinking driver, compared to 21% statewide. The Rutland County response was consistent between males and females.
- 8% of Rutland county students in grades 9 through 12 reported driving a car after drinking; compared with 7% statewide. This figure has fluctuated between 8% and 12% since 1999. There is a higher tendency among males (11%) as compared with females (6%) in Rutland County.
- In 2011, 25% of students in grades 9 through 12 reported having ridden in a car in the past 30 days where the driver had used marijuana. This has been declining since 1999 (36%) and is consistent between males and females. The comparable statewide rate is equal to Rutland County, at 25%.
- 11% of Rutland county students in grades 9 through 12 reported driving a car after using marijuana; compared with 13% statewide. There is a higher tendency among females (14%) as compared with males (9%) in Rutland County.
- Other personal safety concerns for students in grades 9 through twelve are outlined below:

Safety concern	Rutland County	State of Vermont	Points of interest
Carried a weapon on school property, within past 30 days	8%	9%	Rutland County: Fluctuates between 6% and 10% since 1999
Threatened or injured with a weapon on school property, within past year	6%	6%	Rutland County: Males 7%; Females 15%
In a physical fight, within past 12 months	24%	23%	Rutland County: 2011 is lower than previous years; had been 26-30%

In a physical fight at school, within past 12 months	9%	9%	Rutland County: 2011 is lower than previous years; had been approx. 12%. Males 13%; Female 4% in 2011
Were bullied, within past 30 days	20%	17%	Rutland County: up slightly from prior years; had been 17-18%. Males 14%, Females 25% in 2011.
Bullied someone, within past 30 days	18%	17%	Rutland County: down from prior years; had been 20-23%. Males 19%, Females 16% in 2011.
Were electronically bullied, within 12 months	19%	15%	Rutland County: fairly constant; 18% in 2009. Males 19%, Females 7% in 2011.
Hit girlfriend or boyfriend on purpose, within 12 months	8%		Females 7%; Males 9%
Purposefully hurt self without wanting to die	18%	13%	Rutland County: generally consistent from prior years. Males 10%, Females 25% in 2011.
Planned suicide, within 12 months	12%	8%	Rutland County: generally lower since 1999 (18%). Males 10%, Females 14% in 2011.
Attempted suicide, within 12 months	5%	4%	Rutland County: lowest rate since 2005 (5%), has been approx. 7%. Males 4%; Females 5% in 2011
Physically forced to have sexual intercourse, ever	7%	6%	Rutland County: Males 4%, Females 10% in 2011.

**Figure 39 Youth Personal Safety Concerns 2011**

Source: Vermont Youth Risk Behavior Survey 2011, Vermont Department of Health, State and Rutland County

## 5. Physical environment

### Air Quality

- Rutland County meets the national air quality standards for carbon monoxide, nitrogen dioxide, sulfur dioxide, ozone, and particulate matter. Rutland County has a rating of 61 out of 100 (Carbon monoxide at 2.0ppm (parts per million), compared to VT and US at 1.87; highest in nation is 7ppm) (Particulate matter annual mean for Rutland County is 9.6, compared with Vermont 7.73) All public facilities in Rutland County and Vermont are designated smoke free.

Source: EPA National Air Quality Standards AIRS Data

### Rates of Child Blood Lead Testing

- In 2007, 85% of one year olds in Rutland County were tested for lead, compared to 81% in 2004-2006 (77% in the State remains the same between years). In 2007, 46% of two year olds in Rutland County were tested for lead, compared to 50% in 2004-2006 (38% in the State 2004-2006 compared to 42% in 2007).

### Rabies Report

- In 2010, there were 8 reported cases (16%) of rabies in Rutland County and 50 in Vermont.
- So far in 2011, there are 2 reported cases (13%) of rabies in Rutland County and 15 in Vermont.

Source: County Animal Hospital of Vermont 2010-2011

## 6. Health status indicators

### High Risk of Maternal and Child Health Population

- In 2009, there was an average rate of 7.9 deaths per 1,000 live births in Rutland County compared Chittenden County (5.8) and to the national rate of 6.9. Source: Community Health Status Indicators, Rutland County, 2008 - 2009
- In 2009, the neonatal infant mortality rate (death per 1,000 live births less than 28 days) was 4.6 per 1,000 live births in Rutland County compared to Chittenden County (4.8) and the US rate of 4.5. Source: Community Health Status Indicators, Rutland County, 2008 - 2009
- In 2009, the post neonatal infant mortality rate (death per 1,000 live births 28 days to one year) was 3.3 per 1,000 live births in Rutland County compared to Chittenden County (1.0) and the US rate of 2.3. Source: Community Health Status Indicators, Rutland County, 2008 - 2009
- In 2009, Rutland County had an average of very low birth weight babies (1,500 grams or less) at 1.2 per 1,000 live births compared to Chittenden County (1.2) and the US rate of 1.5. Source: Community Health Status Indicators, Rutland County, 2008 – 2009
- In 2009, the rate of adolescent women under the age of 18 giving birth in Rutland County was 2.5 of all live births compared to Chittenden County (1.1) and the US rate of 3.4. Source: Community Health Status Indicators, Rutland County, 2008 - 2009
- In 2009, the rate of births to unmarried women in Rutland County was 35.7 compared to Chittenden County (26.2) and the US rate of 36.9. Source: Community Health Status Indicators, Rutland County, 2008 – 2009

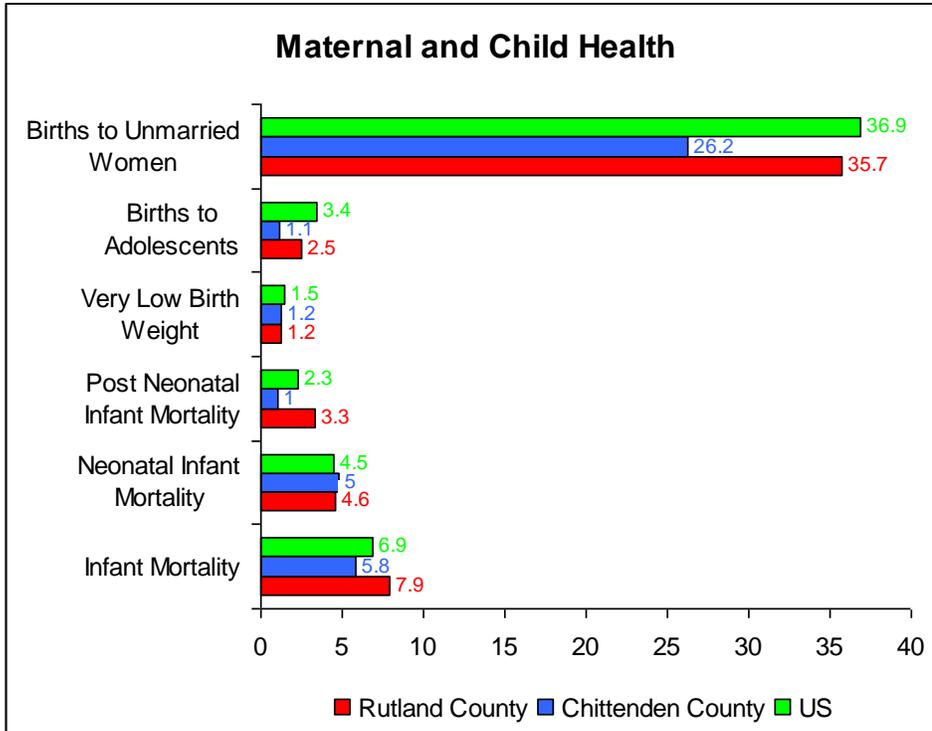


Figure 40 Maternal and Child Health 2009

- Women receiving prenatal care in Rutland County are nearly the same as the State percentage. More Rutland County women were obese pre-pregnancy compared to the State average. In addition, a much higher percentage (31.4% vs. 23.5%) of Rutland County women were smoking pre-pregnancy compared to Vermont. Finally, more Rutland County women were described as a new family at risk (\*defined as first live birth to an unmarried woman who was less than 20 years of age and with less than a high school education) compared to Vermont. Source: Vermont Vital Statistics, Birth Certificate Data, 2006-2008

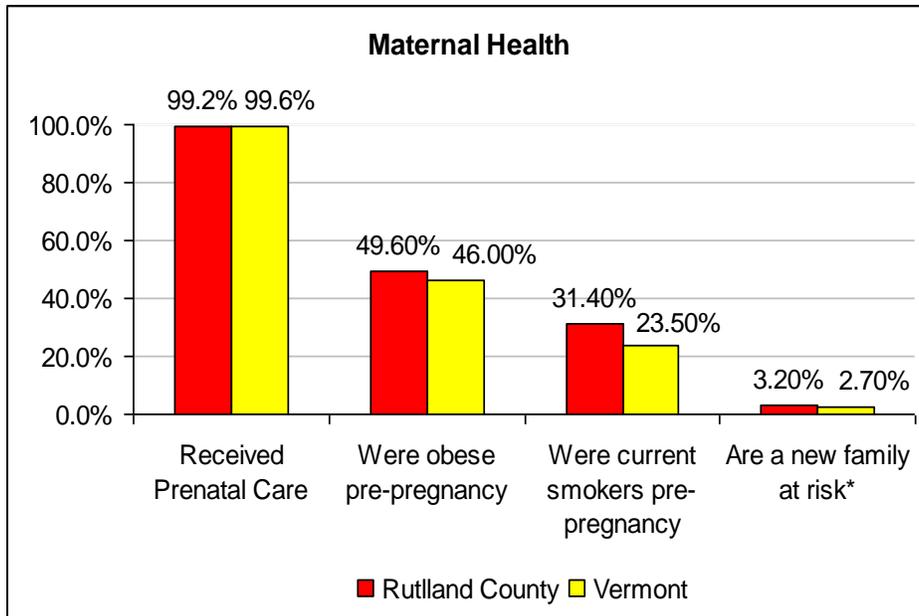


Figure 41 Maternal Health, Rutland County v. Vermont 2006-2008

Source: Vermont Vital Statistics, Birth Certificate Data, 2006-2008

### Teenage Pregnancy

- The teenage pregnancy rate across the nation reached an all time low in 2009-2010 at 34.31 per 1,000 women aged 15 to 19. This was a 44% decrease from 1991 to 2010; the least number of teenage moms since 1946. In Vermont, the rate was 17.9 in 2010 compared to 21.1 in 2007, a 15% decrease. Vermont was the third lowest in the nation. Source: Data Brief 89. Birth Rates for U.S. Teenagers Reach Historic Lows for All Age and Ethnic Groups, CDC/NCHS, National Vital Statistics 2010

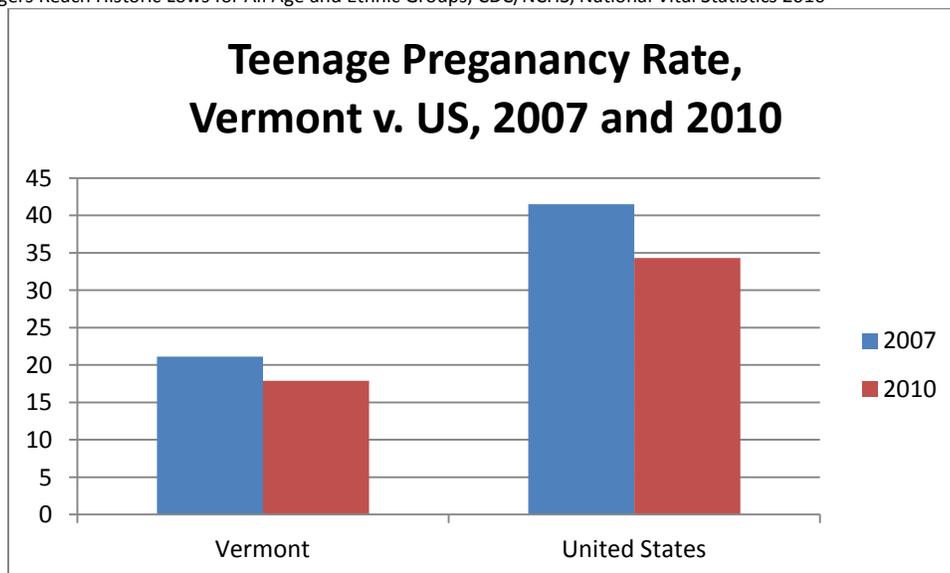


Figure 42 Teenage Pregnancy Rate, Vermont v. US 2007 and 2010

- The Rutland County teen birth rate is 23 per 1,000 women ages 15 to 19, compared to Vermont overall at 21. The range of rates for Vermont Counties is 12 to 34, placing Rutland County in the mid-range. Source: County Health Rankings 2012

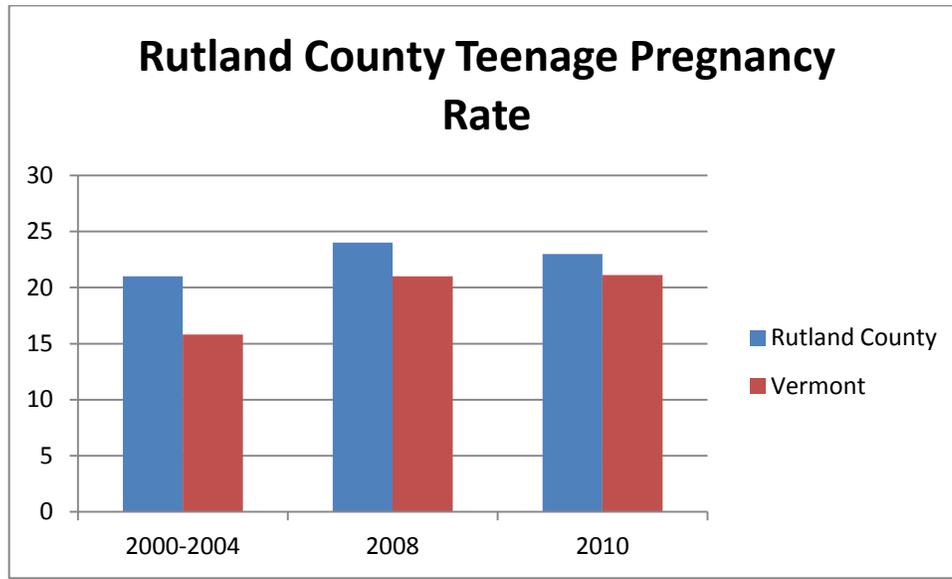


Figure 43 Rutland County Teenage Pregnancy Rate, 2000-2010

### **Comparing Rutland County to “Peer” or Demographically Similar Regions**

- Comparing Rutland County to demographically similar areas in the US from 2000-2009, Rutland County has maintained or gained favorable status for: Source: Community Health Status Indicators, Rutland County, 2008 – 2009
  - Birth Measures: Low birth weight, very low birth weight, premature births, births to women under 18
  - Death Measures: Breast cancer, Colon Cancer, Coronary Health Disease, Lung Cancer, Stroke, Motor Vehicle Injuries, Suicide, Unintentional Injury
- Comparing Rutland County to demographically similar areas in the US from 2000-2009, Rutland County has maintained or gained unfavorable status for: Source: Community Health Status Indicators, Rutland County, 2008 – 2009
  - Birth Measures: Births to women age 40-54, Births to Unmarried Women
  - Death Measures: Infant Mortality, Non Hispanic Infant Mortality, Neonatal Infant Mortality, Post Neonatal Infant Mortality

### **Injury Rates**

- Rutland County rates of injury that result in hospitalization have grown throughout the years.

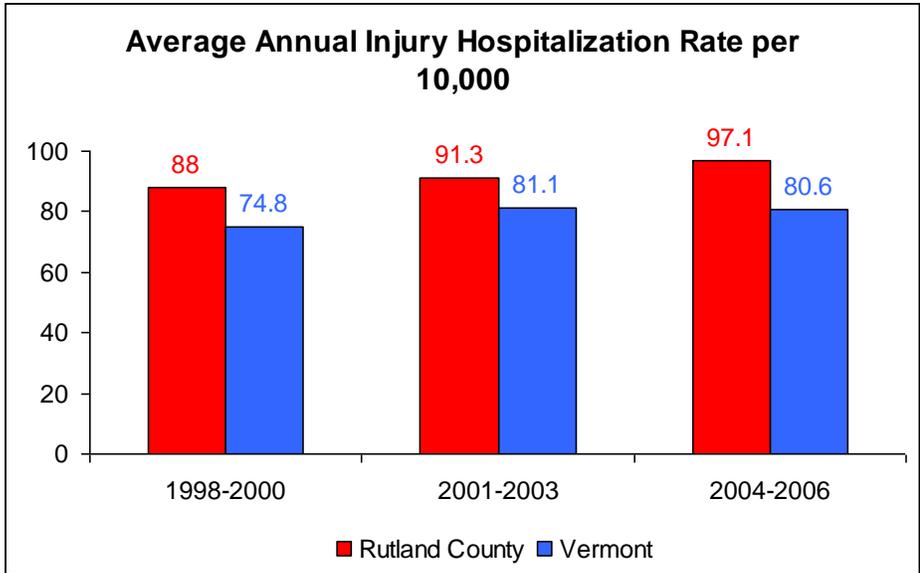


Figure 44 Average Annual Injury Hospitalization Rate per 10,000

- Hospitalization rate due to injury is dramatically increased for Rutland County individuals 65+ years. There is a large elderly population in Rutland County which makes up the most injury hospitalizations.

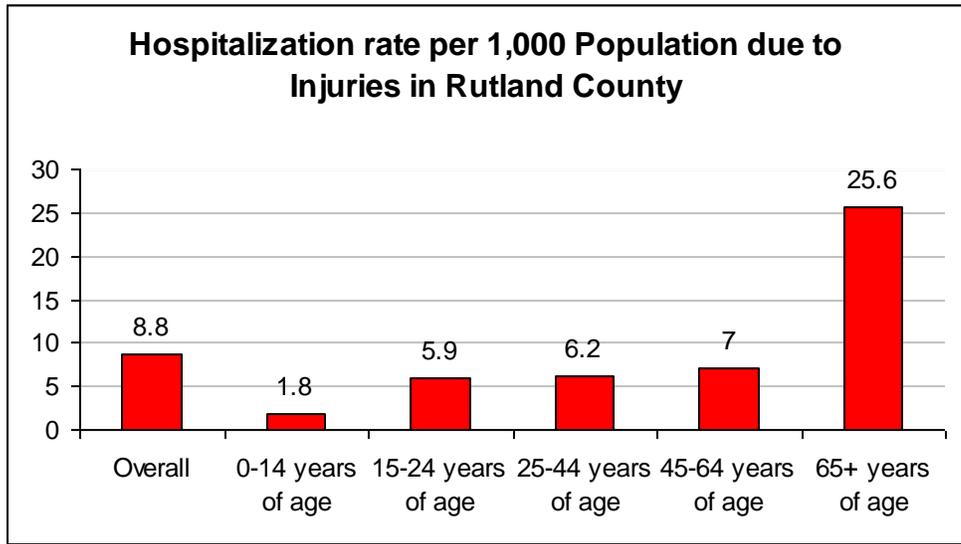


Figure 45 Hospitalization Rate per 1,000 Population due to injuries in Rutland County

Source: Hospital Discharge Data, Vermont Department of Health, 2006-2008

- Rutland County injury death rates are higher than Vermont averages (unintentional injury and homicide) but also some are lower than Vermont averages (motor vehicle injury and suicide).

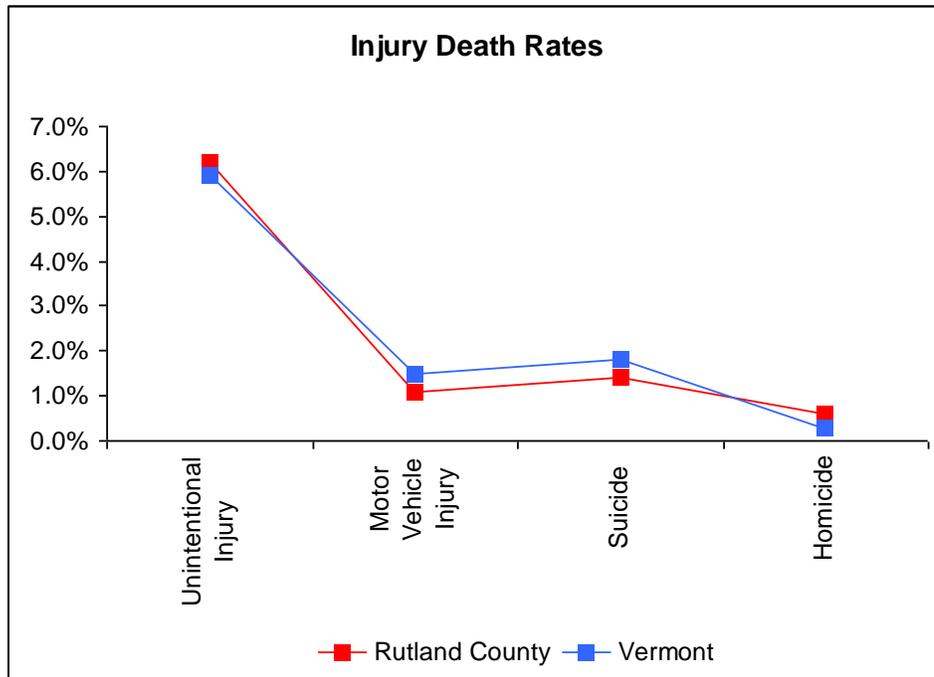


Figure 46 Injury Death Rates, Percent of All

Source: State of Vermont 2008 Vital Statistics [County of Residence by 113 Selected Causes](#) (Table C-12)

- Rutland County’s highest causes of death include malignant neoplasm, cardiovascular disease (general) and ischemic heart disease, specifically. The incidence of death for the heart diseases is higher than that of the overall state.

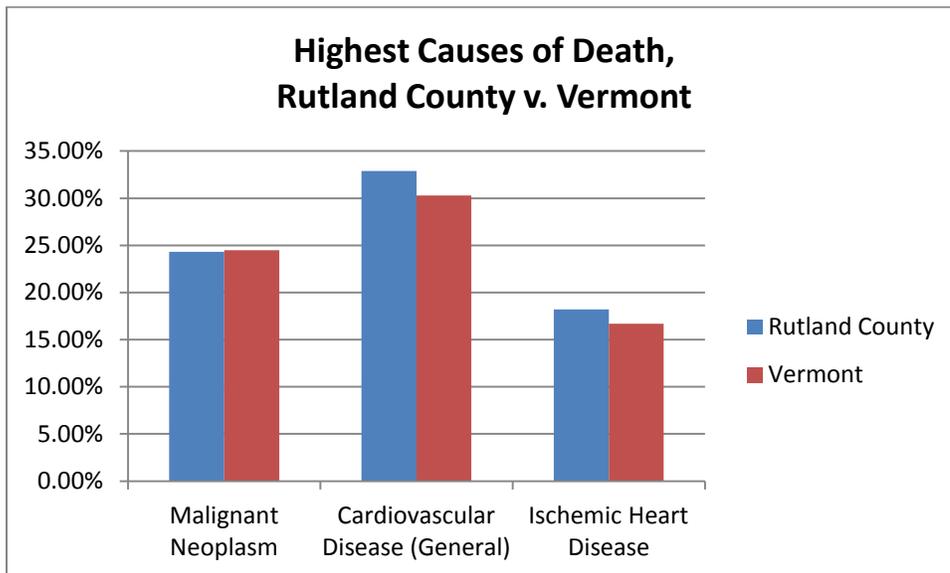


Figure 47 Highest Causes of Death in Rutland County v. Vermont 2008

Source: State of Vermont 2008 Vital Statistics [County of Residence by 113 Selected Causes](#) (Table C-12)

- Rutland County’s suicide death rate has remained virtually unchanged since 1993 and is higher than the US rate. However, even though Rutland County is one of the largest counties in the state it has one of the lowest suicide rates in the state.

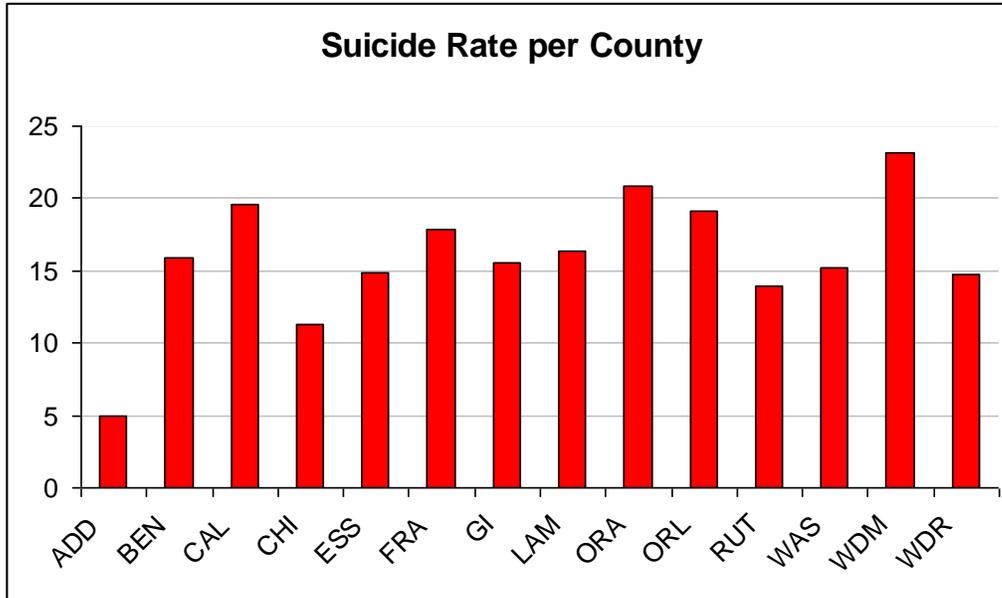


Figure 48 Suicide Rate per County 2008

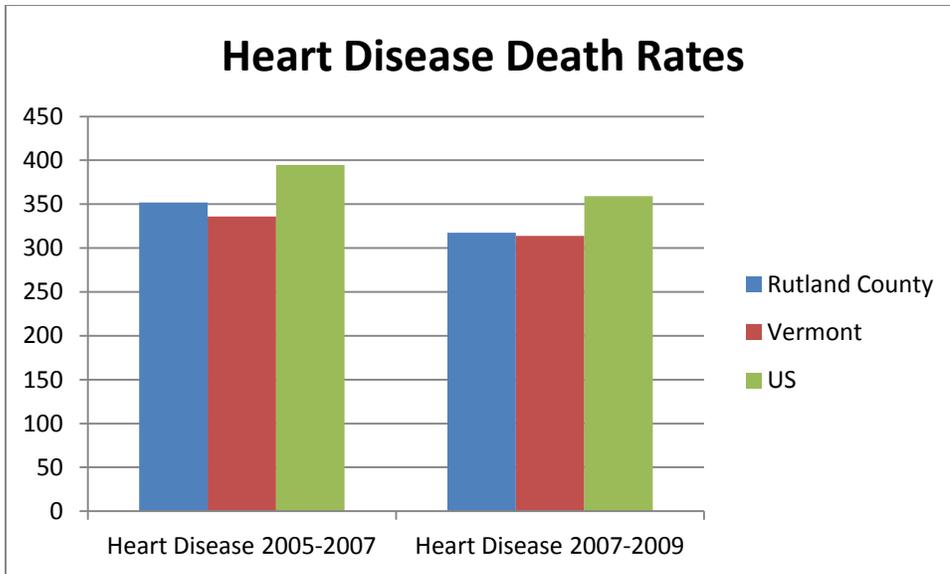
Source: 2008 National Vital Statistics Death Rate by Type, Vermont Department of Health; age-adjusted per 100,000

Heart Disease Death Rate

- From 2005-2007, Rutland County’s heart disease death rate was higher than the state rate (351.8 v. 335.8), but lower than the US rate (394.9). From 2007 to 2009, the Rutland County heart disease rate was similar to the state (317.5 v. 313.8) and considerably better than the nation rate (359.1). Rutland County ranked 8<sup>th</sup> in the state for heart disease death rate from 2007-2009.

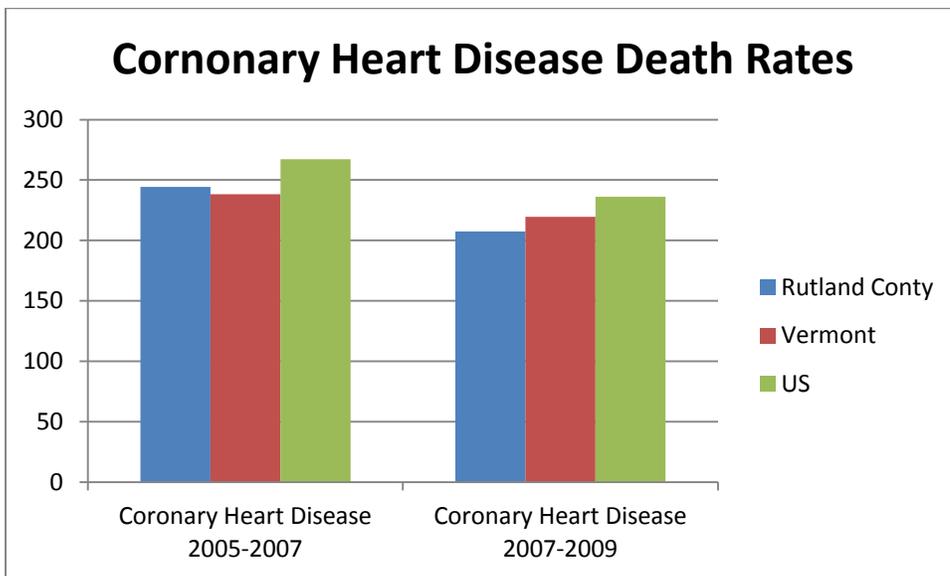
Stroke Death Rate

- From 2005-2007, Rutland County’s stroke death rate was significantly higher than Vermont (83.8 v. 73.6) and slightly higher than the US rate (86.9). From 2007-2009, however, Rutland County has come very close to the state rate (69.4 v. 68.4) and is now significantly lower than the US rate (78.6).



**Figure 49 Heart Disease Death Rates**

Source: Center for Disease Control 2005-2009 data; per 100,000, aged 35+



**Figure 50 Coronary Heart Disease Death Rate Rutland County**

Sources: 2005-2009 data: Center for Disease Control; per 100,000 ages 35+

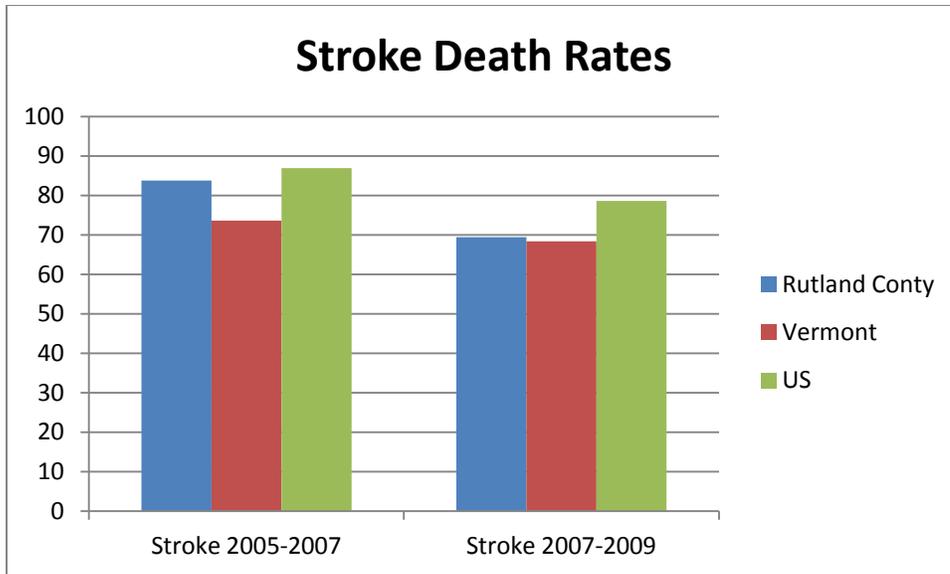


Figure 51 Stroke Death Rate Rutland County

Sources: 2005-2009 data: Center for Disease Control

### Cardiovascular Disease

- The proportion of adults in Rutland County with high blood pressure, a risk factor for disease and stroke, is similar to Vermont (24.1% vs. 25.2%), but still higher than the Healthy Vermonters goal of 14%.
- Rates of screening for cholesterol, a risk factor for heart disease and stroke, are similar in Rutland County and Vermont (81% vs. 82.2%) and are now above the Health Vermonters goal of 80% for cholesterol screening.
- The proportion of the population in Rutland County living a sedentary lifestyle, a risk factor in heart disease and stroke, is higher than Vermont (20.5% vs. 18.5%) and the national goal of 20%.
- 55% of Rutland County adults have had their cholesterol checked within the past year (compared to Vermont at 53%) and 88% of adults with diabetes have had cholesterol checked (compared to Vermont at 90%). Source: BRFSS 2005, 2007, 2009

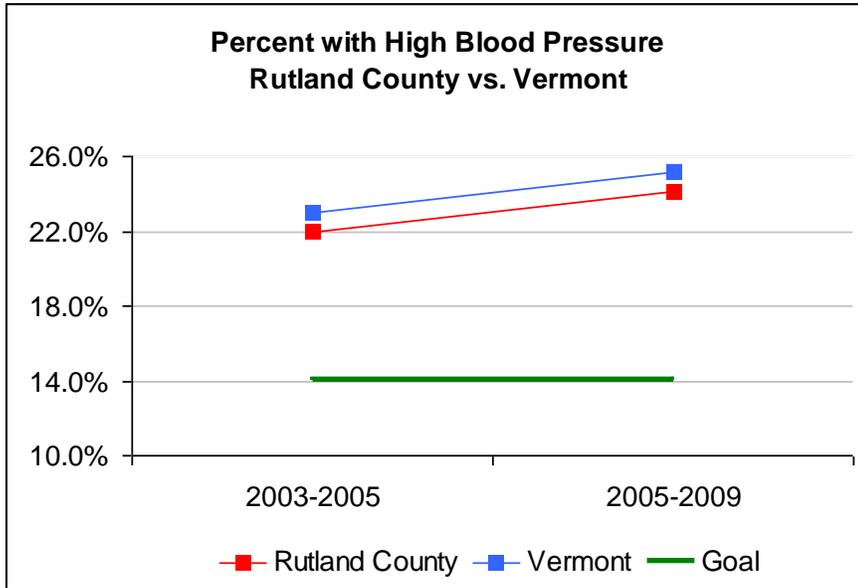


Figure 52 Percent with High Blood Pressure, Rutland County v. Vermont

Source: 2003, 2005 data: Health Status of Vermonters Appendix 2008, Vermont Department of Health; 2005-2009 data: Vermont Department of Health, Behavioral Risk Factor Surveillance System Data Maps, Health Indicators

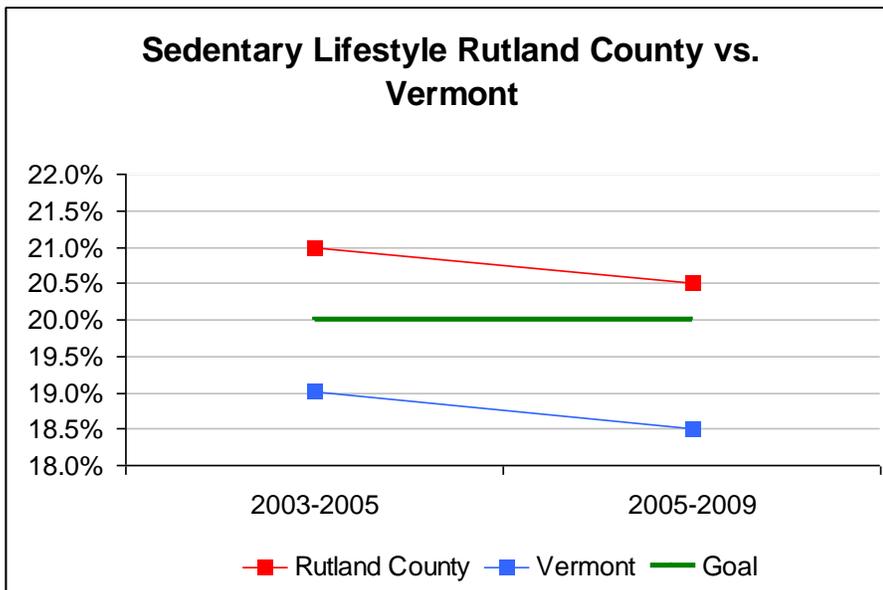


Figure 53 Sedentary Lifestyle, Rutland County v. Vermont

Source: 2003, 2005 data: Health Status of Vermonters Appendix 2008, Vermont Department of Health; 2005-2009 data: Vermont Department of Health, Behavioral Risk Factor Surveillance System Data Maps, Health Indicators

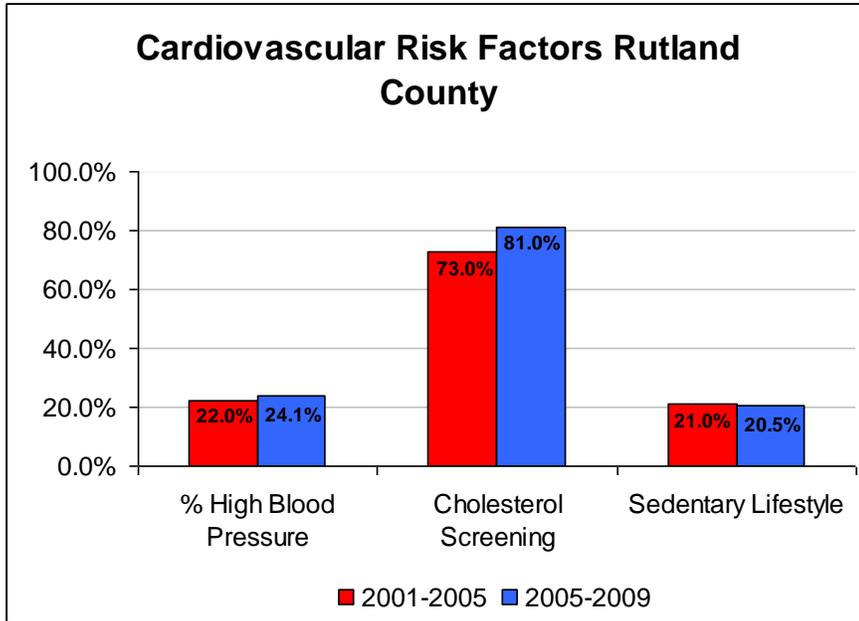


Figure 54 Cardiovascular Risk Factors Rutland County

Source: 2003, 2005 data: Health Status of Vermonters Appendix 2008, Vermont Department of Health; 2005-2009 data: Vermont Department of Health, Behavioral Risk Factor Surveillance System Data Maps, Health Indicators

### Cancer Screening

- **Breast Cancer:** Breast cancer screening rates by mammogram, every two years, of women over 40 years of age in Rutland County are better than Vermont (80.6% and 77%) and has improved since the previous Community Health Needs Report (75% and 77%, respectively). This still means that one in five women for whom breast cancer screening is recommended are not receiving this potentially lifesaving test.
- **Colon Cancer:** Colon cancer screening measures including a sigmoidoscopy or colonoscopy procedure were significantly worse in Rutland County than statewide (63.1% vs. 67.3%). In 2008, 66% of Vermonters age 50 and older have met the screening recommendations for colorectal cancer, which is above the Health Vermonters goal of 50% and is a significant increase from the 2008 Community Health Needs Report statistic of 52%. The Vermont State Cancer Plan 2015 goal is now 77%. The plan also reports 88% of eligible patients are reportedly referred for colon cancer screening statewide (compared to 83% in the 2008 Community Health Needs Assessment) but still below the 2010 goal of 91% referral.
  - 34% of Rutland County adults, age 50 and older, have had a Fecal Occult Blood Test (FOBT) in their lifetime. 10% have had a FOBT in the last year, 6% one year to less than 2 years, 8% 2 years to less than 5 years, and 9% 5 or more years ago. Source: BRFSS 2006, 2008, 2010
- **Cervical Cancer:** Cervical cancer screening rates, every three years, are virtually the same in Rutland County as in Vermont (95.9% vs. 95.8%) and have met the Health Vermonter goal of 90%. However, over one in six women in Rutland County did not receive a Pap test in a 3 year period for a test that should be performed annually.

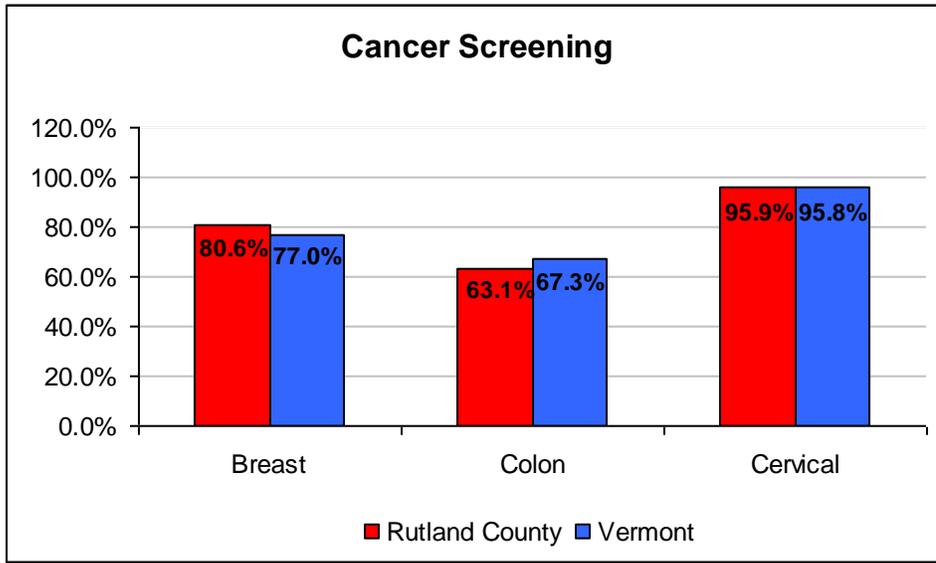


Figure 55 Cancer Screening Rates 2005-2009, Rutland County Compared to Vermont

Source: Vermont Department of Health, Health Indicators Maps

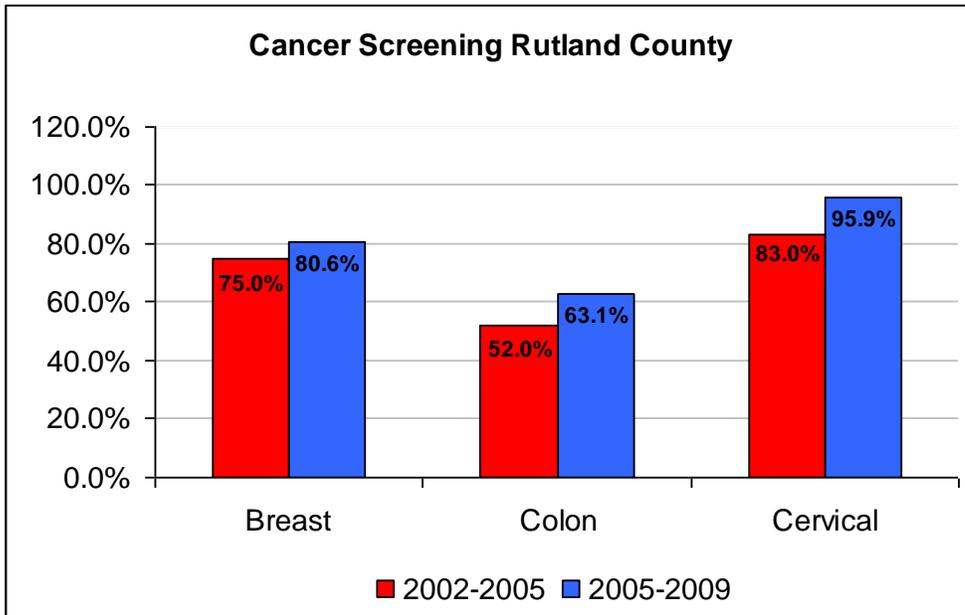
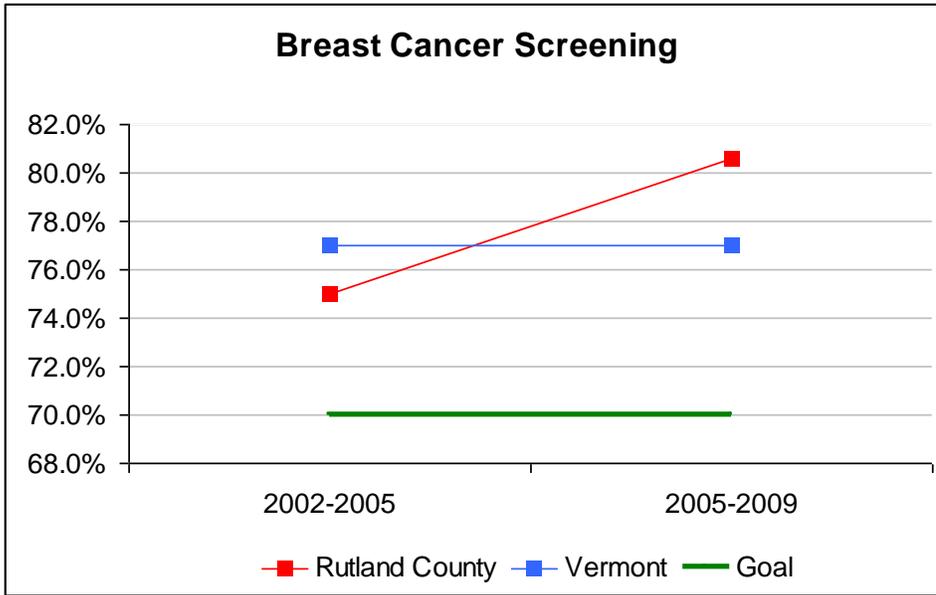


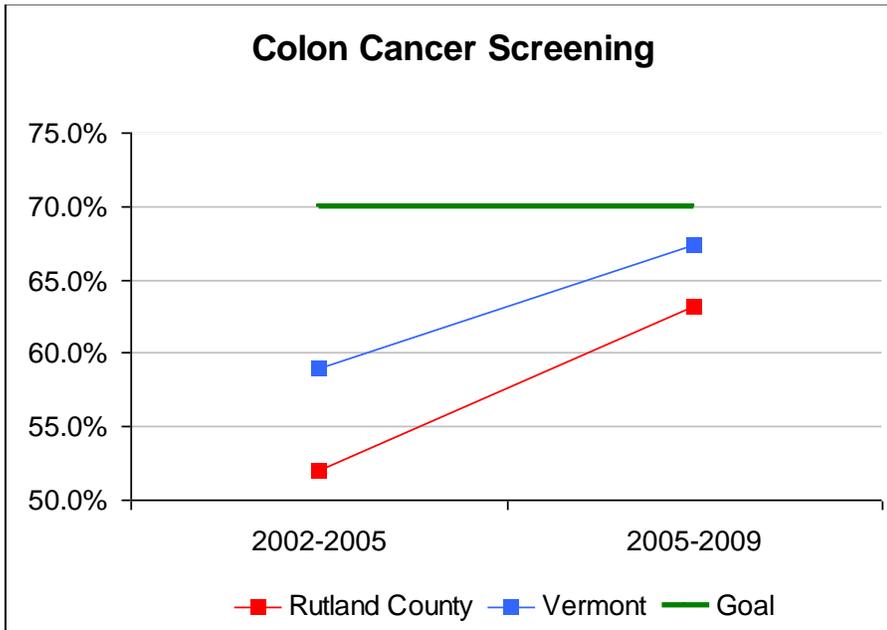
Figure 56 Cancer Screening Rutland County

Source: 2002-2005 data: Health Status of Vermonters 2008; 2005-2009 data: Vermont Department of Health, Health Indicators Maps



**Figure 57 Breast Cancer Screening**

Source: 2002-2005 data: Health Status of Vermonters 2008; 2005-2009 data: Vermont Department of Health, Health Indicators Maps; Susan G. Komen Vermont-New Hampshire Annual Report 2009



**Figure 58 Colon Cancer Screening**

Source: 2002-2005 data: Health Status of Vermonters 2008; 2005-2009 data: Vermont Department of Health, Health Indicators Maps

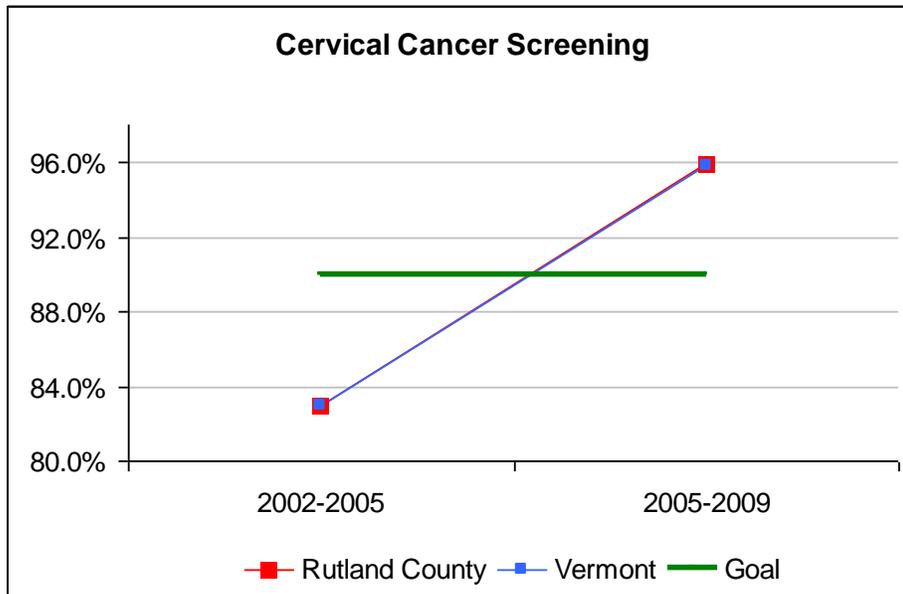


Figure 59 Cervical Cancer Screening

Source: 2002-2005 data: Health Status of Vermonters 2008; 2005-2009 data: Vermont Department of Health, Health Indicators Maps; Susan G. Komen Vermont-New Hampshire Annual Report 2009

### Cancer Deaths

- Cancer incidence rates are similar in Rutland County and Vermont, except for Prostate Cancer and Lung Cancer.
  - There is no significant difference between Vermont and US rates of cancer incidence for breast, colorectal, and melanoma.
  - Prostate Cancer incidence in Rutland County is worse than the Vermont rate (190.3 vs. 155.5) and the US rate (153.5). No data in Prostate Cancer screening available.
  - Lung Cancer incidence in Rutland County is worse than the Vermont rate (83.1 vs. 71) and the US rate (68). This includes both males and females.

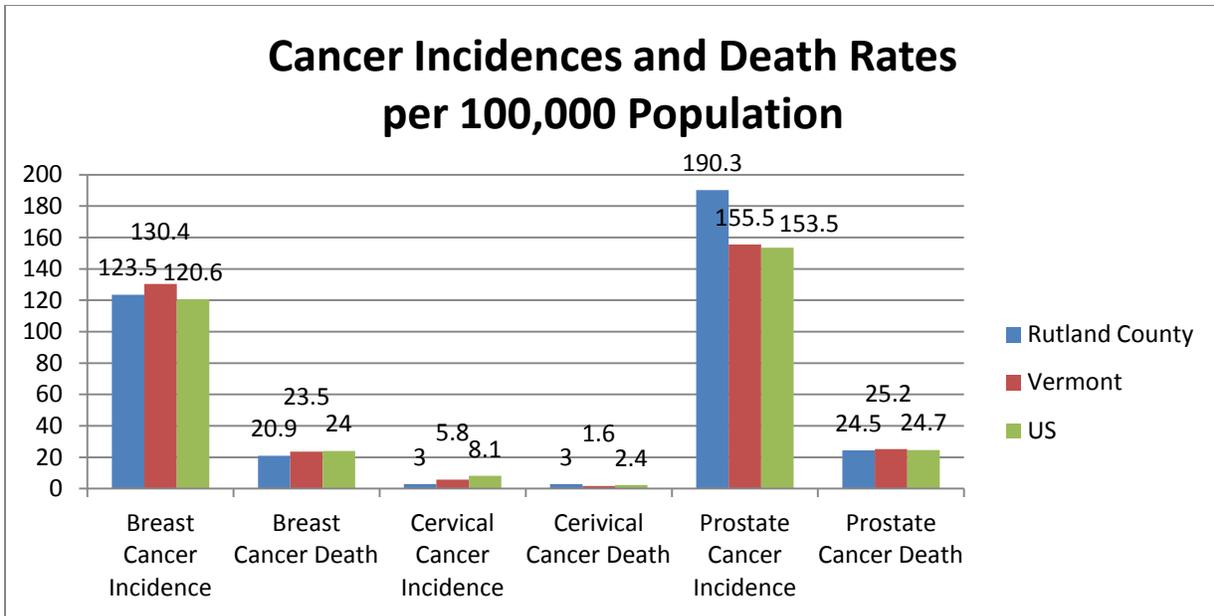


Figure 60 Cancer Incidences and Death Rates per 100,000 Population (1 of 2)

Source: National Cancer Institute, State Cancer Profile, Vermont 2003-2007

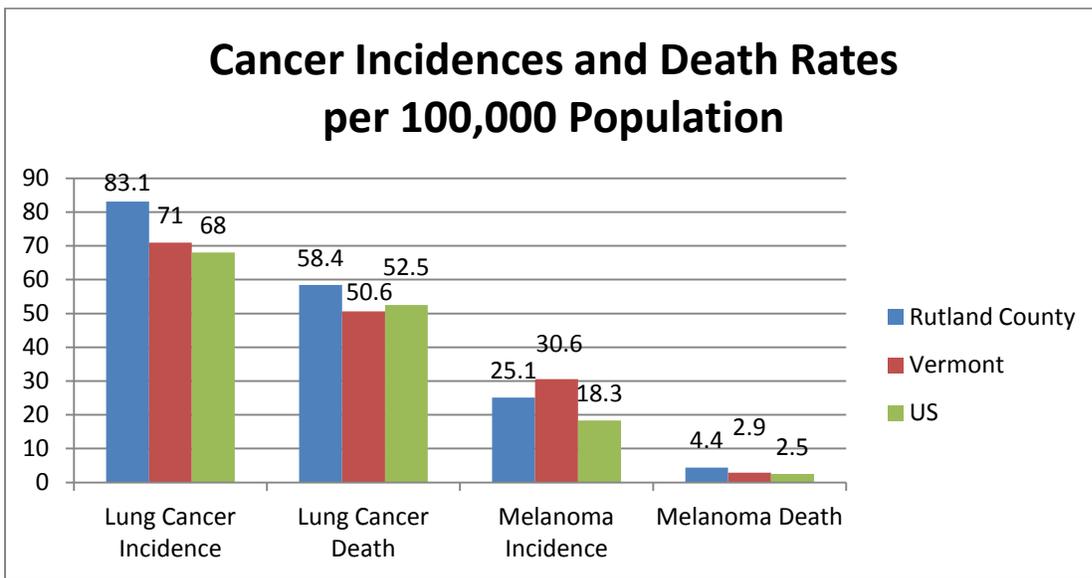


Figure 61 Cancer Incidences and Death Rates per 100,000 Population (2 of 2)

Source: National Cancer Institute, State Cancer Profile, Vermont 2003-2007

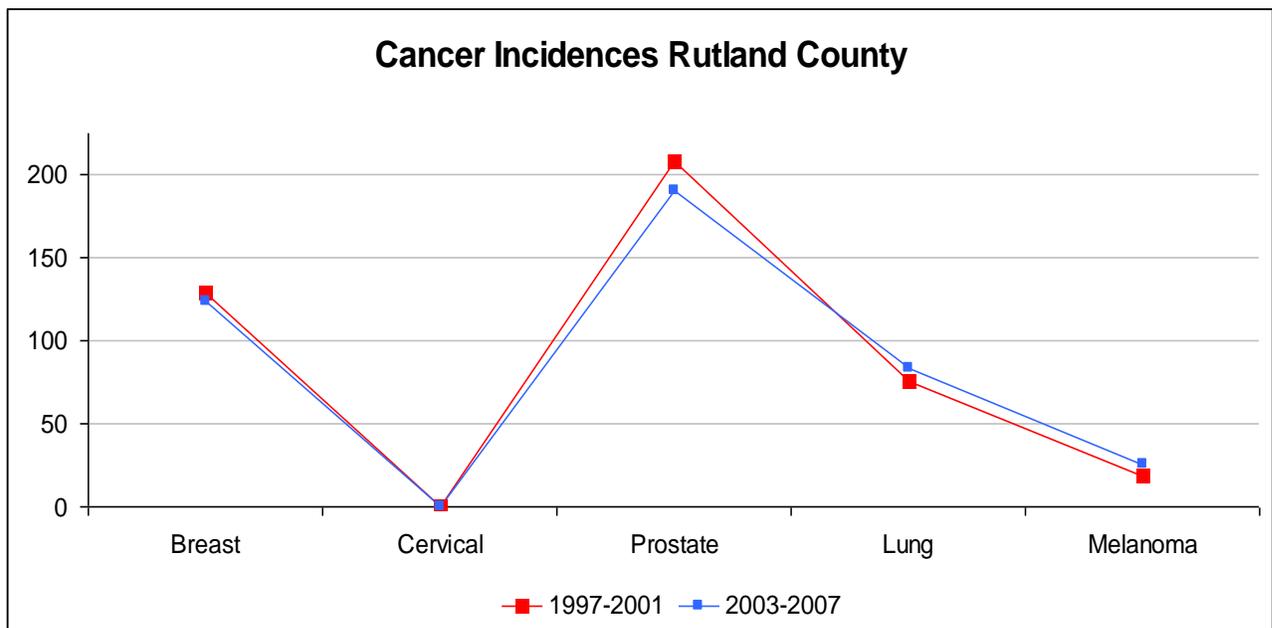


Figure 62 Cancer Incidences Rutland County

Source: National Cancer Institute, State Cancer Profile, Vermont 2003-2007

### Respiratory Disease

- In 2007, Rutland County had the state’s highest adult asthma admission rate per 100,000 people (164.9). The average adult asthma hospital admission rate for all counties in Vermont was 63.1, thus making Rutland County adults over 2.5 times more likely to be hospitalized for asthma. Source: Vermont Program for Quality Care 2010
- In 2008, one of the most common hospitalization discharges was for respiratory illness. Hospitalization for Respiratory illness has increased from 9.0% in 1990 to 11.9% in 2008 in Vermont. Source: Vermont Inpatient Utilization Report, Age Adjusted Respiratory Discharges, 2008
- Rutland Regional Medical Center has the third highest Respiratory illness discharge rate in the state (along with Springfield and Southwestern VT). Source: Vermont Inpatient Utilization Report, Age Adjusted Respiratory Discharges, 2008
- The Rutland County rate of chronic obstructive lung disease deaths among adults 45 years and older is higher than Vermont (104.3 vs. 96.1) and the Healthy Vermonters goal (62.3). However, these totals have decreased significantly since the previous Community Health Needs Report (reported as 133.0 in Rutland County vs. 123.0 in VT). Source: Vermont Department of Health Vital Statistics, Death Rate Age Adjusted per 100,000 Population, 2008
- The percent of adults 65+ years who have been immunized for influenza within the past month is not significantly different between Rutland County (69.9%) and Vermont (71.5%). Source: CDC SMART: BRFSS City and County Data, Rutland, Vermont, 2009
- The percent of adults 65+ years who have ever been immunized for pneumonia is also significantly the same between Rutland County (72.8%) and Vermont (72.8%). This is an improvement from the 66% of adults who have been immunized for pneumonia that was listed in the last Community Needs Assessment but is still lower than the goal of 90%. Source: CDC SMART: BRFSS City and County Data, Rutland, Vermont, 2009

- The death rate for influenza/pneumonia per 100,000 people in Rutland County is 12.5 (ranked 9<sup>th</sup> in the state) which is greater than Vermont (9.79) but much less than the US rate (16.22).  
Source: Center for Disease Control 2005-2009 data

Diabetes

- Self reported diabetes prevalence in Rutland County has increased from 5.1% (1996-2000) to 7.2% in 2009. Source: Health Status of Vermonters, Vermont Department of Health, 2008; CDC SMART: BRFSS City and County Data, Rutland, Vermont, 2009
- In 2009, an estimated 7.2% of Rutland County adults have been diagnosed with diabetes, which is greater than State of Vermont total of 6.2% in 2009. However, the State diabetes prevalence for diabetes is on the increase, with a reported 6.8% diagnosed in 2010 (not Rutland data available). Source: Health Status of Vermonters, Vermont Department of Health, 2008; CDC SMART: BRFSS City and County Data, Rutland, Vermont, 2009
- Rutland County diabetes death rates per 100,000 are worse than the State of Vermont (29.8 vs. 24.43) and is ranked the 3<sup>rd</sup> highest county in the state. Source: Center for Disease Control 2005-2009 data
- Hospitalization rates for uncontrolled diabetes, among 18-64 year olds, are higher in Rutland County than Vermont (5.1 vs. 3.1 – compared to 4.5 vs. 3.4 in the last report) but are both still under the Healthy Vermonter goal of 5.4 hospitalizations per 10,000 people. Source: Vermont Program for Quality Health Care, Hospital Admissions for Uncontrolled Diabetes, 2007

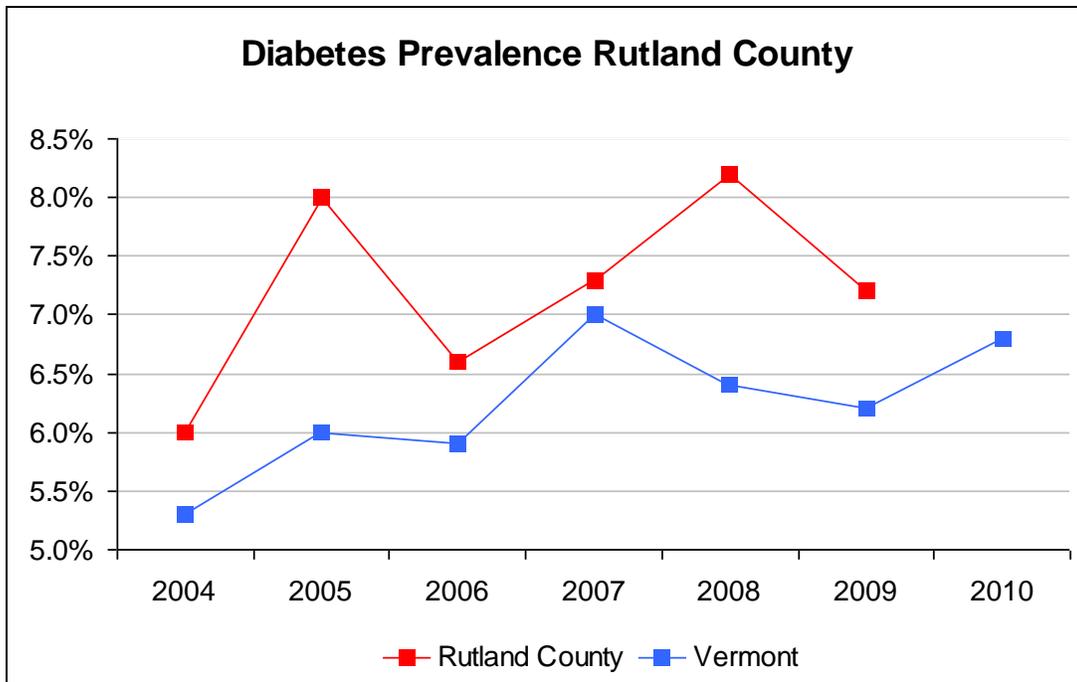


Figure 63 Diabetes Prevalence Rutland County 2004-2010

Source: Health Status of Vermonters, Vermont Department of Health, 2008; CDC SMART: BRFSS City and County Data, Rutland, Vermont, 2009

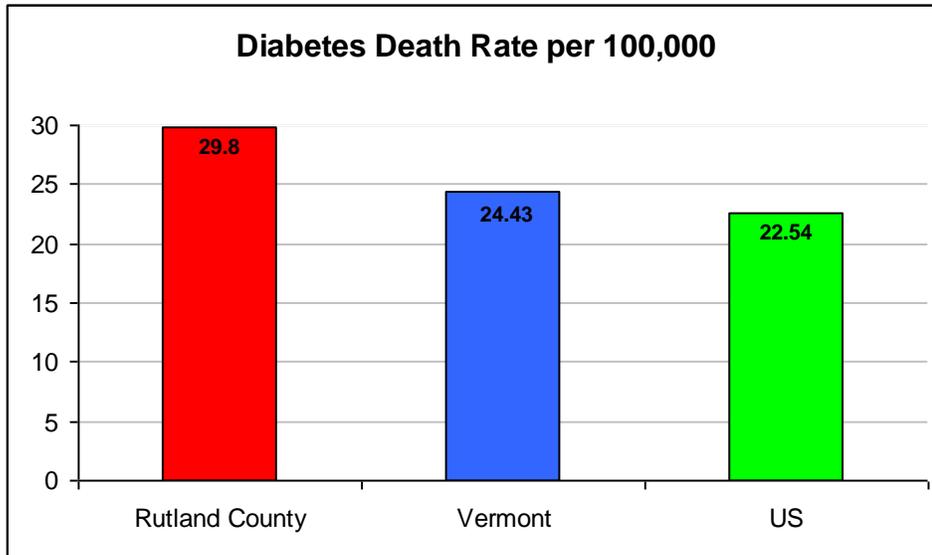


Figure 65 Diabetes Death Rates per 100,000

Source: Center for Disease Control 2005-2009 data

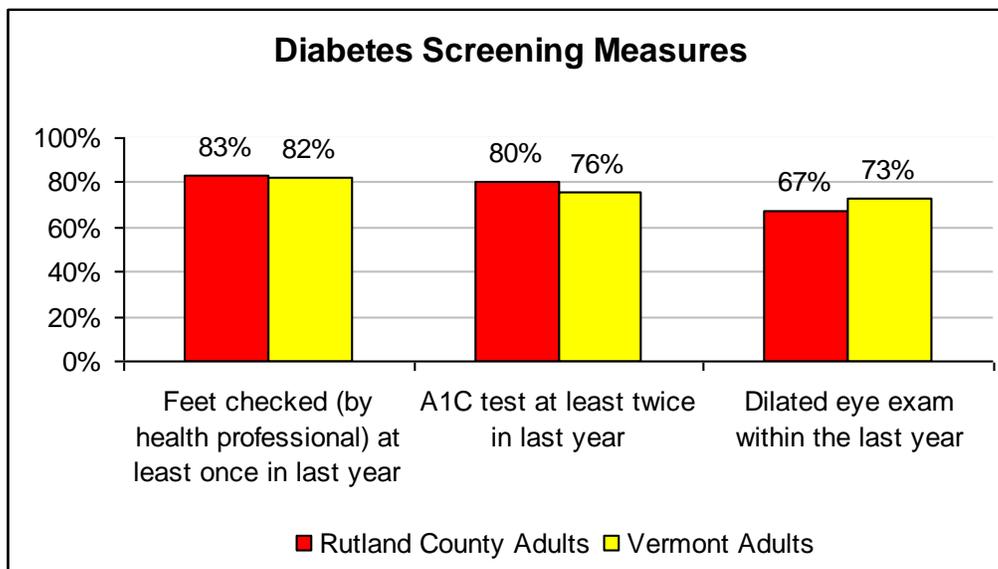


Figure 64 Diabetes Screening Measures

Source: BRFSS Vermont Department of Health 2008-2010

## Vaccine Preventable Diseases

- Immunization rates of children under 2 years old, who have received all age appropriate vaccines, is 97.7% in Rutland County compared to Vermont at 92.7%. Source: Community Profile 2007

**Figure 66 Rutland County Disease Report 2011 Bulletin as Percentage of Vermont Cases**

Source: Vermont Department of Health Infectious Disease Bulletin 2011

Disease	Rutland	Vermont	% of Total VT Cases
Campylobacteriosis	15	195	7.69%
Chlamydia	20	42	47.6%
Escherichia coli	1	22	4.54%
Gonorrhea	2	5	40.0%
Hepatitis B, acute	1	2	50.0%
Hepatitis B, chronic	2	55	3.63%
Hepatitis C, acute	0	2	0.0%
Hepatitis C, chronic	46	539	8.53%
Lyme Disease	70	345	20.3%
Meningococcal	0	5	0.0%
Pertussis	0	18	0.0%
Salmonellosis	9	81	11.1%
Shigella	0	1	0.0%
Strep, GR. A inv.	2	26	7.69%
Tuberculosis	0	5	0.0%
Varicella	4	130	3.08%

b. Community Surveys

i. Rationale and approach

Three surveys were conducted as a part of this health needs assessment. The first was a phone survey of dental offices to update information obtained in the previous health needs assessment. We also surveyed random community members and emergency department consumers to identify issues concerning access to care, general health care, and emergency care.

1. Dental provider survey

Following the same protocol as the survey completed in 2008, a list was compiled of all dental providers in Rutland County and compared against the previous list to identify changes. The list was divided into two categories, primary dental care and specialty services; 24 general practices were identified and 7 specialty practices. Each office was contacted by phone. Only one office, a general practice, was not included in the survey, as they were closed for vacation during the period of the survey. The following questions were posed:

- Are you accepting new patients?
  - Do you see adults?
  - Do you see children?
- Do you accept Medicaid?
  - Are you accepting new adult patients with Medicaid?
  - Are you accepting new pediatric patients with Medicaid?

The responses were logged in a spreadsheet and compiled for reporting.

2. Consumer survey

During the months of November and December 2011, and January 2012, 570 adult consumers completed a brief health needs assessment survey anonymously (Appendix C). The survey was advertised in regional newspapers to engage the public and e-mail broadcasts were made to several area businesses and nonprofit organizations. The survey was available online through a Survey Monkey link on the RRMC.org web site, and paper surveys were distributed by staff and volunteers at State offices (WIC, etc.), area employers, Rutland Free Clinic and in the RRMC food court and through RRMC volunteer services.

Characteristics of the respondents:

Age – Most respondents were adults 40 – 64 years old (40.2%), followed by 65 and older (21.6%), 26 -35 years old (15.1%), 36-44 year olds (14.7%), and 18 to 25 year olds (8.3%).

What age group are you in?

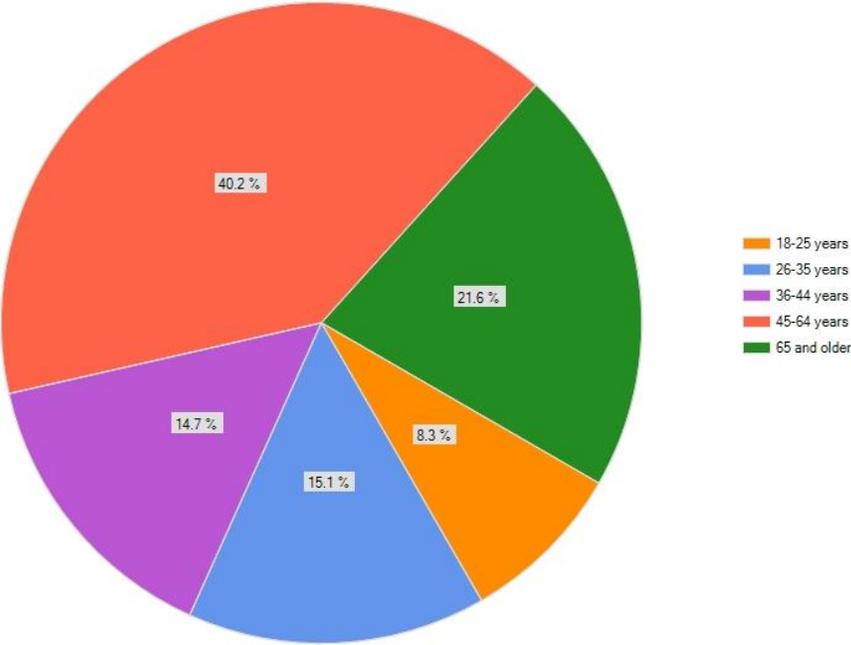


Figure 67 Age Distribution of Consumer Survey Respondents

Education – The vast majority of survey respondents had some college education or more (76.6%), followed by high school graduates (17.96%), and those who achieved grade 11 or less (5.5%).

What is the highest grade in school you completed?

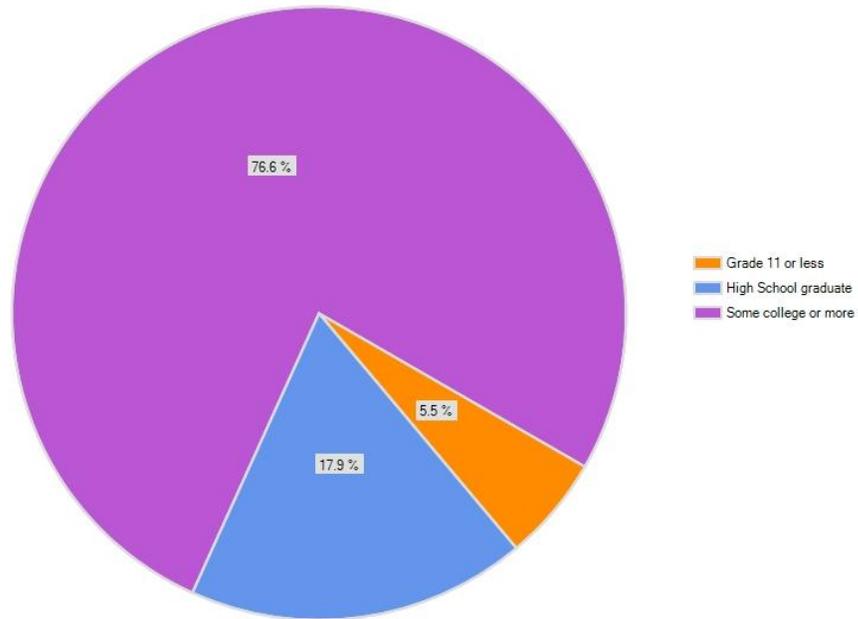


Figure 68 Education Attainment of Consumer Survey Respondents

Income – Respondents to the survey represented all income categories.

What is the yearly income of your household?

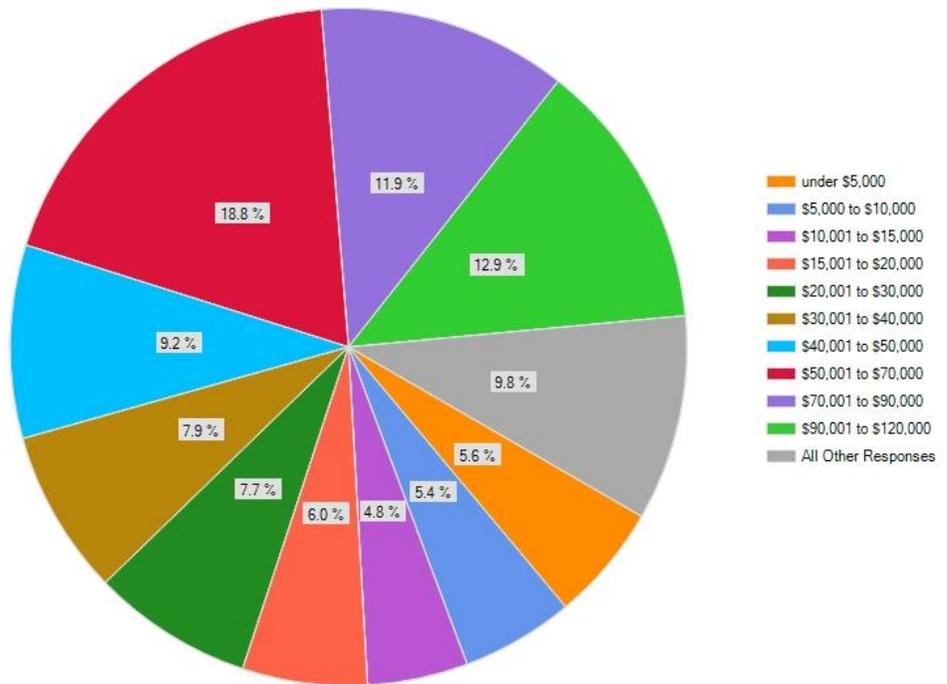


Figure 69 Household Income Distribution of Consumer Survey Respondents

### 3. Emergency department consumer survey

During the months of November and December 2011, and January and February 2012, 90 adult Emergency Department patients not admitted completed a brief survey anonymously (Appendix D). The survey was facilitated by hospital volunteers and emergency department admission personnel to comply with regulations and requirements, generally Monday through Friday between 8:00a.m. and 5:00 p.m.

Characteristics of the respondents:

Age –

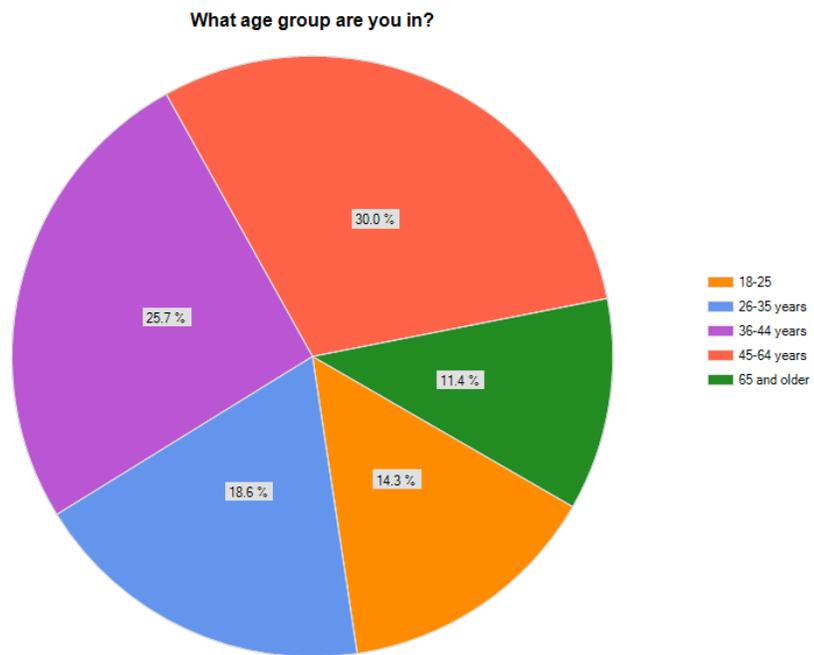


Figure 70 Age Distribution of Emergency Department Consumer Survey Respondents

Education –

What is the highest grade in school you completed?

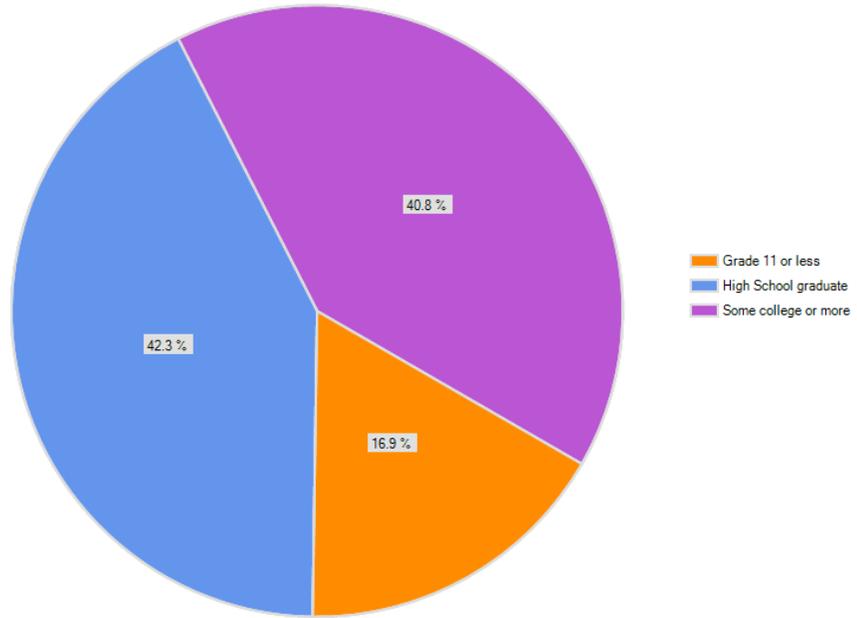


Figure 71 Education Attainment of Emergency Department Consumer Survey Respondents

Income –

What is the yearly income of your household?

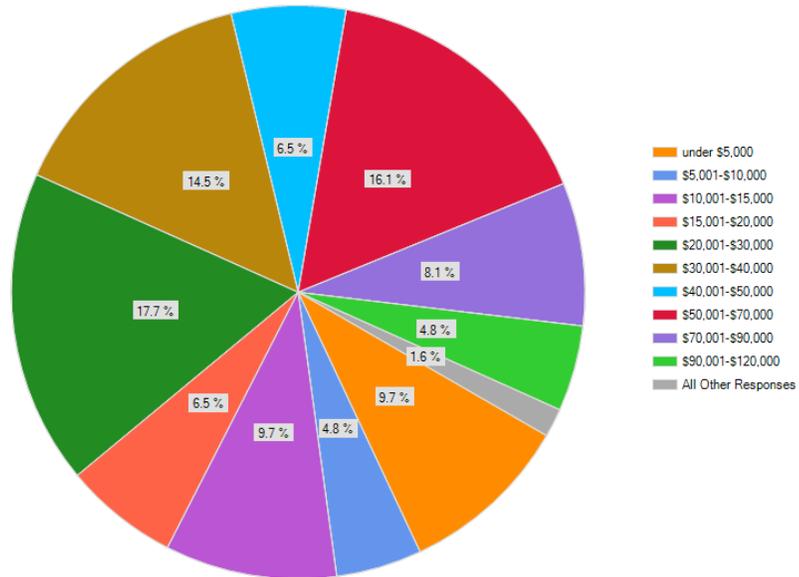


Figure 72 Household Income Distribution of Emergency Department Consumer Survey Respondents

ii. Presentation of data

1. Dental provider survey

- In 2011, 96% of Rutland County general practice dentists reported accepting new patients, up from 79% in 2008.
- A higher percentage of general dentists in Rutland County accepted Medicaid in 2011 than 2008 (71% to 63%), however, the number accepting new Medicaid adult patients is unchanged (21%).

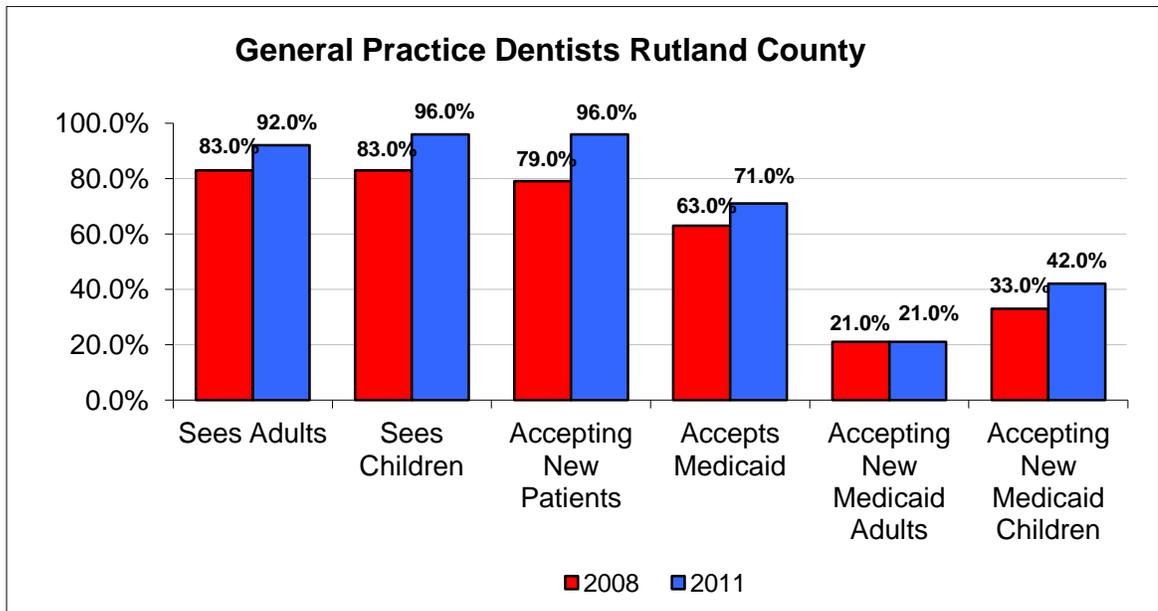


Figure 73 General Practice Dentists Rutland County Accepting Patients

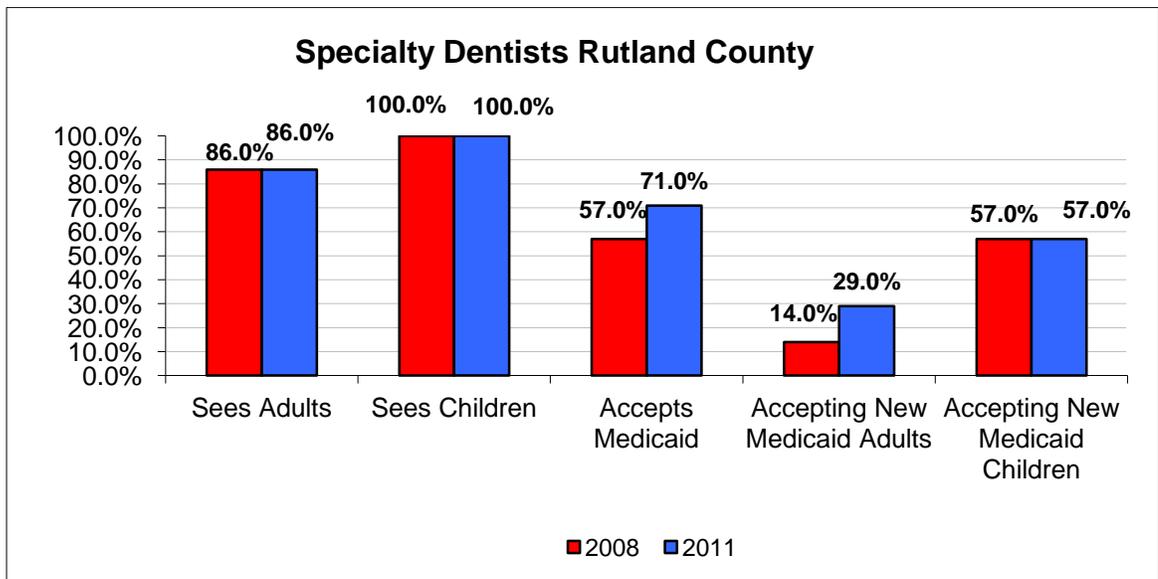


Figure 74 Specialty Dentists Rutland County Accepting Patients

## 2. Consumer survey

### Access to care

Survey participants were asked two questions concerning utilization of and access to healthcare services in Rutland County. The first question asked was “In the past two years, if you or your family needed the following services, did you access them in Rutland County?” Respondents could select: Always, Sometimes, Never, or Did not Need.

Annual check-up in a doctor’s office: 77.3% of respondents (439) indicated that they always accessed this service in Rutland County, while 13.7% did so sometimes, and 8.9% either did not access these services in Rutland County or did not feel the need for service.

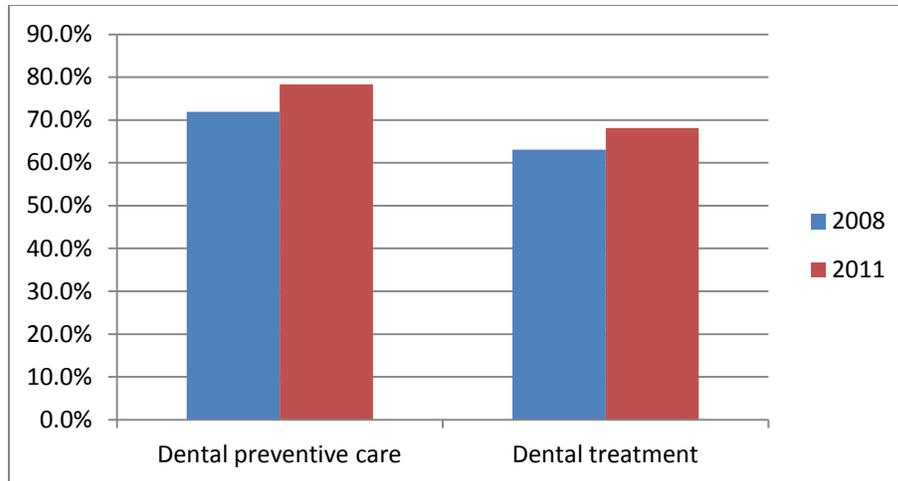
Sick care in a doctor’s office: 59.8% of respondents (372) indicated that they always accessed this service in Rutland County, while 19.7% did so sometimes, and 14.4% either did not access these services in Rutland County or did not feel the need for service.



**Figure 75 Self-reported Primary Care Access by Consumer Survey Respondents**

Dental cleanings or x-rays: 444 respondents (78.3%) always accessed preventive dental care in Rutland County; 9.7% did so sometimes, and 12% either did not access these services in Rutland County or did not feel the need for service.

Dental fillings or other treatment: 386 respondents (68.1%) always accessed preventive dental care in Rutland County; 10.1% did so sometimes, and 21.9% either did not access these services in Rutland County or did not feel the need for service.



**Figure 76 Self-reported Primary Dental Care Access by Consumer Survey Respondents**

Prescription or over the counter drugs: 76.1% of respondents (434) obtained their medication in Rutland County, while 17.5% did so some of the time and 6.4% did not need medications or did not obtain them in Rutland County.

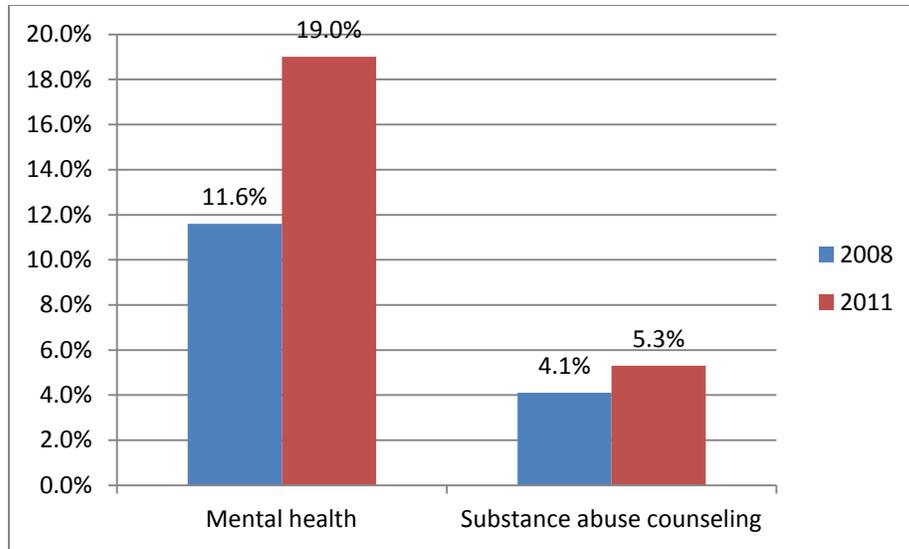
Home health care services: Although 72.9% of respondents indicated they did not require home health services, of those that did 87 respondents (15.6%) sought service from within Rutland County.

Lab or x-rays: 362 respondents (64%) needed and obtained these services within Rutland County; 21.7% indicated that when they required such services they sometimes obtained it within Rutland County. 11.1% indicated they did not need services.

Mental health counselor: 105 respondents (19%) needed and obtained mental health counseling services in Rutland County; 5.4% of respondents indicated they sometimes received this service in Rutland County, while 9.6% of respondents indicated they never accessed these services in Rutland County. 66% of respondents identified they did not require the services.

Alcohol or substance abuse counselor: 29 respondents (5.3%) needed and obtained substance abuse counseling services in Rutland County, and 3.1% sometimes did. 8.2% of respondents (45) never accessed services in Rutland County. 83.5% of respondents identified they did not require the services.

Emergency room care: Of the 379 respondents who required this service, 265 respondents obtained care within Rutland County; 16.4% (92) sometimes did, while 3.9% did not.



**Figure 77 Self-reported Mental Health and Substance Abuse Counseling Access by Consumer Survey Respondents**

Nursing home: 70 respondents indicated a need for nursing home services, of which 3.2% accessed service in Rutland County, .7% did so some of the time and 7.7% did not access services in the county.

Assisted living: 68 respondents indicated a need for assisted living, of which 3.9% accessed service in Rutland County, 1.8% did so some of the time and 7.6% did not access the services in the county.

Highlights of service utilization differences among subgroups:

- ▶ Seniors are more likely to have an annual check-up (94.2%) in Rutland County
  - As education and income increase, so does the reporting of having an annual check-up;
  - 12.8% of respondents 18-25 years old reported they never had a check up in Rutland County, or they did not need one (Note: 11.1% of those 45-64)
  - 24.6% of respondents with education of Grade 11 or less reported they never had a check up in Rutland County, or they did not need one
  
- ▶ 19.1% of those ages 18-25 reported not getting or not needing Dental cleanings or x-rays in Rutland County
  - Range was 7.3% - 19.1% across age categories, with lowest reported by 36-44 year olds
  - Lower education results in lower reporting of getting or needing dental cleanings or x-rays – 29% of those with Grade 11 or less education; 21% with High School education

- ▶ 40.7% of Seniors reported they did not need the emergency room services
  - Only 10.6% of 18-25 years olds made the same report; similar results are seen for education levels
  - Overall, from younger to older, the reported response of “Always” to utilizing the emergency room incrementally declined (from 55.3% to 41.5%)
  - Reported utilization of the emergency room was fairly even across education groups, but actually increases with income

The second inquiry posed was “Please check below any of the following reasons why you are or family did not get the health services you needed in Rutland County.” The responses applied to any and all services and collated responses overall are reported below.

**Please check below any of the reasons why you or your family did not get the health services you needed in Rutland County:**

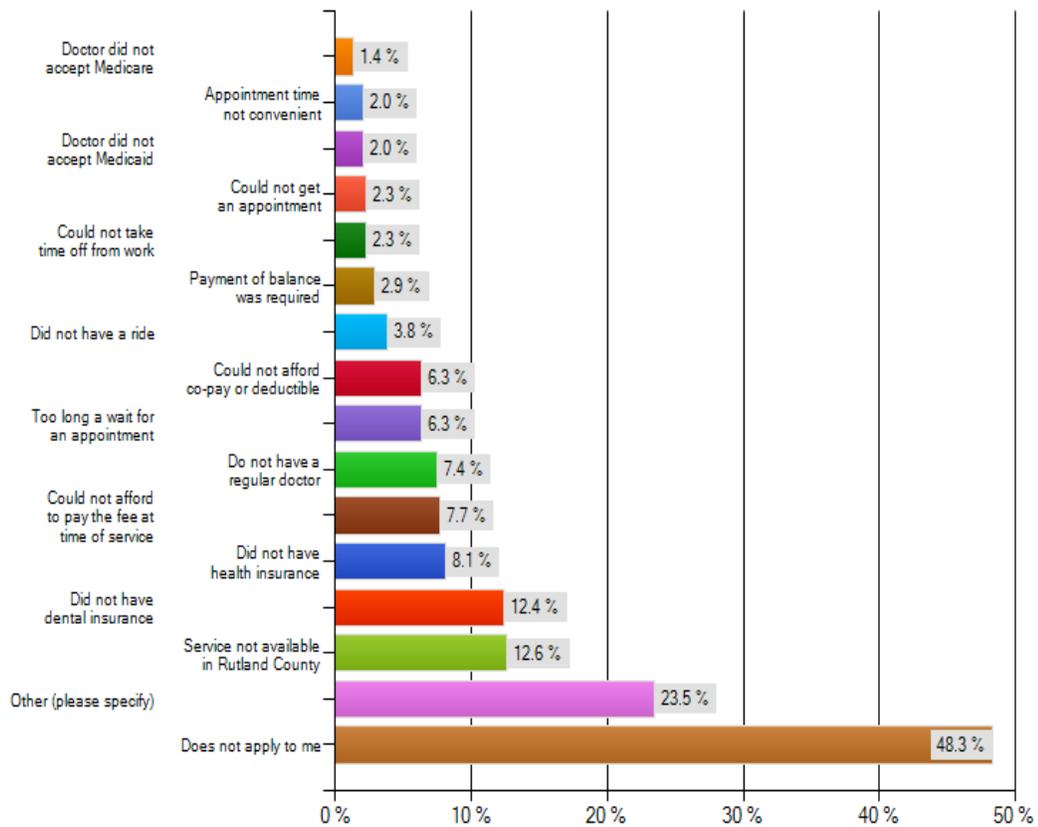


Figure 78 Barrier to Health Services, Self-reported by Consumer Survey Respondents

Highlights of barriers to accessing services among subgroups:

- ▶ Respondents who indicated they did not have a regular doctor were younger (18-25 years olds (19.6%) or 26-35 year olds (15.1%)), less educated (grade 11 or less (27.6%)) and lower income (under \$5,000 (28.6%), \$5,000 to \$10,000 (16.75), \$10,000-\$15,000(23.8%), and \$15,000-\$20,000 (18.5%)).
- ▶ Service not available in Rutland County – across all groups 12.3%
  - Highest for 45-64 year olds at 15.6%
- ▶ Did not have a ride
  - Significant limitation for those with education of Grade 11 or less – 27.6%, lowest households incomes, and for 18-25 year olds at 17.4%
- ▶ Could not afford fee at time of service
  - Generally equal across ages (8.1% - 8.7%), for all but 65+
  - Impediment for those with lower education and household income (13.8% and 14.3%, respectively)
- ▶ Respondents who indicated they did not health or dental insurance were younger, less educated, and lower income.

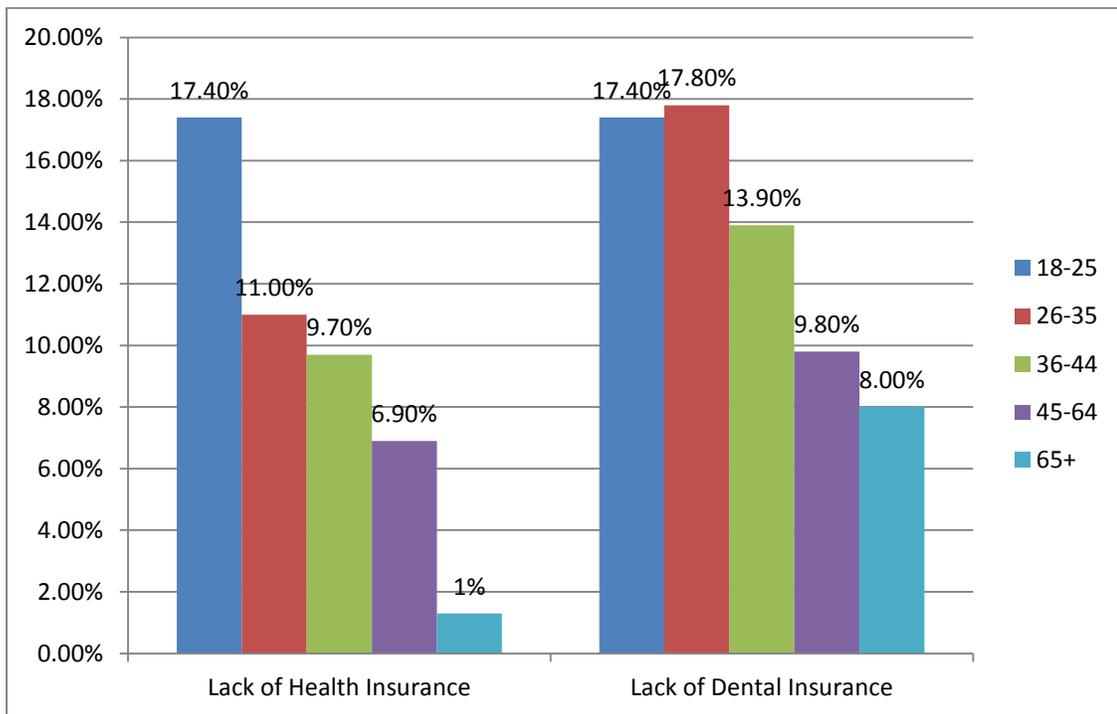


Figure 79 Self-reported Lack of Insurance by Consumer Survey Respondents by Age

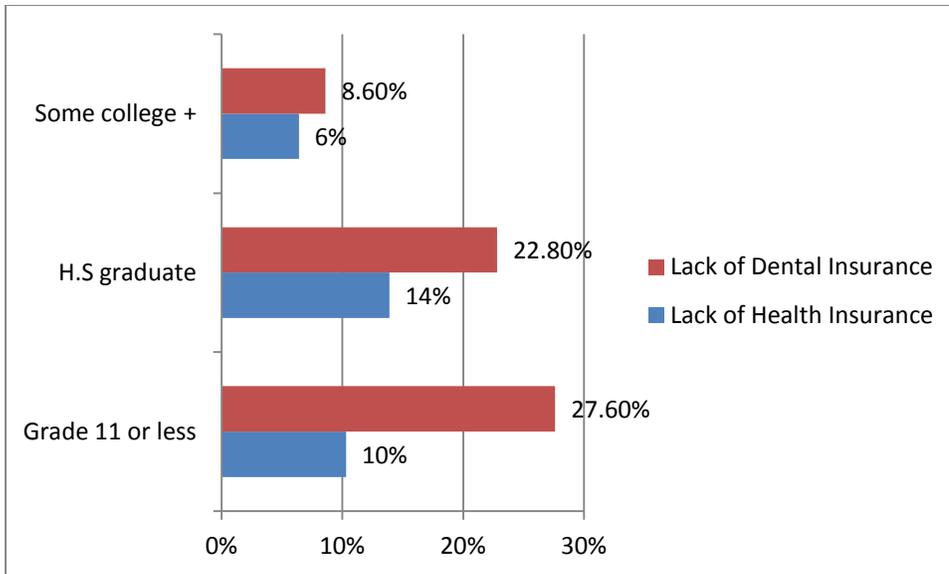


Figure 80 Self-reported Lack of Insurance by Consumer Survey Respondents by Education Attainment

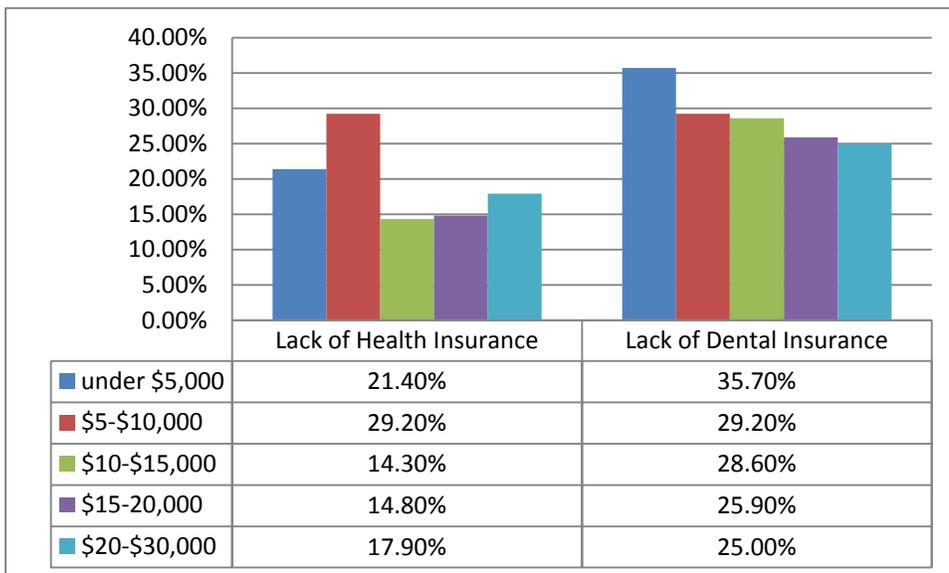


Figure 81 Self-reported Lack of Insurance by Consumer Respondents by Household Income

It should be noted that while the survey was performed on a random basis, the data is self-reported by respondents; these methods do not make the information obtained reliable for interpretation or scientific purposes.

### 3. Emergency department consumer survey

Survey participants were asked questions concerning their utilization of and access to primary care and emergency care. Highlights of areas of interest include:

- ▶ Respondents who indicated they did not have a primary care provider, 50% indicated they could not find one accepting new patients; 37.5% had not looked for a primary care provider.
- ▶ The medical reasons for coming to the emergency department included injury (47.2%); illness (Stomach bug, headache, etc. 30.6%), chronic illness or disease (diabetes, heart failure, mental health, etc. 5.6%), and other (pain, anxiety, etc. 20.8%).
- ▶ 39.2% of respondents were sent to the emergency department for care; of these 46.7% were sent by their own family doctor and 16.7% were sent by their employer.
- ▶ The top three reasons respondents reported to the emergency department for care were: 1. could not wait for an appointment with family doctor (30.6%); 2. needed treatment as soon as possible (27.8%); 3. an x-ray was needed (19.4%).

Highlights of service utilization differences among subgroups:

- ▶ Respondents ages 18-25 made up 40% of respondents indicating they needed treatment as soon as possible.
- ▶ Respondents ages 26-35 made up 53.8% of those who indicated they could not wait for an appointment with their family doctor; further, 48% were under 36, and 76% were under age 45.
- ▶ Those reporting to the emergency department with chronic illness (diabetes, heart failure, etc.) were over 45 years old, less educated, and from lower income households.

It should be noted that while the survey was performed on a random basis, the methods do not make the information obtained reliable for interpretation or scientific purposes.

### c. Focus Groups

#### i. Rationale and approach

Five focus group sessions were held in February 2012, with invitations going out to more than 175 community leaders. Invitation letters included five questions to draft responses to in preparation for the meeting, along with a survey requesting feedback concerning barriers to accessing health services, barriers to health across the community, and “risky behaviors”. Meetings were held in Castleton on February 7<sup>th</sup> and 9<sup>th</sup>, in Brandon on February 9<sup>th</sup>, and in Rutland on February 10<sup>th</sup> and 16<sup>th</sup>.

Each session was led by an independent, professional facilitator to work through a SWOT analysis (Strength/Weaknesses/Opportunities/Threats) of health and health influencing factors in and around our community. The discussion in each focus group revolved around five major topics:

- The strengths of the healthcare services and supports in Rutland County.
- The weaknesses of the healthcare services and supports in Rutland County.
- What elements in the social, political and physical environments many cause deterioration in the delivery of healthcare related services in Rutland County?
- What assets in our communities can be used to improve the health status of people living in Rutland County?
- What can we, as a community, do to improve the health status of people in Rutland County?

Relative to the above topics, there were many individual items, issues, opinions, observations, and suggestions discussed in each of the focus groups.

ii. Report of Toby Knox & Associates

The complete report of Toby Knox Associates is included in Appendix F. Included here is a synopsis of the findings reported therein.

As in every community, there are things in Rutland County that are considered to be strengths of the healthcare services and supports, and others that are thought to be weaknesses.

The overall consensus of the focus group participants was that Rutland County has much strength, in particular the strength and diversity of the institutions and organizations in the healthcare and social services sector, complemented by the dedicated, long-serving professionals working in regional non-profits. There are abundant resources and organizations promoting wellness and healthy living which cooperate and collaborate together. Additionally, the health providers in the region offer a diverse array of services, which should be recognized for a rural community.

The weaknesses identified include a combination of very specific situations, challenges or problems as well as broader societal or generational conditions affecting some residents' health and the general wellbeing of the community at large. At the forefront of this topic are substance abuse and the negatively influencing factor of over prescribing of narcotic drugs.

Despite the diversity of healthcare providers, access continues to be a weakness due to shortages of certain types of providers, low reimbursement rates affecting providers' ability to care for patients, and transportation. There was also consensus across the focus group sessions that there is some disconnect between providers and available social services, which seems to be the result of a combination of lack of awareness of the services in some cases, and poor communication between support services and providers in other instances.

Further, for some specific populations, there are compound difficulties maintaining or improving health status. The growing aging population presents challenges for the broad healthcare system and some seniors face difficulties in areas such as transportation and housing. The homeless and those marginally housed face similar complications, impacting their ability to access and utilize healthcare services and achieve or maintain healthy lifestyles.

For other populations, the issue of not taking responsibility for one's personal healthcare, or a family's, was cited as a major weakness. This can manifest itself in areas such as obesity, not going to school, substance abuse, or not being aware of or not taking advantage of available social and healthcare related services. The observation is that there is a generational custom of an accepted lifestyle of living close to the edge, in poverty or in crisis, brought on to some degree by purposefully avoiding the available healthcare and social services.

Without breaking the cycle of generational ways of living that negatively affect one's health, it is believed that generation after generation will continue to perpetuate an unhealthy lifestyle by passing it onto the next generation. A lack of awareness of, understanding of or sensitivity to those living in poverty are detrimental factors to addressing the plight of some of the County's residents.

Socioeconomic influences continue to challenge the region and serve to promote this culture. Unemployment, insufficient wage compensation, declining reimbursements, increasing costs of healthcare and health insurance, increasing levels of poverty and a widening financial gap all contribute in some way to the diminishing delivery of healthcare services or the ability to obtain healthcare.

Unemployment and a lack of good paying jobs have a negative effect on residents' health due to the high costs of health and dental insurance or inability to pay for healthcare services. Couple this with declining reimbursement for providers and an undercurrent of a perception of a deteriorating sense of community, caused by both internal and external factors, such as the influx of drugs and reductions in funding for responsive programming, and the result is a negative self-image by the region. This then impairs recruitment efforts to bring businesses (and jobs) and healthcare providers to the region, which brought the conversation back to access to healthcare.

Focus group participants repeatedly expressed their beliefs that Rutland County has many assets and beneficial attributes that can be put to use in improving the health status of residents. There are many opportunities for recreation, access to outdoor activities and elements contributing to a healthy lifestyle, such as numerous locally grown foods, made available through farmers' markets and community supported agriculture farm-to-work programs. A long list of healthcare related institutions, organizations, and programs are in place to be leveraged in improving individuals' health and the condition of the community's wellbeing. In addition, entities, such as colleges and arts programs can positively influence individual and community health. It was noted that leveraging a positive regional image would contribute to addressing recruitment and cultural issues for the better.

All discussions identified the important role education could play in a number of areas to ease the burden of families and the healthcare system. The first is educating individuals in how to take personal responsibility for their own health, such as education in how to change a harmful lifestyle and to seek care and treatment, approaching health from preventative standpoint and managing chronic disease. Even the need for education around end-of-life issues and decision-making was raised and felt to be an important component. Additionally, education and awareness for health providers of one another and augmenting services available for residents is needed.

Improving the health status across the Rutland County community will require new, synergistic approaches to shift established cultural attitudes and methods.

iii. Presentation of data

A total of 40 community leaders participated in the focus group sessions. Attendees of each session signed in and were asked to complete a brief demographic survey (37 responses were compiled). All participants work in Rutland County and the majority (90%) also resides in Rutland County. The overall group was composed of 70% women, individuals were generally between the ages of 45 and 64 years and 38% held a bachelor's degree; 60% held a graduate degree.

The ranking surveys returned by invitees, those who attended sessions and those who did not, numbered 32. The results are outlined below:

The top five barriers that prevent people from accessing health services in Rutland County –

1. Do not have a regular doctor
2. Do not have health insurance
3. Cannot afford deductible, co-pay, etc.
4. Do not have dental insurance
5. Doctor not accepting Medicaid

The top five barriers that should be addressed in our community –

1. Drug / substance abuse
2. Primary care for adults
3. Child abuse / neglect
4. Dental care
5. Mental health problems

The five most important “risky behaviors” in our community that have the greatest overall impact on overall community health –

1. Drug abuse
2. Being overweight
3. Alcohol abuse
4. Tobacco use
5. Lack of exercise

Rutland County Community Health Needs Assessment Report 2012 - 2015

Attachment A – List of data sources / reports

	Date	Name	Link
1.	1990, 2000, 2005, and 2010	US Census Bureau, Profile of General Population	<a href="http://crs.uvm.edu/census/">http://crs.uvm.edu/census/</a>
2.	2010	US Census Bureau, General Population and Housing Characteristics	<a href="http://crs.uvm.edu/census/">http://crs.uvm.edu/census/</a>
3.	2000	US Census Bureau, Profile of Selected Social Characteristics	<a href="http://www.census.gov/census2000/states/vt.html">http://www.census.gov/census2000/states/vt.html</a> <a href="http://quickfacts.census.gov/qfd/states/50000.html">http://quickfacts.census.gov/qfd/states/50000.html</a>
4.	2000	US Census Bureau, Population Projections, 2030	<a href="http://www.census.gov/census2000/states/vt.html">http://www.census.gov/census2000/states/vt.html</a>
5.	2000, 2010	US Census Bureau, Profile of Selected Economic Characteristics	<a href="http://factfinder.census.gov/servlet/SAFFacts?_event=ChangeGeoContext&amp;_county=Rutland&amp;_state=04000US50">http://factfinder.census.gov/servlet/SAFFacts?_event=ChangeGeoContext&amp;_county=Rutland&amp;_state=04000US50</a>
6.	2000	US Census Bureau, Family Type by Presence of Own Children under 18 Years of Age by Own Children	<a href="http://www.census.gov/population/www/socdemo/hh-fam.html">http://www.census.gov/population/www/socdemo/hh-fam.html</a>
7.	2009	US Census Bureau, CPS Health Insurance Coverage Status by State for all People	<a href="http://www.census.gov/hhes/www/cpstables/032010/health/h06_000.htm">http://www.census.gov/hhes/www/cpstables/032010/health/h06_000.htm</a>
8.	2007	US Census Bureau, Small Area Health Insurance Estimates, Health Insurance Coverage Status for all Counties	<a href="http://www.census.gov/did/www/sahie/data/2007/dataset.html">http://www.census.gov/did/www/sahie/data/2007/dataset.html</a>
9.	2010, 2011	US Bureau of Labor Statistics	<a href="http://www.bls.gov/ro1/vtqcew.htm">http://www.bls.gov/ro1/vtqcew.htm</a>
10.	1990-2000	US Federal Statistics	<a href="http://quickfacts.census.gov/qfd/states/50/500211k.html">http://quickfacts.census.gov/qfd/states/50/500211k.html</a>
11.	2000, 2009	USDA Economic Research Service Poverty Data	<a href="http://www.ers.usda.gov/StateFacts/vt.HTM">http://www.ers.usda.gov/StateFacts/vt.HTM</a>
12.	2004-2005 2009-2010	Vermont Department of Education	<a href="http://education.vermont.gov/">http://education.vermont.gov/</a>
13.	2009-2010	Vermont Department of Education Dropout and High School Completion Report	<a href="http://education.vermont.gov/new/html/data/dropout_completion.html">http://education.vermont.gov/new/html/data/dropout_completion.html</a>
14.	2010	Vermont Coalition to End Homelessness Point in Time Survey, Vermont Affordable Housing Coalition	<a href="http://www.helpingtohouse.org/profile.php">http://www.helpingtohouse.org/profile.php</a> <a href="http://www.icphusa.org/PDF/reports/ICPH_Vermont_Brief.pdf">http://www.icphusa.org/PDF/reports/ICPH_Vermont_Brief.pdf</a>

Rutland County Community Health Needs Assessment Report 2012 - 2015

15.	1993-2003, rev. 2004	Rutland Regional Health Status Indicators, Rutland Partnership for Health	
16.	2010	Health Disparities of Vermonters	<a href="http://healthvermont.gov/research/healthdisparities.aspx">http://healthvermont.gov/research/healthdisparities.aspx</a>
17.	2009	Vermont Uniform Hospital Discharge Data Set	<a href="http://healthvermont.gov/research/hospital-utilization.aspx">http://healthvermont.gov/research/hospital-utilization.aspx</a>
18.	2010	Kaiser Family Health Foundation	<a href="http://www.statehealthfacts.org/medicaid.jsp">http://www.statehealthfacts.org/medicaid.jsp</a>
19.	2009	Community Health Status Indicators	<a href="http://www.communityhealth.hhs.gov/homepage.aspx?j=1">http://www.communityhealth.hhs.gov/homepage.aspx?j=1</a>
20.	2008	Vermont Department of Health	<a href="http://healthvermont.gov/pubs/Publications.aspx">http://healthvermont.gov/pubs/Publications.aspx</a>
21.	2010	Vermont Association of Hospitals	<a href="http://www.vahhs.org/">http://www.vahhs.org/</a>
22.	2010	Vermont Program for Quality in Health Care	<a href="http://www.vpqhc.org/">http://www.vpqhc.org/</a>
23.	2009	State of Vermont Legislative Report	<a href="http://education.vermont.gov/new/html/laws/legislative_archive/archived_reports_09.html">http://education.vermont.gov/new/html/laws/legislative_archive/archived_reports_09.html</a>
24.	2009	CDC SMART: BRFSS City and County Data	<a href="http://apps.nccd.cdc.gov/BRFSS-SMART/SelMMSAPrevData.asp">http://apps.nccd.cdc.gov/BRFSS-SMART/SelMMSAPrevData.asp</a>
25.	2011	Youth Risk Behavior Surveillance System Survey	<a href="http://healthvermont.gov/research/yrbs.aspx">http://healthvermont.gov/research/yrbs.aspx</a>
26.	2006, 2008, 2010	Behavioral Risk Factor Surveillance System	<a href="http://healthvermont.gov/research/brfss/brfss.aspx">http://healthvermont.gov/research/brfss/brfss.aspx</a>
27.	2010-2011	County Animal Hospital of Vermont	<a href="http://countryah.evetsites.net//">http://countryah.evetsites.net//</a>
28.	2007	Vermont Health Care Reform	<a href="http://hcr.vermont.gov/legislation">http://hcr.vermont.gov/legislation</a>
29.	2012	County Health Rankings	<a href="http://www.countyhealthrankings.org/vermont/2012/rutland/county/1/overall">http://www.countyhealthrankings.org/vermont/2012/rutland/county/1/overall</a>
30.	2010	CDC Vermont Profile	<a href="http://www.cdc.gov/chronicdisease/states/vermont.htm">http://www.cdc.gov/chronicdisease/states/vermont.htm</a>
31.	2007	Community Profile	<a href="http://humanservices.vermont.gov/publications/community-profiles/2007/view-by-district/su4.pdf">http://humanservices.vermont.gov/publications/community-profiles/2007/view-by-district/su4.pdf</a>
32.		Vermont Cancer Registry	<a href="http://healthvermont.gov/research/cancer_registry/registry.aspx">http://healthvermont.gov/research/cancer_registry/registry.aspx</a>
33.	2011	Vermont Office of Health Access Task 7 Report	<a href="http://ovha.vermont.gov/">http://ovha.vermont.gov/</a>
34.	2011	Vermont Primary Care Workforce – Vermont Area Health Education Centers	<a href="http://www.med.uvm.edu/ahec/downloads/2010_AHEC_VT_Primary_Care_Workforce_Snapshot.pdf">http://www.med.uvm.edu/ahec/downloads/2010_AHEC_VT_Primary_Care_Workforce_Snapshot.pdf</a>
35.	2010	Southern Vermont Area Health Education Center	<a href="http://www.svahec.org/documents/SnapshotWindhamCountyforSEARCHHandbook.pdf">http://www.svahec.org/documents/SnapshotWindhamCountyforSEARCHHandbook.pdf</a>

Rutland County Community Health Needs Assessment Report 2012 - 2015

36.	2008	Vermont Physicians Survey Statistical Report	<a href="http://healthvermont.gov/research/HlthCarePrvSrvys/documents/phys08bk.PDF">http://healthvermont.gov/research/HlthCarePrvSrvys/documents/phys08bk.PDF</a>
37.	2010	Recommendations to Improve Utilization and Variation in Health Care Services in Vermont – Vermont General Assembly	<a href="http://www.leg.state.vt.us/reports/2010ExternalReports/252656.pdf">http://www.leg.state.vt.us/reports/2010ExternalReports/252656.pdf</a>
38.	2008	Hospital Utilization Report	<a href="http://www.bishca.state.vt.us/health-care/research-data-reports/vermont-hospital-utilization-reports-vhur">http://www.bishca.state.vt.us/health-care/research-data-reports/vermont-hospital-utilization-reports-vhur</a>
39.	2010-2011	Rutland Community Programs, Inc. Headstart Community Assessment	<a href="http://www.rchscen.org/">www.rchscen.org/</a>
40.	2008-2009	Community Health Needs Assessment	<a href="http://www.rrmc.org/upload/photos/673FINAL_Rutland_County_Report_052809_3_.pdf">http://www.rrmc.org/upload/photos/673FINAL_Rutland_County_Report_052809_3_.pdf</a>
41.	2009	Vermont Dentist Survey Statistical Report	<a href="http://healthvermont.gov/research/HlthCarePrvSrvys/documents/dds09bk.pdf">http://healthvermont.gov/research/HlthCarePrvSrvys/documents/dds09bk.pdf</a>
42.	2011	Vermont State Dental Society	<a href="http://www.vsds.org/">http://www.vsds.org/</a>
43.	2007-2017	Shaping the Future of Long Term Care and Independent Living, State of Vermont	<a href="http://dail.vermont.gov/dail-publications/publications-annual-reports/shaping-the-future-2007">http://dail.vermont.gov/dail-publications/publications-annual-reports/shaping-the-future-2007</a>
44.	2007	Department of Disabilities Aging and Independent Living	<a href="http://dail.vermont.gov/dail-publications">http://dail.vermont.gov/dail-publications</a>
45.	2010	Vermont Crime Report, Department of Public Safety Division of Criminal Justice Services	<a href="http://www.dps.state.vt.us/cjs/crimstats.htm">http://www.dps.state.vt.us/cjs/crimstats.htm</a>
46.	2010	Vermont Affordable Housing Coalition	<a href="http://www.vtaffordablehousing.org/">http://www.vtaffordablehousing.org/</a>
47.	2011	Vermont Foodbank	<a href="http://www.vtfoodbank.org/">http://www.vtfoodbank.org/</a>
48.	2009	US Department for Agriculture Household Food Security in the United States Report	<a href="http://www.ers.usda.gov/publications/err108/">http://www.ers.usda.gov/publications/err108/</a>
49.	2011	Rutland Area Farm and Food Link Annual Report	<a href="http://www.rutlandfarmandfood.org/newsletters_news/Annual%20Report%2009_4.pdf">http://www.rutlandfarmandfood.org/newsletters_news/Annual%20Report%2009_4.pdf</a>
50.	2011	Rutland County Community Child Care Resource and Referral Office	<a href="http://www.childcareresource.org/vermont-resource-and-referral-agencies">http://www.childcareresource.org/vermont-resource-and-referral-agencies</a>
51.	2009	Rutland Co-op and Rutland Nutrition Coalition	<a href="http://rutlandcoop.com/wp-content/uploads/2010/05/coop_fall_2009_newsletter.pdf">http://rutlandcoop.com/wp-content/uploads/2010/05/coop_fall_2009_newsletter.pdf</a>
52.	2008	Health Status of Vermonters	<a href="http://healthvermont.gov/pubs/documents/HealthStatusRpt2008.pdf">http://healthvermont.gov/pubs/documents/HealthStatusRpt2008.pdf</a>
53.	2011	Adult Mental Health Outpatient, Substance Abuse and Community Rehabilitation and Treatment Services Design, Vermont Department of Mental Health	<a href="http://www.leg.state.vt.us/reports/2011ExternalReports/265768.pdf">http://www.leg.state.vt.us/reports/2011ExternalReports/265768.pdf</a>

Rutland County Community Health Needs Assessment Report 2012 - 2015

54.	2010	State of Vermont Domestic Violence Fatality Review Commission Report	<a href="http://www.atg.state.vt.us/assets/files/2011%20Domestic%20Violence%20Fatality%20Review%20Commission%20Report.pdf">http://www.atg.state.vt.us/assets/files/2011%20Domestic%20Violence%20Fatality%20Review%20Commission%20Report.pdf</a>
55.	2008, 2010	Child Abuse and Neglect in Vermont, Department of Children and Families	<a href="http://dcf.vermont.gov/">http://dcf.vermont.gov/</a> <a href="http://dcf.vermont.gov/sites/dcf/files/pdf/fsd/2010_Child_Protection_Report.pdf">http://dcf.vermont.gov/sites/dcf/files/pdf/fsd/2010_Child_Protection_Report.pdf</a>
56.	2010	US Teenage Pregnancy Statistics, CDC/NCHS, National Vital Statistics System	<a href="http://www.cdc.gov/nchs/data/data_briefs/db89_tables.pdf">http://www.cdc.gov/nchs/data/data_briefs/db89_tables.pdf</a>
57.	2008	State of Vermont Vital Statistics County of Residence by 113 Selected Causes (Table C-12)	<a href="http://healthvermont.gov/research/stats/2008/2008vital.aspx">http://healthvermont.gov/research/stats/2008/2008vital.aspx</a>
58.	2005-2009	Center for Disease Control State Profiles	<a href="http://www.cdc.gov/nchhstp/stateprofiles/pdf/Vermont_profile.pdf">http://www.cdc.gov/nchhstp/stateprofiles/pdf/Vermont_profile.pdf</a> <a href="http://www.cdc.gov/chronicdisease/states/vermont.htm">http://www.cdc.gov/chronicdisease/states/vermont.htm</a>
59.		Vermont Department of Health, Health Indicators Maps	<a href="http://healthvermont.gov/research/IA/VermontInstantAtlasDynamicMaps.aspx">http://healthvermont.gov/research/IA/VermontInstantAtlasDynamicMaps.aspx</a>
60.	2009	Susan G. Komen Vermont-New Hampshire Annual Report	<a href="http://ww5.komen.org/AboutUs/FinancialInformation.html">http://ww5.komen.org/AboutUs/FinancialInformation.html</a>
61.	2003-2007	National Cancer Institute, State Cancer Profile, Vermont	<a href="http://statecancerprofiles.cancer.gov/">http://statecancerprofiles.cancer.gov/</a>
62.	2011	Vermont Department of Health Infectious Disease Bulletin	<a href="http://healthvermont.gov/pubs/IDB/index.aspx">http://healthvermont.gov/pubs/IDB/index.aspx</a>
63.	2010	CLR Search Education Attainment, Rutland, Vermont	<a href="http://www.clrsearch.com/Rutland_Demographics/VT/">http://www.clrsearch.com/Rutland_Demographics/VT/</a>
64.	Jan. 2012	Unemployment rates	<a href="http://www.google.com/publicdata">http://www.google.com/publicdata</a>
65.	2008-2009	Estimates of Substance Use and Mental Disorders from 2008-2009 National Surveys on Drug Use and Health, U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, June 2011	
66.	2008	Substance Abuse and Mental Health Services Administration, States in Brief, Vermont, December 2008	<a href="http://www.samhsa.gov/statesinbrief/2009/VERMONT_608.pdf">http://www.samhsa.gov/statesinbrief/2009/VERMONT_608.pdf</a>
67.	2010	United States Sentencing Commission, Statistical Information Packet, Fiscal Year 2010, District of Vermont	
68.		EPA National Air Quality Standards AIRS data	<a href="http://www.epa.gov/ttn/airs/airsqs/detaildata/downloadqsdata.htm">http://www.epa.gov/ttn/airs/airsqs/detaildata/downloadqsdata.htm</a>

Rutland County Community Health Needs Assessment Report 2012 - 2015

Attachment B – Dental survey 2011

Are you accepting new patients?

Do you see adults?

Do you see children?

Do you accept Medicaid?

Are you accepting new adult patients with Medicaid?

Are you accepting new pediatric patients with Medicaid?

**Rutland County Community Health Needs Assessment**  
**COMMUNITY SURVEY 2011**

1. Are you a resident of Rutland County? YES NO
2. Are you a resident of Rutland City? YES NO
3. In the past two years, if you or your family needed the following services, did you access them in Rutland County? Always Sometimes Never Did not need
- |  |                       |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| ⇒ Annual check up in a doctor's office   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ⇒ Sick care in a doctor's office         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ⇒ Dental cleaning or x-rays              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ⇒ Dental fillings or other treatment     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ⇒ Prescription or over the counter drugs | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ⇒ Home health care services              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ⇒ Lab or X-rays                          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ⇒ Mental health counselor                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ⇒ Alcohol or substance abuse counselor   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ⇒ Emergency room care                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ⇒ Nursing home                           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ⇒ Assisted living                        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

4. Please check below any of the reasons why you or your family did not get the health services you needed in Rutland County:

- |  |   |
|--|---|
| <input type="checkbox"/> Does not apply to me                    | <input type="checkbox"/> Did not have health insurance                      |
| <input type="checkbox"/> Could not afford co-pay or deductible   | <input type="checkbox"/> Could not afford to pay the fee at time of service |
| <input type="checkbox"/> Appointment time not convenient         | <input type="checkbox"/> Payment of balance was required                    |
| <input type="checkbox"/> Do not have a regular doctor            | <input type="checkbox"/> Doctor did not accept Medicaid                     |
| <input type="checkbox"/> Service not available in Rutland County | <input type="checkbox"/> Doctor did not accept Medicare                     |
| <input type="checkbox"/> Could not get an appointment            | <input type="checkbox"/> Too long a wait for an appointment                 |
| <input type="checkbox"/> Could not take time off from work       | <input type="checkbox"/> Other: _____                                       |
| <input type="checkbox"/> Did not have a ride                     |   |
| <input type="checkbox"/> Did not have dental insurance           |   |

5. What age group are you in?

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> 18 - 25 years | <input type="checkbox"/> 36 - 44 years | <input type="checkbox"/> 65 and older |
| <input type="checkbox"/> 26 - 35 years | <input type="checkbox"/> 45 - 64 years |                                       |

6. What is the highest grade in school you completed?

- Grade 11 or less     High School graduate     Some college or more

7. What is the income of your household?

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> under \$5,000        | <input type="checkbox"/> \$15,001 to \$20,000 | <input type="checkbox"/> \$40,001 to \$50,000 |  |
| <input type="checkbox"/> \$5,000 to \$10,000  | <input type="checkbox"/> \$20,001 to \$30,000 | <input type="checkbox"/> \$50,001 to \$70,000 | <input type="checkbox"/> \$90,001 to \$120,000 |
| <input type="checkbox"/> \$10,001 to \$15,000 | <input type="checkbox"/> \$30,001 to \$40,000 | <input type="checkbox"/> \$70,001 to \$90,000 | <input type="checkbox"/> \$120,001 or more     |



**Rutland County Community Health Needs Assessment  
COMMUNITY SURVEY IN EMERGENCY DEPARTMENT 2011**

1. Are you a resident of Rutland County?		YES	NO
2. Day of the week: _____	3. Time of day: _____ AM PM		
4. Do you have health insurance?		YES	NO
5. Do you have a family doctor?		YES	NO
6. If NO, why?		<input type="checkbox"/> Can not find one accepting new patients <input type="checkbox"/> Have not looked for one <input type="checkbox"/> Other, please explain _____	
7. Is your complaint related to: (check all that apply)			
<input type="checkbox"/> An injury?		heart failure, mental health, substance abuse, etc.)	
<input type="checkbox"/> An illness? (stomach bug, headache, etc.)		<input type="checkbox"/> Other (pain, anxiety, depression, etc.)	
<input type="checkbox"/> A chronic disease or illness? (diabetes,			
8. Did you come here because of a dental problem?		YES	NO
9. Did someone send you to the emergency department?		YES	NO
10. If you answered "YES" to question 9, please tell us who:			
<input type="checkbox"/> Your own family doctor	<input type="checkbox"/> Specialist	<input type="checkbox"/> School	
<input type="checkbox"/> Another family doctor	<input type="checkbox"/> Dentist	<input type="checkbox"/> Employer	
<input type="checkbox"/> Walk-in clinic	<input type="checkbox"/> Nurse	<input type="checkbox"/> Paramedic	
<input type="checkbox"/> Asked to return by RRMC emergency doctor			
<input type="checkbox"/> Other, please specify _____			



11. Why did you come to the emergency department?

<input type="checkbox"/> Sent here	<input type="checkbox"/> Walk-in clinic was closed	<input type="checkbox"/> The Emergency Department offers a specific service you think you require, please explain: _____
<input type="checkbox"/> Do not have a family doctor	<input type="checkbox"/> You think an X-ray is needed	_____
<input type="checkbox"/> Needed treatment as soon as possible	<input type="checkbox"/> You think IV medication is needed	_____
<input type="checkbox"/> Family doctor's office was closed	<input type="checkbox"/> You think sutures (stitches) are needed	_____
<input type="checkbox"/> Could not wait for an appointment with family doctor	<input type="checkbox"/> You think casting is needed	

12. What age group are you in?

<input type="checkbox"/> 18 - 25 years	<input type="checkbox"/> 36 - 44 years	<input type="checkbox"/> 65 and older
<input type="checkbox"/> 26 - 35 years	<input type="checkbox"/> 45 - 64 years	

13. What is the highest grade in school you completed?

<input type="checkbox"/> Grade 11 or less	<input type="checkbox"/> High School graduate	<input type="checkbox"/> Some college or more
---	---	---

14. What is the income of your household?

<input type="checkbox"/> under \$5,000	<input type="checkbox"/> \$15,001 to \$20,000	<input type="checkbox"/> \$40,001 to \$50,000	
<input type="checkbox"/> \$5,000 to \$10,000	<input type="checkbox"/> \$20,001 to \$30,000	<input type="checkbox"/> \$50,001 to \$70,000	<input type="checkbox"/> \$90,001 to \$120,000
<input type="checkbox"/> \$10,001 to \$15,000	<input type="checkbox"/> \$30,001 to \$40,000	<input type="checkbox"/> \$70,001 to \$90,000	<input type="checkbox"/> \$120,001 or more

Attachment E



## Rutland Regional Medical Center

*An Affiliate of Rutland Regional Health Services*

160 Allen Street  
Rutland, VT 05701  
802.775.7111

January 26, 2012

Dear

On behalf of the Rutland County Health Needs Assessment 2012 Steering Committee, I would like to invite you to participate in Health Assessment 2012. Your unique input as a community leader will help us identify gaps in current health services and, ultimately guide us in allocating resources and services to meet the health needs of our community.

Focus Group meetings will be convened in February. Each group will involve approximately 10 to 12 community leaders, providing their input as individuals and as representatives of their stakeholders. The Focus Group will take approximately two hours of your time, including a light meal, which will be provided for your convenience. Toby Knox from Toby Knox & Associates, LLC, a Vermont based consulting firm will be facilitating the group discussion. The culmination of this work will be a qualitative report that summarizing responses from the Focus Groups, along with other collected data, will be completed and available by May 2012. (The most recent Assessment report, concluded in 2009, is available for viewing at [rrmc.org](http://rrmc.org).)

We invite you to participate in the discussion to help us in our efforts "to improve the health of Rutland region residents." Please select the option of date and time that best suits you:

Tuesday, February 7 <sup>th</sup> from 5-7 pm	Castleton Community Center
Thursday, February 9 <sup>th</sup> from 12-2 pm	Castleton Community Center
Thursday, February 9 <sup>th</sup> from 5-7 pm	Brandon Birthplace/Brandon Museum
Friday, February 10 <sup>th</sup> from 12-2 pm	Rutland Region Chamber of Commerce Office
Thursday, February 16 <sup>th</sup> from 5-7 pm	Community Health Improvement, 71 Allen Street

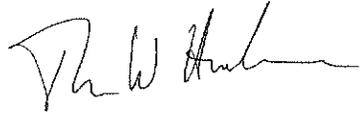
Please respond to this invitation by calling Kathryn Lulek, Bowse Trust Administrative Assistant, at 773-9888 by Friday, February 3rd. Because of the importance of this effort, if we do not hear from you, we will call you to inquire as to whether you are able to join us for this interesting and lively conversation.

We have also enclosed is a list of questions which will serve as a platform for the conversation during the Focus Group meeting.

Should you have any questions, please contact Marie K. Gilmond at 747-1756, ext. 15.

Thank you for your consideration of our invitation to participate in this important project. We look forward to hearing from you.

Sincerely,

A handwritten signature in black ink, appearing to read "Th W Huebner". The signature is fluid and cursive, with a long horizontal stroke at the end.

Thomas W. Huebner, on behalf of  
The Rutland County Health Needs Assessment 2012 Steering Committee

TWH/mkg

## **Your Input is Important**

The Rutland County Health Needs Assessment 2012 Steering Committee has spent the last 9 months collecting and analyzing data that describe the health status of Rutland County residents. Conducting assessments periodically for more than 15 years, we have seen some health indicators improve and others decline. We would now like to engage you in a Focus Group discussion about Rutland County's health systems and the health status of its residents.

For your consideration, we would like to share some highlights from the 2009 Assessment:

- Residents' age, income, and education can positively or negatively affect a community's health status. Population age also has implications for healthcare, housing and employment. For example, fewer 25 – 44 year olds result in fewer workers (i.e., staff shortages).
- The Rutland County population is older, less educated and lower income than the Vermont average, and will become increasingly older and, therefore, more vulnerable, disabled and potentially requiring proportionally more services than Vermonters overall.
- Since 1970, the proportion of people living alone and single parent households has increased dramatically in Rutland County. Single female heads of household with children under 18 relate to a range of social and health status indicators including poverty, affective disorders, risk of drug and alcohol abuse, violence, and negative consequences for children, including greater depression, and greater behavioral and learning difficulties in school.

## **Questions for You**

We ask that you consider the people you serve, your own families and friends, as well as what we learned in the 2009 Assessment, as you jot down answers to the questions below. *Please complete this form prior to the Focus Group meeting and bring it with you, so that we can discuss your answers and collect them at the end of the meeting.*

1. What are the strengths of the health care services and supports in Rutland County?
2. What are the weaknesses of the health care services and supports in Rutland County?
3. What elements in our social, political and physical environments may cause deterioration in the delivery of services in Rutland County?
4. What assets in our communities can be used to improve the health status of people living in Rutland County?
5. What can we, as a community, do to improve the health status of people in Rutland County?

6. Please rank order the top five barriers that prevent people from accessing health services in Rutland County? (Where 1 is the most significant, 2 is the next most significant, etc.)

- |   |   |
|---|---|
| <input type="checkbox"/> Do not have a regular doctor           | <input type="checkbox"/> Could not take time off from work      |
| <input type="checkbox"/> Do not have health insurance           | <input type="checkbox"/> Lack of transportation                 |
| <input type="checkbox"/> Do not have dental insurance           | <input type="checkbox"/> Service not available (Specify: _____) |
| <input type="checkbox"/> Cannot to pay fee at time of service   | <input type="checkbox"/> Cultural or spiritual differences      |
| <input type="checkbox"/> Cannot afford deductible, co-pay, etc. | <input type="checkbox"/> Mental or behavioral disorder          |
| <input type="checkbox"/> Doctor not accepting Medicaid          | <input type="checkbox"/> Language / translation                 |
| <input type="checkbox"/> Doctor not accepting Medicare          | <input type="checkbox"/> Patient attitudes or biases            |
| <input type="checkbox"/> Payment of balance due required        | <input type="checkbox"/> Physical disability                    |
| <input type="checkbox"/> Too long a wait for an appointment     | <input type="checkbox"/> Not knowing how or when to seek care   |
| <input type="checkbox"/> Appointment time not convenient        | <input type="checkbox"/> Confidentiality concerns               |
| <input type="checkbox"/> Could not get an appointment           | <input type="checkbox"/> Discrimination concerns                |
| <input type="checkbox"/> Lack of childcare                      |   |

7. From the list below, please rank order the top five barriers that should be addressed in our community. (Where 1 is the most significant, 2 is the next most significant, etc.)

- |   |  |
|---|--|
| <input type="checkbox"/> Elderly health, housing and other services | <input type="checkbox"/> Affordable housing                              |
| <input type="checkbox"/> Cancer prevention, detection and treatment | <input type="checkbox"/> Childcare                                       |
| <input type="checkbox"/> Child abuse / neglect                      | <input type="checkbox"/> Farming-related injuries                        |
| <input type="checkbox"/> Dental care                                | <input type="checkbox"/> Heart disease and stroke                        |
| <input type="checkbox"/> Diabetes                                   | <input type="checkbox"/> High blood pressure                             |
| <input type="checkbox"/> Domestic violence                          | <input type="checkbox"/> HIV / AIDS                                      |
| <input type="checkbox"/> Firearm-related injuries                   | <input type="checkbox"/> Homicide  |
| <input type="checkbox"/> Bullying                                   | <input type="checkbox"/> Infant death                                    |
| <input type="checkbox"/> Motor vehicle crash injuries               | <input type="checkbox"/> Infectious diseases (e.g., Hepatitis, TB, etc.) |
| <input type="checkbox"/> Rape / sexual assault                      | <input type="checkbox"/> Mental health problems                          |
| <input type="checkbox"/> Respiratory / lung disease                 | <input type="checkbox"/> Suicide   |
| <input type="checkbox"/> Sexually Transmitted Diseases (STDs)       | <input type="checkbox"/> Teenage pregnancy / family planning             |
| <input type="checkbox"/> Prescription drugs                         | <input type="checkbox"/> End of life care                                |
| <input type="checkbox"/> Home health care                           | <input type="checkbox"/> Primary care – adult                            |
| <input type="checkbox"/> Prenatal care                              | <input type="checkbox"/> Primary care – child                            |
| <input type="checkbox"/> Hospice care                               | <input type="checkbox"/> Drug / substance abuse                          |
| <input type="checkbox"/> Long-term care                             | <input type="checkbox"/> Gang-related activity                           |

8. Please rate the five most important “risky behaviors” below in our community that have the greatest overall impact on overall community health. (Where 1 is the most significant, 2 is the next most significant, etc.)

- |   |  |
|---|--|
| <input type="checkbox"/> Alcohol abuse          | <input type="checkbox"/> Not getting “shots” to prevent disease    |
| <input type="checkbox"/> Being overweight       | <input type="checkbox"/> Tobacco use                               |
| <input type="checkbox"/> Dropping out of school | <input type="checkbox"/> Not using birth control                   |
| <input type="checkbox"/> Drug abuse             | <input type="checkbox"/> Not using seat belts / child safety seats |
| <input type="checkbox"/> Lack of exercise       | <input type="checkbox"/> Unsafe sex (without a condom, etc.)       |
| <input type="checkbox"/> Poor eating habits     | <input type="checkbox"/> Other (Please specify: _____)             |

Rutland County Community Health Needs Assessment Report 2012-2015

Attachment F

## **Summary Report**

---

**Rutland Region**

**Community Health Assessment**

**Focus Groups**

---

**March 2, 2012**

**Prepared by:**

**Toby Knox & Associates, LLC**

**Shelburne, VT**

**802-985-3192**

**Table of Contents**

**Research Objective .....3**

**Methodology and Sampling.....3**

**Overall Demographic Profile.....3**

**Executive Summary.....4**

**Strengths .....6**

**Weaknesses .....8**

**Deterioration in delivery of healthcare services.....11**

**Assets .....13**

**Ways to improve the health status.....15**

## Research Objective

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

The focus groups are part of a larger assessment being conducted by the Rutland County Health Needs Assessment Steering Committee.

## Methodology & Sampling

Five focus groups were conducted during the period of February 7 - 16, 2012. The groups were held in the following locations:

- Castleton Community Center (2 groups)
- Brandon Museum
- Rutland Regional Chamber of Commerce
- Community Health Improvement office

The Rutland Community Health Improvement staff coordinated the recruitment of the participants and the logistics.

In total, 40 individuals participated in the five focus groups.

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

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

## Overall Demographics of Participants

Gender: Female participants – 25; Male participants – 15.

(Remaining demographics to be added by Rutland)

## Executive Summary

The discussion in each focus group revolved around five major topics:

- The strengths of the healthcare services and supports in Rutland County.
- The weaknesses of the healthcare services and supports in Rutland County.
- What elements in the social, political and physical environments many cause deterioration in the delivery of healthcare related services in Rutland County?
- What assets in our communities can be used to improve the health status of people living in Rutland County?
- What can we, as a community, do to improve the health status of people in Rutland County?

Relative to the above topics, there were many individual items, issues, opinions, observations, and suggestions discussed in each of the focus groups. For the purpose of this report, only items mentioned in a minimum of two focus groups are included.

As in every community, there are things in Rutland County that are considered to be strengths of the healthcare services and supports and others that are thought to be weaknesses. The findings of the focus groups point out there often are differing opinions on the same subject.

By and large, the consensus of the focus group participants is that Rutland County has many strengths, such as numerous beneficial institutions and organizations in the healthcare and social services sector; dedicated, long serving professionals working in local non-profits; abundant resources and organizations promoting wellness and healthy living who cooperate and collaborate together; and the availability of providers.

In the opinion of those living locally, the Rutland region offers many opportunities for recreation, access to outdoor activities and elements contributing to a healthy lifestyle, such as numerous farmers' markets and locally grown foods.

The weaknesses are a combination of very specific situations, challenges or problems as well as broader societal or generational conditions affecting some residents' health and the general wellbeing of the community at large.

Access to some healthcare services and providers is a weakness due to a number of factors, such as shortages of certain types of providers, low reimbursement rates affecting providers' ability to care for patients, transportation, some providers not being aware of the availability of certain social services, and, in some cases, poor communication between support services and providers.

The issue of not taking responsibility for one's personal or a family's healthcare is cited as a major weakness. It can manifest itself in areas such as obesity, not going to school, substance abuse, or not being aware of or not taking advantage of available social and healthcare related services. The observation is that there is a generational custom of an accepted lifestyle of living close to the edge, in poverty or in crisis, brought on to some degree by purposefully avoiding the available healthcare and social services.

Lack of employment and good paying jobs have a negative effect on residents' health due to the high cost of health insurance or expensive healthcare services.

While there are many positive regional attributes, there is the perception the region has a poor image, and it is a major factor in keeping potential new providers from locating locally.

A major cause of deterioration in the delivery of healthcare related services is associated with differing dynamics associated with financial matters, high costs, or funding levels.

Unemployment, insufficient wage compensation, declining reimbursements, increasing costs of healthcare and health insurance, increasing levels of poverty and a widening financial gap all contribute in some way to the diminishing delivery of healthcare services or in the ability to obtain healthcare.

The growing aging population presents challenges for the broad healthcare system and some seniors face difficulties in areas such as transportation and housing.

The inability to retain and attract new medical, mental health and dental providers puts a strain on the delivery of needed and desired healthcare services.

Without breaking the cycle of generational ways of living that negatively affect one's health, it is believed that generation after generation will continue to perpetuate an unhealthy lifestyle by passing it onto the next generation. A lack of awareness of, understanding of or sensitivity to those living in poverty is detrimental factors to addressing the plight of some of the County's residents.

Homelessness and inadequate housing options as well as the lack of adequate transportation for some rural citizens make living a healthy life difficult.

While not frequently discussed directly, there appears to be an undercurrent of a deteriorating sense of community, caused by both internal and external factors, such as resistance to fund desired community resources and the influx of drugs.

In spite of the noted healthcare related weaknesses and deteriorating aspects, Rutland County has many assets and beneficial attributes that can be put to use in improving the healthcare of county residents.

A long list of healthcare related institutions, organizations, and programs are in place to be leveraged in improving individuals' health and the condition of the community's wellbeing. In addition, entities, such as college students and arts programs not directly involved in healthcare, can play an integral role in improving or maintaining county residents' health.

Many insights, suggestions and recommendations are offered as ways to improve the health status of county residents.

The important role of education in a number of areas is critical. The first is educating individuals in how to take personal responsibility for their health as well as educating social service professionals and providers in understanding and dealing with generational poverty. In addition, increasing the awareness of available services must be a priority.

The substance abuse problem must be confronted through multiple channels, such as education in how to change a harmful lifestyle, treatment and employment. There also must be training of providers in the proper procedures for prescribing addiction related drugs.

An increased level of collaboration and communication between non-profits and providers would be beneficial for the providers, agencies and citizens.

Leveraging the positive regional image will contribute to addressing some reluctance providers have in relocating to Rutland. Building a new recreation center will be helpful in that effort.

Increased focus on a robust economic development effort will reap rewards for employers, employees, out-of-work citizens, and contribute to a stronger local economy.

With an aging population, end-of-life issues must be addressed.

It is suggested that confronting many of the weaknesses and deteriorating conditions should be addressed with out-of-the-box thinking and approaches.

### **Strengths of the healthcare services and supports in Rutland County.**

By and large, Rutland County residents have many sources and resources available that are related to maintaining or improving their healthcare status. A primary strength is the range of healthcare related resources, services and opportunities available in Rutland County.

The following institutions and organizations are specifically mentioned as strengths:

- RRMC
- The Free Clinic
- RAVNAH
- CHCRR
- Schools
- Bus
- The Cancer Center
- The proposed methadone clinic

*It's very important that in Rutland we have a regional medical center. That's something that not all areas of the state have.*

*RRMC offers a lot of programs and classes, and they do get out into the community.*

*I think RRMC is an incredible strength for a community this size. The dedication of the staff and the physicians.*

*The Free Clinic is a strength.*

*I would say that our school system is a real strength in terms of improving the health status of the community.*

*The schools in the region are very conscious and concerned about the wellbeing of children physically, mentally, emotionally, and we work very well with the medical center in providing.*

*What makes (CHCRR) a strength is that it's making medical care for the Medicaid Medicare populations that otherwise had challenges in seeking care.*

*I think it's very positive that Rutland is positive about a potential methadone clinic in Rutland.*

The following programs are considered to be strengths:

- WIC
- Tooth Tutor
- Increased dental care at CHCRR
- 211
- Local /regional recreation programs and opportunities

There are a large number of non-profits offering a wide range of services staffed with committed professionals. In addition, the level of cooperation and collaboration among social service agencies is deemed a strength.

*We all kind of know each other really well and there is a lot of easy reaching out and networking that goes on that I think really strengthens our support services and allows us to not duplicate as much as you would often see in some of these organizations.*

*I think people in this community are very committed (professionally) to taking care of the families here.*

There are many resources and programs available to promote wellness and increase prevention of healthcare problems.

*There are facilities and groups in every town for seniors. There is availability of health and wellness programs for them to access, meals and transportation. I think that is a strength.*

*Prevention programs for smoking and health, a lot of it is under the umbrella of the hospital.*

*Those are full time programs that are going on now in all of our schools and even in central office where they are promoting exercise, healthy eating. They are promoting safety and wellness.*

*We have prevention coalitions, nutrition coalition, breast-feeding coalitions, all those things that you want in your community to support that prevention piece.*

*There are lots of wrap around services available in this area...meaning more holistic.*

While there are shortages of certain types of providers, there is an appreciation for the availability of providers and the variety of local specialists.

*The hospital would probably be what I see as the strongest resource in the county but I have to say that providers, as a whole. I've always been impressed with the quality and dedication of the providers that we have.*

*The commitment of the hospital and the primary care providers and the people in their offices is really phenomenal. I think the strength is in the people and their commitment as well as the organizations.*

*In terms of the breadth of specialties, most specialties are represented.*

## **Weaknesses of the healthcare services and supports in Rutland County.**

Focus group participants express a major concern relative to societal or generational problems or situations, such as:

- teenage pregnancy
- bullying
- substance abuse
- rise of crime
- homelessness

- obesity
- lack of taking personal responsibility for one's health
- lack of awareness of or use of available and/or appropriate healthcare related resources
- schools providing services that parents should provide.

*We do have a fairly high teen pregnancy rate, and there is just not a lot of parent education and parent type involvement of services.*

*We've made great progress on alcohol, on cigarettes, but marijuana and bullying in youth we've seen an increase in the last 10 years. Our middle and high school students.*

*Just the overwhelming majority of crime is directly related to the addictions.*

*The stress of being homeless or being marginally housed had a great effect upon one's health and the health of one's family.*

*It's generational. It's almost like a family badge of honor to get your granddaughter in on WIC.*

*I think we've created a class that feels entitled and does not feel that they have any personal responsibility for their own care. I see that every day.*

*I think the patient's attitude in many cases is one of the biggest barriers to good health.*

*I don't know how we get to those people and teach them. Without being prejudice, it's just generational.*

*I think a lack of individual responsibility is a cultural change. People are not necessarily feeling as responsible for their own health and taking care of themselves.*

*Services provided in the school system are a positive. I think that is also an enabling factor for parents and guardians to be less responsible for the things that parents and guardians used to provide.*

Transportation is a weakness, either from the lack of its availability to the more rural areas of the county; a lack of knowledge by some residents of available transportation options; or a stigma attached to riding the bus.

*(Available transportation) it's a strength but at the same time it's a weakness because many people won't take advantage of it.*

A concern is the limited resources available for pediatric psychiatric and general mental health care. There are not enough therapists and providers available.

*Insufficient support for mental health. The resources just aren't there to provide the scope and breadth of services that are necessary in the community.*

*It seems there is a lot of turnover amongst those people who are doing the therapy.*

*But really all age groups have been underserved.*

The subject of dental care is raised from several aspects. The limited access for those on Medicaid or the lack of any type of dental insurance are weaknesses. From the provider side, a factor contributing to poor dental care is that patients do not keep appointments.

The level of reimbursement for Medicaid patients is a major obstacle to providing healthcare services. In addition, the rise in healthcare costs endangers the sustainability of some local programs.

*One of the problems is that a lot of physicians aren't willing to take on any Medicaid (patients) so then you've got the whole issue of getting them into treatment of any kind.*

Attracting or retaining providers is a considerable problem, especially considering there is an aging provider population. A perceived negative image of the Rutland region may be a contributing factor to having difficulty in attracting new providers.

*The inability to attract medical and dental providers and then to retain them. Many times it's a lack of whatever a spouse might be looking for that isn't in this area and that takes the provider away.*

A frequently mentioned problem is inadequate access to primary care providers and some specialists.

*I feel there is a general shortage of doctors, period.*

*Sustaining this healthcare system, especially the primary care system... we are holding our own right now but it's a very precarious situation.*

While deemed to be a strength, some participants indicate that Rutland Regional Medical Center has a negative image among some of the county's residents. Lengthy waiting times in the emergency room are cited as a weakness.

*It's not my personal opinion but I hear lots of rumors, lots of people who say, 'Oh, you shouldn't go there.'*

*I believe there is high expectation of a community hospital to provide the same services that are provided by a major medical center. As a result, Rutland ends up getting a poor reputation verbally, because they said they can't do that here or they don't have the docs capable of doing that here.*

A considerable weakness is the general economic climate and limited local job opportunities and the subsequent effect on the financial condition and sustainability of many healthcare related services and programs.

*The very generous programs that are available, the reason why I list it as a potential weakness is the question of our ability to sustain that given the economy and the job situation, especially in Rutland County.*

Some providers are not aware of the social services available to their patients or where to turn to learn where they can make a referral.

*Speaking again from the support service side, a lot of us feel that we don't have the connection to the healthcare providers to make them aware of what we provide that could be a real asset to their patients. I think there could be a much stronger collaboration that would benefit the whole community.*

*I feel that there might be a lack of awareness of the services that are available. Sometimes even we, as providers, are like 'Wow! I didn't even know that existed.'*

There is inadequate communication between the support services and the primary care providers.

*We've found that the communications between the community-based health support programs and the primary care physician is not as good as we would like to see.*

The cost of healthcare is a major weakness.

*The cost of healthcare, whether it's your health insurance or if you are not able to get insured the cost of it is prohibitive.*

### **What elements of the social, political and physical environments may cause a deterioration in the delivery of healthcare related services in Rutland County?**

Among the focus group participants, the aging population is a common theme.

*The aging of the population and the loss of family structure.*

*Vermont is the second graying state in the country. The prediction is that within less than 5 years Vermont will be number one.*

Inadequate reimbursement levels are affecting delivery of healthcare services.

*Because we are so Medicare and Medicaid reliant, all of those reimbursements that continue to get cut impact the services that we can provide.*

*Reimbursements from the payers is forcing some very good providers to change the way their practice looks so they are practicing differently and taking limited number of patients so that it leaves thousands of other scrambling to look for a doctor.*

The cost of health insurance, the shifting toward high deductible policies and the decreased portability has an impact upon providing needed healthcare services.

*We've seen a decline in early and preventive care related to high deductible insurance plans.*

There is a major concern regarding funding: the reduction of the state and federal funding levels, the cost shifting from the federal or state levels to the local level, the pressure on school budgets, the competition among social service agencies for scarce dollars and a growing political movement in opposition to the funding of local initiatives, such as the recreation center and school budgets.

*Everyone is competing for these smaller and smaller pots of money.*

The lack of local employment opportunities is causing many young people to leave the county with a reduction in the economic base and the associated consequences on local programs.

*There are just not enough good jobs in Rutland. The kids are leaving so the young base that is going to support all these programs... there is going to be a bunch of gray hairs sitting around here with no kids to support it.*

The generational and societal problems and lifestyle choices, such as drug use, smoking, alcohol use, unhealthy eating habits, lack of parenting skills, and the loss of the family structure are impacting many of the county's residents' general health condition.

*The generational drug abuse and generational welfare issue. It's become the cultural norm.*

*The problems just pass down from generation to generation and it gets so bad that the state has to intervene.*

*The rehab is not terribly effective. Recidivism with drug use is very high.*

*People have poor eating habits for sure, and they actually refuse some of the things that the food shelf offers. Lack of education around budgeting.*

*It's a generational thing. Your mother teaches you how to cook. If she doesn't cook then we are in the 3<sup>rd</sup> generation of people who don't know how to put together a meal.*

A growing gap in the financial status of residents will affect those who can afford services and those who cannot.

*In some communities the economic gap is getting worse.*

The increase in poverty, the lack of awareness of or sensitivity in some quarters to the plight of the impoverished and the number of families in crisis are significant problems.