2022

Community Health Needs Assessment

Done on behalf of the

St. Albans Health Service Area

And

Northwestern Medical Center

With support from:

Center for Rural Studies at the University of Vermont

In Collaboration with:

Abenaki Nation of Missisquoi

Champlain Valley Office of Economic Opportunity

Franklin County Home Health Association

Northwest Counseling and Support Services

Northwest Regional Planning Commission

Northern Tier Center for Health

United Way of Northwest Vermont

Vermont Department of Health

Dear Friends, Neighbors, and Family Members:

Northwestern Medical Center is honored to offer our 2022 Community Health Needs Assessment. We produce this report every three years in compliance with the Affordable Care Act. That states "all not-for-profit hospitals must produce a report on the health needs of their community."

This report was created with support from the Center for Rural Studies at the University of Vermont and was done in collaboration with the Abenaki Nation of Missisquoi, Champlain Valley Office of Economic Opportunity, Franklin County Home Health Association, Northwest Counseling and Support Services, Northwest Regional Planning Commission, Northern Tier Center for Health, United Way of Northwest Vermont, and the Vermont Department of Health.

The committee worked diligently to ensure that we collected information about health needs from a wide variety of community groups and members. Our methodology included both primary and secondary data sources. We conducted 20 Key Informant Interview, 8 Focus Groups, received over 800 community surveys, and evaluated 77 Key Performance Indicators. We considered the collected data in alignment with the US Department of Health and Human Services Healthy People 2030 framework, to re-center our questions and data on health equity and the Social Determinants of Health Domains.

This work revealed some preliminary themes, however, over the summer and fall of 2022 the Franklin and Grand Isle Accountable Communities for Health Steering Committee will be gathering feedback and more community input to help us prioritize the identified needs and develop a shared community-wide strategic plan that addresses the identified health needs of everyone in our community.

We invite you to provide input and feedback to our initial findings. If you are interested in being engaged in the work of the Accountable Communities for Health to set priorities and strategies to address our community health needs, please be in touch by emailing Denise Smith, Director of Population Health Programs and Strategy at dsmith@nmcinc.org.

Please visit:

https://www.northwesternmedicalcenter.org/about-nmc/hospital-data/community-assessments/
for future updates about the 2022 Community Health Needs Assessment and the Strategic Plan.

Table of Contents

The information collected for the Community Health Needs Assessment has been organized into a report that includes primary source data, summaries from the various sources, and presentations given throughout the process. The Table of Contents below organizes the report into the various sections.

Sections	**Pages**
Executive Summary	4
Approach	5
Overview of Community Health Needs Assessment	6
2022 Community Health Needs Assessment Presentation to the NMC Board of Directors	7-32
Community Health Key Performance Indicators Report	33-49
St. Albans Health Service Area: Franklin and Grand Isle Counties Profile: Demographic Data	50-72
2022 CHNA Community Survey Results	73-86
Data: If you had a magic wand, what is one thing you would change about your community?	87-100
2022 CHNA Key Informant Interview Question Guide	101
Key Informant Interview Summary: Overview of Data Collection	102-104
2022 CHNA Focus Group Discussion Guide	105-106
Focus Group Summary: Overview of Data Collection	107-113

Executive Summary

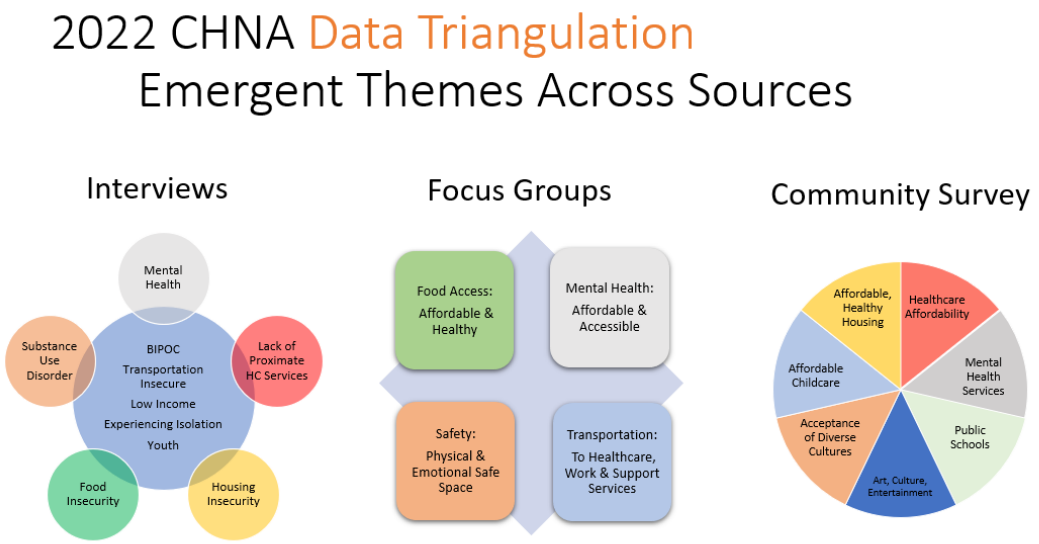
Northwestern Medical Center ("NMC" or the "Hospital") has performed a Community Health Needs Assessment to determine the health needs of the local community.

Methodology

We used several primary data sources to understand the community's health needs, including a public survey, focus groups, and key informant interviews. In addition, we used secondary data gathered from multiple secondary sources to build an accurate picture of the current community's demographics and health needs.

Initial Findings

While not conclusive, the initial analysis of the data revealed some common themes across the multiple groups we sought interviewed, below is a graphic to demonstrate the major themes that emerged.



Key Takeaways

1. **BIPOC, transportation insecure, lower income, youth and those experiencing isolation** are more likely to experience health challenges related to mental health, substance use disorder, and lack of access to health care services in our region.
2. Having access to **healthy, affordable food**.
3. **Affordability** of health care services, including **mental health** services.
4. Lack of reliable, public **transportation** surfaced as a barrier to access health care services and social supports in the community.
5. **Environmental, physical, and emotional safety** in relation to acceptance and understanding of differences and the impacts of substance use on public spaces were key themes.

Approach

Northwestern Medical Center ("NMC" or the "Hospital") is organized as a not-for-profit hospital. A Community Health Needs Assessment (CHNA) is part of the required hospital documentation of "Community Benefit" under the Affordable Care Act (ACA), required of all not-for-profit hospitals as a condition of retaining tax-exempt status. A CHNA helps the hospital identify and respond to the primary health needs of its residents. This study is designed to comply with standards required of a not-for-profit hospital.[1]

Tax reporting citations in this report are superseded by the most recent Schedule H (Form 990) filings made by the hospital. In addition to completing a CHNA and funding necessary improvements, a not-for-profit hospital must document the following:

- Financial assistance policy and policies relating to emergency medical care
- Billing and collections
- Charges for medical care

Further explanation and specific regulations are available from Health and Human Services (HHS), the Internal Revenue Service (IRS), and the U.S. Department of the Treasury.[2]

Project Objectives

NMC partnered with various community organizations and the Center for Rural Studies at the University of Vermont to conduct the CHNA. The goals of this project were:

- Complete a CHNA report, compliant with Treasury – IRS
- Provide the Hospital with information required to complete the IRS-Schedule H (Form 990)
- Produce the information necessary for the Hospital to issue an assessment of community health needs and document its intended purpose
- Develop a list of at least 60 Community Health Indicators and analyze data and trend lines
- Primary data collection
- Key Informant Interviews: Develop and conduct (~20) key informant interviews.
- Focus Groups: Develop and conduct (~7) ~1 hour focus groups (online and/or in person) with systemically marginalized populations.
- Community Survey: Develop and conduct a brief public facing survey to understand the broader community's perception of health needs
- Provide broad public access to the CHNA report

[1] Federal Register Vol. 79 No. 250, Wednesday December 31, 2014. Part II Department of the Treasury Internal Revenue Service 26 CFR Parts 1, 53, and 602

[2] As of the date of this report all tax questions and suggested answers relate to 2017 Draft Federal 990 Schedule H instructions i990sh—dft(2) and tax form

Overview of Community Health Needs Assessment

Typically, non-profit hospitals qualify for tax-exempt status as a Charitable Organization, described in Section 501(c)(3) of the Internal Revenue Code; however, the term 'Charitable Organization' is undefined. Prior to the passage of Medicare, charity was generally recognized as care provided those who did not have means to pay. With the introduction of Medicare, the government met the burden of providing compensation for such care.

In response, IRS Revenue ruling 69-545 eliminated the Charitable Organization standard and established the Community Benefit Standard as the basis for tax-exemption. Community Benefit determines if hospitals promote the health of a broad class of individuals in the community, based on factors including:

- An Emergency Room open to all, regardless of ability to pay
- Surplus funds used to improve patient care, expand facilities, train, etc.
- A board controlled by independent civic leaders

All available and qualified physicians granted hospital privileges Specifically, the IRS requires:

Effective on tax years beginning after March 23, 2012, each 501(c)(3) hospital facility must conduct a CHNA at least once every three taxable years and adopt an implementation strategy to meet the community needs identified through the assessment.

The assessment may be based on current information collected by a public health agency or non-profit organization, and may be conducted together with one or more other organizations, including related organizations.

The assessment process must take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise of public health issues.

The hospital must disclose in its annual information report to the IRS (Form 990 and related schedules) how it is addressing the needs identified in the assessment and, if all identified needs are not addressed, the reasons why (e.g., lack of financial or human resources).

Each hospital facility is required to make the assessment widely available and downloadable from the hospital website.

Failure to complete a CHNA in any applicable three-year period results in an excise tax to the organization of $50,000. For example, if a facility does not complete a CHNA in taxable years one, two, or three, it is subject to the penalty in year three. If it then fails to complete a CHNA in year four, it is subject to another penalty in year four (for failing to satisfy the requirement during the three-year period beginning with taxable year two and ending with taxable year four).

An organization that fails to disclose how it is meeting needs identified in the assessment is subject to existing incomplete return penalties.

2022 COMMUNITY HEALTH NEEDS ASSESSMENT

Presentation to Northwestern Medical Center Board of Directors
May 6th, 2022

Presented by:
Denise Smith, Northwestern Medical Center
Michael Moser, Center for Rural Studies @ UVM

Thank you to the steering committee for leading this process

Steering Committee Team

- Denise Smith- Northwestern Medical Center
- Amy Brewer- Northwestern Medical Center
- Andrea Patrick-Baudet- Franklin County Home Health
- Catherine Dimitruk- Northwest Regional Planning Commission
- Erin Creley- Vermont Department of Health
- Jess Graff- Champlain Valley Office of Economic Opportunity
- Jesse Bridges- United Way of Northwest Vermont
- Joanne Crawford- Abenaki Nation
- Pamela Parsons- Northern Tier Center for Health
- Todd Bauman- Northwest Counseling & Support Services

In Collaboration with the:

2022 Community Health Needs Assessment

CHNA Context	• Why and how are we doing this?
Research Methods	• How did we collect voices from our community?
Findings	• What are some of the emergent health needs?
Next Steps	• What will we do about it?

CONSIDERATONS AS WE PRESENT THIS PROCESS AND DATA

Is there a link between health care and the Social Determinants of Health?

How do the Social Determinants impact the cost of health care?

What is the role of a community hospital is in addressing the needs of our community?

How does health equity impact our decisions and strategies?

2022 Community Health Needs Assessment

Background & Context

- ✓ What is a Community Health Needs Assessment.
  - ✓ 2009 American Recovery and Reinvestment Act
    - ✓ Required by law
    - ✓ Reported to IRS
  - ✓ Since 2009 NMC has conducted 4 CHNAs (this is our 5th)
  - ✓ How this CHNA is different
  - ✓ Conducted in collaboration with the Center for Rural Studies located at the University of Vermont.

2022 CHNA Research Methods
Data Sources

- 8 Focus Groups (FG)
- 77 Key Performance Indicators (KPI)
- 20 Key Informant Interviews (KII)
- 800 Validated Community Surveys (CS)

2022 CHNA Research Framework: The Social Determinants of Health Domains

2022 CHNA Research Methods
Lines of Inquiry

- Key Informant Interviews-
  - What assets support a healthy life in Franklin and Grand Isle counties?
  - What are the top three most pressing health needs in this community?
  - What barriers to achieving optimal health and well-being exist in this community?
  - How has the COVID-19 pandemic impacted health and wellbeing in this community?
  - If you could make one change to improve the health and wellbeing of this community, what would it be?
- Focus Groups-
  - What supports your overall health and wellbeing in this community? What specific resources (programs, services, people)?
  - What challenges do you face in having good health? What makes it difficult to maintain or improve your health?
  - If you had a magic wand, what would you change to improve health in your community?
- Community Survey-
  - Foundation in the U.S. Department of Health & Human Services' *Healthy People 2030* community indicators framework.
  - Review of other CHNAs.
  - Steering Committee iterative development.
  - Distributed by NMC and the Steering Committee's substantial local networks (**THANK YOU to our Steering Committee**).
- Key Performance Indicators-
  - Foundation in the U.S. Department of Health & Human Services' *Healthy People 2030* community indicators framework.
  - Steering Committee iterative review and selection.

FOCUS GROUPS

- Abenaki Youth
- Active Military
- Active Seniors
- Volunteers for Services of Older Adults
- Residents who are Food Insecure
- Residents who are Housing Insecure
- Adults in Recovery
- LGBTQIA+ Youth

What supports overall health in the community?

What barriers do you face?

2022 CHNA Focus Groups
Emergent Themes

Transportation

- Access to health services, support networks, employment, community activities, recreation

Safety

- Physical safety in neighborhoods, including safe and adequate housing
- Emotional safety in schools, workplace, homes

Mental Health Resources

- Need for more providers for all residents who are affordable and take insurance
- More support for youth mental health

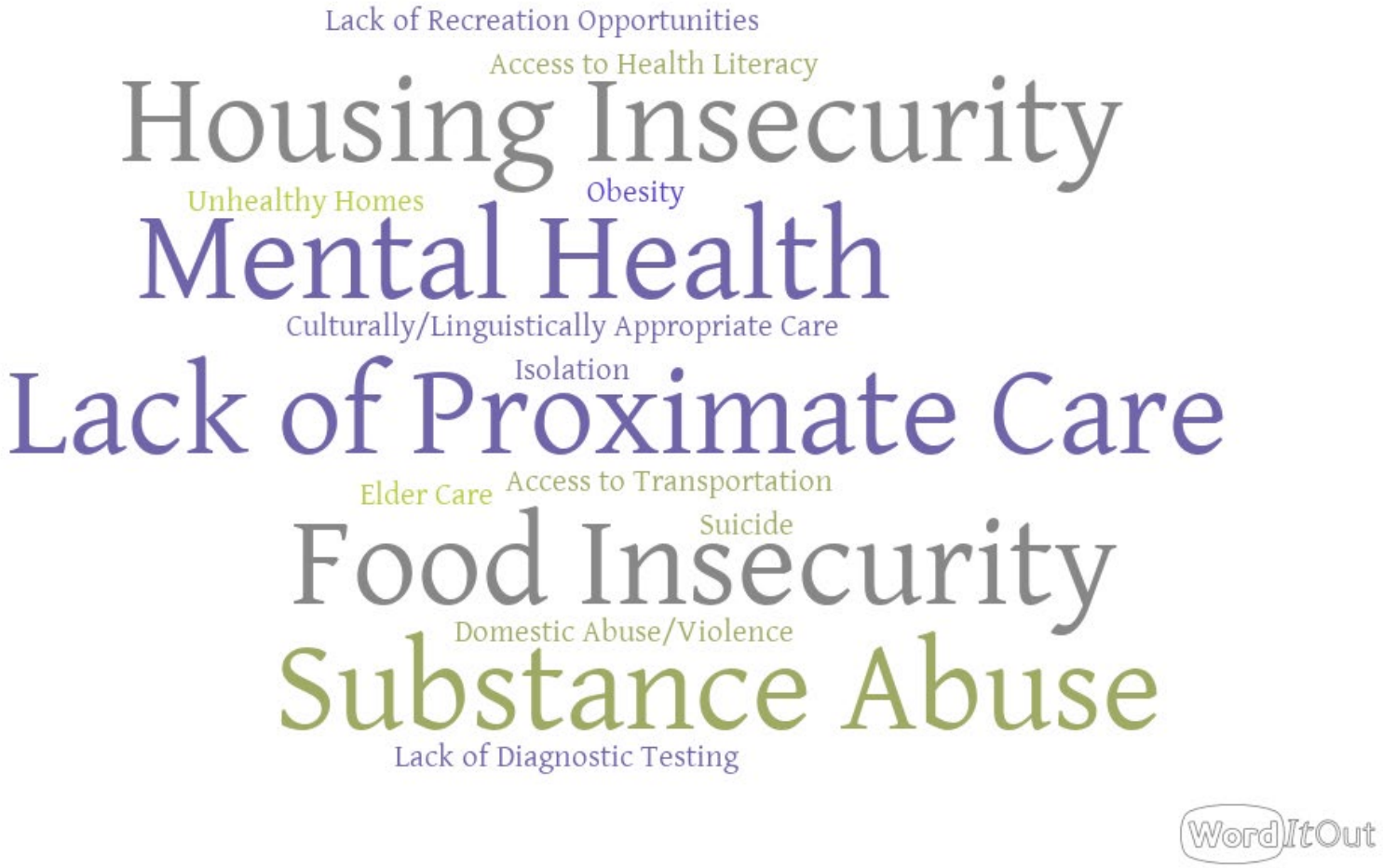
Food Access

- Need more healthy and affordable options
- More awareness about community resources for accessing meals and meal delivery services

KEY INFORMANT INTERVIEWS

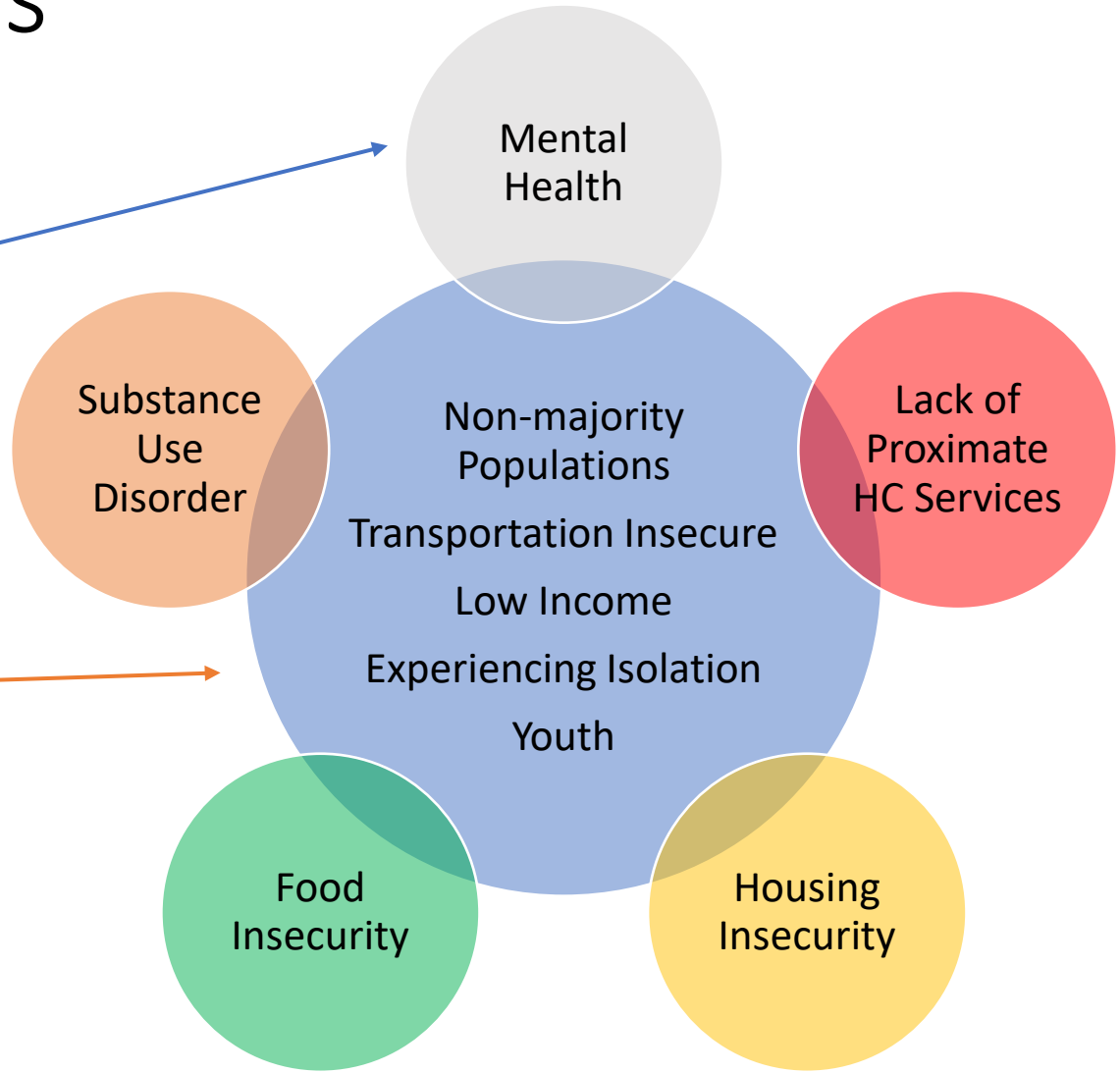
	Community Context		*Community Context*
1	Substance Use Disorder	*11*	Health Advocacy
2	Migrant Farmworkers	*12*	Food Access
3	Substance Use Disorder	*13*	Dental Provider
4	Neighborhood Safety	*14*	Health Provider
5	Education	*15*	Residents with Disabilities
6	Education	*16*	Home Health
7	Municipal Government	*17*	Community Health Facility
8	Financial Stability	*18*	Domestic and Sexual Violence
9	Mental Health	*19*	Regional Planning Commission
10	Youth Development	*20*	Single Parent

Challenges to achieving health and wellbeing



2022 CHNA Key Informant Interviews
Emergent Themes

- Identified Health Challenges
- And those most likely to face them



2022 CHNA Community Survey Framework

Explores residents' experiences with or perceptions of:

- Personal Health & Wellbeing (Financial Security, Mental & Physical Health)
- Built Environment & Infrastructure (Transportation, Housing, Public Assets)
- Social Wellbeing (Thriving, Culture, Acceptance)
- Education (Childcare, Workforce, Public Schools)
- Health Care Access (To Services & Aspects of Respectful Service Provision)

Asks residents where to focus efforts to improve these aspects of their community.

2022 CHNA Community Survey
Emergent Themes

Built Environment & Infrastructure	Social Wellbeing	Education	Health Care Access
• Affordable and Healthy Housing • Affordable Childcare	• Arts, Culture & Entertainment opportunities • Acceptance of Diverse Cultures	• Public Schools	• Mental Health Services • Healthcare Services Affordability

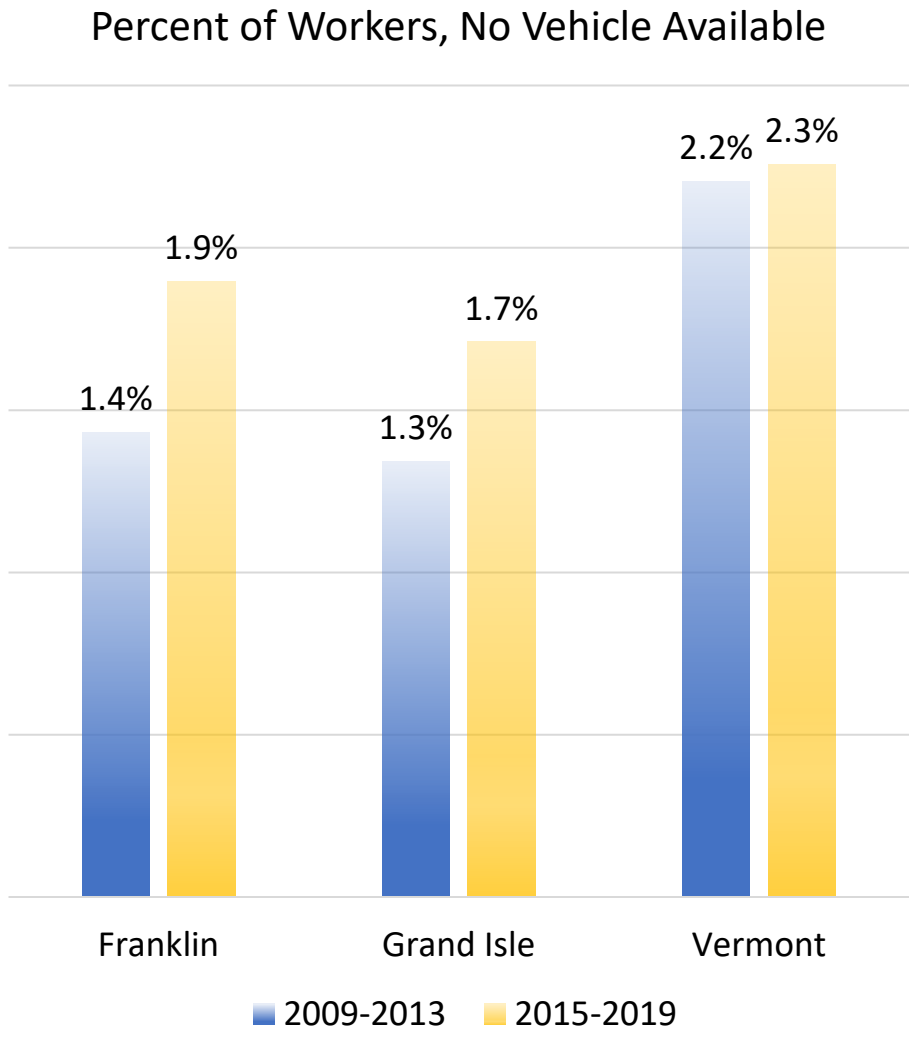
Key Performance Indicators

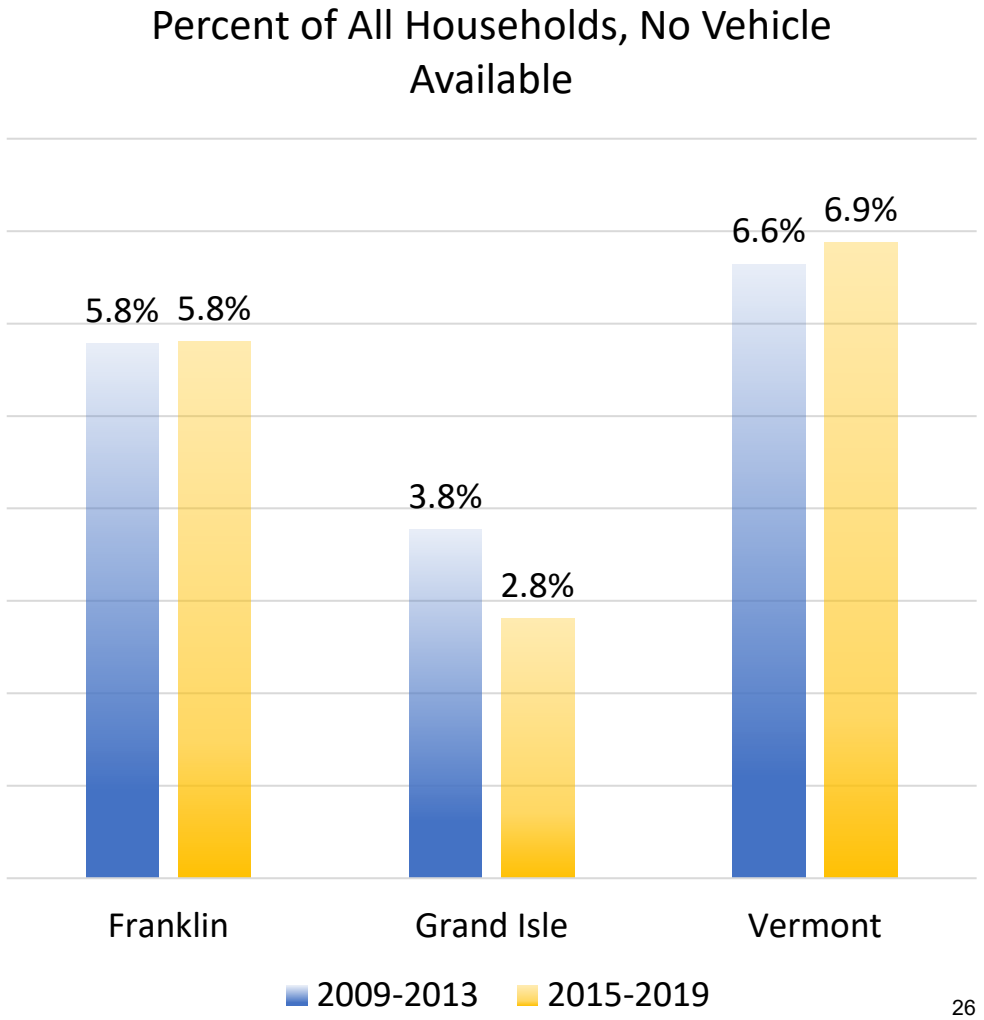
We collected data on over 77 Key Performance Indicators.

Foundation in the U.S. Department of Health & Human Services' Healthy People 2030 community indicators framework.

The Steering Committee did an iterative review and selection.

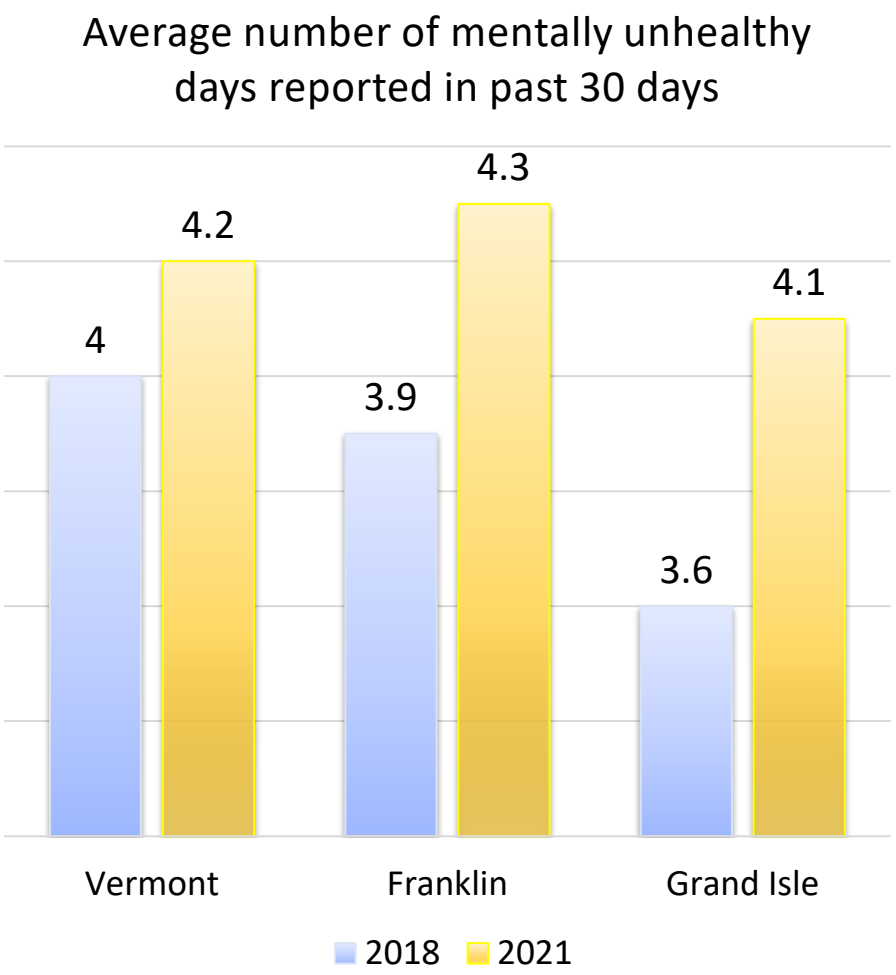
Health Service Area Overview
Grand Isle and Franklin Co. Transportation Access

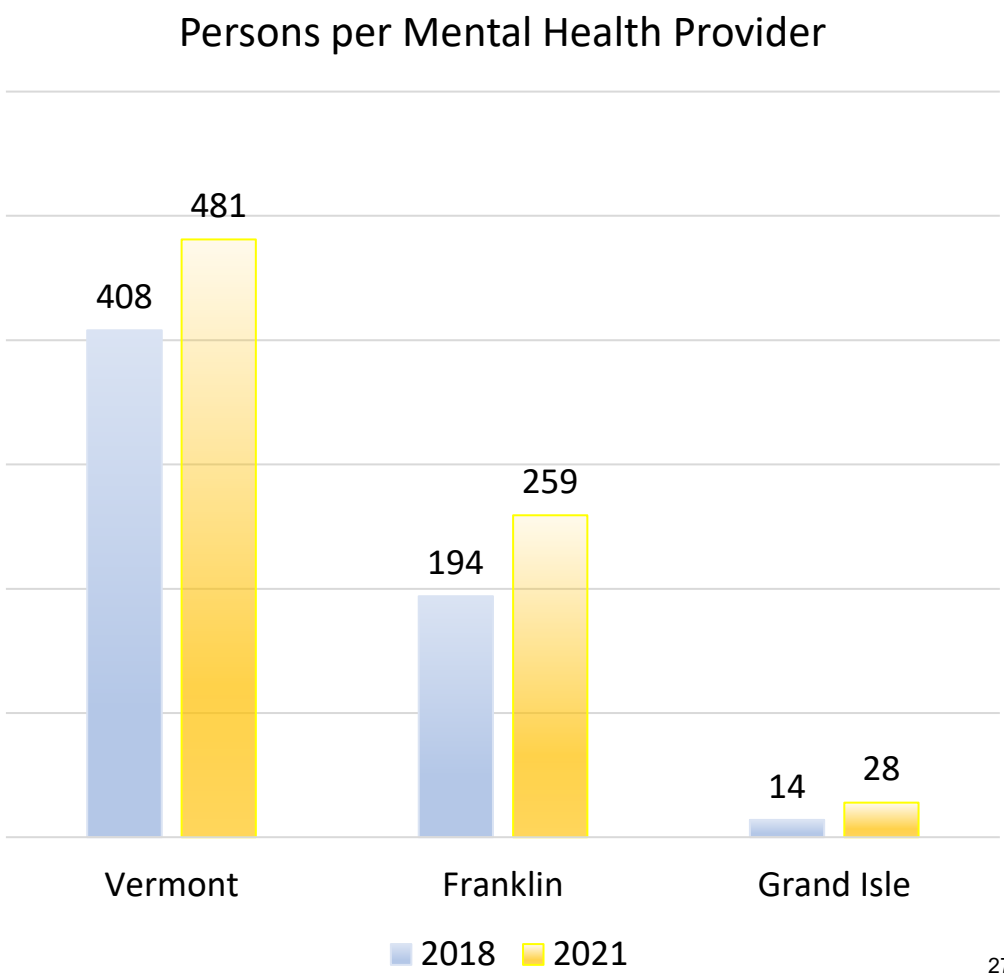




Health Service Area Overview

Grand Isle and Franklin Co. Mental Health Indicators

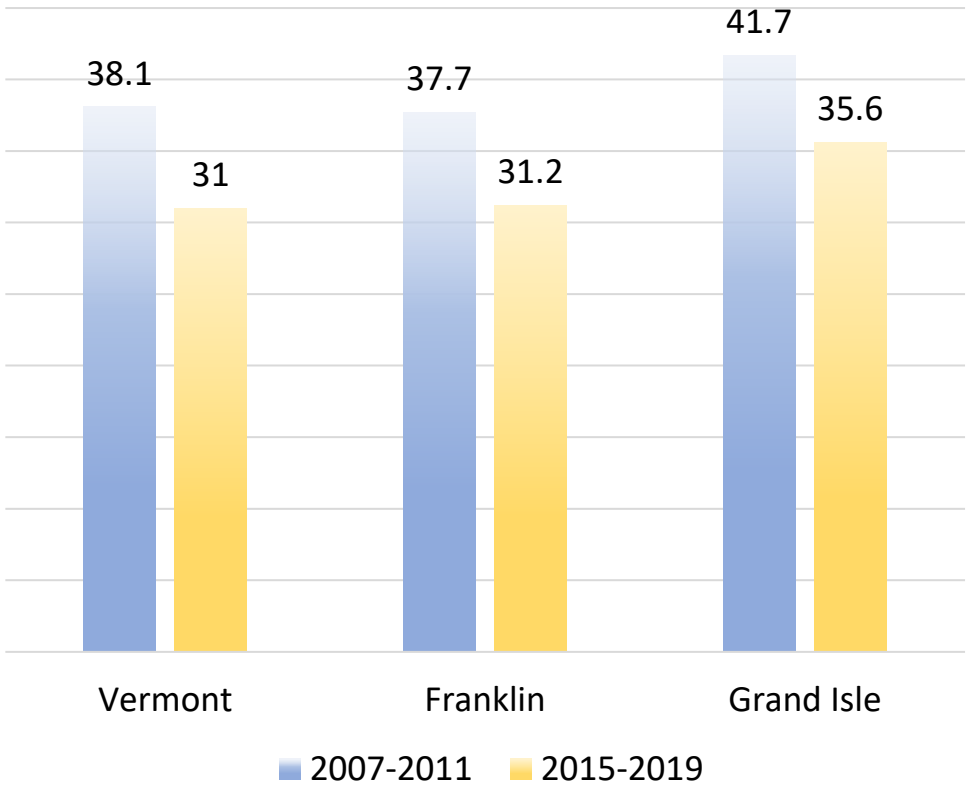




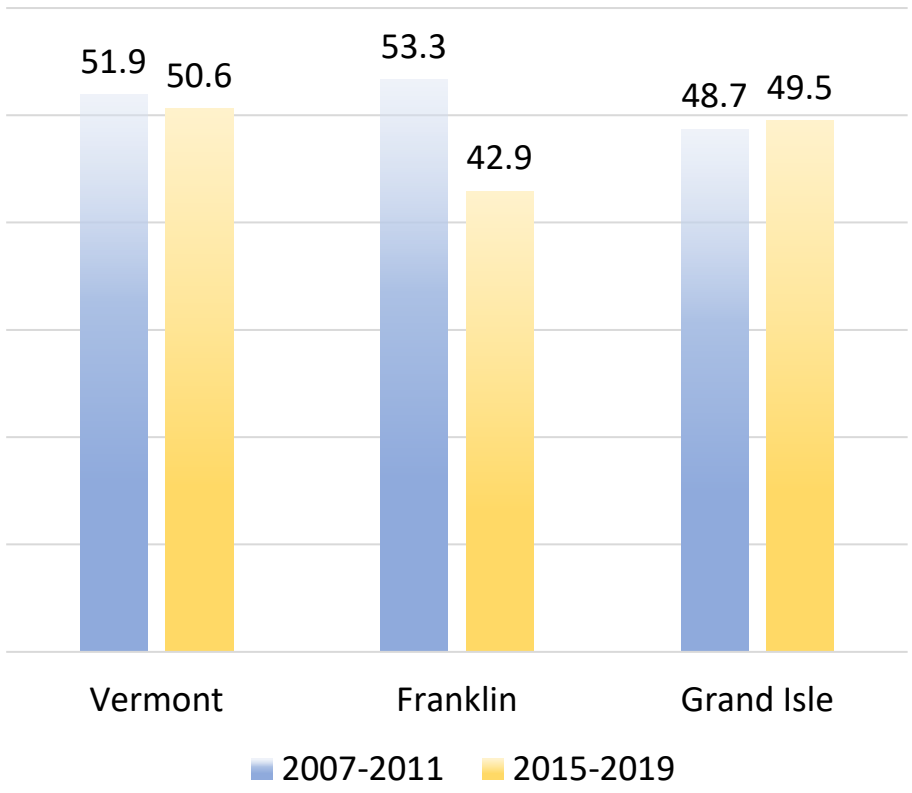
Health Service Area Overview

Grand Isle and Franklin Co. Housing Affordability

Households with a mortgage paying more than 30% of Income on housing costs

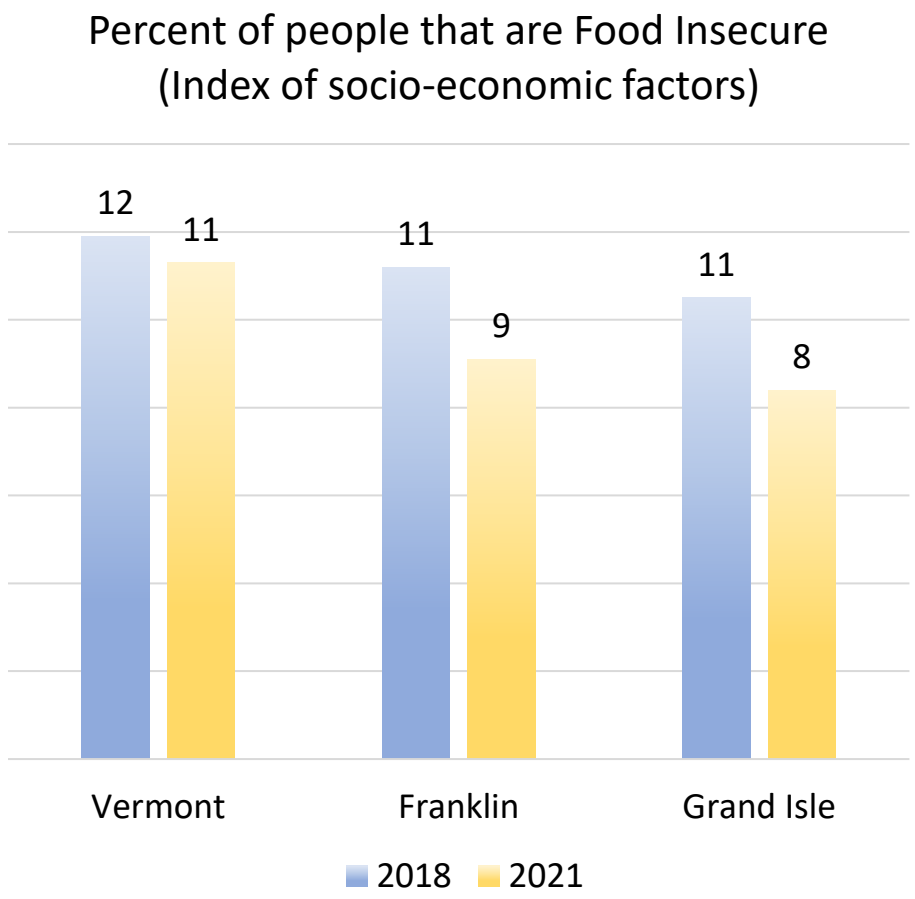


Renter households paying more than 30% on housing costs



Health Service Area Overview

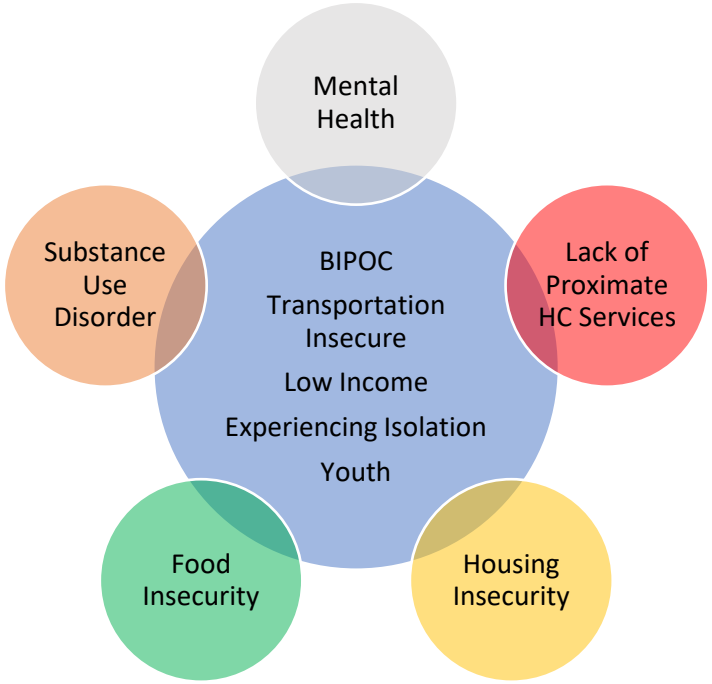
Grand Isle and Franklin Co. Food Security and Poverty



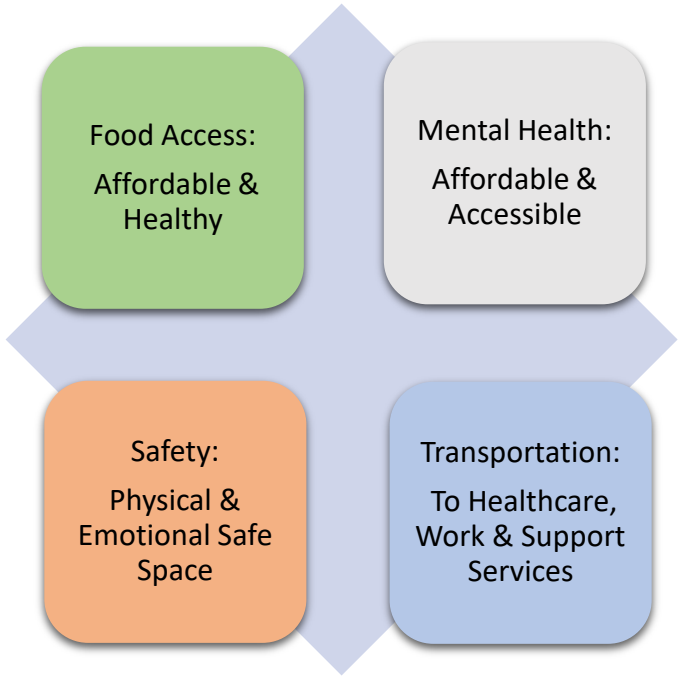
Percent of total population below poverty (ACS)	2009-2013	2015-2019	
Vermont	11.8	10.9	↓
Franklin	10.2	8.6	↓
Grand Isle	6.9	7.5	↑
Percent under 18 years below poverty (ACS)	**2009-2013**	**2015-2019**	
Vermont	14.8	13	↓
Franklin	14.2	7.8	↓
Grand Isle	10.3	8.2	↓
Percent 65 years and over below poverty (ACS)	**2009-2013**	**2015-2019**	
Vermont	7.5	7.6	–
Franklin	7.7	12.2	↑
Grand Isle	2.3	6.2	↑

2022 CHNA Data Triangulation
Emergent Themes Across Sources

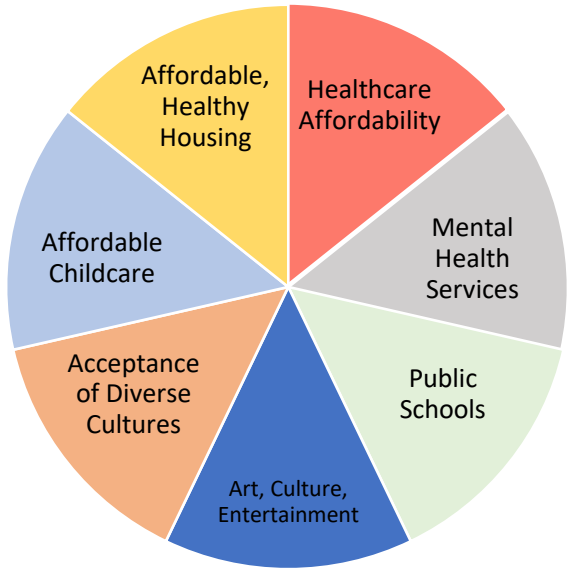
Interviews



Focus Groups



Community Survey

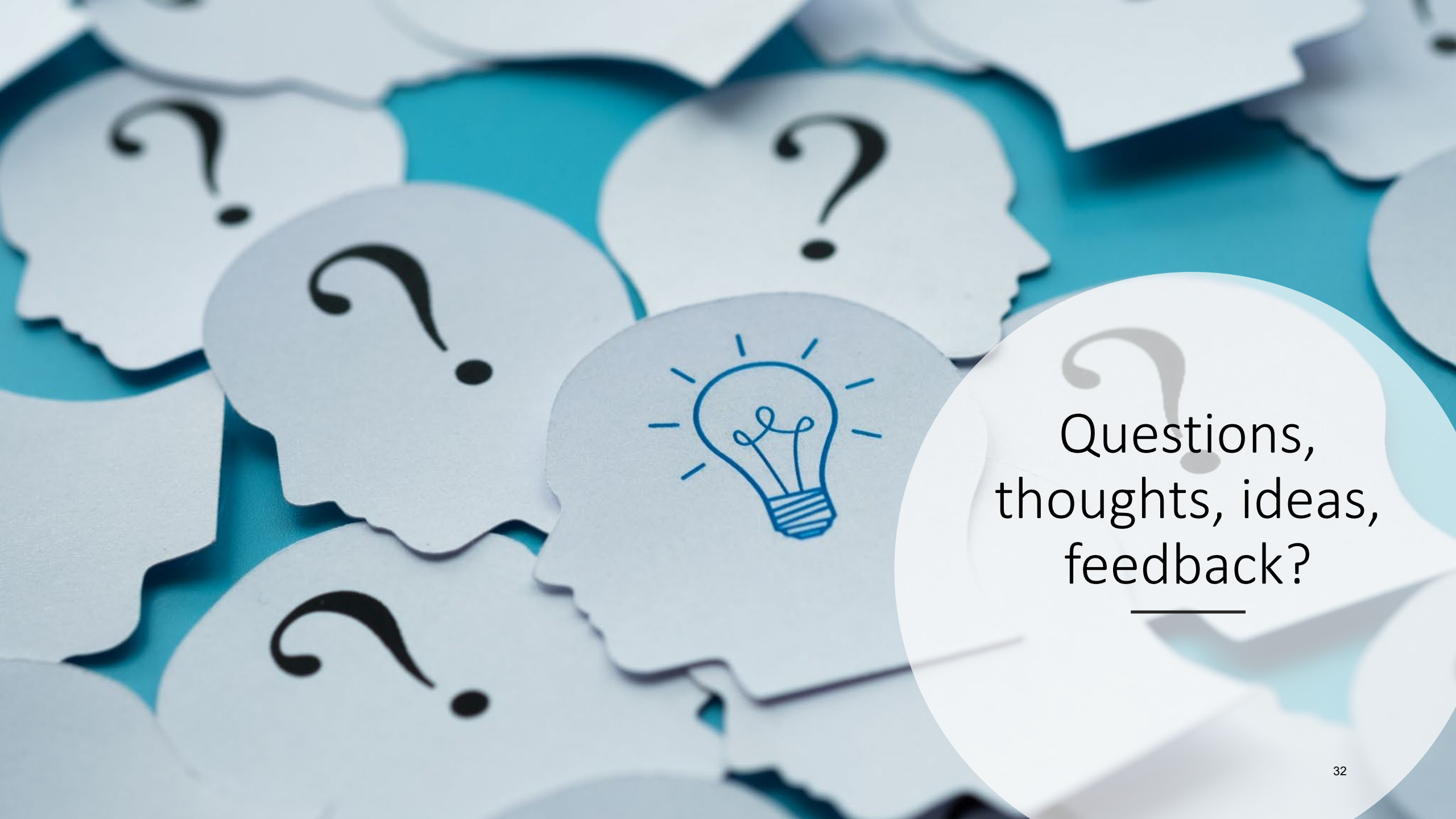


Next Steps - What will we do about it?

- Release the findings and report to the broader community:
  - May 6th – NMC and NOTCH Board of Directors √
  - May 9th – NMC Incorporators √
  - June 1st – NMC Board vote to approve the CHNA √

  - Early June – Accountable Communities for Health (ACH) Kick-off event
    - ➢ Develop prioritized list for action
    - ➢ Use CHNA data to inform *ACH Data Problem Statement*

- Build community-wide strategic plan to address the identified needs.
    - ➢ To be approved by the NMC Board in February 2023.



Questions, thoughts, ideas, feedback?

Community Health Indicators Data Report

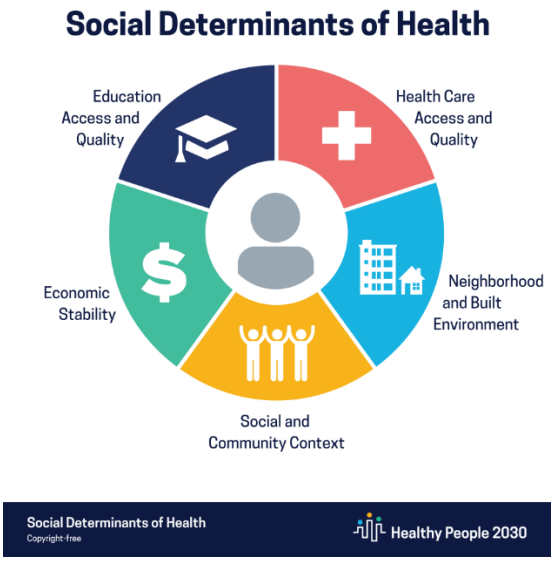
Methodology-

Northwestern Medical Center's Community Health Indicators development process is based on a strong foundation of evidence-based, Community Health Indicators research and publication. The U.S. Department of Health and Human Services'- Healthy People 2030 initiative *"…provides 10-year, measurable public health objectives — and tools to help track progress toward achieving them."*

The Social Determinants of Health (SDOH) framework put forth by the Healthy People 2030 initiative provides priority area indicators for "*conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.*"

SDOH indicators are grouped into five domains of: Neighborhood and Built Environment, Social and Community Context, Health Care Access and Quality, Education Access and Quality and Economic Stability.

The NMC indicators generally follow these domains with the exception of the Health Care Access and Quality sub-grouping into Health Outcomes, Health Care Utilization and Health Care Access.



Indicators were aggregated from the Healthy People 2030, other Community Health Needs Assessments, and from the NMC CHNA Steering Committee then, due to the sheer volume of available indicators, were paired down to about 60 in total.

Data Considerations-
All data contain a Margin of Error. There are various factors that impact data quality. Some of these are detailed below. While not published here for accessibility & consistency, some margins are published at the source.

- Most indicator data are derived from samples which are never 100% accurate.
- Data sampled from smaller populations are often subject to larger relative shifts over time than data from larger populations.
- Data sampled from smaller populations (Grand Isle County) are more likely to be suppressed / not available (NA).
- Self-reported data are subjective and can be less accurate.
- Focusing on trends over time does mitigate some data inaccuracy.
- The years of available data vary considerably due to the various sources and data availability.

Data Sources Key-
Numerous data sources were utilized to develop indicators ranging across the spectrum of Social Determinants of Health Indicators. Most of the data were collected through three aggregating data portals including the State of Vermont, Department of Health's Healthy Vermonters 2020 Data Explorer, the Census Bureau's Data Portal and the University of Wisconsin Population Health Institute's County Health Rankings data portal.

- Provided here is a code key for each data source included for every table below.

(ACS) - Census Bureau, American Community Survey
(AHRF) - American Medical Association, Area Health Resource File
(BRFSS) - (Youth) Behavioral Risk Factors Surveillance System
(CHAS) - Comprehensive Housing Affordability Strategy
(DC) – Census Bureau, Decennial Census
(EPHTN) - Environmental Public Health Tracking Network
(FARS) - Fatality Analysis Reporting System
(MMDT) - Mapping Medicare Disparities Tool
(MMG) - Map the Meal Gap
(UCR) – FBI, Uniform Crime Reporting
(NCHS) - National Center for Health Statistics
(USDSS) - United States Diabetes Surveillance System
(NCSTDP) - National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
(USDA) - USDA Food Environment Atlas
(VDH) - Vermont Department of Health
(VTAoE) – Vermont Agency of Education

Organization & Analysis-
The indicators are grouped generally by the Social Determinants of Health domains: Neighborhood and Built Environment, Social and Community Context, Health Outcomes, Utilization & Access, Education and Financial Stability.

Data are provided over time for trend analysis. Available time periods vary and may be imperfect for predicting longer-term trends. Small changes over time may fall within Margin of Error rates and thus may be less accurate. We have color coded positive (green font) and negative (red font) year-to-year changes to expedite review. Data that are not coded green or red may exhibit no change or be deemed to not have a positive or negative change connotation.

Contents-

Neighborhood and Built Environment 12
Average daily particulate matter 12
Homeowner vacancy rate 12
Rental vacancy rate 12
Percent experiencing severe housing problems 12
Percent food insecure 12
Percent with limited access to healthy foods 12
Percent with a long commute, driving alone 13
Social And Community Context 13
Population over time 13
Age groups 13
Percent of 65 years and over households that are single person 14
Percent of grandparents living with own grandchildren under 18 years with no parent of grandchildren present 14
Number of births per 1,000 female population ages 15-19 14
Percent of all households with children under 18 that are single parent households 14
Percent limited English-speaking households 14
Percent of adolescents in grades 9-12 eating the daily recommended servings of vegetables 15
Percent of adults eating the daily recommended servings of vegetables 15
Percent of adults 20 years and over reporting no leisure-time physical activity 15
Percent of youth grades in 9-12 who experienced bullying 15
Percent of drivers using car restraints 15
Motor vehicle mortality rate 15
Firearm related death rate 15
Violent crime rate 16
Health Outcomes 16
Coronary heart disease death rate 16
Percent of adults with hypertension 16
Asthma hospitalization rate 16
Percent of adults with diagnosed arthritis who have activity limitations 16
Percent diabetic 16
Percent obese youth 17
Percent obese adults 17
Premature death rate 17
Child mortality rate 17
Average number of mentally unhealthy days reported in past 30 days 17
Average number of physically unhealthy days reported in past 30 days 17
Percent of 9-12 grade students who reported they felt so sad or hopeless 18

Suicide death rate 18
Percent of driving deaths that are alcohol-impaired 18
Deaths due to injury rate 18
Opioid mortality rate per 100,000 18
Drug overdose mortality rate 18
Overall cancer death rate 18
Lung and bronchus cancer rate 19
Breast cancer rate 19
Melanoma cancer rate 19
Chlamydia rate 19
Youth grades 9-12 who smoke 19
Youth grades 9-12 who vape 19
Adult smokers 19
Percent of adults excessive drinking 19
Percent of youth binge drinking in past 30 days 20
Percent of youth (grades 9-12) used marijuana in past 30 days 20
Healthcare Utilization 20
Percent of eligible population who have had COVID-19 vaccine 20
Percent of female Medicare enrollees ages 65-74 that received an annual mammography screening 20
Percent of children who have had a developmental screening within first three years of life 20
Percent of children age 19-35 months receiving recommended vaccines 20
Percent of adults 65 and older who have seen a doctor in past year for routine care 21
Percent of adults age 65 and older who receive annual flu shot 21
Percent of adults using dental system yearly 21
Percent of adults with a cholesterol check in past 5 years 21
Percent of mothers receiving early prenatal care 21
Healthcare Access 21
Percent of adults who cannot obtain care or delay care 21
Percent uninsured 22
Mental health providers rate 22
Primary care providers rate 22
Dental care providers rate 22
Education 22
Percent testing proficient for Kindergarten 22
Percent meeting/exceeding 3rd grade language arts proficiency 22
Percent meeting/exceeding 3rd grade math proficiency 22
Percent high school graduate or higher 23
Financial Stability 23
Median household income 23
Percent households receiving food stamps/SNAP 23
Percent of total population below poverty 23
Percent under 18 years below poverty 23
Percent 65 years and over below poverty 23
Percent unemployed 24
Median rent 24
Households with a mortgage paying more than 30% on housing costs 24
Renter households paying more than 30% on housing costs 24

Neighborhood and Built Environment

Average daily particulate matter over 2.5ppm (EPHTN)	2018	2021
Vermont	7.5	5.4
Franklin	8.3	5.6
Grand Isle	8.2	5.7

Homeowner vacancy rate (ACS)	2009-2013	2015-2019
Vermont	1.8	1.7
Franklin	2.8	1.6
Grand Isle	4.7	3.1
Rental vacancy rate (ACS)	2009-2013	2015-2019
Vermont	5.6	4.2
Franklin	5.5	5.6
Grand Isle	8.5	3.5

Percent experiencing severe housing problems (CHAS)	2018	2021
Vermont	17	17
Franklin	16	15
Grand Isle	18	17

Percent food insecure (MMG)	2018	2021
Vermont	12	11
Franklin	11	9
Grand Isle	11	8

Percent with limited access to healthy foods (USDA)	2018	2021
Vermont	3	3
Franklin	1	1
Grand Isle	0	0

Percent with a long commute, driving alone (ACS)	2018	2021
Vermont	30	32
Franklin	44	42
Grand Isle	63	64

Percent of workers with no car available (ACS)	2009-2013	2015-2019
Vermont	2.2	2.3
Franklin	1.4	1.9
Grand Isle	1.3	1.7

Social And Community Context

Population over time (DC)	2010	2020	Absolute Change	Percent Change
Vermont	625,741	643,077	17,336	2.8
Franklin	47,746	49,946	2,200	4.6
Grand Isle	6,970	7,293	323	4.6

Age groups (ACS)	Franklin	Grand Isle	Vermont
2013 Percent Under 18 years	24.2	19.3	20.2
2019 Percent Under 18 years	22.3	17.6	18.7
2013 18-24 years	8	7.2	11.1
2019 18-24 years	7.8	7.4	10.8
2013 25-34 years	11.9	9.4	11.3
2019 25-34 years	12.4	10.5	11.7
2013 35-44 years	14.2	12.8	12.2
2019 35-44 years	12.6	10.6	11.2
2013 45-54 years	16.5	18.2	15.8
2019 45-54 years	14.4	14.9	13.4

2013 55-64 years	13.3	18.3	14.8
2019 55-64 years	14.7	19.1	15.4
2013 65 years and over	12.6	15.2	15.2
2019 65 years and over	15.6	20	18.8

Percent of 65 years and over households that are single person (ACS)	2009-2013	2015-2019
Vermont	40.6	41.6
Franklin	36.5	43.4
Grand Isle	31.4	32.7

Percent of grandparents living with own grandchildren under 18 years with no parent of grandchildren present (ACS)	2009-2013	2015-2019
Vermont	16.6	17.3
Franklin	14.8	11.2
Grand Isle	26.9	0.0

Number of births per 1,000 female population ages 15-19 (NCHS)	2018	2021
Vermont	15	11
Franklin	25	20
Grand Isle	17	14

Percent of all households with children under 18 that are single parent households (ACS)	2009-2013	2015-2019
Vermont	31.3	31.6
Franklin	28.7	27.3
Grand Isle	28.8	27.2

Percent limited English-speaking households (ACS)	2009-2013	2015-2019
Vermont	0.9	0.8
Franklin	0.7	0.6
Grand Isle	0.5	0.6

Percent of adolescents in grades 9-12 eating the daily recommended servings of vegetables (BRFSS)	2007	2017
Vermont	16	18.1
Franklin	13	15.7
Grand Isle	10	9.9

Percent of adults eating the daily recommended servings of vegetables (BRFSS)	2002, 2003, 2005	2013, 2105
Vermont	31	20
Franklin	26	18
Grand Isle	32	15

Percent of adults 20 years and over reporting no leisure-time physical activity (USDSS)	2018	2021
Vermont	20	18
Franklin	24	26
Grand Isle	20	22

Percent of youth grades in 9-12 who experienced bullying (BRFSS)	2011	2017
Vermont	17.0	16.0
Franklin	22.0	18.0
Grand Isle	22.0	23.0

Percent of drivers using car restraints (VDH)	2010	2017
Vermont	85.2	88.3
Franklin	88.7	84.3
Grand Isle	88.7	84.3

Motor vehicle mortality rate per 100,000 (NCHS)	2018	2021
Vermont	10	10
Franklin	12	13
Grand Isle	NA	NA

Firearm related death rate per 100,000 (NCHS)	2009-2011	2015-2017
Vermont	11.9	11.7
Franklin	10.1	7.6

Grand Isle	12.5	17.1

Violent crime rate per 100,000 (UCR)	2018	2021
Vermont	121	129
Franklin	162	140
Grand Isle	48	43

Health Outcomes

Coronary heart disease death rate per 100,000 (VDH)	2003-2005	2013-2015
Vermont	134.7	114.8
Franklin	218.9	136.5
Grand Isle	209.9	120.9

Percent of adults with hypertension (VDH)	2005, 2007, 2009	2015, 2017
Vermont	25	26
Franklin	27	30
Grand Isle	27	33

Asthma hospitalization rate per 10,000 persons ages 5 to 64 (VDH)	2002-2004	2009-2011
Vermont	4.4	4.0
Franklin	3.7	2.0
Grand Isle	4.4	3.9

Percent of adults with diagnosed arthritis who have activity limitations (BRFSS)	2003, 2005, 2007	2013, 2015
Vermont	37	49
Franklin	44	55
Grand Isle	18	42.3

Percent diabetic (USDSS)	2018	2021
Vermont	8	9
Franklin	8	11

Grand Isle	8	10

Percent obese youth (grades 9-12) (VDH)	2007	2017
Vermont	12	13
Franklin	15	17
Grand Isle	19	20

Percent obese adults (VDH)	2011-2012	2017-2018
Vermont	23	29
Franklin	27	36
Grand Isle	23	49

Premature death rate: Years of potential life lost before age 75 per 100,000 population (NCHS)	2018	2021
Vermont	5,732	6,277
Franklin	5,879	6,743
Grand Isle	7,156	NA

Child mortality rate (NCHS)	2018	2021
Vermont	40.2	37
Franklin	26.8	30
Grand Isle	NA	NA

Average number of mentally unhealthy days reported in past 30 days (BRFSS)	2018	2021
Vermont	4.0	4.2
Franklin	3.9	4.3
Grand Isle	3.6	4.1

Average number of physically unhealthy days reported in past 30 days (BRFSS)	2018	2021
Vermont	3.6	3.7
Franklin	3.3	3.8
Grand Isle	3.1	3.7

Percent of 9-12 grade students who reported they felt so sad or hopeless almost every day for two weeks or more in a row during the past 12 months that they stopped doing some usual activities. (BRFSS)	2011	2017
Vermont	21.0	25.0
Franklin	22.0	27.0
Grand Isle	26.0	32.0

Suicide death rate per 100,000 (NCHS)	2010-2012	2021
Vermont	12.7	17
Franklin	12.5	18
Grand Isle	17.3	21

Percent of driving deaths that are alcohol-impaired (FARS)	2018	2021
Vermont	35	34
Franklin	50	53
Grand Isle	33	25

Deaths due to injury rate per 100,000 (NCHS)	2018	2021
Vermont	77	86
Franklin	75	83
Grand Isle	83	105

Opioid mortality rate per 100,000 (VDH)	2010	2016
Vermont	6	15
St. Albans HSA	5	15

Drug overdose mortality rate per 100,000 (NCHS)	2018	2021
Vermont	16	22
Franklin	20	24
Grand Isle	NA	NA

Overall cancer death rate per 100,000 (VDH)	2003-2005	2013-2015
Vermont	174.1	164.6
Franklin	196.7	178
Grand Isle	207.7	168.5

Lung and bronchus cancer rate per 100,000 (VDH)	2003	2016
Vermont	69.8	61.1
Franklin	91.2	78.7
Grand Isle	NA	92.6

Breast cancer rate per 100,000- Females (VDH)	2003	2016
Vermont	69.8	61.1
Franklin	91.2	78.7
Grand Isle	NA	92.6

Melanoma cancer rate per 100,000 (VDH)	2003	2016
Vermont	33.2	41.6
Franklin	22.6	48.8
Grand Isle	NA	NA

Chlamydia rate per 100,000 (NCSTDP)	2018	2021
Vermont	303	274.5
Franklin	269	289.6
Grand Isle	114	171.5

Youth grades 9-12 who smoke (BRFSS)	2009	2019
Vermont	18	7
Franklin	19	11
Grand Isle	17	4

Youth grades 9-12 who vape (BRFSS)	2015	2019
Vermont	15.3	26
Franklin	15.6	29
Grand Isle	7.3	19

Adult smokers (BRFSS)	2018	2021
Vermont	17	15
Franklin	17	17
Grand Isle	15	15

Percent of adults excessive drinking (BRFSS)	2018	2021
Vermont	21	20

Franklin	19	19
Grand Isle	21	24

Percent of youth binge drinking in past 30 days (BRFSS)	2009	2017
Vermont	23	17
Franklin	23	19
Grand Isle	20	20

Percent of youth (grades 9-12) used marijuana in past 30 days (BRFSS)	2009	2017
Vermont	25	24
Franklin	24	22
Grand Isle	27	18

Healthcare Utilization

Percent of eligible population who have had COVID-19 vaccine (VDH)	April 2022
Vermont	59
Franklin	53
Grand Isle	66

Percent of female Medicare enrollees ages 65-74 that received an annual mammography screening (MMDT)	2018	2021
Vermont	68.4	45
Franklin	70.6	45
Grand Isle	65.9	46

Percent of children who have had a developmental screening within first three years of life (VDH)	2013	2018
Vermont	48	63
St. Albans HSA	81	66

Percent of children age 19-35 months receiving recommended vaccines (VDH)	2010	2017
Vermont	41	74
Franklin	41	75.7
Grand Isle	43	73.1

Percent of adults 65 and older who have seen a doctor in past year for routine care (MMDT)	2007-2009	2017-2018
Vermont	83.4	88
Franklin	85.9	90
Grand Isle	80.9	94

Percent of adults age 65 and older who receive annual flu shot (MMDT)	2006-2008	2016-2017
Vermont	70	80.6
Franklin	61	81.9
Grand Isle	64	76.8

Percent of adults using dental system yearly (VDH)	2006, 2008, 2010	2016, 2018
Vermont	74	73
Franklin	72	71
Grand Isle	70	75

Percent of adults with a cholesterol check in past 5 years (VDH)	2005, 2007, 2009	2015, 2017
Vermont	75	83
Franklin	77	83
Grand Isle	82	85

Percent of mothers receiving early prenatal care (VDH)	2004-2006	2014-2016
Vermont	83.9	85.0
Franklin	87.9	90.4
Grand Isle	85.2	82.0

Healthcare Access

Percent of adults who cannot obtain care or delay care (VDH)	2006-2008	2016-2017
Vermont	10	8.8
Franklin	10	8.2
Grand Isle	12	14

Percent uninsured (ACS)	2018	2021
Vermont	5	5
Franklin	4	5
Grand Isle	5	5

Mental health providers rate- People per provider (AHRF)	2018	2021
Vermont	408	481
Franklin	194	259
Grand Isle	14	28

Primary care providers rate- People per provider (AHRF)	2018	2021
Vermont	112	112
Franklin	49	55
Grand Isle	44	56

Dental care providers rate- People per provider (AHRF)	2018	2021
Vermont	68	73
Franklin	45	49
Grand Isle	14	14

Education Access and Quality

Percent testing proficient for Kindergarten (VTAoE)	2015-2016	2020-2021
Vermont	81.8	84.6
Franklin	83.4	86.1
Grand Isle	83.1	90.6

Percent meeting/exceeding 3rd grade language arts proficiency (VTAoE)	2018	2019
Vermont	50	50
Franklin	50	49
Grand Isle	40	53
Percent meeting/exceeding 3rd grade math proficiency (VTAoE)	2018	2019
Vermont	52	52

Franklin	53	54
Grand Isle	41	51

Percent high school graduate or higher- Population 25 years and over (ACS)	2009-2013	2015-2019
Vermont	91.4	92.7
Franklin	88.8	90.7
Grand Isle	91.6	92.9

Economic Stability

Median household income (ACS)	2018	2021
Vermont	$ 57,661	$ 63,293
Franklin	$ 59,418	$ 65,056
Grand Isle	$ 65,601	$ 68,364

Percent households receiving food stamps/SNAP (ACS)	2009-2013	2015-2019
Vermont	13.4	11.3
Franklin	15.7	12.6
Grand Isle	13.3	8.3

Percent of total population below poverty (ACS)	2009-2013	2015-2019
Vermont	11.8	10.9
Franklin	10.2	8.6
Grand Isle	6.9	7.5
Percent under 18 years below poverty (ACS)	2009-2013	2015-2019
Vermont	14.8	13
Franklin	14.2	7.8
Grand Isle	10.3	8.2
Percent 65 years and over below poverty (ACS)	2009-2013	2015-2019
Vermont	7.5	7.6
Franklin	7.7	12.2

Grand Isle	2.3	6.2

Percent unemployed (ACS)	2018	2021
Vermont	3.3	2.4
Franklin	3.2	2.3
Grand Isle	4.0	2.9

Median rent (ACS)	2007-2011	2015-2019
Franklin County, Vermont	694	830
Grand Isle County, Vermont	700	894
Vermont	725	865

Households with a mortgage paying more than 30% on housing costs (ACS)	2007-2011	2015-2019
Vermont	38.1	31
Franklin	37.7	31.2
Grand Isle	41.7	35.6
Renter households paying more than 30% on housing costs (ACS)	2007-2011	2015-2019
Vermont	51.9	50.6
Franklin	53.3	42.9
Grand Isle	48.7	49.5

Northwest Vermont Medical Center

Franklin and Grand Isle Counties Profile

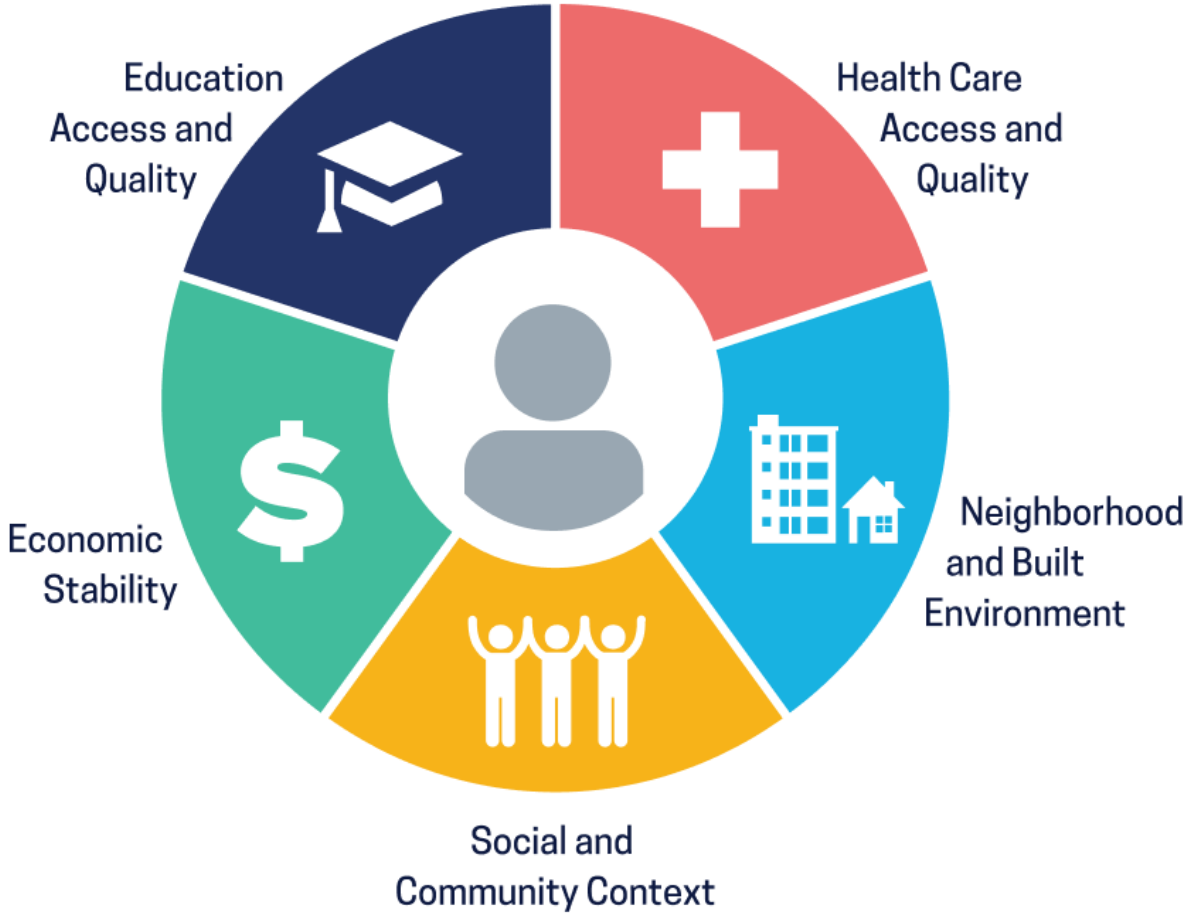
Presented by:

The Vermont State Data Center

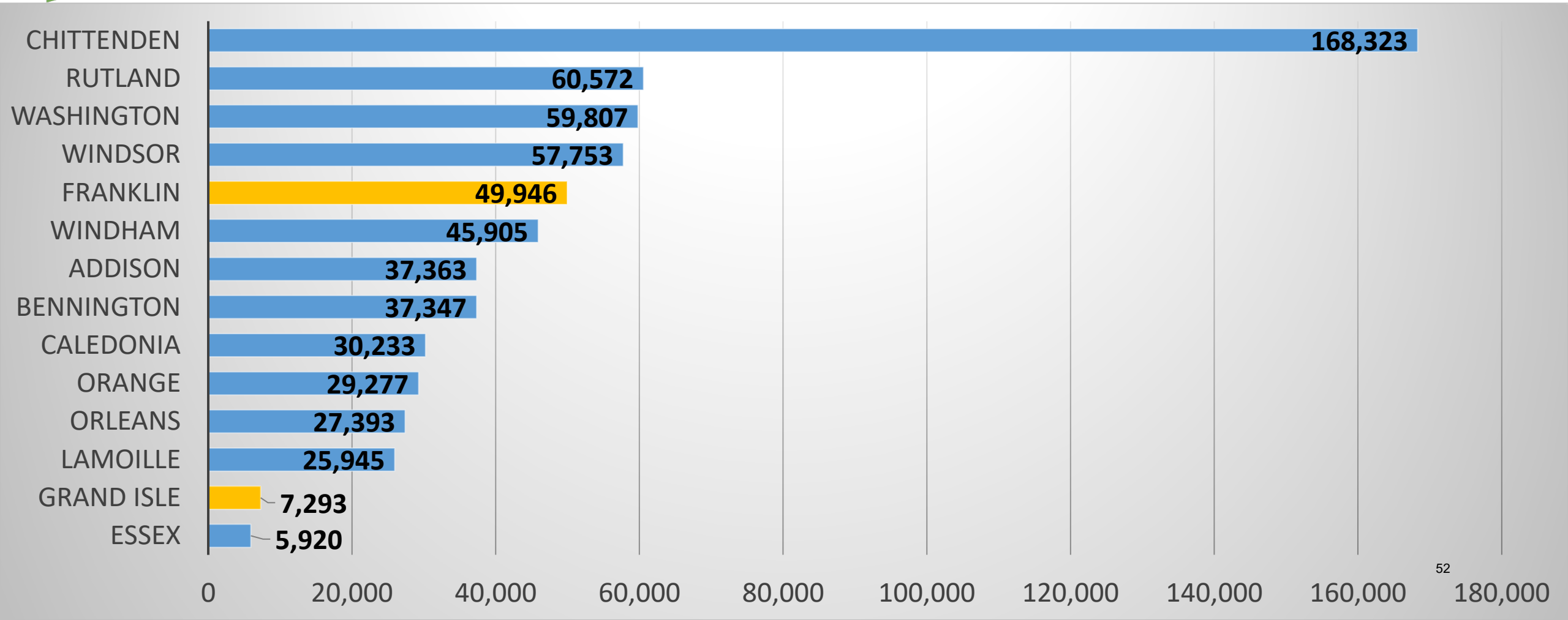
at

UVM's Center for Rural Studies

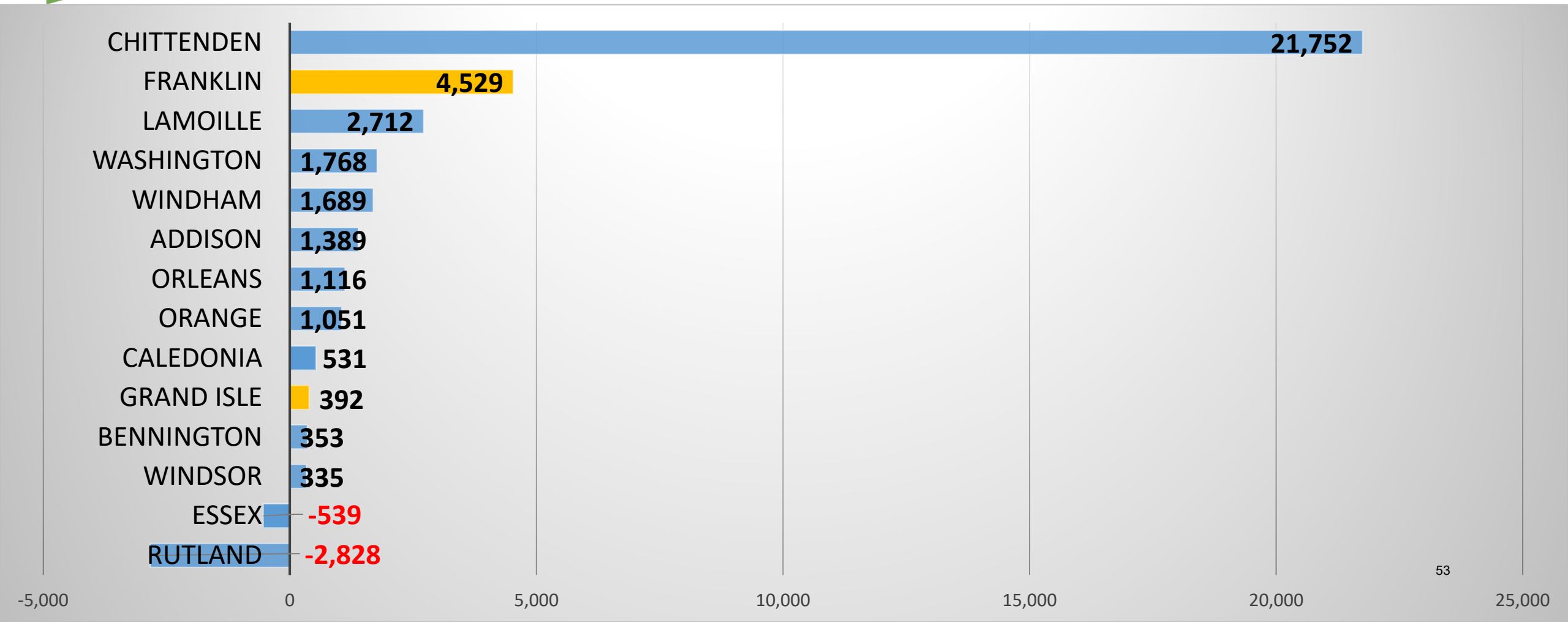
The Social Determinants of Health



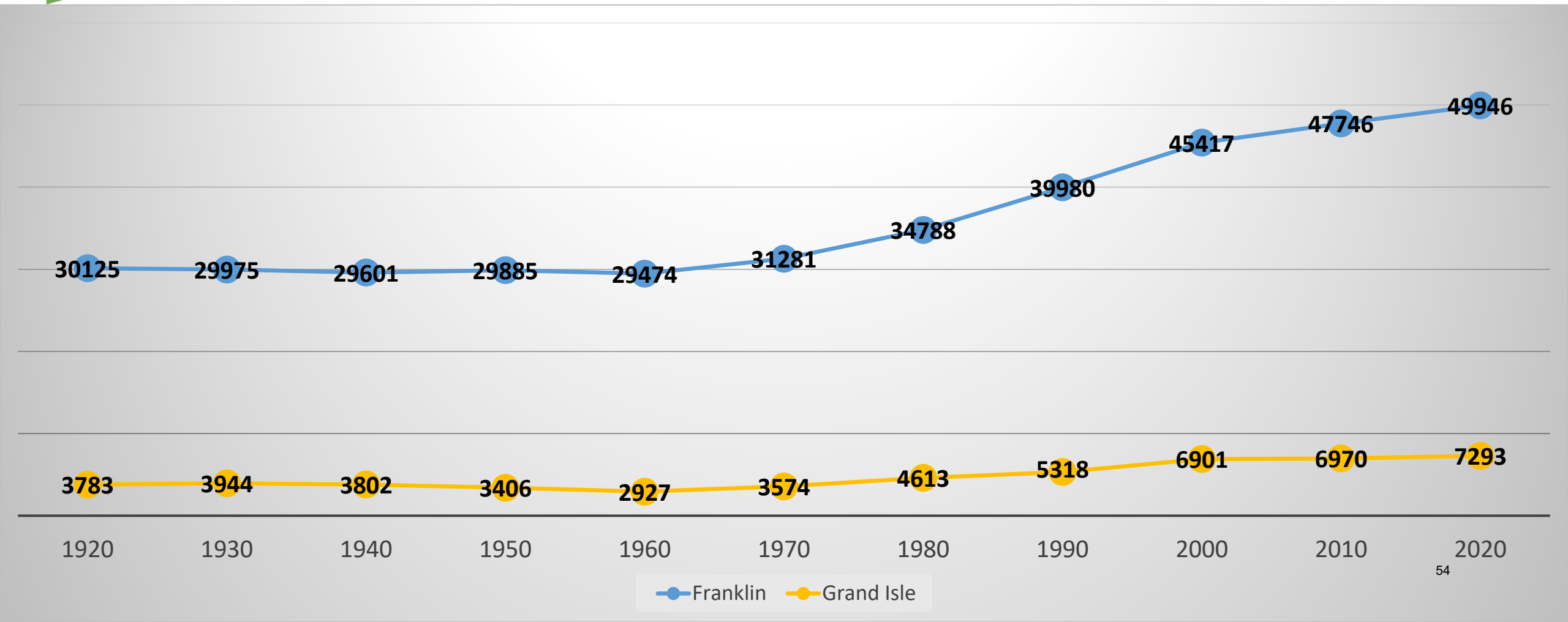
2020 Decennial Census Populations



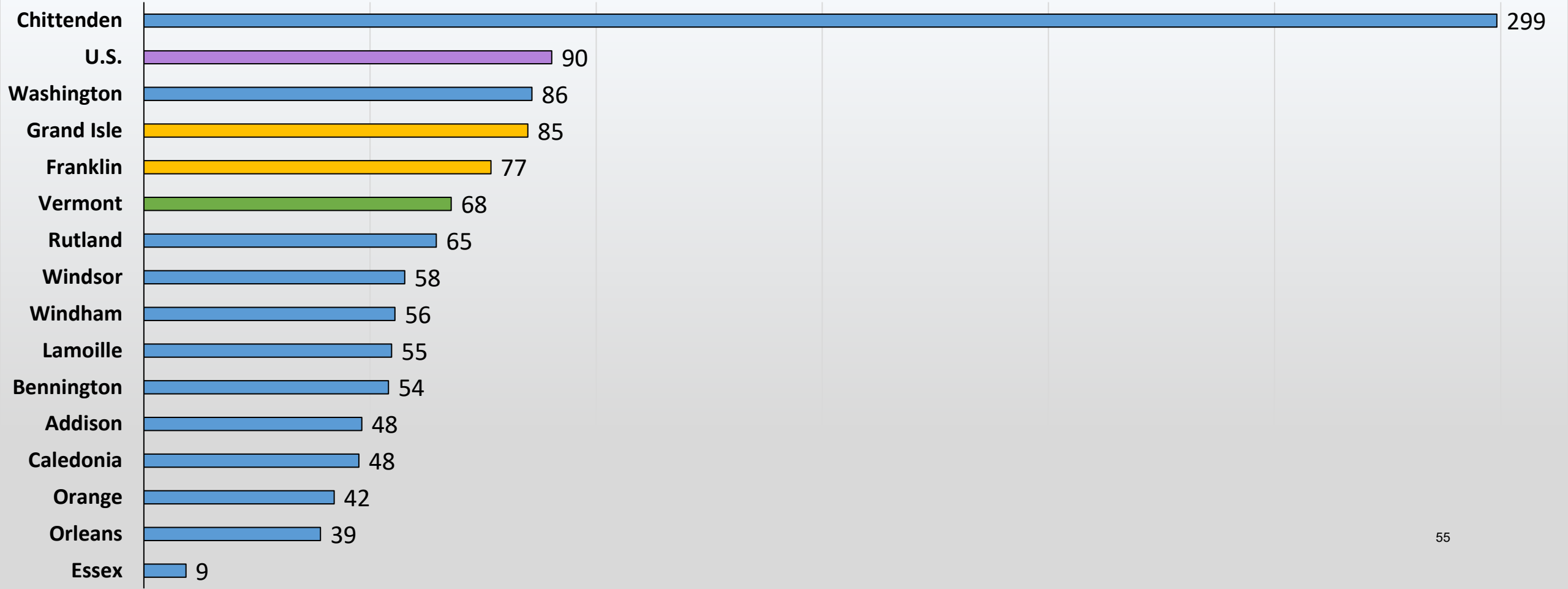
2000-2020 Population Change



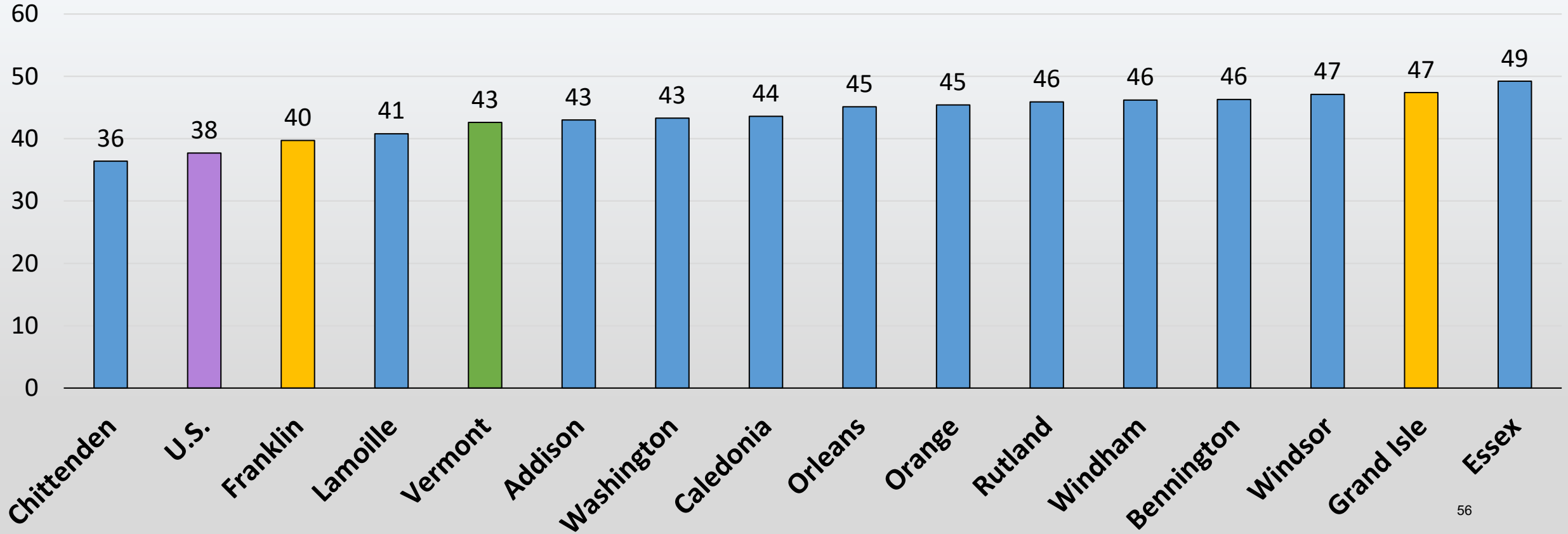
Long Term Population Trends



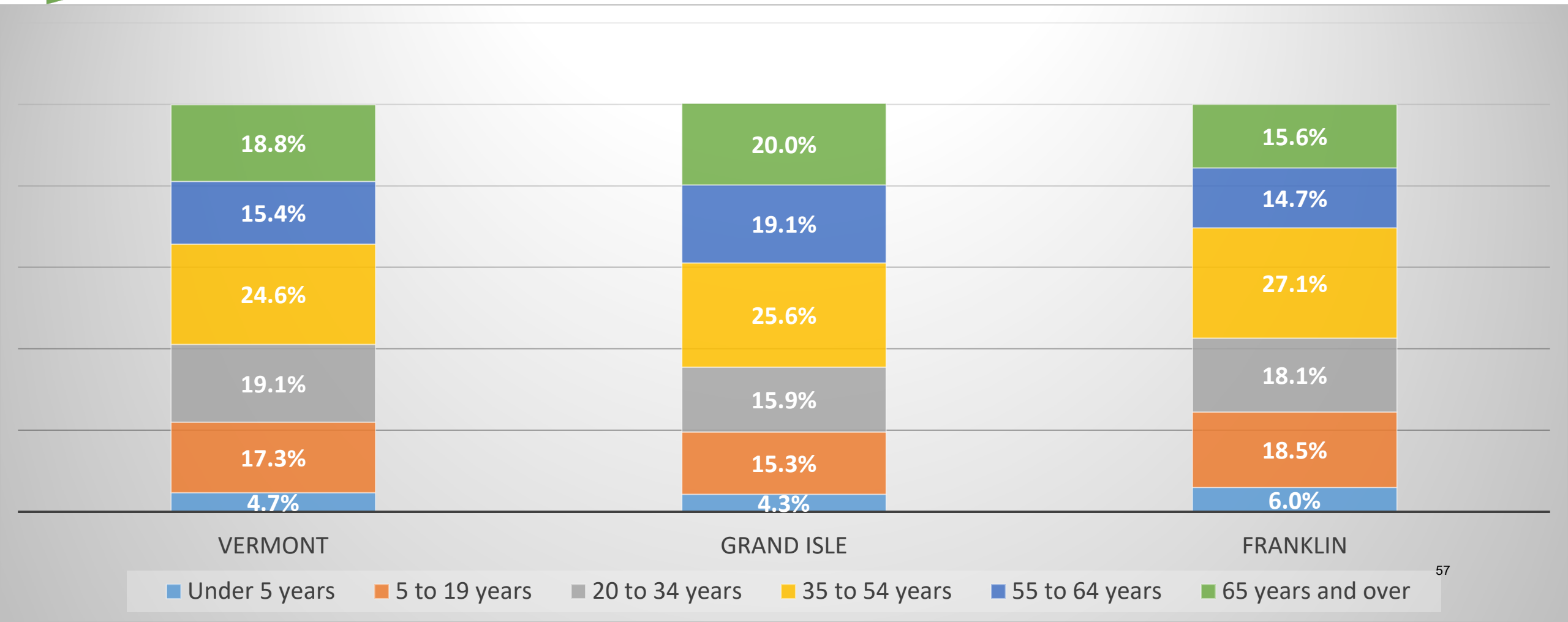
Population Density People per Sq. Mile



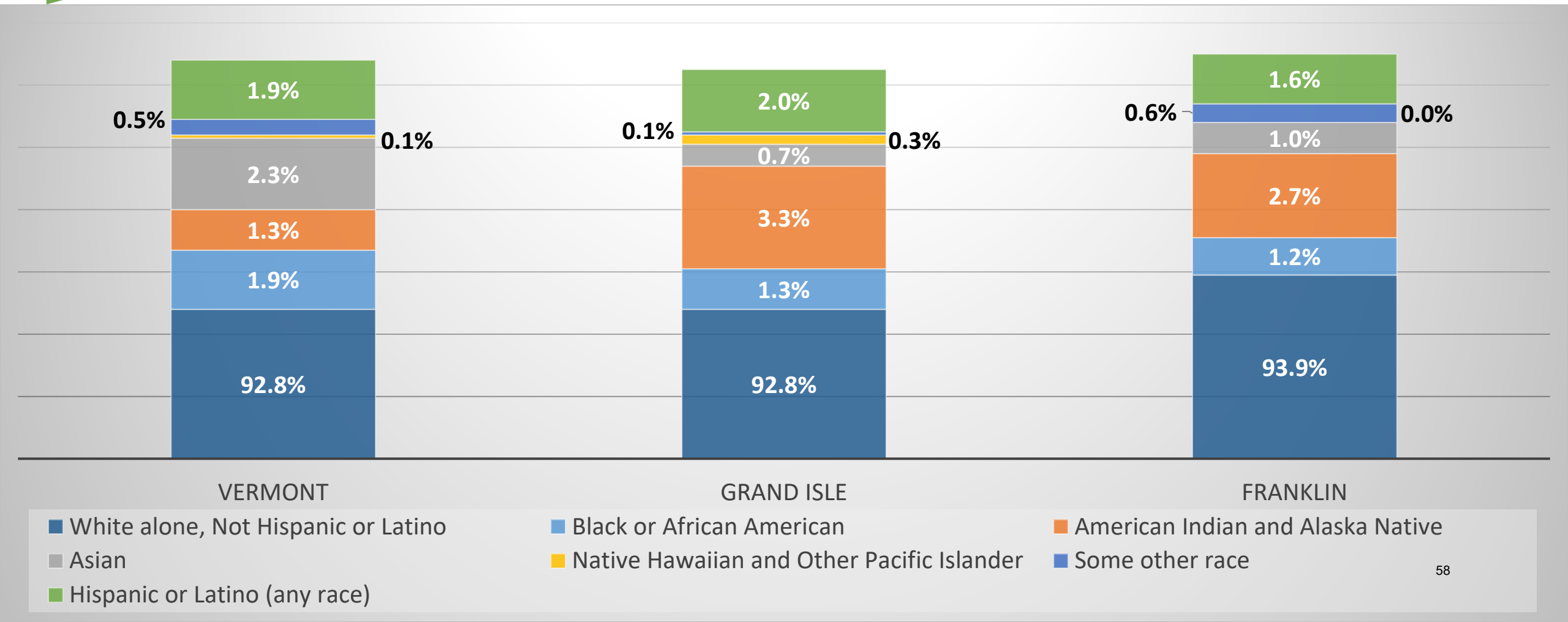
Median Age


60
50
40
30
20
10
0
36
38
40
41
43
43
43
44
45
45
46
46
46
47
47
49
Chittenden
U.S.
Franklin
Lamoille
Vermont
Addison
Washington
Caledonia
Orleans
Orange
Rutland
Windham
Bennington
Windsor
Grand Isle
Essex

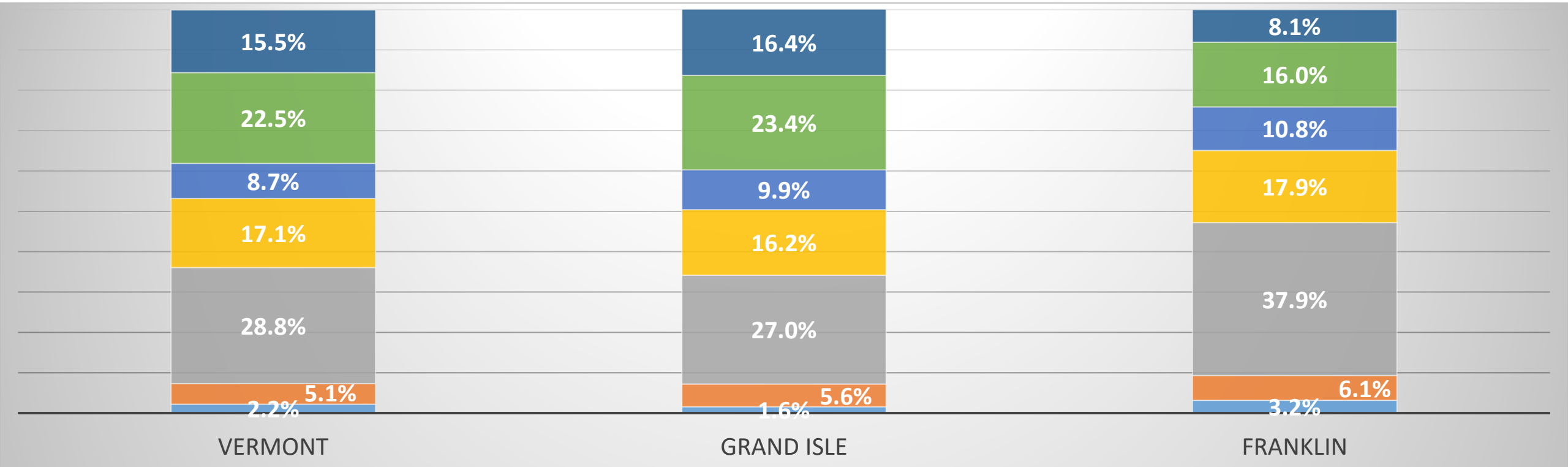
Age Groups


18.8%
15.4%
24.6%
19.1%
17.3%
4.7%
20.0%
19.1%
25.6%
15.9%
15.3%
4.3%
15.6%
14.7%
27.1%
18.1%
18.5%
6.0%
VERMONT
GRAND ISLE
FRANKLIN
Under 5 years
5 to 19 years
20 to 34 years
35 to 54 years
55 to 64 years
65 years and over

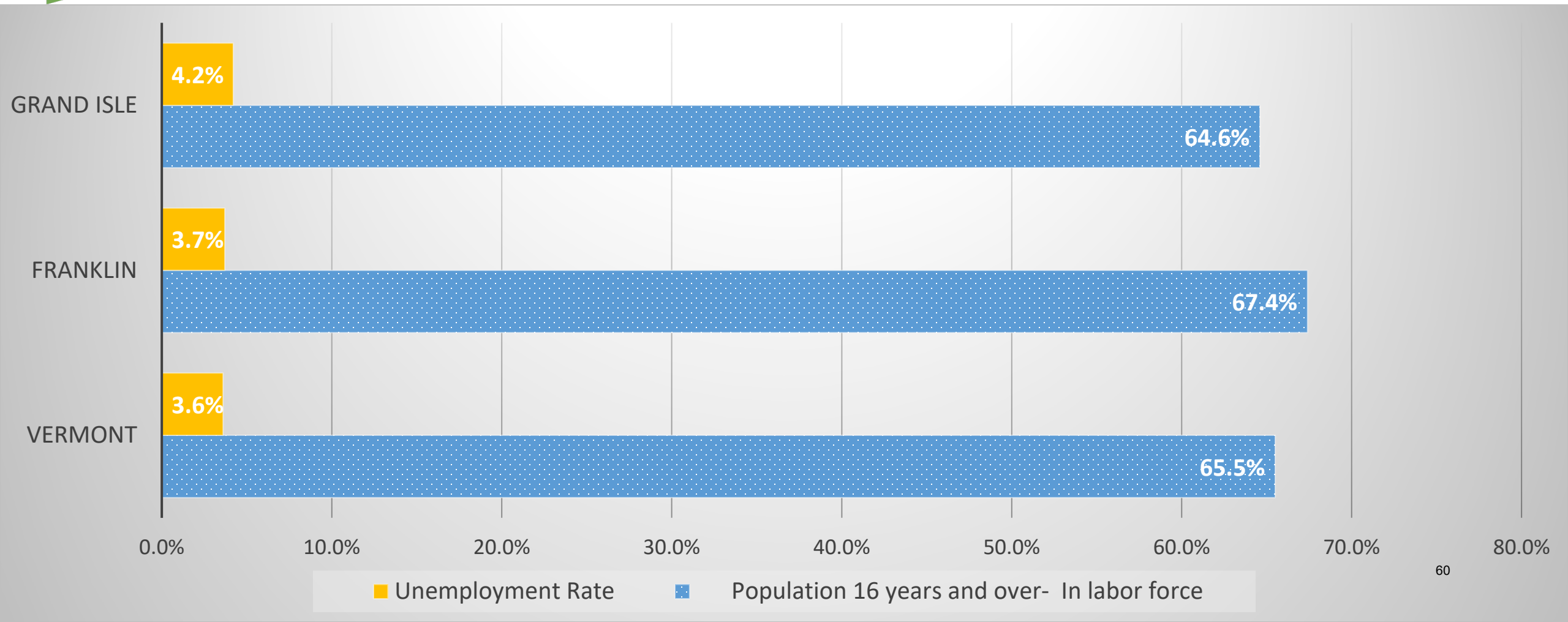
Race and Ethnicity



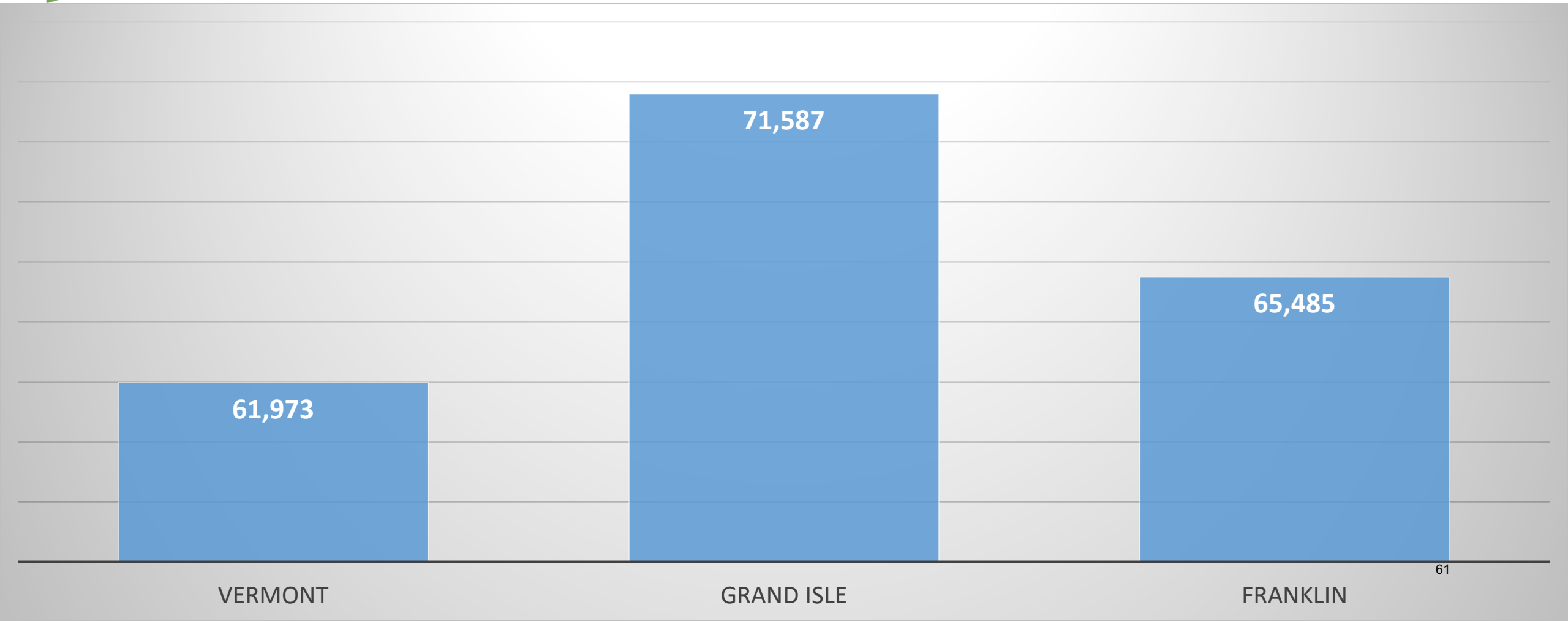
Educational Attainment



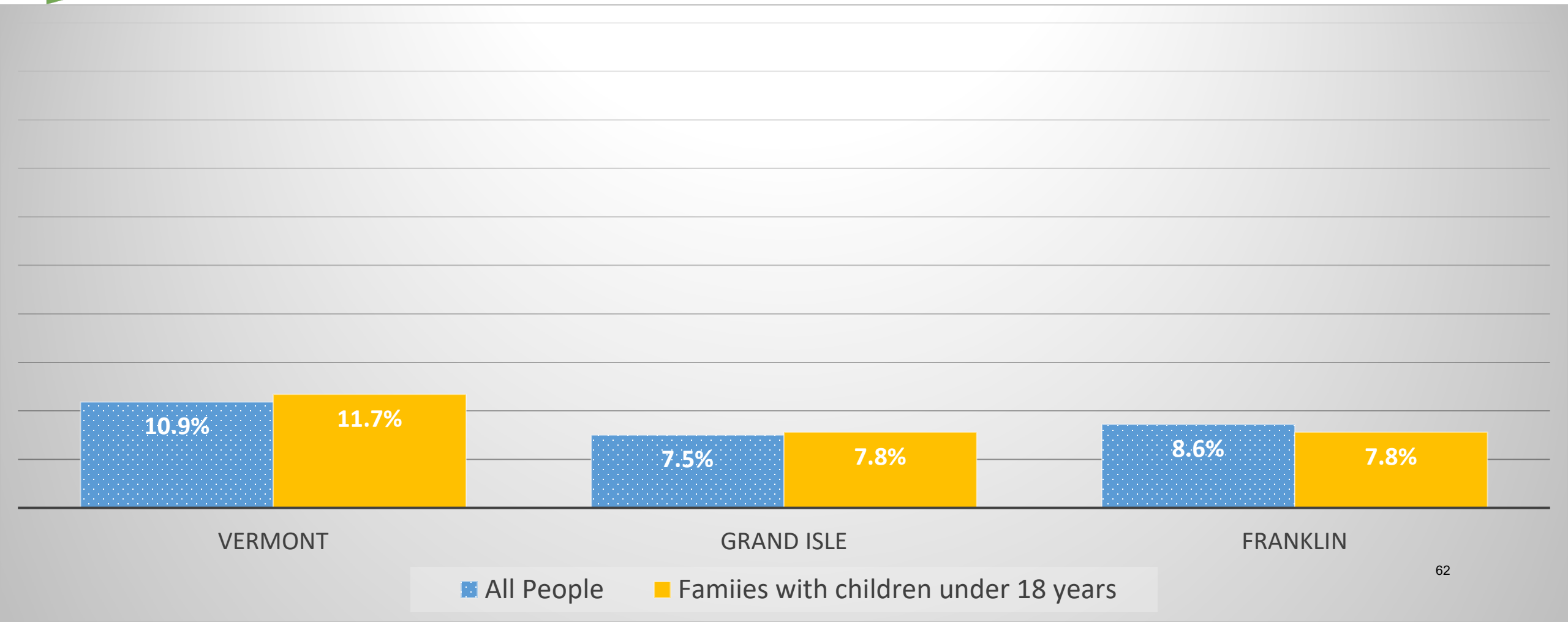
Labor Force Participation & Unemployment



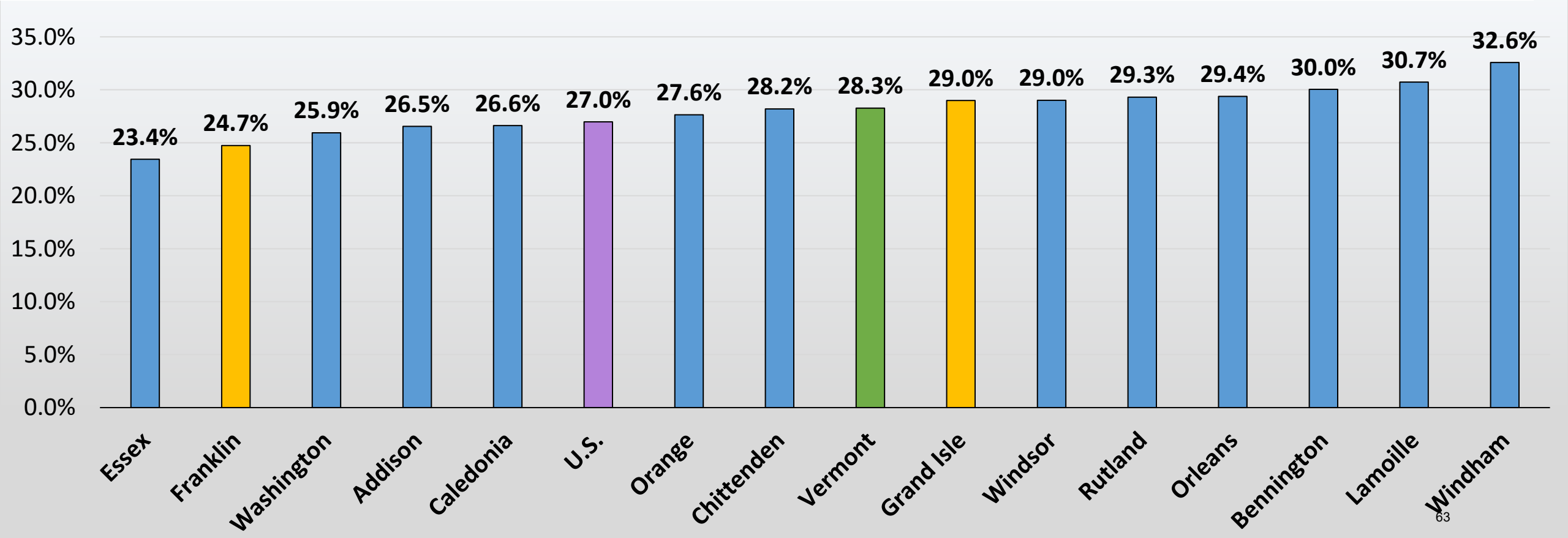
Median HH Income



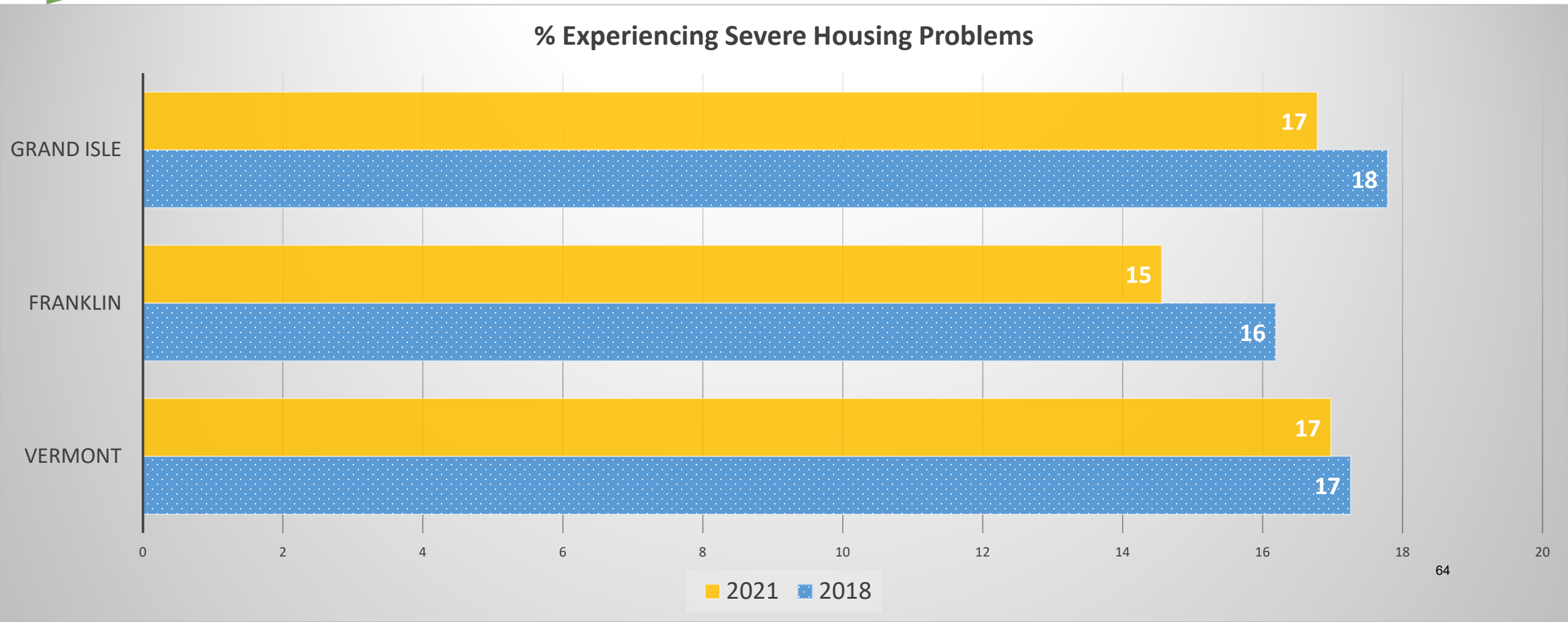
Population experiencing Poverty



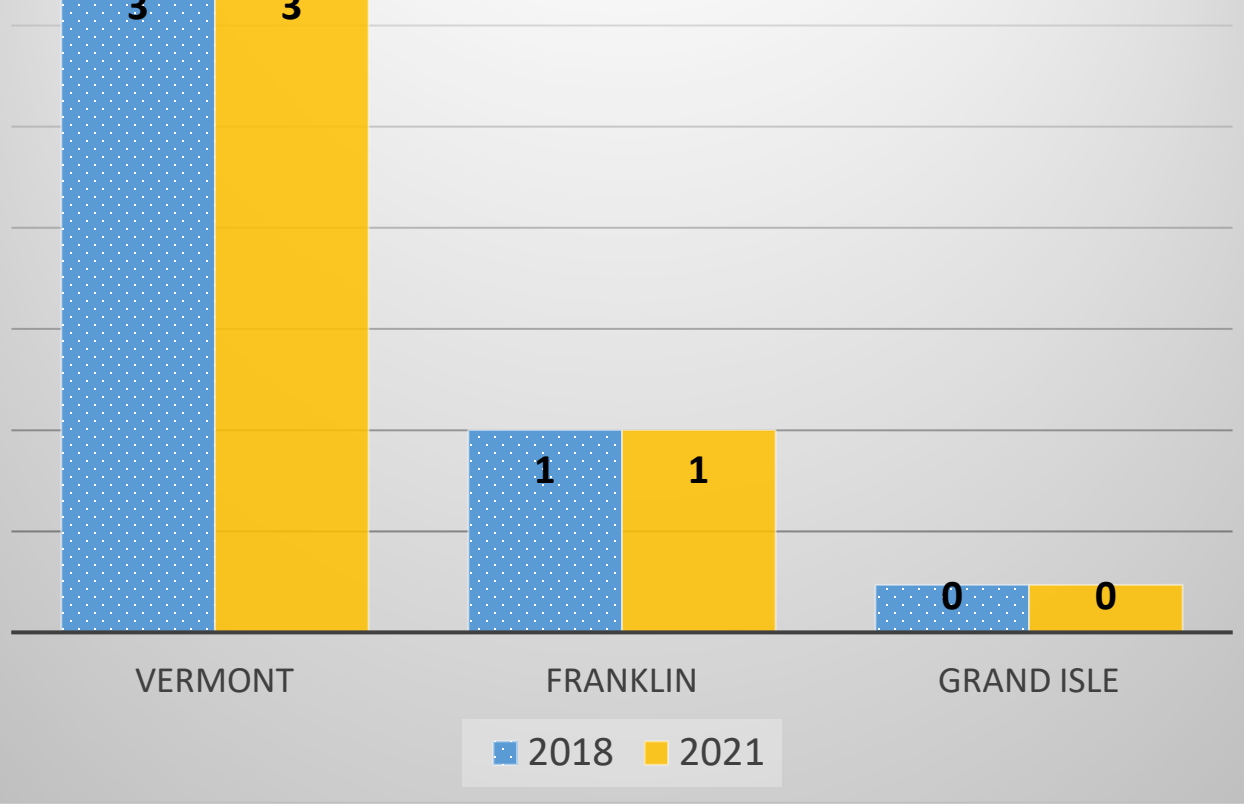
Housing Affordability: Paying 35% or more on Housing

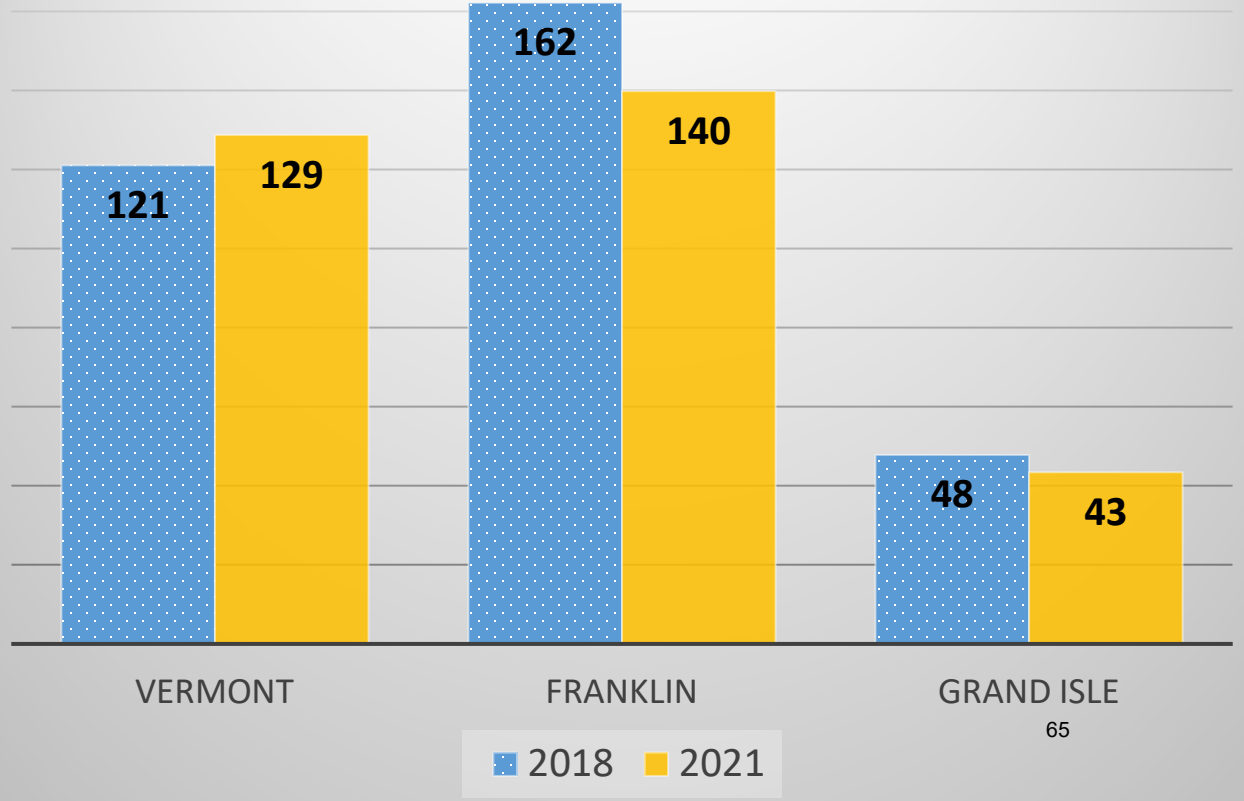


Housing Conditions



Community Conditions

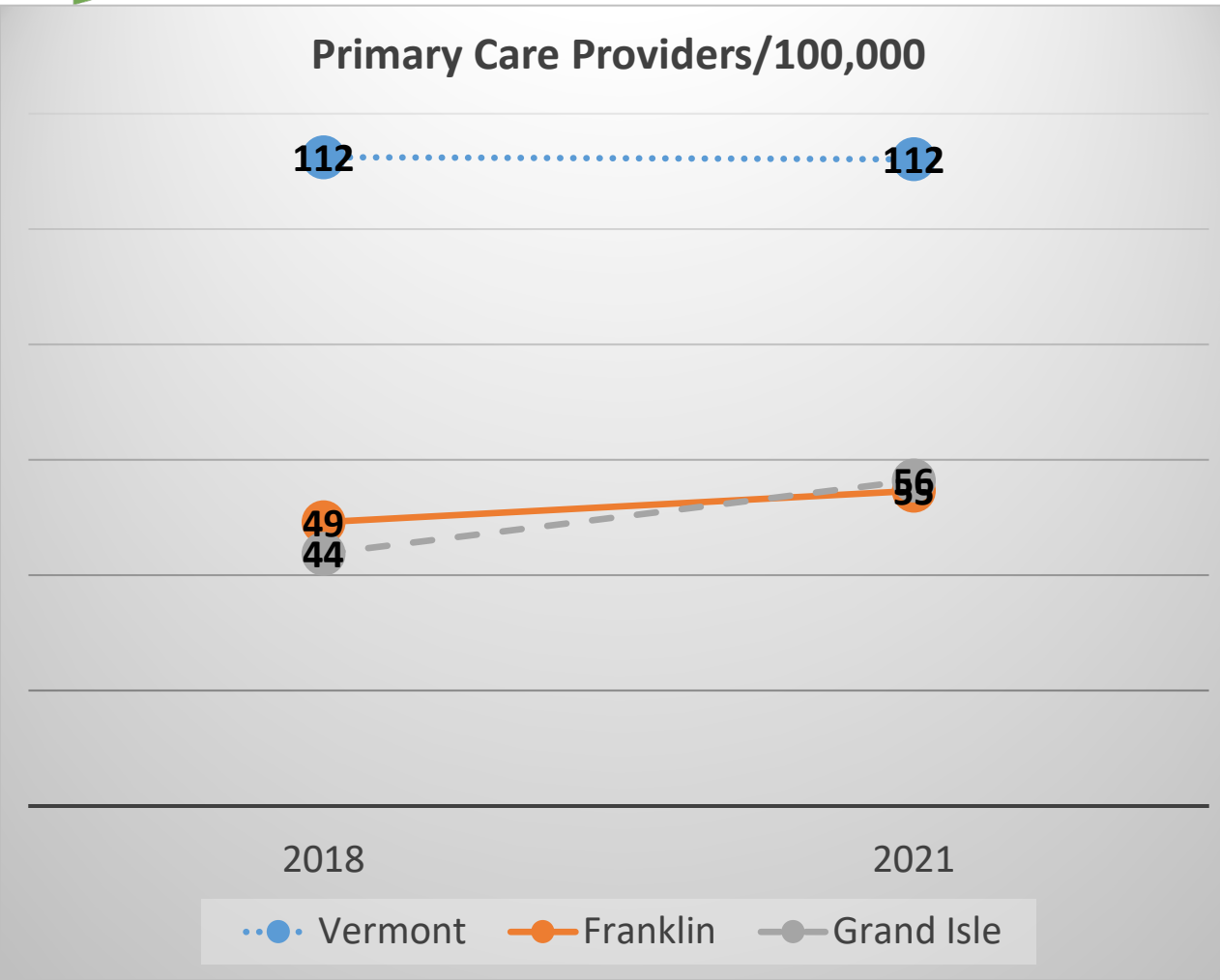


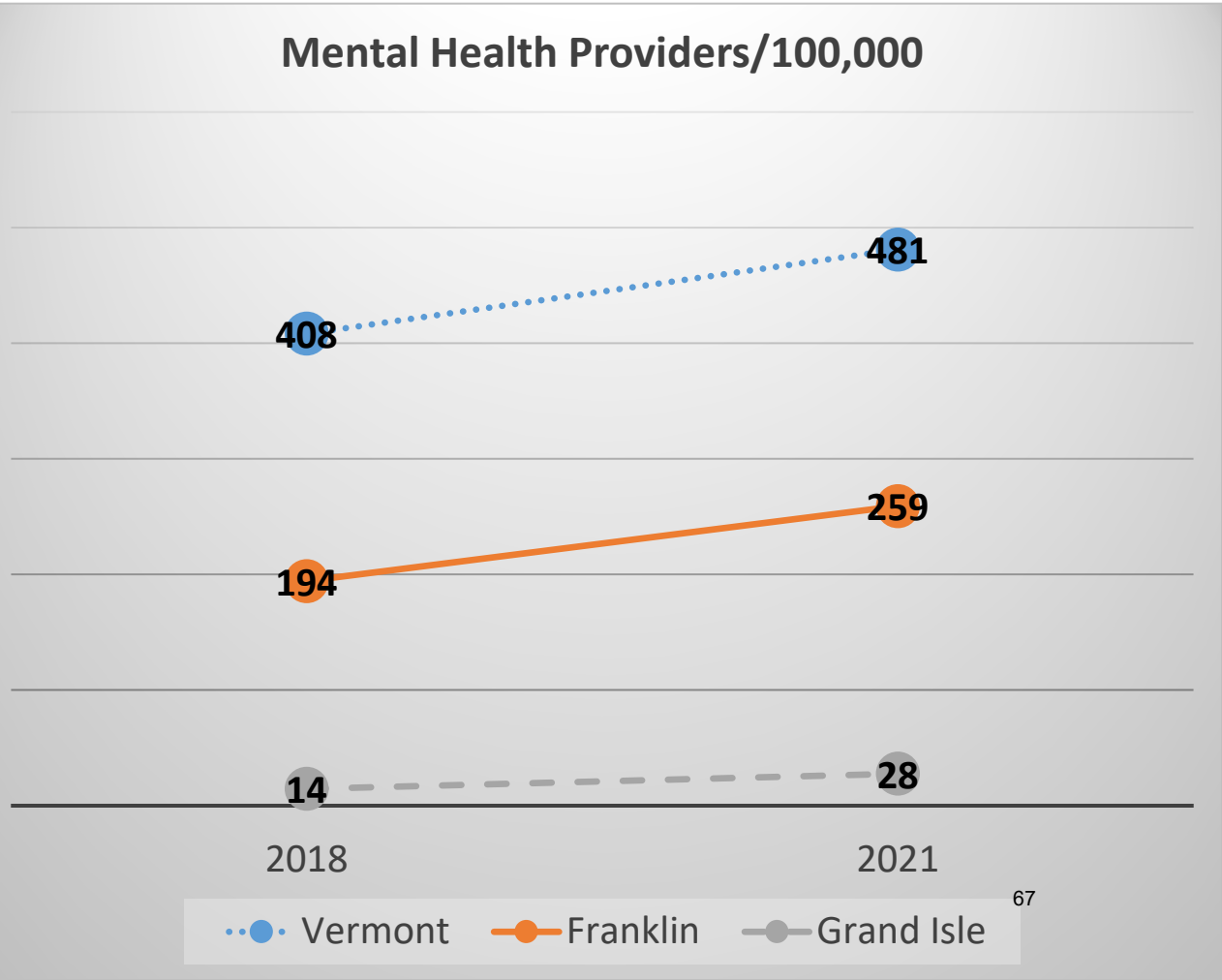


Healthcare Access- Percent Uninsured

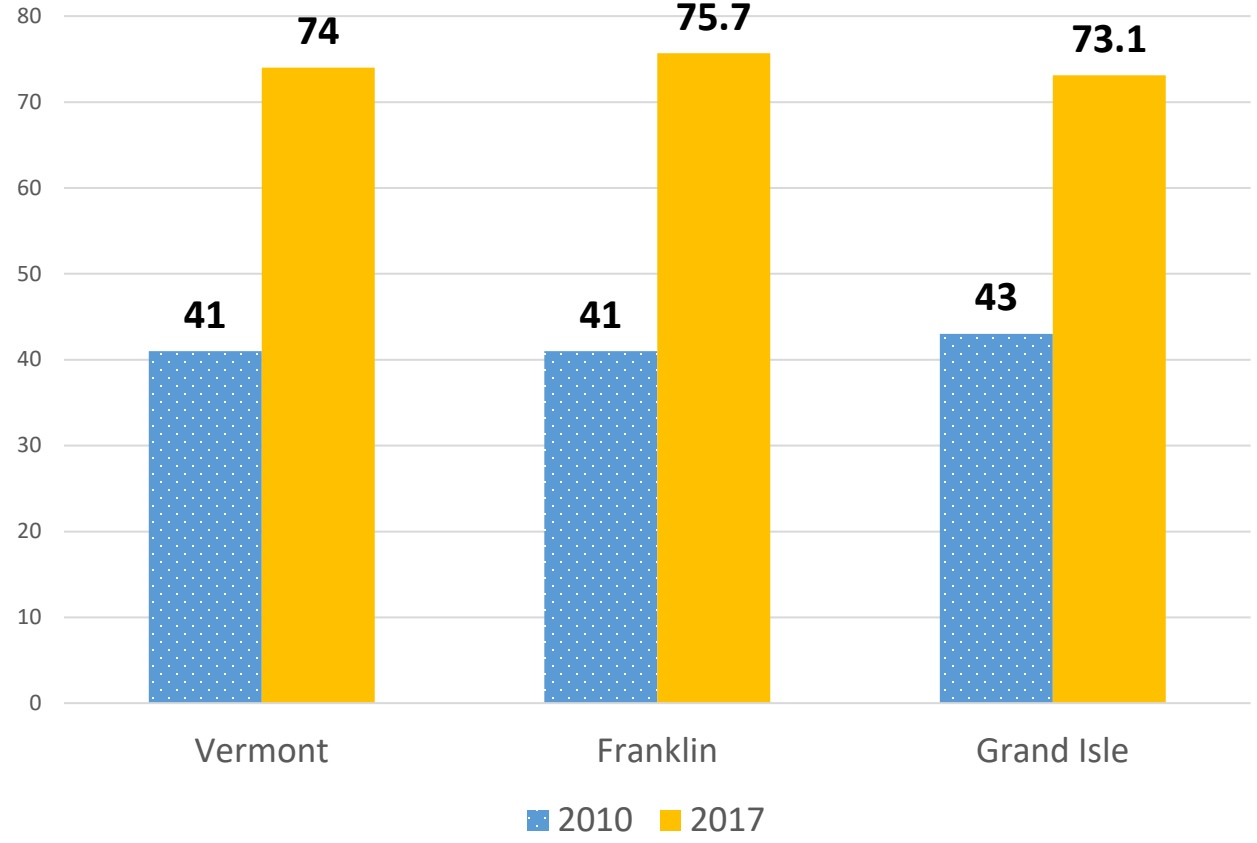
	Vermont	Franklin	Grand Isle
Civilian noninstitutionalized population	4.0%	3.8%	3.6%
Male	4.9%	4.7%	4.3%
Female	3.1%	3.0%	2.9%
Native born	3.9%	3.8%	3.6%
Foreign born	5.8%	5.4%	3.5%
With a disability	2.3%	3.4%	0.0%
No disability	4.3%	3.9%	4.0%
In labor force	6.2%	5.6%	5.3%
Not in labor force	4.8%	7.0%	3.4%
Employed	5.9%	5.5%	4.8%
Unemployed	14.3%	8.6%	17.3%

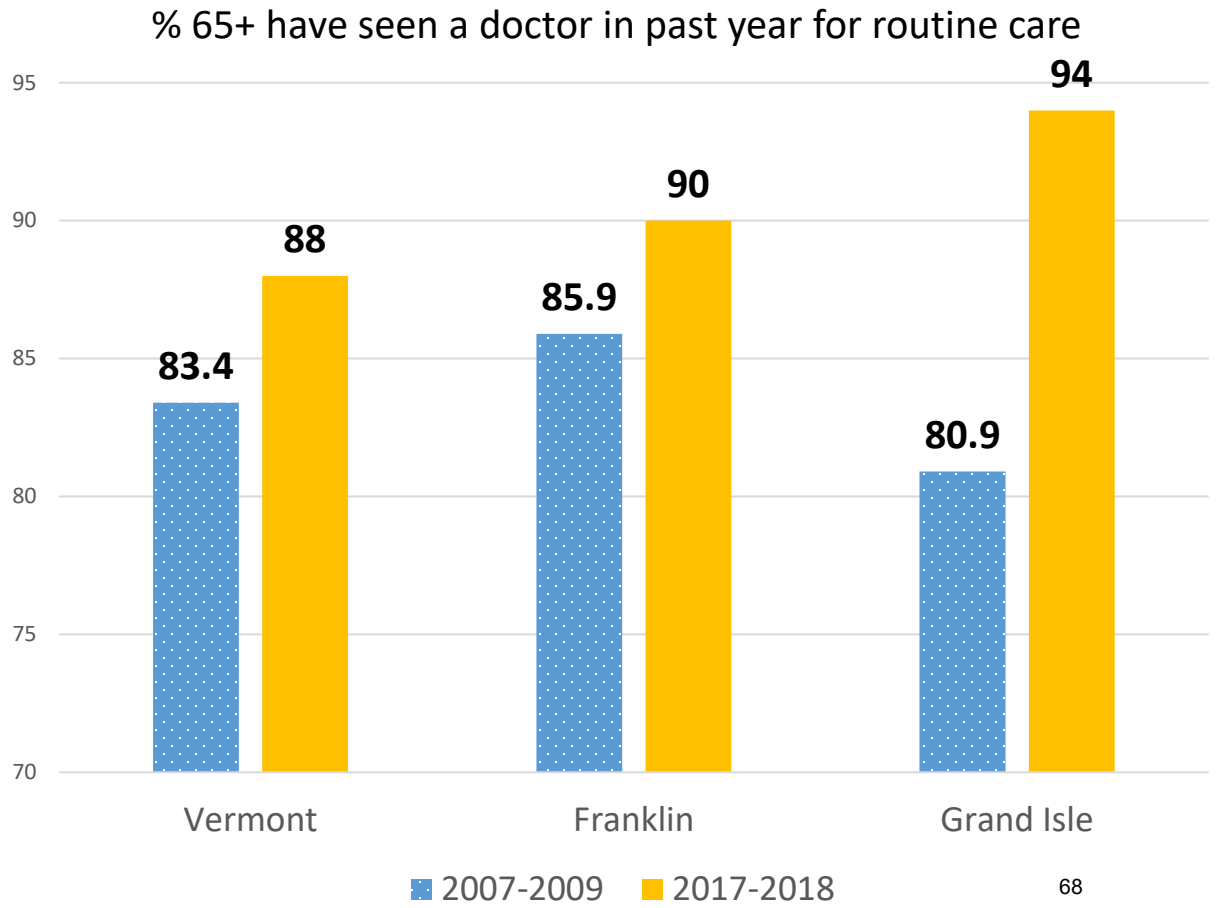
Healthcare Access- Care Providers per 100,000 VT'ers



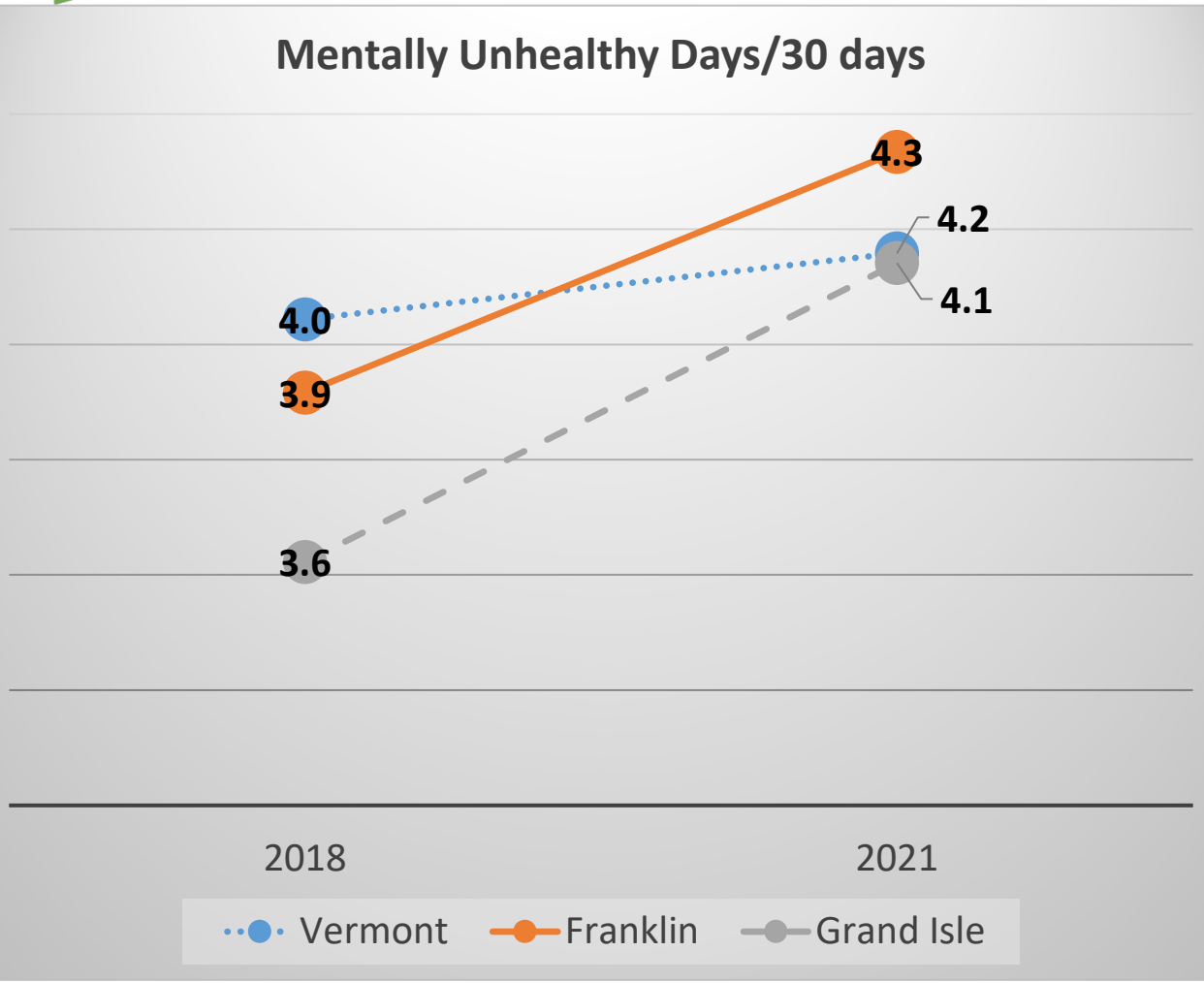


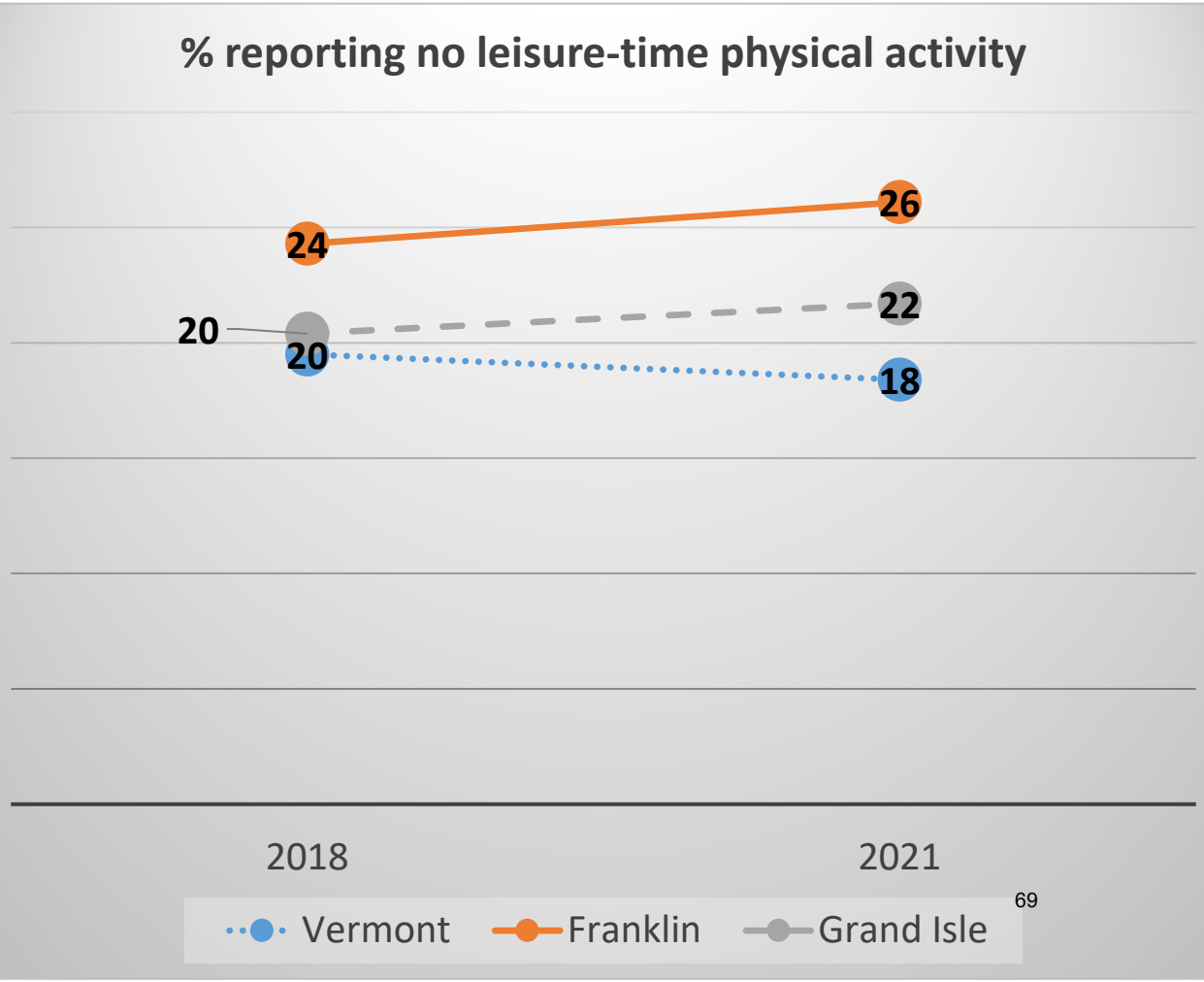
Healthcare Utilization- Children & Adults



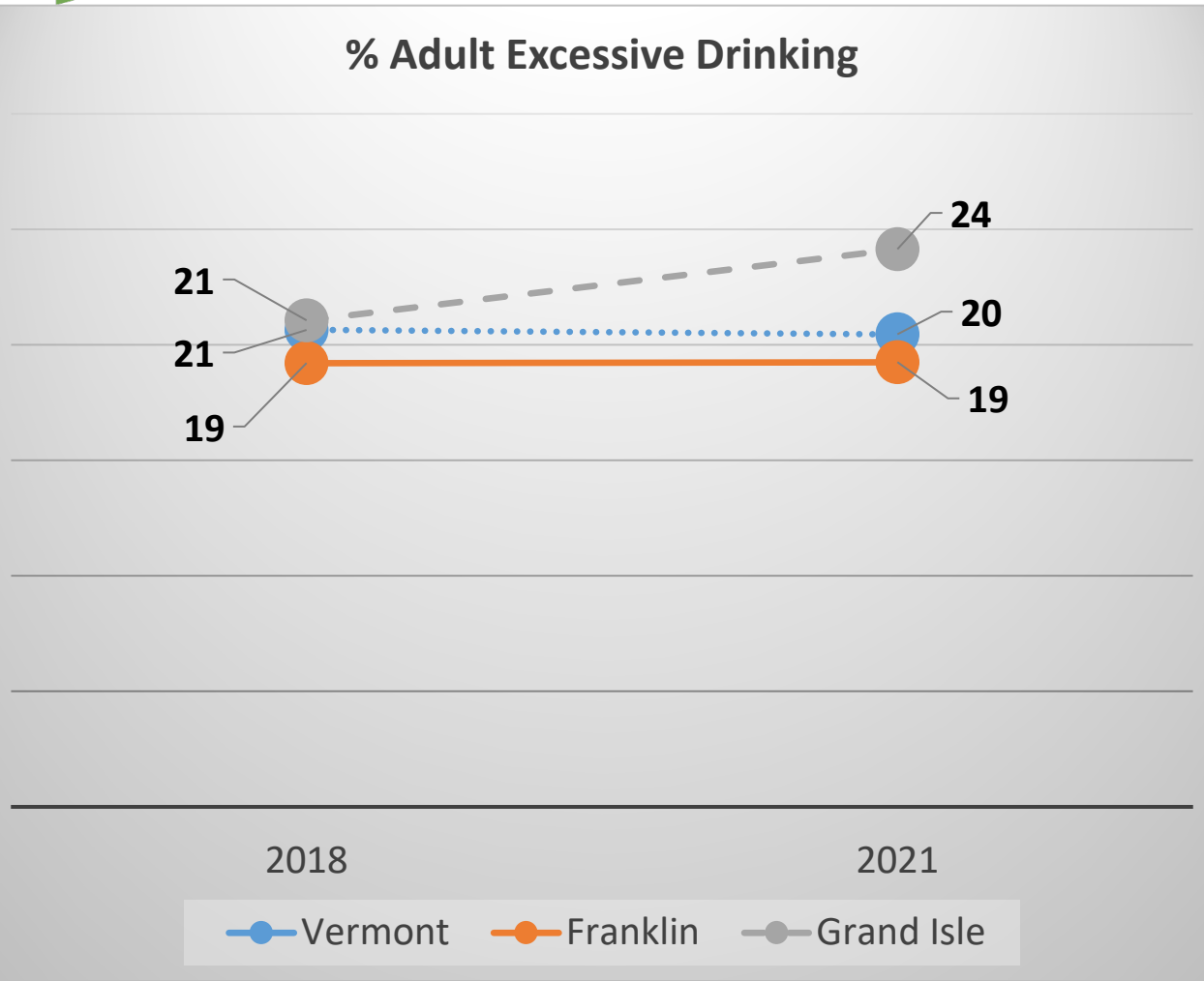


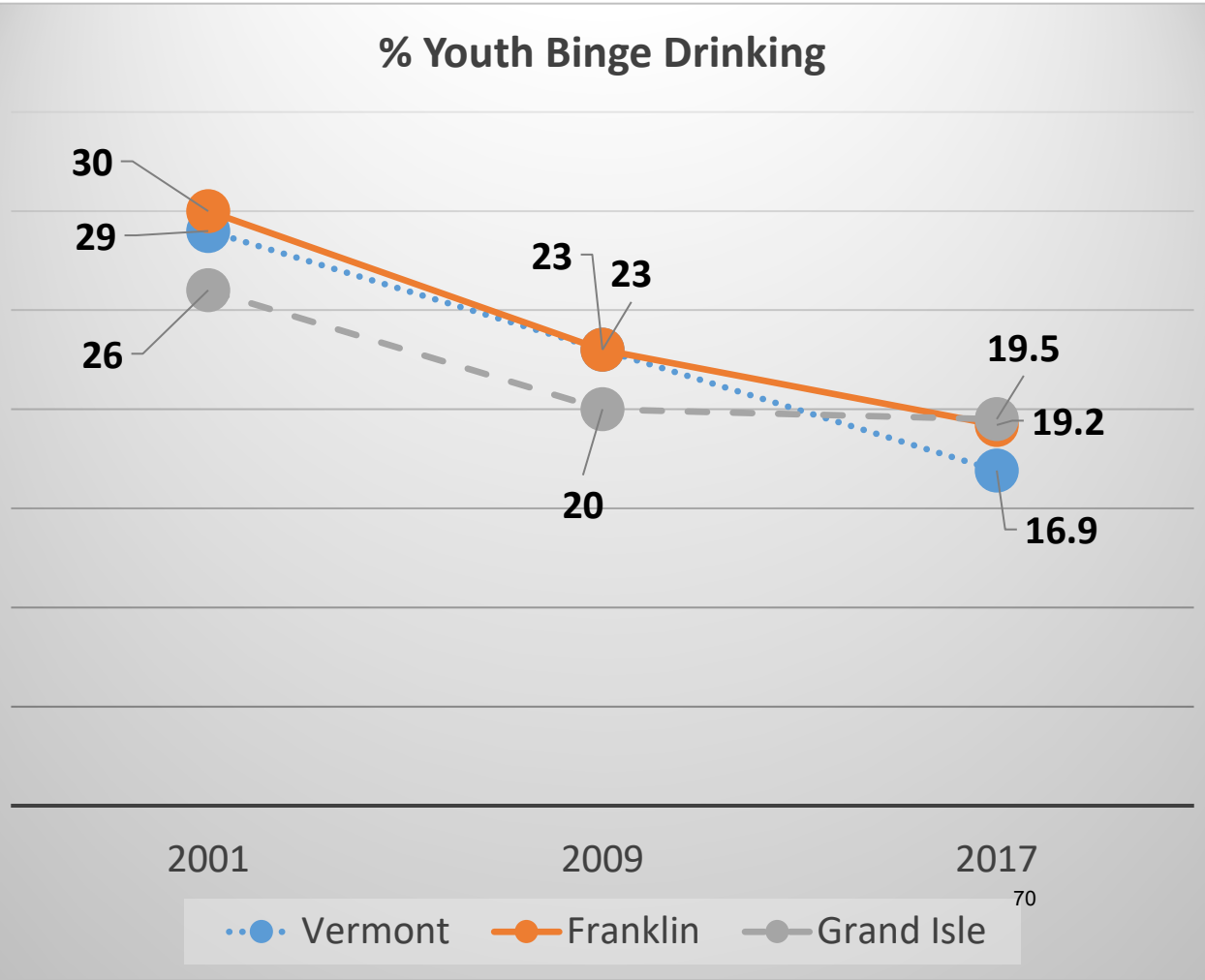
Health Indicators- Mental & Physical Health





Health Behaviors- Alcohol Use





The Social Determinants of Health

Thank You

Contact

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Community Survey Results

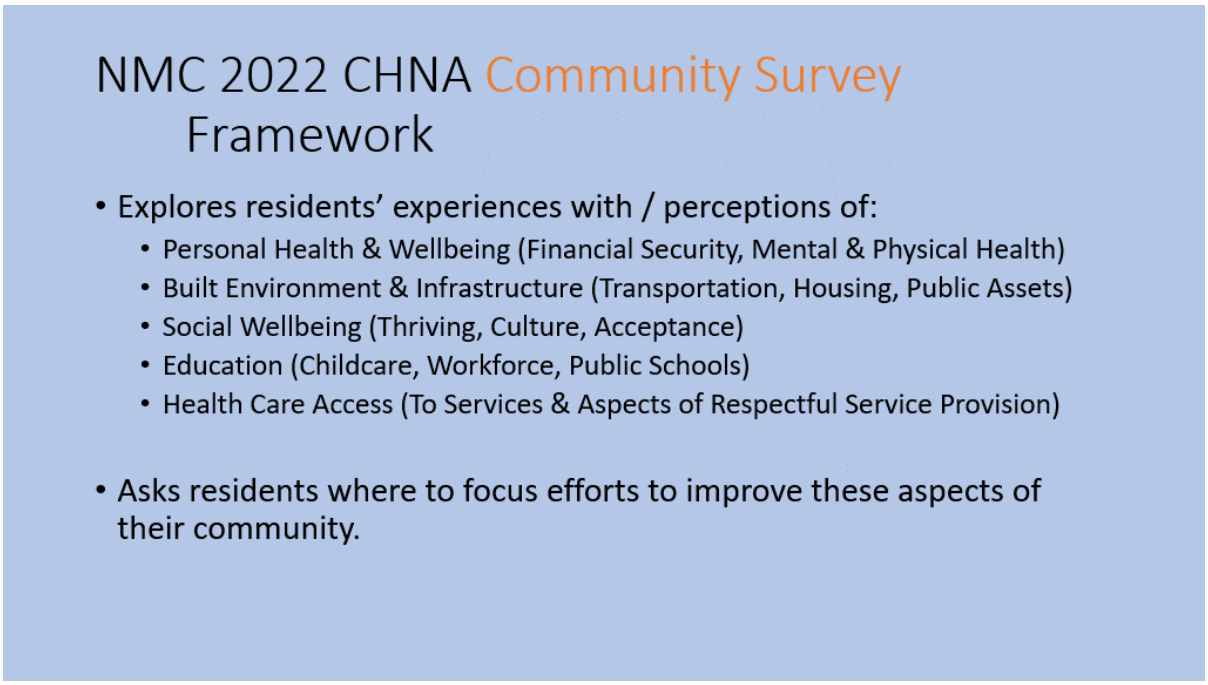
Methods

The NMC Community Survey framework was developed using the Social Determinants of Health (SDOH) framework put forth by the Healthy People 2030 initiative. This initiative identifies priority area indicators for "*conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.*"

The SDOH indicators are grouped into five domains of: Neighborhood and Built Environment, Social and Community Context, Health Care Access and Quality, Education Access and Quality and Economic Stability.

The NMC community survey asks respondents for their opinions on a limited series of questions within each of these domains.

The NMC CHNA Steering Committee reviewed several CHNA Community Survey instruments and selected questions that would be most appropriate for the NMC data gathering process. Careful considerations were made to ensure the survey instrument would be accessible. These considerations included formatting to ensure ease of navigation, brevity to reduce response time and respondent burden, and increased readability by simplifying complex verbiage and survey structure. The survey instrument went through multiple rounds of feedback with the CHNA Steering Committee before fielding. Once deemed ready for the field, CHNA Steering Committee members were asked to assist in distributing the survey through their networks. Electronic distribution included an email template with survey address and scannable QR code included to be sent across client list serves, etc. Printed posters with the QR code were distributed and posted at local public spaces, healthcare offices. Additionally, NMC utilized FrontPorch Forum and Social Media to promote the survey across communities of Franklin and Grand Isle Counties.



Results

Franklin and Grand Isle Counties' total population in 2020 was 57,239 (49,946 Franklin & 7,293 Grand Isle). A total of 810 valid Community Survey responses were received. The survey results presented below, though not following full random sampling methodology, have a Margin of Error of about +/- 3.4% with a Confidence Level of 95%. This means that if the survey were to be conducted 100 times, 95 of those times the results would fall within +/- 3.4%.

Respondent Locations

		Frequency	Percent
	Alburgh	23	2.8
	Bakersfield	20	2.5
	Berkshire	26	3.2
	Enosburgh	33	4.1
	Fairfax	19	2.3
	Fairfield	24	3.0
	Fletcher	18	2.2
	Franklin	303	37.4
	Georgia	34	4.2
	Grand Isle	61	7.5
	Highgate	31	3.8
	Isle La Motte	13	1.6
	Montgomery	21	2.6

	North Hero	9	1.1
	Richford	28	3.5
	Sheldon	14	1.7
	South Hero	8	1.0
	St. Albans City	40	4.9
	St. Albans Town	48	5.9
	Swanton	37	4.6
	Total	810	100.0

Responses were collected from across all the communities within both Counties. “Franklin” responses are abnormally large and it is assumed these responses were for both County and Town.

Please tell us your level of agreement with the following statements about your personal health and wellbeing.

Personal health and wellbeing	Agree	Disagree
I have worried about making a rent or mortgage payment in the past year	50.4	49.6
I have enough time to do the things I enjoy	79.2	20.8
I am anxious about climate change	81.2	18.8
I have housing that meets my needs and is affordable	84.9	15.1
I have enough money to buy the basic things I need to live	85.1	14.9
I am physically able to perform the daily activities I need to	86.3	13.7
I feel accepted for who I am	89.3	10.7

- Just over half of respondents (50.4%) have worried about making a rent or mortgage payment in the past year.
- Over one in five respondents (20.8%) feel they do not have the time to do the things they enjoy.
- Over 10% of respondents feel they are not accepted for who they are in their community.

Please tell us your level of agreement with the following statements about the environment and built infrastructure in your community.

Environment & Built Infrastructure	Agree	Disagree
Public transportation meets the needs of community members	62.9	37.1
Public spaces are accessible to people of all physical abilities	75.6	24.4
Pedestrians are safe	76.4	23.6
Recreation options meet the needs of community members	78.4	21.6
Housing is safe & healthy	81.1	18.9
Healthy food options are adequate	81.7	18.3
Parks and green spaces meet the needs of community members	81.9	18.1
The water is safe	84.5	15.5
The air is clean	91.2	8.8

- Public transportation meets the needs of community members is the infrastructure item most respondents disagree with (37.1%).

Please tell us your level of agreement with the following statements about social wellbeing in your community.

Social wellbeing	Agree	Disagree
Young people thrive	68.1	31.9
Arts, cultural & entertainment options meet the needs of community members	71.8	28.2
Food options meet the diverse cultural needs of community members	73.6	26.4
People from different cultures are accepted	74.1	25.9
People of all gender identities are accepted	75.0	25.0
People of all sexual identities are accepted	75.1	24.9
Property crime is a problem	79.2	20.8
Interpersonal Violence (Domestic, sexual, elder abuse) is a problem	83.1	16.9

- An overwhelming 83.1% of respondents state that Interpersonal Violence is a problem in the community.
- Nearly one in three respondents (31.9%) feel that young people do not thrive in their community.

Please tell us your level of agreement with the following statements about education in your community.

Education	Agree	Disagree
Affordable childcare is available	61.8	38.2
Workforce training options are available	78.2	21.8
Adult learning options are available	78.6	21.4
High quality public education is available	79.5	20.5

- Nearly 40% of respondents identify Affordable Childcare as being unavailable in their community.

Please tell us your level of agreement with the following statements about health care in your community.

Health Care Access	Accessible	Inaccessible
Youth mental health services	72.2	27.8
Adult mental health services	73.9	26.1
Healthcare materials in many languages	74.0	26.0
Substance use disorder services	76.1	23.9
Healthcare services in many languages	76.9	23.1
Elder care services	77.2	22.8
Primary care doctors	77.6	22.4
Dental services	77.8	22.2
Pediatric (children's) doctors	80.2	19.8
Healthcare providers who respect all sexual or gender identities	84.5	15.5
Healthcare providers who respect all race and ethnicity identities	85.0	15.0
Emergency services	86.4	13.6

Healthcare providers who respect all cultures	87.5	12.5

- Youth and Adult Mental Health Services rank highest among health care services that are inaccessible (27.8% & 26.1%, respectively). Over one in four respondents describes these as inaccessible.

We asked respondents stating that an aspect of healthcare services was inaccessible, why? These are their responses.

	Cost of services	Wait time to get appointment	Transportation not available	Too far away	Don't have time to go	Some other reason	N
Why are Pediatric (children's) doctors not accessible?	12.8%	37.8%	17.6%	23.0%	4.1%	4.7%	148
Why are youth mental health services not accessible?	18.3%	32.2%	17.8%	22.2%	4.8%	4.8%	230
Why are primary care doctors not accessible?	18.8%	38.1%	14.3%	17.0%	5.8%	5.8%	223
Why are adult mental health services not accessible?	19.6%	36.6%	12.8%	17.4%	9.4%	4.3%	235
Why are emergency services not accessible?	21.1%	21.1%	19.5%	30.5%	5.5%	2.3%	128
Why are substance use disorder services not accessible?	21.2%	27.9%	19.8%	21.6%	7.2%	2.3%	222
Why are dental services not accessible?	26.9%	30.8%	13.2%	18.9%	6.2%	4.0%	227
Why are elder care services not accessible?	28.5%	23.5%	18.9%	17.5%	8.3%	3.3%	456

- Elder care and Dental services are cited as inaccessible most-often due to costs (28.5% & 26.9% respectively).
- Primary Care and Pediatric physicians along with Adult Metal Health services are cited most often as being inaccessible due to wait times (38.1%, 37.8% & 36.6% respectively).
- One in five respondents say Substance Use Disorder, and Emergency services are inaccessible due to transportation challenges.
- Over 30% of respondents say that Emergency Services are too far away to access.

Select up to three areas that are most important to focus efforts to improve the Built Environment & Infrastructure in the community.	Frequency	Percent
Affordable, healthy housing	347	15.1%
Affordable childcare	268	11.7%
Clean water	236	10.3%
Public transportation meets the needs of community members	219	9.6%
Healthy food options are adequate	214	9.3%
Internet quality	187	8.2%

Recreation options meet the needs of community members	171	7.5%
Pedestrians are safe	163	7.1%
Clean air	160	7.0%
Parks and green spaces meet the needs of community members	152	6.6%
Public spaces are accessible to people of all physical abilities	149	6.5%
Something else	26	1.1%
Total	2292	100.0 %

- Respondents select Affordable, Healthy Housing and Affordable Childcare as top priorities to improve their community's Built Environment and Infrastructure.

Select up to three areas that are most important to focus efforts to improve Social Wellbeing in the community.	Frequency	Percent
Arts, cultural & entertainment options meet the needs of community members	308	21.6%
People from different cultures are accepted	275	19.3%
Food options meet the diverse cultural needs of community members	245	17.2%
Interpersonal Violence (Domestic, sexual, elder abuse)	242	17.0%
People of all sexual identities are accepted	171	12.0%
People of all gender identities are accepted	162	11.4%
Something else	21	1.5%
Total	1424	100.0 %

- Respondents prioritize Arts, Cultural & Entertainment and Acceptance of Different Cultures as the most important places to focus improving Social Wellbeing in their community.

Select one area that is most important to focus efforts to improve Education in the community.	Frequency	Percent
Public Schools	337	42.3%
Workforce training	235	29.5%
Adult education	200	25.1%
Something else	25	3.1%
Total	797	100.0 %

- A focus on Public Schools is most-often selected as a priority to improve education in the community.

Select up to three areas that are most important to focus efforts to improve Health Care Access in the community.	Frequency	Percent
Mental health services	272	12.0%
Affordable services	234	10.3%
Primary care doctors	197	8.7%
Emergency, urgent care services	192	8.5%

Wait times to see a provider	190	8.4%
Elder healthcare services	178	7.9%
Healthcare providers respect all cultures, sexual, gender identities	166	7.3%
Health screenings	159	7.0%
Healthcare providers who respect all race and ethnicity identities	144	6.4%
Substance use disorder services	137	6.1%
Pediatric (children's) doctors	136	6.0%
Dental services	126	5.6%
Healthcare services/materials in many languages	110	4.9%
Something else	21	0.9%
Total	2262	100.0 %

- Mental Health services and Affordability are top priorities for improving Health Care Access in the community.

"Other" areas to focus efforts to improve the Built Environment & Infrastructure in the community.
Adequate drug abuse prevention
affordable dental services
Affordable healthcare
Assessable services for all
Athletic Complex
Awareness that climent change and racial equity are two of our main challenges and they encompass health care and all other social issues.
Better community resource outreach. The resources are here, but very few people are aware of them.
cellular phone signal needs to be stronger
Education
Elder services
Family, community & social support. Case managers and family mediation in the field. Counselors and therapists!
Getting back to basics! Individual freedoms and responsiblities! All those above would reach their own level if allowed to. The level might be lower but the results higher!
Healthcare services
Increased medical services to help not having to travel to Burlington.
Jobs
Legislation invoking medical freedoms.
More handicap parking
more local arts
Need more recreation possibilities. They are almost all gone--bowling, drive-in, etc.
Rail trail misuse by ATV (4x4, dirt bikes)
Reduce urban sprawl. protect mountains from residential development.
Respect environment
School bus transportation
Substance abuse treatment facilities

The first two I listed are because of government rules and regs. Child care was affordable when I had my children. But then the government stepped in and had to "improve " child care. In reality they didn't. Problems of a different nature exist now, especially the high cost of childcare. Housing is a problem. Bernie Sanders is largely responsible for that. If you know Bernie's history, you'll understand why he went after landlords and not tenants. Tenants have all the rights and landlords very few. Bernie was one of those none paying tenants for a long time. I have quit renting an apartment I have. Our renting laws are causing the shortage.
universal health insurance and childcare high caliber, affordable, convenient and

"Other" areas to focus efforts to improve Social Wellbeing in the community.
A list of churches or info about all that are in the area no matter what denomination or religion they are.
A semblance of pride and/or common decency of one's home/property.
adolescent mental health servicesh resouaces
affordability
America's culture that is recognized around the world is violence. This is brought to us by the entertainment industry, movies, games and sports. The legalization of drugs too. These affect the mental health of people for life regarding the acceptance of violence. I've lures up living in quite a few different countries. I attended 18 different schools by the time I graduated from college. It gives me a very different perspective. By the time I was 7 or 8 I realized I didn't like the American kids or their parents. They have a certain need to tell everyone how to conduct themselves and live. I got along just great with the native people in the country. I realized in later years even very recently that I've been told I'm not like other Americans. My most recent out of country trips have been to China annually for the last 13 years. It's so very different and I like it.
Bullying in schools
Drug dealers moving in to the commmunity and nothing is done until there is a major crises…ie: shooting or a death.
Drug related crimes..known drug houses allowed to operate in communities until an act of extreme violence forces law enforcement to act.
Education re: social equity and climent change
Elderly are supported
Farmer's Market
Help for youth that can't function in public schools
Local liveable wage employment
Many outsiders bringing in drug distribution.
Maybe we need to concentrate on NOT dividing individuals by sex, race, minorities etcetera and concentrate more on the what Dr. Martin Luther King said, judge people by their character of being, not their skin, hair or whatever preference, SERIOUSLY if everyone stops pointing out the differences and pointed out the commonalities we would ALL be better off!!!
More recreational opportunities.
Opportunities for cultural mixing - maybe food based.
Racist
Sidewalks bike lanes
Support for substance use disorder
Trash, butts, & poop

"Other" areas to focus efforts to improve Education in the community.
Access to affordable higher education

Allow more discipline in schools.
Alternatives to public schools due to class size and attendance issues due to learning challenges
Awareness of Community resources
CCV offering more like other state colleges do. for instance other state colleges, offer associates RN. Why does CCV not offer this?
Educate parents regarding the importance of education.
Educational opportunities for students in summer and vacations
Fines for not closing trash bags, motor vehicle idling, pets on 20' leashes
Getting via here passed so parents can choose where to send the kids and public schools have to complete with private for kids making them better usually.
high quality child care
I am not familiar with the adult education or workforce training opportunities in Swanton
Interpersonal communication & life skills
Making welfare recipients go to work instead of generational dependencies on the state of VT! employ state workers to actually check on welfare recipients!!! They get paid food stamps and get free food! They get childcare tj have a day off parenting ! Seriously if you have kids take care of them by working not having the state as your baby daddy
Mental health supports for public school
Money for training/ tuition/ child care while studying
Parents need support for their addictions. Children cannot focus on education.
Public library
Public preschool
School choice…use of a voucher for everyone
specific training courses for technology
STOP TRYING TO PUSH CRITICAL RACE THEORY!!!
Students need educational wise the knowledge what life is all about once one leave schooling. First education, employment than social life and family, Not the reverse.
Supporting teachers and the school system
The education process could be vastly improved. They should be asking me. I was a failing student throughout my school years and it got worse the older I got. I knew everything I was supposed to learn and way more. At the time it didn't mean much, but I would get to see the results of my IQ tests. It was always 99 percentile. I was failing Algebra in junior high. I was called into the counselors office and asked why. She said if all people I should not. I did fail the class. The big battle was the teacher wanted to see the work and there was no work to show. Then I switched schools the next year. They were teaching a new and improved algebra . So we all took a baseline test. About 4-6 weeks later a counselor, principal came and pulled me out of the class along with the teacher and accused me of cheating. They said my book must have had the answer section in it. I had gotten 100% and that's wasn't possible even if I had taken the class. Eventually they began to believe because they told the teacher to give me 4-5 quick problems. I write the answers to each one. They looked amazed and asked if it was right. He had to do the math first and did the first two. They then believed me and I was out in geometry. That didn't last long and I was back in algebra. The following year I took geometry. As usual I did terrible. It was stupid to memorize all the axioms, correlaries etc. when we got to the end of the school year, we did a week of solving problems that required remembering all the rules. I hadn't. So he out the problems on the board and he would ask for a volition go up and solve rhem. I was told to give other kids a chance. At the end of the week as I was going out I remember him telling me," How can you do all the problems without any effort but you don't know all the rules?" At that time I had no answer for him. It wouldn't be until I was about 40-50 when I was learning about ADHD because our son was ADHD that I realized why. On that bite
Trade schools

"Other" areas to focus efforts to improve Health Care Access in the community.
access to medical services
Access to specialty doctors
Allow doctors within Notch to suggest specialists they see as best fit for patients.
alternative medicine
Exercise programs for all ages
follow-up on services provided to insures he health care provided is productive/essential/psitive
Good primary doctors who really care about their patients.
Health coaches
Healthcare office in the Village
Healthcare providers who are up-to-date on their continuing ed.
Inclusion of Naturopathic and alternative medicine options
More services located locally to avoid travelling to Burlington
More specialists
Providers willing and able to work with adults with varying conditions
Schedule next year's wellness exam during this year's wellness exam
Stiffer drug laws that are enforced
Target PREVENTION, not the silver bullet!
There is a theme cropping up in this survey. Sex and ethnicity. First there are two genders. Every thing else is a biological or psychological disorder you folks want to normalize. That is wrong. The public should understand why and hopefully accept that this happens. The next one is about ethnicity and race which is really focusing on race relations. Growing up as a kid I was often discriminated against. Hey, I was a foreigner in there country. I was different. I accepted it and understood. I didn't like it but it didn't bother me. I worked around it and did fine. As for me now? I have 4 children. I have two black/white, two white and two Filipino grandchildren and my wife is Chinese. So I do understand a bit about race relations. All I can say is that politicians, news media and the entertainment industry is making things worse. This gets back to problem solving. The people trying to problem solve can't. Their minds have been given information that basically is not true and using it to fix things. Very irritating to watch.
transportation
transportation to medical facilities for those who need it
Walk in lab back at NMC please!

What is one health-related challenge most affecting you and your family?

Access		36.8%
	Affordability, Lack of Insurance	12.6%
	General Access	3.2%
	Consistent Provider	1.6%
	Wait Times, Lack of Providers/Specialists	13.6%
	Knowledge	0.6%
	Language	0.6%
	Distance	4.5%
COVID		9.7%

Chronic Conditions, Disability	8.3%
Healthy Food/Eating Habits (Affordability, Distance)	7.5%
Mental Health (Anxiety, Worry)	6.7%
Natural Environment	6.5%
Exercise	4.9%
Aging	3.4%
Substance Use Disorder (Drinking, Smoking, Drugs)	2.8%
Quality of Care	2.8%
Unhealthy Personal Conditions (Habits, Situations, Taking Time)	2.8%
Community Conditions (Built & Social)	2.6%
Obesity/Weight	2.4%
Acute Challenges	1.6%
Healthcare Infrastructure (Facilities &Communication)	1.4%
Total (N = 506)	100.0%

Full responses to the question- “If you had a magic wand, what is one thing you would change about your community?” are available in the associated excel document.

Demographics

Household Income Last Year

Less than $25,000	8.5%
$25,000-$50,000	21.1%
$50,000-$75,000	25.7%
$75,000-$100,000	17.6%
$100,000-$125,000	11.4%
$125,000-$150,000	7.9%
More than $150,000	7.7%
Total	100.0%

Housing

Rented by me and/or someone in my household	18.9%
Owned by me and/or someone in my household	68.4%
Staying in a home that I do not rent or own	8.7%
At a shelter outside	3.2%
At transitional or emergency housing	0.8%
Total	100.0%

Age

16 to 18 years	0.6%

19 to 24 years	9.9%
25 to 34 years	38.3%
35 to 44 years	20.1%
45 to 54 years	8.6%
55 to 64 years	7.0%
65 to 74 years	11.5%
75 years and over	3.9%
Total	100.0%

- 65% of respondents report having someone under 18 years of age in the home.
- 37% of respondents say there is at least one person in their household 65 years of age or over.
    - Of these, over half (55%) stated that someone 65 years of age or over requires assistance doing everyday activities.

Current Employment Status

Employed full-time	62.8%
Employed part-time	12.1%
Not employed and looking for work	3.8%
Not employed and not looking for work	2.5%
Stay at home parent/caregiver	3.4%
Part time student	1.4%
Full time student	0.8%
Retiree	13.0%
Total	100.0%

Educational Attainment

Less than High School (no diploma, certificate)	3.3%
High School graduate or equivalent	13.8%
Some College or University, but no degree	22.3%
College, University, or Technical degree	38.7%
Advanced or Graduate degree	21.9%
Total	100.0%

Gender: Write in Open Response

Female	56.6%
Male	43.2%
Transgender	0.3%
Total	100.0%

Sexual Orientation: Write in Response

Asexual	0.2%
Bisexual	2.9%
Fluid, Evolving/Unsure, Non-conforming, Omnisexual, Pansexual/Heteroflexible	1.1%
Gay	3.0%

Homosexual	0.3%
Lesbian	0.5%
Same Sex	0.2%
Queer	0.2%
Heterosexual, Straight, Opposite Sex	67.5%
Normal	2.2%
Gender answers (Cisgender, Male/Men, Female/Women, Transgender)	21.9%
Total	100.0%

Race/Ethnicity: Write in Open Response
(Primary and Secondary categories are calculated from total N = 638. Secondary categories are aggregated in their top category)

Asian alone or in combination		0.9%
	Asian	0.6%
	Asian American	0.2%
	Asian/White mix	0.2%
Black, African American alone or in combination		5.6%
	African American	0.5%
	Black	4.1%
	Black African American	0.8%
	Black Caribbean	0.2%
	Black Multi	0.2%
Caucasian, White (non-Hispanic) alone or in combination		83.4%
	European American	0.6%
	Jewish/Caucasian	0.3%
	White, Caucasian	82.3%
	White, Russian, Jewish	0.2%
Hispanic, Latin American, Latino		2.7%
Native American, alone or in combination		1.7%
	Abenaki	0.2%
	American Indian, Alaskan Native	0.3%
	Native American	0.8%
	White/Native American	0.5%
Aboriginal		0.2%
Bai Ethnic Group		0.2%
Ashkenazi Jew		0.2%
Biracial		0.2%
Han nationality		0.2%
Human		0.2%
Indigenous		0.3%
Lightly pigmented, off-white		0.3%
Other Place-based Identifications		4.1%

	African	0.3%
	North African origin	0.2%
	Alaskan	0.2%
	American, U.S.	1.9%
	European, Northern European	0.6%
	French, Irish, German	0.2%
	Irish, Irishman	0.3%
	Italian	0.2%
	Spain	0.2%
	Swedish	0.2%
Total (N = 638)		100.0%

If you had a magic wand, what is one thing you would change about your community?

If you had a magic wand, what would you change about your community?
A better life
A change of scene
A community without an epidemic is a wonderland
A happy meeting room.
A healthy Lake Champlain
a little bit larger with more services
A living environment in a community
A more visible police force…..in house mental health facilities, there are so many mentally Ill people living on the streets. We have relaxed laws so much that the average law abiding citizen is in potential danger walking the streets. Taking guns away is not the answer. Anyone who wants a gun will get one…this is just a feel,good approach in hopes for a quick fix. We need desperately to revisit the care of our mentally ill.
A park for all ages to enjoy
A pediatrician
A place where children feel safe and things for them to do.
A real town center with sewer supported housing density
A safe walking and biking pathway on Route 7 north to the shopping areas north of the city.
A swimming pool where seniors could regurlarly get healthy, enjoyable exercise!
A wage increase
A warm and dry place to give homeless children and their families. I would also turn the former Energizer building into a state mental health facility and with access to unlimited staff. It is a space the state desperately
A wider range of healthy food choices.
Accelerate the development pace of community health service and strengthen the standardized management of community health service
Accept people of all gender identities
Acceptance of different cultures/opinions
Acces to stuff
access to everything. We as a community is growing within our size, but it is hard to access anything outside of Franklin County
Access to see a doctor without a 2 month wait
access to substance use disorder and mental health services
Accessibility services Coverage and Healthcare accessibility services
Accessible healthy food
Activity centers for the elderly will be built
Add community centers
Add community hospitals
Add exercise equipment
Add more recreation opportunities for all ages.
Add more recreational fitness programs
Add smart waste recycling stations
Add sports equipment
Adolescent mental health and elderly services for health check-ups.
Affordability to attend events
Affordable
Affordable child care

If you had a magic wand, what is one thing you would change about your community?

Affordable health care for all
affordable housing
affordable housing for low income
Affordable program for youth to spend time (summer program) while parents work that keeps them off electronics like the St Albans Rec but for ages 13+ as well
affordable reliable accessible public transportation. Having to drive 20 minutes to catch the one bus that goes anywhere near my town one time a day is hell on our environment But who can afford to live anywhere near where there's a busline
Affordable safe housing
affordable transportation for those that can't drive
air
Air quality
Air quality
Air quality is good.
All genders are accepted
All medical channels are unimpeded
All people have housing
All races and cultures will be respected
All roads would be well maintained
All services are affordable
All the people healthy
all would understand that racial and social equity is long overdue
All-inclusive
Apathy
Arrange exercise time together
Athletic Complex
availability of vibrant churches
Be kinder to people
Beautification with landscaping, flowers, and add more sidewalks to encourage walking
Beautify the community, add more green
Beautify the environment
Become the most harmonious and the most beautiful and become a fairy tale in the world
Better benefits
Better communication
Better involvement by community members
Better medical care around the community
Better outreach programs for shut-ins
Better quality of life
Better ratio of medicaid, senior and middle income residents. Too many low income residents with limited job
Better roads
Beyond the first registration
Bigger library
breath
Bring in job opportunities. Bring in more business to attract others to the community

If you had a magic wand, what is one thing you would change about your community?

Bring in timely, adequate, daily transportation so that both old and young could go to work, and/or other educational facilities elsewhere
Bring public water to the whole town
Build a central community faculty that proves activities for all ages
Build a hospital
Build some free basketball, table tennis, pool or tennis courts.
Certain services in the community
Change community greening
Change community greening and improve air quality
Change how education is funded. The elderly need a tax break on their property taxes.
Change people's insecurities
Change people's unhappiness
Change the greening,
Change the neighborhood to keep it clean and tidy
Change the scenery
Change the youth employment problem.
Changing relationships
Child custody
City and town collaboration
Civilized, harmonious and rich
Clean up the towns of all welfare. Fill the jobs that need help and stop the drug dealers from coming from out of state to prey on young girls.
Clean up the trash
Clean water and healthy food.
Clear up drug use.
Comfortable living environment
Community activities for all citizens.
community environment
Community environment
Community harmony
Community health awareness
Community medical and health care
Community medical wisdom education of this district government affairs
Community recycling
Community sanitation and some of the physical things that people live in
Community security environment
Community transportation is more convenient
Consistant healthcare providers and services with available in a reasonable time frame
Constructive activities for youth
COST OF LIVING FOR PEOPLE ON FIXED INCOME...
Courts holding criminals accountable!
COVID-19
COVID-19
Create a heart of the community eg public affordable recreation center

If you had a magic wand, what is one thing you would change about your community?

Create a sensible health care system
Create a warm community
create affordable healthcare for all and provide more mental health services
Create many plants and animals, beautiful flowers and sweet fruits
crime
Crime
crime
Crimes
Dealing with violence
Decrease obesity rate
Decreased unhealthy physical and mental activity and behaviors.
Distance from emergency services.
Diversity Acceptance and Encouragement
Do my best
Don't have to change
Downtown walking area with shops or stands or food trucks, things to do for families
Drivers to slow down and be more cognizant of pedestrians trying to cross the street in the very busy areas.
Drug addiction
drug use and abuse
Drug/Alcohol Addiction
Drugs and crime
Early intervention for children
Economic disparity
Educate all racist and homophobic people
education
Education, housing and health care should be provided to all. Animals should be treated better.
Eliminate Illegal Drugs
Eliminate substance abuse
Embrace diversity
employment opportunities
End of the epidemic
End the traffic noise.
Ensure affordable costs for community members.
environment
Environment and food safety
Environmental aspects
Environmental health
environmental health issues
environmental problem
Eradicate drug abuse
Establish and make mental health services more accessible with less restrictions
Ethnic and cultural identification of different regions
Every day, an old man living alone will have intimate company service
Everyone can have a job

If you had a magic wand, what is one thing you would change about your community?

Everyone has a healthy body to realize their dreams
Everyone is friendly and happy
Everyone is healthy
Everyone is in good health
Everyone to be welcome and understood
Everyone was smiling and happy
Everyone who is ill can be treated in time
Everyone would try to better the community.
Everything is used casually, and everyone can enjoy the environment and beautiful food
Exceptional medical care for all regardless of ability to pay.
Expand public transport to rural parts Franklin county.
Expansive upgrades to our public school (BFA Fairfax) not just limited to the infrastructure, but also the training/quality of the staff/admin teams. I would build a brand new, medium sized doctors office with sufficient staff to include M.D.s, P.A.s and specialists. Less focus on social justice in an area that barely has enough people to justify it, and more focus on keeping our kids busy (after school activities, enhanced athletic dept, enhanced
Facilities for the elderly and children in public places
Fewer interpersonal problems
Fiber optic internet to every home and business
Fill up the empty store fronts. Another Pharmacy
First, improve public health
Free health care
Free high quality health care
Free medical services
Get down to what matters most, more attention to families, in a positive way, respect for parents.
Get everyone working, instead of so many on different programs that supply them with all their needs, so they do not need to work. I believe that all people between 15 & 65 should do some form of work. It teaches great life lessons and I believe that things are appreciated more when you earn them, instead of having them handed to you. Everyone has the ability to do some form of work.
Get more community sports
Get rid of all the ignorant bigots
Get rid of ncss and VSP violating rights and getting away with it
Good living environment
Government
Greening area becomes larger.
Gym
Have a happy life
Have a well-paid, stable job
Have more social/cultural/recreational programs available
Have safer places to walk without fears of getting hit by vehicles
haze
health
health
health
Health and safety for everyone

If you had a magic wand, what is one thing you would change about your community?

Health care
health problem
Health problems
Healthcare affordability
Help all the people in the community who need help, understand their needs and help them
Help communities expand recreational activities
Help you better improve their psychological problems.
Hope community such a big family can help each other, solidarity and fraternity
Hope everyone can have their own work
Hope everyone is healthy
Hope the community environment, quality of life, entertainment atmosphere can be better
Hopefully a clean, healthy and vibrant community will make this epidemic disappear
Hopefully there will be a concession stand
Hopefully there will be no more violence
Housing gap- with less extremes and a middle ground it could change culture
how education is funded
how expensive
I can stop the COVID-19 pandemic
I did a good physical. I did a deep exam. Pay special attention to your health.
i do not know what goes on in the community.i am a home body
I hope the community can have a dental clinic.
I hope to solve the problem of public transportation and add more parks and green space. Thank you!
I hope we can have a dental clinic in our community.
I must use my magic wand!Everybody has money and healthy
I think I will make everyone in the community healthy
I want a better living environment.
I want everyone in the community to have health security
I want everyone to be happy
I want everyone to be two centimeters taller
I want everyone to listen to me
I want the community to be a warm community
I want to be rich
I want to change the environment of the community
I want to change the issue of public transport.
I want to find someone who loves me
I will change education in my community
I will change in the community health problems.
I will change the green environment of community parks and increase health and medical service points.
I will change youth employment in the community
I will have the community provide a full range of education services from kindergarten to college.
I will make my community prosperous
I will make the community a better place.
I will make the environmental sanitation of the community more clean and tidy

If you had a magic wand, what is one thing you would change about your community?

I will make the seniors in the community safer
I will promote community group activities.
I will rid this planet of abuse
I wish people were kinder here.
I would add in more options for family based activities at an affordable rate.
I would bring in more resources and support for those with nental health issues that fall through the cracks and the elderly that are alone and cant reach out for help
I would change how much trash I see on the ground and adding more plant life
I would eliminate the growing inequality between rich and poor.
I would erase poverty and make sure everyone had affordable housing, food, and childcare.
I would incorporate an intergenerational learning, add a care/education/indoor-outdoor activity facility
I would like more career opportunities for my children as they get older so they do not need to move far to earn their livelihood.
I would make it more open-minding and welcoming to diverse people.
I would make it more vibrant with recreation, restaurants, stores. You get the picture.
I'd bring in more racial/cultural diversity and ensure those individuals are fully welcomed and included
Id like to see less judgement toward the younger generation. Not every young person walking down the street is up to no good. Instead of vomplaining anout the noisy cats why not talk to the kids and find out why...maybe they are learning how to fix it, maybe its a young mother that has to choose between car repairs and food.
If I had a magic wand I would keep everyone in the community healthy
If I had a magic wand I'd make my neighbors nicer
If I had a magic wand, I would fill the neighborhood with plants, including the walls.
If I had a magic wand, I would let the community live a healthy life
If it were true, I would change the problem of drug abuse in the community, because it is so bad for our health, if I could really try to change it.
Ignorance
I'll get better health services in the community
I'll have enough medical workers available at all times, free of charge.
I'll make the community bigger
I'll put a smile on everyone's face
I'll use my wand to get rid of the pain
Immorality of sexual harassment
improve children's access to healthy food, safe housing and quality education.
Improve health care
Improve social services, so that people can get better health security, environmental health services, building
Improve the community hardware facilities and beautify the environment
Improve the community hardware facilities, increase green
improve the environment
Improved access to specialty health services
Improvement in the integrity/outcomes of public education
Improvements in public facilities
Improving safety
In our community you can enjoy complete medical services without leaving home
Include all ethnic backgrounds and end racism
Include conservative opinions
Increase awareness of health

If you had a magic wand, what is one thing you would change about your community?

Increase community activities. Surrounding towns have multiple opportunities for community involvement; I find that lacking in Georgia.
Increase community entertainment place, increase green area
Increase community medical resources
Increase community psychological clinics
Increase of affordable housing with access to high speed internet
Increase sports facilities and green environment in the community
Increase the openness to diversity
Increasing health care for the elderly.
Increasing the feeling of community and working together during difficult times
Integrate resources and build a new pattern of community league construction
Internet
It addresses adult mental health services in the community.
It is hoped that people in the community can receive timely and correct medical services
It makes the air very good
It would be great if Vermont had bus services (clean energy busses) for all of the rural communities where aging populations and young families not yet established would be able to travel to larger towns for medical (as well as
It would be perfect if the community had better recreational facilities and more convenient medical care
Judgement
Keep everyone healthy
Keep everyone healthy
Keep everyone in the community safe from illness
Keep our hospital providing primary care physician services
Keep the medicine and eliminate everything that came after the year 1880 or so. Oh yes! The liberal mindset would have no say.
Keep the neighborhood clean and clean and the air fresh
Keep your family healthy
Lack of childcare, options for kids
Lack of clean affordable housing for all types of people, old families couples singles etc.
Less focus on gender/ sexuality/ racism in our schools. Teachers should get back to teaching instead of pushing ideologies
Less politics
Less pollution and no sex offenders.
Less racist, less sprawling development, less lawn and preserve habitat.
Less substance abuse
Let all people be healthy
Let all people get the health they want
Let all people love me
Let every family live a rich life
Let everyone can receive education
Let everyone have healthy food to eat
Let everyone participate in physical exercise to build up the body
Let no one smoke
Let our community service facilities are satisfied
Let people get employment security

If you had a magic wand, what is one thing you would change about your community?

Let the community entertainment facilities more perfect
Let the community entertainment facilities more perfect with more cultural elements
Let the community green more rich
Let the community recreational facilities more complete
Let the water become clean.
Let the whole community of residents have a lifetime of health care security.
Let us live in a prosperous place.
Let's get rid of old age
Let's make it better
Limited power supply
Liveable wage jobs. Difficult to work and live here.
Living by lake Champlain the water quality during summer is major issue and prevents people from using it
local communication
Local drug rehabs
Lower taxes
Make everyone happy
Make everyone healthy
Make everyone in the community rich and healthy
Make health care accessible to more people
Make health care free for everyone
Make housing more affordable to older citizens
Make it walkable
Make medical conditions more perfect
Make payments cheape
Make people in the community more harmonious
Make people respect each other
Make people willing to help others
make public transportation available.
Make the air in the community cleaner.
Make the community a better place
Make the community environment more beautiful and safer.
Make the community free of discrimination and richer
Make the community medical team, facilities, projects more perfect.
Make the community omnipotent
Make the food very hygienic
Make the neighborhood neat and free of pain
Make this community very unwelcoming to the drug trade.
Make treatment free
Management of the community
Medical and health services community safety services quality of life services
Medical equipment
Medical fees
Medical resources
medical treatment
Mental health
Mental health inpatient services……

If you had a magic wand, what is one thing you would change about your community?

mental health services
Mini mall on opened land on Route 105
More acceptance of all people
More affordable housing
more affordable housing with vouchers attached
More affordable housing, retail options and restaurants
More afterschool programs to support working parents
more career training
More community interaction
More connections
More cultural community outreach. Concerts, art showings, theater, gatherings on the green.
More different specialists in medical profession in town
More diverse
more economic opportunities for employment
More elder services
More events for young adults
More events that bring all ages together
More exercise equipment
More greenery
More healthcare organizations/clinics
More interaction
More interminging socially and religious events. Less cell phone and gaming devices .the truth in news. Likewise in our politicians What a shame we have in our Congress, this reflect into our community and
More involved pepple
More involvement for community members in activities
More land around my house
More local businesses
more mental health care for people
more money
More opportunities for young adults
more opportunity for children after school
More people working and building their self esteem so to provide for themselves and not wait for someone else to provide for them
More pride taken in one's property. Run down buildings torn down. Junk removed around buildings.
More Primery Care MDs
More programs for elderly such as Tai Chi
More public fitness areas
More public transpotation
More recreation - bike paths to improve the safety of bikers, continued improvement of sidewalks to incentivize
More snow for snowshoeing - decreasing with climate change
more teachers and mental health service providers for kids in public education settings
more vibrant
Move
National sports, I hope everyone has a good body
Negativity
Neighborhood relations become friendly

If you had a magic wand, what is one thing you would change about your community?

No crime whatsoever
No crime.
No death
No Diabetes
No more discrimination
No more drugs
No pain
no waitlist for aging services in franklin and grand isle county
Noise level of vehicles
Not a thing
Nothing
Nothing .
Novel Coronavirus no longer exists, the virus is gone, enjoy the good life,
One thing…difficult. To save and use the anchor landmark , Brigham Academy for public offices and multi uses.
One-on-one support for every person with acute mental health disorder or substance use disorder.
Organize community activities for the elderly
Our communities need to become more livable.
Our responsiveness to the climate crisis
Overall appearance of depression and neglect.
Parents who would love and care for their children, give them boundaries and support the teachers in the school
Park greening.
Parking is St. Albans.
peace
People are healthy and wealthy
People are much angrier then they used to be!
People are not sick
People with last names starting A - L shop (select day/s) etc. &/ or retirees and unemployed shop 7 a.m. to 2 p.m.
Peoples attitude about supporting schools/people lack the understanding of supporting and advocating for school budgets that can result in drawing people to our communities.
People's housing quality, income improved
Please, please, please🙏, stop trying so hard to point out differences and spend more time sharing commonalities, thats what truly brings a community ♡
Police respond to complaints in community quicker. Speeding on side roads, kids racing 4-wheelers or snowmobile up 4th Street. Disobeying special signs (deaf child)
Political world have less effects on public health.
property security
Provide better educational resources for the community
Provide enlightenment to all who belive in Trump, his lies and his manner of being.
Provide enough clean water.
provide free children sporting opportunities in all sports for low income families.
Provide healthy food and clean water.
Provide more clean water.
Providing better medical resources for the community
public hygiene
Public transportation

If you had a magic wand, what is one thing you would change about your community?

Public Transportation
Punish pregnant women for abusing the elderly and children
Put thousands of case managers on the ground helping those who stuggle to navigate all aspects of life and EVERYONE would have access to mental health services.
Put your health first
Racial discrimination
Racism
Raise class consciousness. We have more in common than we have differences. Trump voters and Trump haters are both oppressed by our sociopolitical economic system. We will get more done if we work together.
Reasonable property taxes
Recreation areas , walking trails that are safe
Reduce crime in your community
Reduce the burden of payment amount appropriately.
Reduce the cost of community education
Reduce the crime rate
Reduce the incidence of disease
Reduce the level of consumption
Reduce Unemployment
Reduce welfare housing
Reinvent the community
Remove all garbage
Renew idea, establish community party drives group organization
rich
rich
Road quality
Run down houses
Safe, clean, accessible, Affordable Housing.
Safer streets
security
Senior citizen citizens activities
Services for the elderly have become better
Shortage of staff in all mental health, special needs and pcps
Sick people can get good treatment
Sidewalks and bike paths everywhere, not just the City
Slow down speeders
slum housing
Solve all the housing to the needy
Solve environmental pollution
Some unfair treatment of the problem
Spring All the Year Round
Stop bullying. Teach respect for all, especially minorities and ethnicities.
Strengthen adult education, improve exercise ability
Stronger community
Stupidity and blame
Substance Abuse
Substance abuse
Substance abuse treatment

If you had a magic wand, what is one thing you would change about your community?

Substance use
Such as the number of prenatal examinations, the number of parturition and delivery, and the number of postpartum examinations
Support for caregivers of elders
Take away the fear the community has of people who are not white and straight
Tax cost to live here
Taxes
That everyone could be nice to others and be law abiding happy citizens
The air becomes clear
the anger and impatience that everyone seems to have right now
The child is growing up healthy
The close mindedness of things like being gay, Covid, etc. There is an obvious division now.
The community has a large space for people to move, sick people do not have to go out, the community has a school to go to school
The down town
The drug use. It's scary, finding needles everywhere
The environment
The environment
The environment
The environment more beautiful
The environment.
The environmental pollution
The improvement of public facilities and the problems between different cultures and races
The living environment of the people in the community
The manner in which the community is managed.
The natural environment
The peace of the world
The people who run it, time for new faces and new ideas
The recreational facilities of the community are more perfect, and there are more beautiful leisure exchange
The slum landlords
the systemic racism, the good old boy mentality, closed mindedness
The use of opioids
The water quality
The way people think of other people.like there better then everyone else
The whole community has access to clean water.
There are enough places for sports training
There is some prejudice against people who were not born and raised in this community.
There was no interpersonal violence
There would be more to do, more public events and dog friendly spaces
Thriving businesses on main street
Thriving communities educate, attract and retain talented people of all ages. They do so through fairness, justice, freedom and health; By investing in their children and families; And by focusing on quality of life.
timely access to hospital services, ie lab, surgeries, radiology
To give all the children in the community the education they deserve
To have enough food for my community.
To have political division disappear and have all walks of life respected in schools, clinics and the greater
To improve the economy of the entire community

If you had a magic wand, what is one thing you would change about your community?

To make health care secure for everyone
To make the neighborhood nice and clean
To provide a healthy living environment for people.
To reduce the virus
To rid the world of violence
Tolerance
Tolerance and acceptance of others. Kindness
Too many second homes. Not enough primary residences.
Transportation has become very convenient
Turn it into a fairy tale paradise, with all kinds of facilities, and live free and carefree in it.
Turn them into monsters
universal health care. it is a human right
Update and enhance the appearance of housing/buildings
urban renewal, new businesses and cultural advancements
Very high quality providers who are able to retain ER admitted patients at NMC instead of sending all to
Violence
Violent looting of property
Water bill
Water quality has improved
Water quality problems
We need a dollar tree store which is essential for low income families
We need a vast infusion of civility, kindness, and respect and fewer wedges dividing us. We need to stop concentrating on our differences and celebrate the ways we are alike. We need to stop labeling one facet of a person’s humanity and making that their identity; I.e., race, ethnicity, gender, sexuality, hair color, dominant
Will make the streets cleaner
Work for the disabled
Working together as a family not against others
You can always see places for exercise and education and training
You can give something away for free
You cannot magic wand any one thing as they are all tied together.
You can't always see the doctor's problems

2022 Northwestern Medical Center CHNA
Key Informant Interview Question Guide
Prepared by the UVM Center for Rural Studies

Introductory Language

My name is _____ and I am a Research Specialist with the Center for Rural Studies at the University of Vermont. Our team at the Center for Rural Studies is conducting interviews with key community leaders on behalf of the Northwestern Medical Center as part of the 2022 Community Health Needs Assessment process. Our work is focused on identifying health and wellbeing priorities for Franklin and Grand Isle counties. Your perspectives, whether from your personal, professional, or civic experiences, will provide valuable insights as we move through this process. You were identified as an interviewee due to your involvement within this community.

The findings from this interview will be compiled with those from other community leaders. We will not attribute specific quotes or information to any named source in our reporting unless explicitly requested in a follow-up communication. I'd like to record and transcribe our interview for the sole purpose of notetaking and our analysis. The recording will not be shared beyond our internal project team and I will delete it as soon as I record the notes. Is it okay to record our conversation for this purpose?

Do you have any questions for me before we begin? Great, let's get started!

1. Can you briefly describe the communities and/or organizations that you belong to?
2. What assets support a healthy life in Franklin and Grand Isle counties?
3. From your perspective, what are the <u>top three most pressing health needs</u> in this community?
    a. Which populations in this community lack or have lower access to resources that support health and wellbeing?
    b. What barriers to achieving optimal health and well-being exist in this community?
4. How has the COVID-19 pandemic impacted health and wellbeing in this community?
    a. What resources have been important?
    b. What challenges persist in addressing COVID-19?
5. If you could make one change to improve the health and wellbeing of this community, what would it be?
6. Is there anything else related to the health and wellbeing of Franklin and Grand Isle counties that you'd like to share with us?

Closing Language
Thank you again for making time to share your insights about the health and wellbeing of your community! If you have any questions about the NMC Community Health Needs Assessment, please reach out to Denise Smith at dsmith@nmcinc.org.

Key Informant Interview Summary:
Overview of Data Collection:

Research staff at the UVM Center for Rural Studies conducted 20 interviews with community leaders across Grand Isle and Franklin counties in February and March of 2022. These interviews are valuable because community members actively engaged in work are able to provide insights on local assets, pressing health needs, and structural barriers to health and wellbeing. Interviews were conducted remotely, and all interviews were recorded and transcribed for analysis.

To identify participants for interviews, the project team first identified organizations and sectors in the community that spanned the five domains from the *Healthy People 2030 Social Determinants of Health* framework: Economic Stability, Education Access and Quality, Healthcare Access and Quality, Neighborhood & Built Environment, and Social and Community Context. Special emphasis was placed on organizations that worked with populations who were anticipated to be harder to reach during the community survey. Once the organizations were identified, CHNA Steering Committee generated a list of potential interviewees during weekly committee meetings. Steering Committee members reached out via email to recruit participants and connect them to scheduling with the Center for Rural Studies staff. The table below represents the range of community contexts interviewees represented. While interviewees are anonymized in this report, the sectors they represent are included in the table below.

Table 1
Key Informant Interview Participants

	Community Context		*Community Context*
1	Substance Use Disorder	*11*	Health Advocacy
2	Migrant Farmworkers	*12*	Food Access
3	Substance Use Disorder	*13*	Dental Provider
4	Neighborhood Safety	*14*	Health Provider
5	Education	*15*	Residents with Disabilities
6	Education	*16*	Home Health
7	Municipal Government	*17*	Community Health Facility
8	Financial Stability	*18*	Domestic and Sexual Violence
9	Mental Health	*19*	Regional Planning Commission
10	Youth Development	*20*	Single Parent

Interview Process

All interviews took placed remotely using Microsoft Teams. Interviews lasted approximately 25-40 minutes. All interviews were recorded and transcribed verbatim.

Each community leader who participated in an interview was asked the same series of questions:

1. *What assets support a healthy life in Franklin and Grand Isle counties?*
2. *From your perspective, what are the top three most pressing health needs in the community?*
3. *How has the COVID-19 pandemic impacted health and wellbeing in this community?*
4. *If you could make one change to improve the health and wellbeing of the community, what would it be?*

Assets

When asked about assets in the community, many participants responded that recreation opportunities and the outdoors were a strength of Grand Isle and Franklin Counties. These outdoor opportunities were especially helpful during the pandemic restrictions. In addition to recreation, community leaders talked about a desire to work together and coordinate initiatives within the community, citing strengths such as "strong community partnerships," "capacity building," "stakeholders who are invested in health and wellness," and "strong community initiatives." These assets and the motivation of the local community build a strong foundation to grow new initiatives.

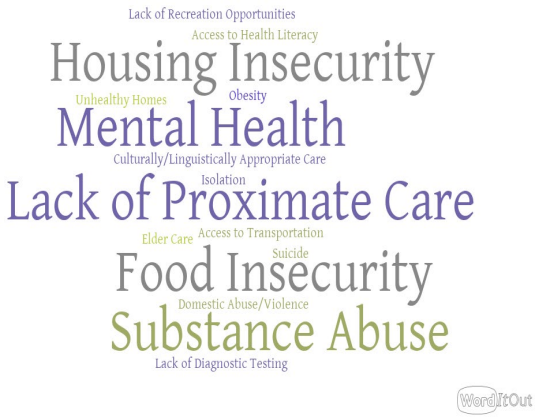
Challenges

Interviewees discussed a number of challenges that impact Grand Isle and Franklin county residents' ability to achieve health and wellbeing. All of their responses and are included in the word cloud in this section. The bulleted list represents the top five challenges, in an unranked order.

- Food Insecurity
- Housing Insecurity
- Lack of Proximate Care
- Mental Health
- Substance Use Disorder

Figure 2

All challenges mentioned by KII participants



Understanding who is most impacted by challenge
initiatives to address these challenges. Many group
including younger and older adults, BIPOC residents, single parent households, migrant workers, LGBTQIA+, and individuals with disabilities, language barriers, low health literacy, or fear of medical professionals. The top five groups experiencing disproportionate challenges to achieving health, again unranked, are listed below.

- BIPOC residents
- Individuals lacking transportation
- Low to moderate income households
- Isolated individuals
- Young Adults

Impacts of Covid-19

Community leaders were asked to speak to the impacts of the Covid-19 pandemic on assets and challenges in the communities of Franklin and Grand Isle counties. Leaders spoke of exacerbated mental health issues, strained resources, and increased difficulties accessing services. Many vital programs such as meal services or after school programs had to shut down due to staffing issues or pandemic restrictions.

What is one change you would make for a healthier community?

Participants concluded the interviews with the task of choosing one thing to change in the community to improve the health and wellbeing of the residents of Grand Isle and Franklin Counties. Below is a summary of responses, which speak to and strengthen narratives around the emerging health challenges in the community:

- Increased transportation (3)
- Make healthier food more available and affordable
- Affordable Mental Health Services (3)
- Community consensus on what “healthy” means
- Higher paying jobs
- Continuity of care (2)
- Increasing access to primary and specialty care (3)
- Stable housing
- Understanding of root causes of poor health outcomes
- Dental education
- Increased addiction/mental health counseling
- Immigration reform
- Increased recreation opportunities

2022 Northwestern Medical Center CHNA
Focus Group Discussion Guide
Prepared by the UVM Center for Rural Studies

Introduction

My name is _____ and I am a Research Specialist with the Center for Rural Studies at the University of Vermont.

My team member is _____ and will be providing notetaking and timekeeping support.

Our team is working with the Northwestern Medical Center as part of their 2022 Community Health Needs Assessment process. This work is focused on identifying community health and wellbeing priorities for Franklin and Grand Isle counties for the next three years. Your unique perspectives are important to this work.

- Are there any questions about the Community Health Needs Assessment or the Center for Rural Studies before we get started?

Okay, thank you. Now we have a few guidelines to review for this discussion:

- Please speak only for yourself and speak one at a time. Please wait for each person to finish their thought before speaking. You can use the "raise hand" feature so we know you want to speak next.
- It's important that we hear from everyone, so we will try to go around the group with each question we ask.
- We may occasionally call on folks to make sure everyone has an opportunity to share their perspectives.
- This session is being recorded to support our notetaking; the recording will not be shared with anyone beyond our team but will be used to prepare a summary report of findings. We will not directly identify anyone from this meeting in our reports.
- We ask that everyone respect each other's contributions during this conversation.
- Are there any questions about these guidelines?

Since not everyone may be familiar with MS Teams, I'd like to go over some of the basic features:

There is a menu bar at the top of your Teams screen.

- The icon with the hand and smiley face can be used to "raise your hand" if you have a comment or question. Please feel free to try out the hand raising now.
- If you need to go off camera due to poor internet quality or for any other reason, click on the video camera icon.
- You can also mute and unmute yourself using the microphone icon.

Are there any questions right now about the Teams features? If you have questions during the meeting, feel free to raise your hand and we will address it.

Now let's take a few moments for introductions. We want to make sure we know a little about each of you.

Please share with us your name and a spring activity you are looking forward to.

Thank you. And now we'll get started with the questions for this focus group:

We're going to ask you questions about your community. By "community" we mean, the towns or cities where you live, work, or play in Franklin or Grand Isle counties.

Does anyone have any questions or concerns before we get started?

1. What supports your (overall) health and wellbeing in this community?
    a. This could be related to a number of things – mental health, physical health, social connectivity, community activities, education

2. What (specific) resources (programs, services, people) help to support your health in your community?
    a. Why are these working?
    b. How could they be improved?
    c. What are barriers to accessing these resources?

3. What challenges do you face in having good health? What makes it difficult to maintain or improve your health?
    a. What other resources could address these challenges to your health?

4. If you had a magic wand, what would you change to improve health in your community?

5. Is there anything else you'd like to share?

Focus Group Summary:

Overview of Data Collection:

Eight focus groups were collected with as part of the 2022 CHNA. Focus group sessions are a useful way for community members to share their personal experiences and perspectives about their health and wellbeing in the community. The Steering Committee helped to select, identify and recruit the eight groups of community members (54 total participants) to complete focus groups. These include:

- Abenaki Youth
- Active Military
- Active Seniors
- Volunteers for Services of Older Adults
- Residents who are Food Insecure
- Residents who are Housing Insecure
- Adults in Recovery
- LGBTQIA+ Youth

Focus groups were conducted virtually and in person and lasted approximately one hour. Each discussion was led by a researcher from the Center for Rural Studies (CRS) and notes were taken by a CRS staff or a project team member.

Five questions were asked during the focus group:

1. What supports your overall health and wellbeing in this community?
2. What specific resources (programs, services, people) help support your health in your community?
3. What challenges do you face in having good health? What makes it difficult to maintain or improve your health?
4. If you had a magic want, what would you change to improve health in your community?
5. Is there anything else you would like to share?

Assets:

The figure below shows all categories of answers that were provided when asked what supports overall health in the community. Specific community organizations mentioned are included in the appendix of this summery.

Figure 1

World Cloud of Assets in the Community

Recreation and Community Engagement as Key Assets:

Recreation opportunities and **community engagement** were the most prominently talked about assets in the focus groups. Participants enjoyed the recreation opportunities in Franklin and Grand Isle county and felt that they positively contributed to their health and well-being, and that their impact could be even greater with more indoor and low-cost options for winter activities.

The events, organizations, and people in the local community also provided a lot of support for focus group participants. Maintaining connection with participants' friends, families, and social networks was critical to their wellbeing, and local community gathering spaces and events help to bridge and strengthen these connections. Older adults reported that these could be even further improved with more opportunities to engage with younger residents in the community, and other focus group participants reported that it would be beneficial to increase communication and awareness about upcoming local events.

Specific examples for each of these assets from focus groups is included below.

Recreation:

- Walking around town
- Running
- Four wheeling
- Hunting and fishing
- Biking

- Hard'Ack
- Gym and fitness community
- Community recreation fields
- Hiking

Community Engagement:

- Volunteering for local organizations
- Library events and book clubs
- Bands in the park
- Farmers Market
- Youth Centers
- Playing games with friends
- Local churches

Challenges:

Participants also had a lot to share about challenges they face in achieving good health, and what barriers might inhibit an individual from being able to access resources that benefit their health. The figure below shows all categories of answers that were provided.

Figure 2

World Cloud of Challenges in the Community

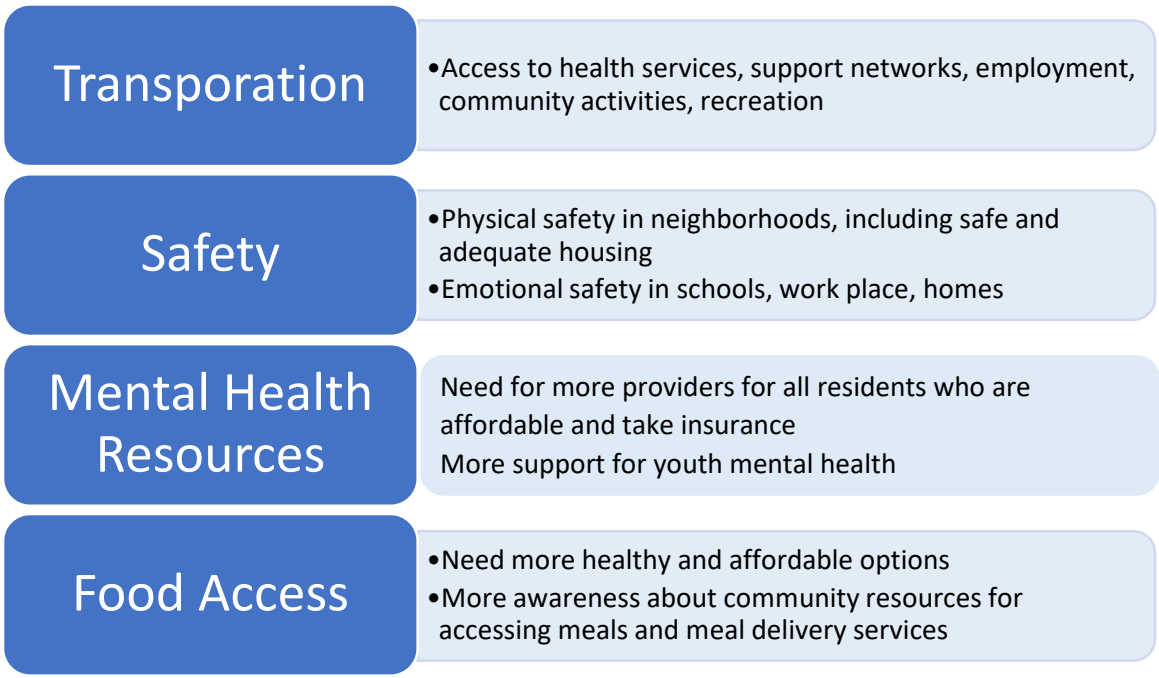
Overview of Emerging Challenges

In general, challenges were much more varied than assets. Every population group faced their own personal health challenges, but many overlapped as well. In particular, a lack of transportation options, need for mental health support, and food insecurity were challenges

that transcended most or all focus groups. A lack of transportation is a barrier to accessing a number of other assets known to support health, such as employment, health care, community engagement, recreation, and family. In addition, a lack of safety was noted in many focus groups, which involves participants feeling physically or emotionally unsafe, or unable to access safe housing opportunities.

Figure 3

Emergent Needs Across Focus Groups



Transportation: Transportation was discussed during all focus groups as a significant to challenge to health and wellbeing in Franklin and Grand Isle Counties. Transportation was heard to inhibit access to healthcare, social support, and to recreation opportunities. Below are some examples of transportation challenges for focus groups:

- Inability to access
    - In-person therapy
    - Safe spaces such as youth centers recovery centers
    - Prescription medications
    - Employment
    - Family (particularly for individuals placed in emergency housing far from their home communities)
    - Provider specialists who are only in St. Albans or Burlington
    - Community Activities
    - New, more stable housing

Safety in the Community: The issue of safety in the community came up in multiple ways, ranging from a lack of physical safety to a lack of supportive family, friends, and school staff to make youth feel mentally and emotionally safe. Examples provided in the focus group include:

- Streets in their neighborhood don't feel safe to walk alone on
- Youth witness drug use and drug paraphernalia left on the streets on their communities
- Sidewalks not well maintained
- Students don't feel safe in schools, with one reporting they feel "stress as soon as they walk in"
    - Increased police presence causes anxiety
    - Don't feel respected by teachers
    - Reports of sexual assault are not taken seriously
    - Mental health concerns are not taken seriously
    - Lack of education about SOGI leads to bullying and loss of friendships in schools
- Older adults aren't able to get the in-home support they need because it is very hard to be eligible for home health care and you have to truly be "home-bound"
- Many LGBTQIA+ youth have parents and families who do not accept their identities

Inadequate Housing Options as Contributor to Lack of Safety

- Lack of affordable housing is an issue in the community
- Youth report they have friends who stay in unsafe housing situations because of a lack of other options
- Improving housing is a difficult task in the community because many neighborhoods are not safe

Need More Mental Health Support**:** Many focus groups discussed a need for more mental heath support. Participants had difficulty accessing counselors in their network who had availability. Specific challenges mentioned were:

- Active military not able to find providers who take tri-care
- Youth report their mental health concerns aren't being heard in schools and at home
- Long wait lists for mental health providers
- Cost of mental health care
- School environments negatively impacting mental health
- Prevalence of alcohol and drugs a challenge for adults in recovery

Access to Healthy and Affordable Food: Focus group participants had a range of perspectives to share about food in the community. Most notably, participants expressed a desire for more affordable ways to access healthy food in their community, difficulty accessing food due to snow in the winter of a lack of transportation, and a lack of food options in the community. Specific focus group comments include:

- Youth want more knowledge on how to be healthy on a budget, including accessing and cooking the food
- There are meal services available, but many don't know about them or come community members don't want to utilize them because of social stigma

- Some critical meal services, such as a weekly meal at a local Methodist Church, shut down during covid
- Money provisioned for food stamps is not enough to buy healthy food
- Lack of transportation inhibits access to a grocery store and regular grocery shopping
- Lack of restaurant and bakery options

What is one change you would make for a healthier community?

Like the key informant interviews, focus group participants were asked the question of what they would change in the community to improve health and wellbeing. The following is a list of major themes that emerged. The numbers at the end of the change represents their discussion in multiple focus groups.

Change safety protocols and increase student comfort in school
Increase mental health resources (3)
Build Community (4)
Sexual Violence Prevention
Drug Prevention (2)
Increase Opportunities
Invest in Infrastructure
Expand Social Support (3)
Increase affordability (2)
Basic Needs Met (3)
Build Community Care (2)
Simplify Processes
Lessen Use of Electronics
Increase recreation (2)
Increase affordable housing/ youth shelter
More progressive community
Expand health care access (2)
Eliminate food insecurity (2)
Build empathy
Increase LGBTQIA programming

Appendix: Specifically Mentioned Organizations

The following is a list of organizations or community spaces that were mentions when participants "what specific resources in the community help support your health?"

Upward Bound	Governor's Institute of Vermont	Crossroads
NCSS	Public Libraries	Farmers' Market
Maple Festival	Notch	NMC
Churches	Meals on Wheels	Everyone Eats
UVM	Howard Center	Martha's Kitchen

Medicaid Nurse	Gym	Community Pool
NMC Satellite PT	Home Health	Osher Lifelong Learning Institute (OLLI)
Rise VT	Cares	Green Mountain Transit
Spectrum	Working Fields	Age Well
Care Partners	Alcoholics Anonymous	Narcotics Anonymous
Refuge Recovery	Moms in Recovery	Restorative Justice Center
Northwest Family Foods	Volunteer Income Tax Assistance (VITA)	Community Health Centers
Planned Parenthood	Facebook	The National Center for Construction Education and Research (NCCER)
The Tech Center	Planned Parenthood	Community Health Centers