

2021 Community Health Needs Assessment



Table of Contents

Introduction	3
About Grace Cottage	3
Grace Cottage Service Area	4
Executive Summary	5
Significant Community Health Needs Identified by the CHNA Survey	5
Priorities Established by Grace Cottage Leadership	5
Thank You to Our Partners	7
How Data was Obtained	7
Sources of Data	7
Process for Consulting with Persons Representing the Community’s Interests	7
Limitations and Information Gaps.....	8
Windham County Demographics	9
Population Data.....	9
Has COVID-19 Caused a Population Boom?	10
Windham County’s Aging Population.....	11
Windham County Employment	12
Windham County’s Median Household Income	13
Poverty in Windham County	13
Windham County Median Household Income: Town-by-Town Chart.....	14
Windham County Poverty: Town-by-Town Chart	15
Poverty’s Impact on Health and Food Insecurity	16
Healthcare Access	19
Healthcare Equity	19
Useful Terms for Understanding Healthcare Equity	20
Access and Insurance	21
Access and Availability of Providers	23
Access: Geography and Transportation	25
Windham County Population Health	26
“Social Determinants of Health”	26
Windham County Behavioral Risk Assessments.....	27
Windham County’s Four Most Common Chronic Diseases	28
Cancers	28
Cancer Screening Tests.....	29
Windham County Cancer Screening Rates.....	30

Diabetes.....	32
Cardiovascular Disease (Heart Disease)	34
Lung Health & Respiratory Disease	36
Asthma	36
Chronic Obstructive Pulmonary Disease (COPD)	37
Lung Disease.....	38
Windham County: Mental Health	40
Anxiety Disorder	41
Depression.....	41
Suicide	43
Windham County Substance Use Disorders.....	45
Alcohol Use.....	45
Cigarettes & Tobacco	47
E-Cigarettes & Vaping.....	47
Marijuana (Cannabis)	48
Opioids.....	50
Windham County: Lifestyle Choices & Health	51
Obesity & Overweight	51
Nutrition & Exercise	52
Disease Prevention: Vaccinations	55
Vermont’s Children: School-Age Vaccination Rates.....	55
Windham County Children: School-Age Vaccination Rates	55
Adolescents & Young Adults: HPV Vaccines.....	56
Flu Vaccines	56
Pneumonia Vaccines	57
COVID-19 Response 2020-2021	58
Testing, Vaccination, and Other Efforts by the Vermont Department of Health, Brattleboro Memorial Hospital, the Brattleboro Retreat, Grace Cottage Family Health & Hospital, Rescue Inc., and the NAACP Health Justice Committee	
CHNA Survey Responses.....	65
Appendix	79
Sample CHNA Survey.....	80
Outreach to the Potentially Under-Served by Windham County Social Service Organizations.....	84
CHNA Committee Members and Contact Information	85

Introduction

This report presents the findings of a comprehensive 2021 Community Health Needs Assessment (CHNA) for residents of Windham County and surrounding towns within the Grace Cottage Family Health & Hospital service area. It identifies significant health needs (SHNs) in our community and establishes priorities that the Grace Cottage Medical Executive Team and the Leadership Team has chosen based on an analysis of the findings. An Implementation Plan will be developed in the coming months to address the established priorities.

Grace Cottage first began conducting assessments of the healthcare needs of the community in 2004. As in 2012, 2015, and 2018, Grace Cottage conducted its 2021 Community Health Needs Assessment in partnership with the two other Windham County hospitals, Brattleboro Memorial Hospital and the Brattleboro Retreat. The Vermont Department of Health – Brattleboro Office actively assisted in this project.

While the population health data and resident survey results compiled in this report were prepared in collaboration with the institutions listed above, each of the three hospitals has established its own priorities and implementation strategies. The CHNA findings presented herein provide the most recent, comprehensive data regarding the healthcare issues, conditions and concerns of Windham County residents. The data is available to local health and human services organizations and to the public at large.

This 2021 CHNA complies with IRS Regulations promulgated under the Patient Protection and Affordable Care Act. By law, it is required to be conducted every three years.

This report was approved by the Grace Cottage Board of Trustees at their July 16, 2021, meeting. The associated CHNA Implementation Plan was presented to the Board for approval at their November 19, 2021, meeting. The Report is available to the public on the Grace Cottage website, gracecottage.org.

About Grace Cottage

Grace Cottage Family Health & Hospital is an independent, non-profit healthcare facility located in Townshend, VT.

Grace Cottage Family Health is a Federally-certified Rural Health Clinic. Its nine practitioners provide primary care, pediatrics, geriatrics, and mental health services to more than 7,000 individual patients annually. The Community Health Team at Grace Cottage Family Health works closely with the medical providers and includes an RN Care Coordinator, an RN Diabetes Educator, and a Health Resource Advocate.

Grace Cottage Hospital is a 19-bed inpatient facility for acute and rehabilitative care. It is equipped with a 24-hour emergency department for critical care treatment, a hospice suite, and rehabilitation, laboratory and diagnostic imaging departments. Patients benefit from our hospitalist program whereby doctors serve in weekly rotations on a full-time basis, overseeing patients' care and communicating with patient and family members on matters such as lab results, changes in medication, discharge needs, and more. Outpatient rehabilitation, lab tests, and diagnostic imaging services are open to members of the public with a written doctor's order.

The Grace Cottage Hospital Community Wellness Center offers a variety of free and low-cost classes and support groups for the public (discontinued during the 2020-21 COVID-19 pandemic).

In 2017 and again in 2018, Grace Cottage was recognized as a Top 20 Critical Access Hospital in the USA for Patient Satisfaction by the National Rural Health Association. In 2021, Grace Cottage was certified as an "Age-Friendly Health System" by the Institute for Healthcare Improvement for its excellence in caring for older patients.

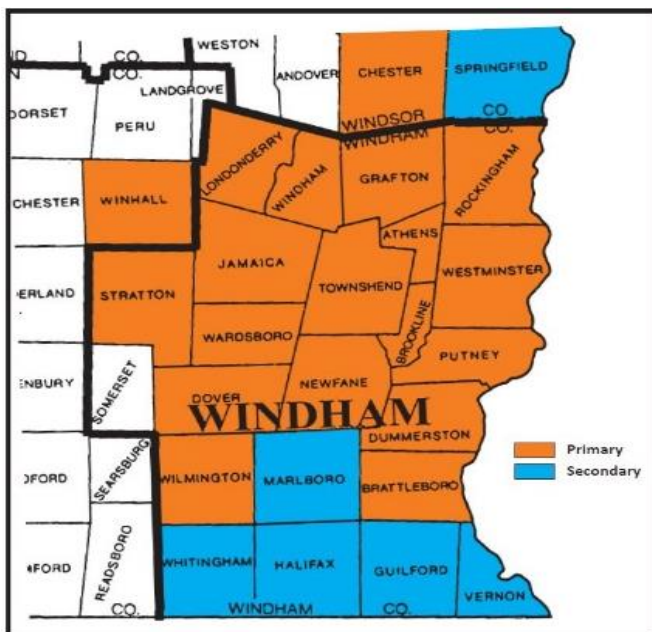
Grace Cottage Service Area¹

Grace Cottage Family Health & Hospital is located on Grafton Road (Route 35) in Townshend, VT. Townshend is in the geographic center of Windham County, which is located in the southeastern corner of the state, bordered by New Hampshire and Massachusetts.

Grace Cottage identified its Primary and Secondary Service Areas by reviewing the towns of residence of our patients, and by considering the proximity of towns to Townshend. On the chart to the right, towns and affiliated villages are listed in order, based on the percentage of patients coming from each town.

The map below shows towns highlighted as primary or secondary service areas. The vast majority of our patients are Windham County residents. Therefore, for the sake of continuity, and in order to share our findings with our CHNA partners most effectively, we decided to report on the health needs of all Windham County residents. On the following pages, the demographic, economic and population health data represents the Windham County population.

The results of our Community Health Needs Assessment survey, conducted in conjunction with our Brattleboro-based partners, reflect the entire group of 2,194 people who completed the survey; the vast majority of these are Windham County residents.



Grace Cottage Unique Patients 2020-21	
<i>Numbers represent the total # of unique patients with at least one encounter in any GC dept. Feb. 2020 thru Jan. 2021</i>	
Grand Total	100.0%
	% of Total Patients
PRIMARY SERVICE AREA	82.4%
Brattleboro	13.7%
Townshend/W Townshend	13.5%
Newfane/S Newfane	12.5%
Wardsboro/W Wardsboro	6.3%
Jamaica	5.7%
Rockingham/Saxtons River/Bellows Falls	4.4%
Putney	4.4%
E Dover/W Dover	4.0%
Londonderry/S Londonderry	3.8%
Chester	3.7%
Grafton/Cambridgeport	3.6%
Winhall/Bondville	2.4%
Wilmington	1.7%
Dummerston/W Dumm/E Dumm	0.7%
Westminster	0.6%
Brookline	0.5%
Athens	0.4%
Stratton	0.1%
Windham	0.1%
SECONDARY SERVICE AREA	3.5%
Vernon	1.2%
Springfield/N Springfield	0.9%
Whitingham/Jacksonville	0.5%
Marlboro	0.4%
Guilford	0.2%
Halifax	0.1%
BEYOND	14.2%
Hinsdale, NH	0.6%
Manchester	0.5%
Weston	0.3%
Chesterfield, NH	0.3%
Keene, NH	0.3%
Walpole, NH	0.2%
Bennington	0.2%
OTHER (0.1% or less):	11.8%

Executive Summary

On June 9, 2021, the Grace Cottage Senior Leadership Team, together with the Medical Executive Committee, reviewed and discussed the statistical demographic information that appears on the following pages of this report, comparing it to their clinical experience with patients. They also reviewed the results of the 2021 Community Health Needs Assessment survey, especially the top ten health concerns of the community, as follows:

Significant Community Health Needs Identified by the CHNA Survey

Health Issues & Conditions:

- Arthritis
- Basic Needs (housing, food access, income)
- Cancer (all kinds)
- Healthy Aging
- High Blood Pressure (hypertension)
- Mental Health (anxiety, depression, stress, etc.)
- Physical Fitness
- Social isolation
- Substance Use/Abuse
- Weight Management/Obesity

Barriers To Achieving Good Health:

- Financial Constraints
- Shame (cited as top barrier to seeking help for addiction)
- Time Constraints (many respondents said they are “too busy” to exercise)
- Transportation Limitations

Priorities Established by Grace Cottage Leadership

At the June 9, 2021 meeting, the group ranked the significant community health issues and conditions listed above, establishing the priorities that Grace Cottage will address over the next three years.

Criteria used to prioritize the identified significant health needs included:

- The importance placed by the community on the need
- The severity or urgency of the Significant Health Needs (SHN)
- Alignment with Grace Cottage’s strengths and established priorities
- The ability of Grace Cottage to impact the SHN within a reasonable timeframe
- The feasibility and effectiveness of possible intervention
- The ability to measure outcomes
- The availability of other resources to address the SHN
- The financial resources and human resources required
- Health disparities associated with the need (e.g. race/ethnicity, gender)
- Whether addressing this SHN will have a positive impact on other identified SHNs

¹ Notes for Service Area chart, p.2: %s rounded to nearest tenth of a percent. * Town of patient's mailing address. Population Data Sources: VT: healthvermont.gov/sites/default/files/documents/xls/HS-STAT-Population-of-Vermont-towns-1930-2019.xls; NH: nh.gov/osi/data-center/documents/population-estimates-2019.csv; NYC: census.gov/quickfacts/fact/table/newyorkcitynewyork,NY/PST045219

The chart below shows Grace Cottage’s ranked priorities, which will be the focus of services for the next three years. Grace Cottage’s CHNA Implementation Plan will provide details of how these priorities will be addressed.

Level 1 Priorities:
<ul style="list-style-type: none"> • Mental Health Issues (anxiety, depression, social isolation, stress)
<ul style="list-style-type: none"> • Substance Abuse
<ul style="list-style-type: none"> • Nutritional Fitness/Diabetes
Level 2 Priorities:
<ul style="list-style-type: none"> • Healthy Aging
<ul style="list-style-type: none"> • High Blood Pressure (Hypertension)
<ul style="list-style-type: none"> • Cancer (especially Colon Cancer)
Level 3 Priorities:
<ul style="list-style-type: none"> • Arthritis
<ul style="list-style-type: none"> • Basic Needs (housing, food access, income)
<ul style="list-style-type: none"> • Physical Fitness

In November of 2021, the Grace Cottage Leadership Team will present an Implementation Plan to the Hospital Board of Trustees to address Level 1 and Level 2 Priorities noted above. Over the next three years, we will report annually on our progress with these issues. The Implementation Plan and the annual update will be posted on our website.

We will not prepare formal strategies for tackling the Level 3 Priorities listed above for the following reasons:

- Grace Cottage’s Outpatient Rehabilitative Services already provides physical and occupational therapy for those dealing with arthritis. This will continue, and we do not plan to add other arthritis programs.
- Grace Cottage’s Community Health Team members (RN Care Coordinator and Resource Advocate) provide information and help patients access basic needs assistance programs. Grace Cottage Family Health & Hospital also hosts and provides volunteers for a monthly VeggieVanGo free food distribution organized by the Vermont Foodbank. In addition, Grace Cottage offers free- and reduced-fee care for those who qualify, thus helping to reduce the burden of healthcare costs for those most in need. These efforts will continue, but Grace Cottage does not have the financial or staff capacity to add new assistance programs.
- Grace Cottage’s Community Wellness Center suspended its yoga, Strong Bones, and other fitness classes during the COVID-19 pandemic, but we expect to resume these classes as soon as it is safe to do so. Additional classes may be offered over the next three years, but no major program expansion is anticipated.

We will address all community health needs, and every individual’s unique health needs, within the context of our mission and clinical strengths and will work hard to achieve significant positive results.

Thank You to Our Partners

We would like to thank our partners at Brattleboro Memorial Hospital and the Brattleboro Retreat for working together with us to conduct the Community Health Needs Assessment survey and to report on its findings. In addition, Brattleboro Memorial Hospital staff reached out to local social service organizations for the information that appears at the end of this report. We would also like to thank all of the community partners who provided input into the 2021 Community Health Needs Assessment. In particular, we thank the Vermont Department of Health—Brattleboro District for its generous sharing of statistical data, insight, and support in preparing this report.

How Data Was Obtained

Grace Cottage Family Health & Hospital conducted a collaborative Community Health Needs Assessment in partnership with Brattleboro Memorial Hospital, the Brattleboro Retreat, and the Vermont Department of Health. The Windham County Community Health Needs Assessment (CHNA) Steering Committee formed and began meeting in October 2020. The group met at least monthly over the next ten months.

The data collection process took place from January through June 2021. CHNA surveys were available from mid-March to mid-May 2021. The largest portion of the surveys were completed by residents attending COVID-19 vaccination clinics at Grace Cottage and Brattleboro Memorial Hospital. Windham County social service agencies, including Groundworks Collective, which serves housing-insecure clients, also helped to distribute surveys to their clients. Surveys were also distributed by social media.

Sources of Data

This report consists of four primary sources of information:

- Demographic, geographic, economic, and population health data gathered on Windham County residents from a variety of sources, mostly accessed through the Vermont Department of Health’s online databank
- Community Health Needs Assessment Survey results (See survey in the Appendix)
- Completed questionnaires submitted by social service agencies representing unique populations of Windham County residents (potentially medically underserved populations.)
- Group discussion and clinical experience of Grace Cottage healthcare providers and leadership

Since Grace Cottage did not receive any written comments regarding its 2018 CHNA Report or Implementation Plan, this was not part of the information collected.

Process for Consulting with Persons Representing the Community’s Interests

The 2021 CHNA Steering Committee made significant efforts to assure that the needs and concerns of all segments of the Windham County population were heard, as described in survey efforts above.

Additionally, in the appendix of this report, information is provided from representatives of nine social service agencies and non-profit groups who were asked to identify the needs of the people in the community they serve, their barriers to achieving good health and well-being, and the resources available in the community to address their needs and barriers (see pages 84-94).

Limitations and Information Gaps

The data presented in this report has a few limitations.

First, this report used various secondary sources for information on demographic data, social and economic factors, health behaviors, and health outcomes. These various sources segment by geography in different ways. Some sources use county geography; others are by town. Accordingly, data sources may not be consistent in their geographic scope or reporting period, which limits comparisons. Although the most recent available data was used in this report, the secondary data may be several years old.

Second, the quantitative data collected in the surveys was self-reported. The advantage to self-reported data is that it provides the respondents' own views directly. Thus, the surveys provide respondents' perceptions of themselves and their world. Of course, the main disadvantage of self-reported data is that there is no independent verification of the respondents' answers. Self-reporting may suffer from recall bias, social desirability bias, and errors in self-observation. The survey attempted to correct for social desirability bias by asking questions that deflected the focus away from the respondent (i.e., respondents were first asked which health issues are of most concern to themselves and their family; this was followed by a question about the top health issues of the community).

Third, the consumer survey was not distributed to a random sample. Rather, respondents chose to participate in the survey (whether in hard-copy or online), and thus were a self-selected sample set. This means that one cannot extrapolate statistical conclusions based on the consumer survey results. That said, the consumer survey had very good participation results and was fairly representative of the demographics of the county population.



Grace Cottage Hospital

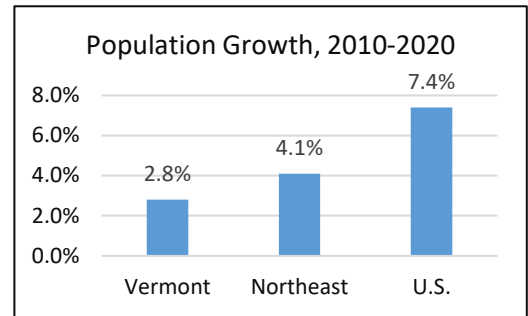
Windham County Demographics

Population Data

Vermont is second only to Wyoming, as the 2nd least populous of the 50 United States.

The concentration of the U.S. population is shifting away from Vermont and the Northeast. The Northeast and Midwest populations are increasing at a much slower pace than the South and the West. During the last decade, the U.S. population grew 7.4% (the lowest growth rate since 1940), while the Northeast’s population grew by only 4.1%, and Vermont’s grew by just 2.8% (an increase of only 17,336).²

The rural nature of Vermont brings challenges as well as benefits. A smaller population means fewer financial resources to support health care. Also, attracting medical providers can be difficult when more lucrative opportunities exist in urban areas. These, plus Vermont’s mountainous geography, can affect health care access.



	Windham County 2019*	Windham County 2017**	Vermont	U.S.
Population	42,222	42,869	623,989	328,239,523
Population Density Per Square Mile (2010)	56.7	56.7	67.9	87.4
Population Change since April 2010	-5.1%	-3.7%	-0.3%	6.3%
Age Under 18	17.6%	18.0%	18.3%	22.3%
Age 18-64	58.5%	60.0%	61.7%	61.2%
Age 65 and Older	23.9%	2.0%	20.0%	16.5%
Race/White Alone	94.7%	93.0%	94.2%	76.3%
Race/Other	5.3%	7.0%	5.8%	23.7%
Female	51.1%	51.0%	50.6%	50.8%
Education High School Graduate (age 25+)	92.4%	91.5%	92.7%	88.0%
Education Bachelor's Degree or Higher (age 25+)	38.1%	35.3%	38.0%	32.1%
Median Household Income (2012-2016)	\$51,985	\$50,917	\$61,973	\$62,843
Per Capita Annual Income (2012-2016)	\$32,535	\$28,923	\$34,577	\$34,103
Persons in Poverty	11.6%	12.7%	10.2%	10.5%
<i>(U.S. Census Quick Facts, July 1, 2019 estimates)</i>				
<i>* 2019 data is being used because 2020 Census data is not yet available. ** 2018 CHNA used 2017 Census data.</i>				

² <https://www.census.gov/data/tables/time-series/dec/popchange-data-text.html>

Has COVID-19 Caused a Population Boom?

During the 2020-2021 pandemic, the *New York Times*, *VTDigger*, *Seven Days*, and the *Burlington Free Press* have all carried stories suggesting that, because of COVID-19, Vermont has been experiencing a population boom. Stories about out-of-staters buying Vermont houses sight unseen abound, and housing shortages are being reported.

While anecdotal evidence supports the theory of a population boom, there is no concrete data to prove this point on a broad basis. *Vermont Public Radio* reporters Peter Hirschfeld and Angela Evancie, responding to a listener's question about the rumor, reported on their podcast "Brave Little State" that, "The data to back that narrative up just doesn't exist. At least, not yet. And trust us when we say we tried pretty hard to find some cold, hard numbers."³

On the other hand, real estate agents report being very busy over the past year. The impact is seen most often in ski towns and their environs. Hirschfeld and Evancie did find that some towns in Windham County have seen a population increase. They said that, "While Vermont lacks the statewide data needed to quantify the volume of in-migration since the pandemic began, in some towns, the COVID boom is real." They cite increased student enrollment in the Windham Central Supervisory Union (serving Windham County towns of Brookline, Dover, Jamaica, Marlboro, Newfane, Stratton, Townshend, Wardsboro, Windham, and Winhall in Bennington County). Dover has an increase of 31 students, and neighboring Wardsboro is up 8 students.⁴

Vermont Business Magazine listed three Windham County towns in the top five for house sales to out-of-state buyers in the past year: Dover was ranked #3, Stratton was 4th, and Wilmington was 5th.⁵

Whether these newcomers will relocate to Vermont permanently, came temporarily during the pandemic, or purchased homes only as vacation properties is unknown.

Population increases or decreases have had and will continue to have an impact on state finances, and thus on funds for health care and other services. According to the Vermont Tax Structure Commission's December 2019 report, Vermont has the dubious distinction of being the only state with the highest employment rate and the slowest population growth in the U.S.⁶



³ <https://www.vpr.org/post/vermont-really-having-covid-boom#stream/0>

⁴ Ibid.

⁵ "Economy Stronger Than Expected," *VT Business Magazine*, May 2021, p. 37.

⁶ <https://ljfo.vermont.gov/assets/Subjects/Commission-Resources/05a742b874/Population-Changes-and-Vermont-State-Revenue-FULL-REPORT.pdf>, p.45

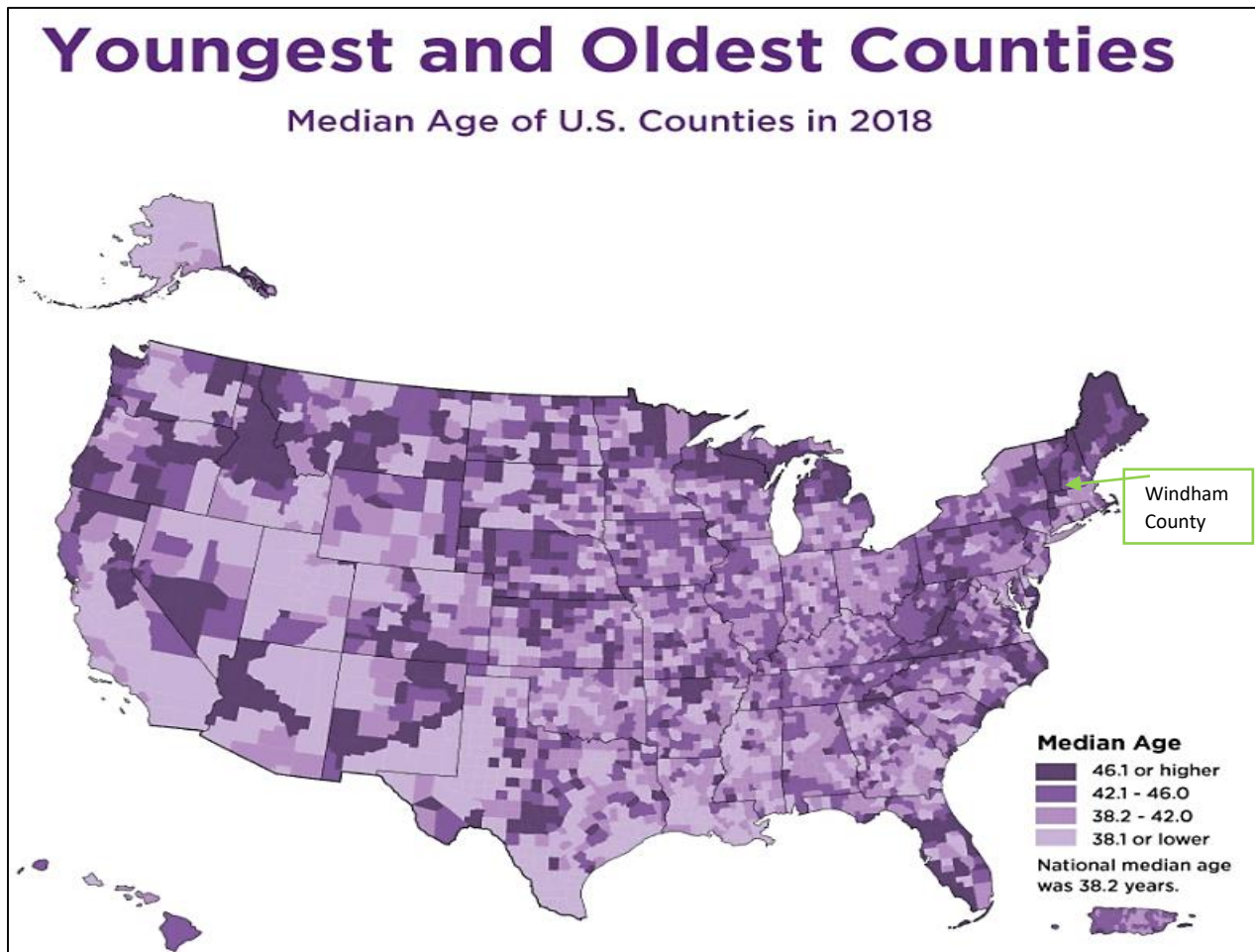
Windham County's Aging Population

For a number of years, Vermont's business and legislative leaders have expressed concern about the rate at which Vermont's population is aging. The 2018 Community Assessment report from the social services organization Southeastern Vermont Community Action stated that, "Vermont's most notable demographic trend is the aging of its population."⁷ Statistics bear that out.

Windham County, VT, ranks in the highest median-age bracket of all U.S. counties (46.1 or higher – see map below).⁸ Among the states, Vermont ranks third, following Maine and New Hampshire, as the state with the highest median age in the country (Maine = 45.0; New Hampshire = 43.1; Vermont = 43.0).⁹

At the time of the 2010 U.S. Census, 14.6% of Vermont's population was age 65+, and Windham County's was 22%. The 2019 U.S. Census's American Community Survey showed Vermont at 20% (an increase of 5.4%) and Windham County at 23.9% (a 1.9% increase).¹⁰

As Vermont's population ages, the demands on its health care system also increase.



⁷ https://www.sevca.org/images/pdf/Community_Assessment_2018-with_Attachments.pdf, p. 12

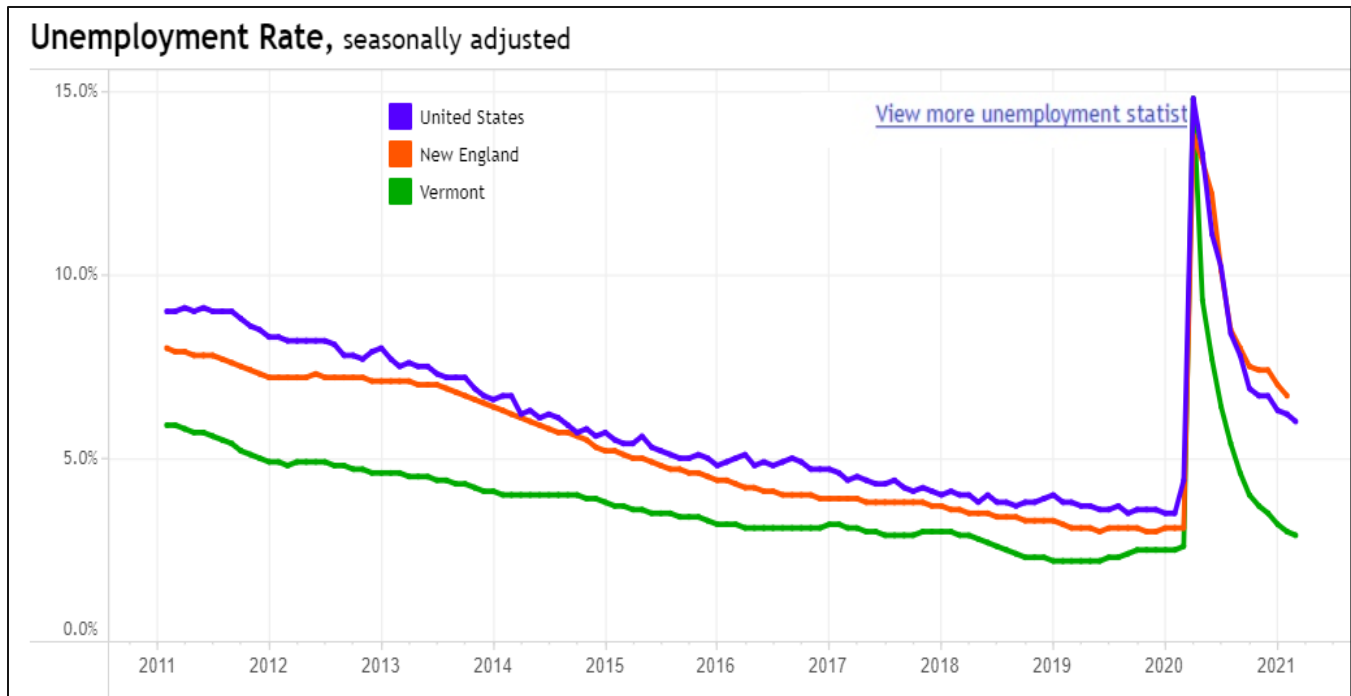
⁸ <https://www.census.gov/library/visualizations/2018/comm/youngest-oldest-counties.html>

⁹ http://www.statsamerica.org/sip/rank_list.aspx?rank_label=pop46&ct=S09

¹⁰ <https://data.census.gov/cedsci/table?q=2010%20vermont&tid=ACST1Y2010.S0101;>

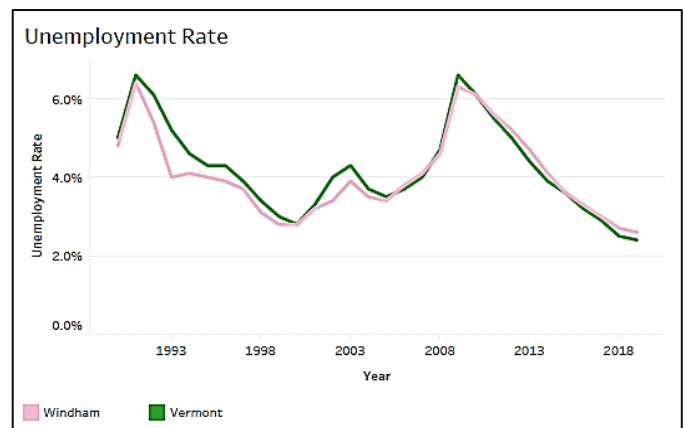
Windham County Employment

The effects of the COVID-19 pandemic on Vermont’s unemployment rate are obvious in this chart provided by the Vermont Department of Labor. Has there ever been such a sudden and dramatic increase in unemployment? It’s hard to imagine. During the Depression era, Vermont workers were much more likely to have been farmers, and thus less affected by the country’s economic crisis. By contrast, today’s pandemic has affected thousands of workers across the state, as well as across the New England Region and the country as a whole.



Vermont’s and Windham County’s unemployment rates have fluctuated over time, but not as drastically as during the COVID-19 pandemic. This Department of Labor (DOL) chart shows that the economic downturn of 2008 also affected unemployment noticeably. There was a previous sharp rise in the mid-1990s.¹¹

In 2019 Windham County had a labor force of 21,977, the sixth largest of Vermont’s 14 counties.¹² Just before the pandemic, Vermont’s unemployment rate was the lowest in almost four decades. In 2019, the statewide unemployment rate was 2.4%, the lowest annual rate since 1976. Vermont’s average workforce numbered 342,226 people. By contrast, in April 2021, the DOL reported that almost 10% of that workforce, a total of 33,818 Vermonters, were filing for unemployment.¹³



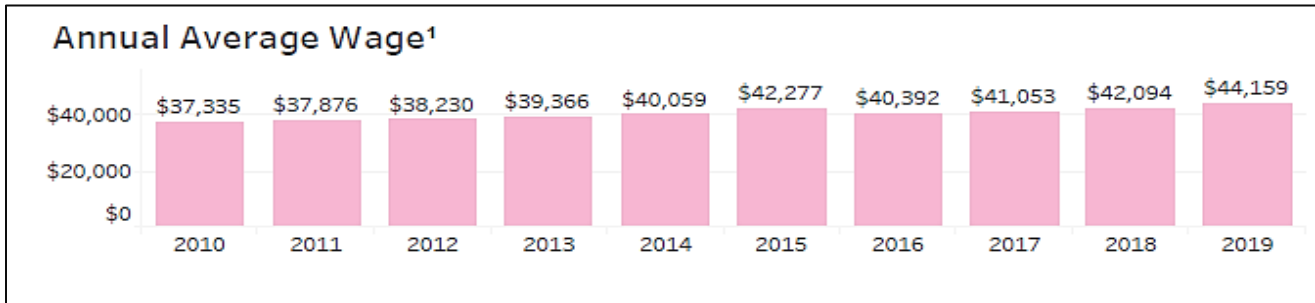
¹¹ <http://www.vtlmi.info/profile2020.pdf>, p. 112.

¹² <http://www.vtlmi.info/profile2020.pdf>, p. 110

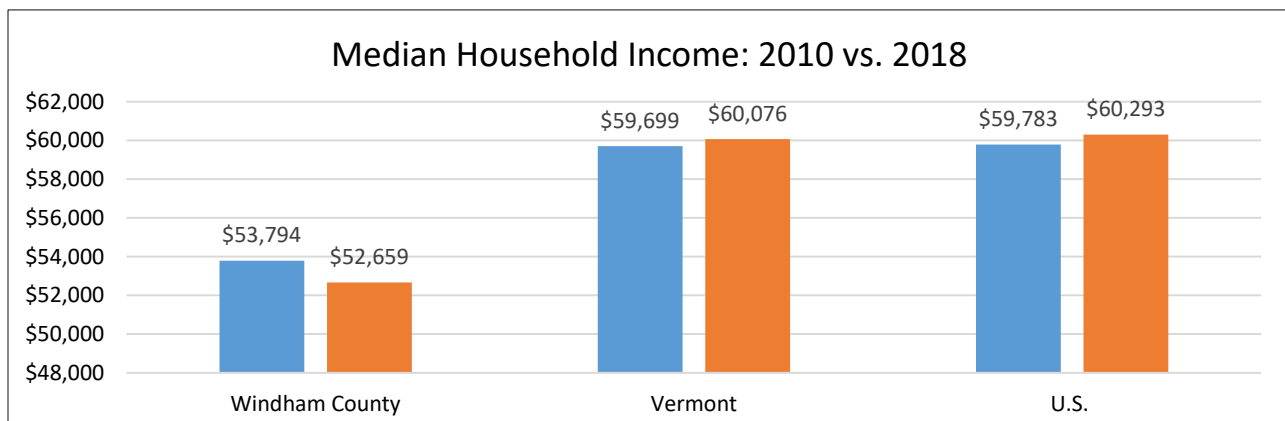
¹³ <http://www.vtlmi.info/>

Windham County's Median Household Income

Windham County's average annual wage (adjusted for inflation) has not increased much over the past decade.¹⁴



In fact, when adjusted for inflation and compared to the state and the U.S. as a whole, Windham County's median household income has decreased by almost \$1,000 since 2010, while Vermont's and the nation's median household incomes have increased slightly.¹⁵



Median household incomes for individual Windham County towns are shown on page 6 of this report.

Poverty in Windham County

The Federal Poverty Level (FPL) is a measure of income issued every year by the U.S. Department of Health and Human Services. FPLs are used to determine eligibility for federal programs and benefits, including health insurance. For 2021, the FPL income numbers are: \$12,760 for individuals (up slightly from \$12,140 in 2018); \$17,240 for a family of 2 (\$16,460 in 2018); \$21,720 for a family of 3 (\$20,780); \$26,200 for a family of 4 (\$25,100). Families at or below these numbers are considered to be living in poverty. Families with incomes up to 250% of the FPL are considered low-income.¹⁶

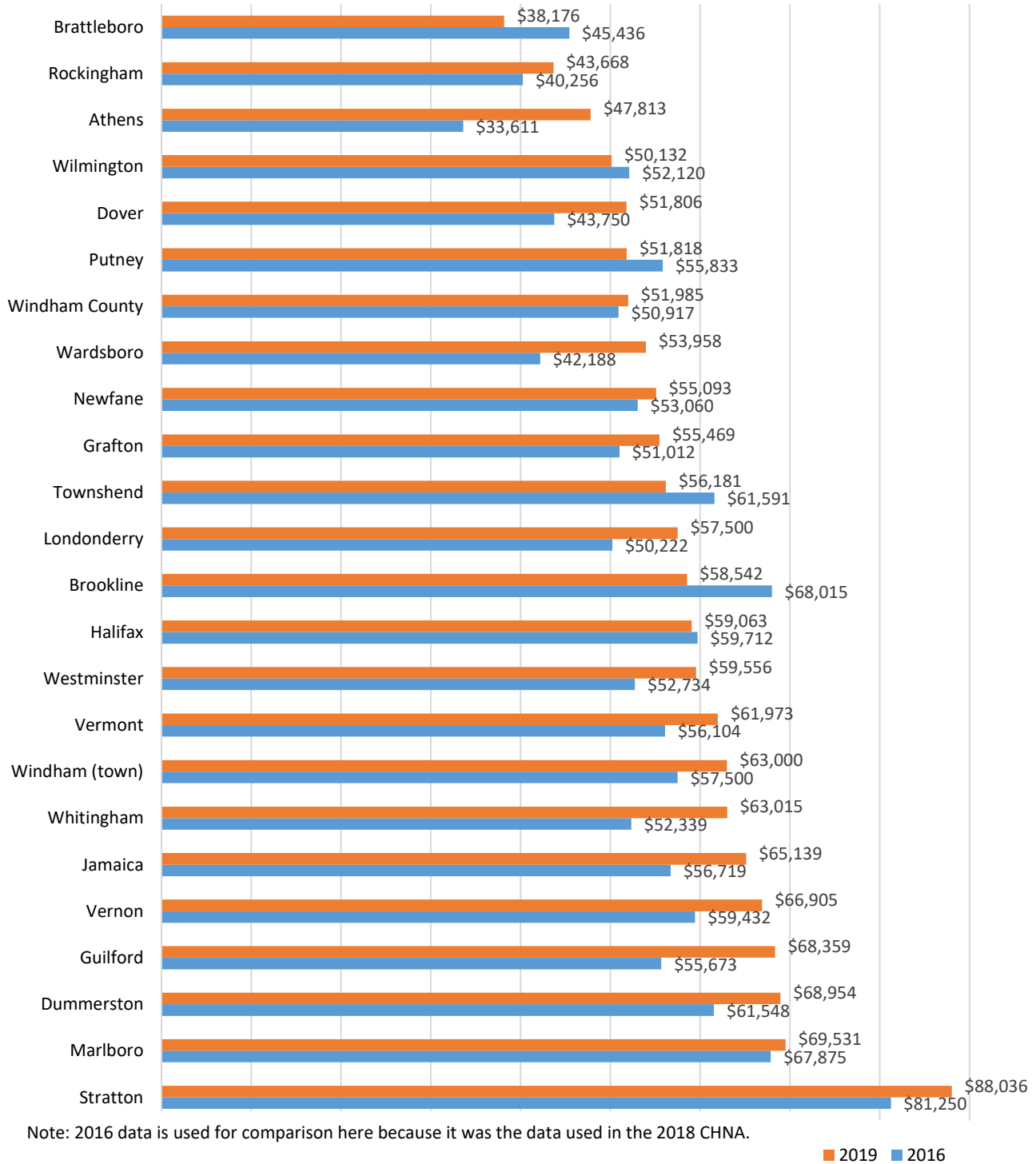
The percentage of Windham County's residents who live below the federal poverty level varies widely across the towns within the county, and the percentage itself hides those within a town who struggle with poverty despite a seemingly low poverty rate town-wide. Some Windham County towns have seen noticeable shifts since the 2018 CHNA. Poverty rates for individual Windham County towns and shown on page 7.

¹⁴ <http://www.vtmi.info/profile2020.pdf>

¹⁵ Ibid.

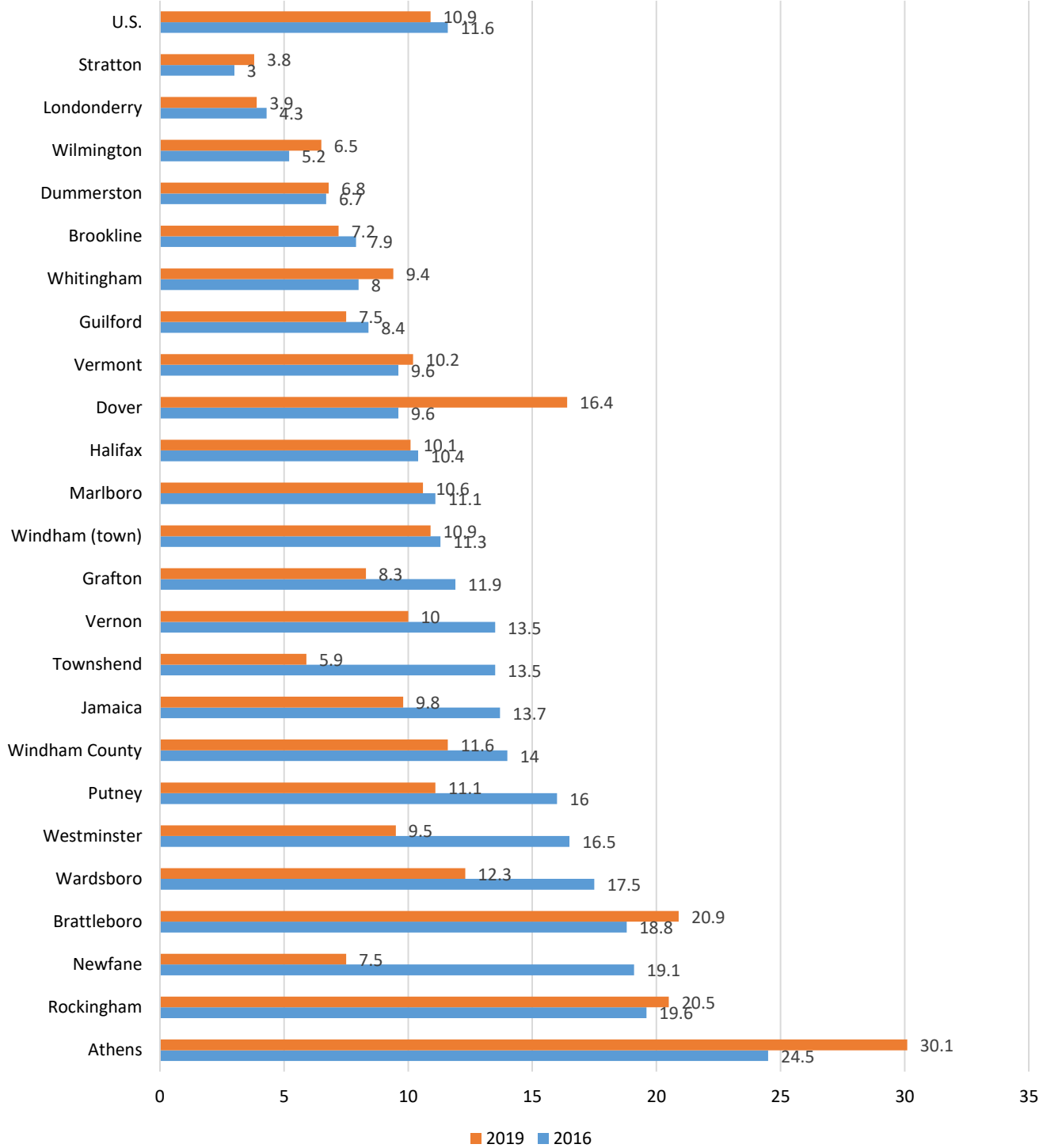
¹⁶ <https://aspe.hhs.gov/2020-poverty-guidelines>

Windham County Median Household Incomes 2016 vs. 2019



¹⁷ <https://data.census.gov/cedsci/table?g=0400000US50&d=ACS%205-Year%20Estimates%20Data%20Profiles&tid=ACSDP5Y2016.DP03>;
<https://data.census.gov/cedsci/table?g=0400000US50&d=ACS%205-Year%20Estimates%20Data%20Profiles&tid=ACSDP5Y2019.DP03>;
<https://data.census.gov/cedsci/table?t=Income%20and%20Poverty&g=0500000US50025.060000&tid=ACSST5Y2019.S1901>

Windham County Towns: % Below Fed. Poverty Level: 2016 vs. 2019



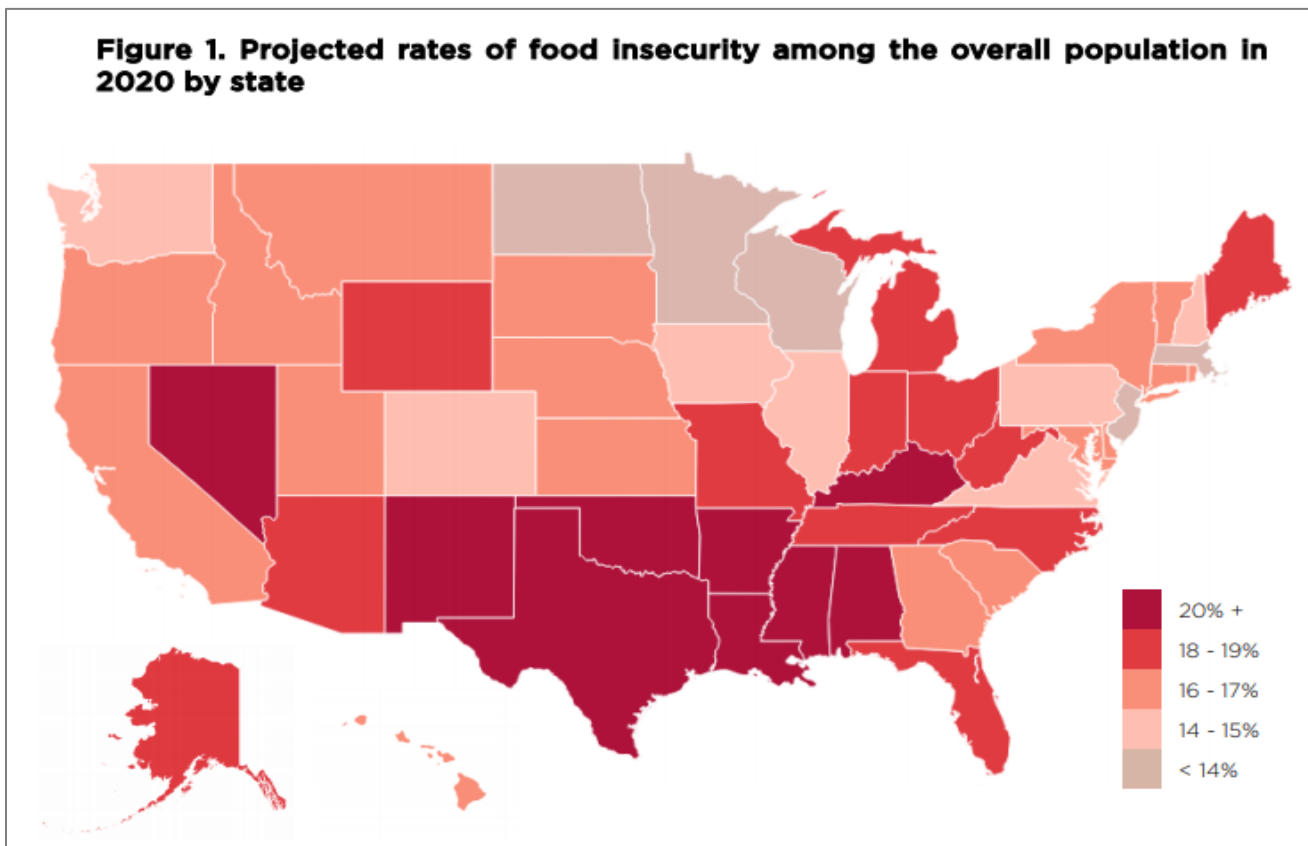
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¹⁸ <https://data.census.gov/cedsci/table?g=0400000US50&d=ACS%205-Year%20Estimates%20Data%20Profiles&tid=ACSDP5Y2016.DP03>;
<https://www.census.gov/quickfacts/fact/table/US,VT,windhamcountyvermont/PST045219>;
<https://data.census.gov/cedsci/table?t=Income%20and%20Poverty&g=0500000US50025.060000&tid=ACSST5Y2019.S1701>

Poverty's Impact on Health and Food Insecurity

The relationship between one's economic status and one's health has been well-documented. Poverty can be both a cause, and a consequence, of poor health. Poverty can affect access to healthy food, thus leading to food insecurity as well as poor health. Households that experience food insecurity are unable to obtain enough good food for an active, healthy life for all household members.¹⁹

Before the COVID-19 crisis began, more than 37 million people in the U.S., including more than 11 million children, lived in food-insecure households (actually the lowest food insecurity rate since the 2008 Great Recession). The pandemic and the accompanying rise in unemployment has created food insecurity for those newly unemployed and has exacerbated the situation for others. Demand at food pantries and food banks has soared over the past year.



While this map shows that Vermont's food insecurity situation is not as dire as some states, there is still cause for concern. Many adults and children still go hungry in Vermont—as much as 16-17% of the population in the past year--16 or 17 individual Vermonters per 100--as this map indicates.²⁰ Pre-pandemic, the state's rate was 11.3%.²¹

Food insecurity is also a significant problem in Windham County, affecting 12 out of every 100 residents (pre-pandemic data). For children, the rate is worse: 17.2% of Vermonters under the age of 18 live in food-insecure households, according to Feeding America.²² During the 2020-21 school year, an average of 36.7% percent of

¹⁹ https://www.feedingamerica.org/sites/default/files/2020-05/Brief_Local%20Impact_5.19.2020.pdf

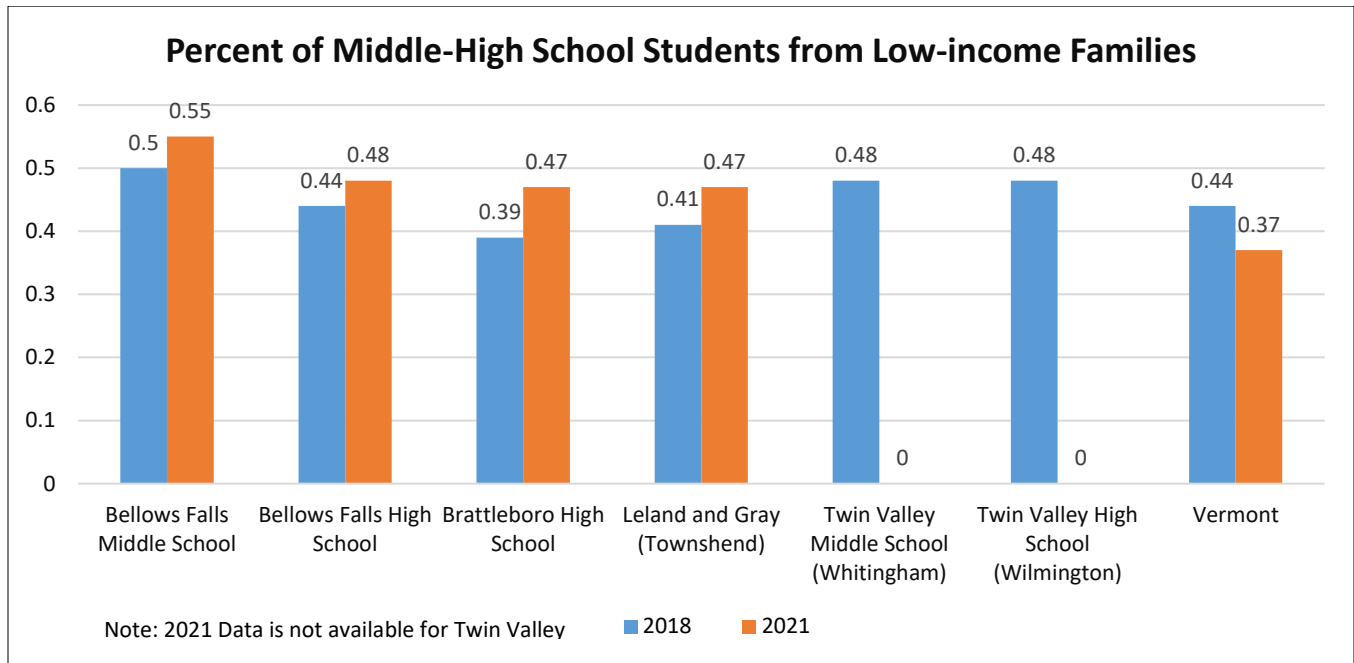
²⁰ Ibid.

²¹ <https://map.feedingamerica.org/county/2018/overall/vermont>

²² <https://map.feedingamerica.org/county/2018/child/vermont/county/windham>

secondary-school-age students in Windham County qualified for free- or reduced-price lunches. (To qualify as income-eligible for free meals, a household’s income must be at or below 130% of the Federal Poverty Level guidelines. To qualify for reduced-price meals, a household’s income must be 130-185% of FPL.²³

Some Vermont schools qualify for the Community Eligibility Provision (CEP) program, administered by the Vermont Department of Education and the USDA. Through this program, eligible schools can provide breakfast and lunch to all students at no charge. Three Windham County schools participate in CEP – Academy School, Green Street School, and Oak Grove School, all in Brattleboro.²⁴



25

A number of organizations are helping Windham County residents to access healthy foods, especially fruits and vegetables. These include the Vermont Department for Children & Families through its 3Squares (SNAP) program and the Vermont Foodbank through its support of local food shelves and through its VeggieVanGo program.

VeggieVanGo trucks arrive at a variety of location throughout Windham County each month—low-income housing sites, schools, and hospitals--with large bins of fresh produce to give away to families and individuals in need. Grace Cottage Hospital and Brattleboro Memorial Hospital both host monthly VeggieVanGo events.



²³ <https://education.vermont.gov/documents/edu-nutrition-2021-free-and-reduced-eligibility-report>

²⁴ Ibid.

²⁵ Ibid, numbers rounded to the nearest 1/10th.

Windham County has food shelves, at the following locations:

- Agape Christian Fellowship, Canal Street, Brattleboro (weekly)
- Bread of Life, Vernon Advent Christian Church, 4554 Fort Bridgman Rd., Vernon, VT (2xmonth)
- Deerfield Valley Food Pantry, Church Street, Wilmington (2xmonth)
- Grafton Community Church, 55 Main St. (Route 121) Grafton, VT (most mornings)
- Groundworks Collaborative’s Foodworks, 143 Canal Street, Brattleboro (6xweek)
- Guilford Food Pantry, Guilford Center Road, Guilford (weekly)
- Jamaica-Wardsboro Food Pantry, Main Street, Wardsboro (monthly)
- Neighbors Pantry, Main Street, Londonderry (monthly)
- Our Place Drop-in Center, Island Street, Bellows Falls (6xweek)
- Putney Food Shelf, Christian Square, Putney (2xweek)
- Retreat Farm Community Food Shelf, 45 Farmhouse Square Rd, Brattleboro (24/7)
- Neighbors Pantry, 2nd Congregational Church, 2021 North Main St., Londonderry (monthly)
- St. Brigid’s Kitchen and Pantry, Walnut Street, Brattleboro (2xweek)
- Townshend Food Shelf, Townshend church (weekly)



Windham County also has meal sites for the general public:

- Brigid’s Kitchen and Pantry, Walnut Street, Brattleboro (lunch: M, W, Thu)
- Loaves & Fishes, Main Street, Brattleboro (lunch: Tue, F)

Other organizations working to improve food security include:

- 3SquaresVT (formerly known as food stamps), administered through VT’s Dept. of Families & Children.
- Commodity Supplemental Food Program, monthly food boxes distributed to adults 60+ by VT Foodbank.
- Edible Brattleboro has gardens and a Share-the-Harvest Stand in Brattleboro. It partners with the Brattleboro Food Co-op and local farmers, giving away leftovers from Farmers Markets.
- Food Connects helps to connect local farmers to schools, healthcare facilities, and other outlets by delivering locally produced food; provides educational and consulting to improve the food system.
- The Hunger Council of Windham Region helps schools and other site set up meal programs; provides nutrition education to professionals and the public; works to change state and federal policy.
- Meals on Wheels/Senior Solutions – Delivering nutritious meals to seniors and others.
- Vermont 211 – Dial 2-1-1 or visit vermont211.org; “Community Resource Directory” by zip code.

Special Resources during COVID-19, now discontinued:

- *Everyone Eats! Brattleboro* leverages state & FEMA funds to buy and distribute to-go meals from local restaurants. Anyone negatively impacted by COVID is welcome to receive a meal, no questions asked. As of May 2021, *Everyone Eats! Brattleboro* had distributed 150,000 meals, at a rate of 5,000 meals a week, through a variety of community partners. Currently funded at least through September 2021.
- Farmers to Families, food box distribution, funded in 2020 by the USDA and in 2021 by donations to the Vermont Foodbank (ended in May). Followed by the Vermont Foodbank’s Full Plates VT program, which ran from June-September, offering fresh produce and shelf-stable items. Recipients were required to self-certify that they meet the income requirements as part of the registration process (300% federal poverty level), but they were not asked to show proof of income.

Windham County: Health Care Access



Health Care Equity

Equality doesn't always mean equity. Equity means that all people have a fair and just opportunity. As this graphic illustrates, sometimes adaptations and accommodations are necessary in order to achieve an equitable result.²⁶

George Washington University's Milken School of Public Health explains it this way: "Equality means each individual or group of people is given the same resources or opportunities. Equity recognizes that each person has different circumstances and allocates the exact resources and opportunities needed to reach an equal outcome."²⁷

While Vermont is often ranked as one of the healthiest states in the nation, data shows that not everyone has an equal opportunity to be healthy. Health insurance coverage, economic status, age, race, gender, ethnicity, social position, sexual orientation and disability, distance from healthcare sources, and the number of available medical providers—all of these and more have an impact on a person's and a family's health opportunities.

Those entrusted with preparing this 2021 Windham County Community Health Needs Assessment have been careful to consider the needs of the "Potentially Medically Underserved" – defined as respondents in one or more of the following categories: Age 65+, household income less than \$35,000, people of color, transgendered, and/or limited English speakers. (See pages 62-75 for survey responses indicating these specific needs.)

In order for all Vermonters to be as healthy as they can be, the healthcare facilities that serve them must consider the social and environmental factors that affect health—factors often labeled as "social determinants of health." The goal is to improve health not only through the direct provision of healthcare services, but also by connecting Vermonters with social services and community partners that can provide housing, healthy food, heat assistance, transportation, and other necessary resources.

²⁶ <https://www.healthvermont.gov/about-us/how-are-we-doing/state-health-improvement-plan>

²⁷ <https://onlinepublichealth.gwu.edu/resources/equity-vs-equality/>

Useful Terms for Understanding Health Care Equity²⁸

Health Equity exists when all people have a fair and just opportunity to be healthy – especially those who have experienced socioeconomic disadvantage, historical injustice, and other avoidable systemic inequalities that are often associated with social categories of race, gender, ethnicity, social position, sexual orientation and disability.

Health Disparities are statistical differences in health that occur between groups of people. These could be from any cause.

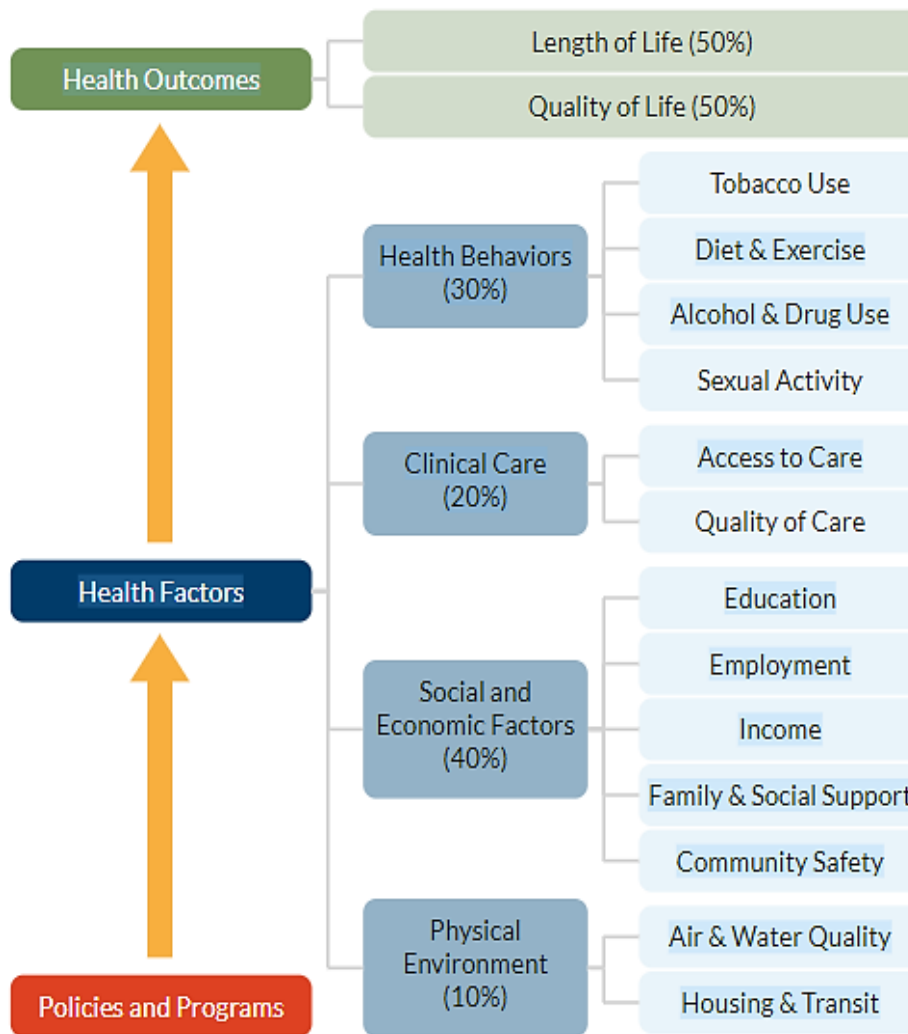
Health Inequities exist when avoidable inequalities lead to an uneven distribution of the resources and opportunities for health, and are differences in health that are avoidable, unfair or stemming from injustice. The concept of health inequities focuses on conditions that create health, and emphasizes the systemic distribution of opportunity, wealth and power.

Discrimination is the unequal treatment of members of various groups based on race, gender, social class, sexual orientation, physical ability, religion and other categories.

Prejudice is an unfavorable opinion or feeling formed beforehand or without knowledge, thought or reason.

Social Determinants of Health are the conditions in which people live, learn, work, play, worship and age that affect a wide range of health, functioning; and quality of life outcomes and risks. These include social, economic and physical conditions, as well as patterns of social engagement and sense of security and wellbeing.

Chart:²⁹



²⁸ <https://www.healthvermont.gov/about-us/how-are-we-doing/state-health-improvement-plan>

²⁹ <https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model>

Access and Insurance

Access to comprehensive healthcare services is important for overall health. That access may be limited if a person does not have health insurance, lacks money for co-pays, or has no transportation for getting to appointments. It may also be limited if there are no medical providers available.

The Vermont Department of Health and Vermont’s Office of Rural Health & Primary Care are working to improve access to primary care, dental care, and mental health care for all Vermonters – especially the uninsured, under-served and most rural populations. The partners who are preparing this report are also working together to improve access to patients and potential patients in their service area.

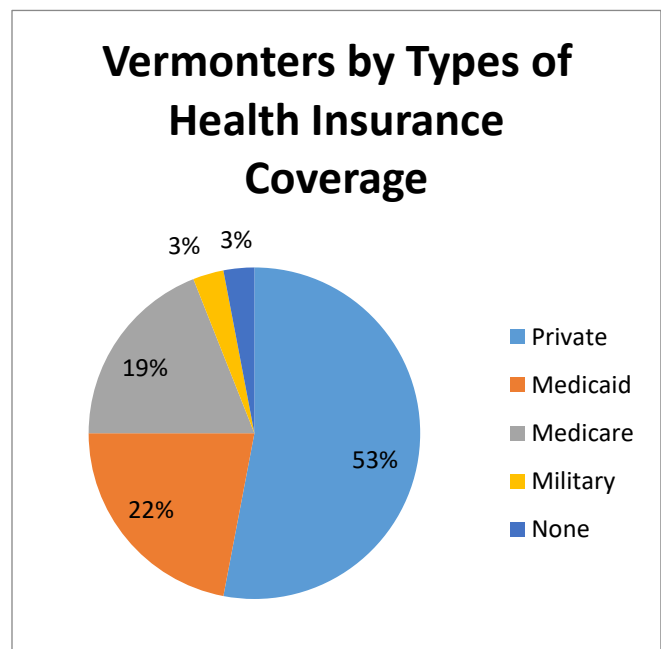
How well is this working for Windham County residents?

Most Vermonters have some level of health insurance. Based on results of a telephone survey that reached 3,002 Vermonters, the Department of Health reported in 2018 that 97% of Vermont residents have some type of health insurance coverage. A majority (53%) have private health insurance; 19% have Medicare and 22% have Medicaid. Three percent said they are uninsured. Because Medicare is available for anyone over age 65, those represented by the 3% Medicaid statistic are likely to be under age 65.

These numbers have not changed substantially since the last survey in 2014.³⁰

It is worth noting, however, that the percentage of Vermonters with private insurance has decreased substantially since 2000 (60% to 53%), while the percentages of Medicare (14% to 19%) and Medicaid (16% to 22%) have increased.³¹

In 2021, the Robert Wood Johnson Foundation (RWJ) conducted research in conjunction with the University of Wisconsin Population Health Institute (UWPHI). Their more-recent data is nearly, but not exactly, the same as that gathered by the VT Department of Health.



According to RWJ and UWPHI’s “County Health Rankings,” 5% of Vermonters and 5% of Windham County residents are uninsured, two points higher on both accounts than Vermont’s 2018 survey results.³² The RWJ/UWPHI report also indicates that 10% of Americans under age 65 are uninsured.³³ Thus, Vermonters and Windham County residents have better access to healthcare through insurance coverage than do Americans overall.

³⁰ Vermont Household Health Insurance Survey Vermont Department of Health Data Compendium - July, 2018, p. 3 & 5, https://www.healthvermont.gov/sites/default/files/documents/pdf/VHHIS_Report_2018.pdf

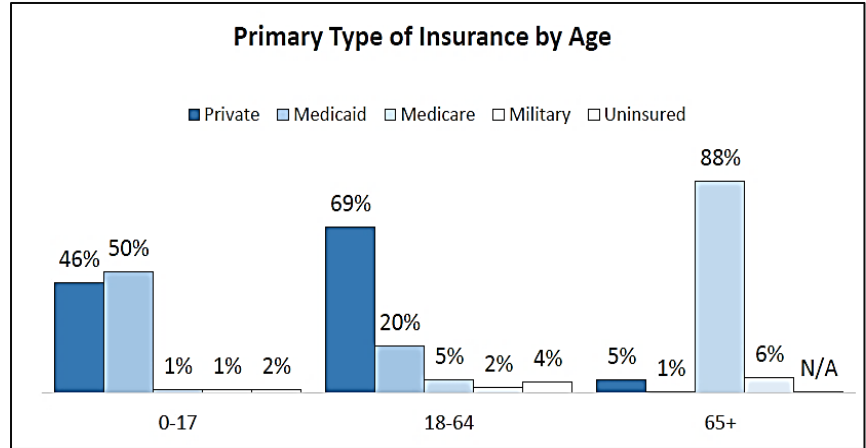
³¹ Ibid.

³² <https://www.countyhealthrankings.org/app/vermont/2021/rankings/windham/county/outcomes/overall/snapshot>

³³ https://www.countyhealthrankings.org/sites/default/files/media/document/CHR2021_VT.pdf

The state’s health insurance survey also provided information about insurance coverage for Vermonters by age: (see chart at right)³⁴

Having health insurance is one thing, but being able to afford to use it is another. Many Vermonters are “under-insured,” meaning they either have high deductibles that they cannot afford to pay, or important health care services are not covered by their insurance. Vermont’s 2018 health insurance survey found that more than a third of Vermonters (36%) under age 65 are under-insured, up from 27% in 2014.³⁵



Those who have health insurance are more likely to seek care when they need it than those who do not. To illustrate this point, the state’s survey found that 22% of uninsured Vermonters have delayed routine care due to cost, compared to 2% of those with insurance. Twice as many uninsured Vermonters delayed getting a prescription (6% vs. 3%). Four percent of uninsured Vermonters skipped doses or took smaller amounts of medications to make them last longer,³⁶ a tendency that may lead to worse health outcomes, especially for chronic conditions.³⁷

Nearly one-third of Windham County Community Health Needs Assessment survey respondents indicated that the cost of co-pays and deductibles is often a barrier to good health. (Note: some respondents skipped this question; for those who answered, nearly one-third indicated this is their greatest barrier to accessing health care.)

In order to help mitigate this situation, each Windham County hospital has at least one staff member who helps people sign up for health insurance and other benefits that may reduce their cost of living, thus reserving some money for co-pays and deductibles. Here is a summary of this work (note: each hospital keeps records differently):

- The Brattleboro Retreat helped 25 patients in 2019, 43 patients in 2020, and 16 patients thus far in 2021* with free care or reduced fee applications. Over the past three years, the Retreat has helped 20 Windham County clients with VT Medicaid enrollment, and 10 county residents with VT Medicaid for the Aged, Blind & Disabled enrollment.
- Over the past three years, Brattleboro Memorial Hospital helped 97 Individuals with Financial Assistance, and helped 69 patients with insurance enrollment; 19 new mothers were helped with Medicaid, and 13 Inpatient/Emergency Department patients and 36 additional individuals were assisted with insurance enrollment; 21 of these were clients of Groundworks, an agency that assists those without stable housing; 6 individuals assisted are Blind, Aged and/or Disabled.*
- Grace Cottage’s Resource Advocate helped 67 individuals qualify for free or reduced-fee care in 2020, and 20 so far in 2021.* In addition, the Resource Advocate helped 32 new applicants in 2020 and 8 new applicants in 2021 to obtain health insurance through VT Health Connect.

*Jan. to May 2021

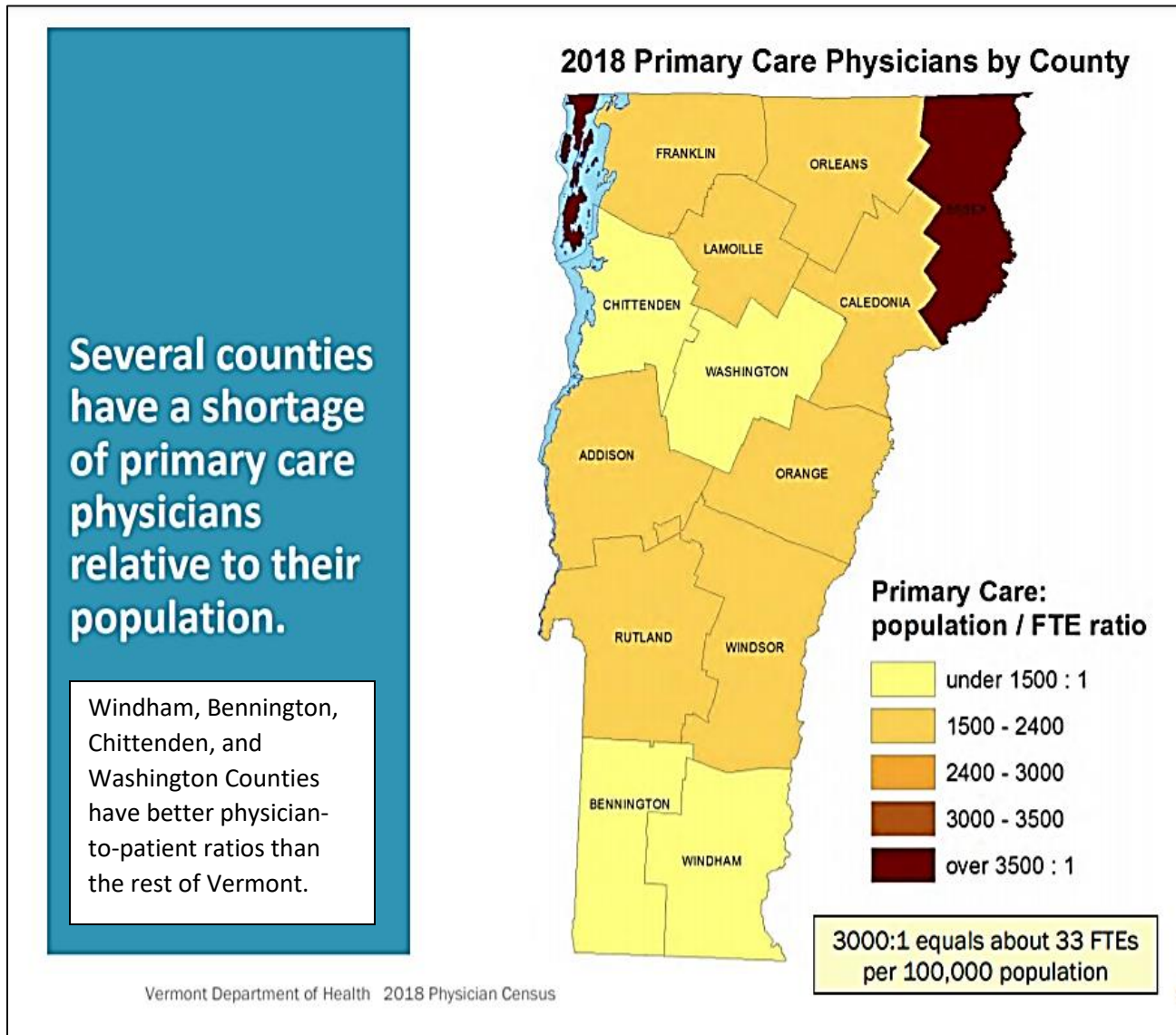
³⁴ https://www.healthvermont.gov/sites/default/files/documents/pdf/VHHIS_Report_2018.pdf

³⁵ Vermont Household Health Insurance Survey Vermont Department of Health Data Compendium - July, 2018; https://www.healthvermont.gov/sites/default/files/documents/pdf/VHHIS_Report_2018.pdf

³⁶ https://www.healthvermont.gov/sites/default/files/documents/pdf/VHHIS_Report_2018.pdf

³⁷ Windham County CHNA survey results are provided in the second half of this report.

Access and Availability of Providers



38

Throughout the U.S., there are many regions that lack an adequate number of providers offering primary care, dental, and mental health providers and services. The federal government works with state partners to determine which of these should be classified with “shortage designations,” and therefore eligible to receive certain federal resources.

The Vermont Department of Health tracks provider-to-patient ratio for a variety of medical provider types, including primary care, oral health, and mental health. This data helps in establishing shortage designations.

The two main shortage designations are “Health Professional Shortage Area” (HPSA) and “Medically Underserved Area” (MUA).

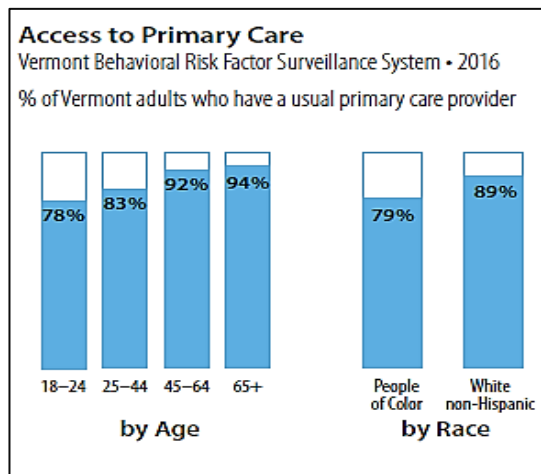
³⁸ <https://www.healthvermont.gov/sites/default/files/documents/pdf/HS-Stats-phys18-ppt-.pdf>

Grace Cottage Family Health currently qualifies as a HPSA because of its Rural Health Center status.³⁹

Several towns in Windham County are designated as MUAs, meaning they have a shortage of primary care health services, a high infant mortality rate, a high poverty rate, or a high elderly population. Towns in Windham County that qualify as MUAs include:

Athens	Grafton	Rockingham	Wardsboro
Brookline	Jamaica	Stratton	Westminster
Dover	Newfane	Townshend	

The Vermont Department of Health reports that 67% of Vermonters have an established primary care provider (PCP), either a physician, a nurse practitioner, or a physician assistant, that they see for their primary care needs.⁴⁰ This means that 67% of Vermonters have a “Medical Home,” a medical practice and provider who is seen for all primary care issues. An important difference between having a “Medical Home” and going to urgent care is the continuity of care. A provider in a “Medical Home” has a record of a patient’s health issues over time, so that patterns and progression of diseases can be noted and treated. (chart source: ⁴¹)



While 67% of Vermonters have a PCP, 33% do not. These individuals are more likely to go to urgent care or the Emergency Department of a hospital when they need care, or to put off seeking care until the situation is dire. Currently, the state’s goal is to increase the percentage of Vermonters with a PCP to at least 75%.⁴²

Working against that goal is the reality of Vermont’s aging medical providers. Vermont is the third oldest state in the U.S., with its population aging at a faster rate than other states.⁴³ Windham County’s medical provider workforce is aging at pace with the rest of the population. According to the Vermont Department of Health’s 2018 Physician Census, 48% of Windham County’s primary care physicians are age 60 and older.

By contrast, primary care increasingly relies on Nurse Practitioners, Advanced Practice Registered Nurses, and Physician Assistants, and those providers are generally younger. While county-specific statistics are not available, overall, only 22% of Vermont’s NP/APRNs are age 60+,⁴⁴ and only 16% of its Physicians Assistants are 60+.⁴⁵

At press time for this report, there are at least five primary care providers accepting new patients in Windham County. The situation is fluid because the loss of just one provider can send hundreds of patients scrambling for a new provider. Residents may then experience health care service shortages in the form of long wait times for appointments, particularly when they are seeing a provider for the first time.

³⁹ <https://www.healthvermont.gov/systems/health-professionals/shortages-and-designations>

⁴⁰ <https://www.healthvermont.gov/scorecard-health-services-access>

⁴¹ <https://www.healthvermont.gov/sites/default/files/documents/pdf/VT%20State%20Health%20Assessment%202018%20Full%20Report.pdf>

⁴² <https://www.healthvermont.gov/scorecard-health-services-access>

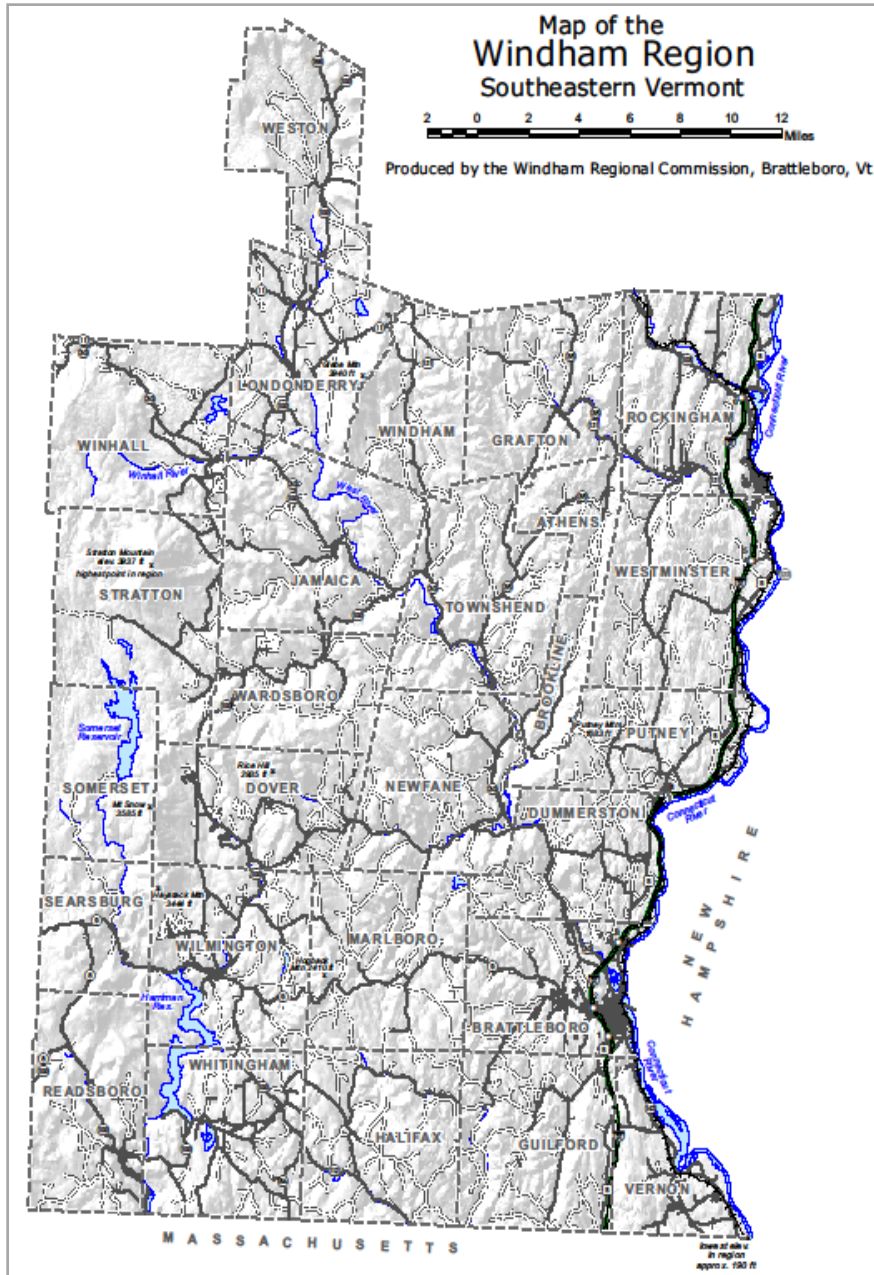
⁴³ <file:///G:/COMMUNITY%20HEALTH%20NEEDS%20ASSESSMENTS/2021%20Research/Rural%20Health%20Services%20Report%20Final%20Draft%201%203%202020%20v11.pdf>

⁴⁴ <https://www.healthvermont.gov/sites/default/files/documents/PDF/HS-stats-APRN19BK.PDF>

⁴⁵ <https://www.healthvermont.gov/sites/default/files/documents/PDF/PA18BK.PDF>

Access: Geography and Transportation

Vermont's road conditions are a common barrier to healthcare. Windham County has a total of 1,491 miles of roads; 868 miles, or 58% of these, are unpaved. This makes travel difficult during the five winter months and the mud



season that follows. Additionally, the geography of Windham County, specifically the mountains, can be challenging, as road conditions vary greatly throughout the county based on elevation. The land climbs sharply from Brattleboro, in the southeastern corner of Windham County (278 feet above sea level); to Townshend, in the northwest (616 feet elevation); and to the town of Windham (1,950 feet in elevation), at the county's far northwestern corner.

Lack of Public Transportation

Most of Windham County has infrequent or no public transportation. Residents with economic challenges often find the costs of buying and maintaining a car and purchasing gasoline are insurmountable barriers when faced with a choice between food, heating fuel, car insurance, or gasoline. It is not uncommon for low-income patients to cite lack of transportation as the reason for canceling a medical appointment.

Lack of public transportation in Windham County plays a significant and persistent role in limiting access to health and human services. Windham County's 2015 Community Health Needs Assessment identified lack of transportation as a major factor affecting access to health care services.

The Windham Regional Commission works to assess the transportation difficulties and opportunities, including tapping into infrastructure improvement appropriations. At present, the challenges persist.

Map: Dirt Roads vs. Paved Roads & Relief Map for Windham County. Darkest lines are paved roads: double-dotted lines are unpaved; single-dotted lines are town borders; shading indicates mountains.⁴⁶

⁴⁶ Windham Regional Commission, 2013.

Windham County Population Health

“Social Determinants of Health”

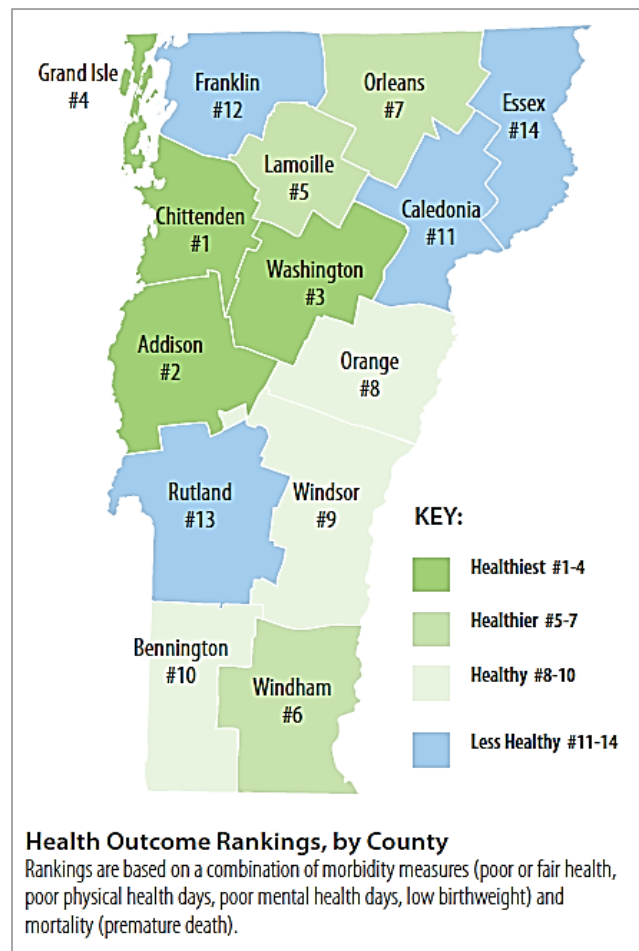
The Vermont Department of Health (VDH) and Windham County’s healthcare providers recognize the strong link between social indicators – demographic, economic, and access to health care factors – and the actual health of Windham County residents.

Every ten years, the U.S. Department of Health and Human Services (HHS) creates a nationwide “Healthy People” report, providing information about current conditions and setting benchmarks for improvement in the coming decade. The report aims to encourage collaboration among health and social services providers, and to help individuals make more informed healthcare choices. According to HHS, “Chronic diseases are responsible for 7 in 10 deaths each year, and treating people with chronic diseases accounts for many of our nation’s health care costs ... most chronic diseases can be prevented by eating well, being physically active, avoiding tobacco and excessive drinking, and getting regular health screenings ... Chronic diseases—such as heart disease, cancer, and diabetes—are the leading causes of death and disability in the U.S.”⁴⁷

Vermont also creates a statewide “Healthy People” report every ten years. According to Vermont’s “Healthy People 2020” report, “Health is shaped by factors well beyond genetics and health care. Income, education and occupation, housing and the built environment, access to care, race, ethnicity and cultural identity, stress, disability and depression are ‘social determinants’ that affect population health.”⁴⁸

VDH’s “Healthy Vermonters 2020” report also includes data on current conditions and goals for improving health outcomes. The most up-to-date data can be found at healthvermont.gov.

VDH cites the following chronic conditions as having the greatest impact on the health of Vermonters: cancer, diabetes, heart disease, high blood pressure, high cholesterol, lung disease, mental health, obesity, lack of physical activity, stress, and substance abuse. Thus, it makes sense, individually and as a healthcare system, to focus on preventing and treating these chronic diseases. Data for these conditions in Windham County is presented on the following pages. Windham County is currently ranked in the middle of the pack, sixth healthiest among Vermont’s 14 counties.⁴⁹



⁴⁷ <https://www.cdc.gov/chronicdisease/center/index.htm>

⁴⁸ <https://www.healthvermont.gov/sites/default/files/documents/2016/11/Healthy%20Vermonters%202020%20Report.pdf>

⁴⁹ Ibid.

Windham County Behavioral Risk Assessments

The Vermont Department of Health and the Vermont Agency of Education conducted the Vermont Youth Risk Behavior Survey (YRBS) every other year. Developed by the U.S. Centers for Disease Control (CDC), YRBS helps to monitor priority health risk behaviors that contribute to death, disease, injury, and social problems among youth. Two surveys are conducted, one for middle school students (grades 6-8) and another one for high schoolers (grade 9-12). Students are asked about physical activity, nutrition, weight status, tobacco use, alcohol and other substance use, violence and bullying, and sexual behaviors. Nearly all schools participate.

~ YRBS ~



BRFSS™

The CDC & VDH also conduct a similar assessment of adults. Called the Behavioral Risk Factor Surveillance System (BRFSS), this survey covers a wide range of health and lifestyle topics, from housing and food security, to pregnancy and sexual health, to smoking and tobacco use, alcohol, firearms, tick bites, to health habits and chronic disease. All states and territories, plus Washington D.C. are surveyed. Vermont's most recent BRFSS reached 6,544 adults.

Much of the population health data provided in this report comes from these two surveys, YRBS and BRFSS.

The 2021 YRBS has been delayed until autumn, with hopes that students will be fully back in school. Because the 2021 results were not available in time for this report, data from the 2019 survey is reported here. Similarly, the 2020 BRFSS is just now underway, so 2018 data is being reported here.

According to the VDH, "Personal health behaviors have a major impact on the health of the population and contribute to the leading causes of disease and premature death."⁵⁰ Medical providers and health researchers recognize that beyond personal preferences and choices, behavior is greatly influenced by the conditions, communities, systems and social structures in which people live. The need to belong to a group that shares common values and habits is a powerful influence on behavior.

The Vermont Department of Health has created the slogan "3-4-50" to emphasize the connection between risk behaviors and chronic disease. VDH points to three behaviors (lack of physical activity, poor nutrition, and tobacco use) that contribute to the development and severity of four chronic diseases (cancer, Type 2 diabetes, heart disease and stroke, and lung disease) that claim the lives of more than 50% of all Vermonters.⁵¹



Some risks can be circular. For example, poor diet and sugar-sweetened beverages may cause tooth decay and obesity. Vermonters who are obese or smoke tend to have more tooth loss, making it harder to eat healthy foods.

While personal behavior is an important measure for preventing disease, Vermont communities can be powerful agents of change. Changes in policies or programming can help create conditions so that everyone has an equal chance to be healthy.

This 2021 Windham County Community Health Needs Assessment is one tool in this process, helping to guide the prevention, treatment, and outreach strategies of Windham County's three hospitals.

⁵⁰ <https://www.healthvermont.gov/health-statistics-vital-records/population-health-surveys-data/brfss>

⁵¹ <https://www.healthvermont.gov/3-4-50>

Windham County's Four Most Common Chronic Diseases

Because research has shown that more than half of all deaths are due to the same four chronic diseases, often caused by three common behaviors, it makes sense to focus on these diseases and these behaviors when assessing community health and designing programs and interventions for the future.

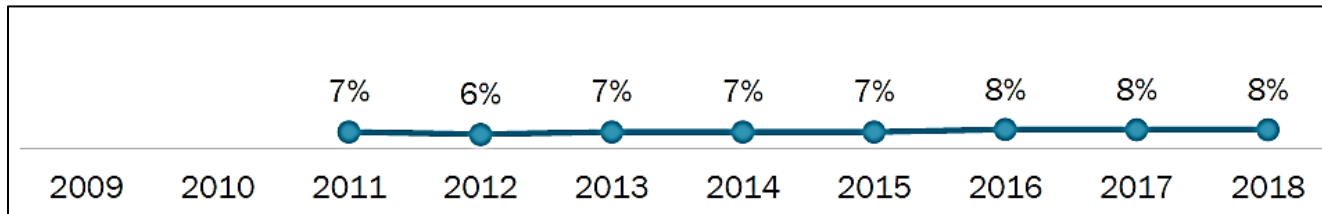


First, here is a Windham County perspective on the four chronic diseases: cancer, Type 2 diabetes, heart disease and stroke, and lung disease.

Cancers

Cancer is not a single disease, but a group of more than 100 different diseases that often develop gradually as the result of a complex mix of lifestyle, environment, and genetic factors. Certain behaviors put people at a higher risk for certain cancers. Nearly two-third of cancer deaths in the U.S. can be linked to tobacco use, poor diet, obesity, and lack of exercise.⁵²

Cancer affects thousands of Vermonters and is now the leading cause of death.⁵³ Each year, approximately 3,700 Vermonters are diagnosed and 1,400 of them die.⁵⁴ Cancer prevalence among Vermont adults has remained relatively consistent since 2011.⁵⁵



Approximately four in 10 adults in the U.S. will develop cancer in their lifetime.⁵⁶

Genetic and demographic factors affect cancer rates. Cancer occurs in people of all ages, but risk increases significantly with age. Differences also exist between genders. Women are statistically more likely to have had cancer than men. There are no differences in cancer by education level, but income level seems to make a difference. Adults living in homes with an annual income less than \$25,000 are statistically more likely to have had cancer than adults in homes with an income of \$50,000 - \$75,000. Cancer prevalence is statistically similar by sexual orientation and gender identity. Vermonters with a disability are nearly twice as likely to have ever had cancer than adults without a disability.⁵⁷

⁵² https://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR_2018_BRFSSReport.pdf;

<https://www.healthvermont.gov/wellness/cancer>

⁵³ <https://www.cdc.gov/nchs/pressroom/states/vermont/vt.htm>

⁵⁴ https://www.healthvermont.gov/sites/default/files/documents/pdf/stat_cancer_Windham.pdf

⁵⁵ https://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR_2018_BRFSSReport.pdf;

<https://www.healthvermont.gov/wellness/cancer>

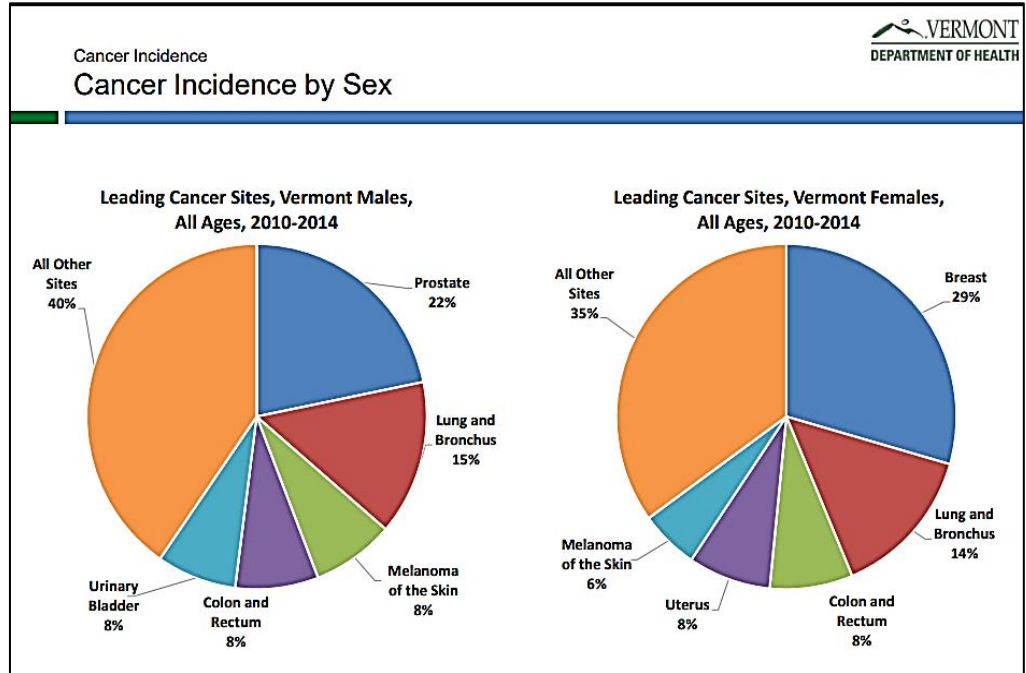
⁵⁶ <https://www.cancer.gov/about-cancer/understanding/statistics>

⁵⁷ Ibid.

Behavioral factors also affect cancer rates. Not all cancers can be prevented, but risk for many can be reduced through a healthy lifestyle. Excess weight increases the likelihood of cancers of the breast (postmenopausal), colon and rectum, uterus, thyroid, pancreas, kidney, esophagus, gallbladder, ovary, cervix, liver, non-Hodgkin lymphoma, myeloma and prostate (advanced stage). Use of tobacco increases the likelihood of Cancers of the lung, larynx (voice box), mouth, lips, nose and sinuses, throat, esophagus, bladder, kidney, liver, stomach, pancreas, colon and rectum, cervix, ovary and acute myeloid leukemia.⁵⁸

Five types of cancer make up the majority of new cancer diagnoses or cancer-related deaths. The leading cancer types differ for male and female bodies (see chart at right).⁵⁹

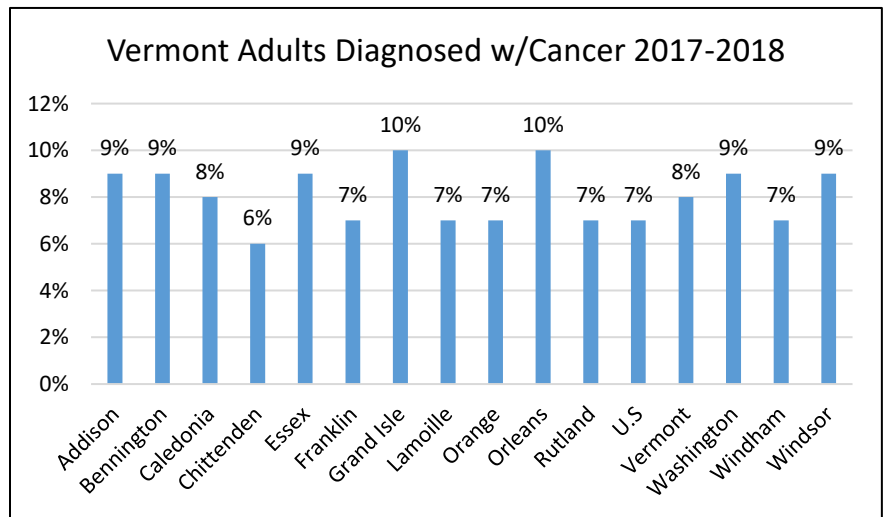
For females, the incidence of cancers of the breast, lungs/bronchus uterus, bladder, and skin are higher in Vermont than the U.S. average. For males, cancers of the skin, bladder, esophagus, and non-Hodgkins lymphoma is higher in Vermont than in the U.S.⁶⁰



How does Windham County compare to the rest of Vermont? The rates of cancer are relatively similar in all Vermont counties, as the chart at right shows. Approximately 2,500 of Windham County residents are now living with cancer, and 22% of Windham County deaths are due to cancer, according to VDH.⁶¹

Cancer Screening Tests

The good news is that cancer is often survivable. Early detection is important. When cancer is found and treated early, before it has spread, a person’s chance for survival is much



⁵⁸ <https://www.healthvermont.gov/wellness/cancer/prevention>

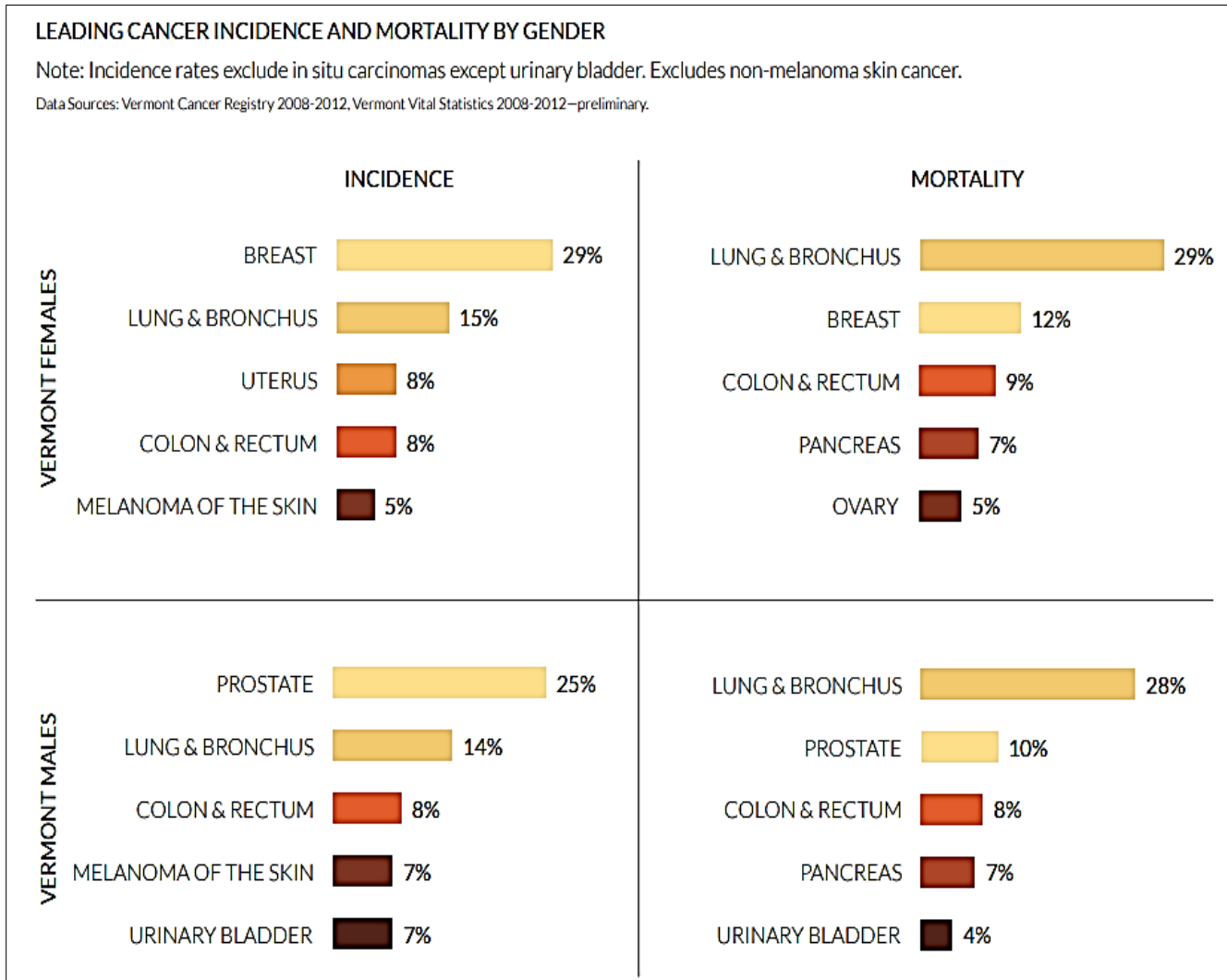
⁵⁹ https://www.healthvermont.gov/sites/default/files/documents/pdf/stat_CancerDataPagesPDF.pdf

⁶⁰ https://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR_2018_BRFSSReport.pdf

⁶¹ https://www.healthvermont.gov/sites/default/files/documents/pdf/stat_cancer_Windham_infographic.pdf

better. That’s why recommended cancer screenings are so important, including those for lung, breast, cervical, and colorectal cancers.

The cancers most commonly diagnosed early are not leading causes of cancer death. Cancers such as melanoma, prostate, and female breast cancer are most often diagnosed at earlier stages. By contrast, cancers such as pancreatic cancer are less commonly diagnosed early, and much more likely to cause death.⁶²



Windham County’s Cancer Screening Rates

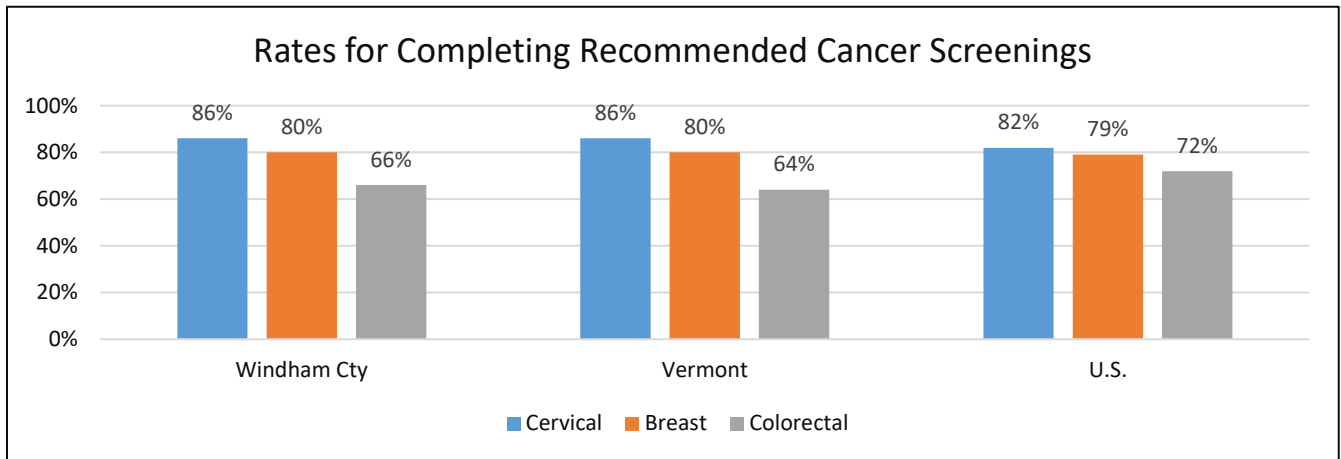
The Vermont Department of Health focuses especially on cancer screenings for breast cancer, prostate cancer, colorectal cancer, and cervical cancer.

Windham County residents are better at completing some recommended screenings than others. Cervical cancer screenings, recommended for women age 21-65, are 4% higher in Windham County and in Vermont than for the

⁶² https://www.healthvermont.gov/sites/default/files/documents/2016/12/2016-2020_VermontCancerPlan.pdf

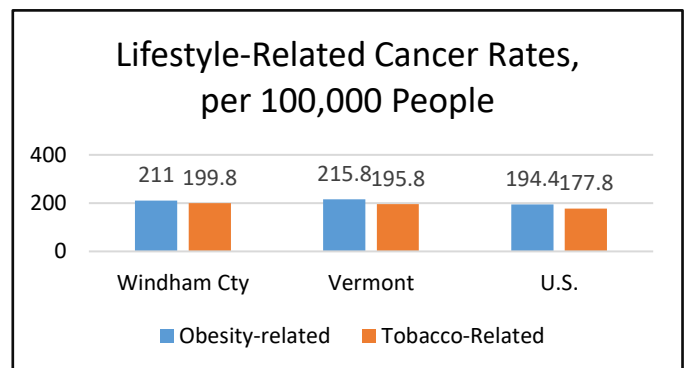
U.S. as a whole. Windham County’s cervical cancer rate is quite low, 3 or fewer cases/year. Vermont averages 12 cases/year; the U.S. as a whole averages 10,242 cases/year.⁶³

Women in Windham County and Vermont complete breast cancer screenings (annual mammograms, recommended for women ages 50-74), at a slightly higher rate than the U.S.⁶⁴ Windham County has a higher incidence of advanced breast cancers per 100,000 residents, 106.7 versus Vermont’s 91.8, despite this good rate of screenings.⁶⁵



Windham County has a slightly better rate than Vermont, but lags behind the U.S., for colorectal cancer screenings (fecal occult blood screening and colonoscopy, for adults 50-75).⁶⁶ Windham County’s rate of advanced colorectal cancer (70.7 cases per 100,000 residents) is much than Vermont’s (60.6).⁶⁷

Prostate cancer screening is generally recommended for men age 65+. Most often this is done by physical examination. A protein-antibody screening test exists, but it is not universally recommended.⁶⁸ Windham County’s rate of prostate cancer is better than Vermont’s and much better than the U.S., 26.2 incidences per 100,000 vs. 31.4 for Vermont and 42.5 for the U.S.⁶⁹



Windham County’s rate for obesity-related cancers is better than Vermont’s, but worse than the U.S. rate. The county’s rate of tobacco-related cancer is worse than both Vermont and the U.S.⁷⁰

⁶³<https://statecancerprofiles.cancer.gov/incidencerates/index.php?stateFIPS=50&areatype=county&cancer=057&race=00&sex=2&age=006&stage=999&year=0&type=incd&sortVariableName=rate&sortOrder=default&output=0#results>

⁶⁴ https://www.healthvermont.gov/sites/default/files/documents/pdf/stat_cancer_Windham.pdf

⁶⁵ Ibid.

⁶⁶ Ibid.

⁶⁷ https://www.healthvermont.gov/sites/default/files/documents/pdf/stat_cancer_Windham.pdf

⁶⁸ https://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR_2018_BRFSSReport.pdf

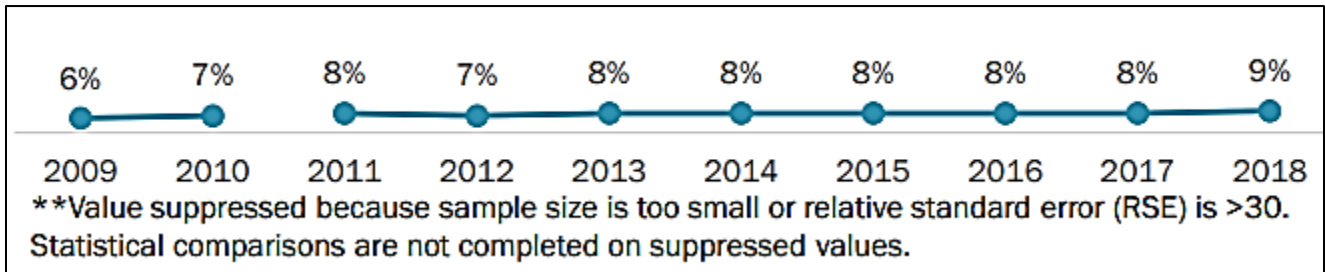
⁶⁹<https://statecancerprofiles.cancer.gov/incidencerates/index.php?stateFIPS=50&areatype=county&cancer=066&race=00&sex=1&age=006&stage=999&year=0&type=incd&sortVariableName=rate&sortOrder=default&output=0#results>

⁷⁰https://www.healthvermont.gov/sites/default/files/documents/pdf/stat_cancer_Windham.pdf

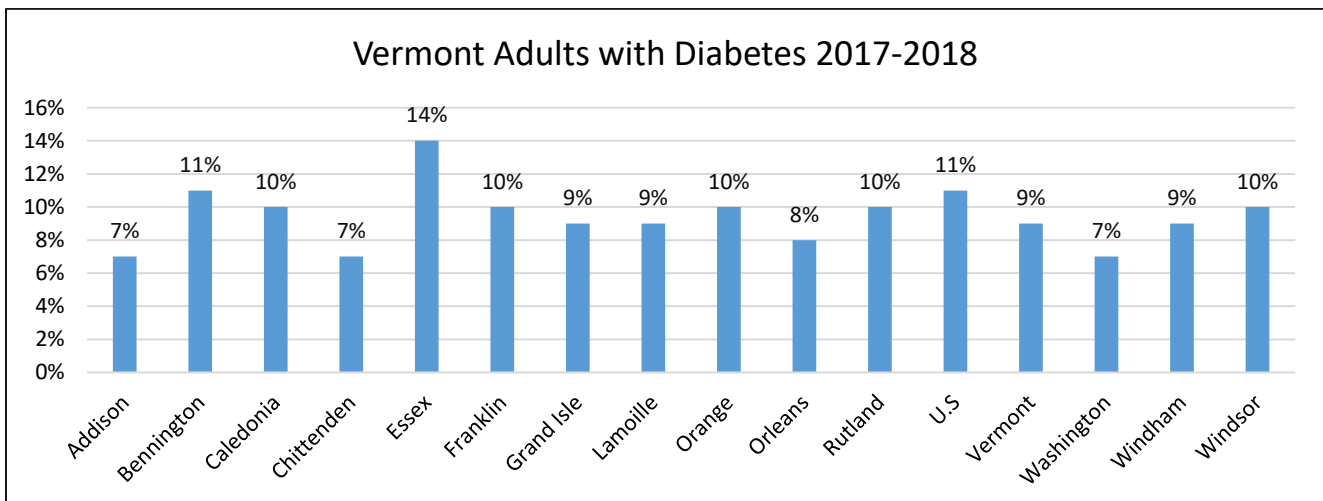
Diabetes

Diabetes is a chronic disease that disrupts blood sugar levels. There are two main types of diabetes. For Type 1 diabetics, the body is incapable of producing insulin. For Type 2 diabetics, the most common type, the body makes insulin but does not use it properly.⁷¹

Approximately 9% of Vermonters have diabetes, more than 55,000 people.⁷² Diabetes prevalence among Vermonters has crept up slightly over the past decade.⁷³ It is a leading cause of death among Vermonters.⁷⁴



Windham County's rate of diabetes among its population matches the statewide rate, both are at 9%. These rates are slightly better than the U.S. rate (11%) and better than several other Vermont counties, as shown below⁷⁵



Even though Windham County's rate is better than the nation's, diabetes is still a major cause for concern. The population of Windham County is just over 42,000, so a rate of 9% means that 3,800 county residents have diabetes.

Uncontrolled blood sugar can lead to diseases in other parts of the body. Over time, build-up of glucose in the blood can damage eyes, kidneys, nerves, or the heart, leading to serious health complications.⁷⁶ Uncontrolled diabetes causes 2-3% of deaths in Vermont (12,000-18,000 deaths).⁷⁷

⁷¹ https://www.healthvermont.gov/sites/default/files/documents/pdf/HS_1305_Data_Pages_081816.pdf

⁷² <https://www.healthvermont.gov/wellness/diabetes/diabetes-vermont-data-and-facts>

⁷³ https://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR_2018_BRFSSReport.pdf

⁷⁴ <https://www.cdc.gov/nchs/pressroom/states/vermont/vt.htm>

⁷⁵ https://www.healthvermont.gov/sites/default/files/documents/pdf/HS_1305_Data_Pages_081816.pdf

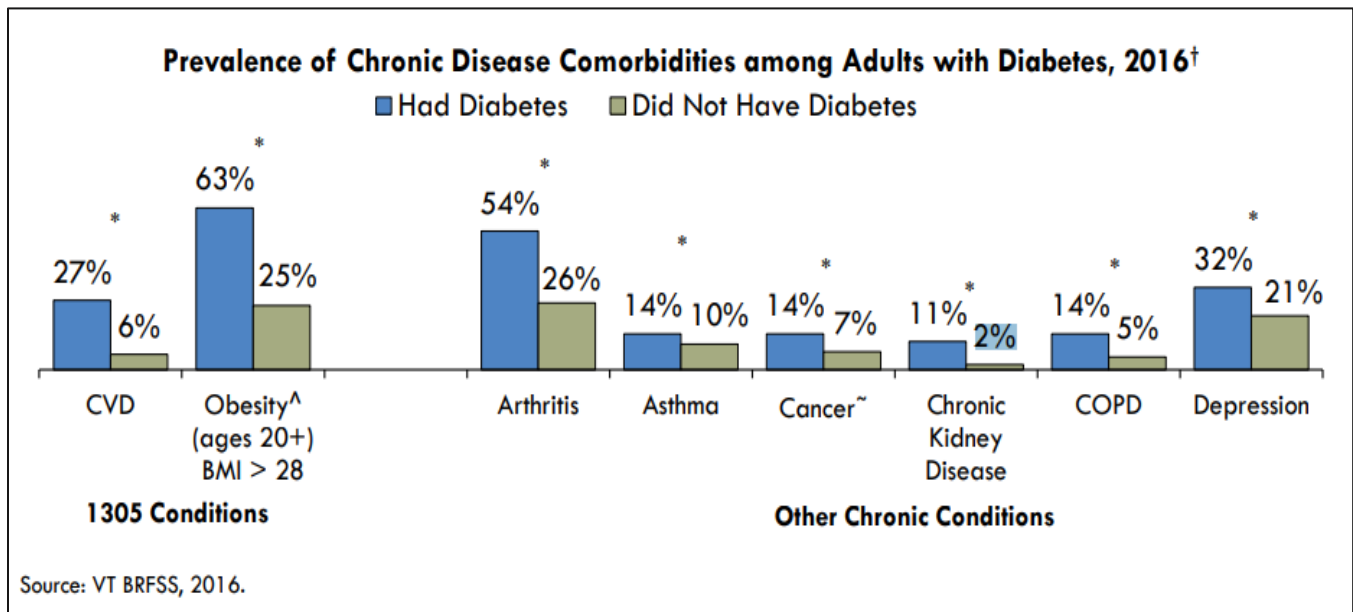
⁷⁶ https://www.healthvermont.gov/sites/default/files/documents/pdf/HS_1305_Data_Pages_081816.pdf

⁷⁷ https://www.healthvermont.gov/sites/default/files/documents/pdf/hpdp_3-4-50_County%20Data%20Brief%20Windham_070519.pdf

Type 2 diabetes can usually be prevented with awareness, education, and lifestyle changes.

Prediabetes, a condition that often leads to diabetes, is too often undiagnosed. It has been estimated that one in three adults over the age of 18, and half of adults over the age of 65, have prediabetes. As many as 90% of these are undiagnosed.⁷⁸ Prediabetes can cause health problems even before diabetes develops, including early kinds of kidney disease, nerve damage and small blood vessel damage in organs such as the eyes. Without lifestyle changes, as many as 30 percent of those with prediabetes will develop Type 2 diabetes within five years.⁷⁹

For those who already have Type 2 diabetes, lifestyle changes can have a big impact on how well the disease is managed.⁸⁰ Approximately two-thirds of Vermont adults who have diabetes are also obese (63%) and over a quarter (27%) also have cardiovascular disease (CVD). Vermont adults with diabetes were significantly more likely to have all of the comorbidities below when compared to adults who did not have diabetes.⁸¹



The VDH predicts that rates of diabetes will continue to increase -- if lifestyle changes do not occur.⁸²

Education is an important key to improving diabetes statistics and health outcomes for diabetics.

Vermont offers free diabetes prevention and diabetes management workshops called My Healthy Vermont.⁸³ Despite this free offer, only 19% of Windham County residents have had diabetes education. Among Vermonters as a whole, the rate is much higher--46%; 55% of all Americans have had diabetes education.

Blood testing is also important. Approximately 69% of adult diabetics check their blood sugar at least 3 times/week.⁸⁴ When used, monitoring devices worn on the body can provide the most current readings.

⁷⁸ https://www.healthvermont.gov/sites/default/files/documents/2016/12/data_brief_20165_diabprev.pdf

⁷⁹ https://www.healthvermont.gov/sites/default/files/documents/pdf/3-4-50_Diabetes_%20Data%20Brief_FINALapproved_forWEB.pdf

⁸⁰ https://www.healthvermont.gov/sites/default/files/documents/pdf/HS_1305_Data_Pages_081816.pdf

⁸¹ https://www.healthvermont.gov/sites/default/files/documents/pdf/HS_1305_Data_Pages_081816.pdf

⁸² <https://www.healthvermont.gov/sites/default/files/documents/2016/11/Healthy%20Vermonters%202020%20Report.pdf>

⁸³ <https://myhealthyvt.org/>

⁸⁴ https://www.healthvermont.gov/sites/default/files/documents/pdf/HS_1305_Data_Pages_081816.pdf

Cardiovascular Disease (Heart Disease)

Heart disease is the second leading cause of death among Vermonters, after cancer. Also, two diseases associated with heart disease -- stroke and hypertension -- rank sixth and ninth respectively as leading causes of death.⁸⁵

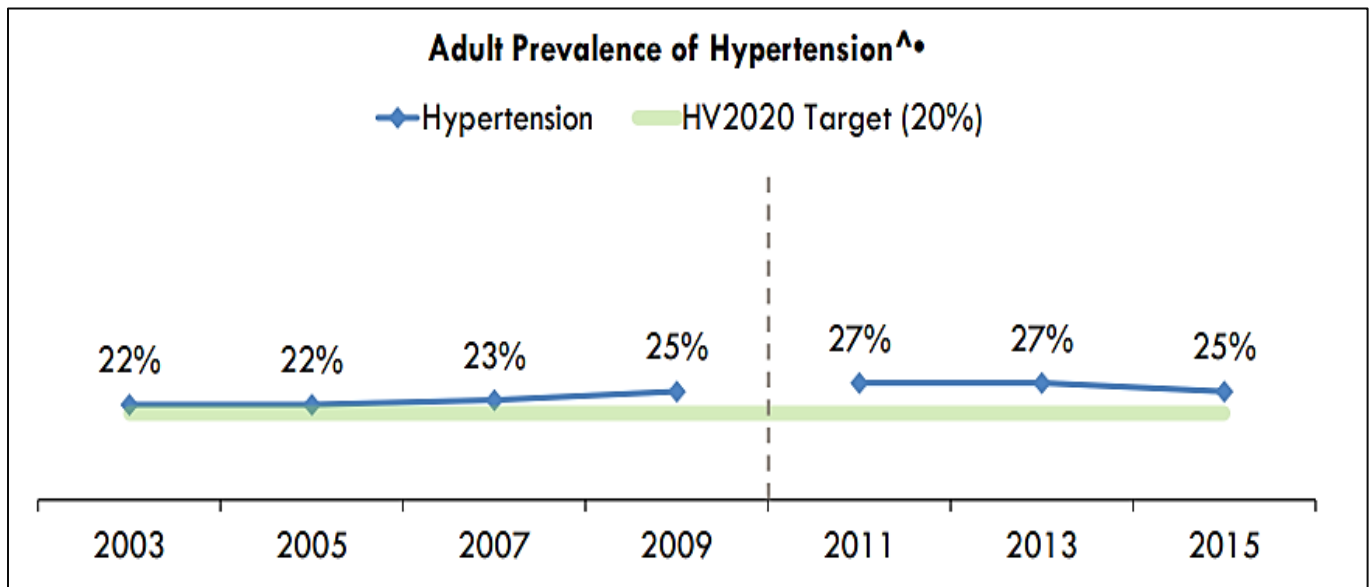
In 2018, 1,335 Vermonters died of heart disease.⁸⁶

Windham County's rate of deaths due to coronary heart disease (98.8 per 100,000 people) was slightly better than Vermont's rate (105.4 deaths per 100,000).⁸⁷

Cardiovascular Disease (CVD) is a broad category that includes several types of heart conditions, notably coronary heart disease, heart attack and strokes. Eight percent of Vermonters have been diagnosed with CVD, approximately 39,500 adults. Males are more likely to have CVD than females, and the incidence increases with age.⁸⁸

Almost half of Americans and over half of Vermonters have at least one key risk factors for CVD: high blood pressure (hypertension), high cholesterol, or a habit of smoking. Other health conditions and behaviors that can lead to CVD are diabetes, overweight and obesity, poor diet, physical inactivity, and excessive alcohol use. CVD is one of the leading causes of death in the U.S. and in Vermont.⁸⁹

Rates of hypertension among Vermonters have consistently remained above Vermont's 20% target, as this timeline from VT's most recent *Chronic Disease Surveillance* report shows.⁹⁰



Vermont county rates for heart disease and high blood pressure are shown on the next page.⁹¹

⁸⁵ <https://www.cdc.gov/nchs/pressroom/states/vermont/vt.htm>

⁸⁶ <https://www.healthvermont.gov/sites/default/files/documents/pdf/Vital%20Statistics%20Bulletin%202018.pdf>

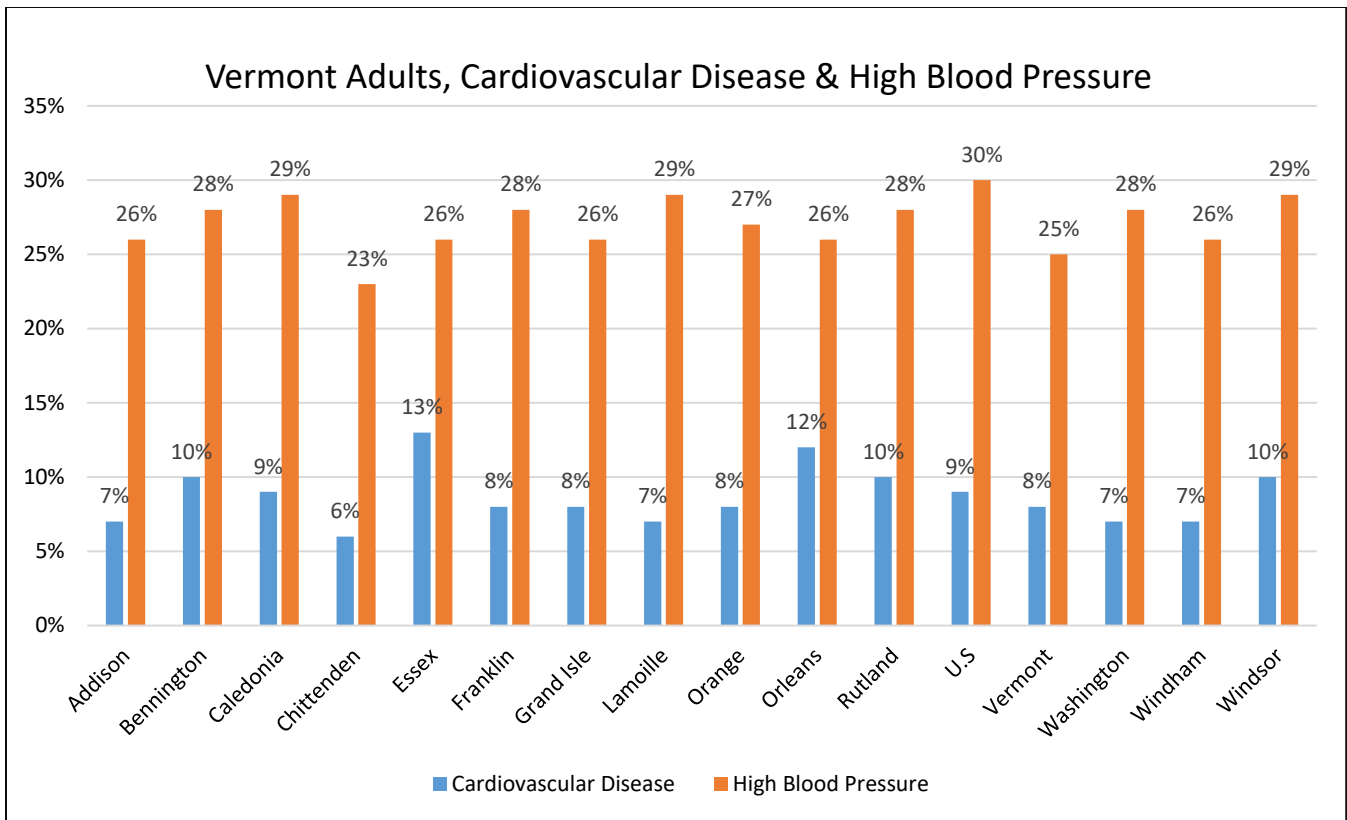
⁸⁷ https://www.healthvermont.gov/sites/default/files/documents/pdf/HV2020_WindhamCounty.pdf

⁸⁸ https://www.healthvermont.gov/sites/default/files/documents/pdf/HS_1305_Data_Pages_081816.pdf

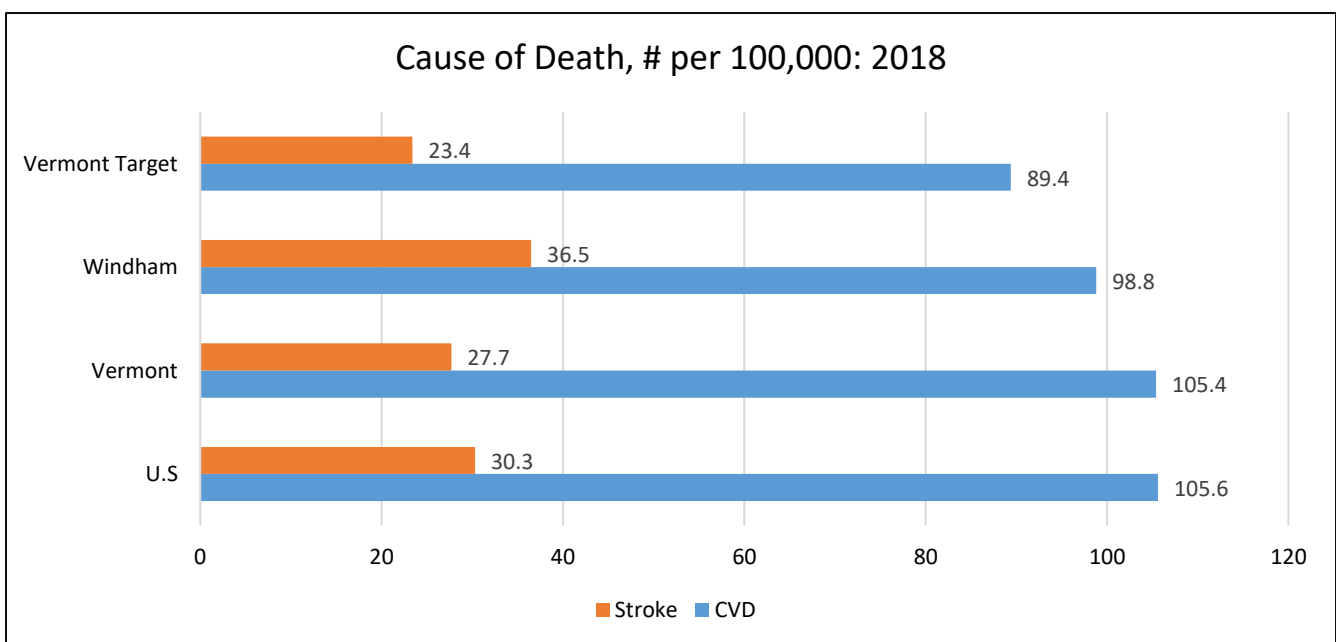
⁸⁹ https://www.healthvermont.gov/sites/default/files/documents/pdf/HS_1305_Data_Pages_081816.pdf

⁹⁰ https://www.healthvermont.gov/sites/default/files/documents/pdf/HS_1305_Data_Pages_081816.pdf

⁹¹ https://www.healthvermont.gov/sites/default/files/documents/pdf/HS_1305_Data_Pages_081816.pdf



It is cause for concern that hypertension and CVD disease rates remain consistent, despite efforts by medical providers to encourage patients to improve lifestyle habits. The county’s healthcare organizations are continually asking what more can be done, and what new approach could be more successful. Every county in the state has work to do in order to meet the state’s goal of 20%. Improvement will save lives.



Lung Health & Respiratory Diseases

The three most common lung diseases that afflict Windham County residents are asthma, chronic obstructive pulmonary disease (COPD), and lung cancer. The latter two are directly related to smoking, and the first one, while not directly caused by it, is certainly aggravated by smoking.

Asthma

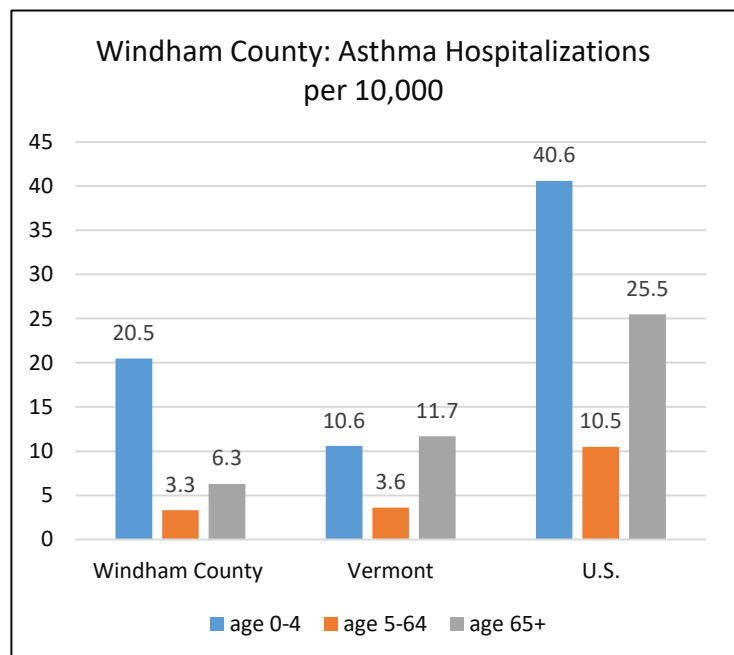
Asthma is a serious chronic disease that inflames and narrows the airways in the lungs, and can cause recurring attacks of wheezing, chest tightness, shortness of breath and coughing.⁹² A cause for asthma has not been specifically identified. Generally, asthma is caused by a complex mix of genetic and environmental factors.⁹³

Asthma affects people of all ages, but it most often starts during childhood. Approximately 67,000 Vermonters have been diagnosed with asthma; nearly 9,600 of them are children.⁹⁴ Asthma prevalence in the U.S. increased by 75% between 1980 and 1994, and it has continued to rise in recent years.⁹⁵ Windham County's 11% incidence of asthma among adults is close to the state rate of 12%.⁹⁶

Because asthma is partly influenced by genetics, it may not be possible to prevent or cure it. However, but it can be managed. The focus on the state's asthma management plan is to provide education about how to reduce or eliminate environmental factors and to work to reduce hospitalizations due to asthma attacks.

Only 17% of Windham County adults with asthma have a management plan developed with a medical provider, compared to 33% of Vermonters and 31% of Americans. For children 17 and younger, a county rate is not available, but for the state and nation, the rates are 48% and 49%, respectively.⁹⁷

Asthma hospitalizations is another important marker for how well asthma is being managed. The state tracks data for three age groups: children age 4 and younger, people age 5 to 64, and seniors age 65+. Windham County's hospitalization rates for the older two groups are better than the state and the national rates, as shown in the chart at right. But for younger children, the situation is more dire. Windham County's asthma hospitalization rate for children age 4 or younger is double the state and national rate.⁹⁸



⁹² <https://www.healthvermont.gov/sites/default/files/documents/2016/11/Healthy%20Vermonters%202020%20Report.pdf>

⁹³ <https://apps.health.vermont.gov/ias/querytool?topic=HealthyVermonters2020&theme1=RespiratoryDiseases>

⁹⁴ <https://www.healthvermont.gov/sites/default/files/documents/2016/11/Healthy%20Vermonters%202020%20Report.pdf>

⁹⁵ <https://www.healthvermont.gov/sites/default/files/documents/2016/11/Healthy%20Vermonters%202020%20Report.pdf>

⁹⁶ https://www.healthvermont.gov/sites/default/files/documents/2016/12/HS_asthma_burden_report_2012.pdf;

https://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR_2018_BRFSSReport.pdf

⁹⁷ http://www.healthvermont.gov/sites/default/files/documents/pdf/HV2020_WindhamCounty.pdf

⁹⁸ http://www.healthvermont.gov/sites/default/files/documents/pdf/HV2020_WindhamCounty.pdf

People with active asthma were estimated to be 10 times more likely to develop chronic bronchitis, and 17 times more likely to develop emphysema compared to those without asthma.⁹⁹

Chronic Obstructive Pulmonary Disease (COPD)

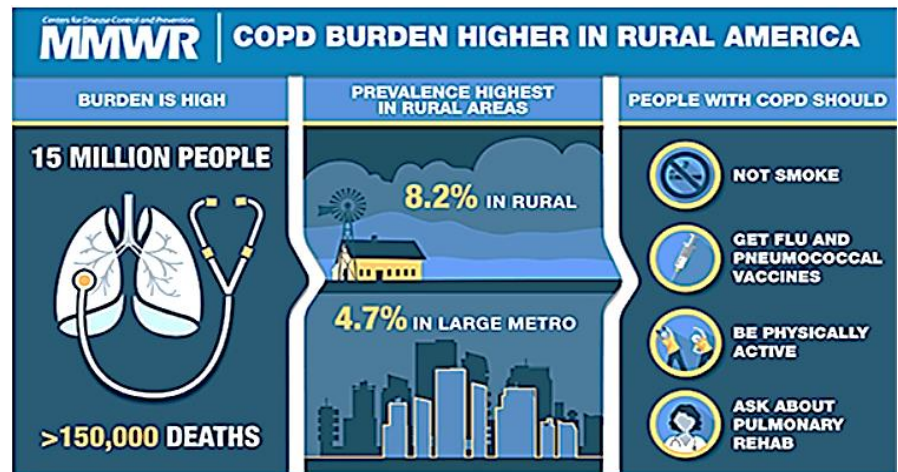
This term refers to a group of diseases, including emphysema and chronic bronchitis, that cause airflow blockage and breathing-related problems. Tobacco smoke is a key factor in the development and progression of COPD. Between 80% and 90% of COPD is due to tobacco use.¹⁰⁰ Therefore, the prevalence of this disease, unlike asthma, is related to lifestyle.¹⁰¹

Almost 15.7 million Americans report a diagnosis of COPD, but the actual number may be higher, as COPD is known to be underdiagnosed.¹⁰² Both Windham County and the U.S. report a rate of 7%; Vermont's is 6%.¹⁰³

Men and women report having COPD at the same rate. There are no statistical differences in the prevalence of COPD by race and ethnicity, or sexual orientation and gender identity.¹⁰⁴ The prevalence of COPD generally increases with age. An estimated 24% of all Americans 65 years and older have COPD.¹⁰⁵ Statistics show that COPD is more common in rural America than in urban areas.¹⁰⁶

Chronic lower respiratory diseases, primarily COPD, are the third leading cause of death in the U.S.,¹⁰⁷ and there has been no change over time. Nearly all of these deaths occur among adults age 45+. The death rate increases with age, and is higher among white Vermonters.¹⁰⁸

Although the primary cause of COPD is smoking, studies have also shown strong links between exposure to indoor and outdoor air pollution and COPD. The most common indoor exposures are smoke from tobacco, fireplaces and wood stoves, while outdoor exposures include ozone and particle pollution, and emissions from vehicles and industrial sources. Job-related exposures include fumes, gases, and dusts.¹⁰⁹



⁹⁹ <https://www.healthvermont.gov/tracking/chronic-obstructive-pulmonary-disease>

¹⁰⁰ <https://www.healthvermont.gov/wellness/asthma/copd-chronic-obstructive-pulmonary-disease>

¹⁰¹ <https://www.healthvermont.gov/tracking/chronic-obstructive-pulmonary-disease>

¹⁰² <https://www.healthvermont.gov/tracking/chronic-obstructive-pulmonary-disease>

¹⁰³ https://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR_2018_BRFSSReport.pdf

¹⁰⁴ https://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR_2018_BRFSSReport.pdf

¹⁰⁵ <https://www.healthvermont.gov/tracking/chronic-obstructive-pulmonary-disease>

¹⁰⁶ <https://www.cdc.gov/mmwr/volumes/67/wr/mm6707a1.htm>

¹⁰⁷ <https://www.healthvermont.gov/tracking/chronic-obstructive-pulmonary-disease>

¹⁰⁸ <https://www.healthvermont.gov/tracking/chronic-obstructive-pulmonary-disease>

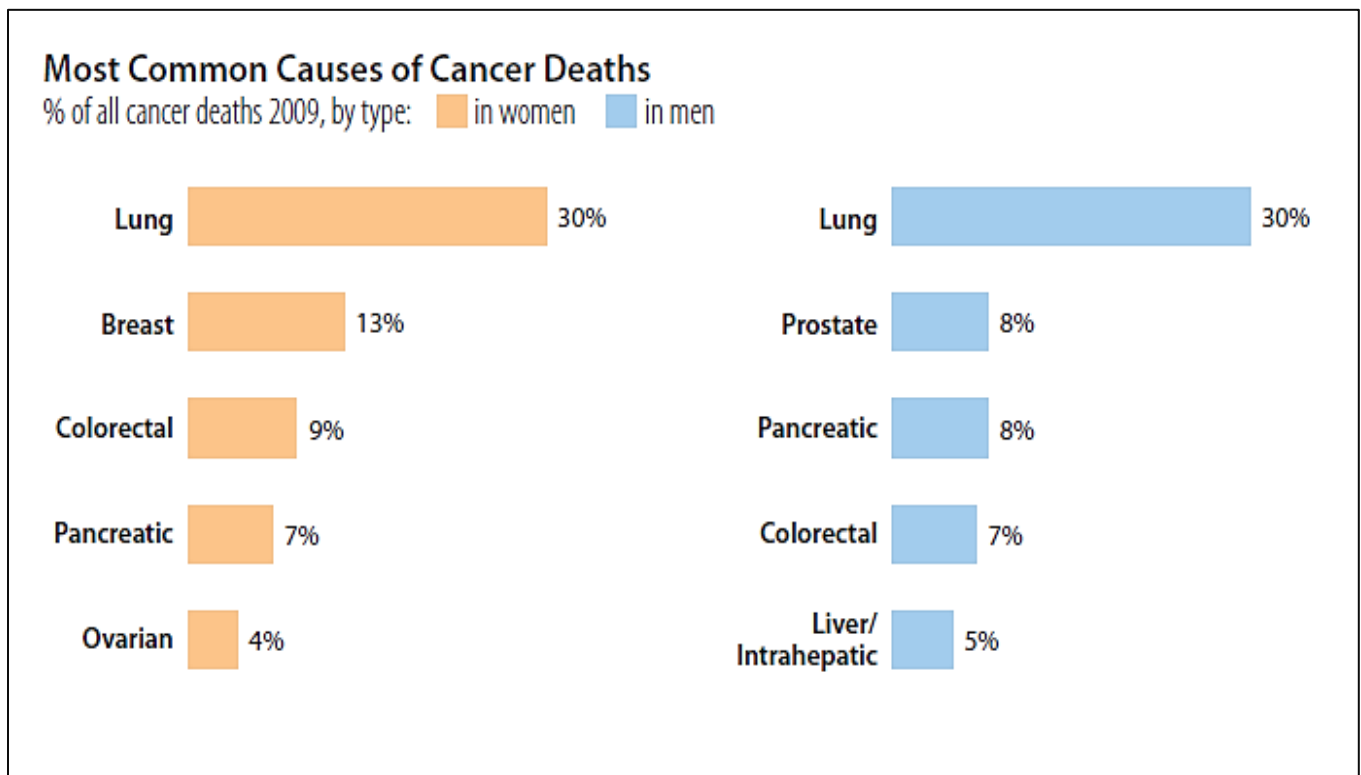
¹⁰⁹ <https://www.healthvermont.gov/tracking/chronic-obstructive-pulmonary-disease>

Medications, managing stress, reducing exposure to pollutants and other substances that irritate the lungs, avoiding foods that cause flare ups, and engaging in the right level of healthy physical activity can all help with managing COPD. Developing a disease management plan with a medical provider is very important.¹¹⁰

Lung Cancer

One-third of cancers diagnosed in the U.S. are associated with tobacco.¹¹¹ Smoking can cause cancer almost anywhere in the body, but particularly in the lungs. Nine out of 10 cases of lung cancer are caused by smoking, and lung cancer is the number one cause of cancer death in Vermont and the U.S.¹¹²

The majority of lung cancers are diagnosed in late stages of the disease when treatment is mostly ineffective.¹¹³



Until recently, there were no screening tests for detecting lung cancers at an early stage. In 2013, screening guidelines were developed for high-risk individuals, based on their smoking history and age (especially current and former heavy smokers, age 55-80). This screening method uses low-dose computed tomography to detect abnormalities in the lungs.¹¹⁴

¹¹⁰ <https://www.lung.org/lung-health-diseases/lung-disease-lookup/copd/living-with-copd/copd-management-tools>

¹¹¹ <https://www.healthvermont.gov/sites/default/files/documents/2016/11/Healthy%20Vermonters%202020%20Report.pdf>

¹¹² <https://www.healthvermont.gov/wellness/cancer/early-detection-and-screening>

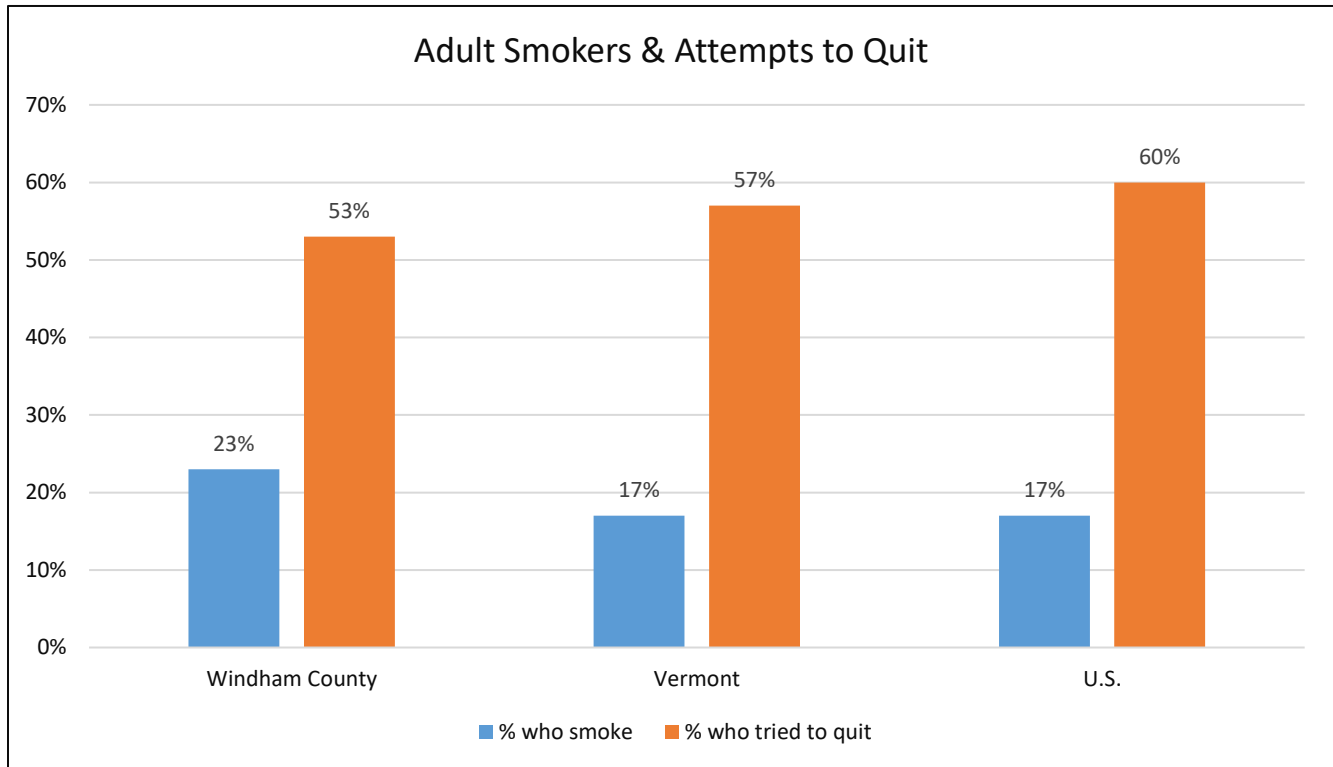
¹¹³ <https://www.healthvermont.gov/wellness/cancer/early-detection-and-screening>

¹¹⁴ <https://www.healthvermont.gov/wellness/cancer/early-detection-and-screening>

While lung cancer screening is important, it should not be considered a substitute for quitting smoking.

Windham County's rate of tobacco-related cancer diagnoses is 18 points higher than Vermont's (195.8 cases per 100,000 residents, vs. 177.8 for Vermont). A higher percentage of Windham County adults smoke (23% vs. 17% for Vermont and 17% for the U.S.), and a smaller percentage report trying to quit in the past year, 53% vs. 57% in Vermont and 60% in the U.S.¹¹⁵

Rates for teens who smoke are comparable for Windham County, Vermont, and the U.S., all at 11%.¹¹⁶



¹¹⁵ <https://www.healthvermont.gov/sites/default/files/documents/2016/11/Healthy%20Vermonters%202020%20Report.pdf>

¹¹⁶ <https://www.healthvermont.gov/sites/default/files/documents/2016/11/Healthy%20Vermonters%202020%20Report.pdf>

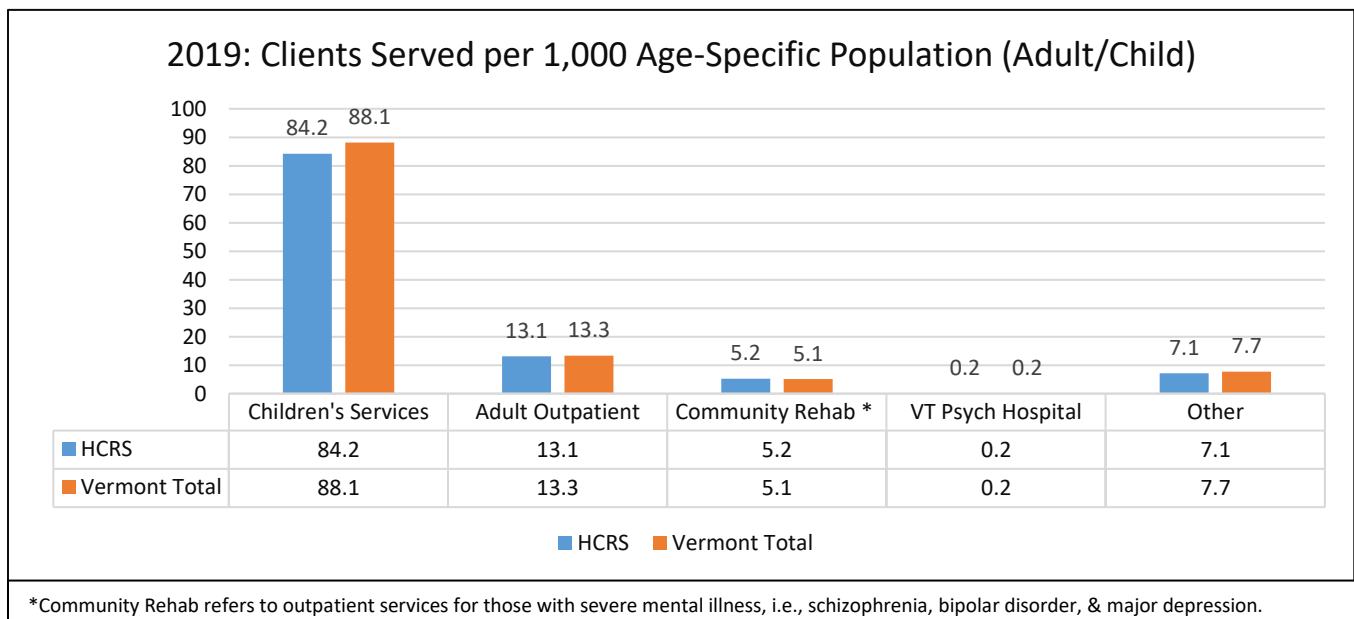
Windham County: Mental Health

Mental and emotional health are critical to general health. While some people with mental health problems are publicized in high-profile cases, mental health issues more often remain hidden. One main reason for this is the stigma attached to mental illness. People can understand diabetes or a broken leg, but depression, anxiety, and other challenges are harder to see and understand. Individuals may have symptoms, but the reasons behind those symptoms are not always clear.

Jilisa Snyder, Ph.D., is Clinical Director at the Brattleboro Retreat’s Anna Marsh Clinic. She has written about the hidden aspects of mental health, including the following: “Telling someone experiencing a major depression to ‘pick yourself up by your bootstraps’ or, for a person struggling PTSD to ‘get over it,’ is like telling a runner with a broken leg to ‘just rise up and finish that marathon.’ We can see and appreciate the casted leg. But we often do not see or understand the signs and symptoms of a mental illness—sometimes because people feel ... profuse shame, and cannot show outward signs of their suffering. Yet mental health is as real and authentic as any other aspect of one's health. ... Mental illness arises from vulnerabilities due to the interplay of genetic, biochemical, relational, and environmental factors, not personal weakness. ...”¹¹⁷

The National Institute of Mental Health states that nearly one in five US adults lives with a mental illness (51.5 million in 2019) and estimates that as many as half of these remains untreated.¹¹⁸

The VT Department of Mental Health does not collect county-specific data for mental health patient. Instead, it reports data about clients served by Health Care & Rehabilitation Services, which serves Windham and Windsor Counties. This data shows that children receive mental health services much more often than adults.¹¹⁹ If the statistics are correct, this chart represent only half of those local Vermonters suffering from mental illness.



¹¹⁷ <https://www.brattlebororetreat.org/articles/stepping-forward-courage-thoughts-ending-stigma-during-mental-illness-awareness-week>

¹¹⁸ <https://www.nimh.nih.gov/health/statistics/mental-illness>

¹¹⁹ https://mentalhealth.vermont.gov/sites/mhnew/files/documents/Reports/Stats/DMH-2019_Statistical_Report.pdf;

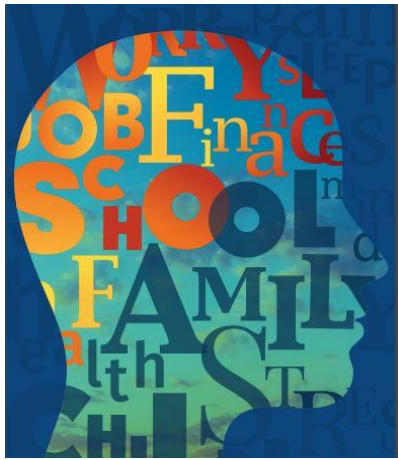
<https://mentalhealth.vermont.gov/services/adult-mental-health-services/services-and-supports-adults/community-rehabilitation-and>

Mental illnesses include many different conditions that vary in degree of severity, ranging from mild to moderate to severe. Two of the most prevalent mental illnesses are anxiety and depression.

Anxiety Disorders

Anxiety is a natural reaction to stress. At normal levels, it may help to motivate and improve performance. But when anxiety interferes with the ability to meet personal, professional and community responsibilities, it may be at the level of a serious but treatable mental illness. Anxiety may be caused by something specific, it may occur suddenly, or it may be a generalized long-term tendency to worry.

When the length of time or intensity of anxious feelings gets out of proportion to the original stressor, it can cause physical symptoms including fatigue, insomnia, muscle aches, sweating, and nausea or diarrhea. These responses move beyond anxiety into an anxiety disorder.



There are six main types of anxiety disorders that include: generalized anxiety disorder, panic disorder, phobia, social anxiety disorder, obsessive-compulsive disorder (OCD), post-traumatic stress disorder (PTSD), and separation anxiety disorder.¹²⁰

People with PTSD suffer from anxiety as a response to experiencing or witnessing a traumatic event, such as war, natural disasters, assault, serious accident, or an unexpected death. It can affect children as well as adults, causing sleep problems, a tendency toward angry outbursts, and other issues.¹²¹

According to Medical News Today, anxiety disorders affect 40 million people (18% of the population) in the U.S. It is the most common group of mental illnesses in the country. However, only 36.9% of people with the condition receive treatment. Anxiety disorders typically develop in childhood and persist into adulthood.¹²²

Anxiety disorders can affect one's physical health, job performance, relationships, and overall enjoyment of life. It can also increase the risk for other mental health problems, such as depression, substance abuse, eating disorders, and thoughts about or actual attempts of suicide.

Depression

Stress is a risk to health that is difficult to quantify, but anyone who lives with great stress from day to day knows the toll it can take on one's energy, mental outlook and quality of life. Often, the result is depression.

According to the National Institute of Mental Health, depression is a common but serious mood disorder, causing severe symptoms that affect how you feel, think and handle daily life: socializing, sleeping, eating, or working. A depressive disorder is not a passing blue mood but rather persistent feelings of sadness and worthlessness. To be diagnosed with depression, a person's symptoms must be present for at least two weeks.¹²³

¹²⁰ <https://www.nimh.nih.gov/health/topics/anxiety-disorders/index.shtml?rf=32471>;

¹²¹ <https://www.nimh.nih.gov/health/publications/post-traumatic-stress-disorder-ptsd/index.shtml>

¹²² <https://www.medicalnewstoday.com/info/anxiety>

¹²³ <https://www.nimh.nih.gov/health/topics/depression/>

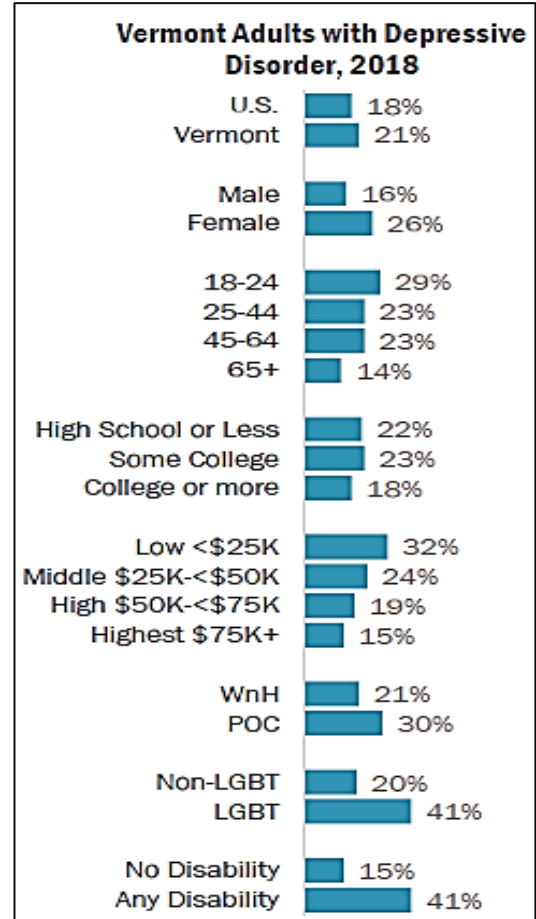
The VT Department of Health assesses the prevalence of mental health diagnoses in adult Vermonters by conducting the “Behavioral Risk Factor Surveillance System” survey and in youth by conducting the “Youth Risk Behavior Survey”; both surveys are conducted every two years. The county data below comes from those surveys.¹²⁴

One in five Vermont adults report ever being told they have a depressive disorder, higher than the 18% among U.S. adults. Depression among Vermont adults significantly decreased from 2017 but is similar to 2011.

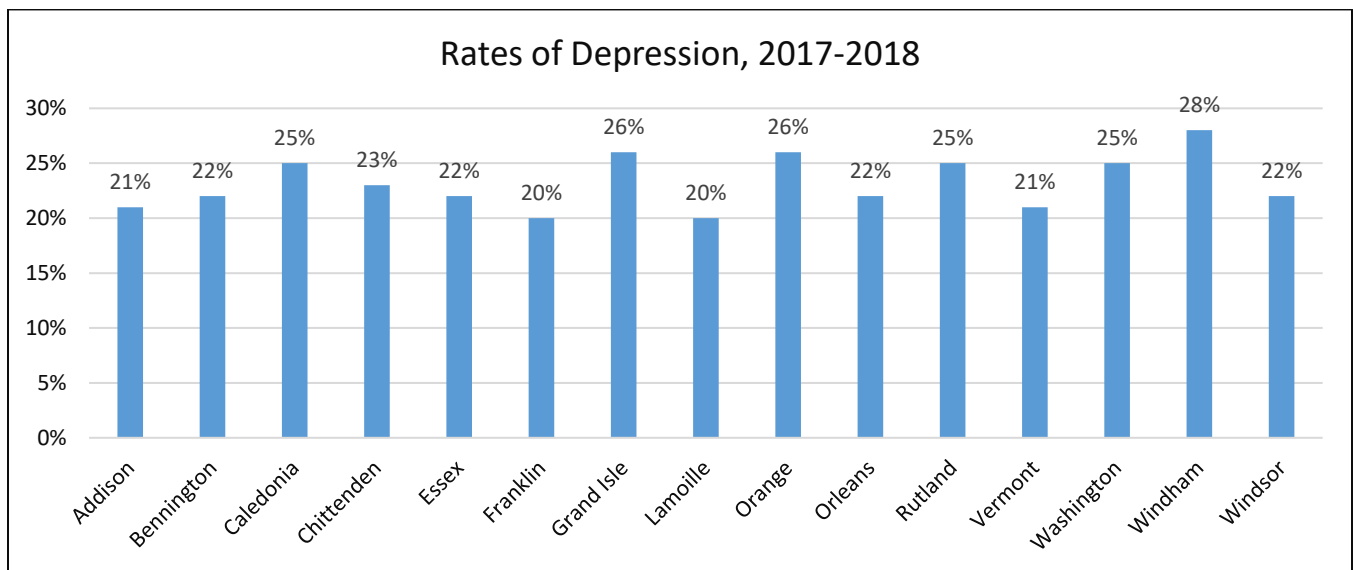
Women are statistically more likely than men to report having a depressive disorder. Adults under age 65 are statistically more likely to have been diagnosed with depression than older adults. People of color, LGBTQ+ adults and adults with a disability are significantly more likely to have depression than white, non-Hispanic adults, non-LGBTQ+ adults and adults with no disability.

Depression is reported similarly across all education levels.

Income makes a difference. Adults in homes with less than \$25,000 in annual income are statistically more likely to have a depressive disorder than homes with more income. Adults in homes earning \$75,000 or more are statistically less likely to have depression than homes with a middle income.



Windham County has the highest rate of depression of all counties in Vermont.¹²⁵



¹²⁴https://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR_2018_BRFSSReport.pdf;
https://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR_YRBS_WINDHAM_2019.pdf

¹²⁵ https://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR_2018_BRFSSReport.pdf

Depression is also common among Windham County youth. As many as 27% of the county's youth have been affected in recent years.¹²⁶

Females are twice as likely to experience depression than males: 36% vs. 17%.

LGBTQ+ youth are three times as likely to experience depression than heterosexual and cisgender youth.

Statistically, Windham County youth experience depression at rates equal to their peers throughout Vermont.

FELT SO SAD OR HOPELESS ALMOST EVERY DAY FOR TWO WEEKS OR MORE IN A ROW THAT THEY STOPPED DOING SOME USUAL ACTIVITIES, PAST YEAR				
		Windham	VT	
Overall		27%	25%	Overall Differences: State vs County
Sex	Male	17%	16%	VT and County are Similar
	Female	36%	35%	
Grade	Grade 9	21%	23%	Within County Differences
	Grade 10	32%	26%	
	Grade 11	30%	26%	
	Grade 12	24%	26%	
Race	WnH	26%	25%	Females > Males
	REM	30%	28%	10 > 9
Sexual Orientation	Het/Cis	21%	21%	LGBT > Het/CIS
	LGBT	63%	58%	

Suicide

Suicide is a leading cause of death for all ages, both nationally and in Vermont. When someone takes his/her/their own life, it also has a devastating effect on families and communities.

Risk factors for suicide include relationship problems, self-identity doubts, exposure to traumatic events, anniversaries of traumatic events, neglect and/or loss of vital resources, mental illness and a lack of mental health care, chronic health issues, social isolation, and access to lethal means (firearms and medications).¹²⁷

According to Vermont's Department of Mental Health, suicide triggers vary based on one's personal identity:

- Stress resulting from prejudice and discrimination (family rejections, bullying, violence) is a known risk factor for suicide attempts among lesbian, gay, bisexual and transgender youth.
- For middle-aged men, unemployment, divorce and other changes that challenge traditional male roles (breadwinner, head of the household) can increase risk.
- People living in poverty, especially in rural areas, are at risk due to increased stress and lack of access to effective and affordable behavioral and mental health care.
- Older adults and youth who are alone too much or who feel isolated and lonely, are at risk.
- First responders (including EMS, fire, law enforcement, emergency dispatchers) and military veterans are exposed to death by suicide, which puts them at risk as well. People in these professions also tend to have higher rates of post-traumatic stress, which is associated with depression and anxiety. In addition,

¹²⁶ https://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR_YRBS_WINDHAM_2019.pdf

¹²⁷ <https://mentalhealth.vermont.gov/suicide-prevention/what-puts-us-risk-suicide-and-what-helps-protect-us>

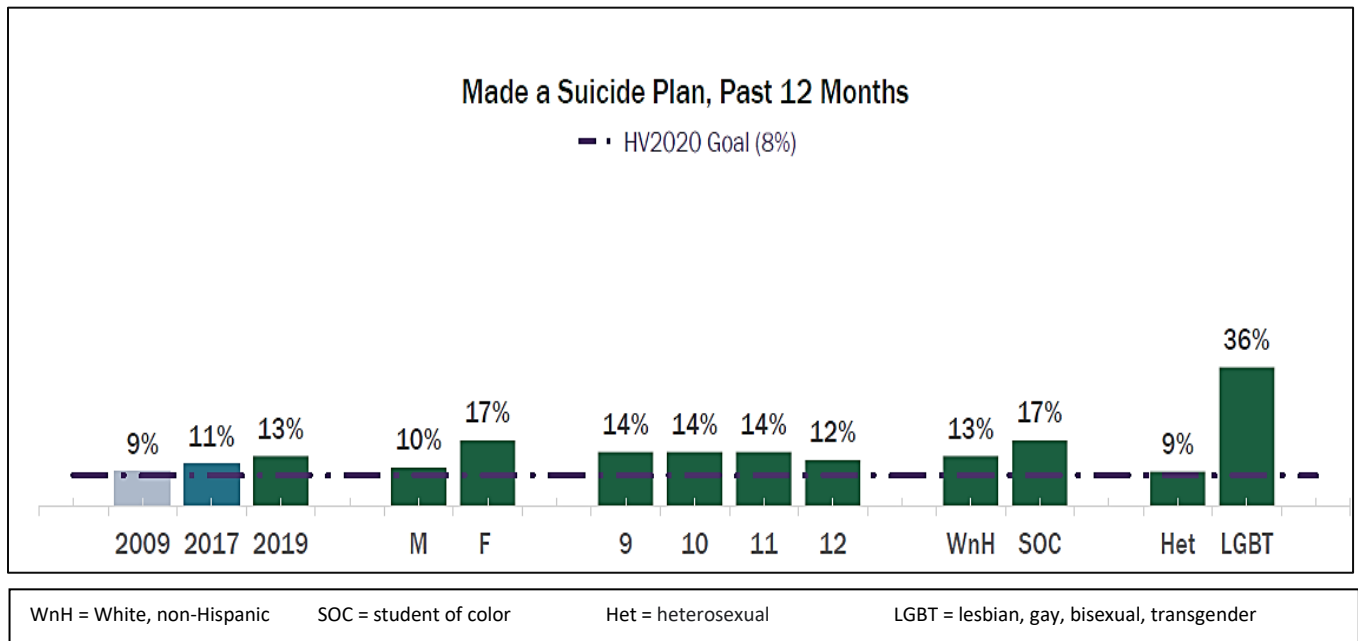
they may be exposed to beliefs that seeking help is not acceptable. Finally, these groups tend to have increased access to lethal means, such as guns and powerful medications.

Access to physical and mental health, social connections, meaningful work, support for substance abuse disorders, and coping skills can all help reduce the risk of suicide.¹²⁸

Among Vermonters, men and women report having seriously considered suicide at similar rates. Young adults are most likely to report considering suicide in the past year. Adults 18-24 are statistically more likely to report seriously considering suicide compared to adults 45 and older. Adults 25-44 are statistically more likely to report seriously considering suicide than adults 65 and older. There are no statistical differences in suicidal thoughts by education level. Adults living in homes with lower incomes are more likely to report considering suicide.¹²⁹

Windham County’s rate of suicide has been higher than the state’s rate for several years. The most recent statistic shows Windham County’s rate per 100,000 individuals was 20.5, vs. 17.2 for Vermont and 13 for the U.S.¹³⁰

The number of Vermont teens in Windham County who reported having made a suicide plan during 2017-2018 was 12-14%, and the number who actually made an attempt was 7%.¹³¹



Teen suicide is a major concern in Vermont, and many organizations, schools and mental health agencies have worked to raise awareness about this issue and to support families and friends after an event of suicide.

Suicide may not be predictable, but people who are considering suicide may display signs such as alcohol or drug abuse; mental health issues such as depression; physical illness such as a chronic disease; financial troubles; or problems at home, school or in the workplace. To prevent suicide, Vermonters must work together to support youth and adults who are in crisis, offering both hope and help.

¹²⁸ support for substance abuse disorders, and

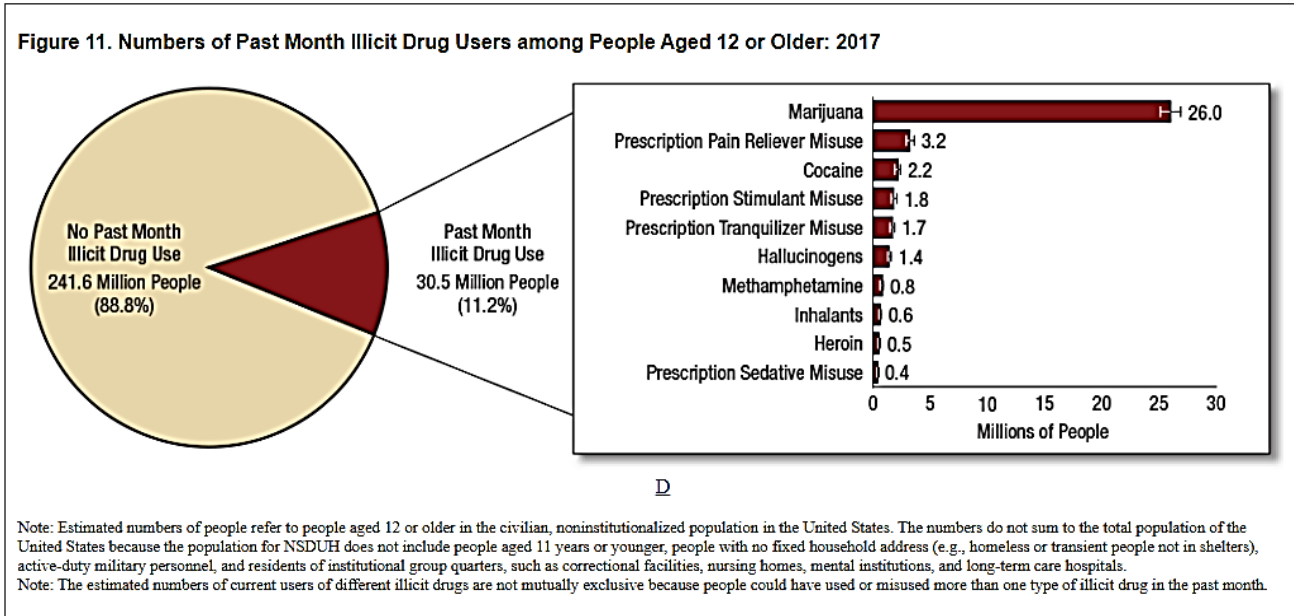
¹²⁹ https://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR_2018_BRFSSReport.pdf

¹³⁰ https://www.healthvermont.gov/sites/default/files/documents/pdf/HV2020_WindhamCounty.pdf

¹³¹ https://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR_YRBS_WINDHAM_2019.pdf

Windham County: Substance Use Disorders

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



132

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

The VDH includes questions about substance use in its two biennial surveys, the Behavioral Risk Factor Surveillance System (BRFSS) for adults and the Youth Risk Behavior Survey (YRBS) for teens, in order to see trends over time. Data from these reports is used in the following sections of this report.

Alcohol Use

National data shows that Vermonters in all age categories drinking more often and more in one sitting than compared to the country overall. An estimated 7% Vermonters are in need of, but have not sought treatment for, alcohol use disorder.¹³³ The medical diagnosis for alcohol dependence is “alcohol use disorder,” a chronic relapsing brain disease characterized by compulsive alcohol use, loss of control regarding intake, and a negative emotional state when not using.¹³⁴ According to the 2018 BRFSS, alcohol use among all Vermonters has decreased since 2011

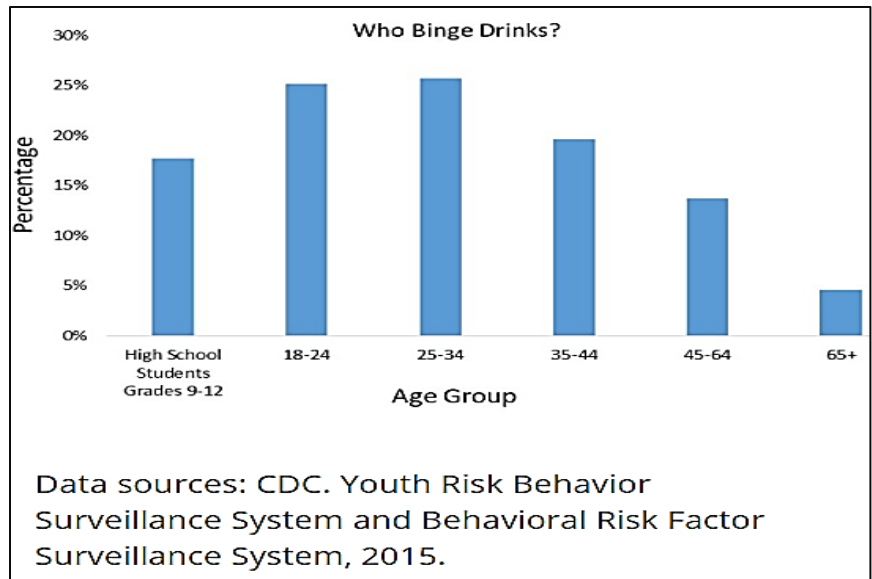
¹³² <https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHFFR2017/NSDUHFFR2017.htm>

¹³³ http://www.healthvermont.gov/sites/default/files/documents/pdf/HV2020_WindhamCounty.pdf

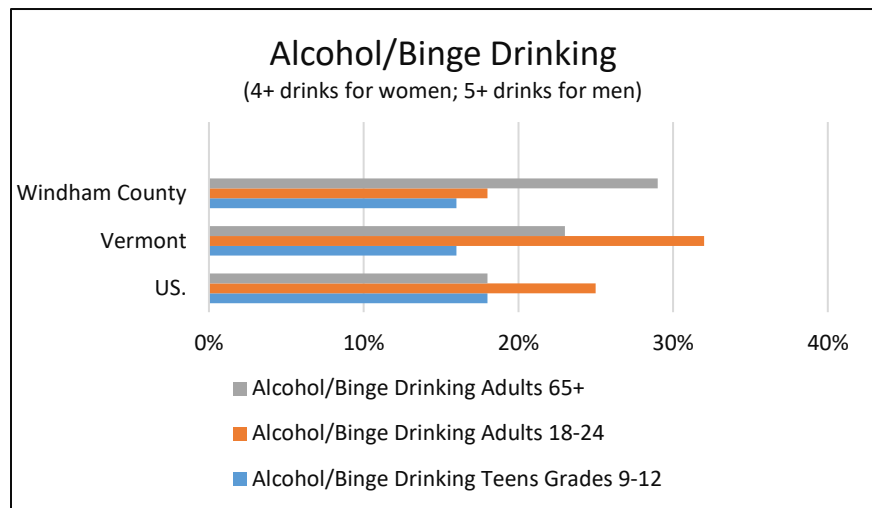
¹³⁴ <https://www.niaaa.nih.gov/publications/brochures-and-fact-sheets/understanding-alcohol-use-disorder>

(65% to 61%) but remains higher than among U.S. adults (53%). Twenty-seven percent of adults 18-24 binge drink, better than the Healthy Vermonters 2020 goal of 31%, and down from 34% in 2011.

According to the 2019 YRBS, the percentage of high school students who currently drink (one or more drinks in the past month) has decreased significantly since 2005 (when the rate was 42%), but is up slightly since 2005 (when the rate was 30%); the 2018 rate for Vermont was 31% and for the county was 32%. For middle school students, the 2018 rates were 7% for Vermont and 8% for Windham County.¹³⁵



The CDC defines binge drinking as drinking that brings a person’s blood alcohol concentration to 0.08 g/dl or above, which typically happens when men consume 5 or more drinks or women consume 4 or more drinks in about 2 hours. One in six US adults binge drinks about four times a month, consuming about seven drinks per binge. Binge drinkers are most often age 18-34, but teens and those mid-30 to mid-40 are also susceptible.¹³⁶



By middle school, 2% of Vermont students binge drink. By high school, 16% of them binge drink. One in three adults age 18 to 24 binge drinks, and 5% of older adults age 65+ binge drinks. According to the 2019 YBRS, females are twice as likely to binge drink as boys, and those in the LGBTQ+ community are also more likely to binge drink,¹³⁷ but the 2017 YBRS did not find these differences in rates between gender and sexual orientation.¹³⁸

Older adults are more susceptible to the health risks of alcohol use due to physiological changes, any chronic disease they may have, or some medications they take. Excessive alcohol use can increase the risk for dementia. The rates of risky alcohol use for Vermonters and Windham County residents age 65+ are noticeably higher than the U.S. average of 18%.

¹³⁵ https://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR_YRBS_WINDHAM_2019.pdf

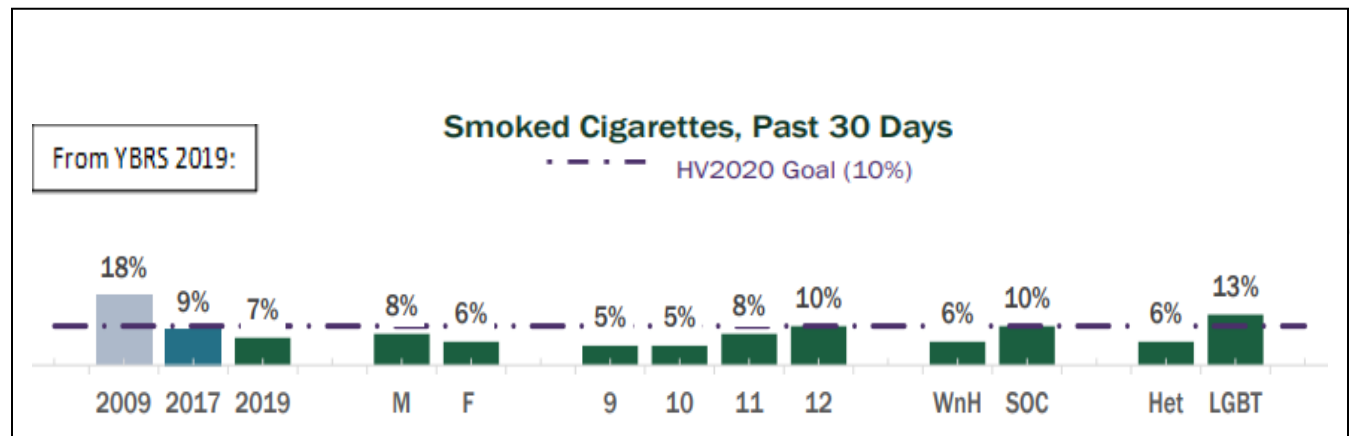
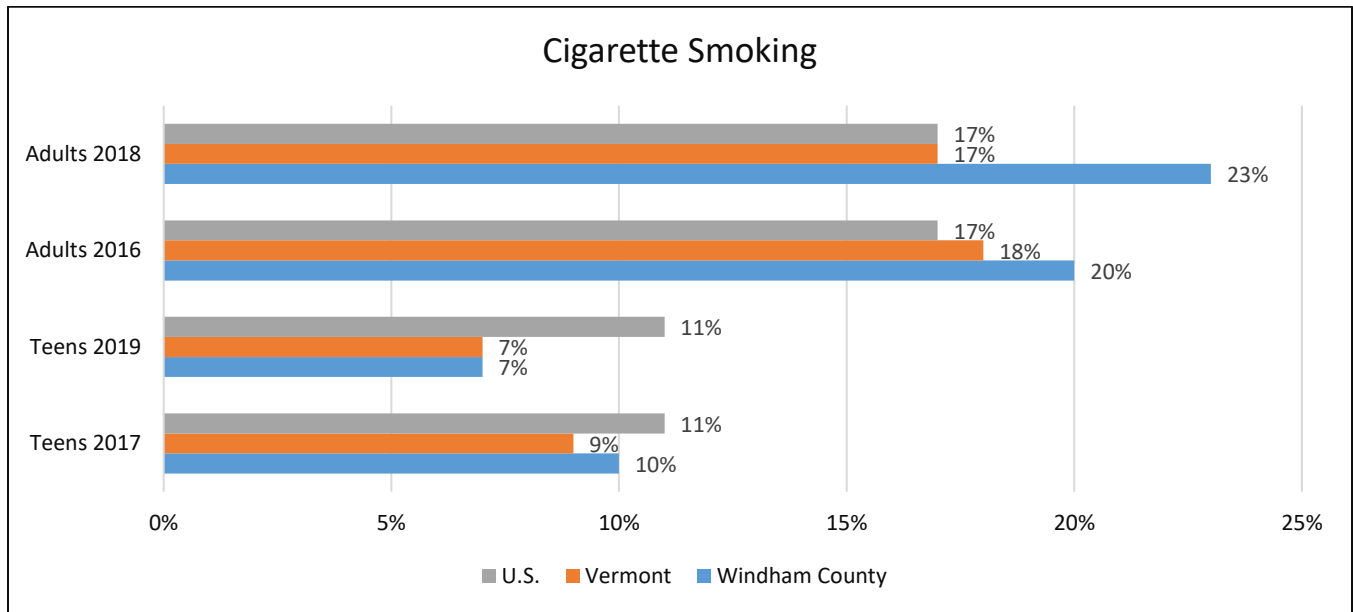
¹³⁶ <https://www.cdc.gov/alcohol/fact-sheets/binge-drinking.htm>

¹³⁷ https://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR_YRBS_WINDHAM_2019.pdf

¹³⁸ https://www.healthvermont.gov/sites/default/files/documents/pdf/CHS_YRBS_WindhamCounty.pdf (2017)

Cigarettes & Tobacco

Teenage cigarette smoking among Vermonters and Windham County residents has declined over the past several years as shown in the figures above and below. This is good news. But smoking among adults has increased. Perhaps that indicates in part that smoking behavior has persisted as some teens surveyed in 2017 have aged into adulthood. The percentage of adults in Vermont and Windham County has increased by several percentage points.¹³⁹



E-Cigarettes & Vaping

While the statistics for cigarette smoking among teens has improved, that rate of teens who vape is still high. The 2019 YBRS found that 26% of Vermont high school students vape, and 27% of Windham County high schoolers do.¹⁴⁰

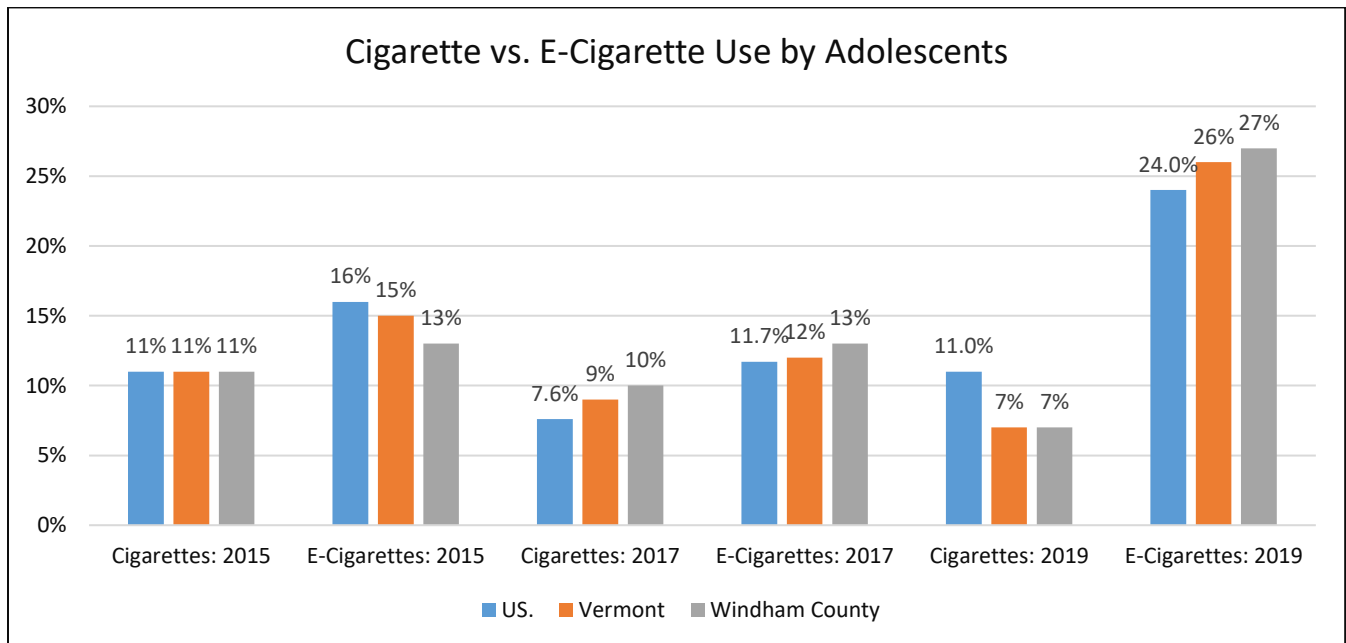
¹³⁹ http://www.healthvermont.gov/sites/default/files/documents/pdf/HV2020_WindhamCounty.pdf;
https://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR_YRBS_WINDHAM_2019.pdf;
https://www.healthvermont.gov/sites/default/files/documents/pdf/CHS_YRBS_WindhamCounty.pdf (2017)

¹⁴⁰ https://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR_YRBS_WINDHAM_2019.pdf;

Electronic cigarettes, sometimes called “e-cigarettes,” are devices with a battery inside that heats liquid into an aerosol (vapor). The user inhales the vapor in an activity that simulates smoking. Vaping is the term used for use of this device, because of the vapor that is inhaled. Vaping can be used to inhale tobacco, cannabis, and other drugs. E-cigarettes can also be used to inhale cannabis and other drugs. They are a convenient way to do this discreetly because many of them are created to look like ordinary objects like pens, computer thumb drives, and pencil sharpeners. The exhaled vapor can easily be hidden, so students are beginning to use them secretly during class.

Research shows that teens who try vaping, thinking it is harmless, are more likely to use other addictive substances, including regular cigarettes, cannabis, alcohol and drugs. Dual use (use of e-cigarettes and conventional cigarettes) by the same person is also common among youth and young adults (ages 18-25).

The use of e-cigarettes is also on the rise, particularly among teens. Data shows a dramatic increase among teens.¹⁴¹



The risks associated with the nicotine used in e-cigarettes may be less than with conventional cigarettes, but the long-term effects of vaping are as yet unknown. E-cigarettes are a new invention, on the market for only about 11 years. Nearly 20% of young adults believe e-cigarettes cause no harm, and more than half believe they are only moderately harmful, according to the U.S. Surgeon General.

Marijuana (Cannabis)

Using cannabis can negatively affect brain development and impair judgement and coordination. Different forms of cannabis can have very different levels of THC and can cause severe reactions.¹⁴²

National data shows more Vermonters (ages 12 and up) are using cannabis compared to the country overall.¹⁴³ Complicating the situation in Vermont is the fact that the Vermont Legislature has recently legalized the use of

¹⁴¹ http://www.healthvermont.gov/sites/default/files/documents/pdf/HV2020_WindhamCounty.pdf;
https://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR_YRBS_WINDHAM_2019.pdf;
https://www.healthvermont.gov/sites/default/files/documents/pdf/CHS_YRBS_WindhamCounty.pdf (2017)

¹⁴² <https://www.healthvermont.gov/alcohol-drugs/lets-talk-cannabis/cannabis-and-youth>

¹⁴³

cannabis, making it even easier to obtain and use without need for secrecy. Perceptions of risk and community acceptance strongly influence behavior. The number of Vermonters who try cannabis for the first time between the ages of 12 and 17 is also higher in our state than in the country overall.¹⁴⁴ This despite the fact that it is still illegal to obtain and use cannabis for Vermonters younger than age 21.

The YBRS includes questions about the use of cannabis. In 2017, the percentage of Windham County high school students who admitted to having tried cannabis was 44%, compared to 37% for all of Vermont. Windham County also had a higher statistic in 2019, when the rates were 45% for the county, vs 40% for VT.

Asked about the frequency of cannabis use, high school respondents provided the following data (blue chart shows 2017 responses; green chart is from 2019; questions asked were not identical):¹⁴⁵

AMONG CURRENT USERS: FREQUENCY OF MARIJUANA USE		
	Windham	VT
1 or 2 times	37%	34%
3 to 9 times	22%	25%
10 to 19 times	11%	12%
20 to 39 times	14%	10%
40 or more times	17%	20%

Frequency of Marijuana Use, Among Current Users		Windham
1 or 2 times		34
3 to 9 times		25
10 to 19 times		12
20 to 39 times		11
40 or more times		19

AMONG CURRENT USERS: USED MARIJUANA 10+ TIMES				
		Windham	VT	
Overall		41%	41%	Overall Differences: State vs County
Sex	Male	47%	47%	VT and County are Similar
	Female	33%	35%	Within County Differences
Grade	Grade 9	27%	37%	Too few students by race
	Grade 10	40%	40%	
	Grade 11	49%	41%	
	Grade 12	44%	43%	
Race	WnH	40%	53%	
	REM	-	39%	
Sexual Orientation	Het/Cis	42%	40%	
	LGBT	41%	49%	

¹⁴⁴ <https://www.healthvermont.gov/alcohol-drug-abuse/alcohol-drugs/marijuana>

¹⁴⁵ https://www.healthvermont.gov/sites/default/files/documents/pdf/CHS_YBRS_WindhamCounty.pdf (2017)

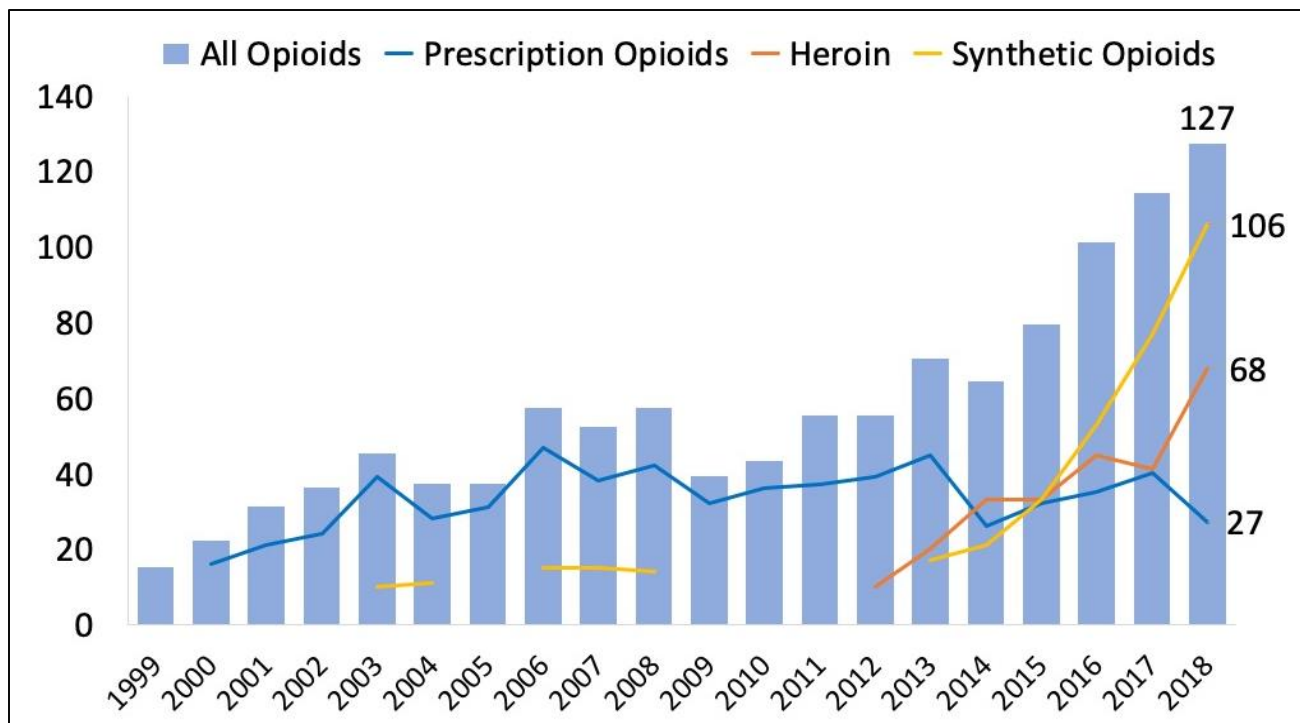
Opioids

Communities all across the state of Vermont, and across the nation, have been facing the challenge of opioid use disorder. Opioid use disorder is a lifelong chronic illness. Just like diabetes or heart disease, managing a person's substance use disorder has a multifaceted treatment approach including harm-reduction practices, recovery coaching, medication-assisted treatment, and therapy.

Vermont currently offers treatment and management for opioid use disorder through its Hub & Spoke system, a statewide partnership of clinicians and treatment centers that provide medication-assisted therapy to Vermonters addicted to opioids. The terms Hub and Spoke refer to a system of Hubs (treatment facilities) & Spokes (physician-led teams) that coordinate each patient's care. There are currently nine Hub treatment facilities – in Burlington, South Burlington, Newport, St. Johnsbury, Berlin, West Lebanon, NH, Brattleboro, Rutland and St. Albans. Windham County's Hub program is operated by Habit Opco.

Opioid use disorder can wreak havoc on one's life. Sadly, too often, it also proves fatal.

In the U.S., there were 67,367 drug overdose deaths reported in 2018, 4.1% fewer deaths than in 2017. In Vermont, drug overdose deaths involving opioids totaled 127 in 2018 (a rate of 22.8) and have remained steady since 2016. Deaths involving synthetic opioids other than methadone (mainly fentanyl and fentanyl analogs) have trended up from 33 (a rate of 5.6) in 2015 to 106 (a rate of 19.3) in 2018, as shown in the chart below. Heroin-involved deaths are also rising with 68 deaths (a rate of 12.5) in 2018. Prescription opioids have remained steady with 27 deaths (a rate of 4.4) in 2018.¹⁴⁶remained steady with 27 deaths (a rate of 4.4) in 2018.¹⁴⁷



¹⁴⁶ [https://www.drugabuse.gov/drug-topics/opioids/opioid-summaries-by-state/vermont-opioid-involved-deaths-related-harms#:~:text=In%20Vermont%2C%20drug%20overdose%20deaths,in%202018%20\(Figure%201\).](https://www.drugabuse.gov/drug-topics/opioids/opioid-summaries-by-state/vermont-opioid-involved-deaths-related-harms#:~:text=In%20Vermont%2C%20drug%20overdose%20deaths,in%202018%20(Figure%201).)

¹⁴⁷ [https://www.drugabuse.gov/drug-topics/opioids/opioid-summaries-by-state/vermont-opioid-involved-deaths-related-harms#:~:text=In%20Vermont%2C%20drug%20overdose%20deaths,in%202018%20\(Figure%201\).](https://www.drugabuse.gov/drug-topics/opioids/opioid-summaries-by-state/vermont-opioid-involved-deaths-related-harms#:~:text=In%20Vermont%2C%20drug%20overdose%20deaths,in%202018%20(Figure%201).)

Windham County: Lifestyle Choices & Health

The Vermont Department of Health and the community's health organizations sets goals for public health after gathering information about chronic health conditions that affect the community. But statistics and goals mean nothing if they do not motivate individuals to choose healthy behaviors. Each individual Vermonter's lifestyle and personal health



behaviors have a major impact on the health of the population of Vermont as a whole.

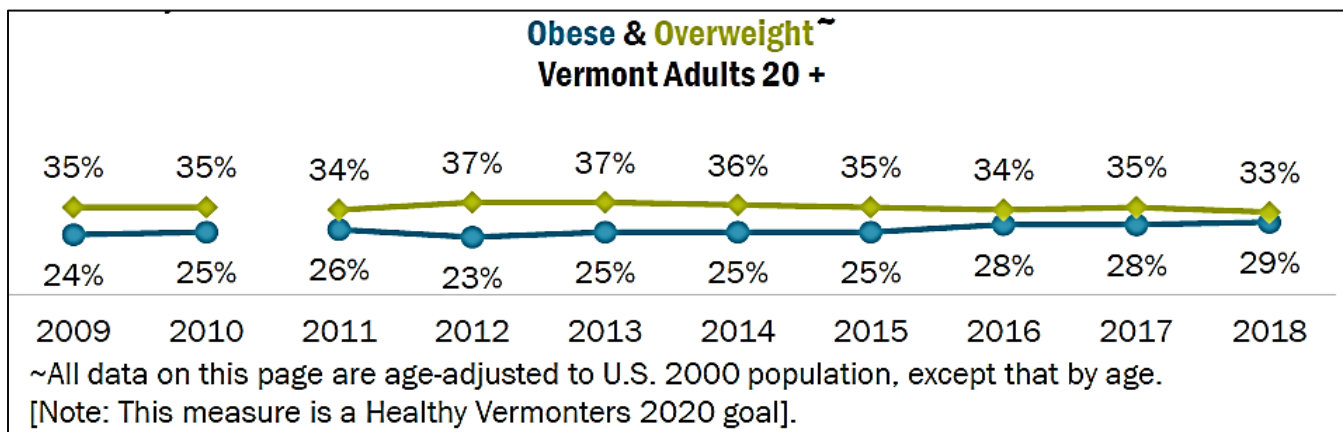
The VDH conducts its two biennial surveys, the Behavioral Risk Factor Surveillance System (BRFSS) for adults and the Youth Risk Behavior Survey (YRBS) for teens, in order to see trends over time, to see if health behaviors are improving, and if not, to consider how best to encourage and support change.

The 3-4-50 model emphasizes the importance of choice to living a healthy life. In this section of the Windham County Community Health Needs Assessment, we focus on the three behaviors that can have the biggest impact on reducing chronic disease and thus improving the lives of individuals and the health of the population.

Obesity & Overweight

Vermonters, like other Americans, are becoming more overweight or obese. In fact, more than six in ten Vermont adults 20 and older are either overweight (33%) or obese (29%). Compared to the U.S. overall, Vermont adults have a slightly lower rate of obesity (29% compared to 32%).¹⁴⁸

The terms “overweight” and “obese” describe weight ranges above what is medically considered to be healthy for a given height. Being overweight or obese can predispose a person to a variety of chronic diseases. According to the U.S. Centers for Disease Control (CDC), “A high amount of body fat can lead to weight-related diseases and other health issues.”¹⁴⁹



¹⁴⁸ https://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR_2018_BRFSSReport.pdf

¹⁴⁹ <https://www.cdc.gov/healthyweight/assessing/index.html>

The trend toward being overweight or obese affects males and females, and people of all races, incomes and education levels—but especially Vermonters at the lower end of the socioeconomic ladder and Vermonters aged 45-64.¹⁵⁰

Windham County’s obesity rate for adults is 31%, midway between the highest county rate (Grand Isle, 49%) and the lowest county rates (Addison and Washington, both at 22%). The Windham County rate for those overweight is 32%¹⁵¹

For teens in grades 9-12, there is a greater perception of being overweight than reality bears out. While 13% of Windham County teens are actually classified as obese, and 14% as overweight, 31% of Windham County’s teens describe themselves as “slightly or very overweight,” and 43% of these teens said they were trying to lose weight.¹⁵²

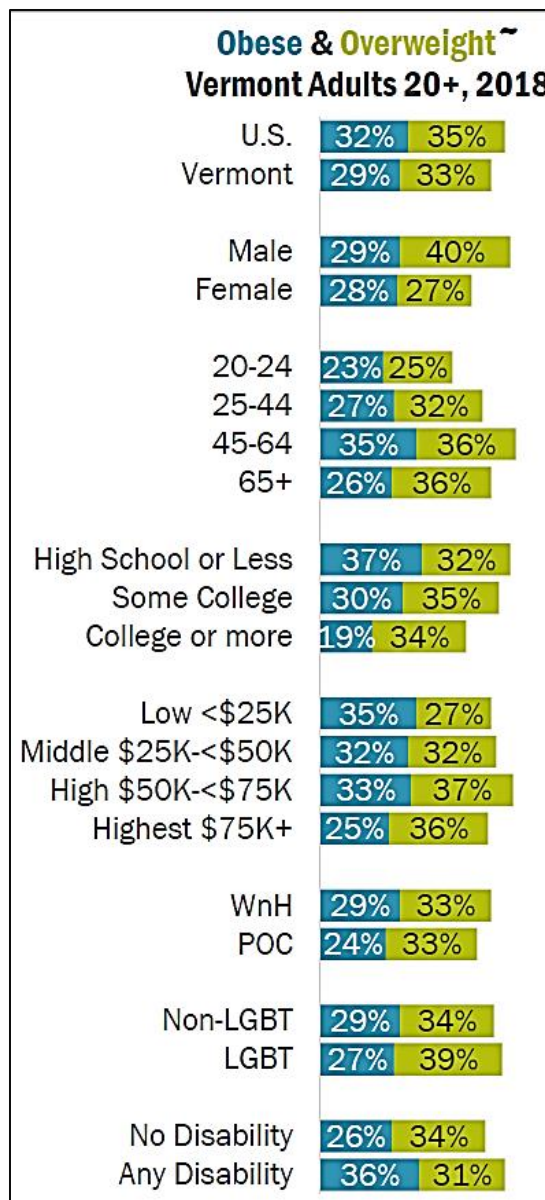
Obesity is serious because it is associated with poorer mental health outcomes and reduced quality of life. Obesity is also associated with the leading causes of death in the United States and worldwide, including diabetes, heart disease, stroke, and some types of cancer.¹⁵³

Nutrition & Exercise

VDH also tracks nutrition and levels of exercise as measures that are important for preventing or improving weight.

Questions about the inclusion of fruits and vegetables in the diet and regular physical activity are asked in both the adult Behavioral Risk Factor Surveillance Survey¹⁵⁴ and the Youth Behavior Risk Survey.¹⁵⁵ These populations are asked if they meet the recommendation of consuming 5+ fruits and vegetables each day, and results are reported below. Also included is information from the state’s Chronic Disease Surveillance Data Report.

Clearly, most Vermonters, teens and adults alike, do NOT eat enough fruits and vegetables for optimal health. Adults are doing slightly better than their Vermont and U.S. counterparts, but teens are not (comparable U.S. data for teens is not available.) Five percent of Vermont and Windham County teens surveyed said they did not eat any vegetables in the previous week. Two percent said they often or always went hungry because of lack of food at home.



¹⁵⁰ https://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR_2018_BRFSSReport.pdf

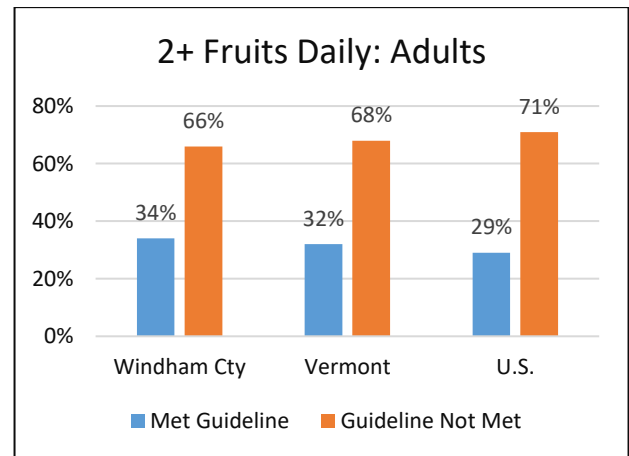
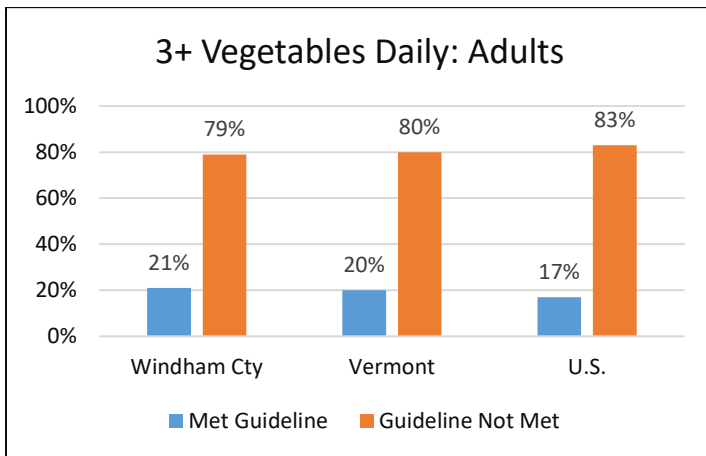
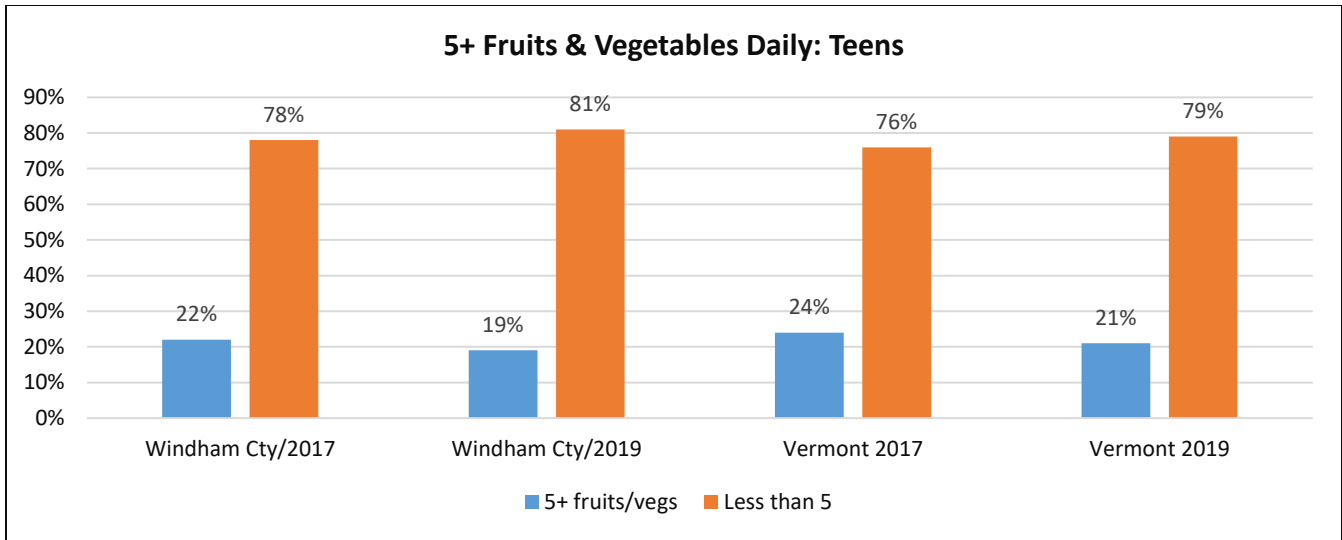
¹⁵¹ https://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR_2018_BRFSSReport.pdf

¹⁵² https://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR_YRBS_WINDHAM_2019.pdf

¹⁵³ <https://www.cdc.gov/obesity/adult/causes.html>

¹⁵⁴ https://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR_2018_BRFSSReport.pdf; https://www.healthvermont.gov/sites/default/files/documents/pdf/HS_1305_Data_Pages_081816.pdf

¹⁵⁵ https://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR_YRBS_WINDHAM_2019.pdf



Windham County’s adolescents are comparable to the state average in terms of meeting physical activity guidelines, but this is not good news. Only 20% of Windham County teens meet the recommended guideline of getting 60 minutes of physical activity per day, compared to 22% for all Vermont teens.¹⁵⁶ This means that 80% of Windham County teens and 78% Vermont teens are not active enough for optimal health.

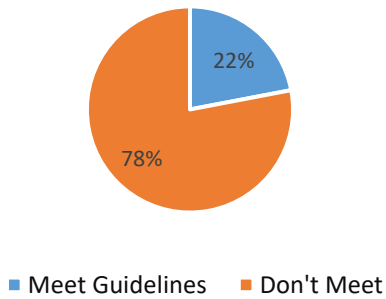
Fortunately, 46% of Vermont youth and 44% of Windham County youth did engage in 60 minutes of activity daily on 5-6 days of the week prior to the survey.

Rates for physical activity among Windham County adults are equally dismal. The recommendation for adults is to get 30-60 minutes of physical activity at least five times a week (versus 60 minutes each day for youth).

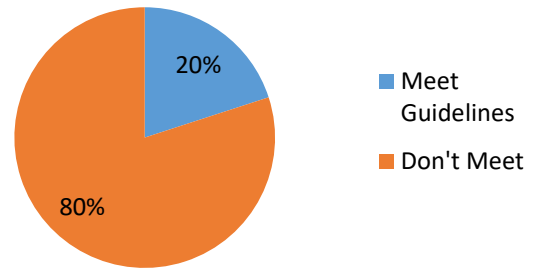
Still, despite being encouraged to have only half the activity level of youth, 18% of Vermont adults said they did not participate in any leisure time physical activity during the month before the survey, significantly lower than the 24% rate among U.S. adults. The rate for Windham County adults was identical, 18%.

¹⁵⁶[https://www.cdc.gov/physicalactivity/basics/children/index.htm#:~:text=Children%20and%20adolescents%20ages%206,doing%20push%20Dups\)%20%E2%80%93%203](https://www.cdc.gov/physicalactivity/basics/children/index.htm#:~:text=Children%20and%20adolescents%20ages%206,doing%20push%20Dups)%20%E2%80%93%203)

Vermont Teens: Physical Activity Guidelines



Windham County Teens: Physical Activity Guidelines

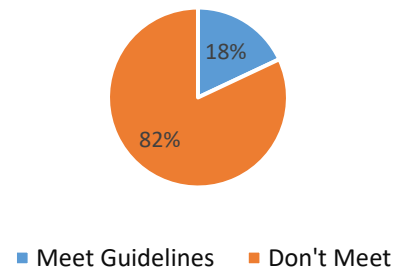


For Vermont as a whole, gender does not seem to influence the tendency to exercise. Men and women report participating in leisure time physical activity at the same rates.

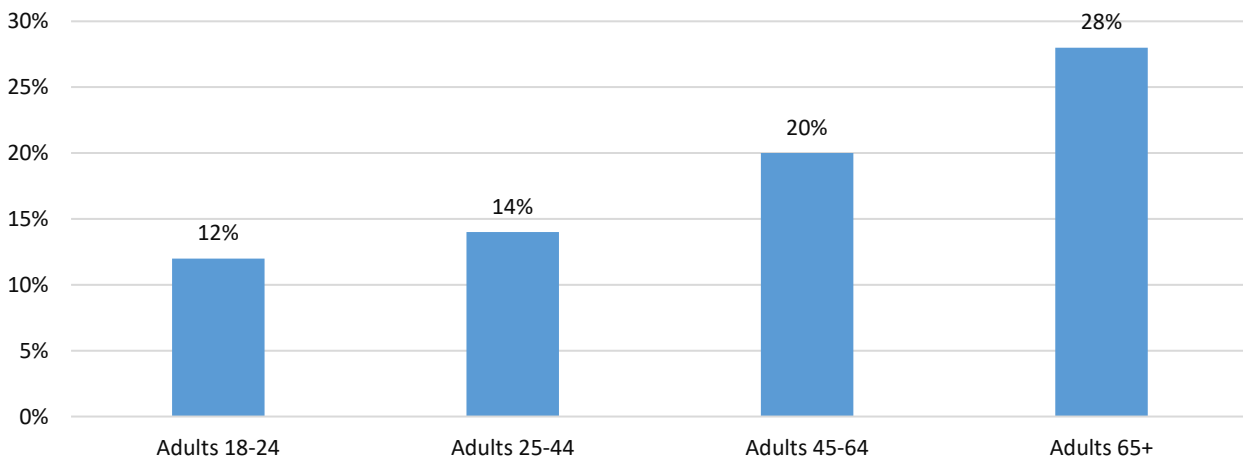
Adults of color and adults with a disability are significantly more likely to report no leisure-time physical activity than white, non-Hispanic adults and those with no disability.

As Vermonters age, the proportion who report having no leisure time physical activity increases.

VT & Windham Cty Adults: Physical Activity Guidelines



Vermonters: Physical Activity Declines with Age



Disease Prevention: Vaccines

Vaccinations help protect people from the risk of disease, especially infants who are too young to be vaccinated, and children and adults with weakened immune systems. Vaccinations can protect those being vaccinated, as well as prevent those in contact with vulnerable populations from transmitting a dangerous disease.

The U.S. Department of Health & Human Services and the U.S. Centers for Disease Control develop lists of recommended vaccines for infants, children, teens, and adults, and these lists are available, along with vaccine explanations, at the website www.cdc.gov/vaccines, or by calling 1-800-CDC-INFO (800-232-4636).

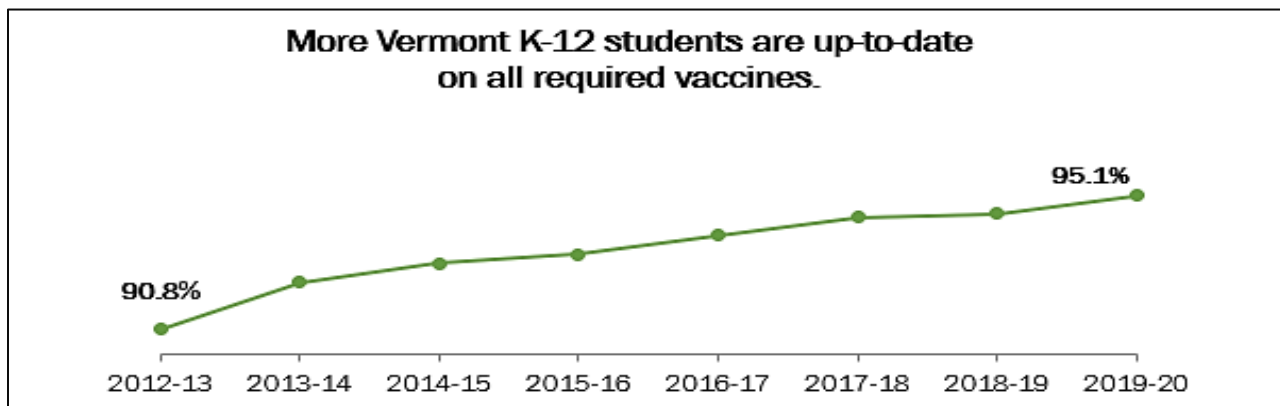
The Vermont Immunization Program provides health care providers with all pediatric and most adult vaccines at no cost through the federal Vaccines for Children and Vaccines for Adults programs.

Individuals with questions about what is best for their family should speak to their health care provider. Those without a healthcare provider can contact a nurse at the VDH local health office in Brattleboro by calling (892)257-2880 or visiting www.healthvermont.gov/disease-control/immunization.

Note: COVID-19 vaccine information appears at the end of this section of this CHNA report.

Vermont's Children: School-Age Vaccinations Rates

Congress created the federal Vaccines for Children (VFC) Program in 1993. The goal of VFC is to prevent vaccine-preventable diseases by removing or reducing cost barriers. The VFC program is funded by federal dollars guaranteed to each state for the purchase of vaccines for children who are Medicaid eligible, uninsured, underinsured, or an Alaskan native or native American. The percentage of Vermont K-12 students receiving all required vaccines remains high, increasing from 94.5% last year to 95.1%. These are the highest coverage levels reported since K-12 data collection began in 2012. Coverage at individual schools varies widely.¹⁵⁷



Windham County Children: School-Age Vaccination Rates

Data about vaccine coverage among Windham County students is tracked by the Vermont Department of Health. Reports showing the percentage of students who are fully vaccinated at each school were not available

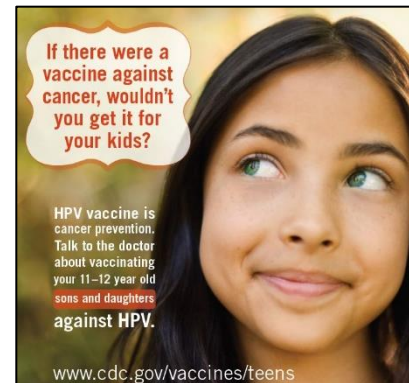
¹⁵⁷ <https://www.healthvermont.gov/disease-control/immunization/vaccination-coverage#:~:text=The%20percentage%20of%20Vermont%20public,year%2C%20when%20coverage%20dropped%20slightly>

at press time. For the most current information, visit this website: at <https://www.healthvermont.gov/disease-control/immunization/vaccination-coverage>. (Note: these tables pre-date COVID-19 vaccination.)

Adolescents & Young Adults: HPV Vaccine

Human Papilloma Virus (HPV) is a virus that can cause six different types of cancer. It is so common that nearly all sexually active men and women get it at some point in their lives. The virus is easily spread by intimate skin-to-skin contact. There are many different types of HPV. Most HPV infections (9 out of 10) go away by themselves within two years, and most people with HPV never develop symptoms or health problems. But, sometimes, HPV infections last longer, and they can cause certain cancers and other diseases. Every year in the United States, HPV causes 32,500 cancers in men and women.

The HPV vaccine is a safe and effective vaccine that prevents most common health problems associated with the virus, including cancer. Vaccination with the HPV vaccine prior to exposure to the virus can decrease the risk of certain cancers. The vaccine is fairly new. In 2006, the first HPV vaccine was licensed for girls, and five years later it was recommended for use in boys. The HPV vaccine should be given to all adolescents at 11-12 years, when it is most effective. The HPV vaccine may be given anytime from age 9-26.



According to the Vermont Immunization Program's 2017 annual report, 44 percent of Windham County teens age 13–15 had completed the HPV vaccine series, compared to the statewide average of 46.8 percent. Windham County ranked ninth out of Vermont's 14 counties in terms of its percentage of teens immunized.

Flu Vaccines

Influenza, commonly called “the flu,” is a contagious respiratory illness caused by a virus that affects the nose, throat and lungs. Influenza spreads from person to person when an infected person coughs or sneezes.

Unlike the common cold, the flu can cause serious illness and can be life-threatening. Each year in the U.S., influenza is estimated to be responsible for at least 9 million cases of disease, 140,000 hospitalizations, and 12,000 deaths.

Approximately 71-85 percent of seasonal flu-related deaths have occurred in people 65 years and older, and 54-70 percent of seasonal flu-related hospitalizations have occurred among people in that age group.¹⁵⁸ The CDC recommends that everyone 6 months of age and older get a seasonal flu vaccine each year by the end of October if possible. It is especially important for those with weakened immune systems.

Those at highest risk of contracting a serious or deadly case of the flu include:

- Pregnant women and breastfeeding mothers
- Adults age 50+
- Residents of nursing homes and other long-term care facilities
- Healthcare workers
- Travelers
- People with chronic medical conditions, compromised immune system, & impaired respiratory function

¹⁵⁸ <https://www.cdc.gov/flu/about/burden/index.html>

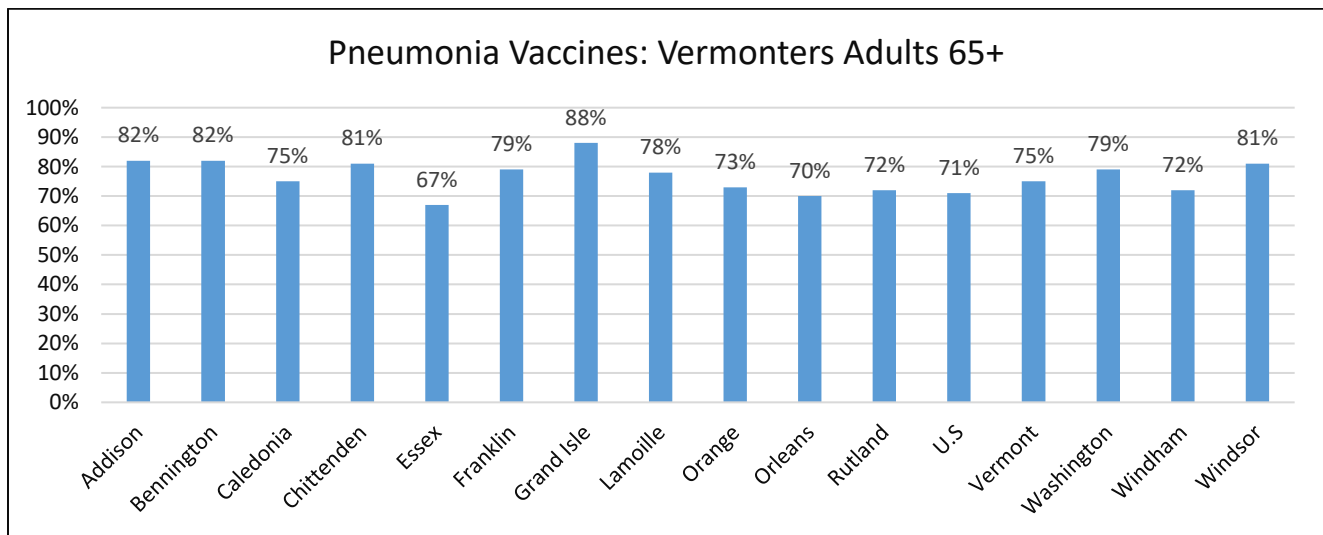
In Windham County, 51% of residents age 65+ received an annual flu vaccine, slightly lower than the state rate of 54%. The U.S. rate is also 54%. Vermont’s rate for all adults was 37%, down from 42% in 2017.¹⁵⁹

Pneumonia Vaccines

Pneumonia is another disease that can be deadly, especially for older Americans and those with compromised immune systems. Pneumococcal pneumonia is the most common type of pneumococcal disease in adults. It occurs in about 175,000 Americans each year. An estimate from 2011 states that pneumococcal disease was responsible for 4 million illnesses, 445,000 hospitalizations, and 22,000 deaths each year.¹⁶⁰

Pneumococcal disease is caused by a bacterium known as *Streptococcus pneumoniae*, also called pneumococcus. Pneumococcus can cause a variety of infections, ranging from ear and sinus infections to bloodstream infections and pneumonia. Pneumonia is an infection of the lungs. The pneumococcus is one of the most common causes of severe pneumonia. When the bacteria invade parts of the body that are normally free from germs, the illness is usually very severe, requiring hospitalization.¹⁶¹

The best way to prevent pneumococcal disease is by getting vaccinated. Pneumococcal vaccines help protect against some of the 92 types of pneumococcal bacteria. There are two types of pneumococcal vaccines, each protecting the most common of these bacteria. A medical provider can determine which vaccine is best for which patient. In some cases, both vaccines are given to the same patient. Generally, the shots are administered every five years.¹⁶² The VDH reports that 75% of Vermonters age 65+ have received a pneumonia vaccine (the U.S. rate is 71%). Windham County’s rate is among the lowest in the state.



Men are much less likely to be vaccinated for pneumonia. For Vermont, the rate for males is 69% compared to 79% for females. There is also a big difference in pneumonia vaccination rates between white non-Hispanic people (rate = 75%) versus people of color (rate = 64%). There are no other statistical differences in pneumococcal vaccine rates by education, annual household income, sexual orientation or gender identity.¹⁶³

¹⁵⁹ https://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR_2018_BRFSSReport.pdf

¹⁶⁰ <https://www.cdc.gov/flu/about/burden/index.html>

¹⁶¹ <https://www.healthvermont.gov/immunizations-infectious-disease/other-reportable-diseases/pneumococcal-disease>

¹⁶² <https://www.cdc.gov/vaccines/vpd/pneumo/downloads/pneumo-vaccine-timing.pdf>

¹⁶³ https://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR_2018_BRFSSReport.pdf

COVID-19 Response 2020-2021

Testing, Vaccination, and Other Efforts

The most pressing health concern during the year and a half preceding publication of this report has been the coronavirus (COVID-19) pandemic. While details of this event are top-of-mind right now, it is important to record some details of the roles that Windham County healthcare organizations have played.

In response to this highly-contagious and deadly disease, healthcare providers and policy makers had to set aside all but the most essential healthcare programs and projects. The provision of healthcare was altered in ways that were previously unimaginable. In-person visits to providers were limited at the beginning of the outbreak. Surgeries were postponed. Healthcare facilities ramped up infection control protocols. Buildings were renovated to provide separate areas to diagnose and treat actual and suspected COVID-19 cases. Supplies were stockpiled in order prepare for potential surges. Wellness centers suspended classes. Telemedicine increased, with both telephone and computer patient visits becoming the norm for several months.

Over time, two important new services were developed and provided by Windham County healthcare medical personnel: COVID-19 testing for diagnosis of the disease and, when vaccinations finally became available, administration of the vaccine. In addition, the Vermont Department of Health worked to set new policies, to conduct contact tracing in order to curb the spread of the disease, to connect medical providers to resources, and to connect the general public to the latest information.

Over the upcoming three years, until it is time to prepare the 2024 Community Health Needs Assessment report, there will be continued data analysis about the disease itself and its long-term effects on physical and mental health, as well as research into the financial impact on individuals, families, and communities. By 2024, we hope that COVID-19 will be a footnote, with other health issues identified in this report receiving their due attention.

What follows is a brief summary of how each healthcare partner represented in this reported has worked to diagnose, treat, and mitigate the effects of COVID-19.

For more information, visit healthvermont.gov/covid-19 and cdc.gov/coronavirus/

Vermont Department of Health – Brattleboro District

In March of 2020, staff from the Brattleboro Office of Local Health began deployment to the Vermont Department of Health's Health Operations Center, as VDH moved to strictly minimum-essential functions in their Continuity of Operations Plan. Out of eleven local health staff, seven were pulled from their original positions and assigned roles on various teams including: Contact Tracing, Travel Monitoring, Outbreak Prevention and Response, Facility Wide Testing, and the local Vaccination Branch, with the District Director serving as the HOC Brattleboro Division Director. Four WIC nutrition staff continued to provide teleWIC services throughout the last fifteen months.

The Brattleboro Office of Local Health has led multiple rounds of Facility Wide Testing at long-term care facilities, in-patient medical care facilities, emergency housing locations, and residential schools throughout Windham County, and have hosted pop-up testing sites at least weekly, sometimes more often.

Staff who are on the Outbreak Prevention and Response Team have worked around-the-clock to provide guidance and technical assistance to schools, childcare centers, healthcare facilities, workplaces and businesses, and community sites as positive cases and outbreaks have occurred.

As of June 2021, in coordination with the Medical Reserve Corps, the Brattleboro Office of Local Health has led 22 vaccination clinics and provided 3,042 vaccinations.

Brattleboro Memorial Hospital

With the nation and state focused on the threat of COVID-19, Brattleboro Memorial Hospital took many measures to address the health and safety of our community and staff over the past 15 months:

In early March 2020, we adopted the most up-to-date recommendations of the Center for Disease Control and Prevention (CDC), the World Health Organization (WHO), and the most relevant local recommendations from the Vermont Department of Health (VDH). We immediately educated staff members about screening for, testing, and treating COVID-19, and provided regular updates as information became available from the CDC, WHO, and VDH. We increased our cleaning and disinfection protocols in all public and clinical spaces, and posted signage for patients and visitors to alert them to the warning signs of COVID-19. Hand hygiene stations were deployed throughout the hospital, and masks were available.

Additionally, we updated our visitor policy on a regular basis to follow guidance from the Governor, including limiting visitors. We also limited access points into the Hospital. Screeners were added to each entrance and all individuals that entered BMH were screened for COVID-19 symptoms. We insured that we had adequate supplies such as Personal Protective Equipment (face masks, gowns, gloves, etc.) and a 11-bed unit was established in the event of a surge of COVID-19 positive patients. Due to only a few entrances being available to patients we had to relocate services to be more easily accessible.

By the end of March 2020, BMH had setup an outpatient testing site for individuals that were experiencing COVID-19 symptoms and postponed all elective surgeries and suspended services such as volunteers, cardia rehab, and student rotations. Telehealth became an important way to deliver care to patients who did not need to physically come to the hospital to be seen for their appointment. We also consolidated the Medical Group Practices so that Medical Group staff were available to provide additional support for hospitalized patients. In order to be transparent and keep the community informed, BMH created a real-time dashboard to monitor key indicators related to the virus.

In the fall 2020, Vermont witnessed a rise in COVID-19 infections. To increase access to COVID-19 testing for the community, BMH partnered with VDH and the Cambridge Innovation Center (CIC) to provide evening and weekend COVID-19 testing. In accordance with the Governor's Executive Order, the hospital tightened visitor restrictions to essential support persons only.

BMH received our first shipment of the COVID-19 vaccine in mid-December 2020. Following state guidelines, the hospital vaccinated those eligible via phases. The hospital established a vaccine clinic in the Brew Barry Conference Center.

Throughout May 2021, BMH established walk-in pop-up vaccine clinics to increase vaccine access for community members at various local sites, including the Brattleboro Fire Stations, Brattleboro Union High School, Brattleboro Subaru, Green Street Elementary School, and the empty Rent-A-Center storefront in the Price Chopper Plaza. As of June 2021, the hospital administered a total of 20,394 doses, averaging 800 patients per week, and vaccinated 87% of its workforce.

Brattleboro Retreat

The onset of the COVID-19 pandemic in March, 2020, presented difficult, and unprecedented challenges for the Retreat's clinical and administrative staff. Yet employees stepped up in every way possible to ensure the safety of patients, and each other, while continuing to meet the ongoing psychiatric and addiction treatment needs of Vermonters.

Early actions at the Retreat included suspending patient visitation and instituting a series of measures designed to prevent transmission of the virus on hospital grounds. These included requiring all employees to wear PPE (face masks, face shields, etc.), suspension of public food service in the cafeteria, restrictions on foot traffic

between and among departments and units, and the requirement that any employee who exhibited flu-like symptoms and/or tested positive for the coronavirus self-quarantine at home per CDC guidelines.

In the small number of instances when an employee tested positive for the coronavirus, the Retreat's Infection Prevention department conducted thorough contact tracing to ensure the health and safety of patients and staff who may have interacted with that individual.

At the same time, Retreat officials suspended admissions of out-of-state patients in order to prioritize the needs of Vermonters. In partnership with the State and infection prevention specialists at Brattleboro Memorial Hospital, the Retreat's converted its Tyler 1 unit into a space suitable for the care of patients who might contract COVID-19.

All outpatient services, including the Retreat's partial hospital and intensive outpatient programs, were converted to telehealth platforms using secure, internet-based conferencing software. Patient family visits were set up along the same lines.

Upon approval of the Pfizer and Moderna vaccines in early January 2021, the Retreat established a robust vaccination program that resulted in the full vaccination of approximately 80 percent of the Retreat's entire workforce. During the first half of 2021, the Retreat remained vigilant by continuing to require the use of face masks and requiring any employee testing positive for COVID-19 to self-quarantine.

We are proud of the many adjustments and sacrifices made by staff during ongoing months of stress and uncertainty. Together with our State and community partners, we kept transmission of the coronavirus on our campus at an impressively low level, and came through this public health crisis as a stronger and wiser organization.

Grace Cottage Family Health & Hospital

As soon as it became evident that the COVID-19 virus would reach Vermont, Grace Cottage's medical and leadership teams took immediate action to keep our patients, community, and employees safe. A COVID-19 Task Force of key employees was assembled in March, 2020, meeting weekly to be sure that all communications within and outside of the organization were clear, concise, correct, and thorough. We began assembling PPE (personal protective equipment), and many members of the community pitched in to make homemade masks and gowns to keep Grace Cottage employees as safe as possible. Temperature screening of all patients and employees as they entered any building on our campus was implemented, and questions about symptoms and possible exposure to the virus were asked. Surfaces were thoroughly sanitized after each patient encounter, and numerous other safety precautions were taken throughout the facility.

In late March, 2020, Grace Cottage's leadership initiated a Message to the Community from our CEO, Doug DiVello, which was e-mailed weekly to over 2,000 recipients (employees, patients, and community members) who had an affiliation with Grace Cottage. Starting in November, 2020, the Message to the Community was e-mailed monthly rather than weekly; response to this communication was overwhelmingly positive. Our goal was to provide up-to-date, accurate information, and we relied heavily on the State of Vermont Department of Health's various forms of communication to the public and to hospitals in the state.

When Pfizer and Moderna vaccines were given Emergency Use Authorization by the Federal Drug Administration in December, 2020, we began administering them in the order outlined by the state of Vermont, and did the same when the Johnson & Johnson vaccine was approved. We worked closely with the Vermont Department of Health throughout the vaccination process, setting up clinics, converting our Community Wellness Center to a vaccination site. Between December 2020 and July 2021, we administered 6,500 vaccinations in the vaccination clinic, in our rural health clinic, and in our Emergency Department.

Rescue, Inc.

In February of 2020, we began to realize that COVID-19 could become a true threat to our community and therefore to our organization. In early March 2020, a few short weeks after this initial discussion, COVID-19 was here and the pandemic was declared. We swiftly researched and adopted all the recommendations from the Centers for Disease Control (CDC) and the Vermont Department of Health (VDH), which drastically changed our emergency response model.

Being on the frontlines, with so many unknowns, made us nervous for the well-being of our staff and our patients. We came up with strict guidelines and continually updated them based on the recommendations put out by the CDC and VDH. We closed our buildings to the public, which meant no more blood pressure checks, CPR or First Aid classes, or other EMS training for our staff. We no longer had any "off-duty" personnel in the buildings, which included all our administrative staff. Our building was sectioned off into "clean" and "dirty" zones. Sleeping areas were expanded, air purifiers were placed in every room, handwashing stations and boot cleaning stations at every entrance, and health and temperature screenings were the everyday norms.

We stocked up on all the personal protective equipment (PPE) we could get our hands-on, which luckily enough, we found to be successful. We had staff wearing gowns, N95s, and eye protection on every call. We were prepared for a significant influx of calls in relation to the virus; however, the opposite came. People were not calling 911; instead, they were staying home. However, when we did get a true COVID-19 patient they required us to be on our A-game with critical care level interfacility transfers, most times to the University of Vermont (UVM) Medical Center. These were very sick and very challenging patients.

In May 2020 we began helping with COVID-19 testing at pop-up sites not only in Brattleboro but all of southern Vermont. Approximately 25% of our staff were trained to do these tests. Not only did we work pop-up sites but also did at-home testing for those who could not leave to get to a testing site. Again, these occurred all over southern Vermont.

In December 2020 our staff began to get their COVID-19 vaccines. However, we still remained stringent on PPE usage and following the guidance of the CDC and VDH.

In January 2021 we were asked by the Vermont Department of Health to help administer vaccines, specifically to Vermont's home-bound population. We took this mission to heart and created a robust vaccination program. The program was made up of 40 team members, some of whom were from our active staff, who continued to work their full-time jobs on the road. However, the majority of them were made up of our Technical Rescue team, Londonderry Valley Ambulance personnel, and Putney Fire Department. We also teamed with home health agencies including Bayada and Visiting Nurse & Hospice for VT/NH in order to identify the homebound population in need of the vaccine. We then expanded to hosting our own Point of Distribution (POD) Sites, per VDH request. These PODs were all over the state of Vermont, from Burlington to Brattleboro and everywhere in between. The sites were chosen based on where the availability of the vaccine was limited. We've administered both Pfizer and Johnson & Johnson vaccines and are proud to say we've vaccinated approximately 6,800+ Vermonters. The program is still running today and intends to as long as needed.

Today, things are starting to go back to normal with regular operations, though we still wear masks on every call to protect ourselves and our patients. We feel lucky to have made it through the pandemic with only a single case amongst our staff and to have played a positive role in the outcome of the vaccination initiative in Vermont.

NAACP Health Justice Committee

Working as a BIPOC-focused Health Justice Committee during the 2020-21 COVID pandemic, appointed by the Windham County NAACP and the Community Equity Collaborative of the Brattleboro Area (CEC).

About Us: This committee was founded as the Accurate Race/Ethnicity COVID-19 Data Tracking Committee in June 2020. During the time of the work outlined below, the committee's membership has included Brattleboro Memorial Hospital (BMH) administrators and practitioners, United Way of Windham County leadership, Vermont Department of Health (VDH) staff (Regional Director, Health Equity & Community Engagement, Data Analysis Team), and NAACP and CEC representatives.

In May 2021, the NAACP of Windham County invited the committee to expand its membership and transition to become the NAACP Health Justice Committee. The committee originally met twice a month, but has since cut down to once a month. Under the NAACP umbrella, the committee uses the Public Health Framework for Reducing Health Disparities experienced by our BIPOC community as a guide throughout to break down barriers to accessing health services. We aim to simplify the process and make it personal. We focus on the following:

At a County level...

We empower local community-based organizations to assess and address BIPOC health disparities. For example:

- Working closely with United Way and VDH to establish a Windham County Community Profile to monitor health outcomes utilizing Results Based Accountability and funding from the Centers for Disease Control.
- Working with Building a Positive Community and VDH to develop a tobacco cessation strategy.
- Provide community representation in the BMH Council on Racial Equity - including support for diverse workforce development.
- We aim to promote anti-racism health care education for all employees in local hospitals.
- We are ensuring that the Community Health Needs Assessment has impactful BIPOC input.

At a State level, we have pushed for...

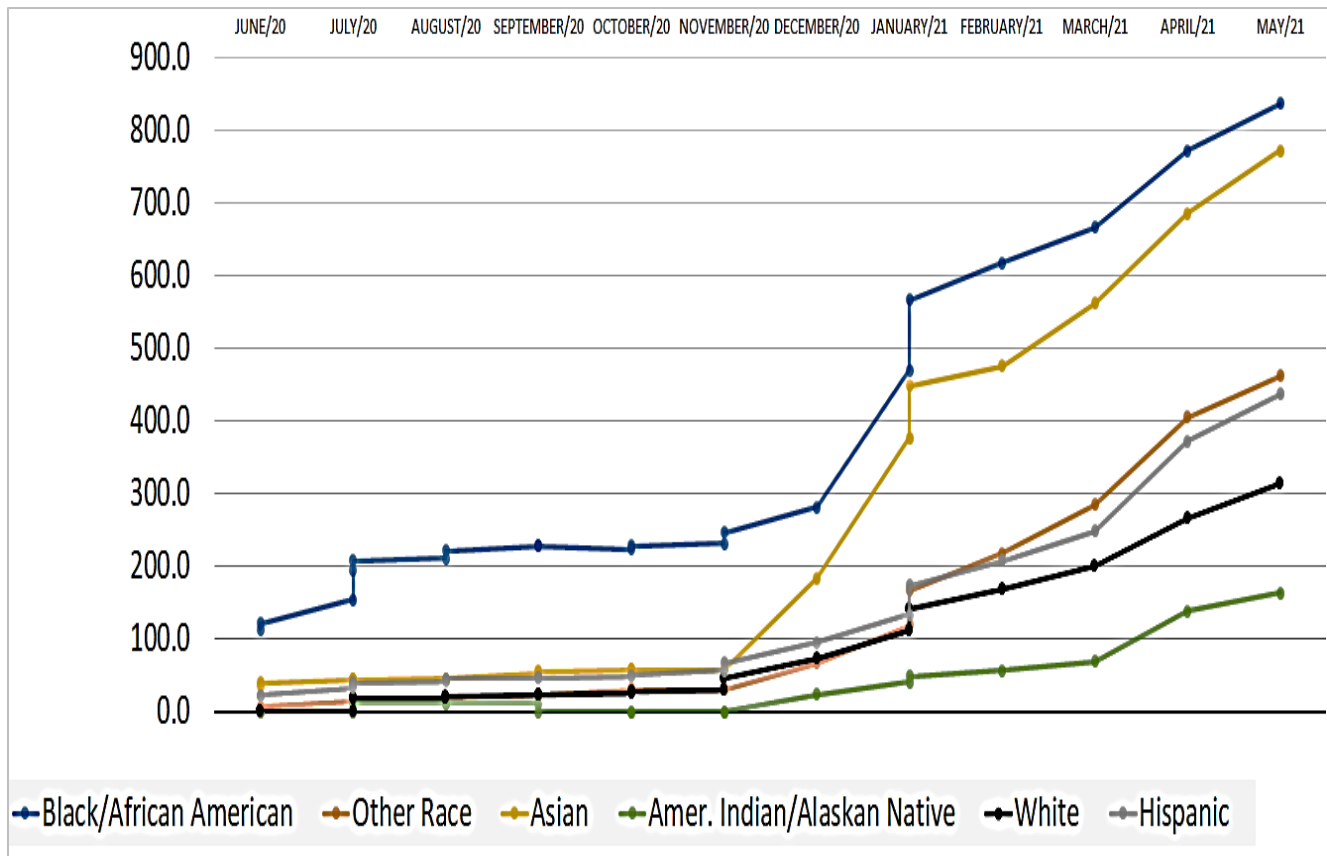
- Establishing an Office of Health Equity in the Department of Health
- Appointing Windham County representation on the Health Equity Advisory Commission
- Creating a centralized platform for race-based data collection on the State and County level
- Integrating anti-racism and cultural humility education into certification requirements through the Vermont Board of Medical Examiners

Collecting COVID BIPOC Data

In June 2020, the Accurate Race/Ethnicity COVID-19 Data Tracking Committee began working towards a more accurate and comprehensive picture of how COVID-19 has impacted our community members of color in Windham County and statewide. Our goal was to collect, analyze, and report COVID-19 data over time, disaggregated by race and ethnicity.

This data included COVID tests, cases for all ages, hospitalizations, deaths, and vaccinations using VDH Weekly Updates and BMH data analysis - tracked from June 2020 to May 2021.

Below is a graph of COVID-19 infection rates in Vermont for BIPOC and White (including White Hispanic) Vermonters. These rates are per 10,000.



Data tells us what, but we need to also know why; we promote storytelling narratives. Most notably...

- At one point, Black community members were 10x more likely to be infected. Both VDH and this committee’s qualitative research has revealed the reasons for large disparities in the social determinants of health. Here are some examples:
 - A large outbreak in Addison County was due to 20+ migrant farm workers being housed in one small location
 - Lack of language access to COVID information was correlated to more outbreaks in Winooski
- BMH submits race/ethnicity information on all lab tests sent to the UVM Medical Center (UVMCMC). Due to significant challenges with UVMCMC receiving BMH tests via the Mayo access system (and other similar data integration issues), up to 80% of race/ethnicity was missing for our county in 2020. Our committee worked with BMH and VDH to mitigate this issue. We also brought this concern to the attention of the Vermont Racial Equity Task Force.

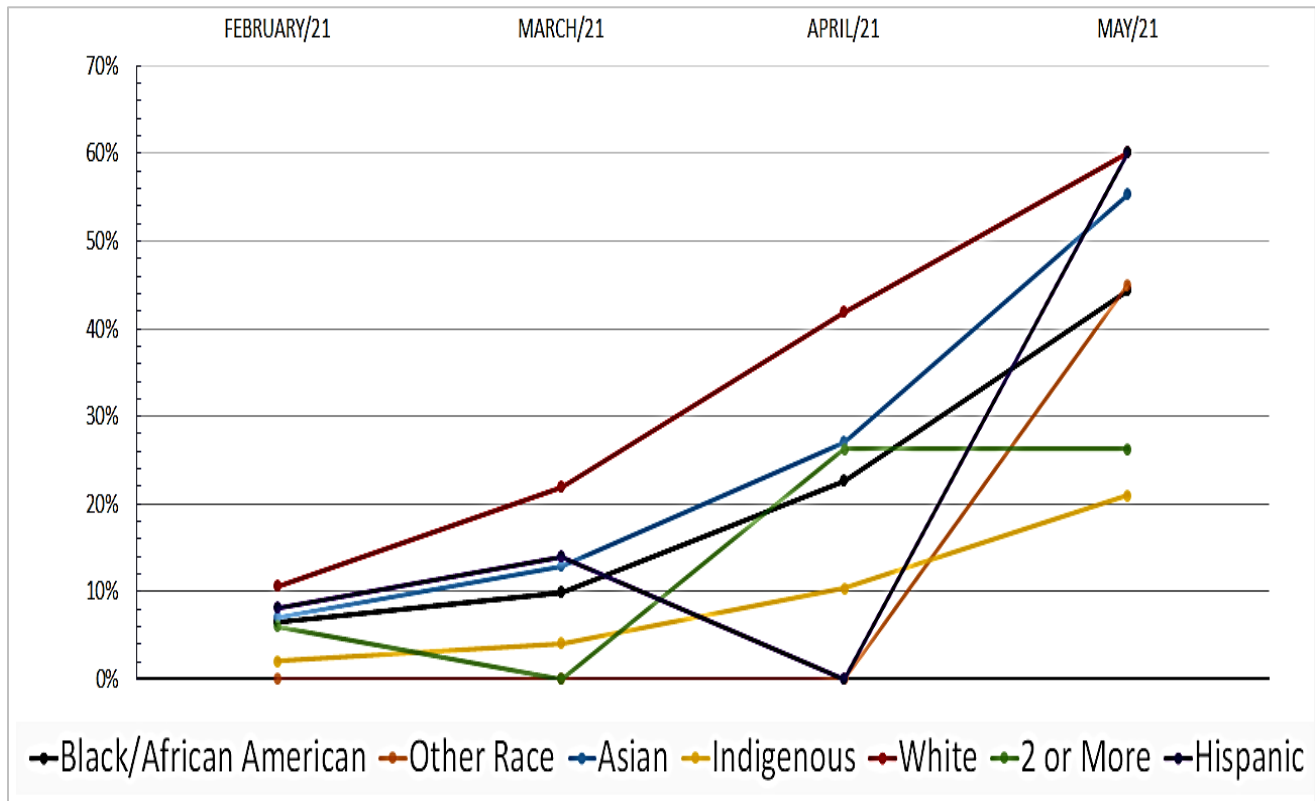
In 2021, Windham County COVID-19 tests show 24% missing race and 46% missing ethnicity data - with many missing race data being marked as “Other” or “Unknown”, which skews the data. While this is a significant improvement, the incompleteness and inaccuracy of data is still a concern. BMH improved the reporting process by beginning to report lab results electronically (in place of faxing) to VDH. There is still race/ethnicity data missing because Mayo does not presently provide race/ethnicity data in their HL7 messaging, and has no plans to do so in the future. BMH is considering switching to Dartmouth as their main reference laboratory in the future. After this transition is completed, we will be able to track race and ethnicity for laboratory results more consistently.

Addressing Health Disparities

Vaccinations

Starting in March, VDH and NAACP established five Windham County BIPOC Vaccine Clinics leading to additional clinics in Rutland and Bennington Counties. Approximately 1,200 vaccines were administered; around 85% were to BIPOC individuals and families. There were similar efforts in Burlington.

The following graph shows the decrease in vaccine access disparities after BIPOC Vaccine Clinic rollouts in March. These rollouts most notably include efforts by the NAACP of Windham and Rutland counties, the City of Burlington and the Racial Justice Alliance, and Bridges to Health.



Note: Other Race data was not available until May, and Hispanic data was not available in April.

Migrant Farm Workers

The Committee established an ongoing partnership with Bridges to Health (a Vermont health consortium serving immigrant farmworkers, 95% of whom are uninsured) to expand their services in Windham County and in the State of Vermont. We helped advocate for ongoing CARES and Rescue funding, securing \$10,000 from Vermont Community Foundation for on-farm wellness checks, testing, vaccinations and urgent care referrals. Windham County migrant farm workers did not previously have access to these kinds of service.

CHNA Survey Results

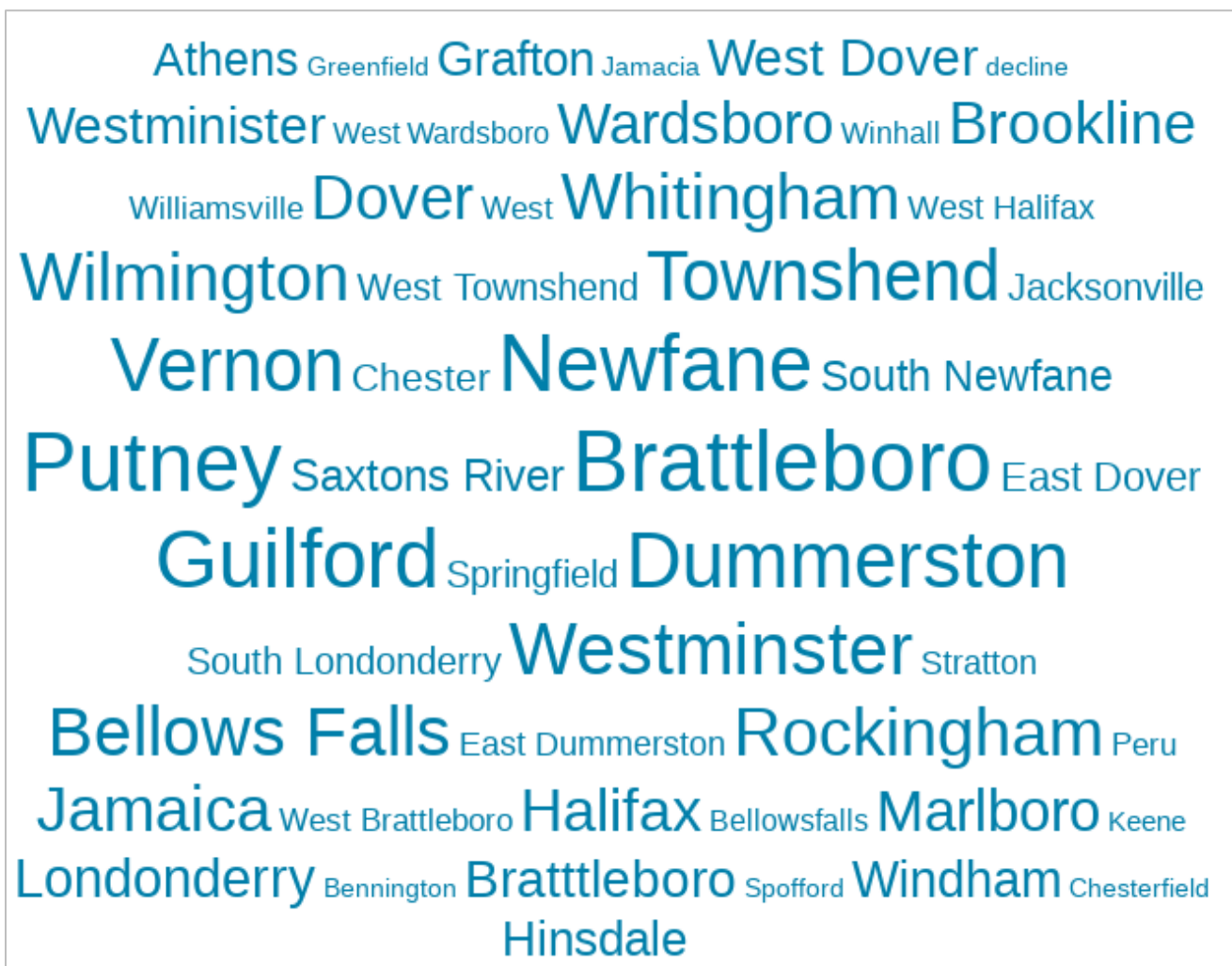
A total of 2,194 people completed the 2021 Community Health Needs Assessment (CHNA) survey. The vast majority of these are Windham County residents.

Surveys were available online via partner websites and Facebook. In addition, the surveys were made available at vaccination clinics at Brattleboro Memorial Hospital and Grace Cottage Family Health & Hospital. Also, community service organizations who submitted information for this report (see Appendix) distributed surveys to their clients.

In 2018, a total of 1,257 surveys were completed. The 2021 results represent a 74.5% increase in responses.

Survey Respondent Town of Residence

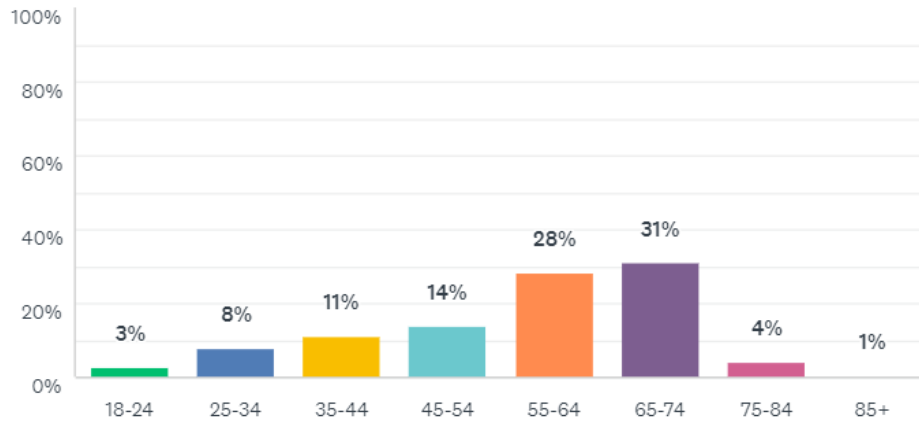
(size of typeface corresponds to number of survey respondents; largest typeface indicates largest number of respondents)



Survey Respondent Demographics

Age:

Answered: 2,048 Skipped: 146



Gender Identity: (please indicate in other if more than one or different identity)

Answered: 2,097 Skipped: 97

ANSWER CHOICES	RESPONSES
Male	37% 780
Female	61% 1,274
Trans male/trans man	0% 5
Trans female/trans woman	0% 3
Genderqueer/gender non-conforming	1% 23
Different identity or more than one identity(please state):	Responses 1% 12
TOTAL	2,097

How would you best describe your race?

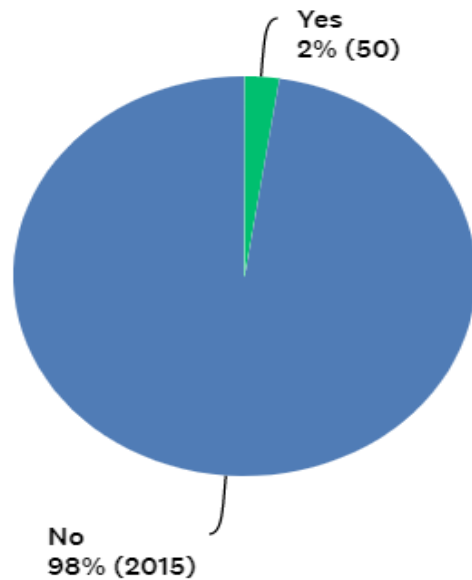
Answered: 2,070 Skipped: 124

ANSWER CHOICES	RESPONSES
African American or Black	1.45% 30
Asian or Pacific Islander	1.21% 25
American Indian or Alaskan Native	0.68% 14
White	93.53% 1,936
Multiple races, please specify:	Responses 3.14% 65
TOTAL	2,070

Survey Respondent Demographics, Continued

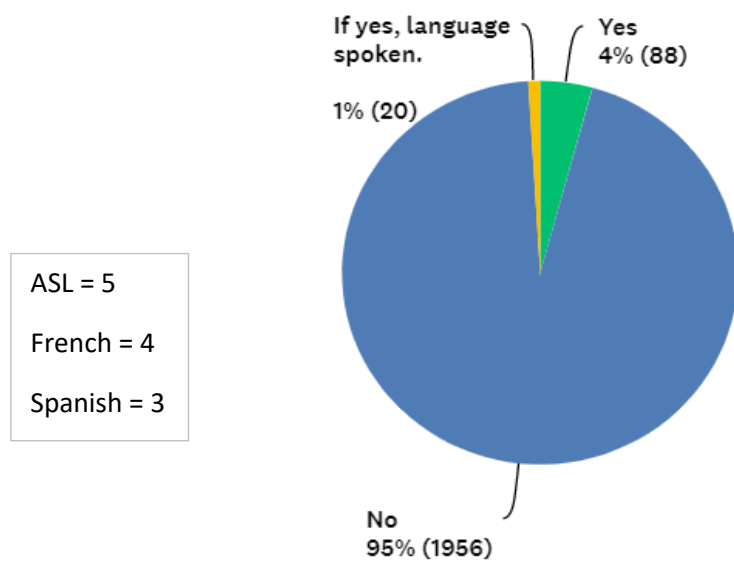
Are you Hispanic, Latino, or of Spanish origin?

Answered: 2,065 Skipped: 129

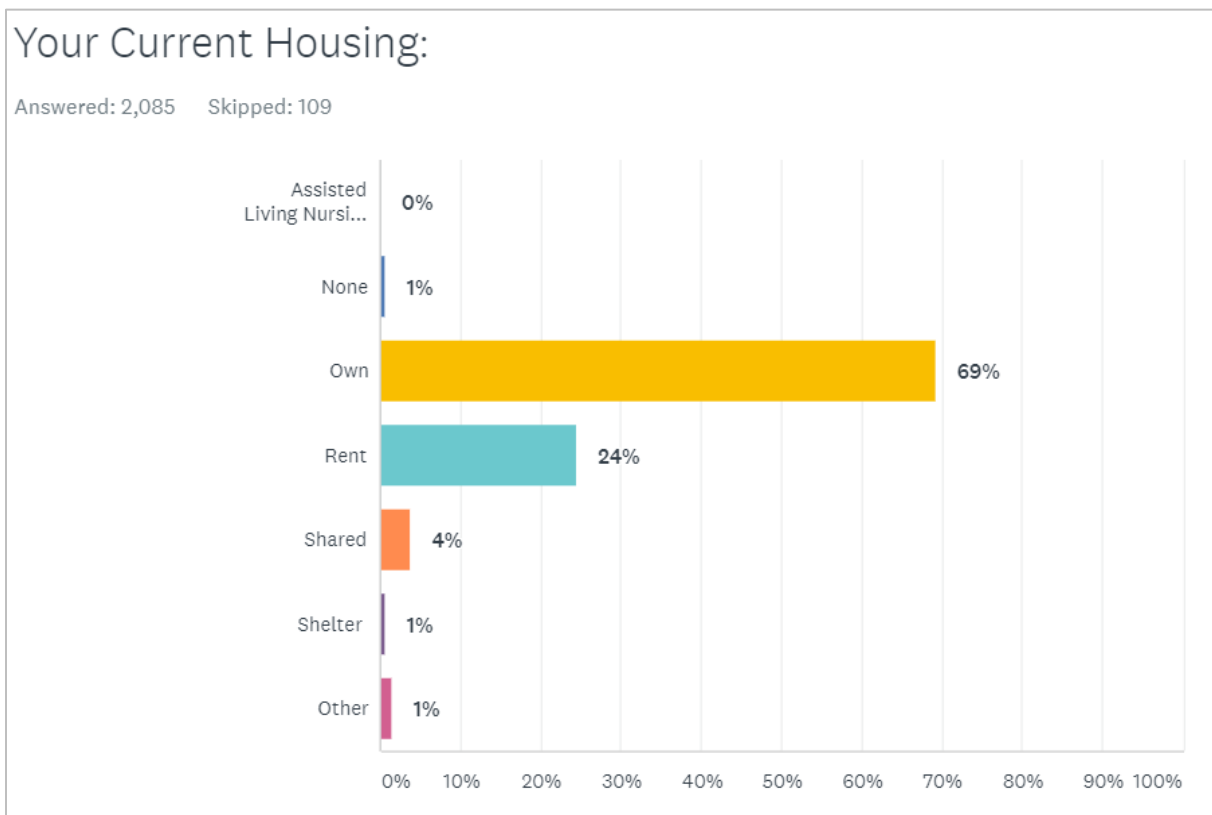
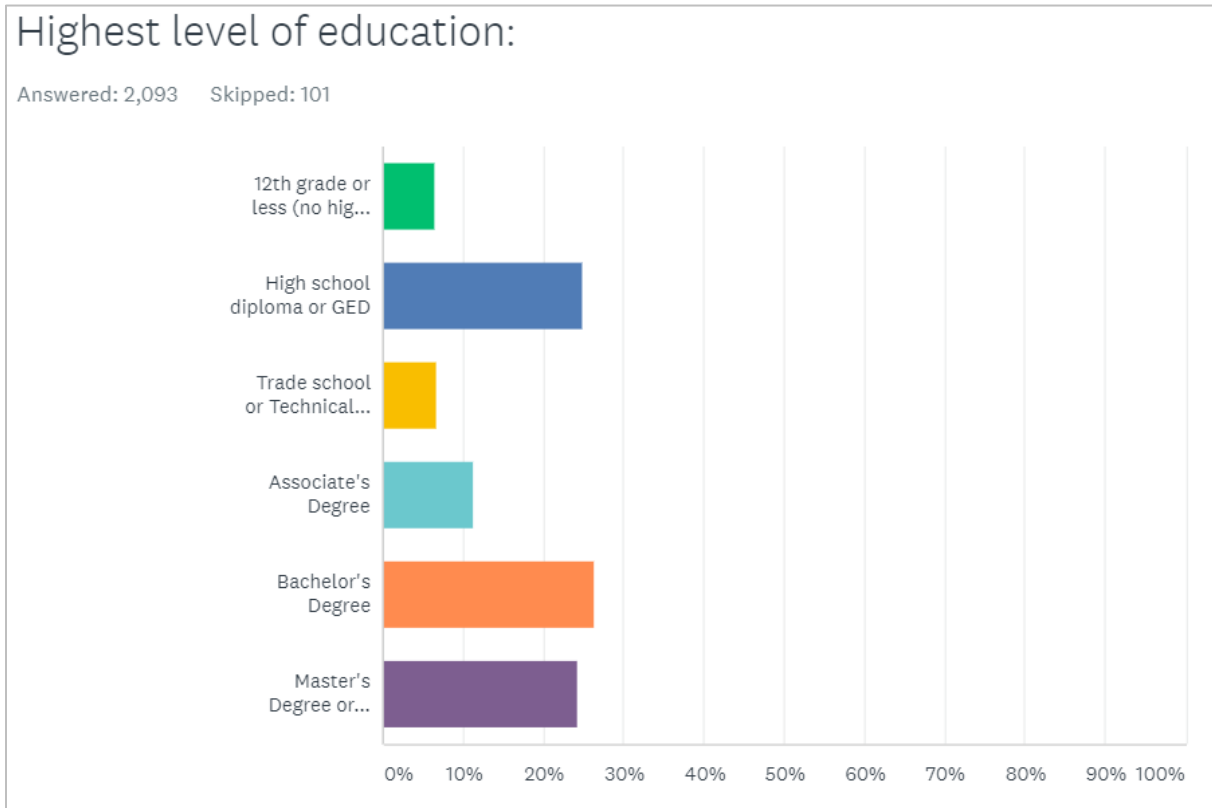


Does someone in your household speak limited English?

Answered: 2,064 Skipped: 130



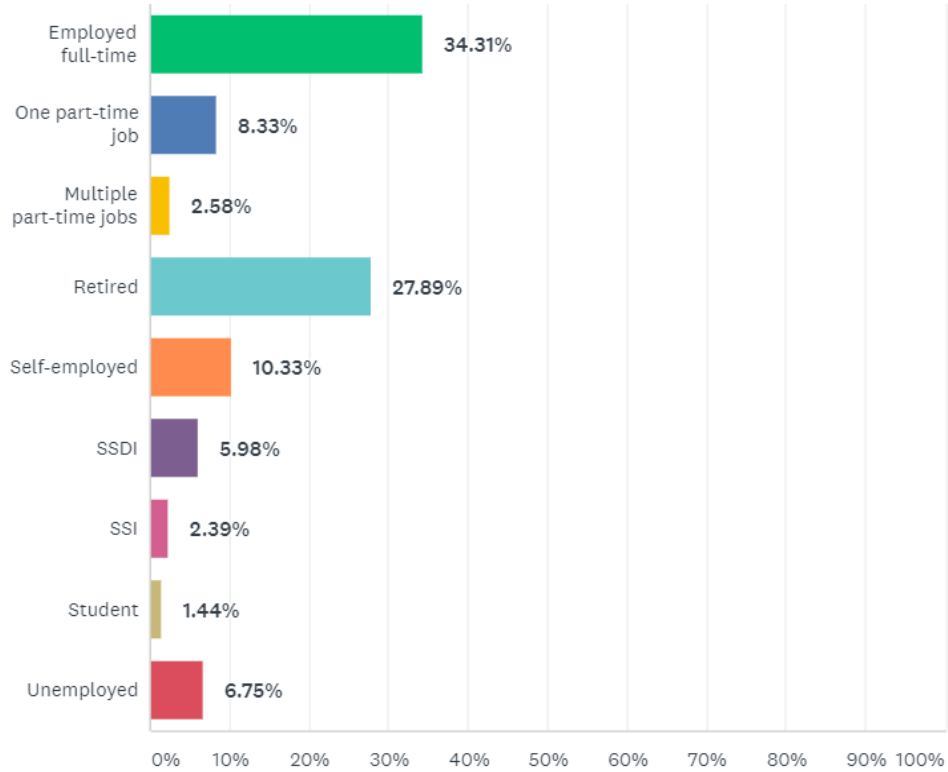
Survey Respondent Demographics, Continued



Survey Respondent Demographics, Continued

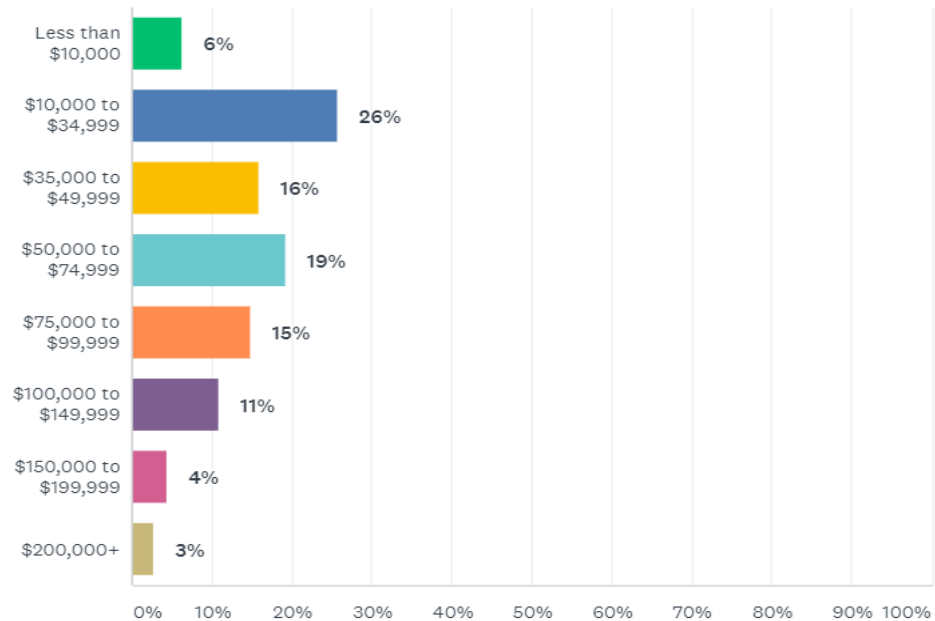
Employment Status:

Answered: 2,090 Skipped: 104



Annual household income:

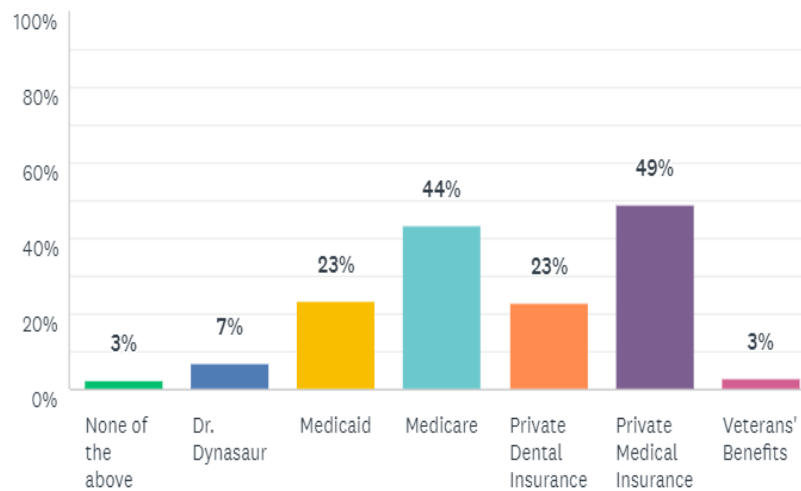
Answered: 1,966 Skipped: 228



Survey Respondent Demographics, Continued

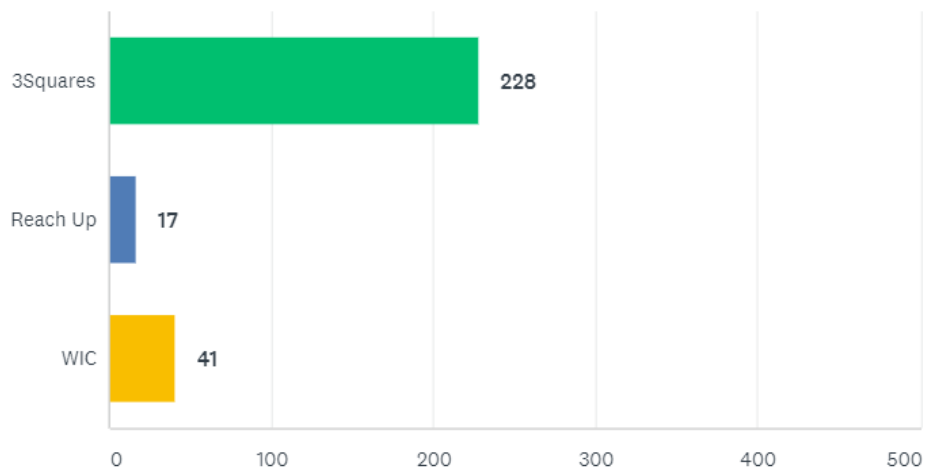
What kind of health insurance do you (your family) have? (Check all that apply)

Answered: 1,997 Skipped: 197

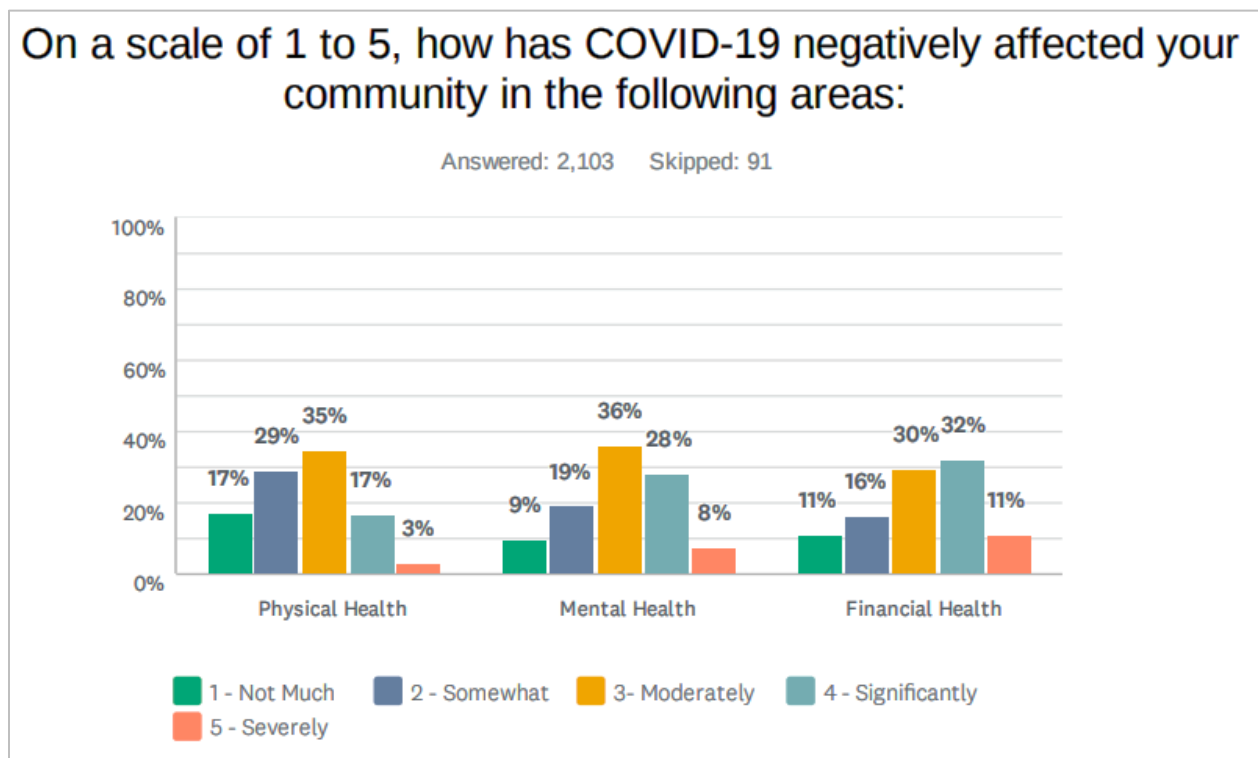
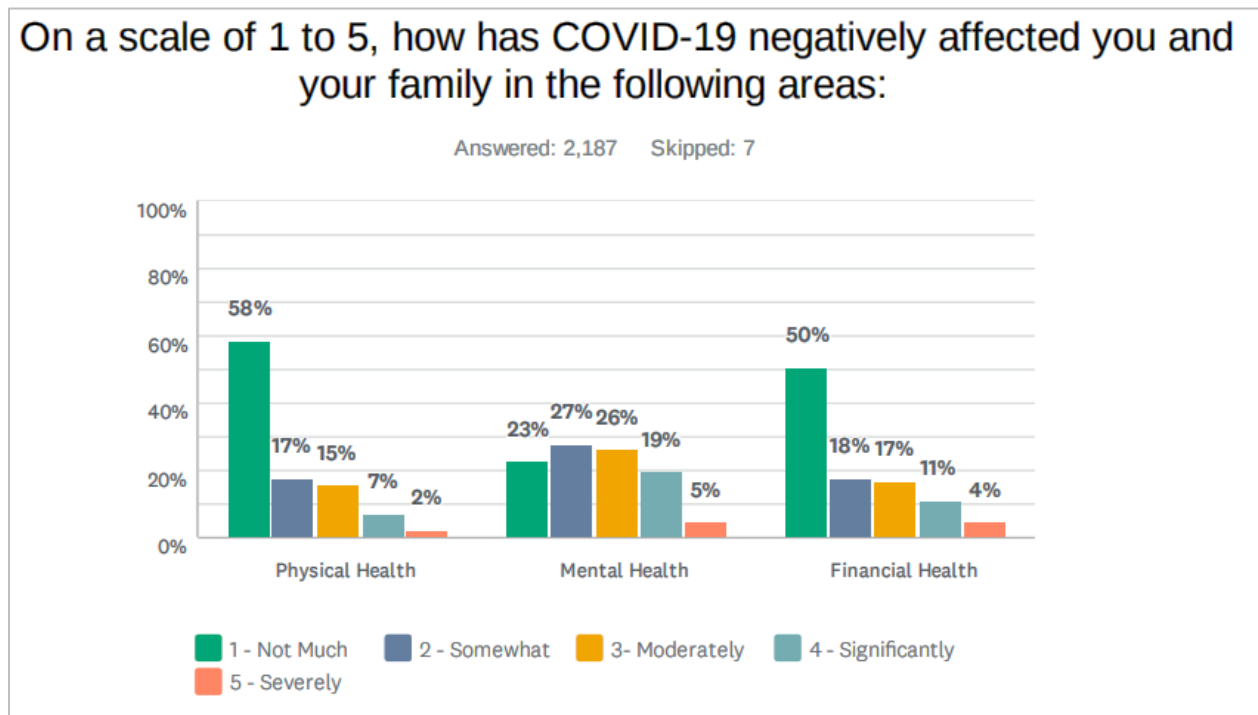


Are you currently receiving:

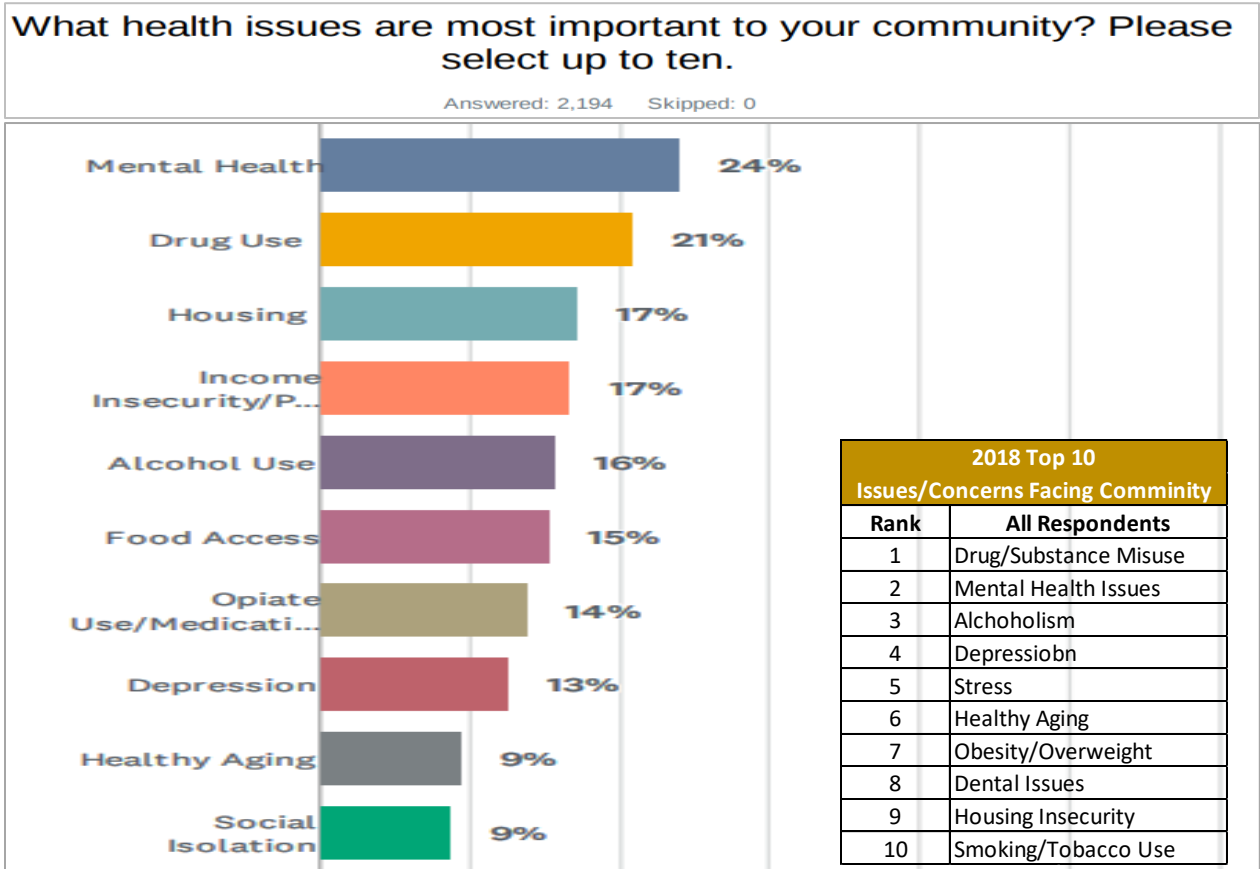
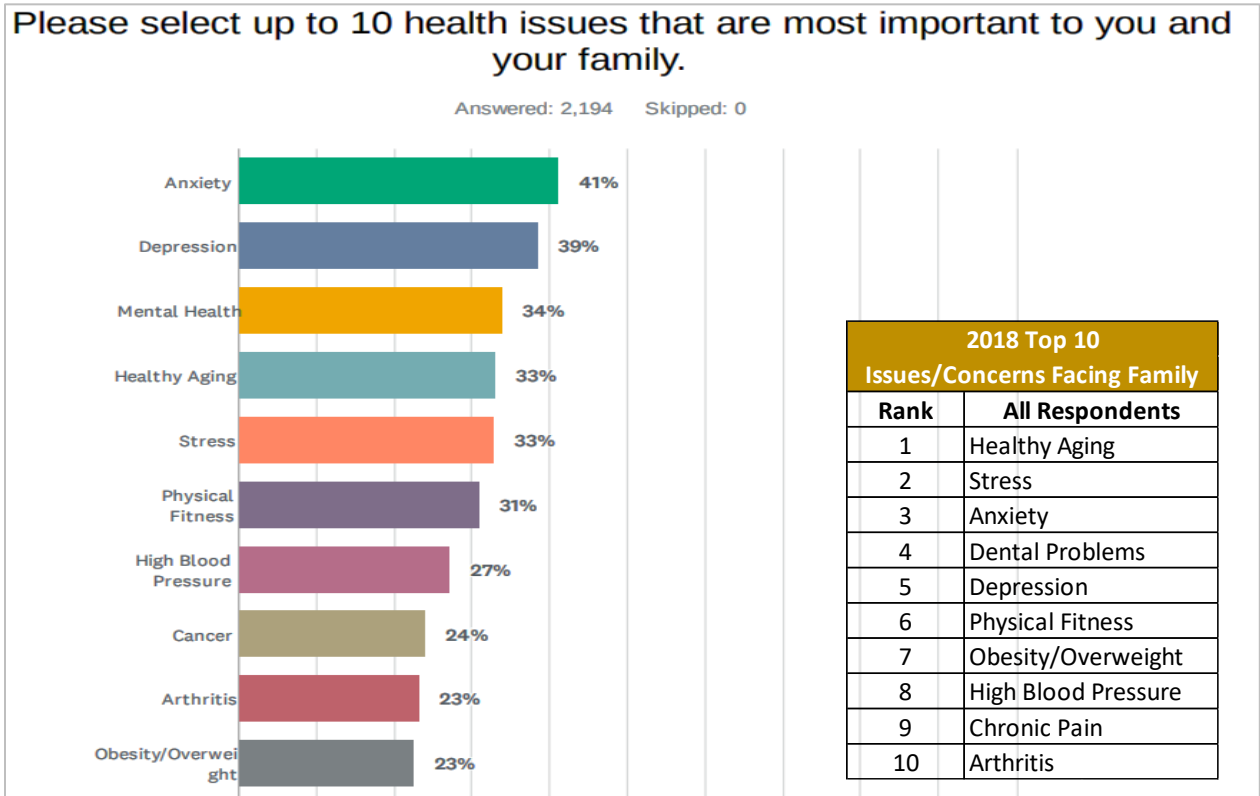
Answered: 266 Skipped: 1,928



Survey Respondent Health Concerns



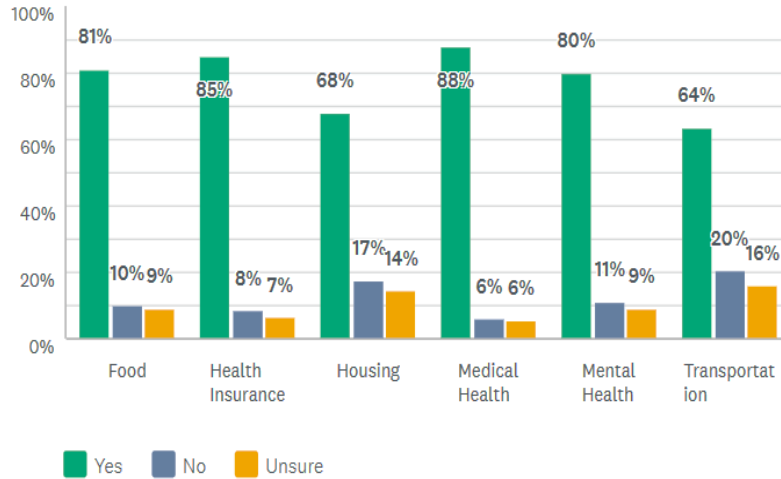
Survey Respondent Health Concerns, Continued



Survey Respondents Awareness of Resources

Do you know who to contact if you need assistance with the services below?

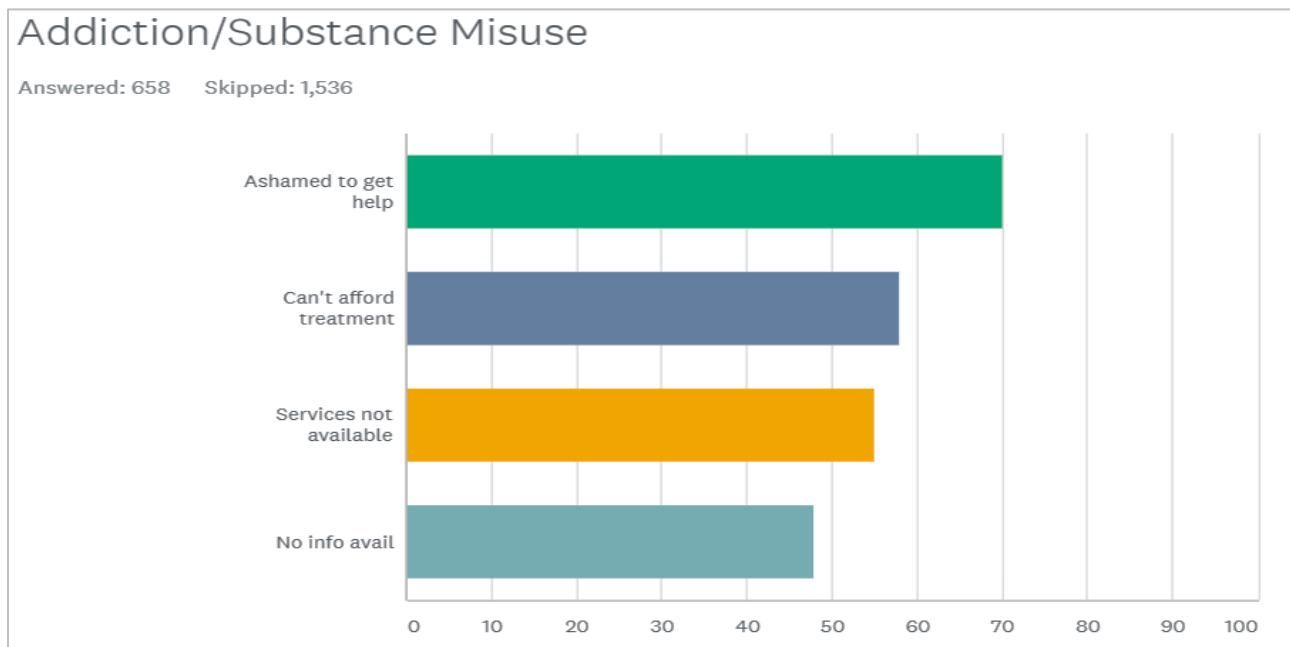
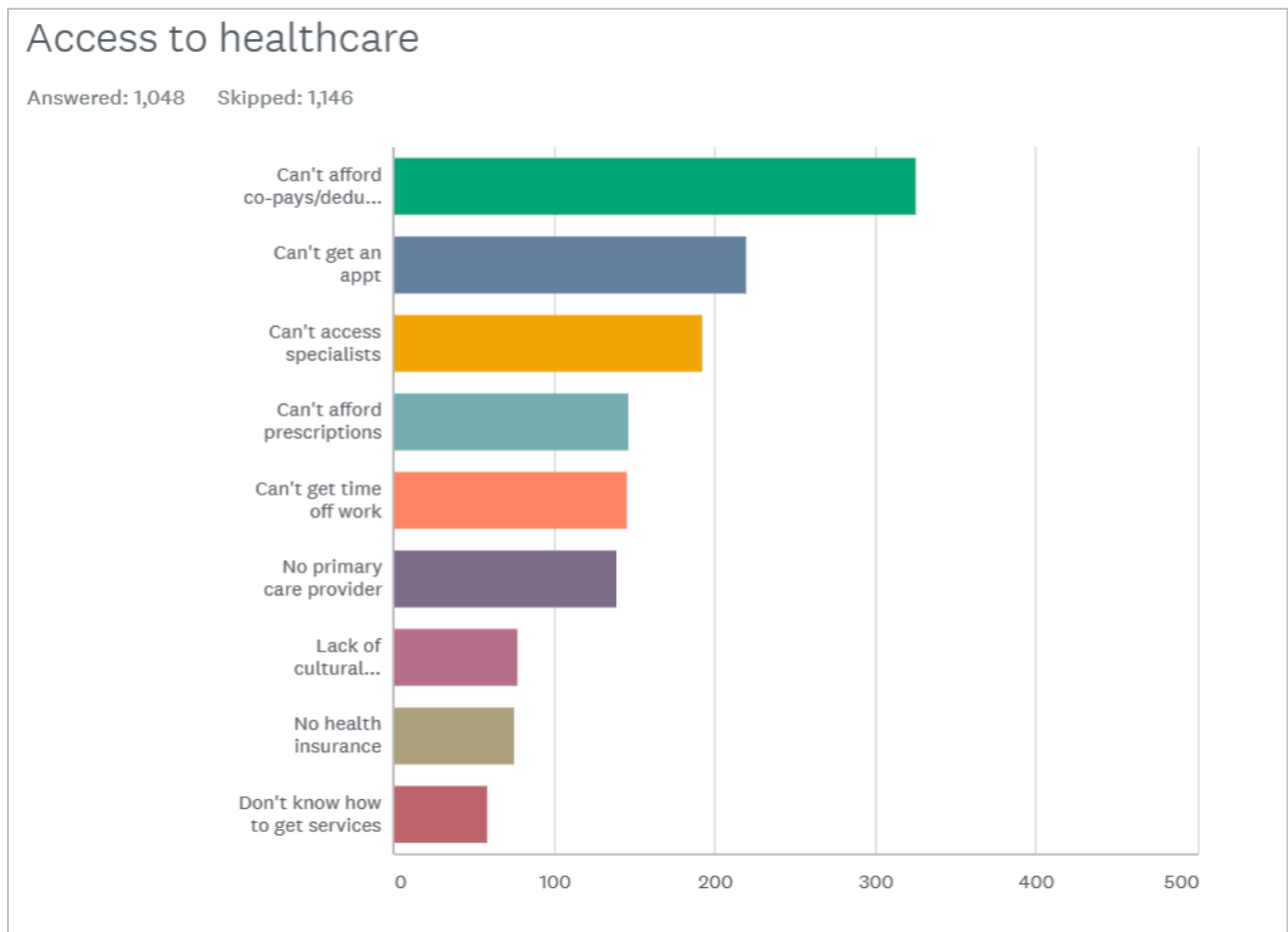
Answered: 2,123 Skipped: 71



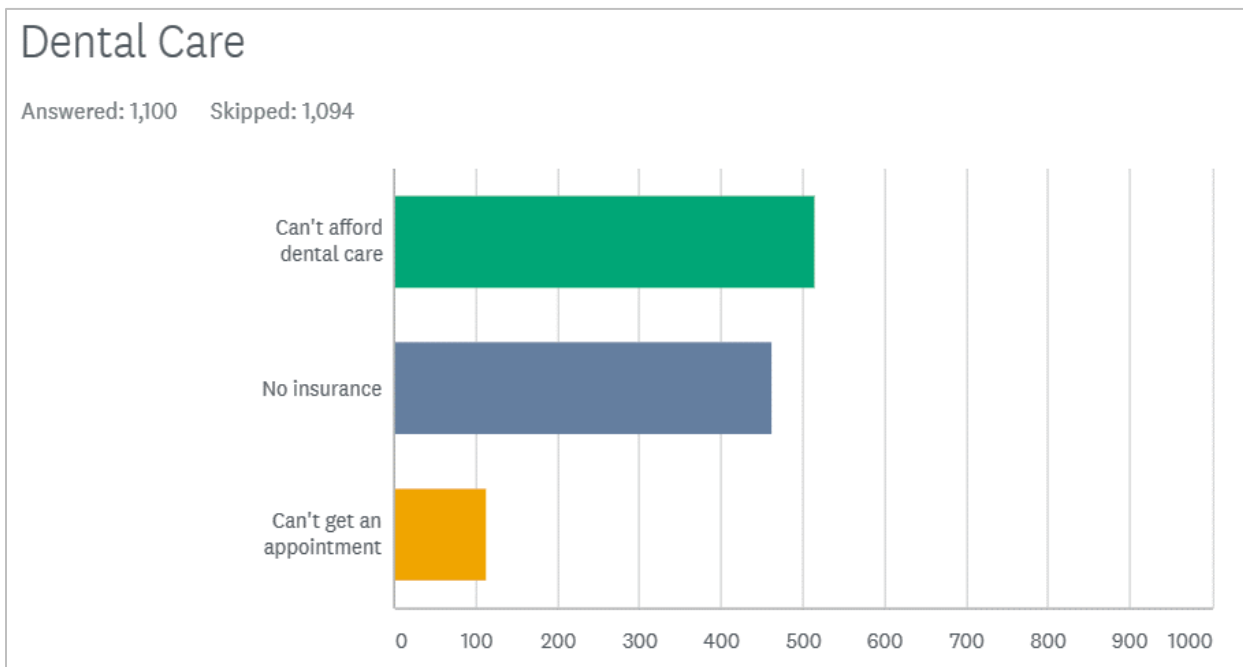
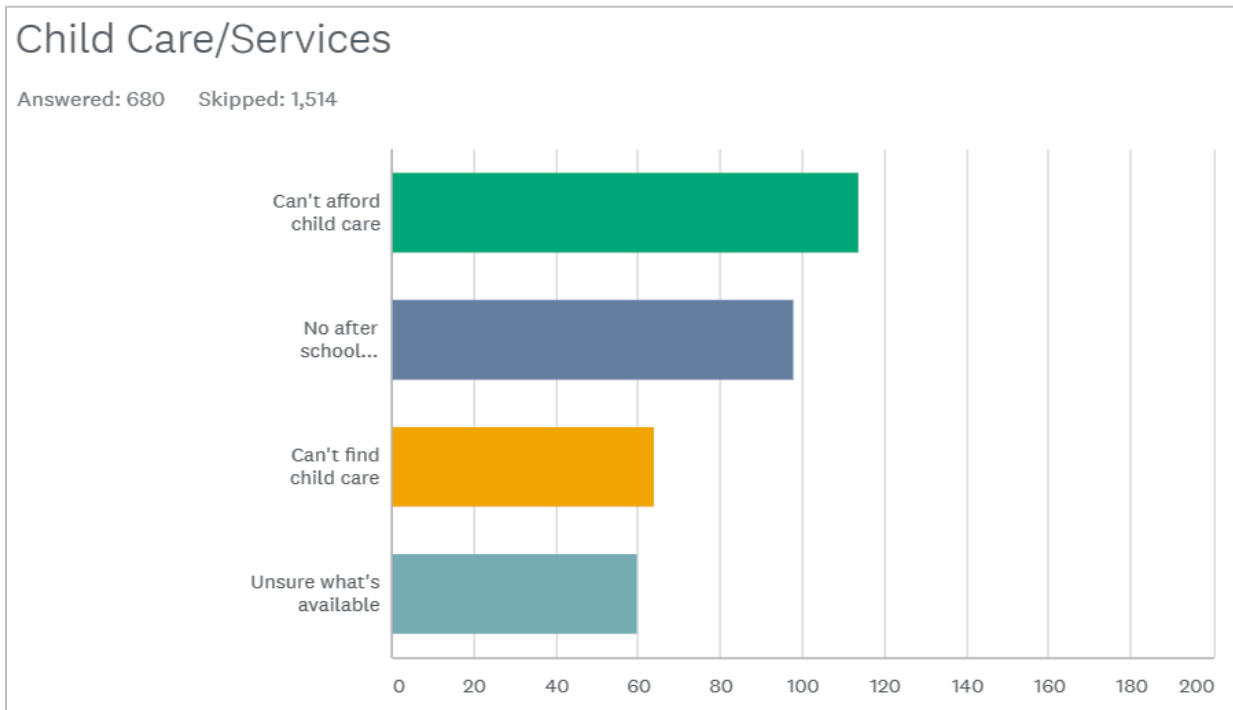
During this ongoing pandemic, what organizations have been most helpful to you?

Vermont Dept Health Vermont Public Radio Everybody Eats need assistance providers
 local schools Website mental health Social Justice Center VT Foodbank need help
 Vermont State hospital used care vaccine Farmers Families assistance food pantry
 SASH organizations Foodbank VT food bank Winston Prouty Center Open United Way
 needed food distribution food bank Dept Labor services updates
 Grace Cottage Hospital therapist local VDH Health helpful
 HCRS Therapy Church health care Groundworks
 food shelf VT Food Co-op CDC Medicaid
 Everyone Eats news BMH primary care N
 health department Grace Cottage health insurance
 Brattleboro information VT Dept Health WIC none
 group Vermont medical family SBA Senior Solutions Mutual Aid
 school Deerfield Valley state Families First Veggie Van Go
 VT department health community Co-op SEVCA VPR Unemployment Hospice
 work Covid Dept Health online Brattleboro Memorial Hospital GCH Foodworks
 Groundworks Collaborative Brattleboro Retreat Neighborhood connections
 Root Social Justice State Vermont Vermont Department Health food boxes doctors
 Justice Center Open Putney VT Dept Labor Brooks Memorial Library Putney Mutual Aid

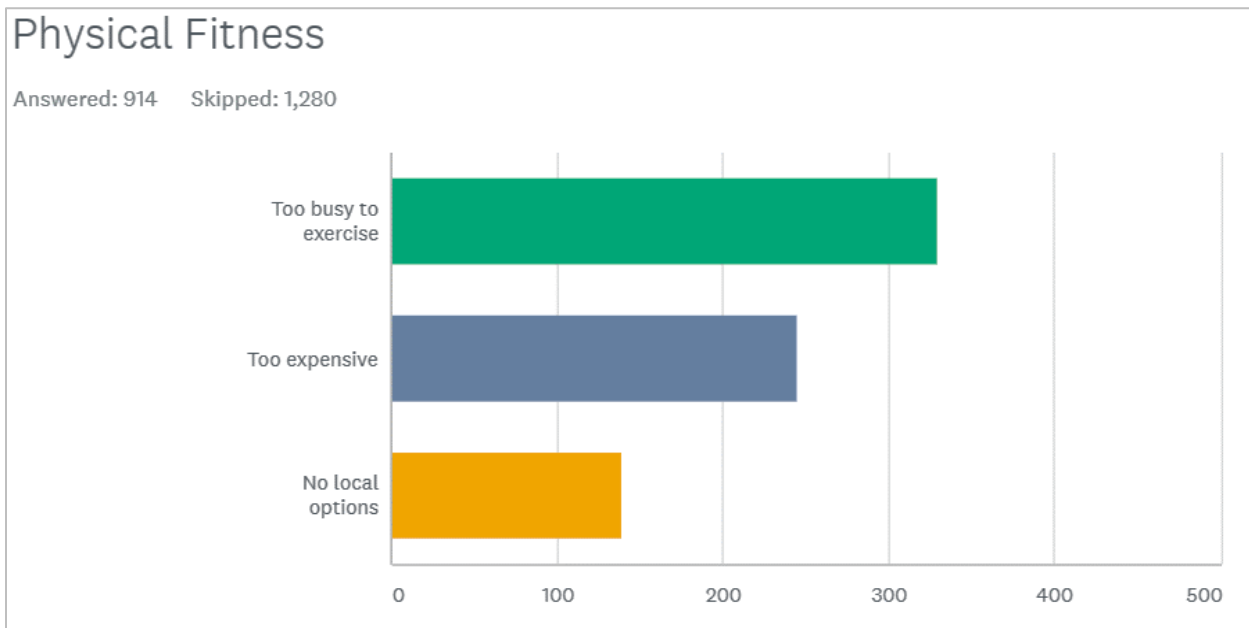
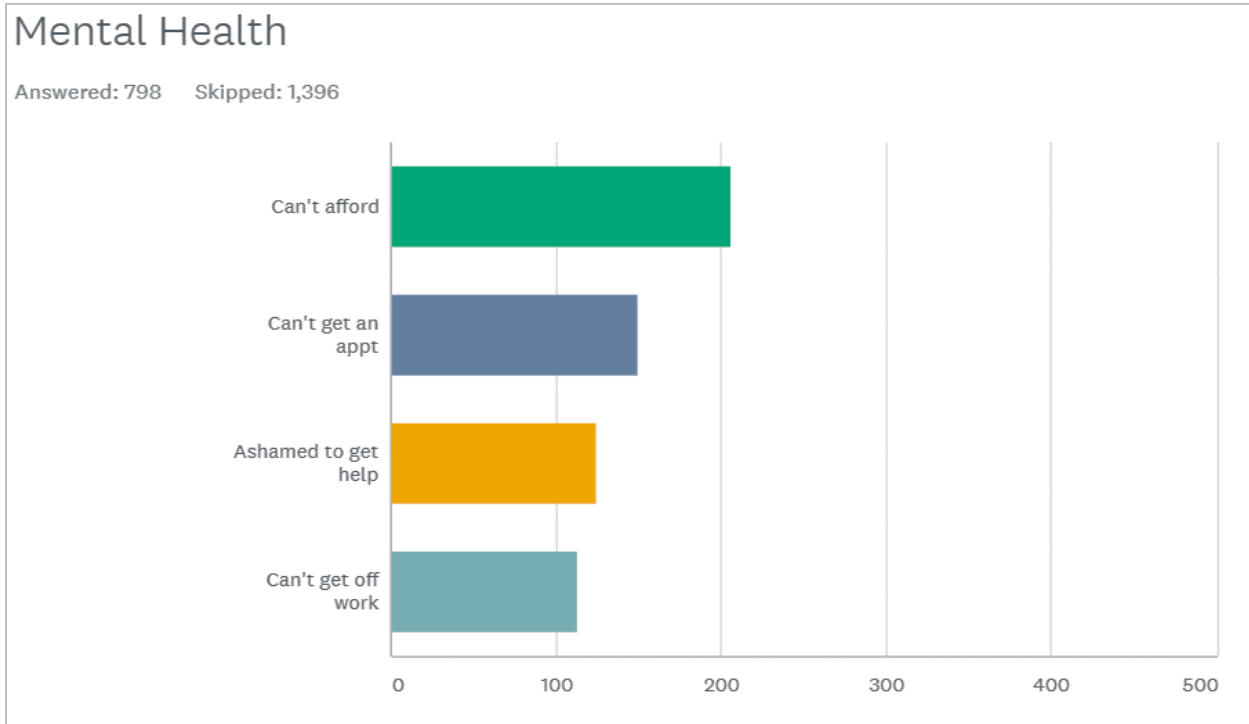
Survey Respondents Barriers to Health



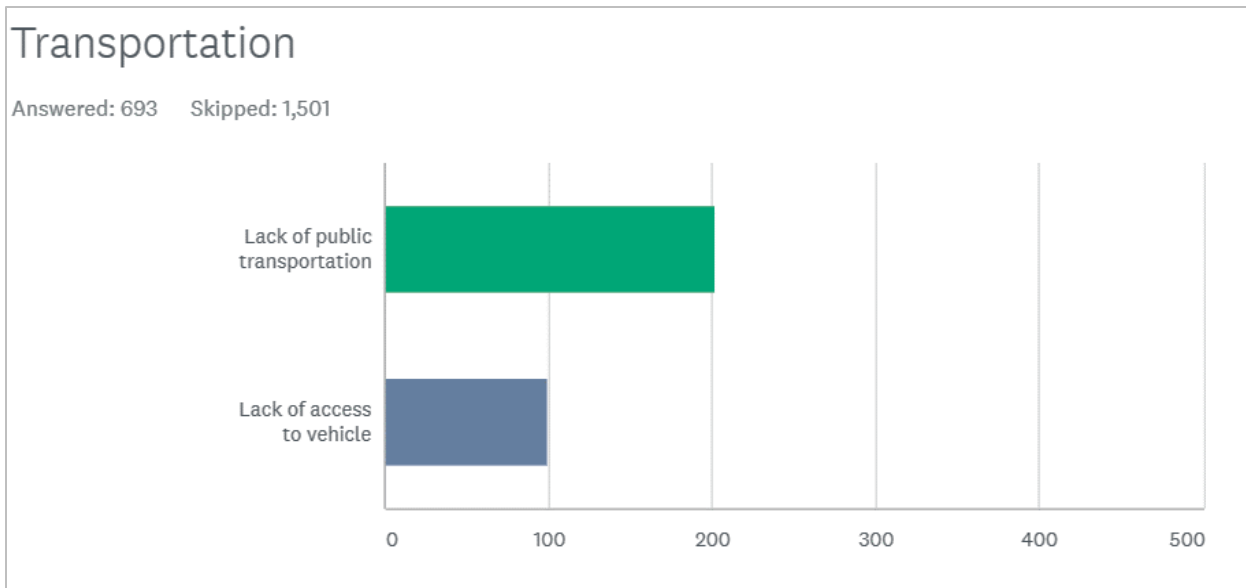
Survey Respondents Barriers to Health, Continued



Survey Respondents Barriers to Health, Continued



Survey Respondents Barriers to Health, Continued

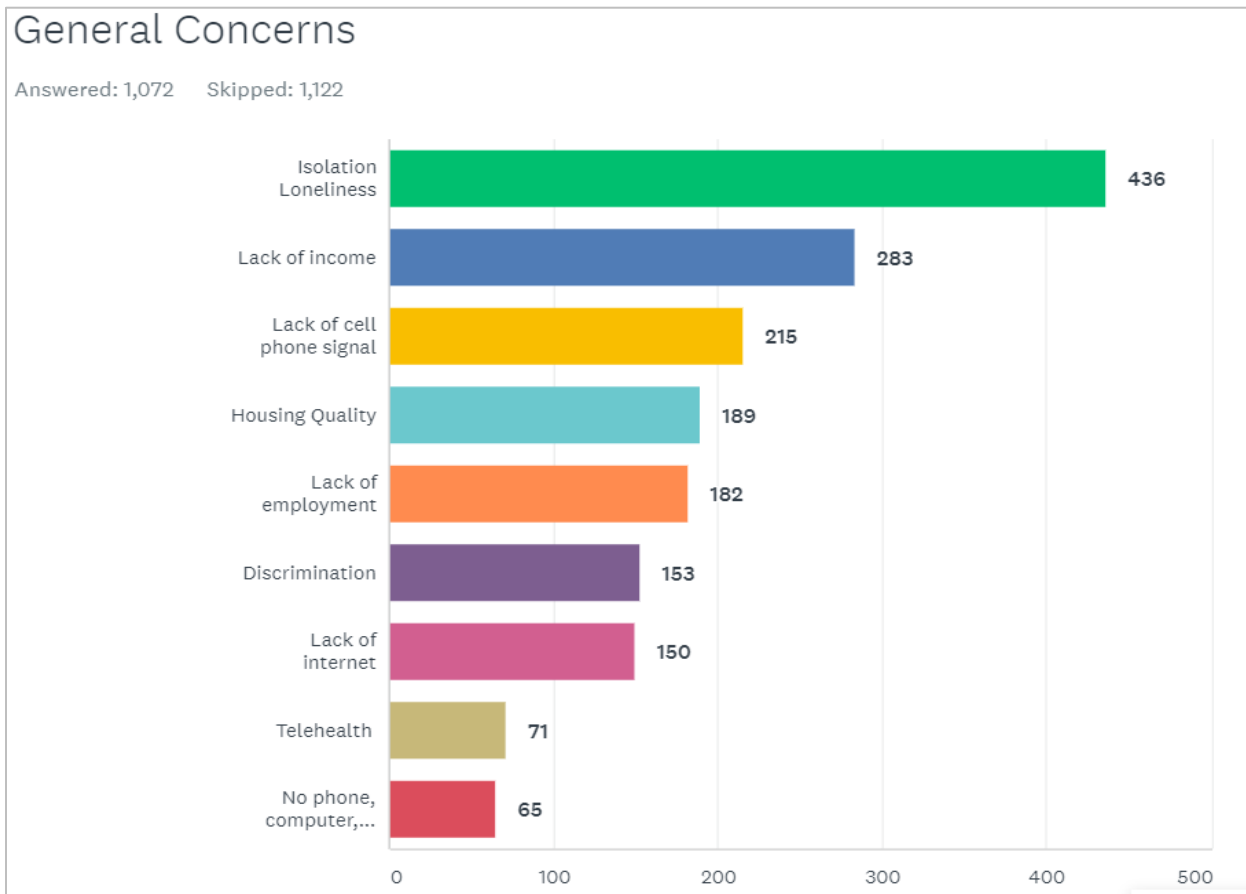


Food Access/Choices

Answered: 662 Skipped: 1,532

ANSWER CHOICES	RESPONSES
Can't afford fresh fruits and vegetables	145
Within the past 12 months we worried whether our food would run out before we got money to buy more.	74
Within the past 12 months the food we bought just didn't last and we didn't have money to get more.	45
Can't find fresh fruits and vegetables locally	36
Total Respondents: 662	

Survey Respondents Barriers to Health, Continued



Other barriers to you and your family's health

dental care low income barriers way support said transportation dentist area money hard
 cant health care mental help make takes go health issues Poor work much
 appointments enough food week time place exercise fortunate services
 COVID doctors children lack gym providers treatment N access
 none due fill lazy busy cook Medicaid
 mental health limited need medical care specialists
 know cook sick issues LGBTQ Dont know cook
 mental health providers cook able people internet health insurance expensive
 mental health services local find Im one ok healthy good COST want options pay
 patients related home know best pandemic

APPENDIX



2021 COMMUNITY HEALTH NEEDS ASSESSMENT

If you are at least 18 years of age, please take a minute to complete the survey below.
The purpose of this survey is to get your opinions about community health issues.
All responses will remain anonymous.

On a scale of 1 to 5, how has COVID negatively affected you and your family in the following areas:

Physical Health:	1 Not Much	2 Somewhat	3 Moderately	4 Significantly	5 Severely
Mental Health:	1 Not Much	2 Somewhat	3 Moderately	4 Significantly	5 Severely
Financial Health:	1 Not Much	2 Somewhat	3 Moderately	4 Significantly	5 Severely

Comments: _____

On a scale of 1 to 5, how has COVID-19 negatively affected your community in the following areas:

Physical Health:	1 Not Much	2 Somewhat	3 Moderately	4 Significantly	5 Severely
Mental Health:	1 Not Much	2 Somewhat	3 Moderately	4 Significantly	5 Severely
Financial Health:	1 Not Much	2 Somewhat	3 Moderately	4 Significantly	5 Severely

Comments: _____

Please select **up to 10** health issues that are most important for **you and your family**.

- | | | |
|--|---|--|
| <input type="checkbox"/> Alcohol Use | <input type="checkbox"/> Gun Safety | <input type="checkbox"/> Pre-natal Care |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Healthy Aging | <input type="checkbox"/> Post-natal Care |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Hearing Problems | <input type="checkbox"/> Rehabilitation/Physical Therapy |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Reproductive Health Care |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Sexual Assault/Abuse |
| <input type="checkbox"/> Autoimmune Conditions | <input type="checkbox"/> High Cholesterol | <input type="checkbox"/> Sexual Health Education |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Home Health Services | <input type="checkbox"/> Smoking/Tobacco Use |
| <input type="checkbox"/> Chronic Pain | <input type="checkbox"/> Hormone Therapy | <input type="checkbox"/> Social Isolation |
| <input type="checkbox"/> Contagious Diseases
(e.g., COVID, measles, TB) | <input type="checkbox"/> Housing | <input type="checkbox"/> Stress |
| <input type="checkbox"/> Culturally Sensitive Care | <input type="checkbox"/> Income Insecurity/Poverty | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Dental/Oral Health Problems | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Tick-Borne Illness |
| <input type="checkbox"/> Depression | <input type="checkbox"/> LGBTQ+ Affirming Care | <input type="checkbox"/> Vaccines |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Lung Disease | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Others: |
| <input type="checkbox"/> Drug Use | <input type="checkbox"/> Nutrition | _____ |
| <input type="checkbox"/> Eating Disorders | <input type="checkbox"/> Obesity/Overweight | _____ |
| <input type="checkbox"/> Education Access | <input type="checkbox"/> Opiate Use/Medication Assisted Treatment | _____ |
| <input type="checkbox"/> Flu/Pneumonia | <input type="checkbox"/> Osteoporosis | _____ |
| <input type="checkbox"/> Food Insecurity | <input type="checkbox"/> Pediatric Care | _____ |
| <input type="checkbox"/> Gender Affirming Surgery | <input type="checkbox"/> Physical Fitness | |

What health issues (see above or add your own) are most important to **your community**?

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

Do you know who to contact if you need assistance with the services below?

- | | | | |
|-------------------------|------------------------------|-----------------------------|---------------------------------|
| Food | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| Health Insurance | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| Housing | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| Medical Health | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| Mental Health | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| Transportation | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |

During this ongoing pandemic, what organizations have been most helpful to you?

What prevents **you and your family** from being healthy? (Check all that apply)

Access To Healthcare

- Can't access specialists
- Can't afford co-pays/deductible
- Can't afford to fill prescriptions
- Can't get appointment with provider
- Don't know how to get services
- Don't have health insurance
- Don't have primary care provider
- Don't have time off work for appointments
- Providers lack cultural sensitivity

Addiction/Substance Misuse

- Addiction treatment services not available
- Ashamed to get help for addiction
- Can't afford treatment
- No education about addiction/substance misuse

Child Care/Services

- Can't afford child care
- Can't find child care
- No after-school activities for kids
- Unsure what services are available to children in my area

Dental Care

- Can't afford dental care
- Can't get an appointment
- Don't have dental insurance

Food Choices

- Can't afford fresh fruits and vegetables
- Can't find fresh fruits and vegetables locally
- Don't have enough food each week
- Don't know how to cook
- Too busy to cook

Mental Health

- Ashamed to get help for mental health
- Can't afford mental health care
- Can't get an appointment
- Can't get time off work for mental health concerns/appointments

Physical Fitness

- No local options for physical activity
- Options for exercise too expensive
- Too busy to exercise

Transportation

- Lack of access to vehicle/transportation
- Lack of public transportation options

General Concerns

- Discrimination
- Housing Quality
- Isolation/Loneliness
- Lack of employment
- Lack of income
- Telehealth
 - Lack of internet
 - Lack of cell phone signal
 - Lack of cell phone/computer/tablet

Other (Please describe):

Town of residence: _____

Zip code where you live: _____

Age:

- 18 - 24
- 25 - 34
- 35 - 44
- 45 - 54
- 55 - 64
- 65 - 74
- 75 - 84
- 85+

Gender Identity: (check all that apply)

- Male
- Female
- Trans male/trans man
- Trans female/trans woman
- Genderqueer/gender non-conforming
- Different identity (please state): _____

of people in your household: _____

of people under 18 in your household? _____

Does someone in your household speak limited English?

- Yes
- No
- If yes, language spoken _____

Are you Hispanic, Latino, or of Spanish origin?

- Yes
- No

How would you best describe your race?

- African American or Black
- Asian or Pacific Islander
- American Indian or Alaskan Native
- White
- Other: _____

Highest level of education:

- 12th grade or less (no HS Diploma)
- High school diploma or GED
- Trade school or Technical degree/certificate
- Associate's Degree
- Bachelor's Degree
- Master's Degree or higher

Housing:

- Assisted Living/Nursing Home
- None
- Own
- Rent
- Shared
- Shelter
- Other: _____

Employment Status:

- Employed full-time
- Employed part-time
 - Multiple part time jobs
 - One part time job
- Retired
- Self-employed
- SSDI
- SSI
- Student
- Unemployed

Annual household income:

- Less than \$10,000
- \$10,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$149,999
- \$150,000 to \$199,999
- \$200,000 +

What kind of health insurance do you (your family) use?
(Check all that apply)

- Dr. Dynasaur
- Medicaid
- Medicare
- Private Dental Insurance
- Private Medical Insurance/VT Health Exchange
- Veterans' Benefits

Are you currently receiving:

- 3Squares
- Reach Up
- WIC

Please return this survey to:

Brattleboro Memorial Hospital
Community Health Team
17 Belmont Ave
Brattleboro, VT 05301

Qualitative Input:

Health Needs of Potentially Medically Under-Served

The information on the following pages was submitted to the Windham County CHNA Committee by Windham County social service organizations that serve the county’s potentially medically under-served people.

The IRS regulations concerning CHNA requirements define this as: “Medically underserved populations include populations experiencing health disparities or that are at risk of not receiving adequate medical care because of being uninsured or underinsured, or due to geographic, language, financial, or other barriers. Populations with language barriers include those with limited English proficiency. Medically underserved populations also include those living within a hospital facility’s service area but not receiving adequate medical care from the facility because of cost, transportation difficulties, stigma, or other barriers.”¹⁶⁴

Organization Name	AIDS Project of Southern Vermont
Contact Name	Karen Peterson and/or Samantha Arrowsmith
Description of population served	People living with HIV in Windham County
Description of health needs of population served	Scheduling and assisting with transport to appointments and lab work Adhering to medications
Description of barriers to achieving and/or maintaining good health	Affordable housing Lack of financial support
Description of what is working well for the population you serve in terms of health	Delivery of medications (by pharmacy) Case management services specifically for HIV+ individuals
Description of some positive things that came out of the pandemic for the population you serve that will continue or will possibly be ending	Telehealth appointments State/Government COVID-specific assistance programs both financial and in terms of food (everybody eats, farmers to families, etc.)

¹⁶⁴ <https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3>

Organization Name	Brattleboro Area Hospice
Contact Name	Patty Dunn
Description of population served	<ul style="list-style-type: none"> • Terminally ill people w/ a prognosis of 2 yrs or less • People grieving the loss of a loved one • Anyone 18 years old or older who would like free assistance with advance care planning and completing and registering their Advance Directives
Description of health needs of population served	<ul style="list-style-type: none"> • Medical hospice services for pain and symptom management • Assistance w/ ADL's due to diminished ability and mobility • Emotional, practical and spiritual support for patients & their caregivers; companionship for elders & those who are socially isolated • Social Work support w/ psychosocial issues, including addressing unfinished business; insurance/healthcare navigation & advocacy; funeral planning; financial navigation & advocacy; assistance w/ housing
Description of barriers to achieving and/or maintaining good health	<ul style="list-style-type: none"> • Medicare Hospice regulation limiting services to people in their last 6 mos of life (too limiting) • The Medicare hospices and our non-medical hospice don't collaborate/communicate as effectively as they could to provide optimal hospice care • Insufficient caregiver resources for respite care, homemaker services, assistance w/ ADL's; case management for Palliative Care patients to navigate community resources • Poor care coordination—feels like the specialists and primary care providers aren't always communicating optimally • Lack of understanding of the impact of psychosocial and financial stress on patients (and their caregivers) physical, emotional, spiritual wellbeing • Aging/sick people under 65 years old who don't have access to elderly services and Medicare • Poor collaboration w/ local skilled nursing facilities—they are insular & resistant to community-based support services; their physical environments are notoriously cold, unfriendly, and lacking aesthetic appeal. They house some of the most marginalized, isolated, and lonely people in our communities, therefore, greater emotional/social support is needed, which can be in short supply when they are often short staffed. They resemble warehouses for elders. These grim circumstances impact overall health and wellbeing.
	<i>Brattleboro Area Hospice, continued next page</i>

<i>Brattleboro Area Hospice, continued from previous page</i>	
<p>Description of what is working well for the population you serve in terms of health</p>	<ul style="list-style-type: none"> • Our hospice volunteer services, though non-medical, enable people to carry some of the caregiving burdens/stressors which impacts their overall health and wellbeing • Attending regular VNH hospice meetings to address the plan of care for our shared patients • Ongoing community-based bereavement support for grieving individuals/families enables them to process their losses & integrate them in a healthy way into their lives going forward • Interdisciplinary team approach to care for Hospice patients addresses the whole person and their family: people’s physical, emotional/psychosocial, spiritual, and practical needs. It’s how healthcare should be delivered. • Our free-of-charge Advance Care Planning volunteer services help people understand/undertake the important task of planning their future care in the event they could not communicate their healthcare wishes. This leads to better outcomes at the end of life and easier bereavement for family members after their loved ones die.
<p>Description of some positive things that came out of the pandemic for the population you serve that will continue or will possibly be ending</p>	<ul style="list-style-type: none"> • Individuals and their family caregivers receiving hospice services (medical and non-medical) experienced a continuity of care—their medical hospice teams continued to provide homebased care; their non-medical hospice volunteers continued to provide emotional and practical support. This proved especially important to those who live alone or whose family members could not visit during the pandemic. Home-based hospice care fulfilled an important social connection for these folks. This will continue.

Organization Name	Community Asylum Seekers Project
Contact Name	Kate Paarlberg-Kvam, Executive Director
Description of population served	We serve immigrants in Windham County who have in-process asylum claims. Most of the people we serve are from Latin America, with some also from Central and West Africa.
Description of health needs of population served	Many of the people we serve arrive to this country with untreated medical conditions after having traveled to this country over a lengthy journey and/or being detained in inhumane conditions for months at a time. High blood pressure is common, especially for women, and most folks also face some symptoms associated with PTSD.
Description of barriers to achieving and/or maintaining good health	The chief obstacle is that asylum seekers are not eligible for Medicaid. Some states allow asylum seekers to have access to Medicaid through a mechanism known as PRUCOL (New York is one), but Vermont does not. This means people are often uninsured, especially while they await a work permit, which can take a full year or more. Sometimes we can get people covered through VT Health Connect for a cost.
Description of what is working well for the population you serve in terms of health	We have developed a good relationship with the local hospital system, which works with us to reduce fees for asylum seekers, but that's only worked because we haven't yet had to find money for a surgery or other major cost. What does work well is that each asylum seeker is connected to a network of people who can refer them for care, but this doesn't do much to break down the obstacles presented to them by our privatized healthcare system.
Description of some positive things that came out of the pandemic for the population you serve that will continue or will possibly be ending	Thanks to the advocacy of farmworkers, asylum seekers (most of the folks we serve, though not all) received a stimulus check. Just one, for \$1200. They do not have access to the continuing stimulus payments now being rolled out.

Organization Name	Groundworks Collaborative
Contact Name	Laura Chapman
Description of population served	Vulnerable population living in extreme poverty and homelessness, many with chronic side effects of addiction
Description of health needs of population served	Medically underserved folks with co-occurring conditions that often untreated or undertreated for years on end. Some conditions are from the effects of living in unstable environments including outdoors, from ongoing addiction issues, and from sex work.
Description of barriers to achieving and/or maintaining good health	<p>Transportation - though available through Medicaid/Medicare accessibility continues to be an issue for a variety of reasons</p> <p>ER/hospital services are often reported as stigmatizing and traumatic. Discharge planning is sometimes inadequate and often leads to readmission that might not occur otherwise.</p> <p>Long wait times for Primary Care Providers. Long wait times sometimes 6 months and unaffordable eye doctors and dental including denture service.</p> <p>Habit Opco being the predominant Medication Assisted Treatment clinic in the community is problematic for many that struggle with their system and staff.</p>
Description of what is working well for the population you serve in terms of health	<p>Becky Burns and our BMH/Retreat embedded providers have made significant improvements regarding access.</p> <p>It seems that the medical community/area agencies mainly BMH in Brattleboro work really hard to listen to our needs and meet those needs within a system that is not always ready or willing to support.</p>
Description of some positive things that came out of the pandemic for the population you serve that will continue or will possibly be ending	The motel voucher program has been an incredible asset, reducing winter illness, stresses of living outdoors seasonally, emotional trauma and creating accessibility for care. The discontinuation of this program will be a huge setback.

Organization Name	Migrant Justice
Contact Name	Will Lambek
Description of population served	Spanish-speaking immigrant farmworkers and their families. Primarily Mexican immigrants on dairy farms
Description of health needs of population served	Full range of needs. Lots of occupational hazards. Fractures and sprains from working with animals; burns and lung issues from exposure to chemical and biological hazards. A higher likelihood of acute health issues because of lack of access to general practitioners
Description of barriers to achieving and/or maintaining good health	No health insurance Language and cultural barriers to health providers Lack of time and transportation Retaliation from employers for reporting work-related injuries and illnesses
Description of what is working well for the population you serve in terms of health	Unaware of positive indicators in Windham. Open Door Clinic in Addison is a good model for elsewhere in the state
Description of some positive things that came out of the pandemic for the population you serve that will continue or will possibly be ending	Financial resources and state recognition from Vermont's Economic Stimulus Equity program

Organization Name	Out in the Open
Contact Name	Eva Westheimer, Programs and Volunteer Coordinator, eva@weareoutintheopen.org .
Description of population served	Rural LGBTQ+ Community
Description of health needs of population served	Everything (since our LGBTQ+ are part of all communities) Of note- LGBTQ+ affirming care, gender affirming care such as HRT and surgeries, affordable healthcare/insurance, insurance that covers actual health needs, racial justice, access to affordable and healthy food, mental health care supports, aging supports, ability to determine own health needs within the community.
Description of barriers to achieving and/or maintaining good health	<ul style="list-style-type: none"> - Cost - Healthcare system unsupportive to community members (deadnaming and misgendering people, assuming heteronormativity, etc) - Not the right practitioners for some LGBTQ+ needs (gender affirming surgeries, etc). -
Description of what is working well for the population you serve in terms of health	<ul style="list-style-type: none"> - Community supports - The work of the LGBTQ Council and the work towards opening the LGBTQ+ Health Clinic. - Healthcare workers who take the time to hold our LGBTQ+ community- using people's correct names and pronouns, working with people around health needs, etc
Description of some positive things that came out of the pandemic for the population you serve that will continue or will possibly be ending	<ul style="list-style-type: none"> - Virtual connection to those who are unable to travel to events, etc - Creating communities of care.

Organization Name	Brattleboro Housing Partnerships Support and Services at Home (SASH)
Contact Name	Shawna Jones, SASH Implementation Manager
Description of population served	SASH serves older adults and those with special needs who are 18+ living in Brattleboro Housing Partnerships housing and those 18+ with who are living in the communities of Brattleboro, Vernon, and Guilford who have Medicare.
Description of health needs of population served	The health needs for this population include meeting food insecurities, financial housing supports, transportation to medical appointments, transitions of care, mental health, care coordination, and additional referrals.
Description of barriers to achieving and/or maintaining good health	Barriers to achieve or maintain good health include mental health, transportation, education, activity and exercise, smoking/tobacco use, and low-income levels.
Description of what is working well for the population you serve in terms of health	It is working well for our participants to have the continued food supports, including the Vermont Foodbank and the additional increase in assistance through 3Squares. The renter's assistance program has been helpful in keeping many of our folks housed.
Description of some positive things that came out of the pandemic for the population you serve that will continue or will possibly be ending	Throughout the pandemic, SASH has made stronger community connections with partner agencies, allowing us to better serve our folks with the referral process and getting them the assistance that they need. Tele-health and loanable iPads through a SASH grant have been very beneficial to the population we serve.

Organization Name	University of Vermont Extension – Farmworker Health
Contact Name	Naomi Wolcott-MacCausland
Description of population served	Immigrant agricultural workers and their family members. Mix of H2A (season and migrant workers in US on agricultural visa program primarily from Jamaica) and Latino dairy workers who are often undocumented
Description of health needs of population served	Agricultural workers work within an industry known for negative health impacts from farm safety to the physical toll years of manual labor has on a body. For immigrant workers, there is an added emotional toll of spending months, sometimes years far from family and friends to make a living. Working as many hours as possible to cover daily living expenses of family members back home often means this community is reluctant to utilize health care services unless they are facing a health issue that is impacting their ability to work. Delayed care can lead to more health needs in the long run. Most do not have a primary care provider for many of the reasons listed below.
Description of barriers to achieving and/or maintaining good health	Immigrant workers face myriad barriers to maintaining good health <ul style="list-style-type: none"> - Lack of personal transportation - Long and varied work days with limited time off - Access to care often cost-prohibitive and financial assistance programs are inconsistent in how they address immigration status and residency - Undocumented workers are ineligible for health insurance or whereas for most H2A workers comprehensive health insurance is cost prohibitive due to ineligibility for Medicaid. - Language barrier (more so for Latino dairy workers but there are also Spanish speaking H2A workers) - Lack of familiarity or trust with local health entities - Limited or no paid sick time - Congregate housing - Discrimination
Description of what is working well for the population you serve in terms of health	Most dairy workers and many H2A workers are young and do not have chronic health conditions.
	<i>UVM Extension Farmworker Health, continued next page</i>

	<i>UVM Extension Farmworker Health, continued from previous page</i>
Description of some positive things that came out of the pandemic for the population you serve that will continue or will possibly be ending	<p>The pandemic highlighted the significant disparities in access to health and social services for the BIPOC community. Immigrant farmworkers face some of the most significant health access barriers yet their livelihood as essential workers often living in congregate housing placed them at high risk for COVID. Our program received funding to help address disparities, which allowed us to expand capacity. We are completely grant funded so the expanded capacity meant ability to engage in deeper educational outreach about the public health threats and vaccination, offer on-farm testing as well as triage and health supports for COVID positive patients. This funding also supported the coordination of on-farm COVID vaccination. The increased engagement through the various contact points helped us build more trust and social capital with farmworkers and farm owners. This in turn has led to more workers reaching out for support around health care issues. At this time, we are unsure if funding will continue and if there is not continued funding our presence on farms will revert to the limited scope of work that we have attached to other grant dollars. We do have funding to continue immunization education and access to immunizations. We are hopeful we can continue building on the relationships we have to ensure all workers regardless of immigrant status are able to access local and affordable care.</p>

Organization Name	Windham County Dental Center
Contact Name	Carmen Derby
Description of population served	Windham County resident needing dental care. 85% of our patient base is on Medicaid.
Description of health needs of population served	Most of the patients that we are seeing have not had oral care for a long period of time. The patients also present themselves with major health concerns such as diabetes, high blood pressure and many are smoker.
Description of barriers to achieving and/or maintaining good health	There is a distrust with the medical community, we feel that some of this is due to the major medical issues that the patients have faced. Most patient find it very complicated to carry out their treatment plans due to other life issues facing them.
Description of what is working well for the population you serve in terms of health	What we have found is that we need to identify what works for each patient. We have not been able to make blanket assessment of what works for the population that we are serving. We need to listen at all times, in order to see the issues through the patients belief window. Once we find that out, it makes moving forward with care a bit easier.
Description of some positive things that came out of the pandemic for the population you serve that will continue or will possibly be ending	Oral care during covid has been extremely challenging. A positive thing is that due to being closed for two months, many of the patients were eager to come back and continue their care.

Contact Information

Grace Cottage Family Health & Hospital

185 Grafton Road, PO Box 216, Townshend, VT 05353.

www.gracecottage.org

For questions or comments regarding this report, contact the office of Community Relations at 802-365-9109 or write to: info@gracecottage.org.

Brattleboro Memorial Hospital: 17 Belmont Avenue, Brattleboro, VT 05301. 802-251-8604.

Brattleboro Retreat: Anna Marsh Lane, P.O. Box 803, Brattleboro, VT 05302. 802-258-3785.

Vermont Department of Health-Brattleboro District: 232 Main St., Suite 3, Brattleboro, VT 05301. 802-257-2880.

2021 CHNA Steering Committee:

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Rebecca J. Burns, RN, Dir of Community Initiatives & Blueprint Project Manager, Brattleboro Memorial Hospital

Erin Fagley, (former) Digital Marketing Strategist/Community Liaison, Brattleboro Retreat

Sue Graff, Field Director, Brattleboro Health District, Vermont Agency of Human Services

Jeffrey Kelliher, Communications & Media Relations Manager, Brattleboro Retreat

C. J. King, Research & Grant Writing, Grace Cottage Family Health & Hospital

Johanna McLeod, (former) Development and Community Relations Associate and Diversity, Equity, and Inclusion Initiatives Coordinator, Brattleboro Memorial Hospital

Laura Overton, Director of Local Health Services, Brattleboro District, Vermont Department of Health

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