Addison County

Community Health Needs Assessment (CHNA)

2021

THE University of Vermont HEALTH NETWORK

Porter Medical Center

United Way of Addison County

ADDISON COUNTY HOME HEALTH & HOSPICE

Your nonprofit VNA since 1968

Mountain Health Center

Approved By: UVMHN Porter Medical Center
Board of Directors
Date Approved: August 4th, 2021

Table of Contents

Executive Summary 3

Chapter 1 - Background 5

Chapter 2 - Addison County Description 6

Chapter 3 - Data Collection Process 10

- **Survey** 10
- **Focus groups** 12
- **Stakeholder interviews** 13

Chapter 4 - Secondary Data 14

- **Introduction** 14
- **Health Care organizations in Addison County** 14
- **Mortality** 15
- **2018 Community Profile conducted by the Vermont Blueprint for Health** 18
- **Local Determinants of Health** 29
- **2020 Achievements** 31
- **Early Childhood Systems Needs Assessments 2020** 33

Chapter 5 - Summary of Community Survey Results 34

- **Demographics and Representativeness of the Survey** 34
- **Perception of Community Health and Health Issues** 44
- **COVID-19 Impact** 60

Chapter 6 – Focus Group and Stakeholder Interviews 68

Chapter 7 – Community Health Improvement Plan 75

References 77

Appendices 79

- **Appendix A – CHNA Survey** 79
- **Appendix B – Focus Group Questionnnaire** 91
- **Appendix C – Focus Group Exit Survey** 94
- **Appendix D – Stakeholder Interview Questionnaire** 95

Executive Summary

The Community Health Needs Assessment (CHNA) was designed to view the health conditions and status of Addison County in order to increase accountability of health care providers to their service populations, ensuring that the health care organizations' range of services addresses local needs and promotes community health. The expectation is that health care organizations will use results from the CHNA to guide their strategic planning and resource allocation for the next 3 years.

The CHNA includes:

- Assessment of existing indicators
- Primary data collection
    - CHNA Survey – 761 respondents
    - Focus Groups - 14 participants
    - Stakeholder Interviews – 33 representatives / 23 organizations
- Identification of health priorities

Brief Overview/description of Addison County:
Addison County is located in the lower Champlain Valley of Vermont with Lake Champlain and the Adirondacks to the west and the Green Mountains to the east. Addison County is rural and known for its dairy farming. Addison County has a density of around 45.5 people per square mile. The major employers in the county include Middlebury College, UVMHN Porter Medical Center and Collins Aerospace.

Major findings

Across several issues, respondents were concerned about the affordability of services, from healthy foods to substance use treatment to general health care services.

Employment and Demographics:
92.6% of Addison County residents are white non-Hispanic. Hispanic or Latino residents are Addison County's more prevalent minority population at 2.3%. According to the 2019 Census, the median income in this county is $68,825, higher than both Vermont and the United States as a whole, and there is a 7.9% level of poverty in the county.

Substance Abuse:
Survey respondents were concerned about stigma surrounding substance use, including stigma surrounding treatment for substance use. Respondents were also concerned about the availability and affordability of services and treatment, such as the affordability of residential substance use disorder treatment.

Healthy Eating:
Respondents were most concerned about the affordability of healthy foods; availability of healthy foods was not a concern for most respondents.

Mental Health:
The majority of survey respondents rated their mental health at a 4 or 5 on of a scale of 5, signifying overall satisfaction with their mental health. When ranking concerns about mental health, respondents were most concerned with the affordability of mental health services. However, during focus groups and stakeholder interviews, participants expressed a need for more mental health clinicians to address the demand for services, especially in schools, the healthcare system, and in the general community.

Health Care:
Regarding healthcare, survey respondents highlighted that their top concern was affordability. For example, survey respondents were concerned about the affordability of dental and health care for adults. During focus groups and stakeholder interviews, the need for more Primary Care Providers and wellness-centered care was expressed at a high frequency, as well as transportation and health insurance being a barrier to accessing care.

Environmental Issues:
The top environmental and social challenges that survey respondents were concerned with were climate change and street safety.

Housing:
Affordable Housing was identified by 55.2% of the respondents as the top social and environmental challenge in the community. During the focus groups and stakeholder interviews, the concern about housing was made apparent by more than half of the participants. The concern included all forms of housing, affordable units, space to rent, houses to buy, sober housing, and housing for elders.

COVID-19 Pandemic:
Overall, the COVID-19 pandemic exacerbated pre-existing disparities in Addison County, with the most vulnerable populations experiencing the most negative impacts due to COVID-19. For example, decreases in income were most likely to be experienced by households making $10,000-$24,999, and by underemployed people.

Top 3 Priorities Identified:
CHNA collaborators, UVMHN Porter Medical Center, Home Health and Hospice, and Five-Town Health Alliance, along with community partners used a set of criteria to identify priorities. The criteria included: scope of work, severity of issue, ability to impact, community readiness, and health equity. Based on the findings from the CHNA and criteria, the selected priorities include:

- Access to Healthcare Services
- Access to Mental Health Services
- Housing

Community Health Improvement Plan:
Stakeholders from each priority group will gather to discuss strategies to be implemented from 2021-2023.

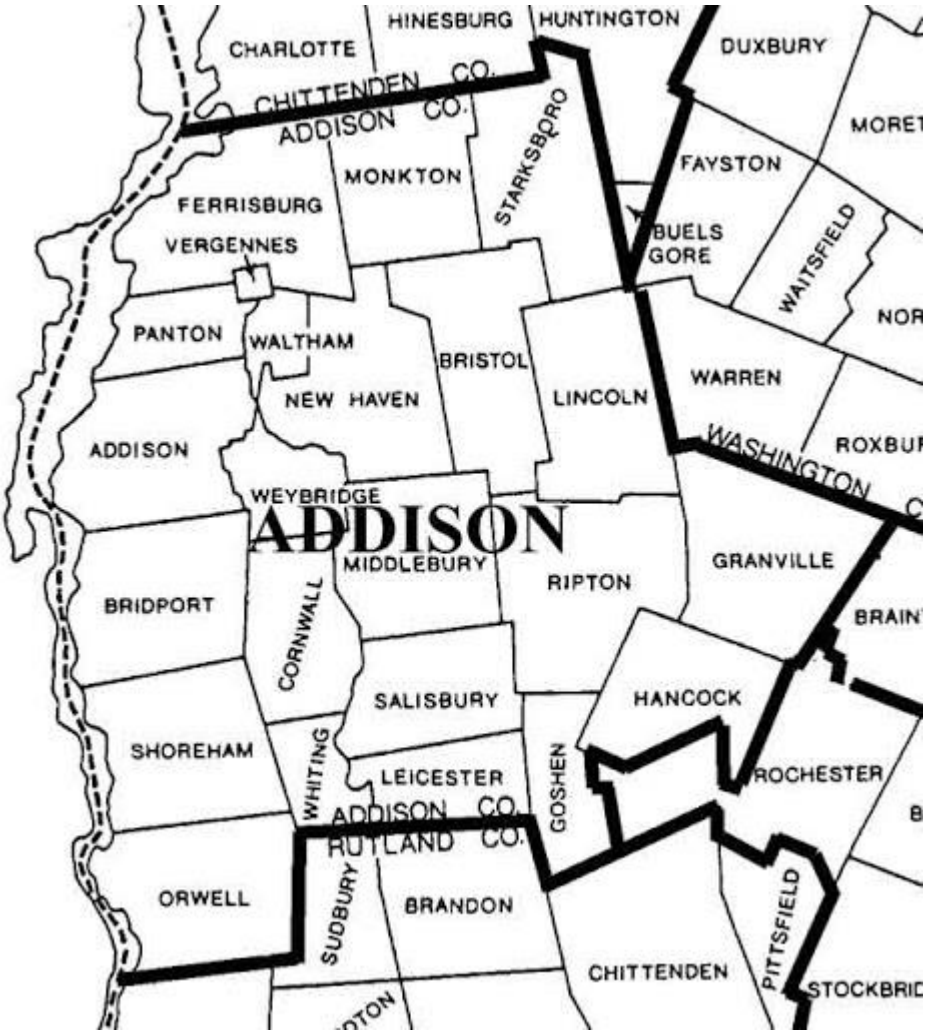
Chapter 1 - Background

With the passing of the Affordable Care Act, Community Health Needs Assessments (CHNAs) are required by the Internal Revenue Service (IRS) for not-for-profit hospitals and other not-for-profit health care providers. By surveying residents in a community, CHNAs help increase accountability of healthcare providers to their service populations, ensuring that the healthcare organizations' range of services address local needs and promotes community health. The expectation is that healthcare organizations will use results from the CHNA to guide their strategic planning and resource allocation for the next 3 years.

Surveying Addison County residents can help shed light on problems that had previously gone unnoticed. Results and insight from analyzing survey data can lead to creation and implementation of interventions to address these issues. CHNAs also provide a platform for the community to be heard in a way they may not have been heard before. Since the last CHNA in 2018, the COVID-19 pandemic started and spread. The survey used in this CHNA helps to elucidate how the pandemic has affected Addison County residents.

Data informing the Addison County CHNA comes from multiple sources and includes primary data from the questionnaire (Appendix A), findings from focus groups and stakeholder interviews, secondary data, and indicator data. Chapter Three includes a summary of the data collection process along with strengths and limitations for all types. Secondary and indicator data is analyzed in Chapters Two and Four of this document. Primary data is analyzed and compared to secondary and indicator data in Chapter Five. Chapter Six is informed by all qualitative data extracted from focus group and stakeholder interviews. Chapter 7 reviews priorities selected and next steps to create a comprehensive Community Health Improvement Plan addressing priority concerns.

Chapter 2 - Addison County Description



Addison County is located in the lower Champlain Valley of Vermont with Lake Champlain and the Adirondacks to the west and the Green Mountains to the east. The unique landscape of Addison County, the farmlands of the Champlain Valley, and the predominately wooded settings near the foothills of the Green Mountains promote a variety of lifestyles and a balanced blend of light industry and farming. Addison County is rural and known for its dairy farming. It has the most farm acreage in the state and leads the state in the value of agriculture products sold (US Census Bureau, 2012). The County is home to three local newspapers, more than 50 service organizations and more than 100 faith communities. The major employers in the county include Middlebury College, Porter Medical Center and Collins Aerospace.

Addison County is bordered to the north by Chittenden County, Vermont's most densely populated county, which includes Vermont's largest city, Burlington, and its surrounding suburbs. The northern portion of Addison County is considered a commutable distance to Burlington so residents have the option of traveling north for employment, healthcare,

shopping and other services. Addison County is bordered to the south by Rutland County. Rutland County is home to Vermont's third largest city, Rutland. Residents who live in the southern portion of Addison County have the easy access to Rutland County for work, healthcare, and other opportunities. Addison County is bordered to the east by Windsor, Orange and Washington Counties. For the eastern Addison County communities of Hancock and Granville, accessing services within our county is challenging in winter as this requires traveling over mountain roads.

According to the US Census Bureau, the 2019 population estimate for Addison County is 36,777 which is approximately 6% of the state's total population. According to population estimates, Addison County had 0.1% decrease in population since the 2010 census. A vast majority (94.5%) of Addison County residents are white non-Hispanic. Hispanic or Latino residents are Addison County's more prevalent minority population at 2.3%.

The US Census Bureau estimates that 4.7% of Addison County residents under the age of 65 were uninsured in 2019. Overall, Vermont has one of the lowest rates in the country of people living without health insurance.

Addison County is similar to the state as a whole for educational attainment. Addison County has lower poverty and a higher median income than the state as a whole. Below is data from the 2019 US Census Bureau comparing Addison County to Vermont for educational attainment, people living in poverty and the median household income:

	Addison County	Vermont
% of population with high school diploma or higher	93.5%	92.7%
% of population with bachelor's degree or higher	39.6%	38.0%
% of population under the federal poverty level	7.9%	10.2%
Median household income	$68,825	$61,973

Table 1. Comparing educational attainment, people living in poverty, and median household income of Addison County residents with Vermont residents overall. Source: 2019 US Census Quick Facts.

In Addison County, 16.5% of the population is age 18 and under while 20.7% of the population is age 65 years and older. This represents a significant shift in the age of the county's population. In the 2009 Community Health Needs Assessment, the population of Addison County youth age 18 and under was 21% while the population of seniors age 65 and older was 13.3%. According to a June 29, 2017 *Burlington Free Press* article, Vermont is aging faster than the nation as a whole. Furthermore, the number of people under the age of 20 is declining in Vermont while the number of people under age 20 is holding steady for the rest of the country.

Regarding education, many towns offer early education/preschool. However, it will be noted later in this report that accessing childcare is a high priority for survey respondents aged 18-34 years. There are three school districts located within the county while the southernmost communities of Addison County (Leicester, Whiting, and Orwell) are part of school districts that primarily serve Rutland County students. In addition to traditional secondary schools, the Patricia A. Hannaford Career Center offers an integrated work and learning program to students from the three Addison County school districts. Addison County is home to Middlebury College, a prestigious liberal arts college, the Community College of Vermont, and Northlands Jobs Corps, a residential and educational training program located in Vergennes for youth ages 16-24 years.

Population Centers:

Middlebury.

Middlebury, the seat of Addison County, was chartered in 1761 and was settled just after the Revolutionary War. Today, the village is listed on the National Register of Historic Places and is home to shops, businesses, churches, and public buildings. Middlebury is the largest community in the county with a population of 8,780. Middlebury is home to Middlebury College. Middlebury is also the hub for medical services in the county with the University of Vermont Health Network Porter Medical Center (a critical access hospital), Helen Porter Healthcare and Rehabilitation Center, and many of the area's medical provider offices.

Vergennes

Established in 1788, Vergennes is Vermont's oldest incorporated city. Vergennes encompasses 1,200 acres of land that was carved from the three neighboring towns of Ferrisburgh, Panton and Waltham. It is where Thomas Macdonough built and armed the fleet that would defeat the British on Lake Champlain during the War of 1812. In the late 1990s, Vergennes residents launched a Main Street revitalization effort and formed the Friends of the Vergennes Opera House to complete the restoration of the 1897 Opera House. Today, Vergennes is home to 2,596 residents and Collins Aerospace, one of the largest employers in the county.

Bristol

Bristol, known as the "Gateway to the Green Mountains," was founded in 1762 and is currently home to 3,800 residents. The town was originally known as Pocock, after a distinguished English admiral. The name was changed to Bristol in 1789 but the community still celebrates its heritage during the annual Pocock Rocks Street Fair. The Bristol Band has presented outdoor summer concerts on the town green every Wednesday since shortly after the Civil War. Downtown Bristol is a National Historic District with small shops and restaurants and a vibrant artist community.

Smaller Towns and Villages:

Approximately 60% of Addison County residents live outside the three population centers. These outlying communities are rural with few local services. The communities

are governed by select boards and most have their own elementary school, fire department, and town office. There are small country and convenience stores/gas stations in some of these communities. The large grocery stores are located in the population centers along with other shopping, banking and healthcare services. Transportation is a significant issue in the county. Tri-Valley Transit, formerly Addison County Transit Resources (ACTR), provides bus and volunteer driver services but these services are somewhat limited to the outlying communities. Agencies such as the Addison County Parent Child Center and Elderly Services provide transportation for their clients for specific purposes but in general, transportation is a concern for those who do not drive and those without a reliable vehicle.

There are ample opportunities for outdoor physical activity in Addison County including walking, running, biking, swimming in lakes, streams and outdoor public pools, and use of recreation fields. However, there are concerns that the roads are dangerous for pedestrians and cyclists due to fast moving traffic and narrow shoulders. The Walk-Bike Council of Addison County formed in 2017 in response to three cyclist deaths in the county several years ago and is working to make walking and biking safer for everyone.

Chapter 3 - Data Collection Process

Survey

The information used for data analysis in Chapter 5 of this report was collected via a county-wide survey conducted on the Survey Monkey platform. The survey was made available in English and Spanish. It was conducted anonymously and mostly online through a publicized internet address, although paper versions of the survey were also distributed throughout the county among target populations by facilitators and through partner organizations. The web link to the survey was listed on the UVMHN Porter Medical Center website, distributed through committee list serves to share with clients and individuals served by partnering organizations, and through Front Porch Forum. The schools received outreach information to send to families in weekly newsletters. Several social media posts were also developed to increase number of survey respondents. Paper surveys were made available by request and distributed at the Open Door Clinic, Middlebury Laundromat. ACHHH offered paper surveys to individuals who received home-bound Covid-19 vaccinations. However, during the Covid-19 pandemic, it was a challenge to distribute paper copies in person and for people to take time in public spaces to complete the survey.

A total of 761 participants in total completed the survey, with five of these participants taking the survey on paper. The responses from the paper surveys were manually entered into the Survey Monkey platform by team members from Middlebury College; this was done to have all participant data in the place on the Survey Monkey platform for subsequent analysis. Data were downloaded as a Microsoft Excel file (.xlsx) and analyzed using Microsoft Excel, Stata, and IBM SPSS Statistics software programs. Before the final version of the data was downloaded, a weekly analysis of demographic questions built into the survey allowed for facilitators to monitor which parts of the population served by Porter Medical Center were filling it out, and therefore enabled the alteration of distribution methods to ensure that all target populations were being represented, as well as a more informed creation of focus groups.

The survey went live on February 1, 2021. Over the weekend of February 6th and 7th, the survey was changed to allow respondents to select multiple options for the second-to-last question, “Where do you get your information about resources?” This change was made because early respondents had expressed multiple times that they wished to be able to select more than one answer, but up until that point had been able to only select one option. At this point, the format of the question was altered in order to allow subsequent respondents to make multiple selections from the various methods of obtaining information about resources available in the county. Survey responses collected prior to this question change (n=253) were re-coded to reflect the multiple selections respondents would have made if they had been able, based on write-in responses written by respondents to indicate “other” sources of information. Some of these answers required a manual cross-check and copying into the re-coded version. Some of the answers, such as one that read “nearly all of the above” and another that said, “several of the above,” were not recoded into the multiple categories because it

was assumed that because these respondents did not specify their answers, it would not be possible to recode these responses into various categories accurately. The survey was closed on March 20, but late responses were accepted for an additional week, including paper survey responses that were entered into Survey Monkey. On March 27, the survey data collection was considered final and was exported for analysis.

All demographic data, mainly collected from the third section of the survey, was analyzed using Microsoft Excel and Google Sheets. Simple count and sort functions in these programs were used to turn the information into tables and charts. Frequency counts and descriptive statistics were calculated for nearly every variable in this section. Sometimes, answers from written-in responses were re-coded to fit into a pre-existing option for analysis purposes. For example, when individuals wrote that they were from "East Middlebury" in the section where they were asked about their town of residence, these responses were re-coded to read "Middlebury" (since East Middlebury is not chartered as a separate town) and these individuals were counted as being a resident of the town of Middlebury. In doing comparisons or breakdowns with these data, such as the chart where individuals are broken down both by gender and age at the same time, some identities and responses were grouped in order to protect the privacy of individuals and not expose any potentially identifying information.

All non-demographic and non-COVID-19 related questions were analyzed using SPSS statistical software. No identifying information was moved into SPSS. Numerical responses were incorporated. Responses that were not numerical in nature were assigned a specific coordinating number and analyzed using the numerical conversion. Descriptive statistics and frequency count were done on almost all questions, and corresponding graphs of outputs can be found later in this document. Gender stratifications were also done to identify differences in response patterns among male, female, and non-male/non-female identifying individuals. Although no identifying information was used in SPSS, if any potentially identifying questions or outputs were found (especially through a combination of age, gender, and town of residence), responses were then grouped to avoid identification,

COVID-19 related questions were analyzed using Stata statistical software. The final excel file obtained from the Survey Monkey platform was cleaned to be properly recognized by Stata, which allowed for the cross-tabulation outputs included in Chapter 5 of this report. As was the case for SPSS, this meant that responses that were not numerical in nature were assigned a specific coordinating number and analyzed thereafter. Demographic information such as income level and age were used in these analyses in order to identify how different portions of the population were affected by the pandemic. While SPSS and Stata have similar capabilities and all questions on the survey followed similar formats, we put an emphasis on the separation of COVID-specific questions from the rest of the survey in order to maintain the integrity of long-lasting recurring needs and those that arose due to the stress the pandemic posed on systems. An analysis of these effects can be found in Chapter 5 under "COVID-19 Impact."

The Survey Monkey data export was uploaded to a Google Drive folder with access shared among members of the Middlebury College team (one professor and four students). Subsequent data sets and subsets created for analytic purposes resided on the Google Drive. All data that were downloaded onto personal computers were deleted and removed from these machines afterwards. The Google Drive files will exist only until the CHNA work is completed, and will then be erased.

Focus groups and Stakeholder Interviews

Focus Groups Recruitment:
Focus group recruitment take place in 3 different methods 1) flyers were sent to community partners to share and post with staff and clients 2) community partners were asked to directly identify community members that would be interested in sharing their opinion in a group setting and 3) front porch forum recruitment post for people to sign up. Participants were incentivized by a $10 gift card to Shaw's Grocery store once they completed the Focus Group. This gift card was sponsored by UVMHN Porter Medical Center. Based on the call to action, 18 individuals registered for focus groups, 14 completed the focus groups, and 13 completed the exit questionnaire (Appendix C) with demographics information and contact information for the $10 gift card. Focus groups were capped at 10 members per group to encourage conversation and they were scheduled on various days and differing times to accommodate for individual's schedules. Focus group times included the following:

- May 3rd - 12-1 p.m.
- May 4th - 5:30-6:30 p.m.
- May 6th - 8-9 a.m. | 5:30-6:30 p.m.
- May 12th - 8-9 a.m.
- May 20th – 12-1 p.m.

One focus group session was held at Parent Child Center via zoom. However, other partners were unable to help due to COVID-19 restrictions and partners such as Charter House and Open Door Clinic hope to offer in-person focus groups in the future.

Focus Group Method and Extraction:
The questionnaire was designed to do a deeper dive on the gaps from the CHNA survey and to get a perspective from underrepresented groups. Questions were designed to identify other needs that may not have been identified from the survey questions. See Appendix B for focus group questionnaire. The questionnaire was used a as guide by the facilitator, but the concerns that rose from the discussion shaped the conversation. There were two note takers for each session to capture quotes from participants and information that was shared. From those notes, themes and trends were extracted to be put in a table and compared to information that came from the stakeholder interviews. See chapter 6.

Stakeholder Interviews:

Cross-sector stakeholders were asked to take part in interviews at existing meetings such as the Community Health Action Team (CHAT), Building Bright Futures group, Substance Use Treatment and Recovery Committee or individually if they were interested. Stakeholders were also sent a link to the same questionnaire that was used to facilitate discussions at the group setting. There were 33 representatives from 23 different organizations that took part in a group interview or responded to the survey. See Appendix D for the stakeholder interview questionnaire.

Information from the group conversations and survey monkey was gathered by two note takers. The trends and themes were extracted and compared to the focus group information with community members. See comparison in Chapter 6.

Chapter 4 - Secondary Data

Introduction

This chapter reviews secondary and indicator data collected outside of the Community Health Needs Assessment. Understanding the following sections will provide an important understanding of recent trends in Addison County and offer a frame of reference for the data collected through this project.

Health Care organizations in Addison County

UVMHN Porter Medical Center is a non-profit critical access hospital that services Addison County and surrounding areas. Mountain Health Center, under Five-Town Health Alliance is a federally qualified health center in Addison County that provides care to the underserved population and is located in Bristol, VT. The table below, listing healthcare organizations in Middlebury, was taken from the 2020 Annual Report on the Vermont Blueprint for Health:

Addison County Blueprint Practices								
		ACO Participation						
Parent Organization	Practice Site Name	Medicare	Medicaid	BCBS	MVP	PCMH	WHI	Spoke
Middlebury Family Health	Middlebury Family Health Center	x	x	x	x	x		
Five-Town Health Alliance, Inc	Mountain Health Center, Red Clover Family Dentistry, and Mobile Health Unit	x	x	x	x	x		x
Independent Practice	Rainbow Pediatrics		x	x	x	x		
Natural Family Health, P.C.	Vermont Natural Family Health - Salisbury		x	x	x	x		
Planned Parenthood of Northern New England	PPNNE - Middlebury	x	x	x	x	x	x	
Porter Medical Center	UVM Health Network Porter Medical Center Pediatric Primary Care	x	x	x	x	x		
Porter Medical Center	UVM Health Network Porter Medical Center Primary Care Brandon	x	x	x	x	x		
Porter Medical Center	UVM Health Network Porter Medical Center Primary Care Middlebury	x	x	x	x	x		
Porter Medical Center	UVM Health Network Porter Medical Center Primary Care Vergennes	x	x	x	x	x		x
Porter Medical Center	UVM Health Network Porter Medical Center Women's Health	x	x	x	x	x		

Table 2: This table shows healthcare organizations in Middlebury. ACO stands for "Accountable Care Organization," BCBSVT stands for "Blue Cross Blue Shield of Vermont," MVP stands for "Nonprofit MVP Health Care," PCMH stands for "patient-centered medical home," WHI stands for "Women's Health Initiative," and SPOKE stands for "Hub & Spoke Program."

Addison County is also home to a multitude of other care organizations, such as:

- The Open Door Clinic, a free health clinic for uninsured and under-insured adults in Addison County.
- The Charter House Coalition, a non-profit, volunteer-based organization dedicated to providing basic food and housing in and around Middlebury, Vermont.
- SaVida Health Vergennes, which provides FDA approved addiction treatment.
- Turning Point Center, a non-profit recovery center that provides a safe, friendly, and substance use free environment where all people in recovery, and their families and friends, can meet for peer-to-peer recovery support, social activities, recovery coaching, education, and advocacy.
- ACHHH – Addison County Home Health and Hospice, provides home care services to families and individuals of all ages
- HOPE - Helping Overcome Poverty's Effects, a non-profit organization that works to improve the lives of low income people in Addison County by working with individuals to identify and secure the resources needed to meet their own basic needs.
- Tri-Valley Transit, a nonprofit organization that provides public transit buses for everyone and door to door Dial-A-Ride service for vulnerable populations who cannot access the buses.
- Vermont Department of Health Services provide wrap around services to families including the Women Infants and Children (WIC) program.
- ACORN Network, which provides support to farmers and food producers, engages in food education, and ensures access to healthy food for all members of the community.
- Elderly Services, Inc., which offers elders and their families an adult day care center to help delay or prevent nursing home placement; it also provides creative, high-quality programs to help elders live safe and satisfying lives in their own homes and communities.
- Counseling Services of Addison County (CSAC), designated community mental health agency that provides a multi-disciplinary approach for developmental services, substance abuse treatment, psychiatry, psychology, mental health counseling, social work, family therapy, and child therapy.
- And much more!

Mortality

Beyond the number of deaths per age group in Addison County, more detail about the cause of deaths in this county was unavailable. As such, this section on mortality will mainly cover the trends in deaths in Vermont overall.

COUNTY OF RESIDENCE	Under 1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	UNK
ADDISON	1	0	0	1	5	10	14	31	59	84	137	0

Figure 1: Deaths per age group in Addison County in 2018. This figure was created by the Vermont Department of Health Statistics and Vital Records.

In 2018, the most recent year reported by the Vermont Department of Health Statistics and Vital Records, 6,027 residents died in Vermont. Since 2004, the death rate has been increasing, as seen in the figure below.

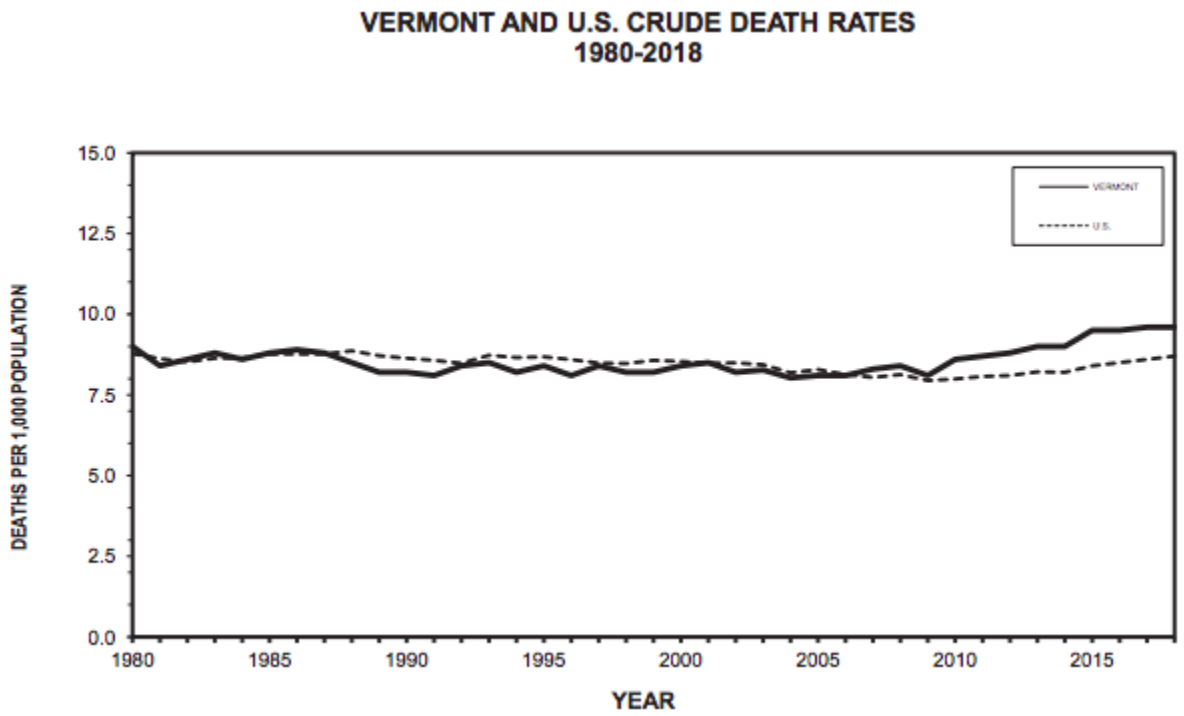


Figure 2: Vermont and U.S. Death Rates. This figure was created by the Vermont Department of Health Statistics and Vital Records.

The fact that Vermont's crude death rate exceeds that of the average U.S. death rate reflects, in part, the fact that Vermont has an older and more rapidly aging population than most of the country, as stated by the Vermont Department of Health (2018). According to the 2019 U.S. Census, 20.7% of Vermonters were aged 65 years or older, as compared to 16.5% nationally.

The top 5 leading causes of death in Vermont in 2018, in order, were heart disease, cancer, accidents or unintentional injuries, chronic lower respiratory diseases, and Alzheimer's disease.

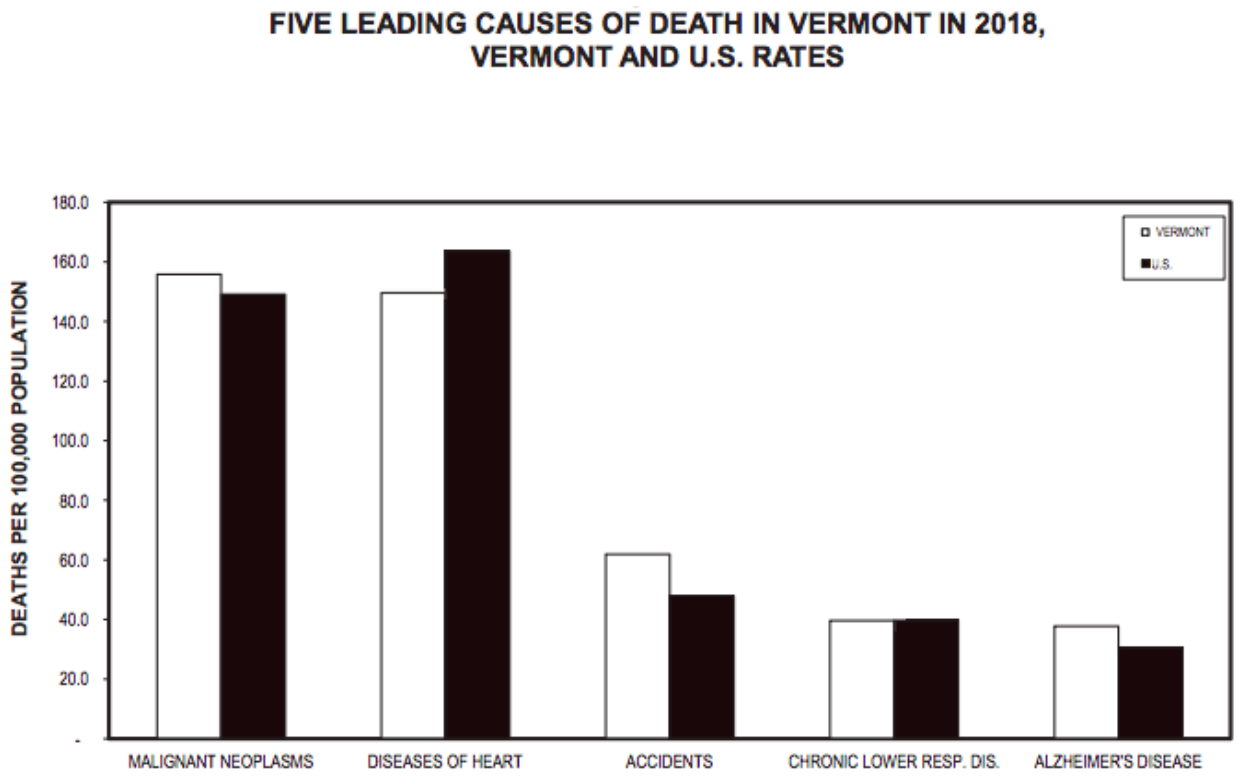


Figure 3: Five leading causes of death in Vermont in 2018. This figure was created by the Vermont Department of Health Statistics and Vital Records.

In 2020, the number of deaths in Vermont increased by at least 2%, according to the CDC; some estimates put the total increase over normal rates as high as 11%, according to VTDigger. COVID-19 infections contributed to this higher death rate, but beyond infections, the COVID-19 pandemic contributed to deaths in other ways.

In addition, deaths due to Alzheimer's disease and dementia were 50% higher in 2020 compared to 2019. Because those with memory loss were more likely to live in skilled nursing facilities and more likely to take off their masks, they were at higher risk of contracting COVID-19. Once those with Alzheimer's contracted COVID, they were more likely to fall seriously ill or die. Most skilled nursing facilities did not allow visitors during the pandemic leading contributing to loneliness amongst these older Vermonters, which may also have led to increased deaths related to Alzheimer's disease. All in all, COVID-19 significantly impacted this vulnerable population.

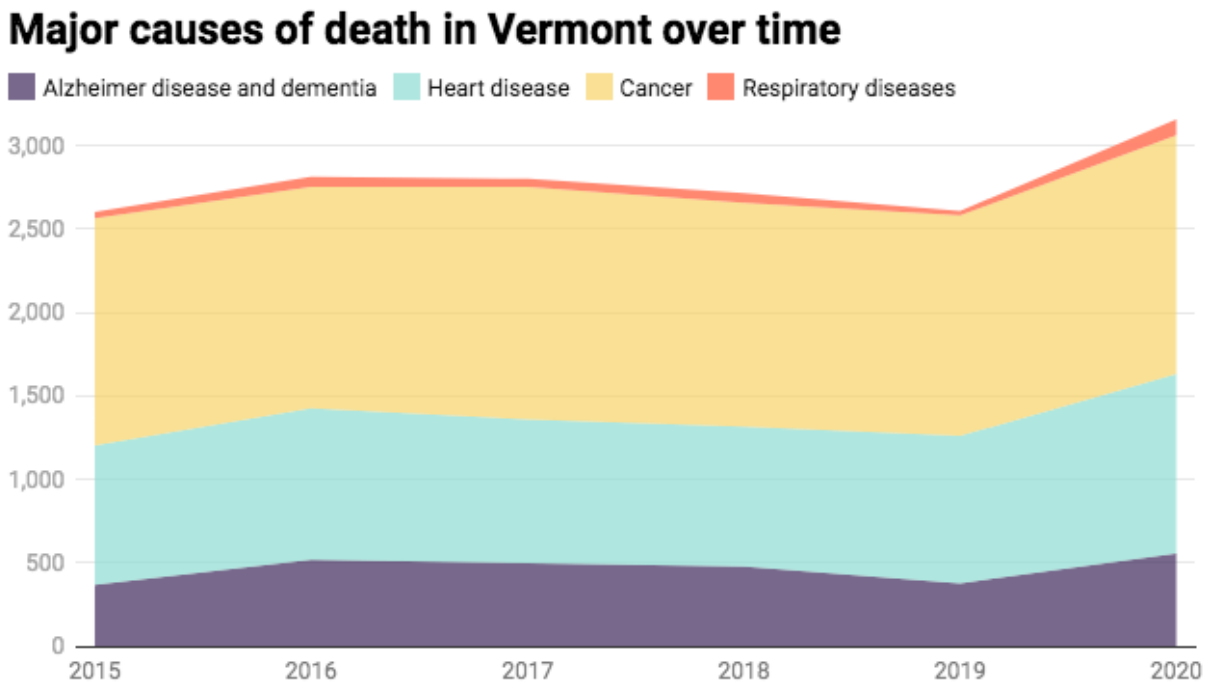


Figure 4: Major causes of death in Vermont from 2015-2020. Figure was created by Erin Petenko for VTDigger.

According to the Addison County Community Health Action Team (CHAT) Data Meeting in 2019, three behaviors (poor nutrition, lack of exercise, and tobacco use) contribute to four diseases (lung disease, diabetes, heart disease and cancer) that result in more than 50% of the deaths in Addison County. This is the percentage of Addison County adults diagnosed with the following chronic diseases:

- Lung Disease: 14%
- Diabetes: 8%
- Cardiovascular Diseases: 7%
- Cancer: 10%

This is the percentage of Addison County deaths by chronic illness:

- Lung Disease: 9%
- Diabetes 3%
- Cardiovascular Disease: 23%
- Cancer: 21%

2018 Community Profile conducted by the Vermont Blueprint for Health

According to the *Vermont Blueprint for Health - Middlebury Community Profile (2018)*, adults served by Middlebury healthcare organizations have a higher rate of having a personal doctor compared to the statewide average. Most adults served by Middlebury healthcare organizations reside in Addison County, so for the rest of this section, they will be referred to as Addison County adults. Addison County adults with hypertension have a lower rate of in-control blood pressure compared to the state average. Addison

County adults have a lower rate of diabetes compared to the state average and are tested for diabetes more than the statewide average. However, of the people who have diabetes, Addison County adults have higher rates of uncontrolled diabetes relative to the statewide average. A table summarizing the Blueprint data below is at the end of this section.

The graphs and figures in this section with blue titles are images copied directly from the 2018 Vermont Blueprint for Health Community Profile and noted as such.

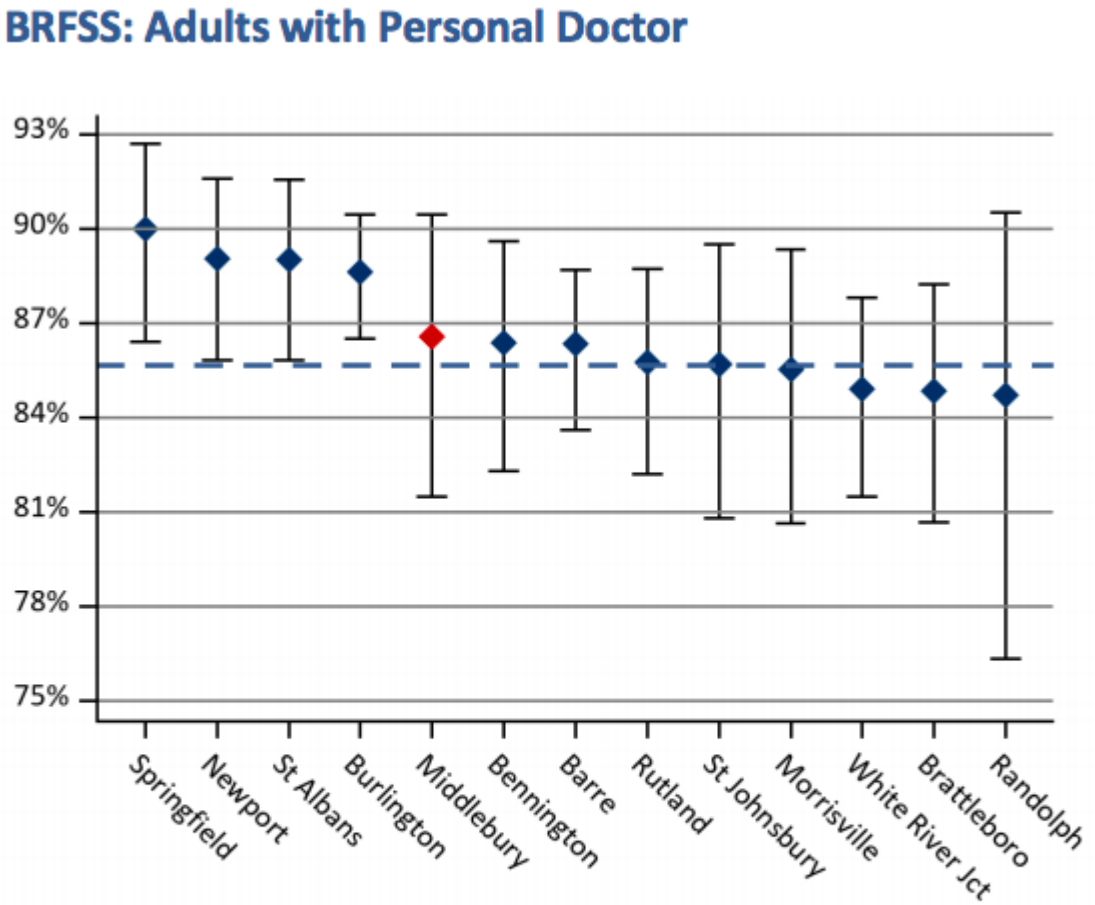


Figure 36: *Presents the proportion, including 95% confidence intervals, of Vermont residents, ages 18 years and older, that said they have a personal doctor or health care provider. This data was collected through the Behavioral Risk Factor Surveillance System (BRFSS) Between January 2017 and December 2018. The blue dashed line indicates the statewide average.*

Figure taken from the Vermont Blueprint for Health.

The graph above shows the percentage of adults with a personal doctor. The red data point is adults served by Middlebury healthcare organizations. These adults are slightly more likely than the state average (blue dashed line) to have a personal doctor.

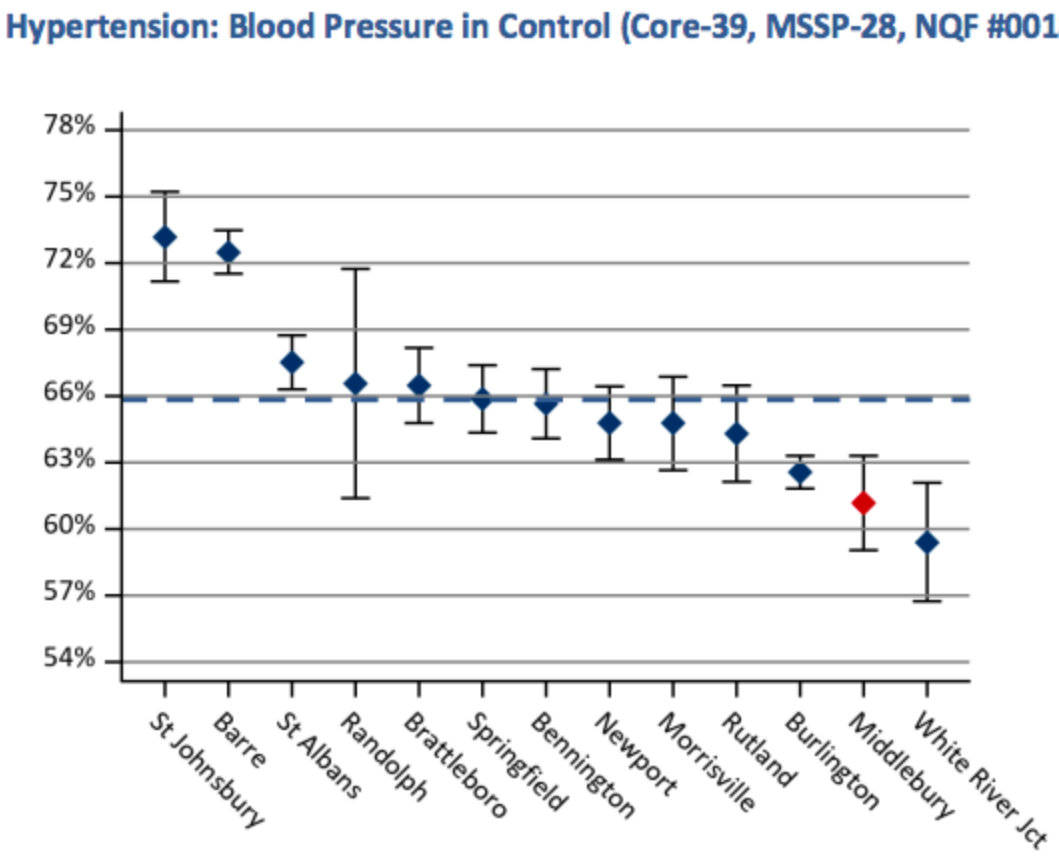


Figure 17: *Presents the proportion, including 95% confidence intervals, of continuously enrolled members with hypertension, ages 18-85 years, whose last recorded blood pressure measurement in the Vermont Clinical Registry was in control (<140/90 mmHg). Members with hypertension were identified using claims data. The denominator was then restricted to those with clinical results for a blood pressure reading during the measurement year. The blue dashed line indicates the statewide average.*

Figure taken from the Vermont Blueprint for Health.

The Vermont Blueprint for Health figure above reveals that hypertensive patients whose care is centered in Middlebury are less likely to have their blood pressure under control – the second worse proportion across all areas in the state. The state average is shown by the blue dotted line.

BRFSS: Adults with Diabetes

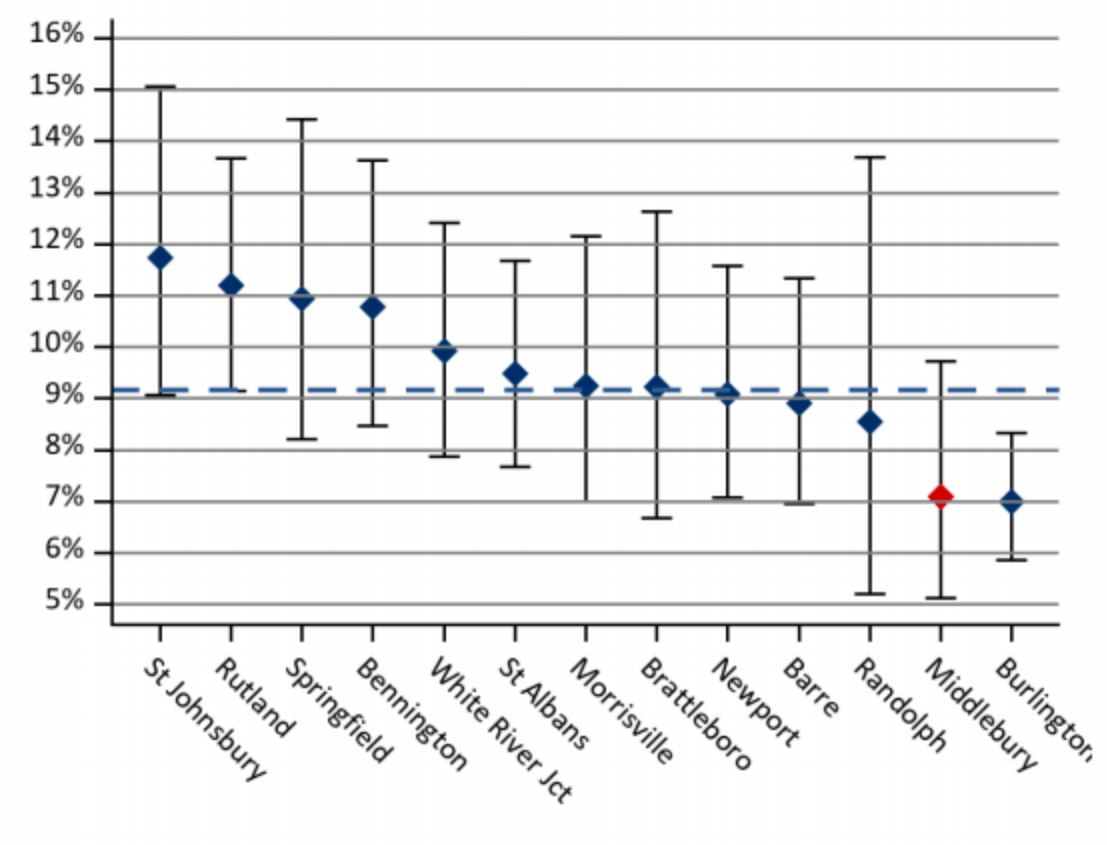


Figure 35: *Presents the proportion, including 95% confidence intervals, of Vermont residents, ages 18 years and older, that reported a diagnosis of diabetes. This data was collected through the Behavioral Risk Factor Surveillance System (BRFSS) Between January 2017 and December 2018. The blue dashed line indicates the statewide average.*

Figure taken from the Vermont Blueprint for Health.

Vermont residents with care centered in Middlebury have a lower rate of diabetes than the state overall, with the second lowest rate after Burlington.

Diabetes: HbA1c Testing

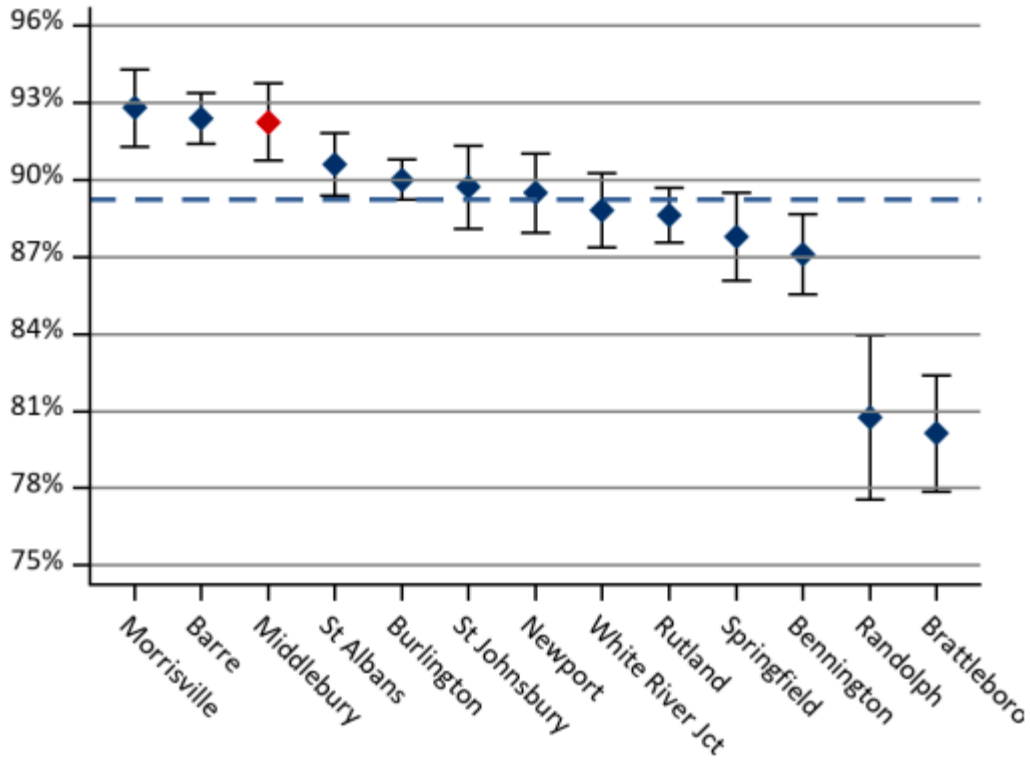


Figure 5: *Presents the proportion, including 95% confidence intervals, of continuously enrolled members with diabetes, ages 18-75 years, that received a hemoglobin A1c test during the measurement year. The blue dashed line indicates the statewide average.*

Figure taken from the Vermont Blueprint for Health.

Compared to the state average shown by the blue dotted line, patients with diabetes in the Middlebury area are more likely to have received a hemoglobin A1c test.

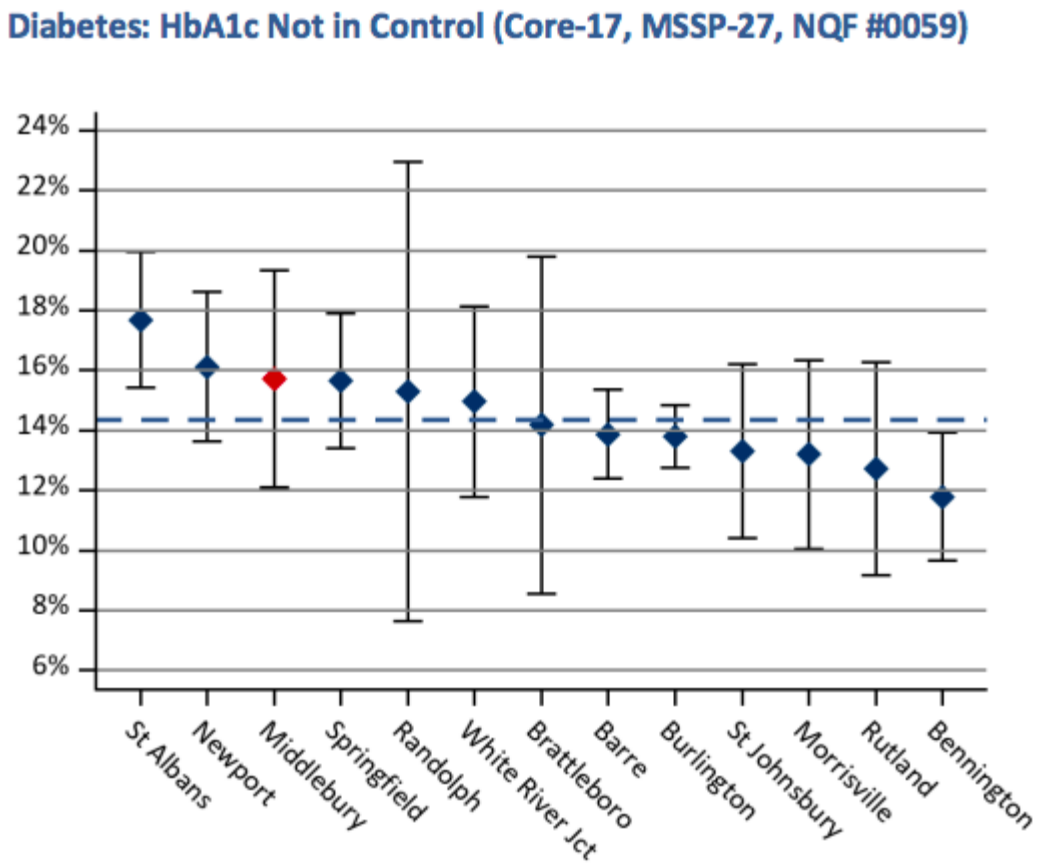


Figure 6: *Presents the proportion, including 95% confidence intervals, of continuously enrolled members with diabetes, ages 18-75 years, whose last recorded hemoglobin A1c test in the Vermont Clinical Registry was in poor control (>9%). Members with diabetes were identified using claims data. The denominator was then restricted to those with clinical results for at least one hemoglobin A1c test during the measurement year. The blue dashed line indicates the statewide average.*

Figure taken from the Vermont Blueprint for Health.

The above figure shows the rate of uncontrolled diabetes in Vermont areas relative to the statewide average (dotted blue line). Middlebury-area patients, as shown by the red diamond, have diabetes that is less well-controlled (third worst in the state). This finding stands in contrast to the previous finding indicating that Middlebury-area patients are more likely to have received a hemoglobin A1c test.

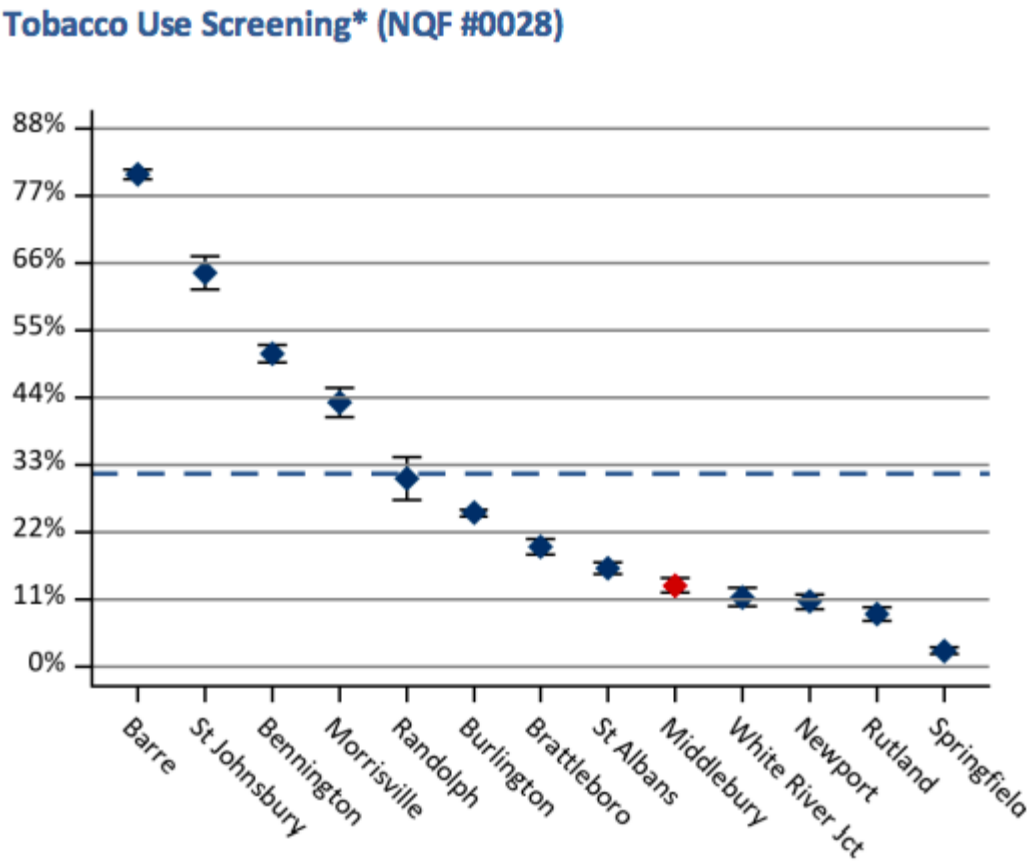


Figure 9: *Presents the proportion, including 95% confidence intervals, of continuously enrolled members, ages 18 years and older, that were screened for tobacco use one or more times within a two-year lookback period and that received cessation counseling intervention. This figure includes only practices providing clinical data to the Vermont Clinical Registry. The blue dashed line indicates the statewide average.*

Figure taken from the Vermont Blueprint for Health.

Compared to the statewide average, adults served by healthcare organizations in Middlebury are screened less often for tobacco use with an accompanying cessation intervention.

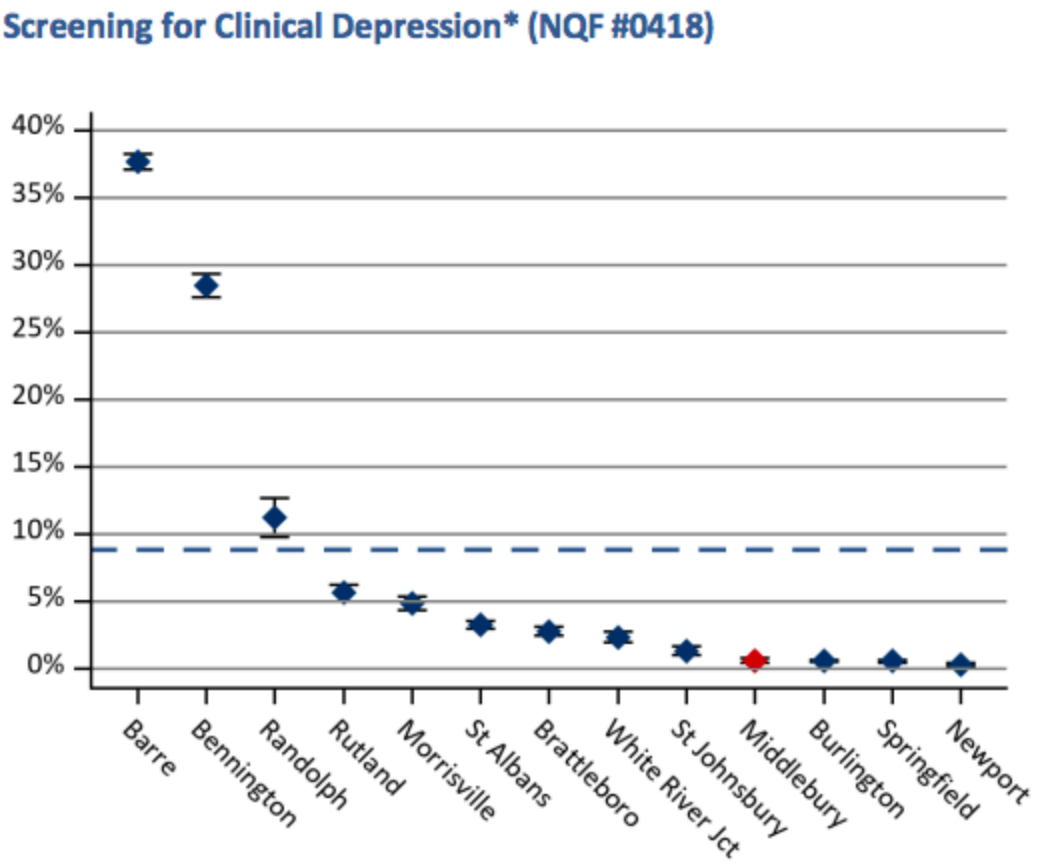


Figure 11: *Presents the proportion, including 95% confidence intervals, of continuously enrolled members, ages 18 years and older, that were screened for clinical depression on the date of encounter using an age-appropriate standardized depression screening tool. This figure includes only practices providing clinical data to the Vermont Clinical Registry. The blue dashed line indicates the statewide average.*

Figure taken from the Vermont Blueprint for Health.

Similar to the previous graph about tobacco use screening, adults served by Middlebury healthcare organizations were screened at lower rates for clinical depression.

Cervical Cancer Screening (Core-30, NQF #0032)

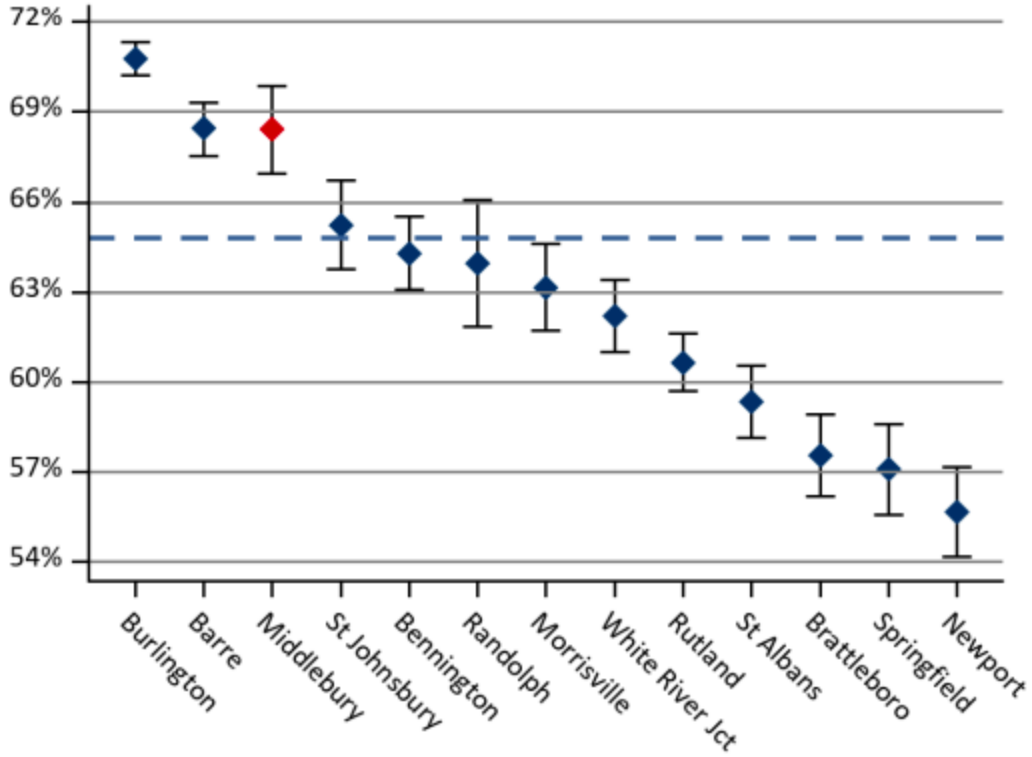


Figure 19: *Presents the proportion, including 95% confidence intervals, of continuously enrolled female members, either age 21-64 that received one or more Papanicolaou (Pap) tests to screen for cervical cancer during the measurement year or the two years prior to the measurement year or age 30-64 years who received one or more Pap tests to screen for cervical cancer during the measurement year or four years prior to the measurement year. The blue dashed line indicates the statewide average.*

Figure taken from the Vermont Blueprint for Health.

Unlike screenings for tobacco use and clinical depression, screenings for cervical cancer were more common among patients with Middlebury-centered healthcare.

Chlamydia Screening (Core-7)

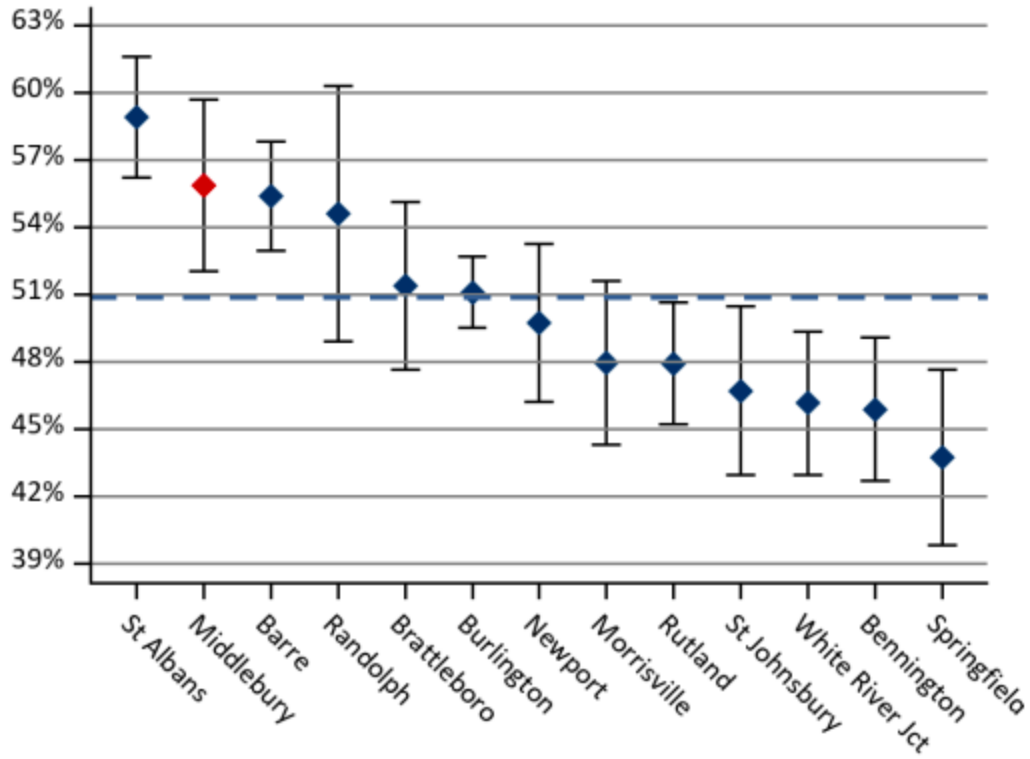


Figure 20: *Presents the proportion, including 95% confidence intervals, of continuously enrolled women, ages 16-24 years, identified as sexually active during the measurement year that received at least one test for chlamydia during the measurement year or the year prior to the measurement year. (Note that, due to the age ranges for this ACO measure, women below the age of 18 years, not typically represented in adult profiles, have been included in these rates.) The blue dashed line indicates the statewide average.*

Figure taken from the Vermont Blueprint for Health.

Similar to the findings on cervical cancer screenings, patients with Middlebury-centered care were more likely to have received a chlamydia test as compared to the state average.

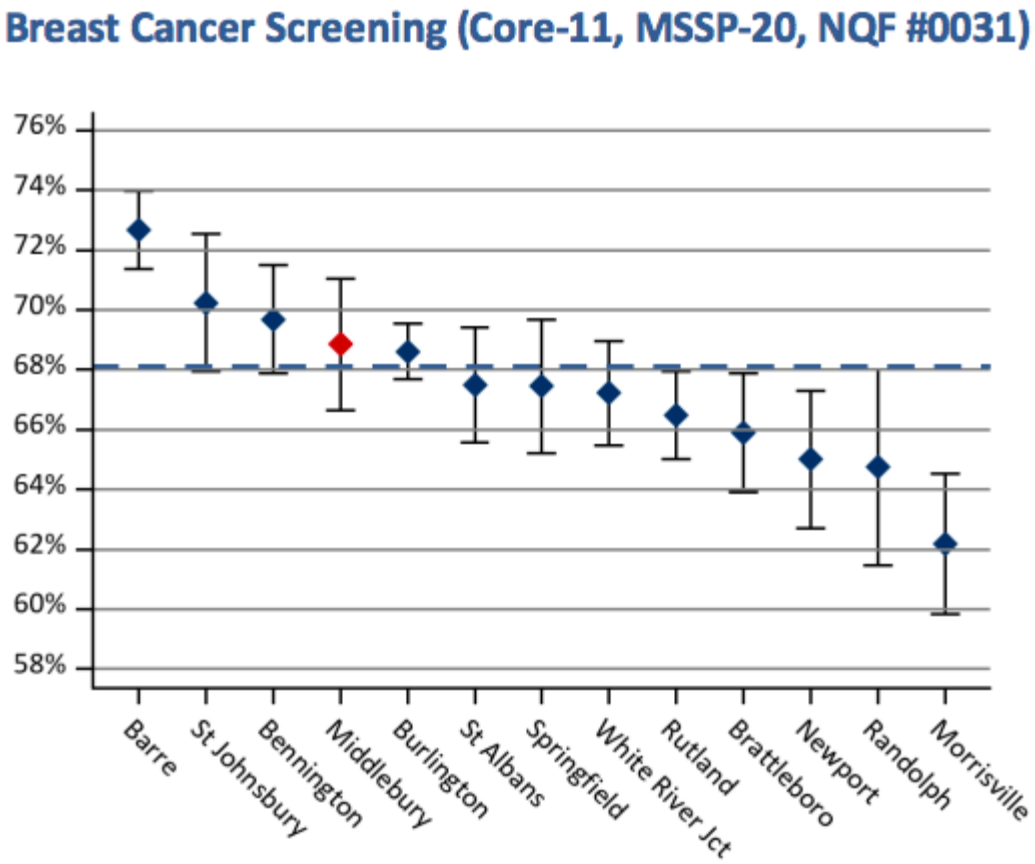


Figure 21: *Presents the proportion, including 95% confidence intervals, of continuously enrolled women, ages 52-64 years, that had a mammogram to screen for breast cancer during the measurement year or the year prior to the measurement year. The blue dashed line indicates the statewide average.*

Figure taken from the Vermont Blueprint for Health.

Breast cancer screenings among Middlebury area patients were slightly more common than the statewide average.

In summary, the Vermont Blueprint for Health 2018 Community Profile showed mixed results:

Better than statewide average	Worse than statewide average

• Proportion of adults with a personal doctor
• Rate of diabetes
• Diabetes testing
• Screenings for:
  ○ Cervical cancer
  ○ Chlamydia
  ○ Breast cancer
	• In-control blood pressure
	• In-control diabetes
	• Screenings for:
	  ○ Tobacco use
	  ○ Clinical depression

Women's health screenings are occurring at better-than average rates among patients with Middlebury-centered care. Interestingly, Middlebury area patients are screened more often for diabetes and have lower rates of diabetes than the rest of the state, but their diabetes is less well controlled.

Local Determinants of Health

In the summer of 2015, Schumacher and Berenbaum surveyed the local determinants of health in Addison County, based on the opinions of experts who served at health and social service organizations. This section will summarize important points from that study that are applicable to this year's CHNA, with some updated information.

Overall, Vermont is considerably healthier than the country as a whole. Vermont is the second healthiest state in the country, and Vermont ranks number one in the health of its senior citizens. However, Vermont has an especially vast amount of variation in its citizens' health status. Vermont also ranked number one in the Opportunity Index, which measures opportunity and economic mobility. Though Vermont's median income is higher than the national average, Vermont has one of the highest costs of living in the country.

In Vermont, Addison County has the fastest growing population people aged 85 years and older. Addison County's economy is largely agriculturally based, and many of the workers on dairy farmers are migrant workers from Latin America.

Overall, Addison County has great rates of insurance coverage. Some barriers to healthcare are a shortage of providers, lack of reliable transportation, cultural/personal beliefs, and language and education. Health insurance coverage rates in Addison County, as compared to the state of Vermont and the United States as a whole, are as follows:

Addison County	Vermont	United States
95.3%	94.4%	90.5%

Table 3. Comparing Addison County's insurance rates to Vermont and the United States. Source: 2019 Census Data.

For a rural county, Addison County has excellent public transportation. Tri-Valley Transit, formerly known as Addison County Transit Resources (ACTR), is the main public transportation provider in Addison County. Because this county is rural and sparsely populated, more extensive public transportation is a challenge.

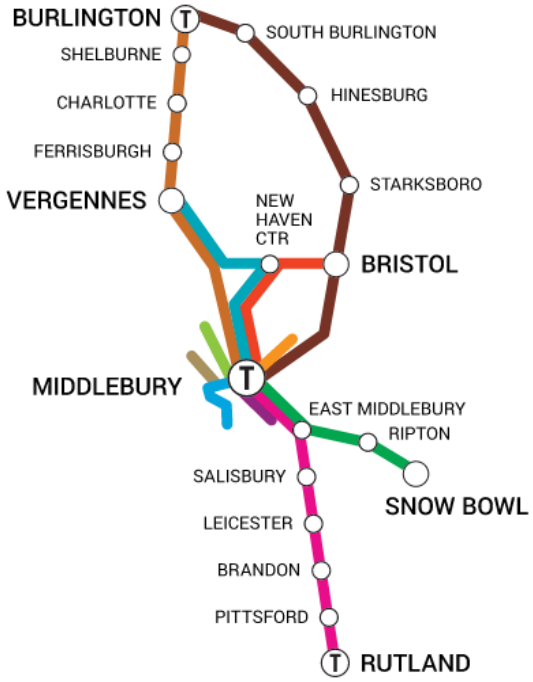


Figure 5. Tri-Valley Transit's System Map. Taken from the Tri-Valley Transit's website.

There are high-quality health services available in Addison County, but there are long wait-times to see providers. The problems with providers in Addison County are with quantity, not quality. More specifically, there is a lack of capacity of mental health services, drug treatment, and dental care. On the bright side, people tend to have positive views of the local hospital and the emergency response teams. There also tends to be good collaboration, coordination, and cooperation among agencies and offices.

There are a number of unmet needs in Addison County. These include child care, substance use disorder (SUD) treatment, mental health, dental health, housing (especially affordable housing), and rural services.

Addison County has multiple factors that support healthy living. There are excellent opportunities for physical activity and recreation, as well as healthy and fresh food because of the agriculturally based economy. However, it is not easy to live a healthy life if you live in rural isolation or if you lack money, education, or knowledge about health. In addition, some challenges to accessible recreation are the lack of bike paths in Addison County and the lack of sidewalks outside of the immediate downtown areas.

In the 5-10 years preceding Schumacher and Berenbaum's 2015 report, there were numerous changes within the county, as noted by the service providers interviewed: the population was rapidly aging; the rate of poverty seemed to be increasing; families were having fewer children; and there were more disengaged youth. There was a major increase in SUD, particularly opiates. There was also a shift from inpatient mental health care services to community-based care.

Because of the closing of several Vermont inpatient mental health institutions, some people with severe mental health issues are not receiving adequate treatment, mainly because of the shortage of beds for inpatient mental health. Some barriers to mental health care include stigma and a long waitlist. In addition, it can be cost-prohibitive to seek mental healthcare because it is often poorly covered by insurance.

Regarding substance use disorder, some experts believe that significant progress has been made in tackling opiate addiction. However, there are barriers to tackling SUD included the lack of sober housing options in Addison County. Additionally, there is stigma attached to opiate use, leading to some people feeling more reluctance to seek help. SUD can have trickle-down effects in families, where parental SUD can affect children's health and development.

Like much of the rest of America, there is an income divide within Addison County. This income divide is at times referred to as "two Addison Counties." Because of this divide, middle class people are underserved. They make too much income to qualify for government assistance, but they cannot pay for everything they need. In short, those in the middle of the two extremes often struggle.

There are people who are eligible and could benefit from services but have not been reached. Some of these people do not reach out or because they have highly specialized needs. This include middle-class people for the reasons elucidated above. There are also logistical challenges for people who might need medical services; for instance, the services may only be offered during work hours, or they might not have adequate transportation or child care to make the visit possible. Some people may lack information about available services, and others may not reach out to access these services because of fear of stigma.

2020 Achievements

The 2020 Annual Report on the Vermont Blueprint for Health highlighted the challenges that healthcare organizations faced in 2020, as well as their achievements. To address chronic conditions, the Farmacy Program expanded and the Food Bags project was piloted. The Farmacy project doubled in participants in 2020, from 30 Porter participants in 2019 to 60 participants in 2020. Participants received free weekly shares of locally grown produce for 12 weeks between July and September, along with resources and nutrition education. The Farmacy Program was created to provide individuals with type II diabetes, heart disease, and other diet-related illnesses with healthy food while offering local farmers new and sustainable markets. With 14% of Vermont children living in food insecure households and over 50% of deaths in Vermont resulting from food and nutrition related illnesses, the Farmacy Program is addressing pressing issues regarding health and food access. 2020 was an opportune time to expand the Farmacy Program, as there was a greater need for food and nutrition due to the COVID-19 pandemic.

The Food Bags project was piloted at Porter Women's Health and was facilitated by Community Health Team (CHT) Registered Dieticians and the embedded Women's Health Initiative (WHI) Social Worker. The distributed bags contained healthy non-perishable food items, intended to last a family of four for 2-3 days, as well as dental supplies such as toothbrushes, toothpaste, and dental floss. The bags also contained a food resource guide for Addison County, for use after the 2-3 days.

The COVID-19 pandemic caused a rapid shift to telehealth, which allowed for the Vermont Blueprint for Health to formalize a CHT service model that reduces common barriers to care access, such as transportation, lack of childcare, and scheduling challenges. This telehealth model uses both phone and video conferencing platforms. In addition, several self-management programs, geared at supporting individuals with chronic conditions, transitioned to telehealth during the pandemic. This transition to telehealth helped reach more people who may have had transportation issues in the past. Many primary care practices also expanded telehealth services as a result of the pandemic.

Medication-Assisted Treatment (MAT) for Opioid Use Disorder (OUD) is a well-supported initiative from the Vermont Blueprint for Health. Mountain Health Center made their mobile unit available for MAT, increasing access outside of their main location in Bristol. The mobile unit was successful during its first few months, but unfortunately, due to COVID-19, the mobile unit was placed on hold. In addition, Rapid Access to MAT was started at Porter Hospital in January 2020, in collaboration with SaVida and Turning Point Center (TPC). All of the doctors in the Emergency Department (ED) were x-waivered, and patients seen in the ED for OUD were treated, referred to SaVida in Vergennes to be seen within 3 days, and connected with a peer recovery coach from TPC.

The Resiliency Campaign "OK, You've Got This" significantly expanded. Because the COVID-19 pandemic added another layer of stress on families and youth, community partners refocused efforts to support family needs during this time. The campaign has shifted to "OK, We've Got This," demonstrating that the community is in this together. In 2020, additional resources were made available to parents to support children accessing school from home and to give parents tools to discuss the pandemic and social distancing. Additionally, monthly mini webinars were developed surrounding mindfulness, stress management, activities for families, and much more.

The Addison County Community Trust was able to create 36 affordable housing units in Vergennes, VT, which can accommodate both single and family needs and are already at full capacity. In early 2020, Porter Medical Center, in collaboration with Tri-Valley Transit, was awarded a Rides to Wellness Grant. Subsequently, gas cards were distributed to several health and wellness offices, such as Primary Care, SaVida, Turning Point Center, and the Health Department, to help individuals physically access these resources.

Early Childhood Systems Needs Assessment 2020

In 2020, Building Bright Futures conducted a needs assessment by collecting data through surveys, focus groups with childhood providers, families, and community leaders. They also reviewed 18 documents with data on the status of children and families in Vermont. The assessment found gaps in the following areas: equity, quality, mental health, workforce, system integration, family engagement, resources, and funding and high quality data.

A report published by Let's Grow Kids in 2020, found that 62% of infants likely to need care do not have access to programs. Other barriers included transportation, cost, application forms, and eligibility (Figure 6).

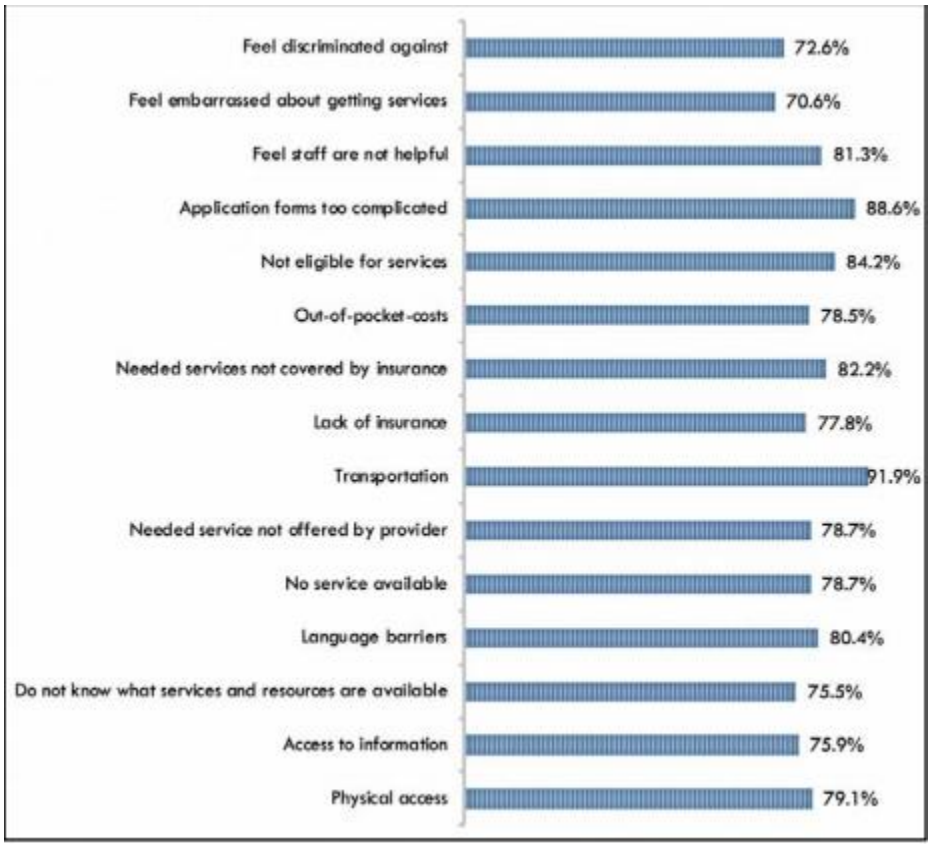


Figure 6: Barriers to Needed Services for Children Ages 0-21. Taken from 2020 Final Vermont Early Childcare Needs Assessment, Building Bright Futures

In 2019, Designated Agencies reported 3,171 children accessed services in Vermont. Additionally, the *How are Vermont's Young Children and Families* Report indicated that in 2019, 1 in 5 children between the ages of six and eight had a social, emotional, or behavioral health condition. The 2020 *How are Vermont's Young Children and Families* Report indicates that there are 2,901 children under the age of 9 in Addison County, 45 of which are in and out of home custody. Additionally, 34% of children under 6 years of age are living in poverty.

Chapter 5 - Summary of Community Survey Results

The bulk of the Community Health Needs Assessment primary data was gathered by a survey, as described earlier in this document. Participants had the option of filling out the survey either online on Survey Monkey or on paper. Paper surveys were placed in locations such as the Open Door Clinic and laundromats. This chapter is a description of the results. See Chapter Three for more information on the primary data collection process.

Demographics and Representativeness of the Survey

Age and Gender

Female	577	75.82%
Male	151	19.84%
Prefer not to Respond	20	2.63%
Transgender Female	2	0.26%
Transgender Male	0	0.00%
Gender Variant/ Non-Conforming	4	0.53%
No Response	7	0.92%
Total	761	100.00%

Table 4: Participant gender and percentage of respondents by participant self-identification.

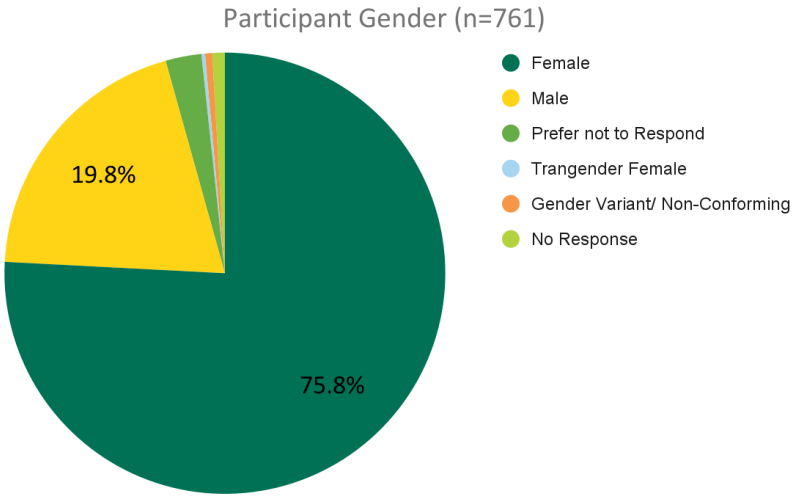


Figure 7: Participant gender by self-identification in survey.

Participants self-identified their gender in the first question of the second section of the distributed survey. The available categories were “female,” “male,” “transgender female,” “transgender male,” “gender variant/ non-conforming,” and “prefer not to respond.” Seven of the 761 participants did not answer this question, and they are categorized differently from those who specifically said that they preferred not to respond. Note that the majority of respondents self-identified as female, at over 75%; less than 20% identified as male; the third-largest category (with 20 people) was “prefer not to respond”; and there were no transgender males, so therefore this category is not included in the pie chart pictured above. According to the 2019 United States Census, 50.8% of Addison County residents were female, indicating that female participants were overrepresented in this study, and all other genders were underrepresented.

18-24	5	0.66%
25-39	122	16.00%
40-64	359	47.17%
65+	275	36.14%
Total	761	99.97%

Table 5: Respondent age.

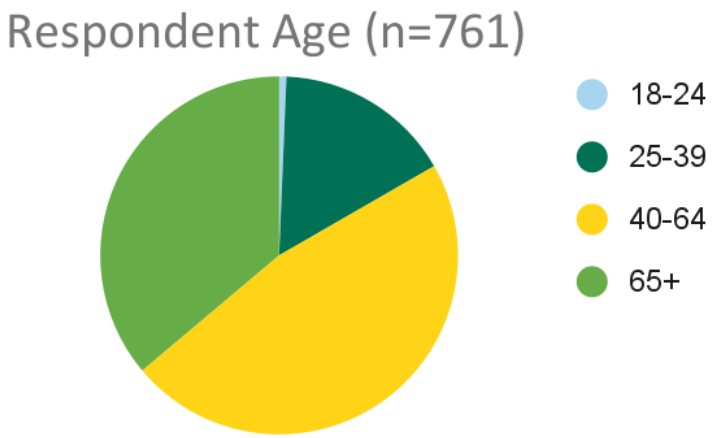


Figure 8: Respondent age.

Participant age, sorted into four age groups that were created based on survey respondents' self-reported year of birth, is displayed above in a table and pie chart. According to the US Census, in 2019 just 20.7% of Addison County residents were age 65 or older, meaning that this age group is overrepresented in our sample population, where over 36% of respondents fell into this age category. The 18-24 age group is also significantly underrepresented, making up less than 1% of survey participants.

Age	Female	Male	Other	% of Total
18-24	100.00%	0.00%	0.00%	0.66%
25-39	86.07%	9.02%	4.92%	16.00%
40-64	77.44%	17.27%	5.29%	47.17%
65+	68.73%	28.36%	2.91%	36.14%
Total	76.32%	19.97%	4.37%	100%

Table 7: Participant gender by age (percentages).

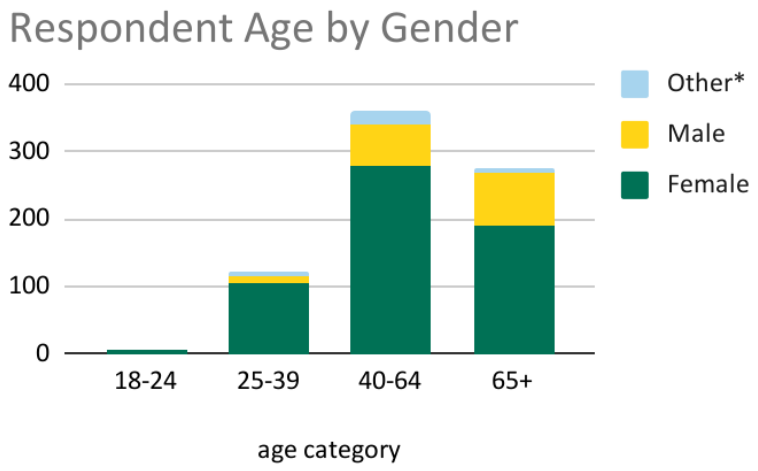


Figure 9: Participant gender by age (counts).

The table above displays the percentage of each age group that fell into each gender category. The “other” category was created to encompass individuals who identified as transgender, gender variant or non-confirming, and those who did not respond to the question or preferred not to identify their gender; this aggregation was performed in order to preserve anonymity, as explained in the Methods section above. The figure above displays this information in a graph, showing that the majority of each age group identified as female. The entirety of the youngest age group, which was 18-24 years, was female.

Race

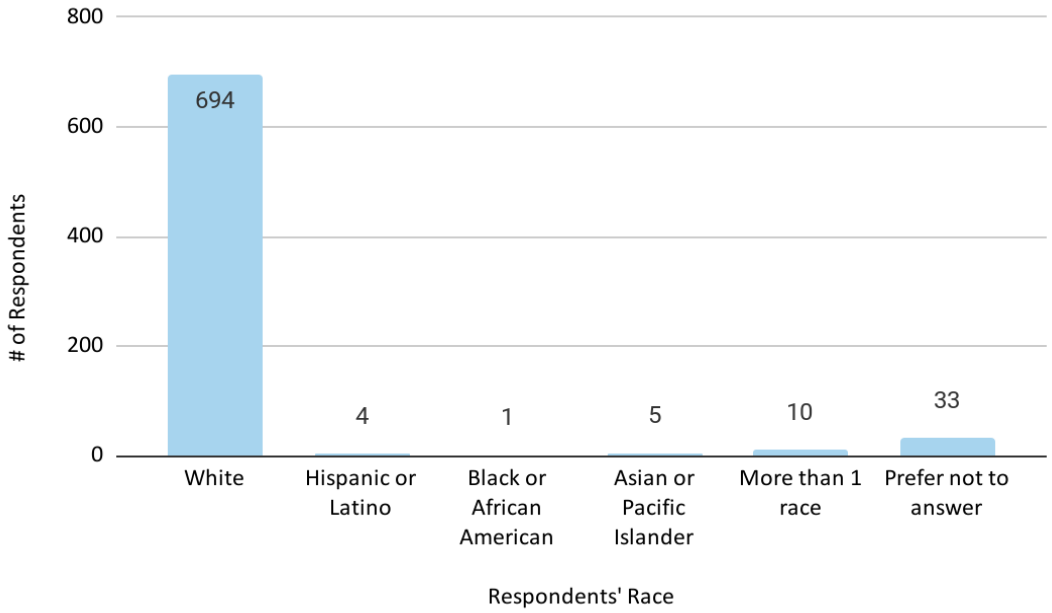


Figure 10. Survey respondents’ races (counts).

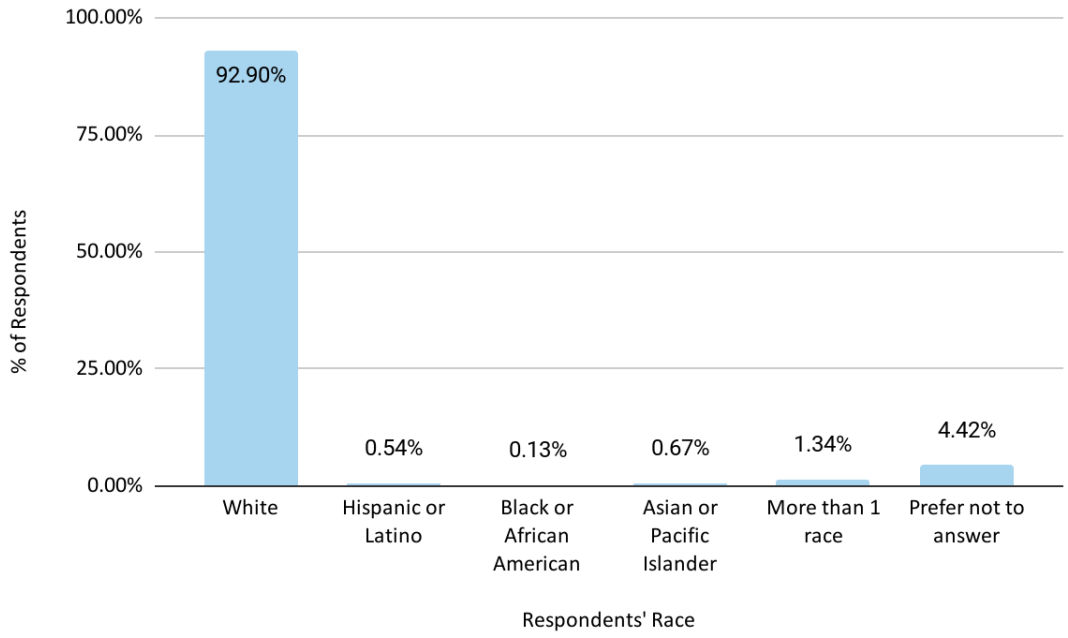


Figure 11. Survey respondents' races (percentages).

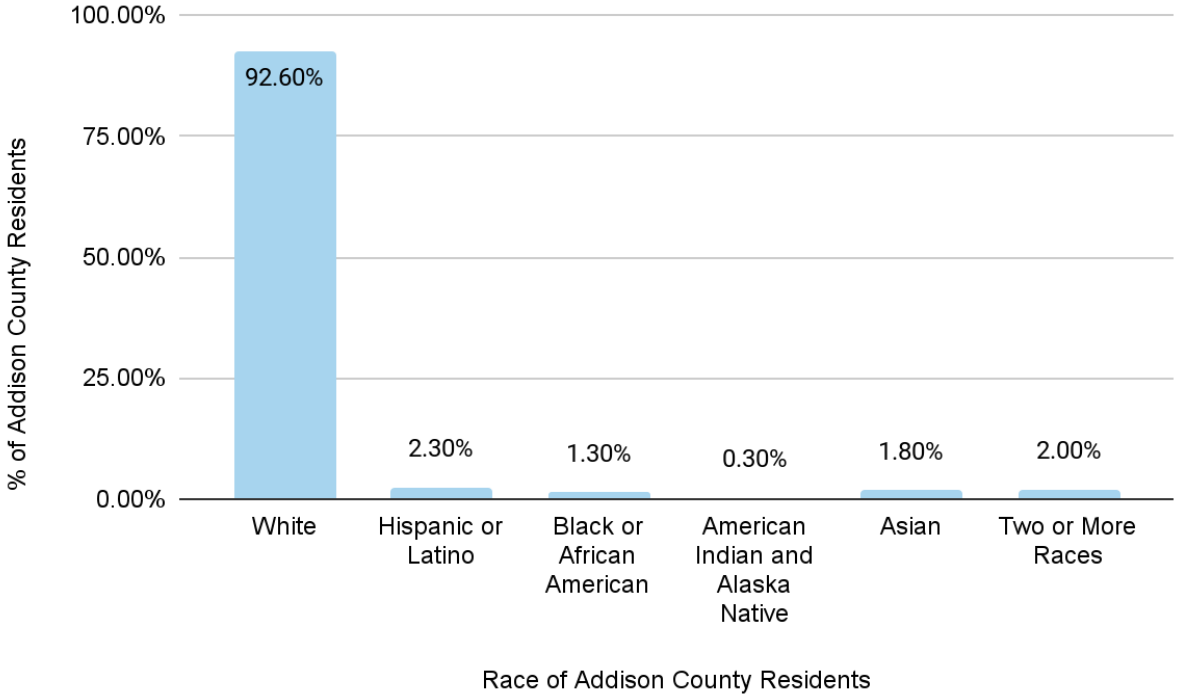


Figure 12. Addison County residents' races (percentages). Source: US Census Quick Facts 2019.

As seen from the graphs above, the relative percentages of the races of the survey respondents were largely similar to the races of all Addison County residents. Because of the amount of people who elected not to answer, it appears that several demographics are at least slightly underrepresented on the survey, with Hispanic or Latino, Black or African American, American Indian and Alaska Native, Asian, and multiracial people being noticeably underrepresented on the survey.

Town of Residence

Question #2 asked respondents to write in the name of their town of residence. The frequency of responses are shown in the table below.

Middlebury	288	37.94%
Bristol	79	10.41%
Cornwall	64	8.43%
Vergennes	44	5.80%
New Haven	39	5.14%
Lincoln	31	4.08%
Ferrisburgh	31	4.08%
Monkton	28	3.69%
Bridport	18	2.37%
Addison	17	2.24%
Weybridge	16	2.11%
Salisbury	15	1.98%
Shoreham	15	1.98%
Orwell	10	1.32%
Starksboro	10	1.32%
Brandon	9	1.19%
Ripton	8	1.05%
Waltham	5	0.66%
Whiting	5	0.66%
Other	27	3.56%
Total	759	100.00%

Table 6: Survey respondents' towns of residence (percentages).

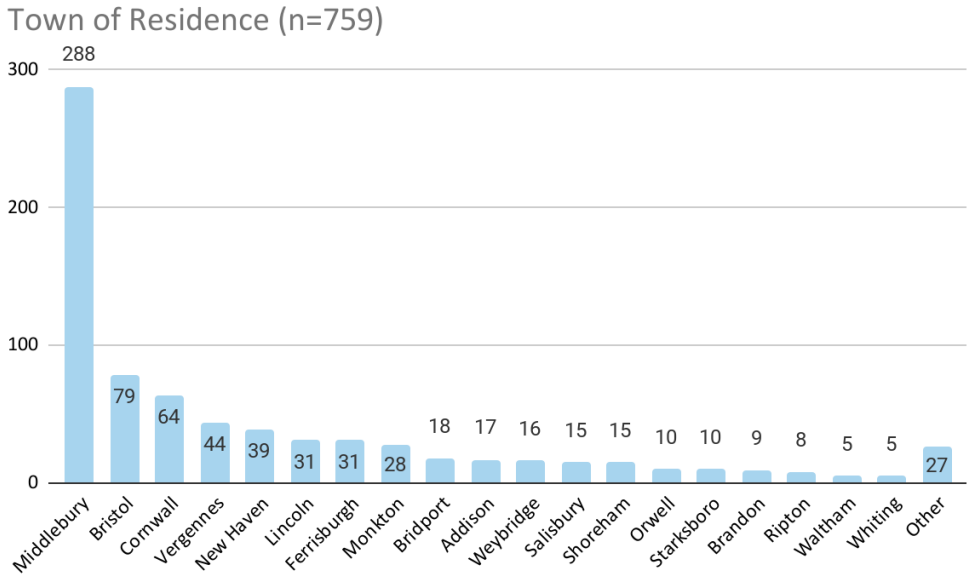


Figure 13: Survey respondents' towns of residence (counts).

The towns in which survey respondents reside are pictured above. The "other" category is a sum of residents of towns from which there were less than five respondents. These towns were Panton, from which there were four respondents, Leicester, from which there were three respondents, Benson, from which there were two, Crown Point, NY, from which there were two, Hinesburg, from which there were two, and Bomoseen, Charlotte, Fair Haven, Forest Dale, Goshen, Granville, Huntington, Poultney, Richmond, Rochester, Rutland, South Burlington, Ticonderoga, NY, and Williston, all of which had one resident from these towns. The highest percentage of respondents were from Middlebury, including six people who specified that they were from East Middlebury. Over 37% of respondents were from Middlebury, which shows an overrepresentation when looking at 2018 *Vital Statistics* that show that only 23.65% of county residents live in Middlebury. When looking at these two sets of data side by side, it also becomes clear that Hancock was the one town in Addison County not represented in the CHNA survey demographic at all. After Middlebury residents, the next-largest group of respondents were those from Bristol, making up 10.41% of responses. Fifteen participants wrote in towns of residence not included in the listed towns in Addison County. They were from towns in the nearby Rutland, Chittenden, and Windsor Counties. Three respondents live across the lake in New York but work or access care in Addison County.

Household Makeup

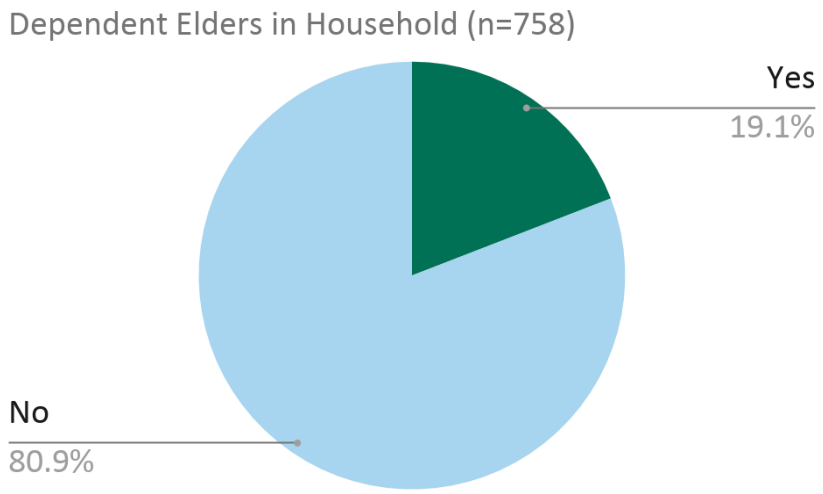


Figure 14: Are there elders dependent on you for care or support?

Roughly one fifth of survey respondents said that they had elders dependent on them for care or support. This statistic could potentially be complicated by the fact that 36.14% of survey respondents were aged 65 or over to begin with.

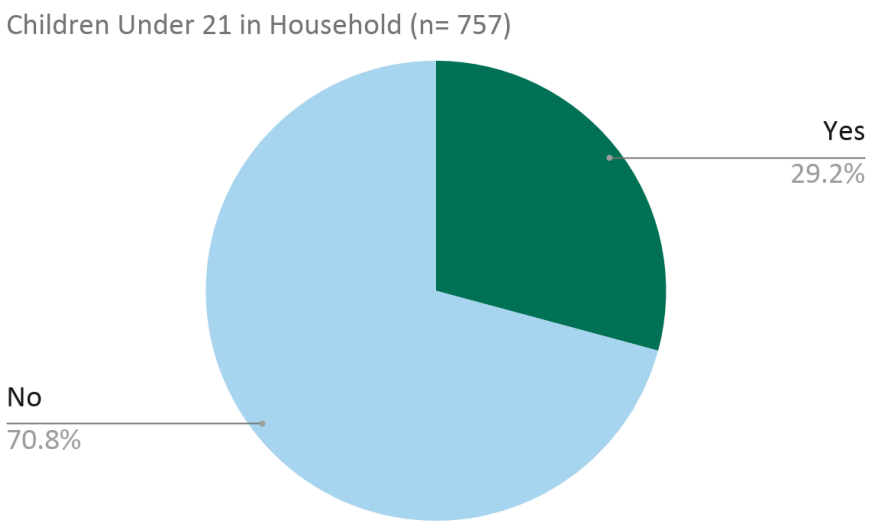


Figure 15: Are there children under 21 in your household?

Less than one third of respondent households have children under 21 in their homes.

Employment, Income, and Education

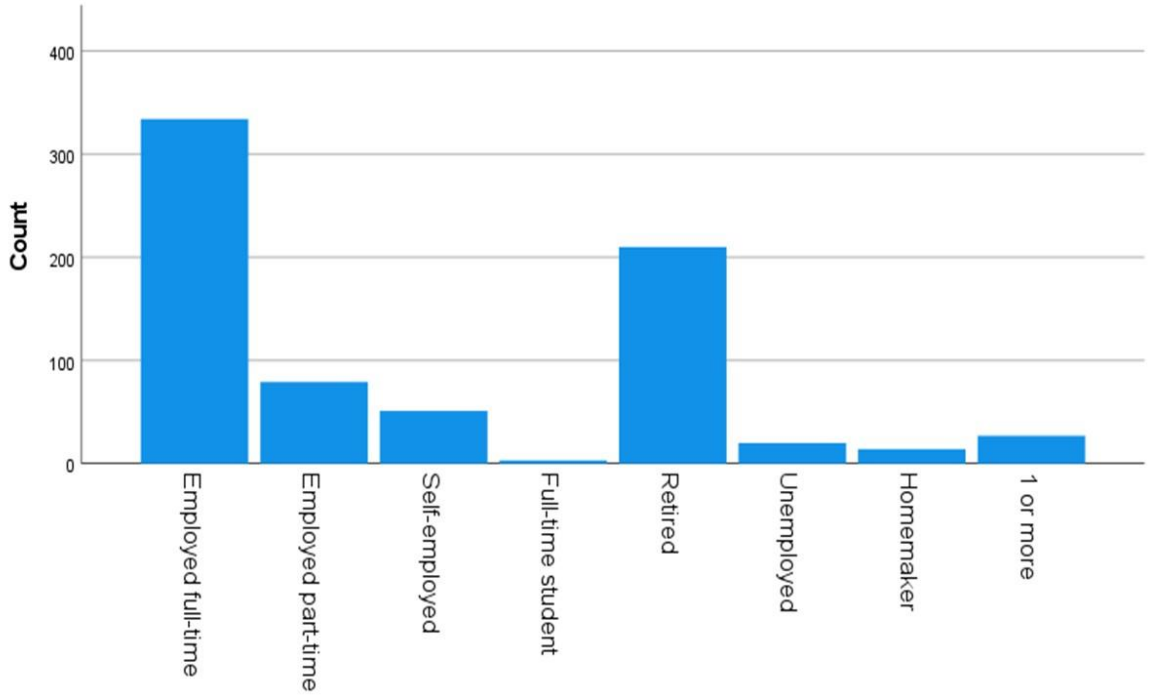


Figure 16: Employment.

The figure above displays how many respondents described their employment status as full-time, part-time, self-employed, student, unemployed, homemaker, or 1 or more of the aforementioned options.

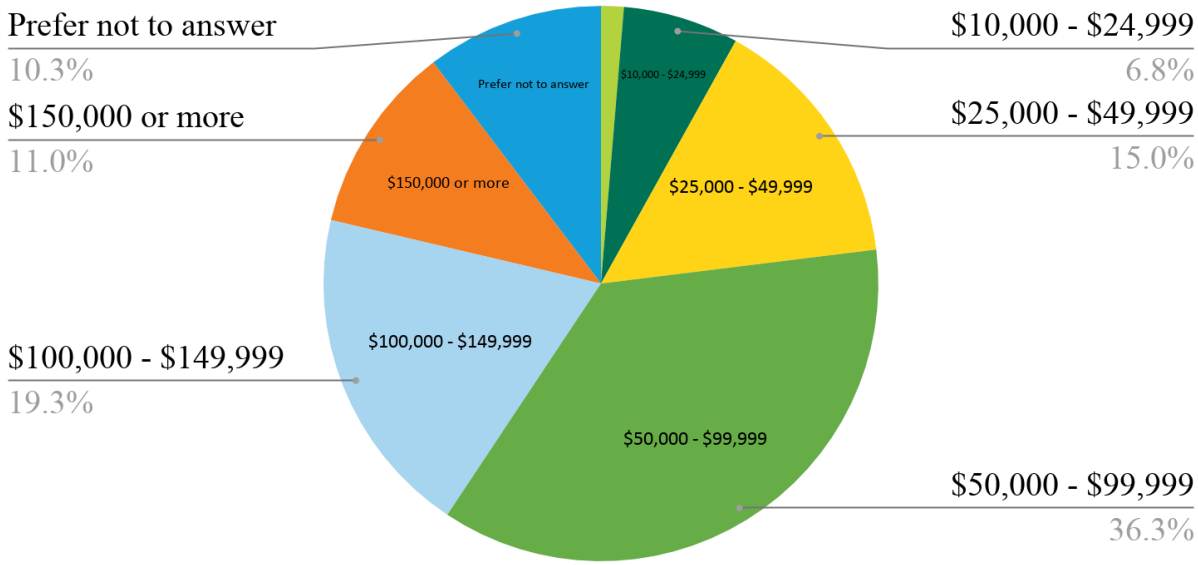


Figure 17: Reported household income.

Most respondents answered the survey question about annual household income (755 out of 761), but 10% of these 755 selected that they preferred not to answer. The majority of respondents had an annual household income over $50,000, and the figure above shows that around 8% of respondent households fell below the poverty line. This aligns fairly well with US Census data from 2019 regarding the percent of people living in poverty in Addison County. Additionally, the US Census found that the median household income in 2019 in Addison County was $68,000, and the median household income of respondents from this survey also fell in the $50,000-$99,999 range.

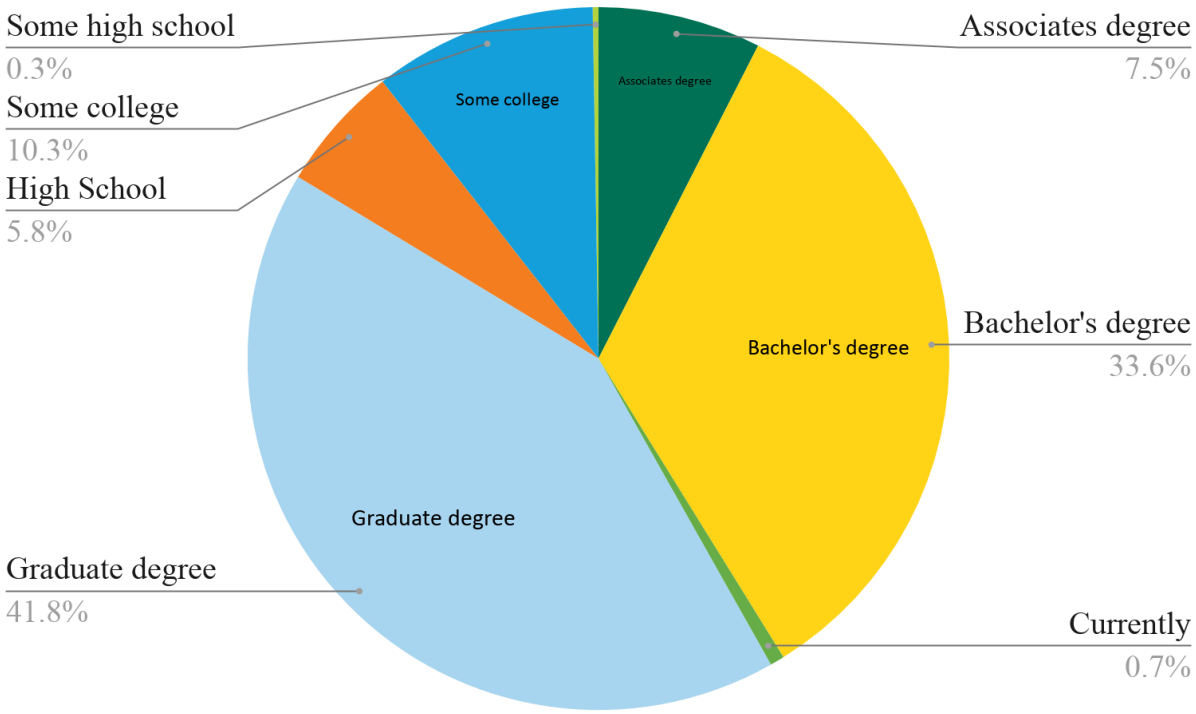


Figure 18: Education.

As is visible in the figure above, the overwhelming majority of respondents in this CHNA survey completed a degree in higher education, either at the undergraduate or graduate level. Less than 1% of people who responded to the survey had not finished high school, while 10% had attended some college, 33% had completed a bachelor's degree, and over 40% had completed a graduate degree. This draws stark contrast to 2019 US Census data, which says that 39.6% of people in Addison County had a bachelor's degree or higher. A total of 75.4% of survey respondents had a bachelor's degree or higher, showing a strong over-representation of higher levels of education among survey respondents in comparison to the general population of Addison County.

Perception of Community Health and Health Issues

The CHNA survey asked respondents about opportunities for, and impediments to, healthy living in Addison County. Questions referred to lifestyles, health, health care, and support services. Some questions asked respondents to report the status of themselves and/or family members; other questions asked respondents to report on issues faced by the larger community, independent of any personal experience with the issue. For instance, a respondent could note no presence of SUD within their own family, but could report significant concerns about SUD in the community as a whole. The next section of this report provides details on respondents' experiences, observations, and concerns.

Social and Environmental Challenges

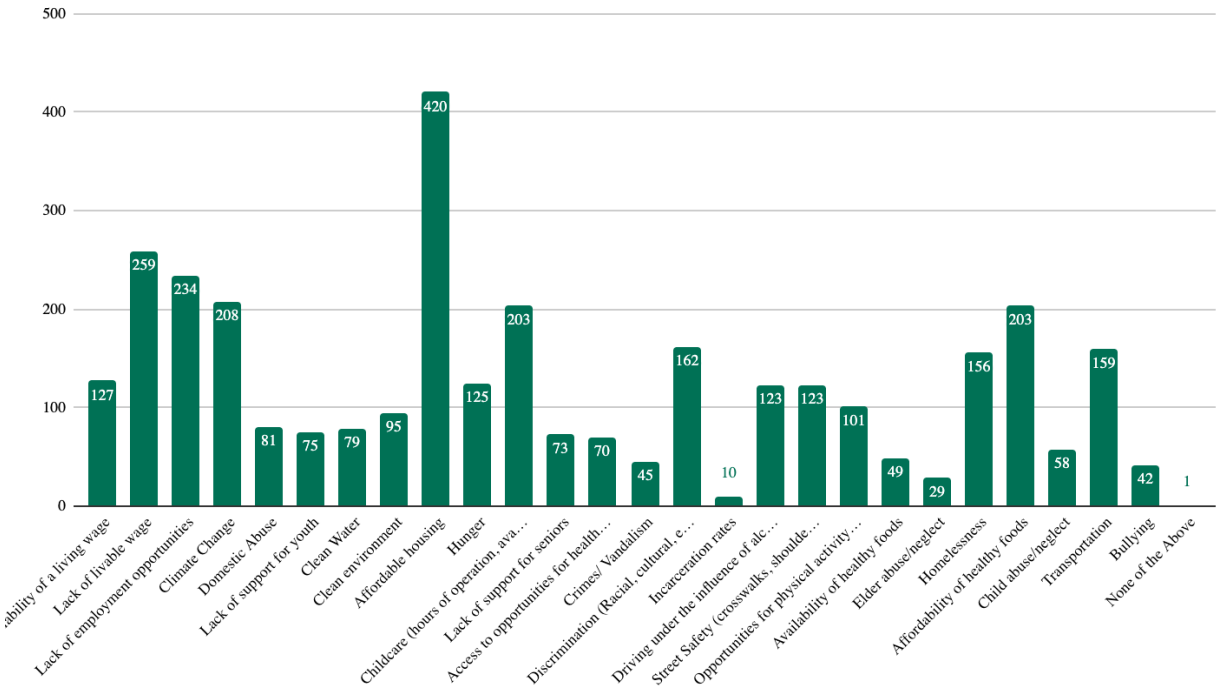


Figure 19: Social and environmental challenges.

When asked in a multiple-select question which social and environmental challenges they are most concerned about, respondents also had the opportunity to write in additional concerns. Responses in the graph indicate when people chose to select any of the options given. Top answers included: affordable housing (55.2% of respondents), lack of a livable wage, (34%) and lack of employment opportunities (30.1%). Of least concern were incarceration rates, elder abuse/neglect, and bullying. Top responses all had a theme of money or money worries while lowest responded themes included "mal-intent" or antisocial behavior. Eleven respondents wrote in answers about struggling to access mental health care, including in-patient facilities and follow-up care after being hospitalized. Five people wrote in responses related to internet/ broadband access and

availability in rural Vermont, and four people expressed concern about the amount of distracted driving and texting while driving that they have witnessed in the area. Other topics mentioned more than once were: drug abuse/addiction and the ease of accessing drugs; taxes; and schools.

Concerns about Community Health

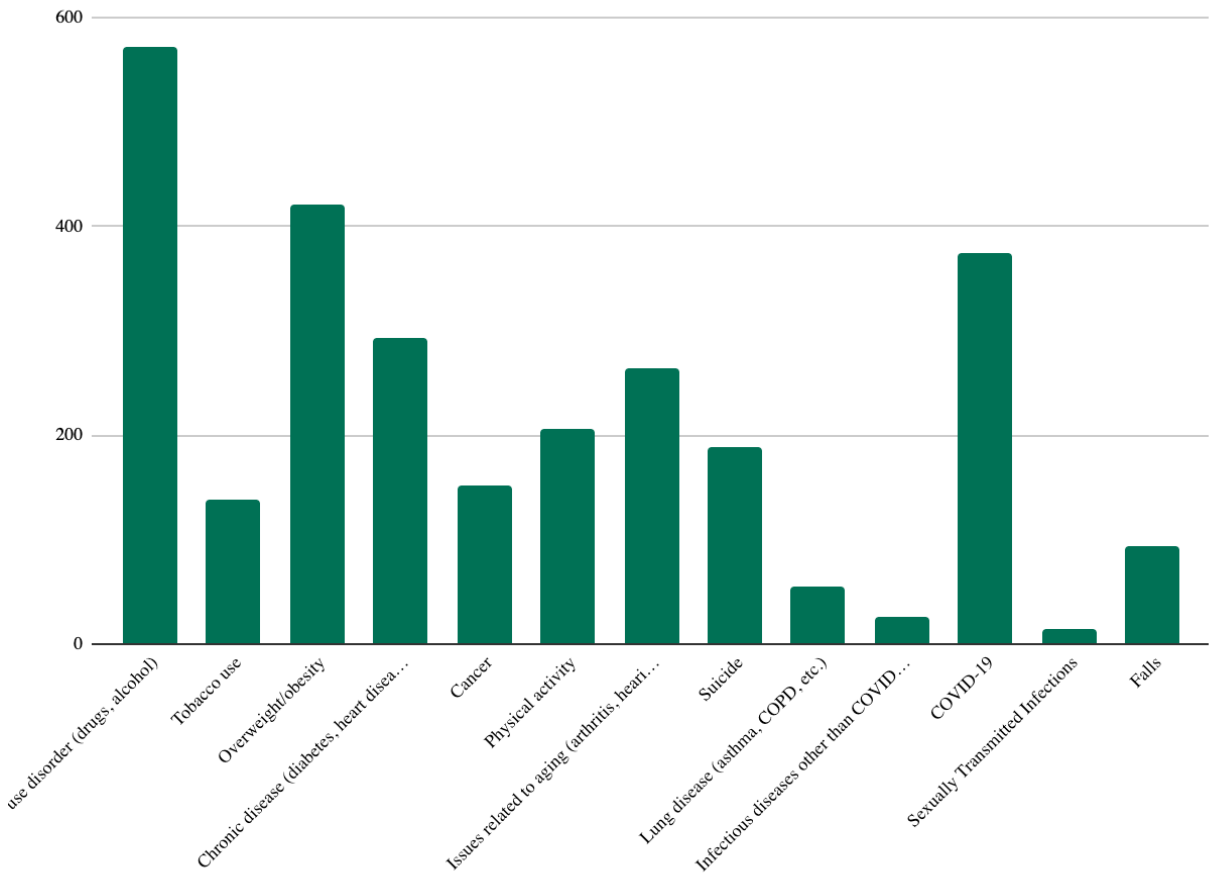


Figure 20: Counts of most important health concerns in the community.

In Question #4 of the survey, respondents were asked to choose up to five health problems that they are most concerned about in their community. Community problems of greatest concern to survey respondents were: SUD (78.2% of respondents); overweight and obesity (55.3%); COVID-19 (49.1%); chronic diseases (38.4%); and issues related to aging, such as arthritis or loss of hearing/vision (34.6%). Interestingly, Question #7 revealed that a minority of respondents or their families (8.4%) had personally experienced challenges with substance use; nonetheless, a large majority of respondents identified this as a community concern. In addition to those listed, forty respondents wrote in answers related to mental health and illness, including a lack of adequate access to mental health care, access to quality mental health care for children and teenagers, and adequate access to and quality of mental health care for transgender people. Four people wrote in their responses about the lack of access to

affordable healthcare, including one person who noted that this was the case for mental health care. Three respondents mentioned memory loss (including Alzheimer's and dementia). Five mentioned that it was too easy to access drugs, including several who said this was the case for marijuana, or that existing drug use prevention is insufficient. Three people wrote about social isolation, two mentioned dental care access and affordability, and two wrote in responses about chronic disease. No other themes were represented across more than one written-in response.

Health Services

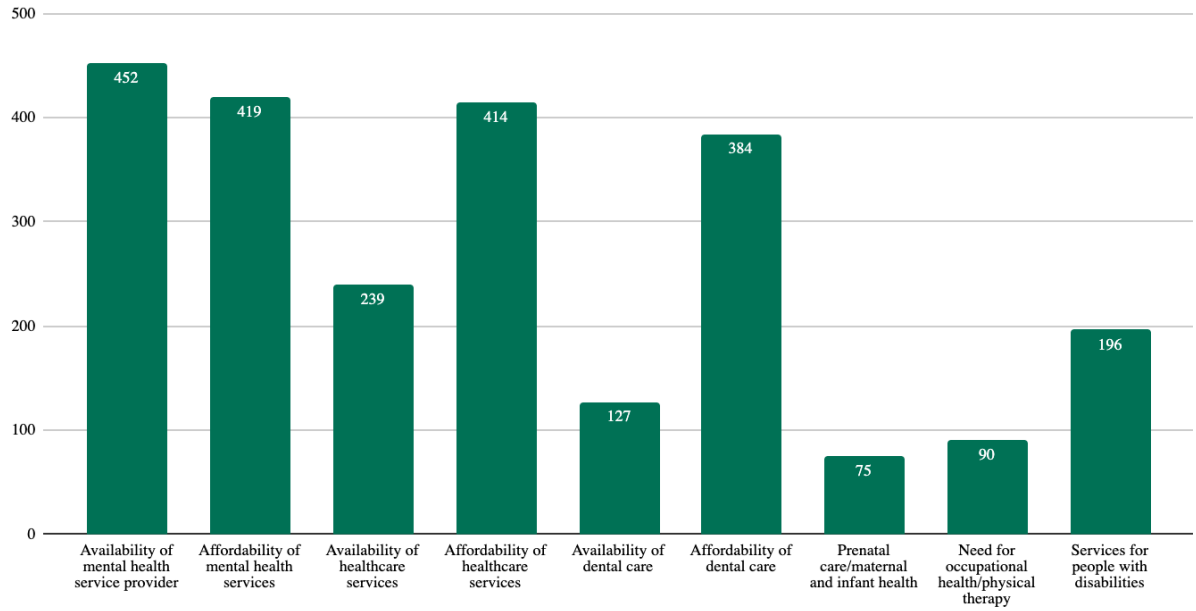


Figure 21: Counts of participants' concerns about health services.

In this question, respondents were asked to choose up to five concerns about health services in the community where they live. Top health service concerns in the community were identified as the availability and affordability of mental health services (59.4 and 55.1% of respondents, respectively); the affordability of general health care services (54.4%); and the affordability of dental care (50.5%). These responses echoed themes in Question #3, in which respondents expressed concern about Addison County's affordability vis-a-vis living wages, affordable housing, and employment opportunities. In addition to the options listed, eleven respondents wrote in that they were concerned about the availability of and access to specialized care, nine wrote about insurance and healthcare cost, seven mentioned elder and/ or home health care, and six expressed concerns about staffing issues in local healthcare, ranging from comments on physician retention to complaints of too-short appointments with doctors or a lack of cultural competence in mental health care provided. Other concerns expressed in more than one written-in response were access to mental health care services, access to and availability of care for migrant workers, and availability of recovery services both for injuries and addiction.

Social/Environmental Problems Experienced

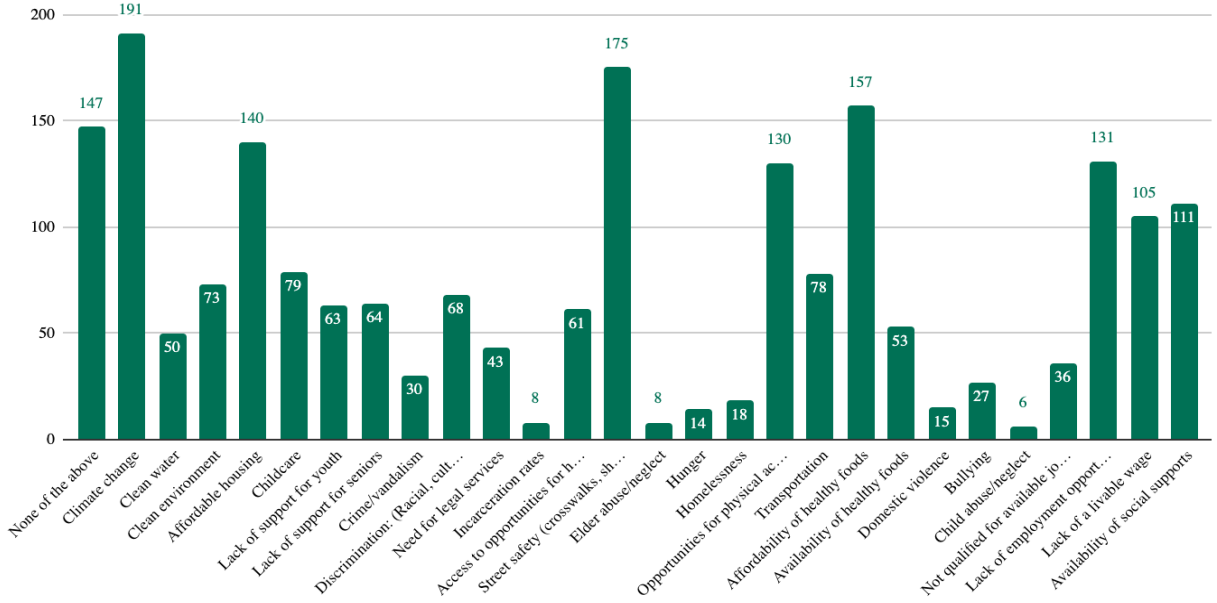


Figure 22: Social/environmental problems your family has experienced.

In Question #6 on the survey, respondents were asked to select from a list of options any social or environmental challenges they or their family members had experienced in the past year. Participants' top answers were climate change, street safety, and availability of healthy foods. The lowest rated responses were incarceration rates, child abuse/neglect, and elder abuse/neglect. In addition to those listed, some respondents wrote in other challenges they had faced. The only common theme found throughout many answers was the challenge that COVID-19 had added over the past year to employment difficulties.

Health Challenges Experienced

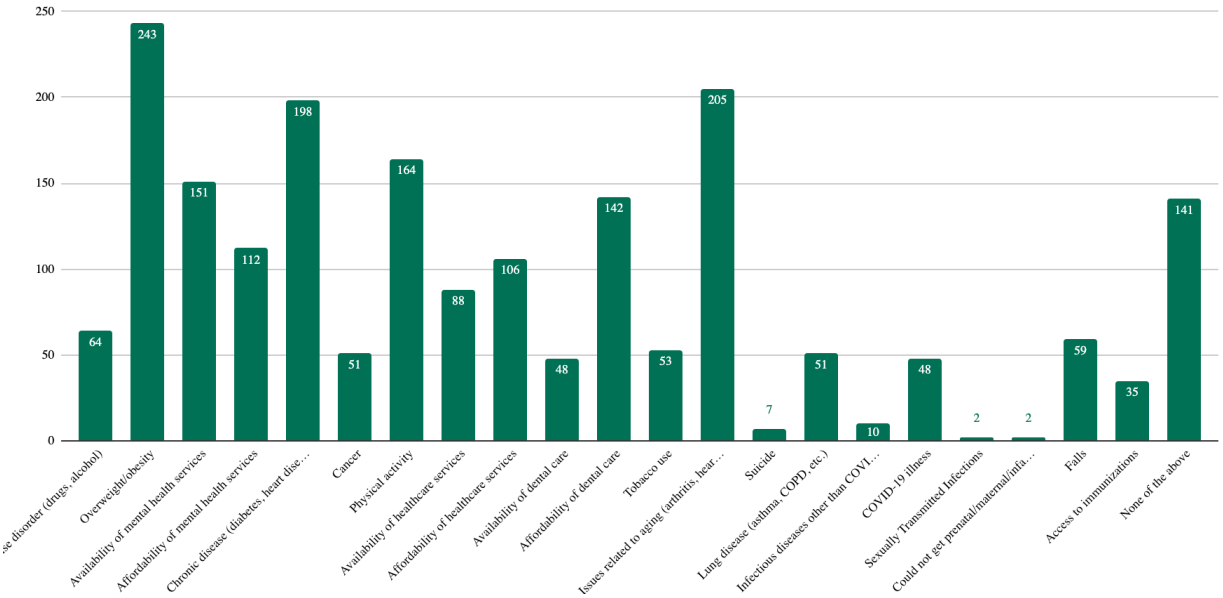


Figure 23: Health challenges your family has experienced.

In Question #7, respondents were asked to select from a list of options any health challenges they or their family members had experienced in the past year (Figure 22). Across all gender identities combined, the most commonly experienced challenges were: overweight/obesity (31.9% of respondents); issues related to aging such as arthritis or loss hearing/vision loss (26.9%); chronic disease (26%); physical activity (21.6%); availability of mental health services (19.8%); and affordability of dental care (18.7%). Many respondents (18.5%) had experienced none of the challenges on this list in the last year. The most frequently represented patterns in these responses were the eight respondents who mentioned challenges in accessing quality healthcare, including experiencing incorrect diagnosis and mistreatment by medical professionals, and the eight respondents who wrote about depression and mental health, particularly in relation to social isolation experienced throughout the pandemic.

Unmet Needs in Addison County

In Question #8 of the survey, respondents were asked to express how much need (high need, some need, no need, or “don’t know”) they think there is in their community in issues related to healthcare (part a), seniors (part b), children and families (part c), hunger and nutrition (part d), substance use (part e), and mental health (part f). In each section of the question, respondents specified the level of need that they perceive related to different aspects of the category, and then were given the option of leaving additional comments at the end of each section. Across sections, a common theme expressed by several respondents, and that appeared to be representative of overall sentiment, is that compared to the rest of the country, Addison County providers are doing as much as they can, but much of the need in communities here stems from a national lack of affordable health care, insurance, and health care coverage.

The charts below represent relative ranking of various issues on this Likert scale:

3 = High need (blue)
2 = Some need (light green)
1 = No need (dark green)
0 = Don't know (orange)

The relative sizes of the colored bars allow for comparison of different issues (e.g. affordability vs. availability of services) within larger categories (parts a-f of the question, e.g. health care, seniors, etc.).

Unmet needs: ***Health care***

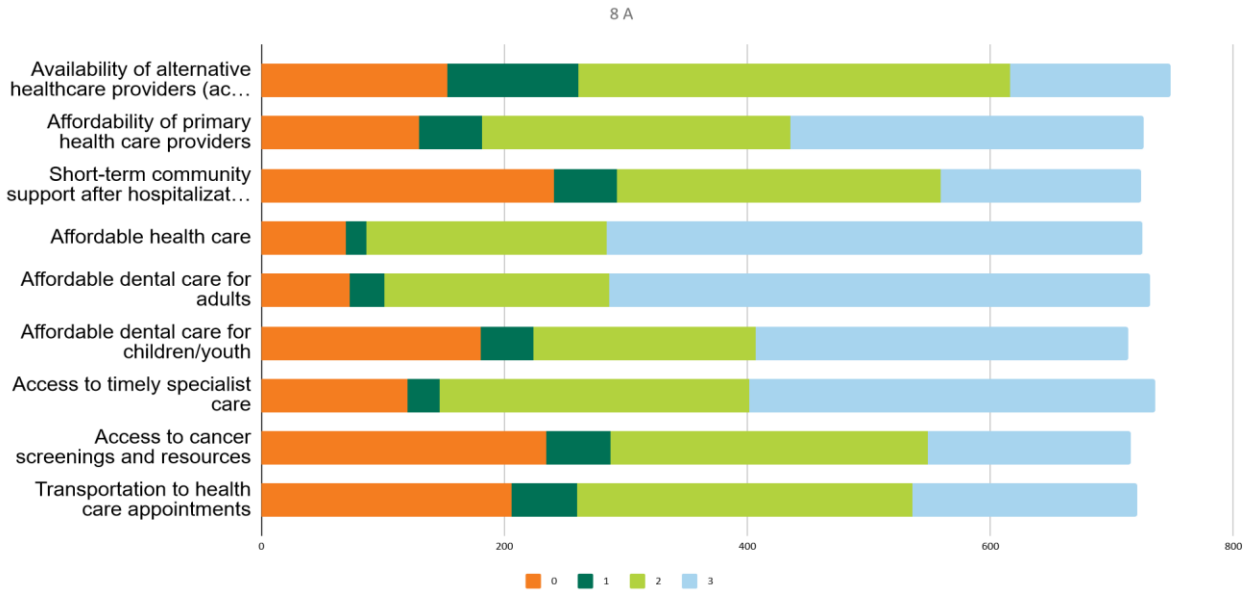


Figure 24: Health care as unmet need.

Survey respondents indicated a high unmet need of affordability of both health care and adult dental care, as shown by the largest blue bars in the graph ("high need"). Affordable pediatric dental care and access to timely specialist care also ranked highly as unmet needs. Respondents were least concerned (as shown by the dark green bars, indicating "low need") about the availability of alternative health care providers. Respondents were most likely to say "don't know" (shown by orange bars) in response to questions about short term community support after hospitalization and access to cancer screenings and resources, suggesting that greater education about these services may be needed.

Some survey respondents wrote additional comments in response to this question. Nine people made positive comments about healthcare services available in the county, but two added that people need to know how and where to find the services available in order to utilize them. Other notable themes were the affordability of healthcare and insurance coverage, about which six people expressed concern, and the need to travel far for services that are not available through primary care providers but should be,

which five people expressed. Although not as prevalent, three people notably wrote that mental health care access and quality, as mentioned many times above, is a big issue in the area.

Unmet needs: ***Seniors***

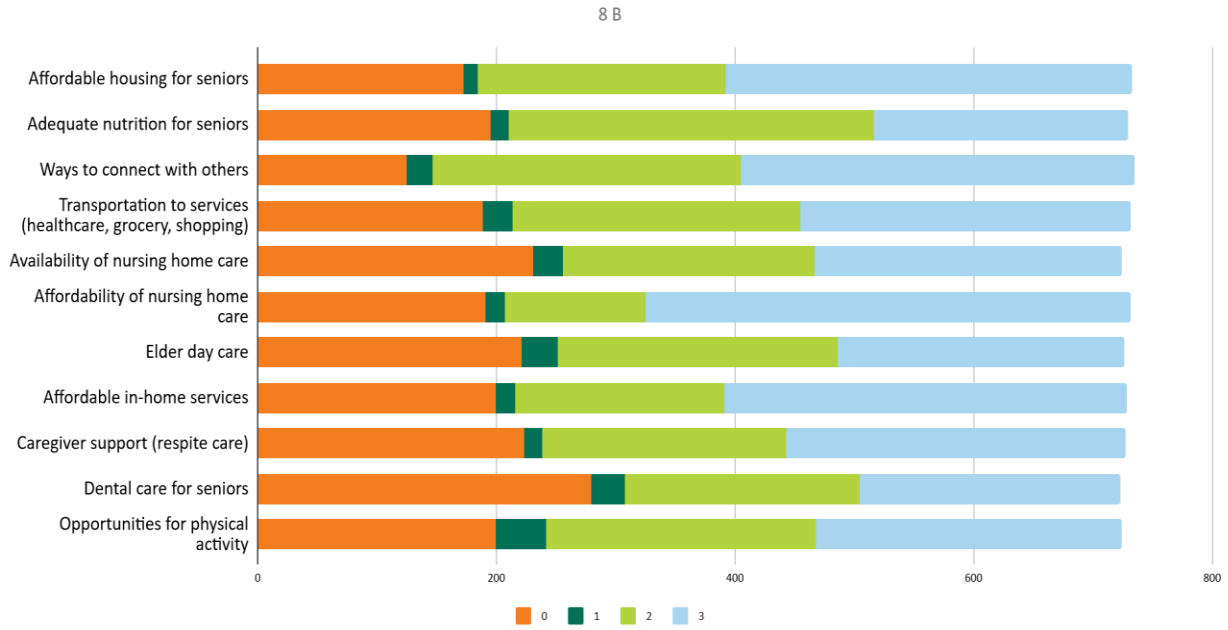


Figure 25: Seniors' unmet needs.

The affordability of nursing home care got the largest number of "high need" (light blue bar) rankings within the question about elder issues, followed by affordability of in-home care and of senior housing. Combining "high need" and "some need" rankings, the issue of greatest concern is ways for seniors to connect with others followed by affordable senior housing.

Write-in responses about concerns about Addison County seniors included the lack of support for families with elders in their care, especially with the impact that Covid has had on hindering what support services there used to be available. Several people wrote about the lack of exercise opportunities for seniors and those who do not want to navigate ice and difficult outdoor conditions, as well as the desire for indoor gyms and access to balance, fitness, and strength training, or a paved walking and biking path.

Unmet needs: ***Children and Families***

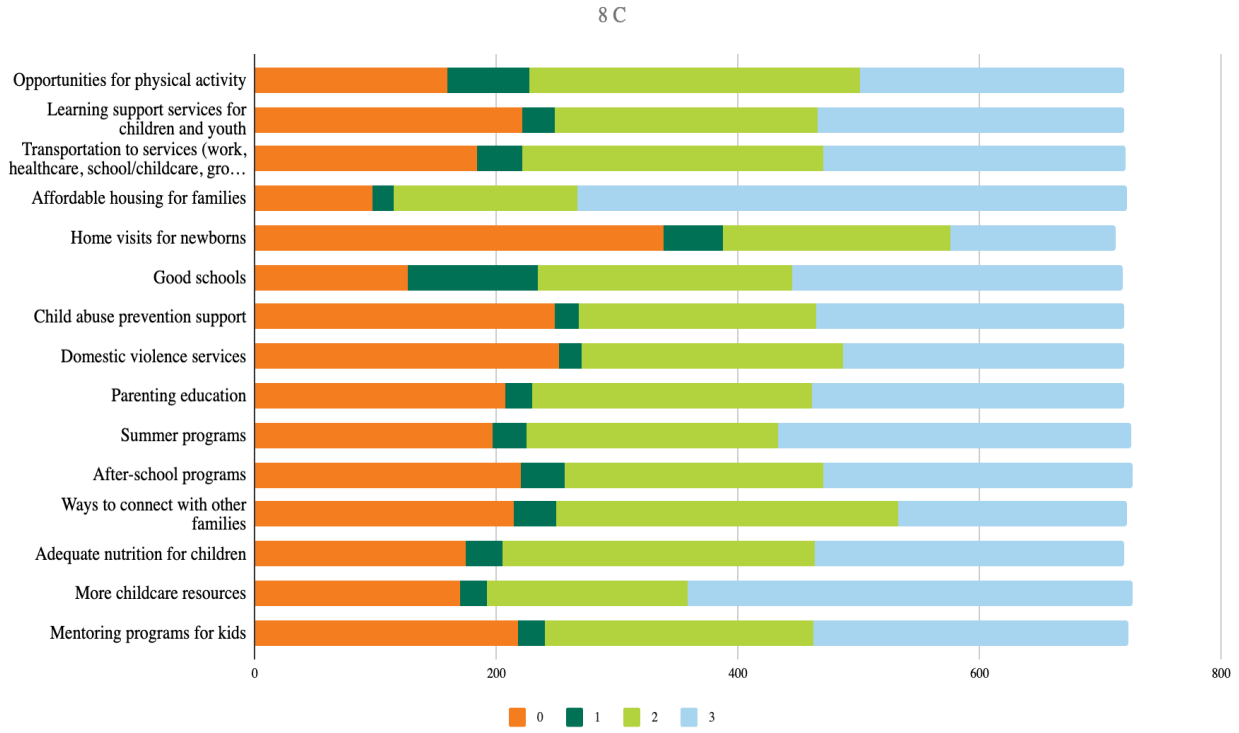


Figure 26: Children and families' unmet needs.

As was the case for seniors, affordable housing was the top concern about children and families, followed by more childcare resources – these were the top-ranked "high need" services. In combining "high need" and "some need," additional top concerns were adequate nutrition for children, summer programs, transportation, and parent education. Respondents were most likely to say "don't know" when asked about home visits for newborns, perhaps because survey respondents were on average older adults who are a bit disconnected from the experiences of families with newborns. Good schools were most often ranked as a "no need" issue.

In the write-in portion of this question, the only theme that was mentioned throughout more than a few answers was opportunities for affordable and quality childcare, which five individuals wrote about. Additionally, four people mentioned the lack of affordable opportunities for physical activity for children, including two people who noted that it is especially difficult to find that for toddlers. The issues of after-school activities and recreational opportunities being concentrated in Middlebury, a lack of transportation for children to get to after-school programs, and the need for walk- and bike-friendly roads were all mentioned more than once.

Unmet needs: ***Hunger and Nutrition***

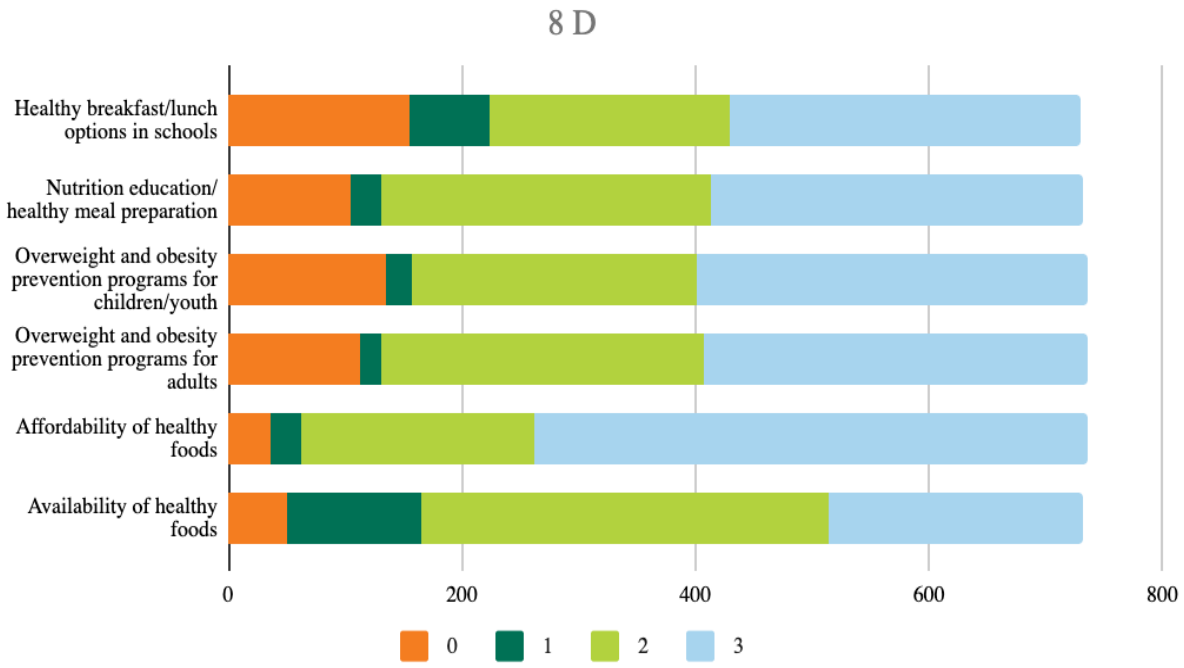


Figure 27: Hunger and nutrition as unmet needs.

Again, affordability emerged as an issue. The affordability of healthy foods was ranked as the highest need within the category of hunger and nutrition. Interestingly, the *availability* of healthy foods got the lowest number of "high need" responses and the greatest number of "low need" rankings: clearly, respondents felt that there is plenty of healthy food available locally, but only for those who can afford it. Overweight/obesity prevention programs for both youth and adults also ranked high in terms of need.

Eight respondents wrote about the lack of appealing and healthy food provided in schools for children. Additionally, two expressed the need for free school meals for all. During the past year, 2020-2021, all public schools offered free meals to students through federal pandemic waivers that will continue into 2021-2022. However, in normal times, Vermont has removed the "reduced meal" category and offers free meals to students who are eligible. Therefore, students either receive free meals or full priced meals based on federally determined criteria. Seven respondents also noted the expense and lack of availability of healthy food options in the area, including one person who expressed this in regards to the Food Shelf (which we assume means the one run by HOPE, or Helping Overcome Poverty's Effects, in Middlebury), and one person who made this comment in regards to healthy options in elder and child care centers.

Unmet needs: ***Substance use***

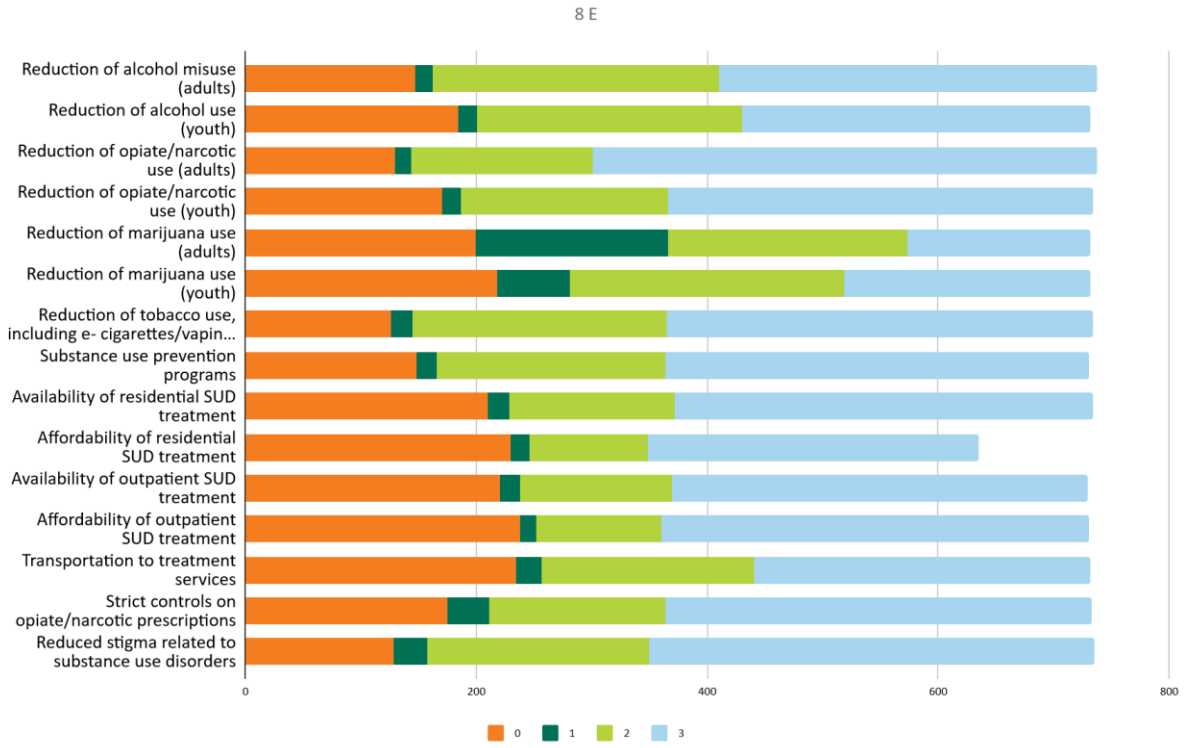


Figure 28: Substance use as unmet need.

This part of Question #8 collected respondents' concerns about the use of substances, both legal and illegal. Survey respondents gave highest priority to the reduction of opiates/narcotics use among adults, closely followed by the reduction of tobacco use including e-cigarettes/vaping), reduction of adult alcohol use, reduction of stigma related to SUDs, and substance use prevention programs. Reducing marijuana use among both adults and minors was of least concern.

Five people, in the write-in section, expressed a need for recovery services and a recovery center in the area, which they indicated would improve access by eliminating the need to travel further for such services. Other comments mentioned by two or three people included the following: it is easier to access marijuana than it should be; alcohol abuse is prevalent; and because of addiction problems locally, people who require opiates for pain management have over-restricted access to the medication they need.

Unmet needs: ***Mental health and Well-Being***

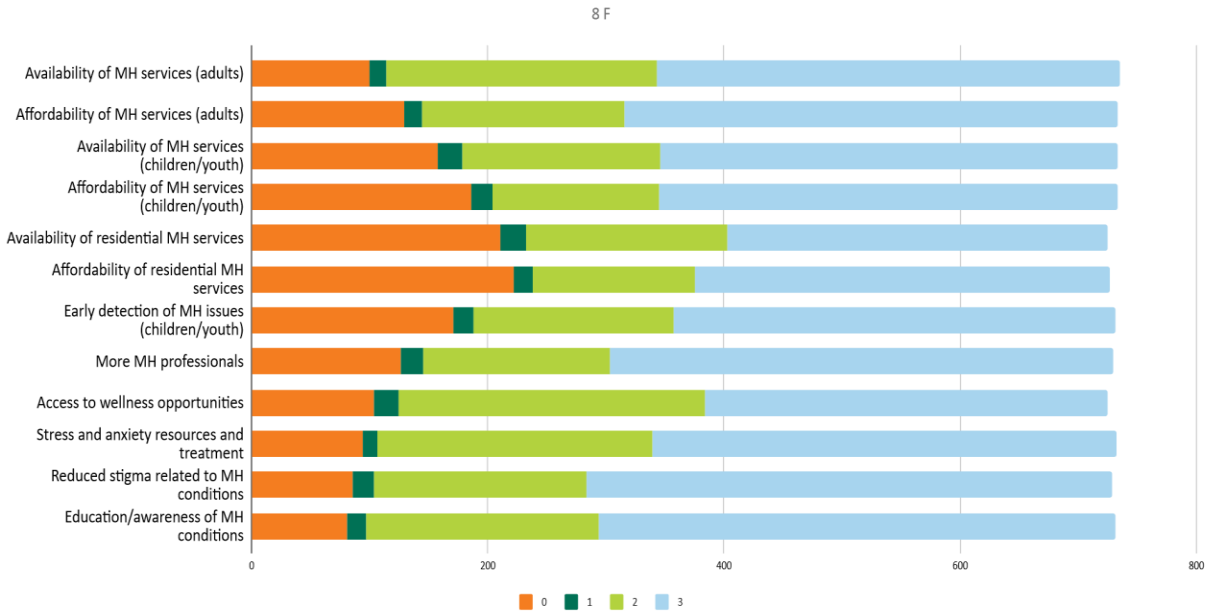


Figure 29: Mental health and well-being as unmet need.

Regarding mental health and well-being, survey respondents gave highest priority to education and awareness of mental health conditions, reduction stigma, provision of stress and anxiety resources and treatment, and the availability of adult mental health services. Residential mental health services were least often ranked as either "some need" or "high need," followed by several categories of youth mental health services (though youth services did get mentioned in write-in comments).

Ten people commented about the availability of school counselors and mental health professionals for children, with several noting that they do not think that these professionals are paid enough, contributing to retention issues. Six people wrote generally about access to mental health care, two people wrote about their difficulty accessing quality therapists, and notably, one person wrote about the difficulty that people in poverty have in accessing mental health care.

Addressing Issues in Addison County

Questions #9 and #10 of the survey each listed a set of issues and asked respondents to rank how important it is to address them in the community, with 1 being the most important, 2 being the next most important, and so on. Results are shown in the two graphs below. It is worth noting, however, that many respondents did not want to choose relative rankings and disregarded the instructions by, for instance, assigning a 1 to all issues, or a mix of ones and two; clearly, the respondents felt that all issues listed were of equal or near-equal importance.

The graphs below have colored bars corresponding to rank numbers, with the width of the bars representing the frequency count of number ranks. The orange bar on the left indicates a ranking of 1; the dark green bar next to it represents a ranking of 2; the light green bar a 3; and so from left to right.

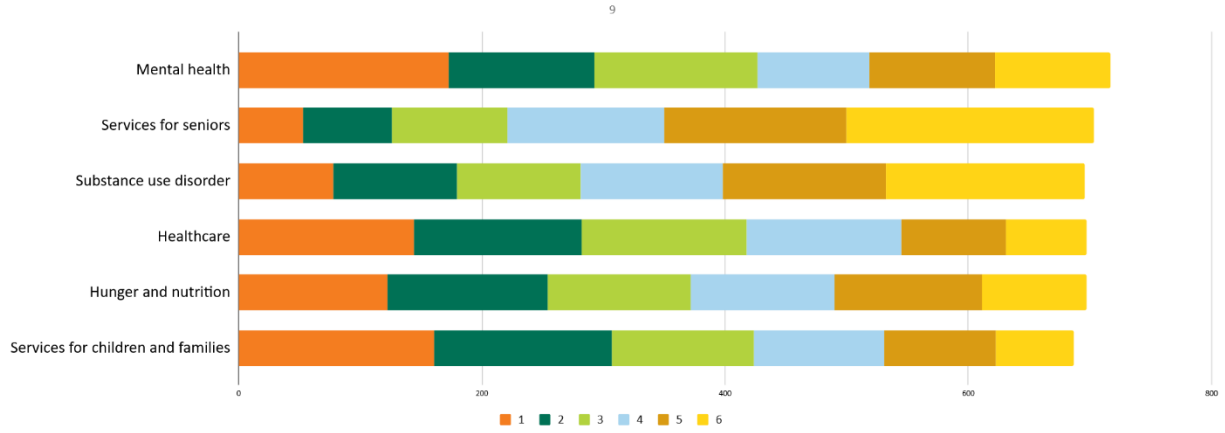


Figure 30: What should be addressed in the community.

The highest ranked issues were, in this order: mental health; services for children and families; healthcare; hunger and nutrition; SUD; and services for seniors.

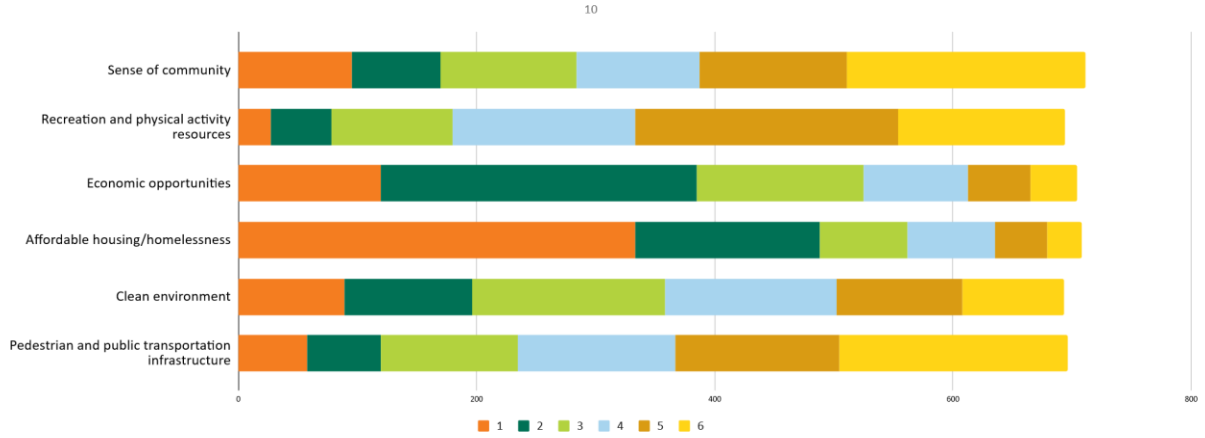


Figure 31: What should be addressed in the community.

Of the next set of issues to be ranked on importance of addressing them in the community, respondents ranked the following in order of importance, from most to least (measured as a combination of 1 and 2 rankings): affordable housing/homelessness; economic opportunities; a clean environment; sense of community; pedestrian and public transportation infrastructure; and recreation and physical activity resources. The graph above shows that affordable housing and homelessness received, by far, the most rankings as a top priority for what should be addressed in the community.

In question 11, respondents were asked to write more about the issues that they had ranked as most important in the prior questions (9 and 10). Of the more than 250 people who wrote in responses to this question, 53 wrote about the lack of affordable housing,

and more than ten of these people noted that the lack of affordable housing, combined with the lack of economic opportunities and support for families, is a big problem. Several went further with this, writing that this is a big reason why young people are moving away and the population is aging. Thirty people, in a group that overlapped with the aforementioned group of 53, wrote about the lack of economic and employment opportunity, and how that combines with how expensive it is to live in the area to make life difficult. Ten other people wrote about the difficulty of how unaffordable the area is, and 20 wrote about the lack of access to housing. Over 20 others noted the importance of a strong sense of community, seventeen wrote about mental health problems, and more than ten wrote about a lack of or difficulty in accessing services. More than ten people also wrote about the difficulty of getting around by bike or on foot, and seven people wrote in answers about a lack of basic needs being met. There were no other commonly noted patterns in the written-in responses.

Assets of Addison County

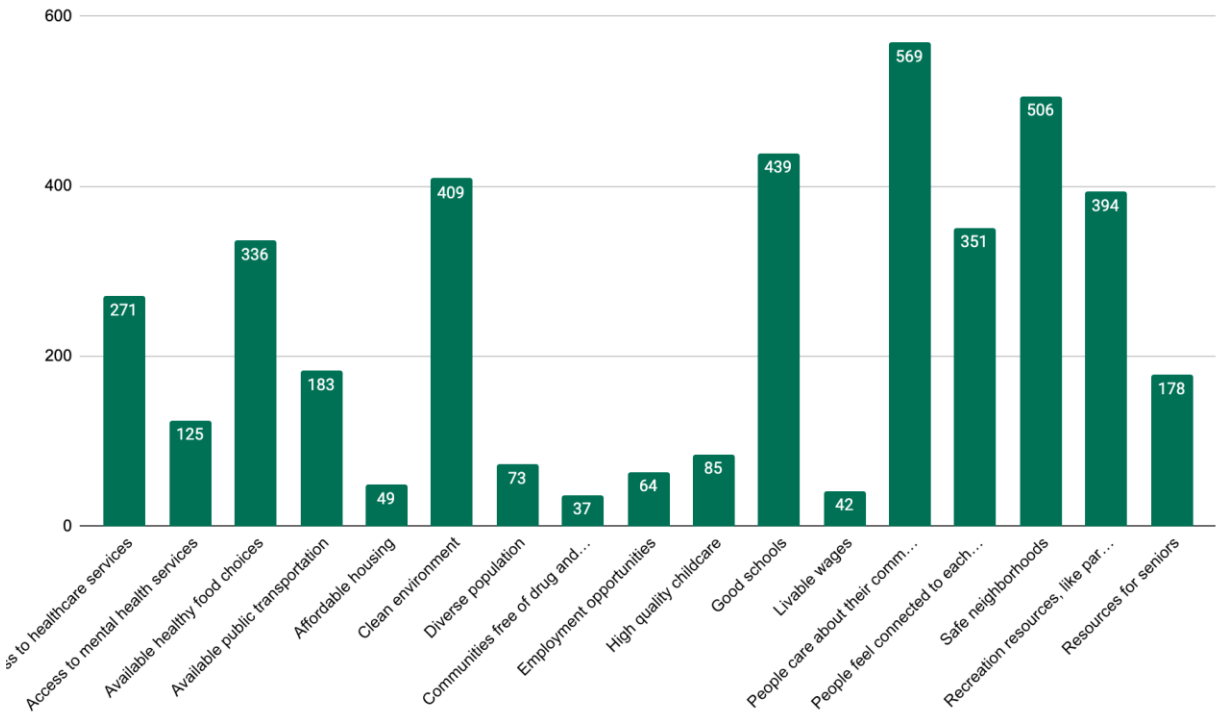


Figure 32: Assets of Addison County.

In Question #12, respondents were asked to choose from a list what assets exist in their community, with no minimum or maximum number of selections. Respondents' top answers included: people care about their community (569), safe neighborhoods (506), good schools (439), and clean environment (409). Respondents indicated these community weaknesses (i.e. least likely to be considered assets): communities free of drug and alcohol abuse (37), livable wages (42), affordable housing (49), and employment opportunities (64). In addition to selecting pre-existing assets, respondents

also had the opportunity to write in other thoughts. Although “clean environment” was one of the options to select, eleven people wrote about the local beauty and environment locally in Vermont in the space for writing additional comments. Three people mentioned strong schools and after-school programs, and two each had positive comments about the churches, entertainment, and local food available.

Health and Satisfaction of Community Residents

Question #13 sought information on the health and satisfaction of community residents in terms of their physical health, mental health, feelings of their life activities being worthwhile, contentedness with friendships and relationships, and level of worry about safety, food, and housing. Respondents characterized their situation on a Likert scale from 0 to 5, with 0 indicating the worst health or satisfaction and 5 indicating the best. There were six parts to the question, and responses are shown in the next six pie charts (Figure 32-37). The numbers inside the pie slices indicate the percentage of survey respondents choosing that number on the Likert scale. At the end of this question, they had the opportunity to leave additional comments.

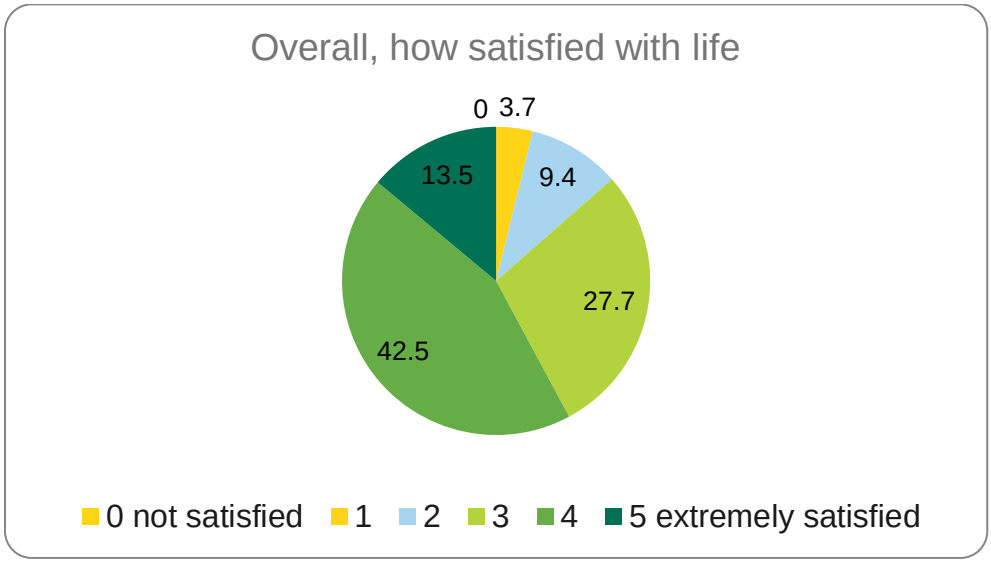


Figure 33: Satisfaction with life.

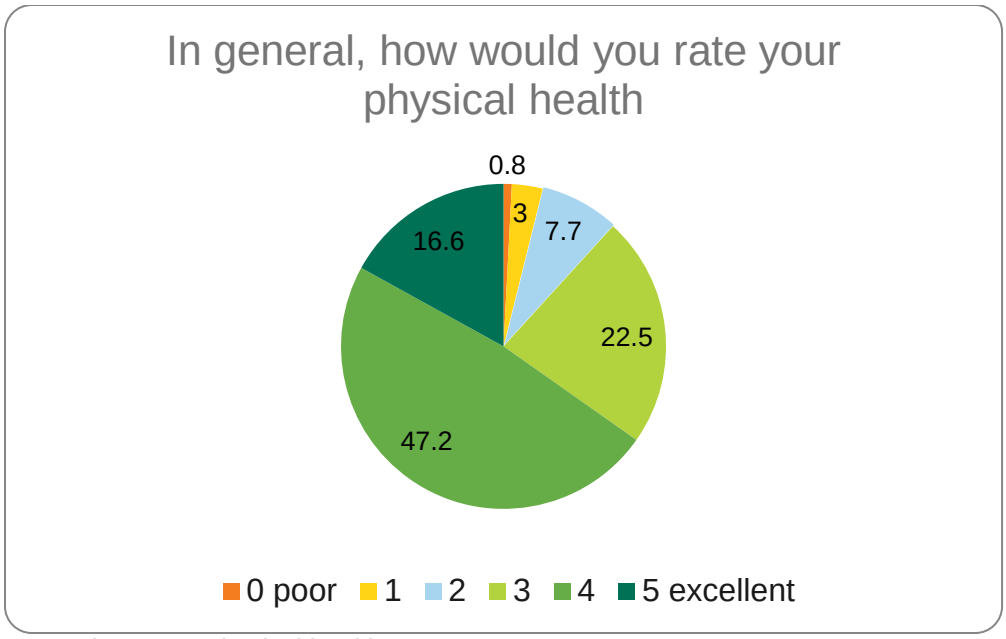


Figure 34: Physical health.

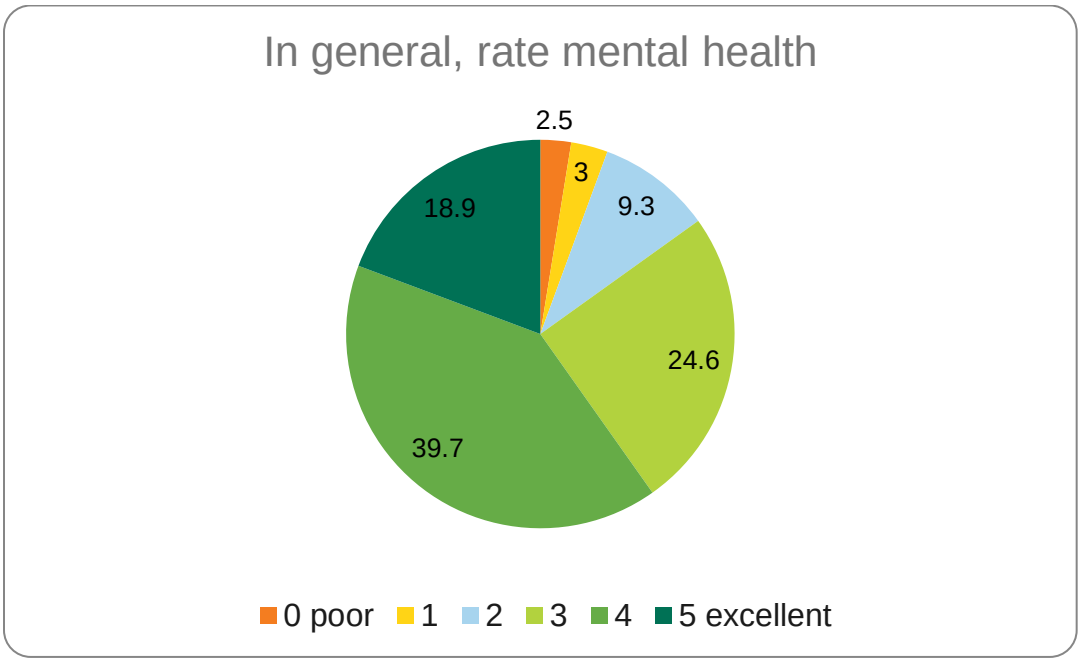


Figure 35: Mental health.

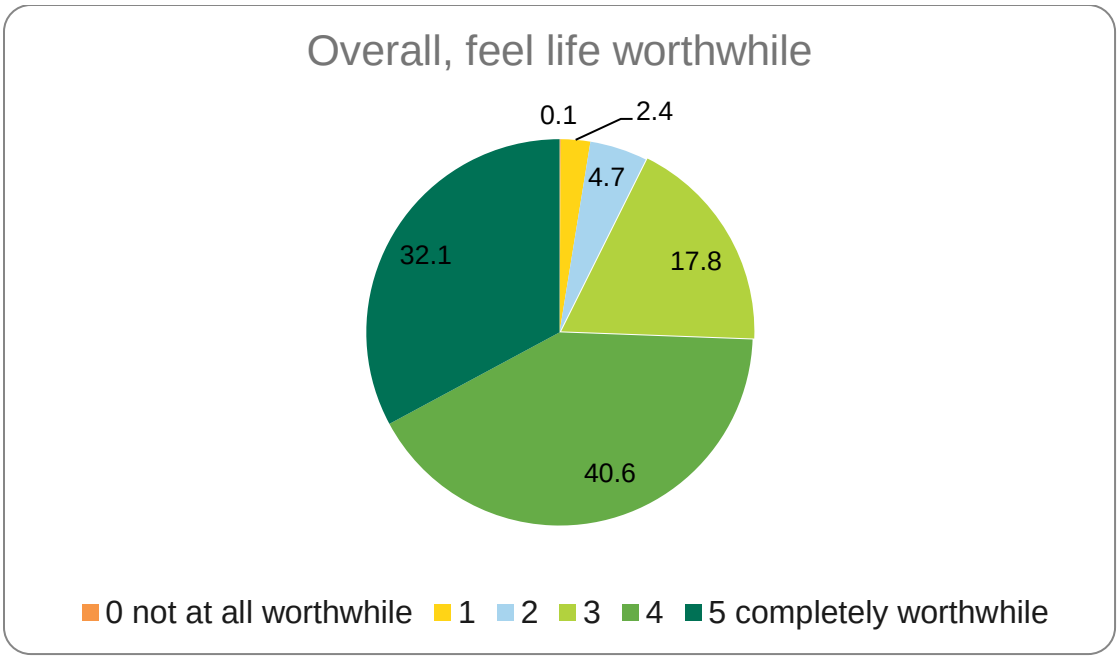


Figure 36: Worth of life activities.

One person (0.1%) said that life was not at all worthwhile; however, the pie slice is too narrow to appear on the chart above.

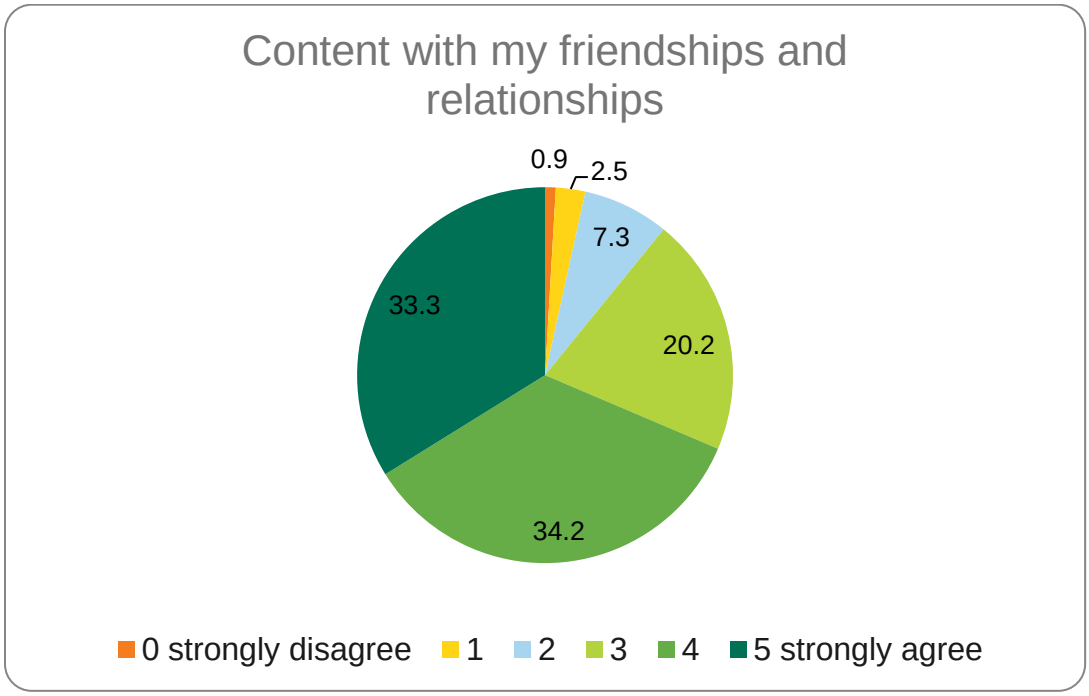


Figure 37: Contentedness with friendships and relationships.

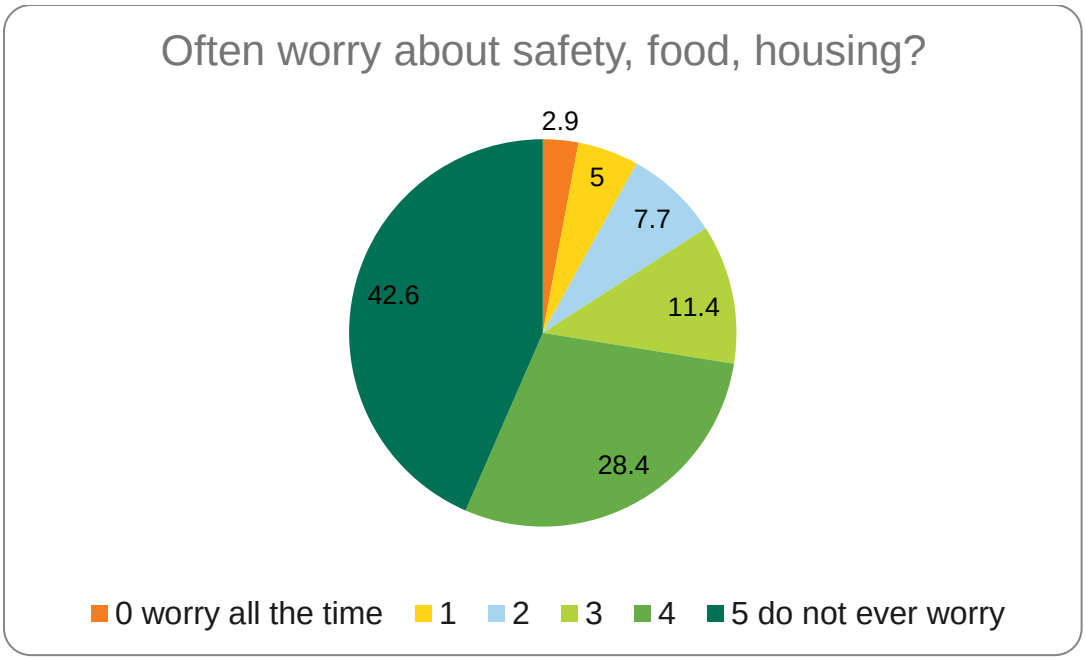


Figure 38: Frequency of worries about safety or food.

Five people wrote in additional comments that the Covid-19 pandemic had made lots of things harder, including the aspect of having children home from school. Noticeably, three other people also noted that economic worry and job loss had been very impactful.

COVID-19 Impact

The arrival and dissemination of SARS-CoV-2 highlighted and magnified the country's economic and social discrepancies. The pandemic greatly affected historically marginalized communities and others who had existing unmet needs, including in Addison County. The final set of non-demographic questions on the CHNA survey asked respondents to answer questions about their family's experiences due to COVID-19 during the time from March 2020 to the survey period.

It is important to note that the cross-tabulations included in this section allowed us to group responses into categories and examine the circumstances people found themselves in simultaneously, but do not allow inference of any causation between circumstances. For example, the analysis finds that people who lost family income during COVID-19 were more likely to have difficulties affording food; but strictly speaking, these circumstances can be described as correlated, but not causally related. Causality is possible but not proved by these statistics, though other analyses of trends in Addison Count can lend argument to causality. The analyses in this section stem from a portion of the survey titled "COVID 19 Questions", where questions follow a "we had..." or "we did not have..." structure which is designed to reflect personal experiences rather than community perceptions of the effect of the pandemic. Given the demographics presented earlier in this report, the analyses presented in this section are not a completely accurate representation of the Addison County community's

experience of COVID-19 and we encourage the use of demographic figures to contextualize many of these findings. As described earlier, survey respondents overrepresented older, white, wealthier people, whom we know from national data were less likely to suffer financial setbacks from the pandemic.

Key
frequency *row percentage* *column percentage*

Our family income decreased	We had difficulty affording food: yes	no	Total
yes	55 21.15 74.32	205 78.85 30.15	260 100.00 34.48
no	19 3.85 25.68	475 96.15 69.85	494 100.00 65.52
Total	74 9.81 100.00	680 90.19 100.00	754 100.00 100.00

Figure 39. Decrease in family income with food affordability.

The table above shows a cross-tabulation of questions regarding loss of income and difficulty affording food since the beginning of the pandemic. Within the cells, the first row is a frequency count, the second row is the row percentage - for example, of those people whose family income decreased, 21.15% had difficulty affording food - and the last row is column percentages - for example, of those who had difficulty affording food, 74.32% had experienced a decrease in family income. The key presented above is applicable for all subsequent cross-tabulations in this section. Figure 47 shows that people whose family income decreased were more likely to have difficulty affording food (21.15% vs. 3.85%).

Our family income decreased	We lost health insurance/benefits: yes	no	not appli	Total
yes	26 10.08 92.86	209 81.01 31.43	23 8.91 38.33	258 100.00 34.26
no	2 0.40 7.14	456 92.12 68.57	37 7.47 61.67	495 100.00 65.74
Total	28 3.72 100.00	665 88.31 100.00	60 7.97 100.00	753 100.00 100.00

Figure 40. Decrease in family income with loss of health insurance.

The cross-tabulation above shows that of 753 households who responded to both questions, 258 experienced a decrease in family income, and of those 258 responses, 26 households (10.08%) also experienced a loss of health insurance or benefits, as compared to a loss of insurance benefits experienced by less than one percent of people who did not lose family income. Nonetheless, a majority of households (81.01%) that saw a decrease in family income did not also lose health benefits. For context we may refer to Figure 26, which contains survey respondents' household income levels in 2020, and depicts that at least 66% of responding households made above $50,000 last year: this may explain why a great percentage of households did not lose health benefits after seeing a decrease in income in a society where healthcare is closely tied to employment, and where professional, computer-oriented jobs were more likely to be retained due to the relative ease of transitioning to remote work from home.

Our family income decreased	We had difficulty paying housing costs (i.e. Rent, Mortgage, Utilities, etc.) yes	no	Total
yes	71	188	259
	27.41	72.59	100.00
	77.17	28.48	34.44
no	21	472	493
	4.26	95.74	100.00
	22.83	71.52	65.56
Total	92	660	752
	12.23	87.77	100.00
	100.00	100.00	100.00

Figure 41. Decrease in family income with difficulty paying housing costs.

The above cross tabulation shows that of respondents who experienced a decrease in family income, 27.41% also found difficulty paying for their housing costs, but a majority did not. Respondents who had difficult paying housing costs were only 12.23% of the survey responses, but these 92 people more likely to have also experienced a decrease in family income (77.17% vs. 22.83% of the 92 who did not lose income).

Employed full-time	Our family income decreased yes	no	Total
yes	103	236	339
	30.38	69.62	100.00
	39.62	47.68	44.90
no	157	259	416
	37.74	62.26	100.00
	60.38	52.32	55.10
Total	260	495	755
	34.44	65.56	100.00
	100.00	100.00	100.00

Figure 42. Employment status with decrease in family income

Figure 42 tabulates employment status of the survey *respondent* with a loss of family income. Of respondents employed full-time (who may or may not have had other family members earning income), 30.38% experienced a decrease in their family income. Of respondents not employed-full time - this includes those who identify as being employed part-time, self-employed, unemployed, full-time students, retirees and homemakers - 37.74% saw a decrease in their family income. Those whose family income decreased were more likely to not be working full-time (60.38%) versus full-time (39.62%). This may reflect greater job loss within the service sector, where part-time employment is more common.

What was your household's income in 2020	Our family income decreased: yes	no	Total
less than $10,000	7 70.00 2.70	3 30.00 0.61	10 100.00 1.34
$10,000 - $24,999	30 58.82 11.58	21 41.18 4.29	51 100.00 6.81
$25,000 - $49,999	46 40.71 17.76	67 59.29 13.67	113 100.00 15.09
$50,000 - $99,999	95 35.06 36.68	176 64.94 35.92	271 100.00 36.18
$100,000 - $149,999	42 28.77 16.22	104 71.23 21.22	146 100.00 19.49
$150,000 or more	18 21.95 6.95	64 78.05 13.06	82 100.00 10.95
prefer not to answer	21 27.63 8.11	55 72.37 11.22	76 100.00 10.15
Total	259 34.58 100.00	490 65.42 100.00	749 100.00 100.00

Figure 43. 2020 household income with decrease in family income

The above cross-tabulation of household income in 2020 and experiences of a family income decrease shows that more than 20% of respondents in each income category experienced a decrease in their family income. However, a family income decrease in the upper tiers of income does not have the same effect as it does for a family living below the poverty line, which in Vermont means living on less than $24,000 for a family of four and $21,000 for a family of three, according to a *Burlington Free Press* article published in 2018.

We lost health insurance/benefits	We had difficulty getting medicine or medical supplies: yes	no	not appli	Total
yes	6	15	6	27
	22.22	55.56	22.22	100.00
	15.00	2.62	4.41	3.61
no	29	534	98	661
	4.39	80.79	14.83	100.00
	72.50	93.36	72.06	88.37
not applicable	5	23	32	60
	8.33	38.33	53.33	100.00
	12.50	4.02	23.53	8.02
Total	40	572	136	748
	5.35	76.47	18.18	100.00
	100.00	100.00	100.00	100.00

Figure 44. Loss of health insurance with difficulty obtaining medical supplies.

Respondents who lost health insurance were more likely to have trouble obtaining medical supplies (22.22%) than those without an interruption in their benefits (4.39%).

Our family income decreased	we had difficulty finding childcare: yes	no	not appli	Total
yes	32	49	179	260
	12.31	18.85	68.85	100.00
	48.48	30.63	33.90	34.48
no	34	111	349	494
	6.88	22.47	70.65	100.00
	51.52	69.38	66.10	65.52
Total	66	160	528	754
	8.75	21.22	70.03	100.00
	100.00	100.00	100.00	100.00

Figure 45. Decrease in family income with difficulty finding childcare.

Respondents whose family income decreased had greater difficulty finding childcare (12.31%) than counterparts who did not see a decrease in income (6.88%).

We lost health insurance/benefits	We had difficulty getting mental health services when we needed it (i.e. substa			Total
	yes	no	not appli	
yes	9	10	9	28
	32.14	35.71	32.14	100.00
	7.44	3.85	2.43	3.73
no	101	239	323	663
	15.23	36.05	48.72	100.00
	83.47	91.92	87.30	88.28
not applicable	11	11	38	60
	18.33	18.33	63.33	100.00
	9.09	4.23	10.27	7.99
Total	121	260	370	751
	16.11	34.62	49.27	100.00
	100.00	100.00	100.00	100.00

Figure 46. Loss of health insurance with difficulty getting mental health services

The cross-tabulation above shows that if respondents lost health insurance or benefits, they had a harder time obtaining necessary mental health services (32.14%) than counterparts who did not lose benefits (15.23%). Overall, 16.11% of survey respondents had difficulty getting mental health services regardless of any loss of insurance.

The statistical analyses in this section allow for the conclusion that households which experienced a decrease in family income and/or a loss of health insurance benefits due to the pandemic generally experienced greater obstacles paying for housing, affording food, accessing medicine/medical supplies/mental health services, and finding childcare, than their counterparts who did not lose family income. These trends align with other research (e.g. Robert Wood Johnson Foundation, 2020) on the impact of COVID-19 in the nation, which shows that a considerable amount of households had trouble accessing and affording medical care as well as paying bills.

One of the COVID-19 questions asked respondents about difficulties getting other essentials or services. Many people wrote about the shortage of cleaning supplies, toilet paper, and groceries that affected the general population of the United States last spring. Additionally, five people wrote about difficulties accessing the DMV or car maintenance and repair, and five people wrote about the delay, cancellation, or unavailability of medical appointments due to the pandemic. It is also important to note that 34 people responded that yes, they had difficulty accessing essentials and services, but did not elaborate in the space to do so in writing. Three people wrote about difficulty with internet access or connectivity throughout the pandemic, a well-known problem in rural areas.

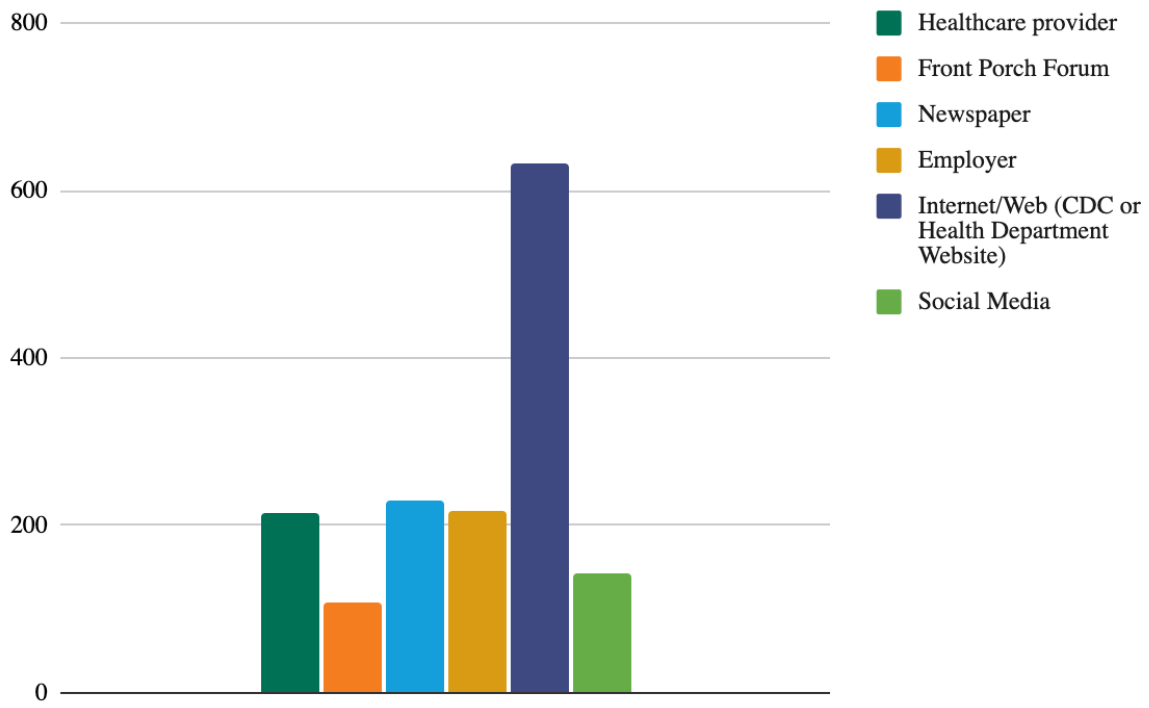


Figure 47: Sources of useful and understandable information about COVID-19.

Respondents were asked where they found useful and understandable information throughout the pandemic. The survey provided some options (shown in the chart above). In addition to these options, others were listed by the 178 people who wrote in responses; of these 178 written responses, 43 wrote in that Governor Scott's state-wide briefings had been helpful, 44 wrote about Police Chief Hanley and the Town of Middlebury's Emergency Management bulletins and emails, over 20 mentioned Vermont Public Radio or the radio in general, over 20 mentioned television more broadly, and seven people listed the VT Digger. Four people also wrote specifically that Dr. Mark Levine's press conferences had been informative for them.

At the end of the Covid-19 section of the survey, respondents were asked in an open response format about any other ways that the pandemic has impacted their life. This question received write-in answers from 330 respondents, and the majority mention social isolation, depression, loneliness, or other effects of reduced social interaction and abilities to see family and other people due to the pandemic. The next-most prevalent themes were impacts on employment, mental health, school closure, and perceived negative effects on child development from a lack of socialization and in-person learning.

Information about the community resources

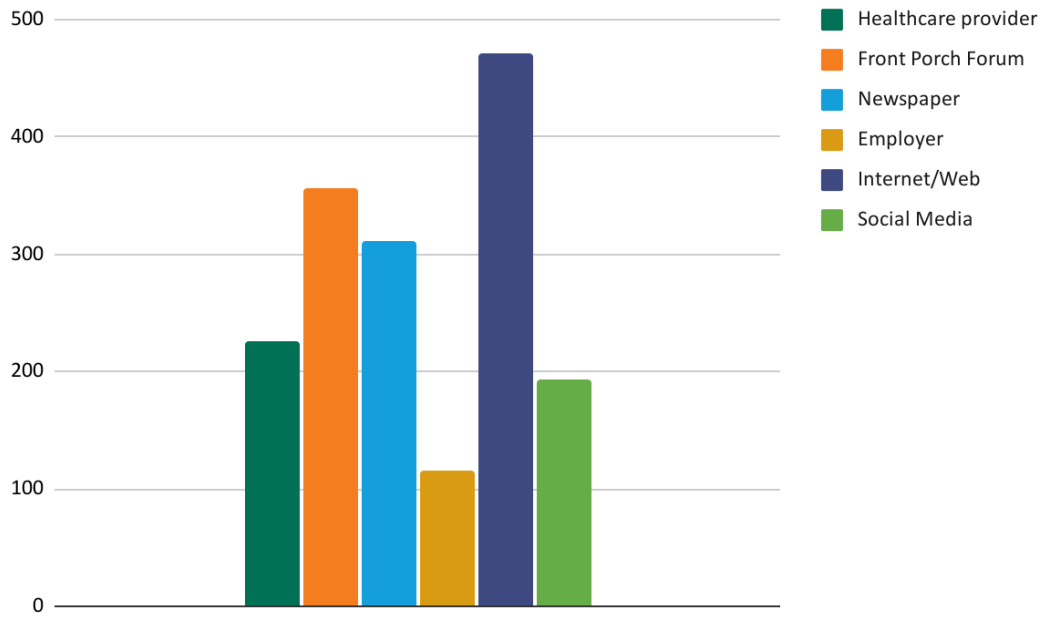


Figure 48: Sources of information about resources available in the community.

One of the last questions in the survey asked about where respondents find information about resources available in their communities. In addition to the listed options available to check off, respondents had the opportunity to write in answers and 59 people chose to do so. They wrote about receiving information via word of mouth, or from friends, family, or colleagues. Ten people wrote about resources from the Town of Middlebury, and nine wrote about Vermont Public Radio or radio in general.

Additional comments

The last question in this survey asked for any additional comments. Many participants expressed gratitude towards those who had made the survey for those work, and others had criticism or constructive feedback for future surveys. This information will be kept for the next CHNA Cycle.

Chapter 6 – Qualitative Data: Focus Groups and Stakeholder Interviews

Focus Group Data:

Participants for the focus groups self-selected to be part of the groups and a $10 gift certificate to Shaw's Grocery Store was offered as an incentive to those who completed the groups. Information was sent to various organizations to reach out to individuals directly who may be interested in sharing their experiences and opinions about the health of the community from a personal view. The goal of the focus groups was to reach out to individuals who were underrepresented in the survey, including economic status, gender, younger residents, race, and education level. Fourteen participants self-selected to be part of these groups, seven were from various parts of the community and seven were from the Parent Child Center at a centralized location. Participants completed an exit survey that included demographic information. However, due to the small sample size, race, age, and gender were not included to protect identity and privacy. Additionally, only 13 of the 14 participants completed the survey. Below is the information for income level and education level. See Appendix B for focus group questionnaire and Appendix C for focus group demographic survey.

Demographics: Income

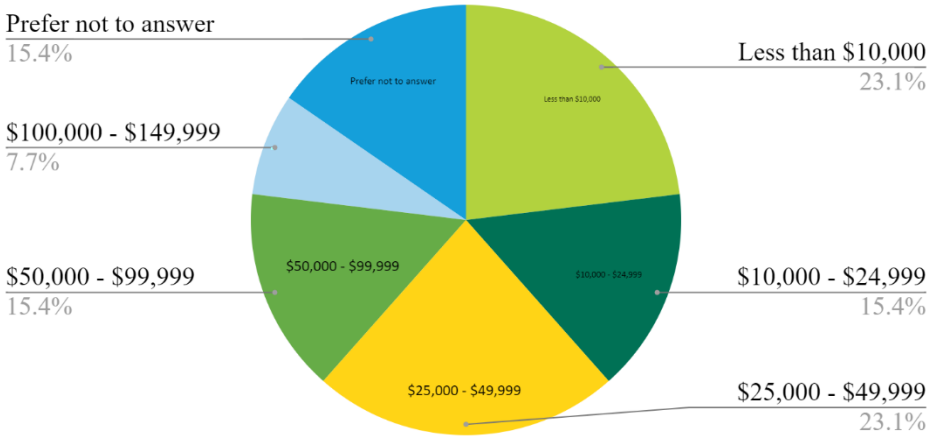


Figure 49. Reported household income for focus group participants

Based on the 13 of 14 individuals who completed the focus groups, 61.6% made less than $50,000 and only 23.1% made $50,000 or more. The focus group was able to reach out to more individuals who had a lower household income as only 23.1% of the survey respondents made less $50,000. Although a small sample size, it did include individuals who were underrepresented in the CHNA survey.

Demographics: Education

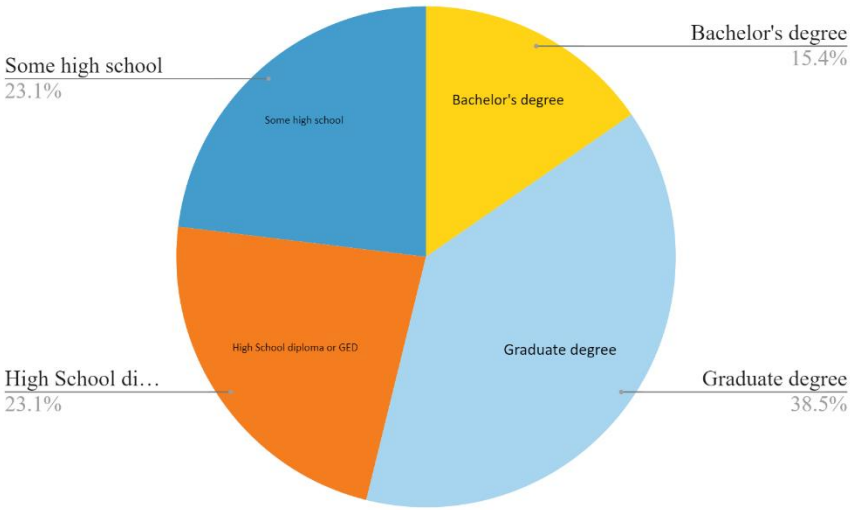


Figure 50. Reported education level for focus group participants

Based on the 13 of 14 individuals who completed the focus groups, 46.2% had some high school or a high school diploma compared to the CHNA survey in which only 6.1% fell within that category. There were 53.9% of individuals who had a bachelor's degree or graduate degree compared to the CHNA survey respondents that had 93.9% of individuals who had some form of higher education. Although a small sample size, it did include individuals who were underrepresented in the CHNA survey.

Stakeholder Interview Data

Stakeholders in the community were sent an invitation to attend a group stakeholder interview or complete an online questionnaire of the questions that were posed at the group sessions. There were 33 people representing 23 stakeholder organizations that either attended a group session or completed the survey. Below are the organizations that were represented: See Appendix D for stakeholder interview questionnaire.

Stakeholder Organizations Represented:

- Parent Child Center
- Building Bright Futures
- United Way of Addison County
- Mary Hogan
- Mary Johnson
- Addison County School Districts
- End of Life Services
- Addison County Home Health and Hospice
- Counseling Services of Addison County (CSAC)
- Field Services
- Private PT Practice
- Mountain Health Center
- Giving Fridge
- Turning Point Center
- Department for Children and Families
- Vermont Department of Health
- Residence at Otter creek
- SaVida
- Bristol Family Center
- Pregnancy Resource Center
- Northern Lights at CCV
- Mount Abraham Unified School District
- UVMHN Porter Medical Center

The information from the focus groups and stakeholder information were compiled and trends from the various sessions were extracted based on the topic. The trends that were identified from both groups are indicated in the “both” section and then specific concerns or thoughts from the focus group are listed under “Community Members” and specific concerns from the stakeholders are listed under the “Stakeholder” column. This highlights the overlapping concerns for both community members and stakeholders, as well as the different concerns that were indicated based on experiences.

Focus Group and Stakeholder Interview Comparison

	STRENGTHS	
Community Members	**Both**	**Stakeholders**
• Great outdoor space • Good schools • Front porch forum	• Lots of Resources in the Community • Pride in community	• Organizations and staff stepped up during Covid-19

Table 8. Participants were asked about the strengths of the community in Addison County.

Both community members and stakeholders identified the amount of resources in the community as well as pride of being in Addison County. Additional strengths from community members include the outdoor space, schools, and communication through Front Porch Forum. As for stakeholders, the varying strength identified included staff and individuals that work in for their organization and stepping up during the Covid-19 pandemic.

	CHALLENGES	
Community Members	**Both**	**Stakeholders**
• Dealing of drugs in public spaces • MAT services in Middlebury • Walkability (Sidewalks/Crosswalks) • Support for children • Support for aging family members	• Lack of Affordable Housing • Low Wages • Substance Use Treatment • Lack of Childcare • Lack of Transportation • Health Insurance • Lack of Dentist • Lack of Internet Services • Stigma around physical and mental health • Food Access • Workforce Shortage • Lack of Primary Care Providers	• Hidden Fees with Health Insurance • Continuum of Care • Gap in Foster Care • Family Coaching

Table 9. Participants were asked about challenges faced in Addison County and left open ended to not limit thoughts and experiences faced by individuals.

Challenges extracted from the groups included many of the social determinants of health concerns, including housing, financial ability, food, employment, care services, and support systems. Community members were concerned specifically about additional support for

families, whether that was children or aging family members, as well as safety around walkability in town and children not being exposed to the dealing of drugs in public spaces. Stakeholders verbalized challenges around the continuum of care and supporting their client through their care needs. Additionally, stakeholders were concerned with individual's health insurance for their clients and providing more support to families.

	HEALTHCARE NEEDS	
Community Members	**Both**	**Stakeholders**
• Provide home visits from PCPs • Proactive instead of reactive • Provide wellness-centered health care options • Continue telehealth options • Provide rides to appointments • Increase outreach from offices	• Health Insurance • Limited consistency with PCPs • Prevent ER visits • Limited PCPs - long wait for a PCP visit	• Education about relationship with Doctors • Improve Continuum of Care • Better use of mid-level practitioners • Increase Long-Term Care Availability

Table 10. Healthcare needs in Addison County based on personal experience and what individuals have seen in their community.

Community members and stakeholders were asked to further discuss the needs within the healthcare system and both were concerned with the cost and coverage of health insurance, as well as preventable Emergency Room visits, and amount of time it takes to get scheduled with a PCP. Community members verbalized in various ways the need for wellness-centered care and being more proactive than reactive care. They were interested in receiving more outreach from offices and home visits for family members. They also indicated a need for rides to appointments as they are not always able to rely on family members or friends to take time off from work to bring them to appointments. However, community members expressed their gratitude for telehealth services and the need to keep those available, even after the Covid-19 pandemic.

Conversely, stakeholders saw a need for improving education for clients with PCPs to have more effective conversations and ensure clients are equipped to advocate for their health needs. They also discussed the need for improved efforts around the continuum of care for their clients and a need for better communication between organizations. Two other needs identified included the need for better use of mid-level clinicians who can increase access to services by innovatively using personnel, and a need for more long-term care services in the community. There are many challenges in the continuum of care to support individuals with long-term care needs as there is limited availability.

	MENTAL HEALTH NEEDS	
Community Members	***Both***	***Stakeholders***
• DCF removing children from homes because they cannot get counseling appointments in time • Transportation to appointments • Police do not always provide guidance	• Waitlist for services • Insurance Coverage • Reduce stigma • Increase number of providers • Increase access to psychiatry • Homelessness • Suicide screening and prevention	• Social Isolation • Increase support in schools • Increase safe housing for people • Provide support for families with mental health conditions

Table 11. Participants were asked to further discuss issues around mental health services and needs around this concern.

The biggest issue raised around mental health services included the waitlist and the need for more clinicians and psychiatrists. There was also discussion around supporting our population who are experiencing homelessness and their mental health concerns. Additionally, both community members and stakeholders raised the need to decrease stigma around mental health challenges and the importance of providing awareness and support for people and families facing mental health challenges. Community members expressed previous experiences with the Department for Children and Families and the gap in losing children because they were unable to see a clinician for counseling before a certain deadline. Community members also faced situations in which police were not trained to support people during a mental health crisis and members would like to see more support from them. Lastly, community members identified transportation as a barrier to appointments.

Stakeholders raised concerns about social isolation during the Covid-19 pandemic as well as support for families with individuals who have mental health illnesses and developmental disabilities. Stakeholders also identified the use of additional counseling services in the schools for youth. Lastly, stakeholders raised the concern of having safe housing for individuals who have mental health illness that need additional support and for those who are not currently in safe situations to have places to be moved.

	HEALTH AND SOCIAL SERVICES	
Community Members	**Both**	**Stakeholders**
● Unaware of resources available ● Difficult to navigate services for people who are new to the "system" ● Not a lot of coverage for vision services	● Increase housing availability (rental, purchasing, affordable units) ● Organizations are understaffed and have limited capacity to provide services ● Increase childcare options and funding	● Foster Care Support ● Grief Counseling ●

Table 12. Community members were asked to further discuss experiences and trends that were extracted and categorized as health and social services issues. Stakeholders were asked to express thoughts around these services.

Community members and stakeholders were both concerned with housing availability and affordability. This included places to rent, purchase, general assistance housing and low-income options in Addison County. Both set of participants also expressed concerns of workforce in which organizations are understand so there is limited capacity to provide the services needed in the area. Another overlapping concern, was the issue around the limited childcare options in the county, as well as the cost of childcare. Community members expressed that childcare is not affordable and Parent Child Center provides a space for them to work and receive childcare. However, Stakeholders indicated that childcare is underfunded and creates a challenge for both the childcare providers and families needing this service.

Community members expressed specific concerns about not knowing what resources are available in the community and how difficult it is to navigate services when you are new to the “system”. There is a lot of paper work, phone calls, time needed to get the resources you need. Additionally, a community member raised the concern of vision services for them and their family members. They stated that insurances do not adequately support this health need.

As for stakeholders, their other concerns involved support around foster care and grief counseling for losses that families and individuals have experienced. Stakeholders expressed that this need was highlighted during the Covid-19 pandemic.

	TOP HEALTH ISSUES	
Community Members	***Both***	***Stakeholders***
• Smoking	• Anxiety / Depression • Chronic Diseases (Diabetes, HTN, Cardiovascular) • Substance Use	• Substance use treatment options in long-term facilities

Table 13: Community members and stakeholders were asked what they thought are the top health concerns in the community.

More than half of the community members and stakeholders indicated anxiety, depression, chronic disease, and substance use as the top health issues in the community. Community members were also concerned about smoking as they see a lot of people who smoke in public areas, in their family, or at work. As for stakeholders, some were concerned about substance use for the older Vermonters in the community.

QUOTES:
"There used to be a time when each community had a hub that provided help to those in need."
"The world sees Middlebury college, quaint New England town, kind educated people. The world doesn't see the person in corner who is hungry, or kids whose parents have SUD, people who are on their last leg, people who have mental health issues, people who have food insecurity- how does this happen?"
"We set up society to be reactive car accident, fall down we'll help you. But we won't help you walk so you don't fall down. We are there for the crisis, but we can see the crisis up ahead, but we say 'we'll deal with the crisis when it happens later'"
"People who don't have connections don't get the things others do"
"Many people think the hospital is there for having a procedure.They are unaware of what else the hospital offers."
"Nudges are necessary sometimes to get people to take the next step in self-care"
"There is no running water, you have to boil pond water..."
"There is a whole population that is unseen"
"Ironic that some of the most affordable food in Addison County is at Porter Hospital. Prices are really good - too bad we can't expand that."

Table 14.1 Quotes from participants during the focus groups and stakeholder interviews.

QUOTES:
“There used to be a time when each community had a hub that provided help to those in need.”
"For livable wage you’d need to make $26 to own a house and as a couple it could work, but I don’t know how an individual manages."
"We only have a chocolate store and a town hall and a library being built, but we have nothing else. A lot of people here who live on mountain road, you have to leave the county for your services. No gas station or stores or anything"
“I hadn’t realized how big the web of support was until I needed it”
"You have people leaving the state and people who grow up here not being able to afford to live here"
“Some people will keep using readers instead of getting a prescription due to lack of funds”

Table 14.2 Continued quotes from participants during the focus groups and stakeholder interviews.

Recommendations:	COMMUNITY MEMBERS	STAKEHOLDERS
Community Connection	• More free events (healthy lifestyle education, farm to table, guided hike, group bike rides, community dinners, gardening education clothing swap, yoga in the park) • Baby swings in parks	• Better inter-organizational communication • Elevating volunteer groups (faith based organizations)
Mental Health	• Emergency Service for Mental Health Needs (in addition to Crisis line) • More Services	• More services so there is no waitlist • More candidates and more funding
Workforce	• Living Wage, Family Oriented Employers, Programs to Assist with transitions (new jobs) • Childcare options	• More staff, support for staff, trauma-informed care
Food Access	• Drop off of healthy foods in rural areas, expanding food options/access • More education/training for healthy food prep/cooking, self-care and life skills	• Nutrition education classes for parents and youth • Reduce stigma to services
Healthcare	• Expand preventative and wellness-centered options and incentives • Continue telemedicine options • Reach out to families directly about care • Longer appointments with providers for wellness centered care	• Health Advocates to help navigate resources, new diagnoses, having conversations with your doctor, universal finance department for the hospital • More support groups (after hours) • Reach out to teens about healthcare, especially if not in sports • More communication, outreach, marketing and education of services available
Housing	• More affordable housing for all and programs to assist people in transition and with employment • Provide services to people at home (laundry, shoveling snow, cleaning, etc.) • Sober housing or housing with wrap around supports	• More affordable housing with access to transportation • Migrant farm working population who are unsheltered or at risk of being unsheltered • Focus of homes that are not safe and where health conditions can arise • Volunteer network to support people at home and people with hoarding issues.
Racism	•	• Feeling valued and heard by their PCP or person they are receiving care from
LGBTQ	•	• Trauma Informed Care for queer population
Schools	• Supports are needed for teachers (paraprofessionals and financial resources) • Speech Pathologist • More counselors in schools	• More counselors in schools • Basic life skills education in school • •

Table 15. Participants from both groups provided recommendations for the various issues raised during conversations.

Chapter 7 – Community Health Improvement Plan

Priority Selection

A community meeting was held to present the information from the CHNA survey, focus group, and stakeholder interview to cross-sector leaders and CHNA collaborators. There were 32 leaders that joined the meeting. Once the information was presented, leaders broke out into separate break out rooms to reflect and have a discussion about the information presented. Leaders, including CHNA collaborators – UVMHN Porter Medical Center, Addison County Home Health and Hospice, and Five Town Health Alliance were asked to identify their top three priorities based on a set of criteria used in alignment with UVMHN Medical Center criteria. The set of criteria included:

CHNA Priority Criteria

- ***Scope of Work –****How many people are impacted by the issue, and is it widespread or impacting a few individuals?*
- ***Severity of Issue*** *– Is this a critical issue that is impacting cost or burden on the community?*
- ***Community Readiness*** *– Is the community supportive and prepared to take action towards this issue? Is there buy-in from leaders and positive attitude from the community?*
- ***Ability to Impact –*** *What resources are available to improve this issue or are their evidence based practices in place that can be implemented to intervene.*
- ***Health Equity –*** *Is this addressing inequities or disparities in the community?*

Based on the above criteria, community members were asked to select their top three priorities in real time on a live poll which was completely anonymous. The top three priorities selected by 28 participants:

Access to Mental Health Services – 72%
Access to Healthcare Services – 60%
Housing – 44%

Next Steps: Community Health Improvement Plan
Stakeholder groups will convene to identify the following for each priority:

- Focus Areas
- Goals
- Objectives
- Interventions
- Measures
- Timeframe
- Partners Involved

Access to Mental Health	Access to Healthcare Services	Housing
UVMHN PMC	UVMHN PMC	UVMHN PMC
FTHA	FTHA	FTHA
ACHHH	ACHHH	ACHHH
CSAC	PCMHs in area	UWAC
Schools	ACTR/ TVT	ACCT
ACCT	Schools	WomenSafe
UWAC		Charter House
Turning Point Center		CVOEO
Private Practices		Field Director
		HOPE

Table 15. Preliminary stakeholder groups identified for each priority group.

Stakeholder groups will convene to discuss focus areas and resources available to address issues. These groups will review recommendations from the community members and stakeholders and keep into consideration the information presented from the CHNA process.

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Appendices

Appendix A – CHNA Survey

United Way of Addison County

THE University of Vermont HEALTH NETWORK

Porter Medical Center

Please do not write your name on here – this survey is anonymous and voluntary

The University of Vermont Health Network Porter Medical Center in collaboration with Mountain Health Center, Addison County Home Health and Hospice, and other community organizations are conducting a survey to assess the top health and community needs of the people we serve. We are interested in your input.

ADDISON COUNTY HOME HEALTH & HOSPICE

Your nonprofit VNA since 1968

Mountain Health Center

This survey will take approximately 10 minutes to complete. Results of the survey will be available later in 2021. All responses will be anonymous and confidential. Your opinions are valuable to us and we appreciate your time.

1. Do you live in Addison County?

   Yes No

2. What town do you live in? _____

3. When you think about social and environmental challenges in the community where you live, **what are you most concerned about?** (please select up to 5)
   a) Availability of social supports
   b) Lack of a livable wage
   c) Lack of employment opportunities
   d) Child abuse/neglect
   e) Bullying
   f) Domestic violence
   g) Availability of healthy foods
   h) Affordability of healthy foods
   i) Transportation
   j) Opportunities for physical activity, safe recreational areas
   k) Homelessness
   l) Hunger
   m) Elder abuse/neglect
   n) Street safety (crosswalks, shoulders, bike lanes, traffic)
   o) Driving under the influence of alcohol/substances
   p) Access to opportunities for healthy living for those with physical limitations or disabilities
   q) Incarceration rates
   r) Discrimination:
      - Racial
      - Cultural
      - Ethnic
      - LGBTQ+
      - Other: _____
   s) Crime/vandalism
   t) Lack of support for seniors
   u) Lack of support for youth
   v) Childcare (hours of operation, availability of spaces, affordability)
   w) Affordable housing
   x) Clean environment
   y) Clean water
   z) Climate change
   aa) Other (please specify) _____
   bb) None of the above

4. When you think about health problems in the community where you live, **what are you most concerned about?** (please select up to 5)

    a. SUD (drugs, alcohol)
    b. Tobacco use
    c. Overweight/obesity
    d. Chronic disease (diabetes, heart disease, high blood pressure, high cholesterol, stroke)
    e. Cancer
    f. Physical activity
    g. Issues related to aging (arthritis, hearing/vision loss)
    h. Suicide
    i. Lung disease (asthma, COPD, etc.)
    j. Infectious diseases other than COVID-19 (hepatitis A, B, C, influenza, etc.)
    k. COVID-19
    l. Sexually Transmitted Infections
    m. Falls
    n. Immunization rates
    o. Other (please specify): _____

5. When you think about health services in the community where you live, **what are you most concerned about?** (please select up to 5)

    a. Availability of mental health service provider
    b. Affordability of mental health services
    c. Availability of healthcare services
    d. Affordability of healthcare services
    e. Availability of dental care
    f. Affordability of dental care
    g. Prenatal care/maternal and infant health
    h. Need for occupational health/physical therapy
    i. Services for people with disabilities
    j. Other (please specify): _____

6. In the last year, what social or environmental challenges **have you or a family member experienced**? Click all that apply.

    a. Availability of social supports
    b. Lack of a livable wage
    c. Lack of employment opportunities
    d. Not qualified for available job opportunities
    e. Child abuse/neglect
    f. Bullying
    g. Domestic violence
    h. Availability of healthy foods

i. Affordability of healthy foods
j. Transportation
k. Opportunities for physical activity, safe recreational areas
l. Homelessness
m. Hunger
n. Elder abuse/neglect
o. Street safety (crosswalks, shoulders, bike lanes, traffic)
p. Access to opportunities for healthy living for those with physical limitations or disabilities
q. Incarceration rates
r. Need for legal services
s. Discrimination:
    - Racial
    - Cultural
    - Ethnic
    - LGBTQ+
    - Other: _____
t. Crime/vandalism
u. Lack of support for seniors
v. Lack of support for youth
w. Childcare
x. Affordable housing
y. Clean environment
z. Clean water
aa. Climate change
bb. Other (please specify): _____
cc. None of the above

7. In the last year, what health challenges **have you or a family member experienced**? Click all that apply.
a. SUD (drugs, alcohol)
b. Overweight/obesity
c. Availability of mental health services
d. Affordability of mental health services
e. Chronic disease (diabetes, heart disease, high blood pressure, high cholesterol, stroke)
f. Cancer
g. Physical activity
h. Availability of healthcare services
i. Affordability of healthcare services
j. Availability of dental care
l. Affordability of dental care
m. Tobacco use
n. Issues related to aging (arthritis, hearing/vision loss)
o. Suicide
p. Lung disease (asthma, COPD, etc.)
q. Infectious diseases other than COVID- 19 (hepatitis A, B, C, influenza, etc.)
r. COVID-19 illness
s. Sexually Transmitted Infections
t. Could not get prenatal/maternal/infant healthcare
u. Falls
v. Access to immunizations
w. Other (please specify)
x. None of the above

We are interested in learning about the needs that aren't being met in our community. Please tell us how much of a need there is for each of the following 6 areas by choosing high need, some need, no need, or don't know.

The categories to consider are: Healthcare, Seniors, Children and Families, Hunger and Nutrition, Substance Use and Mental Health.

HEALTHCARE	**High Need (2)**	**Some Need (1)**	**No Need (0)**	**Don't Know**
Availability of alternative healthcare providers (acupuncture, chiropractors, etc.)				
Affordability of alternative healthcare providers (acupuncture, chiropractors, etc.)				
Availability of primary health care providers				
Affordability of primary health care providers				
Short-term community support after hospitalization				
Affordable health care				
Affordable dental care for adults				
Affordable dental care for children/youth				
Access to timely specialist care				
Access to cancer screenings and resources				
Transportation to health care appointments				
End of life care				

Comments: _____

SENIORS	**High Need (2)**	**Some Need (1)**	**No Need (0)**	**Don't Know**
Affordable housing for seniors				
Ways to connect with others				
Adequate nutrition for seniors				
Transportation to services (healthcare, grocery, shopping)				
Availability of nursing home care				
Affordability of nursing home care				
Elder day care				
Affordable in-home services				
Caregiver support (respite care)				
Dental care for seniors				
Opportunities for physical activity				

Comments: _____

CHILDREN AND FAMILIES	High Need (2)	Some Need (1)	No Need (0)	Don't Know
Mentoring programs for kids				
More childcare resources				
Adequate nutrition for children				
Ways to connect with other families				
After-school programs				
Summer programs				
Parenting education				
Domestic violence services				
Child abuse prevention support				
Good schools				
Home visits for newborns				
Affordable housing for families				
Transportation to services (work, healthcare, school/childcare, grocery, shopping)				
Learning support services for children and youth				
Opportunities for physical activity				

Comments: _____

HUNGER AND NUTRITION	High Need (2)	Some Need (1)	No Need (0)	Don't Know
Availability of healthy foods				
Affordability of healthy foods				
Overweight and obesity prevention programs for adults				
Overweight and obesity prevention programs for children/youth				
Nutrition education/ healthy meal preparation				
Healthy breakfast/lunch options in schools				

Comments: _____

SUD	High Need (2)	Some Need (1)	No Need (0)	Don't Know
Reduction of alcohol misuse (adults)				
Reduction of alcohol use (youth)				
Reduction of opiate/narcotic use (adults)				
Reduction of opiate/narcotic use (youth)				
Reduction of marijuana use (adults)				
Reduction of marijuana use (youth)				
Reduction of tobacco use, including e-cigarettes/vaping/juuling				
Substance use prevention programs				
Availability of residential SUD treatment				
Affordability of residential SUD treatment				
Availability of outpatient SUD treatment				
Affordability of outpatient SUD treatment				
Transportation to treatment services				
Strict controls on opiate/narcotic prescriptions				
Reduced stigma related to SUDs				

Comments: _____

Mental Health	High Need (2)	Some Need (1)	No Need (0)	Don't Know
Opportunities for social connections				
Availability of mental health services (adults)				
Affordability of mental health services (adults)				
Availability of mental health services (children/youth)				
Affordability of mental health services (children/youth)				
Availability of residential mental health services				
Affordability of residential mental health services				
Early detection of mental health issues (children/youth)				
More mental health professionals				
Access to wellness opportunities				
Stress and anxiety resources and treatment				
Reduced stigma related to mental health conditions				
Education/awareness of mental health conditions				

Comments: _____

In your opinion, rank the importance of addressing each of the issues below in your community, with 1 being the most important, 2 being the next most important, and so on.

8. Please rank the categories below based on how important it is to address them in your community, with 1 being the most important, 2 being the next most important, and so on.

   Services for children and families ____
   Hunger and nutrition ____
   Healthcare ____
   SUD _____ Services
   for seniors _____ Mental
   health _____

9. As you did in the previous question, please rank the issues below based on how important it is to address them in your community, with 1 being the most important, 2 being the next most important, and so on.

   Pedestrian and public transportation infrastructure ____
   Clean environment ____
   Affordable housing/homelessness ____
   Economic opportunities ____
   Recreation and physical activity resources ____
   Sense of community ____

10. Please tell us a little more about the issues you ranked as most important: _____

11. Please tell us about your community's assets. What are the strengths? What makes your community great?

    Access to healthcare services
    Access to mental health services
    Available healthy food choices
    Available public transportation
    Affordable housing
    Clean environment
    Diverse population
    Communities free of drug and alcohol abuse
    Employment opportunities
    High quality childcare
    Good schools
    Livable wages
    People care about their community
    People feel connected to each other in their community
    Safe neighborhoods
    Recreation resources, like parks and playgrounds
    Resources for seniors

Resources for youth
Walkable, bike friendly communities
Other (please specify): _____

13. We would like to better understand the health and satisfaction of our community residents. Please rate the following items on a scale of 0 to 5.

a. Overall, how satisfied are you with life as a whole these days?

Not satisfied					Extremely satisfied
0	1	2	3	4	5

b. In general, how would you rate your physical health?

Poor					Excellent
0	1	2	3	4	5

c. In general, how would you rate your mental health?

Poor					Excellent
0	1	2	3	4	5

d. Overall, to what extent do you feel the things you do in your life are worthwhile?

Not at all worthwhile					Completely worthwhile
0	1	2	3	4	5

e. I am content with my friendships and relationships.

Strongly disagree					Strongly agree
0	1	2	3	4	5

f. How often do you worry about safety, food, or housing?

Worry all the time					Do not ever worry
0	1	2	3	4	5

If you feel you need help, please call or text 2-1-1

COVID 19 Questions

Please tell us about your family's experiences during the novel Coronavirus (COVID-19) pandemic. In answering these questions, please think about what has happened from March 2020 to the present, due to COVID-19

Please answer Yes or No for each of the following statements.

1. We had difficulty getting testing or test results for COVID-19 ☐Yes ☐No ☐Not Applicable
2. We did not have adequate internet access (i.e. telehealth, work, school) ☐Yes ☐No

3. We had difficulty getting medicine or medical supplies ☐Yes ☐No ☐Not Applicable
4. We had difficulty getting non-COVID-19 related health care when we needed it (i.e. Chronic Condition, Emergency Services) ☐Yes ☐No ☐Not Applicable
5. We had difficulty getting mental health services when we needed it (i.e. substance use, depression, social isolation) ☐Yes ☐No ☐Not Applicable
6. We had difficulty getting social services (i.e. WIC, Economic Services, Food Shelf, etc) ☐Yes ☐No ☐Not Applicable
7. We had difficulty affording food ☐Yes ☐No
8. We had difficulty getting other essentials or services ☐Yes ☐No (if Yes, specify) _____
9. Our family income decreased ☐Yes ☐No
10. We lost health insurance/benefits ☐Yes ☐No ☐Not Applicable
11. We had difficulty paying housing costs (i.e. Rent, Mortgage, Utilities, etc) ☐Yes ☐No
12. We had difficulty finding childcare ☐Yes ☐No ☐Not Applicable
13. We had difficulty finding elder care or other caregiving support ☐Yes ☐No ☐Not Applicable
14. Where did you find useful and understandable information about COVID-19? (Check all that apply)
    - Healthcare provider
    - Front Porch Forum
    - Newspaper
    - Employer
    - Internet/Web (CDC or Health Department Website)
    - Social Media
    - Other **(please specify)** _____
15. **Other:** Please tell us about any other ways the COVID-19 has impacted your life: _____

Lastly, we have a few demographic questions so we can understand a little more about you. As a reminder, this survey is anonymous, and all of your responses are confidential.

1. With which gender identity do you most identify? Female
   Male
   Transgender female
   Transgender male
   Gender variant/non-conforming
   Not listed: _____
   Prefer not to answer

2. In what year were you born? _____

3. What is your highest level of education? (please select one) Some high school (did not finish)
   High school diploma or GED
   Currently attending college
   Some college
   Associates degree
   Bachelor's degree
   Graduate degree
   Other (please specify): _____

4. What was your household's income in 2020?
   Less than $10,000
   $10,000 - $24,999
   $25,000 - $49,999
   $50,000 - $99,999
   $100,000 - $149,999
   $150,000 or more
   Prefer not to answer

5. Are you of Hispanic, Latino, or Spanish origin?
   Yes | No

6. What is your race/ethnicity?
   White
   Black or African American
   American Indian or Eskimo
   Asian or Pacific Islander
   More than 1 race
   Prefer not to answer
   Other (please specify): _____

7. Do you have children under the age of 21 living in your household?
   Yes | No

8. Do you have any elders dependent on you for care or support?
   Yes No

9. Which best describes your employment status?
   Employed full-time
   Employed part-time
   Self-employed
   Full-time student
   Retired
   Unemployed
   Homemaker
   Other (please specify): _____

10. Do you have medical insurance?
   Yes
   No

11. Do you have dental insurance?
   Yes
   No

12. Are you a resident of Vermont?
   Yes
   No

13. In what country were you born (if not USA; leave blank if you prefer): _____

14. Where do you find your information about resources available in the community?
   - Healthcare provider
   - Front Porch Forum
   - Newspaper
   - Employer
   - Internet/Web
   - Social Media
   - Other **(please specify)** _____

Thank you so much for taking the time to complete the Community Health Needs Assessment survey for Addison County. Your responses will help inform our future efforts for community health improvement. If you would like to make any additional comments, please list them here: _____
_____

Appendix B – Focus Group Questionnaire

- Welcome:
    - Hello everyone! Thank you for agreeing and taking time to be here and part of the CHNA focus group today.

- Introductions:
    - Sylvie Choiniere, facilitator for this focus group. The Community Health Needs Assessment is a collaboration between UVMHN Porter Hospital, Mountain Health Center, ACHHH, UWAC and other health and human service organizations to complete an assessment about the needs of the community. The goal of this assessment is to collect information and experiences to help organizations analyze and develop priorities based on needs.
    - On the call there is also Darla Senecal, community member and _____ from Middlebury College student to help scribe the information.

- Purpose:
    - Earlier this year, a needs assessment survey was sent out to community members to gather information about the strengths and challenges in our community. The purpose of today's meeting is to do a deeper dive based on the survey results and to find out about your experiences and perceptions as a community member in this county. Your feedback today will help the health and human service organizations in planning and working to meet the needs of AC residents. This group is just one of several groups and the information from everyone will be combined to understand trends related to strengths and challenges faced in the county.

- Ground rules -
    - We want to hear from each of you - do not be afraid to speak up, but be respectful of other group members.
    - We want this to be a comfortable space to share experience and honest thoughts.
    - Share as much as you feel comfortable, but avoid sharing details about your person health
    - There are no wrong answers - everyone's experiences are valid and important.
    - Confidentiality - information gathered here will not be linked to any specific person. It will be used to identify trends and barriers.
    - Help protect other's privacy by not discussing details outside of this group

- Group Introductions:
    - Please introduce yourself by name and how long you have been a resident of Addison County.

- Questions will be based on survey responses to do a deeper dive, as well as other general questions.

Focus group questions:

Questions about the community:

1. *One of the survey questions included "What makes your community great…?"*
    1. *Overall, the top response was that people care about the community-*
        1. Would you agree with this statement, and if so, what does this look like to you in the community.
        2. What does "people caring about the community" mean to you?
    b. What do you consider others strengths in our community?
    c. *The top challenges identified included:*

"drug and alcohol abuse free neighborhood"; "liveable wages"; and "affordable housing"

1. *What resources exist or are needed to reduce these challenges?*
2. In what ways can the hospital and other organizations address these barriers or challenges?

In thinking about Community connectedness- where do you get your support?

- Is that personal connections, social services, religious organizations, community programs etc?

When asked to rank six issues in the community (question 10), 333 out of 708 respondents ranked homelessness and affordable housing as the first issue.

- What recommendations do you have to address this issue?

How could Addison County be a better place for families with children?
What would make Addison County a healthier place to live?

Healthcare

1. What health problems are faced in the community?
2. When you think about accessing healthcare, mental health, dental, what are some barriers in seeking this care (availability, transportation, location, specialty care, insurance).
    1. How far do you travel for different types of medical (including mental health and dental) care?
    2. What circumstances would allow you to have better access to the specialty care you need, if this is something you feel you are lacking in your care?
3. In what ways can healthcare and other health service organizations better support your needs? (Hours, locations, types of services, resources, information etc)

4. Have you had challenges accessing mental health care in the community?

COVID-specific questions:

1. If you had trouble paying for housing, have you resolved this problem yet? If so, how did you solve that problem?
2. If you lost childcare, how did that impact your employment?
3. If you lost healthcare coverage, how was your health impacted?
    1. Follow-up Q: were obstacles encountered with replacing your insurance, or how did you get care while uninsured?
    2. If you couldn't access healthcare, was this because an appointment was cancelled, couldn't be scheduled, a lack of transportation, or another reason?
    3. If you couldn't get to a medical appointment because of transportation or other issues, did your health decline?
    4. Have you regained healthcare coverage since then?

4. If you had trouble affording food, what kind of programs did you resort to for aid? If you didn't resort to any public programs, why not?

Transportation

1. How can transportation be improved to support your needs? (walking/biking/bus/personal transportation/ride sharing etc)

If you do not use TVT, what are some barriers to using it?

Employment

1. *The two top answers are employed full time and retired.* Do you think this is an accurate representation of the people in this county or just the people who happened to take the survey?
2. Have you had a hard time finding employment in this county?

Is there anything that I missed that you wish to discuss related to your health and the community? Anything that we should know about to address needs in the community?

Thank you again for taking time to participate today. This information will be compiled with the other focus group information and shared with leaders from the organizations involved with the CHNA. Once the report is completed, it will be made available on the UVMHN Porter website and shared with participants.

After we close this group, you will receive a short survey (or email) and will be able to indicate the mailing address in which you will receive the $10 gift card to Shaws.

If you have any questions, please feel free to contact me.

Appendix C – Focus Group Exit Survey

5. With which gender identity do you most identify?
   - Female
   - Male
   - Transgender female
   - Transgender male
   - Gender variant/non-conforming
   - Not listed:
   - Prefer not to answer

2. In what year were you born? _____

6. What is your highest level of education? (please select one)
   - Some high school (did not finish)
   - High school diploma or GED
   - Currently attending college
   - Some college
   - Associates degree
   - Bachelor's degree
   - Graduate degree
   - Other (please specify):

4. What was your household's income in 2020?
   - Less than $10,000
   - $10,000 - $24,999
   - $25,000 - $49,999
   - $50,000 - $99,999
   - $100,000 - $149,999
   - $150,000 or more
   - Prefer not to answer

6. What is your race/ethnicity?
   - White
   - Black or African
   - American American
   - Indian or Eskimo
   - Asian or Pacific Islander
   - More than 1 race
   - Prefer not to answer
   - Other (please specify):

Appendix D – Stakeholder Interview Questionnaire

Introduction:

We are conducting the Community Health Needs Assessment to better understand the needs of the residents in Addison County and to develop a Community Health Improvement Plan that identifies goals and priorities to best serve our population. As part of this process, we have surveyed community members on their needs and are looking for additional input from service provider to help identify gaps and opportunities for improvement. Your voice and perspective as a leader in the community is crucial in understanding more about the people you serve and what you as a stakeholder see as the gaps in our community.

The survey should take 5-10 minutes to complete. Thank you for your time in advance.
Name _____
Organization _____
Title_____

Stakeholder interview:

1. What is the most important action that our local health care systems could take to improve the health and quality of life of the community?

2. What are the three most important health issues/needs in the community?

3. How accessible and adequate are the following services in Addison County?
    a. Primary Care
    b. Mental Health
    c. Health and Social Services
    d. Hospital-Based Specialty Services

4. **What programs do the people you serve need most to achieve a healthier lifestyle?**
    a. What is the biggest barrier to connecting people to these programs?

5. What do the people you serve perceive as their greatest need for healthcare services?

6. Is there anything else you would like to discuss about the people you serve? (e.g. Socioeconomic status, education, barriers, language barriers, access to care, access to insurance, transportation, perceived risks, prevention services, etc.)