



Gifford Health Care

**2015**  
**Community Healthcare**  
**Needs Assessment**

44 South Main Street  
Randolph, VT 05060  
(802) 728-7000

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This assessment was designed to fulfill the requirements of the Federal Patient Protection and Affordable Care Act (PPACA) and to help Gifford Health Care fulfill its mission.

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## **Project Objective**

In 2015, Gifford Health Care conducted a formal Community Healthcare Needs Assessment. This assessment was designed to fulfill the requirements of the Federal Patient Protection and Affordable Care Act (PPACA) and to help Gifford to fulfill its mission. The assessment process involved reviewing relevant data and publications published by government and non-profit agencies from within the Gifford community and statewide, surveying the members of the community, and analyzing the health care needs of the community in Community Health Team planning meetings.

## About the Gifford Service Area

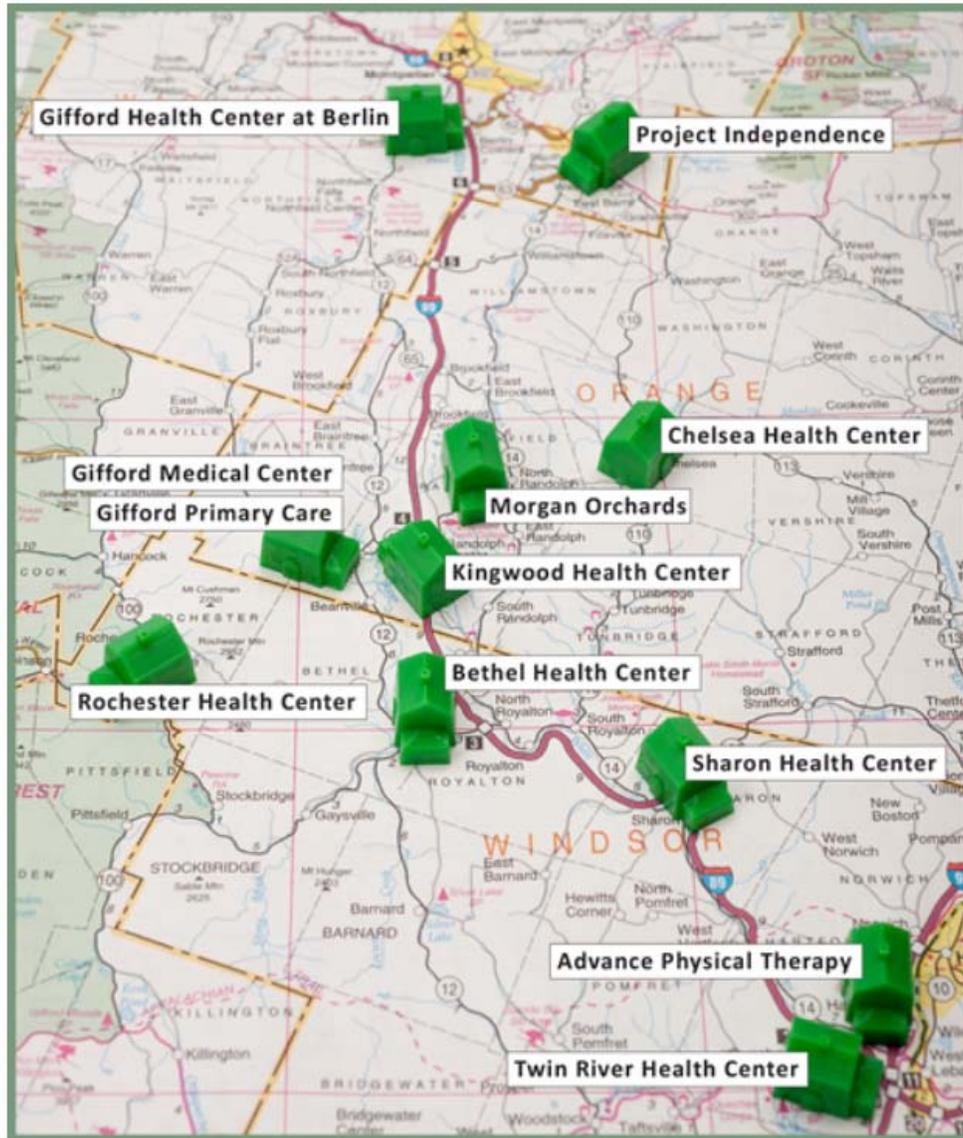
Since its start more than 110 years ago in 1903, non-profit Gifford Health Care has been serving communities around Randolph in a region known as the White River Valley. Gifford operates a community hospital and primary care clinic in Randolph, and six family health centers in the towns of Berlin, Bethel, Chelsea, Rochester, Sharon, and White River Junction.

Gifford Retirement Community, part of Gifford, includes adult day programs in Bethel and Barre; and the Morgan Orchards Senior Living Community, (which includes the award winning 30-bed Menig Nursing Home and planned future Independent and Assisted Living units).

The hospital in Randolph is a full-service medical center with a 24-hour emergency department, inpatient and rehabilitation units, and onsite child care. The Menig Nursing Home opened in 1998 on the main campus, and moved to Morgan Orchards on May 26, 2015. This opened up space in the hospital for 25 new private inpatient rooms, which opened in December 2015. The Birthing Center, established in 1977, was the first in Vermont to offer an alternative to traditional hospital-based deliveries, and continues to be a leader in midwifery and family-centered care.

In 2001, the hospital was designated as a Critical Access Hospital, an initiative of the Federal Rural Health Flexibility Program. The program recognizes that hospitals in rural areas are important to the health of the communities they serve, and was created to give rural hospitals the necessary tools to adjust to a rapidly changing health care environment. Gifford's size and the rural community it serves were among the reasons Gifford received the designation.

Gifford was awarded FQHC status in 2013 (November), and became a fully operating FQHC in March of 2014. The designation process took almost 2 years, and scoring well in an extensive and competitive national application process was the reason for Gifford's success. The main function of an FQHC is to focus on primary care, including medical care, Ob/Gyn care, mental health care, and oral health care. Since receiving the designation, Gifford has been successfully providing all of its primary care patients affordable and accessible care in all of those areas regardless of their ability to pay.



Although small in size, Gifford offers many specialty services, including anesthesiology, cardiology, chiropractics, family medicine, hospitalist medicine, internal medicine; mental health; neurology; obstetrics and gynecology; nurse-midwifery; oncology; ophthalmology; orthopedics; pathology; pediatrics and adolescent medicine; podiatry; sports medicine; radiology; rehabilitative services that include physical, occupational and speech therapies; general surgery, and urology.

The hospital's mission is to improve individuals' and community health by providing and ensuring access to affordable and high-quality health care in Gifford's service areas. Gifford has been honored for that commitment of late, including being recognized among the nation's Top 100 Critical Access Hospitals, as a best place to work in health care, and by the Legislature in

2012 through a resolution recognizing “the outstanding health care services” provided by Gifford. In 2012 Gifford received a Hospital of Choice Award for customer friendliness from the American Alliance of Healthcare Providers. Gifford’s nursing home has also received extensive awards for quality, including being named one of the 39 best nursing homes in the nation for 2011, 2012, and 2013(1).

### *Population:*

The following towns are to be considered Gifford’s central service area: Bethel, Braintree, Brookfield, Chelsea, Randolph, East Randolph, Randolph Center, Sharon, Roxbury, Royalton, South Royalton, Tunbridge, Vershire, Hancock, Pittsfield, Rochester, and Stockbridge.

Most of these towns fall within Orange and Windsor counties.

- Orange County population for 2014 estimated at 28,859 (2)
- Windsor County population for 2014 estimated at 56,014 (3)

The following descriptive statistics are only available at the county-level. Orange County was selected as a proxy for the service area because more of Gifford’s service area towns are located in Orange County than are located in any other county.

### *Demographics per the United States Census Bureau for 2013(2)*

- 17% of the population is age 65 and over
- 19.9% of the population is under the age of 18
- 95.9% White, non-Hispanic

### *Education*

- 91.3% of people in Orange County (age 25 years and over) have graduated high school (2009-2013)
- 29.9% of people in Orange County (age 25 years and over) have a bachelor’s degree or higher (2009-2013)

### *Income*

- The median household income in Orange County is \$52,480 (2009-2013). For comparison, the median household income in Vermont is \$54,267 (2009-2013).
- 13.1% of people in Orange County live below the poverty level (2009-2013) which is up from 10% for (2006-2010).
- For comparison, 11.8% of Vermonters live below the poverty level (2009-2013), whereas 11% lived below the poverty level for (2006-2010).

Per the US Department of Commerce, the 2010 federal poverty level for one person is \$11,136 in annual income and \$22,859 for a family of four. Additionally, the 2014 federal poverty level is \$12,316 for one person and \$24,817 for a family of four (4).

## **Examples of Healthcare Facilities and Resources within the Community that are Available to respond to the Health Needs of the Community**

Vermont 2-1-1	Health Connections (Gifford)
Accredited Cancer Program (Gifford)	Kinney Drug
Anticoagulation Clinic (Gifford)	Orange County Parent Child Center/Children's Integrated Services
Bayada Home Health Care	Rite Aid Pharmacy
Blueprint for Health (Gifford)	Soares Ocular Surgery
Central Vermont Community Action Council	Support and Services at Home (SASH)
Central Vermont Council on Aging	Upper Valley Services
Central VT Substance Abuse Services	Visiting Nurse Alliance and Hospice of VT & NH
Clara Martin Center	VT Assistive Technology
Diabetic Clinic (Gifford)	VT Center for Independent Living
Dr. Chris Wilson, DDS	VT Dept. of Health, WRJ District Office
Dr. John Lansky, DDS	VT Chronic Care Initiative
Early Intervention Services	WISE - Women's Information Service
Eye Care for You	

## How data was obtained

Data and information for this community needs assessment were obtained using several techniques.

**1. Review of Relevant Publications:** Staff conducted an environmental scan of the healthcare and community landscape by reviewing relevant reports presented by state, federal, and local non-profit agencies including:

- Basic Needs and Livable Wage report
- Census Bureau: *2014 population estimates and American FactFinder*
- County Health Rankings: *Orange County (2015)*
- Vermont Coalition to End Homelessness: *Point-in-time count report (2015)*
- Vermont Department of Health: *Youth Risk Behavior Survey (2013)*
- Vermont Department of Health: *Dentist Survey (2013)*
- Vermont Department of Mental Health: *Annual Stats (2014)*
- Vermont Veterans Service Directory
- *The Herald of Randolph*

**2. Community Needs Assessment Survey:** A smaller population was surveyed than 2012. The 2012 survey form was reviewed and deemed appropriate for the assessment in 2015. The survey was voluntary and anonymous. The survey was distributed at the Volunteer Auxiliary membership luncheon which was attended by 75+ people who are demographically representative of the service area as a whole. Additionally, the survey was distributed to the Community Health Team and its extended members.

The towns represented in the survey included:

Bethel	Norwich	South Royalton
Brandon	North Pomfret	South Strafford
Chelsea	Randolph	Tunbridge
East Randolph	Rochester	White River Junction

**3. Blueprint for Health/Community Health Team planning meetings:**

The Vermont Blueprint for Health is a program for integrating a system of health care for patients, improving the health of the overall population, and improving control over health care cost by promoting health maintenance, prevention, and care coordination and management.

The Community Health Team (CHT) is now located in the Kingwood Health Center and members are also embedded in each of the primary care clinics. Any individual who needs access to health resources, education, and social services may see a Blueprint Care Coordinator. The team is also responsible for transitions in care and teaching workshops.

The CHT also facilitates a larger collaboration, including all the area agencies, to provide a network of support for each individual to link social, behavioral, and economic support services. The team holds regularly scheduled planning meetings to identify and discuss community needs for well-coordinated preventative health services.

- 4. Limitations to Assessment:** This report presents the results of those who responded to the survey, as well as information gathered from the research and findings of state, federal, and local non-profit agencies. Due to the fact that Gifford is located in a rural community and responses were provided by a relatively small number of individuals, findings may not represent the views of all members of the community

## Health Needs Identified

### 1. Primary and Chronic Disease Needs and Other Health Issues

The residents of the Gifford service area have the basic primary care needs of most Americans. However, there are simply not enough physicians in some pockets of the Gifford service area to serve the existing, growing, and aging population. Furthermore, there are few dentists in the Gifford service area willing to serve the low-income, uninsured, and underinsured populations. Health indicator data for Orange County shows (5):

- 86% of Diabetic Medicare patients receiving HbA1c tests compared to 88% overall in Vermont
- Ratio of 2,892 people per 1 dentist in Orange County versus 1,567 per 1 in Vermont (2013)
- Ratio of 391:1 for Mental health providers for Orange County versus 272:1 for all of Vermont (2014)
- Adult Obesity rate in Orange County 28% compared to 24% in all of Vermont (2011)

Below are statistics from the 2013 Vermont Youth Risk Behavior Survey conducted by the State of Vermont Health Department. Orange, Washington, and Windsor counties were reviewed and considered part of Gifford's Service area. Percentages in red indicate a ranking higher than the state average.

#### Obesity:

Table 1 highlights the disparity between The Healthy Vermonters 2020 goal of an 8% obesity rate and the 2013 obesity rate for High School Students in Vermont. The 2013 obesity rate for Orange, Washington, and Windsor Counties are in line with Vermont.

Obesity in children puts them at higher risk for cardiovascular disease, bone and joint problems, and pre-diabetes (a condition of high risk for developing diabetes). In addition, obese children are much more likely to become obese adults.

<b>Table 1 (6) (14)</b>	<b>Obesity in High school students - 2013</b>				
Obese (95th BMI Percentile)	Orange County	Washington County	Windsor County	<i>Vermont</i>	<i>Healthy Vermonters 2020 Goal</i>
	13%	11%	12%	13%	8%

In 2010, 62% of adults that were obese indicated they also had diabetes, 44% had heart disease, 44% had hypertension, and 35% indicated having asthma proving a string correlation between obesity and chronic illness (14).

**Mental Health:**

Much of Gifford’s service area is within Orange County. In 2011, 10% of Orange County high school students made a suicide plan (7) and this number increased to 12% in 2013 (6). This upward trend was not the case for Washington and Windsor counties. As seen in Table 2, Orange County also reported 20% of high school students wanting to purposefully hurt themselves without wanting to die. This is higher than both Washington and Windsor counties as well as above the state average.

The number of children served with mental health services in Vermont has doubled since the 1990’s with a steady trend upward. Over 10,000 clients used children services in 2013 (8).

<b>Table 2 (6)</b>	<b>Depression/Suicide (Mental Health) 2013</b>			
	Orange County	Washington County	Windsor County	Vermont
Percent of students who purposefully hurt themselves without wanting to die	20%	17%	16%	16%
Percent of high school students who ever made a suicide plan	12%	11%	11%	11%
Percent of high school students who attempted suicide	5%	6%	6%	5%
Percent of high school students who have felt sad or hopeless 2 weeks in a row, past 12 months	23%	20%	22%	21%

Healthy Vermonters 2020 also wishes to lower the number of suicide deaths in Vermont from 15.7 per 100,000 in 2010 to 11.7 deaths per 100,000 (15).

Healthy Vermonters 2020 reports 20% of adults who report depression have an income less than 1 ¼ times poverty level (14). In Orange County 13.1% of people are below the national poverty line which may correlate to a higher risk of depression (2).

**Substance Abuse:**

Substance abuse among high school students in the Gifford service area as a whole is in line with the Vermont averages but also do not meet the Healthy Vermonters 2020 goals. Table 3 highlights Washington and Windsor counties as having slightly higher rates of marijuana use and the misuse of over the counter or prescription drugs. Windsor County is significant for a higher rate of availability of drugs at school.

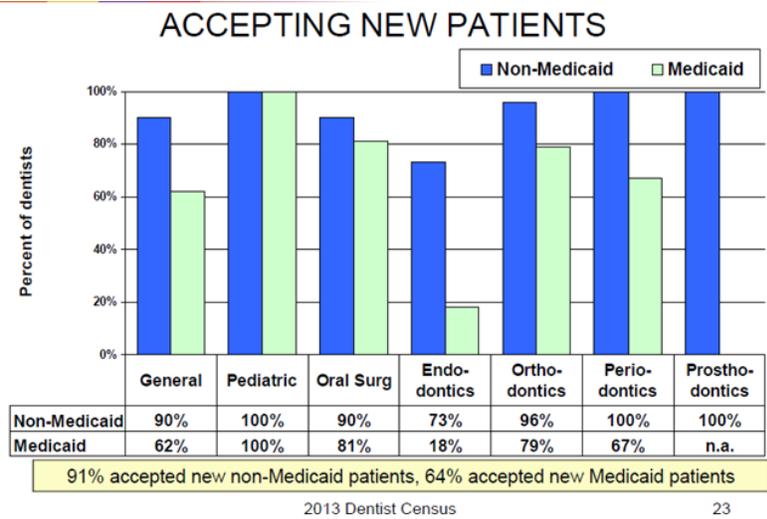
<b>Table 3 (6)</b>	<b>Substance Abuse</b>				
	Orange County	Washington County	Windsor County	<i>Vermont</i>	<i>Healthy Vermonters 2020 Goal</i>
Percent of students who had 5 or more drinks in a row, past 30 days	17%	22%	19%	19%	10%
Percent of students who smoked cigarettes, past 30 days	16%	13%	12%	13%	10%
Percent of students who used marijuana, past 30 days	22%	25%	27%	24%	20%

Smoking correlates heavily to many chronic illnesses including lung disease, heart disease, stroke, depression, as well as diabetes, arthritis, and hypertension (14).

**Dental Care:**

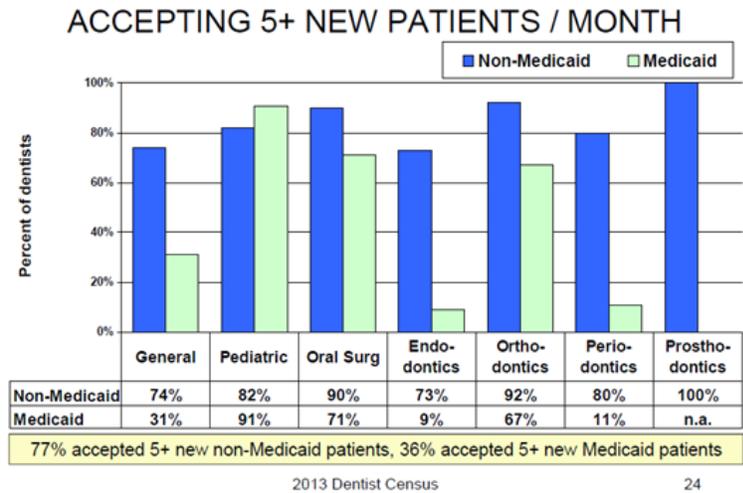
As mentioned before, access to dental healthcare is severely limited. Dental Surveys were completed by the Vermont Department of Health in 2003, 2011, and 2013. These surveys show patient access is a past and present issue.

As seen below in 2013 the percentage of dentists in Vermont accepting new Medicaid patients was 64% compared to 69% in 2011.



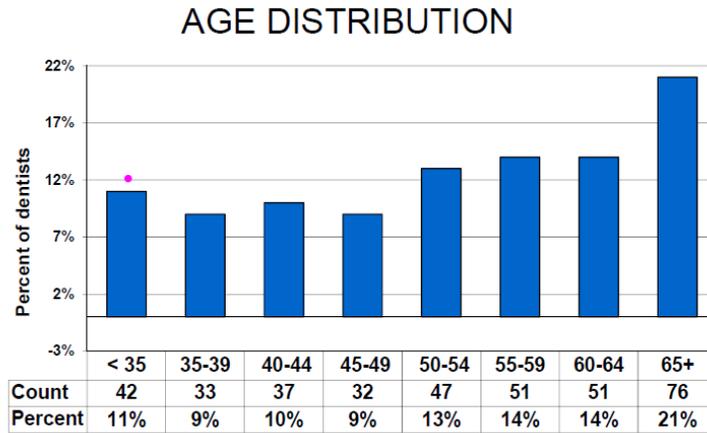
(13)

In 2013, only 36% of Vermont dentists accepted 5+ new Medicaid patients / month while 77% accepted 5+ new non- Medicaid patients.



(13)

As seen below 48% of dentists in the state are 55 or older and 21% are 65 or older. Also a third of orthodontists are 60 and older. This could lead to a shortage of dentists and orthodontists in the near future.

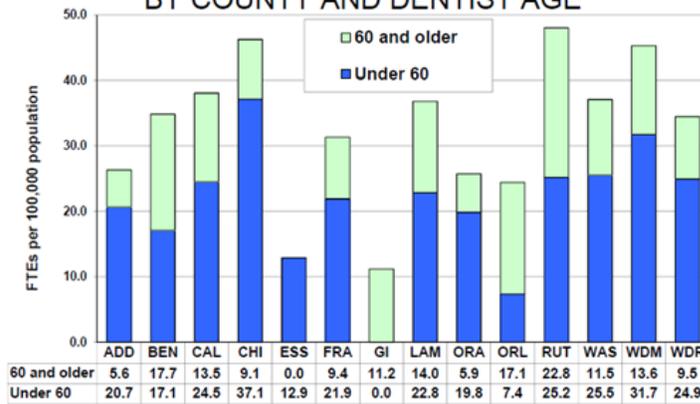


48% of all dentists are age 55 or older

(13)

In 2013, Orange county had 25 FTE's for Primary Care dentistry for every 100,000 patients whereas the state average was 38 FTE's per 100,000 patients. Windsor County was also below the state average in 2013 with less than 35 FTE's per 100,000 patients.

### PRIMARY CARE DENTIST TO POPULATION RATIOS BY COUNTY AND DENTIST AGE



Rutland County has the highest ratio – but also highest ratio of age 60 and older

(13)

Since 2003 the FTE's for primary care dentists in Orange County has risen by only 0.9. Windsor County has increased by only 0.4 FTE. Also since 2003, 7% more dentists work 40+ hours a week. With these small increases the average wait time has maintained the same at 3.2 weeks from 2003-2013 with the lowest wait time being 2.8 weeks in 2011(13). Patients do not have timely access to a dentist and Orange County also has no dental specialists.

## 2. Community Needs Assessment Survey Findings

As noted on pages 8-9, a variety of tools were used to gather data for the report. With the survey, a total of 75 responses were collected.

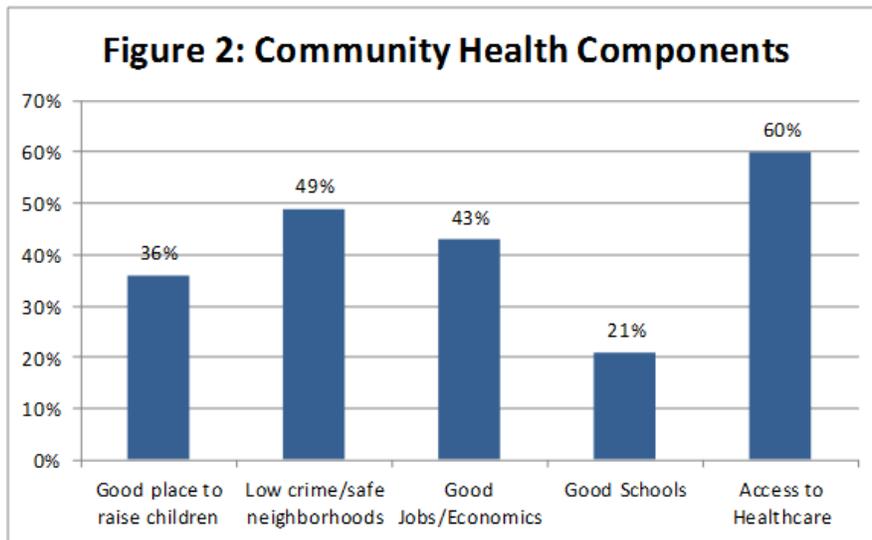
### *Basic Demographic Information*

- 63% of respondents live in zip code 05060, Braintree or Randolph. 8% of respondents live in zip code 05032, Bethel. 7% live in zip code 05068, South Royalton. 22% live in other towns or were unspecified.
- 65% of respondents were age 65 or older. 14% were between the ages of 55 and 64, and 10% were between the ages of 40 and 54.
- 77% of survey participants have been a resident of their community for 10 or more years. 10% have been a resident for 0 to 2 years.
- 22% of respondents work full time. 66% are retired.
- 53% of participants report themselves as healthy. 25% report themselves as very healthy, and 21% of respondents report themselves as somewhat healthy.

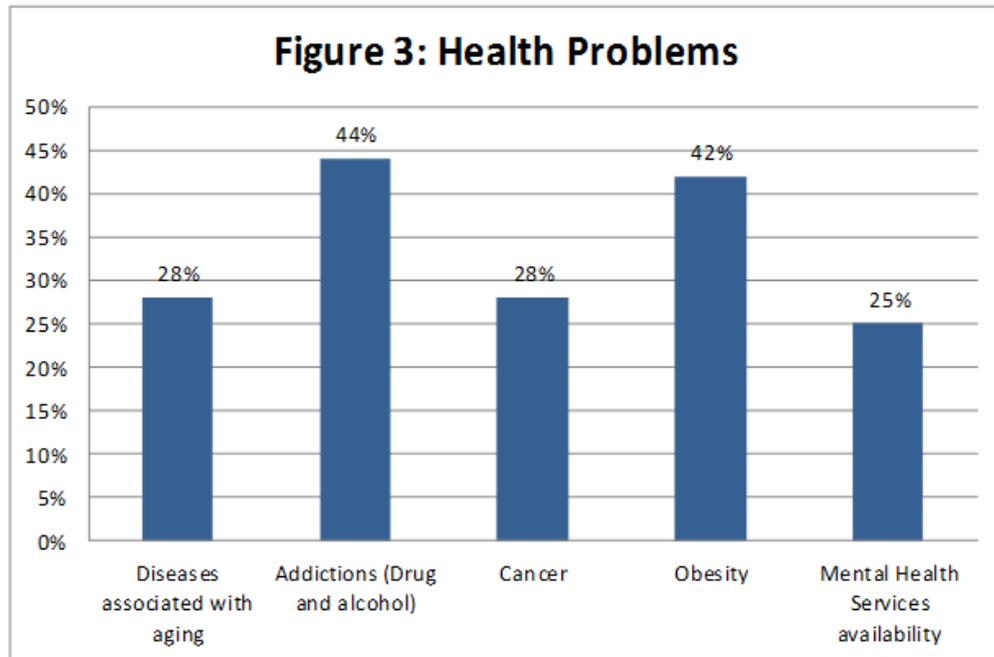
### *Community Health*

Survey participants were asked a series of questions on how they perceived the health of the community. In a question asking which of the following factors were most important in a healthy community, 60% of responses indicated that access to health care is important. 49% said low crime and safe neighborhoods were important, and 43% said good jobs and economic opportunities. 36% of responses noted that a good place to raise children is important with 21% showing that good schools are important. Additional responses in order of number of responses included affordable housing, public transportation, and shopping (grocery stores/drug stores).

Figure 2 demonstrates this below:

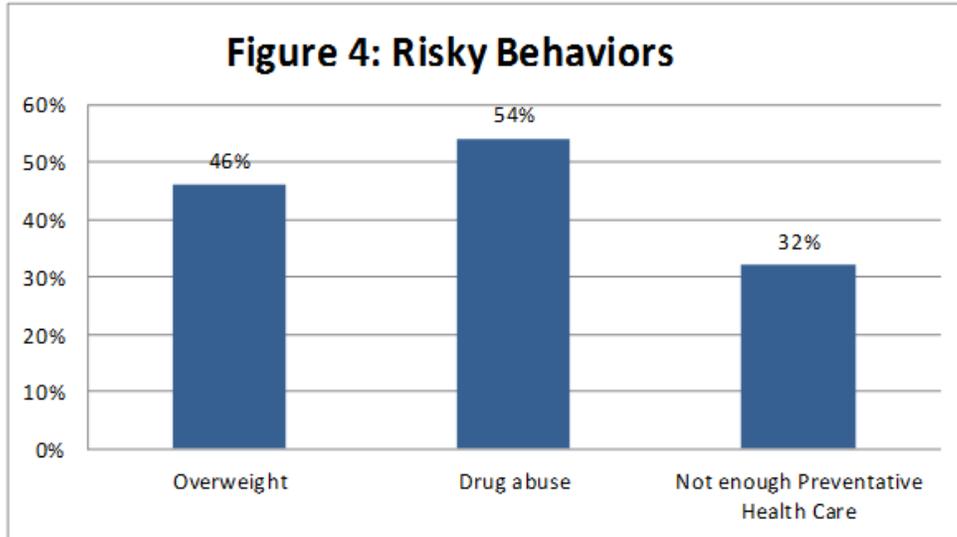


Participants in the survey were also asked which were the three biggest “health problems” in the Gifford community. As seen in Figure 3 the largest health problems were identified. 44% of responses indicated addictions (drugs and alcohol), 42% of responses indicated obesity, 28% of responses indicated diseases associated with aging, 28% of responses indicated cancer, and 25% of responses indicated the availability of mental health services.

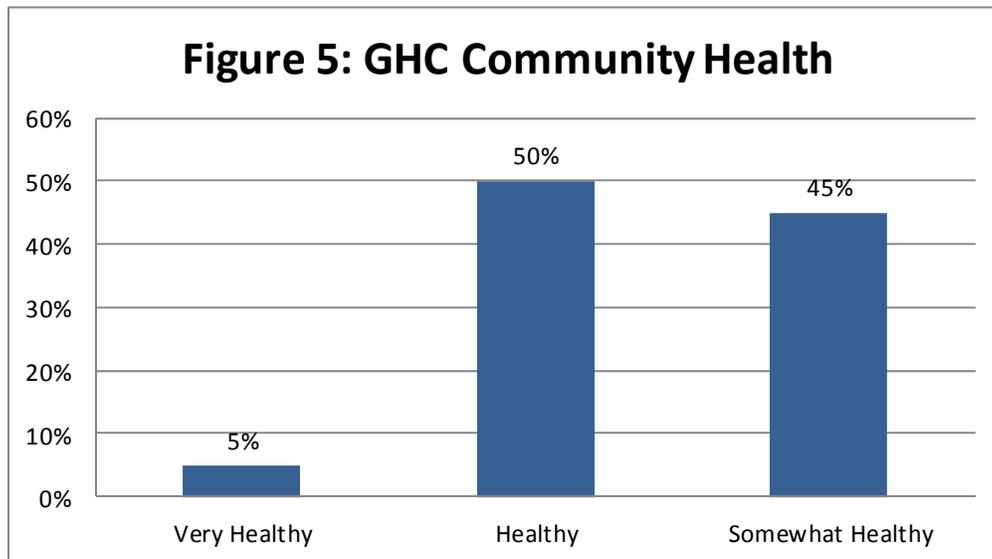


Participants viewed the three most “risky behaviors” in their community as drug abuse at 54%, being overweight at 46%, and 32% of responses noted not enough preventative health care.

Being overweight and drug abuse were also in the top 3 of risky behaviors in 2012. Other responses include dropping out of school, lack of exercise, unsafe/unprotected sex, not getting vaccinations, tobacco use, and not using seat belts/child safety seats. As seen in Figure 4.



In a following question, survey participants were asked to rate their community's health on a range from very healthy to very unhealthy. 45% of survey takers rated their community as somewhat healthy, and 50% rated their community as healthy, with 5% of survey takers rating the community as very healthy. No survey respondents noted their community as unhealthy (Figure 5).

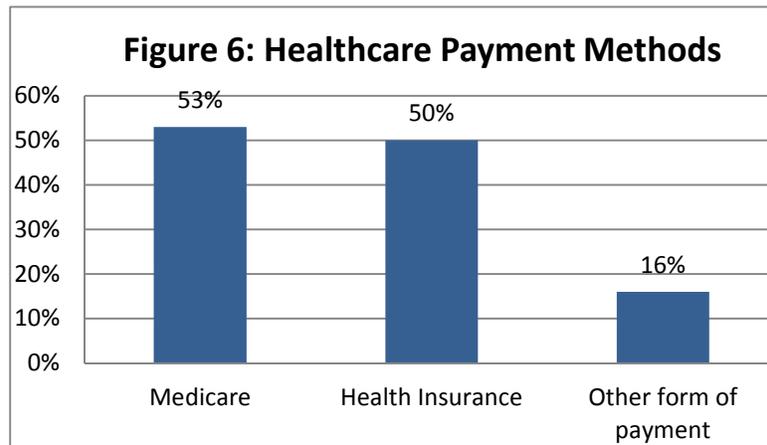


The majority of the individuals surveyed view the community as in the range of healthy to somewhat healthy, which demonstrates that the factors identified as components to a healthy community (good jobs and a healthy economy, access to healthcare, good schools, a good place to raise children, and low crime rates) are somewhat present in the Gifford service area. However, as the results do not indicate a very healthy community, this is also an indicator

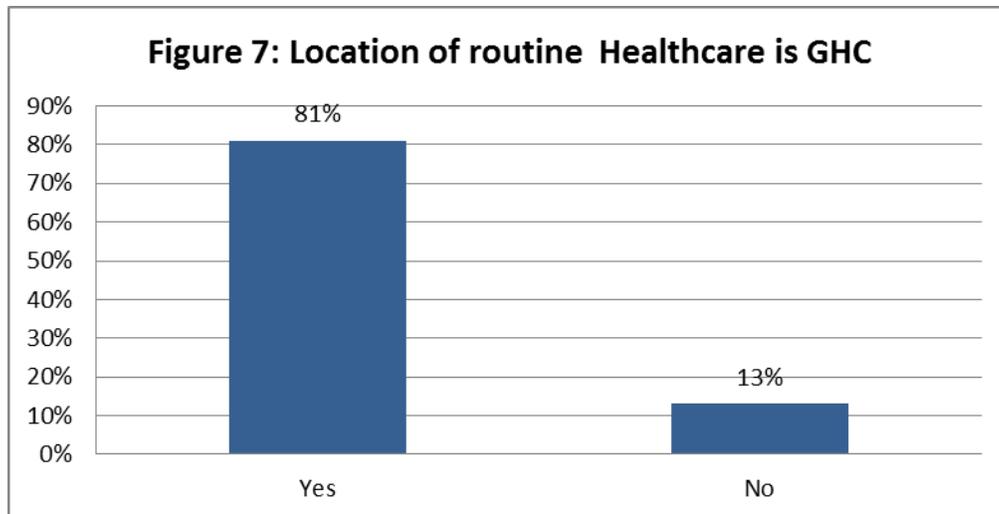
that the health problems and risky behaviors in the community are issues that need to be addressed. There is overlap between the two with an indication that the main issues to be addressed are obesity and substance abuse.

### ***Health Services***

The survey participants were asked to complete four questions on healthcare in their community. The first question asked how the respondents paid for healthcare. As noted in Figure 6, 53% said they used Medicare, 50% said they paid for healthcare using health insurance, and 16% said they used another form of payment. Many patients use more than one form of payment.

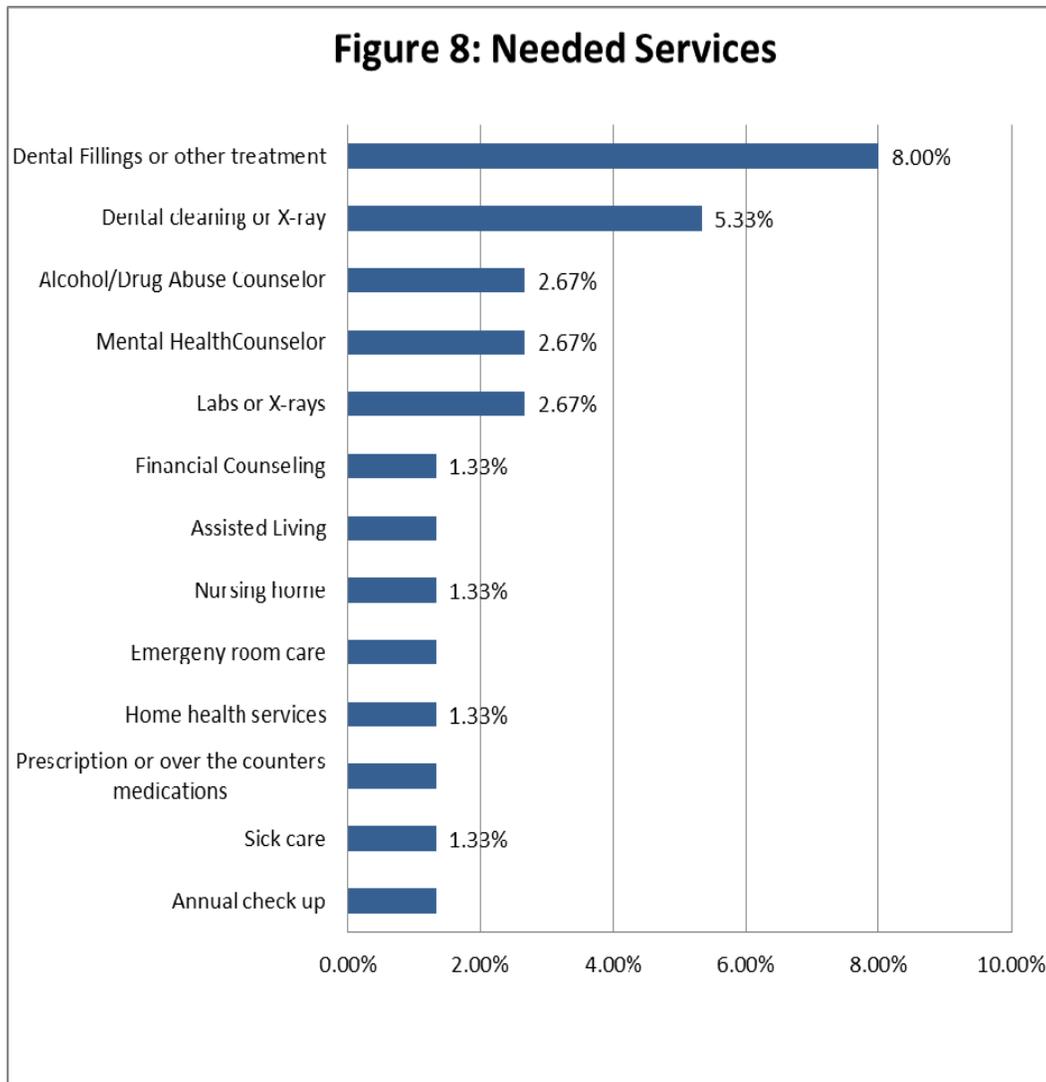


Participants were asked where they received their routine healthcare from Gifford including the community clinics (figure 7).

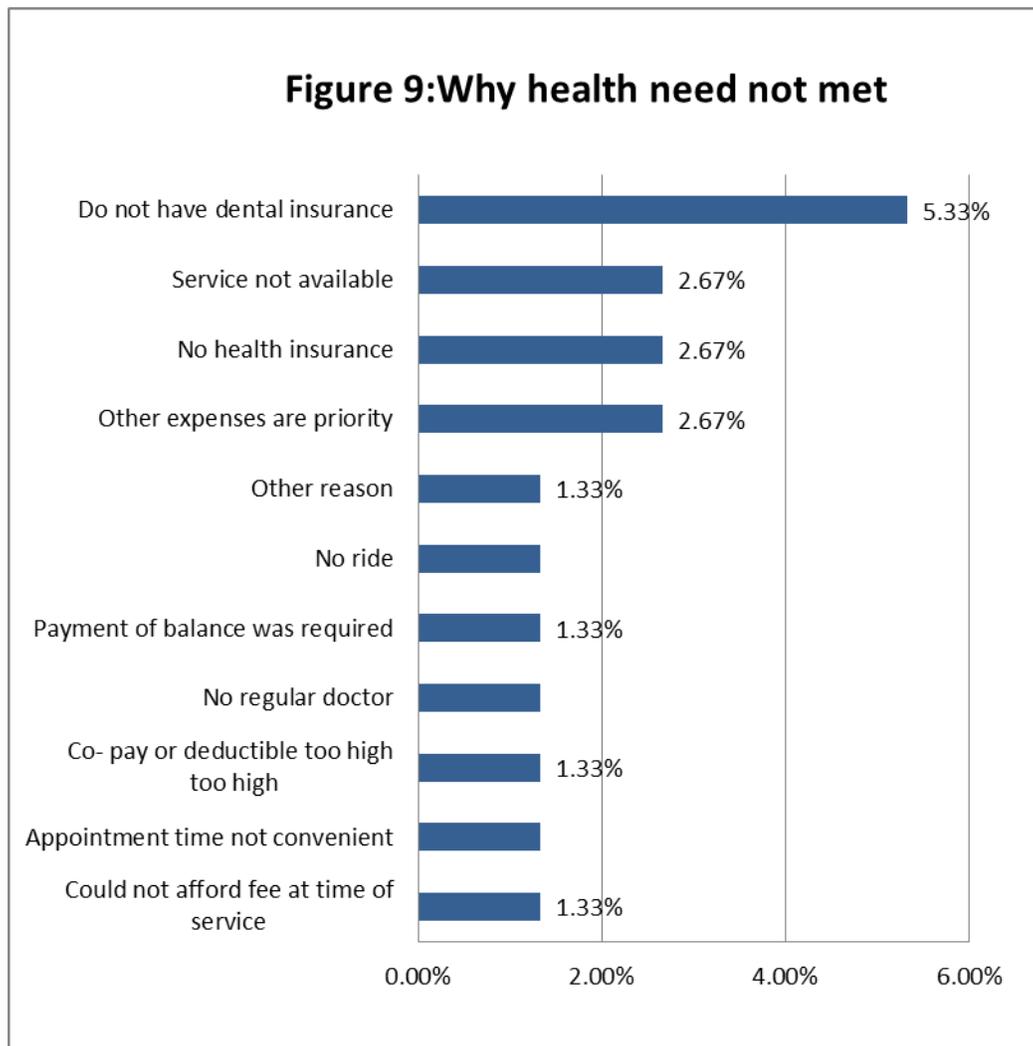


Participants were asked about a variety of services and if they were able to get the service they needed. The services surveyed were: annual check-up, sick care, dental cleaning and x-ray, dental filling or other treatments, prescriptions and over the counter medications, home health, lab or x-ray, mental health, alcohol or drug counseling, emergency room care, nursing home, assisted living, and financial counseling.

Five of those services ranked higher in need with the questions being answered as, “No, unable to get”. These service areas include dental fillings or other treatment, dental cleanings or x-ray, labs or x-ray, mental health counselors, and alcohol and drug abuse counselors. This indicates the Gifford service area is in need of better access to these services as seen in Figure 8. Areas of relatively low concern are annual checkup, sick care, prescriptions, home health, emergency room care, nursing home, assisted living, and financial counseling.



The final area addressed was the reason or reasons that respondents did not receive health services. The largest barriers included lack of dental insurance at 5.33%, followed by service not available, no health insurance, and other expenses are priority all at 2.67%. Other responses include: other reason, no ride, payment of balance was required, no regular doctor, co-pay or deductible too high, appointment time not convenient, and could not afford to pay fee at time of service. In Figure 9 all responses are included, excepting “did not apply”.



Based on this survey, the area of healthcare needing to be expanded or improved upon in the Gifford Service area include: *dental services including cleanings, fillings, x-rays, or other treatments*. Also in need of expansion is *counseling in the areas of alcohol abuse, drug abuse, and mental health*. Additionally, more survey respondents were unable to receive health services because of a *lack of dental insurance, service not available, no health insurance, or other financial reasons*.

### **3. Community Health Team Planning Meetings**

The Team holds regularly scheduled planning meetings to identify and discuss community needs. The Community Health Team helps provide patients with the support they need for well-coordinated preventive health services and coordinated linkages to available social, behavioral and economic support services.

Already the Community Health Team has identified three areas of focus for the health of our community. Workgroups were established to address high utilization of the emergency department, marketing of tobacco products, and interagency care plans.

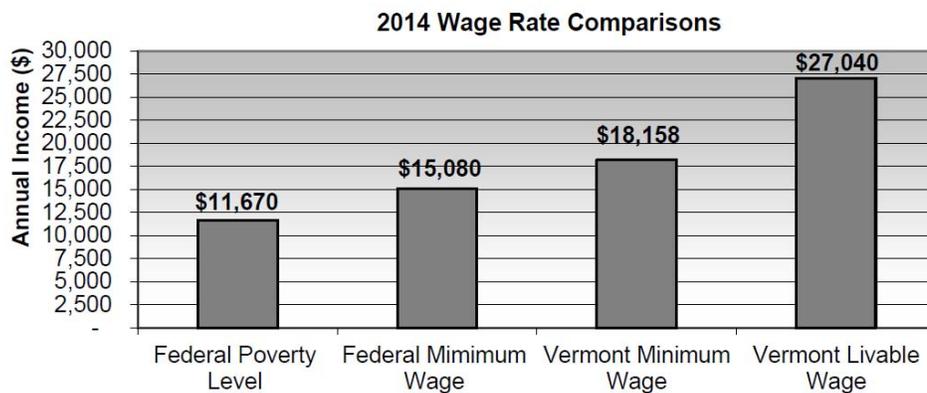
The future of the Community Health Team is to integrate health services into the community. Blueprint will provide health coaching, educational resources, and workshops at their new location in the Kingwood Health Center. This group is participating in a statewide Learning Collaborative to improve interagency care coordination as well.

### **4. Health Issues of Uninsured, Low-income, Minorities**

Although they may not be seen as frequently as other places, there are Veterans, persons experiencing homelessness, and people in poverty residing in the Gifford service area. Gifford serves all of these people in the community as well as others.

**Veterans:** The US Census Data from 2009-2013 shows there are 2,227 Veterans in Orange County (2). The only Veterans Medical Center in Vermont is located in White River Junction, at the periphery of the Gifford central service area. The Medical Center provides health care, benefits, and transition assistance to its patients. Additionally, there are five veterans outpatient clinics located around the state, and two veterans centers (9).

**Low Income:** The US Census reports 13.1% people in Orange County live below the poverty line and 35.7% of families have 5 or more people per household (2). The high poverty level and large families can create households with food insecurity. As seen below there is an annual gap of almost \$9,000 between the livable wage in Vermont and the minimum rate in 2014.



(10)

With that being said, a comparison done by the *Herald of Randolph* found the Shaw's in Randolph to be the most expensive when compared to four other Grocery stores in South Barre, Northfield, West Lebanon, and Berlin (11). This adds to the possible food insecurities in Orange County due to poverty.

**Homeless:** Homeless in Vermont make up a small, but important part of Vermont's population. Vermont's Coalition to End Homelessness conducts annual one-day counts, in which all individuals who are homeless during that day are counted. Homeless is defined as unsheltered, in emergency shelter, or in transitional housing. The total number of homeless Vermonters counted on the night of January 27, 2015 was 1,523. This showed a decrease by 2.31% from the count in 2014. Orange County accounted for 23 of the total number while nearby Windsor County accounted for 150 of the homeless individuals.

Of those 1,523 homeless individuals 31.1% were self-identified as having a serious mental illness. 27.7% were self-identified as having a substance abuse disorder. The low count of homeless in Orange County may be attributed to the lack of homeless shelters in Orange County. The nearest homeless shelters are in Barre and White River Junction, the very edges of the Gifford service area.

Individuals from the service area may be traveling in order to access a homeless shelter, and leaving the service area. Often there is a link between homelessness and health. In Vermont, 474 of the homeless individuals in 2015 had severe and persisting mental illness which is up from 281 individuals as reported in 2010. 422 individuals are listed as having chronic substance abuse which is also up from 332 in 2010. 336 individuals had chronic health physical disabilities, and 94 had a developmental disability (12). Because these individuals are homeless, they may have trouble accessing healthcare. Gifford makes an effort to meet the needs of all patients, regardless of their ability to pay.

## **Prioritizing Community Health Needs**

Gifford will work collaboratively with others to determine the process for prioritizing the needs while keeping in mind the link between the needs and cost to the health care system. The top lists to be considered are obesity, dental health, mental health, substance abuse, and improvement of interagency care planning.

## **Implementation Strategy**

Gifford's volunteer Board of Trustees will review the needs and adopt the plan to meet each. Each need will follow the same strategy:

Plan to meet and discuss with the community health team

Review an anticipated program or change in the system

Determine the impact on the system and the community

Decide whether or not the initiative can move forward.

## Citations

1. Gifford Medical Center Webpage: <http://www.giffordmed.org/>
2. U.S Census Bureau Orange County: <http://quickfacts.census.gov/qfd/states/50/50017.html>
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