Gifford Health Care

# 2024
# Community Health Needs Assessment

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August 1, 2024

This assessment was designed to fulfill the requirements of the federal Patient Protection and Affordable Care Act and the Bureau of Primary Health Care's Health Center Program, and to help Gifford Health Care fulfill its mission.

## Contents


Executive Summary ..... 3

Introduction ..... 4

About the Gifford Service Area ..... 8

Existing Healthcare Facilities and Resources Within the Community ..... 10

How Data Was Obtained ..... 11

- Review of Relevant Publications
- Community Needs Assessment Survey
- Consulting With the Community to Identify Health Needs
- Limitations to Assessment

Review of Relevant Publications ..... 13

- Access to Care: Primary Care, Dental and Mental Health
- Lifestyle Disease Prevention

Community Needs Assessment Survey Findings ..... 35

Citations ..... 49

## Executive Summary

Every three years, Gifford Health Care conducts a formal Community Health Needs Assessment (CHNA). Designed to fulfill the requirements of the federal Patient Protection and Affordable Care Act, the assessment identifies and prioritizes issues and needs to help Gifford provide services that improve the health of our community.

The last CHNA, in 2021, identified access to primary care providers, mental health counseling and treatment, dental care access for adults, and lifestyle disease prevention as areas of focus. Gifford's Board of Directors reviewed the findings, and Gifford subsequently focused on these areas of need.

This year, in 2024, Gifford reviewed the 2021 report, studied population health indicators and relevant data from government and local and statewide nonprofit agencies, and conducted a paper and online community survey to assess community health and identify current needs. The ***most important elements of a healthy community***, as identified by the 2024 CHNA, are access to health services, access to safe and affordable housing, and feeling safe. The ***most pressing needs*** identified by the 2024 CHNA—these are elements rated as not only important but also dissatisfactory—are access to safe and affordable housing, financial security/stability, and access to affordable healthy food.

Also as part of the 2024 CHNA, survey respondents identified the following Top 3 services they have been unable to receive in the community: dental care for adults, preventative care by a medical provider, and specialist services (e.g., cardiology, orthopedics, general surgery).

**Informed by the 2024 CHNA data, Gifford has identified the following areas of focus and priority to guide our work over the next three years:**

- Access to primary care providers / preventative health care
- Access to specialist services
- Access to dental care for adults
- Access to affordable healthy food

Additionally, through partnerships and collaboration with other organizations in the communities we serve, Gifford will work to support efforts related to safe and affordable housing, financial security/stability, and general safety.

## Introduction

**Gifford's mission**: *To improve individual and community health by providing and assuring access to affordable, high-quality health care in our service area.*

Gifford has served generations of central Vermonters for well over a century. Its three organizational entities—Gifford Health Care, Gifford Medical Center, and Gifford Retirement Community—wrap patients in care and services from birth to end-of-life. It includes a Top 100 Critical Access Hospital in Randolph, Vt.; a network of Federally Qualified Health Center (FQHC) family health centers in Berlin, Bethel, Chelsea, Randolph, and Rochester, Vt.; and specialty services throughout the region. Gifford offers full-service with a 24-hour Emergency Department and inpatient unit, surgical services, an Adult Day Program, 49-unit independent living facility, and 30-bed nursing home. Its 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.

Although small in size, Gifford offers its rural community a wide range of services, including anesthesiology, cardiology, chiropractic care, family medicine, hospitalist medicine, internal medicine, neurology, obstetrics and gynecology, nurse-midwifery, oncology, orthopedics, pathology, pediatrics and adolescent medicine, podiatry, psychiatry and counseling, radiology, rehabilitative services (physical, occupational and speech therapies), general surgery, urology, and urogynecology.

Underscoring Gifford's mission is its commitment to listening to the people served by Gifford and partnering with others to wrap our community in services. In September 2023, leaders from Gifford and partners Capstone Community Action, Clara Martin Center, and Tri-Valley Transit shared information about their programs and services and invited feedback from area residents during Gifford's second annual Community Listening Tour. The tour made stops at community centers in Randolph, South Royalton, Rochester and Chelsea.

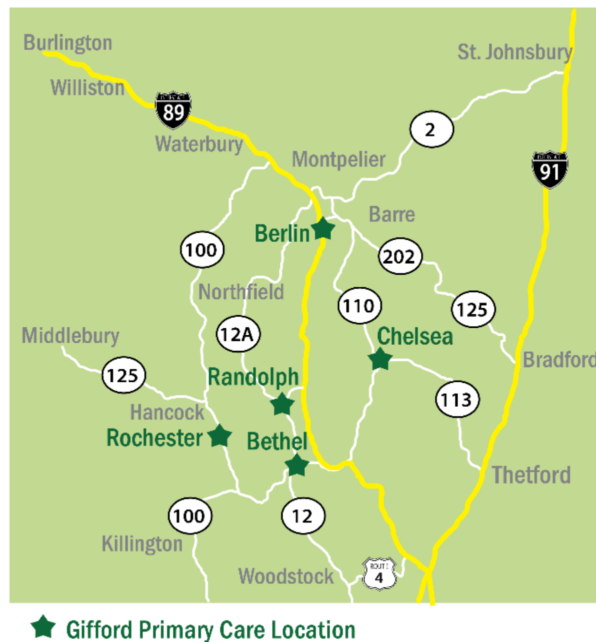
For example, to address a key issue in our area, food insecurity, Gifford continues to partner with the Vermont Foodbank's VeggieVanGo and Drop n'Go programs to distribute fresh produce monthly. With the help of Gifford volunteers, produce is shared with thousands of individuals and families. Here are the most recent numbers of community members served:

| | **2022** | **2023** | **2024 (YTD: 5/24)** |
|---|---|---|---|
| VeggieVanGo | 7,171 | 5,398 | 2,404 |
| Drop n'Go | 2,106 | 2,200 | 1,000 |
| **Total*** | **9,277** | **7,598** | **3,404** |

## How Gifford is Organized

Below we break down the organization's three entities: Gifford Health Care, Gifford Medical Center, and Gifford Retirement Community.

**Gifford Health Care (GHC):** GHC is an independent, nonprofit organization dedicated to providing healthcare services to the people in the White River Valley and central Vermont regions. A Health Resources and Services Administration (HRSA)-deemed Federally Qualified Health Center (FQHC), GHC is a network of community health centers throughout central Vermont.




Gifford was awarded its FQHC status in 2013 and became a fully operating FQHC in 2015. The main function of an FQHC is to focus on primary care, including medical care, mental health care, and oral health care. Since receiving the designation, Gifford has been successfully providing affordable and accessible care in all of these areas to every primary care patient, regardless of their ability to pay.

**Gifford Medical Center (GMC):** GMC, a 25-bed Critical Access Hospital (CAH), is a full-service medical center with advanced diagnostic technologies, a 24-hour Emergency Department, a renowned Birthing Center, and inpatient and swing-bed units. Services at GMC include specialty physician practices and inpatient care. GMC has been successful with attracting and recruiting specialty physicians, and physician-hospital relations are positive.

> **Locations:** Berlin, Randolph (both the main medical center and Kingwood Health Center), Sharon

The hospital was designated as a CAH in 2001. An initiative of the federal Rural Hospital Flexibility Program, the CAH program recognizes that hospitals in rural areas are important to the health of the communities they serve, and gives rural hospitals the tools needed 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 Retirement Community (GRC):** GRC is committed to responding to the needs of our local community and providing award-winning senior care to an increasingly aging population at all stages. GRC consists of Morgan Orchards Senior Living Community in Randolph Center, Vt., home to 49-unit Strode Independent Living and 30-bed Menig Nursing Home, and Gifford Adult Day in Bethel, Vt.

> *Strode Independent Living*: GRC's age 62-plus community, offers apartments that include studio, one-bedroom, one-bedroom-with-den, and two-bedroom units. Each unit has a large, sunny living space, a fully equipped kitchen, walk-in closet, and a bathroom with a walk-in shower. On-site parking is provided, and ample recreational activities. Just a short walk away is Vermont State University, where residents can audit classes, enjoy cultural and sports events, join a yoga or tai chi session—even swim in the college pool. Downtown Randolph is a short drive, and the interstate is easily accessible.

> *Menig Nursing Home*: For those who need the highest level of care, GRC offers Menig Nursing Home. A 30-bed skilled nursing facility, Menig is continually recognized for its quality of service and has been named one of the nation's Best Nursing Homes by *U.S. News & World Report*. In May 2023, the staff and providers at Menig achieved a deficiency-free survey from the Vermont Division of Licensing and Protection. The survey report followed a comprehensive three-day review of the care and services provided at the facility. Menig has received extensive awards for quality, including being named one of the 39 best nursing homes in the nation for 2011, 2012, and 2013. In 2015 and 2018, Menig was named a top nursing home in Vermont with a Five-Star Rating from Medicare, and in 2019, received the Nursing Home Quality Award from the Agency of Human Services, Division of Licensing and Protection in the Department of Disabilities, Aging and Independent Living.

> *Adult Day*: The Gifford Adult Day Program is provided based on a sliding-scale fee. The mission of the program is to provide social and health-related services that promote an optimal level of independence, improve or maintain each participant's present level of functioning, prevent or delay further deterioration, provide support and respite for families and caregivers, encourage social interaction, and provide easy access to social and health care services.

Over the years, Gifford and its providers and staff have been honored for their commitment to improving individual and community health, including being recognized among the nation's Top 100 Critical Access Hospitals as a best place to work in health care, and by the Vermont Legislature through a resolution recognizing "the outstanding health care services" provided by Gifford.

In January 2024, GHC announced it earned two merit badges in recognition of quality: a Community Health Quality Recognition (CHQR) badge from HRSA for achievement in Health Information

Technology and a Patient-Centered Medical Home (PCMH) badge from the National Committee for Quality Assurance (NCQA). To earn its CHQR badge for Health Information Technology, Gifford met the following criteria: adopted a new electronic health record (EHR) system, offered telehealth services, exchanged clinical information online with key providers health care settings, engaged patients through health IT, and collected data on patient social risk factors. PCMH recognition is a standard of care for HRSA-funded health centers that improves health outcomes and health equity and lowers costs for patients and health centers. As a PCMH, Gifford completes annual reporting requirements with documentation and data to demonstrate that it embraces measurement and quality improvement.

In March 2024, in recognition of her excellence in clinical practice, Gifford family nurse practitioner Eileen Murphy, MSN, APRN, FNP-BC, was honored by the American Association of Nurse Practitioners (AANP) as the 2024 recipient of the AANP State Award for Excellence in Vermont.

In May 2024, Gifford hosted representatives from the Vermont State University (VTSU) nursing program as they presented their Daisy Award to recognize and celebrate excellence in nursing, the recipient of which was Gifford's Nina Gujabidze, RN. Nina was honored by VTSU in recognition of her role as a clinical instructor in their nursing program (under an agreement with Gifford), while also being enrolled in their master's nursing program. Nina has worked as a nurse at GMC for several years and moved into her current role last year.

Also this spring, Emilija Florance, MD, received the Hunt Blair Leadership Award from Bi-State Primary Care Association at its 2024 Primary Care Conference. The award supports and recognizes emerging and evolving leaders. Gifford nominated Dr. Florance for this award in recognition of her significant leadership contributions. These include her many roles during Gifford's electronic record implementation, her service as GMC medical staff president, GMC Board of Trustees member, and primary care clinical coordinator. Dr. Florance also maintains a full medical practice at two Gifford locations.

In early 2023, the Emergency Department at GMC achieved silver-standard accreditation from the American College of Emergency Physicians in recognition of its excellent care for older adults.

In May 2023, the staff and providers at Menig Nursing Home achieved a deficiency-free survey from the Vermont Division of Licensing and Protection. The survey report followed a comprehensive three-day review of the care and services provided at the facility.

Additional Awards and Recognition:

- Vermont State Award for Nurse Practitioner Advocate Excellence presented to CEO and President Dan Bennett by the American Association of Nurse Practitioners (2021)
- AANP State Award for Excellence presented to Megan O'Brien by the American Association of Nurse Practitioners (2020)
- Pediatric and Adolescent Medicine recognized by the State of Vermont for achieving high immunization rates for both children and teens (2019)
- Spirit of the Americans with Disabilities Award presented by The Governor's Committee on the Employment of People with Disabilities (2018)
- Clinical Quality Award, Health Center Quality Leaders Award and National Quality Leaders

Award presented by the Department of Health Resources & Services Administration for quality Primary Care services (2017)

- Pediatrics recognized by Vermont Immunization Program for achieving high immunization coverage rates and meeting CDC's Healthy People 2020 goals for all recommended vaccines for children two to three years of age (2017)
- Nuclear Medicine and Mammography Departments receive three-year accreditation renewal after reviews by the American College of Radiology (2017)
- Auxiliary awarded Northern New England Chapter Outstanding Volunteer Fundraiser by the Association for Fundraising Professionals (2016)
- EPA ENERGY STAR certification, for becoming one of the Top 25 Most Energy-Efficient Hospitals nationwide, awarded to Gifford Medical Center (2015)

## About the Gifford Service Area

Population

The following towns are 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 2022 estimated at 29,846 (*U.S. Census Bureau*)
- Windsor County population for 2022 estimated at 58,142 (*U.S. Census Bureau*)

The following descriptive statistics are available only 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 (2022)

- 22.2 percent of the population is age 65 and over
- 17.9 percent of the population is under the age of 18
- 92.1 percent of the population is white, not Hispanic or Latino

Education (2022)

- 94 percent of people in Orange County (age 25 years and over) have graduated high school or earned equivalent
- 35.2 percent of people in Orange County (age 25 years and over) have a bachelor's degree or higher

Income

- The median household income in Orange County is $74,534 (2022) (*U.S. Census Bureau*). For comparison, the median household income in Vermont is $73,991 (2022) (*U.S. Census Bureau*).
- 9.2 percent of people in Orange County lived in poverty in 2022 (*U.S. Census Bureau*), compared to 10.4 percent statewide. According to the *U.S. Census Bureau*, the annual poverty

thresholds for 2022 were $15,230 in annual income for one person under 65 years and $29,678 for a family of four with two children under 18 years of age.

**Women travel to Gifford's Birthing Center from all over Vermont—well beyond our key service area—to have their babies in a family-centered environment with individualized birthing services supported by our team of certified nurse midwives, experienced nurses, and board-certified obstetricians/gynecologists.*

## Examples of Healthcare Facilities and Resources Available within the Community to Respond to the Health Needs of the Community

3SquaresVT
Anticoagulation Clinic (Gifford)
Area Food Shelves
Bayada Home Health Care
Capstone Community Action
Central Vermont Council on Aging
Clara Martin Center / VT Substance Abuse Services
Diabetes Clinic (Gifford)
Dr. Arthur Knippler, DMD
Dr. Chris Wilson, DDS
Early Intervention Services
Eye Care for You
Gifford Addiction Medicine
Gifford Health Connections
Gifford Healthy Living Workshops & Support Groups
Gifford Tobacco Treatment Specialists
Good Samaritan
Green Mountain Transit Agency
HealthHUB Dental Program
Kinney Drug
Narcan Distribution Site
Orange County Parent Child Center - Children's Integrated Services
Randolph Area Opioid Response Team
Randolph HSA Community Health Team
Randolph HSA Medication Assisted Treatment Team
Rite Aid Pharmacy
Safeline
Support and Services at Home (SASH)
Tri-Valley Transit
Upper Valley Haven
Upper Valley Services
Visiting Nurse and Hospice for Vermont and New Hampshire
Vermont 2-1-1
Vermont Assistive Technology
Vermont Center for Independent Living
Vermont Chronic Care Initiative
Vermont Department of Health - White River Junction District Office
Vermont Foodbank
Vermont WIC (Women, Infants and Children)
WISE - Women's Information Service

## 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 health care and community landscape by reviewing relevant reports presented by state, federal, and local nonprofit agencies, including:
   - County Health Rankings: *Orange County* and *Windsor County* (2023)
   - Feeding America: *Map the Meal Gap* (2021)
   - Vermont Coalition to End Homelessness: *Point In Time Count Report* (2022, 2023)
   - Vermont Department of Health: *Behavioral Risk Factor Surveillance System* (2022)
   - Vermont Department of Health: *Youth Risk Behavior Survey* (2021)
   - Vermont Department of Health: *Physician Census* (2020), *Advanced Practitioner Registered Nurse Census* (2019), *Physician Assistant Census* (2020), *Mental Health Counselors* (2023), *Psychiatrists* (2016), *Dentist Census* (2019)

2. **Community Health Needs Assessment Survey**
   The 2021 survey form was reviewed, alongside community health needs assessment surveys distributed by other organizations in Vermont, and revisions were subsequently made to the 2024 survey. The survey was administered online through Survey Monkey with a link distributed via social media, through press releases, and local school districts within our service area. Paper copies of the survey were made available at Gifford's health centers, local town meetings, and Strode Independent Living. A survey postcard with a QR code was distributed at a VeggieVanGo event. In total, 434 surveys were completed.

3. **Consulting with the Community to Identify Significant Health Needs**
   Underscoring Gifford's mission is its commitment to listening to the people served by Gifford and partnering with others to wrap our community in services. In September 2023, leaders from Gifford and partners Capstone Community Action, Clara Martin Center, and Tri-Valley Transit shared information about their programs and services and invited feedback from area residents during Gifford's second annual Community Listening Tour. The tour made stops at community centers in Randolph, South Royalton, Rochester and Chelsea.

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 nonprofit agencies. Because 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.

   This year we continued to use both an online survey and paper surveys distributed at annual town meetings and food security events to collect responses. In doing so, we hoped to reach a

representative demographic. For our online survey, access to computers and Internet is still an issue in rural areas and can present technological challenges for some individuals.

Overall, survey response was lower this year at 434 responses compared with 530 completed surveys in 2021. We attribute this in part to the fact that the 2021 paper survey was distributed at several COVID vaccination clinics, which served many individuals and had the added benefit of a 15-minute window where patients had to sit and wait after receiving their vaccine to ensure they had no adverse side effects.

## Review of Relevant Publications

In Gifford's 2021 CHNA, four areas were identified as priority community health needs: access to primary care providers, mental health counseling and treatment, dental care access for adults, and lifestyle disease prevention. In this section, we will discuss the most recent data for each, and how each has improved or become worse since our last assessment. We will also highlight any new or noteworthy findings based on a comprehensive review of relevant community health status indicators.

A note about health equity: When available at the county level, we consider differences between population subgroups. Even though we may not always have this data for various indicators, we recognize that health disparities—defined as "preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations" (1)—exist in Gifford's service area, and we are committed to better understanding and reducing these disparities and inequities by working collaboratively with our community partners to address the social determinants of health.

### Summary of Community Health Indicators

The table below displays key community health indicators, comparing the two primary counties in Gifford's service area to the most recent statewide and national statistics. This comparison is provided for reference purposes and does not indicate that one estimate or rate is significantly different from another for the same measure unless indicated otherwise.

| Indicator | Orange County | Windsor County | VT | US | Data Source |
|---|---|---|---|---|---|
| **Social Determinants of Health (SDOH)** | | | | | |
| **Financial Instability** | | | | | |
| Living in poverty | 10.3% | 8.7% | 10.4% | 11.5% | US Census – SAIPE 2022, ACS 2022, CPS ASEC 2023 |
| Median household income | $74,534 | $69,492 | $74,014 | $75,149 | US Census – ACS 2018-2022 |
| Children eligible for free or reduced-price lunch | 40% | 35% | 35% | 53% | County Health Rankings 2023 |
| **Education** | | | | | |
| High School graduate or higher | 93.9% | 94.9% | 94.2% | 89.1% | US Census – ACS 2018-2022 |
| Bachelor's degree or higher | 35.2% | 40.8% | 41.7% | 34.3% | US Census – ACS 2018-2022 |
| Adults with below basic literacy levels | 13% | 13% | 13% | 22% | PIACC |
| **Housing** | | | | | |
| Housing cost burden (30-49% of income) | 16% | 18% | 17% | 17% | US Census – ACS 2018-2022 |
| Severe housing cost burden (50%+ of income) | 12% | 12% | 14% | 14% | US Census – ACS 2018-2022 |

| Indicator | Orange County | Windsor County | VT | US | Data Source |
|---|---|---|---|---|---|
| Individuals experiencing homelessness | 38 | 139 | 2,780 | - | VT Point-in-Time Count, 2022 |
| **Transportation** | | | | | |
| No vehicle available in household | 4.2% | 5.1% | 6.4% | 8.3% | US Census – ACS 2018-2022 |
| **Food** | | | | | |
| Food insecure | 8.0% | 8.2% | 8.9% | 10.4% | Feeding America 2021 |
| **Internet** | | | | | |
| Households with broadband Internet | 85.2% | 86.5% | 86.1% | 88.3% | US Census – ACS 2018-2022 |
| **Language** | | | | | |
| Language other than English spoken at home | 3.0% | 4.1% | 5.4% | 21.7% | US Census – ACS 2018-2022 |
| **Access to Care** | | | | | |
| **Health Insurance** | | | | | |
| No health insurance (< age 65) | 4.8% | 4.5% | 4.9% | 9.3% | US Census – SAHIE 2021 |
| **Utilization** | | | | | |
| Has a personal health care provider | 92% | 88% | 89%* | 82% | BRFSS 2022 |
| Visited dentist in past year | 67% | 66% | 68%* | 64% | BRFSS 2022 |
| Delayed care due to cost in past year | 4% | 6% | 6%* | 11% | BRFSS 2022 |
| **Access to Health Care Providers** | | | | | |
| Ratio of population to primary care physicians | 1,110:1 | 850:1 | 860:1 | 1,310:1 | AHRF 2020 |
| Ratio of population to mental health providers | 280:1 | 180:1 | 190:1 | 340:1 | CMS 2022 |
| Ratio of population to dentists | 3,280:1 | 1,710:1 | 1,380:1 | 1,380:1 | AHRF 2021 |
| **Health Promotion and Disease Prevention** | | | | | |
| **Nutrition** | | | | | |
| High school students eating 2+ fruits/day | 23%** | 33%** | 27% | - | YRBS 2021 |
| High school students eating 3+ vegetables/day | 16% | 21%** | 17% | - | YRBS 2021 |
| Adults eating 5+ fruits and vegetables/day | 26% | 23% | 23%* | 16% | BRFSS 2021 |
| Physical Activity | | | | | |
| Adults who did not engage in leisure-time physical activity in past month | 22% | 22% | 20%* | 24% | BRFSS 2022 |
| High school students who were physically active at least 60 minutes per day on 5 or more of past 7 days | 56% | 58%** | 53%* | 45.3% | YRBS 2021 |
| High school students who spent 3 or more hours per day on screen time | 69%** | 70%** | 73.2%* | 75.9% | YRBS 2021 |
| Middle school students who spent 3 or | 61% | 52%** | 57% | | YRBS 2021 |

| Indicator | Orange County | Windsor County | VT | US | Data Source |
|---|---|---|---|---|---|
| more hours per day on screen time | | | | | |
| **Preventive Behaviors and Screenings** | | | | | |
| Children age 19-35 months receiving recommended vaccines | 72.0% | 63.0% | - | - | National Immunization Survey 2020 |
| Flu vaccine (age 65+) | 68% | 72% | 74%* | 68% | BRFSS 2022 |
| Pneumococcal vaccine (age 65+) | 72% | 69% | 71% | 70% | BRFSS 2022 |
| **Substance Use** | | | | | |
| Adults who report heavy drinking | 9% | 8% | 10%* | 7% | BRFSS 2022 |
| Adults who smoke cigarettes | 12% | 14% | 13% | 13% | BRFSS 2022 |
| High school students who use e-cigarettes | 15% | 12%** | 16.1%* | 18.0% | YRBS 2021 |
| High school students who drink alcohol | 25% | 21%** | 24.6%* | 22.7% | YRBS 2021 |
| High school students who use marijuana | 20% | 21% | 19.9%* | 15.8% | YRBS 2021 |
| Middle school students who used cigarettes, electronic vapor products, cigars, or smokeless tobacco in the past month | 7% | 4% | 5% | - | YRBS 2021 |
| **Risk Factors & Protective Factors** | | | | | |
| Adults with poor sleep (<8 hours) | 65% | 60% | 62%* | 65% | BRFSS 2022 |
| High school students who strongly agree or agree that in their community they feel like they matter to people | 44%** | 53% | 52% | - | YRBS 2021 |
| Middle school students who strongly agree or agree that in their community they feel like they matter to people | 46%** | 53% | 55% | | YRBS 2021 |
| **Health Outcomes** | | | | | |
| **Mental Health** | | | | | |
| Adult depressive disorder prevalence | 23% | 27% | 25%* | 21% | BRFSS 2022 |
| Adults with suicidal thoughts in past year | 5% | 7% | 6% | - | BRFSS 2022 |
| Middle school students who felt sad or hopeless almost every day for 2 weeks or more in a row | 24% | 23% | 22% | - | YRBS 2021 |
| High school students who felt sad or hopeless almost every day for 2 weeks or more in a row | 32% | 30% | 29.6%* | 42.3% | YRBS 2021 |
| High school students who made a suicide plan | 15% | 15% | 13.8%* | 17.6% | YRBS 2021 |
| Suicide rate per 100,000 residents | 27.7 | 21.6 | 18.0 | - | VT Vital Statistics 2022 |
| Intentional self-harm – hospital visits per 100,000 residents | 88.7** | 97.4** | 171.1 | - | VUHDDS 2021 |
| **Health Status / Quality of Life** | | | | | |

| Indicator | Orange County | Windsor County | VT | US | Data Source |
|---|---|---|---|---|---|
| Poor physical health | 10% | 11% | 11% | 13% | BRFSS 2022 |
| Poor mental health | 14% | 15% | 16% | 16% | BRFSS 2022 |
| Adults with any disability | 27% | 28% | 26%* | 30% | BRFSS 2022 |
| **Chronic Conditions** (prevalence is for adults unless specified otherwise) | | | | | |
| High school students who are obese | 17%** | 12% | 14%* | 16% | YRBS 2021 |
| Adults over 20 years who are obese | 25% | 31% | 27%* | 34% | BRFSS 2022 |
| Hypertension | 34% | 34% | 32% | - | BRFSS 2022 |
| Cardiovascular Disease | 10% | 10% | 9% | 9% | BRFSS 2022 |
| Diabetes | 10% | 11% | 8%* | 12% | BRFSS 2022 |
| COPD | 7% | 8% | 7% | 7% | BRFSS 2022 |
| Asthma | 11% | 12% | 13%* | 10% | BRFSS 2022 |

** = significantly different from US*
*** = significantly different from VT*
*Green shading = Significantly better (area of strength)*
*Orange shading = Significantly worse (opportunity for improvement)*
*- = data unavailable*

*Sources:*
*US Census Bureau – Small Area Income and Poverty Estimates (SAIPE), 2022; American Community Survey (ACS), 2022; Current Population Survey Annual Social and Economic Supplement (CPS ASEC), 2023*
*US Census Bureau – American Community Survey (ACS), 2018-2022*
*County Health Rankings 2023*
*Vermont (VT) Point-in-Time Count, 2022*
*Feeding America 2021*
*Program for the International Assessment of Adult Competencies (PIAAC), National Center for Education Statistics*
*US Census Bureau – Small Area Health Insurance Estimates (SAHIE), 2021*
*Behavioral Risk Factor Surveillance System (BRFSS), 2022, 2021*
*Area Health Resource File (AHRF), 2020, 2021*
*Centers for Medicare & Medicaid Services (CMS), 2022*
*Youth Risk Behavior Survey (YRBS), 2021*
*National Immunization Survey, 2020*
*Vermont (VT) Vital Statistics, 2022*
*Vermont Uniform Hospital Discharge Data Set (VUHDDS), 2021*

## Access to Care

Access to health care has several dimensions. One is economic; for example, whether one has the means to afford health insurance and the cost of care (regardless of insurance). Vermont generally ranks better than the United States. According to the 2022 Behavioral Risk Factor Surveillance System (BRFSS), 95% of Vermont adults age 18-64 have a medical health plan and 89% have a personal health care provider, versus 89% and 82% nationwide, respectively. In addition, only 6% of Vermont adults reported not going to a provider because of cost in the past year (significantly lower than 11% nationally). That said, 1 in 4 adults in Vermont had not had a routine doctor visit in the past year, so there may be other barriers. Of note, Gifford's service area (defined as Orange and Windsor counties) is not significantly different from Vermont on any of these measures (2).

Another dimension of access to care is availability of health care providers. One common way to measure availability is to calculate a ratio of population to provider. The ratio represents the number of individuals served by one provider in that geographic region. In theory, a smaller ratio means better access. For example, one provider for 500 people is better than one provider for 10,000 people.

County Health Rankings provides population-to-provider ratios for three groups: primary care physicians*, dentists, and mental health providers. As shown in the table below, Orange County has worse access to all three groups of providers as compared to Windsor County and the state as a whole (3).

| | **Orange** | **Windsor** | **VT** | **Data Source** |
|---|---|---|---|---|
| Ratio of population to Primary Care Physicians* | 1,110:1 | 850:1 | 860:1 | AHRF 2020 |
| Ratio of population to Dentists | 3,280:1 | 1,710:1 | 1,380:1 | AHRF 2021 |
| Ratio of population to Mental Health Providers | 280:1 | 180:1 | 190:1 | CMS 2022 |
| Source: *County Health Rankings (2023)* | | | | |

**It is important to note a limitation to County Health Rankings' primary care access measure, which is that it only includes primary care providers who are physicians. "Physicians" are health care providers with a Doctor of Medicine (MD) or Doctor of Osteopathic Medicine (DO) degree. At Gifford and around the U.S., advanced practice registered nurses (i.e., nurse practitioners) and physician assistants can also be primary care providers, though they are not physicians. Fortunately, we have another data source through the Vermont Department of Health that addresses availability of all three primary care provider types.*

In the following sections, we'll look at access to primary care, dentistry, and mental health in more detail.

Access to Primary Care

As its name suggests, County Health Rankings shows how each county stacks up on various measures, and as noted above, one of these measures is access to primary care physicians. For this measure, Orange County ranks 7th statewide out of 14 counties, with one primary care physician per 1,110 people. In contrast, Windsor does quite well statewide, ranking 2nd -best with one primary care physician per 850 people. See below for a table of Vermont counties in order from best to worst (4).

| Primary Care Physicians Ratio | | | |
|---|---|---|---|
| County | # Primary Care Physicians | County Value | Z-Score |
| **Vermont** | **730** | **860:1** | |
| Chittenden | 308 | 530:1 | -2.49 |
| Windsor | 65 | 850:1 | -0.68 |
| Addison | 43 | 860:1 | -0.64 |
| Bennington | 38 | 930:1 | -0.40 |
| Washington | 60 | 970:1 | -0.28 |
| Windham | 43 | 980:1 | -0.27 |
| Orange | 26 | 1,110:1 | 0.05 |
| Lamoille | 22 | 1,150:1 | 0.14 |
| Caledonia | 25 | 1,190:1 | 0.21 |
| Rutland | 46 | 1,260:1 | 0.32 |
| Orleans | 19 | 1,420:1 | 0.56 |
| Grand Isle | 5 | 1,430:1 | 0.58 |
| Franklin | 28 | 1,770:1 | 0.93 |
| Essex | 1 | 6,120:1 | 1.98 |

Of note, access to primary care was identified as a priority during Gifford's 2021 CHNA. Using the same data source as above (County Health Rankings), we can see that, at least with regard to primary care physicians, access has improved for Windsor County and statewide but declined for Orange County since 2021 (3, 5).

| Ratio of Population to Primary Care Physicians | 2021 | 2023 | Trend |
|---|---|---|---|
| Statewide | 890:1 | 860:1 | Better |
| Orange County | 1,210:1 | 1,110:1 | Worse |
| Windsor County | 1,020:1 | 850:1 | Better |
| Source: *County Health Rankings (2021, 2023)* | | | |

Because the County Health Rankings measure does not include nurse practitioners or physician assistants, we need a second data source to ensure we account for those providers and to get a more accurate and complete picture of access to primary care in our service area. The Vermont Department of Health (VDH) maintains health care workforce census data for a variety of provider types, including physicians, advanced practice registered nurses (i.e., nurse practitioners), and physician assistants (6). Data are collected directly from providers when they renew their license to practice, and reports are released by VDH every two years. These surveys aim to include all active practitioners, creating a census instead of a sample survey. They also have the benefit of only including practitioners who provide patient care in Vermont, leaving out the substantial number of providers who maintain Vermont licenses even though they do not practice in Vermont (7).

Of note, the VDH workforce census data include both the number of people providing care and Full-Time Equivalents (FTEs). FTEs account for the fact that some practitioners provide patient care on a part-time basis: "Some work mainly in teaching, research or administration, or are semi-retired, work mainly out of state, or only work in Vermont seasonally" (7). Thus, they are not able to care for as many patients as someone working "full-time," defined by VDH as 40 patient care hours or more per week, for 48 weeks

per year. Even if someone works more than that, they are still considered a 1.0 FTE. Consequently, FTEs provide a more accurate picture of access to care and are included in the tables below instead of provider counts. In addition, the measure of FTEs "per 100,000 population" allows us to make comparisons between geographic regions with different population sizes. For instance, Vermont's most populous county, Chittenden County, requires more total FTEs than Orange County in order to adequately serve its larger population. But more FTEs doesn't equate to better access. Instead, you need to look at how many FTEs there are for a set number of people. Dividing by 100,000 tells us how many full-time providers there are for every 100,000 people living in that region, allowing an apples-to-apples comparison of different-sized regions such as Chittenden County and Orange County.

The table below displays the most recent statistics from VDH for primary care physicians, advanced practice registered nurses (i.e., nurse practitioners), and physician assistants (7, 8, 9).

| **Primary Care FTEs per 100,000 population** | **Orange** | **Windsor** | **VT** | **Year of Report** |
|---|---|---|---|---|
| Physician | 53.8 | 52.2 | 66.4 | 2020 |
| Advanced practice registered nurse | 45.7 | 38.4 | 39.5 | 2019 |
| Physician assistant | 7.6 | 22.0 | 14.5 | 2020 |
| Source: *Vermont Department of Health – Health Care Workforce Census* | | | | |

According to this data, Orange and Windsor counties have fewer primary care physician FTEs per 100,000 population as compared to other counties and the state as a whole. Interestingly, while Windsor ranked 2nd on County Health Rankings' primary care physician measure, the county is on par with Orange in terms of primary care physician access using VDH data. They rank 10th and 9th out of 14 counties, respectively. Moreover, both counties saw their primary care physician FTEs per 100,000 population decrease since the previous physician census in 2018. Orange decreased by 5.3 (59.1 to 53.8) while Windsor decreased by 10.5 (62.7 to 52.2) over the two years. We also see a long-term downward trend; in the 10 years from 2010 to 2020, Windsor County lost 23.2 primary care physician FTEs per 100,000 (75.4 to 52.2) whereas Orange lost 6.8 (60.6 to 53.8) (7).

When it comes to non-physician primary care providers, Orange County has more nurse practitioner FTEs per 100,000 population compared to other counties—ranking 4th out of 14, with Windsor not far behind at 6th (8). Windsor also ranks high (3rd) for physician assistant FTEs per 100,000 in primary care, while Orange County (11th) has relatively few of this provider type (9). Altogether, both Orange and Windsor County fall short of the state when it comes to primary care provider FTEs, with Orange County being slightly worse than Windsor County.

Access to Dental Care

Access to dental care is severely limited in Gifford's service area. According to County Health Rankings data, Orange County ranks nearly last—13th out of 14 counties—with a population ratio of 3,280 people to 1 dentist. Windsor County ranks 8th, with a ratio of 1,710 people to 1. See below for a table of Vermont counties in order from best to worst (10).

| Dentist Ratio | | | |
|---|---|---|---|
| County | # Dentists | County Value | Z-Score |
| **Vermont** | **470** | **1,380:1** | |
| Chittenden | 164 | 1,030:1 | -1.62 |
| Bennington | 32 | 1,170:1 | -1.11 |
| Washington | 51 | 1,180:1 | -1.08 |
| Rutland | 46 | 1,320:1 | -0.68 |
| Caledonia | 23 | 1,320:1 | -0.66 |
| Windham | 30 | 1,540:1 | -0.19 |
| Orleans | 17 | 1,620:1 | -0.05 |
| Windsor | 34 | 1,710:1 | 0.10 |
| Addison | 19 | 1,960:1 | 0.43 |
| Essex | 3 | 1,980:1 | 0.45 |
| Lamoille | 13 | 2,010:1 | 0.49 |
| Franklin | 25 | 2,010:1 | 0.49 |
| Orange | 9 | 3,280:1 | 1.34 |
| Grand Isle | 1 | 7,420:1 | 2.09 |

Access to dental care was identified as a priority in the 2021 CHNA. Using the same data source as above (County Health Rankings), we can see that access has declined over that time period for both counties as well as statewide (3, 5).

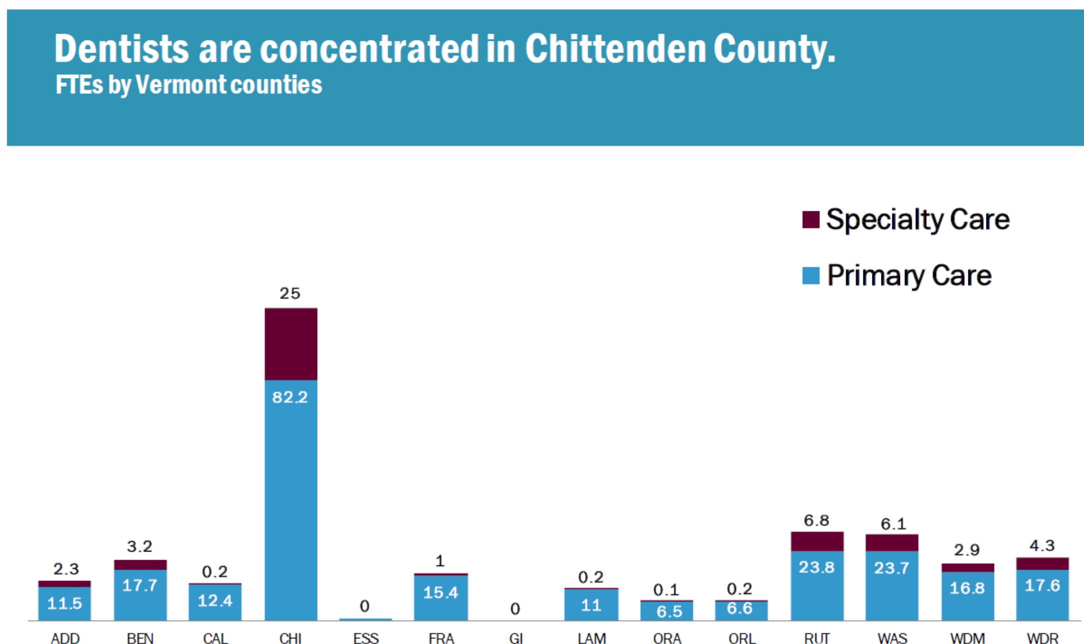
| Ratio of population to Dentists | 2021 | 2023 | Trend |
|---|---|---|---|
| Statewide | 1,370:1 | 1,380:1 | Worse |
| Orange County | 3,210:1 | 3,280:1 | Worse |
| Windsor County | 1,620:1 | 1,710:1 | Worse |
| Source: *County Health Rankings (2021, 2023)* | | | |

The Vermont Department of Health's biennial Dentist Census paints an even bleaker picture of dental access for Gifford's service area. The measure of access VDH utilizes is FTEs-per-100,000 population, and "full-time" is defined as working 40 (or more) patient care hours per week, 48 weeks per year. Even if someone works more than that, they are still considered a 1.0 FTE. According to the most recent Dentist Census in 2019, Orange County had a population ratio of 4,460 people per dentist FTE (12$^{th}$ out of 14 counties) and Windsor County had 3,123 people per dentist FTE (8$^{th}$ out of 14 counties) (11). In comparison, the state as a whole had 2,537 people per dentist FTE.

| Primary Care Dentistry FTE to Population Ratios | FTEs per 100,000 | Population per FTE | Rank (out of 14 counties) |
|---|---|---|---|
| Statewide | 39.4 | 2,537:1 | - |
| Orange County | 22.4 | 4,460:1 | 12 / 14 |
| Windsor County | 32.0 | 3,123:1 | 8 / 14 |
| Source: *Vermont Department of Health – Health Care Workforce Census* | | | |

Whether you have access to dental care can depend on geography and other factors. Through a geographical lens, both primary care and specialty care dentistry continued to be concentrated in one county outside of Gifford's service area: Chittenden County had 33% of the state's primary care dentist FTEs and 48% of specialty care dentist FTEs. Both of these percentages increased since the 2017 survey (from 31% and 46%, respectively) (12).

The chart below displays the current number of dentist FTEs by county for both primary care and specialty care. Of note, both Orange and Windsor counties saw a decrease in the total number of FTEs for primary care dentists since 2017, from 7.5 to 6.5 and from 18.2 to 17.6, respectively (12). Both counties have also lost FTEs over the past 10 years, with Orange down from 6.9 and Windsor down from 18.7 in 2009 (12).




In addition to where one lives, access to dental care also depends on one's insurance, which is often linked to socioeconomic status. About 1 in 4 patients utilizing Gifford's primary care services have Medicaid for insurance. Medicaid is insurance coverage through the federal government for children and low-income and disabled adults. For these patients, it can be challenging to not only find a dentist in Gifford's service area, but find one who accepts Medicaid and is accepting new patients. Medicaid payment rates are much lower than what private insurers pay, leading some dentists to make the decision not to participate with Medicaid or not to accept any new Medicaid patients (13). The percentage of primary care dentists accepting new Medicaid patients at the time of the 2019 survey was just over half (57%). This is down from 60% in 2017 and 66% in 2015. In contrast, 97% of dentists accept new non-Medicaid patients. VDH's survey also asks dentists the number of new patients they were accepting per month. Less than one in three (31%) of all dentists statewide were accepting 5 or more new Medicaid patients per month, compared to 82% accepting 5 or more new non-Medicaid patients per month. These numbers illustrate how challenging it can be for the Medicaid population to access dental care.

Access to Mental Health Care

Mental health counseling and treatment was another priority identified in Gifford's 2021 CHNA. It should be noted that mental health needs, and therefore access, vary greatly. For example, access to an inpatient psychiatric bed is very different from access to outpatient counseling. To examine access to mental health providers (regardless of care setting), we again have two data sources: County Health Rankings and VDH's workforce census.

County Health Rankings' data come from the National Provider Identification (NPI) data file. An NPI is a unique number assigned to every health care provider by the Centers for Medicare and Medicaid Services (CMS). CMS discloses data about health care providers with NPIs in the NPI Downloadable File. Mental health providers are defined as "psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, mental health providers that treat alcohol and other drug abuse, and advanced practice nurses specializing in mental health care." Using this data source, Windsor County has 180 people for every 1 mental health provider, while Orange County fares worse at 280 people for every 1 provider—4th and 8th out of 14 counties in Vermont, respectively (14). See below table of Vermont counties in order from best to worst.

| | Orange | Windsor | VT | Data Source |
|---|---|---|---|---|
| Ratio of population to Mental Health Providers | 280:1 | 180:1 | 190:1 | CMS NPI 2022 |
| Source: *County Health Rankings (2023)* | | | | |

Mental Health Provider Ratio

| County | # Mental Health Providers | County Value | Z-Score |
|---|---|---|---|
| **Vermont** | **3,340** | **190:1** | |
| Windham | 355 | 130:1 | -1.69 |
| Chittenden | 1,200 | 140:1 | -1.40 |
| Washington | 355 | 170:1 | -0.85 |
| Windsor | 322 | 180:1 | -0.66 |
| Lamoille | 136 | 190:1 | -0.51 |
| Bennington | 181 | 210:1 | -0.34 |
| Caledonia | 125 | 240:1 | 0.01 |
| Orange | 107 | 280:1 | 0.24 |
| Rutland | 206 | 290:1 | 0.34 |
| Addison | 125 | 300:1 | 0.36 |
| Orleans | 84 | 330:1 | 0.51 |
| Franklin | 140 | 360:1 | 0.63 |
| Essex | 4 | 1,480:1 | 1.62 |
| Grand Isle | 3 | 2,470:1 | 1.75 |

Fortunately, access to mental health providers appears to be improving, albeit incrementally. The population-to-provider ratios included in Gifford's 2021 CHNA are displayed in the table below, alongside the most recent data. All three geographic regions—Vermont, Orange County, and Windsor County—have better access to mental health providers now than they did two years ago (14, 15).

| Ratio of population to Mental Health Providers | 2021 | 2023 | Trend |
|---:|---|---|---|
| Statewide | 210:1 | 190:1 | Better |
| Orange County | 290:1 | 280:1 | Better |
| Windsor County | 190:1 | 180:1 | Better |
| Source: *County Health Rankings (2021, 2023)* | | | |

VDH's workforce census data are a little more difficult to summarize because each provider type is analyzed in a separate report. For the purposes of this assessment, we'll focus on mental health counselors and psychiatrists. Note that the data on psychiatrists is fairly outdated; the most recent census was in 2016 and thus may not reflect current availability, especially post-COVID (17).

| FTEs per 100,000 Population | Orange | Windsor | Year of Report |
|---:|---|---|---|
| Mental health counselor | 72.8 | 69.2 | 2023 |
| Psychiatrist | 8.7 | 19.1 | 2016 |
| Source: *Vermont Department of Health – Health Care Workforce Census* | | | |

Compared to other counties, Orange is in the middle of the pack (7th out of 14) for both mental health counselors and psychiatrists (16, 17). Windsor, on the other hand, has relatively more psychiatrists (ranking 4th) but fewer mental health counselors (ranking 8th) for its population (16, 17).

## Lifestyle Disease Prevention

Lifestyle disease prevention was identified in the 2021 CHNA as an area needing improvement. A helpful way to think about this topic is the concept of "3-4-50." Adopted by the Vermont Department of Health, 3-4-50 communicates the reality that three health behaviors (physical inactivity, poor nutrition, and tobacco use) contribute to four chronic diseases (diabetes, cancer, heart disease, and lung disease) that claim the lives of more than 50 percent of Vermonters (18). We'll examine each of these in the following sections.

Tobacco Use

The table below shows the percentage of adults who use tobacco in the Gifford service area. According to the 2022 BRFSS, the rates of cigarette smoking in Gifford's service area are similar to both the state and U.S. (2). Vermont has a lower rate of e-cigarette use among adults compared to the U.S. (and Orange and Windsor counties' rates are similar to Vermont). Of note, smokeless tobacco use is not included because the sample size was too small for both Orange and Windsor counties.

| Tobacco Use: Adults | Orange | Windsor | VT | US | Data Source |
|---:|---|---|---|---|---|
| Adults who smoke cigarettes | 12% | 14% | 13% | 13% | BRFSS 2022 |
| Tried to quit smoking cigarettes in past year | 52% | 48% | 44%* | 51% | BRFSS 2022 |
| Adults who use e-cigarettes | 7% | 4% | 6%* | 7% | BRFSS 2022 |

Among adults who smoke cigarettes in Orange and Windsor counties, about half have tried to quit in the past year. This is similar to Vermont's rate (44%), which is statistically lower than the 51% of U.S. adults who have tried to quit. Health care providers have an opportunity to discuss smoking cessation with their

patients. Gifford also has a Tobacco Treatment Specialist who can provide free support and resources to help people quit.

With regard to youth, high school students in Windsor County are significantly less likely to use tobacco products than their Vermont peers (see table below) (19). Orange County high school students use tobacco products at a rate similar to the state, as do middle school students in both counties (19, 20).

Specific to cigarette smoking, Vermont high school students are more likely to smoke than their U.S. peers (19, 20). Neither Orange nor Windsor county are different from the state. Rates of e-cigarette use among high-schoolers are statistically lower in Vermont than in the U.S., and lower in Windsor County compared to statewide. Orange County's rate of e-cigarette use is no different from the state. Middle school student prevalence of cigarette smoking and e-cigarette use is no different from the state.

| **Tobacco Use: Youth** | **Orange** | **Windsor** | **VT** | **US** | **Data Source** |
|---|---|---|---|---|---|
| High school students who used cigarettes, electronic vapor products, cigars, or smokeless tobacco in the past month | 17% | 14%** | 18% | - | YRBS 2021 |
| Middle school students who used cigarettes, electronic vapor products, cigars, or smokeless tobacco in the past month | 7% | 4% | 5% | - | YRBS 2021 |
| High school students who smoke cigarettes | 5% | 4% | 5%* | 4% | YRBS 2021 |
| Middle school students who smoke cigarettes | 1% | 1% | 1% | - | YRBS 2021 |
| High school students who use e-cigarettes | 15% | 12%** | 16%* | 18% | YRBS 2021 |
| Middle school students who use e-cigarettes | 6% | 4% | 5% | - | YRBS 2021 |

Of particular concern in the 2021 CHNA was the drastic rise in use of e-cigarettes or electronic vapor products (EVPs) among high school students. As seen in the table below, rates of EVP use more than doubled from 2017 to 2019 in Orange and Windsor counties as well as Vermont (21, 22, 23, 24). Orange County was especially alarming, going from one in 10 (10%) to more than one in four (26%) using EVP in the past 30 days.

| **Trend: High school students who use e-cigarettes** | **2017** | **2019** | **2021** | **'19-'21 Trend*** |
|---|---|---|---|---|
| Statewide | 12% | 26% | 16% | Better |
| Orange | 10% | 26% | 15% | Better |
| Windsor | 11% | 23%** | 12%** | Better |
| **Note: Due to COVID-19 and other factors unique to 2021, no trend data was included in the 2021 report and VDH cautions users about comparing the 2021 results to other years.* | | | | |

In the latest 2021 Youth Risk Behavior Survey (YRBS), there appears to have been some improvement. However, due to COVID-19 and other factors unique to 2021, VDH has said to use caution when interpreting and comparing the 2021 results to other years (25). For example, the average age of students taking the survey was younger than in past years, which could impact some risk behavior prevalence

estimates. We will continue to monitor e-cigarette use and look for updated data as soon as the next YRBS is released.

YRBS includes prevalence rates by race/ethnicity and sexual orientation/gender identity at the county level. All American Indian/Alaska Native, Asian, Black or African American, Native Hawaiian/Other Pacific Islander, or Hispanic/Latino students were grouped into a "BIPOC" category to compare to White, non-Hispanic students. All lesbian, gay, bisexual, or other non-heterosexual sexual orientation and transgender students were grouped into a "LGBTQ+" category to compare to heterosexual/cisgender students. (Note: "Cisgender" describes a person whose gender identity corresponds to their sex assigned at birth, i.e., someone who is not transgender.)

Key findings of this analysis for Gifford's service area include:

- In Windsor County, BIPOC students were significantly more likely than White, non-Hispanic students to ever have tried cigarettes. They were also more likely to have first tried cigarette smoking before age 13 and to currently smoke cigarettes (19).
- In Orange County, there were no significant differences between BIPOC and White, non-Hispanic students (20).
- In Windsor County, LGBTQ+ students were significantly more likely than heterosexual cisgender students to ever have tried cigarettes. They were also more likely to have first tried cigarette smoking before age 13 and to currently smoke cigarettes or use EVP (19).
- In Orange County, LGBTQ+ students were significantly more likely than heterosexual cisgender students to ever have tried EVP. They were also more likely to have first tried cigarette smoking before age 13 and to currently use EVP (20).

Health care providers have an opportunity to address smoking with teens during annual physicals. In Windsor County, more than half of adolescents (57%) are being screened for smoking by a provider, dentist or nurse, significantly higher than the state rate at 49% (19). Orange County was similar to the state rate (48%); however, it's notable that BIPOC students in this county were significantly less likely to have been asked about smoking than their White, non-Hispanic peers (35% vs. 50%) (20). There were no differences by race/ethnicity in Windsor county (19).

Nutrition

Nutrition is a multifaceted, complex, and often debated topic. Most can agree, though, that eating fruits and vegetables is a good thing for health. Among adults, significantly more Vermonters eat 5+ fruits and vegetables per day than the U.S. population on average (26); however, that's only about 1 in 4 adults (see table below). That means three-quarters of Vermonters are not getting the recommended daily amount. Orange and Windsor counties have rates similar to the state (26).

For youth, the YRBS asks about fruit and vegetable consumption separately. Windsor County high-schoolers are eating significantly more fruits and vegetables than the state as a whole, while their Orange County peers are eating less fruit and the same amount of vegetables compared to the state (see table below) (19, 20). As with adults, however, these rates are much lower than we'd like to see. There were no significant differences by race/ethnicity or sexual orientation/gender identity for either county.

| Nutrition Indicators | Orange | Windsor | VT | US | Data Source |
|---|---|---|---|---|---|
| Adults eating 5+ fruits and vegetables/day | 26% | 23% | 23%* | 16% | BRFSS 2021 |
| High school students eating 2+ fruits/day | 23%** | 33%** | 27% | - | YRBS 2021 |
| High school students eating 3+ vegetables/day | 16% | 21%** | 17% | - | YRBS 2021 |

We also know that good nutrition choices are reliant on access to nutritious food. Access can be economic or physical. Food insecurity is defined by the United States Department of Agriculture as "lack of access, at times, to enough food for an active, healthy life" (27). According to the most recent estimates from Feeding America using 2021 data, the food insecurity rates in Orange and Windsor counties were 8% and 8.2%, respectively (27). This translates to over 7,000 individuals in Gifford's service area. Note that this data may not reflect the more recent realities of the post-COVID economic and policy landscape, such as the end of certain benefit programs.

Physical Activity

With regard to physical activity, Vermont adults and adolescents fare better than their U.S. counterparts. The Behavioral Risk Factor Surveillance Survey (BRFSS) question used to assess adults' physical activity asks about "leisure time," or time outside of one's job: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?" Approximately one in five adults (22%) in Orange and Windsor counties said they did not engage in any leisure-time physical activity, similar to the state (2).

| Physical Activity Indicator: Adults | Orange | Windsor | VT | US | Data Source |
|---|---|---|---|---|---|
| Adults who did not engage in leisure-time physical activity in past month | 22% | 22% | 20%* | 24% | BRFSS 2022 |

To assess physical activity levels in youth, the YRBS asks: "During the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day? (Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time.)" The table below displays results for high school and middle school students in Gifford's service area. More than half (53%) of Vermont high-schoolers responded that they were physically active during at least 5 or more of the past 7 days. Windsor County's rate was statistically higher than the state at 58%, while Orange County's rate was no different from the state (19, 20). About one in eight Vermont high-schoolers (13%) could be considered physically *inactive*, as they did not get at least 60 minutes of physical activity at least one day per week, with no significant differences in Gifford's service area (19, 20). Of note, LGBTQ+ students were less likely to be physically active than heterosexual cisgender students across both counties and across middle and high school.

| Physical Activity Indicators: Youth | Orange | Windsor | VT | US | Data Source |
|---|---|---|---|---|---|
| High school students who did not participate in at least 60 minutes of physical activity on at least 1 of past 7 days | 13% | 11% | 13%* | 16% | YRBS 2021 |
| Middle school students who did not participate in at least 60 minutes of physical | 11% | 8% | 9% | - | YRBS 2021 |

| activity on at least 1 of past 7 days | | | | | |
|---|---|---|---|---|---|
| High school students who were physically active at least 60 minutes per day on 5 or more of past 7 days | 56% | 58%** | 53%* | 45% | YRBS 2021 |
| Middle school students who were physically active at least 60 minutes per day on 5 or more of past 7 days | 60% | 58% | 60% | - | YRBS 2021 |

Another YRBS question related to physical activity asks about screen time: "On an average school day, how many hours do you spend in front of a TV, computer, smart phone, or other electronic device watching shows or videos, playing games, accessing the Internet, or using social media (also called 'screen time')? (Do not count time spent doing schoolwork.)" This is an area of relative strength for Gifford's service area; high-schoolers in Orange County and Windsor County were significantly less likely than their peers statewide to spend 3 or more hours per day on screen time (69% and 70% versus 73.2%) (19, 20). Still, this means more than two-thirds of high-schoolers in Gifford's service area spend a substantial amount of time on screens. Fortunately, middle school students do not report quite the same levels of screen time as their older schoolmates. That said, more than half (57%) of Vermont middle-schoolers spend 3 or more hours per day on screens, in line with Orange County (61%) (19, 20). As with high school, Windsor County's middle school screen time rate is significantly lower than the state (52%) (19, 20).

| Screen Time Indicators: Youth | Orange | Windsor | VT | US | Data Source |
|---|---|---|---|---|---|
| High school students who spent 3 or more hours per day on screen time | 69%** | 70%** | 73.2%* | 75.9% | YRBS 2021 |
| Middle school students who spent 3 or more hours per day on screen time | 61% | 52%** | 57% | - | YRBS 2021 |

Obesity

Poor nutrition and inadequate physical activity can contribute to high obesity rates. While Vermont has lower rates of obesity than the U.S. for adults and teens (see table below), there is room to improve (2). For adults age 20 and older, the Healthy Vermonters 2020 target is 20% (28), which is lower than the obesity rates in Orange County (25%), Windsor County (31%), and Vermont as a whole (27%) (2).

| Obesity Indicators: Adults and Youth | Orange | Windsor | VT | US | Data Source |
|---|---|---|---|---|---|
| Adults over 20 years who are obese | 25% | 31% | 27%* | 34% | BRFSS 2022 |
| High school students who are obese | 17%** | 12% | 14%* | 16% | YRBS 2021 |
| High school students who were trying to lose weight | 42% | 40% | 41% | - | YRBS 2021 |

Among high school students, Orange County has a statistically higher rate of obesity (17%) than the state (14%) (20). Windsor is similar to the state at 12% (19), but all three fail to meet the HV2020 target of 8%. In Orange County, LGBTQ+ students were significantly more likely than heterosexual cisgender students to be obese (23% vs. 14%), and about half of LGBTQ+ students in both counties said they were trying to

lose weight (50% in Orange, 49% in Windsor), which is significantly more than heterosexual cisgender students (39% in Orange, 37% in Windsor) (19, 20).

Obesity was identified in Gifford's 2018 CHNA as an area of focus. While we do not know if any of the year-to-year differences are statistically significant, it appears that obesity is trending down in Orange County and it is trending up in Windsor County.

| Trend: Adult Obesity | 2018 | 2019/ 2020 | 2021 | 2022 | 2018- 2022 Trend |
|---|---|---|---|---|---|
| Statewide | 29% | 27% | 30% | 27% | Better |
| Orange | 31% | 32% | 26% | 25% | Better |
| Windsor | 29% | 28% | 33% | 31% | Worse |
| Source: *Behavioral Risk Factor Surveillance System (2018-2022)* | | | | | |

Chronic Disease

The table below displays prevalence rates for a selection of chronic diseases captured in the 2022 BRFSS (2). Of note, there are no significant differences in the rates of chronic disease prevalence between Gifford's service area and the state as a whole. Approximately 1 in 3 adults (34%) in Gifford's service area have hypertension, while 1 in 10 have diabetes. Cardiovascular disease, defined as "ever having been diagnosed with coronary heart disease, a myocardial infarction (heart attack), or a stroke," is also at a prevalence rate of 1 in 10. As for respiratory diseases, approximately 1 out of 9 adults have asthma, while 1 out of every 14 (Orange County) and 1 out of every 12 (Windsor County) adults have COPD. Note that these rates are for adults only.

| Chronic Disease Indicators | Orange | Windsor | VT | US | Data Source |
|---|---|---|---|---|---|
| Hypertension | 34% | 34% | 32% | - | BRFSS 2022 |
| Cardiovascular Disease | 10% | 10% | 9% | 9% | BRFSS 2022 |
| Diabetes | 10% | 11% | 8%* | 12% | BRFSS 2022 |
| COPD | 7% | 8% | 7% | 7% | BRFSS 2022 |
| Asthma | 11% | 12% | 13%* | 10% | BRFSS 2022 |

For Gifford patients specifically, we can look to the Uniform Data Set maintained by the Health Resources and Services Administration (HRSA). As a Federally Qualified Health Center (FQHC), Gifford must report to HRSA annually on a number of indicators from our electronic health record. For calendar year 2022, Gifford reported a prevalence rate of 26% for hypertension and 12% for diabetes based on patients who had been seen that year (29). We don't know if these are statistically different from the county-level prevalence rates listed above. Among our patients with hypertension, 68% had well-controlled blood pressure, putting us in the 2nd quartile (top 50%) of health centers nationally after adjusting for various patient demographics and organizational characteristics. Among our patients with diabetes, 17% had poorly controlled hemoglobin A1c putting us in the 1st quartile (top 25%) of reporting health centers (note that a lower percentage means better performance on this measure).

## Substance Use and Prevention

While substance use wasn't identified as a priority issue in Gifford's 2021 CHNA, it was an area of focus in the 2018 CHNA. It is worth highlighting again, because there are notable differences between Orange and Windsor counties, as well as between Vermont and the U.S. Note: Since tobacco was discussed in the previous section, it is excluded from discussion here.

According to the 2022 BRFSS (2), which asks adults about their use of substances in the past month, Vermont is significantly worse than the U.S. on two alcohol indicators: binge drinking (defined as five or more drinks on an occasion for males and four or more for females) and heavy drinking (defined as more than two drinks per day for males and more than one drink for females). Windsor County has a significantly lower rate of binge drinking than the state, while Orange County is statistically similar to Vermont. There are no significant differences between Gifford's service area and the state with regard to adult heavy drinking or marijuana/cannabis use.

| Substance Use Indicators: Adults | Orange | Windsor | VT | US | Data Source |
|---|---|---|---|---|---|
| Adults who report binge drinking | 14% | 13%** | 18%* | 17% | BRFSS 2022 |
| Adults who report heavy drinking | 9% | 8% | 10%* | 7% | BRFSS 2022 |
| Adults who report any alcohol consumption | 54% | 55% | 61% | 53% | BRFSS 2022 |
| Adults who use cannabis | 26% | 21% | 24% | - | BRFSS 2022 |

Other data sources confirm that alcohol is a serious problem in Vermont, among both adults and adolescents. The National Survey on Drug Use and Health (NSDUH), conducted annually by the Substance Abuse and Mental Health Services Administration (SAMHSA), surveys adults and children age 12 years and older. According to the most recent NSDUH results (2021-2022 combined), Vermont ranks among the highest in the nation on several alcohol use related indicators: 2nd highest rate of alcohol use disorder (tied with six other states at 12%); 2nd for binge drinking (tied with one other state at 27%); and 3rd for any alcohol use (57%) (30, 31). Note that while alcohol use and binge alcohol use were based on the respondent's self-reported behavior within the past month, alcohol use disorder was based on whether the respondent had at least 2 of 11 criteria for that disorder, based on the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5), within the past year (32).

To gauge current use of substances among youth, the YRBS asks students whether they have used a particular substance in the last 30 days. Consistent with the NSDUH findings above, Vermont youth are more likely to drink alcohol than their peers nationwide, with 1 in 4 (25%) high school students saying they drank alcohol in the past 30 days, and approximately 1 in 8 (12%) reporting they binge drank (19, 20). Within Gifford's service area, Windsor County high school students had a significantly lower rate of alcohol use than the state at 21% but a similar rate of binge drinking (10%) (19). Also of note, Windsor County teens were significantly more likely to have been offered, sold, or given an illegal drug on school property than Vermont teens (14% vs. 10%) (19). Middle school students in Gifford's service area use substances at a rate similar to their statewide peers. Orange County doesn't differ from the state on any of these measures (20).

| Substance Use Indicators: Youth | Orange | Windsor | VT | US | Data Source |
|---|---|---|---|---|---|
| High school students who drink alcohol | 25% | 21%** | 25%* | 23% | YRBS 2021 |

| | | | | | |
|---|---|---|---|---|---|
| Middle school students who drink alcohol | 4% | 4% | 5% | - | YRBS 2021 |
| High school students who binge drink | 10% | 10% | 12%* | 11% | YRBS 2021 |
| High school students who use marijuana | 20% | 21% | 20%* | 16% | YRBS 2021 |
| Middle school students who use marijuana | 4% | 3% | 3% | - | YRBS 2021 |
| High school students who were offered, sold, or given an illegal drug on school property | 11% | 14%** | 12%* | 14% | YRBS 2021 |

The YRBS includes substance use prevalence rates by race/ethnicity and sexual orientation/gender identity at the county level. All American Indian/Alaska Native, Asian, Black or African American, Native Hawaiian/Other Pacific Islander, or Hispanic/Latino students were grouped into a BIPOC category to compare to White, non-Hispanic students. All lesbian, gay, bisexual, or other non-heterosexual sexual orientation and transgender students were grouped into a LGBTQ+ category to compare to heterosexual/cisgender students. (Note: "Cisgender" describes a person whose gender identity corresponds to their sex assigned at birth, i.e., someone who is not transgender.)

Key findings of this analysis include:

- In Windsor County, BIPOC students were significantly more likely than White, non-Hispanic students to ever have tried the following substances: cigarettes, cocaine, heroin, and methamphetamines. They were also more likely to have first tried cigarette smoking before age 13 and to currently smoke cigarettes. Finally, they were more likely to be currently taking prescription medication without a doctor's prescription or differently than how a doctor told them to use it (19).
- In Orange County, there were no significant differences between BIPOC and White, non-Hispanic students (20).
- In Windsor County, LGBTQ+ students were significantly more likely than heterosexual cisgender students to ever have tried the following substances: cigarettes, marijuana, prescription drugs, and inhalants. They were also more likely to have first tried cigarette smoking, to have had their first drink of alcohol, and to have tried marijuana before age 13. Finally, they were more likely to currently smoke cigarettes, use marijuana, or use EVP (19).
- In Orange County, LGBTQ+ students were significantly more likely than heterosexual cisgender students to ever have tried the following substances: EVP, marijuana, prescription drugs, and inhalants. They were also more likely to have first tried cigarette smoking before age 13 and to currently use EVP (20).

Protective factors—i.e., school and community conditions that support youth—can help balance out risk factors for substance use (33). One protective factor especially relevant to this CHNA relates to youth feeling like they matter in their community. Unfortunately, both Orange County high school and middle school students are significantly less likely than their peers statewide to feel like they matter to people in their community (20). Even more alarming is the disparity between LGBTQ+ students and heterosexual cisgender students. LGBTQ+ students were significantly less likely than heterosexual cisgender students to feel like they matter in their community among both high-schoolers (30% vs. 50%) and middle-schoolers (25% vs. 56%).

In Windsor County, just over half of high school and middle school students agreed that they matter to people in their community—similar to Vermont but still below what would we hope for in a thriving community (19). Moreover, we again see that LGBTQ+ students were significantly less likely than heterosexual cisgender students to feel this way among both high-schoolers (37% vs. 60%) and middle-schoolers (34% vs. 61%).

| Substance Use Prevention Indicators | Orange | Windsor | VT | US | Data Source |
| --- | --- | --- | --- | --- | --- |
| High school students who strongly agree or agree that in their community they feel like they matter to people | 44%** | 53% | 52% | - | YRBS 2021 |
| Middle school students who strongly agree or agree that in their community they feel like they matter to people | 46%** | 53% | 55% | - | YRBS 2021 |

Recent data from Randolph Union High School (RUHS)—the largest high school in Orange County—can help shed light on potential areas to start addressing these low rates. In March 2024, the RUHS Project Based Learning Student Advisory Board conducted student engagement activities in English and History classes in grades 7-11, reaching 200+ students (34). One of the open-ended questions they asked students was: "What does this community need?" They defined community as broader than just the school community. Students wrote their answers down on sticky notes, which were then categorized and counted. The most frequent responses, across all classroom visits, with 10 or more students identifying it as a community need, included:

- More community events and conversations
- Less drugs
- Kindness
- Money/funding
- Clean water
- More after-school activities
- More accessible/affordable food

They were then asked "How would you want to collaborate with the community?" Responses endorsed by 5 or more students included:

- Community service and food shelf
- Cleaning/beautifying the community
- Having community members come in teaching us things about their business or life skills they have had in order to succeed
- Internships
- Hands-on activities out in the community

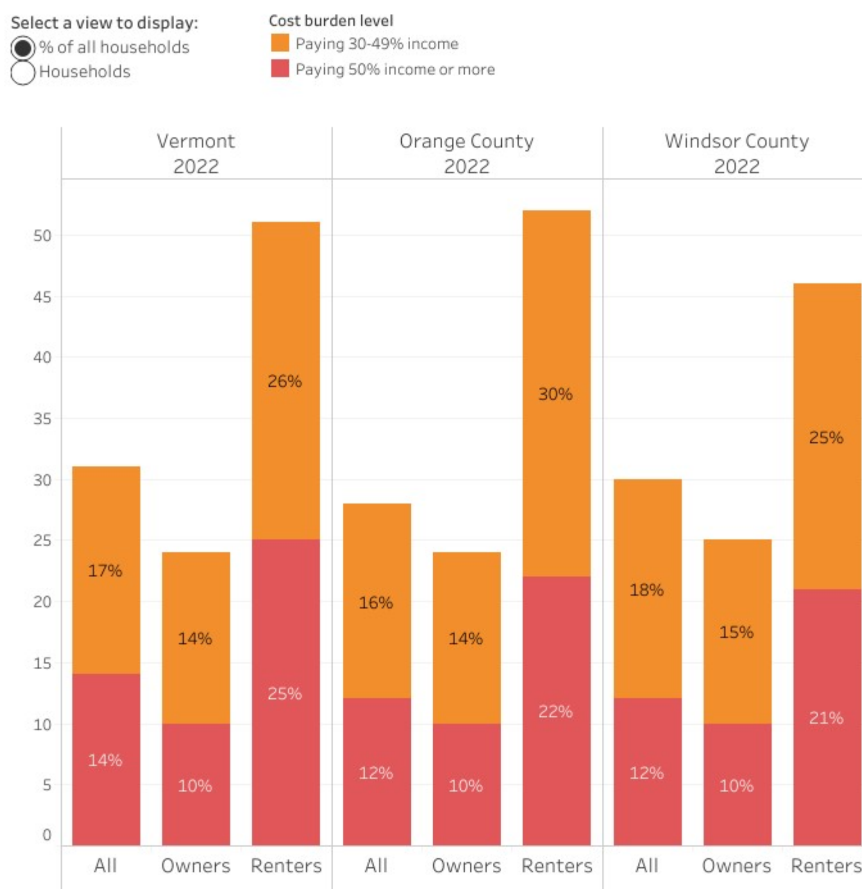
## Housing

There is an ongoing affordable housing crisis across the country, and Gifford's service area is not exempt from it. One way to look at affordability is the concept of "housing cost burden." The federal government defines affordable housing as spending no more than 30% of household income on housing costs (35). Spending more than 30% is considered "housing cost burden," while spending more than 50% is

considered “severe housing cost burden.” The table below, from the Vermont Housing Data website maintained by the Vermont Housing Finance Agency, shows Orange and Windsor counties in line with the state and U.S. according to the most recent U.S. Census data (35). That doesn’t mean we should ignore this indicator; it simply suggests the problem is widespread.

| Housing Affordability Indicators | Orange | Windsor | VT | US | Data Source |
|---|---|---|---|---|---|
| Housing cost burden (30-49% of household income) | 16% | 18% | 17% | 17% | US Census – ACS 2018-2022 |
| Severe housing cost burden (50% or more of household income) | 12% | 12% | 14% | 14% | US Census – ACS 2018-2022 |
| Source: *Vermont Housing Finance Agency, HousingData.org* | | | | | |

The problem becomes much starker when you break out households into those who rent versus those who own their home. The chart below, also from the Vermont Housing Data website, shows how those who rent are more likely to be cost-burdened than those who own. In Orange County, 53%—more than one in two—of renter households are considered cost-burdened or severely cost-burdened, compared to only 24% of those who own their home (35).



This data is concerning. When such a large share of income is put toward one's living situation, it doesn't leave much for other things necessary for good health: food, health care, transportation. While Gifford can't directly address the cost of housing in our communities, we have a sliding-fee scale such that we aim to care for all patients, regardless of their ability to pay, and we have a Community Health Team that can connect our patients to other resources in the community to help address their socioeconomic needs.

Another critical issue related to housing is homelessness. Individuals and families experiencing homelessness make up a small but important part of Vermont's population. The Vermont Coalition to End Homelessness and Chittenden Homeless Alliance organize the Annual Point in Time (PIT) count, during which all Vermonters who are experiencing homelessness on a given night are counted. This provides a snapshot in time of those who are unsheltered, living in emergency shelter, and accessing Emergency Housing or Transitional Housing. The purpose of the PIT is to provide information about the unmet need in Vermont communities and show trends over time (36).

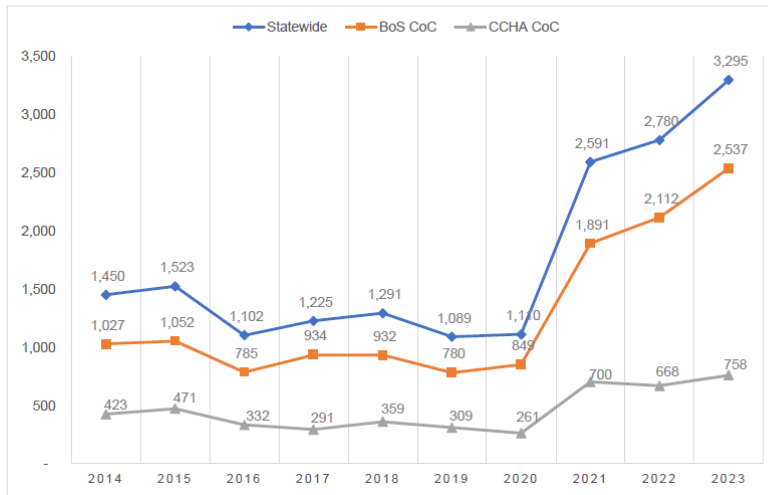
The trends over time are concerning. The number of homeless individuals has increased substantially since Gifford's 2021 CHNA. The statewide count more than doubled, from 1,110 in 2020 to 2,780 in 2022 (37, 38). Orange and Windsor counties also both saw increases – Orange saw a 65% increase, from 23 to 38 individuals, and Windsor saw a 23% increase, from 113 to 139 individuals.

| **Individuals Experiencing Homelessness (Point-In-Time Counts)** | **2020** | **2022** | **'20-'22 Trend** | **2023** |
|---|---|---|---|---|
| Statewide | 1,110 | 2,780 | Worse | 3,295 |
| Orange County | 23 | 38 | Worse | *no data* |
| Windsor County | 113 | 139 | Worse | *no data* |
| Source: *Vermont Point-In-Time Count, 2020-2023* | | | | |

Of note, it is likely that the numbers for Orange County are underestimated due to its lack of homeless shelters. The nearest Emergency Shelters are in Barre (Washington County) and White River Junction (Windsor County), the very edges of the Gifford service area. Individuals may leave Orange County in order to access a homeless shelter. Alternatively, they may remain in Orange County unsheltered (i.e., living outside or in a car), making them challenging to count and similarly results in under-reporting (36).

While the most recent county-level PIT data is from 2022, we have statewide data for 2023 showing this upward trend continuing (36). 3,295 individuals in the 2023 PIT Count represents an 18.5% increase compared to the prior year, and a whopping 197% increase compared to the pre-pandemic PIT Count in 2020. The image below shows this long-term trend (the top line represents statewide).

**CHART A: VERMONT POINT-IN-TIME COUNT OF THOSE EXPERIENCING HOMELESSNESS: 2014-2023**




BoS CoC = Vermont Balance of State Continuum of Care (All VT counties EXCEPT for Chittenden)

CCHA CoC = Chittenden County Homeless Alliance Continuum of Care (ONLY Chittenden County)

## Community Survey Findings

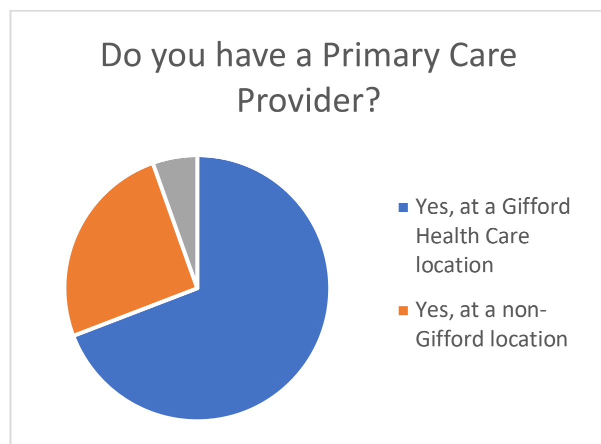
As previously noted, a variety of data sources were used to inform this report, including a community survey. A total of 434 survey responses were collected using a convenience sample.

Basic Demographic Information

Several towns in Gifford's service area were represented. More than one-third of respondents (34.6%) lived in Randolph or Randolph Center. Other towns with representation by at least 5% of respondents include Braintree (7.8%), Bethel (6.9%), Tunbridge (6.7%), Royalton (6.0%), Brookfield (5.5%), and Rochester (4.8%). Another 7.8% of respondents selected the "Other" write-in option. The most frequent write-in locations were Strafford with 1.4% and Barnard, Granville, and Orange each with about 0.7% of total survey responses. Overall, 43 towns were represented.

| Town | % of total | # of respondents |
|---|---|---|
| Randolph | 23.5% | 102 |
| Randolph Center | 11.1% | 48 |
| Braintree | 7.8% | 34 |
| Other (please specify) | 7.8% | 34 |
| Bethel | 6.9% | 30 |
| Tunbridge | 6.7% | 29 |
| Royalton | 6.0% | 26 |
| Brookfield | 5.5% | 24 |
| Rochester | 4.8% | 21 |
| Chelsea | 4.2% | 18 |
| Barre | 3.2% | 14 |
| Montpelier | 1.8% | 8 |
| Northfield | 1.4% | 6 |
| Washington | 1.4% | 6 |
| Williamstown | 1.4% | 6 |
| East Randolph | 1.2% | 5 |
| Hancock | 1.2% | 5 |
| Sharon | 1.2% | 5 |
| Stockbridge | 0.9% | 4 |
| Vershire | 0.9% | 4 |
| Roxbury | 0.5% | 2 |
| White River Junction | 0.5% | 2 |
| Pittsfield | 0.2% | 1 |

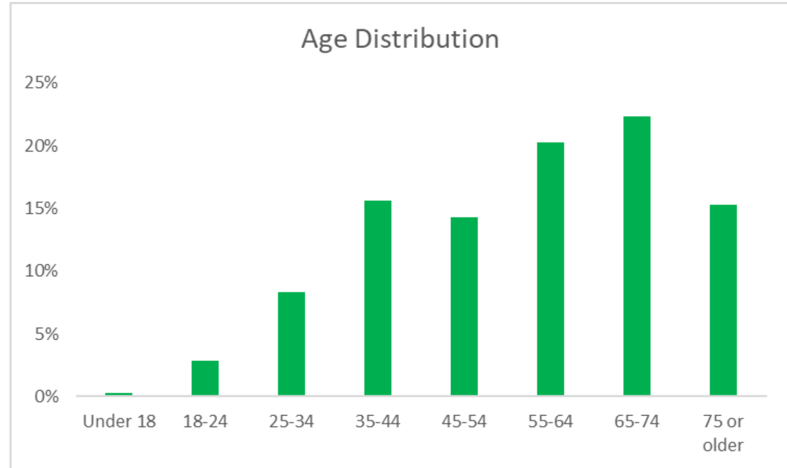
More than two-thirds of respondents (69.2%) had a primary care provider (PCP) at Gifford. Another quarter (25.0%) had a PCP at a non-Gifford location. The remaining 5.4% reported not having a PCP.




The table below summarizes some key demographic statistics of survey respondents.

| Age > 65 years | Female | Black, Indigenous and People of Color | LGBTQ+ |
|---|---|---|---|
| 38% | 76% | 4% | 15% |
| **Household Income < $50K** | **Currently Uninsured** | **Currently has Medicaid Coverage** | **Has a Gifford PCP** |
| 23% | 0.25% | 10% | 69% |

As shown in the chart to the right, all age groups were represented, though there was a high proportion of older adults—more than one-third (37.7%) of respondents were over the age of 65. While Vermont is known for its aging population, this rate is higher than the Census rates for the state (21.6%) and the two main counties where Gifford is located (Orange at 23.7%, and Windsor at 25.7%).

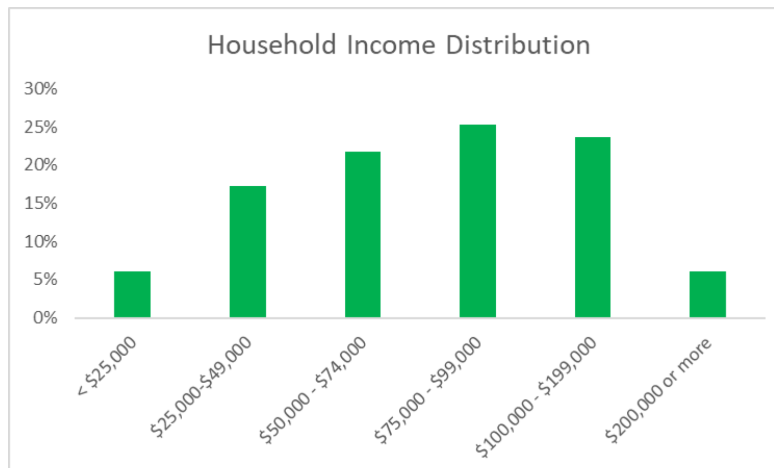



More than three-quarters of respondents (76.2%) were female; male respondents comprised just 20.2%. This is not representative of the population in Windsor and Orange counties, both of which are approximately 50% female. Less than 5% of respondents identified as transgender, nonbinary/genderqueer, or an additional gender category, combined. In addition, the majority of respondents (85.1%) identified as straight or heterosexual, while 5.2% identified as bisexual and another 5.4% identified as lesbian or gay.

96.8% of respondents identified their race as White or Caucasian, which is in line with Census data for Gifford's service area. Only 1.6% of respondents identified their ethnicity as Hispanic, Latino/a, or Spanish origin.

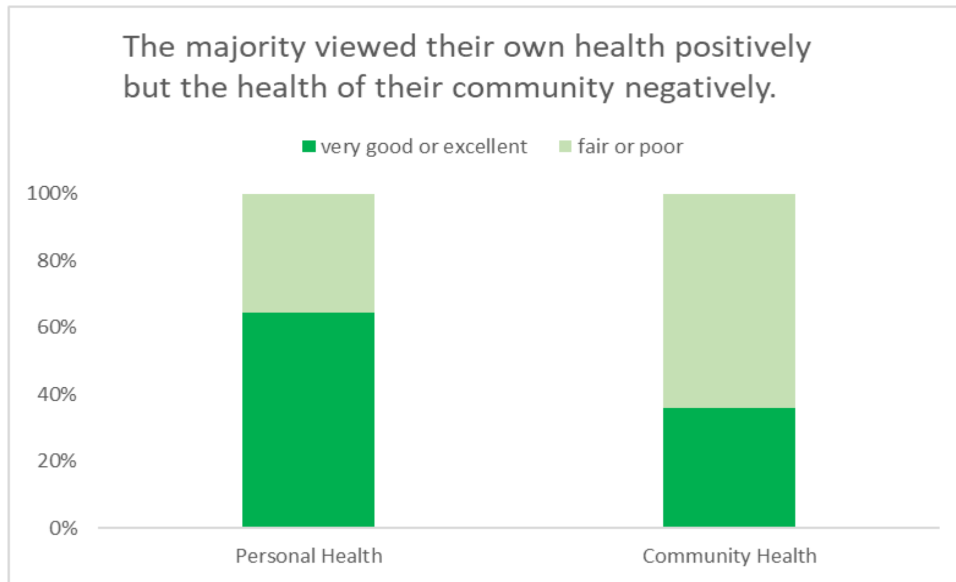
The survey allowed respondents to select multiple insurance sources. Over half of respondents (61.6%) had private insurance through an employer. Over one-third of respondents (35.5%) had Medicare, and 10.4% had Medicaid. Less than 10% had insurance through the Exchange/Marketplace (6.0%) or TRICARE/VA/Military (2.1%). Less than 1% (0.3%) did not have health insurance.

Finally, as shown in the chart below, household income was fairly evenly distributed with over 20% of respondents falling into each of the $50,000-$74,000 (21.7%), $75,000-$99,000 (25.3%), and $100,000-$199,000 (23.6%) ranges.

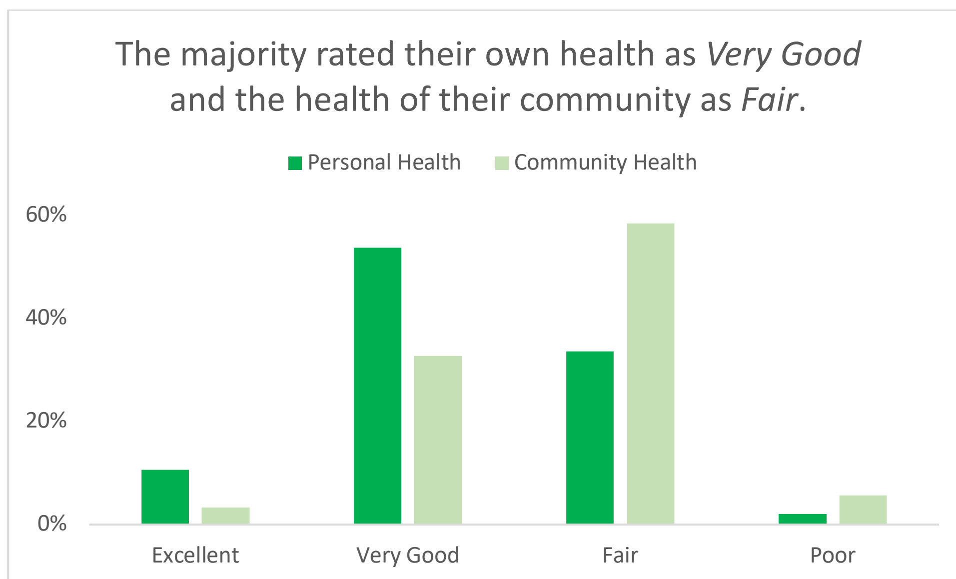


Perception of Community and Personal Health Status

Respondents rated their own health more positively than that of their community. As illustrated in the chart below, nearly two-thirds of respondents (64.3%) rated their own health as *excellent* or *very good*, with the remaining one-third rating their health as *fair* or *poor*. The opposite was true when respondents were asked to rate the health of their community, with nearly two-thirds (64%) rating it as *fair* or *poor*.




Of the four possible categories, the majority of respondents rated their personal health as *very good* (53.7%) and the health of their community as *fair* (58.4%).




Elements of a Healthy Community

To further understand respondents' perception of our community's health, we asked a two-part question. First, we provided a list of 20 ideas that "some people think are important" for a healthy community and

asked respondents to rate how important they thought each was. They could select *not important, somewhat important*, or *very important*. Second, using the same list, we asked them to rate how satisfied they are with our community's progress in each area. They could select *not satisfied, somewhat satisfied,* or *very satisfied.*

Overall, nearly all respondents (greater than 95%) thought every concept listed was either *somewhat* or *very important*. This validates that, for our community, these concepts are indeed important. To help with prioritization, we chose to focus on the *very important* responses. The Top 10 concepts that respondents ranked as *very important* are as follows:

1. People can get the health services they need. (94%)
2. Safe housing is available and affordable. (94%)
3. People feel safe. (94%)
4. Healthy food is available and affordable. (93%)
5. There is trust in the local healthcare system. (92%)
6. People are not discriminated against because of any aspect of their identity. (89%)
7. People have the financial resources to afford the things that they need. (88%)
8. The older population can get the support they need as they age. (87%)
9. The public schools offer a good education. (87%)
10. People respect different views and backgrounds. (87%)

Satisfaction was more variable. Respondents differed greatly in how satisfied they were with the community's progress in each area. At the high end, 90% were *somewhat* or *very satisfied* with opportunities to volunteer. At the low end, 50% were *somewhat* or *very satisfied* with "Safe housing is available and affordable." Since we are looking for areas of need, we chose to focus on the *not satisfied* responses. The Top 10 concepts that respondents said they were *not satisfied* are as follows:

1. Safe housing is available and affordable. (50%)
2. People have the financial resources to afford the things that they need. (47%)
3. There are good jobs/economic opportunities. (39%)
4. Indoor recreation opportunities are available and affordable. (36%)
5. Quality childcare, including afterschool and summer programs, is available and affordable. (36%)
6. Public transportation is available and affordable. (33%)
7. The community is set up for all modes of mobility (walking, strollers, wheelchairs, walkers, bikes, etc.). (33%)
8. There are opportunities for youth to positively engage with the community. (31%)
9. There are educational opportunities for adults. (29%)
10. Healthy food is available and affordable. (26%)

The reason we asked about importance *and* satisfaction was to help with prioritization. With limited resources, every issue cannot be addressed. As a community, we want to focus on things that are seen both as important and in need of improvement (i.e., dissatisfaction). Thus, to identify the most pressing needs, we looked for the concepts that showed up on both of the above lists. There were three concepts that were in the Top 10 for both *very important* and *not satisfied*:

1. Safe housing is available and affordable.
2. People have the financial resources to afford the things that they need.

3. Healthy food is available and affordable.

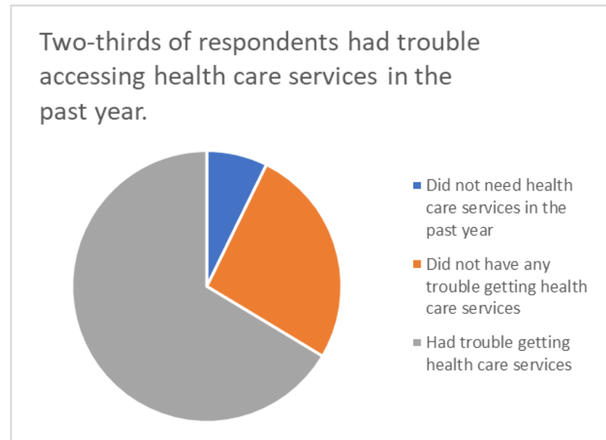
Below is a color-coded table of all the concepts with the corresponding percentage of respondents who selected *very important* and *not satisfied*. Each of these two columns contain a color scale or gradient. The color for each item indicates where its value falls within that range. For the *very important* column, we used a Green-Yellow-Red scale, where green indicates the highest percentage of *very important* responses. For the *not satisfied* column, we used a Red-Yellow-Green scale, where red indicates the highest percentage of *not satisfied* responses. Cross-walking the two, we look for green in *very important* and red in *not satisfied*. This can be a helpful way to visualize the prioritization process described above.

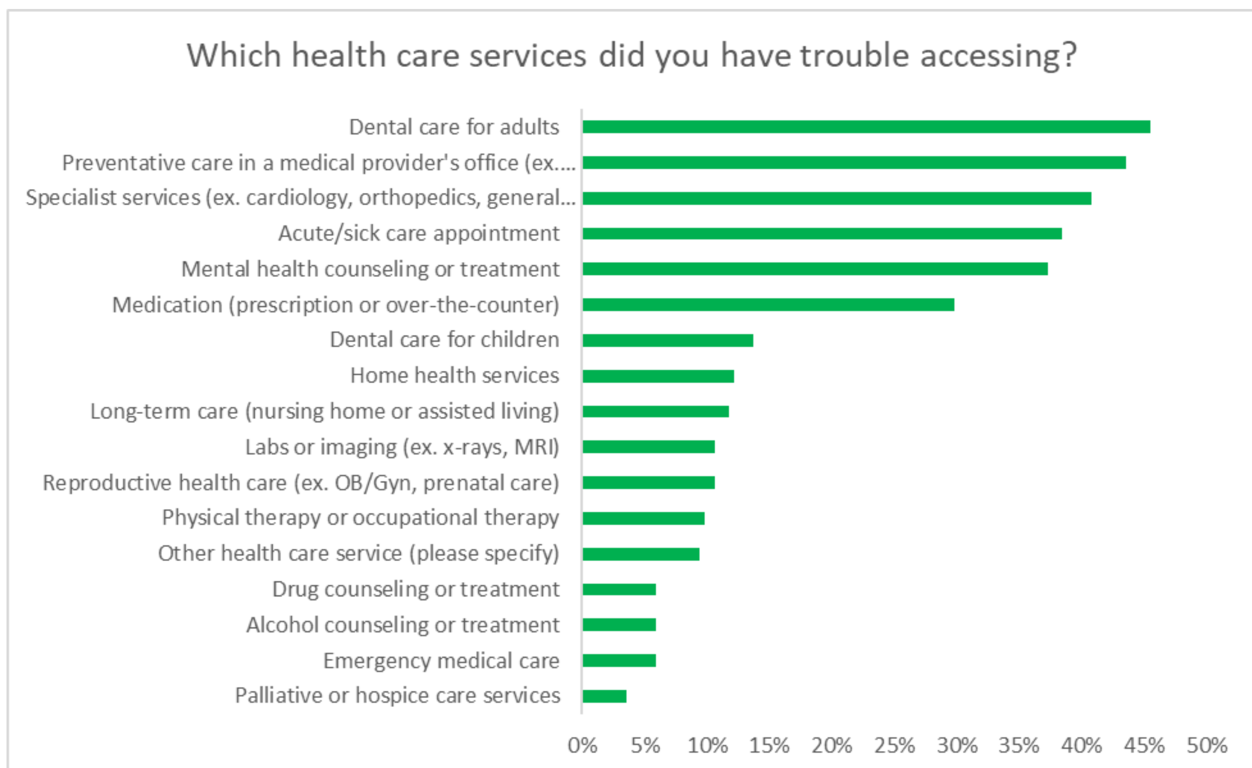
| | **"Very Important"** | **"Not Satisfied"** |
|---|---|---|
| People can get the health services they need. | 94% | 24% |
| Safe housing is available and affordable. | 94% | 50% |
| People feel safe. | 94% | 13% |
| Healthy food is available and affordable. | 93% | 26% |
| There is trust in the local healthcare system. | 92% | 22% |
| People are not discriminated against because of any aspect of their identity. | 89% | 22% |
| People have the financial resources to afford the things that they need. | 88% | 47% |
| The older population can get the support they need as they age. | 87% | 24% |
| The public schools offer a good education. | 87% | 23% |
| People respect different views and backgrounds. | 87% | 25% |
| There are good jobs/economic opportunities. | 83% | 39% |
| Quality childcare, including afterschool and summer programs, is available and affordable. | 80% | 36% |
| There are opportunities for youth to positively engage with the community. | 77% | 31% |
| The community is set up for all modes of mobility (walking, strollers, wheelchairs, walkers, bikes, etc.). | 64% | 33% |
| Public transportation is available and affordable. | 61% | 33% |
| Outdoor recreation opportunities are available and affordable. | 59% | 14% |
| There are welcoming community spaces for people to gather. | 53% | 20% |
| There are educational opportunities for adults. | 50% | 29% |
| Indoor recreation opportunities are available and affordable. | 49% | 36% |
| There are opportunities to volunteer. | 43% | 10% |

Access to Health Care

The next section of the survey focused on access to care. Respondents were asked if they or someone in their household had trouble getting health care services in the past year. One-quarter of respondents (26.3%) said they didn't have any trouble getting health care services, while a much smaller percentage (7.3%) said they didn't need any health care services in the past year. The remaining two-thirds of respondents (66.4%) said they did have trouble getting one or more health care services. Respondents who had trouble getting health care services could select as many services as they wanted.

Among the 255 respondents who had trouble accessing health care, nearly half (45.5%) had difficult accessing dental care for adults in the past year, suggesting this is an area of great need. Not far behind, 43.5% had trouble getting preventative care in a medical provider's office (e.g. annual physical); 40.8% had trouble accessing specialist services (e.g. cardiology, orthopedics, general surgery); 38.4% had difficulty getting an acute/sick care appointment; and 37.3% had trouble accessing mental health counseling or treatment. The full results are displayed below in descending order.



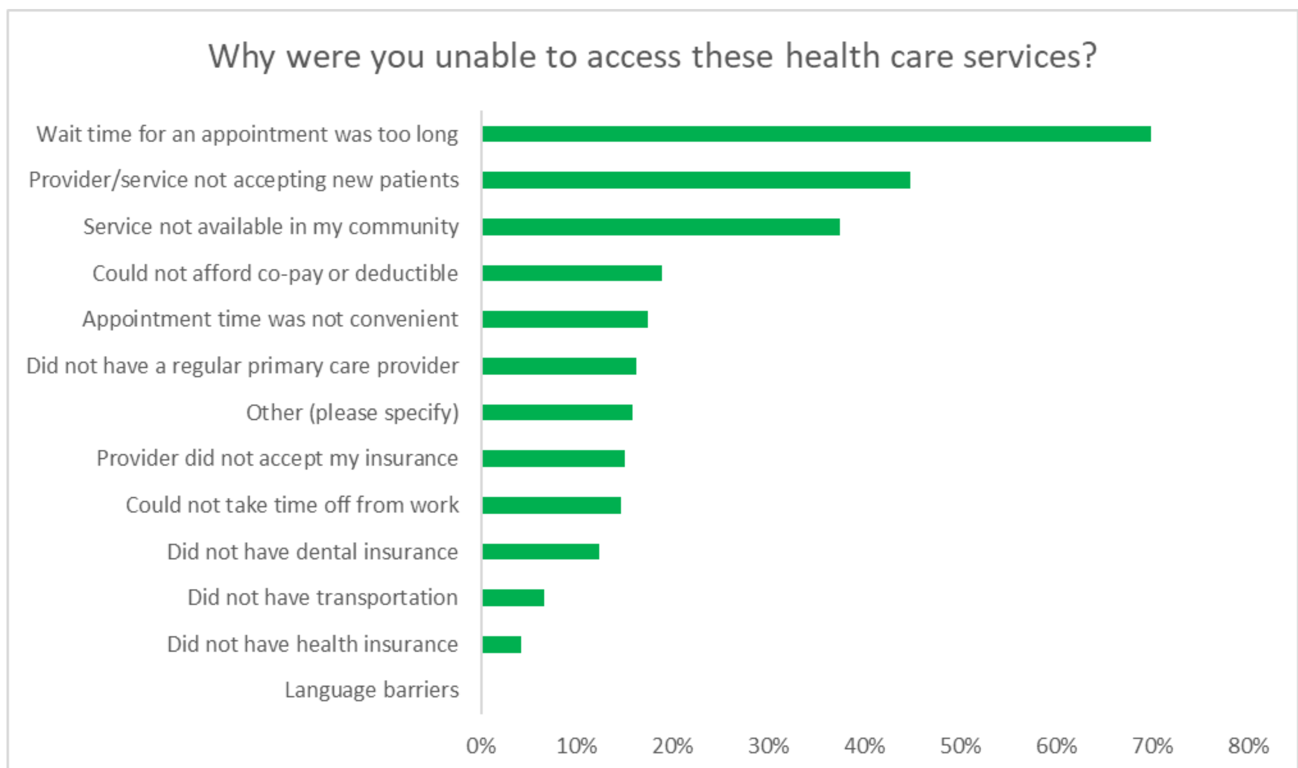

Respondents could also select *Other* and write in a service not listed; 6.3% of respondents selected *Other*. We analyzed and categorized these responses to better understand common themes. The most common

write-in services individuals had trouble accessing in the past year were: vision/eye care (5 responses), home care/ respite care/aging in place (3 responses); dermatology (2 responses); and alternative medicine such as acupuncture, yoga, massage (2 responses). An additional 3 respondents used the space to say that they choose to travel outside of their community for health care services (but did not explain why).

Respondents were then asked to identify *why* they were unable to access health care services (if they had responded yes to having trouble with access in the previous question). They could select multiple answers. The most common response was that the wait time for an appointment was too long (69.9%), followed by the provider/service not accepting new patients (44.8%), and the service not being available in their community (37.5%). The full results are displayed on the below in descending order.

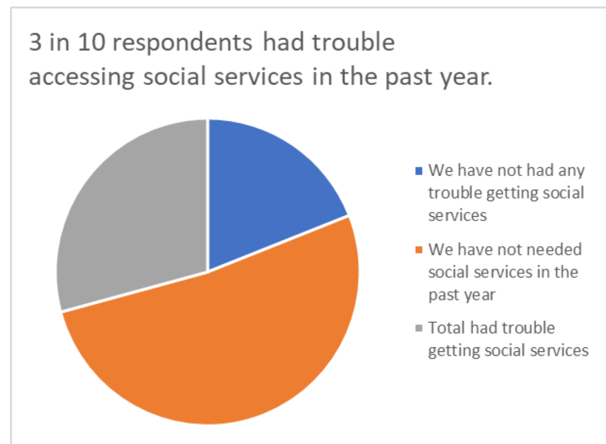
Respondents answering "Why were you unable to access these health care services?" 15.8% selected "Other" and wrote in an answer. We analyzed and categorized the responses to better understand common themes. The two most common themes were lack of providers/staff, which included mention of long wait lists (8 responses) and medication-related issues, such as cost, availability, timeliness of prescriptions, and poor communication between the hospital and pharmacy (6 responses). Close behind was "lack of continuity of primary care providers" (5 responses) and "insurance barriers" (4 responses). Three people mentioned "no open appointments when they were ill," and another three identified their PCP office "not returning calls" or "always needing to reschedule."

It's worth noting that we don't have a way of connecting these barriers back to a specific type of service. For example, it would be helpful to know which barrier was most prominent for access to dental care, but the survey design did not allow for this level of analysis.

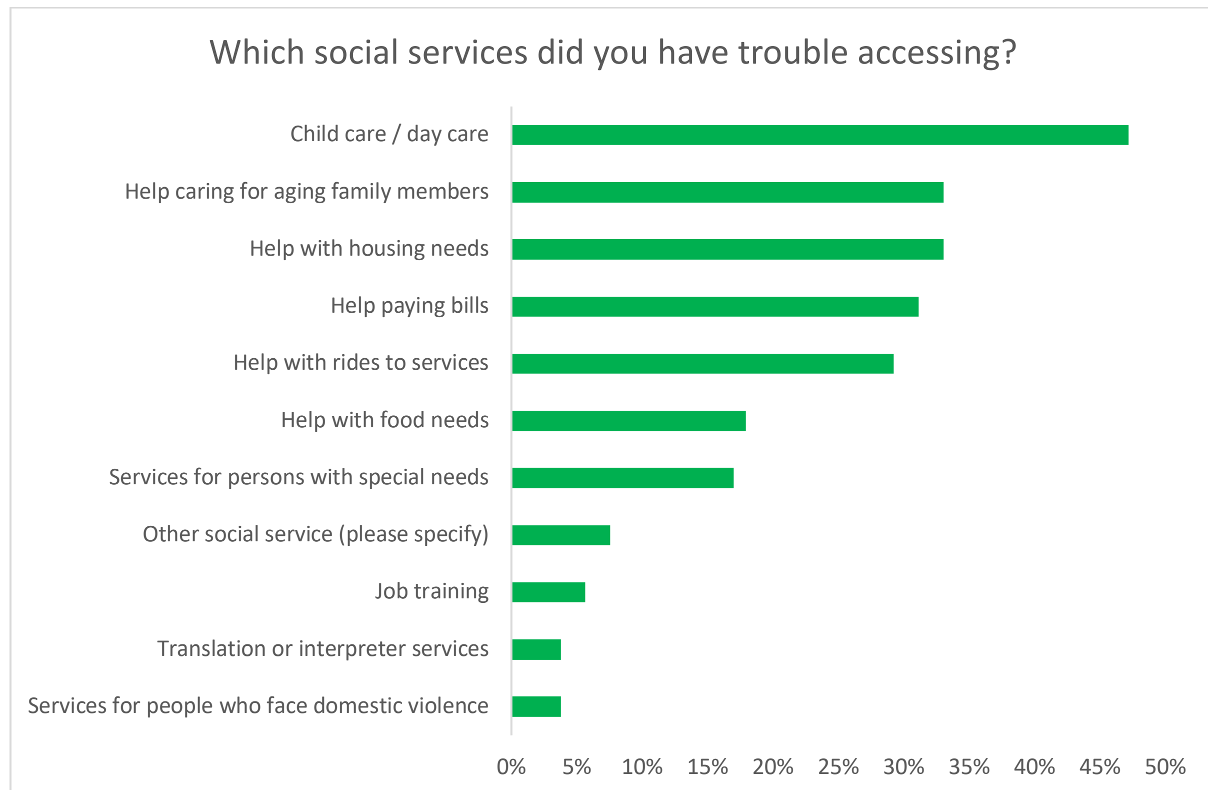


## Access to Social Services

Respondents were also asked if they or someone in their household had trouble getting social services in the past year. Compared to medical services, fewer respondents overall needed social services in the past year. More than half of respondents (51.8%) said they did not need any social services in the past year, and another 19% needed services but had no trouble getting them. This left over a quarter of respondents (29%) who said they did have trouble getting one or more social services in the past year. If you set aside the respondents who said they didn't need any, and thus didn't attempt to access social services, it suggests that more than 1 in 2 respondents (60%) who needed social services had trouble getting them. Respondents were asked to select which social services they had trouble getting in the past year. They could select as many services as they wanted.



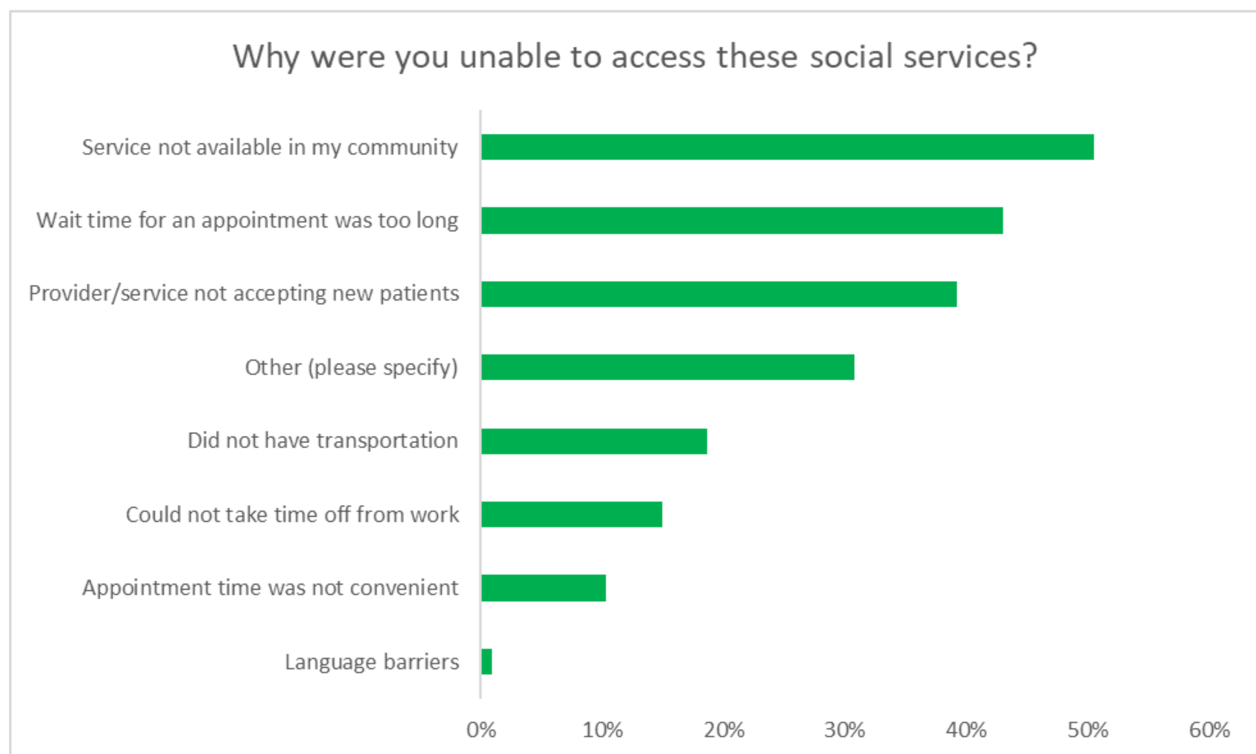

Among the 106 respondents who had trouble accessing social services, nearly half (47.2%) had trouble getting child care or day care in the past year, suggesting this is an area of great need. Also of note, 33% had trouble getting help caring for aging family members, 33% had trouble getting help with housing needs, 31.1% had trouble getting help paying bills, and 29.2% had trouble getting rides to services. The full results are displayed below in descending order.



A small number of respondents (2.2%) selected "Other" and wrote in their answer. The write-in social services individuals had trouble accessing in the past year were, with one response each: financial help with prescription drugs, providers who understand trauma, finding a qualified babysitter, counseling for youth, and weatherization supports/supports for sustainable living transition.

Respondents were then asked to identify why they were unable to access social services (if they had responded yes to having trouble in the previous question). They could select multiple answers. The results are displayed below in descending order. The most common response among individuals who had issues accessing these services was that the service was not available in their community (50.5%), followed by the wait time for an appointment was too long (43%) and the provider/service was not accepting new patients (39.3%). As with health care services above, we cannot tie these barriers back to a specific type of social service.

30.8% of respondents selected "Other" and were asked to specify. We categorized the responses to better understand common themes. The most common barrier cited was affordability/cost with 14 responses; 3 of these were specifically about lack of affordable housing and another 3 about lack of affordable child care. In total, 7 respondents went into detail about their barriers to finding available, affordable, and/or safe child care. Another 6 respondents pointed to a lack of providers/staff shortages.




Prioritizing Future Work

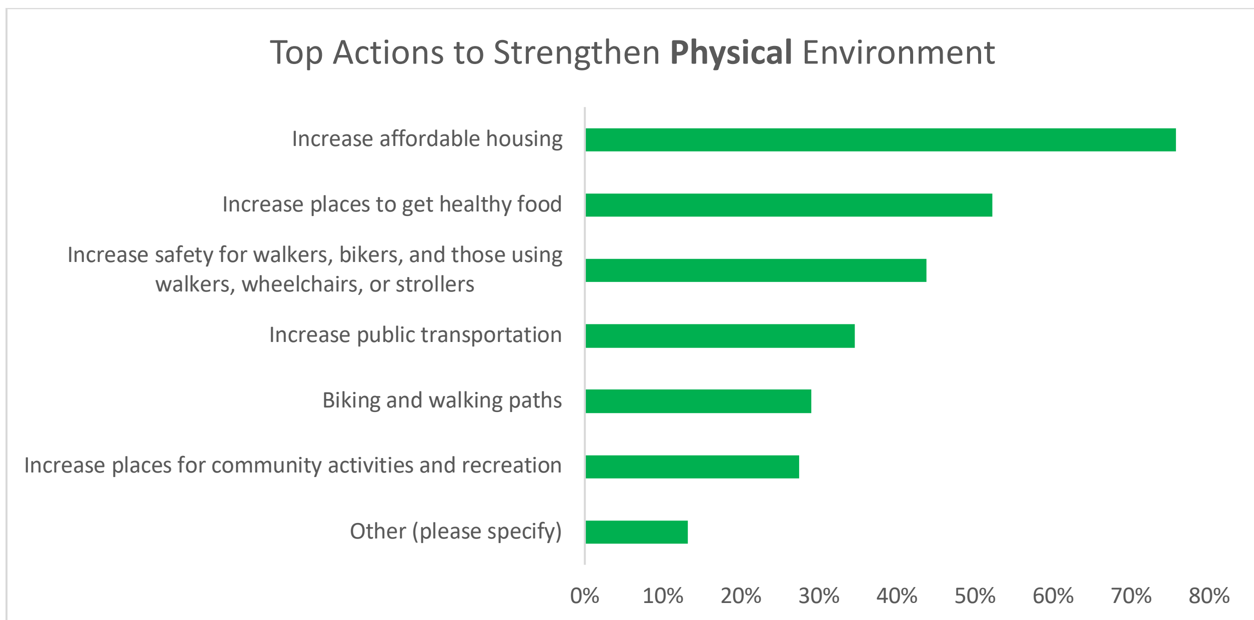
The last section of the survey asked respondents to select from a list of suggested actions their Top 3 to strengthen a particular community domain. The various domains were: physical environment, social environment, children/adolescents and their families, older adults and their families, and health care. The

table below displays the most frequent identified action for each category, followed by the full results and a selection of direct quotations from those who selected the free-text option "Other (please specify)."

| Community Domain | Top Action to Strengthen Domain |
|---|---|
| Physical environment | Increase affordable housing (75.7%) |
| Social environment | Recreation and fitness programs (64.7%) |
| Children/adolescents and their families | Increase before and after-school activities (62.2%) |
| Older adults and their families | Caregiver support / respite care (69.8%) |
| Health care | Increase primary care services (62.0%) |

**Physical Environment**

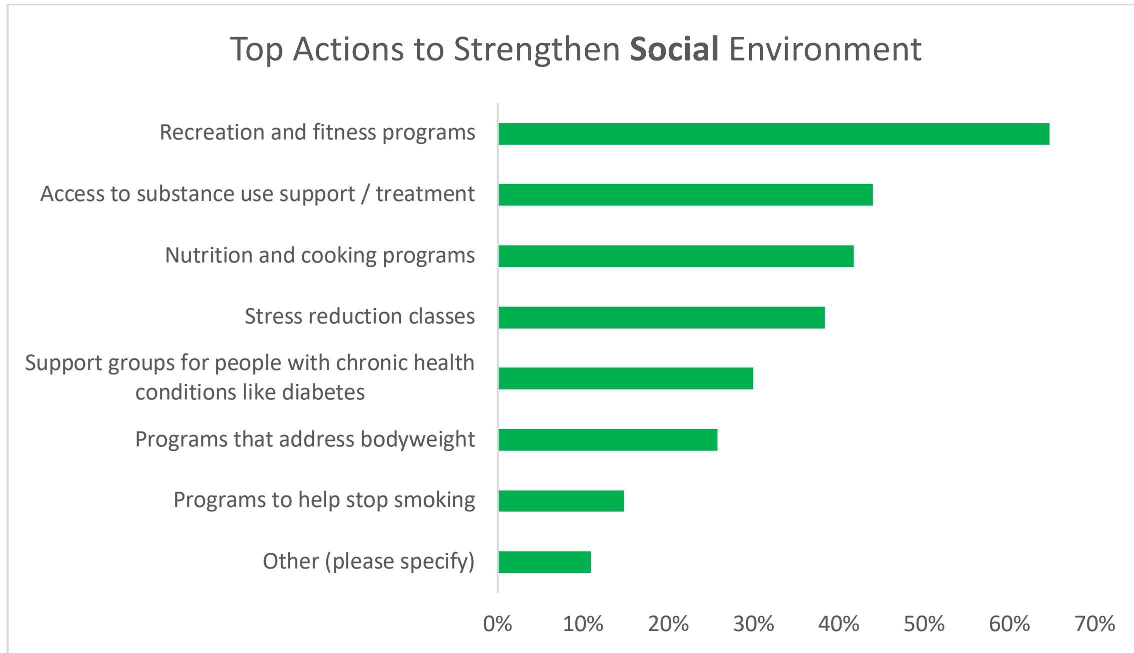
The top action selected to strengthen the physical environment of our community was to increase affordable housing. Three-quarters of respondents (75.7%) selected this as one of their Top 3 actions. Close behind, over half of respondents (52.2%) selected "Increase places to get healthy food." The full results are shown in the graph below.




Both of these themes were reflected in the write-in responses to "Other (please specify)" which was selected by 13.2% of respondents. The following are some representative quotes:

- *"I would like to see more affordable places to get healthy food."*
- *"Increase ALL housing, not just affordable."*
- *"Need affordable housing and a grocery store that is affordable."*

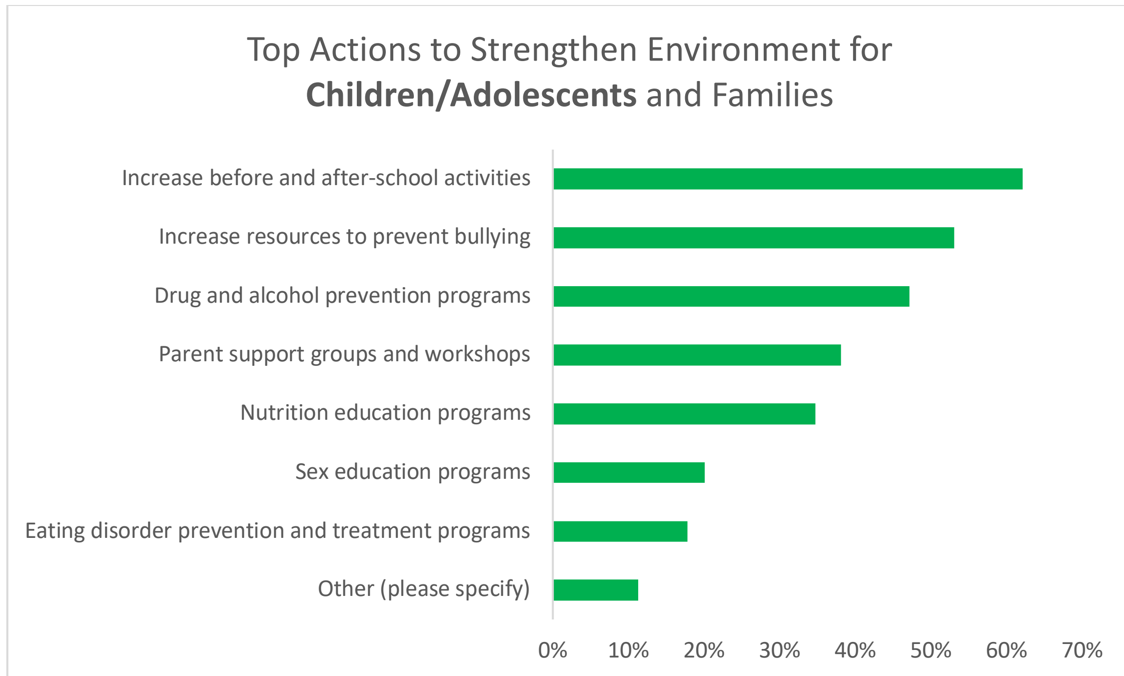
**Social Environment**
Close to two-thirds of respondents (64.7%) chose "Recreation and fitness programs" as one of their Top 3 actions to strengthen the social environment. All other possible responses were selected by less than half of respondents. The full results are shown in the graph below.




10.9% of respondents chose to write in an "Other" response. Two main themes arose in the comments: more support groups (not just for chronic health conditions) and increasing access to recreation and fitness (see a selection of direct quotes below). Mental health also emerged as a theme, but as that was an answer option in the question about strengthening health care, we will address it later.

- *"Access to group therapy or peer support groups for neurodivergent/mentally ill/traumatized populations."*
- *"More support groups for caregivers of special needs individuals."*
- *"Support groups for caregivers/family members of those who have some type of dementia."*
- *"Rec and fitness for all ages."*
- *"Affordable fitness opportunities."*

**Children/Adolescents and their Families**
Close to two-thirds of respondents (62.2%) chose "Increase before- and after-school activities" as one of their Top 3 actions to strengthen the social environment. Close behind, over half of respondents (53.1%) chose "Increase resources to prevent bullying." The full results are shown in the graph below.

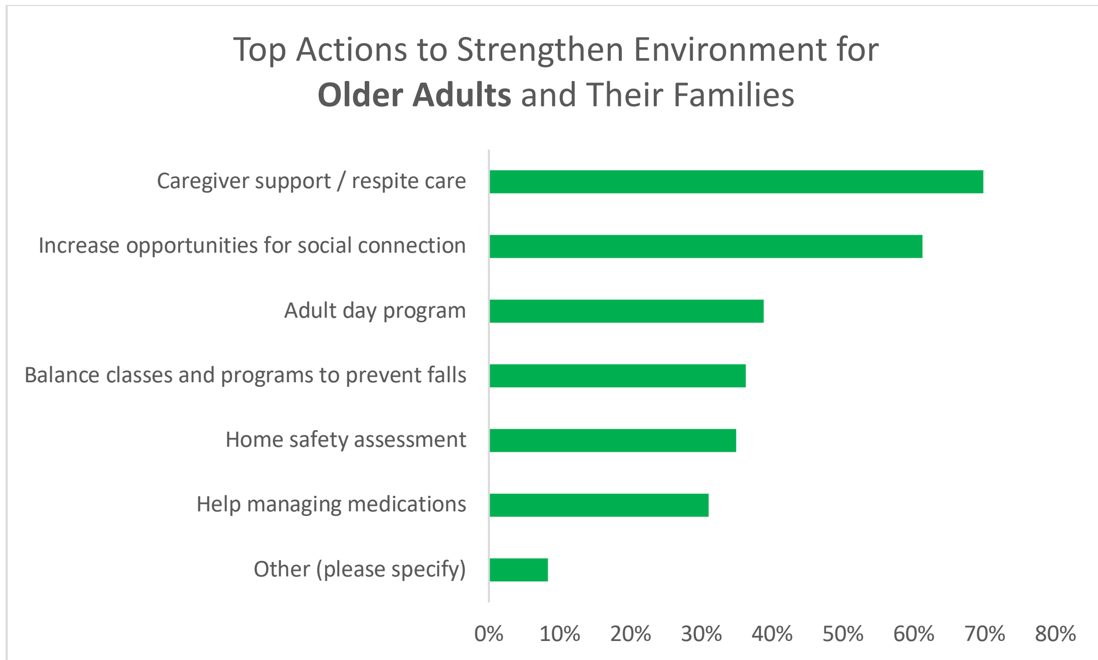



11.3% of respondents chose to write-in an "Other" option. Three themes emerged: child care/daycare, more inclusive programs and resources for youth, and mental health. As with above, we will address mental health when we discuss actions to improve health care, but certainly it is relevant to children/adolescents and their families. The following are some representative quotes:

- *"Quality and affordable daycare."*
- *"More extracurricular programs for students who are not good at team sports."*
- *"Provide after school activities that include children with disabilities."*
- *"Support for people of color and queer youth."*
- *"More resources for LGBTQ and neurodivergent youth."*
- *"Quality youth mental health programming & services (elementary age)."*

**Older Adults and Their Families**

The top action selected to strengthen the environment for older adults and their families was caregiver support and respite care. 7 in 10 respondents (69.8%) selected this as one of their Top 3 actions. Close behind, 6 in 10 respondents (61.2%) selected "Increase opportunities for social connection." The full results are shown in the graph below in descending order.

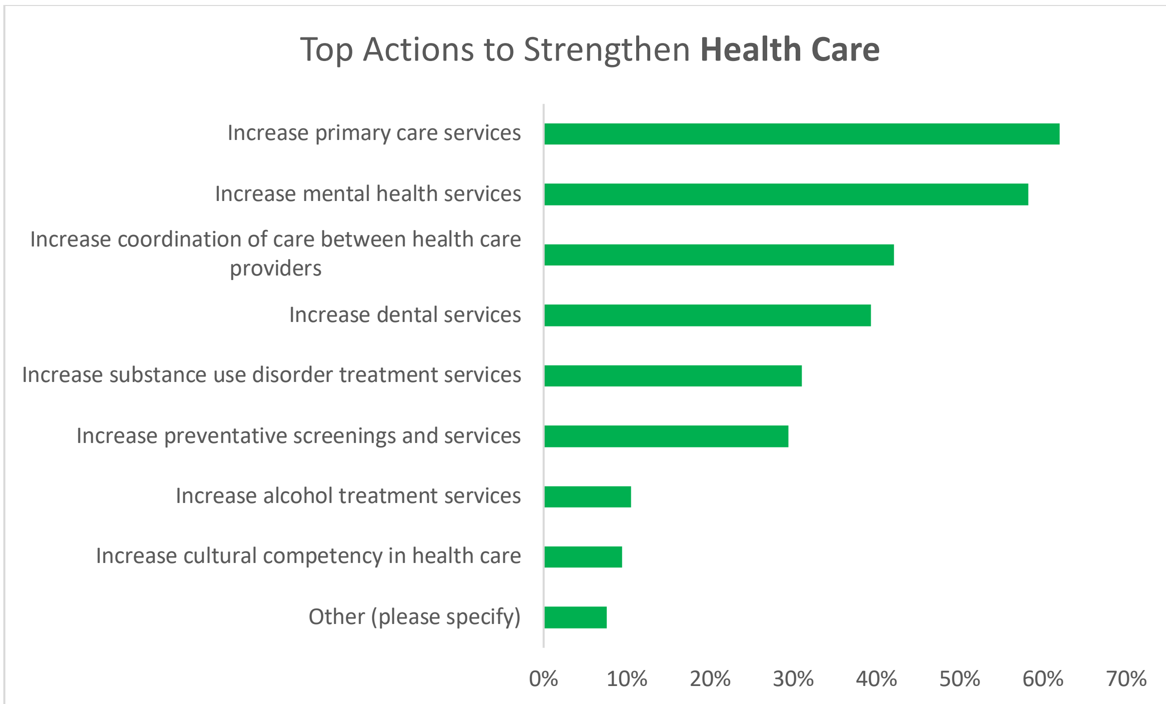



Among those who selected "Other" (8.3%), four themes emerged: the need for more at-home care/help, transportation, exercise classes, and elderly housing/assisted living/nursing homes. The following are some representative quotes:

- *"Transportation for seniors who no longer drive."*
- *"Elderly housing."*
- *"Cleaning services to help older people stay in their homes."*
- *"Available, reliable home health support."*
- *"Affordable home help."*
- *"Any type of exercise classes such as Bone Builders."*

**Health Care**

The top two actions to strengthen health care were to increase primary care services and mental health services, with 62.0% and 58.2% of respondents, respectively, selecting it as one of their Top 3 actions. The full results are shown in the graph below.




The write-in responses to "Other" echoed and expanded on those two topics. The only other common themes that emerged from the write-in responses was around affordability of care and urgent care. The following are some representative quotes:

- *"Set aside appointment time so sick people can be seen instead of being told to go to the Emergency Room. Also make transition to new providers when a provider leaves an easy process."*
- *"Urgent care options, something other than just the ER."*
- *"Decrease costs of health care - it's not affordable, even with insurance."*
- *"Universal free healthcare."*

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