2016

Community Health Needs Assessment

Chittenden and Grand Isle Counties, Vermont

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How to Use
This Report

This report contains findings for Chittenden and Grand Isle Counties, Vermont from the Community Health Needs Assessment (CHNA). The CHNA was planned by the CHNA Community Steering group, an eleven-member team representing a wide range of community agencies and perspectives. (See Appendix I for a listing of these agencies.)

The results are put into context in this report by the University of Wisconsin Population Health Institute's County Health Rankings & Roadmaps 2015 (County Health Rankings & Roadmaps), along with some state Department of Health and University of Vermont Medical Center data. This contextual data accompanies each of the priorities indicated by the CHNA.

The information presented in this assessment was gathered through a survey administered to volunteers, through a Community Leader Breakfast and Interviews, and through a focus group.

The survey asked a total of 42 questions. Of the 42, two are qualifying questions (age and residence) and twelve are demographic questions. There were four open-ended questions on the survey. (See Appendix A) The unedited responses to the open-ended questions appear, in full, in Appendix C.

Below is a description of each section.

(Page numbers can be found in the Table of Contents.)

Executive Summary

The summary provides the highest-level overview for Chittenden and Grand Isle Counties.

Background

This section explains the purpose and background of the CHNA. It includes a description of the methodology and data sources used in the assessment.

Community Served by the UVM Medical Center

The demographic section presents and compares the population and characteristics of Chittenden and Grand Isle counties to one another, as well as to the overall state of Vermont.

Data Collection and Analyses

This section provides a summary of the assessment methods and limitations.

Description of the Significant Health Needs of the Community

This section provides a summary of the assessment data by health issue; it compares Chittenden and Grand Isle counties to the State and explains the importance of the health issues.

Community Health Needs Assessment

Grand Isle

Chittenden

Population Served:
Approximately 170,000

Executive Summary

The University of Vermont Medical Center and the University of Vermont Medical Group are committed to being a national model for the delivery of high-quality academic health care for a rural region whose vision is working together, we improve people's lives. Its mission is to improve the health of the people in the communities served by integrating patient care, education and research in a caring environment.

Although the UVM Medical Center (formerly known as Fletcher Allen Health Care) serves a larger community of one million people throughout Vermont and northern New York, the 2016 Community Health Needs Assessment (CHNA) considers the health needs of its primary health service area of Chittenden and Grand Isle counties in Vermont.

The partnership of the UVM Medical Center, the University of Vermont College of Medicine and the College of Nursing and Health Sciences forms Vermont's university medical center. The UVM Medical Center serves as the community hospital for approximately 170,000 residents in Chittenden and Grand Isle counties and provides primary care services at eleven Vermont sites.

This summary provides findings from the CHNA, a comprehensive review of health data and community input on health issues relevant to Grand Isle and Chittenden counties. The assessment covers a large range of topics, but is not a complete analysis of any one issue. Rather, these data help to identify priorities which lead to productive community discussion and the creation of goals. We invite the reader to investigate and use the information in this report to move toward solutions for healthier communities.

Executive Summary

Who participated in the study?

The CHNA took into account input from persons representing the broad interests of the community, including those with special knowledge of or expertise in public health, as well as residents of the communities in the health service area.

Opinions were acquired through a community survey of 1,549 residents and interviews with 27 officials from community agencies. After the community survey was completed, key leaders were invited to discuss some of the survey findings alongside population level data.

In order to ensure that potential health needs of all facets of the population were reflected in the assessment, UVM Medical Center partnered with stakeholder organizations to advise and inform the assessment process. The CHNA Community Steering group included eleven members; these members are listed in Appendix I.

What areas are considered?

The survey collected data on a variety of community issues, looking at both traditional health needs along with social determinants of health. Social determinants of health are conditions in the places where people are born, live, work and play that impact their risk for poor health outcomes and overall quality of life.[1] These results are put into context by the County Health Rankings & Roadmaps.

What is the purpose?

The purposes of the assessment are:

- to identify significant priority health needs
- to enable the UVM Medical Center to better target resources to improve the health of our community as described in its implementation strategy
- to meet state and federal requirements[2]

What does this report show?

This report

- summarizes the results of all data collection and synthesis
- presents the ten priority areas indicated by the process

Major Findings

Throughout the last decade, the community has described consistent concern and pervasive need for accessible and affordable, culturally competent health care; accessible mental health care and substance abuse treatment; a livable wage; affordable housing; and improvement of healthy behaviors. Those concerns are repeated in this assessment and some more specific needs are defined. This assessment looked at both traditional health needs along with social determinants of health.

After a preliminary analysis of results, the CHNA Steering Committee used the results to draft priority areas of need for Chittenden and Grand Isle counties. This report summarizes the results of all of these data collection and synthesis activities and is organized by the 10 priority areas put forward through this process. Throughout this process, the needs of vulnerable populations such as New Americans, minorities, disabled and low-income, were identified. Addressing the needs of vulnerable populations is central to all of the needs listed below.

- Access to Healthy Food
- Affordable Housing
- Chronic Conditions
- Early Childhood and Family Supports
- Economic Opportunities
- Healthy Aging
- Mental Health
- Oral Health and Health Care
- Sexually Transmitted Infections and Teen Births
- Substance Abuse

For a more detailed description of the significant health needs of the community, see page 36.

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[1] Office of Disease Prevention and Health Promotion. Social Determinants of Health. Available at https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health

[2] Vermont's Act 53 requires that hospitals maintain awareness of community needs and report on how these are met. The Affordable Care Act requires that all tax-exempt hospitals and health systems conduct CHNAs at least once every three years. This process is to be reported on UVM Medical Center's IRS Form 990, Schedule H.

Background

1980's

CHNA's Conducted

Since the mid-1980s, the UVM Medical Center has led (often in partnership with community-based organizations) community health assessments.

2003

Act 53

In 2003, the State of Vermont passed Act 53 (since amended) which required all Vermont Hospital Service Areas to perform an assessment on a routine basis.

Subsequent legislative and regulatory changes revised this requirement to require hospitals to understand their communities' needs and to publish relevant information on those needs on their websites.

2000; 2004

The UVM Medical Center led (or co-led) large-scale assessments.

2007

University of Vermont Medical Center conducted a series of Community Leader interviews;, twenty-two community leaders were interviewed on their thoughts regarding the UVM Medical Center's role in an effort to assess its relationships with community partners, as well as to understand future and current community health needs.

2010

A number of leaders whose work supported pediatric efforts were interviewed.

2011

In order to meet governmental requirements, as well as to help inform development of a new Community Benefit Plan, UVM Medical Center began the assessment process reflected in this report in the fall of 2011.

2013

The first University of Vermont Medical Center CHNA was completed in 2013. Comparisons between the first and second editions of this assessment are made in this report.

2016

The 2016 CHNA assessment is the second ACA-required CHNA assessment completed by the UVM Medical Center.

Recent changes in annual Schedule H of the IRS 990 form (strengthened by provisions in the Affordable Care Act and regulation) require that tax-exempt hospitals and health systems conduct a CHNA at least once every three years and adopt an "implementation strategy" to meet needs identified by the assessment.

Community Served by the UVM Medical Center

The UVM Medical Center's Health Service Area (HSA) includes Chittenden and Grand Isle counties, as well as a few outlying towns in Lamoille and Franklin counties. For the purpose of this assessment, data collection efforts focused on Chittenden and Grand Isle counties. The Health Service Area is determined by the State of Vermont and is based on the residence of inpatient discharges.

Demographic and Socioeconomic Factors

Chittenden County

Characteristics

- home to the largest population in Vermont
- ranks better than the statewide averages in most areas[3]
- 291.7 residents per square mile

Population

160,000 residents[5]

Providers: Residents

lower ratio of residents to health care providers

Uninsured Rate

lower uninsured rate than the statewide rate

Unemployment Rate

lower than statewide statistics

Children living in poverty

lower than statewide statistics

Median Household Income

higher than statewide statistics

Education

- better educated than the statewide average
- higher percentage of both high school graduates and people with at least some college experience

Diversity

most diverse county in the state, with 8.3% of its residents from a racial or ethnic minority group, compared to only 5% for the state as a whole

Grand Isle County

Characteristics

- more rural than Chittenden County
- ranks similarly to the statewide averages in most areas[4]

Population

Just under 7,000[6]

Providers: Residents

higher ratio of residents to health care providers

Uninsured Rate

only slightly higher than the statewide rate

Unemployment Rate

close to the statewide statistics

Children living in poverty

close to the statewide statistics

Median Household Income

close to the statewide statistics

Education

- high school graduation rate unavailable
- percentage of people with at least some college experience was a bit lower than the statewide average

Diversity

5.2% slightly higher than the state as a whole (5%)

3 University of Wisconsin Population Health Institute: County Health Rankings & Roadmaps. Vermont: Chittenden. Available at http://www.countyhealthrankings.org/app/vermont/2015/rankings/chittenden/county/factors/overall/snapshot
4 University of Wisconsin Population Health Institute: County Health Rankings & Roadmaps. Vermont: Chittenden. Available at http://www.countyhealthrankings.org/app/vermont/2015/rankings/GrandIsle/county/factors/overall/snapshot
5 United States Census Bureau. Quick Facts: Chittenden County, Vermont. Available at https://www.census.gov/quickfacts/table/PST045215/50007
6 United States Census Bureau. Quick Facts: Grand Isle County, Vermont. Available at https://www.census.gov/quickfacts/table/PST045215/50013,50007

Primary and Chronic Disease Needs of Uninsured Persons, Low-Income Persons and Minority Groups

The Centers for Disease Control and Prevention advises communities to identify and address the many dimensions of disparities that exists, particularly with regards to health. Race or ethnicity, sex, sexual identity, age, disability, socioeconomic status, and geographic location all contribute to an individual's ability to achieve good health."[7]

Given Vermont's small population size, it is often difficult to break out specific racial/ethnic groups rates of chronic disease. We are able to compare rates of diabetes, obesity, high blood pressure and asthma with those at 200% or above the Federal Poverty Level (FPL) and those less than 200% of the Federal Poverty Level. Data from the Vermont Behavioral Risk Survey (BRFFS)[8] shown below indicates that adults living at <200% of the FPL are significantly more likely to report diabetes, asthma, smoking and not visiting a dentist/dental clinic.

Table 1.
Health Indicators by Income in Chittenden and Grand Isle counties

	Chittenden and Grand Isle residents		Data Year
	Less than 200% FPL	200% FPL or Above	
Diabetes Prevalence*	11%	4%[#]	2013
High Blood Pressure	30%	24%	2013
Obesity Prevalence	25%	20%	2013
Current Asthma Prevalence	20%	7%[#]	2013
Adults without a visit to Dentist/ Dental Clinic in last year	46%	15%[#]	2012
Currently smoke cigarettes	29%	9%[#]	-

* Age adjusted to U.S. 2000 standard population.

# Indicates that the proportion among Chittenden and Grand Isle Counties living at <200% FPL is statistically different compared to residents in those counties living at 200%+FPL.

Throughout this process, the needs of vulnerable populations such as New Americans, minorities, disabled and low-income, were identified. Addressing the needs of vulnerable populations is central to all of the needs listed in this report.

7 Office of Disease Prevention and Health Promotion.Disparities. Available at https://www.healthypeople.gov/2020/about/foundation-health-measures/Disparities
8 Vermont Department of Health. Behavioral Risk Factor Surveillance System Reports and Data Briefs. Available at http://healthvermont.gov/research/brfss/reports.aspx

Demographic Context (County Health Rankings)

To provide context for the survey results, we provide population data from the County Health Rankings & Roadmaps in each section of this report. The County Health Rankings & Roadmaps are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play.

The County Health Rankings & Roadmaps measure a variety of health outcomes and health factors in nearly every county in America. We have chosen statistics relevant to the needs addressed in each part of the survey and have included those statistics in the relevant sections of the report.

We have included statistics for both Chittenden and Grand Isle counties as well as for the state of Vermont for comparison. As shown in this needs assessment, Chittenden and Grand Isle counties typically rank better than the statewide average for most metrics, but this does not mean that there are not many needs in these two counties that need to be addressed.

For more information on the County Health Rankings, see http://www.countyhealthrankings.org/.

Where statistics were not available through the County Health Rankings, statistics from the Vermont Department of Health were used.

Existing Health Care Facilities And Resources

Chittenden County is home to a variety of health care facilities and resources that address many of the identified needs in the community. For full descriptions of each facility, see Appendix J.

Facility	Description
The University of Vermont Medical Center	Along with The University of Vermont College of Medicine and College of Nursing and Health Sciences, one of 138 academic medical centers in the country.
Burlington District Office of the Vermont Department of Health	The local district office of The State's lead agency for public health policy and advocacy
Community Health Centers of Burlington	Federally Qualified Health Center serving Chittenden and southern Grand Isle Counties
The Howard Center	Vermont's largest community-based mental health center
Visiting Nurse Association of Chittenden and Grand Isle Counties	Home health agency that cares for individuals and families through health and related services in homes and other community settings

In addition to medically based health care facilities, there is a strong network of nonprofit organizations in Chittenden and Grand Isle counties that serve the needs of vulnerable populations across the community. The health institutions above all partner and collaborate with a dynamic list of partners from government, non-profits and individuals.

Data Collection and Analysis

The Affordable Care Act requires that all hospitals complete a Community Health Needs Assessment (CHNA) every three years. The Office of Community Health Improvement at the University of Vermont Medical Center, in collaboration with local partners, completed the collection of data and community input from Chittenden and Grand Isle Counties and analyzed that information to identify significant health needs in the community.

This section describes the methods used to analyze responses to the 2016 CHNA survey. Throughout all stages of this process, the CHNA Community Steering Group utilized the contracted support of the UVM Center for Rural Studies. The Center for Rural Studies works with people and communities to address social, economic, and resource-based challenges through applied research, community outreach, program evaluation, and consulting.

Data Gathering

In both 2013 and 2016, surveys were administered online through Survey Monkey and the link was distributed via email and Front Porch Forum, a Vermont social networking site that allows people to connect with others in their neighborhoods.

The survey invitation reached approximately 56,000 members of the Front Porch Forum. Paper surveys were also distributed, as well as translated at six ESL classes, in partnership with The Vermont Refugee Resettlement Program. A small percentage (less than 3%) of respondents took an abbreviated version of the survey that was translated into their native, non-English language.

The survey asked a total of 42 questions. Of the 42, two are qualifying questions (age and residence) and twelve are demographic questions. There were four open-ended questions on the survey. (See Appendix A) The unedited responses to the open-ended questions appear, in full, in Appendix C.

Respondents were asked to rank several community attributes for importance, with the option of "other" with questions such as: *When you imagine a strong, vibrant, healthy community, what are the most important features to you?* (Please choose up to 5)

and *When you think about challenges in the community where you live, what are you most concerned about?* (Please choose up to 5)

Respondents were then asked to rank community needs in six categories: Healthcare; Seniors; Children and Family; Hunger and Nutrition; Substance Abuse; and Mental Health, using a scale from high need to no need. Lastly, respondents ranked each of the above categories, prioritizing their need to be addressed in each community.

Because the survey offered areas for open-ended responses, the research yielded both statistical evidence and anecdotal evidence. The combination of these two data types informed prioritization, as well as enhancing and supporting the statistical analysis contained in this report.

A Community Leader Breakfast was held in which 92 Community Leaders were invited to table discussions on present perceived health needs. Individual interviews were conducted with 27 community leaders.

Weighting

To make the 2016 data more congruent with the 2013 data (and thus allow us to directly compare the data from both years), the 2016 data were weighted by gender and income, using the 2013 data as the population. The weights were created by dividing the percentage of respondents of each gender and income category in 2013 by the percentage of respondents in the corresponding gender and income category in 2016.

Survey Data Analysis

McNemar's test[9] was used to compare 2016 responses to 2013 responses where appropriate. In addition, chi-square test to compare 2016 responses by age, income, living with dependent children under age 21, and caring for dependent elders. For 2016, an index was created for each category in which respondents were asked to rank needs for services (Health Care, Seniors, Children and Families, Hunger and Nutrition, Substance Abuse, and Mental Health). Each respondent's index value was the sum of his or her need rankings for all services in that category. The independent samples t-test was used to compare the mean index values for each category by age, income, dependent children, and dependent elders.

1556
surveys were completed by adult residents of Chittenden and Grand Isle Counties in 2015 for the 2016 report.

1451
surveys were completed for the 2013 assessment.

105
person increase in resident participation.

9 McNemar's test assess the significance of the difference between two correlated proportions.
http://vassarstats.net/propcorr.html

Although community engagement during this assessment has increased from the 2013 community health needs assessment, several challenges remain regarding the CHNA's Community Steering Group's ability to capture current community health needs.

First,

The University of Vermont Medical Center's entire service area was not surveyed, as the service area is not entirely defined by the political boundaries of any one county. Further, the survey was completed by 1,556 residents of the two counties, which is approximately one percent of the adult population; however, no attempt was made to ensure that the responses were representative of the population of either the two counties or the service area. The survey is also limited by the questions asked, as it was predominately a multiple choice survey.

Second,

the survey was primarily administered as an online survey and the majority of surveys were distributed through e-mail and a local online community forum, so those without regular access to Internet are likely underrepresented in the survey results. Surveys were available in print format, but not widely distributed. Surveys were orally translated at six local ESL classes in Burlington and Winooski, VT. In addition, no attempt was made to randomly sample the population.

Third,

although the Community Leader Breakfast and Interviews were very valuable in that they brought together knowledgeable individuals to discuss present health needs, many of these leaders are stakeholders in the community and likely to pursue efforts in which they are invested in as active community partners, which in turn impacts their concept of issues that should be prioritized.

Lastly,

the focus group provided useful input from community members, but participation in the group required individuals to have transportation to Burlington, which was a barrier for some.

Process for Consulting with Persons Representing the Community's Interests

27
Expert Interviews

In addition to the surveys, in depth interviews were conducted with 27 community leaders from local government and nonprofit agencies. Findings from these interviews are used to illustrate key points throughout the report.

92
Community Leaders

Approximately 300 community leaders were invited to participate in a breakfast discussion group. Ninety-two attended. Discussions were held among tables of eight to ten leaders, facilitated by a member of the CHNA Steering Committee. Population data and preliminary data from the community survey were available on each table to inform the discussion (See Appendices E and F for examples). Each table chose one or two health issue areas for in depth discussion. Summary comments and highlights of these discussions are woven into the relevant sections of this report.

In addition, the CHNA Steering Committee convened a facilitated discussion of the needs-assessment results in order to prioritize the community health needs. The sections of this report are based on the outcome of the prioritization meeting.

15
Community Members

The final data collected for this Community Health Needs Assessment came from a facilitated focus group of fifteen community members. In this focus group, community residents discussed their own health situation and what they do to stay healthy, what they see as the health needs of their community and how they would prioritize these health needs. Focus group participants were given hypothetical money to prioritize health needs in their community, and the results of this exercise are summarized in the relevant sections of the report.

Process Used to Prioritize Needs

The Center for Rural Studies facilitated a meeting of the CHNA Steering Committee as it considered the results of the needs assessment community survey, the population data from the County Health Rankings project, admissions data from the UVM Medical Center and the key leader discussion groups.

Participants in this meeting were first reminded to consider their own biases before prioritizing needs for the community and then identify what they consider the top health needs in the community, followed by discussion.

Second, each participant reviewed a packet that included several key findings from the results and to note the priority needs, taking these results into account. This was followed by debriefing among the group.

Third, the facilitator provided a summary of all of the results to date, and participants again indicated their top priorities. The final discussion summarized the priorities identified and asked the participants to further prioritize the list.

As a result of the community survey, the Community Leader Breakfast, and the leader interviews, the CHNA Steering Committee engaged in prioritization exercises that resulted in the ten needs listed on page 9.

Description of the Significant Health Needs of the Community

Overview

Community leaders and residents discussed the elements of a healthy community and what needs or challenges their community faces. In general, the elements that are most needed for communities to be healthy, as described by both leaders and residents are summarized by the quote below:

COMMUNITY LEADER QUOTE
Significant Health Needs of the Community

"A place where everyone has a safe affordable home and easy access to public space where exercise and recreation is available. Fresh food that is affordable and accessible. Educational and employment opportunities that bring their full talent of the community and enable people to reach their highest potential. A community that animates faith in the future and all the possibilities. Believing in something beyond today and people have a shared aspiration in shaping what their collective and shared future will be. People have sense of agency in the world they operate in..."

The survey results provide a quantitative look at how residents of the community describe what makes a healthy community and the challenges their community faces.

The following tables also provide a look at how these features may have changed since the 2013 community health needs assessment.

Table 2.

Important features of a strong, vibrant, healthy community n=1,156

	Percent 2013 (Rank)	Percent 2016 (Rank)
Good Schools	40.2 (1)	56.8 (1)
Livable Wages	33.3 (4)	47.7 (2)
Affordable Housing	27.9 (5)	47.7 (3)
Clean Environment	25.6 (7)	46.1 (4)
Health Care Services	36.0 (3)	45.5 (5)
Public Safety	36.7 (2)	42.0 (6)
Recreation Resources	15.8 (10)	38.2 (7)
Walkable and Bike-Friendly Communities	23.2 (8)	37.8 (8)
Economic Opportunities	26.8 (6)	35.1 (9)
Sense of Community	N/A	34.2 (10)
Access to Healthy Food Choices	19.5 (9)	33.6 (11)
Mental Health Services	9.9 (14)	27.3 (12)
Drug and Alcohol Free Communities	12.6 (11)	23.5 (13)
Access to Public Transportation	11.1 (12)	23.3 (14)
Good Childcare	9.5 (16)	22.1 (15)
Senior Services	9.6 (15)	20.1 (16)
Youth Services	N/A	15.7 (17)
Diverse Population	10.5 (13)	15.5 (18)

As in 2013, the CHNA takes a holistic view of the health needs in its community. The first thing to understand is what is important to the creation and maintenance of a strong, vibrant, healthy community.

Table 2 shows the features that respondents feel are most important to a healthy community. Each feature was indicated as important by a statistically-higher percentage of respondents in 2016. This increase may be due, in part, to suggesting respondents select five items in 2016, in lieu of the three that were suggested in 2013.

That said, the rank order, or relative importance, of these items remains largely unchanged.

Good schools and a walkable, bike-friendly community remained unchanged categories in relative importance. Most other items moved up or down one to two positions from 2013.

Several items are notable, in that their position changed by three or more positions. Clean environment and recreational resources moved up in relative importance by three or more positions, while economic opportunities and diverse population moved down by three or more positions.

The high-ranking features show a focus on affordability. As illustrated by the quotes from the survey, health care, health insurance and affordability are closely linked. Another recurring, complex theme links substance abuse, mental health and homelessness.

The top features were consistent from 2013 to 2016 , including good schools, livable wages, affordable housing, public safety, and health care services, among others. In fact, good schools were described as important by the most respondents in both 2013 and 2016.

health insurance   health care   affordability

mental health   substance abuse   homelessness
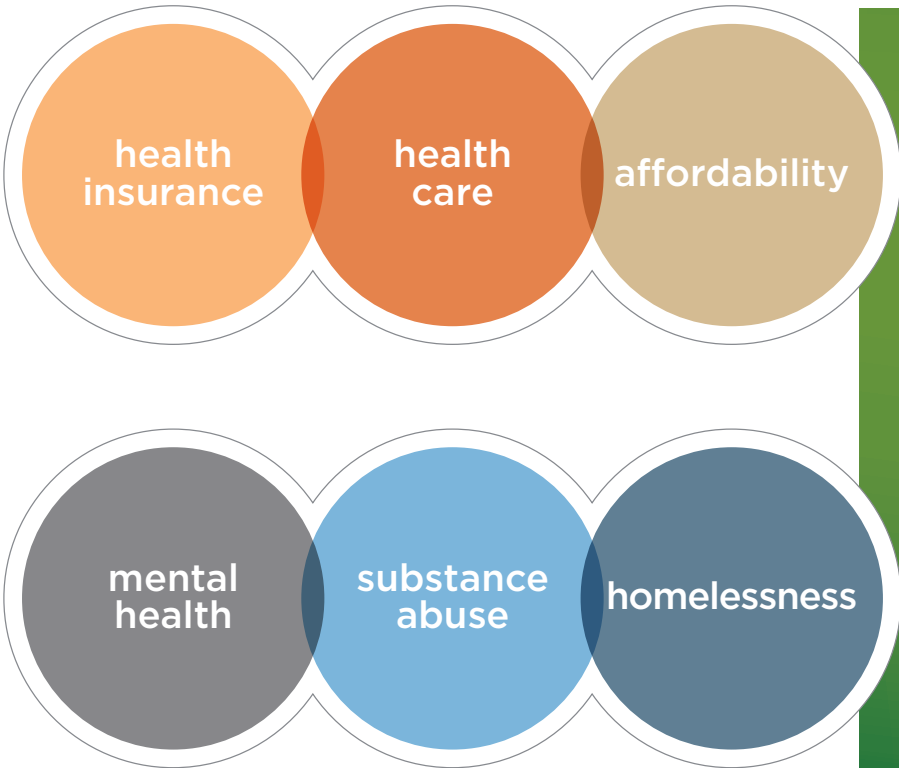
QUOTES FROM THE SURVEY
Significant Health Needs of the Community

"Affordable health care. I was middle class, now lower middle and can't afford health care. I don't have any, where I used to have Catamount."*

*Catamount refers to Vermont's former income-based comprehensive health plan; it was replaced by the Vermont Health Connect in 2013.

"Substance abuse, mental health and homelessness go hand in hand and you cannot address one without the other. All these issues, if left unchecked, can contribute to crime and other ugly issues."

After describing what was important, survey respondents were given a comparable list and asked what challenges they were most concerned about in their own community. The relative concern was much more volatile than the relative importance, though lack of affordable housing remains the number one concern in both 2013 and 2016. Lack of economic opportunity remained at number 3. However, relative concern increased for drug and alcohol abuse, crime and vandalism, access to mental health services, and domestic and child abuse. At the same time, relative concern decreased for access to health care services, access to affordable and healthy food, lack of good schools, polluted environment, and lack of recreation resources.

Table 3.
Community challenges survey respondents are most concerned about, n= 1,150

	Percent 2013 (Rank)	Percent 2016 (Rank)
Lack of Affordable Housing	39.9 (1)	58.3 (1)
Drug and Alcohol Abuse	19.3 (9)	52.5 (2)
Lack of Economic Opportunities	33.9 (3)	36.9 (3)
Homelessness	N/A	33.1 (4)
Crime/Vandalism	20.3 (8)	30.6 (5)
Access to Mental Health Services	13.4 (11)	27.5 (6)
Lack of Public Transportation	22.1 (7)	26.4 (7)
Lack of Pedestrian Infrastructure	N/A	23.1 (8)
Domestic/Child Abuse	9.3 (14)	16.5 (9)
Availability of Social Supports	N/A	15.1 (10)
Not Enough Childcare Options	15.2 (10)	15.0 (11)
Lack of Support for Seniors	9.5 (13)	14.7 (12)
Access to Health Care Services	37.8 (2)	14.3 (13)
Lack of Support for Youth	N/A	13.5 (14)
Racial or Cultural Discrimination	8.1 (15)	12.7 (15)
Access to Affordable and Healthy Food Choices	22.4 (6)	10.6 (16)
Lack of Good Schools	28.8 (4)	9.3 (17)
Polluted Environment	22.8 (5)	9.3 (18)
Lack of Recreation Resources	11.9 (12)	7.8 (19)
High Cost of Living/High Taxes	N/A	3.0 (20)

Rankings of Community Needs

At the end of the 2016 survey, respondents were asked to rank 12 categories of services from most needed in their community to least needed in their community. The number of respondents who ranked each item is shown in Table 4. Respondents ranked each of the 12 categories from #1 (most needed) to #6.

Many survey respondents found it difficult to prioritize one need over another or wanted to rank them all as number 1. For more detailed comments from the survey respondents, see Appendix C.

QUOTE FROM THE SURVEY
Rankings of Community Needs

"Burlington is such a fun and culturally diverse part of Vermont. I love it here, sadly, long-term I cannot afford to keep my family here. As we look at other towns to buy a home in, the school systems aren't very strong. The web between schools and towns overall can be a concern for young families."

Table 4.
Number of Respondents Who Ranked Need for Services in Community

	1	2	3	4	5	6
Affordable Housing/ Homelessness	461 (1)	265	134	96	102	90
Economic Opportunities	314 (2)	359	186	119	82	77
Substance Abuse	303 (3)	209	157	148	166	150
Health Care	232 (4)	192	212	181	143	163
Children and Families	213 (5)	194	232	201	176	121
Mental Health	195 (6)	259	200	186	171	122
Hunger and Nutrition	154 (7)	173	198	199	187	221
Pedestrian and Public Transportation Infrastructure	130 (8)	136	252	220	215	183
Sense of Community	117 (9)	138	170	183	225	304
Clean Environment	109 (10)	174	236	245	189	178
Seniors	85 (11)	138	147	200	266	295
Recreation and Physical Activities Resources	52 (12)	104	169	257	297	262

Rankings of Community Needs (continued)

Affordable housing/homelessness, economic opportunity, substance abuse, health care, children and families, and mental health were the top six #1 ranked items. The same six items were the top ranked #1-#3 and they received the fewest #6 rankings.

The quote below from a survey respondent nicely summarizes the top-3 ranked items: affordable housing, economic opportunities, and substance abuse.

Figure 1 shows that not all items that are important for a healthy community are seen as a challenge in the community, and not all challenges received were ranked as number one to address. This figure shows the nine items that were ranked important and challenging for the community.

QUOTES FROM THE SURVEY
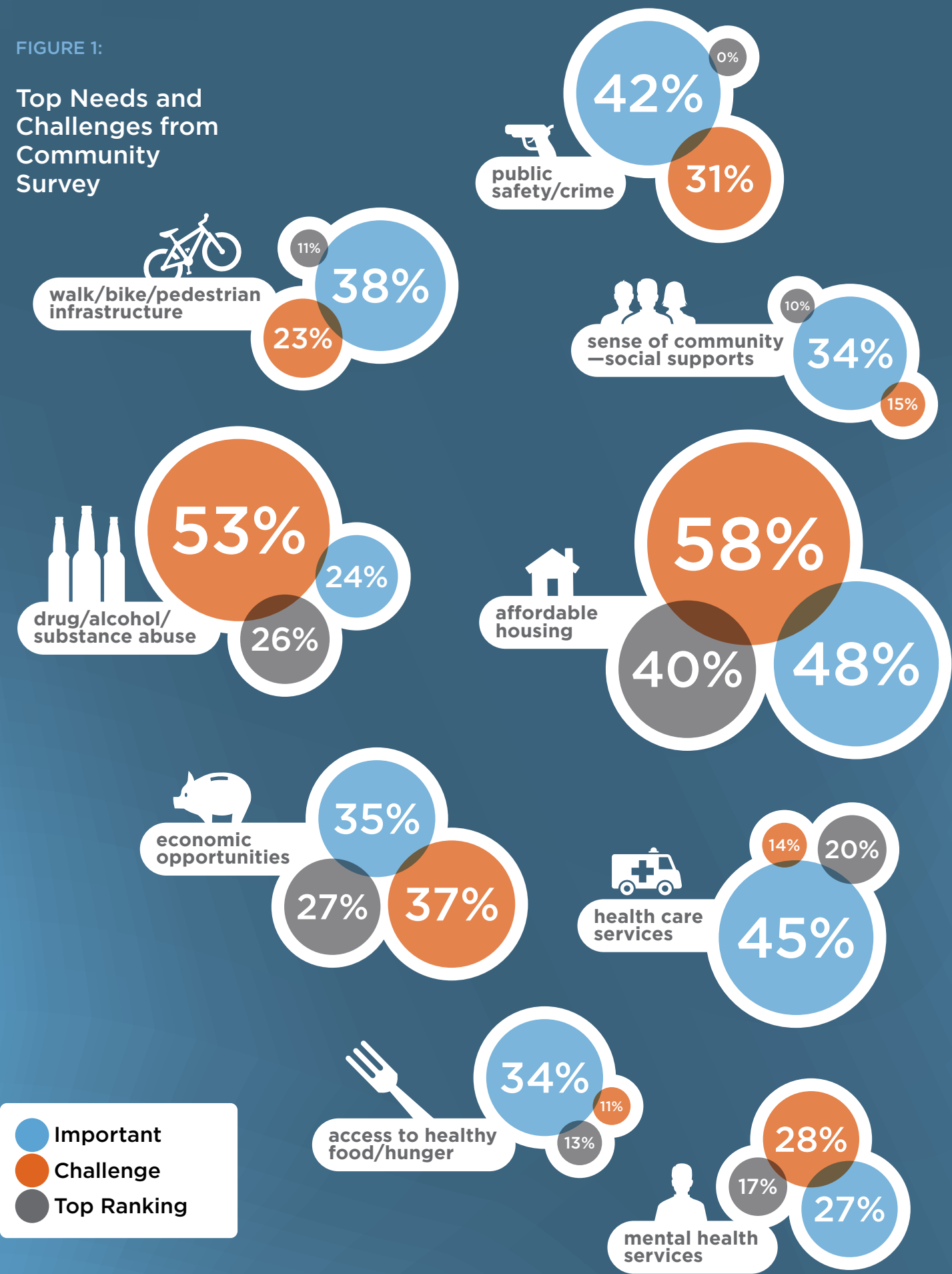Rankings of Community Needs

"[The biggest challenges are]: first, culture of addiction…second, we lack a robust economy. Third, cost of living…Addiction is the screaming crisis."

KEY LEADER QUOTE
Rankings of Community Needs

"We need political will to measure and then stop doing the things that don't work. Do we have the ability to stop investing if we know they aren't working or is some advocacy group going to say, 'no, not us.' We need a decision-making process, clear path, everyone needs to say: 'This is it. This is what we are investing in.' We need political will."

Top Needs and Challenges from Community Survey

public safety/crime — 42%, 0%, 31%

walk/bike/pedestrian infrastructure — 11%, 38%, 23%

sense of community —social supports — 10%, 34%, 15%

drug/alcohol/substance abuse — 53%, 24%, 26%

affordable housing — 58%, 40%, 48%

economic opportunities — 35%, 27%, 37%

health care services — 14%, 20%, 45%

access to healthy food/hunger — 34%, 11%, 13%

mental health services — 28%, 17%, 27%

Legend:
- Important (blue)
- Challenge (orange)
- Top Ranking (gray)

Priority: Access to Healthy Food

#7
Ranked
Need overall

#16
In Community
Challenges

#11
In Healthy
Communities

There are two components considered for hunger and nutrition needs: access to food and obesity prevention.

Access to affordable healthy food was cited by all respondents as both an important need in the community as well as an asset.

Obesity prevention was seen as a high need for survey respondents. When asked for specifics, respondents stated that programs to combat obesity were the second-highest need. The 2013 Community Health Needs Survey showed these programs as a higher ranking need than in the 2016 survey.
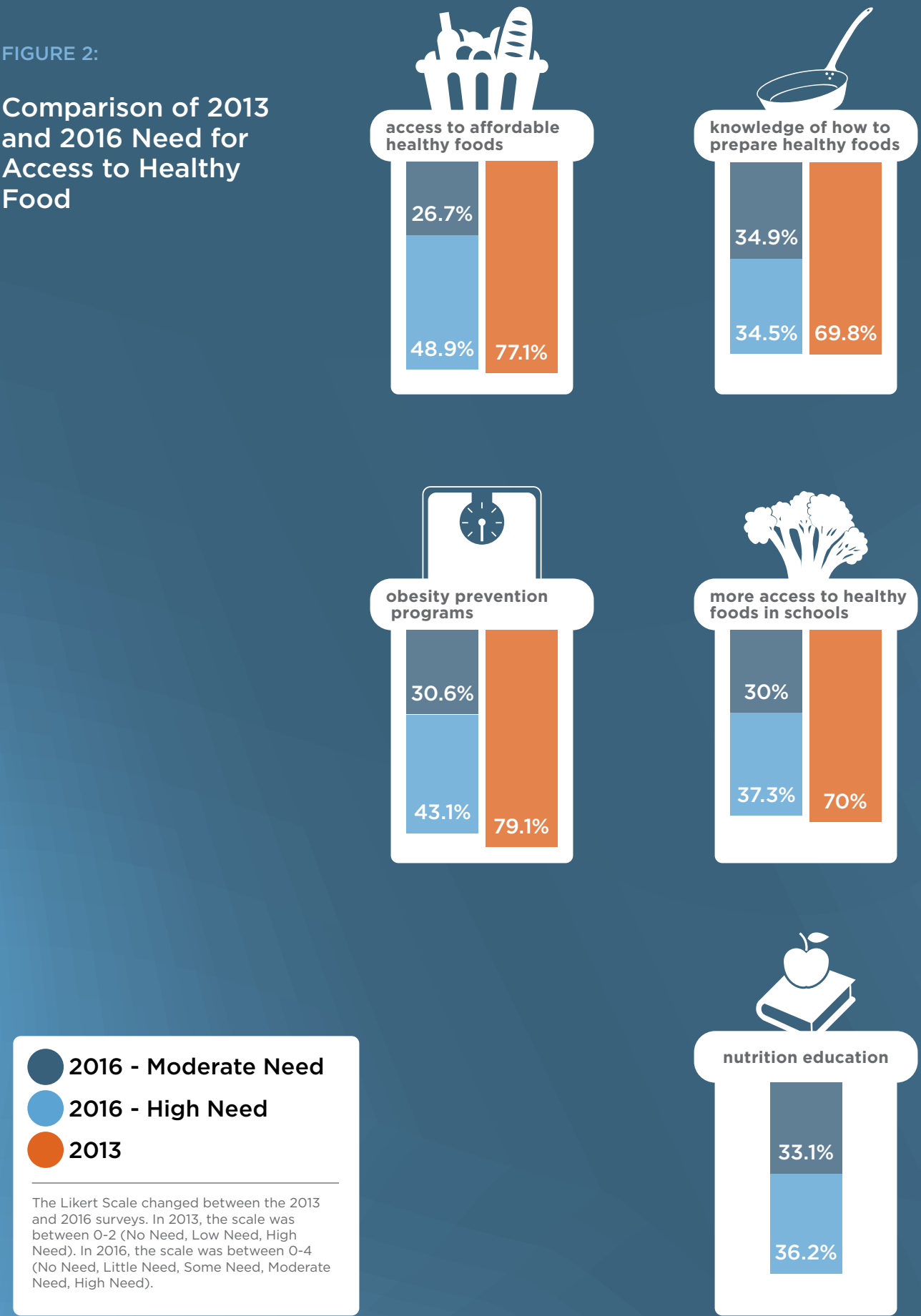
As illustrated by the quote below, the community focus group and the community leaders all believe access to affordable, healthy foods is one of the highest needs in the hunger and nutrition category, along with obesity prevention programs. This response is similar to the needs described in 2013. Access to healthy foods in schools received the most ratings of little or no need (11.7%), which is no surprise as the community leaders pointed out that healthy foods in schools is a current asset within the community.

QUOTE FROM THE SURVEY
Access to Healthy Food

"I think access to healthy food is incredibly important, especially with many members of our community with a low socioeconomic status."

FIGURE 2:

Comparison of 2013 and 2016 Need for Access to Healthy Food

access to affordable healthy foods
26.7%
48.9% 77.1%

knowledge of how to prepare healthy foods
34.9%
34.5% 69.8%

obesity prevention programs
30.6%
43.1% 79.1%

more access to healthy foods in schools
30%
37.3% 70%

nutrition education
33.1%
36.2%

● 2016 - Moderate Need
● 2016 - High Need
● 2013

The Likert Scale changed between the 2013 and 2016 surveys. In 2013, the scale was between 0-2 (No Need, Low Need, High Need). In 2016, the scale was between 0-4 (No Need, Little Need, Some Need, Moderate Need, High Need).

Priority: Access to Healthy Food (continued)

As shown in Table 5, respondents considered access to healthy food in Chittenden County to be slightly worse compared with accessibility in Grand Isle. However, access to physical activity is higher in Chittenden and the overall obesity rate among adults is lower.

Table 5.
County Health Rankings & Roadmaps 2015[10]: Access to Healthy Food

	Chittenden County	Grand Isle County	Vermont
Food Insecurity	13%	11%	13%
Limited Access to Healthy Food	4%	1%	3%
Adult Obesity Rate	21%	27%	24%
Access to Exercise Opportunity	91% with access	69% with access	78% with access

One focus group participant reflected that the "farmer's market provides access to local food and the ability to make connections" while another concluded " connections make a difference and EBT/SNAP benefits at the farmer's market means eating so much better."

The community leaders summarized the asset of access to healthy food as:

• School meals/Burlington School Food Project
• Co-op/downtown grocery
• Farmer's markets/EBT/SNAP benefits at farmer's market

According to the community leaders, access to healthy food could generally be improved by better leverage and coordination of resources, and striving to make healthy food as affordable as unhealthy food.
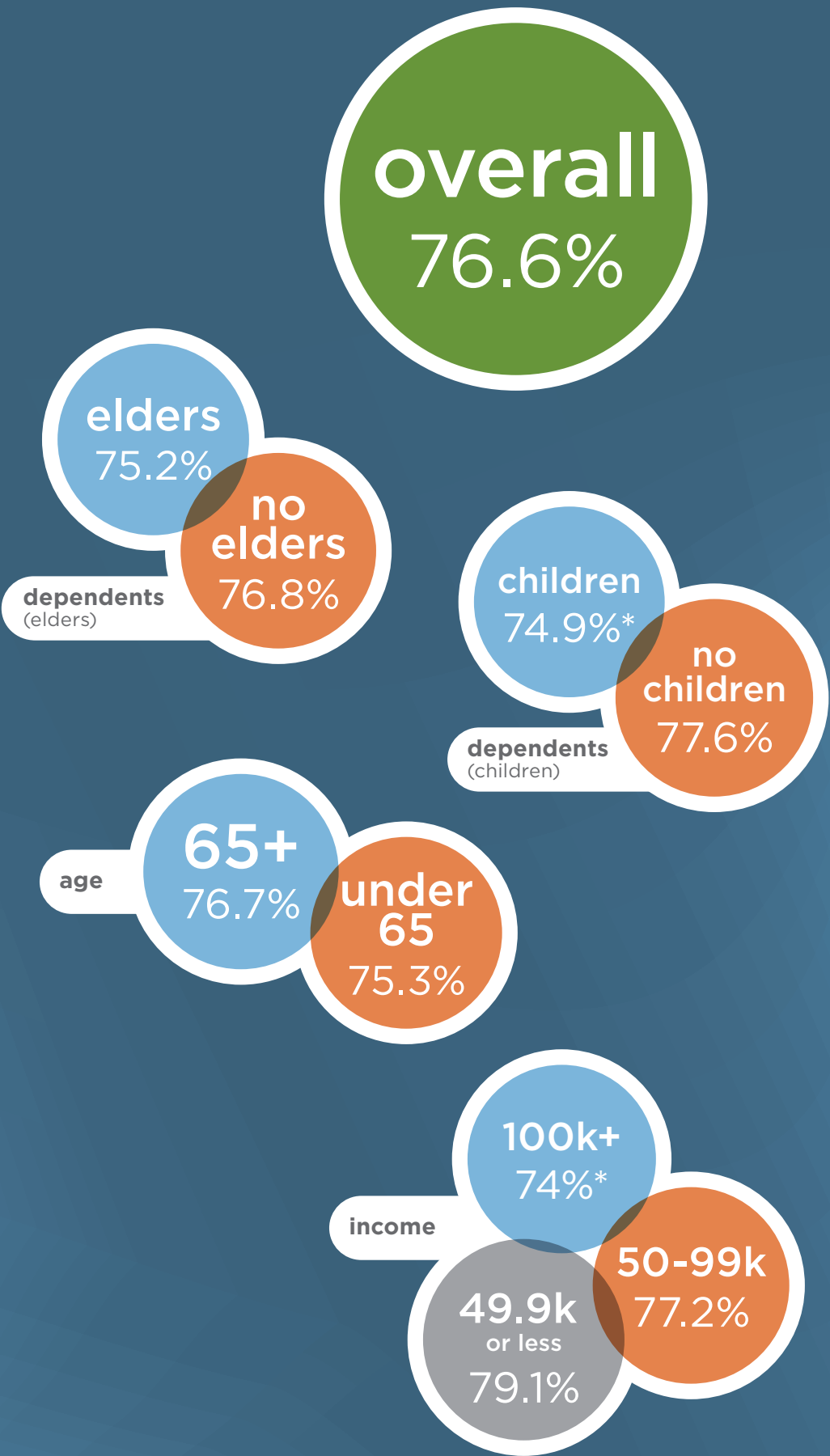
The community survey asked residents to rate the need for five aspects of access to healthy food for community health. The Access to Healthy Food Index calculates need for access to healthy food as a percentage of the total available Healthy Food needs ratings. For example, giving a high need rating to all healthy food access needs items would result in a score of 100%, while a rating of no healthy food access needs for all items would result in a score of 0%.

The overall mean for access to healthy food need is 76.6% of highest need possible. Figure 3 shows some statistically significant differences (p<.001) by demographic category.

QUOTE FROM THE SURVEY
Access to Healthy Food

"School programs [through] support of PE and sports, education about health/unhealthy behavior and access to healthy meals [is a health promoting asset]."

FIGURE 3:

There is a high need for hunger and nutrition services

Access to Healthy Food by Age, Income, Dependents, Range 0-20

overall 76.6%

elders 75.2%
no elders 76.8%
dependents (elders)

children 74.9%*
no children 77.6%
dependents (children)

age
65+ 76.7%
under 65 75.3%

income
100k+ 74%*
49.9k or less 79.1%
50-99k 77.2%

✱ = % < .01

Priority: Affordable Housing

#1
Ranked Need
Overall

#1
In Community
Challenges

#3
In Healthy
Communities

Affordable housing was cited by survey respondents, focus group participants, and community leaders as an integral component of a healthy community.

Focus group participants allocated 26% of their hypothetical budget for affordable housing in one of the exercises (see page 24 for focus group descriptions). Several community leaders suggested that affordable housing—having a place to live—is the foundation for addressing health needs like substance abuse, chronic disease and mental health.

Many studies have explored the relationship between population health and housing conditions. Findings suggest that access to affordable, quality housing is linked to improvements in general health, respiratory health, and mental health.[11] Stable and affordable housing makes it more feasible for individuals living with chronic diseases to increase their access to medical care, maintain their treatment, and have better health outcomes overall.[12]

One leader recommended the "housing first recovery model[13]" as an example of a successful approach and urged the perspective of "housing is a health care issue." Affordable housing was described as one of the top challenges because "housing stability and lack of affordable housing… because moving around causes stress on children and results in poor performance academically." And one leader noted that housing is a health care need because "transients and families living in shelters…are exposed to more illness and need more medical attention."

Table 6.
U.S. Census Bureau 2010-2014 American Community Survey 5 Year Estimates, Vermont State Data Center: Affordable Housing (www.census.gov)

	Chittenden County	Grand Isle County	Vermont
Median Monthly Housing Cost	$1,289	$1,255	$1,067
Rental Vacancy Rate	2.5%	10.4%	4.9%
Total Housing Units	66,482	5,107	324,332
Percent of Units Where Gross Rent More than 35% of Household Income	45%	46.7%	42.2%

Priority: Chronic Conditions

7 out of 10
Americans die
each year of a
chronic disease

35%
Vermonters have
High Cholesterol

The Centers for Disease Control state that chronic disease is "the public health challenge of the 21st century."[14]

The Vermont Department of Health states that:

…chronic diseases—such as cardiovascular disease (primarily heart disease and stroke), cancer, and diabetes—are among the most prevalent, costly, and preventable of all health problems. Seven of every 10 Americans who die each year, or more than 1.7 million people, die of a chronic disease.[15]

Questions about chronic conditions were not specifically asked on the community survey or of community leaders, however quantitative data illustrate the impact which chronic conditions have on the health of our community.

The County Health Rankings provide one data point on chronic conditions, but otherwise provide no robust data on specific chronic diseases. Therefore, information in this section comes from the Vermont Department of Health on the prevalence of chronic disease in Vermont, gathered through the Behavioral Risk Factors Surveillance Survey.

Arthritis, hypertension and high cholesterol are the most prevalent chronic diseases statewide.

Table 7.
Most Prevalent Chronic Conditions[16]

Condition	Vermont	Chittenden County	Grand Isle County
Arthritis	28%	22%	32%
Asthma	11%	10%	10%
Depressive Disorder	23%	23%	24%
High Cholesterol	35%	31%	31%
Hypertension	27%	25%	28%
Obesity	25%	21%	30%

11 Thomson, H., Thomas, S., Sellstrom, E., Petticrew, M.(2013). Review: Housing improvements for health and associated socioeconomic outcomes. Issue 2, 1-335.

12 Buchanan, Kee, Sadowski, Garcia. 2009. The health impact of supportive housing for HIV-positive homeless patients: A randomized controlled study. American Journal of Public Health 99 (S3): S675-S680.

13 Pathways National. Housing First Model. Available at https://pathwaystohousing.org/housing-first-model

14 Centers for Disease Control and Prevention. Power of Prevention. Available at http://www.cdc.gov/chronicdisease/pdf/2009-Power-of-Prevention.pdf

15 Vermont Department of Health. An Overview of Chronic Disease in Vermont. Available at http://healthvermont.gov/research/chronic/overview.aspx

16 Vermont Department of Health. Chronic Disease Overview. Available at http://www.healthvermont.gov/research/chronic/documents/Prevalence.pdf

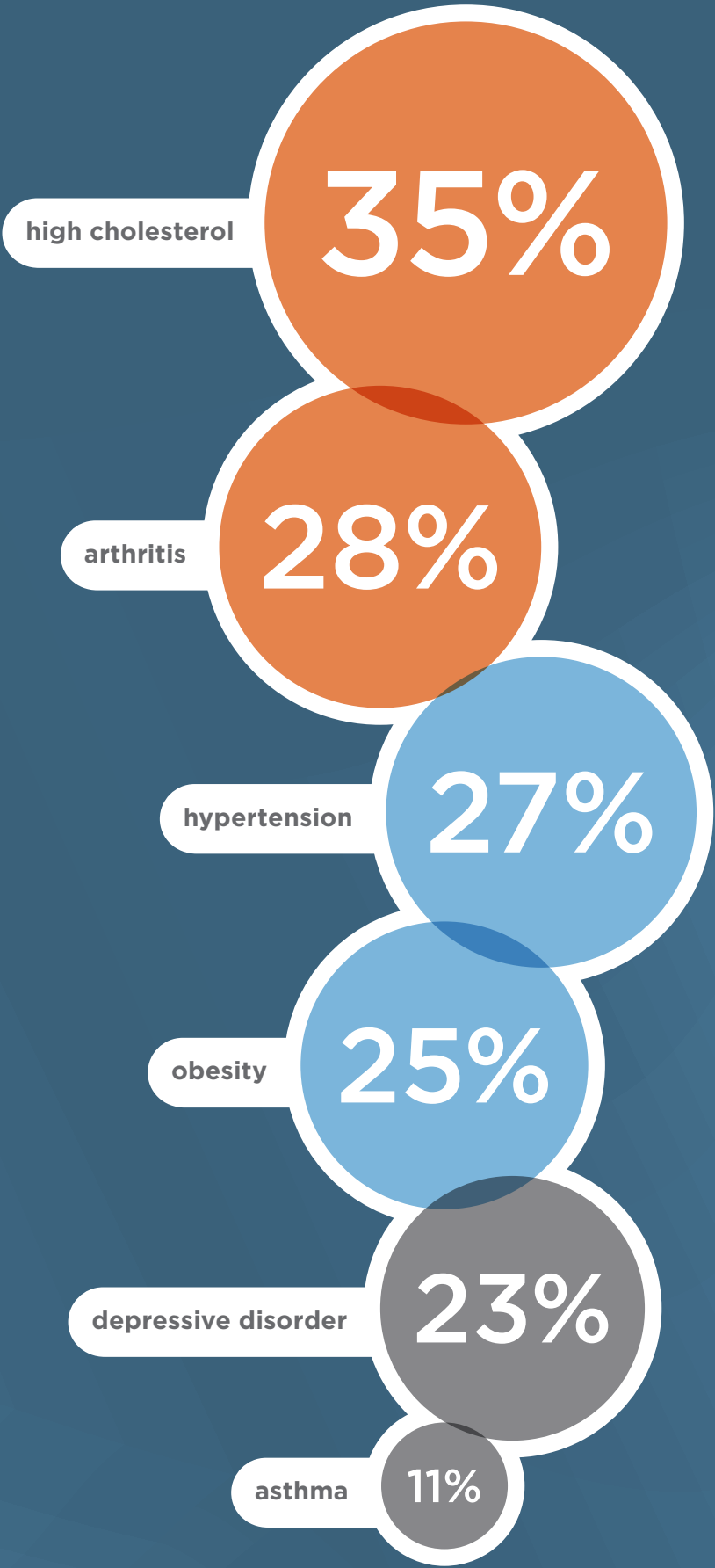## Priority: Chronic Conditions (continued)

Table 8.
Health Status of overall population and priority populations:
4 Leading Causes of Death

Indicator (Death Rate per 100,000 people)	US (2011)[17]	Vermont (2011)[18]	Chittenden County (2011)[18]	Grand Isle County (2011)[18]
Malignant Neoplasms	185.1	215.2	152.3	240.5
Major Coronary Heart Disease	191.5	242.2	157.0	264.4
Chronic Lower Respiratory Disease	45.9	55.9	26.8	67.1
Fatal Unintentional Injuries	40.6	47.9	35.4	20.7

Based on data from the University of Vermont Medical Center, the most common diagnoses for inpatients (57%) and outpatients (45%) are related to heart disease.

FIGURE 4:

Prevalence of Chronic Diseases in Vermont, Vermont Department of Health

high cholesterol **35%**

arthritis **28%**

hypertension **27%**

obesity **25%**

depressive disorder **23%**

asthma **11%**

Children and
Families
#5
Ranked Need
Overall

Domestic/Child
Abuse
#9
In Community
Challenges

Good schools
#1
In Healthy
Communities

Community leaders cited the importance of a strong, well-functioning family as integral to children's success. Quality early childhood education, wrap-around support for families and a supportive network of providers were mentioned by community leaders.

Overall, about one in five Vermonters are under 18 years of age. Of those under 18, 15% live in poverty. But somewhat fewer youth live in poverty in Chittenden and Grand Isle counties than the state overall. In Chittenden county, 10% of children live in poverty, while 14% of Grand Isle's children live in poverty.

In the community focus group, 13% of the hypothetical budget was allocated to Early Childhood and Family Supports. Members of the focus group described this aspect as "very important." The community leaders see "investment in children [as a way] to change the trajectory of the child." They noted that while Vermont is described as one of the healthiest states, it's also "tied for first place in youth addiction rates."

COMMUNITY LEADER QUOTE
Early Childhood And Family Supports

"Parents are often afraid to ask for help and do not know where to get it."

Table 9.
County Health Rankings & Roadmaps 2015[19]: Children and Families

	Chittenden County	Grand Isle County	Vermont
Under 18	18.8%	19.1%	19.6%
Children in Poverty	10%	14%	15%
Low Birthweight	6.7%	7.5%	6.5%
Infant mortality (per 1000 live births)	4.4	5.2	-
Teen Births (per 1000 females, aged 15-19)	10	28	19

Most youth issues were intrinsically related to other health needs, such as mental health or substance abuse. Leaders stated that we "need more child and adolescent [mental health providers]" and we should "soften the cliff as children turn eighteen" when many supports and services no longer apply. The relationship between families and the "screaming crisis" of opiate addiction was illustrated as "the number of children taken into custody, deaths, crime, etc. are all related to opiates in ways we have not seen with alcoholism. We are not doing well by young children. Families are struggling and children are at greater risk today than in a long time."

[19] University of Wisconsin Population Health Institute: County Health Rankings & Roadmaps. Compare Counties in Vermont: Chittenden and Grand Isle. Available at http://www.countyhealthrankings.org/app/vermont/2015/compare/snapshot?counties=007%2B013

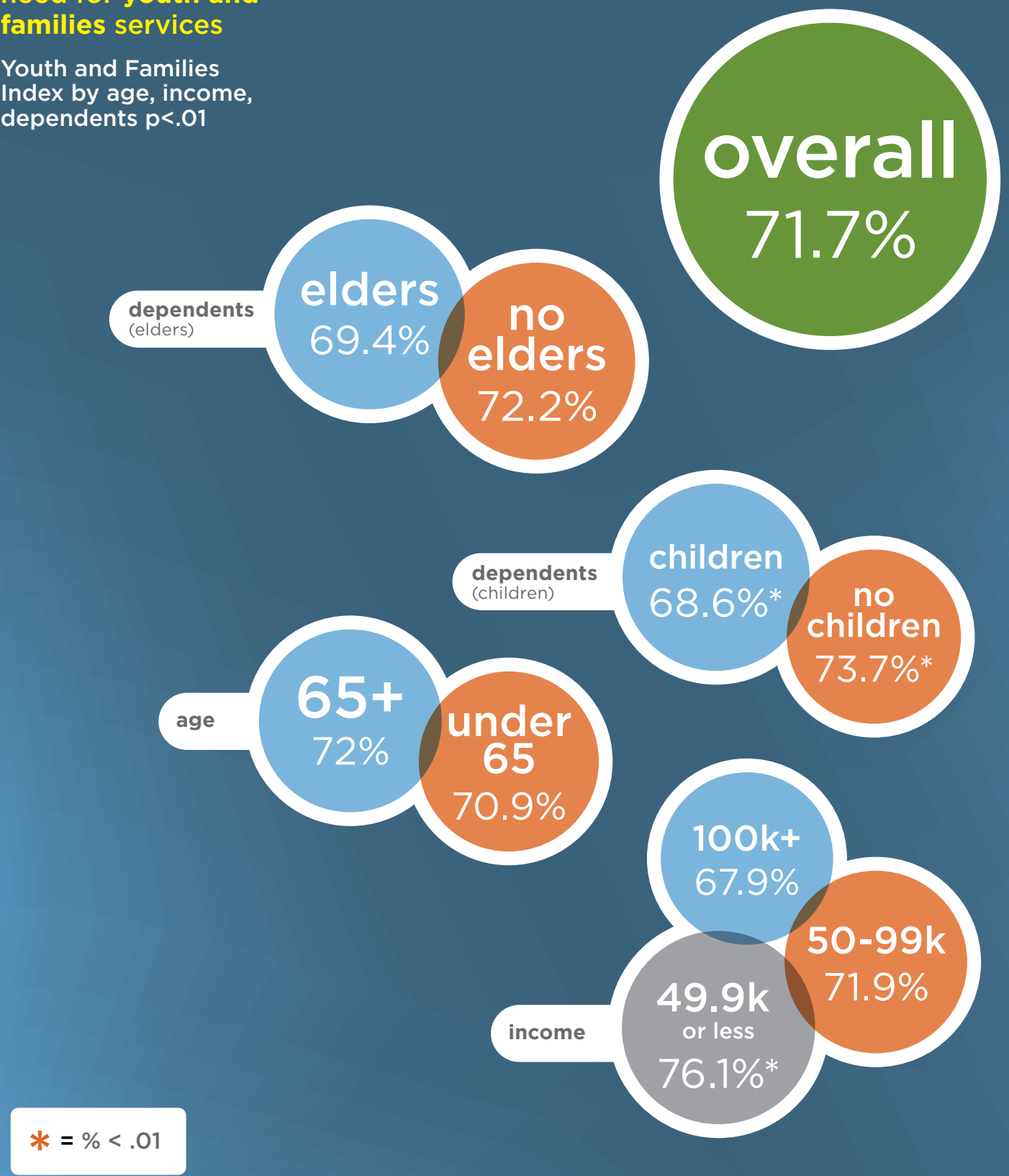## Priority: Early Childhood and Family Supports (continued)

The Youth and Family Index calculates the sum of all need levels that each respondent gave in each subtopic. The average index values are presented in Figure 7 as a percent of the total possible Youth and Family needs points. For example, giving a high need rating to all twelve Youth and Family needs items would result in a score of 100%, while a rating of no needs for all twelve items would result in a score of 0%.

Twelve items pertaining to youth and family issues were assessed for degree of need in the community. The need for youth and family services overall was 71.7% of possible need points. Figure 5 shows some statistically significant differences (p<.001) by demographic category. Surprisingly, those without dependent children assessed the need for these items as higher (73.7%) than those with dependent children (68.6%). Those with the lowest incomes (less than $50,000) assessed a higher degree of need for youth and family items (76.1%) compared to those in the middle (71.9%) or highest income category (67.9%).

There is a high need for youth and families services

Youth and Families Index by age, income, dependents p<.01

overall
71.7%

dependents (elders)

elders
69.4%

no elders
72.2%

dependents (children)

children
68.6%*

no children
73.7%*

age

65+
72%

under 65
70.9%

100k+
67.9%

50-99k
71.9%

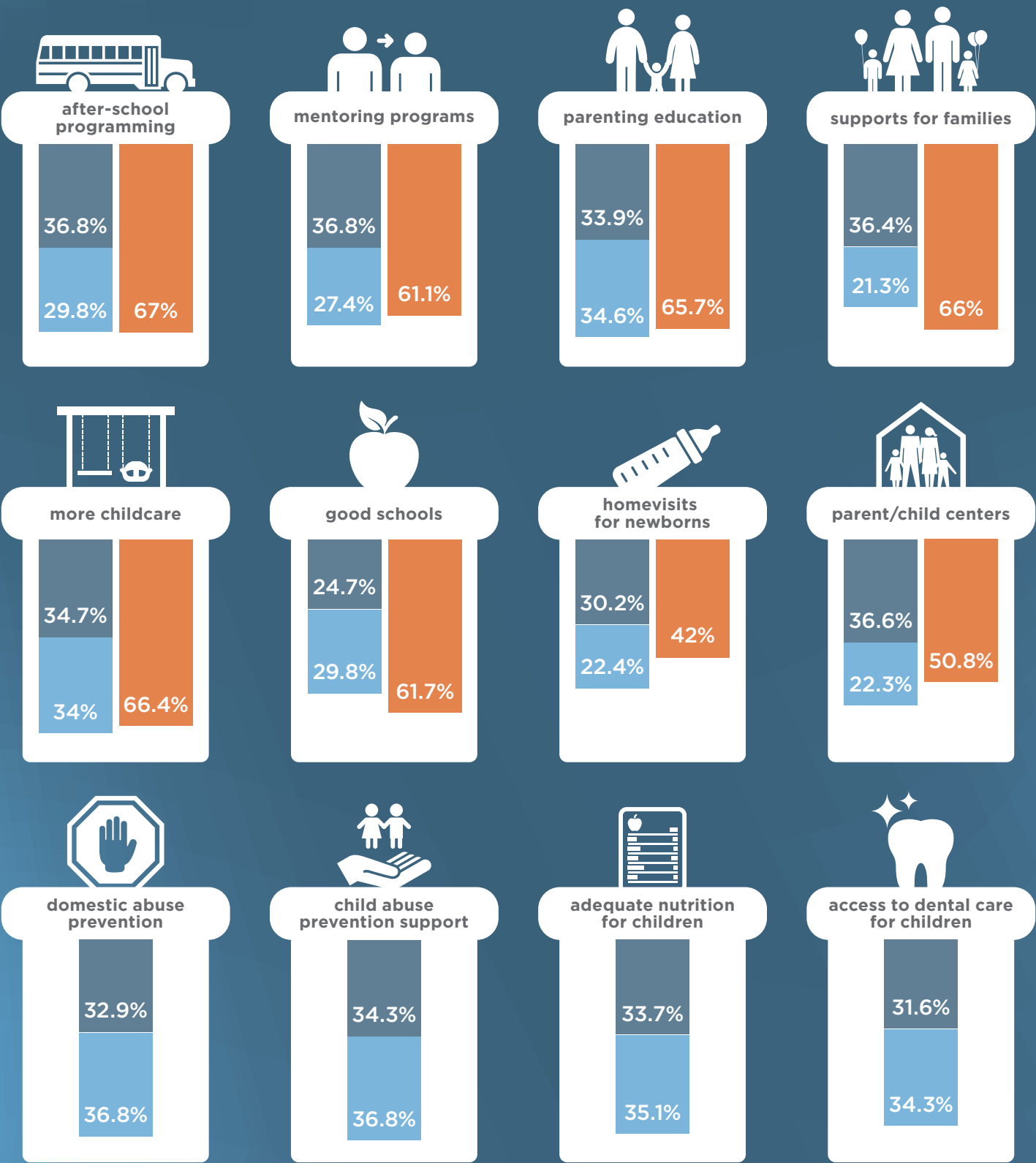income

49.9k or less
76.1%*

✱ = % < .01

Priority: Early Childhood and Family Supports (continued)

In looking at which children and families subtopics were ranked as having the highest need in 2016 (Domestic Abuse Prevention and Child Abuse Prevention, Adequate Nutrition for Children, and Parenting Education), as well as the free responses (such as the one below) regarding children and families, we can conclude that proper care for children is the main concern regarding children and families.

In general, fewer survey respondents assessed a "high need" for the youth and family items, compared to health care and seniors.

QUOTE FROM THE SURVEY
Early Childhood and Family Supports

"Giving kids a healthy start in life reaps benefits down the line. Economic opportunities help make families and communities more stable."

after-school programming
36.8%
29.8% | 67%

mentoring programs
36.8%
27.4% | 61.1%

parenting education
33.9%
34.6% | 65.7%

supports for families
36.4%
21.3% | 66%

more childcare
34.7%
34% | 66.4%

good schools
24.7%
29.8% | 61.7%

homevisits for newborns
30.2%
22.4% | 42%

parent/child centers
36.6%
22.3% | 50.8%

domestic abuse prevention
32.9%
36.8%

child abuse prevention support
34.3%
36.8%

adequate nutrition for children
33.7%
35.1%

access to dental care for children
31.6%
34.3%

● 2016 - Moderate Need
● 2016 - High Need
● 2013

The Likert Scale changed between the 2013 and 2016 surveys. In 2013, the scale was between 0-2 (No Need, Low Need, High Need). In 2016, the scale was between 0-4 (No Need, Little Need, Some Need, Moderate Need, High Need).

FIGURE 6:

Comparison of 2013 and 2016 Need for Aspects of Family and Youth Support

Priority: Economic Opportunities

#2
Ranked Need
Overall

#3
In Community
Challenges

#9
In Healthy
Communities

Community leaders do not limit economic issues to jobs and wages. One leader discussed "affordable child care [because] families need to have two incomes and need good child care for that."

Another leader shared "the disparity between those with resources and those without resources" as a key challenge for the community. Another mentioned that the problem is not economic opportunities alone, "it's an intersection of economics, social health and well-being, and environment."

Jobs are important for economic opportunities; "we need more basic jobs. Highly educated people will be fine here, people on public assistance will be fine…a job, an income that enables people to meet their needs…it helps get rid of that sense of hopelessness."

Leaders stressed that the problem is not limited to a scarcity of jobs, the problem also encompasses "the stress with low wages and still needing to get food stamps is a problem. Poor wages are being subsidized by all of us. [I'm] not sure we need to subsidize business."

Leaders also pointed to income inequality as a challenge. "The jobs we have are not compensating enough to get out of the social net. The economy is creating [low wage] service sector jobs, non-service sector jobs are so competitive companies can pay less."

The table below shows percentages of adults in the labor force, those not in the labor force, and those at the poverty level for Chittenden and Grand Isle counties, as well as the state overall.

Table 10.
U.S. Census, Vermont State Data Center: Economic Opportunities[20]

	Chittenden County	Grand Isle County	Vermont
Percent 16 and Over in the Labor Force	70.8%	69.5%	67.2%
Percent not in the Labor Force	29.2%	30.5%	32.8%
Percent of People whose Income is Below Poverty Level (past 12 months)	11.3%	7.9%	12%

Priority: Healthy Aging

#11
Ranked Need
Overall

#12
In Community
Challenges

#16
In Healthy
Communities

The aging population presents unique challenges for the community. Survey respondents and community leaders consistently ranked the following senior subtopics as having the highest need in 2016: Affordable In-Home Services; Access to Long-Term Health Care; and Transportation to Services. Accessing affordable care and living affordably while maintaining independence are the main concerns regarding seniors.

As illustrated by the quote from the survey, the most-frequently described high need for seniors is affordable home services, and this is unchanged from 2013. Access to long-term transportation services are also high needs for seniors, unchanged from 2013. New to the assessment, "adequate nutrition for seniors" is also described as a high need for the community. None of the items were described as little or no needs by more than 7% of the respondents.

Vermont is known for its relatively high percentage of senior residents compared to other states. Table 11 shows that while Grand Isle County closely resembles the statewide average, Chittenden County is relatively youthful, with 12.7% over the age of 65 (or 87.3% under 65).

Table 11.
County Health Rankings & Roadmaps 2015[21]

	Chittenden County	Grand Isle County	Vermont
65 and Over	12.7%	16.7%	16.4%

QUOTE FROM THE SURVEY
Healthy Aging

"[We need] more supports for seniors to stay in their homes. These supports need to be affordable. The number of people trying to care for aging parents and young children at the same time keeps rising."
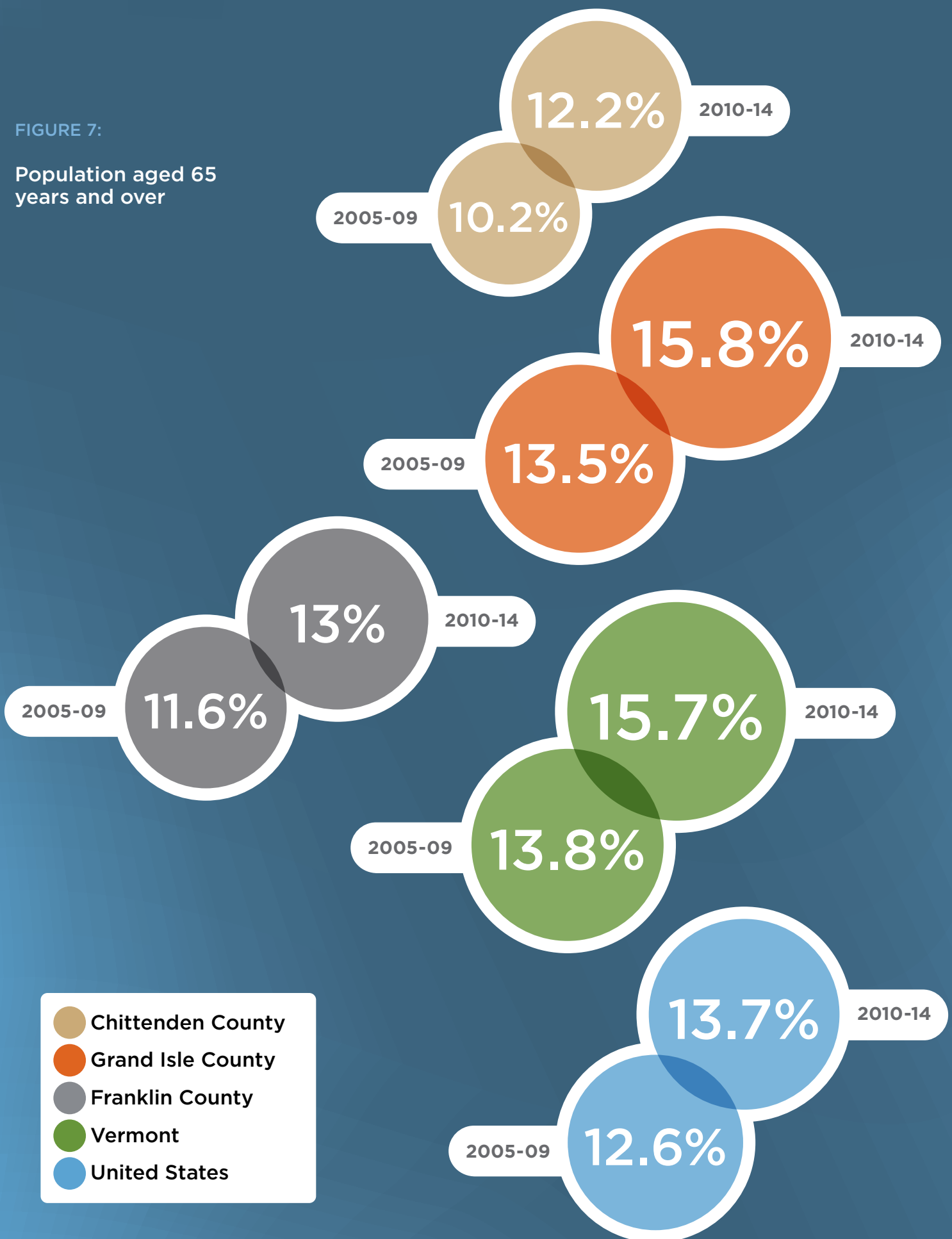
Priority: Healthy Aging (continued)

In the community focus group, 13% of the hypothetical funds were allocated to support for seniors. The community leaders stated that the community has been "taking the needs of aging and disability into planning" and that "everytime someone chooses home-based care, that's good." Leaders recognized that at the same time, some of those home-based seniors are "alone and isolated…it's dangerous for seniors who already don't have family living near each other." This issue is further compounded by "transportation challenges."

Also, one leader mentioned that "the money spent on senior services has gone down [since 1980] even though the population of seniors has grown significantly" and is expected to continue growing.

FIGURE 7:

Population aged 65 years and over

- **Chittenden County** — 2005-09: 10.2%, 2010-14: 12.2%
- **Grand Isle County** — 2005-09: 13.5%, 2010-14: 15.8%
- **Franklin County** — 2005-09: 11.6%, 2010-14: 13%
- **Vermont** — 2005-09: 13.8%, 2010-14: 15.7%
- **United States** — 2005-09: 12.6%, 2010-14: 13.7%

Priority: Healthy Aging (continued)

The Seniors Index calculates the sum of all need levels that each respondent gave in each subtopic. The average index values are presented in Figure 8 as a percentage of the total needs points available. For example, giving a high need rating to all eight senior health needs items would result in a score of 100%, while a rating of no health needs for all eight items would result in a score of 0%.
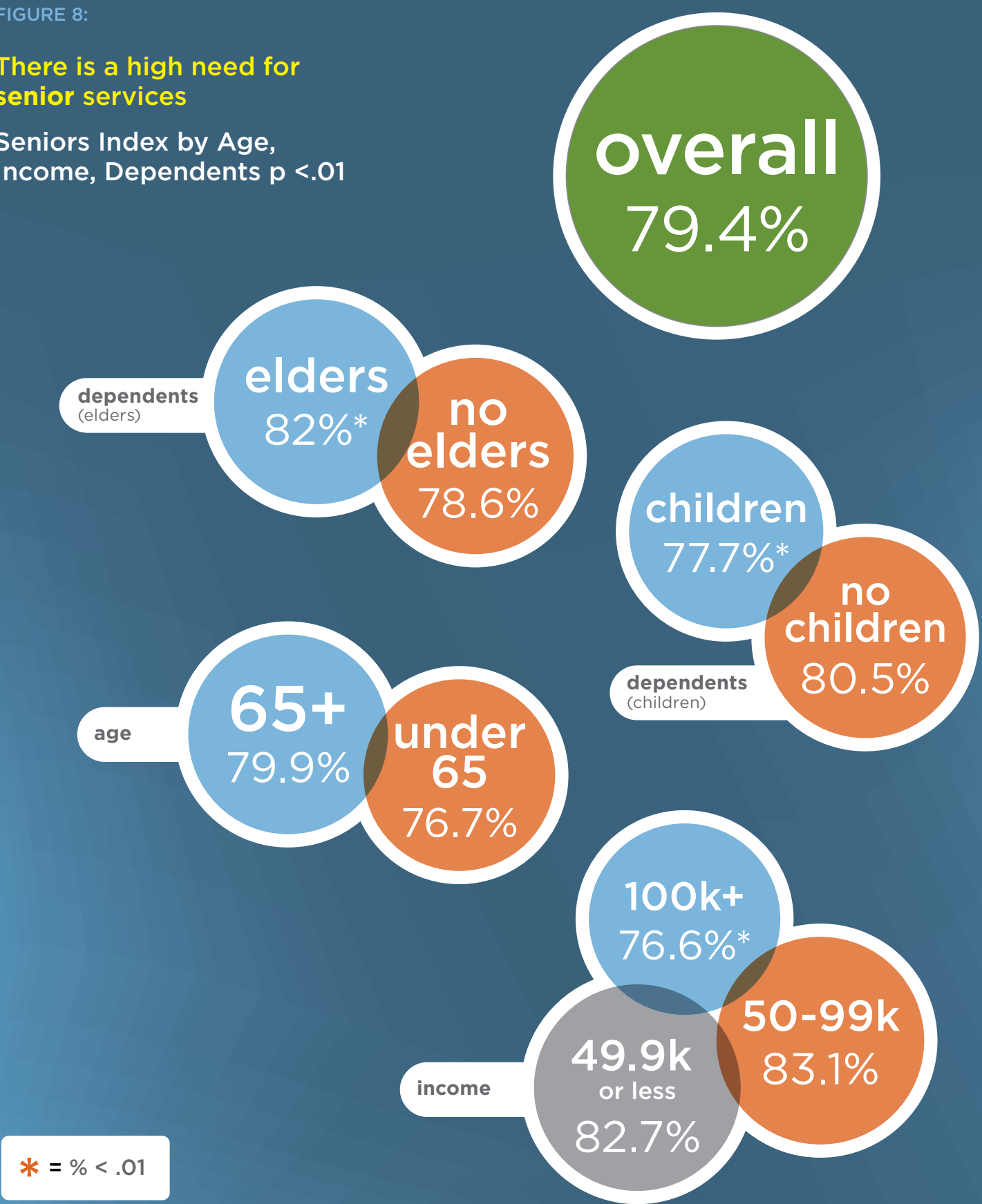
QUOTES FROM THE SURVEY
Healthy Aging

"There are fewer doctors willing to take new adult/internal medicine patients. It is difficult for seniors to find another primary care MD if theirs retires or leaves."

There is a high need for senior services

Seniors Index by Age, Income, Dependents p <.01

overall
79.4%

dependents
(elders)

elders
82%*

no elders
78.6%

children
77.7%*

no children
80.5%

dependents
(children)

age

65+
79.9%

under 65
76.7%

100k+
76.6%*

50-99k
83.1%

income

49.9k
or less
82.7%

✱ = % < .01

Priority: Healthy Aging (continued)

The survey respondents rated eight senior-focused health needs (Figure 9). Overall, the Senior Index needs score was 79.4% of the possible needs points. Figure 8 shows some statistically significant differences (p<.001) by demographic category. As with the health care index, those in the highest income category ascribed a lower senior need to their community (76.6%) than those with incomes under $100,000 (83.1% for those with $50,000-99,999 household income and 82.7% for those with income less than $50,000). Not surprisingly, those who care for elders had a higher senior needs index (82.0%) than those who do not (78.6%). On the other hand, those who have dependent children had a lower senior needs index (77.7%) than those who do not have dependent children (80.5%).

FIGURE 9:

There is a high need for senior services

Comparison of 2013 and 2016 need for aspects of senior support

social support organizations/agencies — 35% / 36.9% / 64.8%

elder day care — 36.8% / 35.8% / 65.4%

elder housing — 37.8% / 37% / 69.8%

transportation — 33.7% / 45.2% / 75.4%

affordable in-home care — 28.9% / 56.5% / 85.8%

access to long term health care — 32.4% / 47.3% / 79.5%

access to nursing home care — 36.3% / 37.4% / 66.3%

adequate nutrition for seniors — 34.3% / 41.6%

● 2016 - Moderate Need
● 2016 - High Need
● 2013

The Likert Scale changed between the 2013 and 2016 surveys. In 2013, the scale was between 0-2 (No Need, Low Need, High Need). In 2016, the scale was between 0-4 (No Need, Little Need, Some Need, Moderate Need, High Need).
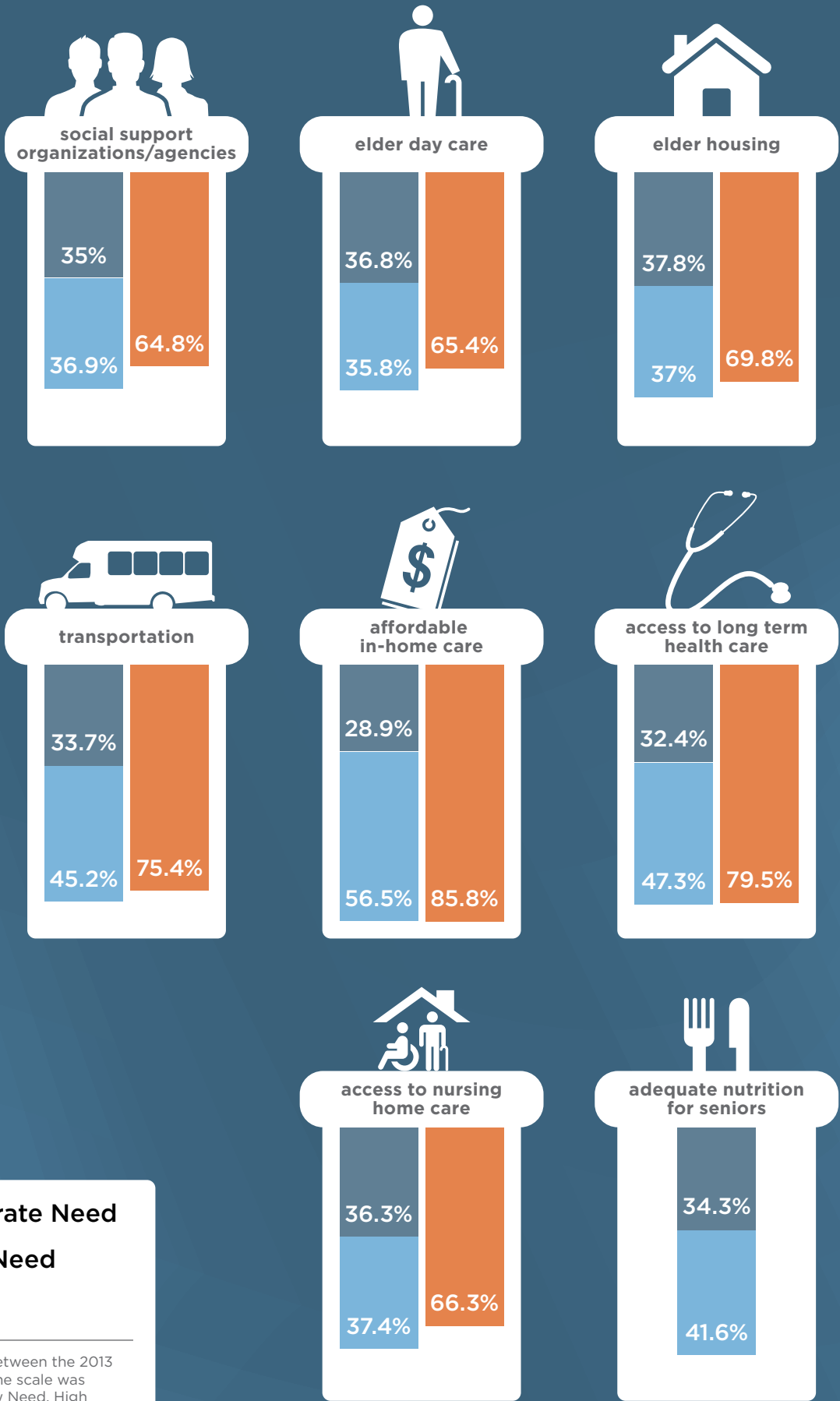
#6
Ranked Need Overall

#6
In Community Challenges

#12
In Healthy Communities

Community leaders, both individually and at the breakfast, cited mental health challenges as an important need in the community.

As with the other health care providers, the ratio of population to mental health providers is better in Chittenden County than elsewhere in Vermont. Residents in both Chittenden and Grand Isle counties have fewer poor mental health days, on average, than Vermont has overall.

While mental health was not frequently mentioned in the community focus group, community leaders focused time and attention on mental health needs during both the breakfast and the individual interviews. In fact, mental health was the most often discussed community need at the Community Leader Breakfast.

In general, leaders would like to see:

- A focus on prevention and early intervention, especially on the underlying factors:
  - Poverty
  - Substance abuse
  - (Lack of) housing
  - Family issues
- Coordination and integrated services, especially with substance abuse prevention and treatment
- More inpatient and acute care
- Needs of those with chronic mental health needs become adults addressed
- Needs of children whose parents are in treatment addressed

In addition, one leader pointed out that "if [residents] are interested in moving forward then we need to destigmatize treatment across the board."

Table 12.
County Health Rankings & Roadmaps 2015[22]: Mental Health

	Chittenden County	Grand Isle County	Vermont
Mental Health Provider Ratio	199:1	N/A	273:1
Poor mental health days (in past 30 days)	2.9	3.1	3.4

QUOTE FROM THE SURVEY
Mental Health

"The dysfunction with mental health recognition and the stigma associated in the country needs to be addressed on a larger scale and within communities."

Priority: Mental Health (continued)

The map in Figure 10 shows the number of emergency department visits related to mental health, and their per capita prevalence by town in the service area. It shows that mental health visits to the Emergency Department of the UVM Medical Center have increased, per capita, in Colchester, while remaining fairly constant in other municipalities.

Mental Health Related Emergency Department Visits by Patient Zip code, per 1,000 people 2012-2014[23]
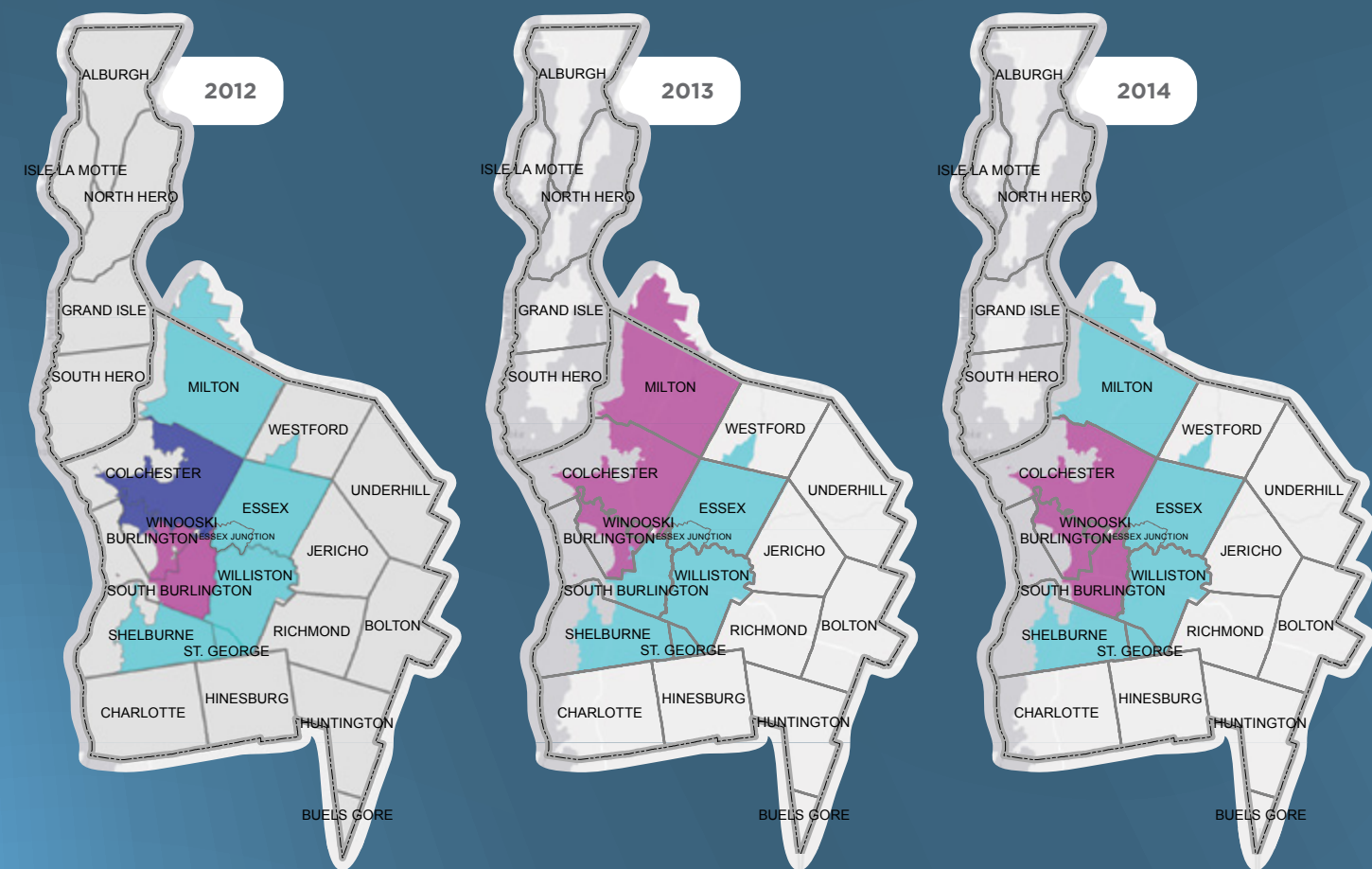
Legend:
- 3 or Less
- 3.1 - 4
- 4.1 - 10

Mental health diagnosis codes include: anxiety, depressive disorder, dysthymic disorder, panic disorder, psychosis, borderline personality disorder, unspecified non-psychotic psychosis.

Zip codes with an N of less than 10 are suppressed.

23 UVM Medical Center Data Warehouse, 2015.

The Mental Health Index calculates the sum of all need levels that each respondent gave in each subtopic. The average index values are presented in Figure 11 as a percentage of the total available Mental Health needs ratings. For example, giving a high-need rating to all mental health needs items would result in a score of 100%, while a rating of no health needs for all items would result in a score of 0%.

The overall average index score for mental health need was the highest index score (82.8%) of the six areas assessed in the survey. Illustrating how mental health issues cut across all ages and incomes, there were no statistical differences in need assessment for mental health.

dependents (elders)

elders 82%

no elders 82.9%

overall 82.8%

dependents (children)

children 82%

no children 83.2%

age

65+ 83%

under 65 82%
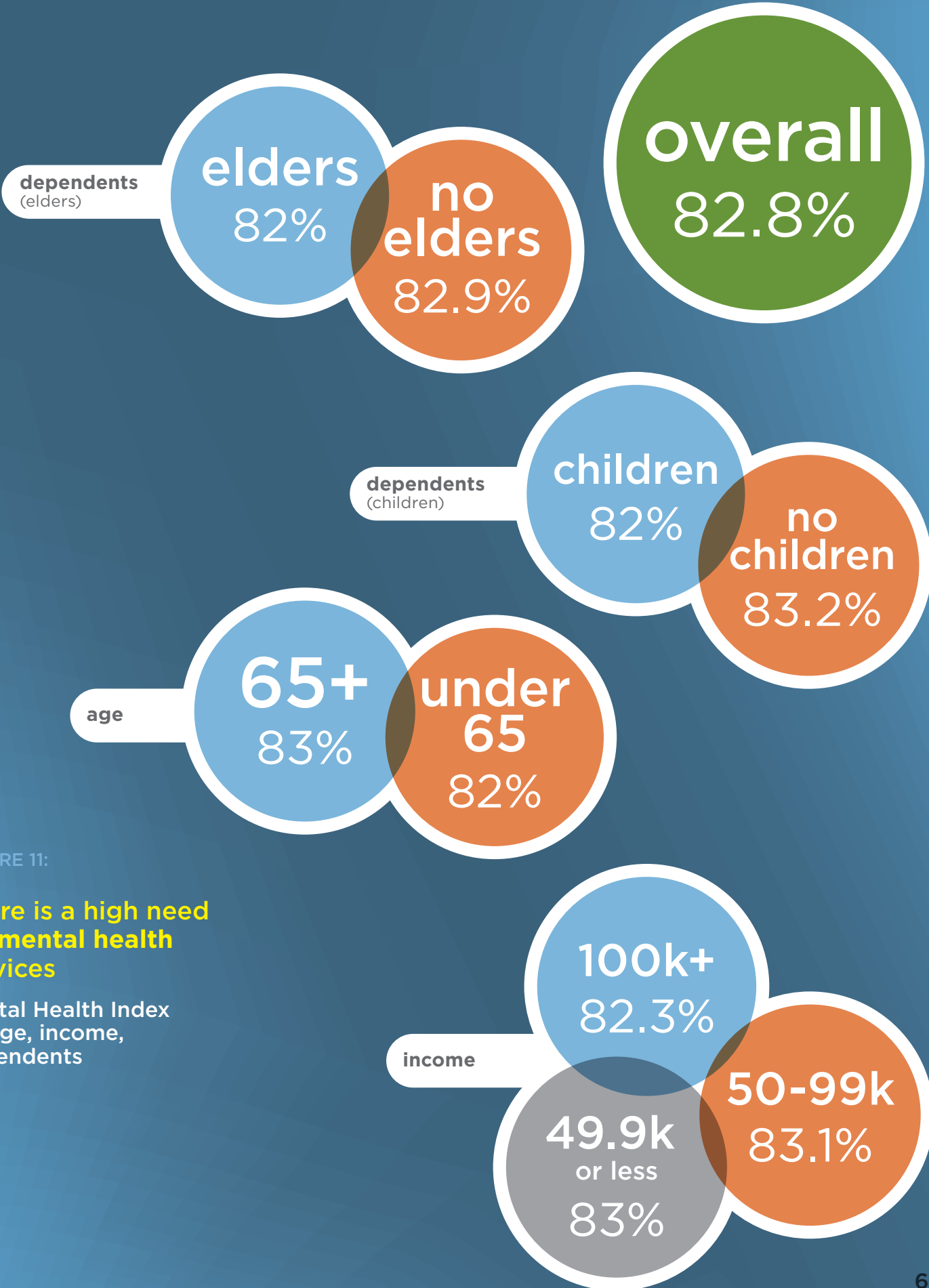
FIGURE 11:

There is a high need for mental health services

Mental Health Index by age, income, dependents

100k+ 82.3%

income

50-99k 83.1%

49.9k or less 83%

Priority: Mental Health (continued)

As shown in Figure 12, half of the survey respondents described a high need for each item listed, with the exception of access to residential mental health services. Access to in-patient care was described as a need by one of the subject-matter experts.

COMMUNITY LEADER QUOTE
Mental Health

"[The] current system of insurance payments and regulations create unnecessary barriers, especially [for] mental health care, i.e., you should not have to fail at outpatient treatment before being approved by inpatient care."

FIGURE 12:

Comparison of 2013 and 2016 need for aspects of mental health support

more mental health professionals
28.3%
50.6%
70.2%

early detection of mental health issues for children & teens
30.9%
51.3%
80.2%

prevention of mental health issues
29.8%
51.9%
78.6%

access to mental health services for children & teens
29.4%
53.3%
79.9%

access to residential mental health treatment
24.7%
35.1%
71%

access to mental health services
30%
53.1%

● 2016 - Moderate Need
● 2016 - High Need
● 2013

The Likert Scale changed between the 2013 and 2016 surveys. In 2013, the scale was between 0-2 (No Need, Low Need, High Need). In 2016, the scale was between 0-4 (No Need, Little Need, Some Need, Moderate Need, High Need).

Priority: Oral Health and Health Care

Healthcare
#4
Ranked Need
Overall

Access to
Healthcare
Services
#13
In Community
Challenges

Healthcare
Services
#5
In Healthy
Communities

Affordable oral health and health care services was a notable concern among survey respondents as well as focus group participants.

Vermont, and its largest county, Chittenden, has often been described as "healthy." Chittenden County was ranked by the County Health Rankings & Roadmaps as the healthiest county in Vermont, and Vermont was ranked the second most healthy state by America's Health Rankings.[24]

In Table 13, the County Health Rankings show the disparity between Chittenden and Grand Isle counties (representative of the disparity between urban and rural counties) with regard to health care provider ratios. Despite leading the nation in access to insurance, there are still measurable percentages of adults and children in Chittenden and Grand Isle counties who are uninsured. The ratio of both population to Primary Care Providers and population to dentists in Chittenden County is more favorable than the statewide ratio, while Grand Isle County is a significantly wider ratio that the state's.

As shown in Table 13, residents of Chittenden and Grand Isle counties are healthier on average than the state's residents overall. They have fewer poor physical health days, on average, and a lower percent of their residents report they are in fair or poor health.

Being the healthiest county in one of the healthiest states is a great accomplishment, but it does not mean that all residents have their health care needs met. Many residents of Chittenden and Grand Isle counties continue to face issues around dental care access and affordability, and around health care affordability.

As the quote below suggests, it's not that more providers are needed in the community but more efficient- and affordable- systems and services.

QUOTE FROM THE SURVEY
Oral Health And Health Care

"[Need] rural health care infrastructure [for] state of the art care in all communities...local EMR pathways would provide stems to support and monitor remote care, sharing electronic information and access to state of the art systems within EMR to standardize and improve information."

Table 13.
County Health Rankings & Roadmaps 2015[24]: Health Care

	Chittenden County	Grand Isle County	Vermont
Primary Care Physician Ratio	603:1	6983:1	922:1
Dentist Ratio	1148:1	6987:1	1567:1
Could Not See A Dentist Due to Cost	7%	10%	10%
Uninsured Adults	8%	9%	9%
Uninsured Children	3%	4%	3%
Poor Physical Health (past 30 days)	2.9	3.1	3.4
Poor/Fair Health	8%	9%	11%

[24] University of Wisconsin Population Health Institute: County Health Rankings & Roadmaps. Compare Counties in Vermont: Chittenden and Grand Isle. Available at http://www.countyhealthrankings.org/app/vermont/2015/compare/snapshot?counties=007%2B013

Priority: Oral Health and Health Care (continued)

In the 2016 CHNA community survey, a Health Care Index was developed to summarize the correlation between need-level responses and the corresponding health care subtopic. The index allows us to compare differences in health care needs among segments of the population.

The average index values are presented in Figure 13 as a percentage of the total available Health Care needs ratings. For example, giving a high need rating to all health care needs items would result in a score of 100%, while a rating of no health care needs for all items would result in a score of 0%.

As shown in Figure 13, no statistical difference in health care needs was ascribed to the community by older residents compared to younger ones. However, those who care for a dependent elder (82%) described higher health care needs for their community than those who did not have dependent elders (78.7%). On the other hand, those with dependent children had lower health care needs scores (71.9%) compared to those without children (75.4%). Those in the highest income category described lower health care needs for their community (70.8%), compared to those residents with income under $100,000 (76.5% for the lowest income third, and 75.5% for the middle third).

dependents (elders)

elders 82%

no elders 78.7%

overall 74.1%
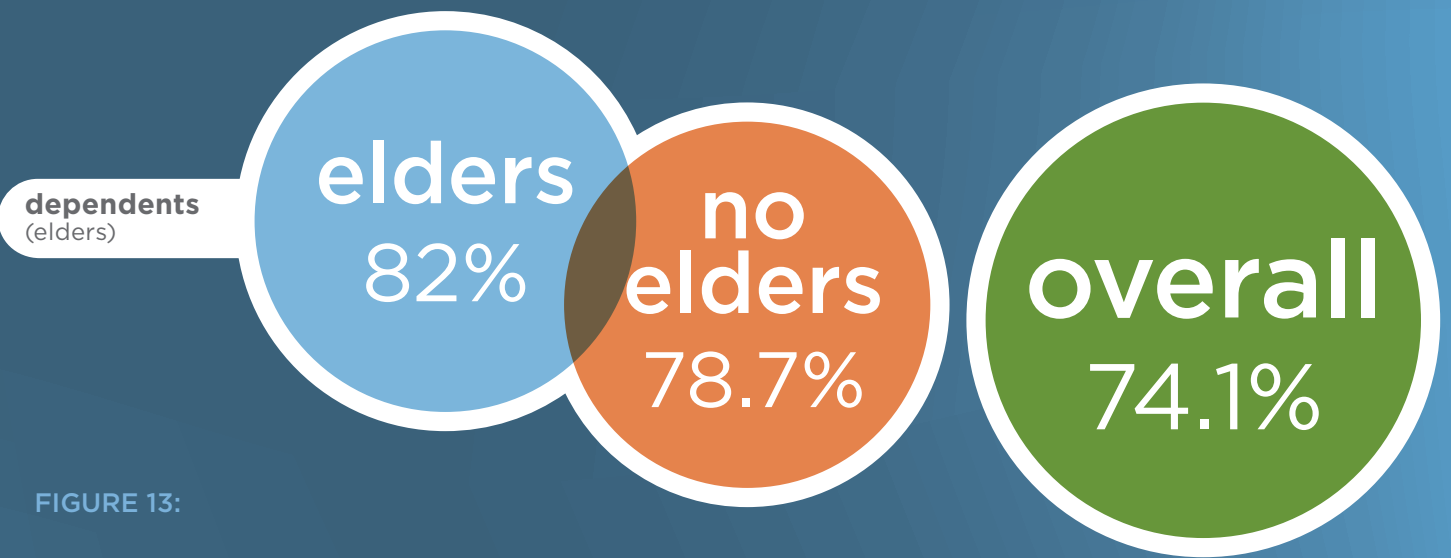
FIGURE 13:

There is a high need for healthcare services

2016 Health Care Index by Age, Income, Dependents p <.01

dependents (children)

children 71.9%*

no children 75.4%

age

65+ 74.3%

under 65 72.3%

income

100k+ 70.8%*

49.9k or less 76.5%

50-99k 75.5%
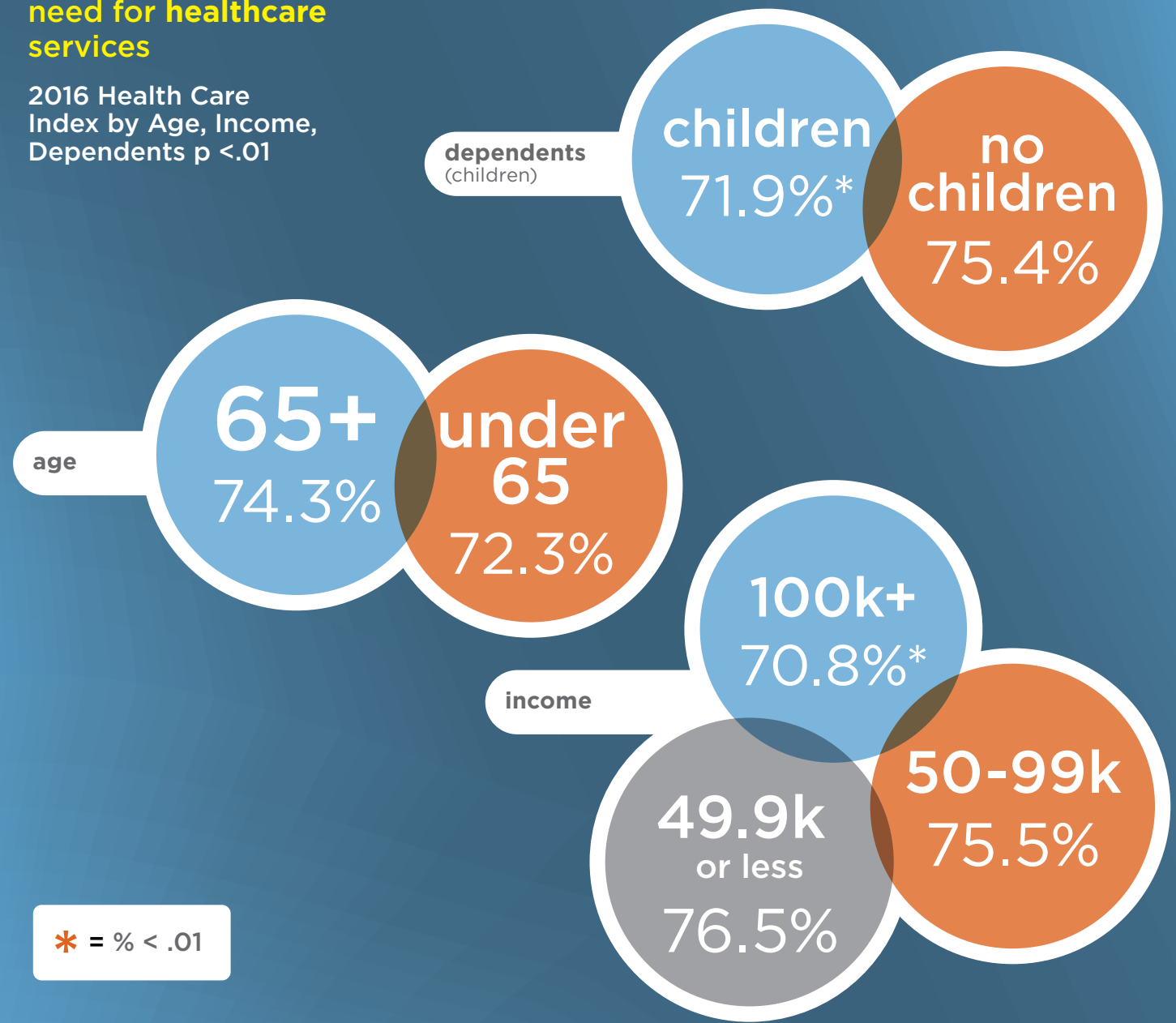
✱ = % < .01

Priority: Oral Health and Health Care (continued)

Figure 14 shows that affordable dental care (63.8% high need) and affordable health care (57.7% high need) remain the two most needed health care items, and access to alternative providers remained the least needed (9.2% no need in 2016; 15.3% no need in 2013). Access to primary health care providers is also described as "little or no need" by 14.7% of survey respondents.

Chittenden County especially, received high overall rankings for health care factors and outcomes. However, two specific areas of health care have emerged as particularly challenging. Issues of affordability and dental care emerged from the survey as areas of high and moderate need in the community. Affordability and access to dental care also emerged in the Community Leader Breakfast and the community focus group as an area of health care that was a need in their community. One community member said, "I just can't afford to see a dentist."

FIGURE 14:

Comparison of 2013 and 2016 Need for Aspects of Health Care

access to primary health care provider
31.9%
30.7%
58.2%

affordable health care
25.2%
57.7%
81.9%

short-term community support after hospitalization
58.2%
58.2%
58.2%

affordable dental care
22.6%
63.8%
77.9%

access to timely specialist care
31.7%
41.8%
60%

access to alternative health care providers
23.5%
16.1%
34.5%

access to cancer screening & resources
33.3%
30.7%

access to dental care for children
30%
43.3%

● 2016 - Moderate Need
● 2016 - High Need
● 2013

The Likert Scale changed between the 2013 and 2016 surveys. In 2013, the scale was between 0-2 (No Need, Low Need, High Need). In 2016, the scale was between 0-4 (No Need, Little Need, Some Need, Moderate Need, High Need).
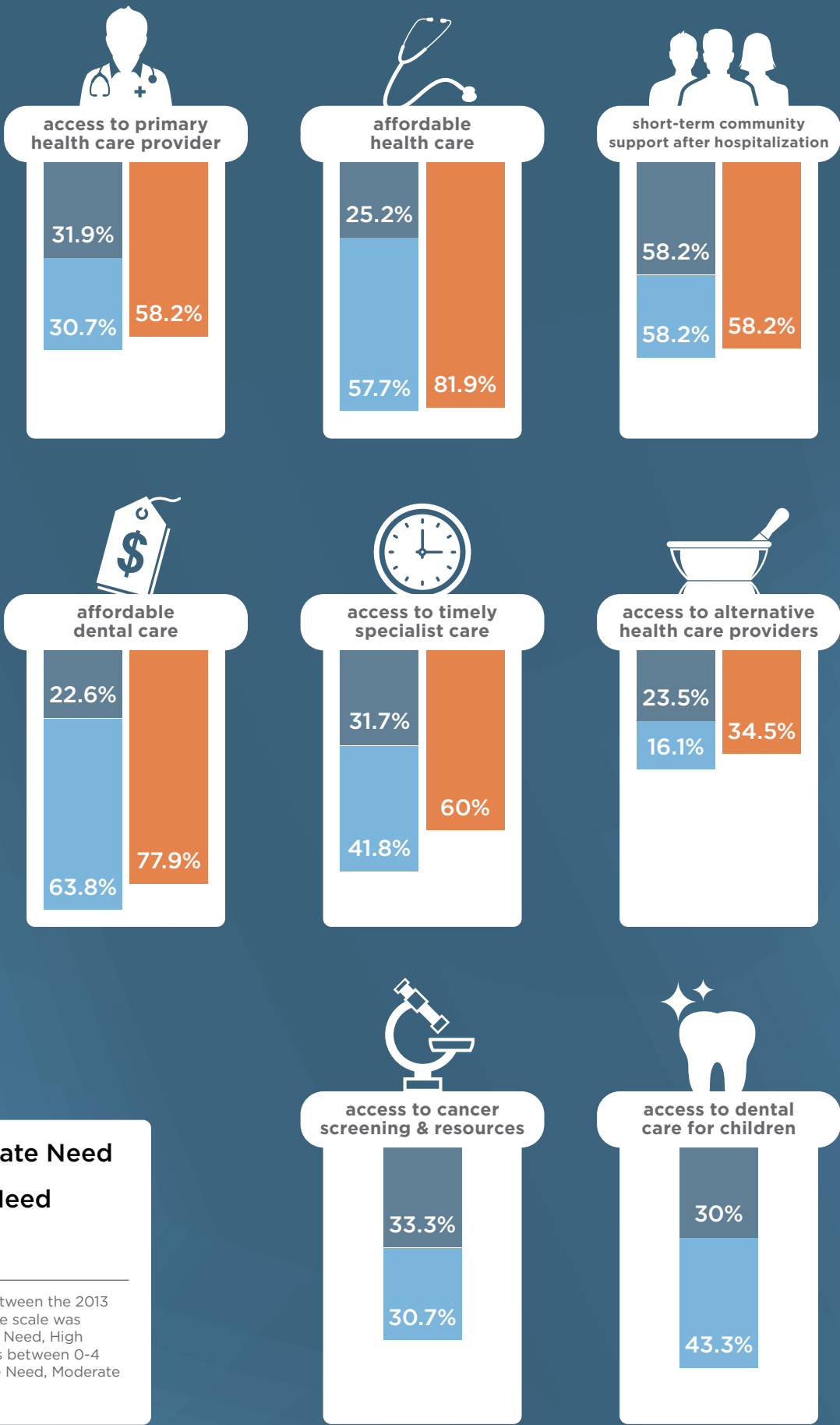
Priority: STI's and Teen Births

Questions about healthy sexual behavior and sexually transmitted diseases were not specifically asked on the community survey or of community leaders, however quantitative data paint a concerning picture in Chittenden and Grand Isle Counties. Medical Center clinicians chose to include this priority area due to trending analysis by County Health Rankings & Roadmaps.

According to the CDC, Vermont as a state ranks 49th (out of 50) for the number of HIV and syphilis diagnoses and 46th for the number of chlamydia diagnoses, per capita.[25] That said, Chittenden County exceeds the statewide rates for both HIV and chlamydia cases, based on data from the County Health Rankings & Roadmaps[29] project and the Vermont Department of Health. If left untreated, STI's can lead to more serious health issues such as infertility, pregnancy complications, and organ damage.[26] Grand Isle County has fewer HIV or STI cases than Vermont overall.

FIGURE 15:

Chlamydia and Gonorrhea Rates per 100,000 people

Legend:
- Vermont
- Chittenden County
- Grand Isle County

chlamydia - 2014: 452.6 per 100k, 472.3 per 100k, 357 per 100k
chlamydia - 2013: 357.3 per 100k, 314.9 per 100k, 294 per 100k
chlamydia - 2012: 321.8 per 100k, 275.4 per 100k, 215 per 100k
gonorrhea - 2014: 22.6 per 100k, 13.4 per 100k, 0 per 100k
gonorrhea - 2013: 27.6 per 100k, 15.5 per 100k, 14.3 per 100k
gonorrhea - 2012: 22.7 per 100k, 15.8 per 100k, 0 per 100k

25 Center for Disease Control. Vermont- 2015 State Health Profile. Available at http://www.cdc.gov/nchhstp/stateprofiles/pdf/vermont_profile.pdf

26 Center for Disease Control and Prevention. Atlas. Available at http://gis.cdc.gov/grasp/nchhstpatlas/main.html?value=atlas

27 http://gis.cdc.gov/grasp/nchhstpatlas/main.html?value=atlas: Centers for Disease Control and Prevention

28 http://gis.cdc.gov/grasp/nchhstpatlas/main.html?value=atlas: Centers for Disease Control and Prevention

29 University of Wisconsin Population Health Institute: County Health Rankings & Roadmaps. Compare Counties in Vermont: Chittenden and Grand Isle. Available at http://www.countyhealthrankings.org/app/vermont/2015/compare/snapshot?counties=007%2B013

Priority: STI's and Teen Births (continued)

On the other hand, the rate of teen births is much higher per 1,000 female teens in Grand Isle County than in Chittenden County, or the state's rate overall. This statistic could be problematic as studies suggest that teen childbearing is connected to several negative health outcomes for both teen parents and their children. Associations have been found between early parenthood and lower educational attainment and higher rates of poverty among mothers, and poor academic and behavioral well-being among children.[30]

Further, studies have found that postmenopausal women with a history of adolescent pregnancy have a higher prevalence of hypertension than those who had children later in life.[31]

FIGURE 16:

Teen Birth Rates per 1,000

2012[32] 13 22 21

2013[32] 11 27 21

2014[32] 10 27 19

2015[32] 10 28 19

Legend:
- Vermont
- Chittenden County
- Grand Isle County

30 Manlove, J., Fish, H., Moore, K. (2015)
Programs to improve adolescent sexual and reproductive health in the U.S.: A review of the evidence. Adolescent Health Medical Therapy, 6. April, 47-79.

31 Park, J.S., Jung, I., Youn, J.C., Cho, H.Y. (January 2016) Impact of adolescent pregnancy on hypertension in postmenopausal women. Journal of Hypertension, 34 (1), 47-53.

32 University of Wisconsin Population Health Institute: County Health Rankings & Roadmaps. Compare Counties in Vermont: Chittenden and Grand Isle.
Available at http://www.countyhealthrankings.org/app/vermont/2015/compare/snapshot?counties=007%2B013

Priority: Substance Abuse

#3
Ranked Need Overall

#2
In Community Challenges

Drug & Alcohol Free
#13
In Healthy Communities

Substance abuse was cited in the focus groups and Community Leader Breakfast and interviews as a huge challenge.

Approximately 1 in 5 Vermonters drinks excessively, according to the County Health Rankings & Roadmaps, with similar rates in Chittenden and Grand Isle counties. With a small population, drug poisoning mortality rates are not available for Grand Isle County, but the rate is 10 per 100,000 for Chittenden County.

The community leaders made it clear that substance abuse and mental health are intertwined and difficult to separate. They also talked about the connection between oral health (and lack of affordable dental care) and substance abuse (for more on oral health, see the Oral Health and Health Care section of this report).

At the breakfast meeting, substance abuse was described as "the #1 driver of crime." Community members in the focus group did not discuss substance abuse as much, but weighted it as one of the top needs for community health (about equal to mental health).

The needs surrounding substance abuse are similar to those described for mental health, including integrated services and acute care. As one leader put it "addiction is the screaming crisis." Not only is there a need for addressing needs of the substance abuser, but also on the "culture of addiction."

The map in figure 17 shows the number of emergency department visits attributed to substance abuse by town.

Table 14.
County Health Rankings & Roadmaps 2015[33]: Substance Abuse

	Chittenden County	Grand Isle County	Vermont
Excessive Drinking Rate*	20%	20%	19%
Drug Poisoning Deaths	10	N/A	11
Adults who have used marijuana in last 30 days: (2012-2013)[34]	10%	6%	7%
Adults who have used a prescription drug without a prescription (2012-2013)[34]	7%	6%	6%
Youth grades 9-12 who have ever tried marijuana (2013)[35]	24%	20%	24%

* Excessive drinking is defined as the percentage of adults that report either binge drinking (consuming more than 4 (women) or 5 (men) alcoholic beverages on a single occasion in the past 30 days) or heavy drinking (consuming more than one (women) or 2 (men) drinks per day on average)[36]

33 University of Wisconsin Population Health Institute: County Health Rankings & Roadmaps. Compare Counties in Vermont: Chittenden and Grand Isle. Available at http://www.countyhealthrankings.org/app/vermont/2015/compare/snapshot?counties=007%2B013

34 Vermont Department of Health. Risk Behaviors. Available at http://healthvermont.gov/research/brfss/IA/RiskBehaviors/County/atlas.html

35 Vermont Department of Health. 2013 Youth Risk Behavior Survey - Results by County. Available at http://healthvermont.gov/research/yrbs/2013/county_results.aspx

36 Centers for Disease Control and Prevention and Prevention. Sortable Risk Factors and Health Indicators: Adult Binge Drinking - 2012. Available at http://sortablestats.cdc.gov/#/indicator.

Illicit Drug Use Related Emergency Department Visits by Patient Zip code, per 1,000 people 2012-2014
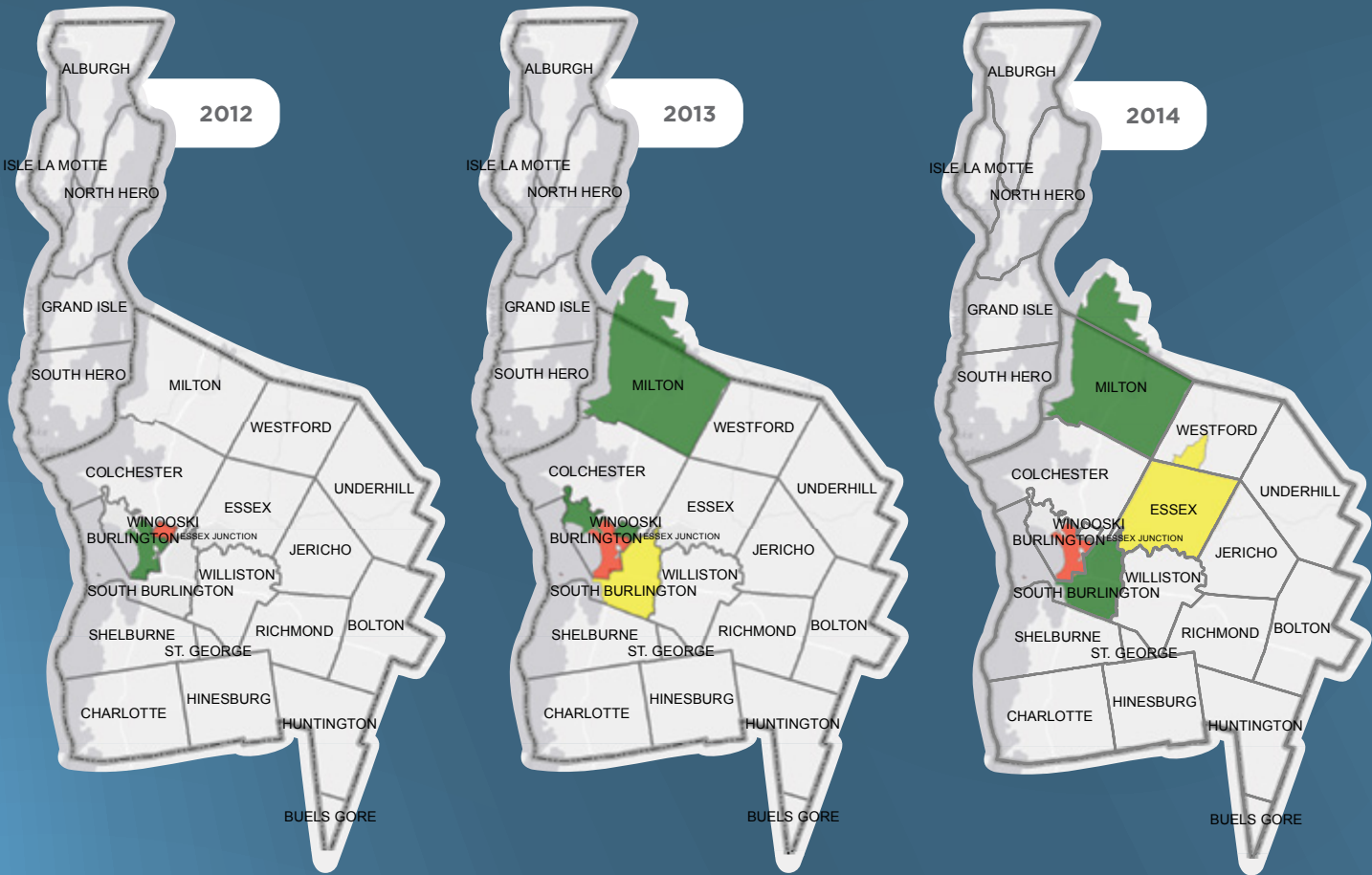
.61 or less

.61 - 1.6

1.61 - 3

Illicit drug use diagnosis codes include: drug abuse unspecified, drug withdrawal, opioid dependence, opioid abuse.

Zip codes with an N of less than 10 are suppressed.

Priority: Substance Abuse (continued)

The Substance Abuse Index calculates the sum of all need levels that each respondent gave in each subtopic. The average index values are presented in Figure 18 as a percentage of the total available Substance Abuse needs ratings. For example, giving a high need rating to all substance abuse needs items would result in a score of 100%, while a rating of no substance abuse needs for all items would result in a score of 0%.

The overall substance abuse index of needs was 60.8% of the total needs ratings, the lowest of the areas explored. Nine items related to substance abuse treatment or prevention were assessed for community need. Figure 18 shows one statistically significant difference (p<.001) by demographic category. The assessment of need in the area of substance abuse, unlike the other areas of need, varies greatly by age. Those under 65 rated the need as 62%, while those 65 and older rated the need at lower (51.3%).

COMMUNITY LEADER QUOTE
Substance Abuse

"Improving access to substance abuse treatment – it is much improved but still very much driven by access to health insurance."

FIGURE 18:

There is a high need for substance abuse services

Substance Abuse Index by Age, Income, Dependents

overall 60.8%

dependents (elders)
elders 57.7%
no elders 61.4%

dependents (children)
children 63.8%
no children 59.2%

age
65+ 62%*
under 65 51.3%

income
100k+ 61.1%
49.9k or less 60.8%
50-99k 60.3%

✳ = % < .01
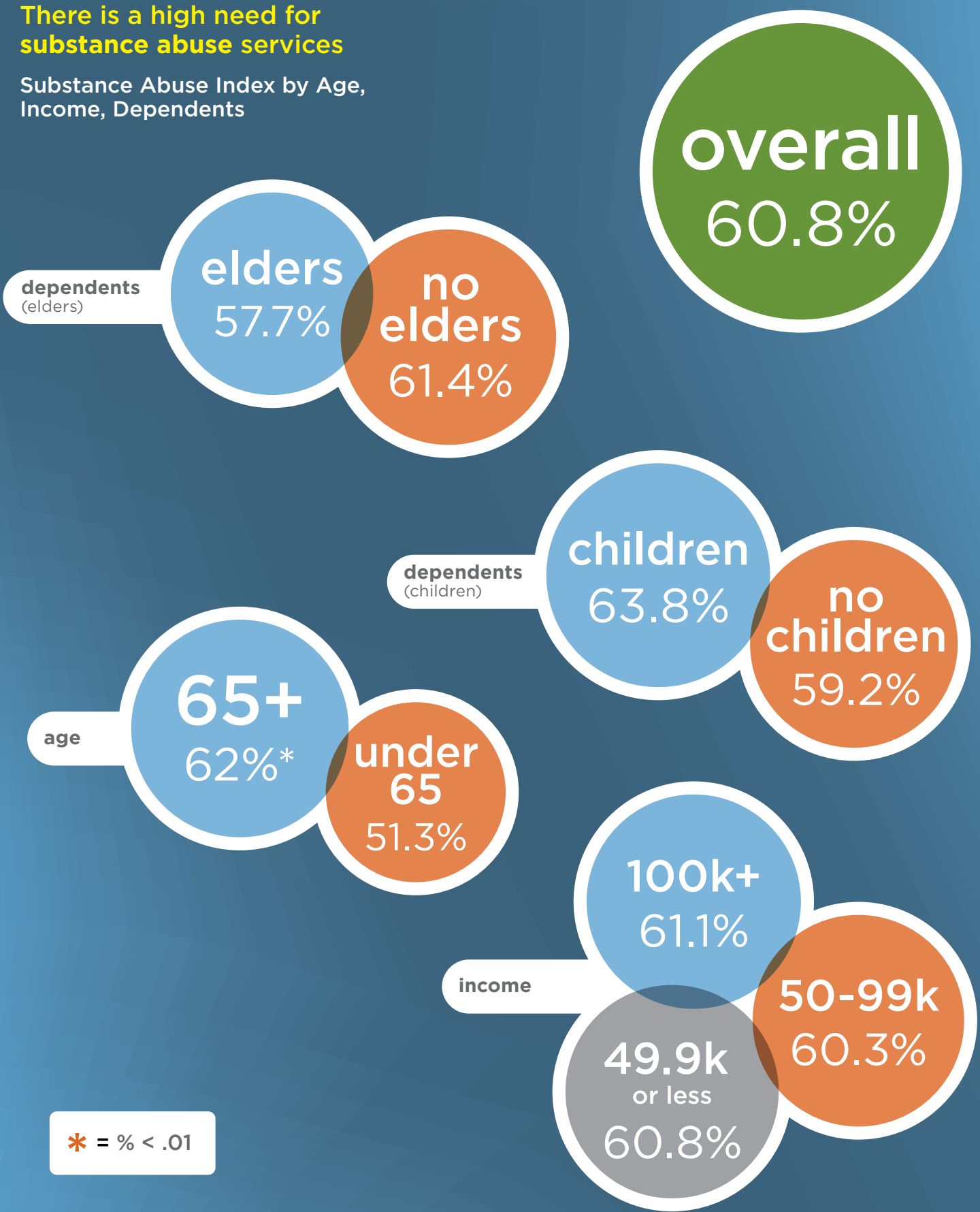
Priority: Substance Abuse (continued)

As shown in Figure 19, five out of nine of the substance abuse items were rated as high need by greater than half of the survey respondents. While the experts describe the need for treatment, survey respondents seem more concerned with need for reduction of opiate/narcotic use and strict control on opiate/narcotic prescriptions; these were most often described as "high need." Consistent with the recent decriminalization of marijuana in Vermont (and its legalization elsewhere), more survey respondents described reduction of marijuana use among adults (34.4%) and youth (15%) as little or no need.

By looking at which substance abuse subtopics were ranked as having the highest need in 2016 (Strict Controls on Opiate/Narcotic Prescriptions, Access to Outpatient Substance Abuse Treatment, and Access to Residential Substance Abuse Treatment) as well as the free responses (such as the two below) regarding substance abuse, we can see that opiate addiction and treatment for substance abuse are the main concerns regarding substance abuse.

With such high ratings of needs for every Substance Abuse topic, it is hard to prioritize from just this survey what aspect of Substance Abuse needs to be the highest priority. Community leaders have indicated that the biggest need in the community is for a coordinated approach among all facets of the issue of Substance Abuse.

QUOTES FROM THE SURVEY
Substance Abuse

"Substance abuse is a growing problem in Vermont. It affects crime rates, mental health, overall health of the community and general senses of safety in the community."

"By building a sense of community, we can prevent substance abuse, improve public safety, have time to build livable wages and maintain a clean interconnected environment."

FIGURE 19:

Comparison of 2013 and 2016 need for aspects of substance abuse support
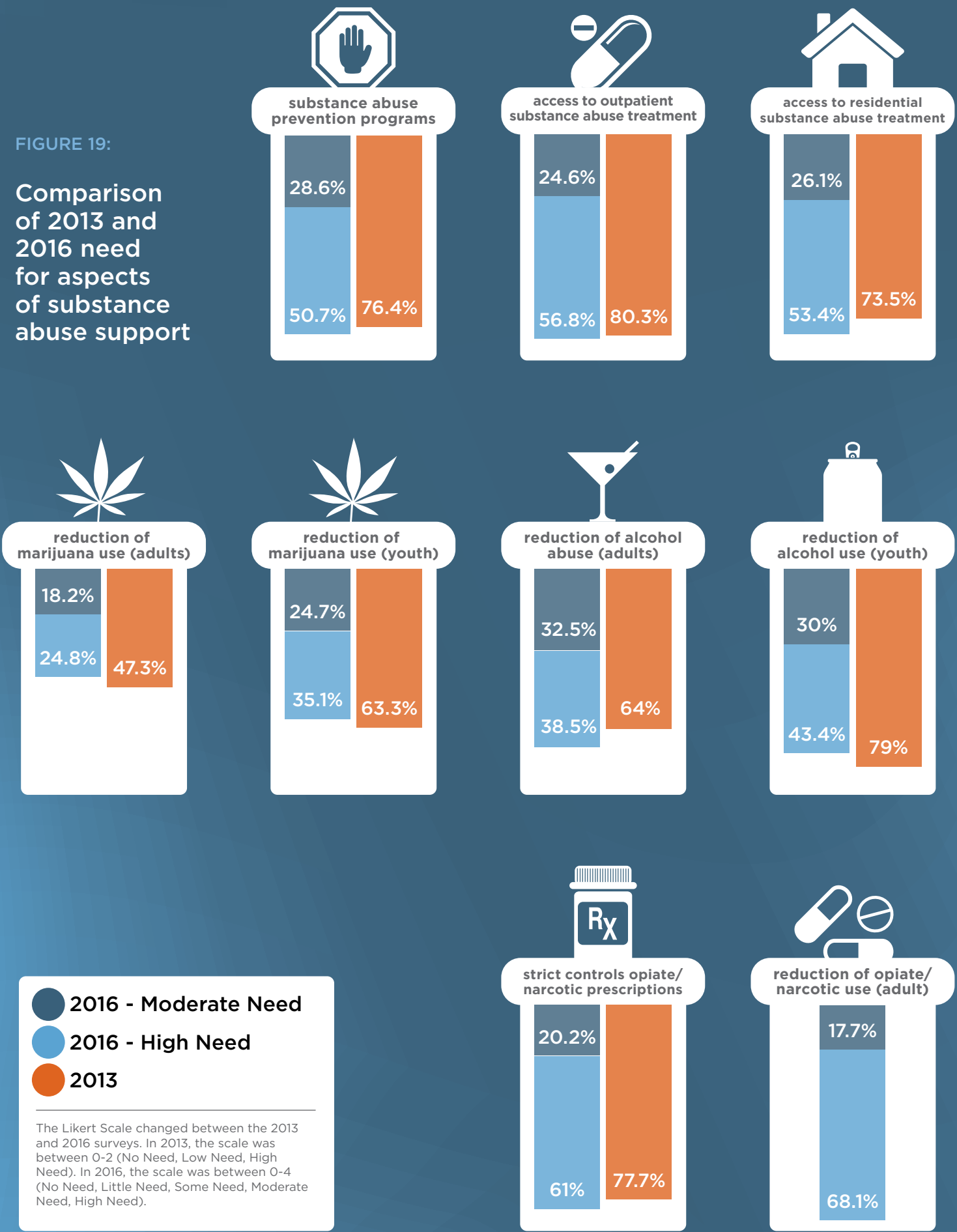
substance abuse prevention programs
28.6%
50.7% | 76.4%

access to outpatient substance abuse treatment
24.6%
56.8% | 80.3%

access to residential substance abuse treatment
26.1%
53.4% | 73.5%

reduction of marijuana use (adults)
18.2%
24.8% | 47.3%

reduction of marijuana use (youth)
24.7%
35.1% | 63.3%

reduction of alcohol abuse (adults)
32.5%
38.5% | 64%

reduction of alcohol use (youth)
30%
43.4% | 79%

strict controls opiate/ narcotic prescriptions
20.2%
61% | 77.7%

reduction of opiate/ narcotic use (adult)
17.7%
68.1%

- 2016 - Moderate Need
- 2016 - High Need
- 2013

The Likert Scale changed between the 2013 and 2016 surveys. In 2013, the scale was between 0-2 (No Need, Low Need, High Need). In 2016, the scale was between 0-4 (No Need, Little Need, Some Need, Moderate Need, High Need).

Appendices

CHNA 2015

Introduction

The University of Vermont Medical Center, in collaboration with the Community Health Centers of Burlington, Vermont Department of Health, Chittenden County Regional Planning Commission, Howard Center, United Way of Chittenden County and the Visiting Nurse Association of Chittenden & Grand Isle Counties, are conducting a survey to assess the top health needs of our community. We are interested in your input. Results of the survey will be available online in 2016.

The survey will take approximately 10 minutes to complete. All responses will be anonymous and confidential. Your opinions are valuable to us and we appreciate your time.

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CHNA 2015

✱1. Do you reside in either Chittenden or Grand Isle County?

○ Yes

○ No

✱2. Are you over the age of 18?

○ Yes

○ No

3. In what town do you reside?

CHNA 2015

Healthy Community

First, please tell us a little bit about the most important aspects of a healthy community. Then we'd like to know what your community needs most.

4. When you imagine a strong, vibrant, healthy community, what are the most important features to you? (Please choose up to 5)

☐ Public safety

☐ Health care services

☐ Mental health services

☐ Clean environment

☐ Good childcare

☐ Affordable housing

☐ Economic opportunities

☐ Livable wages

☐ Drug & alcohol free communities

☐ Diverse population

☐ Recreation resources, like parks and playgrounds

☐ Youth services

☐ Good schools

☐ Walkable, bike friendly communities

☐ Access to healthy food choices

☐ Sense of community

☐ Senior services

☐ Access to public transportation

Other (please specify)

CHNA 2015

Community concerns

5. When you think about challenges in the community where you live, what are you most concerned about? (Please choose up to 5)

- [ ] Access to health care services
- [ ] Polluted environment
- [ ] Availability of social supports
- [ ] Lack of recreation resources
- [ ] Racial or cultural discrimination
- [ ] Access to healthy food
- [ ] Lack of support for seniors
- [ ] Crime/vandalism
- [ ] Access to mental health services
- [ ] Homelessness
- [ ] Lack of public transportation
- [ ] Domestic/child abuse
- [ ] Lack of affordable housing
- [ ] Lack of pedestrian infrastructure
- [ ] Drug & alcohol abuse
- [ ] Lack of support for youth
- [ ] Lack of economic opportunities
- [ ] Lack of good schools
- [ ] Not enough childcare options

Other (please specify)

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CHNA 2015

Community needs

We are interested in learning about needs that aren't being met by available resources and services in your community. The following questions ask you about specific types of needs. Please tell us how much of a need there is for each of the following 6 areas using a scale of 0-4, with 0 being "no need" and 4 being "high need."

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

6. Healthcare

	High need (4)	Moderate need (3)	Some need (2)	Little need (1)	No need (0)	Don't Know
Access to alternative health care providers (acupuncture, chiropractors, etc.)	◯	◯	◯	◯	◯	◯
Access to primary health care provider	◯	◯	◯	◯	◯	◯
Short-term community support after hospitalization	◯	◯	◯	◯	◯	◯
Affordable health care	◯	◯	◯	◯	◯	◯
Affordable dental care	◯	◯	◯	◯	◯	◯
Access to timely specialist care	◯	◯	◯	◯	◯	◯
Access to cancer screenings and resources	◯	◯	◯	◯	◯	◯
Access to dental care for children	◯	◯	◯	◯	◯	◯

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CHNA 2015

Community needs

We are interested in learning about needs that aren't being met by available resources and services in your community. The following questions ask you about specific types of needs. Please tell us how much of a need there is for each of the following 6 areas using a scale of 0-4, with 0 being "no need" and 4 being "high need."

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

7. Seniors

	High need (4)	Moderate need (3)	Some need (2)	Little need (1)	No need (0)	Don't Know
Elder housing	○	○	○	○	○	○
Social connections	○	○	○	○	○	○
Adequate nutrition for seniors	○	○	○	○	○	○
Transportation to services (healthcare, grocery, shopping)	○	○	○	○	○	○
Access to nursing home care	○	○	○	○	○	○
Elder day care	○	○	○	○	○	○
Access to long term health care	○	○	○	○	○	○
Affordable in home services	○	○	○	○	○	○

CHNA 2015

Community needs

We are interested in learning about needs that aren't being met by available resources and services in your community. The following questions ask you about specific types of needs. Please tell us how much of a need there is for each of the following 6 areas using a scale of 0-4, with 0 being "no need" and 4 being "high need."

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

8. Children and Families

	High need (4)	Moderate need (3)	Some need (2)	Little need (1)	No need (0)	Don't Know
Mentoring programs	○	○	○	○	○	○
More childcare resources	○	○	○	○	○	○
Adequate nutrition for children	○	○	○	○	○	○
Social connections	○	○	○	○	○	○
Afterschool programming	○	○	○	○	○	○
Access to dental care for children	○	○	○	○	○	○
Parent/child centers	○	○	○	○	○	○
Parenting education	○	○	○	○	○	○
Domestic abuse prevention	○	○	○	○	○	○
Child abuse prevention support	○	○	○	○	○	○
Good schools	○	○	○	○	○	○
Homevisits for newborns	○	○	○	○	○	○

CHNA 2015

Community needs

We are interested in learning about needs that aren't being met by available resources and services in your community. The following questions ask you about specific types of needs. Please tell us how much of a need there is for each of the following 6 areas using a scale of 0-4, with 0 being "no need" and 4 being "high need."

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

9. Hunger and Nutrition

	High need (4)	Moderate need (3)	Some need (2)	Little need (1)	No need (0)	Don't Know
Access to healthy foods in schools	○	○	○	○	○	○
Access to affordable healthy foods	○	○	○	○	○	○
Obesity prevention programs	○	○	○	○	○	○
Nutrition education	○	○	○	○	○	○
Knowledge of healthy meal preparation	○	○	○	○	○	○

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CHNA 2015

Community needs

We are interested in learning about needs that aren't being met by available resources and services in your community. The following questions ask you about specific types of needs. Please tell us how much of a need there is for each of the following 6 areas using a scale of 0-4, with 0 being "no need" and 4 being "high need."

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

10. Substance Abuse

	High need (4)	Moderate need (3)	Some need (2)	Little need (1)	No need (0)	Don't Know
Reduction of alcohol abuse (adults)	○	○	○	○	○	○
Reduction of opiate/narcotic use (adults)	○	○	○	○	○	○
Strict controls on opiate/narcotic prescriptions	○	○	○	○	○	○
Access to residential substance abuse treatment	○	○	○	○	○	○
Reduction of alcohol use (youth)	○	○	○	○	○	○
Reduction of marijuana use (adults)	○	○	○	○	○	○
Substance abuse prevention programs	○	○	○	○	○	○
Reduction of marijuana use (youth)	○	○	○	○	○	○
Access to outpatient substance abuse treatment	○	○	○	○	○	○

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CHNA 2015

Community needs

We are interested in learning about needs that aren't being met by available resources and services in your community. The following questions ask you about specific types of needs. Please tell us how much of a need there is for each of the following 6 areas using a scale of 0-4, with 0 being "no need" and 4 being "high need."

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

11. Mental health

	High need (4)	Moderate need (3)	Some need (2)	Little need (1)	No need (0)	Don't Know
Access to mental health services (children/youth)	○	○	○	○	○	○
Access to residential mental health services	○	○	○	○	○	○
Prevention of mental health issues	○	○	○	○	○	○
Early detection of mental health issues (children/youth)	○	○	○	○	○	○
More mental health professionals	○	○	○	○	○	○
Access to mental health services (adults)	○	○	○	○	○	○

CHNA 2015

12. Please tell us what other items are needed in your community.

CHNA 2015

Community Improvements

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

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

	Services for children and families
	Hunger and nutrition
	Healthcare
	Substance abuse
	Services for seniors
	Mental health

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

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

15. Please tell us a little more about the issues that you ranked as most important.

CHNA 2015

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

16. What is your gender?

○ Male
○ Female
○ Do not identify with male or female

17. In what year were you born?

Year born _____

18. What is your highest level of education?

○ Some high school (did not finish)
○ High school diploma or GED
○ Currently attending college
○ Some college
○ Associates degree
○ Bachelor's degree
○ Graduate degree

Other (please specify)
_____

19. What is was your household's income in 2014?

○ Less than $10,000
○ $10,000-24, 999
○ $25,000-$49,999
○ $50,000-$99,999
○ $100,000-$149,999
○ $150,000 or more

CHNA 2015

20. What is your race/ethnicity?

- ◯ White
- ◯ Black or African American
- ◯ American Indian or Eskimo
- ◯ Asian or Pacific Islander
- ◯ Hispanic, Latino or Spanish origin
- ◯ More than 1 race
- ◯ Other (please specify)

21. In what country were you born?

Other (please specify)

22. Do you have children under the age of 21 living in your household?

- ◯ Yes
- ◯ No

23. Do you have any elders dependent on you for care or support?

- ◯ Yes
- ◯ No

24. Which best describes your employment status?

- ◯ Employed full-time
- ◯ Employed part-time
- ◯ Full-time student
- ◯ Retired
- ◯ Unemployed
- ◯ Homemaker

Other (please specify)

CHNA 2015

25. Do you have medical insurance?

- ◯ Yes
- ◯ No

26. Do you consider yourself a permanent resident of Vermont?

- ◯ Yes
- ◯ No

CHNA 2015

Thank you for taking the time to complete the Community Health Needs Assessment for Chittenden and Grand Isle Counties. Your responses will help inform our future plans for Community Health Improvement.

If you would like to make any additional comments, please use the box below.

27. What other comments or ideas would you like to share with us?

CHNA Demographic Data Comparison Weighted: 2013 vs. 2015

1) Gender

	Valid Percent 2013	Weighted Valid Percent 2015
Male	24.7	26.4
Female	74.9	73.3
Do Not Identify With Male or Female	0.4	0.3

2) Age

	Valid Percent 2013	Weighted Valid Percent 2015
Under 20	0.2	0.3
20-29	8.8	14.8
30-39	18.5	17.8
40-49	20.1	20.7
50-59	28.0	24.6
60-69	19.0	15.6
Over 70	5.5	6.2

3) Household Income

	Valid Percent 2013	Weighted Valid Percent 2015
Less than $10,000	3.9	4.8
$10,000-$24,999	6.3	8.4
$25,000-$49,999	14.5	16.9
$50,000-$99,999	21.9	35.7
$100,000-$149,999	13.7	22.3
$150,000 or more	7.5	12.0

CHNA Demographic Data Comparison Weighted: 2013 vs. 2015

4) Highest Level of Education

	Valid Percent 2013	Weighted Valid Percent 2015
Some High School (did not finish)	2.3	1.1
High School Diploma or GED	5.6	4.1
Currently Attending College	N/A	2.1
Some College	10.2	8.7
Associate's Degree	6.3	7.8
Bachelor's Degree	30.8	36.5
Graduate Degree	31.7	39.7
Post Graduate	13.1	N/A

5) Employment Status

	Valid Percent 2013	Weighted Valid Percent 2015
Employed Full-Time	67.6	77.1
Employed Part-Time	17.6	11.7
Full-Time Student	N/A	1.8
Retired	8.6	6.4
Unemployed	6.3	2.6
Homemaker	N/A	0.5

6) Race

	Valid Percent 2013	Weighted Valid Percent 2015
White (Non-Hispanic)	91.9	88.9
Black or African American	3.9	1.5
American Indian or Eskimo	0.6	0.2
Asian or Pacific Islander	3.0	4.0
Hispanic, Latino, or Spanish Origin	0.6	0.9
More than 1 Race	N/A	1.9
Other (please specify)	N/A	1.5

7) Do you have medical insurance?

	Valid Percent 2013	Weighted Valid Percent 2015
Yes	97.0	98.3
No	1.6	1.7
Other	1.4	N/A

8) Do you have children under the age of 21 living with you?

	Valid Percent 2013	Weighted Valid Percent 2015
Yes	39.3	37.7
No	60.7	62.3

CHNA Demographic Data Comparison Weighted: 2013 vs. 2015

9) Do you have any elders dependent on you for care or support?

	Valid Percent 2013	Weighted Valid Percent 2015
Yes	N/A	16.4
No	N/A	83.6

10) Do you consider yourself a permanent resident of Vermont?

	Valid Percent 2013	Weighted Valid Percent 2015
Yes	N/A	96.9
No	N/A	3.1

B.1

When you imagine a strong, vibrant, healthy community, what are the most important features to you?

"I feel strongly that healthcare must shift focus to treatment of the whole person and get away from the ""fix it with drugs"" and ""focus only on disease"" approach."

"Safe places of support for marginalized citizens."

"All are critical but it starts with good wages, housing, healthcare, safety."

"Crazy question: more than five are MUSTS to me."

"How can we POSSIBLY limit this to five?! That was torture!"

"All the above."

"Actually there is nothing that is worth not selecting from the list. Everything in the list is important."

"Drug and alcohol treatment is needed. I is the choice of ""drug and alcohol free communities"" above asking that I support prohibition?"

"How do you choose? These are all important."

"Nutritional education."

"Drug treatment and recovery services (drug and alcohol ""free"" communities is not realistic and most people don't want truly drug and alcohol free communities)."

"Better pay for mental health workers especially case management."

"Inclusive and welcoming to all, not just diverse."

"I believe that the 5 I selected will bring about many of the other equally important choices. Economic opportunities creates good schools. Walkable, bike friendly creates health communities and a sense of community. Drug & alcohol free communities happen because there is economic opportunity."

"Provide health education and awareness about appointments, medication, provide professional and reliable interpreters according to their language not relying one way communication. I am talking new American population."

"All of the above!!"

"5 choices is not enough!!"

"Families need stable housing— not motel rooms where they have to move every 28 days."

"I would include ALL of the above."

"I would add affordable housing, walkable and bike friendly and clean environment."

"All of the above, really."

"Pedestrian Only Sidewalks."

"Clean water, churches that serve the community, fair judicial system, rehabilitation opportunities for criminals."

"Impossible to limit choices to only 5; most of these are extremely important; when I say yes to healthy food choices I mean that to be LOCAL healthy food choices, which means we need to preserve ag land to grow food; now it is a luxury for some; someday it will be a necessity for all."

B.1 (continued)

When you imagine a strong, vibrant, healthy community, what are the most important features to you?

"Readily available, low cost dental care."

"Arts and other cultural activities."

"All of the listed items are essential to a healthy community."

"A general sense of long term civic responsibility (not this looks good let's try it waste)."

"NO push for diversity or multiculturalism."

"Low taxes."

"Wow, so hard to prioritize."

"Inclusive zoning for business."

"Healthy food, clean environment, economic opportunities are all equally important!"

"Jobs for all who are able with fair compensation for effort."

"5 is too few to choose from."

"It's really hard to choose just 5 of these!"

"Actually prefer an isolated lifestyle."

"Access to Mental Health Services and Drug and Alcohol rehab."

"Affordable health care. I was middle class, now lower middle and can't afford healthcare. I don't have any where I used to have Catamount."

"Community supportive of breastfeeding."

"Most all of the above are important."

"Can't choose just 5 .. health requires all ages be supported in a community that is clean, safe and provides economic, education, and retirement options."

"Affordable Healthcare, Reflective Leadership."

"Lower taxes!"

"We need HIGH MH services on par with other health care/not police to substitute for health care services for the mentally ill; its outrageous that healthcare has set MH aside as a community service separate from the rest of health care. This deters many who cannot access the quality that is offered for other critical services."

"Positive town leadership that listens and acts on ideas from the community."

"More bike paths next to roads, ideally with barriers for high traffic areas."

"Public buildings and/ or businesses that are a central meeting place."

"Public library."

"Physical beauty - trees, parks."

"ALL of these should be checked and what we strive for!"

"Bike path access in Southeast quadrant."

"PERSONEL RESPONSIBILITY!"

"A hospital that patient visitor doesn't have to be tired by the time you get to the patient's room and easy to find that room."

"Arts and Music."

"It is so hard to limit my choices I could easily pick 8 from your list."

"It's hard to limit choices to 5."

"Need MANY more than five choices!"

"I'd love to check off lots more."

"Bars, ball fields."

"Lifetime sport access (community golf course, pool, tennis courts, etc...)."

"No NIMBYs and no BANANAs."

"All are important."

"This is a ridiculous question. All these are important and a vibrant community cannot exist if one of the above is missing."

"Food stamps, medicaid, temple."

"Community space."

B.2

When you think about challenges in the community where you live, what are you most concerned about?

"Too many cars, ""affordable housing"" is not affordable."

"Inadequate parenting skills."

"Lack of year around emergency shelter space for the homeless."

"See homeless people living off Swift Street yr after yr."

"Urbanization."

"We need more opportunities for support and engagement for New American youth."

"Lack of safe bikelanes."

"Economic elitism."

"Again, I am very concerned about more than five!"

"Low wages and high cost healthcare of declining quality."

"Unsafe biking lanes. Unsafe cross zones."

"Alzheimer care."

"Traffic Congestion."

"Declining investment in social supports/ schools."

"Non-livable wages, access to affordable healthy food."

"Cost of providing needed services across a vast area."

"Bicycle infrastructure."

"Lack of safe bike paths/routes."

"Population decline."

"Wheelchair/handicap access."

"Safe ways to ride bikes to work!"

"I believe that pedestrian infrastructure and public transport exists in thriving communities and stimulates economic growth and opportunity. I am not clear on how I would rank all the other worthy options and therefore only selected four choices."

"Lack of cycling infrastructure."

"Lack of bike paths connecting from Charlotte to Shelburne/schools."

"Access to dental care."

"Again, ALL of the above."

"All of the above."

"Champlain Housing using Shelburne as a dumping ground (north end of rte 7)."

"Worried about becoming too expensive—exacerbate income inequality by becoming 5-acre zoning, gated community."

"Lack of open diversity (diverse groups often segregate themselves)."

"Lack of diversity - too homogenous."

"OVERDEVELOPMENT robbing the future of ag land and natural resources."

"Isolation of people with few resources or social connections."

"In area as a whole, not my town…"

"Lack of good planning in construction (crammed overbuilding that benefits the builders but not the overall community as it strains the infrastructure which then the taxpayers are supposed to pay for not the builders making the money via rent/sales)."

"I don't have any issues."

N/A

"Emergency services stretched way to thin."

"Substance abuse/ drug and alcohol is a mental health/ behavioral health problem."

"Full service grocery store."

"Lack of retention of our young adults in the workforce, Lack of affordable healthy food choices, Lack of realistic budgeting on the local and state level for service, Vermonters cannot keep people on the system, they must support themselves, it is crippling the responsible people who do work and making it not affordable for them."

"There are plenty to do the thinking."

"Too much growth for the community, mostly in the form of lower income apartments where no property taxes are not paid and schools are getting crowded. The apartment complexes don't help contribute to people who care about the community."

"Private shooting range."

"This is the second time I've had to sell my home and move due to firepits and open burning. Neither Milton or Colchester seemed to be supportive in stopping this from happening even though doctors notes verified allergies to smoke."

"Lack of Community Gathering Places in North Colchester.

"Lack of Reflective Leadership, Equitable access to opportunities."

"Decision to base F-35's in vicinity."

"Lake Champlain is no longer healthy to swim in and needs to be cleaned up."

"Many disenfranchised people."

"Changing landscape of village (more commercial)."

"AFFORDABLE healthy food & GOOD JOBS (not retail or restaurant)."

"Not enough support for new, young parents (shaken-baby education & prevention)."

"Hinesburg is actually doing fairly well."

"LACK OF PERSONAL RESPONSIBILITY."

"Not lack of public transportation, but a need to improve it."

"Parking."

"Burlington is such a fun and culturally diverse part of Vermont. I love it here, sadly, long-term I cannot afford to keep my family here. As we look at other towns to buy a home in, the school systems aren't very strong. The web between schools and towns overall can be a concern for young families."

B.2 (continued)

When you think about challenges in the community where you live, what are you most concerned about?

"The bridge is a safety hazard. It needs to be changed to allow safe alternative transportation."

"NOISE disturbances caused by Vermont National Guard."

"Too much regional and state interference with local planning."

"Lack of decent, habitable housing."

"Division of the town into 3 distinct areas with differing needs."

"All important, need all to have a healthy community."

"Language barrier."

B.3

Please tell us what other items are needed in your community.

"Our community has been overtaken by big box development. A sense of community is a challenge in this setting."

"In-patient psychiatric beds. Emergency low barrier shelter for the homeless."

"Domestic Abuse Prevention Services Adults and Children. More networking within the Community Partners for the underserved population."

"Safe neighborhoods, reduction in street homelessness."

"There NEEDS to be more focus on ""the family"" and ""a persons personal religion/spirituality!"" Please emphasize the importance of ""the family"" and one's religion. I have been living in the area for 7 years and not once have I seen any email, sign or news report on the importance of family and religion/spirituality."

"Dental paramedicine."

"Infant care - there is a serious lack of programs vs demand. Programs for families with young children."

"Street lighting for side streets near the airport."

"As I mention above, we need a culture shift. Aside from our naturopath community, which is growing, the hospital and local physicians focus only on disease. They focus on the deficits and work to get you back to zero. But, there is no focus on getting you to good, really good, or hey, perfect health! It is difficult to get and appointment, and when you do, you get 12 minutes, and you get drug and medical procedure solutions thrown at you; or you are told, sorry, we can't help, because you don't have a known disease. That needs to change. We need education, nutrition and whole body, mind and spirit treatment."

"More police presence to slow traffic and to monitor residential areas to prevent home invasions/theft."

"No doubling up of services, better communication better service providers."

"Need greater citizen involvement in municipal government."

"I am responding about Charlotte, though I consider my community broader than that in general. For a rural community, we need to keep affordable housing, transportation and health care options available so that we can maintain the diversity in our town that makes it a better place."

"Lower cost more efficient sites of care for outpatient surgery and urgent care. Lower cost community specialty care. Lower cost health plans. Best yet parenting support in schools and consumer literacy education RE food."

"Year round/low-barrier emergency shelter options for the homeless population. More affordable housing options for low-income individuals."

"Livable wages is huge. Too many educated, gainfully employed people are in debt."

"Public transportation to UVMMC offices outside of main hospital, ie: Tilley Drive. They need a shuttle!"

B.3 (continued)

Please tell us what other items are needed in your community.

"More humane societies and support to help animals and pets in need and respite for animals and pets whose owners cannot care for them properly. Vet clinics, free spay/neutering, maybe free immunizations for outdoor stray kitties and dogs etc. Lots of help and support needed for this."

"A place for very large community events large scale beside the fairgrounds. Enclosed building or stadium."

"To create a sustainable energy plan."

"Evidence-based programs that address the well being of families. Resources need to be integrated to address all of the interconnected issues of rural poverty."

"Support for New Americans is a high need. Language barriers prevent them from obtaining and maintaining employment."

"Disappointed there is no mention of end=of-life care, something that will affect EVERYONE at some point. We need discussion of and access to quality end-of-life care for ALL Vermonters."

"We are in dire need of close access to a healthy grocery store or co-op! Our only walkable choices are corner markets that sell mostly unhealthy foods. The next best thing is Shaw's, which isn't walkable for most and has limited organic choices and no affordable bulk section. We need narcotic/opiate prevention and treatment programs, as substance abuse of those substances in particular is behind the needles found all over the sidewalks and in recreational areas, as well as the frequent minor car and house break ins that occur in Winooski. It would be nice to have some sort of clean-up initiative as well, since there seems to be more litter here than in neighboring towns."

"Drug abuser/homeless population is UNSUSTAINABLE for the resources we have in this area."

"Better connection with our Police department."

"More parks and playgrounds, walking and bike paths that are not all along heavy traffic areas, lower speed limits and/or traffic calming mechanisms, walkable city center with access to services."

"In my opinion, the biggest issues are quality of life issues. I'm not going to do your research for you, but I'll bet you could find something connecting mental health to more supportive communities. If 89 every time a kid walks out of his home, he's surrounded by cigarette butts, mentally ill or strung out people, broken glass, lousy homes owned by rapacious landlords renting to nests of college kids, and then almost gets hit by some joker running a red light, well, that's not a healthy community and how's that kid going to grow up? So, house the people who need it, and not in hotels. Build something big and decent and life-affirming that connects people to services and gets them off the streets. Then, let's make and enforce loitering laws, littering laws, speeding laws, idling laws, cell-use-while driving laws, noise laws, etc. I cannot believe that very many local decision makers live in Burlington—I mean live and walk and hang out here, not just on some quiet street where they drive everywhere. Burlington is a place of noise, chaos, cost, tremendous litter, and occasional danger. I would never raise a kid here to follow my lifestyle of biking and walking and using public transit. Clean up this loud, filthy, dangerous place and you will have made an excellent start—in my opinion—toward a truly health community. Otherwise, honestly, this town is a joke and people who celebrate it are—god bless them—either have an endless supply of optimism or are hopeless pollyannas. No, this isn't what you were looking for, but more back-end, downstream services is—in my opinion—just not the right way to look at these issues."

"Better establishments for socialization, ie cafes, restaurants that stay open all year not just in the summer."

"A complete system of care for those with mental health issues; the system is completely broken. We will pay for this in the coming years."

"Economic diversity in wealth concentrated communities."

"Sidewalks everywhere. Bike lanes everywhere."

"Elder services, mental health counselors that take Medicaid, young adult employment or training services for failure to launch youth."

"More community-building across socioeconomic lines."

"Low income access to the arts."

"Less Taxation."

"There are a lot of supports for low income people in our community but it doesn't seem to be effective. People seem to use available support to get electronics rather than healthy food."

"Family supports for middle/high school aged youth, especially refugee/new American families. Accessible parenting and nutrition classes."

"Community building activities."

"More Interdisciplinary community team approaches, such as 'Essex Eats Out' program."

"ESL classes and mentoring for individuals with limited English proficiency."

"Community gatherings that do not include religion."

"Access to public transportation and pedestrian walkways outside the Williston village."

"More education and support for policies, practices, and strategies that will improve the long-term health of our community."

"More supports for seniors to stay in their homes. These supports need to be affordable. The number of people trying to care for aging parents and young children at the same time keeps rising."

"More local businesses to offset the property taxes."

"Wages in our area are stagnant and it seems like cost of living is getting higher. The class divide is stressful and causing issues for families and seniors. When someone can't afford their healthcare and housing and they're working full time at a low wage job, how can we meet that need?"

"I live in the Old North End of Burlington and we have such a high percentage of rentals compared to owner occupied housing that we get a lot of people who don't engage with their community and broken down properties. I'd really like to see community building activities for adults take place."

"Strategic, cross sector collaborative economic and social plan to combat poverty; affordable and supportive group living options; greater drug prevention efforts; more supported alternatives to incarceration; awareness and prevention of human trafficking."

"Affordable taxes. Less big government intervention and let the local government decide the need for services."

"There is a need for affordable housekeeping services for people that do not qualify for Medicaid house keeping services. Mental health issues regarding hoarding would be helpful beyond the hoarding task force."

B.3 (continued)

Please tell us what other items are needed in your community.

"I hardly spend any time in my community because I don't work there (I only live there in the evenings)."

"Low-barrier emergency shelters and transitional and permanent supportive housing, especially for households with children and adults with physical/mental health conditions. More on/ near campus student housing, to reduce the demand/price of local apartments. Better access to social services and public transportation in rural areas. Also, Phish should play at Waterfront park at least annually."

"Winooski desperately needs low-cost healthy food choices! While ethnic markets are a huge help they don't come close to meeting the community's needs."

"Livable wage jobs, affordable housing, long term transitional housing/employment programs, chronic diseases prevention and nutrition programs."

"Ways to address the range of issues including mental health, engagement of people of all ages with limited English and people with chronic health conditions."

"Affordable dental care for the adult and senior populations."

"Sometimes when you ask about access to something, for example ""Access to nursing homes,"" I believe that there is probably difficulty for people who have a low income level, but not if you have means. It was hard to answer some of the questions that were worded that way."

"Active support for family caring for seniors Tiered system, in which the needs of seniors with little to no family or other support network are evaluated differently from those with a broad support system Legal guardians for elderly (system is swamped) REAL 'aging in place' — elders are still forced to leave their homes needlessly. Residences MUST be adapted to accommodate the people, rather than the other way around. If we aren't going to do it, stop pretending we are, and stop using the slogan. URGENT need for mental health care for children and teens; locking them up in the ER due to lack of space/care is APPALLING. Drug and alcohol abuse treatment need to be on demand. NO WAITING LISTS."

"More efficient transit options, warming shelter/low barrier place for homeless, universal pre-k funding that can be used for early childhood programs that operate in religious institutions, greenhouse gas emissions that contribute to global warming which aggravate public health (asthma, heat stroke, vector borne illnesses)."

"Frequent/Timely Public Transportation!"

"More than anything, I see a huge gap in the area of mental health providers and openings for children."

"Affordable independent primary care (like community health center in Bristol we transferred to) maybe even independent family/birth center alternative to UVMMC's greedy expensive build-it-bigger CEO style corporate medicine + make sure the people in the trailer parks get to say what they want too so it's not just the 1% - this survey is a good start but how much is it adding to my medical costs/premiums + do the people who have the most need even have access to this? But we have to keep trying."

"Walkable community; after school care and summer childcare that is far less structured than the currently available options."

"High quality, accessible job training programs with multiple points of entry."

"Encourage more walking to schools and a whole lot less mommy and grammy taxis."

"Want to put emphasis on the need for affordable housing."

"Bike lanes separate from the car roads. Safe and available crosswalks."

"Better links between outlying areas and existing public transportation."

"Respect for each other and gratitude for what we do have."

"We are blessed to live in a rich community with a broad diversity of resources. There are still people who slip through the cracks of poverty, addiction, and mental health. I struggle to say we need additional programs in a state that can't pay for the programs already in place. Bankrupting our economy in an attempt to have the state create solutions for all needs will only damage our community as a whole."

"Less criticism and more appreciation of what we have in our state, counties. The media needs to stop supporting distorted images of our communities and support a sense of community support for those who need prevention, intervention, treatment, and recovery services for a wide array of problems."

"Health Education in schools."

"More prevention services. Focus often seems to be on addressing the outcomes of poor choices and behavior instead of heavier focus on youth-tweens-teens building skills to make better choices. This could prevent future adult poor choices or results of youth poor choices."

"Education on Lyme disease and UVM to change its lack of treatment to a total acknowledgment of this devastating disease and use of long term antibiotics for those who so suffer."

"Mental health professionals."

"Affordable relief for Alzheimer and dementia caregivers."

"Better communication for those in need."

"Economic opportunities in Hinesburg so jobs are in our community instead of being a base for commuters who go elsewhere to work."

"More events that are accessible to handicap children (in terms of expense and not athletic). Kids with Autism need social outlets to where they can feel safe at any age. Also, first responders and all emergency service staff should have yearly training about Autism."

"Gun control."

"Affordable Training opportunities for people that can lead to good paying jobs along with affordable housing options."

"Access to summer camps that accept child care subsidy. Transportation supports for children and families to access enrichment activities."

"Nothing from UVMMC/CHCB. Please go back to basics of providing healthcare and stop the escalating costs."

"Stricter auditing of who received state/government financial assistance/who qualifies for disability."

"Access to school social work services for youth and their families."

"Funding to keep social services, not increasing caseloads and turnover rates for social workers."

"Drugs are clearly tearing apart this community. I see it every day in my work. Meanwhile, the discussion of legalizing marijuana seems to be the topic of discussion our community is engaging in. We need housing for the chronically poor and homeless, access to child care for all, and greater opportunities for education at the tertiary level."

B.3 (continued)

Please tell us what other items are needed in your community.

"Addressing substance abuse and addiction. Much of the community crime is directly related to that. Also, the lack of public transportation is terrible and limits residents and their economic opportunity. Lastly, alcohol outlet density is far too high, particularly in Mallets Bay at the Prim Road, Porters Point intersection."

"The needs in Shelburne seem lower compared to Burlington my work setting."

"More school based mental health and substance abuse prevention resources. More community based resources so families don't have to drive to Burlington."

"Recreation activities for families, youth and young adults."

"Love the social workers in the pediatric practices. Is there something comparable for adults? More (faster) access to psychiatrists. Transportation to appointments for families. Many parents chose not to pursue therapy for their kids b/c of work or the hassle of riding the bus to weekly appointments."

"Case management for low income and homeless."

"More services for transition age youth with mental health diagnoses and developmental disabilities. Affordable housing (both to rent and buy). Livable wages. Affordable healthy/organic food. More nutrition programs for children and adults."

"Burlington has a lot of social activities going on but there is not a large selection in South Burlington. Also, racial issues and social bias issues still run rampant in South Burlington."

"Lower taxes, trash pickup."

"Economic Growth."

"Syringe exchange, overdose prevention, treatment for hepatitis C, services for inmates returning to the community."

"Better pay for mental health case management. Moral is so low that turnover is laughably high. Clients suffer due to inability to connect with providers. Resources are wasted on training new employees so frequently. Losing experienced case managers means other more costly supports will inevitably be used to support clients when they cannot care for themselves adequately."

"An effective City government that focuses on these needs vs needs of businesses."

"More funding for mental health to employ (and keep employed) knowledgeable, competent social workers and mental health clinicians (for children, families, adults and elders). Mental health is crucial to healthy communities. Preventative services and keeping clinical workers in their jobs to conduct quality, comprehensive care without worker turnover is imperative."

"Not more mental health professionals but better diverse and culturally competent that can provide support to people of color and mixed race households."

"Help for people living in poverty: jobs."

"How many people are dying each day as they wait for access to certain substance abuse treatments, which can't be provided do to limited space or lack of clinicians. Grants should be created in order to entice those to work in this field."

"Letting people know what resources are available and facilitating contact."

"A safe walk and bike way so we can get to work in healthy ways. More mental health clinicians in the hospital to work on prevention and referrals to community providers. Healthy, inexpensive food. Public transportation that runs more often so it doesn't take all morning to get to an appointment. Dental care is expensive even for people WITH dental insurance. Access to affordable dental care for working people is important."

"Transportation needs for an aging population are important."

"More public bus service, better follow-up care for persons who have been discharged from the hospital, healthy take-out food options."

"Checks and balances on people receiving subsidies."

"Our community needs its Medical Center to have a billing process that is transparent and user-friendly. Your organization is losing money because the billing process is so complex and confusing for consumers. It would also be nice if your personnel would actually remove erroneous medicine information from patient records rather than just repeating it and being corrected every time the patient visits. I appreciate your concern but truly, if you want to do more for our community, look inside your organization and improve quicker availability of doctors, better technologies, more accurate patient records and BILLING."

"I'd say primary care is tricky in Milton - I tried to switch to the branch of the Medical Center located there but they only have hours during regular business hours for initial intake, so I wasn't able to since they didn't offer any appointments I'd be able to make. Also there has been a serious problem with people finding used needles from drug use hidden in playground sets, tall grass, etc. so there was a lot of caution on Green Up Day to avoid that but I have seen a lot on the Milton facebook page as the snow has been melting about people finding needles in their yards or in their kids play houses. Very creepy. Personally I'm not against drug use, it's your body, mess it up if you want to if you don't have anyone relying on you, but it is definitely worrisome that needles aren't being disposed of properly. I don't know if there's access to needle disposal at any of the health centers, but it doesn't seem to be enough or maybe isn't anonymous enough for people to feel they can do that rather than just hiding them places that might hurt people."

"Better public transportation — more routes and more frequency, as well as after school transportation to and from the schools, especially middle and high school."

"Car, pedestrian, bicycle safety programs mainly for the drivers."

"Grocery store."

"A central place for all community resources. Break down the bureaucracy which is the barrier to existing resources. Create a ""Community Enrichment Center"" ideal located in every community — our public schools."

"Sorry — no kids, elders or low income experience. I really don't know where services are available or missing. I am lucky to not know!"

"Better traffic reduction strategies."

"We need to have a more robust transit system so lower income people can get around. We need higher minimum wage so people can afford to eat healthy and have stress reduction through reduced insecurity."

"Rt. 15 is the only way for many to ride bikes or ride to work and it is too dangerous! Need a bike trails for recreation and wider berms for safe biking on Rt. 15 and Rt. 117."

"Cure poverty!"

""Affordable"" health care/insurance is increasingly not affordable for almost all income groups. But our community is doing as well as we can given all the pressures within financing health care."

B.3 (continued)

Please tell us what other items are needed in your community.

"More English education needed in new American Community and need to provide teacher at home for disable and seniors. Need to provide heal related education especially seniors and disable people. Lack of education and social activities new Americans are being victim of suicide because of frustration, unemployment and helpless, rather have to be dependent with their children or government."

"More affordable quality infant care, more drop-in family centers."

"Affordable COLLEGE or POST HIGH SCHOOL education. U. of VT and other local colleges are too expensive for middle/high middle income families who do not receive financial aid!!"

"Taming motor vehicles and curbing other sources of pollution."

"Healthy (free from lead or hazardous material) and affordable housing. Public awareness about healthy food and importance of doing exercises."

"Bike racks, cross walks, ""no idling"" signs, park and ride lots, more buses, more frequent buses on current routes, bus routes covering frequently traveled areas like Susie Wilson Rd lower medical clinic visit costs ($400/ hr really?? and only saw me a total of 15 min) PCP who listens to the patient better care planning for TBI patient, better referral to TBI help group, better training of PCP in how to treat TBI & how to refer patient to proper specialists my treatment plan through Fanny Allen/FAHC was full of errors (exams weren't done in a timely manner, had to request an evaluation for concussion, skull fracture missed on CT scan), holes in patient treatment which required my self-advocacy (specialists weren't recommended- I had to request their therapies on my own, kind of hard to do when you're suffering from cognitive impairments) Overall grade I give FAHC for my care: D"

"I work in a school system and many of the mental health prevention services in schools have been drastically cut. This is incredibly discouraging. It makes complete sense to offer these services in schools where kids are and also if we do not offer these services they will not be able to be successful academically."

"Access to affordable childcare and childcare options for children with disabilities. Homelessness is a huge issue. We need a housing first model of service for adults to get people off of the street. Our services for the homeless are crisis driven and ineffective in meeting the needs of Burlington. Access to mental and health care via Medicaid is limited. Psychiatry is almost impossible for children and adults to access in this community. Private mental health providers don't want Medicaid patients. How can we fix that?"

"Public safety, no dedicated police coverage, break ins are an ongoing issued, don't feel safe."

"Safe bike paths, bike racks on school buses, increased bike safety: education of drivers/bikers."

"Sometimes we think more is better rather than really asking people who we are trying to serve. Also we need to do few things effectively than trying to support every possible problem as it wouldn't be possible to achieve it. Also I think there is a strong push to solve people's problem by giving them. This reduces people's dignity. I would rather have them part of it and make them earn it with positive reinforcement."

"More bike lanes."

"Community Center for all ages to interact and relax. Community Swimming Pool. Clean swimmable lake. Free downtown access by green energy."

"Summer Camp and recreation opportunities for children who have behavioral or mental health challenges."

"Affordable dementia care (in-home, residential)."

"Economic opportunity through job creation."

"Affordable and ""cool"" after school activities for school aged children, sidewalks, bike paths, affordable housing, livable wages."

"Better sidewalks."

"Opportunities for social connection for individuals. Families connect with other families via school activities but single people have to seek out social connection which can be challenging (to find healthy relationships versus the bar scene)."

"Cleaner community."

"Better attention/services for youth, especially teens."

"1. Access to different health care insurance options. 2. Health care support for those who cannot get a diagnoses locally and are sent out of state. 3. Diagnostic clinics for those who do not fit in the current medical system."

"More sidewalks and bike lanes in Williston."

"More public transportation in areas where there is none or there is not much."

"More cross-cultural education and celebration for the adults in the community. Students encounter this discussion quite often but if it is not happening in the rest of the community and in the homes of the community residents then discriminatory behavior will continue."

"More working together for better schools."

"Sidewalks to connect the new grid streets to move traffic and pedestrians off the main streets. Mental health professionals for children and young adults. A greater understanding of the aging population so we look at the hard trends and make decisions based on what we can actually predict."

"Housing is not affordable at all. Rent is absurd."

"We have a crisis with homeless children and families. We need to get serious about providing homes for homeless families to live in that don't require their moving every 28 days. How can we expect families to be stable when they live with 4+ people in a one room motel room with no kitchens—except for a microwave? It's no wonder many families are in constant crisis and under incredible amounts of stress. Let's start putting our dollars and our energy into this huge problem. If we don't help these kids and families now, we're all going to be paying for them later. And, our kids in poverty won't have a chance of breaking the cycle of generational poverty they are currently living."

"Affordable housing that does not compromise the ability of families or individuals to remain in a neighborhood in which they have been or desire to reside."

"Connection of people to resources — making sure people who need services most KNOW that they're available. We have a lot of wonderful services in VT. Do people know that? Are they utilizing them? More connection needed."

"Access to affordable dental care."

"Stores (food and small department). Nice restaurant."

B.3 (continued)

Please tell us what other items are needed in your community.

"Housing housing and more housing for low income and moderate income households. less housing for students would improve quality of life for people who actually work and live and work here. Also an economy based on less tourist and service oriented avenues."

"Infrastructure."

"My use of ""access"" in the previous questions includes affordability to individuals/ families as well as capacity in the agencies that already provide services, but are not adequately staffed/reimbursed."

"Not sure."

"Teen social center, healthy activities."

"Student Assistance/Prevention in the Middle Schools to address Drug and Alcohol Prevention/Intervention."

"Long-term housing that includes supports for those currently using."

"Better sidewalks and transportation are the most obvious things."

"Sense of place, psychically and physically; these are linked for sure. Places to meet new friends and peers, not linked to alcohol or loud music."

"Indoor public recreational facility such as a gymnasium or civic center."

"Attention to the condition of sidewalks."

"Chittenden County needs to spread out Champlain Housings troubled family ghetto in Shelburne. That is no way to raise kids or teach people better life habits."

"A cohort/team of cultural liaisons supported by the major non-profits (i.e. VNA, HowardCenter, etc.) along with the UVM Medical Center to bridge the cultural divide that prevents New Americans accessing services."

"Required vaccinations for all. New mother support. Help to get seniors out of their big houses and into more affordable/ maintainable/supported housing/ boxes. Offering a range of transportation options — walk/ bike/ride/share/bus/Segway."

"Leash laws."

"More restorative justice efforts. More support for brownfield, infill development that is walkable, accessible by all modes of transportation."

"I think that at the core of a lot of health problems are lack of economic opportunities. If people can't support their families, everything (including health) falls apart. We need creative economic diversification....Vermont is quite business unfriendly. Economic vitality should be a public health priority....without it, there will be no resources to take care of the population, and the population will be ill because of the health sequelae of poverty and chronic stress."

"Less taxes!"

"Cheaper rent so we can buy food and will be less stressful. Too much stress will make us want junk food. It's just a bad cycle to have rent so expensive!!"

"Free or very inexpensive trash removal."

"Over all healthy and safe community."

"Education for respectful transgender care."

"Mentioned preservation of open space and natural resources for food production and to conserve natural habitats; part of this is for its own sake; part for food sustainability into the future and part of it is a quality of life matter; open space, views, recreational land is good for the soul; we pave it over at our peril!"

"I think affordable housing is needed. Shelburne is a wealthy community but not ALL of the community is wealthy. Taxes are high, food prices and other markets are high yet many cannot afford unless they go out of town to shop. There needs to be more sidewalks. Thank you for this opportunity."

"Affordable living for all!!"

"Would be nice not to have to wait 3+ months for an appointment with my primary care doc and then be forced to go to the ER/Urgent Care with a very non-emergent problem when there is ""absolutely no way"" they can get you in beforehand. This was never an issue where I lived in NY."

"This survey is oddly worded. I want to say in my community we have superb school lunches. So I write no need. This answer should say need being met extremely well. And progress to lots of need. Ugh."

"High quality interpretation services for people for whom English is not their 1st language."

"The state of elder care in this area is deplorable. Many of the nursing homes in the area are disgusting and filled with incompetent care providers because of low wages. In home care is not much better and I frequently respond (as an AEMT working and/or volunteering on an ambulance) to elderly members of the community who live in unacceptable conditions without access to adequate care. Additionally, the rampant substance abuse, particularly in Winooski, has reached the stage of being an epidemic. This is largely due to a lack of economic opportunity among other factors and the problem is continuing to grow."

"Better and more frequent public transportation. 24 hour busses for hospital staff etc."

"In-town grocery store."

"Good community hospital better than CHCB."

"Youth center."

"4 hour work day."

"A store, better playground equipment, more activities for teens."

"Lower taxes, tougher penalties for drug related crimes."

"More emphasis on integrating new Americans. Living wage jobs with benefits. Paid sick leave. Access to affordable higher education. More job training resources. Computer education for those left behind. Work programs and workforce training in the jails and for ex-offenders. Co-occurring substance abuse and mental health treatment and support."

"Community watch programs."

"Hairdressers and/or barbers."

"More acceptance more community..."

"Patrolling of neighborhoods by sheriff."

"Areas for teens to hang out."

"Most important is truly affordable housing. Housing that is called ""affordable"" in South Burlington is FAR out of reach for most average people."

"Specifically need more psychiatrists, but not more mental health professionals in general."

"Affordable childcare before/ after school. Affordable housing."

B.3 (continued)

Please tell us what other items are needed in your community.

"I think drug abuse is the biggest issue in our communities. We have great schools. We also have great family and healthcare resources. However drug abuse and mental health awareness, access, resources and funding seem to lack."

"Senior bus service besides CCTA."

"The items that I selected as no need are items that I think are well covered in my community already."

"Really can't give accurate answers as I am new to my community and don't really know the extent of all the needs."

"Winooski circulator is dangerous."

"I would stress transportation - better and more convenient public bus service. More bike paths and safe paths for commuters are needed desperately."

"Need commuter transportation program to lessen stress from commute."

"More sidewalks."

"We have a wonderful community however there needs to be programs that aren't geared for those who are getting state aid. We seem to tailor everything to those who are already getting things handed to them. It'd be nice to have offerings geared to those of us paying…"

"More options for youth to excercise in a nonsport team environment. Adequate financial assistance for team sports so that all kids have access to sports not just those families that have money and time for transportation and purchasing equipment."

"After school program in Colchester. Only 5 families for whole town of Colchester (union memorial) can access the after school program."

"Reorganizing how the towns are run so that all positions are voted on. Also enough of the community must vote for any measure to pass if the percentage is too low a revote is in order."

"My understanding is that there are not enough in-patient beds for patients with severe mental health issues like schizophrenia."

"Traffic enforcement. Speeding in developments."

"My community needs to feel like a community and it needs to stand up and help itself."

"Economic Growth, Supporting Local Business, More childcare options, more child related activity options that are for working parents. More subsidy for tax payers for childcare."

"Probably a lot, but who pays for it."

"Crosswalk light near Winooski bridge."

"Diversity."

"I would love to see more community support in most of these areas but I do not want the town to take on more programs due to the financial burden on the residents of this community. I believe the root of the problem is lack of economic opportunity. I would support more privately own businesses."

"Public transportation."

"Better case management of the elderly - case workers are overwhelmed and in the end do little to support the elderly population."

"A better sense of personality responsibility, and that is not something that can be provided by external sources. You can provide all the expensive programs in the world but if the people refuse to take responsibility for themselves, their behavior, and their families NOTHING will change. This is a cultural problem in the permanent underclass."

"Noise reduction—esp souped up cars and motorcycles."

"To be able to afford to stay in our home which is difficult due to high tax rates and very little business."

"Lower property taxes, so the working class or older residents can continue to live in VT."

"Affordable housing and livable wages."

"Repaired roads!!"

"Team building."

"A primary need is to find the drug dealers and punish them appropriately."

"We as a State need to re-think how we deal with drug addiction. It is out of control. Drug court is a start. Long term rehab programs are the only way. Long term rehab will save all of us huge amounts of tax dollars in the long run. Otherwise, from my perspective, we live in wonderful place. More economic diversity would be a good thing. We can't rely solely on the service/tourist industry to exist."

"For a small community we pay ridiculous taxes which takes away from being able to buy good food or spend on recreational or social activities. You do what you can do to spread the money out to last the month and it's stressful and not good for your health when you get no break from it."

"Better outreach to college student population regarding mental health and substance abuse; are part of the community for majority of the year, but are often viewed as not part of the community."

"Bike paths, sidewalks."

"We need industry or retail stores in our area. Lowered taxes for seniors. Less services for the kids in our state period; if parents can't afford to pay for their kids' meals and dental care why should they have them. Much disgust in this household for the unnecessary spending on programs for schools and kids when many are on welfare—go to work and earn some of these things for yourself like the rest of us did."

"Teenage activities so that they are not always running the streets."

"None that I can think of."

"Social work supports in prenatal providers and other specialty offices."

"More housing resources."

"It is very difficult for those of us who live at poverty level to find support to participate in healthy activities - i.e. if I wanted to join a gym because a. I can't afford it and b. who is going to take my child while I work out? Most gyms ask you to pay."

"Unavailable livable wages, high cost of living, and lack of affordable housing culminates in an epidemic for many Vermonters. These are not small issues with simple solutions and are worthy of increased focus and commitment."

"We as a State need to reorganize how we fund our schools if we do not change our direction we will lose more middle class and if we do not have a middle class we do not have a tax base."

"I live in Shelburne and (honestly) it is difficult for me to identify much that we are ""needy"" for (it is a pretty privileged community)."

B.3 (continued)

Please tell us what other items are needed in your community.

"Lower rentals to match paychecks rents are unreal in prices."

"Safe byways for pedestrians and bicyclists away from roads."

"Professional breastfeeding support."

"Support for special needs children/adolescents."

"I find that there are no resources for Adult dental needs. Even if you do have dental insurance dental procedures are very expensive and most people including me cannot afford them. Most people do not get regular dental care and that is important for overall health and self respect!"

"Awareness of what others' needs are."

"Vibrant downtown to build community."

"People knowing and talking to each other."

"Better bike lanes."

"Tobacco prevention."

"The section on pot prevention is pretty silly if lobbyists are working hard to pass the law to legalize it in this state. We have a ridiculous amount of services in this state that are milked by people who don't want to make an effort and be responsible citizens and contribute in a positive manner, I don't think the answer is MORE programs for them, some people are not going to get out of their negative cycle no matter what you do for them. If anything, positive, healthy, minimal cost programs to get people moving and connected at all different age levels to try different activities and healthy food would be a positive that would get them busy with their hands and minds make new friends."

"More affordable Housing for the Middle Class and specifically the lower end of beginning School Graduates and young Families who are paying for the crazy Day Care Expenses and want to be able to have Children and a decent home to live but can't because no programs or support are out there for them. Only the poor are taken care of or if you're loaded enough it doesn't matter because you can afford it."

"Affordable rent."

"Transportation to health care and mental health care and affordable housing for seniors."

"Speed control and safer streets for children and cyclists, comprehensive lead abatement, reduction in drug related crime."

"Safer roads and trails for bikers and runners."

"There is a critical need for more and better mental health care in VT for both children and adults. Affordable housing and better post-care for hospital patients OR longer hospital stays to ensure less readmissions are a close follow-up."

"Drug related crime is one of my largest concerns, but I think this can be reduced through concentrated efforts in building strong community infrastructure - such as free pre-schools, strong access to nutrition & cooking & good foods, healthcare of all varieties and a multi-modal transportation system that works for most, if not all."

"Decreased property taxes and other taxes."

"Access to infant and toddler child care support paying for child care (for working low income families) community centers in underserved neighborhoods."

"Sidewalks and a closer grocery store that will carry healthy food choices."

"Better public transportation on weekends and holidays."

"Foot care services for seniors, better transportation services for seniors, BETTER SIDEWALKS AND ROADS! The sidewalks in Burlington are terrible and pose a real threat to the safety of our citizens."

"Mental health resources, parent-child support, childcare, housing."

"Cleaner environment. More open, natural space. More access and involvement to/ in decision-making bodies: city government, UVMMC."

"Ambulatory care in downtown Burlington that is open evenings and weekends."

"Early and continued birth control education. Support systems for young parents that include family planning and help families to wait to have more children until they can afford to emotionally as well as financially."

"Reduction of incarceration of individuals with addiction, trauma, and/or mental health issues."

"More public transportation options."

"This is primarily a moderate income commuter area. It would be so nice to have more upscale shopping, RESTAURANTS, etc. There is not one decent place to dine in the Colchester area, not one place to sit in the sun and have a relaxing cup of coffee and snack. Some areas are so disheveled and have a really tacky look to them. The lakefront and parking should be scaled up with improved traffic - it looks like a cheap strip mall in places. I think a summer program of plantings and color would do much to make this an attractive place for all in Chittenden county. We have nothing other than the lake front to be really proud of, and it is becoming too crowded and the traffic/parking unmanageable in season. WE ARE LUCKY NOT TO BE A DRUG RIDDEN INNER CITY WITH MOST OF THE PROBLEMS YOU MENTION, BUT WHERE ARE THE YOUNG PEOPLE, WHERE ARE THE RESTAURANTS, WHERE ARE THE ARTISTS, WHERE ARE THE UPSCALE FACILITIES THAT WE SHOULD HAVE? Right now, Colchester is a dormitory place to drive AWAY from for anything special. That lakefront should be a haven for strollers and pedestrians, with DECENT coffee places, ice cream parlors, tourist-friendly shops and restaurants, and attractions for people to drive TOWARDS."

"Tobacco use is the leading cause of preventable death yet no questions addressing this issue."

"Indoor recreation and fitness in old north end."

"Mental Health Care Professionals. Drug and Alcohol Rehab Programs are essential. Many people are put on long wait lists. When a person is ready to deal with their addiction, they should be able to get timely care."

"Public pool and recreation center. Library branch in the northend."

"Need sidewalks along Route 7."

"Adult vocational tech programs to help adults get better jobs."

"Activities for older youth."

"Lower taxes!!! Less government!!!"

"Energy efficiency, improved bicycle infrastructure."

"Increased budget for more police protection, infrastructure improvement."

"Lower property taxes so people can afford to stay here. Affordable senior housing. Affordable programs that allow seniors to continue living at home."

"Increased primary and preventative care. Healthy local food, education to have more self-drive maintenance of health status."

B.3 (continued)

Please tell us what other items are needed in your community.

"Our community is completely rural, and thus presents problems with transportation and availability of services. Sometimes OK, but at times, a major concern."

"I am still independent so don't have a direct need at this time, however, I think the needs I might have will be met easily with community services and family support."

"Much of your concerns are situation dependent. Those who are isolated (especially the elderly) are more at risk for mental illness and poor nutrition. This is also income/job/education dependent, where those who are engaged with what they want to do in life are more conscious about their lifestyle. I believe focusing kids (and some adult programs) to help determine, focus and put to use individuals' strengths and interests would go a long way to ensuring attain their full potential and lead better, more engaged lives. This will improve health outcomes more than passive health education programs or even increased access to services."

"Health education and food education."

"New roads."

"Drug and alcohol prevention with youth is one of the biggest issues. A community center similar to a YMCA set-up where sports could be played; especially in the winter would be ideal."

"Access to prescription medications for underinsured patients."

"More reliable alternative/ public transportation system for everyone, for a cleaner, healthier environment."

"Need more breastfeeding support from hospital, when babies and mothers start learning how to breastfeed. Not enough access to lactation consultants in hospital."

"Welcoming new families/ residents. Assisting them in their needs."

"No burning or fire pits."

"We live in a community that enjoys good schools and most social services. Cost of living is too high for many families and senior citizens. Affordable housing, food, and health care are needed. Shelter and food for the homeless are need."

"I love Burlington. It's been a great city to live in. Probably the homeless people or those without health insurance could give you more accurate information on what's needed here. From my viewpoint, there is enough healthcare choices, the roads are well maintained in the winter and there is very little crime where I live."

"Affordable diverse housing, stricter shoreline protection regulation on development, more conservation of wetlands, art/ crafts, dog park, community spirit, diversity/ tolerance education."

"Food insecurity. Poverty with children. Investing in families is huge — we are generating more unhealthy adults if we don't. Food stamps/reliable healthy diet are cornerstone as is affordable housing. We as a community need to build a subsidized step in for our kids into our community schools that ensures good breakfasts and lunches with a box dinner sent home and we should be putting up our most recent immigrants to get them involved and acclimated to our community. We deserve diversity and they deserve dignity amid the abundance that we have in this community."

"Community social gatherings. More patrolling of community by police day and nighttime. More police funding and appreciation."

"Bike and swim safety at an elementary school level. Bolton has tons of water: streams, ponds, and rivers, but many kids don't know how to swim."

"Geriatric mental health by providers with specialized training, in home support for family caregivers of elders, better referral to hospice and more comprehensive hospice support - and not just at the last few days."

"Continued choice for parents about vaccinations for their children, dependents, and themselves."

"We have no safe walkable path outside of my development and no access to public transportation from my development."

"Public Transportation!"

"We need a lot of things. Housing is the most expensive in VT. I am moving south soon with my senior mother due to the cost of living here in Vt. My adult children and their families are also planning to join us once we get settled? So I think it speaks for itself. VERMONT IS FOR THE RICH."

"Preservation of open land."

"Bike /walking paths."

"There are dropped beer bottles, nips, cans, cigarette butts and empty packs on every street in our community. I have personally seen two young people drinking while driving; someone throw up in front of our house on a Sunday morning after having to stop the car she was in with several other young adults; someone getting a field sobriety test on our street— all within walking distance of our high-quality schools. South Burlington could use significant assistance in effectively addressing these problems."

"More mental health services to meet all levels of need."

"Much, much, much lower property taxes. I'd like to be able to stay in my house when I retire."

"The lack of a walkable grocery store in a community where so many walk/bike/public transportation is a huge deficit. The VTrans project to put a walkway under I-89 to Shaw's cannot come soon enough. In my limited experience, the Winooski Housing Authority is ineffective and seems to have little interest in proactively engaging their vulnerable population- a huge missed opportunity by a valuable stakeholder. Lots of resources seem to be available to Winooski and its residents, but at times disparate."

"More education regarding safe sharing of streets (bikes, pedestrians, and cars). Pedestrians need to ""revert back to the olden days"" where one would actually STOP at a curb and look both ways prior to advancing out into traffic. Cyclists need to obey the laws of the road, use hand signals when appropriate and remember that they too are operating a vehicle. Motor vehicle drivers, above all, ought to recall that when faced with a pedestrian or cyclist, they will always ""win"" and therefore should take the high road: slow down and WAIT to pass that bike (as opposed to swerving into oncoming traffic- why is that the default choice?) or apply the brakes and just let the ignorant person cross the street. It isn't your fault their mother didn't teach them to look both ways, but it IS your fault if you hit them. END RANT. We can educate each other, and the police can step up enforcement. I'm tired of reading about tragic accidents that can be prevented simply by following the most basic traffic rules."

"More comprehensive and inclusive sex(uality) education in schools, better/more progressive and inclusive training for health professionals about women's health and sexuality (including miscarriages), cheap/free birth control without public shaming."

"Social support."

B.3 (continued)

Please tell us what other items are needed in your community.

"—Increased transparency from entrenched leadership. —Enhanced opportunity for growth and not be judged when failed. —Created opportunities to embrace failure as a memorable moment to learn from. — Create safe environment where neighbors feel safe to express how they feel neglected or community initiatives alienate them —Create sustainable community engagement opportunities for people who feel they do not matter."

"Lower taxes, those on fixed incomes who own their home(or the bank) have had this hardship. Enough is enough. Consolidate our small schools!"

"More safe pathways for pedestrians, runners and bikers. There are not a lot of options, especially if one wants to commute to work in Burlington via a bicycle."

"Theft prevention - theft of bikes, purses, personal property from people's porches and back yards most of which is fueled by drugs."

"Bike lanes are needed for safety."

"Senior center."

"Pregnancy prevention and information about the downside of single parenthood for teen girls and boys. All one has to do is look at the condition of so many adults' teeth in this community and it will be clear that affordable dental care has to be a priority. I am worried about the state of my own dental health and don't know how I am going to get care that I can afford."

"There is lots of emphasis on MH/depression, but when a person has something as serious as schizophrenia, there is little help. There seems to be lack of understanding of the impact on families, economy and that individual's life. The medical care is NOT individualized like other health care and the person in crisis cannot go to a hospital like other people unless they are deemed a hazard to themselves and others. Their health needs become legal/public safety issues, demeaning to the affected people and resulting in further distrust of the so called system of care. It's a system of avoiding giving care, in reality."

"There is a very high need for affordable housing for the middle class people. They keep building housing for seniors or section 8 housing for the very poor. It's almost impossible to find affordable apartments or housing for the middle class in Chittenden County."

"Better nutrition and activity supports/options for seniors in independent living residences. The nutrition needs to be regulated and they need to provide nutrition information to residents just like a restaurant."

"More and better resources for disposal of large and/or dangerous items. People shouldn't be charged for bringing such items to the proper disposal place. There needs to be more frequent free pickup for such items. Landlords should be fined heavily for trash on their rental property and for not keeping the property maintained."

"Affordable, high quality childcare coordinated systems so it is easier to access programs."

"Skateboard park areas. Bike-friendly routes."

"Smoke free parks and playgrounds."

"Support for caregivers caring for Alzheimer patients in home."

"Sidewalks. Teen Center."

"Pedestrian areas."

"High quality food delivery for seniors — home based services for cleaning, shopping, etc. to help keep people in their homes."

"Better paying jobs in Hinesburg - not retail or restaurant."

"Stronger enforcement and consequences of the laws that exist."

"LGBTQ-centered community resources (i.e. Providers who are committed to LGBTQ community outreach & public health)."

"Bike paths."

"Lower property taxes."

"More autism programs for children, or shorter waitlists for current programs."

"I would hate to see a group of public health people making decisions on the basis of this survey. Many of the issues listed have multiple solutions and the solutions speak to solving a number of issues at the same time. My blank answers don't reflect any lack of cooperation or recognition that these are insurmountable issues. But there aren't easy answers and ""sifting"" and prioritizing these nagging concerns don't really help move us to creative solutions or the recognition of the inter-relatedness of them all."

"Mental Health services and supports for families. After school options for children aging out of typical childcare programs 11-15 year olds. Not all kids do sports!"

"Upkeep of streets throughout burl."

"Community Center in Burlington's South End."

"There is a shortage of qualified and high quality mental health professionals, particularly those who will work with both medication and therapy. There are far too few psychiatrists."

"Our biggest need in the community is mental health and substance abuse support, as well as affordable insurance. VT Health Connect is NOT affordable for MOST people who are paying for it!"

"Personal responsibility."

"More assistance in general for seniors trying to live at home, whether for staying warm, eating properly, transportation needs, property tax relief, etc, etc."

"More pediatric dentists."

"Vision, hearing and dental for elderly. As prevention for progressing to greater health problems and Medicare does not cover these."

"Diabetes prevention, SUBSTANCE ABUSE PREVENTION-I wanted to put two check marks to this category, communication among providers re: opiate prescriptions-concerns re: abuse, nursing home care for those with criminal backgrounds (OLD charges), affordable housing for all, increase in GA funds to prevent homelessness, mentors for adults in poverty/struggling with substance abuse/mental health issues."

"Live in remote area, access to food, drug stores, doctor office all difficult for people of limited means and or with disabilities. Social isolation is an issue for some of my neighbors who do not work or have means or reason to drive into town (12 miles plus one way to either Waterbury or Richmond)."

"Better integration of community health, mental health and primary care services."

"To decrease/halt drug use & homelessness, more personal accountability from all adults/social systems."

"Lower rents and mortgages and safe housing for all."

"Community park and pool."

"Better access to all health care issues at a price everyone can afford."

B.3 (continued)

Please tell us what other items are needed in your community.

"Affordable and plenty of available child care opportunities for birth to age 5. Plus there is a big need for after-school and before-school programming and support for families."

"Lower taxes. The state government needs to eliminate the philosophical exemption for vaccines for public safety reasons."

"Affordable childcare and maternity leave."

"Recreational centers that are low cost."

"ENFORCEMENT of smoking ban on Church St."

"Living wage for early childhood teachers!"

"Affordable property values.... prices just keep going up!"

"Grocery store."

"Local grocery store. Bike lanes and more sidewalks."

"Livable wages for early childhood educators."

"Public transport and more support for the newer minority ""whites."

"Good sidewalks and clearly marked crosswalks. More community events to get the community to interact with each other like fun days or concerts."

"Well trained and compensated primary care doctors. Attention to environmental factors like noise and light pollution."

"Permanent housing for homeless."

"Because I'm middle class and have a car, I can access many things outside of Winooski. A low income person without a car would have a very different perspective."

"Affordable in-home health care workers."

"Culture competency."

"Pedestrian and bike safe commuting opportunities. A grocery store. More opportunities for adults to play like children. Opiate addiction is high and access to treatment is low. This makes no sense at all."

"More safe biking options. More bus routes."

"The aging boomers are about to create a tsunami of need in the next 10 years. Are we ready for it?"

"Survey was very general and allowed us to pick things with out information on cost or impact. All communities make trade-offs and in my mind understandings is also about understanding values and trade-offs. This survey really misses that point."

"Safe bike lanes for commuter riders- Shelburne Road is so dangerous with bikers in one of the lanes!!"

"Abuse of food stamps (cigarettes, beer etc.). Smoking on public housing property."

"None that I can think of."

"Reliable public transportation."

"Get people working. Encourage independence. Increase effort to get rid of drug dealers."

"NOISE and Environmental problems created by the Vermont National Guard and US Air Force."

"South Burlington needs a soul."

"Lower property taxes, lower income taxes, less state and federal mandates without funding."

"After school care for older kids, drug abuse prevention, mentoring."

"Recreation sports facilities... tennis courts, community pool etc. A public gardening area."

N/A

"Community gym so low income families have access."

"Diversity. Employment that offers higher wages. Affordable housing."

"Social center for people younger than 55. We have a good Senior Center, but some younger people and teens would like a gathering place."

"Our community has serious traffic and parking issues. Drinking and late night noise by college students is out of control in our community."

"No items, but affordable for people to make a living so people don't turn to drugs and crime because we are all struggling to afford to live and being stressed to our max."

"More services through library and recreation depts to address these needs... collaborations with city schools and healthcare providers to deliver these needed educational and preventive services."

"Wealthy single family rural town within 20 min. By car to many services. Isolation of elders, the unwell, new parents is a problem. We have many resources in this town, but of course some people are suffering."

"Increase reach out efforts and encouragement to social volunteering efforts in schools."

"Obesity prevention and cooking tips. Information for the immigrant/refugee community on resources available to them and their Healthcare rights."

"Winooski is a wonderful city, but it could stand to take back some of its manufacturing and food production. That would probably give it the wealth it needs to fund social programs like this."

"Taxes that increase & continue to climb which increases stress & affordability to live in this town and state."

"Lower property taxes. If the state can't support itself, it should spend less money on social programs, most of which is paid for by those who have no need for those services."

"Taxes that increase & continue to climb which increases stress & affordability to live in this town and state."

"Lower property taxes. If the state can't support itself, it should spend less money on social programs, most of which is paid for by those who have no need for those services."

"Some way to keep our green areas clean (fine dog owners who do not pick up after their animals another crosswalk between post office and Burlington/Winooski (return the former crosswalk to enable pedestrians to cross Main Street between post office and new crosswalk at Winooski/Burlington bridge."

"Lower property taxes."

"Sometimes it's just nice not to have to travel for services that we could have at our schools, or other facilities."

"Affordable housing, community education regarding substance use and abuse, more participating in foster programs, integrated communities/less isolation."

"Publish area services somewhere where newcomers can get the information."

B.3 (continued)

Please tell us what other items are needed in your community.

"Expanded bus/public transportation hours. Needed for those who are limited in where they can work because of available work hours and lack of transport."

"A police force that does not discriminate and treats everyone like they are an important part of a local community. More economic opportunities. Lower school and property taxes!"

"This is the most ridiculous survey I have ever taken. Shame on you for thinking that any one of these needs is more important than the other. Please look at the statistics within each town for populations age schools children, etc. and you will find your answers."

"Sense of community among members."

"We need more outpatient residential settings where children and adolescents and young adults with major mental illness can be reintegrated into the community while gaining the social support and skills training they need."

"Affordable Housing. Safety and Security."

"Residential substance abuse facilities."

"More child cares, more sidewalks and bike paths. There is some buses now, but more is needed. Youth or teen center. More after school care, it's always full. We have a Parent Child center, but more support for their programs. We need a middle school separate from the high school and elementary. More teen and middle school programs focused on prevention and education."

"We need school buses for my kinds in Winooski."

"Good housing."

"Affordable housing. Safety and security."

"Affordable housing. Public safety."

"We want a good cardiologist and good ophthalmologists in my community, gastro. We need better doctors (PCP), good health insurance to cover dental and glasses."

"ELL training in the workplace."

"A place to worship."

"Housing costs are too high in Chittenden Co."

"Health care contributes to 10% of overall health, lifestyle choices contribute 51% to overall health. The biggest factors that contribute to the 4 most serious chronic diseases are poor diet, smoking and lack of exercise. This is where our energy should be focused to create a healthier community and decrease overall health care costs."

"I think that the community I live in is doing well in most of these areas, as far as I know. I may be uneducated on some of the areas of improvement, therefore not answering with what really needs attention."

"I cannot really rank items in question 13 and am unable to uncheck all. They are all important."

"Current development is a challenge to sense of community. Maintaining a clean environment is important for a healthy and viable community."

"I think the cost of living in the area is very high (especially in the winter) so I think that is an issue that needs to be addressed! I think the lack of economic opportunities and affordable housing is a big reason that people leave the state of Vermont."

"I feel that if they are addressed in the order ranked, there will be a cascade effect and lower ranked items will fall into place or at least be more easily achieved. Also, the less you have of the top tier items, the less value the bottom tier items will have."

"Affordable housing / homelessness can directly relate to substance abuse. All of the above directly relate to each other not one is more important than the other. Services need to do a better job within their community to utilize all resources available. Local, state, and federal ."

"Services for children and family - stating the importance of family and close circle of friends. Sense of community means family, friends, co-workers all work together for a better community."

"If the top ranked issues are dealt with effectively over time, some of the remaining categories would be positively impacted."

"Very little affordable housing."

"I feel all of the above are important. I chose as #1 the ones that seem most acutely in need at this time, particularly because the consequences of substance abuse and lack of affordable housing have huge impacts on all the other items listed."

"Giving kids a healthy start in life reaps benefits down the line. Economic opportunities help make families and communities more stable."

"Services for our youngest and oldest - if we can support young children and families, we can help prevent future problems - substance abuse, incarceration. Early care and education is key. For seniors - this population is rapidly growing and we need to be prepared to support them. I also worry about the environment. The outdoors are one of Vermont's best assets."

"Difficult choices. Lots of need. Services for seniors in VT is an issue if you are not wealthy. Most will not take public (medicaid) funds. Big problem that will only grow."

"Addressing issues around healthy food and employment are key in Essex."

"More chances for advancement, job opportunities."

"The dysfunction with mental health recognition and the stigma associated in the country needs to be addressed on a larger scale and within communities."

"Clearly substance abuse and mental health are issues we all face in our communities daily. Substance abuse seems to get resources but often mental health patients are left to fend for themselves, when in many cases they truly need ongoing care in a structured environment. Tossing them on Church St is not an answer. Clearly the 2nd grouping has more to do with what people need to survive. You need a roof over your head, a job for money, and an environment which does not make you sick. Then you can face the desires of a strong community, good public transportation and a place to exercise."

"Economic opportunities cannot be defined by municipal (community) boundaries. Good jobs and high skills are essential to mitigate the need for services for the working population. Until Vermont as a state better recognizes this by refraining from adding and removing burdensome and stifling regulation and taxation. The need for 'services' will never be reduced. Vermonters will do better in an environment promoting self-sufficiency rather than dependence on government and community services. Excessive dependency is culturally corrosive."

"Small rural town can be easily changed by the influx of affluence without attention to creating a sense of community and caring about the needs of everyone."

B.3 (continued)

Please tell us what other items are needed in your community.

"I work with the homeless population in the greater Burlington area and feel that this part of the populations is largely ignored at best. The ramifications of not serving this population is often expensive (individuals using emergency services like ED or jail) and time consuming (the number of agencies that interface with the population and shuffle people around) for the community. The community is doing a poor job at arbitrarily treating the symptoms of this problem, without addressing the need for more sustainable solutions (I.E. permanent supportive housing). We are employing an inhumane, ineffective and expensive solution to a very basic problem. PEOPLE NEED (and WANT) HOMES!"

"Quality of Life for Youth and Adults who are living longer."

"Healthcare and economic opportunities, as well as social services, provide the basic conditions people need to succeed, and are the social contract we have with one another."

"Really tough to rank these, as they are all important. I might've ranked them if it was a different day or time! They are all really equally important."

"Homelessness and drug abuse are a huge issue in Chittenden County as they are throughout the United States. Other issue the squeezing pressure on the middle class. College is close to unaffordable for many, of if so, people are plunged into huge debt as a result of paying for higher education. Unconscionable for a country with our assets!"

"Despite general prosperity, Essex has hidden poverty."

"Childhood obesity is an epidemic. Good nutrition for young children is essential. Homelessness seems to be increasing in our community and it worries me."

"I think that Mental Health issues are largely undiagnosed in the community. People just assume that others have quirky personalities or are a bit harsh when in fact it is something else. Also, I think that we go a little overboard with some of the environmental issues. We live in a great state that already puts the environment at the forefront. I'd have a different answer if I lived in New Jersey."

"See previous freetexted comment - it is UNSUSTAINABLE."

"I think access to healthy food is incredibly important, especially with many members of our community with a low socioeconomic status. I feel substance abuse (specifically narcotic/opiate) is also a large problem in our community and elsewhere in the state. There are a number of youth in our community, but it's important that with such a diverse community as Winooski that services for children and families, as well as for seniors and mental health, be inclusive, and in a more deliberate way than simply stating that all people are welcome and expecting those from other cultures to simply come to the services. I feel that with a clean environment in our community, people can feel more pride and more of a connection to place, making Winooski a happier and more vibrant place to be. Pedestrian/public transportation infrastructure exists but could always be improved upon and should be a serious focus as we try to green communities across the country. Affordable housing and multiple recreational resources are extremely important for all communities."

"Economic Opportunities is the engine that drives all of the list. Without that good paying jobs we have no basis to work from. Hunger and nutrition come on no one should be hungry ever."

"Crazy that we are still dealing with homelessness after all these years. Unless you are rich or have two healthy incomes, housing is crazy expensive around here. There are pockets of community, but not the sense we are all in this together. People won't be able to afford to live in VT without better paying jobs."

"Economic options that are not entry level or part time needs to increase as well as transportation to services and to employment. This area has too few of these opportunities and services. Housing follows because incomes are not adequate to pay for housing. Burlington is developing housing that is not affordable, and outer towns don't have adequate transportation."

"We need to take the long view and help families and children thrive and stay well - not wait to Tx them when they are sick. A community without affordable housing and jobs and decent wages will always have drug and alcohol and crime issues. Raise the minimum wage and being in good jobs."

"We have a walking school district but not enough safe walking and biking routes to all the schools in the Village. High traffic area."

"For question 13, I would really rank them as equally important."

"Speaking specifically of Burlington, the main issues are economic, but that's really sense of community, etc. The colleges and the town have managed to create a landlord's paradise which has seriously degraded the quality of life here while raising the costs through the roof. I own properties here and will be selling both and moving my business. If families could afford to live here—and no, I'm not talking about packing poor people or immigrants into crappy housing and saying we're family-friendly— then you'd have a partial return to civility. But, seriously, how are students and young renters ever going to treat property or neighbors with respect? It's not in the contract. Again, if you want to talk about helping in Burlington, you have to talk about quality of life, not just creating more safety nets for people to fall into when quality of life has failed them."

"Without a sense of belonging or a feeling of connectedness people don't care about others."

"If economic opportunities and treatment for opiate addiction are addressed, I think and hope many of the other problems will be reduced."

"With economic opportunities and affordable housing, a lot of the other things fall into place - especially if constructed with pedestrian and public transportation in mind as well as creating a sense of community. Done with clean energy and sustainability, the environment is also cared for."

"I feel that Substance abuse issues can so quickly erode even the healthiest communities. Vigilance here is vital to me. Also community members need to have a sense that they will have a chance to be economically successful where they live."

"Mental health effects almost all of the other issues. Also, there has to be opportunity for economic success to have a vibrant community. We need effective services to combat substance abuse but it seems like individual motivation is a big part of it and that seems to be lacking."

"Our community has moved from agriculture to a bedroom community to Burlington. Neighbors don't really know each other."

"If healthcare was more accessible/affordable if could support the other issues, such as services for seniors, families, mental health and substance abuse as modeled in other countries."

"It is very difficult to gain access to mental health/ substance abuse services in this state. Some people wait for weeks in the emergency room for an inpatient bed and there are not enough outpatient providers. This impacts the entire community."

B.3 (continued)

Please tell us what other items are needed in your community.

"Business that really attribute to the wellbeing of the community, not box stores that drain the economy out of the state through profits while barely investing into payroll and valued job creation. These jobs should include healthcare. Happy workers are good workers."

"The cost of housing in Chittenden County makes living here not affordable at all. Our salaries simply do not match cost of living *(housing, food, etc.) which is very frustrating and makes me feel like I cannot stay here long."

"The cost of living and the lack of good paying jobs is making this community unaffordable for many people - especially families with children and seniors."

"Housing and economic opportunity seem intertwined. If people can get good paying jobs, then the cost of housing could be less of a threat to stability... but still, there just doesn't seem to be enough housing."

"Affordable housing is by far the biggest challenge in Burlington."

"Mental health services need to be addressed within the community to make it easier for the needs to be addressed for all those that experience mental illness."

"Currently there are little or no sidewalks, bike lanes on routes to school or public resources such as library, beach, and recreation areas."

"Substance abuse, mental health and homelessness go hand in hand and you cannot address one without the other. All these issues, if left unchecked, can contribute to crime and other ugly issues."

"Vermont is an expensive place to live compared to other states."

"That was hard! I can't rank these things, they're all almost equally important!"

"Opiate addiction is the start of an avalanche of broken community issues. Affordable, stable homes are the cornerstones of establishing and maintaining healthy, sustainable lives."

"I ranked the most important to me based on what I felt was a core priority to address first and if this is addressed the rest will also have an improved causation effect. Improving economic opportunities to families and children will better ensure that the future for the other issues will have the human investment, social capital, longevity for people to organize, advocate and take care of their community."

"Based on my observation as a New American population resettled in Vermont."

"The senior population is often a population that doesn't receive the attention it deserves and needs when it comes to disparities. I feel this is in relation to an individual's reduction in productivity as he/she ages and thus an individual's perceived ""value"" to our society. Economic opportunities and transportation are closely linked and a pathways to a safe and healthy community."

"I cannot do this. Which is more important: care for vulnerable seniors, or vulnerable children? How can a moral person possibly 'rank' those. And you've put homelessness in the same cluster as sidewalks?? I am confused."

"This town has 3 trailer parks + the need for such affordable housing is endless and the discrimination faced by the residents on all levels is an unaddressed problem in this culture = and health care is a prime offender: overuse, overscreening, overcharging etc and not actually hitting the real needs - may have to go door-to-door with surveys or seek a community rep who can do that = good info."

"My personal experience is that the availability of exercise classes through our parks and rec department completely rescued me from serious depression."

"I tried to see which issues everything else could be linked to—without looking at children and families, all the other social services are for naught and the same can be said about a clean environment."

"Government is getting to be more of a 'fiefdom' with certain people pushing their own agendas and not listening to the taxpayers."

"We are a bedroom community—most work in another town, child care is in another town, and so building community as a satellite of Burlington is not easy."

"Substance abuse and mental health issues are so closely connected with families not being able to access economic and housing opportunities. So many people if they can find jobs and/or housing cannot sustain them due to mental health and substance abuse struggles."

"Sustainable supported housing for those who live in our woods. Our busy fast roads make it unsafe to cross the street of bike."

"I tried to rank based on the greatest impact on the common good."

"Taking care of issues such as economic opportunities and affordable housing, combined with a ""sense"" that one is a member of a community (in all the ways that can be cultivated) are the foundations for getting other goals accomplished."

"We must help families to stay happily together which goes along with having a strong sense of community pride."

"Substance abuse drives many of the ills in our society/community. Everything else stems from that. We MUST address it."

"By building a sense of community we can prevent substance abuse, improve public safety, have time to build livable wage jobs and maintain a clean interconnected environment."

"Basic needs like food and housing determine a child's ability to learn and reach their full potential. Physical activity is vital to wellbeing as is a strong sense of community support. These things are key to our future."

"This instrument is flawed. Every time a value is entered in the previous rankings, it erases the response from one before whether using Next or Done. Feel my responses are not valid until it is fixed or better instructions are provided!!"

"Substance abuse is a major factor in crime and economic loss for people who are targeted by thieves. It is a drain on the social wellbeing of society."

"The tax burden that all of us face with municipal and state government will have a negative impact on attempting to finance these wants and needs."

"Improve people's ability to work where they live."

"My ""community"" is Jericho which I don't feel needs to become an employment center, so I ranked highly the contributors to quality of life and determinants of health."

"I feel economic opportunities are the key to the healthy community. With that, the others will fall in place."

"People cannot afford to live and some people have no outlets because of lack of funding to participate."

"Substance abuse needs to be reduced to create and healthy and safe environment and to maintain pristine, fresh, and natural environment. What is natural is sustainable."

"Everything starts with a home."

B.3 (continued)

Please tell us what other items are needed in your community.

"Prevention is the best medicine…if you have healthier communities by addressing nutrition, the environment, etc. there would be less strain and therefore need for healthcare."

"There should not be any waiting list for opiate treatment! People should not have to drive from Burlington to WRJ to get their meds."

"More access to substance abuse treatment options!! So many people desperately need this and are not able to access treatment."

"Vermont's political and tax environments drive businesses away making it challenging for Vermonters to get positions with great career opportunities without leaving. There are more than enough jobs in Vermont, the key is high quality/ challenging professional opportunities vs. people having to take any basic job to bring about more stable companies and continued expanded job opportunities at all levels."

"Survival is the basic need which in our society means a safe place to live and the economic resources to support it."

"I believe mental health and homelessness have a strong link. By addressing either the other will be helped."

"Affordable housing and access to food are two core needs in every community."

"We need more affordable housing especially for seniors."

"Mental health and substance abuse services are underfunded and therefore scarce. Treatment is much more effective then funding consequences of under treatment (i.e. criminal conduct). Senior population growing and requires more investment. Affordable housing is scarce and more housing in urban center needed as opposed to sprawl in outer communities. Also need to grow public transportation throughout the county to link hinterlands with urban hub."

"Essex has a fair amount of people walking and bike riding to get to destinations. It has a great deal of traffic and traffic congestion not always safe for those walking, This needs to be addressed for both safety and to create attitudes harmonious to sense of belonging and community."

"It is very difficult to find affordable housing for a multi income family where the incomes are average or low income but both people are working full time. The affordable rates often go to those not working, which is frustrating if those people are able bodied."

"Burlington is far too expensive for the average person to live. Economic issues limit people's ability to access most other things on this list. I'm greatly concerned by the lack of affordable housing, and the lack of jobs in the city that pay a livable wage."

"Environment has to be number one. With a dirty lake, pollution and garbage along the roads, no one would want to live in Colchester and take advantage of its natural amenities. Hand and hand with the environment is resources to encourage healthy lifestyles, thus increasing health, lowering cost of health care and creating a vibrant, active and happy community!"

"Lack of affordable housing in the community."

"Affordable housing is an urgent issue though-out the county."

"Families are struggling with how to support their children to be happy, healthy and productive and stress can be overwhelming for parents and kids. Parents and kids need more accessible support whether it be about mental health, substance abuse or family functioning. It's hard to rank these issues, as all are imperative."

"Mental health is an under-rated service that so many children and adults could benefit from if there was less stigma attached and more services available. There needs to be a wider range of healthcare services and providers, including chiropractic, naturopaths, acupuncture etc. at no additional cost. Chittenden County's housing is atrocious and not affordable for people who do not make at least $45,000 a year or are not getting government assistance. Affordable housing needs to be a priority for the county if you want to retain people in the community."

"There is a lot of homelessness in Burlington and South Burlington, and on top of that there is a distinct lack of affordable housing anywhere near Burlington. If you want anything affordable you have to live way out and for a family/ individual that doesn't have a car that's almost impossible."

"Methadone waiting list is killing people and creating crime and unsafe families for children people are sleeping outside and shelters are often full."

"Given the recent bike related car accidents I think North Avenue in Burlington needs a better bike path. At some point the bike path ends and bikes are forced to merge with traffic which is a large challenge when drivers don't share the road."

"Mental health issues seem to be the driving force among many of the needs of people in my community e.g. D & A, Crime, Obesity, etc."

"For me it all starts with a sense of community. If you have that then the phrase, ""We take care of our own"" makes the other priorities possible and meaningful."

"Mental Health is the baseline for issues within the community, weather its homelessness, crime, abuse amongst families. If you like at the major issues within the community Mental Health plays a huge role a majority of the time."

"Step up immigration integration efforts and let immigration drive the economy like in other cities."

"We need more clinicians and case managers!!!! AND SPACE!!"

"In this society, there should be no homelessness at all."

"* aging population creates new risks and needs * public and active transportation improvements serve multiple needs."

"There are many mentally ill roaming downtown Burlington and church street that could benefit from more services, if they were available. Affordable housing in Burlington is pretty nonexistent, especially for working people who don't qualify for assistance. It makes us the invisible working poor."

"Children are at the mercy of their parents, and while I am generally a proponent of individual choice, there need to be services to step in when parents do not make effective choices. I also believe that if people have a pathway out of poverty, then public health problems tend to take care of themselves."

"Too many homeless people in Burlington because of all the state subsidies people can obtain. Healthy diets are a building block of our infrastructure."

"Housing and mental health are both issues that the Burlington community has been grappling with for a number of years. They are also connected: lack of housing exacerbates mental health issues."

"I believe if you look at issue from the big picture then the rest will take care of itself. They are symptoms from the and opportunities to correct."

B.3 (continued)

Please tell us what other items are needed in your community.

"Milton is a great town and I'm happy to live there but as I mentioned previously, there is a big problem with needles not being properly disposed of and ending up hidden in structures or plants where kids may end up playing. As for infrastructure, if you don't have access to a car living in Milton has to be hard, there aren't that many pedestrian friendly areas and the lighting of the streets at night is horrible (the lights we have are very dim and there aren't many of them) which I think probably creates more opportunity for the types of crime that have been a problem, mostly theft and break ins."

"Substance abuse is a growing problem in Vermont. It affects crime rates, mental health, overall health of the community and general sense of safety in the community. Also, many people cannot afford to live in Vermont because of high cost of housing. Economic opportunities are scarce and it seems that the businesses are exporting out of the state. We have many highly educated people working in grocery stores instead of applying their skills for the jobs they deserve (e.g. master's level professionals)."

"It was really hard to rank the options in both 13 and 14 as they are all very important in my mind."

"I live in the old north end and can barely afford the apartment I live in. I work 3 jobs and don't see a future where I'm living in Burlington and don't have to have 3 jobs. I am a good Burlington citizen who has dedicated my career(s) to helping others, I feel like I should be able to participate in the wonderful Burlington lifestyle but instead I can't because I have to work 3 jobs and am too tired. We need help."

"Physical activity is the number 1 value of living in VT and we need more ways to do this safely and easily. Housing is extremely expensive, so adding low cost housing would help more young families move to Jericho/Underhill to keep the population vibrant."

"1,2 & 3 are drivers. If we have them, we can afford to address 4 and 5. The result will be #6. If we have #3, we don't need the expense of a car and feel safe getting to work & school (letting our kids walk/bike/take the bus). These measures make us healthy and make a city more affordable (less auto dependent) cleaner and more attractive. Part of the reason Burlington is ranked so high as family friendly is due to its clean environment which helps create sense of community. We have the opportunity to grow/expand on what we have in our natural environment for the good of our entire community."

"Burlington is either blue collar or wealthy business/property/financial owners... Very few middle to high paying middle class jobs avail in the city of Burlington. It is very difficult to raise a family, afford a home and pay for college unless you are very poor (and receive free aid/grants) or very rich and have thousands saved in trust funds. Economic opportunities will provide a better quality of life and encourage some spending on local products/businesses... as well as additional charitable giving."

"The cost of housing in my area is very high and wages are low."

"Without good mental health care there is almost nothing to be done to help folks. If they are so distressed they refuse all other sources of help, then... Traveling is one of the riskiest activities we engage in daily. Active transportation is safer for our communities while making them healthier at the same time and creating less pollution."

"Substance use and mental health issues in my opinion are the root of many of the other issues. Unless address progress in the other areas cannot be made. Housing costs in Chittenden County are out of control when compared with salaries attained for work."

"Essex is turning into Florida: all concrete and no natural green areas. We are creating hot areas where people like myself do not want to be in the hot summertime. No shade. More traffic adding to the urban heat. People jump into their cars instead of using mass transportation. Riding bikes isn't safe in many areas. Bikes cannot cross Rt 289 so half of the town is not easily accessible except by car. Free and low cost public get-togethers are few and far between. People are isolated through their winters. It would be great for the community to host more festivals and shows/events for folks to get out and socialize. A list of help groups available to people need a forum to be posted somewhere for the public to access."

"People are working longer hours for minimum wages without drinking or eating nutritious food and spent huge percentage of hard earned income for expensive housing. Housing is killing the hard working people low income people. It's a big issue for the people who are trying to step in the middle class family. It's the need of the time to address this issue."

"In order for people to age in place there needs to be more of an infrastructure supporting transportation. A means to decreasing obesity is to have more access to recreational and physical activity resources, but you need to be able to get to them."

"As a growing community, there is increased need for an infrastructure to support pedestrian and biking traffic. Limited sidewalks and cross walks often prevent families from exploring more local offerings in town. Improving those infrastructures, while also focusing on providing more services and opportunities for children and families, would go a long way in building a strong and vibrant community."

"Access to mental health services outside of county mental health provider is important for all. Psychiatry is hugely lacking for adults and children. My idea of a positive community is one where there is equal access for all. The poor do not have access to what they need to survive and homelessness is a huge issue."

"In my mind, without affordable housing and access to nutritious foods, ""Community"" can't happen. And given economic opportunities and services for the innate challenges that people face, issues can be solved holistically. And with a functioning and healthy society, we can focus on key issues like a clean environment that foster pride and sense of community in one's surrounding ..."

"Substance abuse/Mental Health, poverty/economics, homelessness - all interconnected and all impactful across systems/community."

"I believe mental health is under reported and under rated. Paradoxically we are more connected through social media but are also more lonely. I think if we can achieve physical social contact mental health issues and other issues will resolve itself."

"It is challenging to rank such important issues especially where there are direct correlations. Lack of economic opportunities, lack of affordable housing options contribute to substance abuse. Mental health and substance abuse also go hand-in-hand for a number of members in our communities. Ranking them in my opinion doesn't work to resolve the issue. All of these issues need to be addressed for change to be effective."

"I found it difficult to rank because they are so interrelated."

"A healthy community is one that affords all people economic security, a solid, good quality, affordable home, excellent schools and services for those with health challenges, especially the mentally ill and substance abusers. I prefer to see treatment and prevention over incarceration."

"Both my # 1s I believe address the other issues in a broader way. Healthcare addresses the needs of families and seniors as well as mental health. A sense of community touches on the environment, transportation and housing."

B.3 (continued)

Please tell us what other items are needed in your community.

"As someone who is 68 years old, affordable housing is of great concern simply because one cannot afford an apartment living on Social Security."

"Our community is pretty healthy as compared to many others throughout the region and especially the country over all. The job market however is pretty tough."

"I believe that a sense of community encompasses much of the other issues and concerns. A strong community means that individuals will have the support they need to overcome substance abuse issues and create an atmosphere where all people, no matter their financial position, will have a voice."

"Better schools with everyone working together."

"See previous comments. Also, Williston has an aging population moving into its newest neighborhoods. They will require different services than exist now."

"Housing is out of control. There must be a way to control housing costs."

"Please see my comments in the previous comment box (I believe question 12)."

"People are no longer able to afford many areas in Burlington. There's a high degree of economic apartheid occurring."

"It's hard to priorities diverse needs. Each one impacts on a different sector of the community, all are needed."

"We need to address the needs of those in poverty first, and raise their standards of living."

"Homelessness is a huge issue and it goes hand-in-hand with lack of support for those struggling with substance use or requiring mental health care."

"These are the issues that are important to me because they impact me directly. Living in a rural area, there is no public transportation or pedestrian infrastructure. Also because it is a small community, the services for families (including nutrition, mental health, substance abuse) is not readily available."

"If economic factors were improved, it would improve other areas."

"#14; they are all equally important. 13; services for seniors are severely underfunded, not adapted to today' seniors and not accessed by diverse seniors."

"All the above are important to address."

"Hopeful that these would lead to more success with the others that are ""lower"" on my list."

"Healthy lifestyle and primary prevention activities and services."

"13. While VT has a lot of great programs for children and families, there are still way too many children who slip through the cracks, often because they don't meet specific diagnostic criteria or because schools and families aren't aware of the programs that are open to them. Additionally, I think that too many children and families do not get the parenting support they need due to how overwhelmed DCF is with the multitude of calls and families who need support. 14. Affordable housing in Burlington in INCREDIBLY difficult to find. While I think there has been a significant increase in low income housing, those who don't quite meet the low income bracket are really struggling to find housing that is safe and affordable."

"I found the above questions difficult to rank and would question the outcomes found as I think all of these are important and to put one above the other is not an adequate assessment. Also, do I theoretically choose which one is more important, or realistically given the current resources and what is lacking? I'm not completely clear on what you are asking."

"There is an aging community that would appreciate better public transportation in the areas close to the Lake on the south side....virtually no bus availability."

"2-6 all lead toward #1!"

"Very difficult to live here without a car. We need better public trans & better sidewalks."

"Sets the tone for how we live, and provide long term healthy environment."

"If people aren't stably housed, they can't begin to work on jobs, their health, their children's well-being. An adequate supply of affordable housing needs to be coupled with addressing the mental health and substance abuse issues that too often interfere with people's ability to stay stably housed."

"More jobs that pay a livable wage."

"Affordable housing is the most significant social determinant of health."

"Very subjective - many or most issues could be ranked ""1."

"Need a walkable/bikable community that encourages folks to get out of their cars — free shuttles, scheduled shuttles, or connected neighborhoods — paths/trails/alleys, etc. which will give us better health — walking groups, riding groups — make it a social habit for the community — parades, tai chi in the parks, block off a main street once a month for festival or open community day on it — this has worked elsewhere. Make it a party/event/specialty to not drive!"

"Mental health can strongly influence the other important issues. Similarly, a sense of community can open opportunities in the other issue areas."

"Could not stop selection from disappearing from the screen."

"With strong economic opportunities everything else falls into place and improves."

"Homelessness is increasing. People are not earning a livable wage and cannot afford housing."

"Robust economy helps take care of other issues."

"Rent is very high in Chittenden County. People are using most of their income on housing and then there is not enough for food and other living expenses. Lake Champlain needs to be cleaned up to ensure quality for future generations."

"No money no talk, then you live on the street. People don't have money to buy food and eat ramen noodle all the time. Healthy food is expensive. This will make people very depressed and then do drug and drink heavily. A good society supposed to have their citizens be able to spend money to the community to boost economy. As of now, the rich becomes richer, the poor will always stay poor because there's not enough opportunities and people need to see free mental health provider."

"Not enough well-paying jobs here in this state."

"Health care is always on the top of my list because the population keeps growing but the number of Healthcare Professionals doesn't keep up. We need to pay attention to the weather changes and do something NOW about our environment everywhere, not just in my community."

"I am struggling to find affordable housing that isn't more than an hour away from Burlington!"

B.3 (continued)

Please tell us what other items are needed in your community.

"Hard to rank the issues in 14 as they are all important and intertwined."

"More sidewalks / wider shoulders on the roads to make them safer for cyclists/pedestrians. Increase in availability/access to mental health services is important everywhere, not just around here."

"Night shift workers have a lot of problems finding safe transportation and healthy foods around the clock! Yet we make up a big % of workers in the area."

"Seniors need more support. Need more health choices for food / restaurants. Would like immediate care facility closer."

"Because Milton is a bedroom community with a large geographic area, there is no ""core"" outside of the school community where people can feel a sense of belonging."

"Need to reduce property taxes and raise wages. Need to aggressively work to reduce opposite addicts and related crimes in our communities. Stop treating addicts as the victim and incent them to change their ways by punishing them for their crimes."

"By economic opportunities, I mean jobs that pay a living wage and enable people to save and to not have to live on the edge or live on substandard housing. A sense of community means that all feel welcome and as if there are others concerned about them. It means that people know there neighbors and look after one another. This makes for a richer life."

"Substance abuse and related mental health is out of control."

"Housing is too expensive in South Burlington. No affordable housing available."

"More acceptance less exclusions."

"The area needs to be clean in which we live."

"Homelessness and mental health are often intertwined. It is shameful and unforgivable that we let other humans live like that."

"As my husband and I are getting older concerned about the future as seniors and being able to afford where we live."

"Still not sure. Health care, clean environment and good nutrition opportunities are very important to all of us."

"Winooski Circulator allows traffic traveling south on rt 7 to cross at the southern end, crossing two incoming lanes to enter by the Champlain Mill very dangerous to cars and pedestrians trying to cross at the entrance to the Champlain Mill (not the rt 7 crossing)."

"Better biking and pedestrian infrastructure - SAFER. More paths and shoulder paths."

"With a sense of community, people knowing people and taking an active role in the community the others things tend to fall into place. We need to get people meeting each other and participating... Vermont is a beautiful state, our economic situation has me thinking of moving my young family away. The taxes are ridiculous and the level of giving away my hard earned money is angering. I'm all for helping, but we are way past helping. Economics here are a big problem."

"The cost to live in this area is almost impossible to maintain. Add a child and its even harder. I believe affordable Housing/ Childcare should be #1."

"Share cost, stress, options."

"Hunger means that housing took priority to food and the stress leads to mental health issues. Creating an environment that removes the stress of the basics of life food/housing/health will lead to a better outcome for families. Families can take care of each other and feel a sense of pride versus anger if they have the ability to meet those basic needs."

"Environment in all areas is the most important. Good affordable planning is paramount as all ages and groups deserve access to actual needs (not the perceived need of the moment)."

"Without decent pay people can't afford to live here, and without taxes paid to support the town, it will deteriorate."

"Affordable health care and job opportunities and affordable Housing, are my top 3 issues that need to be addressed."

"Nutrition is a pillar of development and continued function. Clean environment makes everything else worth pursuing. If we poison ourselves with food and pollution what good is healthcare after the fact or recreation spots."

"Pedestrian infrastructure helps promote the others."

"The majority of children that graduate and go on to higher education do not return to this community due to lack of jobs. Many that graduate from HS and cannot afford a higher education (this needs to be addressed in our community) either leave VT or take minimum wage job which pigeon hole them to a life of financial struggle."

"Very concerned with healthy foods in schools, could use a lot of improvement. Need more focus on wellness and alcohol and drug prevention with adults in the community."

"Housing so expensive that households are having to have grown children living with them and the elderly needing assisted living that is available and affordable without being on a wait list for several years."

"It's hard to rank because the issues are all so important, but the environment has always been important to me. Keeping the water, air and land clean helps in many areas. Substance abuse, which has many mental health components, has a huge effect on communities and finding ways to combat it that work are crucial."

"One important piece of a healthy community is to have a sense of community, a sense of ""ownership"" and belonging to want to make changes to take care of one another."

"No one should live without shelter, substance abuse, mental health and homelessness are all tied together."

"I believe that if we have good healthcare and a clean environment that a lot of health issues don't even start up."

"Being able to afford to live in Shelburne."

"More mental health & senior services are sorely needed. More affordable housing & livable wage. You cannot afford to live in Chittenden County on one income!"

"We have recently lost our home for a family of four because there is not enough affordable housing in this area."

"Little to none public transportation from where i live. No parks no where to shop everything i do i need a car."

"State relies too much on the tourist service industry. We need add'l economic diversity. Need to encourage more small business."

"Farmland is changing into housing developments, with pros and cons, but planning would be good because needs come with neighborhoods."

B.3 (continued)

Please tell us what other items are needed in your community.

"The primary need to get people off the welfare system and actually working, we have generations of people that have never worked."

"I am unhappy with the selections to pick from throughout this survey and do not feel they pair well with the issues of the rural community in which I live."

"More sidewalks and bike paths make communities healthier."

"There is very little infrastructure for walking, cycling,etc. it mostly has to be done on the side of the road. Drivers really need some education about the laws and sharing the road."

"Everyone in our town travels to work in town /Burlington, Essex, Williston-very little work here."

"South Burlington housing and taxes are extremely expensive and it will force lower and middle class families out of the area. This is unfair as they have a wonderful school system."

"People need help with basic living needs before they can pay attention to recreation and leisure issues."

"We have a serious opiate addiction problem in Vermont and it needs to be addressed immediately - because it is a drug that is highly addictive we need to fight it before it becomes an addiction problem for an individual."

"I ranked mental health as primary for #13 because it is so easily overlooked and is detrimental to other dimensions of living. Affordable housing and heating costs make it hard for many Vermonters where they are left prioritizing food vs paying bills."

"Need more mental health professionals."

"There is definitely a lack of affordable housing in Shelburne and very little rental opp."

"Substance abuse is a big problem."

"Health is most important, without you cannot function, and we have been forgetting our senior population, we must celebrate and respect them, and food is a basic need, on Maslow's hierarchy, kids and families need support, and the other services. The other section: applying Maslow's theory: basic needs must be met first and then the loftier goals can be addressed."

"People need to afford to live. Vermont is a very expensive state and if we do not have affordable housing people will leave the state. It is known that Vermont is one of the highest paying welfare states and people move here just for services. Is that what we want to be noted for? Also families need help caring for the aging population. By doing so we would be building a community. Drug addiction also has to be addressed. Build a program and stop fighting systems!"

"People need to own their environment and feel good about living there. This mean it should be safe, clean and friendly. This is hard to accomplish if people don't have meaningful work with adequate compensation so we need economic opportunity with careful provisions to preserve the environment as stated above and ensure people get a fair wage for a fair days work."

"I work full time and have a disabled husband and we cannot afford any of the places in our area rent wise. My husband has been waiting for disability courts for over a year now, and we overdraft nearly every week. Affordable housing would help us as we go through this rough time, as we are not considered eligible for a lot of government sponsored programs."

"Affordable housing is a major problem with young couples and families in the 25-35 year old range. Economic Opportunities are also much needed. We need more jobs here. Good Jobs."

"Chittenden County has some of the highest housing costs in VT. Yet, seniors and those on SSDI/SSI cannot afford to live in the county that also has the greatest opportunities for healthcare and mental health care."

"When society helps children and families, it is proactively preventing more difficult problems later on. Without good food and a clean environment, our bodies do not function well no matter how much social support we have."

"As stated in the previous question, lack of timely mental health screenings, treatment, as well as inpatient mental health and most ESPECIALLY substance abuse post-admission care needs lots of help."

"In South Burlington it is hard to get around. The perfect example is the difficulty getting to the Tilley Dr. medical buildings."

"All of the above issues are important, but without good jobs and good healthcare none of the other issues will be supportable."

"Lake Champlain needs to be protected."

"My rent here is comparable to what I paid in Manhattan but my income is not."

"Many issues (including addiction, health, employment, housing, nutrition) are tied to poverty and economic opportunities. Higher wages and more economic opportunity."

"Too large of a gap between wages and being able to support your home and family."

"Lack of affordable housing is hard especially in winter and often homeless have substance abuse issues."

"Mental health still has such a stigma surrounding it and can affect anyone at any time in their lives, youth, adult or elder. The person may not even realize that something is wrong and often will not go to great effort to seek help. I think the help has to be there very accessible and very easy. So much is lost in this world due to mental health issues. We need to live in a clean environment. There is no question. We need it for our physical and mental wellbeing. We need it to pass on to our children and our children's children. We need a clean environment."

"Very worried about the impact of drug use and the fall out-robberies, etc."

"Substance abuse is a very significant concern within the community and impacts a variety of people and systems including healthcare, mental health, environment, and child care. The number of pregnancies with substance abuse as a factor is a concern and needs to be addressed and resources provided. Affordable housing/homelessness is another concern - the number of homeless people is increasing which will could create significant concerns particularly in the winter. Affordable housing also impacts young professionals and families looking to live in Burlington as the cost is becoming increasingly difficult. Just because the city is centered on colleges does not mean that housing costs can continue to increase when the living conditions and spaces do no warrant such prices. This could eventually decrease the number of young professionals moving to and staying in Burlington which will negatively affect the economy."

"Very few communities are safe to bike in with small and narrow roads. School lunches are not healthy."

"Health care and nutrition go together early good nutrition and dental and health care prevention is a better investment that intervention later in life."

B.3 (continued)

Please tell us what other items are needed in your community.

"The sidewalks in Burlington are in disrepair and pose a real threat to the safety of our citizens (think falls, etc.). The walkways are not maintained in the winter (ice, snow) and make it very difficult for everyone, regardless of age/health/etc., to get out and enjoy the community. I am also appalled at how dirty the city is. There is trash everywhere. When I travel to different cities I realize just how dirty Burlington is."

"We are not an inner city, but a sleeper suburb, and can drive out for most big facilities like hospitals. We should be a little corner of charm, not a big sprawling commuter way-station. We need upscale 138 development and have the lakefront which we should ""exploit"" in the best possible way. We kid ourselves that we are ""rural"", but we are just run down and ugly. We need upscale development which will attract people of all shapes and sizes. We need to spend money to make attractions and economic opportunities. We need beautification in our public spaces, and we need to realize we will otherwise be a not very attractive backwater. Again, we need two decent restaurants!"

"Very few sidewalks. No shoulders or very narrow ones - makes it hard to walk or ride a bike."

"Actually I really don't like ranking these at all - it's rarely like there is a linear ranking to these issues, especially since they are all related. I don't understand why you do the ranking and I think it dilutes this data."

"Many people in Burlington are priced out of the housing market, and many people pay so much in rent that they are unable to make ends meet. The lack of economic opportunity and the lack of affordable housing go hand in hand."

"Getting children off to a good start impacts the rest of their lives. I see nothing as more important. Mental health is becoming a major issue in our state. We need to address it. Healthy lifestyles (physical activity, nutrition) help us all — no matter our age. We all need to learn how to live a healthy lifestyle."

"If children have more exposure to in community resources, it builds a better base for feeling like a community unto itself and less like a bedroom community for Burlington."

"Young people are not staying in Vermont because there are few job opportunities and it is expensive to live in Vermont."

"Mental health and substance abuse are the same issue and are devastating to segments of the population of Burlington. Communities impacted by mental health/substance abuse issues are by and large low income, and are further broken apart and divided from resources & fulfilling community spaces by a skyrocketing cost of housing and living."

"I think addressing affordable housing/homelessness, increased access to affordable transportation and increasing food security would go a long way to increase the sense of community in VT."

"Some roads are very fast with no sidewalk or bike lane. Buses do not run earlier enough for workers that need to be in Burlington to work by 7am."

"Need more training and more support of law enforcement to help deal with drug problems."

"I feel that if economic issues and drug abuse were addressed then the rest would follow."

"Substance abuse is an epidemic causing a huge drain of resources on many levels (law enforcement, social services, family). Also, housing is VERY expensive relative to wages!"

"We have no senior housing. New housing is not affordable."

"Food is the basis of health, access to healthy fresh local food and the knowledge to use it is the basis of many health problems that are prevalent today. Additionally physical activity is a corner stone of health. Increased physical activity, access and knowledge, is necessary to improve the health of my community."

"I am a common person but I would like to see a smoke free environment, I don't choose to be exposed to it but have to put up with it. I worry about all of the ""affordable housing"" units going up all over. Having lived as a single mom at Monarch in Essex Jct, there were many young parents who smoked especially around their kids and left the trash all over the lawn. That is a great example of an ""un-healthy"" community. Those kids don't have a choice. That's why I rank affordable housing lower, not taxes paid to community by individuals who burden the community and also lack of care about the community."

"If the priorities are taken care of, the other concerns in a community are more likely to be given attention."

"We NEED services for seniors, childcare options (daycare and after school programs) as well as affordable housing."

"I feel that there should be more available housing and food shelters in each community."

"All people should have health care. We must leave a cleaner, better place for our children and grandchildren."

"With good paying jobs and affordable housing, people then have the money and energy to participate in their community."

"I think to address drug and alcohol issues you need to provide alternatives and mental health needs to be addressed as well. Also, Underhill/Jericho lack safe bike paths for kids to ride their bikes to school and around town."

"Our environment is killing us and the earth. If there is no earth, if our food, air and water is poisoned, nothing else really matters. Second to that, help and support for breastfeeding leads to life long health and attachment/human connection."

"Families, especially with children, need safe, affordable housing and good economic opportunities to achieve a good quality of life."

"This is difficult because all of the issues are important!"

Our children are our future! We need to start investing (big time) in our future, starting at birth."

"Adequate healthcare is important as good health allows you the chance for a good life, whereas untreated illnesses stop you in your tracks. A clean living environment is vital for a good life. Pollution of water, land and the air ruins any chance for a quality of life."

"All of issues are important and are being addressed to some degree in my town. The items I chose for number 1 were such that I thought need more effort. Obviously food, shelter and health are more important public transportation.... In Colchester we have good schools, we do a lot for youth and that is great, but we could use some more work in other areas...."

"Families — most important — think for the future. Affordable housing and providing for the healthy meals and nutrition needs of youth is key. Then we need to give them economic opportunities in addition to making it easy to get to those jobs."

"I was not sure how to get the #'s on the lines sorry left undone."

"Bolton is a rural town with many seniors who live independently. They need support if they are going to continue to age in place, but mountain people are unlikely to ask for it."

"Certain areas of the town need to have bike paths connectivity."

B.3 (continued)

Please tell us what other items are needed in your community.

"Too many jobs lack living wages and meaningful benefits. Short term 'savings' and profits are creating hidden costs and losses that will affect us all for years to come."

"Clean environments must include removing/ reducing indoor air pollutants from building materials, carpeting, etc, as well as clean water, air and soil."

"Mental health in young kids needs more attention. Early detection of any issues that can happen to young minds while dealing with any social, physical, or mental stresses that may occur."

"Housing in Vt. Until it is affordable to live here our children will move away. No housing and no jobs here unless you work retail."

"Entire county/state/nation needs more access to MH services for children and adults. Community MH centers are overloaded and pay poorly."

"Affordable housing is not always really affordable to those on a fixed income; healthcare not always affordable."

"Affordable, multi-modal transportation is key to people getting out and interacting with their communities, and both giving back and getting their needs met. It is key to accessing many other important services, people, resources."

"They are essential to creating stability. This needs to happen before addressing other needs. I also know that there are programs that meet some of the other needs so I ranked them lower for that reason as well."

"I think services for prenatal, women, and children are critical."

"Safety needs, food and shelter are paramount. After that, wellness- the drug epidemic is out of control. The state of mental health care in VT and in South Burlington is appalling and must be addressed. This overlaps addressing substance abuse. I was mortified and disgusted when there was opposition to the opening of a ""new"" methadone clinic on Dorset Street."

"Mental Health will include substance abuse as well. Affordable housing is a huge problem in Burlington. It's so expensive to live here."

"Isolation of the elderly."

"Focus on pedestrian infrastructure- Winooski has good 'bones' to build on this, balancing the regional need to move cars quickly through the City vs serving the multitude of residents that walk and bike. Keeping housing affordable will become more and more important moving forward, innovative programs to allow home ownership would be effective in addressing this issue and the side issue of absentee/ neglectful landlords. Building a sense of community with the newer well to do segments of the community is important."

"Family first….."""the moments they create together help bring them happiness and hope for future generations."" Jobs…. support that happiness…no matter how minimum wage. Because it's not about the money when economically oppressed. It's about the dignity and self esteem. ""The poor we will always have."" What has really changed. Locally and nationally the economic divide widens as it has for decades. The simplicity of happiness are merely the moments we make. I see it every day the pride…."No matter how small, unimportant or non-livable wage…"the job matters… the eyes filled with pride."" ."

"Taxes are killing us!"

"The cycle of poverty, substance abuse and crime needs to be addressed. As well as the pollution caused by students who trash houses and lawns in family neighborhoods and drive out primary residence owners. This is degrading our housing stock."

"With bellies full of nutritious food and a solid economic base, we're able to successfully tackle other issues."

"Without quality, affordable health care, it is hard to live a productive life, no matter what community you live in."

"It is obvious that this city and county are being gentrified. The economic divide is alive and well and growing, just like the rest of the country. God help us if all of the above issues are not addressed."

"Even your questions separate mental health from health care. This is stigma. The brain is part of the body."

"Our community is really lovely. It is one that we are proud of. However, there is also a fairly strong NIBY feeling that exists. Issues from 3 through 6 have, at times, had negative responses to proposals for any change."

"Cover the basics first. Everyone needs food and shelter."

"The Old North End is being gentrified, making affordable housing even less accessible than it used to be. Where are the poor to live? The new (very ugly) apartments on upper N Winooski Ave (where Dairy Queen used to be) are outrageously priced and are required to provide almost no affordable apartments."

"There is a significant need for more services for mental health concerns, especially in our adolescent population."

"We need to have more bike lanes, bike paths for safety. More education for bike & pedestrian safety. Public transportation from old north end to Winooski & Essex Junction."

"Sense of community is most important because if we cannot depend on each other, our ability to thrive is greatly impacted."

"Early childhood intervention with families is the way to make change for the long term. If we can support families early with parenting, preventing abuse, helping families stay in housing with ability to improve their lives and those of their children. We have lost connections with community and community resources are lacking for many people."

"Homelessness is a dire issue for a good community. Upsetting for all. Healthcare in out community is good but mental health care needs more support."

"Pollution-free environment reduces diseases, poor health states, increases feelings of well being. Good mental health care prevents substance abuse, increases self-confidence, self-reliance and effective coping skills."

"Caring for everyone — remembering that our community is more than school children, taxpayers, business owners and drug addicts."

"I believe that we have a mental health epidemic on our hands nationwide. It becomes a vicious cycle of mental health issues leading to substance abuse and homelessness. If we deal effectively with mental health issues there will be less need for trying to ""fix"" things down the road by throwing increased resources at it. However, I do not believe that all mental health problems can be ""prevented"" so early identification and treatment will have the added benefit of addressing many challenges before they exist. It is a win-win as we have healthier people to contribute to society, less drain on limited resources (financial, physical and emotional), and saved resources can be used toward providing healthier options such as clean environment, safer public spaces etc. which all lead to a greater sense of community!"

"HUGE lack of mental health resources or providers available in not only the county, but the entire state."

B.3 (continued)

Please tell us what other items are needed in your community.

"Clean lakes."

"Well let's start with homelessness and lack of quality housing. Putting a roof over folks' heads might be a threshold problem. See the work of CHT."

"Need for more things for pre-teens….teen center other options to engage youth."

"I am a teacher, in my 60s. I ranked on what I see we need after living here for more than 30 years."

Thanks

"We have still not succeeded in meeting people's basic human rights to food, shelter, and health care for all. This is paramount to me and is achievable."

"Substance abuse leads to higher crime which deteriorates the community. More economic opportunities could lead to less substance abuse and crime, therefore vitalizing the community."

"Affordable needs to be redefined. What is affordable to a 2 income under 65 homeowner is considerably different than for a senior home owner with just SSI/SSDI."

"There is a serious lack of affordable housing in Burlington. Taller apartment buildings need to be approved for affordable housing ($1400/month for a 1 bedroom is NOT affordable). The colleges need to house their students to open up the housing stock for locals. We are far too reactive in our response to social issues. Please initiate more prevention strategies around mental health and substance abuse-let's save this generation and the next."

"Question 14 was difficult to answer as my community is made up of mostly very well to do people. I think social isolation is one of the bigger issues."

"This is difficult as all are important and some are linked to each other – it's also a balance between primary prevention and need for specific services. Ranking is also difficult without the data behind it, so it's more a perception rather than having the information to back it up."

Housing and jobs—these are basic needs to assist all human beings in being safe and healthy."

"People need the basic necessities before anything else."

"There is not enough affordable housing in Vermont. Most of us have to work two jobs to make ends meet. There should be more Svc for Children and families there would be less stress on families."

"The difference between the highest and lowest is small all have a high rank."

"Housing affordability and lower taxes, bringing in jobs that pay well- those are the top three most important issues to me."

"I do not think ranking these this way is helpful, each one needs a piece of the pie."

"School personnel are not trained to deal with the behaviors of autism and with 1-69 children now being autistic this is imperative."

"Burlington and Winooski rent is so high, even with a living wage, it is unreasonable to pay what is being asked. Children and family support is what makes a successful community which leads to a stable environment."

"The methadone clinic has a wait list that is over a yearlong; young professionals need greater economic opportunities and incentives to move to Burlington, we have a shortage of mental health and medical providers."

"Nutrition and wellness are top in my book - without them little else is possible. We need public transportation and a safe, walkable/bikeable community here in Jericho."

"They are all interrelated and very difficult to rank. Health care, mental health and nutrition are both Senior and Children's issues."

"Access to mental health services in this county is unacceptable. Services like the Howard Center need to completely revamped and we need incentives to entice mental health professionals to practice in our county. Despite popular opinion, there are very few providers in the county, many of them in Burlington, and most do not take insurance."

"They are all important elements of a happy and healthy society."

"Public transportation, local grocery store that sells bigger variety downtown (produce!), roads are deteriorating."

"Winooski's proximity to Burlington is a great asset, but we need better pedestrian and bike infrastructure to fully take advantage of it. Better public transit options would be beneficial too. Most people are mentally healthy until they get behind the wheel of a car."

"Without hope of getting ahead in the world—you cannot effect physical and mental health."

If a community feels like one, they pull together more."

"Not enough services that seniors can realistically access or afford. Same with housing in Chittenden County. Landlords take total advantage of people there and the renting situation."

"Substance abuse the youth is the most concerned, the future of community is in danger."

"Jobs first –then also need housing and transportation. Of course education is needed for jobs."

"Housing and healthcare are the two most expensive issues in Chittenden County. Expensive housing means that people who work here have to live miles away; so they need a reliable car, and spend money and time on gas and commuting. There are fewer doctors willing to take new adult/internal medicine patients. It is difficult for seniors to find another primary care MD if theirs retires or leaves."

"These are all important issues…. the ones I rank as #1 are the ones I feel we aren't addressing as much as we should."

"Community events usually depend entirely on volunteers."

"Affordable housing for low and medium income groups."

"Most Burlington neighborhoods are compact and close to schools, downtown, and the institutions. However, the poor quality of sidewalks/crosswalks or their nonexistence, makes being a pedestrian in town unsafe, especially for children. The lack of convenient public transportation options leads to increased traffic on the main streets, causing congestion and sending many drivers to speed through residential neighborhoods."

"A clean peaceful environment where people can walk/bike is very important to me."

"Don't want gov't interference in any of these areas. Would have ranked all 6, but your survey system is biased and does not permit that."

"If you have economic security and a sense of belonging with people to mentor you, the rest will fall into place."

"Housing in Chittenden County is expensive leaving budget shortages for food and other needs. Transportation has improved since there is now a bus into Burlington."

"Sidewalks and paths and trails and bike lanes and paths are needed most. Families and kids need to be attracted to this community and we need to be better at providing reasons for them to be here."

B.3 (continued)

Please tell us what other items are needed in your community.

"Expansion of economic opportunities is most crucial for stable employment and broader tax base and substantial middle class. It's the back bone to any all health and social services."

"Jobs for young adults."

"Home ownership is important, more so than renting options, but the prices are so high in an area where IBM's future is precarious. Homeownership is important for immigrant families too. They need to know how to own a home."

"I see the same few homeless folk about, and I feel like they should be given access to health care and some sort of basic shelter. There's only about a hundred different faces or so I've seen- how expensive can setting them up with some place to sleep (some place permanent, with a mailing address) be compared to letting them sit in temp shelters or on the streets? A few of these people are really messed up and need someone to take care of them."

"3 centers if population in Colchester do not seem to relate well to each other. Northern section above the village does not receive town paper at their homes as other parts of town do."

I don't have time to repeat what was erased.

"It is very difficult to rank these. They are all important."

"Pedestrian safety crossing streets. Keep parks and grassy area as free as possible from animal waste."

"Chittenden county has a long way to go to being pedestrian friendly. Towns need to work together to connect bike paths and sidewalks to create a walkable community. Focus should be made along the Rt. 15 corridor between Essex and Burlington so that biking to/from Burlington is a realistic and safe endeavor."

"Affordable housing and mental health services are critical."

"There is little homelessness in Charlotte but affordable housing is reduced to TRAILER PARK AND A COUPLE HOMES BUILT BY HABITAT FOR HUNMANITY."

"Healthcare covers many of the other categories. Good healthcare means good mental health services, substance abuse services, etc."

"They are all #1 to me!!"

"These are the ones that seem most prominent in our communities."

"If people have affordable, safe housing, they will be able to focus on economic opportunities, and then feel a sense of community, etc...."

"If we had jobs locally people might stay in the area."

"Children and seniors are our most vulnerable community members. All the other issues impact this population. If you can't find an affordable place to live then this increases other social problems/issues."

"These are issues important to me and my family, but I feel we have a good sense of community, clean environment, recreational activity and resources. It's just that these are important to us. I know some feel affordable housing is an issue for them and economic opportunities are important to keep our community vibrant."

"If people cannot afford a roof over their head and are living in the streets, then that means we as a community have failed. Communities care for all individuals who are part of the community, not just a select few."

"Drug abuse is a major issue that ruins lives."

"Totally biased survey. Study the population and environment for your answers, not on the people here."

"Availability to healthcare can help reduce self-medication or pain that keeps people from being productive members of society. Economic opportunities allow people to advance their life in a positive way which keeps them from turning towards lucrative illegal activities."

"More sidewalks where there are none and a bike lane/ path would be great. More support for children and families, our Milton food shelf is empty quite a bit, so that ties into hunger and nutrition. More availability of fresh foods and healthier foods as well. More fresh produce all year long."

"Everyone is healthy, sanitation is good, good clean air, clean water. Free of alcoholism and drug abuse."

"Public worship place like a temple."

"Quality time with family, visiting temple. Get together with family and friends, proper treatment facilities-Hospital, medicaid, food stamps, interpreter, affordable housing facilities, nutrition-food stamp, gardening."

"Safety all the time, all places, community space like temple, family, friends, community, food, money benefits."

Appendix D: Tables

Table 1.
2016 Health Care Index by Age, Income, Dependents, Range of 0-32

	Number of Responses	Mean (Standard Dev)	Mean as Percent of Total Possible Rating
Overall	796	23.72 (5.94)	74.1%
Under 65	675	23.79 (5.73)	74.3%
65 and Over	80	23.14 (8.05)	72.3%
With Children	309	23.01 (5.91)	71.9%
Without Children	475	24.12 (5.97)***	75.4%
With Elders	144	26.24 (5.58)***	82.0%
Without Elders	552	25.17 (5.59)	78.7%
1. Less than $49,999	228	24.49 (6.71)	76.5%
2. $50,000-$99,999	285	24.16 (5.44)	75.5%
3. $100,000 or more	283	22.66 (5.64)***	70.8%

***p <.01

Table 2.
2016 Health Care Index by Age, Income, Dependents, Range of 0-32

	2013				2016				
	High Need	Low Need	No Need		High Need (4)	Moderate Need (3)	Some Need (2)	Little Need (1)	No Need (0)
Access to Primary Health Care Provider	58.2%	34.8%	7.0%	Access to Primary Health Care Provider n=1079	30.7%	31.9%	22.7%	10.2%	4.5%
Affordable Health Care n=1055	81.9%	16.0%	2.1%	Affordable Health Care n=1077	57.7%	25.2%	12.7%	2.5%	1.8%
Short-Term Community Support After Hospitalization n=790	62.2%	34.6%	3.3%	Short-Term Community Support After Hospitalization n=957	27.7%	37.5%	25.4%	7.0%	2.5%
Affordable Dental Care n=987	77.9%	19.6%	2.5%	Affordable Dental Care n=1070	63.8%	22.6%	9.9%	2.3%	1.4%
Access to Specialist Care in a Timely Manner n=987	60.0%	35.8%	4.3%	Access to Timely Specialist Care n=1013	41.8%	31.7%	20.0%	5.1%	1.4%
Access to Alternative Health Care Providers n=933	34.5%	50.2%	15.3%	Access to Alternative Health Care Providers n=1055	16.1%	23.5%	30.6%	20.5%	9.2%
				Access to Cancer Screening and Resources n=949	30.7%	33.3%	26.5%	7.4%	2.2%
				Access to Dental Care for Children n=935	43.3%	30.0%	17.7%	7.4%	1.6%

Table 3.

2016 Seniors Index by Age, Income, Dependents, Range of 0-32

	Number of Responses	Mean (Standard Dev)	Mean as Percent of Total Possible Rating
Overall	704	25.42 (5.59)	79.4%
Under 65	597	25.57 (5.68)	79.9%
65 and Over	72	24.54 (5.25)	76.7%
With Children	246	24.87 (6.12)	77.7%
Without Children	446	25.76 (5.29)***	80.5%
With Elders	144	26.24 (5.58)***	82.0%
Without Elders	552	25.17 (5.59)	78.6%
1. Less than $49,999	184	26.47 (5.20)	82.7%
2. $50,000-$99,999	256	26.60 (5.03)	83.1%
3. $100,000 or more	263	24.51 (6.22)***	76.6%

***p <.01

Table 4.

Comparison of 2013 and 2016 Need for Aspects of Senior Support

2013	High Need	Low Need	No Need	2016	High Need (4)	Moderate Need (3)	Some Need (2)	Little Need (1)	No Need (0)
Social Support Organizations / Agencies N=766	64.8	32.9	2.3	Social Connections n=881	36.9	35.0	22.6	4.1	1.4
Elder Day Care n=677	65.4	32.2	2.4	Elder Day Care n=794	35.8	36.8	22.8	3.3	1.4
Elder Housing n=751	69.8	28.4	1.9	Elder Housing n=847	37.0	37.8	18.1	4.8	2.3
Transportation n=845	75.4	22.5	2.1	Transportation to Services n=886	45.2	33.7	15.7	4.1	1.3
Affordable In-Home Care n=773	85.8	13.3	0.9	Affordable In-Home Services n=866	56.5	28.9	11.9	1.6	1.1
Access to Long-Term Health Care n=723	79.5	18.8	1.7	Access to Long-Term Health Care n=849	47.3	32.4	16.7	2.2	1.4
Robert Wood Johnson Access to Nursing Home Care n=703	66.3	31.4	2.3	Access to Nursing Home Care n=826	37.4	36.3	20.9	3.9	1.5
				Adequate Nutrition for Seniors n=834	41.6	34.3	20.4	2.4	1.3

Table 5.

Youth and Families Index by Age, Income, Dependents, Range 0-48

	Number of Responses	Mean (Standard Dev)	Mean as Percent of Total Possible Rating
Overall	658	34.40 (8.65)	71.7%
Under 65	564	34.54 (8.65)	72.0%
65 and Over	62	34.05 (8.37)	70.9%
With Children	266	32.92 (8.88)	68.6%
Without Children	383	35.39 (8.42)***	73.7%
With Elders	119	33.32 (9.03)	69.4%
Without Elders	552	34.64 (8.59)	72.2%
1. Less than $49,999	182	36.54 (8.13)***	76.1%
2. $50,000-$99,999	246	34.51 (8.33)	71.9%
3. $100,000 or more	230	32.59 (9.02)***	67.9%

***p <.01

Table 6.

Comparison of 2013 and 2016 Need for Aspects of Youth and Family Support

	2013				2016				
	High Need	Low Need	No Need		High Need (4)	Moderate Need (3)	Some Need (2)	Little Need (1)	No Need (0)
After-School Programming n=854	67.0	29.0	4.0	Afterschool Programming n=941	29.8	36.8	23.5	7.1	2.8
Mentoring Programs n=825	61.1	34.9	4.0	Mentoring Programs n=932	27.4	36.8	27.9	5.7	2.2
Parenting Education n=837	65.7	31.7	2.6	Parenting Education n=950	34.6	33.9	26.0	4.0	1.4
Supports for Families n=830	66.0	31.3	2.7	Social Connections n=961	21.3	36.4	30.8	9.0	2.4
More Childcare n=771	66.4	30.4	3.2	More Childcare Resources n=923	34.0	34.7	24.8	4.4	2.1
Good Schools n=976	61.7	30.8	7.5	Good Schools n=1025	29.8	24.7	23.8	14.6	7.0
Homevisits for Newborns n=643	42.0	51.0	7.0	Homevisits for Newborns n=812	22.4	30.2	33.1	11.0	3.3
Parent/Child Centers n=785	50.8	20.7	2.3	Parent/Child Centers n=890	22.3	36.6	30.5	8.6	2.1
				Domestic Abuse Prevention n=929	36.8	32.9	24.7	4.5	1.1
				Child Abuse Prevention Support n=913	36.8	34.3	22.9	4.7	1.3
				Adequate Nutrition for Children n=964	35.1	33.7	23.7	5.3	2.1
				Access to Dental Care for Children n=890	34.3	31.6	24.4	7.0	2.7

Table 7.
Hunger and Nutrition Index by Age, Income, Dependents, Range 0-20

	Number of Responses	Mean (Standard Dev)	Mean as Percent of Total Possible Rating
Overall	952	15.31 (3.95)	76.6%
Under 65	818	15.34 (3.95)	76.7%
65 and Over	88	15.05 (3.95)	75.3%
With Children	364	14.97 (12.36)	74.9%
Without Children	572	15.51 (11.67)***	77.6%
With Elders	157	15.03 (3.79)	75.2%
Without Elders	785	15.36 (3.99)	76.8%
1. Less than $49,999	256	15.82 (3.74)	79.1%
2. $50,000-$99,999	353	15.44 (3.85)	77.2%
3. $100,000 or more	343	14.79 (4.14)***	74.0%

***p <.01

Table 8.
Comparison of 2013 and 2016 Need for Aspects of Hunger and Nutrition

	2013				2016				
	High Need	Low Need	No Need		High Need (4)	Moderate Need (3)	Some Need (2)	Little Need (1)	No Need (0)
Access to Affordable Healthy Foods n=1055 / n=1072	77.1	20.7	2.3		48.9	26.7	18.6	3.9	1.8
Knowledge of How to Prepare Healthy Foods n=957 / Knowledge of Healthy Meal Preparation n=1048	69.8	28.4	1.8		34.5	34.9	23.7	5.7	1.2
Obesity Prevention Programs n=961 / n=1039	79.1	19.9	1.0		43.1	30.6	22.1	3.3	0.9
More Access to Healthy Foods in Schools n=967 / Access to Healthy Foods in Schools n=997	70.0	26.3	3.7		37.3	30.0	21.1	8.5	3.2
Nutrition Education n=1044					36.2	33.1	25.1	4.6	1.1

Table 9.
Substance Abuse Index by Age, Income, Dependents, Range 0-36

	Number of Responses	Mean (Standard Dev)	Mean as Percent of Total Possible Rating
Overall	1075	21.87 (11.89)	60.8%
Under 65	922	22.32 (12.08)***	62.0%
65 and Over	100	18.46 (10.17)	51.3%
With Children	399	22.95 (12.36)***	63.8%
Without Children	659	21.32 (11.66)	59.2%
With Elders	167	20.76 (11.75)	57.7%
Without Elders	897	22.11 (11.91)	61.4%
1. Less than $49,999	290	21.88 (11.63)	60.8%
2. $50,000-$99,999	398	21.71 (11.81)	60.3%
3. $100,000 or more	386	22.01 (12.20)	61.1%

***p <.01

Table 10.
Comparison of 2013 and 2016 Need for Aspects of Substance Abuse Support

2013	High Need	Low Need	No Need	2016	High Need (4)	Moderate Need (3)	Some Need (2)	Little Need (1)	No Need (0)
Substance Abuse Prevention Programs n=810	76.4	21.1	2.5	Substance Abuse Prevention Programs n=990	50.7	28.6	15.5	4.0	1.2
Access to Substance Abuse Treatment, Outpatient n=771	80.3	17.5	2.2	Access to Outpatient Substance Abuse Treatment n=960	56.8	24.6	14.4	3.1	1.1
Access to Substance Abuse Treatment, Residential n=755	73.5	24.0	2.5	Access to Residential Substance Abuse Treatment n=947	53.4	26.1	15.2	3.9	1.4
Strict Controls on Opiate and Narcotic Prescription s n=811	77.7	18.9	3.5	Strict Controls on Opiate/ Narcotic Prescriptions n=976	61.0	20.2	13.5	3.3	2.0
Reduction of Binge Drinking (Adults) n=731	64.0	33.0	3.0	Reduction of Alcohol Abuse (Adults) n=995	38.5	32.5	21.1	5.6	1.6
Reduction of Binge Drinking (Youth) n=785	79.0	19.1	1.9	Reduction of Alcohol Use (Youth) n=972	43.4	30.0	21.6	4.0	0.9
Reduction of Marijuana Use (Adults) n=715	47.3	38.7	14.0	Reduction of Marijuana Use (Adults) n=947	24.8	18.2	22.6	21.0	13.4
Reduction of Marijuana Use (Youth) n=757	63.3	30.4	6.3	Reduction of Marijuana Use (Youth) n=937	35.1	24.7	25.1	11.9	3.1
				Reduction of Opiate/Narcotic Use (Adults) n=1004	68.1	17.7	10.7	2.2	1.3

Table 11.
Mental Health Index by Age, Income, Dependents, Range 0-24

	Number of Responses	Mean (Standard Dev)	Mean as Percent of Total Possible Rating
Overall	842	19.88 (4.34)	82.8%
Under 65	721	19.91 (4.40)	83.0%
65 and Over	80	19.68 (4.18)	82.0%
With Children	313	19.69 (4.26)	82.0%
Without Children	516	19.96 (4.42)	83.2%
With Elders	142	19.67 (4.56)	82.0%
Without Elders	691	19.90 (4.31)	82.9%
1. Less than $49,999	233	19.91 (4.30)	83.0%
2. $50,000-$99,999	323	19.95 (4.14)	83.1%
3. $100,000 or more	286	19.76 (4.61)	82.3%

Table 12.
Comparison of 2013 and 2016 Need for Aspects of Mental Health Support

2013	High Need	Low Need	No Need
More Mental Health Professionals n=751	70.2	27.6	2.3
Early Detection of Mental Health Issues for Children and Teens n=796	80.2	18.5	1.4
Prevention of Mental Health Issues n=781	78.6	20.5	0.9
Access to Mental Health Services for Children and Teens n=796	79.9	19.1	1.0
Access to Residential Mental Health Treatment n=727	71.0	26.8	2.2

2016	High Need (4)	Moderate Need (3)	Some Need (2)	Little Need (1)	No Need (0)
More Mental Health Professionals n=959	50.6	28.3	15.5	3.5	2.1
Early Detection of Mental health Issues (Children/Youth) n=958	51.3	30.9	14.7	2.4	0.6
Prevention of Mental Health Issues n=982	51.9	29.8	15.3	2.0	1.0
Access to Mental Health Services (Children/Youth) n=952	53.3	29.4	15.5	1.3	0.5
Access to Residential Mental Health Services n=934	35.1	24.7	25.1	11.9	3.1
Access to Mental Health Services (Adults) n=987	53.1	30.0	14.1	1.8	1.0

Appendix E: Community Leader Breakfast Themes

Overarching

Coordination of services/ need for cross discipline approach/ interconnected needs	Issues are rooted in economic challenges, such as poverty	Public transportation needed to address many issues	New Americans have unique needs re: these issues	Prevention/early intervention should be focus for many issues	Community &/or family centered approach

Mental Health

Coordination between mental and other health providers Integrated services	Build relationships between providers and patients	More focus on prevention & early intervention	More inpatient and/or acute care beds	Address underlying/ complicating factors: Poverty, Substance Abuse, Housing, Family

Affordable Housing

Diverse groups need to work together	Housing costs in line with incomes	Connect housing with transportation and other services	Not just low income, but middle income/ family housing needed	Development policies, NIMBYism

Food & Nutrition

Many assets already, better leverage and coordination needed	Improve underlying economics Liveable wage, Affordable, Housing, Access to Transportation	Make healthy food as affordable as unhealthy

Seniors

Focus on healthy living Social isolation Housing Transportation	More comprehensive /inked services	Care giver support and/ or in home care providers	Needs of New American Seniors

Youth & Family

Partnerships and coordination among assets	Multigenerational approach	Needs of New American families	Youth recreation opportunities	Transportation, nutrition

Economic Opportunity

Coordination of services rather than duplication	Role for local governments	Affordable housing, wages	Transportation	Financial resilience Employee benefits/total compensation – many employed but still poor High cost of post-secondary education High costs of living

Public Safety & Crime

Focus on prevention, not just crisis	Connected to Poverty Mental health Substance abuse Domestic violence Unsafe housing

Substance Abuse

#1 driver of crime	Dental health link to substance abuse	Opiate abuse	Lack of access to dental care	Coordination and prevention	Finance of dental care

Summary: Community Leader Interviews Summer 2015

As part of The University of Vermont Medical Center's Community Health Needs Assessment (CHNA), twenty-seven community leaders in Chittenden and Grand Isle Counties were interviewed during the summer of 2015. The interviews were conducted by members of the CHNA Steering Group and each session lasted for about an hour in length. Leaders were asked to share their thoughts on several topics such as their visions of healthy communities, challenges and barriers related to unmet community health needs, policies and services that support community health needs, and recommendations for improving the quality of life for community members. All interviews were transcribed and returned to participants for review. Interviewees were assured that their responses were confidential and would remain anonymous.

Below are the questions asked during the interviews as well as the common themes found among responses. Though the interviewees provided a diverse collection of views, the themes listed in the response section were referenced by several community leaders.

Question 1
What is your vision of a healthy community?

Equal access to resources (higher education, health care, mental health services, nutritious foods)

Patient-centered healthcare

Livable wages

Accessible public transportation; walkable and bike-friendly streets

Community connections

Integration of diversity

Question 2
What do you see as "health promoting" assets in our community?

Access to the outdoors: bike path, hiking trails, parks

Emphasis on importance of physical activity

Local food/Farm-to-table movement

Educational programs offered at the medical center and other organizations

Proactive, accessible law enforcement

Community building in schools (gardens, dinners, art shows)

Transition to wellness and prevention within healthcare

Question 3
What do you see as the 3 biggest challenges in our community?

Substance abuse, namely opiate addiction

Access to mental health services

Growing socioeconomic disparities

Lack of walkability in rural areas

Question 4
What are some barriers that you believe keep us from being the healthiest community in the nation?

Lack of affordable housing

Low wages

Strains on middle class

Non-integrated approach to addressing connected issues

Limited access to care in rural communities

Political will

Question 5
What policies or service gaps create or support these barriers?

Shortage of primary care providers

Dental and behavioral health are not integrated into health care services and coverage

Low wages

Insurance policies

Incentives to go on disability

Siloed funding

Question 6
What existing supports do you wish we had more of?

Primary care: more providers in rural areas and incorporation of mental health services

Support for LGBTQ community

In-home senior services

Early childhood interventions

Question 7

What policies have been helpful in creating a health community?

Blueprint for Health[29]

Affordable Care Act

No smoking laws, smoking cessation supports

Focus on local, sustainable food

Question 8

What new supports and/or policies would improve the health of the community?

Increase funding for programs that support services for New Americans

Shift program funding from crisis to prevention

Implementation, enhancement, and financial support of Electronic Medical Records

More focus on workforce/ vocational training

More residential homes for seniors in rural areas

Reduce duplication of services, especially in case management

Question 9

What's the number one thing you would change to really improve health and well-being?

Raise minimum wage

Increase available jobs

Improve access to mental health services

Empower people to take charge of their own health

Coordinate existing services; reduce duplication

Create affordable housing that is within walking distance from downtown area

Reduce wasteful spending in health care and schools

Question 10

Who might be responsible for funding the change you suggest?

Similarly, who should be responsible for moving these ideas forward?

Everyone

The University of Vermont Medical Center

Federal Government

Schools

Employers

Question 11

Anything else you'd like to share?

We need better access to mental health services

Affordable childcare

Support for seniors

We need limits on costly medications

Move away from "one size fits all" mentality in human services

Increase services for those over the age of 18

The coordination among the UVM Medical Center, Howard Center, United Way of Chittenden County, and Visiting Nurses Association is very helpful

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[29] The Vermont Blueprint for Health is a program for integrating a system of health care for patients, improving the health of the overall population, and improving control over health care cost by promoting health maintenance, prevention, and care coordination and management. (blueprintforhealth.vermont.gov/)

**Community Health Needs Assessment Focus Group Summary**

On November 17, 2015 a focus group of 14 individuals was held at the Community Health Centers of Burlington in Burlington, Vermont to discuss their health needs and the health needs of their community. Immediately prior to the discussion, participants were asked to complete a short survey. The results of this survey were used to develop the participant profile graphs below.
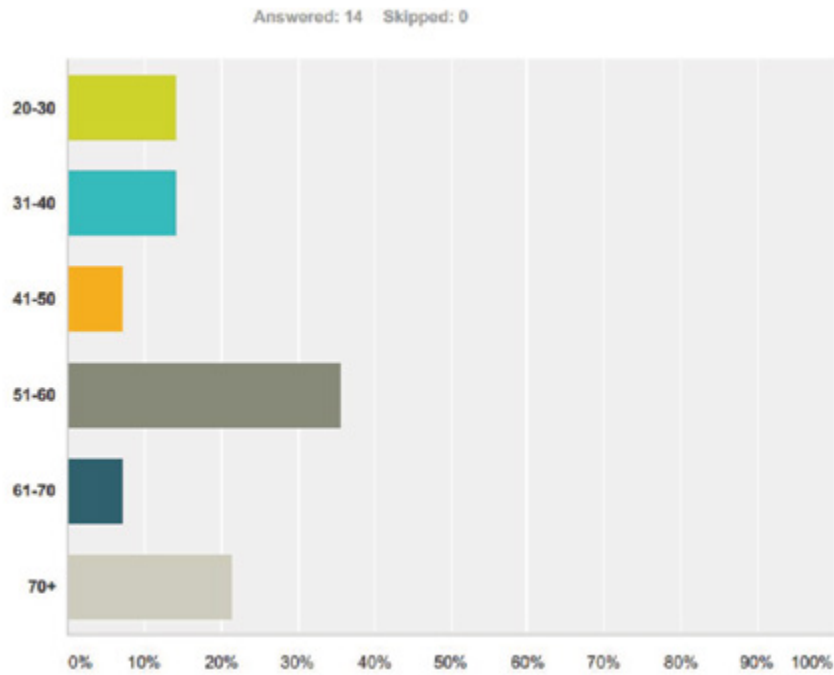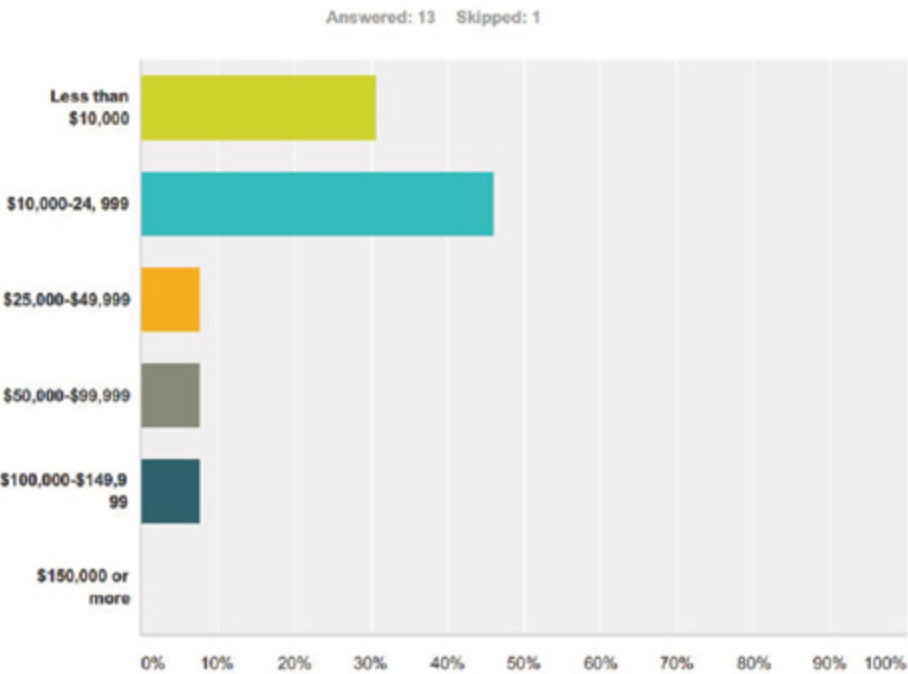
Group Demographics

Question 1
What is your gender?
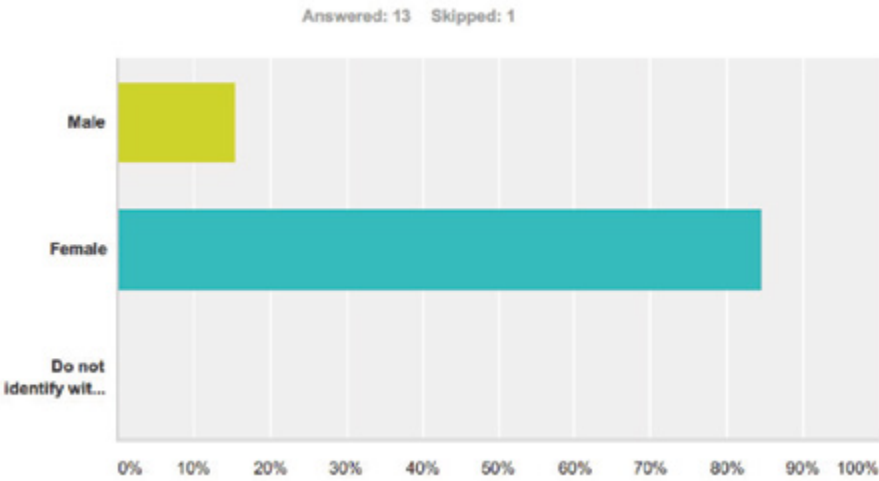
Question 2
What is your highest level of education?
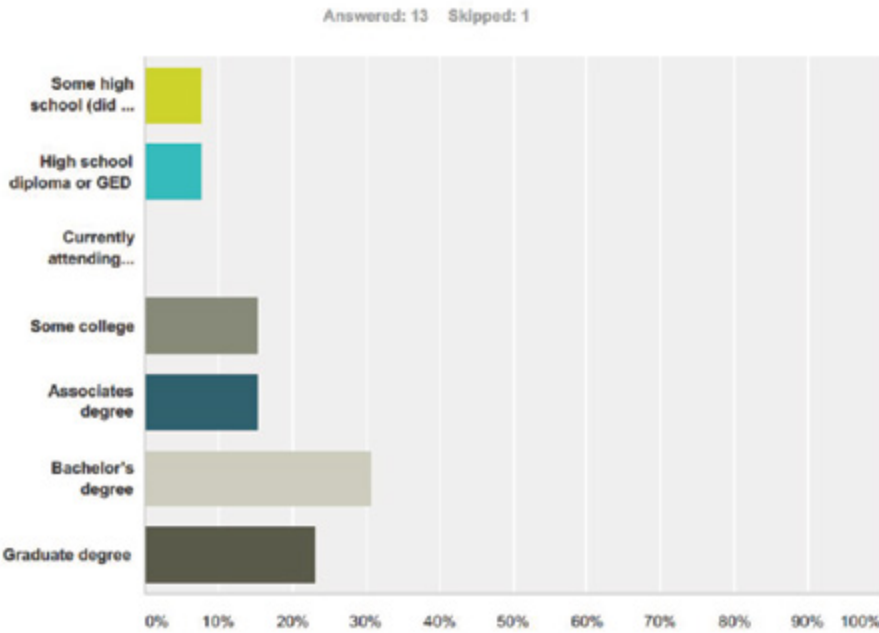
Question 3
How old are you?

Question 4
What is/was your household's income in 2014?

Question 5
What is your race/ethnicity?

Answered: 14   Skipped: 0
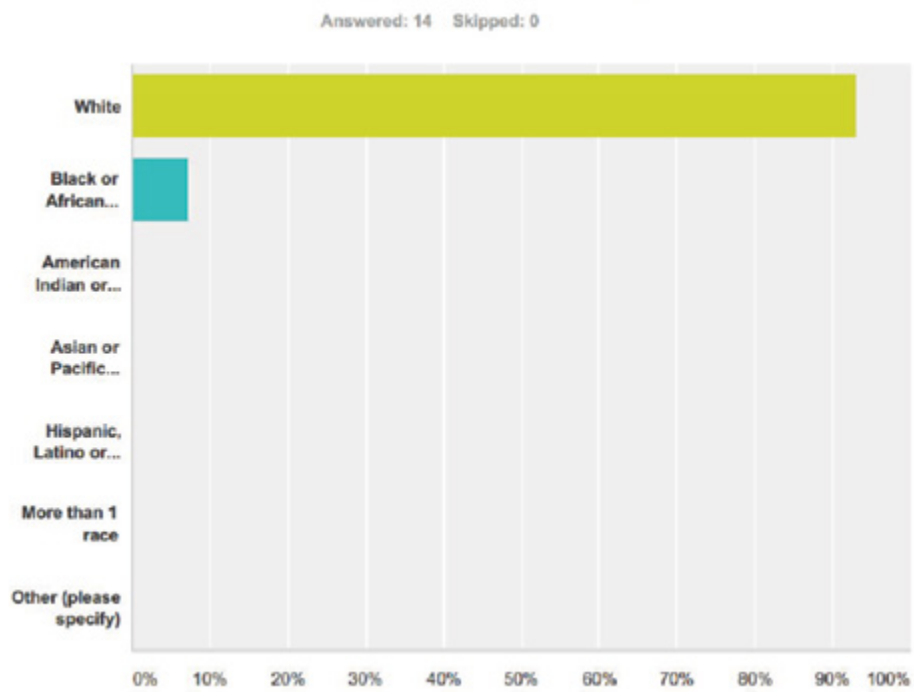
Question 6
Do you have children under the age of 21 living in your household?

Answered: 14   Skipped: 0
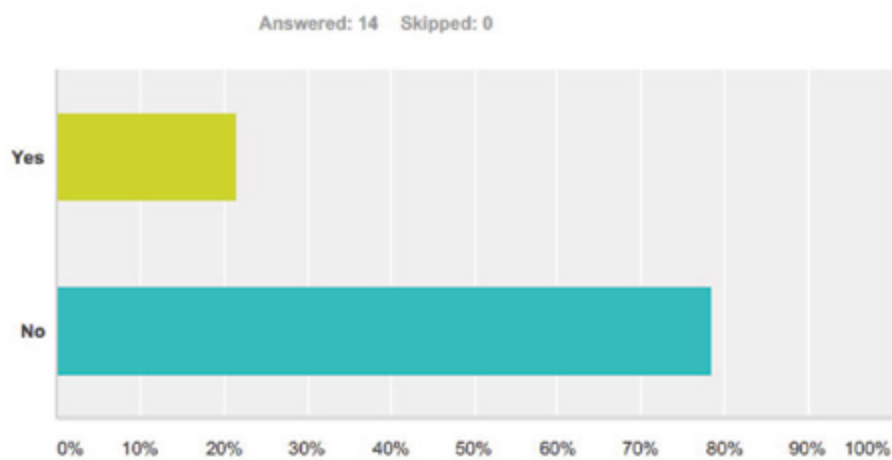
Question 7
Do you have any elders dependent on you for care or support?

Answered: 14   Skipped: 0
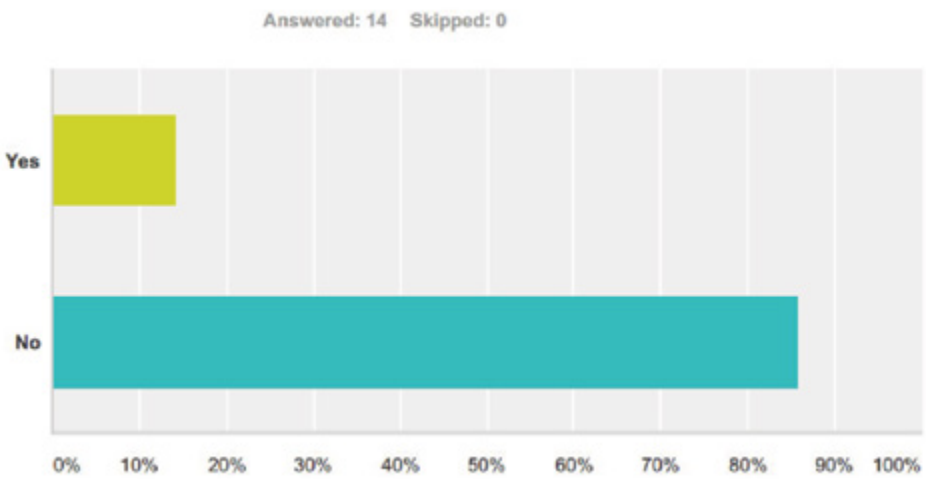
Question 8
Which best describes your employment status?

Answered: 13   Skipped: 1
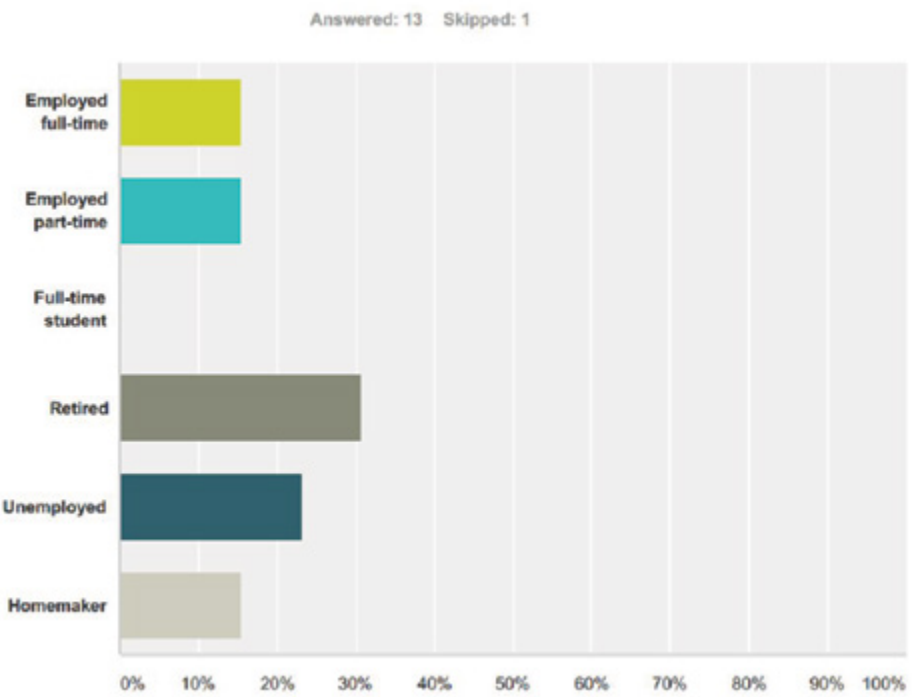
Group Findings

Participants were engaged in discussion regarding their personal and community health habits.

The following ground rules were established prior to the discussion:

1. Everyone will be heard
2. Speak for yourself
3. You may be called on

Question 1
How do you stay healthy?

Exercise, walking stairs
and going for walks

Athletics and exercise including
Spartan races, obstacle courses
and long distance races

For the last ten years I've been
paddling with Dragon Boats

I quit driving and am now
using a bike year round

I have a dog and that keeps
me walking regularly

Maintaining a healthy diet,
doing yoga, and biking

Meditating

I have a dog and use
wii-fit and fit bit

I exercise and use weights but
also live with chronic pain

Question 2
What makes a community healthy?

Communication with others such as saying simple *hellos* to neighbors.

Access to farmers' market, local food, and the ability to build connections.

Connections to other people make a difference. EBT/SNAP
benefits at the farmers' market make eating much better
possible. Meeting people at farmer's market and staying
downtown leads to connections and better health.

There are lots of problems with the delivery of healthcare. The skill
level of doctors, nurses, and alternative providers are very high in
Vermont comparatively. In Burlington specifically there are many
opportunities to give and receive support. It's a very open place to live.

Waterfront renovations.

Harder to stay active in the winter unless you can afford it.
In Shelburne there are no sidewalks in many places.

In Richmond if someone is in trouble, people come
together to help. What's not good is that people stay
in their economic class and social groups.

Paying attention to neighbors and caring for each other.

Transportation is an issue. Not all sidewalks are
accessible. SSTA makes up for a lot of that.

Question 3
How healthy is your community?

Pretty healthy and safe

Really healthy

Part of Burlington is surrounded
by college students. In some
ways this is healthy, but I
noticed a lack of sleep and lots
of alcohol use among students.
College students tend to stay
to themselves and don't always
interact with residents.

My neighbors drink around
me. I don't trust anyone
and want to move.

Living at a Champlain
Housing Trust site, we aren't
necessarily healthy but we
look after one another.

Question 4
Will these things make a healthy community?

Affordable housing?
Yes, it's important

Health care for chronic
conditions?
  Important, it affects
  everything, quality of life

Early childhood and family
support?
  Very important

Economic opportunities?
  Yes

Health care for mental health?
  Yes

Efforts to reduce obesity?
  Important

Services to help those suffering
with substance abuse?
  Very important

Access to oral health care?
  Really important

Support for seniors?
  Yes

Question 5
What topics are missing from this list? What else is needed for a healthy community?

Access to nature

Education

Compassion

Transportation

Game/Activity #1

Everyone is given one $500 bill in monopoly money. People can trade in their $500 bill for smaller bills. Each person is to distribute their money to the issues they think are the most important for a healthy community.

Affordable housing: $850

Chronic conditions: $50

Early childhood & family support: $800

Economic opportunity: $450

Mental health: $600

Obesity: $0

Substance abuse: $250

Oral health: $50

Supports for seniors: $1450

Access to nature: $100

Education: $1550

Compassion: $700

Transportation: $600

Comments :

• Should obesity be called "access to healthy foods"?
• Should obesity and oral health be included in chronic conditions?
• Compassion should really have $1000 instead of $700.

Question 6

What would your community feel like if something was done about supports for seniors, education, transportation, compassion, etc.?

We see many of these things in the community already.

I would like to see more for mental health.

Question 7

If you could say one thing about the health needs of your community, what would it be?

We need more and better access to mental, physical, and dental health services.

We need more access to preventative care.

There should be more outreach for certain health issues and for chronic conditions.

Doctors should develop better relationships with their patients.
   • Consistency in doctors and seeing the same doctor each visit.

We should look at the individual person to decide what care is best for them.

We need affordable health care for the middle class.

Access to real, natural foods.

Transportation is a must.

Health care should not be based on money. There needs to be doctors who want to develop relationships with their patients.

We need to have insurance that will cover medical costs.

We should spend money on the community and not on building more.

Appendix H: IRS Compliance

This content table indicates the sections required by the IRS Schedule H (Form 990) and the corresponding pages for each section.

Appendix I: CHNA Community Steering Group

In order to ensure that potential health needs of all facets of the population were reflected in the assessment, the UVM Medical Center partnered with stakeholder organizations to advise and inform the assessment process. The CHNA Community Steering Group included eleven members from:

Burlington District Office of the Vermont Department of Health

The Vermont Department of Health is the state's lead agency for public health policy and advocacy. Essential public health and disease prevention services are available through 12 district offices. The Burlington District Office serves Chittenden County and works in partnership with local health care providers, voluntary agencies, schools, businesses and community organizations to improve health and extend statewide initiatives in local communities throughout the county.

Community Member, Cath Burns, Synchrosaic

Cath Burns, Ph.D., Licensed Psychologist Doctorate, Licensed School Psychologist, is the Proprietor of Synchrosaic. Cath has worked in the Vermont Designated Agency system since 1997 as a clinician, program director, and Quality Assurance Director. In addition to providing clinical care to children in families in schools, homes and in the community, Cath has extensive experience with program evaluation and outcomes work that is closely linked to clinical practice. She has provided training around the State for practitioners in community mental health and education, and has been an instructor at Johnson State College, the University of Vermont, and in the program in Community Mental Health for graduates and undergraduates studying psychology and related fields.

Chittenden County Regional Planning Commission

The Chittenden County Regional Planning Commission (CCRPC) is one of 11 regional planning commissions in Vermont, and also serves the region as the sole Metropolitan Planning Organization (MPO) operating within Vermont. CCRPC's organizational vision is to be a pre-eminent, integrated regional organization that plans for healthy, vibrant communities, economic development, and efficient transportation of people and goods while improving the region's livability. The mission of the Chittenden County Regional Planning Commission is to act as the principal forum for planning, policy and community development in the region. They do this by providing planning and technical assistance that meets the needs of its member municipalities and the public, while remaining consistent with federal and state requirements. Their goal is to develop and implement plans that support sustainable development and improve the region's quality of life and environment.

Community Health Centers of Burlington

The Community Health Centers of Burlington (CHCB) is the Federally Qualified Health Center serving Chittenden and southern Grand Isle Counties. The organization provides a full range of primary and preventive health care, dental care, obstetric and prenatal care, as well as psychiatry and substance abuse counseling. Their special programs ensure access to care for Vermonters, including two no-cost medical and dental centers in downtown Burlington for homeless men, women, and children; supportive housing program; financial assistance through a Sliding-Fee Scale; a School-Based Dental Center for low-income children; insurance and application assistance; and connection to low-cost prescription programs for income-eligible patients. Their five sites serve 18,000 Vermonters.

The Howard Center

The Howard Center is Vermont's largest community-based mental health center, providing support to approximately 16,000 people a year, primarily in Chittenden County but also in Franklin, Grand Isle, and Rutland Counties. The organization offers life-saving professional crisis and counseling services to children and adults; supportive services to individuals with autism and developmental disabilities who need help with education, employment, and life skills; counseling and medical services for those struggling with substance use disorders; and intensive interventions and supports for adults with serious and persistent mental health challenges. Last year, more than 16,000 clients and community members turned to The Howard Center for services that help them to lead healthier and more fulfilling lives.

OneCare Vermont

OneCare Vermont is a state-wide Accountable Care Organization (ACO) working with Medicare, Vermont Medicaid, and the Commercial Exchange Shared Saving Programs. OneCare Vermont comprises an extensive network of providers, including all 14 of Vermont's hospitals, two New Hampshire hospitals, hundreds of primary and specialty care physicians and Advance Practice Providers, federally qualified health centers, and several rural health clinics, to coordinate the health care of approximately 95,000 combined Medicare, Medicaid, and Commercial Exchange Vermont beneficiaries.

United Way of Chittenden County

United Way convenes advocates, organizations and institutions to address the community's most pressing issues, focusing on the building blocks of a vibrant community: Education, Income and Health. The problems facing our community are complex; they are issues that no single organization or individual alone can solve – real change is possible when nonprofit, public and private sectors work together. United Way has the networks, partnerships and strategic initiatives to improve the lives of our family, friends and neighbors.

University of Vermont Medical Center

The University of Vermont Medical Center, along with The University of Vermont College of Medicine and College of Nursing and Health Sciences, is one of 138 academic medical centers in the country. The UVM Medical Center is part of a four-hospital network serving patients and their families in Vermont and northern New York. The UVM Medical Center serves as a community hospital for approximately 160,000 residents in Chittenden and Grand Isle counties and as a regional referral center for approximately 1 million people in Vermont and Northern New York.

Visiting Nurse Association (VNA) of Chittenden and Grand Isle Counties

The VNA cares for individuals and families through health and related services in homes and other community settings. Today, the VNA employs 600 people, serving all ages from birth through to death all over Chittenden and Grand Isle Counties. Programs and services have been added in response to community needs. The VNA team includes speech therapists, physical and occupational therapists, licensed nurse assistants, wound care specialists, social workers and many more.

Chittenden County is home to a variety of health care facilities and resources that address many of the identified needs in the community.

The University of Vermont Medical Center

The University of Vermont Medical Center, along with The University of Vermont College of Medicine and College of Nursing and Health Sciences is one of 138 academic medical centers in the country. The UVM Medical Center is part of an integrated health network across Vermont and northern New York that includes the following UVM Health Network partners: Central Vermont Medical Center, Champlain Valley Physicians Hospital, and the Elizabeth Community Hospital. The University of Vermont Medical Center's mission is to improve the health of the people in the communities it serves by integrating patient care, education, and research in a caring environment. The organization serves as a regional referral center for approximately one million people in Vermont and Northern New York and is a community hospital for about 160,000 residents in Chittenden and Grand Isle counties, Vermont. There are three campuses in Chittenden County and the main hospital has 562 licensed beds. There are 11 University of Vermont Medical Center primary care clinics in Vermont and over 30 patient care sites.

Burlington District Office of the Vermont Department of Health

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In addition to medically based health care facilities, there is a strong network of non-profit organizations in Chittenden and Grand Isle counties that serve the needs of vulnerable populations across the community.

February, 2016

This report covers activities that occurred between June 2013 and December 2015.

For questions or comments, please email PublicCommentCHNA@uvmhealth.org

Access to Food and Good Nutrition

- Continued Community Health Investment funding of:
  - The United Way of Chittenden County's Health Impact area funds programs that are committed to making sure that every person in the community can achieve optimal health and personal safety through access to care, a safe and caring home, and good nutrition.
  - Vermont Works for Women, in support of Fresh Food, which services high-quality lunch and snacks to low-income children at participating childcare centers. Newly funded projects in this category are listed below.

- Ongoing programs:
  - We continued our commitment to serving fresh, locally produced, minimally processed foods to patients, staff and families. The Center for Nutrition and Healthy Food Systems was established to educate other health care institutions about building a sustainable food service. We are a signatory for the Healthy Foods in Health Care initiative.
  - Continued HealthSource Community Education classes featuring nutrition and healthy cooking classes each year.
  - Staff continued to serve on Hunger Free Vermont's Hunger Council, as part of the Community Hunger Project.

- New initiatives and future plans:
  - With colleagues from the Regional Planning Commission, Hunger Free Vermont, the United Way and the Burlington District office of the Vermont Department of Health, we participated in the development of consistent messaging about the reality of food insecurity in our region. The messaging included broad component and also included "sector-specific" messages intended to appeal to employers, government officials, educators, early care and education leaders, faith communities and healthcare.

- Community Health Investment funding of:
  - Hunger Free Vermont for the Breakfast Before the Bell Challenge, which aims to increase free breakfast usage for school-aged children.
  - Milton Youth Coalition for the Healthier Milton 2017 campaign and vouchers for income eligible residents for use at the Milton Farmers Market.
  - Milton School District Summer Garden program
  - Vermont Department of Health; Veggie RX match, which if awarded will pilot providers prescribing fruits and vegetables and incentivizing patients with coupons that can be redeemed in local stores.
  - Vermont Youth Conservation Corps for the Healthcare Shares program, which provides Community Supported Agriculture program shares to eligible patients at primary care sites.

Dental Health

- Continued Community Health Investment Funding of:

  - The Burlington School District's Tooth Tutor program, which ensures that every child has access to preventive, restorative and continuous care in a dental office.
  - Our own Health Assistance Program for assistance with income eligible community members for dental health needs.

- Ongoing programs:

  - We continue to provide oversight and support to four dental residents, three of whom are placed at Federally Qualified Health Centers.

- New initiatives and future plans:

  - The Community Health Investment Committee, in collaboration with other funders, is currently supporting a Public Health Dental Hygienist (PHDH) at the Burlington District's office of the Vermont Department of Health. The PHDH serves at-risk women and children through the WIC program.
  - The Office of Community Health Improvement piloted a school-based dental sealant program at Milton Elementary School. Plans are underway to expand the pilot in the fall of 2016.
  - Community Health Investment funds support the Champlain Valley Head Start Tooth Tutor program.

Mental Health (Focus on Children)

- Continued Community Health Investment Funding of:

  - Howard Center Street Outreach Project, which assists those with mental health, substance abuse, homelessness and unmet social service needs and coordinates services for those individuals in downtown Burlington.
  - Visiting Nurse Association of Chittenden and Grand Isle Counties' Family Room, which provides services to at-risk parents and their children from birth through five years in a supportive, nurturing environment.

- Ongoing programs:

  - Our Department of Psychiatry has maintained staffing levels and the wait time is now approximately 60 days. Recruitment efforts continue to add additional child psychiatrists.
  - The Child Psychiatry department continues to oversee the Autism Assessment Program.
  - The State's opening of a 25 bed in-patient facility in Waterbury reduced but did not eliminate the impact on the Medical Center which came about after the 2011 closing of the state mental health hospital. We continue to work collaboratively to the State to address the need for more mental health in-patient treatment beds.
  - The UVM Medical Center continues to operate the Child Psychiatry fellowship program in which 3-4 fellows participate each academic year. We have been successful recruiting psychiatry residents to train in this sub-specialty, and our graduates have taken many clinical psychiatrist positions around the state of Vermont.
  - UVM Medical Center continues to work in partnership with Howard Center's Crisis Services.

- New initiatives and future plans:

  - The UVM Medical Center partnered with other providers in the community to develop the Caring Collaborative. This initiative is also partially funded by the Community Health Investment Fund. The goal of the collaborative is to create and evaluate a family-driven comprehensive care model to serve the needs of families within a childcare setting in order to improve mental health outcomes for children and their families.
  - Community Health Investment Funds support the KidSafe Collaborative CHARM Team.
  - The UVM Medical Center's Pediatric Outreach Coordinator distributed lock boxes through Howard Center's First Call crisis line, in effort to decrease young people's access to medication for use in suicide attempts.
  - The Medical Center has developed parent training programs which are being used throughout the state. Additionally the Center for Children, Youth, and Families has established Family Wellness Coaching positions.

Removing Barriers to Care (Affordability, Transportation, Language)

• Continued Community Health Investment Funding of

  • The Community Health Centers of Burlington for their sliding fee program.

• Ongoing programs:

  • Our own Health Assistance Program continues to provide assistance with co-pays, medications, vision, dental and hearing care.
  • The protocols and processes developed for Transforming Primary Care at the UVM Medical Center continue.
  • Patient Assistance Program: We continue our commitment to providing financial assistance to persons who have essential health care needs and are uninsured, underinsured, ineligible for a government program or otherwise unable to pay, for medically necessary care based on their individual financial situation. In FY14, we provided $6.2 million in charity care to income-eligible patients.
  • We continue to subsidize several bus routes in the region to increase access to care for patients and assist income eligible patients with parking costs.
  • Through our Case Management and Social Work department, we continue to facilitate safe and timely discharges via transportation, bridge medications, gas cards, ferry passes and other short term transition necessities.
  • We continue to arrange in person interpreters for approximately 1,000 appointments per month across our network. We also continue to increase the usage of technology to provide ASL and spoken interpretation, in addition to phone interpreter service. In FY15, we provided over $1 million in translation services.

• New initiatives and future plans:

  • Through the Community Health Investment Fund, support continues for the Neighbor Rides program, which increases access to transportation options for seniors and adults with disabilities.
  • The Interpreter Project is currently on hold.
  • The Community Health Investment Fund supports Collective Impact efforts through the United Way of Chittenden County. This collaboration supports multi-stakeholder groups to explore and develop solutions to complex community problems that align with the Community Health Needs Assessment.

Senior Issues (Caregiving, Safety, Well-Being)

• Continued Community Health Investment Funding of

  • Visiting Nurse Association of Chittenden and Grand Isle Counties' Adult Day program which provides care for elders, people with dementia, adults with mental and physical disabilities and others who need support during their day.

• Ongoing programs:

  • Continue to support Vermont Ethics Network education and outreach regarding Advance Directives, palliative care and the like for both community members and health care professionals
  • Continue to collaborate with Cathedral Square for Support and Services at Home (SASH), which connects the health and longterm care systems for seniors in the region.
  • The UVM Medical Center's Director of Palliative Care Services continues to chair the UVM's Dean's Palliative Care Collaborative. An attending nephology physician completed Harvard Medical Schools Palliative Care Education and Practice course which will enable the program to expand palliative care services to individuals with chronic and end stage kidney disease.
  • The UVM Medical Center's Rural Palliative Care Network continues to function. Additionally, the Medical Intensive Care Unit has begun using telemedicine for consultations on critically ill patients prior to their transfer to the hospital. This provides critical information and prepares patients and their families about what to expect upon arrival. The Medical Center holds weekly case conferences with several remote sites via telemedicine. This increases knowledge and awareness of core palliative care concepts across our rural service area. Currently we are in the process of designing a statewide survey of palliative care providers. Since every rural community is different, having a centralized repository of information about where providers are located and what services they offer will help facilitate access to palliative care for individuals in the outpatient arena and closer to home near our rural network hospitals.
  • Continue to offer classes on senior-related health issues several times a year, including free blood pressure and low-cost cholesterol screenings through HealthSource Community Education series.
  • Continue to offer the UVM Medical Center's Falls and Fires program, which provides income-eligible seniors or disabled adults free home safety assessments and assistance with materials for modifications.
  • Continue to offer the Footnoters program, which offers free foot care to seniors and disabled adults at senior residences or congregate meal sites.
  • Continue to offer free self-management classes held year-round.
  • Continue to provide comprehensive transition planning for seniors, including arranging home care, transfers to rehab, skilled nursing care and other extended care facilities.
  • Continue to partner with organizations such as SASH, Community Health Teams, Vermont Chronic Care Initiative, Vermont Managed Care, Adult Protective Services, Vermont Respite House, Department of Health Access, home care agencies and more.

• New initiatives and future plans:

  • The Palliative Care services department plans to hire a second medical doctor in late summer and will have a new nurse practitioner and division chief beginning service this spring.
  • Through the Community Health Investment Fund, support was given to the City of Winooski to for the Senior Engagement Project, to better understand gaps and assets.
  • A match was pledged to Visiting Nurse Association for the Respite House capital campaign, which serves terminally ill patients and their families on hospice.

Ancillary Areas of Focus

Four specific health issues were identified through review of external health data. All of these below are addressed, at least partially, in the five identified priority areas.

Cancer

• Ongoing programs:

  • The UVM Medical Center continues to offer adult smoking cessation support. Five certified Tobacco Treatment Specialists currently provide cessation group, one:one counseling and three of the Specialists provide bedside supports for inpatients at the hospital. In the most recent year completed, 580 tobacco users had bedside consults in the hospital and over 100 people participated in groups and/or received one:one counseling.

• New Initiatives and Future Plans:

  The University of Vermont Cancer Center and its parent organizations, the University of Vermont and the University of Vermont Medical Center, continue to develop and promote cancer focused outreach programming and activities, including:

  • An Integrated Lung Cancer Screening program initiated in 2014.

  • A Women's Wellness screening day offered to 16 participants providing access to free/covered mammograms, GYN assessments and cardiac health assessments in partnership with the Ladies First program and the Hicks Foundation in 2015.

  • Adoption of the Stanford Thriving and Surviving Cancer Self-Management Program in 2015.

  • Continued focus on community need, in partnership with Vermonters Taking Action Against Cancer (VTAAC), the VT Department of Health (VDH) and American Cancer Society (ACS).

  • Use of data assembled through Community Health Needs Assessments to inform projects and programming.

Chronic Disease

Continued Community Health Investment Funding through FY15 to the Greater Burlington Y for the B-Fit program, which is a free physician-referred exercise program for seniors with chronic disease. The weekly classes combine gentle land and water exercises which emphasize flexibility, strength, balance and cardiovascular endurance.

• Ongoing programs:

  • Continue to offer free self-management programs for individuals living with chronic disease are offered throughout the year. In FY12, we offered 56 free workshops to the community.

  • Our patient-centered medical homes are primary care settings that improve quality and educate patients, empowering them to become partners in their care to create optimum health. Patient-centered medical homes are comprised of the Community Health Team, nurses, social workers, dietitians and health educators working together to help patients manage chronic conditions.

  • Implemented Transforming Primary Care: We began this initiative in early 2012 and by the end of calendar 2013 all internal medicine, family medicine and pediatric clinics have a new care delivery process in place that is founded on the principles of standardization, reliability and customization to the patient.

Substance Abuse

• Ongoing programs:

  • The UVM Medical Center and the University of Vermont continue to provide space to our area's Designated Agency, the Howard Center, to operate one of their two sites which together constitute the largest methadone treatment clinic in the state.

  • UVM Medical Center continues to support Howard Center's ACT/1 Bridge program through sponsorship of rent for the facility. ACT/1 Bridge provides a safe detoxification center and offers short-term substance abuse treatment.

• New initiatives and future plans:

  • The UVM Medical Center continues to provide Spoke Support (outpatient nurses and counselors) for Suboxone-prescribed patients who receive prescriptions from area primary care providers, in both employed and independent practices. This work currently supports over 460 patients.

  • In late 2015, the UVM Medical Center participated in a two week, intensive Opiate Task Force which included representatives from the State of Vermont, the Designated Agency and others. The Task Force developed a series of recommendations, the most comprehensive of which committed Task Force members to continue to work together to reduce wait times for "Hub" treatment (daily Suboxone dosing). In February of 2016, the UVM Medical Center opened its Day One Expansion clinic, designed to receive up to 100 patients from the Hub for a month of continued rehabilitation prior to being returned to their primary care providers for ongoing treatment and Spoke support.

Prenatal Care

• Ongoing program:

  • Implemented Transforming Primary Care: UVM Medical Center began this initiative in early 2012 and by the end of calendar 2013 all internal medicine, family medicine and pediatric clinics have a new care delivery process in place that is founded on the principles of standardization, reliability and customization to the patient.

Needs Identified in the CHNA not Included in the Implementation Strategy

Since the Implementation Strategy was published, several efforts have been undertaken to address affordable housing.

Affordable Housing

• New initiatives and future plans:

Over the last three years, several efforts have been funded through the Community Health Investment Fund to address affordable housing, housing retention, and homelessness. These efforts are:

- Burlington Housing Authority for a Housing Retention Specialist

- Champlain Valley Office of Economic Opportunity for a Coordinated Entry position,

- Community Health Centers of Burlington for Beacon Apartments, a 19-bed supportive housing model and continued outreach and services through the Homeless Health Care program.

- Champlain Housing Trust; Homeless Information Management

- United Way of Chittenden County for support of the Homeless Family Registry, the Warming Shelter, a low-barrier seasonal shelter.

For questions or comments, please email: PublicCommentCHNA@uvmhealth.org

We would like to thank
Annalisa Parent of Date with the Muse, LLC,
Jeff Wainer of Vermont Design Collective,
and Erin Roche from The Center for Rural Studies
for their help in pulling all the pieces of this document together.