Community Health Needs Assessment

Chittenden and Grand Isle Counties, Vermont

2025

CONTENTS

Leadership Message

Stephen Leffler, MD
President and COO,
UVM Medical Center

As we complete our 2025 Community Health Needs Assessment, we find ourselves at a pivotal moment in our community's health journey. It has been three years since our last assessment, conducted during the COVID-19 pandemic. While the acute crisis has passed, we continue to see its lasting effects on mental health, health care access, and social connectedness throughout Chittenden and Grand Isle Counties.

This assessment has revealed both persistent challenges and emerging opportunities.

Persistent Challenges:

- The pandemic's impact on mental health continues to reverberate through our community, with adults reporting an increase in mentally unhealthy days and youth experiencing higher rates of bullying and social disconnection.
- Health care access remains a critical concern, with provider shortages and system complexity creating barriers for many residents, particularly those from marginalized communities.

Innovation and Opportunities:

- Community organizations have strengthened their collaborative networks, developing new ways to reach and serve vulnerable populations.

The expansion of language access services and culturally responsive care models demonstrates our collective commitment to health equity. For this cycle's CHNA, we intentionally broadened our engagement strategies by:

- Building on partnerships forged during the pandemic
- Conducting focus groups with six distinct populations
- Administering surveys in twelve languages

As a result, we received nearly 1,500 responses from community members. This inclusive approach has provided invaluable insights into the experiences of those most affected by health disparities.

The six priority areas identified in our Community Health Needs Assessment, with special emphasis on the three top priorities voiced by our community, are:

- Addressing Cultural Humility and Inclusive Health Care
- Building Community Connectedness (Top Priority)
- Engaging on Mental Health (Top Priority)
- Improving Community Safety
- Increasing Health Care Access (Top Priority)
- Tackling Cost of Living

These will guide our investments and programming over the next three years, serving as a foundational lens and informing every aspect of our work, shaping how we listen, partner and act to improve health equity in our community. These priorities reflect not just health needs, but the social drivers that shape health outcomes in our community.

We are deeply grateful to our steering committee members, community partners, and especially the residents who shared their experiences and perspectives. Your voices have shaped this assessment and will continue to guide our work.

As we move forward with implementation planning, we remain committed to addressing health inequities and building a community where everyone can achieve their best possible health. This work requires sustained collaboration across sectors, continued investment in community led solutions, and an unwavering focus on those who have historically been marginalized.

Together, we can build on the strengths identified in this assessment to create meaningful, lasting improvements in community health and wellbeing.

Acknowledgments and Special Contributions

The 2025 Community Health Needs Assessment was guided by our Steering Committee representing 14 community partners, including: community-based organizations, local and regional institutions, hospital departments, and state agencies.

STEERING COMMITTEE MEMBERS

Ali Dieng
Building Bright Futures

Heath Kirby
Vermont Department of Health

Kim Anderson
Wake Robin (former rep for Community Health Centers)

Mohamed Jafar
UVM Medical Center

Taylor Small
UVM Medical Center

Matthew MacNeil
Howard Center

Penrose Jackson
Community, also Vermont Public Health Institute

Adrienne Lueders-Dumont
United Way of Northwest Vermont

Joanne Crawford
Missisquoi Band of the Abenaki Nation

Sarah Twichell
UVM Department of Pediatrics

Amy Rex
Champlain Valley Superintendent Association/Milton SD

Sarah Russell
City of Burlington

Crystal Jones
Burlington Housing Authority

Sarah Muskin
Chittenden County Regional Planning Commission

Three Work Groups met to design and review research activities – from collecting secondary data to designing the community survey.

SECONDARY DATA WORK GROUP

Members of the 2025 CHNA Steering Committee

COMMUNITY SURVEY WORK GROUP

Matthew MacNeil
Heath Kirby
Kim Anderson
Taylor Small
Penrose Jackson
Sarah Russell
Amy Rex

COMMUNITY PRIORITIZATION & FOCUS GROUPS WORK GROUP

Penrose Jackson
Sarah Muskin
Taylor Small

PROJECT LEAD AND PRIMARY AUTHOR

Thomas Moore
Senior Community Health Liaison

DATA ANALYSIS

The Center for Rural Studies at the University of Vermont

SPECIAL ACKNOWLEDGMENTS & APPRECIATIONS

Center for Rural Studies at the University of Vermont
Michael Moser and team for research design and analysis

Champlain Housing Trust
For hosting focus group sessions

Champlain Valley Office of Economic Opportunity
For connecting with housing-insecure populations

Community Survey Respondents
Thank you to the 1,497 community members who shared their perspectives

Focus Group Participants
Your lived experiences and insights are the heart of this assessment

Howard Center
For mental health data and community insights

Special Olympics Vermont
For facilitating focus groups with athletes and caregivers

U.S. Committee for Refugees and Immigrants Vermont
For interpretation services and support with the community survey

UVM Medical Center Language Access Services Team
For survey translation and interpretation services coordination

Vermont Department of Health
For sharing Statewide Health Needs Assessment focus group results and secondary data

THE 2025 CHNA PROJECT TEAM

THE UNIVERSITY OF VERMONT MEDICAL CENTER, COMMUNITY HEALTH IMPROVEMENT:

Thomas Moore, Project Lead

Kristin Fontaine

THE CENTER FOR RURAL STUDIES AT THE UNIVERSITY OF VERMONT:

Michael Moser

We extend our deepest gratitude to all community members who participated in this assessment process. Your willingness to share your experiences, challenges, and hopes for our community's future health has been invaluable. This assessment truly represents a collective effort to understand and address the health needs of all residents in Chittenden and Grand Isle Counties.

Executive Summary

THE 2025 COMMUNITY HEALTH NEEDS ASSESSMENT

A Community Health Needs Assessment (CHNA) is a process that non-profit hospitals complete every three years in partnership with community-based organizations to learn more about the significant health needs in the greater community. These valuable insights inform strategic investment and guide community programming to improve the identified priorities.

The UVM Medical Center and 14 members of the 2025 CHNA Steering Committee collaborated on the 2025 CHNA for its designated Health Service Area of Chittenden and Grand Isle Counties.

2025 CHNA GOALS

1. To conduct an inclusive and high-quality assessment, through the lens of racial and health equity, of community health needs and assets in Chittenden and Grand Isle Counties.
2. To partner with diverse stakeholders resulting in: a) consensus of priority needs to address, b) shared buy-in for implementation strategies, c) support of complimentary community initiatives and assessments.

DATA GATHERING AND COMMUNITY HEALTH PRIORITIES

The 2025 CHNA process was inclusive and robust, with an intentional focus on equity. To better understand community needs, we collected new data from surveys and focus groups and examined existing health indicators for the two counties.

- **COMMUNITY HEALTH INDICATORS REPORT:** 70+ health indicators
- **COMMUNITY SURVEY:** Offered in 12 languages with 1,497 survey responses
- **FOCUS GROUPS:** 6 sessions held with populations of focus

COMMUNITY HEALTH PRIORITIES SESSIONS:

- Two virtual sessions were held in May 2025 to engage community leaders and champions in prioritizing six health priorities that emerged from the data gathering phase.
- 66 participants from 28 different organizations and agencies participated and provided ratings by three criteria: Impact, Community Readiness and Equity.

THE TOP 3 COMMUNITY HEALTH PRIORITIES, IN ALPHABETICAL ORDER,:

- **Building Community Connectedness**
- **Engaging on Mental Health**
- **Increasing Health Care Access**

COMMUNITY HEALTH PRIORITIES AND KEY FINDINGS

Addressing Cultural Humility and Inclusive Health Care	Building Community Connectedness	Engaging on Mental Health
• Community Survey results show that 54% of Hispanic/Latino respondents and 62% of Black/African American respondents felt their cultural identity was respected by providers, compared to 72% of White respondents • Focus group participants frequently cited stigma and judgment in health care as a barrier to maintaining their health (19% of responses) • There is a need to increase workforce diversity across race, ethnicity, language, and lived experience to better reflect and serve the community	• Loneliness and social isolation were highlighted by focus groups as root causes of poor mental health and barriers to wellbeing • According to the Community Survey, 46.1% of adults age 65 and older in Chittenden County live alone • 88.8% of Community Survey respondents said the region is a good place to raise children	• Health indicator data show an increase in the number of adults experiencing mentally unhealthy days • Expanding youth mental health programs was the top choice among Community Survey respondents for improving schools • 71% of Community Survey respondents agreed they can access mental health services in their community, and 74% said the same for substance use treatment
Improving Community Safety	**Increasing Health Care Access**	**Workforce Development**
• 16% of focus group responses identified personal safety concerns as a barrier to health • 1 in 4 high school students in the UVM Medical Center Health Service Area reported experiencing bullying in 2023 • In the Community Survey, 20% of respondents selected "more safety options for walkers and bikers" as their top choice for improving their community	• More than one in three Community Survey respondents identified appointments outside 9–5 weekday hours as the top improvement needed for better access to care • Even when services are available and financially accessible, focus group participants described a fragmented and opaque system, where attempts to seek care often ended without receiving any services • Not all residents have the same access to health insurance, with coverage gaps affecting people of different racial, ethnic, and income groups	• More than 60% of Community Survey respondents said increasing affordable housing units is essential to improve health and wellbeing • Over half of respondents reported that affordable childcare is not available in their community, limiting families' stability and workforce participation • Gaps in median income by race, ethnicity, and gender continue to undermine economic security and equitable health outcomes

NEXT STEPS: MOVING FROM ASSESSMENT TO ACTION

- The CHNA will advance to the UVMMC Board for adoption and ratification of the health priorities to focus on. The CHNA report will be made available publicly.
- The CHNA findings will inform the development of the 2026-2028 Community Health Improvement Plan (CHIP) that UVMMC will develop in collaboration with key partners.

The CHIP process will:

- Facilitate inclusive community engagement to generate solutions that builds upon strengths and addresses inequities
- Communicate shared goals, strategies and resources to make measurable improvements

To learn more about Community Health Improvement or the 2025 CHNA/CHIP process, please visit:
www.UVMHealth.org/medcenter/about-uvm-medical-center/the-community/needs-assessment

CONTACT:

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About this Report

WHAT IS A COMMUNITY HEALTH NEEDS ASSESSMENT?

University of Vermont Medical Center (UVMMC) has led health assessments since the 1980s to facilitate meaningful investment on community health improvement. The Affordable Care Act requires all nonprofit hospitals to identify "significant health needs" in their communities every three years through this assessment process, providing an opportunity for community members to participate in identifying and prioritizing health needs. The IRS guidance for Charitable Hospital Organizations, as outlined in Section 501(r)(3), describes a significant health need as "requisites for the improvement or maintenance of health status both in the community at large and in particular parts of the community, such as particular neighborhoods or populations experiencing health disparities."

To understand community priorities, hospitals and their partners draw on health and demographic data from a variety of sources, as well as seek community-wide input through activities such as surveys and focus groups. These findings inform a formal prioritization process to identify the significant health needs to be addressed by the corresponding Implementation Strategy. Hospitals and partners then work together to identify actions for addressing these priorities in the greater community.[1]

COMMUNITY HEALTH NEEDS ASSESSMENT HISTORICAL TIMELINE

2016 PRIORITIES:

- 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
- Teen Births
- Substance Abuse

2019 PRIORITIES:

- Affordable Housing
- Childhood and Family Health
- Cancer
- Disease Prevention
- Mental Health
- Substance Use Disorder

2022 PRIORITIES:

- Accessible and Coordinated Care
- Cultural Humility and Inclusive Health Care
- Food Access and Security
- Housing
- Mental Health and Wellbeing
- Workforce Development

2025 PRIORITIES:

- Addressing Cultural Humility and Inclusive Health Care
- Building Community Connectedness
- Engaging on Mental Health
- Improving Community Safety
- Increasing Health Care Access
- Tackling Cost of Living

COMMUNITY HEALTH IMPROVEMENT

UVMMC's Community Health Improvement (CHI) Department works to improve the health and wellbeing of those who live and work in our community by identifying and addressing the needs of the community through partnerships with community organizations, local government and residents.

This work is guided by the CHNA and while UVMMC serves patients from all Vermont counties and neighboring states, this CHNA focuses on Chittenden and Grand Isle Counties.

CHI identifies and addresses the health needs of communities through collaborative efforts that bring together health care, public health and other stakeholders to implement high-priority actions to improve community health.[2]

THE 2025 CHNA

In 2022, the top health priorities identified for Chittenden and Grand Isle Counties were Cultural Humility and Inclusive Health Care, Housing and Mental Health and Wellbeing. The 2025 CHNA process examined how needs and resources have changed over the past three years, with particular attention to underserved and marginalized populations.

The 2025 CHNA provides data and analysis of health and wellbeing through an equity lens to determine whether everyone, regardless of background, income or life circumstances, has the opportunity to achieve their best possible health. The following vision and goals guided the assessment:

VISION

The 2025 CHNA process will guide measurable community health improvements in Chittenden and Grand Isle Counties.

GOALS

- To conduct an inclusive and high-quality assessment of community health needs and assets across the lifespan in Chittenden and Grand Isle Counties, through the lens of health and racial equity.
- To partner with diverse stakeholders resulting in 1) consensus of priority needs to address; 2) shared buy-in for implementation strategies; 3) support of complementary community initiatives and assessments.

USE THIS REPORT TO:

- **Learn about health and wellbeing in our community through an equity lens**
- **Inform decisions about organizational strategic planning or community programming**
- **Access data about health and wellbeing specific to our community**
- **Identify where community priorities align with proposed projects for grant applications**
- **Identify opportunities for further exploration and continued conversations between partners**
- **Understand how cultural competency and inclusive practices enhance all health interventions**

COMMUNITY COLLABORATION

The 2025 CHNA Project Team consisted of staff from UVMMC and consultants from the Center for Rural Studies at the University of Vermont. The assessment was overseen by a 14-member Steering Committee representing healthcare, public health, education, community development, social services, community-based organizations, and community members. The work took place during a 15-month process conducted between May 2024 and August 2025.

The Steering Committee established two work groups focused on data gathering activities and community engagement. This report contains findings from secondary data analysis, a community survey that generated 1,497 responses and focus groups with six distinct populations.

COMMUNITY ENGAGEMENT PROCESS

The 2025 CHNA prioritized reaching people most impacted by historical and ongoing racial, economic, and health inequities. Building on connections made during the COVID-19 pandemic, the team continued and expanded efforts that began in 2022, such as compensating focus group participants and offering the Community Survey in twelve languages.

Community feedback led to new engagement strategies, including distributing the survey through WhatsApp to reach immigrant and refugee populations who use the platform for daily communication. Engagement efforts were designed to create culturally responsive spaces for community members to share their experiences and perspectives.

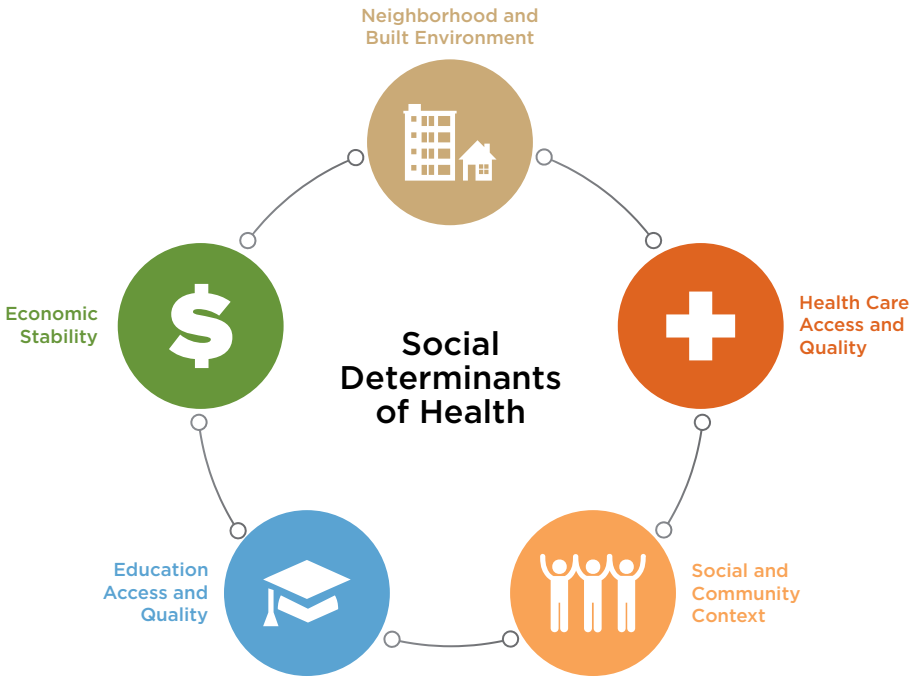
GUIDING CONCEPTS FOR THE 2025 CHNA

The 2025 CHNA process was guided by two foundational concepts: the Social Drivers of Health (SDOH) and Health Equity.

SOCIAL DRIVERS OF HEALTH

Social determinants of health are the conditions in the environments where people are born, live, learn, work, play, worship and age that impact their health, daily functioning and overall quality of life.

Research indicates that approximately 50% of health outcomes are due to social and economic factors and the physical environment. Examples of social determinants of health include access to affordable housing, quality education, and employment with living wages.[3]



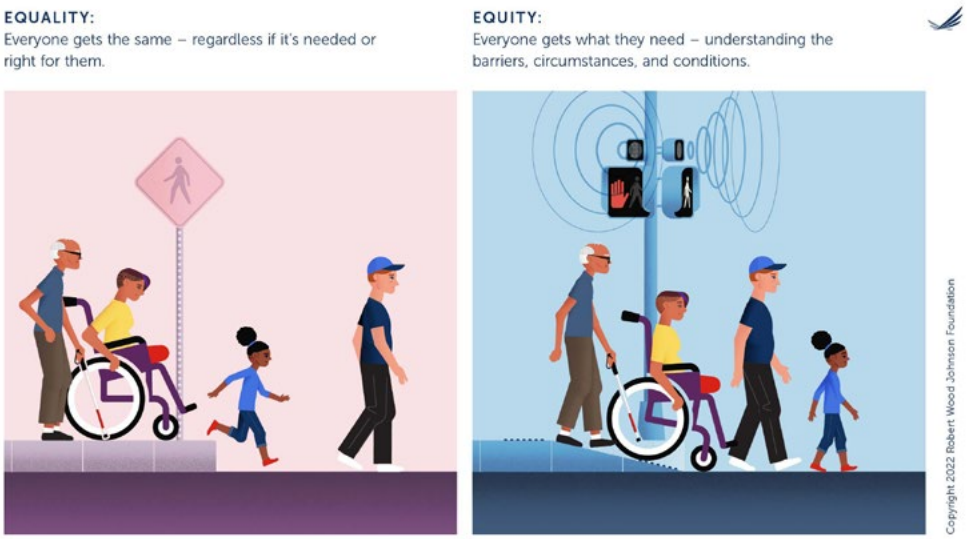
SOURCE: Healthy People 2030, U.S. Department of Health and Human Services

HEALTH EQUITY

To achieve health equity, ensuring everyone has a fair and just opportunity to be as healthy as possible, it is essential to examine the foundational drivers of health – the social, environmental, economic, and cultural context and conditions that shape health status.

"Health equity exists when all people have a fair and just opportunity to be healthy – especially those who have experienced socioeconomic disadvantage, historical injustice, and other available system inequities that are associated with social categories of race, gender, ethnicity, social position, sexual orientation and disability."[4]

-VERMONT DEPARTMENT OF HEALTH



INFOGRAPHIC SOURCE: Robert Wood Johnson Foundation[5]

Health disparities are preventable differences in health outcomes that are due to systemic issues. Healthy People 2030 define health disparities as "a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion."[3]

Measuring health disparities across groups is important to advancing equity for underserved and marginalized populations. Improving health equity and decreasing disparities requires addressing social determinants of health through collaborative community action.

THE IMPORTANCE OF LANGUAGE:

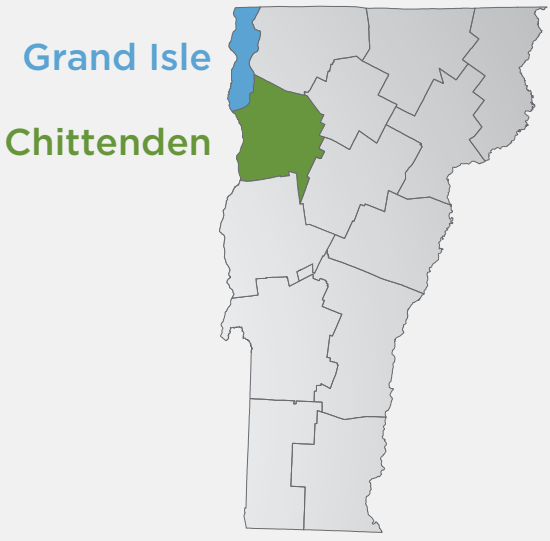
- We recognize how impactful language is and that terminology varies between communities – and evolves over time.
- After consultation with diverse partners, we have adopted shared language that you will see reflected throughout the report.
- Our hope is to identify and communicate common experiences among communities in an effort to build on strengths and address inequities.
- We recognize this work is iterative and limitations may not allow everyone to feel comfortable with the chosen terms.
- Although shared language is essential in assessing and communicating population-level health findings, using person-centered language, and language that people use to describe themselves (self-identification) is the best approach.
- You will see that secondary data sources (including county-level, state and federal data cited within this report) do not always reflect this adopted language. This is a reflection of systemic and racist structures in our society, and shows the need for collecting better data to identify and address health disparities across race, ethnicities, and cultures.

About Our Community

Introduction

The UVM Medical Center serves patients from a broad geographic region. For this assessment, the hospital's defined community consists of Chittenden and Grand Isle Counties. This community will be referred to as the Health Service Area (HSA).

This section provides a snapshot of the demographic and socio-economic characteristics of the communities in Chittenden and Grand Isle Counties, Vermont. Some of these indicators are also featured in later sections of this report broken out by different populations to show disparities.



HEALTH SERVICE AREA TOTAL POPULATION:

176,874 residents

SOURCE: Community Health Indicators Report

CHITTENDEN AND GRAND ISLE COUNTIES

Chittenden and Grand Isle Counties are in northwestern Vermont along Lake Champlain, with the Adirondack Mountains to the west and the Green Mountains to the east. The landscape of these counties encompasses Burlington's urban center, suburban communities, rural towns, and Grand Isle's island communities, creating a mix of population densities and economic activities including technology, health care, education, agriculture and tourism.

Chittenden County is the most populous county in Vermont with the most diverse economy. The County has 620 square miles of land, making it mid-sized among Vermont counties. Grand Isle County, encompassing the Lake Champlain Islands, has 195 square miles of land, making it the smallest county in Vermont by area.

The counties are bordered to the north by Franklin County, Vermont's fourth most populated county, which includes the city of St. Albans. The northern portions of both counties are within commutable distance to Franklin County, providing residents with options for employment, health care, shopping and other services.

The counties are bordered to the south by Addison County. Residents in southern Chittenden County communities like Charlotte and Hinesburg may access services in Middlebury for work, health care, and other opportunities. The counties are bordered to the east by Washington, Lamoille, and Orange Counties. For the eastern Chittenden County communities of Bolton and Huntington, accessing services within the county requires traveling over mountain roads, which can be challenging in winter months.

CHITTENDEN COUNTY	GRAND ISLE COUNTY
Largest county in Vermont with 26% of the state's population	Second least population county in Vermont, with approximately 7,393 residents
Fastest population growth rate in the state: 8.1%	Third fastest population growth rate in state: 7.5%
Vermont's most racially and ethnically diverse county	Third least racially and ethnically diverse county in Vermont
19 municipalities spanning a mix of urban, suburban, and rural communities	5 municipalities situated on two islands in Lake Champlain and a peninsula along the Canadian border
Economic center for northwestern Vermont	Agriculture, second homes, and tourism are key economic drivers

SOURCE: Community Health Indicators Report

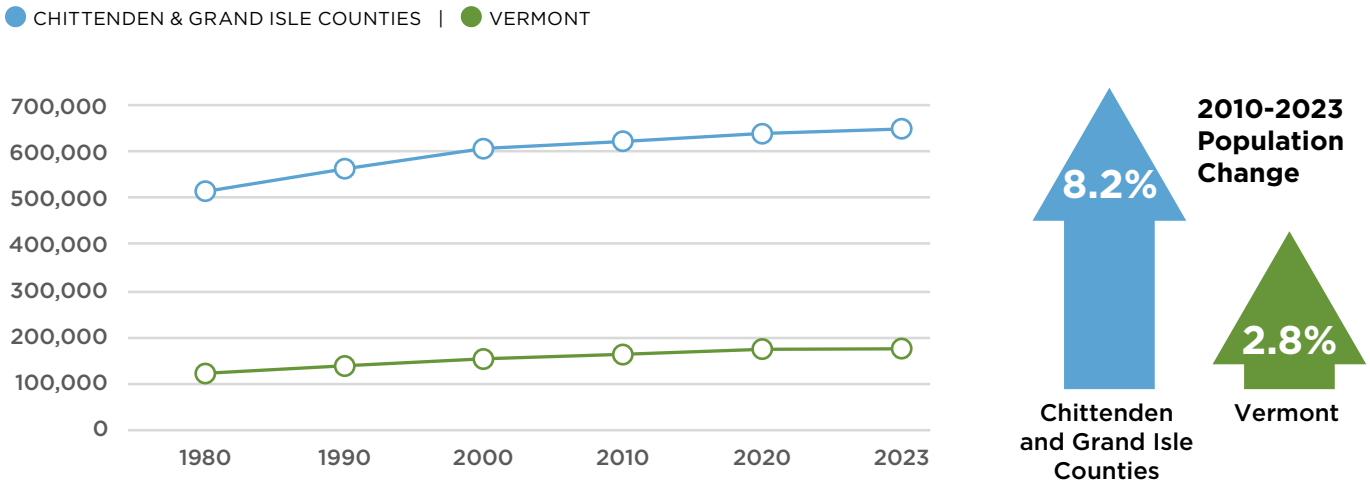
DEMOGRAPHIC HIGHLIGHTS

- The Health Service Area population is growing at a faster rate than the state of Vermont.
- Chittenden County continues to be the most racially and ethnically diverse county in Vermont.
- The median age for Chittenden County residents is lower than both that of Grand Isle County residents and the state of Vermont.
- Just over 1 in 10 residents in Chittenden and Grand Isle Counties are below the federal poverty level.
- Median household incomes have increased across the Health Service Area yet disparities remain by race and ethnicity and sex.
- The overall high school graduation rate is 96% yet disparities are evident by race and ethnicity.

POPULATION DEMOGRAPHICS

The chart below shows how the populations of Vermont and Chittenden and Grand Isle Counties have grown since 1980. The 2023 population estimate for Chittenden County is 169,481 and for Grand Isle County is 7,393, which together represent 27% of the state's total population. According to population estimates, the combined counties' population increased by 8.2% between 2010 and 2023, compared to Vermont's growth rate of 2.8%.[6]

POPULATION BY DECADE



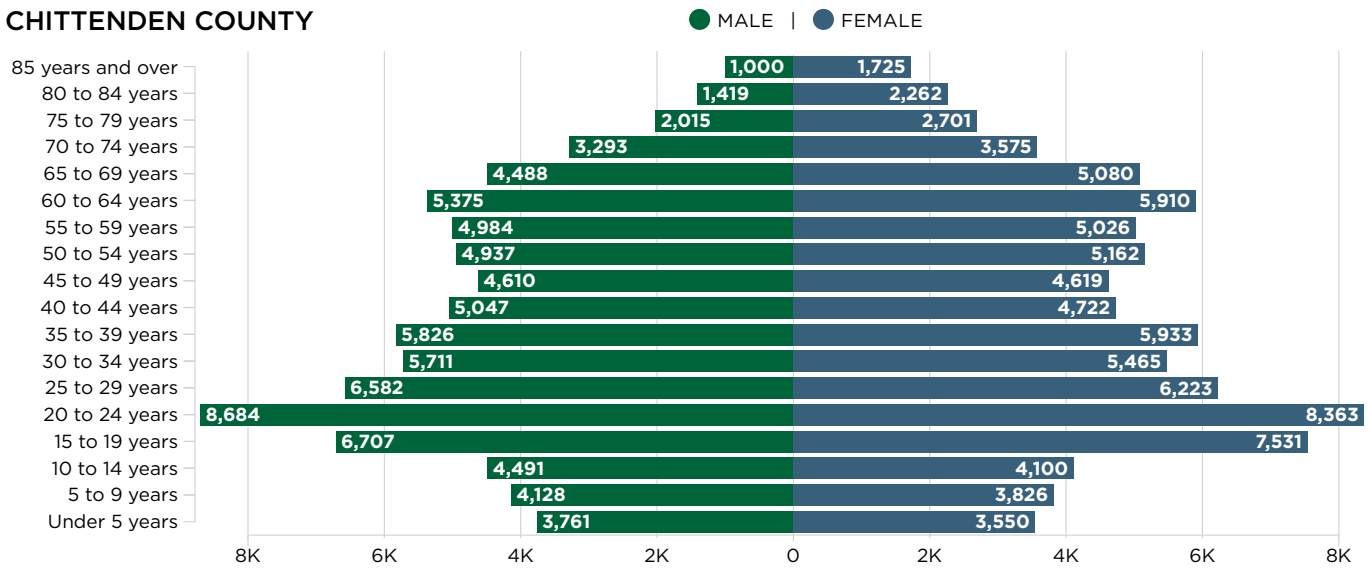
SOURCE: Community Health Indicators Report

POPULATION BY AGE AND SEX

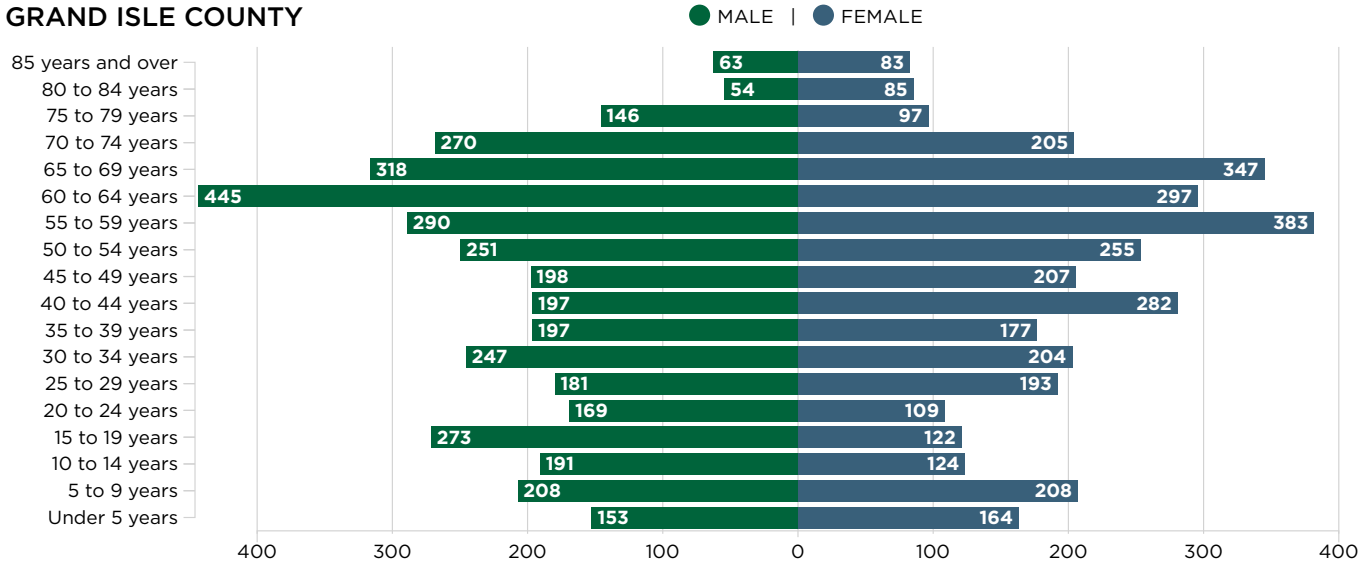
MEDIAN AGE OF POPULATION[6]	
Chittenden County	**38 years**
Grand Isle County	**48.7 years**
Vermont	**43.7 years**
United States	**39.2 years**

AGE BREAKDOWN COMPARING CHITTENDEN & GRAND ISLE COUNTIES TO VERMONT

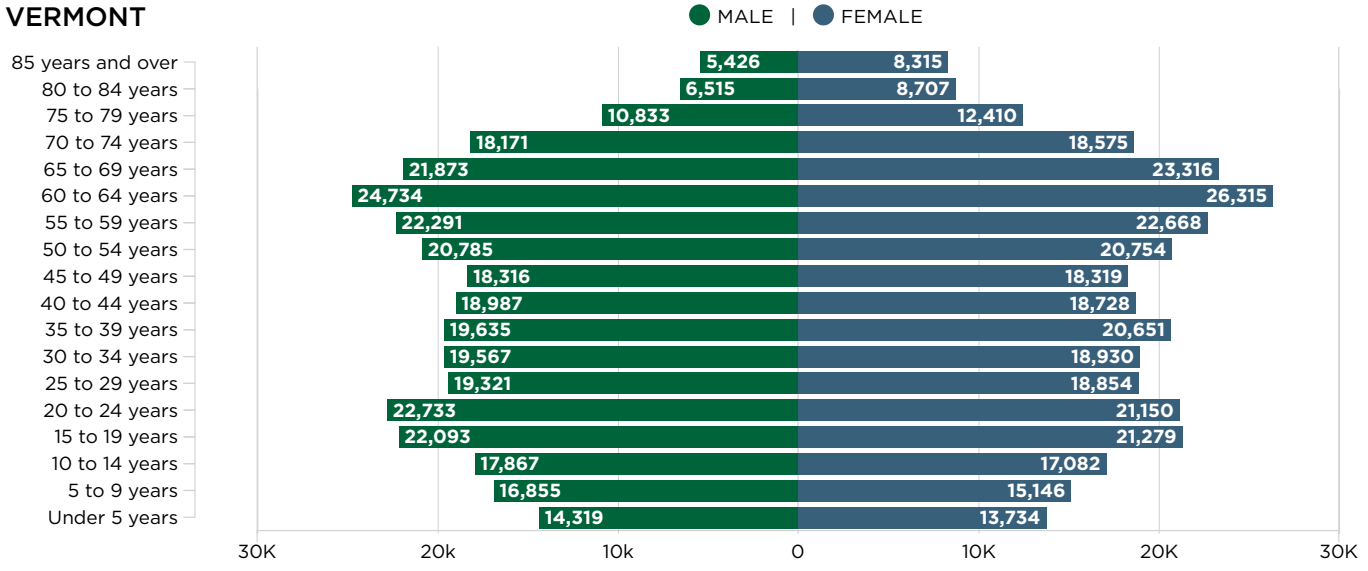
CHITTENDEN COUNTY



GRAND ISLE COUNTY



VERMONT

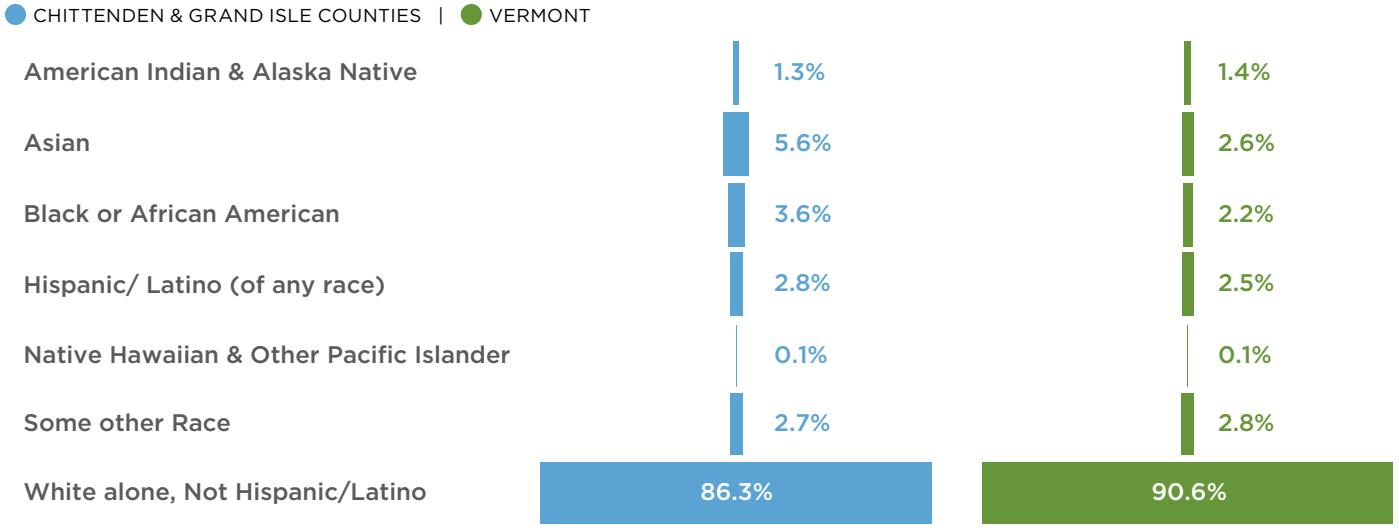


Vermont's population is aging faster than the national average. Both counties' populations age 65 and older have been increasing, with Grand Isle County showing higher proportions of older adults. Nearly half (46.2%) of Vermont households with someone 65 or older consist of someone living alone.[7]

RACE AND ETHNICITY

The majority (82.9%) of Chittenden and Grand Isle County residents are white non-Hispanic. Asian residents comprise 2.0% and Black or African American residents comprise 4.0% of the region's population.[2] Hispanic or Latino residents (of any race) comprise 1.6% of the population.[6]

POPULATION BY RACE AND ETHNICITY 2019 – 2023



SOURCE: Community Health Indicators Report

Language diversity data shows 2.8% of Chittenden County residents and 0.8% of Grand Isle County residents speak English less than "very well," compared to 1.2% for Vermont overall.[8]

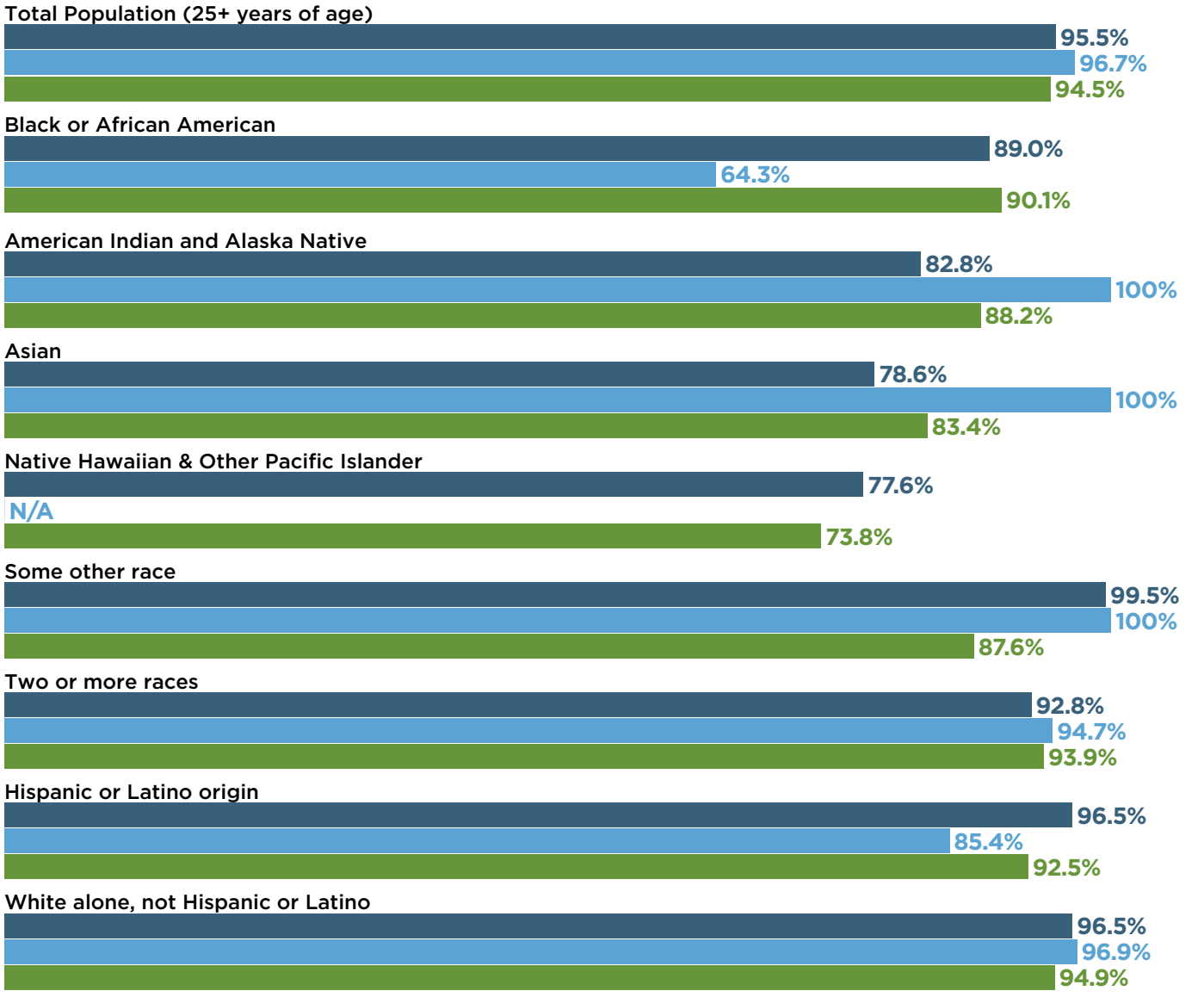
INSURANCE RATE

According to US Census Bureau estimates, 3.3% of Chittenden County residents and 3.9% of Grand Isle County residents were uninsured in 2019-2023. Vermont's overall uninsured rate is 3.9%, among the lowest in the nation.[9]

EDUCATION

Many towns offer early education/preschool programs. Accessing affordable childcare remains a challenge for community members, as noted later in this report. Five major school districts/supervisory unions serve Chittenden County students, and one serves Grand Isle County. In addition to traditional secondary schools, the Burlington Technical Center and the Center for Technology, Essex offer career and technical education programs.

HIGH SCHOOL GRADUATION OR HIGHER - 2019-2023 ACS



SOURCE: Community Health Indicators Report

Educational attainment data shows 95.5% of Chittenden County residents and 96.7% of Grand Isle County residents age 25 and older have completed high school. However, racial and ethnic disparities persist, with gaps reaching 21.1 percentage points between the highest and lowest performing groups.[10]

The region includes several institutions of higher education: the University of Vermont, Champlain College, Saint Michael's College, and the Community College of Vermont campus in Winooski.

INCOME AND POVERTY

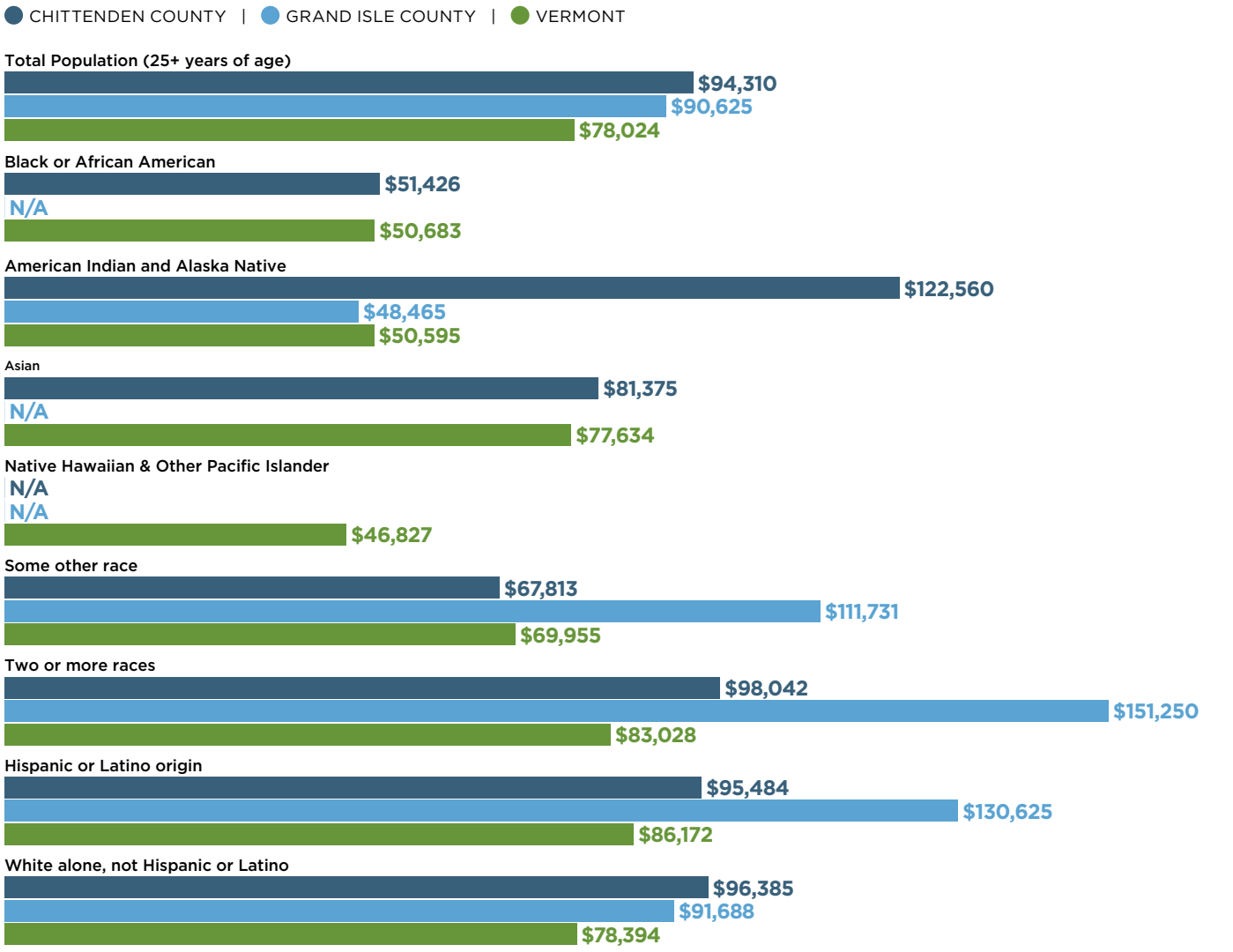
Poverty rates and median household incomes vary between the two counties.

AREA	POVERTY RATE	MEDIAN HOUSEHOLD INCOME
Chittenden County	10.4%	$94,310
Grand Isle County	7.6%	$90,625
Vermont	10.3%	$78,024
United States	12.6%	$65,470

SOURCE: Community Health Indicators Report

Median household income varies substantially by race and ethnicity. In Chittenden County, median household income ranges from $51,426 for Black or African American households to $122,560 for American Indian and Alaska Native households, compared to $96,385 for White non-Hispanic or Latino households.[11]

MEDIAN HOUSEHOLD INCOME BY RACE AND ETHNICITY, 2019-2023



SOURCE: Community Health Indicators Report

POPULATION CENTERS

Burlington

Burlington, the seat of Chittenden County, was chartered in 1761 and incorporated in 1865. The city is listed on the National Register of Historic Places. Burlington is Vermont's largest city with a population of 44,743 as of 2022. The city is home to the University of Vermont and the University of Vermont Medical Center, an academic medical center, along with numerous specialty clinics and medical provider offices.

South Burlington

Originally part of Burlington, South Burlington became an independent municipality in 1865. The city has a population of 20,292 residents as of 2022, making it Vermont's fourth-largest city. The city includes Burlington International Airport, the University Mall, and numerous corporate offices, along with residential neighborhoods and natural areas including Red Rocks Park on Lake Champlain.

Essex

In 2022, the Village of Essex Junction and Town of Essex merged to form the Town of Essex, creating Vermont's second-largest municipality with 22,094 residents. The community includes the GlobalFoundries semiconductor manufacturing facility, one of the state's largest private employers. Essex contains both suburban residential areas and a downtown commercial district.

SMALLER POPULATION CENTERS

Winooski (pop. 7,997)

Vermont's most densely populated city with 1.43 square miles.

Colchester (pop. 17,524)

Lakefront community that includes Saint Michael's College and the Fanny Allen campus of UVM Medical Center.

Milton (pop. 10,723)

Community with both residential and agricultural land uses.

Grand Isle County Towns

The five island communities of Grand Isle (2,086), South Hero (1,674), North Hero (803), Isle La Motte (488), and Alburgh (2,106) have a combined population of 7,393.

SMALLER TOWNS AND VILLAGES

Approximately 40% of residents live outside the major population centers in communities including Shelburne, Williston, Hinesburg, Charlotte, Richmond, Jericho, Underhill, Westford, Bolton, Huntington and St. George. These communities often have limited local services. Most have elementary schools, volunteer fire departments, and town offices. Some communities have small stores and gas stations, while others have no commercial services. Large grocery stores, shopping centers, banks and health care facilities are primarily located in the population centers. Transportation challenges affecting access to these resources are discussed in detail later in the report.

Data Gathering and Community Engagement

Overview:

Listening with Humility, Learning with Purpose

The 2025 Community Health Needs Assessment (CHNA) reflects our deliberate and inclusive effort to understand the needs, strengths and lived experiences of our community. Building on relationships and lessons learned during the 2022 CHNA cycle, we made it a priority to center the voices of those who are often excluded from traditional data collection efforts.

We knew that numbers alone would not tell the full story. That's why we paired survey and secondary data with meaningful, culturally responsive engagement, especially with groups experiencing the greatest barriers to health and wellbeing. Our goal was to create spaces where people felt safe to speak in their own words and on their own terms. We believe that people are experts on their own lives, and true understanding begins by listening deeply.

WORK GROUPS COLLABORATED ON:

- **Defined frameworks for data collection emphasizing social drivers of health and health equity**
- **Identified and selected reliable secondary data sources reflecting current community health conditions**
- **Designed and promoted a culturally responsive community survey to maximize participation**
- **Ensured equitable survey distribution strategies across diverse populations**
- **Planned and facilitated inclusive community prioritization sessions to set health priorities**
- **Established inclusive best practices for promoting participation in prioritization sessions**

Launched in August 2024, this multi-phase process was grounded in a health equity lens. It sought to identify populations most impacted by inequities and explore community-driven opportunities to promote better health. The CHNA Steering Committee, UVMMC Community Health Improvement project team and the Center for Rural Studies guided the overall process, helping shape the scope, questions, and engagement strategy.

Work Groups made up of community members and partner organizations played a critical role. They helped define data collection frameworks that emphasized equity and the social drivers of health, ensured cultural responsiveness in our methods, and supported broad, inclusive participation.

This section outlines the methods, considerations, and limitations of each data collection effort, and describes how the findings informed the selection of our 2025 Community Health Priorities.

GUIDING PRINCIPLES FOR INCLUSIVE ENGAGEMENT

Our data gathering approach was shaped by several core principles:

- **Accessibility:** Information was shared and collected in the languages our community members speak at home and in their communities.
- **Compensation for Expertise:** Focus group participants were compensated for their time, recognizing their lived experience as valuable expertise. Four gift cards were provided via random selection for community survey participants.
- **Multiple Ways of Knowing:** We honored both quantitative data and personal stories, understanding that numbers without narratives miss the full picture.
- **Trust Through Transparency:** We committed to sharing findings back with participating communities, closing the loop that many assessments leave open.

DATA COLLECTION ACTIVITIES AT A GLANCE:

Community Health Indicators Report:
August 2024

70+ population-level health and wellbeing indicators

Community Survey:
October 2024

1,497 community member responses

Focus Groups:
March 2025

6 focus groups

Community Health Priorities Sessions:
May 2025

66 participants from **28** organizations and agencies

OUR MULTI-METHOD APPROACH

DATA COLLECTION SUMMARY

A rigorous mixed methods approach included the collection of quantitative data through analysis of secondary data (pre-existing data from other organizations); a community-wide survey; and qualitative data collected via focus groups with community leaders, health and human service providers, and priority populations. The collection of data using multiple methods and from a diversity of sources increases the ability to overcome limitations of any single method – enabling a deeper understanding of the story of health and wellbeing in our community. Inclusive community engagement and incorporating diverse perspectives has been a guiding principle throughout. This mixed method approach creates a more accurate picture of the overall health and wellbeing of people in Chittenden and Grand Isle Counties.

The Center for Rural Studies at the University of Vermont led the data gathering and analysis activities. CRS and the UVMMC Health Improvement Team facilitated community meetings and coordinated the Steering Committee and Work Groups.

While efforts were made to gather the most inclusive, relevant, timely, and reliable data to tell the story of health and wellbeing in the community, it is important to recognize that each method for gathering data has limitations. This section describes the methods, limitations, and gaps that were encountered as part of this process.

DATA COLLECTION METHODS AND LIMITATIONS

SECONDARY DATA

The CHNA team made an intentional effort to analyze secondary data to be most efficient and to reduce the burden experienced by structurally marginalized populations in re-telling their stories and experiences.

In 2024 the Vermont Department of Health conducted a Statewide Health Needs Assessment which included data collection through a series of 45 focus groups with the following specified populations.

- Older Vermonters
- Vermonters with a disability
- LGBTQ+ Vermonters
- Vermonters of Color
- Unhoused Vermonters
- Indigenous Peoples
- And Others

The aggregated top health needs identified through these focus groups included the following:

- Housing 23%
- Mental Health/Substance Use 22%
- Cost of Living 22%
- Issues Accessing Health Care 16%
- Discrimination 8%
- Specific health conditions 5%
- Climate Change 3%

These results generally align with and serve as a point of data triangulation for the work conducted in the 2025 UVMMC CHNA.

KEY COMMUNITY HEALTH INDICATORS

The 2025 CHNA analyzed over 70 population-level health indicators, tracking trends from 2009 to 2023 to gain a clear understanding of how our community's health has evolved over time. A key part of our strategy was to build on the foundation of the previous CHNA by examining many of the same indicators used in the 2022 report. The Secondary Data Work Group and Steering Committee selected indicators based on:

- Availability and accessibility of current data
- Ability to analyze changes over time
- Relevance to local community priorities
- Capability to disaggregate data by race, ethnicity, gender identity, income, and other key demographic factors

This allowed us to identify emerging trends, assess progress and provide meaningful updates to the community and stakeholders.

The Community Health Indicators represent health outcomes and factors across broad domains of community health and wellbeing.

The indicators provide important context for trends in Chittenden County, Grand Isle County and the State of Vermont. Further, they offer a frame of reference for the community health priorities discussed in the following section.

> "Data without stories is just numbers. Stories without data lack power. Together, they drive change."
>
> **-STEERING COMMITTEE MEMBER**

Note:

- Trends reflect the change from the earliest reporting period shown to the most recent reporting period for each indicator. For example, if data is provided for 2018, 2021, and 2022, the trend compares 2018 to 2022. This approach captures the overall direction of change over the full time span available, though some indicators may have fluctuated during intervening years.
- Some measures below can be broken out by demographics to show health disparities. Disparity data has been integrated into the Community Health Priority sections of the report to highlight how some populations in Chittenden and Grand Isle County or the State of Vermont are facing more barriers to health than others within the priority areas.

Positive, Increasing	Positive, Decreasing	Positive, No Change	Negative, Increasing	Negative, Decreasing	Neutral, Increasing	Neutral, Decreasing	Neutral, No Change

DOMAIN: NEIGHBORHOOD AND BUILT ENVIRONMENT				
Air Quality Daily Average Fine Particulate Matter- Micrograms (CDC)	**2008**	**2014**	**2019**	**Trend**
Chittenden	9.7	6.5	6.6	↓
Grand Isle	9.7	6.5	6.5	↓
Vermont	9.6	6.5	5.9	↓
Water Quality Presence of Drinking Water Violation (SDWIS)	**2017**	**2021**	**2022**	**Trend**
Chittenden	No	No	No	●
Grand Isle	No	No	No	●
Vermont	Yes	Yes	Yes	●
Food Access Percent of the population who are low-income and do not live close to a grocery store (USDA)	**2012**	**2015**	**2019**	**Trend**
Chittenden	4%	3%	2%	↓
Grand Isle	1%	0%	0%	↓
Vermont	3%	3%	3%	●
Food Insecurity Percent of the population lacking adequate access to food (MMG)	**2017**	**2019**	**2021**	**Trend**
Chittenden	12%	10%	8%	↓
Grand Isle	10%	8%	6%	↓
Vermont	12%	11%	9%	↓

DOMAIN: SOCIAL AND COMMUNITY CONTEXT				
Youth Bullied - High School Percent of High School students who were bullied, past 30 days (YRBS)	**2015**	**2019**	**2023**	**Trend**
Chittenden	13%	13%	14%	↑
Grand Isle	21%	22%	32%	↑
Vermont	18%	17%	21%	↑
Youth Bullied - Middle School Percent of Middle School students who were bullied, past 30 days (YRBS)	**2015**	**2019**	**2023**	**Trend**
Chittenden	18%	18%	21%	↑
Grand Isle	26%	34%	29%	↑
Vermont	24%	24%	27%	↑
Seniors Living Alone Percent of all 65+ Households- householder living alone (ACS)		**2009-2013**	**2019-2023**	**Trend**
Chittenden		48.0%	46.1%	↓
Grand Isle		**	**	N/A
Vermont		45.8%	46.2%	↑
** Data Unavailable				
Households with Children Percent of households with one or more under 18 years of age (ACS)		**2009-2013**	**2019-2023**	**Trend**
Chittenden		27.9%	24.4%	↓
Grand Isle		29.7%	23.1%	↓
Vermont		27.9%	23.7%	↓
Single Parent Households Single Parent Households as Percent of all Households (ACS)		**2009-2013**	**2019-2023**	**Trend**
Chittenden		7.2%	4.5%	↓
Grand Isle		8.0%	3.1%	↓
Vermont		8.3%	4.7%	↓

DOMAIN: SOCIAL AND COMMUNITY CONTEXT				
Teen Pregnancy Rate Teen Pregnancy Rate per 1,000, Ages 15-19 (VDH)	**2019**	**2020**	**2022**	**Trend**
Chittenden	6.8	6.4	7.2	↑
Grand Isle	27.5	11.0	12.6	↓
Vermont	11.5	9.7	9.6	↓
Limited English-Speaking Households Population 5+ years of age that speak English less than "very well" (ACS)		**2009-2013**	**2019-2023**	**Trend**
Chittenden		3.1%	2.8%	↓
Grand Isle		0.5%	0.8%	↑
Vermont		1.5%	1.2%	↓
Household Vehicle Available Percent of workers 16+ years of age, no vehicle available (ACS)		**2009-2013**	**2019-2023**	**Trend**
Chittenden		2.7%	2.9%	↑
Grand Isle		1.3%	1.9%	↑
Vermont		2.2%	2.2%	●

DOMAIN: HEALTH OUTCOMES				
Adult Obesity Adults percentage obese (BRFSS)	**2018**	**2021**	**2022**	**Trend**
Chittenden	24%	23%	25%	↑
Grand Isle	49%	25%	25%	↓
Vermont	29%	30%	27%	↓
Adult Hypertension Adults percentage with hypertension- high blood pressure (BRFSS)	**2018**	**2021**	**2022**	**Trend**
Chittenden	22%	22%	25%	↑
Grand Isle	36%	21%	30%	↓
Vermont	25%	25%	32%	↑

DOMAIN: HEALTH OUTCOMES				
Adult Arthritis Adults percentage with arthritis (BRFSS)	**2018**	**2021**	**2022**	**Trend**
Chittenden	21%	20%	22%	↑
Grand Isle	42%	27%	29%	↓
Vermont	28%	29%	29%	↑
Adult Diabetes Adults percentage diagnosed with diabetes (BRFSS)	**2018**	**2021**	**2022**	**Trend**
Chittenden	7%	6%	7%	●
Grand Isle	9%	9%	6%	↓
Vermont	9%	9%	8%	↓
Adult Asthma Adults percentage with asthma (BRFSS)	**2018**	**2021**	**2022**	**Trend**
Chittenden	12%	12%	13%	↑
Grand Isle	16%	10%	8%	↓
Vermont	12%	12%	13%	↑
Adult Smoking Adults percentage who currently smoke cigarettes (BRFSS)	**2018**	**2021**	**2022**	**Trend**
Chittenden	12%	10%	9%	↓
Grand Isle	13%	23%	18%	↑
Vermont	15%	16%	13%	↓
Adult COPD Adults percentage with COPD (BRFSS)	**2018**	**2021**	**2022**	**Trend**
Chittenden	4%	5%	6%	↑
Grand Isle	4%	**	**	N/A
Vermont	6%	7%	7%	↑

DOMAIN: HEALTH OUTCOMES				
Chlamydia Rate New diagnosed chlamydia cases rate per 100,000 people (NC)	**2011**	**2016**	**2021**	**Trend**
Chittenden	346.0	359.4	175.3	↓
Grand Isle	260.0	72.9	175.2	↓
Vermont	237.0	269.9	141.0	↓
Adult Poor or Fair Health Adults percentage reporting fair or poor health (BRFSS)	**2005-2011**	**2018**	**2021**	**Trend**
Chittenden	8%	11%	10%	↑
Grand Isle	9%	13%	10%	↑
Vermont	11%	13%	11%	●
Adult Poor Physical Health Days Adults average number of physically unhealthy days reported in past 30 days (BRFSS)	**2005-2011**	**2018**	**2021**	**Trend**
Chittenden	2.8	3.7	2.8	●
Grand Isle	2.8	3.7	2.9	↑
Vermont	3.2	3.7	3.1	↓
Adult Poor Mental Health Days Adults average number of mentally unhealthy days reported in past 30 days (BRFSS)	**2005-2011**	**2018**	**2021**	**Trend**
Chittenden	2.8	4.0	5.2	↑
Grand Isle	2.8	4.1	4.9	↑
Vermont	3.3	4.2	5.5	↑
Adult Depressive Disorder Adults percentage with depressive disorder (BRFSS)	**2018**	**2021**	**2022**	**Trend**
Chittenden	23%	26%	27%	↑
Grand Isle	26%	19%	20%	↓
Vermont	21%	25%	25%	↑

DOMAIN: HEALTH OUTCOMES				
Suicide Rate Suicide death rate per 100,000 People (VDH)	**2019**	**2022**	**2023**	**Trend**
Chittenden	12.2	12.4	11.8	↓
Grand Isle	19.4	13.5	13.4	↓
Vermont	18.3	19.8	19.3	↑
Adult Alcohol Consumption Adults percentage who report drinking heavily in the past month (BRFSS)	**2018**	**2021**	**2022**	**Trend**
Chittenden	6%	10%	9%	↑
Grand Isle	9%	11%	9%	●
Vermont	8%	9%	10%	↑
Opioid Deaths Opioid deaths per 100,000 (VDH)	**2013**	**2019**	**2023**	**Trend**
Chittenden	10.7	10.3	30.7	↑
Grand Isle	0.0	0.0	26.7	↑
Vermont	11.0	18.4	35.7	↑
Youth Marijuana Use High School students percent who used marijuana, past 30 days (YRBS)	**2013**	**2019**	**2023**	**Trend**
Chittenden	24%	26%	22%	↓
Grand Isle	20%	16%	27%	↑
Vermont*	24%	27%	22%	↓

DOMAIN: HEALTH CARE UTILIZATION				
Older Adult Flu Vaccines Adults percent 65+ who had a flu vaccine (BRFSS)	**2018**	**2021**	**2022**	**Trend**
Chittenden	63%	81%	80%	↑
Grand Isle	62%	76%	79%	↑
Vermont	54%	73%	75%	↑

DOMAIN: HEALTH CARE UTILIZATION				
Adult Colorectal Screening Adults percent ages 50-75 receiving any type of colorectal screening (BRFSS)	**2018**	**2020**	**2022**	**Trend**
Chittenden	75%	**	**	N/A
Grand Isle	71%	**	**	N/A
Vermont	71%	77%	70%	↓
Adult Cholesterol Screening Adults percent with cholesterol screening, past 5 years (BRFSS)	**2011**	**2019**	**2021**	**Trend**
Chittenden	**	83%	83%	●
Grand Isle	**	90%	88%	↓
Vermont	75%	80%	81%	↑
Adult Breast Cancer Screening Women ages 50-74 percent who met Breast Cancer screening recommendations (BRFSS)	**2016**	**2018, 2020**	**2022**	**Trend**
Chittenden	**	77%	74%	↓
Grand Isle	**	64%	72%	↑
Vermont	79%	74%	76%	↓
Adult Cervical Cancer Screening Women ages 21-65 percent meeting cervical cancer screening recommendations (BRFSS)		**2018**	**2019-2020**	**Trend**
Chittenden		**	84%	N/A
Grand Isle		**	95%	N/A
Vermont		78%	83%	↑
Youth Immunization - 7 Series by Age 2 Percent childhood seven series coverage by age 2 (VDH)	**2020**	**2022**	**2023**	**Trend**
Chittenden	79.4%	79.0%	76.9%	↓
Grand Isle	78.5%	77.0%	70.3%	↓
Vermont	75.6%	75.5%	75.8%	●

DOMAIN: HEALTH CARE UTILIZATION				
Youth HPV Vaccination Percent receiving HPV 1+ dose by age 15 (VDH)	**2020**	**2022**	**2023**	**Trend**
Chittenden	70.3%	69.8%	66.1%	↓
Grand Isle	72.0%	71.4%	74.3%	↑
Vermont	66.4%	66.7%	65.7%	↓
Youth Tdap Vaccination Percent receiving Tdap by age 15 (VDH)	**2020**	**2022**	**2023**	**Trend**
Chittenden	80.4%	78.3%	73.2%	↓
Grand Isle	76.3%	85.7%	78.4%	↑
Vermont	79.9%	78.5%	76.9%	↓
Youth Meningococcal Vaccination Percent receiving Meningococcal vaccine by age 15 (VDH)	**2020**	**2022**	**2023**	**Trend**
Chittenden	75.0%	74.4%	70.4%	↓
Grand Isle	75.3%	80.6%	77.0%	↑
Vermont	75%	74.5%	72.7%	↓
Youth Lead Screening and Poisoning Percent of children (1-2 years of age) tested for lead levels (VDH)	**2018**	**2020**	**2023**	**Trend**
Chittenden	78.0%	80.7%	91.4%	↑
Grand Isle	58.7%	64.2%	75.0%	↑
Vermont	75.4%	71.3%	84.5%	↑
Youth Lead Screening and Poisoning Percent of children (1-2 years of age) with elevated lead levels (VDH)	**2018**	**2020**	**2023**	**Trend**
Chittenden	3.9%	4.0%	4.6%	↑
Grand Isle	**	**	**	N/A
Vermont	8.0%	7.9%	9.6%	↑

DOMAIN: HEALTH CARE UTILIZATION				
Prenatal Care Percent of mothers who began prenatal care in the first trimester (VDH)	**2016**	**2019**	**2022**	**Trend**
Chittenden	85.1%	88.7%	90.4%	↑
Grand Isle	85.1%	92.9%	93.3%	↑
Vermont	86.9%	89.0%	87.3%	●
Youth Developmental Screening Percent of Children who have a developmental screening in first 3-years (VDH)	**2013**	**2019**	**2021**	**Trend**
Chittenden	**	**	**	N/A
Grand Isle	**	**	**	N/A
Vermont	47%	61%	59%	↑

DOMAIN: HEALTH CARE ACCESS				
Primary Care Provider Density People per primary care physician (CHR)	**2012**	**2020**	**2021**	**Trend**
Chittenden	603	533	572	↑
Grand Isle	6,983	1,434	1,484	↑
Vermont	922	855	899	↑
Dentist Provider Density People per dentist (CHR)	**2013**	**2021**	**2022**	**Trend**
Chittenden	1,148	1,030	1,032	↑
Grand Isle	6,987	7,421	7,489	↓
Vermont	1,567	1,382	1,377	↑
Mental Health Provider Density People per mental health provider (CHR)	**2014**	**2022**	**2023**	**Trend**
Chittenden	210	141	132	↑
Grand Isle	**	2,474	1,498	↑
Vermont	286	193	184	↑

** data unavailable

DOMAIN: HEALTH CARE ACCESS				
Uninsured Rate - Total Population % Uninsured (ACS)		**2009-2013**	**2019-2023**	**Trend**
Chittenden		5.8%	3.3%	↓
Grand Isle		6.1%	3.9%	↓
Vermont		7.3%	3.9%	↓
Adult Routine Doctor's Visit Adults percent who had a routine doctor's visit in past year (BRFSS)	**2018**	**2021**	**2022**	**Trend**
Chittenden	72%	68%	71%	↓
Grand Isle	75%	82%	80%	↑
Vermont	76%	72%	75%	↓
Adults Cannot Obtain or Delay Care Percent of Adults who cannot obtain care or delay care (BRFSS)	**2012-2013**	**2017-2018**	**2019-2020**	**Trend**
Chittenden	7%	7%	6%	↓
Grand Isle	9%	13%	**	N/A
Vermont	9%	8%	8%	↓
DOMAIN: EDUCATION				
Educational Attainment Percent High School Graduate or Higher (ACS)		**2011-2015**	**2019-2023**	**Trend**
Chittenden		93.8%	95.5%	↑
Grand Isle		93.9%	96.7%	↑
Vermont		91.8%	94.5%	↑
Third Grade Reading Level Percent of students scoring proficient in third grade SBAC Assessment (VAoE)	**2018**	**2019**	**2022**	**Trend**
Vermont	50.0%	49.5%	41.2%	↓
Kindergarten Readiness Percent of students identified as kindergarten ready (VAoE)	**2022**	**2023**	**2024**	**Trend**
Vermont	86%	86%	85%	↓

DOMAIN: EDUCATION							
High School Graduation Rate Percent of students identified as kindergarten ready (VAoE)	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**	**Trend**
Vermont	85%	85%	83%	83%	83%	82%	↓

DOMAIN: FINANCIAL STABILITY			
Unemployment Rate Unemployment Rate for those 16+ years of age in the Civilian Labor Force (ACS)	**2009-2013**	**2019-2023**	**Trend**
Chittenden	6.1%	3.7%	↓
Grand Isle	7.7%	3.7%	↓
Vermont	6.8%	3.7%	↓
Housing Affordability Percent of Owners (with a mortgage) paying 35% or more of monthly income on housing (ACS)	**2009-2013**	**2019-2023**	**Trend**
Chittenden	24.6%	17.0%	↓
Grand Isle	33.4%	27.1%	↓
Vermont	27.3%	21.2%	↓
Housing Affordability Percent of Renters paying 35% or more of monthly income on housing (ACS)	**2009-2013**	**2019-2023**	**Trend**
Chittenden	44.8%	43.5%	↓
Grand Isle	43.3%	41.2%	↓
Vermont	41.5%	40.5%	↓
Poverty Rate Percent of the Population below the Federal Poverty Level (ACS)	**2009-2013**	**2019-2023**	**Trend**
Chittenden	11.2%	10.4%	↓
Grand Isle	6.9%	7.6%	↑
Vermont	11.8%	10.3%	↓
SNAP/Food Stamps Recipients Percent Receiving Supplemental Nutrition Assistance Program Benefit (ACS)	**2009-2013**	**2019-2023**	**Trend**
Chittenden	10.9%	7.6%	↓
Grand Isle	13.0%	10.4%	↓
Vermont	13.7%	10.5%	↓

SOURCE: Community Health Indicators Report

SECONDARY DATA LIMITATIONS

Limitations of the Key Community Health Indicators include:

- Changes over time may not be statistically significant. The "Trend" column in the Key Health and Wellbeing Indicator Table only shows if measures are generally moving in a positive or negative direction.
- The years of available data vary considerably due to the various sources and data availability.
- Most indicator data are derived from samples which may not be fully representative of the population.
- The margin of error for data can be found at the original source.
- Data sampled from smaller populations are often subject to larger relative shifts over time than data from larger populations.
- Data sampled from smaller populations are more likely to be suppressed and not available to the public (n/a). Therefore, some data is only available at the State level.
- Self-reported secondary data indicators are subjective and can be less accurate.
- Focusing on trends over time does mitigate some data inaccuracy.
- The 2021 Vermont Youth Risk Behavior Survey was conducted during COVID. Some methods were different than past years. Caution should be used when interpreting and comparing the 2021 results to other years.
- The 2018 colorectal screening rate is for adults ages 50-75. 2022 was the first-year data were collected for this measure among adults ages 45-75. Change between years cannot be directly compared.
- In 2023, Vermont schools started using a new test to screen third grade students who are proficient in reading at their grade level - the Vermont Comprehensive Assessment Program (VTCAP). The previous reporting period data is from the old version of the assessment- Smarter Balanced Assessments. Change between years cannot be directly compared.

Key findings and health disparity data have been integrated throughout the Community Health Priorities sections of this report.

COMMUNITY SURVEY

The Community Survey aimed to examine social and environmental conditions that contribute to people's health and wellbeing.

Our community survey reached 1,497 residents across our health service area. Intentional effort was made to ensure linguistic and cultural accessibility.

SURVEY DEVELOPMENT AND DISTRIBUTION

The 2025 community survey was offered in 12 languages to ensure broad accessibility and inclusion. Individual interpretation support provided by U.S. Committee for Refugees and Immigrants-Vermont was available for each language to help community members participate fully and comfortably.

Distribution Methods:

- Online via Qualtrics platform
- Paper surveys at community locations
- QR codes in trusted and accessible gathering places, from libraries to food shelves
- WhatsApp distribution through trusted community leaders for immigrant and refugee populations
- Phone-based interpretation support provided by U.S. Committee for Refugees and Immigrants-Vermont

OUTREACH AND ENGAGEMENT

Community partners helped to promote the survey through use of a communications toolkit. The communications toolkit included a sample email, social media posts, a FPF post, a poster, and a rack card. With the assistance of the UVMMC Language Access Services Team and consultants, the survey was offered in the following languages: Arabic, Bosnian, Chinese, English, French, Kirundi, Maay Maay, Nepali, Somali, Spanish, Swahili, Vietnamese.

Outreach materials were available in 10 languages. The Steering Committee shared information out through their list-servs, and the Community Outreach and Engagement Workgroup reached out to additional community partners such as municipalities, healthcare clinics, schools, libraries, afterschool programs, recreation departments, dental offices and other community service organizations in the region. In addition to spreading awareness through community partners, there was also paid promotion.

Promotion efforts included:

- County-wide Front Porch Forum posts provided by the Chittenden County Regional Planning Commission
- Social media campaigns
- Four $50 Amazon gift cards raffled to boost participation

Survey Limitations

- Convenience sampling methodology limits generalizability to full population.
- Despite 12 languages, some language communities were not included due to resource limitations.
- Online format may have excluded those without internet access, though paper options partially addressed this.
- Higher response rates observed among certain demographics (college-educated, homeowners, insured populations).
- Grand Isle County had a lower survey response rate compared to Chittenden County, representing 4.2% of the combined population. Its response rate was 2.3%. This discrepancy is not uncommon, as smaller populations often present greater challenges in achieving proportional survey participation.

Key findings from the community survey are incorporated throughout the Community Health Priorities sections.

FOCUS GROUPS

As part of the 2025 CHNA, we conducted six focus groups in March 2025 to better understand the lived experiences of people who are often left out of traditional data collection. These conversations brought to life what numbers alone cannot show.

FOCUS GROUP SELECTION PROCESS

The Data Work Group began by reviewing existing focus group data from the Vermont Department of Health's Statewide Health Needs Assessment, which included insights from 45 focus groups with marginalized communities. To avoid duplicating efforts and respect community members' time, we identified gaps where additional perspectives were needed.

Selection criteria included:

- Populations underrepresented in survey data
- Groups experiencing significant health disparities based on secondary data
- Communities facing multiple, intersecting barriers to health
- Alignment with emerging health priorities

FOCUS GROUP PARTICIPANTS

Six focus groups brought together 67 community members:

1. **Youth (Essex Technical Center):**
   12 students sharing experiences of safety, belonging and hope
2. **Older Rural Adults:**
   17 residents from Richmond and surrounding towns discussing aging in place
3. **Housing Insecure Adults with Substance Use Experience:**
   14 participants at Elmwood Community Shelter sharing personal experiences and system gaps
4. **Youth Experiencing Housing Insecurity:**
   7 young people from diverse cultural backgrounds at Spectrum
5. **Special Olympics Athletes:**
   9 self-advocates discussing health care dignity and inclusion
6. **Caregivers of People with Disabilities:**
   8 parents and caregivers navigating the health care system

Total: 67 participants

FOCUS GROUP METHODOLOGY

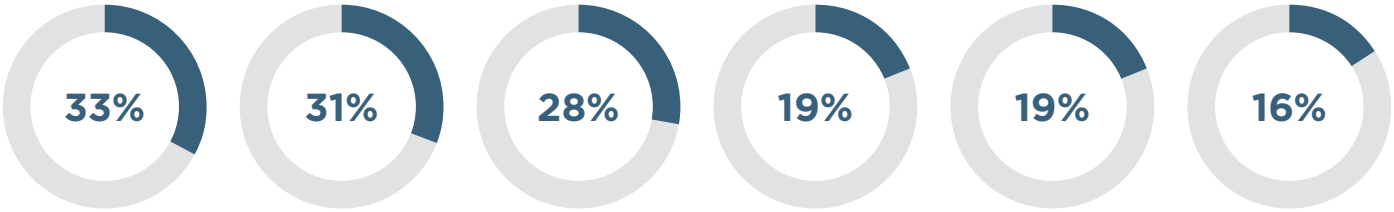
Focus groups were 1.5 hours long and participants were compensated with a $50 Amazon gift card for their time. Light snacks and refreshments were also provided during in person focus groups.

Each session followed a structured protocol with three core questions:

1. What supports your overall health and wellbeing in your community?
2. What makes it difficult to maintain or improve your health?
3. If you had a magic wand, what would you change to improve health in your community?

Responses were coded into thematic categories and analyzed for patterns within and across groups.

KEY THEMES FROM FOCUS GROUPS



mentioned challenges accessing health care services

highlighted community activities and interpersonal connections as health supports

identified cost of living as a barrier to health

mentioned transportation barriers

cited stigma and judgment in health care settings

expressed personal safety concerns

SOURCE: Focus Groups

FOCUS GROUP LIMITATIONS

- Small sample sizes limit generalizability to broader populations
- Self-selection bias among willing participants
- Virtual formats may have excluded some without technology access
- Time constraints limited depth of discussion on complex topics
- Some voices still missing (e.g., undocumented residents who may fear participation)

ANALYZING FINDINGS AND SELECTING HEALTH PRIORITIES

STEP 1: DATA ANALYSIS AND THRESHOLD CRITERIA

Data collected from each of the three methods were analyzed for emerging health priorities within the community. Findings were selected based on the "threshold descriptions" for each method as shown below. The preliminary emerging health priorities were analyzed. The goal of this process was to combine closely related findings. The result was a list of six emerging health priorities.

DATA GATHERING METHOD	THRESHOLD DESCRIPTION
Secondary Data	Key health and wellness indicators that are getting worse, key findings from pre-existing focus groups
Community Survey	Top 3 most selected actions to improve the community, per SDOH domain, OR more than 20% disagree with the statement about their community
Focus Groups	Emerging findings based on analysis within and across focus groups

STEP 2: STEERING COMMITTEE REVIEW

The Steering Committee reviewed the data collection process, data results and the resulting six emerging priorities. Steering Committee members confirmed that all the priorities were of importance to the community.

The six priorities identified were (alphabetical order):

- Addressing Cultural Humility and Inclusive Health Care
- Building Community Connectedness
- Engaging on Mental Health (including substance use)
- Improving Community Safety
- Increasing Health Care Access
- Tackling Cost of Living

STEP 3: COMMUNITY HEALTH PRIORITIES SESSIONS

Two virtual prioritization sessions in May 2025 engaged the broader community:

- Over 300 community members invited
- 66 participants attended
- 28 organizations and agencies represented

Sectors represented included:

- Health Care providers and hospitals
- Social service organizations
- Educational institutions
- Government agencies
- Faith communities
- Business sector
- Community advocacy groups

Each prioritization session consisted of a presentation of triangulated data consisting of all data methods followed by break out rooms for participants to discuss the results. Following that, each participant was asked to rate the 6 health priorities based on specific criteria.

PRIORITIZATION CRITERIA

PRIORITIZATION CRITERIA	
IMPACT	We can make a difference. Investing in this area has the potential for powerful, measurable improvements for health and wellbeing in our community.
COMMUNITY READINESS	Working together can help make the greatest impact. We have the capacity as a community to address this need. Some resources and networks may already exist, and assets could be built upon to address this priority.
EQUITY	Equity exists when all people have a fair chance to be healthy. Many systems in our society make it harder for those of a certain race, gender, ethnicity, social position, sexual orientation, and disability status, to attain their highest level of health.

FINAL PRIORITY SELECTION

Following analysis by the Center for Rural Studies, three priorities emerged with the highest combined ratings:

1.
Increasing Health Care Access
Wait times, specialist availability, hours of operation, service locations

2.
Engaging on Mental Health
Youth and adult mental health including substance use disorder

3.
Building Community Connectedness
Events, activities, and spaces for interpersonal connections

Cultural Humility and Inclusive Health Care, while not selected as a standalone priority, will be intentionally integrated across all three priorities. Participants emphasized that health equity cannot be achieved without culturally responsive care, inclusive systems, and language access.[12]

The Steering Committee was given a final opportunity to reflect and provide feedback. The Steering Committee confirmed that all the priorities are important and interrelated, and their feedback validated the top three community health priorities that were chosen to focus on via the CHIP.

POPULATIONS OF FOCUS

The CHNA process is an opportunity to learn and reflect on the health and wellbeing of the community. Using a health equity lens, the data gathering and community engagement activities provided insights into the unique experiences and perspectives of populations who have been historically under or unrepresented in previous assessments. It is important to focus on the groups most burdened by inequities to ensure that the goal of health equity is advanced and disparities are addressed. Working with existing secondary data and gathering our own primary data, we have sought to provide disaggregation for these populations of focus throughout the priority findings.

- **Black, Indigenous, and People of Color**
- **People who are non-binary, genderqueer, fluid, and transgender**
- **People with Language Access Needs**
- **People with Disabilities**
- **People who are LGBTQ+**
- **Older Adults over 65 years**
- **Refugees & Newly Immigrated Individuals**
- **People experiencing poverty or lower socio-economic status**
- **Youth**

* Please note that the terminology used to describe populations of focus in this report may not always align precisely with the categories and labels used in secondary data sources or in portions of the primary data that were collected using those sources' frameworks (e.g., U.S. Census Bureau).

Community Health Priorities

Overview

The next sections present the key findings from the 2025 Community Health Needs Assessment organized by six community health priorities that emerged from the assessment process.

Each section features key qualitative and quantitative findings on the community health priority, offering valuable context and community insights.

The data show how the community health priorities support the social drivers of health (SDOH) and how interconnected the community health priorities are with each other.

Community Health Priority	Related Social Determinants of Health
Addressing Cultural Humility	
Building Community Connectedness (Top Priority)	
Engaging on Mental Health (Top Priority)	
Improving Community Safety	
Increasing Healthcare Access (Top Priority)	
Tackling Cost of Living	

SOCIAL DETERMINANTS OF HEALTH

- Education Access and Quality
- Health Care Access and Quality
- Neighborhood and Built Environment
- Social and Community Context
- Economic Stability

THE SIX COMMUNITY HEALTH PRIORITIES, IN ALPHABETICAL ORDER, ARE:

- **Addressing Cultural Humility and Inclusive Health Care**
- **Building Community Connectedness (Top Priority)**
- **Engaging on Mental Health (Top Priority)**
- **Improving Community Safety**
- **Increasing Health Care Access (Top Priority)**
- **Tackling Cost of Living**

*The three priorities that Chittenden and Grand Isle County will focus on during the new Community Health Improvement Plan (CHIP) cycle are labeled as a "Top Priority" in the title of their section. Cultural humility and inclusivity will serve as guiding principles across all identified health priorities, ensuring that the voices and experiences of historically marginalized communities are meaningfully represented in every aspect of the work.

Addressing Cultural Humility and Inclusive Health Care

INTRODUCTION

Cultural humility and inclusive health care was a top priority identified in the 2022 CHNA and remains at the forefront in 2025. Community voices throughout this process made clear: while progress has been made, longstanding disparities in how care is experienced persist for individuals whose identities, including race, gender identity, sexual orientation, and disability status has historically been marginalized and underrepresented

Participants expressed a clear desire for change, emphasizing that every person deserves to feel safe, respected, and understood in health care settings. This section explores the barriers, experiences, and solutions shared by community members and highlights the need for systems that embrace difference and prioritize equity.

We continue to use the 2022 CHNA definition of cultural humility:

"A lifelong commitment to self-evaluation and critique, to addressing the power imbalances in the physician–patient dynamic, and to developing mutually beneficial and non-paternalistic partnerships with communities on behalf of individuals and defined populations".[13]

> "The lack of patient voices and hands-on clinical staff has been missing in the decision making"
>
> **-COMMUNITY MEMBER**

KEY FINDINGS

Understanding cultural humility is essential because not all community members experience health care equally. While many community members engaged in this process reported positive experiences with health care providers, survey and secondary data show that not all community members feel equally seen or supported. Gaps in insurance coverage, language accessibility, and feeling respected by providers persist. Additionally, stigma particularly related to race, mental health, and substance use continues to shape health outcomes.[12,14] These disparities reflect long-standing structural inequities and social biases that impact how care is delivered and experienced.

WHEN ASSUMPTIONS BECOME BARRIERS TO CARE

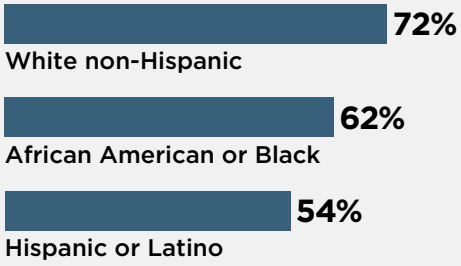
Across methods, an opportunity for increased awareness of experiences, acceptance and inclusion of people with disabilities in a medical or community settings was noted. This includes checking biases and assumptions about perceived intelligence and capabilities, addressing specific communication needs, and timeliness and accessibility of health care appointments.

Focus group participants with intellectual and developmental disabilities and their caregivers' shared examples of how assumptions made by providers diminish autonomy and respect.[12]

> "They automatically assume, well, because they have autism, for instance, that they can't comprehend what's going on"
>
> **-FOCUS GROUP PARTICIPANT**

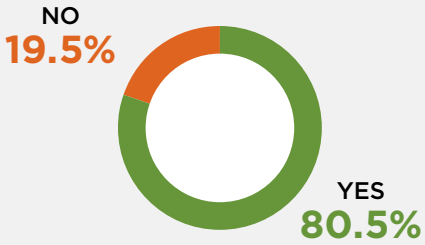
Caregivers reported that providers often make assumptions about patients' abilities based on diagnosis rather than engaging with each person as an individual. One caregiver explained: "(Be)cause he's considered nonverbal, they dumb down the conversation about him, not to him. And they also won't, a lot of times, include him in his own care plans."[12]

HEALTH CARE PROVIDERS RESPECT MY CULTURAL IDENTITY



SOURCE: Community Survey

MY LANGUAGE NEEDS ARE MET WELL



SOURCE: Community Survey

19%

identified "stigma and judgement about health care needs or during treatment" as a significant barrier to maintaining their health.

SOURCE: Focus Groups

This pattern of exclusion extends beyond disability.

Youth reported experiencing marginalization, in particular, youth of color, LGBTQ+ youth, and those with disabilities may face intersecting layers of discrimination. Factors such as poverty, trauma, mental health challenges, or family instability may place youth at heightened risk for exclusion from essential supports, services, and opportunities. Youth focus group participants articulated the need for systemic change:

> "A lot of different programs need improvement on understanding people with mental health issues and disabilities and all that. I feel like they don't fully understand how to deal with people like that or understand everything they must go through and why they do the things they do. I feel like a lot of places, programs and workers could use a refresher and some training."
>
> **-FOCUS GROUP PARTICIPANT**

Additionally, Adults living with substance use challenges described being judged, silenced, and even denied care because of stigma.[12]

Focus group participants described three patterns that made them feel excluded from care: speaking about them rather than to them, making assumptions based on identity, and being excluded from their own care planning. These issues were particularly common for people with disabilities and communication differences.

SYSTEMIC BARRIERS AND INSTITUTIONAL PRACTICES

In addition to individual provider interactions, focus group participants identified institutional barriers that prevent equitable health care access, especially for marginalized populations.

Key structural challenges included:

Documentation Requirements: Individuals experiencing homelessness reported being turned away from care due to lack of ID or birth certificates.[12]

Inflexible Systems: Youth participants cited limited weekend availability as a major obstacle. This concern was echoed in the community survey, where 35.5% of respondents chose "more appointments outside of typical business hours" as a top priority.[12,15]

Limited Provider Diversity: Both focus group participants and survey respondents stressed the need to see themselves reflected in the health care workforce, though diversity data was not captured in this CHNA cycle.[12,15]

> "I couldn't believe the way I was straight up called a liar that's called (a) junkie. The things that we are called and expect to just wipe our chin and take it you know, walk away, and then if we say anything, we're banned."
>
> **-FOCUS GROUP PARTICIPANT**

THREE PROBLEMATIC COMMUNICATION PATTERNS

- **Speaking About Rather Than To Patients**
- **Making Assumptions Based on Identity**
- **Excluding Patients from Care Planning**

SOURCE: Focus Groups

THE INTERSECTION OF IDENTITY AND HEALTH CARE EXPERIENCE

Survey data revealed differences in how respected individuals feel in health care settings based on aspects of their identity. While most respondents agreed that providers are respectful, a notable portion expressed only partial agreement suggesting opportunities to improve cultural humility and inclusive care.

COMMUNITY ASSETS AND STRENGTHS

Despite these challenges, the CHNA prioritization process revealed strong community readiness to advance inclusive health care. Community members emphasized that existing networks and resources could be leveraged to address this priority.

Since the 2022 Community Health Needs Assessment (CHNA), the Community Health Investment Committee (CHIC) has allocated over $1 million in funding to advance this priority. These investments reflect a strong commitment to equity, with funding directed as follows:

- 32.6% of funds allocated to Cultural Humility and Inclusive Health Care
- 49.7% of funds supporting Black, Native American, and People of Color
- 14.7% supporting people who are LGBTQ+
- 9.7% supporting people with disabilities

While challenges remain, the initiatives outlined above reflect meaningful strides toward greater equity. Efforts to advance cultural humility and inclusive health care are actively progressing. Since the 2022 CHNA, community leaders, health care providers, and organizations have come together to align funding, deliver targeted trainings, and foster deeper conversations around equity in care.

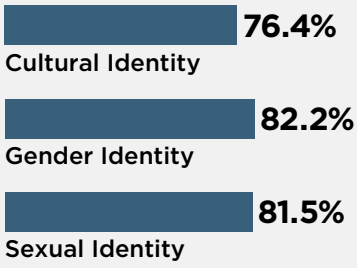
For example, the following initiatives, materials and trainings have been developed and implemented:

- Cultural Resource Guides have been developed for deaf, blind and hard of hearing individuals; Black Americans; People of Muslim Faith; people living with substance use challenges; and people who are gender-diverse
  - Guides are intended to be quick references that support providers to better understand the identities of different patients and how those identities may impact their experience of health care. The guides are also available for use by all community partners.
- Reflection Friday sessions: Community reflection events have been held on cultural considerations. The goal of these events was to provide shared health equity-related learning and reflection opportunities for people doing this work across our community.

35.5%

of respondents chose "more appointments outside of typical business hours" as a top priority.

PERCENTAGE WHO STRONGLY AGREE PROVIDERS RESPECT THEIR IDENTITY



This means nearly 1 in 4 respondents did not feel that providers respect their cultural identity, and nearly 1 in 6 felt their gender or sexual identities were not respected by their providers.

SOURCE: Community Survey

- Immigrant Health Initiative: Mohamed Jafar was hired as the first Project Coordinator for the Immigrant Health Initiative (formerly known as the NAIMH Initiative). The Immigrant Health Initiative demonstrated cultural humility through an inclusive hiring process that removed education requirements as a barrier for applicants with diverse lived experiences. By centering immigrant community input and applying health equity and literacy principles, the initiative ensures that UVMMC's efforts are shaped by those most impacted
- Health Literacy Environmental Assessment: Identified barriers and improvements at UVMMC.
- Hair Care Equity Project: Providing appropriate hair care products to all patients with diverse hair types and appropriate staff training.
- Efforts such as the Postmortem Community Education initiative and the Policy Review Project further reflect a commitment to cultural humility by addressing sensitive health topics with transparency and respect for diverse community perspectives. These projects aim to build trust, improve understanding of medical processes, and ensure that institutional policies are inclusive and responsive to the needs of all populations.

COMMUNITY IDENTIFIED ACTIONS

Focus group participants emphasized that achieving inclusive care requires more than individual changes. It demands a systemic shift that centers dignity, lived experience, and flexibility.

Community members identified four core priorities for moving forward:

PROVIDER EDUCATION	POLICY AND SYSTEM REFORM	REPRESENTATION	COMMUNITY-CENTERED CARE
• Training on working with people with disabilities • Stigma-reduction education for substance use • Skills for inclusive, respectful communication	• Remove documentation/ID barriers • Expand service hours and flexible models of care	• Increase workforce diversity across race, ethnicity, language, and lived experience	• Deliver services in trusted and accessible spaces

Community members recognize this momentum rating the region's capacity to address these needs as strong, with existing networks and resources already in place.

At the same time, focus groups and survey data underscore the need for continued transformation. Structural barriers like documentation requirements, inflexible systems, and lack of provider diversity continue to impact how people access and experience care.

Moving forward, the path is clear: build on the foundation already laid. This includes consistently listening to those most impacted and creating feedback loops that center lived experience.

Progress will be reflected in real outcomes which will be reflected in reduced disparities, improved patient experiences, and stronger trust between communities and care systems. Together, we have both the opportunity and the readiness to make inclusive health care a reality.

TOP PRIORITY

Building Community Connectedness

INTRODUCTION

Community connectedness emerged as a deeply rooted theme throughout the 2025 CHNA process, revealing how relationships, belonging, and shared spaces shape health and opportunity. Across focus groups, surveys, and prioritization sessions, community members described social isolation as both a personal hardship and a systemic barrier particularly for older adults, people with disabilities, and those facing housing instability.

This priority achieved notable consensus across community groups. Efforts to foster connection draw on existing social infrastructure that touches every resident's daily life. Notably, community members rated capacity higher than potential impact, suggesting that the building blocks for success are already in place, awaiting activation and coordination.[16]

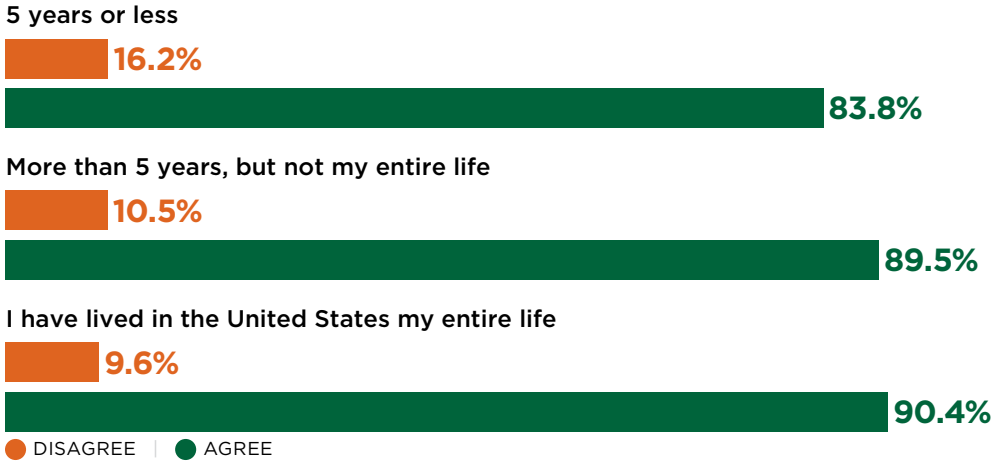
> "Our community told us that it believes we have both the capacity and the tools to increase everyone's feelings of belonging. Addressing social isolation, welcoming everyone, and continuing to grow places to gather are things people can do. When we work together, we can better address other community needs."
>
> **-STEERING COMMITTEE MEMBER**

KEY FINDINGS

SENSE OF BELONGING AND SOCIAL ISOLATION

A strong sense of belonging plays a crucial role in achieving optimal individual and community health. While the majority of Community Survey respondents expressed they feel a sense of belonging, focus group narratives and data trends reveal important gaps, particularly among newer community members and older adults.

I FEEL LIKE I BELONG IN MY COMMUNITY BY LENGTH OF TIME IN U.S.



SOURCE: Community Survey

The Community Survey findings demonstrate that the longer an individual has lived in the U.S., the more likely they are to agree that they feel a sense of belonging in their community.[5]

Older adults face elevated risks of social isolation, which has been linked to increased rates of depression, cognitive decline, and other adverse health outcomes.[17] In Chittenden County, 46.1% of households with someone age 65 or older consist of a person living alone, a pattern mirrored statewide (46.2%).[14] Living alone is a known risk factor for experiencing social isolation, especially when compounded by mobility limitations, bereavement, or reduced social networks.

Across focus groups, older community members described the challenges of loneliness, particularly during winter months, and emphasized the positive role that structured community activities can play in improving connection and wellbeing.

These reflections illustrate the importance of accessible, age-friendly community programming and gathering spaces. For many older adults, engaging in local events and group activities was described as not just recreational, but essential to maintaining emotional and physical health.[12]

46.1%

of adults 65+ live alone in Chittenden County

SOURCE: Community Survey

"I was alone that winter a lot, and it was a lonely time. But the next summer, I got involved with croquet (at the Senior Center)... I mean, it's just enriched my life in so many ways."

-FOCUS GROUP PARTICIPANT

TRUST AND SAFETY IN RELATIONSHIPS

Trust and safety are foundational to a connected and thriving community. The 2025 Community Survey revealed that most community members feel safe in their personal relationships and trust their neighbors. However, additional methods uncovered differences in lived experience.

Studies show that racism, homophobia, ableism, and exclusion can erode trust not just in institutions, but in everyday relationships.[18] Individuals with trauma histories may also experience heightened sensitivity to perceived threats or breaches of trust, complicating their ability to form secure social bonds.[19] Those facing social isolation or limited access to support may have fewer chances to develop meaningful, reciprocal relationships.[20]

Focus group participants conveyed that fostering environments that affirm diverse identities and prioritize inclusive relationship-building is essential to deepening trust across all groups.[12]

Students at a tech center participating in a focus group shared how quality, trusting relationships and the freedom to make informed decisions about their future have led to a positive educational experience. Students reported that the diverse student body and tight-knit community has helped them feel included and has led to improved academic performance.

> "At this Tech School, they give you more chances and opportunity to make your own decisions, figure out your own path instead of putting you in a box."
>
> **-FOCUS GROUP PARTICIPANT**

Despite any challenges, the overall sense of safety and trust reported by most community members offers a powerful foundation upon which to build deeper, more inclusive relationships, ones that reflect the full diversity and strength of our communities.

CULTURAL AND IDENTITY-BASED ACCEPTANCE

A strong sense of community is rooted in the affirmation of diverse identities. The Community Survey responses reveal varied experiences. Acceptance was reported strongest relevant to gender identity and sexual identity, while feeling accepted for one's cultural identity and religious identity were reported lower.

"STRONGLY AGREE" PERCENTAGES FOR DIFFERENT TYPES OF ACCEPTANCE

SOURCE: Community Survey

Youth participants specifically identified "lack of open-mindedness among small communities, ignorance (social issues)" as barriers to health and wellbeing.[12] This reflects a consistent theme across data sources: when some identities are embraced more than others, it can weaken the sense of belonging for those who feel excluded.

ACCESS TO CULTURALLY RELEVANT ACTIVITIES

With over 85% of community members affirming they can attend events showcasing various backgrounds and interests, this stands out as a community strength.

LIFE STAGE CONSIDERATIONS

Survey responses revealed a shared community strength, especially for families with children, who reported the highest agreement that their community is a good place to raise children. However, agreement is noticeably lower among young adults. Older adults also show slightly less agreement than families, suggesting that while many feel supported, barriers such as transportation or isolation may persist.[15]

These generational differences highlight an important nuance: while the overall sense of community quality is strong, the lived experience of "belonging" and thriving may differ based on life stage. Tailoring strategies to support young adults and older adults more effectively could strengthen community connectedness across the lifespan.[12]

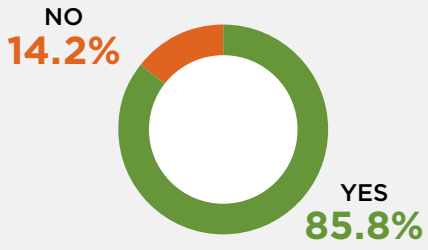
COMMUNITY SPACES AND ACTIVITIES

Throughout the CHNA process, community members spoke to the powerful role that shared spaces, and shared experiences play in fostering connection. Numerous stories conveyed that gathering places are more than just physical locations, they are environments where relationships grow, stories are shared, and belonging takes root.

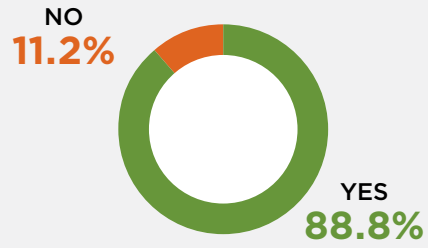
When asked what would help them feel more socially connected, community members highlighted the following themes:

- More public gathering spaces where all feel welcome
- Inclusive and accessible venues for people of all ages, backgrounds and abilities
- Diverse recreational options, from family-friendly games to adult social clubs
- Better communication about what's happening across towns
- Greater emphasis on arts, music, and cultural celebrations[12]

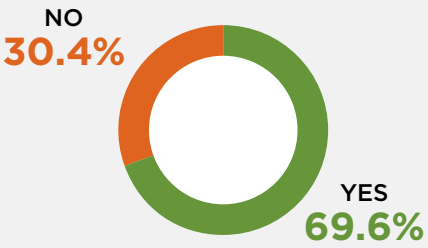
I HAVE CULTURAL EVENT ACCESSIBILITY



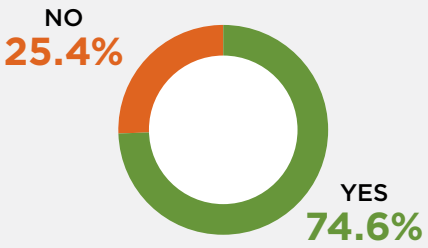
A GOOD PLACE TO RAISE CHILDREN



A GOOD PLACE TO BE A YOUNG ADULT

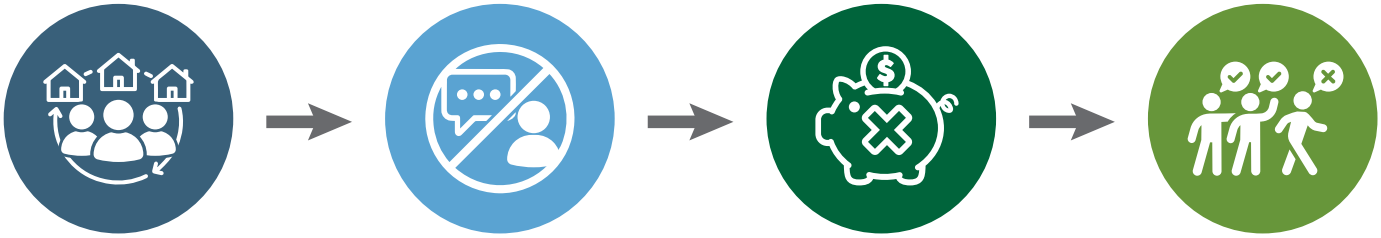


A GOOD PLACE TO GROW OLDER



SOURCE: Community Survey

BARRIERS TO CONNECTION



SOURCE: Focus Groups

Across both focus groups and survey responses, several recurring themes emerged that help explain why some community members feel less connected to their communities. Economic barriers, limited transportation, communication challenges, and small-town stigma were noted as factors that can make it harder to participate, seek help, or build relationships. These insights echo broader themes of access, inclusion, and trust underscoring the importance of addressing both structural and social determinants of connection.[12,15]

COMMUNITY ASSETS AND STRENGTHS

"We're all in small communities... we're a lot closer to the needs in our community. My neighbor's home burned up just the other day, and within 36 hours, the GoFundMe was up to $45,000."

-FOCUS GROUP PARTICIPANT

Throughout the CHNA process, community members identified numerous community assets supporting connection:

INTERPERSONAL NETWORKS

The strength of neighbor-to-neighbor connections emerged repeatedly. As one participant noted: "I think one of our resources is that we're small. Seems like an oxymoron, but in a way... everybody cares for everybody else, which is really nice."[12]

EXISTING INFRASTRUCTURE

Focus groups identified specific assets, highlighting:

- Senior Centers providing crucial social opportunities
- Schools serving as community hubs
- Local community events and festivals
- Libraries and town facilities like local Rescue/Fire Department
- Outdoor recreation opportunities
- Front Porch Forum facilitating connections[12]

COMMUNITY IDENTIFIED ACTIONS

Participants highlighted programs demonstrating "tenacity and long-term commitment" with one focus group participant stating:

> "[Name] has been doing a senior dinner once a month for (over 20) years, a lot of what works in our communities is tenacity and long-term commitment and just being there."
>
> **-FOCUS GROUP PARTICIPANT**

When asked what would improve their community, survey respondents prioritized connection-building initiatives. Among the top three choices:

- More places for community activities and recreation
- More safety options for walkers and bikers to enable community interaction.[15]

STRENGTHENING SOCIAL INFRASTRUCTURE

- Building stronger community connections
- More community groups
- More engagement in existing activities

IMPROVING COMMUNICATION

- Develop centralized event calendars
- Enhance Front Porch Forum usage
- Create welcome programs for new community members

ADDRESSING ECONOMIC BARRIERS

- Offer free or sliding-scale community events
- Provide transportation to activities
- Create neighborhood-based programs to reduce travel needs

INCLUSIVE PROGRAMMING

- Activities specifically for young adults (18-25)
- Expanded senior programming beyond traditional offerings
- Culturally diverse events reflecting all community members
- Accessible activities for people with disabilities[12]

CREATING CONNECTED COMMUNITIES

Research links strong social connection to lowered risk of depression, anxiety, and chronic disease, and increased life expectancy.[20] The U.S. Surgeon General has identified social disconnection as a growing public health crisis, emphasizing the need to build environments that foster trust, participation, and reciprocity.[21] CHNA findings highlight opportunities to build on our community's strengths to ensure a sense of belonging, connection, and support across diverse identities and the life span. By centering lived experiences and advancing inclusive strategies, we can foster a community where people of all ages thrive.

COMMUNITY RECOMMENDATIONS

SOURCE: Community Survey

TOP PRIORITY

Engaging on Mental Health

INTRODUCTION

Strong mental health promotion and substance use prevention efforts are critical for a healthy community. By addressing environmental and social factors that put people at a higher risk for mental health and substance use challenges, communities increase resilience and promote health. Findings demonstrated substantial overlap between mental health and substance use challenges in our community, thus these topics are examined together.

Mental Health and Substance Use emerged as one of the highest community priorities, with community members expressing strong confidence in the community's collective ability to make meaningful improvements. Community members consistently identified pathways forward rooted in connection and support from expanding service hours and improving geographic access to strengthening community spaces and reducing stigma. Youth participants made explicit connections between gaps in mental health services and substance use challenges, while also highlighting the protective factors that help them thrive, such as supportive relationships and inclusive environments.[12] This recognition of both challenges and existing strengths positions Chittenden and Grand Isle Counties to build on the progress made since Mental Health and Wellbeing was identified as a top priority in the 2022 CHNA.

This section highlights key themes that emerged around mental health and substance use throughout the 2025 CHNA process.

KEY FINDINGS

For the Chittenden and Grand Isle County region, there are many key Community Health indicators that show the need for continued work in this area:

- Adults experiencing mentally unhealthy days in the past 30 days nearly doubled from 2.8 days in 2005-2011 to 5.2 days in 2021 in Chittenden County and 4.9 days in Grand Isle County. [14]
- More than 1 in 4 adults in Chittenden County had a depressive disorder in 2022, up from 1 in 5 in 2018. Grand Isle County shows 1 in 5 adults in 2022.[14]
- Significant geographic disparities in mental health provider access: Grand Isle County community members face 1,498 people per mental health provider compared to 132 people per provider in Chittenden County (2023).[14]
- The decade from 2013-2023 saw opioid-related deaths in Chittenden County nearly triple from 10.3 per 100,000 to 30.7 per 100,000. Grand Isle County, which recorded no opioid deaths in 2013 and 2019, reported 26.7 per 100,000 in 2023.[14] However, according to the Vermont Department of Health, as of April 2025, opioid-related deaths are trending lower than the previous three-year average, suggesting promising improvement in this crisis.[22]
- Youth marijuana use trends diverges by county: Grand Isle County high school students' use increased from 16% (2019) to 27% (2023), while Chittenden County decreased from 26% to 22%.[14]
- 71% of Community Survey respondents agree they can access mental health services in their community; 74% of respondents agree they can access substance use treatment.[15]

MENTAL HEALTH

Adults

As the graph illustrates, mental health challenges have intensified over the past decade. This near doubling of mentally unhealthy days from 2011-2021 reflects multiple intersecting factors in our communities.

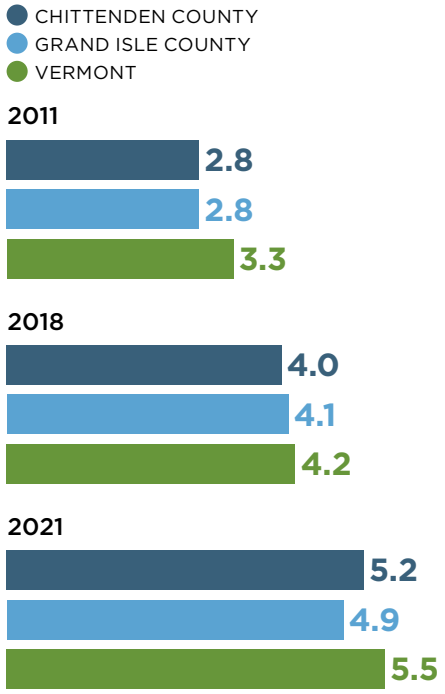
Focus group participants repeatedly identified some of the root causes: housing instability, social isolation, and lack of timely access to care. As noted in the Vermont State Health Assessment, these challenges are "driven by factors such as housing insecurity, high cost of living, lack of access to care, trauma, and living with chronic stress."[23]

Geographic disparities in provider availability may explain why both counties show similar trends despite a vastly different resource landscape. While Chittenden County has a 132:1 ratio for mental health providers, and Grand Isle County has a ratio of 1,498:1, both counties experienced comparable increases in mentally unhealthy days.[14] These data may suggest that addressing mental health requires more than clinical service accessibility alone; it requires attention to the social drivers and cost of living factors that affect daily wellbeing.[23]

In 2022, 27% of Chittenden County adults reported having a depressive disorder up from 23% in 2018. Grand Isle County showed a rate of 20% in 2022, down from 26% in 2018, though still affecting one in five adults.[14]

The need for comprehensive approaches becomes even clearer when we examine mental health challenges facing our youth.

ADULTS AVERAGE NUMBER OF MENTALLY UNHEALTHY DAYS REPORTED IN PAST 30 DAYS (BRFSS)

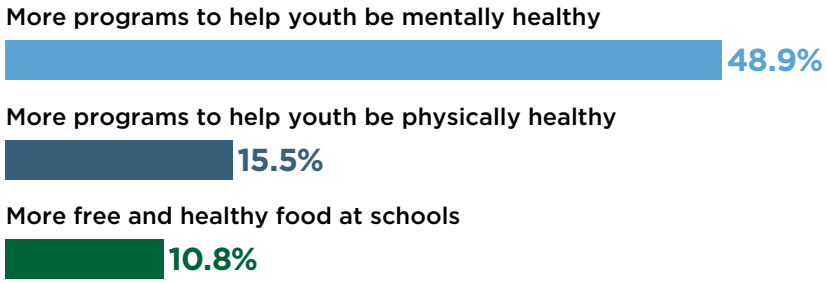


Note: Mentally unhealthy days are defined as days in the past 30 days when mental health was "not good" due to stress, depression, or problems with emotions.[14]

SOURCE: Community Health Indicators Report

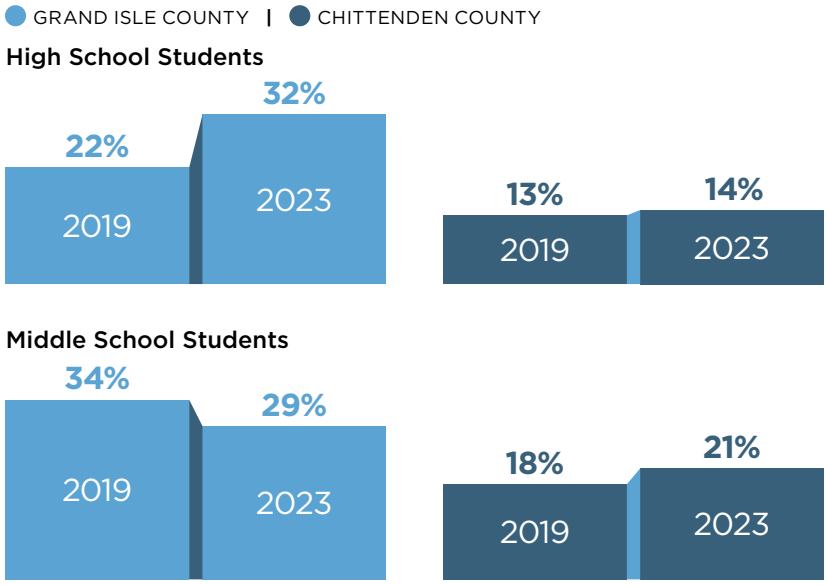
Youth

TOP COMMUNITY CHOICES FOR IMPROVING SCHOOLS



SOURCE: Community Survey

BULLYING RATES AMONG STUDENTS IN CHITTENDEN & GRAND ISLE COUNTIES (2023 VS. 2019)

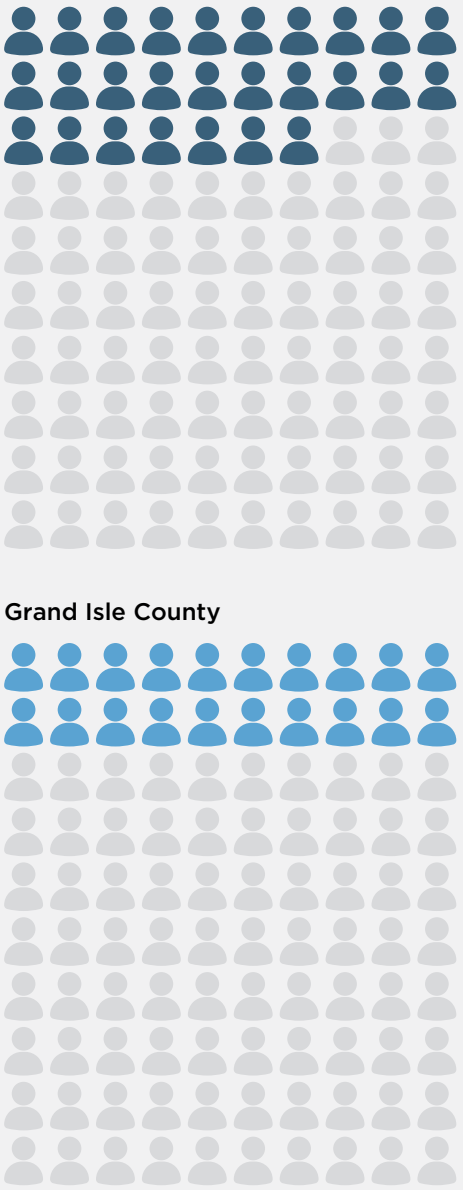


SOURCE: Community Health Indicators Report

When asked "how to improve schools", nearly half of community members chose an increase in youth mental health programs which far exceeded any other priority.[15]

This overwhelming support may be shaped by growing awareness of the complex factors that affect student well-being. For example, research consistently links bullying to youth mental health outcomes, and local data shows mixed trends across counties and grade levels. These differing patterns, some improving, some worsening, highlight how mental health challenges present differently depending on a student's age and community context. Such variability underscores why so many community members view enhanced mental health support as a top school improvement strategy.

DEPRESSION RATES



SOURCE: Community Health Indicators Report

SUBSTANCE USE

ALCOHOL USE

Alcohol use remains a public health concern in Vermont. Adult heavy drinking (defined as more than 14 drinks per week for men or more than 7 drinks per week for women) remained at 9% in both Chittenden and Grand Isle counties in 2022, compared to 10% statewide.[14] While this appears stable, the Vermont State Health Assessment notes that people often use substances "to medicate mental health conditions such as anxiety, to be more socially confident or to numb trauma."[23] The relationship between alcohol use and mental health is complex. Our community faces documented stressors including housing insecurity, high cost of living, and limited mental health service access. Understanding how these factors may influence alcohol use in our specific communities requires further investigation.

While alcohol use patterns appear stable, the opioid crisis has taken a dramatically different trajectory. It has fundamentally altered the substance use landscape in our communities.

OPIOID RELATED DEATHS AND THEIR IMPACT

OPIOID DEATHS PER 100,000 (VDH)	2013	2019	2023
Chittenden	10.7	10.3	30.7
Grand Isle	0.0	0.0	26.7
Vermont	11.0	18.4	35.7

SOURCE: Community Health Indicators Report

The data tells a story of escalation over time but encouraging recent trends. Over the past decade, opioid-related deaths transformed from rare tragedies to a leading cause of preventable death. Chittenden County saw rates nearly triple, while Grand Isle County went from recording no opioid deaths to experiencing rates approaching the state average.[14] The dramatic increase in opioid-related deaths, nearly tripling in Chittenden County, has occurred alongside documented challenges in the treatment system. The Vermont State Health Assessment notes that "treatment options are inadequate in volume or type, and insurance adds barriers," while also highlighting "complications due to the nature of the drug supply, such as the increased presence of fentanyl and xylazine."[23]

Encouragingly, recent data offers a glimmer of hope. As of April 2025, opioid-related deaths are trending below the previous three-year average (2022–2024), according to the Vermont Department of Health's Opioid Overdose Dashboard.[22] The opioid crisis demands rapid, adaptive responses to an ever-changing drug supply and evolving community needs.

"If I have someone to hold me accountable or someone to check in with, it makes me want to thrive. It gives me ambition. It gives me someone to want to make proud or feel like they're not doing their job for nothing."

-FOCUS GROUP PARTICIPANT

"Not enough access to mental health services sometimes leads to substance use"

-FOCUS GROUP PARTICIPANT

YOUTH SUBSTANCE USE PATTERNS

Youth participants in focus groups explicitly connected substance use to mental health access gaps. They identified that there are "not enough access to mental health services, which sometimes leads to substance use" as a key challenge while also expressing frustration that "State/local leaders are not doing enough to address problems, especially drug use".[12]

This concern is echoed in statewide data. The Vermont State Health Assessment notes that "there were not enough youth mental health and substance use providers to address this increased need, and many observe decreasing funding of mental health positions in schools." The crisis is particularly acute for youth of color, with 12% of high school students of color attempting suicide in the past year.[23]

Beyond mental health risk, patterns in youth substance use, particularly marijuana, highlight how these challenges play out differently across communities.

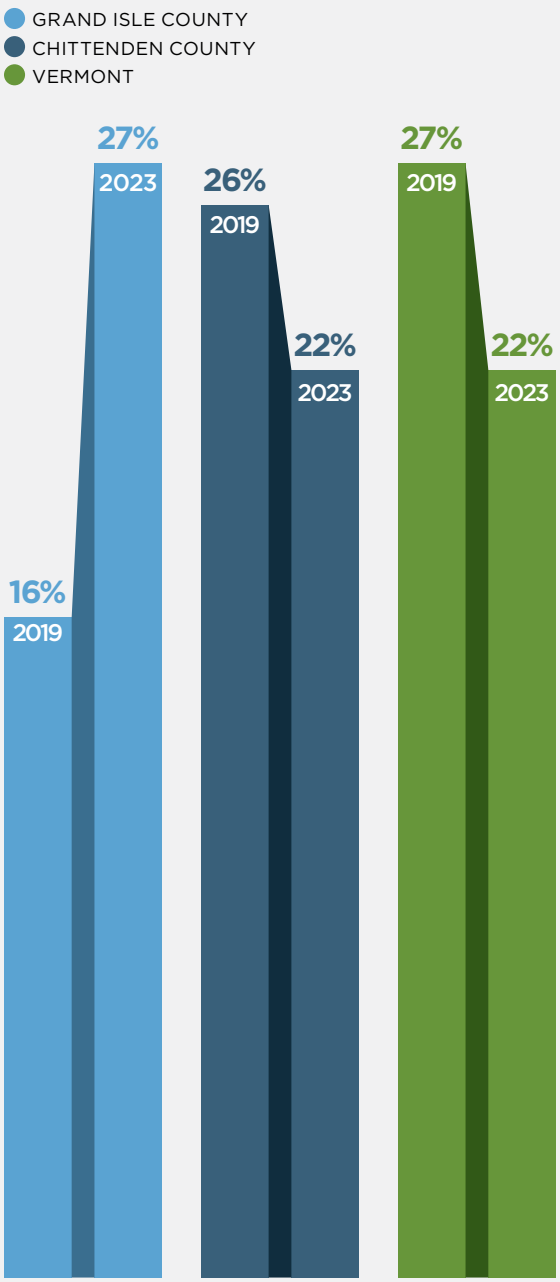
While youth marijuana use is trending downward in Vermont overall, data reveal important local variation. In Grand Isle County, use among high school students rose notably, from 16% in 2019 to 27% in 2023, surpassing the statewide average. In contrast, Chittenden County saw a modest decline, aligning with state trends.

This sharp rise in Grand Isle may reflect both limited access to youth-specific prevention and treatment programs and fewer school-based supports. As one youth focus group participant put it, *"There are consequences, but there is no help."* The quote underscores how punitive environments, without corresponding support systems, can leave youth feeling isolated and unprotected.

While improving access to treatment is essential, these patterns also call attention to the role of prevention. Strengthening community connection, expanding access to trusted adults, and restoring mental health resources in schools offer protective factors that help buffer youth from substance use. The geographic differences in marijuana use patterns reinforce that solutions must be place based and responsive to the unique needs of each community.

One consistent solution identified across communities was the need for more opportunities to connect. Whether through recreational activities, public services, or shared spaces, focus group participants pointed to community connection as a key protective factor for youth and adults alike.

YOUTH MARIJUANA USE



SOURCE: Community Health Indicators Report

BARRIERS TO ACCESS

Despite the many strengths within the community, significant barriers still prevent individuals from accessing the mental health and substance use services they need.

Stigma and Discrimination

Stigma emerged as one of the most cited barriers. Nearly one in five focus group participants named "stigma and judgment" as a factor that prevented them from maintaining their health.[12]

For youth, stigma showed up in several specific ways:

- Fear of being judged for asking for help
- Lack of open-mindedness in small communities
- Anxiety about being hospitalized if they disclosed mental health struggles[12]

Adults facing substance use challenges shared particularly powerful accounts of discrimination. One participant shared:

> "I couldn't believe the way I was straight up called a liar that's called (a) junkie. The things that we are called and expect to just wipe our chin and take it..."
>
> **-FOCUS GROUP PARTICIPANT**

19%

of focus group participants identified stigma as a barrier to health.

SOURCE: Focus Groups

Service Availability and Geographic Disparities

When asked, "In my community, I can get mental health services and substance use treatment services" the community provided the following responses as compared to the 2022 Community Survey:

YEAR	I CAN GET MENTAL HEALTH SERVICES SOMEWHAT OR STRONGLY DISAGREE	I CAN GET SUBSTANCE USE TREATMENT SERVICES SOMEWHAT OR STRONGLY DISAGREE
2022	35.3%	27%
2025	29%	23.6%

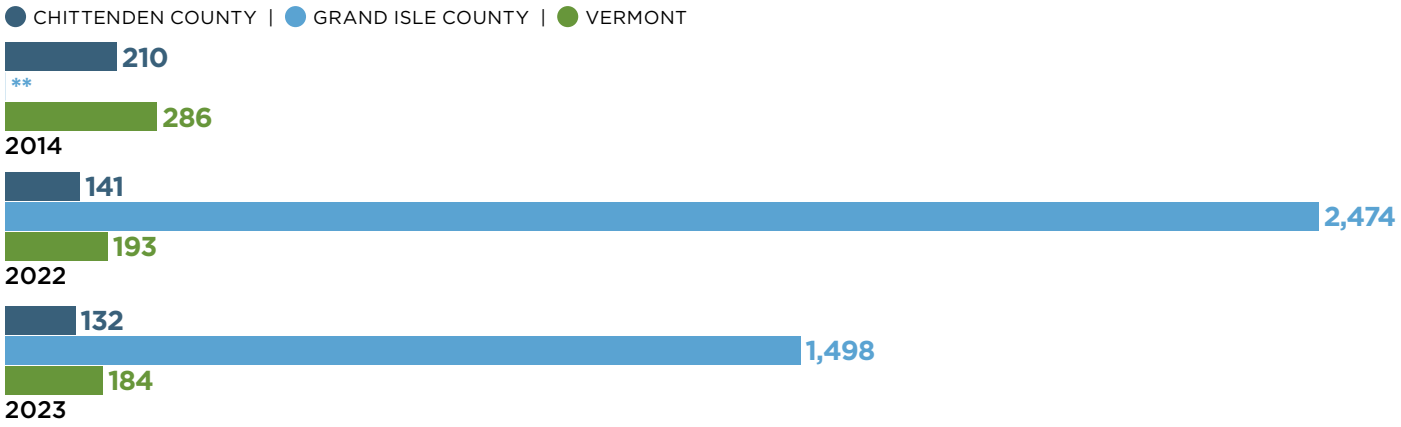
SOURCE: Community Survey

Access to mental health services remains a concern, but survey data shows signs of improvement. Between 2022 and 2025, fewer respondents disagreed that they could access mental health or substance use treatment in their community. This suggests growing trust and potential progress in service availability, outreach, and/or public awareness.

Despite this progress, key barriers remain. Focus group participants highlighted inflexible hours, especially the lack of weekend availability, as a major obstacle to care.[12] Echoing this, 35.5% of survey respondents identified extended hours as the top solution for improving access.[15]

Workforce shortages continue to impact both counties, yet recent gains are notable. From 2014 to 2023, Chittenden County reduced its resident-to-provider ratio by 37%. In Grand Isle County, the ratio improved by 40% in just one year. While disparities persist, these figures show that meaningful progress is possible and already underway.

MENTAL HEALTH PROVIDER DENSITY



** data unavailable | SOURCE: Community Health Indicators Report

Opportunities for Connection

Focus group participants consistently identified community connections as protective factors for mental health, with participants citing community activities, services, and spaces as key supports for wellbeing.[12]

OPPORTUNITIES FOR CONNECTION

SOURCE: Focus Groups

These findings align with growing evidence that social connection is a key driver of health. The U.S. Surgeon General's 2023 advisory on the epidemic of loneliness noted that lacking social connection can increase risk of premature death by up to 60%.[24] Our local data reinforces the importance of connection. When asked what supports their health and wellbeing, participants identified community activities, community services, and community spaces as their primary supports.[15]

> "I play the cello and I play with the youth, I play with a pianist who we discovered each other during COVID, we play these concerts online with each other, and that's just allowed me to flower in some ways."
>
> **-FOCUS GROUP PARTICIPANT**

Inclusive environments help prevent problems before they start. Students at the Tech Center specifically credited their supportive atmosphere where diversity is valued and teachers "treat you like adults" as essential to their wellbeing.[12]

Emphasis on community services and community spaces reveals an important insight: mental health isn't just about therapy appointments; it's about the everyday places and activities where connection happens. In a region where mental health providers are scarce and wait times are long, community connection offers an accessible, preventive approach that complements clinical care.

COMMUNITY ASSETS AND STRENGTHS

Community connection lays the foundation for mental health, but local organizations bring that foundation to life by delivering critical services and programming to diverse populations. In focus groups, participants highlighted existing community resources that support mental health and wellbeing. Those with lived experience specifically praised Champlain Valley Office of Economic Opportunity (CVOEO), restorative justice programs, and local churches as organizations that "try to go out of their way" to help.[12]

What distinguishes these organizations is their human-centered approach. Participants consistently pointed to the power of "passionate workers" who "want to help," saying, "we want the help," and "[they] want to see people out of the streets.[12] This feedback reinforces a key theme: how services are delivered can be just as important as what services are offered.

The interconnectedness of organizations addressing different social needs was seen as both a strength and an opportunity. While participants appreciated existing collaborations, many expressed frustration with being bounced "from one place to another." Greater coordination could streamline access and amplify collective impact.[12]

COMMUNITY IDENTIFIED ACTIONS

Through extensive community engagement, community members identified three priority areas for action:

1. Expand and Transform Service Delivery
2. Invest in Community Infrastructure for Prevention
3. Build an Integrated System of Care

Despite challenges outlined in this assessment, community members offered a clear vision for solutions. They know what works: passionate providers, flexible services, and spaces for connection. With community members rating mental health and substance use 3.5/4.0 for "We can make a difference," this priority represents both a challenge and a great opportunity for transformative change.

Expand and Transform Service Delivery

Invest in Community Infrastructure for Prevention

Build an Integrated System of Care

Improving Community Safety

INTRODUCTION

Community safety is a foundational pillar for healthy, thriving communities. Encouragingly, the majority of survey respondents in Chittenden and Grand Isle Counties reported feeling safe where they live, reflecting a strong sense of neighborhood stability and resilience. When community members feel safe in their homes, schools, and neighborhoods, they are more likely to engage in health-promoting activities, build social connections, and access needed services.[25]

While community safety was not identified as a top three priority, community members emphasized that safety issues are deeply interconnected with mental health, substance use, and access to health care. The data reveals safety challenges that disproportionately impact vulnerable populations, particularly youth and individuals with diverse gender identities.

This section examines the multifaceted nature of community safety in our region, looking at school-based bullying, violence, discrimination, and neighborhood safety and offers insights into how we can build a safer, more inclusive community for all.

KEY FINDINGS

Community safety emerged as a key concern across CHNA focus groups in Chittenden and Grand Isle Counties as 16% of focus group participants identified personal safety concerns as a barrier to health.

Although 91% of all respondents in the 2025 CHNA Community Survey said they feel safe where they live, however local disparities exist.[15]

I FEEL SAFE WHERE I LIVE

SOURCE: Community Survey

This 14-percentage point gap in our own communities demonstrates that safety is not equally experienced by all community members.

These concerns align with broader trends in Vermont. Statewide BRFSS (Behavioral Risk Factor Surveillance System) data offers additional context on how BIPOC adults experience safety and discrimination:

- 15% of BIPOC adults report being treated worse than others in general settings (vs. 2% of white adults)
- 7% of BIPOC adults report worse treatment in health care (vs. 1% of white adults)
- 8% of BIPOC adults report worse treatment in the workplace (vs. 2% of white adults)[26]

Given Chittenden County's racial and ethnic diversity, these disparities are particularly relevant for equitable community planning.

SCHOOL SAFETY: STATEWIDE DISPARITIES, LOCAL IMPLICATIONS

While county-specific data on school violence by demographics is not available, statewide YRBS data illuminates' disparities to draw from:

Bullying Rates by Race/Ethnicity - Vermont High Schools (2023) – Were bullied, past 30 days[27]

- American Indian/Alaska Native students: 31%
- Hispanic students: 31%
- Multiracial students: 27%
- White students statewide: 20%
- Black students statewide: 16%
- Asian, Native Hawaiian or Other Pacific Islander students statewide: 11%
- Vermont average: 21%

Physical Violence and Disparities in School Safety

Statewide data reveals that students from historically marginalized racial and ethnic backgrounds are disproportionately impacted by physical altercations and threats of violence in a school setting.

Statewide 2023 data displays disparities:[27]

- American Indian/Alaska Native involved in physical fights: 39% (vs. 16% Vermont average)
- Hispanic students involved in physical fights: 29% (vs. 16% Vermont average)
- Asian, Native Hawaiian or Other Pacific Islander and Hispanic students threatened with weapons at school: 18% (vs. 9% Vermont average)

These findings highlight the need for equity-focused interventions in school settings.

LGBTQ+ YOUTH SAFETY: STATEWIDE PATTERNS

Statewide YRBS data underscores elevated safety risks for LGBTQ+ youth, including bullying, absenteeism, and threats of violence.[28]

High School Students Statewide (2023):

- Transgender students bullied: 37% (vs. 21% Vermont average)
- Gay/Lesbian students bullied: 31% (vs. 21% Vermont average)
- Bisexual students bullied: 30% (vs. 21% Vermont average)
- Transgender students missing school due to safety: 26% (vs. 10% Vermont average)
- Transgender students threatened with weapons: 19% (vs. 9% Vermont average)

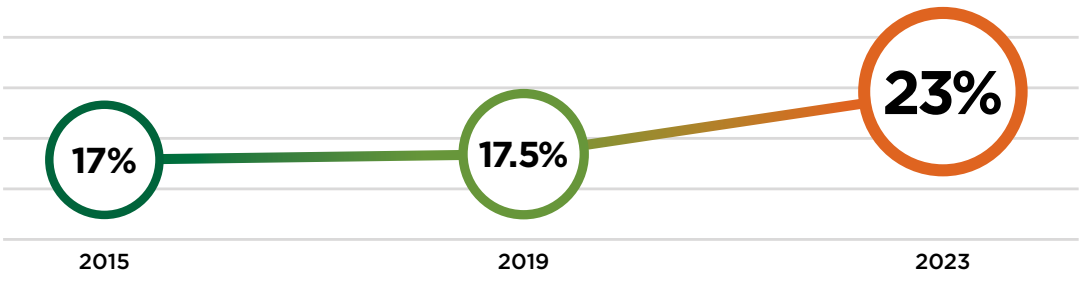
These disparities likely mirror local realities in Chittenden and Grand Isle Counties and further illustrate the need for inclusive, trauma-informed school policies.

Implications for Local Action

Although some data is statewide, it aligns with local trends and emphasizes the need for targeted solutions.

Rising bullying rates, increased concerns about neighborhood safety, and significant disparities among BIPOC and LGBTQ+ residents call for culturally responsive, inclusive strategies. These findings underscore the need for coordinated efforts to create safer environments for all community members.

BULLYING RISING IN OUR REGION



SOURCE: Community Health Indicators Report

1/4

of high school students in the UVMMC Health Service Area experienced bullying in 2023.

NEIGHBORHOOD SAFETY

"(There has been) a lot of violence recently... parents are scared to let their kids go outside and play is really sad to me, and I've lived here my whole life, and this is more of an issue in the last two years."

-FOCUS GROUP PARTICIPANT

Youth in local focus groups reported changes in neighborhood safety. While specific data related to violence exposure was unavailable to reference at a county-level, statewide Vermont Department of Health YRBS (Vermont Youth Risk Behavior Survey) data reveals disparities that warrant attention in local planning.

Across Vermont, 17% of high school students report witnessing someone "physically attacked, beaten, stabbed, or shot" in their neighborhood, with notable racial disparities:

- American Indian/Alaska Native: 35%
- Hispanic: 30%
- Black: 26%
- Multiracial: 26%
- White: 15%
- Asian, Native Hawaiian or Other Pacific Islander youth statewide: 12%[27]

Given that Chittenden County is home to Vermont's largest population of Black, Hispanic, and refugee communities, these statewide disparities have important implications for local planning and youth safety initiatives.

INTERSECTION OF SAFETY, SUBSTANCE USE, AND PUBLIC HEALTH

Focus group participants consistently linked safety concerns to substance use challenges. Youth in particular shared that substance use among peers creates unsafe environments and often lacks meaningful institutional response.

Participants described specific concerns, including:

- Discarded needles in parks and public spaces
- Visible, open drug use
- Feeling unsafe downtown and while shopping
- Limited safe needle disposal[12]

INSTITUTIONAL RESPONSE GAPS

Participants repeatedly voiced the belief that institutions charged with public safety are not meeting community needs, stating:

- "State/local leaders are not doing enough to address problems (especially drug use), not enough is being done to improve the situation. It's easy for people to take advantage of the system"
- "Police are not well equipped to handle modern day problems like drug use and mental health needs"

Participants frequently cited the ongoing visibility of substance use problems from needles on playgrounds to open drug use in public spaces as evidence of ineffective institutional responses to community safety concerns.[12]

COMMUNITY ASSETS AND STRENGTHS

STRONG CIVIC ENGAGEMENT

The high participation in the CHNA process itself - with over 1,400 survey responses and active engagement in focus groups demonstrates a community willing to engage in solutions. Community members offered specific, actionable recommendations for safety improvements, showing both awareness and investment in creating change.

EXISTING YOUTH PROGRAMS AND SCHOOL INFRASTRUCTURE

Schools already serve as community hubs providing structured environments for youth. Focus groups identified schools as key community assets that could be leveraged for expanded programming and support services.[17] The community's recognition that mental health support and safety are interconnected positions us to implement comprehensive approaches.

COMMUNITY READINESS FOR ACTION

The specific, detailed solutions offered by community members from improved lighting to youth programs demonstrate not just awareness of problems but readiness to participate in solutions. This level of engagement, combined with high levels of neighbor trust, provides the social infrastructure needed for effective community-based safety initiatives.

COMMUNITY IDENTIFIED ACTIONS

When asked about specific improvements, community members emphasized the need for greater institutional investment in basic safety infrastructure.[15] The high priority placed on enhanced public safety measures such as improved lighting, more patrols, security cameras, and emergency call stations shows community members believe safety would improve with increased institutional presence and resources in their neighborhoods.

WHAT WOULD IMPROVE YOUR COMMUNITY?

of survey respondents selected "more safety options for walkers and bikers" as their first choice

of survey respondents selected "More safety in public spaces" as their second choice

SOURCE: Community Survey

Building on a strong foundation of neighborly trust, community members spoke to an interest in safety solutions that combine robust institutional investment in infrastructure with strong community connections.

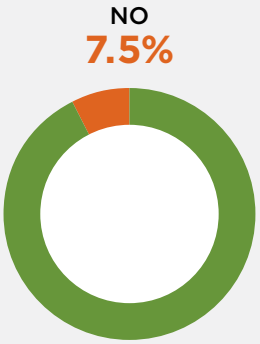
BUILDING SAFER COMMUNITIES TOGETHER

Immediate built environment improvements to improve community safety, such as lighting and pedestrian infrastructure, were key recommendations. The blueprint exists in the community's own feedback, success now depends on sustained partnership between community members, organizations, and local government to address desired change.

"Little things like that (free water, soup kitchens) help people so much. There needs to be more of a push for little safe spaces."

-FOCUS GROUP PARTICIPANT

I TRUST MY NEIGHBORS



SOURCE: Community Survey

TOP PRIORITY

Increasing Health Care Access

INTRODUCTION

Health Care access emerged as the highest community priority for the 2025 CHNA process, reflecting the complex challenges community members face in obtaining timely, affordable, and culturally responsive care. This priority tied with mental health for the top ranking and received the highest rating for the prioritization criteria "we can make a difference"[16] signaling both the need, desire and ability for meaningful change. Strengths include high insurance coverage rates and improved provider availability in some areas.[14] However, significant barriers persist around accessibility and affordability.

> "You're choosing between medications and rent...missing work means losing pay, but missing appointments means your health gets worse."
>
> **-FOCUS GROUP PARTICIPANT**

KEY FINDINGS

PROVIDER AVAILABILITY AND WAIT TIMES

Access to health care remains a pressing concern across the region. A lack of medical providers leads to barriers to care, long wait times and unmet health needs.

PRIMARY CARE PROVIDER DENSITY

PEOPLE PER PRIMARY CARE PHYSICIAN (CHR)	2012	2020	2021
Chittenden	603	533	572
Grand Isle	6,983	2,474	1,498
Vermont	922	855	899

DENTIST PROVIDER DENSITY

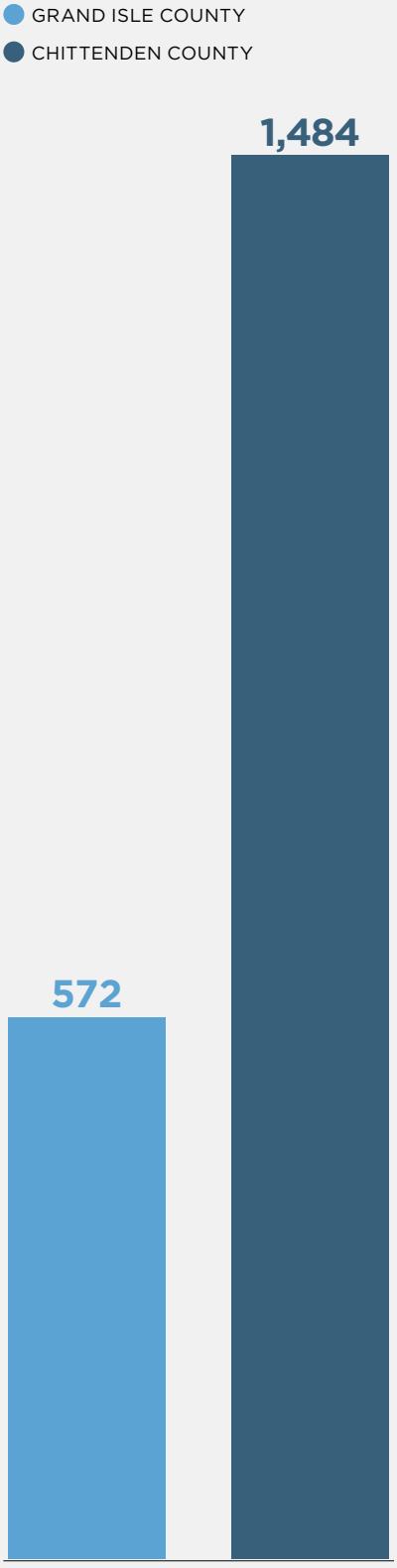
PEOPLE PER DENTIST (CHR)	2013	2021	2022
Chittenden	1,148	1,030	1,032
Grand Isle	6,987	7,421	7,489
Vermont	1,567	1,382	1,377

MENTAL HEALTH PROVIDER DENSITY

PEOPLE PER MENTAL HEALTH PROVIDER (CHR)	2014	2022	2023
Chittenden	210	141	132
Grand Isle	**	2,474	1,498
Vermont	286	193	184

** data unavailable | SOURCE: Community Health Indicators Report

PEOPLE PER PRIMARY CARE PHYSICIAN



SOURCE: Community Health Indicators Report

These provider shortages affect daily life. Focus group participants described waiting months, even a full year, for critical care. One participant shared:

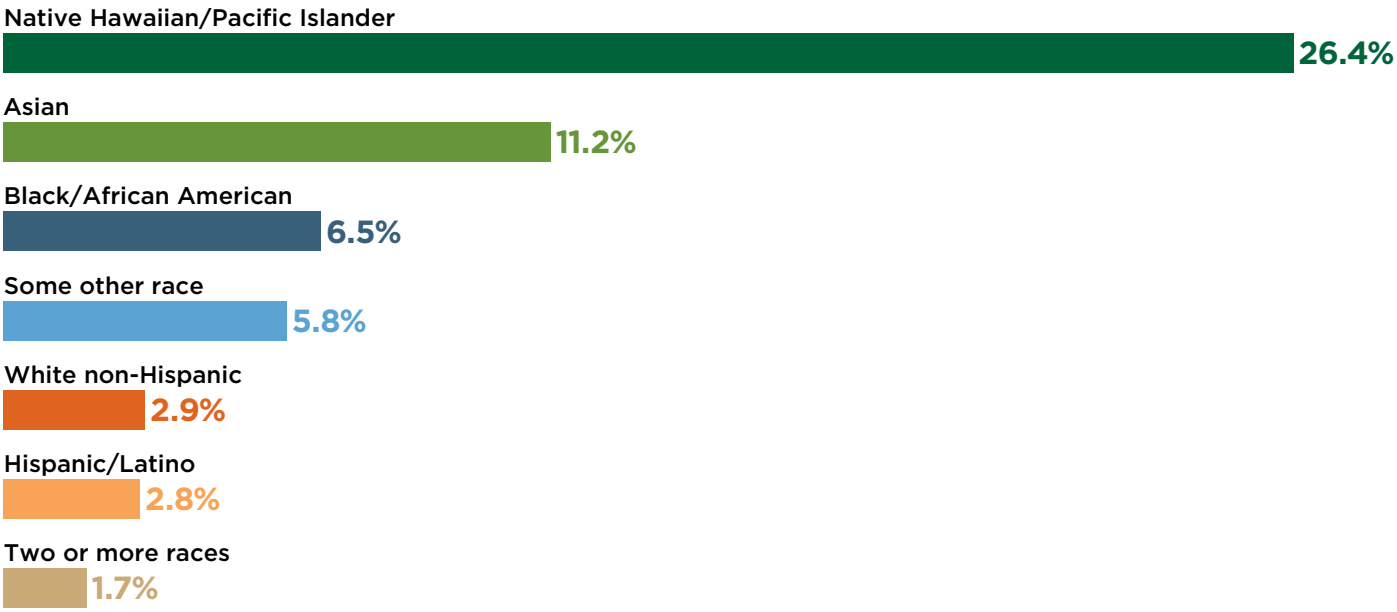
> "I got an appointment like one year out, I needed to go to neurosurgery. I waited nine months for an appointment, and I was in a lot of pain, so I sought care elsewhere. So, I go down to Lebanon, I get on the bus, I go down to Boston, I have my surgery down there, and then I come back. I couldn't wait for the amount of time that was required here. I know other people who have had to do this, and so many of the specialty areas are just not adequately staffed here, and so the challenges are getting an appointment and then being sure that that's the route that you want to take for your health care. There just aren't a lot of options."
>
> **-FOCUS GROUP PARTICIPANT**

This story echoes a broader reality: for some residents, especially in Grand Isle County, the nearest provider may be hours away and local providers are booked far in advance.[12]

INSURANCE COVERAGE DISPARITIES

While 96.9% of survey respondents report having health insurance, this aggregate number conceals disparities.[16] Analysis by race and ethnicity reveals differences in coverage:

UNINSURED RATES IN CHITTENDEN COUNTY (2019-2023)



SOURCE: Community Health Indicators Report

Even those with insurance are not always protected from financial stress.

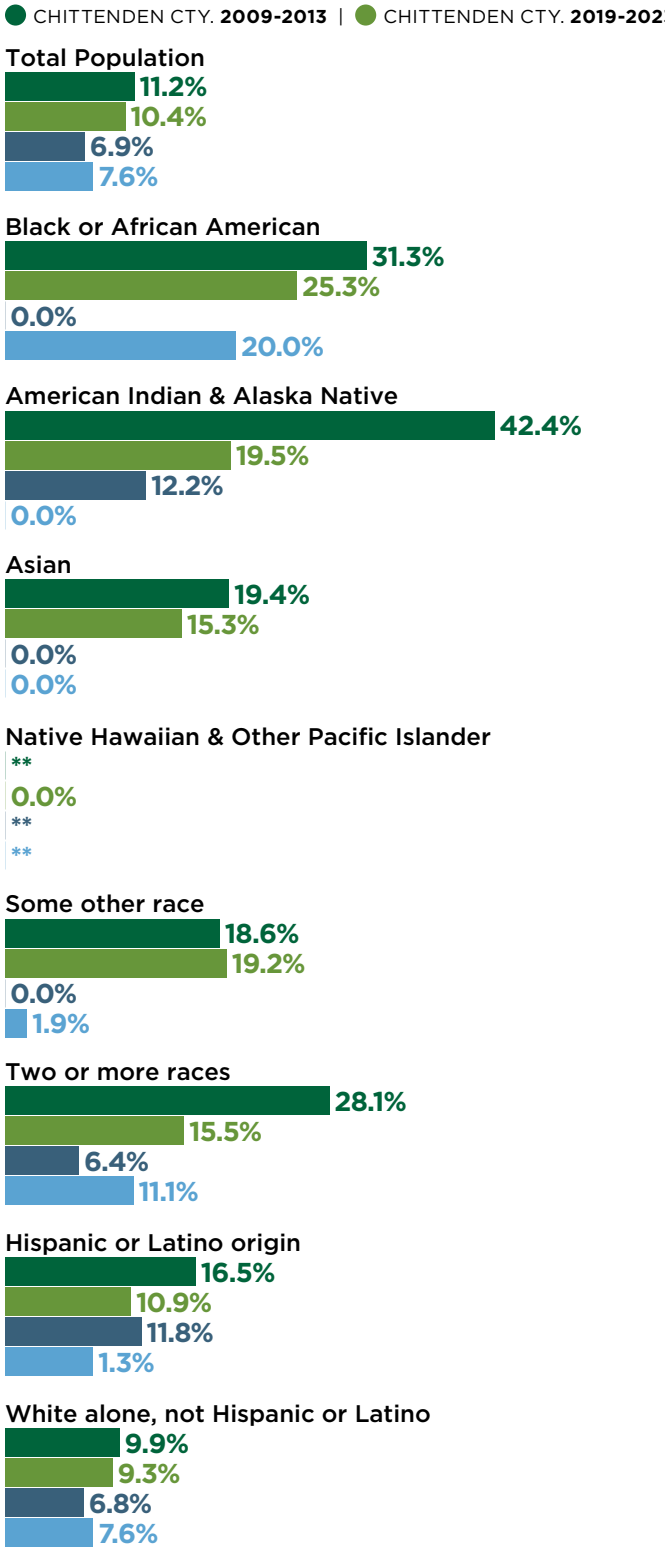
- 43.3% of insured respondents report that health insurance costs are a financial burden.
- 30.5% selected free or fully covered services as a top priority for improving access.[15]

Additionally, nearly 25% of Community Survey respondents report they do not currently have dental insurance.[15]

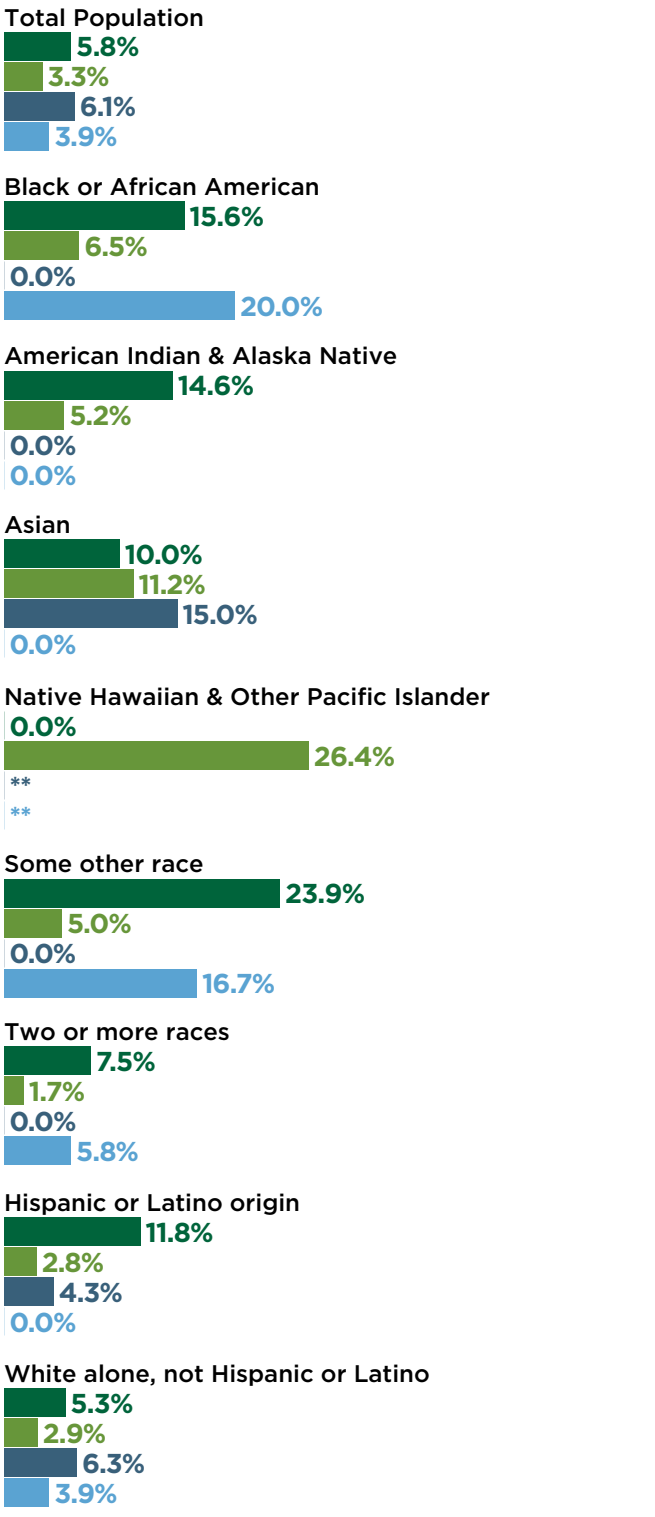
Beyond financial constraints, physical proximity to care and transportation access also emerged as critical barriers, particularly for older adults and those living in rural areas.

THE COMPOUNDING EFFECTS OF POVERTY AND ACCESS

POVERTY BY RACE & ETHNICITY, GENDER, AGE AND EDUCATIONAL ATTAINMENT



PERCENT UNINSURED BY RACE & ETHNICITY AND BY GENDER



** data unavailable | SOURCE: Community Health Indicators Report

Communities experiencing higher poverty rates are less likely to obtain health insurance. This intersection deepens barriers to accessing care, particularly for Black or African American residents, Native American populations, and multiracial individuals, groups with the highest poverty rates in Chittenden County.[14]

Poverty related barriers such as high deductibles, lack of employer-sponsored insurance, or out-of-pocket costs can delay or prevent routine care. Participants in focus groups described postponing appointments or medications due to cost, resulting in health crises that led to emergency room visits. One participant shared, "I couldn't afford the copay, so I just waited. Then I ended up in the ER."[12]

When financial hardship and limited access to care intersect, they create a feedback loop that reinforces poor health outcomes and widens disparities over time.[12]

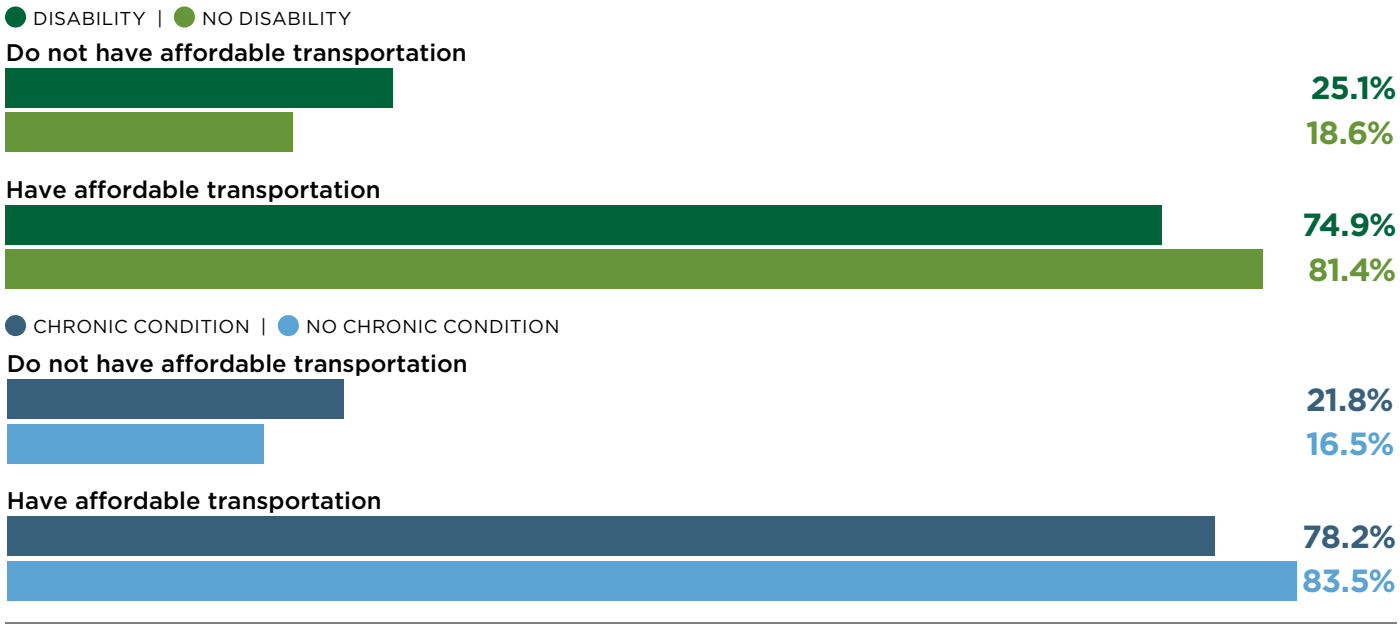
In addition to financial and transportation related challenges, many residents struggle to simply navigate the health care system itself.

GEOGRAPHIC AND TRANSPORTATION BARRIERS

Transportation emerged as a critical barrier, with 19% of focus group participants identifying "accessing public or affordable transportation" as a barrier to health.[12] Survey results from both the current cycle and 2022 show consistent perceptions around transportation affordability. In both years, roughly 19% of respondents indicated that they do not have access to affordable transportation,19% in the current cycle compared to 18.8% in 2022 suggesting little change over time.

Whether due to gaps in public transit, inability to afford or maintain private vehicles, or both, transportation challenges create particularly acute impacts for people with disabilities and those managing chronic conditions.[14,15]

TRANSPORTATION DISPARITIES

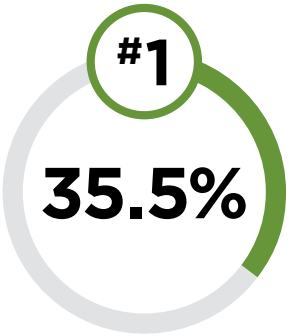


SOURCE: Community Health Indicators Report

Without reliable transportation options, community members shared developing informal support systems as a solution:

> "I worry about the people who are not as fortunate, and the people who are stuck at home... There's sort of a loose-knit group of people who kind of connect each other around transportation"
>
> **-FOCUS GROUP PARTICIPANT**

TOP CHOICE FOR IMPROVING HEALTH CARE ACCESS FROM SURVEY



"more appointments outside typical business hours"

SOURCE: Community Survey

ACCESS BARRIERS

The mismatch between traditional health care hours and work schedules emerged as the top barrier to access via the Community Survey. Beyond extended hours, community members also prioritized weekend appointments and shorter wait times.[15]

Youth participants echoed this theme: "Inflexible hours for health care (not being open on weekends) makes it inaccessible."[12]

This misalignment between provider availability and real-life schedules deepens existing access gaps, especially for low wage workers, parents, and young adults.

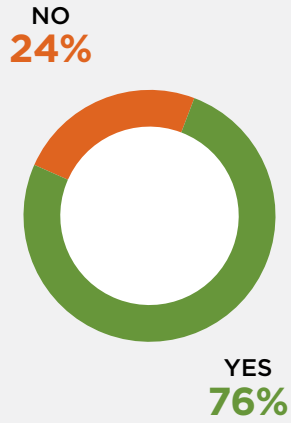
SYSTEM NAVIGATION CHALLENGES

Even when health care services are available and financially accessible, navigating the system itself can be daunting. Focus group participants consistently described a fragmented and opaque system—one in which efforts to seek care often end without any services being received.

This fragmentation disproportionately impacts those who already face compounding barriers, including:

- People experiencing homelessness who lack documentation
- New Americans navigating unfamiliar systems
- Individuals managing multiple or complex conditions requiring care from various providers
- Those without strong health literacy or advocacy skills[15]

I CAN ACCESS HEALTH CARE SERVICES THAT MEET MY NEEDS



SOURCE: Community Survey

1/4

community members stated the need for better access to paid time off for health care appointments

SOURCE: Community Survey

COMMUNITY ASSETS AND STRENGTHS

Despite the challenges in health care access, our community demonstrates remarkable resilience through existing resources, collaborative partnerships, and innovative programs that support health equity.

HIGH INSURANCE COVERAGE RATES

While disparities exist, Chittenden and Grand Isle Counties maintain relatively high overall insurance coverage, with 96.9% of survey respondents reporting they have health insurance.[14] This strong foundation provides a platform for addressing remaining gaps and ensuring coverage translates to equitable access.

COLLABORATIVE HEALTH CARE PARTNERSHIPS

The strength of cross-sector collaboration emerges as a defining asset. Organizations work together through established partnerships like the Chittenden Accountable Community for Health (CACH), which brings together over 20 community organizations to address healthcare access barriers.

INNOVATIVE PROGRAMS BREAKING BARRIERS

Several successful initiatives demonstrate our community's commitment to equitable access:

Language Access Innovation: The partnership between UVM Medical Center's Emergency Department and Vermont Language Justice Project created educational videos in 15 languages plus English, garnering over 1,200 views and helping immigrant and refugee communities understand when to use emergency services.

Mental Health Urgent Care: This collaboration between UVM Medical Center, Howard Center, and Community Health Centers opened in 2024, providing walk in mental health services and specifically targeting outreach to veterans, unhoused individuals, immigrants, refugees, and Abenaki community members.

Cultural Humility Initiatives: The CACH Cultural Humility and Inclusive Health Care Team has implemented multiple programs including:

- Health Literacy Environmental Assessments to identify and remove barriers
- Hair Care Equity Project ensuring culturally appropriate care for all patients
- Cultural Resource Guides available to all community partners
- Reflection Friday sessions providing shared health equity learning opportunities

1,200+

views of multilingual Emergency Department educational videos - demonstrating community commitment to language accessibility

COMMUNITY-LED SOLUTIONS

Focus group participants consistently highlighted the dedication of health care workers and community organizations, particularly praising the passionate professionals who go out of their way to help community members access care.[12]

BUILDING ON SUCCESS

These assets provide a strong foundation for expanding health care access. The community's demonstrated ability to create innovative partnerships, develop culturally responsive programs, and maintain high insurance coverage rates shows that meaningful progress is possible when we build upon existing strengths while addressing barriers.

COMMUNITY IDENTIFIED ACTIONS

COMMUNITY VISION FOR IMPROVED ACCESS

When community members were asked to move beyond identifying problems to proposing solutions, they delivered a comprehensive roadmap for change. Their recommendations fell into three distinct categories, each addressing different aspects of our health care system:

Immediate Actions:

- Extended evening and weekend hours
- Same-day sick appointments
- Telehealth expansion for routine care
- Walk-in options for non-emergency needs

System Improvements:

- Mobile specialty clinics for rural areas
- Increased care coordination navigators
- Centralized scheduling across providers
- Transparent pricing and billing

Policy Changes:

- Employer policies supporting time off for healthcare appointments
- Insurance coverage for prevention services
- Reduced documentation requirements
- Living wages for health care workers

These solutions reflect a shared understanding that lasting change must be both patient centered and systemically supported.

ACHIEVING EQUITABLE ACCESS FOR ALL

Health care access in Chittenden and Grand Isle Counties presents both challenges and opportunities. While insurance coverage has expanded and some provider ratios have improved, the community has clearly articulated that true access requires fundamental system transformation. As our prioritization process confirmed, health care access remains essential to achieving health equity. The detailed recommendations above, drawn from those most affected by access barriers, provide a strong roadmap. What remains is translating community feedback into coordinated action across health care systems, employers, insurers, and community organizations.

Tackling Cost of Living

INTRODUCTION

The cost of living in Chittenden and Grand Isle Counties directly impacts community members' health and wellbeing. This section explores the financial pressures community members face and how these challenges intersect with health outcomes.

Through our assessment process, participants named specific cost pressures such as housing, childcare, food, transportation, health care, and utilities. Disparities meeting health-related social needs exist by demographic factors including race, income level, and family status. Community members provided concrete recommendations for addressing affordability challenges at the local level that can positively impact health.

Nearly half of Community Survey respondents shared that they do not have enough money to cover basic necessities.

This lack of financial security affects everyday decisions and health behaviors, particularly around food access, which emerged as the most urgent affordability concern across the region.

51.3%

of respondents strongly agree they have enough money for basic needs.

SOURCE: Community Survey

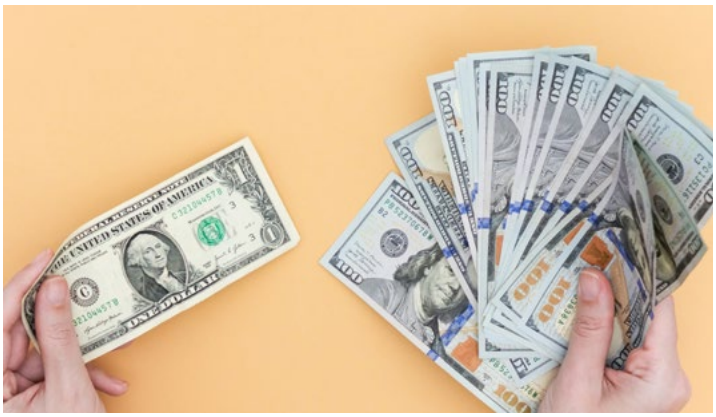
KEY FINDINGS

THE BROADER IMPACT OF INCOME DISPARITY

Income inequality emerged as a central theme across multiple data sources in the CHNA. Income disparity was discussed relevant to community perceptions of fairness and opportunity. Focus group participants voiced frustration that despite working full-time or multiple jobs they remained unable to afford the basics.[12] By recognizing income disparity as a root driver of health outcomes, stakeholders can take more comprehensive and equity-informed action.[28]

The CHNA focus groups revealed that families with lower incomes often face cascading trade-offs such as choosing between groceries and gas, medicine and rent. These decisions compound stress, impact chronic disease management, and reduce the likelihood of accessing preventive care.[17] Survey results further reinforce this reality: residents with lower incomes were significantly more likely to report difficulty affording food, transportation, and utilities.[12]

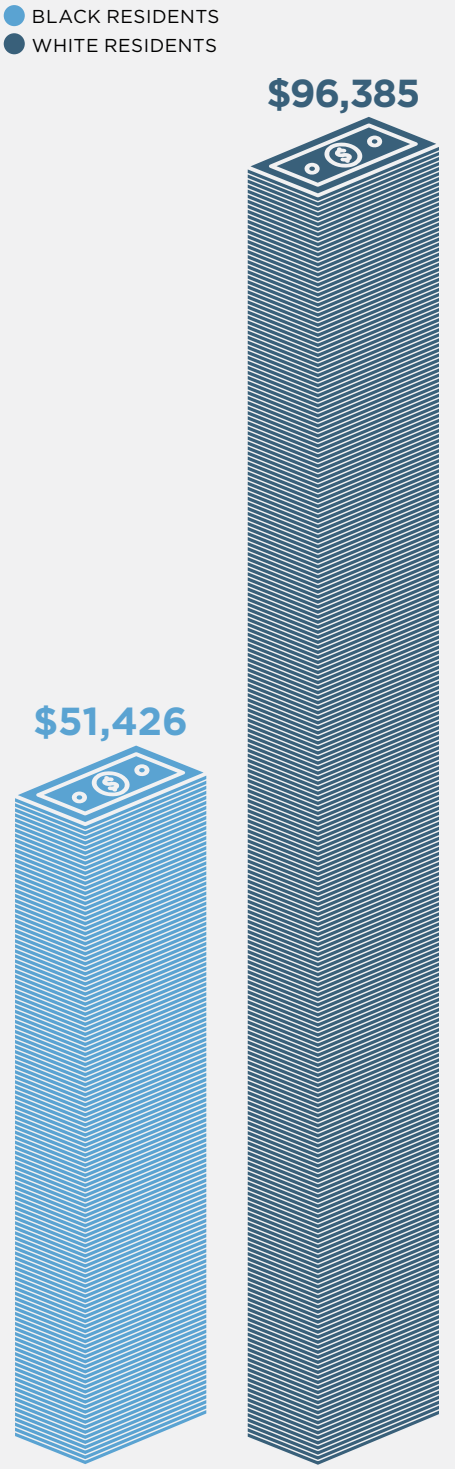
Even in areas where sliding-scale services exist, the burden of navigating fragmented support systems falls disproportionately on those with limited resources and time.[12]



These economic gaps are further compounded by disparities in poverty rates. While 9.3% of White community members in Chittenden County live below the poverty line, that figure rises to 25.3% among Black community members.[29]

The median income for Black residents in Chittenden County ($51,426) is just over half that of White residents ($96,385), with similarly clear gaps present for other communities of color and historically marginalized groups.

The median income for Black residents in Chittenden County ($51,426) is just over half that of White residents ($96,385)

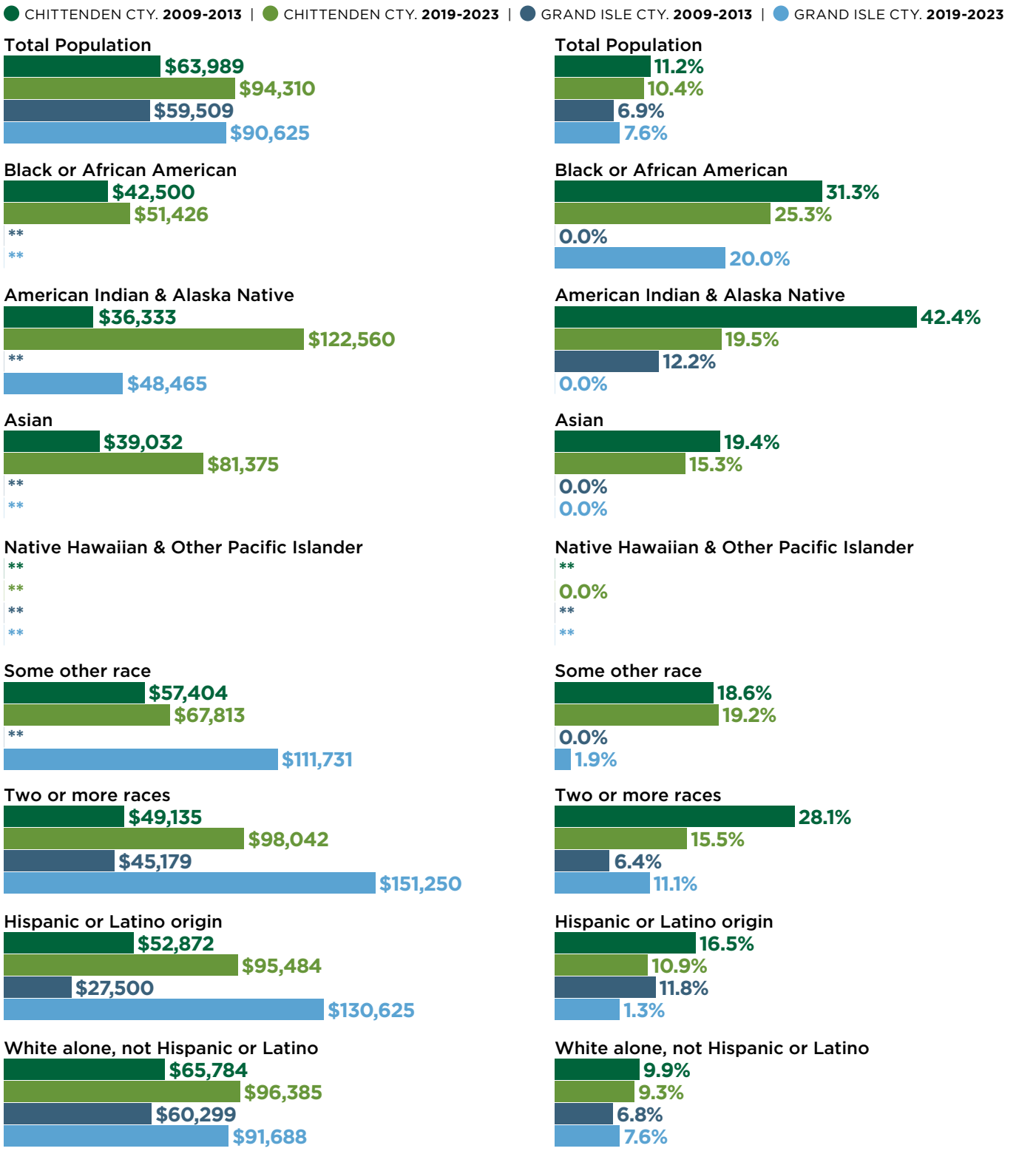


SOURCE: Community Health Indicators Report

THE COMPOUNDING EFFECTS OF POVERTY AND ACCESS

INCOME BY RACE & ETHNICITY

PERCENT UNINSURED BY RACE & ETHNICITY AND BY GENDER

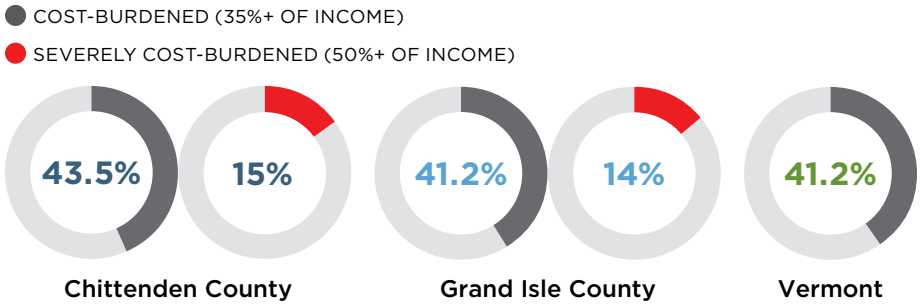


** data unavailable | SOURCE: Community Health Indicators Report

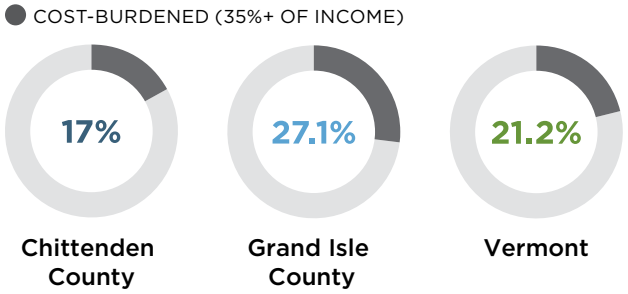
HOUSING COSTS

Housing emerged as a recurring concern across focus groups, especially among community members experiencing housing insecurity. Participants emphasized the urgent need to reduce rental costs, describing how the cost of living overall, particularly housing, leaves little room for health-related spending or stability.[12]

COST-BURDENED RENTERS



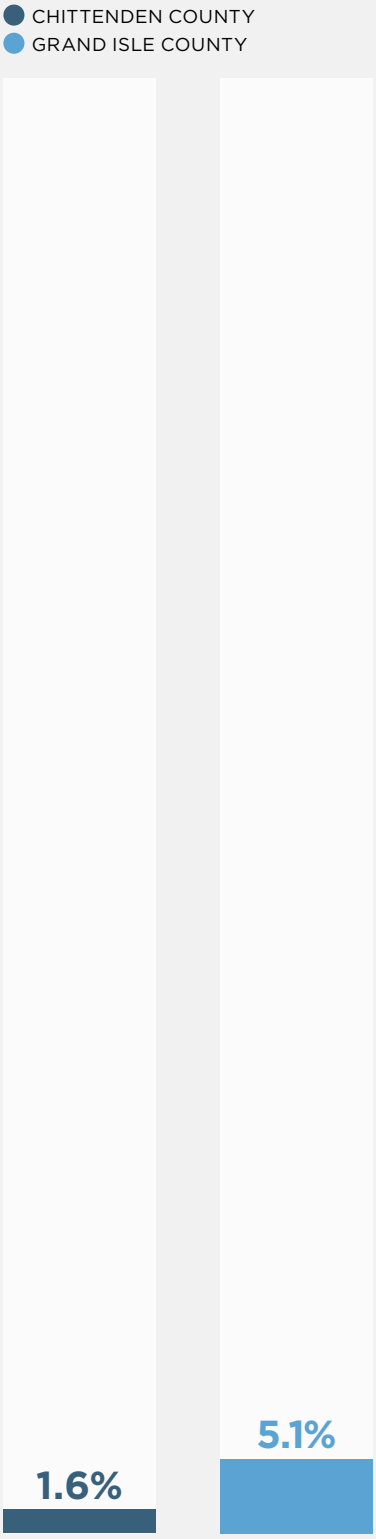
COST-BURDENED HOMEOWNERS



VACANCY RATES

At the same time, housing availability has tightened. Chittenden County's rental vacancy rate declined from 2.7% in 2013 to just 1.6% in 2023, making affordable housing even harder to secure.14 Community members echoed this concern in the 2025 survey given that 30.7% strongly disagreed that they could find affordable housing, the highest level of disagreement across all listed community resources.[15]

RENTAL VACANCY RATES



SOURCE: Community Health Indicators Report

PEOPLE EXPERIENCING HOMELESSNESS

Homelessness continues to be described as a crisis in Vermont, one that greatly impacts health and wellbeing. The Annual Point In Time (PIT) Count was conducted January 23, 2025. This valuable annual snapshot counts the number of individuals and families who do not have permanent housing.[30] This includes fellow community members who are experiencing homelessness, sheltered and unsheltered.

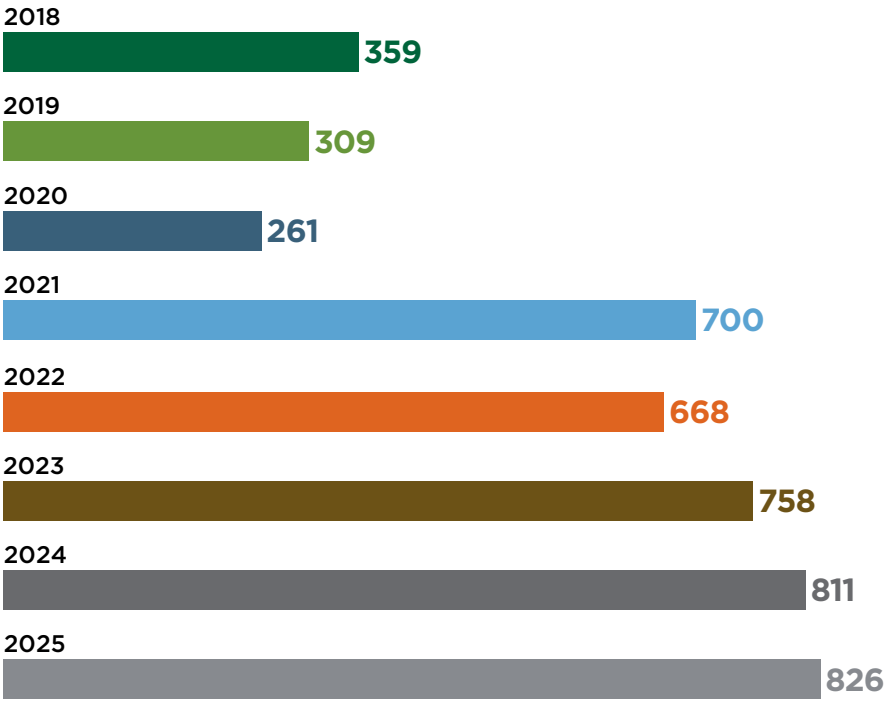
Note: the PIT Count likely undercounts rates of homelessness in the community, including those who have temporary housing at the time of the Count. It is still a valuable year-to-year measure.

The 2025 State of Homelessness in Vermont Report shares the following recommendations:

- 'Investing in affordable housing infrastructure,' including funding permanently affordable housing'
- 'Strengthening Vermont's Homelessness Prevention'
- 'Investing in Vermont's Emergency Shelter and Services Infrastructure'
- 'Strengthening Community Safety,' including stopping criminalizing those who use drugs'
- 'End the Criminalization of Poverty'[31]

The number of individuals experiencing homelessness in Chittenden County according to the available 2025 PIT count data is 826. This has increased from 811 individuals in the 2024 PIT County. The PIT Count has also been conducted in Grand Isle County but according to most recently available data from 2024, no individuals experiencing homelessness have been identified.

PEOPLE EXPERIENCING HOMELESSNESS IN CHITTENDEN COUNTY



SOURCE: 2025 State of Homelessness in Vermont Report

"I never in 1,000 years thought I'd get the chance to have a pod (at Elmwood Shelter). If you've been truly homeless, this is all this little slice of heaven, especially days like today."

-FOCUS GROUP PARTICIPANT

IMPACTS OF CLIMATE CHANGE ON HOUSING AND COMMUNITY INFRASTRUCTURE

The Community Health Survey for the 2025 CHNA revealed that 50.3% of respondents somewhat or strongly disagreed that the effects of climate change are being addressed, and 44.7% reported being directly impacted by climate-related events, including flooding.[15] Community members expressed concerns around affordability of retrofitting homes, sidewalk and building accessibility, and a lack of safe infrastructure for walkers and bikers.

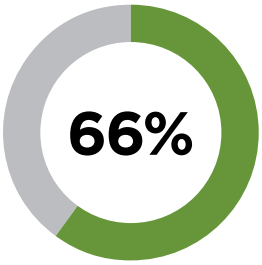
PEOPLE WHO DISAGREE THAT CLIMATE CHANGE IS BEING ADDRESSED

SOURCE: Community Survey

ACCESS TO CHILDCARE

According to the Community Survey, childcare emerged as the community's least accessible resource.[15] Focus group participants connected childcare challenges to broader economic pressures, describing it as part of a "constant fight" to balance work schedules, multiple jobs, and childcare availability.[12] When asked what would improve their community's finances, affordable childcare consistently emerged as a priority alongside livable wages and housing costs.[15]

Given these findings, addressing the childcare gap remains critical for supporting working families.



disagree they can access affordable childcare

SOURCE: Community Survey

TRANSPORTATION BARRIERS

The 2025 Community Survey found 19.1% of community members do not have affordable transportation options, fairly consistent with 2022 CHNA findings.[15] Transportation was a cross-cutting barrier associated with difficulty maintaining or improving health for many populations who participated in the assessment. Key themes include more public transportation options, improving convenience and accessibility of options, and affordability (public transit affordability, car repairs and maintenance). 33% of all focus group participants mentioned related transportation concerns. Community-driven solutions included groups forming to support one another around transportation, including for people without access to services like STA.

An older adult focus group participant similarly shared the challenges of affording their health care-related costs, "…The amount I pay for medication and insurance is why I have three jobs… I'm just exchanging every paycheck for that stuff. And I'm not the only one, but if I weren't able to advocate for myself, what happens? We need health advocates for people, and not just lower income people, but really for everyone."

-FOCUS GROUP PARTICIPANT

I find that everything is really, really, inaccessible where I live. For me to get to my job on the weekends, I have to walk two hours to the bus. I don't live in a walkable place, I have to walk in ditches. My freshman year, I couldn't go to the doctor because my family didn't have a car for a little while."

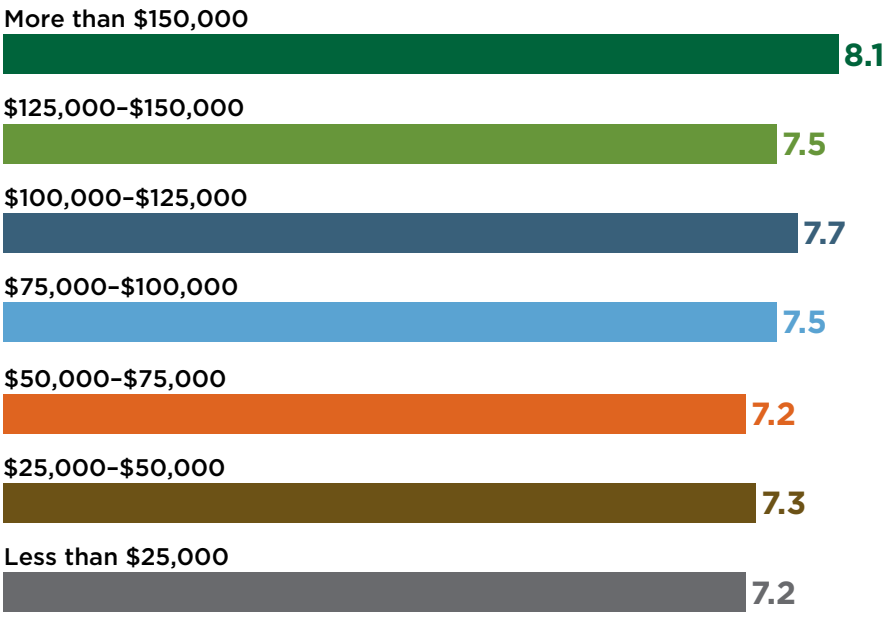
-FOCUS GROUP PARTICIPANT

COMMUNITY ASSETS AND STRENGTHS

Despite widespread financial pressures, life satisfaction remains relatively consistent across income levels ranging from 7.2 to 8.1 on a 10-point scale.[15] This resilience points to something beyond individual resources, the strength of community connections and support systems.

Focus groups revealed how community networks provide support, with participants highlighting organizations that "go out of their way" to provide assistance.[17] These formal and informal support systems, from neighbors to faith communities to local nonprofits, help community members navigate financial challenges.

OVERALL LIFE SATISFACTION (0-10 SCALE) BY INCOME LEVEL



SOURCE: Community Survey

SCHOOLS AS COMMUNITY PILLARS

Focus group participants consistently praised local schools as vital sources of support for families. Schools were described as places where children's needs are met without stigma and where educators and staff are responsive to community struggles.

In addition to offering essential services like free and reduced lunch, schools were also seen as key partners in supporting alternative career pathways and boosting students' long-term opportunities.

These reflections position schools not just as educational institutions, but as community anchors. Spaces where inclusion, equity, and opportunity are actively fostered.

"We have wonderful schools really. Even elementary schools and high schools, and I feel like everybody in the community is really aware of the struggles for families, and they have free and reduced lunch. And it's, it's so amazing to think that you can get taken care of no matter what your need…You're never singled out. And I feel like that's a huge asset around here."

-FOCUS GROUP PARTICIPANT

"People need to know that there's more opportunities other than college or a random food service job. I have a friend and she's like "If I knew at the beginning of my high school career that Tech was an option and that there's trades I could have done, then I wouldn't have fallen off and stopped taking my education seriously." There needs to be less of a push towards going to college."

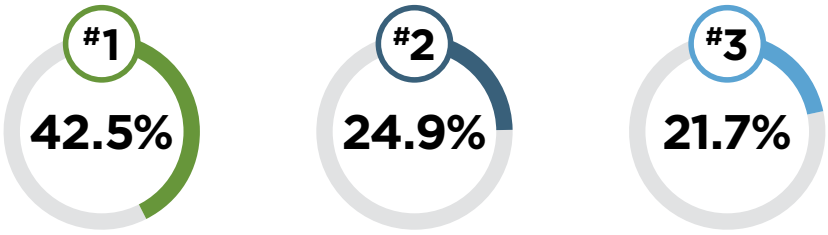
-FOCUS GROUP PARTICIPANT

COMMUNITY IDENTIFIED ACTIONS

Community members offered clear solutions from immediate, actionable steps to longer-term systems change.

When asked what changes would most improve financial stability, community members voiced clear and consistent priorities:

TOP THREE THINGS THAT WOULD HELP IMPROVE PEOPLE'S FINANCES IN YOUR COMMUNITY.



SOURCE: Community Survey

The top three solutions center on foundational economic needs: income, housing and basic living costs.[15] Community members emphasized that even "affordable" housing remains unattainable without adequate wages. Their responses show a clear understanding of the interconnected nature of financial stability, where each cost burden compounds the others.

Immediate Actions:

- Expand sliding-scale programs
- Eliminate fees for preventive services
- Remove small barriers (application fees, parking costs)
- Coordinate services to reduce transportation needs

Systems Level Changes:

- Advocate for living wage policies
- Support affordable housing development
- Expand childcare assistance
- Strengthen emergency funds

"We have a lot of work to do so let's do it... We are stronger together and together we will help each other... All of these things matter to all not just some."

-COMMUNITY MEMBER

Moving from Assessment to Action

This section outlines opportunities for action identified through our comprehensive 2025 CHNA process, including input from 60+ community members at prioritization sessions, over 1,400 survey respondents, six focus groups, and the CHNA Steering Committee. These voices, particularly those most affected by health inequities, have provided clear direction for community action.

DRIVERS OF HEALTH DISPARITIES

Throughout our assessment, two fundamental drivers of health disparities emerged consistently: economic instability and systemic inequities. The significant disparity of poverty rates for Black community members, the 14-percentage point gap in feeling safe for gender-diverse community members, and the clear disparities in health care access by race and ethnicity all point to systemic barriers that must be addressed to achieve health equity.

COMMUNITY LEADERS, CHAMPIONS, AND MEMBERS SHARED THE FOLLOWING KEY INSIGHTS:

- The six health priorities are deeply interconnected - As one stakeholder noted: "All of the listed priorities are 4's, i.e. very high, and they are inter-dependent - improving one area, such as mental health, may very well improve the overall health of our community."[16]
- Solutions must address root causes - Community members consistently emphasized that addressing symptoms alone will not create lasting change. True progress requires tackling affordability, dismantling discrimination, and building inclusive systems.
- Community capacity exists but needs strategic focus - While cost of living received low-capacity scores due to macroeconomic forces perceived beyond local control, priorities like community connectedness and cultural humility received high-capacity ratings, indicating where focused effort can produce results.
- Partner with those experiencing inequities – Progress will be more meaningful and long lasting when community members facing health barriers are partners in designing solutions, not just recipients of services.
- Innovation emerges from collaboration - The Mental Health Urgent Care, Chittenden Accountable Community for Health (CACH) teams, and other cross-sector partnerships demonstrate how breaking down silos creates new possibilities for community health.

The table below presents specific opportunities for action identified by community members across all six priority areas. These represent not a complete action plan, but rather a foundation for continued dialogue, particularly with communities who have been historically excluded from health planning processes. Together, we have the knowledge, resources, and community commitment to transform these recommendations into meaningful change that improves health for all residents.

HEALTH PRIORITY	POPULATIONS OF FOCUS	OPPORTUNITIES FOR ACTION IDENTIFIED BY THE COMMUNITY
Addressing Cultural Humility and Inclusive Health Care	Black, Native American, and People of Color LGBTQ+ individuals People with disabilities Veterans Immigrants and refugees Non-English speakers Older adults	• Increase cultural representation among providers • Training for providers on working with diverse populations • Hiring medical staff who can accommodate unique needs • Creating more flexible systems that adapt to patients • Improving coordination between organizations • More health care workers who understand and accept people from different backgrounds • Train providers to talk "to" patients rather than "about" them • Eliminate documentation barriers • Create more flexible scheduling • Bring health care into community spaces where people feel safe • Develop accountability measures to track and address discrimination • Provide comprehensive provider training
Building Community Connectedness	Newer community members (especially those in U.S. 5 years or less) Older adults Youth and young adults People with disabilities Veterans	• Create more public gathering spaces • Create more inclusive and accessible spaces • More community events • More diversity in recreational activities for all ages • More cultural and artistic events • Building stronger community connections • Improved communication among community members • More community groups • Better inter-town communication about events and opportunities • Promoting inclusion • Disability awareness & knowledge • More affordable community activities • Long-term commitment to community programs

HEALTH PRIORITY	POPULATIONS OF FOCUS	OPPORTUNITIES FOR ACTION IDENTIFIED BY THE COMMUNITY
Engaging on Mental Health	Youth Adults experiencing depression People with substance use disorders Housing insecure individuals Rural community members (especially Grand Isle County) Veterans	• More programs to help youth be mentally healthy • More mental health services with flexible hours • Expand Youth Wellness Pod model to additional schools • Bring mental health services into community spaces • Train program staff on serving people with mental health issues and disabilities • Create judgement-free mental health support options • Integrate mental health support throughout educational settings • Reduce stigma through education and communication • Hire more mental health workers • Create 24-hour safe spaces • More mental health services delivered outside traditional clinical settings
Improving Community Safety	Youth (especially in schools) LGBTQ+ individuals Gender-diverse community members Parents and children	• More safety in public spaces (improved lighting, more patrols, security cameras, emergency call stations) • Improved/Increased efforts to prevent bullying in schools with a focus on acceptance and inclusion. • Training staff in emergency response • Mental health support in schools • Address root causes of violence and substance use • Improve training for law enforcement that builds public trust and reflects the diverse needs of the community • Create safer public spaces through environmental design • Increase community-based solutions beyond traditional law enforcement • More safety options for walkers and bikers (crosswalks, speed bumps, lighting, signs, enforcement)

HEALTH PRIORITY	POPULATIONS OF FOCUS	OPPORTUNITIES FOR ACTION IDENTIFIED BY THE COMMUNITY
Increasing Health Care Access	Uninsured/underinsured Rural community members Communities of color (especially Native Hawaiian/Pacific Islander, Asian American, Black community members with higher uninsured rates) Working families unable to take time off Non-English speakers and those needing language services Youth Veterans	• More appointments outside typical business hours • Shorter wait times • More weekend appointments • More telehealth appointments • More health care offices near where people live • Mobile healthcare offerings for specialty clinics • Better coordination between healthcare organizations • More primary care services • More dental care services • Better language access services (translation and interpretation) • More health care services delivered in the community (versus in the hospital) • Additional health service locations
Tackling Cost of Living	Renters Families with children People with disabilities Low-wage workers Communities of color (especially Black and African American community members) Young families needing childcare People experiencing poverty	• Make healthy food more affordable • More jobs that pay a livable wage • More affordable housing units • More affordable childcare options • More jobs with full benefits • More affordable health insurance • Strengthen safety net programs and sliding-fee scales • Make regular doctor visits cheaper for uninsured • More affordable dental care • More affordable mental health care • Reduce transportation costs • Eliminate fees for preventive care • Expand emergency assistance programs • Support living wage initiatives • Create targeted subsidies for essential services

Next Steps

MOVING FROM ASSESSMENT TO ACTION

The 2025 Community Health Needs Assessment has captured a unique breadth of community voice. This robust engagement has illuminated both urgent challenges and remarkable community strengths, providing a clear roadmap for collective action.

The adopted CHIP will outline the allocated resources, shared goals, key partnerships and a framework for addressing community-driven health priorities for the next three calendar years, 2026 - 2029. Equitable community engagement practices will be adopted to identify strategies that target known disparities and build upon existing strengths and assets.

The top priorities advancing for UVM Medical Center Board approval are:

- **Building Community Connectedness**
- **Engaging on Mental Health**
- **Increasing Health Care Access**

Note: Progress will be reported annually and publicly available here: Community Health Needs Assessment (UVMHealth.org)

To learn more about the community health needs assessment, request a presentation of key findings, or learn about opportunities to get involved, please contact:

Thomas Moore, MSS, BCBA, LBA

Community Health Needs Assessment Project Manager

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The University of Vermont Medical Center

COMMUNITY HEALTH IMPROVEMENT

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SOUTH, BURLINGTON, VT 05403

Appendix

IRS COMPLIANCE REQUIREMENTS

The Internal Revenue Service (IRS) has specific requirements that must be included within Community Health Needs Assessments. This table outlines where each Schedule H (Form 990) requirement can be found within the report.

REQUIREMENT	REPORT SECTION	PAGE NUMBERS
Part V Section B Line 3a *A definition of the Community Served by the hospital facility*	**Section 2:** About Our Community	Page 13
Part V Section B Line 3b Demographics of the Community	**Section 2:** About Our Community	Pages 15 - 19
Part V Section B Line 3c *Existing Health Care Facilities and Resources (within the community that are available to respond to the health needs/priorities of the community)*	**Appendix:** Existing Health Care Facilities and Resources	Pages 105 - 110
Part V Section B Line 3d *How Data was Obtained*	**Section 3:** Data Gathering and Community Engagement	Pages 21 - 41
Part V Section B Line 3c *The Significant Health Needs/Priorities of the Community*	**Section 4:** Community Health Priorities	Pages 42 - 83
Part V Section B Line 3f *Primary and Chronic Disease Needs and Other Health Issues of Uninsured Persons, Low-Income Persons, and Minority Populations*	**Section 2:** About Our Community	Pages 17 - 19
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Part V Section B Line 3g *Process for identifying and prioritizing community health needs/priorities and services to meet the community health needs/priorities*	**Section 3:** Data Gathering and Community Engagement	Pages 21 - 41
Part V Section B Line 3h *Process for consulting with persons representing the community's interests*	**Section 1:** About this Report	Pages 9 - 12
	Section 3: Data Gathering and Community Engagement	Pages 21 - 41
Part V Section B Line 3i *Impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA.*	**Appendix:** 2022 – 2024 Implementation Strategy Updates	Pages 176 - 192

COMMUNITY SURVEY QUESTIONS

2024 UVM MEDICAL CENTER COMMUNITY SURVEY

Welcome to the Community Health Survey for Chittenden and Grand Isle Counties.

For language interpretation, call: 802-847-8899.

This survey is being conducted for the University of Vermont Medical Center's Community Health Needs Assessment (CHNA) in collaboration with over 25 community partners on the CHNA Steering Committee. The results will be used to better understand and respond to the top community health needs in Chittenden and Grand Isle Counties. Survey results will be made available by May 2025.

Who can take this survey?
If you are 16 years of age or older and currently live in Chittenden or Grand Isle County you may take this survey.

Survey Information
The survey takes about 10 minutes to complete. You can choose to answer or skip any questions. You may stop the survey any time. This survey is anonymous. Individual responses are not reported.

Random Prize Drawing Information
There is a random prize drawing for four $50 gift cards that will be awarded at random to people who complete the survey and choose to enter. At the end of the survey, you may choose to enter by including an email address or phone number. We only use this information for the prize drawing. If you are one of the people who are randomly selected, we will contact you about your prize.

If you have any questions about this study:
Please contact Thomas Moore- thomas.moore@uvmhealth.org

Thank you for participating in this important survey!

PLEASE SELECT YOUR AGE CATEGORY.

- ○ Under 16 years of age
- ○ 16 to 18 years
- ○ 19 to 24 years
- ○ 25 to 34 years
- ○ 35 to 44 years
- ○ 45 to 54 years
- ○ 55 to 64 years
- ○ 65 to 74 years
- ○ 75 years and over
- ○ Refuse

PLEASE SELECT THE NAME OF THE CITY OR TOWN WHERE YOU CURRENTLY LIVE.

- ○ ALBURG
- ○ BOLTON
- ○ BUELS GORE
- ○ BURLINGTON
- ○ CHARLOTTE
- ○ COLCHESTER
- ○ ESSEX
- ○ GRAND ISLE
- ○ HINESBURG
- ○ HUNTINGTON
- ○ ISLE LA MOTTE
- ○ JERICHO
- ○ MILTON
- ○ NORTH HERO
- ○ RICHMOND
- ○ SAINT GEORGE
- ○ SHELBURNE
- ○ SOUTH BURLINGTON
- ○ SOUTH HERO
- ○ UNDERHILL
- ○ WESTFORD
- ○ WILLISTON
- ○ WINOOSKI
- ○ I do not currently live in one of these towns.

For the questions below, please think about your community as the place where you currently live.

PLEASE TELL US YOUR LEVEL OF AGREEMENT OR DISAGREEMENT WITH THESE HUMAN WELLBEING STATEMENTS: IN MY COMMUNITY...

	STRONGLY AGREE	SOMEWHAT AGREE	SOMEWHAT DISAGREE	STRONGLY DISAGREE	NO ANSWER
I trust my neighbors	○	○	○	○	○
I feel safe where I live	○	○	○	○	○
I feel safe in my relationships	○	○	○	○	○
I can go to cultural or arts events that show diverse backgrounds and interests	○	○	○	○	○
I feel like I belong	○	○	○	○	○
I feel accepted for my beliefs or religion	○	○	○	○	○
I feel accepted for my gender identity	○	○	○	○	○
I feel accepted for my sexual identity	○	○	○	○	○
I feel accepted for my culture	○	○	○	○	○
It is a good place to raise children	○	○	○	○	○
It is a good place to be a young adult (18-25)	○	○	○	○	○
It is a good place to grow older	○	○	○	○	○

PLEASE TELL US YOUR LEVEL OF AGREEMENT OR DISAGREEMENT WITH THESE PHYSICAL PLACE STATEMENTS: IN MY COMMUNITY...

	STRONGLY AGREE	SOMEWHAT AGREE	SOMEWHAT DISAGREE	STRONGLY DISAGREE	NO ANSWER
I can get the foods I want to eat	○	○	○	○	○
I can access health care services that meet my needs	○	○	○	○	○
I have affordable transportation	○	○	○	○	○
I can get reliable internet service	○	○	○	○	○
I can get affordable housing	○	○	○	○	○
I can get safe and healthy housing	○	○	○	○	○
Sidewalks and buildings are accessible for everyone	○	○	○	○	○
I have access to places of worship that align with my beliefs	○	○	○	○	○
The effects of climate change are being addressed	○	○	○	○	○
I have been impacted by climate-related issues, including flooding	○	○	○	○	○
I have been able to access gender-affirming care to meet my needs	○	○	○	○	○

PLEASE TELL US YOUR LEVEL OF AGREEMENT OR DISAGREEMENT WITH THESE COMMUNITY RESOURCE STATEMENTS: IN MY COMMUNITY...

	STRONGLY AGREE	SOMEWHAT AGREE	SOMEWHAT DISAGREE	STRONGLY DISAGREE	NO ANSWER
Health care providers respect my cultural identity	○	○	○	○	○
Health care providers respect my gender identity	○	○	○	○	○
Health care providers respect my sexual identity	○	○	○	○	○
Health care providers meet my language needs (interpreters available, documents translated)	○	○	○	○	○
I have enough money to pay for the basic needs	○	○	○	○	○
I can get affordable childcare	○	○	○	○	○
I have access to cancer screening	○	○	○	○	○
Healthy aging resources are available	○	○	○	○	○
I can get substance use treatment	○	○	○	○	○
I can get mental health services	○	○	○	○	○

HAVE YOU OR SOMEONE YOU LIVE WITH BEEN DIAGNOSED WITH CANCER WITHIN THE PAST THREE YEARS, WHILE LIVING IN THIS COMMUNITY?

○ Yes

○ No

IF YOU SAID "YES" ABOVE - PLEASE SELECT THE OPTION THAT BEST REPRESENTS YOUR EXPERIENCE WITH THE FOLLOWING CANCER CARE SERVICES.

	MISSING OR LACKING	WORKING WELL	I DON'T KNOW
Access to Cancer Health Care Providers (Timely appointments, Appointments with specialists)	○	○	○
Access to Cancer Support Health Care providers (nutritionists, stress relief, mental health counseling, alternative providers)	○	○	○
Access to information about cancer (screening services & resources)	○	○	○
In home services (caregiver respite, nursing care)	○	○	○
Opportunities for health promotion (tobacco cessation, exercise, substance abuse counseling)	○	○	○
Financial assistance programs, affordable medications, housing costs, travel costs associated with diagnosis, understanding of insurance coverage	○	○	○
Opportunities to participate in community support groups, exercise, recreation programs	○	○	○
Access to symptom relief (pain, nausea, etc. with medications, prescriptions or alternative therapies)	○	○	○
Information about genetic testing or clinical trials	○	○	○
Information about advanced care planning and hospice services	○	○	○

SELECT THE TOP THREE THINGS THAT WOULD IMPROVE YOUR COMMUNITY. (MARK 1 THROUGH 3)

- ☐ Make healthy food more affordable
- ☐ More safety options for walkers and bikers (crosswalks, speed bumps, lighting, signs, enforcement)
- ☐ More public transportation options
- ☐ More safety in public spaces (improved lighting, more patrols, security cameras, emergency call stations)
- ☐ More places for community activities and recreation
- ☐ More affordable housing units
- ☐ More efforts to address climate change
- ☐ More childcare options
- ☐ Something else? (write in)

IN YOUR COMMUNITY, WHAT WOULD HELP YOU FEEL MORE SOCIALLY CONNECTED AND CREATE A SENSE OF BELONGING? (WRITE IN)

SELECT THE TOP THREE THINGS THAT WOULD MAKE SCHOOLS AND OTHER PLACES TO LEARN BETTER. (MARK 1 THROUGH 3)

- ☐ More programs to help youth be mentally healthy
- ☐ More programs to help youth be physically healthy
- ☐ More free and healthy food at schools
- ☐ Safer elementary, middle and high schools (bullying prevention programs, trained staff in emergency response, mental health support)
- ☐ More opportunities to learn after high school (like college or job training)
- ☐ More help for people with different learning needs
- ☐ More support for people from different backgrounds to feel like they belong
- ☐ More focus on preparing students for jobs
- ☐ More English learning programs for people who don't speak English well
- ☐ Something else? (write in)

SELECT THE TOP THREE THINGS THAT WOULD HELP IMPROVE PEOPLE'S FINANCES IN YOUR COMMUNITY. (MARK 1 THROUGH 3)

- ☐ More jobs that pay a livable wage
- ☐ More jobs with full benefits (like health insurance, retirement savings, and paid sick time)
- ☐ More affordable health insurance
- ☐ More affordable healthy food
- ☐ More affordable mortgage options
- ☐ More affordable rental prices
- ☐ More affordable childcare
- ☐ More affordable public transportation
- ☐ Make regular doctor visits (like checkups) cheaper for everyone, even if you don't have insurance
- ☐ More affordable dental care
- ☐ More affordable mental health care
- ☐ Make help for drug or alcohol problems more affordable, even if you don't have insurance
- ☐ More affordable utilities (gas, electricity, water, cable, Wi-Fi)
- ☐ Something else? (Write in)

SELECT THE TOP THREE ACTIONS TO STRENGTHEN HEALTH CARE FOR YOUR COMMUNITY. (MARK 1 THROUGH 3)

- ☐ More health care workers who understand and accept people from different backgrounds
- ☐ Better access to paid time off for appointments and sick days
- ☐ Better language access services (like translation and interpretation)
- ☐ More primary care services (like seeing a doctor for checkups or health problems)
- ☐ More dental care services (like cleanings or fixing dental problems)
- ☐ More health insurance options
- ☐ More preventive health services (like smoking cessation, nutrition counselling, or health education)
- ☐ Better access to cancer screening tests (such as mammogram, lung cancer screening, or colon cancer tests, like colonoscopy or Cologuard or FIT test)
- ☐ More long-term care services (like nursing homes, assisted living, or care at home)
- ☐ More health care services delivered in the community (versus in the hospital)
- ☐ Something else? (Write in)

SELECT THE TOP THREE THINGS THAT WOULD MAKE IT EASIER TO GET THE HEALTH CARE YOU NEED. (MARK 1 THROUGH 3)

- ☐ More appointments during typical business hours (8am-5pm)
- ☐ More appointments outside of typical business hours (before 8am or after 5pm)
- ☐ More weekend appointments
- ☐ More telehealth appointments
- ☐ More health care offices near where you live
- ☐ More ways to get to an appointment (like safe walking paths, public buses, or car shares)
- ☐ More health care services that are free or fully covered by insurance
- ☐ More language services (translation or interpretation)
- ☐ Shorter wait times
- ☐ Access to health care workers who better understand my religion or beliefs
- ☐ Access to health care workers who better understand my gender or sexual identity
- ☐ Access to health care workers who better understand my race or ethnicity
- ☐ More accessible health care services for people with disabilities (like wheelchair access, sign language interpretation, or help for those with vision impairments)
- ☐ Something else? (Write in)

These last questions are about you and the people that you live with.

Please remember, this survey is anonymous. We do not know who you are. You may choose not to answer any question you do not want to.

After responding, you may choose to click a link to a separate form where you can provide contact information if you want to be included in the prize drawing.

Thank you!

OVERALL, HOW SATISFIED ARE YOU WITH YOUR LIFE THESE DAYS?
ON A SCALE FROM 0 TO 10 WITH 0 BEING LEAST SATISFIED AND 10 BEING MOST SATISFIED.

LESS SATISFIED					MORE SATISFIED				
1	2	3	4	5	6	7	8	9	10

INCLUDING YOURSELF, HOW MANY PEOPLE DO YOU LIVE WITH?
(enter a number) _____

INCLUDING YOURSELF, HOW MANY PEOPLE DO YOU LIVE WITH THAT ARE UNDER AGE 18?
(enter a number) _____

HOW MANY PEOPLE DO YOU LIVE WITH THAT ARE UNDER AGE 5?
(enter a number) _____

INCLUDING YOURSELF, HOW MANY PEOPLE DO YOU LIVE WITH THAT ARE OVER AGE 65?
(enter a number) _____

DO YOU CURRENTLY HAVE HEALTH INSURANCE?

○ Yes

○ No

○ No Answer

IF YOU HAVE HEALTH INSURANCE - IS THE COST OF HEALTH INSURANCE A FINANCIAL BURDEN TO YOU?

○ Yes

○ No

○ No Answer

DO YOU CURRENTLY HAVE DENTAL INSURANCE?

○ Yes

○ No

○ No Answer

ABOUT HOW MANY TIMES PER YEAR DO YOU GO TO THE DENTIST?

(enter a number) _____

DO YOU OR SOMEONE YOU LIVE WITH HAVE A CHRONIC HEALTH CONDITION (LIKE DIABETES, ASTHMA, HIGH BLOOD PRESSURE, OR ARTHRITIS)?

○ Yes

○ No

○ No Answer

DO YOU OR SOMEONE YOU LIVE WITH HAVE A DISABILITY AND ARE UNABLE TO WORK (PHYSICAL, INTELLECTUAL, OR OTHER)?

○ Yes

○ No

○ No Answer

WHAT IS THE HIGHEST LEVEL OF EDUCATION YOU'VE COMPLETED?

○ Less than High School (no diploma, certificate)

○ High School graduate or equivalent

○ Some College or University, but no degree

○ College, University, or Technical degree

○ Advanced or Graduate degree

○ No answer

WHAT IS YOUR EMPLOYMENT STATUS?

- ○ Employed full-time
- ○ Employed part-time
- ○ Self-employed
- ○ Homemaker
- ○ Full-time student
- ○ Not employed and looking for work
- ○ Not employed and not looking for work
- ○ Retired
- ○ No Answer

PLEASE CHOOSE THE STATEMENT THAT BEST DESCRIBES YOUR CURRENT HOUSING SITUATION.

- ○ Rented by me and/or someone in my household
- ○ Owned by me and/or someone in my household
- ○ Staying at a shelter
- ○ At transitional or emergency housing
- ○ A situation not listed here _____
- ○ No Answer

HOW IMPORTANT ARE RELIGIOUS OR SPIRITUAL BELIEFS TO HOW YOU MAKE HEALTH DECISIONS?

VERY IMPORTANT	SOMEWHAT IMPORTANT	NOT AT ALL IMPORTANT	NO ANSWER
○	○	○	○

HOW IMPORTANT ARE PERSONAL OR CULTURAL BELIEFS TO HOW YOU MAKE HEALTH DECISIONS?

VERY IMPORTANT	SOMEWHAT IMPORTANT	NOT AT ALL IMPORTANT	NO ANSWER
○	○	○	○

HOW LONG HAVE YOU LIVED IN THE UNITED STATES?

- ○ Less than a year
- ○ Between 1-5 years
- ○ More than 5 years, but not my entire life
- ○ I have lived in the United States my entire life.
- ○ No Answer

SELECT THE OPTION THAT BEST DESCRIBES YOUR GENDER IDENTITY.
WE LIST THE MOST COMMON IDENTITIES WHILE RECOGNIZING THIS IS NOT A COMPLETE LIST.

- ○ Cisgender female (gender identity matches gender assigned at birth)
- ○ Cisgender male (gender identity matches gender assigned at birth)
- ○ Genderqueer, non-binary, or fluid
- ○ Transgender female
- ○ Transgender male
- ○ A gender not listed here (Write in)
- ○ No Answer

SELECT THE OPTION THAT BEST DESCRIBES YOUR SEXUAL ORIENTATION.
WE LIST THE MOST COMMON IDENTITIES WHILE RECOGNIZING THIS IS NOT A COMPLETE LIST.

- ○ Asexual
- ○ Bisexual
- ○ Gay/Lesbian
- ○ Heterosexual/Straight
- ○ Pansexual
- ○ Queer
- ○ Questioning
- ○ A sexual orientation not listed here (write in)
- ○ No Answer

PLEASE SELECT ALL OF THE IDENTITIES THAT YOU USE TO DESCRIBE YOURSELF.
THIS IS A MODIFIED LIST OF THE MOST COMMON GOVERNMENT CATEGORIES. WE RECOGNIZE THIS IS NOT A COMPLETE LIST.

- ○ Asian
- ○ Black or African American
- ○ Hispanic/Latino/Latine/Latinx
- ○ Middle Eastern or North African
- ○ Native American or Alaskan Native
- ○ Native Hawaiian or Pacific Islander
- ○ White or European American
- ○ Arab
- ○ Another identification not listed here (write in)
- ○ I do not identify with any
- ○ No answer

WHAT IS YOUR RELIGIOUS OR SPIRITUAL BELIEF? (WRITE IN)

ABOUT HOW MUCH DID YOU EARN WORKING LAST YEAR?

- ○ Less than $25,000
- ○ $25,000-$50,000
- ○ $50,000-$75,000
- ○ $75,000-$100,000
- ○ $100,000-$125,000
- ○ $125,000-$150,000
- ○ More than $150,000
- ○ No Answer

IS THERE ANYTHING ELSE YOU WOULD LIKE TO TELL US ABOUT COMMUNITY HEALTH AND WELLBEING? (WRITE IN)

Please provide an email address or phone number to enter the random prize drawing to possibly be selected to win one of four $50 gift cards. Your responses are NOT associated with your contact information.

CHNA FOCUS GROUP INTERVIEW GUIDE

INTRODUCTION:

Welcome and thank you for participating in this discussion about health in Chittenden and Grand Isle counties. This focus group is part of an effort to understand experiences and perspectives about the health of our community. We will use this information to identify opportunities to support and promote health and wellbeing across our two counties. We are grateful for your participation today in this conversation.

Before we get started, let's go over a few guidelines for this discussion:

Please speak only for yourself and speak one at a time so everyone can be heard. Also, it's important that we hear from everyone, so I may occasionally call on an individual to make sure that they have had an opportunity to share their perspective. There will be plenty of time for everyone to speak. This session is being recorded so that I don't need to take notes; the recording will not be shared with anyone beyond our team but will be used to prepare a summary report of findings.

VIRTUAL MEETINGS

Since not everyone may be familiar with MS Teams, I'd like to go over some of the basic features:

There is a menu bar at the top of your Teams screen. The first icon shows you the list of participants in this meeting. The icon with the hand and smiley face can be used to "raise your hand" if you have a comment or question. Please feel free to try out the hand raising now. There is also an icon with three dots that offers you more control options. Finally, if you need to go off camera due to poor internet quality or for any other reason, click on the video camera icon. You can also mute and unmute yourself using the microphone icon.

Are there any questions right now about the Teams features? If you have questions during the meeting, feel free to raise your hand and we will address it.

Now let's take a few moments for introductions. We want to make sure I know a little about each of you and we all learn a bit about who we are. Please share with us your name…{INSERT FRAMING QUESTION SPECIFIC TO GROUP}.

By "community" we mean, the town or city which you call home here in Chittenden or Grand Isle counties.

Great. Does anyone have any concerns or questions before we get started?

1. How long have you lived in the community?
2. What things in your community (programs, services, people) help to support your health and wellbeing?
   - **a.** Why are these working?
   - **b.** How could they be improved?
3. What makes it difficult to maintain or improve your health?
   - **a.** What challenges do you face in getting the services you need?
4. What other things could address these challenges to your health?
5. If you had a magic wand, what would you change to improve health in your community?
6. Is there anything else you'd like to share?

DATA GATHERING METHODS NOTES

The 2025 CHNA data gathering process used a collaborative approach to conducting a mixed methods assessment of health and wellbeing priorities for Chittenden and Grand Isle Counties. This page outlines some key information and standard limitations associated with the data gathering methods.

SECONDARY DATA

- The years of available data vary considerably due to the various sources and data availability.
- Most indicator data are derived from samples which may not be fully representative.
- All data contain a Margin of Error and can be found at the original source (see Secondary Data Listing).
- Data sampled from smaller populations are often subject to larger relative shifts over time than data from larger populations.
- Data sampled from smaller populations (Grand Isle County) are more likely to be suppressed and not available to the public (n/a).
- Self-reported secondary data indicators are subjective and can be less accurate.
- Focusing on trends over time does mitigate some data inaccuracy.

COMMUNITY SURVEY

- The Community Survey was a collaborative and iterative process that incorporated feedback from the CHNA Steering Committee and Work Group.
- The survey was designed using the Social Drivers of Health (SDoH) domains and utilized health equity as a guiding principle.
- Efforts were made to make the survey language as accessible and inclusive as possible.
- Question development was also informed by gaps in existing population health data that were identified through the efforts of the Secondary Data Work Group.
- The survey was made public on October 1, 2024, and was live for four weeks, until October 31, 2024. A total of 1,497 completed surveys were collected using a convenience sample.
- Great effort was made to ensure that organizations operating within the Chittenden and Grand Isle communities were actively engaged in promotion and outreach for the survey.
- While the survey was conducted primarily online, multiple outreach modes were employed. This included:
  - placement of printed surveys, palm cards and posters with QR codes in public spaces and specific events
  - distribution of paper surveys and QR code information at specific events and within local organizations
  - one-to-one survey taking support and interpretation services provided to community members with limited English proficiency. About 5.5% of total survey responses were completed in a language that was not English indicating that the outreach efforts were successful as the U.S. Census Bureau estimates that about 7.5% of households in the region speak a language other than language at home.
  - The large number of completed responses means that the survey achieved a confidence level of 95% and a confidence interval (Margin of Error) of +/-1.6%. This means that if this study were conducted 100 times, 95 of those times, the results provided below would fall within a margin of +/-1.6% of what was found in this effort. This is a commonly accepted threshold for applied social science research of this type.

FOCUS GROUPS

- Selection of participants for Focus Groups was informed by the Work Group who worked across the Social Drivers of Health domains.
- Steering Committee member perspectives provided valuable insights into health wellbeing across the community yet cannot be generalized as perspectives representing the whole community.
- This assessment included six focus groups. The Work Group informed the selection of these groups after a review of the Community Health Indicator Report and Community Survey results.
- The findings from the focus groups cannot be generalized to the whole community.

EXISTING HEALTH CARE FACILITIES AND RESOURCES

The IRS requires that Community Health Needs Assessments identify important health care facilities and resources available within the community to address the health priorities. Many identified in this list have been engaged in the 2025 CHNA process or were highlighted by community members. It is important to note that this list is not exhaustive; there are many additional groups, organizations, schools, and municipalities working to improve health and wellbeing across our community.

COMMUNITY ORGANIZATIONS	ORGANIZATION WEBSITE
9-26 Coalition	https://vermontafterschool.org
Abenaki Health and Heritage Inc.	https://abenakihealthandheritage.org
Abenaki Nation of Missisquoi	https://www.abenakination.com
Age Well	https://www.agewellvt.org
Agency of Education	https://education.vermont.gov
Agency of Human Services	https://humanservices.vermont.gov
Alcoholics Anonymous (Area 70)	https://aavt.org
American Foundation for Suicide Prevention (AFSP Vermont)	https://afsp.org/chapter/vermont
American Red Cross of Northern New England	https://www.redcross.org/local/me-nh-vt.html
ANEW Place	https://www.anewplacevt.org
Association of Africans Living in Vermont	https://www.aalv-vt.org
Big Heavy World	https://bigheavyworld.com
Boys and Girls Club of Burlington	https://www.bandgclub.org
Building Bright Futures	https://buildingbrightfutures.org
Burlington City Arts	https://www.burlingtoncityarts.org
Burlington Community Justice Center	https://www.burlingtoncjc.org
Burlington Community Justice Center(Resources for Victims)	https://www.burlingtoncjc.org/resources-for-victims
Burlington Electric Department	https://www.burlingtonelectric.com
Burlington Emergency Communication Center	https://www.burlingtonvt.gov/174/Emergency-Communication-Services
Burlington Fire Department	https://www.burlingtonvt.gov/fire
Burlington Housing Authority	https://burlingtonhousing.org
Burlington Partnership for a Healthy Community	http://www.burlingtonpartnership.org
Burlington Police Department	https://www.burlingtonvt.gov/police
Cathedral Square	https://cathedralsquare.org
Center for Health and Learning	https://healthandlearning.org
Centerpoint Services	https://centerpointservices.org
Champlain Community Services	https://ccs-vt.org/bridging
Champlain Housing Trust	https://www.getahome.org

COMMUNITY ORGANIZATIONS	ORGANIZATION WEBSITE
Champlain Islanders Developing Essential Resources	https://cidervt.org
Champlain Valley Head Start	https://champlainvalleyheadstart.org
Champlain Valley Office for Economic Opportunity	https://www.cvoeo.org
Champlain Valley Superintendents Association	https://www.cvsdvt.org
Chittenden Accountable Community for Health	https://www.cachvt.org
Chittenden County Homeless Alliance	https://cchavt.org
Chittenden County Regional Dispatch	https://www.chitcountydispatch.org
Chittenden County Regional Planning Commission	https://www.ccrpcvt.org
Chittenden County Sheriff's Department	http://chittendencountysheriff.com
Colchester Fire Department	https://colchestervt.gov/3245/Fire-Department
Committee on Temporary Shelter	https://cotsonline.org
Community Health Centers of Burlington	https://www.chcb.org
Community Health Investment Fund	www.uvmhealth.org/medcenter/about-uvm-medical-center/the-community/grants
Disabilities, Aging and Independent Living	https://dail.vermont.gov
DISMAS of Vermont	https://www.dismasofvt.org
DREAM	https://www.dreamprogram.org
Efficiency Vermont	https://www.efficiencyvermont.com/services/renovation-construction/weatherization
Eleanor M. Luse Center for Communication: Speech, Language, and Hearing	https://www.uvm.edu/cnhs/luse_center
Essex Community Health Initiatives and Programs for Students	https://www.essexchips.org
Essex Police Department	https://www.essexvt.gov/1324/POLICE
Evolution House	https://soberhousedirectory.com/homes/vermont
Feeding Chittenden	https://feedingchittenden.org
First Step Recovery	https://firststeprecoveryhouseinc.org
Give Way to Freedom	https://givewaytofreedom.org
Grand Isle County Regional Planning Commission	https://www.nrpcvt.com
Grand Isle County Sheriff's Department	https://www.grandislesheriffvt.org
Grand Isle Lake House / Preservation Trust of Vermont	https://ptvermont.org
Grand Isle Police Department	https://www.grandislepd.com
Grand Isle Volunteer Fire Department	https://grandislefire.org

COMMUNITY ORGANIZATIONS	ORGANIZATION WEBSITE
Greater Burlington YMCA	https://www.gbymca.org
Head Start Health Services Advisory Committee	https://headstart.gov
Help Me Grow Vermont	https://www.helpmegrowvt.org
Helping And Nurturing Diverse Seniors	https://www.handsvt.org
HomeShare Vermont	https://www.homesharevermont.org
Hope Works	https://hopeworksvt.org
Howard Center	https://howardcenter.org
Hunger Council of Chittenden County	https://www.hungerfreevt.org/hunger-council-hub
Hunger Free Vermont	https://www.hungerfreevt.org
Intervale Center	https://www.intervale.org
KidSafe Collaborative	https://www.kidsafevt.org
King Street Center	https://kingstreetcenter.org
Lake Champlain Regional Chamber of Commerce	https://www.bbavt.org/members/lake-champlain-regional-chamber-of-commerce
Let's Build Homes Vermont	https://letsbuildhomes.org
Let's Grow Kids	https://letsgrowkids.org
Lund	https://lundvt.org
Mental Health Urgent Care	https://www.uvmhealth.org/medcenter/location/mental-health-urgent-care
Mercy Connections	https://mercyconnections.org
Military Kids Vermont	https://www.facebook.com/MKVermont
Milton Police Department	https://www.miltonvt.gov/148/Police
National Alliance on Mental Health (Vermont)	https://namivt.org
Northeastern Family Institute Vermont	https://www.nfivermont.org
Northwestern Counseling and Support Services	https://www.ncssinc.org
Northwestern Medical Center	https://www.northwesternmedicalcenter.org
O.N.E. Community Center	https://loveburlington.org/one-community-center-event-hall
Office of Racial Equity Inclusion and Belonging (City of Burlington)	https://www.burlingtonvt.gov/reib
Office of the Health Care Advocate	https://vtlawhelp.org/health
Outright Vermont	https://www.outrightvt.org
Parent University (Burlington School District)	https://www.bsdvt.org/our-schools/parent-university
Pathways Vermont	https://www.pathwaysvermont.org
Peace and Justice Center	https://www.pjcvt.org
Pine Forest Children's Center	https://www.thepineforest.org

COMMUNITY ORGANIZATIONS	ORGANIZATION WEBSITE
Planned Parenthood of Northern New England	https://www.plannedparenthood.org/planned-parenthood-northern-new-england
Poison Control Center	https://www.poison.org
Prevent Child Abuse Vermont	https://www.pcact.org
Pride Center of Vermont	https://www.pridecentervt.org
Rebuilding Together (Greater Burlington)	https://www.rebuildingtogetherburlington.org
Safe Kids Vermont	https://www.safekids.org/coalition/safe-kids-vermont
Saint Michael's Fire & Rescue	http://www.smfronline.org
Somali Bantu Community Association of Vermont	https://www.somalibantuvermont.org
South Burlington Fire Department	https://www.southburlingtonvt.gov/165/Fire
South Burlington Police Department	https://www.southburlingtonpolice.org
South Hero Land Trust	https://www.shlt.org
Special Olympics Vermont	https://www.specialolympicsvermont.org
Spectrum Youth and Family Services	https://www.spectrumvt.org
Steps to End Domestic Violence	https://www.stepsvt.org
Support and Services at Home	https://sashvt.org
Supportive Services for Veterans and Families at the University of Vermont	https://ssvf-uvm.com
The Janet S. Munt Family Room	https://www.thefamilyroomvt.org
The Nulhegan Band of the Cooksuk Abenaki Nation	https://abenakitribe.org
The University of Vermont Medical Center	https://www.uvmhealth.org/medcenter
Turning Point Center of Chittenden County	https://turningpointcentervt.org
U.S. Committee for Refugees and Immigrants	https://refugees.org
United Way of Northwest Vermont	https://unitedwaynwvt.org
University of Vermont Center for Rural Studies	https://www.uvm.edu/crs
University of Vermont Extension	https://www.uvm.edu/extension
University of Vermont Home Health and Hospice	www.uvmhomehealth.org
University of Vermont Larner College of Medicine	http://www.med.uvm.edu
University of Vermont's Children's Hospital	https://www.uvmhealth.org/childrens-hospital
Unlikely Riders	https://unlikelyriders.org
Vermont 2-1-1	https://vermont211.org
Vermont Abenaki Artists Association	https://abenakiart.org
Vermont Blueprint for Health	https://blueprintforhealth.vermont.gov
Vermont Business Roundtable	https://vtroundtable.org

COMMUNITY ORGANIZATIONS	ORGANIZATION WEBSITE
Vermont Businesses for Social Responsibility	https://vbsr.org
Vermont Cares	https://vtcares.org
Vermont Catholic Charities	https://vermontcatholic.org/ministries-programs/catholic-charities
Vermont Center for Independent Living	https://vcil.org
Vermont Child Health Improvement Program	http://www.med.uvm.edu/vchip
Vermont Commission on Women	https://women.vermont.gov
Vermont Department for Children and Families	https://dcf.vermont.gov
Vermont Department of Health	https://www.healthvermont.gov
Vermont Everyone Eats	https://vermonteveryoneeats.org
Vermont Family Network	https://vermontfamilynetwork.org
Vermont Foodbank	https://www.vtfoodbank.org
Vermont Foundation of Recovery	http://www.vfor.org
Vermont Futures Project	https://vtfuturesproject.org
Vermont Health Equity Initiative	https://www.vermonthealthequity.org
Vermont Housing Finance Agency	https://www.vhfa.org
Vermont Humanities Council	https://www.vermonthumanities.org
Vermont Indigenous Heritage Center	https://ethanallenhomestead.org/history/abenaki-heritage
Vermont Interfaith Action	https://viavt.org
Vermont Landlord Association	https://www.vtlandlord.com
Vermont Legal Aid	https://www.vtlegalaid.org
Vermont Mental Health Counselors Association	https://www.vtmhca.org
Vermont Network Against Domestic and Sexual Violence	https://www.vtnetwork.org
Vermont New American Advisory Council	https://www.vnaac.org
Vermont Office of Veterans Affairs	https://veterans.vermont.gov/office-veterans-affairs
Vermont Partnership for Fairness and Diversity	https://vermontpartnership.org
Vermont Professionals of Color Network	https://vtpoc.net
Vermont Psychological Association	https://vermontpsych.org
Vermont Public Health Association	https://vtpha.org
Vermont Public Health Institute	https://vtphi.org
Vermont Racial Justice Alliance	https://www.vtracialjusticealliance.org
Vermont Roman Catholic Diocese	https://vermontcatholic.org
Vermont State Housing Authority	https://vsha.org
Vermont Suicide Prevention Coalition	https://vtspc.org/coalition

COMMUNITY ORGANIZATIONS	ORGANIZATION WEBSITE
Vermont Victim Assistance Program	https://www.justice.gov/usao-vt/victim-witness-assistance
Vermont Works for Women	https://www.vtworksforwomen.org
Vermonters for Criminal Justice Reform	https://vcjr.org
VolunteerVT (SerVermont)	https://www.vermont.gov/volunteer
VT Child Passenger Safety	https://www.healthvermont.gov/emergency/transportation-safety/child-passenger-safety
VT EMS Program	https://www.healthvermont.gov/emergency/emergency-medical-services
Williston Fire Department	https://www.willistonfire.com
Williston Police Traffic Safety	https://www.willistonpdvt.org/traffic-safety
Winooski Fire Department	https://www.winooskivt.gov/296/Fire-Department
Winooski Housing Authority	http://www.winooskihousing.org
Winooski Partnership for Prevention	https://winooskiprevention.org

2025 UVMMC Community Health Needs Assessment:
Community Health Indicators Report

Contents

Methodology

UVM MC's Community Health Indicators development process is based on a strong foundation of evidence-based, Community Health Indicators research and publication. The U.S. Department of Health and Human Services'- Healthy People 2030 initiative *"...provides 10-year, measurable public health objectives — and tools to help track progress toward achieving them."*

The Social Determinants of Health (SDOH) framework put forth by the Healthy People 2030 initiative provides priority area indicators for "*conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.*"

The following SDOH indicators are grouped into seven domains of: Neighborhood and Built Environment, Social and Community Context, Health Outcomes, Healthcare Access, Education, and Financial Stability.

Indicators were aggregated using the Healthy People 2030 framework, other Community Health Needs Assessments, and from the UVM MC CHNA Steering Committee.

Data Considerations

All data contain a Margin of Error. There are various factors that impact data quality. Some of these are detailed below. While not published here for accessibility & consistency, some margins are published at the source.

- Most indicator data are derived from samples which are never 100% accurate.
- Data sampled from smaller populations are often subject to larger relative shifts over time than data from larger populations.
- Data sampled from smaller populations, like Grand Isle County, are more likely to be suppressed / not available (NA).
- Self-reported data are subjective and can be less accurate.
- Focusing on trends over time does mitigate some data inaccuracy.
- The years of available data vary considerably due to the various sources and data availability.

Data Sources Key

Numerous data sources were utilized to develop indicators ranging across the spectrum of Social Determinants of Health Indicators.

- ACS- Census, American Community Survey
- BRFSS- Behavioral Risk Factors Surveillance Survey
- CDC- Centers for Disease Control
- CHAS- Comprehensive Housing Affordability Strategy
- CHR- County Health Rankings, Robert Wood Johnson Foundation
- MMG- Map the Meal Gap
- NC- National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- SDWIS- Safe Drinking Water Information System
- USDA- U.S. Department of Agriculture, Food Environment Atlas
- VDH- Vermont Department of Health
- VAoE- Vermont Agency of Education
- YRBS- Youth Risk Behavior Study

*Many data source links point to the County Health Rankings website supported by the Robert Wood Johnson Foundation. This site curate's data from the original listed sources.

Tabulated Findings

Neighborhood and Built Environment

Air Quality

Daily Average Fine Particulate Matter- Micrograms (CDC)	2008	2014	2019
Chittenden	9.7	6.5	6.6
Grand Isle	9.7	6.5	6.5
Vermont	9.6	6.5	5.9

Water Quality

Presence of Drinking Water Violation (SDWIS)	2017	2021	2022
Chittenden	No	No	No
Grand Isle	No	No	No
Vermont	Yes	Yes	Yes

Food Access

Percent of the population who are low-income and do not live close to a grocery store (USDA)	2012	2015	2019
Chittenden	4%	3%	2%
Grand Isle	1%	0%	0%
Vermont	3%	3%	3%

Food Insecurity

Percent of the population lacking adequate access to food (MMG)	2017	2019	2021
Chittenden	12%	10%	8%
Grand Isle	10%	8%	6%
Vermont	12%	11%	9%

Housing Owners & Renters

Percent of Occupied Units that are Owned and Rented (ACS)	All Occupied Units		Percent Owner Occupied		Percent Renter Occupied	
	2009-2013	2019-2023	2009-2013	2019-2023	2009-2013	2019-2023
Chittenden	62,587	70,443	65.1%	63.6%	34.9%	36.4%
Grand Isle	3,023	3,078	81.2%	90.9%	18.8%	9.1%
Vermont	257,004	269,466	71.0%	72.8%	29.0%	27.2%

Housing Owners & Renters by Race and Ethnicity

	Chittenden	Grand Isle	Vermont

Percent of Households that Own or Rent by Race & Ethnicity (ACS)		2009-2013	2019-2023	2009-2013	2019-2023	2009-2013	2019-2023
Black or African American	Owners	14.2%	21.7%	100.0%	60.0%	26.2%	26.7%
	Renters	85.8%	78.3%	0.0%	40.0%	73.8%	73.3%
American Indian and Alaska Native	Owners	27.3%	40.6%	100.0%	100.0%	51.7%	59.9%
	Renters	72.7%	59.4%	0.0%	0.0%	48.3%	40.1%
Asian	Owners	46.9%	39.7%	100.0%	36.4%	49.9%	44.7%
	Renters	53.1%	60.3%	0.0%	63.6%	50.1%	55.3%
Native Hawaiian and Other Pacific Islander	Owners	0.0%	45.8%	0.0%	0.0%	100.0%	63.4%
	Renters	0.0%	54.2%	0.0%	0.0%	0.0%	36.6%
Some other race	Owners	56.1%	56.8%	0.0%	100.0%	57.0%	72.3%
	Renters	43.9%	43.2%	0.0%	0.0%	43.0%	27.7%
Hispanic or Latino origin	Owners	44.2%	46.6%	72.5%	90.2%	53.4%	59.8%
	Renters	55.8%	53.4%	27.5%	9.8%	46.6%	40.2%
White alone, not Hispanic or Latino	Owners	67.0%	66.1%	81.0%	91.3%	71.9%	74.1%
	Renters	33.0%	33.9%	19.0%	8.7%	28.1%	25.9%

Housing Access

Rental Vacancy Rate (ACS)	2009-2013	2019-2023
Chittenden	2.7%	1.6%
Grand Isle	8.5%	5.1%
Vermont	5.6%	3.4%

Housing Quality

Percent of Units with Severe Housing Problems (CHAS)	2011-2015	2016-2020
Chittenden	17%	16%
Grand Isle	19%	15%
Vermont	17%	16%

Housing Age

Percent of housing built by year: 2019-2023 (ACS)	Built 1939 or earlier	Built 1940-1979	Built 1980-2009	Built 2010 or later
Chittenden	17.4%	31.5%	40.0%	11.1%
Grand Isle	20.7%	23.5%	45.6%	10.3%
Vermont	25.5%	31.0%	36.3%	7.2%

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Social and Community Context

Youth Bullied

Percent of High School students who were bullied, past 30 days (YRBS)	2015	2019	2023
Chittenden	13%	13%	14%
Grand Isle	21%	22%	32%
Vermont	18%	17%	21%

Percent of Middle School students who were bullied, past 30 days (YRBS)	2015	2019	2023
Chittenden	18%	18%	21%
Grand Isle	26%	34%	29%
Vermont	24%	24%	27%

Seniors Living Alone

Percent of all 65+ Households- householder living alone (ACS)	2009-2013	2019-2023
Chittenden	48.0%	46.1%
Grand Isle	**	**
Vermont	45.8%	46.2%

** Data Unavailable

Households with Children

Percent of households with one or more under 18 years of age (ACS)	2009-2013	2019-2023
Chittenden	27.9%	24.4%
Grand Isle	29.7%	23.1%
Vermont	27.9%	23.7%

Single Parent Households

Single Parent Households as Percent of all Households (ACS)	2009-2013	2019-2023
Chittenden	7.2%	4.5%
Grand Isle	8.0%	3.1%
Vermont	8.3%	4.7%

Teen Pregnancy Rate

Teen Pregnancy Rate per 1,000, Ages 15-19 (VDH)	2019	2020	2022
Chittenden	6.8	6.4	7.2
Grand Isle	27.5	11.0	12.6
Vermont	11.5	9.7	9.6

Limited English-Speaking Households

Population 5+ years of age that speak English less than "very well" (ACS)	2009-2013	2019-2023
Chittenden	3.1%	2.8%
Grand Isle	0.5%	0.8%
Vermont	1.5%	1.2%

Household Vehicle Available

Percent of workers 16+ years of age, no vehicle available (ACS)	2009-2013	2019-2023
Chittenden	2.7%	2.9%
Grand Isle	1.3%	1.9%
Vermont	2.2%	2.2%

Health Outcomes

Adult Obesity

Adults percentage obese (BRFSS)	2018	2021	2022
Chittenden	24%	23%	25%
Grand Isle	49%	25%	25%
Vermont	29%	30%	27%

Adult Hypertension-High Blood Pressure

Adults percentage with hypertension- high blood pressure (BRFSS)	2018	2021	2022
Chittenden	22%	22%	25%
Grand Isle	36%	21%	30%
Vermont	25%	25%	32%

Adult Arthritis

Adults percentage with arthritis (BRFSS)	2018	2021	2022
Chittenden	21%	20%	22%
Grand Isle	42%	27%	29%
Vermont	28%	29%	29%

Adult Diabetes

Adults percentage diagnosed with diabetes (BRFSS)	2018	2021	2022
Chittenden	7%	6%	7%
Grand Isle	9%	9%	6%
Vermont	9%	9%	8%

Adult Asthma

Adults percentage with asthma (BRFSS)	2018	2021	2022
Chittenden	12%	12%	13%
Grand Isle	16%	10%	8%
Vermont	12%	12%	13%

Adult Smoking

Adults percentage who currently smoke cigarettes (BRFSS)	2018	2021	2022
Chittenden	12%	10%	9%
Grand Isle	13%	23%	18%
Vermont	15%	16%	13%

Adult Chronic Obstructive Pulmonary Disease (COPD)

Adults percentage with COPD (BRFSS)	2018	2021	2022
Chittenden	4%	5%	6%
Grand Isle	4%	**	**
Vermont	6%	7%	7%

** Data Unavailable

Chlamydia Rate

New diagnosed chlamydia cases rate per 100,000 people (NC)	2011	2016	2021
Chittenden	346.0	359.4	175.3
Grand Isle	260.0	72.9	175.2
Vermont	237.0	269.9	141.0

Adult Poor or Fair Health

Adults percentage reporting fair or poor health (BRFSS)	2005-2011	2018	2021
Chittenden	8%	11%	10%
Grand Isle	9%	13%	10%
Vermont	11%	13%	11%

Adult Poor Physical Health Days

Adults average number of physically unhealthy days reported in past 30 days (BRFSS)	2005-2011	2018	2021
Chittenden	2.8	3.7	2.8
Grand Isle	2.8	3.7	2.9
Vermont	3.2	3.7	3.1

Adult Poor Mental Health Days

Adults average number of mentally unhealthy days reported in past 30 days (BRFSS)	2005-2011	2018	2021
Chittenden	2.8	4.0	5.2
Grand Isle	2.8	4.1	4.9
Vermont	3.3	4.2	5.5

Adult Depressive Disorder

Adults percentage with depressive disorder (BRFSS)	2018	2021	2022
Chittenden	23%	26%	27%
Grand Isle	26%	19%	20%
Vermont	21%	25%	25%

Suicide Rate

Suicide death rate per 100,000 People (VDH)	2019	2022	2023
Chittenden	12.2	12.4	11.8
Grand Isle	19.4	13.5	13.4
Vermont	18.3	19.8	19.3

27Adult Alcohol Consumption

Adults percentage who report drinking heavily in the past month (BRFSS)	2018	2021	2022
Chittenden	6%	10%	9%
Grand Isle	9%	11%	9%
Vermont	8%	9%	10%

Opioid Deaths

Opioid deaths per 100,000 (VDH)	2013	2019	2023
Chittenden	10.7	10.3	30.7
Grand Isle	0.0	0.0	26.7
Vermont	11.0	18.4	35.7

Youth Marijuana Use

High School students percent who used marijuana, past 30 days (YRBS)	2013	2019	2023
Chittenden	24%	26%	22%
Grand Isle	20%	16%	27%
Vermont	24%	27%	22%

Healthcare Utilization

Older Adult Flu Vaccines

Adults percent 65+ who had a flu vaccine (BRFSS)	2018	2021	2022
Chittenden	63%	81%	80%
Grand Isle	62%	76%	79%
Vermont	54%	73%	75%

Adult Colorectal Screening

Adults percent ages 50-75 receiving any type of colorectal screening (BRFSS)	2018	2020	2022*
Chittenden	75%	**	**
Grand Isle	71%	**	**
Vermont	71%	77%	70%

*adults 45-75,
** data unavailable

Adult Cholesterol Screening

Adults percent with cholesterol screening, past 5 years (BRFSS)	2011	2019	2021
Chittenden	**	83%	83%
Grand Isle	**	90%	88%
Vermont	75%	80%	81%

** data unavailable

Adult Breast Cancer Screening

Women ages 50-74 percent who met Breast Cancer screening recommendations (BRFSS)	2016	2018, 2020	2022
Chittenden	**	77%	74%
Grand Isle	**	64%	72%
Vermont	79%	74%	76%

** data unavailable

Adult Cervical Cancer Screening

Women ages 21-65 percent meeting cervical cancer screening recommendations (BRFSS)	2018	2019-2020
Chittenden	**	84%
Grand Isle	**	95%
Vermont	78%	83%

** data unavailable

Youth Immunization

Percent childhood seven series coverage by age 2 (VDH)	2020	2022	2023
Chittenden	79.4%	79.0%	76.9%
Grand Isle	78.5%	77.0%	70.3%
Vermont	75.6%	75.5%	75.8%

Percent receiving HPV 1+ dose by age 15 (VDH)	2020	2022	2023
Chittenden	70.3%	69.8%	66.1%
Grand Isle	72.0%	71.4%	74.3%
Vermont	66.4%	66.7%	65.7%

Percent receiving Tdap by age 15 (VDH)	2020	2022	2023
Chittenden	80.4%	78.3%	73.2%
Grand Isle	76.3%	85.7%	78.4%
Vermont	79.9%	78.5%	76.9%

Percent receiving Meningococcal vaccine by age 15 (VDH)	2020	2022	2023
Chittenden	75.0%	74.4%	70.4%
Grand Isle	75.3%	80.6%	77.0%
Vermont	75%	74.5%	72.7%

Youth Lead Screening and Poisoning

Percent of children (1-2 years of age) tested for lead levels (VDH)	2018	2020	2023
Chittenden	78.0%	80.7%	91.4%
Grand Isle	58.7%	64.2%	75.0%
Vermont	75.4%	71.3%	84.5%

Percent of children (1-2 years of age) with elevated lead levels (VDH)	2018	2020	2023
Chittenden	3.9%	4.0%	4.6%
Grand Isle	**	**	**
Vermont	8.0%	7.9%	9.6%

Prenatal Care

Percent of mothers who began prenatal care in the first trimester (VDH)	2016	2019	2022
Chittenden	85.1%	88.7%	90.4%
Grand Isle	85.1%	92.9%	93.3%
Vermont	86.9%	89.0%	87.3%

Youth Developmental Screening

Percent of Children who have a developmental screening in first 3-years (VDH)	2013	2019	2021

Chittenden	**	**	**
Grand Isle	**	**	**
Vermont	47%	61%	59%

**Data Unavailable- Most youth screening indicators appear to be available at the statewide level only.

Healthcare Access

Primary Care Provider Density

People per primary care physician (CHR)	2012	2020	2021
Chittenden	603	533	572
Grand Isle	6,983	1,434	1,484
Vermont	922	855	899

Dentist Provider Density

People per dentist (CHR)	2013	2021	2022
Chittenden	1,148	1,030	1,032
Grand Isle	6,987	7,421	7,489
Vermont	1,567	1,382	1,377

Mental Health Provider Density

People per mental health provider (CHR)	2014	2022	2023
Chittenden	210	141	132
Grand Isle	**	2,474	1,498
Vermont	286	193	184

** data unavailable

Health Insurance by Type

Percent Insured by Type (ACS) (alone or in combination with other insurance types)	Chittenden		Grand Isle		Vermont	
	2013-2017	2019-2023	2013-2017	2019-2023	2013-2017	2019-2023
Private Insurance	77.2%	78.0%	70.5%	72.3%	68.2%	69.2%
-Employer-based	65.7%	65.0%	57.0%	57.2%	55.3%	55.2%
-Direct purchase	12.9%	15.5%	14.6%	17.6%	14.2%	15.8%
-Tricare/Military	2.1%	2.1%	2.0%	2.4%	2.1%	2.2%
Public Insurance	30.3%	31.4%	41.7%	42.1%	41.5%	42.3%

-Medicare	15.2%	17.1%	19.6%	25.6%	19.9%	22.6%
-Medicaid	17.8%	16.6%	24.1%	19.1%	25.2%	23.2%
-Veteran's Administration	1.7%	1.5%	1.9%	1.9%	2.6%	2.3%

Percent Uninsured by Race & Ethnicity and by Gender

Percent Uninsured by Race & Ethnicity and by Gender (ACS)	Chittenden		Grand Isle		Vermont	
	2009-2013	2019-2023	2009-2013	2019-2023	2009-2013	2019-2023
Total Population	5.8	3.3	6.1	3.9	7.3	3.9
Black or African American	15.6	6.5	0.0	0.0	11.9	7.5
American Indian & Alaska Native	14.6	5.2	0.0	0.0	12.1	7.2
Asian	10.0	11.2	15.0	0.0	11.9	8.3
Native Hawaiian & Other Pacific Islander	0.0	26.4	**	**	2.8	21.5
Some other race	23.9	5.0	0.0	16.7	20.7	8.6
Two or more races	7.5	1.7	0.0	5.8	8.7	3.4
Hispanic or Latino origin	11.8	2.8	4.3	0.0	12.4	5.7
White alone, not Hispanic or Latino	5.3	2.9	6.3	3.9	7.1	3.8
Male	7.5	4.1	6.9	4.8	9.3	5.0
Female	4.2	2.5	5.2	2.9	5.4	2.9

** data unavailable

Adult Routine Doctor's Visit

Adults percent who had a routine doctor's visit in past year (BRFSS)	2018	2021	2022
Chittenden	72%	68%	71%
Grand Isle	75%	82%	80%
Vermont	76%	72%	75%

Adults Cannot Obtain or Delay Health Care

Percent of Adults who cannot obtain care or delay care (BRFSS)	2012-2013	2017-2018	2019-2020
Chittenden	7%	7%	6%
Grand Isle	9%	13%	**
Vermont	9%	8%	8%

** Data Unavailable

Education

Educational Attainment

Percent High School Graduate or Higher (ACS)	Chittenden		Grand Isle		Vermont	
	2011-2015	2019-2023	2011-2015	2019-2023	2011-2015	2019-2023
Total Population (25+ years of age)	93.8	95.5	93.9	96.7	91.8	94.5
Black or African American	82.8	89.0	**	64.3	83.1	90.1
American Indian & Alaska Native	71.1	82.8	33.3	100.0	74.7	88.2
Asian	67.3	78.6	62.5	100.0	77.3	83.4
Native Hawaiian & Other Pacific Islander	100.0	77.6	**	**	92.9	73.8
Some other race	91.3	99.5	100.0	100.0	81.0	87.6
Two or more races	86.4	92.8	100.0	94.7	85.5	93.9
Hispanic or Latino origin	90.4	96.5	95.0	85.4	86.7	92.5
White alone, not Hispanic or Latino	95.1	96.5	94.2	96.9	92.3	94.9
Male*	93.3	95.3	93.4	95.6	90.3	93.4
Female*	94.3	95.7	94.4	97.8	93.2	95.6

** data unavailable

Third Grade Reading Level

Percent of students scoring proficient in third grade SBAC Assessment (VAoE)	2018	2019	2022
Vermont	50.0%	49.5%	41.2%

Kindergarten readiness

Percent of students identified as kindergarten ready (VAoE)	2022	2023	2024
Vermont	86%	86%	85%

High School Graduation

High school graduation rates (VAoE)	2018	2019	2020	2021	2022	2023
Vermont 4 Year Rate	85%	85%	83%	83%	83%	82%
Vermont 6 Year Rate	90%	92%	88%	87%	86%	86%

Financial Stability

Unemployment by Race & Ethnicity, Gender and Educational Attainment

Unemployment Rate for those 16+ years of age in the Civilian Labor Force (ACS)	Chittenden		Grand Isle		Vermont	
	2009-2013	2019-2023	2009-2013	2019-2023	2009-2013	2019-2023
Total Population	6.1%	3.7%	7.7%	3.7%	6.8%	3.7%
Black or African American	19.1%	14.2%	0.0%	0.0%	17.6%	10.5%
American Indian & Alaska Native	4.2%	0.0%	20.8%	0.0%	7.9%	5.4%
Asian	8.8%	3.6%	0.0%	0.0%	8.1%	3.3%
Native Hawaiian & Other Pacific Islander	0.0%	0.0%	**	**	21.7%	0.0%
Some other race	1.3%	5.9%	0.0%	0.0%	4.3%	5.2%
Two or more races	9.7%	2.3%	12.6%	1.1%	13.4%	5.0%
Hispanic or Latino origin	3.6%	5.4%	25.7%	0.0%	9.4%	6.7%
White alone, not Hispanic or Latino	5.7%	3.3%	7.3%	3.7%	6.5%	3.4%
Male*	6.6%	3.8%	9.5%	2.9%	7.2%	3.7%
Female*	4.5%	2.7%	5.3%	2.9%	5.4%	3.0%
Less than High School Graduate***	10.2%	17.0%	28.7%	4.3%	15.0%	9.4%

*Population 20-64 years of age, ***Population 25-64 years of age
**Data Unavailable

Housing Affordability

Percent of Owners (with a mortgage) paying 35% or more of monthly income on housing (ACS)	2009-2013	2019-2023
Chittenden	24.6%	17.0%
Grand Isle	33.4%	27.1%
Vermont	27.3%	21.2%
Percent of Renters paying 35% or more of monthly income on housing (ACS)	2009-2013	2019-2023
Chittenden	44.8%	43.5%
Grand Isle	43.3%	41.2%
Vermont	41.5%	40.5%

Income by Race & Ethnicity

Median Household Income $ (ACS)	Chittenden		Grand Isle		Vermont	
	2009-2013	2019-2023	2009-2013	2019-2023	2009-2013	2019-2023
Total Population	63,989	94,310	59,509	90,625	54,267	78,024
Black or African American	42,500	51,426	**	**	49,559	50,683
American Indian & Alaska Native	36,333	122,560	**	48,465	36,641	50,595
Asian	39,032	81,375	**	**	48,350	77,634
Native Hawaiian & Other Pacific Islander	**	**	**	**	**	46,827
Some other race	57,404	67,813	**	111,731	59,063	69,955
Two or more races	49,135	98,042	45,179	151,250	41,056	83,028
Hispanic or Latino origin	52,872	95,484	27,500	130,625	53,007	86,172
White alone, not Hispanic or Latino	65,784	96,385	60,299	91,688	54,675	78,394

** Data Unavailable

Poverty by Race & Ethnicity, Gender, Age and Educational Attainment

Percent of the Population below the Federal Poverty Level (ACS)	Chittenden		Grand Isle		Vermont	
	2009-2013	2019-2023	2009-2013	2019-2023	2009-2013	2019-2023
Total Population	11.2%	10.4%	6.9%	7.6%	11.8%	10.3%
Black or African American	31.3%	25.3%	0.0%	20.0%	26.1%	22.1%
American Indian & Alaska Native	42.4%	19.5%	12.2%	0.0%	28.9%	19.0%
Asian	19.4%	15.3%	0.0%	0.0%	17.4%	15.7%
Native Hawaiian & Other Pacific Islander	**	0.0%	**	**	0.0%	18.5%
Some other race	18.6%	19.2%	0.0%	1.9%	14.3%	17.7%
Two or more races	28.1%	15.5%	6.4%	11.0%	19.8%	14.1%
Hispanic or Latino origin	16.5%	10.9%	11.8%	1.3%	15.3%	13.9%
White alone, not Hispanic or Latino	9.9%	9.3%	6.8%	7.6%	11.3%	9.7%
Male	10.0%	9.0%	7.2%	8.1%	10.8%	9.3%
Female	12.5%	11.8%	6.6%	7.0%	12.7%	11.2%
Population under 18	11.1%	8.9%	11.1%	8.5%	14.8%	10.8%
Population over 65	6.5%	6.8%	2.3%	5.3%	7.5%	8.2%
Less than High School Graduate*	26.7%	27.2%	16.5%	27.3%	23.7%	26.0%

* Population 25 years and over
** Data Unavailable

17

(SNAP/Food Stamps) Recipients by Race & Ethnicity, Age and Disability Status

Percent Receiving Supplemental Nutrition Assistance Program Benefit (ACS)	Chittenden		Grand Isle		Vermont	
	2009-2013	2019-2023	2009-2013	2019-2023	2009-2013	2019-2023
Total Population	10.9%	7.6%	13.0%	10.4%	13.7%	10.5%
Black or African American	33.1%	11.5%	0.0%	40.0%	31.7%	13.9%
American Indian & Alaska Native	25.7%	22.8%	100.0%	18.6%	29.2%	34.9%
Asian	19.7%	1.7%	0.0%	0.0%	16.2%	7.1%
Native Hawaiian & Other Pacific Islander	0.0%	0.0%	0.0%	0.0%	20.6%	0.0%
Some other race	46.0%	7.5%	0.0%	0.0%	29.9%	4.8%
Two or more races	16.0%	7.5%	0.0%	12.6%	29.3%	15.9%
Hispanic or Latino origin	15.6%	8.7%	38.5%	0.0%	18.7%	11.8%
White alone, not Hispanic or Latino	10.1%	7.6%	12.5%	10.1%	13.2%	10.2%
Household with one or more people 60 years of age or more	8.9%	8.3%	6.2%	8.4%	11.2%	10.1%
Household with one or more people under 18 years of a	18.7%	8.7%	26.1%	17.6%	21.8%	14.8%
Household with one or more people with a disability	26.7%	20.1%	23.3%	22.2%	27.6%	22.6%

2025 UVMMC Community Health Needs Assessment: Focus Groups Report

Contents

Introduction

Six focus groups were conducted in the spring of 2025 as part of the UVM MC Community Health Needs Assessment. The groups of interest were determined by the CHNA steering committee/focus groups workgroup members. These listening sessions were conducted by UVM MC staff and analyzed and reported by the research partner- the Center for Rural Studies. The choice of groups with which to engage in this form of in-depth data collection reflects the desire to reach often marginalized communities whose specific experiences and stories can be lost in the other more aggregated health needs assessment processes. The six groups are generally described as representative of the following communities:

- Youth
- Youth Experiencing Housing Insecurity and/or Represent Diverse Multicultural Backgrounds
- Older Rural Adults
- People Experiencing Housing Insecurity and/or Substance Use Disorder
- Gare Givers
- People with Intellectual Disabilities

The focus groups generally follow a questionnaire template designed and used in the previous CHNA. The following questions were asked across each group. Individual responses were coded into categories reflecting community health needs and are reported in the aggregate by total number of responses reflecting a given theme. This analysis enables a clear representation of the top emergent community health themes present for these communities. Additional lines of questioning in specific groups are included for context.

- What supports your overall health and wellbeing in your community? Or What is working in your community?
- What makes it difficult to maintain or improve your health?
- If you had a magic wand, what would you change to improve health in your community?

Vermont Department of Health- Statewide Health Needs Assessment Focus Group Results

In 2024 the Vermont Department of Health conducted a Statewide Health Needs Assessment which included data collection through a series of 45 focus groups with the following specified populations.

- Older Vermonters
- Vermonters with a disability
- LGBTQ+ Vermonters
- Vermonters of Color
- Unhoused Vermonters
- Indigenous Peoples
- And Others

The aggregated top health needs identified through these focus groups included the following:

- Housing 23%
- Mental Health/Substance Use 22%
- Cost of Living 22%
- Issues Accessing Healthcare 16%
- Discrimination 8%
- Specific health conditions 5%
- Climate Change 3%

These results generally align with and serve as a point of data triangulation for the work conducted in the 2025 UVM MC CHNA.

UVM MC CHNA Aggregated Focus Group Results

Summarized Statistics

- When asked- What makes it difficult to maintain or improve your health?
  - **33%** mentioned accessing healthcare services
  - **19%** mentioned accessing public or affordable transportation
  - **19%** mentioned stigma and judgement about healthcare needs or during treatment
  - **16%** mentioned personal safety concerns
  - **12%** mentioned cost of living including healthcare
- When asked- What would you change to improve health in your community?
  - **31%** mentioned increasing and improving healthcare service
  - **28%** mentioned addressing cost of living
  - **21%** mentioned increasing other community services
  - **14%** mentioned increasing transportation access and affordability
  - **7%** mentioned increasing communication and education to reduce health stigmas
- When asked- What supports your health and wellbeing in your community?
  - **31%** mentioned community activities and events, and interpersonal connections
  - **31%** mentioned community services and services providers
  - **26%** mentioned community spaces
  - **11%** mentioned recreation and hobbies

What supports your overall health and wellbeing in your community?

- Community Activities, Events and Interpersonal Connections- 28 responses
- Community Spaces- 23 responses
  - These two categories are not exclusive, as physical spaces within communities facilitate activities and events, and generally enable interpersonal interactions. In a cold climate like Vermont's, access to physical spaces is essential to ensuring in-person, interpersonal interactions for several months out of the year.
- Community Services & Services Providers- 28 responses
  - This includes general community services like healthcare and stores, as well as specific community service organizations and providers addressing the needs of marginalized populations like those with intellectual disabilities.
- Recreation and Hobbies- 11 responses

What makes it difficult to maintain or improve your health?

- Challenges Accessing Healthcare Services- 22 responses
- Costs of Healthcare Services and Cost of Living- 8 responses
- Access to Public / Affordable Transportation and Cost of Transportation- 13 responses
- Stigma and Judgement about Healthcare Needs in the Community or During Treatment- 13 responses
- Personal Safety Concerns in the Community- 11 responses

If you had a magic wand, what would you change to improve health in your community?

- Increasing and Improving Healthcare Services- 18 responses
- Addressing Costs of Living in (Housing, Healthcare, Food, Transportation)- 16 responses
- Increasing Other Community Services- 12 responses
- Increasing Public Transportation- 8 responses
- Increasing Communication and Education to Reduce Stigmas- 4 responses

Youth FG Results

What supports your overall health and wellbeing in your community?

- Quotes
    - *"At this Tech School, they give you more chances and opportunity to make your own decisions, figure out your own path instead of putting you in a box."*
    - *"I've gone to school with the same people since pre-school, so coming to Tech, you meet so many more people who have different backgrounds, you get to learn about different experiences and how stuff is in different parts of the State."*

- Themes
    - Tech Center (tight-knit environment, relationships, inclusive, diversity helps them feel more included, social connection, feeling connected to other students, improves academic performance) (11)

- Teachers at Tech Center (trusted adults, want to help you succeed in life, treat you like adults, care more, hold you to a higher standard, personalized experience for future career) (7)
- Taking part in community events outside of hometown (sense of community) (1)
- Extracurricular activities (1)

What makes it difficult to maintain or improve your health?

- Quotes
  - *"(There has been) a lot of violence recently, and a ton of problems, where especially for kids, where parents are scared to let their kids go outside and play is really sad to me, and I've lived here my whole life, and this is more of an issue in the last two years."*
  - *"I find that everything is really, really, inaccessible where I live. For me to get to my job on the weekends, I have to walk two hours to the bus. I don't live in a walkable place, I have to walk in ditches. My freshman year, I couldn't go to the doctor because my family didn't have a car for a little while."*
  - *"The problems with the drugs and everything going on, the state as a whole doesn't look at. Everyday citizens walking down the street can see it, but everyone above (doesn't)."*
  - *"More needs to be done to stop the amount of drugs that are done in the community."*
  - *"There are consequences, but there is no help." (teenagers using substances)*

- Themes
  - Violence, safety concerns (needles on the ground, drug use, feeling unsafe downtown, feeling unsafe shopping) (6)
  - People using substances among peer groups (sometimes nothing gets done about it to solve the issue, no true punishment) (5)
  - Stigma around helping people and reaching out for help (homeless, substance abuse, mental health) (5)
  - State/local leaders are not doing enough to address problems (especially drug use, nothing is being done enough to improve the situation, easy for people to take advantage of the system) (5)
  - Lack of open-mindedness among small communities, ignorance (social issues) (4)

- Not enough access to mental health services (sometimes leading to substance use) (3)
- Transportation (inaccessible, no public transportation) (2)
- Police are not well-equipped to handle modern-day problems (drug use, etc.) (1)
-

What is working in your community?

- Quotes
  - *"It's really cool to explore outside of your community and learn about the people who are there."*

- Themes
  - Attending local events and fundraisers to build community, more of a push for community and mutual aid (2)
  - Volunteering and helping the community (1)
  - Building community in different towns (1)

If you had a magic wand, what would you change to improve health in your community?

- Quotes
  - *"People who need things are not able to afford anything, they aren't able to access anything. There's not access provided to a lot of things that are important."*
  - *"People need to know that there's more opportunities other than college or a random food service job. I have a friend and she's like "If I knew at the beginning of my high school career that Tech was an option and that there's trades I could have done, then I wouldn't have fallen off and stopped taking my education seriously." There needs to be less of a push towards going to college."*
  - *"Little things like that (free water, soup kitchens) help people so much. There needs to be more of a push for little safe spaces."*

- Themes
  - More education about alternatives after high school other than college (2)
  - More kindness and compassion, small actions to help people (2)
  - Create a business for recovering addicts (progress back into society) (1)

- Create a judge-free mental health hotline (avenue for help and safety) (1)
- Create guidance programs for career and mental health counseling (1)
- Create a class in school about taboo topics to reduce stigma (1)
- Make public transportation more accessible (streetlights, bus routes, sidewalks) (1)
- More options for people in the community who are struggling (programs) (1)
- More affordable housing (1)
- More resource for getting food- accessible food shelves (1)
- Finding a middle ground between all of the local communities to talk about issues (1)

Older Rural Adults FG Results

What things in your community help to support your health and wellbeing?

- Quotes
  - *"The other resource that I think that we have is that we're all in small communities. It's pretty thin, you know, so we're a lot closer to the needs in our community. I think one of our resources is that we're small. Seems like an oxymoron, but in a way to prove it, my neighbor's home burned up just the other day, and within 36 hours, the GoFundMe was up to $45,000. So, it's that small, you know, everybody cares for everybody else, which is really nice."*
  - *"I was alone that winter a lot, and it was a lonely time. But the next summer, I got involved with croquet (at the Senior Center). I got involved with croquet and pickleball, picked up all sorts of folks. I mean, it's just enriched my life in so many ways. I play the cello and I play with the youths, I play with a pianist who we discovered each other during COVID, we play these concerts online with each other, and that's just allowed me to flower in some ways. We had a bridge club for a while. It's just really, really helped me feel more integrated into the community."*
  - *"We have wonderful schools really. even elementary schools and high schools, and I feel like everybody in the community is really aware of the struggles for families, and they have free and reduced lunch. And it's, it's so amazing to think that you can get taken care of no matter what your need, and it isn't. You're never singled out. And I feel like that's a huge asset around here."*
  - *"Doris has been doing a senior dinner once a month for (over 20) years, a lot of what works in our communities is tenacity and long-term commitment and just*

being there. We've been whining a little bit about the community that we don't get, especially where seniors are concerned, but Doris has a completely unique group of people that come to dinner. They don't come to the coffee hour that I do on Wednesdays, but they come to Doris' Thursday dinner."

- Themes- Tangible Assets
  - Local community events (6)
    - Food fair/festival
    - "Bone Builders" coffee hour
    - A local woman offers a senior dinner once a month (2)
  - Schools (6)
  - Senior Center (5)
  - Local rescue/fire department (5)
    - West Bolton hosts a get-together every third Thursday of the month
  - Outdoor recreation (Brown's court, school, ski areas) (5)
  - Front Porch Forum page (2)
  - Helpful local government officials and town clerks (2)
  - Library (2)
  - Doctor's office (2)
  - Grocery stores (2)
  - Food shelf/thrift store (1)
  - Churches (1)
  - Veterinary office (1)
  - Local engaged, caring and competent healthcare providers (1)

- Themes- Intangible assets
  - Being a small community (3)
  - Neighbor Helping Neighbor program at Huntington Community Church (donation-based for community needs) (2)
  - Free lunch program for kids (1)
  - Community groups- Camel's Hump Indivisible (1)

What makes it difficult to maintain or improve your health?

- Quotes
  - *"I worry about the people who are not as fortunate, and the people who are stuck at home, and as someone who just wrecked my car and I had no transportation*

for two weeks, it was endless. I can't imagine. There's sort of a loose-knit group of people who kind of connect each other around transportation, especially for people who don't have services, because if you have a monthly budget and you have to use SSTA that's a big chunk, and even getting to the Park and Ride for busses, and busses are not inexpensive. We do have the Front Porch Forum, and people do ask for rides a lot, but, but consistently asking is rough."

- *"I got an appointment like one year out, I needed to go to neurosurgery. I waited nine months for an appointment, and I was in a lot of pain, so I sought care elsewhere. So, I go down to Lebanon, I get on the bus, I go down to Boston, I have my surgery down there, and then I come back. I couldn't wait for the amount of time that was required here. I know other people who have had to do this, and so many of the specialty areas are just not adequately staffed here, and so the challenges are getting an appointment and then being sure that that's the route that you want to take for your health care. There just aren't a lot of options."*
- *"I get my medication mailed regularly, but I have to keep on top of it, or things don't come. I was out of my heart medication for two weeks. "The amount I pay for medication and insurance is why I have three jobs, and one of them is here, and basically, I'm just exchanging every paycheck for that stuff. And I'm not the only one, but if I weren't able to advocate for myself, what happens? We need health advocates for people, and not just lower income people, but really for everyone."*

- Themes
  - Healthcare services (long wait times, limited number of specialized clinics, lack of local providers, limited options for care) (10)
  - Lack of (affordable) transportation for seniors (5)
  - Medications and insurance (high cost, difficult to keep up with, limited pharmacy hours) (5)
  - No recreation center for year-round recreation (1)
  - No community center (1)
  - No stores in Bolton (1)

If you had a magic wand, what would you change to improve health in your community?

- Quotes

- *"One of the things that gets in the way of our being as imaginative as we could be with our resources is our old commitments, and Bolton doesn't have a library. There's a lot of things we don't have in Bolton, but the school has a library, but that's a school library. That's the one that's open nine months out of the year from 9-4. But God forbid adults should go in that library, because that's the way we do it. That library was established as an institution. Even in our little communities, we have a lot of resources, but we have a lot of assumptions about where resources can be used and can't be used."*
- *"It's more making it easier for people to interrelate within the community and figuring out a way to make sure that people know about even Coffee Hour on Wednesdays. I run into a bunch of people that had no idea it was there, but you know, for distribution of food or just knowledge that the service is available, that's where something like that comes from, and that's probably the communications part of it. Getting that to be more universal would probably go a long way towards helping out folks that are not accessing what's available for the community."*

- Themes
  - More recreation opportunities, building a recreation center (3)
  - Better inter-town communication about events and opportunities (2)
  - Create mobile healthcare offerings (specialty clinics) (2)
  - More affordable housing (2)
  - More transportation options (2)
  - Library for adults, separate from the school (2)
  - Build a community garden (1)
  - More funding for the Senior Center (1)
  - Create a mobile pharmacy (1)

Housing Insecure & Substance Use Disorder- FG Results

What things in your community help to support your health and wellbeing?

- Quotes
  - *"They're (CVOEO) the only people that try to go out of their way. And they'll even have people that go out, like a few times, to go out and find people and then to give them stuff."*

- Themes

- CVOEO (4)
- Criminal restorative programs (2)
- Local churches (2)
- UVMMC (1)

Why are these things working?

- Quotes
  - *"They're working because they want to help, we want the help."*
  - *"There's people that are passionate about their work, that want to help people, that want to see people out of the streets."*

- Themes
  - Passionate workers (2)

What are some things that could be improved?

- Quotes
  - *"Even if they drive by and the person that owns the building, the cops still force you to leave and make you move down to the lake. The cops were driving down the waterfront. That's the coldest place to be. Even if they drive by and the person that owns the building, the cops still force you to leave and make you move down to the lake. That's what they want, and then people die and they don't know about it" (people may be in a location, police will transport them down to the waterfront where they are more hidden, but it is colder).*
  - *"You go to one place, and they tell you to go to another, and then that place tells you to go to another, and that place tells you to go to another."*
  - *"They probably just think everybody overdoes in there all the time. They're not medical professionals and people are shocked that aren't addicts, when somebody dies.... someone that's not used to that on a regular basis gets traumatized by that, and then they get fed up with it when it's (on) a regular basis... don't get into a position of helping people if you don't know the traumatics of what's going to go with that."*

- Themes
  - Treatment from police (3)

        - Confiscation of belongings- difficulty getting belongings back
    - Housing stock and affordability (2)
    - Existence and quality of places to stay overnight (2)
    - More funding for programs that help (1)
    - Advertising for support services, let people know what resources are available (1)
    - Create a centralized location for everybody to get information (clearer communication from agencies about where to go for help) (1)
    - Access to technology to access information and resources (1)
    - Quality and attitude of support staff regarding substance use (1)

What makes it difficult to maintain or improve your health?

Alt: What challenges do you face in getting the services you need?

- Quotes
    - *"(I've been) treated really well, and I've been (treated) really bad. (It) depends on the on the staff."*
    - *"If you're passed out, you call an ambulance. There are folks who have had some really negative experiences with EMTs who are like, don't call us anymore, because, for whatever reason, we're sick of dealing with you."*
    - *"They (GMT) have a reduced bus pass that's like $25 a month instead of $50. But still, $25 a month is a lot of money for a lot of us."*

- Themes
    - Transportation (cost, accessibility) (4)
    - Not being able to get medical care without documentation (birth certificate, ID) (1)
    - Discrimination/judgment from healthcare providers, taking patients in and discharging without any support (1)
    - Access to technology (phones) to make appointments (1)
    - Not having a physical place to receive mail (1)

If you had a magic wand, what would you change to improve health in your community?

- Quotes

  - *"I never in 1,000 years thought I'd get the chance to have a pod (at Elmwood Shelter). If you've been truly homeless, this is all this little slice of heaven, especially days like today."*
  - *"Jess and her staff Melanie went to report a rape with me. Melanie tried to take money out of her own pocket to put me in a hotel when I was sexually assaulted and ******* half dead… those people cared about their job and they cared about their clients, that's the difference."*
  - *"How are we going to get clean if we're not in a place and want to be clean?"*

- Themes
  - Housing for all, substance-friendly housing (4)
  - Further invest in the people and services that are helping (2)
  - Create a safe injection site (1)
  - Phone share program (having a number to be reached at) (1)

In terms of substance use, what things in the community help to support your health and well-being, and why are they working?

- Themes
  - Methadone clinics (2)
  - Access to Narcan stations (1)

How could they be improved?

- Quotes
  - *"If I have someone to hold me accountable or someone to check in with, it makes me want to thrive. It gives me ambition. It gives me someone to want to make proud or feel like they're not doing their job for nothing."*
  - *"I couldn't believe the way I was straight up called a liar that's called (a) junkie. The things that we are called and expect to just wipe our chin and take it, you know, walk away, and then if we say anything, we're banned."*

- Themes
  - Transportation (access, affordability) (5)
  - More case workers (1)
  - More Narcan stations (1)
  - More experienced staff (1)
  - Better coordination and communication between organizations (1)

- Better treatment from healthcare providers (1)

Housing Insecure & Multicultural Youth FG Results

What things in your community help to support your health and wellbeing?

- Themes
  - Support groups and services, a place to talk about what's on your mind and navigate the system (trusted adults) (2)
  - Upward Bound College Prep Program Staff (1)
  - Individual coping strategies for processing hard emotions (reading, walking, drawing, music, use of social media (3)

Why are these things working?

- Themes
  - Because support groups provide an outlet for getting the word out about what problems are happening and how to fix them (1)
  - Social media can provide a brain break (but also comes with its challenges (1)

How could they be improved?

- Themes
  - Make it easier to get apply to programs for support (Medicaid, SNAP, etc.) (1)
  - Train program staff on how to accommodate and support people with disabilities (1)

What makes it difficult for you to improve or maintain your health?

- Quotes
  - *"Whether it's health insurance, food stamps, housing, it's just too much of a pain. I just had housing, and they said they got a lot of budget cuts now because of everything going on, everything's just so expensive."*

- *"I have Medicaid and Medicare, but since I've been given Medicare, they will not cover me to get any nicotine patches, any nicotine lozenges, anything to quit, even though they would when (I only) had Medicaid."*

- Themes
  - Overall cost of living being too high (2)
  - Transportation (cost, accessibility) (2)
  - Barriers with Medicaid and Medicare not covering specific costs to support health (1)
  - Inflexible hours for healthcare (not being open on weekends) makes it inaccessible (1)
  - Fear of opening up about mental health problems in fear of being hospitalized (1)
  - Living in a communal environment makes it hard to have a safe place to process hard feelings, mental health problems (1)

If you had a magic wand, what would you change to improve health in your community?

- Quotes
  - *I'd say with the medical stuff, hiring people that will actually listen to you and work with you. I tried working with the dietician, and that didn't go well. They basically said, 'you have to give up everything," and that's just not the way I go about it. They just basically told me to, cold turkey, cut soda, chips, everything, and (that) can still do damage to you, just cutting everything out, because your body won't be used to it. So, find ways to have people actually listen to you and work with you, not just like, 'I'm the medical professional. You do it my way.'"*
  - *"A lot of different programs need improvement on understanding people with mental health issues and disabilities and all that, I feel like they don't fully understand how to deal with people like that, or understand the shit they have to go through and why they do the things they do. I feel like a lot of places, programs and workers definitely could use a refresher and some training."*

- Themes
  - Reduce cost of living (rent, medical expenses, gas prices, groceries) (7)

- More mental health services (retraining mental health workers and police, hire more workers, create a mental health hotline for accessing services) (4)
- Create more resources/programs for learning to drive (1)
- Hiring medical staff that accommodate unique needs (1)
- Shorter wait times for healthcare services (1)
- Make healthcare more affordable (or free) and more accessible (especially for elderly who do not use technology) (1)
- Retrain program staff on how to serve people with mental health issues and disabilities (1)
- Changing the way money is distributed to different services and community needs (1)
- Hire more staff to help people navigate getting government services, make the process smoother (1)
- More flexible hours to access healthcare providers and support services (1)
- Create a 24-hour safe, free place to hang out without being told to leave (1)

Special Olympics Athletes FG Results

What things in your community help to support your health and wellbeing?

- Themes
- Going for walks outside (1)
- Participating in community races, fundraisers, and events (1)

Are there any programs or services in your community that help to keep you healthy?

- Themes
  - EDD Partners (2)
  - Special Olympics (2)
  - Vermont Adaptive (1)
  - School sports (1)
  - Running/Community races (2)

Why are those things working?

- Quotes
  - *"I've really got to feel included when doing sports and activities."*

- Themes
  - Being engaged within the community, sense of belonging (1)
  - Avenue for making friends and maintaining health (1)

What could be improved?

- Quotes
  - *"Certain events don't accommodate people with disabilities, and I feel like those kinds of events, that we as people with disabilities, need to feel more included."*
  - *"He was on a cross country and track team and he was the only guy with an IEP on the teams and a lot of times that they would either not really exclude him per SE, but, It was more off putting, not accepting him to be on a team and then comments of 'well that's why they created Special Olympics.'"*

- Themes
  - Cost is too high- make more affordable (1)
  - Increase accessibility and inclusion of people with disabilities (1)
    - More patience and time given for processing information at sports events
  - Increased access to the things recommended by doctors to improve health (1)
  - Additional ways to communicate (1)

What makes it hard to improve your health?

- Quotes
  - *From a parent/guardian: "(Be)cause he's considered nonverbal, they automatically think that he's part of the term dumb, or dumb down the conversation about him, not to him. And they also won't, a lot of times, include him in his own care plans. So they think they know best and make a care plan about him that doesn't fit him, but it fits the mold."*

- Themes
  - Difficult to access doctors and providers (1)
  - Difficult to articulate and communicate needs (1)
  - When providers talk "about" patients rather than "to" them directly (1)
  - Exclusion in care plans, care plans that don't fit unique needs (1)

If you could do anything you wanted to change or improve the health in your community, what would you do?

- Quotes
  - *"Doctors, medical professionals, need to be educated on treating their patients with intellectual developmental disabilities. I've had friends say that older doctors (are) not being fair or Doctors make fun of another person's health and their weight. And it's sad to hear those stories and I just feel like medical professionals need to treat their patients not just with disabilities, but everybody, fairly and respect them."*

- Themes
  - More education for doctors and providers about treating patients with intellectual developmental disabilities (1)
  - Increased awareness, acceptance, and kindness around disabilities (1)

Special Olympics Caregivers & Guardians FG Results

What things in your community help to support your health and well-being?

- Quotes
  - "It's nice to have that kind of healthcare home that I know is there so and and someone who knows me and knows my situation. That's that's a big plus."
  - "The various specialists that I've had to work with over the years have all been very high quality, mostly attached to UVM Medical Center. And very accessible and have been able to help me through everything from my hearing to whatever comes up around as you. As we age, these things happen, so I'm very happy about the way it's packaged at this point in my community for me."
- Themes

- Access to high-quality, local primary care physicians and specialists (2)
- Howard Center (1)
- EDD Adaptive Sports Special Olympics partners (1)

How could these things be improved?

- Quotes
  - *"Bowling is dependent on the time and money that we're willing to come up with for a bowling alley to accept us and it makes it vulnerable to so many outside forces that it's just not right. I'm prejudiced because I think kids with special needs deserve to have everything that everyone else has, and we always seem to be the second-class citizens when it comes to engaging with a pool or bowling alley or a field here or there."*
  - *"Because I'm hard of hearing, it's hard for someone with hearing issues that they either talk exaggerated to you with a big mouth open mouth or they talk to you like you're not very intelligent. And they talk down to you instead of to you. It causes a lot of conflict."*
  - *"Being quote unquote 'different' is the biggest one of the biggest challenges we find."*

- Themes
  - Create a complex/center devoted to Special Olympics, reduce vulnerability to outside forces (1)
  - Reduce cost of renting out spaces for Special Olympics (1)
  - Increase acceptance of people with disabilities (1)
  - Increase receptiveness to other forms of communication (ASL, touch chat) (1)

What makes it difficult for you to maintain or improve your health?

- Quotes
  - "I've actually (spoken) up for my kids and some of the doctors will either look at them differently because of their different abilities or will look at them differently because of their insurances and ability to pay."
  - "They automatically assume, well, because they have autism, for instance, that they can't comprehend what's going on, or because I'm half deaf."

- Themes
  - Timeliness and accessibility of appointments (1)
  - Insurance (cost and how many providers accept it) (1)
  - Treatment of people with disabilities by healthcare providers (1)

What might be helpful in addressing these challenges?

- Quotes
  - *"You're not having to fight the the barriers of communication versus the issues that you're there to have addressed. Sometimes I think the medical field, if they training around, you know, accepting everyone for what they are and who they are, and any issues of prejudice, leaving that outside the door."*
  - *"It's priorities, I think if our community's priority is accepting everyone for who they are, then you're gonna invest in that priority. You're gonna do whatever it takes to make sure that's the case. And so I think just having that become a priority of our health care system, that everyone matters, that everyone's valued, and we do whatever we can to make sure that you feel like you're a world class citizen."*

- Themes
  - Better understanding and acceptance of people with special needs (1)
  - Shift priorities to accept everybody and integrate that into the healthcare system (1)

If you had a magic wand, what would you change to improve health in your community?

- Quotes
  - *"Not all shoes fit everybody. Everybody's walking life is so different because, both of my kids have autism, and one of them has significant medical, but they're (at) opposite ends of the spectrum. And so automatically, people either assume they're like together on the same path, but it's like, you know, not really, so the shoes don't always fit."*
  - *"Just because you read it in a book doesn't mean it works. Doesn't mean it fits the situation, doesn't mean it holds the magic answers for you. The magic wand thing is kind of interesting in that sense of acceptance and awareness. I always teach my kids "can do not can't do" attitudes and that if someone*

tells you, you can't do it, to go ahead and keep pushing forward. Don't stop for someone else's ideals of what they expect of you."

- Themes
  - Understanding the different needs of people with disabilities (increased acceptance and awareness) (1)
  - Conduct a study of what more wealthy community members have for healthcare (analysis of lifestyles) to make these same resources available to all community members (create quality health care for all regardless of resources or income) (1)

2025 UVMMC Community Health Needs Assessment:
Community Survey Report

Contents

Survey Introduction

Welcome to the Community Health Survey for Chittenden and Grand Isle Counties.

For language interpretation, call: 802-847-8899.

This survey is being conducted for the University of Vermont Medical Center's Community Health Needs Assessment (CHNA) in collaboration with over 25 community partners on the CHNA Steering Committee. The results will be used to better understand and respond to the top community health needs in Chittenden and Grand Isle Counties. Survey results will be made available by May 2025.

Who can take this survey?
If you are 16 years of age or older and currently live in Chittenden or Grand Isle County you may take this survey.

Survey Information
The survey takes about 10 minutes to complete. You can choose to answer or skip any questions. You may stop the survey any time. This survey is anonymous. Individual responses are not reported.

Random Prize Drawing Information
There is a random prize drawing for four $50 gift cards that will be awarded at random to people who complete the survey and choose to enter. At the end of the survey, you may choose to enter by including an email address or phone number. We only use this information for the prize drawing. If you are one of the people who are randomly selected, we will contact you about your prize.

If you have any questions about this study:
Please contact Thomas Moore- thomas.moore@uvmhealth.org

Thank you for participating in this important survey!

Survey Results

Please choose your age category.

	Frequency	Percent
16 to 18 years	13	0.9
19 to 24 years	50	3.3
25 to 34 years	188	12.6
35 to 44 years	333	22.2
45 to 54 years	266	17.8
55 to 64 years	213	14.2
65 to 74 years	265	17.7
75 years and over	169	11.3
Total	1497	100.0

Please select the name of the city or town where you currently live.

	Frequency	Percent
Alburg	8	0.5
Bolton	8	0.5
Buels Gore	2	0.1
Burlington	369	24.6
Charlotte	53	3.5
Colchester	159	10.6
Essex	207	13.8
Grand Isle	17	1.1
Hinesburg	51	3.4
Huntington	32	2.1
Isle La Motte	1	0.1
Jericho	37	2.5
Milton	111	7.4
North Hero	8	0.5
Richmond	31	2.1
Saint George	6	0.4
Shelburne	58	3.9
South Burlington	161	10.8
South Hero	2	0.1
Underhill	20	1.3
Westford	20	1.3
Williston	57	3.8
Winooski	79	5.3
Total	1497	100.0

Please tell us your level of agreement or disagreement with these Social Connection and Wellbeing statements:

In my community... I trust my neighbors.

	Frequency	Percent
Somewhat agree	501	34.2
Somewhat disagree	81	5.5
Strongly agree	853	58.3
Strongly disagree	29	2.0
Total	1464	100.0

In my community.... I feel safe where I live.

	Frequency	Percent
Somewhat agree	485	33.0
Somewhat disagree	104	7.1
Strongly agree	852	58.0
Strongly disagree	29	2.0
Total	1470	100.0

In my community.... I feel safe in my relationships.

	Frequency	Percent
Somewhat agree	184	12.7
Somewhat disagree	31	2.1
Strongly agree	1233	84.9
Strongly disagree	5	0.3
Total	1453	100.0

In my community.... I can go to cultural or arts events that show diverse backgrounds and interests.

	Frequency	Percent
Somewhat agree	548	38.9
Somewhat disagree	147	10.4
Strongly agree	661	46.9
Strongly disagree	53	3.8
Total	1409	100.0

In my community.... I feel like I belong.

	Frequency	Percent
Somewhat agree	550	37.7
Somewhat disagree	115	7.9
Strongly agree	758	52.0
Strongly disagree	35	2.4
Total	1458	100.0

In my community.... I feel accepted for my beliefs or religion.

	Frequency	Percent
Somewhat agree	387	28.3
Somewhat disagree	84	6.1
Strongly agree	860	62.8
Strongly disagree	38	2.8
Total	1369	100.0

In my community.... I feel accepted for my gender identity.

	Frequency	Percent
Somewhat agree	190	13.8
Somewhat disagree	32	2.3
Strongly agree	1149	83.2
Strongly disagree	10	0.7
Total	1381	100.0

In my community.... I feel accepted for my sexual identity.

	Frequency	Percent
Somewhat agree	217	15.8
Somewhat disagree	30	2.2
Strongly agree	1114	81.3
Strongly disagree	10	0.7
Total	1371	100.0

In my community.... I feel accepted for my culture.

	Frequency	Percent
Somewhat agree	349	24.7
Somewhat disagree	60	4.2
Strongly agree	977	69.1
Strongly disagree	27	1.9
Total	1413	100.0

In my community.... It is a good place to raise children.

	Frequency	Percent
Somewhat agree	474	33.9
Somewhat disagree	113	8.1
Strongly agree	768	54.9
Strongly disagree	45	3.2
Total	1400	100.0

In my community.... It is a good place to be a young adult (18-25).

	Frequency	Percent
Somewhat agree	511	43.6
Somewhat disagree	264	22.5
Strongly agree	305	26.0
Strongly disagree	91	7.8
Total	1171	100.0

In my community.... It is a good place to grow older.

	Frequency	Percent
Somewhat agree	597	41.1
Somewhat disagree	258	17.8
Strongly agree	486	33.5
Strongly disagree	111	7.6
Total	1452	100.0

Please tell us your level of agreement or disagreement with these Physical Place statements:

In my community.... I can get the foods I want to eat.

	Frequency	Percent
Somewhat agree	455	31.1
Somewhat disagree	115	7.9
Strongly agree	857	58.6
Strongly disagree	35	2.4
Total	1462	100.0

In my community.... I can access healthcare services that meet my needs.

	Frequency	Percent
Somewhat agree	522	35.5
Somewhat disagree	224	15.2
Strongly agree	604	41.1
Strongly disagree	119	8.1
Total	1469	100.0

In my community.... I have affordable transportation.

	Frequency	Percent
Somewhat agree	557	38.7
Somewhat disagree	212	14.7
Strongly agree	606	42.1
Strongly disagree	64	4.4
Total	1439	100.0

In my community.... I can get reliable internet service.

	Frequency	Percent
Somewhat agree	475	32.5
Somewhat disagree	126	8.6
Strongly agree	825	56.4
Strongly disagree	37	2.5
Total	1463	100.0

In my community.... I can get affordable housing.

	Frequency	Percent
Somewhat agree	349	25.1
Somewhat disagree	356	25.6
Strongly agree	257	18.5
Strongly disagree	427	30.7
Total	1389	100.0

In my community.... I can get safe and healthy housing.

	Frequency	Percent
Somewhat agree	477	33.8
Somewhat disagree	191	13.5
Strongly agree	671	47.5
Strongly disagree	74	5.2
Total	1413	100.0

In my community.... Sidewalks and buildings are accessible for everyone.

	Frequency	Percent
Somewhat agree	547	38.6
Somewhat disagree	355	25.0
Strongly agree	300	21.2
Strongly disagree	216	15.2
Total	1418	100.0

In my community.... I have access to places of worship that align with my beliefs.

	Frequency	Percent
Somewhat agree	259	26
Somewhat disagree	61	6.1
Strongly agree	651	65.2
Strongly disagree	27	2.7
Total	998	100.0

In my community.... The effects of climate change are being addressed.

	Frequency	Percent
Somewhat agree	511	38.6
Somewhat disagree	414	31.3
Strongly agree	147	11.1
Strongly disagree	252	19.0
Total	1324	100.0

In my community.... I have been impacted by climate-related issues, including flooding.

	Frequency	Percent
Somewhat agree	392	30.3
Somewhat disagree	342	26.4
Strongly agree	186	14.4
Strongly disagree	375	29.0
Total	1295	100.0

In my community.... I have been able to access gender-affirming care to meet my needs.

	Frequency	Percent
Somewhat agree	156	28.3
Somewhat disagree	31	5.6
Strongly agree	353	63.9
Strongly disagree	12	2.2
Total	552	100.0

Please tell us your level of agreement or disagreement with these Community Resource statements:

In my community.... Health care providers respect my cultural identity.

	Frequency	Percent
Somewhat agree	234	19.4
Somewhat disagree	39	3.2
Strongly agree	923	76.4
Strongly disagree	12	1.0
Total	1208	100.0

In my community.... Health care providers respect my gender identity.

	Frequency	Percent
Somewhat agree	184	15.8
Somewhat disagree	20	1.7
Strongly agree	959	82.2
Strongly disagree	3	0.3
Total	1166	100.0

In my community.... Health care providers respect my sexual identity.

	Frequency	Percent
Somewhat agree	199	16.5
Somewhat disagree	22	1.8
Strongly agree	982	81.5
Strongly disagree	2	0.2
Total	1205	100.0

In my community.... Health care providers meet my language needs (interpreters available, documents translated).

	Frequency	Percent
Somewhat agree	153	15.3
Somewhat disagree	32	3.2
Strongly agree	805	80.5
Strongly disagree	10	1.0
Total	1000	100.0

In my community.... I have enough money to pay for the basic needs.

	Frequency	Percent
Somewhat agree	440	30.5
Somewhat disagree	186	12.9
Strongly agree	740	51.3
Strongly disagree	77	5.3
Total	1443	100.0

In my community.... I can get affordable childcare.

	Frequency	Percent
Somewhat agree	164	21.9
Somewhat disagree	221	29.5
Strongly agree	88	11.8
Strongly disagree	275	36.8
Total	748	100.0

In my community…. I have access to cancer screening.

	Frequency	Percent
Somewhat agree	393	30.3
Somewhat disagree	105	8.1
Strongly agree	750	57.7
Strongly disagree	51	3.9
Total	1299	100.0

In my community…. Healthy aging resources are available.

	Frequency	Percent
Somewhat agree	565	47.3
Somewhat disagree	197	16.5
Strongly agree	360	30.1
Strongly disagree	73	6.1
Total	1195	100.0

In my community…. I can get substance use treatment.

	Frequency	Percent
Somewhat agree	220	35.1
Somewhat disagree	94	15.0
Strongly agree	258	41.2
Strongly disagree	54	8.6
Total	626	100.0

In my community…. I can get mental health services.

	Frequency	Percent
Somewhat agree	485	38.3
Somewhat disagree	244	19.3
Strongly agree	413	32.6
Strongly disagree	123	9.7
Total	1265	100.0

Have you or someone you live with been diagnosed with cancer within the past three years, while living in this community?

	Frequency	Percent
No	1259	85.6
Yes	211	14.4
Total	1470	100.0

Please select the option that best represents your experience with the following cancer care services:

Access to Cancer Health Care Providers (Timely appointments, Appointments with specialists).

	Frequency	Percent
Missing or Lacking	54	29.8
Working Well	127	70.2
Total	181	100.0

Access to Cancer Support Health Care providers (nutritionists, stress relief, mental health counseling, alternative providers).

	Frequency	Percent
Missing or Lacking	57	36.5
Working Well	99	63.5
Total	156	100.0

Access to information about cancer (screening services & resources).

	Frequency	Percent
Missing or Lacking	39	22.2
Working Well	137	77.8
Total	176	100.0

In home services (caregiver respite, nursing care).

	Frequency	Percent
Missing or Lacking	53	50.5
Working Well	52	49.5
Total	105	100.0

Opportunities for health promotion (tobacco cessation, exercise, substance abuse counseling).

	Frequency	Percent
Missing or Lacking	44	32.1
Working Well	93	67.9
Total	137	100.0

Financial assistance programs, affordable medications, housing costs, travel costs associated with diagnosis, understanding of insurance coverage.

	Frequency	Percent
Missing or Lacking	63	47.7
Working Well	69	52.3
Total	132	100.0

Opportunities to participate in community support groups, exercise, recreation programs.

	Frequency	Percent
Missing or Lacking	51	38.1
Working Well	83	61.9
Total	134	100.0

Access to symptom relief (pain, nausea, etc. with medications, prescriptions or alternative therapies).

	Frequency	Percent
Missing or Lacking	30	19.7
Working Well	122	80.3
Total	152	100.0

Information about genetic testing or clinical trials.

	Frequency	Percent
Missing or Lacking	43	37.7
Working Well	71	62.3
Total	114	100.0

Information about advanced care planning and hospital services.

	Frequency	Percent
Missing or Lacking	38	30.6
Working Well	86	69.4
Total	124	100.0

Select the top three things that would improve your community.

	First Choice	Second Choice	Third Choice
Make healthy food more affordable	39.3	0.0	0.0
More safety options for walkers and bikers (crosswalks, speed bumps, lighting, signs, enforcement)	22.2	8.1	0.0
More public transportation options	14.9	13.9	0.7
More safety in public spaces (improved lighting, more patrols, security cameras, emergency call stations)	10.4	20.3	1.1
More places for community activities and recreation	5.8	15.1	4.2
More affordable housing units	5.7	30.8	11.8
More efforts to address climate change	0.6	7.1	15.8
More childcare options	0.1	2.9	32.1
Something else?	0.8	1.8	34.3
Total	100.0	100.0	100.0

In your community, what would help you feel more socially connected and create a sense of belonging?

Theme-Coded Open Responses		Frequency	Percentage
Affordability		**57**	**8.7**
	Living & Well-being	34	
	Transportation	4	
	Events, Activities	19	
Community Connection & Support		**81**	**12.4**
	Building stronger community connections	38	
	Improved communication among community members	21	
	More community groups	15	
	More engagement in existing activities	7	
Public Safety and Health		**49**	**7.5**
	Improved public safety	37	
	Improving health & well-being	12	
Education		**11**	**1.7**
	Improving education & school support	7	
	School & community engagement	4	
Local Economy & Business Development		**11**	**1.7**
	More dining options	7	
	Increase in local economy	4	
Transportation		**28**	**4.3**
	Improving transportation & accessibility	15	

	Improving community convenience	13	
Inclusion of Culture, Religion, Race and Ability		**49**	**7.5**
	Promoting inclusion	42	
	Disability awareness & knowledge	7	
Civic Engagement & Governance		**34**	**5.2**
	Increased political participation	5	
	Change in governance	17	
	Change in political climate	12	
Community Spaces		**107**	**16.4**
	Create more inclusive and accessible spaces	48	
	Create more public gathering spaces	59	
Increase Recreational & Cultural Activities		**141**	**21.6**
	More community events	82	
	More diversity in recreational activities for all ages	42	
	More cultural and artistic events	17	
Already Satisfied, Nothing Else		**43**	**6.6**
Something Else		**42**	**6.4**
Total		**653**	**100.0**

Select the top three things that would make schools and other places to learn better.

	First Choice	Second Choice	Third Choice
More programs to help youth be mentally healthy	48.9	0.0	0.0
More programs to help youth be physically healthy	15.5	14.0	0.0
More free and healthy food at schools	10.8	13.8	2.2
Safer elementary, middle and high schools (bullying prevention programs, trained staff in emergency response, mental health support)	10.9	21.8	8.4
More opportunities to learn after high school (like college or job training)	6.3	16.0	6.9
More help for people with different learning needs	2.7	15.1	13.5
More support for people from different backgrounds to feel like they belong	0.9	8.4	16.2
More focus on preparing students for jobs	1.1	8.2	31.8
More English learning programs for people who don't speak English well	0.1	0.5	9.8
Something else?	2.8	2.2	11.2

Select the top three things that would help improve people's finances in your community.

	First Choice	Second Choice	Third Choice
More jobs that pay a livable wage	42.5	0.0	0.0%
More jobs with full benefits (like health insurance, retirement savings, and paid sick time)	15.0	10.4	0.0
More affordable health insurance	20.2	15.0	1.5
More affordable healthy food	7.0	10.8	1.8
More affordable mortgage options	5.1	12.5	3.5
More affordable rental prices	5.8	24.9	18.3
More affordable childcare	1.4	9.3	17.5
More affordable public transportation	0.7	3.6	4.6
Make regular doctor visits (like checkups) cheaper for everyone, even if you don't have insurance	0.5	4.6	5.8
More affordable dental care	0.2	4.4	7.0
More affordable mental health care	0.4	1.5	6.9
Make help for drug or alcohol problems more affordable, even if you don't have insurance	0.2	1.3	6.0
More affordable utilities(gas, electricity, water, cable, Wi-Fi)	0.4	0.9	21.7
Something else?	0.6	0.9	5.3

Select the top three actions to strengthen health care for your community.

	First Choice	Second Choice	Third Choice
More health care workers who understand and accept people from different backgrounds	11.5	0.0	0.0
Better access to paid time off for appointments and sick days	22.8	3.2	0.0
Better language access services (like translation and interpretation)	2.6	2.9	0.2
More primary care services (like seeing a doctor for checkups or health problems)	36.5	12.9	1.6
More dental care services (like cleanings or fixing dental problems)	9.4	13.5	1.8
More health insurance options	7.4	18.9	6.1
More preventive health services (like smoking cessation, nutrition counselling, or health education)	5.3	15.2	8.0
Better access to cancer screening tests (such as mammogram, lung cancer screening, or colon cancer tests, like colonoscopy or Cologuard or FIT test)	1.1	6.4	7.4
More long-term care services (like nursing homes, assisted living, or care at home)	1.3	19.4	21.6

More health care services delivered in the community (versus in the hospital)	0.9	5.5	44.4
Something else?	1.2	2.1	8.9

Select the top three things that would make it easier to get the health care you need.

	First Choice	Second Choice	Third Choice
More appointments during typical business hours (8am-5pm)	14.6	3.7	0.0
More appointments outside of typical business hours (before 8am or after 5pm)	35.5	0.0	0.0
More weekend appointments	12.2	19.5	1.0
More telehealth appointments	6.4	7.5	2.0
More health care offices near where you live	9.0	10.6	3.0
More ways to get to an appointment (like safe walking paths, public buses, or car shares)	5.2	6.7	1.9
More health care services that are free or fully covered by insurance	10.2	30.5	18.7
More language services (translation or interpretation)	0.4	1.8	1.5
Shorter wait times	3.7	13.2	47.
Access to health care workers who better understand my religion or beliefs	0.1	1.4	1.6
Access to health care workers who better understand my gender or sexual identity	0.1	0.7	2.0
Access to health care workers who better understand my race or ethnicity	0.1	0.5	3.1
More accessible health care services for people with disabilities (like wheelchair access, sign language interpretation, or help for those with vision impairments)	0.0	1.4	9.4
Something else?	2.3	2.5	8.4

Overall, how satisfied are you with your life these days?

On a scale from 0 to 10 with 0 being least satisfied and 10 being most satisfied.

- Mean (Average)- 7.4
- Mode(Most Often)- 8.0

Including yourself, how many people do you live with?

- Mean (Average)- 2.8
- Mode(Most Often)- 2 people (33.8%)
- Range- 1 to 11

Including yourself, how many people do you live with that are under age 18?

- Overall, 58.1% of respondents report living in a household with no one under 18 years of age.
- Of the 41.9% of respondents (Frequency-575) who report someone under 18 years of age living in the household:
    - Mean (Average) number of people under 18 in household- 1.8
    - Mode(Most Often)- 2 people under 18 in household(47.8%)
    - Range- 1 to 10

How many people do you live with that are under age 5?

- Overall, 86.4% of respondents report living in a household with no one under 5 years of age.
- Of the 13.6% of respondents (Frequency-186) who report living with someone under 5:
    - Mean (Average) number of people under 5 in households- 1.3
    - Mode (Most Often)- 1 person under 5 in household (76.3%)
    - Range- 1 to 3 people under 5 in households

Including yourself, how many people do you live with that are over age 65?

- Overall, 63.3% of respondents report living in a household with no one over 65 years of age.
- Of the 36.7% of respondents (Frequency-504) who report living in a household with someone over 65:
    - Mean (Average) number of people over 65 in households- 1.5
    - Mode (Most Often)- 1 person over 65 in household (51.8%)
    - Range- 1 to 7 people over 65 in households

Do you currently have health insurance?

	Frequency	Percent
No	43	3.1
Yes	1352	96.9
Total	1395	100.0

Is the cost of health insurance a financial burden to you?

	Frequency	Percent
No	710	56.7
Yes	543	43.3
Total	1253	100.0

Do you currently have dental insurance?

	Frequency	Percent
No	329	24.1
Yes	1034	75.9
Total	1363	100.0

About how many times per year do you go to the dentist?

- Overall, 3.6% of respondents report going to the dentist zero times per year on average.
- Of the 96.4% of respondents (Frequency-990) who report going more than zero times per year to the dentist:
    - Mean (Average) number of annual visits to the dentist- 2.1
    - Mode (Most Often)- 2 times per year (61.7%)
    - Range- 0.5 to 6 annual visits to the dentist

Do you or someone you live with have a chronic health condition (like diabetes, asthma, high blood pressure, or arthritis)?

	Frequency	Percent
No	583	42.6
Yes	785	57.4
Total	1368	100.0

Do you or someone you live with have a disability and are unable to work (physical, intellectual, or other)?

	Frequency	Percent
No	1158	86.3
Yes	184	13.7
Total	1342	100.0

What is the highest level of education you've completed?

	Frequency	Percent
Advanced or Graduate degree	585	42.3
College, University, or Technical degree	561	40.6
High School graduate or equivalent	75	5.4
Less than High School (no diploma, certificate)	27	2.0
Some College or University, but no degree	134	9.7
Total	1382	100.0

Please choose the statement that best describes your current housing situation.

	Frequency	Percent
A situation not listed here	8	0.6
At transitional or emergency housing	4	0.3
Owned by me and/or someone in my household	1066	78.0
Rented by me and/or someone in my household	288	21.1
Staying at a shelter	1	0.1
Total	1367	100.0

Please choose the statement that best describes your current housing situation: A situation not listed here.

	Frequency
Continuing Care Retirement Community	3
Life care community	2
Living with family, parents, father	3

How important are religious or spiritual beliefs to how you make health decisions?

	Frequency	Percent
Not at all Important	857	65.0
Somewhat Important	282	21.4
Very Important	180	13.6
Total	1319	100.0

How important are personal or cultural beliefs to how you make health decisions?

	Frequency	Percent
Not at all Important	441	33.2
Somewhat Important	526	39.6
Very Important	361	27.2
Total	1328	100.0

How long have you lived in the United States?

	Frequency	Percent
Between 1-5 years	30	2.2
I have lived in the United States my entire life.	1181	85.6
Less than a year	10	0.7
More than 5 years, but not my entire life	159	11.5
Total	1380	100.0

Select the option that best describes your gender identity.

	Frequency	Percent
A gender not listed here	1	0.1
Cisgender female (gender identity matches gender assigned at birth)	1002	76.7
Cisgender male (gender identity matches gender assigned at birth)	270	20.7
Genderqueer, non-binary, or fluid	28	2.1
Transgender female	2	0.2
Transgender male	3	0.2
Total	1306*	100.0

*Nonsense responses removed from calculation.

Select the option that best describes your gender identity: Another identification not listed here.

	Frequency
you have not provided a gender option that describes me & for me to check. you have offered a handful of options and its not that simple. do your due diligene next time	1

Select the option that best describes your sexual orientation.

	Frequency	Percent
A sexual orientation not listed here	0	0.0
Asexual	60	4.7
Bisexual	82	6.4
Gay/Lesbian	58	4.5
Heterosexual/Straight	1005	78.6
Pansexual	24	1.9
Queer	30	2.3
Questioning	1	0.1
Total	1278*	100.0

*Nonsense responses removed from calculation.

Please select all of the identities that you use to describe yourself.

	Frequency	Percent
Arab	5	0.4
Asian	27	2.0
Black or African American	53	4.0
Hispanic or Latinx	21	1.6
Middle Eastern or North African	10	0.8
Native American or Alaskan Native	16	1.2
Native Hawaiian or Pacific Islander	2	0.2
White or European American	1101	82.9
Another identification not listed here	14	1.1
I do not identify with any	6	0.5
More than one choice	73	5.5
Total	1328	100.0

Please select all of the identities that you use to describe yourself: Another identification not listed here.

	Frequency
American	2
Human	4
Jewish	5
Muslim	1
Vermonter	1
White European non-American	1

About how much did you earn working last year?

	Frequency	Percent
$100,000-$125,000	90	8.0
$125,000-$150,000	56	5.0
$25,000-$50,000	214	19.0
$50,000-$75,000	261	23.2
$75,000-$100,000	216	19.2
Less than $25,000	204	18.1
More than $150,000	84	7.5
Total	1125	100.0

What is your employment status?

	Frequency	Percent
Employed full-time	689	50.5
Employed part-time	141	10.3
Full-time student	15	1.1
Homemaker	45	3.3
Not employed and looking for work	21	1.5
Not employed and not looking for work	14	1.0
Retired	351	25.7
Self-employed	88	6.5
Total	1364	100.0

Is there anything else you would like to tell us about Community Health and Wellbeing?

Theme-Coded Open Responses		Frequency	Percent
Healthcare Access & Affordability		**84**	**29.8**
	Difficult to schedule an appoint with a healthcare provider	28	
	Need affordable and accessible healthcare	36	
	Inadequate insurance marketplace	20	
Healthcare Workforce & Quality		**16**	**5.7**
	Increase medical staffing & training	8	
	Improvements in workforce well-being	4	
	Improvements in quality of healthcare	4	
Healthcare Infrastructure		**16**	**5.7**
	Need more medical facilities	5	
	Need more comprehensive healthcare resources	11	
Mental Health & Addiction		**20**	**7.1**
	More mental health services	11	
	Address substance use	7	
	Address panhandling	2	
Community Support & Resources		**21**	**7.4**
	More social support networks	6	
	More community events & engagement	10	
	Increased health education among community members	5	
Affordability Issues		**27**	**9.6**
	Cost of living is unaffordable	26	
	Taxes are too high	1	
Environmental Health & Safety		**18**	**6.4**
	Address climate change and sustainability	9	
	Increase in public safety	9	
Equity & Inclusion		**15**	**5.3**
	Community inclusion	8	

	Improved Accessibility and services for disabled	7	
Community Infrastructure & Amenities		**11**	**3.9**
	More community centers	5	
	More public transportation options	6	
Improvements in School		**5**	**1.8**
	Change in leadership and culture	3	
	Student health and well-being	2	
Other		**49**	**17.4**
Total		**282**	**100.0**

Community Health Improvement Plan 2024 Annual Report

THE University of Vermont MEDICAL CENTER

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A Message From Leadership

The University of Vermont Health Network is committed to improving the health and wellbeing of people in the communities we serve. Every three years, UVM Health Network's six health care partners conduct a Community Health Needs Assessment (CHNA). CHNAs help us to reflect on our work to date and consider the challenges and opportunities involved in creating healthier communities. This process informs how priority health needs will be addressed by each health care partner alongside our diverse community partners.

The University of Vermont Medical Center's Calendar Year 2024 Community Health Improvement Plan (CHIP) annual report serves as a demonstration of the organization's accountability and effectiveness working together to strengthen community health.

We take this opportunity to celebrate stories of collaboration and progress in the last year on initiatives that are addressing the underlying drivers of health and advancing health equity in our region.

Our organization continues to work towards greater access and inclusivity. We continue to measure our progress, and our work will never be done in this area. This report highlights a snapshot of the initiatives addressing the community identified health priorities. We prioritize centering the voices and experiences of community members in developing and carrying out our strategies.

As you read through this report, I hope it's clear that people are at the heart of our efforts. Thank you for taking time to learn about this important work.

In partnership,

Stephen Leffler, MD
President & Chief Operating Officer
UVM Medical Center

Introduction

Annual Report Overview

Adopting an 'Implementation Strategy' and evaluating the impact of our Community Benefit programs is a requirement of our health system's tax-exempt status. This demonstrates our commitment, accountability and effectiveness in addressing our communities' identified health priorities. An annual progress report is best practice for Community Benefit. This report spotlights programmatic highlights, investments made, and collaboration with our key partners to improve the health of our community in 2024.

Prioritization

Two health priority sessions for the 2022 CHNA brought together 140 community members representing 57 different organizations to review data collected. Attendees rated six top priorities via electronic survey based on impact, community readiness, and equity. Following these sessions, CRS researchers analyzed the quantitative and qualitative findings. This led to the selection of the top three Community Health Priorities:

- *Cultural Humility & Inclusive Health Care*
- *Housing*
- *Mental Health & Wellbeing*

The top three health priority findings were presented to the Steering Committee. Steering Committee members considered the following questions for each of the three priorities to inform implementation planning: 1) *What is working well currently?* 2) *Where can our community focus resources to make meaningful health improvements?* 3) *Who should be at the table? Consider inclusion of community stakeholders and groups who have not been engaged to date and how they can contribute moving forward.*

These conversations validated the three top community health priorities. The UVM Medical Center will continue to collaborate with partners at various capacities to address the three additional priorities identified by the CHNA and not being addressed as part of the CHIP:

- *Accessible and Coordinated Care*
- *Food Access and Security*
- *Workforce Development*

ABOUT US

The University of Vermont Medical Center (UVM Medical Center) serves more than 1 million patients across all counties in Vermont and its neighboring states. This includes 175,000 residents in UVM Medical Center's Health Service Area (HSA) of Chittenden and Grand Isle counties.

Every three years, UVM Medical Center is required to complete a community health needs assessment and corresponding Implementation strategy. This effort is facilitated by the Community Health Improvement (CHI) Department and completed in collaboration with community partners.

Summary of Accomplishments

Over the past year, the Chittenden Accountable Community for Health (CACH) Teams have made significant strides in improving the health and well-being of our community through various initiatives and collaborations. Here are some of the key accomplishments, success stories, and challenges encountered.

Highlights

CACH Housing Team:

- 40+ mental health and housing direct service providers trained by local expert, Rhiannon Kim (Love at the Roots, LLC) across 9 sessions of "Trauma Awareness and Compassion Series for Healing the Collective"
- Collaborating with the Camden Coalition to identify existing barriers that hinder collaboration among service providers working with individuals who frequently interact with emergency services. Formed a new cross-sector team that had not been established before to take on this issue.

CACH Cultural Humility and Inclusive Health Care Team

- Consulted on the outreach and equity planning for the newly established Mental Health Urgent Care facility. Resulting walk-through video for prospective guests has been viewed 479 times since it's launch.
- Partnered with Vermont Language Justice Project to create an educational video explaining when to use the Emergency Department,. Translated into 15 languages in addition to English . More than 1,200 views across all languages to-date
- Continued to develop Cultural Resource Guides.
- Two Reflection Friday events with 20+ attendees
- Conducted a Health Literacy Environmental Assessment
- Hair Care Equity Project: 93% of clinical staff responsible for hygiene have completed Cornerstone training.

CACH Mental Health and Wellbeing Team

- Youth Wellness Pod Initiative: Achieved a 154% increase in students receiving services compared to the previous year. 233 mental health sessions conducted within the pod. Increased mental health service access at Edmunds Elementary and Middle School, significantly reducing the waitlist .

Challenges

- While significant progress was made, challenges such as securing sustainable funding remain. These challenges have reinforced our commitment to continued advocacy and resource development.

Work in Progress/Anticipated for 2025

- The Cultural Humility and Inclusive Health Care Team would like to continue to serve as consultants on the Mental Health Urgent Care outreach and equity plan, and other relevant projects and programs.
- The Cultural Humility and Inclusive Health Care Team intends to continue working with Vermont Language Justice Project on a series of videos, including when to use primary care and when to use urgent care. The primary care video is set for production in 2025.
- The Mental Health and Wellbeing Team plans to continue to support and collaborate with the Chittenden County Homeless Alliance to further training efforts to expand into other areas of direct service needs .
- Further quality improvement efforts, data analysis and service enhancement (i.e. telehealth) will continue to be the focus of efforts related to the Youth Wellness Pod.
- The CACH Housing Team will continue to work with the Camden Coalition and local partners advancing the Barrier Identification Project. The Team is currently identifying interviewees and conducting outreach.

Key Community Partnerships

CACH membership - more than 20 community organizations. For a comprehensive list of each member and their respective organization, please visit **cachvt.org/all-team-members**.

- The University of Vermont Health Network
- The Howard Center
- Community Health Centers
- CVOEO
- The Abenaki Community
- Vermont Language Justice Project
- Burlington Housing Authority
- Champlain Housing Trust
- Edmunds Elementary and Middle School
- Office Environments
- City of Burlington EMS, Fire Department and Police Department
- Agency of Human Services
- The Camden Coalition
- Love at the Roots, LLC

Investments

Chittenden Accountable Community for Health (CACH) - Housing Health Priority Team

$25,000

Secured the second year of program grant funding from the Community Health Investment Fund. (CHIF). This funding paid for the "A Trauma Awareness and Compassion Series for Healing the Collective" workshop and will fund upcoming initiatives.

Cultural Humility and Inclusive Health Care Team—Operating Funds

$6,000

“When to visit the Emergency Department”: video created in collaboration with Vermont Language Justice Project to assist people in understanding when to use the Emergency Department.

TOTAL: $31,000

Calendar Year 2024: Work to Date

Cultural Humility and Inclusive Health Care

OVERARCHING GOAL: Access to inclusive, high quality health care in settings where all community members feel safe, respected, and seen.

OBJECTIVES:

- **To establish trusted relationships between healthcare providers and patients.**
- **To address Language Accessibility and Health Literacy needs.**
- **To support the development of a diverse healthcare workforce.**

POPULATIONS OF FOCUS: BIPOC, LGBTQII+, Older Vermonters, People with Disabilities, Veterans

Calendar Year 2024 Progress Made

Initiative: Mental Health Urgent Care - Outreach Consultation

Summary: The Mental Health Urgent Care, a collaboration between the UVM Medical Center, Howard Center and Community Health Centers opened its doors in the fall of 2024. Prior to opening, the team reached out to the CACH Cultural Humility Team to provide consultation on their outreach and equity plan.

Goal: Increase access to the newly opened Mental Health Urgent Care, especially for community members from marginalized groups.

Objectives: Provide insight and guidance regarding outreach and equity based on the strengths and experience of the CACH Cultural Humility Team.

Strategies: Meet with leaders of Howard Center and Community Health Centers to better understand needs and provide recommendations. Accomplishments to highlight:

- A walk-through video tour was created to that prospective guests can see the space before coming in. Translated versions of the video will be available in 2025.
- Community partner agencies that specifically serve vulnerable or underserved populations are receiving targeted outreach including print materials, tours, and attending staff meetings to describe the program.
- Staff meetings 1Xmonth focus on anti-racism and anti-bias work, primarily using Howard Center's DEI toolkits.

Populations of focus: Veterans, unhoused individuals, immigrants and refugees, Abenaki community members

Key community partnerships: The Howard Center, Community Health Centers, CVOEO, the Abenaki Community

Initiative: When to Use the Emergency Department Video Collaboration

Summary: A video was collaboration with Vermont Language Justice Project to assist people in understanding when to use the Emergency Department. This video came at the request of Emergency Department personnel and community partners who work with refugees, immigrants, and those less familiar with the American healthcare system.

Goal: Create an opportunity for community members of different backgrounds to connect, especially those working in healthcare, social service, or DEI sectors and to create meaningful resources for community members to better understand when to use the Emergency Department.

Objectives: Educate community members through effective mediums, visual or otherwise.

Strategies: Create educational videos, translate educational videos, distribute educational videos effectively.

Accomplishments to highlight:

- Effective partnership with the Emergency Department, Immigrant Health Initiative, Health Literacy Program, and Vermont Language Justice Project.

Progress on measures:

- The video has been recorded in 15 languages in addition to English.
- There have been a total of over 1200 views in all languages.

Populations of focus: Immigrant, migrant communities. Those unfamiliar with the US healthcare system.

Key community partnerships: Vermont Language Justice Project

BY THE NUMBERS

1,200+

views of educational video explaining when to use the Emergency Department. Created with Vermont Language Justice Project

Everything to Know About the Emergency Department -

Initiative: Hair Care Equity Project

Summary: Hair Care Equity in healthcare is not just good patient care, it is necessary to avoid harm to patients who are currently and have historically been marginalized by the healthcare system. While hair types are not specific to race, many BIPOC patients do not have access to hair care and other basic hygiene products that meet their needs. This project aims to address this inequity by providing adequate products and ensuring direct care staff are trained to care for diverse hair types while understanding the importance for this care. While this project focuses on hair care for all, many of the lessons learned are applicable to any health-equity focused quality improvement project in public health and healthcare.

Goal: To bring equitable hair care to all patients at UVM Medical Center to start and then to roll it out throughout UVM Health Network.

Objectives:

- Create and Develop hair care curriculum for staff members.
- Provide equitable hair care products for all patients who are hospitalized.
- Develop a hair care guideline for staff members to reference when providing hair care.
- Initiate a plan to provide inclusive hair care services for all patients.

Strategies:

- Source and stock appropriate products.
- Train direct care staff on the importance of equitable hair care and how to work with all hair types.
- Engage leaders to be champions for the project.
- Engage the community to provide input in product selection.
- Provide leadership opportunities and compensation for staff with lived experience.

Accomplishments to highlight:

- Through a process of continuous quality improvement, staff will be offered hands-on training at upcoming LNA and Nursing Education Days.
- Began the Network roll out to the 6 Health Care Partners. Staff training at CVPH, Porter, and CVMC will begin this spring. All hospitals to be engaged by summer with staff trainings completed by January 2026.

Progress on measures:

- 93% of UVM MC clinical staff responsible for hygiene have completed Cornerstone training.
- Roll out begun at CVPH, CVMC, and Porter.

Populations of focus: Patients with all types of hair, especially those with type 3 and 4.

Key community partnerships: Pascale Onguende, Braids by Pascale, REACH Employee Resource Group.

BY THE NUMBERS

93%

clinical staff responsible for hygiene have completed Hair Care Equity Cornerstone training.

Housing

OVERARCHING GOAL: To foster a resilient community through funding trainings for housing retention and supporting mental health and housing direct service providers.

OBJECTIVES:

- **Provide financial support for tenant rights training and community programs.**
- **Broaden community education on relevant topics, as identified by the Health Priority Team and partners, including secondary trauma and tenant rights.**
- **Support the wellbeing and resilience of mental health and housing direct service providers.**
- **Ensure inclusivity in training sessions by actively reaching out to diverse segments of the community and promoting a welcoming and inclusive environment. Empower residents with knowledge about their rights as tenants, creating informed and proactive community members who actively contribute to housing retention efforts.**
- **Strengthen data collection and evaluation processes to measure the impact of training programs, enabling evidence-based decision-making and continuous improvement.**

POPULATIONS OF FOCUS: Tenants, Mental Health and Housing Direct Service Providers

Calendar Year 2024 Progress Made

Initiative: Workshop Series for Mental Health and Housing Direct Service Providers - "A Trauma Awareness and Compassion Series for Healing the Collective"

Summary: The CACH Housing Team partnered with the Burlington Housing Authority to host a 9-session workshop. The training explored various aspects of trauma awareness, emotional well-being, and the power of compassion. Each session was designed to help participants gain insight into the impact of trauma exposure response on themselves and others.

Goal: Support Mental Health and Housing direct service providers.

Objectives: Increase provider effectiveness, decrease burnout, decrease secondary trauma, increase emotional awareness.

Strategies:

- Hire local expert to conduct sessions.
- Ensure accessibility of the sessions: Host sessions in a centralized location with ample parking. Make sessions hybrid.

(Cont.) Accomplishments to highlight: Completed all 9 sessions with excellent feedback solicited and unsolicited.

Progress on measures: Trained over 40 direct service providers across 9 sessions

Populations of focus: mental health and housing direct service providers

Key community partnerships: Burlington Housing Authority, City Of Burlington, Howard Center, Champlain Housing Trust

Initiative: Barriers Identification Project

Summary: The CACH Housing Team is working in collaboration with the Camden Coalition on a team-based care project.

Goal: Identify existing barriers that hinder effective and productive collaboration among service providers working with individuals who frequently interact with emergency services.

Objectives: Create a unique cross-sector team to identify existing barriers, identify barriers.

Strategies: Interview stakeholders and case managers across the community, document barriers, distribute information to seek solutions across the community.

Accomplishments to highlight: Formed a new cross-sector team that had not been established before to take on this issue.

Populations of focus: Case managers, EMS, individuals who frequently interact with EMS.

Key community partnerships: City of Burlington EMS, Fire Department and Police Department, The Howard Center, UVM Medical Center, Agency of Human Services

BY THE NUMBERS

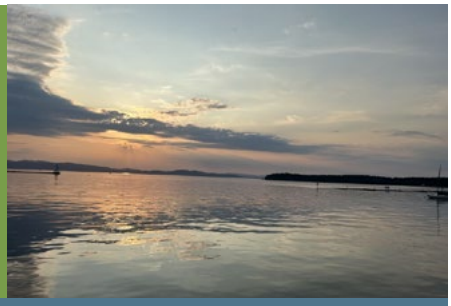
40

direct service providers across 9 sessions

Barriers Identification Project Innovative Cross-Sector Team

- Agency of Human Services
- City of Burlington EMS
- City of Burlington Fire Department
- City of Burlington Police Department
- The Howard Center
- UVM Medical Center

Mental Health and Well-being



OVERARCHING GOAL: Advance youth mental health support in schools by addressing barriers and promoting standardized well-being supports.

OBJECTIVES:

- **Enhance the Youth Wellness Pod at Edmunds through extensive data collection, analysis and continuous improvement activities.**
- **Extend the Pod initiative to additional schools.**
- **Integrate the Pod and well-being platform seamlessly into schools.**

POPULATION OF FOCUS: Youth in Chittenden and Grand Isle Counties

Calendar Year 2024 Progress Made

Initiative: Youth Wellness Pod

Summary: One of the most significant obstacles preventing the provision of youth mental health services in schools is the absence of private, confidential spaces. To overcome this obstacle, the team purchased a conversation suite in 2023 which we call a "Youth Wellness Pod". The Pod was installed in Edmunds Elementary School between the Elementary and Middle School so that both schools could have access to the Pod.

Goal: Enhance/Increase access to youth mental health services.
space for other services as needed.

Objectives:

- Increase total number of mental health services for elementary and middle school students.
- Provide a confidential and inviting space for providers and students.

Provide a confidential space for other services as needed.

Strategies:

- Maintain the use of the Pod and ensure access.
- Work with providers to utilize pod with a schedule.
- Collect and review data with Team in regular intervals.

Accomplishments to highlight:

- The Pod was utilized on a more frequent basis in 2024.
- The CACH Mental Health and Well-being team was able to collect demographic and utilization data.

Progress on measures: 233 sessions were provided in the Pod in 2024.

Populations of focus: Students ages 7, 9, 11, 12 and 13 (elementary and middle school students).

Key community partnerships: Edmunds Elementary and Middle School, Office Environments, CACH Mental Health and Well-being Team organizations (www.cachvt.org)

154%

Increase in student access to mental health services via Youth Wellness Pod Initiative

CONTACT

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Community Health Improvement
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CHITTENDEN ACCOUNTABLE COMMUNITY FOR HEALTH (CACH)

WWW.CACHVT.ORG

ABOUT OUR CONSULTANTS

UVMMC Community Health Improvement selected the Center for Rural Studies at the University of Vermont (CRS) as local consultants to support the development of the 2025 CHNA. Research Specialist Michael Moser led research activities and provided facilitation support throughout the assessment process.

The Center for Rural Studies (CRS) at the University of Vermont (UVM) is a nonprofit, fee-for- service research organization that addresses social, economic, and resource-based problems of rural people and communities. Based in the UVM College of Agriculture and Life Sciences, CRS provides consulting and research services in Vermont, the United States, and abroad. The research areas are divided into five main areas: Agriculture, Human Services and Education, Program Evaluation, Rural Community and Economic Development, and Vermont Community Data. The mission of CRS is to promote the dissemination of information through teaching, consulting, research, and community outreach. Primary emphasis is placed upon activities that contribute to the search for solutions and alternatives to rural problems and related issues. Bringing decades of experience to its work, CRS recognizes that answers to critical and timely questions often lie within a community or organization.

For questions about the Center for Rural Studies at the University of Vermont, please contact Director Jane Kolodinsky at Jane.Kolodinsky@uvm.edu.

ENDNOTES

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