2019

Community Health Needs Assessment

Chittenden and Grand Isle Counties, Vermont

AGE WELL · Building Bright Futures · Burlington Police · Cathedral Square · Chittenden County Opioid Alliance · CCOA · Chittenden County RPC · Champlain Housing Trust · community health centers

GBIC Good Jobs In A Clean Environment · Howard Center Help is here · Hunger Free Vermont · Let's Grow Kids Little Kids • Big Impact · OneCareVermont · Planned Parenthood of Northern New England · RISE VT Embracing Healthy Lifestyles

United Way of Northwest Vermont · U.S. Committee for Refugees and Immigrants Vermont Field Office · University of Vermont Health Network Home Health & Hospice · University of Vermont Medical Center · Vermont Agency of Human Services · Vermont Department of Health

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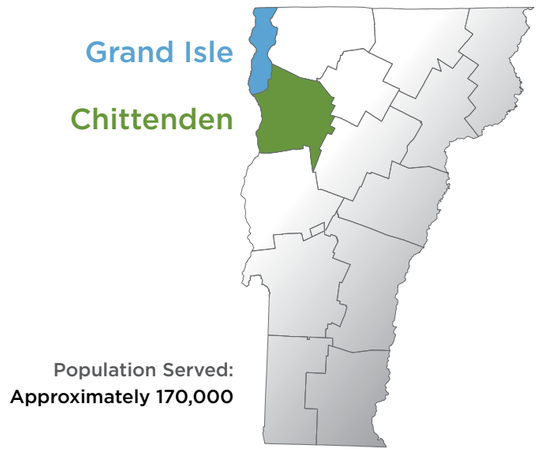
Executive Summary

Though, the University of Vermont Medical Center, along with the University of Vermont's Larner College of Medicine and College of Nursing and Health Sciences, is one of the 138 academic medical centers in the country. It is part of an integrated health network across Vermont and northern New York that includes the following UVM Health Network partners: Central Vermont Medical Center, Champlain Valley Physicians Hospital, Elizabethtown Community Hospital, Alice Hyde Medical Center, Porter Medical Center, and the UVM Health Network Home Health & Hospice.

The UVM Medical Center serves a population of over one million people in Vermont and northern New York. The 2019 Community Health Needs Assessment (CHNA) is focused on the health needs of its primary health service area of Chittenden and Grand Isle counties in Vermont. The UVM Medical Center serves as the community hospital for approximately 170,000 residents in this area and provides primary care services at eleven sites.



Population Served:
Approximately 170,000

Purpose of the Assessment

Although the Affordable Care Act mandates that triennial CHNA's are conducted by all non-profit hospitals, the UVM Medical Center has led assessments since the 1980's. The purpose of the 2019 assessment is three fold: identify significant priority health needs, provide insight that will inform the medical center's Implementation and community partners' strategic plans, and meet state and federal requirements.

To ensure that potential health needs of all facets of the population were reflected in the 2019 assessment, the UVM Medical Center convened a Community Steering Group that included members from 23 community organizations to advise and inform the assessment process. Participating organizations are listed in Appendix A.

To further assist in the assessment process, the UVM Medical Center hired two consultants from Baker Tilly, a nationally recognized, full-service accounting and advisory firm. Baker Tilly's CHNA team members have assisted more than 100 hospitals and health systems in conducting CHNAs. These team members are listed in Appendix I.

The CHNA includes a comprehensive review of health data and community input on health issues relevant to Grand Isle and Chittenden counties. The assessment covers a range of topics, but is not a complete analysis of any one issue. Rather, the information collected helps identify priorities which lead to productive community discussion and creation of goals.

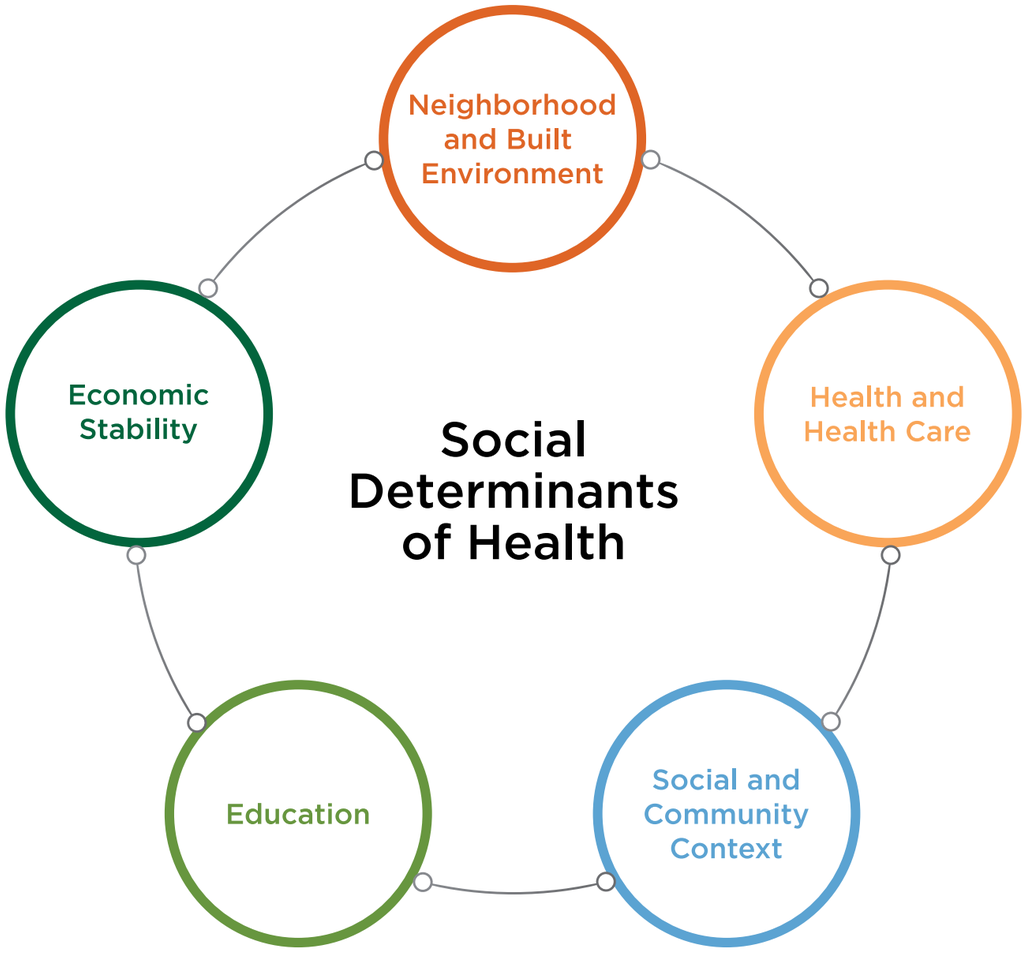
Community Participation and Input

The CHNA pursued input from persons representing broad interests of the community, including leaders with special knowledge or expertise as well as community residents. The CHNA Community Steering Group distributed a community survey that was completed by 1,948 residents. In addition, the group circulated a key informant survey to 202 individuals with special knowledge of community health, and conducted key informant interviews with 31 stakeholders to obtain a better understanding of needs among underserved populations. Lastly, the group hosted a Community Leader Breakfast where over 120 individuals gathered to prioritize the needs identified in the community survey.

Executive Summary (continued)

Priority Needs

The community survey was used to collect data on a variety of community issues, taking both traditional health needs and social determinants of health into consideration. Throughout this process, the needs of vulnerable populations such as New Americans, minorities, disabled and low-income were identified. Addressing disparities that impact vulnerable populations is central to impacting all of the needs listed below.



After a preliminary analysis of results, the CHNA Community Steering Committee determined a list of health issues that were identified through the CHNA. The committee selected the top five health issues through unanimous voting using a criteria matrix to consider scope, severity, ability to impact, and community readiness. This list of needs was then presented to Community Breakfast participants for input and ranking using the same criteria matrix.

The five prioritized needs, identified through this process are as following (in order of priority):

1. Mental Health
2. Substance Use Disorder
3. Affordable Housing
4. Childhood and Family Health
5. Disease Prevention
6. Cancer*

* The American College of Surgeons Commission on Cancer requires the Vermont Cancer Center to conduct a community health needs assessment to ensure the needs of patients and families are met. As such, Cancer was included as a specific priority need.

Background

Historical Timeline

1980's

CHNA's Conducted

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

2003

Act 53

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

2000; 2004

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

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

2007

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

2010

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

2011

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

2013

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

2016

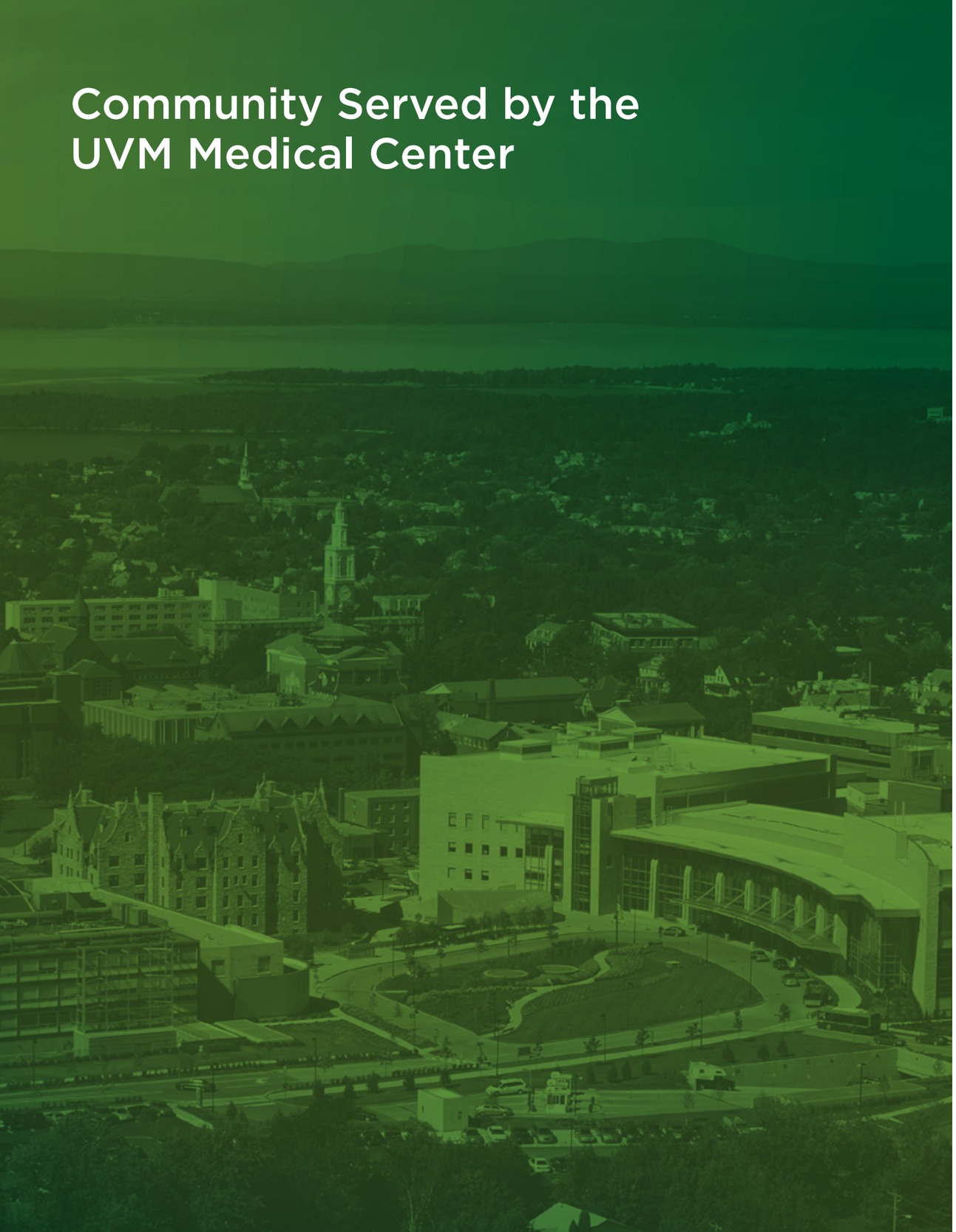
The 2016 CHNA assessment is the second ACA-required CHNA assessment completed by the UVM Medical Center.

2019

The 2019 CHNA assessment is the third ACA-required CHNA assessment completed by the UVM Medical Center.

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

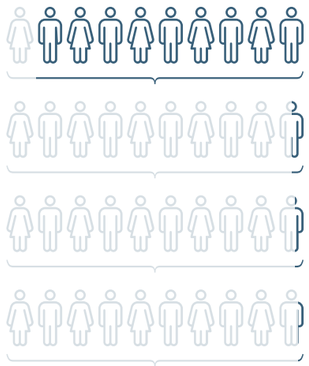
Community Served by the UVM Medical Center



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

Demographic and Socioeconomic Factors
Chittenden County

Demographics



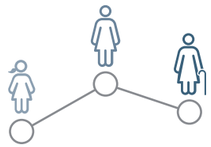
White **90%**

Asian **4%**

African American **3%**

Latino **2%**

Population **165,666**



Median Age **37.5**

Population Growth by 2022 **4%**

Income & Employment

Median Household Income **$67,473**

Less than High School Diploma **6%**

Unemployment **4%**

Children in Poverty - **13%**

People in Poverty - **12%**

Households

Owner-Occupied Households **64%**

Renters with Cost Burden **53%**

Home Owners with Cost Burden **30%**

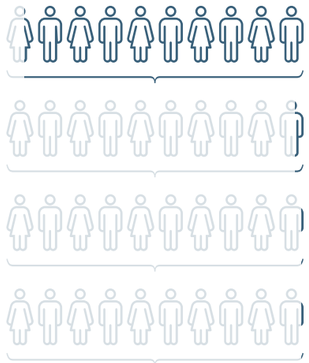
Source: Esri, 2017; US Census Bureau, 2012-2016

Key Takeaways

- Primarily White population with increasing diversity, including a growing New American population
- Lower median age than the state
- Higher median household income than the state/nation; lower poverty and unemployment rates
- Higher median home value than the state/nation; similar housing cost burden
- Higher housing cost burden among renters
- Higher educational attainment than state/nation

Demographic and Socioeconomic Factors
Grand Isle County

Demographics



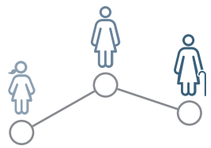
White **94%**

Latino **3%**

African American **1%**

Asian **1%**

Population **7,179**



Median Age **47.5**

Population Growth by 2022 **1%**

Income & Employment

Median Household Income **$62,801**

Less than High School Diploma **6%**

Unemployment **3%**

Children in Poverty - **10%**

People in Poverty - **8%**

Households

Owner-Occupied Households **81%**

Renters with Cost Burden **57%**

Home Owners with Cost Burden **40%**

Source: Esri, 2017; US Census Bureau, 2012-2016

Key Takeaways

- Primarily White population with increasing diversity
- Higher median age than the state/nation
- Higher median household income than the state/nation
- Lower poverty and unemployment rates than the state/nation
- Higher median home value than the state/nation; higher housing cost burden among both home owners and renters
- Higher educational attainment than state/nation

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

The Centers for Disease Control and Prevention advises communities to identify and address the many dimensions of disparities that exist, particularly regarding health. Race, ethnicity, sexual identity, gender, age, disability, socioeconomic status, and geographic location all contribute to an individual's ability to achieve good health.**

TABLE 1

Health Indicators by Income in Chittenden and Grand Isle counties

Compares health indicators between those below 200% of the Federal Poverty Level (FPL) and those at or above 200% of the FPL in Chittenden and Grand Isle Counties. The data suggests that adults living at <200% of the FPL are significantly more likely to suffer from chronic conditions such as diabetes, asthma, and high blood pressure, and are less likely to have access to preventive care such as mammograms, visits to the doctor, and dental appointments.

	Chittenden & Grand Isle Residents		
Indicator	**Less Than 200% FPL**	**200% FPL or Above**	**Data Year**
Diabetes prevalence	11%	4%*	**2015-2016**
Obesity prevalence among adults age 20 and older*	27%	18%*	**2015-2016**
Adults who did not visit the dentist in the last year*	41%	17%	**2014, 2016**
No leisure time physical activity in the last month*	27%	12%*	**2015-2016**
Could not see a doctor due to cost, in the last year	17%	4%*	**2015-2016**
Adults age 65 and older with no flu shot in the last year	35%	37%	**2015-2016**
Current asthma prevalence	14%	9%	**2015-2016**
Currently smoke cigarettes*	26%	9%*	**2015-2016**
Adults ages 50-75 who have not had a FOBT in the last year	98%	96%	**2014, 2016**
Women ages 50-74 with no mammogram in last 2 years*	34%	16%*	**2014, 2016**
Women ages 18-65 with no PAP test in the last 3 years*	32%	13%*	**2016**
High Blood Pressure	33%	21%*	**2013, 2015**
Blood cholesterol not checked in last 5 years*	23%	24%	**2013, 2015**

Source: Vermont Behavioral Risk Factor Surveillance System

*Age adjusted to U.S. standard population. Data from the 2013-2016 BRFSS surveys for low income,defined as those living at less than 200% of the Federal Poverty Level, residents of Chittenden and Grand Isle Counties.

*Indicates that the proportion among Chittenden/Grand Isle Counties adults living at <200% FPL is statistically different compared with residents in those counties living at 200%+ FPL. In other words, adults in those counties living at <200% FPL are significantly more likely to report diabetes, asthma, smoking, and not visiting a dentist to those higher incomes.

**Office of Disease Prevention and Health Promotion. Disparities. https://www.healthypeople.gove/2020/about/foundation-health-measures/Disparities)

Existing Health Care Facilities and Resources

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

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

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

Special Population Groups
Health Considerations

College Students 2016

Used Alcohol
60%

Used Marijuana
30%

Used Cigarettes
15%

Majority do not meet physical activity or nutrition guidelines

11% report moderate to severe depression

57% used moderate-highly effective birth control

Homeless 2017

0
No individuals known in Grand Isle

291
individuals know in Chittenden, 12% decrease from 2016

28
unsheltered individuals

37
households with children

88
individuals with severe mental illness

30
youth 18-24 years

LGBTQ+ 2016

5.3%
of Vermont residents identify as LBGT

61%
Female

38%
live in household with income <$25k

2x
more likely to report poor mental health

>50%
diagnosed with depressive disorder

More likely to report substance abuse

Increased risk of HIV

New Americans 2017

Vermont Refugee Resettlement Program

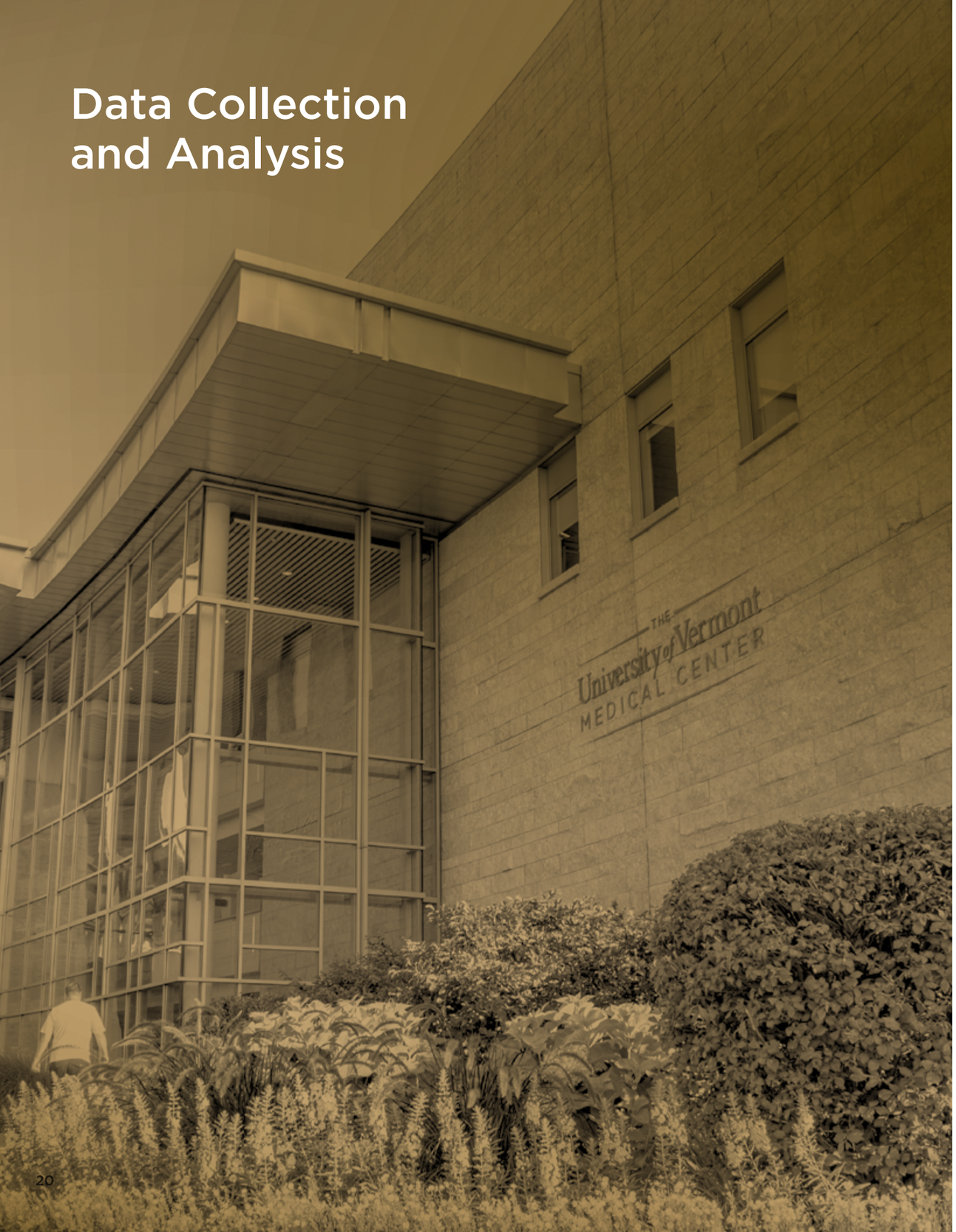
236
individuals resettled in 2017

Majority resettled in Burlington/Winooski

>2,500
individuals resettled since 2010

Largest proportion of resettled individuals originate from S.E. Asia (Bhutan and Burma)

Data Collection and Analysis



To ensure the 2019 CHNA was a community-wide engagement, a Community Steering Committee was formed to oversee the project, assist with data collection, and lend local expertise to the findings. Consultants were used to collect and analyze secondary data, administer and analyze data from the Key Informant and Community Surveys, guide the prioritization process, facilitate the Community Breakfast, and compile reporting. Specific methodologies used in the 2019 CHNA are as follows:

- A secondary data profile of socioeconomic data, public health statistics, and health care utilization
- A Community Survey of Chittenden and Grand Isle County residents
- A Key Informant Survey with community leaders and representatives
- Key Informant Interviews with community stakeholders
- A Community Breakfast to review findings and gather community input

Data Gathering

The 2019 CHNA was conducted from January to November 2018. The comprehensive study was led by a Steering Committee of representatives from 23 community agencies. Data collection and analysis were completed through committee participation and the help of research and community health planners.

A mix of quantitative and qualitative research methods were used to collect secondary and primary data, compare health trends and disparities across the region, and solicit community input. Community surveys, interviews, and facilitated dialog were used to solicit input from healthcare consumers and key community stakeholders representing the broad interests of the community, including experts in public health and individuals representing medically underserved, low-income, and minority populations. Secondary data were collected from a wide host of publicly reported and proprietary sources to depict health and socio-economic measures of residents across Chittenden and Grand Isle Counties.

The 2019 CHNA built upon previous CHNAs and subsequent Implementation Plans. While the CHNA was conducted in a timeline to comply with IRS Tax Code 501(r) requirements for not-for-profit hospitals to conduct a CHNA every three years, The University of Vermont Medical Center and its community partners recognize the great value the study brings in identifying and aligning community benefit activities to community health needs and drawing attention to public health and socio-economic disparities that exist across our community.

The culminating result of the study was the identification and prioritization of the most pressing health issues that impact residents across Chittenden and Grand Isle Counties. Information collected through the CHNA will be used to inform our community benefit investments, guide our health improvement initiatives, and advance our population health management strategies.

Community Engagement

Community engagement was emphasized throughout the study, and all told more than 2,000 people from across our community participated in the CHNA.

1,948

A Community Survey with 1,948 residents of Chittenden and Grand Isle Counties to better understand the health and social needs of community members and garner feedback on community health improvement

202

A Key Informant Survey with 202 community leaders and representatives, including health and social service providers; community and public health experts; civic and social leaders; community planners, policy makers, and elected officials; and others representing diverse populations

32

Key Informant Interviews with 32 community stakeholders to garner deeper insight on the health needs and challenges affecting Chittenden and Grand Isle County residents

120

A Community Breakfast was held with over 120 representatives from diverse community-based organizations to gather insight on community health needs and foster collaboration toward community health improvement

Data Limitations and Gaps

Efforts were made to reduce bias of data and present an accurate portrayal of health and socio-economic status across the study area. Secondary data presented in the report represents the most current data available at the time of collection. Limitations of secondary data include the availability of data, time lag between data collection and reporting by sources, and availability of data sets for small populations.

Primary research including the Community Survey and Key Informant Survey were conducted with adults aged 18 or over only and by use of a convenience sample. Findings from these surveys were not intended to be generalizable to the greater community, but rather provide insights into respondents' perceptions. Findings from the survey are shown in comparison to similar surveys conducted as part of the 2013 and 2016 CHNAs for observational purposes only.

Results from the Key Informant Survey, Key Informant Interviews, and Community Breakfast provided valuable insight from the perspective of health and social service providers serving residents affected by top community health concerns. However, findings from the methodologies are based on perception and have the potential for bias.

The UVM Medical Center sought to minimize the impact of data limitations and gaps by including stakeholders with knowledge of the broad interests of the community throughout the CHNA process, including those representing underserved and minority populations.

Process Used to Prioritize Needs

Prioritization of needs was determined through a multi-stage process that involved synthesis of primary and secondary data, discussion and anonymous voting by the CHNA Steering Committee, and a review of research findings and anonymous voting by participants at the Community Breakfast.

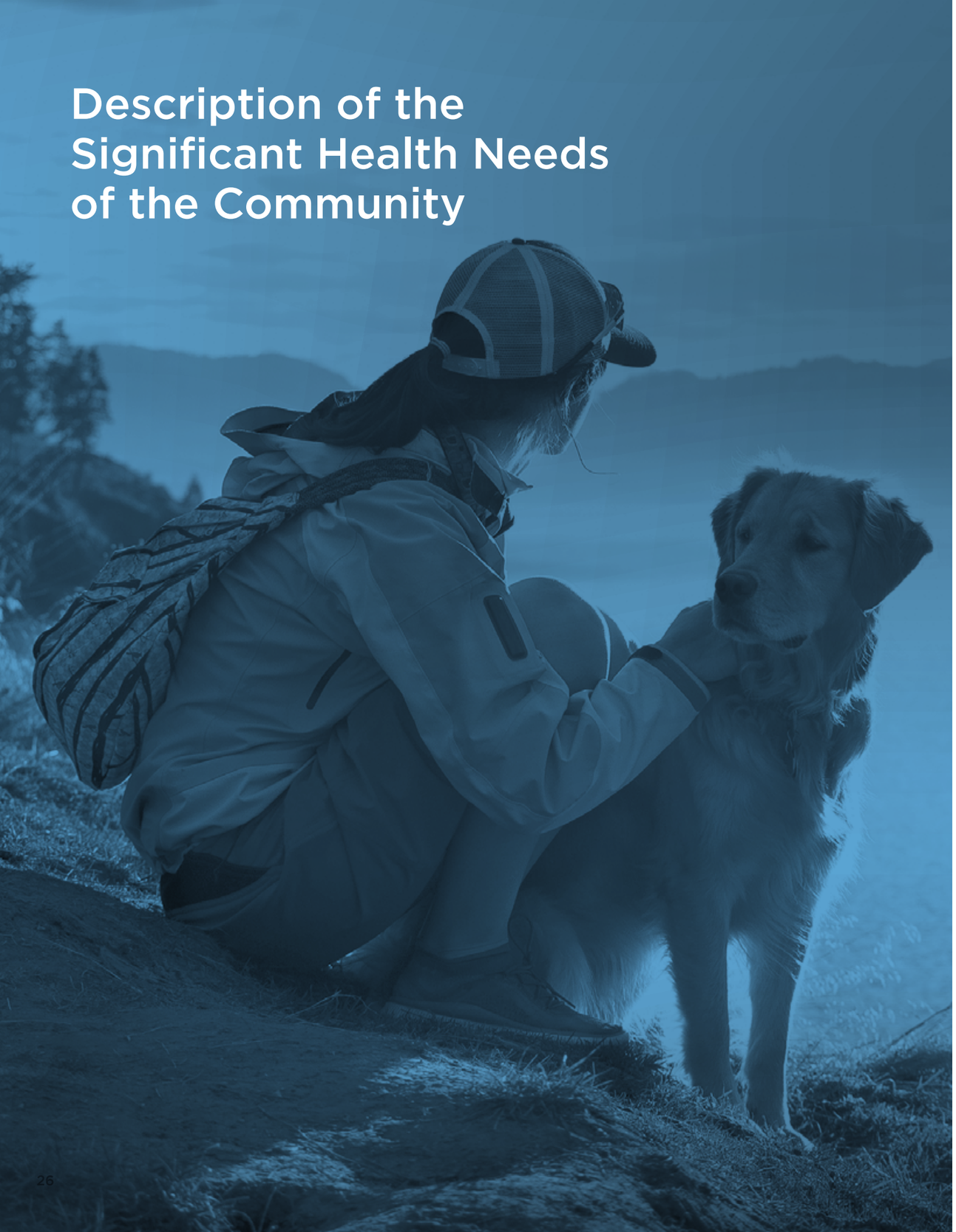
TABLE 2

Ranked Community Health Priorities by Community Breakfast Participants

Rankings are based on a score of 1 (low) to 4 (very high)

Overall ranking	Identified health need	Scope of the issue	Severity of the issue	Ability to impact the issue	Community readiness to address the issue	**Overall Score**
1	Mental Health	3.2	3.4	2.6	2.5	**11.6**
2	Substance Use Disorder	2.7	3.2	2.6	2.8	**11.4**
3	Affordable Housing	3.3	3.1	2.4	2.4	**11.2**
4	Childhood and Family Health	2.8	2.7	2.8	2.5	**10.8**
5	Disease Prevention	2.9	2.7	2.5	2.1	**10.2**

Description of the Significant Health Needs of the Community



Overview

The health of a community is determined by more than disease statistics, the number of people who receive recommended health screenings, or even how readily residents can access healthcare when they need it. While these are all important factors to consider in providing for the health of a community, most people's health is determined by what occurs outside the walls of the hospital or a doctor's office. Social Determinants of Health play a significant role in determining community health.

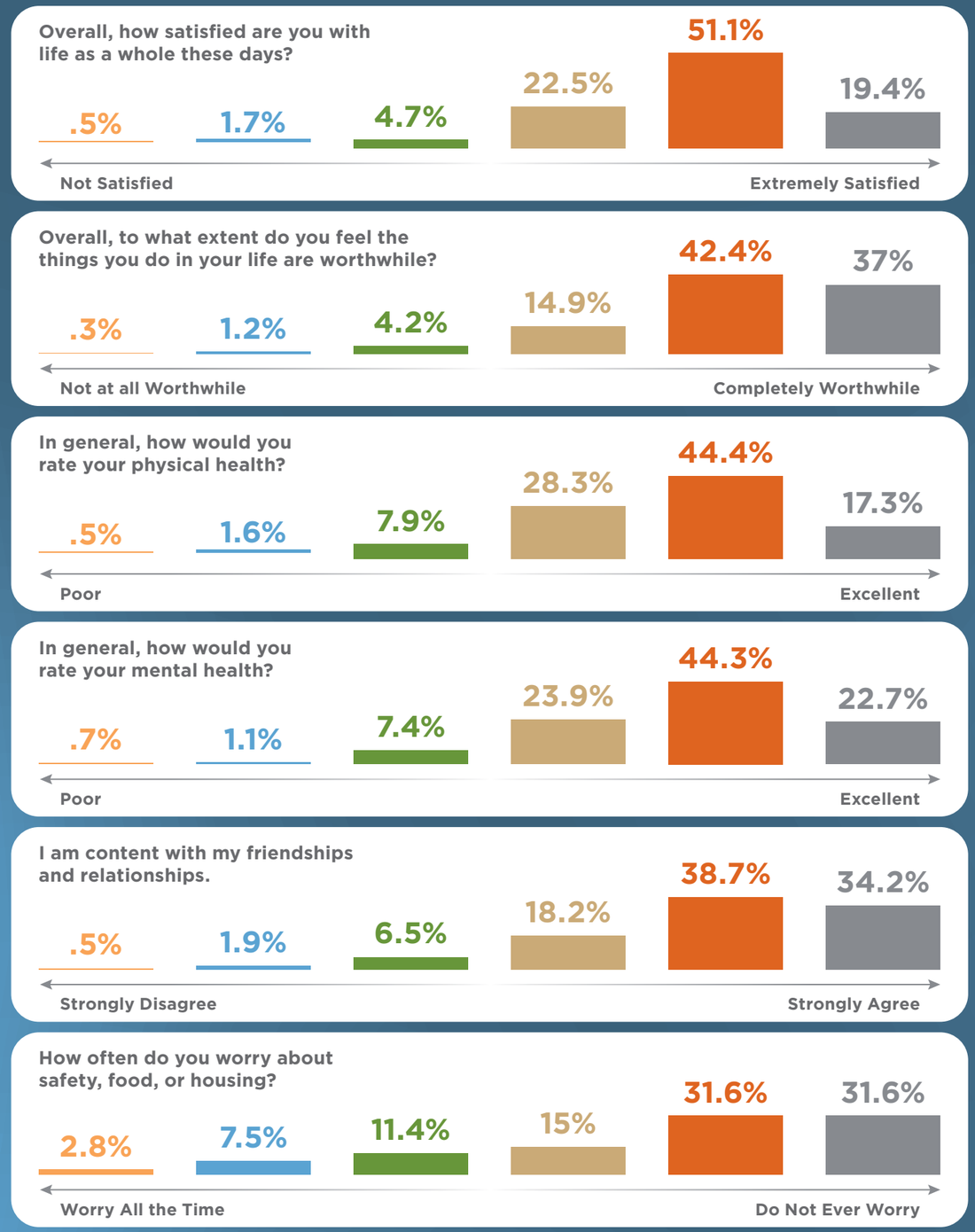
Social determinants of health are the conditions in which people are born, grow, live, work, and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels.

Overview (continued)

Throughout Chittenden and Grand Isle Counties, most residents experience a high quality of life, favorable health status, higher education attainment, employment opportunities, access to healthcare, housing and healthy foods.

Questions about residents' satisfaction with their lives and personal assessment of their health were included in the Community Survey. Responses to these questions were generally positive, approximately 71% of respondents were satisfied with their life and 79% felt that "the things they do in life are worthwhile." The majority of respondents positively rated their physical and mental health. Less than 5% of respondents rated their physical or mental health as poor. Concerns about safety, food, or housing was most negatively rated with about 10% responding that they often worry about these needs.

FIGURE 1:
Happiness Index



Overview (continued)

However, not everyone in our community has the same outlook or shares these positive experiences. Throughout the CHNA process, we paid special attention to how health and social equity is distributed across our community. By taking a closer look at how social indicators impact residents' health, we can focus efforts upstream to ensure all community members have equal access to services, resources, and opportunities to optimize their health.

Vermont uses the Social Vulnerability Index to predict and assess vulnerability based on specific measures. Table 3 shows the data and metrics used to measure vulnerability across the state.

TABLE 3
Vermont Social Vulnerability Index Measures of Vulnerability

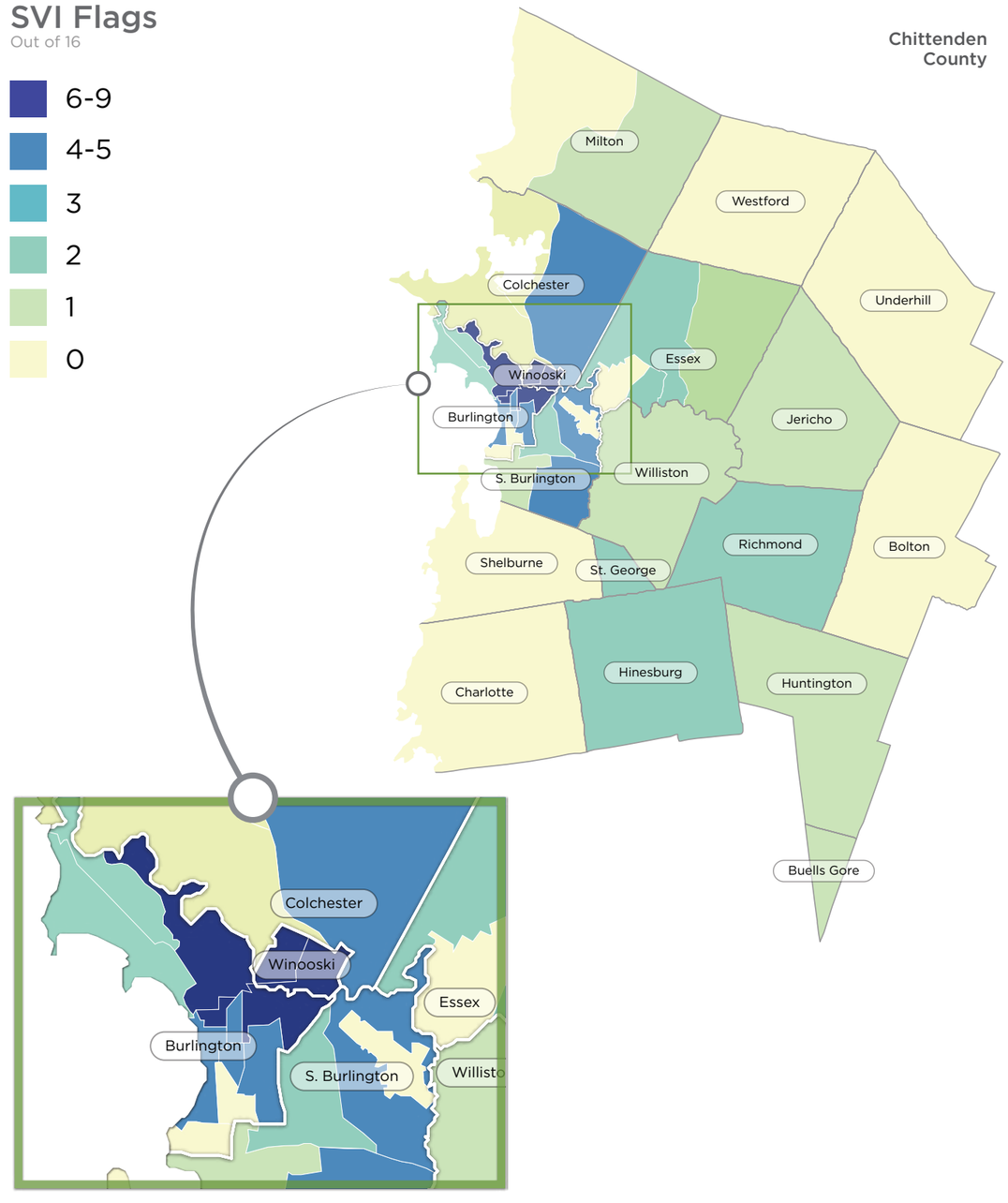
Socioeconomic Vulnerability Measures:	**Demographic** Vulnerability Measures:	**Housing/Transportation** Vulnerability Measures:
Poverty population living below Federal poverty level	**Children** population age less than 18	**Large apartment buildings** 10 or more housing units per building
Unemployment age 16 and over seeking work	**Elderly** population age 65 and over	**Mobile homes** percent of housing units
Per capita income (2013 inflation-adjusted $)	**Disability** age 5 or more with a disability	**Crowding** housing units with more than one person per room
Education age 25+ without a high school diploma	**Single parent** percent of households with children	**No vehicle** households with no vehicle available
Health insurance age less than 65 without insurance	**Minority** Hispanic or non-white race	**Group quarters** population living in group quarters
	Limited English age 5 and over who speak English less than "Well"	

FIGURE 2:
2018 Community Survey Top 10 Community Strengths

Overview (continued)

The following maps show the overall Social Vulnerability Index for census tracts within Chittenden and Grand Isle Counties. The darker blue areas on the maps indicate census tracts with more flagged socioeconomic variables. Census tracts surrounding Burlington and Winooski in Chittenden County have the most flags for social vulnerability (6-9 flags out of 16 flags).

Data from the CHNA support the Social Vulnerability Index measures and provide insight into identifying populations, neighborhoods, and other factors that can help predict a person's risk of experiencing social vulnerability.



The following tables profile social determinants of health, including poverty, unemployment, and educational attainment across racial and ethnic groups.

While racial and ethnic minorities have historically experienced greater health and social disparities due to distribution of money, power and resources at global, national and local levels, community partners were asked to help identify other population groups within their communities that may also experience inequity. Among populations looked at more closely were those that experience homelessness, members of the LGBTQ+community, New Americans, single parent households, and people with chronic conditions—particularly mental health or substance use disorders.

TABLE 4

2012-2016 Social and Economic Differences by Race and Ethnicity

People in Poverty	Chittenden County		Grand Isle County	
White	14,569	10.6% (+/-0.6)	510	7.8% (+/-2.2)
Asian	835	15.9% (+/-6.3)	0	0.0%
Black/African American	978	26.0% (+/-7.6)	0	0.0%
Hispanic/Latino	584	19.0% (+/-6.1)	11	9.7% (+/-9.6)

Unemployment Rate	Chittenden County		Grand Isle County	
White	5,332	4.3% (+/-0.4)	309	5.6% (+/-1.4)
Asian	291	6.3% (+/-3.5)	0	0.0%
Black/African American	231	8.1% (+/-2.8)	0	0.0%
Hispanic/Latino	47	1.7% (+/-1.4)	14	18.4% (+/-20.0)

Bachelor's Degree or Higher	Chittenden County		Grand Isle County	
White	48,535	49.9% (+/-1.1)	1,746	35.5% (+/-3.1)
Asian	1,423	42.5% (+/-6.7)	9	69.2% (+/-38.1)
Black/African American	720	39.6% (+/-7.7)	0	0.0%
Hispanic/Latino	888	48.7% (+/-9.0)	33	55% (+/-23.3)

Source: US Census Bureau, 2012-2016

Rankings of Community Needs

At the conclusion of the CHNA study, numerous findings were presented that reflect the health of our community. Some findings were positive and revealed our community strengths or "assets," which include resources, people, infrastructure, policies, and other inputs that can be leveraged to advance community health. Other findings depicted issues, disparities, or other "needs" that must be tackled to optimize health for all residents. Throughout any CHNA, a multitude of assets and needs are identified.

Recognizing that all communities have limited assets to address community needs, its essential that each identified need from the CHNA is carefully considered, along with the determination of what will have the greatest impact on community health. To ensure that the focus was on issues that mattered most to community members, throughout the CHNA residents and community representatives were asked for their perspectives about significant issues impacting our community. Input was compared with statistical data to develop a list of issues for in-depth review by the CHNA Community Steering Committee.

Using the priority matrix shown below, steering committee members participated in live, anonymous scoring to rate each issue across four criteria: 1) scope of the issue, 2) severity of the issue, 3) ability to impact the issue, and 4) the community's readiness to address the issue.

During discussion of the results, the steering committee recommended that social determinants of health be recognized as key contributors across all health issues. Similarly, "access to care and services" was seen as a cross-cutting strategy that must be addressed for each health issue. These recommendations and the committee's input on priority health needs is depicted in the chart to the right, which was later presented to more than 120 participants at the Community Breakfast for further input and final determination of community health priorities.

Community Breakfast participants discussed the CHNA findings and reached consensus that the chart accurately represented the most pressing issues within the community. The participants were then led through the same anonymous scoring as the steering committee had undertaken to rate each issue across the four criteria. The results from this "live voting" developed the rank ordered list of prioritized community needs.

Criteria used for anonymous voting

Scope:
How many people are affected?

- Widespread or affecting few individuals
- Inequities or disparities among residents

Severity:
How critical is the issue?

- Cost or burden of the issue on the community (e.g. dollars, time, social)
- Negative outcomes or causes harm

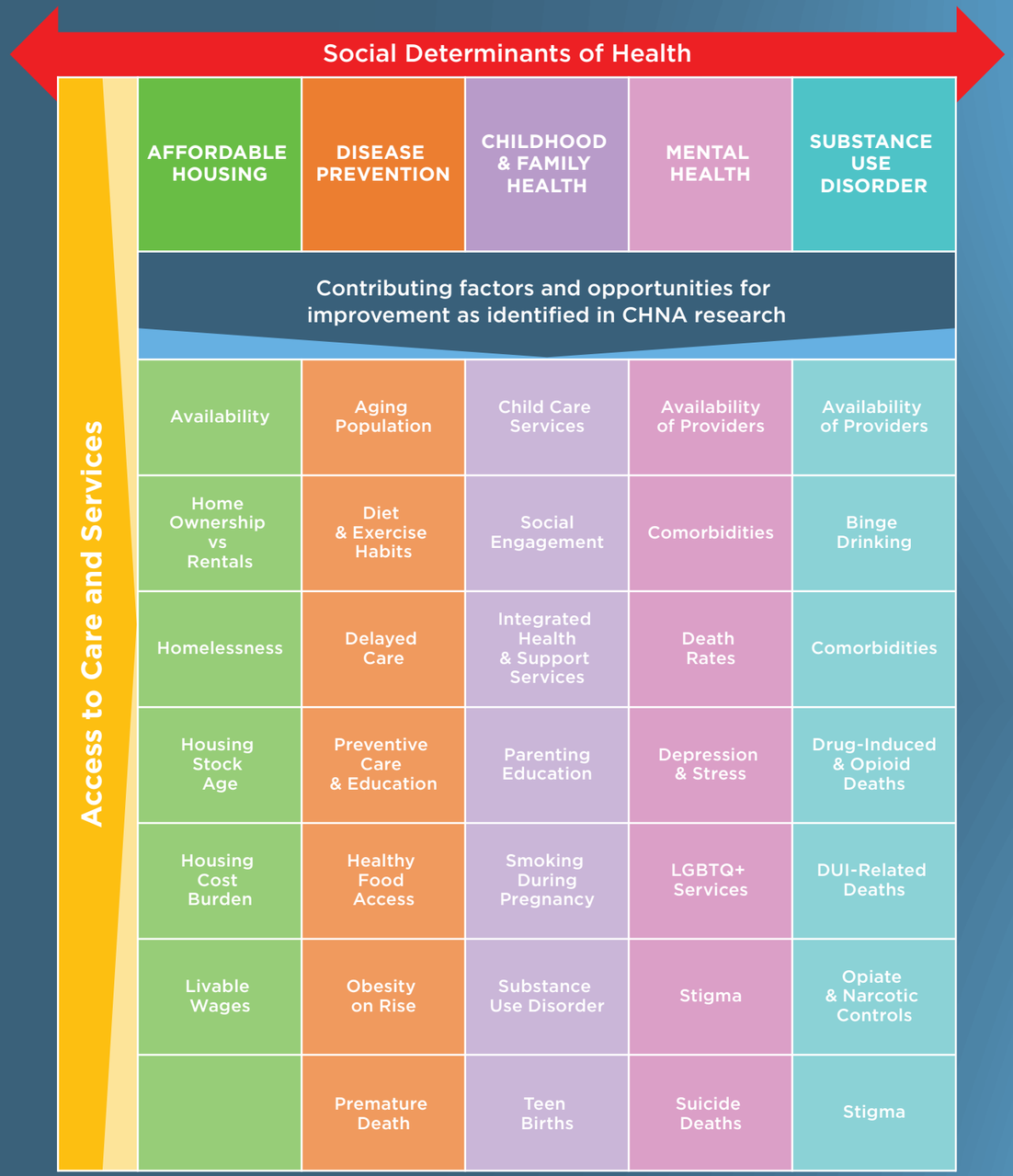
Ability to Impact:
Can we achieve the desired outcome?

- Resource availability
- Known practices to address the issue
- Short-, medium-, or long-term outcomes

Community Readiness:
Is the community prepared to take action?

- Supportive leaders or policy makers
- Prevailing attitude of the community toward the issue
- Community capacity

FIGURE 3:
Community Health Priorities and Contributing Factors



#1 Health Priority:

Mental Health

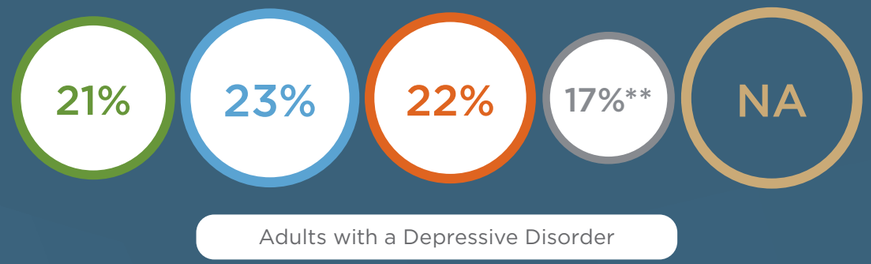
Throughout the CHNA, across all research methods, health statistics, and community stakeholder feedback pointed at the need to do more to impact mental well-being of community members. From increased diagnosis of depression and anxiety to heightened deaths related to substance use disorder, our community, like many others across the nation, is being impacted by poor mental health conditions.

Depression and related disorders can have a negative impact on quality of life, and can lead to death due to suicide. A higher percentage of adults in Vermont have been diagnosed with a depressive disorder than the nation, and the state has a higher rate of death due to suicide and mental and behavioral disorders. Mental and behavioral disorders can affect people of all ages, and span a wide range of disorders, including dementia, amnesia, schizophrenia, phobias, and mood or personality disorders. These disorders are not induced by alcohol and other psychoactive substances, but they may result from substance use disorder.

More than one in five adults in Chittenden and Grand Isle Counties have a depressive disorder diagnosis, consistent with the state ratio. The rate of death due to suicide and mental and behavioral disorders for Chittenden County is lower than state and national rates. The county suicide rate declined between 2014 and 2016.

Suicide and mental and behavioral disorders death rates are not reported for Grand Isle County due to low death counts. The county had 15 suicide deaths and 28 mental and behavioral disorders deaths between 2007 and 2016.

FIGURE 4:
Mental Health Measures

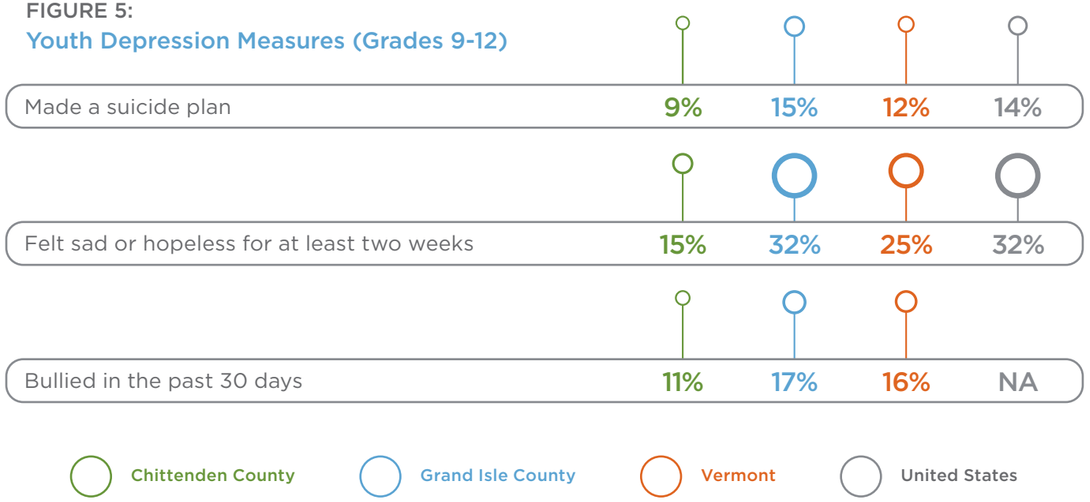


Source: Vermont Department of Health, 2015-2016; CDC, 2016; Healthy People 2020
*Data for Grand Isle County are not reported due to low death counts.
**The percentage reflects 2016 data; state and county percentages reflect 2015-2016 data due to availability.

Mental Health (continued)

Young people who consistently feel depressed or sad may be at risk for self-harm and risky behaviors, including committing suicide. Among students in grades nine through twelve, 15% in Chittenden County and 32% in Grand Isle Counties reported feeling sad or hopeless for at least two weeks, and roughly one out of every ten students had made a suicide plan. Being a victim of bullying is associated with a risk of depression. In Chittenden County, 11% of teens reported being bullied in the past 30 days, and in Grand Isle County 17% of students in grades nine through twelve reported being bullied.

FIGURE 5:
Youth Depression Measures (Grades 9-12)

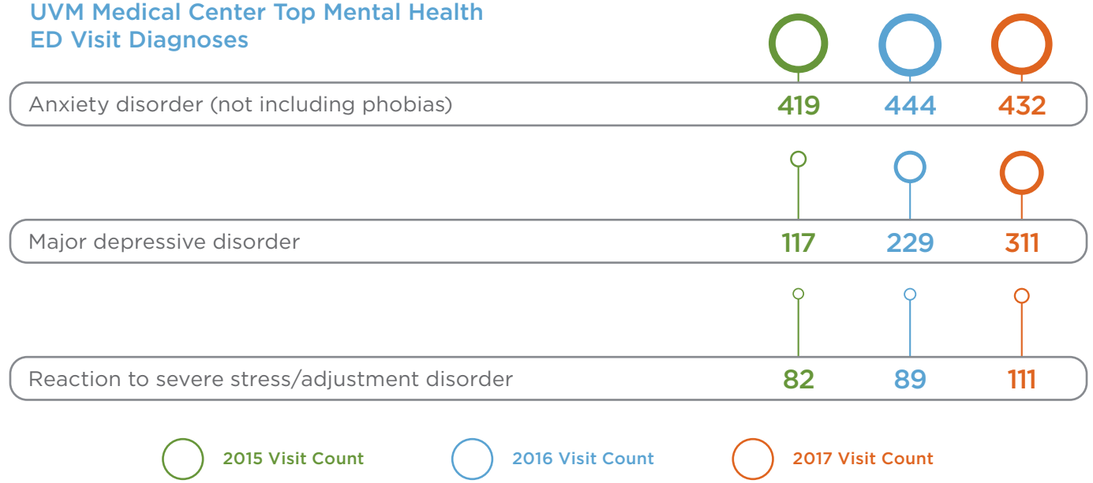


Source: Vermont Department of Health, 2017; CDC, 2017

FIGURE 6:
UVM Medical Center ED Visits for Mental Health/Substance Use Disorder (Chittenden County Residents 2015-2017)

The top mental health diagnoses among Chittenden County residents in the ED in 2017 were anxiety disorder (excluding phobias), major depressive disorder, and reaction to severe stress/adjustment disorders.

FIGURE 7:
UVM Medical Center Top Mental Health ED Visit Diagnoses



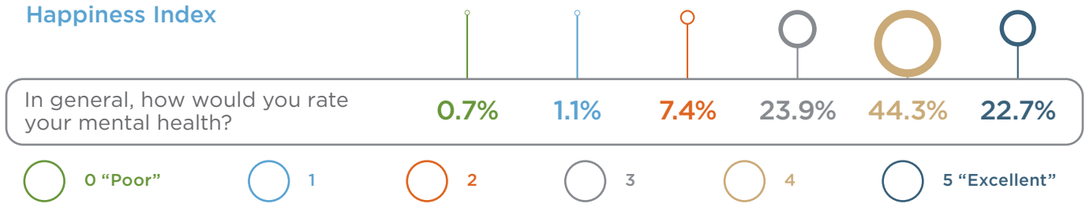
#1 Health Priority:

Mental Health (continued)

Community stakeholders (including participants in the Community Survey and Key Informant Survey) concurred that addressing mental health needs for residents is the top priority.

Access to mental health services was ranked as the #2 community need as chosen by 54.4% (959) Community Survey participants as a top priority. Comparatively, access to mental health services was ranked as the #6 need in 2016 and the #11 need in 2013. About 20% (349) of community survey residents indicated they had experienced challenges related to access to mental health services within the past year.

FIGURE 8:
Happiness Index

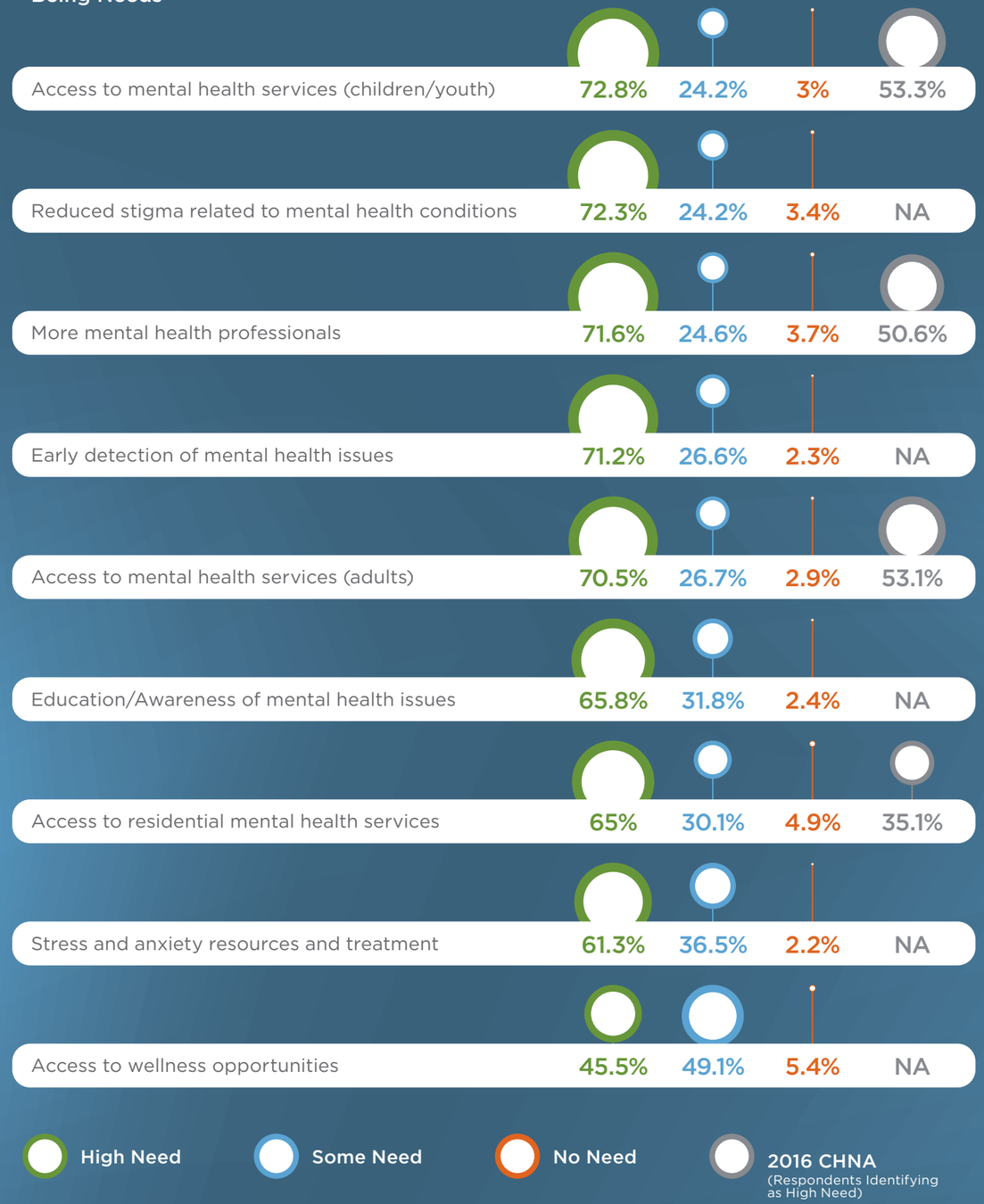


Key Informant Survey respondents ranked mental health as the top health condition affecting community residents with 32.3% of respondents choosing it as #1 and 25.5% (142) choosing this issue within their top three choices. (Substance Use Disorder was ranked #2 with 21.7% choosing it as #1 and 18% choosing it within their top three choices.)

Participants at the Community Breakfast discussed how mental health needs impact residents in need of services as well as the overall community. Funding gaps, availability of services, and burnout of providers were seen as key problems within the delivery system. Residents struggle with stigma associated with mental health conditions; disparities in accessing services for special populations including New Americans, LGBTQ community, and racial and ethnic minorities; cost; and attitude toward self-reliance were thought to reduce the number of residents who seek help for their conditions.

Increasing residents' sense of belonging to the community; adding a mental health component to community activities; using community health workers and peer support groups to support residents and providers alike; and increasing the dialogue around mental health from pre-school to the workplace were seen as ways to promote awareness of existing services and reduce stigma.

FIGURE 9:
2018 Community Survey
Community Mental Health & Well-Being Needs



#2 Health Priority:

Substance Use Disorder

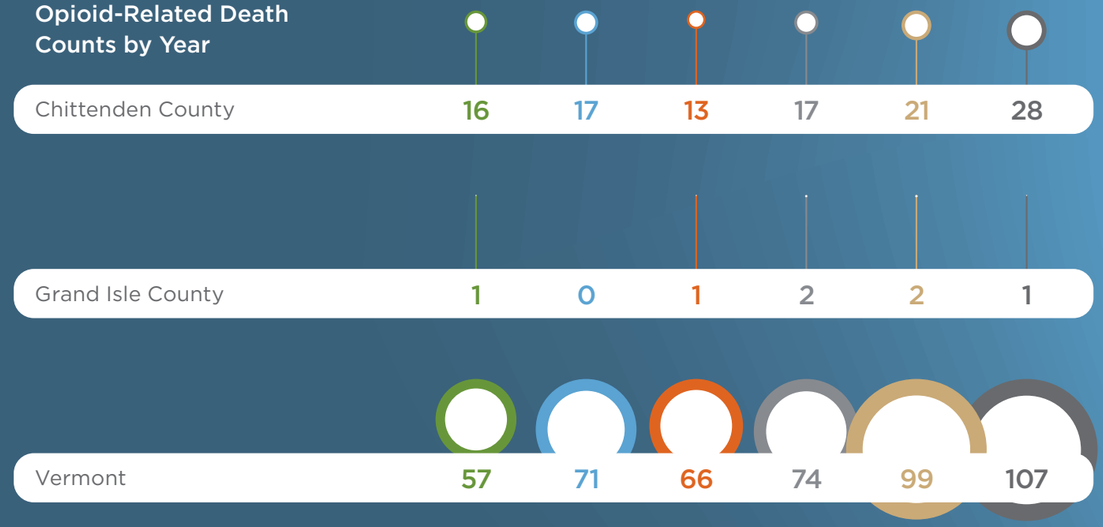
As part of the CHNA, a wide range of indicators related to substance use were collected and analyzed. The use of alcohol, illegal substances, and prescription drug use among adults and youth was examined. ED utilization data were accessed to determine how the national opioid epidemic impacts local healthcare and other public resources. Community Input on concerns and needs related to substance abuse disorder was collected, as well as interventions that have been successful.

Nearly one in four adults in Chittenden County (24%) reported binge drinking in the past month, double the percent in Grand Isle County (11%) and more than the state (18%) and national percentages (17%). One in four driving deaths in Chittenden County and one in three driving deaths in Grand Isle County are attributed to driving under the influence.

Drug-induced deaths include all deaths for which drugs are the underlying cause of death, including drug overdoses and deaths from medical conditions resulting from chronic drug use. The Chittenden County drug-induced death rate (21.1 per 100,000) is slightly lower than the state rate (23.3 per 100,000) and in line with the national rate (20.8 per 100,000). However, the drug induced death rate for Chittenden County increased 8 points from 2011 to 2016. This trend likely reflects national trends related to opioid and fentanyl use.

FIGURE 10:

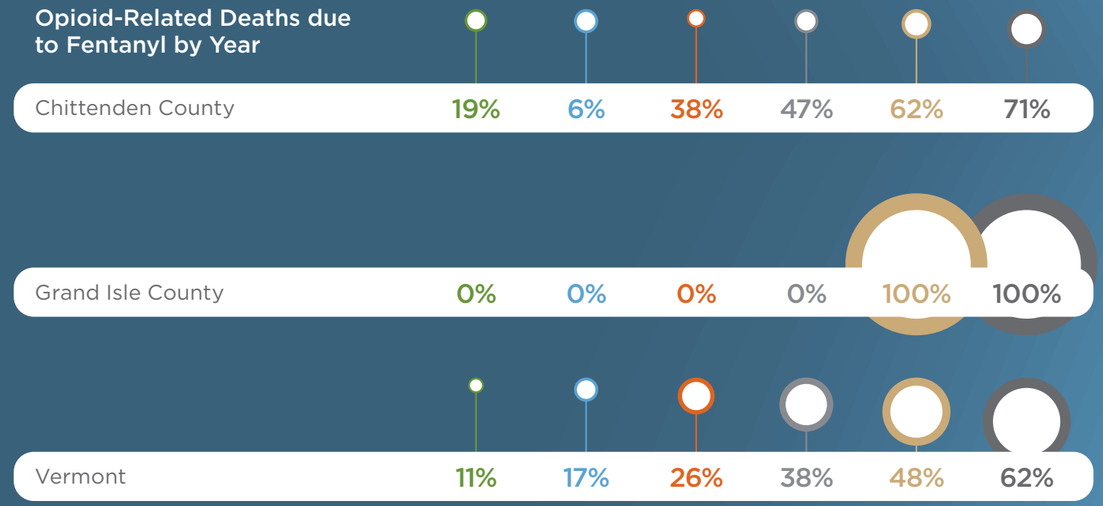
Opioid-Related Death Counts by Year



Vermont Department of Health, 2012-2017

FIGURE 11:

Opioid-Related Deaths due to Fentanyl by Year



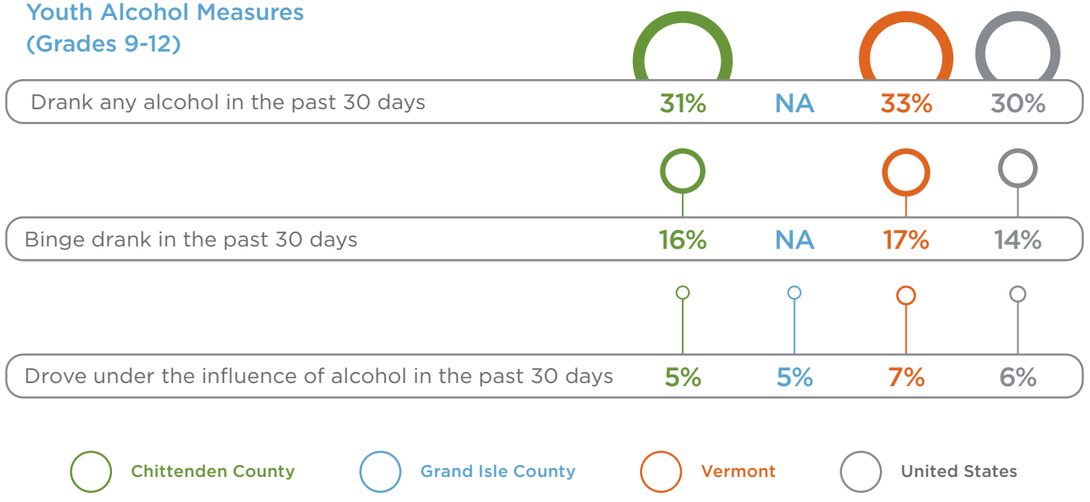
Vermont Department of Health, 2012-2017

Substance Use Disorder (continued)

Among youth in Chittenden County, roughly one-third of students in grades nine through twelve consumed alcohol in the past 30 days and one-fifth reported binge drinking, similar to the state. Fewer young people in both counties reported driving under the influence of alcohol in the past 30 days than the state or the nation.

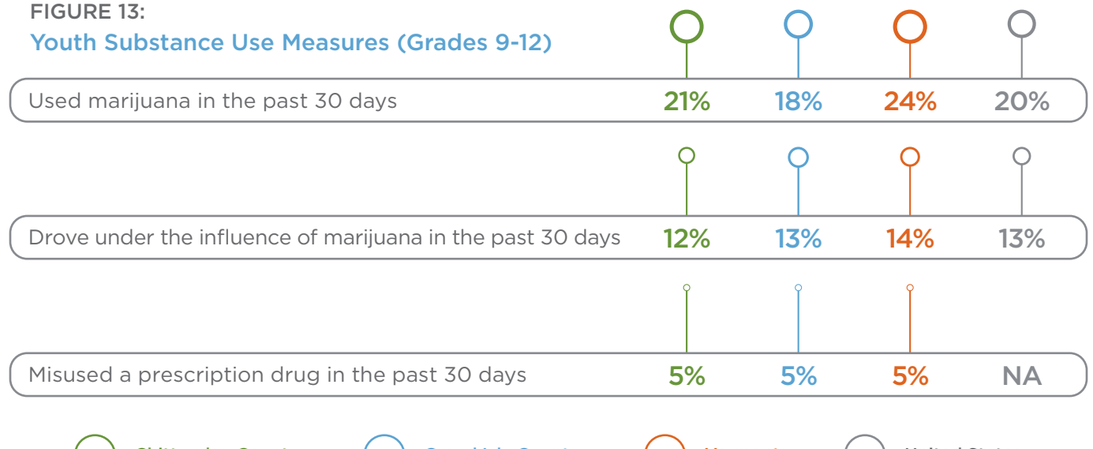
Youth in grades nine through twelve in Grand Isle County report less use of marijuana than the state and the nation, while youth in Chittenden County report using marijuana at a consistent percent to the state and the nation. A similar percentage of youth in both counties report driving under the influence of marijuana and/or misusing a prescription drug.

FIGURE 12:
Youth Alcohol Measures (Grades 9-12)



Source: Vermont Department of Health, 2017; CDC, 2017

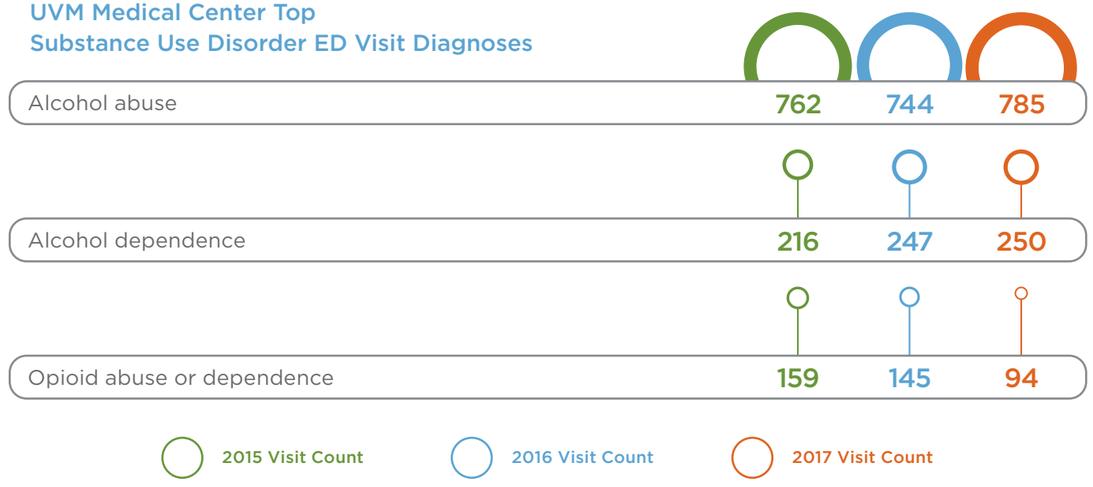
FIGURE 13:
Youth Substance Use Measures (Grades 9-12)



Vermont Department of Health, 2017; CDC, 2017

The number of Emergency Department visits due to alcohol abuse or alcohol dependence increased among Chittenden County residents from 2015 to 2017. The number of ED visits due to opioid abuse or dependence decreased. The top substance use disorder diagnoses in the ED in 2017 were alcohol abuse, alcohol dependence and opioid abuse or dependence.

FIGURE 14:
UVM Medical Center Top Substance Use Disorder ED Visit Diagnoses



#2 Health Priority:

Substance Use Disorder (continued)

Across qualitative research methods, substance use disorder was named as one of the top issues impacting our community. Seventy percent (1,239) of community survey respondents named substance use disorder as one of the top five issues impacting our community, decidedly the most chosen issue among a comprehensive list of community issues. This issue moved into the #1 position from the #2 most chosen issue in 2016 (behind affordable housing) and #9 most chosen issue in 2013.

In comparison, 10.3% (181) of survey participants had personal experience with substance use disorder, ranking this issue as #10 on a list of health challenges personally experienced by survey participants.

As the top issues related to substance use, community survey respondents indicated in ranked order 1) reduction of opiate/narcotic use, 2) access to substance use disorder services, 3) access to residential treatment services, and 4) substance use disorder prevention programs.

Key informants ranked substance use disorder as the #2 top health condition (behind mental health conditions) affecting residents in the community. Participants at the Community Breakfast concurred, also ranking substance use as the #2 highest priority in the community (also behind mental health conditions).

> "Substance use disorder is huge, of course. Reasons for this: trauma, disengaged youth who don't feel valued by the community and don't have other things to do."
>
> ***-Key Informant***

Dialogue at the Community Breakfast determined these specific issues related to substance use within our community: 1) aggregated data underrepresents the percent of substance use experienced by the elderly, domestic violence victims, formerly incarcerated individuals, and other vulnerable populations within the community; 2) substance use disorder almost always occurs in conjunction with mental health conditions and is often a form of self-medication; 3) substance use disorder contributes to the numbers of unplanned pregnancies; babies born addicted to drugs (neonatal abstinence syndrome); and grandparents as caregivers; 4) cyclical poverty, lack of community connectivity, and lack of acknowledgement of the dangers of substances contribute to increased prevalence of substance use disorder; 5) Medication Assisted Treatment (MAT) services have increased, but stigma and lack of transportation options deter people from accessing services; 6) alcohol is the most prevalent drug, but there is political pressure to address opiates; 7) legalization of marijuana presents the need for more prevention efforts.

Community Breakfast participants outlined how the "ripple effect" of addressing substance use disorder would impact the community:

- Lowered costs of care, better disease management due to fewer SUD comorbidity
- Improved family planning among individuals with SUD; increased parent/child centers
- Integrated behavioral health and primary care services; improved care coordination
- Quality providers and training opportunities available; adequate payer reimbursement
- Available and accessible treatment services (e.g. telehealth, transportation options)
- Fully funded Federally Qualified Health Centers
- Readily available alternative treatment options for chronic pain management
- Fewer children under the custody of the Department for Children and Families
- People empowered to feel they can invest in their lives; feel okay about who they are
- Increased volunteerism across all age groups and among generations
- Youth exposed to "healthy highs" such as sports

Actions to achieve vision:

- Prioritize community funding for behavioral health; increase available funding through tax increases for the wealthy
- Move from crisis intervention to supportive, long-term services and prevention efforts
- Advocate for greater insurance coverage and reimbursement for treatment services
- Promote wrap-around services and care navigators to help those in treatment
- Focus initiatives on services with waitlists and the needs of different subpopulations
- Integrate behavioral health and primary care services
- Advocate for pharmaceutical companies to donate a percentage of profits to fund programs
- Provide parent support and skill-building opportunities to better support children
- Develop long-term alternatives to MAT, explore opportunities for MAT telehealth
- Develop healthy Hubs or community centers to reduce stigma associated with MAT; train/partner with pharmacies on Hubs
- Invest in care navigators, holistic case management, resiliency building
- Provide 24/7 service access to schools and care coordination in the classroom
- Enhance 211 warm hand offs
- Improve community ownership and connection

What's Working

The Care Alliance for Opioid Addiction is Vermont's Hub-and-Spoke Model for providing Medication Assisted Treatment (MAT) like methadone, buprenorphine, or Vivitrol to individuals addicted to opioids. Individuals can access treatment either through a regional opioid treatment center (Hub) or a primary care setting (Spoke). Primary care settings are staffed by at least one physician who can prescribe buprenorphine.

Individuals receiving care through the Hub and Spoke Model also receive care coordination and community-based support services, including mental health and substance use disorder treatment, pain management, life skills and family support, job development, and recovery support. Individual care teams are led by a physician with support from nurses and licensed counselors.

As of January 2018, the Northwest Region (Chittenden and Addison Counties) and North Northwest Region (Grand Isle and Franklin Counties) served 1,274 combined clients through MAT services.

#3 Health Priority:

Affordable Housing

Homeownership and housing affordability are among social determinants of health that impact residents' overall health. With some of the highest median home values in the nation and low inventory of available rentals, housing costs continue to be a top issue for Chittenden and Grand Isle residents.

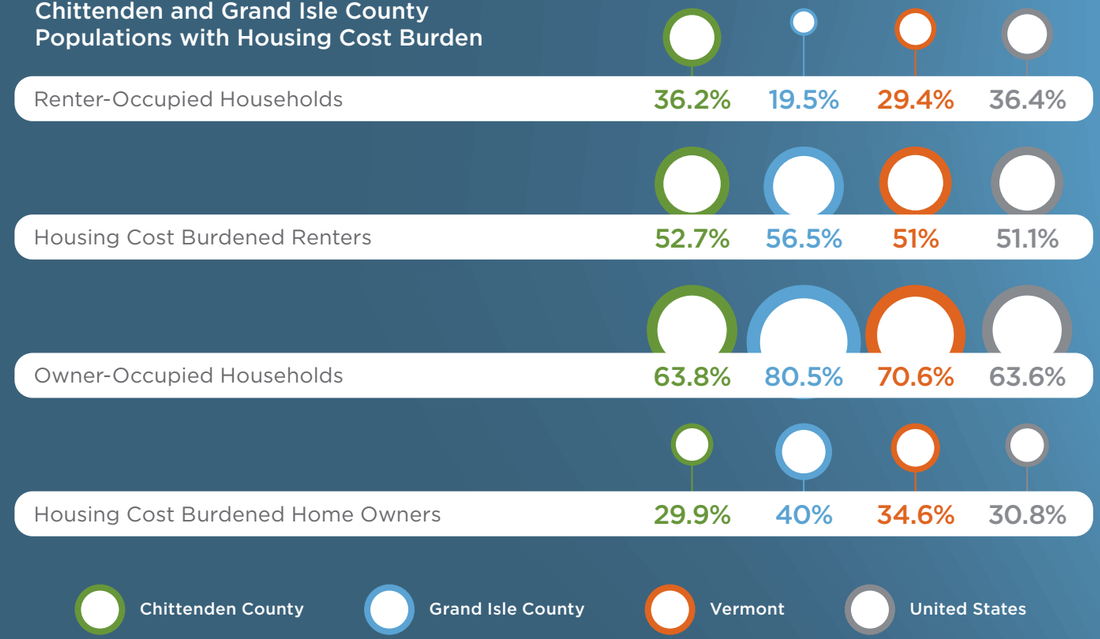
Housing cost burden is defined by the US Census Bureau as spending more than 30% of household income on rent or mortgages expenses. Housing cost-burdened households are more likely to have difficulty affording other necessities like food, transportation, and medical care.

The median home value in Chittenden and Grand Isle Counties is greater than $250,000, which is higher than the state and national measures. While Grand Isle County residents are more likely to own their home (80.5%), the housing cost burden for those homeowners is 40%. In Chittenden County, nearly 64% of residents own their home and 30% are considered housing cost burdened, which is more closely aligned with national trends. The percentage of cost burdened renters is higher than state and national comparisons, with Grand Isle (56.5%) higher than Chittenden (52.7%).

Beyond the statistical data, residents and community leaders recognized housing as a top issue within the community. Respondents to the 2018 Community Survey consistently ranked housing among the top three challenges across multiple dimensions including: #1 community social and environmental challenge, #1 need for families and children, #1 need for seniors, and the #3 challenge that survey participants personally experienced. These results reflect similar responses from the 2013 and 2016 surveys where affordable housing was also ranked among the top community challenges.

FIGURE 15:

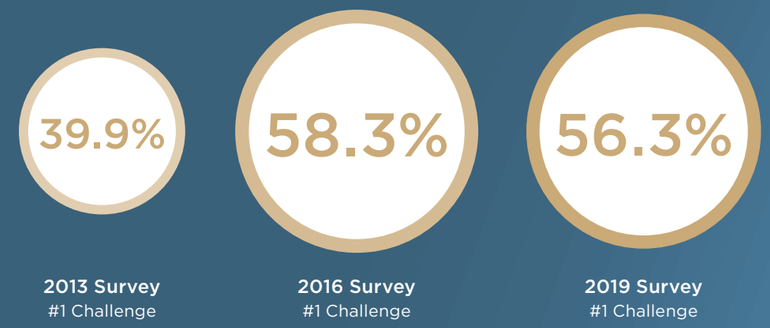
Chittenden and Grand Isle County Populations with Housing Cost Burden



Vermont Department of Health, 2017; CDC, 2017; US Census Bureau, 2012-2016

FIGURE 16:

Percent of Community Survey Respondents Selecting Affordable Housing as a Community Challenge 2013-2019



#3 Health Priority:

Affordable Housing (continued)

Housing needs surfaced in multiple discussions throughout the CHNA research. Participants in the Key Informant Survey rated housing among the top three community resources that could be strengthened to optimize community health.

During interviews with community leaders, residents' ability to secure affordable long-term housing was cited multiple times as a key driver that impacts residents' overall quality of life and health.

- "We need to leverage the experts to make progress towards affordability of housing, we must think creativity about re-purposed space and engage community members in activities to make it happen. Faith-based community engagement is low hanging fruit."

- "We could end homelessness with the Housing First model of housing and supports. Homelessness is a symptom of a larger problem. We need to provide people housing first and then work with them to address their specific problems."

Community Breakfast participants ranked affordable housing as the third highest need to address, but the highest in regard to scope of the issue, indicating a widespread impact on the community. During small group discussions focused on housing issues, participants saw housing as "a foundation for health, well-being, and economic stability."

The Chittenden and Grand Isle housing market is impacted by a number of factors including disparity between median wages and housing costs. Seasonal rentals and the college market reduce the availability of housing stock, while lack of subsidies, long waitlists for applicants, and stigma associated with programming deter people from seeking assistance. Those particularly challenged to find housing within the community include seniors, New Americans, those with physical or behavioral health limitations, formerly incarcerated individuals, as well as young people just starting their careers.

Encouraged to envision how the community would be impacted if affordable housing needs were met, community breakfast participants listed positive attributes including 1) An improved local economy; a stronger, engaged community; and an increased sense of community 2) Better outcomes for families across quality of life and health measures; 3) Reduced stress, family violence, and Adverse Childhood Events; 4) Rent-controls, upheld code regulations, and equal opportunities for all applicants.

Suggestions to achieve this vision included

- Integrate affordable housing and subsidy services
- Expand care coordination among seniors and families; keep people housed
- Invest in accessory dwelling units to relieve market pressure and promote Homesharing
- Engage businesses that will benefit from a workforce that can live in the community
- Undertake systematic change with stakeholders (e.g. municipalities, planning and zoning, historic preservation, town managers, housing, health and social service, bankers)
- Promote the Building Homes Together Campaign; demonstrate cross-sector impact
- Promote inclusionary zoning to make percentage of new development housing affordable
- Develop resource kits for landlord training, tenant selection, accessory dwelling units

Homelessness

Each year, the Vermont Coalition to End Homelessness and Chittenden County Homeless Alliance conduct a point-in-time study to identify individuals experiencing homelessness. The unduplicated statewide count is conducted on a single night in January. The study does not include individuals at risk of homelessness or those who are "couch surfing." Approximately 291 homeless individuals were identified in Chittenden County, a decrease of 12% from 2016. Of the 291 homeless individuals in Chittenden County, 28 were unsheltered and 38 were chronically homeless. Approximately 230 homeless households were identified in Chittenden County in 2017, comprising 291 individuals. Of the 230 households, the majority comprised single individuals. However, among the 230 homeless households, 37 were households with children, and 30 (13%) were homeless individual youth between the ages of 18-24.

#4 Health Priority:

Childhood and Family Health

Investing in health early in life brings the best outcomes for individuals and our community. Many programs in our community are focused on improving health and well-being of children and families, and are doing excellent work every day. Chittenden and Grand Isle Counties generally have positive health indicators related to childhood and family health. However, not all families in our community experience the same support systems and have access to the resources they need. Anecdotal feedback from community stakeholders and leaders highlighted these disparities and outlined specific areas where we can impact this issue.

One of the best investments to ensure positive childhood and family health outcomes is to foster the best starts to life for infants. Early prenatal care is one indicator for future health outcomes. Mothers in Chittenden and Grand Isle Counties meet national benchmarks for first trimester prenatal care, low birth weight, and breastfeeding. These positive data reflect that women are aware of the importance of prenatal care, and that early prenatal care is available to women.

Our community also has positive trends for teen birth rates, which have steadily declined since 2011 and are now lower than the state and the national comparisons.

Contrary to these positive data, an area related to prenatal care where we need to improve is the percent of pregnant women who smoke cigarettes during pregnancy. Smoking during pregnancy is associated with a variety of negative birth outcomes, including low birth weight. In Chittenden County, 9.4% of pregnant women report smoking during pregnancy; and 22.2% of Grand Isle pregnant women report smoking during pregnancy. Vermont overall has a higher percentage of women who smoke during pregnancy compared to the nation. This is an issue which we can continue to work on in collaboration with the Vermont Department of Health.

In Chittenden County, 9.4% of pregnant women report smoking during pregnancy; and 22.2% of Grand Isle pregnant women report smoking during pregnancy.

FIGURE 17:

Maternal and Child Health Indicators

	Chittenden County	Grand Isle County**	Vermont	United States	Healthy People 2020
Mothers who receive first trimester prenatal care	85.1%	85.1%	86.9%	77.1%*	77.9%
Low birth weight infants	6.4%	6.4%	6.9%	8.2%	7.8%
Mothers who breastfeed*	95.1%	82.6%	90%	83.1%	81.9%

Source: Vermont Department of Health, 2016; CDC, 2016; Healthy People 2020

*Data reflect the percentage of infants being breastfed at discharge from the hospital. The HP 2020 goal reflects the percentage of infants who are ever breastfed.

**Grand Isle County maternal and child health indicators are based on a low count, which may contribute to variable percentages.

FIGURE 18:

Teen (15-19 years) Pregnancy Rate per 1,000

	Chittenden County	Grand Isle County	Vermont
2007	20.1	48.6	33
2008	22.1	16.5	32
2009	15.5	26.7	25.4
2010	17	35	24.4
2011	12.8	41.7	25.4
2012	15.3	31.3	23.3
2013	15.6	28.5	22.2
2014	12.6	21.1	20.7
2015	10.1	17.9	17.1
2016	8.8	5.7	16.7

Source: Vermont Department of Health, 2007-2016

#4 Health Priority:

Childhood and Family Health

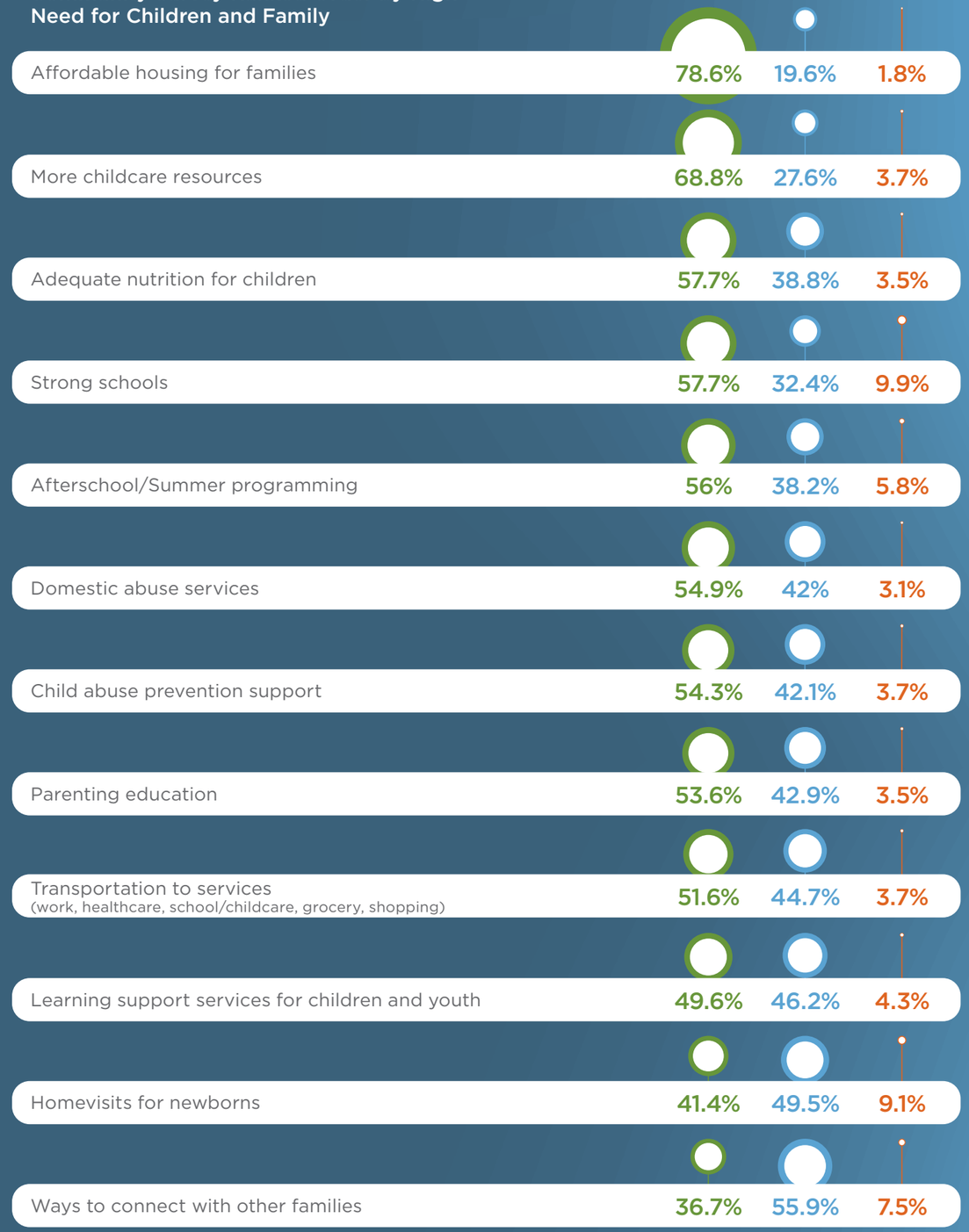
Beyond prenatal care, there are a myriad of key drivers that impact childhood and family health. The Community Survey asked participants to identify what level of need: "high need," "some need," or "no need" they perceived in the community. Affordable housing, childcare, adequate nutrition for children, strong schools, and afterschool/summer programming were ranked as the top five needs.

During interviews with Key Informants, representatives discussed issues that impact families and the community. Poverty coupled with a high cost of living, lack of affordable housing, and few childcare options present multiple challenges for families. Substance use and other behavioral health needs have increased the need for services. As one respondent described it, "Our social service and health systems are seeing much more complex challenges in families than ever before. Substance use disorder is one issue that is impacting families but there are many others including health and mental health challenges and Adverse Childhood Experiences (ACEs)."

Similar concerns were raised at the Community Breakfast and participants generated several action steps that community partners could take to address childhood and family needs:

- Advocate for employers to offer childcare as a benefit to employees (use Starbucks back-up childcare initiative as a model)
- Build multigenerational community centers to encourage places of belonging for all ages
- Develop youth and family mentoring; engage older adults in youth mentorship
- Duplicate successful models like the Munt Family Room
- Increase screening for ACE indicators; increase points of entry for services; integrate social services with education and healthcare
- Eliminate payment for school sports and events to promote equity in participation

FIGURE 19:
Community Survey Ranked Order by High Need for Children and Family



#5 Health Priority:

Disease Prevention

Chronic diseases are the leading causes of death and disability. Cancer, heart disease, stroke, diabetes, and lung disease account for more than 50% of deaths in Vermont and are among the top seven causes of death in the state. Chronic diseases are often preventable through reduced health risk behaviors like smoking and obesity, increased physical activity and good nutrition and early detection of risk factors and disease.

The 3-4-50 initiative by the Vermont Department of Health illustrates the impact of health risk behaviors and disease across the state.

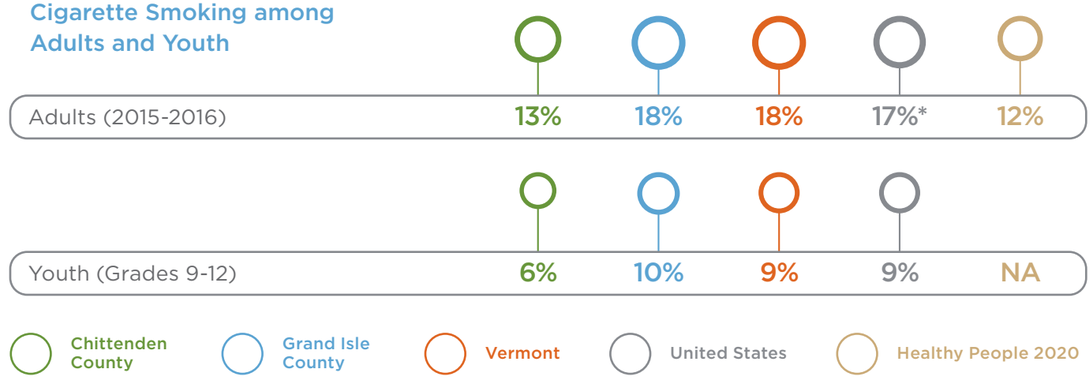
Recognizing the relationship between health risk behaviors, physical health and behavioral health conditions, CHNA Steering Committee members recommended disease prevention as an overarching priority.

Smoking

Roughly 13% of Chittenden County adults and 18% of Grand Isle County adults smoke. While the percentage of smokers declined one percentage point over the past five years, these counties are still above the Healthy People 2020 goal of no more than 12% of adults smoking.

Youth smoking rates are declining, falling four percentage points in both Chittenden and Grand Isle Counties from 2011 to 2017, yet still 6% of Chittenden County youth and 10% of Grand Isle County youth report smoking. Feedback from community stakeholders also suggests that vaping and e-cigarettes are increasing nicotine use among youth.

FIGURE 20:
Cigarette Smoking among Adults and Youth



Source: Vermont Department of Health, 2015-2016 and 2017; CDC, 2016 and 2017
*Percentage is reported for 2016 based on data availability.

Obesity

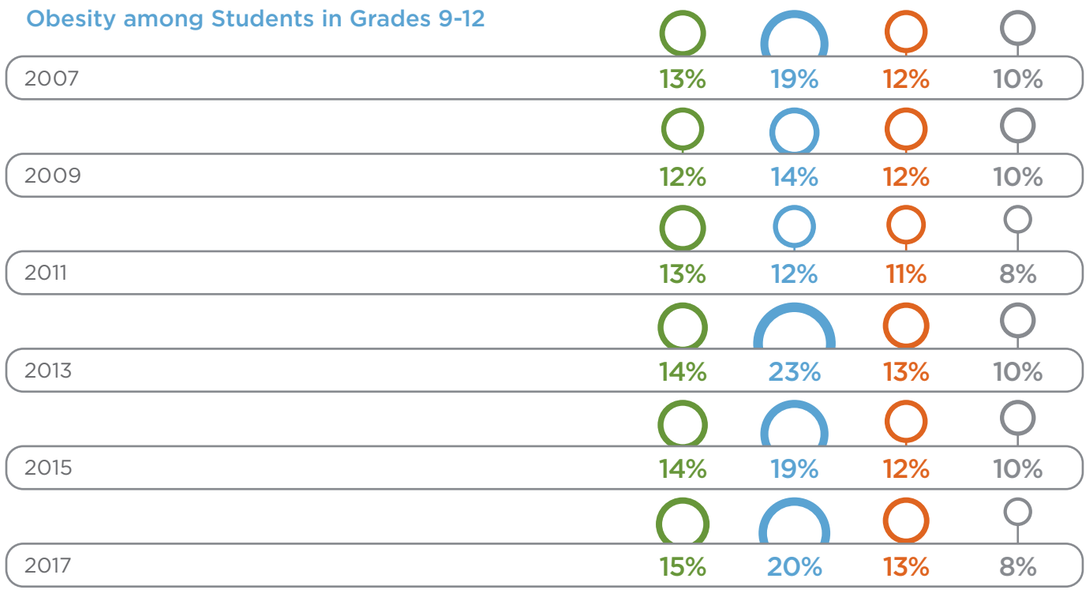
Chittenden and Grand Isle Counties meet the Healthy People 2020 goal for obesity, and fewer adults are obese when compared to state and national averages. However, current percentages indicate that roughly one in five to one in four adults living in Chittenden and Grand Isle counties are obese. Across Vermont, the percentage of obese adults is increasing.

Roughly one in ten Chittenden County youth are obese, which has remained stable since 2007. The percentage of obese youth in Grand Isle County is consistently higher than the state and the nation, but has varied over time. This variation is likely due to the smaller population in Grand Isle County in general, and among people under 18 in particular.

FIGURE 21:
Adult Obesity

Source: Vermont Department of Health, 2015-2016; CDC, 2016

FIGURE 22:
Obesity among Students in Grades 9-12



Source: Vermont Department of Health, 2007-2017; CDC, 2007-2017

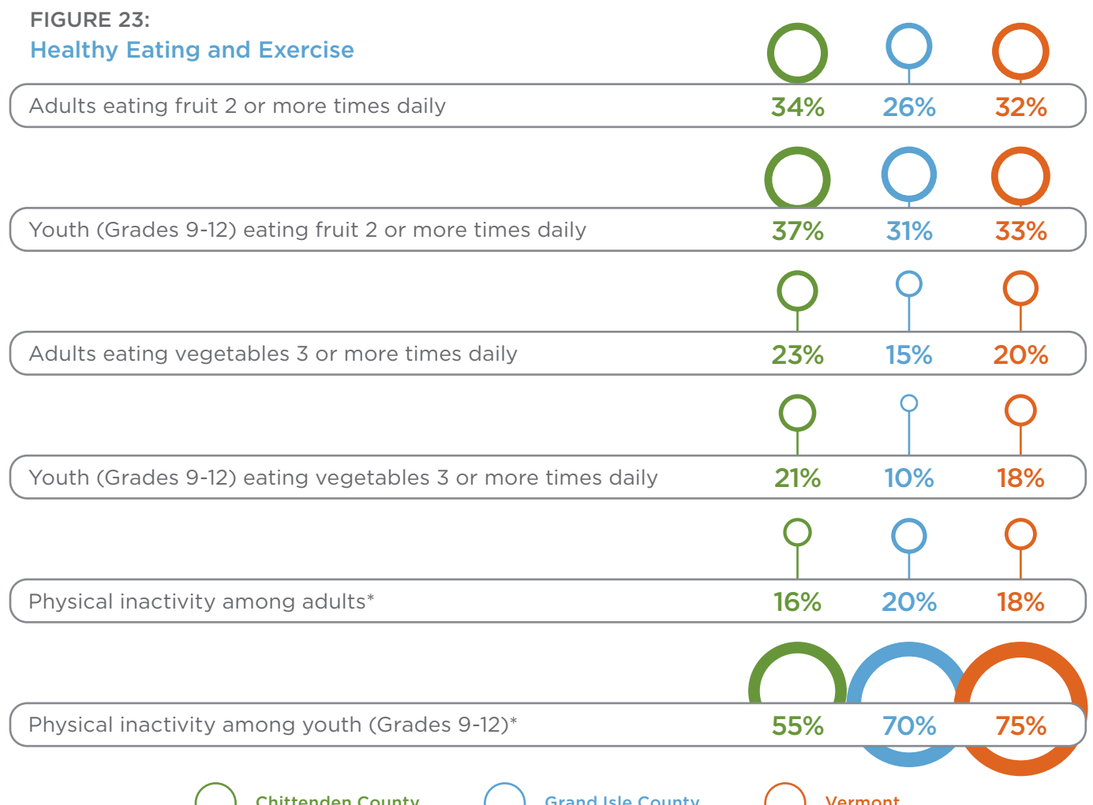
Chittenden County Grand Isle County Vermont United States

Healthy Eating and Exercise

While many factors contribute to obesity, healthy eating and physical activity have been proven to reduce the likelihood of overweight and obesity. Healthy eating and physical activity are impacted by a variety of social factors including access to healthy food, income, transportation, health literacy, as well as personal choice.

While Chittenden County adults and youth are more likely to eat fruits and vegetables and engage in physical activity when compared to the state, there is still significant room to improve our eating and physical activity habits. Grand Isle County adults and youth eat less fruits and vegetables every day, but adults and youth report more physical activity than Chittenden County adults and youth.

FIGURE 23:
Healthy Eating and Exercise



Chittenden County Grand Isle County Vermont

Source: Vermont Department of Health, 2013/2015, 2015-2016 and 2017; CDC, 2016
*Reported as adults with no leisure time physical activity in the past 30 days, and youth who do not meet physical activity guidelines.

Community Input

Approximately 43% (754) of Community Survey respondents named overweight and obesity as the #3 issue impacting the community behind substance use disorder and mental health. About one-third (536) of participants experienced challenges with overweight and obesity themselves, making it the top issue experienced by survey participants. Within the Key Informant Survey, respondents also ranked overweight and obesity as the #3 top health condition affecting residents in the community, behind mental health and substance use disorder.

Chronic disease was identified in the Community Survey as the #4 top community health challenge; 27% of respondents had experienced a chronic condition. Physical activity was ranked the #8 community health challenge, but the #4 condition experienced by survey participants.

Among issues related to hunger and nutrition, Community Survey respondents indicated the following top needs in rank order: 1) Access to affordable healthy foods; 2) healthy breakfast/lunch options in schools; 3) overweight and obesity prevention programs for children and youth; and 4) overweight and obesity prevention programs for adults. Healthy food options for children and families and seniors were also indicated

Approximately 38% of key informants identified health and wellness education and programs as resources that need to be strengthened within the community. Findings from interviews conducted with community leaders supported this need. Community leaders recommended investments in health outreach efforts and the built environment of all neighborhoods to facilitate a culture of health. The community is rich in natural resources and infrastructure to promote a healthy lifestyle, but these assets are currently more heavily concentrated in middle- and upper-income neighborhoods.

Key informants stated:

- "If we want a healthy community, we cannot rely on the schools to do all of the prevention education. We need a broad perspective on prevention that includes 1) defensive work like education on healthy choices, but also 2) providing kids with positive and healthy outlets."
- "We need to front load investments in the system to save money in the long run."

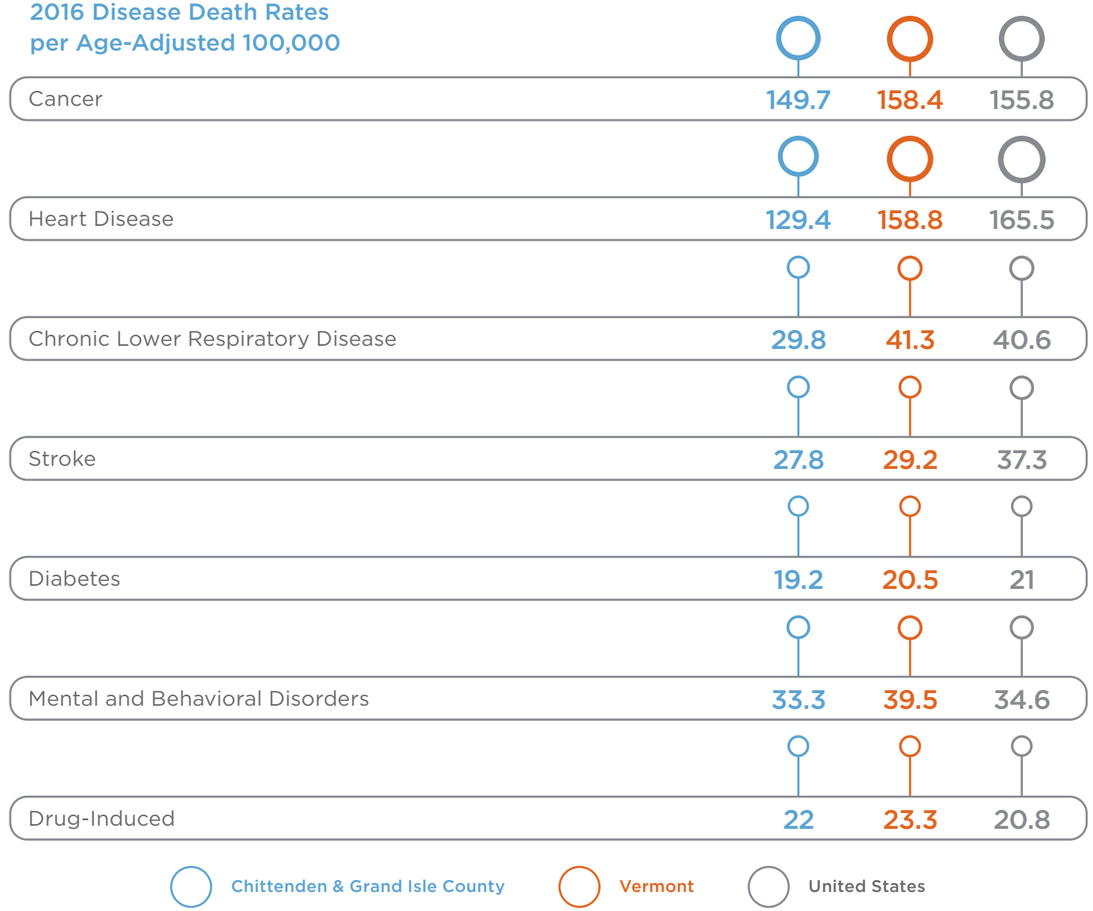
Participants at the Community Breakfast identified the following barriers to addressing disease prevention: 1) Lack of association between routine healthy habits and disease prevention; 2) recognition of chronic disease as a community priority; and 3) universal community goals for disease prevention. Health inequities, social isolation, and socioeconomic barriers were seen as key drivers of health disparity and disease prevalence among vulnerable populations.

Community Breakfast participants concurred that addressing these barriers to disease prevention would impact residents and the overall community by reducing costs associated with healthcare, making "healthy choices the easy choices," and providing community-wide access to healthy foods, community gardens, wellness education, and other supportive programming.

Statistical Data vs Community Perception

Statistical data show that chronic diseases are the leading cause of death in Chittenden and Grand Isle Counties, as well as Vermont and the Nation. Community Survey Respondents and Key Informants alike ranked chronic disease as the #3 top ten health challenges facing our community, behind Mental Health and Substance Use.

FIGURE 24:
2016 Disease Death Rates per Age-Adjusted 100,000



Source: CDC, 2016

#6 Health Priority:

Cancer

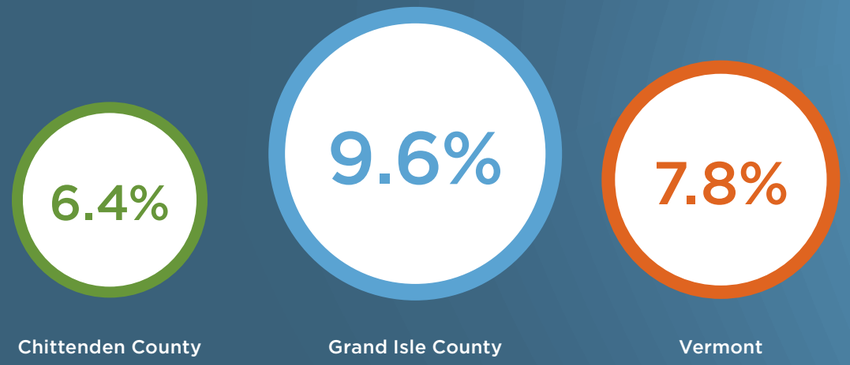
In conjunction with the 2019 CHNA, the UVM Cancer Center conducted a Community Needs Assessment (CNA) as part of its accreditation standards. Requirements for the Cancer Center CNA were to identify health disparities related to cancer incidence and death, barriers to receiving cancer care, and available resources to overcome barriers.

Cancer is the leading cause of death across Vermont and in Chittenden and Grand Isle Counties. Approximately 6% of Chittenden County adults and 10% of Grand Isle County adults have been diagnosed with cancer. The cancer incidence rate per (age adjusted) 100,000 is higher in Chittenden County (460.9) and Grand Isle County (506.5) compared to the state (454.9) and the nation (433.2).

While the incidence of cancer is higher in Chittenden and Grand Isle Counties than the nation, cancer deaths among the two Vermont counties have generally declined. Higher incidence of disease coupled with reduced death rates is often indicative of early detection through screening and other awareness measures.

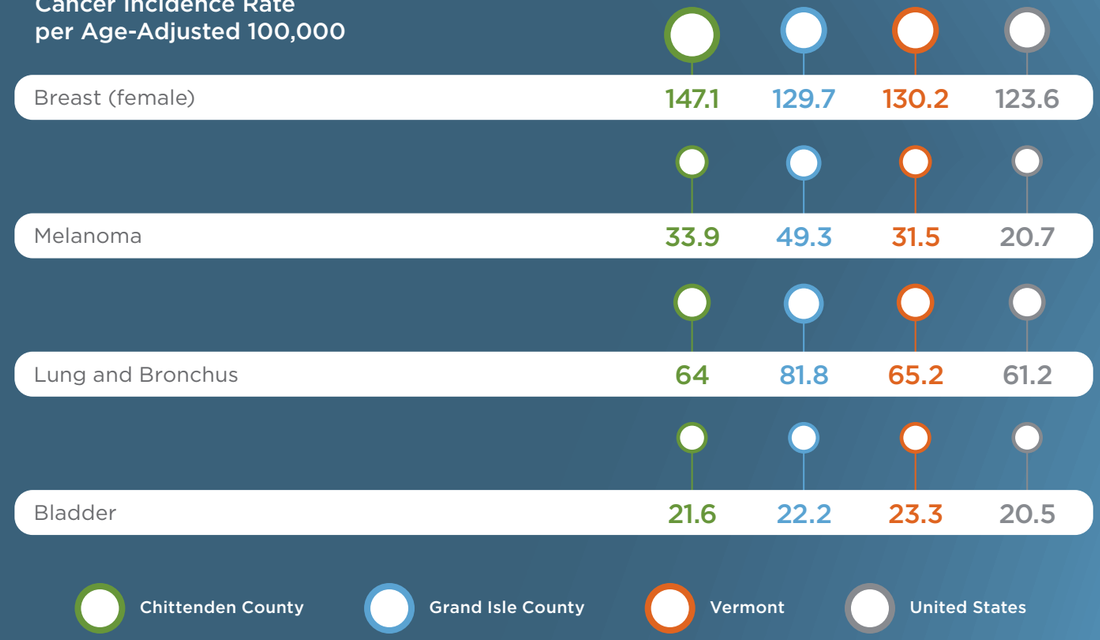
Higher incidence of disease coupled with reduced death rates is often indicative of early detection through screening and other awareness measures.

FIGURE 25:
Adult Cancer Prevalence



Source: Vermont Department of Health, 2015-2016

FIGURE 26:
Cancer Incidence Rate per Age-Adjusted 100,000



Source: Vermont Department of Health, 2010-2014; CDC, 2010-2014

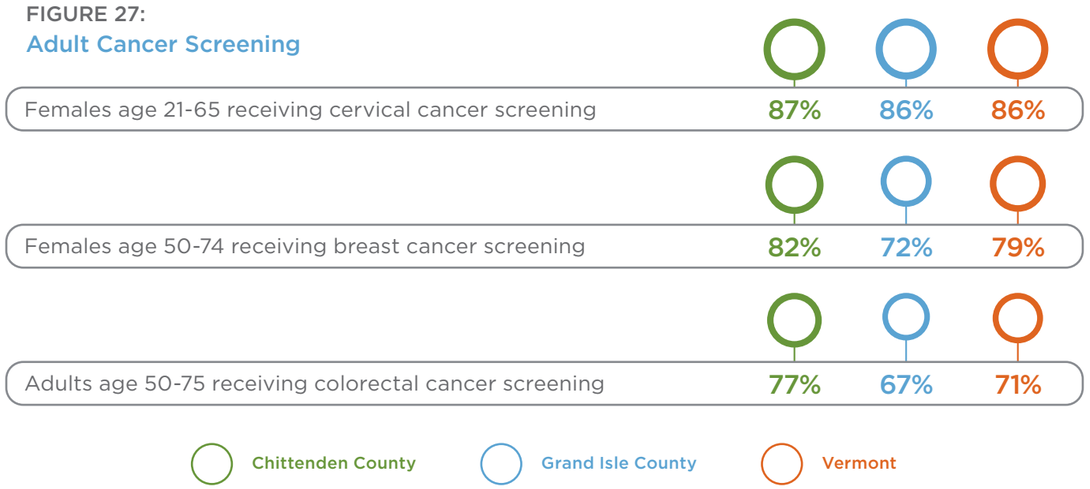
#6 Health Priority:

Cancer (continued)

The overall cancer death rate for Chittenden County (148.3) is within the Healthy People 2020 goal (161.4) and is lower than the state (158.4) and the nation (155.8). Chittenden County also meets Healthy People 2020 goals for female breast, colorectal, lung, melanoma, and prostate cancer death rates. Grand Isle County had 20 or fewer cancer deaths annually between 2007 and 2016.

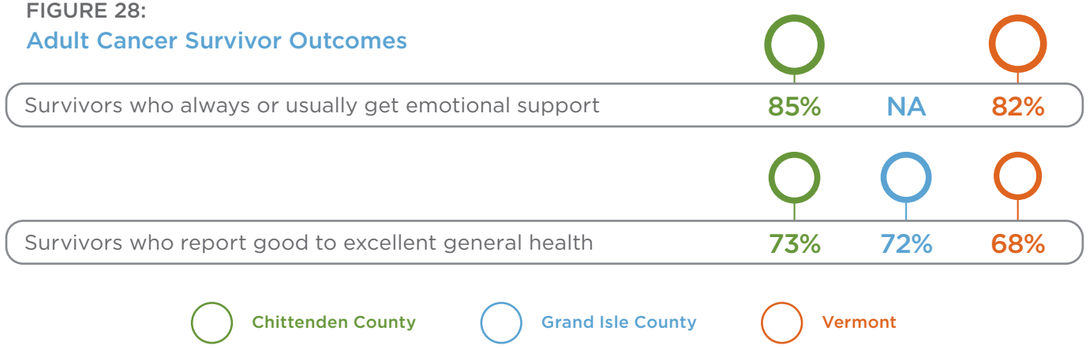
Many forms of cancer, if identified early, can be successfully treated. Three of the most common forms of cancer (cervical, female breast, and colon) have effective and relatively low cost screenings for early detection. Most Chittenden and Grand Isle Counties residents receive these recommended screenings .

FIGURE 27:
Adult Cancer Screening



Source: Vermont Department of Health, 2012/2014

FIGURE 28:
Adult Cancer Survivor Outcomes

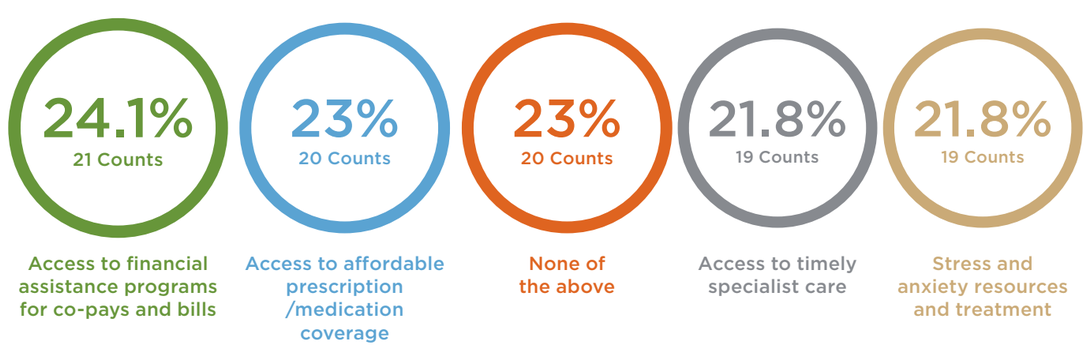


Source: Vermont Department of Health, 2015-2016

Approximately 10% (183) of Community Survey respondents had personal experience with cancer, ranking it as #9 on the list of health challenges experienced by survey participants. With regard to services needed related to cancer care, 37% of respondents identified a high need for "access to cancer screenings and resources." Key Informant Survey respondents supported the need for additional cancer services with nearly 25% "disagreeing" or "strongly disagreeing" that residents receive specialty care, including cancer services, when they need it.

Respondents who indicated they had experience with cancer were asked to provide input on cancer services that are missing or lacking in the community. The most chosen services were related to financial assistance: assistance with copays and bills (24%) and access to affordable prescription/medication coverage (23%). An equal number of respondents (23%) indicated that "none of the above" listed services were needed. Access to timely specialist care (21.8%) and stress and anxiety resources and treatment (21.8%) made up the top five missing services.

FIGURE 29:
2018 Community Survey
Top Cancer Services Missing or Lacking in the Community



Key Informants also acknowledged that cost for diagnostic screenings and treatment were both a deterrent to early treatment and an ongoing need for patients.

- "Many families delay screenings due to cost, transportation issues, and lost time at work. If diagnosed with cancer, many of these patients then struggle with the cost of treatment, transportation to treatment, and taking time off from work for treatment."

Dialogue among participants at the Community Breakfast outlined these issues and recommendations related to cancer care within our community:

1. There is a perception that cancer is an "individual issue" rather than a "community issue"
2. Cost burden prevents people from accessing early cancer screenings and care
3. A lack of short-term disability insurance in Vermont contributes to financial burden on patients
4. Promote options for screenings including insurance coverage, programs for eligible individuals, and free community screenings
5. Engage employers to sponsor cancer prevention and screening incentives
6. Advocate for increased coverage for cancer prevention and treatment
7. Provide liaisons to assist patients with financial options, transportation, support services

Next Steps

Data and findings from the 2016 CHNA will be used by organizations across our community to guide services, advocate for public policies, secure funding, and improve health and wellness of residents across Chittenden and Grand Isle Counties.

The CHNA Community Steering Group is exploring opportunities for collaboration to address identified needs, as well as ways in which individual agencies can impact issues identified in the research.

The University of Vermont Medical Center will develop an Implementation Plan to outline specific programs, initiatives, and strategies in support of the identified community health needs. This plan will guide the Medical Center's efforts for community health improvement over the next three year cycle.

Thank you to our community

The CHNA Community Steering Committee is thankful to the many residents, health and human service providers, civic and religious leaders, business owners, government and elected officials, among others who participated in the 2019 Chittenden and Grand Isle CHNA.

In all, more than 2,300 individuals from across our community provided their time, expertise, and insight to ensure the CHNA reflected experiences and views of stakeholders from all walks of life in Chittenden and Grand Isle Counties.

The CHNA Steering Committee welcomes ongoing input and encourages community members to participate in our planning meetings or task force committees. To learn about upcoming meetings or opportunities to get involved in community health improvement efforts, please contact Julie Cole, at Julie.Cole@UVMHealth.org.

Appendices

Appendix A:
CHNA Community Steering Group

Committee Member	Organization
Liz Vogel	Age Well
Jane Helmstetter	Agency of Human Services
Amanda Biggs	Building Bright Futures
Molly Dugen	Cathedral Square
Margaret Bozik	Champlain Housing Trust
Christine Johnson	Chittenden County Opioid Alliance
Kayla Donahue	Chittenden County Opioid Alliance/Burlington Police Dept.
Melanie Needle	Chittenden County Regional Planning Commission
Kim Anderson	Community Health Centers of Burlington
Seth Bowden	Greater Burlington Industrial Corporation
Catherine Simonson	Howard Center
Katy Davis	Hunger Free VT
Norm Ward	OneCare Vermont
Bev Boget	Let's Grow Kids
Whitney Parsons	Planned Parenthood of New England
Robin Katrick	Rise VT
Carol Fornier	Silver Dove Institute
David Young	South Burlington School District
Leah Soderquist	United Way of Northwest Vermont
Katie Michaud	UVM Medical Center Cancer Center
Julie Cole	UVM Medical Center Community Health Improvement
Kristin Fontaine	UVM Medical Center Community Health Improvement
Peggy Rost	UVM Medical Center Community Health Improvement
Penrose Jackson	UVM Medical Center Community Health Improvement
Sr. Pat McKittrick	UVM Medical Center Community Health Improvement
Stephen Graves	UVM Medical Center Diversity & Inclusion
Allison Holm	UVM Medical Center Institute for Quality
Dean Pallozzi	UVM Medical Center Measurement
Tom Peterson	UVM Medical Center Primary Care
Heather Danis	Vermont Department of Health
Dana Ward	Vermont Department of Health
Val Gardner	Vermont Health Foundation
Judy Peterson	UVM Health Network Home Health and Hospice
Supriya Serchan	VT Refugee Resettlement

Appendix B:
CHNA Secondary Data Analysis Summary

Population

Description/Data Points	Source
• Seniors living alone	• Esri Business Analyst
• Population estimates and growth	• United States Census
• Racial/Ethnic population estimates and growth	• Vermont Department of Health
• English speaking population	• Various community organizations
• Population by age	
• Special population groups *(e.g. college students, homeless, incarcerated, LGBT, New Americans)*	

Households

Description/Data Points	Source
• Occupancy: owners vs. renters	• United States Census
• Median home value	
• Housing cost burden	
• Housing units by age of structure	

Socioeconomics

Description/Data Points	Source
• Median household income	• Esri Business Analyst
• Individuals in poverty	• United States Census
• Households receiving food stamps/SNAP benefits	• Dignity Health/Truven Health Analytics (CNI)
• Employment by occupation (white collar, blue collar)	• Feeding America
• Unemployment rate	• National Center for Education Statistics
• Educational Attainment	
• Socioeconomic indicators by race/ethnicity	
• Community Need Index (CNI)	
• Vermont Social Vulnerability Index, Vermont Dept. of Health	
• Food insecurity	

Health Care Access

Description/Data Points	Source
• Uninsured population by age group, race/ethnicity, and zip code	• United States Census
• Health insurance coverage by type (e.g. employer, Medicaid, Medicare)	• Health Resources and Services Administration
• Provider density (primary care, dentists, mental health)	• Vermont Department of Health
• Health Professional Shortage Areas/FQHC locations	• Chittenden County Regional Planning Commission
• Provider access (cost barriers, routine checkups)	• Centers for Medicare and Medicaid Services
• Cost and transportation barriers	
• Immunizations	

Quality of Life/Health Behaviors

Description/Data Points	Source
• General health status	• County Health Rankings
• Physical/Mental health status	• BRFSS
• Smoking status	• Vermont Department of Health
• Physical inactivity/Access to exercise opportunities	
• Obesity	
• Healthy eating behaviors	

Mortality (by race/ethnicity as applicable)

Description/Data Points	Source
• Premature death rate	• CDC
• Overall death rate by race/ethnicity	• National Center for Health Statistics
• Death rates for top causes by year (e.g. heart disease, cancer, CLRD, diabetes)	• Vermont Department of Health

Appendix B:
CHNA Secondary Data Analysis Summary

Chronic Disease (by race/ethnicity as applicable)

Description/Data Points	Source
• Alzheimer's disease • Cancer incidence and screening prevalence • Chronic lower respiratory disease • Diabetes prevalence and management • Heart disease risk factors and prevalence • Chronic conditions and screenings among senior Medicare Beneficiaries	• Centers for Medicare & Medicaid Services • CDC • Vermont Department of Health • Dartmouth Atlas of Health Care

Infectious Disease/Sexual Health

Description/Data Points	Source
• Chlamydia rates • Gonorrhea rates • HIV/AIDS rates • Lyme Disease rates	• CDC • Vermont Department of Health

Maternal & Child Health (by race/ethnicity as applicable)

Description/Data Points	Source
• Live birth rate • Pregnancy rate vs. Birth rate • Smoking during pregnancy • Mothers breastfeeding • Low birth weight • Preterm births • Prenatal care onset • Infant mortality • Lead screening and poisoning	• CDC • Vermont Department of Health

Mental Health & Substance use disorder

Description/Data Points	Source
• Excessive drinking/Alcohol-impaired deaths • Drug-induced death trends • Mental and behavioral disorder death trends • Poor mental health and depression • Mental health and substance use disorder treatment data • Suicide death trends • Youth depression and substance use • Emergency Department visits due to mental health or substance use disorder	• CDC • Vermont Department of Health • UVM Medical Center

Appendix C:
Key Informant Survey Questions

KEY INFORMANT SURVEY

Your Organization & Community (required)

1) **Organization:**

2) **Title/Role:**

3) **Please indicate which county/ies your organization serves (check as many as apply).**

- ❒ Chittenden County
- ❒ Grand Isle County
- ❒ Other (Please Specify):

4) **Please check any special populations within the community for which your organization has a special focus (check as many as apply):**

- ❒ American Indian/Alaska Native
- ❒ Asian/Pacific Islander
- ❒ Black/African American
- ❒ Children/Youth
- ❒ Disabled
- ❒ Families
- ❒ Hispanic/Latino
- ❒ Homeless
- ❒ Immigrant/Refugee
- ❒ LGBTQ+ Community
- ❒ Low Income/Poor
- ❒ Men
- ❒ Migrant Workers
- ❒ Seniors/Elderly
- ❒ Uninsured/Underinsured
- ❒ Veterans
- ❒ Women
- ❒ Not Applicable (Serve All Populations)
- ❒ Other (Please Specify):

Community Health Needs

5) **Please rate the following questions on a scale of 1 (strongly disagree) to 5 (strongly agree):**

a. I would describe my community as healthy.
b. Residents receive primary care when they need it.
c. Residents receive specialty care (i.e. Cancer, Cardiovascular, Neuroscience, Orthopedics, Women's and Children's, etc.) when they need it.
d. Residents receive dental care when they need it.
e. Residents receive vision care when they need it.
f. Residents receive mental healthcare when they need it.
g. Residents receive substance abuse treatment when they need it.
h. Residents receive recommended preventive screenings and check-ups.
i. Residents have health insurance.

6) **In your opinion, what are the <u>top three</u> health concerns affecting residents in the community that your organization serves? (rank order 1-3)**

- ❒ Accidents
- ❒ Alzheimer's disease/dementia
- ❒ Autism
- ❒ Asthma
- ❒ Cancers
- ❒ Diabetes
- ❒ Disability
- ❒ Dental needs
- ❒ Domestic violence
- ❒ Falls
- ❒ Firearm violence
- ❒ Heart disease
- ❒ High blood pressure
- ❒ HIV/AIDS
- ❒ Infant health
- ❒ Infectious disease
- ❒ Mental health conditions
- ❒ Motor vehicle crash injuries
- ❒ Overweight or obesity
- ❒ Respiratory disease
- ❒ Senior health
- ❒ Sexual assault/rape
- ❒ Sexually transmitted disease
- ❒ Stroke
- ❒ Substance abuse
- ❒ Suicide
- ❒ Teenage pregnancy
- ❒ Tobacco use
- ❒ N/A There are no health concerns in our community
- ❒ Other (Please specify):

Appendix C:
Key Informant Survey Questions

7) **In your opinion, what are the top three contributing factors to the health concerns you chose in question 6? (ranked 1-3)**

- ❒ Age of residents
- ❒ Availability of cultural and enrichment programs
- ❒ Availability of healthcare providers
- ❒ Availability healthy food options
- ❒ Availability of housing
- ❒ Availability of parks and recreation
- ❒ Built community/infrastructure (roads, sidewalks, buildings, etc.)
- ❒ Crime/violence/community blight
- ❒ Domestic violence and abuse
- ❒ Education attainment
- ❒ Environmental quality
- ❒ Food insecurity
- ❒ Healthcare costs
- ❒ Health insurance
- ❒ Health literacy (ability to comprehend health information)
- ❒ Poverty
- ❒ Lack of preventive healthcare (screenings, annual check-ups)
- ❒ Late or no prenatal care
- ❒ Quality of schools
- ❒ Health habits (diet, physical activity)
- ❒ Racial/ethnic disparities
- ❒ Religious or spiritual values
- ❒ Social network
- ❒ Stress (work, family, school, etc.)
- ❒ Transportation
- ❒ Unemployment
- ❒ Other (please specify)

8) **Please share additional insight to support your responses to Questions 6-7.**

Social Determinants of Health

9) **Social Determinants of Health, as defined by Healthy People 2020, are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, function, and quality of life outcomes and risks. Please rate the following Social Determinants of Health impacting the community/special population that your organization serves using a scale of (1) "very poor" to (5) "excellent".**

- Economic Stability (Consider poverty, employment, food security, housing stability)
- Education (Consider high school graduation, enrollment in higher education, language and literacy, early childhood education and development)
- Social and Community Context (Consider social cohesion, civic participation, perceptions of discrimination and equity, incarceration/institutionalization)
- Neighborhood and Built Environment (Consider access to healthy foods, quality of housing, crime and violence, environmental conditions, transportation)
- Health and Healthcare (Consider access to healthcare, access to primary care, health literacy)

10) **Please share additional insight to support your responses to Question 9:**

Community Resources

11) **What resources are missing in the community that would help residents optimize their health? Check all that apply. Please add comments to support your selections in Question 12 text box.**

- ❒ Child care providers
- ❒ Community Clinics/Federally Qualified Health Centers
- ❒ Cultural and enrichment activities
- ❒ Dental care
- ❒ Disability services
- ❒ Emergency care
- ❒ Health and wellness education and programs
- ❒ Healthy food options
- ❒ Home healthcare services
- ❒ Housing
- ❒ Mental healthcare services
- ❒ Multi-cultural or bilingual healthcare providers
- ❒ Parks and recreation areas
- ❒ Primary care services
- ❒ Senior services
- ❒ Specialty care services
- ❒ Substance abuse services
- ❒ Transportation options
- ❒ Veteran's Services
- ❒ Vision care
- ❒ Youth activities
- ❒ Other (Please Specify):

12) **Please share any additional insight to support your responses to Question 11:**

13) **Please provide your recommendations on how we can promote a healthier community.**

Name and Contact information
Including your name and email below will allow Baker Tilly to contact you if needed to clarify your responses or arrange an interview.

Name: (optional)
Email: (optional)

Appendix D:
Key Informants Interview Questions

Key Informant Interview Questions

1. Would you describe the Chittenden and Grand Isle communities as healthy? Why or why not?
2. Has quality of life changed (improved, declined) in recent years?
3. What do you see as health promoting assets within our community? (i.e., health programs, parks and recreation areas, community gardens, bike paths, local organizations or government agencies, etc.)
4. When you think about health promotion in our community, what are the biggest challenges to optimizing the health of all residents? Which of these challenges do you think our community should prioritize to address first?
5. What gaps exist in the current health and social services network in serving all residents' needs? What services are missing that could help optimize community health?
6. What new supports and/or policies would improve the health of the community?
7. What's the number one thing you would change to really improve health and well-being?
8. How would the change you suggest be implemented? How would it be funded? Who would be responsible for moving the idea forward?
9. Is there anything we didn't touch on that you thought we would? Anything else you'd like to share?

Amy Boyd Austin
Program Director
UVM Center for Health and Well Being

Mike Bensel
Executive Director
Pride Center of Vermont

Tanya Benosky
Executive Director
Boys and Girls Club of Burlington

Amy Bertrand
Patient Navigator
American Cancer Society

Bob Bick
CEO
Howard Center

Pablo Bose
Associate Professor
University of Vermont

Margaret Bozik
Director of Asset Management and Special Initiatives
Champlain Housing Trust

Jesse Bridges
CEO
United Way of Northwest Vermont

Sonya Brown
SASH Coordinator Swanton School
Support and Services at Home Coordinator (SASH)

Alison Calderara
Chief Executive Officer
Community Health Centers of Burlington

Ron Caldwell
Essex Alliance Church

Gary DeCarolis
Executive Director
Turning Point Center of Chittenden County

Jan Demers,
Executive Director
Champlain Valley Office of Economic Opportunity

Kyle Dodson
President & CEO
Greater Burlington YMCA

Lauren Donavan
Director of Social Work Services
Connecting Cultures

Karen M. Fondacaro, Ph.D
Director
Connecting Cultures

Grace Keller
Program Coordinator
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Beth Maurer
District Director
Vermont Agency of Human Services, Department for Children and Families

Sean McMannon
Superintendent
Winooski School District

Liz Parris
School Nurse
Winooski School District

Kevin Pounds
Executive Director
ANEW Place

Kristin Prior
Field Services Director
Vermont Agency of Human Services

Barbara Rachelson
Executive Director
Lund Family Center

Mark Redmond
Executive Director
Spectrum Youth

Aly Richards
CEO
Permanent Fund

Mariah Sanderson
Coalition Director
Burlington Partnership for a Healthy Community

Taylor Small
Director of Health and Wellness
Pride Center of Vermont

Lacey-Ann Smith
Community Affairs Liaison
Burlington Police Department

Sarah Squirrel
Executive Director
Building Bright Futures

Tom Torti
President
Lake Champlain Regional Chamber of Commerce

Robin Way
Executive Director
C.I.D.E.R

Miro Weinberger,
Mayor
City of Burlington

Appendix E:
Community Survey Questions

2019

Community Health Needs Assessment
Chittenden and Grand Isle Counties, Vermont

Community Survey

Introduction

The University of Vermont Medical Center, in collaboration with over 20 other community organizations, are conducting a survey to assess the top health needs of our community. We want to hear from you! Results of the survey will be available online in January 2019.

The CHNA Community Steering Committee includes representatives from Age Well, Agency of Human Services, Building Bright Futures, Burlington Police Department, Cathedral Square, Champlain Housing Trust, Community Health Investment Fund, Chittenden County Opioid Alliance, Chittenden County Regional Planning Commission, Community Health Centers of Burlington, Greater Burlington Industrial Corporation, Howard Center, Hunger Free Vermont, OneCare Vermont, Permanent Fund for Vermont's Children, Planned Parenthood of Northern New England, Rise VT, South Burlington School District, United Way of Northwest Vermont, University of Vermont Medical Center, Vermont Department of Health, Visiting Nurse Association of Chittenden and Grand Isle Counties, and Vermont Refugee Resettlement Program.

The survey will take about 10-15 minutes to complete.
All responses are voluntary and confidential.

If you would like to take this survey online, please visit:
www.surveymonkey/r/CHNA2019
or scan the code below.

2019

Community Health Needs Assessment
Chittenden and Grand Isle Counties, Vermont

1. **Do you reside in either Chittenden or Grand Isle County?**
   - ◯ Chittenden County
   - ◯ Grand Isle County
   - ◯ Other
2. **In what town do you reside?**

Only residents of Chittenden & Grand Isle can complete

Healthy Community

First, please tell us about your community's assets. What are the strengths? What makes your community great?

3. **What are the strengths in the community in which you live?**
   (please choose up to 5)
   - ◯ Access to healthcare services
   - ◯ Access to mental health services
   - ◯ Available healthy food choices
   - ◯ Available public transportation
   - ◯ Affordable housing
   - ◯ Clean environment
   - ◯ Diverse population
   - ◯ Communities free of drug and alcohol abuse
   - ◯ Employment opportunities
   - ◯ High quality childcare
   - ◯ Other (please specify)
   - ◯ Good schools
   - ◯ Livable wages
   - ◯ People care about their community
   - ◯ People feel connected to each other in their community
   - ◯ Safe neighborhoods
   - ◯ Recreation resources, like parks and playgrounds
   - ◯ Resources for seniors
   - ◯ Resources for youth
   - ◯ Walkable, bike friendly communities

Appendix E:
Community Survey Questions

2019
Community Health Needs Assessment
Chittenden and Grand Isle Counties, Vermont

Health Challenges

We would like to hear what the health challenges both you and your family face, along with your community.

4. When you think about HEALTH challenges IN THE COMMUNITY where you live, what are you most concerned about?
(please choose up to 5)

- ◯ Substance abuse (drugs, alcohol)
- ◯ Overweight/obesity
- ◯ Access to mental health services
- ◯ Chronic disease (diabetes, heart disease, high blood pressure, high cholesterol, stroke)
- ◯ Cancer
- ◯ Physical activity
- ◯ Access to healthcare services
- ◯ Access to dental care
- ◯ Tobacco use
- ◯ Other (please specify)
- ◯ Issues related to aging (arthritis, hearing/vision loss)
- ◯ Suicide
- ◯ Lung disease (asthma, COPD, etc.)
- ◯ Infectious disease (hepatitis A, B, C, influenza, etc.)
- ◯ Sexually Transmitted Infections
- ◯ Prenatal care/maternal and infant health
- ◯ Falls
- ◯ Immunization rates

2019
Community Health Needs Assessment
Chittenden and Grand Isle Counties, Vermont

5. In the last year, what HEALTH challenges have YOU OR A FAMILY MEMBER experienced?
(Check all that apply)

- ◯ Substance abuse (drugs, alcohol)
- ◯ Overweight/obesity
- ◯ Access to mental health services
- ◯ Chronic disease (diabetes, heart disease, high blood pressure, high cholesterol, stroke)
- ◯ Cancer
- ◯ Physical activity
- ◯ Access to healthcare services
- ◯ Access to dental care
- ◯ Tobacco use
- ◯ Other (please specify)
- ◯ Issues related to aging (arthritis, hearing/vision loss)
- ◯ Suicide
- ◯ Lung disease (asthma, COPD, etc.)
- ◯ Infectious disease (hepatitis A, B, C, influenza, etc.)
- ◯ Sexually Transmitted Infections
- ◯ Prenatal care/maternal and infant health
- ◯ Falls
- ◯ Immunization rates
- ◯ None of the above

Appendix E:
Community Survey Questions

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Community Challenges

Now we would like to hear about what challenges face your community.

6. When you think about SOCIAL AND ENVIRONMENTAL challenges IN THE COMMUNITY where you live, what are you most concerned about?
(please choose up to 5)

- ◯ Availability of social supports
- ◯ Lack of a livable wage
- ◯ Lack of employment opportunities
- ◯ Child abuse/neglect
- ◯ Bullying
- ◯ Domestic violence
- ◯ Access to healthy foods
- ◯ Transportation
- ◯ Opportunities for physical activity, safe recreational areas
- ◯ Homelessness
- ◯ Hunger
- ◯ Elder abuse/neglect
- ◯ Street safety (crosswalks, shoulders, bike lanes, traffic)
- ◯ Other (please specify)
- ◯ Access to opportunities for health for those with physical limitations or disabilities
- ◯ Incarceration rates
- ◯ Racial or cultural discrimination
- ◯ Crime/vandalism
- ◯ Lack of support for seniors
- ◯ Lack of support for youth
- ◯ Childcare
- ◯ Affordable housing
- ◯ Clean environment
- ◯ Clean water
- ◯ Climate change
- ◯ None of the above

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7. In the last year, what SOCIAL OR ENVIRONMENTAL challenges have YOU OR A FAMILY MEMBER experienced?
(Check all that apply)

- ◯ Availability of social supports
- ◯ Lack of a livable wage
- ◯ Lack of employment opportunities
- ◯ Child abuse/neglect
- ◯ Bullying
- ◯ Domestic violence
- ◯ Access to healthy foods
- ◯ Transportation
- ◯ Opportunities for physical activity, safe recreational areas
- ◯ Homelessness
- ◯ Hunger
- ◯ Elder abuse/neglect
- ◯ Street safety (crosswalks, shoulders, bike lanes, traffic)
- ◯ Other (please specify)
- ◯ Access to opportunities for health for those with physical limitations or disabilities
- ◯ Incarceration rates
- ◯ Racial or cultural discrimination
- ◯ Crime/vandalism
- ◯ Lack of support for seniors
- ◯ Lack of support for youth
- ◯ Childcare
- ◯ Affordable housing
- ◯ Clean environment
- ◯ Clean water
- ◯ Climate change
- ◯ None of the above

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Community Survey Questions

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Happiness Index

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

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

Not Satisfied					Extremely Satisfied
0	1	2	3	4	5
○	○	○	○	○	○

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

Poor					Excellent
0	1	2	3	4	5
○	○	○	○	○	○

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

Poor					Excellent
0	1	2	3	4	5
○	○	○	○	○	○

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

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

12. **I am content with my friendships and relationships.**

Strongly disagree					Strongly agree
0	1	2	3	4	5
○	○	○	○	○	○

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

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

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Demographics

We would like to know a little more about you. As a reminder, this survey is anonymous, and all of your responses are confidential.

14. **What is your gender?**
- ○ Male
- ○ Female
- ○ Do not identify with male or female

15. **In what year were you born?**

_____

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

_____

_____

_____

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Community Survey Questions

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17. What was your household's income in 2017?

- ◯ Less than $10,000
- ◯ $10,000-$24,999
- ◯ $25,000-$49,999
- ◯ $50,000-$99,999
- ◯ $100,000-$149,999
- ◯ $150,000 or more
- ◯ Prefer not to answer

18. What is your race/ethnicity? (check all that apply)

- ◯ White
- ◯ Black or African American
- ◯ American Indian or Eskimo
- ◯ Asian or Pacific Islander
- ◯ Hispanic, Latino or Spanish origin
- ◯ More than 1 race
- ◯ Prefer not to answer
- ◯ Other (please specify)

_____

_____

_____

19. In what country were you born?

_____

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

- ◯ Yes
- ◯ No

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

- ◯ Yes
- ◯ No

22. Which best describes your employment status?

- ◯ Employed full-time
- ◯ Employed part-time
- ◯ Full-time student
- ◯ Retired
- ◯ Unemployed
- ◯ Homemaker
- ◯ Other (please specify)

_____

_____

_____

23. Do you have medical insurance?

- ◯ Yes
- ◯ No

24. Do you have dental insurance?

- ◯ Yes
- ◯ No

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

- ◯ Yes
- ◯ No

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Community Survey Questions

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Optional Questions

Community Needs

We would like to learn about health and social needs that aren't being met in your community. The next section will address Healthcare, Seniors, Children and Families, Hunger and Nutrition, Substance abuse, Mental Health & Wellbeing, and Cancer, and will take about 5 minutes to complete.

Please tell us how much of a need there is for each of the following services using a scale of 0 to 2, with 0 being "no need" and 2 being "high need."

26. Community Needs:

Healthcare

	High need (2)	Some need (1)	No need (0)	Don't know
Access to alternative healthcare providers (acupuncture, chiropractors, etc.)	○	○	○	○
Access to primary healthcare providers	○	○	○	○
Access to timely specialist care	○	○	○	○
Affordable healthcare	○	○	○	○
Affordable dental care for adults	○	○	○	○
Affordable dental care for children	○	○	○	○
Access to cancer screenings and resources	○	○	○	○
End of life care	○	○	○	○
Transportation to healthcare services	○	○	○	○

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27. Community Needs:

Mental Health and Wellbeing

	High need (2)	Some need (1)	No need (0)	Don't know
Opportunities for social connections	○	○	○	○
Access to mental health services (adults)	○	○	○	○
Access to mental health services (children/youth)	○	○	○	○
Access to residential mental health services	○	○	○	○
Access to wellness opportunities	○	○	○	○
More mental health professionals	○	○	○	○
Early detection of mental health issues	○	○	○	○
Stress and anxiety resources and treatment	○	○	○	○
Reduced stigma related to mental health conditions	○	○	○	○
Education/Awareness of mental health issues	○	○	○	○

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Community Survey Questions

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28. Community Needs:

Substance Use Disorder (Alcohol, Drugs, Tobacco)

	High need (2)	Some need (1)	No need (0)	Don't know
Reduction of alcohol misuse	○	○	○	○
Reduction of marijuana use	○	○	○	○
Reduction of opiate/narcotic use	○	○	○	○
Access to residential substance use disorder treatment	○	○	○	○
Access to substance use disorder services	○	○	○	○
Strict controls on opiate/narcotic prescriptions	○	○	○	○
Substance use disorder prevention programs	○	○	○	○
Transportation to treatment services	○	○	○	○
Reduction of tobacco use, including e-cigarettes	○	○	○	○

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29. Community Needs:

Children, Youth and Families

	High need (2)	Some need (1)	No need (0)	Don't know
More childcare resources	○	○	○	○
Ways to connect with other families	○	○	○	○
Strong schools	○	○	○	○
Learning support services for children and youth	○	○	○	○
Home visits for newborns	○	○	○	○
Afterschool/Summer programming	○	○	○	○
Parenting education	○	○	○	○
Domestic abuse services	○	○	○	○
Child abuse prevention support	○	○	○	○
Adequate nutrition for children	○	○	○	○
Affordable housing for families	○	○	○	○
Transportation to services (work, healthcare, school/childcare, grocery, shopping)	○	○	○	○

Appendix E:
Community Survey Questions

2019
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30. Community Needs:
Seniors

	High need (2)	Some need (1)	No need (0)	Don't know
Access to in-home healthcare	○	○	○	○
Access to nursing home care	○	○	○	○
Elder day care	○	○	○	○
Transportation to services (healthcare, grocery, shopping)	○	○	○	○
Ways to connect with others	○	○	○	○
Affordable housing for seniors	○	○	○	○
Adequate nutrition for seniors	○	○	○	○
Caregiver support (respite care)	○	○	○	○
Dental care for seniors	○	○	○	○

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Community Health Needs Assessment
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31. Community Needs:
Hunger and Nutrition

	High need (2)	Some need (1)	No need (0)	Don't know
Access to affordable healthy foods	○	○	○	○
Access to recreation/exercise opportunities	○	○	○	○
Nutrition education/healthy meal preparation	○	○	○	○
Healthy breakfast/lunch options in schools	○	○	○	○
Overweight and obesity prevention programs for children and youth	○	○	○	○
Overweight and obesity prevention programs for adults	○	○	○	○

32. Please tell us what other resources or services are needed in your community.

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Cancer Care

33. If you, or someone you love, has ever been diagnosed with cancer, please select the cancer services that are missing or lacking in the community based on your experience (or that of a loved one) with a cancer diagnosis.

- ◯ Access to alternative healthcare providers (acupuncture,chiropractors, etc.)
- ◯ Access to timely specialist care
- ◯ Access to cancer screenings/resources/ information
- ◯ Nutrition education/healthy meal planning
- ◯ Affordable in-home services
- ◯ Caregiver support (respite)
- ◯ Opportunities for social connections
- ◯ Access to mental health services
- ◯ Stress and anxiety resources and treatment
- ◯ Reduction of tobacco use, including e-cigarettes
- ◯ Access to clinical trials
- ◯ Access to genetic testing
- ◯ Access to cancer patient support groups
- ◯ Access to affordable prescription/ medication coverage
- ◯ Access to help overcoming drug/alcohol dependence
- ◯ Pain management services
- ◯ Access to recreation/exercise facilities and services for individuals with physical impairments and disabilities
- ◯ Access to Physical and exercise therapy
- ◯ Access to occupational therapy
- ◯ Access to Hospice services
- ◯ Access to financial assistance programs for co-pays and bills
- ◯ Access to advance care planning
- ◯ Resources to help with basic needs such as food, housing, paying bills
- ◯ Affordable travel options
- ◯ Assistance with understanding health insurance benefits and coverage

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

If you would like to make any additional comments, please list them below.

For more information, visit www.uvmhealth.org/MedCenter/CHNA

Appendix F:
Community Breakfast Group Facilitation

Small Group Exercise

1

Define the Problem:
How does this issue impact our community?

a. What are some of the striking findings from the CHNA research?
b. Do these findings reflect what you witness in your community?
   - Describe differences in your perspective
     a. Discuss populations impacted. (Families, children, seniors, other vulnerable populations)
   - How do Social Determinants of Health impact this issue?
c. How, if at all, is this issue different in Chittenden and Grand Isle Counties, or from town to town or neighborhood to neighborhood?

2

Describe Your Vision:
What does our community look like if this issue is resolved?

a. How do we achieve health equity for all residents?
b. How does our community change?
c. What is the social impact? The economic impact?
d. How are other priority issues impacted?

3

Map Your Course:
How will you achieve your Vision?

a. What partners or stakeholders must be engaged first to achieve your vision?
   - List key influencers and their value propositions to support this issue.
   - What stakeholders might create road blocks to addressing this issue and why?
b. List environmental, social, or political changes needed to support your vision.
c. What opportunities ("low-hanging fruit") exist to achieve early success?
d. Define reasonable timeframes to reach waypoints along your journey.

Appendix G:
Existing Health Care Facilities and Resources

Age Well

In 1974, the State of Vermont designated Age Well as the Area Agency on Aging for Addison, Chittenden, Franklin, and Grand Isle Counties in Northwestern Vermont. Age Well carries out programs authorized by the Older Americans Act - federal legislation that calls for local organizations to take the lead in creating a coordinated system of services for older persons across the country.

As the leading experts and advocates for the aging population, Age Well believes that health happens at home and focus on lifestyle, happiness and wellness—not on age. Age Well provides Vermonters with the necessary support to manage their daily living needs, with the goal of keeping them active, healthy and independent.

Agency of Human Services

The Vermont Agency of Human Services is a Vermont executive agency. Its purpose is to develop and execute policy on human services for the U.S. state of Vermont. AHS was created by the Vermont Legislature in 1969 to govern all human service activities of the state government.

Building Bright Futures

Building Bright Futures (BBF) serves as the backbone organization to the Vermont Early Childhood System, and as the designated Vermont Early Childhood Advisory Council to the Governor, Administration and Legislature. Building Bright Future represents a statewide public-private partnership focused on improving the well-being of children and families by strengthening the system that serves them. Building Bright Futures serves to convene cross-sector public/private collaboration and is focused on building and supporting a fully coordinated, collaborative and integrated early childhood system.

As envisioned in Act 104, Building Bright Futures (BBF) is committed as an entity to bolster its 12 Regional Councils and Coordinators. Regional Coordinators facilitate the BBF Regional Councils as part of a statewide network that serves to align, leverage, and impact the work of our Early Childhood System at both the state and local level. The Regional Councils represent Vermont's communities, working as a statewide network to bring to scale and sustain long term systems change to impact the well-being of Vermont's children and families.

Burlington District of the Vermont Department of Health

The Vermont Department of Health is the state's lead agency for public health policy and advocacy. Essential public health and disease prevention services are available through 12 district offices. The Burlington District Office serves Chittenden County and works in partnership with local health care providers, voluntary agencies, schools, businesses and community organizations to improve health and extend statewide initiatives in local communities throughout the county.

Burlington Police Department

The Burlington Police Department was commissioned in 1865 to provide law enforcement services to the Queen City. It serves a residential community of over 40,000, in addition to thousands of students from local colleges and the University of Vermont. The Department has an authorized strength of 100 full-time police officers and 36 civilian support personnel and operates using core tenets of community policing.

Appendix G:
Existing Health Care Facilities and Resources

Cathedral Square

Cathedral Square is a nonprofit organization founded in Burlington, Vermont, in 1977. It is a national leader in the development of affordable, service-enriched housing communities for older adults and people with disabilities and other special needs. Cathedral Square owns or manages 30 affordable-housing communities in Vermont and administers the nationally recognized SASH® (Support and Services at Home) program.

Champlain Housing Trust

The Champlain Housing Trust, founded in 1984, is the largest community land trust in the country. Throughout Chittenden, Franklin and Grand Isle counties, CHT manages 2,200 apartments, stewards 565 owner-occupied homes in its signature shared-equity program, offers homebuyer education and financial fitness counseling, provides services to five housing cooperatives, and offers affordable energy efficiency and rehab loans

Community Health Investment Fund

The University of Vermont Medical Center's Community Health Investment Fund is overseen by the UVM Medical Center's Community Health Investment Committee, which includes six UVM Medical Center employees and six community members, and is chaired by the UVM Medical Center's Chief Medical Officer. The fund invests up to $800,000 annually in both external and internal community benefit programs that further the priority areas identified in the UVM Medical Center's CHNA.

Chittenden County Opioid Alliance

The Chittenden County Opioid Alliance is based on the premise that no one organization can reduce the burden of the opioid crisis in Chittenden County alone. It will take an Alliance of committed partners. The Alliance is made up of many dedicated people who come from different sectors of the community and have partnered together- local non-profit agencies, state and local government, business leaders and community members in Chittenden County.

Chittenden County Regional Planning Commission

The Chittenden County Regional Planning Commission (CCRPC) is one of 11 regional planning commissions in Vermont, and also serves the region as the sole Metropolitan Planning Organization (MPO) operating within Vermont. CCRPC's organizational vision is to be a pre-eminent, integrated regional organization that plans for healthy, vibrant communities, economic development, and efficient transportation of people and goods while improving the region's livability.

Community Health Centers of Burlington

The Community Health Centers of Burlington (CHCB) is the sole Federally Qualified Health Center serving 30,000 patients throughout Chittenden and southern Grand Isle counties. Their mission is to provide access to comprehensive medical, dental and counseling/psychiatry services for all community residents, with special programs for those who face barriers to care such as financial hardship, limited English proficiency, or homelessness.

Greater Burlington Industrial Corporation

As the certified non-profit economic development corporation serving Chittenden County, GBIC is dedicated to implementing its vision of a thriving Lake Champlain region. This includes an economic environment providing meaningful employment consistent with an uncompromised natural environment, while enabling present and future generations of Vermonters to live, learn, work, and play in the Champlain Valley. GBIC strives to attract, retain, and expand environmentally sensitive high-paying jobs in the Champlain Valley, and to initiate and support advocacy, education, and collaborative programs in promoting its Vision.

Howard Center

Howard Center is Vermont's largest community-based mental health center, providing support to approximately 16,000 people a year, primarily in Chittenden County but also in Franklin, Grand Isle, and Rutland Counties. We offer life-saving professional crisis and counseling services to children and adults; supportive services to individuals with autism and developmental disabilities who need help with education, employment, and life skills; counseling and medical services for those struggling with substance use disorders; and intensive interventions and supports for adults with serious and persistent mental health challenges. Last year, more than 16,000 clients and community members turned to Howard Center for services that help them to lead healthier and more fulfilling lives.

Hunger Free Vermont

Hunger Free Vermont is a statewide nonprofit organization that works with state agencies and community groups to end the injustice of hunger and malnutrition for all Vermonters. Since 1993, Hunger Free Vermont's outreach programs have substantially enhanced Vermont's nutrition safety net and increased access to nutritious foods.

OneCare

OneCare Vermont (OneCare) is a statewide Accountable Care Organization (ACO) working with Medicare (Next Generation Model), Vermont Medicaid, Commercial, and Self-Funded insurance programs to improve the health of Vermonters. OneCare comprises an extensive network of providers across the full continuum of care, including hospitals in Vermont and New Hampshire, hundreds of primary and Specialty Care Physicians, Federally Qualified Health Centers, Designated Agencies for Mental Health and Substance Use, skilled nursing facilities, home health agencies, and Area Agencies on Aging. OneCare coordinates the health care for more than 112,000 Vermonters across Medicare, Medicaid, Commercial, and Self-Funded health plans.

Let's Grow Kids

Let's Grow Kids is an initiative within the Permanent Fund for Vermont's Children, a nonprofit organization working to ensure that every family has affordable access to high-quality child care by 2025. To achieve this goal, the Permanent Fund is building a public movement and policy change via statewide campaign Let's Grow Kids; and building the quality and capacity of Vermont's early care and learning program via statewide initiative Vermont Birth to Five. Using a collaborative philanthropic approach, the Permanent Fund works with other funders, non-profits, community leaders and policymakers to improve educational outcomes, build stronger communities and make a lasting difference in the lives of Vermont's children. The Permanent Fund is a supporting organization of the Vermont Community Foundation.

Appendix G:
Existing Health Care Facilities and Resources

Planned Parenthood of New England

Planned Parenthood of Northern New England (PPNE) is the largest reproductive health care and sexuality education provider and advocated in norther New England. There are PPNE Health Centers located in Burlington and Williston, VT.

Rise VT

RiseVT is a community initiative to embrace healthy lifestyles.

South Burlington School District

The mission of the South Burlington School District is to ensure that each student possesses the knowledge, skills, and character to create a successful and responsible life. There are 6 schools in the district and 2,760 enrollments.

United Way of Northwest Vermont

United Way brings together individuals, nonprofits, businesses, and government entities to fight for a strong, vibrant, and healthy community. It fights for the education, financial stability, and health of every person in Chittenden, Franklin, and Grand Isle counties.

University of Vermont Medical Center

The University of Vermont Medical Center, along with the University of Vermont College of Medicine and College of Nursing and Health Sciences, is one of 138 academic medical centers in the country. The UVM Medical Center is part of a four-hospital network serving patients and their families in Vermont and northern New York. The UVM Medical Center serves as a community hospital for approximately 1 million people in Vermont and Northern New York.

UVM Health Network Home Health & Hospice (formerly VNA of Chittenden & Grand Isle Counties)

The University of Vermont Health Network Home Health & Hospice is Vermont's oldest and largest non-profit home health and hospice agency providing medically-complex home and community-based care to individuals and families throughout Chittenden and Grand Isle Counties. Programs span a lifetime and include comprehensive nursing care for adults and children, rehabilitation services, chronic disease management, hospice and palliative care in the community and at McClure Miller Respite House, adult day programs and private care services.

Vermont Refugee Resettlement

As part of the nationwide network, U.S. Committee for Refugees and Immigrants, the Refugee Resettlement Program breaks through social, cultural, and economic barriers so previously interrupted lives can flourish. The first welcome begins with navigating American culture, laying solid foundations for a fresh start, and making essential community connections to successfully integrate into the community.

Appendix H:
IRS Compliance

This content table indicates the sections required by the IRS Schedule H (Form 990) and the corresponding pages for each section.

Appendix I:
About our Consultants

UVM Medical Center enlisted the help of consultants Colleen Milligan, MBA and Catherine Birdsey, MPH, CHES of Baker Tilly to conduct the 2019 CHNA. The team brings extensive experience in statistical research and analysis, group facilitation, survey administration, and community health improvement planning. They have assisted more than 100 hospitals and health systems and their community partners conduct CHNAs that emphasize stakeholder engagement and provide actionable data for planning.

Highly regarded within the community health improvement field, the team is active with the American Hospital Association's Association for Community Health Improvement (ACHI), among other healthcare associations. Their planning methods and tools have been incorporated into the ACHI's CHNA Toolkit as best practice models.

In addition to ACHI, they regularly provide education and training for healthcare associations including Hospitals in Pursuit of Excellence (HPOE), state Hospital Associations, Healthcare Financial Management Association (HFMA) chapters, American College of Healthcare Executives Association (ACHE) chapters, Society for Public Health Education, and related organizations.

Working within Baker Tilly's national healthcare practice brings deep and wide experience in tax-exempt requirements and community benefit reporting, as well as expertise in population health strategy, big data analytics, financial metrics, and strategic planning.

Appendix J:
Implementation Strategy updates

2016 CHNA Implementation Strategy (2017-2019) Work-to-Date: Calendar Year 2018

Access to Healthy Foods Tactics

TACTIC #1

Develop a work plan for the expansion of culinary medicine.

2018 HIGHLIGHTS:

- The Culinary Medicine Team offered 6 classes in its Fall series, with 74 participants.
- Several culinary medicine demonstrations were held for employees at satellite locations
- Increased outreach to businesses that would like to incorporate culinary medicine into their work places
- Two shared medical appointment (dietitian and physician) have been piloted at programs are in place: UVM MC's Comprehensive Pain Clinic's and Internal Medicine patients with
- Food Pantry for Pediatric and Adult Cystic Fibrosis Population at UVM MC opened August 2018. Patients are referred using the Hunger Vital Sign screening tool.
- The rollout of Social Determinants of Health (SDOH) screenings across UVM Medical Center adult primary care sites started at the end of 2017.
    - 3 clinics are actively screening for hunger
    - 1 clinic has implemented a full Social Determinants of Health flow sheet

Appendix J:
Implementation Strategy updates

Access to Healthy Foods Tactics

TACTIC #2

The UVM Medical Center will test a systematic screening tool to identify food insecurity, provide appropriate referrals to resources when results of the screening are positive, and take the learning from a pilot program to a broader population.

2018 HIGHLIGHTS:

- Pilot program on pediatric inpatient unit complete
- Partnership with Vermont Food Bank as a resource for patients with positive hunger screens
- Three adult primary clinics are screening for hunger
- One site has implemented a full Social Determinants of Health workflow; expansion to other clinics planned for early 2019

TACTIC #3

Integrate food insecurity screening into current Employee Wellness and Employee Family Assistance Work Life programs and broaden the distribution of information on community resources that provide access to healthy foods.

2018 HIGHLIGHTS:

- The Hunger Vital Sign screening questions were integrated into the LeRoyer Emergency Assistance Fund application with 86 UVMMC employees completing application.
  - 25 employees affirmatively answered “Within the past 12 months we worried whether our food would run out before we got money to buy more”
  - 11 of employees affirmatively answered “Within the past 12 months the food we bought didn’t last and we didn’t have money to get more”.
- 23 employees received meal and grocery store gift cards.
- 12 UVMMC departments receive the Working Bridges newsletter with information on resources

Affordable Housing

TACTIC

Over the next calendar year, leverage partnerships between the UVM Medical Center, the Chittenden County Homeless Alliance Steering Committee, and other housing advocates in the community to assess current housing initiatives in their abilities to meet community health needs and align with the medical center’s strategic plan. After the assessment is complete, partners will work together to support existing initiatives as well as implement innovative programs, and coordinate these efforts with the UVM Health Network’s Affordable Housing strategies.

2018 HIGHLIGHTS:

- The Mental Health and Housing Investment Committee has been formed and is chaired by the Chief Medical Officer
- UVM MC staff are a apart of the Chittenden County Homeless Alliance

Appendix J:
Implementation Strategy updates

Chronic Conditions

TACTIC

Explore a care team model design for delivering high-value primary care that will support care coordination for the medical center's ACO attributed patient community.

2018 HIGHLIGHTS:

- A formal RN Care Management model implemented
- Hired RN Care Managers and supervisor
- Developed workflows, EPIC tools, and documentation standards
- Determined outcome measures

Early Childhood and Family Supports

TACTIC

Create intentional partnerships to ensure that the needs of children and families are represented in all relevant need areas included in the 2016 CHNA Implementation Strategy.

2018 HIGHLIGHTS:

- Creation of a Family Resources guide for providers to use with families who screen positively for food insecurity
- $175,000 awarded to six community organizations focusing on children and families healthy food access, mental health supports, and/or substance use disorder.
- Howard Center social worker embedded at one of UVM MC's pediatric primary care site

Appendix J:
Implementation Strategy updates

Healthy Aging

TACTIC

Collaborate with community partners to provide improved access to, and better coordination among, existing community resources for the aging.

2018 HIGHLIGHTS:

- UVM MC Nurse Practitioner has been available for tele consults through the outpatient Palliative Care program
- The Chief Physician of Palliative Care and regional partners have received two IRB-approved research grants to explore TelePalliative care in a rural area
- The TeleHealth Services team has installed equipment at Cathedral Square and Allen Brook Memory Center to enable tele-visits with UVM MC's Adult Primary Care in Essex
- In November, 2018, the TeleHealth team launched an Endocrinology Tele-Clinic at Northwestern Medical Center for follow-up visits for established diabetic patients

Mental Health

TACTIC

Include mental health care delivery as one of the University of Vermont Health Network's top strategic priorities.

2018 HIGHLIGHTS:

- Network-wide mental health strategic plan completed
- Secured Green Mountain Care Board approval of a preliminary plan to invest at least $21 million to create new inpatient mental health treatment capacity on the Central Vermont Medical Center's campus
- The Intermountain Model of Primary Care Integration has been adopted by the Network Leadership Council and Primary Care Council and will be rolled out across the Network.

Appendix J:
Implementation Strategy updates

Oral Health

TACTIC #1

Working with community partners, such as the Vermont Department of Health and Community Health Centers of Burlington, explore the potential development of an oral health screening tool at a primary care site, which would include appropriate referral based on the results of the screening.

The viability of this tactic will be reviewed in 2019.

TACTIC #2

Explore with the UVMMC Dental Residency program the feasibility of providing operative restorative care for adult patients with special needs in 2018.

2018 HIGHLIGHTS:

- Preparation for the OR program is in its final stages and patients will start being treated during the first quarter of 2019

TACTIC #3

Ensure the UVM Medical Center's Dental Clinic is represented on the Vermont Oral Health Coalition.

2018 HIGHLIGHTS:

- Several staff members from the dental clinic attend the Coalition's meetings

Removing Barriers to Care

TACTIC #1

Continue to include patient/family advisors in decisions around policies, programs, facility design, operations, and education at the UVM Medical Center in an effort to improve the quality, safety, delivery of care, and patient, family, and staff satisfaction.

2018 HIGHLIGHTS:

- Number of patient and family advisors: 155
- Number of UVM MC councils/committees that have a patient family advisor: 175
- The Miller Building and EPIC Network Rollout are two examples of active projects that have actively engaged patients and families with the ultimate goal of removing barriers to care.

TACTIC #2

Take the American Hospital Association Institute for Diversity Healthcare Management's "#123 for Equity Pledge" and develop a road map for meeting the goals of the pledge.

2018 HIGHLIGHTS:

- Program manager for the Equity, Diversity, and Inclusion initiative hired
- Five Year Strategic Plan for Equity, Diversity, and Inclusion published
- Launched the Equity, Diversity, and Inclusion Intranet page, which includes educational materials and resources for all employees

Substance Use Disorder

TACTIC #1

Train and support the medical center's primary care teams on treating patients affected by substance use disorder.

2018 HIGHLIGHTS:

- Four trainings were facilitated by the UVM Medical Center's Addiction Treatment Program and attended by:
  - Registered Nurse/Family Nurse Practitioners/Advanced Practice RNs: 46
  - MD/DO/Physicians Assistants: 25
  - Licensed Alcohol and Drug Counselors: 21
  - Other counselors (LICSWs, LCMHCs, LMFTs): 14

TACTIC #2

Support the Emergency Department to help individuals with substance use disorder needs.

2018 HIGHLIGHTS:

- The Pilot Project, *Emergency Department Initiation of Buprenorphine to Expand Access to Medication Assisted Treatment for Opioid Use Disorder*, went live on 11/15/18