

NORTHEASTERN VERMONT REGIONAL HOSPITAL



2015

NVRH Community Health Needs Assessment



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Table of Contents

The Communities We Serve	1.
A description of our service area and basic demographics	
Process and Methods	2.
A description of the process and methods used for the assessment	
Community Input	3.
A description of the input received from those who represent the broad interests of the community	
Priority Areas	5.
A description of the process and criteria used in prioritizing health needs in the area	
Data Tables	6.
Resource Inventory and Partners by Health Priority	9.
Summary of County Health Rankings for Caledonia County	10.

Appendix:

- List of Secondary Data Sources
- Community Windshield Survey
- Description of Community Visit Process
- Essex County Environmental Scan

Our Mission



NVRH is dedicated to improving the health of all people in the communities it serves, and to providing compassionate palliative care.

NVRH provides high quality healthcare services focused on community needs at the lowest cost consistent with excellent care. NVRH will cooperate with other organizations to provide medical, educational, preventive, and wellness services.

NVRH will strive for the best possible outcomes, including effective pain management with the highest level of service that meets and exceeds expectations.

Northeastern Vermont Regional Hospital
Community Health Needs Assessment
2015

The Communities We Serve

Northeastern Vermont Regional Hospital is located in Vermont’s Northeast Kingdom; an area known for its rugged rural beauty, and equally rugged and independently spirited people. The area is a mix of rolling hills, mountains, and river valleys.

The primary service area for NVRH is just over 30,000 people. (Vermont State Data Center, 2013) The area is quite rural with a population density in Caledonia county of 48.1 persons per square mile and only 9.5 persons per square mile in Essex county (US Census Quick Facts). Both counties are bordered by the Connecticut River to the east.

State regulators define the service area as the 18 towns and their villages in Caledonia and s. Essex counties in northeastern Vermont: Barnet town, Burke town, Danville town, Kirby town, Lyndon town, Newark town, Sheffield town, St. Johnsbury town, Sutton town, Walden town, Waterford town, Wheelock town, Concord town, East Haven town, Granby town, Guildhall town, Lunenburg town, Maidstone town. The major population centers are St. Johnsbury, Lyndon, and Danville. All other towns have less than 2000 people. Residents of other surrounding towns including Peacham, Gilman, Ryegate, Glover, Barton, and several others consider NVRH their community hospital.

Major industry in Northeast Kingdom is in the services, trade, transportation, and finance and insurance; in the past decade employment in agriculture, mining, forestry, construction, and manufacturing have declined. (Northeastern Vermont Development Association). The area boasts many recreational areas including waterfronts, ski areas, and bike and hiking paths and trails.

Caledonia County is 96.5% white, 1.3% Hispanic, .7% black, all other races 1.5%. (US Census, Quick Facts).

Table 1: Basic demographic information for the Agency of Human Services St. Johnsbury District Office. Based on 2013 estimates from 2010 census data.

Total Population	% Female
34,754	49.93%

By Age	
19 and under	23%
20 - 44	28%
45 - 64	31%
65 and older	18%

Source: <http://healthvermont.gov/research/pop/VermontPopulationData.aspx>

Process and Methods

A Community Health Needs Assessment Steering Committee was formed in January 2015. The Steering Committee's responsibility was to provide guidance and support for engaging and collecting input from community stakeholders, and review and analyze data and other relevant information to assess service area needs and gaps. Steering Committee members also provided primary and secondary source data generated by their respective organizations.

Steering Committee Members:

Laural Ruggles, NVRH VP Marketing and Community Health Improvement

Justin Barton-Caplin, St. Johnsbury District Office, Vermont Department of Health

Pam Smart, Care Integration Coordinator, NVRH Community Health Team, VT Blueprint for Health

Jenny Patoine, Community Director, Northeastern Vermont Area Agency on Aging

Shaun Donahue, District Field Director, VT Agency of Human Resources

Paul Bengtson, CEO, Northeastern VT Regional Hospital

Cathy Boynton, NVRH Board of Trustees

Martha Ide, NVRH Board of Trustees

Secondary source data for this needs assessment was provided by a variety of sources. A complete list of secondary sources reviewed for this assessment is included as an Appendix. Secondary source data collection started in November 2014 and ended in May 2015.

Community Input

A review of secondary source data identified **seniors and low income residents as the most vulnerable population** in our service area. Consequently, community input focused on individuals in these groups. Primary source data collection started in February 2015 and ended in April 2015.

A total of four focus groups were conducted in February and March 2015. Two groups were held at the Parent-Child Center operated by Northeast Kingdom Community Action. This program serves low income parents. Two groups were held with seniors participating in the *Growing Stronger* program sponsored by the Northeastern Vermont Area Council on Aging.

Table 2. Summary of Primary Source Data Collection.

Tool/Method	Date	# of People	Facilitator	Target Population	Priority Identified
Focus Groups					
Growing Stronger – Danville	2/3/15	11 Female=10	Laural Ruggles Hilary DeCarlo	Seniors	Lack of social connections for seniors. Access to affordable healthy food. Access to affordable housing options for seniors as they need more services to be independent and safe.
Growing Stronger – St. Johnsbury	3/11/15	8 Female = 7	Laural Ruggles Merry Porter (nursing intern)	Seniors	Lack of social interactions, especially opportunities for volunteering, for seniors. Access to affordable healthy foods. “Streets” perceived to be unsafe, poverty and crime.
Parent Child Center	2/11/15	15 Female = 11	Laural Ruggles Merry Porter	Low income parents	Isolation. Stigma of being poor. Lack of jobs. Access to affordable healthy foods.
Parent Child Center	2/9/15	12 Female = 5	Laural Ruggles Merry Porter	Low income parents	Lack of opportunities for social interaction. Access to affordable healthy food. Affordable housing. Lack of jobs. Lack of job training programs.
Surveys					
NVRH Nurses	Early Spring 2015	60	Merry Porter (Survey Monkey)	Nurses	Top priority for improving health in the community: decrease substance abuse Barriers to a healthy lifestyle: money, time, motivation. Not enough resources for people to live a healthy life.
NVRH Corporators	Spring 2015	68 Female = 30	Laural Ruggles (Survey Monkey)	NVRH stakeholders	Access to medical care rated high in importance, followed by access to healthy food, and environmental quality.

Additional Community Input Provided by Experts with Special Knowledge

The **Vermont Department of Health** conducted an environmental scan to better understand community health needs and to identify any gaps in the public health system in southern Essex County—with emphasis in Concord, Lunenburg/Gilman, and Guildhall.

Staff from the Vermont Department of Health conducted 12 key informant interviews with town clerks, assistant town clerks, the Essex County Sheriff, medical staff working Concord Health Center, and board members of the Gilman Senior Center. These interviews were used to generate common themes related to community health. Four focus groups were designed related to some of the common themes identified in the key informant interviews. Due to recruitment challenges, only the youth and food access/obesity focus groups have been completed to date.

The interviews and focus groups provided FIVE major themes related to Community Health:

- Lack of Access to Substance Abuse & Mental Health Services
- Existing Supports for Vulnerable Elderly Do Not Meet Needs
- Limited Resources for Youth
- Limited Transportation Negatively Impacts Access to Basic Needs
- Family Relationships Offer Both Resiliency & Stress

A broader description of the environmental scan methods, focus group and key interview structure, and results are included as an Appendix.

The **Vermont Council on Rural Development (VCRD)** conducted the Community Visit program for the town of St. Johnsbury in spring 2015. *VCRD's **Community Visit** program actively connects grassroots community building efforts in towns across Vermont with state-wide resources, expertise and opportunities. Each **Visit** brings together a broad mix of community members with a visiting resource team, made up of Council members and statewide providers (state, federal, non-profit, and philanthropic), to create intensive partnerships and tailored work plans for long-term local success. The **Visit** process is designed for community members to prioritize and choose strategic goals and vision for their community and for the state-wide visiting resource team to provide advice and expertise to help them get there. A complete description of the process is included in the Appendix section.*

St. Johnsbury participants identified the following opportunities:

- Improve Community Communications and Promote a Positive Town Image
- Develop a Warming Shelter in St. Johnsbury
- Redevelop and Revitalize Downtown Buildings
- Improve Housing in Downtown St. Johnsbury
- Redevelop the St. Johnsbury Riverfront

The **Northeastern Vermont Council on Aging** conducted a Meals on Wheels (MOW) survey as part of the statewide outcome Results-Based Accountability data. The time frame was Jan-March of 2015. Participants had been on MOW for between 6 weeks and 6 months; therefore, new to the program. A phone survey was conducted by volunteers. The target population is people age 60+ as well as eligible family caregivers.

Meals on Wheels helps the State of Vermont meet an important goal by assisting older Vermonters age in place in the setting of their choice with independence and dignity through nourishing-healthy food, and safety checks.

**FY 15 Meals on Wheels
Results Based Accountability (RBA) Outcomes**

Headline Performance Measures:

1. 85% of clients surveyed will report that Meals on Wheels helps them remain living in their homes. 2. 95% of clients surveyed will report that since receiving Meals on Wheels they have enough to eat.			
How Much?	Unduplicated # of Persons Served 10/1/14 - 3/31/15	400	
	# of Meals Delivered through 3/31/15	64,991	
How Well?	% of clients who rated MOW program good/very good	96%	
	% of clients who eat the nutritious meal that is delivered	57% stated they always eat the meals 40% stated they almost always eat the meals	
Is Anyone Better off?	Food Security	95% of clients receiving MOW report they have enough food to eat each day since receiving meals.	
	Improved quality of life Recipients reported that Meals on Wheels help them:	Remain living in home	84%
		Helps them feel better	100%
		Helps with medical condition	79%
		Added to quality of life	84%

Priority Areas

The 2015 Community Health Needs Assessment built on the work of the assessment completed in 2012 where the three top community health priorities identified were: **poverty, obesity and obesity related chronic conditions, and mental health and substance abuse.**

Nuances priority areas for community health improvement for 2015 are:

- **Poverty Related Issues**
 - Lack of jobs and job training
 - Isolation due to stigma of poverty
 - Affordable housing
 - Food insecurity
- **Substance Abuse/Mental Health**
 - Crime related to substance abuse
 - Rural isolation; lack of social support
- **Obesity**
 - Access to healthy foods
 - Time, money, and knowledge about programs are barriers to being physically active

Data Tables

Obesity and Chronic Disease Prevention			
Indicator	NVRH Service Area	Vermont	Goal
Obesity Rates:			
% of adults age 22 and older who are obese – BMI 30 and >(BRFSS 2011-2012)	30%	25%	20%
Youth (grades 9 -12)	12%	12%	10%
Children (age 2 – 5 enrolled in WIC) (HV2020)	NA	10%	8%
Consumption:			
Recommended amounts of fruits and vegetables (HV2020/BRFSS)			
2+ servings of fruit/day			
Adults 18+	31%	38%	45%
Youth grades 9 – 12	34%	36%	40%
3+ servings of vegetables/day			
Adults 18+	18%	30%	35%
Youth grades 9 - 12	20%	17%	20%
Beverages			
Adults			
% consuming 1 – 2 sugary drinks per day	57%		NA
% consuming 3 or more sugary drinks per day	8%		NA
% consuming no sugary drinks per day	35%		NA
Youth (grades 9 -12)			
% who drank at least 4 glasses of water “yesterday)	31%	30%	NA
% who drank at least 1 can/bottle/glass of soda every day for the last 7 days	19%	17%	NA
% who drank at least 1 can/bottle/glass of SSB (not soda) for the last 7 days	16%	16%	NA
Youth (middle school)			
% who reported at least 4 bottles/glasses of water a day	37%	40%	NA
Screen time (non-school relate; grades 9 – 12)			
% of students reporting 3 or more hours per day	34%	40%	NA
% of students reporting 5 or more hours per day	11%	12%	
Physical Activity			
Access to exercise opportunities (CHR)			
% of adults with no leisure time access to physical activity (BRFSS 2011-2012)	63%	70%	85%
% of people who meet physical activity guidelines (BRFSS)	19%	20%	15%
Adults age 18+			
% of people who meet physical activity guidelines (BRFSS)	57%	59%	65%
Youth grades 9 – 12			
% of people who meet physical activity guidelines (BRFSS)	24%	24%	30%
Chronic Disease			
% High Blood pressure Adults 18+ (HV2020)	23%	25%	20%
Coronary heart disease death rate per 100,000 (Vital Statistics 2007 -2009)	123	111.7	89.4
Diabetic Screening (CHR)	88%	89%	90%
Primary Care Physicians – population to physicians ratio (CHR)	1,154:1	925:1	1,051:1

Mental Health and Substance Abuse			
Indicator	NVRH Service Area	Vermont	Goal
Poor mental health days (CHR)	3.6	3.4	2.4
Mental health providers (CHR)	451:1	329:1	521:1
Rate of suicide/100,000 (HV2020)	22.1	15.7	11.9
Alcohol impaired driving deaths (CHR)	58%	33%	14%
Adult Excessive/Binge Drinking (CHR)	15%	19%	10%
Youth Binge Drinking (YBRFS)	17%	11%	10%
Tobacco Use			
% of adults who smoke cigarettes (BRFSS 2011-2012)	21%	18%	
% of youth (grades 9 -12) who smoked cigarettes last 30 days	18%	13%	10%
Opiates/Prescription drugs (YRBS)			
Youth (grades 9 – 12)			
% of students who have misused a stimulant or prescription pain reliever	14%	14%	NA
% of students who have misused a stimulant or prescription pain reliever in the last 30 days	7%	7%	NA
% of person 12 and older who need and do not receive alcohol treatment (NSDUH, 2011 -2012)	7%	7%	5%
Youth (grades 9 -12) who used marijuana in last 30 days (YBRFS)	18%	24%	20%
Inadequate Social Support (CHR)	20%	17%	14%

Poverty		
Indicator	NVRH Service Area	Vermont
Median Income (US Census)	\$44,433	\$53,422
Below Poverty Level (VT Housing Data Profiles)	13.5%	11.2%
Children in Poverty (CHR)	21%	16%
High School graduation rates (CHR)	90%	88%
Some College (CHR)	56%	65%
Housing (VT Housing Data Profiles)		
Number of households	12,553	256,442
% owning home	73%	70%
% renting home	27%	30%
Median Income (US Census)		
Homeowner households	\$53,134	\$64,771
Renter households	\$21,434	\$30,943
Housing wage (per hour)		
1 bedroom unit	\$11.00	\$15.20
3 bedroom unit	\$16.23	\$24.55
Housing Stock total	15,942	322,539
Owner occupied	9,233	181,407
Renter occupied	3,320	75,035
% of Renters paying > 30% of income for housing (Housing and Wages in VT)	41%	47%
Severe Housing Problems e.g. overcrowding, high costs, lack of kitchen or plumbing (CHR)	17%	16%
Teen births/1000 females (CHR)	23	19
Unemployment (Sept 2014; vtlmi.info)	4.6%	4.2%
% Food Insecurity (Hunger Free Vermont)	13%	13%
% Children who are food insecure	25%	21%
Violent crime rate per 100,000 (CHR)	126	133

CHR = County Health Rankings – goal for these indicators is actually the “high performers” number

HV2020 = Healthy Vermonters 2020

BRFSS = Behavior Risk Factor Surveillance Survey

YRBS = Youth Risk Behavior Survey

WIC = Women, Infants, Children Program

NA = Not Available

NSDUH = National Survey on Drug Use and Health

VTLMI = Vermont Department of Labor

Resource Inventory/Partners by Priority Area

Poverty	Substance Abuse/Mental Health	Obesity
Hospital Program/Service		
<ul style="list-style-type: none"> Community Connections Patient Assistance Program/Sliding Scale 340 B prescription drug program/indigent drug program 	<ul style="list-style-type: none"> Medical Homes/Community Health Teams/Behavioral Health Specialists Tobacco Prevention and Cessation Services Emergency Department Healthier Living and Chronic Pain Workshops Social Marketing and Health Information/Education Employee Wellness 	<ul style="list-style-type: none"> Medical Homes/Community Health Teams/Behavioral Health Specialists Community Connections Nutrition and Diabetes Counseling Healthier Living and Chronic Pain Workshops Baby Friendly designation Wellness Calendar Social Marketing and Health Information/Education Employee Wellness
Local Partners		
<ul style="list-style-type: none"> Northeast Kingdom Community Action Rural Community Transportation Green Mountain United Way Northern Counties Health Care, Inc. Area Agency on Aging LSC/Upward Bound Rural Edge/SASH Community Justice Center Hunger Free VT Faith-based organizations Northern Community Investment Counsel Green Mountain Farm to School Chambers of Commerce UVM Extension Center for Agricultural Economy/Food Venture Center Northeastern Vermont Development Association VT Food Bank VT211 VT Housing and Conservation Board Vermont Center for Independent Living 	<ul style="list-style-type: none"> Northeast Kingdom Human Services BAART Kingdom Recovery Center ATOD Coalition Town Government, including law enforcement Community Based Therapists Worksite EAP programs Area Agency on Aging Lyndon State College Springfield College Rural Edge (tobacco free living) Transitional Housing Organizations DART 2.0 (members) 	<ul style="list-style-type: none"> Fit and Healthy Coalition Schools: pre K – Post Graduate Northern Counties Health Care, Inc. Northeastern Vermont Development Association Town Government Local Chambers of Commerce and Business Members Area Agency on Aging Rural Edge/SASH Breast Feeding Coalition St Johnsbury Area Local Food Alliance VT211 Local Farmers Blue Cross Blue Shield Community Advisory Board UVM Extension Center VT FEED Green Mountain United Way Green Mountain Farm to School Alliance for a Healthier VT VT Food Bank
State Agency Partners		
<ul style="list-style-type: none"> VT Department of Human Services VT Department of Health Department of VT Health Access VT Department of Labor VT Department of Employment and Training VT Department of Education Department of Disabilities, Aging, and Independent Living 	<ul style="list-style-type: none"> Department of VT Health Access VT Department of Health VT Department of Human Services Department of Disabilities, Aging, and Independent Living 	<ul style="list-style-type: none"> VT Department of Health VT Department of Transportation Department of VT Health Access VT Department of Parks and Recreation VT Department of Education

County Health Rankings
Caledonia County 2015, 2014, 2013, and 2012

	2015	2014	2013	2012	Vermont 2015	National Benchmark 2015	Status 2015/2014
Health Outcome	Rank 9	Rank 7	Rank 8	Rank 11			Worse
<i>Length of Life</i>	Rank 8						
Premature Death	5,864	5,450	5,450	6,309	5,430	5,200	
<i>Quality of Life</i>	Rank 10						
Poor or Fair Health	12%	12%	13%	13%	11%	10%	
Poor physical health days	3.1	3.1	3.2	3.3	3.2	2.3	
Poor mental health days	3.6	3.6	3.6	3.6	3.4	2.4	
Low birth weight	6.8%	7.1%	7.1%	6.9%	6.5%	5.9%	Improved

Health Factors	Rank 9	Rank 10	Rank 9	Rank 10			Improved
<i>Health Behaviors</i>	Rank 9	Rank 9	Rank 7	Rank 8			
Adult Smoking	18%	18%	18%	20%	16%	14%	
Adult Obesity	28%	28%	26%	26%	24%	25%	
Food environmental index	7.9	8.3			8.1	8.4	Worse
Physical Inactivity	21%	22%	22%	22%	18%	20%	Improved
Access to Exercise Opportunities	63%	63%			78%	92%	
Excessive Drinking	15%	15%	16%	16%	19%	10%	
Alcohol Impaired Driving Death	55%	58%			37%	14%	Improved
Sexually Transmitted Infections	264	215	157	190	275	138	Worse
Teen Birth Rate	23	23	24	29	19	20	

Clinical Care	Rank 3	Rank 4	Rank 8	Rank 7			Improved
Uninsured	8%	9%	11%	12%	8%	11%	Improved
Primary Care Physicians	1,197:1	1,154:1	1,300:1	1,009:1	922:1	1,045:1	Worse
Dentists	1,484:1	1,623:1	1,628:1	NA	1,567:1	1,377:1	Improved
Mental Health Providers	346:1	471:1			373:1	386:1	Improved
Preventable Hospital Stays	42	50	50	48	48	41	Improved
Diabetic Screening	91%	88%	87%	87%	88%	90%	Improved
Mammography Screening	71.1%	71%	74%	74%	69.5%	70.7%	Improved

Social & Economic Factors	Rank 10	Rank 11	Rank 10	Rank 11			Improved
High School Graduation	88%	90%	92%	90%	88%		Worse
Some College	55.2%	56%	57%	54%	65.8%	71%	Worse
Unemployment	5.3%	6.4%	6.5%	7.1%	4.4%	4.0%	Improved
Children In Poverty	20%	21%	21%	22%	15%	13%	Improved
Income Inequality	4.6				4.4	3.7	
Social associations	15.1				13.1	22.0	
Children in Single-Parent Households	33%	34%	34%	35%	30%	20%	Improved
Violent Crime Rate	138	126	120	111	136	59	Worse
Injury Deaths	74	72			69	50	Worse

Physical Environment	Rank 5	Rank 8	Rank 4	Rank 3			Improved
Air pollution – particulate matter	10.7	10.7	9.5	NA	10.7	9.5	
Drinking Water Safety	5%	4%	4%	NA	7%	0%	
Severe Housing Problem	17%	17%			17%	9%	
Driving alone to work	76%	77%			74%	71%	Improved
Long commute – driving alone	28%	27%			29%	15%	Worse

APPENDIX

Primary Source Data Sources Reviewed

Vermont Department of Health

- Behavior Risk Factor Surveillance Survey. 2013
- Youth Risk Factor Survey. 2013
- Health Disparities of Vermonters, 2010
- State Health Improvement Plan, 2013-2017
- Health Department Strategic Plan, 2014-2018
- Healthy Vermont 2020
 - Dashboards
- Essex County Needs Assessment

County Health Rankings

Northeastern Vermont Development Association; NEK Food System Plan

US Census Data

VT Vital Statistics

VT Housing Data Profiles

Vermont Department of Labor

Housing and Wages in VT

National Survey on Drug Use and Health

Feeding America: Hunger in Vermont 2014; Caledonia County Data

APPENDIX

Community Health Assessment Windshield Survey Caledonia County Merry Porter

This windshield survey is a tool to collect information about Caledonia County as a general assessment of the resources and environment in which we aim to serve the population. While this tool points us in the direction of services, programs, community structures and needs, it is only a general outline as to what is available and or lacking in this assessment. Within each of the elements addressed, there are multiple means to research and collaborate with others to fine tune each element. A way to utilize this tool would be for reference purposes and division of tasks related to each aspect.

The area encompassed by this assessment is large geographically, encompassing approximately 657 square miles, with a population of about 31, 227 people. This tool was scaled down to appraise the immediate area of St. Johnsbury and touching upon Lyndon. The appraisal is a means of looking at the community in the immediate area of Northeastern Vermont Regional Hospital. A brief summary of each element is as follows:

Housing: Housing is comprised of privately owned, rental, and community housing for the elderly. Architecture in some areas is historical and preserved in its original state, adding to the character of the town. There is a wide range of new housing to poor unkempt housing. Trailer parks are located on the outskirts of the town and not easily visible. There are many apartment houses in various degree of upkeep within town limits.

Shopping: Limited mall shopping in the community. Several high end retailers, several used and consignment based shops. Grocery shopping is covered by Price Chopper chain supermarket as well as 3 family owned White's Markets.

Transportation: There are some choices in public transportation, via Rural Community Transportation, Vermont Public Transportation and local taxis. There is limited public transportation on weekends and holidays. Due to the climate and the rural aspects of our community transportation is a concern for many.

Recreational facilities: Limited access for recreational facilities offering inside activities for lower income population. Former Receptions Center building is condemned. Recreational facilities with fee for service are available to those who can afford to pay.

Hazards: Some poorly lit areas and in need of repair sidewalks on the less traveled area of town. Litter does not seem to be a noticeable issue. Annual Green-up days are attended by many of the community in an effort to keep our town clean.

People on the Streets; Lower income generally are seen on Railroad Street, where low income apartments tend to be located above retail areas. They do not have backyards and open areas nearby. Middle and upper income people can be seen on Main Street, where often adult, children, elders, pets are seen walking the loop.

Race: Predominantly a white community, although home to international students attending the private high school.

Religion; There are a variety of religious denomination and services available to them.

Services: Social and health services are obtainable in the communities with outside support services located in the larger populated areas of the state.

Schools: Private, public and alternative schools are available.

Please refer to the tools below to access more detail on each of these elements and use them as a guide to explore the resources available to this community.

Windshield Survey - Community Health Learning Tool

This survey is a learning tool to help you understand the community you are working in. There is much evidence to support how a person's health and well-being can be affected by their community and living conditions. Your mentor will guide you as to whether your community is suitable for a car survey or a walking survey. Whichever method is chosen, move around as much of the community as possible to see, smell, touch, hear or even taste what it is like to live in this community.

Make notes in each box and be ready to have a discussion with your mentor about the learning you have had. Once form is completed, please use these notes to make your report.

Element	Description	Notes
Boundaries/ Neighborhood	What are the physical boundaries? Where does the neighborhood begin and end?	Caledonia County and Essex Counties served in my community assessment, encompasses 18 towns and villages. It is locally known as the Northeast Kingdom. The area of this region is approximately 657 square miles, with land consuming 648 square miles, water consuming 8.6 square miles. The majority of the population reside in 2 townships, that of Lyndon with a population of 5981, and St Johnsbury with a population of 7603. (United States Census Bureau, 2010).
Housing	<p>What type of housing is there? Is it private, rental, social housing. What about the size, is it detached, apartments, large complexes, rural housing, trailers?</p> <p>What is the state of repair?</p> <p>What is the architecture like?</p>	<p>Within this community, the housing is divided among private owned, rental, and community complexes. Census statistics indicate that there are 12,553 occupied housing units in Caledonia County and of those, 9233 are owner occupied, and 3320 are renter occupied housing.</p> <p>Many of the housing units are older structures. There are locally a large</p>

	<p>Are utilities good/bad? water/electric/gas/phone land-lines/TV aerial/broadband/satellite/cable</p> <p>Any evidence of crime/vandalism?</p>	<p>number of homes that have been transformed into apartment buildings, housing more than one family. Many retain the original architecture and style. Some are protected by the Historical Society although renovations have been made to accommodate multiple families. There are sections within the towns of St Johnsbury and Lyndon that are in better physical shape than others.</p> <p>Closer to town tends to have better upkeep.</p> <p>Within town limits there is public access to water and utilities. Local utilities include electric, water and sewer. There is access to internet services and Wi-Fi within the community at public and private establishments.</p> <p>Crime and vandalism. Crime rates in Vermont are among the lowest in the country. Crimes are highest in relation to aggravated assault and larceny and theft. Vandalism is minimal. Graffiti is minimal.</p> <p>Housing Services: Northeast Kingdom Community Action, Rural Edge (STJ), Vermont Department for Children and Families, Economic Division (STJ).</p>
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Shopping	<p>Are there any local shops? If so, what kind? How can residents access shops if none in area?</p>	<p>Limited choice and price range. Green Mountain Mall, currently having multiple empty spaces. Downtown St Johnsbury has a small selection of shops and locally owned business, but some on the higher end price wise. Grocery stores in St Johnsbury and Lyndon consist of chain owned Price Chopper, and 3 family owned White's Markets. Whites Markets are situated in easy access to many residents by walking, and community transportation. Price Chopper is located on the edge of town and available by community transportation. White's Market also offers grocery delivery to homebound residents.</p>
Transportation	<p>What types of transport are available? Are the systems regular and reliable?</p> <p>Is there enough parking? Is the public transport system safe i.e. bus stops, stations?</p> <p>Do locals have far to walk to public transport?</p>	<p>Rural Community Transportation is a Medicaid transportation provider. Service area is broad. Modes of transportation are by bus, private drivers/cars, and wheel chair accessible vehicles. They also provide services for other agencies such as Area on Aging and the Elderly and disabled Group.</p> <p>Vermont Public Transportation System also offers transportation for commuters, and the public (riderct.org).</p> <p>Systems for RCT buses do have scheduled runs. Bus stops are poorly marked and unlit. They are not maintained, litter is present and broken glass or benches are</p>

		<p>evident. The majority of stops are at local businesses.</p> <p>Park and ride lot, located on route 2 just outside of St. Johnsbury is also not well kept, poorly lit, litter evident. Some vehicles appear to have been left there for extended periods of time. Parking in front of St. Johnsbury's business area is by meter. Meters are maintained and local police are often seen emptying them. There is also free parking located behind most of the business area. Lyndonville downtown area does not have metered parking. Limited off street parking is available.</p> <p>While services are available Monday through Friday, there is no public transportation provided by these carriers on weekends or holidays.</p> <p>To access public transportation within town limits, one can walk to nearby locations. Those requiring medical assistance can arrange to have door pickup at their homes.</p>
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<p>Open/Recreational Areas/Community facilities</p>	<p>Are there any local parks/ playgrounds? What is there state of repair? Are they often in use?</p> <p>What open space is there around? housing/gardens/shared ground</p> <p>Are there any local pubs/clubs/children's centers/restaurants etc</p> <p>Where can locals go for exercise?</p>	<p>Both townships of St. Johnsbury and Lyndon offer public parks. Playgrounds at the community schools are not gated or locked and can be accessed by anyone during off school hours. St. Johnsbury has one community park that has a playground facility for public use. It is not lit at night. There are not facilities or attendants on site. Litter is evident. Playground structures appear to be in adequate condition. There are indoor facilities available for use at the St. Johnsbury Academy. Some services available for a fee or by reservation. This facility tends to be utilized by student, faculty and staff and their families.</p> <p>Local elderly are seen walking at the Green Mountain Mall.</p> <p>Locally there are a variety of restaurants and clubs, supporting a wide scale of income levels. Children Centers, NEKCA, day cares both private and state funded. Former recreation center is now a condemned building. For lower income families there is not a recreational service that is available to them either by means of access, or social restrictions. For those able to pay, there is the STJ RecFIT, the Green Mountain Mall Fitness, and the Comfort Inn which offer memberships services.</p>
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<p>Hazards</p>	<p>Are there any noticeable hazards/roads/parking/lack of streetlights/no pedestrian crossing/poor pavement repair/waste not in appropriate areas etc.</p>	<p>St Johnsbury recently changed all street lights to LED lighting. The main streets are well lit. Sidewalks on the main streets are in adequate repair. In the winter, crossing walks are generally not visible due to snow cover. In lower traffic areas, side streets are not as well lit, sidewalks are in disrepair. There is minimal litter on streets and sidewalk areas.</p>
<p>People on the Streets</p>	<p>What are the people like on the streets? Mothers & babies/ teenagers/ groups/ individuals/elderly?</p> <p>What classes do they represent? How can you tell?</p> <p>Are there any officials such as police/community /social workers?</p>	<p>Large foreign student population in St. Johnsbury. On Railroad Street, where businesses are located there tends to be acculations of people gathered outside of Dunkin Doughnuts, and low income apartment house. There are several restaurants that offer outside dining in the summer months. There are community music nights on Main Street in the summer months, where people can go for free.</p> <p>Classes of people can be surmised as low income hanging outside business on Railroad Street. They are the people that tend to live in the apartments above the retail shops. They do not have their own lawns or backyards in which to enjoy outside space.</p> <p>People seen on the street on Main Street can be seen using the parks located there, the outside concerts, or walking for exercise. They tend to be the middle class</p>

		<p>of the community. They are better dressed, doing purposeful recreation and exercise.</p> <p>Local police are seen regularly around town, they are community members in the sense of their kids are part of the local school, they are our neighbors, they are generally known by name and wave to people they know. Fire officials are located on Main Street and fill the same community role as do the police. They can be found outside the station in the summer months, visiting with kids riding by on their bikes, or people walking. Ambulance workers are located on the edges of town near the hospital.</p>
<p>Pets/Animals</p>	<p>Are there any strays/watch dogs? What types of pets are kept? Are they suitable for environment? What facilities for walking dogs are there?</p>	<p>The town has a leash law within town limits. Dogs are often seen walking with owners on Main Street and the nearby streets. There are facilities for pet owners to pick up dog-do and dispose of it. There is minimal disregard for this. Most of the main walking areas are free from animal feces.</p>
<p>Race/Ethnicity</p>	<p>If there racial diversity? Are there local support organizations for non-native English speakers? (Immigrant supports?) Any information/signs in other languages?</p>	<p>Due to our high international student numbers at the local high school, there are opportunities to connect with racial diversity. Students come to St. Johnsbuy Academy from 30 countries, most of them form China.</p>

		Statistically Caledonia County is predominantly white. Our population of permanent citizens is currently 31,227. Of that, approximately 30,138 are White, 167 Black, 138 American Indian, and 251 Asian (United States Census Bureau, 2010).
Religion	Are there any churches/places of worship represented?	Multiple religious services are available, such as Apostolic, Assemblies of God, Baptist, Baptist Southern, Bible, Catholic, Church of Jesus Christ of Latter Day Saints, Congregational, Episcopal, Independent, Jehovah's Witness, Methodist, Non-denominational and Interdenominational, Presbyterian, Seventh Day Adventist, Unitarian.
Services	Is there a job center/social care service/fire/police/child care facilities?	Caledonia County Social Services consist of Early Childhood Program (LYN), Child and Family Development Program (STJ), Vermont Department of Health/WIC (STJ), Umbrella (STJ), Vermont Department for Children and Families (STJ), Family, Infant, Toddler Project (STJ), Northeast Kingdom Child and Family Development Program –NEKCA (STJ), Northeast Kingdom Youth Services (STJ), UVM Extension Program (STJ), Grandparents Together VT Kin as Parents (STJ).

<p>Health Services</p>	<p>What are the local health services? GP's/dentists/hospitals/adult day center</p> <p>How far away are services and is transport good?</p>	<p>Planned Parenthood (STJ), Vermont Cares (STJ), Vermont Department of Health (STJ), Children's Integrated Services (STJ), Kingdom Recovery Center (STJ), Northeast Kingdom Human Services (STJ), Together Works (STJ), Tri-County Substance Abuse Services (STJ), Area on Aging (STJ), BAART (STJ).</p>
<p>Health and Morbidity</p>	<p>Is there evidence of drug/alcohol abuse? Any local communicable disease outbreaks?</p> <p>Mental illness/services for well-being?</p> <p>Any smoking risks?</p> <p>Is there access to healthy food/fruit/veg?</p>	<p>BAART Behavioral Health Services, housing the local methadone treatment center. Located within walking distance from most of downtown. St. Johnsbury Correctional Facility located on the southern outskirts of town.</p> <p>The town has had multiple concerns with bed bug out breaks in some of its apartment houses.</p> <p>Mental Health services are provided broadly via Northeast Kingdom Human Services. Smoking cessation services provided by Northeastern Vermont Regional Hospital, which supports various programs such as the Vermont Quit Network, individual counseling, Quit Bucks, and N-O-T, not on tobacco.</p>

		<p>Farmers markets offer locally grown fruits and vegetables, local made jams, jellies, honey, breads etc. Some coupons are offered via state and federal programs for people who are part of these programs can purchase fresh fruits and vegetables. There is a community garden located on the Back Center Road, although not a huge walking distance from town, it is a bit isolated and not well known as to its access by the community. Local food shelf located on Main Street. Local churches offer free lunches on a rotating schedule during the week.</p>
Schools	<p>What types of schools are local? Are they public schools/state/private?</p>	<p>Local schools are offered in each community. Private high school in St. Johnsbury, although considered to be the “public school” for St. Johnsbury residents. There is a private Catholic School in St. Johnsbury, although you do not need to be of the Catholic religion to attend.</p>

References

Profile of general population and housing characteristics:2010.

Retrieved from: <http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>.

Rural community transportation. Retrieved from: <http://www.riderct.org>.

Politics	<p>Are there any visible signs of local politics/posters etc?</p> <p>What appears to be the most pressing political issue for the community currently?</p>	<p>Currently with inches of snow, political signs are not evident. There is a respected social climate in terms of political advertising, signs are very evident during campaign season and quickly removed afterwards.</p> <p>Taxes are always a concern for this community. The population of voting people is older, and do not have students in the school systems. They also are not having an understanding of the challenges and changes made in the educational model we see today. This voting population challenges the monetary needs of the public school system.</p> <p>On the flip side, is the lack of involvement by many of the younger town members to become active in political roles.</p>
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Vermont Council on Rural Development

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Community Visit Program *What's involved in the*

Community Visit program? What does Community Visit program produce?

Is your town or community interested in learning more about the program?

Vermonters across the state know that local action makes our communities vibrant. But local action often needs support from regional, state and even federal scales to achieve goals for prosperity. To respond to this need in Vermont, the Vermont Council on Rural Development provides local leaders with the resources they need to build capacity for their communities as they look to the future through our **Community Visit Program**.

Our **Community Visit program** is a way for towns to engage and bring together their residents, set common goals and directions in a neutral and facilitated structure, and access resources that will help them take action on those goals. The **Community Visit program**, provided at no cost to communities, gets citizens engaged in working *for* their communities and connects them to the resources they need to be successful.

What's Involved in the Community Visit Program?

VCRD's **Community Visit** program actively connects grassroots community building efforts in towns across Vermont with state-wide resources, expertise and opportunities. Each **Visit** brings together a broad mix of community members with a *visiting resource team*, made up of Council members and statewide providers (state, federal, non-profit, and philanthropic), to create intensive partnerships and tailored work plans for long-term local success. The **Visit** process is designed for community members to prioritize and choose strategic goals and vision for their community and for the state-wide *visiting resource team* to provide advice and expertise to help them get there.

The **Community Visit** program happens over four months with a series of public meetings, facilitated discussions and community events. To be successful, a broad spectrum of community members must be involved; invitations sent through schools, businesses and through town municipal offices to residents are very important. The Vermont Council on Rural Development raises funds for this program; there is no cost to the community except time and energy.

What Does a Community Visit Produce?

The **Visit** begins with a series of focus groups and a community wide discussion where residents champion their ideas for the future of their town. A local chairperson will help to keep the community informed and involved as the program progresses. It is important that the community decides together what their priorities are through discussion and dialogue, which VCRD will help facilitate. Then the *visiting resource team* brings their best knowledge and most appropriate resources to advise and help construct work plans for local volunteers.

At the end of the **Visit** interested citizens join to make up volunteer task forces, agreeing to work forward on community goals; such as youth activities, economic development, infrastructure development or communications and events. Each task force has *chairperson* who will manage meetings and keep work moving forward. Local leaders have direct access through the process to state-wide resources, grant opportunities, non-profit, state and philanthropic partners through the *resource team*.

What will success mean for you? For some towns, the **Visit** creates community goodwill and celebrations, such as *Rutland's Friday Night Live* series; outdoor summertime each week with live music, food and shopping opportunities. For others, it is used to leverage funds or planning resources, such as *Pownal's affordable housing project* or *Johnson's downtown redesign*. For some towns, the **Visit** provides a mechanism to talk about important issues and begin long term work for the future, as in *Killington's 4-season tourism planning*, or *Poultney's downtown revitalization work*. And for still others, it is a chance to help the community get healthier; *Troy, Westfield, Jay and Woodstock built and advertised new walking trails*.

For More Information

The Vermont Council on Rural Development is an independent and neutral non-profit organization. Our mission is to *help Vermonters and Vermont communities develop their capacity to create a prosperous and sustainable future through coordination, collaboration, and the effective use of public and private resources*. Previous **Community Visit** reports can be found online at www.vtrural.org. If your community would like more information about this program or is interested in having a **Community Visit**, please contact us at 802-223-6091 or

info@vtrural.org.

APPENDIX

Essex County Scan

Purpose:

Essex County of Vermont's Northeast Kingdom (NEK) consistently ranks 14th out of 14 counties on the RWJF County Health Rankings and has public health indicators that are worse than the state average. Examples include:

- Adults Who Smoke
- Households With Food Insecurity
- Adults Eating the Daily Recommended Servings of Fruits & Vegetables
- Adolescents Eating the Daily Recommended Servings of Fruits & Vegetables
- Adults (Aged 20 and Older) Who Are Overweight
- Adults (Aged 20 and Older) Who Are Obese

The Essex County Scan was conducted to better understand community health needs and to identify any gaps in the public health system in southern Essex County—with emphasis in Concord, Lunenburg/Gilman, and Guildhall.

Methods:

Key Informant Interviews: Staff from the Vermont Department of Health conducted 12 key informant interviews in southern Essex County. The interviews were conducted with town clerks, assistant town clerks, the Essex County Sheriff, medical staff working Concord Health Center, and board members of the Gilman Senior Center. These interviews were used to generate common themes related to community health.

Focus Groups: Staff from the Vermont Department of Health and a consultant developed a Facilitator's Guide for FOUR focus groups related to some of the common themes identified in the key informant interviews. Two focus groups were designed to be population focused and two focus groups were designed around themes: youth, low-income, food access/obesity, and substance abuse /mental health. The focus groups were designed to validate themes, gain additional data, and to understand what resources exist or are lacking to support community health needs. Community based organizations were used to facilitate recruitment. Focus group participants were provided \$25 gas station gift cards. Due to recruitment challenges, only the youth and food access/obesity focus groups have been completed to date.

Results:

The interviews and focus groups provided FIVE major themes related to Community Health:

- Lack of Access to Substance Abuse & Mental Health Services
- Existing Supports for Vulnerable Elderly Do Not Meet Needs
- Limited Resources for Youth
- Limited Transportation Negatively Impacts Access to Basic Needs
- Family Relationships Offer Both Resiliency & Stress

The two focus groups that were conducted provided additional insight into two of these themes:

Food Access / Obesity: Focus group participants were recruited from the Concord Health Center. Given this recruitment strategy, the focus group had a high average age (50+) and had a high number of participants with a history of diabetes and / or other chronic conditions. Focus group participants identified that a healthy weight is a result of both physical activity and quality / quantity of food consumed. Participants identified numerous barriers to both and some facilitators.

Focus group participants identified the following **barriers to exercise** existed:

- Limited Safe Places to Exercise / Walk / Run
 - Main Roads Unsafe (e.g. Route 2)
 - Back Roads Unsafe (e.g. wildlife)
 - Need for Safety Gear for Exercise on Main Roads
 - Lack of facilities
 - Isolated (e.g. Would exercise with others but not alone)
- Un-affordable
 - Traveling Costs to Get to Communities with Gym / Pool
 - Membership Fees
 - No YMCA / Boys & Girls Club
- Mental Health / Physical Health
 - If Depressed, Much Harder to Exercise, Though They Knew It Would Help
 - If Already Overweight, Much Harder
 - Other Chronic Conditions Make Exercise Harder

Focus group participants identified the following **barriers to healthy eating**:

- Prioritizing Other Necessities Over Food
 - “When Budgets Are Tight, The Food Budget is the First To Get Cut”
 - Pasta and Ramen Noodles Become Staples on Tight Budgets
 - “Costs Too Much to Eat”
- Distances Traveled For Shopping
 - Littleton, NH and St Johnsbury, VT were Identified the Most Often as the “Go To” Shopping Destinations
 - Walmart, Price Chopper, Shaw’s, and White’s Market were All Identified as Shopping Destinations.
 - Participants Choose Where to Shop Based Sales in Flyers or on Phone Apps (e.g. Price Chopper App)
- Farmer Markets Are Perceived To Be For Tourists / Not for Locals
 - Farmers Market Prices Are Too Expensive
 - Farmers Markets Provide More Expensive / Processed Products and Crafts Now Instead of Fresh Fruits/Vegetables (e.g. baked goods vs fresh vegetables)
 - Lyndonville, VT and Lancaster, NH were Identified Having the Most Attractive Farmers Markets
 - Participants Had the Perception that Farmers Markets Prices Increased After Farmer Market Coupons Became Available
 - Participants had Conflicting Information About Eligibility / Where Available
- Gardening is Less Feasible with Smaller Family Sizes
 - Gardening Costs are Not Insignificant—Especially Start Up Costs
 - Given Time Constraints and/or Physical Ability, Gardening isn’t a Viable Option for many Individuals, Persons with Disabilities, and/or Elderly Populations
 - Canning and Food Storage is a Barrier
 - Canning is Expensive

- Lack of skills
- Lack of Adequate Freezer Space

Focus Group participants identified the following **facilitators** to **exercise**:

- Lots of Local Natural / Recreational Areas to Exercise Outside--If You Feel Safe
 - Some Participants Identified that They Preferred Walking/Running on Dirt / Back Roads vs Main Roads
- High Awareness of the Importance of Exercise for Overall Health
- Use Shopping Trips / Errands As Exercise Opportunities
 - Park the Car Farther Away
 - Walk Up and Down The Store Multiple Times

Focus Group participants identified the following **facilitators** to **healthy eating**:

- Participants Had a High Awareness of the Importance of Healthy Eating
 - Participants Identified Eating More Fruits/Vegetables As a Goal
 - Participants Identified Reducing Carbohydrate / Sugar Intake As a Goal
- Participants Used Flyers and Technology to Identify the Lowest Cost Food Items
 - Participants Actively Used Flyers to Inform Shopping Trips
 - Participants Used Grocery Store/Coupon Apps on Cell Phones to Identify Sales
 - Participants Used Online Coupons and Manufacturers' Coupons to Reduce Costs—though most of the time these apply to more processed items