



Needs and Disparities Statement

October 2023

In 2021, Northeastern Vermont Regional Hospital (NVRH) received a grant from the Vermont Department of Health (VDH) Division of Substance Use Programs (DSU) to establish the Northeast Kingdom Prevention Center of Excellence (NEK PCE). In July 2023, NVRH received a new grant from DSU establishing an expanded area for prevention efforts, known as Region 3 (of four prevention regions in the state) with NVRH, Lamoille Family Center, and Umbrella forming the Northeast Vermont Prevention Consortium to serve as the Prevention Lead (NVPC - PL) in a region that now includes the Morrisville, Newport, and St. Johnsbury Health Districts. The new grant also expands the populations of focus to include primary and secondary prevention across the lifespan. In 2021 as part of the first year of the NEK PCE grant, there was a review of data on youth and young adult substance misuse to identify needs and any gaps for specific geographic areas and/or populations in order to develop a Needs and Disparities Statement for the region. This document reflects an update to this Needs and Disparities Statement as this new grant and newly expanded prevention region is launched.

As a first step in updating the needs assessment, a Data Committee was formed which included members of the newly formed Northeast Vermont Prevention Consortium Advisory Committee as well as the Consortium leadership team. The Data Committee was led by an evaluator with Pacific Institute for Research and Evaluation (PIRE), and its purpose was to review data for the region on substance use across the lifespan, including populations experiencing disparities as well as gaps in resources, and to identify priorities for addressing regional needs¹. The Data Committee met a total of four times in September and October of 2023, and reviewed data on substance use/misuse for the state and the region from various sources including:

- National Survey on Drug Use and Health (NSDUH)
- Youth Risk Behavior Survey (YRBS)
- Vermont Young Adult Survey (YAS)
- Behavioral Risk Factor Surveillance System (BRFSS)
- Vermont Substance Abuse Treatment Information System (SATIS)
- Healthy Lamoille Valley 2023 Community Assessment

¹ A list of Data Committee members can be found in Appendix A.

- Northeast Kingdom Human Services 2023 Community Needs Assessment
- Data on schools, community agencies, coalitions from around the region

The committee's review focused on

- Rates of use of specific substances
- Risk and protective factors
- Populations that are experiencing disparities/may need specific focus
- Gaps in resources

Because of the need to develop and release a Request for Proposals for community prevention activities in October 2023 and to start funding community coalitions and community partners at the beginning of 2024, the data reviewed by the Data Committee for this needs assessment was limited to existing survey data and community data summaries. Findings and recommendations from this assessment were presented to and approved by the Northeast Vermont Prevention Consortium Advisory Committee on September 27, 2023 and are described below. The NVPC will continue the assessment process throughout the year by reviewing additional data as they become available and possibly collecting primary data to better understand the region's context and capacity for the prevention of substance misuse.

Demographics of the Region

The service area for the Northeast Vermont Prevention Consortium includes towns in three health districts in the north central and northeast part of the state; Morrisville, Newport, and St. Johnsbury Health Districts. While not perfectly aligned with county borders, these three health districts include the majority of towns in Caledonia, Essex, Lamoille, and Orleans Counties, as well as the communities of Newbury and Wells River in Orange County. Select demographic data for these counties and for Vermont are presented in Table 1. below.

Table 1. Northeast Vermont Prevention Consortium County Demographics

	Caledonia	Essex	Lamoille	Orleans	Vermont
Total population	30,233	5,920	25,945	27,393	643,047
Median age	44.7	51.5	40.1	45.8	43.2
Under 18	19.4%	17.3%	20.4%	19.7%	17.6%
65 and older	21.1%	25.8%	17.2%	22.7%	21.6%
Poverty	12.6%	14.7%	10.5%	10.4%	10.4%
Total number of households	12,525	2,729	10,830	11,338	277,090
Median household income	\$55,159	\$48,194	\$66,016	\$58,037	\$73,991

Source: [2020 Census and 2021 American Community Survey 5-year Estimates](#)

Overall, the area served by the Northeast Vermont Prevention Consortium is very rural. Essex and Orleans Counties have higher percentages of older adults (65 and over) than the rest of the state. All four counties in the region have median household incomes that are lower than Vermont and poverty rates that are similar or higher than the state average.

Percentages of the high school populations for each of the region’s counties and for the state that identify as Lesbian, Gay, Bisexual, Transgender, and/or Questioning (LGBTQ) and Black, Indigenous, and People of Color (BIPOC) are provided in Table 2. Caledonia and Orleans have a similar percentage of LGBTQ students to the state, while Essex County has a lower percentage. Caledonia has the highest percentage of BIPOC students in the region, and this percentage is also higher than the state.

Table 2. Percent of high school youth who identify as LGBTQ, and BIPOC: Caledonia, Essex, Lamoille, Orleans Counties, and Vermont

	Caledonia	Essex	Lamoille	Orleans	Vermont
LGBTQ	25%	22%	34%	23%	29%
BIPOC	23%	14%	14%	13%	17%

Source: 2021 Vermont YRBS

Substance Use in the Region

Data from the National Survey on Drug Use and Health, Youth Risk Behavior Survey (YRBS), Vermont Young Adult Survey (YAS), and Behavioral Risk Factor Surveillance System (BRFSS) were reviewed by the Data Committee. Rates of alcohol and cannabis² use in Vermont are among the highest in the country for all age groups. Results for several substance use measures for the four counties in our region as well as the state are included in the data tables below. County rates that are statistically different from the state are noted in **green** if the rate is better than the state, and in **red** if the rate is worse than the state. Many of these measures are being tracked on data scorecards³ that were developed for the NEK PCE project and are being updated to include Lamoille County.

Youth

The most recent data from the YRBS as well as trends over time were reviewed by the Data Committee, with the caveat that data for the YRBS for 2021 should be interpreted with caution as that year’s YRBS was done in the fall instead of the usual spring timeline, meaning that students were overall younger when they completed the survey.

Table 3. shows rates of substance use for the four counties as compared to the state from the 2021 YRBS. Use rates are down for all substances in Vermont and in each county in 2021. Rates of youth alcohol use in Lamoille and Orleans Counties are statistically higher than the state. Rates of marijuana use were statistically lower than the state in Caledonia and Essex Counties, but higher in Lamoille County. In 2021, past 30 day cigarette use decreased in all four counties of the region and in the state, and there were no statistical differences between county and state rates. Rates of electronic vapor product (EVP) use among Orleans County youth has been statistically higher than the state, including in 2021, though rates for both the county and state decreased that year.

² We primarily use the term “cannabis” throughout this document, however because the Youth Risk Behavior Survey (YRBS) uses the term “marijuana”, when referencing measures in the YRBS we will use the term “marijuana” and/or “cannabis/marijuana”.

³ NVPC – PL County Scorecards can be found in the “Data” section of the website: <https://nvrh.org/nek-pl/>

Table 3. 2021 YRBS High School Measures of Youth Substance Use: **Caledonia, Essex, Lamoille, Orleans Counties, and Vermont**⁴

Measure	Caledonia County	Essex County	Lamoille County	Orleans County	Vermont
Past 30-day alcohol use	23%	23%	29%	35%	25%
Past 30-day binge drinking ⁵	12%	14%	13%	20%	12%
Past 30-day marijuana use	16%	12%	25%	19%	20%
Past 30-day cigarette use	5%	Too few to report	6%	7%	5%
Past 30-day electronic vaping product (EVP) use	17%	10%	18%	21%	16%
Past 30-day prescription drug misuse	2%	Too few to report	2%	3%	2%

Young Adults

Table 4. shows rates of substance use for the four counties as compared to the state from the 2022 Vermont Young Adult Survey (YAS), which collects data from 18-25 year olds on substance use related behaviors and attitudes. Note that data is combined for Essex and Orleans Counties due to small sample sizes. Young adult binge drinking rates have been decreasing in Caledonia and Lamoille Counties and in Vermont over the past eight years. Cannabis use and use of EVPs containing nicotine have been gradually increasing in the region as well as the state. There were no significant differences in most substance use rates between the counties in the region as compared to the state.

Table 4. 2022 Vermont YAS Measures of Young Adult Substance Use: **Caledonia, Essex/Orleans, and Lamoille Counties, and Vermont**⁶

Measure	Caledonia County	Essex/Orleans Counties	Lamoille County	Vermont
Past 30-day alcohol use	58%	63%	64%	70%
Past 30-day alcohol use, 18-20 year olds	42%	Too few to report	42%	53%
Among Current Drinkers, Past 30-day binge drinking	36%	50%	33%	46%
Past 30-day cannabis use	45%	33%	41%	45%

⁴ [2021 Vermont Youth Risk Behavior Survey](#) county reports

⁵ Binge drinking is defined as five or more drinks on an occasion for males and four or more for females.

⁶ [2022 Vermont YAS](#) county reports

Past 30-day cannabis use, 18-20 year olds	36%	Too few to report	28%	40%
Among current cannabis users, those that used 20 or more days in past 30	46%	22%	58%	46%
Past 30-day cigarette use	14%	17%	16%	17%
Past 30-day EVP use (containing nicotine)	26%	23%	28%	27%
Past 30-day prescription drug misuse	6%	9%	Too few to report	11%

Adults

The Data Committee also reviewed recent data on adult substance use from the Behavioral Risk Factor Surveillance System (BRFSS), which is a telephone survey conducted annually in Vermont of adults 18 and over on a variety of health topics. Cannabis use among adults in Lamoille County is significantly higher than in the rest of the state, as is cigarette use in Caledonia and Essex Counties.

Table 5. 2021 BRFSS Measures of Adult Substance Use: **Caledonia, Essex, Lamoille, and Orleans Counties, and Vermont**⁷

Measure	Caledonia County	Essex County	Lamoille County	Orleans County	Vermont
Past 30-day alcohol use	58%	59%	66%	57%	61%
Past 30-day binge drinking	14%	17%	18%	15%	17%
Past 30-day heavy drinking ⁸	8%	Too few to report	12%	8%	9%
Past 30-day cannabis use	16%	23%	26%	18%	22%
Currently smokes cigarettes	21%	25%	15%	21%	16%
Currently uses e-cigarettes	5%	Too few to report	Too few to report	6%	5%

Disparities

These same measures were also examined for differences in specific populations when those data were available, including BIPOC and LGBTQ youth and adults, as well as different income levels and age groups of adults. In 2021, the disparities in past 30-day substance use between LGBTQ youth and their heterosexual/cisgender peers decreased for alcohol, cigarette, and prescription drug use. Marijuana use

⁷ [2021 BRFSS report](#)

⁸ Heavy drinking is defined as more than two drinks per day for males and more than one drink for females.

rates were statistically higher in 2021 among BIPOC and LGBTQ youth in Orleans County, and among LGBTQ youth in Lamoille County. EVP use was higher among BIPOC youth in Orleans County.

Data on specific populations was not available at the county level for adults, but overall alcohol use is higher among adults with higher education and household income. Younger adults 18-45 report higher levels of binge and heavy drinking than older adults, though older adults 65+ in Vermont report using alcohol at significantly higher rates than in the rest of the U.S.⁹ Cannabis and e-cigarette use is higher among LGBTQ adults as well as those with a high school education or less. Cigarette smoking is higher among adults with less education and lower household income.

Data on Risk and Protective Factors

2021 YRBS measures of risk and protective factors for high school students across the region were also examined, including perceived risk of harm from using substances, ease of access to substances, perceived parental disapproval of substance use, early age of first use of substances, mental health, and feeling like they matter to their community.

Some key findings from the review of YRBS data on risk and protective factors include:

- More youth in **Orleans County** report that it is easy or very easy to get alcohol as compared to the state.
- Fewer youth in **Orleans County** report that it is wrong or very wrong for people their age to drink alcohol, that there is great risk of harm from binge drinking, and that their parents would feel it is wrong or very wrong for them to drink alcohol as compared to the state.
- More youth in **Lamoille County** report that it is easy or very easy to get marijuana as compared to the state.
- Fewer youth in **Lamoille County** report that it is wrong or very wrong for people their age to drink alcohol or use marijuana, and that their parents would feel it is wrong or very wrong for them to drink alcohol or use marijuana as compared to the state.
- More youth in **Orleans County** youth report trying cigarettes and alcohol before age 13 as compared to the state.
- Only around half of youth in the region report that they feel like they matter to people in the community, and this rate has been declining in recent years in all but Essex County. The rate is also much lower (less than 40%) among LGBTQ youth.
- LGBTQ youth are more than twice as likely to report feeling sad or hopeless in the past year and twice as likely to report experiencing sexual and/or dating violence than their heterosexual/cisgender peers.

BRFSS data that was reviewed for adults indicated that more adults in Caledonia, Essex, and Orleans counties do not participate in any leisure time physical activity as compared to all Vermont adults. Qualitative data summarized in Northeast Kingdom Human Services Community Needs Assessment report noted that adults in the region experience geographic and social isolation, which was particularly

⁹ <https://www.healthvermont.gov/sites/default/files/document/dsu-alcohol-older-adults.pdf>

acute during the COVID-19 pandemic. In addition, there continues to be stigma associated with accessing services and supports for mental health and substance use problems.

Discussion and Priorities

In addition to reviewing the data sources mentioned above, the Data Committee also reviewed the priorities identified in 2021 for the Northeast Kingdom Prevention Center of Excellence project and determined that most of those priorities should remain, with an expansion to include some new priorities focused on adults. Even with an expanded focus on prevention across the lifespan, an emphasis on prevention for youth remains strong as prevention of substance use and misuse earlier in life greatly reduces the risk of developing problems with substance use as adults.

The data reviewed for this needs assessment revealed some gaps and disparities within the region, for both geographic areas and specific populations, and some clear prevention priorities emerged.

Disparities and gaps

Rates of youth alcohol and marijuana use are higher in Lamoille County as compared to the state. Data also show that more youth in Lamoille County think their parents accept youth marijuana use, and more youth think that it is easy to access marijuana. Adult use rates of cannabis are also higher in Lamoille County.

In Orleans County, youth alcohol use and electronic vapor product use are higher than the state, and Orleans County youth report thinking their parents accept youth alcohol use and that it is easy for youth to access alcohol. EVP and marijuana rates were also higher in this county for BIPOC youth. The Newport Health District, which includes Northern Essex and Orleans County is not currently covered by a tobacco prevention grant. The Data Committee felt that higher youth vaping rates combined with fewer prevention resources in this Health District should be considered when funding decisions are made.

One positive finding is that the 2021 YRBS data reveals that disparities in the use of various substances for LGBTQ youth have decreased, meaning that LGBTQ youth no longer differed from their heterosexual/cisgender peers on these measures. However still of concern was the low percentage of LGBTQ youth reporting that they feel like they matter to their community, and the high percentage who reported feeling sad or hopeless and who reported experiencing sexual and/or dating violence as compared to their peers. Supporting LGBTQ youth remains a strong priority for the region.

Priorities

In addition to the priorities of reducing underage substance use, and supporting LGBTQ youth in the region, the Data Committee discussed the importance of including a priority that addresses adult substance use that may be high risk. While substances like alcohol, cannabis, and tobacco products are legal for adults to use, the Committee felt it was important to have a focus on providing education on higher risk use (such as binge and heavy drinking, driving after alcohol and/or cannabis use, alcohol use and fall risk and/or interactions with prescriptions for older adults), as well as supporting adults with healthy stress management and coping skills.

While rates of misuse of prescription medications have steadily declined over the past several years, the Data Committee felt that a continued focus on reducing prescription drug misuse through promotion of safe medication and storage, with a particular focus on older adults, should continue to be a priority.

Supporting all youth in ways that help them to feel valued and connected to the community remains an important priority in the region's prevention work. 2021 YRBS data showed fewer youth reporting that they feel valued by their community, and social isolation caused by the COVID pandemic as well as the rural nature of this region makes it even more challenging for youth and adults to feel connectedness and belonging, and to find the support and help that they might need. The Data Committee thought it was important to add adults to the priority related to social connectedness as in addition to being an important component of primary prevention, it is also an important element of support for those who may be struggling with substance use disorder and/or are in recovery.

The Data Committee recognized the importance of including a priority aimed at responding to emerging substance use related issues that may not be directly addressed by the other priorities, including harm reduction and overdose prevention approaches, and responses to different drugs in the community that may cause harm. While these strategies may not be directly implemented by prevention partners, they can be supported and promoted.

Lastly, an overall priority for the NVPC's work is to improve prevention infrastructure and capacity around the region. This will primarily be done through grantmaking, workforce development, and training and technical assistance efforts. This is also an area where some additional data collection directly from prevention partners will be helpful for assessing current capacity and measuring change in capacity over time.

As a result of the review of data from the region, the Data Committee and Advisory Committee have recommended that the Northeast Vermont Prevention Consortium focus on the following nine priorities for the region:

- 1. Reduce underage alcohol use**
- 2. Reduce underage cannabis/marijuana use**
- 3. Reduce underage tobacco and electronic vapor product (EVP) use**
- 4. Reduce adult high risk substance use**
- 5. Reduce prescription drug misuse**
- 6. Increase supports for LGBTQ youth**
- 7. Create a community where youth and adults feel valued, connected, and supported**
- 8. Respond to emerging substance use related issues in the region with innovative strategies, including harm reduction approaches**
- 9. Build substance use primary and secondary prevention capacity and infrastructure at the community and regional levels**

A table listing each of these priorities, rationale for their selection, and indicators that can be tracked over time to assess progress can be found in Appendix B.

Appendix A

Northeast Vermont Prevention Consortium Data Committee Members

- ◆ Lila Bennett – Journey to Recovery
- ◆ Hannah Cornelius – Umbrella/ONE Coalition
- ◆ Kelsey Root-Winchester – 302 Cares
- ◆ Jessica Bickford – Lamoille Family Center/NVPC - PL Leadership Team
- ◆ Em Sophie Delaney – Lamoille Family Center
- ◆ Carolyn Towne – NVRH/ NVPC - PL Leadership Team
- ◆ Cheryl Chandler – NVRH/ NVPC - PL Leadership Team
- ◆ Amanda Cochrane – Umbrella/ NVPC - PL Leadership Team
- ◆ Heather Lindstrom – VDH
- ◆ Tin Barton-Caplin – VDH
- ◆ Kathrin Lawlor - VDH/ NVPC - PL Leadership Team
- ◆ Amy Livingston – Pacific Institute for Research and Evaluation (PIRE)



Northeast Vermont Prevention Consortium

Summary of priorities and indicators – October 2023

Priority	Rationale	Indicators/Measures
<p>1. Reduce underage alcohol use</p>	<ul style="list-style-type: none"> Alcohol continues to be the most used substance among youth in the state and in the region. In 2021, rates of adolescent alcohol use in Lamoille and Orleans Counties were statistically higher than the state. 	<p>YRBS:</p> <ul style="list-style-type: none"> -past 30-day use -binge drinking -ease of access -perceived risk of harm -perceived peer disapproval -perceived parental disapproval -use before age 13 <p>YAS:</p> <ul style="list-style-type: none"> -past 30 day use for 18-20 year olds
<p>2. Reduce underage cannabis/marijuana use</p>	<ul style="list-style-type: none"> In 2021, youth marijuana use rates were statistically higher than the state in Lamoille County, among LGBTQ and BIPOC youth in Orleans County, and among LGBTQ youth in Lamoille County. 	<p>YRBS:</p> <ul style="list-style-type: none"> -past 30-day use -frequency of use -ease of access -perceived risk of harm

Appendix B

	<ul style="list-style-type: none"> ● With legalization and the development of retail cannabis markets around the state, a focus on prevention for youth continues to be very important. 	<ul style="list-style-type: none"> -perceived peer disapproval -perceived parental disapproval -use before age 13 YAS: -past 30 day use for 18-20 year olds
<p>3. Reduce underage tobacco and electronic vaping product (EVP) use</p>	<ul style="list-style-type: none"> ● Rates of EVP use among Orleans County youth has been statistically higher than the state, including in 2021, though rates for both the County and state decreased that year. The rate for BIPOC youth in Orleans County in 2021 was also statistically higher. ● There is currently no tobacco prevention funding in northern Essex and Orleans County. 	<p>YRBS:</p> <ul style="list-style-type: none"> -past 30-day use for cigarettes and EVPs -ease of access (EVPs) -perceived risk of harm (EVPs) -perceived peer disapproval (EVPs) -perceived parental disapproval (EVPs) -use before age 13 (cigarettes and EVP) YAS: -past 30 day use of EVPs containing nicotine for 18-20 year olds
<p>4. Reduce adult high risk substance use</p>	<ul style="list-style-type: none"> ● Rates of binge and heavy drinking are high, particularly among young adults. ● Older adults in Vermont report using alcohol at significantly higher rates than the US. ● Older adults are significantly less likely to be asked by their doctor about their alcohol use and offered advice about harmful drinking levels than younger adults. ● Rates of adult cigarette use are significantly higher than the state in Caledonia and Essex Counties. ● Adult cannabis use has been increasing in VT and is statistically higher in Lamoille County as compared to the rest of the state. 	<p>BRFSS:</p> <ul style="list-style-type: none"> -any alcohol use past month -binge drinking past month -heavy drinking past month -cannabis use past month -drove after cannabis use past month -currently use e-cigs -currently smoke cigarettes -tried to quit smoking YAS: -past 30 day alcohol use

Appendix B

	<ul style="list-style-type: none"> ● Around half of young adults 18-25 who use cannabis report using it 20 or more days a month. 	<ul style="list-style-type: none"> -past 30 day binge drinking -past 30 day cannabis use -among cannabis users, used 20 more days in past month -past 30 day cigarette use -past 30 day EVP use -Risk of harm from EVP use (18-25)
<p>5. Reduce prescription drug misuse</p>	<ul style="list-style-type: none"> ● Though rates of prescription drug misuse have declined in Vermont and in the region, it remains important to provide education about safe storage and disposal and safe use of prescription medications. 	<p>YRBS:</p> <ul style="list-style-type: none"> -past 30 day prescription drug misuse <p>YAS:</p> <ul style="list-style-type: none"> -any prescription drug misuse in past year -ease of access to prescription pain relievers -risk of harm from misusing prescription pain relievers
<p>6. Increase supports for LGBTQ youth</p>	<ul style="list-style-type: none"> ● In 2021, LGBTQ youth had statistically higher rates than their heterosexual/cisgender peers of past 30-day marijuana use in all four counties in the region, and statistically higher rates of alcohol use in Orleans County. ● LGBTQ youth are more than twice as likely to report feeling sad or hopeless in the past year, less likely to report feeling like they matter to their community, and twice as likely to report experiencing sexual and/or dating violence. 	<p>YRBS: (all for LGBTQ youth compared to all youth in county and Vermont)</p> <ul style="list-style-type: none"> -feel like they matter -felt sad or hopeless -past 30 day alcohol use -past 30 day marijuana use -past 30 day cigarette use -past 30 day prescription drug misuse -experienced physical dating violence in past year
<p>7. Create a community where youth and adults feel valued, connected, and supported</p>	<ul style="list-style-type: none"> ● Only around half of youth in the region report that they feel like they matter to people in the community, and this rate has been 	<p>YRBS:</p> <ul style="list-style-type: none"> -feel like they matter -felt sad or hopeless

Appendix B

	<p>declining in recent years in all but Essex County. The rate is also much lower (less than 40%) among LGBTQ youth.</p> <ul style="list-style-type: none"> ● More adults in Caledonia, Essex, and Orleans counties do not participate in any leisure time physical activity as compared to all Vermont adults. ● Adults in this region experience geographic and social isolation. ● Stigma is a barrier for accessing support/services for mental health and/or substance use 	<p>BRFSS:</p> <ul style="list-style-type: none"> -poor mental health -no leisure time activity
<p>8. Respond to emerging substance use related issues in the region with innovative strategies, including harm reduction approaches.</p>	<ul style="list-style-type: none"> ● Opioid overdose rates are rising in Vermont and in the region. There are also concerning trends related to medications like fentanyl, xylazine, and gabapentin being involved in overdose deaths, some of which do not respond to Narcan. ● It is important to raise awareness of other substances that may be causing harm to community members 	<ul style="list-style-type: none"> -Opioid-related overdose deaths -ED visits for non-fatal opioid overdoses -Rates of EMS calls involving Narcan
<p>9. Build substance use primary and secondary prevention capacity and infrastructure at the community and regional levels.</p>	<ul style="list-style-type: none"> ● Having strong capacity and infrastructure allows for a more effective response and approach to prevention goals and priorities 	<ul style="list-style-type: none"> -Increased understanding of prevention and collaboration with partners working on prevention (survey of subgrantees) -Prevention strategies at each level of the Vermont Prevention Model in each of the three health districts -Amount of prevention training and technical assistance provided