

2018 Community Health Needs Assessment

Examining the state of mental health and substance abuse in
Windham County, Vermont, and the State of Vermont



Brattleboro Retreat

brattlebororetreat.org

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Executive Summary

The Brattleboro Retreat conducted a community health needs assessment (CHNA) throughout 2018 to fulfill its legal obligation as mandated by the Patient Protection and Affordable Care Act (PPACA). In addition to ensuring compliance with state and federal regulations, this structured CHNA process also served as a means to engage a range of stakeholder groups throughout Vermont (the Retreat's primary service area) and to learn more about our citizens' most pressing mental health and addiction care concerns and needs.

The Brattleboro Retreat's 2018 CHNA was divided into two phases: Phase I for Windham County, and Phase II for the state of Vermont. For Phase I, the Retreat partnered with the county's other two hospitals, Grace Cottage Hospital and Brattleboro Memorial Hospital, to gather and assess both quantitative and qualitative data. The qualitative research included a county-wide survey along with outreach to area organizations for feedback on the health care needs of minority and underserved populations.

Phase I survey findings were presented at the September 24, 2018 Southeastern Vermont Accountable Communities for Health meeting, which was attended by representatives from many community-based health service organizations.

In Phase II (statewide), the Retreat gathered and assessed quantitative and qualitative data on mental health and addiction in the state of Vermont and consulted with the Vermont Department of Health. The Retreat conducted an online survey, which was distributed widely across the state to various stakeholder groups and to the general public.

Following collection of the qualitative and quantitative data, planners identified emerging community health needs, and flagged major themes and key findings worthy of attention in the Implementation Plan. Based on these key findings, planners at the Brattleboro Retreat established the following priorities:

- Mental/Psychiatric Health
- Addiction Treatment
- Access to Care.

Planners carried out this process by focusing only on needs and priority areas that fall within the mission and scope of the Brattleboro Retreat (i.e., mental health and addiction treatment) and that exist within the Retreat's capacity to make an impact. In the first quarter of 2019, planners at the Brattleboro Retreat will develop a three-year action plan to address our identified priority areas.

Background on the Brattleboro Retreat

The Brattleboro Retreat is a not-for-profit, regional specialty mental health and addictions treatment center providing a full range of diagnostic, therapeutic and rehabilitation services for individuals of all ages and their families.

Nationally recognized as a leader in the field, the Brattleboro Retreat offers a high-quality, individualized, comprehensive continuum of care including:

- inpatient programs for children, adolescents and adults
- specialized mental health and addiction inpatient treatment program for lesbian, gay, bisexual and transgender individuals
- partial hospitalization and intensive outpatient mental health and addiction treatment services for adults
- specialized trauma and addiction treatment for police officers, fire fighters, military personnel, veterans, emergency responders, corrections personnel and other uniformed service professionals
- specialized pain management program
- residential programs for children and adolescents
- outpatient mental health and addiction treatment for people of all ages.

The Retreat plays a vital role as a large provider of mental health and substance abuse services in New England. It treats people from throughout the area, accepts high numbers of Medicare and Medicaid funded patients, and provides services offered by few other hospitals. In 2017, 68.1 percent of the Retreat's funding came from public sources—22.4 percent from Medicare, 28.5 percent from adult Medicaid / state programs, and 17.2 percent from child and adolescent residential funding or Medicaid.

Introduction

The Retreat, a tax-exempt health care organization, is conducting a community health needs assessment (CHNA) to fulfill its legal obligation as mandated by the Patient Protection and Affordable Care Act (PPACA). This structured CHNA process not only provides the opportunity to maintain compliance, but it also serves as a means to engage the communities served and better understand their health care needs. The CHNA also provides an opportunity for the Retreat to examine current programs and services in the context of state and national benchmarks.

As mandated by the PPACA, the overarching view of the assessment and identification of the health needs must be taken from the perspective of the community. Participating health care organizations may utilize existing information and research conducted by public health agencies and not-for-profit organizations. Additionally, health care organizations may work in partnership with one another to complete the assessment.

According to the PPACA, the purpose of the CHNA is to identify the following:

- community needs, concerns and issues
- major risk factors and causes of ill health in the community

- resources required to meet the needs of the community
- health care organizations' priorities to meet the needs in their service areas
- target outreach programs for needed services
- services that community members would like to see offered or extended in their health care service area.

Although the Brattleboro Retreat is a specialty mental health and addiction treatment hospital, planners chose to conduct a portion of this CHNA in collaboration with medical hospitals in Windham County, Vermont in order to gain a better understanding of health as a state of complete physical, mental and social well-being. As stated by Dr. Brock Chisholm, the first Director-General of the World Health Organization (WHO), “without mental health there can be no true physical health.” (World Health Organization, 2013). Moreover, the Centers for Disease Control and Prevention maintain that many associations exist between mental illness, cardiovascular disease, diabetes, obesity, asthma and arthritis, among other chronic diseases (2012).

Description of the Community Served

The Brattleboro Retreat is located in Brattleboro, Vermont, which is in the southwestern corner of Vermont—on the border with both New Hampshire and Massachusetts. It is a small, rural town with a population of 11,487. The 2017 population estimate for Windham County is 55,100. The state of Vermont has an estimated population of 623,657. (U.S. Census, 2017)

The three hospitals located in Windham County, Vermont—Brattleboro Memorial Hospital (BMH), Grace Cottage Hospital (GCH) and the Brattleboro Retreat—together serve the rural population of southeastern Vermont. The specific geographic areas cover all of Windham County, Vermont and Bondville in Bennington County, Vermont. This area has a combined population of roughly 42,869. BMH and the Retreat also serve some towns in southwestern New Hampshire, and the total combined population of these areas is approximately 75,774 (Cheshire County, NH).

The Brattleboro Retreat is the only mental health and addiction specialty hospital in Vermont and one of the few in New England. In Vermont, only four private medical hospitals have psychiatric units. The Retreat operates roughly the same number of beds as the other four hospitals combined, making it the largest provider of inpatient psychiatric services in the state. The Retreat is also the only mental health hospital in Vermont for children and adolescents who require inpatient care.

As a regional specialty hospital, the Retreat draws patients from a large and diverse catchment area: across Vermont and throughout the greater New England area and beyond. Over half of patients in inpatient care come from within the state of Vermont, followed by Massachusetts, New Hampshire, New York, and Connecticut. (Though there are patients from across the country that receive inpatient care from the Brattleboro Retreat). The Retreat's service area is extremely diverse in terms of geography and socioeconomic indicators. Included in this expansive area are urban, suburban and rural communities with varying degrees of education, economic

opportunities, and access to health services and treatment. Furthermore, these populations perceive health, namely mental health, differently.

In 2017, the Retreat provided ambulatory services to more than 2,863 individuals, well over 50% from the state of Vermont. These services include outpatient counseling services in the Anna Marsh Clinic; partial hospitalization and intensive outpatient mental health and addiction treatment programs in the Birches Treatment Center; outpatient and intensive outpatient addiction treatment in Starting Now; outpatient services in the Mind-Body Pain Management Clinic; and specialized treatment services for police officers, fire fighters, veterans and other uniformed professionals in the Uniformed Service Program.

Process

Because the Retreat has a diverse and extensive service area, the Retreat chose to define its service area at both the county and state levels, assessing the health needs of both areas. By assessing health status at both the county and state levels, planners gained a detailed understanding of the needs of the local populations as well as a broader assessment of Vermont. The CHNA was therefore divided into two phases: Phase I for Windham County and Phase II for the state of Vermont.

For Phase I (Windham County), the Retreat partnered with Grace Cottage Hospital and Brattleboro Memorial Hospital to gather and assess both quantitative and qualitative data. The three health care organizations developed a steering committee, made up of representatives from each of the hospitals as well as from the Vermont Department of Health, Brattleboro Office, to guide the qualitative research and collect and analyze the quantitative data. In October 2017, the Windham County Community Health Needs Assessment (CHNA) Steering Committee formed and began meeting. The group met eight times to move the project forward. Data collection occurred between November 2017 through May 2018 for Phase I (Windham County). The 2018 Windham County CHNA Steering Committee planned and conducted qualitative research, which included a county-wide survey and a reaching out to organizations in the community on health care needs of minority and underserved populations. The resident surveys were available throughout the month of March 2018. The findings were presented at the Southeastern Vermont Accountable Communities for Health meeting in September 2018 to many human service organizations in the Windham County in attendance.

In Phase II (statewide), the Retreat gathered and assessed quantitative and qualitative data on mental health and addiction in the state of Vermont and consulted with the Vermont Department of Health. The Retreat conducted an online survey, which was distributed widely across the state to various stakeholder groups and to the general public.

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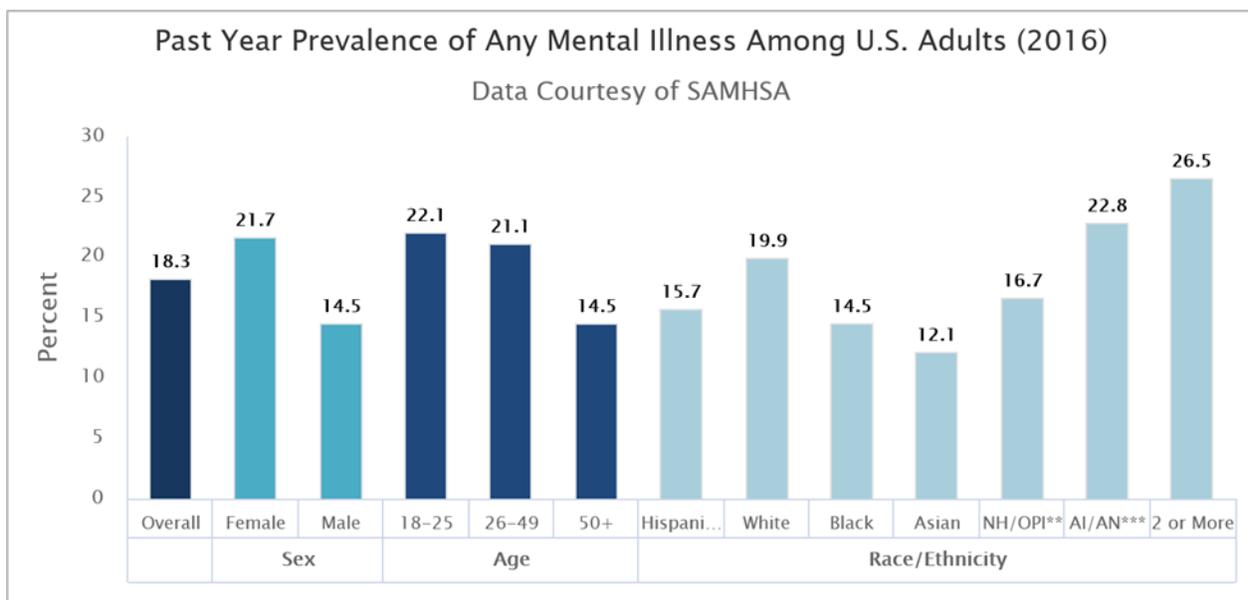
Quantitative Data

Given the purpose and scope of the Brattleboro Retreat’s CHNA, data that is pertinent to the state of mental health and addiction is here in the body of the report. The data in its entirety is in the Appendix, in Section A.

Mental Health

Mental and emotional health are critical to general health. While some people with mental health problems are publicized in high-profile cases, mental health issues more often remain hidden. One main reason for this is the stigma attached to mental illness. People can understand diabetes or a broken leg, but depression, anxiety, and other challenges are harder to see and understand. Individuals may have symptoms, but the reasons behind those symptoms are not always clear.

According to the National Institute of Mental Health, nearly one in five US adults lives with a mental illness (44.7 million in 2016). Mental illnesses include many different conditions that vary in degree of severity, ranging from mild to moderate to severe. In Vermont 19.39% of adults aged 18 or older experienced Any Mental Illness (AMI) in 2011 and 2012 based on the 2011 and 2012 National Surveys on Drug Use and Health. (AMI is defined as the presence of any mental, behavioral, or emotional disorder in the past year that met DSM-IV criteria.)

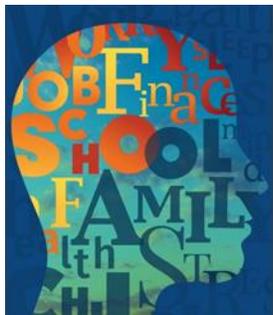


Jilisa Snyder, Ph.D., is Clinical Director at the Brattleboro Retreat's Anna Marsh Clinic. She has written about the hidden aspects of mental health, including the following: "Telling someone experiencing a major depression to 'pick yourself up by your bootstraps' or, for a person struggling PTSD to 'get over it,' is like telling a runner with a broken leg to 'just rise up and finish that marathon.' We can see and appreciate the casted leg. But we often do not see or understand the signs and symptoms of a mental illness—sometimes because people feel ... profuse shame, and cannot show outward signs of their suffering. Yet mental health is as real and authentic as any other aspect of one's health. ... Mental illness arises from vulnerabilities due to the interplay of genetic, biochemical, relational, and environmental factors, not personal weakness. ..."

Two of the most prevalent mental illnesses are anxiety and depression.

Anxiety Disorders:

Anxiety is a natural reaction to stress. At normal levels, it may help to motivate and improve performance. But when anxiety interferes with the ability to meet personal, professional and community responsibilities, it may be at the level of a serious but treatable mental illness. Anxiety may be caused by something specific, it may occur suddenly, or it may be a generalized long-term tendency to worry.

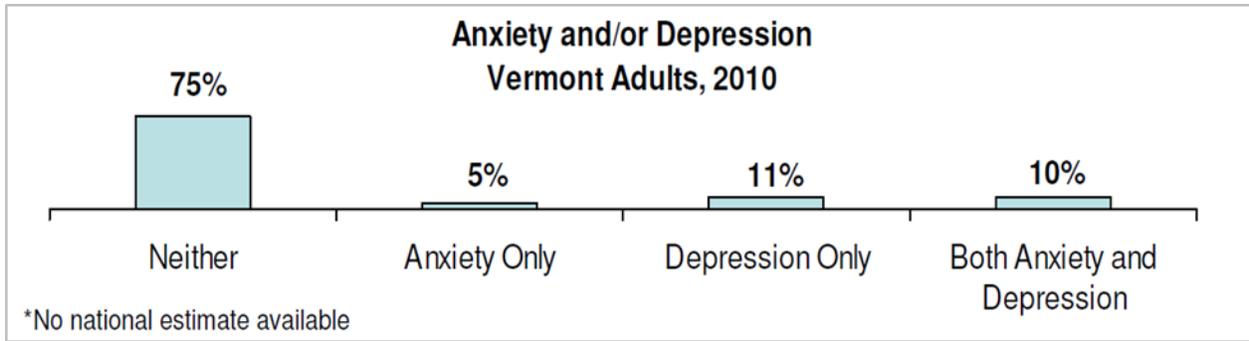


When the length of time or intensity of anxious feelings gets out of proportion to the original stressor, it can cause physical symptoms including fatigue, insomnia, muscle aches, sweating, and nausea or diarrhea. These responses move beyond anxiety into an anxiety disorder. There are six main types of anxiety disorders that include: generalized anxiety disorder, panic disorder, phobia, social anxiety disorder, obsessive-compulsive disorder (OCD), post-traumatic stress disorder (PTSD), and separation anxiety disorder.

People with PTSD suffer from anxiety as a response to experiencing or witnessing a traumatic event, such as war, natural disasters, assault, serious accident, or an unexpected death. It can affect children as well as adults, causing sleep problems, a tendency toward angry outbursts, and other issues.

According to Medical News Today, anxiety disorders affect 40 million people (18% of the population) in the U.S. It is the most common group of mental illnesses in the country. However, only 36.9% of people with the condition receive treatment. Anxiety disorders typically develop in childhood and persist into adulthood.

In Vermont, 25% of Vermont adults said they have anxiety and/or depression in 2010, according to the Vermont Department of Health's most recent Vermont Behavioral Risk Factor Surveillance System 2010 Data Summary. Of these, 11% had depression, 10% had both anxiety and depression, and 5% had anxiety only.

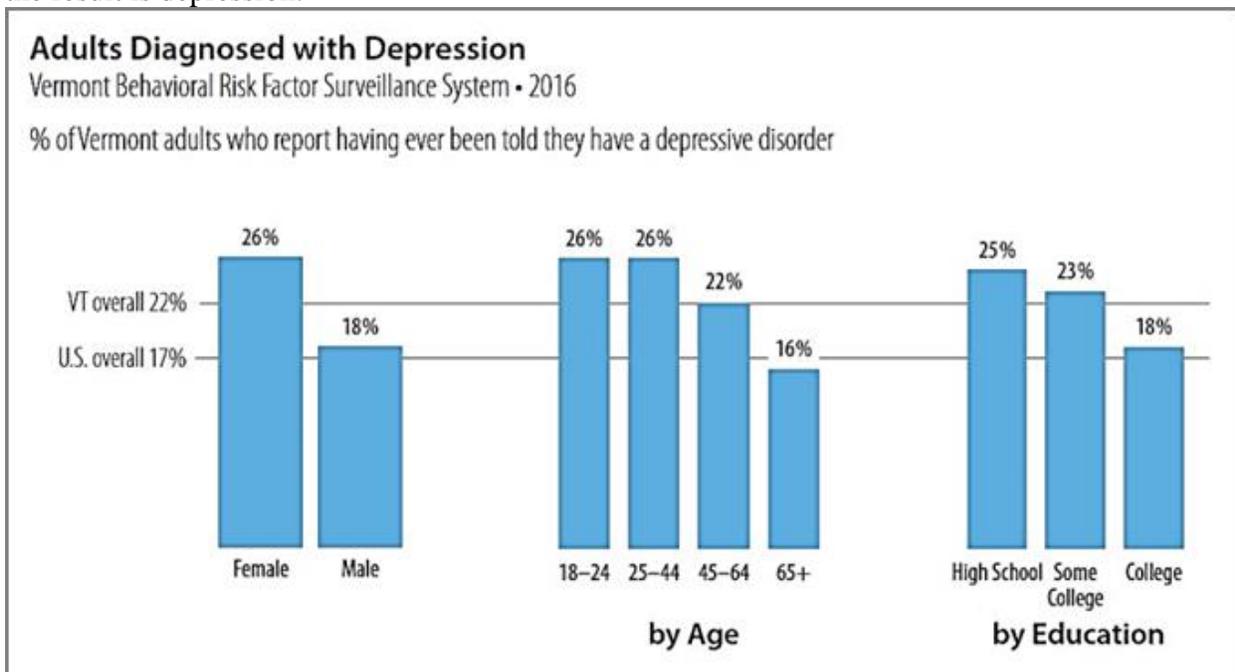


Anxiety disorders can affect one’s physical health, job performance, relationships, and overall enjoyment of life. It can also increase the risk for other mental health problems, such as depression, substance abuse, eating disorders, and thoughts about or actual attempts of suicide.

Sources: <https://www.brattlebororetreat.org/articles/stepping-forward-courage-thoughts-ending-stigma-during-mental-illness-awareness-week>; <https://www.nimh.nih.gov/health/topics/anxiety-disorders/index.shtml?rf=32471>; <https://www.nimh.nih.gov/health/publications/post-traumatic-stress-disorder-ptsd/index.shtml>; <https://www.medicalnewstoday.com/info/anxiety>; <https://www.samhsa.gov/disorders/mental>; <https://www.nimh.nih.gov/health/topics/anxiety-disorders/index.shtml>; <https://www.nimh.nih.gov/health/statistics/mental-illness.shtml>; [https://www.samhsa.gov/data/sites/default/files/sr170-mental-illness-state-estimates-2014/sr170-mental-illness-state-estimates-2014.htm](https://www.samhsa.gov/data/sites/default/files/sr170-mental-illness-state-estimates-2014/sr170-mental-illness-state-estimates-2014/sr170-mental-illness-state-estimates-2014.htm); https://www.samhsa.gov/data/sites/default/files/2015_Vermont_BHBarometer.pdf; http://www.healthvermont.gov/sites/default/files/documents/2016/12/summary_brfss_2010.pdf
 Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (February 28, 2014). *The NSDUH Report: State Estimates of Adult Mental Illness from the 2011 and 2012 National Surveys on Drug Use and Health*. Rockville, MD

Depression:

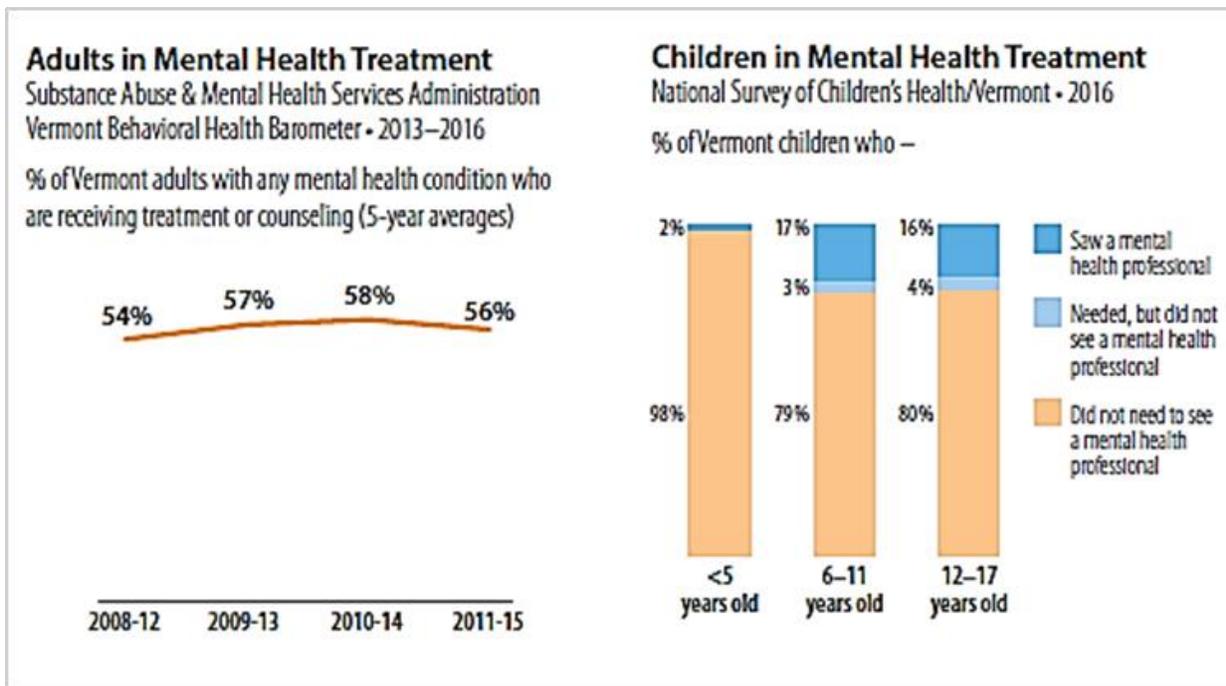
Stress is a risk to health that is difficult to quantify, but anyone who lives with great stress from day to day knows the toll it can take on one’s energy, mental outlook and quality of life. Often, the result is depression.



According to the National Institute of Mental Health, depression is a common but serious mood disorder, causing severe symptoms that affect how you feel, think and handle daily life: socializing, sleeping, eating, or working. A depressive disorder is not a passing blue mood but rather persistent feelings of sadness and worthlessness. To be diagnosed with depression, a person’s symptoms must be present for at least two weeks.

In 2016, approximately 13% of Vermont children age 6 to 17 had a diagnosis of anxiety, and 4% had a diagnosis of depression. A small percentage of children who need to see a mental health professional were not able to get care. For those age 6 and older, about half who sought care had a diagnosable problem. Approximately half of all adults who have been diagnosed with a mental health condition are in treatment or counseling. Over the past decade, the percentage of adults diagnosed with depression has remained between 20-23%.

The Vermont Department of Health assesses the prevalence of mental health diagnoses in adult Vermonters by conducting the “Behavioral Risk Factor Surveillance System” survey every other year, and by conducting the “Youth Risk Behavior Survey” every two years. The county data above comes from those surveys.



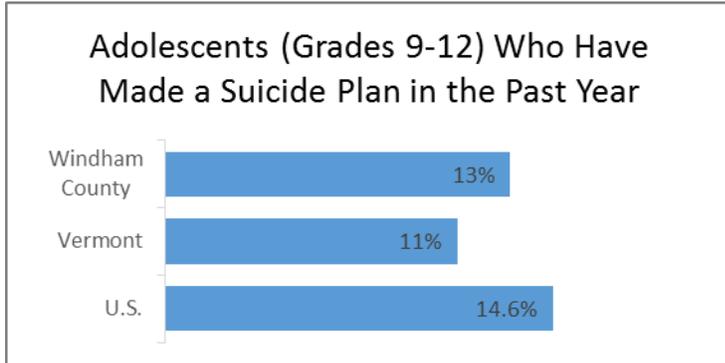
Sources: <http://www.healthvermont.gov/ia/CHNA/County/atlas.html>;
http://www.healthvermont.gov/sites/default/files/documents/pdf/6%20Chronic%20Disease_0.pdf

Suicide:

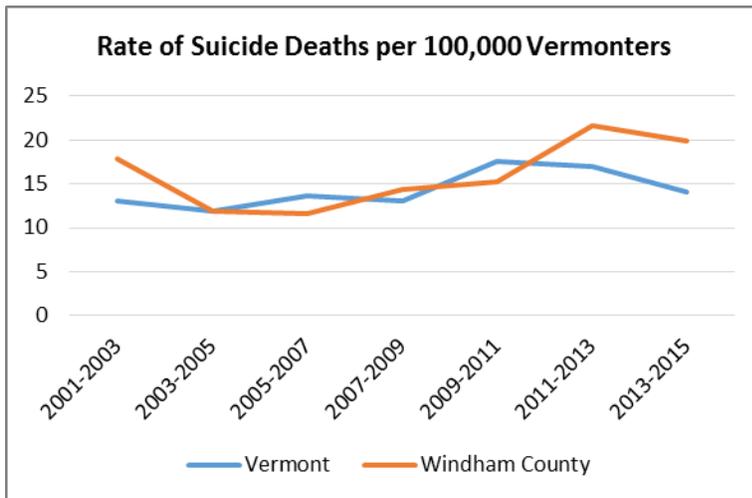
Suicide is a leading cause of death for all ages, both nationally and in Vermont. When someone takes his/her/their own life, it also has a devastating effect on families and communities.

Windham County's rate of suicide has been higher than the state's for several years.

The number of Vermont teens who have made a suicide plan is also higher in Windham County. Teen suicide is a real concern in Vermont, and many organizations, schools and mental health agencies have led communities to become more aware of the issue and to support families and friends after an event of suicide.



Data sources: above 2017 YBRS; below: VDH CHNA Health Atlas



According to the most recent YBRS, one in ten students in grades 7 to 12 made a suicide plan during the past 12 months; 5% of students attempted suicide during that same time frame.

Following a decrease in the percent of students who reported making a suicide plan from 1995 to 2005, the percent of students making a suicide plan has significantly increased since 2007. While the percent of students making a suicide plan significantly decreased between 2015 and 2017, it still remains above the HV2020 Goal of 8%.

Veterans and youth identifying as Lesbian, Gay, Bisexual, Transgender, or Questioning are more likely to attempt or succeed at suicide.

Suicide may not be predictable, but people who are considering suicide may display signs such as alcohol or drug abuse; mental health issues such as depression; physical illness such as a chronic disease; financial troubles; or problems at home, school or in the workplace.

To prevent suicide, Vermonters must work together to support youth and adults who are in crisis, offering both hope and help.

Sources: http://www.healthvermont.gov/sites/default/files/documents/pdf/CHS_YRBS_WindhamCounty.pdf;
<http://www.healthvermont.gov/sites/default/files/documents/pdf/HV2020QuickReference.pdf>;
<http://www.healthvermont.gov/children-youth-families/adolescent-health/prevent-teen-suicide>; <http://vtspc.org/what-we-know-about-suicide-nationally-and-in-vermont/>; <http://www.healthvermont.gov/ia/CHNA/County/atlas.html>;
<https://www.cdc.gov/healthyyouth/data/yrbs/pdf/trendsreport.pdf>

Substance Use and Abuse

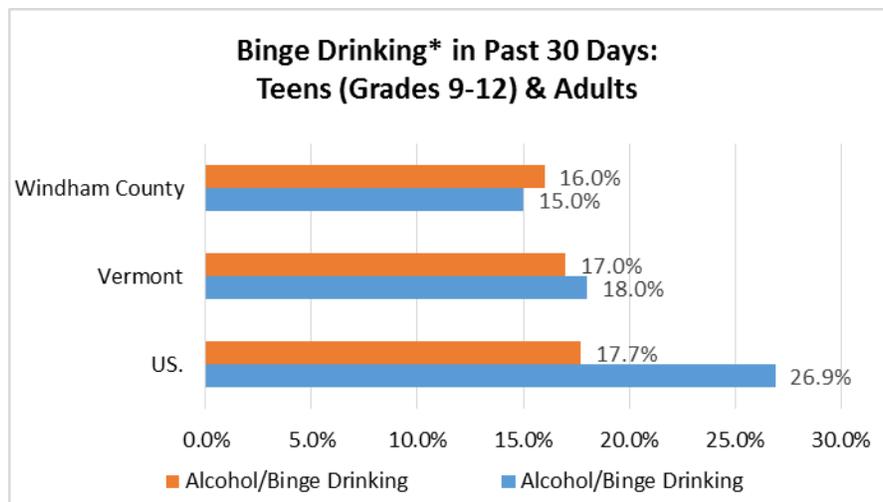
There are many reasons why people use alcohol, tobacco and other drugs: to relieve physical or psychological pain, to counter stress, to alter traumatic experiences or feelings of hopelessness. Prioritizing future health over immediate needs is especially difficult in the face of multiple daily stressors and pervasive marketing that can make it seem as if alcohol or drugs will make life easier.

Addiction is not a choice or a moral failing. Some people are genetically prone to addiction, and this in itself is a risk factor in developing a substance use disorder. As a chronic illness, addiction becomes a physiological and psychological need. Quitting or seeking treatment is never easy, and relapse is common, but many people do find a path to recovery. Adding to the stress of behavior change is the feeling of isolation that may come from avoiding friends or situations that may trigger smoking, drinking or drug use.

Alcohol

An estimated 33,000 Vermonters are in need of, but have not sought treatment for, alcohol use disorder.

The age at which a young person starts drinking strongly predicts alcohol dependence later in life. The percentage of high school students who currently drink (one or more drinks in the past month) has decreased significantly—from 42% in 2005 to 30% in 2015.



*Note: Binge drinking is defined as 4+ drinks in one sitting for women; 5+ drinks in one sitting for men. Windham County and VT adolescent data are from 2017 YBRs; county and state adult data are from VDH 2016 CHNA Health Atlas; U.S. data is from 2015 Healthy Vermonters 2020. Quick Reference.

However, the incidence of binge drinking is still a concern. The CDC recently revised its definition of binge drinking, making it gender-specific. (See note, above.)

By middle school, 2% of Vermont students binge drink. By high school, 16% of them binge drink. One in three adults age 18 to 24 binge drinks, and 5% of older adults age 65+ binge drinks.

The medical diagnosis for problem drinking that becomes severe is “alcohol use disorder” – a chronic relapsing brain disease characterized by compulsive alcohol use, loss of control regarding intake, and a negative emotional state when not using.

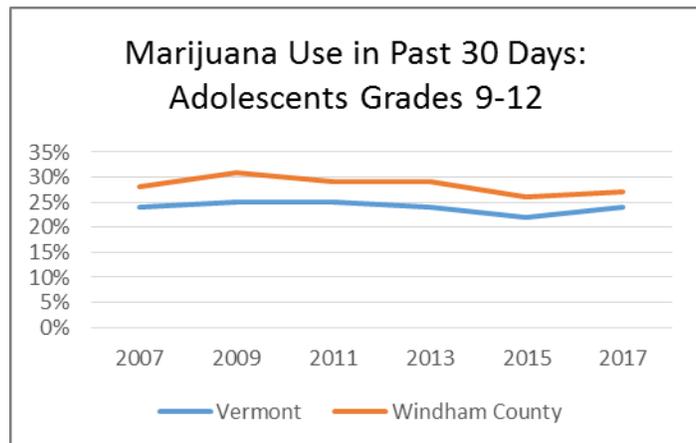
Older adults are more susceptible to the health risks of alcohol use due to physiological changes, any chronic disease they may have, or some medications they take. Excessive alcohol use can increase the risk for dementia. One in four (25%) Vermonters age 65+ engage in risky alcohol use, higher than the U.S. average of 19%. Risky drinking for this age group (65+) is two or more drinks on one occasion for females, three or more for males. In contrast to other risk behaviors, older adults with higher incomes and education are more likely to engage in risky drinking compared to those with lower incomes and less education.

Sources: <http://www.healthvermont.gov/ia/CHNA/County/atlas.html>
http://www.healthvermont.gov/sites/default/files/documents/pdf/6%20Chronic%20Disease_0.pdf

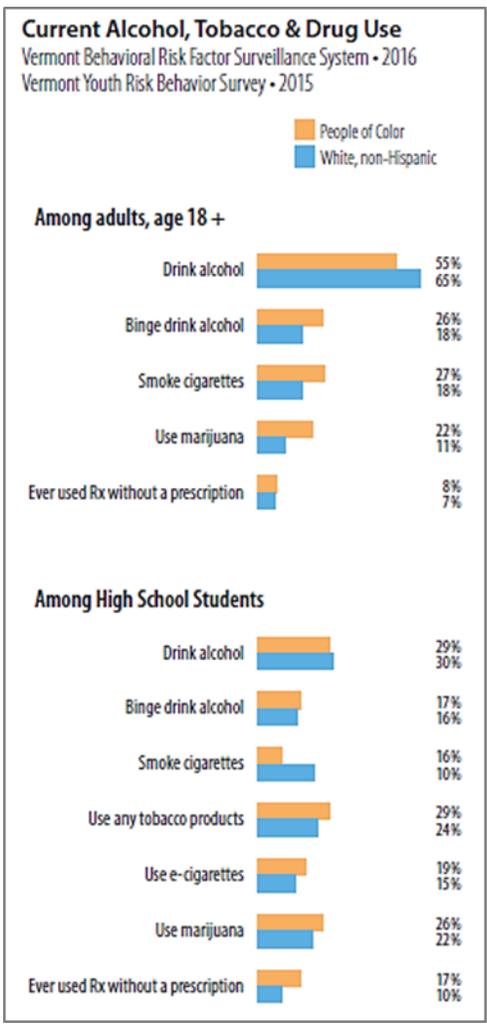
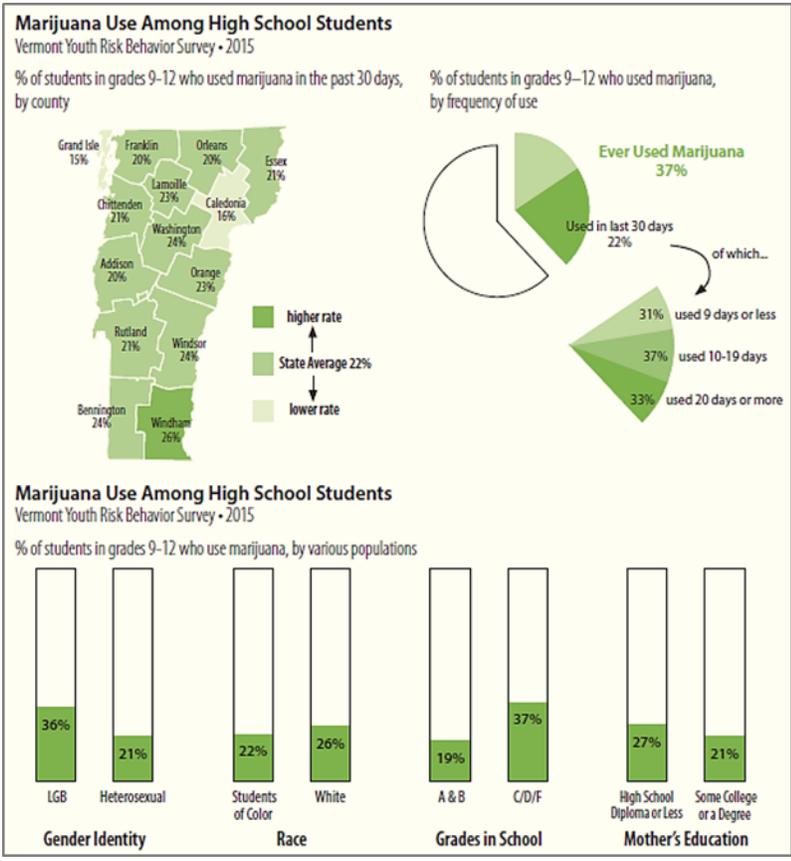
Marijuana

Perceptions of risk and community acceptance strongly influence behavior. Among high school students, more than 75% think it is wrong or very wrong for someone their age to smoke cigarettes, yet only 50% think it is wrong or very wrong to use marijuana or to drink.

More Vermonters drink alcohol and use marijuana compared to the overall U.S. population.

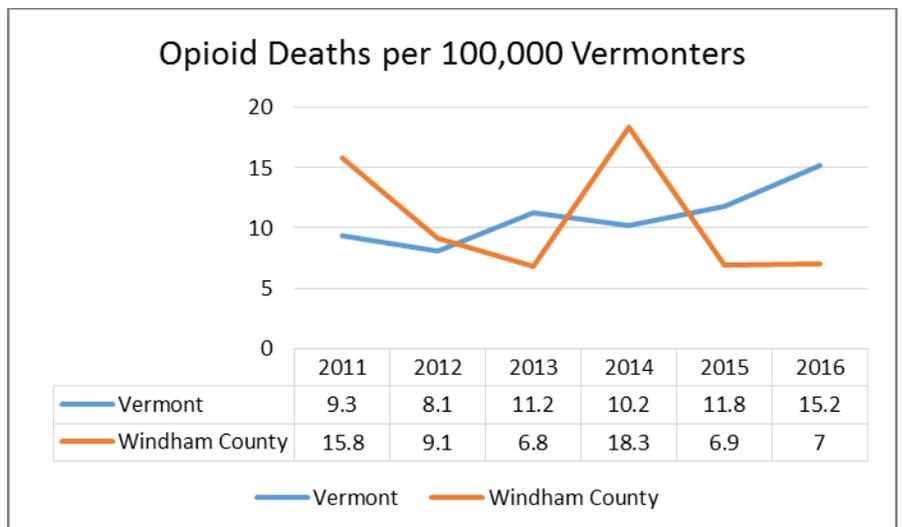


For Vermonters age 12+, alcohol is by far more commonly used than marijuana or any other drug. However, the county’s teen use of marijuana is higher than the statewide average. It will be important to note any changes in rates of marijuana use after July 1, 2018, when recreational marijuana use became legal in Vermont.



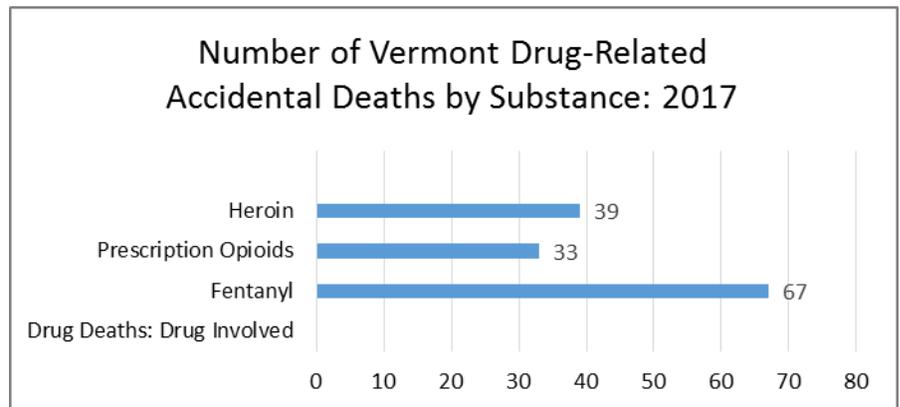
Opioids

Communities all across the state of Vermont, and across the nation, have been facing the challenge of opioid addiction. Anyone can become addicted to these powerful drugs, and opioid addiction is a lifelong problem. It can start with just one prescription or one dose. The number of drug-related deaths, especially those associated with opioids, are being constantly monitored



and are still a great concern in Vermont. The rate of fentanyl-related deaths has increased eightfold since 2011, from 8% in 2011 to 64% in 2017.

The Vermont Department of Health's Division of Alcohol & Drug Abuse has selected measures to be used to gauge progress, recognizing that many of the measures reflect long-term goals that involve multiple systems and providers – and it will take time and a coordinated effort to effect change. The focus is on prevention, intervention, treatment and recovery.



National data shows that Vermont has one of the highest percentages of illegal drug use in the country. The illegal drugs these data examines are: cocaine (including crack); heroin; hallucinogens; inhalants; and prescription drug misuse. In addition to immediate effects, those who use illegal drugs are more likely to get sick from diseases like stroke and cancer. It is important to look at the reasons why more Vermonters are using illegal drugs than citizens in most other states. The Department of Health is monitoring how our efforts are making a positive difference with illegal drug use, especially among young people in Vermont.

Children and youth have a higher risk of future addiction if they misuse substances when they are young. Therefore, the VT Department's Division of Alcohol & Drug Abuse has established priorities related to reducing the rate of underage drinking, prescription drug misuse, and marijuana use. Seven percent of Windham County's high-school teens report having misused prescription pain medications, and 8% reported misusing stimulants in the most recent YBRS.

Sources: http://www.healthvermont.gov/sites/default/files/documents/pdf/ADAP_Annual_Overview.pdf;
<http://www.healthvermont.gov/ia/CHNA/County/atlas.html>; <http://www.healthvermont.gov/scorecard-opioids>;
<http://www.healthvermont.gov/alcohol-drug-abuse/alcohol-drugs/heroin-and-other-drugs>;
http://www.healthvermont.gov/sites/default/files/documents/pdf/CHS_YBRS_WindhamCounty.pdf

Phase I: Windham County

The Brattleboro Retreat conducted CHNA Phase I for Windham County in partnership with Brattleboro Memorial Hospital and Grace Cottage Hospital. In October 2017, the Windham County Community Health Needs Assessment (CHNA) Steering Committee formed and began meeting.

The Steering Committee was comprised of representatives from:

- Brattleboro Memorial Hospital
- Brattleboro Retreat

- Grace Cottage Family Health and Hospital
- Vermont Department of Health, Brattleboro District Office

From October 2017 through August 2018, the group met eight times to move the project forward. The data collection process took place from November 2017 through May 2018. The resident surveys were available throughout the month of March 2018 for Phase 1: Windham County.

Sources of Data

This report consists of four primary sources of information:

- Demographic, geographic, economic, and Population Health data gathered on Windham County residents from a variety of sources, mostly accessed through the Vermont Department of Health's online databank
- Community Health Needs Survey results (See survey in the Appendix)
- Completed questionnaires submitted by groups and agencies representing unique populations of Windham County residents (potentially medically-underserved populations.)

Process for Consulting with Persons Representing the Community's Interest

The 2018 CHNA Steering Committee made significant effort to assure that the needs and concerns of all segments of the Windham County population were heard.

In the following section of this report, details are provided regarding the outreach efforts made to assure that residents of all towns, and individuals of all demographic profiles had the opportunity to take the Community Health Needs survey in written form or online.

Additionally, in the appendix of this report, information is provided from representatives of eleven social service agencies and non-profit groups who were asked to identify the needs of the people in the community they serve, their barriers to achieving good health and well-being, and the resources available in the community to address their needs and barriers.

2018 Community Health Needs Survey – Windham County

The Steering Committee prepared a short, 12-question survey (see Appendix, Section D). The survey questions were identical to the questions asked in 2015, though some of the answer options were different in 2018.

The survey was made available in paper form and online from March 1 – March 31, 2018.

In order to get a broad representation of all community residents, many efforts were made. First, surveys were made available at each Windham County’s Town Meetings. Survey boxes were also available at each of the County’s three hospitals, at the Vermont Department of Health, Brattleboro Office, and at various additional locations. See the list in the chart to the right.

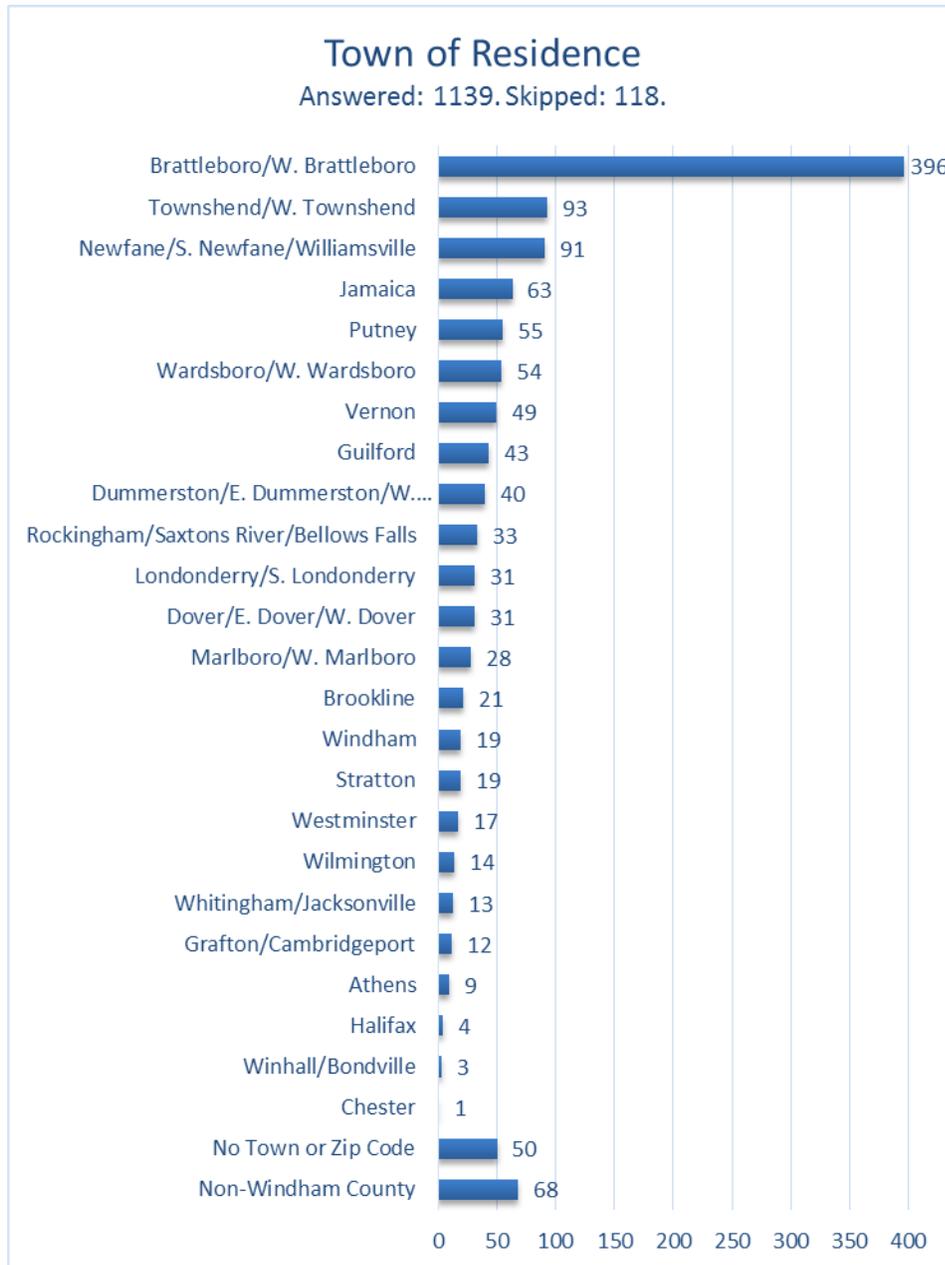
The online survey was promoted with a series of press releases in February and March in all local media outlets, and through social media including Facebook, Twitter, and the Front Porch Forum.

The 2017 Census reports a population for Windham County of 42, 869. Total number of survey respondents was 1,257, up from 699 in 2015.

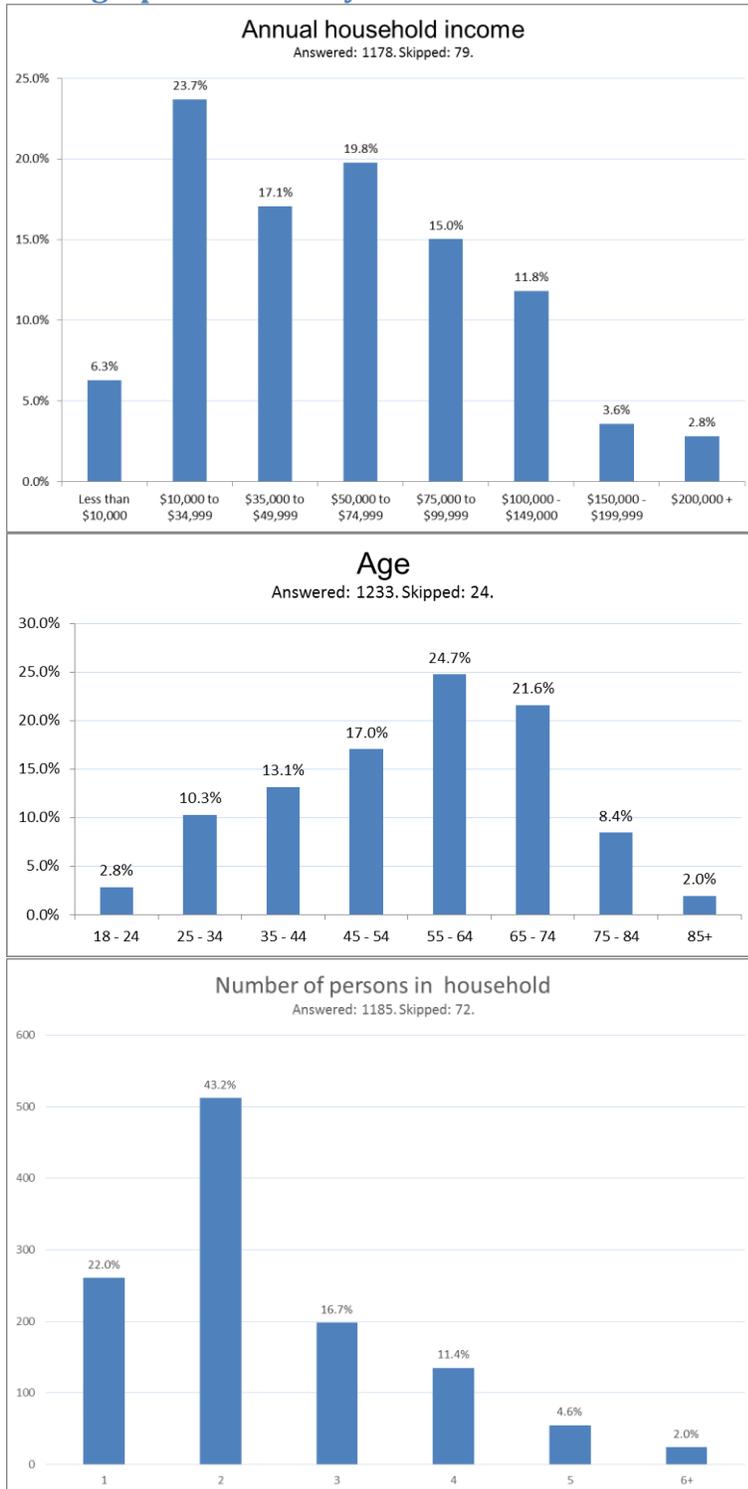
2018 CHNA Survey Collection	
Paper Surveys:	
LOCATION/SOURCE	EST. #
ATHENS TOWN MEETING	4
BRATTLEBORO TOWN MEETING	14
DOVER TOWN MEETING	18
GRAFTON TOWN MEETING	6
JAMAICA TOWN MEETING	37
LONDONDERRY TOWN MEETING	28
NEWFANE TOWN MEETING	14
S. NEWFANE/WINDHAM TOWN MEETING	22
STRATTON TOWN MEETING	16
TOWNSHEND TOWN MEETING	30
WARDSBORO TOWN MEETING	44
WILMINGTON TOWN MEETING	7
BMH CAMPUS	75
GC CAMPUS CAMPUS	67
GC CHT OUTREACH COORDINATOR	16
BRATTLEBORO RETREAT	12
VALLEY CARES	15
SOV - WIC/ECON SERVS.	36
CCV CAMPUS	12
LOAVES & FISHES MEAL SITE	18
THE WINSTON L. PROUTY CENTER	2
APSV	8
OTHER/MISC.	20
Total Paper Survey Completed:	521
Total Individual Online Surveys Completed:	736
Total 2018 CHNA Surveys Completed:	1257

Residence of Survey Takers

With the exception of Somerset, an unincorporated township with a population of 3, every town in Windham County was represented in the survey results. The number of survey-takers per town is listed below. Roughly 92% of all respondents are Windham County residents.



Demographics of Survey Takers



By and large, the demographics of the 1,257 respondents of the 2018 CHNA survey are representative of the Windham County population. A few exceptions are noted below.

Age:

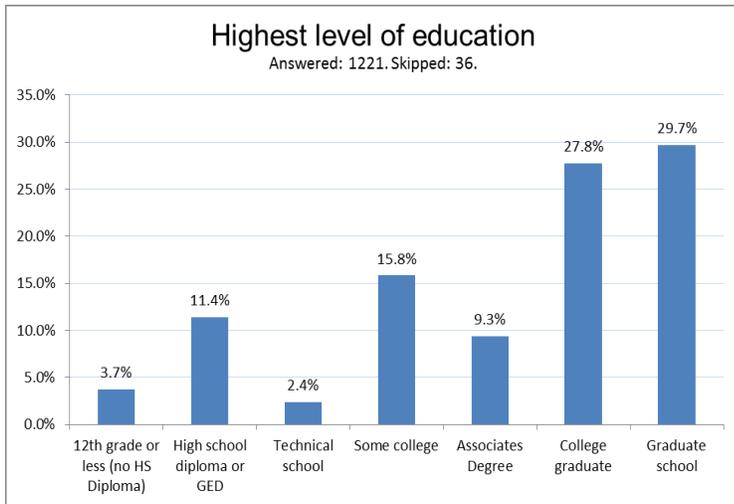
Windham County has more people in the 18-24 and the 85+ categories, and fewer residents in the 55-64 and 65-74 categories as compared to the survey respondents. *(Based on 2016 VDH population estimates.)*

Household Income:

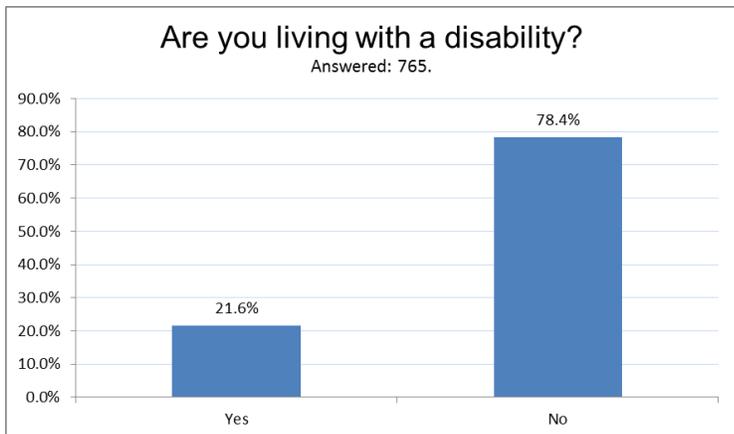
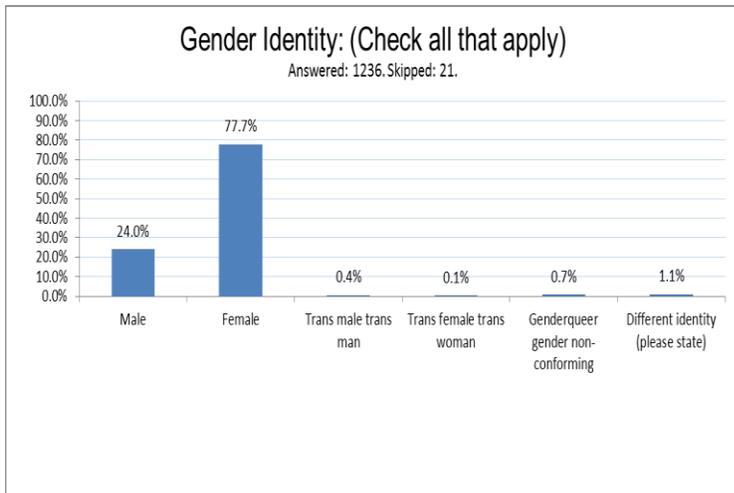
The income profile of the survey respondents is very close to the actual population with one exception: there are more households in the \$10,000-\$34,999 range county-wide. *(Based on US Census data, 2016.)*

Number in Household:

Again, the survey results are quite similar to Windham County statistics. The average household size of CHNA Survey respondents is 2.4. Throughout Windham County, the average size is 2.2. *(Based on US Census data, 2016.)*



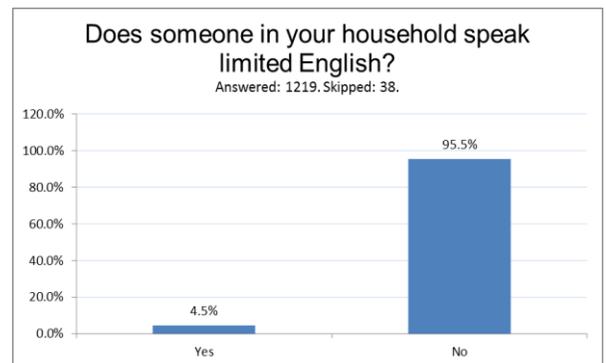
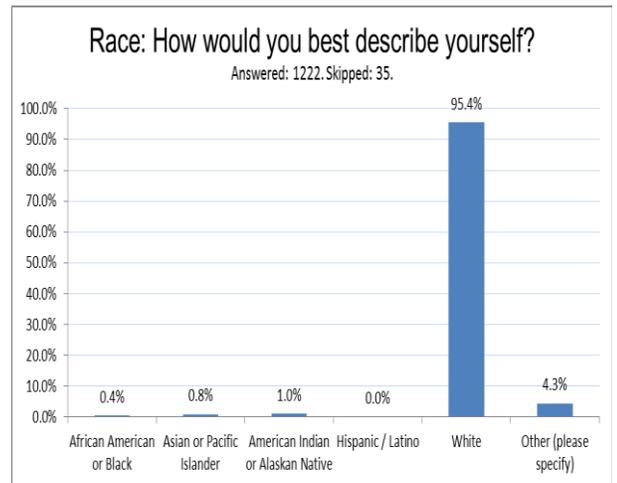
Note: Comparable data on Windham County residents who are transgender or living with a self-described disability are not available.



Education: While the income levels of survey respondents and the population as a whole are very similar, survey respondents are much more highly educated. In Windham County, 57.5% of respondents hold college degrees compared to only 35.3%. (Source: US Census, 2016; WC, age 25+)

Gender: While the gender ratio of Windham County is close to 50/50, more females than males took the survey. However note the survey-takers were representing the needs of themselves and their families.

People of Color: The percent of people of color survey-takers is small, comparable to the population of Windham County.



2018 CHNA Survey Results:

Beyond the demographic questions, survey-takers were asked three questions, identical to the questions asked in the 2015 survey:

Question 1: What are the most significant health issues or concerns facing you and your family?

Question 2: What are the most significant health issues or concerns facing your neighbors or your community?

Question 3: What most prevents you and your family from attaining good health and well-being?

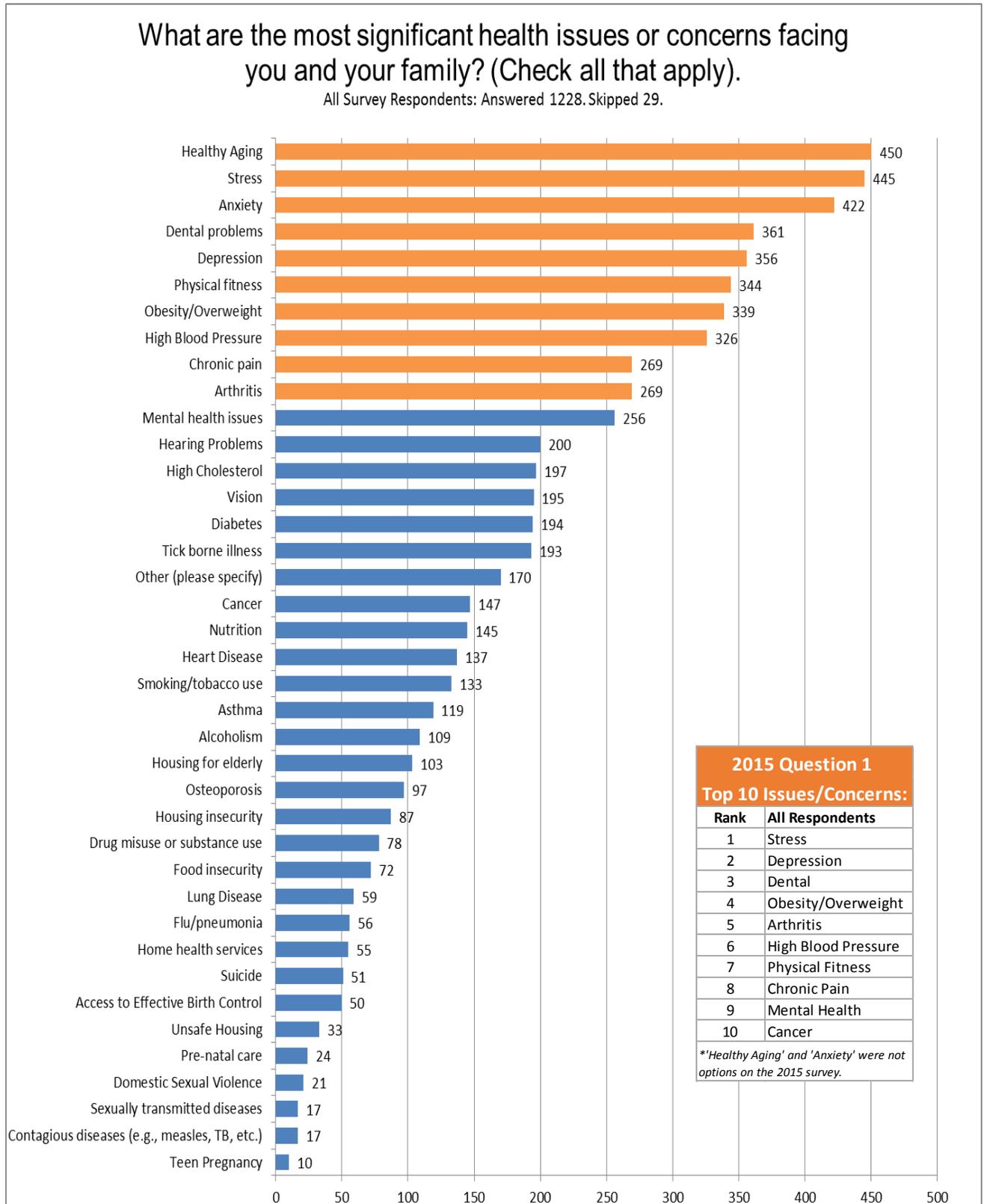
In each instance, they were offered the ability to ‘check all that apply’. The answers to these questions are shown on the following pages by ranking, with the Top 10 displayed in orange. Note that while the questions were identical to those posed in 2015, survey-takers were given more options to choose from, including ‘Healthy Aging’, ‘Anxiety’, and ‘Housing Insecurity.’

Note that answers are provided for different segments of the survey population:

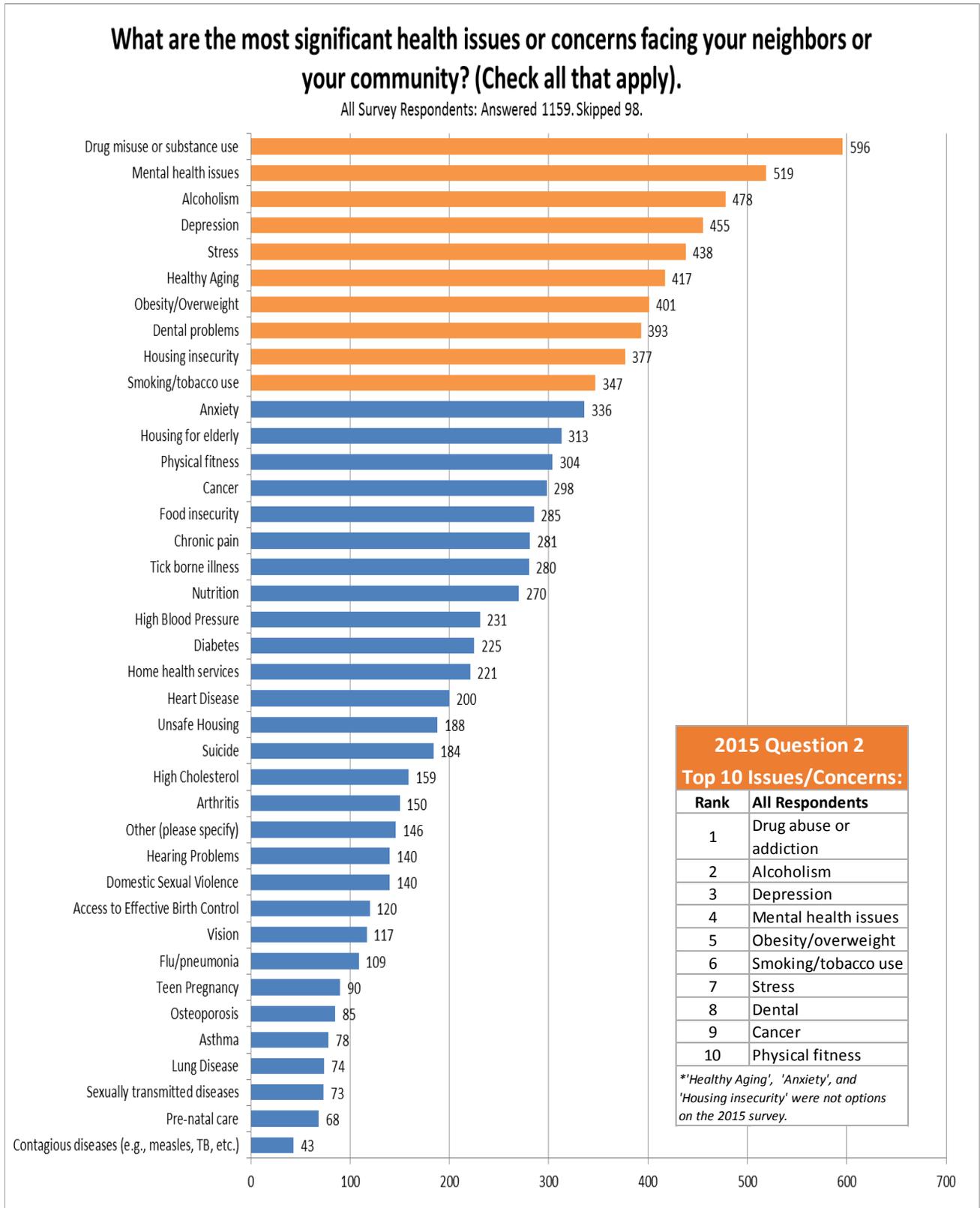
- **All Respondents**
- **Medically Underserved Respondents**
- **Senior Respondents**
- **Low Income Respondents**

We did not provide segmented responses based on race or gender non-conformity as the total number of respondents in these categories was too low for fair analysis. The concerns of these groups were merged in the pages reflecting the ‘Potentially Medically Underserved’ population.

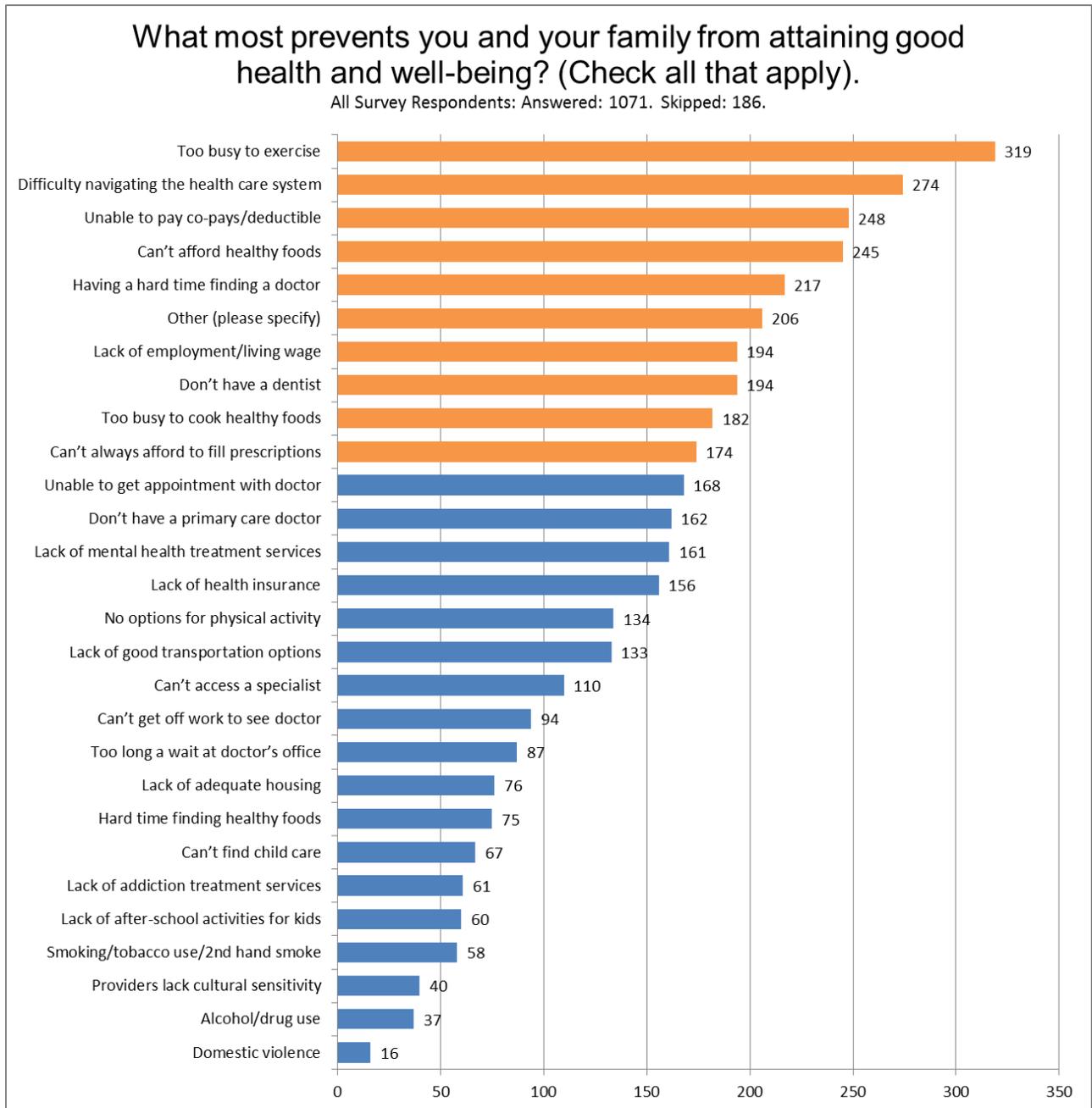
2018 CHNA Question 1: All Respondents



2018 CHNA Question 2: All Respondents



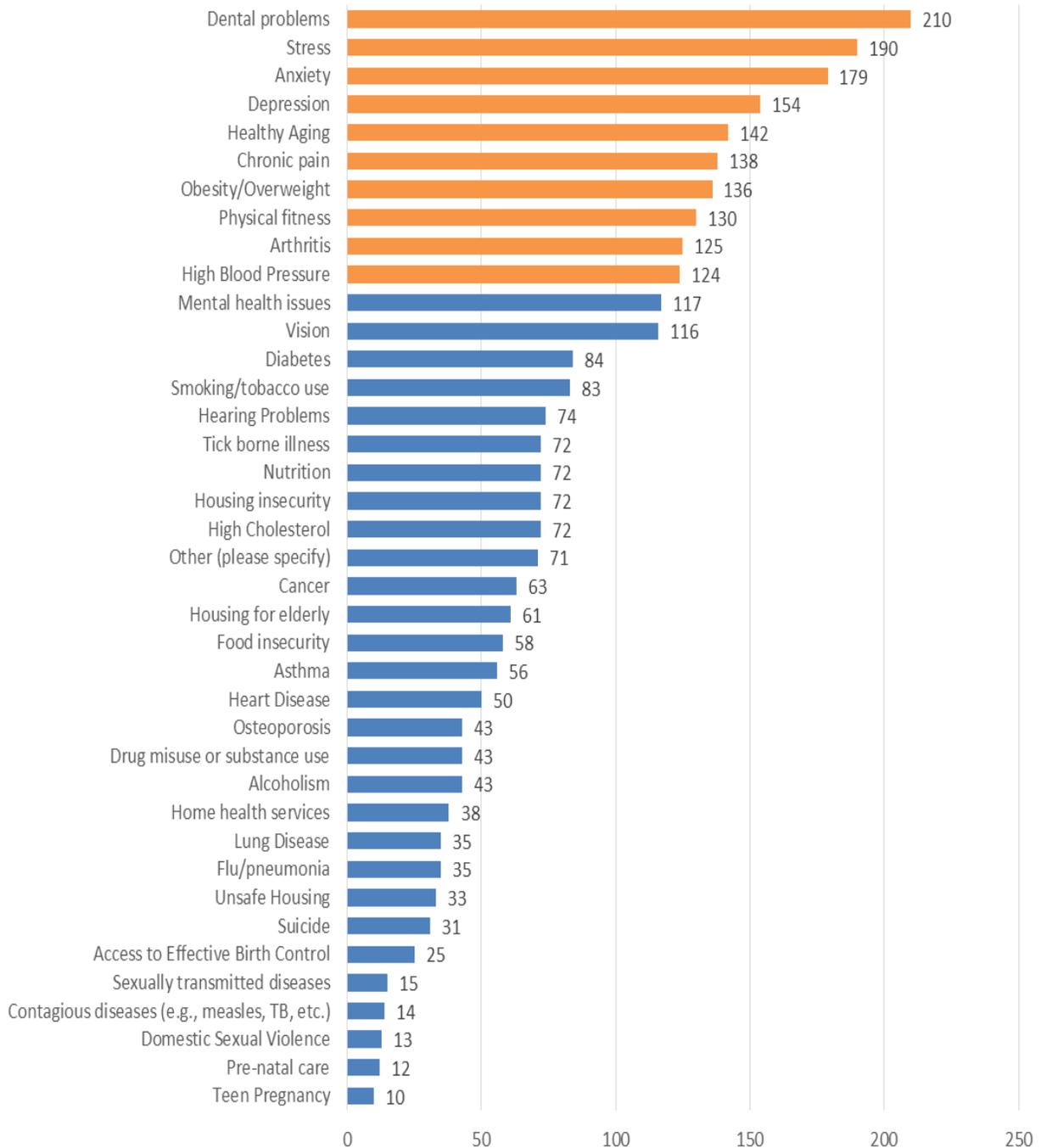
2018 CHNA Question 3: All Respondents



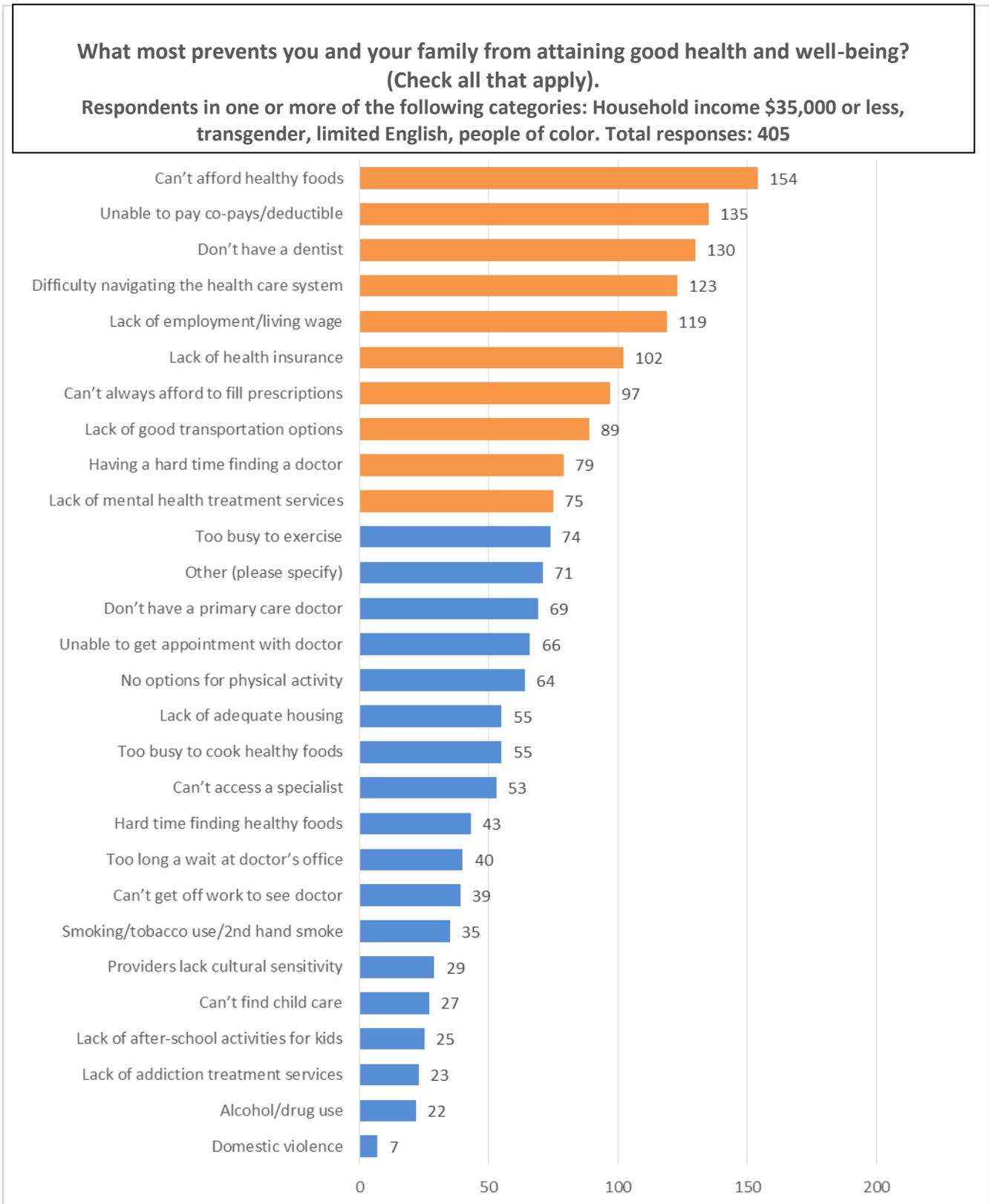
2018 CHNA Question 1: Potentially Medically Underserved Respondents

**What are the most significant health issues or concerns facing you or your family?
(Check all that apply).**

Respondents in one or more of the following categories: Household income \$35,000 or less, transgender, limited English, people of color. Total responses: 447



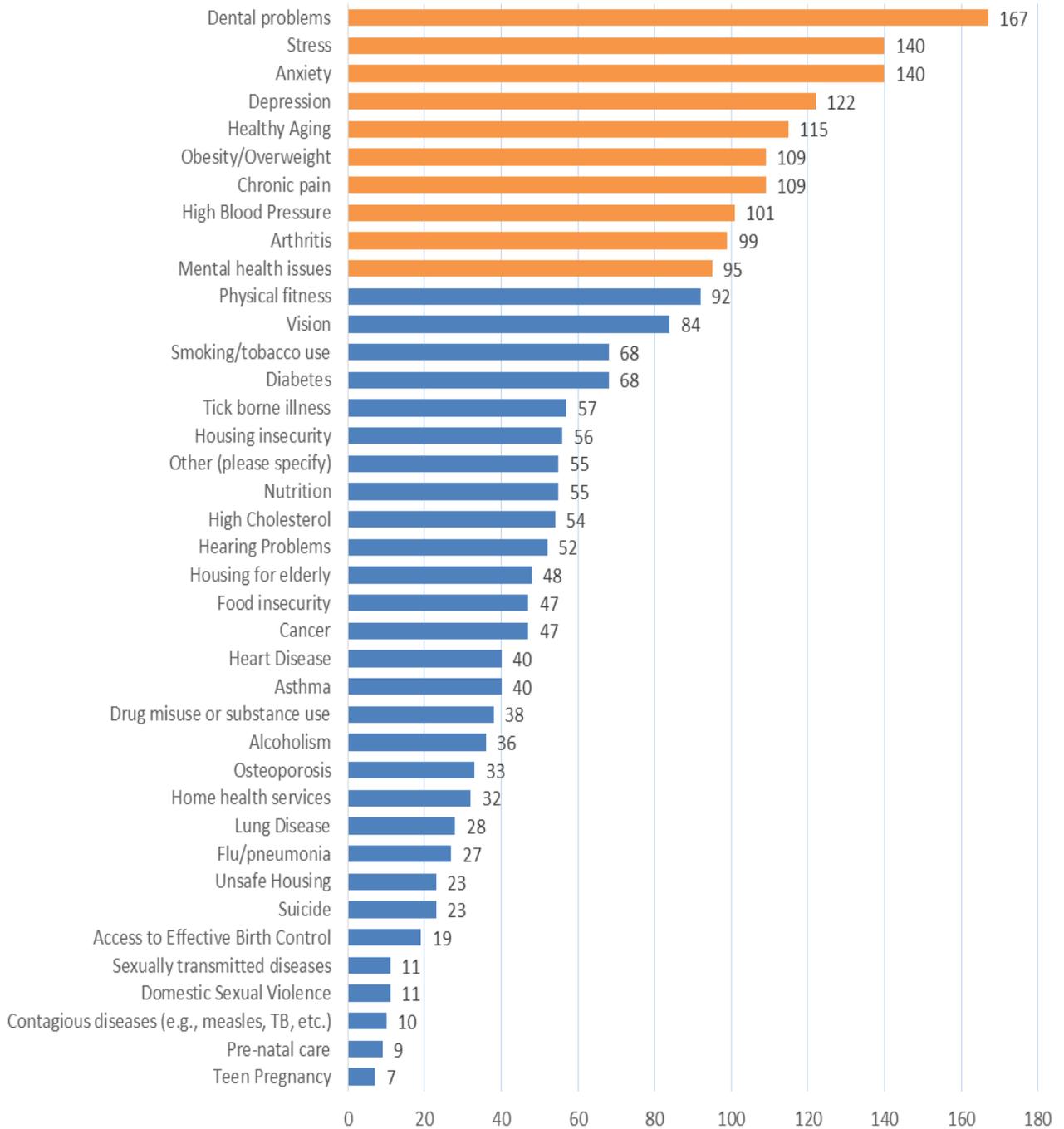
2018 CHNA Question 3: Potentially Medically Underserved Respondents



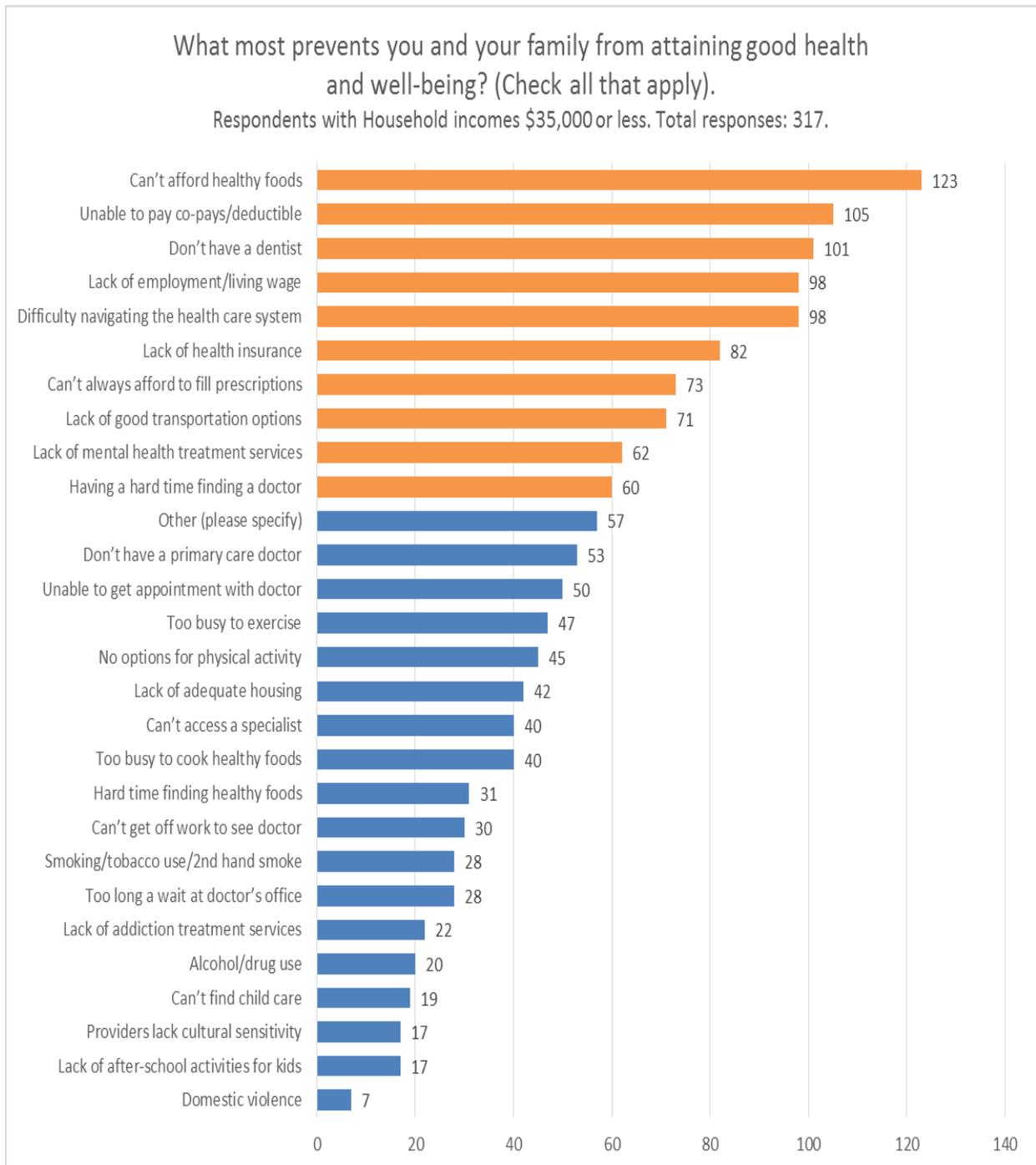
2018 CHNA Question 1: Low Income

What are the most significant health issues or concerns facing you and your family? (Check all that apply).

Respondents with Household Incomes \$35,000 or less. Total Responses: 351.



2018 CHNA Question 3: Low Income



Summary of Findings

Based on an analysis of all of the data, survey results and commentary included in this report, the 2018 CHNA Steering Committee drew the following conclusions:

Requisites for the Maintenance or Improvement of Health Status

- Access to health care including physical, mental and oral health services
- Access to illness prevention
- Adequate nutrition
- Safe and healthy housing
- Social supports and
- Environmental factors (clean air, eater, access to recreation, etc.)

Significant Health Needs of Windham County Residents

- Access to primary care providers
- Alcohol & Substance Abuse
- Culturally sensitive services
- Financial Barriers – high copays and deductibles or needs not covered by insurance
- Flu vaccinations
- Good nutrition
- Mental Health (stress, anxiety, depression)
- Obesity/Overweight/Physical Activity
- Oral Health Access
- Prevention of Chronic Diseases including hypertension
- Smoking/Nicotine Use
- Support for Healthy Aging (including arthritis and needs listed above)
- Support to Navigate the Healthcare System
- Transportation

Health Needs of People of Color, Low-Income & Medically Underserved Populations

A focus of the 2018 Community Health Needs Assessment (CHNA) was to identify individuals and groups in the community who may be medically underserved. Persons potentially at risk for medical underservice include low-income individuals, people of color, LGBTQ and any others who may experience difficulty in accessing appropriate healthcare. The findings were very similar to the 2015 needs.

In addition to the survey results from the “potentially medically underserved” subset of all survey respondents, presented in the Appendix Section B, summarizes the considerable amount of input obtained on medically underserved populations. The table identifies:

- The health needs of the identified population;

- The barriers to achieving or maintaining good health faced by the identified population;
- Community resources potentially available to address these needs and barriers

The tables in Appendix , Section B provide an easily-referenced synopsis of key input obtained from the participating external organizations about local medical underservice and health access.

The feedback on the needs of Windham County’s medically underserved populations is greatly appreciated and highly informative. Several common themes regarding the health needs and concerns of medically underserved populations in Windham County emerged from the group’s written comments as well as their collective survey responses:

- **Mental Health.** Mental health issues were a significant concern among all populations. “Mental health” broadly included Alzheimer’s, anxiety, bipolar, borderline personality disorder, dementia, depression, PTSD, as well as undiagnosed mental health issues. Stress, anxiety and depression were all listed in the top five answers in the survey portion of the CHNA of the potentially medically underserved (PMU).
- **Oral Health.** The need for dental services was a recurrent theme across all age groups, from children and young adults to seniors. Dental concerns were the number one concern among PMU respondents of the survey.
- **Diet & Nutrition.** Poor diet and nutrition were raised as concerns. Resulting health issues such as overweight and obesity were also a concern as well as not being able to afford high quality healthy foods. Similarly, some common themes emerged regarding barriers to the achievement or maintenance of good health for people of color, low-income and medically underserved populations.
- **Transportation Barriers.** Transportation challenges arose as a common barrier across all populations. Winter road conditions make getting to appointments difficult. Even for individuals who live in Brattleboro, sidewalk and weather conditions can make walking to appointments challenging, especially for individuals with disabilities.
- **Financial Barriers.** Financial barriers impede good health in many ways. Individuals are forced to choose between basic necessities (food, housing, heat) and healthcare. Even those with insurance may face prohibitive healthcare costs; insurance, for example, may cover only 80% of the cost. High deductibles and co-pays create a barrier to good health forcing individuals to meet their health needs last as basic necessities must come first. This is also true for purchasing healthy food. Obtaining affordable food was identified as the number one barrier to achieving health and wellness among PMU respondents.
- **Systemic Barriers.** Navigating the healthcare system can be difficult for some individuals. Medically underserved individuals sometimes fall through the cracks when one service stops and another might begin, but an individual doesn’t know about it or finds it too difficult to apply.

- **Lack of Stable Housing.** This was also identified by as a common theme. From teens to adults, this is an area that was identified as a barrier. If someone does not have stable housing, it is harder for them to achieve health and wellness.

Phase II: Statewide

For this phase, the Retreat gathered and assessed quantitative and qualitative data on mental health and addiction in the state of Vermont. Additionally, qualitative data was collected from community stakeholders across the state of Vermont through an online survey that was widely distributed across the state.

Statewide Survey

The Brattleboro Retreat conducted an online, 17-question survey via SurveyMonkey focused solely on mental health and addiction-related issues. The online survey was available on the hospital's website at brattlebororetreat.org/survey. Hospital planners created a postcard mailing invitation recipients to participate in the survey to all Brattleboro Retreat referral sources in Vermont as well as Continuing Education customers. Social media announcements, reminders, and, targeted social media outreach were made on the Retreat's Facebook page, the Retreat's LinkedIn page, and the Retreat's Twitter account.

Summary of Data

The Brattleboro Retreat's online survey was open for over 4 weeks (10/15 – 11/15/18) and drew a total of 215 survey respondents, of which 203 were from the state of VT. It is important to note that like the Windham County CHNA survey, this too was not a randomized, scientific survey. The survey results are only representative of the people who took the survey. 82 percent of the respondents are female; the largest age bracket of respondents 60 years of age or older; and there were responses from 89 Vermont towns represented in the results with 23 percent of the respondents are from Brattleboro, VT.

Survey respondents were asked to identify to which groups they belong. Here is a summary of the groups and the percentage of respondents in each (respondents were asked to choose all that apply):

- Family member or close friend of a person with mental illness or addiction (45%)
- Mental health and/or addiction recovery provider (31%)
- Staff member/volunteer of a human services organization (22%)
- Other consumer/peer in mental health and/or addiction recovery (20%)
- Mental health and/or addiction recovery advocate (15%)
- Educator (14%)
- Current or former patient of the Brattleboro Retreat (13%)
- Other (11%)
- Community leader and/or organizer (8%)
- Medical provider (7%)

- Holistic or integrative health practitioner (7%)
- Participant in community mental health or addiction recovery program (7%)
- Insurer/payer (2%)
- Legislator (1%)

Seventy-three percent of respondents said that individuals with mental illness, their families, friends and allies are not able to talk openly about mental illness due to fear of stigmatization, discrimination or prejudice.

Most pressing needs in your community in the areas of mental health and addiction care¹:

1. More qualified and trained mental health & addiction professionals
2. Better integration between mental health services and medical or other community services
3. Greater variety of treatment options, (such as mindfulness, and recreational therapy)
4. More residential treatment programs for adults
5. More trauma-informed care.

Most commonly cited barriers that keep people from access mental health or substance abuse services:

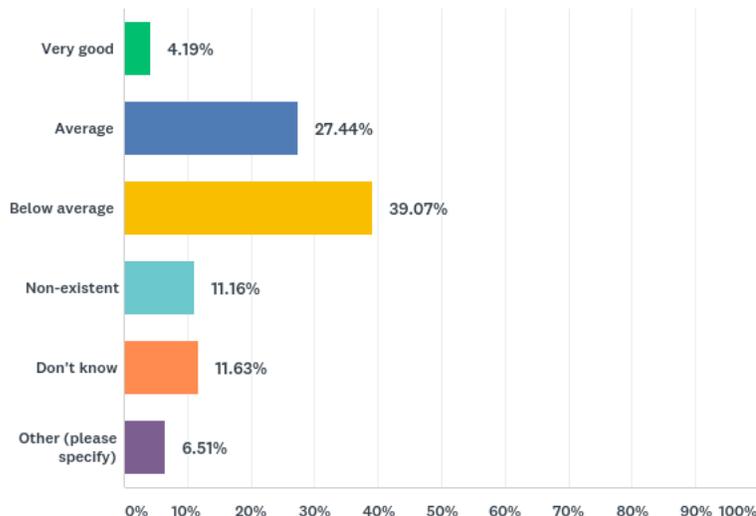
1. Lack of health insurance or money
2. Lack of mental health care and addiction treatment providers
3. Denial of illness or addiction
4. Previous experience in seeking help was bad
5. System too complicated to access
6. Difficulty getting appointments that work for clients' schedules
7. Lack of trusted mental health care and addiction treatment providers.

How can mental health and substance abuse services best be improved? Top 9 responses:

1. Increase accessibility of services.
2. Better integrate mental health services with medical and other types of community services.
3. Improve the funding for mental health and addiction treatment.
4. Increase funding to make mental health services more affordable for consumers.
5. Raise the pay scale for providers of mental health services.
6. Listen more to the people who use services.
7. Address family needs, values, and supports.
8. Improve services for under-served populations.
9. Offer more holistic or alternative health services.

¹ In order of popularity with the most popular response being #1

Q9 What do you think about the quality of communication and collaboration between the professional medical community and the professional mental health and addiction treatment community?



Findings

Once the qualitative and quantitative data were collected, planners reviewed the community health needs that emerged, identified major themes and key findings to focus attention on within the Implementation Plan. Based on these key findings of health needs within our community, planners at the Brattleboro Retreat established their priorities similarly to the other two hospitals, Brattleboro Memorial Hospital and Grace Cottage, to encompass;

- mental health
- addiction, and
- access to care.

Planners carried out this process by focusing only on needs and priority areas that fall within the mission and scope of the Brattleboro Retreat, namely in mental health and addiction treatment, as well as within the Retreat's capacity to make an impact. Planners also worked to identify needs that were supported by quantitative research data OR were identified in the community input process.

In the first quarter of 2019, planners at the Brattleboro Retreat will develop a three-year action plan to address the identified priority areas.

Limitations and Information Gaps

The data presented in this report has several limitations.

First, this report used various secondary sources for information on demographic data, social and economic factors, health behaviors, and health outcomes. These various sources segment by geography in different ways. Some sources use county geography; others are by town. Accordingly, data sources may not be consistent in their geographic scope or reporting period, which limits comparisons. Although the most recent available data was used in this report, the secondary data may be several years old.

Second, the data collected in the surveys was self-reported. The advantage to self-reported data is that it provides the opportunity to hear directly from respondents, learning about their perceptions of themselves and of the community in which they live. The main disadvantage of self-reported data is that there is no independent verification of the respondents' answers and, therefore, does not necessarily reflect the population at large. Self-reporting may suffer from recall bias, social desirability bias, and errors in self-observation. The survey attempted to correct for social desirability bias by including a second question that deflected the focus away from the respondent (i.e., Q2 focused on "neighbors or your community").

Finally, the consumer survey was not distributed to a random sample. Rather, respondents chose to participate in the survey (whether hard copy or online), and thus were a self-selected sample set. This means that one cannot extrapolate statistical conclusions based on the consumer survey results. That said, the consumer survey (for Phase I Windham County) has a very good participation rate and was fairly representative of the demographics of the county population.

Appendix

Section A: Windham County: Population Health Indicators

According to the Vermont Department of Health’s “Healthy People 2020” report, “Health is shaped by factors well beyond genetics and health care. Income, education and occupation, housing and the built environment, access to care, race, ethnicity and cultural identity, stress, disability and depression are ‘social determinants’ that affect population health.”

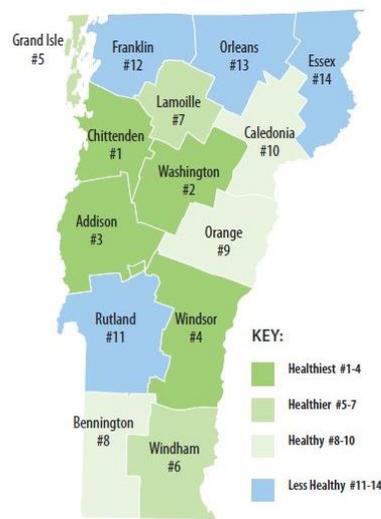
Vermont’s “Healthy People 2020” initiative is part of a nationwide effort developed by the U.S. Department of Health and Human Services (HHS). Every ten years, the federal “Healthy People” report tells about current conditions and sets benchmarks for improvement in the coming decade. The goal is twofold: to encourage collaboration among health and social services providers, and to help individuals make more informed healthcare choices.

According to HHS, “Chronic diseases, such as heart disease, cancer and diabetes, are responsible for seven out of every 10

deaths among Americans each year and account for 75 percent of the nation’s health spending. Many of the risk factors that contribute to the development of these diseases are preventable. ... The Healthy People initiative is grounded in the principle that setting national objectives and monitoring progress can motivate action.”

Like the federal initiative, the VDH’s

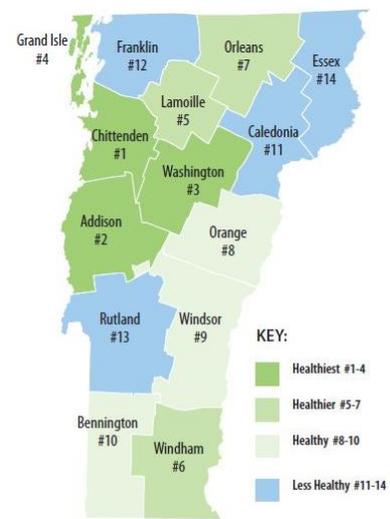
“Healthy Vermonters 2020” report includes data on current conditions and goals for improving health outcomes in the coming decade. The most up-to-date data can be found at healthvermont.gov. Chronic conditions included in the VDH report that have the most impact on Vermonters’ health include: cancer, diabetes, heart disease, high blood pressure, high cholesterol, lung disease, mental health, nutrition and obesity, physical activity, stress, and substance abuse. The most up-to-date data for the prevalence of these conditions in Windham County is presented in the following pages. Overall, Windham County ranks sixth out of Vermont’s 11 counties in overall rankings for health factors and health outcomes.



Health Factor Rankings, by County

Rankings are based on a combination of health behavior measures (tobacco use, diet/exercise, alcohol use, sexual activity), clinical care measures (access, quality), socio-economic factors (education, employment, income, family/social support, community safety) and environmental measures (air quality and the built environment).

County Health Rankings 2012 • data 2002-2010



Health Outcome Rankings, by County

Rankings are based on a combination of morbidity measures (poor or fair health, poor physical health days, poor mental health days, low birthweight) and mortality (premature death).

County Health Rankings 2012 • data 2002-2010

Sources: <https://www.healthypeople.gov/2020/About-Healthy-People>;
<http://www.healthvermont.gov/about/reports/healthy-vermonters-plans-reports>;
<http://www.healthvermont.gov/sites/default/files/documents/2016/11/Healthy%20Vermonters%202020%20Report.pdf>

Windham County Behavioral Risk Assessment

According to the Vermont Department of Health, “Poor nutrition, lack of physical activity and tobacco use are three behaviors that contribute to the development and severity of four chronic diseases that claim the lives of more than 50% of all Vermonters.” VDH uses the slogan “3-4-50” to emphasize the connection between these risk behaviors and chronic disease.

Every other year since 1993, the VDH and the Vermont Agency of Education have conducted the Vermont Youth Risk Behavior Survey (YRBS). Developed by the U.S. Centers for Disease Control (CDC), the YRBS helps to monitor priority health risk behaviors that contribute to the leading causes of death, disease, injury and social problems among youth. Students are asked questions about physical activity, nutrition, weight status, tobacco use, alcohol consumption and other substance use, violence and bullying, and sexual behaviors.



Likewise, the CDC & VDH also conducts a similar assessment of adults. Titled the Behavioral Risk Factor Surveillance System (BRFSS), this data collection covers a wide range of health and lifestyle topics, from pregnancy, to diabetes nutrition, to smoking and tobacco use, to chronic disease.



Much of the population health data provided in this report comes from these two surveys, YRBS and BRFSS.

According to the VDH, “Personal health behaviors ... have a major impact on the health of the population.” Healthcare providers and researchers recognize that beyond personal preferences and choices, behavior is greatly influenced by the conditions, communities, systems and social structures in which people live. The need to belong to a group that shares common values and habits is another powerful influence on behavior.

Some risks can be circular. For example, poor diet and sugar-sweetened beverages are linked to tooth decay and increased risk for obesity. And Vermonters who are obese or smoke tend to have more tooth loss, making it harder to eat healthy foods.

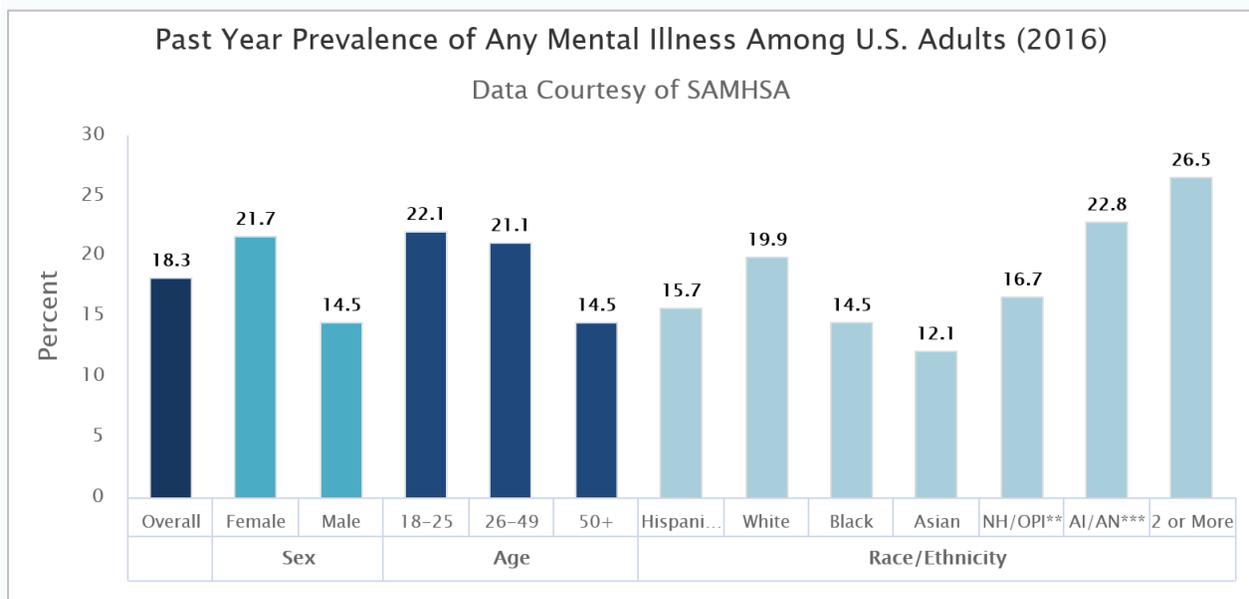
While personal behavior is an important measure for preventing disease, Vermont communities can be powerful agents of change, and simple changes in local policies or programming can help create conditions for everyone to have an equal chance to be healthy.

This 2018 Windham County Community Health Needs Assessment is one tool in this process, helping to guide the prevention, treatment, and outreach strategies of Windham County’s three hospitals.

Sources: <http://www.healthvermont.gov/health-statistics-vital-records/population-health-surveys-data/youth-risk-behavior-survey-yrbs>; <http://www.healthvermont.gov/health-statistics-vital-records/population-health-surveys-data/youth-risk-behavior-survey-brfss>; <http://www.healthvermont.gov/stats/surveys>

Mental Health

Mental and emotional health are critical to general health. While some people with mental health problems are publicized in high-profile cases, mental health issues more often remain hidden. One main reason for this is the stigma attached to mental illness. People can understand diabetes or a broken leg, but depression, anxiety, and other challenges are harder to see and understand. Individuals may have symptoms, but the reasons behind those symptoms are not always clear. According to the National Institute of Mental Health, nearly one in five US adults lives with a mental illness (44.7 million in 2016). Mental illnesses include many different conditions that vary in degree of severity, ranging from mild to moderate to severe. In Vermont 19.39% of adults aged 18 or older experienced Any Mental Illness (AMI) in 2011 and 2012 based on the 2011 and 2012 National Surveys on Drug Use and Health. (AMI is defined as the presence of any mental, behavioral, or emotional disorder in the past year that met DSM-IV criteria.)

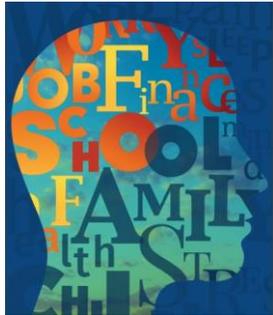


Jilisa Snyder, Ph.D., is Clinical Director at the Brattleboro Retreat’s Anna Marsh Clinic. She has written about the hidden aspects of mental health, including the following: “Telling someone experiencing a major depression to ‘pick yourself up by your bootstraps’ or, for a person struggling PTSD to ‘get over it,’ is like telling a runner with a broken leg to ‘just rise up and finish that marathon.’ We can see and appreciate the casted leg. But we often do not see or understand the signs and symptoms of a mental illness—sometimes because people feel ... profuse shame, and cannot show outward signs of their suffering. Yet mental health is as real and authentic as any other aspect of one's health. ... Mental illness arises from vulnerabilities due to the interplay of genetic, biochemical, relational, and environmental factors, not personal weakness. ...”

Two of the most prevalent mental illnesses are anxiety and depression.

Anxiety Disorders:

Anxiety is a natural reaction to stress. At normal levels, it may help to motivate and improve performance. But when anxiety interferes with the ability to meet personal, professional and community responsibilities, it may be at the level of a serious but treatable mental illness. Anxiety may be caused by something specific, it may occur suddenly, or it may be a generalized long-term tendency to worry.



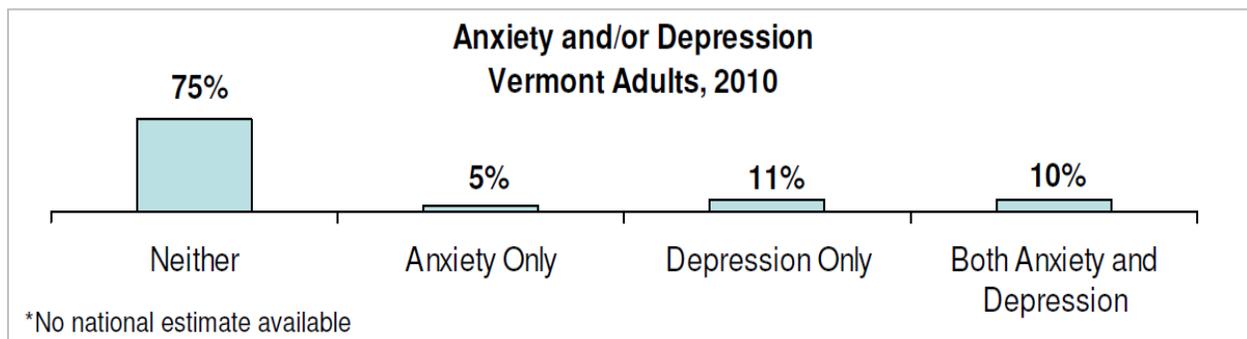
When the length of time or intensity of anxious feelings gets out of proportion to the original stressor, it can cause physical symptoms including fatigue, insomnia, muscle aches, sweating, and nausea or diarrhea. These responses move beyond anxiety into an anxiety disorder.

There are six main types of anxiety disorders that include: generalized anxiety disorder, panic disorder, phobia, social anxiety disorder, obsessive-compulsive disorder (OCD), post-traumatic stress disorder (PTSD), and separation anxiety disorder.

People with PTSD suffer from anxiety as a response to experiencing or witnessing a traumatic event, such as war, natural disasters, assault, serious accident, or an unexpected death. It can affect children as well as adults, causing sleep problems, a tendency toward angry outbursts, and other issues.

According to Medical News Today, anxiety disorders affect 40 million people (18% of the population) in the U.S. It is the most common group of mental illnesses in the country. However, only 36.9% of people with the condition receive treatment. Anxiety disorders typically develop in childhood and persist into adulthood.

In Vermont, 25% of Vermont adults said they have anxiety and/or depression in 2010, according to the Vermont Department of Health’s most recent Vermont Behavioral Risk Factor Surveillance System 2010 Data Summary. Of these, 11% had depression, 10% had both anxiety and depression, and 5% had anxiety only.



Anxiety disorders can affect one’s physical health, job performance, relationships, and overall enjoyment of life. It can also increase the risk for other mental health problems, such as depression, substance abuse, eating disorders, and thoughts about or actual attempts of suicide.

Sources: <https://www.brattlebororetreat.org/articles/stepping-forward-courage-thoughts-ending-stigma-during-mental-illness-awareness-week>; <https://www.nimh.nih.gov/health/topics/anxiety-disorders/index.shtml?rf=32471>; <https://www.nimh.nih.gov/health/publications/post-traumatic-stress-disorder-ptsd/index.shtml>;

<https://www.medicalnewstoday.com/info/anxiety>; <https://www.samhsa.gov/disorders/mental>;
<https://www.nimh.nih.gov/health/topics/anxiety-disorders/index.shtml>; <https://www.nimh.nih.gov/health/statistics/mental-illness.shtml>; [https://www.samhsa.gov/data/sites/default/files/sr170-mental-illness-state-estimates-2014/sr170-mental-illness-state-estimates-2014.htm](https://www.samhsa.gov/data/sites/default/files/sr170-mental-illness-state-estimates-2014/sr170-mental-illness-state-estimates-2014/sr170-mental-illness-state-estimates-2014.htm);
https://www.samhsa.gov/data/sites/default/files/2015_Vermont_BHBarometer.pdf;
http://www.healthvermont.gov/sites/default/files/documents/2016/12/summary_brjss_2010.pdf
 Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (February 28, 2014).
 The NSDUH Report: State Estimates of Adult Mental Illness from the 2011 and 2012 National Surveys on Drug Use and Health.
 Rockville, MD

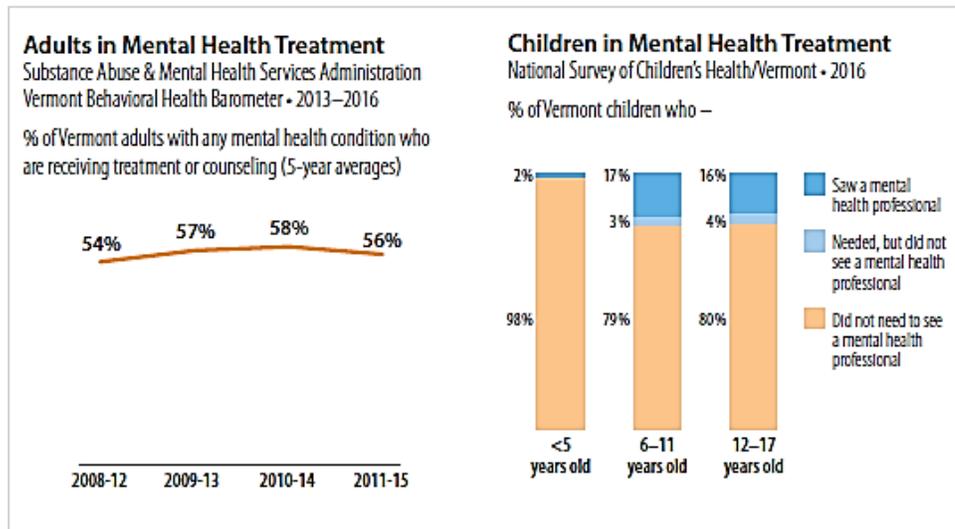
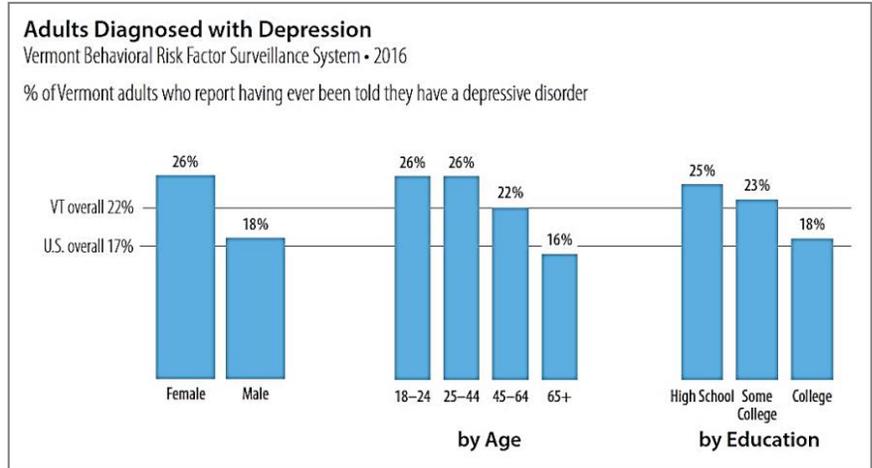
Depression:

Stress is a risk to health that is difficult to quantify, but anyone who lives with great stress from day to day knows the toll it can take on one’s energy, mental outlook and quality of life. Often, the result is depression.

According to the National Institute of Mental Health, depression is a common but serious mood disorder, causing severe symptoms that affect how you feel, think and handle daily life: socializing, sleeping, eating, or working. A depressive disorder is not a passing blue mood but rather persistent feelings of sadness and worthlessness. To be diagnosed with depression, a person’s symptoms must be present for at least two weeks.

In 2016, approximately 13% of Vermont children age 6 to 17 had a diagnosis of anxiety, and 4% had a diagnosis of depression. A small percentage of children who need to see a mental health professional were not able to get care. For those age 6 and older, about half who sought care had a diagnosable problem. Approximately half of all adults who have been diagnosed with a mental health condition are in treatment or counseling. Over the past decade, the percentage of adults diagnosed with depression has remained between 20-23%.

The Vermont Department of Health assesses the prevalence of mental health diagnoses in adult Vermonters by conducting the “Behavioral Risk Factor Surveillance System” survey every other year, and by conducting the



“Youth Risk Behavior Survey” every two years. The county data above comes from those surveys.

Sources: <http://www.healthvermont.gov/ia/CHNA/County/atlas.html>;
http://www.healthvermont.gov/sites/default/files/documents/pdf/6%20Chronic%20Disease_0.pdf

Suicide:

Suicide is a leading cause of death for all ages, both nationally and in Vermont. When someone takes his/her/their own life, it also has a devastating effect on families and communities.

Windham County’s rate of suicide has been higher than the state’s for several years.

The number of Vermont teens who have made a suicide plan is also higher in Windham County.

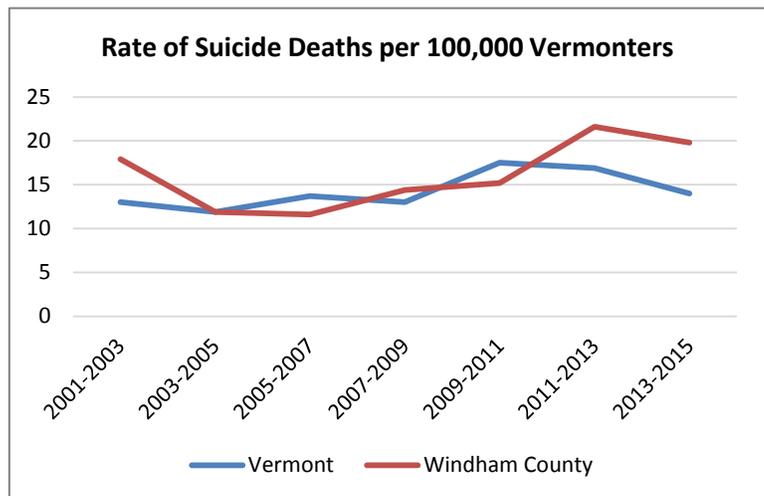
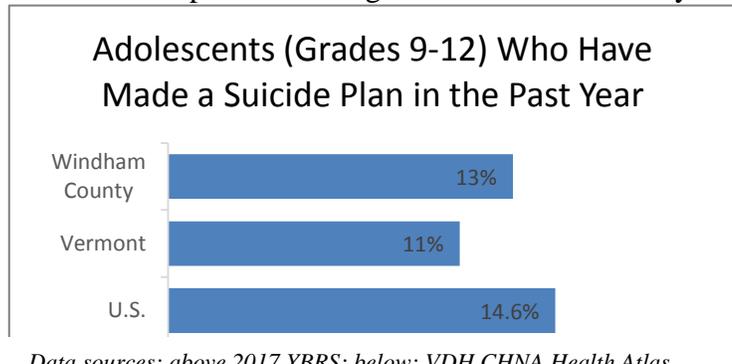
Teen suicide is a real concern in Vermont, and many organizations, schools and mental health agencies have led communities to become more aware of the issue and to support families and friends after an event of suicide.

According to the most recent YBRS, one in ten students in grades 7 to 12 made a suicide plan during the past 12 months; 5% of students attempted suicide during that same time frame. Following a decrease in the percent of students who reported making a suicide plan from 1995 to 2005, the percent of students making a suicide plan has significantly increased since 2007. While the percent of students making a suicide plan significantly decreased between 2015 and 2017, it still remains above the HV2020 Goal of 8%.

Veterans and youth identifying as Lesbian, Gay, Bisexual, Transgender, or Questioning are more likely to attempt or succeed at suicide.

Suicide may not be predictable, but people who are considering suicide may display signs such as alcohol or drug abuse; mental health issues such as depression; physical illness such as a chronic disease; financial troubles; or problems at home, school or in the workplace.

To prevent suicide, Vermonters must work together to support youth and adults who are in crisis, offering both hope and help.



Sources: http://www.healthvermont.gov/sites/default/files/documents/pdf/CHS_YRBS_WindhamCounty.pdf;
<http://www.healthvermont.gov/sites/default/files/documents/pdf/HV2020QuickReference.pdf>; <http://www.healthvermont.gov/children-youth-families/adolescent-health/prevent-teen-suicide>; <http://vtspc.org/what-we-know-about-suicide-nationally-and-in-vermont/>;
<http://www.healthvermont.gov/ia/CHNA/County/atlas.html>; <https://www.cdc.gov/healthyouth/data/yrbs/pdf/trendsreport.pdf>

Substance Use and Abuse

There are many reasons why people use alcohol, tobacco and other drugs: to relieve physical or psychological pain, to counter stress, to alter traumatic experiences or feelings of hopelessness. Prioritizing future health over immediate needs is especially difficult in the face of multiple daily stressors and pervasive marketing that can make it seem as if alcohol or drugs will make life easier. Addiction is not a choice or a moral failing. Some people are genetically prone to addiction, and this in itself is a risk factor in developing a substance use disorder. As a chronic illness, addiction becomes a physiological and psychological need. Quitting or seeking treatment is never easy, and relapse is common, but many people do find a path to recovery. Adding to the stress of behavior change is the feeling of isolation that may come from avoiding friends or situations that may trigger smoking, drinking or drug use.

Alcohol

An estimated 33,000 Vermonters are in need of, but have not sought treatment for, alcohol use disorder.

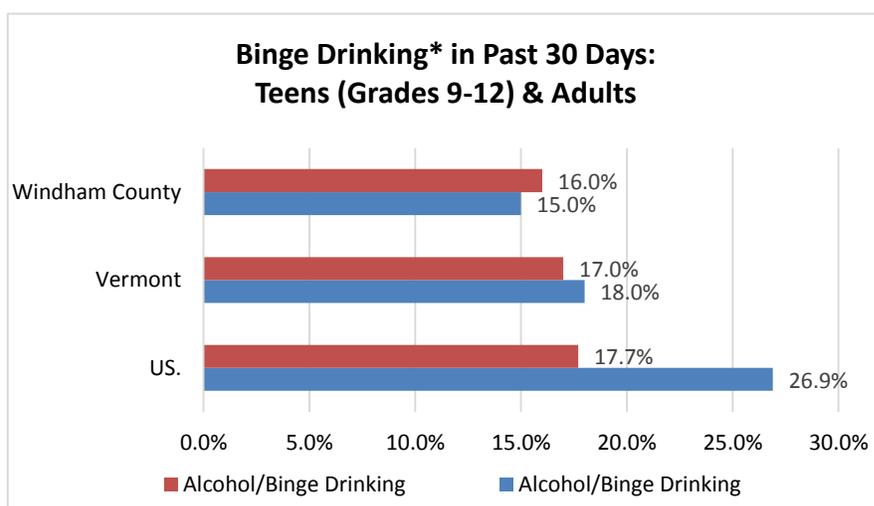
The age at which a young person starts drinking strongly predicts alcohol dependence later in life. The percentage of high school students who currently drink (one or more drinks in the past month) has decreased significantly—from 42% in 2005 to 30% in 2015. However, the incidence of binge drinking is still a concern. The CDC recently revised its definition of binge drinking, making it gender-specific. (See note, above.)

By middle school, 2% of Vermont students binge drink. By high school, 16% of them binge drink. One in three adults age 18 to 24 binge drinks, and 5% of older adults age 65+ binge drinks. The medical diagnosis for problem drinking that becomes severe is “alcohol use disorder” – a chronic relapsing brain disease characterized by compulsive alcohol use, loss of control regarding intake, and a negative emotional state when not using.

Older adults are more susceptible to the health risks of alcohol use due to physiological changes, any chronic disease they may have, or some medications they take. Excessive alcohol use can increase the risk for dementia. One in four (25%) Vermonters age 65+ engage in risky alcohol use, higher than the U.S. average of 19%. Risky drinking for this age group (65+) is two or more drinks on one occasion for females, three or more for males. In contrast to other risk behaviors, older adults with higher incomes and education are more likely to engage in risky drinking compared to those with lower incomes and less education.

Sources: <http://www.healthvermont.gov/ia/CHNA/County/atlas.html>

http://www.healthvermont.gov/sites/default/files/documents/pdf/6%20Chronic%20Disease_0.pdf

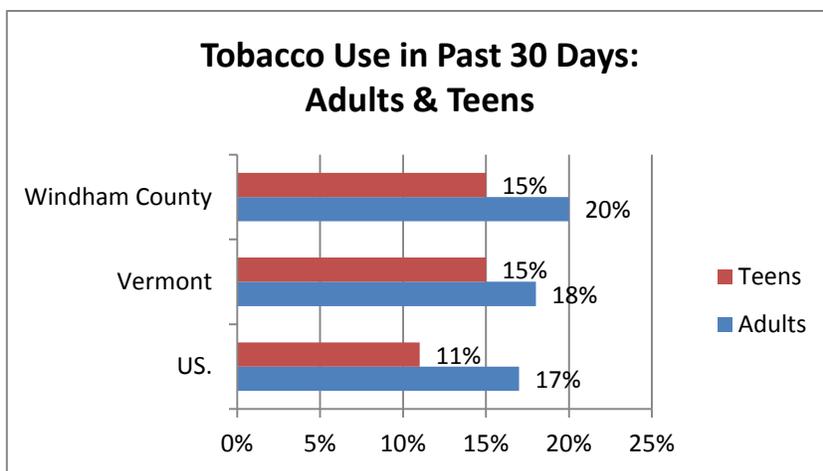


**Note: Binge drinking is defined as 4+ drinks in one sitting for women; 5+ drinks in one sitting for men. Windham County and VT adolescent data are from 2017 YBRS; county and state adult data are from VDH 2016 CHNA Health Atlas; U.S. data is from 2015 Healthy Vermonters 2020. Quick Reference.*

Cigarettes and Tobacco

The percentage of adults who smoke, and the rate of their attempts to quit, have stayed relatively unchanged over the past decade. In 2016, 18% of all adult Vermonters smoked. The rate is higher in Windham County.

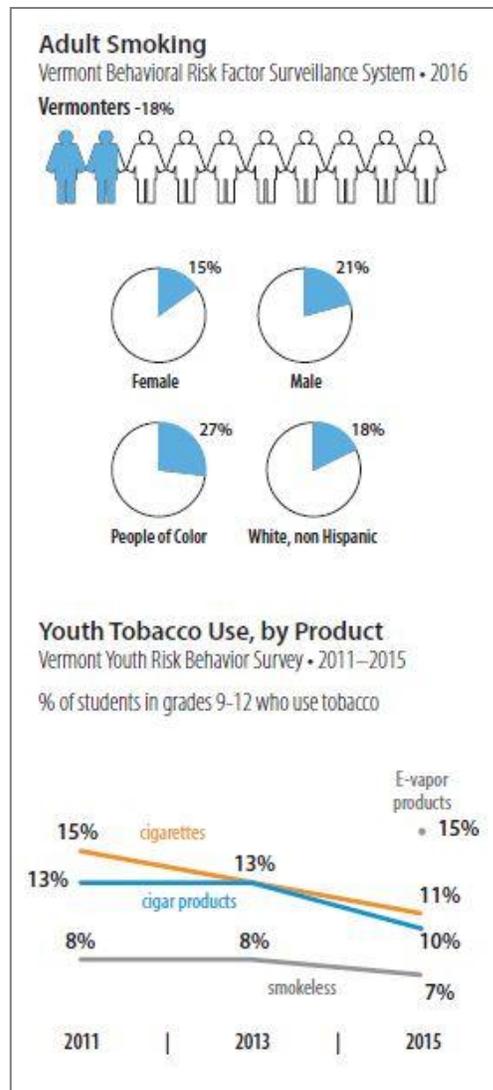
Teenage cigarette smoking has declined slightly over the past several years, but use of e-cigarettes is on the rise (see Vaping, page 28). In 2015, 11% of Vermont high-school students reported smoking cigarettes in the past 30 days; 11% of Windham County students reported the same. In 2017, that number was 9% statewide and 10% in Windham County. When cigars, smokeless tobacco, and e-cigarettes were included, the percentage for the state rose to 19% and for the county to 20%. Vermont high school students who used one or more tobacco products in the past month were much more likely to use marijuana, alcohol, and to binge drink compared to students who do not use tobacco. For students who have asthma, the use of tobacco, alcohol and marijuana can make symptoms much worse.



Windham County and VT adolescent data are from 2017 YBRS; county and state adult data is from VDH 2016 CHNA Health Atlas; U.S. data is from 2015 Healthy Vermonters 2020 Quick Reference.

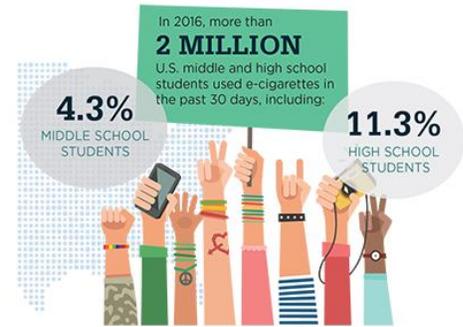
Smoking rates vary by population group. As income and education levels rise, the smoking rate decreases. Males are more likely to smoke than females. Vermonters of color are more likely to smoke than white Vermonters, but are also more likely to make an attempt to quit (59% compared to 49%).

Sources: <http://www.healthvermont.gov/ia/CHNA/County/atlas.html>
http://www.healthvermont.gov/sites/default/files/documents/pdf/6%20Chronic%20Disease_0.pdf;
http://www.healthvermont.gov/sites/default/files/documents/pdf/CHS_YRBS_WindhamCounty_15.pdf;
http://www.healthvermont.gov/sites/default/files/documents/pdf/CHS_YRBS_WindhamCounty.pdf;
https://www.cdc.gov/tobacco/data_statistics/surveys/nyts/index.htm

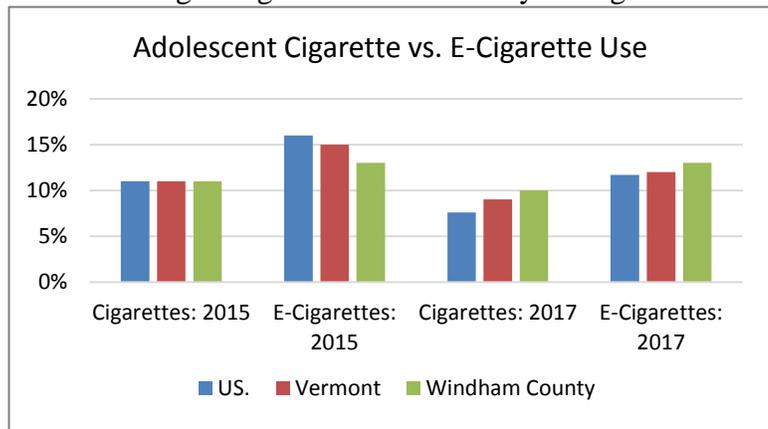


E-Cigarettes & Vaping

Electronic-cigarettes, sometimes known as “e-cigarettes” are devices that have a battery inside that heats liquid into an aerosol (vapor). The user inhales the vapor in an activity that simulates smoking. Vaping is the term used for use of this device, because of the vapor that is inhaled. Vaping can be used to inhale tobacco, marijuana, and other drugs. E-cigarettes can also be used to inhale marijuana and other drugs. They are a convenient way to do this discreetly because many of them are created to look like ordinary objects like pens, computer thumb drives, and pencil sharpeners. The exhaled vapor can easily be hidden, so students are beginning to use them secretly during class.



Research shows that teens who try vaping, thinking it is harmless, are more likely to use other addictive substances, including regular cigarettes, marijuana, alcohol and drugs. Dual use (use of e-cigarettes and conventional cigarettes) by the same person is also common among youth and young adults (ages 18-25). Of the 35 states that collect data on e-cigarette/e-vapor use, Vermont currently has the lowest rate, at 13%.



West Virginia is highest, at 31%. Still, the rate of use is rapidly increasing. In just over a decade, this fad has grown into huge industry, with hundreds of thousands of users.

The use of e-cigarettes is on the rise for adults, but also particularly for teens. Use among teens has seen the fastest growth. The National Youth Tobacco Survey for 2011-15 shows that the national rate among teens was 2% in 2011 and 16% just four years later. In 2015, more teens reported use of e-cigarettes than conventional cigarettes (15% vs. 11%). It is now estimated that more than one in four students in grades 6-12, and more than one in three young adults, have tried e-cigarettes.

In both the 2015 and 2017 Youth Risk Behavior Surveys, 13% of Windham County teens reported using e-cigarettes in the past 30 days, while the Vermont rate dropped during that same time period, from 15% in 2015 to 12% in 2017. In both cases, the rate of e-cigarette use is higher than that of traditional cigarettes.

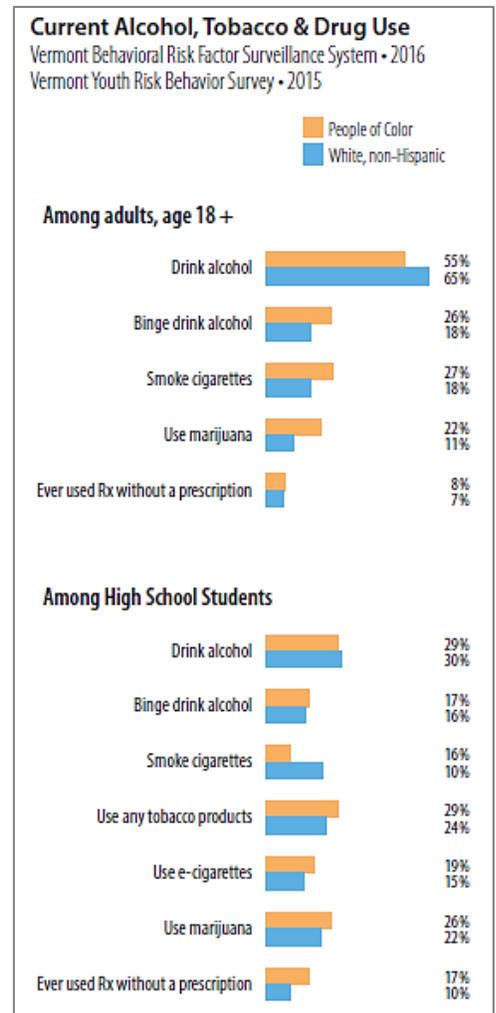
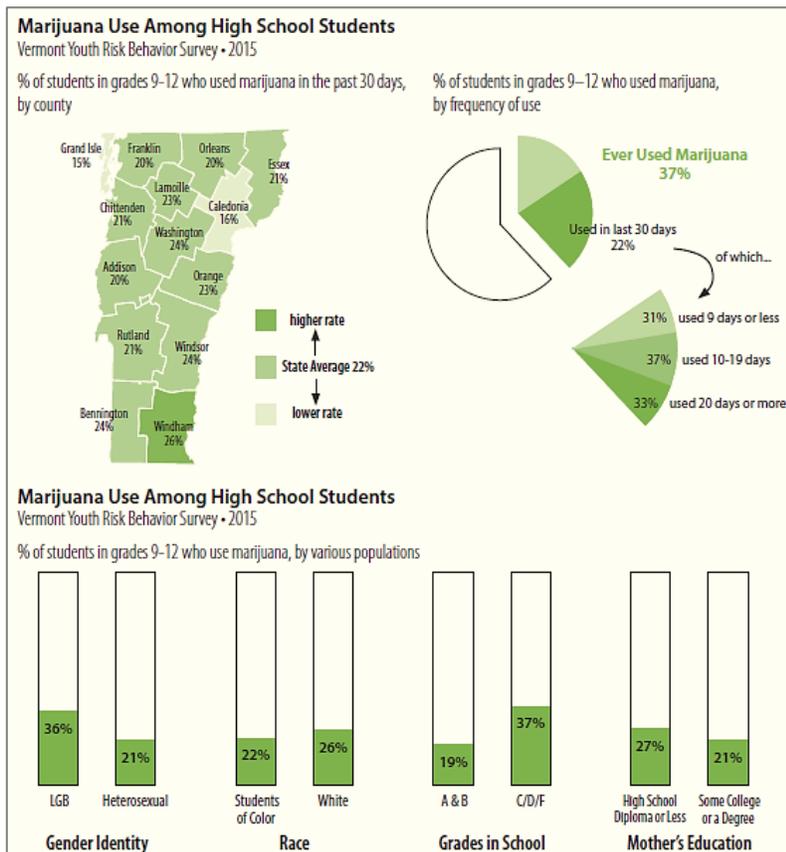
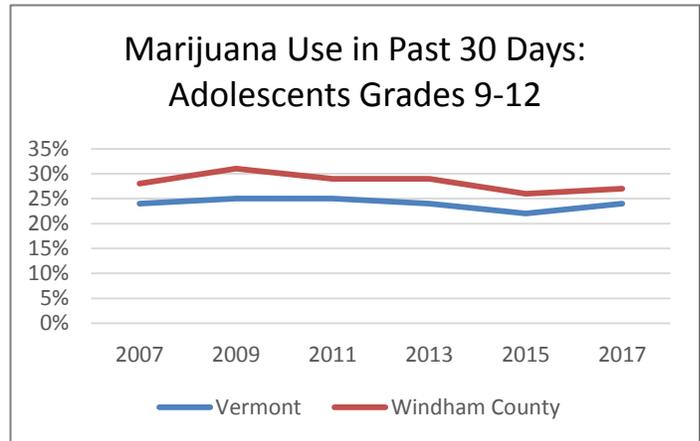
The risks associated with the nicotine used in e-cigarettes may be less than with conventional cigarettes, but the long-term effects of vaping are as yet unknown. E-cigarettes are a new invention, on the market for only about 11 years. Nearly 20% of young adults believe e-cigarettes cause no harm, more than half believe they are only moderately harmful, according to the U.S. Surgeon General.

Sources: https://www.cdc.gov/tobacco/data_statistics/surveys/nyts/index.htm;
http://www.healthvermont.gov/sites/default/files/documents/pdf/CHS_YRBS_WindhamCounty_15.pdf;
http://www.healthvermont.gov/sites/default/files/documents/pdf/CHS_YRBS_WindhamCounty.pdf; <https://e-cigarettes.surgeongeneral.gov/getthefacts.html>; https://www.cdc.gov/tobacco/basic_information/e-cigarettes/index.htm

Marijuana

Perceptions of risk and community acceptance strongly influence behavior. Among high school students, more than 75% think it is wrong or very wrong for someone their age to smoke cigarettes, yet only 50% think it is wrong or very wrong to use marijuana or to drink. More Vermonters drink alcohol and use marijuana compared to the overall U.S. population. For Vermonters age 12+, alcohol is by far more commonly used than marijuana or any other drug. However, the county's teen use of marijuana is higher than the statewide average.

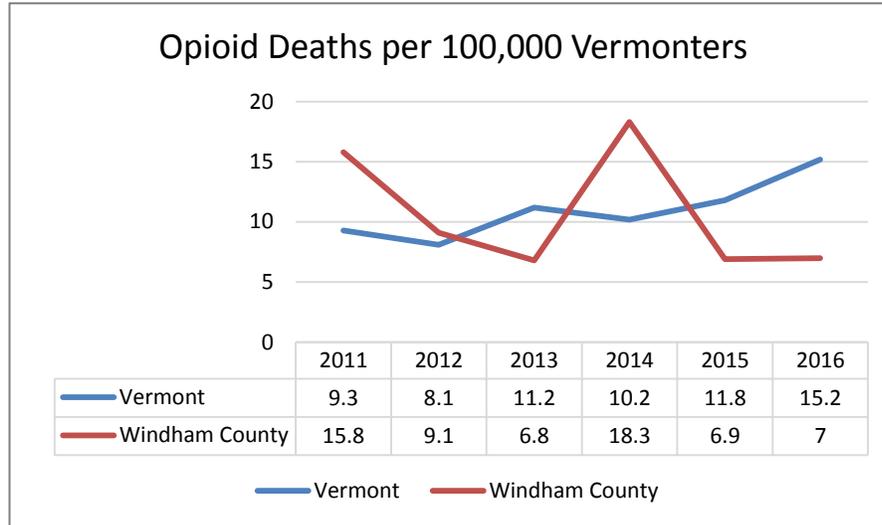
It will be important to note any changes in rates of marijuana use after July 1, 2018, when recreational marijuana use became legal in Vermont.



Sources: <http://www.healthvermont.gov/ia/CHNA/County/atlas.html>;
http://www.healthvermont.gov/sites/default/files/documents/pdf/6%20Chronic%20Disease_0.pdf;
http://www.healthvermont.gov/sites/default/files/documents/pdf/CHS_YRBS_WindhamCounty.pdf

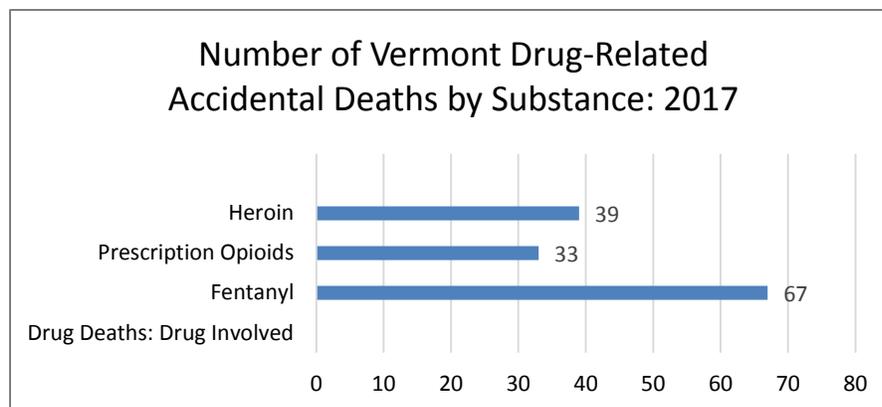
Opioids

Communities all across the state of Vermont, and across the nation, have been facing the challenge of opioid addiction. Anyone can become addicted to these powerful drugs, and opioid addiction is a lifelong problem. It can start with just one prescription or one dose. The number of drug-related deaths, especially those associated with opioids, are being constantly monitored and are still a great concern in Vermont. The rate of fentanyl-related deaths has increased eightfold since 2011, from 8% in 2011 to 64% in 2017.



The Vermont Department of Health’s Division of Alcohol & Drug Abuse has selected measures to be used to gauge progress, recognizing that many of the measures reflect long-term goals that involve multiple systems and providers – and it will take time and a coordinated effort to effect change. The focus is on prevention, intervention, treatment and recovery.

National data shows that Vermont has one of the highest percentages of illegal drug use in the



country. The illegal drugs these data examines are: cocaine (including crack); heroin; hallucinogens; inhalants; and prescription drug misuse. In addition to immediate effects, those who use illegal drugs are more likely to get sick from diseases like stroke and cancer. It is important to look at the reasons why more

Vermonters are using illegal drugs than citizens in most other states. The Department of Health is monitoring how our efforts are making a positive difference with illegal drug use, especially among young people in Vermont.

Children and youth have a higher risk of future addiction if they misuse substances when they are young. Therefore, the VT Department's Division of Alcohol & Drug Abuse has established priorities related to reducing the rate of underage drinking, prescription drug misuse, and marijuana use. Seven percent of Windham County’s high-school teens report having misused prescription pain medications, and 8% reported misusing stimulants in the most recent YBRS.

Sources: http://www.healthvermont.gov/sites/default/files/documents/pdf/ADAP_Annual_Overview.pdf; <http://www.healthvermont.gov/ia/CHNA/County/atlas.html>; <http://www.healthvermont.gov/scorecard-opioids>;

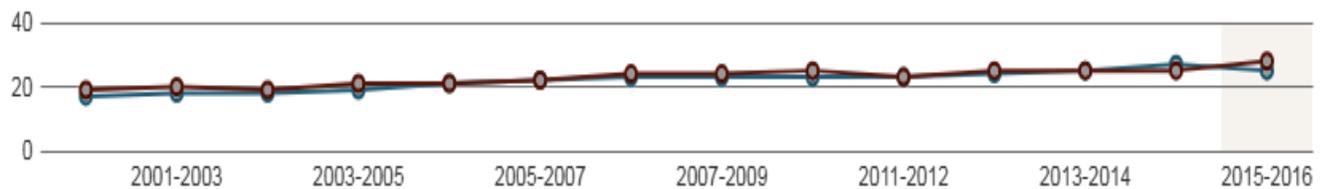
[http://www.healthvermont.gov/alcohol-drug-abuse/alcohol-drugs/heroin-and-other-drugs:](http://www.healthvermont.gov/alcohol-drug-abuse/alcohol-drugs/heroin-and-other-drugs)
http://www.healthvermont.gov/sites/default/files/documents/pdf/CHS_YRBS_WindhamCounty.pdf

Obesity, Inactivity and Nutrition

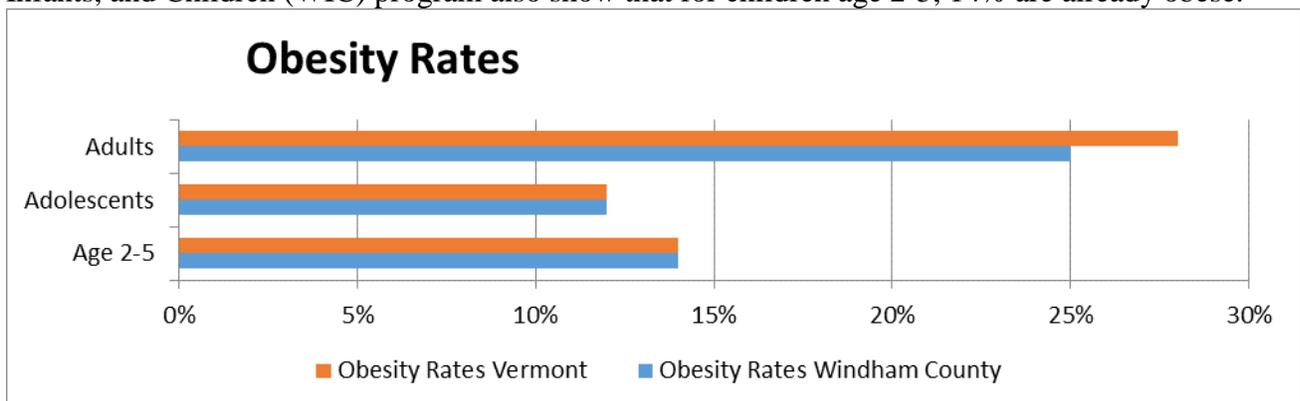
Vermonters, like other Americans, are becoming more overweight. In fact, there is a growing trend toward obesity. The terms ‘overweight’ and ‘obese’ describe weight ranges that are above what is medically considered to be healthy. According to the U.S. Centers for Disease Control (CDC), “A high amount of body fat can lead to weight-related diseases and other health issues and being underweight can also put one at risk for health issues.”

In 2016, two-thirds of Vermont adults were overweight or obese. Compared to the U.S., Vermont adults have a lower rate of obesity (28% compared to 30%) but a similar rate of overweight. This growing trend affects males and females, and people of all races, incomes and education levels– but especially Vermonters at the lower end of the socioeconomic ladder. People often become less active as they age, and this corresponds to a tendency to gain weight. Adults age 45 to 64 are more likely, and adults 65+ are *much* more likely, to be overweight than those age 20 to 44.

The percentage of Vermont’s adult population (age 20 and older) who are obese has risen from 19% in the year 2000, to 28% in 2015. While Windham County’s percentage (blue line) is slightly less than the state average (red line), it has increased at a similar rate, from 17% in 2000, to 25% in 2015. One in four adults who live in Windham County is obese.



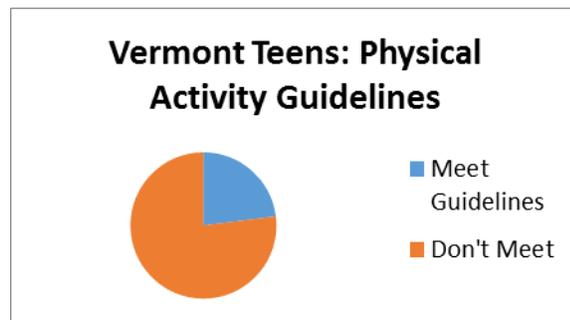
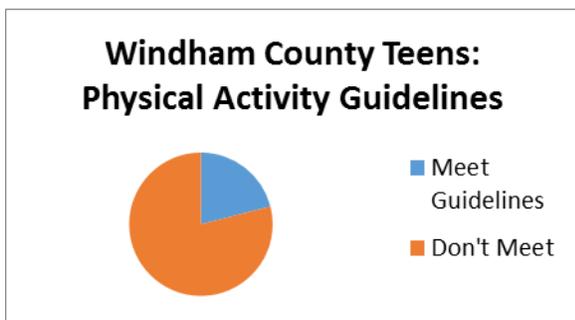
While the trend toward obesity increases as one ages, increasingly it affects teens and children. Over the last 15 years, the VDH’s Youth Risk Behavior Study (conducted every two years since 1993) has found that consistently 12-15% of adolescents in grades 9-12 are obese. Data from the Women, Infants, and Children (WIC) program also show that for children age 2-5, 14% are already obese.



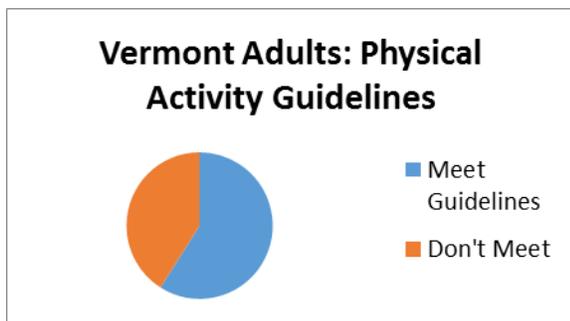
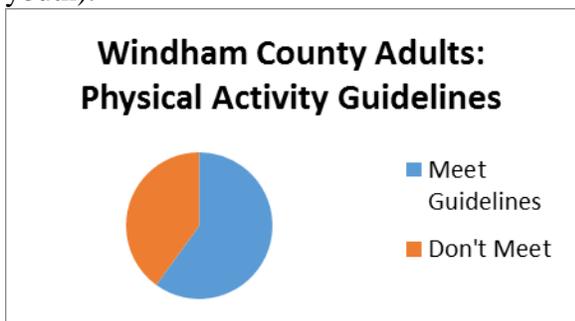
Source: <http://www.healthvermont.gov/ia/CHNA/County/atlas.html>

As a chronic condition, obesity greatly increases a person’s risk for other serious illnesses and other chronic conditions—such as high blood pressure, high cholesterol, diabetes, heart disease, stroke, gall-bladder disease, osteoarthritis, sleep apnea and some cancers. Obesity is complex and multi-faceted, but is most often the result of physical inactivity and poor nutrition.

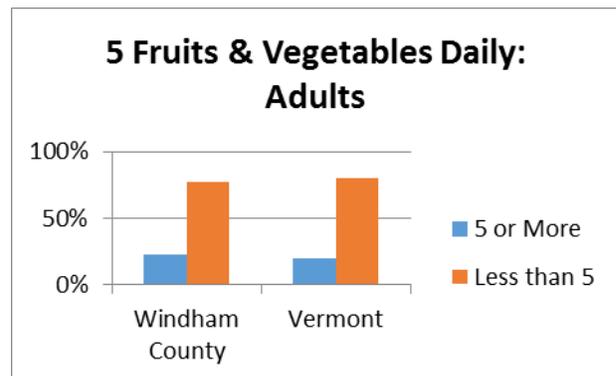
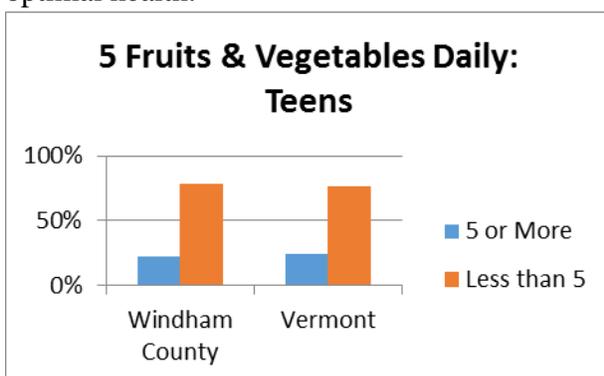
Windham County’s adolescents are comparable to the state average in terms of meeting physical activity guidelines, but this is not good news. Only 21% of Windham County teens meet the recommended guideline of getting 60 minutes of physical activity per day. Vermont’s statewide average is 23%. This means that 79% of teens in Windham County and 77% statewide are not active enough for optimal health.



Adults in Windham County do much better in terms of meeting physical activity guidelines, though it’s important to note that the recommendation for adults is 30 minutes a day (versus 60 minutes for youth).



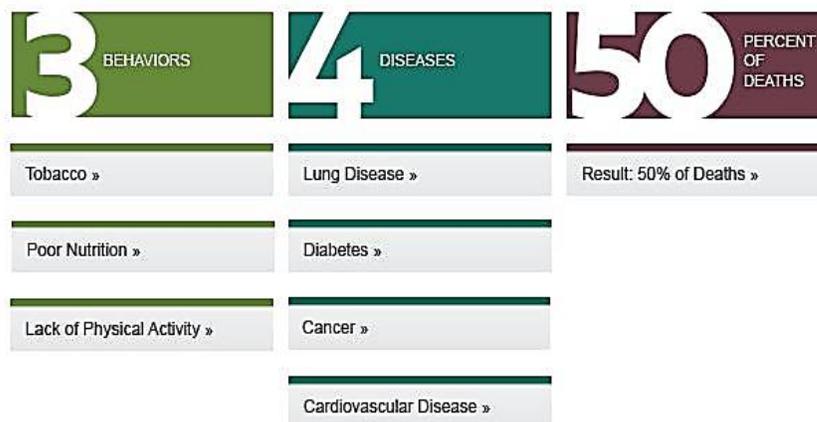
In terms of nutrition, both teens and adults in Windham County are comparable, but in a way that fails to meet nutrition guidelines. Using the recommended daily consumption of five fruits and vegetables per day as a measure, 77% of adults and 78% of teens do NOT eat enough produce for optimal health.



Source: <http://www.healthvermont.gov/ia/CHNA/County/atlas.html>

Chronic Diseases

Research has shown that more than half of all chronic disease deaths are due to the same four diseases, which are caused by or exacerbated by the same three behaviors: lack of physical activity, poor diet, and tobacco use. The Vermont Department of Health uses the slogan 3-4-50 as a reminder of these facts.

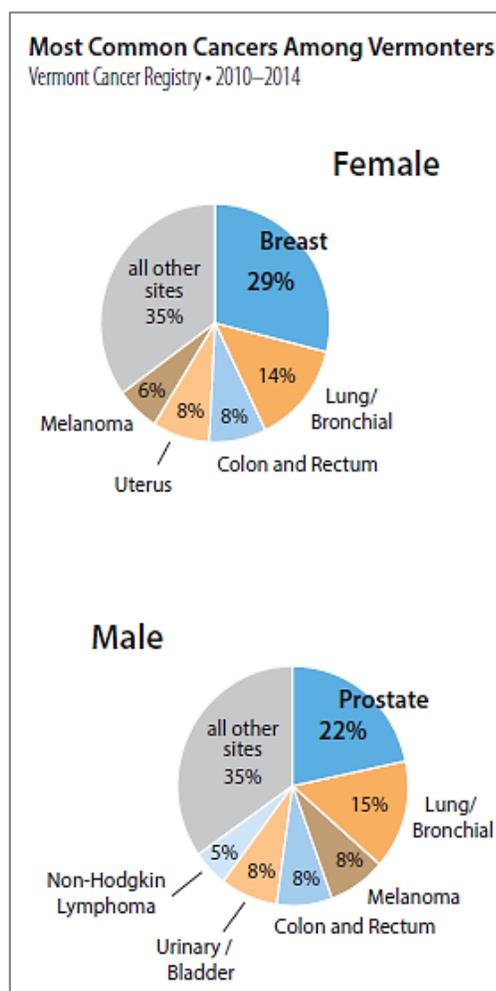


Cancers

Cancer is not a single disease, but a group of more than 100 different diseases that often develop gradually as the result of a complex mix of lifestyle, environment, and genetic factors. Certain behaviors put people at a higher risk for certain cancers, including: tobacco use, alcohol use, diet, physical inactivity, and overexposure to sunlight.

Cancer affects thousands of Vermonters, and is now the leading cause of death. Cancer occurs in people of all ages, but risk increases significantly with age. Approximately four in 10 adults in the U.S. will develop cancer in their lifetime. Some types of cancer are more prevalent among Vermonters compared to the U.S. population. For females, the incidence of breast cancer, cancers of the lung/bronchus, uterus, urinary bladder, and melanoma of the skin is higher than in the rest of the U.S. For males, the incidence of melanoma of the skin, urinary bladder cancer, non-Hodgkins lymphoma and esophageal cancer is higher than in the rest of the U.S.

Nearly two-thirds of cancer deaths in the U.S. can be linked to tobacco use, poor nutrition, lack of physical activity, and obesity. Not all cancers can be prevented, but risk for many can be reduced through a healthy lifestyle. Excess weight increases the likelihood of Cancers of the breast (postmenopausal), colon and rectum, uterus, thyroid, pancreas, kidney, esophagus, gallbladder, ovary, cervix, liver, non-Hodgkin lymphoma, myeloma and prostate (advanced stage). Use of tobacco increases the likelihood of Cancers of the lung, larynx (voice box), mouth, lips, nose and sinuses, throat, esophagus, bladder, kidney, liver, stomach, pancreas, colon and rectum, cervix, ovary and acute myeloid leukemia.



Sources: <http://www.healthvermont.gov/3-4-50/data-results>;

http://www.healthvermont.gov/sites/default/files/documents/pdf/6%20Chronic%20Disease_0.pdf;

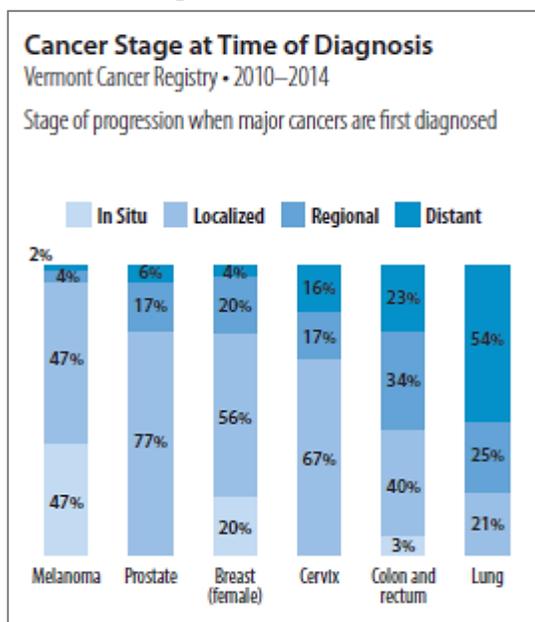
Cancer Screening Tests

The good news is that cancer is often survivable. Survival rates are highest when the cancer is found and treated early before it has spread. That’s why recommended cancer screenings are so important, including those for lung, breast, cervical, and colorectal cancers.

There is some relationship between education, income and race and the rate of use for some certain cancer screenings. For example, in Vermont, the three-year Pap test rate for women aged 25-65 was lower among those with a high school education or less than among college graduates (2016). Vermont women aged 21-65 who lived below 250% of the federal poverty level were less likely to report having been screened, compared to those at or above 250% of the federal poverty level (2016). Racial and ethnic minorities in Vermont had a lower breast cancer screening rate (70%, 2014 and 2016) compared to racial and ethnic minorities nationally (81%, 2016).

Breast Cancer and Cervical Cancer Screening Rates

The incidence of breast cancer among Windham County women is 121.2 per 100,000 residents, or 12%, for the period of 2010-2014. For all Vermont women, the percent is slightly higher at 13%.

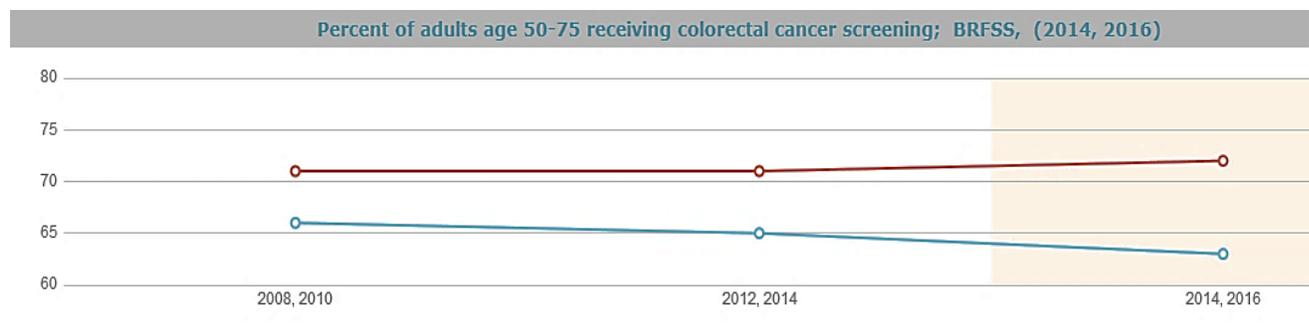


The percentage of Windham County women age 50-74 who have the recommended breast cancer screening (annual mammogram) is 77%, compared to 79% for all Vermont women. The percentage of Windham County women age 21-65 who have the recommended cervical cancer screening is 87% (86% statewide).

Colon Cancer Screening Rates

The incidence of colorectal cancer is higher in Windham County than in the rest of the state, 42.8 cases per 100,000 people, versus 36.1 per 100,000 statewide. This corresponds to a lower rate for colon cancer screenings. The percentage of Windham County adults age 50-75 who have the recommended colorectal cancer screening (fecal occult blood screening and colonoscopy) is 63%, compared to 72% statewide. Windham County consistently lags behind the state average for this screening.

For chart below: Blue = Windham County; Red = Vermont

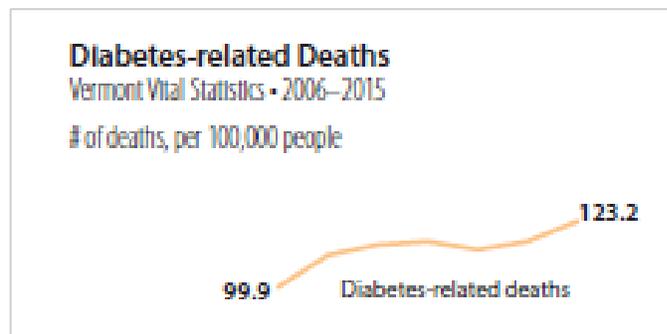


Sources: http://www.healthvermont.gov/sites/default/files/documents/pdf/stat_CancerDataPagesPDF.pdf;
<http://www.healthvermont.gov/ia/CHNA/County/atlas.html>;
<http://www.healthvermont.gov/sites/default/files/documents/2016/11/Healthy%20Vermonters%202020%20Report.pdf>
http://www.healthvermont.gov/sites/default/files/documents/pdf/6%20Chronic%20Disease_0.pdf

Diabetes

Diabetes affects more than 55,000 Vermonters. The Vermont Department of Health (VDH) reports that, “Diabetes is a serious disease that makes your blood sugar too high – either because your body doesn’t make enough insulin, or because the insulin it makes is not used correctly by your body. High blood sugar over time causes problems in many parts of the body,” thus diabetes is often a contributing factor in other diseases.

In 2015, diabetes was the primary cause of 123.2 deaths for every 100,000 Vermonters, and the contributing cause for 25.4 deaths per 100,000 Vermonters. (The difference between primary and contributing cause likely reflects the fact that diabetes is the cause of other fatal diseases. For example, diabetes is the most common cause of kidney disease, which can progress to death from kidney failure).



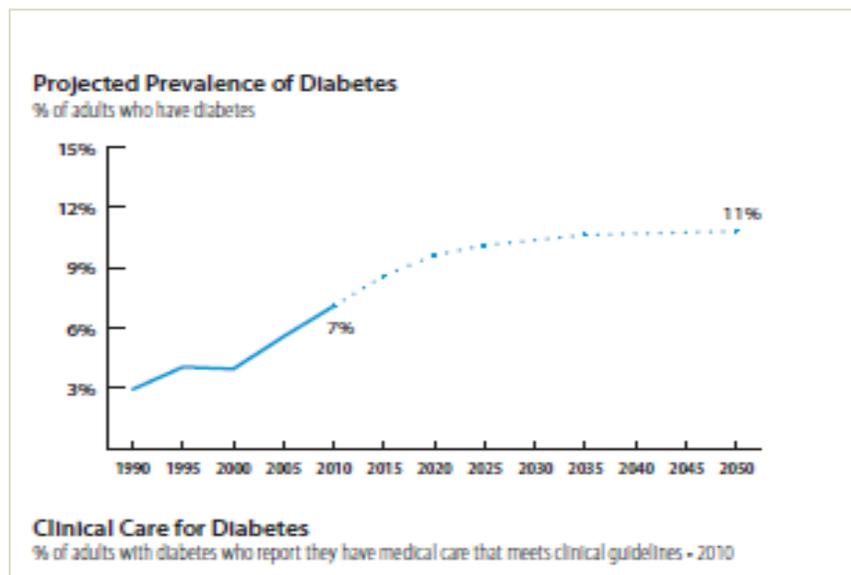
The prevalence of diabetes among Vermonters has remained steady for the past several years.

Windham County consistently reports slightly higher rates of diabetes than the statewide average, 9% in 2016, versus 8% overall for Vermont. The county’s incidence rate has been consistently higher than the state average at least since 2011.

The VDH predicts that rates of diabetes among the population will continue to increase in the future. As overweight Vermont children reach adulthood, diabetes rates are expected to increase substantially. Also, many Vermonters have prediabetes, and the VDH anticipates that 15% to 30% of these will develop Type 2 diabetes within five years.

The percentage of Windham County adults who have had their blood sugar tested in the past three years (data from 2012-2014; due to be reported again in 2018) is 53%, comparable to the statewide percentage of 52%.

The percentage of Vermonters with diabetes who received diabetes education services is only 46%. The VDH has set a goal of increasing that to 60%

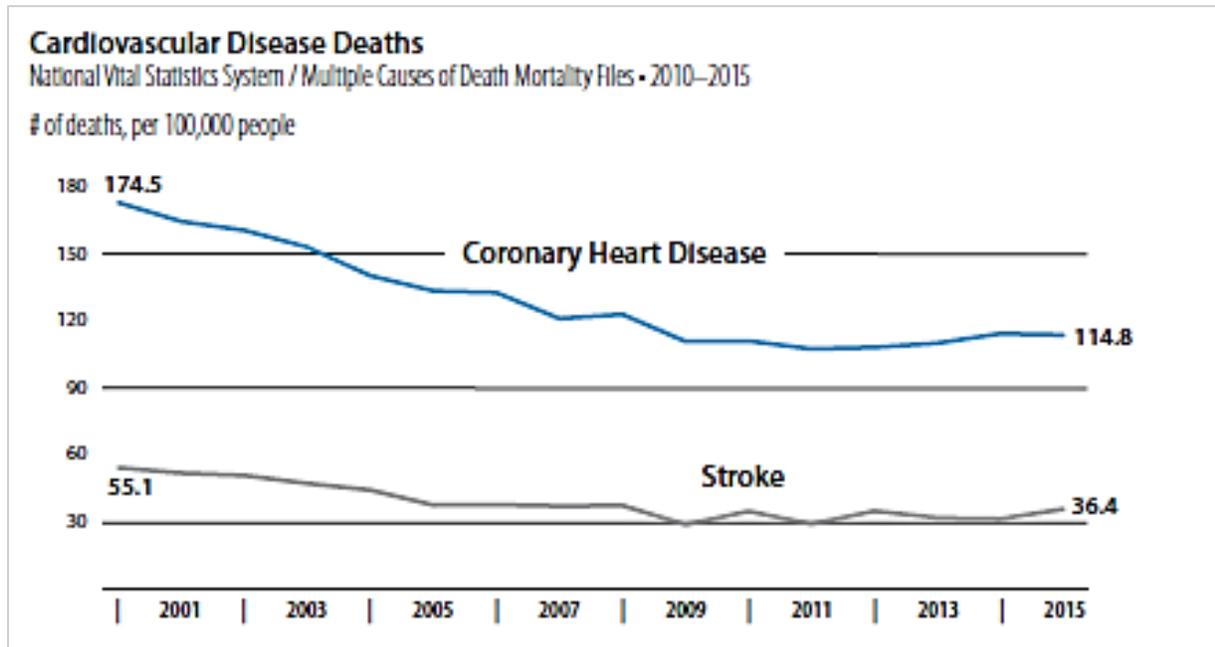


but reports that the trend is toward a lower percentage, not higher.

Sources: <http://www.healthvermont.gov/about/reports/healthy-vermonters-plans-reports> ;
<http://www.healthvermont.gov/ia/CHNA/County/atlas.html> ; <http://www.healthvermont.gov/wellness/diabetes>

Heart Disease Deaths

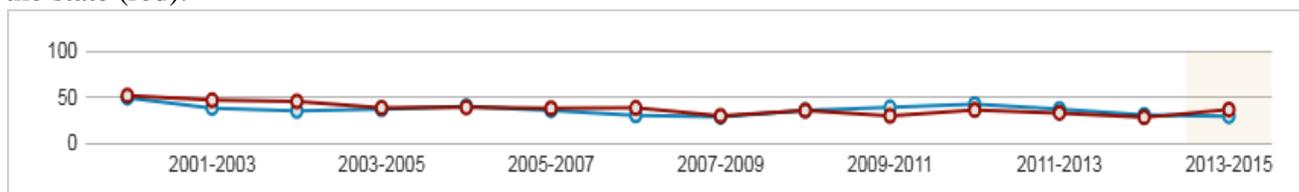
Deaths of Vermonters from heart disease and stroke have been declining steadily over the past decade. Vermonters are significantly less likely to die of stroke than Americans overall. Still, heart disease is the #2 cause of death, and stroke is #6.



The Windham County rate of incidence for cardiovascular disease is comparable to the state's rate: 7% of the county's population and 8% of the state's. These two rates have been comparable for at least 18 years.

Likewise, deaths due to coronary heart disease are 116.9 per 100,000 people, versus 118.9 deaths per 100,000 for the state, and these state-county rates have been close to equal for 18 years.

The incidence rate of deaths due to strokes in Windham County is similar to the state rate. The most recent statistic for Windham County is 29.1 per 100,000 people (blue line), and 36.4 per 100,000 for the state (red).



Sources: http://www.healthvermont.gov/sites/default/files/documents/pdf/6%20Chronic%20Disease_0.pdf;
<http://www.healthvermont.gov/ia/CHNA/County/atlas.html>

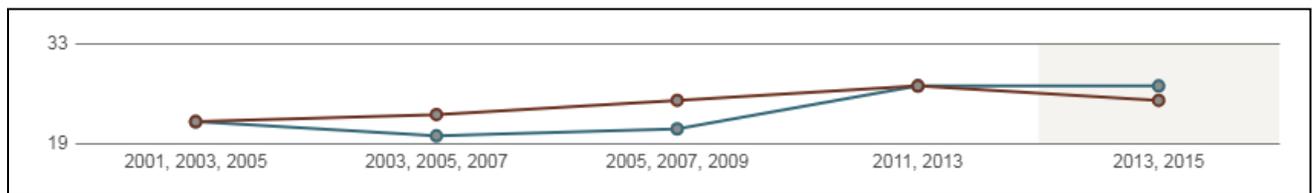
High Blood Pressure and High Cholesterol

More than half of all Vermonters who have cardiovascular disease also have at least one of the following key risk factors: high blood pressure (also called hypertension), high cholesterol, and/or a habit of smoking.

According to the U.S. Centers for Disease Control (CDC), “Blood pressure is the force of blood pushing against the walls of your arteries. Blood pressure normally rises and falls throughout the day. But if it stays high for a long time, it can damage your heart and lead to health problems.” High blood pressure raises one’s risk of having heart disease or a stroke, which are leading causes of death in the U.S.

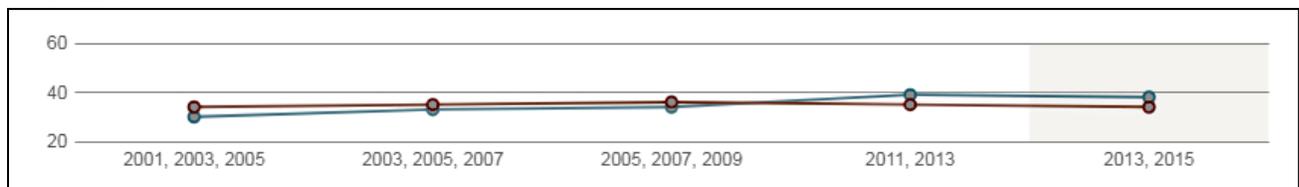
High blood pressure has no warning signs or symptoms, and many people do not know they have it. Therefore, regular blood pressure screenings are an important diagnosis tool. Patients have their blood pressure checked routinely, each time they see a medical provider. Those who have been diagnosed with hypertension need to check their blood pressure much more often.

The incidence rate of high blood pressure among Windham County’s population rose from a low of 20% in 2003, to 27% in 2011, and it has remained at this level ever since (blue line). This is higher than the state average (red line), which has remained relatively steady over the past decade and a half.



Regular screenings for cholesterol level in the blood are also important. Like high blood pressure, the presence of a high cholesterol level has no symptoms by itself, even though it may be causing damage silently, behind the scenes.

The CDC reports that, “Cholesterol is a waxy, fat-like substance that your body needs. But, when you have too much in your blood, it can build up on the walls of your arteries. This can lead to heart disease and stroke—leading causes of death in the United States.” Approximately one in every six adult Americans has high cholesterol. It can be easily diagnosed with a simple blood test. Windham County’s rate of high cholesterol levels among its population was lower than the state average until 2009, when it jumped sharply, by 5%. It has remained higher than the state average ever since.



The percentage of Windham County adults who have had their cholesterol level checked in the past five years (the recommendation interval for those whose cholesterol is in the safe range) is 75%, compared to the statewide average of 76%.

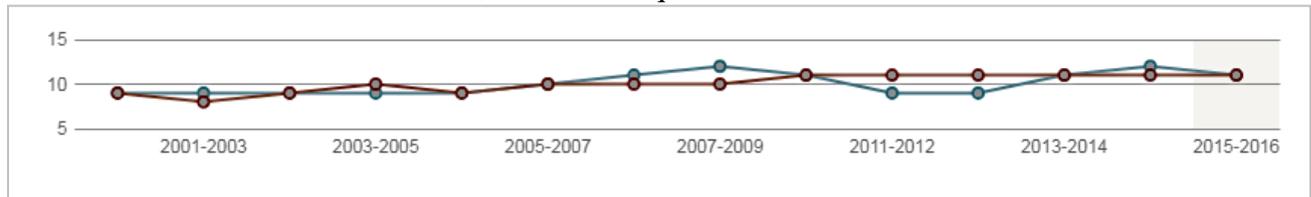
Sources: <https://www.cdc.gov/bloodpressure/about.htm>; https://www.cdc.gov/cholesterol/docs/consumered_cholesterol.pdf; <http://www.healthvermont.gov/ia/CHNA/County/atlas.html>

Lung Health

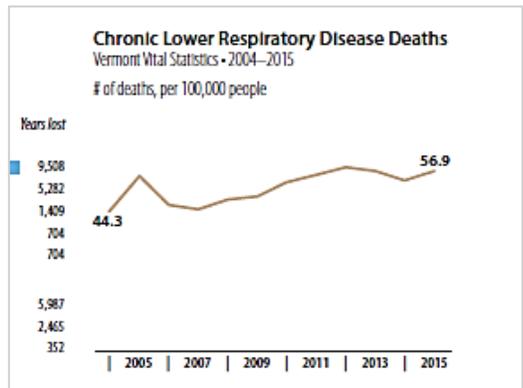
The three most common lung diseases that afflict Windham County residents are asthma, chronic obstructive pulmonary disease (COPD), and lung cancer. The latter two are directly related to smoking, and the first one, while not directly caused by it, is certainly aggravated by smoking.

Asthma: According to the Vermont Department of Health, “Asthma is a chronic disease in which the lungs become inflamed and airways narrow and react to ‘triggers.’ When the lungs become irritated, the airways swell and mucus builds up, causing shortness of breath, coughing, wheezing, chest pain or tightness, tiredness or a combination of these symptoms. People with uncontrolled asthma often have difficulty sleeping and breathing, may miss school and work, and often face costly medical bills due to hospitalizations and emergency department visits. Asthma affects people of all ages, and most often starts during childhood.”

Windham County’s incidence of asthma among adults was worse than the state’s rate in 2007 and better than the state’s rate in 2011-12, but is now equal at 11% each.

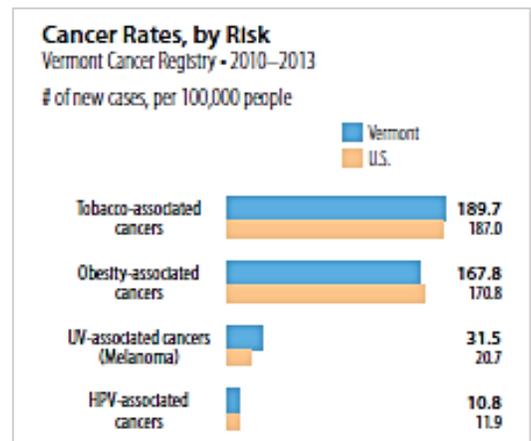


Chronic Obstructive Pulmonary Disease (COPD): This term refers to a group of diseases that cause airflow blockage and breathing-related problems, including emphysema and chronic bronchitis. Tobacco smoke is a key factor in the development and progression of COPD. Almost 15.7 million Americans -- 6.4% -- reported a diagnosis of COPD, but the actual number may be higher, as COPD is known to be underdiagnosed. Both Windham county and Vermont report a rate of 6%.



Chronic lower respiratory disease – bronchitis, emphysema, asthma – is the third leading cause of death, and there has been no change over time. Nearly all of these deaths occur among adults age 45+. The death rate increases with age, and is higher among white Vermonters.

Lung Cancer: Smoking can cause cancer almost anywhere in the body. One-third of cancers diagnosed in the U.S. are associated with tobacco; nine out of 10 cases of lung cancer are caused by smoking. Vermont adults with non-skin cancer smoke at a higher rate than those without cancer (25% vs. 18%), which can worsen the odds of survival. Windham County’s rate of lung cancer is noticeably better than the state’s (54.9 cases per 100,000, versus 64.9 for Vermont).



Sources: <http://www.healthvermont.gov/wellness/asthma>; <http://www.healthvermont.gov/tracking/chronic-obstructive-pulmonary-disease>; <http://www.healthvermont.gov/ia/CHNA/County/atlas.html>

Prevention: Vaccines

Vaccinations help protect people from the risk of disease, especially infants who are too young to be vaccinated, and children and adults with weakened immune systems. Vaccinations can protect those being vaccinated, as well as prevent those in contact with vulnerable populations from transmitting a dangerous disease. Increased vaccination rates can help to protect the health of all Vermonters, those who receive immunizations, and those they are in close proximity to.

The Vermont Immunization Program provides health care providers with all pediatric and most adult vaccines at no cost through the federal Vaccines for Children and Vaccines for Adults programs.

Individuals with questions about what is best for their family should speak to their health care provider. Those without a healthcare provider can contact a nurse at the VDH local health office in Brattleboro by calling (892)257-2880 or visiting www.healthvermont.gov/disease-control/immunization.

Children: School-Age Vaccinations Rates

Congress created the federal Vaccines for Children (VFC) Program in 1993. The goal of the VFC Program is to prevent vaccine-preventable diseases by removing or reducing cost barriers. The VFC program is funded by federal entitlement money guaranteed to each state to buy vaccines for children who are Medicaid eligible, uninsured, underinsured (defined in this case as a health insurance policy that will not cover vaccination services), Alaskan native, or native American.

Data on Windham County vaccine coverage is tracked by the Vermont Department of Health (VDH). The tables below are the most recent data on the percentage of students by school who are fully vaccinated. There has been improvement in the percent of fully-vaccinated students in some Windham schools, and there is room for more improvement.

		STATEWIDE COMPARISON DATA	
		Total Enrollment	Fully Vaccinated
PUBLIC SCHOOLS 2017-18 VACCINATION COVERAGE	Kindergarten Public	5,899	92.0%
	Kindergarten Independent	356	76.1%
	Kindergarten Total	6,255	91.1%
	Seventh grade Public	6,081	92.5%
	Seventh grade Independent	582	87.8%
	Seventh grade Total	6,663	92.1%
	K-12th Public	76,130	95.1%
	K-12th Independent	9,116	88.9%
	K-12th Total	85,246	94.4%

County	Supervisory Union/District	School Name	Total Enrollment	Fully Vaccinated
Windham	Windham Central SU	Dover Elementary	77	98.7%
Windham	Windham Northeast SU	Bellows Falls Union High School	332	98.5%
Windham	Windham Southwest SU	Halifax School	53	98.1%
Windham	Windham Southeast SU	Green Street School	231	97.0%
Windham	Windham Northeast SU	Athens/Grafton Joint Contract School	74	95.9%
Windham	Windham Northeast SU	Saxtons River Elementary	98	95.9%
Windham	Windham Southeast SU	Vernon Elementary	161	95.0%
Windham	Windham Northeast SU	Bellows Falls Middle School	237	94.9%
Windham	Windham Southwest SU	Twin Valley Elementary	175	94.9%
Windham	Windham Southeast SU	Brattleboro Union High School	759	94.3%
Windham	Windham Central SU	Townshend Village School	70	94.3%
Windham	Windham Central SU	NewBrook Elementary School	119	94.1%
Windham	Windham Northeast SU	Westminster School	192	93.8%
Windham	Windham Southeast SU	Academy School	352	93.5%
Windham	Windham Southeast SU	Brattleboro Area Middle School	289	93.4%
Windham	Windham Southeast SU	Oak Grove School	127	92.9%
Windham	Windham Northeast SU	Central Elementary	163	92.6%
Windham	Bennington Rutland SU	Flood Brook School	285	91.9%
Windham	Windham Southeast SU	Dummerston School	145	90.3%
Windham	Windham Central SU	Leland & Gray Union High School	286	89.9%
Windham	Windham Southeast SU	Putney Central School	157	88.5%
Windham	Windham Southeast SU	Guilford Central School	95	87.4%
Windham	Windham Central SU	Windham Elementary	15	86.7%
Windham	Windham Central SU	Wardsboro Central School	39	84.6%
Windham	Windham Southwest SU	Twin Valley Middle/High School	234	83.8%
Windham	Windham Central SU	Jamaica Village School	52	82.7%
Windham	Windham Central SU	Marlboro Elementary	76	73.7%

INDEPENDENT SCHOOLS
2017-18 VACCINATION
COVERAGE

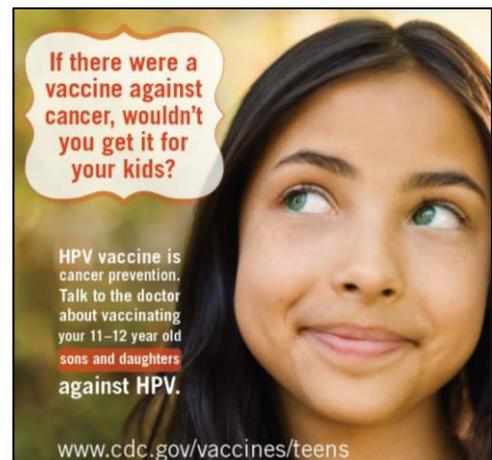
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K-12th Total	85,246	94.4%

*** – data redacted for schools with enrollment of six or fewer students to protect confidentiality

County	School Name	Total Enrollment	Fully Vaccinated
Windham	Inspire For Autism Inc.	15	100.0%
Windham	Kurn Hattin Homes	93	100.0%
Windham	Hilltop Montessori School	79	98.7%
Windham	Community Schoolhouse	39	97.4%
Windham	Stratton Mountain School	138	97.1%
Windham	Meadows Educational Center	40	95.0%
Windham	Saint Michael School	112	93.8%
Windham	Vermont Academy	204	93.6%
Windham	Greenwood School	59	91.5%
Windham	Kindle Farm School	54	88.9%
Windham	Mt Snow Alpine Training Academy	29	86.2%
Windham	The Grammar School	71	83.1%
Windham	The Putney School	233	75.1%
Windham	The Compass School	73	74.0%
Windham	Neighborhood Schoolhouse	31	67.7%
Windham	12 Tribes School-Bellows Falls	7	0.0%

Adolescents & Young Adults: HPV Vaccine

Human Papilloma Virus (HPV) is a virus that can cause six different types of cancer. It is so common that nearly all sexually active men and women get it at some point in their lives. The virus is easily spread by intimate skin-to-skin contact. There are many different types of HPV. Most HPV infections (9 out of 10) go away by themselves within two years, and most people with HPV never develop symptoms or health problems. But, sometimes, HPV infections last longer, and they can cause certain cancers and other diseases. Every year in the United States, HPV causes 32,500 cancers in men and women.



The HPV vaccine is a safe and effective vaccine that prevents most common health problems associated with the virus, including cancer. Vaccination with the HPV vaccine prior to exposure to the virus can decrease the risk of certain cancers. The vaccine is fairly new. In 2006, the first HPV vaccine was licensed for girls, and five years later it was recommended for use in boys. The HPV vaccine should be given to all adolescents at 11-12 years, when it is most effective. The HPV vaccine may be given anytime from age 9-26 years.

According to the Vermont Immunization Program's 2017 annual report, 44 percent of Windham County teens age 13–15 had completed the HPV vaccine series, compared to the statewide average of 46.8 percent. Windham County ranked ninth out of Vermont's 14 counties in terms of its percentage of teens immunized.

Flu Vaccines: Children, Adults & Seniors

Influenza, commonly called “the flu”, is a contagious respiratory illness caused by a virus that affects the nose, throat and lungs. Influenza spreads from person to person when an infected person coughs or sneezes.

Unlike the common cold, the flu can cause serious illness and can be life-threatening. Each year in the U.S., influenza is estimated to be responsible for at least 9 million cases of disease, 140,000 hospitalizations, and 12,000 deaths. Approximately 71-85 percent of seasonal flu-related deaths have occurred in people 65 years and older, and 54-70 percent of seasonal flu-related hospitalizations have occurred among people in that age group.

Those at highest risk of contracting a serious or deadly case of the flu include:

- Pregnant women and breastfeeding mothers
- All adults 50 years of age and older
- Residents of nursing homes and other long term care facilities
- Healthcare workers
- Travelers
- People with certain chronic medical conditions or a compromised immune system
- Anyone with a condition that can compromise respiratory function

CDC recommends that everyone 6 months of age and older get a seasonal flu vaccine each year by the end of October if possible. It is especially important for those with weakened immune systems. In Windham County 62% of residents age 65 and older receive an annual flu vaccine, slightly higher than the Vermont figure of 59%.

Sources: <https://www.cdc.gov/hpv/parents/questions-answers.html>; <http://www.healthvermont.gov/immunizations-infectious-disease/immunization/parents>; <http://www.healthvermont.gov/immunizations-infectious-disease/immunization-health-care-professionals/vaccines-childrenvaccines>; <https://www.cdc.gov/flu/about/disease/65over.htm>; www.healthvermont.gov/stats/data

Section B: Health Needs of Minority, Low-Income & Medically Underserved Populations

A major focus of this 2018 Community Health Needs Assessment (CHNA) was to identify individuals and groups in the community who may be medically underserved. Persons potentially at risk for medical underservice include low-income individuals, minorities, and any others who may experience difficulty in accessing appropriate health care.

The following organizations provided qualitative input concerning the health needs of potentially medically underserved people in the community. Their responses were gathered and prepared by Brattleboro Memorial Hospital as part of the joint CHNA process with Grace Cottage, Brattleboro Memorial Hospital, and the Brattleboro Retreat.

Participating organizations' responses:

Organization	Population Served by the Organization	Health Needs of the Population Served	Barriers to Achieving or Maintaining Good Health	What community resources are potentially available
AIDS Project of Southern Vermont	The AIDS Project of Southern VT provides medical case management to HIV+ individuals, and supportive services to their families, prevention services, including counseling and testing. We offer syringe services for people who inject drugs.	<ul style="list-style-type: none"> • Appropriate screening exams (Gay, trans, LGBTQ) • Complicated multiple/health issues 	<ul style="list-style-type: none"> • Transportation • PCPs – lack of continuity of care • Coordination of care-multiple diagnoses • Insurance coverage (co-pays, co-insurance, deductibles, no dental) • Lack of dentists • Lack of psychiatrists • Comprehensive support systems (24/7) 	<ul style="list-style-type: none"> • Vermont 211 • Resource sharing

Organization	Population Served by the Organization	Health Needs of the Population Served	Barriers to Achieving or Maintaining Good Health	What community resources are potentially available
<p>Boys & Girls Club of Brattleboro</p>	<p>Boys & Girls Club of Brattleboro serves youth between the ages of 6 and 19 years old. We have members from all over the greater Brattleboro area. A large percentage of BGC members are from disadvantaged or low income homes. BGC of Brattleboro has over 1000 members.</p>	<ul style="list-style-type: none"> • Food insecurity, nutrition, knowing where the next meal is coming from • Marijuana is an issue among high school students • Dental • Vision • Mental Health • Also, many young people do not have a general feeling of safety physically, mentally and/or emotionally • General drug use is up, if not specifically with our members at least with their families. 	<ul style="list-style-type: none"> • Lack of parental assistance • Cost of seeing a provider (co-pays, etc.). Many will have an injury, but not have it seen due to cost issues. • Stigma attached to the school lunch program. Teens won't complete the paperwork and miss a meal. • Free school lunch program only allows certain food items. • Lack of mental health providers, long wait and delays for mental health services. • Navigating services is a challenge – where is it, what time, is it child friendly? • Transportation always an issue for kids. Safety concerns arise when children are walking alone, at night/dusk. • Few dentists take Medicaid. • Lack of child care/child friendly sites 	<ul style="list-style-type: none"> • Boys & Girls Club provides dinner to members and families 6 nights/week. • Boys & Girls Club has extended hours in the summer with a sliding fee scale – provides summer meals, too. • The Boys & Girls Club also provides education and training around substance use and abuse, avoidance of using drugs and how to stop once/if you start. • Also homelessness is a large problem for young people in our community, whether it is the youth themselves that are homeless or their entire family.

Organization	Population Served by the Organization	Health Needs of the Population Served	Barriers to Achieving or Maintaining Good Health	What community resources are potentially available
<p>Brattleboro Housing Partnership/SASH</p>	<p>The Brattleboro Housing Partnership houses seniors, adults with disabilities and families. The mission of the Brattleboro Housing Partnership is to ensure the provision of quality affordable housing opportunities in viable communities for lower income households. The Support and Services at Home (SASH) program serves Medicare recipients in meeting their health related goals and supports participants in becoming better self- managers.</p>	<ul style="list-style-type: none"> • Dental • Homemaking services for seniors and adults with disabilities • Medication management • Nutrition • Unaddressed addiction issues • Mental health Psychiatrist • Access to PCP • Chronic Disease Management • Isolation 	<ul style="list-style-type: none"> • Transportation • Discrimination • Poverty • Housing • Insurance gaps • Not enough providers • Education • Access to healthier foods • Stigmas • Waitlists • Communication Barriers 	<ul style="list-style-type: none"> • Community Health Team • Wellness Programs • Moderate Needs/Choices for Care Programs • Wellness Programs with incentives • Connecticut River Transit – transportation • HCRS programs • Winston Prouty Case management/ Education • EES education • Senior Solutions Case Management • VT Foodbank • Community of Vermont Elders • Senior Meals • SEVCA • Shelter Plus Care • VT Center for Independent Living • Groundworks • Voc. Rehab

Organization	Population Served by the Organization	Health Needs of the Population Served	Barriers to Achieving or Maintaining Good Health	What community resources are potentially available
<p>Children’s Integrated Services (CIS)</p> <p><i>Family Supportive Housing (FSH)</i></p> <p><i>Early Learning Center</i></p> <p><i>Child Care Support Services</i></p>	<p>Children’s Integrated Services (CIS) serves pregnant women and families with children 0-6 years old. Many of our families are low-income and we focus on coordinated Child developmental services and family support.</p> <p>Case management for families with young children (priority children 6 and under) who are homeless or at risk of becoming homeless</p> <p>Early education for children 6 weeks through 5 years</p> <p>Child Care Referral, Child Care Financial Assistance Program, Early Learning Express Bookmobile, Child and Adult Care Food Program, Training & Funding Opportunities for Early Care & Learning Providers</p>	<ul style="list-style-type: none"> • Poor diet and nutrition (and knowledge of diet and nutrition) • Mental health including depression, anxiety, bipolar, borderline personality disorder and mental health issues without a defined diagnosis). <ul style="list-style-type: none"> • Diabetes • Dental • Mental health issues impact other areas of health such as meeting daily needs, diet, exercise, self-care, etc. • Respiratory issues from smoking • Substance abuse (heroin, alcohol) • Weight issues • Homelessness, lack of stable housing which impacts physical and mental health and diet 	<ul style="list-style-type: none"> • Transportation • Waiting lists, lack of providers • Very limited access to psychiatry • Lack of information/ knowledge • Lack of basic needs such as housing and childcare. Clients in “crisis” mode and so don’t have time/energy, etc. to look after health needs • Bad experiences and/or trauma in the past • Guilt around not keeping up with healthcare • Time management/ ability to keep appointments. Mental health issues can take over -ability to keep appointments, etc. • Surrounded by negative influences • Poverty – again always in “crisis” mode • Access to phones/ changing numbers, being in contact with medical providers • Lack of natural support systems • Limited funds to purchase healthy foods 	<ul style="list-style-type: none"> • Med Rides • CIS/other home visiting agencies • Y Bus • Healthcare navigators • Housing case workers • Sue Rand at the Health Department • Local food shelves • WIC

Organization	Population Served by the Organization	Health Needs of the Population Served	Barriers to Achieving or Maintaining Good Health	What community resources are potentially available
<p>Green Mountain Crossroads</p>	<p>Green Mountain Crossroads primarily works with youth, adults, and seniors who are Lesbian, Gay, Bisexual, Transgender, and/or Queer (LGBTQ) living in rural areas and small towns.</p> <p>Of particular interest to us and to the individuals served are access to LGBTQ-competent physical and mental healthcare providers with a specific focus on competency and familiarity with providing care to trans and gender non-conforming people. Many of the individuals we serve are also low-income.</p>	<ul style="list-style-type: none"> • Access to competent care providers for queer and trans people. This extends to all types of care, not those dealing specifically with directly related items such as hormone -replacement therapy. We find frequently that even when care providers say they are LGBTQ friendly, they are not experts or even have basic competencies in serving trans-gender patients. Frequently, our folks are traveling out of state and/or many hours to find care providers with whom they are comfortable working. • Care that is affordable even though transgender care is supposedly covered under Medicaid in the State of Vermont. These days, many providers are not aware of this. Folks wait and/or delay or skip seeking care until health issues are dire. <ul style="list-style-type: none"> • Endocrinologist, surgeons for gender confirmation surgery • Hormone replacement therapy • Peer-based services • Trans competent therapists 	<ul style="list-style-type: none"> • Gatekeeping- needing letters for surgery, etc. Must go through a certain amount of therapy before “earning” other care. • Insurance companies, not care providers, deciding how long and what type of treatments make sense. • Care being cut off by insurance before folks are truly well. • Challenges updating identity documents to match gender • Misunderstanding what’s possible – trans folks having kids for example. • Ability to pay • General stigma • Cultural competency • Lack of providers for folks with physical disabilities, sidewalks and road conditions in winter are dismal and means folks cannot be self-reliant on getting to appointments, meetings, social gatherings, etc. • Lack of sober spaces to gather • Fear • Must take time off work to recover from surgeries, etc. • A widely-held belief that medical professionals know us and our own body and needs better than we do. • Forms that don’t adequately apply to folks 	<p>GMC provides trainings and education on competency around working with LGBTQ folks. Happy to work developing materials and/or providing training.</p> <p>Send providers to Philadelphia Trans Health Conference in June. Pride Center of Vermont, Outright Vermont, AIDS Project of Southern Vermont, Vermont CARES.</p>

Organization	Population Served by the Organization	Health Needs of the Population Served	Barriers to Achieving or Maintaining Good Health	What community resources are potentially available
<p>Groundworks Collaborative</p> <p>Groundworks Shelter 81 Royal Rd.</p> <p>Seasonal Overflow Shelter (November-April) 209 Austine Dr.</p> <p>Drop-In Center 60 S Main St.</p>	Households at risk or struggling with homelessness including families with children, families with no children, and single adults.	<ul style="list-style-type: none"> • Dental care (mainly extractions/dentures) • Mental illness • Substance use • Chronic health conditions • Pain management 	<ul style="list-style-type: none"> • Lack of transportation • Stigma • Wait time to see a provider • Lack of psychiatric/treatment providers • Insurance barriers- no insurance, underinsured, insurance limits on treatment • Lack of stable housing 	<ul style="list-style-type: none"> • Retreat • HCRS • Private psychiatrist/treatment providers • Walk-In Clinic • Community Health Team • BMH • HUB • Habit Opco • Dental Day • VT Health Department • SEVCA

Organization	Population Served by the Organization	Health Needs of the Population Served	Barriers to Achieving or Maintaining Good Health	What community resources are potentially available
<p>Senior Solutions</p>	Older adults (60yo+) and People living with Disabilities of all ages	<ul style="list-style-type: none"> • Social support and stimulation; includes mental and emotional. can obtain either through personalized attention (VNs, family/friends) or community engagement (senior centers, volunteering, church, town events) • complete nutrition • physical activity- unique for each individual and their limits/goals 	<ul style="list-style-type: none"> • confusing information from various sources on how to lead "healthy" life (different for everyone) • various agencies/NPOs/orgs offering services to people with varying eligibility requirements; adds to client's confusion & frustration when already distressed and seeking assistance • resources (grocery stores, exercise classes, MDs) are more spread out and/or scarce in VT • money- most older adults aren't working full time anymore so they have less funds to spend on travel/food/extra expenses to improve lifestyle 	<ul style="list-style-type: none"> • free classes/services at hospitals • AAAs • Cares Groups • churches, • community centers • The Current/MOOver • various community groups (Neighborhood Connections, RSVP)

Organization	Population Served by the Organization	Health Needs of the Population Served	Barriers to Achieving or Maintaining Good Health	What community resources are potentially available
Southeastern Vermont Community Action (SEVCA)	Southeastern Vermont Community Action serves low-income residents of Windham & Windsor Counties who are suffering.	<ul style="list-style-type: none"> • Coping with the social determinants of health • Living in constant state of scarcity, resulting in abnormally high stress levels and leading to inability to focus and ineffective executive function • Substance abuse & recovery issues • Tobacco addiction • Poor diet & nutrition • Health conditions associated with chronic homelessness • Other Mental Health issues 	<ul style="list-style-type: none"> • Inability to access appropriate needed health services • Lack of a “medical home” with continuity of health care providers and coordination of care • Cost of health insurance premiums, high deductibles & co-pays • Lack of accurate Info re: affordable & available health care options • Inability to meet basic needs such as housing, heat, nutrition, financial security, etc. 	<ul style="list-style-type: none"> • Federally Qualified Health Centers (FQHCs) • Affordable Care Act (ACA) / VT Health Connect • Health Connect Navigators • Community Mental Health Agencies • 3SquaresVT Program • Housing, Fuel, Food, Emergency Shelter, and other programs addressing basic needs • Interagency coordination of services

Organization	Population Served by the Organization	Health Needs of the Population Served	Barriers to Achieving or Maintaining Good Health	What community resources are potentially available
Townsend SASH	Serves anyone on Medicare, and sometimes Medicaid in the towns surrounding Townshend and Townshend.	<ul style="list-style-type: none"> • HTN • Isolation • hearing/vision • Balance • chronic condition management • depression • anxiety • dental • nutrition • diabetes • weight, • arthritis 	<ul style="list-style-type: none"> • Sometimes a loss of faith in medical system • amount of time provider will spend • transportation at times • pride • education about condition • loss of hope 	SASH and the Community Health Team are fantastic resources to assist with all of these obstacles.

Organization	Population Served by the Organization	Health Needs of the Population Served	Barriers to Achieving or Maintaining Good Health	What community resources are potentially available
<p>Women’s Freedom Center</p>	<p>The Women’s Freedom Center is the domestic and sexual violence resource agency for Windham and southern Windsor counties. While the Women’s Freedom Center works to end men’s violence against women, we provide support to all survivors of domestic and sexual violence. The majority of the survivors we work with are in fact women and children. And while these issues cut across all socio-economic lines, most of the women we serve have significant financial challenges. Those challenges may make them more likely to need our help with their trauma history itself creating huge economic repercussions.</p>	<p>Mental Health</p>	<p>Stress/overwhelmed, exacerbated by long waits for mental health support – wide gap between crisis and stability support</p> <ul style="list-style-type: none"> • Domestic violence wreaking havoc on financial options/ work history/ rental stability, etc. <p>Victims are often starting over from zero – may put their health last instead of first unless it is a medical emergency</p> <ul style="list-style-type: none"> • Challenges getting access to mental health providers (wait time, HCRS especially) • For women fleeing without their psych meds sometimes, it’s hard to see a psychiatrist quickly 	<ul style="list-style-type: none"> • Numerous progressive grass roots orgs • 2 hospitals • Retreat, • HCRS • Phoenix House, • private therapists • Free Clinic

Organization	Population Served by the Organization	Health Needs of the Population Served	Barriers to Achieving or Maintaining Good Health	What community resources are potentially available
<p>Women, Infants, and Children (WIC) Program</p>	<p>WIC is a supplemental foods, health care referral, and nutrition education program for low-income pregnant, breastfeeding and non-breastfeeding postpartum women, and to infants and children up to age five. Low-Income is based on 185% of Federal Poverty level. Women or children who are receiving Vermont Medicaid/ Dr. Dynasaur and children in custody of Department of Children & Families are eligible.</p>	<ul style="list-style-type: none"> • Nutrition education and breastfeeding support • Food Security • Substance Use and Abuse (Alcohol and drugs) • Tobacco Use • Dental Care • Blood lead screening • Vaccination • Referral Resource based on health needs 	<ul style="list-style-type: none"> • Lack of nutrition information and knowledge • Food insecurities • Family unit instability • Time management and ability to keep appointments • Families who have suffered trauma • Lack of insurance and providers for dental care • Transportation • Lack of physical activity 	<ul style="list-style-type: none"> • WIC Program with outlying clinic sites • VT Department of Health – Public Health Nutritionists, Public Health Dental Hygienist, Public Health Nurses (Immunization/Lead) • VT Food Bank – Veggie Van Go • Groundworks Collaborative • Children’s Integrated Services (CIS) • Early Education Services (EES) • Help Me Grow – 211 x6 • 3 Squares • 802 Quits • Language Line for translation • Health Care & Rehabilitation Services (HCRS)

Organization	Population Served by the Organization	Health Needs of the Population Served	Barriers to Achieving or Maintaining Good Health	What community resources are potentially available
<p>Youth Services</p>	<p>The population served by Youth Services includes the following;</p> <ul style="list-style-type: none"> • Families with children of all ages • Adults and youth who are involved in the justice system (through court diversion and now the new pretrial program) • Children ages 0 all the way up to age 22. The majority of youth we serve are school age or transitional age 	<ul style="list-style-type: none"> • Nutrition and exercise • Substance abuse and misuse 	<ul style="list-style-type: none"> • Capitalism • Affordability for healthcare, food, quality supplements • Accessibility (cultural, transportation) • Lack of treatment capacity (developmentally and culturally) • Poverty • Homelessness • Education/information about health in general • Depression (not feeling well enough to even motivate to make change or access care) • Violence/trauma in the home • Lack of hope • Communities not vibrant w/ good economic opportunities for all skill sets and backgrounds • Trust in systems • Discrimination-against poverty, race, gender, etc. • Lack of investment/ resources in school-age youth population – focus & funding is shifting to early childhood. • We need to support significant developmental changes in teens, young adults 	<p>Reduction of resources; we need to generate more revenue by tax policies that are not shifting burden to middle and low income</p>

Section C: Article for the Windham County CHNA Survey

Local Hospitals Team Up for Community Health Needs Assessment Windham County Community Survey Open Now Through March 31st

By Konstantin von Krusenstiern
March 19, 2018

Throughout the month of March, residents of Windham County are encouraged to take a brief survey to share what they consider their most pressing healthcare needs and concerns. The survey is available online at wellnessinwindham.org.

The survey is an important part of a Community Health Needs Assessment (CHNA) being conducted jointly by Brattleboro Memorial Hospital, the Brattleboro Retreat, and Grace Cottage Family Health & Hospital. Results will be shared with leaders at these medical facilities and will help in developing strategies to address prioritized healthcare needs.

The three healthcare organizations are working collaboratively to gather information by surveying residents and also by speaking with representatives of groups that serve medically underserved populations within Windham County. The Vermont Department of Health's Brattleboro Office is participating in the process as well by providing population health data and administrative coordination.

The anonymous community survey takes about two minutes to complete. In addition to being online at wellnessinwindham.org, paper copies are available throughout the month at each of the partnering medical facilities, at the VT Department of Health offices and at the CCV Brattleboro campus.

Survey results and a comprehensive CHNA Report will be made available by the end of the year on the partners' websites and at their places of business. This community assessment process takes place once every three years.

Section D: 2018 Windham County CHNA Survey



2018 COMMUNITY HEALTH NEEDS ASSESSMENT

If you are at least 18 years of age, please take a minute to complete the survey below. All responses will remain anonymous. The purpose of this survey is to get your opinions about community health issues. Thank you for your time and interest in helping us to identify our most pressing problems and issues.

1. What are the most significant health issues or concerns facing you and your family? (Check all that apply).

- | | | |
|--|---|--|
| <input type="checkbox"/> Access to Effective Birth Control | <input type="checkbox"/> Hearing Problems | <input type="checkbox"/> Smoking/tobacco use |
| <input type="checkbox"/> Alcoholism | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Sexually transmitted diseases |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Stress |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> High Cholesterol | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Home health services | <input type="checkbox"/> Teen Pregnancy |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Housing insecurity | <input type="checkbox"/> Tick borne illness |
| <input type="checkbox"/> Chronic pain | <input type="checkbox"/> Housing for elderly | <input type="checkbox"/> Unsafe Housing |
| <input type="checkbox"/> Contagious diseases (e.g., measles, TB, etc.) | <input type="checkbox"/> Flu/pneumonia | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Dental problems | <input type="checkbox"/> Food insecurity | <input type="checkbox"/> Others: |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Lung Disease | _____ |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Mental health issues | _____ |
| <input type="checkbox"/> Domestic Sexual Violence | <input type="checkbox"/> Nutrition | _____ |
| <input type="checkbox"/> Drug misuse or substance use | <input type="checkbox"/> Obesity/Overweight | |
| <input type="checkbox"/> Healthy Aging | <input type="checkbox"/> Osteoporosis | |
| | <input type="checkbox"/> Physical fitness | |
| | <input type="checkbox"/> Pre-natal care | |

2. What are the most significant health issues or concerns facing your neighbors or your community?

(Check all that apply).

- | | | |
|--|---|--|
| <input type="checkbox"/> Access to Effective Birth Control | <input type="checkbox"/> Hearing Problems | <input type="checkbox"/> Smoking/tobacco use |
| <input type="checkbox"/> Alcoholism | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Sexually transmitted diseases |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Stress |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> High Cholesterol | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Home health services | <input type="checkbox"/> Teen Pregnancy |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Housing insecurity | <input type="checkbox"/> Tick borne illness |
| <input type="checkbox"/> Chronic pain | <input type="checkbox"/> Housing for elderly | <input type="checkbox"/> Unsafe Housing |
| <input type="checkbox"/> Contagious diseases (e.g., measles, TB, etc.) | <input type="checkbox"/> Flu/pneumonia | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Dental problems | <input type="checkbox"/> Food insecurity | <input type="checkbox"/> Others: |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Lung Disease | _____ |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Mental health issues | _____ |
| <input type="checkbox"/> Domestic Sexual Violence | <input type="checkbox"/> Nutrition | _____ |
| <input type="checkbox"/> Drug misuse or substance use | <input type="checkbox"/> Obesity/Overweight | |
| <input type="checkbox"/> Healthy Aging | <input type="checkbox"/> Osteoporosis | |
| | <input type="checkbox"/> Physical fitness | |
| | <input type="checkbox"/> Pre-natal care | |

Please complete both sides of survey.

3. What most prevents **you and your family** from attaining good health and well-being? (Check all that apply)

- Alcohol/drug use
- Can't afford healthy foods
- Difficulty navigating the healthcare system
- Hard time finding healthy foods
- Lack of good transportation options
- Lack of health insurance
- Lack of adequate housing
- Domestic violence
- Too busy to exercise
- Too busy to cook healthy foods
- No options for physical activity
- Can't get off work to see doctor
- Unable to get appointment with doctor
- Can't find child care
- Having a hard time finding a doctor
- Don't have a primary care doctor
- Don't have a dentist
- Too long a wait at doctor's office
- Unable to pay co-pays/deductible
- Can't always afford to fill prescriptions
- Can't access a specialist
- Lack of mental health treatment services
- Lack of addiction treatment services
- Smoking/tobacco use/2nd hand smoke
- Lack of after-school activities for kids
- Providers lack cultural sensitivity
- Lack of employment/living wage
- Other: _____

4. Age:

- 18 – 24
- 25 - 34
- 35 - 44
- 45 - 54
- 55 - 64
- 65 - 74
- 75 - 84
- 85+

9. Highest level of education:

- 12th grade or less (no HS Diploma)
- High school diploma or GED
- Technical school
- Some college
- Associates Degree
- College graduate
- Graduate school

5. Gender Identity: (check all that apply)

- Male
- Female
- Trans male/trans man
- Trans female/trans woman
- Genderqueer/gender non-conforming
- Different identity (please state): _____

10. Annual household income:

- Less than \$10,000
- \$10,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 - \$149,000
- \$150,000 - \$199,999
- \$200,000 +

6. # of Persons in Your Household: _____

7. Are you Hispanic, Latino, or of Spanish origin?

- Yes
- No

11. Does someone in your household speak limited English?

- Yes
- No
- If yes, language spoken _____

8. How would you best describe yourself?

- African American or Black
- Asian or Pacific Islander
- American Indian or Alaskan Native
- White
- Other: _____

12. Town of residence: _____

13. Zip code where you live: _____

You can submit at Town Meeting, in person to the front desk at BMH, GCH, the Retreat, or the agency that you received the survey from, or mail completed survey to Community Health Needs Assessment, Grace Cottage Hospital, PO Box 1, Townshend, VT 05353. Survey is also available online at: www.wellnessinwindham.org. Surveys must be received by March 31, 2018. Thank you for your participation!

Section E: Postcard for the Statewide CHNA Survey



Brattleboro Retreat Online Health Needs Survey

The Brattleboro Retreat is conducting an online Community Health Needs Assessment Survey now through November 15. We invite professional health care providers and members of the Vermont community to participate.

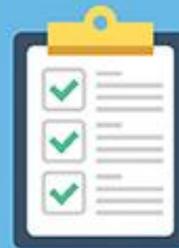
The survey's purpose is to help identify:

- Community health needs, concerns, and issues
- Perceptions of mental illness, and barriers to accessing needed services
- Resources required to meet the mental health and addiction care needs of the community
- Priorities for the Brattleboro Retreat's programs and services.

This anonymous survey includes 15 questions that can be completed in 10 minutes or less. The survey can be accessed online through Thursday, November 15 at brattlebororetreat.org/survey.



Brattleboro Retreat
MENTAL HEALTH AND ADDICTION CARE



If you prefer to complete a paper survey contact
Erin at **802-258-3785** or
efagley@brattlebororetreat.org.

photo: iStockphoto.com

Brattleboro Retreat
P.O. Box 803
Brattleboro, VT 05302

Section F: Website and Social Media for Statewide CHNA Survey



The Brattleboro Retreat is conducting an online Community Health Needs Assessment Survey now through November 15. We invite professional health care providers and members of the larger community to participate. The survey's purpose is to help identify:

- Community health needs, concerns, and issues
- Perceptions of mental illness, and barriers to accessing needed services
- Resources required to meet the mental health and addiction care needs of the community
- Priorities for the Brattleboro Retreat to meet the mental health and addiction care needs of the community
- Target outreach programs for needed mental health and addiction care services.

This 100 percent anonymous survey includes 17 questions that can be completed in 10 minutes or less. The survey can be accessed online through Thursday, November 15 by [clicking here](#).

Individuals who prefer to complete a paper copy can contact Erin Fagley, Digital Marketing Strategist/Community Liaison at (802) 258-3785 or by email efagley@brattlebororetreat.org.





Brattleboro Retreat



Published by Erin Fagley [?] · October 24 · 🌐

We want to hear from you about your community's mental health and addiction care needs. Make your voice heard. The Brattleboro Retreat is conducting an online Community Health Needs Assessment Survey now through November 15. We invite professional health care providers and members of the Vermont community to participate.
<https://www.surveymonkey.com/r/2018BRCHNA>



8,492

People Reached

490

Engagements

Boost Again



Brattleboro Retreat



Published by Erin Fagley [?] · November 10 at 8:41 AM · 🌐

Friends in Vermont, we're asking for your input in the statewide phase of our Community Health Needs Assessment (CHNA) that is focused on mental health and addiction-related issues. Please complete our short, online survey. Thank you in advance!

BRATTLEBORORETREAT.ORG

Brattleboro Retreat Online Health Needs Survey | Brattleboro Retreat

The Brattleboro Retreat is conducting an online Community Health Needs Assessment Survey now through November 15. We invite professional health care providers and members of the larger...

Section G: 2018 Statewide CHNA Survey Results

Q1. Which of the following groups best describe you? Check all that apply.		
Answer Options	Response Percent	Response Count
Family member or close friend with mental illness and/or addiction	44.65%	96
Mental health and/or addiction recovery provider	30.7%	66
Staff member/volunteer of human services organization	21.86%	47
Other consumer/peer in mental health and/or addiction recovery	20%	43
Mental health and/or addiction recovery advocate	14.88%	32
Educator	14.42%	31
Current or former patient of the Brattleboro Retreat	13.49%	29
Other	11.16%	24
Community leader and/or organizer	8.37%	18
Medical provider	6.98%	15
Holistic or integrative health practitioner	6.98%	15
Participant in community mental health or addiction recovery program	6.98%	15
Insurer/payer	3.26%	7
State human services employee	2.33%	5
Legislator	1.4%	3

Q2. If you're a provider, what age groups do you primarily work with?		
Answer Options	Response Percent	Response Count
Adults	42.75%	63
All	29.73%	44
Children	14.86%	22
Adolescents	10.14%	15
Seniors	2.7%	4

Q3. If you are a provider do you work to integrate mental health services with the overall health care your clients receive?		
Answer Options	Response Percent	Response Count
Yes	82.82%	121
No	14.18%	20

Q4. How much do you agree with the following statements?						
Answer Options	Strongly agree	Agree	Disagree	Strongly disagree	Don't know	Response Count
Good mental health is essential to overall health.	199	12	1	0	1	213
In my community, individuals with mental illness, their families, friends & allies can talk openly about mental illness without fear of stigmatization, discrimination or prejudice.	4	49	120	37	5	215
Stigma about mental illness leads people to access fewer services than they need.	101	90	14	2	3	210
Stigma causes individuals with mental illness to feel defeated or humiliated.	105	90	10	3	7	215

Q5. What are the most pressing needs in your community in the areas of mental health and addiction care? You may choose up to 3 answers.		
Answer Options	Response Percent	Response Count
More qualified and trained mental health and addiction professionals	36.28%	78
Better integration between mental health services and medical or other community services	35.35%	76
Greater variety of treatment options (such as mindfulness, and recreational therapy)	35.35%	76
More residential treatment programs for adults	29.30%	63
More trauma-informed care	29.30%	63
Safe and sober housing	25.12%	54
More prevention services	23.72%	51
Other	20.47%	44
Improved early and accurate assessments and diagnoses	18.14%	39
More residential treatment programs for youth	17.67%	38
A more streamlined, efficient referral process	16.28%	35
Suicide prevention programming	9.3%	20
Prescription drug prevention programs and treatment	5.58%	12

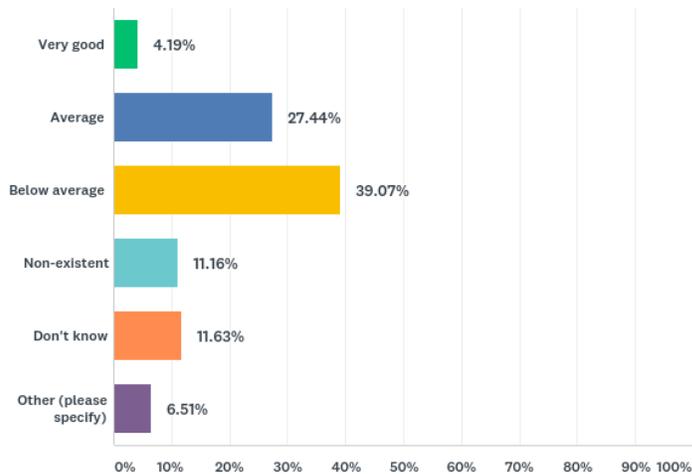
Q6. What are the most commonly cited (or observed) barriers that keep people from accessing mental health or substance abuse services when they or their loved ones need it? You may choose up to 3 answers.		
Answer Options	Response Percent	Response Count
Lack of health insurance or money	48.84%	105
Lack of mental health care or addiction treatment providers	38.14%	82

Denial of illness or addiction	30.70%	66
Previous experience in seeking help was bad	30.23%	65
System too complicated to access	22.79%	49
Difficulty getting appointments that work for clients' schedules	20.93%	45
Lack of trusted mental health care and addiction treatment providers	20.93%	45
Stigma associated with mental illness or addiction	17.67%	38
Lack of transportation	17.21%	37
Do not see mental health care or addiction treatment as a priority concern for themselves or their loved ones	15.35%	33
Lack of providers who can prescribe medications	14.42%	31
Discrimination or lack of cultural sensitivity in the mental health and addiction field	9.3%	20
Fear of legal ramifications	7.44%	16
Lack of time (too busy)	4.65%	10
Limited access to needed services due to childcare issues	4.19%	9

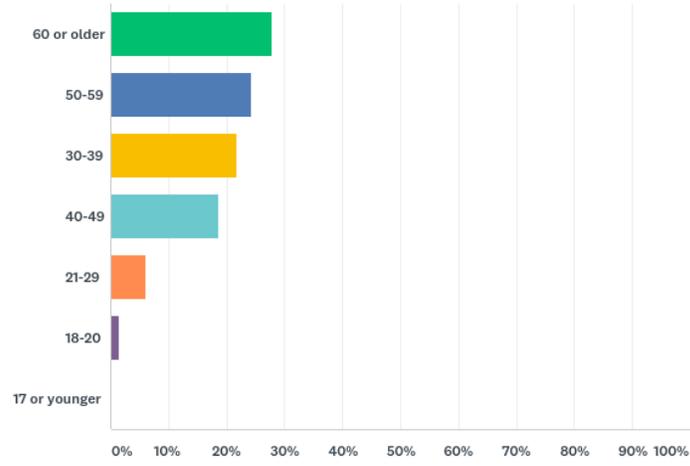
Q7. In your opinion, how can mental health and substance recovery services best be improved? You may choose up to 4 answers.		
Answer Options	Response Percent	Response Count
Increase accessibility of services.	50.23%	108
Better integrate mental health services with medical and other types of community services.	43.26%	93
Improve funding for mental health and addiction treatment.	36.74%	79
Increase funding to make mental health services more affordable for consumers.	34.42%	74
Raise the pay scale for providers of mental health services.	24.65%	53
Listen more to the people who use the services.	24.19%	52
Address family needs, values, and supports.	22.79%	49
Improve services for under-served populations.	20.47%	44
Offer more holistic or alternative health services.	20%	43
Increase Medicaid compensation for mental health services.	18.6%	40
Enhance the mental health workforce through increased or improved education/training.	17.67%	38
Increase community education around stigma.	17.67%	38

Provide tuition assistance and/or scholarships for individuals entering the field of mental health care.	12.09%	26
Other	12.09%	26
Increase diversity among mental health care providers.	5.12%	11
Increase funding in research focused on understanding and treatment of mental illness.	4.65%	10
Improve cultural competency among health care providers to better serve individuals in minority populations.	4.65%	10
Increase community education around suicide prevention.	4.19%	9
Implement more prescription drug monitoring programs.	4.19%	9
Increase community education on the appropriate and safe use and proper storage and disposal of prescription drugs.	1.84%	4

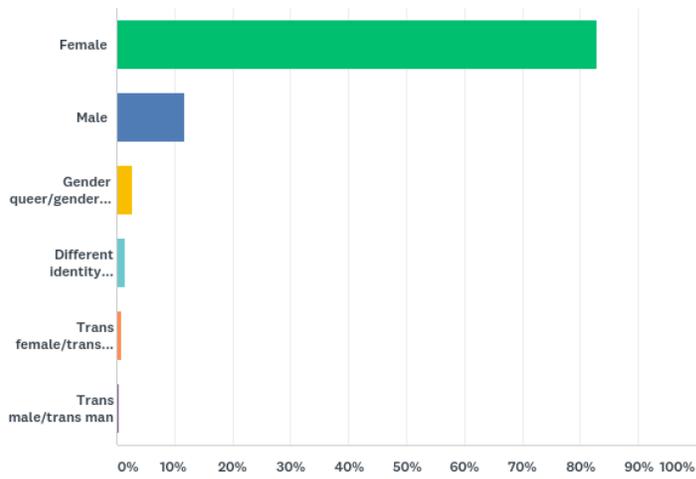
Q9 What do you think about the quality of communication and collaboration between the professional medical community and the professional mental health and addiction treatment community?



Q13 Which category below includes your age?



Q14 How would you describe yourself?



Looking Ahead: 2019-2021 CHNA Implementation Plan

In the first quarter of 2019, planners at the Brattleboro Retreat will develop a three-year action plan to address the identified priority areas.

Review of the 2016-2018 CHNA Implementation Plan

The Brattleboro Retreat successfully executed the 2016-2018 CHNA Implementation Plan. Below is summary of CHNA-related activities during the period of the plan.



Brattleboro Retreat CHNA Implementation Update

(June 1, 2018)

For CHNA-related activities from June 1, 2017 to May 31, 2018

- **Community Need #1—Enhance Care Coordination activities between medical and mental health providers:**
 - Continued to staff an office of mental health professionals within the main facility of Blue Cross Blue Shield Vermont (BCBSVT) in Barre, VT. The individuals who staff this office (called Vermont Collaborative Care or VCC) help BCNSVT subscribers integrate mental health care and medical health care.
 - Continued to provide collaborative office rounds with area pediatric and family practices to facilitate problem solving on psychiatric and addiction cases.
 - Established tele-psychiatry services in collaboration with Brattleboro Memorial Hospital’s emergency department (ED) to facilitate real time consultations between Retreat psychiatrists and ED physicians concerning patients with acute psychiatric complaints.
 - Added a Referral Resource page to the Retreat’s newly-designed website.

- **Community Need #2—Increase accessibility to Retreat programs and services to historically under-served populations:**
 - Offered one continuing education workshop focused on culturally diverse patient populations: on 10/20/2017, entitled “Unmasking Racial Trauma and Strengthening Relational Bonds in Black Families,” with speaker Christiana Awosan, Ph.D.

- Continued to provide on-site clinical services at Groundworks Collaborative, Brattleboro’s temporary shelter for homeless men, women, and children. This is a service that began in 2015.
 - Further refined and expanded the scope of the hospital’s cultural competency online training module and assigned it to all newly-hired staff during orientation and annually for all Retreat staff.
 - Opened The Welcoming Place, an on-campus, short-term childcare service for clients who are receiving treatment for opioid addiction through the Retreat’s HUB clinic.
- **Community Need #3—Increase Educational Initiatives/Offerings for both providers and the general public to increase understanding of and treatment for mental illness and addiction:**
 - Continued to support our *Stand Up to Stigma* community awareness campaign through community events, advertising, website, promotional items, etc.
 - Offered four (4) free, one-hour continuing education luncheons for mental health professionals in February 2018.
 - Offered 12 all-day continuing education workshops in the fall of 2017 and 12 all-day continuing education workshops in the spring of 2018 for a total of 24 for the conference season.
 - Offered one free community workshop on the evening of Jan. 3, 2018 led by Paul Rodrigue, LMFT, on the topic “Realizing Self Compassion.”
 - Continued hosting and participating in a Consumer Advocacy Group that meets on a monthly basis with Retreat clinicians and administrators. Goal is to ensure that Retreat programs and services are meeting the needs of consumers and are being delivered in ways that accommodate the perspectives and experiences of patients.
 - Produced three (3) new “Keep Talking” video Broadcasts on Brattleboro Community Television between fall 2017 and spring 2018:
 - “Understanding and Treating Compulsive Hoarding Disorder”
 - “No One Cares About Crazy People: An Interview with Author Ron Powers”
 - “Autism Spectrum Disorder”
 - Published nine (9) Op-Eds and/or educational pieces in local and regional newspapers:
 - “Scapegoating Mental Illness is Wrong Approach to Ending Mass Shootings,” by Louis Josephson, Ph.D., *The Commons*, March 7, 2018; *Brattleboro Reformer* March 8, 2018
 - “Abolishing IMD Exclusion Will Put Teeth in the War on Opioid Addiction,” by Louis Josephson, Ph.D., *Brattleboro Reformer*, November 9, 2017
 - “Las Vegas Tragedy: Stress Responses in a Time of National Trauma,” by Kirk Woodring, LICSW, *Brattleboro Reformer*, October 3, 2017
 - “Stepping Forward with Courage: Thoughts on Ending Stigma During Mental Health Awareness Week,” by Jilisa Snyder, Ph.D., *Brattleboro Reformer*, October 2, 2018

- “The One Word That Can Help End an Epidemic,” by Kirk Woodring, LICSW, *Keene Sentinel, Vermont Business Magazine, and Caledonian Record*, September, 2017
- “Childcare: A Critical Support for People Recovering from Opioid Addiction,” by Louis Josephson, Ph.D., *Brattleboro Reformer, VT Digger, Caledonian Record, Vermont Business Magazine*, August, 2017
- “Mapping Brattleboro Retreat’s Future,” by Louis Josephson, Ph.D., *VT Digger, Vermont Business Magazine*, August, 2017
- “Repealing ACA Will Trigger healthcare Emergency,” by Louis Josephson, Ph.D., *VT Digger*, July 25, 2017
- “Making Difficult Ethical Decisions,” by Jilisa Snyder, Ph.D., *Brattleboro Reformer*, June 30, 2017.



Brattleboro Retreat CHNA Implementation Update

(June 1, 2017)

For CHNA-related activities from April 1, 2016 to May 31, 2017

- **Community Need #1—Enhance Care Coordination activities between medical and mental health providers:**
 - Continued to staff an office of mental health professionals within the main facility of Blue Cross Blue Shield Vermont (BCBSVT) in Barre, VT, called Vermont Collaborative Care (VCC) that serves to help BCNSVT subscribers integrate mental health care and medical health care.
 - Continued to provide collaborative office rounds with area pediatric and family practices to facilitate problem solving on psychiatric and addiction cases.
 - Hosted a professional networking event for mental health professionals on April 19, 2016
 - In May 2017 the Retreat began the process of putting together a federal grant application to help the hospital roll out tele-psychiatry services.
 - In May 2017 the Retreat hosted a contingent of health care professionals from Southwestern Vermont Medical Center to discuss care coordination and best practices around treating psychiatric patients who are waiting (sometimes for days) in Emergency Departments for beds to become available in a psychiatric facility.

- **Community Need #2—Increase accessibility to Retreat programs and services to historically under-served populations:**

- Offered two continuing education workshops focused on culturally diverse patient populations: on 12/2/2016, “Traumatic Stress in Racial & Sexual Minorities,” with speaker Nnamdi Pole, Ph.D; and on 03/24/2017, Transgender Youth: Evaluation and Family Therapy,” with Erwin Krieger, LCSW.
 - Conducted an all-employee survey on the topic of clinical and workforce diversity, with an eye toward enhancing the hospital’s approach to care for people from a wide range of cultural, religious, and ethnic backgrounds.
 - Continued to provide on-site clinical services at Groundworks Collaborative, Brattleboro’s temporary shelter for homeless men, women, and children. This is a service that began in 2015.
 - Expanded the scope of the cultural competency module for the clinical online trainings required of all Retreat staff.
- **Increase Educational Initiatives/Offerings for both providers and the general public to increase understanding of and treatment for mental illness and addiction:**
 - Rolled out Phase II of our *Stand Up to Stigma* community awareness campaign.
 - Offered three (3) free, one-hour continuing education luncheons for mental health professionals in February and March, 2017.
 - Offered 13 all-day continuing education workshops in the fall of 2016 and 13 all-day continuing education workshops in the spring of 2017 for a total of 26 for the conference season.
 - Offered four free workshops for the community (two in the fall of 2016 and two in the spring of 2017) on topics including healthy eating for better mental health, cultivating self-compassion, compassionate communication, and realizing self-compassion.
 - Collaborated with representatives from the Community College of Vermont (CCV) to develop curriculum for both certification level and course credit level courses based on the job requirements of a mental health worker (MHW).
 - Produced four new “Keep Talking” broadcasts on Brattleboro Community Television (BCTV) from fall 2016 to spring 2017 on the following topics:
 - “Black Minds Matter: The Psychological Costs of Racial Injustice”
 - “New Help for Anxiety, Panic and OCD”
 - “Understanding Identity and Transgender Youth”
 - “Reasoning with Unreasonable People”
 - Established a Consumer Advocacy Group that meets on a monthly basis with Retreat clinicians and administrators. Goal is to ensure that Retreat programs and services are meeting the needs of consumers and being delivered in ways that accommodate the perspectives and experiences of patients.
 - Published four Op-Eds and/or educational pieces in local and regional newspapers:
 - “The Importance of Quality Child Care,” by Louis Josephson, Ph.D, Burlington Free Press, September 2016

- “Matters of Substance: Ways to Think and Talk about Addiction and Stigma,” by Geoff Kane, MD, Brattleboro Reformer, September 2016
- “Mindfulness: An Effective Practice for Creating Mental Wellness,” by Angela Rowan, LICSW, Brattleboro Reformer, January 2017
- “Dealing with Mental Health Can’t Wait,” by Caitlin League, BSW, Keene Sentinel, April 14, 2017