

2024

Community Health Needs Assessment



Brattleboro Retreat
COMPREHENSIVE MENTAL HEALTH SERVICES SINCE 1834

Table of Contents

Executive Summary.....	4
Review of Windham County Demographics	6
Healthcare Access.....	15
Population Health.....	23
Most Common Chronic Diseases.....	25
Mental Health.....	35
Substance Use	42
Lifestyle Choices and Health.....	47
Vaccinations	51
Community Health Needs Survey Responses	55
Community Health Needs Survey Questions	73
Focus Groups Responses	82
Focus Group Questions.....	87
Leadership of Social Service Organizations Survey	88
CHNA Committee Members and Contact Information	93

Introduction

This report presents the findings of the 2024 Community Health Needs Assessment (CHNA), a comprehensive analysis of the health needs of residents in Windham County and neighboring communities within the Brattleboro Retreat's service area. The CHNA identifies key health concerns and significant needs in our community, and Brattleboro Retreat's Executive Team will use these findings to develop an Implementation Plan in the coming months to address these priorities.

Brattleboro Retreat has been part of this collaborative community health needs assessment process since 2012, working closely with the two other hospitals in Windham County—Brattleboro Memorial Hospital and Grace Cottage Family Health & Hospital. With active assistance from the Vermont Department of Health, the Vermont Agency of Human Services, and United Way offices in Brattleboro, this joint assessment captures an accurate picture of health needs throughout the region.

While the population health data and county resident survey results were prepared in collaboration with these institutions, each hospital has set its own priorities and implementation strategies. The CHNA findings presented here offer the most up-to-date, comprehensive data on healthcare issues, health conditions, and concerns of Windham County residents, making the data accessible for use by local health and human service organizations and the broader community.

This 2024 CHNA complies with IRS regulations under the Patient Protection and Affordable Care Act, requiring hospitals to conduct a CHNA every three years.

About the Brattleboro Retreat

Founded in 1834, the Brattleboro Retreat is a leading mental health provider in Vermont, dedicated to compassionate and comprehensive care. As a not-for-profit hospital exclusively focused on mental health, the Retreat offers a full spectrum of services—including inpatient, outpatient, and residential treatment—tailored to meet the diverse needs of individuals across the region.

Innovation is a core principle at the Retreat. The organization recently launched specialized programs, including a Partial Hospitalization and Intensive Outpatient Program (PHP/IOP) for healthcare professionals and first responders, as well as a Specialty Medication Clinic offering advanced treatments, such as esketamine therapy and transcranial magnetic stimulation (TMS) for treatment-resistant depression.

For 190 years, The Brattleboro Retreat has honored its legacy of care while embracing a bold vision for the future, supporting the mental health of Vermont's residents through dedication, resilience, and compassion.

Thank You to Our Partners

We extend our gratitude to our partners at Grace Cottage Family Health & Hospital and Brattleboro Memorial Hospital for their collaboration in conducting the 2024 Community Health Needs Assessment and reporting its findings. Together with United Way personnel, our teams also organized and led multiple focus groups to capture perspectives from underserved communities. We are deeply appreciative of all community partners who shared their input, the community members who participated in the survey, and everyone who attended focus groups. We also thank the Vermont Department of Health for providing essential statistical data and the Vermont Agency of Community Services for their invaluable assistance.

How Data Was Obtained

The Community Health Needs Assessment (CHNA) was conducted in collaboration with Grace Cottage Family Health & Hospital, Brattleboro Memorial Hospital, Brattleboro Retreat, and the Vermont Department of Health. In November 2023, the Windham County CHNA Steering Committee was formed and began meeting regularly, convening at least monthly over the next ten months to guide the assessment process.

Data collection occurred from January to June 2024, with CHNA surveys available online from mid-April to mid-June. The survey link was widely distributed through local organizations and social media channels to ensure broad community engagement. The survey received 524 responses, providing valuable insights into the health needs and concerns of Windham County residents.

Sources of Data

This report consists of five primary sources of information:

- Demographic, geographic, economic, and population health data gathered on Windham County residents from a variety of sources, accessed through the Vermont Department of Health's online databank
- Community Health Needs Assessment Survey results
- Completed questionnaires submitted by social service agencies representing unique and underserved populations of Windham County residents, including translated into
- Group discussion and clinical experience of Brattleboro Retreat healthcare providers and leadership
- Focus groups conducted with four specific communities: BIPOC-identified individuals, the unhoused community, the LGBTQIA+ community, and the New Vermonters (immigrant) community

Since the Retreat did not receive any written comments regarding its 2021 CHNA Report or Implementation Plan, this was not part of the information collected.

Process for Consulting with Persons Representing the Community's Interests

The 2024 CHNA Steering Committee made significant efforts to assure that the needs and concerns of all segments of the Windham County population were heard, as described in survey efforts above.

Additionally, in the appendix of this report, information is provided from representatives of nine social service agencies and non-profit groups who were asked to identify the needs of the people in the communities they

serve, their barriers to achieving good health and well-being, and the resources available in the community to address their needs and barriers.

Limitations and Information Gaps

The data presented in this report has a few 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 are segmented 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 data available was used in this report, the secondary data may be several years old.

Second, the quantitative data collected in the surveys was self-reported. The advantage to self-reported data is that it provides the respondents' own views directly. Thus, the surveys provide respondents' perceptions of themselves and their community. Of course, the main disadvantage of self-reported data is that there is no independent verification of the respondents' answers. 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 asking questions that deflected the focus away from the respondent (i.e., respondents were first asked which health issues are of most concern to themselves and their family; this was followed by a question about the top health issues of the community).

Third, the consumer survey was not distributed to a random sample. Rather, respondents chose to participate in the survey, 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 had very good participation and was fairly representative of the demographics of the county population.



Brattleboro Retreat

Executive Summary

The Community Health Needs Assessment results reveal a nuanced portrait of the area's health landscape, drawn from five primary sources of information. The survey had 524 participants, most of them Windham County residents, with a significant portion hailing from Brattleboro. These respondents were largely older, white, and middle-class, though concerted efforts ensured the inclusion of underrepresented voices, including non-English speakers, BIPOC individuals, LGBTQIA+ residents, immigrants, and the unhoused. Focus groups held with these communities offer a window into their unique struggles, underscoring the systemic inequities that many face in accessing care. Additional input was collected through surveys of social service and town leaders. The Community Health Needs Assessment Steering Committee also incorporated an analysis of demographic, geographic, economic, and population health data provided by the Vermont Department of Health.

The typical survey respondent described their health as "good" but highlighted pressing concerns that threaten their well-being. Dental health emerged as the most frequently cited issue, followed closely by vision and hearing problems, musculoskeletal conditions, and mental health disorders. For their families, respondents expressed particular worry about mental health, a concern that extended to the community at large, where substance use disorders stood out as the most concerning issue. Beneath these concerns lay persistent barriers to care: difficulties securing timely appointments, dissatisfaction with local care options, and a lack of culturally competent providers. Among respondents seeking mental health care, high out-of-pocket costs and a shortage of available appointments amplified these frustrations.

The data also reveals social factors that shape health outcomes. For many, chronic stress, busy lives, and neighborhood safety concerns interfered with efforts to maintain their health. Housing insecurity emerged as a critical challenge, with nearly a third of respondents uncertain about where to turn for assistance. Transportation difficulties, especially for those in rural areas, compounded these struggles, highlighting the isolation that can come with living outside urban centers.

The voices of the area's underserved communities paint a starker picture. Members of the LGBTQIA+ community described the difficulty of navigating a healthcare system that often fails to affirm their identities, with long wait times for queer-friendly providers and systemic bias creating significant obstacles. BIPOC residents spoke of cultural misunderstandings and discrimination, which fostered distrust and discouraged them from seeking care. Immigrant populations, or "New Vermonters," grappled with language barriers and cultural differences that made accessing healthcare a challenging process. The unhoused community faced hurdles, from stigma and poverty to substance use disorders, presenting significant barriers to care.

This report also considers the county's unique demographics, economic conditions, and geographic challenges. Windham County reflects statewide trends of steady but modest population growth, increasing by 3.0% between 2010 and 2022 compared to the U.S. average of 7.7%. Recent growth has been fueled by interest in rural living post-COVID-19 and an influx of refugees, supported by local organizations like Brattleboro Development Credit Corporation and the Ethiopian Community Development Council.

Vermont's aging population remains a significant demographic trend, with the state ranking third nationally in median age. While Windham County's average annual wage increased by \$16,196 from 2010 to 2022, economic challenges persist. In 2022, 12.6% of residents lived below the Federal Poverty Level (FPL), matching the national average, and food insecurity affected 11% of the population. Among secondary school students, 36.7% qualified

for free or reduced-price meals during the 2020–21 school year. To combat this issue, Vermont has implemented universal free school meals in public schools, funded by the state.

Healthcare access and affordability remain central concerns. Windham County's uninsured rate is 5%, the highest in Vermont, with cost cited as the primary barrier. Still, healthcare coverage has improved, with a 2021 survey finding record-high health insurance coverage, with 49% on private insurance, 24% on Medicaid, and 21% on Medicare. Despite these gains, provider shortages and geographic challenges, including Vermont's extensive network of unpaved roads (55% in Windham County), make accessing care difficult, particularly in winter. Financial assistance programs, like those at the Brattleboro Retreat, provided significant support in 2024, helping 35 patients with \$549,408 in aid.

Chronic diseases, including cancer, heart disease, Type 2 diabetes, and lung conditions, remain leading causes of death in Vermont. Obesity, which affects over 60% of residents, presents a significant public health challenge. Mental health concerns are similarly pronounced, with 25% of Vermont adults and a notable proportion of Windham County youth reporting depression. Substance use rates are another critical area of concern: alcohol consumption is higher than the national average across all age groups, and cannabis use among high schoolers in the county (25%) surpasses both state (20%) and national (15.8%) rates. The trendline for accidental opioid-related deaths also continues to rise. Between January and August 2024, 41 Vermonters lost their lives to opioid-related accidents, with fentanyl implicated in the vast majority of cases.

Leaders of Windham County's healthcare and social service organizations emphasized the critical need for enhanced collaboration and communication across agencies. They stressed the value of integrated care models that unite providers to comprehensively address the social, mental, and physical health needs of residents. Healthworks ACT—a partnership between HCRS, Brattleboro Retreat, Groundworks Collaborative, and Brattleboro Memorial Hospital—was highlighted as successful example of such collaborative efforts. However, leaders also recognized significant obstacles, including ongoing staffing shortages, rising healthcare costs, and the lasting effects of the COVID-19 pandemic, which have further strained the community's ability to meet its growing health needs.

While residents benefit from a supportive community, strong healthcare institutions, and access to nature, significant gaps remain in addressing systemic inequities, affordability, and provider availability. Through targeted initiatives like cultural competency training, expanded healthcare access, and enhanced collaboration among stakeholders, Windham County can build more inclusive and effective health systems.

The following report contains specific details from the 2024 Community Health Needs Survey, a survey of leaders of social services organizations, focus groups with underserved populations, and data accessed from the Vermont Department of Health's online databank.

Windham County Demographics

Population Data

Windham County, like the state of Vermont, has experienced steady but modest population growth compared to national trends. Between 2010 and 2022, the U.S. population grew by 7.7%, while Vermont's population increased by 3.4%, with Windham County close behind at 3.0%.¹ Between 2017 and 2023, the county's population increased by 3,097, driven by a variety of factors, including a heightened interest in rural living during and after the COVID-19 pandemic. This period saw an influx of individuals relocating from densely populated urban areas to quieter, more spacious communities like those in Windham County.²

In addition to domestic migration, Windham County has welcomed a growing number of refugees, particularly following significant global events such as the fall of Kabul in 2021. In 2022, nearly 100 Afghan refugees resettled in Southern Vermont, contributing to a total of over 250 refugees in the region by 2024. This effort has been supported by organizations such as the Brattleboro Development Credit Corporation (BDCC) and the Ethiopian Community Development Council, with initiatives focused on family reunifications and community support programs.³

Windham County's population trends between 2010 and 2022 reflect both growth and fluctuations. The county experienced population increases in only two out of the twelve years, with its largest annual increase of 8.6% occurring between 2019 and 2020. The most significant decline, a 1.1% decrease, happened between 2018 and 2019. On average, Windham County's population grew by 0.3% annually during this period.

The demographic composition of Windham County has also evolved. By 2022, the county was more diverse than in 2010. The white (non-Hispanic) population decreased from 94.2% to 92.3% of the total population, while the Hispanic/Latino population saw the largest increase, rising by 0.8 percentage points to 2.7%. These shifts reflect broader trends of increasing diversity in the region.

¹ <https://usafacts.org/data/topics/people-society/population-and-demographics/our-changing-population/state/vermont/county/windham-county/>

² Windham County, VT population by year, race, & more | USAFacts

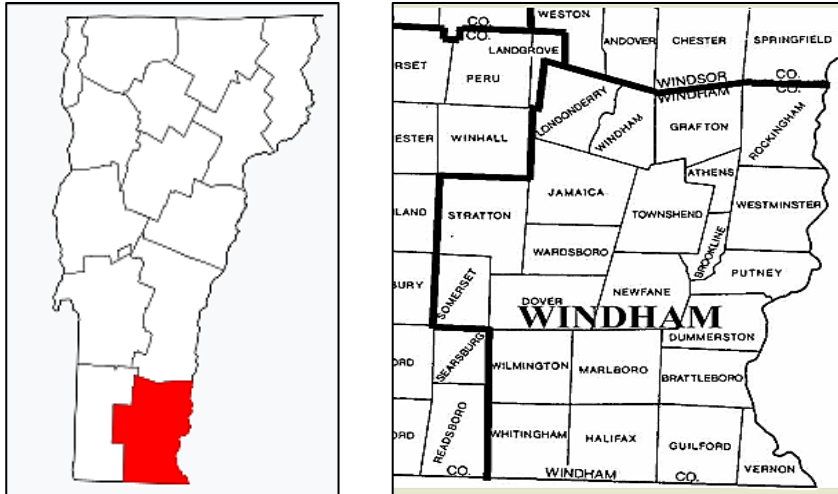
³ WELCOMING WORKPLACES – HIRING NEW AMERICANS – Brattleboro Development Credit Corporation

	<u>Windham County 2023</u>	<u>Windham County 2017 *</u>	<u>Vermont 2023</u>	<u>U.S. 2023</u>
Population	45,966	42,869	647,464	334,914,895
Population Density Per Square Mile (2020 data)	58.4	56.7	69.8	93.8
Population Change, 2010-2022	3.0%	N/A	3.4%	7.7%
Age Under 18	16.4%	18.0%	17.7%	21.7%
Age 18-64	58.5%	60.0%	61.7%	61.2%
Age 65 and Older	25.6%	22.0%	21.6%	17.3%
Race/White Alone	94.6%	93.0%	93.8%	75.5%
Race/Other	5.4%	7.0%	6.2%	24.5%
Female	50.2%	51.0%	50.2%	50.4%
Education: High School Graduate, % of persons age 25+	94.2%	91.5%	94.2%	89.1%
Education: Bachelor's or higher, % of persons age 25+	40.4%	35.3%	41.7%	34.3%
Median Household Income (2018-2022)	\$65,473	\$50,917	\$74,014	\$75,149
Per Capita Annual Income (2018-2022)	\$40,284	\$28,923	\$41,680	\$41,261
Persons in Poverty	10.9%	12.7%	10.4%	11.5%
<i>Source: U.S. Census Quick Facts: 2023 estimates ⁴</i>				
<i>* 2018 CHNA used 2017 Census data, so repeated here.</i>				

Windham County Populations, Town by Town

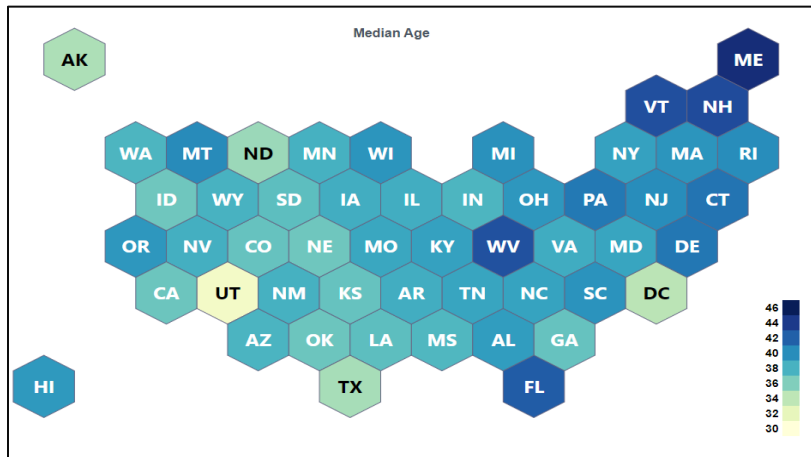
Windham County, located in the southeastern corner of Vermont, is composed of 23 towns. As of 2023, its estimated population was 45,966, a slight increase from the 2020 census figure of 45,905. Brattleboro, the county's largest town, is home to approximately one-quarter of the population.

⁴ <https://www.census.gov/quickfacts/fact/table/windhamcountyvermont,VT,US/PST045223>



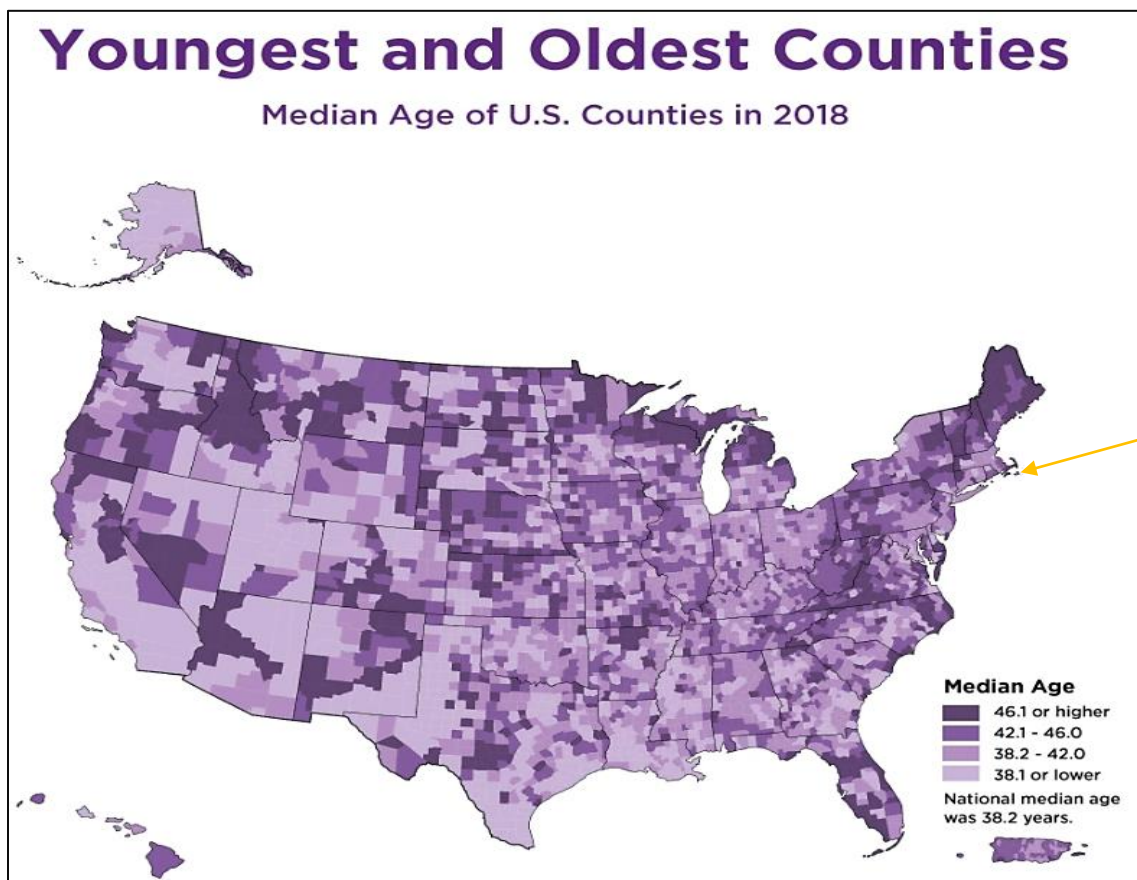
Windham County's Aging Population

In 2018, the social services organization Southeastern Vermont Community Action stated in its Community Assessment report that, "Vermont's most notable demographic trend is the aging of its population."⁵ In fact, Vermont ranks third in terms of the age of its population, after Maine and New Hampshire.



This chart from World Population Review highlights the median age across U.S. states. Vermont's median age is 42.8, placing it third nationally, following Maine and New Hampshire. The map below reveals that Windham County, VT, falls into the highest median-age bracket among all U.S. counties, with a median age of 47 years.⁶

As Vermont's population ages, the demands on its health care system also increase.

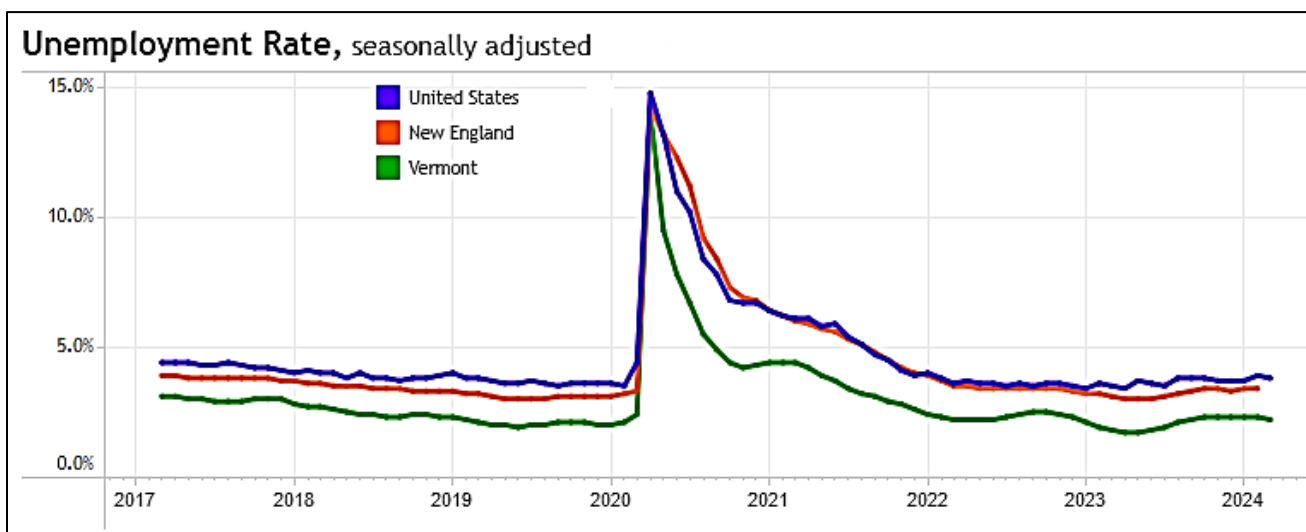


⁵ https://www.sevca.org/images/pdf/Community_Assessment_2018-with_Attachments.pdf, p. 12

⁶ <https://www.census.gov/library/visualizations/2018/comm/youngest-oldest-counties.html>

Windham County Employment

The COVID-19 pandemic caused a sharp rise in unemployment rates in Vermont, mirroring national trends. However, by 2021, unemployment had returned to pre-pandemic levels, as illustrated in the chart below from the Vermont Department of Labor.



In 2022, Windham County had the sixth largest labor force in the state, with a labor force of 21,221. Since 2010 its labor force has decreased by 16.6%.⁷

In 2023, the county's unemployment rate fluctuated between 1.9% and 2.7%, with an annual average of 2.3%. By comparison, Vermont's largest (by population) and most urban county, Chittenden, averaged 1.6%.⁸

Windham County's Median Household Income

Windham County's average annual wage (adjusted for inflation) rose by \$16,196 between 2010 and 2022 and by nearly \$3,000 from 2021 to 2022.⁹

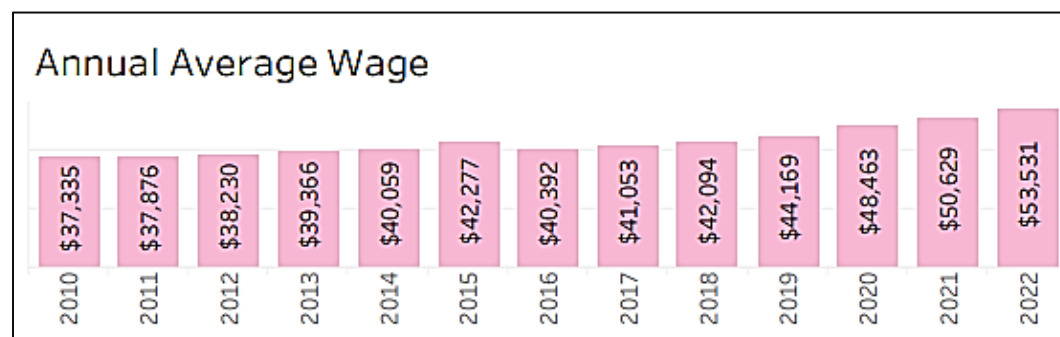


Chart Source:¹⁰

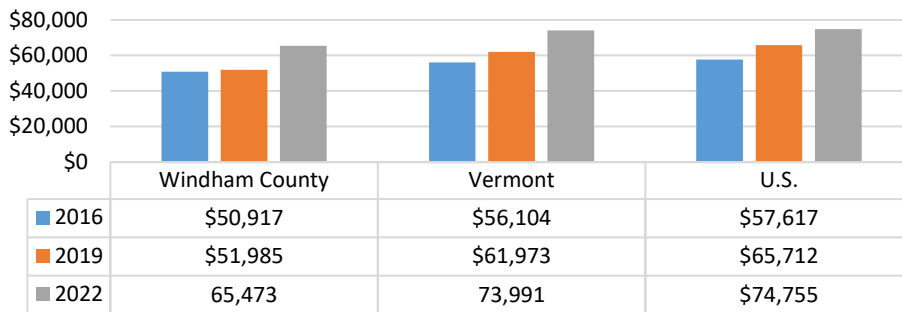
⁷ <http://www.vtmi.info/profile2023.pdf>

⁸ <http://www.vtmi.info/lausann.pdf>

⁹ <http://www.vtmi.info/profile2023.pdf>

¹⁰ <http://www.vtmi.info/profile2023.pdf>, p. 120

Median Wage: Windham County vs VT and U.S.



Windham County's median household income of \$65,473 lags behind Vermont's and the nation's median wage, as shown at left.¹¹

Median household incomes for individual Windham County towns are shown below.¹²

Median Household Income			
Town	2016	2019	2022
Athens	\$33,611	\$47,813	68,750
Brattleboro	\$45,436	\$38,176	45,019
Brookline	\$68,015	\$58,542	68,929
Dover	\$43,750	\$51,806	49,233
Dummerston	\$61,548	\$68,954	95,026
Grafton	\$51,012	\$55,469	73,542
Guilford	\$55,673	\$68,359	73,558
Halifax	\$59,712	\$59,063	61,346
Jamaica	\$56,719	\$65,139	64,583
Londonderry	\$50,222	\$57,500	74,444
Marlboro	\$67,875	\$69,531	80,417
Newfane	\$53,060	\$55,093	62,813
Putney	\$55,833	\$51,818	72,344
Rockingham	\$40,256	\$43,668	70,165
Stratton	\$81,250	\$88,036	152,083
Townshend	\$61,591	\$56,181	77,679
Vernon	\$59,432	\$66,905	77,254
Wardsboro	\$42,188	\$53,958	73,750
Westminster	\$52,734	\$59,556	77,167
Whitingham	\$52,339	\$63,015	65,000
Wilmington	\$52,120	\$50,132	80,476
Windham (town)	\$57,500	\$63,000	86,354
Windham County	\$50,917	\$51,985	65,473
Vermont	\$56,104	\$61,973	73,991
U.S.	57617	\$65,712	74,755

¹¹ Ibid.

¹² <https://data.census.gov/all/profiles?q=poverty%20windham%20county%20vt> plus corresponding profiles for each town;

Note: Somerset is also in Windham County. It has only 6 residents. The median wage is \$65,473.

Poverty in Windham County

The Federal Poverty Level (FPL) is a measure of income issued every year by the U.S. Department of Health and Human Services. FPLs are used to determine eligibility for federal programs and benefits. For 2024, the FPL income numbers are: \$15,060 for individuals (up from \$12,760 in 2021); \$20,440 for a family of 2 (\$17,240 in 2021); \$25,820 for a family of 3 (\$21,720); \$31,200 for a family of 4 (\$26,200).¹³

The percentage of Windham County residents living below the federal poverty level varies significantly by town and shifts over time. In 2022, 12.6% of the county's population lived below the poverty line, matching the national average for that year.

Some Windham County towns have seen noticeable shifts since the 2021 CHNA. Poverty rates for individual Windham County towns are shown below. (Note that a poverty percentage is not available to the town of Somerset. With just 6 residents, that % was not calculated by the U.S. Census Bureau.)¹⁴

% of Persons Living Below Federal Poverty Level			
Town	2016	2019	2022
Athens	24.5	30.1	21
Brattleboro	18.8	20.9	21.7
Brookline	7.9	7.2	11
Dover	9.6	16.4	10.2
Dummerston	6.7	6.8	2
Grafton	11.9	8.3	6.8
Guilford	8.4	7.5	11.5
Halifax	10.4	10.1	6.7
Jamaica	13.7	9.8	12.6
Londonderry	4.3	3.9	3.4
Marlboro	11.1	10.6	7.9
Newfane	19.1	7.5	9
Putney	16	11.1	13.6
Rockingham	19.6	20.5	14.6
Stratton	3	3.8	0
Townshend	13.5	5.9	6.2
Vernon	13.5	10	4.7
Wardsboro	17.5	12.3	4.8
Westminster	16.5	9.5	10.1
Whitingham	8	9.4	16.3
Wilmington	5.2	6.5	5
Windham (town)	11.3	10.9	4.2
Windham County	14	11.6	12.6
Vermont	9.6	10.2	10.4
U.S.	14	12.3	12.6

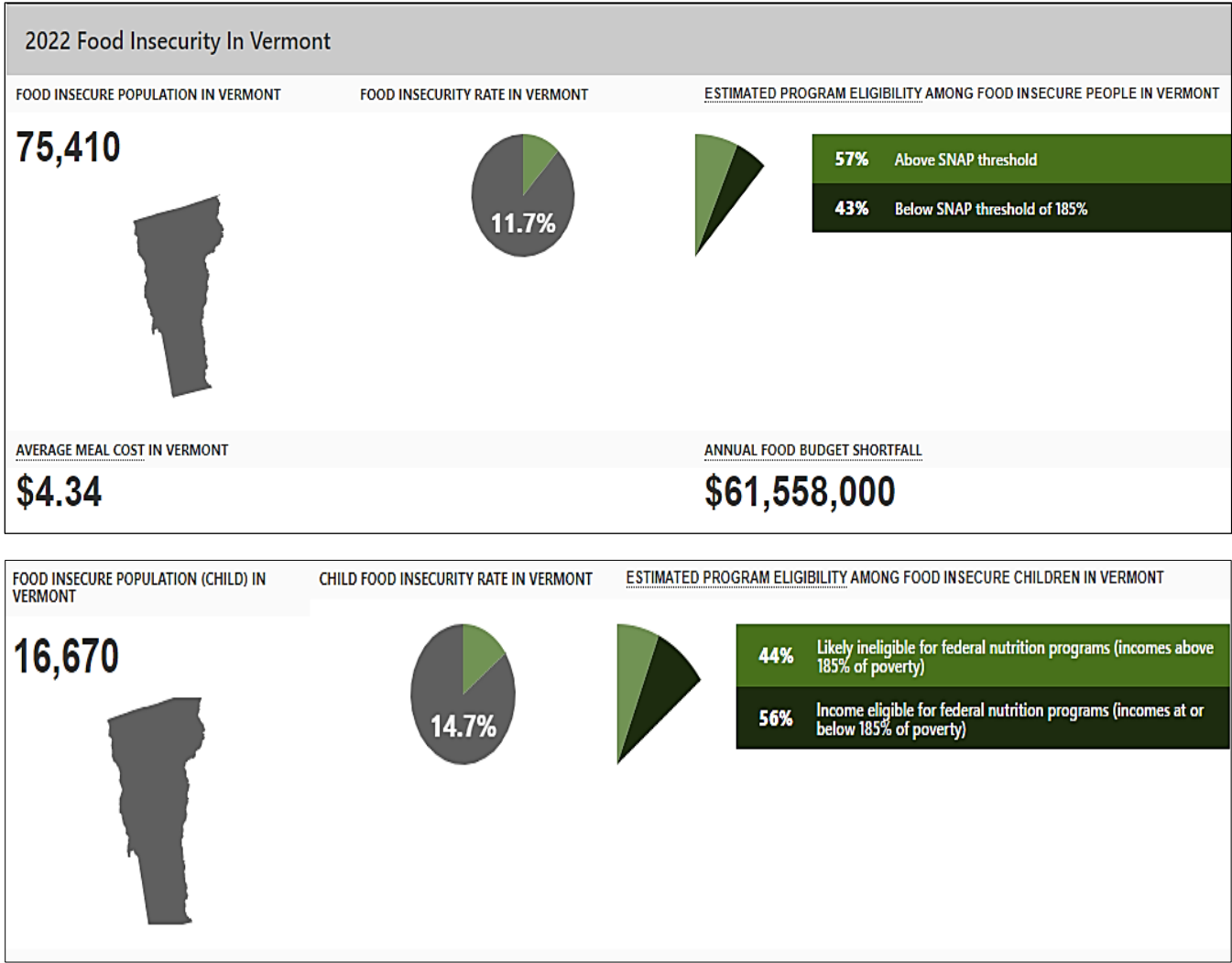
¹³ <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>

¹⁴ <https://data.census.gov/all/profiles?q=poverty%20windham%20county%20vt> plus corresponding profiles for each town, and VT and the U.S.

Poverty’s Impact on Health and Food Insecurity

The relationship between one’s economic status and one’s health has been well-documented. Poverty can be both a cause, and a consequence, of poor health. Poverty can also affect access to healthy food. Households that experience food insecurity are unable to obtain enough good food for an active, healthy life for all household members.¹⁵

While Vermont's food insecurity rates are better than those of some states, there is still reason for concern. Approximately 11.6% of Vermonters—adults and children—face hunger, as shown in this graphic from Feeding America.¹⁶ A second graphic highlights the particularly significant impact on children.¹⁷



Food insecurity is also a significant problem in Windham County, affecting 11 out of every 100 residents.¹⁸ During the 2020-21 school year, an average of 36.7% percent of secondary-school-age students in Windham

¹⁵ https://www.feedingamerica.org/sites/default/files/2020-05/Brief_Local%20Impact_5.19.2020.pdf
¹⁶ <https://map.feedingamerica.org/county/2022/overall/vermont>
¹⁷ <https://map.feedingamerica.org/county/2022/child/vermont>
¹⁸ <https://www.countyhealthrankings.org/health-data/health-behaviors/diet-and-exercise/food-environment-index?state=50&year=2024&tab=1#map-anchor>

County qualified for free- or reduced-price lunches. (To qualify as income-eligible for free meals, a household's income must be at or below 130% of the Federal Poverty Level guidelines. To qualify for reduced-price meals, a household's income must be 130-185% of FPL.)¹⁹ Starting in School Year 2022-23, the state has required all public schools to offer meals (breakfast and lunch) at no charge to all students. State funds cover the cost. State-approved independent schools that offer meals at no charge to all students receive state funds to cover the cost of providing meals to students attending on public tuition.²⁰

A number of organizations are helping Windham County residents to access healthy foods, especially fruits and vegetables. These include the Vermont Department for Children & Families through its 3Squares (SNAP) program and the Vermont Foodbank through its support of local food shelves and through its VeggieVanGo program.



VeggieVanGo trucks arrive at a variety of locations throughout Windham County each month—low-income housing sites, schools, and hospitals -- with large bins of fresh produce to give away to families and individuals in need. Grace Cottage Hospital and Brattleboro Memorial Hospital both host monthly VeggieVanGo events.

Windham County has public meals and food shelves at the following locations:

- Agape Christian Fellowship, 30 Canal St., Brattleboro (weekly)
- Brattleboro Senior Meals, 207 Main St., Brattleboro (breakfast 2xweek, lunch 5xweek)
- Broad Brook Community Center, 3940 Guilford Center Rd., Guilford (weekly)
- Deerfield Valley Food Pantry, 7 Church St., Wilmington (2xmonth)
- Grafton Community Church, 55 Main St. (Route 121) Grafton, VT (most mornings)
- Groundworks Collaborative's Foodworks, 143 Canal St., Brattleboro (5xweek)
- Jamaica-Wardsboro Community Food Pantry, 134 Main St., Wardsboro (monthly)
- Loaves & Fishes, 193 Main St., Brattleboro (2xweek)
- Neighbors Pantry, 2nd Congregational Church, 2021 North Main St., Londonderry (monthly)
- Our Place Drop-in Center, 4 Island St., Bellows Falls (meals 5xweek; pantry 5xweek)
- Putney Food Shelf, 10 Christian Square, Putney (2xweek)
- St. Brigid's Kitchen & Pantry, 19 Walnut St., Brattleboro (meals 4xweek; pantry monthly)
- Townshend Community Food Shelf, 34 Common Rd./Townshend Church (weekly)
- West Brattleboro Baptist Church, 979 Western Ave., Brattleboro (monthly)



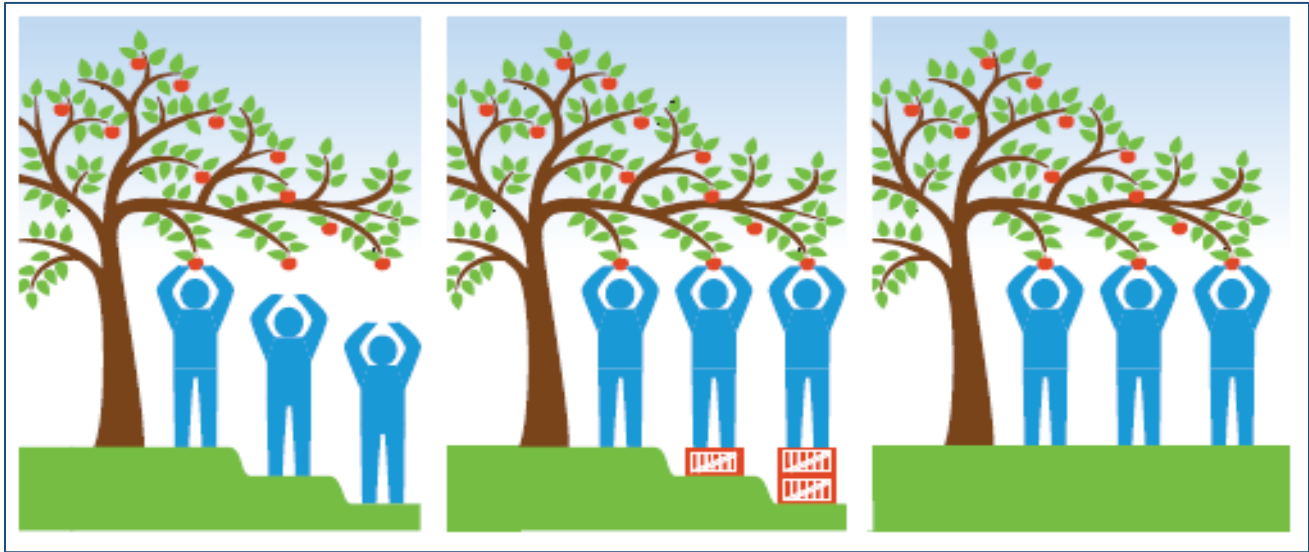
Other organizations working to improve food security include:

- 3SquaresVT (formerly known as food stamps), administered through VT's Dept. of Families & Children.
- Commodity Supplemental Food Program provides monthly food boxes to low-income adults 60+.
- The Hunger Council of Windham Region helps schools and other sites set up meal programs; provides nutrition education to professionals and the public; works to change state and federal policy.
- Meals on Wheels/Senior Solutions – Delivering nutritious meals to seniors and others at home.
- Vermont 211 – Dial 2-1-1 or visit vermont211.org; "Community Resource Directory" by zip code.

¹⁹ <https://education.vermont.gov/sites/aoe/files/documents/edu-report-nutrition-2024-free-and-reduced-corrected.pdf>, p. 4

²⁰ Ibid, p. 3

Health Care Access



Health Care Equality vs Equity

Equality doesn't always mean equity. Equity means that all people have the resources they need to take advantage of the opportunities. As this graphic illustrates, sometimes adaptations and accommodations are necessary to achieve an equitable result.²¹ George Washington University's Milken School of Public Health explains it this way: "Equality means each individual or group of people is given the same resources or opportunities. Equity recognizes that each person has different circumstances and allocates the exact resources and opportunities needed to reach an equal outcome."²²

While Vermont is often ranked as one of the healthiest states in the nation, data shows that not everyone has an equal opportunity to be healthy. Health insurance coverage (or lack thereof), economic status, lack of transportation, age, race, gender, ethnicity, social position, sexual orientation, disability, distance from healthcare sources, and lack of available medical providers—all of these and more can impact a person's and a family's health opportunities.

Those entrusted with preparing this 2024 Windham County Community Health Needs Assessment have been careful to consider the needs of those who may be "Medically Underserved," defined as those who do not have adequate access to health care, whether because there are too few primary care providers, or because there is a lack of culturally sensitive or special needs providers.²³

In order for all Vermonters to be as healthy as they can be, the healthcare facilities that serve them must consider the social and environmental factors that affect health—factors often labeled as "social determinants of health." The goal is to improve health not only through the direct provision of healthcare services, but also by connecting Vermonters with social services and community partners that can provide housing, healthy food, heat assistance, transportation, and other necessary resources.

²¹ <https://www.healthvermont.gov/about-us/how-are-we-doing/state-health-improvement-plan>

²² <https://onlinepublichealth.gwu.edu/resources/equity-vs-equality/>

²³ <https://toolkit.ncats.nih.gov/glossary/underserved-group/>

Useful Terms for Understanding Health Care Equity

Health Equity exists when all people have a fair and just opportunity to be healthy – especially those who have experienced socioeconomic disadvantage, historical injustice, and other avoidable systemic inequalities that are often associated with social categories of race, gender, ethnicity, social position, sexual orientation, and disability.²⁴

Health Disparities are statistical differences in health that occur between groups of people. These could be from any cause.

Health Inequities exist when avoidable inequalities lead to an uneven distribution of the resources and opportunities for health, and differences in health that are avoidable, unfair, or stemming from injustice.

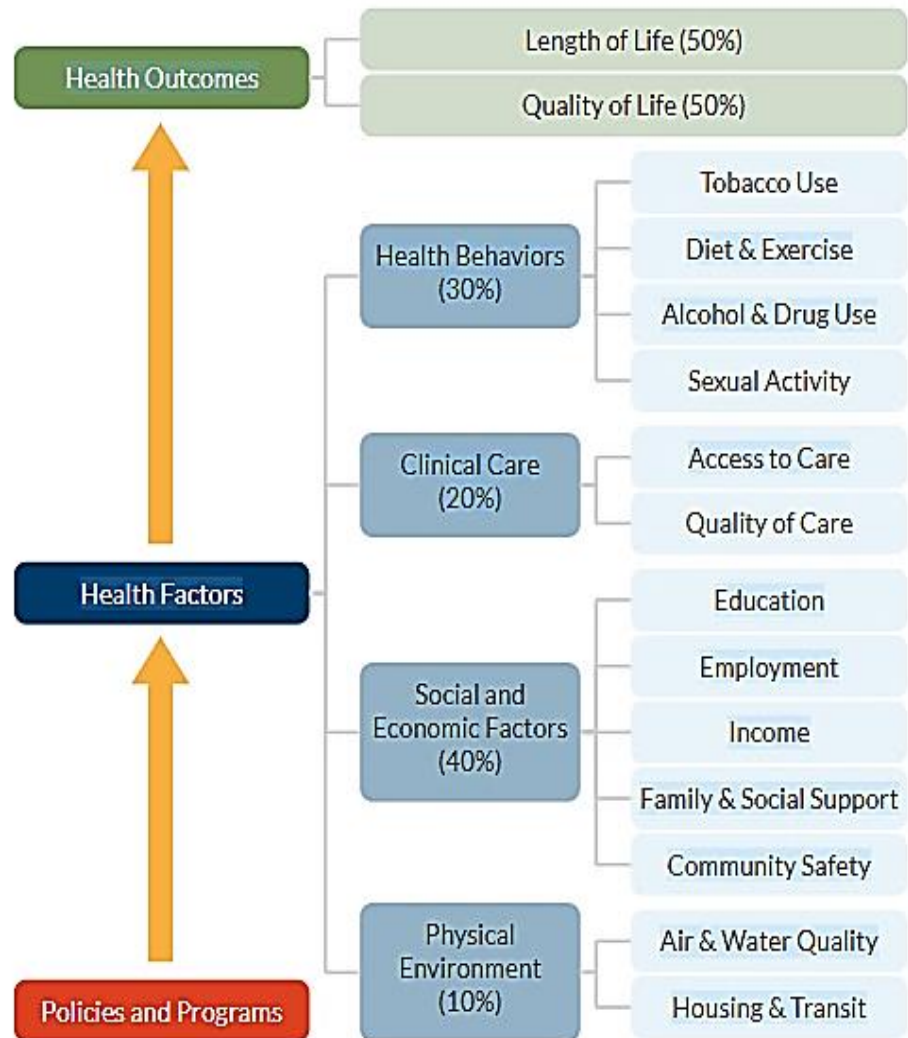
Health equity work focuses on conditions that create health and then seeks to mitigate inequities that arise from unfair systemic distribution of opportunity, wealth, and power.

Discrimination is the unequal treatment of members of various groups based on race, gender, social class, sexual orientation, physical ability, religion, and other categories.

Prejudice is an unfavorable opinion or feeling formed beforehand, or without knowledge, thought or reason.

Social Determinants of Health are the conditions in which people live, learn, work, play, worship and age that affect a wide range of health, functioning; and quality of life outcomes and risks. These include social, economic, and physical conditions, as well as patterns of social engagement and sense of security and wellbeing.

This graphic above illustrates how lifestyle behaviors and social determinants affect one's health.²⁵



²⁴ <https://www.healthvermont.gov/about-us/how-are-we-doing/state-health-improvement-plan>

²⁵ <https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model>

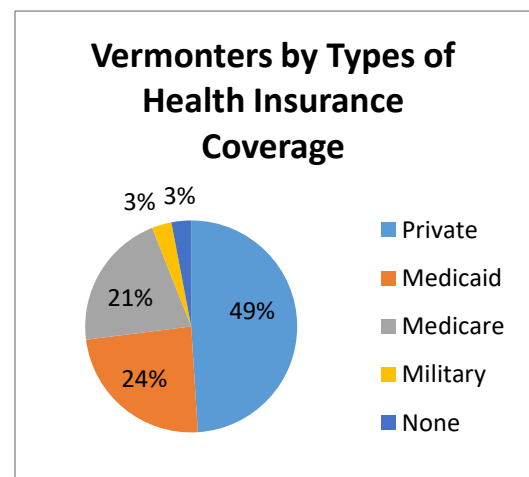
Access and Insurance

Access to comprehensive healthcare services is important for overall health. That access may be limited if a person does not have health insurance at all, lacks money for co-pays, or if there are no available medical providers nearby. Access can also be affected by lack of transportation for getting to appointments.

The Vermont Department of Health and Vermont's Office of Rural Health & Primary Care are working to improve access to primary care, dental care, and mental health care for all Vermonters – especially the uninsured, under-served, and rural populations. The partners who are preparing this report are also working together to improve access to patients and potential patients in their service area.

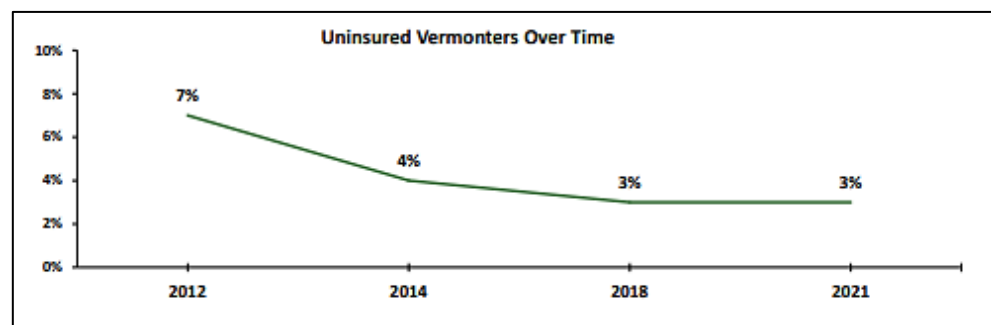
Most Vermonters have some level of health insurance. The Vermont Department of Health conducts a periodic household survey of Vermont residents to measure the uninsured rate and to find out where insured residents are getting their insurance. Generally, this survey is conducted every 3-4 years.

The most recent survey, conducted in 2021, received responses from 3,037 Vermont households. It included questions about the impacts of COVID-19, health savings and health reimbursement accounts, the financial impact of health care, and the experiences of disproportionately affected populations. The survey found that a record number of Vermonters have some form of health insurance, with nearly half (49%) covered by private health insurance, 24% enrolled in Medicaid, and 21% in Medicare.²⁶



Of the nearly 70,000 Vermonters who lost their jobs or were furloughed due to the COVID-19 pandemic, the vast majority reported that they were able to maintain health insurance coverage (84%). Of those who maintained coverage, more than one in three (36%) enrolled in Medicaid, while 30% were covered by a spouse or parent, 12% utilized COBRA, and 9% signed up through the state's health insurance marketplace, Vermont Health Connect.²⁷

Data from both the 2018 and 2021 surveys shows that Vermont's population is currently at its lowest recorded level of uninsured since the surveys began in 2000.²⁸



The 2021 survey found that Windham County had the highest rate of being uninsured: 5%.²⁹

²⁶ 2021 Vermont Household Health Insurance Survey, Vermont Department of Health, <https://www.healthvermont.gov/stats/population-health-surveys-data/household-health-insurance-survey>, p. 7.

²⁷Ibid, p. 8

²⁸ Ibid, p. 19.

²⁹ Ibid, p. 24.

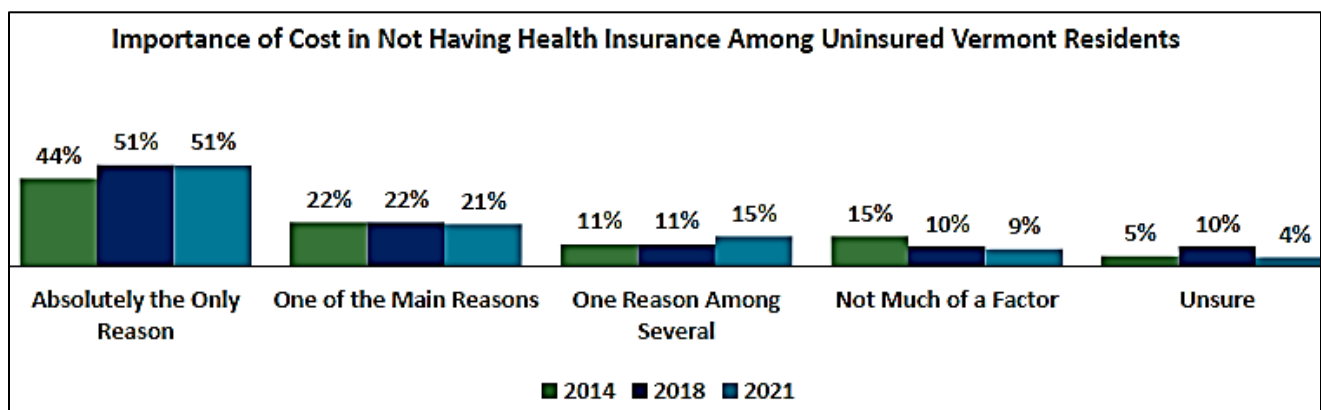
Uninsured Vermonters by County

Windham County had the highest rate of uninsured at 5% (2,200) followed by Addison County with slightly less than 5% (1,700) and Bennington County with 4% (1,400) of residents uninsured.



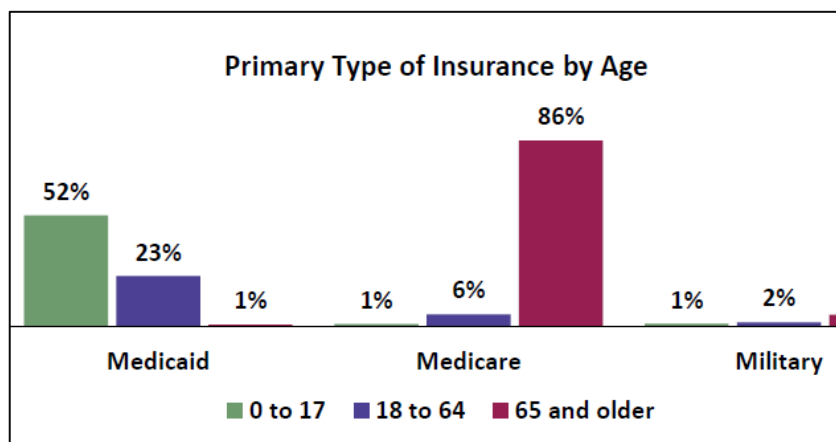
County	Estimated Population
Addison County	1,700
Bennington County	1,400
Caledonia County	900
Chittenden County	3,400
Essex County	200
Franklin County	1,100
Grand Isle County	N/A
Lamoille County	1,000
Orange County	1,000
Orleans County	800
Rutland County	1,900
Washington County	2,200
Windham County	2,200
Windsor County	1,600

The main reason that Vermonters cite for not being insured is cost³⁰:



³⁰ Ibid, p.36.

The state's health insurance survey also provided information about insurance coverage for Vermonters by age: (see chart at right). Over half (52%) of Vermonters 0 to 17 years old (60,000) are enrolled in Medicaid as their primary source of insurance. Sixty-four percent of adults ages 18 to 64 (243,400) report having private insurance, while 86% of adult residents ages 65 and older (104,800) are enrolled in Medicare.³¹ The age group most likely to be uninsured continues to be 25 to 34 years old - 8% of Vermonters in this age range are uninsured.



Culture and ethnicity also have an impact. Those who identify as American Indians or Alaska Natives are significantly more likely than Vermonters overall to be uninsured (9% vs. 3%).³²

Many Vermonters are considered "under-insured," meaning they face significant financial barriers due to high deductibles or lack of coverage for essential health care services. According to the 2021 health insurance survey, 38% of Vermonters under the age of 65 are under-insured, a figure that has risen steadily from 36% in 2018 and 27% in 2014.³³

Nearly one-third of Windham County Community Health Needs Assessment survey respondents indicated that the cost of co-pays and deductibles is often a barrier to good health.

To address this issue, each Windham County hospital has designated at least one staff member to assist individuals in enrolling in health insurance and other benefits. These efforts aim to alleviate financial strain, helping patients reserve funds for co-pays and deductibles. Below is a summary of these activities (note: record-keeping practices vary by hospital):

- In 2024, the Brattleboro Retreat approved financial assistance for 35 patients, amounting to \$549,408. Additionally, two certified assisters successfully helped 28 patients obtain Medicaid coverage.
- Over the past three years, Brattleboro Memorial Hospital helped 97 Individuals with Financial Assistance, and helped 69 patients with insurance enrollment; 19 new mothers were helped with Medicaid, and 13 Inpatient/Emergency Department patients and 36 additional individuals were assisted with insurance enrollment; 21 of these were clients of Groundworks, an agency that assists those without stable housing; 6 individuals assisted are Blind, Aged and/or Disabled.*
- Grace Cottage's Resource Advocate helped 67 individuals qualify for free or reduced-fee care in 2020, and 20 so far in 2021. * In addition, the Resource Advocate helped 32 new applicants in 2020 and 8 new applicants in 2021 to obtain health insurance through VT Health Connect.

*Jan. to May 2021

³¹ Ibid, p. 16

³² Ibid, p. 7

³³ Ibid, p. 44

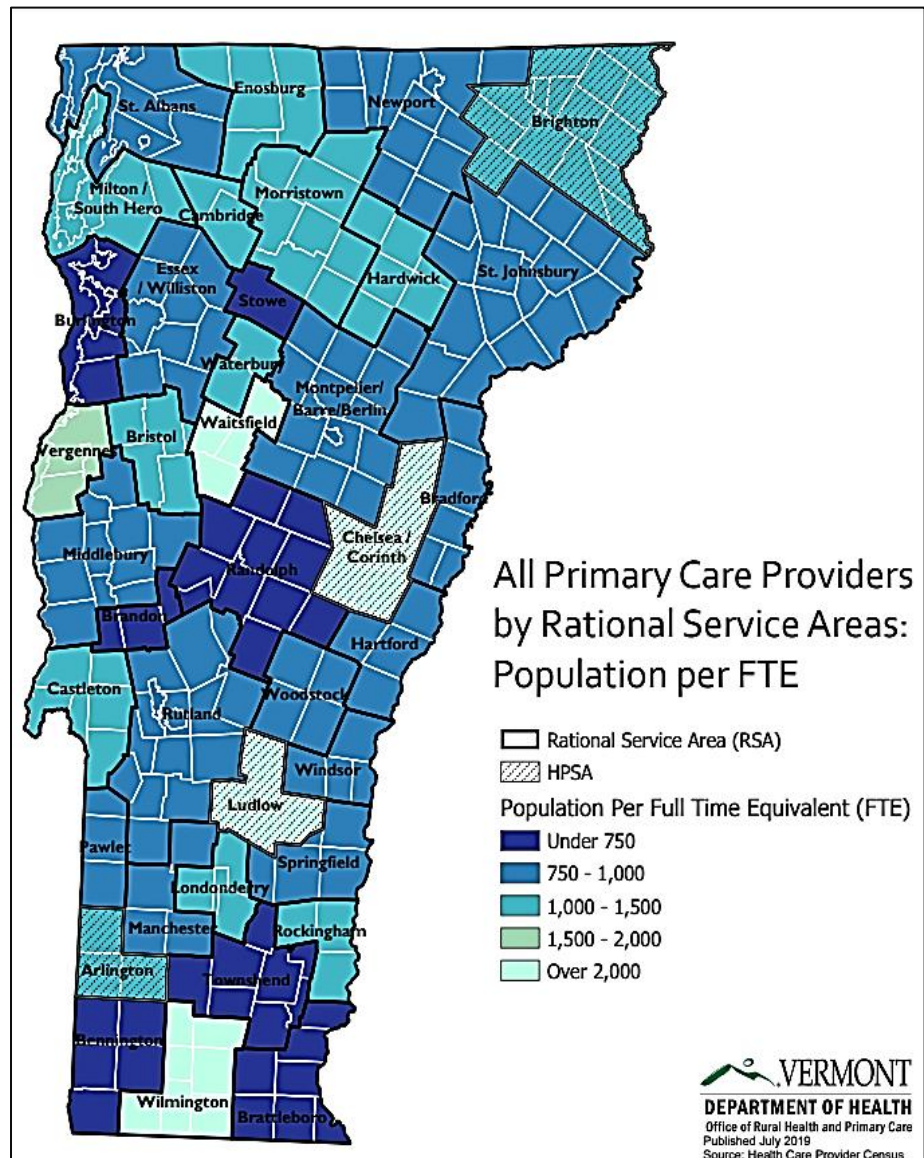
Access and Availability of Providers

Throughout the U.S., there are many regions that lack an adequate number of providers offering primary care, dental, and mental health services.

The federal government works with state partners to determine which of these should be classified with “shortage designations,” and therefore eligible to receive certain federal resources.

The Vermont Department of Health tracks provider-to-patient ratio for a variety of medical provider types, including primary care, oral health, and mental health. This data helps in establishing shortage designations. The two main shortage designations are “Health Professional Shortage Area” (HPSA) and “Medically Underserved Area” (MUA).³⁴

As the map at right shows,³⁵ Brattleboro and Townshend, where this CHNA’s partners are located, have lower provider-to-patient ratios than other places in this state, due of course to the presence of these institutions. Without them, access would be greatly reduced. (A low ratio means more providers per population.)



Similarly, Windham County has a lower mental-health-provider-to-patient ratio than other parts of the state, due to mental health services provided by all three institutions. Northern Vermont and Addison County have the highest ratio for this type of care.³⁶ The Brattleboro area has a low dentist-to-patient ratio, but Townshend has a noticeably higher ratio.³⁷ Windham County has dental practices only in Brattleboro and Wilmington.

³⁴ <https://www.healthvermont.gov/systems/health-professionals/shortages-and-designations>

³⁵ <https://www.healthvermont.gov/sites/default/files/documents/pdf/AIIPCP-2018Map-withbackground.pdf>

³⁶ <https://www.healthvermont.gov/sites/default/files/documents/pdf/Psychiatrists2018-withbackground.pdf>

³⁷ <https://www.healthvermont.gov/sites/default/files/documents/pdf/RSA-Dentists-2017.pdf>

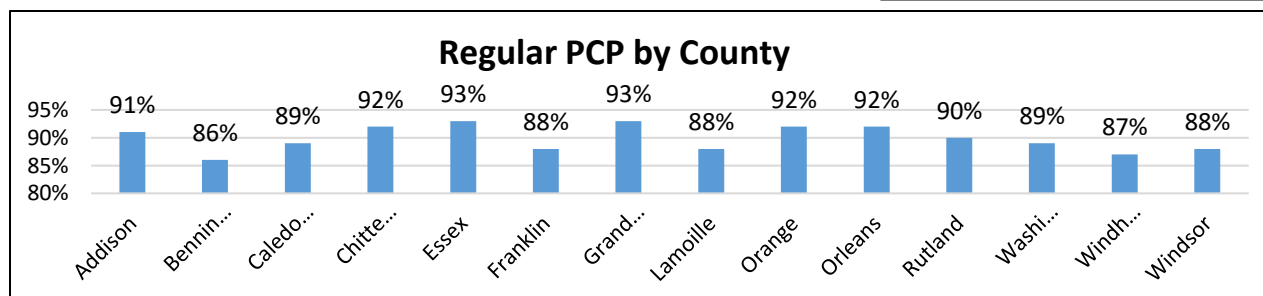
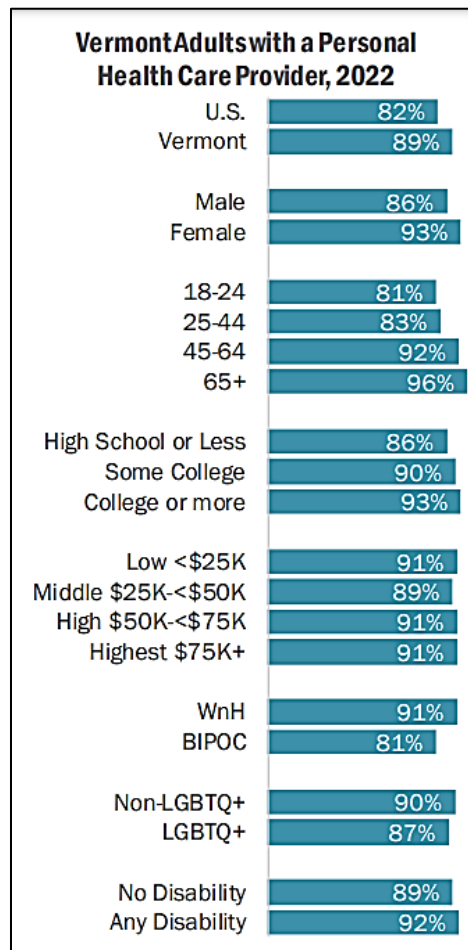
Several towns in Windham County are designated as Medically Underserved Areas, meaning they have a shortage of primary care health services, a high infant mortality rate, a high poverty rate, or a high elderly population. Towns in Windham County that qualify as MUAs include³⁸:

Athens	Grafton	Rockingham	Wardsboro
Brookline	Jamaica	Stratton	Westminster
Dover	Newfane	Townshend	

The Vermont Department of Health reports that 89% of Vermonters have an established primary care provider (PCP), either a physician, a nurse practitioner, or a physician assistant, that they see for their primary care needs.³⁹ This means that 89% of Vermonters have a “Medical Home,” a medical practice and provider who is seen for all primary care issues. An important difference between having a “Medical Home” and going to urgent care is the continuity of care. Vermonters who do not have a PCP are more likely to go to an urgent care center or to a hospital Emergency Department when they need care, or to put off seeking care until the situation is dire. A provider in a “Medical Home” has a record of a patient’s health issues over time, so that patterns and progression of diseases can be noted and treated.

Vermont’s percentage of residents with a regular PCP is higher than the U.S.’s, which is 82%. Vermont’s percentage varies based on gender, age, education achieved, income, race, LGBTQ+ or not, and disability, but it remains above 80% in all categories.⁴⁰

Among Vermont’s counties, Windham County has a lower percentage of residents with a PCP, compared to other Vermont counties, though at 87%, it is still higher than the national norm.⁴¹



At least five primary care providers in Windham County are currently accepting new patients. The loss of just one provider can displace hundreds of patients, resulting in healthcare shortages and longer wait times for initial appointments.

³⁸ <https://data.hrsa.gov/tools/shortage-area/mua-find>

³⁹ <https://www.healthvermont.gov/sites/default/files/document/HSI-BRFSS-2022-DataSummary.pdf>, p. 18

⁴⁰ Ibid.

⁴¹ Ibid, p. 19

Access: Geography and Transportation

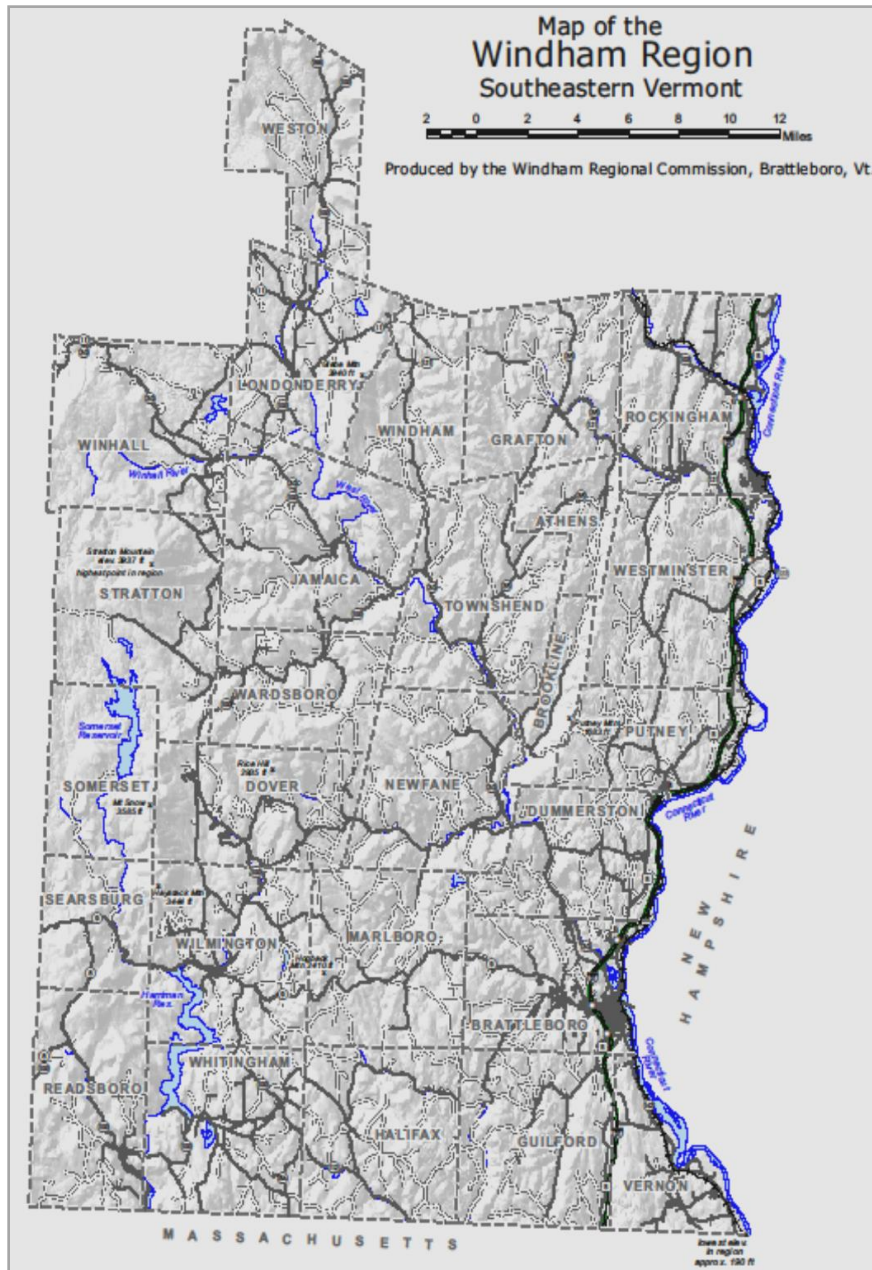
Vermont's road conditions are a common barrier to health care. Windham County has a total of 15,763 miles of roads; 8,550 miles, or 55% of these, are unpaved.⁴² This makes travel difficult during the winter months and the mud

season that follows. Additionally, the geography of Windham County, specifically the mountains, can be challenging, as road conditions vary greatly throughout the county based on elevation. The land climbs sharply from Brattleboro, in the southeastern corner of Windham County (278 feet above sea level); to Townshend, in the northwest (616 feet elevation); and to the town of Windham (1,950 feet in elevation), at the county's far northwestern corner.

Lack of Public Transportation

Most of Windham County has infrequent or no public transportation. Residents with economic challenges often find the costs of buying and maintaining a car and purchasing gasoline are insurmountable barriers when faced with a choice between food, heating fuel, car insurance, or gasoline. It is not uncommon for low-income patients to cite lack of transportation as the reason for canceling a medical appointment.

Lack of public transportation in Windham County plays a significant and persistent role in limiting access to health and human services. Windham County's 2015 Community Health Needs Assessment identified lack of transportation as a major factor affecting access to health care services.



The Windham Regional Commission works to assess the transportation difficulties and opportunities, including tapping into infrastructure improvement appropriations.

*Map: Dirt Roads vs. Paved Roads & Relief Map for Windham County. Darkest lines are paved roads: double-dotted lines are unpaved; single-dotted lines are town borders; shading indicates mountains.*⁴³

⁴² <https://vtrans.vermont.gov/planning/maps/stats>

⁴³ Windham Regional Commission, 2013.

1. Population Health

“Social Determinants of Health”

Healthcare providers increasingly recognize that health outcomes are influenced by a large number of interwoven but diverse factors. These factors are generally called the “Social Determinants of Health” (SDOHs).

The U.S. Department of Health and Human Services (HHS) groups these SDOHs into five categories: economic stability; education access and quality; healthcare access and quality; the neighborhoods and environments where people are born, raised, live, work, play, and age; and quality-of-life and social connections.⁴⁴

Every ten years, HHS creates a nationwide “Healthy People” report, providing information about current conditions and setting benchmarks for improvement in the coming decade. The report aims to encourage collaboration among health and social services providers, and to help individuals make more informed healthcare choices.⁴⁵

The Vermont Department of Health (VDH) and Windham County’s healthcare providers also recognize the strong link between social indicators – demographic, economic, environmental, and access factors – and the actual health of the county’s residents.

VDH also creates a statewide “Healthy People” report every ten years, and it too recognizes the importance of lifestyle behaviors and SDOH.

According to Vermont’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.”⁴⁶

The Vermont Department of Health’s “Healthy Vermonters 2020” report also includes data on current conditions and goals for improving health outcomes. The most up-to-date data can be found at healthvermont.gov.

Windham County’s social service providers have participated with the three healthcare provider organizations responsible for creating this Community Health Needs Assessment report. Please see reports from these social service organizations in the Appendix at the end of this report. Their insights are also included throughout the report and have been considered by the providers at each of the three healthcare organizations while determining priorities for the coming three years.



⁴⁴ <https://health.gov/healthypeople/priority-areas/social-determinants-health>

⁴⁵ https://www.cdc.gov/nchs/healthy_people/index.htm

⁴⁶ <https://www.healthvermont.gov/sites/default/files/documents/2016/11/Healthy%20Vermonters%202020%20Report.pdf>

Windham County Behavioral Risk Assessments

As part of its research into the Social Determinants of Health, the Vermont Department of Health (VDH) conducts two behavior risk surveys, one for youth and one for adults.

The Vermont Youth Risk Behavior Survey (YRBS) is conducted every other year. Developed by the U.S. Centers for Disease Control (CDC), YRBS helps to monitor health risk behaviors that contribute to death, disease, injury, and social problems among youth. Two different versions of the survey are offered, one for middle school students (grades 6-8) and another one for high schoolers (grade 9-12). Students are asked about physical activity, nutrition, weight status, tobacco use, alcohol and other substance use, violence and bullying, and sexual behaviors. The Vermont Agency of Education helps to conduct this survey, and nearly all schools participate.

~ YRBS ~



VDH and the U.S. Centers for Disease Control (CDC) conduct a similar annual assessment of adults each year. Called the Behavioral Risk Factor Surveillance System (BRFSS), this survey covers a wide range of health and lifestyle topics, from housing to food security, pregnancy and sexual health, smoking and tobacco use, alcohol, firearms, tick bites, health habits, and chronic disease. All states and territories, plus Washington D.C. are surveyed. 2023 data is not yet available, and the 2024 survey is currently in process. In 2022, the survey reached 8,811 adult Vermonters across the state.

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

According to VDH, “Personal health behaviors have a major impact on the health of the population and contribute to the leading causes of disease and premature death.”⁴⁷ Medical providers and health researchers recognize that beyond personal preferences and choices, each person’s behavior is greatly influenced by the conditions, communities, systems, and social structures in which people live (the Social Determinants of Health). The need to belong to a group that shares common values and habits can be a powerful influence on behavior.

To emphasize this point, the Vermont Department of Health has created the slogan “3-4-50,” highlighting the connection between risk behaviors and chronic disease. The VDH identifies three key behaviors—lack of physical activity, poor nutrition, and tobacco use—that contribute to the development and severity of four chronic diseases: cancer, Type 2 diabetes, heart disease and stroke, and lung disease. Together, these diseases are responsible for over 50% of all deaths in Vermont.⁴⁸



While personal behavior is important for preventing disease, Vermont communities can be powerful agents of change. Policy and programming changes can help create conditions so that everyone has an equal chance to be healthy. VDH’s goal is “to make the healthy choice the easy choice where we live, work, learn and play.”⁴⁹

This 2024 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.

⁴⁷ <https://www.healthvermont.gov/health-statistics-vital-records/population-health-surveys-data/brfss>

⁴⁸ <https://www.healthvermont.gov/3-4-50>

⁴⁹ Ibid.

Windham County's Four Most Common Chronic Diseases

Four chronic diseases cause more than 50 percent of deaths in Vermont.⁵⁰ These are: cancers, heart disease and stroke, Type 2 diabetes, and lung diseases.



As individuals and as a community, there are things we can do to reduce the incidence of each of these deadly diseases. According to HHS, “Most chronic diseases can be prevented by eating well, being physically active, avoiding tobacco and excessive drinking, and getting regular health screenings.”⁵¹ Thus, it makes sense for healthcare providers to focus on these diseases and these behaviors when assessing community health and designing programs and interventions for the future.

Data for these conditions in Windham County is presented on the following pages.

Cancers

Although we commonly use the term “cancer,” this is not a single disease, but a group of more than 100 different diseases characterized by uncontrolled growth and spread of abnormal cells.⁵²

Cancer is very common. Approximately four out of ten men and women will develop some type of cancer in their lifetime. Each year, roughly 4,000 Vermonters are diagnosed and as many as 1,400 die from some form of cancer. It is the leading cause of death in Vermont and the second leading cause in the U.S.⁵³

Most Common Cancers

Five types of cancer make up most of the new cancer diagnoses or cancer-related deaths. The top five cancers with the highest incidence rates for males and females combined are lung and bronchus, melanoma of the skin, colorectal, urinary bladder, and non-Hodgkin lymphoma. As many as 1,391 Vermonters die from cancer each year with the top five cancer deaths being from lung and bronchus, colorectal, pancreas, leukemia, and non-Hodgkin lymphoma. Breast cancer and prostate cancer are other cancers of a particularly high burden in Vermont as well.⁵⁴

Top Cancers in Vermont		
Rates per 100,000, age-adjusted		
	Incidence	Mortality
Lung & Bronchus	56.2	36.2
Melanoma (skin)	36.6	2.2
Colorectal	33.2	14.1
Urinary bladder	23.0	4.6
Non-Hodgkin Lymphoma	18.6	5.7

Source: Vermont Cancer Registry, 2016 – 2020

Prostate and lung and bronchus cancers are the most common cancers among Vermont males. Breast and lung and bronchus cancers are the most common cancers among Vermont females.⁵⁵

⁵⁰ Ibid.

⁵¹ <https://www.cdc.gov/rural-health/php/public-health-strategy/public-health-considerations-for-health-behaviors-in-rural-america.html>

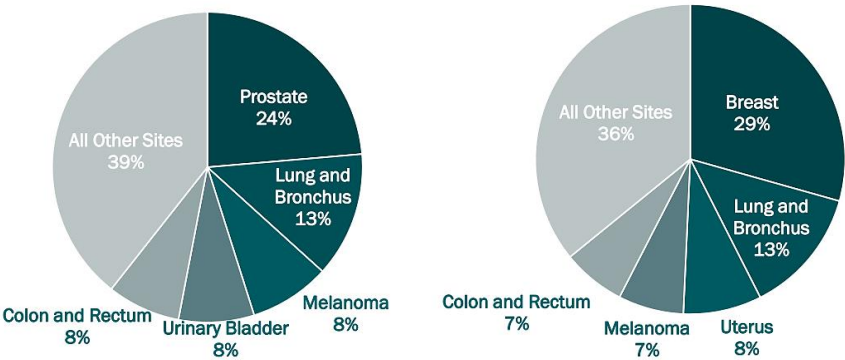
⁵² <https://www.healthvermont.gov/wellness/cancer>

⁵³ <https://www.healthvermont.gov/environment/tracking/cancer>

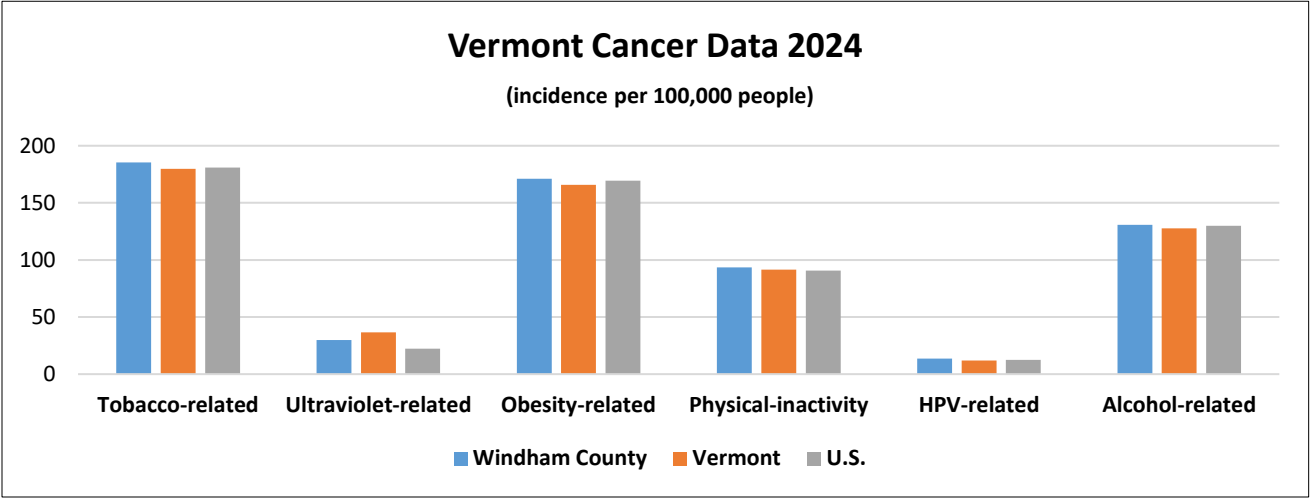
⁵⁴ <https://www.healthvermont.gov/sites/default/files/document/hdpd-cancer-vt-eval-plan-2024.pdf>

⁵⁵ <https://www.healthvermont.gov/sites/default/files/document/hsi-cancer-data-pages-2024.pdf>, p. 33-34

Top Cancer Diagnosis in Vermont – Assigned Male at Birth at left, Assigned Female at Birth at right:



According to the Vermont Department of Health’s Cancer Data 2024 report, the rates of cancer are relatively similar in all Vermont counties, but Windham County’s rates are slightly higher than statewide rates, as the chart below shows.⁵⁶



Risk Factors

As indicated above, while anyone can develop cancer, personal behaviors such as tobacco use, overexposure to sunlight, diet, physical activity, and alcohol use can increase the risk.⁵⁷

Social determinants of health such as race/ethnicity, income level, disability status, area of residence, and sexual identity and orientation can also be factors. The Vermont Department of Health is currently studying five populations to track the incidences of cancers for each. These are the BIPOC (black, indigenous, and people of color), LGBTQ+ (lesbian, gay, bisexual, transgender and queer), Vermonters living with disabilities, low-income Vermonters (household income at 250% or less than federal poverty limit), and rural Vermonters.⁵⁸ As more data becomes available, deeper insights into these Social Determinants of Health may be possible.

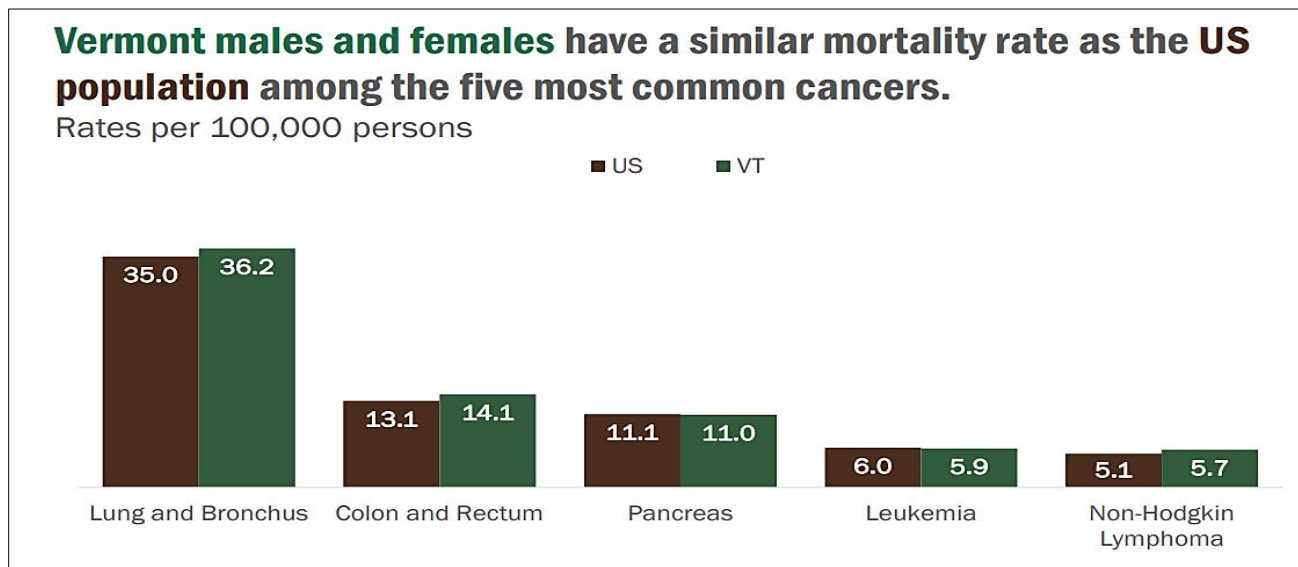
⁵⁶ <https://www.healthvermont.gov/sites/default/files/document/hsi-cancer-data-pages-2024.pdf>

⁵⁷ Ibid

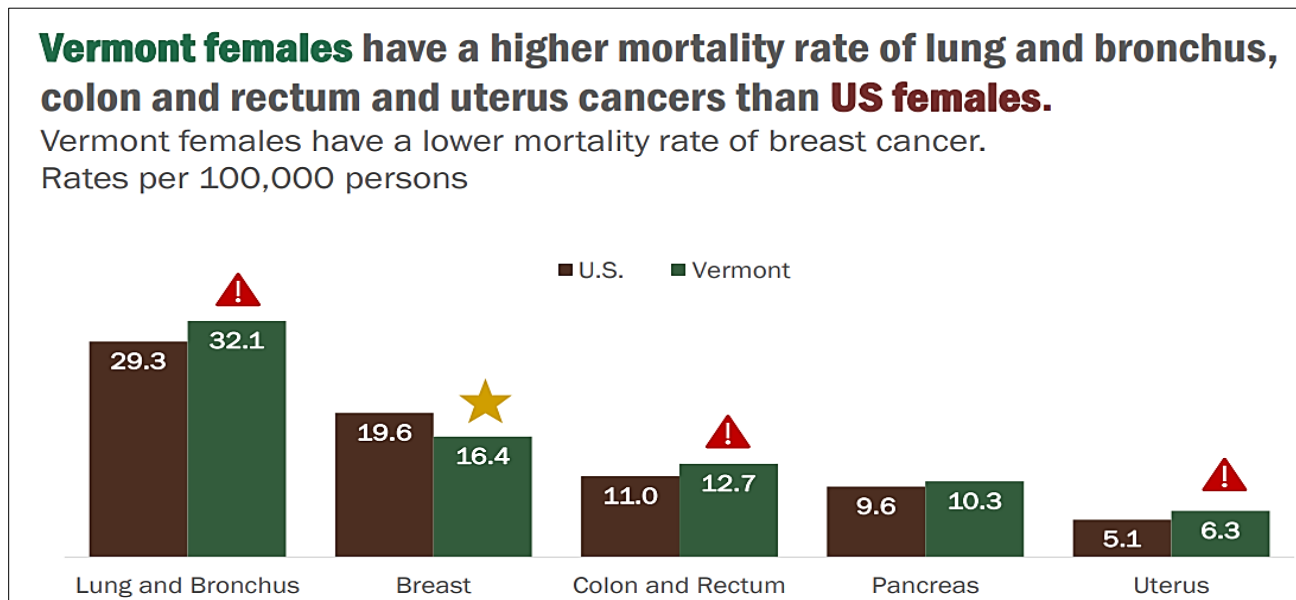
⁵⁸ Ibid

Cancer Mortality Rates

Cancer types vary in both their incidence and survival rates. While melanoma is relatively common and has a high survival rate, pancreatic cancer is less frequently diagnosed but has a significantly higher mortality rate. Overall, Vermont's mortality rates for the most common cancers align closely with national averages, as illustrated below.⁵⁹



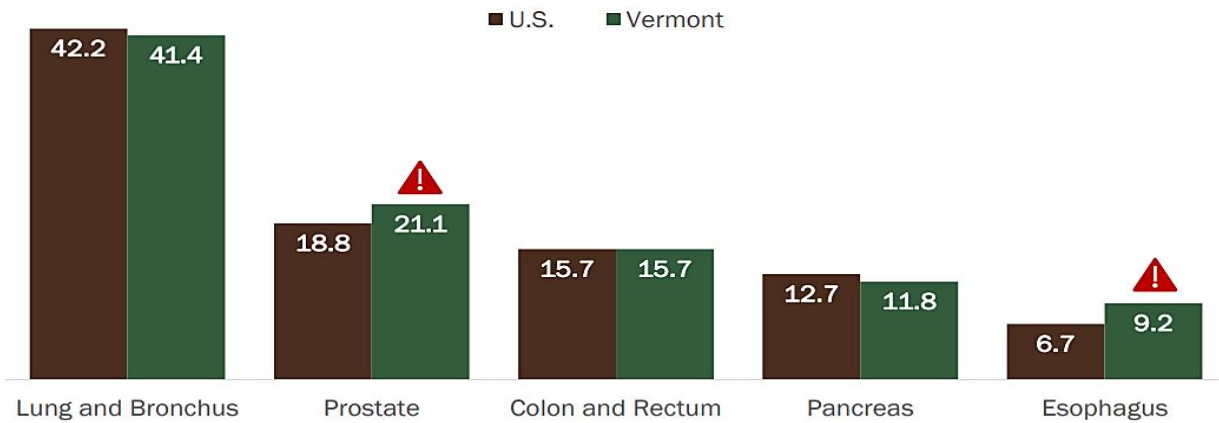
For some cancers, Vermont exhibits higher mortality rates among specific genders:



⁵⁹ <https://www.healthvermont.gov/sites/default/files/document/hsi-cancer-data-pages-2024.pdf>, p. 65

Vermont males have a higher mortality rate of prostate and esophagus cancers than U.S. males.

Rates per 100,000 persons



In Windham County, 22% of deaths are caused by cancer. The incidence of tobacco-related cancer, melanoma, and HPV cancers are slightly lower in Windham County, but obesity-related cancers are higher.

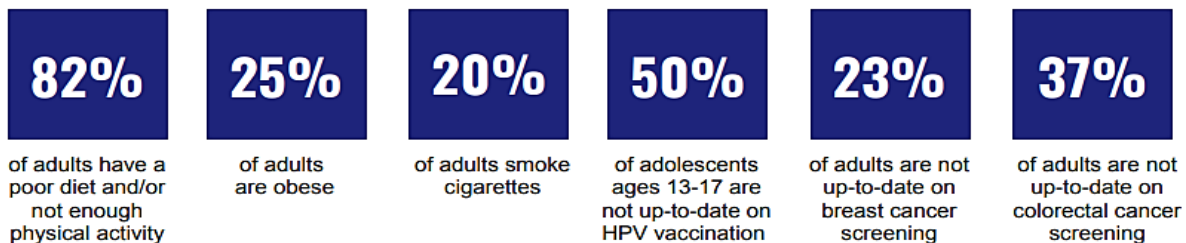
Tobacco use increases the risk of cancers of the lung, lip, oral cavity, throat, esophagus, stomach, colon and rectum, liver, pancreas, larynx (voice box), trachea, cervix, kidney, bladder, and acute myeloid leukemia. Excess weight increases the risk of cancers of the esophagus, stomach, colon and rectum, liver, gallbladder, pancreas, bone marrow, breast (postmenopausal), uterus, ovary, membranes surrounding the brain and spinal cord (meninges), and thyroid.⁶⁰

Cancer Screening Tests

Early detection and treatment of cancer, before it spreads, significantly improve the chances of survival. This is why adhering to recommended cancer screenings—such as those for lung, breast, cervical, and colorectal cancers—is so crucial.

Colorectal cancer screening rates in Windham County are lower than the state average for Vermont. However, screening rates for other cancers in Windham County are generally in line with the state's overall rates.⁶¹

In Windham County:



⁶⁰ https://www.healthvermont.gov/sites/default/files/documents/pdf/stat_cancer_Windham.pdf, p. 1

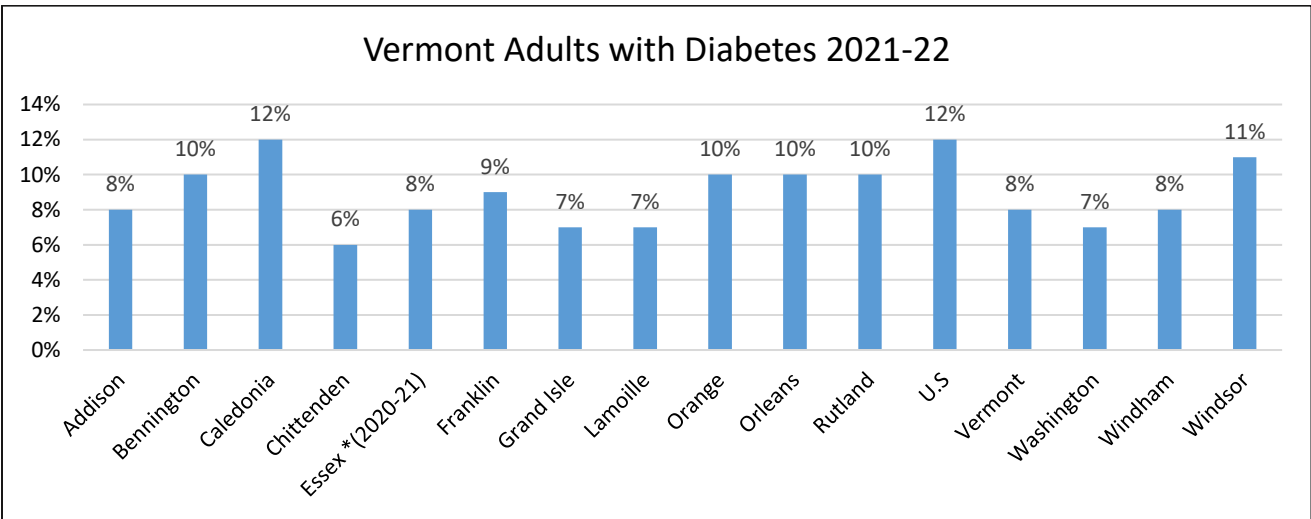
⁶¹ Ibid, p. 2

Diabetes

Diabetes is a chronic disease that causes high blood sugar to be too high, either because a person’s body doesn’t make enough insulin (the hormone that turns food into energy) or because the insulin it makes is not used correctly. Chronically high blood sugar causes problems throughout the body. Over time, build-up of glucose in the blood can damage eyes, kidneys, nerves, or the heart, leading to serious health complications.⁶²

There are two main types of diabetes. For Type 1 diabetics, the body cannot produce insulin. These diabetics must take insulin as a shot (injected medication). Type 1 diabetes is more common in children. For Type 2 diabetics, the body makes insulin but does not use it properly. Type 2 diabetes is much more common than Type 1 (83% vs 17%⁶³) and is usually seen in adults.⁶⁴

Approximately 12% of adults in the U.S. have diabetes. Vermont rates are somewhat better: 8% among all Vermont adults, and 8% for Windham County adults. Vermont county rates are shown here.⁶⁵



Even though Windham County’s rate is better than the nation’s, diabetes is still a major cause for concern. The population of Windham County in 2022 was 45,842, so 8% means that 3,667 County residents have diabetes.

Prevalence for diabetes increases with age. There are no statistical differences in diabetes prevalence by race, ethnicity, gender identity, or sexual orientation. Males and females report statistically similar rates of diabetes. Adults with a disability are more than twice as likely to report having diabetes than those with no disability. Diabetes rates are higher among adults with less education and lower household incomes.⁶⁶

Diabetes Management

Before Type 2 diabetes develops, a person typically has prediabetes. Intervention and lifestyle changes at this point can reverse the trend so that full diabetes does not develop, so it is important to make changes and have regular blood sugar tests to monitor, and hopefully improve, the situation. Without lifestyle changes, 15 to 30 percent of people with prediabetes will develop type 2 diabetes within five years, and for those with diabetes,

⁶² https://www.healthvermont.gov/sites/default/files/documents/pdf/HS_1305_Data_Pages_081816.pdf

⁶³ <https://www.healthvermont.gov/sites/default/files/document/HSI-BRFSS-2022-DataSummary.pdf>

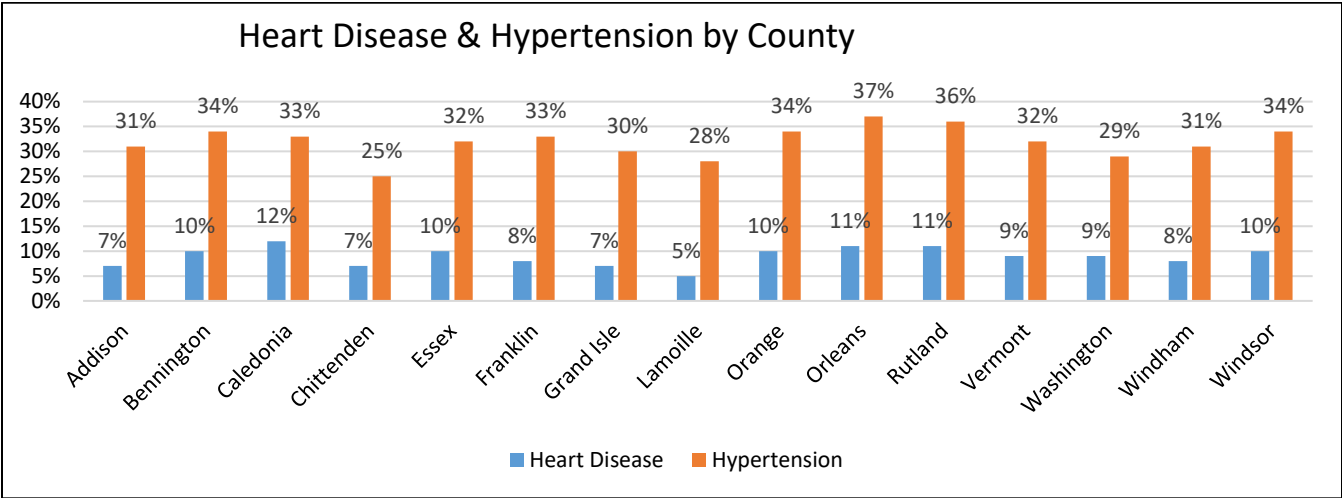
⁶⁴ <https://www.healthvermont.gov/wellness/diabetes/diabetes-vermont-data-and-facts>

⁶⁵ Ibid; note that too few respondents were from Essex County for this survey, so only the previous year’s data is available.

⁶⁶ <https://www.healthvermont.gov/sites/default/files/document/HSI-BRFSS-2022-DataSummary.pdf>

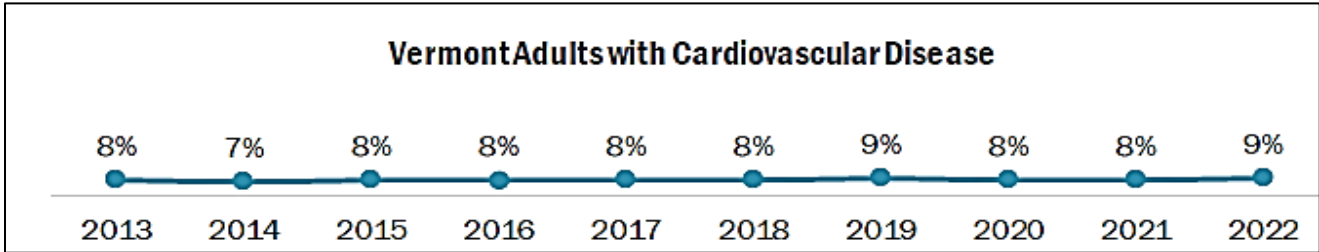
Cardiovascular Disease (Heart Disease)

Cardiovascular disease, also called heart disease, is a serious disease that affects 42,000 Vermonters.⁷⁴ It is the second leading cause of death among Vermonters, after cancer.⁷⁵ Two diseases associated with heart disease -- stroke and hypertension (high blood pressure) -- raise the risk of death by heart disease. In 2020, Windham County's rate of death due to coronary heart disease (97.7 per 100,000 people) was better than Vermont's rate (128.9 deaths per 100,000).⁷⁶ The prevalence of heart disease, and thus the risk of death, is much higher. Vermont county rates for heart disease and high blood pressure are shown here.⁷⁷



Males are more likely to have cardiovascular disease than females, and the incidence increases with age. The prevalence also increases among adults with lower household income. There is no statistical difference of prevalence by race or ethnicity. The Vermont Department of Health reports that non-LGBTQ+ adults are more than two times as likely to report having cardiovascular disease than LGBTQ+ adults, and adults with a disability are three times as likely to report having cardiovascular disease than adults with no disability.⁷⁸

Rates of cardiovascular disease among Vermonters have remained consistent for the past decade:⁷⁹



It is concerning that hypertension and cardiovascular disease rates remain consistent, despite much effort by medical providers to encourage patients to improve lifestyle habits. The county's healthcare organizations continually ask what more can be done and what new approach could be more successful.

⁷⁴ <https://www.healthvermont.gov/stats/surveillance-reporting-topic/cardiovascular-disease-data>

⁷⁵ <https://www.healthvermont.gov/wellness/heart-disease/individuals-families-and-heart-disease>

⁷⁶ VDH, Healthy Vermonters 2020 Data Explorer

⁷⁷ VDH Behavioral Risk Factor Surveillance System, Published January 2024

⁷⁸ Ibid

⁷⁹ Ibid

Lung Health & Respiratory Diseases

The most common lung diseases among Windham County residents are asthma, chronic obstructive pulmonary disease (COPD), lung cancer, and during the past several years, COVID-19.

Asthma

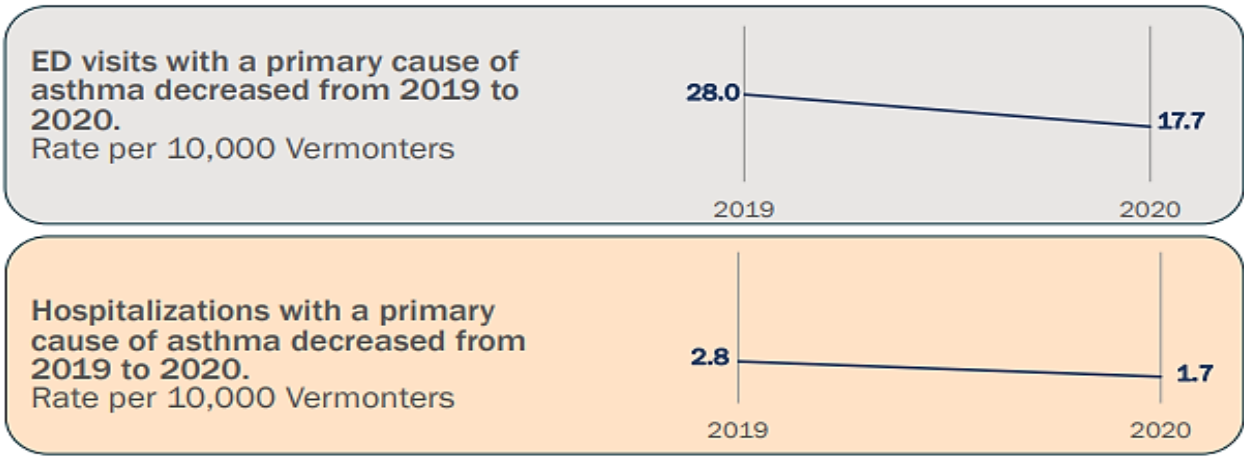
Asthma is a serious chronic disease that inflames and narrows the airways in the lungs and can cause recurring attacks of wheezing, chest tightness, shortness of breath and coughing.⁸⁰ Generally, asthma is caused by a complex mix of genetic and environmental factors.⁸¹

Asthma affects people of all ages, but it most often starts during childhood. Approximately 13% of Vermont adults have asthma, and approximately 8% of Vermont children have asthma. This is higher than for the percentages for the general population of the U.S. The CDC reports that 8.7% of American adults and 6.2% of American children have asthma.⁸² Vermont ranks fifth highest among the states for the prevalence of asthma in adults.⁸³ Windham County’s incidence of asthma among adults (14%) is slightly higher than the state’s rate.⁸⁴

Because asthma is partly influenced by genetics, it may not be possible to completely prevent or cure it. However, it can be managed. The focus of the state’s asthma management plan is to provide education about how to reduce or eliminate environmental factors and to work to reduce hospitalizations due to asthma attacks.

The Vermont Department of Health recommends that everyone with asthma get an Asthma Action Plan every year.⁸⁵ However, despite this recommendation, only one in four adults with asthma in Vermont have an action plan, while two in three children with asthma have one.⁸⁶

During the COVID-19 pandemic, childhood asthma prevalence decreased (2019-2021) and fewer Vermonters were admitted to emergency departments or hospitals for asthma (2019-2020).⁸⁷



⁸⁰ <https://www.healthveont.gov/sites/default/files/documents/2016/11/Healthy%20Vermonters%202020%20eort.pdf>

⁸¹ <https://apps.health.vermont.gov/ias/querytool?topic=HealthyVermonters2020&theme1=RespiratoryDiseases>

⁸² <https://www.cdc.gov/nchs/fastats/asthma.htm>

⁸³ https://www.healthvermont.gov/sites/default/files/document/HSI_2023_Asthma_Data_Pages.pdf

⁸⁴ VDH Behavioral Risk Factor Surveillance System, Published January 2024

⁸⁵ <https://www.healthvermont.gov/wellness/asthma-lung-disease/asthma-self-management-education>

⁸⁶ https://www.healthvermont.gov/sites/default/files/document/HSI_2023_Asthma_Data_Pages.pdf

⁸⁷ Ibid

Chronic Obstructive Pulmonary Disease (COPD)

COPD refers to a group of progressive diseases, including emphysema and chronic bronchitis, that block airflow and cause breathing-related problems. COPD was the sixth leading cause of death in the U.S. in 2021 and has been the fourth leading cause in Vermont since 2016.⁸⁸

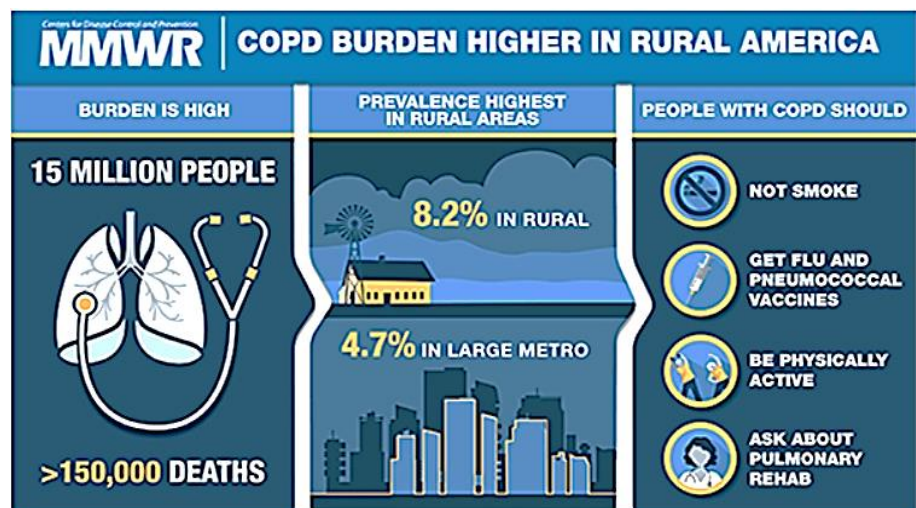
Tobacco smoke is the key factor in the development and progression of COPD. Other lung irritants, including second-hand smoke, environmental pollutants, and wood smoke, can also contribute, but eight in ten COPD-associated deaths are caused by smoking. Therefore, unlike asthma, most incidences of this disease are lifestyle-related and thus preventable.⁸⁹

Nearly 16 million Americans have COPD, but the actual number may be higher, as COPD is known to be underdiagnosed.⁹⁰ Both the U.S. and Vermont have a 7% incidence rate; Windham County's rate is 6%.⁹¹

Men and women report having COPD at the same rate. There are no statistical differences in the prevalence of COPD by race, ethnicity, sexual orientation, or gender identity.⁹² However, adults with less education and lower household incomes are more likely to have COPD. Rates are also higher for those living with a disability – they are four times more likely to have COPD than other adults.⁹³

Statistics show that COPD is more common in rural America than in urban areas, as shown in this graphic from the CDC. The difference may be due to higher rates of smoking and less access to programs to help with quitting.⁹⁴

The Vermont Department of Health has recently received a grant to implement a new COPD Program that aims to increase awareness among healthcare providers and the public alike.⁹⁵



Medications, managing stress, reducing exposure to pollutants and other substances that irritate the lungs, avoiding foods that cause flare ups, and engaging in the right level of healthy physical activity can all help with managing COPD. Developing a disease management plan with a medical provider is also very important.⁹⁶

⁸⁸ <https://www.healthvermont.gov/environment/tracking/chronic-obstructive-pulmonary-disease-copd>;
<https://www.healthvermont.gov/wellness/asthma-lung-disease/copd-chronic-obstructive-pulmonary-disease>

⁸⁹ Ibid.

⁹⁰ <https://www.cdc.gov/copd/about/index.html>

⁹¹ VDH Behavioral Risk Factor Surveillance System, Published January 2024

⁹² https://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR_2018_BRFSSReport.pdf

⁹³ Ibid.

⁹⁴ <https://www.cdc.gov/rural-health/php/public-health-strategy/public-health-considerations-for-chronic-obstructive-pulmonary-disease-copd.html#:~:text=Rural%20residents%20face%20higher%20risks,of%20life%20and%20reduced%20deaths>

⁹⁵ <https://www.healthvermont.gov/wellness/asthma-lung-disease/copd-chronic-obstructive-pulmonary-disease>

⁹⁶ <https://www.lung.org/lung-health-diseases/lung-disease-lookup/copd/living-with-copd/copd-management-tools>

Lung Cancer

Approximately 25% of all Vermont cancer deaths are due to lung and bronchus cancer. Lung cancer is the leading cause of cancer deaths among adults in both Vermont and the U.S., and in both males and females (biological designation).⁹⁷

While lung cancer rates have declined somewhat due to decreases in the prevalence of smoking, most cases of lung cancer are still caused by smoking. Smoking can cause cancer almost anywhere in the body, but particularly in the lungs.⁹⁸

The majority of lung cancers are diagnosed in late stages when treatment is mostly ineffective.⁹⁹



Until recently, there were no screening tests for detecting lung cancers at an early stage.

In 2013, screening guidelines were developed for high-risk individuals, based on smoking history and age (especially current and former heavy smokers, age 55-80). The screening uses low dose computed tomography to detect abnormalities in the lungs.¹⁰⁰

Since 2005, an organization called Vermonters Taking Action Against Cancer (VTAAC) has worked to create an action plan to improve detection and outcomes for all cancers in Vermont. In December of 2021, this network of groups and individuals published the 2025 Vermont Cancer Plan. Among other things, it promotes screenings.

Because screening for lung cancer is relatively new, VTAAC provides information on its website and in its report to promote screenings for those who fit the following criteria: smokers and former smokers who are age 50-80, who still smoke or have quit in the last 15 years, and who smoked the equivalent of one pack a day for 20 years (1 pack/day for 20 years, 2 packs/day for 10 years, ½ pack/day for 40 years, etc.).

Lung cancer screening is recommended yearly for anyone fitting these criteria.

Early screening improves the chances of survival. The five-year survival rate for early-stage lung cancer is much higher (63%) than the survival rate (8%) for those diagnosed at a late stage.¹⁰¹

At present there are nine hospitals in Vermont that offer lung cancer screening. The closest centers to Windham County are in the towns of Rutland and Windsor.¹⁰²

⁹⁷ https://www.healthvermont.gov/sites/default/files/document/HSI_Cancer_Data_Pages_2023_1.pdf

⁹⁸ <https://www.healthvermont.gov/wellness/cancer/early-detection-and-screening>

⁹⁹ <https://www.healthvermont.gov/wellness/cancer/early-detection-and-screening>

¹⁰⁰ <https://www.healthvermont.gov/wellness/cancer/early-detection-and-screening>

¹⁰¹ <https://svhealthcare.org/news/should-i-be-screened-for-lung-cancer>

¹⁰² <https://vtaac.org/lung-cancer-screening/>

Mental Health

Mental illnesses are conditions that influence a person's thoughts, emotions, mood, and behavior. These conditions can be short-term, recurring, or chronic (long-lasting), varying in duration and intensity.

Mental illnesses can vary in degree, from mild to moderate to severe, and these varied conditions can be exhibited in a variety of symptoms. They can affect a person's ability to relate to others and to function each day.¹⁰³



Mental and emotional health are integral to overall well-being, yet mental health issues often go unrecognized. A significant factor contributing to this is the stigma surrounding mental illness. While conditions like diabetes or a broken leg are visible and easier to understand, mental health challenges such as depression, anxiety, and others are less apparent and harder to comprehend. Individuals may exhibit symptoms, but the underlying causes are not always immediately clear.

The Brattleboro Retreat describes the stigma surrounding mental illness as follows: “Disgrace, shame, mistrust. These are words that go hand in hand with stigma. And, even though scientific research has shown otherwise, mental illness and addiction are still seen by many through a distorted lens as forms of indulgence, or weakness, or flaws in a person’s character. Among the many heartbreaking outcomes of stigma are silence and isolation. The result is that people in great pain remain quiet for fear of being judged. As their isolation grows, the people in their lives become less willing to ask what’s wrong. The cycle perpetuates itself mainly because it prevents people from doing the one thing that will help the most: seek treatment. Mental illness and addiction are real medical illnesses, just like heart disease, cancer, and diabetes.”¹⁰⁴

As Jilisa Snyder, Ph.D., Senior Psychologist at the Retreat’s Anna Marsh Clinic, states, “telling someone experiencing a major depression to ‘pick yourself up by your bootstraps’ or for a person struggling with PTSD to ‘get over it’ is like telling a runner with a broken leg to ‘just rise up and finish that marathon.’”¹⁰⁵

The National Institute of Mental Health (NIMH) estimates that more than one in five U.S. adults live with a mental illness (57.8 million in 2021) and says that more than half of these remain untreated.¹⁰⁶ Vermont’s latest statistic (2019) indicates that Vermonters are slightly more likely to get treated – 59% of Vermonters with a diagnosable mental, behavioral, or emotional disorder received treatment or counseling in the previous year.¹⁰⁷

All of the Brattleboro Retreat’s services are aimed at helping those with mental health issues. Windham County residents also have resources for mental health care at Brattleboro Memorial and Grace Cottage.

¹⁰³ <https://medlineplus.gov/mentaldisorders.html>

¹⁰⁴ <https://www.brattlebororetreat.org/stand-up-to-stigma>

¹⁰⁵ <https://www.brattlebororetreat.org/articles/stepping-forward-courage-thoughts-ending-stigma-during-mental-illness-awareness-week>

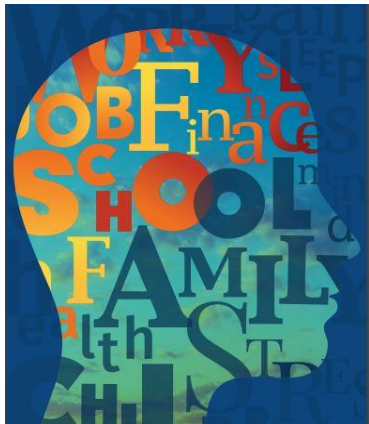
¹⁰⁶ <https://www.nimh.nih.gov/health/statistics/mental-illness>

¹⁰⁷ <https://app.powerbigov.us/view?r=eyJrIjoieMjEzYTFjZWQzN2RmYS00ZWY1LWlxYzQtN2E1YWFIOTBmNTVklwidCl6ljwYjQ5MzNiLWJhYWQzNDMzYy05YzAyLTcwZWVjYz01NTIjNiJ9>

Common mental illnesses include anxiety disorder (panic attacks, obsessive-compulsive behavior, and phobias); depression, bipolar, and mood disorders; eating disorders; personality disorders; post-traumatic stress; and psychotic disorders including schizophrenia. Anxiety and depression are especially common.¹⁰⁸

Anxiety Disorders

Anxiety is a natural reaction to stress. It may be caused by something specific, or it may occur suddenly, or it may be a generalized long-term tendency to worry.



At normal levels, anxiety may help to motivate and improve performance. But when anxiety interferes with one's ability to meet personal, professional and community responsibilities, it is best to get treatment.

Anxiety that is long-lasting, intense, and out of proportion to the original stressor 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: generalized anxiety, panic disorder, phobia, social anxiety disorder, obsessive-compulsive disorder (OCD), post-traumatic stress disorder (PTSD), and separation anxiety.¹⁰⁹ People with PTSD suffer from anxiety as a response to experiencing or witnessing a traumatic event, such as war, natural disaster, assault, a serious accident, or an unexpected death. PTSD can affect children as well as adults, causing sleep problems, a tendency toward angry outbursts, and other issues.¹¹⁰

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.

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.¹¹¹

Depression - Adults

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.

¹⁰⁸ <https://medlineplus.gov/mentaldisorders.html>

¹⁰⁹ <https://www.nimh.nih.gov/health/topics/anxiety-disorders/index.shtml?rf=32471>;

¹¹⁰ <https://www.nimh.nih.gov/health/publications/post-traumatic-stress-disorder-ptsd/index.shtml>

¹¹¹ <https://www.medicalnewstoday.com/info/anxiety>

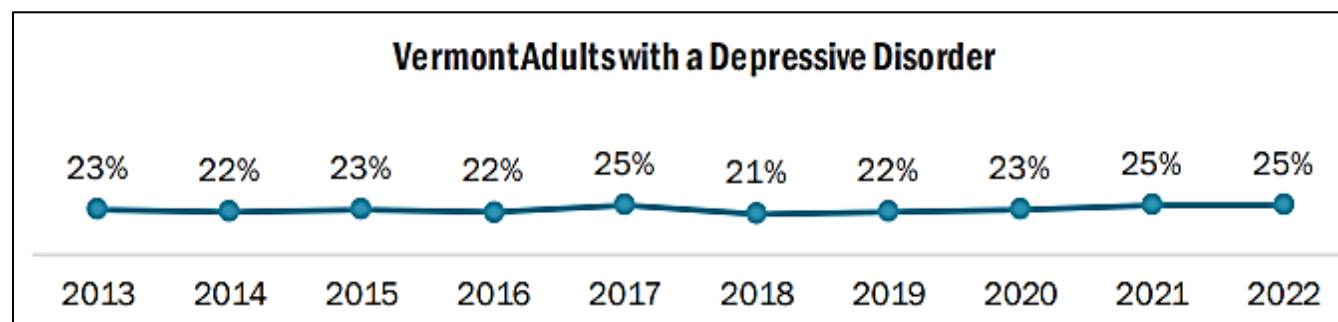
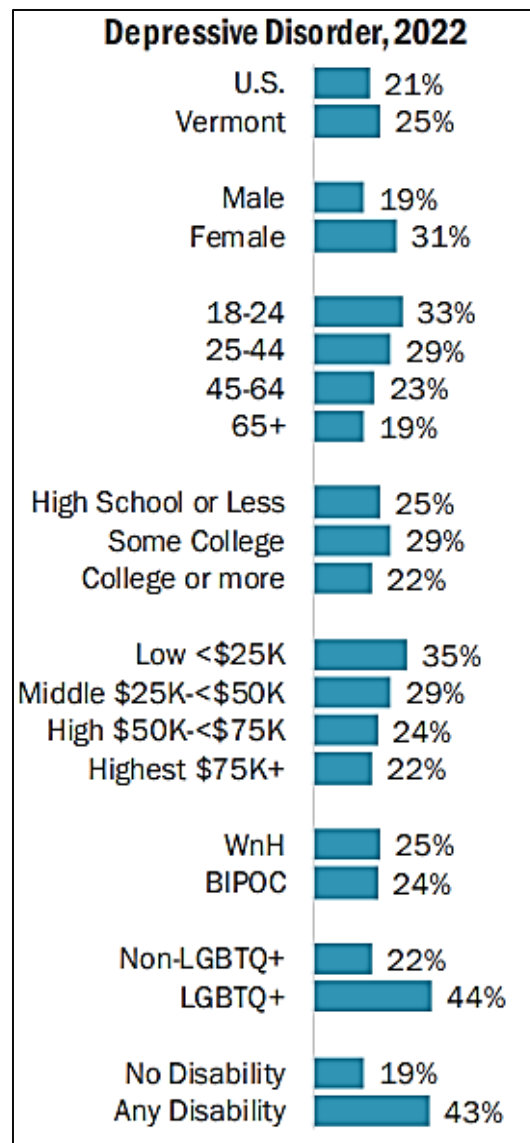
A depressive disorder is not a passing blue mood, but rather a persistent feeling of sadness and worthlessness. To be diagnosed with depression, a person's symptoms must be consistently present for at least two weeks.¹¹²

The VT Department of Health assesses the prevalence of mental health diagnoses in adult Vermonters by conducting the "Behavioral Risk Factor Surveillance System" survey and in youth by conducting the "Youth Risk Behavior Survey"; both surveys are conducted every two years. The county data below and at right comes from those surveys.¹¹³

In 2022, one-quarter of Vermont adults reported being told they had a depressive disorder at some point in their lives, higher than the 21% among U.S. adults. Both of these numbers are higher than in the 2020 report (23% in Vermont and 18% in the U.S.) but it's important to note that the 2022 survey was conducted in the midst of the COVID-19 pandemic. Still, the number of Vermont adults with depression has remained fairly steady over time, as seen from the timeline below.

As shown at right, women are statistically more likely than men to report having a depressive disorder. The rate decreases as people age. Those who identify as black, indigenous, and people of color (BIPOC) have rates similar to those who identify as white. LGBTQ+ identity, and disability status do affect the rates of depression. Depression rates are similar across all education levels.

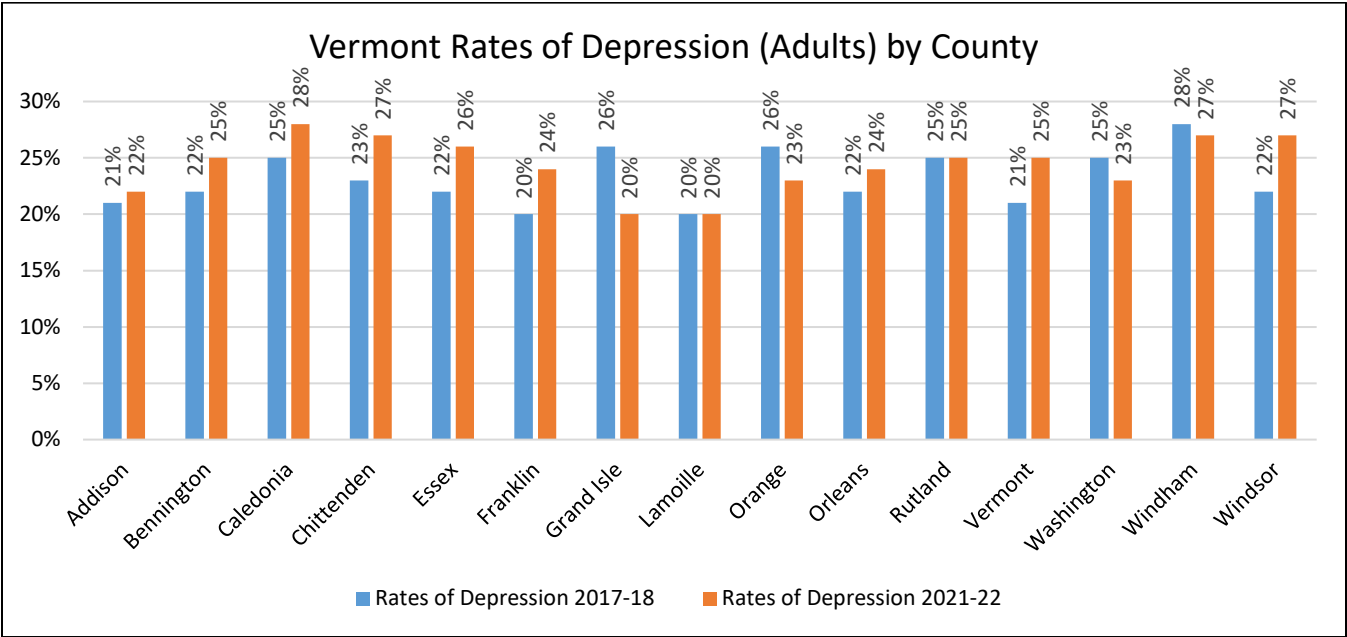
Income level makes a noticeable difference. Adults with a household income of less than \$25,000 are statistically more likely to have a depressive disorder than those with more income. The rates of depression decrease steadily as household income increases.



¹¹² <https://www.nimh.nih.gov/health/topics/depression/>

¹¹³ <https://www.healthvermont.gov/sites/default/files/document/HSI-BRFSS-2022-DataSummary.pdf>;
https://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR_YRBS_WINDHAM_2019.pdf

In 2018, Windham County had the highest rate of depression of all counties in Vermont.¹¹⁴ In 2022, Caledonia County had the highest rate, and Windham was a close second with two other counties.¹¹⁵



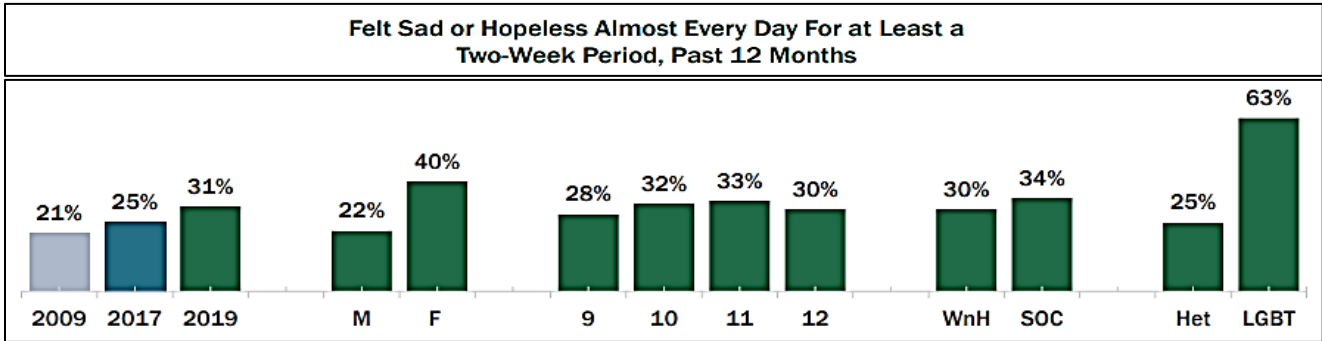
Depression - Youth

Depression is also common among Windham County youth.

The following results are from the 2021 Vermont Youth Risk Behavior Survey.¹¹⁶ (This survey is conducted every two years. The 2023 survey has been conducted but results are not yet available.) The 2021 report includes a caution that COVID-19 and related school closures, remote learning, lack of social interaction, and other factors with conducting the survey may have affected the results.¹¹⁷

According to the 2021 survey, 35 percent of Vermont high school students reported poor mental health most or all of the time. Middle school rates were lower. These results are presented on the following page.¹¹⁸

First, for comparison’s sake, here are results for high school students from the 2019 survey:



¹¹⁴ https://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR_2018_BRFSSReport.pdf

¹¹⁵ <https://www.healthvermont.gov/sites/default/files/document/HSI-BRFSS-2022-DataSummary.pdf>

¹¹⁶ <https://www.healthvermont.gov/sites/default/files/document/hsi-yrbs-2021-full-report.pdf>

¹¹⁷ Ibid.

¹¹⁸ https://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR_YRBS_WINDHAM_2019.pdf

	VT	County	F	M	9th	10th	11th	12th	BIPOC	WnH	LGBTQ	HetCis
Reported that their mental health was most of the time or always not good	35	40 *	55	25 *	36	37	43	43	42	39	63	30 *
Have been bothered by feeling nervous, anxious, or on edge most of the time or always	36	41 *	57	25 *	37	37	42	47 +	40	41	65	31 *
Felt sad or hopeless	30	34 *	47	22 *	28	33	36	41 +	43	33 *	56	26 *

	VT	County	F	M	9th	10th	11th	12th	BIPOC	WnH	LGBTQ	HetCis
Did something to purposely hurt themselves without wanting to die	22	24	34	13 *	19	26	30	21	30	23	48	14 *

	VT	County	F	M	6th	7th	8th	BIPOC	WnH	LGBTQ	HetCis
Reported that their mental health was most of the time or always not good	22	21	28	14 *	10	18	28	18	22	33	16 *
Have most of the time or always been bothered by feeling nervous, anxious, or on edge	24	23	34	14 *	12	19	32	27	24	38	19 *
Felt sad or hopeless	22	20	27	14 *	13	17	26	26	20	33	15 *
Have ever done something to purposely hurt themselves without wanting to die, such as cutting or burning themselves on purpose	18	17	23	11 *	12	14	21	16	18	32	9 *

*Legend: M = male, F = female; #s are grade numbers; WnH =white and non-Hispanic, BIPOC = black, indigenous, & people of color;
HetCis = heterosexual & cisgender; LGBTQ = lesbian, gay, bisexual, transgender, other sexual orientation, questioning & queer*

Because COVID-19 created such unusual circumstances, it will be important to compare the upcoming 2023 results to those from before the pandemic.

Suicide

Students answering the Youth Behavior Risk Survey (YBRS) and adults answering the annual Behavioral Risk Factor Surveillance System (BRFSS) also responded to questions about thoughts of and actions toward suicide.

Suicide is a leading cause of death for all ages, both nationally and in Vermont; Vermont's rate of suicide is larger than the national average.¹¹⁹

When someone takes his/her/their own life, it also has a devastating effect on families and communities.

¹¹⁹ <https://www.healthvermont.gov/emergency/injury-prevention/suicide-prevention>

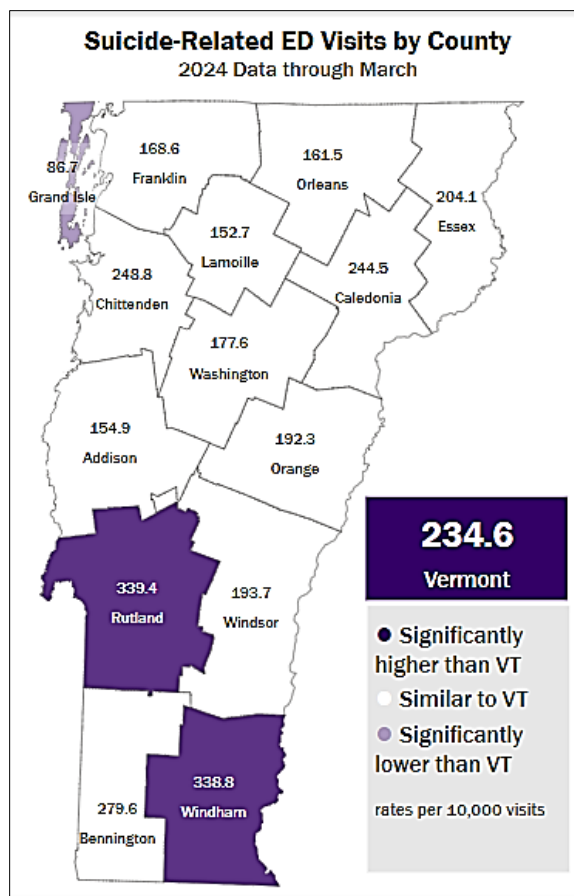
Suicide risk factors include relationship problems, doubts about self-esteem and self-identity, traumatic events, anniversaries of traumatic events, substance misuse, neglect, loss of a job, mental illness and lack of mental health care, chronic health issues, social isolation, and access to lethal means (firearms and medications).¹²⁰

According to Vermont's Department of Mental Health, suicide triggers vary based on one's personal identity. Here are some examples of how some factors can impact groups differently¹²¹:

- Stress resulting from prejudice and discrimination (family rejection, bullying, violence) is a significant risk factor for suicide attempts among LGBTQ+ youth and young adults.
- High school students of color are significantly more likely to make a suicide plan or attempt suicide than their peers.
- High school female students are significantly more likely than male students to make a suicide plan or attempt suicide.
- Adults with a disability are five times more likely to consider suicide.
- For middle-aged men, life stressors that challenge traditional male roles, such as unemployment and divorce, have been identified as risk factors.
- People experiencing poverty, especially in rural areas, are at risk due to increased life stressors and lack of access to adequate and affordable behavioral health care.
- Older adults and youth experience higher levels of social isolation.
- First responders (including EMS, fire, law enforcement, and emergency dispatchers) and military veterans have stressors, including exposure to traumatic events such as death by suicide, higher rates of post-traumatic stress, the stigma associated with seeking help and increased access to lethal means.¹²²

Access to physical and mental health care, social connections, meaningful work, support for substance misuse, and support for self-esteem and learning coping skills can all help reduce the risk of suicide.¹²³

As of mid-June 2024, the overall rate of VT-wide suicide-related Emergency Department visits was significantly lower than the previous three-year average. However, residents of Rutland and Windham Counties experienced statistically higher rates of suicide-related ED visits compared to the rest of Vermont.¹²⁴



¹²⁰ <https://www.healthvermont.gov/emergency/injury-prevention/suicide-prevention#risk>

¹²¹ <https://www.healthvermont.gov/emergency/injury-prevention/suicide-prevention#risk>

¹²² Ibid.

¹²³ Ibid

¹²⁴ <https://www.healthvermont.gov/stats/surveillance-reporting-topic/suicide-data>

Teen suicide is a major concern in Vermont, and many organizations, schools and mental health agencies have worked to raise awareness about this issue and to support families and friends after an event of suicide.

For the 2019 survey, the number of Windham County high school students who reported having made a suicide plan was 12-14%; for LGBTQ+ youth, that rate was 36%. The percentage who attempted suicide was 7%.¹²⁵

In 2021, the percentage who had made a suicide plan rose to 13-20%, with the largest percentage being high school juniors. The percentage of Windham County high schoolers who attempted suicide rose to 8%. Presented here are the 2021 results for high school and middle school students.¹²⁶

	VT	County	F	M		9th	10th	11th	12th		BIPOC	WnH	LGBTQ	HetCis
Did something to purposely hurt themselves without wanting to die	22	24	34	13	*	19	26	30	21		30	23	48	14 *
Made a plan about how they would attempt suicide	14	16	*	20	12 *	13	16	20	17		23	15 *	33	10 *
Attempted suicide	7	8	10	6	*	7	9	9	8		11	7	16	5 *

	VT	County	F	M		6th	7th	8th		BIPOC	WnH	LGBTQ	HetCis
Ever seriously thought about killing themselves	18	15	18	12		7	15	18		21	14	26	10 *
Ever made a plan about how they would kill themselves	13	11	16	6	*	10	9	14		12	12	21	7 *
Ever tried to kill themselves	6	5	9	3	*	.	7	6		8	5	11	3 *

Windham County's consistently high rates of suicide are an important health factor to address.

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

Vermont has developed several programs to help with suicide prevention. These include a Centers for Disease Control and Prevention (CDC) five-year grant to study and respond to this issue. Other programs include the Zero Suicide prevention program supporting primary care, emergency departments, and mental health settings; Youth Thrive (including West River Valley Thrive, located next to the high school is Townshend), Mental Health First Aid, an eight-hour education program to introduce risk factors and warning signs of mental health problems; and the 9-8-8 Suicide and Crisis Lifeline.

All three Windham County hospitals are front and center for helping to address mental health issues in their communities.

¹²⁵ https://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR_YRBS_WINDHAM_2019.pdf

¹²⁶ https://www.healthvermont.gov/sites/default/files/document/HSI_YRBS_2021_Windham.pdf

Substance Use

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.¹²⁷

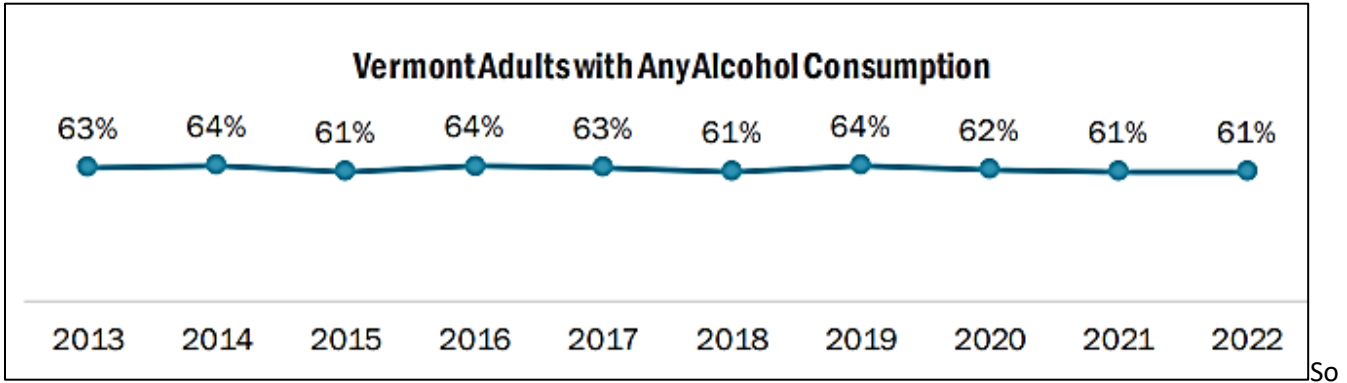
Substance misuse is not a moral failing. The Vermont Department of health reminds us that, “Addiction is a chronic illness that can be activated by genes, upbringing, social groups, and living environments. ... Cravings can be so overpowering that it’s hard to think about anything else including how a person’s behavior can be harmful to them and others.¹²⁸ But recovery is possible. Quitting or seeking treatment is never easy, and relapse is common, but many people do find a path to recovery.

The VDH includes questions about substance use in its annual Behavioral Risk Factor Surveillance System (BRFSS) for adults and its biennial Youth Risk Behavior Survey (YRBS) for teens, to see trends over time. Data from these reports is used in the following sections of this report. Note: the reports contain much more detail on these issues than it is possible to present here.

Alcohol

National data shows that Vermonters in all age categories drink alcohol at higher rates compared to the country overall. The rate of Vermont adults who binge drink is similar to the nationwide rate.¹²⁹

According to the 2021 BRFSS, alcohol use among all Vermonters has remained steady over the years.



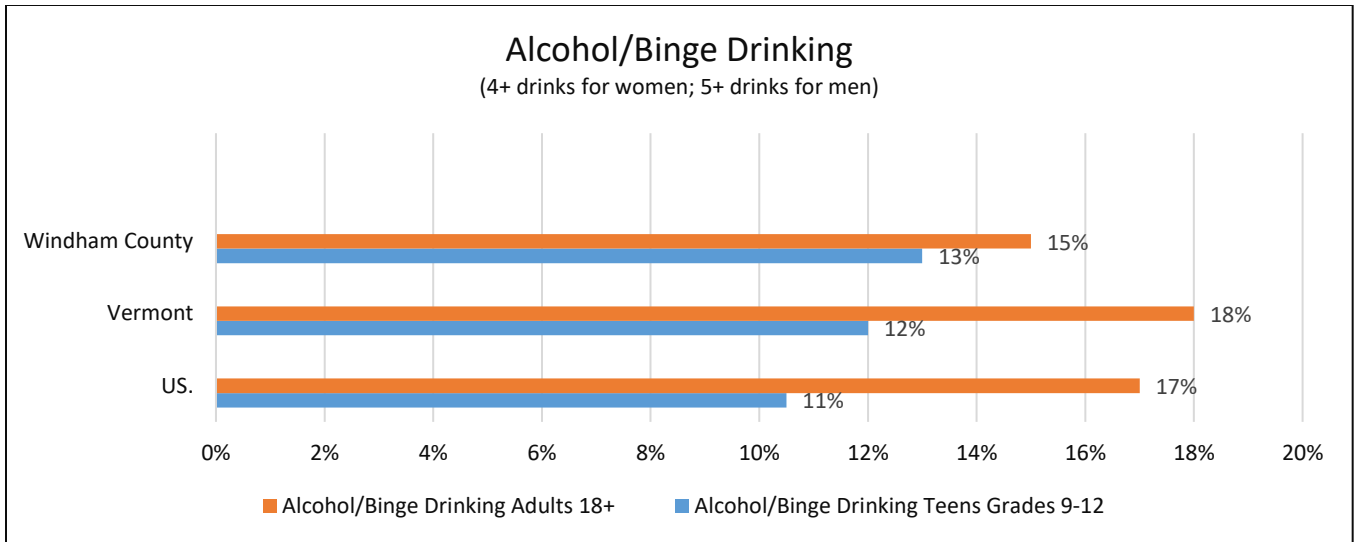
According to the 2021 YBRS report, 13% of Windham County high school students said they currently engage in binge drinking (four or more drinks on a row for females, five in a row for males), compared to 12% for the Vermont high school rate and 10.5% for the U.S.

For adults, the rates for binge drinking are 15% for Windham County, 18% in Vermont, and 17% in the U.S. These numbers are lower than those reported in the 2021 Windham County Community Health Needs Assessment, but county and state rates are still higher than the U.S. average.

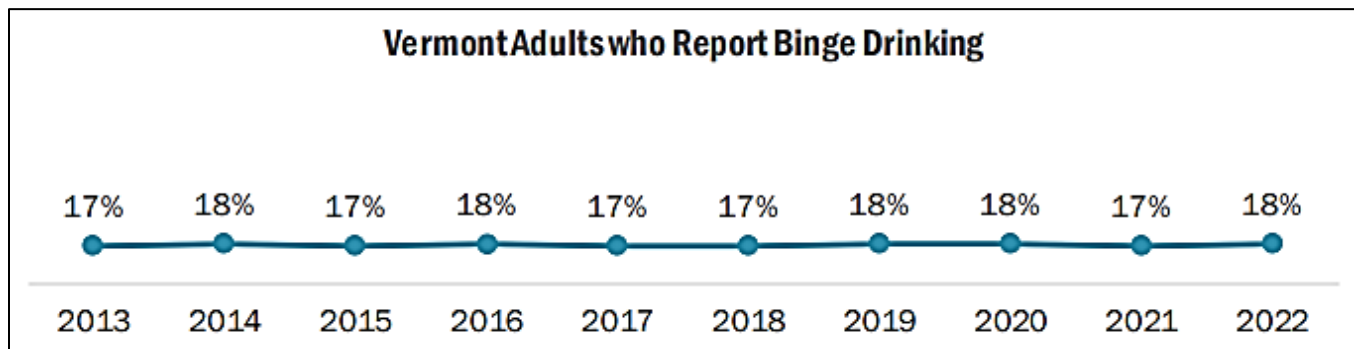
¹²⁷ <https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHFFR2017/NSDUHFFR2017.htm>

¹²⁸ <https://www.healthvermont.gov/alcohol-drugs/end-addiction-stigma>

¹²⁹ <https://www.healthvermont.gov/alcohol-drugs/substance-use-information/alcohol>



According to the 2021 BRFSS, binge drinking rates have also remained steady over the years.



According to the 2021 YRBS, the percentage of Vermont high school students who currently drink (one or more drinks in the past month) has decreased significantly since 2005 when the rate was 42%. The statewide rate in 2018 was 31%; Windham County's rate was 32%. In 2021, the statewide rate was 25% and Windham County's rate was 26%.¹³⁰ For middle school students, the 2018 rates were 7% for Vermont, 8% for Windham County. In 2021, those rates were 5% for Vermont and 6% for Windham County.¹³¹

The CDC defines binge drinking as drinking that brings a person's blood alcohol concentration to 0.08 g/dl or above, which typically happens when men consume 5 or more drinks or women consume 4 or more drinks in about 2 hours. One in six US adults binge drinks about four times a month, consuming about seven drinks per binge. Binge drinkers are most often age 18-34, but teens and those mid-30 to mid-40 are also susceptible.¹³²

Older adults are especially susceptible to health risks from excessive alcohol use due to physiological changes, other chronic disease they may have, or some medications they may take. Excessive alcohol use can increase the risk for high blood pressure, heart and liver disease, digestive problems, mental health issues, and dementia.¹³³

¹³⁰ https://www.healthvermont.gov/sites/default/files/document/HSI_YRBS_2021_Windham.pdf

¹³¹ https://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR_YRBS_WINDHAM_2019.pdf;

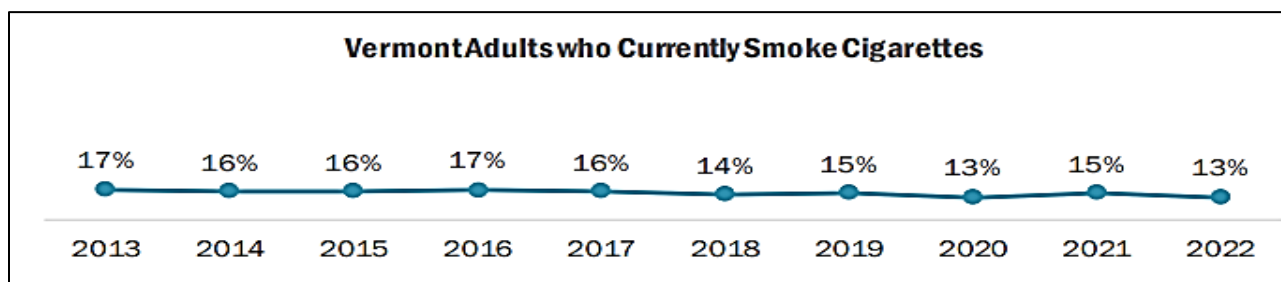
https://www.healthvermont.gov/sites/default/files/document/HSI_YRBS_2021_Windham.pdf

¹³² <https://www.cdc.gov/alcohol/fact-sheets/binge-drinking.htm>

¹³³ <https://www.cdc.gov/alcohol/about-alcohol-use/index.html>

Tobacco Cigarettes & E-Cigarettes

The percentage of Vermont adults who smoke tobacco cigarettes has reduced slightly over the past decade, from 17% in 2013 to 13% in 2022.



Smoking is more common for adults in the 25-64 age range than for those who are ages 18-24 or 65+.

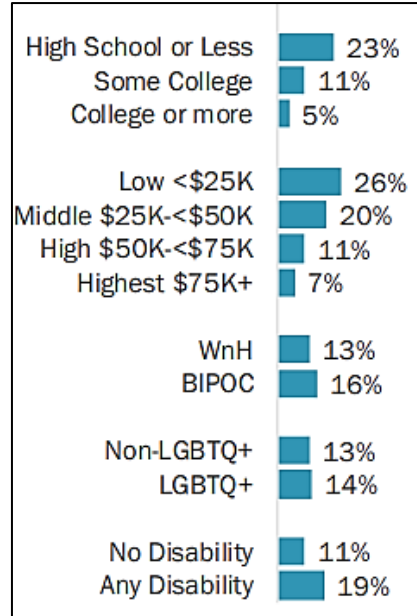
There are no large statistical differences in smoking rates by race and ethnicity or sexual orientation and gender identity.

Education level and household income make a significant difference.

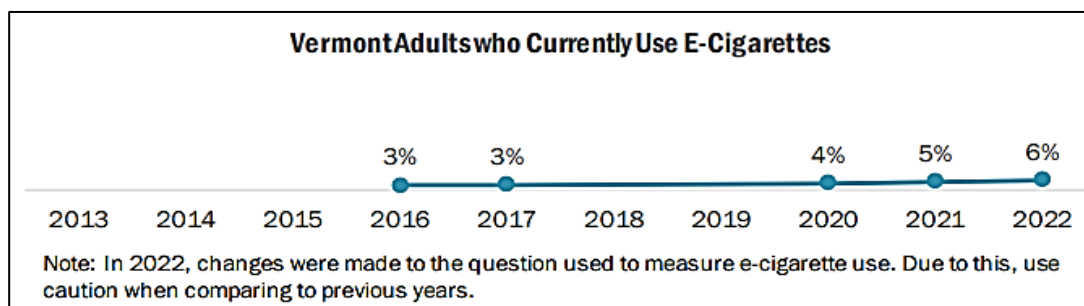
Adults with a disability are statistically more likely to smoke cigarettes than adults with no disability.

On the other hand, adults who are ages 18-24 years old are much more likely to smoke e-cigarettes (22%, versus 8% for 25-44-year-olds, 3% for 45-64-year-olds, and 1% for those 65+). The rate of e-cigarette use has doubled since 2016, the first year the survey asked this question.¹³⁴

Likewise, the 2019 and 2021 YBRs show a dramatic decrease in the percentage of Vermont high school students who smoked tobacco cigarettes in the past 30 days before the survey. The 2019 report showed a 50% decrease over the previous decade, from 18% in 2009, to 7% for both Vermont and Windham County in 2019. That number was nearly the same in 2021: 7% for Vermont and 9% for Windham County.¹³⁵



Electronic cigarettes, sometimes called “e-cigarettes,” are devices with a battery inside that heats liquid into an aerosol (vapor). The user inhales the vapor in an activity called vaping that simulates smoking. Vaping can be



¹³⁴ <https://www.healthvermont.gov/sites/default/files/document/HSI-BRFSS-2022-DataSummary.pdf>

¹³⁵ https://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR_YRBS_WINDHAM_2019.pdf;

https://www.healthvermont.gov/sites/default/files/document/HSI_YRBS_2021_Windham.pdf

used to inhale tobacco, cannabis, and other drugs. Vaping is a convenient way to do this discreetly because many e-cigarettes are created to look like ordinary objects (pens, computer thumb drives, and pencil sharpeners), and the exhaled vapor can easily be hidden.

Research shows that teens who try vaping, thinking it is harmless, are more likely to use other addictive substances, including regular cigarettes, cannabis, alcohol and drugs. Dual use (e-cigarettes and conventional cigarettes) by the same person is also common among youth and young adults (ages 18-25).

In 2019, 26% of Vermont high schoolers and 27% of Windham County high schoolers cited current use of an electronic vapor product/e-cigarette. The numbers were better in 2021, when 16% of Vermont high schoolers and 19% of Windham County high schoolers reported e-cigarette use.¹³⁶

According to the Vermont Department of Health, most smokers want to quit. The 2022 VBRSS found the following rates for quit-smoking attempts among adults: 51% of Americans, 44% of Vermonters, and 49% of Windham County smokers. There are no statistical differences in quit-smoking attempts by sex, age, education level, household income level, race, ethnicity, sexual orientation, gender identity, or disability status.¹³⁷

Vermont offers free counseling and support for those attempting to quit tobacco and vaping. Free nicotine replacement patches, gum and lozenges are offered to Vermonters, delivered to their door, through Vermont's 802Quits program.

Translation services are also available. During Fiscal Year 2022, 802Quits had 3,770 enrollees, substantially more than in FY2019, when 2,627 Vermonters registered with the program.¹³⁸



Marijuana (Cannabis)

Using cannabis can negatively affect brain development and impair judgement and coordination. Different forms of cannabis can have very different levels of THC and can cause severe reactions.¹³⁹

National data shows more Vermont high schoolers are using cannabis compared to the country overall. The rates in 2021 were 15.8% for the U.S., 20% for Vermont, and 25% for Windham County youth..¹⁴⁰ Use of cannabis is now legal in Vermont, and while there are age limits, as with obtaining alcohol, access is fairly easy.

The YBRS includes questions about the use of cannabis. In 2017, the percentage of Windham County high school students who admitted to having tried cannabis was 44%, compared to 37% for all of Vermont. Windham County also had a higher statistic in 2019, when the rates were 45% for the county, vs 40% for VT. In 2021, 38% of high school youth said yes to the question, "Have you ever used marijuana?", compared to 31% in Vermont.

Twenty-four percent of Vermont adults said they had used marijuana/cannabis in the month before the survey. Because cannabis is not universally legal throughout the U.S. Higher rates of use are evident among younger adults, those with lower household income, with BIPOC and LGBTQ+ identity, and those living with a disability.

¹³⁶ Ibid.

¹³⁷ VDH Behavioral Risk Factor Surveillance System, Published January 2024

¹³⁸ <https://www.healthvermont.gov/stats/surveillance-reporting-topic/cancer-data>, Cancer Scorecard

¹³⁹ <https://www.healthvermont.gov/alcohol-drugs/lets-talk-cannabis/cannabis-and-youth>

¹⁴⁰

<https://nccd.cdc.gov/Youthonline/App/Results.aspx?TT=A&OUT=0&SID=HS&QID=QQ&LID=XX&YID=2021&LID2=&YID2=&COL=S&ROW1=N&ROW2=N&HT=QQ&LCT=LL&FS=S1&FR=R1&FG=G1&FA=A1&FI=I1&FP=P1&FSL=S1&FRL=R1&FGL=G1&FAL=A1&FIL=I1&FPL=P1&PV=&TST=False&C1=&C2=&QP=G&DP=1&VA=C1&CS=Y&SYID=&EYID=&SC=DEFAULT&SO=ASC>; https://www.healthvermont.gov/sites/default/files/document/HSI_YBRS_2021_Windham.pdf

Opioids

The Vermont Department of Health website reports that,

“Opioids – such as prescription painkillers and heroin – are powerful drugs that are highly addictive. Opioids slow breathing and heartbeat, and act on the brain to relieve pain. They can rewire brain chemistry, making anyone susceptible to addiction. Opioid use disorder (OUD) can have potentially devastating consequences for people who experience addiction and for their families and our communities. In Vermont, the number of deaths due to opioid overdose has increased almost 500% in the last 10 years. The synthetic opioid, fentanyl, which is 50 times stronger than heroin, has been a driving force in the increase of overdoses.”

Communities across Vermont, and across the nation, have been facing the challenge of opioid use disorder. OUD can wreak havoc on one’s life and, too often, prove fatal.

The trendline for accidental opioid-related deaths continues to climb, as the line graph at right shows. In January to March 2024, 41 Vermonters died of opioid-related accidents; all but two of these deaths involved fentanyl. In addition, three non-Vermont residents died in Vermont.¹⁴¹

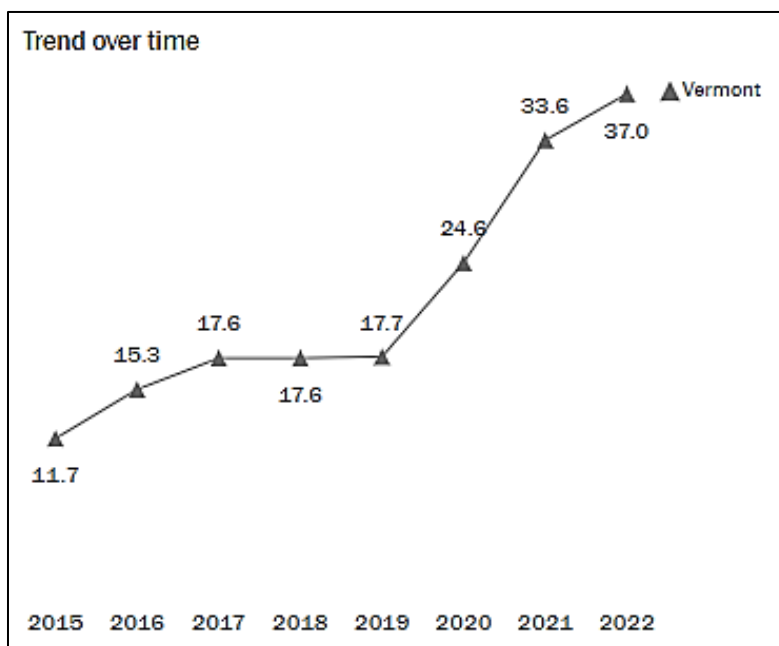
OUD is a lifelong chronic illness and, as with diabetes or heart disease, it requires a multifaceted treatment approach, including harm-reduction practices, recovery coaching, medication-assisted treatment (MAT), and behavioral therapy.

Vermont currently offers public education, intervention services, and support for the treatment and management of OUD. Confidential referral to services is available through the hub.vthelplink.org website and by calling 802-565-LINK. Between 2022 and 2023, Vermont’s Helplink received over 1,000 calls and chats, and over 28,000 website visits.¹⁴²

Grace Cottage offers MAT in its primary care clinic, and Brattleboro Memorial Hospital participates in the Rapid Access to Medication program (RAM), which provides MAT to Emergency Department patients in active opioid withdrawal; BMH also helps to connect these patients to other treatment programs.

All three Windham County hospitals participate in the Windham County Consortium on Substance Use.

According to the 2021 YBRS, among Windham County high schoolers, 3% report having tried cocaine, 1% have tried heroin, and 1% have tried methamphetamines. Each of these numbers is one percent less than in the 2019 YBRS.¹⁴³ The adult BRFSS does not ask about illicit drug use.



¹⁴¹ <https://www.healthvermont.gov/sites/default/files/document/dsu-monthly-opioid-report.pdf>

¹⁴² <https://www.healthvermont.gov/sites/default/files/document/dsu-annual-overview-2023.pdf>

¹⁴³ https://www.healthvermont.gov/sites/default/files/documents/pdf/CHS_YBRS_statewide_report.pdf;
https://www.healthvermont.gov/sites/default/files/document/HSI_YBRS_2021_Windham.pdf

Lifestyle Choices & Health

The Vermont Department of Health's use of the 3-4-50 logo is a reminder that three unhealthy behaviors can lead to the four most common diseases and contribute to at least 50% of Vermont deaths.

The 3-4-50 model emphasizes the importance of choice in living a healthy life. As indicated, lack of physical activity, poor diet, and tobacco use are the most common unhealthy behaviors.

Tobacco use has already been addressed in this report. In this section of the Windham County Community Health Needs

Assessment, we focus on the importance of physical activity and a healthy diet.



The Vermont Department of Health and the community's health organizations have set goals for public health after gathering information about chronic health conditions that affect the community. But statistics and goals mean nothing if they do not motivate individuals to choose healthy behaviors. Each individual Vermonter's lifestyle and personal health behaviors have a major impact on Vermont's population health.

Overweight and Obese

The terms "overweight" and "obese" describe weight ranges above what is considered to be healthy for a given height. Being obese is defined as having a Body Mass Index of 30 or higher.

Healthy weight has a significant impact on a person's health. 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."¹⁴⁴ Being obese or overweight increases the risk for many chronic diseases, including type 2 diabetes, atherosclerosis, gynecologic abnormalities, arthritis, respiratory disorders and certain types of cancer. In addition, it impacts quality of life, and additional medical costs result from treating obesity-related illnesses.

The Vermont Department of Health reports that overweight and obesity rates have reached "epidemic proportions" in Vermont and across the United States. When numbers for obesity and overweight are combined, the result shows that over 60% of Vermonters are overweight or obese.¹⁴⁵ Thus, obesity is a significant public health challenge in Vermont.¹⁴⁶

The trend toward being overweight or obese affects males and females, and people of all races, incomes and education levels— but especially Vermonters at the lower end of the socioeconomic ladder and Vermonters in the 45-64 age range.¹⁴⁷

¹⁴⁴ <https://www.cdc.gov/healthyweight/assessing/index.html>

¹⁴⁵ [https://www.healthvermont.gov/wellness/plans-reports/physical-activity-and-nutrition-publications#:~:text=Overweight%20and%20obesity%20rates%20have,Factor%20Surveillance%20Survey%2C%202017\).](https://www.healthvermont.gov/wellness/plans-reports/physical-activity-and-nutrition-publications#:~:text=Overweight%20and%20obesity%20rates%20have,Factor%20Surveillance%20Survey%2C%202017).)

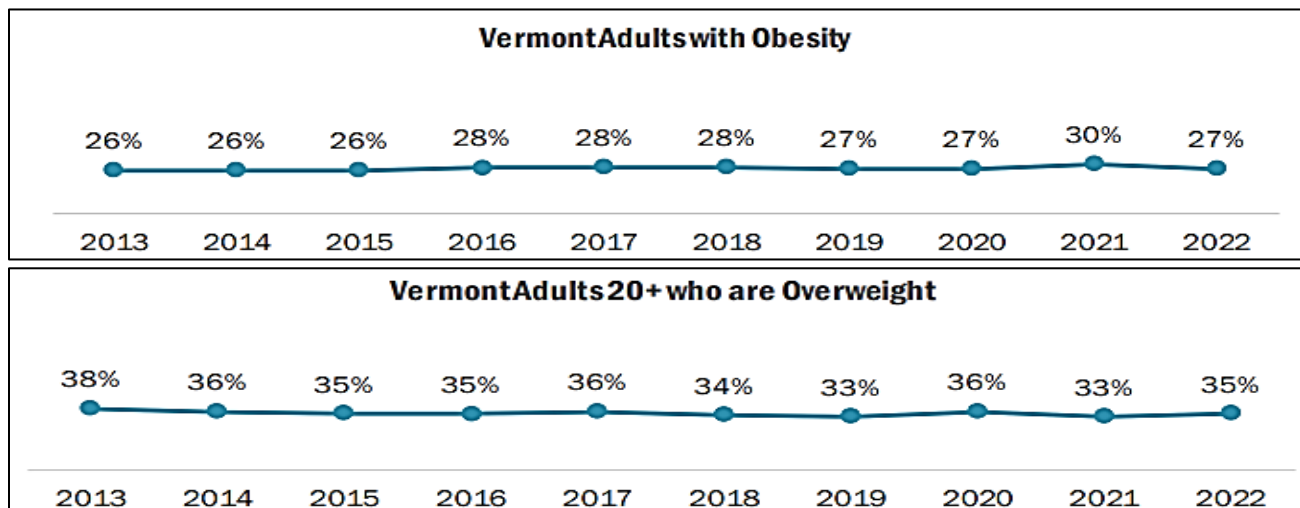
¹⁴⁶ https://www.healthvermont.gov/sites/default/files/documents/pdf/Promoting_Healthier_Weight_toolkit.pdf

¹⁴⁷ https://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR_2018_BRFSSReport.pdf

Factors contributing to being overweight or obese include lack of physical activity; not eating enough fruits and vegetables; spending too much time in front of computers, phones, and televisions; and regular consumption of sugary beverages.

The 2022 BFRSS survey asked respondents about their weight. For all groups – U.S., Vermont, and Windham County adults – the rate for being overweight was the same, 35%. Obesity rates showed more variation, with 34% of Americans being obese, compared to 27% of Vermonters, and 29% of Windham County residents.¹⁴⁸

Rates of Vermont adults being overweight and obese have remained steady over the past decade.¹⁴⁹



Obesity rates for Vermont high school students have increased: 11% in 2011, 13% in 2019,¹⁵⁰ 14% in 2021. 14% of Windham County teens are obese and 14% are overweight.¹⁵¹ Notice that the perception of being overweight is actually greater than the reality. While 14% of Windham County teens are classified as being overweight, 30% describe themselves as overweight; 42% of teens said they were trying to lose weight.¹⁵²

	VT	County	F	M	9th	10th	11th	12th	BIPOC	WnH	LGBTQ	HetCis
Were overweight	14	14	13	15	18	15	13	11	15	14	13	14
Were obese	14	14	11	16	13	12	16	15	21	13 *	19	12 *

	VT	County	F	M	9th	10th	11th	12th	BIPOC	WnH	LGBTQ	HetCis
Described themselves as slightly or very overweight	29	30	31	29	26	32	33	30	34	30	41	26 *
Were trying to lose weight	41	42	54	31 *	41	45	40	44	49	41	53	38 *

¹⁴⁸ <https://www.healthvermont.gov/sites/default/files/document/HSI-BRFSS-2022-DataSummary.pdf>

¹⁴⁹ Ibid.

¹⁵⁰ <https://www.healthvermont.gov/sites/default/files/document/HV2020-Highlights-Report%20%281%29.pdf>

¹⁵¹ https://www.healthvermont.gov/sites/default/files/document/HSI_YRBS_2021_Windham.pdf

¹⁵² https://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR_YRBS_WINDHAM_2019.pdf

Exercise & Physical Activity

The Vermont Department of Health also asks questions in both the adult BFRSS and the Youth Behavior Risk Survey to track exercise/physical activity levels and nutritional habits. This page of the report focuses on leisure time activity.

The 2021 survey asked teens if they met the recommended guideline of 60 minutes of physical activity per day at least five days a week. Just over half—53% in Vermont and 54% in Windham County—said yes; the U.S. average was just 45.3%.

By contrast, 75.9% of American teens, 73% of Vermont teens, and 77% of Windham County teens said they spent three or more hours per day on screen time (not including doing schoolwork).¹⁵³

The 2022 adult survey asks questions about physical activity differently than in the youth survey, then summarizes all responses under the heading “no leisure time physical activity or exercise.”

The recommendation for adults is to get at least 30 minutes of physical activity per day, four to five times a week (versus 60 minutes each day for youth).¹⁵⁴

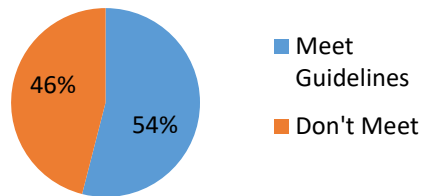
Still, despite the recommendation for adults being only half that of youth, 24% of U.S. adults said they had no time for this; nor did 20% of Vermont adults and 18% of Windham County adults.

For Vermont as a whole, gender did not seem to greatly influence the tendency to exercise. Men and women report “no leisure time for physical activity” at similar rates, with females slightly more likely to find the time.

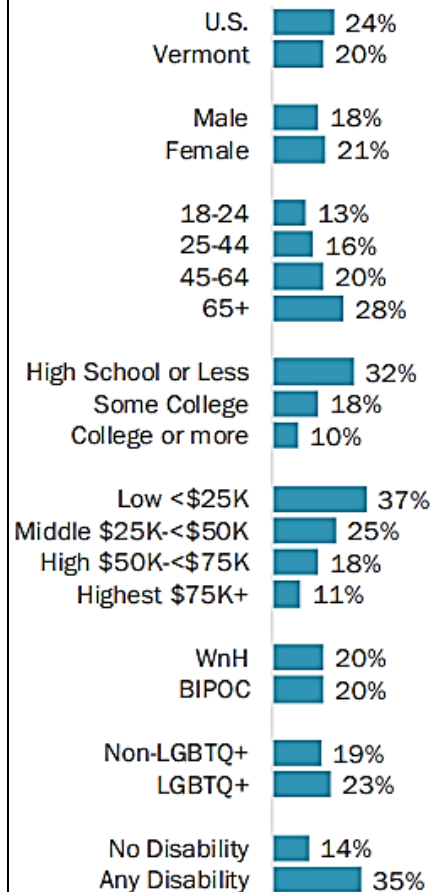
Likewise, adults of color reported the same activity level as adults identifying as white. LGBTQ+ adults were slightly more likely to find the time for leisure-time activity.

Those with lower household incomes were less likely to find time for leisure activities. Disability status and age also made a notable difference.

Windham County Teens Meeting Physical Activity Guidelines 2021



Vermont Adults with No Leisure Time Physical Activity, 2022



¹⁵³ https://www.healthvermont.gov/sites/default/files/document/HSI_YRBS_2021_Windham.pdf:

<https://nccd.cdc.gov/Youthonline/App/Results.aspx?TT=A&OUT=0&SID=HS&QID=QQ&LID=XX&YID=2021&LID2=&YID2=&COL=S&ROW1=N&ROW2=N&HT=QQ&LCT=LL&FS=S1&FR=R1&FG=G1&FA=A1&FI=I1&FP=P1&FSL=S1&FRL=R1&FGL=G1&FAL=A1&FIL=I1&FPL=P1&PV=&TST=False&C1=&C2=&QP=G&DP=1&VA=CI&CS=Y&SYID=&EYID=&SC=DEFAULT&SO=ASC>

¹⁵⁴ <https://www.cdc.gov/physical-activity-basics/guidelines/adults.html#:~:text=Physical%20activity%20is%20one%20of,muscle%2Dstrengthening%20activity%20each%20week.>

Nutrition

Teens and adults alike were also asked if they met the recommendation for consuming 5+ fruits and vegetables per day. Most Vermonters, teens and adults alike, do NOT eat enough fruits and vegetables for optimal health.

Only 18% of Vermont teens and 12% of Windham County teens reported meeting this guideline. (The U.S. report does not include a comparable statistic.)

Youth were also asked if they eat breakfast every day. Only 25% of U.S. teens said yes; 33% of Vermont teens said yes; 27% of Windham County teens said yes.

The 2022 BFRSS survey did not ask about fruits and vegetable consumption, but the 2021 did.¹⁵⁵

The survey results indicated that Windham County adults are doing slightly better (28%) than their Vermont and U.S. counterparts; state and national rates in 2021 are 16% and 23% respectively, as shown in the chart at right. These rates have been consistent over the past decade.

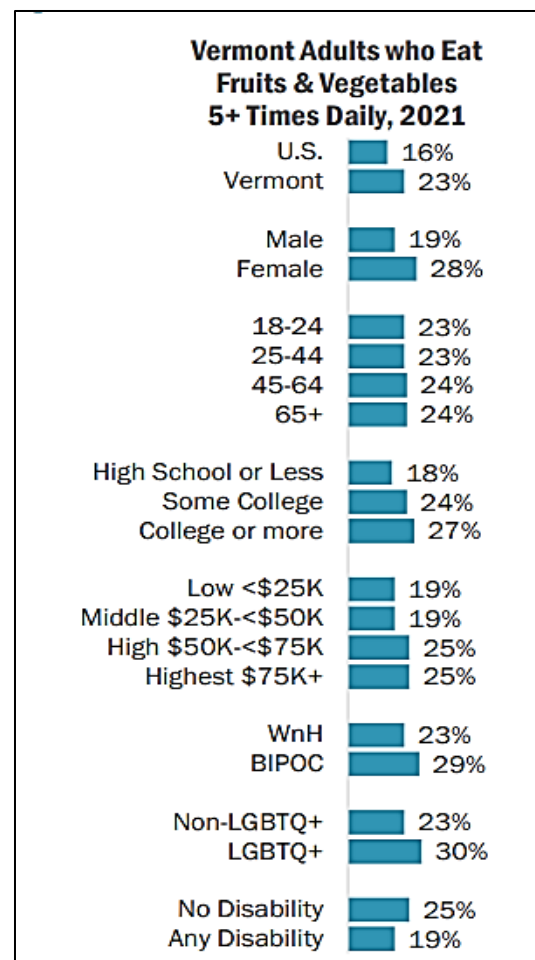
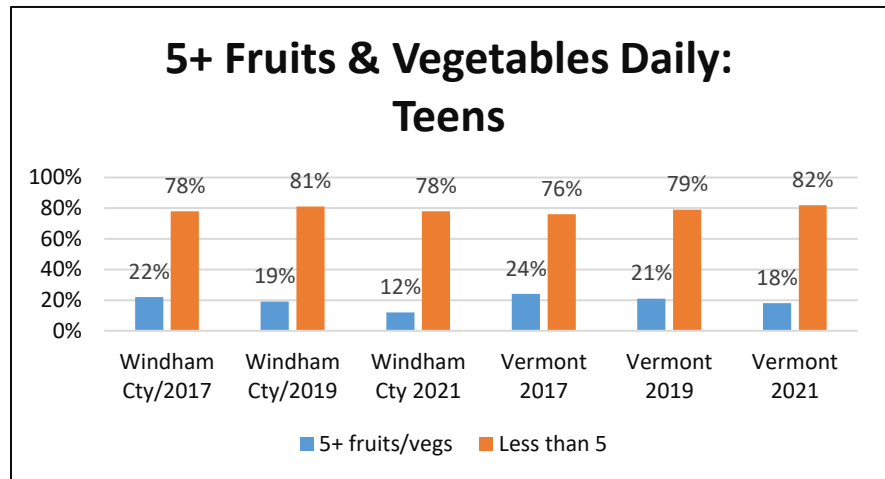
The BIPOC and LGBTQ+ communities are more likely to meet the nutritional guidelines, as are females and college-educated adults. Age does not appear to be a significant factor.

Food Insecurity

In the 2022 survey, adults were asked about food insecurity.

One in ten Vermont adults reported that they received food stamps in the past year; 7% reported that often or always, their food supplies did not last through the whole month, and they did not have money to buy more.

Food insecurity is higher among adults with less education and lower household incomes. BIPOC adults and adults with a disability reported that they were more likely to experience food insecurity in the past year than white, non-Hispanic adults and those with a disability. There are no statistical differences in food insecurity by sexual orientation and gender identity.¹⁵⁶



¹⁵⁵ <https://www.healthvermont.gov/sites/default/files/2023-02/HSI-BRFSS-2021-DataSummary.pdf>

¹⁵⁶ <https://www.healthvermont.gov/sites/default/files/document/HSI-BRFSS-2022-DataSummary.pdf>

Disease Prevention: Vaccines

Vaccinations help protect people themselves from the risk of disease, and they can protect those around them, especially vulnerable populations, like infants too young to be vaccinated, and children and adults with weakened immune systems.

The U.S. Department of Health & Human Services and the U.S. Centers for Disease Control (CDC) work together to develop lists of recommended vaccines for infants, children, teens, and adults. These lists are available, along with vaccine explanations, at the website www.cdc.gov/vaccines, or by calling 1-800-CDC-INFO (800-232-4636).

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.

Vaccines for Children

The CDC has created recommended vaccination schedules to protect children from 14 preventable diseases. The immunization schedules list the recommended timing of various vaccinations, based on extensive research, with the goal of protecting children from diseases at the earliest time the vaccines are safe and effective. Delaying vaccines can leave a child vulnerable to a disease when they are small and most at risk.

Congress created the federal Vaccines for Children (VFC) Program in 1993 in order to remove or reduce any cost barriers. The VFC program provides vaccines to medical providers at no cost for the eligible patients.

Pre-School Vaccination Rates – Vermont and Windham County

In 2023-24, 94% of Vermont children in center-based childcare and preschool programs completed all vaccine or immunity requirements (a child may achieve immunity by having the disease without being vaccinated). Windham County's rate was 95%.

School-Age Vaccination Rates – Vermont and Windham County

For Vermont's K-12 students, 94% of those in either independent and public schools completed all vaccine or immunity requirements during the 2023-24 school year (the independent school rate was 89%). Windham County's rate was 91%. The rates for individual schools ranged from 86-90+%.¹⁵⁷

College-Age Vaccination Rates – Vermont and Windham County

In 2023-24, 91% of new, incoming, full-time students and allied health undergraduates in Vermont had completed all vaccine or immunity requirements (Varicella, MMR, HepB, Tdap, and Meningococcal). County-level data is not available. This rate is lower than the state's five-year average (92.4%) and the second lowest in that time frame.¹⁵⁸

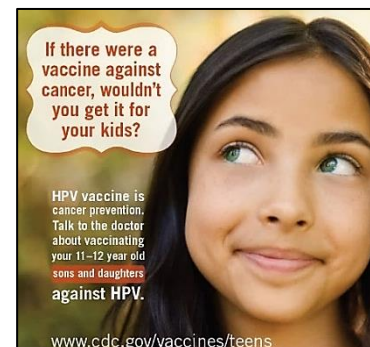
¹⁵⁷ <https://www.healthvermont.gov/stats/surveillance-reporting-topic/school-vaccination-data>

¹⁵⁸ Ibid.

Adolescents & Young Adults: HPV Vaccine

The Human Papilloma Virus (HPV) can cause six different types of cancer. It is so common that nearly all sexually active people get it at some point in their lives. The virus is easily spread by intimate skin-to-skin contact. There are more than 100 varieties of HPV.

Most HPV infections go away by themselves, and most people with HPV never develop symptoms or health problems. But, sometimes, HPV infections last longer and cause certain cancers and other diseases. It may take years for these cancers to develop, and there is no way to predict who will be affected. Every year in the U.S., HPV causes 32,500 cancers in men and women.



The HPV vaccine is safe and effective and can prevent most common health problems associated with the virus, including cancer.¹⁵⁹ The first HPV vaccine was first licensed in 2006. It 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 to 26.

According to the 2021 Vermont Vaccine Coverage report (published Oct. 2022), 65.7% of 15-year-old Vermont teens (born in 2006) had at least their first dose of HPV vaccine. Windham County had the second lowest rate of all counties (58.1%).¹⁶⁰ In 2017, Windham County ranked ninth out of Vermont's 14 counties.

Other Recommended Vaccines

COVID-19 Vaccines

The results of this disease are still fresh in the public's mind and no explanation of COVID-19 is needed.

The CDC recommends that everyone ages 6 months and older get a COVID-19 vaccine. This is especially important for those who are immuno-compromised.

Recommendations on when and how often to get vaccinated vary depending on an individual person's health condition, so a provider's advice is suggested.

Vermont's latest report on COVID-19 vaccine coverage is from April 2023 and includes adults only.¹⁶¹

In Windham County, 78% of females and 74% of males had completed a primary series of COVID-19 vaccine as of April 11, 2023. Vermont's over-all rates were 82% for females and 77% for males. Windham County's rates are midway in the rankings for all Vermont counties.¹⁶² (The 2023 report notes that in some cases, gender is reported as sex assigned at birth, and in other cases as chosen

County	Female		Male	
	%	Pop estimate	%	Pop estimate
Addison	86%	18,410	81%	18,367
Bennington	78%	18,196	74%	17,274
Caledonia	75%	15,021	69%	14,972
Chittenden	88%	83,675	85%	80,099
Essex	59%	3,065	57%	3,098
Franklin	76%	24,783	70%	24,619
Grand Isle	91%	3,571	82%	3,664
Lamoille	85%	12,677	81%	12,685
Orange	76%	14,386	70%	14,506
Orleans	74%	13,492	67%	13,545
Rutland	81%	29,375	75%	28,816
Washington	88%	29,363	81%	29,046
Windham	78%	21,559	74%	20,663
Windsor	78%	28,100	73%	26,962
VT	82%	315,673	77%	308,316

¹⁵⁹ <https://www.cdc.gov/hpv/parents/cancer.html>

¹⁶⁰ <https://www.healthvermont.gov/sites/default/files/documents/pdf/imr-vaccination-coverage-2021-annual-report.pdf>

¹⁶¹ <https://www.healthvermont.gov/sites/default/files/document/lid-covid-vaccination-data-report.pdf>

¹⁶² Ibid.

gender, due to varying sources of information and how it was reported. Race/ethnicity information was not reported for 5% of those vaccinated.)

The data for booster shots was as follows: 35% of Vermonters ages 5+ received a booster between Sept. 2022 and April 2023; Windham County's rate was 33%; for Windham County residents ages 65+ the rate was at least 50%, with higher rates for older age brackets. The Department of Health website also presents 2023-2024 vaccination data, but this does not differentiate between a primary COVID-19 vaccine and a booster. The percentage of Vermonters who received any kind of COVID-19 vaccine in 2023-2024 was 26%; Windham County's rate was 22%.¹⁶³

DTaP or Tdap

These two vaccines protect against pertussis (a respiratory disease also called whooping cough), diphtheria (a rare but potentially fatal disease), and tetanus (commonly known as lockjaw, which describes one of its results). DTaP is given to babies and children younger than seven years old, and the other is for older children and adults. After the initial shot, only the tetanus vaccine needs a booster shot (every 10 years). 79% of Vermonters and 81% of adults in Windham County are up to date with their tetanus shots.

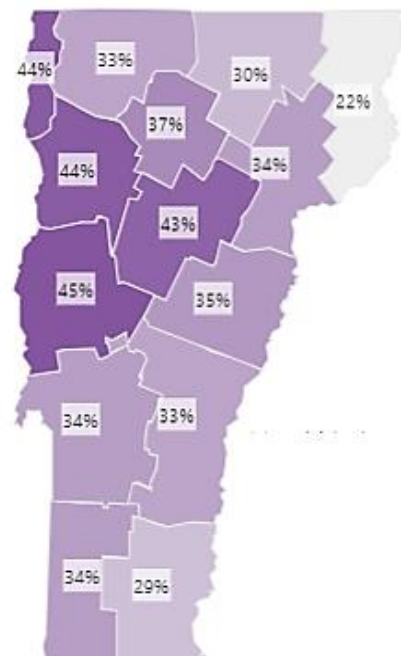
Flu Vaccines

Influenza, commonly called "the flu," is a contagious viral infection 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 deadly. The CDC estimates that since 2010, flu-related hospitalizations in the U.S. have ranged from 140,000 to 710,000, and flu-related deaths have ranged from 12,000 to 56,000. Older adults, young children, and those with certain health conditions (asthma, diabetes, health disease, and pregnancy) are at highest risk.¹⁶⁴

The CDC recommends that everyone ages 6 months and older get a flu vaccine each year, by the end of October if possible.

In the past year (July 1, 2023, to June 30, 2024), 38% of Vermonters and 75% of Vermonters age 65+ received a flu vaccine; Vermont's three-year average is 43%. For Windham County, the 2023-2024 rate was 29%*.¹⁶⁵



* 3-year average for Windham County was not available.

Pneumonia Vaccines

Pneumonia is another potentially deadly disease, especially for older Americans and those who are immuno-compromised. Pneumonia affects the lungs, causing the air sacs to fill with fluid or pus. The severity of the disease depends on age, overall health, and the cause (bacteria, virus, or fungi).

¹⁶³ <https://www.healthvermont.gov/stats/surveillance-reporting-topic/vermont-covid-19-and-flu-vaccination-data>

¹⁶⁴ <https://www.cdc.gov/vaccines/adults/vpd.html>

¹⁶⁵ <https://www.healthvermont.gov/stats/surveillance-reporting-topic/vermont-covid-19-and-flu-vaccination-data>

Influenza can develop into pneumonia. Pneumococcal pneumonia is the most common type of pneumonia in adults, affecting about 175,000 Americans each year.

Two vaccines for pneumonia are available; a medical provider can guide a person's choice. In Vermont, 71% of those ages 65+ have received a pneumonia vaccine; in Windham County, 70% of those who are 65+ are vaccinated.

RSV Vaccines

RSV, an important cause of the common cold, can sometimes cause respiratory distress, especially in infants, older adults, and individuals with underlying health conditions. It is highly contagious and tends to peak from fall through spring. RSV is the leading cause of hospitalization in the U.S. for infants under the age of one year.

In 2023, new RSV vaccines and a longer-lasting antibody product for infants were approved, marking a turning point in the ability to combat this virus safely and effectively. Several variations of the vaccinations are available, and specific recommendations are available from one's primary care provider.

Shingles

Chickenpox and Shingles are both caused by the varicella-zoster virus (VZV), which causes a painful blister-like rash with itching, tiredness, and fever.

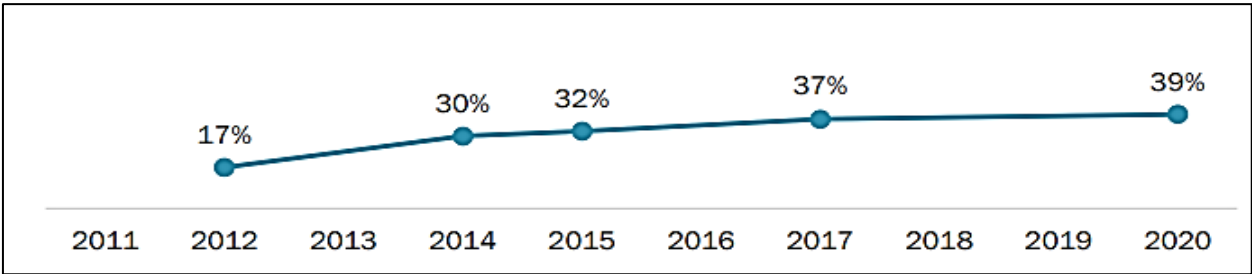
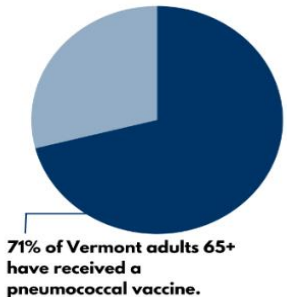
Chickenpox is generally a childhood disease, and those who have it may acquire immunity, or the virus may remain dormant in their system, raising the likelihood of them developing Shingles later in life. One in three American adults will get Shingles as some point in their lifetime.¹⁶⁶

A vaccine for children can protect against chickenpox. It is generally required for children in childcare or school.

The Shingrix vaccine can protect adults against developing Shingles.

Recent data for Shingles vaccination rates is not readily available, but in 2020, the CDC reported that Shingles vaccination among adults ages 60+ increased from 6.7% in 2008 to 34.5% in 2018. Men and women were equally likely to have received the vaccine. Vaccination coverage was highest for those who were not poor and those who had more than a high school education.¹⁶⁷

Vermont's 2019-20 Behavioral Risk Factor Surveillance System survey report showed that for adults 50+ (for whom the Shingles vaccine is now recommended), the U.S. vaccination rate was 31%, the Vermont rate (shown below) was 39%, and the Windham County rate was 36%. These rates have steadily increased over time.¹⁶⁸



¹⁶⁶ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10618697/>
¹⁶⁷ <https://www.cdc.gov/nchs/data/databriefs/db370-h.pdf>
¹⁶⁸ https://www.healthvermont.gov/sites/default/files/documents/pdf/HSI_BRFSS_2019-2020_SWReport.pdf

CHNA Survey Results

A total of 524 individuals participated in the 2024 Community Health Needs Assessment (CHNA) survey, with the majority being residents of Windham County. The survey was conducted online, accessible via links shared on partner websites, patient newsletters, news outlets, and social media. Local social service organizations also supported community members without internet access by providing assistance. The survey was available in multiple languages, including English, Dari, Pashto, Spanish, and Tigrinya.

To gain a comprehensive understanding of Windham County's health needs, additional input was collected through surveys of social service and town leaders. Focus groups were also organized to engage underserved communities, including BIPOC individuals, refugees, and unhoused populations.

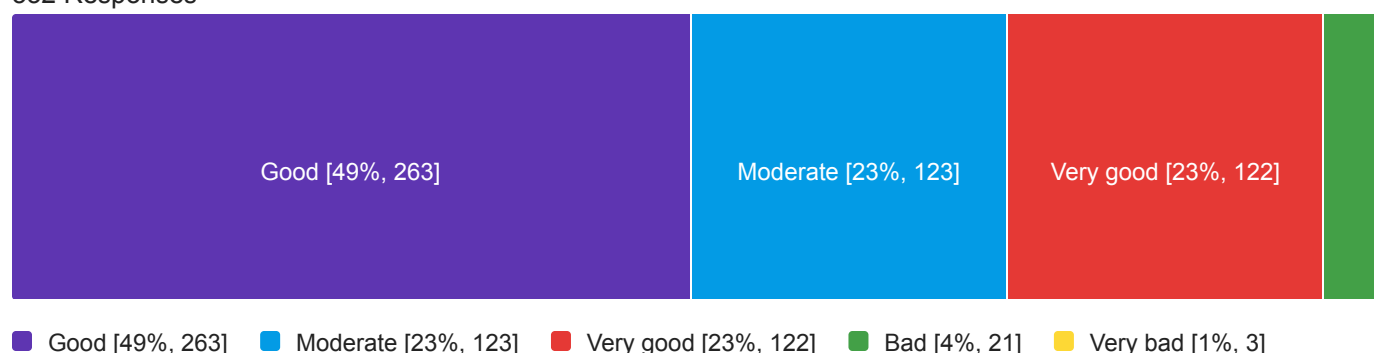
This report opens with a detailed summary of the survey responses followed by a complete list of the survey questions. It then presents key insights drawn from the focus groups and the leadership survey, offering a comprehensive view of the findings.

2024 Windham County CHNA Survey Results

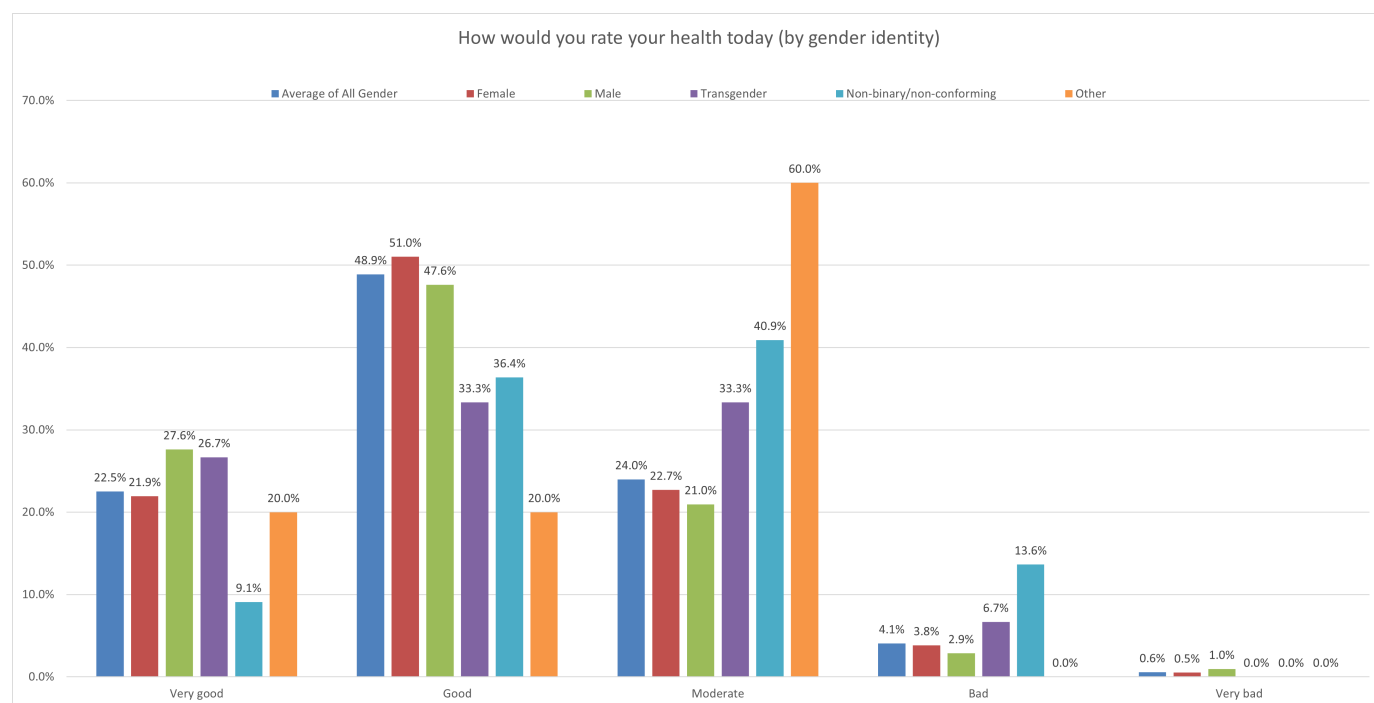
Section 1: Health-related questions

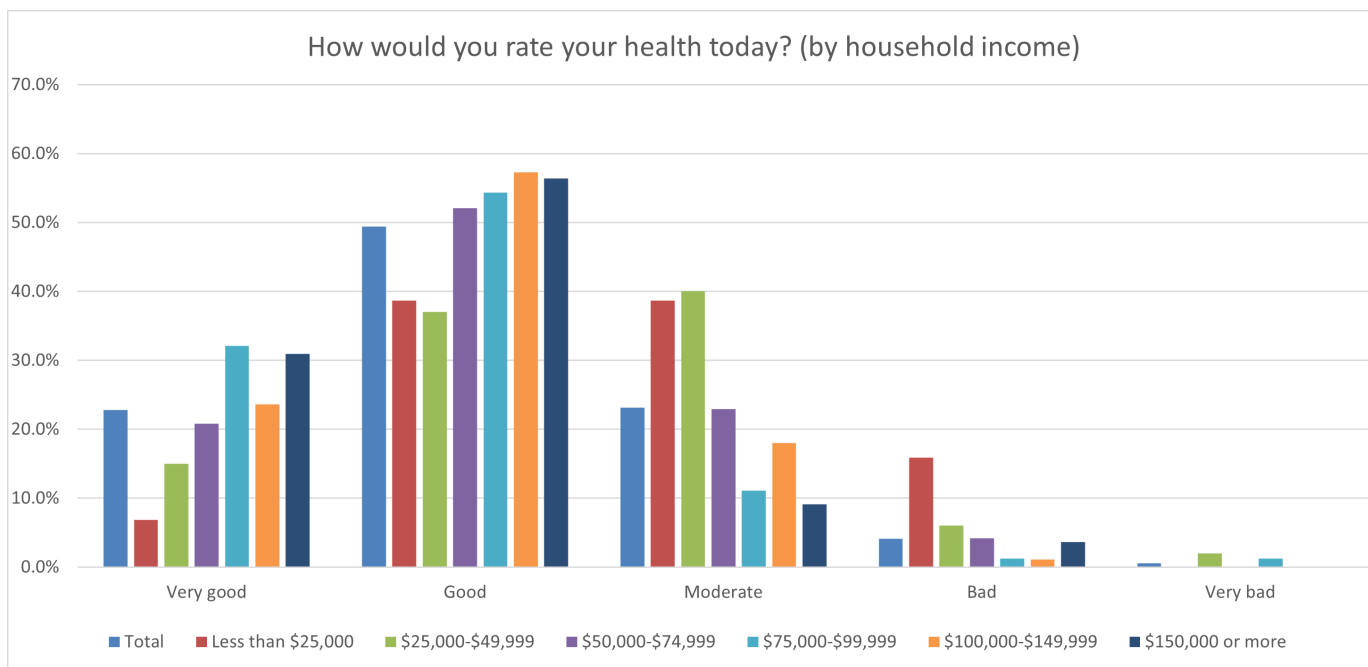
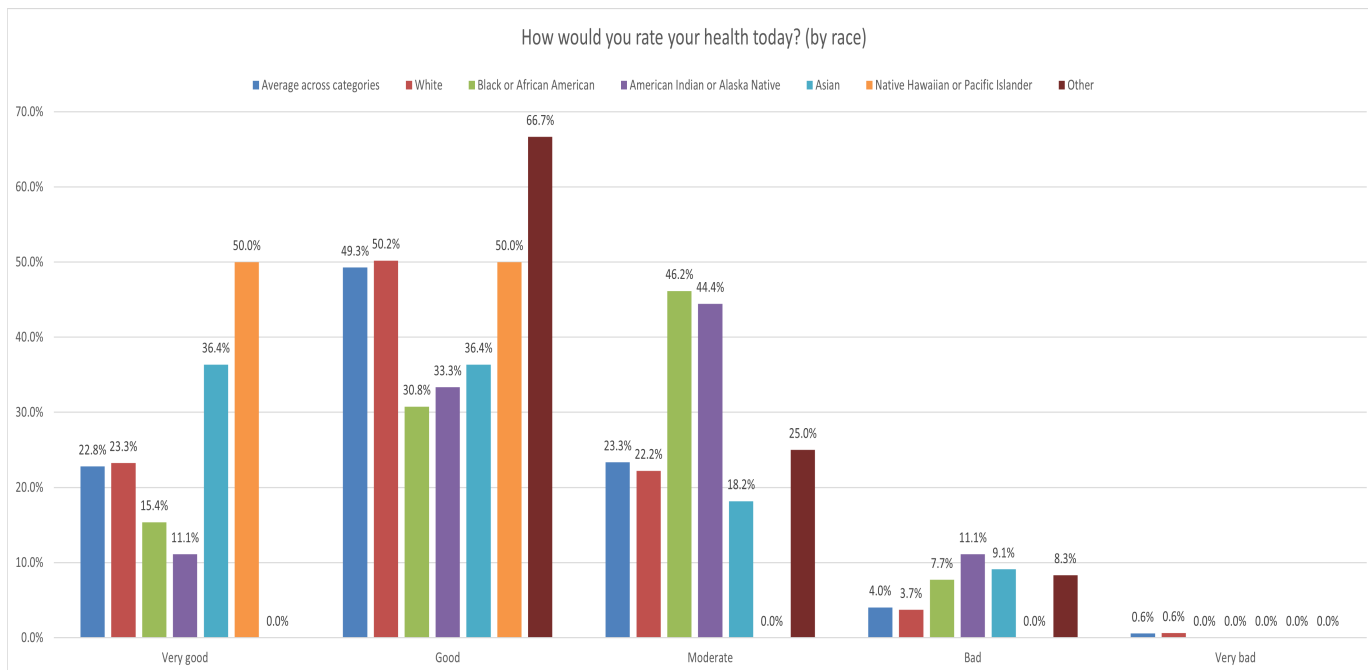
How would you rate your health today?

532 Responses



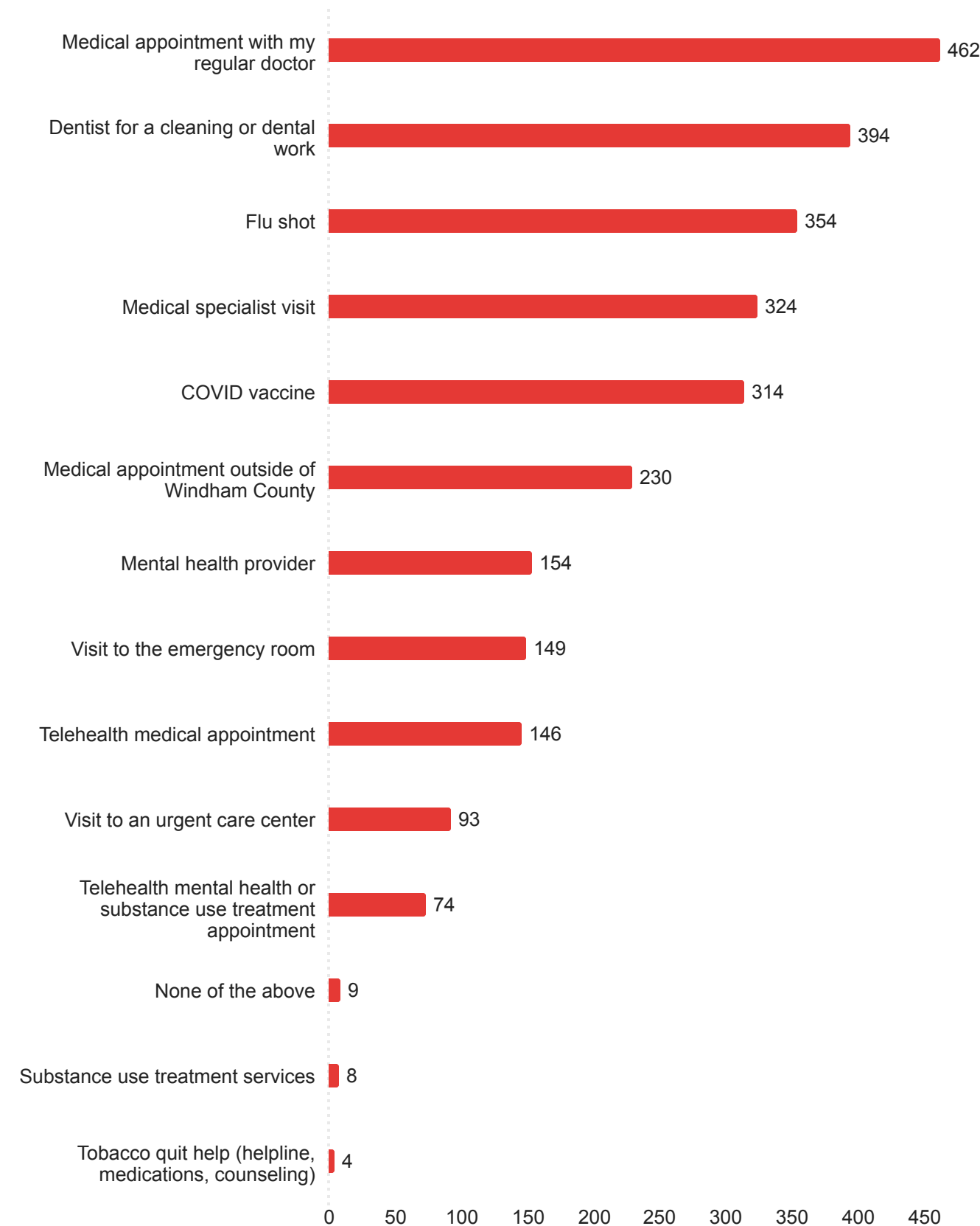
Self-reported health by gender identity, race, and income categories



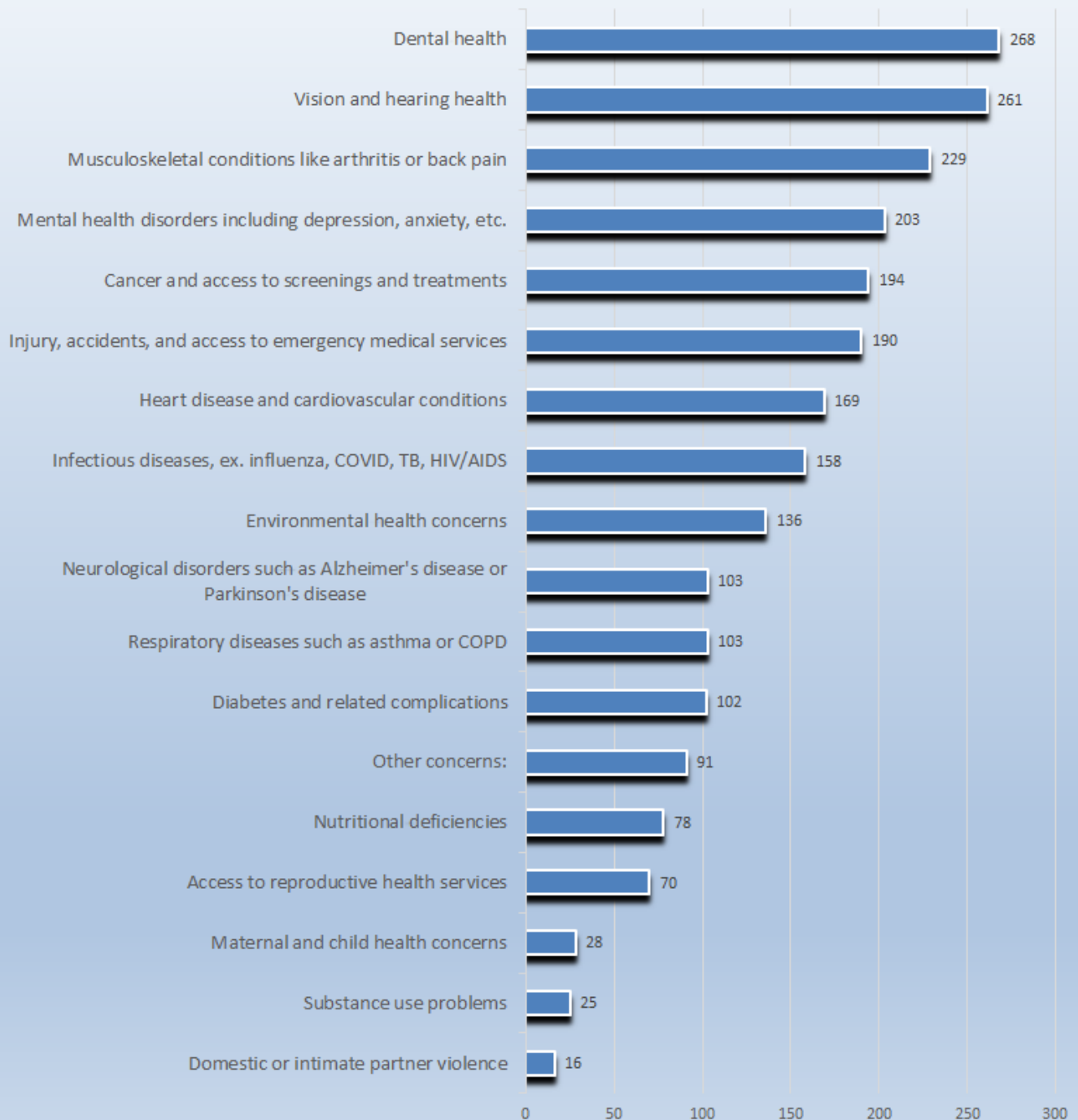


Have you used any of the following services in the past year?

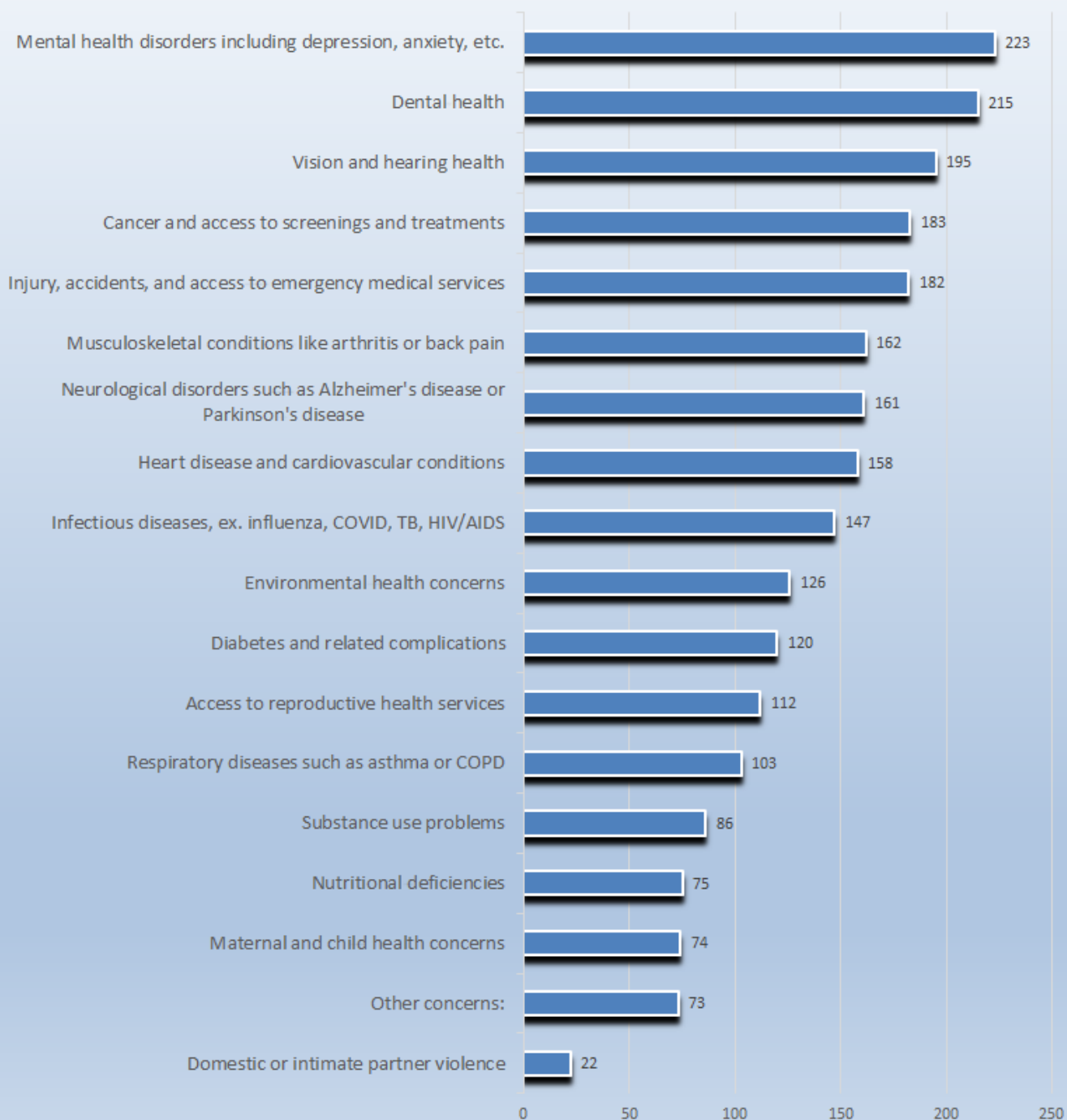
529 Responses



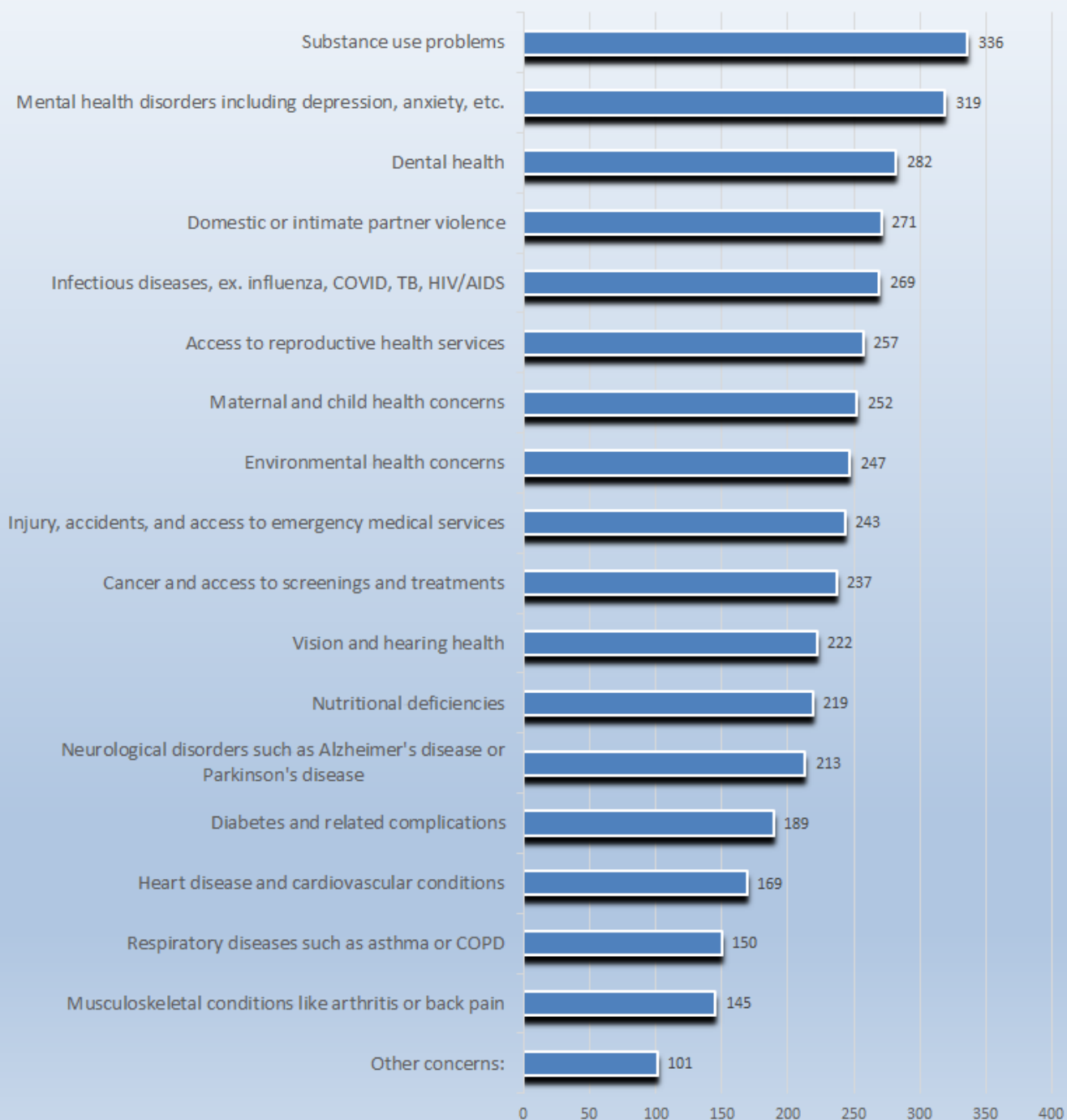
What health issues concern you the most (for yourself)?



What health issues concern you the most (for your family)?



What health issues concern you the most (for your neighbors and community)?



How could Windham County improve to promote health?

Hundreds of comments were received in answer to this question, and these are summarized below, with some direct quotes from respondents:

A pressing concern among Windham County residents is the need for increased access to primary care physicians and mental health services, as well as improved affordability and accessibility of dental care. Transportation challenges, especially for those in rural areas or needing to access specialists outside the county, are also frequently cited. The community expresses a desire for better communication and coordination among healthcare providers, expanded services for the uninsured, and a more robust focus on preventive care and education. Addressing the complex issues of substance use disorder and homelessness is also viewed as crucial to improving overall health and wellness in the county.

Some quotes that illustrate some of the concerns are as follows:

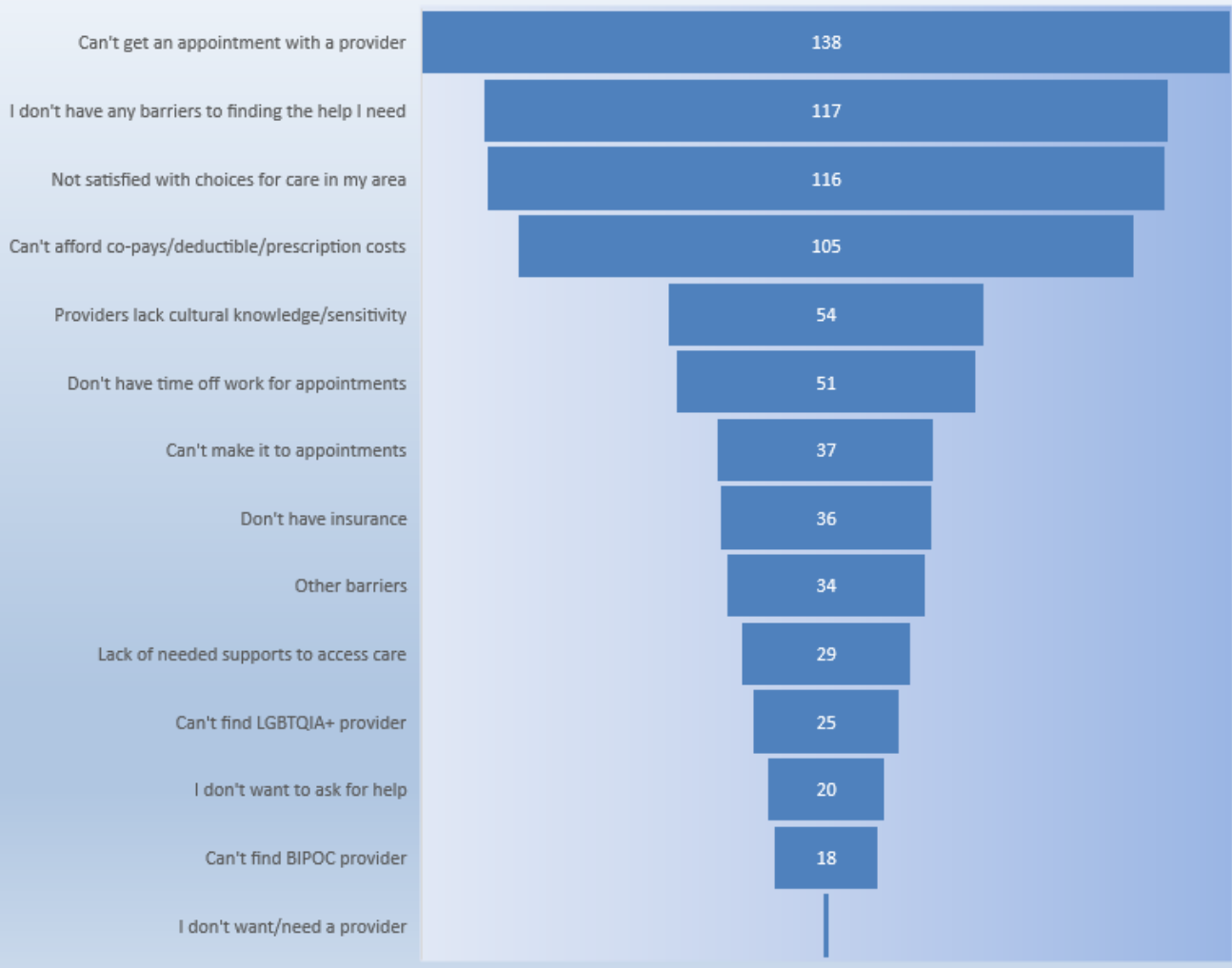
- "More primary care docs, more therapists, more public health offerings..."
- "Need lots more providers of many kinds - long waitlists most places (including eye care, dental)."
- "Access to mental health services, more primary care doctors, expanded hours & services for uninsured community members"
- "Need significantly shorter wait time for mental health services, as well as substance abuse services."

What are Windham County's most significant assets/strengths related to health and wellness?

Hundreds of comments were received in answer to this question, and these are summarized below:

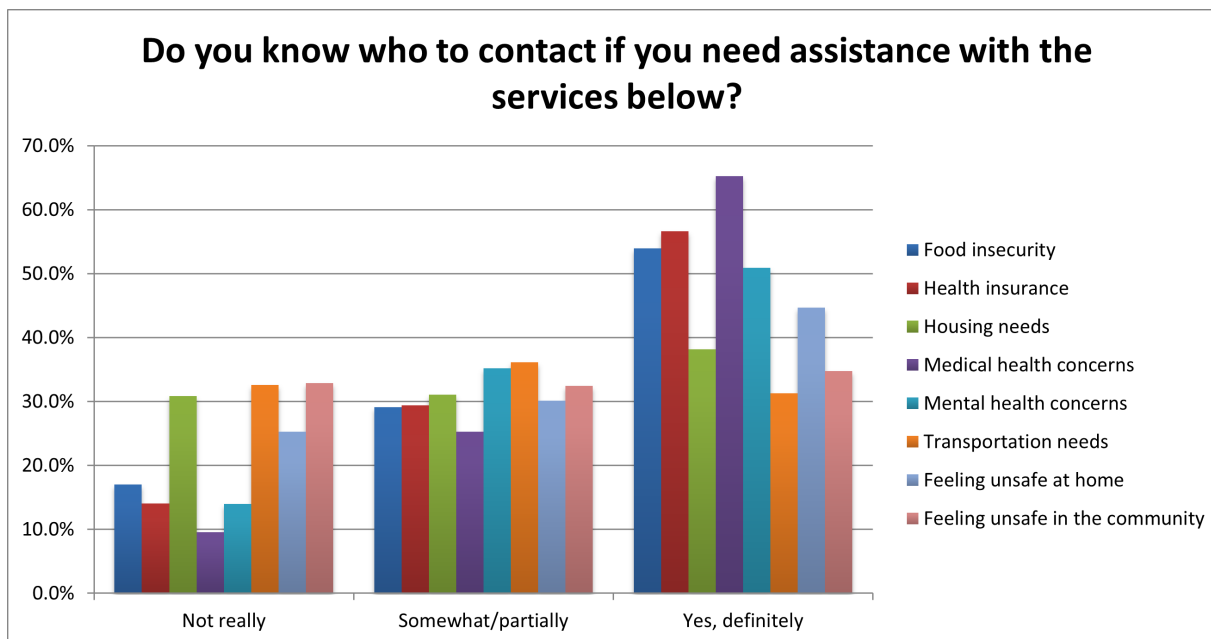
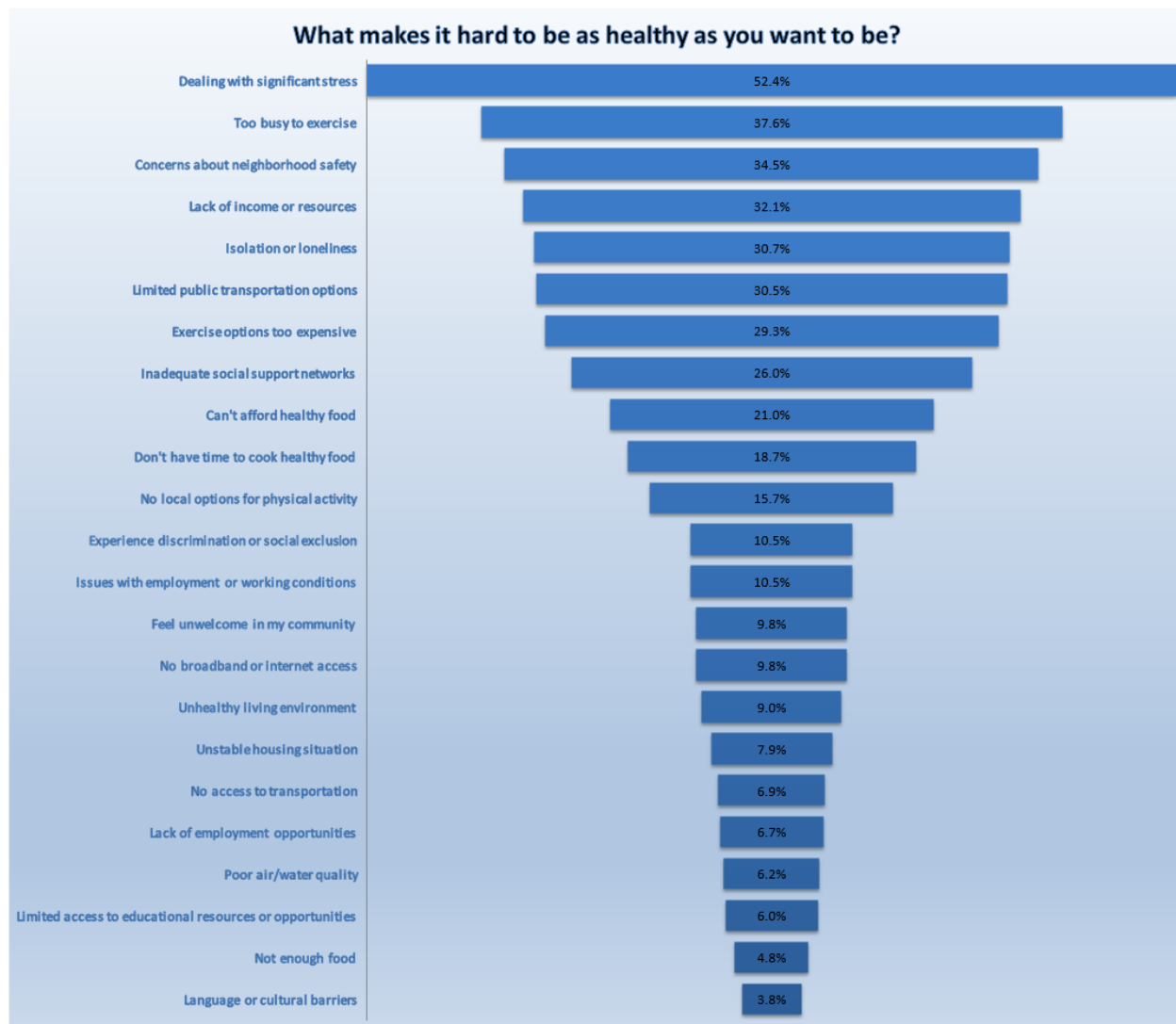
Windham County residents overwhelmingly perceive their access to nature and outdoor recreation as a major strength promoting health and wellness. The presence of strong medical institutions like Brattleboro Memorial Hospital, Grace Cottage Hospital, and the Brattleboro Retreat also instills confidence in the community's healthcare infrastructure. Furthermore, there is a strong emphasis on healthy living and a supportive community culture that fosters wellness. While access to healthy food and the availability of alternative medicine options are appreciated, residents also highlight the dedication and compassion of healthcare providers as significant assets in their pursuit of health and wellness.

Have any of the following barriers affected your ability to find the help you need?



Barriers to care by type of service

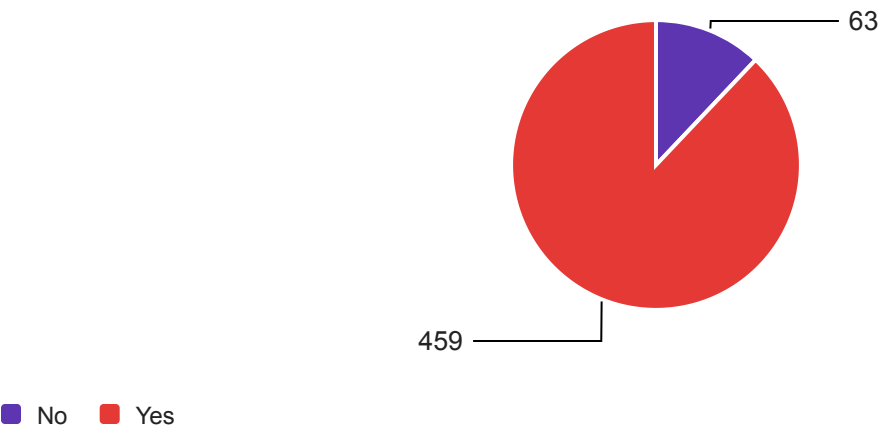
Have any of the following barriers affected your ability to find th	Dental Care	Medical Care	Mental Health Care	Substance Use Treatment
Can't afford co-pays/deductible/prescription costs	75	105	62	12
Can't find BIPOC provider	12	18	17	7
Can't find LGBTQIA+ provider	18	25	29	9
Can't get an appointment with a provider	68	138	98	9
Can't make it to appointments (no rides, distance, etc.)	21	37	19	12
Don't have insurance	83	36	35	10
Don't have time off work for appointments	42	51	29	8
I don't have any barriers to finding the help I need	112	117	65	45
I don't want to ask for help	16	20	26	9
I don't want/need a provider	2	1	5	26
Lack of needed supports like family or friends to access care	20	29	26	5
Not satisfied with choices for care in my area	64	116	62	15
Other barriers:	14	34	15	3
Providers lack cultural knowledge/sensitivity	23	54	33	9



Section 2: Survey Respondent Characteristics and Demographics

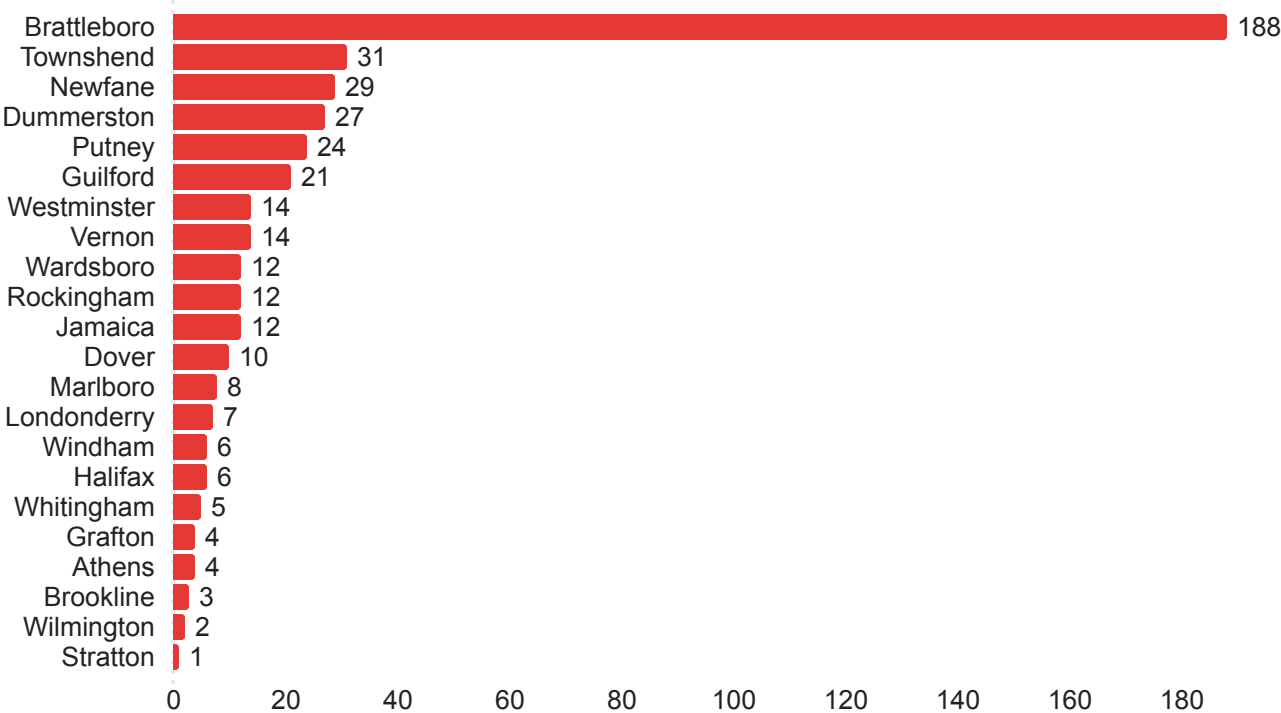
Do you live in Windham County, VT

522 Responses



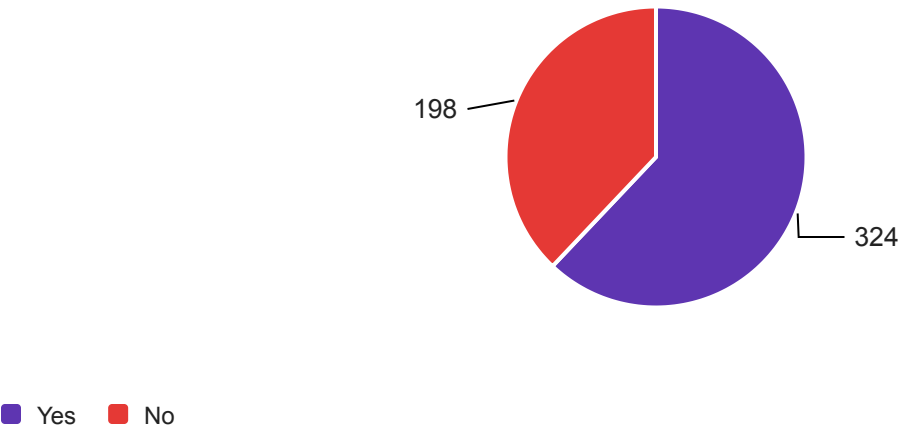
Town of your residence

440 Responses



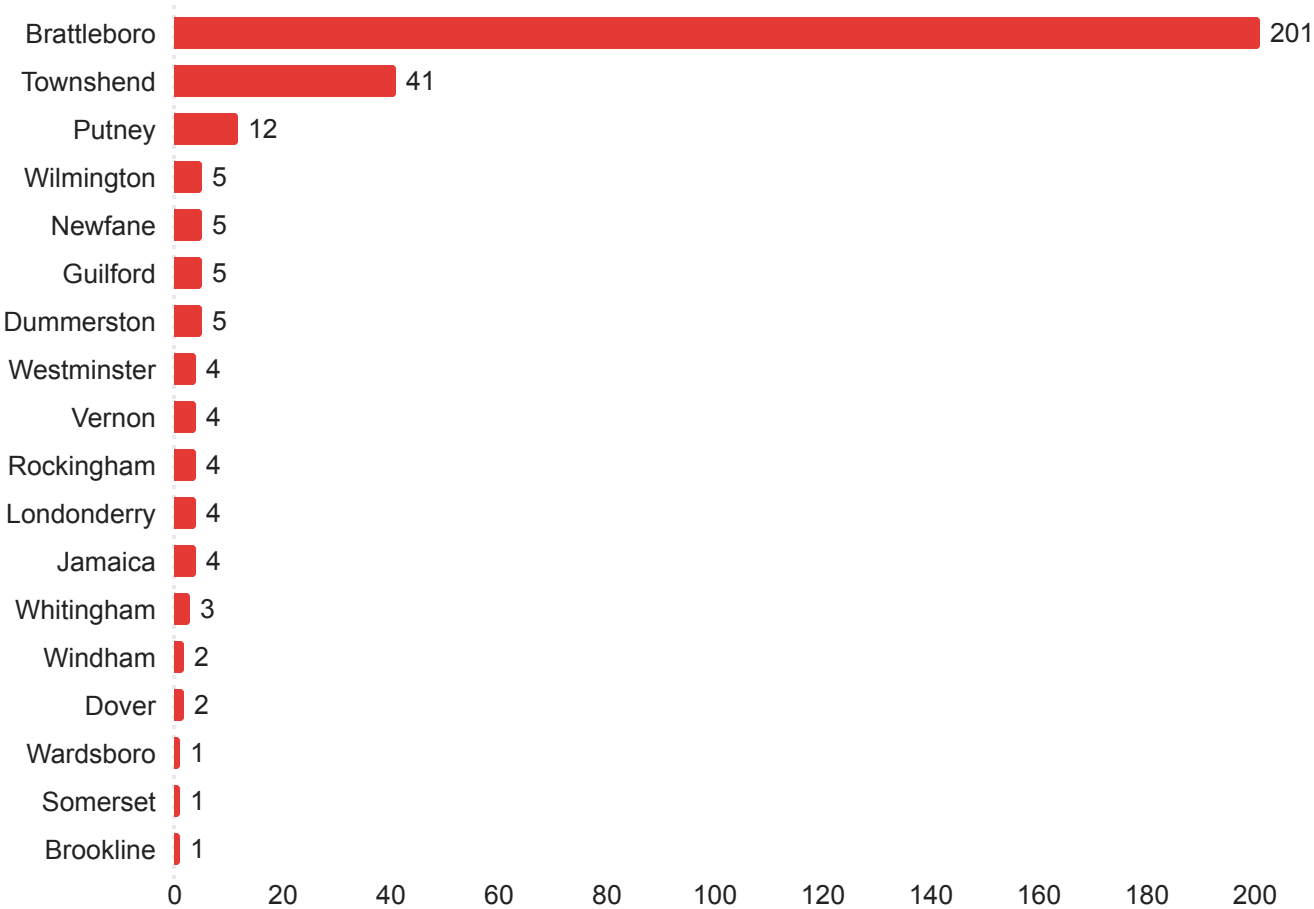
Do you work in Windham County, VT?

522 Responses



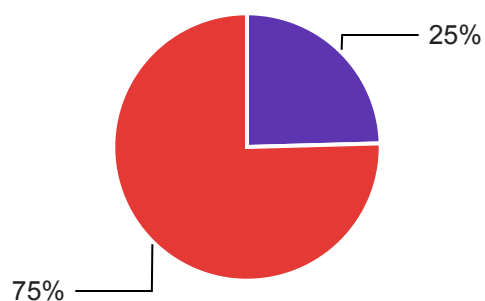
Town where you work

304 Responses



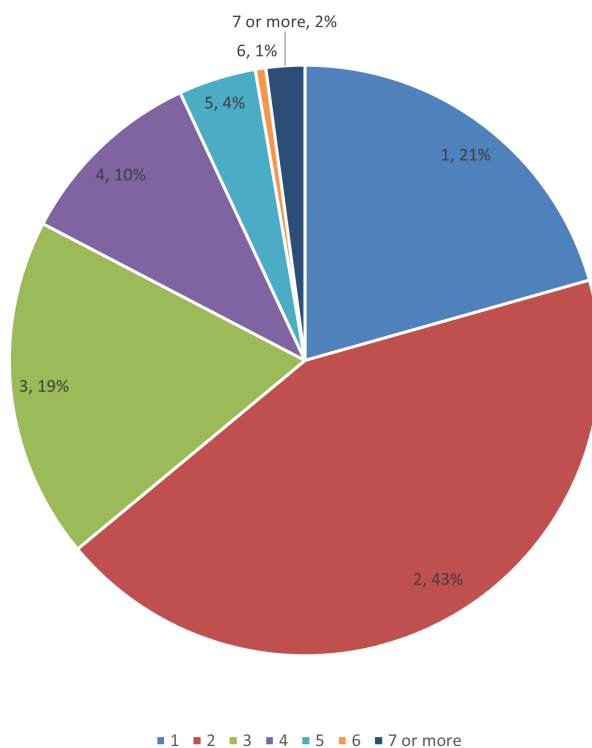
Where did you receive most of your medical care in the past year?

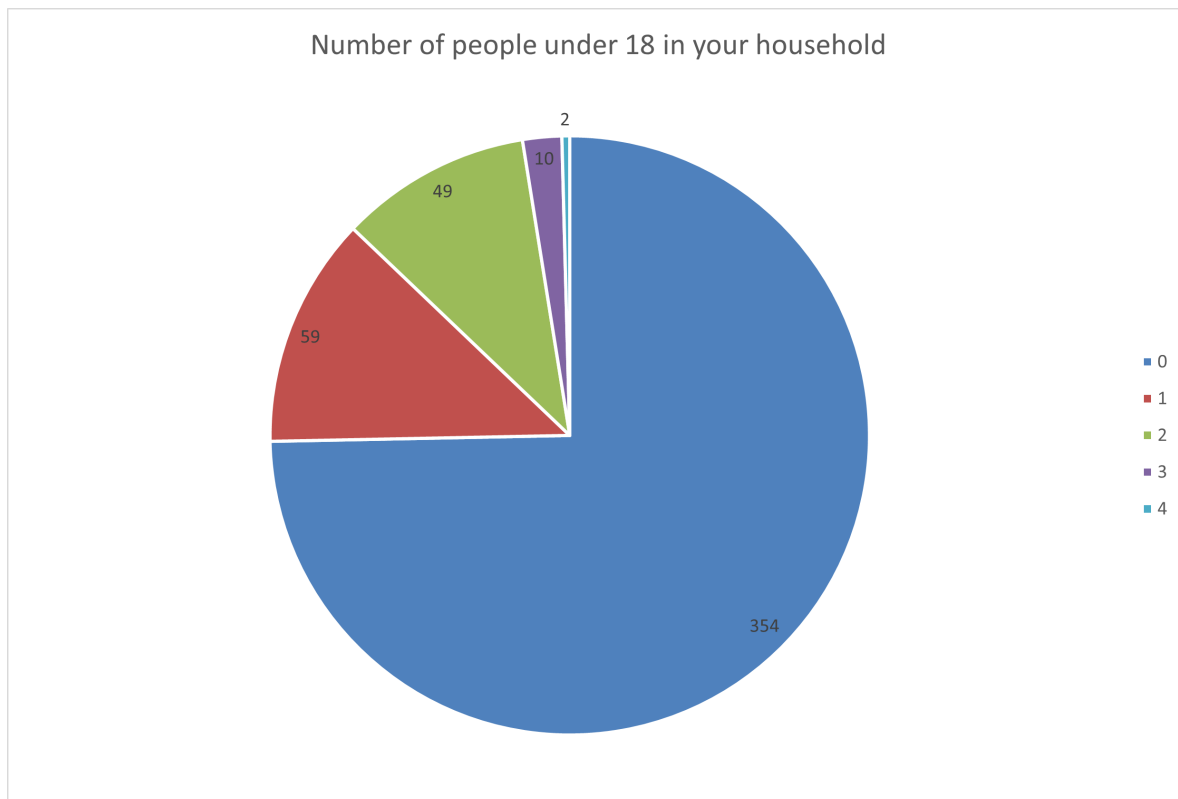
521 Responses



Outside of Windham County In Windham County

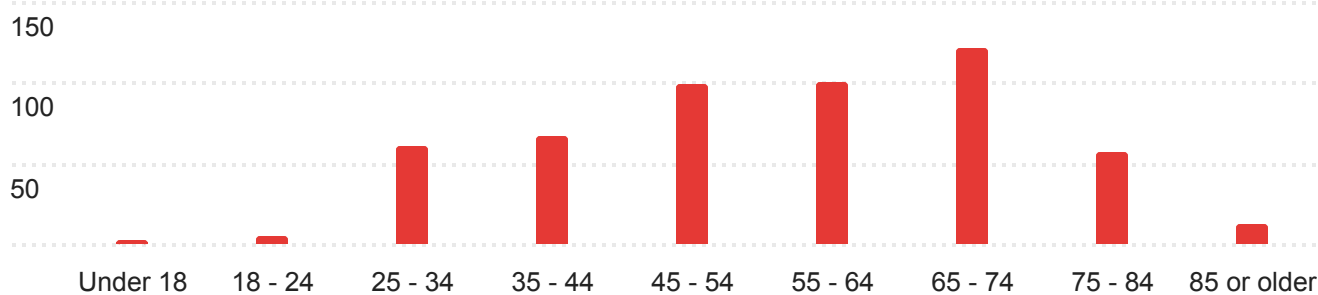
Number of people in your household





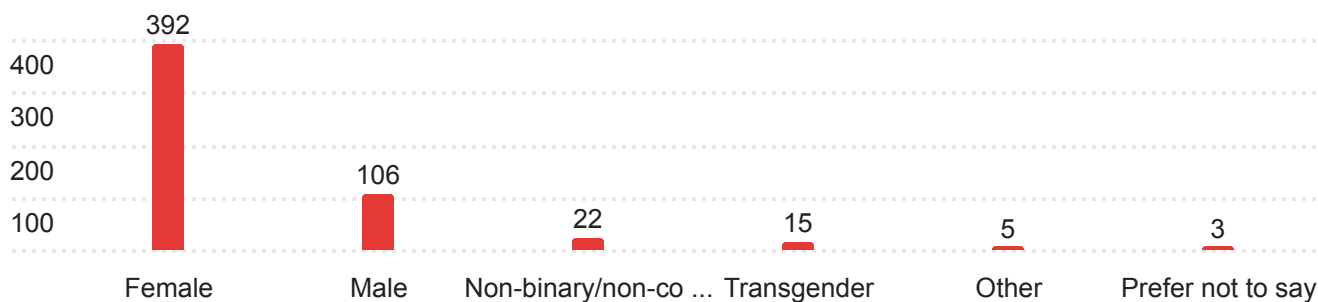
What is your Age?

523 Responses



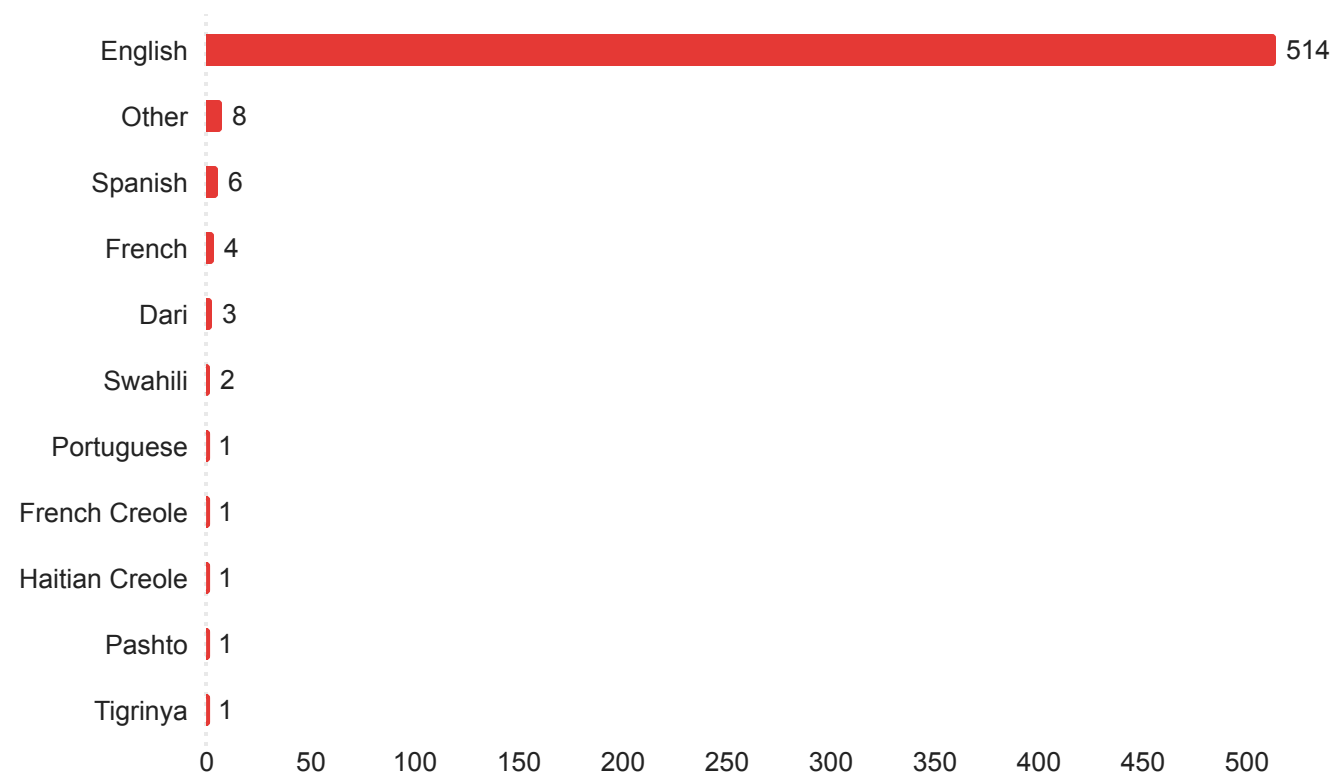
What is your gender identity (check all that apply)

520 Responses



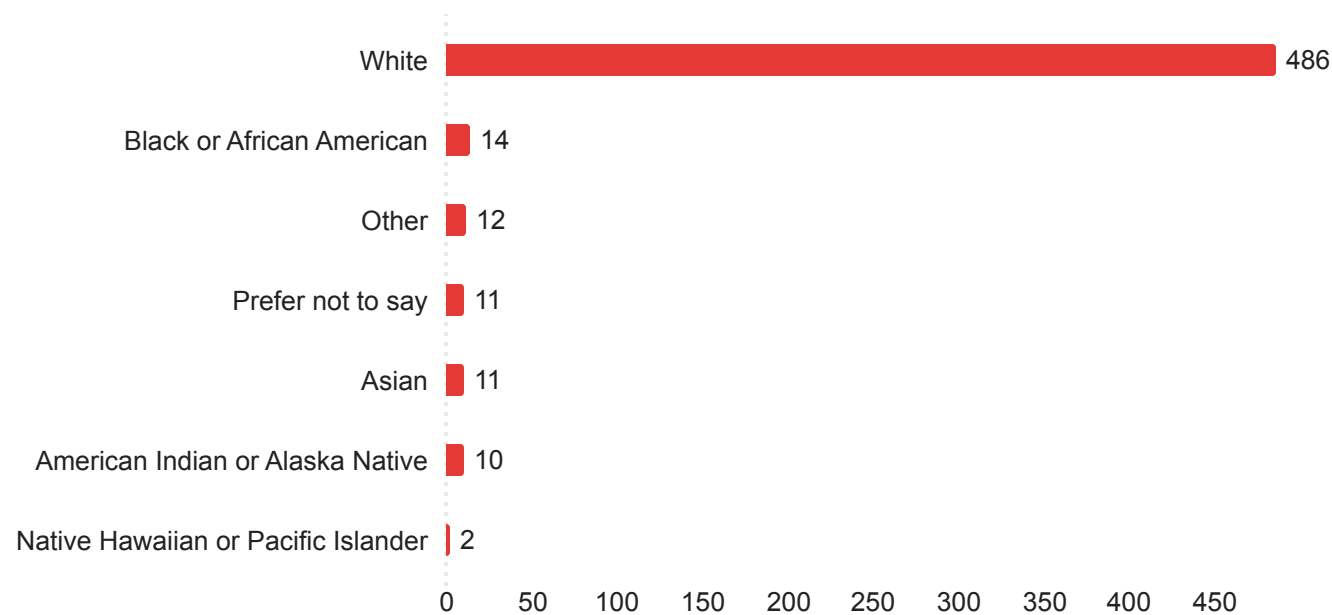
What primary language(s) are spoken in your household?

525 Responses



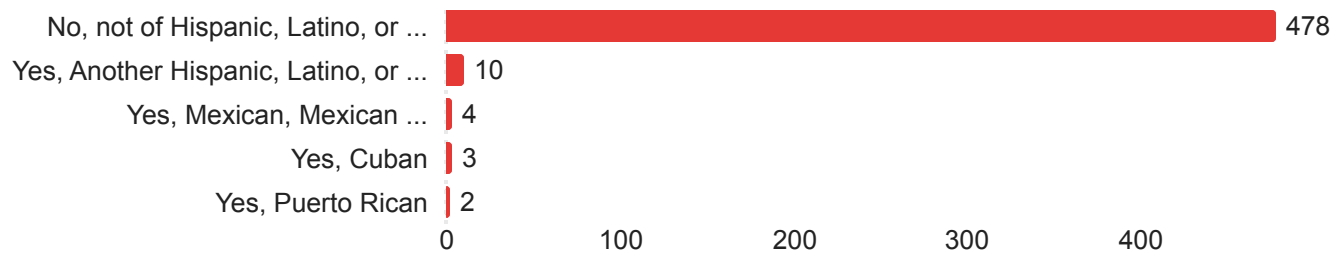
How would you describe your race (select all that apply)

517 Responses



Are you of Hispanic, Latino, or Spanish origin?

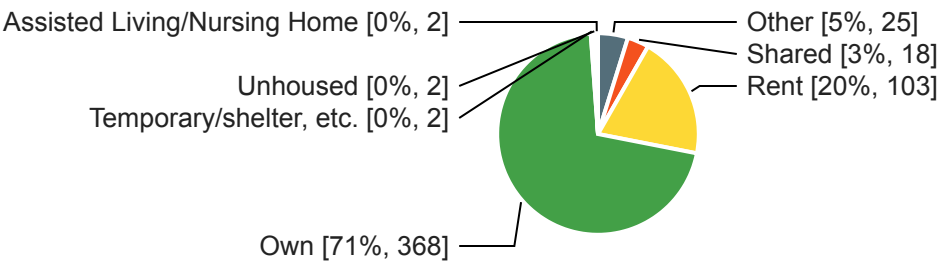
495 Responses



What is your housing situation?

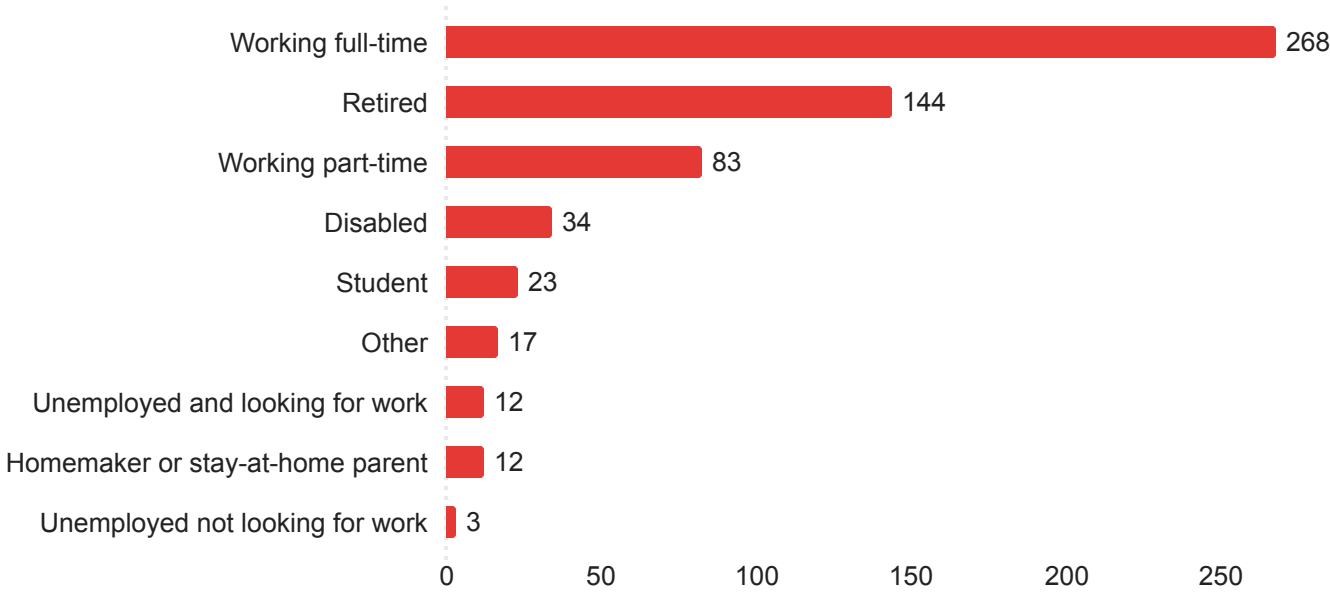
520 Responses

Other Shared Rent Own Temporary/shelter, etc. Unhoused Assisted Living/Nursing Home



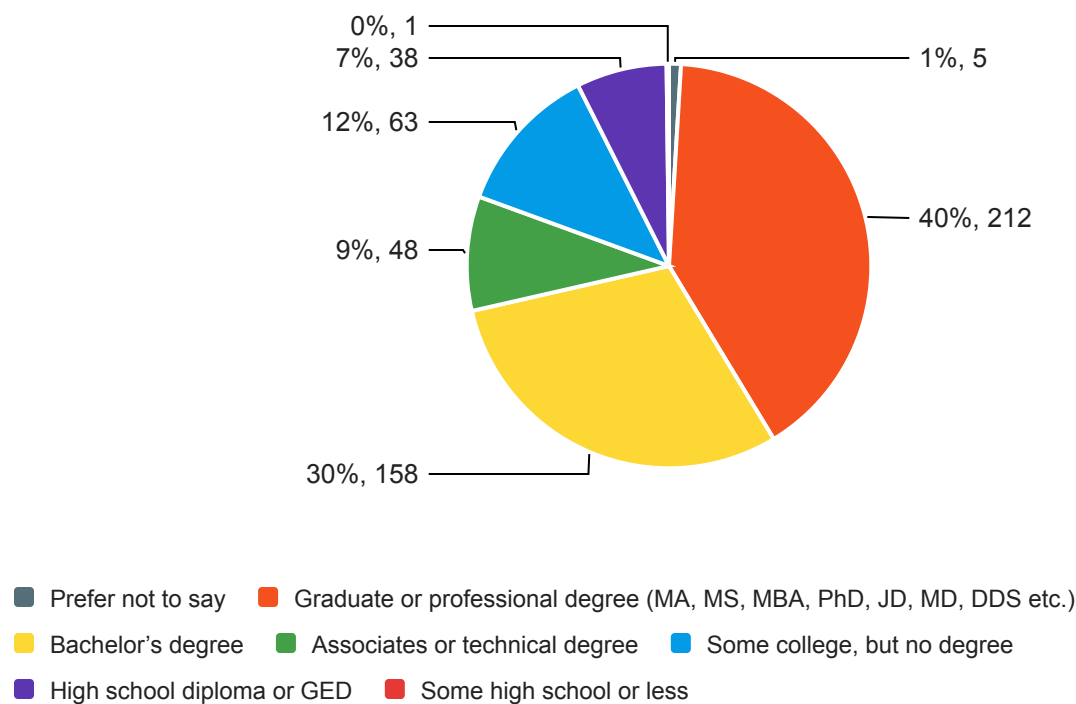
Please select your current employment status (select all that apply)

522 Responses



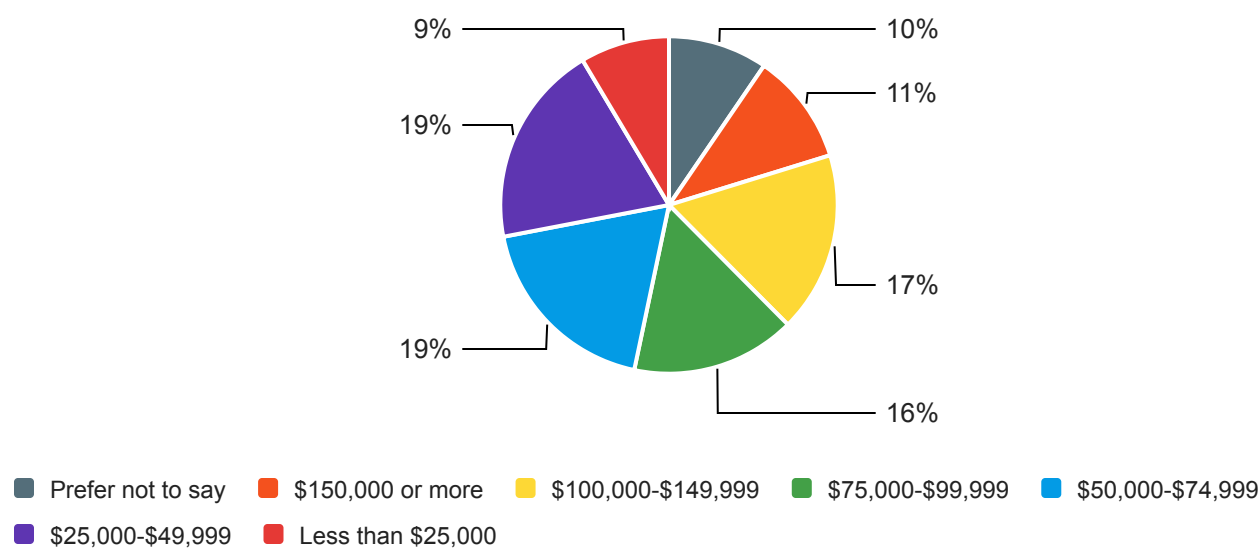
What is the highest level of education you have completed?

525 Responses



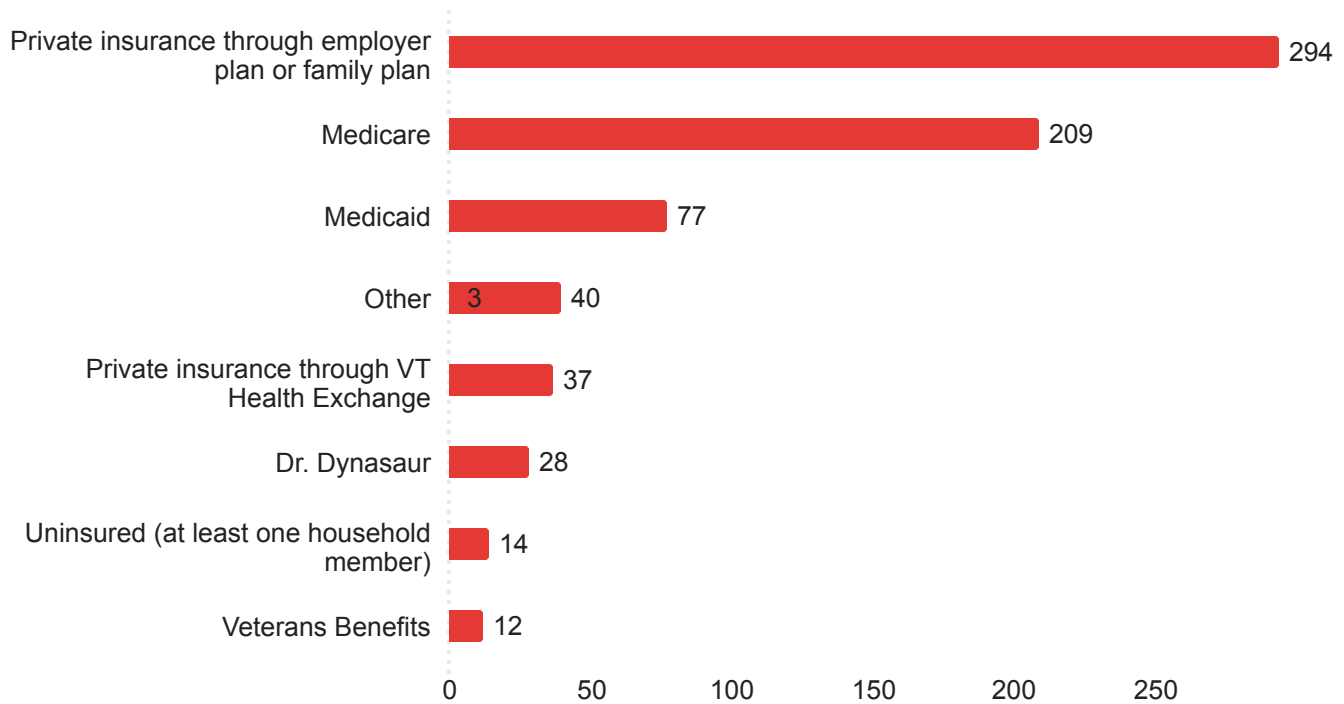
What was your total household income before taxes during the past 12 months?

514 Responses



What kind of health insurance do you and your family have? (please select all that apply)

523 Responses



WINDHAM COUNTY CHNA 2024

If you are at least 18 years of age, please take a minute to complete the survey below. The purpose of this survey is to get your opinions about community health issues. All responses will remain anonymous.

Q1 How would you rate your health today?

- ☐ Very good
- ☐ Good
- ☐ Moderate
- ☐ Bad
- ☐ Very bad

Q2 Have you used any of the following services in the past year? (Check all that apply)

- ☐ Medical appointment with my regular doctor
- ☐ Dentist for a cleaning or dental work
- ☐ Medical specialist visit
- ☐ Visit to the emergency room
- ☐ Visit to an urgent care center
- ☐ Mental health provider
- ☐ Substance use treatment services
- ☐ Medical appointment outside of Windham County
- ☐ Telehealth medical appointment
- ☐ Telehealth mental health or substance use treatment appointment
- ☐ Flu shot
- ☐ COVID vaccine
- ☐ Tobacco quit help (helpline, medications, counseling)
- ☐ None of the above

Q3 What health issues concern you the most? (Select for yourself, your family & your community)

	For myself	For my family	For neighbors and other members of the community
Heart disease and cardiovascular conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes and related complications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory diseases such as asthma or chronic obstructive pulmonary disease (COPD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer and access to screenings and treatments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health disorders including depression, anxiety, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance use problems, such as with alcohol, opioids, or other substances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infectious diseases such as influenza, COVID, tuberculosis, or HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maternal and child health concerns including prenatal care and infant mortality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Musculoskeletal conditions like arthritis or back pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neurological disorders such as Alzheimer's disease or Parkinson's disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Injury, accidents, and access to emergency medical services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to reproductive health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vision and hearing health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutritional deficiencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental health concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic or intimate partner violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other concerns:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other concerns:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other concerns:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q4 What are Windham County's most significant assets/strengths related to health and wellness? (for example, things that are going well that make it easy to be/stay healthy)

Q5 How could Windham County improve to promote health? (for example, provide access to services, or address environmental or other issues)

Q6 Have any of the following barriers affected your ability to find the help you need (medical, mental health, dental, substance use)?

	Medical Care	Dental Care	Mental Health Care	Substance Use Treatment
Don't have insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can't afford co-pays/deductible/prescription costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can't get an appointment with a provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't have time off work for appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providers lack cultural knowledge/sensitivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can't find BIPOC provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can't find LGBTQIA+ provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't want to ask for help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can't make it to appointments (no rides, distance, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not satisfied with choices for care in my area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of needed supports like family or friends to access care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't want/need a provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't have any barriers to finding the help I need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other barriers:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q7 What makes it hard to be as healthy as you would like to be?

- ☐ No local options for physical activity
- ☐ Exercise options too expensive
- ☐ Too busy to exercise
- ☐ Unstable housing situation
- ☐ Unhealthy living environment
- ☐ Poor air/water quality
- ☐ Experience discrimination or social exclusion
- ☐ Feel unwelcome in my community
- ☐ Language or cultural barriers
- ☐ Isolation or loneliness
- ☐ Dealing with significant stress
- ☐ Don't have time to cook healthy food
- ☐ Lack of income or resources
- ☐ Limited access to educational resources or opportunities
- ☐ No access to transportation
- ☐ Lack of employment opportunities
- ☐ Can't afford healthy food
- ☐ Not enough food
- ☐ Concerns about neighborhood safety
- ☐ Inadequate social support networks
- ☐ Issues with employment or working conditions
- ☐ Limited public transportation options
- ☐ No broadband or internet access
- ☐ Other _____
- ☐ Other _____
- ☐ Other _____

Q8 Do you know who to contact if you need assistance with the services below?

	Not really	Somewhat/partially	Yes, definitely
Food insecurity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical health concerns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health concerns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling unsafe at home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling unsafe in the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next section asks some fully anonymous questions about you and your household. These optional questions help us better understand the population of our community and how this relates to the community's health needs.

Q9 Do you live in Windham County, VT

- ☐ Yes
- ☐ No

Q10 Town of your residence

▼ Athens ... Windham

Q11 What is your US Zip Code? _____

Q12 Do you work in Windham County, VT?

- ☐ No
- ☐ Yes

Q13 Town where you work

▼ Athens ... Windham

Q14 Where did you receive most of your medical care in the past year?

- ☐ In Windham County
- ☐ Outside of Windham County

Q15 Number of people in your household _____

Q16 Number of people under 18 in your household _____

Q17 What is your Age?

- ☐ Under 18
- ☐ 18 - 24
- ☐ 25 - 34
- ☐ 35 - 44
- ☐ 45 - 54
- ☐ 55 - 64
- ☐ 65 - 74
- ☐ 75 - 84
- ☐ 85 or older

Q18 Gender identity (check all that apply)

- ☐ Female
- ☐ Male
- ☐ Transgender
- ☐ Non-binary/non-conforming
- ☐ Other _____
- ☐ Prefer not to say

Q19 What primary language(s) are spoken in your household?

- ☐ English
- ☐ Dari
- ☐ Spanish
- ☐ Tigrinya
- ☐ Pashto
- ☐ Haitian Creole
- ☐ French Creole
- ☐ Mandarin
- ☐ Arabic
- ☐ Portuguese
- ☐ Hindi
- ☐ Swahili

- ☐ French
- ☐ Other _____

Q20 How would you describe your race (select all that apply)

- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Native Hawaiian or Pacific Islander
- ☐ Prefer not to say
- ☐ Other _____

Q21 Are you of Hispanic, Latino, or Spanish origin?

- ☐ No, not of Hispanic, Latino, or Spanish origin
- ☐ Yes, Mexican, Mexican American, Chicano
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, Another Hispanic, Latino, or Spanish origin (ex., Salvadoran, Dominican, Colombian, etc.)

Q22 What is your housing situation?

- ☐ Assisted Living/Nursing Home
- ☐ Unhoused
- ☐ Temporary/shelter, etc.
- ☐ Own
- ☐ Rent
- ☐ Shared
- ☐ Other _____

Q23 Please select your current employment status (please select all that apply)

- ☐ Student
- ☐ Homemaker or stay-at-home parent
- ☐ Retired
- ☐ Disabled
- ☐ Unemployed and looking for work
- ☐ Unemployed not looking for work
- ☐ Working part-time
- ☐ Working full-time
- ☐ Other

Q24 What is the highest level of education you have completed?

- ☐ Some high school or less
- ☐ High school diploma or GED
- ☐ Some college, but no degree
- ☐ Associates or technical degree
- ☐ Bachelor's degree
- ☐ Graduate or professional degree (MA, MS, MBA, PhD, JD, MD, DDS etc.)
- ☐ Prefer not to say

Q25 What was your total household income before taxes during the past 12 months?

- ☐ Less than \$25,000
- ☐ \$25,000-\$49,999
- ☐ \$50,000-\$74,999
- ☐ \$75,000-\$99,999
- ☐ \$100,000-\$149,999
- ☐ \$150,000 or more
- ☐ Prefer not to say

Q26 What kind of health insurance do you and your family have? (please select all that apply)

- ☐ Uninsured (at least one household member)
- ☐ Private insurance through employer plan or family plan
- ☐ Private insurance through VT Health Exchange
- ☐ Veterans Benefits
- ☐ Medicare
- ☐ Medicaid
- ☐ Dr. Dynasaur
- ☐ Other _____
- ☐ Other _____

Focus Groups Summary

Focus groups were conducted with four specific communities: BIPOC-identified individuals, the unhoused community, the LGBTQIA+ community, and the New Vermonters (immigrant) community. Participants were paid for their time, \$50 per one-hour focus group. In the case of the LGBTQIA+ community, rather than a traditional focus group, members of the community opted to fill out a specific survey asking the same questions, which were then summarized together.

These populations in Windham County face significant barriers to accessing and receiving equitable healthcare. Barriers include lack of culturally competent care, language barriers, discrimination and stigma, limited access to specialized services, and socioeconomic disparities. These challenges create a healthcare experience that is often fraught with frustration, distrust, and fear, leading to delayed care and adverse health outcomes.

The focus groups consistently emphasize the need for increased cultural competency training for healthcare providers, expanded access to affordable and specialized services, improved language support, and a greater focus on addressing systemic biases within the healthcare system. To truly promote health and wellness for all, Windham County must prioritize creating a more inclusive, equitable, and accessible healthcare environment that recognizes and responds to the diverse needs of its vulnerable populations.



LGBTQIA+ Focus Group

The LGBTQIA+ community in Windham County faces significant challenges in accessing healthcare that is both competent and affirming of their identities. These challenges include long wait times due to a scarcity of queer-friendly providers, experiences of misgendering and dismissal of concerns, and difficulty navigating healthcare systems that are not designed with their needs in mind. The lack of accessible, specialized care, particularly for mental health and gender-affirming treatments, further compounds these difficulties.

Despite these challenges, individuals find support in their personal relationships and communities, and some have had positive experiences with specific providers who demonstrate cultural competency and understanding.

The focus group highlights the urgent need for increased training and awareness among healthcare professionals, expanded access to specialized LGBTQIA+ healthcare services, and a commitment to creating a more inclusive and supportive healthcare environment for all.

Challenges

"Being queer and non-binary makes me feel hesitant with starting any health-related needs. I know it will always be an extra step to ensure that my health professional is queer-friendly."

"There are not a lot of options to receive LGBTQ+ informed and affirming care in Southern Vermont, and the providers that do exist have long wait times for establishing care."

Positives

"My primary care doctor is better and cares to be sensitive to this."

Learnings

"I think more required training for health professionals regarding how to best work with and support their queer patients."

"We need LGBTQ+ adolescent programs (inpatient, outpatient, hospital diversion, therapeutic and peer groups). We need LGBTQ+ informed and affirming SUD treatment options."

BIPOC Focus Group

The BIPOC (Black, Indigenous, People of Color) community in Windham County faces significant challenges in accessing and receiving adequate healthcare. These challenges stem from various factors, including socioeconomic disparities, lack of culturally competent care, and experiences of discrimination and bias within the healthcare system.

The focus group participants highlighted the difficulty in finding providers who understand their cultural backgrounds and health needs, leading to feelings of distrust and reluctance to seek care. The lack of affordable insurance and limited access to specialized services further exacerbate these challenges.

Despite these obstacles, the BIPOC community finds support in their personal networks, community organizations, and a few culturally sensitive providers. The focus group emphasizes the urgent need for increased cultural competency training for healthcare professionals, improved access to affordable care, and a commitment to addressing systemic biases to create a more equitable and inclusive healthcare system for BIPOC individuals.

Challenges

"Lack of subspecialty providers in general and culturally/racially diverse subspecialty providers."

"Assumptions by medical staff that they are there to abuse the system i.e. looking to get disability without having a proper discussion of why they are seeking medical care."

Positives

"SEVCA, Aids Project Southern Vermont, Hireability VT, Brattleboro Retreat. Local food shelves as some people do not qualify for services."

Learnings

"Providers need cross-cultural training and follow up to ensure that they use the training in their daily practice, to be more open-minded, to hire more culturally and racially diverse providers and health care staff."

"Healthcare staff not diagnosing and treating them appropriately due to racial bias."

New Vermonters Focus Group

The New Vermonters Community in Windham County encounters significant challenges in accessing healthcare, stemming primarily from language barriers and cultural differences. These challenges contribute to difficulties in scheduling appointments, understanding medical information, and receiving timely care. Experiences of discrimination further complicate their healthcare journey.

Despite these obstacles, the community finds support in their families, friends, and cultural organizations. They actively pursue healthy lifestyles through activities like walking, healthy eating, and exercise.

The focus group responses highlight the critical need for improved language services, including access to culturally competent translators, and increased cultural awareness among healthcare providers. Addressing these needs will create a more welcoming and accessible healthcare environment for New Vermonters.

Challenges

"We cannot learn enough from translators and cannot have good communication."

"One of the participants faced discrimination for getting a job; they did not accept her because she was a refugee."

Positives

"Conversation partner, social media, going out with people, multicultural community, ECDC."

Learnings

"We will be glad if you can find a better way for those people who have language problems and want to visit a provider."

"Find doctors and psychotherapists from our country for better communication and great results of treatment."

Unhoused Community Focus Group

The unhoused community in Windham County faces immense challenges in maintaining their health and well-being. Substance use disorder, poverty, and homelessness create significant barriers to accessing and receiving adequate care. The stigma associated with these challenges often leads to discrimination and dismissive attitudes from healthcare providers, further discouraging individuals from seeking help.

While community organizations like Groundworks and Better Life Partners provide crucial support, the unhoused community expresses a strong need for more accessible healthcare, reduced stigma, and increased understanding from providers. Addressing these challenges will require a comprehensive approach that combines healthcare access, social support, and harm reduction strategies to improve the health and well-being of this vulnerable population.

Challenges

"Every problem we have always comes back to our substance use disorder, it makes it hard to address other things."

Positives

"Drop-in center, Better Life Partners, Brattleboro Retreat, Groundworks, and the Groundworks Outreach Team."

Learnings

"More education around stigma for the community!"

"More safe places for people to be when they are unhoused. Where do we sleep? Somewhere to BE during the day. More shelters. standard weekly hours for primary care in one space at the drop-In center."

Focus Group Questions

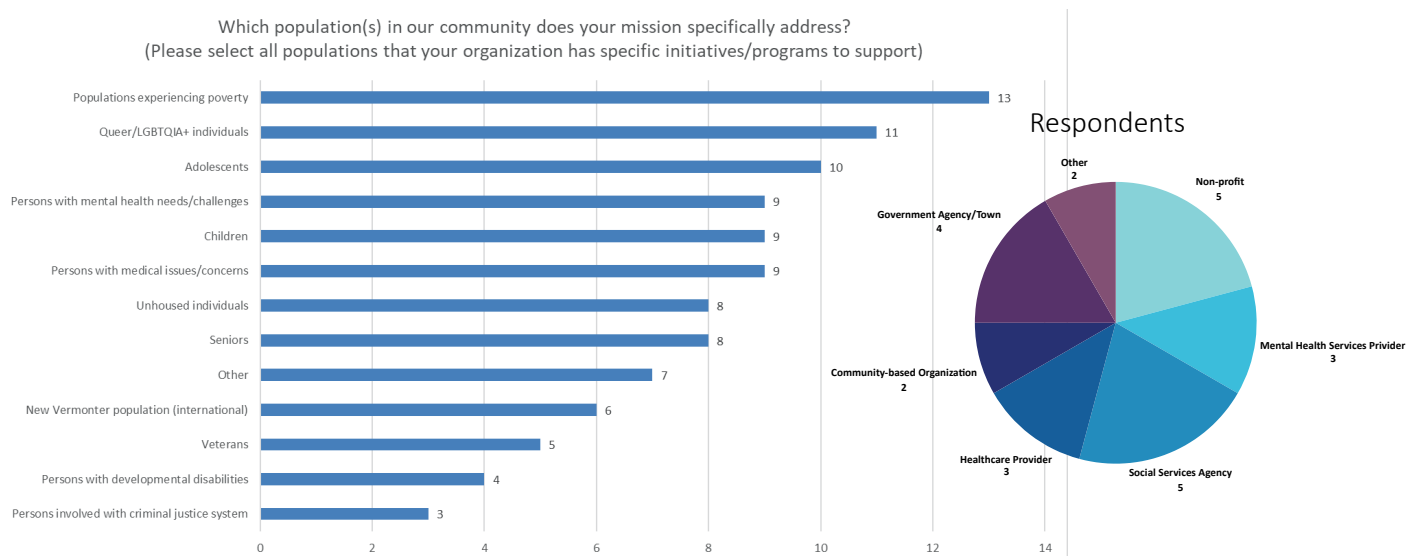
The focus group questions aimed to understand participants' personal experiences within their community, particularly how their background affects health and access to care. They explored specific barriers to quality healthcare, such as discrimination, lack of resources, and insufficient cultural competency among providers. The questions also sought to uncover participants' sources of support, daily health practices, and community connections, as well as their views on missing resources or services. Lastly, participants were encouraged to share suggestions for improving healthcare inclusivity and accessibility, along with any additional insights on their health-related challenges and needs. Can each of you introduce yourselves briefly?

1. Can you tell us about your experiences living in this community?
2. How do you think your background influences your health and well-being?
3. What are some of the challenges you face in accessing healthcare services in this community?
4. Have you ever experienced barriers to receiving quality healthcare? If so, what were they?
5. Who are the key sources of support in your life?
6. How do you stay connected with others in your community?
7. What types of resources or services do you feel are lacking in this community?
8. Are there any specific programs or services that have been helpful to you?
9. What are some of the biggest challenges you face in maintaining your health and well-being?
10. Have you encountered any discrimination or stigma related to your health or other aspects of your life?
11. How do cultural factors influence your health behaviors and decisions?
12. Do you feel that healthcare services in this community are culturally competent?
13. Can you tell us about your daily routines and habits related to health?
14. What are some of the factors that influence your health behaviors?
15. If you could change one thing to improve the health and well-being of this community, what would it be?
16. What do you think could be done to better address the needs of [specific population] in this community?
17. Is there anything else you would like to share with us about your experiences or perspectives on [the topic]?
18. Do you have any final thoughts or reflections on our discussion today?

Leadership Survey

The Leadership Survey gathered insights from 24 respondents representing 20 different organizations in Windham County. These organizations range from healthcare providers and non-profits to government agencies and community-based groups, addressing diverse populations including children, seniors, individuals with mental health needs, and the unhoused.

- Boys and Girls Club of Brattleboro
- Brattleboro Area Hospice
- Brattleboro Housing Partnerships
- Brattleboro Memorial Hospital
- Brattleboro Retreat
- CRJ Consulting Group, L3C d/b/a Vermont Partnership for Fairness & Diversity
- Drift Mavyn, LICSW, LLC
- Foodworks (a program of Groundworks Collaborative)
- SASH for All, at Windham and Windsor Housing Trust
- Senior Solutions
- Town of Athens
- Town of Grafton
- Town of Vernon
- Turning Point of Windham County
- UVM Extension - Migrant Health
- WCDC
- West River Valley Thrives
- Grace Cottage Family Health and Hospital
- Groundworks Collaborative
- HCRS



The following 10 items, in this order, represented the greatest areas of concern related to health in Windham County, from their perspective:

1. Mental health disorders including depression, anxiety, etc.
2. Substance use problems, such as with alcohol, opioids, or other substances
3. Heart disease and cardiovascular conditions
4. Injury, accidents, and access to emergency medical services
5. Nutritional deficiencies
6. Dental health
7. Diabetes and related complications
8. Respiratory diseases such as asthma or chronic obstructive pulmonary disease (COPD)
9. Cancer and access to screenings and treatments
10. Musculoskeletal conditions like arthritis or back pain

What are Windham County's most significant assets/strengths related to health and wellness?

The leadership survey responses highlight a strong sense of community engagement and collaboration as a core asset in Windham County's health and wellness landscape. The presence of dedicated individuals and organizations working towards community improvement is widely recognized. Furthermore, the availability of a diverse range of resources, including hospitals, mental health services, food assistance programs, and support groups, is seen as a significant strength. The collaborative spirit among these various entities is particularly valued. While there is an appreciation for the natural environment and the quality of care provided by many providers, the emphasis remains on the collective effort and commitment to supporting the well-being of the community.

Community Engagement, Collaboration

"People care a lot about where they live and their community, there are a lot of resources and people who dedicate their work to improving the community."

"A great collaborative network of committed providers, many community assets including our hospitals, community mental health and social service networks."

Variety of Resources, Support Systems

"Extensive support systems in place to try and assist the people that need help."

"Windham County has a wide variety of low-barrier resources related to health and wellness."

Dedicated Healthcare Providers

"The biggest assets are the people that provide care."

"The quality of care from providers is good."

How could Windham County hospitals and agencies better collaborate to improve the health of the community?

The leadership survey responses highlight a strong desire for increased collaboration and communication among Windham County hospitals and agencies. The prevailing sentiment is that improved coordination, information sharing, and joint initiatives would lead to more effective and holistic care for the community. Leaders advocate for a more integrated approach to address the complex interplay of social, mental, and physical health needs. Specific suggestions include community health workers, home visits, and shared educational events. The overarching goal is to create a seamless network of support that empowers individuals and fosters a healthier community.

Collaboration, communication

"The collaboration that occurs between community partners."

"Meet jointly to share information, challenges and ideas."

"Better coordination amongst agencies."

Integrated Services

"Continue to find ways to integrate services and capitalize on each other's strengths."

"Improved (communicative and collaborative) discharge planning for people experiencing homelessness."

Outreach and Engagement

"More community connection and initiatives that meet people where they live or where they are at to support building long-term relationships and trust."

"Visit people at their homes and/or local events to share info and services."

"Free community/home/employment-based health screenings, consults, and chronic care management."

Has anything changed in the past three years (since last CHNA assessment) that has helped or hindered the community's health and health needs?

The leadership survey responses reveal a mixed picture of progress and challenges in Windham County's health landscape over the past three years. The increased availability of telehealth, particularly for mental health care, is widely recognized as a positive development. However, this is tempered by concerns about digital access for vulnerable populations. The ongoing struggle with staffing shortages and provider turnover in healthcare settings is a significant hindrance, impacting access to care and continuity of care. The COVID-19 pandemic has also left a lasting impact, with increased acuity and complexity of health needs, particularly in mental health and substance use disorders. While innovative programs like Healthworks ACT have shown promise in addressing these challenges, leaders emphasize the need for continued investment in resources and support systems to meet the evolving needs of the community.

Positive Changes

"Love the increased access to telehealth, especially for mental health care."

"We have added telemedical consultative services to your ED and hospital: teleED, teleNeurology, and telePsychiatry which assures excellent acute and hospital patient care."

Challenges

"A large turnover in staffing and providers leaving roles."

"The health systems have continued to struggle post-pandemic with staffing, financial performance and ever-changing rules for reimbursement from insurers."

"The closing of local Phoenix Houses and a lack of program funding for our local mental health facility have had a significant effect on our client's ability to access supportive programming."

Mixed impact

"Housing costs have risen."

"The impact of the pandemic has dramatically increased the intensity of need, acuity of those we serve."

"Food is more expensive, access to the internet is more expensive. SASH for All has expanded."

Is there any other feedback that you would like the area's hospitals to know, as they consider the health needs of the community?

The feedback highlights a need for hospitals to prioritize compassionate and non-judgmental care, particularly for individuals struggling with substance use disorders. There's a strong call for improved communication and collaboration among healthcare providers to ensure coordinated and effective patient care. Additionally, the feedback underscores the persistent challenges of provider recruitment and retention, the high cost of healthcare, and the need for improved transportation options, especially for vulnerable populations. Leaders also stress the importance of addressing systemic issues like stigma and discrimination within the healthcare system, advocating for increased cultural competency training and more inclusive care practices.

Compassionate care

"Please try not to shame people when they come in for drug-related problems."

Recruitment and retention

"What will it take to attract and retain providers?"

Transportation

"I don't think you can rely on microtransit to get everyone to and from your hospitals."

Collaboration, communication

"We would like to increase the level of cross-communication and collaboration with other healthcare providers."

Stigma, discrimination

Our client population (largely people experiencing homelessness) continues to convey feeling stigmatized by medical providers.

Contact Information

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Brattleboro Memorial Hospital: 17 Belmont Avenue, Brattleboro, VT 05301. 802-251-8604.

Brattleboro Retreat: Anna Marsh Lane, P.O. Box 803, Brattleboro, VT 05302. 802-258-3785.

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Vermont Department of Health - Brattleboro District: 232 Main St., Suite 3, Brattleboro, VT 05301. 802-257-2880.

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