
RUTLAND COUNTY

COMMUNITY HEALTH NEEDS ASSESSMENT

2008- 2009

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METHODOLOGY

The James T. Bowse Health Trust convened a Partnership for Health, which guided the Community Needs Assessment through its yearlong planning process. Membership on the Partnership included:

- Chuck Sharp, United Way of Rutland County
- Grant Whitmer, Community Health Clinics of the Rutland Region (CHCRR)
- Joanne Calvi, Vermont Health Department
- Kathy Letendre, Rutland Regional Medical Center
- Marci Wheeler, Rutland Economic Development Corporation
- Mary Lou Bolt, Vermont Department of Health
- Sarah Narkewicz, James T. Bowse Community Health Trust & Foundation
- Virginia Umland, Rutland Area VNA

Helms & Company was engaged to assist the Partnership to conduct the Community Needs Assessment through its five (5) phases:

1. Data Analysis and Report
2. Consumer Survey
3. 5 Focus Groups
4. Presentation to Partnership
5. Report out at Community Meeting

EXECUTIVE SUMMARY

Demographics

- Residents' age, income, and education can positively or negatively affect a community's health status. Population age also has implications for healthcare, housing and employment. For example, fewer 25 – 44 year olds result in fewer workers (i.e., staff shortages).
- The Rutland County population is older, less educated and lower income than in Vermont, and will become increasingly older and, therefore, more vulnerable, disabled and potentially requiring proportionally more services than Vermonters as a whole.
- Since 1970, the proportion of people living alone and single parent households has increased dramatically in Rutland County. Single female heads of household with children under 18 relate to a range of social and health status indicators including poverty, affective disorders, risk of drug and alcohol abuse, violence, and negative consequences for children, including greater depression, and greater behavioral and learning difficulties in school.

Access to Health Services

- Rutland County is recognized as having many resources to assist people in prevention and treatment of health problems, but these programs and services are underutilized or unknown. Navigating the array of services and understanding eligibility to receive these services is confusing and complicated.
- Many barriers challenge residents' access to health and human services, most notably, inadequate access to primary and specialty medical, dental care and mental health/substance abuse care, due to a lack of adequate health and dental insurance coverage, and a shortage of providers.
- Focus Group participants indicated that lack of health and dental insurance and transportation are the leading barriers to care.
- Pregnant women in Rutland County are significantly less likely to have adequate access to prenatal care in the first trimester and early and adequate prenatal care, an important time to enhance the potential for delivery of a healthy baby.
- The Consumer Survey revealed that young adults and those without a high school diploma are least likely to be able to access the health care they need. Inability to pay for services is the greatest barrier. Services that are least likely to be accessed when needed are mental health and alcohol or drug abuse counseling.
- As the population of Rutland County ages, there will be increased need for community based elder services including residential care, assisted living, personal care, respite/companion care, case management, attendant services, adult day care, homemaker services, home delivered meals, and mental health services for the aged.

Healthy Lifestyles

- Community leaders noted that the culture in Rutland County is not conducive to prevention.
- The lifestyles of some Rutland County residents increase their risk for chronic disease. Risk factors for heart disease, stroke and other diseases include smoking, obesity and overweight, high blood pressure, diabetes, inactivity, poor diet, excessive alcohol use, illegal drug use and high cholesterol. The rates for many of these risk factors in Rutland County are higher than the State average.
- Youth risk behaviors such as smoking, drinking and binge drinking have declined in Vermont and Rutland County since 1995. However, obesity rates are increasing, and rates of youth sexual activity and auto/bike safety are worse than Vermont.

Health Status

- Health status issues where Rutland County residents fare equal to or better than Vermonters include:
 - Excellence in air quality and child blood lead testing
 - Low birth weight babies
 - Injuries resulting in hospitalization
 - Heart disease death rate, which has declined steadily since 1993
 - Cardiovascular risk factors (high blood pressure, cholesterol screening, sedentary lifestyle)
 - Diabetes death rate
- Health status issues that could be improved in Rutland County include:
 - Hospitalization rates that should be treated by a primary care provider, indicating a shortage of primary care services (e.g., dehydration, adult asthma and lower extremity amputation)
 - Access to prenatal care, especially in the first trimester (early and adequate care)
 - Teen pregnancy among 15 – 17 year olds
 - Cardiovascular screening, including cholesterol checks, especially for diabetic patients
 - Injury prevention, particularly among the population over 65 years of age
 - Stroke death rate, although it has declined significantly since 1993
 - Prostate cancer incidence, which is significantly higher, perhaps due to better screening?
 - Colon cancer screening
 - COPD death rates-higher than Vermont and more than double the Healthy Vermonter goal
 - Domestic violence
 - Mental health and substance abuse services capacity

Mental Health

- The rate of domestic violence in Rutland City Supervisory Union is higher than Vermont. Child abuse and neglect is also higher in the Rutland City Supervisory Union, but is much lower than the Burlington City Supervisory Union.

Quality of Life

- Data indicate several factors that negatively impact the quality of life in Rutland County:
 - Civic engagement in Rutland County is low and declining.
 - Violent crimes have increased.
 - Economic and emotional supports are needed, particularly for youth and adults with disabilities.
 - There is a shortage of affordable housing in the County.
 - Some residents have an inadequate food supply or means to purchase food.

Health Priorities

- A total of 60 actions for a Healthier Rutland County were presented and are noted below:

2009 - 2014 Objectives and Actions

1. Increase Prevention Efforts That Lead to a Healthy Lifestyle

OBJECTIVES

- Decrease % of adult and youth tobacco use
- Increase % of adult and youth physical activity
- Increased % of adult and youth healthy diet
- Decrease % of adult and youth BMI over 30

ACTIONS

- Support programs that create culture and behavior change
- Provide affordable healthy food at work, school and community
- Expand use of current exercise programs
- Increase worksite exercise programs
- Physicians will address BMI with patients and refer to community resources
- Expand and support programs the prevent teen age pregnancy
- Support and expand tobacco prevention programs

2. Improve Access to Health and Human Services

OBJECTIVES

- Increase % adults covered by health insurance
- Increase % of adults who are up-to-date on age appropriate screenings
- Increase % of adults and youth who are up-to-date on immunizations
- Decrease ambulatory care sensitive hospitalizations
- Increase % of adults and children who receive dental care
- Increase use of current resources

ACTIONS

- Create Community Care Teams for chronic health conditions
- Expand Rutland Free Clinic's and CHCRR's Dental Program
- Increase the use of electronic medical records
- Open CHCRR Clinic in Rutland City
- Create Emergency Room Navigators
- Develop a Rutland County Resource Guide
- Expand Health Insurance Enrollment Assistance

3. Reduce Substance Abuse

OBJECTIVES

- Decrease the use of illegal substances
- Decrease % of adult and youth who binge drink
- Decrease % of adults who are depressed

ACTIONS

- Change the culture of illicit and prescription drug use
- Change the culture of alcohol use
- Increase the use of electronic medical records
- Case Management for high-risk populations

4. Expand Community Based Elder Care

OBJECTIVES

- Increase community based services for elders, to maximize the percent of elders who live at home

ACTIONS

- Case management for at risk elders
- Expand attendant services
- Expand Meals on Wheels

Special Note: The limited resources within Rutland County cannot solve these issues. True impact can only happen with system changes, including changes to the reimbursement system.

RECOMMENDATIONS

- Based on the Prioritizing meeting held on April 30th, 2009, community members recommended that the community focus on the following priority issues:
 - Support for programs that create cultural and behavioral change to improve healthy lifestyles
 - Community Care Teams, and case management, particularly for residents with chronic health conditions, elders, and other high risk populations
 - Changing the culture of drug and alcohol acceptance in Rutland County
 - Expansion of the CHCRR and Rutland Free Clinic dental programs

DATA REPORT

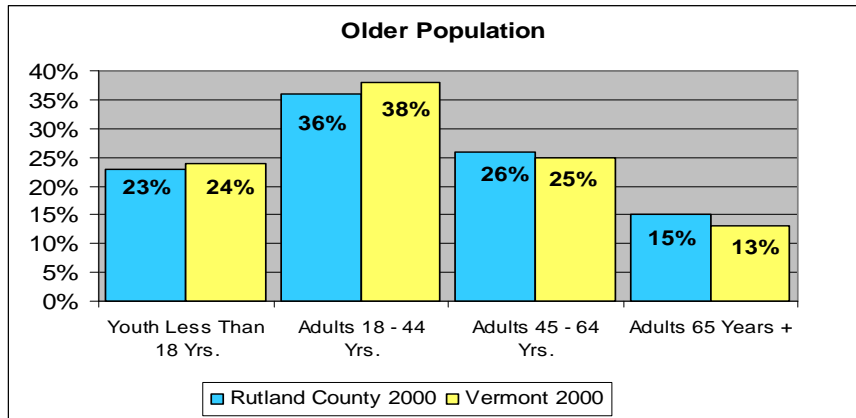
1. DEMOGRAPHICS

Slow Growth

- **Rutland County Population Is Growing Slowly**
 - **In 2005, an estimated 63,743 people lived in Rutland County**, about 10% of the State's total population. Source: US Census Bureau, Current Population Estimates, 2005
 - **Rutland County's population is expected to continue to grow slowly**, at 2% to the year 2016. The population of Rutland County grew by only two percent between 1990 and 2000, from 62,142 residents in 1990 to 63,400 in 2000. Sources: Source: US Census Bureau, Current Population Estimates, 2005, and 1990 and 2000 US Census
 - **A high rate of youth out-migration** has resulted in Rutland County's limited rate of population growth and an aging population on the whole. Source: Rutland Regional Plan, Draft for Public Hearing, 3-18-08
- **Rutland County residents are older, less educated, lower income and will become increasingly older and, therefore, more vulnerable and disabled than Vermonters as a whole.**

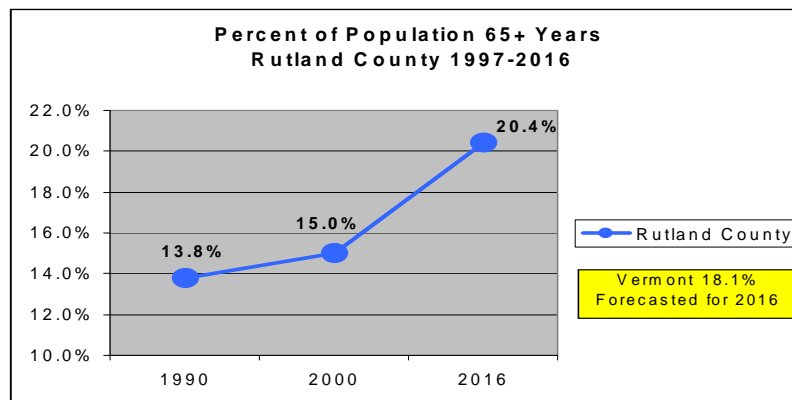
Older Population

- **Rutland County residents tend to be older.**
 - **In 2000, the median age of Rutland County residents was 39.23 years**, one of the highest in New England. Source: Rutland Regional Plan, Draft for Public Hearing, 3-18-08
 - **Compared to Vermont, in 2000, Rutland County residents were older**, with a lower proportion of youth less than 18 years of age (23% versus 24% for VT); a lower proportion of younger adults 18 - 44 years of age (36% versus 38%); a higher proportion of older adults 45 - 65 years (26% vs. 25%); and a higher proportion of elderly 65 years and older (15% versus 13%).



Source: Health Status of Vermonters Appendix, 2008 Vermont Department of Health, Page 1, based on US Census 2000 data

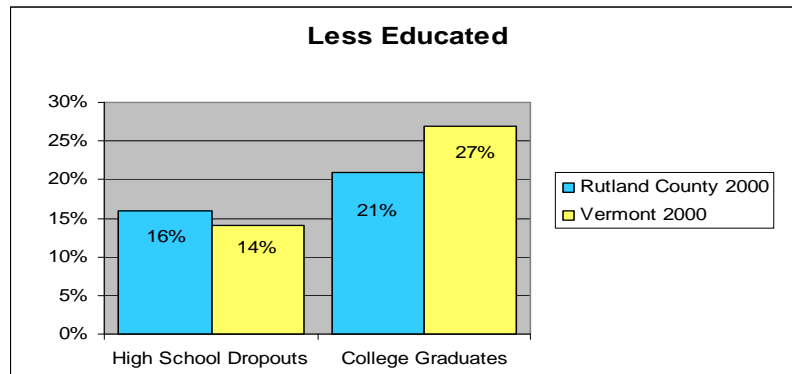
- Rutland County's elderly population will increase in numbers and continue to be proportionately older than Vermont.** From 2000 to 2016, the total number of 65+-year-old residents in Rutland County is projected to increase by 3,715 elders, a more than 39.2% increase in the number of elders. By 2016, it is estimated that the elderly in Rutland County will comprise 20.4% of the County's total population, higher than the 18.1% estimated for VT as a whole. The aging of the baby boomers and the age 65 and older age group will have a major impact on health services needed.



Sources: 1990 and 2000: US Census and for 2016: Shaping the Future of Long Term Care and Independent Living, Vermont Agency of Human Services, May 2007, based on Census Bureau for 2000 population and MISER for projected population

Lower Educational Attainment

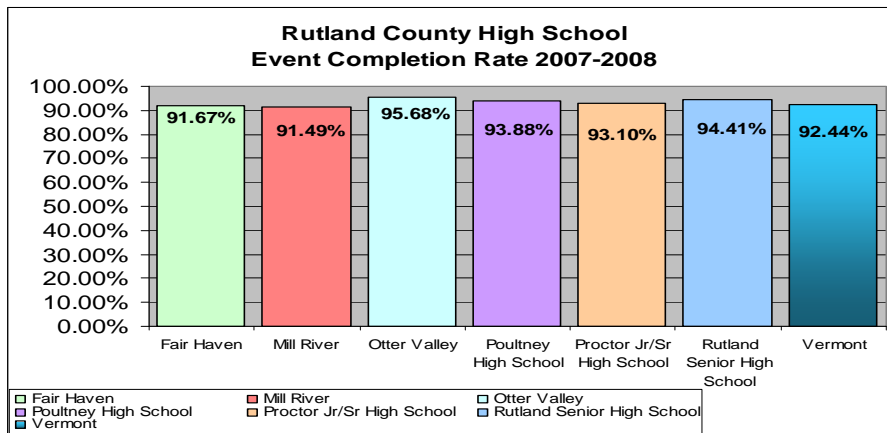
- Rutland County adults tend to be less educated than Vermonters as a whole.
 - **From 1990 – 2000, the proportion of high school dropouts among adults 25 years and over in Rutland County decreased** from 20.6% to 15.7%. Sources: US Census 1990 and 2000
 - **Compared to Vermont, Rutland County had a higher proportion of high school dropouts** in 2000 (16% versus 14% for Vermont) and proportionately far fewer college graduates (21% in Rutland County versus 27% for Vermont).



Source: US Census, 2000

Graduation Rate

- The 2007 – 2008 event completion rate (formerly called graduation rate) among high school seniors in Rutland County ranged from 91.49% to 95.68% compared to Vermont 92.44% (See formulas below).



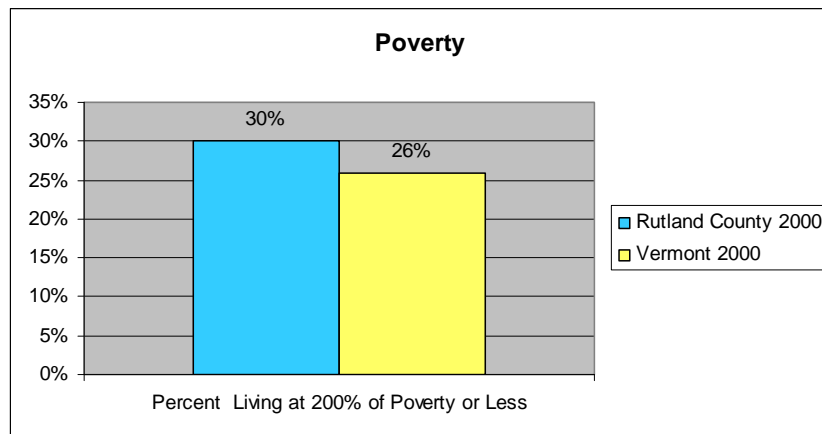
Source: VT Department of Education Dropout and High School Completion Report 2007 - 2008

Event Completion Rate = Reported 12th Grade Students Promoted divided by Reported 12th Grade Adjusted Enrollment

Adjusted Enrollment = Promoted + Receiving a GED + Not Promoted + School year dropouts + Preceding Summer Dropouts

Lower Income

- **Rutland County residents tend to be lower income and less affluent** overall than Vermonters.
 - **From 1990 – 2000, the proportion of Rutland County individuals living below poverty increased** from 9.6% in 1990 to 10.9% in 2000.
Source: US Census, 1990 and 2000
 - **In 2000, proportionally more Rutland County residents lived at less than 200% of poverty**, than Vermonters (30% vs. 26% of Vermont residents living in poverty).



Source: Health Status of Vermonters Appendix, 2008 Vermont Department of Health, Page 1, based on US Census 2000

- **Rutland County's median household income in 2000 was lower than Vermont** at \$36,743 versus Vermont as a whole (\$40,856) and lower than the US (\$41,994). Source: US Census, 2000
- **Rutland County wages have gradually declined in relation to the state since 1990 and are now only 93.7% of the statewide average.** In 2003, the average annual wage paid for jobs in Rutland County was \$30,374. Overall household income has followed a similar trend. Average household incomes across Rutland County have gradually lost ground to the state over the past 24 years. In 1980, Rutland County's median income was nearly identical to that of the state.
Source: Rutland Regional Plan, Draft for Public Hearing 3-18-08

Declining Household Size

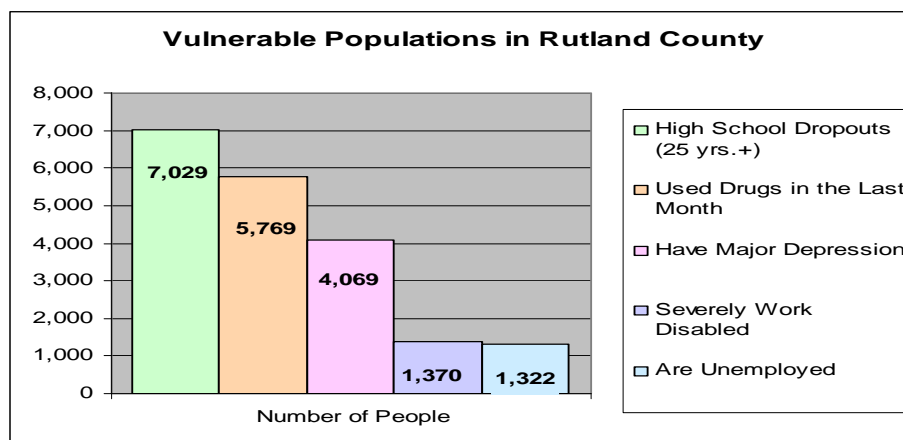
- **Since 1970, Rutland County's households have grown at a much faster rate than its population (more than 75% of the state's rate of household growth).** The County has added almost as many new households as people since 1970. As a result, the average household size has declined 27% from 3.4 people in 1970 to 2.47 in 2003. This is due to demographic changes from 1980 – 2000: a 53% increase in the number of people living alone; a 67% increase in the number of single parent households, and a 13% decline in the proportion of households including children under 18 years of age.

Sources: Rutland County Housing Needs Assessment, 2005

Rutland Regional Plan, Draft for Public Hearing 3-18-08, based on US Census, 2000

Many Vulnerable Residents

- **In 2000, 18.8% of Rutland County's population 5 years of age and older was disabled,** for a total of 11,329 disabled residents. Of Rutland County's disabled citizens, 1,340 were 5 – 20 years of age (9.5% of this age group); 6,587 were adults 21 – 64 years of age (18.1% of this age group), and 3,402 were 65 years and older (38.2% of this age group) Source: US Census, 2000.
- **There are many vulnerable people in Rutland County** who face unique health risks and barriers to care, requiring enhanced services and targeted strategies for outreach and case management. The most current data, applied to 2005 mid-year population estimates, reveals that Rutland County's vulnerable populations, which may overlap, include:
 - 7,029 adults 25 years and older who have no high school diploma
 - 5,769 people who used drugs in the last month
 - 4,069 people who have major depression
 - 1,370 people who are severely work disabled
 - 1,322 people who are unemployed

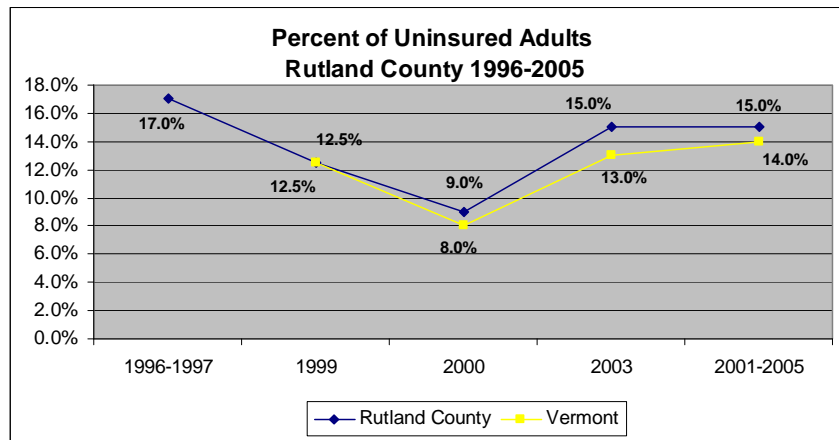


Source: Estimates from the Community Health Status Report, Rutland County Vermont, 2008

2. ACCESS TO HEALTH SERVICES

Many Residents Do Not Have Health Insurance

- **Rutland County Residents Are More Likely Than Vermonters to Be Uninsured.**
 - **From 2001 – 2005, 15% of Rutland County adults were uninsured, compared to 14% of adults in Vermont.** Thus, more than one in seven adults were uninsured in Rutland County during this period. This is far higher than the Healthy Vermonters 2010 goal of 100% insured. The proportion of uninsured has increased since 1999, when 12.5% of Rutland County and Vermont residents had no insurance. By 2000, the rate of uninsured adults had declined further to 9% in Rutland County and 8% in Vermont. However, by 2003, the uninsured population was 13% in Vermont and 15% in Rutland County, but still lower than the 17% of Rutland County adults who were uninsured in the period 1996 – 1997.

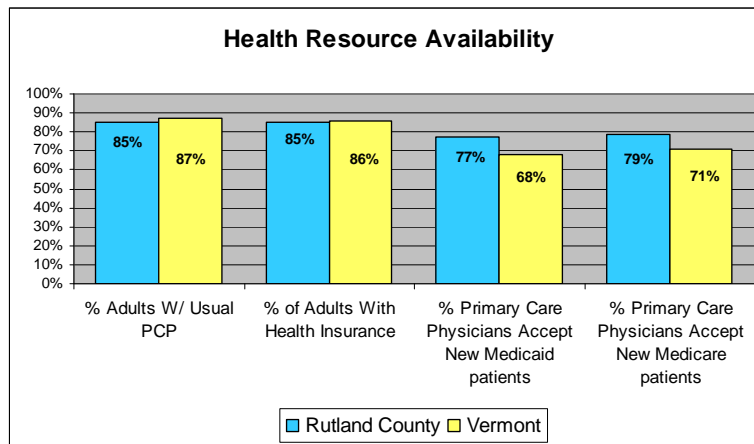


Sources:

- 1996 – 2003: Rutland Regional Health Status Indicators, Rutland Partnership for Health, Revised December 2004
- 2001 – 2005: Health Status of Vermonters, Appendix, 2008, Vermont Department of Health, page 3

Inadequate Primary Care Access

- **Rutland County Residents Do Not Have Adequate Access to Primary Care**
 - **In 2005, most of Rutland County had a “severe need” for primary care physicians**, which is defined as less than 68 full time Primary Care Physician equivalents per 100,000 people. [In 2006, Rutland County had 64.2 FTE primary care physicians per 100,000 population. [Sources: Health Status of Vermonters, 2008, Vermont Department of Health, page 16 and Vermont Physician Survey, Statistical Report, 2006, page 25]
 - **From 2001 – 2005, 85% of Rutland County residents reported having a “usual Primary Care Provider”** where they receive medical care and referral for specialty care, when needed, which is only slightly less than Vermont as a whole (86%).
 - **In 2006, 77% of Rutland County primary care doctors accepted new Medicaid patients**, a much higher proportion than the 68% of all Vermont Primary Care Physicians who accepted new Medicaid patients.
 - **In 2006, 79% of Rutland County primary care doctors accepted new Medicare patients**, a higher proportion than the 71% of all Vermont Primary Care Physicians who accepted new Medicare patients.

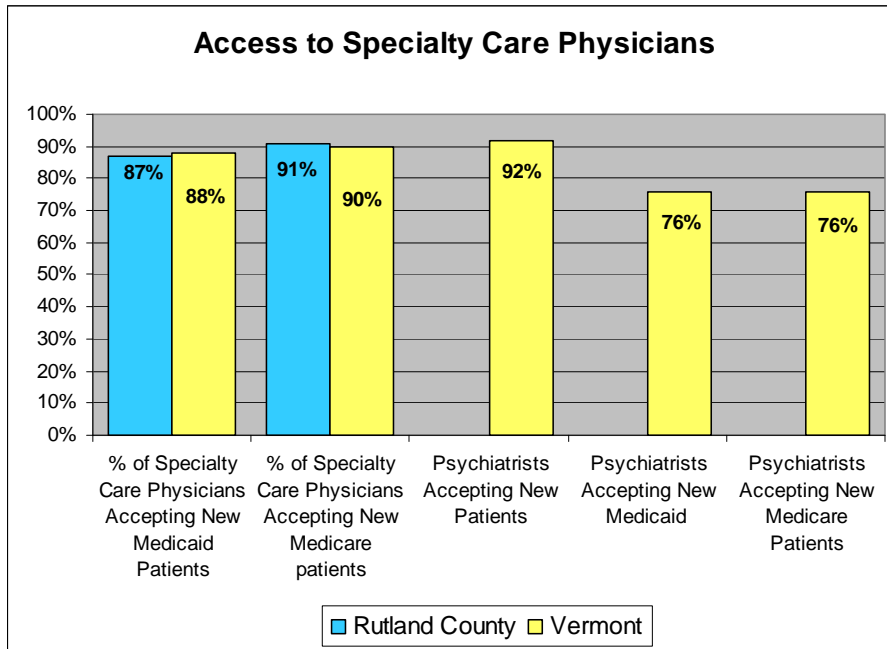


Sources:

- Adults with Usual Primary Care Provider and Health Insurance: Health Status of Vermonters, Appendix, 2008, Vermont Department of Health, page 3, 2001 – 2005 data
- Primary Care Provider’s Accepting Medicaid/Medicare Patients: Vermont Physician Survey, Statistical Report, 2006, page 41

Inadequate Specialty Care Access

- **Many Rutland County low income or elderly residents do not have access to Specialty Physician Care, particularly specialty physician mental health care:**
 - **In 2006, 87% of Rutland County Specialty Care Physicians (e.g., Cardiologists, Oncologists, Orthopedists, etc.) said they accepted new Medicaid patients (1% lower than Vermont) and 91% accepted new Medicare patients (1% higher than Vermont).** Thus, about one in eight Rutland County Specialty Care Physicians did not accept new Medicaid patients and one in eleven specialists did not accept new Medicare patients in 2006.
 - **In 2006, 8% of Vermont Psychiatrists were not taking any new patients at all,** and about one in four (76%) of the 95.2 FTE Psychiatrists in Vermont did not accept new Medicaid or Medicare patients.



Source: Vermont Physician Survey, Statistical Report, 2006, pages 40 - 41

Higher Rate of Hospitalization for 13 of 14 Conditions That Could Be Treated by a Primary Care Provider

- Hospitalization rates for Ambulatory Care Sensitive Conditions (ACS) that could be treated in a physician's office, if primary care was received in a timely manner, are one indication of a need for increased access to and/or use of primary care services.
 - In 2006, Rutland County was ranked worst among 10 counties in Vermont, for:
 - **Dehydration** (improved somewhat since 2002 but still ranked worst in 2006)
 - **Adult Asthma** (worsened since 2002)
 - **Lower Extremity Amputation** (worsened since 2002)
 - In 2006, Rutland County was ranked 2nd or 3rd among 10 counties in Vermont, where 1 is worst for:
 - **Chronic Obstructive Pulmonary Disease** (improved since 2002)
 - **Bacterial pneumonia** (much worse since 2002)
 - **Urinary Tract Infection** (worsened since 2002)
 - **Congestive Heart Failure** (somewhat improved since 2002)
 - **Long term complications of diabetes** (slightly worsen since 2002)
 - **Uncontrolled diabetes** (somewhat worse since 2002)
 - **Hypertension** (no change since 2002)
 - In 2006, Rutland County was ranked 5th and 6th among 10 counties in Vermont, where 10 is best for:
 - **Short term complications of diabetes** (improved somewhat since 2002)
 - **Perforated appendix** (improved somewhat since 2002)
 - **Angina** (improved greatly since 2002)
 - In 2006, Rutland County was ranked 9th, among 10 counties in Vermont, where 10 is best, **Low Birth Weight Babies**. This is improved from 2002.

Source: The Vermont Health Care Quality Report, Vermont Quality Program in Healthcare (VQPHC), 2008

**Ambulatory Care Sensitive Condition Hospitalization Rates
In Vermont and Rutland County
2002 – 2006**

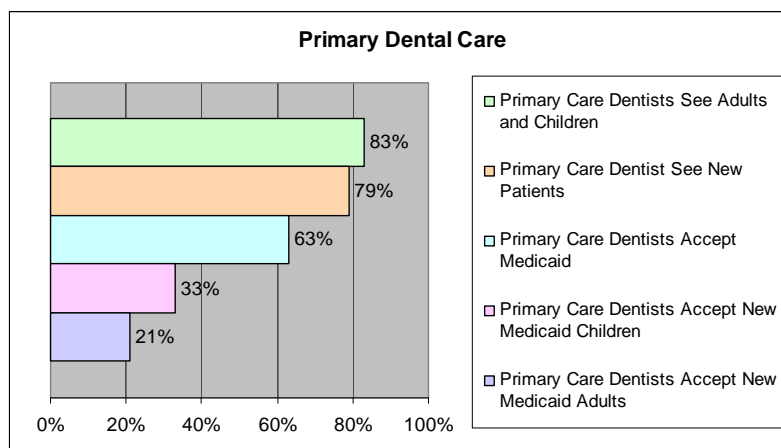
Prevention Quality Indicator	Rutland 2002	Rutland 2006	County Rank 1=worst	Direction Of RC Rates from '02 to '06	Vermont 2002	Vermont 2006	Direction of VT Rates from '02 – '06
Diabetes Short Term Complications	38.7	29.9	5	↓	34	31	↓
Perforated Appendix	34.6	28.7	5	↓	31.6	25	↓
Diabetes Long Term Complications	88.8	99.3	3	↑	83	75	↓
COPD	291.3	206.8	2	↓	217.1	160	↓
Hypertension	19.4	19.6	3	↔	10.9	11	↔
CHF	299.5	265.5	3	↓	309.7	220	↓
Low Birth Weight	7	3.8	9	↓	5.3	5	↔
Dehydration	116.1	100.3	1	↓	75.8	50	↓
Bacterial Pneumonia	379.1	513.9	3	↑	319.4	350	↑
UTI	93.9	137.3	3	↑	91.1	100	↑
Angina	83.4	41.6	6	↓	82.4	38	↓
Uncontrolled Diabetes	8.8	12.8	3	↑	5	6.4	↔
Adult Asthma	122.3	140.2	1	↑	57.9	60	↔
Lower Extremity Amputation	36.3	52.3	1	↑	33.5	28	↓

Total Number Rates	Rutland County	Vermont
↑ Have increased	6	2
↓ Have decreased	7	8
↔ Stayed the same	1	4

Source: The Vermont Health Care Quality Report, Vermont Quality Program in Healthcare (VQPHC), 2008

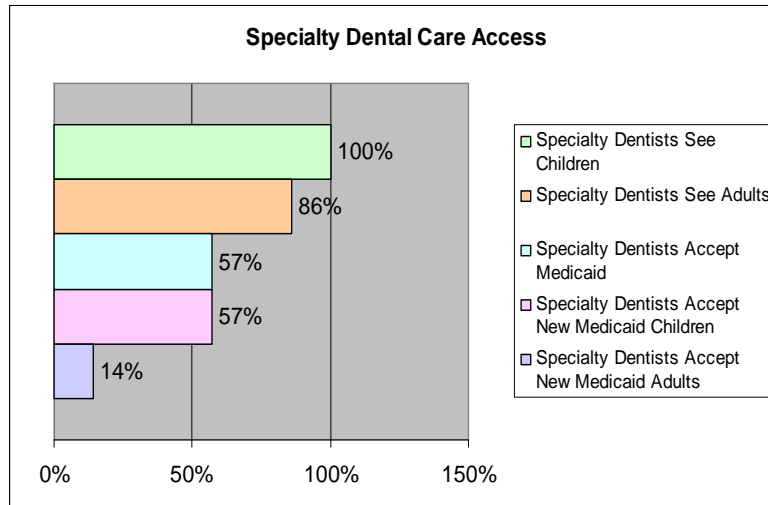
Inadequate Access to Dental Care

- **An increasingly high proportion of low income residents in Rutland County do not have access to preventive, primary or specialty dental care:**
 - **Annually, only 3 out of 4 Rutland County adults (74%) use any dental care services.**
Source: Health Status of Vermonters, Appendix, 2008, Vermont Department of Health, page 9
 - In 2000, **only 56% of Vermont residents had optimally fluoridated water**, much lower than the 2010 national goal of 75%.
Source: Health Status of Vermonters, 2008, Vermont Department of Health, page 22)
 - In 2003, although Rutland County had a slightly higher ratio of primary care dentist FTEs to 100,000 population than Vermont (37.18 vs. 36.62), **only 36% of Rutland County primary care dentists and 63% of specialty dentists accepted 2 or more Medicaid patients a month, similar to Vermont at 35% and 64%, respectively.**
Source: Vermont Dentist Survey, Statistical Report, 2003, page 34
 - In 2008, a telephone survey of Rutland County primary care dentists revealed that of the 21 dentists surveyed, among a total of 24 dentists contacted:
 - 83% see adults and children
 - 79% accept new patients
 - 63% accept Medicaid
 - 33% accept new Medicaid children (and one would accept if the patient was a longstanding patient)
 - 21% accept new Medicaid adults (and one would accept if the patient was a longstanding patient)



Source: Telephone Survey of Rutland County Primary Care Dentists, 2008, See Appendix B

- A 2008 telephone survey of Rutland County specialty care dentists, including periodontists, orthodontists, endodontists, and oral surgeons, showed that of the 7 specialty care dentists interviewed, among a total of 7 specialty care dentists:
 - 100% see children
 - 86% see adults
 - Only 57% accept Medicaid
 - Only 57% accept new Medicaid children
 - Only 14% accept new Medicaid adults



Source: Telephone Survey of Rutland County Specialty Care Dentists, 2008, See Appendix B

Adequate Access to Hospital Facilities

- Rutland County’s current capacity of hospital beds is only slightly lower than the national rate of 33 beds per 10,000 people. Rutland County has 188 licensed hospital beds, or 30 beds per 10,000 people (188 beds / 63,400 people or 30 beds).
Source: Rutland Regional Medical Center and Henry J. Kaiser Foundation

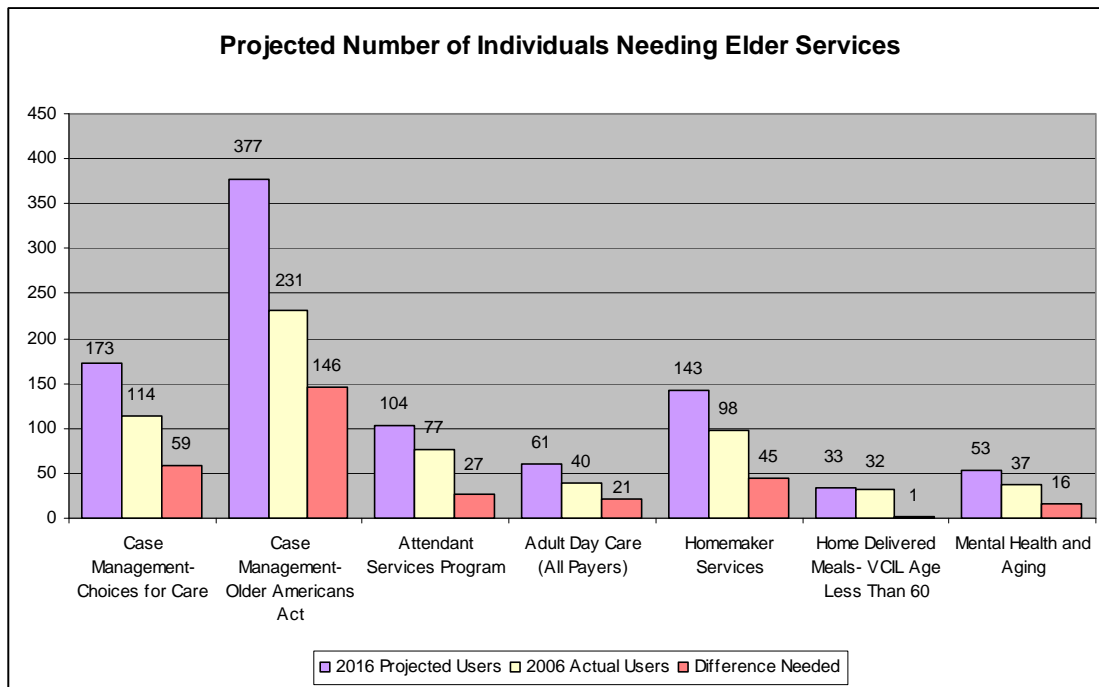
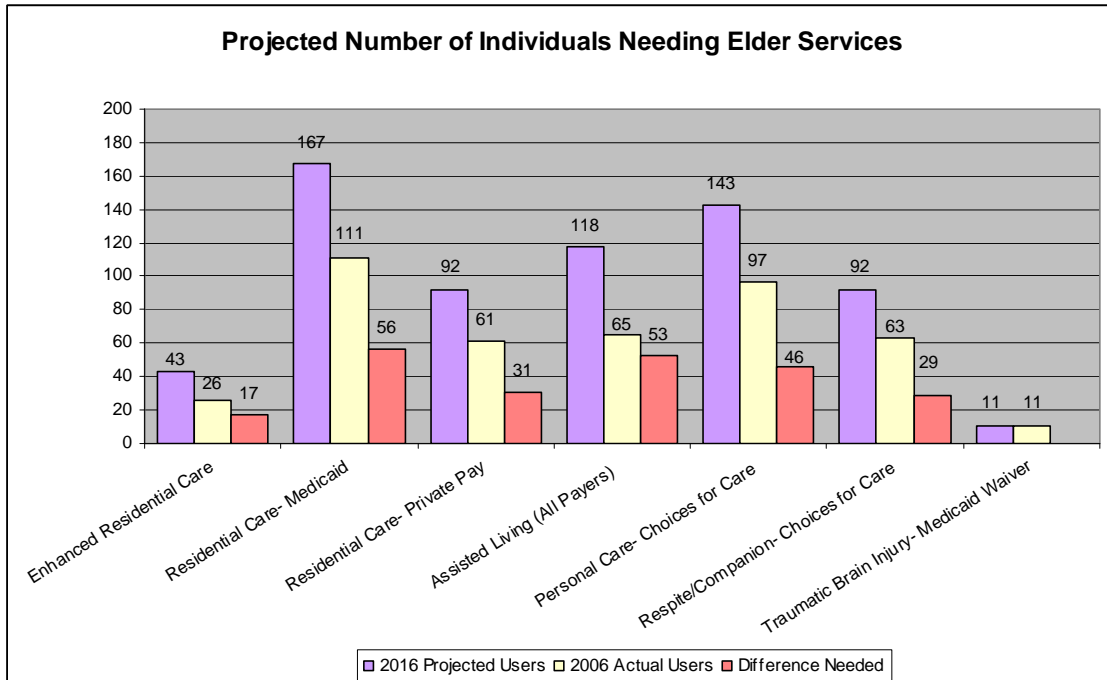
Adequate Access to Nursing Homes

- In 2006, Rutland County exceeded the 2016 VT target goal of 43.1 nursing facility beds per 100 disabled people 18+ years of age. Since the number of elderly and disabled persons is expected to grow, **“0” nursing home beds will need to be reduced from now until 2016.**
Source: Shaping the Future of Long Term Care and Independent Living, State of Vermont 2006 – 2016, Department of Disabilities, Aging and Independent Living, Vermont Agency of Human Services, May 2007, page 16

Increasing Need for Community Based Elder Services

- In 2007, to reach the statewide goal of a more balanced long term care system; there was a **need to increase of 33 elder HCBS participants** (Source: page 18, see reference on next page). Addition of the PACE program is expected to greatly increase community based elder service options for the County’s low-income elderly population.
- **The demand for community based elderly services is expected to increase.** By the year 2016, to serve its increasing older population, Rutland County will need to increase its capacity for services at almost all levels of elderly care, **to serve additional individuals needing care:**

Service	Additional Elders Needing Services 2006 - 2016
Enhanced Residential Care	17
Medicaid Residential Care	56
Private Pay Residential Care	31
Assisted Living, all payers	53
Personal Care, Choices for Care	46
Respite Companion Choices for Care	29
Traumatic Brain Injury, Medicaid	0
Case Management, Choices for Care	59
Case Management Older Americans Act	146
Attendant Services Program	27
Adult Day Care, all payers	21
Homemaker Services	45
Home Delivered Meals, VCIL Age Less Than 60 Years	1
Mental Health and Aging	16



Source: Shaping the Future of Long Term Care and Independent Living, State of Vermont 2006 – 2016, Department of Disabilities, Aging and Independent Living, Vermont Agency of Human Services, May 2007, pages 16, 18, 29-1, and 29-2

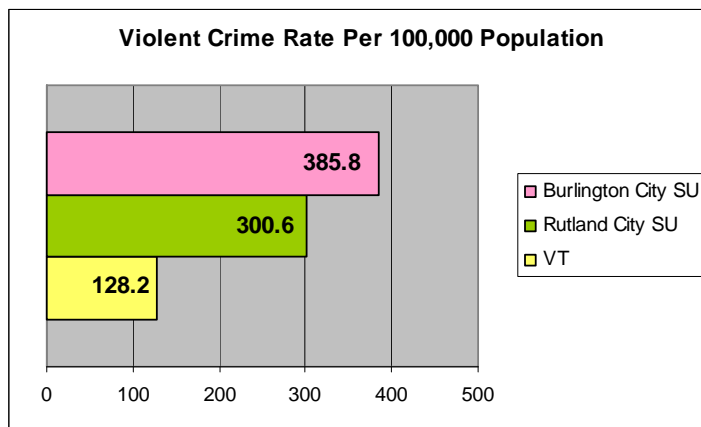
3. QUALITY OF LIFE

Civic Engagement is Low and Declining

- **In 2006, proportionally fewer of the eligible population in Rutland City School District voted in the previous general election (only 46.2%) than Vermont as a whole (53.6%).** Voting rates have been declining in Vermont and Rutland City School District since 1988 when 60.7% and 54.4% of the eligible population voted in the previous general election, respectively. Source: 2007 Community Profile for the Community Served by Rutland City School District, Vermont Agency of Human Services Planning Division, page 3, based on 2006 data

City Violent Crime Lower Than Burlington

- **In 2006, Rutland City Supervisory Union’s violent crime rate (300.6) was much higher than Vermont (128.2), but much lower than the Burlington City School District (385.8).**



Source: 2007 Community Profile For the Community Served by Rutland City and Burlington City School Districts, Vermont Agency of Human Services, Planning Division, page 36, based on 2006 data

Shortage of Affordable Housing

- **Rutland County is reported to have an acute shortage of affordable housing, as in Vermont,** which exceeds the national average for “severe housing burden,” defined as a household spending 50% of its income for housing and utilities.

Source: Understanding Vermont, Vermont Community Foundation, 2007, based on “The New England Rental Market,” Federal Reserve Bank of Boston, 2007

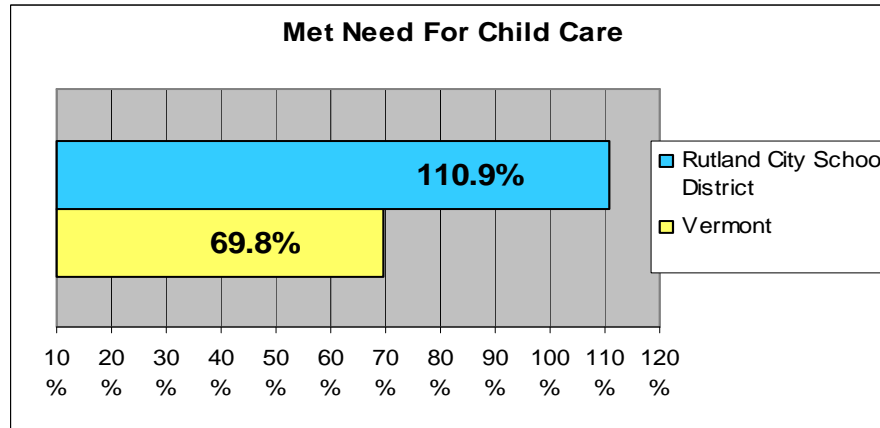
Inadequate Food Supply

- **Nine percent of Rutland County and Vermont residents do not have an adequate food supply** or adequate funds to purchase food, the same as Vermont, but higher than the Healthy Vermonters 2010 goal of 6%.

Source: Health Status of Vermonters, Appendix 2008, Vermont Department of Health, page 9, based on 2001 – 2004 data

Adequate Childcare Supply

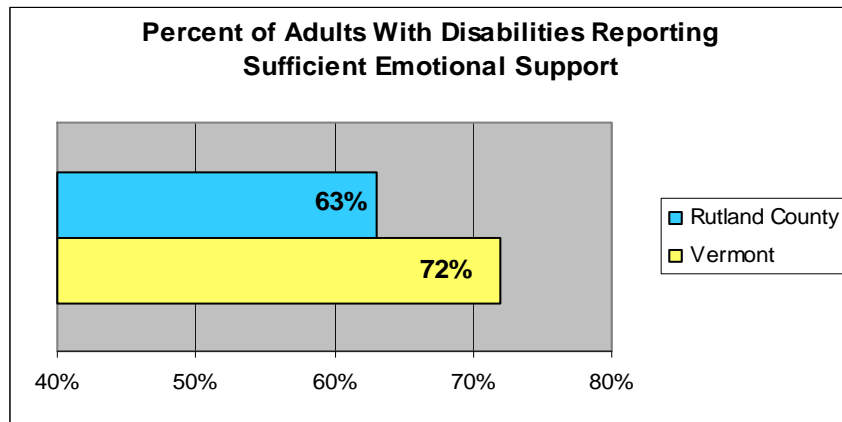
- Families in Rutland City School District that need child care in order to work are able to find it, with a proportionally greater supply of childcare slots than the State of Vermont (110.9% vs. 69.8% of slots available as a percent of estimated need). However, based on the low proportion of childcare capacity in Vermont as a whole, families living in rural areas of Rutland County may not find an adequate supply of childcare slots to meet their needs.



Source: 2007 Community Profile For the Community Served by Rutland City School District, Vermont Agency of Human Services, Planning Division, page 37, based on 2007 data. Method: Slots are estimated by capacity figures as of summer of the named year. For 1998-2002, based on estimates of the number of two-earner and working single parent households, need was estimated at 55% of the population aged 0-12 years. Sources: Ad Hoc Task Force on Child Care, Investing in Vermont’s Future: Strategies for Strengthening Vermont’s Child Care Infrastructure, 1995, Vermont Department for Children and Families.

Inadequate Support for Disabled Adults

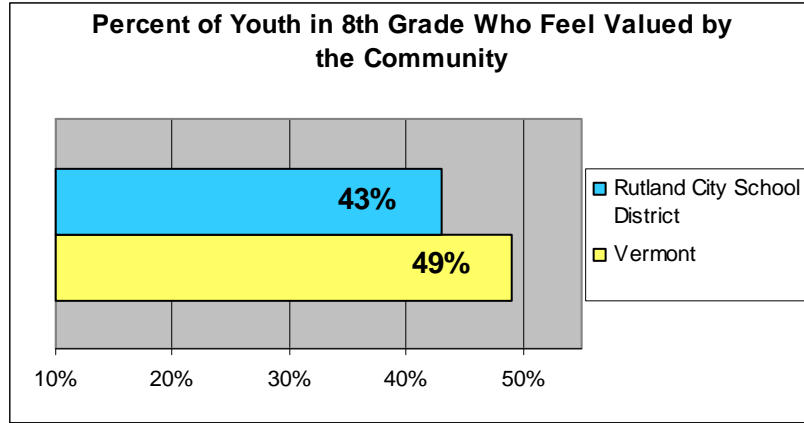
- Rutland County’s proportion of adults with disabilities reporting sufficient emotional support is *significantly worse than statewide* (63% vs. 72%), and much lower than the Healthy Vermonters 2010 goal of 79%.



Source: Health Status of Vermonters, Appendix, 2008, Vermont Department of Health, page 4, based on 2001 – 2005 data

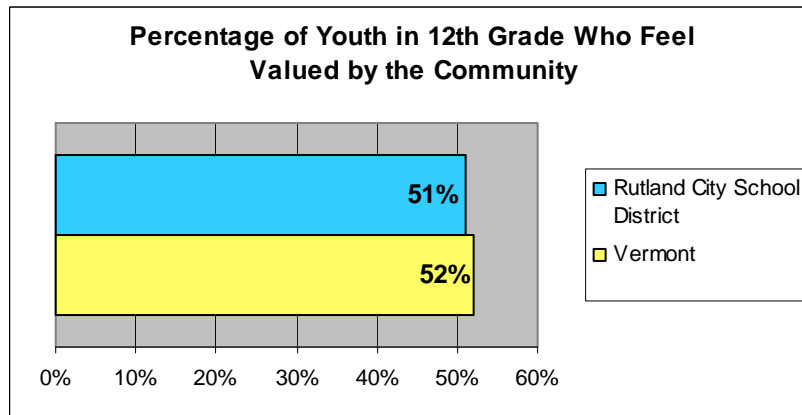
Youth Feeling Valued Improves from 8th to 12th Grade

- Fewer Rutland City School District 8th grade youth feel valued in their community than in Vermont as a whole (43% vs. 49%).



Source: 2007 Community Profile For the Community Served by Rutland City School District, Vermont Agency of Human Services, Planning Division, page 34, based on 2007 data

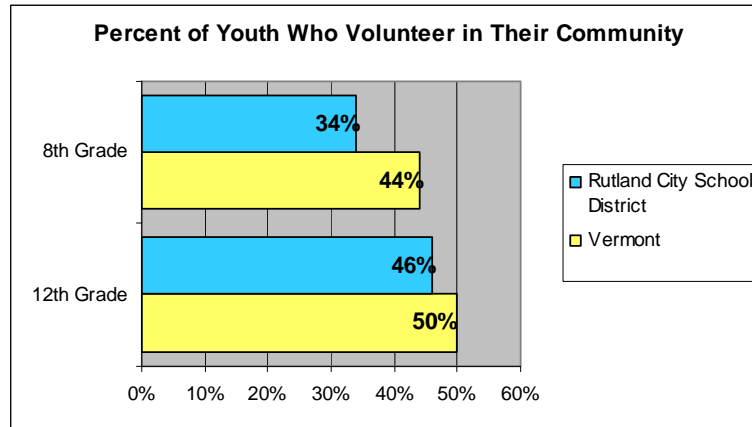
- However, by the 12th grade, Rutland County youth are equally as likely to feel valued as their Vermont peers (51% vs. 52%).



Source: 2007 Community Profile For the Community Served by Rutland City School District, Vermont Agency of Human Services, Planning Division, page 34, based on 2007 data

Youth Less Likely to Volunteer

- Compared to Vermont, Rutland County 8th grade youth are much less likely to volunteer in their community (34% vs. 44%) and 12th grade youth are slightly less likely to volunteer (46% vs. 50%).

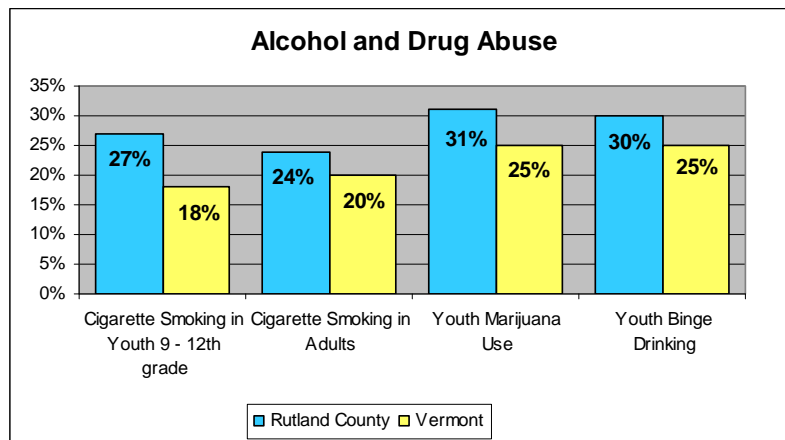


Source: 2007 Community Profile For the Community Served by Rutland City School District, Vermont Agency of Human Services, Planning Division, page 17, based on 2007 data

4. HEALTHY LIFESTYLES

High Substance Abuse Rates

- **Rutland County smoking, alcohol and drug abuse rates are very high:**
 - **In 2005, cigarette smoking rates among both Rutland County youth and adults were significantly worse than statewide; 27% of Rutland County youth smoke, significantly higher than 18% in Vermont, and even higher than the national year 2010 goal of 16%. Twenty-four percent of Rutland County adults smoke, significantly higher than Vermont (20%), and much higher than the 2010 Healthy Vermonters 2010 goal of 12%.**
 - **In 2005, Rutland County had a higher illegal marijuana use rate than the state (31% vs. 25%), which is much higher than the Healthy Vermonters 2010 goal of 0.7.**
 - **Rutland County youth are also more likely to binge drink than their statewide counterparts (30% vs. 25%), much higher than the Healthy Vermonters 2010 goal of 3.2%.**



Sources:

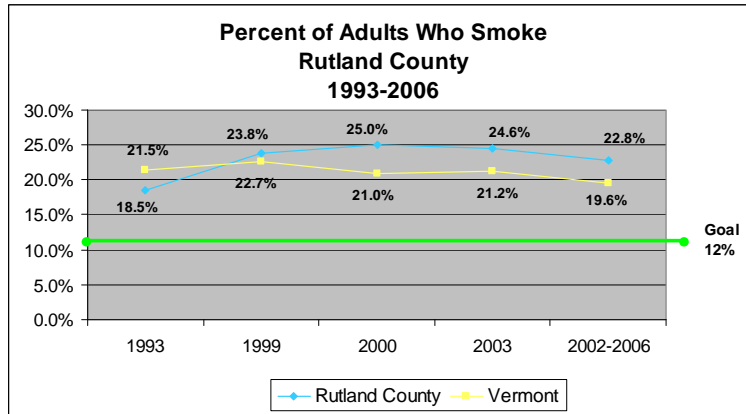
- Youth Cigarette Smoking and Binge Drinking: Health Status of Vermonters, Appendix, 2008, Vermont Department of Health, pages 3 and 11, based on 2005 data
 - Adult Smoking and Youth Marijuana Use: Ibid., based on 2001 – 2005 data
 - Note: 2007 Youth Risk Behavior data includes 8th graders, so it is lower than rates cited above and was not used, since sources selected were significance tested versus Vermont.
- **Rutland County is considered a “hot spot” for underage drinking and youth marijuana use.** Rutland County has one of the 4th highest youth marijuana use rates in Vermont and the County’s underage drinking rate is one of the two highest in Vermont. This is in a state that leads the nation for the highest percentage of youth (ages 12-17 who initiate the use of marijuana and ranking fourth in the nation for teens 12 – 17 years who drank alcohol in the last 30 days. In Vermont, alcohol was a major factor in 56% of

all motor vehicle deaths involving people between 15 – 20 years of age, ranking Vermont the highest in the nation.

Source: Understanding Vermont, Vermont Community Foundation, page 14, based on 2005 data

Trends in Adult and Youth Smoking and Drinking

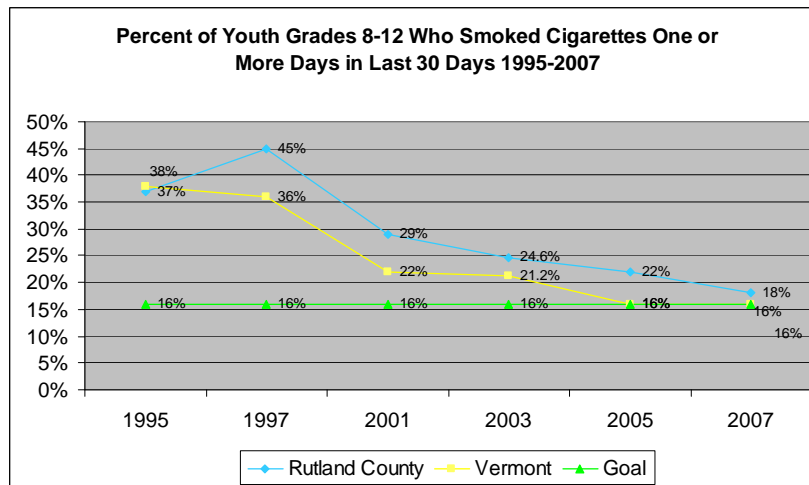
- **Adult Smoking:** Since 1999, adult smoking in Rutland County has been consistently higher than the state of Vermont.



Sources:

- 1993 – 2003 data: Rutland Region Health Status Indicators, Rutland Partnership for Health and the James T. Bowse Community Health Trust, Revised 12/04
- 2002 – 2006 data: 2007 Community Profile For the Community Served by Rutland City School District, Vermont Agency of Human Services Planning Division, page 26

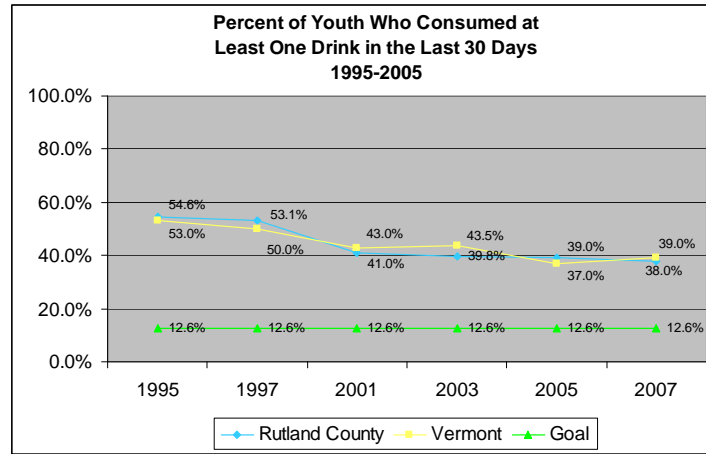
- **Youth Smoking:** Since 1995, youth smoking rates have declined in Vermont and Rutland County. However, in most years since 1997, youth smoking in Rutland County has been consistently higher than the state of Vermont.



Sources:

- 1995 – 2003 data: Rutland Region Health Status Indicators, Rutland Partnership for Health and James T. Bowse Community Health Trust, Revised 12/04
- 2005 and 2007 data: 2007 Vermont Youth Risk Behavior Survey, Vermont Department of Health, page 33 and Vermont Youth Risk Behavior Survey for Rutland County, page 27

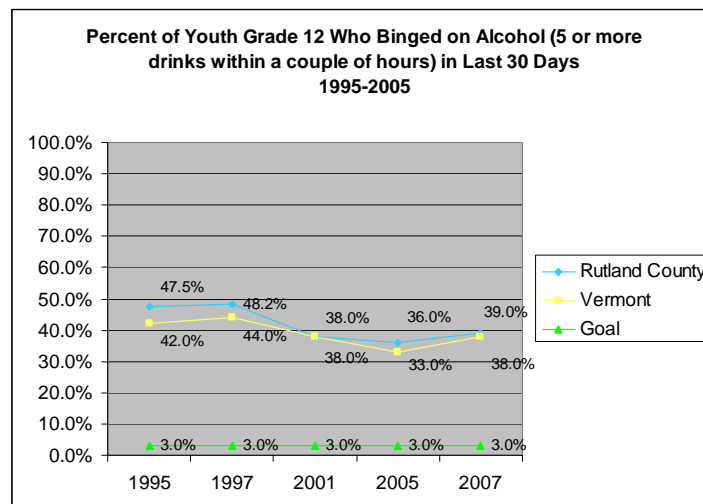
- **Youth Drinking:** From 1995 to 2007, youth drinking rates have declined in Vermont and Rutland County from a high of 54.6% in 1995 to a low of 38% in 2007. During this period, youth drinking rates in Rutland County have been similar to the State of Vermont.



Sources:

- 1995 – 2003: Rutland Region Health Status Indicators, Rutland Partnership for Health and James T. Bowse Community Health Trust, Revised 12/04
- 2005 and 2007: 2007 Vermont Youth Risk Behavior Survey for Vermont page 25, and 2007 Vermont Youth Risk Behavior Survey for Rutland County, page 21

- **Youth Binge Drinking:** From 1995 to 2007, 12th grade binge drinking rates have declined among 12th grade students in Vermont and Rutland County from a high of 47.5% in Rutland County in 1995 to a low of 39.0% in 2007. However, except for 2001, 12th grade binge drinking rates in Rutland County have been higher than for Vermont youth.



Sources:

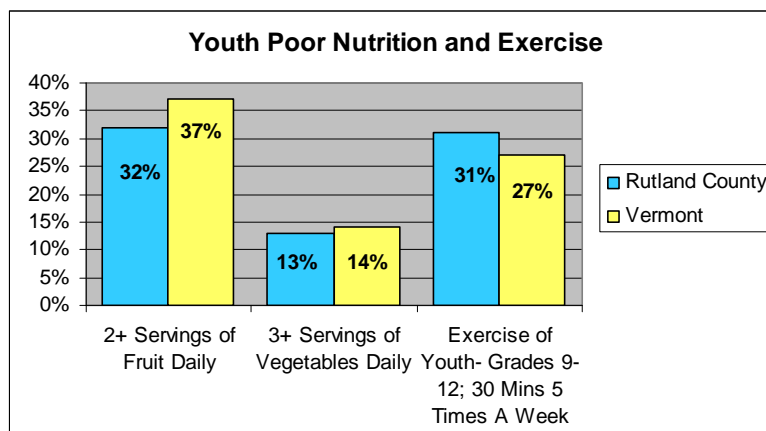
- 1995 – 2001 data: Rutland Region Health Status Indicators, Rutland Partnership for Health and James T. Bowse Community Health Trust, Revised 12/04
- 2005 and 2007 data: 2007 Vermont Youth Risk Behavior Survey, page 27 and 2007 Vermont Youth Risk Behavior Survey for Rutland County, page 21

High Rates of Obesity And Overweight

- **Compared to Vermont, Rutland County adults are *significantly worse than statewide***, in terms of eating 2 or more servings of fruit a day (35% vs. 39% eat this amount). They are also less likely than Vermonters as a whole to eat 3 or more servings of vegetables a day (28% vs. 31% in Vermont), and are less likely to exercise at recommended levels (54% vs. 5% for VT).
Source: Health Status of Vermonters, Appendix, Vermont Department of Health, 2008, page 10
Adult Fruit and Vegetable Consumption is based on 2002, 2003, and 2005 data
Adult Exercise is based on 2001 – 2005 data

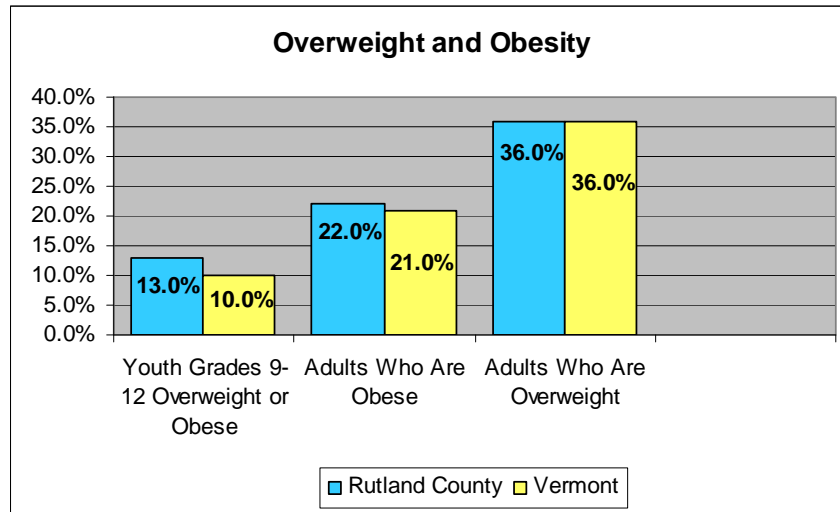
- **Proportionally fewer Rutland County youth engage in healthy nutrition than in Vermont and both are worse than the Healthy Vermonters 2010 goal.** In Rutland County:
 - Only 32% of youth eat 2 or more servings of fruit a day vs. 37% in Vermont (Healthy Vermonters 2010 goal is 75%)
 - Only 13% of youth eat 3 or more servings of vegetables a day vs. 14% in Vermont (Healthy Vermonters 2010 goal is 50%)

- **Proportionally more youth exercise regularly than in Vermont, but both exercise less than the Healthy Vermonters 2010 goal.** Thirty-one percent (31%) of Rutland County youth exercise regularly versus 27% in Vermont. (Healthy Vermonters 2010 goal is 35%)



Source: Health Status of Vermonters, Appendix, 2008, Vermont Department of Health, page 10, based on 2005 data

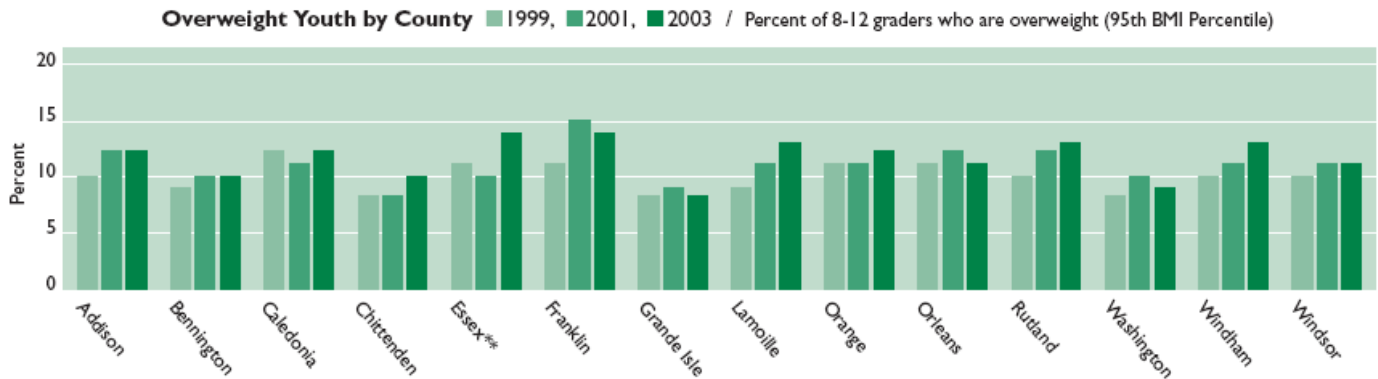
- **Overweight and obesity are significant negative health issues for Rutland County youth and adults.**
 - **Thirteen percent of Rutland County youth are overweight or obese**, compared to 10% for Vermont, both higher than the Healthy Vermonters 2010 goal of 5%.
 - **Over one in five Rutland County adults are obese (22%) and over a third are overweight (36%), similar to Vermont.** Therefore, 58% of adults in Rutland County are either overweight or obese!



Sources:

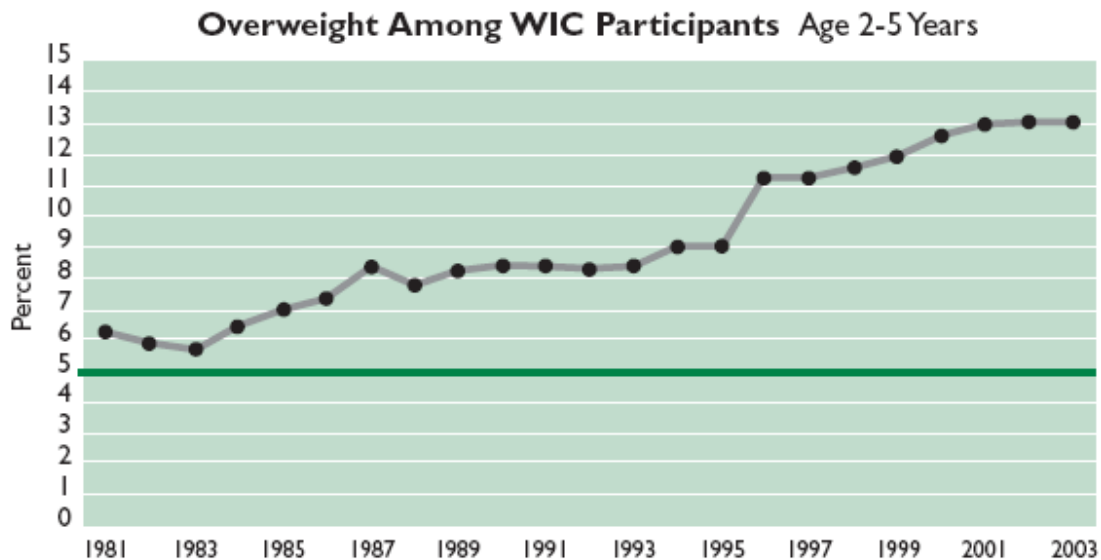
- Youth Overweight or Obese: Health Status of Vermonters, Appendix, 2008, Vermont Department of Health, page 9, based on 2005 data
- Adult Obese or Overweight Age 18+ years: Vermont Department of Health, based on 2005–2007 BRFSS data provided by Jason Roberts on 6/4/08

- **The percent of Rutland County youth in grades 8 – 12 who are overweight or obese (95th BMI percentile) increased from 10% in 1999 to 13% in 2003.** All Counties in Vermont are significantly worse than the Healthy Vermonters 2010 goal of 5% overweight/obese by the year 2010.



Source: Obesity and Health Status Report, 2006, Vermont Department of Health, page 10

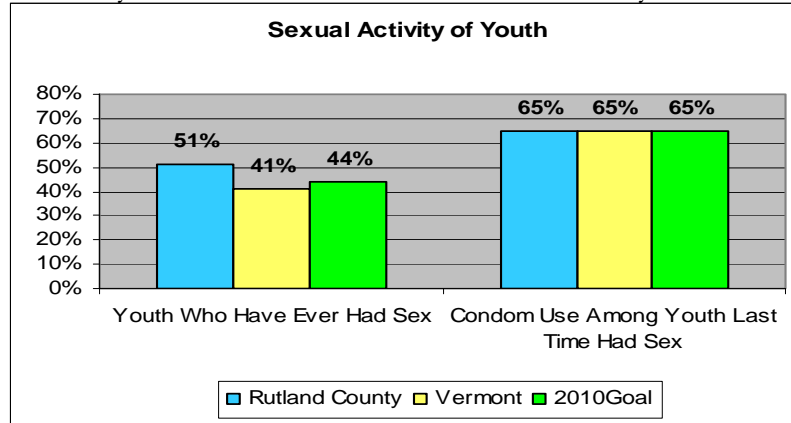
- **The prevalence of overweight among WIC participants aged 2 – 5 years in Vermont has more than doubled between 1981 and 2002.** Many children who are overweight have high cholesterol and blood pressure levels, risk factors for heart disease. Nationally, there is an alarming increase in the incidence of type 2 diabetes. In Vermont, 53% of children ages 2 – 5 years participate in the WIC program.



Source: Obesity and Health Status Report, 2006, Vermont Department of Health, page 11

High Levels of Youth Sexual Activity

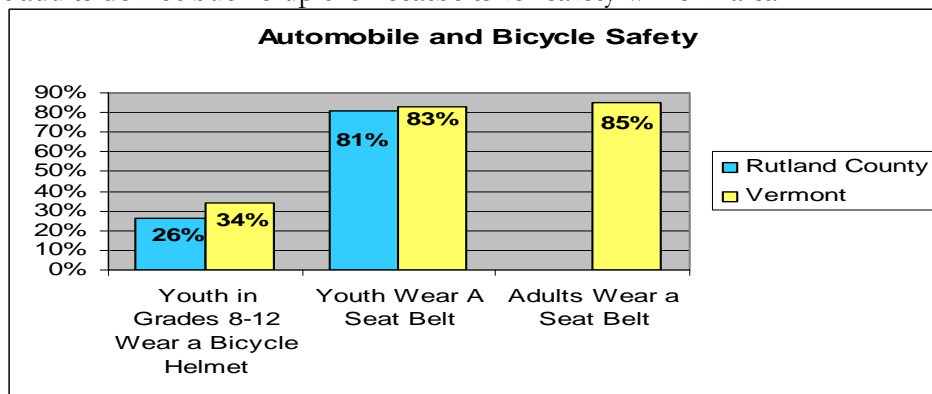
- The percent of youth who have had sex is *significantly higher* in Rutland County (51%) than Vermont (41%) and the 2010 goal (44%). Among sexually active youth, rates of condom use in Rutland County and Vermont are the same as the Healthy Vermonters 2010 goal (65%).



Source: Health Status of Vermonters, Appendix, 2008, Vermont Department of Health, page 5, based on 2005 data

Bicycle and Auto Safety Are Not Ideal

- **Bicycle helmet use among Rutland County is lower than Vermont.** Only 26% of Rutland County youth grades 8 – 12 always or almost always wear a helmet while riding a bike, compared to 34% of all Vermont youth.
- **Similar to Vermont, seatbelt use in Rutland County is not universal** among adults and youth when they are driving. Almost one in five youth in Rutland County and over one in seven Vermont adults do not buckle-up their seatbelts for safety while in a car.



Sources:

- Bicycle Helmets: 2007 Vermont Youth Risk Behavior Survey Report, page 15 and 2007 Vermont Youth Risk Behavior Survey Report for Rutland County, page 11, both are 2007 data
- Adult Seat Belts: Health Status of Vermonters, Appendix, 2008, Vermont Department of Health, page 8, 2001 – 2005, County data is not available
- Youth Seat Belts: Health Status of Vermonters, Appendix, 2008, Vermont Department of Health, page 8, 2005 data

5. ENVIRONMENT

Excellent Air Quality

- **Rutland County meets the national air quality standards** for carbon monoxide, nitrogen dioxide, sulfur dioxide, ozone, particulate matter and lead. One hundred percent of all public facilities in Rutland County and in Vermont are designated smoke-free.

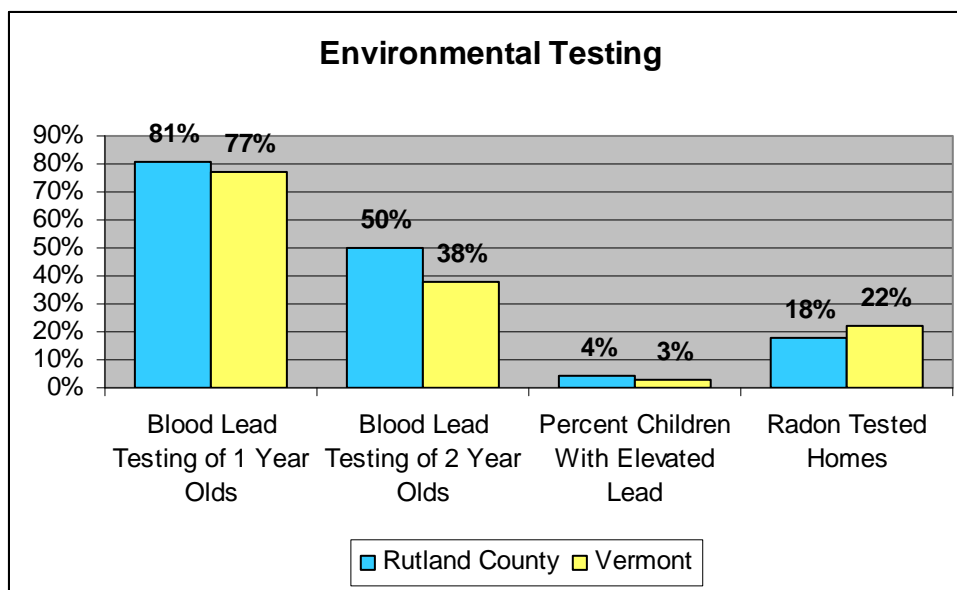
Source: Community Health Status Report, Rutland County Vermont, 2008, based on EPA, AIRSData, 2006

Excellent Rates of Child Blood Lead Testing

- **Blood lead testing among Rutland County children ages one and two years is significantly better than statewide.** For one year olds, 81% in Rutland County have been blood lead tested, versus 77% for Vermont. For two year olds, 50% in Rutland County have been tested versus 38% for Vermont. Possibly due to a higher rate of blood lead testing, the percent of children under 5 years old with elevated blood lead levels is higher in Rutland County than Vermont (4% vs. 3%).

Poor Rates of Radon Testing

- **The proportion of adults living in radon-tested homes is proportionately lower in Rutland County than in Vermont** (18% vs. 22%) and lower than the Healthy Vermonters 2010 goal of 20%.



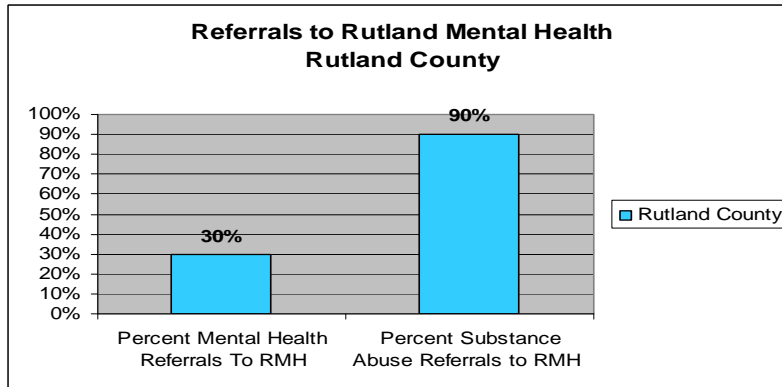
Source: Health Status of Vermonters, Appendix, 2008, Vermont Department of Health, page 5 - 6

- Blood Lead data: 2004-2006
- Radon data: 2000-2004

6. MENTAL HEALTH

Inadequate Mental Health Service Capacity

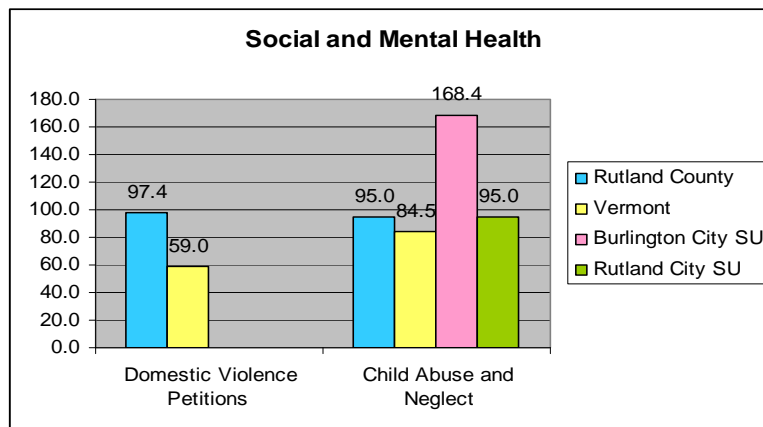
- Data indicates that only **30% of mental health calls are referred to Rutland Mental Health, due to a “lack of mental health services.”** Comparatively, 90% of substance abuse referrals are made to RMH.



Source: Enhancing Outpatient Acute Mental Health Services in Rutland County, Rutland Regional Partnership for Family Services, 2007, page 5

Higher Rates of Domestic Violence and Child Abuse and Neglect

- The rate of Court petitions for relief from domestic violence is disturbingly greater for **Rutland County** than Vermont (97.4 vs. 59.0).
- The rate of child abuse and neglect is somewhat higher for the **Rutland City SU** than Vermont (95.0 vs. 84.5) but much less than **Burlington City SU** (168.4).



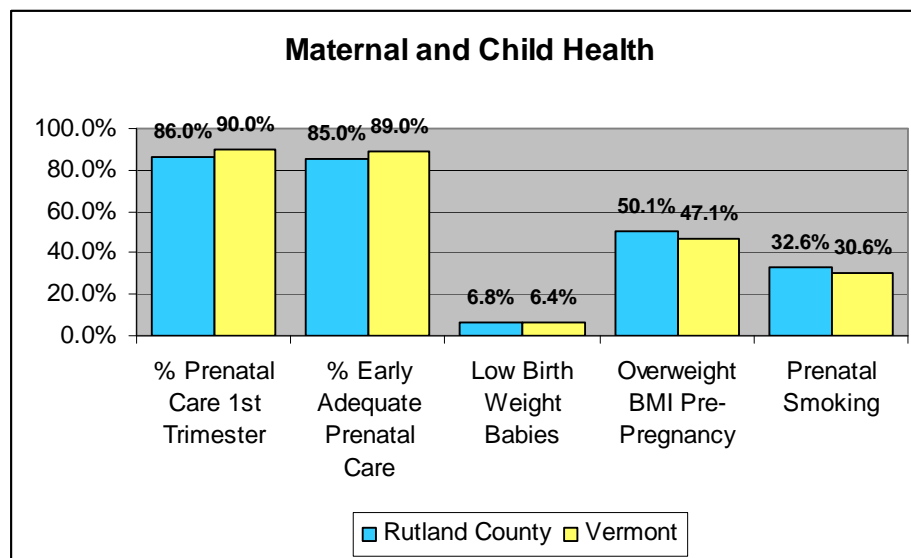
Sources:

- Domestic Violence: 2007 Community Profile, For the Community Served by Rutland City School District, Vermont Agency of Human Services, Planning Division, page 35
- Child Abuse and Neglect: Ibid, For the Community Served by Rutland City and Burlington City School Districts, pages 32 and 15, respectively

7. HEALTH STATUS

High Risk Maternal and Child Health Population

- The proportion of pregnant women receiving prenatal care in the first trimester and receiving early and adequate prenatal care is *significantly worse than Vermont*. Only 86% of Rutland County pregnant women received prenatal care in the first trimester, compared to 90% for Vermont. Only 85% of pregnant women in Rutland County received early and adequate prenatal care, compared to 89% for Vermont.
- Rutland County ranked 9th (of 10 counties, where 1 is best) in **overweight BMI pre-pregnancy (50.1% vs. 47.1%) and rates of prenatal smoking** in the last 3 months of pregnancy (32.6% vs. 30.6%). These risk factors may contribute to poor pregnancy outcomes, such as low birth weight births (6.8% in Rutland County vs. 6.4% for Vermont, which are higher than the national goal of 5.0%).



Sources:

- Prenatal Care First Trimester: Health Status of Vermonters, Appendix, 2008, Vermont Department of Health, page 8, 2003-2004 data
- Early and Adequate Prenatal Care, Ibid., 2002-2004 data
- Low Birth Weight Babies: Ibid., 2000-2004 data
- Overweight and Prenatal Smoking: Pregnancy Nutrition Surveillance, Centers for Disease Control, 2006, 2004 – 2006 data

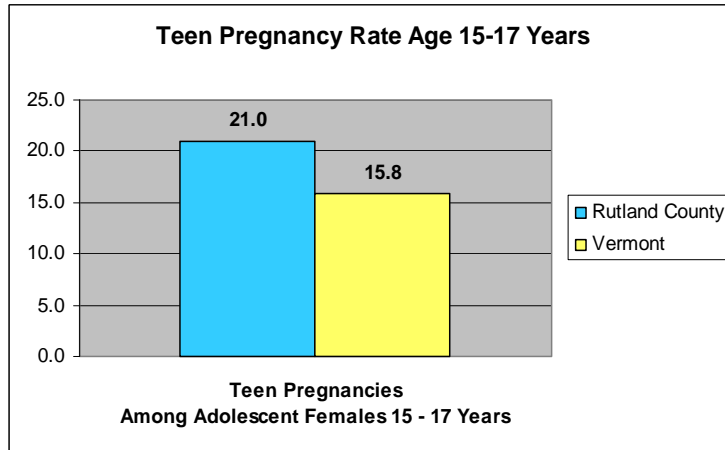
Teenage Pregnancy Declining But Needs Improvement

- In the 30-year period from 1972 to 2002, teen pregnancy rates declined in the United States from 62.4 to 42.3 per 1,000 teens 15 – 17 years. In 2000, Vermont had one of the

lowest teen pregnancy rates in the nation at 23.0 pregnancies per 1,000 teens 15 – 17 years, compared to 48.0 nationally.

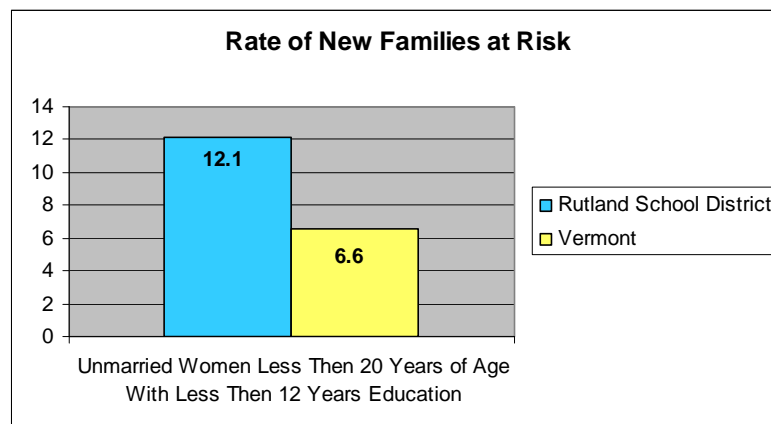
Source: US Teenage Pregnancy Statistics, National and State Trends and Trends by Race and Ethnicity, Guttmacher Institute, Updated September 2006, pages 6 and 11

- **The Rutland County teen pregnancy rate among 15 – 17 year olds is significantly worse than for Vermont (21.0 vs. 15.8).** However, both the Vermont and Rutland County teen pregnancy rates are significantly less than the national teen pregnancy rate and the Healthy Vermonters 2010 Goal of 43.0 teen births per 1000 adolescent females aged 15 – 17 years.



Source: Health Status of Vermonters, Appendix, 2008, Vermont Department of Health, page 8, 2000-2004 data

- Compared to Vermont, Rutland City School District has a **much higher rate of new families at risk**, defined as first births to unmarried women younger than 20 years of age who have less than 12 years of education (12.1 vs. 6.6).



Source: 2007 Community Profile, For the Community Served by Rutland City School District, Vermont Agency of Human Services, Planning Division, page 24

Comparing Rutland County to “Peer” or Demographically Similar Regions

- **Comparing Rutland County to demographically similar areas in the US, from 2000 – 2008, Rutland County has maintained or gained favorable status for:**
 - **Birth Measures:** Low/Very Low Birth Weight, Premature Births, Births to Teens, Infant Mortality, Neonatal Infant Mortality
 - **Death Measures:** Breast Cancer, Lung Cancer, Motor Vehicle Injuries, Unintentional Injuries, Colon Cancer, Coronary Heart Disease, and Stroke

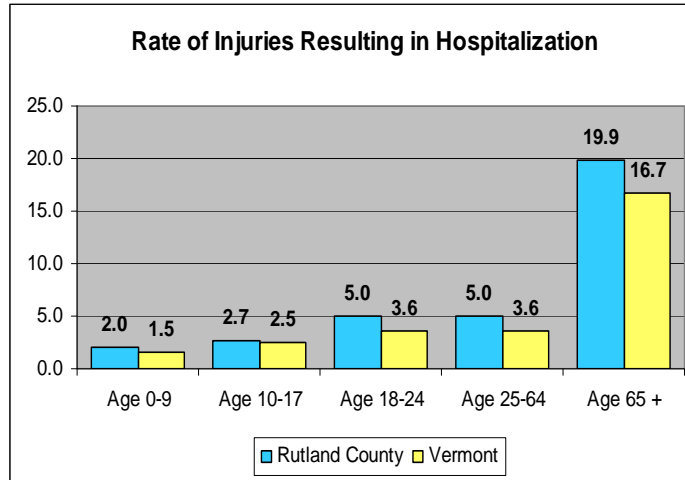
- **Comparing Rutland County to demographically similar areas in the US, from 2000 – 2008, Rutland County has maintained or gained an unfavorable status for:**
 - **Birth Measures:** Births to Mothers Over 40 Years of Age, Births to Unmarried Mothers, No Care In First Trimester, Post Neonatal Infant Mortality
 - **Death Measures:** Suicide, Homicide

Rutland County Measures of Birth and Death Compared to Demographically similar Counties		
Measure	Favorable 2000	Favorable 2008
Birth	Low/Very Low Birth Weight Premature Births Teen Mothers <18 Years No Care In 1 st Trimester	Low/Very Low Birth Weight Premature Births Teen Mothers <18 Years
Infant Mortality	Infant Mortality Post Neonatal Infant Mortality	Infant Mortality Neonatal Infant Mortality
Death	Breast Cancer Lung Cancer Motor Vehicle Injuries Unintentional Injuries	Breast Cancer Lung Cancer Motor Vehicle Injuries Unintentional Injuries Colon Cancer Coronary Heart Disease Stroke
Measure	Unfavorable 2000	Unfavorable 2008
Birth	Births to Mothers >40 Years Births to Unmarried Mothers	Births to Mothers >40 Years Births to Unmarried Mothers No Care in First Trimester
Infant Mortality	Neonatal Infant Mortality	Post Neonatal Infant Mortality
Death	Suicide Colon Cancer Stroke	Suicide Homicide

Source: Community Health Status Report, Rutland County, Vermont, 2000 and 2008, page 6 - 7, from National Center for Health Statistics, Vital Statistics Reporting Systems, 1993-1997 and 1999 – 2003

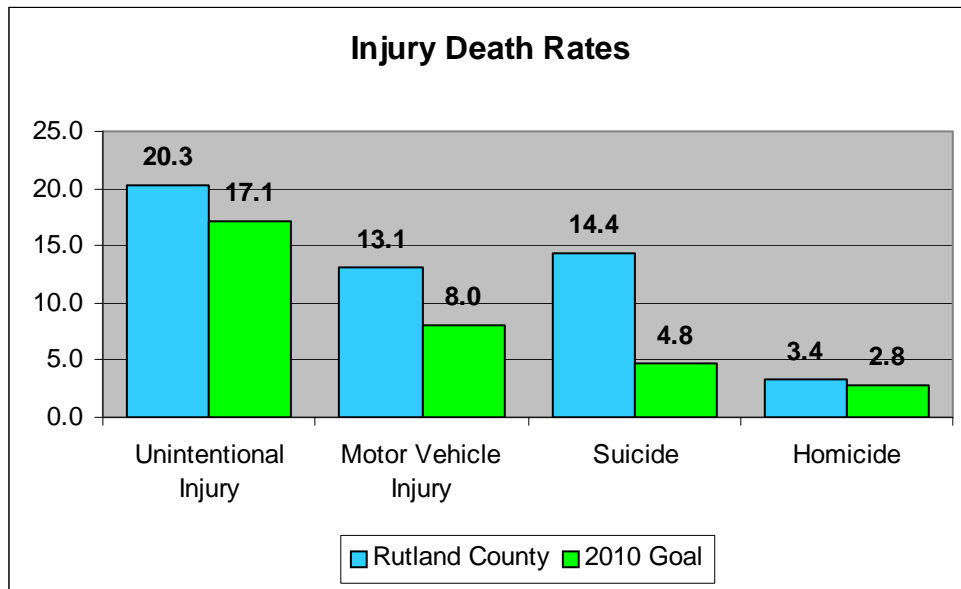
Injury, Suicide and Homicide Prevention Are Needed

- **Rutland County rates of injury that result in hospitalization are similar to Vermont for all youth under age 18 years, but are somewhat higher for all other age groups, particularly the elderly.**



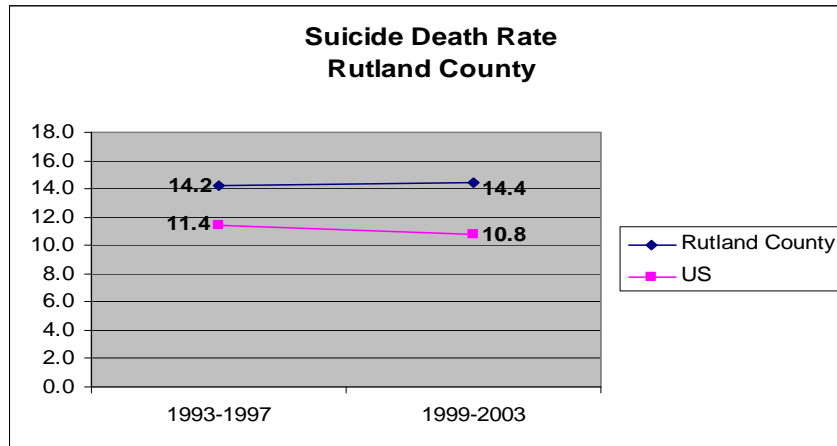
Source: 2007 Community Profile, For the Community Served by Rutland City School District, Vermont Agency of Human Services, Planning Division, pages 6, 20, 25, 26 and 31. Rates are per 1,000 population. Rates are based on 2005 data.

- **Rutland County injury death rates are higher than the national goals for unintentional injury (20.3 vs. 17.1), motor vehicle injury (13.1 vs. 8.0), suicide (14.4 vs. 4.8), and homicide (3.4 vs. 2.8).**



Source: Community Health Status Report, Rutland County, Vermont, 2008, page 6, from Vital Statistics Reporting Systems, 1999 – 2003, National Center for Health Statistics

- **Rutland County compares unfavorably to demographically similar counties in the US for its suicide and homicide rates.** Rutland County's suicide death rate has remained virtually unchanged since 1993 and is higher than the US rate and much higher than the Healthy Vermonter 2010 goal of 4.8 deaths per 100,000 population.



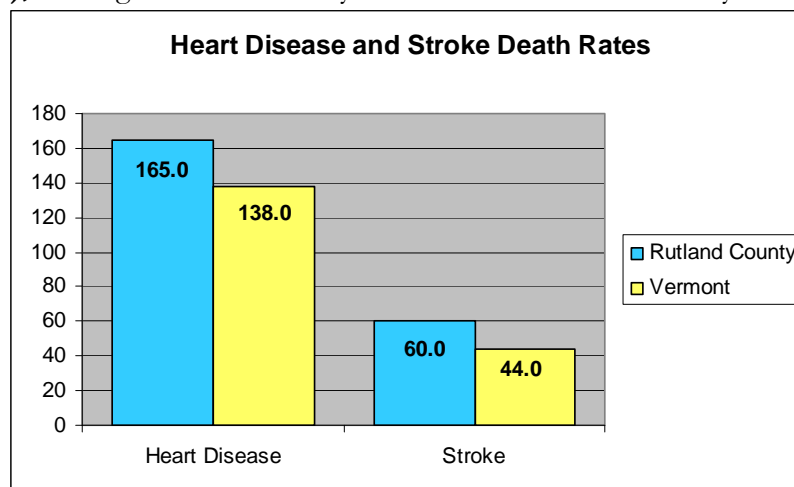
Source: Community Health Status Report, Rutland County, Vermont, 2000 and 2008, page 6, based on National Center for Health Statistics, Vital Statistics Reporting System data

Similar Heart Disease Death Rate

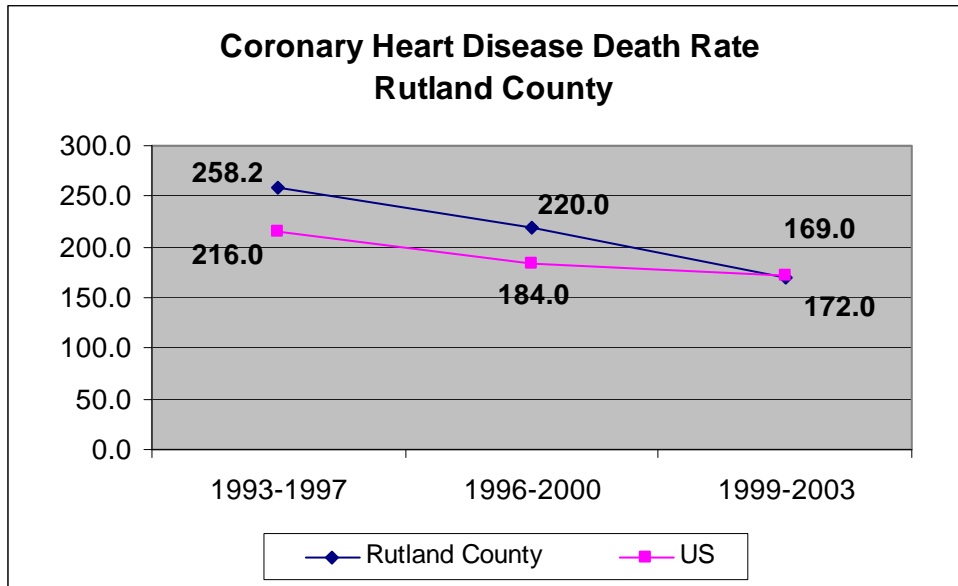
- Rutland County's coronary heart disease death rate is not significantly higher than Vermont (165.0 vs. 138.0) and has declined steadily since 1993.

Significantly Higher Stroke Death Rate

- Rutland County has a *significantly higher* stroke death rate than Vermont as a whole (60.0 vs. 44.0), although Rutland County's stroke death rate has steadily declined since 1993.

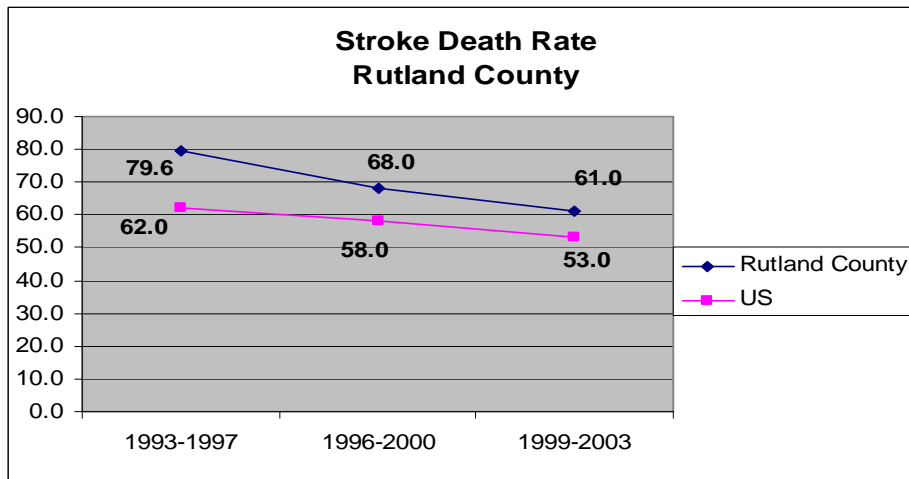


Source: Health Status of Vermonters, Appendix, 2008, Vermont Department of Health, page 6, based on 2000-2004 data



Sources:

- 1993-1997 and 1999-2003 data: Community Health Status Report, Rutland County, Vermont, 2000 and 2008, page 6
- 1996-2000 data: Rutland Region Health Status Indicators, Rutland Partnership for Health and James T. Bowse Health Trust, revised 12/04

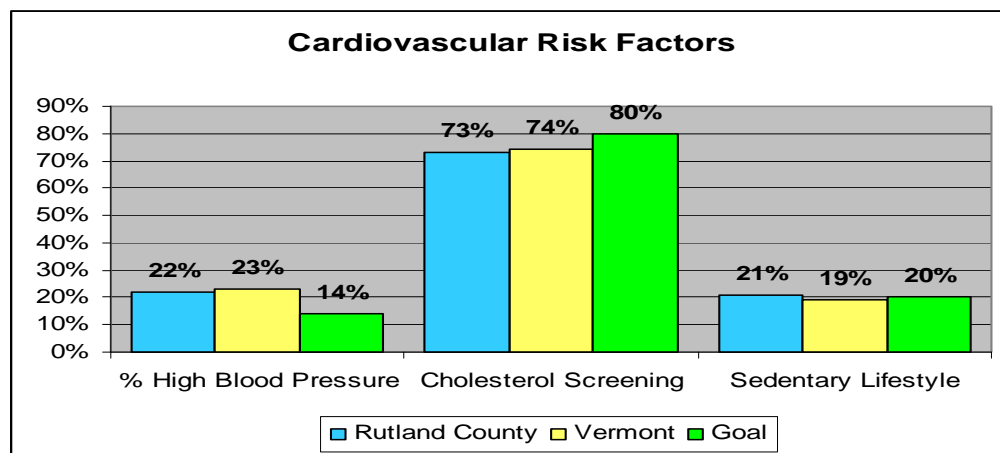


Sources:

- 1993 – 1997 and 1999-2003: Community Health Status Report, Rutland County, Vermont 2000 and 2008
- 1996-2000: Rutland Region Health Status Indicators, Rutland Partnership for Health and James T. Bowse Community Health Trust, revised 12/04

Cardiovascular Disease Prevention And Screening Measures Are Needed

- The proportion of adults in Rutland County with **high blood pressure**, a risk factor for heart disease and stroke, is similar to Vermont (22% vs. 23%), but higher than the Healthy Vermonters 2010 goal of 14%.
- Rates of **screening for cholesterol**, a risk factor for heart disease and stroke, are similar in Rutland County and Vermont (73% vs. 74%), but still below the Healthy Vermonters 2010 goal of 80% cholesterol screening.
- The proportion of the population in Rutland County living a **sedentary lifestyle**, a risk factor for heart disease and stroke, is higher than Vermont and the national goal (21% vs.19% for Vermont and the 20% goal.)

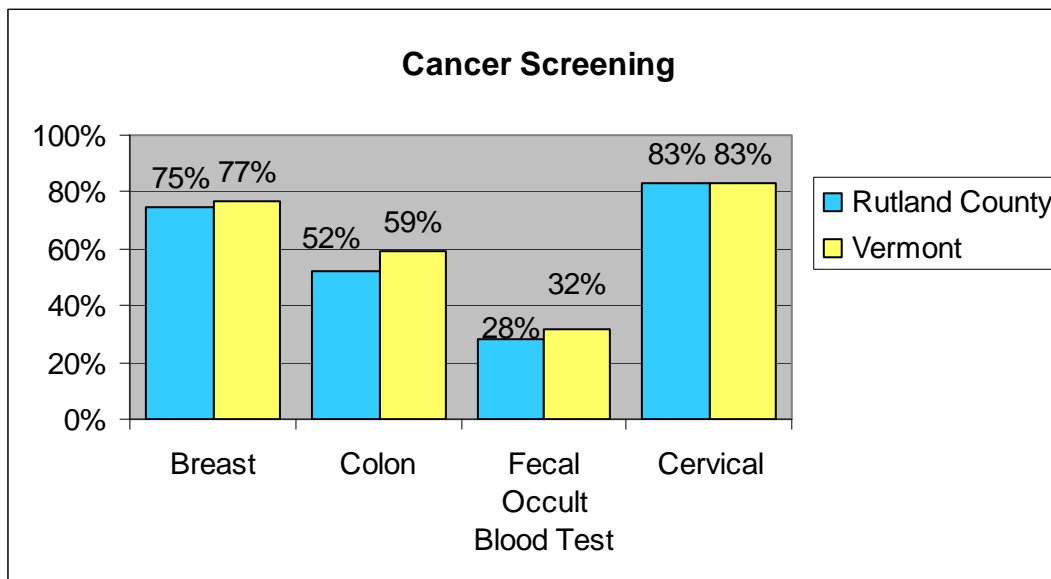


Source: Health Status of Vermonters, Appendix, 2008, Vermont Department of Health, p. 6

- High Blood Pressure: 2003, 2005 data
- Cholesterol Screening: 2001, 2003, and 2005 data
- Sedentary Lifestyle: 2001-2005 data

Cancer Screening Could Be Improved

- **Breast Cancer:** Breast cancer screening rates, every two years, of women over 40 years of age in Rutland County are **similar to Vermont** (75% vs. 77%), and actually higher than the Healthy Vermonters 2010 goal of 70% screening of women in this age group. However, this means that **one in four women for whom breast cancer screening is recommended are not receiving this potentially life saving test.**
- **Colon Cancer:** Colon cancer screening measures include a fecal occult blood test and/or sigmoidoscopy or colonoscopy procedures. The less invasive **fecal occult blood test screening rate in Rutland County is significantly worse than statewide** (28% vs. 32%). In Vermont and Rutland County, over half of residents aged 50+ years have ever had a sigmoidoscopy or colonoscopy (59% and 52%, respectively), which is higher than the Healthy Vermonters 2010 goal of 50%. The Vermont State Cancer Plan, Vermont Department of Health, reports that 83% of [eligible] patients are reportedly referred for colon cancer screening statewide, which is still lower than the 2010 goal of 91% referral. Thus, further education is required to reduce the stigma of colon cancer screening tests.
- **Cervical Cancer:** Cervical cancer screening rates, every three years, are the **same in Rutland County as in Vermont (83%)**, but are still lower than the Healthy Vermonters 2010 goal of 90%. Thus, over one in six women in Rutland County did not receive a Pap test in a 3-year period for a test that should be performed annually.

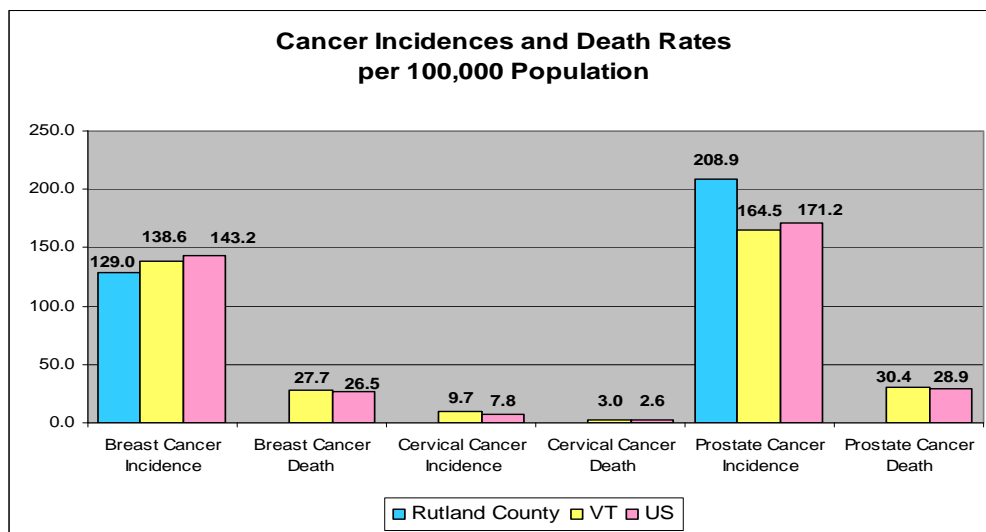


Source: Health Status of Vermonters, Appendix, 2008, Vermont Department of Health, page 4

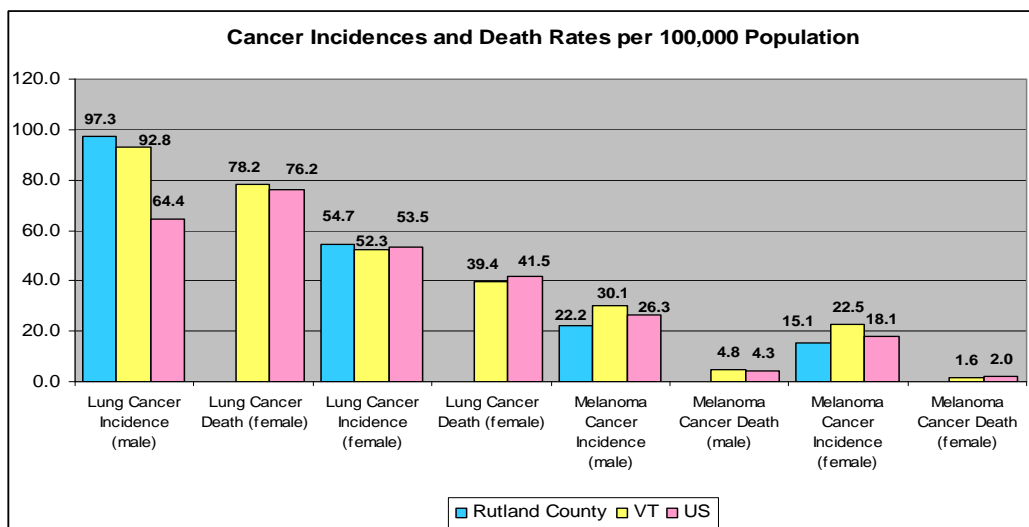
- Breast and Cervical Screening: 2002-2005 data
- Colon and Fecal Occult Blood Test: 2002, 2004 data

Cancer Is The Second Leading Cause of Death

- The Cancer incidence rates are similar in Rutland County and Vermont, except for prostate cancer.
 - There is no significant difference between Vermont and US rates of cancer incidence for breast, colorectal (male and female), lung (male and female) melanoma (male and female) cancer.
 - Prostate cancer incidence in Rutland County is worse than the Vermont rate (208.9 vs. 164.5) and the US rate (171.2). No data on prostate cancer screening was available, but this higher rate of prostate cancer incidence may be due to earlier, more aggressive prostate cancer screening in Rutland County.



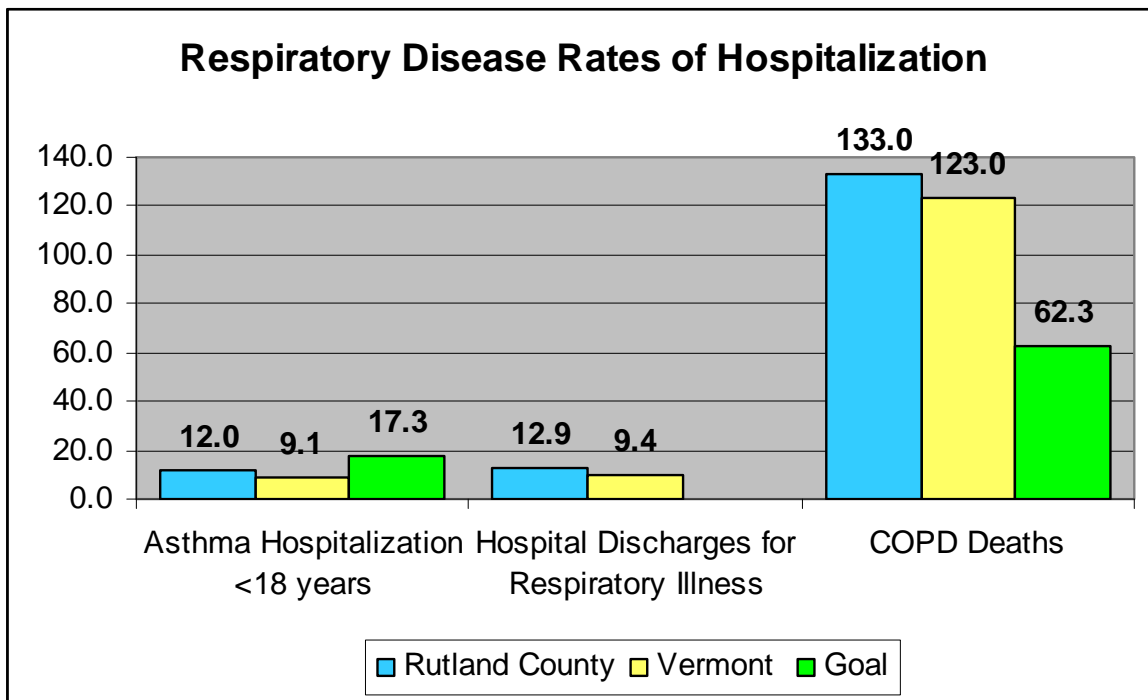
Sources: Cancer in Vermont, Vermont Department of Health, based on 1997-2001 data



Sources: Cancer in Vermont, Vermont Department of Health, based on 1997-2001 data

Immunization and Respiratory Disease Prevention Are Needed

- Although not significant, Rutland County has higher rates for asthma hospitalization of children less than 18 years than Vermont (12.0 vs. 9.1), but Rutland County and Vermont are better than the Healthy Vermonters 2010 goal of 17.3 per 10,000 children.
- Although not significance tested, rates of Rutland County hospital discharges for respiratory illness are somewhat higher than Vermont (12.9 vs. 9.4).
- The Rutland County rate of chronic obstructive lung disease deaths among adults 45 years and older is higher than Vermont and the Healthy Vermonters 2010 goal (133.0 in Rutland County vs. 123.0 for Vermont and 62.3, the year 2010 goal).



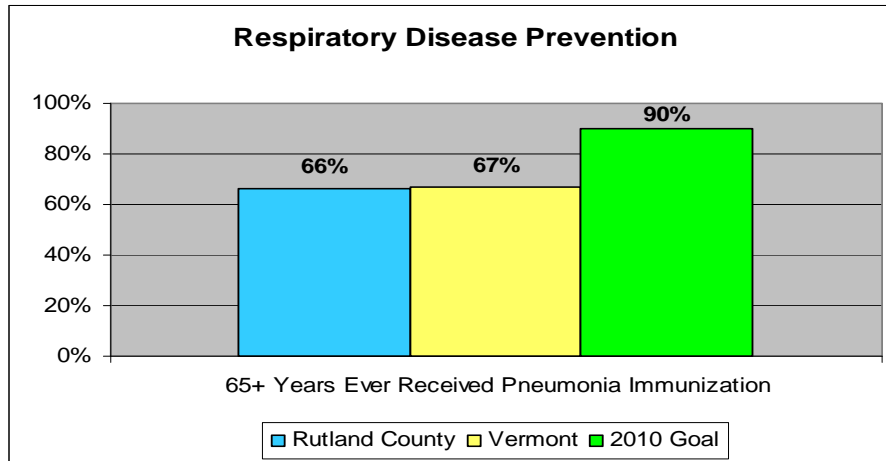
Sources:

- Asthma Hospitalization Rates: Health Status of Vermonters, 2008, Appendix, Vermont Department of Health, page 10, 2001-2005 data
- Hospital Discharges for Respiratory Illness: 2006 Vermont Inpatient Utilization Report, Age Adjusted Respiratory Discharges
- COPD Deaths: Health Status of Vermonters, 2008, Appendix, Vermont Department of Health, page 10, 2000-2004 data

- **Pneumonia/influenza hospitalization rates among adults 65+ years are not significantly different in Rutland County (13.9) than Vermont (16.1), but both are higher than the 2010 goal of 8.0 hospitalizations per 10,000 adults 65+ years.**

Source: Health Status of Vermonters Appendix, 2008, Vermont Department of Health, page 7, based on 2001-2005 data

- **Only 65% of Rutland County non-institutionalized seniors 65 years of age and older have ever received an immunization for pneumonia.** This is lower than the 90% goal for 2010, but similar to the State of Vermont (66%). Figures are similar for annual influenza immunizations among the vulnerable elderly population.



Source: Health Status of Vermonters, Appendix, 2008, Vermont Department of Health, page 7, based on 2001 – 2005 data

Diabetes is Increasing But Death Rates Are Better Than Statewide

- **In the last ten years, self-reported diabetes prevalence in Rutland County has increased from 5.1% to 7.2% of adults 18 years and older.**

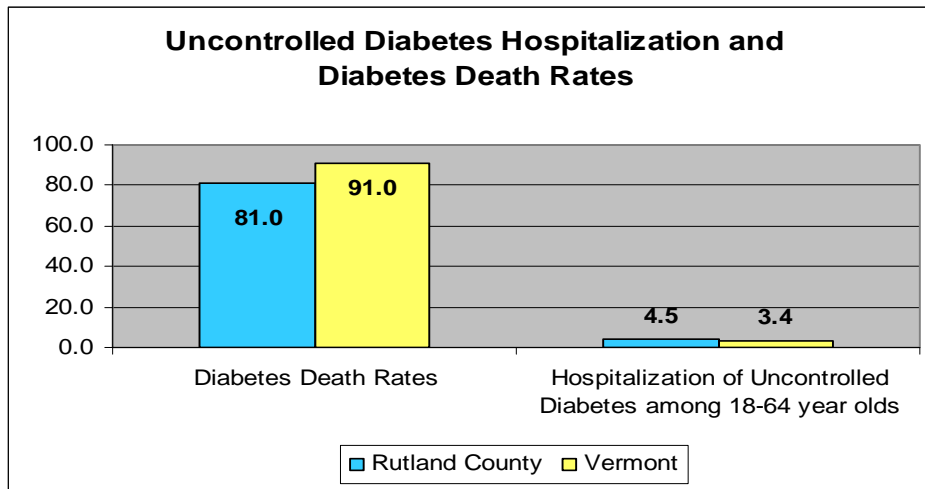
Source: 1996 – 2000: Health Status of Vermonters, Vermont Department of Health, page 14
2005 – 2007 Behavioral Risk Factor Surveillance System (BRFSS) data

- **Today, an estimated 3,500 adults living in Rutland County (7.2%) have been diagnosed with diabetes, not statistically significantly different from the State.**

Source: Vermont Department of Health, 2008, from the BRFSS 2005 – 2007

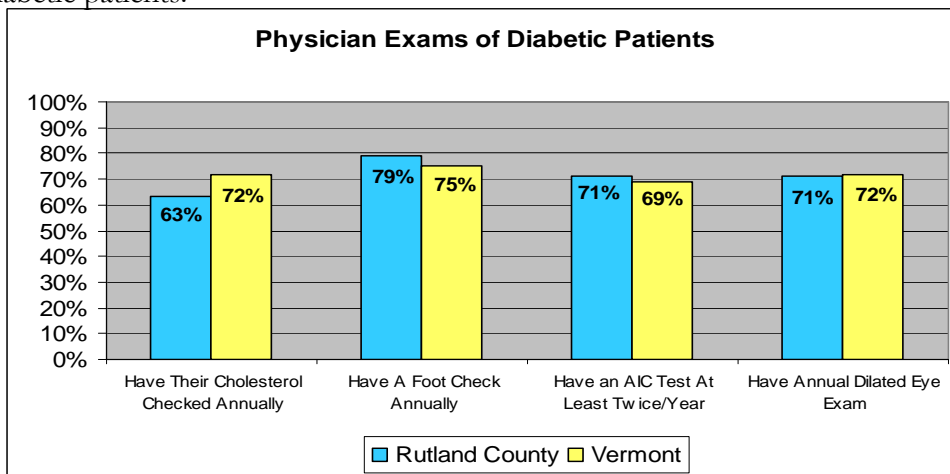
- **Rutland County diabetes death rates are *significantly better than statewide* (81.0 vs. 91.0), but worse than the Healthy Vermonters 2010 goal of 46.0 diabetes deaths per 100,000 people.**

- Hospitalization rates of uncontrolled diabetes, among 18 – 64 year olds, are not significantly different than Vermont (4.5 vs. 3.4) and both are better than the Healthy Vermonters 2010 goal of 5.4 hospitalizations per 10,000 people.



Source: Health Status of Vermonters, Appendix, 2008, Vermont Department of Health, page 5, Diabetes Death Rates based on 2000-2004 data and Hospitalization Rates based on 2001-2005 data.

- Diabetes screening efforts should be expanded:
 - The rate of annual physician cholesterol checks among Rutland County residents with diabetes is *significantly worse than statewide* (63% vs. 72%) and both are worse than the Healthy Vermonters 2010 goal of 75% annual cholesterol checks among diabetic patients.
 - The rate of annual physician foot checks among Rutland County residents with diabetes is *significantly better than statewide* (79% vs. 75%). However, both rates are worse than the Healthy Vermonters 2010 goal of 91% annual foot checks among diabetic patients.



Source: Health Status of Vermonters, Appendix, 2008, Vermont Department of Health, page 5
Annual Cholesterol Check: 2001, 2003, 2005 data
Annual Foot Check, Annual Dilated Eye Exam, A1C Test: 2001 - 2005

Immunization Could Reduce Vaccine Preventable Diseases

- **More aggressive immunization programs are needed for children in Rutland County** to meet the 2010 Healthy Vermonters 2010 goal. Although immunization rates of children under age 6 in Rutland County are somewhat higher than in Vermont (79% vs. 72%), but less than the 90% goal.

Source: Health Status of Vermonters, Appendix, 2008, Vermont Department of Health, page 7, based on

Disease	Rutland	VT Total	% of Total VT Cases	Disease	Rutland	VT Total	% of Total VT Cases
Bacterial Meningitis, Other	1	6	16.7%	Lyme dis. Imported	6	55	10.9%
Campylobacteriosis	7	155	4.5%	Lyme dis. Indigenous	10	83	12.0%
Chlamydia	103	1057	9.7%	Meningococcal inf.	1	5	20.0%
Cryptosporidiosis	6	47	12.8%	Rabies, animal	2	164	1.2%
Giardiasis	12	171	7.0%	Salmonellosis	8	83	9.6%
Gonorrhea	10	63	15.9%	Shigellosis	1	5	20.0%
Guillain Barre	1	3	33.3%	Strep, Gr. A inv.	4	18	22.2%
Hepatitis B, acute	2	5	40.0%	Strep, Gr. B inv.	1	2	50.0%
Hepatitis B, chronic	6	68	8.8%	Strep pneumo DRSP/Inv	3	18	16.7%
Hepatitis C, acute	1	9	11.1%	Strep pneumo (Inv)	4	60	6.7%
Hepatitis C, past/present	97	806	12.0%	VRE	15	146	10.3%
				Varicella	37	380	9.7%

Source: Vermont Department of Health, 2008

COMMUNITY SURVEY

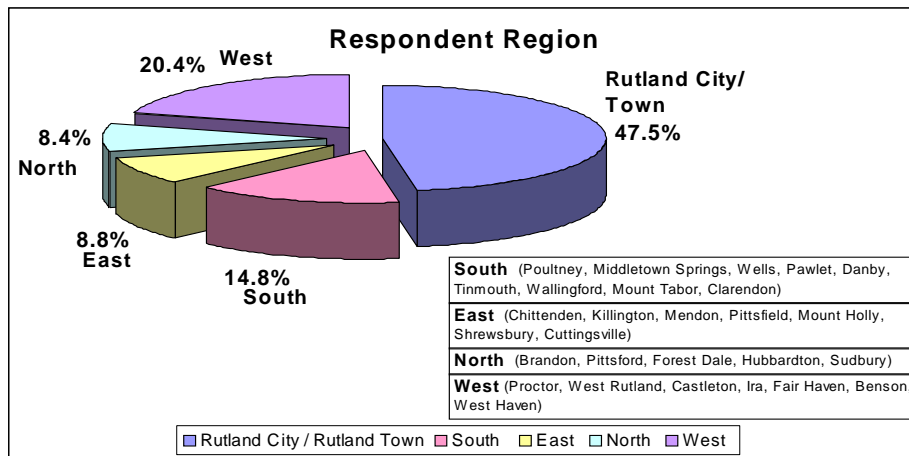
Methodology

In the fall of 2008, 501 adult consumers completed a brief health needs assessment survey. The survey was disseminated through a Web survey to area health and human service professionals (Survey Monkey), and paper surveys provided by volunteers to Rutland County residents attending the Rutland County Fair, consumers at the hospital, flu clinics, and Wal-Mart shoppers. (See Appendix).

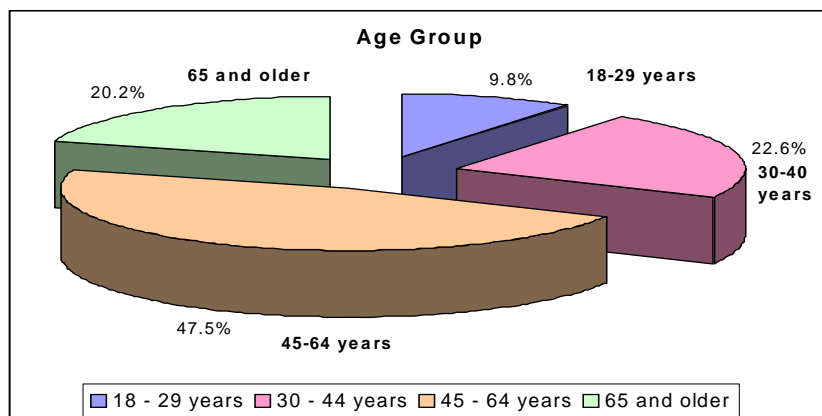
Respondent Characteristics

Respondents were asked to complete 3 demographic questions regarding residence, age and education.

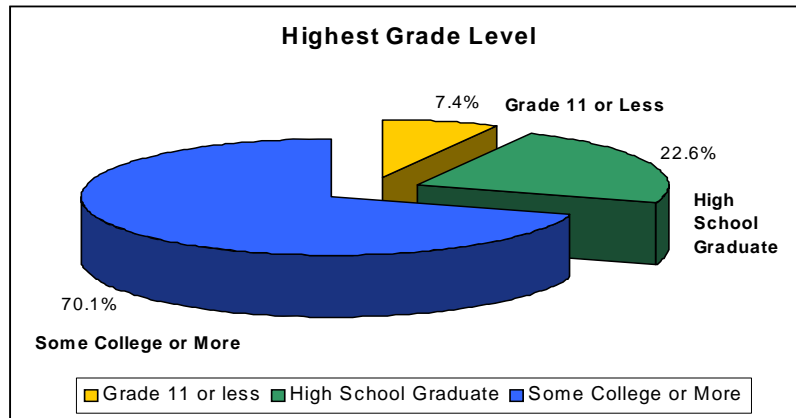
- **Residence:** The majority of people answering the survey were from Rutland City/Rutland Town (47.5%). The next largest group resided in the Western region of the County (20.4%), followed by the South (14.8%), East (8.8%) and North (8.4%).



- **Age:** Most respondents were adults 45 – 64 years old (47.3%), followed by 30 – 44 year olds (22.6%), elders 65 and older (20.2%), and young adults 18 – 29 years old (9.8%).



- **Education:** The vast majority of survey respondents had some college education or more (69.9%), followed by high school graduates (22.6%), and high school dropouts (7.4%).



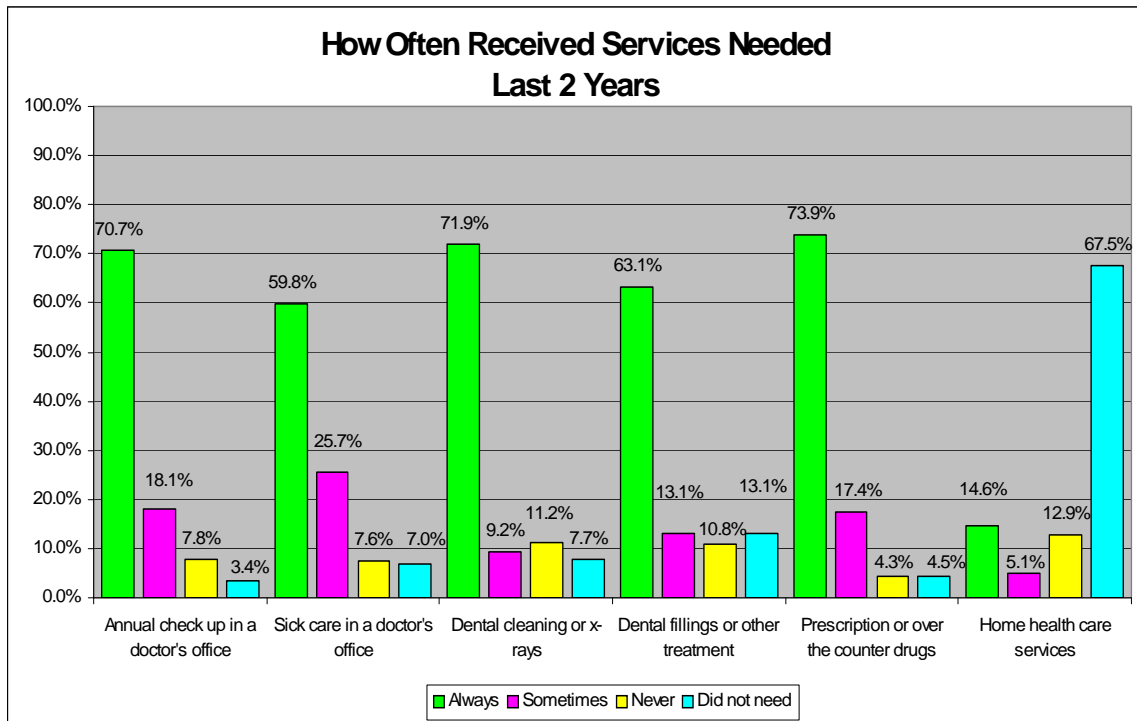
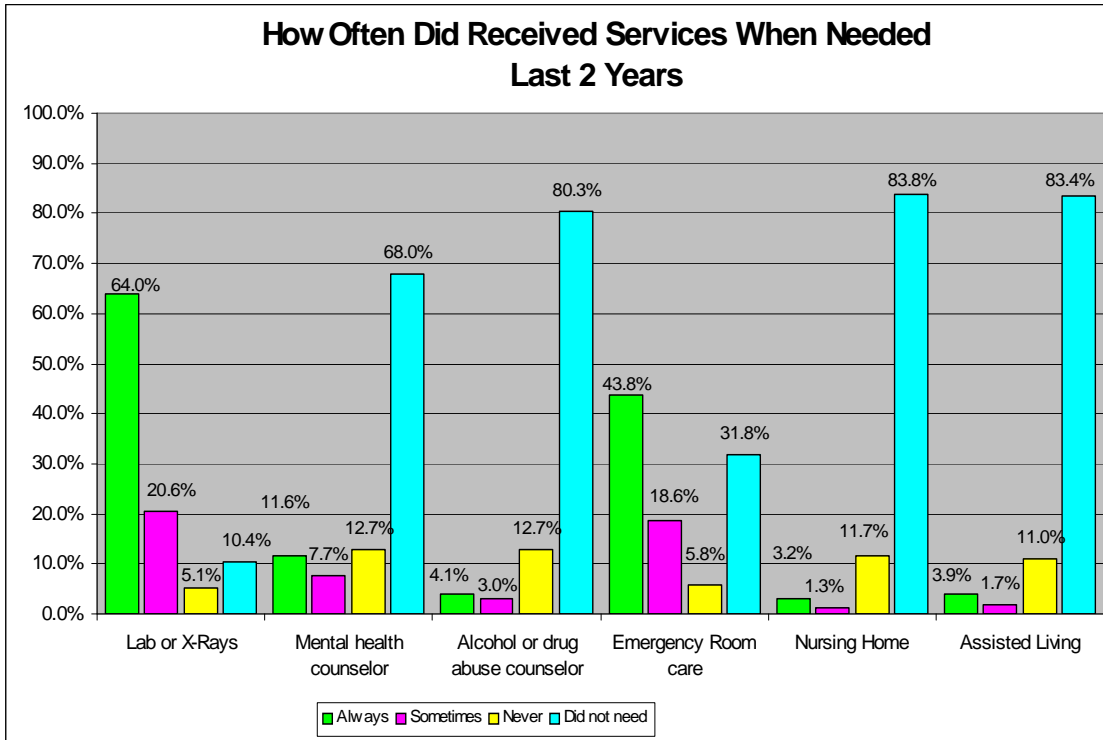
Access to Care

Respondents were asked, “When you or your family needed health services in the last two years, how often did you or your family get the following services in Rutland County?” Respondents could select whether they Did Not Need, or Always, Sometimes, or Never had difficulty accessing health services in Rutland County.

- **Physician Well Care** – An annual check-up in a doctor’s office is always available to 70.7% of respondents surveyed, but is not always available to over 1 in 4 respondents surveyed (25.9%) who were only sometimes or never able to schedule a needed physical exam. Only 3.4% said they did not need a physical exam annually.
- **Physician Sick Care** - Sick care in a doctor’s office is always available to 59.8% of respondents surveyed, but is not always available to 1 in 3 respondents (33.3%) who were only sometimes or never able to obtain a sick visit in a doctor’s office and 7.0% said they did not need a sick visit in a doctor’s office.
- **Lab & X-Ray Services** – Outpatient lab and x-ray services are always available to 64.0% of respondents surveyed, while about 1 in 4 people were only sometimes or never able to obtain needed lab or x-ray services (25.7%) and 10.4% said they did not need lab or x-rays in the last 2 years.
- **Emergency Room Care** - ER care is always available to 43.8% of respondents surveyed, while almost 1 in 4 people were only sometimes or never able to obtain needed care in an emergency room (24.4%) and 31.8% said they did not need ER care.
- **Preventive Dental Care** - Many survey respondents (71.9%) are always able to obtain dental cleaning or x-rays, but about 1 in 5 respondents surveyed were only sometimes or

never able to schedule a needed routine dental visit (20.4%) and 11.2% said they didn't need preventive dental care.

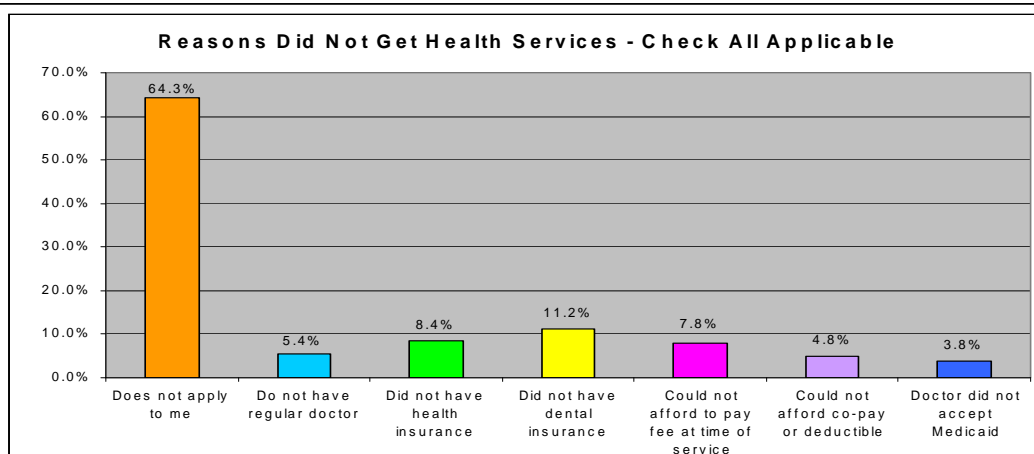
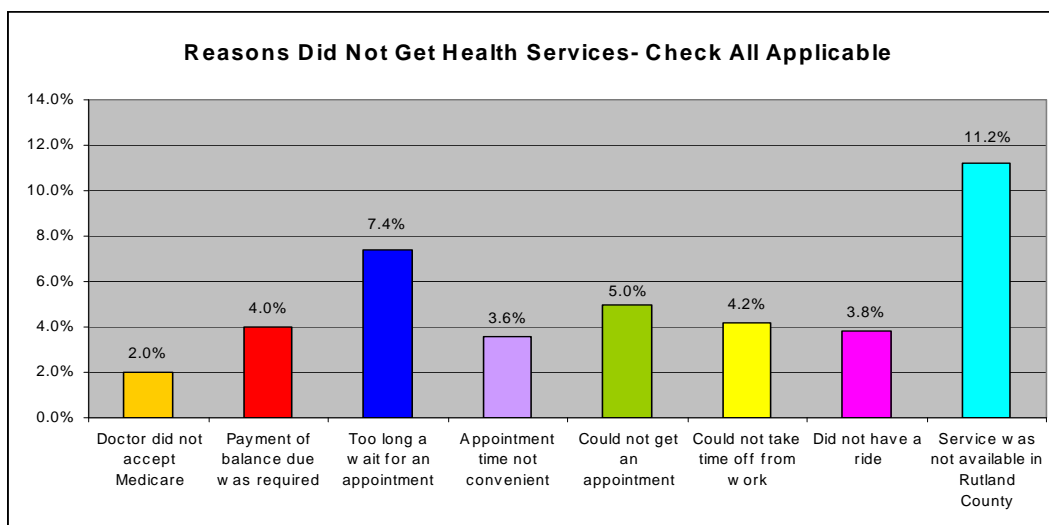
- **Dental Treatment** – Dental treatment is always available to 63.1% of respondents surveyed, but almost 1 out of 4 were only sometimes or never able to receive dental treatment (23.0%) and 13.1% did not need dental treatment.
- **Medications** – Prescription or over the counter drugs are always available to 73.9% of survey respondents, but over 1 in 5 people are only sometimes or never able to purchase needed prescription or over the counter medications (21.7%) and 4.5% did not need medications.
- **Mental Health and Substance Abuse Care** – Almost 1 in 5 respondents surveyed were only sometimes or never able to obtain needed mental health care (19.3%) and almost 1 in 6 respondents surveyed were only sometimes or never able to obtain needed substance abuse counseling (15.7%). Most people did not need mental health counseling (68%) or substance abuse counseling (80.3%) in the last 2 years.
- **Home Health Care** – A majority of people did not need home care in the last 2 years (67.5%), while 14.6% said it was always available to them and 18% of respondents surveyed were only sometimes or never able to obtain needed home care.
- **Nursing Home Care** – Most people did not need nursing home care in the last 2 years (83.8%), while 3.2% said it was always available to them and 14% of respondents surveyed were only sometimes or never able to obtain needed nursing home care.
- **Assisted Living Care** - A majority of people did not need assisted living care in the last 2 years (83.4%), while 3.9% said it was always available to them and 12.7% of respondents were only sometimes or never able to obtain needed or assisted living care.



Reasons for Difficulty Accessing Care

Respondents were asked to, “Please check any of the reasons why you or your family did not get health services they needed in Rutland County.”

- **Almost 2 out of 3 consumers (64.3%) did not have difficulty receiving care in the last 2 years.**
- **Issues with Payment, Providers and Services are the main reasons respondents could not receive the care they needed in Rutland County in the last 2 years.**
 - **Payment:** 11.2% said they did not have dental insurance; 7.8% could not afford to pay the fee at time of service; 8.4% did not have health insurance; 4.8% could not afford to pay the co-pay or deductible, and 4.0% said payment of balance due was required, before the visit.
 - **Provider:** 5.4% said they did not have a regular doctor; 3.8% said their doctor did not accept Medicaid, 3.6% could not get a ride to the appointment; and 2.0% said their doctor did not accept Medicare.
 - **Service:** 11.2% said the service was not available in Rutland County; 7.4% said it was too long a wait for an appointment, 5.0% could not get an appointment, 4.2% could not take time off from work, and 3.6% said the appointment time was not convenient.



Differences Among Subgroups

- **18 – 19 year olds are least likely to be able to always access:**
 - Annual check-up (51%)
 - Sick care in doctor’s office (39%), also 30-44 year olds (52%)
 - Dental cleaning or X-Rays (51%)
 - Dental treatment (45%)
 - Prescription or OTC Drugs (51%)
 - Lab of X-Rays (47%, also for 30-44 year olds at 55%)

- **Less educated consumers are least likely to be able to always access:**
 - Sick care in doctor’s office (39%), also 30-40 year olds (50%)
 - Dental cleaning or X-Rays (33% – 54%)
 - Dental treatment (36% – 50%)
 - Lab or X-Rays (44% – 50%)

- **Northern area is least likely to be able to always access:**
 - Annual check up (57%)
 - Sick care in a doctor’s office (45%)
 - Dental treatment (48%)

- **Least likely to have access to specific health services are:**
 - Emergency Room Care
 - Less educated
 - Elders
 - Mental Health Counselor
 - Elders
 - Those living in the Southern and Western regions
 - Substance Abuse Counselor
 - Some college or more
 - 45 years and older
 - Those living outside Rutland County

- **For 18-29 year olds and less educated are more likely to have:**
 - No regular doctor
 - No health or dental insurance
 - No ability to pay fee / co-pay, deductible or balance due
 - No Doctor not accepting Medicaid
 - No ride / transportation

- **80 Year olds have most access to health services** (80% say this question des not apply to them vs. about 60% for other age groups)
- **Lack of health insurance is highest for East and North respondents**

FOCUS GROUP REPORT

METHODOLOGY

The Partnership for Health convened five (5) focus groups to engage area citizens in the Community Health Needs Assessment, as well as to augment findings from the Data Analyses and Consumer Survey.

The focus groups were convened during a 3-day period from January 27 – 29, 2009. From invitations to 80 community members, a total of 46 participated in the focus groups. Three (3) groups were held in Rutland, one group was held in Brandon and one was convened in Castleton. Respondents were identified and recruited by the Partnership from area constituencies, including members of the public, community organizations, local government officials, and health, education, and social service providers. Despite a major snowstorm that limited participation in one group, the total number of respondents invited met the expected yield of about 8 – 10 participants in each group. Focus Group meetings were convened, with food provided to participants, through arrangements by the Partnership for Health.

In collaboration with the Partnership, Helms & Company developed a Recruiting Script and Focus Group Discussion Guide, which included forms for ratings, rankings and demographic characteristics of respondents, which are tabulated as part of this report. The Partnership attended meetings to record notes, which were utilized by Helms & Company to prepare this report.

A total of 37 people completed the demographic form provided, which show that those responding had the following demographic characteristics:

- **Gender:**
 - 84% were female
 - 16% were male
- **Age:**
 - 3% were 18 – 29 years of age
 - 27% were 30 – 44 years
 - 59% were 45 – 64 years, and
 - 11% were 65 years of age and older
- **Education:**
 - 3% were high school graduates
 - 97% had attended or graduated college or higher education
- **Residence:**
 - 5.4% live in the southern region of Rutland County (Poultney, etc.)
 - 16% live in the eastern region (Chittenden, etc.)
 - 16% live in the northern region (Brandon, etc.)
 - 22% live in the western region (Castleton, etc.)
 - 32% live in Rutland City/Rutland Town and
 - 8% live outside, but work in the County

FOCUS GROUP RATING OF RUTLAND COUNTY HEALTH SERVICES

Barriers to Accessing Health Services

Focus Group respondents interviewed cited a lack of health insurance as the most prevalent barrier to accessing health services in Rutland County, followed by lack of: transportation, dental insurance, ability to pay at time of service, knowledge of how or when to seek care, physicians who accept Medicaid, and a regular doctor.

<u>Barriers to Accessing Health Services</u>	<u>Percent Mentioned</u>
	(N = 37)
*Do not have health insurance	87%
Lack of transportation	65%
Do not have dental insurance	60%
Cannot afford deductible, co-pay, etc./fee at time of service	57%
**Not knowing how or when to seek care	46%
Doctor not accepting Medicaid	35%
Do not have a regular doctor	35%

*56% of those rating, ranked it a number one priority

**35% of those rating, ranked it a number one priority

Most Important Issues That Should Be Addressed

Respondents most frequently mentioned mental health problems and elderly services as important issues that should be addressed in the community. The six next most important community health issues mentioned included: prescription drugs, heart disease and stroke, domestic violence, dental care, and child abuse, neglect and poverty.

<u>Most Important Issues</u>	<u>Percent Mentioned</u>
	(N = 37)
*Mental health problems	70%
**Elderly health, housing, other services, elder independence	65%
Prescription drugs (including abuse)	49%
Heart disease and stroke	49%
Domestic violence	43%
Dental care	38%
Adult primary care	38%
***Child abuse/neglect, poverty...	35%

* 38% of those rating, ranked it a number one priority

** 22% of those rating, ranked it a number one priority

*** 31% of those rating, ranked it a number one priority

Most Important Risky Behaviors

The four most frequently mentioned risky behaviors were drug abuse, being overweight, alcohol abuse and lack of exercise, closely followed by a fifth risky behavior of poor eating habits.

<u>Most Important Risky Behaviors</u>	<u>Percent Mentioned</u>
	(N = 37)
*Drug abuse	89%
Being overweight	86%
*Alcohol abuse	84%
Lack of exercise	84%
Poor eating habits	70%
Tobacco use	62%
Dropping out of school	46%
*30% of those rating, ranked it a number one priority	

Rutland County Health System

Strengths, Barriers and Ideas for Improvement

Focus Group Summary

<u>Demographics</u>		
<p style="text-align: center;">Demographics-Strengths</p> <ul style="list-style-type: none"> ▫ Size is manageable 	<p style="text-align: center;">Demographics – Barriers</p> <p style="text-align: center;">Economic Classes are Changing</p> <ul style="list-style-type: none"> ▫ Rutland County has a lower median income than Vermont, but has had steady increases in the past 20 years. ▫ We are losing the middle class; losing jobs - it's a cycle. We are in crisis...too busy putting out fires to plan. ▫ We have 2 classes, poor and rich and a weak middle class. 	
<u>Access to Health Services</u>		
<p style="text-align: center;">Health Insurance – Strengths</p> <ul style="list-style-type: none"> ▫ VHAP is an income based health insurance ▫ Park Street HealthShare takes care of clients who don't have insurance ▫ Most medical providers will see children on Medicaid, including dentists 	<p style="text-align: center;">Health Insurance – Barriers</p> <p style="text-align: center;">Lack of and Constraints of Health Insurance</p> <ul style="list-style-type: none"> ▫ Too much interference from health insurance. Constraints imposed by insurance system. ▫ The type of health insurance is a barrier, since different companies have different preferred providers. RRMC does not have a contract with United Health Care. ▫ When people change health insurance it means changes in providers and network charges. ▫ 	

	<ul style="list-style-type: none"> ▫ . <p>Cost of Health Care / Insurance</p> <ul style="list-style-type: none"> ▫ The cost of health care is huge...do we need more levels of care? ▫ Many can't afford the high cost of health care and insurance. Free care/unpaid bills cause more cost shift <p>Cost prevents many people from accessing healthcare. RRMC is too expensive to be in network for some insurance companies.</p>	
<p>Health Care System – Strengths</p> <p>NOTE: CHCRR is the Community Health Clinics of Rutland Region of Primary Care Offices, including Castleton Family Health Center, Brandon Medical Center, Mettowee Family Health Center and Grove Street Dental Clinic.</p> <p>Many Medical Resources Cited</p> <ul style="list-style-type: none"> ▫ Our primary care system ▫ RRMC has the capacity to serve individuals of varying needs within one organized system. ▫ Community has great, easy access to health care services, doctors and health programs. Access to doctors as a rural area is great: <ul style="list-style-type: none"> ▫ Park Street HealthShare ▫ Close proximity to Castleton Family Health ▫ CHCRR does not turn anyone away; the free clinic is valuable. ▫ Federally Qualified Health Centers (FQHC's) are a strength ▫ Doctors will see kids; no child is turned away from health care ▫ Pediatric Associates has evening and Saturday hours 	<p>Health Care System – Barriers</p> <p>Medical Care Capacity is a Barrier</p> <ul style="list-style-type: none"> ▫ Primary care physicians are leaving the area, aging or retiring and it is becoming increasingly difficult to find a new doctor or a medical home. ▫ It is hard to recruit new doctors to the area. We are competing with areas that pay more ▫ There is a lack of services for those who fall through the cracks. The limits are time lines and enrollments, which are not open on a daily basis.... too long a wait for people needing treatment ▫ Medical services may not be easily accessible for some people with special needs. ▫ If you don't have a primary care provider then you go to the ER and create bills that are too high and can't be paid ▫ I see students using the ER as a medical home ▫ Lack of a 24/7 mindset makes it difficult to get services, so people rely on RRMC ED. Transition of care is problematic. ▫ RRMC ER triage is not understandable. It is too long a wait; communication is 	<p>Ideas to Improve Health Care System</p> <p>Physician Recruitment</p> <ul style="list-style-type: none"> ▫ Attract more primary care providers, with financial incentives, options for spouses' work needs, etc. <p>Bring Physician Care to the People</p> <ul style="list-style-type: none"> ▫ Bring health care to places where people congregate – BROCC, Forrest Park, Boys and Girls Club, Park Street, etc. ▫ Get services out of Rutland City. The high school is the flagship a community education system...start there. ▫ Go to all school open houses and town meetings with community service fairs. ▫ Build on volunteerism. Use church groups, for example. ▫ Use the schools as health centers, with a Primary Care Physician providing billable services. ▫ Health Fairs, newsletters <p>Expand Services</p> <ul style="list-style-type: none"> ▫ Expand the hours and services of Park Street HealthShare ▫ More screening clinics for heart, diabetes, alcohol, etc. ▫ Expand Fast Track in the ER ▫ Spread the word about CHCRR to local services.

<ul style="list-style-type: none"> ▫ Early morning and late evening appointments are available ▫ Early morning and late evening appointments are available ▫ We have a stable provider base in Brandon. Pediatricians are great to work with. I don't get the feeling there are too few doctors ▫ Each school has a school nurse. They try to get kids a primary care home ▫ Planning is underway for a Fast Track service ▫ Technology and diagnostic equipment available is a strength ▫ The hospital and physician community work well together to solve problems ▫ Strong community based hospital with an emphasis on outreach ▫ RRMC Health News is an excellent resource ▫ Doctors are friendly and personable ▫ People are happy with options available. We can go in both directions for care, Rutland and Middlebury ▫ We are equal distance between FAHC and DHMC ▫ Veterans Administration in White River Junction 	<p>poor; other people are served first, then they can't be seen by a Primary Care Physician when needed after an ER visit.</p> <ul style="list-style-type: none"> ▫ There is a national insecurity about where health care is going...doctors don't visit you in the hospital anymore (referring to the misunderstood Hospitalist program) ▫ The hospital has always been a "sacred cow," but now no one is safe ▫ Inpatient RRMC has some limitations Not enough RAVNAH caregivers <p>Consumer Use Patterns are a Barrier</p> <ul style="list-style-type: none"> ▫ Some people may be uncomfortable accessing care ▫ Those who punch the clock don't want to leave work to see a doctor and then wait 90 – 120 minutes. ▫ People wait until health care is a crisis...it's a culture of poverty ▫ No show rates are too high (among lower income population). Doctors need a case mix to make a living. ▫ Resources are underutilized by those most in need. They come in for food and fuel, not health / dental care, but we see 99% tobacco use 	<p>Improve Provider Relationships</p> <ul style="list-style-type: none"> ▫ Develop better relationships between RRMC and outlying clinics, to work together. ▫ Can we partner with other resources to provide more funding? We need diversified funding streams, not just the state. ▫ Tailor programs to individuals and have graduated levels of interventions ▫ Reduce the "authority figure" image of health care, to reduce avoidance of seeking services and increase the practice of prevention.
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	<p>Leadership and Funding Inequities are a Barrier</p> <ul style="list-style-type: none"> ▫ We lack leadership in Rutland County. Rutland is the black sheep of the counties in Vermont and does not get its equal share of funding. ▫ Serenity House gets less money than other similar services in other counties. ▫ We are out of substance abuse funds for the year, yet other counties get twice as much per capita. ▫ We are losing services, as the third biggest county in the state. We are losing the Rutland County Partnership for Family Services and Building Bright Futures 	<p>Leadership and State Government</p> <ul style="list-style-type: none"> ▫ Map the health care system to identify barriers and gaps ▫ Mentoring for leaders is needed ▫ To get a fair distribution of funds, we need a long-term game plan, with agencies and the state planning for more equitable funding. ▫ We need stronger representation at the state level. More lobbying at the state level ▫ State reps should be invited to these meetings <p>We need leaders involved in the discussion.</p>
<p><u>Prevention – Strengths</u> Health Education is a Strength</p> <ul style="list-style-type: none"> ▫ The history of Bowse grants for prevention has been great. ▫ It is critical to keep prevention services, and meet the needs - “prevents the bridge from collapsing” ▫ RRMC’s multiple health education programs (RRMC) are excellent 	<p><u>Prevention – Weaknesses</u> Barriers to Preventive Care</p> <ul style="list-style-type: none"> ▫ We are in a fix it mode. Primary prevention is missing. Medical care is focused on diagnose and prescribe. ▫ We can’t get doctors to the table to discuss prevention. ▫ The system over diagnoses...people just want a pill instead of changing lifestyles. ▫ People don’t have a lot of life skills ▫ Doctors don’t refer or mention prevention, holistic health, alternative therapies, healthy diet, stress management, etc. Science in not integrated with other options. ▫ Cost is a barrier to preventive services. People are more willing to pay the co-pay for a medical service rather than invest in other options. 	<p><u>Ideas to Improve Prevention</u> More Preventive / Wellness Approach Suggested</p> <ul style="list-style-type: none"> ▫ Promote evidence-based programs (Healthy Living Workshop, Matter of Balance). They are free and prevent the increased use of health services. ▫ Provide prevention education everywhere to all age groups. Go into neighborhoods where people live. ▫ Partner prevention services, while people wait for crisis services, e.g., ER ▫ Educate the public by taking health education to the streets, out of the Leahy center. ▫ Everyone needs to be engaged in promoting life skills...all leaders, schools, organizations and worksites. Provide a more holistic approach to prevention for all groups, sending the same message. ▫ Provide a more nursing, wellness approach.

<p><u>Specialty Care - Strengths</u> Many Specialty Care Resources</p> <ul style="list-style-type: none"> ▫ Recruitment of specialty physicians; ▫ We have great specialists, need to keep them ▫ We have a good strong network of specialty care doctors ▫ There is a good breadth of specialty doctors that have access to and collaborate with DHMC and FAHC ▫ The Cancer Center medical director promotes alternative therapies ▫ People no longer need to leave the area for cancer and dialysis treatment <p>Orthopaedic care is outstanding</p>	<p><u>Specialty Care - Barriers</u> Supply and Aging of Specialists a Concern</p> <ul style="list-style-type: none"> ▫ We need another dermatologist...”the bench is only one deep” ▫ Specialists are aging ▫ There are few specialists in the area. Not enough specialty options available here. Often have to go to Burlington or Dartmouth. Too few dermatologists, urologists, neurologists ▫ Prenatal care has limited offerings for education. There has been a recent increase in teenage pregnancy. These girls want these babies. 	<p><u>Ideas to Improve Specialty Care</u></p>
<p><u>Health Quality - Strengths</u> Quality of Health Resources a Strength</p> <ul style="list-style-type: none"> ▫ Access to a high quality medical facility at RRMC ▫ Good hospital, good RAVNAH, good specialists ▫ Quality of medical care is a strength ▫ RRMC has a great breadth of services, inpatient and outpatient. ▫ Outstanding hospital nursing staff at RRMC ▫ RRMC outpatient services are efficient ▫ Two good hospitals provide all services. ▫ Quality Emergency Care; Emergency Room communication flow is timely; care is good ▫ Quality of CHCRR service is high ▫ Providers know you as an individual and a patient. There’s a hometown touch that impacts quality of care. 	<p><u>Health Quality – Barriers</u> Provider Communication a Weakness</p> <ul style="list-style-type: none"> ▫ There is no access to medical records. Providers don’t know patient problems, history, or previous tests, which leads to duplication. Coordination among providers is a challenge. ▫ The [RRMC] doctors are such a split group. They get referrals without advance information, which worries me about quality. It is the medical culture (here). <p>Quality Image is a Barrier</p> <ul style="list-style-type: none"> ▫ RRMC doctors do not have a good reputation. I hear it all the time. ▫ Many people do not have a favorable opinion of the Medical Center but do not have an issue with their personal doctor. Many of the complaints I hear deal with paperwork ▫ Perception that care is better at FAHC and DHMC from higher income groups undermines our current system of care 	<p><u>Ideas to Improve Health Quality</u> Electronic Medical Record</p> <ul style="list-style-type: none"> ▫ We need electronic medical records. ▫ Electronic health cards would improve the health system. <p>Improve the Image of Local Care Quality</p> <ul style="list-style-type: none"> ▫ We need to market the quality (of local health services), talk about our successes, more positive word of mouth. I am a survivor, got great care here. ▫ We need to change the perception of care at RRMC. I had good care and had major things done. ▫ Encourage second opinions. It is imperative that everything possible be done to improve the reputation of RRMC. Many of the criticisms might not be justified; those that are need to be corrected. I suggest the following: <ul style="list-style-type: none"> ▪ Streamline the paperwork as much as possible.

	<ul style="list-style-type: none"> ▫ There is a misperception of the quality of care that you can get locally. ▫ THE Largest Weakness is people don't trust our healthcare system in Rutland County and go outside the county for care. You are lucky to see the same doctor, let alone the same nurse in 2 visits, especially with in the RRMC system. ▫ Misdiagnosis or late diagnosis...I hear complaints. ▫ We need to understand the system. Patients with more education about choices have better outcomes, but perceptions may be that the system has flaws, which don't cause the problem. 	<ul style="list-style-type: none"> ▪ Staff development for all employees should be ongoing. Quality consumer services should be a major goal <p>Provide some free services such as fire departments that evaluate your house for fire safety.</p> <p>Meet with parents of students entering kindergarten and provide them with information on health issues their child might face.</p> <p>Round table discussions with parents and seniors, covering every issue, would be a valuable activity.</p> <p>Work with school curriculum coordinators to develop mentoring / shadowing programs for students.</p> <p>Collaborate with science teachers. Assist them with class activities or visits to health centers.</p> <p>Designate a hospital staff to plan, develop and implement health programs, which should be held in the community. Invite people by phone, ad in the paper or letter.</p> <p>Increase Physician Commitment to Area</p> <ul style="list-style-type: none"> ▪ Create incentives to make doctors and staffs want to stay...to create stability in the system. Doctors need to provide "personable care" and be committed to staying in the area. ▪ Better relations between physicians and RRMC
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<p><u>Dental Care – Strengths</u> Dental Resources / Clinics a Strength</p> <ul style="list-style-type: none"> ▫ Dental Clinic in Rutland ▫ Park Street Health Share dental program 	<p><u>Dental Care – Barriers</u> Funding and Access to Dental Care are Barriers</p> <ul style="list-style-type: none"> ▫ If you have VHAP/Medicaid your teeth get pulled, rather than restored, resulting in a two-tiered system of dental care [for the poor and insured/able to pay]. ▫ The dental system is a big barrier. Park Street provides some care but not enough. ▫ Inadequate dental care is a barrier to employment, which perpetuates poverty, and makes people sick. ▫ Dr. Dynasaur gets maxed out. ▫ I see a lot of dental caries not treated. The issues are Medicaid (funding), lack of transportation, and the culture in the family. ▫ The dental clinic planned for Castleton was moved to Rutland ▫ We need more preventative dental services. Three year olds are getting cavities. ▫ We expect a decrease in an already strained group of dental providers 	<p><u>Access To Dental Care – Barriers</u> More Dental Care and Self-Care</p> <ul style="list-style-type: none"> ▫ I physically take kids to Burlington to get a root canal. We need a volunteer transportation system. ▫ Attract more dental care and new dental providers (for all ages) ▫ We need to do more than respond to crises. <p>I would like to see more dental self-care.</p>
<p><u>Senior Health Services – Strengths</u> Senior Resources Cited</p> <ul style="list-style-type: none"> ▫ Senior Help Line ▫ AAA elder case management program ▫ PACE 	<p><u>Senior Health Services – Barriers</u> Lack of Facility and Home Based Services</p> <ul style="list-style-type: none"> ▫ There is a lack of affordable long-term care for elders. 	<p><u>Ideas to Improve Senior Health Services</u> Decrease Homebound Seniors</p> <ul style="list-style-type: none"> ▫ We need services to get the elderly and disabled out in the winter, so they do not become homebound.

<p><u>Prescription Drugs – Strengths</u> Many Programs for RX Available</p> <ul style="list-style-type: none"> ▫ Rutland Pharmacy is a local partner that cooperates in special situations ▫ Many pharmacies will provide discounts ▫ Primary Care Physicians have great response to prescription abuse in Rutland County. They are under siege by patients with chronic, co-occurring illnesses. ▫ Doctors are doing better assessments working with prescription programs. The FQHC is providing on the job training for drug diversion. ▫ Many low cost medication programs are available 	<p><u>Prescription Drugs - Barriers</u> Pain Management an Issue</p> <ul style="list-style-type: none"> ▫ There are many issues around pain management. Elders are in pain. ▫ There are not enough pain management services. ▫ It doesn't take much to know who is taking pain medication and they become a target for break-ins. <p><u>Prescription Drug Costs</u></p> <ul style="list-style-type: none"> ▫ It is cheaper to mail order than go to the local pharmacy. I want to support locally, but I have to survive personally ▫ Medicaid clients can't afford over the counter drugs, so they take the more expensive prescription that's covered by Medicaid. 	<p><u>Ideas to Improve Prescription Drugs</u> Medication Management Assistance</p> <ul style="list-style-type: none"> ▫ Provide medication management, particularly for seniors on multiple drugs ▫ Provide greater education for self-management ▫ Provide health mentors to assist in the use, misuse and addiction of prescription drugs <p><u>Reduce Prescription Drug Abuse</u></p> <ul style="list-style-type: none"> ▫ Provide more education and connection between doctors and pharmacists ▫ Provide information on non-pharmaceutical approaches and promote more options, e.g., red yeast to decrease cholesterol ▫ To prevent abuse, treat men differently, since they abuse prescription meds more than women.
<p><u>Transportation – Strengths</u> City and Population Specific Bus Transportation</p> <ul style="list-style-type: none"> ▫ City bus routes. Transportation in the City works well. ▫ Transportation is available for the elderly and disabled ▫ Transportation is expanding as a community system and growing slowly. If you call, they'll come to your house. The charge varies, depending on need. 	<p><u>Transportation – Barriers</u> Lack of Public Transportation</p> <ul style="list-style-type: none"> ▫ Lack of public transportation limits access to care. It is hard to schedule an appointment with the bus schedule limitations. ▫ Many patients cancel medical appointments because of transportation (lack of) ▫ Transportation is not reimbursed ▫ There is too much dependence on private transportation. ▫ We lost Greyhound...people can't get to Rutland ▫ We need to improve transportation in outlying areas (Castleton, Brandon, etc.); Rutland system doesn't serve much off Route 7 ▫ Sending resources out is not always cost effective. 	<p><u>Ideas to Improve Transportation</u> <u>Bus Services and Infrastructure</u> <u>Improvements</u></p> <ul style="list-style-type: none"> ▫ We need more and improved infrastructure, including sidewalks, lighting, etc. ▫ Expand bus service to those outside city limits ▫ A bus to doctor's offices and the hospital is needed

Coordination of Care		
<p>Coordination of Care Strengths</p> <p>Many Resources Work Together</p> <ul style="list-style-type: none"> ▫ Bouse pulls together services and connects with broader health issues, like housing ▫ There are a lot of resources: <ul style="list-style-type: none"> ▪ A lot of free health and social services available (breastfeeding, cooking, self-management) ▪ Many health resources and services available –RAVNAH, VDH, medical providers, etc. ▪ A lot of services available, community supports and volunteers ▪ Fair Haven Concerned and other community groups, Fair Haven Are Neighborhood, school based groups, and Early Periodic Screening Development and Treatment ▪ The Outreach Coordinator for state programs helps patients fill out applications ▪ The 211 help line is a valuable service. Volume has doubled in one year. ▪ Childcare for second shift is an asset ▪ RAP Coalition ▪ Rutland County Parent Child Center is growing ▪ Castleton Community Homestead offers great programs ▪ Community of Promise is coordinating care for youth ▫ VANPO was valuable. We need to fill the gap. ▪ Healthier Living Workshop / Matter of Balance 	<p>Coordination of Care Barriers</p> <p>Lack of Community Services</p> <ul style="list-style-type: none"> ▫ Community Care Network is not adequately funded and losing funds. ▫ A lack of community-based wrap around services is a weakness. <p>Lack of Collaboration</p> <ul style="list-style-type: none"> ▫ Cost/redundancies of like services ▫ The days of you do your own thing and we do our thing are gone...unproductive and does not serve our community. ▫ There are lots of non-profits, but don't often know what others do. There are too many organizations. No one knows what others are doing ▫ Primary care physicians are disconnected with community resources. ▫ There is no central place to volunteer. <p>Lack of Information Where to Go</p> <ul style="list-style-type: none"> ▫ Not enough people know about 211. ▫ It is hard to make the connections and navigate the system. Easy to get lost in the shuffle. ▫ People don't know where to go to access human services, don't know if they qualify and fall between the cracks. People's situations change so frequently, the qualifications change... 	<p>Ideas to Improve Coordination of Care</p> <p>Collaboration and Case Management</p> <ul style="list-style-type: none"> ▫ Collaboration is the key to a healthier society. ▫ Better relationships between doctors and community services would help. ▫ We need a model for Primary Care Physicians and patients to make connections with more case management, especially for the aging population. ▫ Each person needs a services coordinator (including those who fall through the cracks); it would eliminate duplication of care and multiple tests. ▫ Need to case manage high users and complex cases. ▫ Adequately fund Community Care Network ▫ Rutland County could become a Blue Print community, providing case management for complex cases and making connections to services, for those over 6 years, which would be paid by insurance. ▫ Need more formal supports to keep the doors open to all people ▫ Bring together the various service providers and develop comprehensive models of service delivery where we all work together...programs, service providers, and traditional providers. ▫ More non-profit networking and consolidation of non-profits. ▫ Neighbor Keeper Mentoring program in Burlington to help each other is one model we could check out.

		<ul style="list-style-type: none"> ▫ Need to expand the concept of service learning. ▫ We need to consolidate, add services to current organizations and combine others ▫ All programs need to show outcomes, more accountability is needed. <p style="text-align: center;">Public Education</p> <ul style="list-style-type: none"> ▫ Survey the community to determine awareness of 211. Spread the word about 211. Put in school newsletters, law enforcement, Rotary, etc. ▫ Develop a community directory. ▫ We need a book with all resources ▫ Law enforcement is one way to get information out to people. ▫ Need to teach kids how to use the system. Change the culture by educating the kids.
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Quality of Life

<p><u>Quality of Life – Strengths</u> Healthy, Quality, Desirable Area</p> <ul style="list-style-type: none"> ▫ We have a quality of life that is desirable. It is a great place to live. Vermont is the healthiest state in the US ▫ Diversity of opportunities for physical and mental stimulation. Access to recreation and social activities 	<p><u>Quality of Life – Barriers</u> Schools</p> <ul style="list-style-type: none"> ▫ Schools in Rutland County aren't community centered anymore ▫ We see a decline in parental presence in school open houses. Schools can be a bad memory for some parents, but we know what kids needs are. We need more information about how to serve student/family populations. 	<p><u>Ideas to Improve Quality of Life</u> Infrastructure</p> <ul style="list-style-type: none"> ▫ We need improved infrastructure, clean air, water and sidewalks
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<p>Schools and School Programs After school programs are an asset</p> <ul style="list-style-type: none"> ▫ Schools are an asset including our colleges <p>Hometown Touch</p> <ul style="list-style-type: none"> ▫ There is an intimacy in the community (“if you nurture it”). ▫ It’s personal, everyone knows everyone ▫ The community is small; we know people. It’s about relationships. We are all neighbors. Neighborly connection between services ▫ There are a lot of caring people in the community. Retirees stay, help, and care ▫ Strong volunteer spirit ▫ Churches want to work with social services ▫ There is a high level of talent ▫ Non-profits have joined together. ▫ A growing leadership base. Nonprofit board training has helped. ▫ There is a strong community spirit ▫ The community responds when there is a need, social capital 	<p>Pastures are Greener Elsewhere</p> <ul style="list-style-type: none"> ▫ Bashing local services is a “local sport.” If it’s out of town, it’s better. RRMC is working on this with seniors. 	<p>Schools and Health Programs</p> <ul style="list-style-type: none"> ▫ More use of schools beyond traditional sports to keep kids busy ▫ Have the health community help develop a health curriculum for all grades, to affect many kids. PCAV has staff that can help with curriculum development. ▫ Help with career education programs in the schools. ▫ We need to look at school programs, jobs for kids, drug lords creating harems, etc
<p><u>Nutrition and Exercise</u></p>		
<p><u>Nutrition and Exercise – Strengths Services, Programs and Assessment</u></p> <ul style="list-style-type: none"> ▫ The Nutrition Coalition is working on an assessment [of nutrition needs in the County] ▫ Kids on the Move provides a valuable service ▫ WIC is a strength ▫ Poultney High School has the lowest BMI in the country due to its wellness program. It works! 	<p><u>Nutrition and Exercise – Barriers Obesity</u></p> <ul style="list-style-type: none"> ▫ A significant percent of overweight and obese adults and children. Overweight is the number one health hazard for youth 	<p><u>Ideas to Improve Nutrition and Exercise Increase Supports</u></p> <ul style="list-style-type: none"> ▫ Nutrition supports need to include one-on-one counseling, referral and follow-up to help people change, leading to a culture change ▫ A city or county wide weight loss and/or fitness contest highlighting the resources we currently have for everyone’s use ▫ Nutritionists should be in business sites ▫ We need a consolidated approach to healthy lifestyles.

	<p>Lack of Quality Food</p> <ul style="list-style-type: none"> ▫ There is widespread food insecurity. People rely on cheap, low quality foods, which results in overeating and hunger. ▫ Food shelves are challenged to provide wholesome food. Always in crisis...provide calories, not quality. ▫ WIC has high fat foods. 	<p>Increase Exercise</p> <ul style="list-style-type: none"> ▫ We need more volunteer programs, not just reading with kids, but walking with kids. ▫ We need low impact exercise, simple classes for eating/ cooking ▫ Simple/low key exercise groups in the rural areas, explaining how to improve your own health ▫ We need to deal with stress. If we could only write a prescription for a daily walk or turn off the TV. <p>Available and Affordable Food</p> <ul style="list-style-type: none"> ▫ Affordable and healthy food should be available
<p>Mental Health and Substance Abuse</p>		
<p>Mental Health Services – Strengths Mental Health Services Locally</p> <ul style="list-style-type: none"> ▫ Rutland Mental Health Crisis team refers clients who have mental health issues ▫ Park Street has four mental health providers ▫ There is a Psych unit at RRMC 	<p>Mental Health Services – Barriers Limited Access to Services</p> <ul style="list-style-type: none"> ▫ Access to mental health services is limited. There are gaps in services for periodic issues, intermediate services, long term care, and kids, so people end up in crisis before services are engaged ▫ Lack of alternative levels of care for psych issues ▫ Lack of private counselors/therapists ▫ A lack of full time pediatric psychiatry is a weakness ▫ We see people who are suicidal and not able to find appropriate services. 	<p>Ideas to Improve Mental Health Services</p> <p>Recruitment and Treatment</p> <ul style="list-style-type: none"> ▫ Recruit more mental health providers ▫ Provide treatment for generational substance abuse and mental illness ▫ Provide more support groups for moderate mental health issues, using the AA model. ▫ WITS END is a good model ▫ We need more non-crisis supports ▫ We need a Teen Center in Fair Haven

	<ul style="list-style-type: none"> ▫ RRMC Psych capacity doesn't meet the need ▫ We see a growing number of families who can't be housed, especially for mental health issues. They burn all bridges and end up in tents. ▫ Youth leave the community for mental health care. We don't have enough mental health providers. We burn them out. I see overwhelmed families with limited coping skills. ▫ Kids not in sports are sinking fast. I see depression 	
<p>Substance Abuse Strengths</p>	<p><u>Substance Abuse – Barriers</u></p> <p>Higher Rates of Abuse</p> <ul style="list-style-type: none"> ▫ The County has higher than state averages for smoking, alcohol and drug abuse <p>Lack of Services / Access to Care</p> <ul style="list-style-type: none"> ▫ There are no youth substance abuse treatment programs, inpatient, halfway house, Narcotics Anonymous, Alcoholics Anonymous, AA (college), or aftercare for substance abuse. ▫ Insurance limits on the length of inpatient treatment are too short. ▫ Do we need more detox beds? <p>Lack of Accountability for Prescription Drugs</p> <ul style="list-style-type: none"> ▫ There are a lot of addicts who go to lots of doctors for different pain issues to get the meds they need. Addicts are more connected than doctors and pharmacists. ▫ Doctors fear addiction. OVA has a case management program, but they can't hire a nurse, due to the nursing shortage. ▫ There are many people getting illegal drugs 	

Rutland County Health Assessment Prioritizing Meeting

April 30, 2009

Participating Organizations

- James T. Bowse Health Trust & Foundation
- Community Health Clinics of the Rutland Region
- Rutland Area VNA
- Rutland Regional Medical Center
- United Way of Rutland County
- Vermont Department of Health

Agenda

- Review 2004
 - Goals
 - Objectives &
 - Achievements

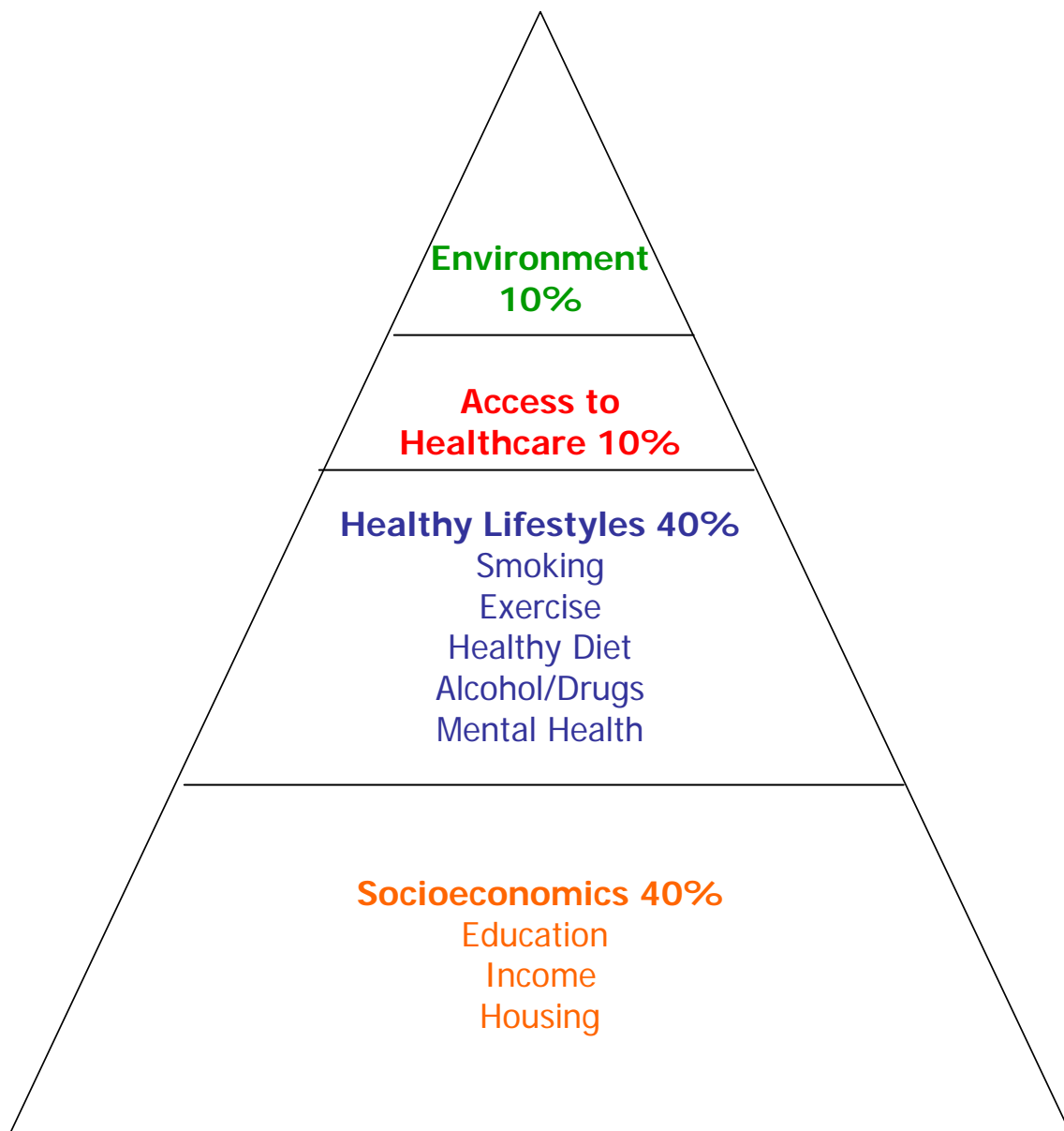
- Affirm 2009
 - Goals
 - Objectives

- Select for 2009 - 2014
 - 3 Action Steps

Our Goal

To Improve
The Health of
Rutland County
Residents

The Building Blocks Of Health



**2004
Priorities
Rutland
County's
Health
Needs**

Improve the health of Rutland County residents

Improve Access Affordability of Health and Human Services

ACCESS

Provide Federally Qualified Health Center Services

Provide Electronic Medical Record

Increase the percent of population covered by health insurance

Increase the number of Primary care Providers (MD, NP, PA)

Accomplishments:

1. CHCRR in Brandon, Castleton, and Pawlet
2. Hospital continues to recruit providers, provide loan payment
3. Hospitalist program allows MDs to spend more time in office
4. RRMC is implementing an HIS
5. VT provides Catamount Health
6. AHS, Park Street, and RRMC assist people in applying for insurance programs
7. PACE program opens and enrollment increases
8. Park Street Healthshare provides more services
9. 211 provides information and referral

**2004
Priorities
Rutland
County's
Health
Needs**

**Healthy
Lifestyles**

Improve
the
health
of
Rutland
County
residents

Increase
prevention
efforts
that lead
to a
healthier
lifestyle

Decrease
obesity

Decrease
tobacco
use rates

Increase
physical
activity

Decrease
heart
disease
and
associated
risk factors

Decrease
diabetes

Accomplishments:

1. RAPAC expands Walk Rutland
2. Nutrition Coalition forms and assesses needs
3. QUEST program reduces obesity in RSWSU
4. Boys and Girls Club Triple Play
5. MT Holly Seeds to Supper
6. Creative Economy multi use path planned
7. RRM/ TEPCO continue Tobacco prevention/ cessation
8. Health Care Orgs. adopt Tobacco Free Campus
9. More schools have Wellness Committees
10. Increase use of Pine Hill
11. Matter of Balance
12. Healthier Living Workshops
13. RRM/ TEPCO Continues to offer use of Rehab Gym for Cardiac Rehab
14. More schools receive Safe Routes to School funding
15. Bike route signs up in Rutland City
16. 1000 attend Winterfest
17. Castleton Community Center expands Wellness Programs

**2004
Priorities
Rutland
County's
Health
Needs**

Improve the health of Rutland County residents

Substance Abuse

Reduce Substance Abuse

Decrease depression

Decrease alcohol use in youth

Increase number of specialty practitioners (Child Psychiatrist)

Decrease binge drinking

Decrease illegal substance use (heroin)

- Accomplishments:**
1. Physicians using Bupinorphine to treat heroin
 2. Serenity House offers detox program
 3. Law Enforcement focus on drug crimes
 4. Prevention Programs: Tapestry, RAP Early Intervention, Harvest Program
 5. Drug Court well established
 6. CHCRR provides mental health services
 7. RRMC expands services – outpatient mental health and expanded inpatient services
 8. RRMC Women's and Children services provides 'wrap around services for pregnant women'
 9. Recruited child physiologist (who has since left)
 10. Medication Prescription Program to reduce narcotic abuse
 11. RAVNAH hires Psychiatric Nurse

2009 - 2014 Objectives

Increase Prevention Efforts That Lead to a Healthy Lifestyle

- Decrease % of adult and youth [tobacco](#) use
- Increase % of adult and youth [physical activity](#)
- Increased % of adult and youth [healthy diet](#)
- Decrease % of adult and youth [BMI over 30](#)

Improve Access to Health and Human Services

- Increase % adult covered by [health insurance](#)
- Increase % of adults up-to-date on [age appropriate screenings](#)
- Increase % of adults and youth up-to-date on [immunizations](#)
- Decrease [ambulatory care sensitive hospitalizations](#)
- Increase % of adults and children receiving [dental care](#)
- Increase use of current [resources](#)

Reduce Substance Abuse

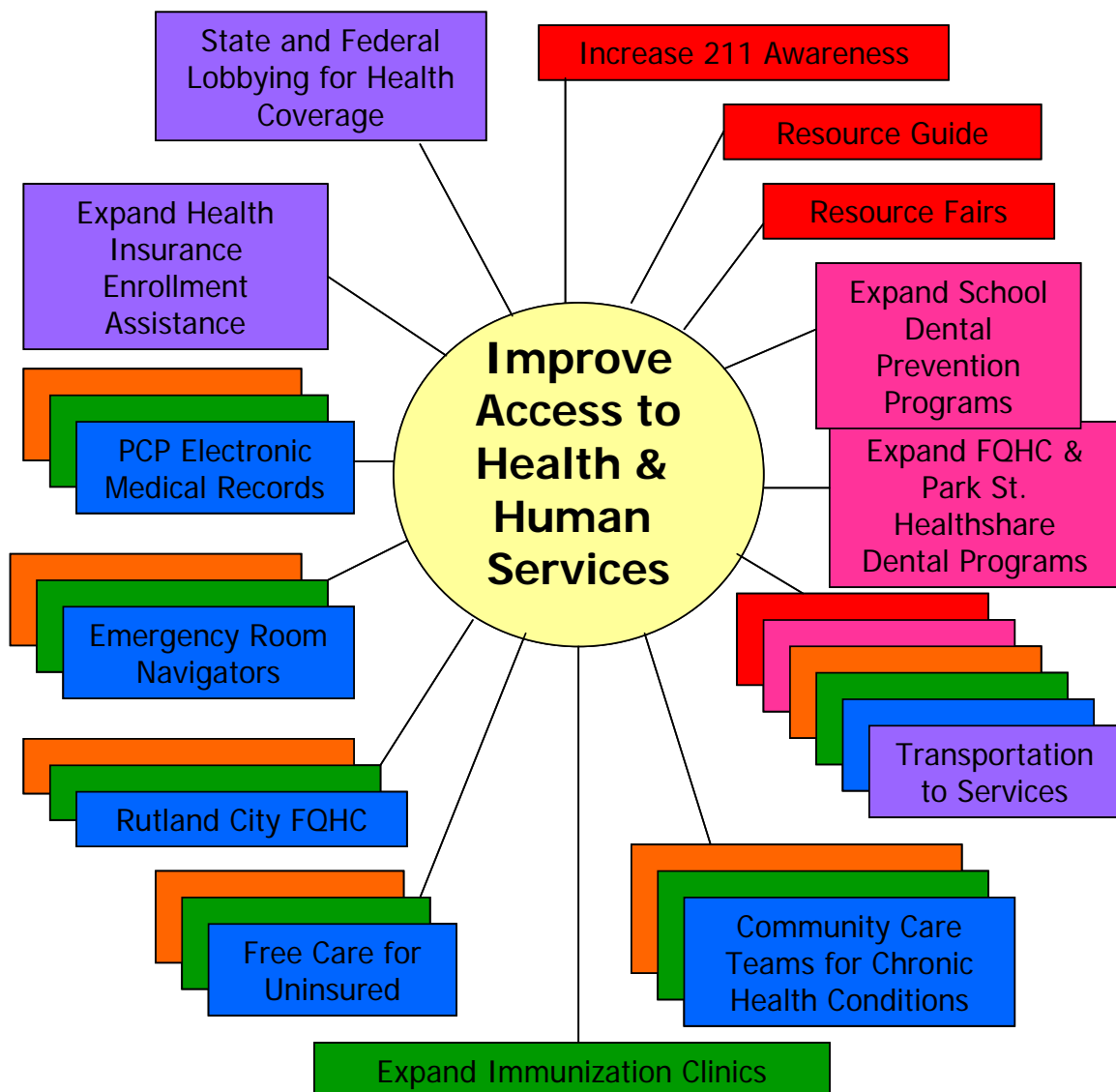
- Decrease % of adult and youth who [binge drink](#)
- Decrease the use of [illegal substances](#)
- Decrease % of adults who are [depressed](#)

Expand Community Based Elder Care

- Increase community based services for elders, to
- Minimize % of elders in [residential facilities](#)

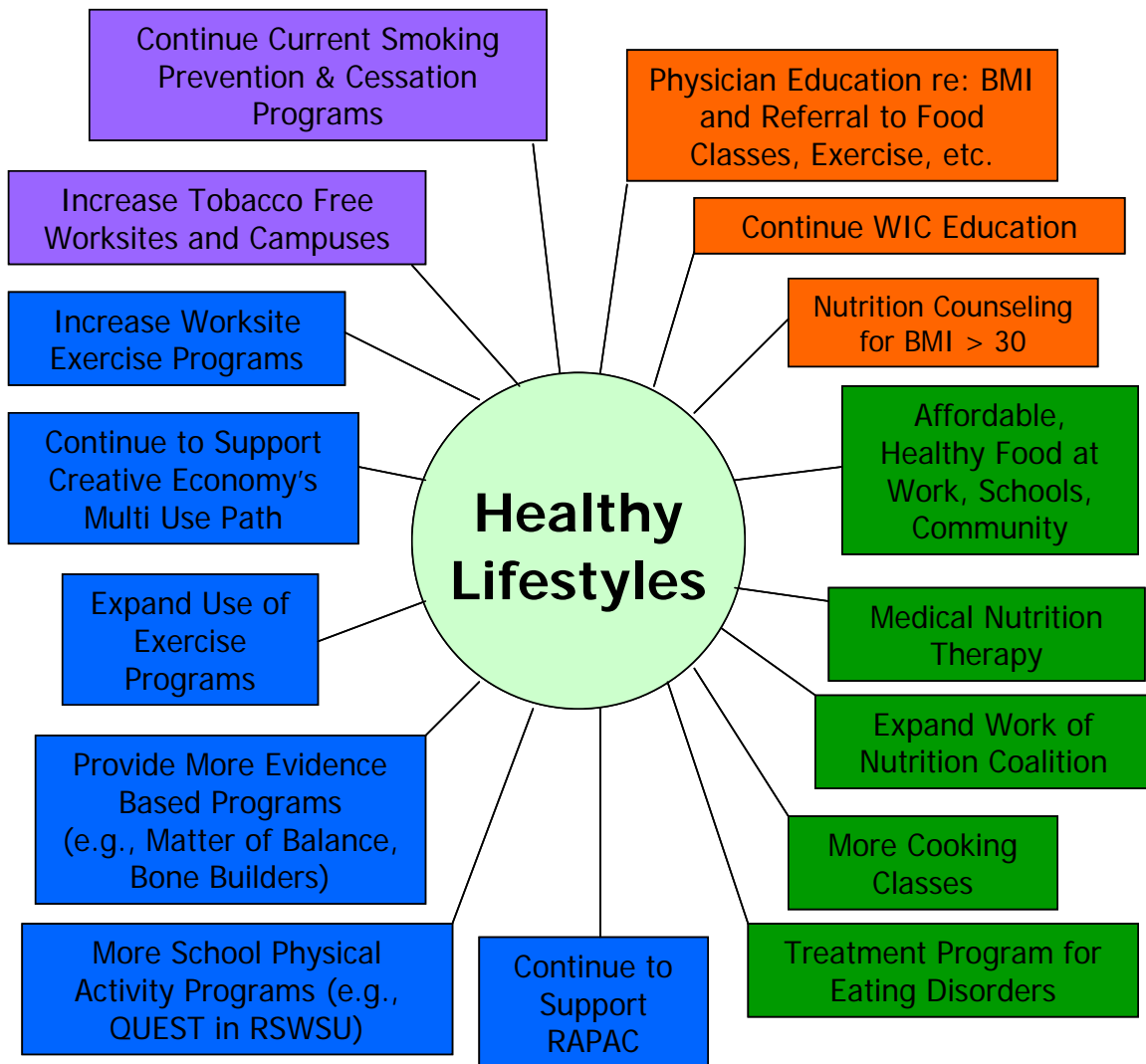
2009 – 2014 Objectives & Action Steps

- Increase % adult covered by [health insurance](#)
- Increase % of adults up-to-date on [age appropriate screenings](#)
- Increase % of adults and youth up-to-date on [immunizations](#)
- Decrease [ambulatory care sensitive hospitalizations](#)
- Increase % of adults and children who receive [dental care](#)
- Increase use of current [resources](#)



2009 – 2014 Objectives & Action Steps

- Decrease % of adult and youth tobacco use
- Increase % of adult and youth physical activity
- Increased % of adult and youth healthy diet
- Decrease % of adult and youth BMI over 30



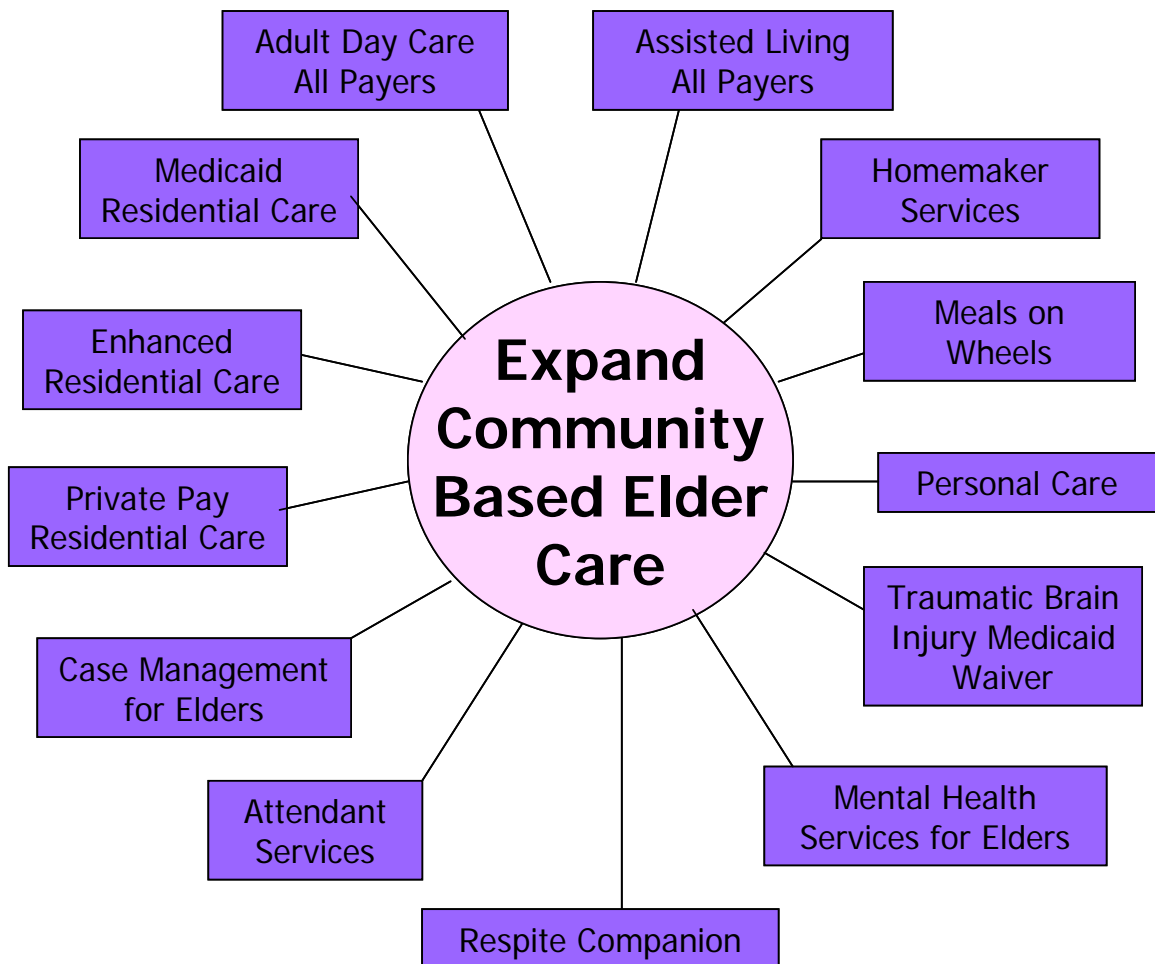
2009 – 2014 Objectives & Action Steps

- Decrease % of adult and youth who binge drink
- Decrease the use of illegal substances
- Decrease % of adults who are depressed



2009 – 2014 Objectives & Action Steps

- Increase elder community based services
- Maximize % of elders living at home



Rutland County Health Assessment Prioritizing Meeting Outcomes April 30, 2009

Overall Ranking Totals		
Item	# Votes	% Votes
Support Programs for Cultural and Behavioral Change	16	26%
Community Care Teams for Chronic Health Conditions	9	15%
Change to the Culture of Drug Acceptance	7	11%
Change the Culture of Alcohol Acceptance	3	5%
Expand FQHC & Park St. Healthshare Dental Programs	3	5%
Affordable, Healthy Food at Work, Schools, Community	2	3%
Case Management for Elders	2	3%
Emergency Room Navigators	2	3%
Expand Use of Exercise Programs	2	3%
PCP Electronic Medical Records	2	3%
Rutland City FQHC	2	3%
Attendant Services	1	2%
Case Management for High Risk Populations	1	2%
Electronic Medical Record	1	2%
Expand Health Insurance Enrollment Assistance	1	2%
Increase Worksite Exercise Programs	1	2%
Meals on Wheels	1	2%
Physician Education re: BMI and Referral to Food Classes, Exercise, etc.	1	2%
Resource Guide	1	2%
Smoking Cessation Programs	1	2%
Support Programs to Reduce Teen Pregnancy	1	2%
Transportation to Services	1	2%
Adult Day Care All Payers	0	0%
Assisted Living All Payers	0	0%
Continue Current Smoking Prevention	0	0%
Continue Support Services (eg, WITS End and Turning Point)	0	0%
Continue to Expand Narcotic Abuse Prescription Prevention Programs	0	0%
Continue to Support Creative Economy's Multi Use Path	0	0%
Continue to Support RAPAC	0	0%
Continue WIC Education	0	0%
Enhanced Residential Care	0	0%
Expand Immunization Clinics	0	0%
Expand School Dental Prevention Programs	0	0%
Expand Work of Nutrition Coalition	0	0%
Free Care for Uninsured	0	0%
Homemaker Services	0	0%
Increase 211 Awareness	0	0%
Increase Options for Non-Crisis Mental Health Services	0	0%
Increase PCPs That Screen for Addiction and Depression	0	0%
Increase Tobacco Free Worksites and Campuses	0	0%
Increase Use and Access to Worksite EAPs	0	0%
Medicaid Residential Care	0	0%
Medical Nutrition Therapy	0	0%
Mental Health Services for Elders	0	0%
More Cooking Classes	0	0%
More School Physical Activity Programs (eg, QUEST in RSWSU)	0	0%
Nutrition Counseling for BMI > 30	0	0%
Personal Care	0	0%
Private Pay Residential Care	0	0%
Provide More Evidence Based Programs (eg, Matter of Balance, Bone Builders)	0	0%
Resource Fairs	0	0%
Respite Companion	0	0%
State & Federal Lobbying for Health Coverage	0	0%
Traumatic Brain Injury Medicaid Waiver	0	0%
Treatment Program for Eating Disorders	0	0%
	61	100%

**Rutland County Health Assessment Prioritizing Meeting Outcomes
April 30, 2009**

Improve Access to Health & Human Services							
Item	Objectives Affected						Votes
Community Care Teams for Chronic Health Conditions		AAS	Imm	ACSH			9
Expand FQHC & Park St. Healthshare Dental Programs					DC		3
PCP Electronic Medical Records		AAS	Imm	ACSH			2
Emergency Room Navigators		AAS	Imm	ACSH			2
Rutland City FQHC		AAS	Imm	ACSH			2
Expand Health Insurance Enrollment Assistance	HI						1
Transportation to Services	HI	AAS	Imm	ACSH	DC	Res	1
Resource Guide						Res	1
State & Federal Lobbying for Health Coverage	HI						0
Free Care for Uninsured		AAS	Imm	ACSH			0
Expand Immunization Clinics			Imm				0
Expand School Dental Prevention Programs					DC		0
Resource Fairs						Res	0
Increase 211 Awareness						Res	0

Key
Increase Health Insurance
Increase Age Appropriate Screenings
Increase Immunizations
Decrease Ambulatory Care Sensitive Hospitalizations
Increase Dental Care
Increase Resources

Rutland County Health Assessment Prioritizing Meeting Outcomes April 30, 2009

Healthy Lifestyles				
Item	Objectives Affected			Votes
Support Programs for Cultural and Behavioral Change				16
Expand Use of Exercise Programs	PA			2
Affordable, Healthy Food at Work, Schools, Community		HD		2
Increase Worksite Exercise Programs	PA			1
Support Programs to Reduce Teen Pregnancy				1
Physician Education re: BMI and Referral to Food Classes, Exercise, etc.			BMI	1
Smoking Cessation Programs				1
Continue Current Smoking Prevention	Tob			0
Increase Tobacco Free Worksites and Campuses	Tob			0
Continue to Support Creative Economy's Multi Use Path	PA			0
Provide More Evidence Based Programs (eg. Matter of Balance, Bone Builders)	PA			0
More School Physical Activity Programs (eg. QUEST in RSWSU)	PA			0
Continue to Support RAPAC	PA			0
Treatment Program for Eating Disorders		HD		0
More Cooking Classes		HD		0
Expand Work of Nutrition Coalition		HD		0
Medical Nutrition Therapy		HD		0
Nutrition Counseling for BMI > 30			BMI	0
Continue WIC Education			BMI	0

Key
Decrease Tobacco
Increase Physical Activity
Increase Healthy Diet
Decrease BMI over 30

Reduce Substance Abuse				
Item	Objectives Affected			Votes
Change to the Culture of Drug Acceptance				7
Change the Culture of Alcohol Acceptance	BD			3
Case Management for High Risk Populations	BD	IS	Dep	1
Electronic Medical Record	BD	IS	Dep	1
Continue Support Services (eg, WITS End and Turning Point)	BD	IS	Dep	0
Increase Use and Access to Worksite EAPs	BD	IS	Dep	0
Increase PCPs That Screen for Addiction and Depression	BD	IS	Dep	0
Increase Options for Non-Crisis Mental Health Services			Dep	0
Continue to Expand Narcotic Abuse Prescription Prevention Programs		IS		0

Key
Decrease Binge Drinking
Increase Physical Activity
Increase Healthy Diet

Expand Community Based Elder Care		
Item	Objective Affected	Votes
Case Management for Elders	Living at Home	2
Attendant Services	Living at Home	1
Meals on Wheels	Living at Home	1
Adult Day Care All Payers	Living at Home	0
Medicaid Residential Care	Living at Home	0
Enhanced Residential Care	Living at Home	0
Private Pay Residential Care	Living at Home	0
Respite Companion	Living at Home	0
Mental Health Services for Elders	Living at Home	0
Traumatic Brain Injury Medicaid Waiver	Living at Home	0
Personal Care	Living at Home	0
Homemaker Services	Living at Home	0
Assisted Living All Payers	Living at Home	0

APPENDIX

DENTAL SURVEY, 2008

COMMUNITY SURVEY

FOCUS GROUP INVITATION LETTER

FOCUS GROUP CONFIRMATION LETTER

FOCUS GROUP DISCUSSION GUIDE

	REFERENCES REVIEWED FOR THE 2008 Rutland County Health Assessment	Source
1	The Census Bureau, Current Population Estimates, 2005, and Census 2000	US Census Bureau
2	Community Health Status Report, Rutland County Vermont, 2008	www.communityhealth.hrsa.gov
3	Shaping the Future of Long Term Care and Independent Living	Vermont Agency of Human Services
4	Health Status of Vermonters, March 2008 Health Status of Vermonters Appendix, March 2008	Vermont Department of Health
5	Vermont Physician Survey, Statistical Report, 2006	Vermont Department of Health
6a	Community Profile Rutland Central Supervisory Union, 2006	Vermont Department of Human Services
6b	Community Profile Rutland Central Supervisory Union, 2007	Vermont Department of Human Services
7	Understanding Vermont	Vermont Community Foundation
8	Diabetes Data	Vermont Department of Health
9	Rutland County Vermont Youth Risk Behavior Survey Report, 2007	Vermont Department of Health
10	Vital Statistics Reporting Systems, 1999 - 2003	National Center for Health Statistics
11	Cancer in Vermont	Vermont Department of Health
12	Vermont State Cancer Plan	Vermont Department of Health
13	Vermont Dentist Survey, Statistical Report, 2003	Vermont Department of Health
14	EPA, AIRS Data, 2006	Community Health Status Report, Rutland County Vermont, 2008
15	Healthy Vermonters 2010, Health Status Report, June 2002	Vermont Department of Health
16	Enhancing Outpatient Acute Mental Health Services in Rutland County, 2007	Rutland Regional Partnership for Family Services
17	Pregnancy Nutrition Surveillance	CDC
18	Communicable Disease Data	VDH 2002-2007
19	Vermont Guide to Fluoride Levels in Public Water Systems, 2002	VDH 2002
20	Information on services and programs for disabled and aging populations by county	Department of Disabilities, Aging, and Independent Living
21	Rutland Regional Health Status Indicators, 2004	Rutland Partnership for Health James T. Bowse Community Health Trust
22	Obesity and Health Status Report	VHH
23	Vermont Mental Health Data	www.oas.samhsa.gov
24	RAP Coalition Survey on Prevention of Substance Abuse	RAP
25	SMART BRFSS Rutland county Trends	CDC
26	Vermont Oral Health Plan	Vermont Department of Health
27	Health Information Technology and Primary Care in Rural Vermont	Bi-State Primary Care
28	Rutland County Housing Needs Assessment	Rutland County community Land Trust
29	Vermont 211, 2006 Report	211
30	RRMC Cancer Center Strategic Plan	RRMC Cancer Center
31	US Census Bureau Current Population Survey, November 2000	Online
32	Rutland Regional Partnership for Family Services Report Cards	RRBFS
33	2007 Vermont Youth Risk Behavior Survey	Department of Health
34	2005 Hospital Inpatient Report	Vermont Department of Health
35	Vermont Child Blood Lead Data, ages 1 and 2 and total	Vermont Department of Health
36	Section V Utilization by Hospital Service Area and Major Diagnostic Category (Discharges, Patient Days, Crude and Adjusted Rates)	Vermont Department of Health

Dental Survey Results

Primary Care Dentists									
No.	Town	Office Name	Specialty	Sees Adults	Sees Children	Sees New Patients	Accepts Medicaid	Accepts New Medicaid Adults	Accepts New Medicaid Children
1	Rutland	Affiliates in Dental Care 802/773-6966 Dr. Joyce Hottenstein Dr. Bernard Buteau	Dentist	Yes	Yes	Yes	Yes	No*	No*
2	Rutland	Dr. James Booth 802/775-2121	Dentist	Yes	Yes	No*	Yes	No*	Yes
3	Rutland	Dr. Gary Breen 802/775-6771	Dentist	No	Yes	Yes	Yes	No	Yes*
4	Rutland	CHCRR 802/774-5050 Dr. Lashun Carroll	Dentist	Yes	Yes*	Yes	Yes	Yes	Yes
5	Rutland	Comprehensive General Dentistry 802/775-6981 Dr. Michael Dick Dr. Steven DuBoff	Dentist	Yes	Yes	Yes	No	No	No
6	Rutland	Dr. Francis D'Auria 802/775-5777	Dentist	Yes	Yes	Yes	Yes	Yes	No*
7	Rutland	Dr. Gregory Ellis 802/773-8665	Dentist	Yes	Yes	Yes	Yes	No	No
8	Rutland	Family Dental Associates 802/775-0819 Dr. Robert Kolodziej Dr. Thomas Opshal Dr. Drake Battista	Dentist	Yes	Yes	Yes	Yes	No	No

Primary Care Dentists									
No.	Town	Office Name	Specialty	Sees Adults	Sees Children	Sees New Patients	Accepts Medicaid	Accepts New Medicaid Adults	Accepts New Medicaid Children
9	Rutland	Dr. Thomas Gallivan 802/773-1393	Dentist	Yes	No*	Yes	Yes**	No	No
10	Rutland	Dr. Peter Gray 802/773-4466	Dentist						
11	Rutland	Heaton & Fisch Dental Associates 802/775-5286 Dr. David Heaton Dr. Judith Fisch	Dentist	Yes	Yes	No	Yes	No	No
12	Rutland	Dr. Robert Hiller 802/770-1730	Dentist	Yes	Yes	Yes	Yes	No	No
13	Rutland	Iacono Dental Associates 802/775-7440 Dr. Frank Iacono Dr. Deborah Iacono	Dentist	Yes	Yes	Yes	No	No	No
14	Rutland	Dr. Peter Lakatos 802/773-1200	Dentist	Yes	Yes	Yes	No	No	No
15	Rutland	Dr. William McDonald 802/773-2701	Dentist	Yes	Yes	Yes	Yes	Yes	Yes
16	Rutland	Dr. Blane Nasveschuk 802/747-4544	Dentist						
17	Rutland	Dr. Earl Olson 802/773-0478	Dentist	Yes	Yes	Yes	Yes	Yes*	Yes
18	Rutland	Dr. Robert Schmidt 802/773-1020	Dentist	Yes	Yes	Yes	Yes	No	Yes
19	Brandon	Dr. Thomas Coleman 802/247-3336	Dentist	Yes	Yes	Yes	No	No	No
20	Castleton	Dr. Hassebroek 802/468-5478	Dentist	Yes	Yes	Yes	No	No	No
21	Castleton	Castleton Dental Office 802/468-5626 Dr. James Wright	Dentist	Yes	Yes	Yes	Yes	Yes*	Yes
22	Fair Haven	Fair Haven Dental 802/265-3604 Dr. Paul Davoren Dr. Jack Hamilton	Dentist	Yes	Yes	Yes	Yes	No	Yes

Primary Care Dentists										
No.	Town	Office Name	Specialty	Sees Adults	Sees Children	Sees New Patients	Accepts Medicaid	Accepts New Medicaid Adults	Accepts New Medicaid Children	
23	Poultney	Dr. Frederick Michel 802/287-4066	Dentist	Yes	Yes	Yes	No*	No	No	
24	Wallingford	Dr. David Baasch 802/446-2770	Dentist							
Dentists Totals				Yes =	20	20	19	15	5	8
				No =	1	1	2	6	16	13
				No Response =	5	5	5	5	5	5
				N=24						
				Yes =	83%	83%	79%	63%	21%	33%
				No =	4%	4%	8%	25%	67%	54%
				No Response =	21%	21%	21%	21%	21%	21%

Dental Care Specialists

No.	Town	Office Name	Specialty	Sees Adults	Sees Children	Sees New Patients	Accepts Medicaid	Accepts New Medicaid Adults	Accepts New Medicaid Children
1	Rutland	Dr. Cheryl Ullman 802/773-7767	Endodontics (root canal)	Yes	Yes	N/A	Yes	No	Yes
2	Rutland	Dr. John Wheeler 802/775-2588	Hospital-based Extractions	Yes	Yes	N/A	No	No	No
3	Rutland	Green Mountain Oral Surgery 802/775-9700 Dr. Sherilynn Stofka	Oral Surgeon	Yes	Yes	N/A	Yes*	Yes*	Yes*
4	Rutland	Dr. George Ciavalo 802/773-0822	Orthodontist	No	Yes	N/A	Yes*	No	Yes*
5	Rutland	About Face Orthodontists 802/773-3130 Dr. Mark Price	Orthodontist	Yes	Yes	N/A	Yes	No	Yes*
6	Rutland	Dr. Donald McLaughlin 802/773-7000	Orthodontist, Sleep Apnea, & TMJ	Yes	Yes	N/A	No	No	No
7	Rutland	Dr. Theodore Polgar 802/773-2921	Periodontics	Yes	Yes*	N/A	No	No	No
Specialists Totals				Yes =	6	7	4	1	4
				No =	1	0	3	6	3
				No Response =	0	0	0	0	0
				N=7					
				Yes =	86%	100%	57%	14%	57%
				No =	14%	0%	43%	86%	43%
				No Response =	0%	0%	0%	0%	0%

Rutland County Health Assessment Community Survey

Question 1

When you or your family needed health services in the last two years, how often did you or your family get the following services in Rutland County?

Answer Options	Grade 11 or less	High School Graduate	Some College or More	Total
Annual check up in a doctor's office				Total
Always	25 67.6%	74 65.5%	253 72.1%	352 70.3%
Sometimes	6 16.2%	22 19.5%	62 17.7%	90 18.0%
Never	4 10.8%	14 12.4%	21 6.0%	39 7.8%
Did not need	1 2.7%	3 2.7%	13 3.7%	17 3.4%
total answered				498
Sick care in a doctor's office				Total
Always	14 37.8%	57 50.4%	220 62.7%	291 58.1%
Sometimes	11 29.7%	33 29.2%	81 23.1%	125 25.0%
Never	5 13.5%	15 13.3%	17 4.8%	37 7.4%
Did not need	2 5.4%	3 2.7%	29 8.3%	34 6.8%
total answered				487
Dental cleaning or x-rays				Total
Always	12 32.4%	61 54.0%	280 79.8%	353 70.5%
Sometimes	5 13.5%	12 10.6%	28 8.0%	45 9.0%
Never	7 18.9%	26 23.0%	22 6.3%	55 11.0%
Did not need	9 24.3%	13 11.5%	16 4.6%	38 7.6%
total answered				491
Dental fillings or other treatment				Total
Always	13 35.1%	56 49.6%	235 67.0%	304 60.7%
Sometimes	7 18.9%	16 14.2%	40 11.4%	63 12.6%
Never	6 16.2%	21 18.6%	25 7.1%	52 10.4%
Did not need	7 18.9%	14 12.4%	42 12.0%	63 12.6%
total answered				482

Question 1				
When you or your family needed health services in the last two years, how often did you or your family get the following services in Rutland County?				
Answer Options	Grade 11 or less	High School Graduate	Some College or More	Total
Prescription or over the counter drugs				Total
Always	23	73	269	365
	62.2%	64.6%	76.6%	72.9%
Sometimes	9	22	55	86
	24.3%	19.5%	15.7%	17.2%
Never	3	8	10	21
	8.1%	7.1%	2.8%	4.2%
Did not need	1	8	13	22
	2.7%	7.1%	3.7%	4.4%
total answered				494
Home health care services				Total
Always	6	16	47	69
	16.2%	14.2%	13.4%	13.8%
Sometimes	3	7	14	24
	8.1%	6.2%	4.0%	4.8%
Never	10	25	26	61
	27.0%	22.1%	7.4%	12.2%
Did not need	13	58	249	320
	35.1%	51.3%	70.9%	63.9%
total answered				474
Lab or X-Rays				Total
Always	16	56	241	313
	43.2%	49.6%	68.7%	62.5%
Sometimes	9	31	61	101
	24.3%	27.4%	17.4%	20.2%
Never	4	10	11	25
	10.8%	8.8%	3.1%	5.0%
Did not need	6	12	33	51
	16.2%	10.6%	9.4%	10.2%
total answered				490
Mental health counselor				Total
Always	4	8	42	54
	10.8%	7.1%	12.0%	10.8%
Sometimes	6	13	17	36
	16.2%	11.5%	4.8%	7.2%
Never	7	20	32	59
	18.9%	17.7%	9.1%	11.8%
Did not need	15	58	244	317
	40.5%	51.3%	69.5%	63.3%
total answered				466

Question 1				
When you or your family needed health services in the last two years, how often did you or your family get the following services in Rutland County?				
Answer Options	Grade 11 or less	High School Graduate	Some College or More	Total
Alcohol or drug abuse counselor				Total
Always	2	7	10	19
	5.4%	6.2%	2.8%	3.8%
Sometimes	4	5	5	14
	10.8%	4.4%	1.4%	2.8%
Never	7	24	28	59
	18.9%	21.2%	8.0%	11.8%
Did not need	18	68	288	374
	48.6%	60.2%	82.1%	74.7%
total answered				466
Emergency Room care				Total
Always	11	46	155	212
	29.7%	40.7%	44.2%	42.3%
Sometimes	7	38	45	90
	18.9%	33.6%	12.8%	18.0%
Never	4	8	16	28
	10.8%	7.1%	4.6%	5.6%
Did not need	11	18	125	154
	29.7%	15.9%	35.6%	30.7%
total answered				484
Nursing Home				Total
Always	0	2	13	15
	0.0%	1.8%	3.7%	3.0%
Sometimes	2	2	2	6
	5.4%	1.8%	0.6%	1.2%
Never	5	25	24	54
	13.5%	22.1%	6.8%	10.8%
Did not need	24	73	291	388
	64.9%	64.6%	82.9%	77.4%
total answered				463
Assisted Living				Total
Always	3	5	10	18
	8.1%	4.4%	2.8%	3.6%
Sometimes	2	3	3	8
	5.4%	2.7%	0.9%	1.6%
Never	6	24	21	51
	16.2%	21.2%	18.6%	10.2%
Did not need	21	72	295	388
	56.8%	63.7%	84.0%	77.4%
<i>answered question</i>				37
<i>skipped question</i>				0
				113
				351
				501
				0
				0
				0
				0

Question 2

Please check below any of the reasons why you or your family did not get health services they needed in Rutland County.

Answer Options	Grade 11 or less	High School Graduate	Some College or More	Total
Does not apply to me	22	68	232	322
	59.5%	60.2%	66.1%	64.4%
Do not have regular doctor	6	7	14	27
	16.2%	6.2%	51.9%	5.4%
Did not have health insurance	8	15	19	42
	21.6%	13.3%	5.4%	8.4%
Did not have dental insurance	10	22	24	56
	27.0%	19.5%	6.8%	11.2%
Could not afford to pay fee at time of service	8	12	18	38
	21.6%	10.6%	5.1%	7.6%
Could not afford co-pay or deductible	6	9	9	24
	16.2%	8.0%	2.6%	4.8%
Doctor did not accept Medicaid	4	6	9	19
	10.8%	5.3%	2.6%	3.8%
Doctor did not accept Medicare	3	5	2	10
	8.1%	4.4%	0.6%	2.0%
Payment of balance due was required	1	12	7	20
	2.7%	10.6%	2.0%	4.0%
Too long a wait for an appointment	2	7	28	37
	5.4%	6.2%	8.0%	7.4%
Appointment time not convenient	1	5	12	18
	2.7%	4.4%	3.4%	100.0%
Could not get an appointment	2	8	15	25
	5.4%	7.1%	4.3%	5.0%
Could not take time off from work	2	5	14	21
	5.4%	4.4%	4.0%	4.2%
Did not have a ride	4	8	7	19
	10.8%	7.1%	2.0%	3.8%
Service was not available in Rutland County	2	4	49	55
	5.4%	3.5%	14.0%	11.0%
<i>answered question</i>	37	113	351	500
<i>skipped question</i>	0	0	0	0

Question 3				
What region of Rutland County is your permanent address in?				
Answer Options	Grade 11 or less	High School Graduate	Some College or More	Total
Rutland City / Rutland Town	20	56	160	236
	54.1%	49.6%	45.8%	47.3%
South (Poultney, Middletown Springs, Wells, Pawlet, Danby, Tinmouth, Wallingford, Mount Tabor, Clarendon)	3	16	55	74
	8.1%	14.2%	15.8%	14.8%
East (Chittenden, Killington, Mendon, Pittsfield, Mount Holly, Shrewsbury, Cuttingsville)	1	9	34	44
	2.7%	8.0%	9.7%	8.8%
North (Brandon, Pittsford, Forest Dale, Hubbardton, Sudbury)	4	12	26	42
	10.8%	10.6%	7.4%	8.4%
West (Proctor, West Rutland, Castleton, Ira, Fair Haven, Benson, West Haven)	8	20	74	102
	21.6%	17.7%	21.2%	20.4%
	total answered			498
<i>answered question</i>	37	113	349	499
<i>skipped question</i>	0	0	2	501

Question 4				
What age group are you in?				
Answer Options	Grade 11 or less	High School Graduate	Some College or More	Total
18 - 29 years	4	16	28	48
	10.8%	14.2%	8.0%	13.7%
30 - 44 years	7	24	82	113
	18.9%	21.2%	23.4%	32.2%
45 - 64 years	10	48	180	238
	27.0%	42.5%	51.3%	67.8%
65 and older	15	25	61	101
	40.5%	22.1%	17.4%	28.8%
	total answered			500
<i>answered question</i>	37	113	351	501
<i>skipped question</i>	0	0	0	0

Question 5				
What is the highest grade in school you completed?				
Answer Options	Grade 11 or less	High School Graduate	Some College or More	Total
Grade 11 or less	36	0	0	36
	7.2%	0.0%	0.0%	7.2%
High School Graduate	0	113	0	113
	0.0%	22.6%	0.0%	22.6%
Some College or More	0	0	351	351
	0.0%	0.0%	70.1%	70.1%
	total answered			500
<i>answered question</i>	37	113	351	501
<i>skipped question</i>	0	0	0	0

Rutland County Health Assessment Community Survey

Question 1

When you or your family needed health services in the last two years, how often did you or your family get the following services in Rutland County?

Answer Options	What age group are you in?				Total
	18 - 29 years	30 - 44 years	45 - 64 years	65 and older	
Annual check up in a doctor's office					
Always	25	69	173	85	352
	51.0%	61.1%	72.7%	84.2%	70.3%
Sometimes	11	28	41	10	90
	22.4%	24.8%	17.2%	9.9%	18.0%
Never	9	14	14	2	39
	18.4%	12.4%	5.9%	2.0%	7.8%
Did not need	3	2	8	4	17
	6.1%	1.8%	3.4%	4.0%	3.4%
Sick care in a doctor's office					
Always	19	59	148	65	291
	38.8%	52.2%	62.2%	64.4%	58.1%
Sometimes	14	34	61	16	125
	28.6%	30.1%	25.6%	15.8%	25.0%
Never	12	13	10	2	37
	24.5%	11.5%	4.2%	2.0%	7.4%
Did not need	3	6	15	10	34
	6.1%	5.3%	6.3%	9.9%	6.8%
Dental cleaning or x-rays					
Always	25	81	178	69	353
	51.0%	71.7%	74.8%	68.3%	70.5%
Sometimes	8	10	18	9	45
	16.3%	8.8%	7.6%	8.9%	9.0%
Never	11	15	27	2	55
	22.4%	13.3%	11.3%	2.0%	11.0%
Did not need	4	5	12	17	38
	8.2%	4.4%	5.0%	16.8%	7.6%
Dental fillings or other treatment					
Always	22	67	156	59	304
	44.9%	59.3%	65.5%	58.4%	60.7%
Sometimes	7	18	27	11	63
	14.3%	15.9%	11.3%	10.9%	12.6%
Never	7	17	24	4	52
	14.3%	15.0%	10.1%	4.0%	10.4%
Did not need	10	10	25	18	63
	20.4%	8.8%	10.5%	17.8%	12.6%
Prescription or over the counter drugs					
Always	25	80	182	78	365
	51.0%	70.8%	76.5%	77.2%	72.9%
Sometimes	15	14	41	16	86
	30.6%	12.4%	17.2%	15.8%	17.2%
Never	4	11	6	0	21
	8.2%	9.7%	2.5%	0.0%	4.2%
Did not need	4	8	5	5	22
	8.2%	7.1%	2.1%	5.0%	4.4%

Question 1					
When you or your family needed health services in the last two years, how often did you or your					
Answer Options	What age group are you in?				
	18 - 29 years	30 - 44 years	45 - 64 years	65 and older	Total
Home health care services					
Always	5	18	32	14	69
	10.2%	15.9%	13.4%	13.9%	13.8%
Sometimes	4	7	4	9	24
	8.2%	6.2%	1.7%	8.9%	4.8%
Never	9	13	32	7	61
	18.4%	11.5%	13.4%	6.9%	12.2%
Did not need	30	69	163	58	320
	61.2%	61.1%	68.5%	57.4%	63.9%
Lab or X-Rays					Total
Always	23	62	156	73	314
	46.9%	54.9%	65.5%	72.3%	62.7%
Sometimes	10	27	49	15	101
	20.4%	23.9%	20.6%	14.9%	20.2%
Never	5	10	10	0	25
	10.2%	8.8%	4.2%	0.0%	5.0%
Did not need	11	13	17	10	51
	22.4%	11.5%	7.1%	9.9%	10.2%
Mental health counselor					Total
Always	7	16	28	3	54
	14.3%	14.2%	11.8%	3.0%	10.8%
Sometimes	4	11	16	5	36
	8.2%	9.7%	6.7%	5.0%	7.2%
Never	9	16	25	9	59
	18.4%	14.2%	10.5%	8.9%	11.8%
Did not need	27	63	158	69	317
	55.1%	55.8%	66.4%	68.3%	63.3%
Alcohol or drug abuse counselor					Total
Always	8	6	4	1	19
	16.3%	5.3%	1.7%	1.0%	3.8%
Sometimes	2	2	9	1	14
	4.1%	1.8%	3.8%	1.0%	2.8%
Never	7	16	24	12	59
	14.3%	14.2%	10.1%	11.9%	11.8%
Did not need	31	82	189	72	374
	63.3%	72.6%	79.4%	71.3%	74.7%

Question 1					
When you or your family needed health services in the last two years, how often did you or your					
Answer Options	What age group are you in?				
Emergency Room care	18 - 29 years	30 - 44 years	45 - 64 years	65 and older	Total
Always	20	54	106	32	212
	40.8%	47.8%	44.5%	31.7%	42.3%
Sometimes	11	25	36	18	90
	22.4%	22.1%	15.1%	17.8%	18.0%
Never	3	8	11	6	28
	6.1%	7.1%	4.6%	5.9%	5.6%
Did not need	13	24	78	39	154
	26.5%	21.2%	32.8%	38.6%	30.7%
Nursing Home					Total
Always	3	1	10	1	15
	6.1%	0.9%	4.2%	1.0%	3.0%
Sometimes	0	1	1	4	6
	0.0%	0.9%	0.4%	4.0%	1.2%
Never	7	11	28	8	54
	14.3%	9.7%	11.8%	7.9%	10.8%
Did not need	38	92	184	74	388
	77.6%	81.4%	77.3%	73.3%	77.4%
Assisted Living					Total
Always	4	1	11	2	18
	8.2%	0.9%	4.6%	2.0%	3.6%
Sometimes	0	1	4	3	8
	0.0%	0.9%	1.7%	3.0%	1.6%
Never	9	10	25	7	51
	18.4%	8.8%	10.5%	6.9%	10.2%
Did not need	34	95	187	72	388
	69.4%	84.1%	78.6%	71.3%	77.4%
answered question					501
skipped question					0

Question 2

Please check below any of the reasons why you or your family did not get health services they needed in Rutland County.					
	What age group are you in?				
Answer Options	18 - 29 years	30 - 44 years	45 - 64 years	65 and older	Total
Does not apply to me	28	68	145	81	322
	57.1%	60.2%	60.9%	80.2%	64.3%
Do not have regular doctor	7	7	11	2	27
	14.3%	6.2%	4.6%	2.0%	5.4%
Did not have health insurance	10	11	19	2	42
	20.4%	9.7%	8.0%	2.0%	8.4%
Did not have dental insurance	13	11	25	7	56
	26.5%	9.7%	10.5%	6.9%	11.2%
Could not afford to pay fee at time of service	8	9	20	2	39
	16.3%	8.0%	8.4%	2.0%	7.8%
Could not afford co-pay or deductible	3	6	15	0	24
	6.1%	5.3%	6.3%	0.0%	4.8%
Doctor did not accept Medicaid	5	4	8	2	19
	10.2%	3.5%	3.4%	2.0%	3.8%
Doctor did not accept Medicare	2	3	5	0	10
	4.1%	2.7%	2.1%	0.0%	2.0%
Payment of balance due was required	3	4	12	1	20
	6.1%	3.5%	5.0%	1.0%	4.0%
Too long a wait for an appointment	4	10	21	2	37
	8.2%	8.8%	8.8%	2.0%	7.4%
Appointment time not convenient	3	6	8	1	18
	6.1%	5.3%	3.4%	1.0%	3.6%
Could not get an appointment	4	5	15	1	25
	8.2%	4.4%	6.3%	1.0%	5.0%
Could not take time off from work	6	7	7	1	21
	12.2%	6.2%	2.9%	1.0%	4.2%
Did not have a ride	5	3	10	1	19
	10.2%	2.7%	4.2%	1.0%	3.8%
Service was not available in Rutland County	4	14	34	4	56
	8.2%	12.4%	14.3%	4.0%	11.2%
answered question	49	113	238	101	501

Question 3					
What region of Rutland County is your permanent address in?					
Answer Options	18 - 29 years	30 - 44 years	45 - 64 years	65 and older	Total
Rutland City / Rutland Town	27	52	117	41	237
	55.1%	46.0%	49.2%	40.6%	126.1%
South (Poultney, Middletown Springs, Wells, Pawlet, Danby, Tinmouth, Wallingford, Mount Tabor, Clarendon)	8	19	36	11	74
	16.3%	16.8%	15.1%	10.9%	39.4%
East (Chittenden, Killington, Mendon, Pittsfield, Mount Holly, Shrewsbury, Cuttingsville)	4	10	23	7	44
	8.2%	8.8%	9.7%	6.9%	23.4%
North (Brandon, Pittsford, Forest Dale, Hubbardton, Sudbury)	3	9	20	10	42
	6.1%	8.0%	8.4%	9.9%	22.3%
West (Proctor, West Rutland, Castleton, Ira, Fair Haven, Benson, West Haven)	7	23	40	32	102
	14.3%	20.4%	16.8%	31.7%	54.3%
<i>answered question</i>	49	113	238	101	188

Question 4					
What age group are you in?					
Answer Options	18 - 29 years	30 - 44 years	45 - 64 years	65 and older	Total
18 - 29 years	49	0	0	0	49
	10.8%				10.8%
30 - 44 years	0	113	0	0	113
		25.0%			25.0%
45 - 64 years	0	0	238	0	238
			52.7%		52.7%
65 and older	0	0	0	101	101
				22.3%	22.3%
<i>answered question</i>	49	113	238	101	452

Question 5					
What is the highest grade in school you completed?					
Answer Options	18 - 29 years	30 - 44 years	45 - 64 years	65 and older	Total
Grade 11 or less	5	7	10	15	37
	1.0%	1.4%	2.0%	3.0%	7.4%
High School Graduate	16	24	48	25	113
	3.2%	4.8%	9.6%	5.0%	22.6%
Some College or More	28	82	180	61	351
	5.6%	16.4%	35.9%	12.2%	70.1%
<i>answered question</i>	49	113	238	101	501

Rutland County Health Assessment Community Survey

Question 1

	Rutland City / Rutland Town	South (Poultney, Middletown Springs, Wells, Pawlet, Danby, Tinmouth, Wallingford, Mount Tabor, Clarendon)	East (Chittenden, Killington, Mendon, Pittsfield, Mount Holly, Shrewsbury, Cuttingsville)	North (Brandon, Pittsford, Forest Dale, Hubbardton, Sudbury)	West (Proctor, West Rutland, Castleton, Ira, Fair Haven, Benson, West Haven)	
When you or your family needed health services in the last two years, how often did you or your family get the following services in Rutland County?						
Answer Options						
Annual check up in a doctor's office						Total
Always	170 33.9%	51 10.2%	32 6.4%	24 4.8%	73 14.6%	350 69.9%
Sometimes	41 8.2%	14 2.8%	8 1.6%	8 1.6%	19 3.8%	90 18.0%
Never	17 3.4%	6 1.2%	4 0.8%	6 1.2%	6 1.2%	39 7.8%
Did not need	7 1.4%	2 0.4%	0 0.0%	4 0.8%	4 0.8%	17 3.4%
Sick care in a doctor's office						Total
Always	131 26.1%	39 7.8%	28 5.6%	19 3.8%	73 14.6%	290 57.9%
Sometimes	63 12.6%	19 3.8%	11 2.2%	13 2.6%	18 3.6%	124 24.8%
Never	18 3.6%	6 1.2%	4 0.8%	6 1.2%	3 0.6%	37 7.4%
Did not need	17 3.4%	6 1.2%	0 0.0%	4 0.8%	7 1.4%	34 6.8%
Dental cleaning or x-rays						Total
Always	163 32.5%	53 10.6%	31 6.2%	27 5.4%	77 15.4%	351 70.1%
Sometimes	25 5.0%	5 1.0%	2 0.4%	5 1.0%	8 1.6%	45 9.0%
Never	22 4.4%	12 2.4%	7 1.4%	7 1.4%	7 1.4%	55 11.0%
Did not need	20 4.0%	3 0.6%	3 0.6%	3 0.6%	9 1.8%	38 7.6%
Dental fillings or other treatment						Total
Always	138 27.5%	46 9.2%	27 5.4%	20 4.0%	72 14.4%	303 60.5%
Sometimes	39 7.8%	8 1.6%	3 0.6%	5 1.0%	8 1.6%	63 12.6%
Never	21 4.2%	10 2.0%	5 1.0%	9 1.8%	7 1.4%	52 10.4%
Did not need	27 5.4%	7 1.4%	7 1.4%	8 1.6%	13 2.6%	62 12.4%
Prescription or over the counter drugs						Total
Always	177 35.3%	45 9.0%	32 6.4%	31 6.2%	79 15.8%	364 72.7%
Sometimes	38 7.6%	18 3.6%	7 1.4%	6 1.2%	16 3.2%	85 17.0%
Never	10 2.0%	6 1.2%	1 0.2%	2 0.4%	2 0.4%	21 4.2%
Did not need	8 1.6%	4 0.8%	4 0.8%	2 0.4%	4 0.8%	22 4.4%
Home health care services						Total
Always	24 4.8%	12 2.4%	9 1.8%	10 2.0%	14 2.8%	69 13.8%
Sometimes	14 2.8%	2 0.4%	2 0.4%	2 0.4%	4 0.8%	24 4.8%
Never	34 14.3%	13 17.6%	2 4.5%	5 11.9%	7 6.9%	61 12.2%
Did not need	150 29.9%	44 8.8%	29 5.8%	23 4.6%	72 14.4%	318 63.5%

Question 1	Rutland City / Rutland Town	South (Poultney, Middletown Springs, Wells, Pawlet, Danby, Tinmouth, Wallingford, Mount Tabor, Clarendon)	East (Chittenden, Killington, Mendon, Pittsfield, Mount Holly, Shrewsbury, Cuttingsville)	North (Brandon, Pittsford, Forest Dale, Hubbardton, Sudbury)	West (Proctor, West Rutland, Castleton, Ira, Fair Haven, Benson, West Haven)	
When you or your family needed health services in the last two years, how often did you or your family get the following services in						
Lab or X-Rays						Total
Always	151 30.1%	46 9.2%	30 6.0%	24 4.8%	61 12.2%	312 62.3%
Sometimes	43 8.6%	15 3.0%	7 1.4%	12 2.4%	24 4.8%	101 20.2%
Never	14 2.8%	3 0.6%	3 0.6%	2 0.4%	3 0.6%	25 5.0%
Did not need	23 4.6%	9 1.8%	3 0.6%	2 0.4%	14 2.8%	51 10.2%
Mental health counselor						Total
Always	29 5.8%	2 0.4%	9 1.8%	6 1.2%	7 1.4%	53 10.6%
Sometimes	18 3.6%	5 1.0%	1 0.2%	4 0.8%	8 1.6%	36 7.2%
Never	31 6.2%	11 2.2%	5 1.0%	4 0.8%	8 1.6%	59 11.8%
Did not need	141 28.1%	49 9.8%	28 5.6%	25 5.0%	73 14.6%	316 63.1%
Alcohol or drug abuse counselor						Total
Always	15 3.0%	0 0.0%	1 0.2%	1 0.2%	2 0.4%	19 3.8%
Sometimes	5 1.0%	1 0.2%	3 0.6%	2 0.4%	3 0.6%	14 2.8%
Never	34 6.8%	9 1.8%	5 1.0%	6 1.2%	5 1.0%	59 11.8%
Did not need	168 33.5%	58 11.6%	31 6.2%	31 6.2%	84 16.8%	372 74.3%
Emergency Room care						Total
Always	94 18.8%	34 6.8%	23 4.6%	16 3.2%	44 8.8%	211 42.1%
Sometimes	56 11.2%	11 2.2%	3 0.6%	7 1.4%	13 2.6%	90 18.0%
Never	13 2.6%	6 1.2%	2 0.4%	3 0.6%	4 0.8%	28 5.6%
Did not need	66 13.2%	19 3.8%	14 2.8%	15 3.0%	39 7.8%	153 30.5%
Nursing Home						Total
Always	8 1.6%	2 0.4%	0 0.0%	0 0.0%	5 1.0%	15 3.0%
Sometimes	1 0.2%	0 0.0%	1 0.2%	2 0.4%	2 0.4%	6 1.2%
Never	32 6.4%	9 1.8%	1 0.2%	5 1.0%	7 1.4%	54 10.8%
Did not need	180 35.9%	55 11.0%	37 7.4%	32 6.4%	82 16.4%	386 77.0%
Assisted Living						Total
Always	9 1.8%	1 0.2%	2 0.4%	2 0.4%	3 0.6%	17 3.4%
Sometimes	3 0.6%	0 0.0%	0 0.0%	3 0.6%	2 0.4%	8 1.6%
Never	32 6.4%	10 2.0%	0 0.0%	3 0.6%	6 1.2%	51 10.2%
Did not need	177 35.3%	55 11.0%	38 7.6%	32 6.4%	85 17.0%	387 77.2%
<i>answered question</i>	<i>237</i>	<i>74</i>	<i>44</i>	<i>42</i>	<i>102</i>	<i>499</i>
<i>skipped question</i>	<i>0</i>	<i>0</i>	<i>0</i>			
					Total	501

Question 2	Rutland City / Rutland Town	South (Poultney, Middletown Springs, Wells, Pawlet, Danby, Tinmouth, Wallingford, Mount Tabor, Clarendon)	East (Chittenden, Killington, Mendon, Pittsfield, Mount Holly, Shrewsbury, Cuttingsville)	North (Brandon, Pittsford, Forest Dale, Hubbardton, Sudbury)	West (Proctor, West Rutland, Castleton, Ira, Fair Haven, Benson, West Haven)	
Please check below any of the reasons why you or your family did not get health services they needed in Rutland County.						
Answer Options						Total
Does not apply to me	159 31.7%	45 9.0%	28 5.6%	19 3.8%	70 14.0%	321 64.1%
Do not have regular doctor	16 3.2%	3 0.6%	2 0.4%	3 0.6%	3 0.6%	27 5.4%
Did not have health insurance	16 3.2%	6 1.2%	7 1.4%	6 1.2%	7 1.4%	42 8.4%
Did not have dental insurance	26 5.2%	10 2.0%	5 1.0%	4 0.8%	11 2.2%	56 11.2%
Could not afford to pay fee at time of service	19 3.8%	4 0.8%	6 1.2%	5 1.0%	5 1.0%	39 7.8%
Could not afford co-pay or deductible	13 2.6%	2 0.4%	3 0.6%	3 0.6%	3 0.6%	24 4.8%
Doctor did not accept Medicaid	12 2.4%	3 0.6%	2 0.4%	1 0.2%	1 0.2%	19 3.8%
Doctor did not accept Medicare	8 1.6%	0 0.0%	2 0.4%	0 0.0%	0 0.0%	10 2.0%
Payment of balance due was required	11 2.2%	5 1.0%	2 0.4%	1 0.2%	1 0.2%	20 4.0%
Too long a wait for an appointment	18 3.6%	10 2.0%	3 0.6%	0 0.0%	6 1.2%	37 7.4%
Appointment time not convenient	6 1.2%	5 1.0%	2 0.4%	3 0.6%	2 0.4%	18 3.6%
Could not get an appointment	13 2.6%	1 0.2%	5 1.0%	3 0.6%	3 0.6%	25 5.0%
Could not take time off from work	5 1.0%	6 1.2%	3 0.6%	3 0.6%	4 0.8%	21 4.2%
Did not have a ride	8 1.6%	4 0.8%	1 0.2%	3 0.6%	3 0.6%	19 3.8%
Service was not available in Rutland County	30 6.0%	6 1.2%	4 0.8%	7 1.4%	8 1.6%	55 11.0%
<i>answered question</i>	<i>237</i>	<i>74</i>	<i>44</i>	<i>42</i>	<i>102</i>	<i>499</i>
<i>skipped question</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>
					Total	501

Question 3						
	Rutland City / Rutland Town	South (Poultney, Middletown Springs, Wells, Pawlet, Danby, Tinmouth, Wallingford, Mount Tabor, Clarendon)	East (Chittenden, Killington, Mendon, Pittsfield, Mount Holly, Shrewsbury, Cuttingsville)	North (Brandon, Pittsford, Forest Dale, Hubbardton, Sudbury)	West (Proctor, West Rutland, Castleton, Ira, Fair Haven, Benson, West Haven)	
What region of Rutland County is your permanent address in?						
Answer Options						Total
Rutland City / Rutland Town	237	0	0	0	0	237
	47.3%	0.0%	0.0%	0.0%	0.0%	47.3%
South (Poultney, Middletown Springs, Wells, Pawlet, Danby, Tinmouth, Wallingford, Mount Tabor, Clarendon)	0	74	0	0	0	74
	0.0%	14.8%	0.0%	0.0%	0.0%	14.8%
East (Chittenden, Killington, Mendon, Pittsfield, Mount Holly, Shrewsbury, Cuttingsville)	0	0	44	0	0	44
	0.0%	0.0%	8.8%	0.0%	0.0%	8.8%
North (Brandon, Pittsford, Forest Dale, Hubbardton, Sudbury)	0	0	0	42	0	42
	0.0%	0.0%	0.0%	8.4%	0.0%	8.4%
West (Proctor, West Rutland, Castleton, Ira, Fair Haven, Benson, West Haven)	0	0	0	0	102	102
	0.0%	0.0%	0.0%	0.0%	20.4%	20.4%
<i>answered question</i>	237	74	44	42	102	499
<i>skipped question</i>	0	0	0			2
						501
Question 4						
	Rutland City / Rutland Town	South (Poultney, Middletown Springs, Wells, Pawlet, Danby, Tinmouth, Wallingford, Mount Tabor, Clarendon)	East (Chittenden, Killington, Mendon, Pittsfield, Mount Holly, Shrewsbury, Cuttingsville)	North (Brandon, Pittsford, Forest Dale, Hubbardton, Sudbury)	West (Proctor, West Rutland, Castleton, Ira, Fair Haven, Benson, West Haven)	
What age group are you in?						
Answer Options						Total
18 - 29 years	27	8	4	3	7	49
	5.4%	1.6%	0.8%	0.6%	1.4%	9.8%
30 - 44 years	52	19	10	9	23	113
	10.4%	3.8%	2.0%	1.8%	4.6%	22.6%
45 - 64 years	117	36	23	20	40	236
	23.4%	7.2%	4.6%	4.0%	8.0%	47.1%
65 and older	41	11	7	10	32	101
	8.2%	2.2%	1.4%	2.0%	6.4%	20.2%
<i>answered question</i>	237	74	44	42	102	499
<i>skipped question</i>	0	0	0			2
					<i>Total</i>	501
Question 5						
	Rutland City / Rutland Town	South (Poultney, Middletown Springs, Wells, Pawlet, Danby, Tinmouth, Wallingford, Mount Tabor, Clarendon)	East (Chittenden, Killington, Mendon, Pittsfield, Mount Holly, Shrewsbury, Cuttingsville)	North (Brandon, Pittsford, Forest Dale, Hubbardton, Sudbury)	West (Proctor, West Rutland, Castleton, Ira, Fair Haven, Benson, West Haven)	
What is the highest grade in school you completed?						
Answer Options						Total
Grade 11 or less	21	3	1	4	8	37
	4.2%	0.6%	0.2%	0.8%	1.6%	7.4%
High School Graduate	56	16	9	12	20	113
	11.2%	3.2%	1.8%	2.4%	4.0%	22.6%

Question Responses	When you or your family needed health services in the last two years, how often did you or your family get the following services in Rutland County?
	psychiatry Chiropractic-- Addison County PT As a local attorney, I have had and seen a persistent, decades long inability of clients with serious mental health disabilities to get psychiatric care outpatient [vs. Partial Hospitalization]. This is an issue that is often discussed and never resolved. in-patient, surgery Not all categories above allowed for a response! EAP untimely; specialists not available locally rrmc is out of network for my insurance plan, I must travel to Porter Hospital for my medical needs surgery done at Dartmouth-did not like dealing with VOC office Not unless absolutely necessary,I can not afford the co pays Specialty medical care (went to DHMC) because services were not available in Rutland. GYN Specialist - went to Dartmouth dermatologist- out of Rutland county Pain Clinic assessment

Question	Please check below any of the reasons why you or your family did not get health services they needed in Rutland County.
	they don't offer pediatric specialist in Rutland County. It would be great if they did I have Medicare/Medicaid do not need do not need received services needed Don't trust RC MDs Probably needed but did not seek did not live here don't use doctor unless needed My husband goes to White River VA. He also goes to Dr. Bove. VA Hospital No problems too long for approval for prescriptions; wait in ER too long Very few providers on our list. No hospitals in VT. No specialists (or very few) Access not a problem Paying for it is a problem. Medicaid is a barrier to access. probably didn't understand (checked but no response given) my services/personal ones/ are usually done in the middlebury area Get healthcare through VA & National Guard--many times you have to go to White River Adults could not afford company insurance Emergency Room very slow! Physician in Addison County I wanted care from provider elsewhere because I'm poor I've been blessed with great health RRMC would not give treatment to a mentally retarded person because they would not recognize the caare provider!!!

Question	Please check below any of the reasons why you or your family did not get health services they needed in Rutland County.
Responses	<p>my dentist is in Bennington County-I clicked the does not apply to get out of the screen</p> <p>Choices available in the Ob/Gyn health community are not holistic enough in practice model; must travel to Middlebury to get the type of care I prefer for ob/gyn</p> <p>Dental surgeon would not treat my son b/c of his anxiety issues</p> <p>No child psychiatry in all of central vermont! Very limited (and outdated) GYN services.</p> <p>rrmc is out of network for my insurance plan, I go to Porter Hospital</p> <p>doctor and pharmacy in bennington county</p> <p>Did not make an appointment</p> <p>Went to other ER while out of state.</p> <p>Used MEDCO 90 day online prescription service.</p> <p>preferred doctor in hanover</p> <p>Pediatric ophthomologist</p> <p>children away at college</p> <p>PHYSICIAN NOT IN AREA</p> <p>Did not accept CIGNA</p> <p>My PCP is in another county</p> <p>The local doctor was not able to accept the insurance from my employer (RRMC) because they had not completed the paperwork to be a provider for MVP but were "working on it."</p> <p>Mental Health Care is very much lacking, and care for adolescents is grossly inadequate. Rutland Mental Health Services are poor quality, services on the autism spectrum are lacking.</p> <p>ordered RX from mail order pharmacy</p> <p>Reception / scheduling personnel was rude and not at all helpful.</p> <p>Dental office is located in Granville, NY which is closest to where i live.</p> <p>my obgyn care is at DHMC. I don't like any of our local obgyns.</p> <p>Chose a specialist who is outside Rutland County</p> <p>I was looking for a specialist who had experience with my particular problem.</p> <p>pediatric pulmonary specialist</p> <p>PCP reffered us out of the county</p> <p>Seeing specialist (nephrologist) out-of-area because I feel provider is better qualified & a better advocate for me</p> <p>A physician who was "accepting new patients" had to review my application to see if he would take me as a patient. I have heard nothing thus far.</p> <p>Physician recommended out of county specialist</p> <p>Acute abdominal pain....called PCP and was instructed to go to E.D.</p> <p>Part of family uses dentist in Middlebury. "Open" MRI avail only in Burlington.</p> <p>confidentiality is breached by Rutland Hospital staff, too many errors made in lab and other departments, RRMC does not provide the services I need for maintenance treatment of my diagnosed disease</p> <p>Mental Health services are very needy since the county has lost some therapists/deeply affected our daughters and their needs.</p> <p>You do not accept my insurance! Aetna Select. My wife waited 6 hours before being seen in emergency room. Some little second-rate hospital in Hanover is desperate enough to take my insurance and actually provide service in their emergency room. I guess th</p> <p>RRMC is not a preferred provider for our United Health Care Plan</p> <p>could not find qualified doctor in rutland</p> <p>Specialists have too long waiting times to get into....they are there but one has to wait six months to get in....not good!</p>

4. What assets do we have that can be used to improve the healthcare system and the health status of people living in Rutland County?

5. Please rank order the top five barriers that prevent people from to accessing health services in Rutland County? (**Where 1 is the most significant, 2 is next most significant, etc.**)

- | | |
|--|--|
| <input type="checkbox"/> Do not have a regular doctor | <input type="checkbox"/> Could not take time off from work |
| <input type="checkbox"/> Do not have health insurance | <input type="checkbox"/> Lack of transportation |
| <input type="checkbox"/> Do not have dental insurance | <input type="checkbox"/> Service not available (Specify _____) |
| <input type="checkbox"/> Cannot afford to pay fee at time of service | <input type="checkbox"/> Cultural or spiritual differences |
| <input type="checkbox"/> Cannot afford deductible, co-pay, etc. | <input type="checkbox"/> Mental or behavioral disorder |
| <input type="checkbox"/> Doctor not accepting Medicaid | <input type="checkbox"/> Language / translation |
| <input type="checkbox"/> Doctor not accepting Medicare | <input type="checkbox"/> Patient attitudes or biases |
| <input type="checkbox"/> Payment of balance due required | <input type="checkbox"/> Physical disability |
| <input type="checkbox"/> Too long a wait for an appointment | <input type="checkbox"/> Not knowing how or when to seek care |
| <input type="checkbox"/> Appointment time not convenient | <input type="checkbox"/> Confidentiality concerns |
| <input type="checkbox"/> Could not get an appointment | <input type="checkbox"/> Discrimination concerns |
| <input type="checkbox"/> Lack of childcare | |

6. Please rank order the five most important issues that should be addressed in our community below. (**Where 1 is most important, 2 is next most important, etc.**)

- | | |
|---|--|
| <input type="checkbox"/> Elderly health, housing and other services | <input type="checkbox"/> Farming -related injuries |
| <input type="checkbox"/> Cancer prevention, detection and treatment | <input type="checkbox"/> Heart disease and stroke |
| <input type="checkbox"/> Child abuse / neglect | <input type="checkbox"/> High blood pressure |
| <input type="checkbox"/> Dental care | <input type="checkbox"/> HIV / AIDS |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Homicide |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Infant death |
| <input type="checkbox"/> Firearm-related injuries | <input type="checkbox"/> Infectious Diseases (e.g., Hepatitis, TB, etc.) |
| <input type="checkbox"/> Motor vehicle crash injuries | <input type="checkbox"/> Mental health problems |
| <input type="checkbox"/> Rape / sexual assault | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Respiratory / lung disease | <input type="checkbox"/> Teenage pregnancy / family planning |
| <input type="checkbox"/> Sexually Transmitted Diseases (STDs) | <input type="checkbox"/> End of life care |
| <input type="checkbox"/> Prescription drugs | <input type="checkbox"/> Primary care – adult |
| <input type="checkbox"/> Home health care | <input type="checkbox"/> Primary care - child |
| <input type="checkbox"/> Prenatal care | <input type="checkbox"/> Other (Specify _____) |
| <input type="checkbox"/> Hospice care | |

7. Please rate the five most important “risky behaviors” below in our community that have the greatest impact on overall community health. (**Where 1 is most important, 2 is next most important, etc.**)

- | | |
|---|--|
| <input type="checkbox"/> Alcohol abuse | <input type="checkbox"/> Not getting “shots” to prevent disease |
| <input type="checkbox"/> Being overweight | <input type="checkbox"/> Tobacco use |
| <input type="checkbox"/> Dropping out of school | <input type="checkbox"/> Not using birth control |
| <input type="checkbox"/> Drug abuse | <input type="checkbox"/> Not using seat belts / child safety seats |
| <input type="checkbox"/> Lack of exercise | <input type="checkbox"/> Unsafe sex (not using a condom, etc.) |
| <input type="checkbox"/> Poor eating habits | <input type="checkbox"/> Other |

8. Considering that the Bouse Health Trust needs to suspend funding during these economic times, what advice would you give to the Health Trust in the future when the markets become more favorable?

Question 5 - Please rank order the top five barriers that prevent people from accessing health services in Rutland County

Respondent
Do not have health insurance
Lack of transportation
Do not have dental insurance
Not knowing how or when to seek care
Cannot afford deductible, co-pay, etc.
Doctor not accepting Medicaid
Do not have a regular doctor
Mental or behavioral disorder
Patient attitudes or biases
Cannot afford to pay fee at time of service
Too long to wait for an appointment
Payment of balance due required
Could not get an appointment
Doctor not accepting Medicare
Could not take time off from work
Appointment time not convenient
Lack of childcare
Service not available- substance abuse
Cultural or spiritual differences, poverty
Discrimination concerns
Service not available
Service not available- pedi psych
Service not available- dental
Language / translation
Physical disability
Confidentiality concerns

How Many Times Each Response Was Rated	Percent that Ranked Each Response					
	1	2	3	4	5	X
32	56%	13%	16%	6%	3%	6%
24	8%	21%	17%	17%	33%	4%
22	14%	50%	14%	9%	5%	9%
17	35%	6%	6%	12%	41%	0%
13	15%	8%	15%	31%	31%	0%
13	0%	15%	31%	23%	23%	8%
13	15%	38%	38%	8%	0%	0%
10	20%	20%	30%	20%	10%	0%
9	11%	11%	11%	33%	33%	0%
8	0%	25%	50%	13%	0%	13%
8	0%	25%	25%	25%	13%	13%
6	0%	0%	33%	33%	33%	0%
6	17%	0%	0%	50%	33%	0%
5	0%	20%	0%	60%	0%	20%
5	0%	0%	0%	40%	60%	0%
2	0%	0%	0%	50%	50%	0%
2	50%	0%	50%	0%	0%	0%
2	50%	50%	0%	0%	0%	0%
1	0%	0%	100%	0%	0%	0%
1	0%	0%	0%	0%	100%	0%
1	0%	0%	0%	0%	0%	100%
1	0%	100%	0%	0%	0%	0%
1	0%	0%	0%	100%	0%	0%
0	0%	0%	0%	0%	0%	0%
0	0%	0%	0%	0%	0%	0%
0	0%	0%	0%	0%	0%	0%

Question 7 - Please rate the five most important "risky behaviors" below in our community that have the greatest impact on overall community health.

Respondent
Drug abuse
Being overweight
Alcohol abuse
Lack of exercise
Poor eating habits - inexpensive food
Tobacco use
Dropping out of school
Unsafe sex (not using condom, etc.)
Not using birth control
Not getting "shots" to prevent disease
Other - abuse all types
Not using seat belts / child safety seats

How Many Times Each Response Was Rated	Percent that Ranked Each Response					
	1	2	3	4	5	X
33	30%	12%	18%	24%	6%	9%
32	19%	28%	25%	9%	13%	6%
31	30%	19%	16%	6%	16%	10%
31	16%	23%	16%	23%	13%	10%
26	12%	12%	23%	19%	27%	8%
23	4%	26%	13%	26%	22%	9%
17	12%	12%	18%	18%	41%	0%
7	0%	14%	14%	43%	29%	0%
2	50%	0%	0%	50%	0%	0%
1	0%	0%	0%	0%	100%	0%
1	0%	0%	100%	0%	0%	0%
0	0%	0%	0%	0%	0%	0%

2008/2009 COMMUNITY HEALTH ASSESSMENT FOCUS GROUP PARTICIPANTS

1. Ann Bannister, Rutland High School Nurse
2. Anne Young, Fox Croft Farm Education Program
3. Barbara Gustafson, Community of Promise
4. Barb Hanson, SW Vermont Council on Aging
5. Bethany Yon, Vermont Department of Health, Public Nutritionist
6. Beth Diamond, Vermont 211
7. Chuck Sharp, United Way of Rutland County
8. Claudia Courcelle, Clinical Director, CHCRR
9. **Dr. John Dick, Brandon Health Center**
10. **Dr. Steve Mann, Pain Management, Mental Health Provider**
11. Elizabeth Eddy, BROC
12. Grant Whitmer, Community Health Centers of the Rutland Region
13. Heather Hinkley, Prevent Child Abuse Vermont
14. Jean Childer, Neshobe School RN
15. Jenny Nixon-Carter, Exec Dir, RAPAC
16. Jerry Hanson, Sigh Enterprises
17. Joanne Calvi, Vermont Department of Health
18. Joe LaRosa, RSUSU, 21st Century Coordinator
19. Jonas Rosenthal, Town Manager, Poultney
20. **Jonni Rice, Boys and Girls Club, Rutland County**
21. Julie Austin, Fair Haven Concerned
22. Karen Glade, Rutland Free Clinic
23. Karen Schneider, UVM Extension
24. Kathy Felder, Nurse Practitioner, Mid Vermont Urology
25. Kevin Loso, Rutland Housing Authority
26. Laurie Knauer, Castleton Community Homestead
27. Lisa Steckler, Turning Point
28. Martha Coulter, School Psychologist
29. Mary Lou Bolt, Vermont Dept. of Health
30. **Melanie Gaiotti, Vermont Department of Liquor Control**
31. Nan Hart, RSVP
32. Nanci Gordon, Rutland County Partnership for Family Services
33. Paula Baker, Rutland Free Library
34. Rich Carlson, Board of United Way, Rotary
35. Richard Giddings, Agency of Human Services
36. **Robin Myers, Nurse Practitioner, Brandon Health Center**
37. Roger Baker, MD, Pediatrician, Retired
38. Sandy Cohen, Mentor Connection
39. Sarah Roy, Vermont Department of Health, Substance Abuse Prevention Coordinator
40. Sue Ellen Schneider Scotch Hill Road, Fair Haven
41. Suzanne MacEachron, Practice Manager of the Castleton Medical Center
42. **Toni Montana, RSWSU**
43. **Tracy Adams, Recovery House, Inc.**
44. Virginia Umland, RN, RAVNAH
45. **Wendy Andrews, Brandon Health Center**

Prioritizing Meeting Attendance for April 30 2009

BOLT, MARY LOU	VERMONT DEPARTMENT OF HEALTH
COHEN, SANDY	MENTOR CONNECTOR
BAKER, DR. ROGER	RETIRED PHYSICIAN
FELDER, KATHY	NURSE PRACTITIONER
GAIOTTI, MELANIE	VERMONT DEPARTMENT OF LIQUOR CONTROL
GRANT WHITMER	COMMUNITY HEALTH CENTERS OF THE RUTLAND REGION
HANSON, BARBARA	SOUTHWESTERN VERMONT COUNCIL ON AGING
HART, NAN	RSVP OF RUTLAND COUNTY
NOLAN, BRIAN	OMYA
ROY, SARAH	VERMONT DEPARTMENT OF HEALTH
RILEY, JO ANN	CASTLETON COMMUNITY HOMESTEAD
WOLYNEC, ARDY	RUTLAND AREA VISITING NURSES AND HOSPICE
CALVI, JOANNE	VERMONT DEPARTMENT OF HEALTH
UMLAND, VIRGINIA	RUTLAND AREA VISITING NURSES AND HOSPICE
HOMMEL SUE	VERMONT DEPARTMENT OF HEALTH
YON, BETHANY	VERMONT DEPARTMENT OF HEALTH
GLADE, KAREN	RUTLAND FREE CLINIC
STANLEY, MARTHA	VERMONT DEPARTMENT OF HEALTH
GILBERT, CLAY	RUTLAND MENTAL HEALTH
TWITCHELL, DAVE	RUTLAND REGIONAL MEDICAL CENTER
EDDY, ELIZABETH	BENNINGTON-RUTLAND OPPORTUNITY COUNCIL
NARKEWICZ, SARAH	BOWSE HEATH TRUST
WHITE, DEB	HELMS & COMPANY, INC.