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A. Executive summary

Within this changing world of health care, Rutland Regional Medical Center’s purpose remains the same, to help improve the health and well-being of our community, as individuals and as part of the whole.

The community health needs assessment (CHNA) process has proven a valuable tool both to identify areas where attention should be focused to address certain needs and concerns, and to keep the dialog going between organizations and community members to share information, insights, and plans for the future, and to help identify opportunities for collaboration to address identified needs.

This round of the CHNA involved discussion of the many projects and programs that are working to address needs across our community that have been identified through earlier assessments, while drawing our attention to some changes in the needs of our community, in part due to the changing culture of health and health care. In some ways, we began to think bigger, and in others we found ourselves more focused on specific issues within a category of interest. For example, we continue to see the shape of need in Rutland County as depicted here, but we are seeing more interest and emphasis on strengthening the foundation.

Community Health Improvement is a broad term that encompasses many aspects and elements, from the individual to the health system as a whole. Considering this and trying to target key issues that would likely have the most significant impact on our community, these are the priority areas we have identified:

<table>
<thead>
<tr>
<th>Factor</th>
<th>Key issues to address</th>
<th>Importance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Care</td>
<td>➢ Mental health and substance abuse services for adults and youth</td>
<td>✓ To continue to address the drug problem in our community, through treatment, aftercare and prevention.</td>
</tr>
<tr>
<td></td>
<td>➢ Recruitment and retention of primary care providers, both medical and dental</td>
<td>✓ To continue to improve access to care for all community members.</td>
</tr>
<tr>
<td>Healthy Behaviors</td>
<td>➢ Life skills for youth</td>
<td>✓ To improve and promote healthy choices and activities to support a healthy community in which to live and raise a family.</td>
</tr>
<tr>
<td></td>
<td>➢ Physical activity for and by adults and youth</td>
<td></td>
</tr>
<tr>
<td>Social &amp; Economic Determinants</td>
<td>➢ Recruitment and retention of businesses and people to the area</td>
<td>✓ To improve the health and well-being of our community, making it an attractive place to live and work.</td>
</tr>
<tr>
<td></td>
<td>➢ Societal culture building</td>
<td></td>
</tr>
<tr>
<td></td>
<td>➢ Educational attainment</td>
<td></td>
</tr>
<tr>
<td>Physical Environment</td>
<td>➢ Housing</td>
<td>✓ To improve infrastructure to support a healthy community with access to work, recreational opportunities, and services.</td>
</tr>
<tr>
<td></td>
<td>➢ Transportation, vehicular</td>
<td></td>
</tr>
</tbody>
</table>
It is both our hope and our expectation that the information presented in this report will be used across the community by individuals and organizations to help guide strategic planning initiatives and collaborations toward the development of new community programs to promote and improve the health status of our community.

B. Community Served by the Hospital Facility

   a. Geographic description

   Rutland County, composed of 933 square miles, is located in central Vermont. The population mostly resides in the 27 small towns and outlying rural areas. Rutland City is the largest population center (estimated at 16,495 in 2010). Rutland Regional Medical Center (RRMC) is depended upon by more than 60,000 residents of the hospital service area (HSA), which includes Rutland County and some portions of southern and north central Vermont and even Washington County, New York.

b. Target populations

   i. Senior populations – In 2000, 14.9% of the population in Rutland County was age 65 or older. This population grew to 16.6% in 2010, and is reported in the 2011-2013 Census data at 17.3%. Expanding upon this, one quarter (25.3%) of Rutland County residents are 60 years and older by the recent report.

   ii. Individuals living in poverty – From 1999 to 2009, the proportion of individuals in Rutland County living below the poverty level increased from 10.9% to 13.6%; in 2012 this is reported at 13.0%, down slightly, but still above the State average. In Rutland County, 16% of children are living in poverty, compared to the state rate at 15% in 2013.

   iii. Adults with substance abuse issues – Vermont ranks in the top ten of states for illicit drug use for those ages 18-25 (3rd per 2012-2013 NSDUH data). Rutland County continues to have 20% of adult residents identify themselves as smokers, tracking higher than the overall state rate; notably, adult women reporting smoking during pregnancy has risen from 24.7% in 2009 to 32% for 2013 (2013 State rate was 18%).

   iv. Youth and adults who are overweight or obese – 32% of adults report being obese in Rutland County, compared to 25% in the State. Youth in Rutland County report being overweight or obese at a higher rate than across the State.

c. Primary existing health facilities / resources

   Rutland Regional Medical Center
   160 Allen Street, Rutland, VT 05701
   775-7111

   Mission: To improve the health of the Rutland Region and surrounding communities by providing appropriate, superior, integrated, preventative, diagnostic and therapeutic health services in a caring environment through the strength of our people, technology and relationships.

   As Vermont’s second largest health care facility and the only major medical center in central Vermont, RRMC provides health care to all who seek its services, regardless of their ability to pay. RRMC’s more than 36 specialized service areas help you, your primary care provider, and
your specialist physicians meet virtually every health care need. Our 123-bed hospital provides a full range of inpatient and outpatient medical services, including the Foley Cancer Center, an outpatient Rehabilitation Center, a Sleep Center, a Dialysis Unit and a 24-hour Emergency Department which includes Fast Track, providing prompt care for minor illness and injury, and clinic resources for OB-GYN, surgery. Round-the-clock in-house physician coverage is available for critical care patients in the Intensive Care Unit. RRMC also provides a variety of health and wellness resources for individuals, families, health care professionals, employers and organizations.

During Fiscal Year ended September 30, 2014, RRMC had 225,383 outpatient registrations; 5,210 inpatient admissions; and 33,897 emergency department visits.

Rutland Mental Health Services, Inc.  
775-4340  
78 South Main Street, Rutland, VT  05701  
Mission: To improve the overall quality of life of residents of the greater Rutland region by offering high quality health, human services, education, employment, and rehabilitative programs that empower individuals, families, and communities to reach their full potential. Rutland Mental Health Services, Inc. (RMHS) is a community mental health and developmental disabilities system providing clinical and supportive services to promote health, and is the State Designated Mental Health Agency for Rutland County. In response to community needs, they provide services that span every age, including Evergreen Substance Abuse Program (Evergreen), adult substance abuse treatment services, including drug and alcohol assessment, Intensive Outpatient Program (days or evenings -Quitting Time), on-site psychiatric services, Aftercare Program, Co-occurring Services, Rocking Horse Program, Project CRASH, Drug Court Services, Incarcerated Women’s Initiative, Specialty Groups, and Individual Counseling. Treatment is provided without regard for gender, race, religion, sexual orientation, place of national origin, socio-economic status, political affiliation, or physical or mental disability.

Rutland Area Visiting Nurse Association & Hospice, Inc.  
775-0568  
7 Albert Cree Drive, Rutland, VT  05701  
Mission: To enhance the quality of life of all we serve through comprehensive home and community health services.

Rutland Area Visiting Nurse Association & Hospice (RAVNAH) is a non-profit, Medicare-certified home health agency providing quality health care services to people of all ages, even before birth and through the end of life. In addition to in-home nursing services, RAVNAH advances health promotion and prevention through a patient-centered approach including screenings, clinics (i.e., flu and foot), and early intervention. Incorporated on January 9, 1946, RAVNAH’s purpose has always been to promote health, educate the public on disease prevention, and provide skilled nursing care. RAVNAH strives to enhance the quality of life of those they serve through comprehensive home and community health services. They provide home health and community services to all who need it, regardless of their location or complexity of health issues.

Primary Care

Primary care in Rutland County meets the medical needs of different populations in the community: families, adults, and children. Services include family medicine, general internal
medicine, pediatrics, and obstetrics-gynecology. Providers include physicians (MDs/Dos), advanced practice registered nurses (APRNs), and physician assistants (PAs).

In 2013, the range of primary care services was being provided at 18 practice sites by the equivalent of 42 full-time physicians and an additional 15 APRNs, CNMs and PA-Cs. Some primary care providers are private independent medical offices, some are clinics affiliated with RRMC, and complementing the primary care services are the Federally Qualified Health Centers (the Community Health Centers of the Rutland Region).

Community Health Centers of the Rutland Region
215 Stratton Road, Rutland, VT 05701  773-3386

Mission: To improve and promote the health of all residents of our service area by reducing health disparities thorough expanded access to quality primary care and coordination of extended services, regardless of income or insurance status.

With Primary medical care offices in six locations, Community Health Centers of the Rutland Region (CHCRR) offers a full range of services including preventative health care, well-child care, management of chronic or serious illness, minor office procedures, care for work-related injuries, and X-ray and laboratory services are available at some locations.

All of the offices are accepting new patients and CHCRR participates with most area insurance companies, including Medicaid and Medicare. They also offer a sliding scale payment option based upon family size and income.

Rutland Free Clinic  775-1360
145 State Street, Rutland, VT 05701

Rutland Free Clinic began operation in 1996, and is dedicated to providing health care to the uninsured whose household incomes fall below 200% of the federal poverty line and the underinsured who have catastrophic health insurance with at least an annual $10,000+ deductible. Their goals are always to:

1. Meet immediate medical needs (including medications)
2. Obtain insurance and/or free care coverage
3. Transition each client to a Primary Care Provider (and specialist if needed)

Consultations and examinations are provided by volunteer professionals, now including dental and mental health services.

It is not their intention to be the primary care provider for individuals and families on an ongoing basis, but rather to facilitate access to such services for the long-term. To support this goal, they also assist people with applications to VHAP, Medicaid, RRMC Free Care, Ladies First, and prescription assistance programs.

Primary Dental Care

Comprehensive dental care services, offering all aspects of preventive, cosmetic and restorative treatments are available for individuals and families across the Rutland region. Primary care
dental professionals provide cutting edge technology and services, and they also provide education for patients concerning relationship between dental health and overall health and wellbeing.

The Rutland Hospital Service Area in 2011 reported having 37 primary care dentists, including 1 pediatric dentist. There were also 14 specialty dentists identified providing oral surgery, endodontic, orthodontic, and periodontal services. Notably, the Rutland Free Clinic and the Federally Qualified Health Centers (Community Health Centers of the Rutland Region) also offer dental services.

Vermont Department of Health –

Twelve district offices around the state provide the essential health promotion and disease prevention services necessary for an effective public health system. The Rutland District office works in partnership with local health care providers, voluntary agencies, schools, businesses and community organizations to provide support, services and foster collaboration to address health issues identified in the community. This office serves: Benson, Brandon, Castleton, Chittenden, Clarendon, Danby, Fair Haven, Goshen, Hubbardton, Ira, Killington (Sherburne), Mendon, Middletown Springs., Mt. Holly, Mount Tabor, Pawlet, Pittsfield, Pittsford, Poultney, Proctor, Rutland City, Rutland Town, Shrewsbury, Sudbury, Tinmouth, Wallingford, Wells, West Haven, West Rutland.

The office is also host to Health Department programs serving individuals and families. These community-based programs include Ladies First, Vermont WIC (Women, Infants and Children), Breastfeeding and Mother-to-Mother Support, Children’s Integrated Services, and EPSDT (Early Periodic Screening Diagnosis and Treatment Program for children eligible for Dr. Dynasaur). They conduct eligibility screening for programs such as 3SquaresVT, Reach Up, and Medicaid, and provide assistance with forms and enrollment processing.

C. Community Health Needs Assessment Process and Methods

Rutland Regional Medical Center began performing community health assessments in 1996, to identify and prioritize the health needs of the hospital service area’s constituents to help guide the planning of hospital programming, including community benefit activities. The process takes into consideration available data reports on health indicators and recommended health outcome metrics, and combines this information with input from community members and leaders. Culminating the information obtained, we can:

- Describe the health status of the community
- Identify community health needs and concerns
- Compare the needs to those previously identified, to observe trends
- Pinpoint where additional resources are needed

Assessments have been undertaken in 2000, 2004, 2009, 2012, and now, for 2015. This report will serve to share the information gathered and an explanation of the review and prioritizing process that lead to the recommendations made here.
We take into consideration the influence of environment, access to healthcare, healthy lifestyle choices, and socioeconomic factors and the effect they have individually and collectively on health status of a community. To achieve this, we have used a six-step approach to conducting this and other needs assessments, including:

1. Defining the community we serve (our hospital service area);
2. Conducting secondary research to collect data from other sources to analyze existing data that relates to the health status of the population;
3. Conducting surveys of community members as consumers of health services;
4. Soliciting input from community leaders;
5. Review the information collected to identify the needs of our community;
6. Prioritize and report the identified needs and recommendations.

To oversee the work performed, we collaborate with community leaders with special knowledge or expertise of public health, community health and social services, and target populations, to serve as an advisory committee throughout the process of completing the community health needs assessment. This group of individuals brought diversity of perspective to the process:

- Vermont Department of Health
- Rutland Mental Health Services, Inc.
- Rutland Area Visiting Nurse Association and Hospice, Inc.
- Rutland Housing Authority
- Community Member, Board Member of Community Health Centers of the Rutland Region, Commissioner Rutland City Police
- Rutland Blueprint Manager, Rutland Regional Medical Center
- Psychiatric Services and West Ridge Treatment Center, Rutland Regional Medical Center
- Division of Alcohol & Drug Abuse Programs, Vermont Department of Health
- Rutland Regional Planning Commission
- United Way of Rutland County

The advisory committee met monthly beginning in May of 2014 to monitor the progress of the work, provide input and support, and to provide assistance when necessary. In addition to the advisory committee is an oversight committee, made up of a diverse combination of community partners, the Bowse Community Health Improvement Committee.

The Bowse Community Health Improvement Committee is charged with general oversight of Rutland Regional Medical Center’s community service, or benefits provided to the community above and beyond their primary role as a provider of hospital-based medical services. As such, this group provided valuable feedback throughout the process as stakeholders in the health and promotion of health across our community.

We now present this information to you through this report for your review, consideration and use. Please do not hesitate to contact us should you have any questions, suggestions, or feedback to help us improve the process in the future.
D. Input from Persons who Represent the Broad Interests of the Community

We utilize surveys and focus groups to collect input from consumers, providers, employers and other community groups each time we conduct a community health needs assessment.

i. Surveys

Three surveys were conducted as a part of this health needs assessment. The first was a phone survey of dental offices to update information obtained concerning access to care in the previous health needs assessment. We also surveyed random community members and emergency department consumers to identify issues concerning access to care, general health care, and emergency care.

- Dental provider survey (conducted in November 2014)

Following the same protocol as the surveys completed in 2008 and 2012, a list was compiled of all dental providers in Rutland County and compared against the previous lists to identify changes. The list was divided into two categories, primary dental care and specialty services; 25 general practices were identified and 8 specialty practices. Each office was contacted by phone. The following questions were posed:

- Are you accepting new patients?
  - Do you see adults?
  - Do you see children?
- Do you accept Medicaid?
  - Are you accepting new adult patients with Medicaid?
  - Are you accepting new pediatric patients with Medicaid?

The responses were logged in a spreadsheet and compiled for reporting.

- Consumer survey (conducted February and March 2015)

A brief health needs assessment survey of adults was conducted anonymously. Hard copies of the survey were made available in numerous physical locations around the region, at health, social service and business sites. The survey tool was also built in Survey Monkey and made available electronically and distributed as a web link through various list serves, through employers, and through agencies to use with their clientele. The link was also available through the newspaper, Facebook and via QR Reader on posters and flyers. We obtained a total of 673 responses. The blank form is included with this report as Attachment B.

It should be noted that while the survey was performed on a random basis, the data is self-reported by respondents, and the methods employed to collect the responses do not make the information obtained reliable for scientific purposes, only for anecdotal interpretation.
• Emergency room consumers (conducted in February and March 2015)

Partnering with our regional Medical Reserve Corps\(^1\), we arranged for volunteers to work with emergency department staff to conduct a brief survey (Attachment C) of adult patients on various days and at a variety of times of the day. In total 48 responses were collected. Due to the low volume, this survey was concluded and the data collected was set aside, as there were too few responses to provide meaningful input.

ii. Focus Groups with Community Leaders (conducted in March 2015)

Five focus group sessions were held to engage community leaders in conversation about our community needs. Invitations were sent to over 189 individuals in different agencies, social and human services, community groups and non-profits, and health provider offices; 45 people participated. Invitation letters included five questions (Attachment D) to draft responses to in preparation for the meeting, along with a survey requesting feedback concerning barriers to accessing health services, barriers to health across the community, and “risky behaviors”. Meetings were held in Rutland on March at the Rutland Regional Planning Commission office on March 11\(^{th}\); Castleton Senior Center on March 13\(^{th}\); Brandon’s Stephen A. Douglas Birth Place on March 19\(^{th}\); the Community Health Improvement office on March 23\(^{rd}\), and Fair Haven Concerned on March 24\(^{th}\).

Sessions were led by the Executive Director of the United Way of Rutland County using a SWOT analysis (Strength/Weaknesses/Opportunities/Threats) approach to collect input on health topics, resources and influencing factors in and around our community. The discussion in each focus group revolved around five major topics:

• The strengths of the healthcare services and supports in Rutland County.
• The weaknesses of the healthcare services and supports in Rutland County.
• What elements in the social, political and physical environments many cause deterioration in the delivery of healthcare related services in Rutland County?
• What assets in our communities can be used to improve the health status of people living in Rutland County?
• What can we, as a community, do to improve the health status of people in Rutland County?

Relative to the above topics, there were many individual items, issues, opinions, observations, and suggestions discussed in each of the focus groups.

The organizations and groups contributing to this data collection process included:

Dismas House
Rutland County Court Diversion

\(^1\) The Medical Reserve Corps (MRC) is a national network of volunteers, organized locally to improve the health and safety of their communities. The MRC network comprises 997 community-based units and over 200,000 volunteers located throughout the United States and its territories. For more information visit: https://medicalreservecorps.gov/MrcUnits/UnitDetails/2530.
Rutland Regional Medical Center (Community Education, Bridges & Beyond, Community Health Team, Emergency Department, Alcohol & Substance Abuse)
Vermont Department of Health, Rutland Office (WIC, Chronic Disease Prevention)
Rutland Area Visiting Nurse Association and Hospice, Inc.
Rutland Region Planning Commission
Rutland City Public Schools
Mill River Union High School
Recovery House, Inc.
Trinity Episcopal Church
Rutland Housing Authority / SASH
Heritage Family Credit Union
United Way of Rutland County
The Breastfeeding Project of Rutland County
Rutland Area Prevention Coalition
Community College of Vermont, Rutland
Building Bright Futures
Agency of Human Services, Rutland
Evergreen Substance Abuse Services
Rutland Region Workforce Investment Board
Community Health Centers of the Rutland Region
Brandon, VT Community Member
Town of Pittsford
Town of Brandon
General Electric
Brandon Cares
Rutland Community Cupboard
Proctor Elementary School
Rutland Police Department / Project Vision
Heaton & Fisch Dental Associates
Allen Pond Dental
Rutland Recreation and Parks
Christ the King School
Grace Congregational Church
NeighborWorks of Western Vermont
Rutland Free Clinic
Fair Haven Concerned
Homeless Prevention Center
Children’s Integrated Services

This array of organizations represent an extensive variety of populations, including their own employees and those they serve; this can include seniors, children, recently incarcerated individuals, low income individuals and families, medically underserved, uninsured and underinsured adults, homeless, at-risk youth and adults, adults and youth with substance abuse issues, and pregnant women.
E. Description of Significant Health Needs of the Community Identified through the CHNA

1. Process and criteria to identify needs as significant

For secondary data collected, our criteria to identify an element as significant was through comparison on recommended health metrics with our own prior assessments (to determine there is a trend, positive, negative, or stagnant); comparison against State data, goals and benchmarks; comparison with national data, goals and benchmarks. Those elements where our community showed a higher prevalence or incidence were identified as an area of significance.

Specifically, we reviewed data on health outcome metrics around mortality and morbidity, and considered metrics around health determinants including clinical care (access to and quality of health care), health behaviors, demographics and social environment, and physical environment. We utilized the following tools and references for this purpose:

- County Health Rankings, 2015
- CDC Community Health Assessment for Population Health Improvement: Most Frequently Recommended Health Metrics (Table 1)
- Healthy People 2020
- Healthy Vermonters 2020
- Vermont State Improvement Plan for 2013-2017

The inputs collected from our general consumer survey and focus group discussions were also considered in light of these health outcome and health determinant metrics. Although these inputs are textual and not numeric, we can see alignment to the recommended metrics as they influence those measures (for example, the issue of recruitment / retention for businesses impacts employment status and income levels by making jobs available and sustainable). Another factor considered for the qualitative data was the frequency of the issue being mentioned over the five focus group sessions attended by different representatives from the region, serving different populations.

2. Description of significant health needs identified

Through our work in collecting and analyzing data and inputs for the 2015-2017 Community Health Needs Assessment, broad themes emerged. These are outlined below.

<table>
<thead>
<tr>
<th>Topic Area of Need</th>
<th>Explanation of current need</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance Abuse</td>
<td>Address through preventative efforts, treatment and aftercare</td>
</tr>
<tr>
<td>Primary Care</td>
<td>Improve access to and utilization of medical, dental, and mental health care services (including pediatric for all)</td>
</tr>
<tr>
<td>Chronic Disease Health Care</td>
<td>Address through service delivery culture change, proactive engagement and management</td>
</tr>
<tr>
<td>Healthy Eating and Active Living</td>
<td>Promote and advance by improving access to, availability of and utilization of programs and facilities for exercise, recreation and healthy eating</td>
</tr>
</tbody>
</table>
Transportation | Improve access to, availability of, and utilization of transportation resources
---|---
Social and Economic Environment | Enhance the culture of community to engage and support youth and families, to support recruitment and retention of people and businesses
Community Healthy Culture | Promote a culture of wellness and prevention by removing stigmas, providing education resources and programs, and improving awareness and utilization of services and resources

This provided an understanding of the broad health needs identified. In order to present the specific issues identified through our work for purposes of prioritization, we highlighted them within the four primary categories of factors impacting health, as identified and weighted by County Health Rankings, as outlined in detail below. The results of our prioritization discussion were:

| Prioritized Community Health Needs |
|---|---|
| **Issues Identified** | **Specific areas of interest** |
| **Clinical Care** | |
| Mental Health and Substance Abuse Services for Youth | ▪ Improve utilization of existing resources  
▪ Expand and enhance services, including integration to other resources and services |
| Primary Care Providers | ▪ Recruit and retain providers to improve and sustain access to medical and dental care, especially pediatric dental |
| Mental Health and Substance Abuse Services for Adults | ▪ Improve utilization of existing resources  
▪ Expand and enhance services, including integration to other resources and services |
| **Health Behaviors** | |
| Life Skills | ▪ Provide life skills for youth to support healthy choices |
| Physical activity | ▪ Improve physical activity levels of adults and youth through access, education and support |
| **Social & Economic** | |
| Recruitment and Retention | ▪ Recruit and retain businesses (employers)  
▪ Recruit and retain individuals and families (employees) |
| Societal Culture Building | ▪ Provide parenting skills, family supports and culture building for young adults to support transitions |
| Educational Attainment | ▪ Promote and support those pursuing higher education, to complete |
| **Physical Environment** | |
| Housing | ▪ Safe and affordable housing is needed and should be available for all community members |
| Transportation | ▪ To access services and supports for health care, recreation and physical activity, and basic needs,
3. Description of process and criteria used in prioritizing the needs

The information gathered from secondary research, surveys and focus groups was compiled and presented to the advisory group for preliminary ranking of priorities and later presented to the full oversight committee for final prioritization of health issues identified in the Rutland Hospital Service Area. This meeting took place on May 21\textsuperscript{st}, 2015 and included a review the findings from 2012 assessment, namely the priority focus areas identified from across the community and the sharing of examples of some of the activities undertaken to address those needs. The discussion then turned to presentation of the issues being identified through the 2015 assessment data collection processes - secondary data analysis, surveys and focus group discussions. The presentation included review of the mission of RRMC, and how Community Benefits programming and efforts support this quest. We also shared the following image demonstrating how we must consider approaches to community health needs collectively and collaboratively, taking into account the available resources and expertise within our community.

Further, we shared the County Health Rankings model of the factors impacting health and the weighting of each, and we asked participants to consider this is their selection of priorities from the community health needs issues being presented.
Factors Impacting Health

- Health behaviors (30%)
  - Tobacco use
  - Diet & exercise
  - Alcohol use
  - Unsafe sex
- Clinical care (20%)
  - Access to care
  - Quality of care
- Social & economic (40%)
  - Education
  - Employment
  - Income
  - Family & social support
  - Community safety
- Physical environment (10%)
  - Environmental quality
  - Built environment

Each of the four factors was color coded and participants were provided four (4) sticky dots in each color. They were then asked to select on or more issues within a category to apply their sticky dots.

<table>
<thead>
<tr>
<th>Factors Impacting Health</th>
<th>Issues Identified</th>
<th>Specific areas of interest</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinical Care</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial Barriers</td>
<td>Fee scales for primary care are too high for some</td>
<td>Improve utilization of existing resources</td>
</tr>
<tr>
<td></td>
<td>Medicaid reimbursement, limits options for consumers</td>
<td>Improve utilization of existing resources</td>
</tr>
<tr>
<td></td>
<td>Payment models need to change with delivery models</td>
<td>Expand and enhance services, including integration to other resources and services</td>
</tr>
<tr>
<td></td>
<td>Health and dental insurance for individuals to improve access</td>
<td>Expand and enhance services, including integration to other resources and services</td>
</tr>
<tr>
<td>Hospital Utilization</td>
<td>Reduce inappropriate utilization of hospital, including the ED</td>
<td></td>
</tr>
<tr>
<td>Primary Care Providers</td>
<td>Recruit and retain providers to improve and sustain access to medical and dental care, especially pediatric dental</td>
<td></td>
</tr>
<tr>
<td>Nursing Home Care</td>
<td>More services and options needed</td>
<td></td>
</tr>
<tr>
<td>Mental Health and Substance Abuse Services for Youth</td>
<td>Improve utilization of existing resources</td>
<td>Expand and enhance services, including integration to other resources and services</td>
</tr>
<tr>
<td>Clinical Care</td>
<td>Health Behaviors</td>
<td></td>
</tr>
<tr>
<td>---------------</td>
<td>------------------</td>
<td></td>
</tr>
<tr>
<td><strong>Chronic Disease Care and Support</strong></td>
<td><strong>for Adults</strong> integration to other resources and services</td>
<td></td>
</tr>
<tr>
<td>Reduce incidence of:</td>
<td>▫ Reduce smoking by adults, especially by pregnant women</td>
<td></td>
</tr>
<tr>
<td>• Obesity (adults &amp; youth)</td>
<td>▫ Address binge drinking by adults</td>
<td></td>
</tr>
<tr>
<td>• Depression</td>
<td>▫ Improve screening rates for colorectal, cervical and breast cancer</td>
<td></td>
</tr>
<tr>
<td>• Arthritis</td>
<td>▫ Improve the number of adults receiving an annual dental exam</td>
<td></td>
</tr>
<tr>
<td>• Asthma (adults &amp; youth)</td>
<td>▫ Reach and engage intended audiences with health promotion messages</td>
<td></td>
</tr>
<tr>
<td>• Alzheimer’s Disease</td>
<td>▫ Provide life skills for youth to support healthy choices</td>
<td></td>
</tr>
<tr>
<td>• Chronic Lower Respiratory Disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Culture of Care</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Integrate services to improve service delivery and patient support</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Approach care from a focus on health and wellness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Collaborative approaches necessary to manage health for individuals and populations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide navigation across the system of care and support</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Promotion of patient knowledge and engagement in health and wellness</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Physical activity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Improve physical activity levels of adults and youth through access, education and support</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Nutrition and diet</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Improve nutrition and diet of adults and youth through access, education and support</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Food insecurity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduce food insecurity experienced by adults and youth, through access, education and support</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Tobacco Use</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Alcohol Use</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Cancer Screening</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Dental Visits</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Health Promotion Information</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Life Skills</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Social & Economic

<table>
<thead>
<tr>
<th>Category</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educational Attainment</td>
<td>✓ Promote and support those pursuing higher education, to complete</td>
</tr>
</tbody>
</table>
| Employment Status                             | ✓ Reduce the number of unemployed individuals  
                                           ✓ Reduce the number of underemployed individuals                                                                                     |
| Job and Wage Structure                        | ✓ Address the structure to support average living and reduce the number of individuals and families facing the ‘working poor benefit cliff’ |
| Societal Culture Building                     | ✓ Provide parenting skills, family supports and culture building for young adults to support transitions                                   |
| Employment Culture                            | ✓ Promote employment cultures and policies to support single parents and families                                                        |
| Recruitment and Retention                     | ✓ Recruit and retain businesses (employers)  
                                           ✓ Recruit and retain individuals and families (employees)                                                                                |

### Physical Environment

<table>
<thead>
<tr>
<th>Category</th>
<th>Actions</th>
</tr>
</thead>
</table>
| Community Resources for Year Round Physical Activity | ✓ Make available and accessible community resources by creating, enhancing or expanding resources and facilities – indoor, outdoor, and both  
                                           ✓ Promote community resources to engage community members and improve utilization of them                                             |
| Safe and Affordable Recreation Opportunities  | ✓ Public and private recreation opportunities need to be available for all ages and abilities                                             |
| Transportation                                | ✓ To access services and supports for health care, recreation and physical activity, and basic needs, transportation must be available that meets the needs of the community |
| Bike and Pedestrian Friendly Transportation and Routes | ✓ Improve opportunities for creating, enhancing or expanding bike and pedestrian friendly transportation and routes  
                                           ✓ Engage community members to create, enhance or expand bike and pedestrian friendly transportation and routes |
| Housing                                       | ✓ Safe and affordable housing is needed and should be available for all community members                                             |
| Alternative housing                           | ✓ There is need for housing in our community for specific populations – “wet” shelters, supportive, assisted living, and transitional |
Participants included representatives from:

- Rutland Regional Medical Center, Emergency Department
- Rutland Area Visiting Nurse Association and Hospice, Inc.
- Rutland Housing Authority
- Rutland City Schools
- Vermont Department of Health, Rutland
- Community Member, retired Maternal Child Health Nurse
- Rutland Area Food and Farm Link
- Alcohol and Drug Abuse Programs, State of Vermont
- Rutland Police Department / Project Vision
- Rutland Area Prevention Coalition
- Rutland Free Clinic
- Rutland Regional Medical Center, Bowse Health Trust
- NeighborWorks of Western Vermont
- United Way of Rutland County
- Rutland Diabetes and Endocrinology Center
- Rutland Recreation and Parks Department
- Community Health Centers of the Rutland Region
- Department of Corrections, Rutland
- Community Member, Board Member of Community Health Centers of the Rutland Region, Rutland Police Commission Member, Board Member of Bowse Health Trust
- Rutland Regional Medical Center, Executive Office

The results were tallied and briefly reported out at the conclusion of the meeting.

4. Description of potential measures and resources identified through the CHNA to address the needs

Through the development of the Implementation Strategy around the identified needs, we determine what measures will be used to demonstrate change. In many cases, these will be the measures used in the community health needs assessment process to establish which needs are significant as compared to others, namely, national and state data points and benchmarks. We will continue to rely on County Health Rankings and CDC recommended health metrics through the implementation strategy development, and monitoring as well.

It is through the community discussions, for purposes of the community health needs assessment, the implementation strategy and for other collaborative initiatives and activities that resources are identified and allocated to address the needs of our community. The advantage of living and working in a small, rural community is the ease of contact and communication and the willingness of organizations, individuals and community projects to come together.
### Attachment A - List of data sources / reports

<table>
<thead>
<tr>
<th>Reference</th>
<th>Site Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. &quot;Demographics and Housing Estimates.&quot; American FactFinder.</td>
<td>factfinder2.census.gov/faces/tables/services/jsf/pages/productview.xhtml?pid=ACS_12_3YR_DP05&amp;prodType=table</td>
</tr>
<tr>
<td>U.S. Census Bureau, Jan. 2015.</td>
<td></td>
</tr>
<tr>
<td>3. &quot;Comparative Demographic Estimates.&quot; American FactFinder.</td>
<td>factfinder2.census.gov/faces/tables/services/jsf/pages/productview.xhtml?pid=ACS_13_1YR_CP05&amp;prodType=table</td>
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<tr>
<td>U.S. Census Bureau, Jan. 2015.</td>
<td></td>
</tr>
<tr>
<td>U.S. Census Bureau, Jan. 2015.</td>
<td></td>
</tr>
<tr>
<td>U.S. Census Bureau, Jan. 2015.</td>
<td></td>
</tr>
<tr>
<td>Number</td>
<td>Reference</td>
</tr>
<tr>
<td>-------</td>
<td>-------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>34</td>
<td>&quot;Rutland Community Programs, Inc. Rutland County Head</td>
</tr>
</tbody>
</table>

21 | Page
<table>
<thead>
<tr>
<th>#</th>
<th>Source</th>
<th>URL</th>
</tr>
</thead>
</table>
| 72. | “Asthma Data Pages 2013.” Research, Epidemiology, & | http://healthvermont.gov/research/asthma/
| --- | --- |
### Attachment B – Dental Survey data summary

<table>
<thead>
<tr>
<th>No.</th>
<th>Town</th>
<th>Specialty</th>
<th>Sees Adults</th>
<th>Sees Children</th>
<th>Sees New Patients</th>
<th>Accepts Medicaid</th>
<th>Accepts New Medicaid Adults</th>
<th>Accepts New Medicaid Children</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Rutland</td>
<td>General Practice</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>N</td>
<td>not accepting new Medicaid patients right now, unless established patient</td>
</tr>
<tr>
<td>2</td>
<td>Rutland</td>
<td>Pediatric Dentistry</td>
<td>N</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>booking 6 months out; sees 18 years and under; 90% Medicaid</td>
</tr>
<tr>
<td>3</td>
<td>Rutland</td>
<td>General Practice</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>Limited acceptance of new Medicaid children; will have to limit to Rutland County only soon</td>
</tr>
<tr>
<td>4</td>
<td>Rutland</td>
<td>General Practice</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Accepting three new adult Medicaid per month; costs exceed payment</td>
</tr>
<tr>
<td>5</td>
<td>Rutland</td>
<td>General Practice</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>not accepting Medicaid</td>
</tr>
<tr>
<td>6</td>
<td>Rutland</td>
<td>General Practice</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>not accepting new patients at the moment (including Medicaid)</td>
</tr>
<tr>
<td>7</td>
<td>Rutland</td>
<td>General Practice</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>Medicaid costly; other offices should and need to share in providing care; need new dentists to ready for retiring</td>
</tr>
<tr>
<td>8</td>
<td>Rutland</td>
<td>General Practice</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>accepts new patients in service area</td>
</tr>
<tr>
<td>9</td>
<td>Rutland</td>
<td>General Practice</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Rutland</td>
<td>General Practice</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>as of 1/1/15 no longer accepting Medicaid; existing Medicaid patients will need to pay out of pocket or find another provider</td>
</tr>
<tr>
<td>11</td>
<td>Rutland</td>
<td>General Practice</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td></td>
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</tbody>
</table>
### Dentists Totals

<table>
<thead>
<tr>
<th>No.</th>
<th>Town</th>
<th>Specialty</th>
<th>Sees Adults</th>
<th>Sees Children</th>
<th>Sees New Patients</th>
<th>Accepts Medicaid</th>
<th>Accepts New Medicaid Adults</th>
<th>Accepts New Medicaid Children</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>Rutland</td>
<td>General Practice</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>only see some children</td>
</tr>
<tr>
<td>13</td>
<td>Rutland</td>
<td>General Practice</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>Medicaid for pregnant women only</td>
</tr>
<tr>
<td>14</td>
<td>Brandon</td>
<td>General Practice</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>only accept Medicaid for under 18 years of age</td>
</tr>
<tr>
<td>15</td>
<td>Castleton</td>
<td>General Practice</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>N</td>
<td>not accepting Medicaid at this time</td>
</tr>
<tr>
<td>16</td>
<td>Fair Haven</td>
<td>General Practice</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>N</td>
<td>adult Medicaid patients must call day of for appt (usually urgent), to avoid 'no shows'</td>
</tr>
<tr>
<td>17</td>
<td>Poultney</td>
<td>General Practice</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>adult Medicaid patients must call day of for appt (usually urgent), to avoid 'no shows'</td>
</tr>
<tr>
<td>18</td>
<td>Wallingford</td>
<td>General Practice</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>N</td>
<td>not accepting Medicaid at this time</td>
</tr>
</tbody>
</table>

**Dentists Totals**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>1</td>
</tr>
<tr>
<td>18</td>
<td>0</td>
</tr>
<tr>
<td>18</td>
<td>0</td>
</tr>
<tr>
<td>15</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>14</td>
</tr>
<tr>
<td>11</td>
<td>7</td>
</tr>
</tbody>
</table>

| N=18 | 94% | 100% | 100% | 83% | 22% | 61% |

### Specialists

<table>
<thead>
<tr>
<th>No.</th>
<th>Town</th>
<th>Specialty</th>
<th>Sees Adults</th>
<th>Sees Children</th>
<th>Sees New Patients</th>
<th>Accepts Medicaid</th>
<th>Accepts New Medicaid Adults</th>
<th>Accepts New Medicaid Children</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Rutland</td>
<td>Endodontics (root canal)</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>not renewing Medicaid contract</td>
</tr>
<tr>
<td>2</td>
<td>Rutland</td>
<td>Oral Surgeon</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Medicaid only for Rutland County</td>
</tr>
<tr>
<td>3</td>
<td>Rutland</td>
<td>Orthodontist</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>Medicaid only covers children, not adults, and must meet certain criteria</td>
</tr>
</tbody>
</table>

26 | P a g e
<table>
<thead>
<tr>
<th></th>
<th>Rutland</th>
<th>Periodontics</th>
<th>Y</th>
<th>Y</th>
<th>Y</th>
<th>N</th>
<th>N</th>
<th>N</th>
<th>Medicaid does not cover periodontics</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Rutland</td>
<td>Oral &amp; Maxillofacial surgery</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>only accepts Medicaid for under 21 years of age, Rutland County</td>
</tr>
</tbody>
</table>

| Specialists Totals | Yes = | 5 | 5 | 5 | 3 | 2 | 3 |
|                   | No =  | 0 | 0 | 0 | 2 | 3 | 2 |
|                   | N=5   | 100% | 100% | 100% | 60% | 40% | 60% |
Attachment C - Data Summary

Data is provided in support of this CHNA Report for 2015-2017, categorized by health impact factors to be consistent with the framework of the report. In many instances data from one category affects outcomes in another category, and so it is important to consider this and review the data presented as a whole.

Secondary Data

Clinical Care

Access to care

- Southern Vermont presents the greatest need for primary care practitioners (PCPs) based on Full Time Equivalence (FTE). Rutland County has the third highest need in the state. The need for primary care services for adults improved since 2011, but still persists with Rutland County falling behind the national benchmark by -7 FTE PCPs. Source: Vermont Area Health Education Centers: Primary Care Workforce Summary, 2013.

- Despite the shortage of PCPs in Southern Vermont, since 2012 all Southern Counties remain above the national benchmark for the number of primary care advanced practice registered nurses (APRNs), certified nurse midwives (CNMs), and certified physician assistants (PA-Cs); Rutland County was 1 FTE above the national benchmark. Source: Vermont Area Health Education Centers: Primary Care Workforce Summary, 2013.

- The aging population of Rutland County will impact the number of primary care and specialty physicians we have to provide services to community members of our area. As of 2011, 22% of Primary Care Physicians and 15% of Specialty Physicians in Rutland County are ages 60 or older. Source: Vermont Department of Health, 2010 Physician Survey, Statistical Report

- The response rate for our dental survey was 72% general and specialty practices. Compiling the responses, we learned that 100% of general dentists are accepting new patients as of December 2014, compared to only 79% in July 2008. Specific to Medicaid patients, however:
  - 83% indicate they accept Medicaid patients
    - 22% accept new Adult Medicaid patients *(Many have criteria or limitations)*
    - 61% accept new Child Medicaid patients
  - There is an older age demographic in the Dental workforce in Rutland County. Source: "Oral Health-Data Brief." 2012 BRFSS. Vermont Department of Health, Apr. 2014.

Medical conditions

- Rutland Hospital Service Area has the highest hospitalization rates for asthma complications for all age groups, more than twice that of the statewide rate (14.4 compared to 6.3 per 10,000) Source: "Asthma Data Pages 2013." Research, Epidemiology, & Evaluation. VT Department of Health, October, 2014.

- Rutland also has the highest prevalence of current asthma for both adults and children (14%) compared with the rest of the state, at 11% and 12%, respectively. The prevalence for adults is significantly higher than the state prevalence. Source: Behavioral Risk Factor Surveillance System, Adult 2012-2013, Child 2011, 2013.
Rutland Hospital Service Area ranks significantly higher than the state rate for emergency department visits with a primary diagnosis of asthma (54.1 v. 39.3 per 10,000, respectively).

Source: Vermont Uniform Hospital Discharge Data Set (VUHDDS), 2007-2009

![Asthma Data for ED and Hospitalization](image)

**Rutland**

  - Almost 1 in 10 (9%) of Rutland County residents aged 20+ have diabetes, compared to the State average of 7%
  - Almost 6 in 10 (57%) of Rutland County adult diabetics have received diabetes education, compared to the State at 51%.

- Rutland County’s top causes of death were fairly consistent with state and national reports. Source: "Index of Vermont Death Tables and Figure." Vital Statistics 2010. Vermont Department of Health, 2010.
  - The top causes of death for Rutland County were:
    - Major Cardiovascular Diseases
    - Malignant Neoplasms,
    - All Other Diseases (residual),
    - Chronic Lower Respiratory Diseases,
    - Accidents (unintentional injuries)
Rutland County has a similar rate of Alzheimer’s Disease deaths (36.8) compared to Vermont (37.7), but both are higher than the national rate (26.8). Source: "Number of Leading Causes of Death." FastStats. Centers for Disease Control and Prevention, 06 Feb. 2015.

Morbidity

- Rutland County residents report higher incidence of risk factors in several categories than their counterparts across the state and the nation.

<table>
<thead>
<tr>
<th>Health Risk Factors</th>
<th>Rutland County</th>
<th>Vermont</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obesity, Adults 20+</td>
<td>32%</td>
<td>25%</td>
<td>29%</td>
</tr>
<tr>
<td>Obesity, WIC children 2-5</td>
<td>13.0%</td>
<td>12.2%</td>
<td>12.1%</td>
</tr>
<tr>
<td>Obesity(BMI&gt;95th), adolescent, gr9-12</td>
<td>15%</td>
<td>13%</td>
<td>18%</td>
</tr>
<tr>
<td>Cardiovascular Disease</td>
<td>10%</td>
<td>8%</td>
<td>9%</td>
</tr>
<tr>
<td>COPD</td>
<td>9%</td>
<td>8%</td>
<td>6%</td>
</tr>
<tr>
<td>Depression</td>
<td>25%</td>
<td>23%</td>
<td>18%</td>
</tr>
<tr>
<td>Arthritis</td>
<td>33%</td>
<td>28%</td>
<td>23%</td>
</tr>
<tr>
<td>Asthma</td>
<td>12%</td>
<td>11%</td>
<td>9%</td>
</tr>
</tbody>
</table>

Mental Health

Adults

- 1 in 4 Rutland County residents has ever been diagnosed with a depressive disorder, higher than the State at 23%. Source: "Vermont BRFSS 2012 Data Summary." Public Health Statistics. Vermont Department of Health, Dec. 2013.
- Rutland County residents report experiencing more poor mental health days at 3.6 days per month compared to statewide at 3.4 days per month, according to County Health Rankings. Source: "Rutland County Snapshot." County Health Rankings. Robert Wood Johnson Foundation Program, Mar. 2015.
In 2013, Rutland Mental Health Services’ (RMHS) highest treated diagnoses were: affective disorder at 58%, anxiety disorder at 34%, and substance abuse at 23%. Source: "Adult Mental Health Outpatient Programs." Department of Mental Health. Vermont Agency of Human Services, 2013.

According to data on adult mental illness from 2011-2012, Vermont ranked as one of the highest states having serious mental illness at 4.74%, higher than the national average at 4.0%, and also higher than the national average for having any mental illness at 19.39% (national was 18%). Source: "State Estimates of Adult Mental Illness from the 2011 and 2012." The National Survey on Drug Use and Health Report. SAMSHA, 28 Feb. 2014.

More Vermont adults are depressed than the national average. More than 1 in 5 (22%) of Vermonters report ever being told they have a depressive disorder, defined as depression, major depression, dysthymia or minor depression, significantly higher than the national average of 17%. Source: "Vermont BRFSS 2012 Data Summary." Public Health Statistics. Vermont Department of Health, Dec. 2013.

More adult Vermont women reported having depression at 27% compared to males at 16%. Age is also a factor- adults over age 65+ reported significantly less depressive disorders at 16%, than ages 18-64 at 70%. Lower education attainment and annual income showed higher rates of depression than higher education levels and more annual income. Source: "Vermont BRFSS 2012 Data Summary." Public Health Statistics. Vermont Department of Health, Dec. 2013.

Youth

A higher percentage of Rutland County high school students reported being bullied in the past month, at 21% compared to the State at 18%. Source: "Report for Rutland County." Youth Risk Behavior Survey 2013. Vermont Department of Health, 2014.

Electronic bullying was statistically higher among Rutland County high school students at 19% compared to Statewide at 16%. Source: "Report for Rutland County." Youth Risk Behavior Survey 2013. Vermont Department of Health, 2014.

More than 2 in 10 (21%) of Rutland County high school students reported feeling sad or hopeless for two weeks in a row in the past 12 months, similar to the State at 21%. Source: "Report for Rutland County." Youth Risk Behavior Survey 2013. Vermont Department of Health, 2014.

The percent of students who made a suicide plan in the past year among Rutland County high school students was equal to the state rate at 11%. Further, a slightly lower percent of students in Rutland County attempted suicide in the past year at 4%, compared to the State at 5%. Source: "Report for Rutland County." Youth Risk Behavior Survey 2013. Vermont Department of Health, 2014.

Substance Abuse

Adults

RMHS served the second largest number of clients for substance abuse in the state. The largest age group was 20-34 at 61%, followed by ages 35-49 at 23%, and ages 50-64 at 10%. More males were treated at 58% vs. 42% females, which is consistent with other county statistics. Of those treated, 77% had Medicaid; the highest percentage of Medicaid patients in 2013. Source: "Substance Abuse Programs." Department of Mental Health, VDH Division of Alcohol and Drug Abuse. Vermont Agency of Human Services, 2013.
A slightly higher prescription drug misuse was reported for Rutland County at 8% compared to 6% the statewide rate. Source: "Vermont BRFSS 2012 Data Summary." Public Health Statistics. Vermont Department of Health, Dec. 2013.


In 2009, Vermont reached its worst prevalence of illicit drug use and held the highest illicit drug use at 35.09% for ages 18-25. Source: "Illicit Drug Use in the Past Month, by Age Group and State." SAMSHA, 2009-2013.

Most recent reports from 2012-2013 showed a statistically significant (p>0.05) decline for illicit drug use in Vermont. Current reports reflecting 2012-2013 illicit drug usage indicate a current usage rate at 30.02%. This currently ranks Vermont as the 3rd most heavily using illicit drug states. Vermont’s current rates still remain considerably higher than National (21.44%) and the Northeast (23.57%). Source: "Illicit Drug Use in the Past Month, by Age Group and State." SAMSHA, 2009-2013.

Heavy alcohol use is defined as having more than two drinks per day for men and an average of more than one drink per day for women. Rutland County has a heavy alcohol use rate at 6%, the same as the nationwide rate. The state is slightly higher at 7%. Source: "Vermont BRFSS 2013 Data Summary." Public Health Statistics. Vermont Department of Health, January 26, 2015.

Vermont adults who binge drink tracks similarly to the nation. 17% of adult Vermonters reported they participated in binge drinking, defined as 5+ drinks for men and 4+ drinks for females in one occasion, compared to the national average of 17%. Rutland County’s binge drinking rate is reported at 15%. Source: "Vermont BRFSS 2013 Data Summary." Public Health Statistics. Vermont Department of Health, January 26, 2015.

**Youth**


- Drinking alcohol in the past 30 days, reported similarly at 32% for Rutland County compared to state levels at 33%.
- Rates for binge drinking, defined as having 5 or more drinks in a row, in the past 30 days were similar for Rutland County high school students at 18% vs. 19% for statewide.
- Rutland County high school students reported misusing a stimulant or prescription pain reliever, in the past 30 days, at 5% compared to 7% Statewide.
- Rutland High School Students reporting ever having used hallucinogens at 6% compared to 9% Statewide.
- The percent of Rutland County High school students who have ever used methamphetamines were reported at 2% compared to 3% Statewide; ever used inhalants at 6% compared to 7% Statewide; and, heroin at 2% for both RC and Statewide.

**Health Behaviors**

**Obesity**

- While Vermont has one of the lowest obesity rates and has been declining, Rutland County residents are becoming increasingly obese. Source: "Vermont BRFSS 2013 Data Summary." Public Health Statistics. Vermont Department of Health, January 26, 2015.
  - Nearly 1 in 3 (30%) Rutland County adult residents ages 20 and older are obese compared to 23% of the State who are identified as obese.

  - The percent of adolescents in grades 9-12 who are obese has not statistically changed since 2001, but is on the increase; 2001 reports identified that nearly 11% of Rutland County children were obese, and 2013 reports indicate that 15% are obese (statistically similar to the State of 13%). Source: "Report for Rutland County." Youth Risk Behavior Survey 2013. Vermont Department of Health, 2014.

**Nutrition**

- About a third of adults in Rutland County reported eating the recommended serving of fruits and vegetables. This has remained unchanged since 2005, and is statistically similar to the State at 38%. Source: "Vermont BRFSS 2013 Data Summary." Public Health Statistics. Vermont Department of Health, January 26, 2015.
Rutland County adolescents in grades 9-12 do not eat the daily recommended servings of fruit or vegetables compared to the State. In 2001 reports, nearly 40% of youth ate their recommended serving of fruit while only 10% ate the recommended daily intake for vegetables. More recent reports from 2013 identify a significant decline in the percentage of youth who report eating the recommended intake of fruit at 28%, with a slight increase in the number eating vegetables (13%). State rates are 33% for fruit intake and 17% for vegetable intake.


The percent of Rutland County students’ intake of fruits and vegetables 5+ times per day, past 7 days, was significantly lower compared to the statewide rates for 11th grade 18% (State 23%), 12th grade 17% (State 23%), overall 19% (State 23%). Source: "Report for Rutland County." Youth Risk Behavior Survey 2013. Vermont Department of Health, 2014.

The percent of Rutland County students’ intakes of fruits or fruit juice 2 or more times per day, past 7 days, was significantly lower for 11th grade 26% (State 33%), male 27% (State 33%), and overall 28% (State 33%). Source: Vermont Department of Health: VT HS Youth Risk Behavior Survey, 2013.

The percent of Rutland County students’ intake of 3+ vegetables per day, past 7 days, was significantly lower for 11th grade 11% (State 17%), 12th grade 12% (State 18%), female 13% (State 17%), male 13% (State 17%), and overall 13% (State 17%). Source: Vermont Department of Health: VT HS Youth Risk Behavior Survey, 2013.
The percent of Rutland County students who ate breakfast on all of the past 7 days was lower than the State, for 12th 31% (State 42%), female 34% (State 40%), male 41% (State 46%), and overall 38% (State 43%). Source: Vermont Department of Health: VT HS Youth Risk Behavior Survey, 2013.

The percent of Rutland County students who ate breakfast on at least 3 of the past 7 days was also lower than the State, for 12th 69% (State 77%), female 71% (State 75%), and overall 73% (State 76%). Source: Vermont Department of Health: VT HS Youth Risk Behavior Survey, 2013.

The Rutland County Nutrition Coalition conducted a small survey of adult residents in the fall of 2014 and identified that barriers to accessing food included:

<table>
<thead>
<tr>
<th>Barriers to Food Access</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost of food</td>
<td>45.5%</td>
</tr>
<tr>
<td>Transportation</td>
<td>39.8%</td>
</tr>
<tr>
<td>Personal finances</td>
<td>25%</td>
</tr>
<tr>
<td>Lack-of-knowledge</td>
<td>12.5%</td>
</tr>
</tbody>
</table>

Figure 8 Barriers to Food, Nutrition Coalition

Physical Activity

Consistently over the past decade, nearly 20% of Rutland County residents report being physically inactive. According to BRFSS 2000-2012 data trends, there was a slight increase from 22% in 2000 to 26% in 2008, but some improvement to about 20% in 2012. The state of Vermont has followed the same fluctuation of inactivity from residents and remains at about 16% as of 2012. Source: Vermont Department of Health: Healthy People 2020, 2012. Source: “Vermont BRFSS 2013 Data Summary.” Public Health Statistics. Vermont Department of Health, January 26, 2015.

Only a little over a half (55%) of Rutland County adult residents meet physical activity guidelines. There has been no significant data fluctuation over the previous decade, according to data trends from 2005, 2007, and 2009 BRFSS. The State rate is slightly higher at about 59% of residents meeting these guidelines. Source: Vermont Department of Health: Healthy People 2020, 2012.

3 in 10 Rutland County adolescents report being active, but Rutland County adolescents still do not meet physical activity guidelines. According to YRBS 2013, 29% of Rutland County adolescents meet physical activity guidelines, which is better than the State-wide percentage of 25%. Sources: Vermont Department of Health: Healthy People 2020, 2012; “Report for Rutland County.” Youth Risk Behavior Survey 2013. Vermont Department of Health, 2014.

New Families at Risk

In 2000, Rutland County’s rate of new families at risk was 9.2%; this has decreased to 7.5% in 2010. While this is improving, Rutland continues to report higher than the statewide rate (8.4% in 2000 and 5.5% in 2010). Source: “Rutland County: Vermont KIDS COUNT.” Voices for Vermont’s Children. Kids Count, November 19, 2014.

Defined as “a single woman under 20 years old with less than a high school education who has given birth to her first child”
In 2010, more than 2 out of 10 (21.8%) Rutland County teenagers were pregnant, a significant decrease from the 2000 rate of teen pregnancies (25.4%), yet still higher than the statewide teen pregnancy rate at 18.5%. Source: “Rutland County: Vermont KIDS COUNT.” Voices for Vermont’s Children. Kids Count, November 19, 2014.

**Prenatal Care**

- The number of pregnant women in Rutland County seeking prenatal care is increasing, yet still falls below State averages and HV2020 goals. Source: “State Health Assessment Plan.” VT Department of Health. Health Vermonters 2020, December 2012.
  - Nearly 8 in 10 (79.4%) of pregnant women in Rutland County received prenatal care during their first trimester of pregnancy, a 4.5% increase in 2010 since 2000 at 76%.
  - More than 8 in 10 (82.9%) statewide pregnant mothers sought prenatal care in the first term in 2010, compared to 80.8% in 2000.

**Tobacco Use**

- More than 25% of pregnant women smoke cigarettes while pregnant in Rutland County. According to 2007-2009 Vital Statistics, 73% of Rutland County pregnant women don’t smoke compared to the State at 81%. Source: Vermont Department of Health: Healthy Vermonters 2020, 2013.

- 2 in 10 (20%) Rutland County residents use tobacco, a steady, unchanged rate for over a decade and similar to the State. Source: "Vermont BRFSS 2013 Data Summary." Public Health Statistics. Vermont Department of Health, January 26, 2015.

- Over the past decade, the percent of adults trying to quit smoking has increased steadily with a peak in 2008-2010. Most recently, 51% of Rutland County residents reported making an attempt to quit in the past year, compared to 56% Statewide. Source: Vermont Department of Health: Healthy Vermonters 2020, 2013.
For youth, self-reported data from Rutland County high school students around cigarette smoking tracks similarly to the statewide rates. Source: "Report for Rutland County." Youth Risk Behavior Survey 2013. Vermont Department of Health, 2014.

<table>
<thead>
<tr>
<th>Tobacco Usage in Adolescents</th>
<th>Rutland County</th>
<th>Vermont</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoke cigarettes, past 30 days</td>
<td>14%</td>
<td>13%</td>
</tr>
<tr>
<td>Tried to quit smoking, past 12 months</td>
<td>49%</td>
<td>44%</td>
</tr>
<tr>
<td>In car with someone smoking, past 7 days</td>
<td>37%</td>
<td>31%</td>
</tr>
<tr>
<td>Asked about cigarette use by health care provider</td>
<td>49%</td>
<td>54%</td>
</tr>
</tbody>
</table>

Figure 10 Rutland County High School Students Smoking Behaviors

Social and Economic

Rutland County Demographics

Age

<table>
<thead>
<tr>
<th>Date</th>
<th>Population Size</th>
<th>Percent Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>62,142</td>
<td></td>
</tr>
<tr>
<td>2000</td>
<td>63,398</td>
<td>1990 - 2000: +2%</td>
</tr>
<tr>
<td>2010</td>
<td>61,642</td>
<td>2000 - 2010: -2.77%</td>
</tr>
<tr>
<td>2013</td>
<td>60,622</td>
<td>2010 – 2013: -1.66%</td>
</tr>
</tbody>
</table>

Figure 11 Rutland County Population Change

The growth of Rutland County decreased compared to the State growth rate of .1% and the Nation at 2.2%. Source: US Census Bureau, Profile of General Population, 1990, 2000, 2010, 2014

The population of Rutland County continues to be older. The median age for males and females in Rutland County is higher than the State. Rutland County’s median age was 44.8 years old, compared to Vermont’s average age of 42. Additionally, the senior population continues to grow - 25.3% of Rutland County residents are 60 years and older, slightly more than the statewide average (22.7%); Rutland County’s population also over 65 years or older is also higher (17.3%) compared to the State (15.2%). Source: U.S. Census: American Community Survey, 2011-2013.
The population of younger age groups is slowly declining in Rutland County, while the number of persons age 65 and older is increasing. 2013 data shows 22% of the population under the age of 19; 28% ages 20 to 44; 32% ages 45-64; and 19% age 65 and over.

As a result of this older age population, Rutland County also has a higher old-age dependency ratio of 27.1 compared to the State at 23.5. Source: U.S. Census: American Community Survey, 2011-2013.

The aging of the baby boomers and the age (65 and older age group) will have a major impact on health service needs. Source: “Vermont County Profiles for Medical and Health Sciences Students/Residents.” AHEC. The University of Vermont, November 21, 2012.

As Vermont residents age, their physical health declines. Adults age 45+ are significantly more likely to report poor health (28%) compared to those age 18-44 (15%). Source: "Vermont BRFSS 2012 Data Summary.” Public Health Statistics. Vermont Department of Health, Dec. 2013.
Income and Employment

- Rutland County Median Household Income ($49,271) continues to lag behind the State ($54,267) and the Nation overall ($53,046) for 2009-2013;

- From 2006 to 2012, the proportion of all individuals in Rutland County living below poverty increased from 11.8% to 13.0%, continuing to be above State average;
  - This is down slightly from 13.6% in 2009
  - National rate: 2006 13.3% to 15.9% in 2012

- Rutland County’s unemployment rate is at 5.1% compared to 5.3% in 2011. Unemployment in Rutland County is higher than the State (4.1%) and similar to the nation (5.7%). Source: Federal Reserve Bank of St. Louis: Unemployment Rate in Rutland County, 2014. VT Department of Labor: Vermont Labor Force Estimates, 2014 U.S. Department of Labor, Household Survey Data, 2014.


- Private nonfarm employment change from 2012-2013 was -1.1% for both Rutland County and the State. Source: “Comparative Demographic Estimates.” American FactFinder. U.S. Census Bureau, Jan. 2015.

- Rutland County’s full-time employment status of its residents has been dipping since 2009, similar to the State. In 2009, Rutland full-time employment rate was 62.7% (VT at 62.6%), then dropped to 60.5% in 2011 (VT at 61.4%), and most recently in 2013 to 59% (VT at 60.2%). Source: “Comparative Demographic Estimates.” American FactFinder. U.S. Census Bureau, Jan. 2015.

- Rutland County has experienced numerous businesses closing their doors over the recently years, but the hardest hitting yet was the fire at Rutland Plywood in August of 2014. The 57-year-old company left 170 workers unemployed. Source: “Fire at Rutland Plywood Corporation Affects Hundreds.” Mountain Times, 2014.

Education

- About 1 in 10 (9.3%) Rutland County residents have less than a 9th grade education, or 9th through 12th grade education with no diploma. This prevalence continues to decrease. The State rate is 8.4%, and the national rate is 13.7%. Source: “School Enrollment.” American Community Survey 3-Year Estimates. U.S. Census Bureau, Jan. 2015.

- Specific to education attainment for a population of less than a 9th grade education, Rutland County’s rate has improved from 2012 at 3.1% to 2013 at 2.8%. Source: “School Enrollment.” American Community Survey 3-Year Estimates. U.S. Census Bureau, Jan. 2015.

- Rutland County, like Vermont, has a higher prevalence of high school graduates or higher compared to the national average – Rutland is 90.7%, Vermont is 91.6%, and the U.S. is 86.3). However, the percent of residents having a bachelor’s degree or higher in Rutland is the same as the nation at 29.1%, where Vermont’s prevalence of bachelor’s degree or higher is significantly higher than both at 35.7%. Source: “School Enrollment.” American Community Survey 3-Year Estimates. U.S. Census Bureau, Jan. 2015.
While Rutland County has a higher percentage of high school graduates (or equivalence) at 34.1%, compared to the State at 30.3% and the Nation at 28%, we lag behind in higher education (some college with no degree, associate’s, and bachelor’s) at 45.6% compared to the State and Nation at 47.3%. Source: “School Enrollment.” American Community Survey 3-Year Estimates. U.S. Census Bureau, Jan. 2015. More specifically:

Rutland County continues to improve its higher education attainment at a faster rate than the state overall. Almost 2 in 10 (18.1%) of Rutland County residents (age 25+) have a bachelor’s degree or higher, slightly behind the State at 21.7%. Source: "Comparative Demographic Estimates." American FactFinder. U.S. Census Bureau, Jan. 2015.

- For Rutland County, this was an increase of 9.1% from 2007 (16.6%)
- In 2007, the state rate was 20%; an increase of 8.5% in 2013.
  

Residents with lower education and annual household incomes were statistically more likely to report poor physical health, poor physical health for 14+ days in the last 30 days reported as “not good”. Vermonters with less than a high school education reported poor physical health days at 17%, those with some college reported at 9%, and those with a college degree or higher reported at 5%. Vermonters with annual income less than $25,000 reported poor physical health days at 19%, those with annual incomes from $25,000 to $50,000 reported at 11%, incomes of $50,000-$75,000 reported at 6%, and incomes above $75,000 reported at 4%. Source: "Vermont BRFSS 2012 Data Summary." Public Health Statistics. Vermont Department of Health, Dec. 2013.

Physical Environment

Housing

- The home ownership rate in Rutland County at 69.7% lags behind the State rate at 71%. Source: "Comparative Demographic Estimates." American FactFinder. U.S. Census Bureau, Jan. 2015.
The median value of an owner-occupied housing unit in Rutland County is $176,800, significantly lower than the State median value of $216,800. Source: "Comparative Demographic Estimates." American FactFinder. U.S. Census Bureau, Jan. 2015.

The increasing older and senior population will create a large demand for senior housing, and younger senior housing. Source: "Rutland, VT Housing Needs Assessment and Market Study." Community Development Consulting, 2012.

Housing cost burdens and disabilities are both important issues affecting senior households (age 65 and over). 45% of senior renters are housing cost burdened, and 40% of seniors in Rutland have a disability. Source: "Rutland, VT Housing Needs Assessment and Market Study." Community Development Consulting, 2012.

In 2010, 46% of Rutland County renters pay at least 30% of their income to rent, and 22% paid more than half of their incomes to rent, while income levels are lower than across the state. Notably, Rutland County has subsidized housing for 19.1% of renters. Source: "Rutland, VT Housing Needs Assessment and Market Study." Community Development Consulting, 2012.

Focus Group Input

Strengths and assets of the community and healthcare services

Discussions around the positives and strengths of the Rutland County community included identifying the many resources and services available to community members, for health care, social services, activity, and supports. Particular emphasis was given to the many collaborations and grassroots groups that have become active in response to community needs around substance abuse, crime, health needs, and poverty, namely Rutland Police Department and Project Vision, the faith community, Rutland Recreation Department, the methadone clinic (West Ridge Treatment Center), and the Blueprint for Health in partnership with primary care providers to strengthen and improve the delivery and continuum of care. A significant theme emerged that Rutland community members and organizations are willing to come together to try new things to address issues and problems affecting our community.

Weaknesses affecting health and health care delivery

Topics that recurred in the focus groups sessions included:

- Mental Health Services for Youth
  - Need for some services – child psychiatrist, substance abuse treatment, teen supports (treatment, respite)
  - Integration of services into traditional and non-traditional settings to improve access and utilization
  - How stigma affects access and utilization of care

- Mental Health Services for Adults
  - Need for some services – emergency respite, inpatient substance abuse treatment
  - Need to improve utilization of treatment and support services
  - How stigma affects access and utilization of care
  - Mental health and substance abuse care for elder populations

- Primary Care, Medical and Dental
  - Need to recruit and retain providers to meet the capacity needs of the community; emphasis on pediatric dental need
- Payment models, especially for Medicaid, present challenges for providers and consumers
- Communication and information sharing across services and supports needs to improve
- Costs to access primary care can be a barrier
- Emergency department continues to be used as primary care resource

Transportation
- Daily transportation options do not necessarily meet the needs of those who could benefit from it
- Challenging in a rural area
- Some services that are available have limiting options, which complicates using
- Pathways are not bike/pedestrian friendly, limiting the option to use and the health benefits of using

Housing
- Lack of affordable housing in Rutland County
- Not enough options for homeless
- Need for alternative housing options (‘wet’ shelter, transitional, etc.)
- Limited assisted living facilities

Income/Employment
- Employment opportunities are limited
  - Recruitment and retention issues for employees and businesses
  - High percentage of underemployed
- Lack of understanding/empathy for single parents, young families
- Working poor benefit cliff

Factors Influencing Accessing Care
- Increased costs for food, fuel, shelter lowers priority of seeking health care
- Lack of health insurance, or having high cost health insurance
  - Negatively impacts timeliness of seeking treatment, making more costly
  - Dental and Vision coverage are considered luxuries, not affordable to many
- Programs that receive grant support cannot always sustain themselves, causing services to be reduced or removed

Food
- Food insecurity
  - School kids need healthy meals even when school is out, seamlessly
  - People find cost prohibitive
  - Access to healthy food is not always consistent

Physical Activity
- Physical environment can impair access and availability due to weather and terrain
- Need to think ‘bigger’ and ‘broader’ and collaborate across communities
- Need to increase accessibility to preventative activity for all ages and abilities
  - Facilities for safe and free pedestrian traffic
  - Community pool, potentially with more options
  - Need more that are not environment driven

Health Education/Promotion of Healthy Choices
- Need for programs in schools to provide broad education to youth re: life skills and healthy choices
Difficulty getting information to individuals and populations who need it, and having them consume and act upon it
- Not doing so negatively impact the health of individuals and the cost of care to everyone

Societal Issues
- Need for parenting skills and supports
  - To benefit parents and families in daily life
  - To improve ability children to focus and learn
- Pre-9th grade dropout rate
- Impact of the negative messaging from the media
- Need to focus on communication with youth due to technology
  - Screen time limits human exchange, affecting interpersonal communication and relationships

Opportunities to improve the health of our community

The opportunities came in terms of both broad and specific, and included reference back to the many strengths and assets in the Rutland Community. In large part, the discussions centered on the need to keep the conversations going between individuals and organizations across our community to continue work that is underway. This includes continuing to collaborate to improve and enhance the continuum of care, integrating services and focusing on improving outcomes.

In many cases, the desire to bring services to community members and groups to address food insecurity, health prevention and support healthy behaviors and choices were considered good opportunities. Using evidence-based models to improve consumer skills was identified as important, both to improving health and to enhancing a sense of community. Providing safe and affordable options for housing and for physical activity and recreation would benefit many at-risk individuals and populations. Specific to physical activity and recreation, it was noted that these should be friendly to all ages and abilities, not focused on competition and level of achievement; even the high school student who is not on a varsity team wants, and needs, to be involved in something.

Overall, the lasting impression of these discussions was to capture energy in our community(ies) to shift imagining to positive promotion, for the health and well-being of our region and its residents.

Focus group participants and invitees were asked to rank the top five barriers that prevent people from accessing health services in Rutland County. Their responses were:

1. Choose to go elsewhere
2. Office not accepting Medicare
3. Lack of Medical Insurance
4. Do not have a regular doctor
5. Could not get an appointment
They were also asked to rank order the top five barriers that should be addressed in our community. Their responses were:

1. Infectious diseases (Hepatitis, TB, etc.)
2. Diabetes
3. End of Life care
4. Drug / Substance Abuse
5. Lack of job availability

When asked to rank the five most important “risky behaviors” in our community that have the greatest overall impact on overall community health, they responded:

1. Drug / Substance Abuse
2. Alcohol Abuse
3. Being overweight
4. Not using birth control
5. Tobacco use

**Consumer Survey Input**

Conducting the consumer survey in a variety of locations, we received 671 responses from Rutland County adult residents. They provided insight by responding to questions about accessing health care in our region, and about barriers to care.

The demographics of respondents are outlined below:

![Figure 15 Age Distribution of Consumer Survey Respondents]

The majority of respondents were ages 44 to 64 years old (44.72%), followed by 25 to 36 year olds (20.16%), 26 to 44 year olds (13.17%), 65 and older (11.87%), and 18 to 25 year olds (10.08%).
Summarizing this, 74.72% of respondents had some college; 18.96% had a high school education, and 6.32% had an education of up to grade 11.

Survey participants were asked three questions concerning utilization of and access to healthcare services in Rutland County. These questions were intended to build upon one another, first assessing the desire or need for the service, then generally assessing utilization of service, and finally, considering access. The first question asked was “In the past two years, did you or your family want or need (the following) services?”
**Health Care Services or Supports, Wanted or Needed**

- Assisted living
- Nursing home
- Home health care
- Alcohol or substance abuse treatment
- Mental health treatment
- Emergency Room Care
- Sick care in a doctor’s office
- Dental fillings or other dental treatment
- Prescription or over the counter drugs
- Annual checkup in a doctor’s office

**No** | **Yes**
--- | ---

**Health Care Services or Supports, Access**

- Assisted living
- Nursing home
- Emergency Room Care
- Alcohol or substance abuse treatment
- Mental health treatment
- Home health care
- Prescription or over the counter drugs
- Dental fillings or other dental treatment
- Sick care in a doctor’s office
- Annual checkup in a doctor’s office

**No** | **Yes**
--- | ---

*Figure 18 Health Care Services or Supports, Consumer Survey*

*Figure 19 Health Care Services or Supports, Accessed, Consumer Survey*
This year, we included questions around cancer screening. The summary of responses is outlined below:
Overwhelmingly, those that sought services obtained them in Rutland County. In two areas, however, significant portions of respondents obtained services outside of Rutland County.
Highlights of service utilization differences among subgroups:

- Generally, as people get older, they are more likely to want or need an annual check-up. For the 18-25 year old populations, 72.13% indicated they wanted or needed this service; 26 through 35 year olds came in at 82.76%; 36 through 44 year olds 81.82%; 45 through 64 years olds 91.73%; and those over 65 years old, 94.29%. Further, lower household incomes ($30,000 and below) appear to negatively impact the perceived need for a primary care medical visit; up to 35% of respondents did not identify a need for this service, compared to only up to 9% of those responding who had a household income over $30,001. Similar trending is seen for primary dental care, also.

- Recognition of the need for routine dental care seems highest in the 45 through 64 years olds (86.14%). In other age groups, 20-30% did not identify a need for this service.
For those respondents that did not obtain services, the top reasons across all groups were:

<table>
<thead>
<tr>
<th>Reason</th>
<th>% of respondents</th>
<th># of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did not have dental insurance</td>
<td>16.11%</td>
<td>58</td>
</tr>
<tr>
<td>Could not afford to pay the fee at time of service</td>
<td>11.94%</td>
<td>43</td>
</tr>
<tr>
<td>Could not afford co-pay or deductible</td>
<td>10.56%</td>
<td>38</td>
</tr>
<tr>
<td>Did not have health insurance</td>
<td>10.56%</td>
<td>38</td>
</tr>
<tr>
<td>Doctor did not accept Medicaid</td>
<td>9.72%</td>
<td>35</td>
</tr>
</tbody>
</table>

Specifically, for respondents with incomes $40,000 or below, the primary barriers to care were:

- Did not have dental insurance
- Doctor not accepting Medicaid
- Lack of transportation
- Could not afford fee at the time of service
- Did not have health insurance
Attachment D – Nutrition Coalition survey tool

**Rutland County Nutrition Coalition Survey - Food Assistance**

The Rutland County Nutrition Coalition facilitates open exchange of ideas and information to address identified nutritional needs in the community of Rutland County.

We invite you to complete our survey, to help us assess the level of awareness of available resources for food assistance in our region.

1. Town of Residence

2. Please tell us, are you: Male □ Female □

3. Please select the age category corresponding to your age:

   - 18-24 □
   - 25-30 □
   - 31-39 □
   - 41-49 □
   - 50-65 □
   - over 65 □

4. If you work in Rutland County, which town do you work in?

5. Which of the following types of food assistance programs are you aware of in Rutland County?

   - Food shelf
   - Free meals (school, community-based, etc.)
   - Elder services
   - After school program
   - Childcare based
   - Non-profit
   - Retail
   - Faith-based
   - Food stamps / 3 Squares / EBT
   - WIC
   - Farm to Family
   - Other: ___________

6. What do you think are the benefits of food assistance programs?

7. Are you personally aware of anyone who uses any of these food assistance programs in Rutland County?

8. What makes it difficult to access food?

9. If you know someone who could benefit from food assistance, but does not receive assistance, please share why:

10. What do you think are the reasons someone might not use food assistance?

11. How do you hear about programs or services that may interest you?

   - Television (TV)
   - Internet / Web
   - Radio
   - Doctor’s office
   - Family
   - Word-of-mouth
   - E-mail
   - Sign on ‘The Bus’
   - Newspaper
   - Flyers / pamphlets
   - In the mail
   - Other:

12. Please share with us any additional needs you are aware of, ideas, or comments:

   Thank you for your time and your responses!
### Attachment E – Community survey tool

#### Rutland County Community Health Needs Survey 2015

1. Are you a resident of Rutland County? **YES** **NO**
2. Are you a resident of Rutland City? **YES** **NO**

<table>
<thead>
<tr>
<th>Want or need these services?</th>
<th>If you sought, were you able to get services?</th>
<th>Where did you go? (check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual checkup in a doctor's office</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Sick care in a doctor's office</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Dental fillings or other dental treatment</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Prescription or over the counter drugs</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Home health care</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Mental health treatment</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Alcohol or substance abuse treatment</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Emergency room care</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Nursing home</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Assisted living</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Cancer screening:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breast</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pap smear</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colon</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prostate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. If you or your family did not get the health services they needed, please share why (choose all that apply)

- Does not apply to me
- Could not afford co-pay or deductible
- Appointment time not convenient
- Does not have a regular doctor
- Service not available in Rutland County
- Could not get an appointment
- Could not take time off from work
- Did not have transportation
- Did not have dental insurance
- Other: Did not have health insurance
- Did not have dependent care (child/elder)
- Could not afford to pay the fee at time of service
- Payment of balance was required
- Doctor did not accept Medicaid
- Doctor did not accept Medicare
- Too long a wait for an appointment
- Chose to go elsewhere
- Chose not to seek care

5. What age group are you in?

- 18-25 years
- 26-35 years
- 36-44 years
- 45-64 years
- 65 and older

6. What is your highest level of education?

- Grade 11 or less
- High School Graduate
- Some College or More

7. What is the income of your household?

- Under $5,000
- $5,001 - $10,000
- $10,001 - $15,000
- $15,001 - $20,000
- $20,001 - $30,000
- $30,001 - $40,000
- $40,001 - $50,000
- $50,001 - $70,000
- $70,001 - $90,000
- Over $90,000

Return to: Community Health Improvement, 71 Allen Street, Rutland, VT 05701
Attachment F – Emergency Department survey tool

Rutland County Community Health Needs Assessment
COMMUNITY SURVEY IN EMERGENCY DEPARTMENT 2015

1. Are you a resident of Rutland County?  YES  NO

2. Day of the week:  Time of day:  AM  PM

4. What age group are you in?
   - 18 - 25 years
   - 36 - 44 years
   - 65 and older
   - 26 - 35 years
   - 45 - 64 years

5. What is the highest grade in school you completed?
   - Grade 11 or less
   - High School graduate
   - Some college or more

6. What is the income of your household?
   - under $5,000
   - $15,001 to $20,000
   - $30,001 to $40,000
   - $70,001 to $90,000
   - $5,001 to $10,000
   - $20,001 to $30,000
   - $40,001 to $50,000
   - Over $90,000
   - $10,001 to $15,000
   - $50,001 to $70,000

7. Do you have health insurance?  YES  NO
   (Medicare, Medicaid, BCBS, MVP, CIGNA, other?)

8. Do you have a family doctor?  YES  NO
   If NO, why?
   - Can not find one accepting new patients
   - Have not looked for one
   - Other, please explain

9. Is your complaint related to:  (check all that apply)
   - An illness? (stomach bug, headache, chronic condition—diabetes, congestive heart failure, COPD, etc.)
   - Mental health concern (anxiety, depression, crisis support, etc.)
   - An injury?
   - Dental issue?
   - Pain?

10. Did someone send you to the emergency department?  YES  NO
    If “YES”, please tell us who:
    - Your family doctor
    - Walk-in clinic
    - Dentist
    - Emergency
    - Nurse
    - Paramedic
    - Specialist
    - School
    - Mental health provider
    - Asked to return by RRMC emergency doctor
    - Other, please specify

11. Why did you come to the emergency department?  (check all that apply)
    - Do not have a family doctor
    - Needed treatment as soon as possible
    - Family doctor’s office was closed
    - Could not wait for an appointment with family doctor
    - Walk-in clinic was closed
    - An X-ray is needed
    - IV medication is needed
    - Sutures (stitches) are needed
    - Casting is needed
    - Ambulance brought
    - Could not pay elsewhere
    - The Emergency Department offers a specific service you want or need, please explain: 
Attachment G – Focus Group invitation letter, questionnaire and ranking sheet

February 24, 2015

Dear Community Leader:

On behalf of the Rutland County Health Needs Assessment Steering Committee, I would like to invite you to participate in Health Assessment 2015. Your unique input as a community leader will help us identify gaps in current health services and, ultimately, guide us in allocating resources and services to meet the health needs of our community.

Focus group meetings will be convened in March, as a means to open discussion and gather input from across our region. Each group will involve approximately 10 to 12 community leaders, providing their input as individuals and as representatives of their stakeholders. The focus group will take approximately two hours of your time, including a light meal provided for your convenience. Nanci Gordon, Executive Director of the United Way of Rutland County will be facilitating each group discussion. The culmination of this work will be a qualitative report that summarizing responses from the focus groups, along with other collected data, which will be completed and available by October 2015. (The most recent Assessment report, concluded in 2012, is available for viewing at rrmc.org.)

We invite you to participate in the discussion to help us in our efforts “to improve the health of Rutland region residents.” Please select the option of date and location that best suits you:

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wednesday, March 11th</td>
<td>12:00-2:00pm</td>
<td>Rutland Region Planning Commission, 67 Merchants Row, 3rd Floor</td>
</tr>
<tr>
<td>Friday, March 13th</td>
<td>12:00-2:00pm</td>
<td>Castleton Senior Community Center, 2108 Main Street, Castleton</td>
</tr>
<tr>
<td>Thursday, March 19th</td>
<td>5:00-7:00pm</td>
<td>Brandon’s Steve A. Douglas Birth Place</td>
</tr>
<tr>
<td>Monday, March 23rd</td>
<td>5:00-7:00pm</td>
<td>RRMC Community Health Improvement Office, 71 Allen St. Suite 402, Rutland</td>
</tr>
<tr>
<td>Tuesday, March 24th</td>
<td>12:00-2:00pm</td>
<td>Fair Haven Concerned, 19 Washington Street, Fair Haven</td>
</tr>
</tbody>
</table>

Please respond to this invitation by calling Nicole LeBlond, Community Health Improvement Intern, or Kathryn Burger, Bowse Trust Administrative Assistant, at 773-9888 by Thursday, March 5th. Because of the importance of this effort, if we do not hear from you, we will call you to inquire as to whether you are able to join us for this interesting and lively conversation.
We have also enclosed a list of questions which will serve as a platform for the conversation during the Focus Group meeting.

Should you have any questions, please contact Marie K. Gilmond at 773-9888, ext. 15.

Thank you for your consideration of our invitation to participate in this important project. We look forward to hearing from you.

Sincerely,

Thomas W. Huebner, on behalf of
The Rutland County Health Needs Assessment 2015 Steering Committee

TWH/mkg
Your Input is Important

The Rutland County Health Needs Assessment Steering Committee has spent several months collecting and analyzing data to help us understand and describe the health status of Rutland County residents. Conducting assessments periodically for more than 15 years, we have seen some health indicators improve and others decline. We would now like to engage you in a focus group discussion about Rutland County’s health systems and the health status of its citizens.

For your consideration, we would like to share some highlights from the 2012 Assessment:

- 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.
  - Rutland County residents were older, living with lower income, and achieve lower education levels than the average Vermonter, increasing their vulnerability.
    - In 2010, the median age of Rutland County residents was 44.3 years, an increase from 39.23 years in 2000, one of the highest in New England.
    - Rutland County had a slightly lower proportion of youth less than 19 years of age and a lower proportion of young adults ages 20-44, as compared with Vermont as a whole.
    - A quarter (25.3%) of Rutland County residents were 60 years and older, and 17.3% of our population was over 65 years or older.
    - Rutland County residents with Some College was higher than the State average, but Rutland County adults did not complete degree programs at the same rates as Vermont as a whole or the national average.

- Lifestyle choices impact individual health, which affects the health status of the overall community.
  - Overweight and obesity are significant negative health issues for Rutland County youth and adults.
    - In 2011, 14% of Rutland County youth in grades 9-12 reported being overweight and 11% report being obese, slightly higher compared to Vermont overall.
    - Nearly one in four Rutland County adults were obese (24%), lending to the result that 62.7% of adults in Rutland County were overweight or obese, greater than the Vermont average of 56.9%.
    - Rutland County had a greater number of current smokers than the State of Vermont, and fewer adults not smoking.
  - Access to Primary Care influences health promotion.
    - In 2011 in Rutland County, there were improvements in the supply in FTEs of MDs and DOs by 2, reducing the level of shortage to -10.
    - Rutland County had the highest proportion of MDs limiting or not accepting new patients in 2011.
    - As of 2010, in Rutland County, 22% of Primary Care physicians and 15% of Specialty physicians were aged 60 or older, and 50% of Primary Care dentists were aged 60 or older.
Questions for You

We ask that review these questions and jot down answers or notes in preparation for our meeting, keeping mind the people you serve, your own families and friends, and what we learned in the 2012 Assessment. Please complete this form prior to the focus group meeting and bring it with you, so that we can discuss your answers and collect them at the end of the meeting.

1. What are the strengths of the health care services and supports in Rutland County?

2. What are the weaknesses of the health care services and supports in Rutland County?

3. What elements in our social, political and physical environments may cause deterioration in the delivery of services in Rutland County?

4. What assets in our communities can be used to improve the health status of people living in Rutland County?

5. What can we, as a community, do to improve the health status of people in Rutland County?

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

<table>
<thead>
<tr>
<th>Cost of co-pay or deductible</th>
<th>Dependent care concerns (child/elder)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appointment time not convenient</td>
<td>Unable to pay fee at time of service</td>
</tr>
<tr>
<td>Do not have a regular doctor</td>
<td>Payment of balance may be required</td>
</tr>
<tr>
<td>Service not available here (please note)</td>
<td>Office not accepting Medicaid</td>
</tr>
<tr>
<td>Could not get an appointment</td>
<td>Office not accepting Medicare</td>
</tr>
<tr>
<td>Could not take time off from work</td>
<td>Too long to wait for an appointment</td>
</tr>
<tr>
<td>Transportation</td>
<td>Choose to go elsewhere</td>
</tr>
<tr>
<td>Lack of dental insurance</td>
<td>Choose not to seek care</td>
</tr>
<tr>
<td>Lack of medical insurance</td>
<td>Other:</td>
</tr>
</tbody>
</table>
7. From the list below, please rank order the top five barriers that should be addressed in our community. (1 is the most significant, 2 is the next most significant, etc.)

- Elderly health, housing & services
- Cancer prevention, detection & treatment
- Child abuse / neglect
- Dental care
- Diabetes
- Domestic abuse / violence
- Firearm-related injuries
- Bullying
- Motor vehicle crash injuries
- Childcare
- Farming-related injuries
- Heart disease and stroke
- High blood pressure
- HIV/AIDS
- Homicide
- Infant death
- Infectious diseases (Hepatitis, TB, etc.)
- Lack of job availability
- Rape / sexual assault
- Respiratory / lung disease
- Sexually transmitted diseases (STDs)
- Prescription drugs
- Home health care
- Prenatal care
- Hospice care
- Long-term care
- Affordable housing
- Mental health problems
- Suicide
- Teenage pregnancy/family planning
- End of life care
- Primary care – adults
- Primary care – children
- Drug / substance use
- Gang-related activity
- Lack of adequate paying jobs

Other / Comments:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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

- Alcohol abuse
- Being overweight
- Dropping out of school
- Drug / substance use
- Poor eating habits
- Not getting vaccinations to prevent disease
- Tobacco use
- Not using birth control
- Not using seat belts / child safety seats
- Unsafe sex (without a condom, etc.)

Other / Comments:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________