



COMMUNITY HEALTH NEEDS
ASSESSMENT
RUTLAND REGIONAL MEDICAL CENTER

EFFECTIVE OCTOBER 1, 2019

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RUTLAND REGIONAL MEDICAL CENTER

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Abstract

Rutland Regional Medical Center has long cared not only for the patients and families within its walls, but those who live and work outside them. Since 2000, RRMCC has facilitated the Community Health Needs Assessment (CHNA), which is designed to get an accurate idea of how the collective community energies can be best directed to improve the overall health and well-being in partnership with the hospital. The assessment is now performed and published on a three-year schedule, but it is an ongoing process, focused on improving the lives and health of our neighbors and our home. Changes and updates to the process are made with each cycle in an effort to be constantly improving. The assessment includes statistical data, survey data directly from community members, and focus group data to capture the community's voice and allow the community to define its needs in its own words. The 2018 CHNA assessment and report has been completed and now moves into the implementation phase with the publication of this document.

Community Served by Hospital Facility

	Population	Area	Population Density
Rutland City	15440	7.56 sq. miles	2182.7 people per square mile
Rutland County	59087	929.8 sq. miles	66.3 people per square mile

Rutland County is the second largest county and is home to the third largest city in Vermont. Rutland Regional Medical Center (RRMC) is Vermont's largest community hospital and provides emergency, inpatient, psychiatric, surgical, and specialty care to the community and surrounding area. The hospital has seen an increase in the number of patients coming from out of the area. The Vermont Blueprint for Health, the Agency of Human Services, and the Vermont Department of Health all define the health service area slightly differently; based on the catchment areas of these organizations and for the purposes of the needs assessment, the community served was determined to include Rutland County, several towns to the north and south of the county, and adjacent towns in Washington County, NY. A full list of towns can be found in Appendix A.

Community Health Needs Assessment Process and Methods

Advisory Committee

In October 2017, members of the community formed an Advisory Committee representing several agencies and sectors including law enforcement, the department of health, primary care, and others (Appendix B). This committee included several members who worked on the needs assessment in prior years and brought historical perspective and value to the process. The Advisory Committee met monthly to update and monitor progress, offer input and guidance, review data, and edit communications. The Committee will continue to meet to develop and carry out the implementation plan, which will be published by the end of calendar year 2018.

Approach

As in past years, the Committee employed a six-step approach to conduct the assessment. Assistance from external resources was sought for several of the steps.

1. Define the community served (our hospital service area);
2. Conduct research of secondary sources to collect quantitative data regarding the health status of the population;

3. Conduct surveys of community members as consumers of health services;
4. Solicit qualitative input from community leaders and members;
5. Aggregate and review the information collected to identify the needs of our community;
6. Prioritize and report the identified needs and recommendations.

Data Collection

The Committee developed the definition of the community of the Rutland Health Service Area and reviewed past assessments for data sources. After members of the committee determined preliminary avenues and focus for secondary data collection in November 2017, research began. In 2018, three college-level interns were added to the assessment team to assist with data collection and review. The data collection period remained open and active through most of the assessment year and closed in July 2018. Multiple sources were used to gather the secondary data, including the US Census, County Health Rankings, Youth Behavior Risk Survey, and others. For a full accounting of the secondary data with citations, please see Appendix C.

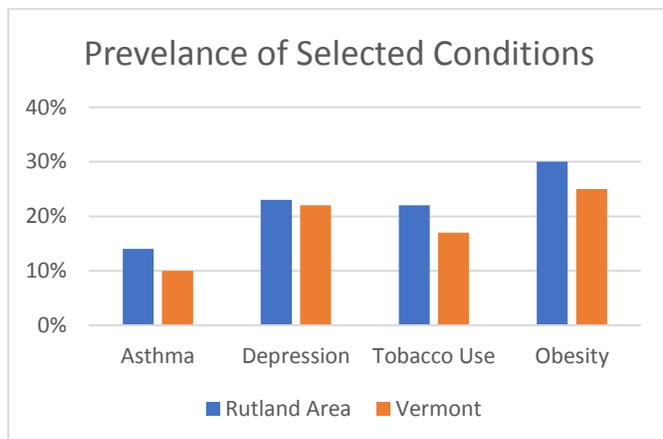
The community survey was reviewed by the Committee and updated in December 2017; it was published in January 2018 in hard copy and digitally. Survey Monkey was used to build the online version of the community survey, and the link was shared widely with partners (distribution to agencies can be found in Appendix F). As requested, organizations were provided with over 1500 hard copies along with stamped return envelopes and drop boxes. Surveys were collected in April 2018 and the anonymous data was aggregated. In total, 525 surveys were collected. Appendix D contains the survey and aggregated response data.

In April 2018, six focus groups were conducted at various locations across the county to capture the community voice and more qualitative data. Attendance totaled 27 unique community members representing 15 towns including Rutland City. Individuals were invited to the focus groups by letter or email. One facilitator and one to two scribes attended each meeting. Each group was given the same set of five questions and were encouraged to take the prompts in directions relevant to themselves; the facilitator provided redirection as necessary back toward the intent of the question (the invitation letter, list of questions, and demographic breakdown of the attendees can be found in Appendix E).

Data Analysis

The secondary data collection included comparative analysis. Statistics from Rutland County were compared to corresponding data from Vermont and national data as available. Every effort was made to ensure the most up-to-date information was included. The analysis also included information about the area's progress in areas where such information was available.

Initial analysis of the community survey data began with a report generated from Survey Monkey, which can be found in Appendix D.



Results and Identified Needs

Data Organization

The individual data points from the focus groups were assembled into a single document organized by theme. The themes were then cross-referenced with the data collected from both the surveys and the secondary data, and scored based on actionability and frequency. The data was divided into two subsets: actionable items and non-actionable themes.

The “non-actionable themes” subset was defined as containing broad themes which were more conceptual than actionable, such as culture, or descriptive of approaches rather than tangible target areas, such as collaboration between agencies. It also included large-scale actionable items that were determined to be outside the scope of potential community work, such as availability of health insurance and prescription coverage.

“Actionable items” were defined as topics or mechanisms which could be acted upon by a willing group of people within the community. These topics, including substance use, access to care, transportation, and employment were thought to be more concrete focus areas than the aforementioned overarching themes. The actionable items subset was scored by frequency based on the number of times mentioned in the focus groups, the amount of available secondary data, and the amount of relevant data from the community survey. A cutoff point was set at the median of the range between the highest and lowest scores. Those below the median became a subset called “minor actionable items,” and those above the median became “major actionable items.” The list of major actionable items was presented at the community prioritization meeting as candidates for identified needs. The full list of actionable items and non-actionable themes can be found in Appendix G.

Prioritization

Members of the CHNA Advisory Committee, the Bowse Health Trust Board of Directors, participants from the focus groups, healthcare providers, and other community members were invited to the prioritization meeting held at the College of St. Joseph’s on 13 June 2018. A short presentation was given on the methods used to collect, analyze, and organize the data to determine the list of 14 major actionable items. The community health improvement process and determinants of health were reviewed. The directions given to the group were as follows:

40%	Social and Economic Factors	<ul style="list-style-type: none"> • Education • Employment • Income • Family Support • Social Support • Community Safety
30%	Health Behaviors	<ul style="list-style-type: none"> • Tobacco Use • Diet • Exercise • Alcohol Use • Safe Sex Practice
20%	Clinical Care	<ul style="list-style-type: none"> • Access to Care • Quality of Care
10%	Physical Environment	<ul style="list-style-type: none"> • Environmental Quality • Built Environment

1. Review the information provided and ask any clarifying questions.
2. Vote for what you think are the top 3 priorities based on the information provided and your own knowledge, experience, and lens. The top six scoring items will be considered for the second round of voting. To vote:
 - a. Give your top priority 3 stickers;
 - b. Give your second priority 2 stickers;
 - c. Give your third priority 1 sticker.
3. Discuss any concerns about the top six items; should any be combined or edited?

4. Vote for your top 2 priorities out of the 6 remaining. The top three scoring items will be the prioritized needs for this community health needs assessment.
 - a. Give your top priority 2 stickers;
 - b. Give your second priority 1 sticker.

The items were individually posted on flipcharts with two to three bullet points, taken directly from the focus group data, in order to better explain the intent of the item. Once all 14 were posted, the 24 participants asked clarifying questions for about ten minutes before voting.

After the first round of voting, six topics had enough votes to remain possibilities by a significant margin. The remaining 8 topics were set aside. During the discussion between voting periods, one conversation stood out in particular. When the group was asked if any of the topics remaining should be combined or edited, it was suggested that the separate topics of Mental Health and Substance Use should be combined into one topic. These two topics had a nearly equal amount of first round votes, and it was assumed by the group that they would both be included in the final three priorities; however, with the other options, the suggestion to combine Mental Health and Substance Use would allow more room to focus on other topics. The following points were made during this lively discussion:

- Substance use had been a priority of the past 9 years
- A great deal of work had been done around substance use, both treatment and prevention;
- While substance use and mental health were often found to coincide, each can also be independent of one another;
- Using a single focus and taking the same approaches to both does not always produce results;
- Both mental health and substance use are factors that affect many of the other actionable items, such as housing.

The discussion period was stopped after about 25 minutes to allow for the next round of voting. There was no consensus on whether or not to combine the two topics into one. The group decided that they would rather prioritize an additional area (resulting in four final priorities instead of three) than try to reach consensus on that point. Therefore, with the revised goal, the second round of voting was conducted and concluded with four clear priorities.

Results

The prioritization meeting determined that the following four actionable areas were the top health-related needs of the community for the 2018 Community Health Needs Assessment:

Supporting an Aging Community
Mental Health
Housing
Parenting and Childcare

The complete list with voting results can be found in Appendix G.

Implementation Strategy

Focus Teams

The process for developing focus teams for each of the four priorities is currently underway. Community members from appropriate agencies and areas will be invited onto teams of 6-7 people. Each team will first research what work has happened or is underway in the community to support the priority. The team will then develop a goal which complements any current or past work performed. Workplans for each team should be in place by the end of the calendar year, with implementation to start in 2019.

Current Resources

Rutland has been dedicated to not only performing community health needs assessments, but implementing action plans that make change in the community. The most recent example of this is the current priorities for this assessment do not include substance use for the first time in several cycles. The community has performed a great deal of work around treatment, support, and prevention of substance use and is ready to tackle other areas of need. These future projects will be undertaken with the understanding that the identification of these new priorities does not mean that substance use is no longer an issue. Rather, it indicates the community's acknowledgment that substance use is a factor in all the identified priorities. RRMC partners with other health care providers, agencies dedicated to our aging population, law enforcement, peer and professional mental health and substance use treatment facilities, housing resources, local community food providers, transportation services, youth services, many others and in many ways. Some of these resources are listed in Appendix H. The list is far from exhaustive, as progress demands innovation and new partnerships.



Evaluation of Actions from Last Community Health Needs Assessment

2015 CHNA Priorities

The priorities identified in the 2015 Community Health Needs Assessment were:

- Mental health and substance use services for adults and youth
- Promote a healthy culture by positively influencing health behaviors, social and economic determinants, and physical environment

RRMC has acted as both a leader and a partner in many collaborative initiatives to address these priorities. In conjunction with the Vermont Blueprint for Health, the James T. Bowse Health Trust, the Vermont Department of Health, and numerous community agencies, significant progress has been made on the goals set forth in the 2015-2017 CHNA Implementation Strategy. The 2017 Implementation Strategy Progress Report can be found on the website at www.rrmc.org.

Mental Health and Substance Use

The impact of identifying mental health and substance use as a community priority to address was anticipated as follows:

- Reduce barriers to care

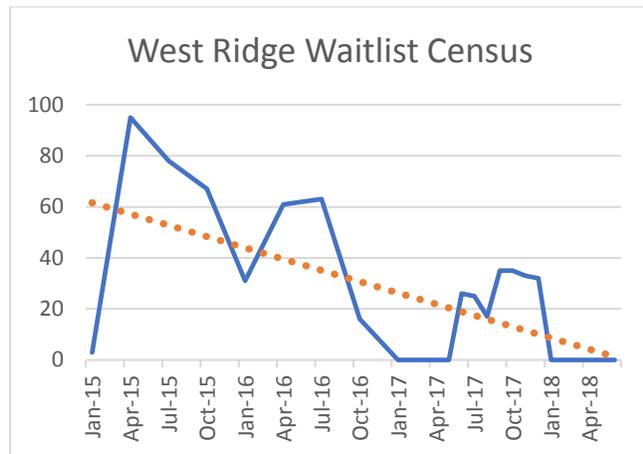
- Identify issues early to reduce substance use
- Improve recovery success
- Reduce inappropriate utilization of services

By addressing these points, the following goals would be met:

- Increase the number of people receiving treatment for substance use and mental health
- Reduce the waitlist occupancy for medication-assisted treatment (MAT) for opioid use disorder
- Reduce binge drinking in high schools and the misuse of prescription drugs

Several activities were employed with a variety of partners to meet these goals.

- SBIRT (Screening, Brief Intervention and Referral to Treatment) was implemented in the emergency department at RRMC. Over 6000 screens are performed each year, with over 50% of those referred to treatment successfully completing the process.
- MAT access was expanded at West Ridge Center, which serves over 400 people in recovery from opioid use disorder. West Ridge first achieved a zero-wait list occupancy in January 2017, and maintains that as of June 2018.



- MAT access through office-based opiate treatment, or Spokes, was also improved. As of June 2018, Rutland has 19 total MAT prescribers, with additional Spoke staff of 5.15 FTE (including registered nurses, licensed alcohol and drug counselors, and licensed social workers) to support these efforts.
- The Community Health Centers of the Rutland Region have expanded from five to eight locations, providing primary care, mental health care, MAT, and dental services.

Promote a Healthy Culture by Positively Influencing Healthy Behaviors, Social and Economic Determinants, and Physical Environment

The impact of identifying the promotion of a healthy culture by influencing healthy behaviors, social and economic determinants, and the physical environment as a community priority to address was anticipated as follows:

- Improve and promote healthy choices and activities in a number of areas
- Improve the overall health and well-being of our community
- Improve the community infrastructure to support a healthy community with access to work, recreational opportunities, and needed services
- Increase skills for individuals and families

By addressing these points, the following goals would be met:

- Increase the number of people eating the recommended amount of fruits and vegetables for a healthy diet
- Increase the percentage of Rutland residents that are physically active
- Reduce the number of individuals reporting poor mental health days
- Improve educational attainment
- Reduce the percentage of residents using tobacco
- Increase the rate of exclusive breastfeeding for infants

Several activities were employed with a variety of partners to meet these goals.

- The priorities of the needs assessment inform those of the Bowse Health Trust. The Trust supported 14 programs in the community with an average of approximately \$300,000 per year. A list of prior programs can be found in Appendix H.
- RRMC expanded its own internal health services to employees and partnered with several programs to bring in opportunities for increased physical activity.
- RRMC became a smoke-free campus and is helping other organizations such as the Community Health Centers achieve the same.
- Tobacco Cessation programming has increased, with a leader training held in Rutland in the spring of 2018.
- The Centering Pregnancy model was implemented to engage new mothers in starting healthy behaviors from the beginning.

As we enter the implementation phase of the 2018 Community Health Needs Assessment, the projects, programs, and partnerships formed in the 2015 cycle continue. The work is embedded in the community, the culture, and the hospital, even as other programs take the forefront.

Conclusion

The Rutland community is full of passionate and compassionate individuals who are accustomed to reaching out and finding other like- and different-minded people to work with to move this community forward. It is home to a wealth of resources equipped to continue to make progress and enact change to create a healthier community. Collaboration between organizations including the hospital is the force that strengthens the services provided to improve the overall health of our community. As the 2018 CHNA is taken forward to forge new partnerships, build new programs, and bring together people in new ways, we stand on a solid foundation of the work and progress of years past.

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Appendix A

List of Towns and Cities in Rutland Health Service Area

Benson	Middletown Springs	Shrewsbury
Brandon	Mount Holly	Stockbridge
Castleton	Mount Tabor	Sudbury
Chittenden	Orwell	Tinmouth
Clarendon	Pawlet	Wallingford
Cornwall	Pittsfield	Wells
Danby	Pittsford	West Haven
Fairhaven	Poultney	West Rutland
Goshen	Proctor	Whiting
Hubbardton	Rochester	Dresden NY
Ira	Rutland City	Granville NY
Killington	Rutland Town	Hampton NY
Leicester	Salisbury	Putnam NY
Mendon	Shoreham	Whitehall NY

Appendix B

The Community Health Needs Assessment 2018

Advisory Committee

Community Health Needs Assessment Advisory Committee

Member	Organization
Marjanna Barber-Dubois	Rutland Regional Medical Center
Renee Bousquet	Department of Health
Joann Calvi*	Department of Health
Andrea Coppola ⁺	Rutland Regional Medical Center
Jona Farwell ⁺	United Way
Caprice Hover*	United Way
Laura Kass*	Rutland Mental Health
Kevin Loso*	Rutland Housing Authority
Jeffrey McKee*	Rutland Regional Medical Center
Dana McMahon*	Southwestern Vermont Council on Aging
Sarah Narkewicz* ⁺	Rutland Regional Medical Center
Matthew Prouty*	Rutland Police Department
Bernadette Robin	Visiting Nurses Association
Sarah Roy*	Vermont Department of Health, Alcohol and Drug Abuse Program
Darla Senecal ⁺	Building Bright Futures
Grant Whitmer*	Community Health Centers of the Rutland Region

*returning committee member

⁺member for part of year

College Level Interns

Student	Academic Institution	Dates of Internship
Amanda Beatty	Castleton University	January – May 2018
Rosa Wallace	Castleton University	January – May 2018
Maria Wiles	Florida Southern University	May – July 2018

Additional Support Provided By:

Christi Anderson, Rutland Regional Medical Center

Brenda Colburn, Rutland Regional Medical Center

Bradley Goodhale, Rutland Police Department

Appendix C

Secondary Data

Access to Care

- In primary care, including family medicine, internal medicine, OB/GYN, and pediatrics, Rutland is behind the national benchmark for physicians by -8 FTE, but ahead of the national benchmark for physician assistants, certified nurse midwives, and advanced practice nurse practitioners by 8 FTE. (Vermont Primary Care Practitioner Workforce 2016 Snapshot)
- Rutland has a total of 36.1 FTE primary care physicians, and 83.5 specialty physicians. 22% of primary care physicians and 19% of specialty care physicians are over the age of 60. (Health Care Workforce, Physicians Survey 2016)
- 95% of FTE primary care physicians are accepting new patients, 83% are accepting new Medicaid patients and 88% are accepting new Medicare patients. 99% of FTE specialists are accepting new patients, 97% are accepting new Medicaid patients, and 99% are accepting new Medicare patients. (Health Care Workforce, Physicians Survey 2016)
- Population: Primary care physicians in Rutland- 1,150:1; Dentists- 1,290:1; Mental Health Providers- 360:1 (County Rankings, 2018)
- 13% of adults in the Rutland area report not having a primary care provider, similar to the state rate of 12%; 11% report not having health insurance, and 9% report delaying medical care due to cost concerns (VDH, BRFSS Data 2013-14). Statewide, 12% of adults report not having a primary care provider, and 8% report delaying medical care or do not obtain care. (Healthy Vermonters 2020, Quick Reference)
- 68% of Rutland County adults reported a routine dental visit in the year (University of Vermont Scholarworks) similar to the state rate of 72%. (Healthy Vermont 2020)
- In Rutland County, 58% of the primary care dentists are 60 years old or older, which is the largest percentage of dentists over age 60+ in Vermont (18 of 31 dentists). (VDH, Census of Dentists Summary Report, 2017)
- 40% of psychiatrists in Vermont are 60 years of age and older. (Mental Health Care Providers 2016)
- Rutland County has 22.9 FTE primary care dentists and 6.8 FTE dental specialists in 2017. There is 1.0 FTE pediatric dentist in Rutland County. (VDH, Oral Health in Rutland and Vermont)
- Rutland County has lost 1.9 FTEs since 2007. (VDH, Census of Dentists Summary Report 2017)
- Rutland Regional Medical Center had the second busiest Emergency Department in the state, second to UVM; visits to RRMC accounted for 12.5% of the total state ED visits in 2016. RRMC also had the second highest rate, after UVM, for inpatient discharges originating in the Emergency Department in 2016 at 14.2%, compared to the state rate of 11.0%. (Vermont Hospitals Report 2016)
- Of 5895 VT resident inpatient discharges, 11.6% were readmitted within 30 days in Rutland County. (Vermont Hospitals Report 2016)
- In 2015, 85% of adults 65 and older visited a doctor for routine care. (Healthy Vermont 2020)
- Only 63% of LGBT adults in Vermont reported visiting a doctor in the last year, which is significantly lower than 70% of heterosexual Vermonters who visited with a doctor. (Health Equity in Vermont 2018)
- Flu vaccination rates have decreased significantly in Vermont among adults 65+ from 65% in 2011 to 59% in 2016. (BRFSS 2016)
 - In winter 2018, the percent of visits due to influenza-like illness reached above 6% for one week, compared to winter 2016 where the week with the highest percent was fewer than 3%. (Weekly Flu Report 2017-2018)

Medical Conditions

- Dental: 55% of adults in the Rutland area report having at least one tooth extracted; there is a statistically significant negative correlation between income and any tooth extraction. (VDH, BRFSS Data 2012-14)
 - 50% of Vermont third graders enrolled in the National School Lunch Program had tooth decay and 21% have untreated tooth decay. (Vermont Oral Health Survey 2016-2017)
- Morbidity: Rutland is ranked 11 of 14 counties for premature death (6400) compared to the state average (5500) (County Rankings, accessed October 2017)
- Cancer:
 - Breast cancer: 77% of women are meeting the screening recommendations compared to 79% of Vermonters overall.
 - Cervical cancer: 87% of women are meeting the screening recommendations compared to 86% of Vermonters overall.
 - Colon cancer: 65% of Rutland area adults in the designated age group are meeting recommendations, compared to 71% of Vermonters.
 - Skin cancer: Rutland area residents have seen an increase in diagnosis of skin cancer from 5% in 2011-2012 to 8% in 2013-2014.
 - Tobacco related cancer: Rutland County has a higher rate (208.4 per 100,000) than the statewide rate (177.9 per 100,000) in 2013. (Healthy Vermonters 2020, Quick Reference)
 - 26% of Vermonters with any disability experience lung disease, and 18% have diabetes. Only 6% of Vermonters with no disability have diabetes. (VBRFSS 2015-2016)
- Disability: 25% of Rutland area adults report having a disability, similar to Vermont state (23%). (VDH, BRFSS Data 2016) Mental health conditions and musculoskeletal conditions account for more than two-thirds SSDI beneficiaries in Vermont. (Vermont Legislative Joint Fiscal Office Issue Brief, October 25 2017)
- Asthma: 14% of Rutland area adults report a diagnosis of asthma, compared to 10% for the state. (VDH, BRFSS Data 2016). This rate is higher than the United States. In 2013, the age-adjusted rate for asthma hospitalizations in Rutland County was 13.5, the highest in the state. The state age-adjusted rate was 4.8. (VDH, Data Explorer)
 - 11% of children in Rutland County have asthma, 3% higher than the Vermont rate. (Asthma Data Brief 2017)
 - In 2016 3,386 (10.1%) of all ED visits to Rutland Regional Medical Center were for diseases of the respiratory system. (VT Hospitals Report 2016)
 - The average duration of stay for a hospitalization with a primary diagnosis of asthma in Rutland was 3.7 days. (VT Hospitals Report 2016)
 - Rutland had the highest hospitalizations for asthma for children under 5 at 24/10,000 hospitalizations and adults over 65 at 21/10,000 hospitalizations. Both are significantly higher than the statewide rate. (Asthma Data Brief 2017)
 - Rutland had the highest amount of ED visits for asthma with children under 5 years of age between 2013-2015. The amount of ED visits for ages 5-64 with asthma were significantly higher than the statewide rate. (Asthma Data Brief 2017)
 - 8% of total hospital charges related to asthma care involved substance use in 2015. (Asthma and Substance Use among Vermonters)
- Heart disease and stroke: Rutland County has higher mortality rates for heart disease (121.0 per 100,000) and stroke (39.1 per 100,000) compared to the state of Vermont (105.4 per 100,000 and 27.7 per 100,000, respectively) in 2014. (Healthy Vermonters 2020, Quick Reference)
 - 15% of Vermont adults in homes with low incomes (<\$25K) have cardiovascular disease versus 4% of adults in homes with highest incomes (\$75K+). (BRFSS 2016)
- COPD: About one in twenty (6%) Vermont adults have chronic obstructive pulmonary disease, or COPD (VDH, BRFSS Data 2016). This is the same as the U.S. rate. This rate has gone relatively unchanged since 2011. 9% of adults in Rutland County have COPD. (BRFSS Chronic Conditions Indicators)

- Chronic Conditions: 38% of adults in Rutland County have two or more chronic conditions, significantly higher than the state 33%. (BRFSS 2015-2016)
 - Diabetes: Rutland County has the 2nd highest prevalence of diabetes in the state.

Mental Health

- Depression: Rutland and Vermont adults report very similar rates of depressive disorder, 23% and 22% respectively; both significantly higher than the US average for adults at 17% (VDH, BRFSS Data 2016).
 - In the past 12 months, 29% of Rutland County students felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities. This is significantly higher than the state rate of 25%. 38% females and 21% males reported feeling this way. (2017 YRBS)
- Suicide: 13% of high school students in Rutland County made a suicide plan, with 7% attempting suicide, 2% requiring medical intervention. These are slightly higher than state rates (2017 YRBS)
- In Vermont, 58% of adults with any mental health condition are receiving treatment (Healthy Vermont 2020, 2010-2014)
- There are 360 Rutland County residents to every 1 mental health provider. (County Health Rankings, 2018)
 - Rutland Mental Health Services had the lowest ratio of FTE Mental Health Counselors in VT to population with 28.5 FTE's to 100,000 population. (Health Care Workforce, Mental Health Counselor Survey 2017)
- In Vermont 25% of total homeless persons counted in January 2018 had a severe mental illness. (PITC Report 2018)
- Using marijuana weekly or more often has been associated with doubling a teen's risk for depression or anxiety (Marijuana Use among School Aged Youth VDH); 39% of Rutland County students have ever tried marijuana. (YRBS 2017)
- Recent and regular marijuana users are more than twice as likely to report poor mental health as non/less frequent marijuana users. In Vermont, 28% of regular marijuana users report poor mental health, but only 13% of not regular users report poor mental, a statistically significant difference. (HSVR BRFSS Debrief 2016)
- Of Vermonters with a cognitive disability, 67% have ever been diagnosed with depression, but of Vermonters with no disability only 16% have ever been diagnosed with depression. (VRBFSS 2016)
- Only 47% of female students in Vermont felt they mattered to their community whereas 54% of males felt they mattered. (VYRBS 2015)
- Rutland Mental Health Services served 64 clients in Elder Care Programs out of 327 total clients served in FY 2017. (Elder Care Reports 2017)
- 85% of identified problems of clients in Elder Care Programs at Vermont Designated Agencies in 2017 were for depression and 56% of diagnoses were for anxiety or other non-psychotic disorders. (Elder Care Reports 2017)
- In Rutland County there are 4 Crisis mental health beds and 17 Inpatient beds available for adults. (DMH Mental Health System of Care 2017)
- Rutland Mental Health Services served 976 clients in Children's Services. (DMH 2017 Statistical Report)

Substance Use

Opioid

- Rutland is the site of one of 6 Hubs, able to provide outpatient medication-assisted treatment with naltrexone, buprenorphine, and methadone. West Ridge Center is currently treating 47 patients, with zero waitlist. (VDH, ADAP, MAT census June 2018)
- 355 Medicaid patients are enrolled in MAT through Spokes in Rutland county. (VDH, ADAP, MAT census 11.27.17)

- The rate of accidental or undetermined opioid related deaths per 100,000 Vermonters in Rutland is 21.9, higher than the state rate of 15.2. (AHS Community Profiles)
- In 2014 538,403 prescriptions for opioids were dispensed. (VDH Prescription Monitoring System 2016)
- The percentage of residents having received an opioid prescription in 2015 in Rutland County was 21%, the highest percentage in the state and 4% higher than the state average. (VDH Prescription Monitoring System 2016)
- Controlled Substances: in Rutland County, 30% of Rutland County residents received at least one prescription for a controlled substance in 2015; 5% higher than the Vermont rate. (VDH RPP, VPMS report).
- In Vermont, about 154 of every 10,000 Vermonters age 18-64 receive Medication Assisted Treatment for opioid addiction. (VDH Opioid Scorecard 2017)
- Of Hub and Spoke participants, there was an 89% decrease in emergency department visits and 90% reductions in illegal activities and police stops/arrests of participants. (Hub and Spoke Evaluation Brief 2.13.2018)
- Between 2016 and 2017 the number of accidental and undetermined opioid related fatalities decreased by 4% with 21.9/100,000 deaths in 2016 and 15.2/100,000 deaths in 2017. (ADAP Data Brief Opioid Related Fatalities 2018)
- Substance abuse was a factor in 27% of reports received to the Vermont Child Protection Line in 2016. Substance Use is the most common reason for reports from 2012-2016. (Child Protection Report DCF 2016)

Alcohol

- Alcohol use: 32% of high school students in Rutland County had used alcohol in the previous month, similar to the Vermont rate of 33%; binge drinking rates were nearly identical, at 16% for Rutland County and 17% for Vermont. (2017 YRBS)
- 67% of Rutland County students say that if they wanted alcohol it would be sort of easy or very easy for them to get. (YRBS 2017)
- In Vermont 22% of adults have binge drank in the last 30 days (VDH BRFSS 2015-2016)
- The percentage of adults in Rutland County who drank any alcohol in the last month is statistically lower than the state at 56% compared to 64%. (VDH BRFSS Preventative and Risk Behavior Indicators 2015-2016)
- 34% of students earning a D/F average drank alcohol before age 13 while only 7% of students earning an A average drank before age 13. (YRBS 2015)
- High Risk Drinking Among Older Adults: 28% of Vermonters 250%+ the Federal Poverty Level drank at a level of high risk, compared to only 12% of those at 0-99% of the FPL who drank at a level of high risk. (VBRFSS 2016)

Marijuana

- Marijuana use: 39% of high school students in Rutland County have tried marijuana, similar to the state rate of 37%. (2017 YRBS)
- In Vermont, 12% of Adults reported using marijuana in the past 30 days. (VDH BRFSS 2015-2016)
- In Rutland County 27% of high school students used marijuana in the past 30 days, higher than the state 24%. Additionally, only 24% of students perceive risk of harm from regular marijuana use as a great risk, and 25% perceive a moderate risk. (YRBS 2017)
- Of 63 fatal motor vehicle crashes in 2017 in Vermont, one in four had the presence of THC. (ADAP Annual Overview 2017)
- Overall 39% of all high school students in Rutland County have ever used marijuana with students in grade 12 most likely to have ever used it. 10% Students in Rutland County in grade 9 tried Marijuana before age 13 years significantly different from only 3% students in grade 10, 6% students in grade 11, and 5% students in grade 12 trying before age 13. (2017 YRBS)

- In Vermont, high school students with lower grades are more likely to report substance use than their peers with higher grades. With each decrease in grades earned, early marijuana and cigarette use doubles. 26% of D/F average students used marijuana before age 13. (YRBS 2015)
- In Vermont, marijuana is the number one substance for which students are suspended from school. (Marijuana Regulation in VT 2016)
- Recent marijuana use is significantly higher among students with fewer than 10 hours per week of extracurricular activities than those with more weekly activities. (YRBS 2016)
- 29% of 12th grade students report riding with someone using marijuana in the past month and 20% of 12th grade students report driving when using marijuana in the past month. (YRBS)
- Of 1200 Vermonters treated for marijuana disorders in 2015, 60% were under the age of 25. (Marijuana Data Brief 2016)

Tobacco

- The smoking rate of adults in Rutland county is 22% which is significantly higher than the state average of 17%. (VDH BRFSS 2014-2015)
- From 2011-2015 Vermont has seen a significant decrease in smoking prevalence among adults from 20% to 17% and youth 15% to 11%. (VDH BRFSS 2015)
- 9% of students in grades 9-12 smoke cigarettes and 56% of all students say it would be sort of easy or very easy for them to get. (2017 YRBS)
- The number of tobacco-related cancers per 100,000 people has significantly decreased from 204.4 in 2010 to 177.9 in 2013. (Healthy Vermont 2020, 2013)
- In Vermont, 26% of LGBT adolescents currently smoke while only 9% of heterosexual adolescents smoke.
- 37% of Vermonters with a disability currently smoke. (VRBFSS 2015&2016)
- As of March 2018, only 80 people registered to 802Quits Quitline, 170 below the target value for Vermont, and only 136 registered to 802Quits Quit Online. (Tobacco Scorecard VDH 2018)
- 26% of 802Quits callers heard about the program from a health professional; this is 9% below the target value. (Tobacco Scorecard VDH 2018)
- 66% of quitting methods in Vermont are “quit on your own”, while 35% of smokers used nicotine replacement as a quitting method. (Tobacco Data Pages 2017)
- 57% of current E-cigarette users who also use cigarettes have depression. (BRFSS 2017)

Health Behaviors

- Obesity: 30% of adults in Rutland County are obese, in comparison to 25% in Vermont. (County Rankings 2018) 16% of high school students in Rutland County are obese, which is statistically higher than the state rate of 13%. Males are more likely to be obese than females in Rutland County. (2017 YRBS)
 - Rutland County is the second most obese county in the state. (County Health Rankings)
 - 46% of Rutland County students were trying to lose weight, which is higher than the state rate of 42%. 64% of students trying to lose weight were female. (YRBS 2017)
 - Adults ages 45-64 were more likely to be obese than other age groups, with 31% being obese. (BRFSS 2016)
 - Vermont Adults 20 or older whose education is High School or less are more likely to be obese. (BRFSS 2016)
 - In Rutland County an estimated 13,000 adults are overweight and 12,000 obese. The obesity rate for Rutland County, 35%, is significantly higher than Vermont’s rate of 28%. (BRFSS Data 2015-2016)
- Nutrition: 4/5 adults in Rutland County do not eat enough fruits and vegetables. (Chronic Disease in Rutland County 2014)

- 29% of Rutland area students ate two or more fruits and 14% ate vegetables three or more times per day in the past week, both less than the state rates of 33% and 18% respectively. (2015 YRBS)
- 14% of Rutland County students did not eat breakfast in the past week, slightly higher than the state rate of 11%. Only 33% of students ate breakfast 7 days out of the week, significantly lower than the state rate of 40%. (YRBS 2017)
- Only 12% of Vermonters that are high school graduates or less eat 3 or more vegetables a day. (VBRFSS 2016)
- Of Rutland County high school students, 4% went hungry most of the time or always, which is higher than the state rate of 3%. (YRBS 2017)
- In summer 2016, there were 5,846 3Squares VT transactions at farmers' markets, bringing \$125,129 to local agricultural economy. (Hunger Free VT Annual Report 2016)
- Physical Activity: 22% of Rutland County adults report not engaging in physical activity, compared to 19% for the state. (2018 County Rankings)
 - Only 26% of high school students in Rutland County were physically active at least 60 minutes per day on all 7 days. However, 52% were physically active at least 60 minutes/day on 5 or more days. (YRBS 2017)
 - In Rutland County, 14% of adults have poor physical health, statistically higher than the state 11% (BRFSS 2015-2016)
 - Of those in Vermont with a mobility disability, 58% reported fair to poor general health. (VBRFSS 2016)
 - Having access to places for activity, like parks, encourages physical activity. Only 27% of people living in Rutland County live within half a mile of a park as of 2015. (2015 National Environmental Public Health Tracking Network)
- Prenatal Care: In Vermont, 83.76% of women received prenatal care. (Vermont Insights 2015)
 - The percentage of mothers whose prenatal care was not adequate in terms of timing and number of visits for women of color in VT was 16% while only 10% of white non-Hispanic mothers reported the same thing. (Vermont Vital Statistics 2015)
 - 21% of women delivering a live birth discussed preconception health prior to pregnancy. (VDH Maternal and Infant Health Scorecard)
 - Breastfeeding helps prevent obesity, infant mortality, and diabetes in children, but only 63% of WIC mothers are breastfeeding at 8 weeks, while 87% of non-WIC mothers are breastfeeding at 8 weeks.
- Tobacco use: 18% of adults in Rutland County report actively smoking, similar to the state at 17%. (County Rankings). 24% of high school students in Rutland County report actively using tobacco products, equal to the state rate (2017 YRBS).
 - 9% of high school students smoked cigarettes in the last 30 days, a 50% drop from 2007. (2017, YRBS)
- Electronic Vapor Product Use: 12% high school students have ever tried an Electronic Vapor Product and 1/10 middle school students have ever tried an EVP. (2017 YRBS)
- In Rutland County, 76% of children age 19-35 months have received all the recommended vaccines compared to 2010 when only 41% of were meeting these recommendations. (Healthy Vermont 2020)

Social and Economic Factors

- Age: The median age of Rutland County is 45.9 years. (Data USA)
- Employment: 3.9% of adults in Rutland are unemployed compared to 3.3% in Vermont.
 - In Rutland County, 7% of the population age 16 and older in the workforce are unemployed, slightly higher than the state 6%.
 - 21.7% of Vermonters age 65 and older are participating in the labor force as of 2016.
 - Of the 26,203 employees in Rutland County, 14% are in Retail Trade, 12.8% in Health Care and Social Assistance, and 12% in Manufacturing. (Housing Needs Overview 2017)

- **Poverty:** 17% of children in Rutland County are living in poverty compared to 15% in Vermont (2018 County Rankings; Healthy Vermont 2011-2015).
 - 12.3% of the Rutland County population lives below the poverty line, similar to Vermont's rate, but lower than the national average of 14%. (Data USA 2016)
 - The largest demographic living in poverty is females ages 45-54. (Data USA 2016)
- **Education level:** 88% of Rutland County residents are high school graduates, the same as Vermont overall, while 63% have had some college compared to 67% in Vermont.
 - In Rutland County, about 16% of students are on IEP's and 15% of students on an IEP have had an In-school Suspension. (Kicked Out HRC Publications 2015)
 - 18% of Rutland County residents 25 years and over have a bachelor's degree compared to the state rate of 21.68%. (Vermont Insights)
 - 12% of Vermont youth ages 18-24 are disconnected (not in school or working). (State Report Talk Poverty)
- **Food insecurity:** 13% of Rutland County residents reported being food insecure. (2018 County Rankings)
 - 43% children in Rutland County are eligible for free or reduced-price lunch. (2018 County Rankings)
 - In Rutland County, 1 in 4 children are food insecure. (Rutland Community Cupboard)
 - 5% of Rutland County residents are low income and do not live close to a grocery store. (County Health Rankings 2018)
 - In Rutland County 668.3 of the population is more than 1-mile walking distance and 10 miles driving distance from a grocery store. (Map the Meal Gap 2016)
 - The average meal per person in Rutland County is \$3.27 and the annual food budget shortfall for the county is \$4,129,000. (Map the Meal Gap 2016)
- **Childcare:** The total percent of children likely to need care without access to any STARS program (Infants and Toddlers 0-35 months) is 49.61%. (Vermont Insights)
 - The percentage of infants 0-23 months likely to need care without access to regulated child care in Rutland County is 62.82%. (Vermont Insights)
 - The percentage of children (infants and toddlers 0-35 months) likely to need care without access to regulated 4 & 5 STARS programs is 86.53%. The provider reported capacity count is 159 while the count of children likely to need care without access is 1022. This has been found to pose significant challenges to Vermont's economy. (Vermont Insights)
 - In Rutland county the number of children under age 9 in DCF custody increased to 14.9 per 1000 children in 2015. (BBF Regions Report 2017)
 - According to the U.S. Census Bureau, 13% of all Vermont families with children under 5 have an income below the poverty line, but 44.6% of women-headed, single parent households have an income below the poverty line. 74% of women who voluntarily left their career reported child care as their primary decision factor, as found in a national study. (Let's Grow Kids 2018)
 - In Vermont, more than 20,000 households are headed by women. (National Partnership VT Wage Gap) A Vermont single mother earning the state median income would face a projected loss of \$610,050 over her lifetime if she had a child at age 35 and remained out of the workforce until the child was eligible to enroll in kindergarten. (Let's Grow Kids 2018)
 - A mother of two children earning the median single mother income of \$32,154 per year would spend almost 40% of her income on childcare even with financial assistance through CCFAP. (Let's Grow Kids 2018)
 - In 2017, the average yearly wage for childcare workers was \$27,690. (Vermont Dept. of Labor ELMi Occupation Report)
 - More than 70% of Vermont Children under age 6 have all parents in the labor force, meaning they are likely to need child care. (Impact of Child Care VT)
- **Aging in Place:**
 - Rutland County has a rate of 36.8 Alzheimer's Disease deaths per 100,000.
 - The proportion of adults 45 and older with at least one fall in the last 12 months increased significantly from 2014-2016 (31% vs. 35%). (BRFSS 2016)

- 36% of Vermont adults 45+ who fell at least once also said a fall resulted in an injury. (BRFSS 2016)
- 37% of adults with cognitive decline in Vermont report they have had to give up some day to day activities at least some of the time. 31% said they needed assistance with household activities in the last year.
- The county average of Nursing Home occupancy as of February 2018 is 89.91%. (DAIL Nursing Home Report 2018)
- One in ten Vermont adults age 45+ report worsening confusion or memory loss in the last year. (BRFSS 2016)
- 12,000 Vermonters are living with Alzheimer's as of 2017, but this number is predicted to rise 42% by 2025. (Vermont State Statistics Alz.org)
- In VT the costs of caring for people with Alzheimer's in 2017 was \$98 million. (Vermont State Statistics alz.org)
- 14% of people in hospice care have a primary diagnosis of dementia. (alz.org)
- There were 1,445 hospital emergency department visits per 1000 people with dementia in Vermont. (alz.org)
- Only 55.1% of beds were rated four or five stars in nursing homes in Vermont. (State Charts Health Rankings) Additionally, there are 172.3 home health care workers per 1000 adults aged 75+.
- 34.2% of Vermont seniors aged 65+ are involved in volunteering. (State Charts Health Rankings)
- 38% of Rutland seniors live alone.
- The overall vacancy rate for senior care facilities in Rutland County is 10.1%.
- There is a 67.3% Geriatrician shortfall in Vermont. (Senior Report 2017)

Physical Environment

- Rutland County is 61% rural. (City Data)
- **Housing:** 18% of Rutland county residents reported they had severe housing problems (2018 County Rankings)
 - Rutland County had the second highest number of homeless persons fleeing domestic violence at 24 people. (PITC Report 2018)
 - Rutland County counted 18 homeless veterans during the PIT Count in January 2018, the third highest in the state. (PITC Report 2018)
 - In 2018 Rutland County counted 114 homeless persons during the PIT Count, down significantly from 183 in 2017 (PITC Report 2018)
 - 49.12% of renters in Rutland County pay 30% or more of income on rent. (Vermont Insights)
 - The largest sub-population of homelessness is severe mental illness, with 329 people or 25% of total persons. (2018 Point in Time Count Report)
 - 78 households counted in Rutland County were experiencing repeat homelessness. (2018 Point in Time Count Report)
 - Rutland County had the highest percentage of households with Public Assistance Income at 5.82%. (Vermont Insights)
 - 74% of Vermont employers believe that housing is a serious obstacle for economic development. (VHFA Housing Need Overview 2017)
 - The median price for Owner housing in Rutland County is \$199,250 and the median rent price is \$595-995. (VHFA Housing Need Overview 2017)
 - The Vacancy rate for one-bedroom government subsidized rental units is 1.1% and 2.8% for two-bedroom units. (VHFA Housing Need Overview 2017)
 - The percent of houses with a lead paint issue is 81.7% for renter occupied units and 67.9% for owner occupied. (VHFA Housing Need Overview 2017)
- **Air quality:** Rutland had an average daily density of fine particulate matter in micrograms per cubic meter of 7.9%

- **Lead:** From 2005 to 2015, 18% of children in Rutland County who were tested had elevated lead levels. (2018 County Rankings); 3.1% of children age 1-5 have elevated blood-levels which is statistically worse than the state 1.7% (AHS Community Profiles)
- **Transportation:** 8% of households in Rutland County have no vehicle available. (AHS Community Profiles)
 - Only 0.98% of residents in Rutland County use public transportation to get to work. (Vermont Insights)
 - 23.45% of residents in Rutland County commute 30 minutes or more to work. (Vermont Insights)
 - The average travel time in Rutland County for employees is 19.9 minutes. 2.33% of the workforce in the county has “super commutes” of 90+ minutes. (Data USA Rutland County)
- **Community Engagement:** 27% of Rutland County Students spend 10 or more hours participating in afterschool activities in a typical week compared to 24% of students in the entire state. (YRBS 2017)
 - In 2017, 57% of students strongly agree or agree that in their community they feel like they matter to people which is statistically lower than the state by 4%. 7% of students strongly disagree that they matter to people in their community and 10% disagree. (YRBS 2017)
 - Rutland County has 12.4 social associations per 10,000 population compared to the Vermont rate of 13.3. (County Health Rankings 2018)
 - 68% of Vermont high school students spend between 1-4 hours on screens. High School students who engaged in 2 or fewer hours of screen time a day were less likely to be overweight or obese than students who had 2 or more hours of screen time. (YRBS 2017)

Appendix D

Rutland County Community Health Needs Survey 2018

1. Are you a resident of Rutland County?	YES	NO				
2. Are you a resident of Rutland City?	YES	NO				
3. In the past two years, did you or your family:						
	<u>Want or need these services?</u>		<u>If you tried, were you able to get these services?</u>		<u>Where did you go?</u>	
	<u>YES</u>	<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>Rutland County</u>	<u>Other</u>
Annual checkup in a doctor's office						
Sick care in a doctor's office						
Dental fillings or other dental treatment						
Prescription or over the counter drugs						
Home health care						
Mental health treatment/counseling						
Alcohol or substance use treatment/counseling						
Emergency room care						
Nursing home						
Assisted living						
Cancer screening:	//////////	//////////	//////////	//////////	//////////	//////////
Breast						
Pap smear						
Colon						
Prostate						
Skin						
4. If you or your family did <u>not</u> get the health services they needed, please share why (choose all that apply)						
Does not apply to me			Did not have health insurance			
Could not afford co-pay or deductible			Did not have dependent care (child/elder)			
Appointment time not convenient			Could not afford to pay the fee at time of service			
Do not have a regular doctor			Payment of balance was required			

<input type="checkbox"/>	Service not available in Rutland County	<input type="checkbox"/>	Doctor did not accept Medicaid
<input type="checkbox"/>	Could not get an appointment	<input type="checkbox"/>	Doctor did not accept Medicare
<input type="checkbox"/>	Could not take time off from work	<input type="checkbox"/>	Too long a wait for an appointment
<input type="checkbox"/>	Did not have transportation	<input type="checkbox"/>	Chose to go elsewhere
<input type="checkbox"/>	Did not have dental insurance	<input type="checkbox"/>	Chose not to seek care
<input type="checkbox"/>	Other (please explain):		

5. What age group are you in?

<input type="checkbox"/>	18-25 years	<input type="checkbox"/>	26-35 years	<input type="checkbox"/>	36-44 years	<input type="checkbox"/>	45-64 years	<input type="checkbox"/>	65 and older
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6. What is the highest grade you completed?

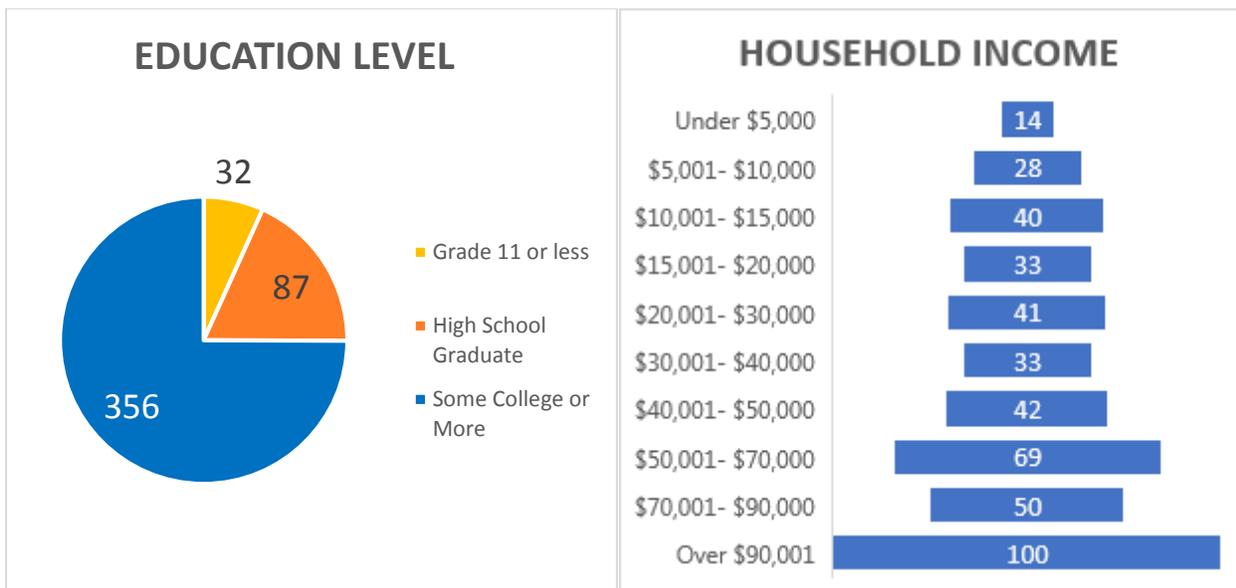
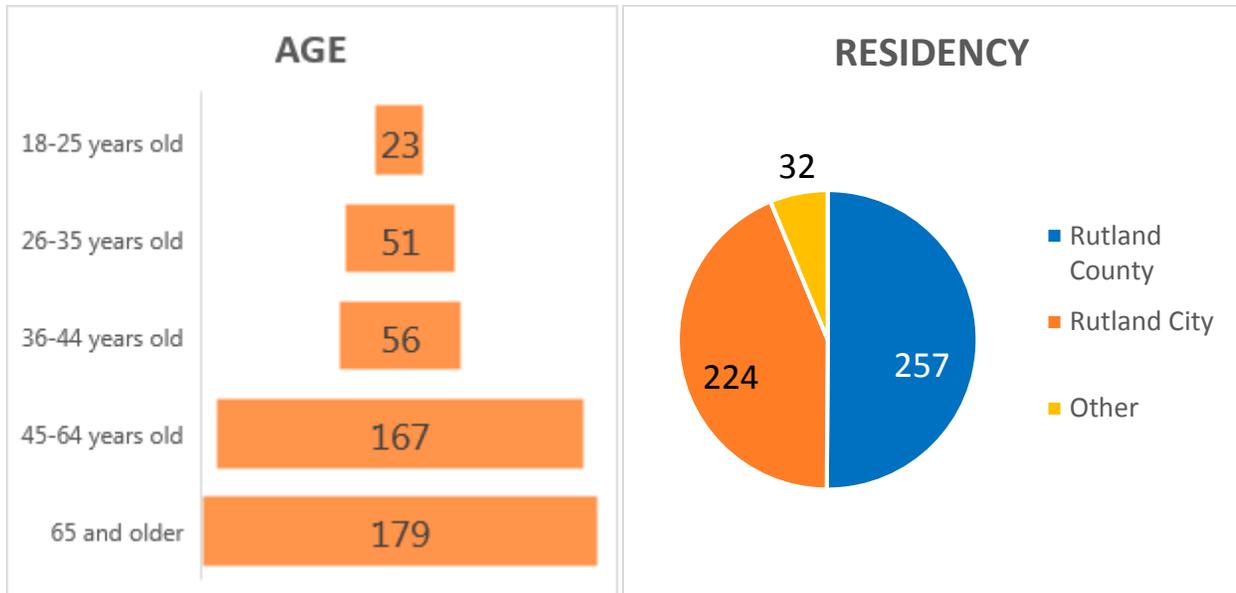
<input type="checkbox"/>	Grade 11 or less	<input type="checkbox"/>	High School Graduate	<input type="checkbox"/>	Some College or More
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7. What is the yearly income of your household?

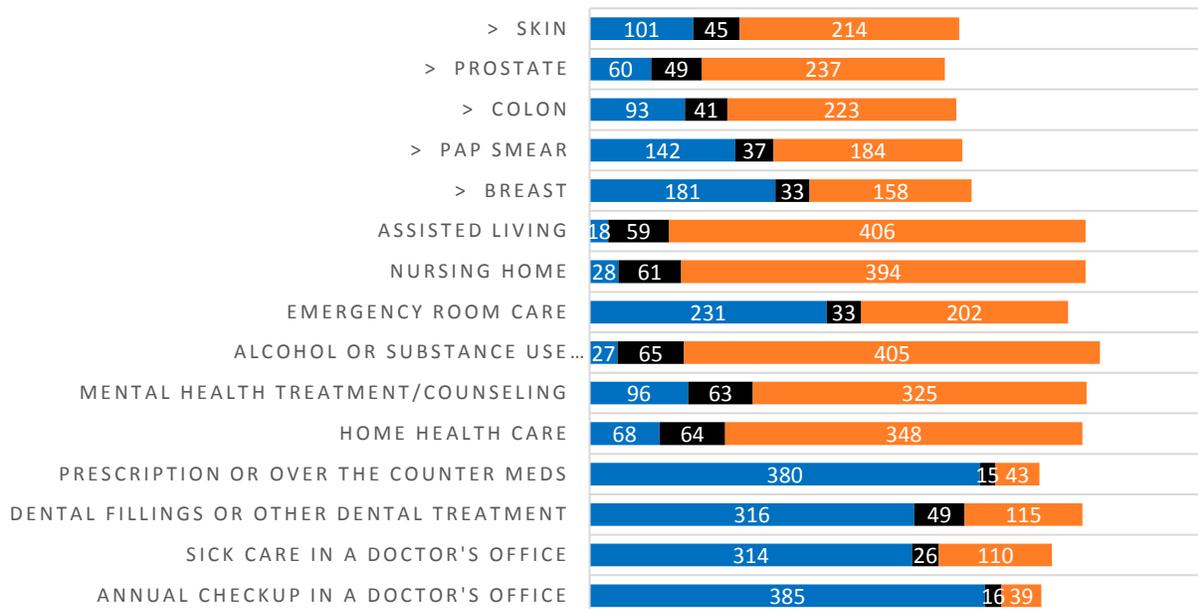
<input type="checkbox"/>	Under \$5,000	<input type="checkbox"/>	\$15,001 to \$20,000	<input type="checkbox"/>	\$40,001 to \$50,000	<input type="checkbox"/>	\$90,001 to \$120,000
<input type="checkbox"/>	\$5,001 to \$10,000	<input type="checkbox"/>	\$20,001 to \$30,000	<input type="checkbox"/>	\$50,001 to \$70,000	<input type="checkbox"/>	\$120,001 or more
<input type="checkbox"/>	\$10,001 to \$15,000	<input type="checkbox"/>	\$30,001 to \$40,000	<input type="checkbox"/>	\$70,001 to \$90,000	<input type="checkbox"/>	

Return to: Community Health Improvement, 71 Allen Street., Rutland, VT 05701

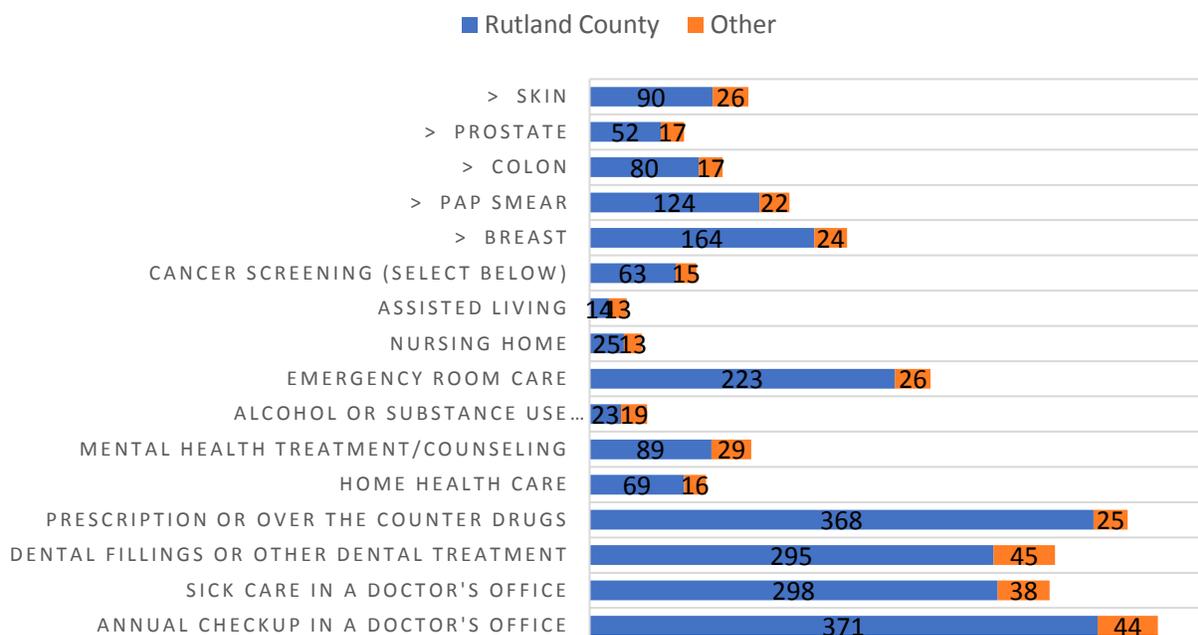
Survey Results



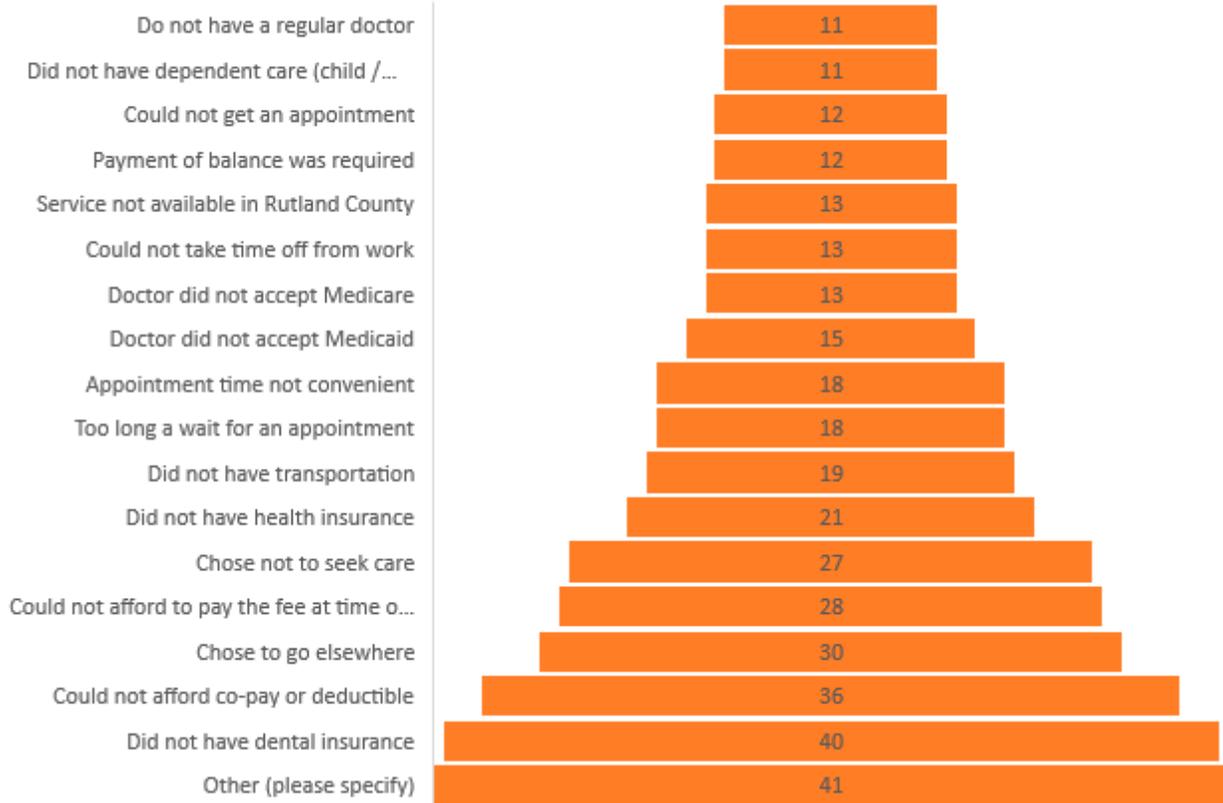
SERVICES SOUGHT AND RECEIVED



IF YOU SOUGHT SERVICES, WHERE?



WHY WERE YOU UNABLE TO OBTAIN SERVICES?



MOST COMMON "OTHER" RESPONSES

- Extremely rude doctor**
- Did not hear good things about the doctor**
- I can't see the doctor I want to see**
- Can't get referral from provider**
- Office didn't respond to calls**
- I only have self-pay insurance**
- My insurance doesn't cover the service I seek**
- I don't have transportation**

Appendix E

2018 Focus Groups

Letter of Invitation

April 6, 2018

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 2018. 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 April, as a means to open discussion and gather input from across our region. Each group will involve approximately 12 to 14 community leaders, providing their input as individuals and as representatives of their stakeholders. In addition, leaders may bring a “plus one,” either another person from their agency, or a community member. The focus group will take approximately two hours of your time, including a light meal provided for your convenience. Discussions will be facilitated by current and former members of the Needs Assessment Advisory Committee. 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 2018. (The most recent Assessment report, concluded in 2015, is available for viewing at www.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:

Monday, April 16	10:00 AM – 12:00 PM	Rutland Police Department, 108 Wales Street, Rutland
Monday, April 16	1:00 PM – 3:00 PM	The Brandon Inn, 20 Park Street, Brandon
Friday, April 20	1:00 PM – 3:00 PM	Castleton Senior Community Center, 2108 Main Street, Castleton
Monday, April 23	5:00 PM – 7:00 PM	Pawlet Public Library, 141 School Street, Pawlet
Wednesday, April 25	5:00 PM – 7:00 PM	Shrewsbury Library, 98 Town Hill Road, Cuttingsville
Friday, April 27	10:00 AM – 12:00 PM	Templewood Court, 5 Tremont Street, Rutland

Please respond to this invitation by calling Brenda Colburn, Bowse Trust Administrative Assistant, at 776-5502 by Friday, April 13th. 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 is 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 Marjanna Barber-Dubois at 776-5503.

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

Sincerely,

Jeff McKee, on behalf of

The Rutland County Health Needs Assessment 2018 Steering Committee

Questions for You

We ask that review these questions and jot down answers or notes in preparation for our meeting, keeping in mind the people you serve, your own families and friends, and what we learned in past assessments.

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

Focus Groups – Demographics

Town of Residence

13 towns represented

4 participants from Rutland City or Town

23 participants from other towns

Gender

20 female

5 male

2 N/A

Ages

1 participant 26-35 years old

4 participants 36-44 years old

15 participants 45-64 years old

7 participants 65+ years old

Education

All 27 participants had some college or more

Focus Group – Details

Date and Time	Location	Facilitator	Scribe
Monday, 4/16/18 10 AM -12 PM	Rutland Police Department, 108 Wales Street, Rutland	Marjanna Barber-Dubois	Amanda Beatty, Rosa Wallace
Monday, 4/16/18 1 PM – 3 PM	The Brandon Inn, 20 Park Street, Brandon	Marjanna Barber-Dubois	Joann Calvi
Friday, 4/20/18 1 PM – 3 PM	Castleton Senior Community Center, 2108 Main Street, Castleton	Marjanna Barber-Dubois	Amanda Beatty, Rosa Wallace
Monday, 4/23/18 5 PM – 7 PM	Pawlet Public Library, 141 School Street, Pawlet	Marjanna Barber-Dubois	Renee Bousquet
Wednesday, 4/25/18 5 PM – 7 PM	Shrewsbury Library, 98 Town Hill Road, Cuttingsville	Marjanna Barber-Dubois	Renee Bousquet
Friday, 4/27/18 10 AM – 12 PM	Templewood Court, 5 Tremont Street, Rutland	Sarah Narkewicz	Amanda Beatty, Rosa Wallace

Guidance for focus group data analysis was provided by Brad Goodhale, Crime Analyst for the Rutland Police Department. Assistance in the data organization and restructuring was provided by Blueprint Data Coordinator Brenda Colburn and reporting and analysis was completed by Marjanna Barber-Dubois, Community Benefits Supervisor.

Appendix F

Community Contributions

Organization	Service	Population	Contribution
Agency of Human Services	Improving Outcomes	Children, adults, seniors, individuals with disability, low socioeconomic status	Distributed Survey; Community Definition; Focus Group Participant
Associates in Primary Care	Primary care	Adults and children	Distributed Survey; Identified as Resource for Priorities
Brandon Inn	Hospitality	Community	Focus group site
Brandon Recreation Department	Recreation	Community	Focus group participant
BROC	Economic development, food & nutrition, housing, fuel/utility assistance, weatherization assistance, hoarding assistance	Community	Distributed Survey; Focus Group Participants; Identified as Resource for Priorities
Castleton Senior Center	Community center	Seniors	Distributed Survey; Focus Group Site; Focus Group Participants; Identified as Resource for Priorities
Castleton University	Undergraduate and graduate level education	Youth and adults	Interns; Focus Group Participants; Data and Research; Administrative Assistance
Come Alive Outside	Outdoor programming for youth	Youth	Distributed Survey;
Community Care Network	Child and Family Services, Adult services, developmental services, senior services, substance use disorder services	Youth, individuals with disabilities, seniors, individuals with substance use disorders	Distributed Survey; Focus Group Participants; Identified as Resource for Priorities
Community Health Centers of the Rutland Region	Primary care, mental health care, substance use disorder care	Adults and children	Distributed Survey; Advisory Committee Representation; Identified as Resource for Priorities
Dismas House	Housing	Recently incarcerated	Distributed Survey
Dr. Bullock and Dr. Coombs	Primary Care	Adults	Distributed Survey; Identified as Resource for Priorities
Dr. Fauntleroy	Mental health care, substance use disorder care	Adults and children	Distributed Survey
Drs. Peter and Lisa Hogenkamp	Primary care	Adults and children	Distributed Survey

Organization	Service	Population	Contribution
Evergreen	Substance Use Care, Mental Health Care	Adults and children	Distributed Survey; Focus Group Participants; Identified as Resource for Priorities
Farmer's Market	Fresh Local Food	Community	Distributed Survey
Godnick Adult Center	Community Center	Seniors	Distributed Survey; Identified as Resource for Priorities
Goodwill	Thrift Store	Community	Distributed Survey
Homeless Prevention Center	Housing Resources	Homeless and in danger of homelessness	Distributed Survey; Focus Group Participants; Identified as Resource for Priorities
Interage	Senior Programming	Seniors	Distributed Survey; Identified as Resource for Priorities
James T. Bowse Health Trust	Grants for new community projects	Community	Distributed Survey; Advisory Committee Representation; Identified as Resource for Priorities
Meals on Wheels	Free meals for low income seniors	Seniors	Distributed Survey; Advisory Committee Representation; Identified as Resource for Priorities
NeighborWorks of Western Vermont	Sustainable homeownership,	Community	Distributed Survey; Focus Group Participants; Identified as Resource for Priorities
New Story Center	Housing, counseling, resources	Survivors of intimate partner violence	Distributed Survey
Nutrition Coalition	Community initiative	Community	Distributed Survey; Focus Group Participants
PegTV	Educational programming	Community	Distributed Survey
Project VISION	Community initiative collaboration to create safe and healthy neighborhoods	Rutland County	Distributed Survey; Advisory Committee Representation; Focus Group Site; Focus Group Participants; Identified as Resource for Priorities
RRMC	Medical specialty, mental health, substance use, emergency, inpatient, surgical, psychiatric, cancer care	Adults and children	Distributed Survey; Advisory Committee Meeting Site; Advisory Committee Representation; Focus Group Participants; Identified as Resource for Priorities; Administrative Assistance
Rutland County Libraries	Public Library	Community	Distributed Survey; Focus Group Site, Focus Group Participants; Identified as Resource for Priorities
Rutland County Parent Child Center	Child care, parent education & support, Children's Integrated Services, Building Bright Futures, Reach Up, Learning Together, play groups, Strengthening Families	Youth	Distributed Survey; Identified as Resource for Priorities

Organization	Service	Population	Contribution
Rutland County School Nurses	In-school medical care	Youth	Distributed Survey; Focus Survey Participants; Identified as Resource for Priorities
Rutland Mental Health	Mental health care, Community Access Program, crisis response	Individuals with disabilities, adults, children	Distributed Survey; Advisory Committee Meeting Site; Advisory Committee Representation; Identified as Resource for Priorities
Rutland Pharmacy	Pharmacy	Community	Distributed Survey
Rutland Work Investment Board	Education and workforce skill development	Youth and adults	Distributed Survey
Serenity House	Drug and alcohol rehabilitation	Individuals with substance use disorders	Distributed Survey
Southwestern Vermont Council on Aging	Support services for seniors	Seniors	Distributed Survey; Advisory Committee Representation; Identified as Resource for Priorities
Support and Services at Home (SASH)	Provides wellness nurse and care coordinator at home	Seniors and individuals with disabilities who receive Medicare	Distributed Survey; Advisory Committee Representation; Focus Group Site, Focus Group Participants; Identified as Resource for Priorities
The Bus	Transportation	Community	Distributed Survey; Identified as Resource for Priorities
The Mentor Connector	One-to-one mentoring	Youth and families	Distributed Survey; Identified as Resource for Priorities
The Salvation Army	Community center /thrift store	Community	Distributed Survey
Turning Point Center Rutland	Recovery Center – recovery programs and groups	Substance use	Distributed Survey
United Way	Collaborate with community agencies to provide resources to the community	Rutland County families and children	Distributed Survey; Advisory Committee Representation; Focus Group Participants; Identified as Resource for Priorities
Vermont 2-1-1	Help and Resource Line	Community	Focus Group Participant
Vermont Adaptive Ski and Sport	Provide Adaptive sports programs for youth with disabilities	Individuals with disabilities	Distributed Survey
Vermont Department of Health – Rutland office	Financial support, WIC, Health Insurance, alcohol and drug addiction programs	Community – low income families, women and children	Distributed Survey; Community Definition; Advisory Committee Representation; Focus Group Participants; Focus Group Scribes; Identified as Resource for Priorities
West Ridge Center for Addiction Recovery	MAT, counseling, addiction treatment	Individuals with substance use disorder	Distributed Survey
Wilcox Pharmacy	Pharmacy	Community	Distributed Survey
Wonderfeet Kids Museum	Youth recreation and programming	Children and families	Distributed Survey; Focus Group Participants; Identified as Resource for Priorities

Appendix G

Prioritization Meeting

Minor Actionable Areas:

Communication/Technology

- Kids buried in phones, lack interaction
- Lack of cell service – esp. with 911
- Social media/bullying

Youth Engagement

- Kids go from overbooked to lack of involvement
- Kids/after 6th grade not engaged with groups, clubs, jobs, etc.

Benefits/Assistance

- Governmental level changes
- Documentation needed can be barrier
- Balance with work/income guidelines

Churches

- Underutilized
- How to build good relationships with community

Non-Actionable Themes:

Community services

- What's out there
- How to best utilize
- Collaboration is key

Collaboration among agencies

- Strength in the area
- Definitely room for improvement
- How to capitalize

Rutland

- Everything is Rutland centric
- Rutland not afraid to be first to try something

RRMC

- Better reputation, still needs work (old mindset)
- Long wait times for specialty services and ED

Project Vision

- Asset
- Changed policing
- What about outside Rutland?

Cost of Health Care/Insurance

- Cost is prohibitive
- People go without services due to cost
- Need universal care

Culture

- Vermonters don't want to/don't know how to ask for help
- Need to be open to change; we aren't
- Not trauma-responsive
- Overcoming bias or stigma is difficult

Major Actionable Items

Access to care

- Lack of primary care
- Lack of dentists
- Lack of specialists

Mental Health

- Demand outweighs supply across ages – esp. elderly and pediatric
- Limited residential
- Insurance differences create limitations on providers

Substance Use

- Alcohol still a problem
- Availability
- Increase in cocaine
- Different populations: elderly, school age
- Marijuana laws changing
- What alternatives to MAT available?

Supporting an Aging Community

- Need for resources
- Aging in place an option? Many barriers
- Lack of socialization
- SDOH – housing and food security

Community Engagement and Education/Outreach

- Encourage community service and volunteering
- Focus on what brings us together
- Focus on prevention as a community
- Socialization opportunities
- Community education: classes, healthcare rights, specific diseases, prevention
- Multiple topics
- Expand what exists and add more
- How to access services
- What services exist
- How is outreach performed

Transportation

- What about outside city?
- Isolated in rural areas
- Physical barriers due to terrain especially in winter

Physical Activity

- How to engage
- How to maximize what programs/areas exist already
- Options for varying abilities
- Get out of Rutland city/town
- Leverage technology with activity

- We have so much outdoors – how to use

Housing

- Safe housing options, both rural and urban
- Shelters; lack of family shelter
- Access to stable housing
- Home assessments for safety/stability/appropriateness

Employment

- Lots of job openings but mostly unskilled or entry-level
- Trouble keeping employees
- Challenging work histories
- Engaging landlords

Food Security and Nutrition

- Food insecurity in Rutland and outside
- Encourage restaurants/community partners to promote nutrition
- Access to healthy food v. cheap food

Poverty

- Changes in local economy; loss of small businesses, banks
- Both new-onset and generational poverty
- Lack of training/knowledge in financial services
- Stigma around poverty

Childcare

- Better childcare would improve economy
- Parenting support/skills

Built environment

- Sidewalks
- Creates isolation
- Lack of safe spaces to exercise esp. in winter
- Lack of disability awareness
- Many things we could capitalize on
- Crosswalks
- Pedestrians v. motorists (back to sidewalks)

Schools and Libraries

- Under-utilized resources
- “first line” for pediatric health, mental health, some dental, concussions, social determinants
- After school programs could be bolstered
- Educational pieces targeted towards students: sexual activity, health, nutrition
- After-school programs need expansion
- More social work support needed
- Changing role of schools in community?

Prioritization Meeting Voting Results

<i>Actionable Item</i>	Original Rank	Voting Round 1	Voting Round 2	Final Rank
<i>Access to Care</i>	1	1		
<i>Mental Health</i>	2	24	37	1
<i>Substance Use</i>	3	17	12	
<i>Supporting an Aging Community</i>	4	12	24	4
<i>Schools and Libraries</i>	5	3		
<i>Community Education/Education/Outreach</i>	6	7	0	
<i>Transportation</i>	7	6		
<i>Physical Activity</i>	8	4		
<i>Housing</i>	9	26	33	2
<i>Employment</i>	10	3		
<i>Food Security & Nutrition</i>	11	6		
<i>Poverty</i>	12	3		
<i>Childcare and Parenting</i>	13	24	32	3
<i>Built Environment</i>	14	2		
<i>Communication Technology</i>	15			
<i>Youth Engagement</i>	16			
<i>Benefits/Assistance</i>	17			
<i>Churches</i>	18			

Appendix H

Bowse Health Trust Program History

Year	Program	Host
1997	Student Assistance Program	Rutland City Schools
	Boys and Girls Club	Boys and Girls Club
	Act 1st	Crossroads
	Community Crisis Stabilization	Rutland Mental Health
1998	RAP Coalition	Rutland Community Programs
	Adult Daycare	Rutland Community Programs
	Community Mentor Program	Prime Family Resources
1999	Tinmouth After School Program	Tinmouth School
	Adult Immunization	Rutland Area Visiting Nurses' Association and Hospice
2000	Cardiovascular Worksite Wellness	Rutland Community Programs
	Healthy Youth Resource Center	Rutland City Schools
	VT Outdoor Adventure	Rutland Mental Health
	Health Com - Project - Brandon	Rutland County Parent Child Center
2001	Breakfast Program	Meals on Wheels
	Adult Day Brandon	
	Liaison for Homeless	Homeless Prevention Center
2002	Bone Builders	RSVP
	HIV Oral Testing	VT Cares
2003	Coordinated Care for Youth	Rutland Mental Health
	Rutland Free Clinic Dental Program	Rutland Free Clinic
	Teen Substance Abuse	Spectrum
	Rutland Area Physical Activity Coalition	Rutland Area Physical Activity Coalition
2004	Harvest Program	Foxcroft
	Middletown Springs School - After School	Middletown Springs School
	DREAM @ Castleton	
2005	Program for All Inclusive Care for the Elderly	PACE Center
	Tapestry Counseling	Rutland City Schools
2006	Triple Plan	Boys and Girls Club
	Quest Wellness	Rutland Southwest Supervisory Union
	Nurturing Parenting	Prevent Child Abuse Vermont
2007	Detox Program	Serenity House
	Walk Rutland	Rutland Area Physical Activity Coalition
2008	Seeds to Supper	Mt. Holly School
	Early Intervention Program	Rutland Area Prevention Coalition
	Rutland Nutrition Coalition	University of Vermont Extension

Year	Program	Host
2011	3 Steps Forward for Young Women	Rutland Region Workforce Investment Board
	Abuse Prevention in Elementary School	Prevent Child Abuse Vermont
	In Home Diabetes Education	Rutland Area Visiting Nurses' Association and Hospice
2012	It's a Girl Thing	Girls Scouts
	GROW	Lothrop
	Transitions	Rutland Sound Supervisory Union
	Say it Straight	Rutland Area Prevention Coalition
	Nutrition Axis	Rutland Area Farm and Food Link
2013	Primary Care for the Seriously Mentally Ill	Rutland Mental Health
	Sustainable Harvest	Foxcroft
	ROC	Dismas House
2014	Outdoor Adventures	Vermont Adaptive Ski and Sport
	Health Care Share	Vermont Farmers Food Center
	Cooking and Nutrition Program	Rutland Area Farm and Food Link / Come Alive Outside
	MAT at Recovery House	Recovery House
2015	Hoarding Task Force	BROC
	Wonderfeet	Wonderfeet Kids Museum
	Marble Valley Grows	Rutland Area Farm and Food Link / Come Alive Outside
2016	Parks Rx	Rutland Recreation Dept.
	3 Steps forward for Men	Rutland Region Workforce Investment Board
2017	Peer Recovery Support for Substance Abuse Disorders	Turning Point Center
	Opioid Family Mentoring Program	The Mentor Connector
	Job Connection Program	Goodwill

Appendix I

References

1. (2018). Retrieved June 8, 2018, from <https://talkpoverty.org/state-year-report/vermont-2018-report/>
2. *2017 Vermont Youth Behavior Risk Survey* (2018).
3. *3>4>50 Data Brief: Chronic Disease in Rutland County* (2016).
4. AAMC. (2016). *Health Care Workforce Physician Survey*
5. *Alzheimer's Association*. (2018). Retrieved Feb 7, 2018, from www.alz.org
6. *America's Health Rankings - Vermont 2017 Senior Report* (2018). No. 2018)
7. *Building Bright Futures - Regions Report, Rutland*. (2017). Retrieved February 3, 2018, from <http://buildingbrightfutures.org/wp-content/uploads/2014/03/BBF-2018-HAVYCF-Report-REGIONS-Rutland.pdf>
8. Centers for Disease Control and Prevention. (2018). *National Environmental Public Health Tracking*. Retrieved February 3, 2018, from <https://www.cdc.gov/nceh/tracking/>
9. Centers for Disease Control and Prevention. (2018). *Weekly Flu Report*. Retrieved February 5, 2018, from <https://www.cdc.gov/flu/weekly/index.htm>
10. *Data USA*. (2018). Retrieved June 6, 2018, from <https://datausa.io>
11. Diaz, J. (2015). *Kicked Out! Unfair and Unequal Student Discipline in Vermont's Public Schools*
12. *Hunger Free Vermont*. (2017). *Hunger Free Vermont Annual Report 2016*
13. *Let's Grow Kids*. (2017). *The Economic Impact of Child Care*
14. *Let's Grow Kids*. (2018). Retrieved Feb 6, 2018, from <https://www.letsgrowkids.org>
15. *Map the Meal Gap 2016*(2017).
16. National Partnership for Women and Families. (2017). *Vermont Women and the Wage Gap*
17. *Opioid-related Fatalities Among Vermonters* (2018).
18. *Rutland Community Cupboard*. (2018). Retrieved June 6, 2018, from <https://www.rutlandcommunitycupboard.org>
19. *Rutland, Vermont County Health Ranking*. (2018). Retrieved February 2, 2018, from <http://www.countyhealthrankings.org>
20. Vermont Agency of Commerce and Community Development. (2017). *Vermont Housing Needs Assessment*
21. Vermont Agency of Human Services. (2017). *Department of Disability, Aging, and Independent Living Annual Report*
22. Vermont Agency of Human Services. (2018). Retrieved June 5, 2018, from http://humanservices.vermont.gov/ahs_community-profiles
23. Vermont Coalition to End Homelessness. (2018). *2018 Point in Time Count Report*
24. Vermont Department of Child and Family Services. (2017). *2016 Report on Child Protection in Vermont*
25. Vermont Department of Health. (2016). *Behavioral Risk Factor Surveillance Survey*
26. Vermont Department of Health. (2016). *Oral Health in Rutland and Vermont*
27. Vermont Department of Health. (2017). *2017 Mental Health Counselors* (Data brief)

28. Vermont Department of Health. (2017). *Asthma Data Brief*
29. Vermont Department of Health. (2017). *Census of Dentist Summary Report Vermont*
30. Vermont Department of Health. (2017). *Health Impact Assessment- Marijuana Regulation in Vermont*
31. Vermont Department of Health. (2017). *Healthy Vermont 2020*
32. Vermont Department of Health. (2017). *Oral Health Scorecard*. Retrieved February 2, 2018, from <http://www.healthvermont.gov/scorecard-oral-health>
33. Vermont Department of Health. (2018). *Division of Alcohol and Drug Abuse Programs Annual Overview 2017*
34. Vermont Department of Health. (2018). *Health Equity in Vermont*
35. Vermont Department of Health. (2018). *Hub and Spoke Evaluation Brief 2017*
36. Vermont Department of Health. (2018). *Maternal and Infant Health Scorecard*. Retrieved June 5, 2018, from <http://www.healthvermont.gov/scorecard-maternal-infant-health>
37. Vermont Department of Health. (2018). *Opioid Use Disorder Treatment and Waitlist census, June 2018*
38. Vermont Department of Health. (2018). *Tobacco Scorecard*. Retrieved February 2, 2018, from <http://www.healthvermont.gov/scorecard-tobacco>
39. Vermont Department of Health. (2018). *Vermont Prescription Monitoring System Quarterly Report. Quarter 4 2017*
40. Vermont Department of Labor. (2018). *ELMI Report for Childcare Workers*. Retrieved June 5, 2018, from <http://www.vtlmi.info/oic3.cfm?occcode=39901100>
41. Vermont Department of Mental Health. (2017). *Statistical Report 2017*
42. Vermont Green Mountain Care Board. (2017). *Vermont Hospitals Report 2016*
43. *Vermont insights*. (2017). Retrieved June 6, 2018, from <http://vermontinsights.org/about/vermont-insights>
44. *Vermont Legislative Joint Fiscal Office Issue Brief* (2017).
45. *Vermont Primary Care Practitioner Workforce 2016 Snapshot* (2016). (PDF. University of Vermont: AHEC.
46. *Vermont State Plan on Aging for Federal Fiscal Years 2015-2017*(2016).
47. *Vermont Vital Statistics*. (2018). Retrieved June 5, 2018, from <http://www.healthvermont.gov/stats/vital-records>