2024-2025

Community Health Needs Assessment

Done on behalf of the

St. Albans Health Service Area

And

Northwestern Medical Center

With support from:

Center for Rural Studies at the University of Vermont

In Collaboration with:

Champlain Islanders Developing Essential Resources

Champlain Valley Office of Economic Opportunity

Northwest Counseling and Support Services

Northwest Regional Planning Commission

Northern Tier Center for Health

St. Paul's United Methodist Church

Spectrum Youth Services

Turning Point

United Way of Northwest Vermont

Vermont Department of Health

Vermont National Guard

Dear Friends, Neighbors, and Family Members:

Northwestern Medical Center is honored to offer our 2024 Community Health Needs Assessment. We produce this report every three years in compliance with the Affordable Care Act. That states "all not-for-profit hospitals must produce a report on the health needs of their community."

This report was created with support from the Center for Rural Studies at the University of Vermont and was done in collaboration with: CIDER, Champlain Valley Office of Economic Opportunity, Franklin County Home Health Association, Northwest Counseling and Support Services, Northwest Regional Planning Commission, Northern Tier Center for Health, Spectrum Youth Services, Turning Point, United Way of Northwest Vermont, and the Vermont Department of Health, Vermont National Guard.

The committee worked diligently to ensure that we collected information about health needs from a wide variety of community groups and members. Our methodology included both primary and secondary data sources. We conducted 15 Key Informant Interview, 4 Focus Groups, received over 400 community surveys, and evaluated 70+ Key Performance Indicators. We considered the collected data in alignment with the US Department of Health and Human Services Healthy People 2030 framework, to re-center our questions and data on health equity and the Social Determinants of Health Domains.

Social Determinants of Health

- Education Access and Quality
- Health Care Access and Quality
- Economic Stability
- Neighborhood and Built Environment
- Social and Community Context

For more information and updates about this CHNA, as well as an archive of our previous CHNAs and Implementation Plans please visit:

https://www.northwesternmedicalcenter.org/about-nmc/hospital-data/community-assessments/

Contents

Community Survey Report

Methods

The NMC Community Survey framework was developed using the Social Determinants of Health (SDOH) framework put forth by the Healthy People 2030 initiative. This initiative identifies priority area indicators for "*conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.*"

The SDOH indicators are grouped into five domains of: Neighborhood and Built Environment, Social and Community Context, Health Care Access and Quality, Education Access and Quality and Economic Stability. The NMC community survey asks respondents for their opinions on a limited series of questions within each of these domains.

The NMC CHNA Steering Committee reviewed several CHNA Community Survey instruments and selected questions that would be most appropriate for the NMC data gathering process. Careful considerations were made to ensure the survey instrument would be accessible. These considerations included formatting to ensure ease of navigation, brevity to reduce response time and respondent burden, and increased readability by simplifying complex verbiage and survey structure. The survey instrument went through multiple rounds of feedback with the CHNA Steering Committee before fielding. Once deemed ready for the field, CHNA Steering Committee members were asked to assist in distributing the survey through their networks. Electronic distribution included an email template with survey address and scannable QR code included to be sent across client listservs, etc. Printed posters with the QR code were distributed and posted at local public spaces, healthcare offices. Additionally, NMC utilized Front Porch Forum and Social Media to promote the survey across communities of Franklin and Grand Isle Counties.

Results

Franklin and Grand Isle Counties' total population during 2018-2022 was 57,436 (50,101 Franklin & 7,335 Grand Isle). A total of 456 valid Community Survey responses were received. The survey results presented below, though not following full random sampling methodology, have a Margin of Error of about +/- 4.6% with a Confidence Level of 95%. This means that if the survey were to be conducted 100 times, 95 of those times the results would fall within +/- 4.6%.

Respondent Locations

Town	2024 Frequency	2024 Percent
Alburgh	40	8.8%
Bakersfield	15	3.3%
Berkshire	12	2.6%
Enosburgh	13	2.9%
Fairfax	30	6.6%
Fairfield	16	3.5%
Fletcher	8	1.8%
Franklin	45	9.9%
Georgia	21	4.6%
Grand Isle	7	1.5%
Highgate	15	3.3%
Isle La Motte	11	2.4%
Montgomery	8	1.8%
North Hero	3	0.7%
Richford	20	4.4%
Sheldon	20	4.4%
South Hero	1	0.2%
St. Albans City	71	15.6%
St. Albans Town	53	11.6%
Swanton	47	10.3%
Total	456	100.0%

Please tell us your level of agreement with the following statements about your personal health and wellbeing.

Personal health and wellbeing	2022 Agree	2024 Agree
I have worried about making a rent or mortgage payment in the past year	50.4	39.4
I have enough time to do the things I enjoy	79.2	73.1
I am anxious about climate change	81.2	78.5
I have housing that meets my needs and is affordable	84.9	83.9
I have enough money to buy the basic things I need to live	85.1	83.2
I am physically able to perform the daily activities I need to	86.3	90.8
I feel accepted for who I am	89.3	86.4

- In 2022, just over half of respondents (50.4%) worried about making a rent or mortgage payment in the past year. In 2024, that percentage decreased to about two in five (39.4%) respondents that were worried.
- Respondents in 2024 are less likely to feel they have enough time to do the things they enjoy than in 2022.
- 2024 respondents were more likely to say they are physically able to perform daily activities.

Please tell us your level of agreement with the following statements about the environment and built infrastructure in your community.

Environment & Built Infrastructure	2022 Agree	2024 Agree
Public transportation meets the needs of community members	62.9	32.1
Public spaces are accessible to people of all physical abilities	75.6	63.5
Pedestrians are safe (People walking or biking are safe- 2024)	76.4	46.7
Recreation options meet the needs of community members	78.4	57.4
Housing is safe & healthy	81.1	66.0
Healthy food options are adequate (available- 2024)	81.7	68.4
Parks and green spaces meet the needs of community members	81.9	68.4
The water is safe	84.5	70.2
The air is clean	91.2	84.4
Internet quality meets my needs	NA	64.5

- Public transportation is the infrastructure item seen as least meeting the needs of the community in 2022 and 2024.
- The percentage of respondents agreeing that the water is clean in Franklin and Grand Isle Counties decreased by about 15 percentage points between 2022 and 2024 (84.5% to 70.2%, respectively).

Please tell us your level of agreement with the following statements about social wellbeing in your community.

Social wellbeing	2022 Agree	2024 Agree
Young people thrive	68.1	38.9
Arts, cultural & entertainment options meet the needs of community members	71.8	52.9
Food options meet the diverse cultural needs of community members	73.6	43.9
People from different cultures are accepted	74.1	56.6
People of all gender identities are accepted	75.0	55.2
People of all sexual identities are accepted	75.1	56.3
Property crime is a problem	79.2	89.5
Interpersonal Violence (Domestic, sexual, elder abuse) is a problem	83.1	86.8

- An overwhelming 83.1% of respondents in 2022 stated that Interpersonal Violence is a problem in the community. This rose to 86.8% in 2024. In 2024 property crime was ranked highest as a concern to community members.
- Nearly one in three respondents (31.9%) felt that young people do not thrive in their community in 2022, and nearly 60% feel young people do not thrive in 2024.

Please tell us your level of agreement with the following statements about education in your community.

Education	2022 Agree	2024 Agree
Affordable childcare is available	61.8	29.0
Workforce training options are available	78.2	56.1
Adult learning options are available	78.6	56.9
High quality public education is available	79.5	61.2

- Affordable Childcare was most likely to be described as unavailable from among the educational indicators surveyed in both 2022 and 2024.

Please tell us your level of agreement with the following statements about health care in your community.

Health Care Access	2022 Accessible	2024 Accessible
Youth mental health services are accessible	72.2	44.9
Adult mental health services are accessible	73.9	45.6
Healthcare materials in many languages	74.0	69.8
Substance use disorder services are accessible	76.1	54.5
Healthcare services in many languages are accessible	76.9	62.8
Elder care services are accessible	77.2	52.9
Primary care doctors are accessible	77.6	56.0
Dental services are accessible	77.8	54.5
Pediatric (children's) doctors are accessible	80.2	67.2
Healthcare providers who respect all sexual or gender identities are accessible	84.5	80.8
Healthcare providers who respect all race and ethnicity identities are accessible	85.0	83.2
Emergency services are accessible	86.4	82.8
Healthcare providers who respect all cultures are accessible	87.5	84.5

- **Youth and Adult Mental Health Services** were ranked as least accessible in both 2022 and 2024 from among all health care aspects tested.

Respondents stating that an aspect of healthcare services was inaccessible, were asked- "Why?"
These are their responses.

	Cost of services	Wait time to get appointment	Transportation not available	Too far away	Don't have time to go	Some other reason
Why are Pediatric (children's) doctors not accessible?	2.4%	9.3%	4.1%	7.3%	1.5%	0.0%
Why are youth mental health services not accessible?	9.3%	17.9%	8.4%	11.0%	3.5%	0.6%
Why are primary care doctors not accessible? 2024	6.0%	21.8%	6.7%	7.6%	1.9%	1.7%
Why are adult mental health services not accessible?	12.5%	21.0%	9.1%	10.4%	5.0%	1.5%
Why are emergency services not accessible?	3.9%	4.1%	2.6%	5.4%	0.9%	1.9%
Why are substance use disorder services not accessible?	7.6%	11.2%	9.7%	10.6%	1.7%	1.3%
Why are dental services not accessible?	16.0%	18.6%	5.6%	8.6%	1.3%	0.2%
Why are elder care services not accessible?	12.5%	12.1%	12.3%	8.0%	1.9%	0.2%

Select up to three areas that are most important to focus efforts to improve Infrastructure in the community.

	2024 Percent
Affordable, healthy housing	45.8%
Public transportation meets the needs of community members	27.2%
Affordable childcare	26.8%
Healthy food options are adequate	20.1%
Clean water	18.1%
Pedestrians are safe	17.9%
Internet quality	16.6%
Recreation options meet the needs of community members	14.3%
Parks and green spaces meet the needs of community members	10.8%
Clean air	9.7%
Public spaces are accessible to people of all physical abilities	8.9%
Something else	8.9%

- Respondents selected Affordable, Healthy Housing, Public Transportation and Affordable Childcare as top priorities in 2024 to improve their community's Built Environment and Infrastructure.

Select up to three areas that are most important to focus efforts to improve Social Wellbeing in the community.

	2024 Percent
Arts, cultural & entertainment options meet the needs of community members	23.1%
Interpersonal Violence (Domestic, sexual, elder abuse)	22.0%
People from different cultures are accepted	19.4%
People of all gender identities are accepted	14.7%
Food options meet the diverse cultural needs of community members	13.4%
People of all sexual identities are accepted	12.1%
Something else	5.4%

- In 2024 respondents prioritized Arts, Cultural & Entertainment options, Interpersonal Violence and acceptance of people from different cultures as the most important places to focus improving Social Wellbeing in their community.

Select one area that is most important to focus efforts to improve Education in the community.

	2024 Percent
Public Schools	51.1%
Workforce training	29.3%
Adult education	13.0%
Something else	6.6%

- A focus on Public Schools was most selected as a priority to improve education in the community in 2024.

Select up to three areas that are most important to focus efforts to improve <u>Health Care Access</u> in the community.

	2024 Percent
Wait times to see a provider	33.7%
Mental health services	30.5%
Primary care doctors	29.2%
Affordable services	26.8%
Dental services	17.1%
Elder healthcare services	16.6%
Substance use disorder services	15.1%
Emergency, urgent care services	14.7%
Health screenings	9.1%
Healthcare providers respect all cultures, sexual, gender identities	7.8%
Pediatric (children's) doctors	7.3%
Healthcare providers who respect all race and ethnicity identities	6.7%
Healthcare services/materials in many languages	4.1%
Something else	3.2%

- Wait times, Mental Health services, Primary Care Access and Healthcare Affordability were top priorities in 2024 for improving Health Care Access in the community.

"Other" areas to focus efforts to improve Infrastructure in the community.
Affordable AND accessible healthcare
Affordable food options
Affordable health insurance
Affordable living, period. And healthy services where providers can competently work with LGBTQ+ people. Having a gay friend is not the same as being able to competently treat health issues in a queer and/trans patient.
All of the above AND Residential mental health and substance use disorder facilities
Better police coverage.
Clean the streets/playgrounds/park of needles/paraphernalia, homeless, and drug users. Make it a safe place for families and kids.
Crime
Greater access to mental heath care
Housing prices are ridiculous. Parks are always dirty and left trashed. Drug addicts leave needles everywhere, can't even take my kids on a walk around the block without finding a few. Crime is crazy high, honestly just makes living here very non enjoyable, I find this place disgusting.
IN home PCP providers for home health/bayada etc.
Indoor exercise facility, especially in winter
Less crime and drug dealers an addicts
Less crime and drugs
Less taxation. Vermont is Driving older people out of their homes by all these taxes. We've raised our children and shouldn't have to pay for other people's kids schools, childcare, and food. . Only to be taxed out of our own homes. Stop enabling the drug addicts with free narcan, needles, food stamps, and housing.
Lower taxes
Mental health programs for young adults
More law enforcement patrolling in communities. We have to PAY for those services outside our tax dollars!
More public gun ranges
Need bike and walking infrastructure going north on Route 7

no services to manage aggressive and free running dogs!!
Not able to walk or bike from north Fairfax to Fairfax town on 104.
opportunities for kids/youth
police protection
Public safety
Reducing stigma regarding residents who are house less or suffering from substance use disorder
Safe from crime/drugs
safety and affordability
Safety with in the community and to decrease crime. It feels like the criminals get to do whatever they want with no consequences
Side walks connecting downtown with Price Chopper and Hannaford.
Start getting rid of these drug addicts.
Stop geoengineering!!!
Stop letting criminals do whatever they want. Stop the drugs stop the illegal criminal aliens. Stop this ridiculous public money supporting LGBTQ agenda leave my kids alone.
substance use/abuse treatment and ongoing supports
Supporting Law Enforcement.
Terrible roads
The availability of doctors
The REC dept could have more arts options, so that children with physical disabilities or youth who aren't athletic have recreational options. Also, the library could bring back it's homeschool group. There aren't enough events for tweens. There are a lot for younger kids, or teens but 10-12 are often forgotten.
There are green spaces- but watch out for heroin needles
There are not enough childcare for working parents which leads to people not being able to work. I know of parents who search for MONTHS to find someone with little to no luck. Sidewalks are needed on Fairfax Street. There are several people without a car that walk from the apartment buildings on Fairfax Street to their jobs in the Industrial Park.

"Other" areas to focus efforts to improve Social Wellbeing in the community.
Academic proficiency in public schools
Acceptance of everyone...everyone matters
affordability
Affordable health care and better health insurance options
Assaults
Drug issues
Drug use/ paraphanilia/ safe environments
Focus on keeping Vermont affordable for older people. Stop taxing us out of our homes. Stop enabling the drug addicts and all the freebies and handouts.
General crime
Healthy diet education and support
help for drug addiction
Help for the elderly
I don't care what people want to identify as I just don't want it in my face or I'm racist cause I'm a Christian and don't believe in it. Too much pushing acceptance. Crazy world
I miss RiseVT or other free ways to get out and meet people and be active
I would combine people of different cultures and sexual identities as underserved populations
Illegal drug use in neighborhoods
more help for elderly and disabled
Need additional sheriff availability

Opportunity for improvement of health through exercise.
social supports for people struggling with poverty/substance use/mental health
Stop raising taxes cut the budget and get CRT and gender ideology and sexual exploitation out of the schools
substance abuse is not stigmatized and needed type of treatment available
substance abuse treatment
Substance use disorder

"Other" areas to focus efforts to improve Education in the community.
Adequate housing and pay for potential educators.
Childcare and PreK
Children have access to push themselves not being held back in the classroom while other students are struggling
Get rid of CRT and public unions is schools. Stop pushing LGBTQ bullshit.
Holding to High standards. Accountability. Test score improvement.
Homeschool group. Franklin county has a large homeschooling community. If different religions and ethnicities.
Mental health supports for children and families that allow public schools to focus on teaching, not social services.
Opportunities for High Schoolers and young adults
preschool education and care
Proper training for academic staff regarding gender identity/sexual identity and PROPER COMMUNICATION
School choice
Stop taxing elders for schools, school food, and child care. Stop with all free arcane, needles, and freebies. Hold criminals accountable.
Too expensive, poor academic proficiency, equity driven policies do not work

"Other" areas to focus efforts to improve Health Care Access in the community.
ALL OF THE ABOVE. I travel to Dartmouth Hitchcock because providers are not providing.
All of the addicts making our community's go to crap need help. Physically and mentally, lock them away. Send them to rehab, take back out community and make it beautiful like it once was. Crime is through the roof and seriously ripping apart everything within the communities. Brings fear to me as a mother, I can't even walk around the block with my kids without finding needles on the ground or a crazy tweaker acting out. Makes the communities look trashy
Alternative care services. Ones that don't always push for medication. More healthy living doctors
Communications between major health care groups- ie. UVM and NWMC
Compassion and care from northwestern. They send someone in to ask for payment while you're being treated in the ER
DME!!
Healthcare providers that respect patient knowledge of their own bodies
home health/bayada pcp
Local access to specialist
mobile clinics/home visiting care for folks who would not otherwise access care who a
Naturopathic options
Stop injecting people with poisons. Push back against big pharma
Stop with increases of taxes ! We have to budget within our means so should Vermont. Stop looking for ways to increase taxes. Stop enabling the drug addicts. Hold criminals accountable.
wellness education

If you had a magic wand, what is one thing you would change about your community?
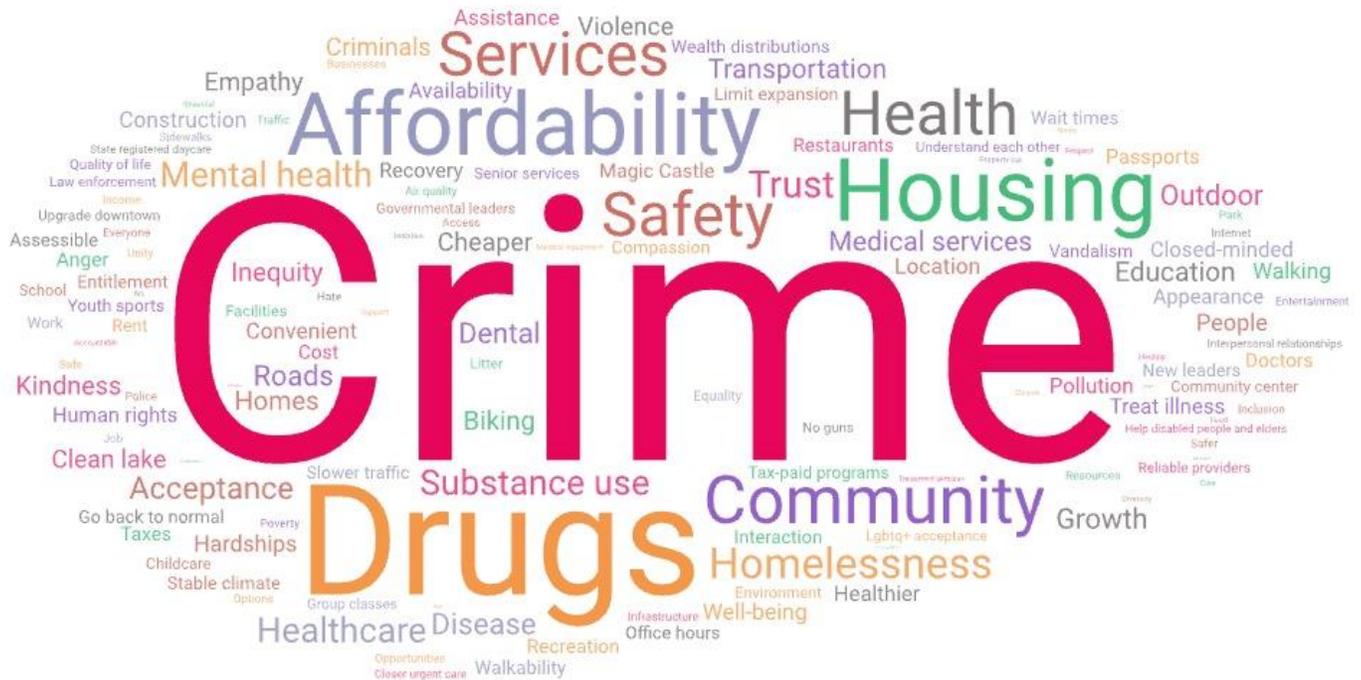
Full responses available in the associated excel document.

Demographics

Household Income Last Year

Less than $25,000	9.6%
$25,000-$50,000	19.2%
$50,000-$75,000	19.2%
$75,000-$100,000	19.9%
$100,000-$125,000	13.2%
$125,000-$150,000	8.9%
More than $150,000	9.9%

Housing

Rented by me and/or someone in my household	19.6%
Owned by me and/or someone in my household	74.9%
Staying in a home that I do not rent or own	3.2%
At a shelter outside	0.0%
At transitional or emergency housing	0.9%
A situation not listed here	1.2%

Other housing situations.

Housing through job
Living in 62+affordable housing but required to pay market rate which I can't afford because lists are LONG
Ncss housing
own mobile home, pay lot rent

Age

16 to 18 years	0.3%
19 to 24 years	6.0%
25 to 34 years	21.3%
35 to 44 years	22.5%
45 to 54 years	11.1%
55 to 64 years	15.3%
65 to 74 years	17.7%
75 years and over	6.0%

Current Employment Status

Employed full-time	53.1%
Employed part-time	12.5%
Not employed and looking for work	2.0%
Not employed and not looking for work	1.0%
Stay at home parent/caregiver	4.0%
Part time student	0.7%
Full time student	0.3%
Retiree	26.4%

Educational Attainment

Less than High School (no diploma, certificate)	2.1%
High School graduate or equivalent	13.9%
Some College or University, but no degree	16.8%
College, University, or Technical degree	45.1%
Advanced or Graduate degree	22.1%

Gender: Write in Open Response

Female	65.5%
Male	27.6%
Transgender	6.9%

Sexual Orientation: Write in Response

Queer	2.1%
Asexual	4.2%
Fluid, non-binary	4.2%
Gay	4.2%
Homosexual	4.2%
Lesbian	6.3%
Pan Sexual	6.3%
Bisexual	12.5%
Heterosexual, Straight, Cis	56.3%

Race/Ethnicity: Write in Response

Asian alone or in combination	2.6%
Human	7.9%
Hispanic, Latin American, Latino	10.0%
Black, African American alone or in combination	13.2%
Native American, alone or in combination	23.7%
Caucasian, White alone or in combination	52.6%

Is there anyone in your household (including yourself) that requires regular assistance doing everyday activities?

Yes	25.7%
No	74.3%

How many people under age 18 are in your household?

None	55.2%
1 or 2	17.6%
3 or More	27.3%

How many people over age 65 are in your household?

None	50.8%
1 or 2	46.6%
2 or More	2.6%

Full survey text is available in an associated word document.

Community Health Indicators Data Report

Introduction

The work of Northwestern Medical Center's 2024 Community Health Needs Assessment (CHNA) expands upon the foundation developed during the 2021 CHNA process. The indicators described below were first selected through a robust process conducted with the 2021 advisory team. The 2024 advisory team then revisited and reviewed them in 2024 to ensure their continued relevance to community needs and ongoing community health implementation programs.

Methodology

Northwestern Medical Center's Community Health Indicators development process is based on a strong foundation of evidence-based, Community Health Indicators research and publication. The U.S. Department of Health and Human Services'- Healthy People 2030 initiative *"…provides 10-year, measurable public health objectives — and tools to help track progress toward achieving them."*

The Social Determinants of Health (SDOH) framework put forth by the Healthy People 2030 initiative provides priority area indicators for "*conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.*"

SDOH indicators are grouped into five domains of: Neighborhood and Built Environment, Social and Community Context, Health Care Access and Quality, Education Access and Quality and Economic Stability.

The NMC indicators generally follow these domains with the exception of the Health Care Access and Quality sub-grouping into Health Outcomes, Health Care Utilization and Health Care Access.

Indicators were aggregated from the Healthy People 2030, other Community Health Needs Assessments, and from the NMC CHNA Steering Committee then, due to the sheer volume of available indicators, were paired down to about 60 in total.
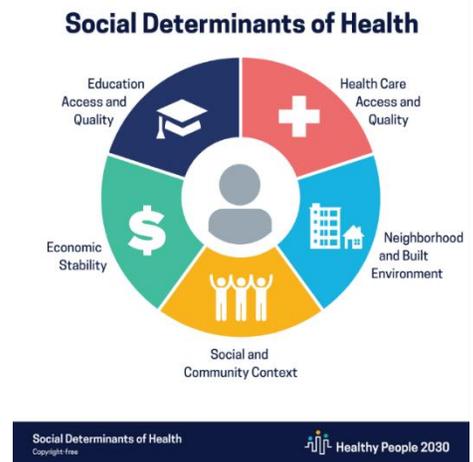
Data Considerations

All data contain a Margin of Error. There are various factors that impact data quality. Some of these are detailed below. While not published here for accessibility & consistency, some margins are published at the source.

- Most indicator data are derived from samples which are never 100% accurate.
- Data sampled from smaller populations are often subject to larger relative shifts over time than data from larger populations.
- Data sampled from smaller populations (Grand Isle County) are more likely to be suppressed / not available (NA).
- Self-reported data are subjective and can be less accurate.
- Focusing on trends over time does mitigate some data inaccuracy.
- The years of available data vary considerably due to the various sources and data availability.

Data Sources Key

Numerous data sources were utilized to develop indicators ranging across the spectrum of Social Determinants of Health Indicators. Most of the data were collected through three aggregating data portals including the State of Vermont, Department of Health's Healthy Vermonters 2020 Data Explorer, the Census Bureau's Data Portal and the University of Wisconsin Population Health Institute's County Health Rankings data portal.

This is a code key for each data source included for every table:

(ACS) - Census Bureau, American Community Survey
(AHRF) - American Medical Association, Area Health Resource File
(BRFSS) - (Youth) Behavioral Risk Factors Surveillance System
(CHAS) - Comprehensive Housing Affordability Strategy
(CHR)- County Health Rankings
(DC) - Census Bureau, Decennial Census
(EPHTN) - Environmental Public Health Tracking Network
(FARS) - Fatality Analysis Reporting System
(MMDT) - Mapping Medicare Disparities Tool
(MMG) - Map the Meal Gap
(UCR) - FBI, Uniform Crime Reporting
(NCHS) - National Center for Health Statistics
(USDSS) - United States Diabetes Surveillance System
(NCSTDP) - National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
(USDA) - USDA Food Environment Atlas
(VDH) - Vermont Department of Health
(VTAoE) - Vermont Agency of Education
(YRBS) - Youth Risk Behavior Survey

Organization & Analysis

The indicators are grouped generally by the Social Determinants of Health domains: Neighborhood and Built Environment, Social and Community Context, Health Outcomes, Utilization & Access, Education and Financial Stability.

Data are provided over time for trend analysis. Available time periods vary and may be imperfect for predicting longer-term trends. Small changes over time may fall within Margin of Error rates and thus may be less accurate. We have color coded positive (green font) and negative (red font) year-to-year changes to expedite review. Data that are not coded green or red may exhibit no change or be deemed to not have a positive or negative change connotation.

Neighborhood and Built Environment

Average daily particulate matter over 2.5ppm (EPHTN)	2018	2021	2023
Vermont	7.5	5.4	5.9
Franklin	8.3	5.6	6.4
Grand Isle	8.2	5.7	6.5

Homeowner vacancy rate (ACS)	2009-2013	2018-2022
Vermont	1.8	1.2
Franklin	2.8	0.8
Grand Isle	4.7	1.8

Rental vacancy rate (ACS)	2009-2013	2018-2022
Vermont	5.6	3.8
Franklin	5.5	7.3
Grand Isle	8.5	2.2

Percent experiencing severe housing problems (CHAS)	2018	2021	2023
Vermont	17	17	16
Franklin	16	15	14
Grand Isle	18	17	16

Percent food insecure (MMG)	2018	2021	2023
Vermont	12	11	9
Franklin	11	9	9
Grand Isle	11	8	7

Percent with limited access to healthy foods (USDA)	2018	2021	2023
Vermont	3	3	3
Franklin	1	1	2
Grand Isle	0	0	0

Percent with a long commute, driving alone (ACS)	2018	2021	2023
Vermont	30	32	32
Franklin	44	42	44
Grand Isle	63	64	63

Social And Community Context

Population over time (DC)	2010	2020	Absolute Change	Percent Change
Vermont	625,741	643,077	17,336	2.8
Franklin	47,746	49,946	2,200	4.6
Grand Isle	6,970	7,293	323	4.6

Age groups (ACS)	Franklin	Grand Isle	Vermont
2009-2013 Percent Under 18 years	24.2	19.3	20.2
2018-2022 Percent Under 18 years	21.6	17.2	18.1
2009-2013 18-24 years	8.0	7.2	11.1
2018-2022 18-24 years	8.0	6.3	10.6
2009-2013 25-34 years	11.9	9.4	11.3
2018-2022 25-34 years	12.7	11.0	11.8
2009-2013 35-44 years	14.2	12.8	12.2
2018-2022 35-44 years	13.1	11.0	11.8
2009-2013 45-54 years	16.5	18.2	15.8
2018-2022 45-54 years	13.1	12.5	12.4
2009-2013 55-64 years	13.3	18.3	14.8
2018-2022 55-64 years	14.8	20.1	15.1
2009-2013 65 years and over	12.6	15.2	15.2
2018-2022 65 years and over	16.8	21.8	20.3

Percent of all households with grandparents responsible for own grandchildren under 18 years of age (ACS)	2009-2013	2018-2022
Vermont	0.8	0.6
Franklin	1.0	0.8
Grand Isle	1.8	0.7

Percent of population 65 years and over living with and responsible for grandchildren (ACS)	2009-2013	2018-2022
Vermont	0.4	0.6
Franklin	NA	0.1
Grand Isle	NA	NA

Teen birth rate per 1,000 female population ages 15-19 (NCHS)	2018	2021	2023
Vermont	15	11	10
Franklin	25	20	18
Grand Isle	17	14	13

Percent of households with children that are single parent households (ACS)	2009-2013	2018-2022
Vermont	30.1	21.1
Franklin	26.8	20.1
Grand Isle	28.3	12.1

Percent of population who speak English less than "very well" (ACS)	2009-2013	2018-2022
Vermont	1.5	1.3
Franklin	0.9	0.6
Grand Isle	0.5	1.1

Percent of youth (grades 9-12) eating vegetables three or more times daily (YRBS)	2011	2015	2019
Vermont	16	18	19
Franklin	13	13	15
Grand Isle	14	16	18

Percent of adults eating vegetables three or more times daily (BRFSS)	2002, 2003, 2005	2013, 2015	2017, 2019
Vermont	31	20	22
Franklin	26	18	21
Grand Isle	32	15	22

Percent of adults 20 years and over reporting no leisure-time physical activity (USDSS)	2018	2021	2023
Vermont	20	18	17
Franklin	24	26	20
Grand Isle	20	22	16

Percent of youth (grades in 9-12) who experienced bullying (YRBS)	2011	2017	2021
Vermont	17	16	17
Franklin	22	18	20
Grand Isle	22	23	22

Percent of drivers using car restraints (VDH)	2010	2017	2020
Vermont	85	88	88
Franklin	89	84	80
Grand Isle	89	84	NA

Motor vehicle mortality rate per 100,000 (NCHS)	2018	2021	2023
Vermont	10	10	9
Franklin	12	13	12
Grand Isle	NA	NA	NA

Firearm related death rate per 100,000 (NCHS)	2009-2011	2015-2017	2023
Vermont	12	12	12
Franklin	10	8	12
Grand Isle	13	17	NA

Violent crime rate per 100,000 (UCR)	2018	2021
Vermont	121	129
Franklin	162	140
Grand Isle	48	43

Health Outcomes

Coronary heart disease death rate per 100,000 (VDH)	2003-2005	2013-2015	2018-2020
Vermont	1345	115	129
Franklin	219	137	138
Grand Isle	210	121	129

Percent of adults with hypertension (VDH)	2005, 2007, 2009	2015, 2017	2019, 2020
Vermont	25	26	25
Franklin	27	30	26
Grand Isle	27	33	25

Asthma hospitalization rate per 10,000 persons ages 5 to 64 (VDH)	2002-2004	2009-2011	2013-2015
Vermont	4	4	4
Franklin	4	2	3
Grand Isle	4	4	NA

Percent of adults with diagnosed arthritis who have activity limitations (BRFSS)	2003, 2005, 2007	2013, 2015	2017, 2019
Vermont	37	49	45
Franklin	44	55	54
Grand Isle	18	42	50

Percent of adults with diabetes (USDSS)	2018	2021	2023
Vermont	8	9	7
Franklin	8	11	8
Grand Isle	8	10	7

Percent of youth (grades 9-12) who are obese (YRBS)	2007	2017	2021
Vermont	12	13	14
Franklin	15	17	19
Grand Isle	19	20	20

Percent of adults who are obese (VDH)	2018	2021	2023
Vermont	25	27	26
Franklin	29	35	34
Grand Isle	28	30	29

Premature death rate: number of deaths before age 75 per 100,000 population (NCHS)	2018	2021	2023
Vermont	291	302	309
Franklin	372	332	323
Grand Isle	311	282	257

Child mortality rate (Under 18 per 100,000) (NCHS)	2018	2021	2023
Vermont	40	37	36
Franklin	27	30	30
Grand Isle	NA	NA	NA

Average number of mentally unhealthy days reported in past 30 days (BRFSS)	2018	2021	2023
Vermont	4.0	4.2	5.0
Franklin	3.9	4.3	4.7
Grand Isle	3.6	4.1	4.4

Average number of physically unhealthy days reported in past 30 days (BRFSS)	2018	2021	2023
Vermont	3.6	3.7	2.9
Franklin	3.3	3.8	3.0
Grand Isle	3.1	3.7	2.6

Percent of youth (grades 9-12) who felt sad or hopeless almost every day for two weeks or more in a row during the past 12 months that they stopped doing some usual activities. (YRBS)	2011	2017	2021
Vermont	21	25	30
Franklin	22	27	29
Grand Isle	26	32	22

Suicide death rate per 100,000 (NCHS)	2018	2021	2023
Vermont	NA	17	18
Franklin	NA	18	20
Grand Isle	NA	21	NA

Percent of driving deaths that are alcohol-impaired (FARS)	2018	2021	2023
Vermont	35	34	35
Franklin	50	53	52
Grand Isle	33	25	25

Deaths due to injury rate per 100,000 (NCHS)	2018	2021	2023
Vermont	77	86	91
Franklin	75	83	81
Grand Isle	83	105	88

Opioid mortality rate per 100,000 (VDH)	2016	2019	2022
Vermont	15	18	37
Franklin	14	10	36
Grand Isle	29	NA	27

Drug overdose mortality rate per 100,000 (NCHS)	2018	2021	2023
Vermont	16	22	25
Franklin	20	24	19
Grand Isle	NA	NA	NA

Overall cancer death rate per 100,000 people (VDH)	2003-2005	2013-2015	2017-2019
Vermont	174	165	150
Franklin	197	178	170
Grand Isle	208	169	192

Lung and bronchus cancer rate per 100,000 (VDH)	2003	2016
Vermont	70	61
Franklin	91	79
Grand Isle	NA	93

Breast cancer rate per 100,000- Females (VDH)	2003	2016
Vermont	70	61
Franklin	91	79
Grand Isle	NA	93

Melanoma cancer rate per 100,000 (VDH)	2003	2016
Vermont	33	42
Franklin	23	49
Grand Isle	NA	NA

Chlamydia rate per 100,000 (NCSTDP)	2018	2021	2023
Vermont	303	275	179
Franklin	269	290	196
Grand Isle	114	172	194

Percent of youth (grades 9-12) who currently smoke cigarettes (YRBS)	2017	2021
Vermont	9	5
Franklin	9	7
Grand Isle	10	NA

Percent of youth (grades 9-12) who currently vape (YRBS)	2015	2017	2021
Vermont	15	12	16
Franklin	16	11	21
Grand Isle	7	15	13

Percent adult smokers (BRFSS)	2018	2021	2023
Vermont	17	15	14
Franklin	17	17	16
Grand Isle	15	15	14

Percent of adults excessive drinking (BRFSS)	2018	2021	2023
Vermont	21	20	22
Franklin	19	19	20
Grand Isle	21	24	23

Percent of youth (grades 9-12) currently binge drinking (YRBS)	2009	2017	2021
Vermont	23	17	12
Franklin	23	19	15
Grand Isle	20	20	13

Percent of youth (grades 9-12) currently use marijuana (YRBS)	2009	2017	2021
Vermont	25	24	20
Franklin	24	22	17
Grand Isle	27	18	20

Healthcare Utilization

Percent of female Medicare enrollees ages 65-74 that received an annual mammography screening (MMDT)	2018	2021	2023
Vermont	68	45	35
Franklin	71	45	30
Grand Isle	66	46	31

Percent of children who have had a developmental screening within first three years of life (VDH)	2013	2018	2020
Vermont	48	63	56
St. Albans HSA	81	66	67

Percent of children age 19-35 months receiving recommended vaccines (VDH)	2010	2017	2020
Vermont	41	74	NA
Franklin	41	76	74
Grand Isle	43	73	75

Percent of adults 65 and older who have seen a doctor in past year for routine care (MMDT)	2007-2009	2017-2018	2019-2020
Vermont	83	88	88
Franklin	86	90	89
Grand Isle	81	94	95

Percent receiving flu vaccination (MMDT)	2021	2023
Vermont	70	81
Franklin	61	82
Grand Isle	64	77

Percent of adults using dental system yearly (VDH)	2006, 2008, 2010	2016, 2018
Vermont	74	73
Franklin	72	71
Grand Isle	70	75

Percent of adults with a cholesterol check in past 5 years (VDH)	2005, 2007, 2009	2015, 2017
Vermont	75	83
Franklin	77	83
Grand Isle	82	85

Percent of mothers receiving early prenatal care (VDH)	2004-2006	2014-2016
Vermont	84	85
Franklin	88	90
Grand Isle	85	82

Healthcare Access

Percent of adults who cannot obtain care or delay care (VDH)	2006-2008	2016-2017
Vermont	10	9
Franklin	10	8
Grand Isle	12	14

Percent uninsured (ACS)	2009-2013	2018-2022
Vermont	7	4
Franklin	7	4
Grand Isle	6	4

Mental health providers ratio - People per provider (AHRF)	2018	2021	2023
Vermont	245:1	208:1	193:1
Franklin	515:1	386:1	359:1
Grand Isle	6,919:1	3,618:1	2,474:1

Primary care physicians ratio - People per physician (AHRF)	2018	2021	2023
Vermont	889:1	892:1	855:1
Franklin	2,033:1	1,830:1	1,774:1
Grand Isle	2,287:1	1,773:1	1,434:1

Dentists ratio - People per dentist (AHRF)	2018	2021	2023
Vermont	1,466:1	1,365:1	1,382:1
Franklin	2,223:1	2,058:1	2,013:1
Grand Isle	6,919:1	7,235:1	7,421:1

Education Access and Quality

Percent testing proficient for Kindergarten (VTAoE)	2015-2016	2020-2021
Vermont	81.8	84.6
Franklin	83.4	86.1
Grand Isle	83.1	90.6

Percent meeting/exceeding 3rd grade language arts proficiency (Proficient with distinction and Proficient combined) (VTAoE)	2022	2023
Vermont	42	49
Franklin Northeast & West Supervisory Unions (Avg.)	32*	41
Grand Isle Supervisory Union	35	42

Percent meeting/exceeding 3rd grade math proficiency (VTAoE) (Proficient with distinction and Proficient combined) (VTAoE)	2022	2023
Vermont	43	38
Franklin Northeast & West Supervisory Unions (Avg.)	34*	30
Grand Isle	37	27

*Franklin West SU only.

Percent high school graduate or higher- Population 25 years and over (ACS)	2009-2013	2018-2022
Vermont	91.4	94.2
Franklin	88.8	91.9
Grand Isle	91.6	96.1

Economic Stability

Median household income (ACS)	2009-2013	2018-2022
Vermont	$54,267	$74,014
Franklin	$56,240	$73,633
Grand Isle	$59,509	$86,639

Percent households receiving food stamps/SNAP (ACS)	2009-2013	2018-2022
Vermont	13.4	10.3
Franklin	15.7	11.6
Grand Isle	13.3	9.7

Percent of total population below poverty (ACS)	2009-2013	2018-2022
Vermont	11.8	10.4
Franklin	10.2	10.4
Grand Isle	6.9	7.4

Percent of population under 18 years of age below poverty (ACS)	2009-2013	2018-2022
Vermont	14.8	11.3
Franklin	14.2	11.2
Grand Isle	10.3	7.3

Percent of population 65 years of age and over below poverty (ACS)	2009-2013	2018-2022
Vermont	7.5	8.0
Franklin	7.7	12.6
Grand Isle	2.3	5.4

Percent in the civilian labor force who are unemployed (ACS)	2009-2013	2018-2022
Vermont	4.6	2.5
Franklin	4.6	2.2
Grand Isle	5.3	2.1

Median rent (ACS)	2009-2013	2018-2022
Vermont	$875	$1,149
Franklin	$861	$1,125
Grand Isle	$871	$1,206

Households with a mortgage paying more than 30% on housing costs (ACS)	2009-2013	2018-2022
Vermont	37	28
Franklin	34	27
Grand Isle	44	39

Renter households paying more than 30% on housing costs (ACS)	2009-2013	2018-2022
Vermont	52	51
Franklin	54	54
Grand Isle	51	55

Key Informant Interviews Summary

Overview of Data Collection

Research staff at the UVM Center for Rural Studies conducted 15 semi-structured interviews with community leaders across Grand Isle and Franklin counties in June 2024 in preparation for the upcoming Community Health Needs Assessment (CHNA) for Northwestern Medical Center. These interviews are valuable to understanding perspectives about community health and wellbeing as they enabled community stakeholders actively engaged in this work to provide insights on local assets, pressing health needs, and structural barriers to health and wellbeing.

To identify participants for interviews, the CRS research staff consulted with the CHNA Working Group to identify key contacts from organizations across Franklin and Grand Isle counties that spanned the five domains from the *Healthy People 2030 Social Determinants of Health* framework: Economic Stability, Education Access and Quality, Healthcare Access and Quality, Neighborhood & Built Environment, and Social and Community Context. Special emphasis was placed on organizations that worked with populations who were anticipated to be harder to reach during the community survey phase of this assessment. The Working Group identified 16 community stakeholders and CRS research staff made multiple rounds of invitations.

Fifteen community stakeholders completed the Key Informant Interviews. Table 1 provides a snapshot of their backgrounds organized by the five Social Determinants of Health domains. Interviewees shared their expertise from their organizations and civic experiences in their communities. Interviewees are anonymized in this report when presenting key quotes and responses.

Figure 1
Key Informant Interview Participants

SDoH Domain	Number of Organizations
Economic Stability	3
Education Access & Quality	2
Healthcare Access & Quality	3
Neighborhood & Built Environment	3
Social & Community Context	4

The Interview Process

The CRS research staff developed the Key Informant Interview semi-structured interview guide in consultation with the CHNA Working Group. All interviews were conducted remotely using MS Teams. Interviews lasted approximately 18-60 minutes. All interviews were recorded and transcribed verbatim. CRS research staff used an open coding method to analyze the interviews and noted compelling quotes.

Each community stakeholder who participated in an interview was asked the same series of questions. Each participant was encouraged to draw on their professional, civic, and personal experiences in their responses. The interview guide featured the following eight primary questions co-developed by CRS research staff and CHNA Working Group members:

1. Can you briefly describe the communities and/or organizations that you belong to?
2. What community resources support a healthy life in Franklin and Grand Isle counties?
3. The 2022 CHNA identified the following community health priorities for this region:
   i. Access to care
   ii. Affordability (transportation, housing, food, etc.)
   iii. Community Gathering and Connectedness
   iv. Safety and Belonging

   3a. As you reflect on these priorities, have you seen any progress towards improvements for any of these priorities?

   3b. Have you seen any worsening of these priorities?

4. From your perspective, what are the top three most pressing health priorities in this community today?

5. Which populations in this community lack or have lower access to resources that support health and wellbeing?

6. What barriers to achieving health and well-being do you think exist in this community?

7. If you could make one change to improve the health and wellbeing of this community, what would it be?

8. Is there anything else related to the health and wellbeing of Franklin and Grand Isle counties that you'd like to share with us?

Resources to Support Community Health

Informants were asked to identify what community resources support a healthy life in Franklin and Grand Isle counties. The responses to this question ranged from specific assets that already exist within their community to resources that would support their communities if they did exist. A few of the most mentioned organizations were (listed here in alphabetical order): Abenaki community, Champlain Valley

Office of Economic Opportunity; Northwestern Counseling and Support Services; Martha's Kitchen; Northwestern Medical Center; NOTCH, local schools and school districts. Northwestern Medical Center's partnership with Community College of Vermont for workforce development was mentioned by one interviewee as a key resource that achieves multiple aims. Another interviewee noted youth centers as a key support for teens, as they often have a lot of independence, but still benefit greatly from resources that encourage socialization. They noted, "*part of the reason that the youth centers are so crucial is that teenage group of students, like they really need something a little different than maybe most of the other groups in our communities tend to need.*" Respondents also noted general resources useful to the community, including healthcare specialists and providers, food security resources, mental health care, and substance misuse prevention. The following word cloud includes each response to this question, illustrating the wide variety of resources available in the community or that would support community health and wellbeing.

Reflections on the 2022 Community Health Priorities

There were four key priorities identified by the 2022 Community Health Needs Assessment: Access to Care, Affordability, Community Gathering & Connectedness, and Safety Belonging. Interviewees were asked to reflect on these priorities and whether they had seen any improvements or worsening across these priorities. Observations about these trends are summarized below by priority in alphabetical order.

Access to Care

Six interviewees indicated seeing improvements in this priority. Several interviewees spoke to increased opportunities for community members to access care, including through expansion of telehealth visits thanks to COVID-19 and system improvements to support greater access such as sliding scale pricing

for services and some transportation assistance. One interview noted that that there are more embedded services on-site at strategic locations for individuals experiencing homelessness within the community. Another interviewee noted that they had seen greater improvement for physical health and dental healthcare needs rather than mental health.

Nine interviewees, however, spoke to seeing worsening of this priority. Specific types of care within the community that were noted as points of concern include the loss of Planned Parenthood inclusive, gender-affirming and reproductive healthcare services in St. Albans, insufficient treatment options for community members struggling with substance misuse, and long wait times for referrals from Northwestern Medical Center to University of Vermont Medical Center. There were several specific concerns shared about challenges related to local provider availability that have worsened since COVID-19, including provider shortages contributing to long wait times, difficulty with establishing care with primary care providers, and provider turnover leading to challenges with building trust (especially for community members seeking mental health care). Several interviewees noted transportation as a barrier for older and more rural community members' ability to access care. Finally, telehealth was noted by one interviewee as having mixed experiences – for some it is a "phenomenal option but for many community members it is an unsatisfactory experience." One interviewee shared that telehealth was a useful tool for conducting medication checks, especially for patients with transportation challenges, but had experienced that patients with ongoing health issues would prefer to be seen in person rather than via telehealth appointments.

Affordability

The 2022 CHNA featured "affordability" as a priority – spanning basic life essentials from housing and food to healthcare and transportation. Reflecting national trends, only three interviewees indicated progress in this area. These interviewees pointed towards new housing developments being in the pipeline, addition of sliding scale pricing, and some transportation resources to connect eligible residents with care through Green Mountain Transit and insurance companies.

However, eleven interviewees identified "affordability" as a priority that has worsened significantly. The costs of housing, food, healthcare, transportation, and other basic needs were specifically mentioned. Beyond simply the skyrocketing costs of housing, interviewees mentioned the challenges of youth/young adults finding rental options, new mothers with babies with complex medical needs living in hotels, and negative impacts on recruiting new healthcare or social service agency staff to the area due to lack of available affordable housing options. Youth and young adults seeking their own housing, even while working full-time, have extremely limited options as landlords don't want to take a risk. This is especially challenging for those who are seeking options to live independently from challenging situations. The rising cost of food was noted as an area of concern – placing more strain on local food pantries. One interviewee spoke about the difficulty new parents encounter with accessing baby formula due to WIC program accessibility challenges. Another interviewee spoke about the increase in need for food access support in their community due to affordability. The interviewee stated, "*I think that people are really struggling. I think we have seen an increase in community support for things like the food boxes for families and, you know, making sure that we have ways that we feed our kids both in and out of school.*" And finally, several interviewees discussed the challenges of co-pays becoming increasingly expensive,

healthcare being cost-prohibitive for many individuals experiencing economic hardships, and challenges related to accessing healthcare due to transportation costs.

Community Gathering & Connectedness

Ten interviewees described seeing improvement in this priority area across the region. Many interviewees noted that there are many more free events for local families to enjoy. Themed community events, farmers' markets, community walks, pop-up programming for youth, and events hosted by organizations (YMCA, Vermont Youth Project) were all mentioned. The United Way of Northwest Vermont was named as a resource for helping share various opportunities. One interviewee shared that they felt Northwestern Medical Center has made intentional efforts to be more visible within the community in numerous ways, including participating in the inaugural Pride Weekend and Juneteenth celebrations.

Three interviewees felt that there is still much opportunity to improve upon this priority. A key challenge in more rural places within the region is the lack of community gathering spaces and the challenges that poses for bringing people physically together – especially older residents who struggle with isolation at home due to transportation challenges. One interviewee felt that, while there has been greater connectedness within the Abenaki community, there is greater opportunity for Abenaki community members to become more connected to broader community opportunities. There is opportunity to do more events like the Heritage Celebration, but these events are very expensive and intensive to put on.

Safety & Belonging

Six interviewees reported seeing progress being made for this priority. Several interviewees discussed Northwestern Medical Center's role in increasing safety and inclusion within the community, including actions such as: having a Patient Advisory Communities that is "diversified and inclusive", learning about cultural norms and beliefs for patients of diverse backgrounds and considering how to how to embed understanding into treatment plans, and supporting various community events, including the Pride Weekend in St. Albans.

However, there remains much opportunity for improving safety and belonging across the community. While some progress has been made, nine interviewees identified specific concerns about this priority. One interviewee shared that some patients have experienced being misgendered when accessing care at Northwestern Medical Center due to limitations with the electronic medical record system. There was also a concern noted about patients with "bigger bodies" having challenges with being well-accommodated while seeking care. Within the greater community, interviewees noted continuing and worsening impacts of homelessness and substance misuse leading to increased challenges with property crime, domestic violence, and gun violence incidents. Several interviewees described seeing more anxiety about safety within the community and people having a "general sense of unease" when walking around due to substance misuse. Concerns were voiced about individuals experiencing a mental health crisis and/or substance withdrawal not having access to treatment and supportive services. One interviewee shared that while the Pride Weekend was a successful event, there were people who expressed feeling unsafe participating due to fear, threats, and safety concerns.

Looking Ahead: Community Health Priorities for 2024 and Beyond

Following the discussion of trends related to the previous CHNA's priorities, interviewees were asked to share their top three health priorities going forward. Table 2 provides an initial snapshot of all interviewees' community health priorities for consideration by the CHNA Working Group.

Table 2.

Discussion of Community Health Priorities for 2024

Priority Area	Specific Mentions	Interviewee highlights
Mental health and wellbeing	13	• Youth mental health • Maternal mental health • Lack of access to mental health providers and counselors • Lack of affordable options • Loneliness and rural isolation • Connection between mental health and homelessness
Access and affordability of care	13	• Access to timely healthcare • Financing of the hospital and implications for affordable access to care • Affordability of medications • Access to primary care, vision, and dental providers – long wait times • Concerns regarding consent and referral processes • Lack of coordination between providers • Need for assisted/supportive living that can offer full spectrum of services • Need to communicate about resources and opportunities; ability to stay connected when patients don't have consistent communication methods
Substance misuse	7	• Need for more drug prevention • Need for more treatment options and long-term care for community members struggling with addiction • Perinatal substance misuse
Affordability of Basic Needs (Housing, Transportation, Food, and Living Wages)	7	• Lack of affordable housing • Need for more funding and building more units • Food security • Malnutrition concerns due to expense of whole foods • Lack of local jobs that pay a livable wage relative to costs of living
Safety	4	• Concerns about public safety • Child safety

		• Ability for young people to re-enter society and access resources after committing a crime
Preventive care and education	1	• Preventative care and education
Post-Partum high blood pressure	1	• Post-Partum high blood pressure

Barriers to Health and Wellbeing

Interviewees were asked to identify what barriers exist for achieving health and well-being in their community. Each unique response was coded into 16 categories. The most frequently cited category was "financial barriers," which was mentioned in eight out of fifteen interviews. This category spanned barriers such as the cost of medicine, lack of livable wage jobs in the community, those who do not qualify for Medicaid and cannot afford insurance, and general affordability concerns.

The other most cited category was "access to care processes," which was also mentioned in eight of the fifteen interviews conducted. This category captures responses regarding the ability to be seen by a provider in an efficient, timely, and effective manner. Several respondents noted that the process of accessing care is very difficult, and a lot of work goes into accessing certain programs and navigating insurance policies. One interviewee described how many patients do not know how to navigate this process or even ask the right questions, explaining: *"I mean you need the insurance to make it affordable, but people don't even understand insurance. They don't understand, you know I need a referral for this, or I need to get my pre-approval for that. Or you know, yes, my medications are costly, but maybe I can ask for a generic or another alternative. People don't understand or realize those options."* Other respondents discussed that many providers had experienced long wait lists, and once a patient was able to get an appointment, they felt rushed while receiving their care.

Populations of Concern

Interviewees were asked to identify which populations in Franklin and Grand Isle counties lack access to resources that support health and wellbeing. This question received a variety of different responses, varying in specificity, and an effort was made to combine categories for reporting purposes. Many of these populations are not mutually exclusive from each other and many community members may be in multiple populations.

The population most often mentioned in these responses is individuals with economic challenges, including those living in poverty and marginalized individuals. It is important to note that individuals living just above the "benefits cliff" also fit into this category, meaning that they do not qualify for Medicaid but cannot afford their own insurance. Other populations that were frequently mentioned were the aging population, migrant population, youth, people experiencing homelessness, and the LGBTQ+ community. Another important population to mention is those with a physical disconnect in the geographic sense. This is relevant to these communities where many people are living in rural areas, may not have their own transportation, and may have technology connectiveness issues. Several interviewees lamented the loss of affordable broadband coverage through the Affordable Connectivity Program, a pandemic-era program. One interviewee mentioned young adults between the ages of 18-25 as population of concern due to their lack of connectedness as they learn how to navigate their lives. The interviewee explained

that they "are lacking safety nets. Not everybody, but I think, you know, knowing who to turn to. What are those community supports when you need help?" The lack of support for this age group may be amplified if an individual does not have a supportive family to lean on, working to make ends meet for their children, or if they cannot access safe and quality housing. Several interviewees shared concerns related to veterans living in the community, especially noting that many have to travel to White River Junction in order to receive their care.

One Change to Improve Community Health & Wellbeing

The interviews concluded with a final question for interviewees to share one change that would improve the health and wellbeing of the Grand Isle and Franklin counties. There were no constraints or boundaries placed on this question – the intention was to generate a range of "big ideas". The interviewees shared 23 unique ideas for the CHNA Working Group to consider with strategies related to healthcare access and quality being most frequently cited.

Economic Stability	Healthcare Access and Quality	Neighborhood and Built Environment	Social and Community Context
• Socialized medicine • Livable stipend • Funding to get the good work done	• Patients included in Green Mountain Care Boards • Improved outreach from hospital to community • Train physicians on inclusivity • Help people fight drug withdrawal • Prioritize preventative care • Centralizing services • Transitional living for people struggling with mental health and addiction • More substance use treatment options • Diverse hospital staff • Full-service support for pregnant individuals	• Splash Pad • Grocery store in Fairfax • Family center • Community events spaces for winter • Transportation for community events	• Safety for the LGBTQ+ community • Empower young people • Solve homelessness • Equality regardless of race, religion, etc. • Reducing impacts of suicide

Additional Considerations

Interviewees were offered the opportunity to share any additional considerations about community health and wellbeing. Multiple interviewees expressed hope for the overall trajectory of the community given the "*admirable work*" being pursued by many organizations. Many interviewees recognized that there are many important collaborations between local and regional organizations that support health and wellbeing in the community. One interviewee shared, "*people who are caring for the population are the glue and our community partners work tirelessly*." However, concerns were also shared about the

overall wellbeing for the health and social services workforce, specifically about staff who are overworked and struggling with burn-out while providing essential care for local residents. This has become especially challenging as more people within the community are struggling with affordability of basic needs. One interviewee stressed the importance of having strong community safety nets where residents can turn to when times are tough – whether neighbor to neighbor, social service agencies, or health care providers.

Multiple interviewees emphasized the importance of focusing on mental health and social connections, with one interviewee sharing, *"people need real human connections to feed their health and wellbeing."* NCSS and NOTCH were both noted as trying to serve a high volume of youth mental health cases since the COVID-19 pandemic. Several interviewees noted the negative mental health impacts of social media, particularly for youth and young adults, and others shared their impression that the topic of mental health is seen as separate from health and wellbeing and too often left out of the conversation within the community.

Community infrastructure to support healthy, physically active lives was noted as both an asset and a continued need. Several interviewees named specific parks, playgrounds, and trails while others called for continuing investment in this area and the importance of engaging municipalities in these conversations. Similarly, multiple interviewees mentioned opportunities to improve regional communication of events and resources – one described the current approach as *"find and go seek"* which can be especially challenging for the most vulnerable residents. A suggestion was made for a regional calendar and listing of resources that could be a clearinghouse of opportunities in one place (while acknowledging the challenges of keeping something like that up-to-date are significant).

There were specific points of feedback for Northwestern Medical Center in response to this question:

- Requests for increased outreach and engagement with the public to build stronger connections to have a dialogue more regularly across the community about health and wellbeing.
- Hospital could be doing more with other local providers to address concerns over access.
- Interest in seeing healthy eating programs held in various locations and at different times of day to increase access – especially with diverse communities.
- Continue efforts to hire healthcare staff of diverse backgrounds
- Increased availability of parking at the hospital.
- Increased nutritious offerings within the hospital cafeteria.
- Pursue opportunities to support local small businesses through hospital purchasing practices.

![Northwestern Medical Center logo]

Focus Groups Summary Report

Overview of Data Collection

Staff at the UVM Center for Rural Studies conducted four focus groups as part of Northwestern Medical Center's 2024 Community Health Needs Assessment (CHNA) for Grand Isle and Franklin counties. Focus group sessions are a valuable data collection tool that allows community members to share personal perspectives about their lived experiences relating to health and wellbeing in the community. The CHNA Working Group provided guidance with selecting, designing, and recruiting the four groups of community members (31 total participants). The focus groups were selected to ensure that the experiences of often hard to reach communities were intentionally reached. The CRS team is grateful to community partners who provided support and hosted the focus groups sessions. All participants were offered $50 gift cards as an incentive by Northwestern Medical Center. The four focus groups were conducted with:

- BIPOC community members
- Community members who are caregivers in their homes
- Community members experiencing financial insecurity
- Rural youth

The focus groups were conducted in person in St. Albans and Richford. The sessions lasted approximately one hour. Each discussion was led by a researcher from the Center for Rural Studies (CRS) and notes were taken by a CRS staff or a project team member. CRS research staff then used an open coding method to analyze themes across the focus group interviews to prepare this report.

The following six questions were asked during the focus group:

1. What supports your overall health and wellbeing in this community?
2. What are some of the biggest issues that you feel impact your community's health and wellbeing?
3. What challenges do you face in having good physical health? What makes it difficult to maintain or improve your physical health?
4. What challenges do you face in having good mental health? What makes it difficult to maintain or improve your mental health? What other resources could address these challenges to your physical health?

5. What specific resources (programs, services, people) help support your health in your community? Why are these working? How could they be improved?
6. If you had a magic wand, what would you change to improve health in your community?

Supporting Health and Wellbeing

Focus group participants were asked to share what resources support their health and wellbeing within their community. There were four primary categories that emerged from the findings across the focus groups. Participants spoke about healthcare services, community support, recreation and physical activity, and personal actions. Table 1 provides categorized findings that emerged from these focus group conversations.

Table 1. Resources for Health and Wellbeing.

Key Themes	Findings
Healthcare Services	- Importance of having access to both physical and mental health services - Good providers are available locally - Access to NMC patient portal and MyChart - Specific healthcare organizations: - Bayada for hospice and respite services - NCSS for mental health - NMC (particularly noted responsiveness to dietary concerns) - NOTCH
Community Support	- Community engagement through multiple avenues, including: - local libraries, local volunteer organizations, municipal recreation departments - Community events and festivals - Tim's Place Emergency Shelter providing connections to multiple resources/services - Food security resources available at the community-scale - Local schools offering resources to support mental and physical health - Friends and neighbors
Recreation and Physical Activity	- Importance of local recreation and exercise facilities - Dog parks - Ability to walk and hike; walkability in downtown centers - State Parks and the prescription passes program - Proximity to St. Albans Bay - Enjoyment of "fresh air" - Comfort and relaxation at home with pets
Personal Actions	- Getting good sleep "Keeping yourself healthy" - Personal hygiene and health

Issues Impacting Community Health and Wellbeing

Focus group participants were asked to share the issues that they feel are impacting their community's overall health and wellbeing. Four primary issues emerged from these conversations:

- **Challenges with accessing healthcare:**
    - Concern with high turnover of local providers leading to lack of trust, long wait times, and loss of confidence
    - Some participants shared negative experiences with *"judgmental"* and *"rude"* providers when seeking healthcare services
    - Persistent wait times for mental health services
    - Caregivers face significant challenges - *"not enough time to take care of themselves"*

- **Community safety and belonging:**
    - Concerns about drug-related crimes increasing unease within the community
    - Sense of no one being able to *"keep the community safe and fix it up."*
    - Drug and alcohol misuse impacting the *"whole community"*
    - Downtown business experiencing theft and robbery
    - Feeling isolated and worried
    - BIPOC residents feel they are seen by others as "the problem".
    - LBGTIA+ residents have been made to feel uncomfortable in the region.

- **Affordability of basic needs:**
    - Increasing costs of living
        - Housing
        - Food
        - Financial limitations on ability to recreate or enjoy hobbies
    - Poverty leading to a sense that *"the community is falling apart."*
    - Housing challenges impacting health outcomes - "*patients living in tents or otherwise sub-par housing.*"

- **Communication and information:**
    - There is not enough communication about services and opportunities that exist within the community.
    - A lack of knowledge of resources, especially for those without the time to access them.

Challenges to Physical Health

Focus group participants were asked to share challenges related to having good physical health. Multiple participants shared concerns about the **ability to find a medical or dental provider** – especially providers who accept Medicaid. **Long wait times**, limited follow-up care after medical visits, and **lack of preventive care** were discussed in addition to challenges with the **price of healthcare** and large deductibles. Transportation was discussed as a barrier to physical health – ranging from simply **lacking transportation to access healthcare** to safety issues with walking or biking within the community. The

lack of reliable transit that gets people where they need to be at the times they need to get was described as a chronic issue, particularly in more rural areas and for individuals without their own vehicle. **Access to healthy, affordable foods** was noted as a critical challenge to community health and wellbeing as unhealthy foods are relatively cheaper – despite leading to poor health outcomes down the road. And finally, participants shared their concerns about **community safety as a detriment to their physical health** with concerns related to safety from crime, cleanliness due to refuse being dumped illegally and drug use, and not feeling comfortable when using public transit. Participants in the youth focus group reported being uncomfortable using recreation facilities or visiting natural areas due to drug use occurring in those spaces.

When asked to share their perspectives about resources that could address these challenges, participants provided a range of ideas:

- *Improving healthcare access:* hiring and retaining more healthcare providers, increasing awareness about healthcare options, investing in preventative care, providing more healthcare services within local schools.
- *Increasing physical activity:* focus on creating recreation and fitness assets in more rural areas (ideas included community pool, basketball courts, bike trails, track), developing an online physical exercise program, offering group outdoor recreation experiences, need for a teen center in Richford.
- *Transportation:* improve pedestrian and cyclist safety throughout the region, creative solutions to ease transportation challenges for most isolated residents.
- *Community safety:* litter clean-up campaigns, raise awareness of the risks of burning trash, increasing support for people experiencing homelessness.

Challenges to Mental Health

When asked about challenges to mental health, participants reported a range of challenges related to accessing care, transportation barriers, technological barriers, experiencing social isolation, and lack of support due to persistent stigma related to mental health issues. Access issues include encountering difficulty in finding an available mental health provider who has availability for new patients—especially ones that accept Medicaid. Several respondents shared that substance misuse treatment programs do not offer enough time to reach stability in their recovery. Telehealth visits could solve the transportation challenges but unfortunately lack of internet connectivity in more rural parts of the region make this option inaccessible. Also, community members with financial hardship may have difficulty with consistently affording technology to access telehealth services even when internet may be available. Social isolation was noted as a key challenge to mental health and was spoken about in different ways by focus group participants. For example, participants in the youth focus group discussed how mental health suffers when they are not able to see their friends if family members disapproved of their friends, while caregivers shared that they often feel isolated at home without respite care. Stigma about mental health and facing potentially unsupportive family and friends complicates peoples' decisions about seeking mental health care services.

When asked to share their perspectives about resources that could address these challenges, participants provided a range of ideas:

- *Improving access to mental health providers:* increase efforts to recruit and retain mental health providers, seek strategies for increasing telehealth visits and connectivity, raise awareness of available opportunities for those in need of mental health care.
- *Provide more opportunities for social connection:* more support for those providing caregiving (including after experiencing a loss), provide group opportunities for improving mental health in community settings that also benefit physical health.
- *Seek opportunities to reduce the stigma of mental health:* draw connections between physical and mental health in primary care settings, create educational opportunities, and promote community awareness of mental health by addressing the stigma.

Community Assets for Health and Wellbeing

Focus group participants were asked to share which resources (programs, services, people) support their overall health and wellbeing in the community. There was a range of assets identified by participants – spanning community-based organizations and healthcare providers to specific types of community infrastructure and social connections.

- *Healthcare providers:* Multiple participants specifically named Northwestern Medical Center, NOTCH, and Bayada as key assets for health and wellbeing. One participant described their long-term provider's office as a "place of comfort" for over 20 years – illustrating the importance of establishing a trusting relationship between patient and provider. Additional mentions included the importance of pharmacists within the community and a specific program available through United Healthcare (an insurance provider) that provides complex care coordination.
- *Community-based organizations:* Multiple participants identified the Champlain Valley Office of Opportunity as a key service provider for the community, specifically referencing Tim's House, the utilities/fuel assistance resources, and Voices Against Violence/Laurie's House. CIDER, Age Well, Martha's Kitchen, Frankin County Caring Community's Watershed Mentoring services, and the American Legion were also cited as important resources meeting needs across the community.
- *Local institutions:* Participants mentioned local schools supporting youth and families and connecting them to various resources, including after school programming. Several participants mentioned the Holy Angels Rectory and Kingdom Hall of Jehovah's Witnesses as communities of faith.
- *Social connections:* Many participants emphasized the importance of having friends, family, and/or neighbors as key supports within their community. A caregivers' support group was mentioned as a critical resource as well as the "Helping Others" Facebook group.
- *Community infrastructure:* Many participants included specific examples of community infrastructure as assets including Davis Park, local baseball and basketball facilities, bike trails, and local restaurants.

Figure 1. World Cloud of Assets in the Community
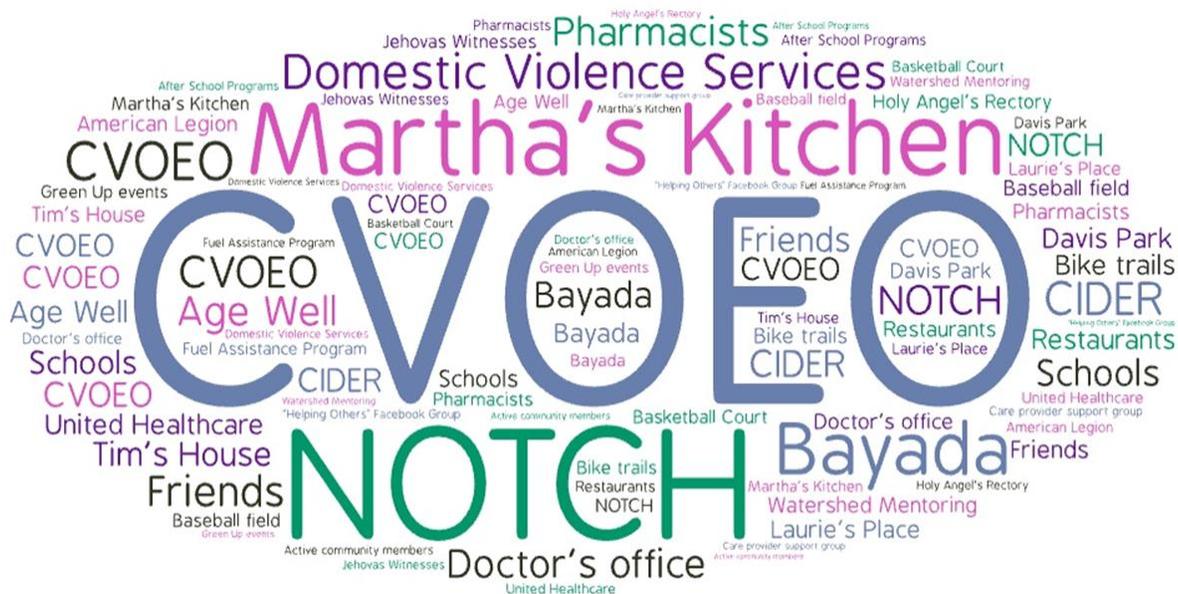
Participants were asked to share how these assets could be improved or expanded upon. Many respondents replied that promoting greater awareness of these resources across the community would be useful. Transportation, especially from more rural places, was also noted as an area needing more attention to enable increased access to these assets. Participants also shared a desire to see more opportunities for healthcare providers and social service agency staff to have cultural competency training.

One Change to Improve Community Health

To close out each focus group session, participants were asked to describe a change they would make to improve community health across Franklin and Grand Isle counties if they had a "magic wand". This question's purpose was to provide an opportunity to generate a wide range of ideas without constraints or boundaries. The responses were organized by Social Determinants of Health domain below in Figure 2.   Figure 2. Summary of One Change to Community Health.

Healthcare Access and Quality	Economic Stability	Neighborhood and Built Environment	Social and Community Context
• Universal health care for all • Lower income thresholds for people to access healthcare services • Integrate dental and vision into conventional healthcare coverage • Increase educational offerings for providers for diversity, equity, and inclusion • Increase community awareness about various programs at NMC • Install social workers in the Emergency Dept. • Build a substance recovery center at NOTCH	• Need for stable employment opportunities that pay a livable wage • Lessen tax burden on elders and lower income households	• Transform unused buildings into housing with supportive services to address homelessness • Increased availability of affordable housing options • Create more community spaces and recreation facilities at the local level	• Offer more community programming through recreation and group activities • Create more options for youth to connect with each other • Cultivate stronger sense of community • Address crime and drug dealing with law enforcement • Increase substance misuse recovery programming and community education • Increase sense of welcome and belonging

Acknowledgements