



Franklin-Grand Isle
United Way

Bridges to Well-Being

2009 Community Needs Assessment



Franklin and Grand Isle Counties, Vermont



Acknowledgements

The content of this report emerged from discussion with numerous individuals who work diligently every day to improve the health and welfare of residents in our region. Working at both the programmatic and policy levels, these contributors provided data and important insights, reviewed drafts of the report and provided invaluable feedback. Thank you to our colleagues and community leaders for helping to make this report as accurate and accessible as possible.



Be well;

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Photo courtesy of David Juairé

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A Message from United Way



Karina Ware
Executive Director



Franklin-Grand Isle
United Way



Kathy Lavoie
Board President

Summer 2009

It is the dawn of a new era in our community; one that presents us with unprecedented challenges and requires each of us to step up our resolve to address these priorities. The Franklin Grand Isle United Way is once again pleased to provide this community needs assessment, detailing our region's demographics and needs. In addition, we have begun to transform this assessment to reflect and report on action being taken by our many partners around our most pressing local needs.

As you read through this document, you will notice it is divided into impact areas within Franklin and Grand Isle Counties. As the United Way transitions strategically to an impact organization, we realize the need to reassess how to utilize community investment of people, dollars and alliances in the work that we do. This change in how we report community needs reflects that direction we as an organization must take to ensure a thriving, sustainable region.

The "Parable of the River" tells a story of a village, similar to our own communities, needing to make a shift in focus and investment to get at the root cause of their villagers drowning. I encourage you to read and carry this story with you as you roam. Share it with your colleagues, neighbors, family and friends. This simple, yet riveting story, speaks to where we as a community must and will go. This document then leads you into the areas of Demographics, Immediate Needs (Shelter, Food, and Safety), Income, Education and Health. Within these areas you will see a snap shot of current statistics, data and a closer in-depth look at what we are doing about it.

Also, Northwestern Medical Center, who previously was required to conduct a separate needs assessment, is now able to adopt this Community Needs Assessment to satisfy State requirements. This is another example of reducing duplication, increasing efficiencies, and enhancing our partnerships in our community.

We urge you to use this document as a jumping point for data and assessing our most critical needs. You will find a comprehensive list of data sources, in the back of this document, to access for a more in depth picture. We have diligently worked to make this document as user- friendly as possible and to provide easy paths to go further in your research around a particular issue.

Should you have questions or need further assistance with this document, we hope you will contact our local United Way at (802) 527-7418. It is together that we LIVE UNITED.

Sincerely;

Karina Ware
Executive Director

Kathy Lavoie
United Way Board President



Parable of the River

Once upon a time there was a small village on the edge of a river. The people were happy and life in the village was good. One day a villager noticed a person floating down the river and quickly dove in to save him. The next day, the villager noticed two people being swept down river, so he quickly plunged into the water and pulled both struggling victims to safety.

The following day there were three people caught in the current. Not able to save them alone, the courageous bystander sought the help of other villagers. The next day even more people needed saving from the turbulent river, and even more villagers were called to join the rescue efforts. Soon the river was full of drowning people.

The villagers organized themselves quickly, setting up watchtowers and training rescue teams who could resist the swift waters. Yet each day the number of victims struggling against the river increased. The villagers worked efficiently, and together they saved many lives. While they felt they were doing a good job, they could not save all the victims.

Finally someone raised a question, asking “where are all these people coming from? We should go upstream to find out what’s causing these people to fall into the current in the first place!” The seeming logic of the community elders countered: “And if we go upstream who will perform the rescue operations? We need every villager here!”

“But don’t you see,” cried the one lone voice, “if we find out how they’re falling into the river we can stop the problem and no one will drown! By going upstream we can remove the cause!”



Clearly, we need to work together to rescue people who are caught in the river’s current. But we must also strive, as a community, to look upstream and focus on the reasons why people are falling into the river to begin with.

~Author Unknown

About this Report



Demographic Profile	How to Use This Document <ul style="list-style-type: none">• This report, in its entirety, covers dozens of issues of concern to the health and human service organizations in the area . This is not an exhaustive list of every problem facing the region, but rather focuses on the areas the committee has highlighted at this time.• The reports are snapshots of enormously complex issues that provide quantitative and qualitative information designed to be easily accessible to policy makers, advocates and community stakeholders.• Please note that the data in this report ranges over several years. We used the most recent data available to us in compiling all sections.
Immediate Needs	
Health	Each section includes:
Education	Critical statistics that identify the problem
Income	A narrative overview of the key issues
	A list of partner agencies and information that describes how they are applying best practices

Making Connections

The community cannot afford to address any one issue in isolation. Every problem leads to further consequences and shifts the cost of addressing these problems to other systems including schools, prisons and public assistance. For example:

- Delayed early social and emotional development can have a dramatic effect on economic and social success later in life.
- Unstable, low-quality child care prohibits parents from finding and maintaining employment and interferes with a child's healthy development.
- People living in poverty are forced to choose between paying for rent, food, medicine, heat and other basic needs.
- High rates of substance abuse directly correlate to an increase in assaults, robberies and property crimes.

Promoting Solutions

- Focus on individual and family strengths and capacities
- Address an array of needs and provide links to appropriate services
- Assist individuals to become independent and maintain their independence
- Offer intensive services that produce long-term change
- Demonstrate collaboration and efficiency among service providers
- Operate flexible program models that account for differences in individual consumers

10 State Outcomes

- Families, youth and individuals are engaged in and contribute to their community's decisions and activities
- Pregnant woman & young children thrive
- Children are ready for school
- Children succeed in school
- Children live in stable supported families
- Youth choose healthy behaviors
- Youth successfully transition to adulthood
- Adults lead healthy and productive lives
- Elders/disabled live with dignity and independence
- Communities provide safety & support for families



Table of Contents

Overview

Acknowledgements.....	ii
A Message from United Way.....	iii
Parable of the River	iv
About This Report.....	v
Table of Contents	1

Demographic Profile

3

Demographic Profile— Overview.....	3
Northwest Regional Plan Vision Statement.....	6
Population Estimates by age group, household type, race.....	8
Franklin County Population Estimates by age group.....	9
Grand Isle County Population Estimates by age group.....	10
Population Projections by town.....	11
Population Estimates by Town/Supervisory Union by age.....	12
2000 Census Data.....	13

Immediate Needs

17

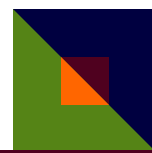
Immediate Needs—Overview.....	17
Public Assistance.....	18
Poverty.....	18
Hunger	21
Homelessness Point in Time Count.....	23
A Closer Look—Homelessness Prevention.....	24
Vermont 2-1-1.....	27
Crime Rates by County.....	28
Crime Incidents by County.....	29
A Closer Look—Crime in St. Albans.....	31
Domestic Violence and Abuse.....	33
A Closer Look—Domestic & Sexual Violence Taskforce.....	35

Health

39

Health—Overview.....	39
Obesity.....	40
Adult Smoking.....	41

Table of Contents



Cancer.....	42
A Closer Look—Fit and Healthy Efforts	44
Adolescent Behaviors.....	47
A Closer Look— Fit and Healthy Swanton/Enosburg.....	49
Substance Abuse.....	51
Mental Health.....	52
Aging and Living Independently.....	53
A Closer Look—The Long-term Care Coalition.....	54
Education	56
Education— Overview.....	56
Education Levels, Census 2000.....	57
Childcare.....	58
A Closer Look -Franklin Grand Isle Bookmobile.....	59
Early Education.....	60
Youth Assets.....	61
School Attendance.....	62
Delinquent & Unmanageable Children	62
Students on IEP's.....	62
Student Testing.....	63
Vermont SAT Results.....	64
Youth Transition to Adulthood.....	65
Higher Education.....	66
Adult Education.....	67
Income	69
Income— Overview.....	69
Income and Wages.....	70
Regional Development.....	72
Regional Planning.....	73
Housing.....	75
A Closer Look—Broadband Service.....	77
Childcare Costs.....	79
Unemployment.....	80
Employment.....	81
Labor.....	83
Additional Acknowledgements.....	84
Data Sources	85



A Demographic Profile

The Franklin Grand Isle Region



Vermont's northwest corner is a land of mountains—and coastline; of broad lake vistas—and traditional farms. In short, it's a land of contrasts, a place with more shoreline and islands than any other part of Vermont, yet a place where farming is still a serious pursuit, and a place where Lake Champlain and the open countryside offer numerous opportunities for all kinds of outdoor recreation. While the two counties—Franklin and Grand Isle—are remarkably different, a single culture and common historic heritage unite them.

With a combined population of over 54,000 people, Franklin and Grand Isle Counties are among the fastest growing counties in the State of Vermont. Franklin County's 15 towns and Grand Isle's 5 are in the same Agency of Human Services District for the State of Vermont, and are therefore served by many of the same programs and services.

The counties are blessed with excellent schools, and have access to technical education at the Northwest Technical Center in St. Albans and the Cold Hollow Career Center in Enosburg Falls. Higher education is available at the Community College of Vermont in St. Albans, or at one of six nearby colleges and universities a short drive away.

Franklin County is known as the "Top Agricultural County in New England," with both crop farming and dairy farming a large component of the lives of residents here. In Grand Isle County, apple orchards and vineyards dot the landscape. The various types of agriculture in both counties provide both economic and aesthetic appeal to the area.

Despite the beauty of the region and the strong support services available locally, the population continues to be deeply rooted in generational poverty. The trends of poverty result in a population of illiterate families, chronic substance abusers, and domestic violence victims—all of which are significant concerns in our area.

If the community chooses to tackle these issues, the Franklin and Grand Isle County areas will cultivate successful young people, contribute to healthy lives and support the independence and financial stability of our residents.

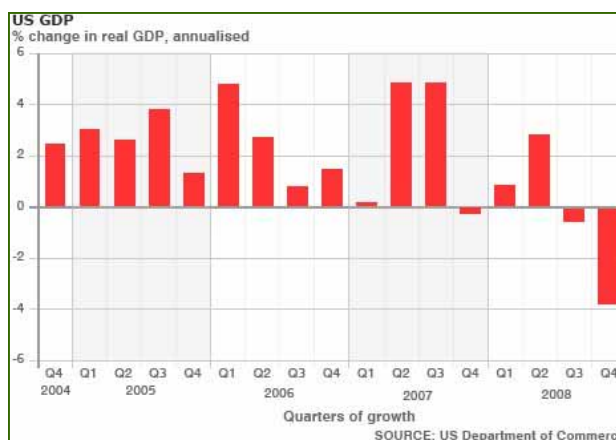
The Region's Economy

Franklin and Grand Isle Counties have good resources for business development, such as Small Business Development Centers for both counties. In addition, Franklin County Industrial Development Corporation, an organization committed to industrial development and expansion, has helped lead successful growth over the last decade. A strong tie to the agricultural origins of the area has helped spur related business development locally, mainly due to the growth of the St. Albans Cooperative Creamery and its relationships to Ben & Jerry's, Franklin Foods, and Barry Callebaut.

The area is served by a strong Workforce Investment Board, designed to create a consortium of stakeholders (business, education, learners, and local & state agencies) working together to identify and address workforce needs, as well as provide opportunities for people to achieve their highest potential.

Both Franklin and Grand Isle Counties have several industrial parks, providing access to a wide variety of manufacturing jobs for residents. Those, along with other large employers sprinkled through the region, provide many diverse employment opportunities for residents. It's often said that unless you know where to look, you may never realize that businesses like Energizer, A.N. Deringer, Rock-Tenn, the Department of Homeland Security (and its subcontractors), PBM Nutritionals, and Ben & Jerry's make their homes within these communities. In addition to those businesses actually located in this area, the towns of Franklin and Grand Isle Counties serve as bedroom communities for thousands of people who choose to commute to Chittenden County to work at companies like IBM and GE Healthcare.

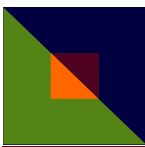
Chart 4.1



Educational, Economic And Health Disparities

Gender, race, ethnicity, age and ability continue to have an enormous impact on the health and welfare of the region's residents. People with disabilities, seniors, people of color, female-headed households and children experience poverty at much higher rates than their counterparts. Households headed by women and people of color are more likely to experience hunger. Disparities in academic success, school completion, health insurance and accumulation of assets are widespread in the two county area.

The area is fortunate to be served by Northwestern Medical Center (NMC), the local primary care community hospital. With a vision of being at the center of the community's efforts to be healthy, NMC shares its 40-acre health care campus in St. Albans with many physician practices and numerous other health care agencies and providers. NMC exists to provide access to optimal healthcare, and in pursuit of that mission, has established a reputation



as a high-quality, low cost, efficient health care provider. NMC itself admits approximately 2,000 patients to the hospital each year, with an additional 28,000 Emergency Department visits, and nearly 450 babies born each year. The hospital has an active medical staff of 72 physicians spanning 17 medical specialties. NMC also works closely with Vermont's tertiary care center, Fletcher Allen Health Care in Burlington, to ensure proper access to highly-specialized care needed by our community.

NMC is one of four partners in the Center for Health and Wellness. Joined by Franklin County Home Health Agency, Northwestern Counseling & Support Services, and the Vermont Department of Health, these providers work to prevent disease and improve the overall health of the community. Through education, services, and support, the CFHW helps people help themselves live healthier lives.

The Vermont Medicaid and Dr. Dynasaur programs are among the most comprehensive health insurance programs in the country, and are among those with the fewest financial barriers. Access to health care services, however, is not always as easy as just having insurance. Transportation, winter weather, and basic geography make traveling to appointments and services very difficult for many residents in the two-county area.



Photo courtesy of David Juairé

Northwest Regional Plan Vision Statement



Northwestern Vermont's greatest asset is its diversity. A healthy, clean environment, a good mix of farms, forests, village and urban centers, combined with a growing employment base make this area a great place in which to live, work and raise a family. It is the goal of the Northwest Regional Planning Commission to foster this diversity by supporting a strong tradition of local planning and community development, while considering the needs of adjoining communities and the region as a whole.

1. The region will continue to be a group of locally connected communities working toward common goals to address issues which will affect them into the next century. Communities will work together to ensure that long-term economic, social and environmental factors are balanced in the planning and decision-making process. This balance will ensure the region's continued growth and well-being by promoting a healthy and sustainable quality of life based on the following: A diverse and sustainable economy, including agriculture and forestry, small businesses, manufacturing and commerce, education, health care and tourism which will provide expanded job opportunities and living wages for all area residents. Local and regional self-sufficiency and the growth and expansion of existing businesses will continue to be a priority.
2. Efficient, targeted public investment in infrastructure and services to support new development in designated regional and local growth centers.
3. More pervasive use of technology in industry, schooling, transportation, health care and communications. Low-traffic business enterprises will no longer need to be located in the larger urban centers; rural residents will have increased access to educational, employment and health care opportunities.
4. More opportunities for enjoyment of the arts and culture - concerts, plays, exhibits and celebrations will be more common. Recreational opportunities for all ages will continue to increase.
5. Continued improvements in the quality of the region's natural and built environment, including improved air and water quality and the protection of the region's most important natural, cultural and scenic features.
6. A viable working landscape, including protection and sustainable use of the region's resource lands in support of healthy, diverse agricultural and forestry industries. The region will continue to be the premier agricultural region in the state; the increased production of value added products will add to the region's resource-based economy.
7. Quality education, which will be available and accessible to all residents of the region.
8. An efficient, multi-modal, cost-effective and accessible transportation system which will move people and goods, and focus upon providing access to growth centers.
9. Affordable and elderly housing opportunities for those in need. These will be located in areas with access to jobs and services by means other than the private automobile.
10. Energy conservation, and increased, sustainable use of renewable energy resources and related technologies which will increase energy self-sufficiency, availability, and affordability.
11. New development that respects and reinforces traditional, established patterns of land use and development, which will contribute to the region's unique character and identity.

This regional plan provides a framework for future planning and growth, and strives to help in the continuation of the region's success. The plan considers this vision statement and presents long-range policies which will guide the region into the next century.



Taylor Park, St. Albans

Photo Courtesy of David Juare

Population Estimates

Population Estimates, 2007

table 8.1

	Vermont	Franklin County	Grand Isle County
Total, 2007	621,254	47,934	7,601
Total growth percentage 2000-2007	2.0%	5.3%	9.3%
Under Age 5, 2007	32,435	3,064	365
Age 5-14, 2007	72,239	6,697	877
Age 15-24, 2007	87,897	5,738	897
Age 25-44, 2007	158,041	13,638	1,945
Age 45-64, 2007	186,217	13,456	2,479
Age 65+, 2007	84,425	5,361	1,038

Households, 2000 Census

table 8.2

Total households	240,634	16,765	2,761
Households headed by married couple	126,413	9,784	1,658
Households with own children under 18	76,409	6,318	861
Households headed by female with	14,792	1,122	114
Households with grandparents responsible for children	1,934	177	39

Racial Composition, 2000 Census

table 8.3

White	96.8%	96.1%	97.4%
Black	0.5%	0.3%	0.1%
Native American	0.4%	1.5%	0.9%
Asian	0.9%	0.3%	0.2%
Hispanic	0.9%	0.6%	0.4%
Multiracial	1.2%	1.6%	1.3%



Population Projections



Franklin County Projections by Age Groups

table 9.1

Age Range	2000 Census	2005	2010	2015	2020
All Ages	45,417	47,617	49,583	51,700	54,066
0-4	3,215	3,009	3,085	3,401	3,604
5-9	3,650	3,278	3,069	3,151	3,483
10-14	3,725	3,770	3,382	3,168	3,257
15-19	3,222	3,759	3,804	3,411	3,199
20-24	2,129	3,077	3,588	3,635	3,261
25-29	2,689	2,049	2,944	3,432	3,484
30-34	3,510	2,827	2,150	3,100	3,632
35-39	4,086	3,815	3,060	2,323	3,382
40-44	3,984	4,215	3,944	3,159	2,397
45-49	3,482	4,006	4,241	3,976	3,186
50-54	2,890	3,462	3,986	4,224	3,966
55-59	2,223	2,852	3,424	3,954	4,198
60-64	1,608	2,166	2,789	3,360	3,895
65-69	1,435	1,519	2,058	2,664	3,224
70-74	1,330	1,296	1,380	1,882	2,453
75-79	1,037	1,120	1,101	1,182	1,628
80-84	649	780	850	845	918
85+	553	617	728	833	899

Grand Isle County Projections by Age Groups

table 10.1

Age Range	2000 Census	2005	2010	2015	2020
All Ages	6,901	7,423	7,923	8,433	8,957
0-4	383	393	418	451	467
5-9	453	391	402	427	461
10-14	559	476	412	425	452
15-19	440	578	493	426	443
20-24	266	425	559	476	413
25-29	308	257	408	537	457
30-34	440	329	273	434	574
35-39	590	501	375	310	496
40-44	646	638	546	409	339
45-49	636	681	673	580	434
50-54	536	672	721	712	619
55-59	449	568	716	773	765
60-64	345	477	603	765	829
65-69	299	358	496	630	802
70-74	222	282	340	474	606
75-79	179	188	241	294	413
80-84	91	134	143	184	228
85+	59	74	103	125	159





Population Projections 2000-2020

Population Projections by Town

table 11.1

Town	2000 Census	2005	2010	2015	2020
Alburgh Town	1,952	2,147	2,354	2,566	2,777
Alburgh Village					
Bakersfield	1,215	1,291	1,353	1,420	1,504
Berkshire	1,388	1,461	1,523	1,580	1,633
Enosburg Falls	2,788	2,898	3,016	3,153	3,300
Enosburg Village					
Fairfax	3,527	4,044	4,522	5,049	5,695
Fairfield	1,800	1,871	1,924	1,980	2,039
Fletcher	1,179	1,294	1,399	1,507	1,622
Franklin	1,268	1,343	1,406	1,468	1,538
Georgia	4,375	4,639	4,846	5,064	5,313
Grand Isle	1,955	2,039	2,110	2,186	2,266
Highgate	3,397	3,573	3,737	3,901	4,066
Isle La Motte	488	507	518	527	534
Montgomery	992	1,051	1,110	1,169	1,222
North Hero	810	944	1,079	1,220	1,376
Richford	2,321	2,337	2,353	2,375	2,400
Sheldon	1,990	2,108	2,227	2,361	2,494
South Hero	1,696	1,787	1,861	1,934	2,005
St Albans City	7,650	7,762	7,847	7,928	8,019
St. Albans Town	5,324	5,570	5,785	6,032	6,315
Swanton Town	6,203	6,376	6,536	6,715	6,904
Swanton Village					

Population Estimates

Population Estimates, 2006

by Supervisory Union

table 12.1

Age	Franklin County Supervisory Unions				Grand Isle County
	Northeast	Northwest	Central	West	
0-9	1,228	1,668	1,939	1,355	782
10-17	1,097	1,739	1,721	1,347	840
18-24	672	1,101	1,035	730	571
25-64	5,020	7,713	8,745	5,793	4,558
65+	1,166	1,544	1,891	683	1,000
Total	9,183	13,765	15,331	9,908	7,751

MORE FACTS

Geographic Area

Franklin County covers 704 square miles and Grand Isle covers 189 square miles.

Language

English is the only language spoken at home by 93.5% of the people in Franklin County and by 94.3% in Grand Isle.

1.5% of the people in each county say they speak English less than "very well."

Family Size

The average family size in Franklin County is 3.08 and in Grand Isle is 2.93.

Marriage & Divorce, 2005

There were 5,532 marriages in Vermont with 332 occurring in Franklin County and 99 in Grand Isle County.

There were 452 civil unions in Vermont with 18 occurring in Franklin County and 9 in Grand Isle County.

There were 2,219 divorces in Vermont with 211 decreed in Franklin County and 28 decreed in Grand Isle County.

Text 12.2



A Demographic Profile



Population Estimates

Population, 2007 Estimate and 2000 Census

table 13.1

	Bakersfield	Berkshire	Enosburg	Enosburg Falls	Montgomery	Richford
Total, 2007	1393	1,601	2,716	N.A.	1,056	2,312
Total, 2000	1,215	1,388	2,788	1,473	992	2,321
< Age 5	97	95	162	84	68	169
Age 5-9	114	105	258	131	60	179
Age 10-14	84	122	222	110	65	162
Age 15-19	105	112	214	107	59	142
Age 20-24	60	62	122	66	38	126
Age 25-44	351	420	769	372	267	631
Age 45-64	298	156	640	308	301	516
Age 65+	106	126	401	295	134	396

Households, 2000 Census

table 13.2

Total	439	495	1,058	591	412	899
Households headed by married couple	267	311	579	285	230	465
Households with own children under 18	136	194	363	191	117	292
Households headed by female with own children under 18	27	25	67	43	23	73
Households with grandparents responsible for children	9	0	12	0	0	3

Population, 2007 Estimate and 2000 Census

table 14.1

	Franklin	Highgate	Sheldon	Swanton Town	Swanton Village
Total, 2007	1,310	3,674	2,293	6,431	N.A.
Total, 2000	1,268	3,397	1,990	6,203	2,548
< Age 5	86	245	135	430	163
Age 5-9	104	274	155	500	185
Age 10-14	118	296	216	499	185
Age 15-19	101	276	156	453	156
Age 20-24	47	173	85	275	130
Age 25-44	387	1,108	635	1,825	749
Age 45-64	284	723	456	1,446	560
Age 65+	141	302	152	775	420

Households, 2000 Census

table 14.2

Total	429	1,207	672	2,329	1,031
Households headed by married couple	285	727	443	1,337	521
Households with own children under 18	180	492	287	829	320
Households headed by female with own children under 18	23	90	43	175	79
Households with grandparents responsible for children	1	5	6	37	3



Population Estimates

Population, 2007 Estimate and 2000 Census

table 15.1

	Franklin West			Franklin Central		
	Fairfax	Fletcher	Georgia	Fairfield	St. Albans City	St. Albans Town
Total, 2007	4,142	1,292	4,506	1,894	7,305	6,009
Total, 2000	3,765*	1,179	4,375	1,800	7,650	5,086*
< Age 5	266	100	309	130	562	361
Age 5-9	326	108	405	152	550	360
Age 10-14	334	84	415	166	537	405
Age 15-19	248	78	328	139	479	332
Age 20-24	180	59	164	72	462	204
Age 25-44	1,459	391	1,494	579	2,431	1,522
Age 45-64	746	292	991	425	1,556	683
Age 65+	206	67	269	137	1,073	719

Households, 2000 Census

table 15.2

Total	1,222	428	1,484	620	3,235	1,836
Households headed by married couple	841	284	1,070	403	1,411	1,131
Households with own children under 18	545	151	582	248	1,023	702
Households headed by female with own children under 18	53	21	69	33	265	138
Households with grandparents responsible for children	19	6	18	2	44	15

Population, 2007 Est. and 2000 Census

table 16.1

	Alburgh Town	Alburgh Village	Grand Isle	Isle La Motte	North Hero	South Hero
Total, 2007	1,952	N.A.	2,306	505	905	1,862
Total, 2000	1,952	488	1,955	488	810	1,696
< Age 5	128	35	113	27	36	79
Age 5-9	120	29	130	30	43	130
Age 10-14	161	32	171	40	56	131
Age 15-19	122	42	113	35	55	115
Age 20-24	104	30	63	11	26	62
Age 25-44	563	126	588	128	216	489
Age 45-64	480	107	474	127	278	501
Age 65+	274	87	203	84	100	189

Households, 2000 Census

table 16.2

Total	791	209	772	202	333	663
Households headed by married couple	438	104	488	120	203	409
Households with own children under 18	247	60	253	56	89	216
Households headed by female with own children under 18	39	16	28	7	18	22
Households with grandparents responsible for children	18	2	12	0	0	9



Immediate Needs

Meeting Basic Food, Shelter and Safety Needs

When you look at Immediate Needs in the Franklin Grand Isle region, you quickly see that anywhere leads to everywhere; basic food, shelter and safety needs are interconnected to one another. Our region struggles with poverty with some towns (Richford, St Albans Town and Alburgh town) exceeding 50% of families with female head of household and children under the age of 18. In our rural communities you find generational poverty; a lack of transportation, workforce training, job opportunities, adequate and affordable childcare and housing options, food insecurity can lead a family into a tailspin creating large drain on human service resources and personal suffering for families experiencing the fall out. The Franklin Grand Isle region holds 9% of the state's population with 50% being females and 50% being male. Most of our population is between 25-64 years old. Franklin County residents are less likely to have a college degree than all of Vermonters. About 30% of residents are below 200% of the Federal Poverty Level; 9% live in poverty. The Agency of Human Services district office reports that the St Albans district (covering Franklin and Grand Isle Counties) utilizes just over 10% of public assistance funds in the state.



Some *trends* to keep in mind while reviewing this section:

- Franklin Grand Isle has a large population of single parent families led by female head of households. Most towns, with the exception of Fairfax and Georgia, have significant percentages of female head of household families living in poverty.
- 10% of all Vermont households are food insecure. Hunger continues to rise in Franklin and Grand Isle counties especially among the young and elderly populations. (*Food insecurity is defined as the lack of access to enough food to fully meet basic needs at all times due to lack of financial resources*).
- Our local homeless shelter is experiencing an increase of families and children for bed-nights rather than individuals. There is a strong need for transitional housing in our region as transitional apartments and single room occupancy units.
- Franklin County is one of two counties in Vermont that is a hot spot for Domestic and Sexual Violence within a relatively safe state. In 2007, Franklin and Grand Isle counties made up 10% of the state total of petitions for Relief from Domestic Abuse and Exploitation of Disabled/Elderly.
- This region (St Albans City in particular) has seen a large increase in crime linked to an increase in substance use (see "Closer Look" St Albans City Police Department).
- Over 40% of all calls placed to Vermont 2-1-1 in Franklin and Grand Isle Counties were for basic needs inquiries (food, shelter, safety).

Poverty

Public Assistance, January 2009

table 18.1

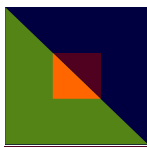
Counties	Households Receiving	No. of People Receiving	No. of People < 19 Receiving	Monthly \$ to County	% of State \$ Received by County
Reach-up Welfare					
Franklin	528	1,,359	907	\$268,276	10%
Grand Isle	50	126	87	\$24,744	1%
Food Stamps					
Franklin	2,,922	6,210	2,741	\$663,554	9%
Grand Isle	349	783	299	\$79,307	1%
General/Emergency Assistance					
Franklin	148	229	N.A.	\$50,415	9%
Grand Isle	23	30	N.A.	\$5,199	1%
Medicaid Eligible, by Age					
	0-5	6-17	18-21	22-64	65+
Franklin	1,915	3,651	701	5,464	1,706
Grand Isle	231	436	88	782	167

Families in Poverty,* 2000 Census

table 18.2

	Vermont	Franklin County	Grand Isle County
Families in poverty with related children < age 18	7,788 9.7%	651 9.8%	79 8.6%
Families in poverty with related children < age 18 headed by females	4,778 31.0%	399 33.5%	38 25.9%
Families in poverty with related children < age 5	3,444 12.9%	337 13.0%	38 11.6%
Families in poverty with related children < age 5 headed by females	2,163 49.4%	224 46.8%	20 40.8%

*Poverty is measured by the Census Bureau using 48 thresholds that vary by family size and number of children within the family, and the age of the householder. The values in this table are Census Bureau estimates derived from sampled data.



Poverty

Families in Poverty, 2000 Census

table 19.1

Northeast Supervisory Union

	Bakersfield	Berkshire	Enosburg	Enosburg Falls	Montgomery	Richford
Families in poverty with related children < age 18	16 8.5%	26 14.2%	44 11.4%	24 12.8%	13 11.7%	83 28.6%
Families in poverty with related children < age 18, headed by females	11 28.9%	3 13.6%	20 27.8%	10 26.6%	6 28.6%	50 52.1%
Families in poverty with related children < age 5	8 11.8%	8 12.7%	21 18.9%	11 21.6%	9 18.8%	48 37.8%
Families in poverty with related children < age 5, headed by females	8 10.0%	0 0	16 57.1%	6 10.0%	4 66.7%	26 70.3%

Families in Poverty, 2000 Census

table 19.2

Franklin Northwest Supervisory Union

	Franklin	Highgate	Sheldon	Swanton Town	Swanton Village
Families in poverty with related children < age 18	6 3.0%	50 9.9%	28 9.5%	101 1.0%	43 12.3%
Families in poverty with related children < age 18, headed by females	0 0	32 34.4%	19 32.2%	72 36.5%	34 38.2%
Families in poverty with related children < age 5	1 1.6%	16 8.8%	13 14.3%	64 15.8%	23 16.4%
Families in poverty with related children < age 5, headed by females	0 0	12 33.3%	8 57.1%	39 41.5%	18 42.9%

Families in Poverty, 2000 Census

table 20.1

Franklin West & Franklin Central Supervisory Unions

	Franklin West			Franklin Central		
	Fairfax	Fletcher	Georgia	Fairfield	St. Albans City	St. Albans Town
Families in poverty with related children < age 18	22 4.0%	12 6.4%	19 2.6%	18 6.8%	131 12.5%	82 11.1%
Families in poverty with related children < age 18, headed by females	5 10.2%	7 31.8%	5 5.4%	10 25.6%	83 37.2%	80 52.3%
Families in poverty with related children < age 5	22 10.8%	5 6.9%	0 0	6 6.7%	68 14.0%	48 51.6%
Families in poverty with related children < age 5, headed by females	5 45.5%	2 22.2%	0 0	4 36.4%	52 46.4%	48 61.5%

Families in Poverty, 2000 Census

table 20.2

Grand Isle Supervisory Union

	Alburgh Town	Alburgh Village	Grand Isle	Isle La Motte	North Hero	South Hero
Families in poverty with related children < age 18	44 17.0%	8 12.3%	11 4.1%	4 6.3%	13 14.4%	7 3.0%
Families in poverty with related children < age 18, headed by females	30 57.7%	4 40.0%	2 6.5%	2 15.6%	0 0	4 11.4%
Families in poverty with related children < age 5	22 18.5%	2 5.7%	2 2.4%	4 16.0%	5 16.7%	5 7.1%
Families in poverty with related children < age 5, headed by females	14 70.0%	0 0	0 50.0%	2 40.0%	0 0	4 40.0%



Hunger

Franklin-Grand Isle Food Shelf

table 21.1

Number of people served		Jan 1-Mar 31 2007	Jan 1-Mar 31 2008	Jan 1-Mar 31 2009
Total Persons		1578	1584	1828
Gender	Male	752	763	866
	Female	826	821	962
Ages	0-5	133	188	194
	6-11	160	153	196
	12-17	176	171	191
	18-23	144	156	199
	24-44	469	479	564
	45-54	242	220	254
	55-59	86	87	78
	60-64	49	43	50
	65-69	41	44	39
	70 and over	78	54	63
Years of Education	0-8	597	612	684
	9-12	346	327	365
	High School Diploma	436	438	557
	Some post -Secondary	105	111	115
	2-4 year college	31	31	45
	Unknown	63	65	62
Other	Disabled	366	339	372
	Veteran	50	55	60



Franklin-Grand Isle Food Shelf

table 22.1

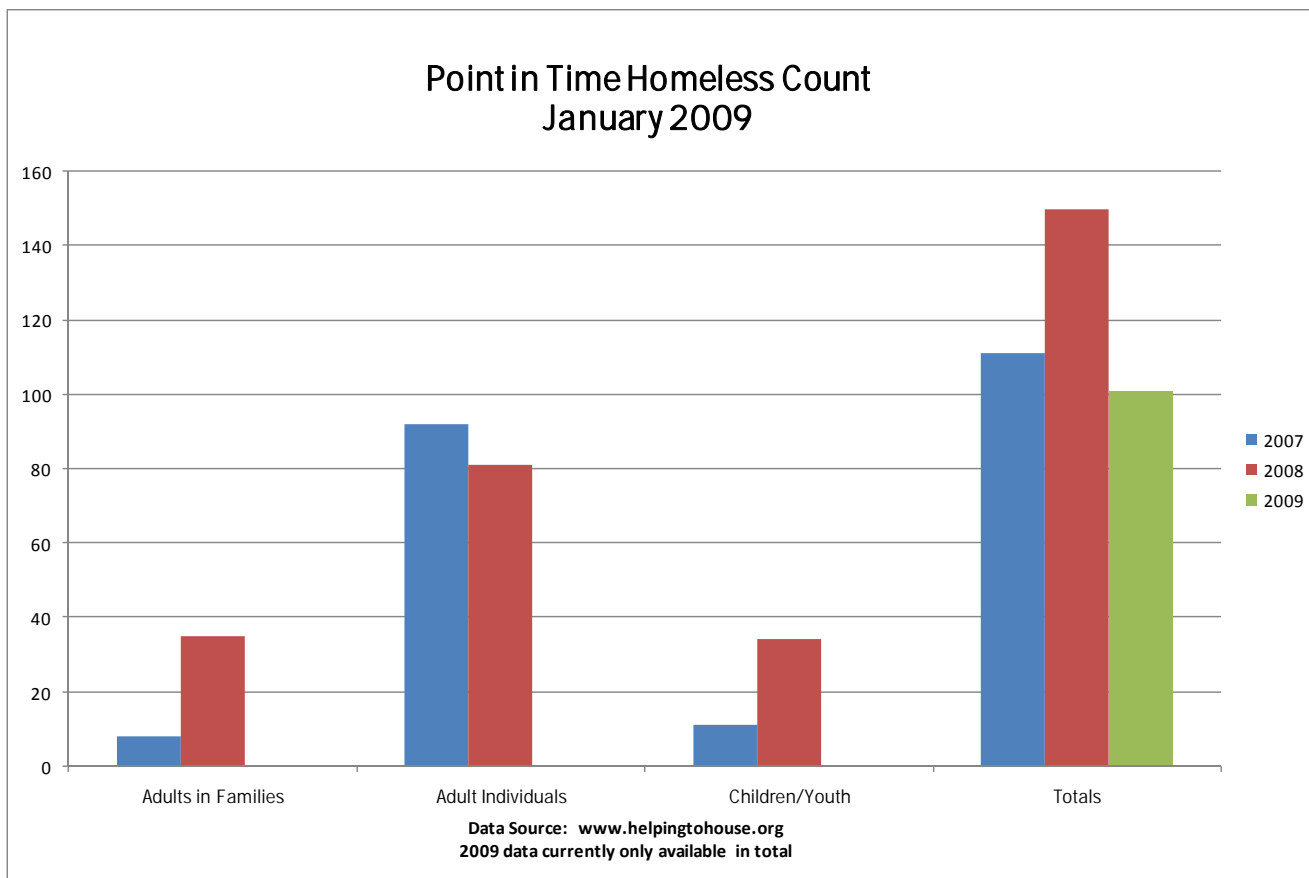
Number of Families served	Jan 1-Mar 31 2007	Jan 1-Mar 31 2008	Jan 1-Mar 31 2009
Total Households	669	647	740
Family Type			
Single Parent Female	100	116	116
Single Parent Male	11	13	19
Two Parent	134	121	168
Single Person	247	216	228
Two Adult /Couple	56	59	78
Other	121	122	131
Family Size			
1	256	220	234
2	153	168	208
3	114	108	121
4	87	82	99
5	37	46	55
6	13	15	18
7	9	8	4
8 or more	0	0	1
Source of Income			
Employment	211	204	234
Unemployment	47	48	70
Social Security	134	111	140
ANFC	93	96	97
General Assistance	27	31	27
SSI/SSD	252	242	269
Pension	15	20	18
Disability	11	7	10
Other	70	69	80
No Source of Income	79	66	81

Immediate Needs



Homelessness

chart 23.1



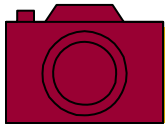
Homelessness In Vermont

A one-night, statewide homelessness census was conducted on January 28, 2009.

Samaritan House, a Franklin County shelter, as well as shelters statewide, have seen an increase in women and children in 2009. Samaritan House has been operating in overflow status since August 2008, and 95% of all occupants admitted in 2008 were from Franklin and grand Isle Counties.

Samaritan House is keeping people longer this year, as most cannot afford an apartment without a subsidy. The shelter is committed to keeping people who are working on transitioning out of homelessness into self-sufficiency until they are able to get and keep an apartment. Samaritan House also works with area Housing Authorities and landlords once a person does get housed to ensure success. Our case Manager follows those who are harder place for at least a year.

Samaritan House sheltered 126 people in 2008, with only 14 duplications. Ninety-five of the 112 unduplicated people went from shelter to housing.



A Closer Look– Homelessness Prevention

This work addresses one or more of the Vermont State Outcomes:

Outcome 5: Children live in stable, supported families.

Outcome 8: Adults lead healthy and productive lives.

Outcome 10: Communities provide safety and support for families and individuals

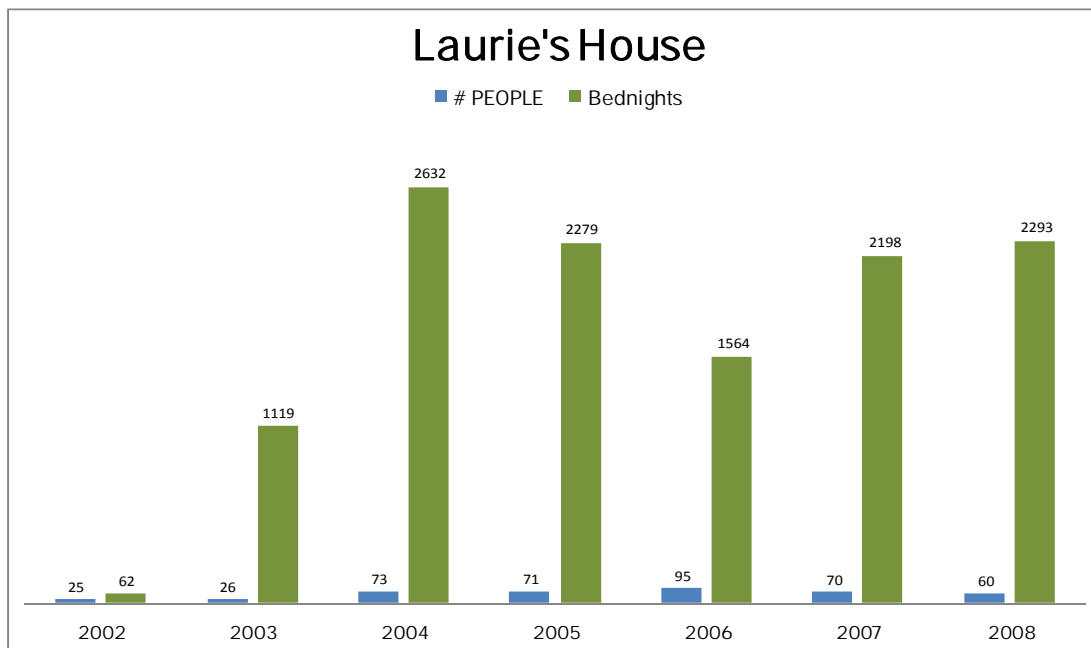
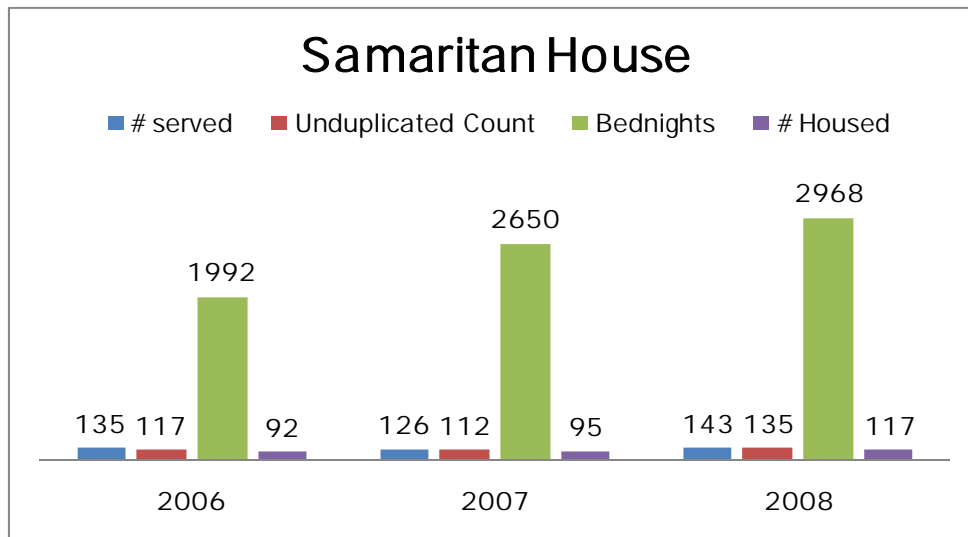
What are the Goals?

- Decrease the length of time spent in shelters
- Reduce the number of homeless people in our region

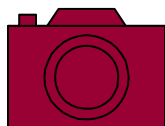
What Population is addressed?

- Prenatal to elderly including those with disabilities

What Indicators show the current trend?



Immediate Needs



A Closer Look— Homelessness Prevention

What's the story behind the indicators?

Franklin and Grand Isle Counties are seeing increasing rates of homelessness and housing instability, due to limited livable wage employment opportunities, lack of truly affordable housing, and increasing economic pressures. Section 8 voucher waiting lists are long, and the wait can be years-long. Federal requirements for subsidized housing eligibility have been expanded to include criminal background checks, credit reports, and character, landlord, and credit references, making it challenging for many people to qualify. Although Vermont has relatively generous public assistance programs, compared to other states, poor working families do not typically earn a livable wage—that is, they have insufficient income to meet basic needs. We are seeing increasing numbers of working individuals and families coming to shelters, and they are staying longer, trying to save money for more permanent housing. Market rents are high, and without a subsidy, many residents find it impossible to move from shelters and sustain rent. When people stay longer, fewer people are served by shelters.

For 2008, United Way 211 reports that Franklin County accounted for 6% of statewide calls regarding homelessness, up slightly from 5.8% in 2007. In 2006, the figure was 3.9%. Income decrease was the single greatest cause reported in 2008. We are seeing more working individuals and families and more young people in our shelters and at our food shelves. More homeless individuals are reporting as victims of domestic violence, sufferers of chronic health/physical disabilities, or recipients of foster care. There is a growing demand for fuel and utility assistance as well.

What's working?

Supportive Housing

(truly affordable housing with supportive services, a.k.a. case management)

Housing vouchers/subsidies

(Section 8, Family Unification, etc.)

Creative housing solutions to enhance affordability

(renting rooms vs. whole apartments, home sharing, etc.)

Flexible funding to support assistance before crisis, including a landlord risk pool

(Help Fund)

Circles of Support in community that complement social services

(Neighborkeepers)

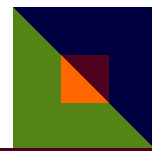
What strategic actions have been taken to impact this issue?

Weekly Shelter Reviews have been implemented to encourage successful movement of clients from shelters and motels to permanent housing

Transitional apartments with case management have been supported

A Help Fund was established and has assisted almost 60 clients in obtaining/retaining housing

Landlord-service provider relationships have been nurtured, and efforts to establish risk pool funding have been made



Samaritan House is collaborating with Champlain Housing Trust (CHT) and the Vermont State Housing Authority (VSHA) for two apartments with subsidies and support services, and hopes to develop more agreements in the future.

Covered Bridge Transitional Housing and partners are working to increase housing options for women coming back to the community from incarceration.

What are some ideas and plans for the future?

Establish boarding style housing for individuals who cannot afford to rent an apartment on their own

Encourage people to share apartments/houses, particularly individuals

Augment the Help Fund by other resources and support landlord risk pool

Increase efforts to provide case management to “hard to house” clients that landlords agree to take a chance on

Establish a Rental Opportunity Center, perhaps as part of an Integrated Services Center that promotes/assists with education and employment

Pursue an increase in housing vouchers for Franklin/Grand Isle

Work to increase transitional housing for specific populations, such as victims of domestic/sexual violence

Data Sources for A Closer Look—Homelessness Prevention:

Vermont Well-Being, 2006 published by the Agency of Human Services
Vermont 211 Statistical Reports, 2007-2008

Between a Rock and a Hard Place, 2008 Update published by the VT Housing Awareness Campaign

www.housingdata.org

www.helpingtohouse.org

www.housingawareness.org

Vermont Interagency Council on Homelessness 2008 Report to Governor Douglas

For more information on Franklin/Grand Isle Housing Solutions, contact:

Linda A. Ryan, Executive Director

Samaritan House

Kris Lukens-Rose, Executive Director

Voices Against Violence/Laurie’s House

Partners with a role to play:

Franklin-Grand Isle United Way
F/GI Community Partnership
F/GI Regional Advisory Council
Franklin-Grand Isle Community Action

Samaritan House
Voices Against Violence/Laurie’s House

Dept for Children and Families
VocRehab VT

Family Center of Northwestern VT
Champlain Islands Parent Child Center

VT Dept. of Corrections
VT Agency of Human Services
VT Dept of Labor

Habitat for Humanity
Champlain Islanders Developing Essential Resources

Champlain Valley Agency on Aging

Covered Bridges Education

Faith Community

Municipal Governments

Champlain Housing Trust

Vermont State Housing Authority

St. Albans Housing Authority
Landlords

Northwestern Counseling & Support Services

Franklin County Industrial Development Corp.

Northwestern Medical Center
VT Dept of Health— St Albans

District Office

Howard Center

Legislators

Banks

Opportunities Credit Union

Local businesses

Civic organizations



Vermont 2-1-1

2-1-1 is an easy-to-remember three-digit dialing system (similar to 9-1-1 and 4-1-1) that makes a simple, but critical connection between individuals and families seeking services or volunteer opportunities with the appropriate community-based organizations and government agencies. It is a cost-effective answer to help Vermonters navigate the complex and ever-growing network of service providers.

At Vermont 2-1-1, callers speak with a real person every time. Call Specialists will problem solve and refer callers from throughout Vermont to government programs, community-based organizations, support groups, and other local resources.

Vermont 2-1-1 is:

- A local call from anywhere in Vermont.
- Confidential telephone assistance.
- Available 24 hours a day, 7 days a week.
- Live translation services for 170 languages.
- Access for persons who have special needs.
- Accurate, updated information about community resources in Vermont.
- Ability to transfer emergency calls to 9-1-1.

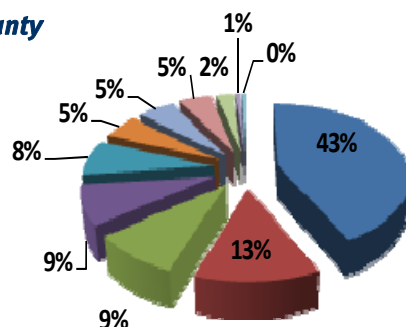


Chart 29.1

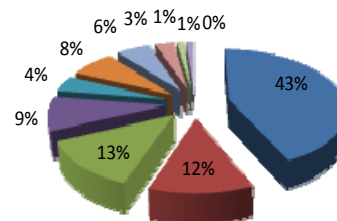
Calls to 211 from Franklin and Grand Isle Counties in 2008

- | | |
|---------------------------------------|---|
| ■ Basic Needs | ■ Organizational/Community Services |
| ■ Criminal Justice And Legal Services | ■ Income Support And Employment |
| ■ Health Care | ■ Consumer Services |
| ■ Individual And Family Life | ■ Referrals To Services Not In 211 Database |
| ■ Mental Health Care | ■ Environmental/ Public Health/ Public Safety |
| ■ Education | |

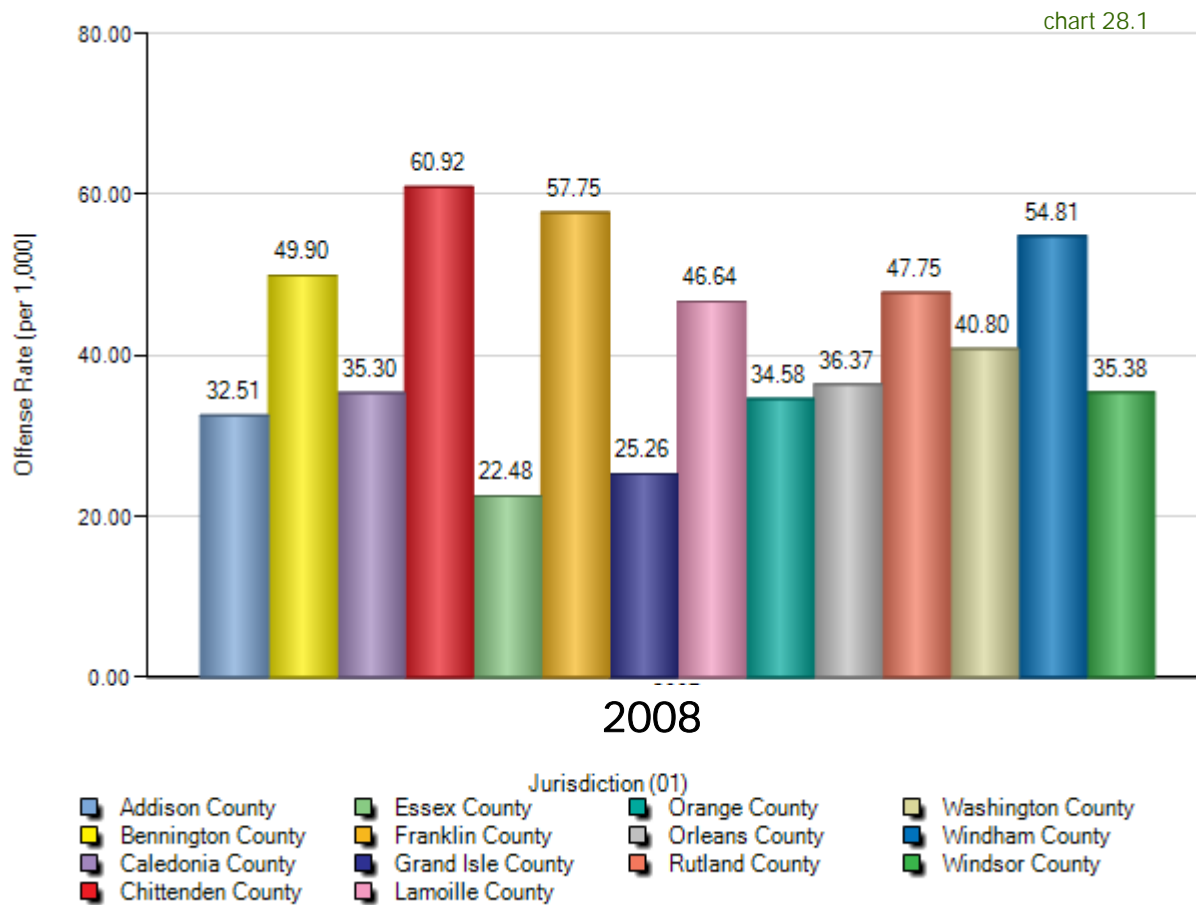
Franklin County 1345 calls



Grand Isle County 164



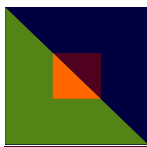
Crime Rates by County



Convictions in 2008

- In the fiscal year ended June 30, 2008, there were 224 felony and 522 misdemeanor convictions in Franklin County.
- There were 24 felony and 56 misdemeanor convictions in Grand Isle County.

Text 28.2



Crime

Franklin County Crime, 2008

table 29.1

Franklin County represents approx. 7.7 % of the state's population	Number of Incidents					
	2004	2005	2006	2007	2008	Statewide 2008
Homicide	0	2	0	2	0	17
Forcible rape	16	16	18	9	13	121
Robbery	3	3	11	5	19	89
Aggravated assault	42	47	45	58	62	539
Burglary/B&E	383	362	268	280	347	3,392
Larceny-other	365	413	312	422	369	4,422
Auto theft	67	82	69	82	87	581
Arson	15	11	6	12	4	87
Forgery/Counterfeiting	18	23	14	25	22	293
Theft from Motor Vehicle	180	219	180	255	247	3,047
Embezzlement	4	6	6	8	6	126
Stolen property	24	36	15	26	25	159
Vandalism	525	576	396	546	516	5,982
Sex Offenses— other*	25	19	15	20	62	101
Narcotic Violations	157	137	164	217	168	2,317
Weapons Violation	2	4	7	10	6	62
Simple assault	264	258	178	245	210	2,313
Kidnapping	16	14	9	18	10	93
Shoplifting	70	90	44	66	101	1,397

Note: Sex Offenses—other represents the total of reported incidents of the following categories; Forcible Sodomy, Sex Assault with an Object, Forcible Fondling, and Statutory Rape. Number reflects individuals who sought services, recognizing a significant number of incidents go unreported.

Crime

Grand Isle County Crime, 2008

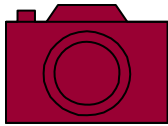
table 30.1

Grand Isle County represents approx. 2.1 % of the state's population	Number of Incidents					
	2004	2005	2006	2007	2008	Statewide 2008
Homicide	1	0	1	0	0	17
Forcible rape	2	3	1	0	0	121
Robbery	1	1	1	2	3	89
Aggravated assault	4	6	2	5	2	539
Burglary/B&E	45	39	40	23	63	3,392
Larceny-other	44	45	55	53	48	4,422
Auto theft	12	6	5	1	8	581
Arson	4	2	0	0	1	87
Forgery/ Counterfeiting	2	4	3	0	0	293
Theft from Motor Vehicle	23	15	8	4	15	3,047
Embezzlement	2	0	0	2	0	126
Stolen property	1	1	3	3	2	159
Vandalism	64	77	46	50	50	5,982
Sex Offenses— other*	2	1	3	1	2	101
Narcotic Violations	10	24	6	15	21	2,317
Weapons Violation	0	0	0	1	0	62
Simple assault	29	21	12	9	14	2,313
Kidnapping	0	2	0	1	1	93
Shoplifting	3	4	3	2	0	1,397

Immediate Needs



Crime



A Closer Look – *Crime in St Albans*



ST. ALBANS POLICE DEPARTMENT 30 LOWER WELDEN STREET ST. ALBANS, VERMONT 05478

The proliferation of drug use and the related violent crime has challenged the quality of life in our community and nearly overwhelmed our law enforcement resources.

It is abundantly clear that we are experiencing a dramatic increase in criminal violence, illicit drug activity, property crimes associated with illicit drug activity and use, as well as “gang-like” activity in the City of St. Albans.

Over the past 7 years the City of St. Albans has experienced:

- Overall increase of 36% for police incidents
- 87% increase in Property Crimes
- 125% increase in Assaults and Robberies.
- 186% increase in Drug Investigations and Search Warrants

The transformation of our regional correctional center from housing male arrestees to an all female facility which will not accept male arrestees required the already thinly stretched police officers covering our community to leave their patrol areas and our community unprotected in order to transport these individuals to other facilities located outside of our region throughout the state.

Violent Crime Trend

CRIMES	2001-2002	2002-2003	2003-2004	2004-2005	2005-2006	2006-2007	2007-2008
Drug Investigations/Search Warrant Incidents:							
Drug Investigations/Incidents	52	52	52	57	77	81	169
Search(s) Conducted or Warrants Executed	36	27	19	23	41	39	83
Total	88	79	71	80	118	120	252

Illicit Drug Activity

Historically Franklin County has seen little organized criminal drug enforcement and intervention efforts. Much of this can be attributed to the minimal law enforcement presence throughout the County. Franklin County's historical demographics are that of a rural, agricultural region, located just north, west of the State's largest metropolitan area, Chittenden County. There is a tremendous amount of poverty, illiteracy and substance abuse in Franklin County, thus there is a vulnerable target population for emerging illicit drug dealers. We are immediately south of

an International border where organized illicit drug activity is widespread and growing at an alarming rate, and a short drive from New York State. Both Montreal and the State of New York are major source areas in

our region of the U.S. The recent, high profile seizures of large quantities of Ecstasy being smuggled south across our northern border is further evidence of the growing criminal drug problems we face in this region.

High School Drug Enforcement Efforts

Cocaine, both powder and rock (Crack), Marijuana, and diverted prescription drugs including: OxyContin, Valium, Percoset, Vicadin, Morphine, Suboxone and Dilladid are abundantly available in our community and throughout the region. We have been able to begin to address the illicit drug spillover into our school systems.

The City of St. Albans is home to three schools: BFA St. Albans, which is a regional High School and Vocational-Technical Center with approximately 2,000 students and staff members, the St. Albans Town Educational Center, which has a combined staff and student population of nearly 1,000 ranging from K-8 aged students, and the St. Albans City Elementary School, which has a combined student and staff population of approximately 900 ranging from K-8.

For the past two years there has been a significant amount of quasi-gang organization efforts in the City and the City's school system.

We see "gang-like" flagging or branding in the form of bandanas, slashes shaved into eyebrows, white shoelaces onto the top of regular shoelaces, tattoos, and incidents in which gang monikers are worn on clothing or painted (tagging) in public locations.

We have independently confirmed that we have individuals who are, or have previously been members of Los Solidos, Latin Kings, Hash Kings, Bloods and the like that are living in our community or frequenting our region. Although the presence of these individuals here has been confirmed at present their activities are not group related or well organized. These incidents do not appear to be interconnected and are sporadic.

What's Working?

We have developed some in-house expertise in the area of gangs through training, and partnering with state and regional gang investigators. We are trying to intervene early and prevent the proliferation of gang-like activity and its establishment here in the community.

We have assigned an Investigator to work part time with the Vermont Drug Task Force (VSP) to attack the illicit drug problem in our area. Diverted Prescription drugs are the most predominate substance of abuse among the City's youth. Many of our youth are involved in drug related robberies of other students and city youth, and many more have been the victims of some of these robberies.

We have held public meetings and forums and created new partnerships and information networks in order to enlist the assistance of all potential partners in our stepped up efforts. We have created a Prescription Drug Take-Back Partnership Program with the Northwestern Medical Center that is managed by the St. Albans Police Department. Since June 2008 we have collected more than 25,000 prescription pills.

In June 2008 The St. Albans City Police Department organized and held a "Community Graffiti Clean-Up Day", followed by a community cook out. Fifty two (52) people showed up and participated and helped clean up more than a dozen separate locations.

Data Source For more information on *A Closer Look—Crime in St. Albans* contact:
Gary Taylor, St. Albans Chief of Police
(802) 524-2166 gtaylor@dps.state.vt.us



Domestic Violence and Abuse

Client Demographics, 2008 Voices Against Violence/Laurie's House

Type of Abuse		table 33.1
Type	Number of Victims	
Emotional abuse		308
Physical Abuse		375
Rape or Sexual Abuse		81
Stalking		37

Relationship		table 33.2
	Number of Victims	
Intimate Partner <i>includes partners, boyfriend, date, married, civil union</i>		503
Family <i>parent, sibling</i>		45
Other <i>Includes acquaintance, stranger, coach, etc.</i>		23

Age of Victims		table 33.3
Age Range	Number of Victims	
0-12		26
13-17		14
18-25		134
26-40		181
41-60		84
61+		6
Unknown		70



Abuse, 2008

In the year ended June 30, 2008, the Family Court of Vermont received 3,702 petitions for Relief from Domestic Abuse and Exploitation of Disabled/Elderly.

- Franklin County made 352 petitions, or 9.5 % of the state total.
- Grand Isle County made 30 petitions, or less than 1% of the state total.

Text 33.4



Vermont Programs Serving Victims of Domestic Violence and Abuse, 2008

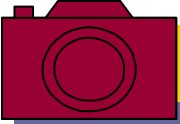
table 34.1

Program	Sexual Violence Victims			Domestic Violence Victims		
	2003	2006	2008	2003	2006	2008
AWARE <i>Caledonia County</i>	25	32	53	102	144	175
Battered Women's Shelter and Support Services <i>Washington County</i>	n/a	n/a	n/a	492	677	1,943
Clarina Howard Nichols Center <i>Lamoille County</i>	43	50	62	338	324	357
New Beginnings <i>Windsor County</i>	39	42	55	394	413	410
PAVE <i>Bennington County</i>	49	100	68	379	576	660
Women's Network and Shelter <i>Rutland County</i>	73	93	72	912	855	721
Safeline <i>Orange County</i>	32	24	30	193	218	331
Sexual Assault Crisis Team <i>Washington County</i>	188	228	119	n/a	n/a	n/a
Step ONE <i>Orleans/Northern Essex Counties</i>	43	75		290	397	
Umbrella <i>Caledonia/Southern Essex Counties</i>	63	51	43	364	323	270
Voices Against Violence/Laurie's House <i>Franklin and Grand Isle Counties</i>	45	57	58	487	464	445
Women Helping Battered Women <i>Chittenden County</i>	n/a	n/a	n/a	1,719	3,086	2,532
Women's Crisis Center <i>Windham County</i>	61	28	14	630	517	335
Women's Information Service <i>Upper Valley</i>	59	70		242	301	
Women's Rape Crisis Center <i>Chittenden County</i>	375	602	522	n/a	n/a	n/a
WomenSafe <i>Addison County</i>	62	62	52	389	397	446
TOTAL	1,157	1,514	1,234	6,931	8,692	7,464

Immediate Needs



Domestic Violence and Abuse



A Closer Look— *Domestic & Sexual Violence Task Force*

This work addresses one or more of the Vermont State Outcomes:

Outcome 5: Children live in stable, supported families.

Outcome 10: Communities provide safety and support for families and individuals

What Are the Goals?

Increase domestic and sexual violence convictions

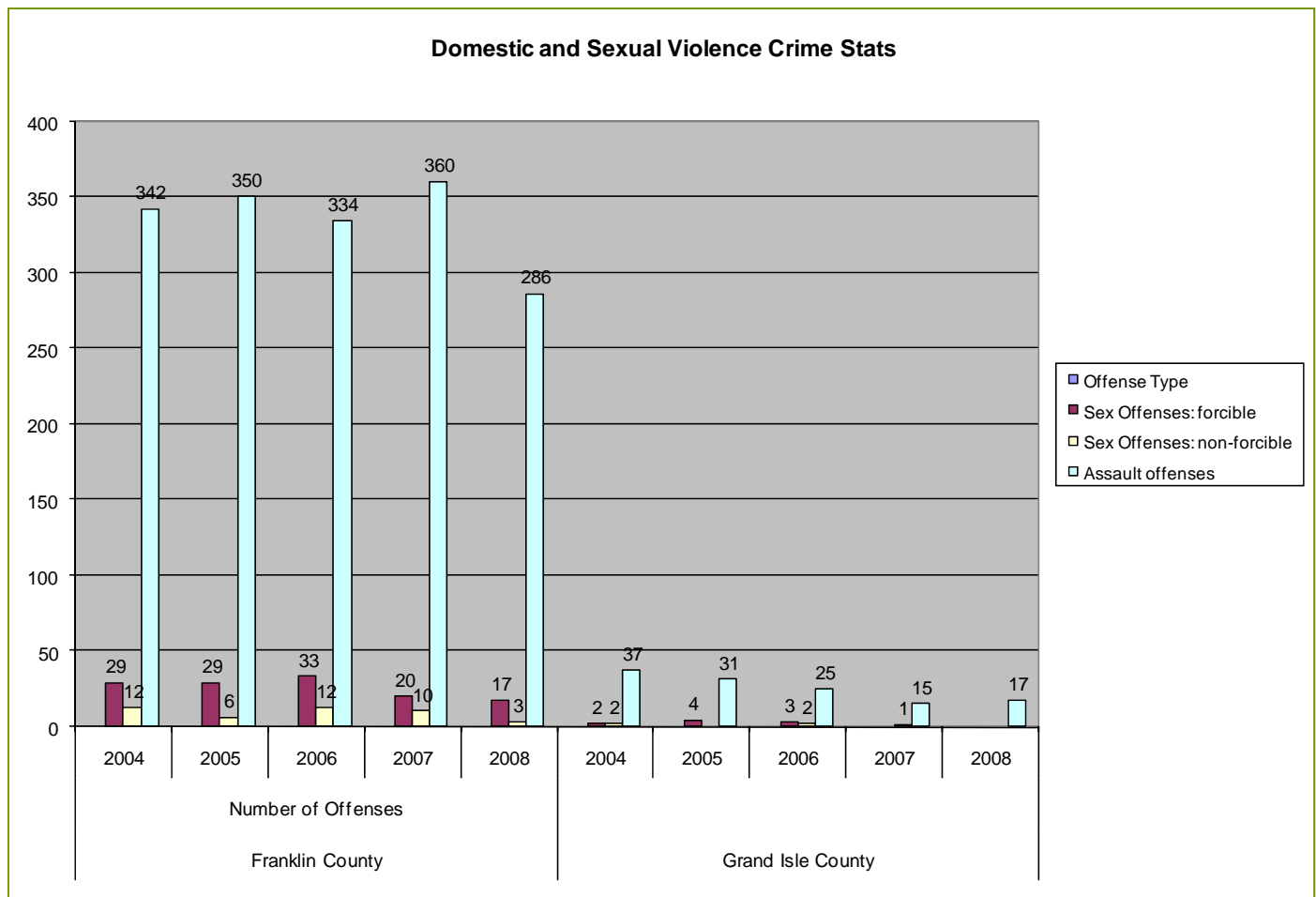
Decrease rate of sexual assaults

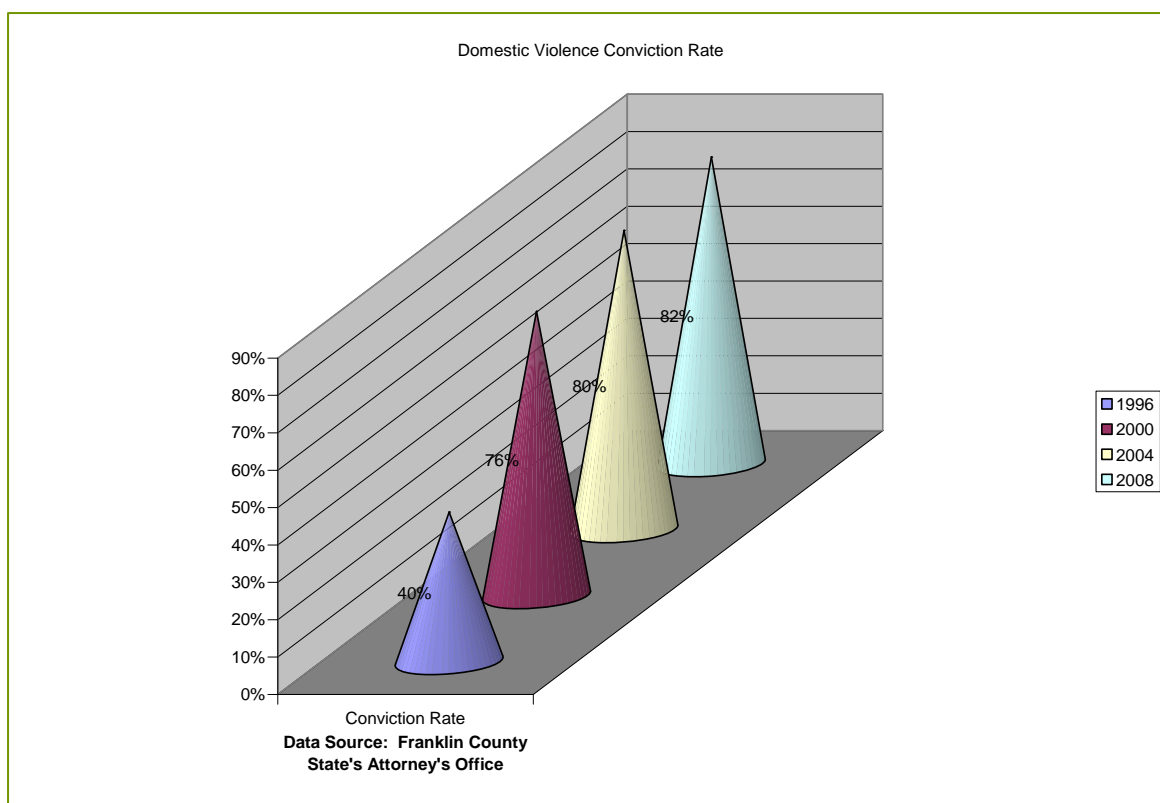
What Population is addressed?

Prenatal-elderly, including those with disabilities who identify as victims/survivors of domestic and sexual violence or who are impacted by the violence.

Perpetrators of domestic and sexual violence.

What indicators show the current trend?





What's the story behind the indicators?

Franklin and Grand Isle counties continue to have high rates of domestic and sexual violence in comparison to the rest of Vermont. Families tend to remain rooted in Franklin County contributing to inter-generational poverty and a learned cycle of poverty, crime and violence.

Likewise, increased information being made available to the general public, an increased visibility of the subject of domestic and sexual violence and better access to resources has helped to destigmatize the problem, and lead to more people feeling they have the ability to speak out about the crime.

It does not have to mean that there has been an increase in domestic violence over the last several years, simply that more cases are being documented.

Relating to sexual assault, the last few years have seen a gradual building of capacity for agencies able to both respond and work proactively on this issue. This increase should indicate a positive impact on the data; we should begin seeing a downward swing of sexual assault cases as the work that has been done continues.

What's working?

Increased training for law enforcement officers has led to better understanding of domestic and sexual violence. As a result, the State's Attorney reports that police investigations and report writing improve leading itself to better made cases and more convictions.

Providing a continuum of services from emergency shelter to permanent housing to promote self sufficiency.



A Closer Look—*DV/SV Task Force*

Who are the partners with a role to play in turning the curve?

F/GI Community Partnership
Voices against Violence/ Laurie's House and All About Kids
VT. Dept. for Children and Families
Family Center of Northwestern Vermont
Dept. of Corrections
AHS Field Services
Faith Community
Northwestern Counseling & Support Services
St. Albans City Police
Franklin County Sheriff's Dept.
Grand Isle Sheriff's Dept.
Vermont State Police
Swanton Police Dept.
Franklin County State's Attorney and Victim Advocate
Northwestern Unit of Special Investigations
Franklin & Grand Isle Family Courts
VT Dept of Health St Albans District Office
community members
Spectrum Youth & Family Services— Domestic Abuse Education Program
Vermont Legal Aid
Educational Institutions
Grand Isle State's Attorney's Office and Victim Advocates
Survivors

A strong Coordinated Community Response to domestic and sexual violence that increases victim safety and batterer accountability impacts conviction rates, numbers served and services provided, number of times a victim is interviewed, span of time between reporting and disposition.

What strategic actions have been taken to impact this issue?

An unrestricted fund that can be used to help women and children financially gain independence and which can be used in conjunction with other sources.

Transitional apartments with case management have been supported

A Help Fund was established and has assisted almost 60 clients in obtaining/retaining housing

Landlord-service provider relationships have been nurtured, and efforts to establish risk pool funding have been made

Samaritan House is collaborating with Champlain Housing Trust (CHT) and the Vermont State Housing Authority (VSHA) for two apartments with subsidies and support services, and hopes to develop more agreements in the future.

Covered Bridge Transitional Housing for women received approval from the City of St. Albans to establish 6 beds for women

What are some ideas and plans for the future?

Putting more resources into prevention/education in the future. For instance, promoting more anti violence workshops and related activities in all the schools on a regular basis.

More media attention focused on the issues of domestic and sexual violence and how to work to eliminate

Resident engagement is key - how to get the community to own the problem and solutions.

Stepping up accountability measures from all partners - making the task force (coordinated community response) stronger.

Ongoing training for personnel who interface with families.

Economic issues – increasing financial assistance and creating transitional housing so families can be more supported as they move towards self sufficiency.

Policies and protocols are constantly being reviewed and updated by the DV/SV Task Force. Domestic and sexual violence have long been a criminal justice issue but promoting as a health issue (for instance) helps create a broader collaboration. More awareness and greater sensitivity regarding survivors and the impact on our community's overall health will initially increase some of the indicators, but over time, we would hope to see a move in the right direction.

Data Sources: for A Closer Look—Domestic Violence & Abuse: Domestic Violence/Sexual Violence Task Force

Franklin County State's Attorney's Office – DV Prosecutor statistics

Vermont Crime Information Center

Contacts:

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Voices Against Violence

802.524.8538

Jan Appel

Task Force Co Chair

DCF – Family Services

802. 527.7741





Health



The following section reviews key health issues around our region spanning the lifespan. Franklin County continues to have the highest death rate from cardiovascular disease in the State of Vermont. Our region is among the highest rates of factors which contribute to cardiovascular disease, including: obesity, adult smoking, inactivity, and poor nutrition. Overall, roughly 43% of the Franklin Grand Isle region has one or more chronic disease. We have an aging population in both Franklin and Grand Isle Counties; with Grand Isle County being the fastest growing elderly population in the state. Substance abuse and admission for treatment has dramatically increased in our region. Prescribed substances such as Oxy-condone are becoming an increasing concern for health and public safety reasons.

Some *trends* to keep in mind while reviewing this section:

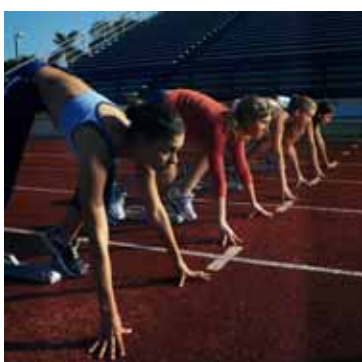
- The Franklin Grand Isle region have statically higher levels of the following risk factors for chronic disease: Meeting recommended physical activity guidelines; not having any physical activity in their leisure time; smoking; and child exposure to second hand smoke at home.
- Physical activity and nutrition measures for adults show lower rates of healthy behavior in St Albans than do Vermonters statewide. Nearly one quarter of residents indicate they have no physical activity in their leisure time.
- Roughly 25% of our region are current smokers; more that 33% report that they have been recently exposed to secondhand smoke.
- Franklin and Grand Isle County adult obesity averages are higher than the state average and are more than 10% from the 2010 goal of 15%.
- The percent of overweight or at-risk 8th-12th graders exceeds the state average in our region.
- Projections of long care needs for our growing elderly population are increasing. Grand Isle County does not have facilities to keep their elderly residents housed in their community.
- Smoking and drinking amongst 8th and 12th graders throughout the region are generally decreasing.
- Teen pregnancies and percent of new families “at risk” averages are higher in Franklin County than the Vermont averages.
- Substance Abuse: Individuals receiving treatment services have steadily increased as well as treatment admissions. Males almost double females in admission numbers. Opi-ates/Synthetics are the fastest growing primary substance use in our region.

Obesity

Adult Obesity

table 40.1

Percent of Population age 20+	2001-2004 average	2003-2008 average	2010 Goal
Vermont	19.1	23.9	15
Franklin County	21.3	28.0	15
Grand Isle County	20.9	29.0	15



Exercise

table 40.2

Percent of Population age 20+ getting regular exercise	'01 -'03-'05 average	'05 -'07 average	2010 Goal
Vermont	56	57.9	50
Franklin County	47	53.0	50
Grand Isle County	63	61.0	50

Percent Overweight, 8th-12th graders

table 40.3

	2001	2003	2005	2007	2010 Goal
Vermont	10	11	10	12	5
Franklin County	15	14	14	14	5
Grand Isle County	9	8	14	15	5



Adult Healthy Eating 2008

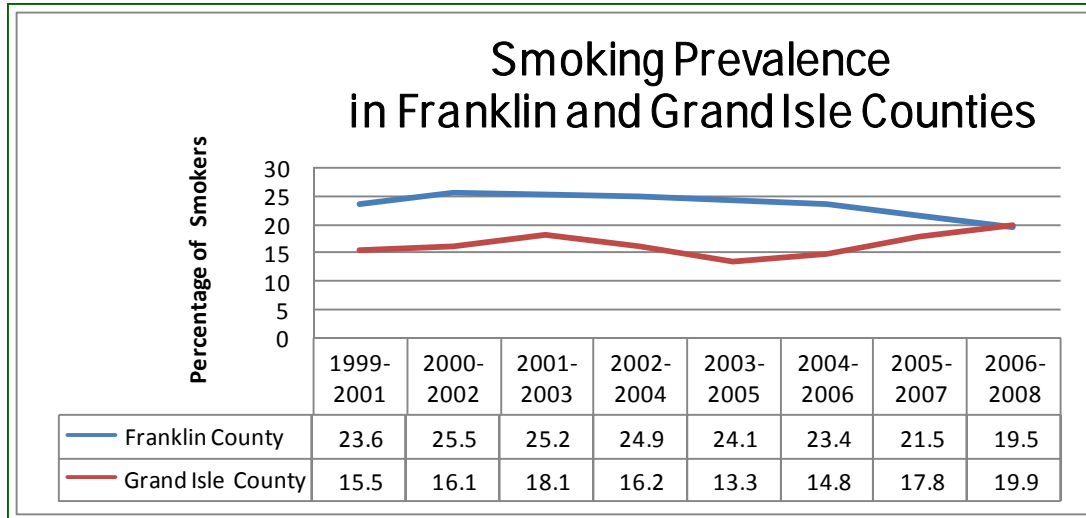
table 40.4

	% of adults who eat 2+ daily servings of fruit (goal 75)	% of adults who eat 3+ daily servings of vegetables (goal 50)
Vermont	39	31
Franklin County	37	26
Grand Isle County	35	31



Adult Smoking

Chart 41.1



Adult Smoking

table 41.2

Percent of Adults who Smoke (5-year average)	2003	2004	2005	2008	2010 Goal
Vermont	21.2	20.8	20.5	17.2	12
Franklin County	24.0	24.8	25.1	21.0	12
Grand Isle County	16.7	14.9	15.9	20.0	12

Percent of Pregnant Women who reported Smoking during Pregnancy

table 41.3

	2001	2002	2003	2004	2005	2006	2007
Vermont	20.9	20.7	19.0	19.7	19.1	17.8	19.1
Franklin County	24.4	22.7	22.4	22.7	21.0	21.1	18.9
Grand Isle County	20.0	24.6	15.9	21.5	24.2	18.5	24.0



Environmental Tobacco Smoke Exposure

table 41.4

Percentage of Vermont households with children who do not allow smoking anywhere inside their home

2001	2002	2003	2004	2005	2006	2007
73.1	73.9	79.0	81.7	82.1	86.0	87.0



Cancer Mortality and Incident Rates—Women

table 42.1

Cancer Mortality 2001-2005

Average Annual Cancer Mortality (Death) Rate per 100,000 people	Women	
	Franklin & Grand Isle Counties	Statewide
Lung & Bronchus	40.9	39.6
Breast	27.2	24.3
Colon & Rectum	18.3	16.6
Pancreas	9.6	8.2
Leukemia	9.5	6.5
Ovary	6.9	8.4
Non-Hodgkin Lymphoma	6.8	5.5
Kidney	4.9	3.1

Cancer Incidents 2001-2005

Breast	110.9	130.7
Lung & Bronchus	46.9	53.3
Uterus	26.4	32.1
Melanoma of Skin	18.2	25.7
Non-Hodgkin Lymphoma	17.2	16.2
Kidney	11.8	10.7
Thyroid	11.5	13.6
Bladder	11.4	12.2
Ovary	8.7	11.9
Oral Cavity/Throat	8.1	5.5
Pancreas	6.1	9.1
Brain/Nervous System	5.8	5.7
Cervix	4.7	7.1
Hodgkin Lymphoma	3.8	2.9

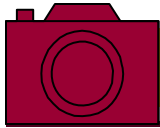


Cancer

Cancer Mortality and Incident Rates—Men

table 43.1

Cancer Mortality 2001-2005		
Average Annual Cancer Mortality (Death) Rate per 100,000 people	Men	
	Franklin & Grand Isle Counties	Statewide
Lung & Bronchus	82.2	65.4
Prostate	29.2	28.7
Colon & Rectum	26.2	23.2
Esophagus	12.4	8.1
Leukemia	9.8	10.3
Liver	9.8	5.6
Non-Hodgkin Lymphoma	7.6	9.9
Pancreas	7.2	10.6
Melanoma	5.5	4.7
Stomach	5.0	4.2
Brain/Nervous System	4.9	5.9
Kidney	3.9	5.0
Cancer Incidents 2001-2005		
Prostate	121.3	161.8
Lung & Bronchus	88.6	83.6
Colon & Rectum	68.1	58.0
Bladder	41.5	46.0
Melanoma of Skin	21.3	33.6
Kidney	20.0	17.4
Non-Hodgkin Lymphoma	17.0	23.2
Stomach	15.0	9.3
Leukemia	10.7	18.8
Liver	10.7	5.9
Esophagus	10.0	8.8
Oral Cavity /Throat	8.1	15.8
Pancreas	7.0	11.9
Larynx	6.9	7.4
Testis	5.1	6.9



A Closer Look—*Fit & Healthy Efforts*



This work addresses one or more of the Vermont State Outcomes:

Outcome 8: Adults lead healthy and productive lives

Outcomes

Vermont's official "Outcome 8" is "Adults lead healthy and productive lives." In 2006, the Franklin Grand Isle Community Partnership opted to merge the "productive" aspect into efforts relating to Outcome 10, thereby creating a partnership constellation focus on "adults lead healthy lives."

To better understand the status of community in relation to the Outcome of "adults lead healthy lives," the constellation looked at the region's health statistics. Statistically, deaths from cardiovascular disease continue to be our leading concern, as our rate is far higher than State and National benchmarks. Locally, we have additional concerns regarding cancer, other diseases, substance abuse, mental health, and the effects of aging (statistics relating to many of these factors are contained in the data portion of the Community Needs Assessment).

Key Indicators

In pursuit of improvements to "adults lead healthy lives," the constellation selected three key indicators to target:

- Percent of adults who smoke;
- Percent of adults engaged in regular, moderate physical activity;
- Percent of adults eating 5 fruits and vegetables.



The Story Behind The Indicators

These three were selected as key indicators based on our region's poor performance on them – as we have some of the highest rates of adult smoking, inactivity, and poor nutrition in the State – as well as their interconnectedness with so many health problems.

The Vermont Department of Health shared a matrix which showed the connection between these personal health habits and cardiovascular disease, cancer, and a variety of chronic diseases. As such, improvement in these habits promises, longer term, to leverage a significant improvement in the overall health of our community.

Health



A Closer Look—*Fit and Healthy Coalition*

It is important to note that these issues have a historical presence in our community, bringing with them the challenge of multi-generational issues. While factors like unemployment, poverty, and rural isolation add additional challenges to health improvement, our community is blessed with a collaborative spirit, a shared-sense of the importance of improvement, and the beginnings of momentum towards improvement.

This particular “closer look” focuses on those three indicators. However, this is not to say that other indicators are not important, not in need of attention, or not being addressed. For example, prescription drug abuse is a current concern in our community and is being addressed by a dedicated community collaborative group.

What Works?

The Vermont Prevention Framework, built on the public health model, shows that individual and community-wide behavior change is possible through sustained, multi-faceted efforts approaching an issue simultaneously on a variety of levels:

Individual (knowledge, attitudes, beliefs);

Relationships (family, peers, social networks, associations);

Organizations (school, work, faith-based – rules, regulations, policies);

Community (coalitions, collaborations, community environment); and

Structures/Policies/Systems (local, state, and federal policies/laws; economic influences; media marketing; national trends).

Therefore, in an evidence-based approach to improving “adults lead healthy lives” in our community, efforts have focused not only on individual behavior change – but in leveraging improvement through the other levels of the framework as well.

Action Steps

The following are just some of the initiatives underway to help adults in our community lead health lives by smoking less, improving nutrition, and increasing exercise:

Health Risk Appraisals: Through partnership in the Center For Health & Wellness, Northwestern Medical Center offers free health risk appraisals at numerous sites in our community. Participants learn about their health risks, create individual improvement plans, and have ongoing follow-up to support their efforts.

Targeted Worksite Wellness Programs: Northwestern Occupational Health and the Center For Health & Wellness is working with a number of employers in the region to bring the message of health improvement to the workplace. Numerous local companies have won awards from the Governor’s Council on Physical Fitness, including:

Northwestern Medical Center, Rock-Tenn, Hannaford, Northwestern Counseling & Support Services, Ben & Jerry's, People's Trust Company, and Franklin County Home Health Agency.

Fit & Healthy Swanton: Through a grant from the Vermont Department of Health / CHAMPPS funding, the community of Swanton is working together to create and operate comprehensive health and wellness projects, including a mile-long walking path to increase options for physical activity, nutrition initiatives, and disease prevention efforts. This pilot work has inspired people in Enosburg to seek funding to create similar initiatives in their community.

Comprehensive Tobacco Initiatives: The Franklin Grand Isle Tobacco Prevention Coalition is working with our community to reduce tobacco use through both prevention and cessation programs. Their efforts are helping to bring the statewide tobacco control initiatives to the local levels as they serve as a driving force in the work towards creating tobacco free communities.

Partners In The Effort

As the Vermont Prevention Framework indicates, everyone has a role in helping create the behavior change we seek, including: legislators, municipal leaders, schools, churches, families, and community members. Organizations also play a vital role in. Each agency and organization can embrace the change, adjust their policies, and integrate the message into their materials for their clients.

Organizations currently active in broad leadership roles in this particular effort include:

The VT Department of Health
St Albans District Office

Northwestern Medical Center

The Center for Health & Wellness

The Franklin Grand Isle
Tobacco Coalition

Fit & Healthy Swanton

The Franklin Grand Isle United
Way

The Franklin Grand Isle
Community Partnership.

Contact Information:

For more information on this closer look at "adults lead healthy lives," please contact:

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Adolescent Behaviors

Smoking and Drinking by 8th and 12th Graders

table 47.1

	Vermont		Franklin County Supervisory Unions								Grand Isle County	
			NE		NW		W		C			
	8th	12th	8th	12th	8th	12th	8th	12th	8th	12th	8th	12th
Percent of students who smoked cigarettes within 30 days prior to survey												
2007	7	25	21	12	11	23	4	26	10	21	4	21
2005	8	23	16	27	12	23	4	36	10	19	22	27
2003	11	33	18	32	17	32	8	21	10	36	20	24
2001	13	30	19	38	16	35	14	42	15	37	12	20
Percent of students who drank alcohol within 30 days prior to survey												
2007	19	55	23	48	23	48	12	54	31	54	14	55
2005	19	50	27	65	19	47	9	58	19	50	23	48
2003	21	56	19	46	19	46	17	52	21	60	36	50
2001	23	66	26	49	26	49	30	67	24	64	28	50
Percent of students who smoked marijuana within 30 days prior to survey												
2007	8	34	16	31	8	20	4	25	5	29	0	21
2005	8	30	5	30	13	21	4	37	7	27	16	27
2003	10	33	14	46	11	24	10	31	13	39	14	41
2001	10	30	14	34	11	25	10	38	14	41	17	33

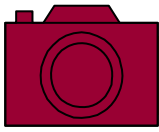


Sexual Activity

table 48.1

	Vermont	Franklin County	Grand Isle County
Sexually transmitted diseases per 1,000 teens, ages 15-19			
2006	6.6	5.7	3.9
2005	7.0	5.5	1.9
2004	9.7	11.5	1.9
2003	7.9	5.4	11.9
Teen pregnancies per 1,000 girls age 15-17			
2004	15.8	23.2	11.3
2003	13.9	12.1	23.4
2002	18.6	18.5	11.6
Percent of new families "at risk" * (first births to unmarried women younger than 20 with less than 12 years education)			
2004	6.6	9.2	0.0
2003	5.0	3.4	10.0
2002	7.8	8.6	4.3





A Closer Look—*Fit & Healthy Swanton/Enosburg*

CHAMPPS (Coordinated Healthy Activity, Motivation and Prevention Programs Nutrition and Physical Activity Initiatives)

Obesity is quickly becoming a leading public health challenge in Vermont. Over half of all Vermont adults are overweight or obese, and overweight among children is increasing at an alarming rate.



The Fit & Healthy Vermonters initiative focuses on prevention, with ways to increase physical activity and improve healthy eating for Vermonters of all ages. This initiative is aligned with, and builds upon the *Blueprint for Health*, Vermont's initiative to address the burden of chronic diseases in our state.

Two Franklin County communities have received grant funding by the Vermont Department of Health to address physical activity and nutrition in families with young children. Obesity rates hover at 28% for adults in our region. This is a troubling indicator of chronic diseases which also show high percentage rates in our residents. The prevention model (Vermont Prevention Model –addressing environmental factors and changing policies/systems and behaviors) being utilized by Northwestern Medical Centers Center for Health & Wellness and the Franklin Grand Isle United Way, in these two communities, is establishing a healthier region for all to work, live and play.

Fit & Healthy Swanton has accomplished a great deal, over the last few years of their project, including a comprehensive assessment of the community, community engagement in a shared vision of a healthier future, initiation of grassroots projects relating to physical activity and nutrition, and the dramatic construction of a one-mile recreation path linking the schools, employers, neighbors, recreation fields and historical society. Fit & Healthy Swanton's efforts were praised at their community's ribbon cutting for the path & adjacent historic bridge on July 30, 2009, by Governor Douglas, Commissioner of Health Dr. Wendy Davis, and the Chairman of the Swanton Select board.

Enosburg followed the model of Swanton last year (2008/09) and conducted a large, comprehensive community needs assessment focused on nutrition and physical activity in families with young children. Using information and data submitted through surveys, focus groups and one-on-one interviews with community leaders, the Enosburg community, with leadership from Franklin Grand Isle United Way, will forge ahead with a strategic plan to improve health and well-being for are residents.

The fundamental approach used by both these Fit & Healthy efforts is not to “so something for the communities” but rather, to make it possible for these two towns to “do something for themselves”. This approach is key to successful self-sustainability and implementing the same effort across all towns in Franklin and Grand Isle counties. Fit & Healthy believe that changing our systems and our culture will have a lasting effect.

To view Vermont's progress toward meeting program goals, see: **Fit & Healthy Vermonters Status Report, June 2008.** at <http://healthvermont.gov/fitandhealthy.aspx>

Substance Abuse

Adult Drinking

table 50.1

Percent of adults who are "binge" drinkers (5 or more drinks in one event in last 30 days)

(5-year average)	Vermont			Franklin County			Grand Isle County		
	'03	'04	'05	'03	'04	'05	'03	'04	'05
	17.5	16.6	16.4	18.1	17.9	18.6	17.4	20.1	18.3

Medicaid Population with Prescriptions for Buprenorphine

table 50.2

	2004	2005	2006	2007	2008
Franklin County	31	53	65	105	210
Grand Isle County	<5	7	10	14	22





Substance Abuse

Individuals Receiving Substance Abuse Treatment Services

table 51.1

	2000	2001	2002	2003	2004	2005	2006	2007	2008
Franklin County	399	477	546	581	559	588	542	537	671
Grand Isle County	38	50	76	74	74	97	82	71	73
Percentage of State Total	6.7%	7.3%	8.2%	8.1%	7.8%	8.2%	7.4%	7.2%	9.2%

Number of Treatment Admissions

table 51.2

	2000	2001	2002	2003	2004	2005	2006	2007	2008
Franklin / Grand Isle Counties	611	649	636	643	689	692	814	873	986
Percent Served within F/GI Counties	59%	60%	47%	41%	53%	53%	53%	48%	57%
Percent Served within Chittenden County	37%	35%	43%	50%	35%	35%	33%	34%	29%

Admission by Gender

table 51.3

Franklin & Grand Isle Counties	2000	2001	2002	2003	2004	2005	2006	2007	2008
Number of Females	168	161	185	230	202	204	243	303	310
Percent of Total	27%	25%	29%	36%	29%	29%	30%	35%	32%
Number of Males	443	488	451	413	487	488	571	568	673
Percent of Total	73%	75%	71%	64%	71%	71%	70%	65%	68%

Primary Substance of Abuse

table 51.4

	Franklin and Grand Isle Counties									2008 State Avg.
	2000	2001	2002	2003	2004	2005	2006	2007	2008	
Alcohol	64%	66%	59%	56%	50%	50%	49%	48%	45%	50%
Cocaine/ Crack	4%	5%	5%	7%	7%	7%	8%	4%	6%	8%
Heroin	4.5%	1.2%	3.3%	4.4%	4.7%	5%	5%	3%	2%	6%
Marijuana	22.5%	21%	22%	21%	21%	21%	16%	13%	13%	13%
Opiates/ Synthetics	2.7%	2.7%	7%	9.7%	13.5%	14%	21%	30%	32%	20%

Services by Northwestern Counseling & Support Services, 2008

- 2,387 clients participated in adult mental health outpatient programs.
- 251 received Community Rehabilitation Treatment (CRT) for serious and persistent mental health conditions.
- 1,891 utilized emergency crisis intervention services.
- 377 with developmental disabilities were supported in their home communities.

Text 52.1

Mental Health Services for Children, 2008

- 68% of care was paid by Medicaid
- 1,799 children were seen by NCSS
- 59% were under 12 years
- 82% were age 3-19
- 948 received therapy
- 141 received medication services
- 684 received clinical assessments
- 646 received case coordination
- 667 received community support
- 31 utilized respite care

Text 52.2



Franklin/Grand Isle's Use of the Vermont State Hospital, 2008

- State hospital admissions were 100% forensic.
- There were 8 admissions from the NCSS catchment area.
- Regional residents had 309 patient days in VSH in 2008 compared to 1,176 in 2006.
- An average of 1 person from NCSS's catchment area were there on any given day. There were 3.2 per day in 2006.
- The average length of stay was 38 days. In 2006, it was 8 months.

Text 52.3



Aging and Independent Living

Projections of Long-Term Care Needs and Use

table 53.1

	2003 Actual		2008		2013	
	Franklin	Grand Isle	Franklin	Grand Isle	Franklin	Grand Isle
No. of residents with LTC needs	441	40	488	48	452	58
No. of residents actually using LTC services	357	19	334	33	367	39
No. of low-income residents with LTC needs	108	18	133	21	160	26
No. of low-income residents actually using LTC services	144	15	127	20	162	26
No. of residents in public and private nursing homes	204	0	196	0	191	0

Change in Grand Isle County Population

table 53.2

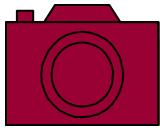
Age 60 and Older	No. of Elders, 1990	Pct. of Total County Pop.	No. of Elders, 2000	Pct. of Total County Pop.	Pct. Growth in Elder Pop.
Grand Isle County	850	16.0%	1,195	17.3%	40.6%
Alburgh	260	19.1%	357	18.2%	37.3%
Grand Isle Town	230	14.0%	301	15.4%	30.9%
Isle La Motte	64	15.7%	115	23.6%	79.7%
North Hero	101	20.1%	155	19.1%	53.5%
South Hero	195	13.9%	267	15.7%	36.9%

Hospitalizations Due to Falls

table 53.3

Franklin & Grand Isle Counties—Ages 65 and older

	2000	2001	2002	2003	2004	Total
Total	96	91	114	94	99	494
By age						
Age 65-74	23	21	18	19	22	103
Age 75+	73	70	96	75	77	391
By gender						
Males	27	20	25	25	30	127
Females	69	71	89	69	69	367



A Closer Look—*The Long-Term Care Coalition*

This work addresses one or more of the Vermont State Outcomes:

Outcome 9 Elders and people with disabilities live with dignity and independence in settings they prefer.



This outcome addresses adults with disabilities over the age of 18 and all adults over the age of 60 who reside in Franklin and Grand Isle Counties.

Efforts in Franklin and Grand Isle have focused on 3 indicators for improvement. They include:

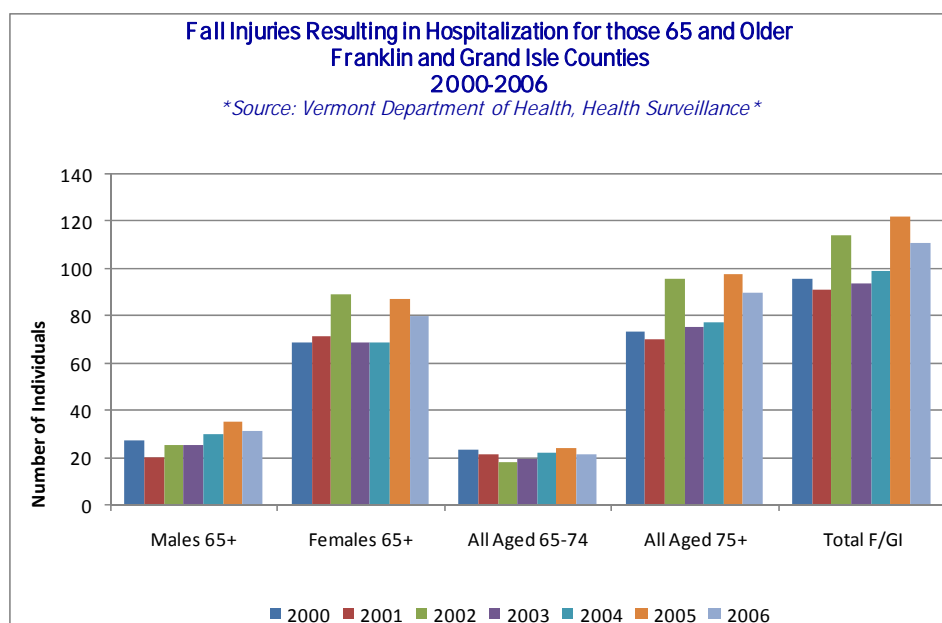
- *The ratio of long term care Medicaid-funded elders and adults with disabilities care for in home and community based settings versus nursing home setting*

The state of Vermont has established a goal of at least 50% of adults who are served in community based settings instead of in a nursing home. In Franklin County, this has been exceeded with 57% of the people eligible for nursing home care served in a community based setting. This has been achieved as a result of provider responsiveness and expansion of residential care in the county. The Vermont Department of Aging and Independent Living monitors and publishes this goal. Of greater concern is the establishment of a waiting list for people who are eligible for the Choice for Care program but are not served as a result of the establishment of waiting lists for individuals who meet the moderate needs and high needs categories. With limited resources to serve this population, there is concern about access to services for needy individuals who do not meet the criteria for service. Anecdotal data suggests that there is a growing trend of families who are unable to care for elders at home and are seeking more expensive hospitalization as a means to obtain long term care services. Providers in the county will continue to advocate for this growing population.

In Grand Isle, 100% of the people requiring nursing home level of care receive care in a community based setting. While this appears to be desirable, there are no nursing homes or residential care beds in Grand Isle County. To receive such care, Grand Isle residents must relocate outside the county. This number has steadily grown from 3 in 2000 to 38 in 2006. A needs assessment is currently underway in Grand Isle to best determine the feasibility of establishing a "housing with services" option in Grand Isle. These efforts will continue in 2009 and 2010.



- *The number of falls with injuries resulting in hospitalization for adults over the age of 65.*



During the year, providers continued to promote prevention strategies to minimize falls with injuries resulting. Efforts to increase awareness included educational and media programming. These efforts will continue throughout the next year.

- *The number of Franklin County high school students receiving special education services who also receive assistance with transition to life after high school.*

The State of Vermont Vocational Rehab program is focusing efforts on this concern. There are approximately 375 eligible students for special education services in the Franklin and Grand Isle County, with 150, mostly high school juniors and seniors, currently being served through the St Albans VocRehab office.

Partners with a Role to Play:

Care Partners Adult Day Center
Franklin Grand Isle United Way
Champlain Valley Agency on Aging
Northwestern Medical Center
Northwestern Counseling & Support Services
Franklin County Home Health Agency
Champlain Islanders Developing Essential Resources
Senior Centers throughout both counties
Agency of Human Services and its departments
Franklin County Adult Health and Rehab Center
Redstone Villa
Saint Albans Health and Rehabilitation Center

Residential Care Homes
Churches
Vermont Department of Labor
Coalition on Substance Abuse and Older Vermonters
Community of Vermont Elders (COVE)
Transportation
Franklin Grand Isle Community Partnership
Lake Champlain Housing
Housing
Education – Adult Education, Technical Center, OSHER Institute
Franklin-Grand Isle Community Action
Franklin Grand Isle Advocates for Long Term Care



Helping Residents Achieve Their Potential

Schools in the Franklin Grand Isle region serve as community anchors and cater to more than educational needs of the communities in which they are housed. Vermont leads the nation in education yet gaps still remain. Students struggle with low proficiency levels, repeating grades and are challenged in successful transitions from youth into adulthood with work and life issues. The educational system in Northwest Vermont includes four Supervisory Unions in Franklin County and the Grand Isle Supervisory Union in the Islands. The school systems do very well considering the many challenges that the demographic indicators bring to the table. Early Childhood Education is accomplished through school systems as well the Family Center (Northwestern Counseling & Support Services) which covers programming for both counties. Building Bright Futures Council helps address Early Childhood areas such as Education, Care, and Health by linking essential partners together to work towards a developed Regional Plan. Adult Education is anchored through a few area technical centers (Northwest Technical and Cold Hollow) as well as Vermont Adult Learning and other programs administered by Community College of Vermont, University of Vermont (OSHER learning series) and for-profit businesses.

Some **trends** to keep in mind while reviewing this section:

The region struggles with preschoolers being prepared in all five domains for kindergarten. Universal preschool has been instituted in some towns by the majority still do not have that option.

The effects of economic indicators (Family Income tends to be lower in Franklin and Grand Isle than most other Vermont Counties) have led to academic underachievement among students who are on free or reduced lunch programs and also students in diverse populations such as Native Americans and other minority groups.

Budget support can be a challenge for schools in higher poverty areas opposed to other areas in Vermont. School budgets in Northwestern Vermont fall in the lower 10% of budgets throughout the State. Lower family incomes, smaller school budgets, a higher percentage of parents without high-school diplomas, and the recent academic downturn, schools have many challenges to overcome as they strive to provide the support for academic and social well-being for children.

After school tutoring programs such as the Learning Center (Indian Education Grant) are



Education Levels, 2000 Census

ing impact. For the last two years in the sub categories of poverty and Native American have made AYP (adequate yearly progress). AYP is the academic indicator used by states under NCLB (No Child Left Behind).

Youth Assets: Generally, there is a high percentage of youth speaking with their parents about school but a small percentage participating in programming outside of school (cost barriers, accessibility concerns). Less than half of youth reporting state they feel valued by the community or volunteer in their community.

Enosburg Falls High School has the highest rate of dropout rates in the region.

College feels unattainable for many youth in our region due to affordability. Costs continue to rise in higher education, limiting opportunities for many. Roughly 1/3 of high school seniors do not aspire to continue their education.

Youth in Transition: Particular focus is being placed on 18-25 year olds in our region. This population struggles with work opportunities, access to affordable education and workforce trainings and other life skill challenges (housing, healthcare).

Education, 2000 Census				table 57.1
	Vermont	Franklin County	Grand Isle County	
No. in preschool	9,520	603	110	
No. in grades K-8	78,416	6,707	915	
No. in high school	35,902	2,805	412	
Adults attained < grade 9	5.1%	8.2%	6.4%	
Adults attained grade 9, 10, 11, or 12, no diploma	8.4%	9.2%	9.4%	
Attained high school diploma or equivalency	32.4%	41.1%	33.8%	
At least some post-secondary education	54.0%	41.5%	50.4%	
Bachelor's degree or higher	29.4%	16.6%	25.0%	

Childcare/ Early Education

Availability of Child Care Services, 2009

Text 58.1

- There are 42 centers and 172 registered homes in Franklin/Grand Isle Counties. Of the centers: 10 accept infants with a total of 111 infant slots; 13 accept toddlers with a total of 145 toddler slots; 32 accept preschoolers with a total of 560 preschool slots; 17 accept school-agers with a total of 396 slots
- Registered homes typically can accept 2 infants, 4 children ages 2 yrs to 6 yrs, and 4 school age children. The estimated capacity for the registered homes is 1,720 slots.

Total capacity for children in Franklin/Grand Isle is 2,932 to serve approximately 9,000 children.

- Child Care Services estimates that 48.1% of the child care need is met in the Franklin/Grand Isle District, assuming that 55% of kids need child care.
- 71.5% of Franklin County children under the age of 6 have their only or both parents working out of the home
- Assuming all the homes and centers are filled to capacity, 295 child care slots are available for approximately 1,153 children.
- Child Care Services estimates that 634 slots are needed for the county of Grand Isle. The county has roughly 1/3 that amount.

Quality

STARS (Step Ahead Recognition System) is Vermont's quality rating system for childcare. The Step Ahead Recognition System (STARS) expands the ways providers are recognized and rewarded for program quality. STARS recognition indicates that an early care, education or school age program has gone above and beyond Vermont's basic regulatory standards. STARS participation is not required for licensing or registration, however there are financial benefits and CDD requires programs to be in STARS or be accredited to be eligible for a variety of grants.

Total quality: 20% of all regulated programs are participating in STARS in Franklin Grand Isle Counties.

Licensed Centers:

10 have 4 STARS
7 have 5 STARS
3 have 3 STARS

48% of licensed providers are participating in STARS.

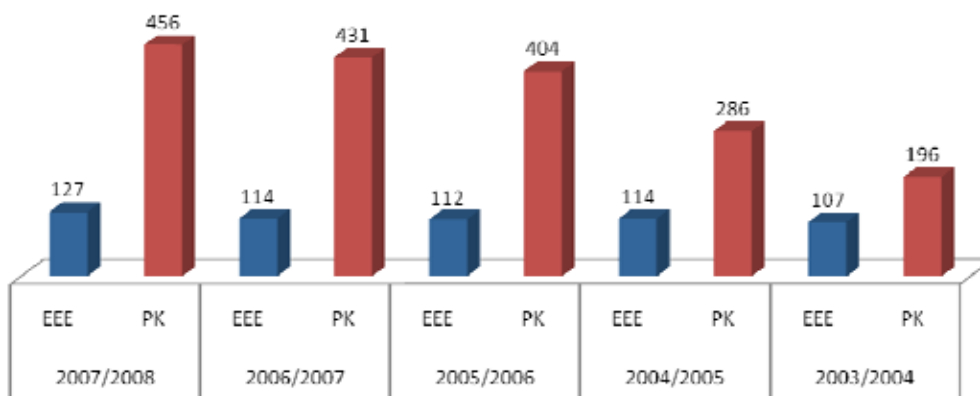
Registered Homes:

7 have 1 STAR
6 have 2 STARS
6 have 3 STARS
3 have 4 STARS
1 has 5 STARS

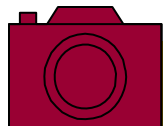
13% of registered providers are participating in STARS

Franklin & Grand Isle Early Education Average Daily Membership Count

Chart 58.2



EEE: Early Essential Education (children identified with special needs)
P-K: All other Pre-Kindergarten aged children



A Closer Look—*The Franklin-Grand Isle Bookmobile*



The Franklin Grand Isle Bookmobile

What Population is addressed?

Adults who care for children, children birth-18

Indicators: Outcome 3: Percent of children ready for kindergarten

in all 5 domains; Outcome 4: Percent of 2nd graders meeting reading standard; Outcome 6: Percent of students participating in youth programs, Percent of students volunteering in their community; Outcome 10: Percent met need for childcare, Percent of Youth feel valued by community

The Story: The number of quality child care programs in Franklin and Grand Isle Counties are limited with less than half of the needs being met. Of the more than 200 total child care programs, only 6 have attained national accreditation of quality. Children entering kindergarten are likely to be less ready than the state average, including on those indicators measuring book knowledge and literacy skills. Additionally, many residents do not have vehicles which results in difficulty accessing basic needs such as groceries, and social services. In some towns, 17% of adults lack a high school equivalent.

What Works? Quality early education; mentoring; access to services, no wrong doors

What strategic actions are needed to impact this issue?

- Increase free or low cost training for providers and quality library outreach services to childcare centers & homes
- Improve quality of care
- Increase provider/parent access to materials
- Improve quality after school programs
- Increase collaborations between afterschool and teen centers and community service opportunities
- Increase parent voices to legislature
- Increase positive adult presence in places where youth gather
- Increase opportunities for youth to participate in events

What are some ideas and plans for the future?

- Establish Bookmobile library policy in conjunction with educational needs of community
- Increase quality Bookmobile services in after school programs
- Increase Bookmobile collaborations, especially related to children and youth with public libraries

For more information regarding A Closer Look—The Franklin-Grand Isle Bookmobile contact:

Deb Grennon, Executive Director

100 Robin Hood Dr., Suite 2

Swanton, VT 05488

(802) 868-5077 fgibookmobile@yahoo.com

Partners with a Role to Play:

Building Bright Futures Advisory Council

Franklin County Early Childhood Programs

Franklin and Grand Isle Schools and Supervisory Unions

Franklin County After School Programs

The Family Center of Northwestern Vermont

Swanton Teen Center

Common Ground

Early Education

Building Bright Futures

Direct Services Program Report Summary (FY2009)



Through the Vermont Building Bright Futures Initiative, community based programs are provided for all young children ages birth to six and their families to promote optimal development. Training and assistance to childcare providers as well as parents, are also provided.

- **11 Community Month of the Young Child Events**
 - 462 adults
 - 671 children
- **140 Family Exercise Events**
 - 533 Adults
 - 758 Children
- **605 School Readiness Events**
 - 835 Adults
 - 1289 Children
- **72 Kindergarten Transition Events**
 - 555 Adults
 - 615 Children
 - 92 Books given away
 - 54 mini-books given away
- **12 Childcare Outreach Events**
 - 220 Adults
 - 253 Children
 - 32 Child Care Providers Served
- **Bookmobile Services**
 - 98 sites visited
 - 531 stories
 - 873 child
 - 100 adult
 - 525 more books in collection
 - 2441 new books given to children
 - 25 Preschool, Headstart & Partnership sites
 - 12779 Bookmobile circulations
 - 377 Books donated to community
- **28 Playgroup Coordinator Support Visits**
- **61 Story Outreach Events**
 - 1444 Book Giveaways
 - 95 Adults
 - 221 Children
- **50 Community Health and Wellness Events**
 - 420 Adults
 - 200 Children
- **146 Early Childhood Screening Referrals**
- **Childcare Provider STARS Support**
 - 8 providers, 5 completed
- **5 STARS Parent Training Events**
 - 108 Adults
 - 71 Children
- **400 Town Success by Six Events**
 - 273 Adults
 - 11 Children
 - Summer Mailing to 302 families
- **24 Parent Health/Wellness Workshops**
 - 250 Adults
 - 131 Children
 - 15 Child Care Providers
 - 1 other
- **43 Welcome Infant Events**
 - 78 Adults
 - 305 Children
 - 56 Books dedicated to infants in library
- **10 Sites provided Tobacco Prevention Resources**
 - 14 Events
 - 132 Adults
 - 56 Children

Text 60.1



Youth Assets

Percent of Children Reporting Parents Talk About School

table 61.1

	Vermont		Franklin County Supervisory Unions								Grand Isle County	
			NE		NW		W		C			
	'03	'07	'03	'07	'03	'07	'03	'07	'03	'07	'03	'07
8th Graders	76	78	68	63	64	66	66	82	73	76	66	74
12th Graders	78	80	75	74	64	78	66	77	74	75	78	74

Percent of Children Help Decide What Goes on in School

table 61.2

	Vermont		Franklin County Supervisory Unions								Grand Isle County	
			NE		NW		W		C			
	'03	'07	'03	'07	'03	'07	'03	'07	'03	'07	'03	'07
8th Graders	48	52	56	43	39	46	44	51	47	55	47	60
12th Graders	42	51	31	55	32	36	38	37	33	49	48	49

Percent Participating in Youth Programs Outside of School

table 61.3

Vermont			Franklin County Supervisory Unions								Grand Isle County	
			NE		NW		W		C			
			'03	'07	'03	'07	'03	'07	'03	'07		
8th Graders	30	28	32	21	21	29	25	20	23	25	24	28
12th Graders	28	31	19	28	25	20	33	17	27	31	18	23

Percent Feel Valued by Community

table 61.4

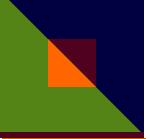
	Vermont		Franklin County Supervisory Unions								Grand Isle County	
			NE		NW		W		C			
	'03	'07	'03	'07	'03	'07	'03	'07	'03	'07	'03	'07
8th Graders	45	49	43	40	38	47	30	45	47	50	29	40
12th Graders	42	52	39	53	34	40	48	37	34	47	44	41

Percent Volunteering in the Community

table 61.5

	Vermont		Franklin County Supervisory Unions								Grand Isle County	
			NE		NW		W		C			
	'03	'07	'03	'07	'03	'07	'03	'07	'03	'07	'03	'07
8th Graders	35	44	40	38	44	42	37	35	53	31	43	26
12th Graders	49	50	57	45	47	43	55	40	43	46	54	33

School Attendance



School Attendance Rate

table 62.1

Pct. days attended, avg. all students	Vermont K-12		Franklin County Supervisory Unions K-12								Grand Isle County K-8	
			NE		NW		W		C			
	'98	'07	'98	'07	'98	'07	'98	'07	'98	'07	'98	'07
	95.0	95.3	95.1	96.0	96.4	95.0	96.5	96.3	95.1	95.7	95.1	95.1

Delinquent and Unmanageable Children

table 62.2

	Vermont	Franklin County Supervisory Unions				Franklin County	Grand Isle County
		NE	NW	W	C		
Custody rate of children deemed delinquent per 10,000 children age 10-17							
2006*	52.7	79.5	79.5	19.6	79.7	56.3	43.0
2005*	53.8	42.9	64.0	19.6	81.4	57.1	35.7
2004*	52.0	48.8	54.1	27.1	81.8	50.5	57.1
2003*	46.7	65.0	51.3	33.0	89.0	57.5	45.9
Custody rate of children deemed unmanageable per 10,000 children age 10-17							
2006*	28.5	26.5	26.5	4.9	36.9	28.2	27.4
2005*	32.6	39.8	33.9	2.5	44.6	33.6	35.7
2004*	31.4	30.5	35.4	12.7	57.1	26.9	22.9
2003*	31.1	34.1	38.0	28.3	68.2	32.2	34.4

Percent of Students with Special Education IEP (Individualized Education Plan)

table 62.3

Pct. students receiving an Individualized Education Plan (IEP)	Vermont K-12			Franklin County Supervisory Unions K-12								Grand Isle County K-8	
				NE		NW		W		C			
	'04	'05	'06	'04	'06	'04	'06	'04	'06	'04	'06	'04	'06
	13.1	14.4	15.1	16.0	16.6	14.8	17.8	12.3	13.5	16.8	17.3	13.9	17.6



Student Testing

Percent of Students Meeting or Exceeding Standards, 2007

table 63.1

	Franklin County Supervisory Unions								Grand Isle County	
	NE		NW		W		C			
	'06	'07	'06	'07	'06	'07	'06	'07	'06	'07
Vermont Developmental Reading Assessment										
Second grade										
Reading	86.5	82.0	83.1	88.0	87.5	75.0	86.5	86.0	86.5	84.0
New England Common Assessment Program (NECAP)										
Fourth grade										
Reading	53	66	59	59	69	72	58	59	54	57
Writing	44	55	55	41	47	51	40	42	34	32
Math	52	65	47	43	76	66	43	54	66	73
Seventh grade										
Reading	55	60	56	56	64	70	61	60	55	66
Writing	45	44	40	48	47	53	40	25	49	42
Math	52	38	41	43	76	70	49	51	55	55

Percent of Students Statewide Meeting or Exceeding Standards, 2007

table 63.2

	Vermont		
	2005	2006	2007
Vermont Developmental Reading Assessment			
Second grade			
Reading	83.0	85.3	85.0
New England Common Assessment Program			
Fourth grade			
Reading	66	69	70
Writing	51	50	50
Math	64	65	65
Seventh grade			
Reading	65	65	65.0
Writing	55	47	48.0
Math	60	59	60.0

Vermont Student SAT Scores

2008 Vermont Mean SAT Reasoning Test Scores

table 64.1

	Critical Reading			Mathematics			Writing		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
2001	509	502	506	533	498	514	n/a	n/a	n/a
2002	507	502	504	534	500	516	n/a	n/a	n/a
2003	512	503	507	537	503	519	n/a	n/a	n/a
2004	512	504	508	537	501	518	n/a	n/a	n/a
2005	513	505	508	538	504	520	n/a	n/a	n/a
2006	505	502	503	536	502	518	491	502	497
2007	504	502	502	533	499	515	489	500	494
2008	504	500	502	533	500	515	488	501	494

2008 Vermont SAT Reasoning Test Score Distribution

table 64.2

Score Range	Critical Reading			Mathematics			Writing		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
750-800	52	53	105	68	26	94	26	48	74
700-740	94	91	186	124	59	183	64	97	161
650-690	187	200	388	285	175	460	122	195	317
600-640	318	376	696	352	288	642	228	296	524
550-590	357	417	777	450	500	953	342	442	786
500-540	485	507	996	431	517	952	462	544	1,013
450-490	402	505	911	366	518	887	515	552	1,073
400-440	351	416	771	259	403	665	390	387	780
350-390	194	211	405	122	269	395	239	220	461
300-340	67	85	153	60	91	152	112	89	201
250-290	26	25	51	16	40	56	36	26	62
200-240	15	14	29	15	14	29	11	4	15



Youth Transition to Adulthood

High School Dropout and Completion Rates, 2008

table 65.1

	9th–12th Dropout rate, percent				12th Grade Completion rate, percent			
	2001	2003	2005	2008	2001	2003	2005	2008
Vermont	4.66	3.45	2.40	3.25	89	90	94	92.4
Bellows Free Academy (St. Albans)	4.70	4.42	3.45	2.95	95	95	95	93.4
Bellows Free Academy (Fairfax)	4.05	5.13	1.40	1.55	86	86	95	99
Enosburg Falls Jr/Sr High School	8.13	7.99	5.90	6.65	90	90	90	88.6
Missisquoi Valley UHSD #7	9.41	4.47	4.37	4.45	79	79	98	95.8
Richford Jr/Sr High School	3.07	4.17	4.76	2.82	93	93	100	100

There is no high school for Grand Isle County. These students attend high school across a 3 county, two state area.

Definition: Dropout:

A dropout by state and federal definition is an individual student who is not enrolled in an approved educational program and who has not graduated from high school. In Vermont, a student who is absent for more than 10 consecutive school days without authorization is classified as "withdrawn." If a truant officer is unable to verify that the student has transferred to a different school or approved educational program (e.g., home school) before the end of the year, the student is considered a dropout for the purposes of this report. A summer dropout is a student who completed the previous school year, who was absent for the first 10 days of the current school year, and who does not transfer to a different educational program.



College Costs for Vermonters

- Franklin County ranks 9th among the 14 Vermont counties for high school students pursuing college or other post-high school training.
- Sixty percent of 2005 high-school graduates who did not enroll in college indicated the most important reason being they "could not afford to continue their education."

Text 65.2

Higher Education

Percent of High-School Seniors Aspiring to Continued Education

table 66.1

	2001	2003	2005	2007	2008
Vermont	69.5	70.9	73.1	76.1	76.3
Franklin County	58.9	69.6	71.3	74.0	72.9
Grand Isle County	69.8	70.8	79.4	80.4	65.8

Percent Who Continued Education Within Six Months of Graduation

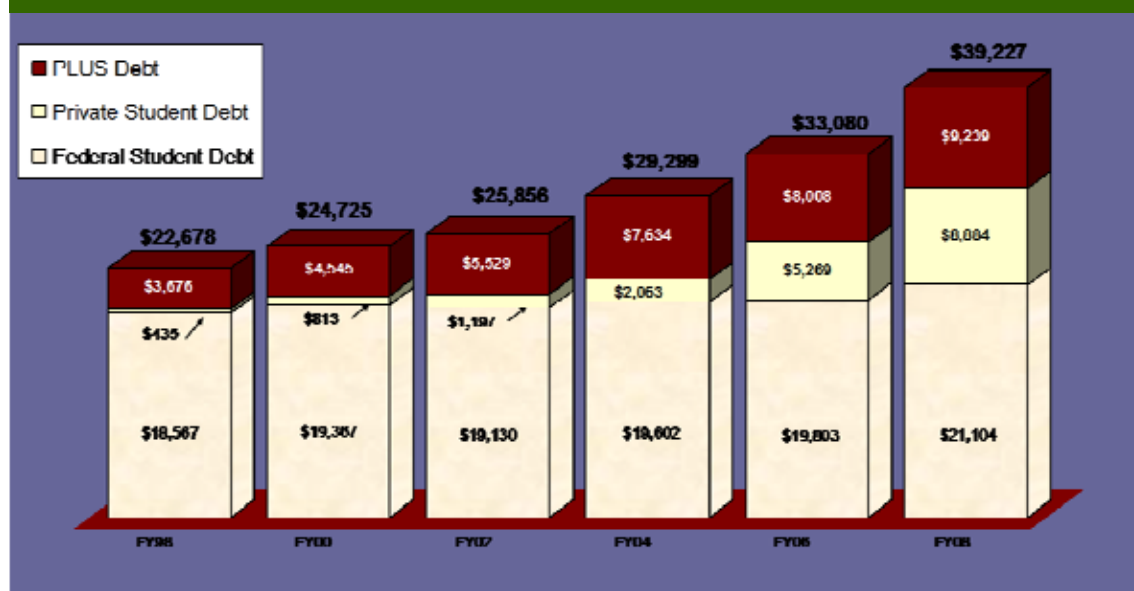
table 66.2

	2001	2003	2005	2007
Vermont	65.0	67.5	70.0	*74.8
Franklin County	57.4	63.7	68.4	*n/a
Grand Isle County	60.6	62.2	69.1	*n/a

*VSAC did not generate school-level reports for this survey. Unlike previous follow-up surveys, the 2007 study used a stratified, random sample to estimate college-going rates. The modifications in this study were intended to evaluate the impact of non-response bias in the traditional methodology, as well as assess the utility of a new methodology for estimating college-going rates.

Average Total Debt Accumulated by Senior Year in School: Full-Time Grant Recipients at Four-Year Schools

table 66.3





Adult Education

2007 VT Population with less than High School Education

table 67.1

	Total Population	Population 25 years & over	Less than 9th grade	9th to 12th grade - no diploma	Percent high school graduate or higher
Addison	36,638	23,785	1,098	1,695	88.3%
Chittenden	151,105	98,612	2,667	4,998	92.2%
Franklin	47,754	31,959	1,645	2,305	87.6%
Rutland	63,332	44,386	1,667	3,580	88.2%
Windham	43,624	30,972	913	1,918	90.9%
Windsor	57,098	41,537	1,167	2,803	90.4%
Bennington	36,529	25,857	1,203	1,944	87.8%
Caledonia	30,587	20,901	1,064	1,555	87.5%
Lamoille	24,588	16,579	468	932	91.6%
Orange	29,028	20,122	798	1,345	89.3%
Orleans	27,266	19,225	1,488	1,925	82.2%
Washington	58,995	40,835	1,197	2,139	91.8%

About the Northwest Technical Center

The Northwest Technical Center is located in St. Albans, Vermont, and is attached to Bellows Free Academy. Its primary function is to serve 10th, 11th, and 12th grade students from Bellows Academy, Missisquoi Valley Union High School, and other interested students from the surrounding areas. NWTC also offers courses and programs to adult students, high school student graduates, as well as non-graduates, who are interested in continuing their technical education.

Northwest Technical Center Education

table 67.2

	2007/2008	2008/2009
Total Enrollment	1793	1493
Male	825	684
Female	968	809
Single Parent	304	217
ESL	28	12
Disability	145	79
No HS Diploma	380	120

Reasons Cited for Enrolling at NWTC:

- Obtain employment- 285
- Upgrade employment- 617
- To obtain credential -166



Text 67.3

Vermont Adult Learning (VAL) provides adults with essential skills education to further their educational, employment and personal goals in order to expand their options and capabilities in the family, community and workplace.

Services are available to all out-of-school Vermonters, age 16 and above. VAL offers 3 different pathways to achieve a high school credential:

- High School Completion Program (ages 16-21)
- Vermont Adult Diploma Program (ages 21+, 18-20 with waiver)
- General Education Diploma (GED) (ages 16+)

VAL offers Work Readiness programming to prepare adults for entry, reentry to or promotion in the workplace. VAL works with numerous agency partners to deliver comprehensive educational opportunities.

In the 2007-2008 year, more than 5,500 Vermonters were served through VAL's 7 centers. More than 1,000 students achieved a high school credential -- a high school diploma or a GED.

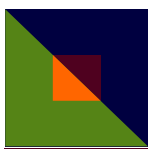
Vermont Adult Learning Calendar Year 2008 Franklin-Grand Isle Region



- Total Number of students served: 838
 - Adult Education Services 469
 - High School Credential Enrollments: 175
 - Adult Diploma Program 38
 - GED 70
 - High School Completion Program 67
 - Credentials earned: 91
 - Non-Credential Enrollments: 294
 - Basic Skills Improvement
 - English Language Learning
 - College Preparation
 - Technology Instruction
 - Driver Permit/ CDL Preparation

Total Hours of AEL Service: 22, 922 (average of 27 hours per student)

Text 68.1



Income

Promoting Financial Stability and Independence

Franklin and Grand Isle Counties are comprised of a rich agricultural history (dairy and crop farming). The number of dairy-only farms has decreased over the last ten years. Statewide, many farms are reinventing themselves to remain fiscally solvent (certified organic, specialty cheese, etc.). Franklin County is the fifth most populated county in the state and Grand Isle holds about 1.2% of the state population. With these populations, we utilize more public assistance than other counties (roughly 11% of state resources for our region). We currently have a higher unemployment rate than the state in both Franklin (9%) and Grand Isle (10%). Statewide, the unemployment rate has had a 59% increase over the last year causing much concern in households around our region. Manufacturing has been our largest employment option, historically, and we have seen a decrease in manufacturing jobs during this most recent economic recession. Rental housing and homeownership continue to be out of reach for many residents. Childcare, housing and transportation costs are among the largest barriers for working families in our region and the state of Vermont.



Some *trends* to keep in mind while reviewing this section are:

- In Franklin County, the top two employment sectors are government and manufacturing. In Grand Isle County, the top two employment sectors are construction and government. Loss of manufacturing jobs from Chittenden County effects residents that reside in our region. (2007)
- Franklin-Grand Isle is 3rd ranked in public assistance for the state; the region utilizes roughly 11% of the entire states allocated public assistance benefits.
- The housing wage (ability to pay rental or homeownership costs) in Franklin and Grand Isle Counties is \$21.31 per hour (*Between a Rock and a Hard Place*). At least 50% of our residents make less than this hourly wage; much less.
- Vermont is ranked the 11th most expensive state for doing business (based on wages, tax burden, electricity costs, and price of industrial rent and office space). (*Understanding Vermont, Vermont Community Foundation*)
- Workforce skills fall short of needs in our community. We have a strong Workforce Investment Board and Technical Center opportunities yet companies still struggle to find workers that meet job requirements.
- Infrastructure such as broad band and cell coverage lack in the Franklin Grand Isle region which hinders business growth and increases isolation in our rural communities.
- Vermont 's youth population is leaving the state at greater numbers (3 times other states) due to cost of living and limited job opportunities.
- Public transportation exists with limited services throughout or rural counties. We have CIDER (Champlain Islanders Developing Essential Resources) and Green Mountain Transportation Agency providing the bulk of transportation services to our elderly, disabled and other in-need populations for health and living service needs. Workforce transportation exists but is inadequate for the demands of the working poor.

Wages and Income

Wages and Income

table 70.1

	Vermont	Franklin	Grand Isle
Median Family Income, Census 2000	\$48,625	\$46,733	\$48,878
Per Capita Income, 2006	\$35,142	\$30,489	\$33,410
Avg. Annual Wage, 2006	\$35,585	\$33,640	\$26,500

Franklin County Ranks 3rd in Public Assistance

- Franklin County is the fifth most populated county in the state, with about 7.7% of Vermont's estimated 2005 population. In September 2008, it received 10.0% of the state allocation for Reach Up welfare, 9% of the state allocation for food stamps, and 11% of the allocation for general and emergency assistance.
- Grand Isle County, with about 1.2% of the state's population, received an equivalent share of the state allocations for public assistance in September 2008.

Special Supplemental Nutrition Program for Women, Infants and Children (WIC):

WIC improves the health of pregnant and postpartum women, infants and young children by assuring access to health care, teaching families about good nutritional practices and providing an individually designed package of nutritious food to eligible individuals.

During 2007, 2,534 women, infants and children living in Franklin and Grand Isle counties received individualized nutrition counseling, health screening & referrals and nutritious foods through this program. The average value of foods provided is about \$50.00 per person per month

Additional data regarding Public Assistance can be found on page 28-29.

Minimum Wage, 2009

- Effective January 1, 2009 the current minimum wage is \$8.06 per hour.
- During the 2005 Legislative Session, the Vermont General Assembly approved a law that will increase the minimum wage through an annual cost of living adjustment. This means Vermont's minimum wage will increase each January at the same rate as the 12-month increase of the Consumer Price Index.

Vermont Livable Wage, 2009

Basic Needs & Taxes

(all figures per wage with employer-assisted health insurance)

table 70.2

Family Unit	Annual	Hourly
Two Adults, No children	\$54,371	\$13.07 each
Single Person, No Children	\$34,840	\$16.75
Single Parent, One child	\$50,003	\$24.04
Single Parent, Two children	\$62,358	\$29.98
Two Adults, One Wage Earner, Two children	\$63,794	\$30.67
Two Adults, Two Wage Earners, Two children	\$80,746	\$19.41 each



Wages and Income

Wages and Income—Grouped by Supervisory Union

table 71.1

Franklin Northeast	Bakersfield	Berkshire	Enosburg	Enosburg Falls	Montgomery	Richford
Median Family Income, 2000 Census	\$41,687	\$40,833	\$38,958	\$37,813	\$38,839	\$32,016
Per Capita Income, 2000 Census	\$15,678	\$15,713	\$16,281	\$15,195	\$16,570	\$14,368
Avg. Annual Wage, 2006	\$21,867	\$23,819	\$25,860	N.A.	\$21,509	\$31,661

Franklin Northwest	Franklin	Highgate	Sheldon	Swanton Town	Swanton Village
Median Family Income, 2000 Census	\$40,156	\$44,697	\$45,833	\$45,810	\$41,929
Per Capita Income, 2000 Census	\$17,222	\$16,505	\$17,135	\$18,228	\$17,720
Avg. Annual Wage, 2006	\$20,974	\$35,540	\$38,880	\$31,852	N.A.

Franklin West Franklin Central	Franklin West			Franklin Central		
	Fairfax	Fletcher	Georgia	Fairfield	St. Albans City	St. Albans Town
Per Capita Income, 2000 Census	\$18,632	\$20,498	\$20,888	\$17,307	\$17,853	\$18,604
Avg. Annual Wage, 2006	\$29,806	\$21,929	\$35,706	\$26,834	\$36,913	\$29,879

Grand Isle	Alburgh Town	Alburgh Village	Grand Isle	Isle La Motte	North Hero	South Hero
Median family income, 2000 Census	\$39,783	\$39,792	\$52,143	\$41,094	\$51,964	\$61,198
Per capita income, 2000 Census	\$16,285	\$14,677	\$22,955	\$20,286	\$26,859	\$26,532
Avg. Annual wage, 2006	\$29,747	N.A.	\$31,101	\$20,042	\$22,823	\$23,348



Key Strategies for Franklin County Development

1. Build a workforce to make a competitive difference: Work cooperatively with local, regional, and state workforce development-training partners to assure that the required skills sets and work ethic are widely available to employers in the region, with particular emphasis on the basic and advanced skill sets needed by Franklin County's current and future key economic driver sectors.
2. Retain a vibrant base of quality jobs: Design and implement an aggressive and targeted retention program focused on regional economic driver sectors and existing significant Franklin County employers.
3. Strategic recruitment for a vibrant base of quality jobs to help diversify the regional economy: Design and implement an aggressive and targeted recruitment program focused on regional economic driver sectors and existing significant Franklin County employers.
4. Promote infrastructure readiness for a high performance Franklin County economy: Develop and continuously improve the infrastructure assets of the region to help improve and sustain regional competitiveness and a high quality of life.
5. Create a permit-development review climate of efficiency and predictability: Work cooperatively to streamline the region's development review and permitting processes to build regional competitiveness advantage.
6. Improve access to affordable capital for regional businesses: Work cooperatively with federal, state, and regional partners to improve Franklin County business' access to the affordable equity and early-stage debt capital resources needed for the region's entrepreneurs and start-up businesses.
7. Strengthen affordable workforce housing: Forge strategic partnerships for creating a full range of housing options across the entire pricing spectrum to affordably house the regional workforce in Franklin County.
8. Maintain a quality of life in Franklin County that assures long-term economic success: Work cooperatively with economic development and other partners to maintain/improve a quality of life in Franklin County that is necessary to attract and retain the type of talented workforce required for a high performance regional economy.



Conclusions from the Franklin County Regional Plan, 2003

- Franklin County needs to develop 88 jobs each year for the next 10 years, for a total of 880 new jobs by 2012. 199 of these jobs are needed to make up for jobs lost during 2002-2003 and another 681 jobs are needed to keep the county at the year 2000 share.
- New investment and a focus on workforce preparedness are needed. The “new economy” provides the potential for economic expansion, if the workforce is prepared to take advantage, or economic risk due to outsourcing (whether it be other communities, other states, or other countries).
- St. Albans imports and exports roughly the same number of jobs. Overall Franklin County exports a total of 11,406 resident workers out of the county, representing 49% of the employed population age 16-64. Clearly there is an adequate workforce if more jobs are available locally.
- The Services sector added approximately 2000 jobs (42.5% of the total job growth) between 1981-2000, followed by the Retail sector which added about 1,300 jobs (25.3% of the growth).
- Services now represents fully 30% of jobs (up from 20% in 1981). These are relatively low-wage jobs, which likely accounts for the decline of Franklin County's annual average wage from 89.8% of the Vermont average to 88.2% of the state average in 2000. 53.1% of the Services sector jobs are in Health Services. Health Service jobs account for 12.9% of private employment.
- The greatest increase in the Manufacturing Durables sector came in stone, clay and glass products; industrial machinery, and fabricated metals, accounting for almost 60%. 90% of nondurables growth came in food and kindred products and allied products. Food products manufacturing provides 1,211 jobs, representing the greatest employment in this sector.
- Franklin County ranks 2nd in the state for farm employment and contributes to employment in the food products sector.
- The Federal Government is also a large employer in Franklin County, particularly the Dept. of Homeland Security. The County's border with Canada makes it a point of entry into the United States.

Strengths

- An available workforce with a strong work ethic that is rooted in the region's history with production agriculture.
- Access to very good quality and affordable educational resources.
- Available and affordable telecommunications.
- Superb environmental quality and access to high quality recreational resources—including Lake Champlain.
- Good quality elementary and secondary schools.
- Good access to high quality health care, and generally affordable and young housing stock.
- An excellent quality of life for families.
- Good access to major market areas, including Burlington and Quebec.
- Reasonable access to affordable capital, but primarily for debt capital sources.
- Decent incentives and grant opportunities for business expansion in the region.
- Willing and active local governments pursuing economic development.

Weaknesses

- Limited availability of skilled workforce for high value-added services—the workforce is too “blue-collar” oriented for the evolving economy.
- A somewhat limited supply of moderate cost industrial sites with the necessary in-place infrastructure to support the region's key industry sectors.
- Spot difficulties with waste water treatment in some areas of the region, but particularly in the eastern portion of the Franklin County region.
- Limited equity and venture capital resources, particularly outside the region's existing key industry business base.
- Varying perceptions of elementary-secondary education quality in the region.
- Limited resources for technology related companies dependent upon higher educational resources.
- Concentration of jobs in only a few sectors may not give enough diversity to buffer against economic stress.

Observations from the Grand Isle County Regional Plan, 2004

- Grand Isle exports 2,600 workers out of the county—approximately 57.2% of the total working-age population.
- There was very minimal job creation, 0.5%, from 1989 to 2000.
- Grand Isle County workers' wage growth rate was higher than the state average (5.2% vs 4.3%) between 1981 and 2000.
- The Grand Isle County average annual wage in 2000 was still only 65.5% of Vermont's average wage.
- There was a significant increase in the number of entrepreneurs; they had higher earnings than their peers when compared to the Vermont average.
- 18% of Grand Isle's households are collecting retirement income, compared to 16% for Vermont statewide.
- Grand Isle County's population growth rate was the highest in the state between 1990 and 2000 and was significantly higher than Vermont's growth rate—30% vs 8%.
- The largest population gain was in the age group 40-59, which grew by 83%. Further, the age group 60-74 grew by 36%, which will likely have a significant impact on the need for personal-care services in the coming years.
- The median value of houses grew faster than the Vermont average—32% for Grand Isle vs 17% statewide.



Goals Identified for Grand Isle

- To promote greater understanding of development and growth issues within individual communities in the region.
- Work aggressively to support existing regional jobs through local, regional, and state institutions.
- Provide technical assistance services.
- Develop and implement a recruitment program that builds on the current assets of the county.
- Understand the needs of and resources available to businesses as they pertain to regulatory issues.
- Identify the infrastructure assets of Grand Isle County on a town-by-town basis.
- Identify the strengths and weaknesses of available infrastructure in supporting current and future business expansion in the key industry sectors, on a town-by-town basis.
- Design steps to create needed infrastructure.
- Expand public awareness of the importance of high quality and available infrastructure to economic development in Grand Isle County.
- Ensure that all children arrive at school ready to learn by supporting early childhood education.
- Support the acquisition of skills to ensure a marketable workforce, for school-age children as well as adult education.
- Partner with other organizations and employers to provide retraining opportunities.
- Expand the number and depth of financial options and tools available to new entrepreneurs, and to regional economic development professionals.
- Develop a coordinated regional approach to address the housing issues related to the needs of regional residents consistent with enhancing the overall quality of life in the Islands.



Housing

Price of Housing, 2006 and 2000 Census

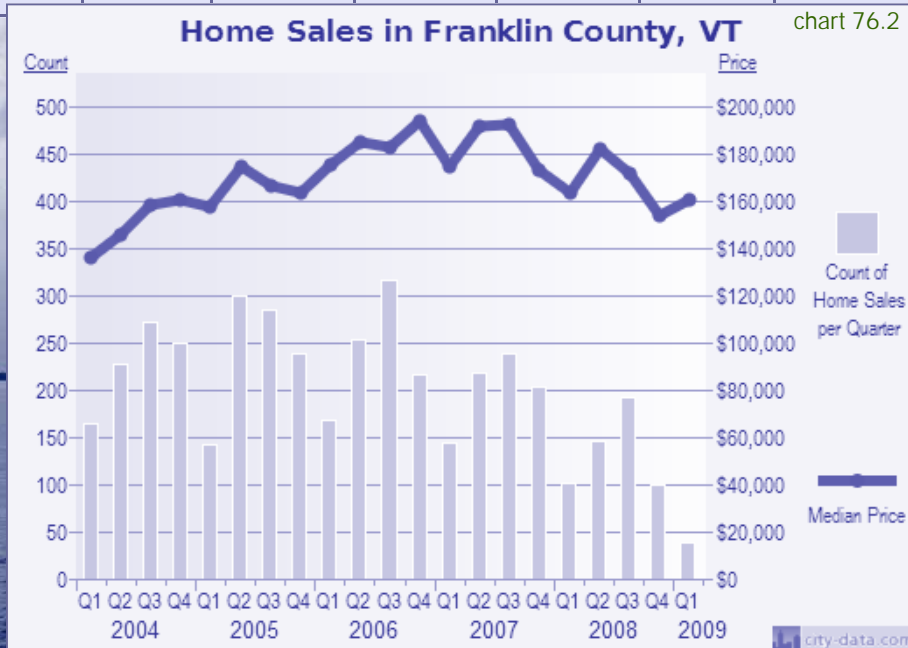
table 75.1

Town	Median Rent, 2000	Median Mortgage, 2000	Median Home Value, 2000	Average Price of Primary Residence Sales, 2006	Effective Home- stead Tax Rate, 2007
Alburgh Town	\$600	\$811	\$85,400	\$150,433	
Alburgh Village	\$517	\$829	\$80,400		
Bakersfield	\$592	\$871	\$90,200	\$220,781	1.01
Berkshire	\$481	\$693	\$81,000	\$140,147	.96
Enosburg Falls	\$441	\$866	\$79,100	\$140,424	1.12
Enosburg Village	\$457	\$886	\$82,500		
Fairfax	\$655	\$1,120	\$121,200	\$242,596	1.05
Fairfield	\$577	\$847	\$92,000	\$224,150	1.01
Fletcher	\$582	\$1,012	\$108,600	\$246,721	1.09
Franklin	\$569	\$829	\$92,100	\$164,687	.88
Georgia	\$713	\$1,026	\$119,000	\$244,907	1.11
Grand Isle	\$562	\$1,145	\$139,900	\$292,765	1.21
Highgate	\$617	\$850	\$95,800	\$172,808	.96
Isle La Motte	\$775	\$875	\$103,100	\$147,944	1.37
Montgomery	\$490	\$781	\$85,500	\$224,143	.92
North Hero	\$775	\$1,102	\$159,000	\$260,083	1.28
Richford	\$463	\$732	\$57,600	\$111,985	1.03
Sheldon	\$546	\$809	\$94,200	\$187,401	1.00
South Hero	\$702	\$1,167	\$163,200	\$353,750	1.15
St Albans City	\$538	\$945	\$97,100	\$169,867	1.08
St. Albans Town	\$586	\$996	\$117,700	\$230,371	1.11
Swanton Town	\$511	\$990	\$100,300	\$207,545	1.07
Swanton Village	\$521	\$941	\$94,400		

Mortgages & Rents, Census 2000

table 76.1

	Median Home Value	Percent of Home Values < \$100,000	Median Monthly Mortgage	Percent of Mortgages > 30% of Income	Median Monthly Rent	Percent of Rents > 30 % of Income	Rental Vacancy Rates, %
Vermont	\$111,500	41.0	\$1,021	23.1	\$553	37.5	1.4
Franklin County	\$99,300	51.4	\$948	22.2	\$539	31.5	1.1
St. Albans City	\$97,100	56.6	\$945	15.7	\$538	32.7	3.6
Grand Isle County	\$127,600	33.9	\$1,022	28.5	\$619	30.6	6.4

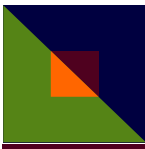


Average Price of Home Sales, 2000 & 2007/2008

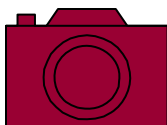
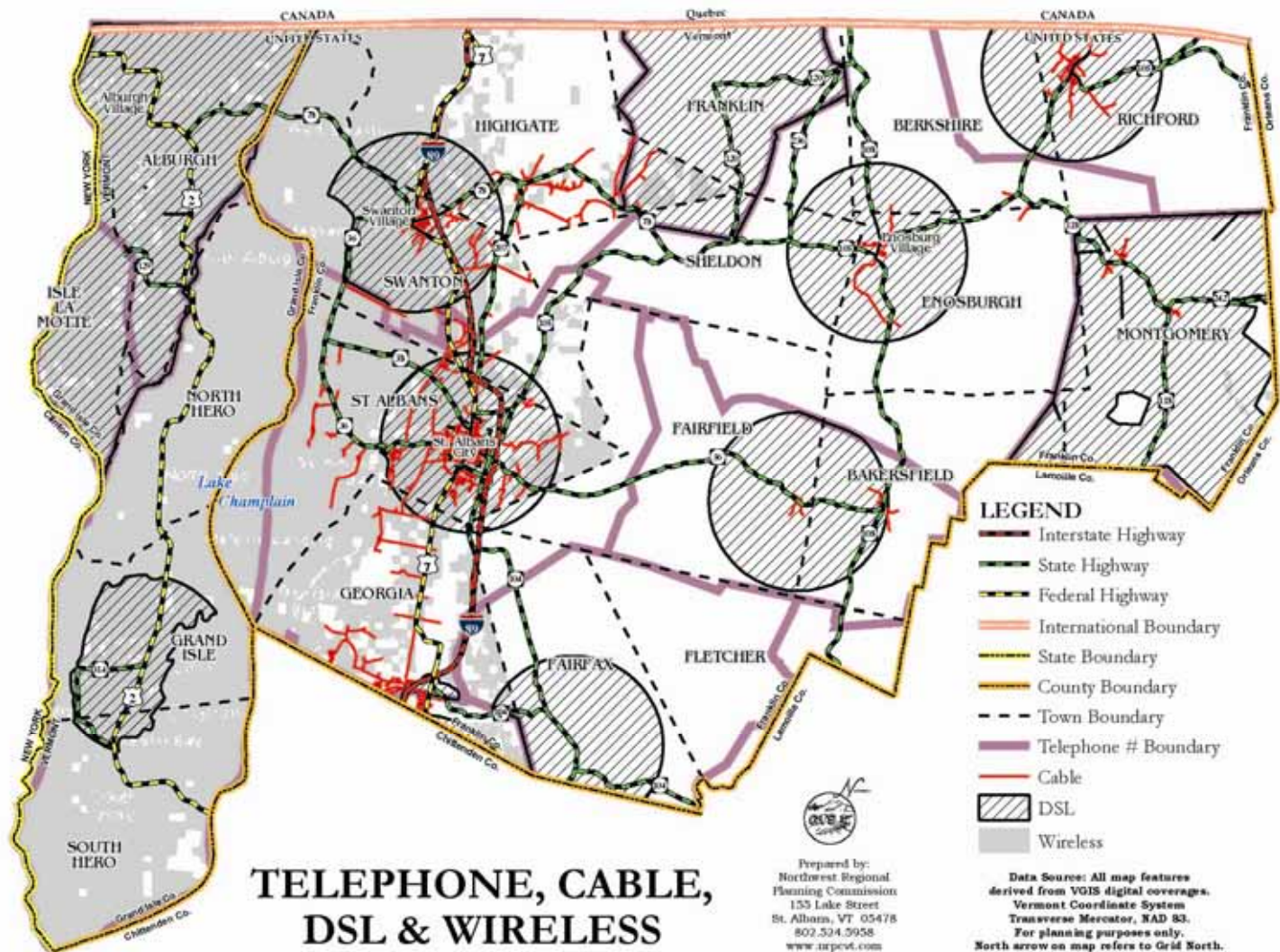
table 76.3

	Year-Round Homes		Vacation Homes	
	2000	2008	2000	2007
Vermont	\$119,000	\$232,367	\$126,500	\$338,753
Franklin County	\$113,650	\$187,431	\$63,000	\$172,210
Grand Isle County	\$122,500	\$267,281	\$112,500	\$330,168

Income



Broadband Communications



A Closer Look— *Broadband*

BROADBAND COMMUNICATIONS – A 21ST CENTURY NECESSITY FOR FRANKLIN AND GRAND ISLE COUNTIES

The establishment of universal broadband communication access for every citizen in the Franklin and Grand Isle counties is as important an advancement in the 21st century as was the deployment of electrification in the 20th. Broadband communication means the ability to transmit large volumes of data bi-laterally between sender and receiver and far above the present notion of high speed internet access, high definition television and voice communications. Whether by direct transmission over fiber optic lines or through wireless nodes supported by these lines, the presence of universal broadband communication has significant impact on the social-economic trends that are and will shape the our counties' lives.

Broadband Communications

Specifically universal broadband communication services will impact three significant areas: economic development, human services and education. In terms of economic development, the trend is for a diminishing manufacturing base, offset by increasing opportunities in the government, service and retail sectors. Those remaining manufacturers will increasingly rely upon automation, robotics, continuous inventory management and interstate and international communications with satellite operations within their own company and those consumers and companies to whom they sell their products. Broadband will not only enable those existing businesses in all three business sectors, as well as local, state and federal government agencies, but encourage the development of new business opportunities and as a result retain and grow the region's job base. As a result many new jobs will be created, readily available to individuals of low and moderate income.

Franklin County in particular is unique in that low to moderate income families and individuals pre-dominate its population. Broadband communication service has the capability of providing higher quality jobs for existing and future low and moderate income residents, particularly if the introduction of these services is accompanied by worker retraining programs and private tax incentives.

Three significant trends in human services - the coming shortage of medical professionals, particularly nurses, the establishment of electronic medical records and the changing proportion of the population over the age of 65 – will benefit from broadband communication service. Northwestern Medical Center, the Franklin County Home Health Agency and Northwestern Counseling and Support Services have all expressed in public presentations that tele-medicine services will both be beneficial and necessary to meet these trends. Services such as the remote monitoring and assessment of the health of patients in their homes, videoconferencing between patients and caregivers and timely remote transmission of medical records all involve data-intensive transmission that only broadband communications can provide.

Finally while some of our county school systems have access to lower level broadband communication services, it is becoming increasingly evident that the present model of school finance, governance and education delivery is unsustainable. The same technologies employed to overcome the region's human service challenges can too overcome the cost, quality and oversight of our children's education. Tele-education from regional magnet schools or teachers, multi-sensory tools of learning, broad based information gathering and cross-school sharing of curricula will improve the quality and quantity of educational instruction. While broadband communication services will not mandate the consolidation of administrative resources, it will provide the means to more effectively manage and create new systems of accountability that could reduce the cost to deliver educational services. Finally the availability from school and home to access high bandwidth resources will assist in the development of the technical skills for both children and adults that present and emerging industries will require for employment.

For more information regarding A Closer Look— Broadband contact:

Patrick Warn, Digitumbra Limited Co.

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Childcare Costs

Estimated Percent of Child-Care Needs Met, 2007

table 79.1

	1998	2007
Vermont average	51.3	56.3
Franklin /Grand Isle District	39.3	58.3

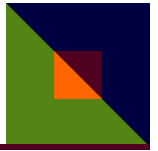


Child Care Market Rates and State Child Care Subsidy Payment Rates, Vermont 2008

table 79.2

Age of Children	Licensed Center				Registered Homes			
	Avg Weekly Market Rates \$	Median (50th Percentile) Weekly Market Rates	75th Percentile Weekly Market Rates	State Payment Rates	Avg Weekly Market Rates	Median (50th Percentile) Weekly Market Rates	75th Percentile Weekly Market Rates	State Payment Rates
Infant	155.90	150.00	180.00	129.22	131.00	125.00	150.00	104.00
Toddler	152.00	142.50	175.00	128.15	124.91	125.00	135.00	102.96
Pre-school	143.94	140.00	170.15	114.14	121.57	125.00	130.00	89.30
School Age	138.93	130.00	165.00	111.36	115.15	115.00	125.00	89.30
School Age (part-time)	81.76	75.00	93.75	63.03	67.09	60.00	75.00	52.53

Unemployment



Unemployment Rates – percent (not seasonally adjusted)

table 80.1

	Percent of Civilian Labor Force			
	U.S. Census 2000	March 2007	March 2008	March 2009
Vermont	4.2	4.4	5.0	7.9
Franklin County	3.7	5.1	5.5	8.4
Grand Isle County	3.4	7.2	8.2	10.6
Alburgh Town	4.7	11.6	13.3	15.1
Alburgh Village	5.4			
Bakersfield	2.1	4.1	5.1	8.1
Berkshire	6.4	1.8	3.3	3.1
Enosburg Town	3.6	10.0	11.3	14.9
Enosburg Falls	3.0			
Fairfax	3.2	3.8	4.9	9.4
Fairfield	3.8	6.1	7.0	9.0
Fletcher	2.6	1.2	1.9	2.2
Franklin	1.0	4.8	4.6	9.3
Georgia	1.5	2.0	2.0	2.0
Grand Isle	2.3	4.5	5.8	8.8
Highgate	5.5	4.7	5.3	6.3
Isle La Motte	9.5	13.9	13.4	17.5
Montgomery	5.9	7.1	7.2	8.8
North Hero	3.4	6.7	7.5	9.6
Richford	6.7	11.2	9.9	15.0
Sheldon	4.2	5.1	4.6	7.3
South Hero	1.8	4.5	5.1	7.2
St Albans City	3.1	7.0	7.4	13.6
St. Albans Town	1.6	2.1	2.3	2.4
Swanton Town	6.1	6.0	6.6	10.3
Swanton Village	9.4			



Employment

Employment, 2006 Est. and 2000 Census

table 81.1

	Vermont	Franklin County	Grand Isle County
2006 estimate, population age 16 and older in labor force	363,625	26800	4383
No. unemployed	12,721	1067	208
% unemployed	3.5	4.0	4.9
2006 estimate, population age 16 and older in labor force	363,625	26800	4383
No. unemployed	12,721	1067	208
% unemployed	3.5	4.0	4.9
2000 Census, population age 16 and older in civilian labor force	331,131	23,950	3,643
	13,997	885	
2000 Census, females 16 and older	158,838	11,404	1,693



Employment, 2000 Census – GISU

table 81.2

	Alburgh Town	Alburgh Village	Grand Isle	Isle La Motte	North Hero	South Hero
Population age 16 and older in civilian labor force	927	221	1,064	241	447	964
- No. unemployed	44	12	25	23	15	17
- % unemployed	4.7	5.4	2.3	9.5	3.4	1.8
Females in civilian labor force						
- No. with own children < age 6	399	93	500	126	199	469
	155	39	118	39	40	114
Avg. commute time one-way, in minutes	36.9	29.8	32.9	39.3	36.9	27.5

Employment, 2000 Census - NESU

table 82.1

	Bakers- field	Berkshire	Enosburg	Enosburg Falls	Mont- gomery	Richford
Population age 16 and older in civilian labor force	616	704	1,356	674	475	1,086
- No. unemployed	13	45	49	20	28	73
- % unemployed	2.1	6.4	3.6	3.0	5.9	6.7
Females in civilian labor force	296	542	1,076	624	217	538
- No. with own children < age 6	122	112	224	114	75	189
Avg. commute time one- way, in minutes	32.6	26.0	30.3	32.5	33.3	29.9

Employment, 2000 Census - NWSU

table 82.2

	Franklin	Highgate	Sheldon	Swanton Town	Swanton Village
Population age 16 and older in civilian labor force	702	1,761	1,046	3,410	1,324
- No. unemployed	7	96	44	208	124
- % unemployed	1.0	5.5	4.2	6.1	9.4
Females in civilian labor force	315	818	489	1,691	688
- No. with own children < age 6	95	278	148	510	185
Avg. commute time one- way, in minutes	28.9	27.3	26.5	24.5	24.8

Employment, 2000 Census - FWSU / FCSU

table 82.3

	Franklin West			Franklin Central		
	Fairfax	Fletcher	Georgia	Fairfield	St. Albans City	St. Albans Town
Population age 16 and older in civilian labor force	1,977	690	2,475	969	4,018	2,682
- No. unemployed	63	18	36	37	124	44
- % unemployed	3.2	2.6	1.5	3.8	3.1	1.6
Females in civilian labor force	895	304	1,210	465	1,911	1,308
- No. with own children < age 6	336	131	374	166	618	423
Avg. commute time one- way, in minutes	28.3	34.5	24.8	32.0	18.0	23.6



Labor Force, 2007

table 83.1

	Vermont	Franklin County	Grand Isle County
Estimated Total Population, 2007	621,254	47,914	7,703
Number of people working, 2007	353,900	26,250	4,300
Number of people working in jobs covered by Unemployment Insurance, 2006	302,969	15,529	1,164

Employment Sectors, 2006

table 83.3

	Vermont	Franklin County	Grand Isle County
Manufacturing	12.0	17.1	3.5
Health Care and Social Assistance	14.1	13.8	4.1
Retail	13.4	13.5	15.0
Construction	5.7	3.6	18.3
Accommodations Food Service	9.7	6.1	8.4
Government	17.0	24.2	28.4

Agricultural Census, 2002

table 83.6

	Vermont	Franklin County	Grand Isle County
No. of Farms	6,571	770	99
Avg. Acres/ Farm	189	247	165
Avg. Value/ Farm	\$386,695	\$391,243	\$504,158
Avg. Value of Products/Farm	\$71,993	\$149,915	\$93,292

Occupations with Largest Numbers of Employees in Vermont, 2006

table 83.2

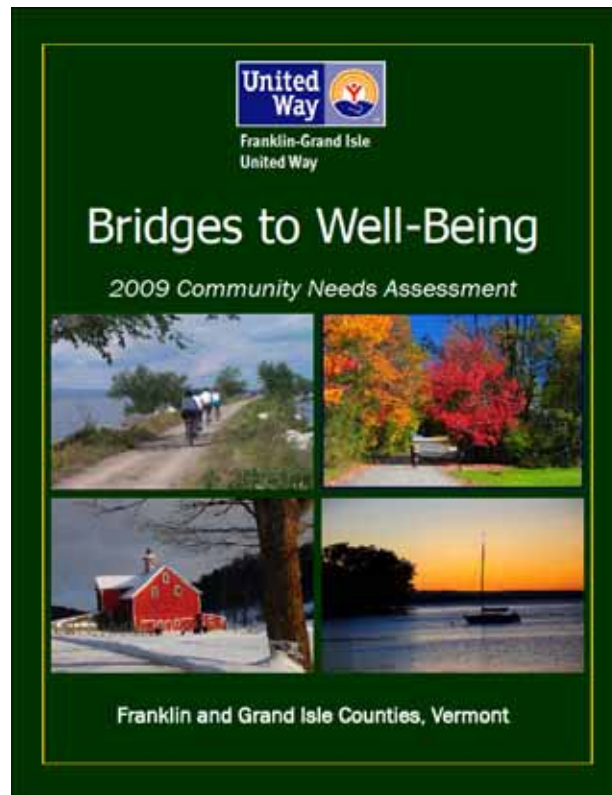
Occupation	Number employed
Retail sales persons	11,243
Cashiers	9,215
Bookkeeping, accounting and auditing clerks	6,956
Carpenters	6,430
Secretaries except legal, medical and executive	6,262
Registered nurses	6,023
Teacher assistants	5,741
Waiters and waitresses	5,688
Janitors and Cleaners, except Maids and Housekeeping Cleaners	5,369
Personal Home Health Aide	5,167

Fastest Growing Jobs in Vermont, 2006-2016

table 83.4

Occupation	Annual Growth Rate
Personal & Home Care Aides	5.1%
Pharmacy Technicians	4.2%
Computer Software Engineers, Applications	3.9%
Home Health Aides	3.7%
Community & Social Service Specialists, All Other	3.5%
Veterinary Technologists & Technicians	3.2%
Pharmacists	3.2%
Network Systems & Data Communications Analysts	3.1%
Substance Abuse & Behavior Disorder Counselors	2.9%

Additional Acknowledgements



Bridges To Well-Being, Franklin-Grand Isle Community Needs Assessment 2009 was printed with the generous support of Northwestern Medical Center and the Northwest Regional Planning Commission.

A special thank you to David Juairé and Jeff Moreau for use of their Franklin and Grand Isle Counties photographs displayed throughout the document.

Thank you to Sally Bortz from the Franklin Grand Isle United Way for her time in document design and reformatting.

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Data Sources

A Demographic Profile

Chart 4.1

US Economic Growth Statistics

BBC <http://www.economicshelp.org/blog/economics/us-economic-growth-statistics/>

Table 8.1, 13.1, 14.1, 15.1, 16.1

Vermont Department of Health, "2007 Vermont Population Estimates,"

<http://www.healthvermont.gov/research/2007pop/2007pop.aspx>

Table 8.2, 8.3, 13.2, 14.2, 15.2, 16.2

The Center for Rural Studies, University of Vermont, "Demographic Profiles for Vermont."

To view data for a geographical area of interest (state, county, town) use the menus starting on the following Web page: <http://crs.uvm.edu/census/2000dps>. This site is also a portal to "The U.S. Census 2000" report.

Table 9.1, 10.1, 11.1

Vermont Department of Aging and Independent Living, "MISER Population Projections for Vermont, 2000-2020," by Stefan Rayer, Ph.D. <http://www.dad.state.vt.us/Reports/VtPopulationProjections.pdf?>

Table 12.1

Vermont Agency of Human Services, "2007 Community Profiles." At <http://humanservices.vermont.gov/publications/community-profiles/>

Text 12.2

Vermont Department of Health, "Vermont Vital Statistics", <http://healthvermont.gov/research/stats/2005/B05INDX.htm>

Immediate Needs

Table 18.1

Department for Children and Families, Vermont Agency of Human Services, Statistics on a variety of public assistance programs. Select the program of interest from the list at: <http://dcf.vermont.gov/esd/statistics>

18.2, 19.1, 19.2, 20.1, 20.2

The Center for Rural Studies, University of Vermont, "Demographic Profiles for Vermont."

To view data for a geographical area of interest (state, county, town) use the menus starting on the following Web page: <http://crs.uvm.edu/census/2000dps>. This site is also a portal to "The U.S. Census 2000" report.

Table 21.1, 22.1

Franklin-Grand Isle Community Action, CVOEO, Data provided by Franklin Grand Isle Food Shelf, 86 N. Main St, St. Albans, VT 05478 (802) 527-7392

Chart 23.1

Vermont Coalition to End Homelessness- Statewide Survey -"Vermont Point In Time, January 2009" http://www.helpingtohouse.org/documents/resources/55_2009%20Point%20In%20Time%20Report.pdf; Samaritan House, Linda Ryan, Director 802-527-0847

Chart 27.1

Vermont 211, 2008 Monthly Statistics Report, <http://www.vermont211.org/images/stories/Documents/monthly2008.pdf>

Chart 28.1, Table 29.1, 30.1

Vermont Department of Public Safety, "Vermont Crime Online" <http://vtweb.beyond2020.com/vconpublic/Browse/BrowseTables.aspx>

Data Sources

Text 28.2, 33.4

Vermont Judiciary, “Vermont Judiciary Statistics.” <http://www.vermontjudiciary.org/JC/CourtStatistics.aspx>

Table 33.1, 33.2, 33.3

Client Demographics -Voices Against Violence/Laurie’s House, Kris Lukens-Rose, Director, 802-524-6575

Table 34.1

The Vermont Network Against Domestic and Sexual Violence, , 802-223-1302. <http://www.vtnetwork.org/main.php/Resources/AnnualReports>; National Network to End Domestic Violence, www.nnedv.org

Health

Table 40.1, 40.2, 40.4, 43.2, Chart 43.1

Vermont Dept of Health, “Behavioral Risk Factor Surveillance System, BRFSS Reports and Summaries,” <http://healthvermont.gov/research/brfss/reports.aspx>

Table 40.3

Franklin County Caring Communities, “Vermont Youth Risk Behavior Survey 2007” County specific data is archived at <http://www.fcccp.org/webresources.htm>. Full statewide report is available at Vermont Department of Health, <http://healthvermont.gov/research/yrbs.aspx>

Table 41.3

Vermont Department of Health, “Vermont Vital Statistics Annual Report, 2005—Births ” <http://healthvermont.gov/research/stats/2005/B05INDX.htm>

Table 41.4

Vermont Department of Health, “Vermont Adult Tobacco Survey Report 2007”, <http://healthvermont.gov/pubs/documents/AdultTobaccoSurveyReport2007.pdf>

Table 42.1, 43.1

Vermont Department of Health, “Vermont Cancer Registry”, http://healthvermont.gov/prevent/cancer/cancer_programs.aspx

Table 47.1, 48.1, 50.1

Vermont Agency of Human Services, “2007 Community Profiles.” At <http://humanservices.vermont.gov/publications/community-profiles/>

Table 51.1, 51.2, 51.3, 51.4, 50.2

Vermont Department of Health, Division of Alcohol and Drug Abuse Programs, Vermont Substance Abuse Treatment Information System (SATIS), <http://healthvermont.gov/adap/clearinghouse/documents/FranklinandGICountiesbySAandFY.pdf>

Text 52.1, 52.2, 52.3

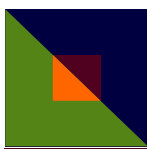
Northwestern Counseling & Support Services, Ted Mable, Director, 107 Fisher Pond Road, St. Albans, 527-6554

Table 53.1

Vermont Department of Disabilities, Aging and Independent Living, “Shaping the Future of Long-Term Care: 2005-2015,” <http://dail.vermont.gov/dail-publications/publications-general-reports/shaping-the-future-2005-2015>

Table 53.2

Vermont Department of Aging and Independent Living, “MISER Population Projections for Vermont, 2000-2020,” by Stefan Rayer, Ph.D. <http://www.dad.state.vt.us/Reports/VtPopulationProjections.pdf>



Data Sources

Table 53.3

Vermont Uniform Hospital Discharge Data Set (VUHDDS), http://www.bishca.state.vt.us/HcaDiv/Data_Reports/uniform_discharge_data/index_VUHDDS.htm

Education

Table 57.1

The Center for Rural Studies, University of Vermont, “Demographic Profiles for Vermont.”

To view data for a geographical area of interest (state, county, town) use the menus starting on the following Web page: <http://crs.uvm.edu/census/2000dps>. This site is also a portal to “The U.S. Census 2000” report.

Text 58.1

Vermont Department for Children & Families, Child Development Division, Bright Futures Information System, <http://dcf.vermont.gov/cdd/statistics>

Chart 58.2

Vermont Department of Education, <http://education.vermont.gov/new/html/data/enrollment.html>

Text 60.1

Building Bright Futures, “Direct Services Program Report (FY2009) “ Michelle Spence, Coordinator—Franklin County Early Childhood Programs, 100 Robin Hood Dr., Suite 2, Swanton, VT 05488 802-868-4457 mmspence@yahoo.com

Table 61.1, 61.2, 61.3, 61.4, 61.5, 62.1, 62.2, 62.3, 63.1, 63.2

Vermont Agency of Human Services, “2007 Community Profiles.” At <http://humanservices.vermont.gov/publications/community-profiles/>

Table 64.1, 64.2

College Board, “State Profile Report 2008– Vermont” http://professionals.collegeboard.com/profdownload/Vermont_CBS_08.pdf

Table 65.1

Vermont Department of Education, “Dropout and Completion Report,” <http://www.state.vt.us/educ/new/html/maindata.html>

Text 65.2, Table 66.1, 66.2, 66.3

Vermont Student Assistance Corporation (VSAC), “The Vermont Senior Survey,” <http://services.vtac.org/wps/wcm/connect/VSAC/vtac/general/about+vtac/about+us/research+department/vtac+--+general+--+vtac+research+home>

Table 67.1

U.S. Census Bureau, Data Sets, <http://factfinder.census.gov/servlet/DatasetMainPageServlet>

Table 67.2., Text 67.3

Vermont Department of Education, “Adult Technical Education Data,” http://education.vermont.gov/new/html/pgm_adulted.html

Table 68.1

Vermont Adult Learning, Franklin-Grand isle Region, 5 Lemnah Drive, St. Albans, VT (802) 524-9233

Income

Table 70.1, 75.1, 76.1, 81.1, 85.1, 85.3

Vermont Department of Labor, “Vermont, Economic-Demographic Profile Series, 2008,” <http://www.vtlmi.info/lmipub.htm#profile>

Data Sources

Table 70.2

Vermont Livable Wage Campaign, <http://www.vtlivablewage.org/updatedlivablewagefigures.html>

Table 71.1, 75.1, 76.1, 76.3, 81.1, 81.2, 82.1, 82.2, 82.3

The Center for Rural Studies, University of Vermont, “Demographic Profiles for Vermont.”

To view data for a geographical area of interest (state, county, town) use the menus starting on the following Web page: <http://crs.uvm.edu/census/2000dps>. This site is also a portal to “The U.S. Census 2000” report.

Text 73.1

Franklin County Industrial Development Corporation, “Working Draft: Long-Term Strategic Economic Development Plan—Greater Franklin County Region.” February 2004

Text 74.1

Lake Champlain Islands Chamber of Commerce, “Draft 7: Grand Isle County Strategic Economic Development Plan,” presented May 27, 2004

Chart 76.2

City-Data.com, “Home Sales in Franklin County Vermont”, www.city-data.com/city/Franklin-Vermont.html

Table 76.3

Vermont.gov, “Housing Resources”, <http://www.vermont.gov/portal/residents/index.php?id=59>

Table 79.1

Vermont Agency of Human Services, “2007 Community Profiles.” At <http://humanservices.vermont.gov/publications/community-profiles/>

Table 79.2

Vermont Department for Children and Families, Child Development Division, “Vermonts 2008 Childcare Market Rate Survey”, http://dcf.vermont.gov/sites/dcf/files/pdf/cdd/care/2008_Child_Care_Market_Rate_Report.pdf

Table 80.1

Vermont Department of Labor <http://www.vtlni.info/lmipub.htm#laus>

Table 83.6

National Agricultural Statistics Service of the U.S. Department of Agriculture, “2002 Census of Agriculture.” Select the county of interest from menus starting at: http://www.nass.usda.gov/Census_of_Agriculture/index.asp

Table 83.4, 83.6

Vermont Department of Labor “Occupational Employment & Wages” and “Occupational Projections 2006-2016,” <http://www.vtlni.com/occupation.cfm>

Bridges to Well-Being 2009



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