

Southwestern Vermont
Medical Center

Community Health Needs Assessment



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Table of Contents

Executive Summary of Findings	4
Priority Health Needs	4
<i>Mental Health Supports</i>	4
<i>Promotion of Healthy Behaviors and Primary Prevention Activities</i>	5
<i>Accessibility of High-Quality, Convenient, and Affordable Care</i>	5
<i>Substance Use Prevention, Harm Reduction, Treatment, and Recovery Resources</i>	6
Introduction	7
IRS Form 990, Schedule H Compliance	8
Principal Functions of Southwestern Vermont Medical Center	8
Methodology	9
Community Description	9
<i>Drawing the Community Boundary</i>	9
<i>Population Demographics</i>	11
<i>Changes in Population Over Time</i>	12
Community Forums	12
<i>Advertising and Recruitment of Participants</i>	13
<i>Forum Setting</i>	13
<i>Forum Polls</i>	13
<i>Forum Limitations</i>	14
Community Survey	15
<i>Survey Development</i>	15
<i>Survey Advertisement</i>	15
<i>Collection and Analysis of Survey Responses</i>	16
<i>Demographic Characteristics of Survey Respondents</i>	16
<i>Survey Limitations</i>	18
Secondary Data	18
<i>Secondary Data Sources</i>	18
<i>Secondary Data Limitations</i>	19
Scoring Rubric for Prioritization of Community Health Needs	20
Community Health Needs	22

Physical Environment.....	24
<i>Transportation</i>	24
<i>Housing</i>	25
<i>Walkability and Neighborhood Safety</i>	27
Social Environment and Diversity	29
<i>Social Isolation</i>	29
<i>Community Cohesion and Gathering</i>	32
Education	34
<i>Childcare and Early Education</i>	35
<i>High School</i>	36
Food Security	37
Financial Standing and Poverty.....	39
<i>Employment</i>	39
<i>Multiple Positions</i>	41
<i>Earnings</i>	42
Health Status and Outcomes	46
<i>Health Status</i>	46
<i>Mental Health</i>	47
<i>Diabetes</i>	51
Health Behaviors.....	52
<i>Physical Activity and Obesity</i>	52
<i>Substance Use</i>	56
Access to Medical Services.....	62
<i>Primary Care</i>	62
<i>Locations of Care</i>	64
<i>Barriers to Care</i>	65
Conclusion	72
Implementation Plan	73
Appendix A: Service Area Demographics	79
Appendix B: Service Area Population over Time	83
Appendix C: Community Forums	90
Appendix D: Community Health Survey Questions	94

Appendix E: Brief Evaluation of Prior Efforts to Meet Community Needs Identified by CHNA 97

Appendix F: Medical Services within SVMC’s Service Area 101

Appendix G: Social Services within SVMC’s Service Area 113

Executive Summary of Findings

The Community Health Needs Assessment (CHNA) process, described in detail through the rest of this assessment, served to identify the priority health needs for the 75,000 individuals living with Southwestern Vermont Medical Center's (SVMC) service area. Through five community forums, a digital survey, insight from subject matter experts, and secondary data, a variety of health needs were identified and researched. These needs were scored and prioritized using a framework that considered the scope and severity of the need, SVMC's ability to impact the need, and the existence of evidence-based interventions that can affect change to meet the need. This scoring resulted in the priority health needs listed and detailed below. The need across all four priorities is greatest within youth and young adults (ages 13 to 34) who, across all data sources, indicated challenges with meeting basic needs, a high rate of psychological distress, struggles with substance use, barriers to healthy behaviors, and difficulties accessing health care.



Priority Health Needs

1. *Mental Health Supports*

Mental health conditions were consistently identified as an area of top concern in all methods used to gather community insight and data. Depression and anxiety impact large portions of the population SVMC serves, particularly youth and young adults; SVMC's community health survey indicated that over 80% of individuals aged 13-34 experienced some level of challenge with depression over the past year; similar rates were seen for anxiety. Though challenges with psychological wellbeing in SVMC's service area long preceded the pandemic, the stressors of the pandemic exacerbated the severity and prevalence of the need.

Challenges with mental health can critically impact an individual's ability to make healthy behavior choices, to financially support oneself, and to enjoy life. SVMC is fortunate to partner with many

community organizations that provide world-class mental health supports, most notably United Counseling Service (UCS), the Bennington-area designated mental health agency. Through continued collaboration with UCS and innovations in the community and clinical setting, SVMC is well situated to amplify efforts to address mental health needs. For more data regarding this health need, visit page 47; for information outlining SVMC's implementation strategies, visit page 75.

2. Promotion of Healthy Behaviors and Primary Prevention Activities

Much of an individual's health is determined by their behaviors, habits, and choices. Over time, behaviors such as tobacco use, physical inactivity, and poor diet can negatively affect one's wellbeing, resulting in chronic conditions and early mortality. Within SVMC's service area, individuals shared significant challenges to consistently perform healthy behaviors and develop healthy habits. SVMC's community health survey asked respondents to share the one change to their life that would most positively impact their personal health; overwhelmingly, responses indicated that increasing physical activity is a goal for many.

SVMC understands that making healthy behavior choices is not always easy or even possible, given environmental, financial, and other constraints. Influencing behavior cannot simply be accomplished through education and didactic lecturing from subject matter experts. Instead, change at the individual level can be seen after removing community-level barriers to good health, particularly when paired with tailored support.

Continued partnership with community-based organizations will be integral to the success of initiatives in this domain. A particular focus will be placed upon youth, to build resilience and healthy habits early in life. For more data regarding this health need, visit page 52. For information outlining SVMC's implementation strategies, visit page 76.

3. Accessibility of High-Quality, Convenient, and Affordable Care

Provision of exceptional care and comfort is intrinsic to SVMC's commitment and service to the community. Ensuring access to quality care for all people is at the heart of the hospital's mission, strategic plan, and population health efforts. Though much of an individual's health outcomes are determined outside of the clinical setting, connection to the health system is paramount to maintaining good health, detecting early signs of illness, and connecting individuals to appropriate resources and supports. A number of barriers to care were identified through SVMC's community forums and community health survey. Community members cited challenges to secure a fast, convenient appointment as a top concern. Additionally, a wide range of individuals indicated that challenges and anxieties relating to the cost of health care were frequently an obstacle toward seeking and receiving care.

Sustained recruitment and education efforts will continue at SVMC to ensure a diverse pool of providers, ready to assist patients in living their healthiest lives and meeting their goals for wellbeing. Modification of practice hours as appropriate, and expansion of on-demand telehealth services, will provide a convenient care landscape for even the busiest patients.

Connection with minority and marginalized groups is essential to build trust and communication with the health system. Cancer screening days, communication campaigns, and continued support of other clinical organizations will increase access to care and build a healthier populace. For more data

regarding this health need, visit page 62; for information outlining SVMC's implementation strategies, visit page 77.

4. Substance Use Prevention, Harm Reduction, Treatment, and Recovery Resources

Substance use has had a wide-ranging impact on the health of SVMC's service area and was frequently cited as a concern in community forums, community health survey responses, and secondary data. Individuals aged 13 to 24 years old more commonly indicated a personal struggle with substance use disorder than other age groups, and the reverberations of its impact on SVMC's service area can be measured throughout all age groups, and in the overall psychological and economic health of the region. Use of tobacco, particularly electronic vaping among youth, is alarmingly prevalent, as is binge drinking. Opioid use is resulting in an increasing number of fatal and non-fatal overdoses.

No single intervention can alleviate the suffering and mortality caused by substance use. Community-wide support is critical for success in this domain, as is a suite of interventions that include prevention, harm reduction, treatment, and recovery supports. Prevention efforts, in tandem with campaigns led by community partners, will primarily center upon the youth population. Harm reduction programming, evidence-based and rooted in best practices, will seek to provide health supports for individuals currently struggling with substance use disorder who are not yet able to take steps towards treatment and recovery. Availability of treatment resources, whether through medication, counseling, or other means, is critical for encouraging and supporting individuals in recovery. Finally, long-term resources are crucial for sustained recovery, including housing, support groups, and employment.

For more data regarding this health need, visit page 56; for information outlining SVMC's implementation strategies, visit page 78.

Introduction

Section 501(r) of the Internal Revenue Code requires that nonprofit health systems and hospitals complete a Community Health Needs Assessment (CHNA) on a triennial basis. While Southwestern Vermont Medical Center routinely assesses community health data in efforts to improve quality, affordability, patient experience, and accessibility, the CHNA process is robust and comprehensive, allowing for a unique blend of community voices, expert opinions, and public health data to inform future action.

SVMC views the CHNA as a means to accomplish four goals:

1. The CHNA builds an information foundation for community health action and clinical quality improvement initiatives. This learning leads to action, with a goal of improving health outcomes, reducing health disparities, and ensuring long and healthy lives for all.
2. The CHNA provides an easy, sometimes anonymous platform for citizens to ask questions and share opinions related to SVMC's clinical care or community health initiatives. Through this process, SVMC can carefully craft further communications to resolve confusion or misconceptions.
3. Further, the CHNA creates a bi-directional flow of communication with community members, building mutual trust and respect upon which future initiatives will depend.
4. Finally, the finished CHNA is a publically available reference for community members and organizations. The assessment and associated implementation plan can be leveraged to unite community-wide efforts to meet the most pressing and complex health needs in the region.

Previously, SVMC has completed a CHNA in 2012, 2015, and 2018. Many of the topics and needs identified by community members in those years are also highlighted in this report, though new topics were additionally raised that reflect public health challenges being addressed nationwide. The COVID-19 pandemic and its short- and long-term effects were areas of grave concern for many. The pandemic's disproportionate impact on racial and ethnic minorities, as well as those with limited financial means, cast longstanding health disparities in a new light, starkly revealing the necessary work ahead to create a more just, healthy, and resilient society.

While this document endeavors to be a comprehensive source for public health data and community opinion, omissions are unintentional albeit unavoidable. As described in the Methodology section, careful efforts were made to include a diversity of voices and sources for data. At its height during the assessment process, the COVID-19 pandemic both hindered and assisted in gathering information and engaging community members. While in-person meetings were not possible, the pandemic was a catalyst for some to become more involved and vocal than ever before. This increased community participation and attention to public health challenges served to strengthen this document and, if sustained, will strengthen the initiatives undertaken to meet the priority health needs identified.

Though the needs identified in the assessment are complex, challenging, and seemingly intractable, SVMC is well positioned to develop innovative methods and programs to rise to the challenge. In tandem with numerous community partners, SVMC will continue to deliver innovative solutions to improve the health care landscape, and to support healthy communities.

IRS Form 990, Schedule H Compliance

Requirement	Page(s)
Definition of community served by SVMC, including geography and population served	Pages 9-12
Principal functions of hospital	Page 8
Description of process and methods used to conduct CHNA and analyze data	Pages 9-19
Listing of data used in assessment	Pages 18-19; throughout document in footnotes
Listing of contracted parties	Page 15
Solicitation and input from persons representing community	Pages 12-18
Prioritization of health needs	Pages 4-6; Pages 20-21
Implementation plan	Pages 73-78
Evaluation of previous actions taken as a result of past CHNA	Pages 97-100
Existing health care facilities and resources within the community to respond to health needs	Pages 101-133
Documentation in a report to be authorized by body of hospital	Entire document

Principal Functions of SVMC

SVMC is part of the corporate family of Southwestern Vermont Health Care (SVHC), an integrated health system. The SVHC corporate family includes:

- Southwestern Vermont Medical Center, an acute care hospital;
- The Center for Nursing and Rehabilitation in Hoosick Falls, NY;
- A medical office building with twenty specialty care practices
- Primary care practices in Manchester, Wilmington, and Pownal, VT, as well as Hoosick Falls, NY;
- A clinic, Mountain Medical, at the base of Mount Snow in West Dover, VT; and
- A regional cancer center in affiliation with the Norris Cotton Cancer center at Dartmouth Hitchcock.

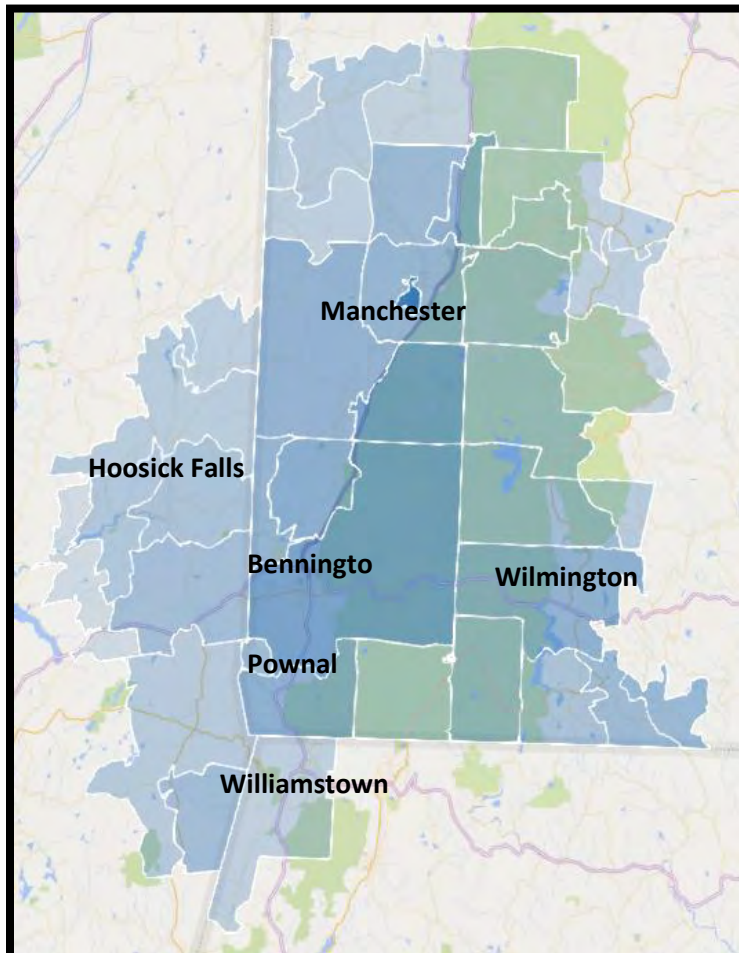
Through visionary partnerships with Dartmouth-Hitchcock, Castleton University, and others, nearly 1,400 employees emulate the values of quality, empathy, safety, teamwork, and stewardship to fulfill SVMC's mission of exceptional care and comfort for the 75,000 people they serve. SVMC's commitment to quality care has been recognized by the nation's most stringent regulators and the industry's leading professional organizations. SVMC has additionally committed to a variety of projects and initiatives that will improve health and wellbeing at the community-level. A framework for understanding how SVMC's clinical initiatives align with community initiatives can be found within the Community Health Needs section below.

Methodology

Community Description

Drawing the Community Boundary

SVMC's community of 75,000 people (referred to as SVMC's service area within this assessment), spans many towns within five counties and three states. A full listing of towns and their associated zip codes can be found below.



For this assessment, SVMC's service area was defined by looking at the total number of SVMC patient "encounters" in fiscal year 2019. An encounter includes a patient utilizing any of SVMC's inpatient or outpatient services. These encounters were organized by the zip code in which the patient primarily resides. The total number of SVMC patient encounters per zip code was divided by the population of that zip code tabulation area (ZCTA) as reported by the US Census Bureau. The resulting number for each zip code indicated the number of per capita SVMC encounters. Zip codes were included within SVMC's service area if they generated one encounter per three people per year. This method, though slightly complex, is far more reflective of SVMC's true patient population than a solely geographically devised boundary (e.g. all communities within a one-hour drive of SVMC's hospital campus).

Throughout this assessment, when county-level data is provided, the four zip codes within Rutland County are typically not included. These zip codes are primarily served by Rutland Regional Medical Center, and in-depth data analysis for all of Rutland County can be found within that facility's CHNA. When data is reported for SVMC's service area, however, the Rutland County zip codes are included—analysis at the zip code-level allows for inclusion of only the towns that truly fall in SVMC's service area.

Advances in technology and the availability of on-demand at-home telehealth services has started to alter the boundaries and conception of SVMC's service area. In light of these changes, the definition of SVMC's service area will likely need to be considered carefully in future assessments.

Towns within SVMC's Service Area			
State	County	Zip Code	Town
Massachusetts	Berkshire	01267	Williamstown
		05152	Peru
Vermont	Bennington	05201	Bennington
		05250	Arlington
		05251	Dorset
		05252	East Arlington
		05253	East Dorset
		05254	Manchester
		05255	Manchester Center
		05257	North Bennington
		05260	North Pownal
		05261	Pownal
		05262	Shaftsbury
		05340	Bondville
		05350	Readsboro
		05352	Stamford
		Windham	05148
	05155		Stratton Mountain
	05341		East Dover
	05342		Jacksonville
	05343		Jamaica
	05356		West Dover
05358	West Halifax		
05360	West Wardsboro		
05361	Whitingham		
05363	Wilmington		
Rutland	05739	Danby	
	05761	Pawlet	
	05775	West Pawlet	
	05776	West Rupert	
New York	Rensselaer	12022	Berlin
		12028	Buskirk
		12057	Eagle Bridge
		12089	Hoosick
		12090	Hoosick Falls
		12094	Johnsonville
		12138	Petersburg
	Washington	12816	Cambridge
12873		Shushan	

Population Demographics

The following tables provide summary demographic information for those living within SVMC's service area. Detailed demographic information, reported at the zip code level, can be found in Appendix A (pages 79 through 82).

SVMC's Service Area: Age ¹				
0-19 years old	20-34 years old	35-64 years old	65+ years old	Total Population
23%	16%	39%	21%	74,324

SVMC's Service Area: Sex ^{1*}		
Female	Male	Total Population
51%	49%	74,324
<i>*Data as presented by the United States Census Bureau, which does not include additional options for identifying sex or gender of respondents.</i>		

SVMC's Service Area: Race ¹								
White (single race)	Black/ African American (single race)	American Indian or Alaska Native (single race)	Asian (single race)	Native Hawaiian and Other Pacific Islander (single race)	Other single race	Hispanic or Latino of any race	Two or More races	Total Population
94.6%	1.1%	0.3%	1.4%	0.1%	0.6%	2.8%	1.8%	74,324

SVMC's Service Area: Educational Attainment ²					
Less than HS	HS diploma or GED	Associate's degree	Bachelor's Degree	Graduate or professional degree	Total Population (25+ years old)
8%	31%	8%	20%	14%	52,077

¹ ACS Demographic and Housing Estimates: American Community Survey. United States Census Bureau. 2019: ACS 5-Year Estimates Data Profiles, DP05.

Changes in Population over Time

SVMC's service area has faced several demographic challenges in the recent decade. Termed a demographic crisis in Vermont,² population trends of note include:

- A decades long decline in overall population within SVMC's service area
- An aging population (Vermont is the third oldest state in the US, with a median age of 42.6 years old). In 2017, Vermont had as many seniors (those aged 65 years and older) as children under age 18.³
- A slow growth rate in the State of Vermont, a result of low birth rates (indicative of Vermont's low numbers of young adults) and lack of international in-migration.

Figures illustrating the decline of the total population living within SVMC's service area can be found in Appendix B (pages 83-85).

A Three-Pronged Approach to Data Collection

A three-pronged approach was utilized to gather data for this assessment. Community perspectives and experiences were solicited through five community forums, convened to gather qualitative information and reflect upon individuals' perspectives and experiences in an interactive environment. A community survey gathered quantitative information related to health care experiences, perception of personal and community wellbeing, and suggestions for improvements to the community health landscape. Secondary data was utilized to contextualize and validate the information provided by community members.

Community Forums

A series of five community forums were held in March and April of 2021. These forums, held for each of the five regions of SVMC's health service area, offered the opportunity for community members to share healthcare experiences, discuss ideas to improve community health, and celebrate the initiatives that have been successful in the past.

² Ring W. Vermont governor reiterates state's demographic challenge. AP News. <https://apnews.com/article/c89983e1c7c3a9cf86ee79342f98f595>. Published January 9, 2020.

³ Brighton D, Kleppner B, Trenholm S. Population Changes and Vermont State Revenue. Vermont Tax Structure Commission. <https://ljfo.vermont.gov/assets/Subjects/Commission-Resources/05a742b874/Population-Changes-and-Vermont-State-Revenue-FULL-REPORT.pdf>. Published December 6, 2019.

Advertising and recruitment of participants

Recruiting a diversity of community voices, including subject matter experts, was a key focus of the advertising strategy. Multiple channels were used for encouraging attendance to the forums, including:

- Frequent posts on SVMC’s official social media pages
- A press release, published on the websites of various local news agencies
- SVMC’s weekly health e-newsletter, sent to a large portion of SVMC’s service area via email
- An episode of Shires Health, a new video series created in conjunction with the Southwestern Vermont Chamber of Commerce and CAT-TV (Bennington’s local public access television station)
- The Bennington Community Collaborative, a bi-monthly meeting between various local nonprofit organizations focused on community health improvement
- Targeted outreach to community leaders, subject matter experts from the local district office of the Vermont Department of Health, and active and engaged community members
- An advertisement on SVMC’s website landing page.

Forum setting

The COVID-19 pandemic and associated restrictions on in-person gathering necessitated the use of a video platform for hosting the community forums.

Individuals were asked to register in advance, and could do so on SVMC’s website. Registrants were reminded of the session multiple times in advance of the event. Those without access to the internet were able to participate in the meeting via telephone.

Each forum lasted one hour, and followed the same agenda. Attendees were welcomed and thanked for their time, and then were shown slides that explained the purpose of the CHNA. Attendees were invited to stretch their notion of a “health need” and to imagine interventions at the community level that would support better health, not solely clinical care.

After this brief introduction, attendees were asked a series of questions, meant to prompt robust and productive discussion. The same questions were asked at each forum, with follow-up questions asked as appropriate to connect responses and reflect interpretation of the information being provided.

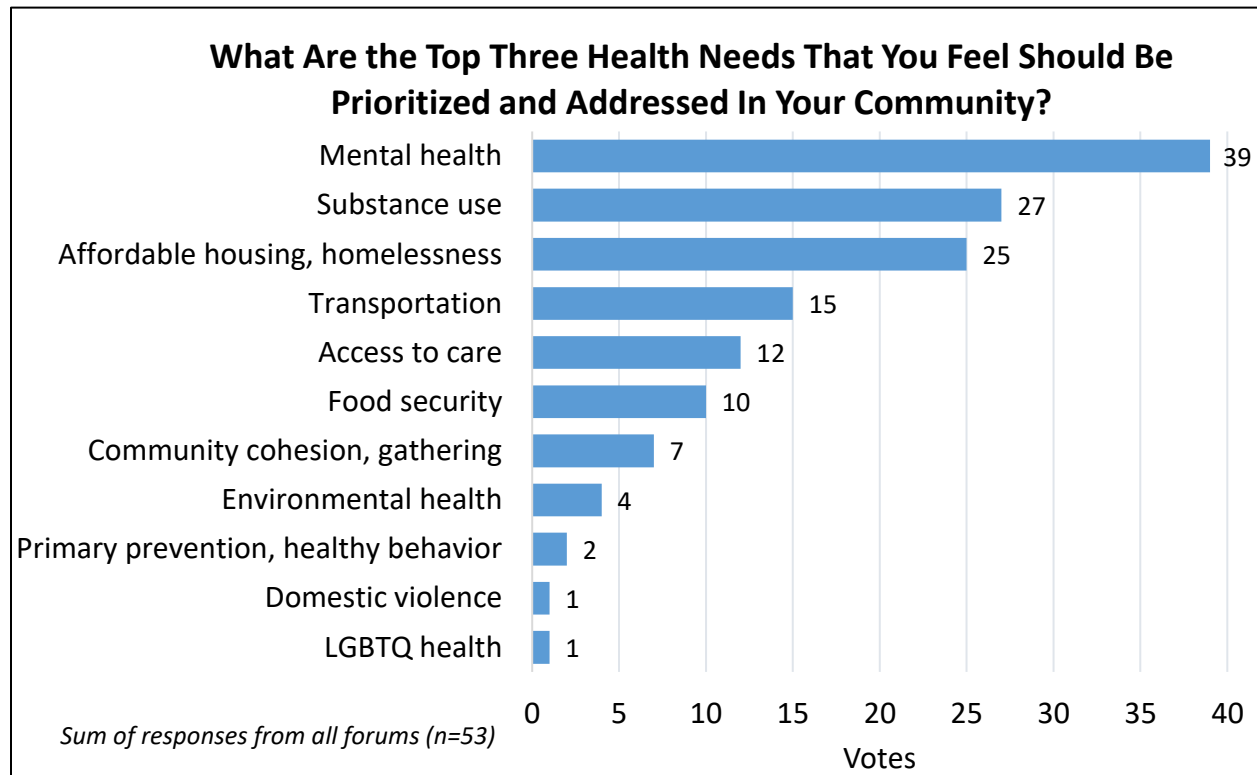
Participants were asked:

1. If you could change one thing to make your community a healthier place, what would it be?
2. What population-specific health needs do you see in your community?
3. How has COVID-19 changed the health of your community?
4. What is currently happening that is helping to make your community healthier?

Forum Polls

At the end of each forum, a poll was launched asking “What are the top three health needs that you feel should be prioritized and addressed in your community”? The listed response options reflected the main topics and needs identified throughout the forum’s discussion. By building the poll’s response options after the discussion had taken place, community needs were not assumed, but were based upon the group’s conversation. While this resulted in five polls with slightly different response options, most sessions included discussion about similar topics, and thus resulted in a similar poll.

A sum of the votes garnered by each topic across all five forums can be found in the chart below. Forum-specific listings of topics discussed, as well as forum-specific voting results, can be found in Appendix C (pages 86 through 90).



Forum Limitations

Information collected from the community forums should be understood in the context of a number of limitations:

- The virtual meeting platform was likely intimidating, challenging to navigate, or difficult to access for a number of community members. An explanation of the site's features (such as digitally raising one's hand) was included at the beginning of the session to help orient those new to the platform.
- The forums were all held at the same time (6:00pm to 7:00pm) which may have stopped some from participating due to work or family obligations.
- The forums were geographically based, rather than centered around a particular topic or population. Individuals wishing to discuss stigmatized or sensitive health topics (e.g. sexual health or domestic violence) may not have felt comfortable attending a forum to share that type of information. Members of historically marginalized and/or minority populations may also have felt uncomfortable attending a general community forum. Efforts were made to help put attendees at ease, and to make the session a comfortable space for sharing.
- Subject matter experts and community members attended the same forums, which may have constrained the sharing of community members for fear of judgment. Equal attention was given to all participants who wished to answer the discussion questions, regardless of professional status.

Community Survey

In an effort to gather input from a greater diversity of individuals in an unobtrusive, confidential, and convenient way, SVMC designed a digital survey to be completed by a large number of community members. Questions were wide-ranging, and were intended to gather demographic information, perceptions of health status, barriers to health care, clinical care experiences, and opinions relating to community health improvement. The survey questionnaire can be found in its entirety in Appendix D (pages 91 through 96).

Survey Development

Given the intricacies of survey design and the importance of word choice, question order, and other factors, SVMC contracted with a local organization, Market Street Research, to assist with development and hosting of the survey, as well as initial analysis of responses. Market Street Research provided state-of-the-art support to ensure confidence in the survey process and results.

SVMC's multidisciplinary Community Outreach Task Force initiated the survey development process by identifying key information that would assist with community health efforts in the future: demographic data, barriers to care, struggles with the social determinants of health, and opportunity for free responses were all important topics identified by the Task Force. In particular, the group carefully considered wording and response options to be inclusive and appropriate for all populations.

Multiple iterations of the survey were designed, with drafts presented to Market Street Research for review and suggested alterations. Within SVMC, the survey was presented for approval by various individuals, before it was ultimately published on March 26, 2021.

Survey Advertisement

Of critical importance was ensuring responses from a representative sample of SVMC's service area. Multiple means were leveraged for encouraging completion of the survey, including:

- Frequent posts on SVMC's official social media pages
- An advertisement on SVMC's website landing page
- Inclusion of the survey link in SVMC's weekly health e-newsletter, sent to a large portion of SVMC's service area via email
- Sharing of the survey information with key community partners and collaborators
- Flyers displayed in waiting areas of SVMC (see image, right)
- Large board advertisement (with QR code linked to survey) displayed at SVMC's regional COVID-19 vaccination clinic, vaccine clinics held for members of the BIPOC community, and SVMC's COVID-19 testing facility.



Collection and Analysis of Survey Responses

The survey was hosted by Market Street Research. Due to the sensitive nature of some of the questions, responses were collected anonymously and were not linked to the respondents' IP addresses.

Additionally, in acknowledgment of the difficulties some may have in divulging sensitive information regardless of anonymity, very few questions were required for successful submission of the survey.

Respondents who reached the end of the survey were given the option to navigate to a separate page, unlinked from survey responses, and provide contact information for the chance to be selected to receive a "thank you" gift card for \$50. Ten gift cards were awarded to indicate gratitude for respondents' time and consideration.

Survey responses were collected for three weeks. A total of 1,647 individuals responded to the survey. Market Street Research performed a review for incomplete or clearly falsified responses and eliminated fifteen responses, resulting in 1,632 complete or mostly complete surveys. A large portion of respondents answered all survey questions. Where survey results are graphically depicted in the pages that follow, the number of respondents (n) is listed next to the results for each question.

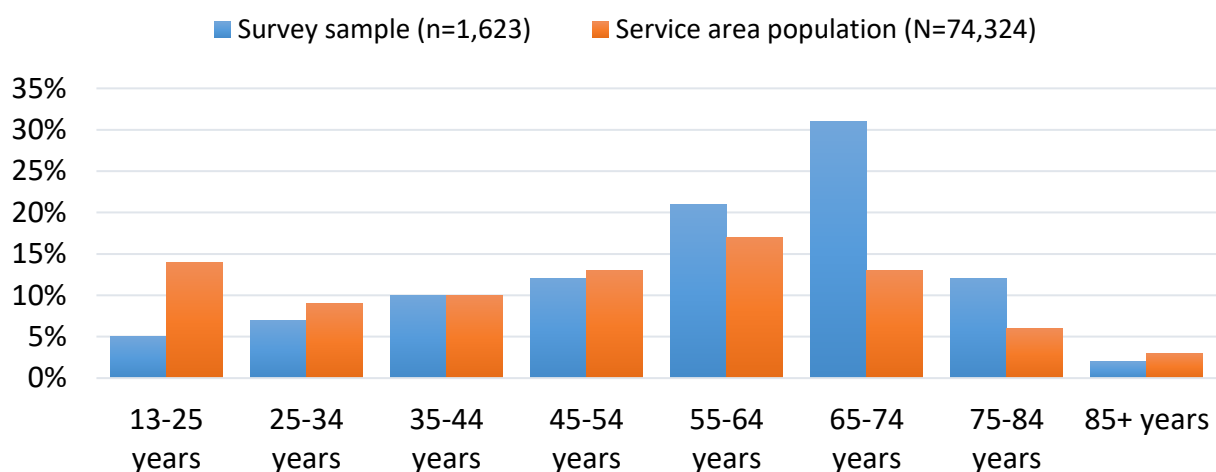
An initial data analysis was performed by Market Street Research, with a topline report and cross-tabulations generated for easy review. Statistically significant differences in response by age, race/ethnicity, educational attainment, and other characteristics were noted in these reports. Further analysis was performed by the project leader to ensure ease of presentation and interpretation.

Verbatim open-responses were coded by the project leader. The coding schema and coded responses were shared with an additional CHNA contributing author to ensure accuracy, impartiality, and consistency of coding and categorization across questions.

Demographic Characteristics of Survey Respondents

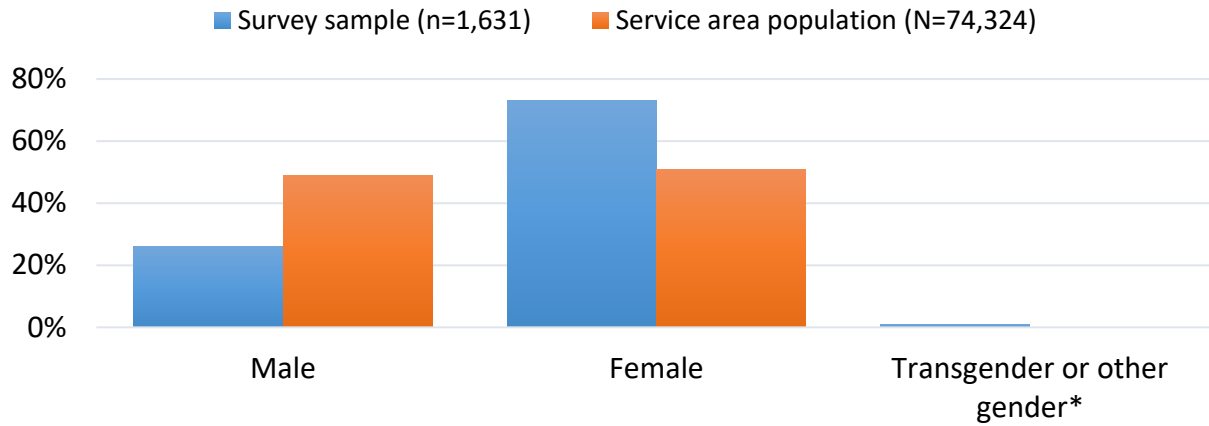
The sample for SVMC's community health survey was sufficiently representative of the population of SVMC's service area. Comparison of select demographic characteristics between the survey sample and population can be found in the figures below.

Survey Sample Compared to SVMC's Service Area Population: Age⁴



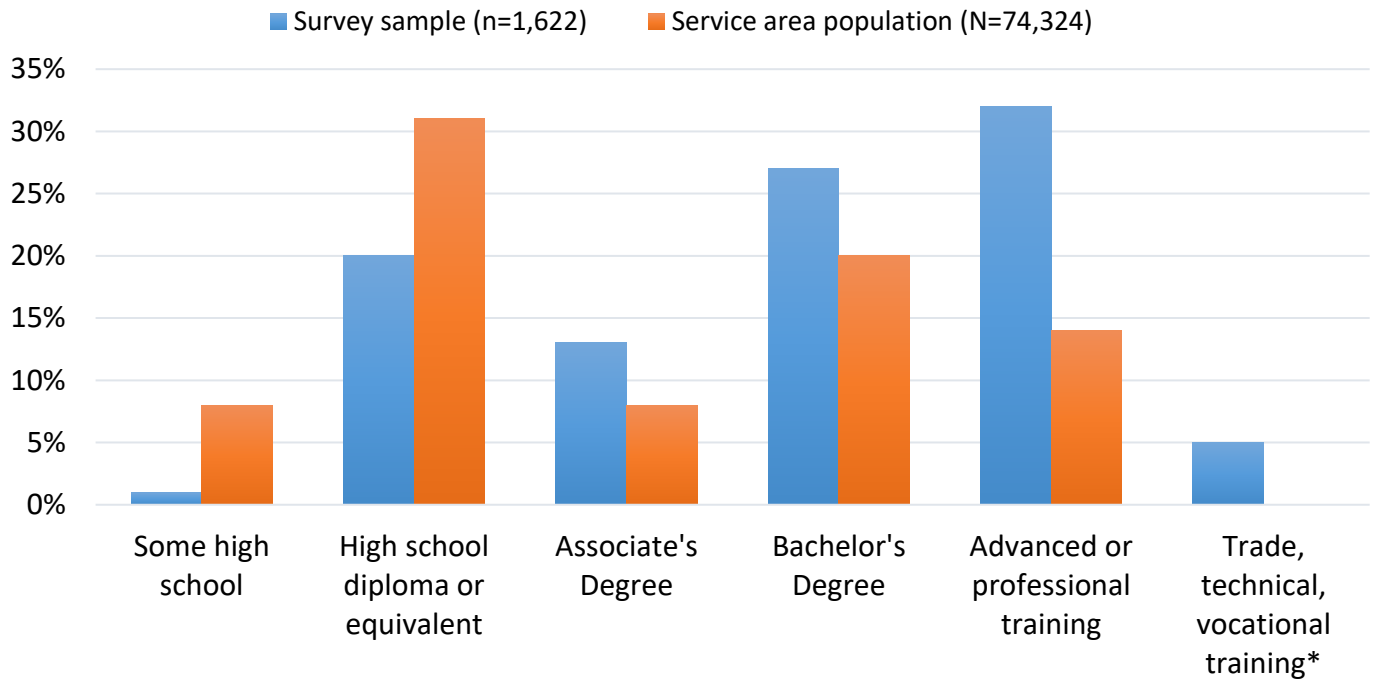
⁴ Age and Sex: American Community Survey. United States Census Bureau. 2019: ACS 5-Year Estimates Subject Tables, S0101.

Survey Sample Compared to SVMC's Service Area Population: Gender¹



*Population-level gender data sourced from United States Census Bureau, which does not collect any gender data additional to male or female

Survey Sample Compared to SVMC's Service Area Population: Educational Attainment⁵



*Population-level educational attainment data sourced from United States Census Bureau, which does not collect information related to trade, technical, or vocational training

⁵ Educational Attainment: American Community Survey. United States Census Bureau. 2019: ACS 5-Year Estimates Subject Tables, S1501.

Survey Limitations

As with any data, survey responses should be interpreted in the context of other data collected and arranged for the assessment, and in consideration of the following limitations:

- The survey was available only in English, necessitating speakers of other languages to request assistance in completion of the survey, through translation app or other means. Most residents in each county within SVMC’s service area speak only English or speak English “very well” (see below).

English Proficiency ⁶					
	Bennington County	Windham County	Berkshire County	Rensselaer County	Washington County
Percent of population five years and older who speak English only or speak English “very well”	99.5%	99.1%	97.5%	97.6%	98.2%

- Respondents needed to have access to the Internet and smartphone or computer.
- Questions were personal in nature and may have been difficult for respondents to truthfully answer, though every effort was made to ensure respondents were aware of the anonymity of their responses. The sensitive nature of the survey made it susceptible to social desirability bias, which occurs when individuals underreport behavior that is viewed as wrong (or is illegal), and over report behavior that is viewed as positive. The survey was self-administered, removing the pressure of an interviewer, in an attempt to mitigate this type of response bias.
- Respondents did not precisely mirror the demographics of SVMC’s service area: responses are weighted toward individuals 55 to 75 years old, women, retirees, and those with advanced degrees. The number of respondents in other age, employment, and educational groups allowed for robust analysis within categories, which can mitigate some of this overrepresentation.
- Respondents to the survey constituted a convenience sample, not random sample, which means that the results may not fully represent all residents within SVMC’s service area. The sample is sufficient, however, for SVMC to be confident that the major themes in the data area likely held by the community at large.

Secondary Data

Secondary data was collected from a variety of sources. The most recent data, for 2020 or 2021, was used whenever possible, though many public health surveillance data sources lag behind present day by one or more years.

Secondary Data Sources

Data sources were selected based upon reputability, robustness and validity of data provided, and the level of geographic stratification possible. Priority was placed upon data from local departments of

⁶ Language Spoken at Home: American Community Survey. United States Census Bureau. 2019: ACS 5-Year Estimates Subject Tables, S1601.

health. A list of most frequently cited sources can be found below, with full information provided throughout this report in the footnotes.

Frequently Cited Secondary Data Sources		
Source Name	Organization	Geographic Coverage
Youth Risk Behavior Survey (YRBS)	Centers for Disease Control and Prevention; State Departments of Health	<ul style="list-style-type: none"> • Vermont (State, Counties, Supervisory Unions) • New York (State) • Massachusetts (State)
County Health Rankings and Roadmaps	The University of Wisconsin Population Health Institute & Robert Wood Johnson Foundation	<ul style="list-style-type: none"> • Vermont (State, Counties) • New York (State, Counties) • Massachusetts (State, Counties)
The Behavioral Risk Factor Surveillance System (BRFSS)	Centers for Disease Control and Prevention; Departments of Health	<ul style="list-style-type: none"> • Vermont (State, Health District) • New York (State, County) • Massachusetts (State)
United States Census & American Community Survey	United States Census Bureau	<ul style="list-style-type: none"> • Nation • Vermont (State, Counties, Zip Code, Census Tracts) • New York (State, Counties, Zip Code, Census Tracts) • Massachusetts (State, Counties, Zip Code, Census Tracts)

Secondary Data Limitations

Limitations in secondary data should be considered when interpreting this report.

- Each individual data set undoubtedly has its own limitations regarding bias, sample population, and analysis. Public health organizations utilize statistical methods to mitigate these limitations during the data collection and analysis phases; the methodology utilized by each organization can be found by navigating to the source using the information provided in the footnotes.
- An additional challenge is presented by SVMC's service area, which spans parts of five counties within three states:
 - Different states vary in their data publishing schedules, creating difficulties in comparisons across reports between states.
 - Different states or data sources may publish the same metrics at varying geographic levels (e.g. at the state-level, county-level, zip code-level, or town-level).
 - SVMC's service area does not cover the entirety of all five counties. Much of the data included in this report are only presented at the county level, resulting in some data that represents a larger service area than SVMC truly reaches.

Scoring Rubric for Prioritization of Community Health Needs

A scoring rubric was crafted to provide an objective method for prioritizing the identified health needs. Though based upon the CDC's methods for identifying health problems for surveillance,⁷ a certain amount of subjectivity inherently exists within the scoring framework. All health needs mentioned by the community, and identified in secondary data sources, are worthy of attention, resources, and creative solutions. SVMC employed this scoring process to determine which needs are having the largest impact on the largest portion of the community, and whether concentrated effort by the medical center will result in improvements in that area.

Priority Health Needs Scoring Framework					
	Scope	Severity	SVMC's Ability to Impact	Existence of Evidence-Based Strategies	Scoring
Measure Description	Prevalence of need in SVMC's service area <i>(How many people are impacted?)</i>	Morbidity, mortality, and sequela caused by the need <i>(For those impacted, how much are they affected?)</i>	SVMC's expertise in addressing the need, and resources available for dedication to the need <i>(Does meeting the need align with SVMC's mission and strategic plan?)</i>	Sufficient research exists that indicates the ability of initiatives and programming to positively address the need <i>(Is there a foundational understanding for ways to address the need?)</i>	Each of the four domains are scored from 0 to 10. The score for all domains are summed and averaged, resulting in a composite score between 0 and 10.
Information Source(s)	Survey responses and secondary data	Community forums, survey responses, and secondary data	SVMC's mission and strategic planning document, insight from Community Outreach Task Force	CDC's Community Guide, ⁸ US Preventive Services Task Force, ⁹ Healthy People 2030 recommendations, ¹⁰ and CDC's Community Health Improvement Navigator ¹¹	

⁷ Identifying Health Problems for Surveillance. Centers for Disease Control and Prevention. <https://www.cdc.gov/csels/dsepd/ss1978/lesson5/section3.html>. Page last reviewed May 18, 2012.

⁸ The Community Guide. The Community Preventive Services Task Force. <https://www.thecommunityguide.org/task-force-findings>.

⁹ Published Recommendations. U.S. Preventive Services Task Force. https://www.uspreventiveservicestaskforce.org/uspstf/topic_search_results?topic_status=P.

¹⁰ Evidence-Based Resources: Healthy People 2030. U.S. Department of Health and Human Services and Office of Disease Prevention and Health Promotion. <https://health.gov/healthypeople/tools-action/browse-evidence-based-resources>

¹¹ Database of Interventions: CDC Community Health Improvement Navigator. Centers for Disease Control and Prevention. <https://wwwn.cdc.gov/chidatabase>. Page last reviewed August 12, 2016.

Though many health needs were mentioned in community forums, cited in survey responses, and included in secondary data sources, the most frequently mentioned were chosen for prioritization using the above scoring rubric. Scoring results are found in the table below.

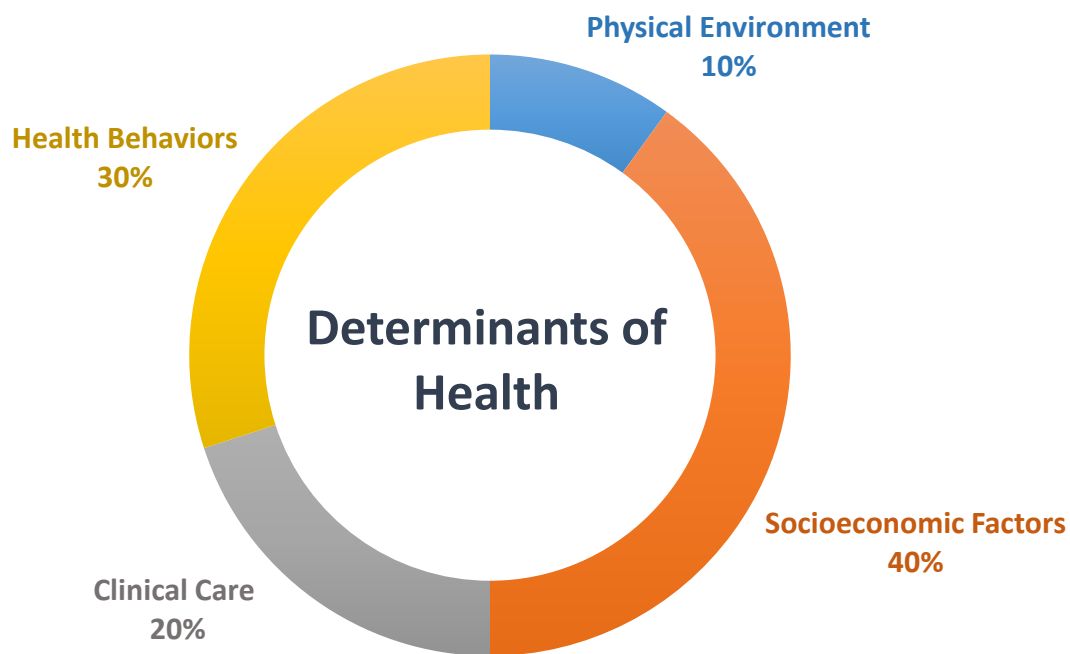
Community Health Needs Prioritization						
Priority	Topic	Scope	Severity	Ability to impact	Evidence-based strategies	Total score
1.	Mental Health Supports	9	9	7	9	8.50
2.	Promotion of Healthy Behaviors & Primary Prevention Activities	9	7	8	9	8.25
3.	Accessibility of High-Quality, Convenient, and Affordable Care	9	7	9	7	8
4.	Substance Use Prevention, Harm Reduction, Treatment, and Recovery Resources	6	9	6	7	7
5.	Accessibility of Affordable, Safe, and Healthy Housing	7	9	4	6	6.25
6.	Availability of Affordable, High-Quality Child Care	3	7	6	8	6
7.	Alterations to the Built Environment	8	2	7	7	6
8.	Provision of Nutritious Foods and Delivery of Nutrition Education	5	6	6	6	5.75
9.	Accessibility of Convenient, Affordable, Safe Transportation	6	6	4	6	5.5
10.	Prevention, Mitigation, and Legislation Pertaining to Environmental Health Concerns	3	5	2	4	3.5

In an effort to make the largest positive impact on the health of the community, SVMC will prioritize efforts in programs and initiatives that address the top four priorities. Given that many public health challenges are inextricably linked, some of these efforts will undoubtedly positively influence other topics included on the list, or those not listed.

Addressing the top health needs of the community indicates where SVMC's focus will be, but does not eliminate the role that SVMC will play in any of the other domains. SVMC's plans to address these top four priorities can be found in the associated Implementation Strategy document, beginning on page 73.

Community Health Needs

Leveraging the data sources highlighted in the Methodology section above, this assessment seeks to identify and quantify the health needs facing the residents of SVMC's service area. While "health" is frequently conceptualized relative to medical care, the determinants of one's health are multifaceted and extend far beyond the walls of a hospital. Research consistently indicates that clinical care constitutes between 10% and 20% of the determinants of quality and length of life. The graphic below, adapted from the County Health Rankings model, illustrates the other factors that play an integral role in influencing health outcomes.¹²



While the diagram above indicates the portion of one's health that can be determined by each domain, it does not illustrate the inextricable links and bi-directional interplay between each domain. To that end, SVMC has created a framework by which health outcomes can be understood as a function of varying factors that are ultimately underpinned by the economic environment, and one's ability to achieve financial stability. In turn, financial stability can afford (but by no means guarantees) one's ability to live in a safe physical environment, to function within a supportive community and social environment, to access high-quality education from early childhood through advanced degrees, and to

¹² County Health Rankings Model. University of Wisconsin Population Health Institute: School of Medicine and Public Health with support from the Robert Wood Johnson Foundation. <https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model>

access health care. These pillars, the social determinants of health, influence the ability to consistently perform the healthy behaviors that ultimately lead to better health outcomes.

Together, these two frameworks create a foundation for the rest of this report, which investigates parts of each domain relative to SVMC’s service area. Disparities or inequities in access to care or health outcomes are highlighted throughout, as are samples of open responses shared by respondents to SVMC’s community health survey.



Health Outcomes

Mortality, Morbidity, Health Care Expenditures



Health Behaviors (influenced by mental health & resilience):

Tobacco use, Exercise, Stress Management, Medication Adherence, Sleep



Physical Environment

- Housing
- Transportation
- Safety
- Walkability
- Parks
- Playgrounds



Social Environment

- Support Systems
- Community Engagement
- Discrimination
- Diversity
- Culture



Education

- Language & Literacy
- Early Childhood Education
- Vocational Training
- Higher Education



Nutrition

- Access to Food
- Availability of Food
- Affordability of Food
- Nutrition knowledge & understanding



Health Care

- Provider Availability
- Quality of Care
- Insurance Coverage
- Provider Cultural Competency



Personal Financial Standing:

Employment Status, Income, Expenses, Debt



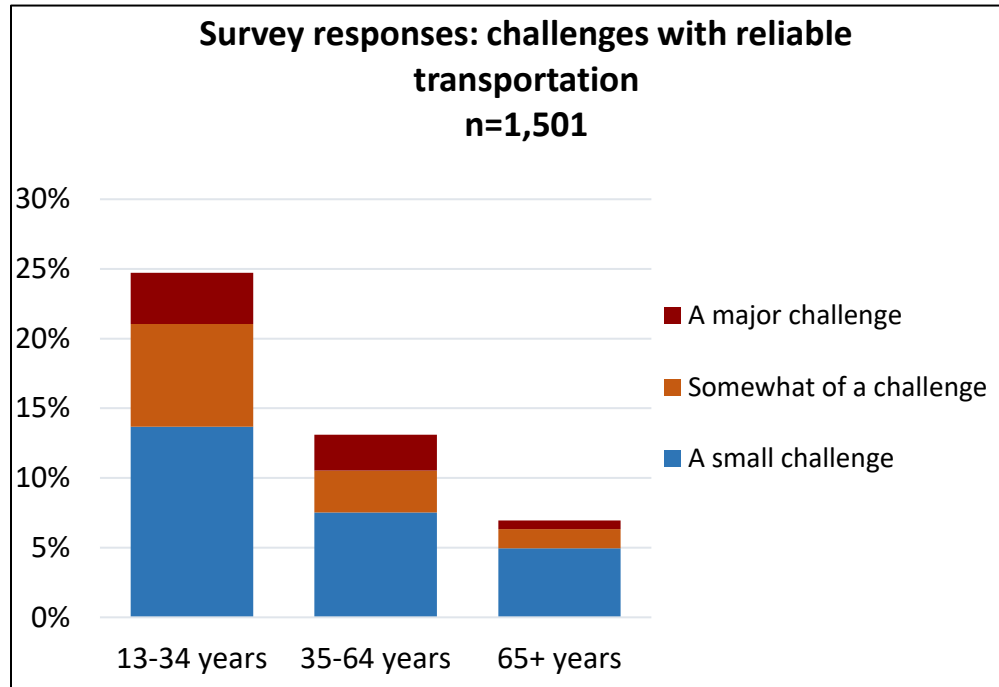
Economic Environment:

Employment Opportunities, Generational Poverty, Cost of Living, Fiscal Policy, Social Support Programs

Physical Environment

Transportation

The availability of reliable transportation plays an important role in the health of an individual, family, and community. A lack of transportation does not only affect a person’s access to health care services,



but can impede their ability to access nutritious and affordable food, to see members of their support network, or to commute to work.¹³

Lack of vehicle access, particularly in rural portions of SVMC’s service area, can be particularly detrimental. The inability to reliably and conveniently

travel can result in missed doctor and clinic appointments and limited pharmacy access. While vehicles can saddle low-income families with the costs of repairs, insurance, and fuel, the lack of a personal vehicle can also dramatically limit opportunities for earning a living wage, staying employed, and living in a safe neighborhood.¹³ Survey results indicate that those ages 13 to 34 struggle the most with transportation, potentially acting as a hurdle to maintaining steady employment, keeping appointments, and saving income.



Disparities in transportation identified by SVMC’s community health survey:

12% of those with less than a high school degree had major transportation challenges, versus **4%** of those with a high school degree.

10% of Black or African American respondents reported major transportation challenges, compared to **2%** of White or Caucasian respondents.

6% of unemployed respondents had major transportation challenges.

¹³ Health Research and Educational Trust. Social Determinants of Health Series: Transportation and the Role of Hospitals. American Hospital Association. November 2017. <https://www.aha.org/system/files/hpoe/Reports-HPOE/2017/sdoh-transportation-role-of-hospitals.pdf>

Vehicle Access within SVMC’s Service Area ¹⁴		
State	County	Occupied housing units with no vehicles available
Vermont	Bennington County	8.6%
	Windham County	7.3%
Massachusetts	Berkshire County	9.4%
New York	Washington County	7.3%
	Rensselaer County	10.1%

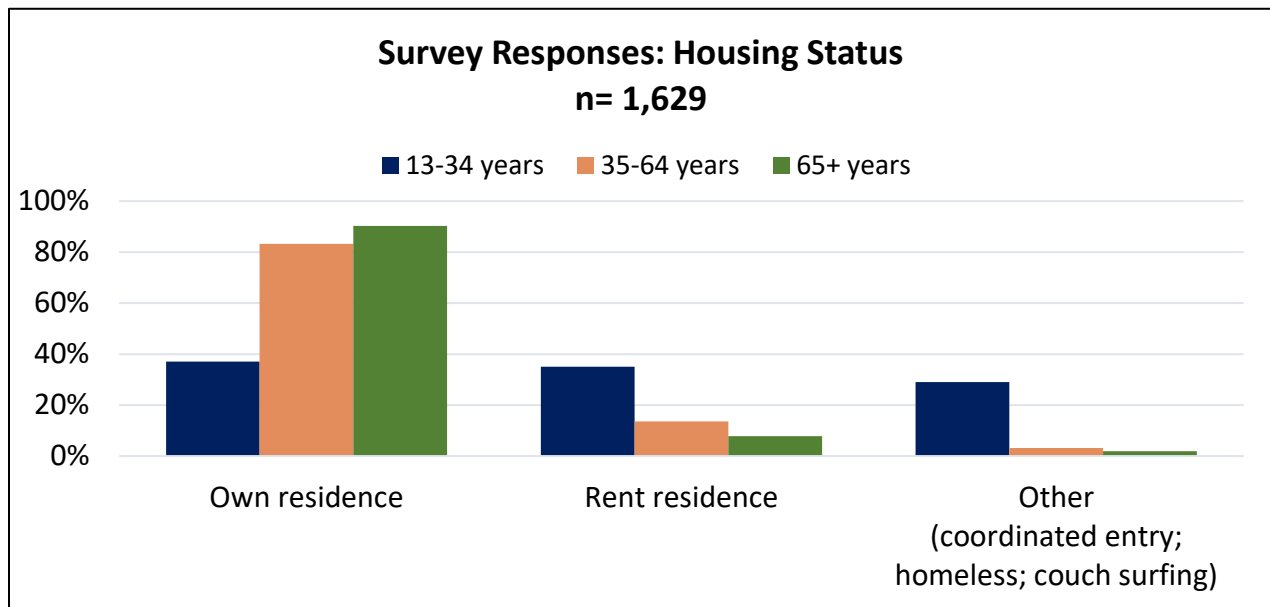
While transportation is an important factor in determining one’s health, SVMC does not have the resources or capacity to unilaterally create solutions. Instead, SVMC will look to continue partnerships with local public transportation providers, and participate in other pilots and initiatives as they are conceived and implemented.

Housing

Another important contributor to health is safe and permanent housing. Housing instability leads to poor health outcomes through a myriad of mediating factors including stress, anxiety, asthma, other environmentally related or exacerbated conditions, and delayed access to medical care.¹⁵

The term housing instability encompasses:

- homelessness, or total lack of shelter
- severe lack of affordable housing, characterized by high rental costs and evictions and
- poor housing conditions, including homes that are not built to code, are unclean, or are lacking infrastructure to support basic needs of heating, cooling, or plumbing.¹⁵



¹⁴ Housing Characteristics: American Community Survey. United States Census Bureau. ACS 5-Year Estimates Data Profiles 2019.

¹⁵ Health Research and Educational Trust. Social Determinants of Health Series: Housing and the Role of Hospitals. American Hospital Association. August 2017. <https://www.aha.org/system/files/hpoe/Reports-HPOE/2017/housing-role-of-hospitals.pdf>

The 2020 Point-In-Time Count, Vermont’s Annual Statewide Count of the Homeless, indicated that 88 persons in Bennington County were homeless, constituting 53 households. In Windham County, 97 individuals were homeless, constituting 78 households. Predominantly, homeless individuals in both counties were White or Caucasian, with a roughly even split between males and females.¹⁶

Survey Respondent Quote:

“My housing is unsafe, but there is no place for me to move. Nothing is available.”

Youth are particularly vulnerable to the negative consequences of instable housing. The 2019 YRBS indicated that 4% of Bennington County high school students¹⁷ and 5% of Windham County high school students¹⁸ had slept away from their parents or guardians because they were kicked out, ran away, or were abandoned. For students of color and Lesbian, Gay, Bisexual, or Transgender (LGBT) students, this posed a larger challenge, with 8% reporting this experience. In 2020 in Bennington County, 97 youth were “precariously housed” (young adults who were not literally homeless but are couch surfing, facing eviction, or cyclically homeless); Windham County’s total of precariously housed youth was 114.¹⁹

Unfortunately, similar data quantifying the severity of homelessness is not available for other counties within SVMC’s service area. Additionally, county-level data are not yet available from Vermont’s 2021 Point-In-Time Count, and an unsheltered count was not conducted due to the COVID-19 pandemic. COVID-19 allowed a large portion of unstably housed and homeless Vermonters to participate in the General Assistance Motel Voucher program, an initiative that temporarily housed 1,585 people in motels and hotels during the pandemic.¹⁹



Disparities in housing stability identified by SVMC’s community health survey:

82% of White or Caucasian respondents own their own home, compared to 56% of Black or African American respondents, **50%** of Asian respondents, and **53%** of Hispanic or Latino/a respondents.

83% of straight or heterosexual respondents own their own home, compared to **56%** of LGBTQ respondents.

One of the largest contributors to homelessness is lack of affordable housing, particularly for individuals who are unemployed or are employed for low wages. The U.S. Department of Housing and Urban Development (HUD) defines a “cost-burdened family” as a household that pays more than 30% of total income for housing, potentially resulting in difficulties affording other necessary expenses. Households who are severely cost-burdened spend 50% or more of their income on housing. Nationwide, 30.2% of

¹⁶ 2020 Point-In-Time Count Report: Vermont’s Annual Statewide Count of the Homeless. Vermont Coalition to End Homelessness & Chittenden County Homeless Alliance. <https://helpingtohousevt.org/wp-content/uploads/2020/06/2020-PIT-Report-FINAL-1.pdf>

¹⁷ 2019 Vermont Youth Risk Behavior Survey Report: Bennington County. Vermont Department of Health. https://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR_YRBS_BENNINGTON_2019.pdf

¹⁸ 2019 Vermont Youth Risk Behavior Survey Report: Windham County. Vermont Department of Health. https://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR_YRBS_WINDHAM_2019.pdf

¹⁹ 2021 Point-In-Time Count: Raw 2021 PIT Data Presented by ICA to the Vermont Coalition to End Homelessness on May 18, 2021. <https://helpingtohousevt.org/pointintime/2021-pit/>

households were cost-burdened; approximately 14% of households were severely cost-burdened in 2020.²⁰ The share of households within SVMC’s service area that are severely cost-burdened can be found in the chart below.

Severe Housing Cost Burden within SVMC’s Service Area ²¹		
County	Percentage of households spending half or more than half of income on housing costs	State
Bennington County	12%	Vermont 15%
Windham County	17%	
Berkshire County	15%	Massachusetts 16%
Washington County	12%	New York 20%
Rensselaer County	12%	

The COVID-19 pandemic, resulting in shutdowns, layoffs, and furloughs, has amplified an already perilous housing environment locally and nationally. With rental costs predicted to increase at a rate beyond wage rise, larger numbers of low-income earners may be pushed into unstable and unhealthy housing conditions than in recent history.²²

Walkability and Neighborhood Safety

The walkability of neighborhoods is another vital part of the physical environment that can predict community health outcomes. Associated with lower risk of cardiovascular disease, lower blood pressure, and lower smoking rates, a walkable neighborhood is a safe and inviting setting within which individuals can be active. According to the US Environmental Protection Agency (EPA), a large portion of SVMC’s service area is considered “the least walkable” or “below average walkable”. The EPA’s walkability index summarizes selected indicators associated with the built environment and location, including diversity of land use, accessibility to destinations, street network design, density of development, and more.²³

Survey Respondent Quote:

“If I could do one thing to improve the health of our region, I would like to see a more pedestrian/cyclist-friendly community.”

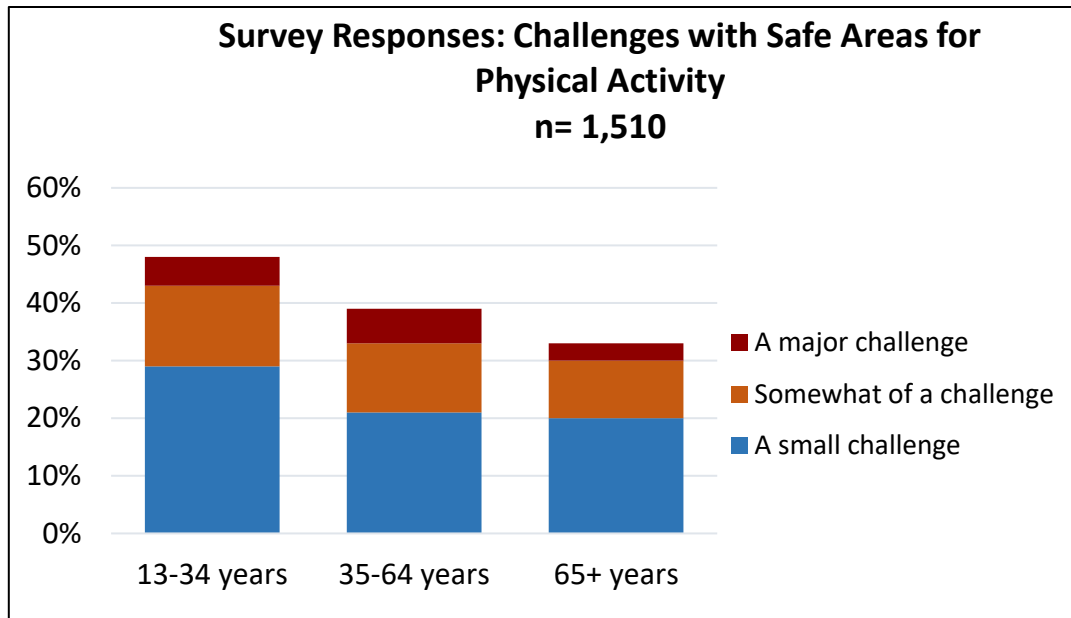
Challenges with neighborhood walkability can create unsafe conditions for physical activity. Whether rural roads with limited sidewalks or shoulder space, lack of bicycle or pedestrian lanes within towns, or difficulty accessing public green spaces, a significant number of individuals within SVMC’s service area report difficulty in accessing areas for safe physical recreation.

²⁰ The State of the Nation’s Housing 2020. Joint Center for Housing Studies of Harvard University. https://www.jchs.harvard.edu/sites/default/files/reports/files/Harvard_JCHS_The_State_of_the_Nations_Housing_2020_Report_Revised_120720.pdf

²¹ Severe Housing Cost Burden: A Housing and Transit Measure. County Health Rankings & Roadmaps. University of Wisconsin Population Health Institute: School of Medicine and Public Health with support from the Robert Wood Johnson Foundation. 2021 County Health Rankings using data from 2015-2019. <https://www.countyhealthrankings.org/>

²² The State of the Nation’s Housing 2021. Joint Center for Housing Studies of Harvard University. https://www.jchs.harvard.edu/sites/default/files/reports/files/Harvard_JCHS_State_Nations_Housing_2021.pdf

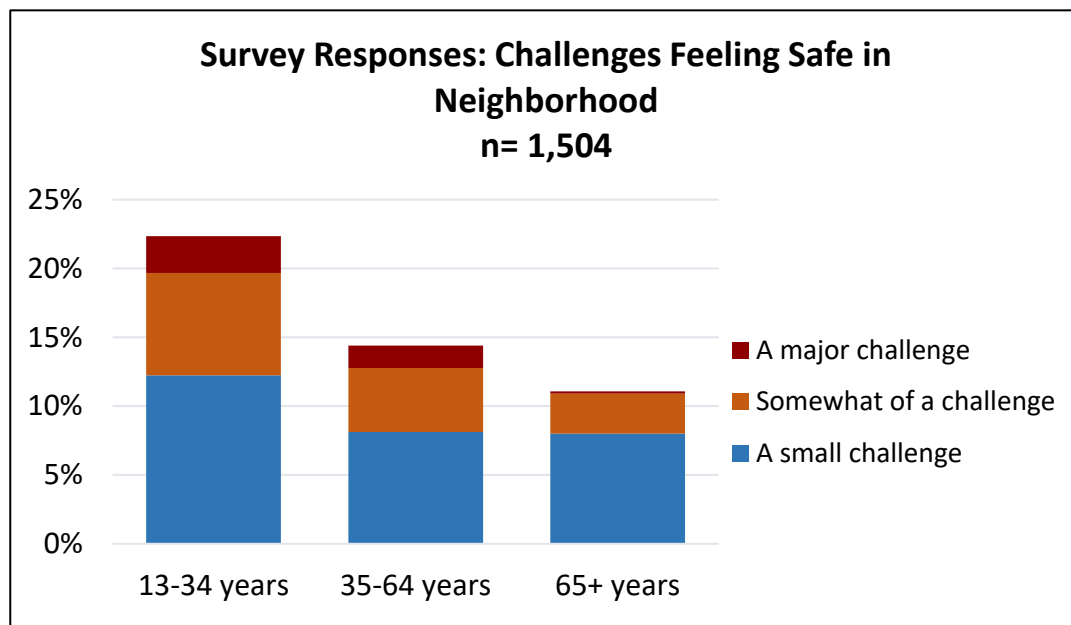
²³ National Walkability Index. Environmental Protection Agency interactive map viewer, sourced from 2019 Census TIGER/Line shapefiles, 2018 US Census ACS (5-Year Estimate), Census LEHD 2017, HERE NAVSTREETS 2019, National Transit Database (NTD), Federal Highway Administration (FHWA), 2020. <https://www.epa.gov/smartgrowth/smart-location-mapping#walkability>



Additionally, a number of local residents face challenges feeling safe within their neighborhood, whether due to crime, traffic, or other factors.

Survey Respondent Quote:

“I don't feel safe being out in my rural community without a white person with me.”



Disparities in neighborhood safety identified by SVMC's community health survey:

27% of renters indicated some level of concern about neighborhood safety, compared to **11%** of homeowners.

22% of Asian and **22%** of Black or African American respondents reported a challenge with neighborhood safety.



Improvements to the physical environment can lead to increased adherence to healthy behaviors, and can directly lead to improved health outcomes. Alterations to the physical environment can entail:

- Changes to physical infrastructure to facilitate easier foot or bicycle traffic, whether for essential travel or leisure
- Enhanced public transportation, including to rural or isolated areas
- Improved accessibility to safe, affordable housing
- Efforts to promote safety and prevent crime
- Renovated green spaces, and expansion of multi-use trails and recreation areas.

These changes undoubtedly have a profound impact on health; though this assessment did not identify changes to the built environment as a priority health need, SVMC will support and contribute to community projects that improve the physical environment as a means to promote healthy behaviors for individuals of all ages and abilities.

Social Environment and Diversity

Just as the physical environment is a strong determinant of health and health behaviors, a robust social environment is integral to supporting the development of coping capabilities that lead to resilient individuals and a high quality of life.

Social Isolation

This report will not belabor the effects that COVID-19 mitigation measures, including isolation and physical distancing, has had upon the social fabric of the nation. The full ramifications of months of isolation have yet to be fully detailed, and other publications have given the intersection of the pandemic and loneliness the attention that it warrants.²⁴

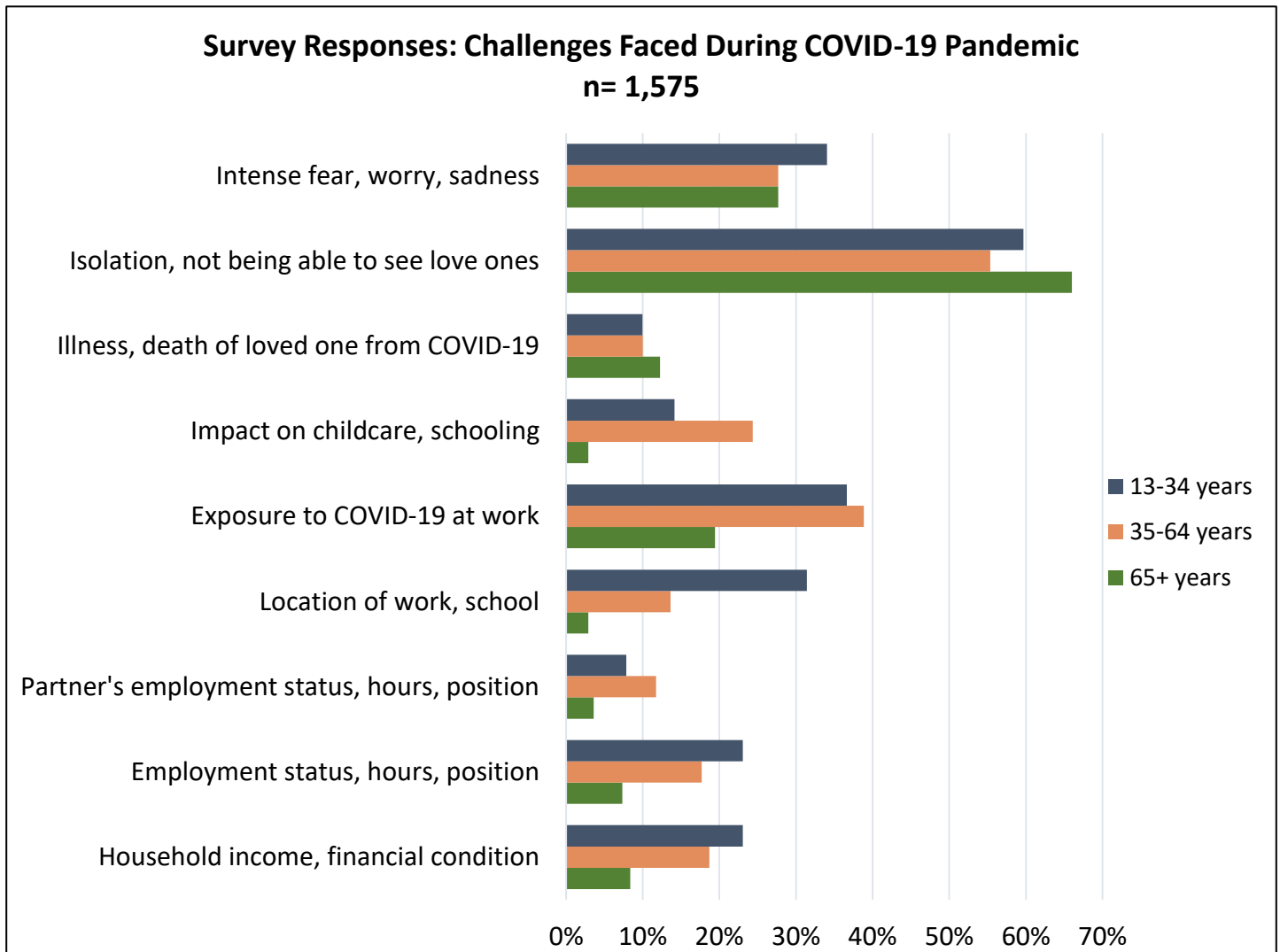
Survey Respondent Quote:

“The biggest challenge I have faced during the pandemic has been the isolation of elderly family members I care for.”

²⁴ Julianne Holt-Lunstad. Health Affairs. The Double Pandemic of Social Isolation and COVID-19: Cross-Sector Policy Must Address Both. June 22, 2020. <https://www.healthaffairs.org/doi/10.1377/hblog20200609.53823>

Locally, respondents to SVMC’s survey cited isolation, and the stress of not seeing loved ones, as the largest challenge faced during the COVID-19 pandemic. There were no statistically significant differences in response by any personal characteristic, exemplifying the universal impact of isolation on individuals regardless of social status or identity.

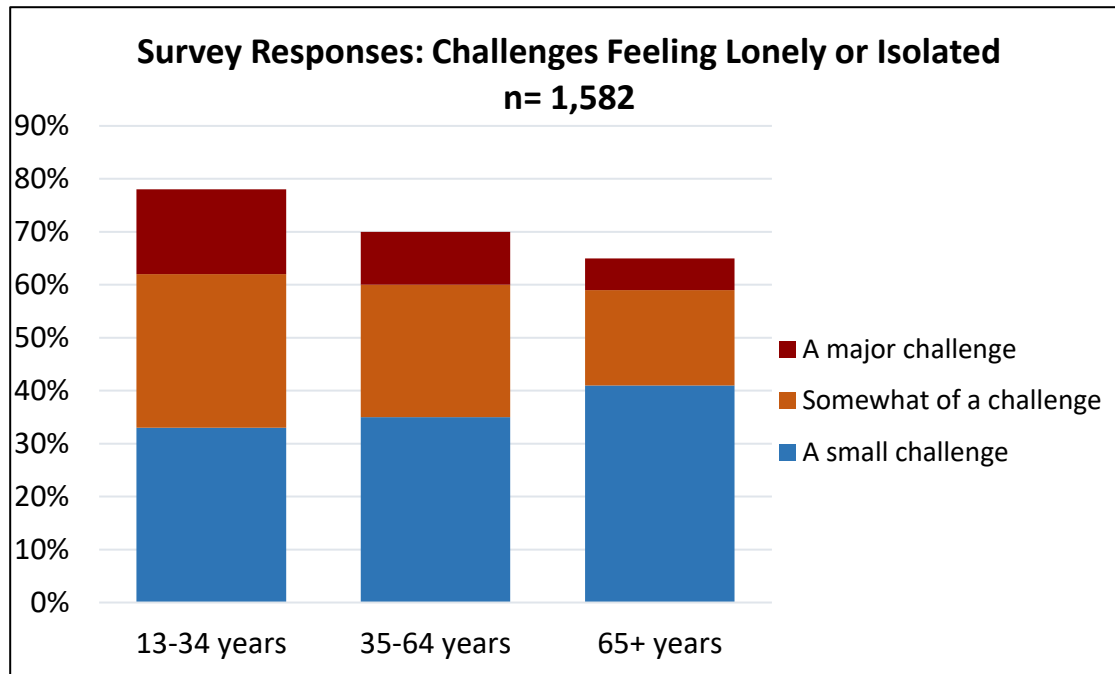
It is important to note that, like many public health challenges, the COVID-19 pandemic did not necessarily cause a new epidemic of loneliness and isolation, but instead exacerbated and quickened an already growing problem.



The terms isolation and loneliness, though frequently used interchangeably, have been well-defined by the National Institute of Aging:

- social isolation is the objective physical separation from other people (living alone)
- loneliness is the subjective distressed feeling of being alone or separated.²⁵

While social isolation can be measured by quantifying an individual's contacts with other individuals and the world around them, loneliness can be assessed by asking an individual about their feelings and perceptions. Because research has indicated that loneliness (not necessarily just social isolation) can be as damaging to health as smoking 15 cigarettes per day, understanding an individual's perception of their connectedness is potentially even more important than merely measuring the quantity of connections. Particularly in older adults, loneliness is pervasive; 43% of seniors reported feeling lonely on a daily basis nationwide. With this loneliness comes an increased risk of morbidity, such as cardiovascular disease, as well as a remarkable 45% increased risk of mortality.²⁶



Understanding that loneliness and isolation were a barrier to good health prior to the pandemic, SVMC's community survey included a question about this topic unrelated to COVID-19. Across all age groups, a large majority of respondents indicated at least a small challenge with loneliness and isolation, and nearly 20% of those aged 13 to 34 reported a major challenge. With 13-34 year olds faring worse compared to older respondents in nearly all survey domains, addressing the feelings of loneliness in this age cohort is of critical importance. Facilitating supportive, reliable social networks could unlock the ability to begin influencing high rates of substance use and psychological distress in this age group.

²⁵ Social Isolation, Loneliness in Older People Pose Health Risks. National Institute on Aging. Published April 23, 2019. <https://www.nia.nih.gov/news/social-isolation-loneliness-older-people-pose-health-risks>

²⁶ The "Loneliness Epidemic". Health Resources & Services Administration. <https://www.hrsa.gov/enews/past-issues/2019/january-17/loneliness-epidemic>. Last Reviewed January 2019.



Disparities in isolation identified by SVMC’s community health survey:

20% of LGBTQ respondents reported challenges with loneliness/isolation, compared to **8%** of heterosexual/straight respondents.

25% of those who are unemployed indicated that loneliness/isolation were major challenges, versus **9%** of those employed for wages, indicating the potential value of workplace camaraderie, socialization, and common mission.

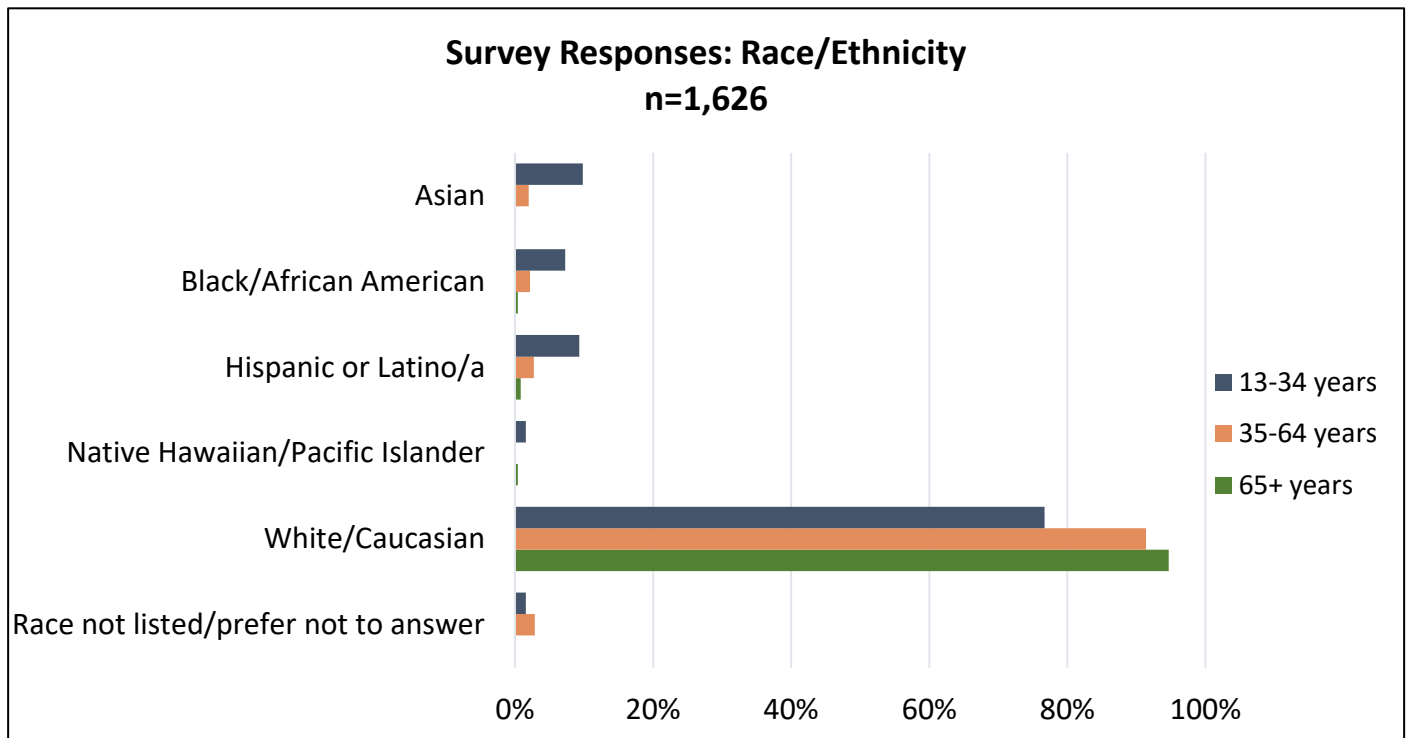


Community Cohesion and Gathering

In addition to maintaining a positive personal social environment, the broader cohesion of a community plays a valuable role in determining broad scale public health. Research indicates that communities that foster “a high level of social inclusion, social capital, and social diversity” will achieve further advancement in population health efforts.²⁷

Survey Respondent Quote:

“I feel that the main community health need is for connection and community.”



²⁷ Chuang YC, Chuang KY, Yang TH. Social cohesion matters in health. IJEqH. 2013;12(1), 87. <http://www.equityhealthj.com/content/12/1/87>.

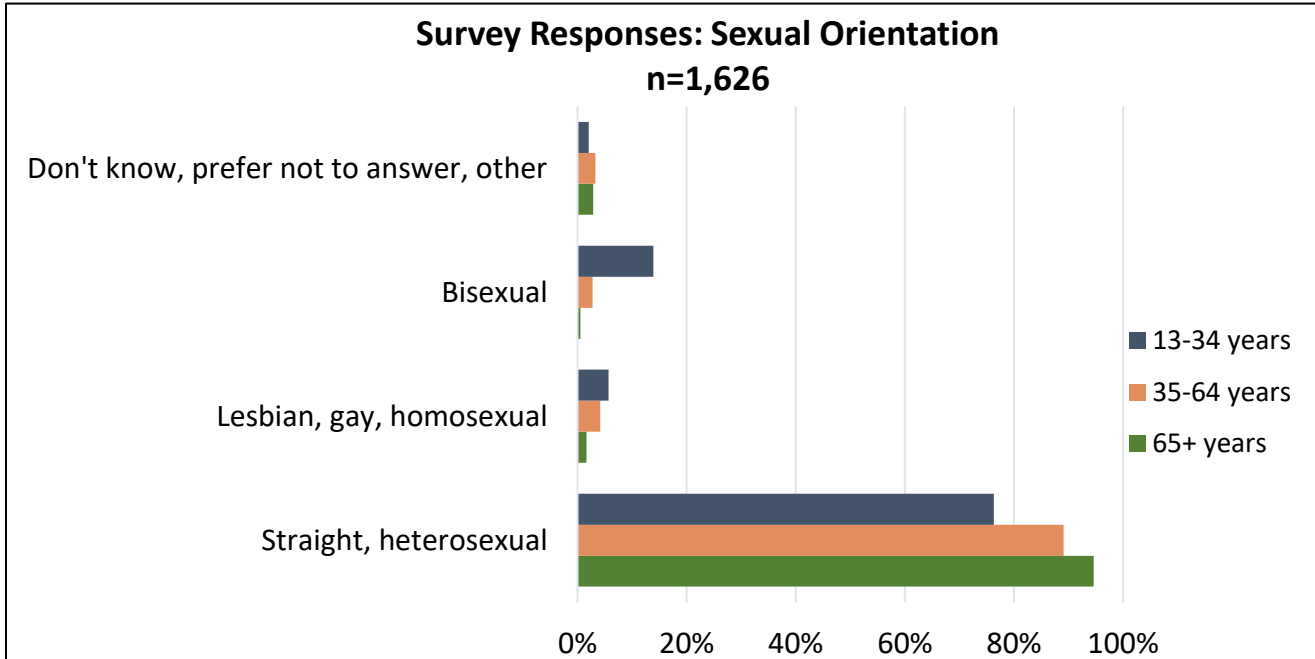
Throughout the five community forums led by SVMC, efforts to build accessible community gathering spaces were mentioned frequently. Whether simply a physical location, or a facility with organized intergenerational programming, a designated space for community togetherness was at the forefront of many minds. The need for socialization, peer support, group physical recreation, and other healthy behaviors could serve as an important mechanism to improving the mental and physical health of communities.

Survey Respondent Quote:

“I would like to see more deliberate, structured communications and programming to include BIPOC and LGBTQ+ community members who have potentially been underrepresented in approaches to care delivery.”

Additionally, the State of Vermont and SVMC’s service area are both becoming more racially diverse. 25% of individuals moving to Burlington are people of color²⁸; a similar growth of young and middle-aged people of color within SVMC’s service area is taking place, as shown in the figure on the preceding page. Individuals aged 13 to 24, and to a lesser extent

those aged 35 to 64, are more racially diverse than those 65 years and older. Ensuring a welcoming, inclusive environment, where diversity is not merely tolerated but is celebrated, is important to creating a community that will retain these young individuals. Research indicates that, as diversity increases and inaccurate stereotyping subsides, the subjective well-being of individuals improves.²⁹ A diverse community, free of racism, prejudice, and discrimination, is a healthy community.



²⁸ Equity Initiatives. The City of Burlington. <https://www.burlingtonvt.gov/CEDO/Equity-Initiatives>

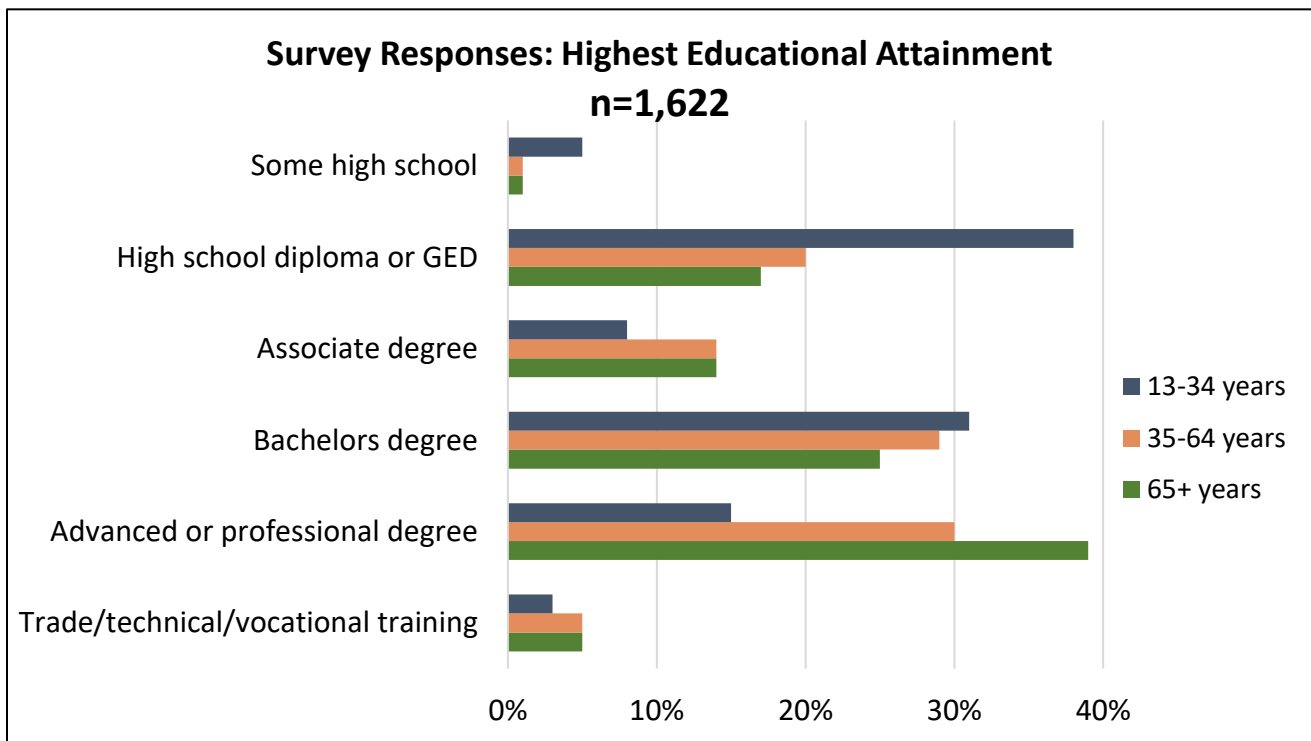
²⁹ Bai X, Ramos MR, Fiske ST. As diversity increases, people paradoxically perceive social groups as more similar. PNAS. 2020;117(23), 12741-12749. Published May 20, 2020. <https://doi.org/10.1073/pnas.2000333117>

Unfortunately, not all of the young, diverse members of SVMC’s service area feel included in their community. Though not available for counties in New York or Massachusetts, a recent survey indicated that 46% of Bennington County high school students do not feel that they matter to the people in their community.¹⁷ In Windham County, 40% of students expressed this lack of belonging.¹⁸ Within the LGBT population, which constitutes 13% of Bennington high school students and 16% of Windham high school students, 65% indicated that they feel as though they don’t matter to people in their community.^{17,18}

Though community-building and togetherness are not listed as explicit priority health needs, SVMC will continue to hold health equity, non-discrimination, and inclusivity at the heart of all community-based projects, and will continue to provide welcoming and appropriate care for all who seek it.

Education

Recent research highlights the association between higher educational attainment, improved overall wellbeing, and increased life expectancy. Since 2010, the life expectancy for those with a bachelor’s degree has increased, while those without a degree have seen a decrease. This trend holds true when controlling for race, ethnicity, and sex, indicating the universal importance of higher education and the opportunities that it unlocks in other areas of life. Deaths for those without a bachelor’s degree are increasingly attributed to substance use, suicide, and liver disease from alcohol consumption—a triad sometimes called “deaths of despair”.³⁰



³⁰ Case A, Deaton A. Life expectancy in adulthood is falling for those without a BA degree, but as educational gaps have widened, racial gaps have narrowed. PNAS. 2021;118(11), e2024777118. <https://doi.org/10.1073/pnas.2024777118>

Disparities in health status by education as identified by SVMC’s community health survey:



Those with a high school degree were **half** as likely to report excellent health as those with a bachelor’s degree (**10%** compared to **20%**).

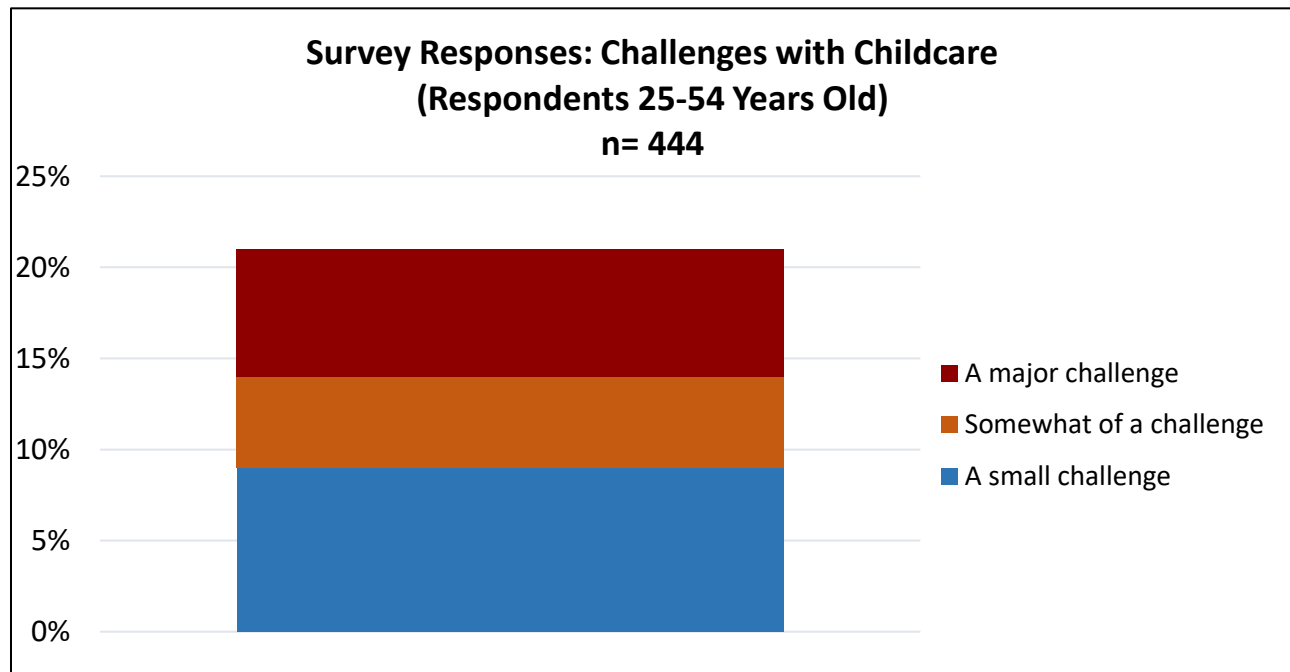
1% of those with an advanced or professional degree reported poor health.

Childcare and Early Education

The path to educational attainment starts with high-quality childcare and early education opportunities. In addition to fostering learning and curiosity, early childhood education and care builds a foundation for social skills and provides the opportunity for developmental delays to be identified early for rapid intervention. Within SVMC’s service area, families struggle to find childcare centers that are accepting new children; this can affect the career trajectories of parents, who then need to choose between availing themselves of career advancement opportunities or staying home with their child. This has a negative impact upon local employers, who need a robust pool of talent from which to recruit new employees.

Survey Respondent Quote:

“The cumulative stress of single parenting and working full time through the pandemic with no full-time school, no family that can help, and no safe childcare options have taken a huge toll on my physical and mental well-being. I really, really need the childcare so that I can marginally catch up at work after the past year.”



A 2020 publication from Let's Grow Kids reported that 72% of infants likely to need care in Bennington County do not have access to high-quality (4 or 5 star) programs. Additionally, 45% of toddlers and 4% of preschoolers do not have access to high quality programs. An additional 331 infant slots, 71 toddler slots, and 153 preschooler slots are needed to meet demand in Bennington County alone, illustrating the scale of the need.³¹

Disparities in childcare identified by SVMC's community health survey:

Those employed for wages were **half** as likely to indicate a major challenge with childcare, compared to stay-at-home parents (5% versus 10%).



17% of Black or African American respondents shared that access to childcare was a major challenge.

High School

Other than Rensselaer County, each county within SVMC's service area has a lower high school graduation rate than the state average.³² As the supply of positions in manufacturing and other sectors has dwindled, the positions available for people without a high school or bachelor's degree have become rarer. The COVID-19 pandemic resulted in a higher proportion of job loss for those without a high school degree; estimates indicate that it will take years for these individuals to financially recover.³²

SVMC recognizes the value of education at all levels and will continue to partner with other institutions to ensure equitable access to high-quality education from childhood through professional and specialty degrees.

Graduation Rates ³³		
County	Graduation Rate	State
Bennington County	80%	Vermont 86%
Windham County	79%	
Berkshire County	87%	Massachusetts 88%
Washington County	80%	New York 82%
Rensselaer County	87%	

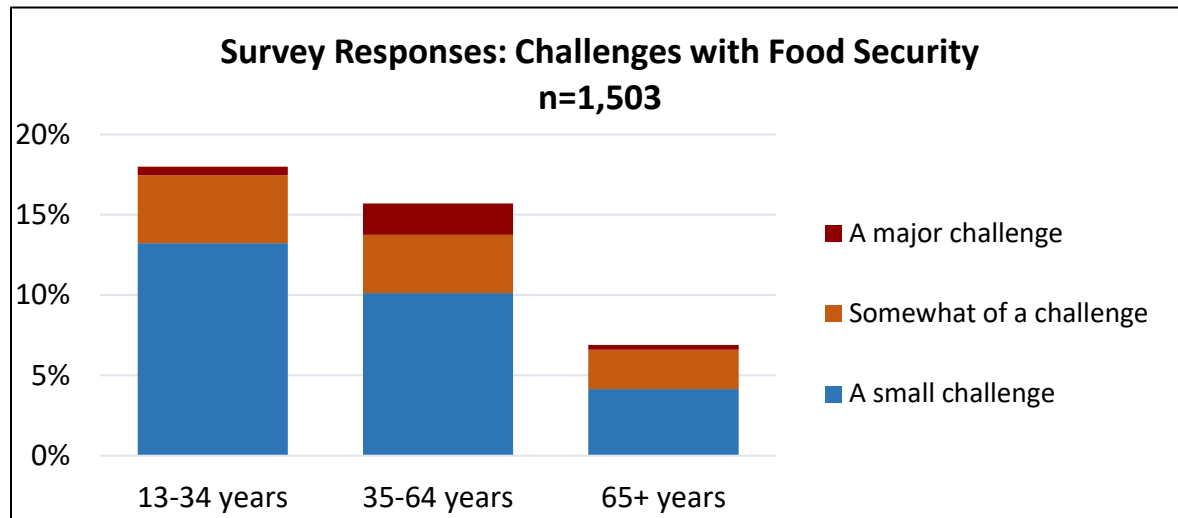
³¹ Horwitz J, Hibbert SF, Reitz C, Roche E, Brouillette A. Stalled at the Start: Vermont's Child Care Challenge. Let's Grow Kids. Published January 2020. https://www.letsgrowkids.org/client_media/files/pdf/StalledatStart2020.pdf

³² Parkinson C. COVID-19, educational attainment, and the impact on American workers. Monthly Labor Review. Bureau of Labor Statistics. Published September 2020. <https://www.bls.gov/opub/mlr/2020/beyond-bls/pdf/covid-19-educational-attainment-and-the-impact-on-american-workers.pdf>

³³ High school graduation: an education measure. County Health Rankings & Roadmaps. University of Wisconsin Population Health Institute: School of Medicine and Public Health with support from the Robert Wood Johnson Foundation. 2021 County Health Rankings using data from 2017-2018. <https://www.countyhealthrankings.org/>

Food Security

Food security, a term that has recently become more common in the public lexicon, is broadly defined as the “ability to have physical, social and economic access to sufficient, safe, and nutritious food at all times that meet food preferences and dietary needs for a healthy life.”³⁴ In 2019, the US Department of Agriculture (USDA) reported that 10.5% of US households were food insecure, meaning that they had limited or uncertain access to adequate food.³⁵



Responses to SVMC’s community health survey indicated that very few individuals were having major challenges with food security locally. It is important to note, however, that the survey collected responses in early 2021, when multiple additional food supports were available due to COVID-19.³⁶

Food Insecurity ³⁷		
County	Percentage of population that is food insecure	State
Bennington County	12%	Vermont 12%
Windham County	12%	
Berkshire County	10%	Massachusetts 9%
Washington County	11%	New York 11%
Rensselaer County	11%	

Within both Bennington and Windham Counties, 2% of high school students reported that they “went hungry most of the time or always because there was not enough food in their home, in the past 30 days.”^{17, 18}

³⁴ International Food Policy Research Institute. Food Security. <https://www.ifpri.org/topic/food-security>.

³⁵ U.S. Department of Agriculture: Economic Research Service. Definitions of Food Security. Last updated September 9, 2020. <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/definitions-of-food-security.aspx>

³⁶ Feeding America. The Impact of the Coronavirus on Food Insecurity in 2020 and 2021. Published March 2021. https://www.feedingamerica.org/sites/default/files/2021-03/National%20Projections%20Brief_3.9.2021_0.pdf

³⁷ Food insecurity: A diet and exercise measure. County Health Rankings & Roadmaps. University of Wisconsin Population Health Institute: School of Medicine and Public Health with support from the Robert Wood Johnson Foundation. 2021 County Health Rankings using data from 2018. <https://www.countyhealthrankings.org/>

As with all public health challenges, food insecurity is predicated upon a number of factors, including but not limited to:

- proximity to a grocery store (the accessibility of food)
- provision of supplemental assistance for food purchase (the affordability of food)
- food preference and nutrition education
- household employment status and income
- disability status and mobility.³⁸

The County Health Rankings and Roadmaps have combined two of the largest predictors of food security, proximity to a grocery store and household income, to create a “Food Environment Index.” The index is scored out of ten possible points, with zero being the worst and ten being the best.

Food Environment Index ³⁹		
County	Index Score	State
Bennington County	8.6	Vermont 8.6
Windham County	8.0	
Berkshire County	8.4	Massachusetts 9.3
Washington County	8.4	New York 9.1
Rensselaer County	8.2	

Survey Respondent Quote:

“My social status makes it harder for me to live a healthier life. Lower income= less chances to purchase what I wanted to for my boys to really eat.””

Participation in the Supplemental Nutrition Assistance Program (SNAP) supports the food budgets of low-income families and is the largest food assistance program in the US. Funding support is contingent upon gross household income. Though not all eligible households participate in SNAP, participation rates closely mirror food insecurity rates within SVMC’s service area.

SNAP Participation ⁴⁰		
County	Percentage of population participating in SNAP	State
Bennington County	14.1%	Vermont 11.3%
Windham County	16.4%	
Berkshire County	13.3%	Massachusetts 11.7%
Washington County	13.3%	New York 14.7%
Rensselaer County	10.5%	

³⁸ Office of Disease Prevention and Health Promotion. Healthy People 2020: Food Insecurity. <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/food-insecurity>. Last updated June 23, 2021.

³⁹ Food Environment Index: A diet and exercise measure. County Health Rankings & Roadmaps. University of Wisconsin Population Health Institute: School of Medicine and Public Health with support from the Robert Wood Johnson Foundation. 2021 County Health Rankings using data from 2015 and 2018. <https://www.countyhealthrankings.org/>

⁴⁰ Food Stamps/Supplemental Nutrition Assistance Program (SNAP): American Community Survey. United States Census Bureau. ACS 5-Year Estimates Subject Tables, S2201.

As SVMC seeks to address healthy behaviors, including the diets of individuals, the structural and systemic factors that govern access to nutritious food will undoubtedly need to be considered. SVMC has limited ability to create largescale structural change in the arenas of food pricing, etc. but will continue to partner with other area organizations dedicated to creating broad changes that make it easier for individuals to consume nutritious foods.



Disparities in food security identified by SVMC’s community health survey:

43% of American Indian, Alaska Native, Native Hawaiian, and other Pacific Islander respondents indicated a struggle with access to food, as did **35%** of Black or African American respondents.

5% of those with professional degrees reported a challenge with access to food, compared to **42%** of those without a high school degree.

In tandem with larger, systemic forces that can influence one’s food options, the consumption of a healthy, balanced diet also entails behavioral choices. Information regarding diet and nutrition can be found within the Health Behaviors section of this assessment.

Financial standing and poverty

As mentioned in the framework on page 23, research indicates that while the social determinants of health can influence outcomes, financial and socioeconomic factors are “the causes of the causes.” As wages and accumulated wealth and assets increase, so too does social status and health status. Termed the “socioeconomic gradients” in health, this pattern holds true within different racial and ethnic groups, as well as within countries outside of the United States.⁴¹

Employment

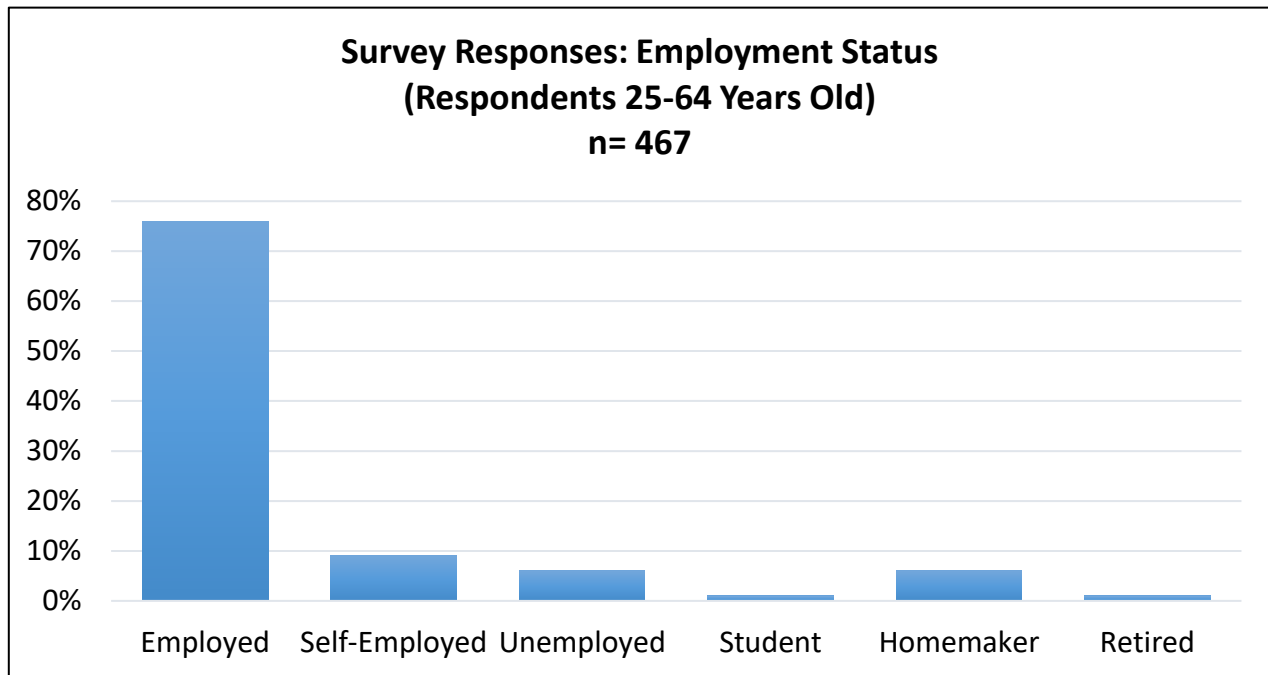
The link between unemployment and negative health is more robustly established than the link between employment and positive health. Those who are employed do typically have better health outcomes than those who are unemployed, but the source of the benefit could potentially be attributed to the wages earned, or the health benefits offered through an employer. Indeed, research has indicated that the quality and stability of work is a large determinant in the net positive impact the position will have on the health of the individual—jobs that are unstable, poorly paid, or demeaning lead to poor health outcomes. Additionally, a much stronger body of evidence points to the detrimental impacts of unemployment on health, including depression, anxiety, cardiovascular risk factors, and lower adherence to healthy behaviors. There is some debate, however, about the risk of the “healthy

⁴¹ Braveman P, Gottlieb L. The social determinants of health: It’s time to consider the causes of the causes. Public Health Rep. 2014;129(Suppl 2), 19-31. doi: 10.1177/003335491412915206

worker effect”; namely, that those who are healthy enough to be employed are more likely to enter and remain in the workforce, while those with health concerns are more likely to remain unemployed.⁴²

Regardless of the exact mechanism by which employment influences health, it is an important factor to consider when exploring the health needs of an entire community; a community’s economic health depends in part upon the employment rate.

2020 Annual Unemployment Average		
County	Unemployment rate (percentage of workers in labor force without employment, actively looking for work) ⁴³	State Unemployment Rate, seasonally adjusted ⁴⁴
Bennington County	6.6%	Vermont 5.6%
Windham County	6.3%	
Berkshire County	9.1%	Massachusetts 8.9%
Washington County	7.2%	New York 10.0%
Rensselaer County	7.0%	



⁴² Antonisse L and Garfield R. The Relationship Between Work and Health: Findings from a Literature Review. Kaiser Family Foundation. Published August 7, 2018. <https://www.kff.org/medicaid/issue-brief/the-relationship-between-work-and-health-findings-from-a-literature-review/>

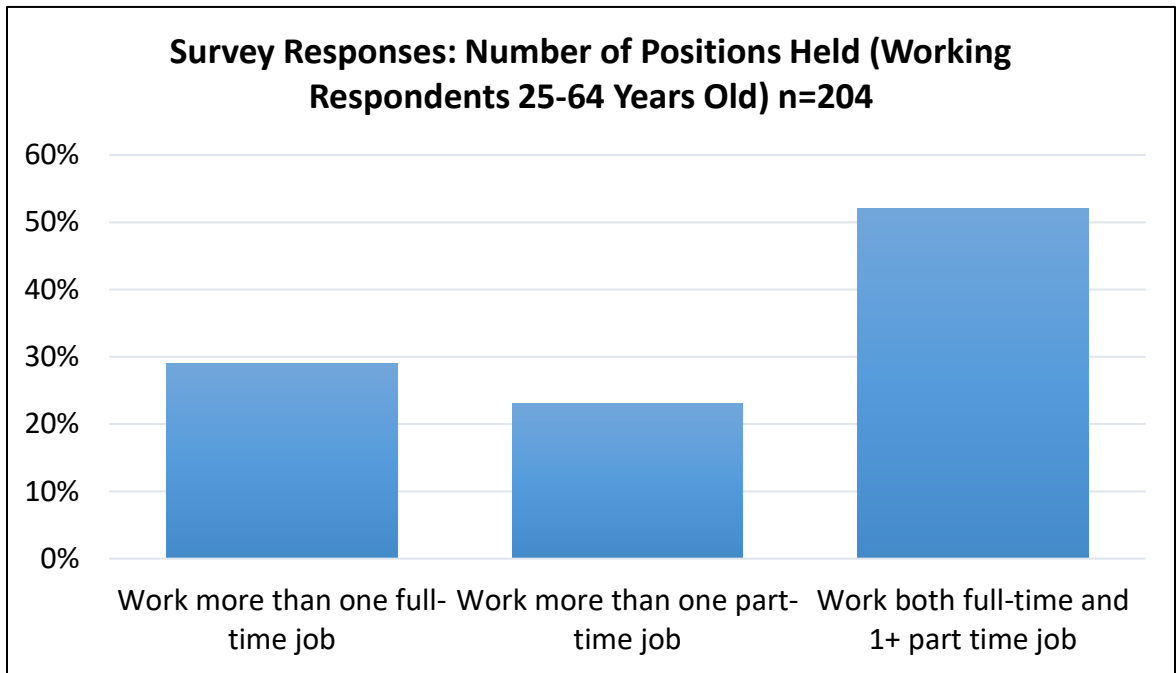
⁴³ U.S. Bureau of Labor Statistics. Local Area Unemployment Statistics: Labor Force Data by County, 2020 Annual Averages. <https://www.bls.gov/lau/#cntyaa>

⁴⁴ U.S. Bureau of Labor Statistics. Local Area Unemployment Statistics: Unemployment Rates for States, 2020 Annual Averages. <https://www.bls.gov/lau/lastrk20.htm>

Multiple positions

Responses to SVMC’s survey indicate that, among those who are working, over half fill both a full-time job as well as at least one additional part-time job. Research shows that this level of commitment to more than one position can be a driver of depression or other mental health struggles, particularly if the positions have unpredictable shift schedules and provide low wages.⁴⁵ Research at the national level indicates that those who hold more than one position did not sacrifice performance or neglect responsibilities in either position, but rather made sacrifices to their personal and family life, resulting in a higher rate of familial conflict.⁴⁵

Survey respondent quote:
 “To improve my health, I need to reduce my workload. It is out of control.”



Survey respondent quote:
 “If I could do one thing to improve my health, it would be to get enough sleep. I work so much to make ends meet that I shortchange sleep. Less work hours would help me exercise to lose the weight that probably gave me the sleep apnea that makes me so tired all the time.”

⁴⁵ Webster BD, Edwards BD, Smith MB. Is holding two jobs too much? An examination of dual jobholders. JBP. 2018;34, 271-285. <https://doi.org/10.1007/s10869-018-9540-2>.

Earnings

Median Earnings ⁴⁶			
County	Median earnings for fulltime, year-round workers: Female	Median earnings for fulltime, year-round workers: Male	State
Bennington County	\$28,342	\$32,231	Vermont \$33,450
Windham County	\$25,000	\$35,776	
Berkshire County	\$28,553	\$39,890	Massachusetts \$43,382
Washington County	\$28,550	\$37,149	New York \$39,828
Rensselaer County	\$36,352	\$44,527	

To assess ability to participate in certain State or Federal programs, Poverty Guidelines (sometimes loosely termed the Federal Poverty Level) are set, based upon the number of individuals in a family or household, and their maximum amount of earnings to be considered in poverty.⁴⁷ These guidelines, and the percentage of SVMC's service area that are under these thresholds, are shown below.

2021 Poverty Guidelines for the Contiguous States and District of Columbia ⁴⁷	
Persons in household	Maximum earnings
1	\$12,880
2	\$17,420
3	\$21,960
4	\$26,500
5	\$31,040
6	\$35,580
7	\$40,120
8	\$44,660

For households with 8+ persons, add \$4,540 for each additional person.

Percent of Population in Poverty ⁴⁸		
County	Percent of population below poverty guidelines	State
Bennington County	10.9%	Vermont 10.9%
Windham County	13.7%	
Berkshire County	10.9%	Massachusetts 10.3%
Washington County	11.3%	New York 14.1%
Rensselaer County	11.7%	

⁴⁶ Median Earnings in the Past 12 Months (In 2019 Inflation-Adjusted Dollars) of Workers by Sex and Women's Earnings as a Percentage of Men's Earnings by Selected Characteristics: American Community Survey. United States Census Bureau. ACS 5-Year Estimates Subject Tables, S2002.

⁴⁷ US Department of Health and Human Services: Office of the Assistant Secretary for Planning and Evaluation. 2021 Poverty Guidelines: U.S. Federal Poverty Guidelines Used to Determine Financial Eligibility for Certain Federal Programs. Published January 26, 2021. <https://aspe.hhs.gov/2021-poverty-guidelines>

⁴⁸ Poverty Status in the Past 12 Months: American Community Survey. United States Census Bureau. ACS 5-Year Estimates Subject Tables, S1701.

Despite their utility in determining eligibility for assistance, the federal poverty guidelines are not necessarily a true measure of economic status; individuals and households above the poverty guideline still may struggle with financing basic needs. An additional measure that can be useful when seeking to understand the financial positioning of a population is the percentage of Asset Limited, Income Constrained, and Employed (ALICE) individuals and households within a county. ALICE households have income above the federal poverty guideline, but their income is still not high enough to afford essentials in the communities in which they live. The ALICE Essentials Index only includes six imperative household costs: housing, childcare, food, transportation, health care, and a smartphone plan.⁴⁹

Percent of Households that are Asset-Limited, Income Constrained, and Employed ⁴⁹		
County	Percent of population above the poverty guideline but under the ALICE threshold	State
Bennington County	34%	Vermont 29%
Windham County	28%	
Berkshire County	30%	Massachusetts 31%
Washington County	32%	New York 31%
Rensselaer County	23%	

SVMC’s community survey responses indicated that some individuals are struggling to afford necessities, such as heat, medication, and food.

Survey Respondent Quote:

“If I could do one thing to improve my health, I would be able to afford to get my car and plumbing repaired so I can find a job and earn some money. I have not had heat for the past two winters.”

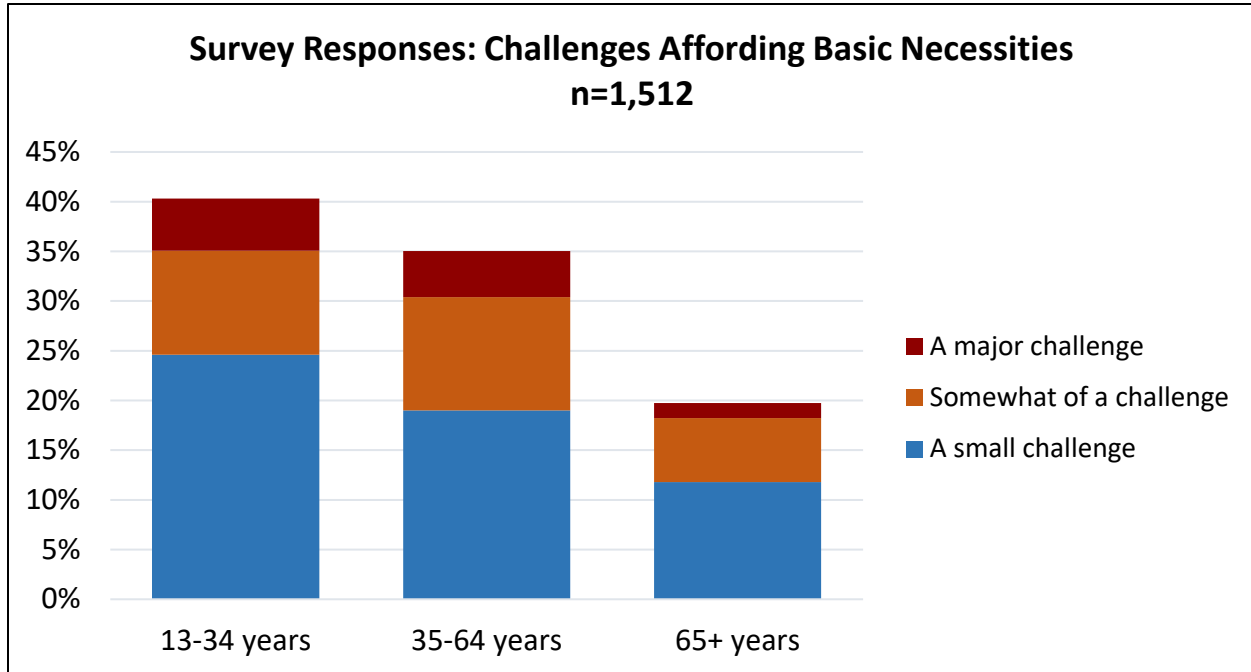
Survey Respondent Quote:

“To improve my health, I wish I could afford medications without the stress of the high cost of my inhalers, etc.”

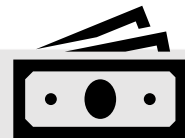
Survey Respondent Quote:

“We have excellent health care facilities, but many families do not have transport or good-paying jobs to afford buying food and/or to find adequate/affordable housing.”

⁴⁹ United for ALICE. Research Center: National Overview, State-Level Details, 2018. Interactive Map. <https://www.unitedforalice.org/national-overview>



Disparities in affording basic needs identified by SVMC’s community health survey:



LGBTQ respondents were **three times** more likely than heterosexual or straight respondents to report a challenge in affording basic needs (**9%** compared to **3%**).

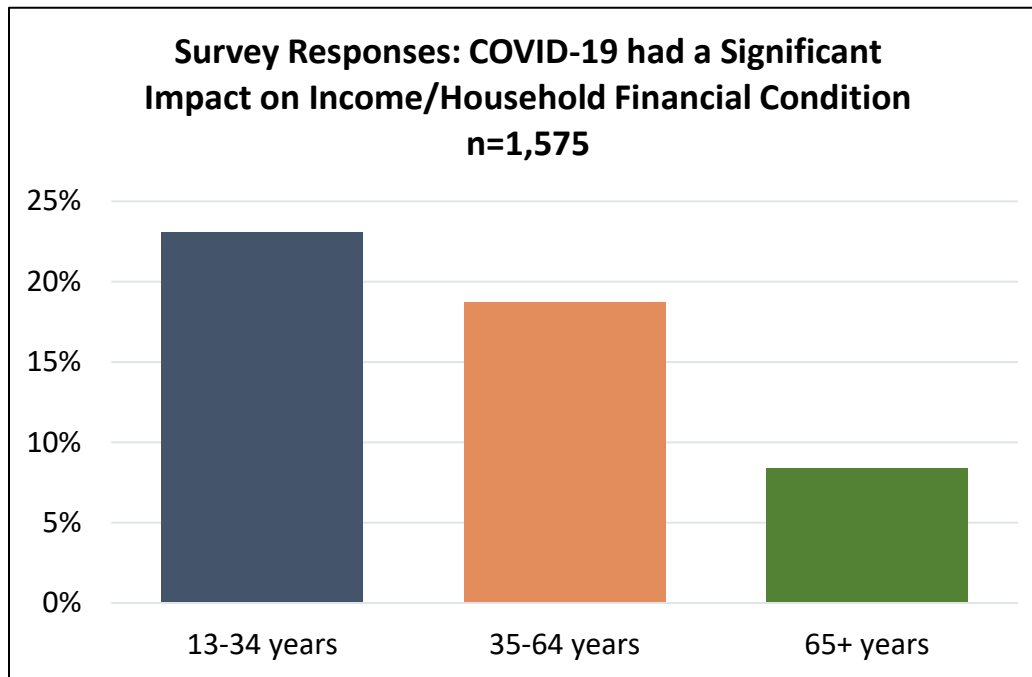
Those with a high school degree were more **four times** likely to face significant challenges meeting basic needs compared to those with a bachelor’s degree (**12%** versus **3%**).

9% of American Indian, Alaska Native, Native Hawaiian, and other Pacific Islander respondents and **10%** of Black or African American respondents indicated a major challenge, compared to **2%** of Hispanic or Latino/a respondents and **3%** of White or Caucasian respondents.

As has been extensively documented elsewhere, the COVID-19 pandemic did not have a homogenous impact upon the financial wellness of individuals and families. 58% of lower income individuals say that, in the long run, the economic impact of the COVID-19 pandemic will make it a more difficult for them to achieve their financial goals. Approximately half of individuals who took a pay cut since the pandemic began are still earning less than before. Women, those who are younger than 30 years old, and lower-income workers nationwide were among the most likely to have taken unpaid time off since the pandemic began.⁵⁰ Nationally, Black adults are particularly likely to say they have taken on debt or put

⁵⁰ Horowitz JM, Brown A, Minkin R. A Year into the pandemic, long-term financial impact weighs heavily on many Americans. Pew Research Center Report. Published March 5, 2021. <https://www.pewresearch.org/social-trends/2021/03/05/a-year-into-the-pandemic-long-term-financial-impact-weighs-heavily-on-many-americans/#many-older-americans-whose-employment-was-affected-during-the-coronavirus-outbreak-say-they-have-or-may-have-to-delay-their-retirement>

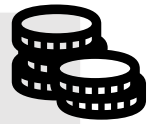
off paying their bills to cover lost wages or salary.⁵⁰ Similar disparities in the financial impact of COVID-19 can be seen within SVMC's service area.



Disparities in financial impact due to COVID-19 identified by SVMC's community health survey:

Black or African American respondents were over **three times** more likely to report an impact on financial condition due to COVID-19 compared to White or Caucasian respondents (**44%** versus **14%**).

Those with a high school diploma or equivalent were **twice** as likely to indicate a COVID-19 related impact on financial condition versus those with an advanced degree (**20%** compared to **10%**).

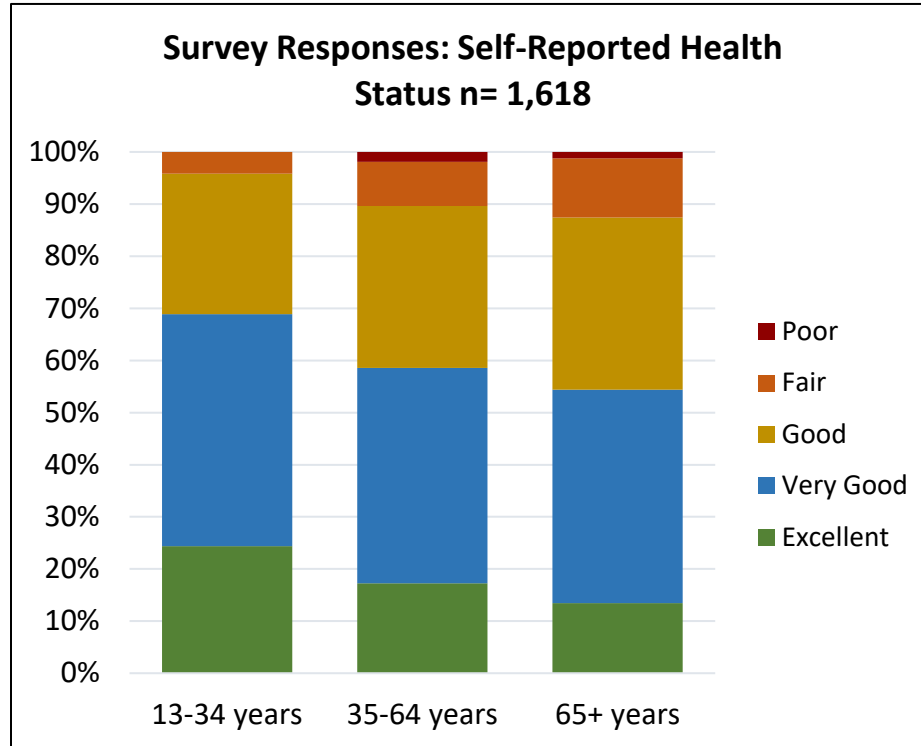


Conversely, at the national level, upper-income adults are more likely than other income groups to have seen an improvement in their finances, with 39% stating that their family's financial situation has improved over the past year.⁵⁰

While SVMC cannot address and remedy the financial impacts that COVID-19 has had on the surrounding community, having a thorough understanding will assist in developing supports for individuals who may be struggling. Clarity around the intersection between poverty, employment, and health will aid in the development of programming that seeks to influence health behaviors in the context within which people live.

Health Status and Outcomes

Health Status



Respondents to SVMC’s community health survey were asked to share their perception of their own health status, ranked from poor to excellent. This one-item measure for health-related quality of life (HRQOL) has been shown to be comparable to the four-item HRQOL measure utilized by the BRFSS.⁵¹ Results indicated that, as the age of respondents increased, so too did the proportion of respondents feeling that their health was fair or poor.

As a subjective measure, respondents may take different facets of health into consideration when answering; some may only think about physical health, or some may think of their mental health; still others may base their response upon how they feel compared to others that they know. Overall, the measure gives an indication of the quality of life and wellbeing an individual enjoys (in the context of their situation and expectations).

Disparities in health status identified by SVMC’s community health survey:

44% of Asian respondents reported excellent health, compared to **16%** of White or Caucasian respondents.

Women were over **twice** as likely to indicate excellent health as men (**69%** versus **30%**)



⁵¹ Yin S, Njai R, Barker L, Siegel PZ, Liao Y. Summarizing health-related quality of life (HRQOL): Development and testing of a one-factor model. *Popul Health Metr.* 2016; 14-22. doi: 10.1186/s12963-016-0091-3

Mental health

SVMC's survey additionally asked about challenges with particularly conditions, including mental health diagnoses. Responses indicated a high prevalence of depressive feelings (described in the survey as persistent feelings of sadness or hopelessness). Depression is the leading cause of disability worldwide and can have lasting impacts on sleep and eating habits, ability to work and concentrate, and general ability to function and enjoy life.⁵²

Review of secondary data indicates that the depressive disorder diagnosis rate does not mimic the self-reports of depression resulting from SVMC's community health survey; this could be the result of:

- underdiagnosis of depression, potentially reflective of individuals unable or resistant to seeking mental health care (i.e. the reported diagnoses in the secondary data should be higher)
- erroneous self-diagnosis of depression amongst survey respondents (i.e. the self-reports of challenges with depression in SVMC's survey should be lower)
- the rate of depression has risen due to COVID-19 and other large-scale traumatic events (i.e., the reported diagnoses in secondary data have not yet caught up to the increase and will eventually be higher).

Each of the above is likely a factor, with other external forces contributing to the discrepancy.

Adults with a Depressive Disorder ^{53,54,55}		
County	Percent of adults with a Depressive Disorder (age adjusted prevalence)	State
Bennington County	22%	Vermont 21%
Windham County	28%	
Berkshire County	Unavailable	Massachusetts 18.1%
Washington County	16.2%	New York 15.5%
Rensselaer County	14.8%	
Rensselaer County	11.7%	

Survey respondent quote:

"If I could do one thing to improve my health, it would be access to the specialists I need and elimination of the depression I feel all the time. That would require things beyond my control, too: close friends, supportive family, a place in the community, meaningful and enjoyable activities, and a sense of safety."

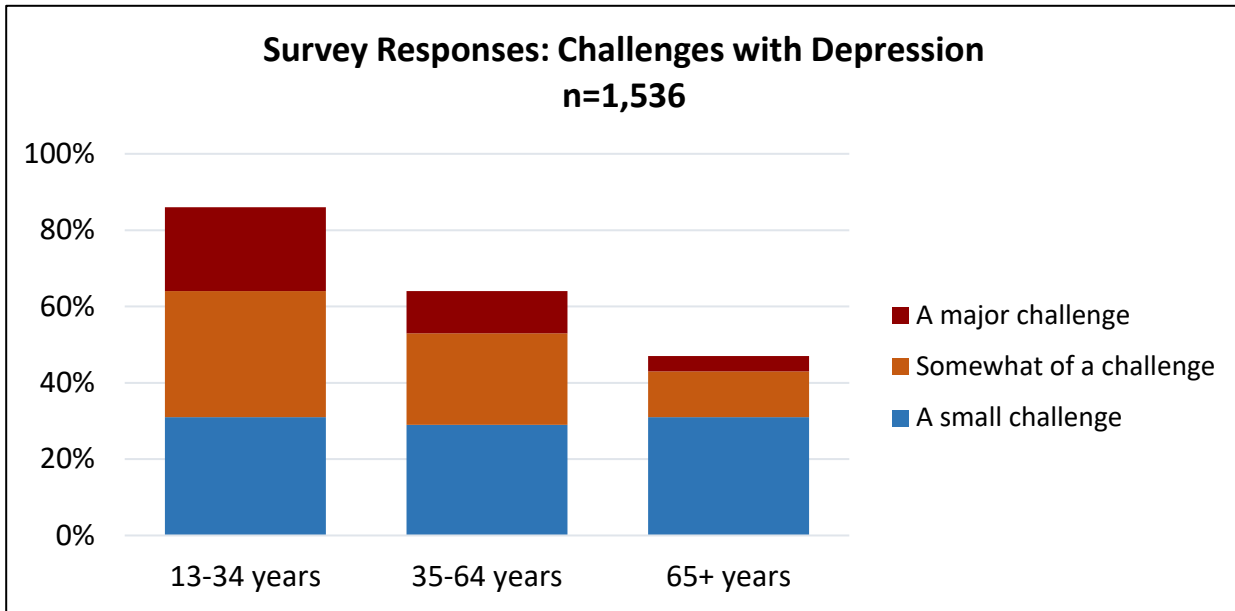
⁵² World Health Organization. Depression: Overview. https://www.who.int/health-topics/depression#tab=tab_1

⁵³ Vermont Department of Health in collaboration with the Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System: 2018 Report.

https://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR_2018_BRFSSReport.pdf

⁵⁴ Office of Data Management and Outcomes Assessment: Massachusetts Department of Public Health in collaboration with the Centers for Disease Control and Prevention. A Profile of Health Among Massachusetts Adults, 2018: Results from the Behavioral Risk Factor Surveillance System. <https://www.mass.gov/doc/a-profile-of-health-among-massachusetts-adults-2018/download>

⁵⁵ New York State Department of Health in collaboration with the Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System (BRFSS) Health Indicators by County and Region. <https://health.data.ny.gov/Health/Behavioral-Risk-Factor-Surveillance-System-BRFSS-H/jsy7-eb4n>



Disparities in depression identified by SVMC’s community health survey:

25% of students reported challenges with depression, similar to rates identified through the YRBS.

23% of Black or African American respondents indicated challenges with depression.

Unemployed respondents were nearly **twice** as likely to report challenges with depression as those employed for wages (**21%** compared to **11%**).

Sadness and Hopelessness Amongst High School Students ^{17,18,56,57}		
County	Percent of high school students feeling sad or hopeless, past year	State
Bennington County	32%	Vermont 31%
Windham County	31%	
Berkshire County	Unavailable	Massachusetts 34%
Washington County	Unavailable	New York 35%
Rensselaer County	Unavailable	

⁵⁶ High School YRBS: Massachusetts 2019 Results. Centers for Disease Control and Prevention. <https://nccd.cdc.gov/youthonline/app/Results.aspx?LID=NY>

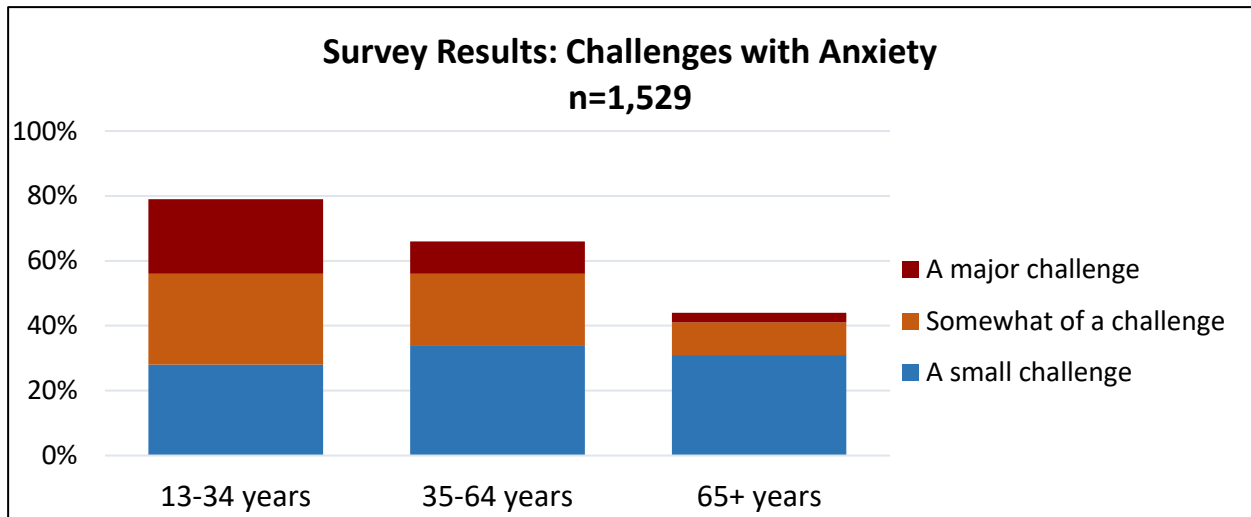
⁵⁷ High School YRBS: New York 2019 Results. Centers for Disease Control and Prevention. <https://nccd.cdc.gov/youthonline/app/Results.aspx?LID=NY>

Depression, while potentially debilitating on its own accord, is also one of the main risk factors for suicide amongst individuals of any age. In 2019, suicide was the tenth leading cause of death in the US, and was the second leading cause of death among those between 10 and 34 years old.⁵⁸

Suicide deaths ⁵⁹		
County	Number of deaths due to suicide per 100,000 population (age-adjusted)	State
Bennington County	19	Vermont 17
Windham County	26	
Berkshire County	14	Massachusetts 9
Washington County	11	New York 8
Rensselaer County	11	

High school student suicide attempts ^{17,18,56,57}		
County	Percent of high school students attempting suicide, past year	State
Bennington County	7%	Vermont 7%
Windham County	6%	
Berkshire County	Unavailable	Massachusetts 7%
Washington County	Unavailable	New York 9%
Rensselaer County	Unavailable	

While depression and anxiety are two distinct diagnoses, and there is no evidence that one condition causes the other, many people suffer from both disorders. Anxiety is characterized by excessive anxiety or worry over a long period of time. Anxiety can interfere with an individual’s ability to function socially, and to maintain professional responsibilities.⁶⁰



⁵⁸ National Institute of Mental Health. National Institutes of Health; U.S. Department of Health and Human Services. Suicide. Last updated May 2021. <https://www.nimh.nih.gov/health/statistics/suicide>

⁵⁹ Suicides: A community safety measure. County Health Rankings & Roadmaps. University of Wisconsin Population Health Institute: School of Medicine and Public Health with support from the Robert Wood Johnson Foundation. 2021 County Health Rankings using data from 2015-2019. <https://www.countyhealthrankings.org/>

⁶⁰ Anxiety and Depression Association of America. Understand Anxiety and Depression: Depression. <https://adaa.org/understanding-anxiety/depression>

As highlighted below, disparities related to anxiety are like those seen with depression.

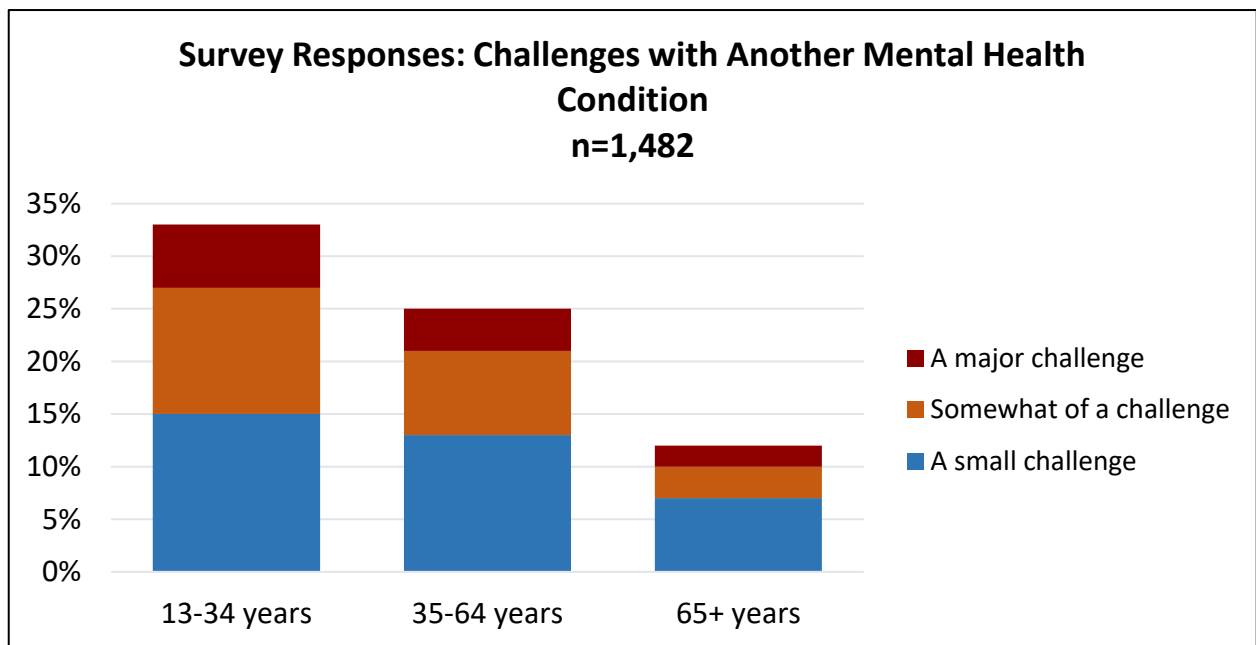
Disparities in anxiety identified by SVMC’s community health survey:

35% of students reported major challenges with anxiety.

As with depression, **23%** of Black or African American respondents indicated major challenges with anxiety.



In addition to challenges with anxiety and depression, some survey respondents indicated additional struggles with other mental health conditions. Similar to patterns seen for depression and anxiety, challenges with mental health conditions were reported more frequently amongst younger respondents.



Whether depression, anxiety, or other mental health condition, struggles with psychological wellbeing can be measured by quantifying the number of mentally unhealthy days experienced by individuals within a particular geography. This measure for SVMC’s service area is shown below.

Mentally Unhealthy Days ⁶¹		
County	Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	State
Bennington County	4.7	Vermont 4.2
Windham County	4.8	
Berkshire County	5.0	Massachusetts 4.3
Washington County	4.6	New York 3.6
Rensselaer County	4.5	

⁶¹ Poor mental health days: a quality of life measure. County Health Rankings & Roadmaps. University of Wisconsin Population Health Institute: School of Medicine and Public Health with support from the Robert Wood Johnson Foundation. 2021 County Health Rankings using data from 2018. <https://www.countyhealthrankings.org/>

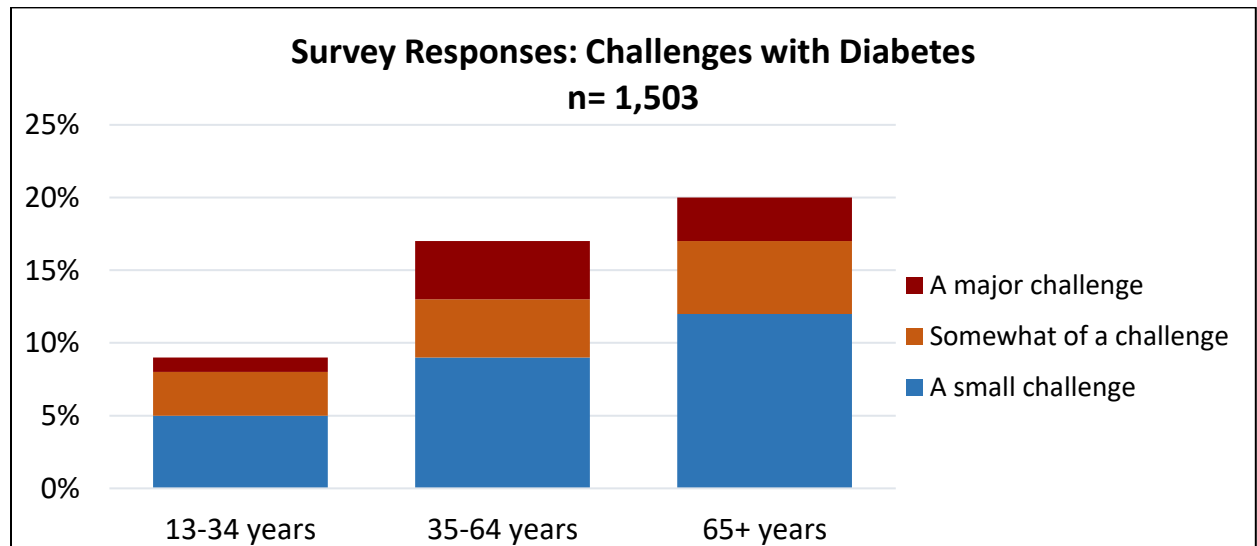
In consideration of data specific to SVMC’s survey respondents, secondary data for SVMC’s service area, and qualitative information gathered during each of five community forums, mental health supports emerged as the top priority to be addressed by SVMC. Close collaboration with area organizations, particularly United Counseling Service, will be imperative to success in this domain. More information about action to meet this pressing need can be found in SVMC’s Implementation Plan, found on page 75.

Diabetes

Chronic physical conditions, such as diabetes, can present a challenge to individuals in a number of ways. Managing a complex illness through adherence to medication and behaviors can be exceptionally complicated. Comorbid conditions or sequelae can also pose difficulties for maintaining a healthy life.

SVMC’s community survey indicated that individuals aged 55 to 64 years old were most likely to state that they had a challenge with diabetes (6%). Diabetes and pre-diabetes education can play an integral role in preventing this condition or providing the tools and knowledge to manage it appropriately.

Diagnosed diabetes ⁶²		
County	Percentage of adults 20+ years old with diagnosed diabetes	State
Bennington County	11%	Vermont 9%
Windham County	8%	
Berkshire County	11%	Massachusetts 9%
Washington County	10%	New York 10%
Rensselaer County	10%	



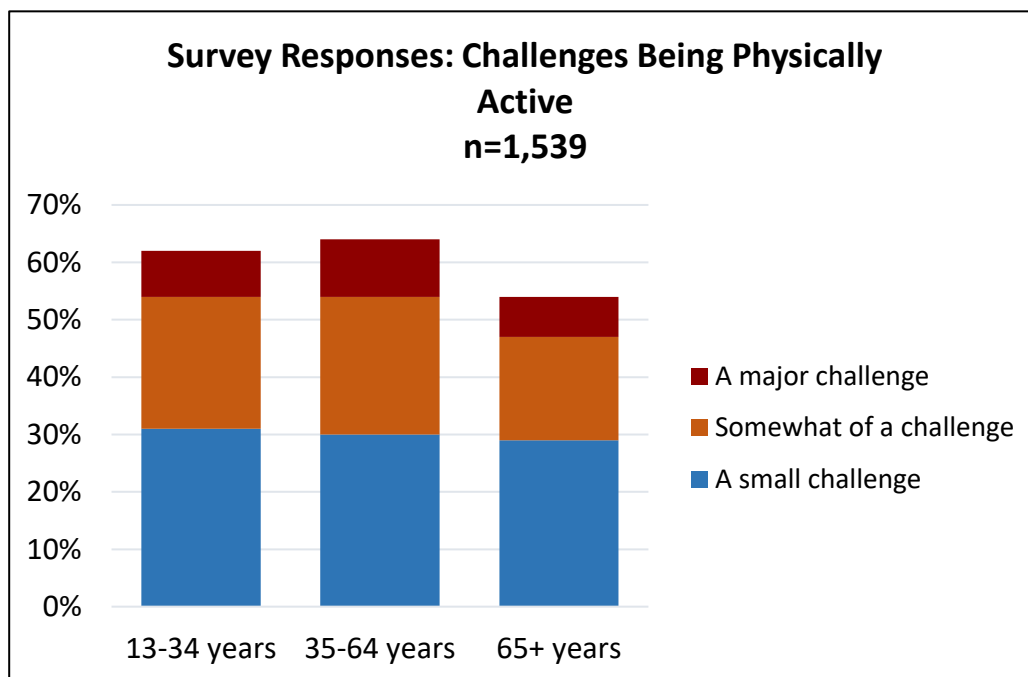
⁶² Diabetes prevalence: a quality of life measure. County Health Rankings & Roadmaps. University of Wisconsin Population Health Institute: School of Medicine and Public Health with support from the Robert Wood Johnson Foundation. 2021 County Health Rankings using data from 2017. <https://www.countyhealthrankings.org/>

Health Behaviors

Health behaviors are choices and actions that individuals make that influence health outcomes. Nearly all of the factors outlined in this report thus far can dramatically affect an individual’s ability to carry out health behaviors. From accessing safe spaces for recreation, managing chronic illness, or having leisure time outside of employment, health behaviors are determined by social, financial, and cultural environments.

Physical Activity and Obesity

The benefits of physical activity have long been extolled by research; reduced weight, strengthened bones and muscles, improved cardiovascular health, and reduced mental health conditions are just some of the positive effects that can stem from regularly engaging in physical activity.



Despite the clear health benefits of regular physical activity, SVMC’s community health survey indicated that a large portion of SVMC’s service area faces external barriers to being physically active.

Disparities in physical activity identified by SVMC’s community health survey:

Black or African American respondents were **3** times more likely to indicate a major challenge with physical activity than white respondents (**25%** compared to **8%**).

17% of unemployed respondents reported a major challenge in being physically active, compared to **9%** of those employed for wages.



Survey Respondent Quote:

“To improve my health, I need someone to coach me on proper nutrition and help tailor an exercise program which would help me lose weight and get fit.”

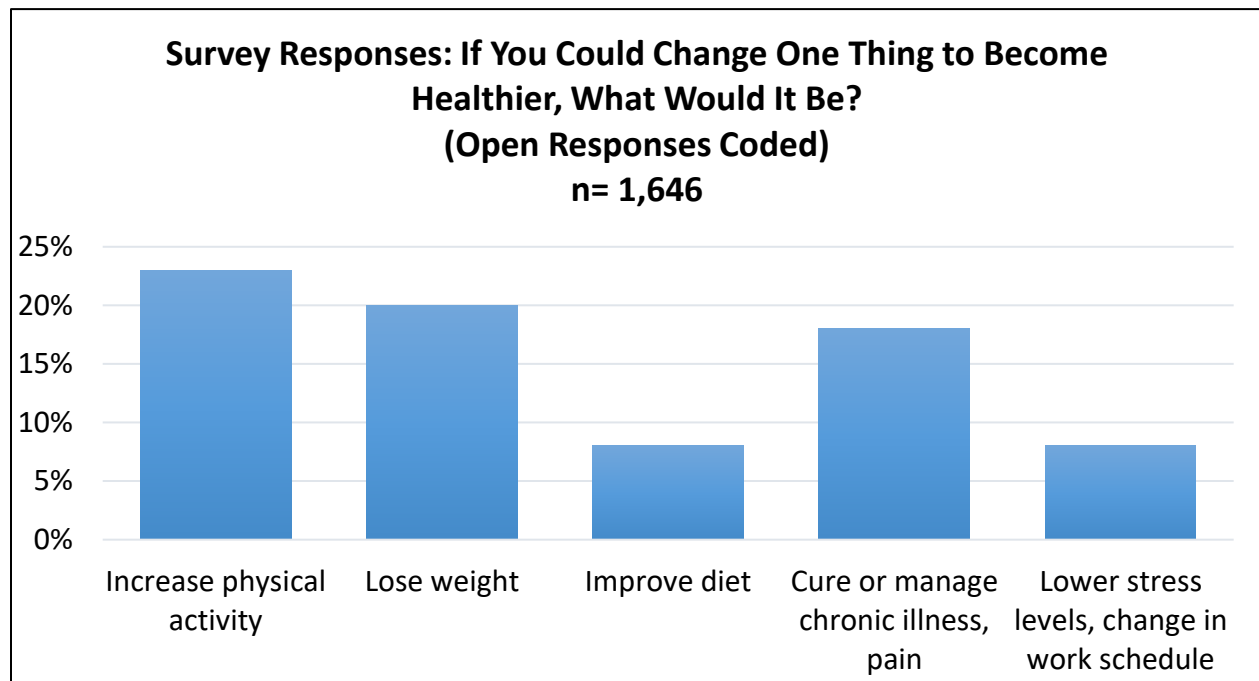
Survey Respondent Quote:

“We need more places to exercise in a nonjudgmental environment.”

Numerous factors could contribute to these challenges, some of which are listed below:

- Perceived lack of time or lack of energy due to work, school, or family obligations
- Lack of safe areas within which to be physically active
- Self-consciousness regarding being physically active due to body size or other characteristic
- Struggles to stay motivated, including lack of a peer support group
- Uncertainty in how to be physically active
- No financial ability to purchase a gym membership, appropriate clothing, shoes, or other equipment.

As shown below, SVMC’s community health survey indicated that many wish to increase their physical activity, whether to lose weight, feel better, or improve overall health.



Data from secondary sources aligns with the information sourced from SVMC’s survey; approximately 20% of adults do not engage in any leisure-time physical activity.

Lack of Leisure Time Physical Activity ⁶³		
County	Percentage of adults age 20 and over reporting no leisure-time physical activity	State
Bennington County	20%	Vermont 18%
Windham County	16%	
Berkshire County	20%	Massachusetts 20%
Washington County	26%	New York 23%
Rensselaer County	21%	

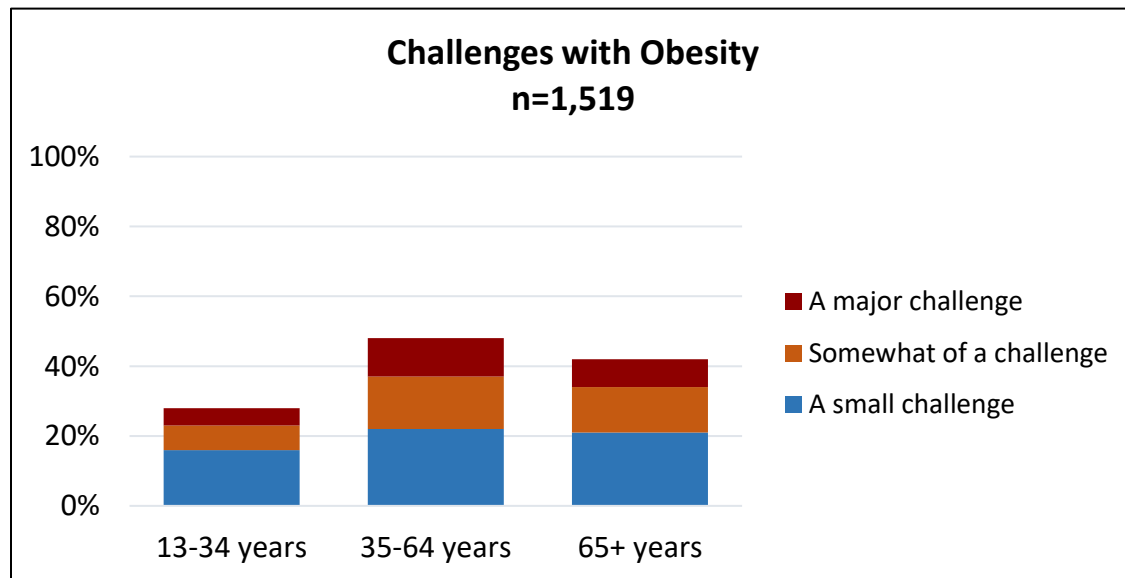
⁶³ Physical inactivity: a diet and exercise measure. County Health Rankings & Roadmaps. University of Wisconsin Population Health Institute: School of Medicine and Public Health with support from the Robert Wood Johnson Foundation. 2021 County Health Rankings using data from 2017. <https://www.countyhealthrankings.org/>

Unfortunately, that trend also holds true for area children, approximately 20% of whom also struggle to be physically active.

Physical Inactivity Among High School Students ^{17,18, 56, 57}		
County	High School Students who did not participate in at least 60 minutes of physical activity on at least one day last week	State
Bennington County	18%	Vermont 15%
Windham County	19%	
Berkshire County	Unavailable	Massachusetts 13.4%
Washington County	14.2%	New York 22.3%
Rensselaer County	18.7%	

Closely linked to physical activity, challenges with obesity are also prevalent within SVMC’s service area. This is true particularly for those aged 25 to 64 years old, who likely have competing responsibilities in the workplace and at home. Indeed, those employed for wages were more likely to have a major challenge with obesity (11%).

Obesity in adult population ⁶⁴		
County	Percentage of the adult population (age 20 and older) that reports a body mass index greater than or equal to 30kg/m2	State
Bennington County	30%	Vermont 27%
Windham County	25%	
Berkshire County	27%	Massachusetts 25%
Washington County	35%	New York 26%
Rensselaer County	30%	



⁶⁴ Adult obesity: a diet and exercise measure. County Health Rankings & Roadmaps. University of Wisconsin Population Health Institute: School of Medicine and Public Health with support from the Robert Wood Johnson Foundation. 2021 County Health Rankings using data from 2017. <https://www.countyhealthrankings.org/>

Survey respondent quote:

“It’s tough to be active when your body is worn out. Ankles and knees are the worst, and it feeds right into the obesity and diabetes. What to do?”

Females were more likely than males (9% versus 4%) to have a major problem with obesity; those who identified as non-binary also were statistically more likely to face a major challenge at 18%.

Youth additionally struggle with overweight and obesity, with many students reporting efforts to lose weight. Children who are obese are more likely to become adults with obesity; this is linked to a risk of heart disease, type two diabetes, depression or anxiety, and lower quality of life.⁶⁵

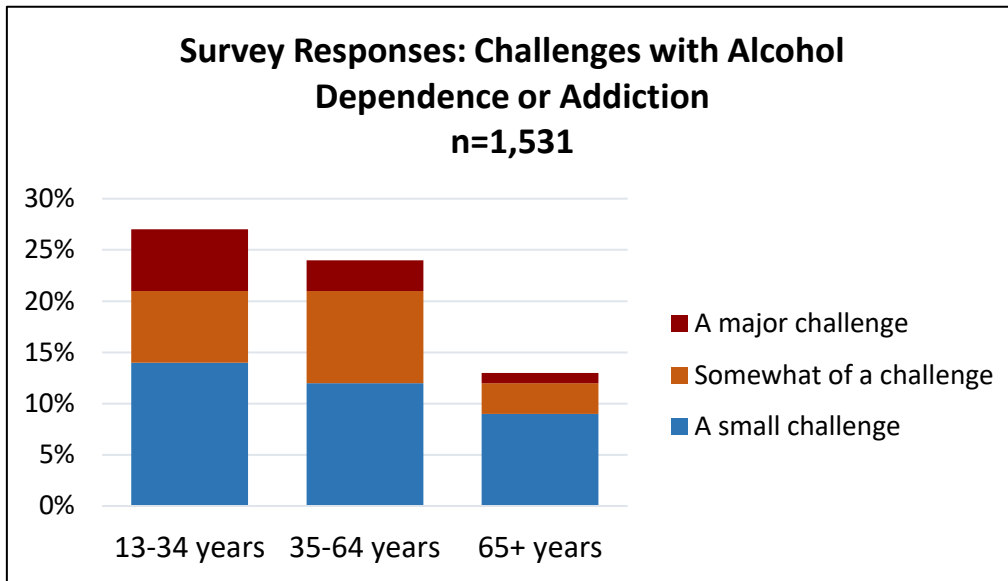
Obesity in High School Population ^{17,18, 56, 57}		
County	Percent of high school students who were obese	State
Bennington County	13%	Vermont 13%
Windham County	13%	
Berkshire County	Unavailable	Massachusetts 14%
Washington County	Unavailable	New York 13%
Rensselaer County	Unavailable	
County	Percent of high school students who were overweight	State
Bennington County	14%	Vermont 14%
Windham County	15%	
Berkshire County	Unavailable	Massachusetts 15%
Washington County	Unavailable	New York 16%
Rensselaer County	Unavailable	
County	Percent of high school students who were trying to lose weight	State
Bennington County	43%	Vermont 44%
Windham County	43%	
Berkshire County	Unavailable	Massachusetts 46%
Washington County	Unavailable	New York Unavailable
Rensselaer County	Unavailable	

Along with trusted community partners, SVMC is uniquely positioned to provide supports to community members for adoption and continued engagement with healthy behaviors. All interactions with patients and the community present an opportunity for SVMC to influence the choices an individual makes, the knowledge they have about improving their health, and the environment in which those decisions are made or constrained. More about SVMC’s plans to address health behaviors and primary prevention can be found in the Implementation Plan on page 76.

⁶⁵ Centers for Disease Control and Prevention. Progress on Childhood Obesity. Page last reviewed September 4, 2018. <https://www.cdc.gov/vitalsigns/childhoodobesity/index.html>

Substance Use

Individuals in SVMC’s service area are impacted by substance use, a term that encompasses the use of illegal substances as well as the misuse of legal substances. Alcohol, though a legal substance, can be



used to excess, leading to a number of serious health conditions, including premature death. Though potentially a temporary increase, the COVID-19 pandemic was associated with a marked increase in alcohol sales and consumption; in particular, women

nationwide experienced an increase in heavy drinking.⁶⁶ SVMC’s survey results did not indicate a statistically significant difference for women’s challenges with alcohol; younger adults, particular those aged 25-34 years old were most likely to have major challenges with alcohol use (7%).

The secondary data aligns with the information provided by SVMC’s community health survey. Approximately 20% of individuals across SVMC’s service area report binge or heavy drinking within the past year.

Survey Respondent Quote:

“To improve the health of our community, I am hoping that we can address stigmatized issues. With drug and alcohol use, I worry about the stigma and anger it represents.”

Binge or Heavy Drinking ⁶⁷		
County	Percentage of adults reporting binge or heavy drinking (age-adjusted)	State
Bennington County	20%	Vermont 20%
Windham County	21%	
Berkshire County	26%	Massachusetts 24%
Washington County	21%	New York 19%
Rensselaer County	25%	

⁶⁶ Pollard MS, Tucker JS, Green HD. Changes in adult alcohol use and consequences during the COVID-19 pandemic in the US. JAMA Netw Open. 2020;3(9), e2022942. doi:10.1001/jamanetworkopen.2020.22942

⁶⁷ Excessive drinking: an alcohol and drug use measure. County Health Rankings & Roadmaps. University of Wisconsin Population Health Institute: School of Medicine and Public Health with support from the Robert Wood Johnson Foundation. 2021 County Health Rankings using data from 2018. <https://www.countyhealthrankings.org/>

In addition to personal health effects, alcohol can also play a large role in vehicular accidents. The chart below indicates the percentage of driving deaths in which alcohol consumption was a contributing factor.

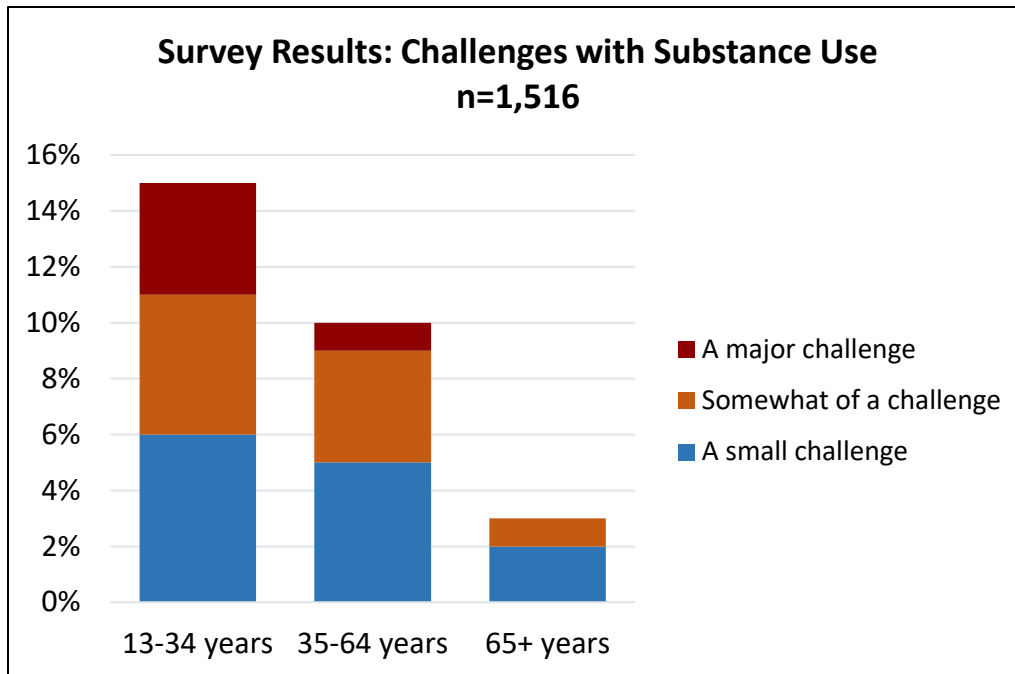
Driving Deaths Involving Alcohol ⁶⁸		
County	Percentage of driving deaths with alcohol involvement	State
Bennington County	35%	Vermont 34%
Windham County	28%	
Berkshire County	28%	Massachusetts 30%
Washington County	18%	New York 21%
Rensselaer County	20%	

Beginning to consume alcohol prior to age 21 is associated with a higher risk of developing alcohol dependence later in life; additionally, youth consumption of alcohol can result in acute consequences such as physical illness, legal charges, increased risk of physical and sexual violence, and alcohol-related motor vehicle crashes. Delaying onset of first use can be an effective way to mitigate both the near- and long-term effects of alcohol consumption.⁶⁹

High School Students and Alcohol Consumption ^{17,18,56,57}		
County	Percent of high school students who currently drink alcohol	State
Bennington County	31%	Vermont 31%
Windham County	32%	
Berkshire County	Unavailable	Massachusetts 30%
Washington County	Unavailable	New York 26%
Rensselaer County	Unavailable	
County	Percent of high school students who binge drank in the past 30 days	State
Bennington County	15%	Vermont 15%
Windham County	16%	
Berkshire County	Unavailable	Massachusetts 15%
Washington County	Unavailable	New York 13%
Rensselaer County	Unavailable	

⁶⁸ Alcohol-impaired driving deaths: an alcohol and drug use measure. County Health Rankings & Roadmaps. University of Wisconsin Population Health Institute: School of Medicine and Public Health with support from the Robert Wood Johnson Foundation. 2021 County Health Rankings using data from 2015-2019. <https://www.countyhealthrankings.org/>

⁶⁹ National Institute on Alcohol Abuse and Alcoholism. National Institutes of Health; U.S. Department of Health and Human Services. Early Drinking Linked to Higher Lifetime Alcoholism Risk. Published July 3, 2006. <https://www.niaaa.nih.gov/news-events/news-releases/early-drinking-linked-higher-lifetime-alcoholism-risk>



For the purposes of SVMC's community health survey, questions about use of legal and illegal substances other than alcohol (including tobacco, opioids, methamphetamines, etc.) were bundled under the term "substance use". Though this decision undoubtedly caused the survey results to lose some amount of granular detail,

asking about each substance individually would have been off-putting or tiresome for respondents. Combined with secondary data in the tables below, SVMC can be reasonably confident that the survey responses above primarily include individuals struggling with tobacco, marijuana, inhalants, cocaine, methamphetamines, and opioids.

Disparities in substance use identified by SVMC's community health survey:

Black or African American respondents were **12** times more likely to indicate major challenges with substance use than white respondents (**12%** compared to **1%**).

12% of individuals without a high school degree reported a major challenge with substance use compared to **1%** of individuals with a high school degree.

7% of respondents who were precariously housed indicated a major challenge with substance use.

LGBTQ respondents were **6** times more likely to report a major challenge with substance use, compared to straight or heterosexual respondents (**6%** compared to **1%**).



Substance use disorder can cause years of suffering, not just for the individual using the substances, but for their families and loved ones as well. Involvement with the criminal justice system, risky behavior resulting from drug use, and other related challenges may arise. Substance use can also lead to nonfatal as well as fatal overdoses. In Vermont in 2010, prescription opioids were involved in 90% of overdose fatalities; currently, fentanyl is the most common substance contributing to overdoses, frequently with other substances such as cocaine, heroin, or prescription opioids.⁷⁰ Fentanyl is cheaper to manufacture,

⁷⁰ Vermont Department of Health. Opioid-Related Fatalities Among Vermonters: 2020 Annual Data Brief. Published March 2021. https://www.healthvermont.gov/sites/default/files/documents/pdf/ADAPoOpioidFatalityDataBrief2020_Final.pdf

and more potent than heroin; it is frequently mixed with other substances and sold for the same price, with the buyers unaware of the exact mix of substances they are purchasing.⁷¹

Stress and isolation related to the COVID-19 pandemic brought fears of increases in opioid and other substance use related fatalities. The CDC reports that overdose deaths did accelerate during COVID-19; from May 2019 through May 2020, over 81,000 drug overdose deaths occurred nationwide, the highest number of overdose deaths ever recorded in a 12-month timeframe. Overdose deaths had been increasing prior to the pandemic, and research indicates that the pandemic amplified this alarming trend.⁷²

Survey Respondent Quote:

“I believe my health is connected to the health of the community—they cannot be separated. I worry about the culture of numbing with prescription and recreational drugs and alcohol, and the inability of access programming to heal or to cope with pain, grief, depression, anxiety, etc. This likely cannot be accomplished by 1:1 patient provider model, but needs integrative programs in life skills and empowerment. It takes communities accepting and taking care of one another.”

Unintentional and Undetermined Drug Poisonings 2018-2019⁷³

County	Number of unintentional and undetermined drug poisonings 2018-2019 & crude rate per 100,000 people	State
Bennington County	11*	Vermont 122 & 19.6
Windham County	21 & 49.7	
Berkshire County	53 & 42.4	Massachusetts 2,127 & 30.9
Washington County	Suppressed**	New York 3,403 & 17.5
Rensselaer County	25 & 15.8	

**data are flagged as unreliable when the rate is calculated with a numerator of 20 or less.*
***data are suppressed when the data meet the criteria for confidentiality constraints.*

An additional substance with dramatic public health effects is tobacco. Smoking causes disease, disability, and premature death. For every one person who dies due to a smoking-related cause, another 30 live with a serious smoking-related illness.⁷⁴ From chronic obstructive pulmonary disease to cancer or heart disease, the morbidity associated with this behavior is significant.

⁷¹ National Institute on Drug Abuse: Advancing Addiction Science. National Institutes of Health; U.S. Department of Health and Human Services. Fentanyl DrugFacts. Last updated June 2021.

⁷² Centers for Disease Control and Prevention. Overdose Deaths Accelerating During COVID-19: Expanded Prevention Efforts Needed. Published December 17, 2020. <https://www.cdc.gov/media/releases/2020/p1218-overdose-deaths-covid-19.html>

⁷³ Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 2018-2019 on CDC WONDER Online Database, released in 2020. Data are from the Multiple Cause of Death Files, 2018-2019, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at <http://wonder.cdc.gov/ucd-icd10-expanded.html> on Jun 11, 2021 10:19:18 AM

⁷⁴ Centers for Disease Control and Prevention. Smoking and Tobacco Use: Fast Facts. Page last reviewed June 2, 2021. https://www.cdc.gov/tobacco/data_statistics/fact_sheets/fast_facts/index.htm

Adult smoking rate ^{53,54,55}		
County	Percent of adults who currently smoke	State
Bennington County	18%	Vermont 15%
Windham County	19%	
Berkshire County	Unavailable	Massachusetts 13%
Washington County	14%	New York 22%
Rensselaer County	19%	

SVMC's service area, particularly the portions within Vermont, struggle with smoking. Of those who currently smoke, nearly 60% have tried to quit at least once, indicating that individuals

know the harms that can stem from smoking and wish to quit, but are frequently unable.⁵³

Survey respondent quote:

"If I could do one thing to improve my health, I would find a way to absolutely stop smoking. I've tried most stuff, but nothing is working."

Though smoking undoubtedly has the largest impact upon the smoker, secondhand smoke is an additional concern. Exposure to smoke can cause health problems in children including ear infections, sudden infant death syndrome, and asthma attacks.⁷⁵ Smoking during pregnancy also has a secondary effect on the developing fetus, and can result in birth defects, critically low birth weight, or death.

Births to mothers who smoked during pregnancy, 2019 ⁷⁶		
State	Number of births to mothers who smoked during pregnancy	Percent of total births
Vermont	697	13%
Massachusetts	2,701	4%
New York	8,821	4%

As with alcohol, age of first use can be an important predictor of developing a substance use disorder later in life. Nearly 70% of those who try an illegal substance before age 13 develop a substance use disorder by age 20.⁷⁷

⁷⁵ Centers for Disease Control and Prevention. Smoking and Tobacco Use: Health Effects of Secondhand Smoke. Page last reviewed February 27, 2020.

https://www.cdc.gov/tobacco/data_statistics/fact_sheets/secondhand_smoke/health_effects/index.htm

⁷⁶ The Annie E. Casey Foundation: Kids Count Data Center. Births to mothers who smoked during pregnancy in the United States. Updated February 2021. <https://datacenter.kidscount.org/data/tables/13-births-to-mothers-who-smoked-during-pregnancy?loc=1&loct=1#detailed/2/2-53/false/1729,37,871,870,573,869,36,868,867,133/any/10989,10990>

⁷⁷ Surgeon General's Report on Alcohol, Drugs, and Health: Prevention Programs and Policies. 2016. <https://addiction.surgeongeneral.gov/executive-summary/report/prevention-programs-and-policies>

Youth Substance Use^{17, 18, 56, 57}		
County	Percent of high school students who currently use marijuana	State
Bennington County	32%	Vermont 32%
Windham County	32%	
Berkshire County	Unavailable	Massachusetts 26%
Washington County	Unavailable	New York 19%
Rensselaer County	Unavailable	
County	Percent of high school students who currently smoke cigarettes or cigars or use smokeless tobacco or electronic vapor products*	State
Bennington County	35%	Vermont 28%
Windham County	29%	
Berkshire County	Unavailable	Massachusetts 37%
County	Percent of students who ever took prescription pain medicine without a doctor's prescription, or differently than how a doctor told them to use it**	State
Bennington County	10%	Vermont 4.2
Windham County	11%	
County	Percent of high school students who ever used cocaine	State
Bennington County	5%	Vermont 4%
Windham County	4%	
Berkshire County	Unavailable	Massachusetts 4%
Washington County	Unavailable	New York 6%
Rensselaer County	Unavailable	
County	Percent of high school students who ever used inhalants*	State
Bennington County	7%	Vermont 7%
Windham County	8%	
County	Percent of high school students who ever used heroin	State
Bennington County	2%	Vermont 2%
Windham County	2%	
Berkshire County	Unavailable	Massachusetts 2%
Washington County	Unavailable	New York 6%
Rensselaer County	Unavailable	
County	Percent of high school students who ever used methamphetamines	State
Bennington County	3%	Vermont 2%
Windham County	2%	
Berkshire County	Unavailable	Massachusetts 2%
Washington County	Unavailable	New York 5%
Rensselaer County	Unavailable	
*Data for Washington, Rensselaer Counties and New York State unavailable		
**Data for Berkshire, Washington, and Rensselaer Counties and Massachusetts and New York States unavailable		

SVMC is well-situated to continue:

- efforts to prevent substance use, particularly among youth;
- support for initiatives to treat substance use disorder;
- engagement in harm reduction efforts;
- contributions to the creation of community supports for sustained recovery from substance use.

The financial, social, physical, and mental health of SVMC's service area is currently negatively impacted by the suffering and loss of life associated with substance use. Details

for addressing this critical need, one of SVMC's top priorities, can be found in the Implementation Plan on page 78.

Survey respondent quote:

"To improve the health of our community, I would want to see more opportunity for substance use treatment, recovery-friendly communities, and mental health services."

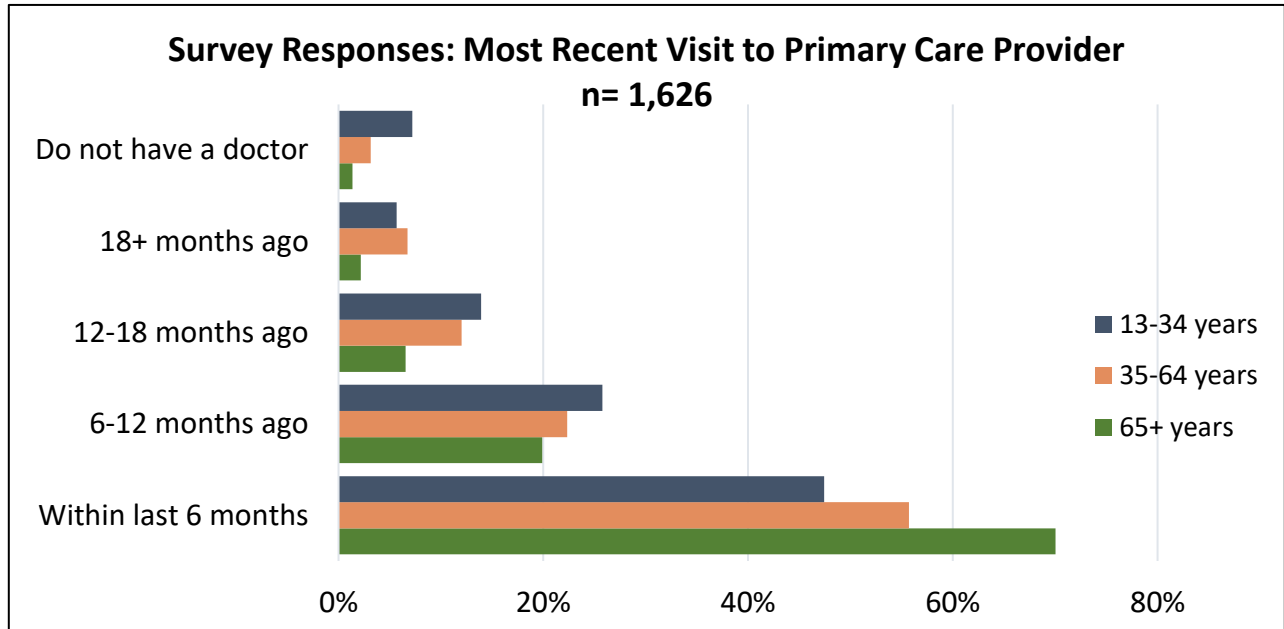
Access to Medical Services

Access to clinical care is an integral part of maintaining health through prevention and early detection of illness, management of chronic conditions, and treatment for acute conditions. Though sustained efforts from SVMC have improved the accessibility of care services, residents within SVMC's service area continue to identify barriers to care.

Primary Care

Connection with a primary care provider is a touchstone for becoming and remaining healthy. Primary care providers (PCPs) are at the center of health decisions, screenings, and referrals to other providers. Visits with a PCP can help individuals to address needs before they become major challenges, can provide an ideal setting for the provision of health education, and can assist with navigating transitions of care.

Fortunately, data indicates that a large portion of SVMC's service area has connected with a primary care provider, even during the COVID-19 pandemic when well-visits were necessarily limited. Though individuals 65 and older were more likely to have seen their PCP within the past 6 months, all ages had a similar rate of visits within the past 18 months.



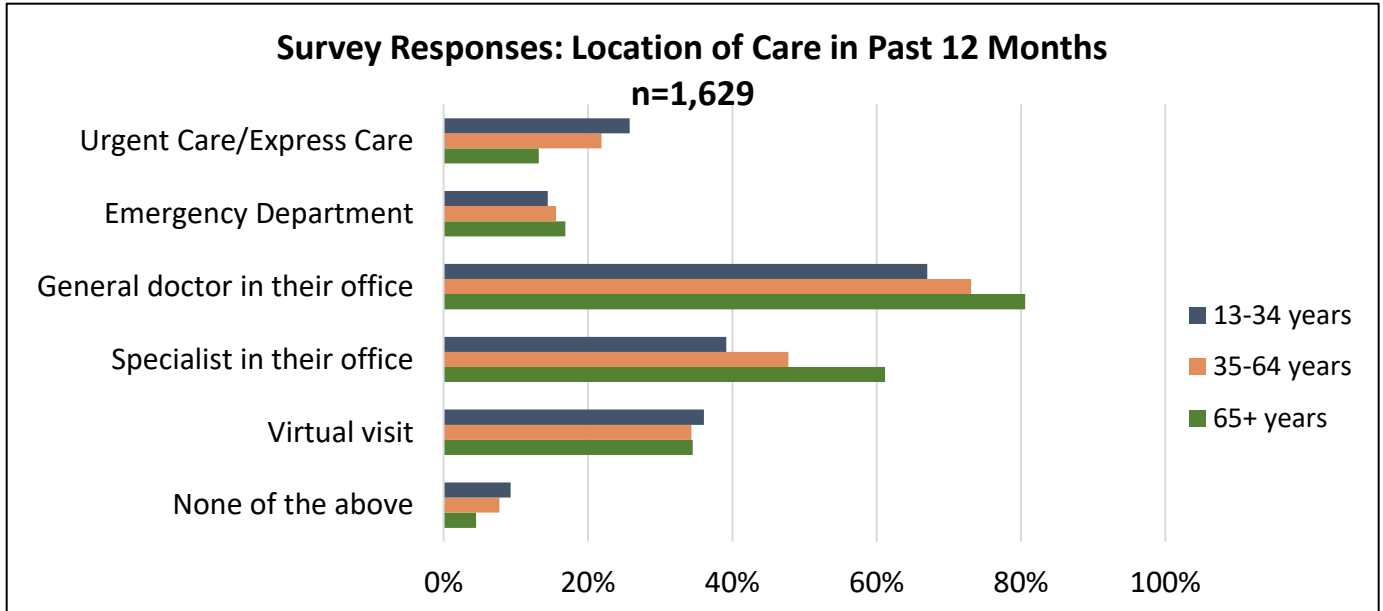
Additional data from the Behavioral Risk Factor Surveillance System mirror the information found in SVMC’s survey, indicating most patients are connected with a PCP and have had a visit within the past year.

Adults with a Primary Care Provider ^{53,54,55}		
County	Percentage of adults with a personal health care provider	State
Bennington County	86%	Vermont 86%
Windham County	86%	
Berkshire County	Unavailable	Massachusetts 86.7%
Washington County	87.6%	New York 83.4%
Rensselaer County	Unavailable	

Adults With a Checkup in Past Year ^{53,54,55}		
County	Percentage of adults who had a physician checkup in past year	State
Bennington County	76%	Vermont 76%
Windham County	72%	
Berkshire County	Unavailable	Massachusetts 79%
Washington County	71%	New York
Rensselaer County	67%	

Locations of Care

The data does indicate that some populations within SVMC’s service area have had difficulties accessing the services of a PCP. The figure below indicates the location of care for individuals within the past 12 months.



Survey respondent quote:

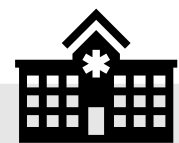
“We need more primary care doctors, especially those specializing in geriatric medicine. This area has a large population of retirees and is very rural in nature.”

Survey respondent quote:

“In our community, we need more primary health doctors who can accept new patients. It is so important to stay well with yearly checkups and it sure has been a while for us.”

Younger respondents were more likely to have visited an urgent care or Express Care, or had a virtual visit, indicating a preference for fast and convenient care.

Differences in location of care identified by SVMC’s community health survey:



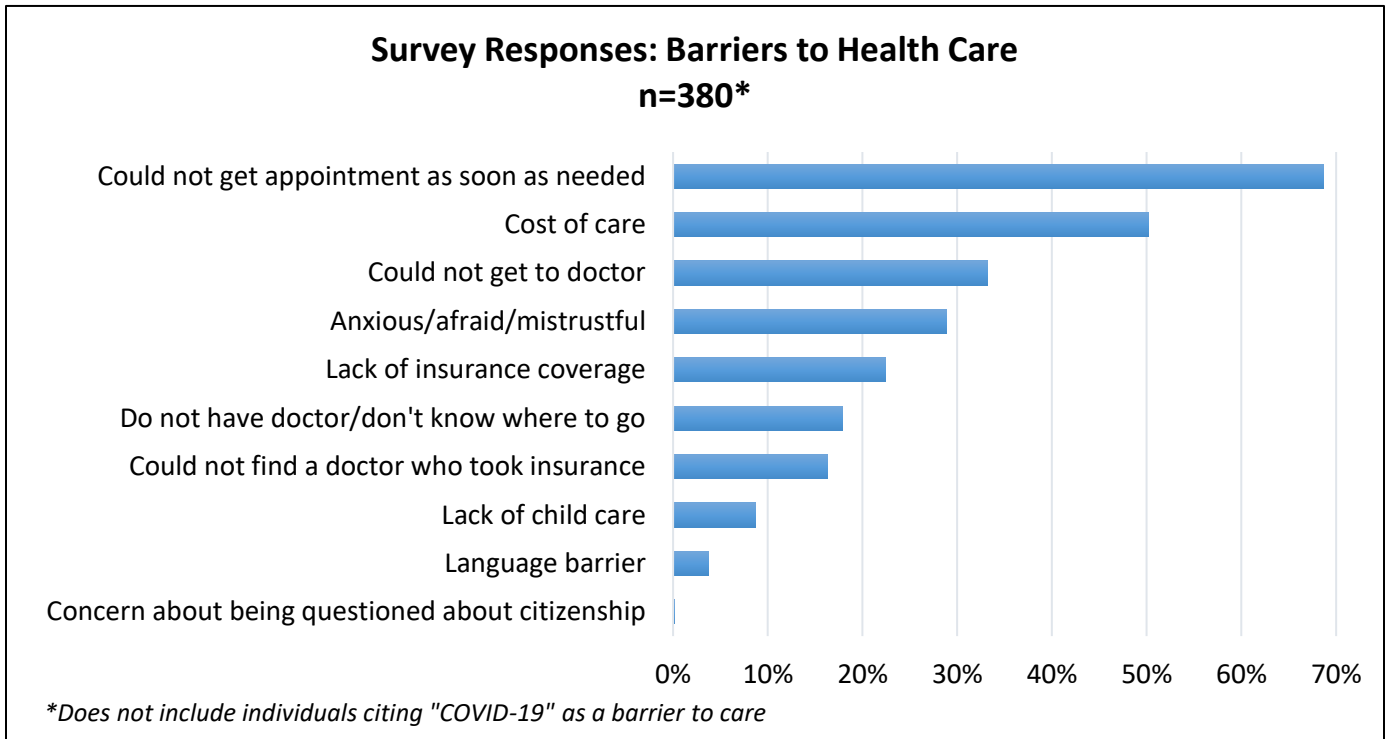
56% of Hispanic or Latino/a survey respondents indicated having seen a PCP in the past 12 months, compared to **77%** of White or Caucasian respondents.

Those employed for wages, and those with private insurance, were more likely to have accessed ExpressCare, and less likely to have accessed the Emergency Department, a PCP, or a specialist.

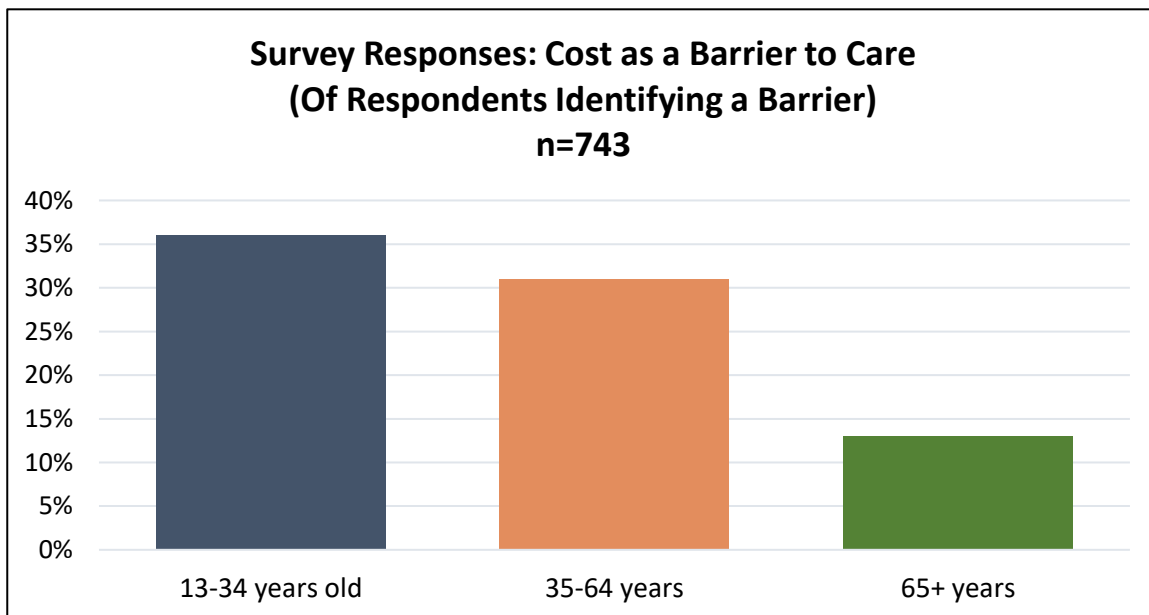
45% of those with a high school diploma or less went to a specialist in the past year, compared to **61%** of those with a professional degree.

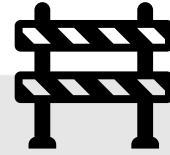
Barriers to Care

A number of barriers to care were identified by respondents to SVMC's community health survey. The figure below indicates the most frequently cited barriers.



The primary barrier identified was quickly available, convenient appointments. Undoubtedly, respondents were reflecting upon waiting periods to join a new primary care practice, or to have an appointment at a specialty practice. Given the population within SVMC's service area, not all specialty care areas are able to support multiple providers. SVMC has made great strides in recruiting PCPs and expanding telehealth options, initiatives that will be amplified in the coming years.





Disparities in access to care identified by SVMC's community health survey:

American Indian or Alaska Native, Native Hawaiian or Pacific Islander respondents were most likely to be impacted by cost of care (**35%**), lack of insurance coverage (**20%**), concerns about language barriers (**8%**), and concerns about citizenship status being questioned (**4%**).

18% of Asian respondents indicated feeling anxious, afraid, or mistrustful in seeking care, compared to **16%** of Black or African American respondents and **6%** of White or Caucasian respondents.

21% of those employed for wages indicated difficulties in getting an appointment as soon as needed, compared to **10%** of retired respondents.

LGBTQ respondents were **twice** as likely as straight or heterosexual respondents to indicate struggles with cost of care (**22%** compared to **11%**) and lack of insurance coverage (**11%** and **5%**).

Some respondents identified lack of insurance coverage as a barrier to pursuing care, as well as the inability to find a provider accepting their insurance. The chart below shows the insurance status of individuals responding to the survey. Most individuals had some level of insurance coverage; open responses to various questions, as well as conversations taking place during the community forums, indicate that many feel their insurance is inadequate to pay for the entirety of their care.

Co-pays and deductibles were mentioned as insurmountable costs, and some mentioned that delaying or neglecting care was the financially wise decision when compared to incurring those expenses. Some individuals cited frustration with paying premiums for insurance and still needing to pay when seeking care. Further, some respondents shared that their health insurance was too complex for them to understand, and that they had difficulty predicting costs for various appointments or emergencies.

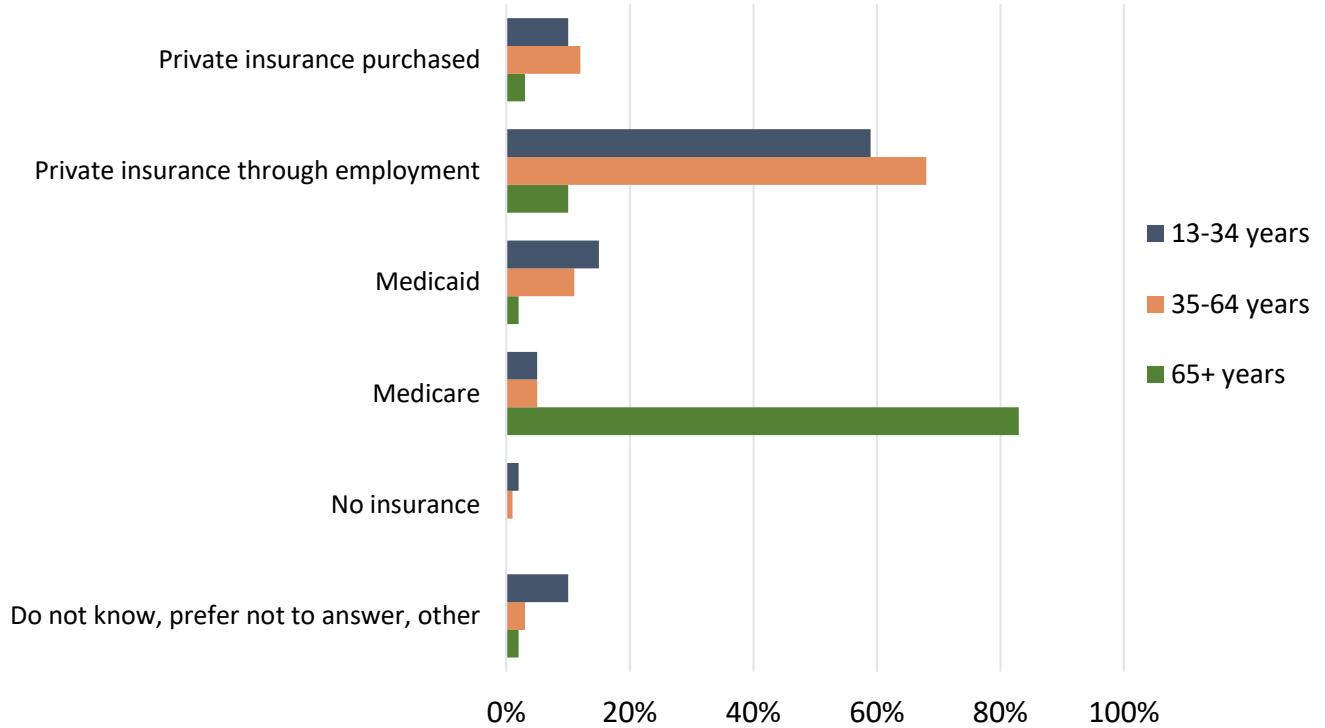
Survey respondent quote:

"The one thing I would do to improve my health is to find a primary care doctor for me and my husband. We just need preventative medicine and are new to the area. It is difficult to find a doctor that is accepting new patients and/or our MVP insurance plan."

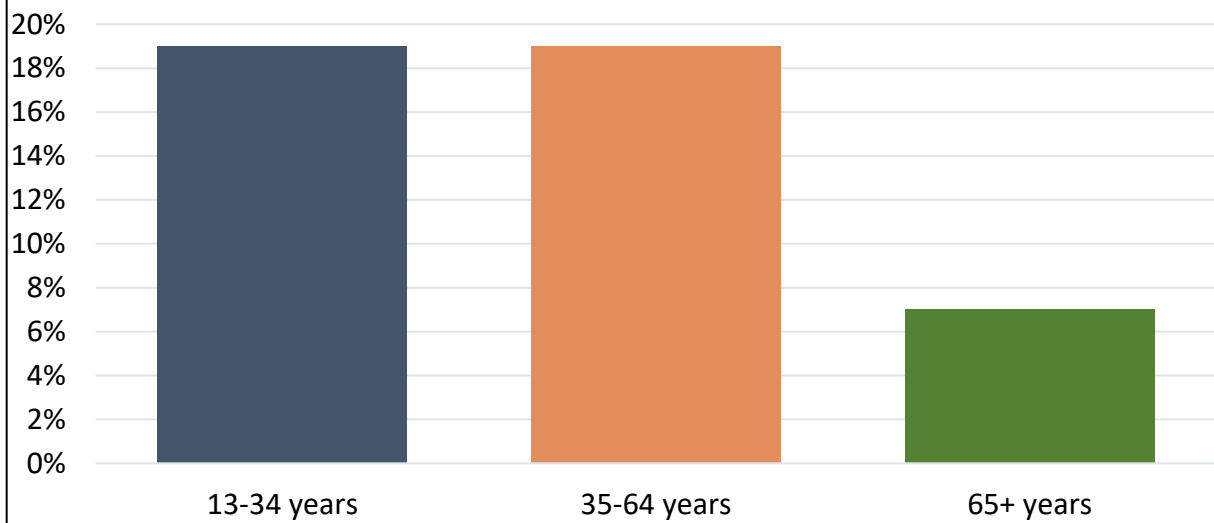
Survey Respondent Quote:

"Battling cancer, I am very fortunate to have the healthcare providers and facilities in my area. I have insurance that covers a major part of the costs, however the uncovered costs are overwhelming, and makes living on a fixed income extremely difficult."

Survey Responses: Type of Health Insurance n=1,632

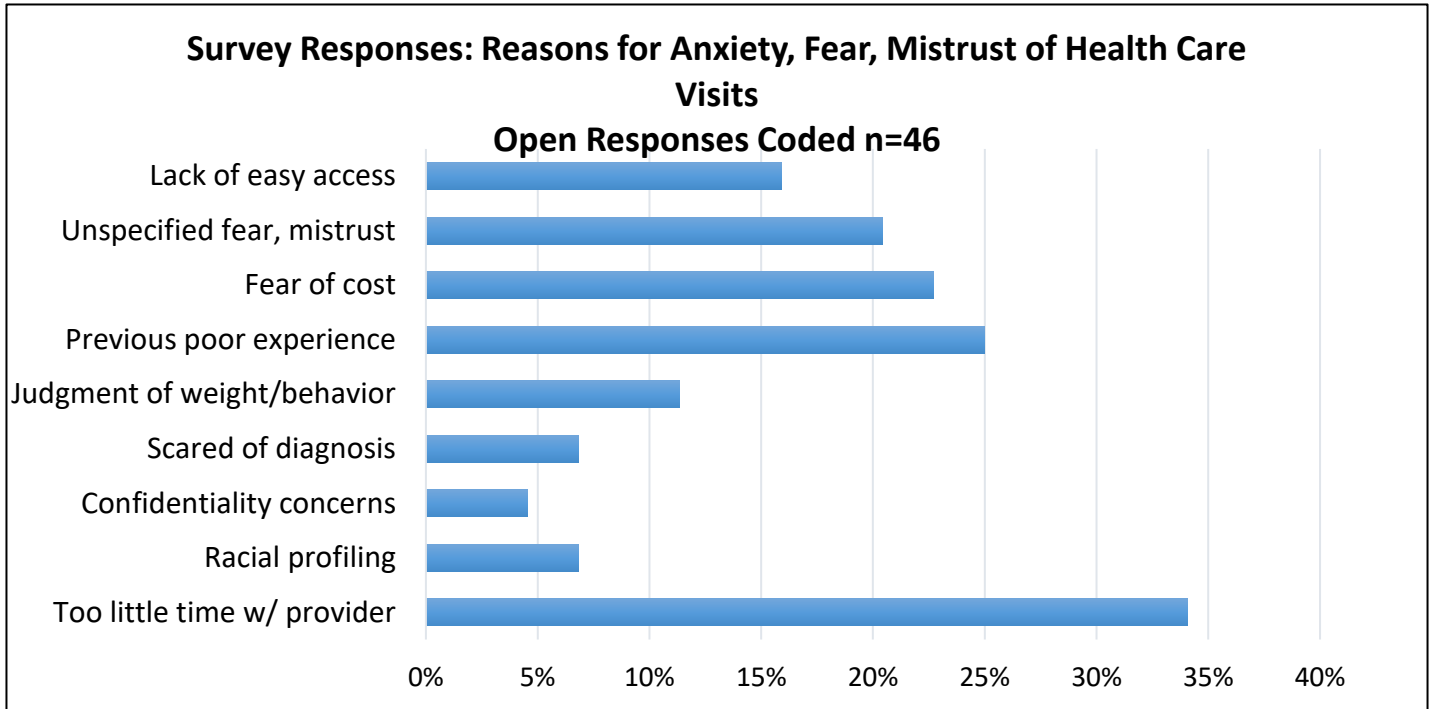


Survey Responses: Anxious, Afraid, Mistrustful of Going to the Doctor n=380

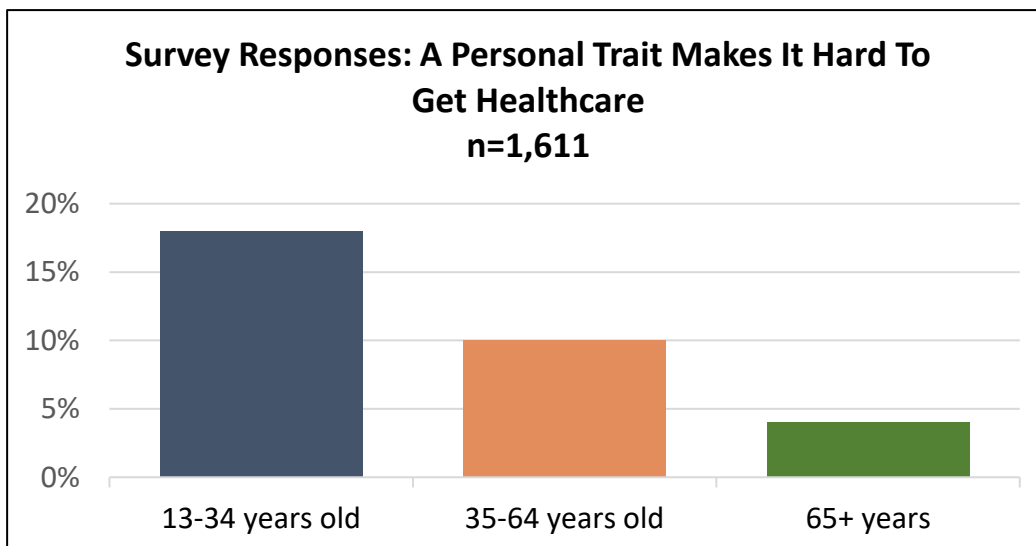


Straight or heterosexual individuals were less likely to state that they were anxious or afraid of going to the doctor or don't trust doctors (6% compared to 12% of LGBTQ respondents).

Respondents who indicated feeling anxious, afraid, or mistrustful of going to the doctor were given an opportunity to share the reason why, in freeform text. The responses, coded below, reflect a range of concerns. Fear of judgment based upon weight, disease status, race, or behaviors were frequently cited. Fears of unanticipated costs, or not having enough time with the provider were also cause for concern. Additionally, responses highlighted the complexity of the health care system, and navigating appointments, referrals, and transitions of care.



Survey respondents were additionally asked if they felt that a personal trait made it hard to get health care. Again, younger individuals were more likely to cite this as a barrier to accessing care.



Personal traits causing difficulty in accessing care, as identified by SVMC’s community health survey:

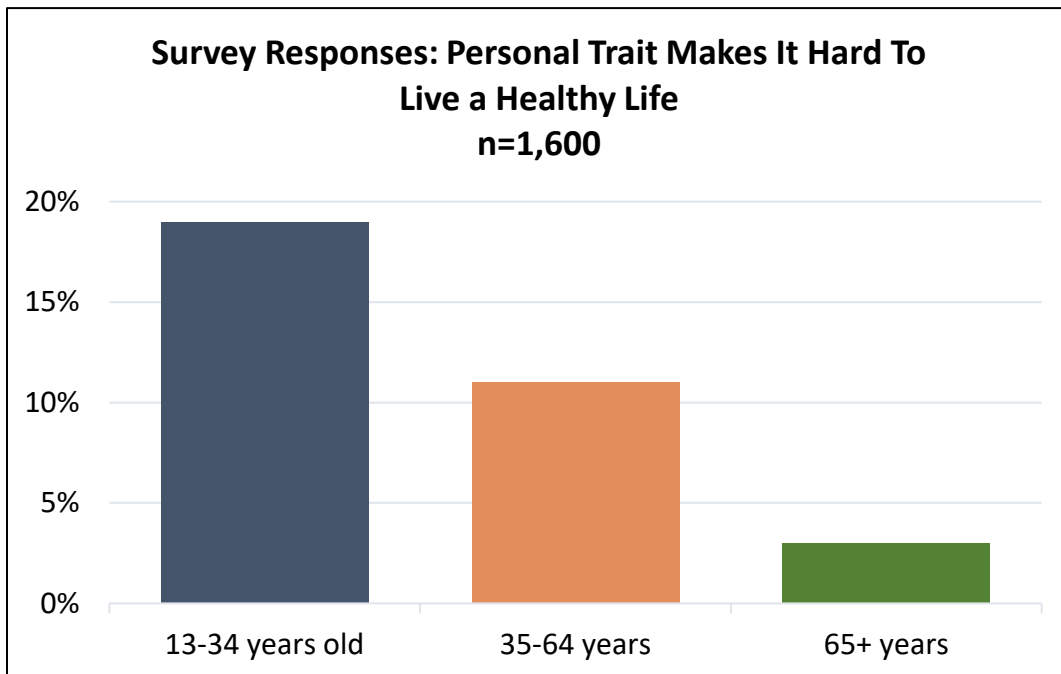
LGBTQ individuals were over **four** times more likely than straight or heterosexual respondents to report feeling a personal characteristic made it harder to get healthcare (**28%** versus **6%**).

6% of White or Caucasian respondents indicated difficulty in accessing care due to a personal trait. All races and ethnicities were statistically more likely than White or Caucasian respondents to report a personal trait making it difficult to get health care, specifically:

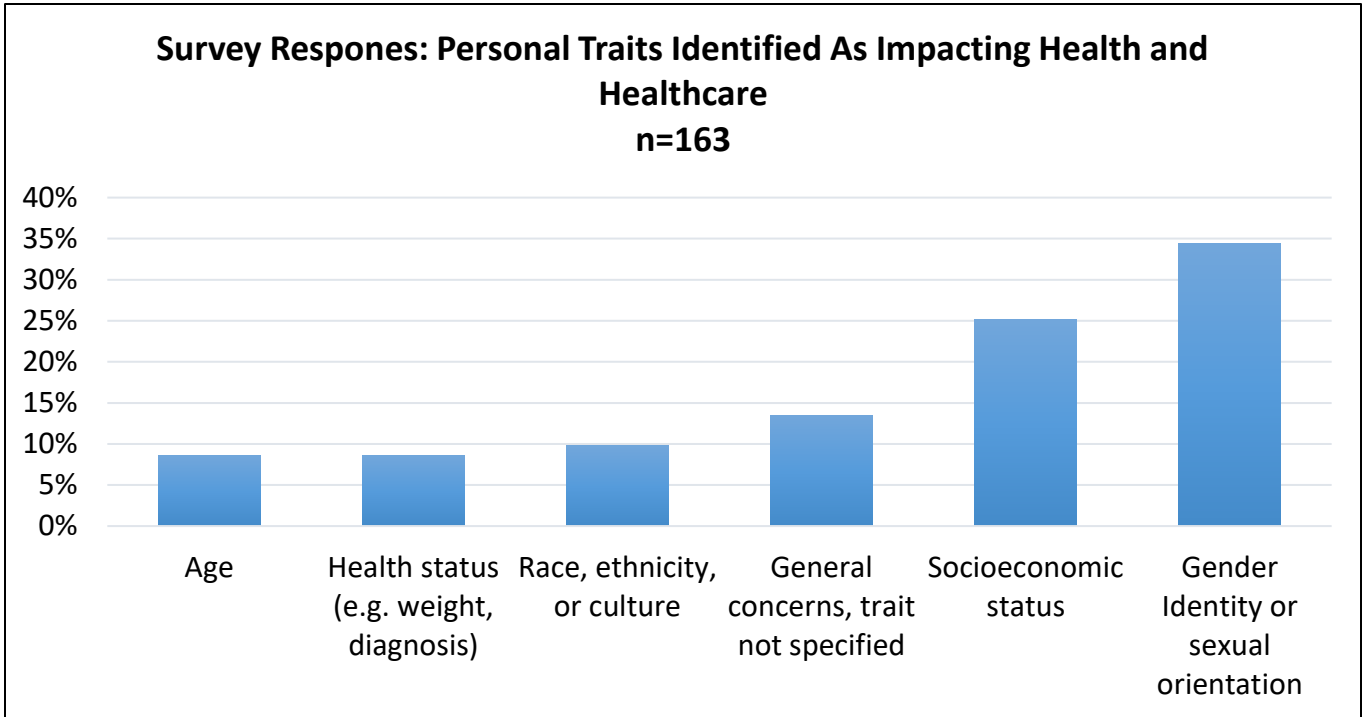
- **28%** of American Indian or Alaska Native, Native Hawaiian or Pacific Islander respondents;
- **27%** of Asian respondents;
- **55%** of Black or African American respondents; and
- **21%** of Hispanic or Latino/a respondents.



In a similar vein, survey respondents were also asked more broadly if their personal trait makes it hard to live a healthy life. LGBTQ+ respondents were more likely to share that a personal trait made it hard to be healthy (32% versus 7% of straight or heterosexual respondents).



For those survey respondents indicating that a personal trait made it hard to access care or to live a healthy life, an open response option allowed individuals to share the trait that they felt was hindering their care or journey to health. Responses to this question are shown in the figure below.



Survey Respondent Quote:

“Being in predominantly white spaces as a BIPOC woman is a source of anxiety and depression.”

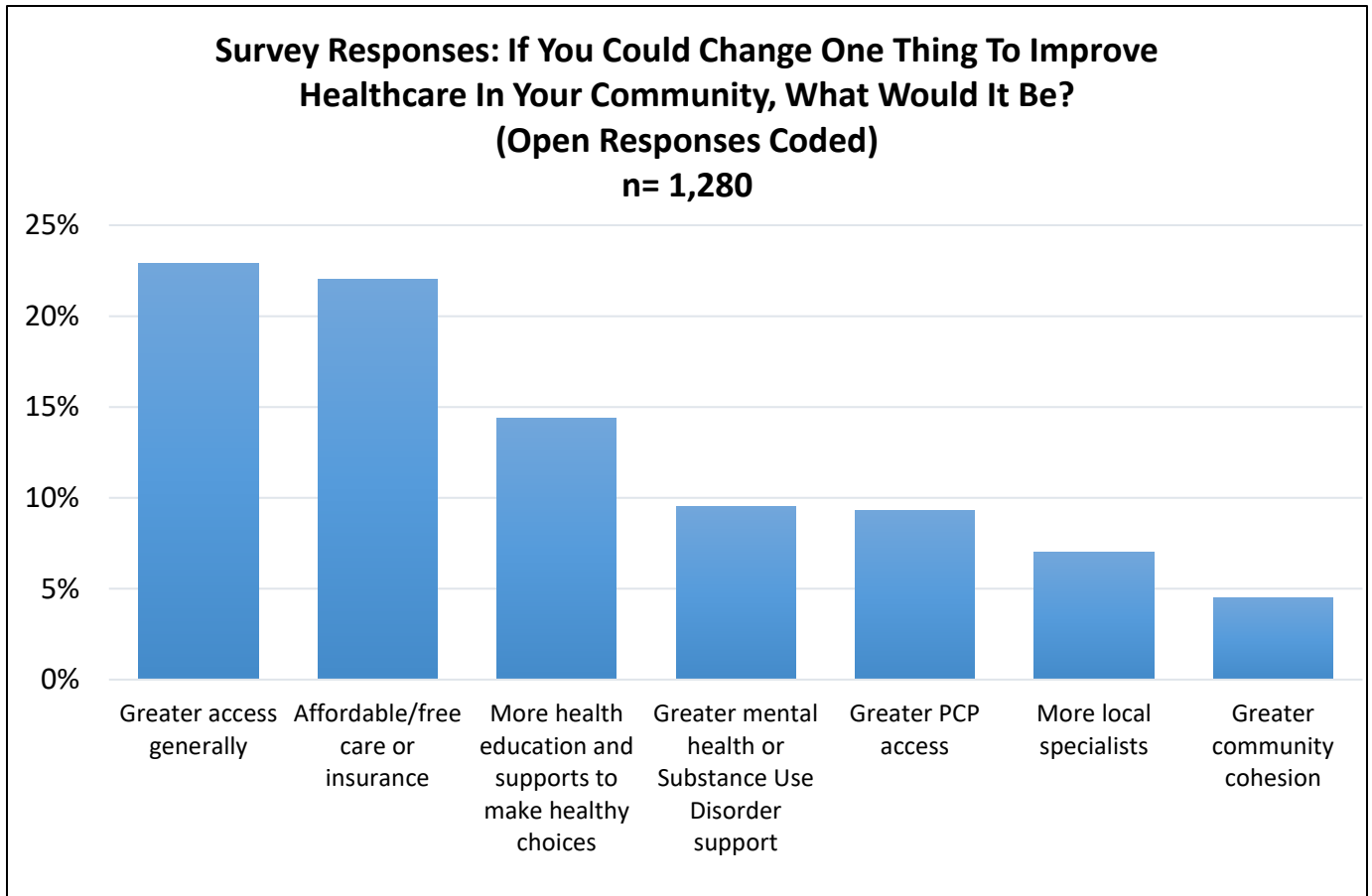
Survey Respondent Quote:

“My gender and institutional bias have resulted in lower lifetime opportunities and salary.”

Survey Respondent Quote:

“Those in lower socioeconomic status do not have the extra money to spend on gym memberships or rec center fees thus making positive changes in exercise and receiving peer support/interaction to obtain goals much less achievable.”

Finally, respondents were asked to identify changes that they would like to see take place in their community. The question was open-ended, and allowed for sharing of anecdotes or situations that were important to the respondents. Answers to the question were coded, and responses are shown below. Priorities indicated by survey respondents mirror the priorities selected by SVMC after careful data and information review, lending validity to SVMC’s findings and the implementation plan created to address these needs.



Conclusion

1. Mental Health Supports
2. Promotion of Healthy Behaviors and Primary Prevention Activities
3. Accessibility of High-Quality, Convenient, and Affordable Care
4. Substance Use Prevention, Harm Reduction, Treatment, and Recovery Resources

The 2021-2023 Community Health Needs Assessment process underscored multiple complex challenges facing SVMC's service area. Each identified priority health need warrants a careful use of dedicated resources to affect positive change, with a watchful eye upon metrics that will indicate success (or determine the need to pivot programming).

While the time taken to complete the assessment process has been imperative to creating a community-driven and realistic framework for improving the community's health, rapid action is also needed to reduce human suffering and loss of life to mental health conditions, suicide, substance use disorder, overdose, and chronic illness. In the coming three years, SVMC will seek to address both of these priorities by carrying out short-term initiatives for immediate impact while initiating long-term programming, the true effects of which may not be measurable for years. Providing quick assistance where it is most needed while also setting into motion actions that will create a brighter future, is a balance at the core of all community health programming.

While the purpose of the CHNA is to identify community needs, the methods used also highlighted the incredible resiliency of the region. Every community forum naturally strayed from discussion of needs towards celebration of the programs and people that are working to make the community a better place for all. Comments on SVMC's community survey applauded SVMC's services, particularly during the COVID-19 pandemic, while offering constructive feedback for improvements. Overwhelmingly, community members participating in this process were advocating for additional supports and considerations not for themselves, but for their families, friends, neighbors, and strangers. This generosity, and the careful juggling of addressing broad community health needs while paying particular attention to the most fragile, marginalized, and vulnerable, will be themes that SVMC holds close in the coming years. The communities served by SVMC undoubtedly have the strength and passion to meet the identified needs, and SVMC is prepared to work alongside individuals and community organizations that are aligned in the mission to support long and healthy lives for everyone.

Implementation Plan

SVMC's Implementation Plan considers programming and initiatives that will serve to meet the health needs prioritized by the CHNA process. The strategies outlined in the document are a listing of actions that are within SVMC's scope and ability to deliver within the next three years. The strategies are collated according to the priority health need most impacted by the programming. Though arranged to coincide with a single health priority, nearly all of the strategies listed can impact multiple priorities. Robust efforts in one sphere can have far-reaching effects; for instance, youth resiliency programming can serve to prevent substance use early in life, while also promoting healthy behaviors such as physical activity or stress management, thereby affecting two priorities.

SVMC has developed a suite of initiatives that have shown success across multiple areas, and will continue these programs as cornerstones of community health programming. Additionally, SVMC will create new programming to dovetail with these existing efforts, dedicating appropriate time and resources to achieve a measurable improvement in meeting the priority health needs. Overall, the strategies within the plan are supported by The Guide to Community Preventive Services (The Community Guide)⁵, based on Findings of the Community Preventive Services Task Force. While this plan is a general guide for impacting the priority health needs identified, it is a living document. Changes to specific activities will be made based upon effectiveness, budgetary constraints, or evolving community partnerships and resources.

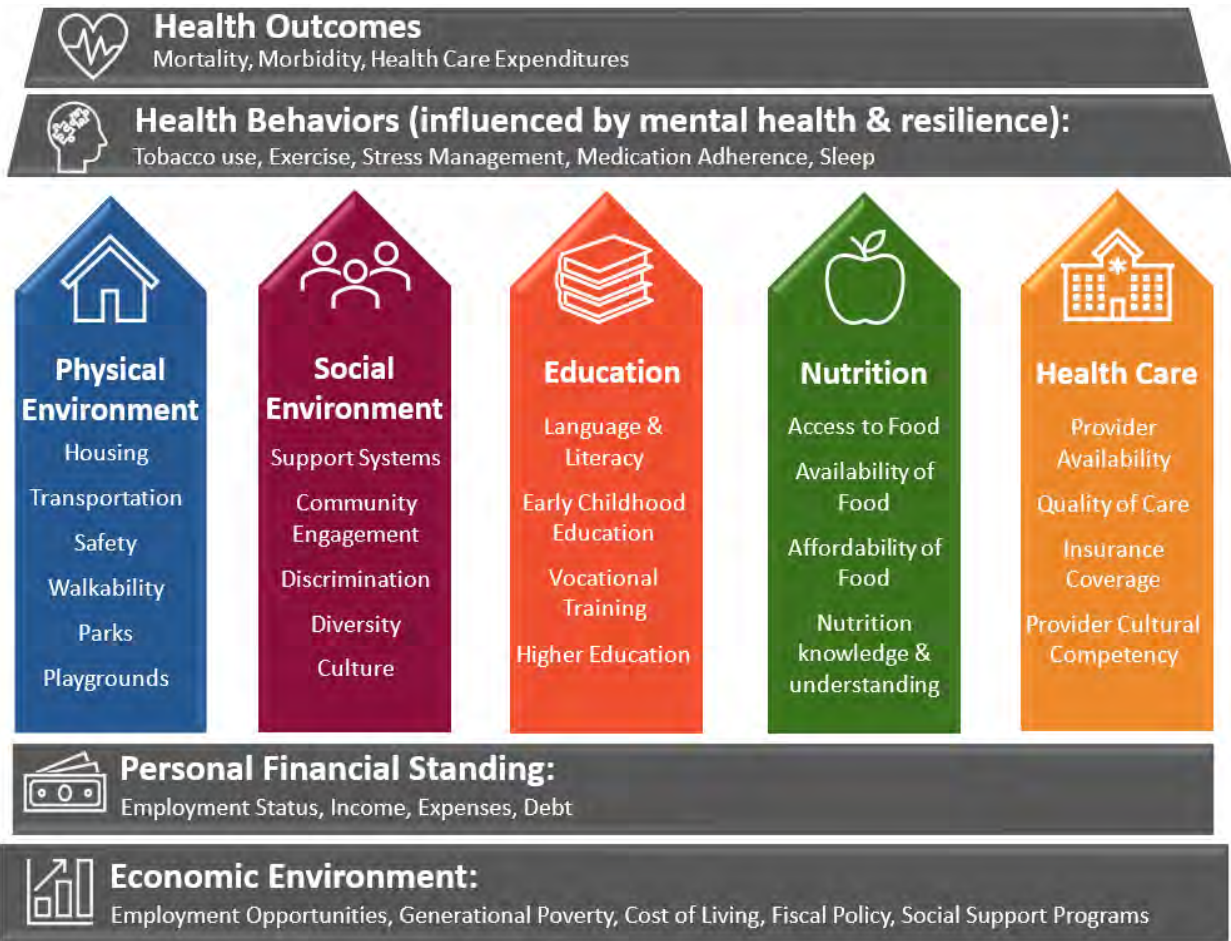
Actions to address mental health supports heavily focus upon the social environment, to construct a community network that supports resilient youth, individuals, and families. A focus upon youth, so impacted by substance use and psychological distress, will be of paramount importance. Stress-relief and suicide prevention initiatives will be critical, as will clinical supports for those in crisis.

The promotion of healthy behaviors and primary prevention activities will center around alterations to the built or policy environment, in tandem with education and demonstration. Health education and coaching, combined with amplification easily accessible community resources, will be key.

Initiatives centered on accessibility of care will be two-pronged, focusing on system-level as well as individual-level barriers. Continued recruitment and training of providers and expansion of telehealth services will affect system-level barriers, while support for patient transportation and financial assistance will aid individuals.

Programming to address substance use will entail universal screening for early identification of those at risk, as well as a variety of clinical and non-clinical treatment avenues. Support for a recovery-friendly community will be imperative to ensure that those entering recovery are able to enter workplaces and other settings with dignity and respect.

Each strategy is aligned with at least one of the areas outlined in SVMC's framework for understanding community health initiatives, shown below. The color for the corresponding portion of the framework is displayed next to the strategy, depicting the multifaceted effects expected to result from each strategy.



- Physical Environment
- Social Environment
- Education
- Nutrition
- Health Care
- Health Behaviors

Mental Health Supports

<p>Universally screen and provide brief interventions or referrals to specialized treatment <i>Currently underway in some SVMC practices, with a particular focus on youth</i></p>	<ul style="list-style-type: none"> ● Health Care
<p>Collaborate with community partners to deliver youth resiliency and student stress-management programming <i>Some efforts currently underway, in partnership with local school systems</i></p>	<ul style="list-style-type: none"> ● Social Environment ● Education ● Health Behaviors
<p>Increase training opportunities for learning best practices in trauma-based care, the impact of ACES, and breaking the trauma cycle</p>	<ul style="list-style-type: none"> ● Social Environment ● Education ● Health Care
<p>Participate in “zero suicide” initiatives</p>	<ul style="list-style-type: none"> ● Social Environment ● Health Care
<p>Continue integration of mental health services into primary care settings <i>Currently underway with Blueprint for Health and collaboration with United Counseling Service</i></p>	<ul style="list-style-type: none"> ● Health Care
<p>Incorporate support and resources for whole family, including caregivers of those with severe and persistent mental illness</p>	<ul style="list-style-type: none"> ● Social Environment ● Health Care
<p>Continue utilization of Psychiatric Urgent Care for Kids <i>Currently underway in partnership with United Counseling Service</i></p>	<ul style="list-style-type: none"> ● Social Environment ● Health Care
<p>Amplify child/adolescent mental health treatment, including intensive outpatient programming</p>	<ul style="list-style-type: none"> ● Health Care
<p>Address impacts of long-term stress from COVID-19 and associated isolation</p>	<ul style="list-style-type: none"> ● Social Environment ● Health Care ● Health Behaviors
<p>Engage with Statewide efforts for mental health programming and resources, as appropriate</p>	<ul style="list-style-type: none"> ● Social Environment ● Health Care
<p>Develop public-facing materials and tools to assist individuals with connecting with a provider with whom they will most identify and feel most comfortable</p>	<ul style="list-style-type: none"> ● Social Environment ● Education ● Health Care

Promotion of Healthy Behaviors and Primary Prevention Activities

Alter the built environment to support healthy decisions	<ul style="list-style-type: none">  Physical Environment  Health Behaviors
Provide opportunities for early detection of chronic conditions and cancer through screening <i>Currently underway regarding cancer screening</i>	<ul style="list-style-type: none">  Education  Health Care
Participate in worksite and school-based programming collaborations <i>Currently underway in partnership with local school systems</i>	<ul style="list-style-type: none">  Social Environment  Education  Health Care  Health Behaviors
Pair health education and coaching with community-wide campaigns	<ul style="list-style-type: none">  Physical Environment  Social Environment  Education  Nutrition  Health Behaviors
Deliver chronic disease self-management content <i>Currently underway through Blueprint for Health and other programming</i>	<ul style="list-style-type: none">  Education  Nutrition  Health Care  Health Behaviors
Increase health promotion messaging and communication to public via multiple modalities	<ul style="list-style-type: none">  Education  Health Behaviors
Develop initiatives, with community partners, targeting reduction of screen time for youth	<ul style="list-style-type: none">  Education  Health Behaviors
Build social support interventions in the community setting to support physical activity	<ul style="list-style-type: none">  Social Environment  Health Behaviors
Continue maintenance of trail system <i>Currently underway on SVMC properties, in collaboration with community recreation organizations</i>	<ul style="list-style-type: none">  Physical Environment  Health Behaviors

Accessibility of High-Quality, Convenient, and Affordable Care

Continue recruitment of diverse providers <i>Currently underway</i>	<ul style="list-style-type: none"> ● Social Environment ● Health Care
Expand telehealth services <i>Currently underway</i>	<ul style="list-style-type: none"> ● Health Care
Continue free and subsidized care, through Financial Counseling <i>Currently underway</i>	<ul style="list-style-type: none"> ● Health Care
Provide financial and other support for the Bennington Free Clinic <i>Currently underway</i>	<ul style="list-style-type: none"> ● Health Care
Extend or modify clinical practice hours as appropriate	<ul style="list-style-type: none"> ● Health Care
Provide digital methods for patients to connect and learn about providers and SVMC	<ul style="list-style-type: none"> ● Social Environment ● Health Care
Continue to leverage associate providers <i>Currently underway</i>	<ul style="list-style-type: none"> ● Health Care
Partner to find convenient and low-cost patient transportation solutions	<ul style="list-style-type: none"> ● Physical Environment ● Health Care
Frequently review closed practices	<ul style="list-style-type: none"> ● Health Care
Support existing ExpressCare practices and establish new sites to serve outer portions of service area <i>Currently underway</i>	<ul style="list-style-type: none"> ● Health Care
Amplify partnership with schools of nursing to create a talent pipeline <i>Currently underway</i>	<ul style="list-style-type: none"> ● Education ● Health Care
Provide cultural humility educational opportunities for staff	<ul style="list-style-type: none"> ● Education ● Health Care
Create workflows to regularly assess disparities in healthcare utilization or inequities in access to care, patient experience, or health outcomes.	<ul style="list-style-type: none"> ● Social Environment ● Health Care
Continue participation in payment reform efforts <i>Currently underway with OneCare Vermont</i>	<ul style="list-style-type: none"> ● Health Care

Substance Use Prevention, Harm Reduction, Treatment, and Recovery Resources

Partner to develop and deliver school and community-based prevention programming	<ul style="list-style-type: none"> ● Social Environment ● Education ● Health Behaviors
Screen for substance use and provide appropriate intervention/referral <i>Currently underway in some SVMC practices, with a particular focus on youth</i>	<ul style="list-style-type: none"> ● Health Care
Communicate available prevention, harm reduction, treatment and recovery resources to patients	<ul style="list-style-type: none"> ● Social Environment ● Education ● Health Care ● Health Behaviors
Launch Bennington Opioid Treatment Hub <i>Currently in planning</i>	<ul style="list-style-type: none"> ● Health Care
Participate in development of recovery-friendly housing and employment opportunities	<ul style="list-style-type: none"> ● Physical Environment ● Social Environment
Strengthen Opioid Response Team <i>Currently underway</i>	<ul style="list-style-type: none"> ● Social Environment
Expand Peer Recovery Coach model <i>Currently underway in collaboration with Turning Point Recovery Center</i>	<ul style="list-style-type: none"> ● Social Environment ● Health Care
Amplify harm reduction activities and communication	<ul style="list-style-type: none"> ● Education ● Health Care ● Health Behaviors
Provide of Rapid Access to Medication Assisted Treatment (RAM) in Emergency Department and other settings as appropriate and needed <i>Currently underway</i>	<ul style="list-style-type: none"> ● Health Care
Increase educational opportunities for providers relating to person-centered treatment of substance use disorder, overdose, and withdrawal symptoms	<ul style="list-style-type: none"> ● Social Environment ● Education ● Health Care
Continued hosting and support for Bennington AmeriCorps VISTA fellows	<ul style="list-style-type: none"> ● Social Environment ● Education ● Health Care ● Health Behaviors

Appendix A: Service Area Demographics

SVMC's Service Area: Age ⁷									
State	Zip Code	Town	0-19 years old	20-34 years old	35-64 years old	65+ years old	Median Age	Total Population	
MA	01267	Williamstown	28%	25%	27%	20%	31.2	7,753	
	05148	Londonderry	14%	13%	47%	26%	57.8	975	
	05152	Peru	13%	1%	57%	28%	58.7	319	
	05155	Stratton Mountain	14%	14%	52%	20%	49.7	850	
	05201	Bennington	20%	21%	37%	22%	45.5	14,084	
	05250	Arlington	23%	12%	43%	23%	47.9	3,731	
	05251	Dorset	17%	4%	46%	33%	57.3	1,092	
	05252	East Arlington	13%	14%	52%	21%	51.6	312	
	05253	East Dorset	21%	21%	43%	15%	45.4	585	
	05254	Manchester	37%	8%	36%	18%	46.3	206	
	05255	Manchester Center	22%	10%	40%	28%	51.5	4,047	
	05257	North Bennington	21%	33%	27%	20%	31.6	2,932	
	05260	North Pownal	19%	8%	49%	23%	46.6	534	
	05261	Pownal	25%	15%	41%	19%	45.3	2,491	
	05262	Shaftsbury	29%	9%	41%	21%	40.8	2,251	
	VT	05340	Bondville	21%	10%	45%	24%	49.3	743
		05341	East Dover	31%	15%	26%	28%	38.9	450
05342		Jacksonville	17%	12%	53%	18%	51.5	602	
05343		Jamaica	20%	10%	52%	18%	47.6	718	
05350		Readsboro	23%	10%	46%	22%	46.5	609	
05352		Stamford	27%	11%	44%	19%	46.6	982	
05356		West Dover	10%	12%	45%	33%	59.4	577	
05358		West Halifax	20%	15%	37%	27%	56.4	131	
05360		West Wardsboro	20%	12%	35%	33%	48.5	172	
05361		Whitingham	24%	13%	44%	19%	45.3	1,125	
05363		Wilmington	18%	19%	43%	20%	47.9	1,958	
05739		Danby	29%	8%	39%	24%	42.8	1,390	
05761		Pawlet	19%	12%	45%	23%	52.7	904	
05775		West Pawlet	26%	15%	43%	16%	40.7	489	
05776	West Rupert	15%	19%	41%	25%	50.7	645		
NY	12022	Berlin	8%	21%	40%	30%	55.9	612	
	12028	Buskirk	20%	12%	51%	17%	46.6	849	
	12057	Eagle Bridge	19%	11%	51%	18%	54.4	1,942	
	12089	Hoosick	0%	0%	89%	11%	62.1	64	
	12090	Hoosick Falls	29%	14%	40%	18%	40.7	6,350	
	12094	Johnsonville	29%	16%	39%	17%	36.5	2,398	
	12138	Petersburg	23%	14%	46%	17%	46	3,218	
	12816	Cambridge	21%	13%	40%	26%	50.9	4,371	
	12873	Shushan	21%	20%	37%	23%	46.5	863	

SVMC's Service Area: Sex⁷

State	Zip Code	Town	Female	Male
MA	01267	Williamstown	54%	46%
VT	05148	Londonderry	46%	54%
	05152	Peru	54%	46%
	05155	Stratton Mountain	51%	49%
	05201	Bennington	53%	47%
	05250	Arlington	51%	49%
	05251	Dorset	52%	48%
	05252	East Arlington	46%	54%
	05253	East Dorset	52%	48%
	05254	Manchester	54%	46%
	05255	Manchester Center	52%	48%
	05257	North Bennington	49%	51%
	05260	North Pownal	46%	54%
	05261	Pownal	51%	49%
	05262	Shaftsbury	46%	54%
	05340	Bondville	45%	55%
	05341	East Dover	52%	48%
	05342	Jacksonville	51%	49%
	05343	Jamaica	42%	58%
	05350	Readsboro	51%	49%
	05352	Stamford	48%	52%
	05356	West Dover	54%	46%
	05358	West Halifax	34%	66%
	05360	West Wardsboro	54%	46%
05361	Whitingham	53%	47%	
05363	Wilmington	48%	52%	
05739	Danby	52%	48%	
05761	Pawlet	51%	49%	
05775	West Pawlet	54%	46%	
05776	West Rupert	51%	49%	
NY	12022	Berlin	50%	50%
	12028	Buskirk	48%	52%
	12057	Eagle Bridge	53%	47%
	12089	Hoosick	55%	45%
	12090	Hoosick Falls	51%	49%
	12094	Johnsonville	48%	52%
	12138	Petersburg	46%	54%
	12816	Cambridge	51%	49%
	12873	Shushan	47%	53%

SVMC's Service Area: Educational Attainment⁸

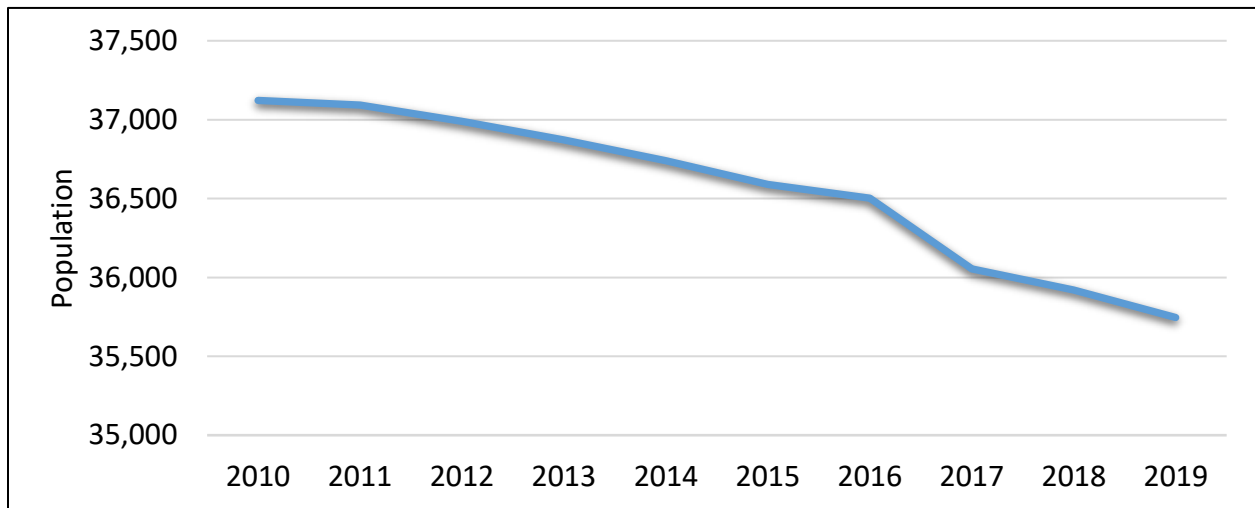
State	Zip Code	Town	Less than HS	HS diploma or GED	Associate's degree	Bachelor's Degree	Graduate or professional degree	Total Population (25+ years old)
MA	01267	Williamstown	6%	16%	6%	24%	38%	4,075
VT	05148	Londonderry	8%	27%	2%	21%	12%	788
	05152	Peru	6%	31%	2%	29%	11%	276
	05155	Stratton Mountain	3%	44%	4%	29%	11%	672
	05201	Bennington	10%	33%	8%	20%	11%	10,000
	05250	Arlington	7%	24%	9%	21%	13%	2,787
	05251	Dorset	5%	28%	3%	29%	25%	897
	05252	East Arlington	11%	36%	6%	12%	11%	263
	05253	East Dorset	0%	25%	4%	32%	17%	462
	05254	Manchester	3%	17%	2%	56%	19%	130
	05255	Manchester Center	11%	23%	8%	27%	17%	3,010
	05257	North Bennington	11%	22%	13%	19%	20%	1,712
	05260	North Pownal	19%	19%	8%	13%	15%	419
	05261	Pownal	11%	33%	6%	20%	10%	1,678
	05262	Shaftsbury	2%	23%	3%	34%	23%	1,533
	05340	Bondville	2%	28%	8%	28%	13%	556
	05341	East Dover	13%	29%	4%	25%	10%	296
	05342	Jacksonville	2%	48%	1%	26%	8%	450
	05343	Jamaica	3%	37%	5%	25%	12%	550
	05350	Readsboro	13%	33%	7%	12%	8%	454
	05352	Stamford	8%	38%	9%	14%	11%	689
	05356	West Dover,	1%	10%	11%	36%	14%	486
	05358	West Halifax	17%	21%	4%	30%	14%	105
	05360	West Wardsboro	5%	34%	15%	23%	7%	133
	05361	Whitingham	4%	35%	10%	25%	8%	812
	05363	Wilmington	7%	35%	5%	21%	15%	1,508
	05739	Danby	9%	46%	4%	11%	14%	954
	05761	Pawlet	9%	31%	7%	20%	17%	726
05775	West Pawlet	20%	26%	8%	21%	7%	345	
05776	West Rupert	3%	30%	11%	22%	21%	477	
NY	12022	Berlin	12%	30%	15%	13%	15%	506
	12028	Buskirk	7%	34%	12%	16%	12%	625
	12057	Eagle Bridge	12%	42%	15%	8%	6%	1,499
	12089	Hoosick	11%	0%	0%	89%	0%	64
	12090	Hoosick Falls	6%	40%	12%	17%	5%	4,206
	12094	Johnsonville	6%	50%	14%	12%	3%	1,649
	12138	Petersburg	12%	35%	9%	13%	13%	2,352
	12816	Cambridge	11%	32%	10%	16%	15%	3,275
12873	Shushan	7%	31%	8%	25%	9%	658	

SVMC's Service Area: Race⁹

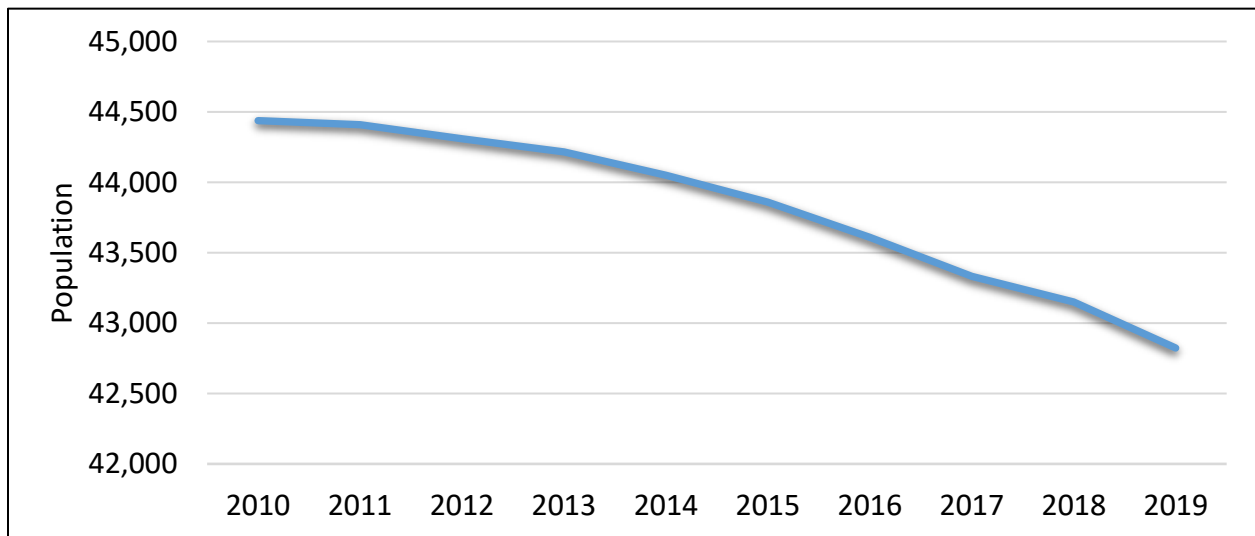
State	Zip Code	Town	White (single race)	Black/ African American (single race)	American Indian or Alaska Native (single race)	Asian (single race)	Native Hawaiian & Other Pacific Islander (single race)	Other single race	Hispanic or Latino of any race	Two or More races
MA	01267	Williamstown	81.9%	5.1%	0.77%	6.3%	0.0%	1.7%	5.9%	4.3%
VT	05148	Londonderry	97.1%	0.0%	0.51%	0.3%	1.1%	0.0%	0.5%	0.9%
	05152	Peru	95.6%	0.0%	0.00%	4.4%	0.0%	0.0%	6.6%	0.0%
	05155	Stratton Mountain	94.9%	2.1%	0.00%	0.0%	0.0%	0.5%	1.4%	2.5%
	05201	Bennington	95.4%	1.0%	0.16%	0.5%	0.7%	0.4%	3.0%	1.9%
	05250	Arlington	95.3%	0.2%	0.00%	2.9%	0.0%	0.4%	2.2%	1.3%
	05251	Dorset	100.0%	0.0%	0.00%	0.0%	0.0%	0.0%	0.0%	0.0%
	05252	East Arlington	92.3%	0.0%	0.00%	0.0%	0.0%	0.0%	1.6%	7.7%
	05253	East Dorset	99.5%	0.0%	0.00%	0.0%	0.0%	0.0%	7.2%	0.5%
	05254	Manchester	84.5%	0.0%	0.00%	3.4%	0.0%	0.0%	0.0%	12.1%
	05255	Manchester Center	96.8%	1.2%	0.72%	0.7%	0.0%	0.0%	0.0%	0.7%
	05257	North Bennington	88.4%	1.8%	0.95%	2.6%	0.0%	1.7%	2.7%	4.5%
	05260	North Pownal	100.0%	0.0%	0.00%	0.0%	0.0%	0.0%	0.0%	0.0%
	05261	Pownal	99.8%	0.0%	0.16%	0.0%	0.0%	0.0%	0.0%	0.0%
	05262	Shaftsbury	99.8%	0.0%	0.00%	0.0%	0.0%	0.0%	0.0%	0.2%
	05340	Bondville	86.7%	0.9%	0.40%	6.5%	0.0%	0.0%	1.5%	5.5%
	05341	East Dover	94.4%	0.0%	0.00%	1.6%	0.0%	0.0%	0.0%	4.0%
	05342	Jacksonville	94.9%	0.8%	0.00%	3.5%	0.0%	0.8%	0.8%	0.0%
	05343	Jamaica	94.8%	1.9%	3.20%	0.0%	0.0%	0.0%	0.0%	0.0%
	05350	Readsboro	98.4%	0.0%	0.49%	0.0%	0.0%	0.0%	0.0%	1.1%
	05352	Stamford	97.8%	0.0%	0.00%	0.3%	0.0%	0.0%	0.0%	1.9%
	05356	West Dover	95.5%	0.0%	0.00%	2.8%	0.0%	0.0%	1.6%	1.7%
	05358	West Halifax	99.2%	0.0%	0.00%	0.8%	0.0%	0.0%	3.1%	0.0%
	05360	West Wardsboro	100.0%	0.0%	0.00%	0.0%	0.0%	0.0%	9.3%	0.0%
	05361	Whitingham	95.3%	0.3%	0.00%	0.0%	0.0%	0.0%	1.0%	4.4%
	05363	Wilmington	96.7%	0.0%	0.00%	0.7%	0.0%	0.0%	4.3%	2.6%
	05739	Danby	98.1%	0.0%	0.00%	0.8%	0.0%	0.1%	1.7%	1.0%
	05761	Pawlet	88.6%	1.1%	2.43%	0.0%	0.0%	0.0%	3.3%	7.9%
05775	West Pawlet	87.3%	4.5%	5.32%	0.0%	0.0%	0.0%	0.0%	2.9%	
05776	West Rupert	99.7%	0.0%	0.00%	0.3%	0.0%	0.0%	8.2%	0.0%	
NY	12022	Berlin	99.7%	0.0%	0.00%	0.0%	0.0%	0.0%	0.0%	0.3%
	12028	Buskirk	96.2%	0.0%	0.00%	1.1%	0.0%	0.0%	0.0%	2.7%
	12057	Eagle Bridge	97.6%	0.0%	0.51%	1.3%	0.0%	0.2%	1.2%	0.4%
	12089	Hoosick	100.0%	0.0%	0.00%	0.0%	0.0%	0.0%	0.0%	0.0%
	12090	Hoosick Falls	96.8%	0.0%	0.13%	0.1%	0.0%	2.1%	4.8%	0.8%
	12094	Johnsonville	98.7%	1.3%	0.00%	0.0%	0.0%	0.0%	7.1%	0.0%
	12138	Petersburg	98.3%	0.5%	0.00%	0.2%	0.0%	0.1%	3.6%	0.9%
	12816	Cambridge	94.8%	1.9%	0.30%	1.6%	0.0%	0.3%	2.2%	1.1%
	12873	Shushan	98.6%	0.2%	0.00%	0.0%	0.0%	1.2%	2.5%	0.0%

Appendix B: Service Area Population Over Time

Bennington County Population⁷⁸

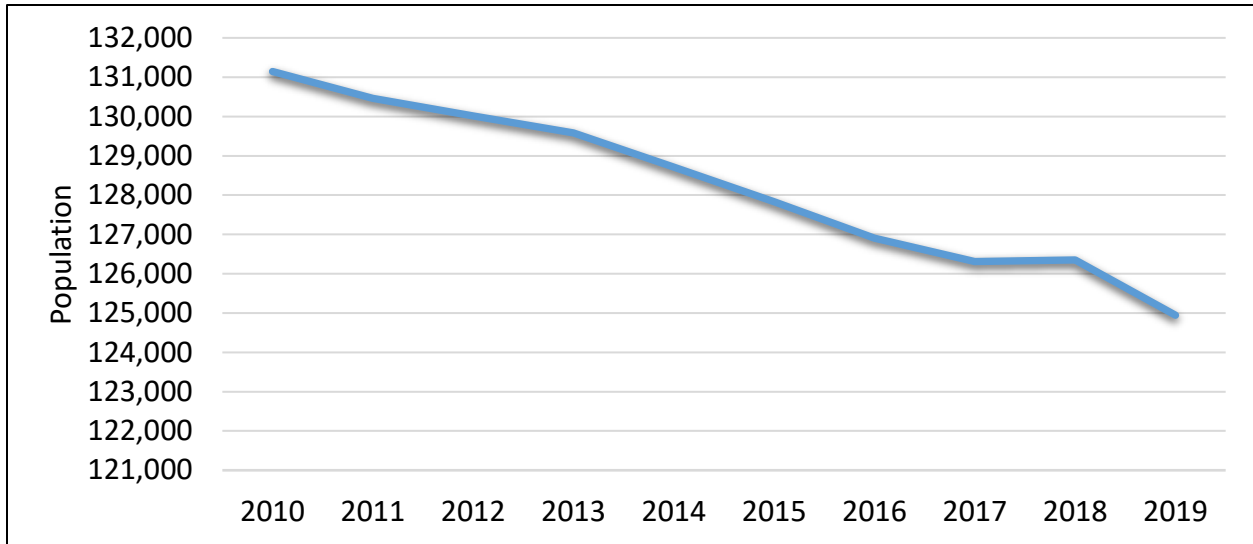


Windham County Population⁷⁸

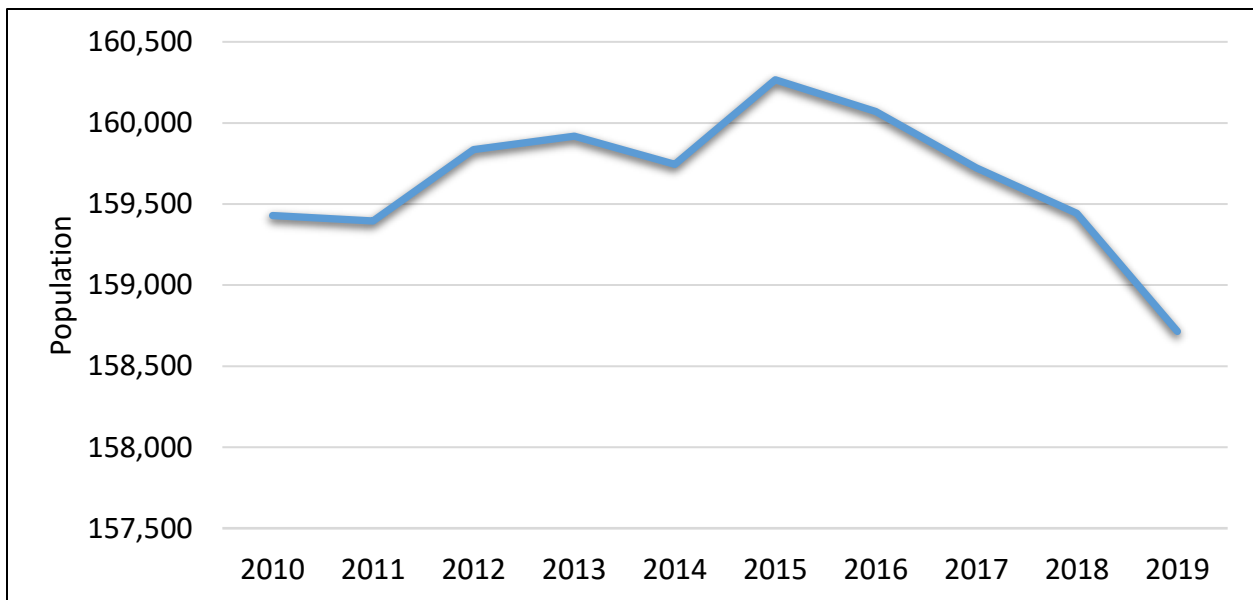


⁷⁸ Age and Sex: American Community Survey. United States Census Bureau. ACS 5-Year Estimates Subject Tables 2010-19.

Berkshire County Population⁷⁹

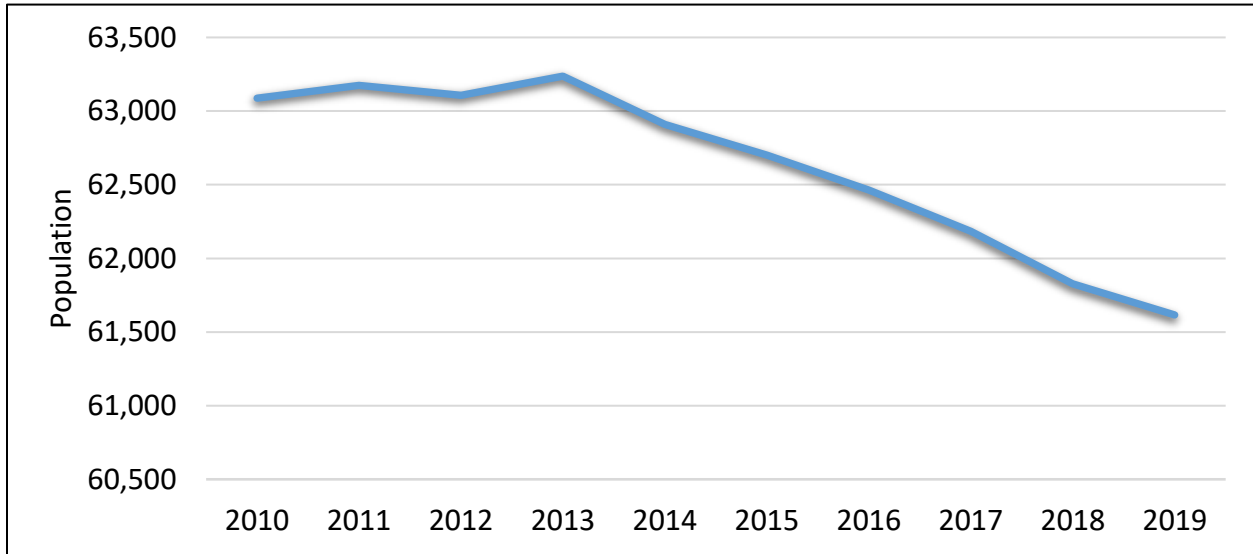


Rensselaer County Population⁷⁸



⁷⁹ Age and Sex: American Community Survey. United States Census Bureau. ACS 1-Year Estimates Subject Tables 2010-19.

Washington County Population⁷⁸



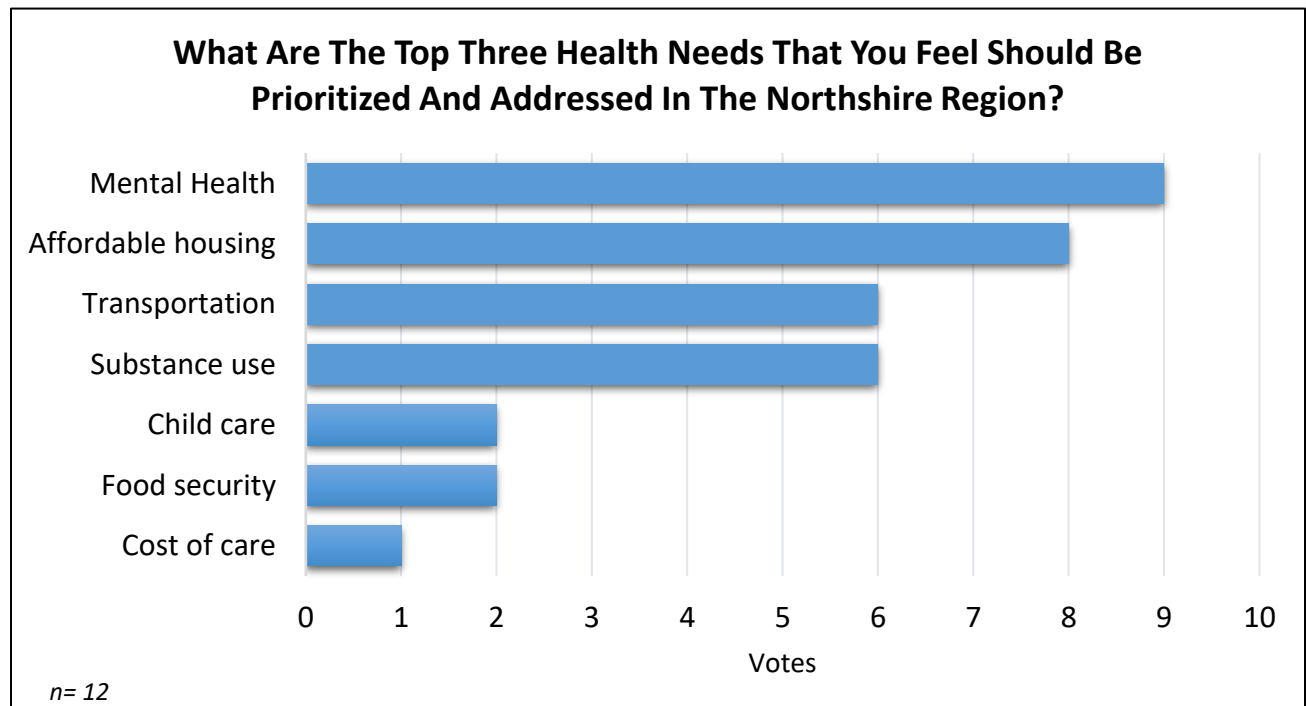
Appendix C: Community Forums

Northshire Forum

A forum was held for residents of the Northshire, the northern portion of Bennington County. The event was held on March 23, 2021 from 6:00pm to 7:00pm. Twenty individuals registered for the event, and 12 attended.

Topics mentioned during the forum included:

- Affordable housing [some currently housed in motels; some individuals commute to Manchester but cannot afford to live there; lack of recovery housing]
- Substance use [opioids, stimulants, and alcohol]
- Mental health [isolation has been exacerbating mental health conditions and placing increased demand on resources; access to care can be difficult, and continued assistance navigating resources is needed once access is organized]
- High quality child care needed
- Reliable transportation needed
- LGBTQ health important to focus upon
- Telemedicine [and broadband access]
- Loss of tourist dollars due to pandemic will have lasting impact
- Isolation a concern
- Health and wellness of those working in healthcare
- Domestic violence
- Need for increased mentorship opportunities

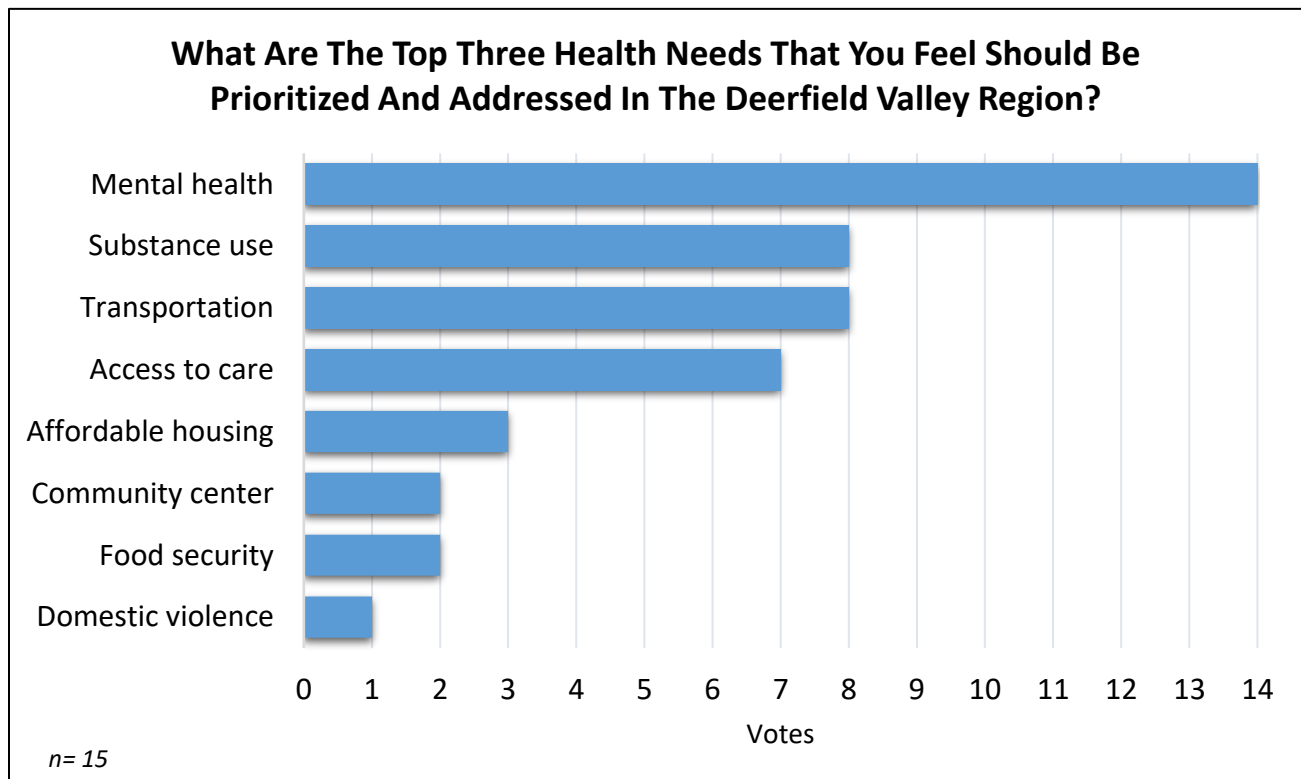


Deerfield Valley Forum

A forum was held for residents of the Deerfield Valley, the eastern portion of Bennington County and the western portion of Windham County. The event was held on March 25, 2021 from 6:00pm to 7:00pm. Twenty-nine individuals registered for the event, and 15 attended.

Topics mentioned during the forum included:

- Assistance for seniors to stay home and living independently [home health care and assistance with daily activities]
- Substance use [resources for recovery including licensed drug and alcohol counseling; alcohol use as a top concern]
- Social isolation [need for social activities and gatherings for community cohesion and social connection]
- Anxiety
- Local mental health counseling
- Transportation [needs sometimes met by volunteers, but volunteer pool is dwindling]
- Influenza clinic [need to prioritize convenience and location’]
- Child care and infant care
- General resources for those aged 18-24 who are too old for local school support, and too young for other programming

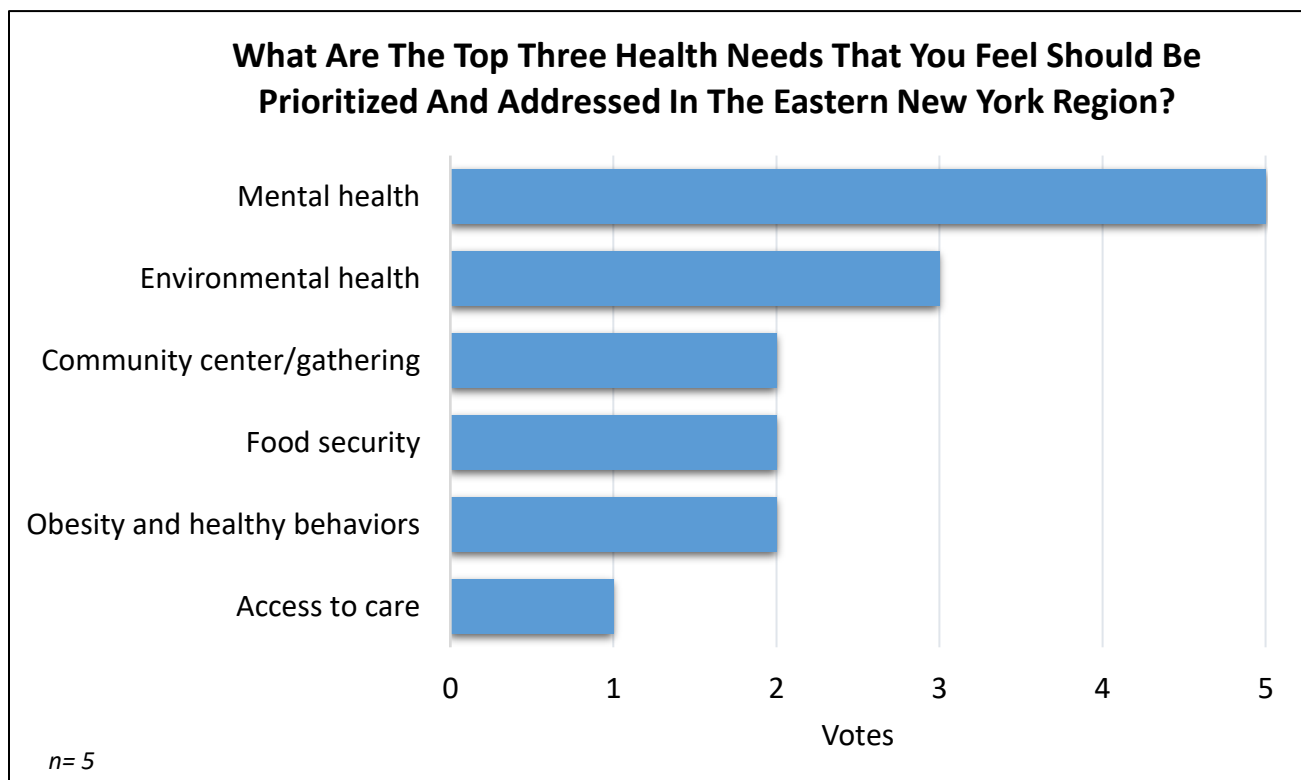


Eastern New York Forum

A forum was held for residents of Eastern New York, the eastern portions of Washington and Rensselaer Counties. The event was held on March 30, 2021, from 6:00pm to 7:00pm. Seventeen individuals registered for the event, and 5 attended.

Topics mentioned during the forum included:

- Environmental pollution [PFOA and long-term effects of exposure]
- Isolation [community togetherness and cohesion]
- Mental health [access to mental health providers, youth mental health]
- Housing [affordable housing within the village; safe and healthy housing for migrant farm worker populations]
- Transportation
- Long-term stress
- Obesity and health education [COVID-19 vaccine hesitancy]
- Medical monitoring
- Food security

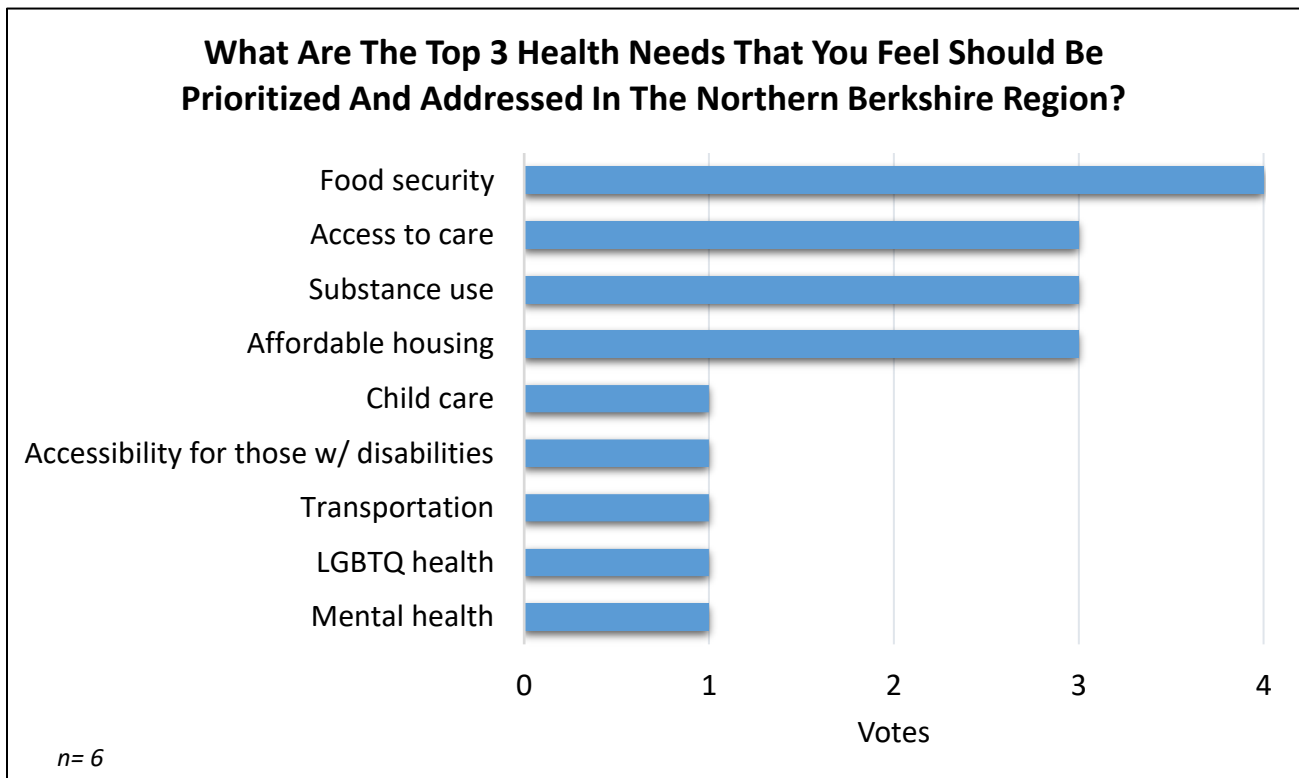


Northern Berkshire Forum

A forum was held for residents of the northern portion of Berkshire County, Massachusetts. The event was held on April 1, 2021, from 6:00pm to 7:00pm. Twenty-two individuals registered for the event, and 6 attended.

Topics mentioned during the forum included:

- Access to acute care
- Transportation
- Substance use [particularly opioids, and availability of long-term recovery resources]
- Mental health [inpatient support]
- Affordable housing and gentrification
- Food security
- Unemployment
- Senior health and resources
- Transgender health
- Discrimination against people of color in care settings
- Built environment and availability of recreation opportunities

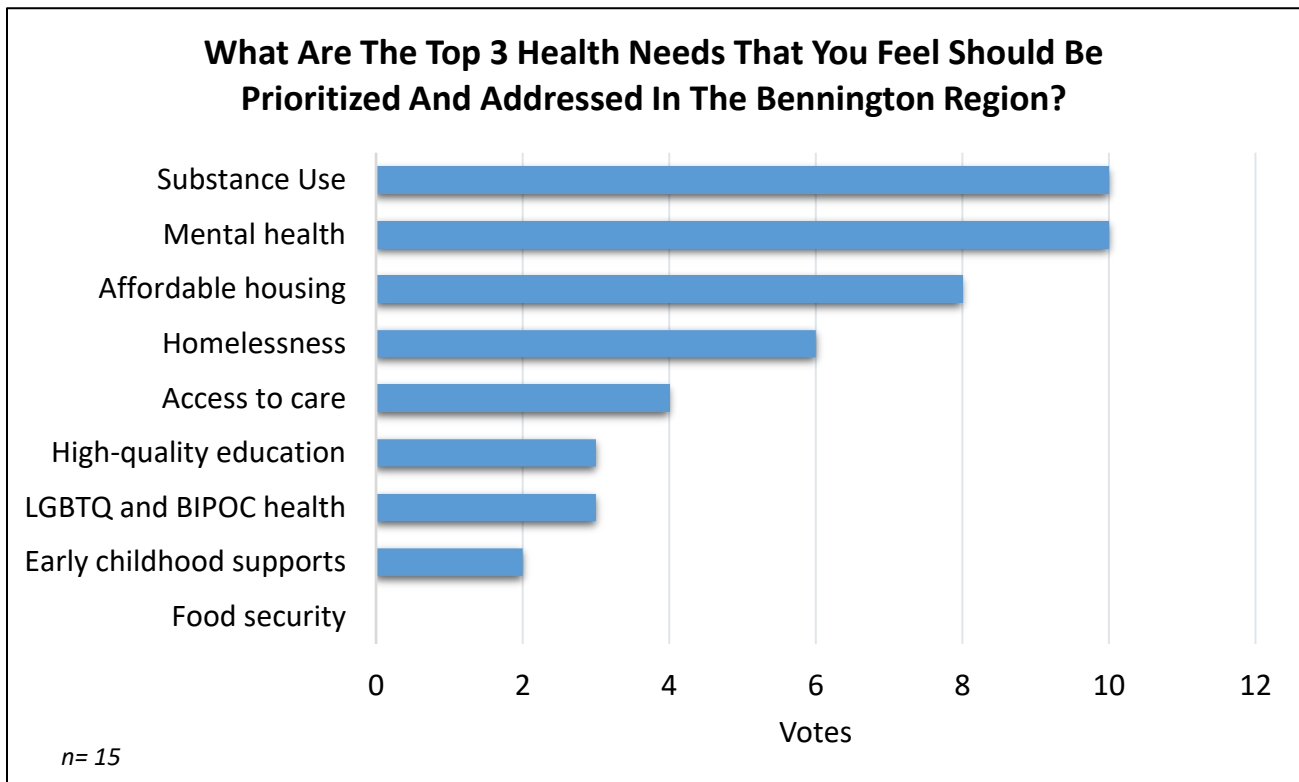


Bennington Forum

A forum was held for residents of the northern portion of Berkshire County, Massachusetts. The event was held on April 6, 2021 from 6:00pm to 7:00pm. Thirty-nine individuals registered for the event, and 15 attended.

Topics mentioned during the forum included:

- Poverty and availability of jobs that pay a living wage
- Housing [safe, affordable, stable housing; homelessness]
- Food security
- Social connectedness [across all generations]
- Equitable access to high-quality education
- Equitable access to health care [including health needs of migrant farm workers; health resources available to returning citizens; health of those living in motels]
- Mental health supports [particularly for those with severe, acute illness]
- Substance use treatment and recover services [access to services; navigation/advertisement of available services]
- Support for children and families with young children [adverse experiences in early childhood; particular focus upon those who have interacted with the Department for Children and Families; support for parents of children with autism]
- Parks and green spaces
- Use of American Rescue Plan funding to create healthy infrastructure



Appendix D: Community Health Survey Questions

Thank you for taking this survey, which will help Southwestern Vermont Medical Center to better understand the needs of the community. All of your answers are anonymous and will not impact any health care that you receive.

If you have questions about the survey, or how this information will be used, please contact Rory Price, SVMC's Coordinator of Population Health (802-440-4024 or rory.price@svhealthcare.org).

[QUESTION 1 IS REQUIRED]

1. What is your age?

- Under 13 years old [IF SELECTED, TERMINATE SURVEY AND GO TO QUESTION 42]
- 13-17 years old
- 18-24 years old
- 25-34 years old
- 35-44 years old
- 45-54 years old
- 55-64 years old
- 65-74 years old
- 75-84 years old
- 85 years or older

2. Which of the following best describes your race/ethnicity? Check all that apply.

- American Indian or Alaskan Native
- Asian
- Black or African American
- Hispanic or Latino/a
- Native Hawaiian or Pacific Islander
- White or Caucasian
- Another race not listed
- Prefer not to answer

[QUESTION 3 IS REQUIRED]

3. What is your zip code? Remember, we cannot identify you through the survey. We ask about zip code so that we understand health needs in specific towns and areas.

4. What is your current gender identity?

- Male
- Female
- Genderqueer, neither exclusively male nor female
- Female-to-male (FTM)/Transgender Male/Trans Man
- Male-to-Female (MTF)/Transgender Female/Trans Woman

- Prefer not to answer
- Other:

5. What sex were you assigned at birth on your original birth certificate?

- Male
- Female
- Prefer not to answer

6. Do you think of yourself as:

- Straight or heterosexual
- Lesbian, gay or homosexual
- Bisexual
- Don't know
- Prefer not to answer
- Other:

7. Would you say that in general your health is:

- Excellent
- Very Good
- Good
- Fair
- Poor

8. When was the last time you saw the doctor that provides most of your health care?

- Within the last 6 months
- Between 6-12 months ago
- Between 12 and 18 months ago
- Over 18 months ago
- I don't have a doctor that provides most of my health care

9. In the past year, where have you gone for health care? Check all that apply.

- Urgent Care or Express Care location
- Emergency Department
- General doctor at their office (primary care provider)
- Specialist at their office (dermatologist, orthopedist, etc.)
- Virtual visit, such as a video call or telephone call with a healthcare provider
- None of the above

10. What have been the biggest challenges you have faced during the pandemic? Check up to three.

- Impact on your income or your household's financial condition
- Impact on your employment status, hours or position
- Impact on your spouse or partner's employment status, hours or position
- Impact on your location of work or school
- Potential exposure when working outside of the home
- Impact on your children's childcare or schooling

- Illness or death of your friend or family member from COVID-19
- Stress of isolation or not being able to see your loved ones
- Feelings of intense fear, worry, or sadness
- Other:

11. Within the last year, have any of these reasons kept you or a family member from getting health care when needed? Check all that apply.

- Cost of care
- Lack of insurance coverage
- Could not find a doctor who took my insurance
- Could not easily get to a doctor
- Could not get an appointment as soon as you needed
- Lack of childcare
- Don't have a doctor or didn't know where to go
- Anxious or afraid of going to the doctor, or don't trust doctors
- Language barrier
- Concern about being questioned regarding citizenship status
- Concern about catching COVID-19
- None of the above
- Other:

[ASK QUESTION 12 ONLY IF RESPONSE TO QUESTION 11 IS "ANXIOUS OR AFRAID OF GOING TO THE DOCTOR"]

12. Please use this space to share anything you would like us to know about why you or your family member were not comfortable going to a doctor.

In the past year, how much of a challenge did you or anyone in your household have with:

	Not a challenge	A small challenge	Somewhat of a challenge	A major challenge
13. Paying for the basics like housing, medical care and heating?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Getting basic healthcare, including medications?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Having enough food?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Having reliable transportation to get to things needed for daily living?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Feeling safe in your neighborhood?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Being physically harmed by another household member?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Having safe, affordable childcare?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Feeling lonely or isolated?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Being physically active?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Having safe areas for physical activity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For the following questions, your responses should be based on your own views, and don't need to be supported by a doctor's diagnosis. In the past year, how much of a challenge did you or anyone in your household have with:

	Not a challenge	A small challenge	Somewhat of a challenge	A major challenge
23. Alcohol use, including dependence or addiction?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Substance use, including dependence or addiction?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Depression (feelings of sadness or loss of interest that you feel most of the time)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. Worry, anxiety, or fear that you feel most of the time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. Any other mental health condition?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. Obesity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. Diabetes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

30. If you could instantly change one thing to improve your own health, what would it be?

31. If you could instantly change one thing to improve healthcare in your community, what would it be?

32. Have you ever felt that a trait of yours, such as your gender, race, or social status, made it harder for you to get healthcare compared to other people?

- No
- Yes
- Not sure

33. Have you ever felt that a trait of yours, such as your gender, race, or social status, make it harder for you to live a healthy life compared to other people?

- No
- Yes
- Not sure

[ASK QUESTION 34 ONLY IF RESPONSE TO QUESTION 32 AND/OR QUESTION 33 IS “YES”]

34. Please share anything you would like about how a trait of yours has made it harder to get healthcare or live a healthy life.

35. Is there anything else that you would like to tell us about your health and healthcare in your community?

36. Are you currently...?

- Employed for wages
- Self-employed
- Unemployed
- A student
- A homemaker/stay at home parent
- Active military
- Retired

[ASK QUESTIONS 37 AND 38 ONLY IF RESPONSE TO QUESTION 36 IS “EMPLOYED FOR WAGES” OR “SELF-EMPLOYED”]

37. Is your main job:

- A full time position (30 or more hours per week)
- A part time position (less than 30 hours per week)

38. Do any of the following apply to you? Check all that apply.

- Work more than one full-time job
- Work more than one part-time job
- Work both a full-time and one or more part-time jobs

39. Which best describes your current housing situation?

- I own my residence
- I rent my residence
- I am homeless
- I am involved with coordinated entry
- Other (I am living with relatives, I am couch surfing)

40. What type of health insurance do you have?

- Private insurance through your job or a family member's job
- Private insurance you buy on your own
- Medicaid
- Medicare
- Other
- Don't have health insurance
- Don't know
- Prefer not to answer

41. What is the highest level of school you have completed?

- Some high school
- High school diploma or GED
- Associate degree
- Bachelor's degree
- Advanced or professional degree
- Trade/technical/vocational training

[END]

42. THANK YOU FOR PARTICIPATING. THIS IS THE END OF THE SURVEY.

If you [click here](#), you will be directed to a different page, where you can enter your contact information for the opportunity to receive a thank you gift card, based upon a drawing that will be conducted. Your contact information will be kept confidential and will not be linked to correspond with your responses.

Appendix E: Brief Evaluation of Previous Efforts to Meet Community Needs as Identified by CHNA

2018 Community Health Needs Assessment

SVMC’s most recent CHNA, published in 2018, identified three priority health needs:

- Access to care
- Obesity and healthy activities
- Behavioral health and substance abuse

These needs are closely aligned with the needs identified in 2021, lending validity to the process and findings for each year. The needs identified are immensely complex, influenced by a myriad of external factors, and are not readily solved by any one initiative, strategy, or program. To that end, SVMC has employed a number of multidimensional efforts that seek to improve the health landscape of the community, particularly around these three priorities. Annual updates, sharing detailed information about the success in these domains, are publically available on SVMC’s website, svhealthcare.org. Below, find a broad overview of the successes and challenges SVMC has faced in the preceding years for each of the strategies previously outlined in the 2018 Implementation Plan.

- Physical Environment
- Social Environment
- Education
- Nutrition
- Health Care
- Health Behaviors

Access to Care		
Strategy	Domain	Continuation of Strategy
Expanded psychiatrist access	● Health Care	Efforts will continue to increase access to psychiatrists, in partnership with UCS
Social Determinants of Health Screening	● Physical Environment ● Social Environment	Efforts will continue to expand screening to become

	<ul style="list-style-type: none"> ● Education ● Nutrition ● Health Care ● Health Behaviors 	universal across practices; data indicates value of programming, particularly among youth populations
Transitional Care Nursing Program	<ul style="list-style-type: none"> ● Physical Environment ● Social Environment ● Education ● Nutrition ● Health Care ● Health Behaviors 	Efforts will continue, and financial/health outcome data indicates success
Bennington Free Clinic Support	<ul style="list-style-type: none"> ● Health Care 	Support will continue, as the Free Clinic provides necessary services for the uninsured
Transportation Collaborative	<ul style="list-style-type: none"> ● Physical Environment ● Health Care 	Challenges to creating new systems for patient transportation; efforts will continue to engage community partners to find sustainable solutions

Obesity and Healthy Behaviors

Strategy	Domain	Continuation of Strategy
Social Determinants of Health Screening	<ul style="list-style-type: none"> ● Physical Environment ● Social Environment ● Education ● Nutrition ● Health Care ● Health Behaviors 	Efforts will continue to expand screening to become universal across practices; data indicates value of programming, particularly among youth populations
Transitional Care Nursing Program	<ul style="list-style-type: none"> ● Physical Environment ● Social Environment ● Education ● Nutrition ● Health Care ● Health Behaviors 	Efforts will continue, and financial/health outcome data indicates success
AmeriCorps VISTA Fellows	<ul style="list-style-type: none"> ● Health Care ● Social Environment ● Health Behaviors 	Support will continue, as VISTA Fellows have been instrumental in furthering community health initiatives with partner organizations
IdeaFund Microgrant Program	<ul style="list-style-type: none"> ● Social Environment 	Program discontinued

Grow Bennington Initiative	<ul style="list-style-type: none"> ● Physical Environment ● Social Environment 	Program discontinued; SVMC will continue efforts to support downtown redevelopment and beautification
Putnam Downtown Redevelopment Project	<ul style="list-style-type: none"> ● Physical Environment ● Social Environment ● Education ● Nutrition ● Health Care ● Health Behaviors 	Efforts will continue, successfully progressing through project phases
Healthy Homes Program	<ul style="list-style-type: none"> ● Physical Environment 	Program currently on hiatus; will resume
Educational Systems Support	<ul style="list-style-type: none"> ● Social Environment ● Education ● Health Behaviors 	Partnership with school systems are strong and will continue
Bennington Young Professionals Support	<ul style="list-style-type: none"> ● Social Environment 	Program has grown over past years
Lightning Jar Coworking Space	<ul style="list-style-type: none"> ● Physical Environment ● Social Environment 	Program discontinued
Health Care Share Program and other Food Insecurity Programming	<ul style="list-style-type: none"> ● Social Environment ● Education ● Nutrition ● Health Care ● Health Behaviors 	Program successfully increases consumption of local produce; will continue
Oral Health Skills Building	<ul style="list-style-type: none"> ● Education ● Nutrition ● Health Care ● Health Behaviors 	Programming discontinued, but sustained by other partners
RiseVT	<ul style="list-style-type: none"> ● Physical Environment ● Social Environment ● Education ● Nutrition ● Health Care ● Health Behaviors 	Program discontinued
SVMC Walking Trails and Other Community Recreation Sites	<ul style="list-style-type: none"> ● Physical Environment ● Health Behaviors 	Trails expanding, frequently used by community; SVMC will continue to support additional publically-accessible green spaces

Organizational and Event Sponsorships	<ul style="list-style-type: none"> ● Physical Environment ● Social Environment ● Education ● Nutrition ● Health Care ● Health Behaviors 	Sponsorships will continue as they align with 2021 CHNA priority health needs
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Behavioral Health and Substance Abuse

Strategy	Domain	Continuation of Strategy
Youth Appreciation Day	<ul style="list-style-type: none"> ● Physical Environment ● Social Environment ● Education ● Health Behaviors 	SVMC no longer plays a central role, but supports other organizations in execution of the day's events
Reserve-a-Bed at the Bennington County Coalition for the Homeless	<ul style="list-style-type: none"> ● Physical Environment ● Social Environment 	Program will continue
Tobacco Cessation Programming	<ul style="list-style-type: none"> ● Education ● Health Behaviors 	Will continue as advised by State of Vermont Blueprint for Health leadership
Youth Stress and Substance Abuse Programming	<ul style="list-style-type: none"> ● Social Environment ● Education ● Health Behaviors 	Will continue in partnership with local school systems

Appendix F: Medical Services within SVMC's Service Area

Bennington County

Type	Institution Name
Hospital / Medical Center	Southwestern Vermont Medical Center
Primary care	Mt Anthony Primary Care: Tripp Bonnie MD
	SVHC ExpressCare
	SVMC Northshire Campus
	SVHC Pownal Campus
	Green Mountain Pediatrics
	SVHC Pediatrics
	SVMC Internal Medicine
	Bennington Community Based Outpatient Clinic
	Battenkill Valley Health Center
	Stram Center for Integrative Medicine
	Physician Finder
	Angela L Winget Md
	Dranginis Therese MD
	J. Gregory King, MD
	Dr Angela Winget
	Dr. Adam R. Cohen, MD
	Dr. Theodore L. Johnson, MD
	Dr. David M. Gorson, MD
	Dr. Randal Anselmo MD
	Dr Trevor C. Neal MD
	Dr. Michael Albus MD
	Keith Michl, MD
Avery Wood, MD Family Medicine	
Specialty Care Practice	SVMC Multispecialty Practice
	Southwestern Vermont Regional Cancer Center
	VA Bennington Outpatient Clinic
	The Centers for Living and Rehabilitation
	SVMC Internal Medicine
	SVMC Orthopedics
	United Counseling Service Of Bennington County

	SVMC General Surgery	
	The Memory Clinic	
	Advanced Eyecare	
	Dartmouth-Hitchcock Putnam Physicians	
	SVMC OB/GYN	
	Themarge A. Small, MD	
	Allergy at SVMC (D-HP Physicians)	
	SVMC Cardiology	
	SVMC Gastroenterology	
	SVMC Infectious Disease	
	SVMC Internal Medicine	
	Occupational Medicine at SVMC (D-HP Physicians)	
	Gina Melissa Diaz, MD	
	Dr. Andrew I. Shedden, MD	
	Pathology at SVMC	
	SVHC Pediatrics	
	SVMC Rheumatology	
	Andrew Cowder, MD	
	Urology at SVMC (D-HP Physicians)	
	Green Mountain Pediatrics	
	Stram Center for Integrative Medicine	
	Brookside Pediatrics	
	Richard S Donela Dpm	
	Dr. Manindra Ghosh	
	Michael W Thwing, MD	
	Monument Urology	
	Eric S Seyferth Md	
	Graham Moore, MD	
	Dentistry, Orthodontics, Oral Care	SVMC Dentistry
		Bennington Dental Center
Union Street Dental, PLC		
McLain & Peck, Inc		
Oral & Dental Implant Surgery		
Shaftsbury Dental Center		
Pietrucha Lawrence J DDS		
Bennington Free Clinic		
Salem Dentistry		
WILLIAM E. GUILD, D.M.D.		
Brent D. Coffield, DDS		
Catherine A. Cech, DMD		
Christopher Bevin, DMD		
Eric P. Holmgren, DDS		
Campe Geoffrey L DDS		
Latypova & Guild Periodontics		
Lance A. Smagalski, DDS		

	Lawrence J. Pietrucha, DDS
	Dr. Mary C. Squire, DDS
	Sleeman Michael E DMD
	WILLIAM E. GUILD, D.M.D.
	Dr. Mary C. Squire, DDS
	Kane Steven DDS
	Carmack Tyler J DDS
	Andrew Schmid, DDS
Behavioral Health	United Counseling Services (UCS)
	Susan M. Sweeney, MA, LADC
	Elizabeth Fredland, LICSW
	Neurological Consultants P.C.
	David Mellinger, PSYD
	Robert Hemmer, PSYD
	Spicer Family Center
	Patricia A. McCullagh, PSYD
	Martha Bowen, LICSW
	Steven A. Sola, PhD, FACAPP
	Ellen C. Collins-Reed, LICSW
	Lisa K. Catapano, MD, DFAPA
	Louis Propp, PSYD
	Will Hansen, Counseling Services
	Pierce Susan L
	Reilly James
	William A. Goodman, PSYD
	David S Brown PhD
	Mary Jean J. Sadlak, PHD
	Budde Laura
	Susan M. Sweeney, MA
	Green Mountain EMDR and Psychotherapy, PLLC
	Sobel Jane
	The Spicer Family Center
	Katherine J. Baum, PHD
	Stitelman Paul
	Adams Jeanne
Taconic Psychiatry	
Mellinger David	
Dean Hammer, PsyD	
Long Term Care & Subacute Care	Bennington Health & Rehab Center
	The Centers for Living and Rehabilitation
	Vermont Veterans' Home
	Crescent Manor
	Southwestern Vermont Medical Center
	SaVida Health Bennington
	Brookdale Fillmore Pond
	BAYADA Home Health
	Extended Care Pharmacy LLC

	Southwestern Vermont Council on Aging
	Southwestern Vermont Regional Cancer Center
	United Counseling Service Of Bennington County
	VPI South
	James Poole, MD
	Bennington Project Independence
	Rivers Edge Community Care Home
	Equinox Terrace
Visiting Nurses & Hospice Care	Visiting Nurses & Hospice Care
Physical Therapy and Rehabilitation	Bennington Physical Therapy
	Prospect Rehabilitation
	Progressive Physical Therapy
	Manchester Health Services
	Metzger & Mole Physical
	Gail O'Brien, PT, PLLC
	Robin C. Waterman, PT
	John M. Diblasio, DPT, MPT, CSCS
	Terriann Whitman, PT
	Patricia M. Patane, ATC
	Frances C. O'Neill, PT
	Vermont Sports Medicine Center - Manchester

Windham County

Type	Institution Name
Hospital / Medical Center	Grace Cottage Hospital
	Brattleboro Memorial Hospital
Primary care	Springfield Medical Care Systems
	Mount Ascutney Hospital and Health Center
	Gifford Primary Care
	Brattleboro Primary Care
	Walk in clinic
	Rockingham Medical Group
	Rutland Regional Medical Center
	SVMC Deerfield Valley Campus (D-HP Physicians)
	Castleton Family Health Center and Express Care
	Hearthstone Primary Care
	Vermont Medical Center Primary Care Clinic & Outpatient Procedures Dr. Christopher M. Deszynski
	Rutland Primary Care: Morgan Wende
	Gorham Primary Care
	All Dimensions Primary Care
	Windham Family Practice
Vermont Physicians Clinic	

	Maplewood Family Practice
	Vermont Housecalls
	Vermont Holistic Health PLLC
	Valley Primary Care Family Medicine & Pediatrics
	Dagmar Tobits, MD
	Judi Friedman, PA-C
	Laura Metsch, MD
	Amy Gadowski, MD
	Roxanne Karter, MD
	Paul Stanchfield, MD
	Maurice Geurts, MD
	Natalie Harding, PA-C
	Moss Linder, MD
	Devan Lucier, AGNP
	Timothy Shafer, MD
Specialty Care Practice	Windham Family Practice
	SVMC Multispecialty Practice
	Mountain Medical at Mt. Snow
	Dartmouth-Hitchcock Brattleboro
	Rockingham Health Center
	Vermont Medical Center Primary Care Clinic & Outpatient Procedures Dr. Christopher M. Deszynski
	Maplewood Family Practice
	Thomas O. Evans, MD
	SVMC Northshire Campus
	Brattleboro Family Medicine
	Gifford Health Care: Seymour Mark G DO
	Robert A Mesropian Center
	Deborah A. Henley, MD
	BMH Physician Group
	Dr. Amy S. Gadowski, MD
	White River Family Practice
	Bartholomew J. Bonazinga, MD, FACC
	Heywood Specialty Care
	Brattleboro Cardiology
	Tony Blofson, MD
	Dr. Keith W. Michl, MD, FACP
	Richard A. Wiseman, MD
	Lauren McClure, MD
	SVMC Deerfield Valley Campus
	Taconic Spine
	Valerie Rooney, MD

	Susan Slowinski, MD
	William Knorr, MD
Dentistry, Orthodontics, Oral Care	Brattleboro Dental Care
	Professional Dental Care
	Deerfield Valley Dental Care
	Windham County Dental Center
	Brattleboro Dental Health
	West River Family Dental
	Estey Dental Center
	Greater Falls Family Cosmetic & Implant Dentistry
	Horizon Dental Associates
	Rockingham Dental Center
	Connecticut Valley Oral Surgery
	Rutland Dental Care, PLC
	Ludlow Dental Center
	Campe Geoffrey L DDS
	Catherine Cech D.M.D. PC
	Bennington Dental Center
	Family Dental Associates
	Horizon Dental Associates
	Brattleboro Orthodontic Specs: Post Charles DDS
	Cornerstone Dentistry
	Community Dental Care
	Dr. Gerald R. Theberge, DDS
	Baasch David a DDS
	Aspen Dental
	Springfield Orthodontics
	TL Kauffman, DDS
	Jeremy S. Hoffman, DDS
	Suzanne West, DMD
	Jeffrey Munson, DDS
	Frank Illuzzi, DDS
	Robert S. Ruhl, DMD PC
	Jeffrey W. Wallace, DDS
David M. Heydenreich, DMD	
Long Term Care & Subacute Care	The Pines at Rutland Center for Nursing and Rehabilitation
	Mountain View Center
	The Centers for Living and Rehabilitation
	Vermont Veterans' Home
	Genesis HealthCare
	Visiting Nurse and Hospice for Vermont and New Hampshire (VNH)
	Charlene Manor Extended Care

	VNA & Hospice of the Southwest Region
	Quabbin Valley Healthcare
	Dummerston Cares
	Menig Nursing Home
	Williamstown Commons Nursing & Rehabilitation Center
	Windham Center Mental Health
	Windham & Windsor Housing Trust
	Lebanon Center
	United Way of Windham County
	North Adams Commons
	Windham County Humane Society
	Eddy Memorial Geriatric Center
	McGirr Nursing Home
	Pine Heights at Brattleboro Center for Nursing & Rehabilitation
	Thompson Nursing Home
	Vernon Green Nursing Home
	Bradley House
	Holton Home
	Equinox Terrace
Behavioral Health Services	Windham Center Mental Health
	Brattleboro Retreat
	Anna Marsh Behavioral Care
	Brattleboro Pastoral Counseling Center Inc
	Salam Psychiatric Services
	Behavioral Associates-Vermont
	Brattleboro Counseling Center
	Community House
	AWR Associates LLC
	Anna Marsh Behavioral Clinic
	Brattleboro Family Therapy
	Carlton Stephen
	Health Care & Rehabilitation
	Windham County Safe Place
	Judith A. Davidson, MA
	Harvey Liss Psychologist
	Dean Hammer, PsyD
Visiting Nurses & Hospice Care	Visit Nurse Associates & Hospital Vt
	BAYADA Home Health
	BAYADA Hospice
Physical Therapy and Rehabilitation	BMH Rehabilitation Services
	Grace Cottage Rehabilitation Services
	Maple Valley Physical Therapy
	Prospect Rehabilitation
	Health Care & Rehabilitation
	Springfield Hospital Rehab Services
	Manchester Physical Therapy

	Mt Ascutney Hospital and Health Center: Physical Medicine and Rehabilitation
	John M. Diblasio, PT, DPT, MPT, CSCS
	Pine Heights at Brattleboro Center for Nursing and Rehabilitation
	Rehab Service Health Care
	Health Care and Rehabilitation Services
	Alpine Physical Therapy and Sports Care, PC
	Adams Physical Therapy & Sports Rehabilitation, LLC.
	Thompson House Rehabilitation & Nursing Center

Rensselaer County

Type	Institution Name
Primary care	Village Primary Care
	Dr. James E. Carroll, MD
	Twin Rivers Medical, P.C.
	Disha Spath, MD
	Dr. Charles A. Maggio, MD
	Martinez Marcus MD
	North Creek Health Center
	Bruce Karen P
Specialty Care Practice	Paul Barbarotto, DO DABFP
	Partners in Family Medicine North Greenbush
	St. Peter's Diabetes & Endocrine Care
	St. Peter's Urgent Care - Rensselaer
	James Figge, MD
	LabCare of Community Care Physicians P.C. - Troy
	Dr. Rosa M. Pacheco, MD
	Hoosick Veterinary Clinic
	The Center For Nursing And Rehab
	Hudson Falls Medical Center
Dentistry, Orthodontics, Oral Care	Rensselaer Dental Center
	Comfort Dental
	Emergency Dentist Rensselaer
	East Greenbush Dental Care: DeSantis Antony DDS
	Adirondack Orthodontics
	Lapinski Joseph R DDS
	Dr. Chester A. Meisel, DDS
	All Kids Smile
Long Term Care & Subacute Care	Rosewood Nursing and Rehabilitation Center
	EverGreen Commons Rehabilitation and Nursing Center

	Accu Care Home Health Services
	Van Rensselaer Manor
	United Helpers
	St. Peter's Urgent Care - Rensselaer
	Healthcare Association of New York State (HANYS)
	Summit at Eastwyck
Behavioral Health Services	The Green Room Physical Therapy
	Surya Immediate Medical Care
	Physical Therapy-Hoosick Falls
	Seton Health System
	Choice Physical Therapy - Troy, NY
	Seton Health Physical Rehabilitation
	Repsher & Associates Physical Therapy
	Maccio Physical Therapy
	Van Rensselaer Manor
	Eddy Visiting Nurse and Rehab Association
	Troy Center for Rehabilitation and Nursing
	Community Care Physical Therapy- Delmar
	Visiting Nurses & Hospice Care
Physical Therapy and Rehabilitation	The Green Room Physical Therapy
	Surya Immediate Medical Care
	Physical Therapy-Hoosick Falls
	Seton Health System
	Choice Physical Therapy - Troy, NY
	Repsher & Associates Physical Therapy
	Community Care Physical Therapy- Delmar
	Eddy Visiting Nurse and Rehab Association
	Van Rensselaer Manor
	Michele N. Keleher, PT

Washington County

Type	Institution Name
Hospital / Medical Center	Washington County Mental Health Services
Primary Care	Cambridge Medical Center
	Dr. Jennifer B Baker-Porazinski, MD
	Dr. Arunas A Budnikas, MD
	Dr. Seema B Chaudhari, MD
	Dr. Ella R Derbyshire, MD
	William D Figlozzi
	Dr. Paul Mabry, MD
	Dr. Edit K Masaba, MD
	Dr. Peter J Peff, MD
	Dr. Matthew C Pender, MD

	Dr. Barney M Rubenstein, MD
	Dr. George E Ruta, MD
	Dr. Maurice Wiart, MD
	Cambridge Family Health Center
	Mabry Paul a MD
	Jeroy S. Motsiff, PNP
Specialty Care Practice	Washington County Mental Health Services
	Main Street Pediatrics
	Matthew Pender, MD
	Stefanovich Stefan J
	Glens Falls Hospital-Behavioral
	Bay Optical of Greenwich
	Community Health Services of Lamoille Valley
	Marcia Reese Psychotherapist
	Foothills Clinic
	Fine Family Foot Care
Dentistry, Orthodontics, Oral Care	Dennis J. Valerio, DDS
	Francis S. Pultorak, DDS
	Greenwich Family Dentistry
	Fort Edward Family Dentistry
	Potvin & Potvin
	John P. Lawrence, DDS
	Richard J. Long, DDS
	Stephen Redmond, DDS
John F. Van Schaick, DDS	
Long Term Care & Subacute Care	Washington Center for Rehabilitation and Nursing
	Fort Hudson Health System
	The Pines at Glens Falls Center for Nursing & Rehabilitation
	Granville Center for Rehabilitation and Nursing
	Elderwood at Ticonderoga
	The Orchard
	Seton Health at Schuyler Ridge
	Country Side Adult Home
	Eddy Village Green at Cohoes
	Elderwood Village at Colonie
	Oneida Health Rehabilitation & Extended Care
River Ridge Living Center	
Behavioral Health Services	Behavioral Health Services
	Warren County Mental Health
	Glens Falls Hospital-Behavioral
	Warren Washington Association for Mental Health

Visiting Nurses & Hospice Care	Visiting Nurse Hospice
	Visiting Nurse Service of New York
	Visiting Nurse Service & Hospice of Suffolk
	Visiting Nurse Services of New York
	Visiting Nurse Services in Westchester, Inc.
	VNA of Albany
	Interim HealthCare of Valatie NY
	Vns Hospice House
	Community Home Health Care - Recruiting Office
	BAYADA Adult Nursing
Physical Therapy and Rehabilitation	Kessler Institute For Rehab
	Washington Center for Rehabilitation and Nursing
	Spa City Veterinary Rehabilitation

Berkshire County

Type	Institution Name
Primary Care	Williamstown Medical
	Stephen Payne, MD
	Dr. Barbara L. Rosenthal, MD
	Dr. Elizabeth A. Whateley, MD
	Jandl Robert C MD
	Williamstown Anesthesia Associates
	Williamstown Medical at North Adams
	Dr. Marian A. Madden, MD
	Dr. Steven D. Cherry, DO
	Baisch Tim J MD
	Northern Berkshire Family Medical
	Dr. Kathryn B. Wiseman, MD
	Wilson Michael K MD
	Dr. David W. Wilson, MD
	Robert H. Tarnas, MD
	Dr. Douglas B. Oneill, MD
	Williamstown Medical Associates: Provisor Evan MD
	David J. Elpern, M.D.
Specialty Care Practice	Northern Berkshire Orthopedics
	Skin Clinic
	Lamontagne Kristin E MD
	Sweetwood of Williamstown
	Integrative Medicine
	Healthy Image
	Susan T. Mahler, M.D.

	Mahler Susan MD
	Green Kathleen M
	Belouin Mary Anne
	Dr. Anthony M. Smeglin, MD
	Dobe-Costa Karen E DPM
	David J. Elpern, M.D.
Dentistry, Orthodontics, Oral Care	Walgreens Pharmacy
	Williamstown Dental
	Kleederman Joshua S DDS
	Berkshire Orthodontics
	Messenger Digital Dentistry, PC
	Carver Family Dentistry
Long Term Care & Subacute Care	Sweet Brook Rehabilitation & Nursing Center
	Williamstown Commons Nursing & Rehabilitation Center
Behavioral Health Services	Alquimedez Mental Health Counseling, PLLC
	Recovery Physical Therapy
	Berkshire Farm Center & Services for Youth
	Berkshire Farm Center & Services
Visiting Nurses & Hospice Care	Berkshire Visiting Nurse Association
Physical Therapy and Rehabilitation	Berkshire Medical Center: Center for Rehabilitation
	Berkshire Physical Therapy
	Berkshire Hand Therapy PC
	Western Mass Physical Therapy
	Adams Physical Therapy, LLC
	FYZICAL Therapy & Balance Centers
	Berkshire Hand Therapy PC
	Fairview Physical-Sports Therapy
	Fairview Outpatient Rehabilitation
	Berkshire Orthopaedic Associates
	Physical Medicine & Rehab
	Tonal Rehabilitation & Pilates LLC
	Berkshire Place

Appendix G: Social Services within SVMC's Service Area

Bennington County

Type	Institution Name
Crisis / Helplines	Southwestern Vermont Medical Center COVID-19 Hotline
	National Suicide Prevention Lifeline
	The Trevor Project (LGBTQ Suicide Hotline)
	The Trans Lifeline
	Students of Color Crisis Text Line
	Project Against Violent Encounters
	Disaster Distress Hotline
	National Eating Disorders Helpline
	Crisis Text Line
	Veterans Crisis Line
	United Counselling Service
	Families First in Southern Vermont
	Green Mountain Support Services
	Health Care and Rehabilitation Services
Tax Help	H&R Block
	Love Cody & Company, CPAs
	Mattison Accounting
	Toni Roan Accounting Services
	Renee J Jacobs CPA PC
	D. E. Greenawalt, CPA
	Burhans Jeanette I CPA
	Johnson Kenneth N
	Misasi Louise CPA
	Spivey Lemonik Swenor PC
	Favor & Co
	Keith Brian
	Tax Services North Adams
	R C Smith & Co PC
	Keeler Tax Services
	William J Fisk CPA
	Veracity Financial Group LLC
Tax Solutions By Jacki	

Aging and Disability	Southwestern Vermont Council on Aging
	Bennington County Meals Program
	Social Services
	Vocational Rehabilitation Division
	Green Mountain RSVP of Bennington County
	Bennington Senior Center
Community Resources	Greater Bennington Interfaith Community Services, Inc
	Sunrise Family Resource Center
	Hale Resources, LLC
	Bennington County Regional Commission (BCRC)
	Southwestern Vermont Council on Aging
	Rivers Edge Community Care Home
	WIC
	Berkshire Community Action
	Watson House Community Care
	Community Food Cupboard
	Green Table Co-op Pop-up
Consumer Resources	Center for Restorative Justice
	Bennington County Habitat for Humanity
	Head Start Center
	Bennington Town Office
	Social Services BROC
	United Counseling Service Of Bennington County
	Bennington County Coalition for the Homeless
Education, Employment Training	Southwest Vermont Career Development Center
	Southwest Vermont Supervisory Union
	United Counseling Service Of Bennington County
	Labor Department
Food	Harvest House Soup Kitchen
	Greater Bennington Interfaith Community Services, Inc
	Walloomsac Farmers' Market
	Dorset Farmers Market
	West River Farmers Market
	Manchester Farmers Market
	Three Farms
	Dutton Farm Stand
	Anjali Farm
	North Adams Farmers Market
Market Wagon	

	Benmont Ave Produce
	WIC
	Green Mountain Christian Center
	Food Distribution Center - Sacred Heart Saint Francis de Sales Church - His Pantry
	Food Distribution Center - BROOC - Bennington Food Shelf
	Greater Bennington Interfaith Community Services, Inc
	Sacred Heart Saint Francis de Sales Church
	North Bennington Baptist Church
	St. Peter's Episcopal Church
	Community Food Cupboard
	Green Mountain RSVP of Bennington County
	Bennington County Meals Program
	Bennington Church of Christ
	Missionary Alliance Church
	Deerfield Valley Food Pantry
	Vermont Foodbank, Regional Distribution Center
Housing / Shelter	Bennington County Coalition for the Homeless
	Thatcher House
	Shires Housing
Legal Judicial Services	Have Justice Will Travel
	Vermont Trial Lawyers Association
	BarrSternberg Moss Silver & Munson PC
	Double D Reporting
	Bennington Family Court
	Bennington Public Defender
	Bennington Public Defender
	Donovan O'Connor & Dodig, LLP
	Wm. D. Wright Lawyer
	Malady III K James
	Barr Sternberg Moss Lawrence: Andrews Timothy M
	Dworkin Jeremy
	Bolton Raymond G
	Kevin A Rambold Attys At Law
	Fronia W Simpson
	Winburn Law Offices
	Jason P Morrissey Law Office
	Bradley D. Myerson Law Offices
	Cormier Cormier & Munson

	Dodig Chris S
Parents	Sunrise Family Resource Center
	Pave Family Time
	Parenting Partnership Program
	United Counseling Service Of Bennington County
	Parent Community Room
	Vermont Children's Alliance
	Project Against Violent Encounters (PAVE)
	Bennington Early Childhood Center
	VPI South
	Vermont Veterans' Home
	Village School of North Bennington
	Catamount Connections
	Bennington Elementary School
	Planned Parenthood - Bennington Health Center
	Alliance for Community Transformations
	Big Brothers Big Sisters
	Family Center
	Greater Bennington Interfaith Community Services, Inc
Public Assistance/ Benefits	Veterans of Foreign Wars
	Dartmouth-Hitchcock Putnam Physicians
	Head Start Center
	Bennington Housing Authority
	BAYADA Home Health
	Health Department
	Bennington Town Office
	United Counseling Service Of Bennington County
Substance Use	Turning Point Center of Bennington
	SaVida Health
Transportation	Green Mountain Express
	JEC Personal Transport
	Transportation Department
	VPTA – Vermont Public Transportation Association
	North Bennington Depot
	Transportation Department
	Southern Vermont College - Everett Mansion
	Orchard Rd Garage
	Black truck shuttle and delivery
	Green Mt. Express Transit Center

	A J Private Transportation
	Grau Geist llc
	Longhaul Auto Transport LLC
	American United Auto Transport
	Greyhound: Bus Stop
	Manchester Center Post Office
	Blue Mtn. Transport
	Equinox Transportation Agency LLC
	Burr and Burton Academy
Veterans and Military	Vermont Veterans' Home
	Vermont National Guard Co C2 172D
	Veterans of Foreign Wars
	Veterans Outreach Vofrc
	American Legion
	VA Bennington Outpatient Clinic
Youth	The Collaborative
	Harvest Teen Center
	Big Brothers Big Sisters
	Southshire Youth Soccer
	NeighborWorks of Western Vermont - Bennington office
	Green Mountain Youth Orchestra
	VPI South
	Church Outreach To Youth Project
	Williamstown Youth Center
	Bennington County Coalition for the Homeless
	Bennington County Habitat for Humanity
	South Street Group Home
	Bennington Sports Center
	Manchester Youth Baseball Field
	Seall Inc
Vermont Children's Alliance	

Windham County

Type	Institution Name
Crisis / Helplines	Vermont Suicide Prevention
	United Way of Windham County
	Windham & Windsor Housing Trust

	Windham Center Mental Health
	Dummerston Cares
	Brattleboro Retreat
	Rape Crisis Hotline Central Co
	Senior Solutions - Council on Aging for SE VT
	Health Care & Rehabilitation
	Southeastern Vermont Community
	Brattleboro Memorial Hospital
	Meeting Waters YMCA
	Meeting Waters YMCA
Tax Help	H&R Block
	Liberty Tax Service
	Love Cody & Company, CPAs
	RK Tax Prep
	Green Mountain Bookkeeping
	Randall C Terk & Associates
	Spaulding & Madden Tax Services
	Brooks Business & Tax Consulting
	D. E. Greenawalt, CPA
	Misasi & Misasi
	Mattison Accounting
	Business & Tax Consultant Inc
Keith Brian	
Aging and Disability	Senior Solutions - Council on Aging for SE VT
	Vermont Legal Aid Inc.
	Westminster Cares Inc
	US Social Security Administration
	Windham County Humane Society
	Brattleboro Housing Partnerships
	Senior Solutions
	Vermont Health Department
	Windham & Windsor Housing Trust
	Windham County State's Attorney
	Amramp Western MA & VT
US Social Security Administration	
Community Resources	United Way of Windham County
	Southeastern Vermont Community
	Building a Positive Community (formerly Brattleboro Area Prevention Coalition)
	Parks Place Community Resource Center

	Deerfield Valley Community Partnership
	Shelburne-Buckland Community Center
	Windham County Conservation
Consumer Resources	Windham Regional Commission
	Windham County Family Court
	Windham County Forester
	Windham County State's Attorney
	Brattleboro Development Credit
	Windham County Sheriff's Office
	Vermont Health Department
	BROC
	Windham County Criminal Division
	THE Student Loan Lawyer
	Brattleboro Area Chamber of Commerce
	Usda Services Center
	Residential Resources - Corporate Office
	Brattleboro Retreat
	Residential Resources, Inc.
	Windham Public Defenders Office
Education, Employment Training	Windham Regional Career Center
	Northeast Driver Training LLC
	Vermont Adult Learning
	Vermont Wilderness School
	Vermont Adult Career & Technical Ed
	Windham SE Supervisory Union
	Windham Southwest Sprvsry
	Vermont Career Resource Center
	SIT School for International Training
	Ultimate Companions Dog Training
	Windham Northeast Supervisory Union
	GCC-Workforce Development & Community Education
Food	WIC Food Program
	Vermont Foodbank, Regional Distribution Center
	Food Connects
	Foodworks
	Groundworks Drop In Center a program of Groundworks Collaborative
	Brattleboro Food Co-Op
	Townshend Community Food Shelf
	Brattleboro Development Credit

	Winston Prouty Center
	Brattleboro Outdoor/Summer Farmer's Market
	Brattleboro Winter Farmers' Market
	Putney Farmers' Market
	Dutton Berry Farm
	River Bend Farm Market
	West Townshend Botanicals
	Deerfield Valley Food Pantry
	St. Brigid's Kitchen and Pantry
	Project Feed the Thousands
	Community Food Cupboard
	Second Congregational Church
	Agape Christian Fellowship
	Immanuel Episcopal Church
	Groundworks Shelter
Housing / Shelter	Windsor County Youth Services
	Good Samaritan Haven
	House At 20 Mile Stream
	Monadnock Area Coalition
	Groundworks Shelter
	Northeastern Family Institute
	Rutland County Housing Coalitn
	Vermont Coalition of Runaway & Homeless Youth Programs
	John W. Graham Emergency Shelter
	Windham & Windsor Housing Trust
	Morningside House
	Hundred Nights, Inc.
	Brattleboro Housing Partnerships
Legal Judicial Services	Vermont Legal Aid Inc.
	O'Brien Reporting Services
	Vermont Trial Lawyers Association
	Have Justice Will Travel
	William E. Kraham
	Vermont Legal Aid Inc.
	Windham County Family Court
	O'Brien Reporting Services Inc
	Vermont Family Law
	Windham Law, PLC

	Double D Reporting
	North Country Court Reporters
	BarrSternberg Moss Silver & Munson PC
	Verbatim Reporters
	Wysolmerski Law Office PC
	Verbatim Reporters
Parents	Rutland County Parent Child Center
	Springfield Area Parent Child Center & PlayWorks Child Center
	PCAV Parents Together
	Family Place Parent Child Center
	Rutland County Parent Child Center
	Dr. Crisp PTO
	Parenting Partnership Program
	Head Start-Coordiators Parent
	Young Parents Child Care Program
	Community Action's Parent Child Development Center
	Parent Community Room
	Parent Express
	Windham Child Care
Public Assistance/ Benefits	United Way of Windham County
Substance Use	Phoenix House Project CRASH
	Turning Point-Windham County
	Phoenix House - Women's Sober Living
	Brattleboro Comprehensive Treatment Center
	Alcohol Rehabilitation State
Transportation	VTS Brattleboro Get Around Town
	Brattleboro Transportation Center
	Brattleboro Vermont
	Brattleboro Auto Transport
	Lily Transportation Corporation
	Transportation Department
	Brattleboro Taxi
	Main Street/River Garden
	Southeast Vermont Transit
	Winston Prouty Center
	Retreat Farm
	J.b hunt transport
	South Main St.
Union Station	

	Brattleboro Retreat
	Necca
	High Grove Lot
	Exit 1 Industrial Park
	Groundworks Shelter
Veterans & Military	American Legion
	Acrecona
	Carl M Dessaint VFW
Youth	Youth Services
	Boys & Girls Club of Brattleboro
	New England Youth Theatre
	Agape Youth
	Building a Positive Community (formerly Brattleboro Area Prevention Coalition)
	Windham County Safe Place
	Camp W
	Brattleboro Development Credit
	The In-Sight Photography Project

Rensselaer County

Type	Institution
Crisis/Helpline	Rensselaer County Mental Health
	Rensselaer County Department-Mental
	Rape Crisis Hotline Central Co
	NAMI New York State
	Mental Health Association Albany County
	Contact Lifeline
	St. Peter's Crime Victim Services
	Unity House of Troy Inc
	St. Peter's Urgent Care - Rensselaer
	Capital District Psychiatric Center
	Concerns-U
	Homeless & Travelers Aid Society
	COMPUTER CRISIS INC.
	Catholic Charities
	Mental Health Association In Ny State
	Columbia County Mental Health Center
	Rensselaer County Social Services
Ellis Hospital Mental Health Services	

Tax Help	Adirondack Accounting Inc. - Accounting Service Personal Tax Return Corporate Tax Return Certified Tax Preparer in Schenectady, NY	
	ADK Tax	
	Boundless Bookkeeping & Taxes	
	Jackson Hewitt Tax Service	
	uTaxes - Rensselaer NY	
	Good Book Accounting Services	
	Liberty Tax Service	
	Printsky Tax Service	
	Albany Center for Tax Relief	
	Emdel LLC	
	EXCELSIOR INCOME TAX SERVICES	
	Troy Tax Services	
	Capital District Tax Services	
	Rensselaer County Department-Aging	
Rensselaer County Department-Mental		
Aging and Disability	The Arc of Rensselaer County	
	Office For Aging	
	Center For the Disabled	
	The Independent Living Center of the Hudson Valley	
	NYS Office of Temporary and Disability Assistance	
	Schodack Senior Center	
	Disability Rights New York	
	Center For Disability Services	
	South Bay Community Services	
	Pittsfield Community Connection	
Community Resources	Community Legal Aid	
	Community Resource FCU - N.Greenbush Branch	
	Christian Center	
	Guidewire Inc	
	Girl's Inc of the Berkshires	
	CEO's Community Resource Center	
	CEO's Rensselaer Family Resource Center	
	Diversified Community Dev	
	United Cerebral Palsy	
	MassPride	
	Central Berkshire Hearing Voices Network	
	Consumer Resources	Albany County Consumer Affairs
		Living Resources

	Consumer Directed Choices
	Capital District Women’s Employment & Resource Center (WERC)
	Capital Financial Planning, LLC
	Community Resource FCU - N.Greenbush Branch
	Consumer Protection Board Ny
	NYS ITS
	Nesco Resource Staffing Services
	NYSERDA (The New York State Energy Research and Development Authority)
	Consumer Directed Personal Assistance Association of New York State
	BROWN & BROWN
	CommerceHub
Education, Employment Training	Rensselaer County One-Stop Career Center
	Spectrum Health Systems Inc
	American Red Cross
Food	WIC Program
	Food Distribution Center - Wic State Agency - New York
	CEO Family Resource Center
	Circles of Mercy
	WIC at LifeWorks Community Action
	Community Maternity Services
	Council On Children & Family
	Whitney M. Young, Jr. Health Center - Watervliet
	Salisbury's Original Farm Market
	Engelke Farms
	Capital District Regional Market
	Collar City Ramble
	Hope 7 Food Pantry
	Concerns-U
	Mt ida food pantry
	Regional Food Bank
	Food Pantries for the Capital District
	Food Bank Association New York State
	Community Food Pantry of Coxsackie
	React Inc Food Pantry
	valatie ecumenical food pantry
	Faith & Love Fellowship
	St James food pantry

	Wilton Food Pantry
	Food Distribution Center - Food Pantries For The Capital District
Housing / Shelter	St Paul's Center
	Interfaith Partnership for the Homeless
	Joseph's House & Shelter
	Shelters of Saratoga Inc
	Mercy House
	Family Promise of the Capital Region
	Peter Young
	Schenectady City Mission - Family Center
	Schuyler Inn
	Homeless & Travelers Aid Society
	WAIT House
	Unity House of Troy Inc
	St Peter's Residence
	Unity House of Troy Inc
	Safe Inc of Schenectady
	The Guardian House
Legal Judicial Services	Capital District Center for Independence
	Rensselaer County Supreme Ct
	Rensselaer County Family Court
	A Plus Process Service, Inc.
	Rensselaer County Legislature
	NYS Office of Indigent Legal Services
	Capital District Process Services
	Court Administration
	Rensselaer County Court Clerk
Parents	Northeast Parent Child Society
	The Arc of Rensselaer County
	CEO's Rensselaer Family Resource Center
	Concerns-U
	Adoptive Families of The Capital Region
	Southern Rensselaer County Family Resource Center
	Boys & Girls Club
	Rensselaer County Department of Motor Vehicles
East Greenbush Girls Softball League	
Public Assistance/ Benefits	Rensselaer County Social Services
Substance Use	Lancer Wellness
	Rehab Center Rensselaer

	St. Peter's Addiction Recovery Center Professionals Program
	Conifer Park
	Senior Hope Counseling
	St. Mary's Hospital Addictions Services
Transportation	EZ-Cab Transportation
	Devin's Transportaion Service
	Good To Go Taxi Cab and Transportation
	Van Rensselaer Blvd & Amsterdam Ave
	Capital District Transportation Authority
	Upstate Living Transport, LLC
	A+MediTrans
	Van Rensselaer Blvd & Wolfert Ave
Military/Veterans	Fort Crailo American Legion Post 471
	Sons of The American Legion Detachment of NY
	Rensselaer Veterans Services Agency
	O'Neil Post
	Crailo State Historic Site
	Troy Military Banners
	Military Order of Cootie
	Military Family Foundation
Youth	Waterford VFW Post 5800
	Rensselaer Youth Outdoors
	Rensselaer Youth Bureau
	Greenbush Youth Soccer Club
	North Greenbush Youth Department
	Youth FX
	East Greenbush Youth Department
	Colonie Youth Center
	Equinox Youth Outreach Center
	Network for Youth Success
	Grind Time Basketball
	Boy Scout Troop 1701, Latham, NY
Troy Youth Association Inc.	
Brunswick Route 7 Little	

Washington County

Type	Institution
Crisis / Helplines	Warren Washington Association for Mental Health

Tax Help	H&R Block
	Washington County Tax
	VITA
	Washington County Social Services
	Washington County Local Development Corporation
	Warren Washington IDA
	Jackson Hewitt Tax Service
	Washington County Youth Bureau
	Liberty Tax Service
	Washington County (NY) Deputy Sheriff's PBA
	Warren County Mental Health
Aging and Disability	Washington County Office for the Aging
Community Resources	Washington County Social Services
	LEAP
	Washington County (NY) Deputy Sheriff's PBA
Education, Employment Training	Boces Teacher Registry
	The Job Link
	Washington-Saratoga-Warren-Hamilton-Essex BOCES
	South Street Adult Education Center
	Board of Co-Op Ed Services
	WSWHE Boces
	SCHOOL ON BURGOYNE
L.E.A.P. Head Start River Street	
Food	Food Distribution Center - Washington Country EOC Food Pantry
	Hudson Falls WIC Program
	Cambridge Valley Farmers Market
	Greenwich Farmers Market
	Battenkill Valley Farms
	Washington Park Farmers Market
	Poestenkill Farmers' Market
	Salisbury's Original Farm Market
	Troy Waterfront Farmers Market (Winter)
	Clifton Park Farmers Market
	Troy Waterfront Farmers Market (Wednesday - Seasonal)
	Hand Melon Market
	Food Distribution Center - Washington Country EOC Food Pantry
	Cambridge Food Pantry and Christian Outreach Center
St James food pantry	

	Doreen's Soup Kitchen Food Pantry
	Wilton Food Pantry
	Cossayuna Food Pantry
	Shenendehowa Helping Hands Food Pantry
	Athens Community Food Pantry
	React Inc Food Pantry
Housing / Shelter	WAIT House
	Shelters of Saratoga Inc
	The Open Door Mission
	Mercy House
Legal Judicial Services	Attorney's Process & Research
	Areawide Legal Services
	Criminal Justice Services
	Capital District Process Services
	NYS Office of Indigent Legal Services
	Schenectady NY Court Reporter and Legal Video
	A Plus Process Service, Inc.
	Legal Aid Society
	AB Legal Resources, Inc.
	Capital District Process Surveyors
	Ideal Legal Support Services, LLC
	Capitaland Process Servers
	Community Resources For Justice
	A Local Process Server
	Direct Process Server LLC
	Court Administration
	Civil Court Attorney
Parents	Parent To Parent of NYS Inc
	Northeast Parent & Child Society
	Parenting Partnership Program
	Young Parents United Inc
	Parents Against Lindane
	Parent Community Room
	Marie Dolfi, LCSW
	Cambridge Valley Center L.E.A.P. Head Start
	Prison Families of New York
	Prevent Child Abuse New York
	Child Guidance Center
Public Assistance/ Benefits	NYS Office of Temporary and Disability Assistance

	Albany County Social Services Department
	Washington County Social Services
Substance Use	Washington County Alternative
	Council For Prevention
	Washington County (NY) Deputy Sheriff's PBA
	Washington County Local Development Corporation
	Center For Recovery
	Southern Adirondack ReStore & Habitat For Humanity of Northern Saratoga, Warren and Washington
	Warren Washington Association for Mental Health
	Department of Public Safety
	Washington County Historical
Transportation	Transportation Department
	R S Hudson Transport LLC
	St Ann Transportation
	Adirondack Transport Services LLC
	ST Ann Transportation, Inc. : Business Ofc
	D & R Transport
	State Highway Transportation Department
	MV-1
	R Galusha Transport Llc
	Thruway Authority
	Greater Glens Falls Transit
	Trailways Bus Depot
	Strato Transit Components LLC
	Durrin Inc
	Gilder Transport Solutions, Inc.
	SRN Trucking
Veterans & Military	Fort Edward American Legion
	Veterans of Foreign Wars
	Argyle American Legion
	Disabled American Veterans
	Sons of The American Legion Detachment of NY
Youth	Washington County Youth Bureau
	Youth Advocate Program
	Big Brothers Big Sisters
	Warren & Washington County Association
	LEAP
	Washington County Historical

Berkshire County

Type	Institution
Crisis/Helpline	NAMI
	BHN Crisis
	Contact Community Services
	Elizabeth Freeman Center
	Brien Center
	Berkshire Farm Center & Services for Youth
	Turning Point
	Clinical & Support Options Crisis & Respite
	Crime Victims Assistance Program
	Berkshire Medical Center Psychiatry & Behavioral Health
	Turning Point
	Berkshire County Boards of Health Association
	Brien Center
	Clinical & Support Options
	St. Peter's Crime Victim Services
Tax Help	Jackson Hewitt Tax Service
	Carolyn's Tax Services
	H&R Block
	Printsky Tax Service
	Berne Tax Service
	ATAX - Albany, NY
	Family Tax Services
	Riley Tax Services
Aging and Disability	Elder Services of Berkshire County
Community Resources	Elder Services of Berkshire County
	Berkshire County Regional Housing
	Berkshire United Way
	Berkshire Farm Center & Services for Youth
	Berkshire County Arc
	United Cerebral Palsy
	Berkshire Community Action
	Berkshire Natural Resources Council
	Berkshire Children & Families
	Berkshire Place
	Northern Berkshire Community Coalition

	Central Berkshire Habitat for Humanity
	Berkshire Housing Development
	Berkshire Regional Planning Commission
	Berkshire Immigrant Center
	Berkshire County RSVP
	NAMI
	1Berkshire
Consumer Resources	Natural Resource Conservation
	Berkshire County Regional Housing
	Aramark
	Wic Program
	Intertek
	Aflac
	Dog Watch Hidden Fences
	NBT Bank
	Berkshire Bank
	Advance Auto Parts
	Southern Rensselaer County Family Resource Center
Rensselaer Personnel Department	
Education, Employment Training	Berkshire Training & Employment, Inc.
Food	Berkshire North WIC Program
	Berkshire South WIC Program
	Women Infants & Children
	Clifton Park WIC Clinic
	VOC Westfield Wic Programme
	New Lebanon Farmers Market
	Kinderhook Farmer's Market
	Hudson Farmers Market
	Millerton Farmers Market
	Saugerties Farmers Market
	Great Barrington Farmer's Market
	Berkshire Grown
	Hudson Valley Farmers Market
	The People's Pantry GB
	Berkshire Food Project
	Food Bank of Western Massachusetts
	Friendship Center Food Pantry
	Chatham Area Silent Food
Rosendale Food Pantry	

	Grace Church
	South Congregational Church
	Center For Self Reliance
	The Salvation Army Community Center
Housing / Shelter	Barton's Crossing
	Berkshire County Regional Housing
	Soldier On
	Louison House
	Berkshire Housing Development
	Catholic Charities
Legal Judicial Services	Berkshire Center for Justice
	Community Legal Aid
	Berkshire Probate and Family Court
	Berkshire D A
	Berkshire Bar Association
	Cain Hibbard & Myers PC
	Southern Berkshire District Court
	Berkshire County Superior Court
	Hunter & Graziano PC
	Dana S Doyle Esquire
	Courtney, Lee & Hamel, PC
	Commonwealth Constables
	Cain Hibbard & Myers PC: Casey Erin F
Parents	Parenting Partnership Program
	Head Start-Coordiators Parent
	Mc Inerney Parent Center
	Young Parents Child Care Program
	Berkshire Farm Center & Services for Youth
	Berkshire Children & Families
	Child Care-Berkshires Inc
	Child Care of the Berkshires
	Healthy Families Program
	Kid's Place Berkshire County
	Elder Services of Berkshire County
	Elder Services of Berkshire County
Substance Use	Turning Point
Transportation	Strato Transit Components LLC
	Berkshire Transit Management
	South County Transport

	Hudson Valley transport
	CLS Transportation
	Berkshire Regional Transit Authority
	Grau Geist IIc
	A-List Luxury Car Services
	East Hoosick Auto Transport
	Berkshire Driving Services
	Transport the People
	A J Private Transportation
	Taconic Transport
	C.R.T Inc. Cabulance
	Rose and Cole's Co-op Transportation
	Timely Care Transportation
Veterans & Military	Berkshire Veterans Outreach Center
	Veterans of Foreign Wars
	Pittsfield VA Clinic
	Veteran's Service Center
	City of North Adams - Veterans Services
	Bethlehem Memorial Post
	Waterford VFW Post 5800
Youth	Berkshire Farm Center & Services for Youth
	Berkshire Farm Center
	Burnham Youth Safe Center
	Berkshire Family YMCA - Pittsfield Branch
	Boys & Girls Club of the Berkshires
	Youth Center Inc
	Berkshire Children & Families
	18 Degrees Family Services For Western MA
	Key Program