

COMMUNITY HEALTH

GOALS

1. **Promote active, healthy living and a high quality of life among individuals and communities; encourage physical activity and access to healthy foods.**
2. **Reduce and prevent substance misuse across the region.**
3. **Support the mental and physical health of the region’s residents of all ages.**

Good health not only increases life expectancy; it also contributes to personal happiness and success. A healthy lifestyle enables people to reduce their health-care expenses and save their earnings.

In recent years, there has been increased recognition of the major role social factors play in an individual's health outcomes. These “social determinants of health” include both direct factors, such as the impact of living next to a contaminated site, and indirect factors, such as a person’s ability to access healthy food. According to the U.S. Center for Disease Control, these social determinants of health can be divided into five broad categories: economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community context. Healthy People 2030, a program of the U.S. Department of Health and Human Services, sets data-driven national objectives to improve health and well-being over the next decade using these determinants. This framework was used during the 2022 revision of the Northwestern Medical Center’s Community Health Needs Assessment (CHNA), data from which is used throughout this chapter.

This chapter addresses these social determinants of health to provide strategic guidance for decisions related to regional community health in the short, medium, and long terms. Addressing the underlying social factors that can create poor health is important to eliminating health disparities and ensuring well-being for all regional residents.

The COVID-19 pandemic has affected all aspects of public health. It has also highlighted and exacerbated the existing disparities within Vermont around the social determinants of health. As the pandemic continued, it had a persistent and disproportionate impact on populations that are at higher risk and populations that are underserved. For example, according to the VT Department of Health, “BIPOC Vermonters with COVID-19 have a significantly higher rate of pre-existing conditions compared to white non-Hispanic Vermonters with



Social Determinants of Health
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COVID-19; 19.4 versus 12.1 per 10,000 Vermonters, respectively. BIPOC Vermonters with COVID-19 have significantly higher rates of diabetes, lung, and cardiovascular disease than rates among white non-Hispanic Vermonters.” (December 2020)

SOCIAL DETERMINANTS OF HEALTH IN THE NORTHWEST REGION

Economic Stability

Economic stability and access to a high-quality education are critical factors for a healthy community. A key takeaway from focus groups and informant interviews for the CHNA was that people with lower incomes are more likely to experience health challenges related to mental health, substance use disorder, and lack of access to health-care services in our region. More information regarding these factors can be found in the economic infrastructure chapter of this plan.

Education Access and Quality

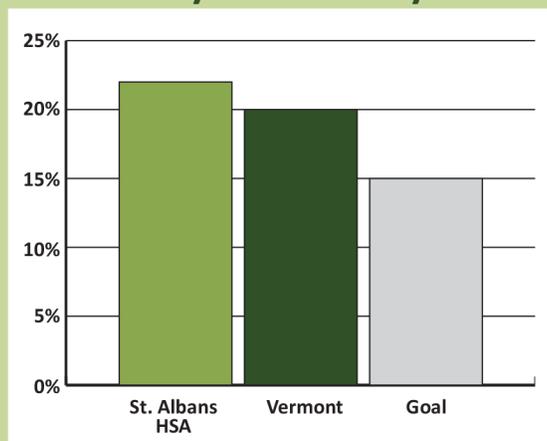
Standardized tests are one measure of student progress and how schools compare against each other. These tests consistently show that students who qualify for free lunch or reduced-cost lunch score at least 25% lower on these tests than students who do not. More information regarding education can be found in the social infrastructure chapter of this plan.

Neighborhood and Built Environment

A person’s neighborhood can have a major impact on a person’s health. If someone is able to walk or bike to their destination, they will have exercised without needing to make a separate time to do so. Creating an environment that encourages walking and biking will therefore encourage healthy lifestyle choices and improve community-level health outcomes. However, many regional residents do not have this opportunity: 23% of residents stated that it was unsafe to walk in the region and 91% of residents commute via personal vehicle, though this number might be lower now with the increase in telecommuting. (Vermont Department of Health; U.S. Census American Community Survey 2020).

Physical Activity: In many communities, schools and recreation areas can be challenging to access via walking or biking, or they are located on major truck routes or in communities where there are limited or no sidewalks or paths. Partially as a result of these conditions, nearly a quarter of Franklin and Grand Isle County residents (22%) report that they do not use any leisure time for physical activity. That number has not significantly improved since 2000–2002. The region has a higher percentage of youth in grades 9-12 who did not participate in physical activity than the state as a whole (Figure 11). Lack of physical activity has been linked to a number of health conditions, including heart disease, high blood pressure, and type 2 diabetes (US CDC 2022).

FIGURE 10: Percentage of Adults with No Leisure Time Physical Activity



SOURCE: Behavioral Risk Factor Surveillance System

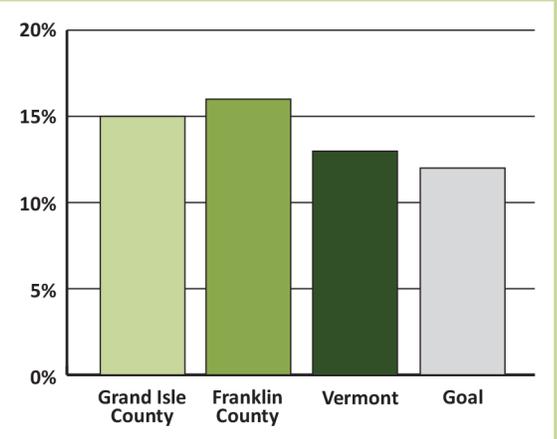
The region has numerous opportunities to increase physical activity, including improving bike and pedestrian access to schools and recreation facilities and expanding bike path and sidewalk networks within the region’s growth areas. Residents can be encouraged to take advantage of the region’s vast natural resources for walking, hiking, snowshoeing, swimming, skating, etc.

Safe Routes to School is a comprehensive program focused on children being able to safely walk and bike to school. At least 12 schools in northwest Vermont have worked with NRPC and the Vermont Agency of Transportation (VTrans) to develop Safe Routes to School programs.

Paths and trails in the region offer recreational and physical activity opportunities. The region is home to the Missisquoi Valley Rail Trail, a 26.4-mile multi-use pathway between St. Albans Town and Richford. The region is also home to a segment of the Lamoille Valley Rail Trail, which connects Swanton to St. Johnsbury. Additional efforts should be made to enhance bicycle connections, particularly to Canada, and to encourage recreation-oriented tourism. In Grand Isle County, paths like the South Hero Recreation path provide local opportunities. Wider shoulders on regional roads can encourage additional bicycle recreation as well, but can also lead to increased vehicle speeds.

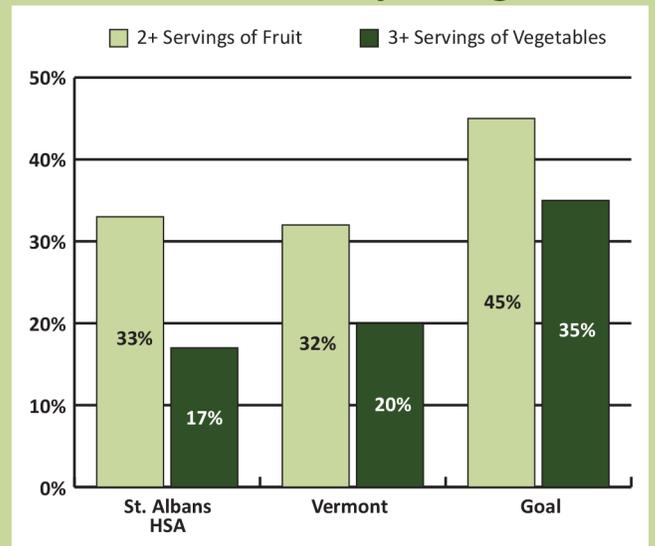
Food Access: Access to nutritious, healthy food is a measure of neighborhood health and is a major issue in the region. Across the region, there are only six full-service grocery stores, and none of those are in Grand Isle County. Because of the importance of food access for community health, the NOTCH clinic purchased (and operated for several years) the grocery store in Richford when the previous owners announced its closure. While some areas may be served by smaller stores, not all of these stores provide access to a full range of produce and healthy options. Additionally, a survey conducted as part of the CHNA process found that 26% of respondents stated that the food available in the region does not meet the diverse needs of the community. Beyond access to stores selling healthy food, those with lower incomes may also be unable to afford such food. Statewide, 5% of residents reported not having enough to eat and an additional 22% reported not having the types of food they would like to eat available to them because of cost or availability (US Census Pulse Survey 2022). Because unhealthy food options are often cheaper than healthy options, it is likely that many regional residents find it challenging to access nutritious

FIGURE 11: Youth Grades 9-12 Who Did Not Participate in at Least 60 Minutes of Physical Activity on at Least One Day in the Past Week



SOURCE: Behavioral Risk Factor Surveillance System

FIGURE 12: Adult Healthy Eating



SOURCE: Vermont Department of Health

choices. The region's network of food shelves fills the gap for area residents who cannot afford or access enough food. This charitable food system serves a crucial role in the region; in most cases, food shelves are run by volunteers and supported by donations. Healthy Roots Collaborative, a program of NRPC, provides gleaned produce to the area's food shelves and meal sites.

Statistics concerning eating habits are also available through the Vermont Department of Health Behavioral Risk Factor Surveillance System (BRFSS) survey 2019-2020. The data shows that adults throughout the region fall short of the goal of eating at least two fruits and three vegetables daily (Figure 12). Among youth, the total of the population eating at least two servings of fruit on a daily basis is approximately 30%.

Social and Community Context

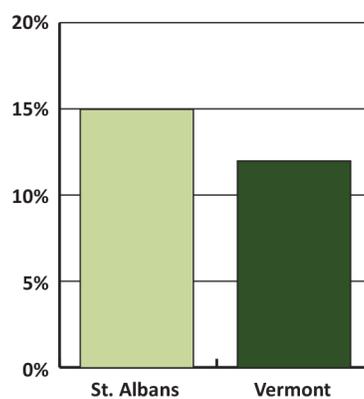
Positive community and social interactions are important for a person's physical and mental health. One of the key concerns of residents and service providers identified in the 2022 Community Health Needs Assessment is a lack of community connectedness. One in four respondents stated that people of all cultures, gender identities, and sexual orientations were not accepted. Over 80% stated that interpersonal violence is a problem in the community, and one-third stated that young people are not thriving.

Isolation and social ostracization are major risk factors for mental health issues and substance use. Both youth and adults in the region are impacted by mental health challenges. Fifteen percent of regional adult residents reported poor mental health. Roughly one-third of high school age youth reported feeling sad or hopeless in the past year. LGBTQIA+ youth were significantly more likely to feel sad or hopeless, with almost 70% of Franklin County LGBTQIA+ youth stating they felt sad or hopeless (data for Grand Isle County LGBTQIA+ youth was not available). Research suggests the pandemic may have negatively impacted regional mental health, with a study of northern New England finding that nearly half of all respondents reported mental health challenges during the pandemic.

Substance use continues to be a major issue for the region's residents. The number of people being treated for opioid use disorder dramatically increased in the past two decades and is currently the most common substance use being treated in Franklin and Grand Isle Counties (Figure 15).

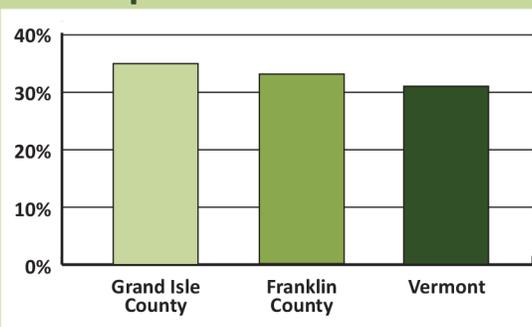
Alcohol use is the second most common reason that adults in Franklin and Grand Isle Counties seek treatment for substance use; however, treatment for alcohol use has decreased somewhat over the last decade. Alcohol and binge drinking rates for youth have generally continued to decrease from 2011 to 2023. However, the rate of youth in Grand Isle County who have ever drunk alcohol has increased from 2019 to 2023.

**FIGURE 13:
Adults Reporting
Poor Mental Health**



SOURCE: VT Department of Health

**FIGURE 14:
Youth Reporting Feeling Sad
or Hopeless in the Past Year**

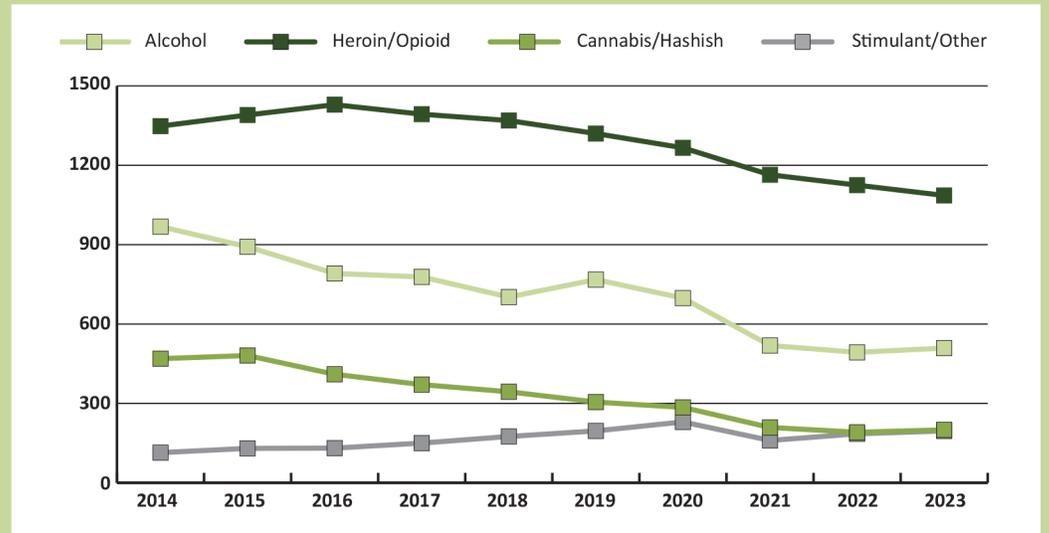


SOURCE: Vermont Department of Health

Smoking continues to be a public health concern in the region. Smoking is a major risk factor for asthma, which is the number-four chronic disease occurring in the region, at a rate of 11%. Roughly 11% of Grand Isle County adults and 14% of Franklin County adults smoke. However, 39% of adults made a quit attempt in the past year, showing a strong desire for treatment. Including both smoking and electronic vape products, 18% of Grand Isle youth and 21% of Franklin County youth smoke as reported in the 2023 Behavioral Risk Factor Surveillance System and 2023 Youth Risk Behavior Surveillance System data. These trends are extremely concerning, as they show that youth are now more likely to smoke than adults. A significant component of this trend is likely due to misconceptions about electronic vape products. Only 44% percent of Grand Isle County youth and 37% of Franklin County youth believing that electronic vapor products greatly risk harming themselves; although these numbers are low, they are an increase from 2020.

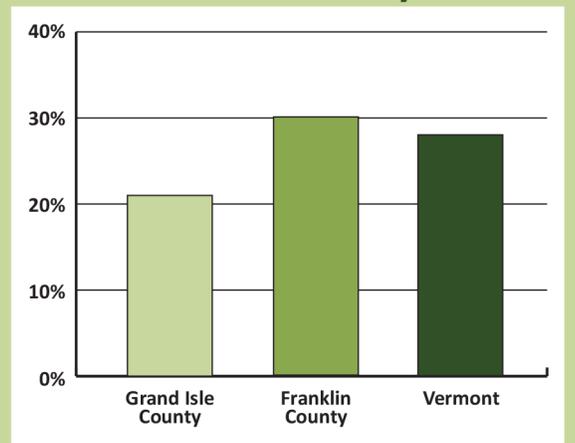
Cannabis/hashish use is the third most common reason adults in Franklin and Grand Isle Counties seek treatment for substance use. Roughly 23% of the region’s adults currently use cannabis, while almost one-quarter of all high school youth in the region have used cannabis in the past 30 days. Similar to electronic vape products, many youth have misconceptions about the risks of cannabis, with just 24% of Franklin County high school students and 18% of Grand Isle County high school students believing that people greatly risk harming themselves if they use marijuana regularly. Prevention organizations across the region have worked diligently to provide youth with accurate information about the risks of cannabis use. Legal sale of recreational cannabis began in 2022, with municipalities having the option to opt-in to allow recreational sales.

FIGURE 15:
Number of People in Franklin and Grand Isle Counties Treated for Substance Use Disorders



SOURCE: Vermont Department of Health

FIGURE 16:
Youth Grades 9-12 Who Used Tobacco Products or Electronic Vape Products in the Past 30 Days



SOURCE: Vermont Department of Health

Addressing the underlying factors that impact mental health and substance use, including those discussed above, will be critical to combating these trends.

Health Access and Quality

Access to quality health-care services is critical for good health. The recent 2022 CHNA survey found that many residents had challenges accessing health-care services. Roughly 20% of survey respondents stated that services for substance use disorder are inaccessible due to lack of transportation. Many residents have encountered high wait times for health-care services: 36% of CHNA survey respondents stated that wait times for adult mental health care made it inaccessible, while 38% stated that the wait times for primary care and pediatric appointments make them inaccessible. These results point to a need for additional capacity in the region's health-care system.

While capacity of services is an issue, the region has many quality health-care assets. Most notable among the region's community health assets is Northwestern Medical Center (NMC), located in St. Albans City. The hospital is licensed for 70 beds and employs more than 75 medical staff members. It also has a walk-in clinic and urgent-care facilities located in St. Albans and Georgia.

NMC works closely with Northern Tier Center for Health (NOTCH), a primary-care practice with locations in Richford, Swanton, Enosburg Falls, St. Albans, Georgia, Fairfax, and Alburgh. NOTCH's mission is to provide high-quality care to traditionally underserved populations in Franklin and Grand Isle Counties. NOTCH provides a wide array of health-care services, including family medicine, behavioral health, pharmacy, and general dentistry. Because it is a federally funded health center, care is provided to those who do not have health insurance. Since 2012, Community Health Centers have operated a practice in South Hero—the Champlain Islands Community Health Center—which provides access to primary care, mental health and dental services.

There are three nursing homes in Franklin County, which are all located in St. Albans City and St. Albans Town. Grand Isle County does not have any nursing homes. Nursing homes provide nursing care and related services for people who need medical, rehabilitative, or other special services. There are six Level III residential care homes serving Franklin County. Residential care homes are state-licensed group living arrangements designed to meet the needs of people who cannot live independently but usually do not require the type of care provided in a nursing home. In Grand Isle County Bayview Crossing senior housing recently opened, but there remains an unmet need in Grand Isle County for nursing and residential care homes. (Vermont Department of Disabilities, Aging and Independent Living).

Northwest Counseling and Support Services (NCSS) is a private, nonprofit service agency located in St. Albans that provides residents of the region with access to social services. NCSS focuses on providing mental and developmental health services. This includes providing support to those with substance use issues and to senior citizens through the Senior Team, and collaborating with the Champlain Valley Agency on Aging (which provides services to the region and to Chittenden and Addison Counties). NCSS also works with youth via several programs including the Youth in Transition Program and the Transitional Living Program Services. NCSS is one of three substance abuse treatment centers located in the region; the other two are the Howard Center and Turning Point of Franklin County, both of which are located in St. Albans City. Franklin County Caring Communities is a local nonprofit focused on youth development. The organization has been particularly involved in substance abuse prevention in Franklin County.

Franklin County Home Health Agency is a local nonprofit based in St. Albans that provides home health-care programs and related support services. The organization provides comprehensive health care within the home setting, often collaborating with other local organizations, such as NCSS.

Champlain Islanders Developing Essential Resources (CIDER) provides transportation, meals and community support services to seniors in Grand Isle County. United Way of Northwest Vermont is active in community health causes in the region. The organization has several different programs that focus on three key areas: access to health care, safe community and homes, and supporting healthy choices. Through these three programs, the United Way is combating substance use, domestic violence, mental health, and obesity issues in the region.

Samaritan House, a program of the Champlain Valley Office of Economic Development, is a nonprofit organization that provides emergency shelter and transitional housing to people without other options or resources within Franklin and Grand Isle Counties. Samaritan House is located in St. Albans City, and it is the only emergency shelter in Franklin and Grand Isle Counties. In 2020, Spectrum opened a drop-in center for youth in crisis that offers hot meals and showers during the day, and in 2025 opened an overnight shelter.

Health Equity

Health equity is the state in which everyone has a fair and just opportunity to attain their highest level of health (Center for Disease Control (CDC)). Achieving health equity and eliminating health disparities requires focused and ongoing efforts to address historical and social injustices (US CDC). Efforts to improve the social determinants of health must focus first on the most impacted marginalized communities and include the voices of those communities. The state's RPCs have collectively developed a [Health Equity Toolkit](#) to assist municipalities with incorporating health equity in their planning.

GOALS AND POLICIES

- 1. Promote active, healthy living and a high quality of life among individuals and communities; encourage physical activity and access to healthy foods.**
 - a. Incorporate healthy community design through land development patterns, transportation options, and site design that enable residents to lead physically active lives.
 - b. Include walking paths, sidewalks, biking paths, and/or recreation opportunities in larger projects that meet the definition of having significant regional impact.
 - c. Increase access to physical activity and healthy recreation spaces region-wide and support community-based recreation programs.
 - d. Increase access to healthy food in the region by supporting regional agriculture, farm-to-plate and farm-to-institution activities, and transportation programs to bring residents to shopping opportunities.
 - e. Promote worksite wellness in the Northwest region.
 - f. Create opportunities for aging residents to thrive through community-based events, social activities, and targeted assistance.
 - g. Support universal school meals to ensure all children have access to daily school meals.

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- h. Limit locations of land uses that can have negative health impacts, such as emissions and noise, to avoid additional burdens on historically disadvantaged communities.
 - i. Allocate resources to support new paths, sidewalks, parks, and recreational opportunities in communities and neighborhoods that have historically had lower public investment or experience negative impacts from existing land uses.

2. Reduce and prevent substance misuse across the region.

- a. Reduce the visibility of alcohol, cannabis, and tobacco products and advertisements.
- b. Increase education about substance use prevention in order to change community norms.
- c. Create restrictive licensure policies for alcohol, cigarettes and cannabis through local ordinances, including limiting location and hours of operation.
- d. Increase the number of community and school personnel dedicated to providing screening, referral, and education.
- e. Support the development of residential and non-residential treatment facilities within the region.

3. Support the mental and physical health of the region's residents of all ages.

- a. Reduce barriers to mental health treatment and support prevention efforts.
- b. Ensure safe housing and transitional support for adolescents.
- c. Create crisis safe space for adolescents, LGBTQiA, and BIPOC community members.
- d. Provide safe spaces and support programs for individuals and families escaping domestic abuse.
- e. Support the mental health of the region's aging residents.