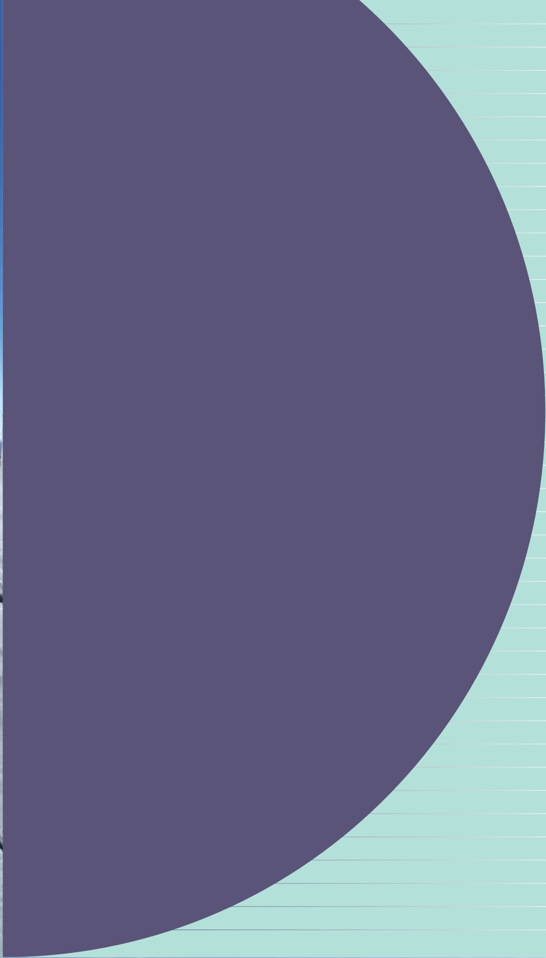

2024 RUTLAND COUNTY

Community Health Needs Assessment

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Overview

Abstract

For over 20 years, Rutland Regional Medical Center (RRMC) has conducted a Community Health Needs Assessment (CHNA), which has prioritized Rutland County efforts in partnership with the hospital to improve the health and wellbeing of area residents.

The assessment is completed and published on a three-year cycle with continual collaborative effort to address the health areas of greatest need within our community. With a foundational focus of working in concert with the community and many regional partners, the CHNA aims to better understand how we can improve the health of our region. This assessment includes statistical data, survey data from community members, community leaders, and medical providers, and focus group data to help further define needs in each priority health area.

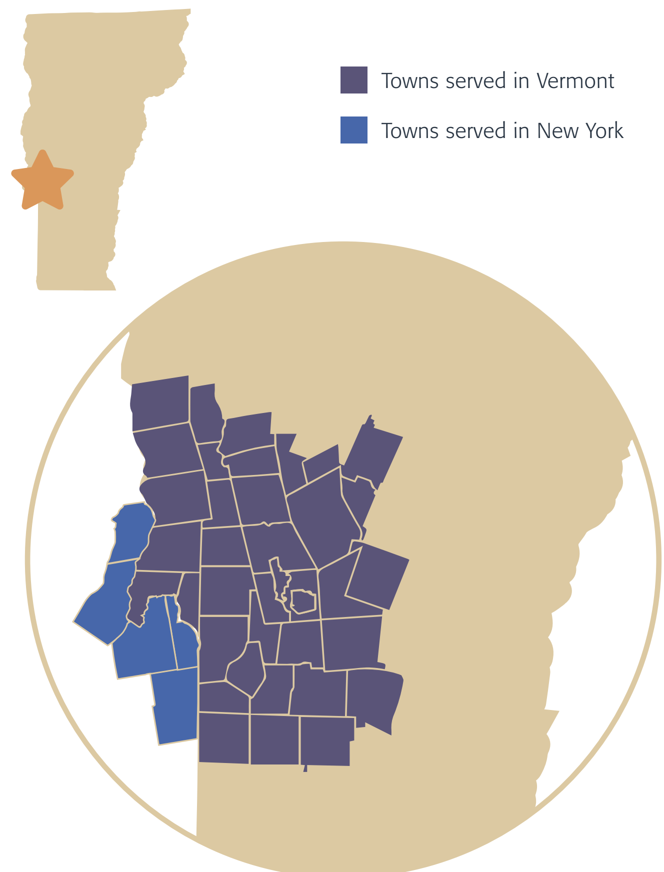
Community Served

Rutland County is the second largest county in Vermont and is home to the third largest municipality in the state. The county encompasses 933 square miles and comprises 27 small towns, with Rutland City acting as the countywide hub for services. RRMC is Vermont's largest community hospital and provides the following services:

- Emergency
- Inpatient
- Psychiatric
- Surgical
- Specialty care

Different agencies define the hospital service area with slightly different parameters. For the purpose of the CHNA, the community service area includes Rutland County, several towns to the north and south of the county, and adjacent towns in Washington County, New York (Figure 1). A complete list of towns included in the service area can be found in APPENDIX A.

FIGURE 1: COMMUNITY SERVICE AREA



Shrewsbury, Vermont

Our Region

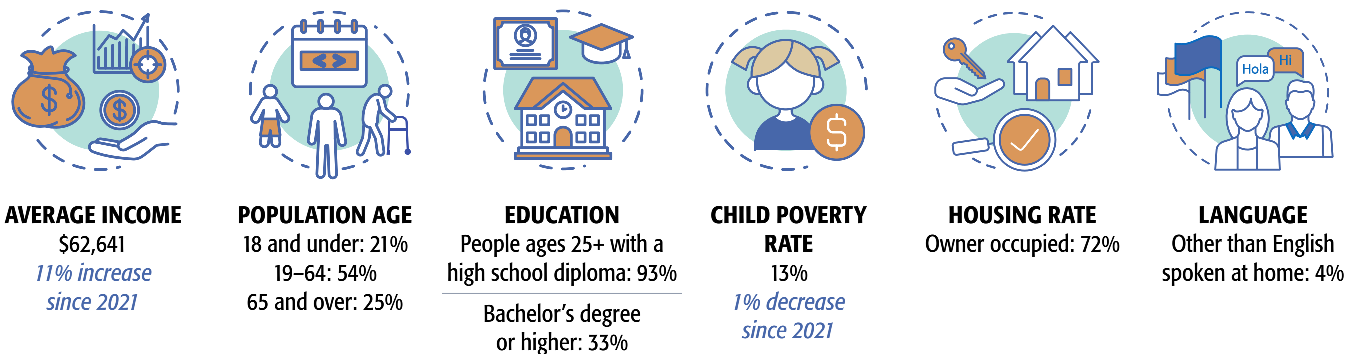
Description of Rutland County

The Rutland region is located in south central Vermont and known for its rural charm, scenic landscapes, and quaint towns. With attractions like Killington Resort and the Lakes Region, it offers ample opportunities for tourism and recreation. The region boasts a diverse economy supported by industries such as manufacturing, education, healthcare, and agriculture.

> **What does the Health Outcomes and Behaviors ranking mean?** *Health Behaviors* are actions individuals take that affect their health. They include actions that lead to improving health, such as eating well and being physically active, and/or actions that increase one's risk of disease.
>
> *Health Outcomes* represent how healthy a community is right now. They reflect the physical and mental well-being of residents through measures representing not only the length of life but also the quality of life.

Rutland City, the most densely populated area and third largest municipality in Vermont, is conveniently in the middle of the county, where the majority of services and many employers are located. However, 68% of the population lives in rural areas (County Health Rankings, 2024). There are seven Supervisory Unions serving the area, with three private religious schools also in operation. The average median income in Rutland County is $62,641 (US Census Bureau, 2022), which has increased by $6,500 in the last three years. The county's child poverty rate of 13% (County Health Rankings & Roadmaps, 2023) has stayed fairly consistent and continues to be just slightly higher than the state rate of 11%. The United Health Foundation rated Vermont as the 3rd healthiest state in 2023, down from 1st in 2019; high rates of youth with adverse childhood experiences and a high prevalence of excessive drinking were noted as factors for the change in standing. Other factors like adult smoking, violent crime, and severe housing problems contributed to our lower county ranking of 10 out of 14 (County Health Rankings & Roadmaps, 2022) for Health Outcomes and Behaviors when compared to other counties in Vermont.

Demographic Trends



Rutland County faces the same issue many other counties in Vermont are experiencing: a downward trend in population growth. The US Census estimates that we have lost half a percent of the population in three years, even with a boom of incoming residents during COVID.

Age group estimates of the state from a 2022 data brief noted that the population of people aged 60+ is increasing while the population of school-age children continues to decline. This holds true in Rutland County, as almost a quarter of the population is aged 65+ and only 21% is 18 or younger. According to the US Census, the population of Rutland County has been slowly declining since 2010. Seven Days insight on aging in Vermont explains how our largest age groups are college-age or baby boomers.

Vermont's population can be visualized as an hourglass, with the biggest bulges reflecting college students…and the retirement-age baby boomer generation. Between them is a narrower waistband representing people of working age.

SEVEN DAYS, GETTING ON: AN AGING POPULATION IS TRANSFORMING VERMONT'S SCHOOLS, WORKPLACES AND COMMUNITIES

The article goes on to discuss how Vermont is one of the top states to experience 'brain drain,' the loss of many of its college-age individuals due to a lack of large cities with opportunities for employment. As the population grows older, the need for resources, healthcare, and support grows.

The demographic makeup of Rutland County is predominately white (96%), with a 50% split identifying as male or female (US Census Bureau, 2023). This sex-ratio statistic is based on survey data categorizing biological attributes assigned at birth. This does not account for non-binary, intersex, or other gender identities existing outside of the male/female binary. This statistic would likely change with additional identities presented as survey options.

We currently do not have county-level data on gender identity or sexual orientation for adults. The Adult Behavioral Risk Factor Surveillance System 2022 data indicates that, statewide, 12% of adults who participated in the survey identified as LGBTQIA2S+ (lesbian, gay, bisexual, transgender, queer and questioning, intersex, asexual, two-spirit, or other) (Figure 2).

The Youth Risk Behavior Surveillance System of 2021 for Rutland County high schools does show that 25% of students identified as LGBTQIA2S+. Vermont's nondiscrimination laws combined with inclusive healthcare options and a positive business climate score from OutLeadership.com in 2023 are contributors to why our state may be a top choice for people who identify as LGBTQIA2S+.

The percentage of people 25+ with a high school diploma is 94%, on par with Vermont as a whole and higher than national levels. Rates of educational attainment beyond high school are not as evenly distributed. The Vermont state average of a bachelor's degree or higher attainment in 2019 was 38% and has increased to 44%. Currently, approximately 33% of Rutland County residents 25 and older have a bachelor's degree.

What does LGBTQIA2S+ mean? This acronym stands for lesbian, gay, bisexual, transgender, queer and questioning, intersex, asexual, two-spirit, or other.

FIGURE 2: VERMONT POPULATION OF ADULTS WHO IDENTIFY AS LGBTQIA2S+
(Adult Behavioral Risk Factor Surveillance System, 2022)

Bisexual	6.0%
Gay/Lesbian	2.0%
Other Sexual Orientation	3.0%
Transgender	1.0%

Living in Rutland County

For many, living in Rutland County allows for easy access to the outdoors in every season. There are many wonderful aspects to living in this region, such as access to green spaces, an abundance of farms, close knit communities, and small public schools. However, there are disadvantages to living in our rural area: transportation, access to care, including services and healthcare, childcare options, and housing are often challenging. Additionally, our K-12 schools have faced budget concerns and our underfunded state college system has also seen major cuts and changes.

Reliable Internet

The Vermont Telecommunication Plan (page 66) illustrates the northwest corner of Rutland County as having a significant number of people who are unserved or underserved when it comes to access to broadband internet. The County Health Rankings estimates that 83% of the population in Rutland County has broadband access. However, the Telecommunications report (page 53) also makes the point that households making under $30,000 a year are typically using smartphone-only internet. Census information would indicate that close to one in five households fall into this category. Smartphone-only internet has implications when vulnerable populations are trying to access healthcare, work, or school. Furthermore, it illustrates the need for strong cellphone signals if people cannot afford at-home connections. A voice call performance test in Rutland County in 2022 showed spotty coverage in most parts of the county along the major roadways. Lastly, this lack of access can greatly impact the older population when trying to attend telehealth appointments or when travel from rural areas is difficult.

Unemployment

The rate of unemployment in Vermont has steadily declined since the spike of unemployment that resulted from the COVID-19 shutdown in March 2020. The state rate is lower than the rate in Rutland County and has been since the pandemic began. The current rate of unemployment in our region is 3.1% (FRED Economic Data, 2024). According to the State of Working Vermont 2023, there are more open positions than there are people to fill them in the current job market.

Poverty

Examining the economy, the State of Working Vermont 2023 states that the top 1% of Vermonters have increasingly higher shares of income over the last 4 decades, steadily increasing the income inequality in our state. Additionally, poverty in our state is still a challenge. We saw a 197% increase in homelessness just between 2022 and 2023, the second highest rate in the nation. While our poverty levels have decreased, there are still 50,000 Vermonters under the federally defined poverty level, many of whom are single parents. Additionally, we see that the BIPOC community also has higher rates of poverty than the state average. Poverty has direct ties to poor health outcomes such as increased risk of mental health, chronic disease, higher mortality and lower life expectancy (Office of Disease Prevention and Health Promotion, 2020).

Examining the differences between minimum wage and a living wage for varying family types is important to understand how wages have not kept pace with the cost of living (Figure 3). Full-time workers should be able to cover basic needs for their family. A family's basic needs according to the living wage calculator include: food, childcare, healthcare, housing, transportation, other basic needs—such as clothing, personal care items, and broadband, among others—and taxes at the county and state levels. Furthermore, the living wage calculator used "...assumed that families select the lowest cost option that enables them to meet each of these basic needs at a minimum but adequate level. As such, the living wage does not budget for eating out at a restaurant or meals that aren't prepared at home; leisure time, holidays, or unpaid vacations; or savings, retirement, and other long-term financial investments."

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THE LIVING WAGE CALCULATOR AT LIVINGWAGE.MIT.EDU/PAGES/METHODOLOGY

FIGURE 3: LIVING WAGE CALCULATION FOR RUTLAND COUNTY, VERMONT (The Living Wage Calculator as of February 14, 2024)

Wages were calculated with Rutland County specific data.	1 Adult/2 Children	2 Adults/2 Children (one adult working)	2 Adults/2 Children (two adults working)
Living wage	$49.49	$41.38	$27.38
Minimum wage	$13.67	$13.67	$13.67

Two adults with no children still need more than minimum wage to make ends meet, requiring $15.15/hour.

Access to Nutritious Food Sources

While our state and area are noted for fresh foods, we still see discrepancies in food access. Areas of low income and low access have been identified in both Rutland City and on the eastern edge of the county (USDA, 2019). According to County Health Rankings, 5% of our low income population does not live near a grocery store and 10% of the population was labeled food insecure. In addition, the VT State Plan on Aging points out that 36% of participants from the Southwestern Vermont Council on Aging use the food program Meals on Wheels—a significantly higher rate compared to other regions in the state, illustrating the food insecurity for our older population.

According to County Health Rankings, child poverty increased from 12% in 2020 to 14% in 2022, higher than the statewide rate. Additionally, 34% of school-age children were eligible for free and reduced lunches, and the Vermont Department of Health shows that 83% of adolescents in grades 9-12 in Rutland County do not eat the recommended servings of fruits and vegetables (YRBS 2021). In 2023, free school lunches for all became law, but even with this measure, food insecurity continues in our state. With the end of the increased funding during the pandemic, food banks and special programs are still overrun with need. Everyone Eats, a program focused on using local food to feed vulnerable people healthy prepared meals, prepared upwards of 3,000 meals a week. In 2023, the federal funding supporting the program ended, which resulted in a decrease in the number of meals from 3000 to 200 even though demand is still much higher.

Transportation

Transportation is often noted as a barrier to accessing care. With limited availability of public transportation options and the expense of personal automobiles, access to transportation can impact the health of individuals. The lack of transportation was listed as an "enormous" barrier for older Vermonters, people living with disabilities, Indigenous populations, and for refugees and immigrants in the 2024 State Health Assessment detailed presentations of populations of health needs. The noted health impacts for these groups included, delayed or forgoing medical care, social isolation, increased stress, inability to access services, and inability to get basic needs met.

Housing

Housing in Rutland County continues to be a challenge on multiple levels, from affordability to safety and availability for rentals and sales. There are major health concerns related to older homes, as homes built before 1978 are likely to have lead paint or asbestos and are less energy efficient (Vermont Housing Finance Agency, 2020). Unfortunately, housing stock in Rutland County is older, with 31% of homes built before 1939. After 1990, home construction decreased exponentially, with only 18% of existing homes built in the last 30 years. According to the Vermont Housing Finance Agency, Vermont has the lowest vacancy rate in the country among rental homes and the second lowest among homes for sale. This coincides with Rutland having the highest rate of unhoused people living in temporary shelter. The Point in Time Count (January 2024) indicates that Rutland County was housing 21% of Vermont's homeless people in Emergency Housing. Additionally, the median home sale price has increased by 36% statewide between 2020 and 2023, with Rutland County mirroring that increase during the same time period. This increase in cost makes it more difficult to afford housing as rental prices have also increased. The number of short-term rentals has increased by 37% since 2020, taking more potential long-term rentals off the market.

Access to Care in Rutland County

Healthy People 2030 describes access to care as insurance coverage, timeliness of care, and accessibility of primary and preventive services. Affordability and ease of acquiring services that are culturally respectful are what create equitable access to services and healthcare. Rutland County is associated with the Accountable Care Organization working to improve the health of Vermonters and decrease healthcare costs through investing in access to medical insurance, healthcare, and disease management interventions. There are also a number of non-profit and community agencies working to improve the health of residents through increased access, systems changes, and even workforce improvement strategies.

According to the 2021 Vermont Department of Health Household Insurance Survey, 3% of Rutland County residents lack medical insurance. The VDH Survey indicates that only 1% of children in Rutland County are without health insurance. The Vermont Department of Health survey also includes the number of people who are underinsured, which plays a role in access to care. The 2021 Household Insurance Survey states that 38% of people under 65 in Vermont were underinsured, representing 40% of insured Vermonters. Those most likely to be underinsured had high deductible plans and out-of-pocket expenses. Younger individuals and people making under the federal poverty level were more likely to be underinsured, often leading to delayed care. Dental and routine medical care had the highest rates of delayed care for both uninsured and underinsured individuals.

The ratio of patients to primary care physicians is significantly higher in Rutland County than in the state as a whole and in 2021 was just above the national average (Figure 4). The ratio has continued to climb since the pandemic with provider shortages across the state. According to a 2023 statewide assessment data brief, the provider shortage has created long wait times for services, where one third of Vermonters' health got worse because the wait times delayed care. A healthcare overview by the Joint Fiscal Office shows a decrease in primary care physicians across the state, with only 25% of physicians in Vermont working in primary care.

FIGURE 4: RATIO OF POPULATION TO PRIMARY CARE PHYSICIANS

1,380:1	900:1	1,330:1
Rutland County	Vermont	United States

The ratio of patients to mental health providers has decreased, a positive sign, since 2019 from 350:1 to 280:1, but is still higher than the state ratio of 180:1. However, the state has seen an increase in mental health challenges with almost one third of Vermonters reporting anxiety and depression symptoms in 2021. State suicide data illustrates that Rutland County has a significantly higher rate of suicide-related emergency department visits than the state. Additionally, patient to youth mental health service provider ratios are not tracked, though there are currently waitlists for these services. The YRBS County data highlighting the high number of students in middle and high school experiencing mental health issues supports the need for increased mental health services. 33% of students said they felt sad or hopeless, with the majority of those students identifying as female. Looking at BIPOC and LGBTQIA2S+ students, that rate increased to 37% and 54%, respectively. The lack of

available care could contribute to the increase in youth in crisis. In January 2023, VTDigger reported that there was only one facility in the state that could provide emergency psychiatric care for youth. The Brattleboro Retreat has 8 beds available for children under 12 and up to 15 beds for adolescents aged 12-18. This leads to youth and adolescents spending more time waiting for an inpatient treatment bed either at home or in the emergency department.

Individual Health Choices

Individual actions in partnership with outside influences such as environment, location, genetics, and even stress can impact both short- and long-term health. Personal choices can be influenced positively or negatively by a variety of factors, including physical and social environments, as well as organizational/institutional policies. The 3-4-50 rule—three behaviors lead to four chronic diseases that claim the lives of more than 50% of Vermonters each year—gives us an understanding of the impact of health behaviors on long-term health, especially when we take into account other factors like the Social Drivers of Health (SDOH). The National Association for Community Health Centers defines SDOH as “conditions in which people are born, grow, live, play, work, and age that influence a person’s health.” This term is also known as social determinants of health.

The Department of Health Behavioral Risk Factor Surveillance System (BRFSS) provides Rutland County data on disease prevalence for adults in our community. The profile shows rates for cardiovascular disease and hypertension at above the state rates (Vermont Department of Health, 2022). Diabetes, depressive disorder, and kidney disease all maintained a consistent rate from the previous report. Rutland County is trending downward in the prevalence of adult residents with asthma (from 15% to 13%) and COPD (from 9% to 7%). Additionally, there was a decline in people who are medically categorized using the outdated Body Mass Index scale. Lastly, cancer rates for the state overall (no county data available) increased from 8 to 10% in the last five years.

In addition, the last BRFSS highlights a list of behaviors that can contribute to chronic illness by county. Behaviors like alcohol consumption (56%), binge drinking (15%), smoking tobacco (16%), cannabis use (22%), and driving while under the influence of cannabis (20%) all contribute to chronic diseases. The above Rutland County rates of these behaviors are all similar to overall state rates. The 2024 county health rankings indicate that just over one in five adults are physically inactive (22%) and that 38% of motor vehicle deaths involve alcohol. The rankings also show that 70% of people had access to exercise opportunities, defined as living close to a park or recreation facility. It does not, however, factor in transportation, mobility needs, or the clothing needed to use outdoor facilities year round.

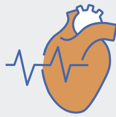
The latest cancer statistics published by the VDH in 2024 show that prostate cancer is the most common cancer in Vermont males, and breast cancer is the most common for Vermont women, with lung and bronchus cancers prevalent among both male- and female-identifying individuals. Rutland County has rates consistent with the state rates for breast cancer screenings (81%) and colorectal cancer screenings, which have increased from 67% to 74% since 2018. The report also mentioned that people living with a disability are less likely to be screened for breast cancer and that people with low income and BIPOC adults are less likely to be screened for colorectal cancer.

It is important to note that the BRFSS illustrates higher rates of chronic disease in specific populations in Vermont. Older Vermonters, adults with less education, people living with disabilities, and people with lower income have higher rates of chronic disease than other groups in our state. Lastly, COVID-19 has also impacted the lives of Vermont residents. Of the 29% of Vermont adults who responded to the BRFSS that have tested positive for COVID, 16% report experiencing symptoms for three months or longer. People living with a disability are nearly twice as likely to report long-term effects from COVID-19.

2024 Health of Rutland County

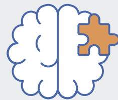
HEALTH BEHAVIORS/FACTORS

Source: Vermont Department of Health Behavioral Risk Factor Surveillance System 2022



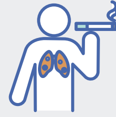
Hypertension in adults
Increased 5% since 2018

31% Vermont
36% Rutland County



Reported fair to poor health

13% Vermont
15% Rutland County



Cigarettes

Adults who smoke **16%** Rutland County
Adults who tried to quit **50%** Rutland County

Cannabis use among adults
Increased 7% in VT since 2018

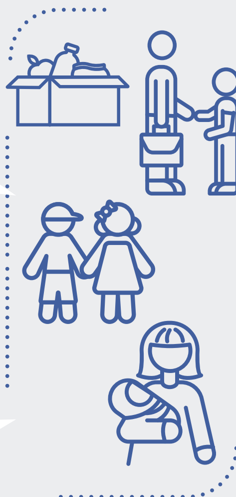
24% Vermont
22% Rutland County

CHILDREN AND FAMILIES

Sources: Building Bright Futures, The State of Vermont's Children 2023 Year in Review and the 2024 Stalled at the Start Report

Children under 12 in Rutland County living in poverty:
31% 2018
27% 2022

Children under 3 who received a developmental screening in the past 12 months:
63% Vermont
50% Rutland
74% Burlington



Children in out-of-home custody in Rutland County:
74 2021
65 2022

Rutland infants who are likely without access to childcare:
61% 2022
75% 2024

3rd graders at proficient reading level in Rutland County: **31%**

COMMUNITY INDICATORS

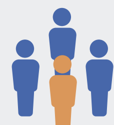
Sources: Vermont Department of Health Behavioral Risk Factor Surveillance System 2022

LGBTQIA2S+ adults in Vermont are
4.5x
more likely to seriously consider suicide
than non-LGBTQIA2S+ adults

Adults who were unable to pay mortgage, rent or utilities in the past year
9%
Rutland County

Food insecurity among adults
4% Adult with no disability
16% Adult with a disability

Teeth extraction rate in adults ages 45-65
43% Vermont
54% Rutland County



1 in 4
Adults diagnosed with a depressive disorder in Rutland County

2024 Health of Rutland County

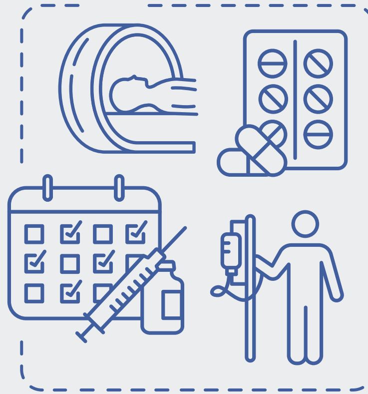
CANCER STATISTICS

Skin cancer rate per 100,000 people:

22	37	39
United States	Vermont	Rutland

Tobacco related cancer rate:

179:100,000	195:100,000
Vermont	Rutland



Breast cancer screening rate of Rutland County female-identifying individuals aged 50-74: **81%**

Colorectal screening rate of adults in VT aged 45-75: **70%**

Adults with a disability are more likely to have cancer than a group of comparison

14% With disability

9% Without disability

SUBSTANCE USE

Source: Vermont Department of Health

Adults who have been told they have a depressive disorder were 1.6 times more likely to use cannabis in the past 30 days than those who had not

Cannabis was one of the TOP THREE most common substances involved in unintentional nonfatal overdoses resulting in visits to the emergency department for children under 10 in 2022

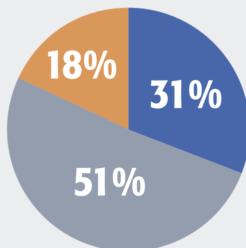
Opioid overdose death rate per 100,000 VT residents

6.3	6.6
Vermont	Rutland County

People with abstinence from substance use at one year have a 50% chance of being abstinent at year two

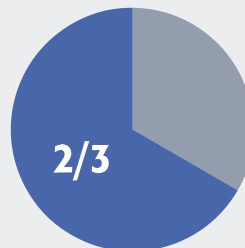
AGING POPULATION

Sources: Vermont Agency of Human Services, Vermont State Planning on Aging 2022
Vermont Department of Health, Health Needs for Older Vermonters 2023

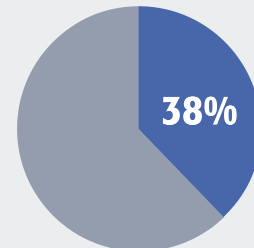


Family Caregiving

Spouses · Adult Children · Other Relatives



Older Vermonters who report having difficulties accessing healthcare services



Older Vermonters living with a disability

Health Equity

The Vermont Department of Health defines health equity as:

> ...when all people have a fair and just opportunity to be healthy—especially those who have experienced socioeconomic disadvantage, historical injustice, and other avoidable systemic inequalities that are often associated with social categories of race, gender, ethnicity, social position, sexual orientation, and disability.
>
> VERMONT DEPARTMENT OF HEALTH • VERMONT STATE HEALTH ASSESSMENT, 2018, PG. 2

Addressing health equity requires our community to examine and change policies and systems to address bias and discrimination within individuals and agencies. By reviewing national, state, and local data and by actively listening to the needs of specific identities living in our larger community, we can improve health for all. Paying attention to specific groups and/or identities for whom the health disparities are directly linked with higher rates of preventable health outcomes provides a starting point for increasing care and resources for all. However, this is just the first step–in order to achieve true health equity, underserved populations must be included at every stage of the change process.

Populations in Focus

Certain identities have been systematically left out, ignored, or targeted when policies, laws, and programs have been created. People who belong to these groups are often subject to health disparities, creating poor health outcomes.

People who are:

- Living with a disability
- Living in rural areas
- Unhoused
- Living in poverty
- Older than 65 years
- Younger than 18 years

People who Identify as:

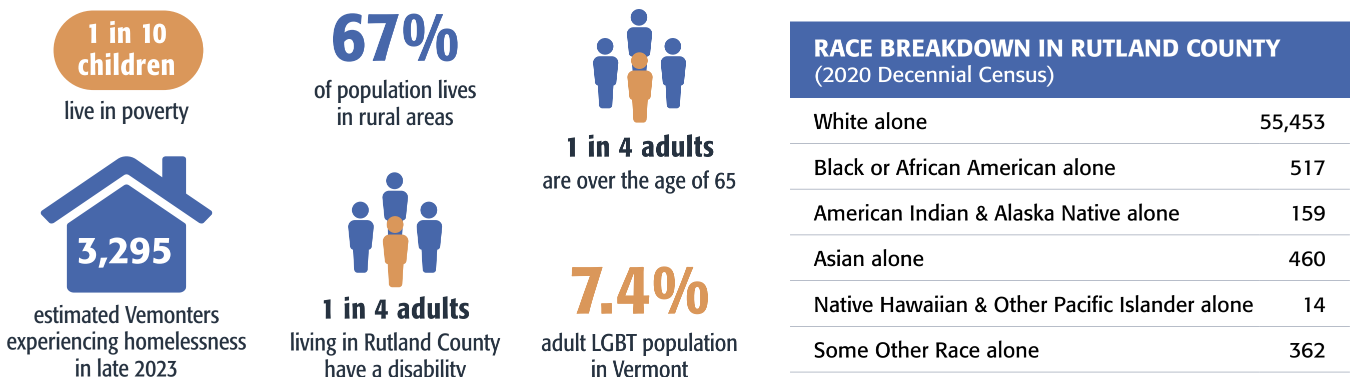
- Indigenous
- BIPOC (Black, Indigenous, people of color)
- LGBTQIA2S+

For people living within more than one of these groups, the inequity gap can be even wider. The Centers for Disease Control lists social drivers of health, like discrimination and lack of access to healthcare, as factors that contribute to poor health outcomes for almost all of the identities listed above.

One in four adults (28%) living in Rutland County have a disability, one in ten children (13%) live in poverty, 67% of the population lives in rural areas, and one in four are over the age of 65, while 20% are below age 18.

FIGURE 5: POPULATIONS IN FOCUS

Sources: Vermont Department of Health Behavioral Risk Factor Surveillance System 2022, County Health Rankings & Roadmaps 2024, United States Census Bureau 2023



RACE BREAKDOWN IN RUTLAND COUNTY (2020 Decennial Census)	
White alone	55,453
Black or African American alone	517
American Indian & Alaska Native alone	159
Asian alone	460
Native Hawaiian & Other Pacific Islander alone	14
Some Other Race alone	362

Social Drivers of Health

Social drivers of health (SDOH) play a large role in health outcomes for all people (see page 11 for definition). For people in underserved and vulnerable groups in particular, SDOH illustrate the complexity of factors that impact overall health. Understanding that choices and behaviors are not the only contributing factors to our health is important. Our physical location, the environment in which we live and grow, and access to certain things like fresh affordable food and living wages also impact our overall health.

There are five areas of SDOH: economic stability, education access and quality, healthcare access and quality, neighborhood and built environment, and social and community context. All five areas influence how people are able to address needs, and within the context of certain identities and groups, access can be lacking, non-existent, or dangerous.

According to the State Health Assessment data briefs, all populations in focus have higher rates of economic hardships, increased rates of housing challenges, and social isolation or poor mental health when compared to all Vermonters. Food insecurity was also mentioned for older Vermonters, unhoused people, the BIPOC community, and Indigenous peoples. Furthermore, when people identify with more than one of these groups or identities, their health outcomes tend to worsen. For example, BIPOC and Indigenous Vermonters have greater rates of homelessness than any other population in Vermont, even though there are many fewer people with these identities living here. In addition, BIPOC students who also identify in the LGBTQIA2S+ community are three times more likely to experience hunger than white students.

Adverse childhood experiences (ACEs) should also be considered when examining health outcomes. Research suggests that traumatic events during childhood, such as abuse, neglect, or household dysfunction can significantly increase the risk of various health issues later in life. The prevention of childhood trauma (Centers for Disease Control and Prevention, 2019) could impact healthcare costs related to chronic disease in the future (Crawford & American Academy of Family Physicians, 2019). Additionally, addressing ACEs earlier through supportive interventions and trauma-informed care is crucial for mitigating their lasting impact on health outcomes.

Access to Care

Access to care, and healthcare specifically, encompasses much more than just cost, transportation, and/or communication barriers. Rather, "access requires gaining entry into the healthcare system, getting access to sites of care where patients can receive needed services, and finding providers who meet the needs of patients and with whom patients can develop a relationship based on mutual communication and trust." Within these dimensions of accessibility, there is current and historical discrimination, racism, and stigma in the healthcare system. Discrimination directly impacts the level of care that underserved groups receive, resulting in a lack of access.

> **Access requires gaining entry into the healthcare system, getting access to sites of care where patients can receive needed services, and finding providers who meet the needs of patients and with whom patients can develop a relationship based on mutual communication and trust.**
>
> NATIONAL LIBRARY OF MEDICINE, WWW.NCBI.NLM.NIH.GOV/BOOKS/NBK500097/

According to the 2024 State Health Assessment data briefs, access to care is a major issue for all underserved populations. Unhoused individuals experience emotional and physical stress and are exposed to extreme weather conditions that can lead to poor health outcomes. With limited access to primary care doctors because of a lack of transportation, distrust in medical systems, and the potential for mental health issues including substance use, unhoused people are less likely to use preventive care. People living with a disability also have challenges accessing healthcare and are less likely to use preventive services. Furthermore, people with disabilities report higher rates of poor mental health and difficulty getting around their communities, making it difficult to attend appointments or socialize. Older Vermonters also report issues encountered when trying to access healthcare. Transportation, keeping insurance, co-payments, and limited dental coverage are listed as the top barriers to access. Older Vermonters are also cited as delaying care because of the cost. Additionally, this group is more likely to have a disability and a chronic illness.

People living in rural communities have challenges accessing healthcare, as well. Financial resources and confidence in providers can lead to delays in preventive care and screenings. Lack of transportation and limited access to reliable internet also factor in for rural areas and can make attending appointments difficult, especially if people need to take unpaid time off from work and are worried about compromised confidentiality and/or the quality of care.

Youth often rely on caregivers for transportation and to schedule and cover the costs of healthcare needs. In Rutland County, we have seen an increased need for youth mental health services, with a long waitlist associated with obtaining psychiatric care. Additionally, accessing specialists can be difficult. There is limited local access to speech and language pathologists, physical therapists, and occupational therapists for children and youth who need them. Families are currently using schools for referrals to such services, but that delays care for children younger than school age, and such referrals are made only if the needs are interfering with learning. To be seen sooner can require travel to other states or distant parts of Vermont. This lack of access includes specialists in developmental evaluations for diagnoses such as autism. Developmental/autism evaluators have 18-24 month waitlists and will not assess youth older than 8 years of age.

In Rutland County, we have seen an increased need for youth mental health services, with a long waitlist associated with obtaining psychiatric care.

According to the Vermont Department of Health Indigenous Peoples Data Brief, Indigenous peoples experience chronic conditions at a much higher rate and have justified mistrust in medical and social institutions because of a long history of eugenics and genocide. The brief indicates the lack of data for this specific group and calls out the institutionalized racism that has excluded non-white groups in medical studies. The data brief for BIPOC individuals states that they are twice as likely to delay healthcare due to the cost. It also notes that BIPOC youth are more likely to have elevated depressive symptoms due to institutionalized racism. This, along with the knowledge that BIPOC individuals are less likely to have a primary healthcare provider, supports the finding that they report poor to fair health more often than compared to all Vermonters.

Vermont state data briefs also examined LGBTQIA2S+ individuals and found that there are large physical and mental health disparities for adults identifying with this community. They are more likely to live with a depressive disorder, report poor mental health, and binge drink than the average Vermonter. People in this community noted that having medical staff that understand and respect their identities is key to accessing care. This along with cost could also contribute to why LGBTQIA2S+ adults delay healthcare at a higher rate.

Castleton, Vermont

Racism and Discrimination

The BIPOC and LGBTQIA2S+ communities are historically and continuously discriminated against by the healthcare system. Studies have shown that providers are less likely to deliver the same quality of care to Black patients as they would their white counterparts. This is due to both explicit racism in the healthcare system, the conscious demonstration of racist attitudes and beliefs towards patients, and implicit racism, the unconscious biases and beliefs of providers towards BIPOC patients, existing without ill-will or any self-aware prejudices. The National Academy of Medicine found that racial and ethnic minorities receive lower-quality healthcare than white people—even when insurance status, income, age, and severity of conditions are comparable. In another 2020 study, researchers found that people of color experienced being dismissed and viewed as difficult when compared to white counterparts. The same study found evidence that healthcare staff who identify as people of color experience racism in their workplace from healthcare users and colleagues. The study highlighted that healthcare users who experience racism delay care because of lack of trust in the system and providers. Furthermore, staff noted the lack of organizational support in managing racism.

LGBTQIA2S+ communities have documented discrimination as a barrier to access to care. A 2020 report highlighting experiences by LGBTQIA2S+ individuals found that 25% delayed or did not pursue medical treatment due to discrimination. That rate increased if the person was transgender or had experienced discrimination in the previous year. Furthermore, 1 in 10 respondents said they had to teach their medical doctors or other providers about their community in order to get adequate treatment. A 2024 report by KFF (formerly the Kaiser Family Foundation) found that adults who identify with this community are twice as likely to report negatively about healthcare services. The report indicated that providers would blame the patient, make assumptions, or ignore direct requests or questions.

2024 Juneteenth Strut in Rutland, Vermont. Photo by Monika Ganguly-Kiefner.

Overt racism and discrimination impact people's health. State data briefs indicated that 74% of documented hate crimes were committed against BIPOC Vermonters. The data briefs further note that people in the LGBTQIA2S+ community experience discrimination in multiple forms and that 70% reported active discrimination in the previous two years. Discrimination and racism have direct ties to mental health challenges. BIPOC and LGBTQIA2S+ students reported they were more likely to feel sad or hopeless and attempt suicide in the last year compared to white and cis counterparts. The data briefs for both groups include institutionalized discrimination as a likely reason for poor physical and mental health outcomes including increased substance use. This highlights how populations of focus are more likely to be burdened with disease, injury, and/or lost opportunities as the result of preventable issues and behaviors.

People living with disabilities indicate discrimination when accessing care as well. In a focus group with individuals at a Rutland-based advocacy center, participants stated they often felt dismissed or unheard during appointments with a variety of healthcare providers. A 2023 study examining access to care among children with disabilities identified limited accessibility to care and dehumanization as barriers to care. A 2022 article highlighted a study from Northwestern University and Harvard Medical schools that examined attitudes of physicians from a national database about treating patients with disabilities. The study found that physicians in the focus groups showed outright bias towards people with disabilities and "a substantial number of participating physicians reported that they make strategic choices to deny care to people with disabilities." The complexity of care coupled with a lack of provider training on how to care for people with intellectual and physical disabilities can result in discrimination and outright refusal of care.

Racism and discrimination along with limited access to care often aggravate the lack of trust among certain populations. For example, up until 1957, Vermont practiced eugenics or sterilization of targeted people, usually women. Over 250 people living in poverty, people with disabilities, Native Americans, and people of mixed racial ancestry were sterilized without consent and with the support of medical professionals. The number of medical practices and experiments in US history that were based on racist beliefs is well documented. Just 50 years ago, medical researchers experimented on Black cancer patients without consent, exposing them to extreme levels of radiation. It is well known that practices such as the 1932 Tuskegee experiments, which continued until 1972, allowed medical doctors to refrain from treating Black airmen with syphilis. In the 19th century, a surgeon conducted painful operations on enslaved Black women without anesthesia. The belief that Black people can endure more pain than white people is still present in the field of medicine today. A 2021 study funded by the American Board of Internal Medicine shows that trust in physicians is lower in Black and Hispanic populations and among lower-income individuals. Current blatant racism and embedded mistrust in providers and the healthcare systems that have historically proven to be unethical, racist, and discriminatory can lead to substandard care, delays in seeking care, and ultimately poor health outcomes.

Intersectionality

Intersectionality is a term used to highlight the interconnectedness of multiple identities, such as race, gender, socioeconomic status, and sexual orientation. As mentioned above, people living within one of these identities can have disadvantages that impact their health. When someone identifies with more than one of these identities it significantly impacts their health outcomes by creating unique experiences that often have disadvantages. This framework highlights how overlapping social identities contribute to systemic inequities in healthcare access, treatment, and overall health. For instance, a Black woman earning minimum wage, living with a disability, may face compounded discrimination that affects her ability to receive adequate medical care. These intersecting identities can amplify vulnerabilities, making it crucial for healthcare providers to consider the full spectrum of an individual's social context to address health disparities effectively and promote equitable care.

Health Equity

Data clearly illustrates the short and long-term health impacts of health inequities for a variety of people in our community. The above information just scratches the surface of national and state data for groups of people impacted by their environment, identities, and even their age. However, using this data and the lived experience of community members to understand how, where, and why we can improve health equity in our region aligns with Vermont Department of Health and statewide goals. In addition, listening to and working with people from diverse backgrounds to address these issues will not only be beneficial for those affected by health inequities, but for all Vermonters. As a community, we can start improving systems of care by increasing awareness and representation of the diversity of Rutland County. Our larger community includes many distinct populations, and their inclusion promotes health equity within our identified priority areas.

Orwell, Vermont

Approach

West Rutland, Vermont

Methods/Approach

A group of professionals was engaged in the summer of 2023 to support the CHNA information-gathering phase of the project. This group, the CHNA Advisory Council, supported the creation and implementation of a community survey, healthcare and community service provider/partner surveys, and subsequent focus groups.

With their support, the steps to collect, study, and understand data about the health of the community were scheduled and executed during the winter and spring of 2023-2024. The process used specific methodological strategies to ensure that the assessment was thorough, accurate, and useful for the community and health organizations.

Data Collection

The Community Survey was developed as an open, anonymous online survey hosted on the Survey Monkey platform. Anyone who had the link was able to access the survey. The survey link was distributed widely throughout the community by sharing with community partners via social media, @ RRMC's *Healthy Together* newsletter, community coalitions, and the members of the Advisory Council, with the goal of receiving as many responses from people who live and work in the hospital catchment area as possible. It opened on November 9, 2023 and closed on February 5, 2024. A total number of 443 responses were included in the final data.

The primary intent of the survey was to gather information on the importance and performance of 22 indicators of our community health. Each of these items were asked twice. First, respondents indicated the importance of each item for a healthy community (on a 1 to 5 scale, from not at all important to extremely important). The second time respondents rated (on a 1 to 5 scale, from not at all satisfied to extremely satisfied) how satisfied they are with how the community is doing in each of the areas. Other survey questions asked participants to rate the overall health of the community, their own personal health, and their last visit to a medical provider and to provide demographic information. Open-ended questions allowed for participants to expand on experiences and needs related to the health of the community and relationships with providers. See Appendix B for the survey tool.

The survey was designed to allow for an importance-performance analysis. An importance-performance analysis is a method that can be used to help better understand how satisfied people are (i.e., performance) with indicators they also identify as important. This method was selected as it can easily help prioritize which issues in our community respondents identify as needing more resources.

Using mean scores from the 22 items on both importance and satisfaction, the Importance-Performance Matrix (Appendix C) illustrates on a grid what areas the community members felt were most important and, within those areas, which are most in need of improvement. The items in the High Importance/Low Performance quadrant of the matrix indicate the priorities that respondents think:

Overall Areas Identified as High Importance/Low Performance:	IMPORTANCE MEAN	PERFORMANCE MEAN
Safe housing is available for everyone	4.46	1.75
It is easy to obtain quality mental healthcare	4.48	1.76
There are enough healthcare specialists for children and youth	4.58	1.84
Substance use is addressed	4.57	1.85
People have the financial resources to afford the things they need	4.44	1.88
People feel safe in their neighborhood	4.70	1.96
Everyone has resources needed to access healthcare services	4.65	2.09
Quality childcare including afterschool and summer programs are accessible to all families	4.46	2.18
The older population can get the support they need as they age	4.53	2.21

While efforts were made to ensure the survey was well publicized and reached as many people in the population of the catchment area as possible, as an open survey design not using a random sampling method, the data has limitations for generalizability. Additionally, with an open anonymous survey, it is possible the data could include multiple responses from one person (duplicate responses) or data from someone who does not live or work in the hospital catchment area. Data was reviewed to identify obvious duplicate responses (i.e., nearly identical open-ended comments, demographics, etc.) and none were identified. Prior to analysis test cases and responses with few questions answered were removed. While the total number of cases in the final data set is 443, the number of responses to individual items varies as respondents were able to leave items blank. The final data is not statistically adjusted or weighted in any way.

When compared to known scientific demographic data (e.g., US Census population statistics), some demographics mirror the general population of Rutland County, but several groups are less represented in the survey responses, specifically: BIPOC, LGBTQ2S+, youth, and people experiencing economic challenges. The majority of survey respondents were female identifying, white, heterosexual, had higher levels of education, and made more than the average income of the area.

Because the needs assessment process should make efforts to understand the perspectives of more historically marginalized and underrepresented groups, in cases where a specific group had 10 or more respondents in the survey data, we were able to compare responses from those who self-identified in those specific groups to the overall survey responses. While most of the indicators identified in the survey remained the same, key differences in the High Importance/Low Performance priorities appeared when specific groups were analyzed.

IMPORTANCE MEAN | PERFORMANCE MEAN

FIGURE 6: ADDITIONAL INDICATORS FROM RESPONDENTS IN SPECIFIC GROUPS

BIPOC Respondents	LGBTQIA2S+ Respondents	Below Median Income Respondents	People Living Outside Rutland Town/City	People Aged 65+
There is **trust, equity and inclusion in our local healthcare systems** 4.67 1.80	There is **trust, equity and inclusion in our local healthcare systems** 4.60 1.88	There is **trust, equity and inclusion in our local healthcare systems** 4.61 2.18	There is **trust, equity and inclusion in our local healthcare systems** 4.56 2.23	
The community is set up for **all modes of mobility** (walking, strollers, wheelchairs, walkers, bikes, etc.) 4.67 2.00	The community is set up for **all modes of mobility** (walking, strollers, wheelchairs, walkers, bikes, etc.) 4.46 1.76	The community is set up for **all modes of mobility** (walking, strollers, wheelchairs, walkers, bikes, etc.) 4.41 2.13		
Youth engage positively with our community 4.53 2.07		**Youth engage** positively with our community 4.37 2.11		
Community members know how to **prevent suicide** 4.53 2.00				
	People are not **discriminated** against because of **color, race,** or **identity** 4.84 1.78			People are not **discriminated** against because of **color, race,** or **identity** 4.65 2.15

In addition, people living outside of Rutland City/Town also identified "Trust, equity and inclusion in local healthcare systems" as a High Importance indicator. No other indicators were different from the overall survey for this group. People 65+ years old also identified "People are not discriminated against because of color, race, or identity."

To ensure the needs assessment process is more inclusive than the results of the community survey efforts, three focus groups were identified based on little or no representation in the community survey.

- **Vermont State University Castleton Campus NAACP Chapter**: Youth and BIPOC
- **ARC Disability Advocates:** People living with intellectual disabilities
- **Slate Valley Cares:** Rural area and income below median range

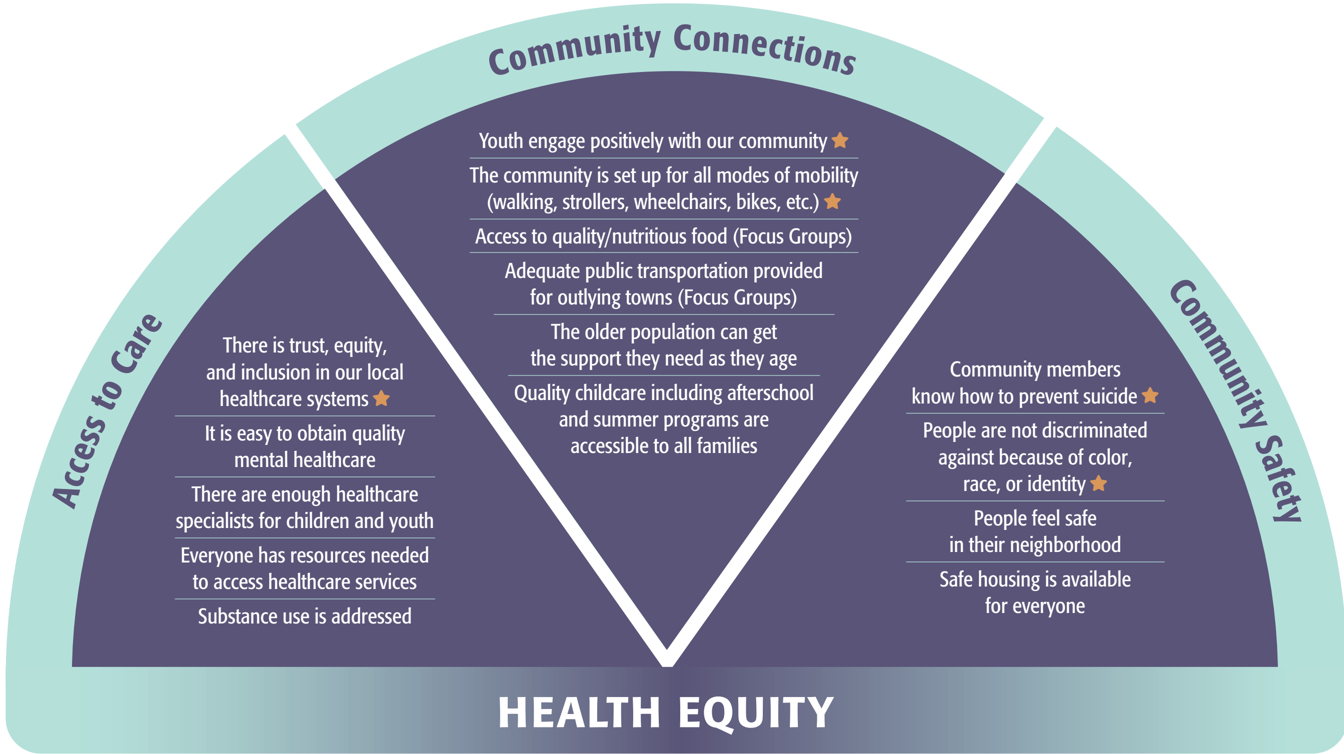
Focus groups helped validate the differences found in the community survey. The groups also identified other key indicators such as access to quality food, need for community, and transportation, the existing priority areas of safety, housing, financial resources, and trust/access to local healthcare systems were common themes in all three focus groups. In addition, the state was also performing focus groups in Rutland County. They conducted three additional focus groups from Social Tinkering, Rutland County Pride Center, and the Rutland NAACP Chapter. Their findings corroborated the data collected from the CHNA Survey and Focus Groups. Focus group Agenda and questions can be found in Appendix D.

Another way to ensure the needs assessment process represents all members of the community was through the inclusion of key informants; medical providers and community leaders. This effort was also hosted as an online, anonymous open survey on Survey Monkey's platform. The surveys were distributed through community coalitions such as Project Vision, Rutland Community Collaborative, Rutland Youth Coalition, Continuum of Care, and Building Bright Futures, as well as various newsletters, daily announcements, and connections to the workforce through the CHNA Advisory Council. Questions included information about barriers to supporting clients and patients, examining social determinants of health, and interest in training related to populations of focus. A total of 85 medical providers and 120 community partners responded. See Medical Provider Survey Appendix E, and Community Leader Survey Appendix F to view the survey questions.

Priority Areas

The CHNA Advisory Council developed the below priority areas in line with what the survey and focus group participants communicated. Health equity will continue to play a foundational role in all aspects of our CHNA. For this reason, we have highlighted and prioritized indicators that were identified by groups within our community that are often underrepresented.

Priority populations identified were: people of color, youth, older Vermonters, people living with disabilities, people living in rural communities, people who identify in the LGBTQIA2S+ community, and people who make under the median income level.



★ *Indicates priority populations have identified these indicators as a high priority.*

Understanding that the above priority areas are connected and influence each other highlights and supports the need to address the issues simultaneously. We also know that the health of populations in focus are influenced and/or touched by all three priority areas and that they are often systematically left out of conversations. This is why the indicators identified by these groups are listed at the top of each priority area.

Community Assets

Rutland County has an abundance of community organizations and groups that work tirelessly to address the health of our community. While there is always room to dismantle silos within our community for better collaboration, our community has experienced the benefits of working together to address needs. We also know that collaboration alone is not enough to solve the underlying and overwhelming issues people in our region face. To see a list of Community Contributors, please see Appendix G.

Supporting health initiatives through resources and funding is a key element to making progress. There are several assets in our community that dedicate funds specifically to health-related issues that align with the Community Health Needs Assessment priority areas:

BOWSE HEALTH TRUST
Founded in 1996 to improve the health of residents in Rutland County. Each year, funding is allocated to approximately three new programs that focus their efforts on measurably improving health related to the identified priority areas from the CHNA.

Each year three $100,000 grants are awarded and distributed over a three-year period.

UNITED WAY OF RUTLAND COUNTY
Serving the area since 1943, this local not-for-profit is the largest fundraising agent for local agencies. Funds are distributed through a yearly grant process to support agencies focused on health, education, and financial stability.

Granting dollars are dependent on fundraising.

REGION 2 VERMONT PREVENTION LEAD ORGANIZATION
Serving both Rutland and Addison Counties, this funding opportunity is led through the Vermont Department of Substance Use and Prevention. Funds are distributed through a yearly grant process to support agencies that focus on substance use prevention.

Grant dollars are dependent on legislation and the state budget.

Rutland County has a host of dedicated people and agencies and some resources to support this important work. Our larger community is also in the early stages of recognizing the need for change at a systematic level, statewide and locally, to address health issues like housing and youth support. Altering policies and systems along with supporting programs through resources and collaboration are needed to make lasting changes.

There are multiple working groups that are currently engaged in improving the health of area residents related to identified priority areas. These groups help manage services and programming and are beginning to address system-wide changes that will benefit specific populations.

- **Continuum of Care** - Housing
- **Chamber & Economic Development of the Rutland Region (CEDRR)** - Housing
- **Vermont Youth Project** - Childcare & Parenting
- **Building Bright Futures Regional Work Group** - Childcare & Parenting
- **Rutland Community Collaborative (RCC)** - Mental Health, Supporting Aging Community
- **Project Vision** - Housing, Childcare & Parenting, Mental Health, Supporting Aging Community
- **Rutland Regional Medical Center Health Equity Committee** - Housing, Childcare & Parenting, Mental Health, Supporting Aging Community

These groups work with a considerable number of local agencies, organizations, and individuals with the majority participating in more than one group.

Brandon, Vermont

Evaluation

Evaluation of the 2021 CHNA

The last Community Health Needs Assessment (CHNA) was published in September 2021 and identified four health priority areas. Community input collected in 2020 focused heavily on housing, childcare and parenting, mental health, and supporting the aging community as health priorities for our region.

Drawing on the need to support all residents of our region, our implementation report identified specific approaches to support any strategies aimed at addressing the needs of the health priority areas. These strategies encouraged all efforts to center health equity, data collection, multifaceted approach, and workforce development at the forefront of all endeavors.

Also of note, there is an extensive network of service agencies and care managers who assist people with navigating difficult systems in order to access care. The Federally Qualified Health Center, Rutland Regional Medical Center, VNA & Hospice of the Southwest Region, Community Care Network & Rutland Mental Health, and other healthcare and service agencies work together to serve the most vulnerable people in our community.

The following information does not encompass the entirety of work being done to implement and address the gaps in these four strategies. Over the last three years there have been great strides to use these strategies to influence the system, projects, and programs aimed to improve the identified health priority areas.

Progress of Implementation Strategies

	Health Equity	Data	Workforce	Intersectionality
GOALS	• Embed equity in the community • Increase awareness and education • Prioritize equity in strategy implementation	• Identify data partners • Identify existing metrics • Prioritize data driven strategies	• Examine workforce gaps/needs • Prioritize capacity	• Identify intersecting priority area gaps/needs • Address multiple priority areas with single intervention
PROGRESS	• Funded 2 equity-based initiatives • Opened Rutland County Pride Center • Increased equity trainings • Prioritized equity in Bowse Health Trust projects • Set CMS equity standards	• Identified metric for each priority area • Implemented data-driven initiatives across disciplines to address priority areas • Aligned and implemented SDOH screening	• Implemented initiatives around retention and building capacity of workforce at large healthcare agencies	• All Bowse Health Trust funded programs address multiple priority areas

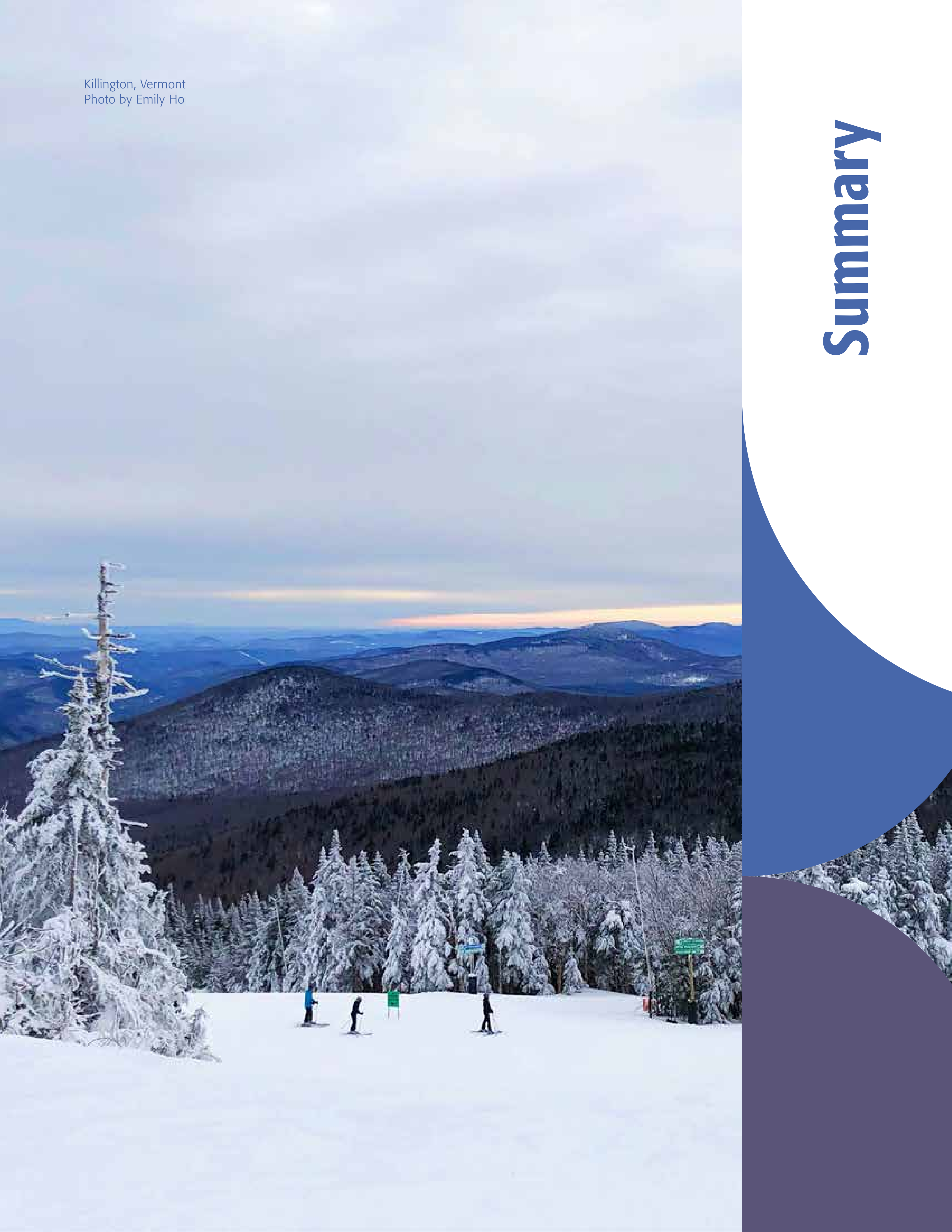
Over the last six years, our community has worked to address the four priority health areas shown below. The progress highlighted in this evaluation is not exhaustive of the partnerships, services, or individuals who have benefited from the hours and resources of the collective effort. The following information provides a snapshot of programs that are designed to directly impact the priority areas. Each program listed below has a primary and secondary priority area they are addressing.

Progress in Identified Priority Areas

	Childcare and Parenting	Housing as Healthcare	Mental Health	Supporting the Aging Community
GOALS	• Address food insecurity • Increase access to quality childcare • Increase youth and family protective factors	• Increase access to services, including healthcare • Address food insecurity • Increase access to quality safe housing	• Increase access to mental healthcare • Decrease drug overdoses • Meet people "where they are" • Increase trauma responsive and informed care	• Address food insecurity • Decrease isolation • Increase access to telehealth
PROGRESS	**Rutland Program Inc., Hickory Street Early Head Start*** • Increased childcare spots for infants • Increased access to services for underserved families **Rutland Youth Coalition and Rutland Partners for Prevention** • Increased access to activities for youth • Collaborated with other agencies to increase safe spaces for LGBTQIA2S+ youth • Provided education to youth and parents	**Homeless Prevention Center Multisite Care Coordination*** • Provided non-categorical care management for individuals and families utilizing Bridge Housing and Lincoln Place **Housing Trust of Rutland County: Residence Services Program*** • Worked with residents to decrease evictions and provide supported connecting care to services to maintain permanent housing **Companions in Wholeness*** • Provided food for unhoused and underserved individuals and families • Connected patrons to services increasing access to care **Vermont Adult Learning: Energy Works*** • Increased weatherization workforce **Outreach Care Team** • Increased access to physical and mental healthcare for chronically unhoused	**Center for Social Justice and Trauma Informed Care*** • Provided trauma informed trainings to community • Supported healthcare, law enforcement, and first responders **Social Tinkering Rutland Belonging Collective*** • Built and trained advocacy group • Bolstered education through lived experience **Come Alive Outside Outdoor Mobile Passport*** Participants report: • Increased mental and physical health • Increased self efficacy **Rutland Turning Point Center Peer Recovery Outreach*** • Increased support services in several rural areas • Increased access to treatment and recovery resources **Rutland County Pride Center*** • Increased services and safe spaces for population of focus • Supported sober events • Increased access to services	**Rutland Mental Health Caregiver Support Program*** • Increased self-management skills • Improved health outcomes for caregivers **Everyone Eats 2.0*** • Increased food security for populations in focus • Provided up to 200 nutritious prepared meals a week **Community Health Team High Utilizers** • Reduced inappropriate utilization of emergency services in populations of focus

*Received funding from Bowse Health Trust. All projects addressed multiple priority areas, but reflected above are the main priorities they address.

Over the last three years, our community has contributed time and resources to address each priority area identified in the 2021 CHNA. The projects, programs, and partnerships continue to focus efforts on tackling issues related to the overall health of our community. We have seen success come from strong collaborations and connections. The Rutland community is full of individuals, agencies, and organizations that work to move this community forward in an inclusive and compassionate way. It is home to a wealth of resources equipped to make progress and enact change for a healthier community.



Killington, Vermont
Photo by Emily Ho

Summary

Summary

Rutland Regional Medical Center has been leading Community Health Needs Assessments since 2000. The report is completed and published on a three-year cycle. 2021 was the last completed report and was done in partnership with community members and local agencies.

Working closely with an Advisory Council and community members, and by reviewing local, state, and national data, we have identified our 2024 priority areas. The populations and needs found in our last CHNA continue to be areas of focus, but with a broader intention. With Health Equity at the forefront of our work, the following areas have been identified as priority health needs for the next three years:

Access to Care	Community Connections	Community Safety
Increase trust, equity and inclusion	Decrease isolation	Increase education and supports to prevent suicides
Increase access to specialists for children and youth	Increase infrastructure, such as childcare	Decrease discrimination
Increase access to primary care and mental health, including in the area of substance use	Increase youth engagement	Increase access to safe housing and neighborhoods
	Increase mobility and access to food	

Using primary and secondary data along with lived experiences of residents and the expertise of medical and community leaders has provided a broad view of the health in the Rutland Region. Focusing efforts on where we live, grow, work, play, and age can have lasting impact on the personal and collective health of our larger community. Simultaneously, addressing systems of care and continuing to listen to people who have the greatest need will result in positive outcomes for everyone.

Next Steps: Addressing Priority Areas

In response to surveys by community leaders and medical providers we have expert knowledge and information on how we can support efforts to increase access to care, safety, and connectivity in our region. Working with existing coalitions, committees, and stakeholders meetings we will continue to ask and listen to community leaders to improve systems, collaborations, and access. Information from these meetings will help influence how we address the identified health needs.

Appendices

Pittsford, Vermont

Appendix A

List of Towns and Cities in Rutland Health Service Area:

VERMONT

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

NEW YORK

- Dresden
- Granville
- Hampton
- Putnam
- Whitehall

Whitehall, New York

Appendix B

Community Health Needs Assessment Community Survey Tool: This survey is an important part of the Community Health Needs Assessment process by Rutland Regional Medical Center. In order to better understand the current needs of our community, we need honest responses from as many community members as possible, including you.

Throughout the survey we refer to "our community", by this we mean the places in the Rutland region where you live, work, and play. Your response to this survey is completely voluntary. You can choose to leave any question you do not want to answer blank. Your individual response will be kept confidential and only shared in summary form.

Community Health Needs Assessment Community Survey Questions

1. **How would you rate the overall health of our community?**
   a. Excellent
   b. Very good
   c. Fair
   d. Poor

2. **How would you rate your overall health?**
   a. Excellent
   b. Very good
   c. Fair
   d. Poor

3. **Do you have a primary care provider?**
   a. Yes
   b. No
   c. Not sure

4. **What was your most recent visit with a healthcare provider?**
   a. Primary care visit
   b. Specialist visit
   c. Urgent care visit
   d. Hospital visit (emergency, outpatient, inpatient)
   e. Mental/behavioral health visit
   f. Physical/occupational therapy visit
   g. Dental visit
   h. Eye/Vision visit
   i. None or don't know
   j. Other (please specify)

5. **Thinking about your most recent visit with a healthcare provider or organization, please indicate your level of agreement or disagreement with the following statements.**
   a. Strongly Agree
   b. Agree
   c. Neither Agree nor Disagree
   d. Disagree
   e. Strongly Disagree
   f. Doesn't Apply

   I can communicate with my healthcare provider in my preferred language.
   My healthcare provider respects my racial identity.
   My healthcare provider respects my cultural identity.
   My healthcare provider respects my gender identity.
   My healthcare provider respects my sexual identity.
   My healthcare provider respects my religious preferences.

6. **Please use the space below to provide any comments about your visit or provider.** (Optional)

Continued on next page →

Appendix B *Continued*

7. The next question lists ideas that some people think might be a part of making a healthy community. For each, please indicate how important you think each is for a healthy community.

a. Not At All Important b. Slightly Important c. Important d. Very Important e. Extremely Important

- *Everyone has resources needed to access healthcare services.*
- *There are recreation opportunities for everyone.*
- *People feel safe in their neighborhood.*
- *People have the financial resources to afford the things they need.*
- *Educational opportunities for adults are offered and easy to access.*
- *The community is set up for all modes of mobility (walking, strollers, wheelchairs, walkers, bikes, etc.)*
- *The schools offer a good education.*
- *Healthy food is easy to find and buy.*
- *Safe housing is available for everyone.*
- *There is enough access to public transportation.*
- *The older population can get the support they need as they age.*
- *Our community welcomes and supports people from a variety of cultures and backgrounds.*
- *Affordable or free WiFi is easy to find.*
- *There are welcoming community spaces available for people to gather.*
- *It is easy to obtain quality mental healthcare.*
- *There are enough healthcare specialists for children and youth.*
- *Substance use is addressed.*
- *Youth engage positively with our community.*
- *Community members know how to prevent suicide.*
- *People are not discriminated against because of color, race, or identity.*
- *There is trust in our local healthcare systems.*

8. Because we are trying to understand how to make our community more healthy, we'd now like to know how well you think our community is doing in each of these areas (regardless of how important you think each is). In your opinion, please rate how satisfied you are with how our community is doing in each of these areas:

a. Not at all satisfied b. Slightly satisfied c. Satisfied Very satisfied d. Extremely satisfied

- *Everyone has resources needed to access healthcare services.*
- *There are recreation opportunities for everyone.*
- *People feel safe in their neighborhood.*
- *People have the financial resources to afford the things they need.*
- *Educational opportunities for adults are offered and easy to access.*
- *The community is set up for all modes of mobility (walking, strollers, wheelchairs, walkers, bikes, etc.)*
- *The schools offer a good education.*
- *Healthy food is easy to find and buy.*
- *Safe housing is available for everyone.*
- *There is enough access to public transportation.*
- *The older population can get the support they need as they age.*
- *Our community welcomes and supports people from a variety of cultures and backgrounds.*
- *Affordable or free WiFi is easy to find.*
- *There are welcoming community spaces available for people to gather.*
- *It is easy to obtain quality mental healthcare.*
- *There are enough healthcare specialists for children and youth.*
- *Substance use is addressed.*
- *Youth engage positively with our community.*
- *Community members know how to prevent suicide.*
- *People are not discriminated against because of color, race, or identity.*
- *There is trust in our local healthcare systems.*

9. If you had a magic wand, what is one thing you would change about our community?

10. In what town or city do you currently live? (Drop down menu)

Continued on next page →

Appendix B *Continued*

11. What is your current age?

a. Under 18
b. 18-24
c. 25-34
d. 35-44
e. 45-54
f. 55-64
g. 65-74
h. 75+

12. What is your current gender identity?

a. Female
e. Male
c. Transgender man/trans man
d. Transgender woman/trans woman
e. Genderqueer/gender nonconforming neither exclusively male nor female
f. Additional gender category (please specify)

13. What is your sexual orientation?

a. Bisexual
b. Lesbian or Gay
c. Queer, pansexual, and/or questioning
d. Straight or Heterosexual
e. Don't know
f. Something else (please specify)

14. Are you Hispanic, Latino, or Spanish origin, such as Mexican, Puerto Rican or Cuban?

a. Yes
b. No

15. What is your race or origin? (Check all that apply)

a. American Indian or Alaska Native
b. Asian or Asian American
c. Black or African American
d. Native Hawaiian or other Pacific Islander
e. White
f. Some other race or origin (please specify)

16. What was your total household income in 2022?

a. Not Sure
b. Less than $10,000
c. $10,000-$24,999
d. $25,000-$49,999
e. $50,000-$99,999
f. $100,000-$149,999
g. $150,000 or more

17. What is the highest level of education that you have completed?

a. Less than a high school diploma
b. High school diploma or equivalent
c. Some college or training beyond high school but no degree
d. Associate's degree
e. Bachelor's degree
f. Graduate or professional degree

18. Do any children under age 18 currently live in your household all or part of the time?

a. Yes
b. No

19. Do you rent or own your home?

a. Rent
b. Own or have a mortgage
c. Some other arrangement
d. Currently unhoused
e. Don't know

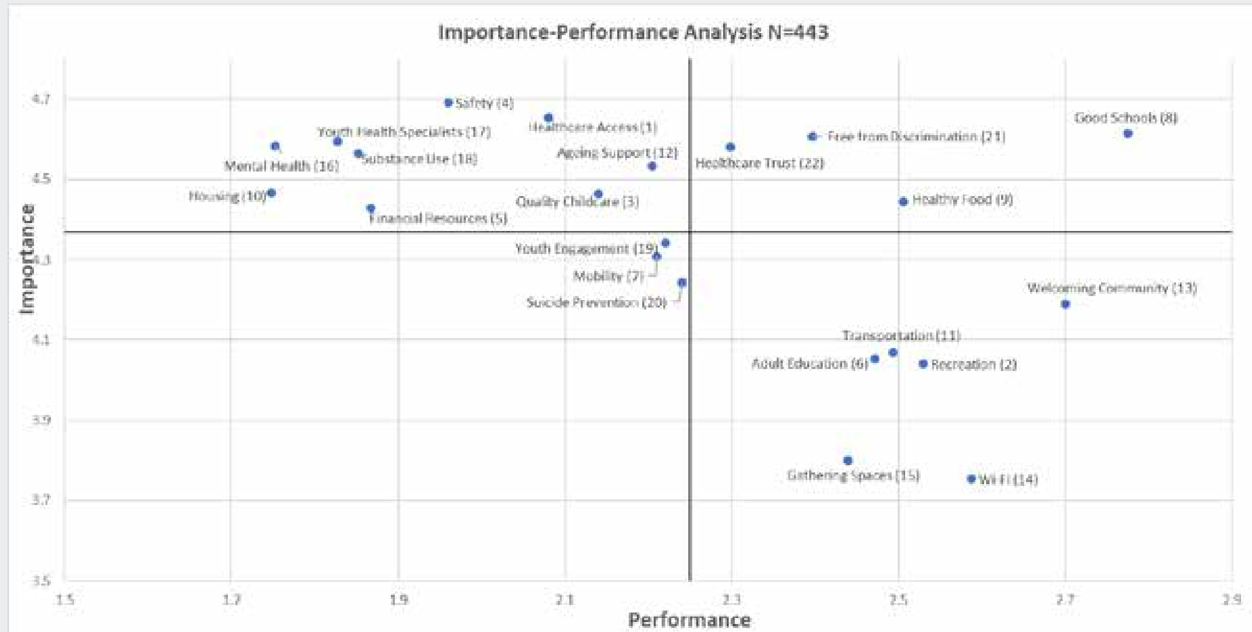
20. Which of the following best describes your employment status?

a. Employed full time (more than 30 hrs/wk)
b. Employed part time (less than 30 hrs/wk)
c. Self-employed full time
d. Self-employed part time
e. Not employed, but looking for work
f. Not employed and not looking for work
g. Not employed, unable to work due to a disability or illness
h. Retired
i. Student
j. Stay-at-home spouse or partner

21. Please use the space below to provide any additional comments or feedback you wish to share. If none, please leave blank.

Appendix C

Importance Performance Analysis (IPA) Matrix



Legend

(1) Everyone has resources to access healthcare services.

(2) There are recreation opportunities for everyone.

(3) Quality childcare including after-school and summer programs are accessible to all families.

(4) People feel safe in their neighborhood.

(5) People have the financial resources to afford the things they need.

(6) Educational opportunities for adults are offered and easy to access.

(7) The community is set up for all modes of mobility (walking, strollers, wheelchairs, walkers, bikes, etc.)

(8) The schools offer a good education.

(9) Healthy food is easy to find and buy.

(10) Safe housing is available for everyone.

(11) There is enough access to public transportation.

(12) The older population can get the support they need as they age.

(13) Our community welcomes and supports people from a variety of cultures and backgrounds.

(14) Affordable or free Wi-Fi is easy to find.

(15) There are welcoming community spaces available for people to gather.

(16) It is easy to obtain quality mental healthcare.

(17) There are enough healthcare specialists for children and youth.

(18) Substance use is addressed.

(19) Youth engage positively with our community.

(20) Community members know how to prevent suicide.

(21) People are not discriminated against because of color, race, or identity.

(22) There is trust in our local healthcare systems.

Appendix D

CHNA Focus Group Agenda/Questions

- Facilitator and one notetaker for each group—conversations will be recorded.
- Food will be available upon arrival.
- Name tags will be provided for facilitators and participants.

Welcome and Introductions of Facilitators (2-3 minutes)

Consent Review (2-3 minutes)
Voluntary participation, sessions will be recorded by notetakers, all participant names will be kept confidential.

Purpose of Focus Group (7-10 minutes)
Key Points:
- CHNA description and importance: community health.
- Inclusion and equity are foundational to successful CHNA.
- Understanding experience and need in community.
- Identifying groups that were underrepresented in community survey to increase voice and knowledge about needs.
- Show differences in survey findings, overall response, two-three population responses.

Meeting Expectations (2-3 minutes)
- Expected length of time (90 minutes).
- How information will be used.
- How we will inform group of findings.
- Note takers will not participate in conversation but may ask for clarification.
- In the interest of time, the facilitator may decide the conversation is over so the group can move on to the next question.

Ground Rules: (2-3 minutes)
- Turn of cell phones.
- Having input from everyone is ideal.
- All perspectives are valued and respect for differing opinions is required.
- Avoid side conversations.
- Facilitators will try to allow everyone to speak who wants to contribute.
- Conversations should stay on topic.

Split into focus groups and each group will have 60 minutes to answer the following questions:
Explain our definition of community–places in the Rutland Region where you live, work, play, and age.

Define community health–understanding the health and wellbeing of a group of people in a specific geographic location. This takes into account all aspects of health; physical, mental, social, spiritual, financial, environmental, and intellectual.

- What is your vision for a healthy community?
- If you had a magic wand, what would you change about our community to improve the health of everyone?
- What priority areas identified in the community survey resonate with you and why?
- What other aspects of health were not identified in the community survey, that you think are important and need improvement?
- What is your perception of the most beneficial health resources and services in this community?
- Is there anything else you would like to say about the health of our community?

Continued on next page →

Appendix D *Continued*

(Disability Advocates Agenda/Questions were altered with support of the ARC Director)

Disability Advocate Introductions and Stories (30 minutes)

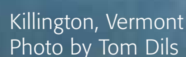
The advocates will spend some time telling the facilitators about themselves and their stories. This will help inform the follow-up questions related to the Community Health Needs Assessment. We may be able to skip questions if they are answered during the presentation.

Facilitator will have 30 minutes to ask (at least 4) the following questions:

Explain our definition of community: places in the Rutland Region where you live, work, play, and age.

Define community health: understanding the health and wellbeing of a group of people in a specific geographic location. This considers all aspects of health; physical, mental, social, spiritual, financial, environmental, and intellectual.

- What does a healthy community look like to you?
- What would you change about our community to improve the health of everyone?
- What is most important for the community to know about you?
- What helps you in our community?
- What parts of the community make life difficult for you?
- Is there anything else you would like to say about the health of our community?



Killington, Vermont
Photo by Tom Dils

Appendix E

Key Informant Medical Provider Survey Tool

This survey is an important part of the Community Health Needs Assessment process by Rutland Regional Medical Center. In order to better understand the current needs of our community and our healthcare workers, we need honest responses from as many medical providers as possible, including you.

Throughout the survey we refer to "our community". By this we mean the places in the Rutland region where you work, and serve patients and clients seeking healthcare. Your response to this survey is completely voluntary. You can choose to leave any question you do not want to answer blank. Your individual response will be kept confidential and only shared in summary form.

1. Which of the following credentials best describes your qualifications:

a. Medical Doctor
b. Nurse Practitioner
c. Physician Assistant
d. Nurse (RN, LPN, PN, VN)
e. OT, PT, RT
f. EMT, NRP
g. LPT, LMFT, LCADAC
h. LICSW, LCSW, ACSW
i. LCMHC, LADC, CADC, AAP
j. DDS, DMD
k. OD, Optician
l. Other (please specify)

2. What best describes the type of care you are most often providing?

a. Inpatient (Acute Rehabilitation, Addiction Treatment, Psychiatric, Labor/Delivery, Surgery, Serious Medical Condition, Hospital)
b. Ambulatory (Urgent Care, Health Clinic, Emergency Department, Minor Surgery, Diagnosis, Dental, Dialysis, Rehabilitation, Outpatient Surgery, Behavioral Health, Preventative Care, Screenings, Physical Exams & Vaccinations, Specialty Care)
c. Long-term Care (Nursing Home, Home Health Care, Adult Day Care, Assisted Living Facilities, Respite Care, Hospice Care)
d. Other (please specify)

3. If applicable, what type of specialty care are you most often providing?

4. What is the location of practice where you work:

a. Rutland City/Rutland Town
b. North Western (Castleton, Fair Haven, Sudbury, West Haven, Hubbardton, West Rutland)
c. North Eastern (Brandon, Proctor, Pittsford, Chittenden, Killington, Pittsfield, Mendon)
d. South Western (Poultney, Wells, Pawlet, Tinmouth, Danby, Middleton Springs, Ira)
e. South Eastern (Clarendon, Shrewsbury, Wallingford, Mount Holly, Mount Tabor)
f. Other (please specify)

5. In general, how would you rate the overall health of the community?

a. Always
b. Usually good
c. Sometimes
d. Rarely
e. Never
f. Don't Know

6. The next few questions are about Social Determinants of Health. For this survey we define these as "the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks." They include areas like, access to healthcare, education, transportation, food security, and economic stability. With this definition in mind, does your practice ask patients about any of their needs related to Social Determinants of Health?

a. Excellent
b. Very good
c. Good
d. Fair
e. Poor

7. If applicable, what Social Determinates of Health does your practice screen and/or respond to?

8. You are provided adequate resources to respond to patient needs related to Social Determinants of Health.

a. Strongly agree
b. Agree
c. Neither agree nor disagree
d. Disagree
e. Strongly disagree
f. Don't know

Continued on next page →

Appendix E *Continued*

9. What additional resources do you need to respond to a patient's needs related to Social Determinants of Health?

10. What barriers do you encounter while trying to help your patients?

11. Certain populations within our community have had unique experiences accessing and receiving healthcare. Training for providers related to caring for these specific groups can enhance their experience and health outcomes. Have you received any training for the following groups within the last two years?

a. Yes
b. No
c. Unsure

- *People who identify as LGBTQIA2S+*
- *People with larger bodies*
- *Black, Indigenous, People of Color*
- *Refugees/Asylum Seekers*
- *People whose primary language is not English*
- *People with a range of mobility challenges*
- *People with severe mental health challenges*
- *People with substance use disorder*
- *People aged 0-25 years old*
- *People aged 65 years and older*
- *People experiencing housing challenges*
- *People with developmental/mental disabilities*
- *Providing trauma responsive care*

12. Thinking about the same groups in our community, are you interested in attending training for any of the following populations?

a. Yes, interested
b. No, not interested
c. I'm already trained

- *People who identify as LGBTQIA2S+*
- *People with larger bodies*
- *Black, Indigenous, People of Color*
- *Refugees/Asylum Seekers*
- *People whose primary language is not English*
- *People with a range of mobility challenges*
- *People with severe mental health challenges*
- *People with substance use disorder*
- *People aged 0-25 years old*
- *People aged 65 years and older*
- *People experiencing housing challenges*
- *People with developmental/mental disabilities*
- *Providing trauma responsive care*

13. Do you feel safe at work?

a. Always
b. Usually
c. Sometimes
d. Rarely
e. Never
f. Not Applicable

Continued on next page →

Appendix E *Continued*

14. My practice is taking new patients.
   a. Yes, currently accepting all new patients
   b. Yes, under some circumstances we are accepting some new patients
   c. No, but we anticipate taking new patients soon
   d. No, and we do not anticipate taking new patients in the near future

15. Are you currently accepting new Medicaid patients?
   a. Yes
   b. No

16. When patients contact your practice, how often are they able to get an appointment as soon as they need?
   a. Always
   b. Usually
   c. Sometimes
   d. Rarely
   e. Never
   f. Not Applicable

17. If you had a magic wand, what would you change about our community?

18. What is your age?
   a. 18-24
   b. 25-34
   c. 35-44
   d. 45-54
   e. 55-64
   f. 65-74
   g. 75+

19. What is your gender identity?
   a. Female
   b. Male
   c. Non-binary/Genderqueer/gender nonconforming neither exclusively male nor female
   d. Transgender man/trans man
   e. Transgender woman/trans woman
   f. Other gender category (please specify)

20. What is your sexual orientation?
   a. Bisexual
   b. Gay or Lesbian
   c. Queer, Pansexual, and/or questioning
   d. Straight or Heterosexual
   e. Do not want to disclose
   f. Other (please specify)

21. Are you Hispanic, Latino, or Spanish origin, such as Mexican, Puerto Rican or Cuban?
   a. Yes
   b. No

22. What is your race or origin? (Check all the Apply)
   a. American Indian or Alaska Native
   b. Asian or Asian American
   c. Black or African American
   d. Native Hawaiian or other Pacific Islander
   e. White
   a. Other (please specify)

23. Please share any other feedback or comments that would be helpful.

Appendix F

Key Informant Community Leader Survey Tool

This survey is an important part of the Community Health Needs Assessment process by Rutland Regional Medical Center. In order to better understand the current needs of our community and our service providers, we need honest responses from as many key informants as possible, including you.

Throughout the survey we refer to "our community". By this we mean the places in the Rutland region where you work, and serve patients and clients seeking healthcare. Your response to this survey is completely voluntary. You can choose to leave any question you do not want to answer blank. Your individual response will be kept confidential and only shared in summary form.

1. What areas does your agency serve within Rutland County?

a. All of Rutland County Rutland City/Rutland Town
b. North Western (Castleton, Fair Haven, Sudbury, West Haven, Hubbardton, West Rutland)
c. North Eastern (Brandon, Proctor, Pittsford, Chittenden, Killington, Pittsfield, Mendon)
d. South Western (Poultney, Wells, Pawlet, Tinmouth, Danby, Middleton Springs, Ira)
e. South Eastern (Clarendon, Shrewsbury, Wallingford, Mount Holly, Mount Tabor)
f. Other (please specify)

2. In general, how would you rate the overall health of the community?

a. Excellent b. Very good c. Good d. Fair e. Poor

3. Certain populations within our community have had unique experiences accessing and receiving services. Training people who provide support for these specific groups can enhance the experience and health outcomes for groups experiencing health disparities. Have you received any training related to serving the following groups within the last two years?

a. Yes b. No c. Unsure

- *People who identify as LGBTQIA2S+*
- *People with larger bodies*
- *Black, Indigenous, People of Color*
- *Refugees/Asylum Seekers*
- *People whose primary language is not English*
- *People with a range of mobility challenges*
- *People with severe mental health challenges*
- *People with substance use disorder*
- *People aged 0-25 years old*
- *People aged 65 years and older*
- *People experiencing housing challenges*
- *People with developmental/mental disabilities*
- *Providing trauma responsive care*

Continued on next page →

Appendix F *Continued*

4. **Thinking about the same groups in our community, are you interested in attending training for any of the following populations?**

   a. Yes, interested   b. No, not interested   c. I'm already trained

   - *People who identify as LGBTQIA2S+*
   - *People with larger bodies*
   - *Black, Indigenous, People of Color*
   - *Refugees/Asylum Seekers*
   - *People whose primary language is not English*
   - *People with a range of mobility challenges*
   - *People with severe mental health challenges*
   - *People with substance use disorder*
   - *People aged 0-25 years old*
   - *People aged 65 years and older*
   - *People experiencing housing challenges*
   - *People with developmental/mental disabilities*
   - *Providing trauma responsive care*

5. **I am adequately equipped to support the individuals and/or families being served at my agency.**
   a. Strongly agree
   b. Agree
   c. Neither agree nor disagree
   d. Disagree
   e. Strongly disagree

6. **What barriers do you encounter while trying to help people seeking care or support at your agency?**

7. **Do you feel safe at work?**
   a. Always
   b. Usually
   c. Sometimes
   d. Rarely
   e. Never
   f. Not Applicable

8. **Working with other agencies in our community is easily accomplished.**
   a. Always
   b. Usually
   c. Sometimes
   d. Rarely
   e. Never

9. **How could collaboration be improved across agencies?**

10. **Attending community coalitions or multi-agency groups helps my organization collaborate with other agencies.**
    a. Always
    b. Usually
    c. Sometimes
    d. Rarely
    e. Never
    f. I do not attend community coalitions

11. **If applicable, what coalitions or multi-agency groups do you meet with regularly?**

12. **It is easy to find contact information for partnering agencies when trying to support individuals.**
    a. Always
    b. Usually
    c. Sometimes
    d. Rarely
    e. Never

13. **If you had a magic wand, what would you change about our community?**

Continued on next page →

Appendix F *Continued*

14. What is your age?

a. 18-24
b. 25-34
c. 35-44
d. 45-54
e. 55-64
f. 65-74
g. 75+

15. What is your gender identity?

a. Female
b. Male
c. Non-binary/Genderqueer/gender nonconforming neither exclusively male nor female
d. Transgender man/trans man
e. Transgender woman/trans woman
f. Other gender category (please specify)

16. What is your sexual orientation?

a. Bisexual
b. Gay or Lesbian
c. Queer, Pansexual, and/or questioning
d. Straight or Heterosexual
e. Do not want to disclose
f. Other (please specify)

17. Are you Hispanic, Latino, or Spanish origin, such as Mexican, Puerto Rican or Cuban?

a. Yes
b. No

18. What is your race or origin? (Check all the Apply)

a. American Indian or Alaska Native
b. Asian or Asian American
c. Black or African American
d. Native Hawaiian or other Pacific Islander
e. White
a. Other (please specify)

19. Please share any other feedback or comments that would be helpful.

Appendix G

Community Contributions

Organization	Service	Population	Contribution
AHS State of Vermont	Improving outcomes	Children, adults, seniors, individuals with disability, low socioeconomic status	Participated in *Community Leader Key Informant Survey*, participated in focused conversations, provided data
ARC Rutland Area	Supporting people living with intellectual and physical disabilities	People with disabilities	Participated in Focus Group, provided input, participated in *Community Leader Key Informant Survey*
BROC Community Action	Economic development, food and nutrition, housing, fuel/utility assistance, weatherization assistance, restorative justice	Community	Participated in *Community Leader Key Informant Survey*, provided input and data
Come Alive Outside	Outdoor programming for community	Youth, seniors, and employee wellness	Participated in *Community Leader Key Informant Survey*, provided data
Community Health Centers (CHC)	Primary care, mental healthcare, substance use disorder	Community	Advisory Council, provided data, distributed surveys, attended focused conversations, provided input
CHC Care managers	Care management and service coordination	People with chronic conditions, disabilities, substance use disorder	Participated in *Community Leader Key Informant Survey*
Community Care Network	Child and family services, adult services, developmental services, senor services, substance use disorder services	Youth, individuals with disabilities, seniors, individuals with substance use disorder	Advisory Council, distributed all surveys, participated in *Community Leader and Medical Key Informant Survey*
Community Health Team RRMC	Social work	Uninsured, women, children	Participated in *Community Leader Key Informant Survey*, participated in focused conversations, provided data
Homeless Prevention Center	Housing assistance	Precariously housed and homelessness	Participated in *Community Leader Key Informant Survey*, participated in focused conversations, provided data
Housing Trust of Rutland County	Housing and housing assistance	Precariously housed	Participated in *Community Leader Key Informant Survey*, provided data
Project Vision	Community initiative	Rutland County	Distributed *Community Leader Key Informant Survey,* provided input
Rutland City Police Department	Law enforcement	Rutland City	Provided data, and participated in *Community Leader Key Informant Survey*
Rutland Mental Health Services	Mental healthcare, community access program, crisis response	Individuals with disabilities, adults and children	Advisory Council, provided data, participated in *Community Leader Key Informant Survey*, distributed *Medical Key Informant Survey*, attended focused conversations, provided input

Appendix G *Continued*

Organization	Service	Population	Contribution
Rutland Regional Medical Center	Medical specialty, mental health, substance use, emergency, inpatient, surgical, psychiatric, cancer care	Community	Advisory Council, provided data, distributed all three surveys, participated in *Community Leader and Medical Key Informant Survey*, participated focused conversations, provided input
Slate Valley Cares	Recreation	Community	Participated in *Community Leader Key Informant Survey*
Social Tinkering	Social justice and community connections	Community	Participated in *Community Leader Key Informant Survey*, provided data
Southern Vermont Area Health Education Center	Healthcare workforce	Youth, healthcare community	Advisory Council, data analysis, participated in focused conversations, participated in *Community Leader Key Informant Survey*
Turning Point Center of Rutland	Substance use recovery	Individuals with substance use disorder, families	Participated in *Community Leader Key Informant Survey*, participated in focused conversations, provided data
Vermont Adult Learning	Education	Adults, education	Participated in *Community Leader Key Informant Survey*, provided data
Vermont Dept of Health	Financial support, WIC, health insurance, alcohol and drug addiction programs, emergency management, COVID response	Community, low-income families and children	Advisory Council, provided data, distributed surveys, participated in *Key Informant Survey*, data analysis, provided input
Vermont Farmers Food Center	Food and nutrition, education, farmacy	Community, low-income families and children	Participated in *Community Leader Key Informant Survey*, participated in focused conversations, provided data
VNA & Hospice of the Southwest Region	Nursing, hospice care, home health	Seniors, healthcare	Advisory Council, provided data, distributed surveys, participated in *Community and Medical Key Informant Survey*, provided input
Vermont State University Castleton Campus	Higher education	Youth and adults	Participated in *Community Leader Key Informant Survey*
Vermont State University Castleton Campus NAACP Chapter	Higher education	Youth	Participated in focus group session

Appendix H

References:

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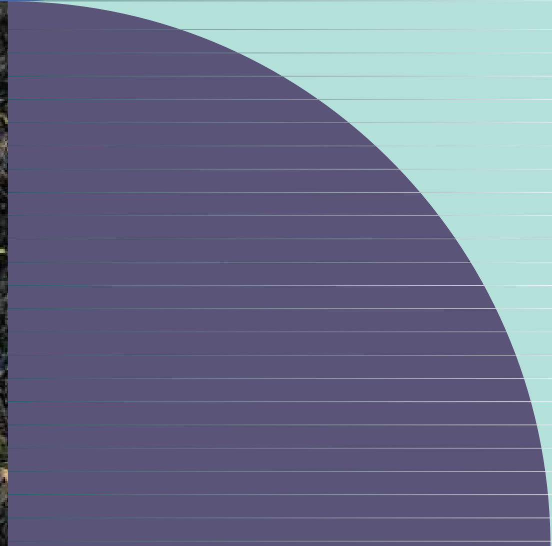

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