

Community Health Needs Assessment

Summary of Interviews

Access – to primary care, primary care providers, insurance, etc.

“Good access to health care influences a person’s use of health care services and improves overall health. While the subject of health insurance is often at the center of any discussion about health care, access to care involves more than simply having health insurance coverage. Barriers to timely and comprehensive health care are many: a shortage of providers or hospitals, lack of reliable transportation or long drives to care, cultural or personal beliefs, language and education—as well as a lack of insurance or being underinsured.” i[1]

The first objective of the *Healthy Vermonters 2010* is to establish primary care. Getting patients in to see a “primary care professional ensures that a complete medical history and other health information is easily available, and that medical care is consistent and coordinated over time.”ii[2] It was also noted that “repeated messages from a health care professional are very important in changing adult behavior,” which would most likely come from a primary care physician.2

- For Julie Arel, Director of the Open Door Clinic (ODC), increased access to care, universal access to insurance and cultivating cultural and linguistic support for their patients are among her top priorities.
- 99% of their patients are uninsured or underinsured adults ranging between the ages of 18 and 65 years old; and roughly 75% of their patients are employed at least part time, but by employers who do not offer health insurance.
- While her staff spends a lot of time helping patients enroll in the state health insurance programs, and then ultimately identifying and transferring their care to primary care homes, two major barriers persist relative to accomplishing these goals. One, peoples’ perceptions that they can/cannot afford the statewide premiums, and two, there is currently only one provider in our service area who is taking new patients. Thus we have far too few providers for the number of people in need and two, this could mean having to travel beyond one’s own community which remains an unrealistic choice, most especially for those with inadequate transportation options.

- Julie states that there are probably somewhere in the area of 500 migrant and farm workers in Addison County, many of whom do not speak English, who come to the ODC for their healthcare. In addition to this population of patients, they also see and serve a variety of individuals of other ethnicities, who Julie feels are largely “invisible in our community.” Addison County is not equipped to deal with the cultural and linguistic barriers, which leads to people not receiving the care they need or to going elsewhere for care, which can mean traveling far beyond/outside their community.
- Julie wishes the clinic could be open more days out of the week to avoid patients accessing the ER when their need is not an emergency; and also notes the need for walk-in clinics in the community so that people do not have to resort to going to the ER, a sentiment echoed by Mike Fernandez, hospital board member and resident of Bristol. Mike wishes to see a more “urgent care” capacity in the medical system and perhaps more flexible physician schedules in order to prevent unnecessary trips to the ER.
- Dr. Eileen Fuller, primary care physician at Middlebury Family Health, also recognizes the need for more primary care physicians in the community, acknowledging that most practices are not taking new patients. She has seen these struggles play out in her own practice which was closed for two years, during which time two providers left to establish a palliative care practice, while the remaining providers embarked on implementing the EMR. She attributes some of the primary care physician shortage to the political issues in Vermont -- all of the unknowns -- along with being in private practice. While approximately 50% of PCPs in Vermont are still in private practice, increasing costs of medical school education and higher and higher student debt load require higher salaries which become cost prohibitive for those in private practice to offer potential candidates. She has seen a pattern of high turnover rates among younger doctors in the community, and she wishes to find a ways to make this community more desirable to encourage establishing home and a career here.
- Dr. Jody Brakeley, pediatrician, believes the biggest access challenge for children is the fact that “Medicaid compensation is not very good for providers, and is a barrier to recruiting and retaining pediatricians in Vermont.”
- Martha Redpath, CNM and Heather Kidde-Brown, CNM from Tapestry Midwifery believe the maternal health insurance coverage in

- Vermont is better than in many other states. Their services are well covered by Medicaid. They do recognize that the lack of access to primary care providers in the community is an issue for some, as it adversely impacts their patients seeking other types of medical care. They also note that for some of their patients, transportation - or lack thereof – is a barrier to seeking and accessing proper care.
- The *Addison County Medical Care Community Perceptions 2011* finds roughly 32% of the respondents to believe access to Family Practice is ‘good’, though 4.9% believe access to be ‘very poor’ and 7.45% perceive it as ‘poor’.ⁱⁱⁱ[3] The most common weakness of the health care system in Addison County that was cited by the respondents was the “lack of access to providers (particularly primary care). More than 125 respondents referenced the number of practices that no longer accept patients, long waits for appointments, and high turnover of providers.”^{iv}[4]
 - Another challenge within the Addison County health care system, as mentioned by many respondents from the *Addison County Medical Care Community Perceptions 2011*, was the “inability to attract and retain high quality providers who have experience in complex cases, expertise in the latest medical innovations and a willingness to provide individual attention and personalized care.”⁴ There was a specific mention of a need for more male primary care physicians.⁴
 - Jim Daily, President of Porter Hospital, recognizes the great need for primary care physicians in Addison County. He attributes the high turnover rate of young primary physicians to the ‘trailing spouse’. With more women physicians coming in, the husband is now the trailing spouse. Generally speaking, it is harder for recruitment and retention of a women physician with a trailing male spouse for many different factors.
 - Kate McGowan, Executive Director of the United Way of Addison County also believes that access, in terms of insurance/financial coverage, especially for dental care, substance abuse and mental health, remains a serious issue for many people in our service area. Her wish for the future is to get everyone on basic health insurance, focus on prevention, and manage people holistically versus one disease type at a time. She also believes that we need to increase consumer awareness about cost – patients are insulated from the cost of care they consume.
 - Senator Ayer mentions the need for everyone to receive primary care as an overall priority in health care reform in Vermont.

Dental Care/Oral Health

Many individuals interviewed expressed the sentiment that dental care is often viewed as a “luxury” as compared to other types of medical care, though it is clear that oral health is central to overall health. Access to dental care is important in Addison County and it remains a serious issue, as many people we interviewed pointed out.

- Julie Arel from the ODC sees a lot of poor dental health among her patients. She believes that dental health and access to affordable care is horrible in our community. Even among people with health insurance, dental insurance is often rare, which often results in poor dental hygiene, physical health issues worsened or caused by dental decay, and ultimately, permanent loss of teeth which carries its own social/economic stigma.
- Staff at the Vermont Department of Health recognizes the need for improvement regarding dental care access, particularly for kids. They spoke of the discrepancy between what the Dental Society recommends (being seen by age 1) and what dentists actually practice “on the ground.” It is noted that dental care is often left out in political efforts/reform because it is not seen more as a real medical issue. The need for access to fluoridated water in the community was also an expressed concern.
- Mike Fernandez, a member of the Bristol community and Porter Hospital Board, expressed his concern that the lack of a dentist/dental services in Bristol is a serious health issue for the people of Bristol and an important community concern. And, he believes this ultimately leads to people not receiving the care they need.
- Dr. Harvey Green, a practicing dentist in Middlebury, believes there is an adequate number of dentists to meet the needs of the Middlebury community, and notes that he has seen more and more ads for local dental practices, which implies that the capacity is there. He offers that public transportation doesn’t always work well for patients coming from outside of Middlebury; and also recognizes the lack of providers/coverage elsewhere, specifically in Bristol. Dr. Jody Brakeley, pediatrician, sees access to dental care especially in communities such as Bristol and Brandon as a serious issue as well. She feels the issue is centralized around a lack of transportation options that go beyond dental care.
- Dr. Green acknowledges another significant, two-pronged barrier in the system: 1) poor reimbursement rates (to providers) for adult

Medicaid patients, leads to many dentists who are not willing to take these patients due to this financial barrier, and 2) the \$495/year Medicaid benefit for adults can be inadequate given their overall needs. Further, VHAP insurance does not cover dental at all which leaves those recipients without help. Dr. Green explains that there are state vouchers given out to people, but there is a miscommunication between social services and consumers, as these vouchers do not cover dental care. Simply stated, he feels that the current system is largely “complex and inadequate” for most of the population.

- Thus given these substantial barriers – inadequate reimbursement, and lack of both transportation options and providers in surrounding communities, significant pockets of the population may not be getting the care that they need.
- Dr. Green finds the program *HeadStart* to be successful in bringing in children for their first screening at a young age. He has found that often times the mother of the child coming in will follow up to make an appointment for herself. The utilization of care increases as a result of the programs in schools. He sees a need for a pediatric dentist in Middlebury or Addison County. There has been no improvement on recruiting one to the area.
- Poppy Cunningham, RN and Donna Bailey, Co-Director of the Parent Child Center believe that lack of access and availability to dentists and dental services is a huge issue among their participants, and within our community in general. From their point of view, those over the age of 18 really struggle with getting dental work, and explain that if one is over the age of 18, and on Medicaid, that individual is eligible for \$500 of dental work per year, which is grossly insufficient for many.
- Jeanne Montross, Executive Director of HOPE, echoes Poppy and Donna’s sentiments, agreeing that dental needs are a huge issue for her target population – low income residents and those living in poverty in our county. She believes that dental care should be part and parcel to our general health care coverage.
- Dr. Green and Staff at the Department of Health mentioned the aging dental population as a concern. As many of Dr. Green’s colleagues are 55 or older, the need for dental recruitment is more urgent now. There has been no advancement in a ‘residency’ program as suggested in 2004. This sentiment is echoed in *The Health Disparities of Vermonters 2010* which reflected the growing concern of the aging of the dental profession. As dentists age, they are working fewer hours and are close to retirement. v[5]

Mental Health

“The remnants of Hurricane Irene did what policymakers hadn’t been able to accomplish for more than a decade — close the state’s antiquated psychiatric hospital.”vi[6] The state hospital was described as antiquated and in crisis resulting in decertification and the loss of federal funding in 2003. 6 As a result of the state hospital closing, mental health patients had no place to go. They were being sent to places not qualified to care for mental health patients.

Efforts are underway to reconstruct the delivery of mental health care services in Vermont. “The proposed new hospital is the key component in the governor’s long-term plan to replace the care that had been offered at the 54-bed Vermont State Hospital in Waterbury, but he also proposed mid-term remedies to the current crisis, which the committee bill endorsed.”vii [7] These plans include 4-13 million dollars in renovations, services, and expansions across the state in order to help the mental health needs of the state.

- Bob Thorn, Executive Director of the Counseling Service of Addison County (CSAC), does not have an answer for the closing of the State Hospital, though he recognizes that the community needs *something*. He supports the governor’s efforts not to rebuild the State Hospital, but instead, to invest in each community individually. He values the idea that people wish to stay within their own community as much as possible. He recognizes that with the closing of the State Hospital, however, mental health patients have no place else to go beside emergency rooms. This is neither good for the patient or for the ER staff.
- Thorn recognizes another challenge for his agency: there is a community perception that CSAC is “too big” for a “quaint New England town.” He offers that many individuals do not see the underbelly (and increasingly pervasive issues of) mental health, substance abuse and abuse in our community. He states that substance abuse is a huge issue...especially in our schools where we have 25 clinicians working...in situations that could probably support 50 clinicians.
- Thorn’s services are particularly hard pressed as his agency is the only public mental health service in all of Addison County. He does not have the ability to say his practice is ‘closed’ like in primary care, but instead he puts patients on a waiting list that he describes as “growing or stagnant.” He saw some improvement in shortening the waitlist

after moving to a short-term therapy model, but they still have about 40 people on the waiting list.

- He also sees a growing need for children. There is a specific lack of funding for Individual Family Services (IFS). And again, as the only public counseling service in Addison County, the demand for services is far greater than the supply. The excess demand is less than ideal, as some children receive care too late or not at all.
- Thorn wishes to unify programs and better integrate services in order to consolidate care. This way, patients do not fall through the cracks, nor do they receive overlapping care.
- Senator Claire Ayer agrees in that she believes there needs to be more interconnectivity among mental health, physical health, and substance abuse. At a Porter Hospital board meeting in January of 2012, there was discussion of the new proposed payment reform plans for health care in Vermont and the hope that we will be able to find a way to facilitate the integration of services, specifically mental and physical health.
- She also says the Vermont State Hospital has been a problem for 20 years, though its closing has caused many different problems, the biggest of which is the question of how to rebuild the 54-bed capacity that it held. She speaks of efforts leaning towards changing to community-based facilities rather than one large, institutionalized building. As 15-bed facilities are not considered ‘warehouses’ by the federal government, they are then willing to fund the smaller institutions.
- Senator Ayer also stressed the need for more step-down beds—beds that are located in a facility not in a hospital, but not fully in the community either. The number of these beds needs to increase statewide, especially as they are not equally distributed throughout the state. She also sees the need for more crisis beds in communities. As the support is there, she is optimistic about future progress.
- Both Senator Ayer and Bob Thorn recognize that there is no place to go for mental health patients, and that the ER is an inadequate and unacceptable solution. Jim Daily, President of Porter Hospital, directly sees the impact of seriously ill mental health patients using the ER. He understands that there is no other place for these patients to go, but at the same time acknowledges that by utilizing regular hospitals as means of care, the seriously mentally ill pose potentially serious risks of danger to both themselves and those employees caring for them.
- Jody Brakeley, pediatrician, discusses the Addison County Supervisory Union’s (ACSU) effort as they launch a pilot project to study ‘whole

families' specifically looking at behavioral and mental health. She says the program has "tremendous potential to draw the medical community together and provide better services."

- Dr. Eileen Fuller, primary physician at Middlebury Family Health, sees a problem of getting people to see a counselor. As waiting times are so long, people are less likely to follow up. She finds the compliance rate to be much higher if the counseling is done in the same building right down the hall from her. Another real gap that she sees in the system is that there is no pediatric psychiatrist in our service area.
- Neil Gruber, Administrator of the local nursing home, discusses the need for more mental health services within his population and the emerging role of how Helen Porter is best equipped to meet these needs. While they currently use telemedicine services via FAHC, a significant challenge for them is finding clinicians who have expertise in dealing with elders/residents who have significant mental health issues.
- Mike Fernandez, Porter Hospital Board member and community member from Bristol, points out the lack of mental health services in Bristol. He wishes to see the definition of mental health to be broadened to encompass a variety of issues that may be considered catalysts for other health problems like homelessness or substance abuse.
- The Vermont Department of Health mentions the major priority of (more) children's mental health services. Over the past few years, they have seen great improvement with Children Integrated Services (CIS), specifically the referrals coming from a central source. They still wish to see health coverage of children up through the age of 21.
- Kerri Duquette-Hoffman from WomenSafe, believes there is a need for better access to children's mental health services, along with a great need for a children's support group. Consistency within a support group of this nature is challenged by the lack of staffing available.

Substance Abuse

Substance abuse is gaining recognition around the state of Vermont. The underground nature of the issue raises unanswered questions and serious concern. Despite the secretive nature of the problem, there is no denying the deadly effect it has on the Vermont population. Keith Flynn, Vermont public

safety commissioner, said, “opiates are our biggest killer in Vermont. Last year, more people died in Vermont from opiates than from automobile crashes and murders combined.” viii[8]

***Eight years ago in the CHNA...there is still a great need for “more substance abuse intervention/treatment options for women (and others), improved continuity of care, and reducing waiting times for care.” ix[9]

- Poppy Cunningham, RN and Donna Bailey, Co-Director of the Addison County Parent Child Center speak at great length about the impact that substance abuse (particularly that of opiates) has on the lives of a significant percentage of their participants; and moreover, how problematic it is not to have any treatment options - centers or providers - in our service area. Essentially, if a person wants to get into treatment, she/he has to go elsewhere, to Brattleboro, Rutland or Burlington, where even if one could manage the entangled transportation issues, the individual might have to wait for months to get into a center. And then, should the timing, availability and transportation all miraculously align, there remain for the individual, significant gaps and tremendous fragmentation between treatment plans, appropriate and sufficient psychiatric/counseling support, and coordination of care between all of the providers treating the individuals (e.g. therapist, psychiatrist, primary care provider/physician). Further, as Donna and Poppy articulate, there is really nothing, in terms of treatment options, for the “dads” that they serve through their programs. Many of these young men are not covered by Medicaid or private insurance, and should they be on VHAP, transportation will not be paid for, which creates a huge obstacle toward seeking treatment.
- Poppy and Donna note that there has been much discussion over the years about this issue, by and among many key players in our community, and feel there continues to be significant resistance in taking the critical next steps to creating local solutions.
- Needless to say, these women feel that having treatment options within our county/service area for all of our community members who are struggling with substance abuse and addiction issues would be a tremendous asset and enhance the well-being and health of our whole community.
- The Vermont Department of Health knows this is a growing concern for the community. As much of this is done underground, it is difficult to know for sure just how big the problem is. While direct services see the problem the most, there is still knowledge of it throughout the community.

- Bob Thorn from the Counseling Service has seen an increase in heroine use, as it is generally cheaper and easier to get. The substance abuse program he is running is not funded well despite its growing demand.
- Kerri Duquette-Hoffman, Director of WomenSafe, sees a growing problem specifically with opiates. She expresses a concern for the lack of options for treatment in the community, as waiting lists are too long.
- Jim Daily, President of Porter Hospital, believes the community does not like to talk about the issues regarding substance abuse despite its growing problem in schools and elsewhere. He acknowledges that many people are not willing to support a treatment center here, as they believe it might attract more addicts to Middlebury.
- Representative Mike Fisher applauds Porter’s recent effort to be more engaging in health care policy, specifically with opiate treatment. As a whole, he sees a “lack of appropriate treatment options” within Addison County and within the State of Vermont. Despite the recent conversations about the substance abuse problem, no one is taking action. People know the need is there, though it may be hard to prove in numbers since the abuse is very much underground.
- Mike Fernandez has seen a growing substance abuse problem. He notes that there have been more break-ins, specifically where children are stealing from family members in order to support their habits.
- Dr. Jody Brakeley sees substance abuse as a huge problem and one that is growing in both our schools and broader communities as well. She notes the direct impact it has on families as a whole—leading to poverty or even homelessness, a significant - and growing - community issue.
- Senator Clair Ayer sees a gap in the care of patients who are suffering from more than just substance abuse. There is a lack of interconnectivity among substance abuse, mental health and physical health efforts.
- Dr. Harvey Green DDS has noticed a decline in substance abusing patients. He accredits this to the fact that people know dentists either do not or will not prescribe narcotics. The Open Door Clinic has a similar policy, as it does not prescribe narcotics, so addicts are less likely to use, or potentially abuse, their services for that reason according to Arel.

Relative to tobacco use specifically, *Healthy Vermonters 2010*, notes the need to “encourage pregnant women to quit [smoking]” for not only their health, but also for their baby’s health. x[10]

- The Vermont Department of health speaks of the consistently low smoking rates among pregnant women as a positive in the community, while still recognizing the occasional spike in numbers. There is still much room for improvement as a whole.
- Rachel Guy, Director of Planned Parenthood, has seen a trend of women quitting smoking during pregnancy, but picking it back up afterwards. Although it is a good thing the women are not smoking during pregnancy, they are still putting their child at risk after he or she is born with both direct secondhand smoke inhalation as well as the increased probability that the child will smoke because his or her parent does.
- Redpath and Kidde Brown have seen a great improvement with the smoking issue. The results of efforts that started years ago are definitely beginning to shine through. Addison County has lower recorded rates than other communities.

Substance Prevention

Melanie Clark, Tobacco Prevention Coordinator, and for the past 12-13 years prior, former Coordinator of the Addison County Youth Prevention and Control Grants, currently chairs the Addison County Prevention Partnership(ACCP), a group of community organizations, businesses and concerned individuals working together to prevent tobacco and substance abuse in Addison County. The ACPP was reorganized in 2010 as a merger between the three prevention coalitions in Addison County: Addison County Prevention Partnership, Addison County Tobacco Control Roundtable and Vergennes Prevention Council. Melanie explains that this merger was formed voluntarily in an effort to increase collaboration and efficiency between these groups.....and better position ourselves to meet the needs of Addison County residents, particularly in light of diminishing state and federal funding. Their mission and goals are as follows:

The Addison County Prevention Partnership advocates for, and cultivates improved healthy behaviors and wellbeing through the prevention, treatment and recovery from alcohol, tobacco, and other drugs. xi[11]

Goals:

1. Prevent the onset, and reduce the progression of all substance use, including tobacco and childhood/underage drinking
2. Educate the community about the health hazards resulting from the use of tobacco, alcohol, and other drugs
3. Decrease the availability and use of substances in our community
4. Reduce community-wide exposure to secondhand smoke
5. Support local treatment options for individuals wishing to quit tobacco, alcohol and other drugs
6. Link individuals to local and statewide treatment and recovery services
7. Provide and promote opportunities for the community and individuals working in the fields of prevention, enforcement, treatment, and recovery to collaborate and discuss issues associated with substance abuse
8. Reduce substance-abuse related problems in our community
9. Build prevention capacity and infrastructure at the State and community levels

Many events and activities are planned throughout the year to help reduce substance abuse, including as examples from 2012, Sticker Shock events, Vergennes Community Action Group Meetings, and a Celebration of Teen Prevention and Leadership back in May.

- Melanie believes that there is a good network of people doing prevention with the coalition/partnership, and that they've been supportive of the initiatives to reduce exposure to second-hand smoke, e.g. eliminating smoking and tobacco use in all areas but one at Addison County Field Days, campaigning to create smoke-free zones in Bristol, and having our schools partner with our mental health agency so our students have access to resources within their respective schools.
- Further, she states that youth are getting the message that smoking isn't good for them, as reported in the statewide highlights of the *2011 Vermont High School Youth Risk Behavior Survey* xii[12], which says that "24% of students ever smoked a whole cigarette, a significant decrease from 31% in 2009." While this has its merit, Melanie feels that youth are shifting their substances, away from cigarettes to marijuana, chew tobacco, and harder drugs.
- Melanie would like to see more "in-person cessation services," offering that some people who are trying to quit want to connect with the people who are helping them, and feel more comfortable with a "local face." She also believes and recommends that more funding would help their prevention efforts, and that a different granting mechanism

or model, other than going year-to-year, one grant at a time, would both heighten peoples' level of commitment to the projects and encourage more people to participate in these important community-wide endeavors.

- Sharon Koller, MS, ASAC, LCHMC (licensed clinical mental health counselor), is employed by the Counseling Service of Addison County and works as a Student Assistant Program Counselor three days a week at Mt. Abraham Union High School. The SAP program is an early intervention screening program whereby students can either self-refer to the program, or be referred by family members, friends, teachers or an administrative person, in the case of a policy violation, for instance. Sharon explains that the SAP program has been at Mt. Abe for 15 years, and that students feel it's an established, safe place to come. She states the service is well utilized and that it is getting more coordinated and integrated with overall student services there. While the *Youth Risk Behavior Survey* xiii[13] suggests that usage rates are trending down, Sharon is seeing more violations and doesn't feel like she is seeing a drop in use among their students.
- Sharon sees upwards of 90 students per year, spanning grades 7-12, and offers that the biggest challenge for many of these children/students is living with so much substance abuse around them (speaking primarily of marijuana and tobacco use in this context); and that many have parents and extended family members who condone the behavior. Thus the kids start experimenting with these substances early in their lives, and essentially receive considerable reinforcement for making these choices. Because so many 7th graders come into Mt. Abe already using, she feels we should be starting younger - in our elementary schools (perhaps via a program or programs that could travel from one school to another) – simultaneously targeting parents, and would like to see more partnerships -- with our schools, the hospital and other organizations.
- Tom Fontana, MS, LCMH, ASAC is an SAP counselor at Vergennes Union High School. He believes the program is a great service and feels it's an awesome opportunity to be in the school. They see about 10% of the school's population which statistically aligns with the Positive Behavior Intervention and Support Model.
- Sharon feels it would be most helpful to have a systemic attack on reducing exposure, via more outreach to individual communities, more quit groups, etc. She adds that many of these kids are living in

- poverty and have transportation issues so making services accessible within their home communities would be ideal. She explains that many services and specialized groups, like Alateen, tend to be clustered in Middlebury. Her dream is to have these services available within all of our schools where it would be much more likely that kids would come and avail themselves of these critically important services.
- Tom would like to implement more peer-based models of group leadership around the issues of drugs, alcohol and safe behaviors. He would like to create a new “exploratory,” in the school curriculum, whereby more juniors and seniors could have built into their schedules time to spend with kids from the Middle School. One of the frustrations he described is that there will no longer be SAPs after this year. He doesn’t know where all this is going, given changes in funding, structure of programs, etc., and expresses concern about fragmentation and creating artificial lines that don’t work for kids (who wish to access these resources).

Violence and Safety

“WomenSafe works toward the elimination of physical, sexual and emotional violence against women and their children through direct service, education and social change.” xiv[14] This local, non-profit provides: xv [15]

- Advocacy Services (free and confidential)
 - 24 hour Hotline
 - Information and Referral
 - Emotional Support
 - Medical Advocacy
 - Legal Advocacy
 - Transitional Housing (and support and advocacy)
 - Systems Advocacy
 - Support Groups
 - Community Outreach and Education
 - Supervised Visitation and Monitored Exchanges
- Kerri Duquette-Hoffman, Director of WomenSafe, explains that over the past year, through their 24-hour hotline and other outreach efforts, WomenSafe handled about 450 callers who were experiencing domestic violence (though some of these callers were also experiencing sexual violence); and another 50 callers who were experiencing sexual violence. Their calls increased by 20% over the previous year, and she believes that the individuals’ situations have become more difficult and

take longer to resolve. She feels that the depressed economy has certainly contributed to this trend, and that women don't have the same options in terms of family support/options, e.g. parents and extended family members may no longer have big homes where women and their children can be sheltered and take refuge for a while.

Their statistics, broken down by specific service, for the fiscal year July 1, 2010 through June 30, 2011 were as follows 14:

- + Emotional crisis support and general info/referral – 2,951 times
 - + Support, advocacy and navigation through civil or family court processes – 759 times
 - + Parenting information and support – 179 times
 - + Support, advocacy and navigation through criminal legal processes – 161 times
 - + Assistance with more than 121 *Relief from Abuse Orders*
 - + Emergency Financial Assistance – 97 times
 - + Support and Advocacy to 42 women who had a self-identified disability
 - + 9 visits to the hospital
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- Kerri feels very positively that Addison County currently has on-call Sexual Assault Nurse Examiners (SANEs), at Middlebury College's Parton health Center and at Porter Hospital. These nurses are trained to provide rape exams for forensic purposes and are extensively involved in sexual abuse cases, which number 3-10 per year.
 - Kerri expresses her concern that there are only two SANE nurses in our community, and that unfortunately, they cannot cover for one another. Should they be unavailable, the back-up plan is to have a physician do the exam which is not optimal. She wishes there could be overlap between the two in order to provide better care to those victims of sexual assault.
 - Relative to non-sexual violence, Kerri states there is really great collaboration between other providers and WomenSafe when women present with domestic violence. They have seen an improvement as the ER staff has collectively made an extra effort to help women feel safe. The ER staff is respectful and sensitive to the patients' circumstances, specifically to chronic substance abusers. The staff offers patients the option to seek treatment, from which many success stories have resulted.

Between July 1, 2010 and June 30, 2011, WomenSafe assisted 408 children who were exposed to violence, through calls and meetings with their parents and other concerned adults – a 14% increase from the previous year. Additionally, their Supervised Visitation Program provided 240 supervised visits and monitored exchanges during this same time frame, a 35% increase over the previous year. (website)

- Relative to gaps or opportunities for improvement, Kerri feels that getting kids the services they need is still a significant challenge, even though the Parent Child Center, CSAC, and our schools and school-based clinicians all work to support and meet their needs. She feels that we need more resources, including a children's support group. Further, WomenSafe recognizes the importance of not only children's support groups, but also adult counseling support especially for single women. There needs to be a consistency within the support in order to ensure success.
- Kerri believes the overall community collaboration -- schools, town, police, hospital, State's Attorney's office, The Addison County Council Against Domestic and Sexual Violence, the Sexual Assault Response Team of Addison County, and the Vermont Network Against Domestic Violence and Sexual Assault -- has contributed a great deal to the success of helping women in need.
- Chris Mason, School Resource Officer with the Middlebury Police Department, works primarily at the Middlebury Union High School (MUHS), but also spends some time each week at the Mary Hogan Elementary School and the Middlebury Union Middle School (MUMS). He explains the tri-fold nature of his professional role within the schools. The first component is that of (law) enforcement - what he feels to be the most prominent and least effective part of his role: he responds to crime/civil offenses, traffic violations, drugs/alcohol, violence (fights/confrontations). The second component of his work is education -more productive than enforcement – is taking a more preventative role by participating in classes at Middle and High Schools where drugs, alcohol, the internet, sexting (when a person takes an image of him/herself and then exchanges the images, usually via cell phones) are all discussed. He also participates in wellness fairs/booths (demonstrating fatal vision goggles/beer goggles...), and does a lot of teaching right out in the parking lot. The final component of his work is the biggest for Chris, and that is getting to know the students – their backgrounds, what's going on at home, etc., to establish trust and make connections. His ethos: one can't be effective within a community unless he/she is part of the trusted community. He tries hard to be friendly and non-threatening, and a positive role model in the students' lives.

- Relative to safety issues, Chris feels there is very, very little violent crime in Middlebury...an occasional bar fight, domestic violence and arguments rising to the level of violence.
- Chris shares that drugs are here for sure - - heroin is making a comeback, marijuana is #1 in prevalence, followed by pills (oxicontin, vicodin, narcotics), and other drugs coming from Albany and the Bronx. He feels there is certain degradation of our community that results from drug use and dealing. At this point in time, what constitutes the most consistent “dangerous” activity in Middlebury are traffic accidents due to someone driving drunk on the road. This is really our biggest safety concern at this time. There is usually 1 FTE (fulltime employee) devoted to enforcement, DUIs and drug enforcement due to traffic violations.

Maternal/Child and Reproductive Health

- One of the goals of the Vermont Department of Health is to increase the number of women who receive early entry into prenatal care. They also children as a major priority. While they have seen improvements over the past ten years, there is room for continued – and more - improvement as Children Integrated Services currently only covers children up to the age of 6 years old. The VDH would like to see this expanded to cover children up to the age of 21 years old.
- Martha Redpath and Heather Brown Kidde, certified nurse-midwives from Tapestry Midwifery believe the number of women receiving first trimester prenatal care to be high in the community. Many of their patients are willing to drive more than an hour to receive their prenatal care.
- They point out a number of strengths in our local and statewide systems: the fact that the maternal health insurance coverage in Vermont is better than in many other states. Their services are well covered by Medicaid; the low C-Section rate in Addison County, though it is no longer the lowest in the State; and the coordination of care in our county/service area. They feel as though the community works well together to get the best possible care for the patient. They hope the implementation of Electronic Medical Records (EMRs) will improve the coordination of care even more.
- Overall, Redpath and Brown Kidde see transportation to be adequate, though there are a few pocket populations that find it difficult. Those that must travel to Burlington for services may have a harder time than others. Also, it is most problematic for teens. This weakness is well covered by the Parent/Child Center, as they usually can help with transportation.

- The midwives explain that The Parent Child Center has proven to be an essential asset within the community. They provide transportation options for teens and others which then give these participants/patients opportunities to receive the care they need. The Parent Child Center also helps with narcotic addictions and substance abuse. Fletcher Allen has addiction programs; Rutland is improving on their addiction program; Middlebury and Addison County as a whole is lacking, as there is not an adequate program dealing with substance abuse.

Healthy Vermonters 2010 denoted one of its objectives as reducing teen pregnancy. Although “from 1991 to 1997, Vermont’s young teen (age 15-17) pregnancy rate dropped 39 percent giving Vermont the lowest young teen birth rate in the nation,” there is still a concern for older teens...Teen mothers are less likely to complete high school or college, and more likely to live in poverty. Infants born to teen mothers are more likely to be born at low birth weight.” xvi [16]

- Redpath and Kidde Brown notice a decline in teen pregnancies within the community, as does Rachel Guy, Director of Planned Parenthood, who believes the teen rate in general to be very good. She does recognize a gap among young females, ages 19-21. These young women are out of high school, leaving them with less support.....then, with unintended pregnancies there is a continued cycle of poverty and other related complications.

The *Addison County Medical Care Community Perceptions 2011* finds that 81% of respondents would recommend Porter Hospital’s birthing center. The top reasons the 19% of respondents said would not recommend Porter’s facilities are “limited technology and/or complications better handled elsewhere...poor reputation/prior experience at Porter...preference for a home birth.” xvii [17]

Obesity/Behavior/Lifestyle

Obesity in Addison County was recognized as a growing concern among many we interviewed.

- The local district office of the Vermont Department of Health (VDH) sees a trend among mothers being overweight and continuing to gain weight; and acknowledges that obesity in adults tends to directly impact the prevalence of obesity in kids. They explain that when mothers bring their children into clinics, staff within the department will use the encounter as an opportunity for outreach, asking if they would like help with their diet. Not only will it improve the mother's health, but also influence the health of the child. As there has been limited success in telling people what they already know (they need to lose weight), they offer that a better solution, relative to preventing more chronic conditions, is to change the environment we live in – create more walking and bike paths around town, etc.
- The VDH sees opportunity for prevention in schools, and recognizes the varied efforts of local schools.....while some are providing great examples with improved quality of (local) food for lunch and encouraging physical activity, other schools are not making as much progress.
- Dr. Eileen Fuller, primary care physician, believes there needs to be a change to prevent obesity in adults. For example, while many insurances will pay for people with diabetes to see a dietician, those at high risk for other issues or chronic conditions are not. She wishes to see high-risk patients able to get preventative dietary care free of charge and /or without any out-of-pocket expense. Acknowledging that we are in the fast food and computer age, she recognizes the importance of focusing on preventive health in children as well. She mentions a growing concern for obesity in children, which leads to a number of chronic diseases all of which are preventable with proper care.
- Julie Arel from the Open Door Clinic strongly believes in changing the environment of Addison County in order to change the social norm. Education is a step in the right direction, though behavioral tendencies are hard to change. She believes in making it harder for people to smoke, having better lunches in schools, creating easier access to healthier foods, etc.
- Midwives Martha Redpath and Heather Kidde Brown believe the obesity rates in Addison County to be very high. They also express

concern about childhood obesity, as they encounter this issue vis a vis some of the older children of the women they serve. They acknowledge varied efforts from school to school to encourage education, gardening, and other nutritional programs as a step in the right direction. But they also believe that in order to make an impact on obesity rates, the efforts must start in elementary school. Dr. Eileen Fuller and the staff at the Vermont Department of Health also mention the importance of, and direct impact that the educational programs in schools that will potentially have on the health of our children and ultimately, the obesity rates in Addison County.

Food and Housing

At the outset of this project, and given my background in public health, I felt it would be important to include something on housing/homelessness and food scarcity within this document, as I believe their consistent presence in our lives, or lack thereof, are in the most fundamental of ways, predictors of our health and well-being. When our most basic of needs aren't met with food, clean water and shelter, our well-being, in the more traditional sense we think about health – our physical, emotional, and mental health, etc. are put at tremendous risk and jeopardy. This said, I have only managed to give the broadest of brush strokes to these two issues which represent critically important and growing concerns in our county and service area.

In an article entitled, “Homelessness on the rise among Vt. Families,” (*Addison County Independent*, July 17, 2008), Kathryn Flagg writes that “the number of homeless families in Vermont increased by 20% over the last seven years, from 429 families in 2000 to 516 families in 2007.” She interviews Elizabeth Ready, Director of the John Graham Emergency Shelter in Vergennes, who says, “the trouble...is that many Vermont families are teetering increasingly close to the edge of homelessness – and a single event can sometimes be enough to tip the scales against them. It could be something as simple as somebody loses a job, an illness, even like a major car repair.” Diana Rule, Manager at the shelter adds, “I’m definitely seeing more people struggling with deeper issues – more families with children, more working poor, just more people struggling.We’re never able to meet the need.”

- Jeanne Montross, Executive Director of HOPE, speaks of our homeless population, stating that the numbers of homeless persons are definitely on the rise, and that people with severe mental illness constitute the largest percentage of this newly homeless population. In their *Report to the Community, September 2011*, HOPE reported that

- they supported 133 families by avoiding homelessness, or ending a period of homelessness by providing payments for rent, mortgages or security deposits. During this same time frame, they also provided at their building, on 18 occasions, hot showers to the homeless.
- Jeanne also explains that their organization does a tremendous amount of work and outreach via their emergency food shelf, food baskets during holidays, and a relatively new gleaning project, which between 2010 and 2011 yielded 30,000 pounds of fruits and vegetables that were then made available at food shelves around the county. In this same year, they served 500 people per month at the food shelf, which constituted 50,760 meals to the residents of Addison County.
 - Donna Bailey, Co-Director and Poppy Cunningham, RN of the Addison County Parent Child Center (PCC) explain that housing is a huge issue for their participants, some of whom are trying to move out of multi-generational poverty into independent, financially realistic and sustainable housing situations. Since 2003, the PCC has operated and managed a small number of housing units and currently owns a house on Elm Street which includes 9 single rooms and one 2-room apartment. In this home or dwelling they operate a first-time renters' program, which allows for participants to live at this residence for one year, at a subsidized rate, during which time they learn independent living skills, all the while being supported by PCC Staff. Tenants have to pay 33% of their gross income, and have to work greater than or equal to 20 hours per week, or participate in a PCC program or elsewhere.
 - Kerri Duquette-Hoffman of WomenSafe feels the need for more subsidized housing as well as consistent transitional housing in order to help women bridge the gap between what they have and what they need. She notes that federal subsidies are drying-up which is putting a greater burden on their fundraising efforts and annual budget.

Long Term Care

With the Baby Boomer generation growing older, nursing homes and home care are getting more attention from both the local community and the U.S. as a whole.

- Neil Gruber of Helen Porter Nursing Home sees the growing concern of more people growing old and fewer people left to take care of them. He recognizes the success of the adult day care program in the community, though expresses concern for the nursing home. Older

nursing home models are no longer ideal, as the upcoming elderly population highly values privacy and a sense of ‘home.’ Additionally, State policy changes over the past 15 years, with shifting emphasis to more home-based and community-based services over “institutionalized” care, have resulted in significant downward pressure on nursing home occupancy throughout the State and especially in Addison County.

- Helen Porter feels the pressure to do the best it can with the physical plant and structure that is already in place. It has re-engineered itself from a 118-bed facility to a new more diversified model, including 20 short-term rehab beds, a burgeoning dementia care program, and a number of other “cultural” changes (adding more home-like touches to their decorum, implementing decentralized dining, and using different language to denote different parts of the facility [Lemon Fair Lane rather than East Wing], and convey respectfulness towards the patients [elders rather than patients or residents]).
- Neil Gruber, Administrator at Helen Porter Nursing Home, is actively looking for a geriatric specialist. Although there is not one in Middlebury, he uses telemedicine services in order to directly work with a doctor from Fletcher Allen. While this has worked well for the given circumstances, he notes that other communities that have their own specialist are doing very well.
- The *Addison County Medical Care Community Perceptions 2011* finds 70% of its respondents would recommend Helen Porter Nursing Home for themselves or someone they knew. The top reasons the other 30% said they would not recommend Helen Porter are “low quality of care...poor food/accommodations/institutional setting...preference for a setting closer to or at home.”iv[4]
- Joanne Corbett, Executive Director of Elderly Services, Inc. (ESI), is very concerned with the ongoing cuts to funding (both state and federal) for programs that support adult day care services for the elderly in our community. She explains that ESI has an average of 130 participants per week, 70% of whom are paid for under government programs, and 30% of whom are private pay. More and more of the private pay folks are on a sliding fee scale which means that they do not pay the full amount of the services provided.
- In addition to funding cuts, which she feels are causing families to keep their loved one at home rather than accessing these important

services, she believes there remains a stigma for some families, in terms of placing a loved one into adult day care – similar to placing a loved one into a nursing home. The combination of the financial cuts and the stigma mean that more and more elderly people are being kept at home which can lead to isolation, lack of exercise, depression, more medication management, etc. Joanne believes that serving these people with ongoing/early services and programs will save money down the road and reduce other types of health care expenditures.

- Further, Joanne believes that in Addison County there is a strong and wide array of services for the elderly, most recently enhanced by the establishment of two retirement communities, Eastview and the Lodge, and the new ARCH (Addison Respite Care Home) room at Helen Porter Health and Rehab which she feels has been very well received by the families who have received the benefits of this space. Relative to the future, she believes that we need to figure out how to do the things we need to do at a lower cost of delivery, convince people that paying for these services out-of-pocket is worth the investment, continue to break down the barriers of the stigma of placing an elderly person into a program, and increase education and outreach about the value of programs currently offered.
- Larry Goetschius, Executive Director of Addison County Home Health and Hospice believes that the greatest strength that exists in our community is that Addison County health and human service agencies are committed to working together, and that “we try not to compete whenever possible.” That said, as he thinks about moving forward with health care reform, he is concerned about maintaining these organizational relationships and asks, “can we hold onto that sense of community...” or will this become increasingly difficult as we try to survive with diminishing resources? And further, “how do we survive as a local system when we move to larger systems of Accountable Care Organizations or Global Budgets?”
- Larry is concerned about the Feds lumping For Profits and Non Profits together to calculate profits and therefore cuts. Already they are under a variety of financial pressures: not only have there been no increases in the Medicaid reimbursement rates since 2007, there have been two cuts in these rates and three in the Medicare reimbursement rates respectively. Larry states that 52% of their patients are on Medicare and 37% are on Medicaid. Additionally, because of the pressures to get patients out of the hospital sooner, Home Health patients are sicker, which when combined with the fact that Home health is working under its own DRG system; there is compounded

pressure on them to serve patients with predetermined revenues. He offers, “we need to have our values even when we have financial pressures.”

- Relative to access, Larry says that “coordinated transitions” between hospitals, nursing homes and the patient’s home will continue to be very important...but suggests that the more transitions, the more opportunity for medical errors, lack of good communication, etc. He further states, “we take care of all patients regardless of where they are in the county and regardless of their condition and ability to pay. We see patients in a very timely manner regardless of the demand, by paying overtime, incentives, etc. We have evening, weekend, and on-call staff who pick up the slack. We never have people wait for our services; however, sometimes the State will delay accepting a person into “Choices for Care,” etc., so there are potential access issues then.”

Blueprint for Health/Electronic Medical Record

The Vermont Blueprint for Health recognizes that “chronic conditions are the leading cause of illness, disability, and death in Vermont.”^{xviii}[18] “Common chronic conditions in adults include diabetes, hypertension (high blood pressure), cardiovascular disease, asthma, arthritis, cancer, respiratory diseases, depression and other mental health disorders, substance dependence and many others.”¹⁸ “Common chronic conditions [in children] are respiratory diseases, asthma, emotional-behavioral problems and congenital or genetic problems.”¹⁸

The Blueprint for Health is a plan for prevention. “The goals of prevention are to improve the length and quality of life by forestalling illness, decreasing the incidence of disease and premature death, reducing suffering, and saving money.” ^{xix} [19]

- Daily believes increasing primary care access and self-responsibility among the community will ultimately be cost-effective in the sense that many chronic diseases will be avoided or better managed.
- In a Board Meeting at Porter Hospital, it was stated that the Blueprint for Health initiative may result in primary care doctors having more time so that they may focus more on care rather than paperwork. This could increase the number of patients seen.

- The Porter Hospital Board recognizes the need for developing connections among providers. The implementation of EMRs is expected to improve the cohesiveness of the medical community.
- Larry Goetchius, Executive Director at Addison County Home Health and Hospice, believes EMRs to be a step in the right direction towards developing new systems to coordinate care more effectively among all of the separate entities/service providers in the community. He believes that with coordinated care and the Blueprint, there is a huge opportunity to get ahead on the chronic care management of our respective patients. If there were a coordinated care system, the patient would always receive the care he or she needs.
- Representative Mike Fisher also believes EMRs will improve the interconnectivity of the community where “with the right kind of partnership, we can help people make real changes.”
- Dr. Gretchen Gaida Michaels, a physician at Bristol Internal Medicine articulates that her greatest challenge in practicing medicine is communication. She offers a differing perspective on the EMR, which she has been using for several years across different practices. She feels that there is an illusion that the EMR is going to be easier, more efficient and therefore facilitate better communication among all players....when in fact, it is equally, if not more cumbersome to navigate than our previous means of communication. Patients expect that she know what’s been going on with their “whole self,” whether they’ve been served by Porter, Fletcher Allen Health Care, Dartmouth Hitchcock or a host of private providers....but the reality is that she works hard to ferret out this information which can be difficult to navigate and time-consuming. She believes that what makes for a satisfying encounter (with a patient) is integrated communication, and that there is not enough of good old fashion calling and talking with colleagues anymore.
- Secondly, Dr. Gaida Michaels worries that she and her professional colleagues are becoming more “silo’ed,” and that it’s sometimes really hard to get to do medicine. The systems issues related to the EMR take away from reading the literature, she does not get see colleagues with any regularity, Grand Rounds has largely fizzled out, and there is no one to discuss cases with....we are losing support for one another. .
- The different types of payments that the Blueprint plan is experimenting with, specifically bundle payments and population-based payments, will facilitate collaboration and coordination among services.
- Senator Clair Ayer, Bob Thorn—Executive Director of Addison County Counseling Services, and Goetchius, expressed the need for

coordination of services in order to best treat the patient. There is a great inefficiency within transitions between different care services. The discontinuity either creates gaps or duplicates care.

- The *Addison County Medical Care Community Perceptions 2011* asked the open-ended question of what Addison County does well as a community, many of the respondents believe the “rich network of dedicated, knowledgeable and caring providers, many of whom take the time to build personal relationships with their patients” to be a strength.^{vi}[31] The “collaboration of providers in Addison County” was another strength mentioned by many respondents.³¹

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