RWJF Culture of Health Community Portrait

Vermont
ABOUT THIS REPORT

The Sentinel Communities Surveillance project, conducted by RTI International, in collaboration with the RAND Corporation, is sponsored by the Robert Wood Johnson Foundation. The project, which began in 2016, will monitor activities related to how a Culture of Health is developing in each of 30 diverse communities around the country for at least five years. This community portrait follows from the initial Snapshot report for Vermont and provides insights into drivers of a Culture of Health in the community. The report is not intended to comprehensively describe every action underway in Vermont, but rather focuses on key insights, opportunities, and challenges as a community advances on its journey toward health and well-being for all residents.

The information in this report was obtained using several data collection methods, including key informant telephone interviews, an environmental scan of online and published community-specific materials, review of existing population surveillance and monitoring data, and collection of local data or resources provided by community contacts or interview respondents. Interviews were conducted with individuals representing organizations working in a variety of sectors (for example, health, business, education, human services, youth development, and environment) in the community. Sector mapping was used to systematically identify respondents in a range of sectors that would have insights about community health and well-being to ensure organizational diversity across the community. We also asked original interviewees to recommend individuals to speak with in an effort to supplement important organizations or perspectives not included in the original sample.

A total of 19 unique respondents were interviewed during winter and spring 2018. All interviews (lasting 30–75 minutes each) were conducted using semi-structured interview guides tailored to the unique context and activities taking place in each community and to the role of the respondent in the community. Interviewers used probes to ensure that they obtained input on specific items of interest (for example, facilitators and barriers to improved population health, well-being, and equity) and open-ended questions to ensure that they fully addressed and captured participants’ responses and perceptions about influences on health and well-being in their communities. Individuals who participated in a key informant interview are not identified by name or organization to protect confidentiality, but they are identified as a “respondent.” Information collected through environmental scans includes program and organizational information available on internet websites, publicly available documents, and media reports. Population surveillance and monitoring data were compiled from publicly available datasets, including the American Community Survey; Behavioral Risk Factor Surveillance System; and other similar federal, state, and local data sources.

We will conduct ongoing surveillance and monitoring activities in these communities through 2020 and report updated information on their progress, challenges, and lessons learned in improving health and well-being for all residents.

Data collection and monitoring thus far has revealed common themes among otherwise distinct communities. The next phase of this project will be cross-community reports that will examine common themes across subgroups of the 30 communities (for example, rural communities, communities experiencing large demographic shifts, and communities leveraging local data for decision-making). These reports will also be posted on rwjf.org/cultureofhealth.
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Introduction

In our Snapshot report of Vermont, we described a state that is one of the healthiest in the nation, active in the universal health care debate, and a leader in promoting health in all policies. Yet the state is also one that faces health challenges and costs in its many rural areas. We described key activities that aim to address these challenges, focusing on improving population health. We recognize there is a variety of important work ongoing at the local level, but for this report we highlight statewide initiatives and locally originated initiatives that have received attention and success at the state level.

In this report, we examine Vermont’s continued efforts to improve population health and build a healthier and more equitable community using the Culture of Health Action Framework to interpret and organize key findings. The Framework prioritizes four broad Action Areas: 1) Making Health a Shared Value; 2) Fostering Cross-Sector Collaboration to Improve Well-being; 3) Creating Healthier, More Equitable Communities; and 4) Strengthening Integration of Health Services and Systems. Within these areas, activities and investments can advance population health, well-being, and equity in diverse community contexts. Using the Framework, we describe how stakeholders in Vermont are using innovative models for payment and primary care infrastructure, cross-sector collaboration, community-building, and economic development to address social determinants of community health and promote equity.
CONTEXTUAL CONDITIONS

Vermont is a Northeastern “green mountain” state with a small population of 623,657 people and one major town, Burlington, with a population of 42,239 people. The rest of the towns in the state are much smaller in size. Chittenden County, home to Burlington, has 162,372 people, which is about one-quarter of the state population. Dynamics associated with the state’s small population facilitate organizations and legislators working together.

“We usually say we have two Vermon ts, Chittenden County and the rest of the state. We are not homogeneous in terms of culture, socioeconomic status, educational attainment.”

EDUCATION SECTOR RESPONDENT

The state of Vermont has very little racial diversity at about 95 percent white and 1 percent black, and has an aging population. The overall poverty rate is lower than that of the entire country (11% compared to 12% in the United States overall), and the state has an unemployment rate of 5 percent. The state agricultural economy is robust ($2.6 billion per year) and subject to concerted efforts to keep the economy and small food producers viable. However, there are differences in economic and education levels between urban and rural populations. For those in Chittenden County, a more urban area, the population is more highly educated with higher incomes and more jobs. However, in rural areas such as Essex County, residents have lower education levels, higher chronic disease incidence, lower rates of insurance, higher unemployment and child poverty. For example, almost 50 percent of those 25 years or older in Chittenden County have a bachelor’s or higher degree and the 2016 median income in Chittenden County was approximately $27,000 higher than in Essex County. Only 16 percent of those in Essex County, ages 25 years and older have a bachelor’s or higher degree. “We usually say we have two Vermon ts, Chittenden County and the rest of the state,” said an education sector respondent. “We are not homogeneous in terms of culture, socioeconomic status, educational attainment.” Across the state there is also a lack of transportation to get to jobs, school, health care facilities, and other places, especially in rural areas.

Vermont has a strong economy but the cost of doing business (i.e., labor and energy costs, tax burden on businesses) is 12 percent higher than in the United States overall. A weak economic forecast projects income growth to lag behind the rest of the country over the next five years. Burlington is home to the University of Vermont, and the state hosts about 20 other higher education public institutions and private colleges, which are large sources of employment in the state. Although the cost of in-state college tuition is high, a new Welcome Home tuition policy provides lower rates for high school graduates of the state. The state produces many goods for consumption—such as maple syrup, dairy, wine, and granite.

The population is also very active in politics with a high voter turnout rate in each town for the 2016 presidential elections and a 63 percent turnout rate for the entire state (compared to 53% turnout rate in the country overall).

“In Vermont, maybe because of its size and the relationship building that is valued … for [community health problems] that are visible, it’s maybe a little easier to address [them] through a statewide policy.”

HEALTH SECTOR RESPONDENT

The state of Vermont has a history of progressive work on health and environmental issues, and residents, government, and key stakeholders all put a high priority on health. For example, the state’s Healthy Vermonters 2020 Plan tracks 122 indicators for population health. The state’s priority health issues include reducing the prevalence of chronic diseases; substance abuse; mental health disorders; improving childhood immunizations; and food access. Progress is tracked using a “3-4-50 framework”—a community health improvement strategy based on evidence that three poor health behaviors elevate risk for four chronic conditions that together cause more than 50 percent of deaths. Vermont is the national leader in expanding access to health care through universal health care insurance and has passed legislation to enforce tobacco restrictions (e.g., prohibiting use in workplaces and on public grounds, prohibiting sale to minors) for e-cigarettes. The state is also working to improve care of chronic diseases with a coordinated, community-based approach, and has even adapted the Vermont Blueprint for Health (the Blueprint) to expand treatment capacity for opioid addiction.

Sentiments in the state suggest that Vermont’s small size can aid more integrative approaches to addressing health issues. One health department respondent noted, “In Vermont, maybe because of its size and the relationship building that is valued … for [community health problems] that are visible, it’s maybe a little easier to address [them] through a statewide policy.” Elected officials recognize the social determinants of health in projects such as SAMHSA. This is mental health funding awarded to Vermont in 2017 to create a family-driven comprehensive approach to health (i.e., family-centered health care home)—including mental, emotional and physical health for children and their families. The current governor, Phil Scott, has passed state health reforms to improve treatment for substance use disorders (Vermont Global Commitment to Health waiver) and to establish a required individual mandate for maintaining health insurance coverage (Bill H. 696).

COMMUNITY CAPACITY TO PROMOTE HEALTH, EQUITY, AND WELL-BEING

Vermont is focused on the promotion of health equity and well-being of their residents. The Department of Health includes health equity in their strategic plan and stakeholders from a diverse array of sectors (e.g., health, agriculture, public safety, housing, education) are engaged in improving health in the state. Ongoing efforts are addressing not only...
health coverage and basic health services, but also new health payment options, access to food, and development of the agricultural sector, housing, and rural development.

**Policy support for coordinated and patient-centered health care.** Vermont prioritizes primary care and care coordination, and also has a strong alignment between health providers and payers included in their state and federal government legislation and programs. The Blueprint was written into Vermont’s state law and has a strong emphasis on primary care to address needs of complex health conditions. The Blueprint established 14 health service areas, which coordinate with primary care practices to become patient-centered medical homes. The Green Mountain Care Board (GMCB), which regulates patient revenue budgets of hospitals and provides oversight over commercial, Medicare, and Medicaid payments, is in charge of evaluating the payment delivery system. This includes the Vermont all-payer model established through an agreement between the state and the Centers for Medicare and Medicaid Services. This model is a population-based health approach to funnel payments to state accountable care organizations (ACOs) and participating providers so that they put more emphasis and funding on prevention, care coordination, and patient outcomes. The model pays providers a monthly amount to cover health services, rather than charging a per service fee, allowing for more flexibility in how and what care is provided, including prevention, health promotion, and care coordination.

**Academe, philanthropy, nonprofits promote well-being.** Health and well-being are a key focus of several academic, philanthropic, and nonprofit organizations. For example, the University of Vermont Center for Rural Studies is a resource for Vermont communities and organizations that require research and evaluations on community development, food systems, and health and well-being. The Center for Rural Studies’ Vermont Happiness Survey, fielded in 2017 and 2013, is an effort to conduct a holistic assessment of the population and encourage the use of happiness and well-being measures in policy and decision-making processes. Additionally, the Community Foundation of Vermont gives over $12 million per year to efforts to help people living in Vermont to respect each other and make sure they are healthy and engaged in civic life. For example, in Bethel a ‘pop-up’ university was established at a local coffee shop to promote neighbors teaching neighbors a variety of skills from Zumba to financial literacy, with the goal of building relationships. As another example, Rural Edge, a rural regional housing nonprofit organization, provides caring and quality housing and community development; property management; financial services; and education in order to help communities break the cycle of poverty and attain economic, social, and environmental sustainability. There are several other foundations, alliances, and nonprofits with regional and statewide reach and an emphasis on issues like community revitalization and well-being; community health and resilience; economic development; leadership development; and ending poverty (e.g., Vermont Council for Rural Development).

**Systems and strategies developed in response to the opioid crisis.** Organizations across different sectors are responding to the opioid crisis. In 2009, the Vermont Department of Health established the Vermont Prescription Monitoring System, requiring pharmacies to upload dispensing data on all controlled substances, including opioids, stimulants, and sedatives. Through the Blueprint, there is a statewide ‘transformation network’ conducting statewide opioid outreach and treatment while also expanding treatment capacity. The Care Alliance for Opioid Addiction is another statewide partnership of treatment centers and clinicians that provides ongoing medication-assisted treatment in community settings. There are also regional organizations with a focus on opioid addiction, like the West Ridge Center for Addiction Recovery, which operates as part of the Rutland Regional Medical Center to provide intensive treatment for complex addictions. In addition to the health sector responses, certain communities—like the city of Rutland—host Project VISION, an all-volunteer effort that unites over 300 organizations—including schools; faith-based community; public health; public safety; and neighborhood redevelopment organizations to address drug-related challenges.

**The agricultural economy and food access.** With 10 percent of people living in Vermont in food insecure households, the state’s emphasis on food and its contribution to health led to expanding 3SquaresVT (Vermont’s SNAP) to more families in need through reduced-price meals and other 3SquaresVT initiatives. The state efforts include a food system strategy that requires extensive collaboration between sectors responsible for food production, distribution, and consumption. Legislation enacted in the 1990s allows the Vermont Sustainable Jobs Fund to bolster agricultural economy and provide healthy food to residents. The 10-year strategic plan outlines a Farm-to-Plate approach with 25 goals—such as increasing the total local consumption of Vermont-produced food and reducing the number of food-related health problems among Vermonters (e.g., diabetes, obesity)—as well as strategies to sustain food production as one of the state’s vital industries. Other state-level programs include the Vermont Foodbank, a member of Feeding America, which provides nutritious foods to individuals through a partnership with over 200 organizations. Additionally, Hunger Free Vermont is a food access nonprofit aimed at ending hunger and malnutrition in ways that promote equality, dignity, empowerment, and justice.

**Housing services for older adults and homeless populations.** Vermont has several organizations working in the area of housing and related services, including the statewide Committee on Temporary Shelter. This program has been linked to better population health outcomes (e.g., less emergency room visits). Some communities with higher levels of long-term homelessness, like in Chittenden County, provide shelter for individuals. Harbor Place provides temporary housing for individuals experiencing homelessness and wraparound social services through a partnership with health facilities including the University of Vermont Medical Center. Older adults are another population in need of affordable
housing. The nonprofit Cathedral Square has a network of affordable housing communities for older adults and special needs individuals and administers the Support and Services at Home (SASH) program. SASH coordinates the resources of social service agencies, community-health providers, and nonprofit housing organizations to support Vermonters who choose to live independently at home through a care coordinator and individualized onsite support of a wellness nurse.

Developing a Culture of Health

Vermont has a history of using innovative policies and models to strengthen payer and primary care systems focused on prevention and health promotion. To continue evolving their efforts and to address these ongoing health issues, Vermont has built cross-sector collaborations to integrate health into programmatic and research efforts that are directly health-focused, as well as those focused on upstream drivers of health—such as food production and food systems, housing, and economic opportunity.

NEW PAYMENT MODEL TO IMPROVE HEALTH

For nearly two decades, Vermont has taken part in innovative health delivery models that emphasize wellness and better access to primary and preventive care, as well as stable housing and sources of nutrition. The gradual shift from an emphasis on “sick care” to prevention among residents is supported by the Blueprint’s patient-centered medical homes and by community health teams. Still, measurable and sustained improvements in population health outcomes remain elusive. “As a health system, we are still spending too much money in sick care and not enough in housing, community development, economic support, early child care—the list goes on,” noted one respondent from the health sector.

“... YOU’RE SEEING THE ACO ... PARTNER WITH ORGANIZATIONS LIKE HOME HEALTH, COMMUNITY MENTAL HEALTH CENTERS, AREA AGENCIES ON AGING, AND SO FORTH. SO, WE’RE ALREADY SEEING THAT INNOVATIVE COORDINATION THAT WE WERE HOPING TO SEE.”

HEALTH SECTOR RESPONDENT

To address this imbalance in sick versus prevention-oriented care, Vermont was an early participant in federal payment innovations crafted under the Affordable Care Act that involves the state’s major payers—Medicare, Medicaid, and commercial insurers. Starting in 2017 and running through 2022, Vermont’s all-payer ACO model, one in which groups of providers who come together voluntarily to give coordinated high-quality care, can direct $95 million in federal funds to existing ACOs to support care coordination and enhance collaboration between medical practices and community-based providers, which may emphasize health promotion and primary prevention. ACOs are an innovative model to provide coordinated care to Medicare patients, especially the chronically ill, to ensure they get the right care at the right time. A portion of the funds will be directed to the Blueprint and SASH.

Vermont will encourage state payers and providers to take part in ACO programs so that by 2022, 70 percent of all Vermont-insured residents, including 90 percent of its Medicare beneficiaries, are part of an ACO. ACOs will have payer-specific benchmarks, but their design, such as quality measurements, payment mechanisms, and other elements, will be aligned across payers. Vermont will focus on outcomes and quality of care targets in four areas prioritized by the state: substance abuse disorders; suicides; chronic conditions; and access to care. The state will be responsible for three categories of measures in these priority areas: 1) Population-level health outcomes measures and targets; 2) Health care delivery system measures and targets; and 3) Process milestones.

“AS A HEALTH SYSTEM, WE ARE STILL SPENDING TOO MUCH MONEY IN SICK CARE AND NOT ENOUGH IN HOUSING, COMMUNITY DEVELOPMENT, ECONOMIC SUPPORT, EARLY CHILD CARE—THE LIST GOES ON.”

HEALTH SECTOR RESPONDENT

The model is still in its early stages, thus it is premature to determine its impact. However, this change to a more predictable revenue stream is expected to give care providers greater flexibility in how care is delivered and provide the stability to engage small, community-based organizations and resources to allow more connections between primary care and acute care services; mental health counseling; and community-based resources. One respondent from the health sector noted, “The clear understanding is that to achieve success, and improve quality, and limit cost growth, we have to look at coordinating care and supporting integration of care across all types of care. ... To that end, you’re seeing the ACO ... partner with organizations like home health, community mental health centers, area agencies on aging, and so forth. So, we’re already seeing that innovative coordination that we were hoping to see.”

PRIMARY CARE DELIVERY MODEL FOCUSES ON OPIOID TREATMENT

Similar to other U.S. states, the number of Vermonters seeking treatment for opioid addiction in 2011 quickly began to overtake the capacity of health providers to respond. Between 2010 and 2013, nearly 60 percent of drug-related deaths in Vermont involved an opioid. By 2013, opioids overtook alcohol as the primary reason people were in substance abuse treatment. Meanwhile, state addiction medicine experts promoted the concept of a “hub and spoke” treatment model, which provides medication-assisted treatment (MAT) at regional treatment centers (hubs), with physicians’ offices (spokes) providing MAT maintenance supports and connecting patients to other...
community-based health and social services. Initial implementation of this model was weak due to inconsistent funding and difficulty meeting the growing demand for services.

“RATHER THAN ARRESTING THEIR WAY TO A BETTER COMMUNITY, [THE POLICE DEPARTMENT] UNDERSTOOD THAT THE MORE IMPORTANT PIECE WAS CONNECTING PEOPLE TO TREATMENT, DOING COMMUNITY POLICING AND BEING PREVENTIVE.”

HEALTH SECTOR RESPONDENT

However, unlike other U.S. states, Vermont had assembled primary care practices, community health teams, and private insurers through the Blueprint that could be expanded to support opioid addiction services. In 2012, nearly 106 practices were serving about 422,000 patients throughout the state. With the model up and running, state policymakers determined it could be expanded to include services for opioid addiction, according to a state health department respondent. “We used federal [funding] levers, which allowed us to collect a 90–10 match for two consecutive years,” according to the respondent, “to put in place the system enhancements that we thought we would need.” These enhancements included allowing regional addiction treatment programs (hubs) to dispense the full range of FDA-approved medications to treat opioid use disorder and hiring care coordinators to make referrals for psychiatric care.

Physician practices (spokes) hired additional nursing and mental health addiction staff to provide team-based care.

Since its inception in 2014, Vermont’s hub and spoke model, known as the Care Alliance for Opioid Addiction, has led to sharp drops in opioid use, emergency department visits, drug overdoses, and illegal activities and police arrests—according to a 2017 evaluation conducted by the University of Vermont. Participants from both hub and spoke treatment settings had a 96 percent decrease in opioid use, including a 92 percent drop in injection drug use. Despite the impressive results, state leaders are not declaring victory, according to testimony before the U.S. Congress in early 2018 by Vermont Governor Phil Scott: “Even though we have some of the best access to treatment in the nation, there are still many Vermonters who need treatment, but have not yet sought it. … We still lost 106 people to drug overdoses in 2016. Unfortunately, 2017 looks to be similar.”

VERMONT GOVERNOR PHIL SCOTT

Local cross-sector collaboration efforts are also bringing a more holistic lens to the opioid epidemic. With a newly appointed police chief, the Rutland Police Department reconceptualized its approach from its traditional view of substance abuse as solely a law enforcement issue to understanding and attempting to address root causes. “Rather than arresting their way to a better community, [the police department] understood that the more important piece was connecting people to treatment, doing community policing and being preventive,” noted one respondent from the health sector. In an effort to secure federal funding to implement their new approach, the police department developed a model called Project VISION that worked with the community to connect individuals to treatment, mental health, and social services; proactively identify and reduce criminal activity; and rehabilitate blighted neighborhoods. The approach incorporated crime mapping and data-informed decision-making to help both the police and community understand where activity is occurring and how resources are being used. Although Project VISION did not secure federal funding, the police department had already begun to see improvements and proceeded to appoint a full-time commander to serve as Project VISION’s executive director.

Burglaries, which had often been related to drug activity, dropped by 60 percent in the program’s first three years, and have remained at half
of their previous levels. Project VISION has also spurred improvements in Rutland’s quality of life and sense of community. In cooperation with Rutland Regional Authority, the city received $1.2 million in state funding to raze or rehabilitate dilapidated housing and encourage residents to become homeowners. Through its community outreach work, Project VISION hosts or supports neighborhood events, including annual clean-ups, tree plantings, and funds small community-building grants to reduce opioid use and support quality of life in Rutland.

AGRICULTURE KEEPS FOOD LOCAL FOR HEALTHIER RESIDENTS
Agriculture is one of Vermont’s most important economic sectors. Farms and food processing facilities are major state employers, and the rise of ‘food tourism’ has helped develop a niche economy to which many independent farmers and manufacturers contribute. However, many residents struggle with food scarcity and health outcomes related to poor diets. Awareness of these problems has motivated state legislators to expand outreach of 3SquaresVT and provide free lunches to all children who qualify for assistance. Ongoing efforts being championed through the farm-to-plate movement include bringing more local food sources to local retailers to promote economic development. This encourages young people to consider employment within the food system by educating them on career pathways, and assisting farmers who want to “scale up” and produce meat at price points that will expand Vermont producers’ reach in the marketplace.

The Vermont Foodbank implements a number of programs that align with the farm-to-plate movement, but with a specific emphasis on bringing locally sourced food and food education to people in need. The Foodbank works with residents, health care institutions, schools, and food producers to provide food and nutrition education through their Veggie Van Go, Vermonters feeding Vermonters, and VT Fresh programs. Veggie Van Go shows up with fresh produce at schools for families and students in need, and at hospitals for patients who are ‘prescribed’ more fresh fruit or veggies. Vermonters feeding Vermonters is a pilot program where the Foodbank sources high-quality fruits and vegetables directly from local farmers for distribution to those in need. Similarly, Hunger Free Vermont provides services, such as educating schools on a provision—that allows schools with more than 40 percent of students eligible for receive free and reduced school lunch—to provide universal free meals. This is improving access to and participation in 3SquaresVT, running a Learning Kitchen where people learn to shop for and make healthy meals on a budget, and advocating to remove infrastructure barriers to healthy food access.

These efforts to address food insecurity represent only one aspect of a broader movement to protect food and food production as pillars of the local economy, while simultaneously extending the health benefits of food and easy food access to residents in need, catalyzed through farm-to-plate, enabling legislation passed in 2009. This farm-to-plate approach deliberately pairs health and economic improvement in an attempt to “capitalize on what it is you have to the advantage of your residents,” said a respondent from the education sector. By focusing on the practical need to improve or sustain good health and a livelihood that is essential to the state’s culture, stakeholders are pushing to define quality, nutritious food and sustainable agriculture as key elements of the state’s overall health. In addition to the 3SquaresVT, regional nonprofits contribute to the overall strategy through programming and outreach to develop networks between food producers, educators, and NGOs focused on economic development in rural areas. In addition to regional nonprofits, VT Fresh is a members-based statewide network of farmers, chefs, and other culinary-based businesses. VT Fresh offers professional development and networking and operates VSBR—a trade network of over 300 Vermont businesses that improve cash flow by trading excess products and services which often go underutilized (a sort of virtual currency).

“FAMILIES IN POVERTY EXPERIENCE COMMUNITY, ECONOMY, AND THE CIVIC ENVIRONMENT OF THE STATE IN SUCH A DIFFERENT WAY THAT WE’RE FUNDAMENTALLY DISCONNECTED FROM EACH OTHER. UNTIL WE GET THAT RIGHT, WE’RE NOT A HEALTHY COMMUNITY.”
PHILANTHROPIC SECTOR RESPONDENT

Vermont also aims to centralize data and information about the state’s food system. The statewide Vermont Food System Atlas serves as an online repository of information and data on the farm-to-plate movement. The atlas includes land use mapping data files; a database of stakeholder organizations; links to local grower guides; capital provider sources and technical assistance program resources; a portal to regulatory information; a master calendar of events; job postings; and links to all known organizational and business websites related to Vermont’s food system.

COMMUNITY-BUILDING, HOUSING SUPPORTS PROMOTE EQUITY
Urban-rural disparities are targets of government action; analysis from the research sector; and grassroots action—although efforts are not often coordinated. However, new collective impact models have drawn together numerous stakeholders into what a nonprofit respondent called “bottom-up community-building.”

While respondents did not often use the term “equity” to describe this work, several insisted that disparities between those in poverty and more privileged residents must be addressed. “Families in poverty experience community, economy, and the civic environment of the state in such a different way that we’re fundamentally disconnected from each other,” says a respondent from the philanthropic sector. “Until we get that right, we’re not a healthy community.” Efforts to bring better opportunities and services to communities and residents focus on bolstering community health; expanding care for older adults; re-invigorating rural communities and small towns; and increasing access to in-state postsecondary education.

Building community capacity to promote wellness. RiseVT, a local public health initiative, brings wellness and prevention to all people in Vermont through amplifying local assets and sparking wellness
initiatives where Vermonters work, live, and play. Through partnerships with the Vermont Department of Health, hospitals and medical centers across the state, OneCare (a network of providers and communities focused on health reform), and BlueCross BlueShield of Vermont, RiseVT places wellness specialists in businesses, schools, child care facilities, and municipalities. This helps to create an environment where the healthy choice is the easy choice and to implement small changes across multiple levels (individual, interpersonal, organizational, community, public policy). This initiative builds local capacity for wellness and empowers communities to mobilize and advocate to promote community well-being. By 2019, this initiative, which started locally in the northwest part of the state, will be statewide—integrated into OneCare Vermont network of providers and communities. A scientific advisory board and an ongoing evaluation, which includes a baseline assessment and asset inventory for each region of the state, are in place to track implementation and outcomes of this initiative.

Expanding care for older adults and homeless individuals. As part of the University of Vermont Medical Center’s Community Health Needs Assessment (2013), community leaders and residents discussed the elements of a healthy community and what needs or challenges their community faces. Affordable housing was identified as a top need for a healthier Vermont. In response, nonprofits and state agencies are working together to expand care for older adults and the homeless with a focus on integrating health and wellness with housing. As previously mentioned, SASH wellness nurses offer wellness activities to encourage members to be active (e.g., gardening, walking) and stay connected to each other (e.g., potlucks, clubs) and to their community (e.g., volunteering at churches, food banks). In addition to these wellness supports and services, SASH provides transportation; grocery and meal preparation; cleaning and home maintenance; hair dressing; and other daily living supports. An evaluation of SASH, conducted from 2011 to 2014, suggested that growth in annual Medicare expenditures was lower by an estimated $1,536 per beneficiary among those that participated in SASH.97

The University of Vermont Medical Center, the State Department, and nonprofit and community organizations are creating new housing for those who are homeless and near homeless, and working on strategies to reduce the problem in Chittenden County. These efforts, which recognize the link between secure housing and positive health outcomes, place community reinvestment dollars toward low-income housing and temporary housing for families experiencing homelessness. Shelburne’s Harbor Place is one example of these collaborative efforts, involving the Champlain Housing Trust, Community Health Centers of Burlington, United Way, and Howard Center. Harbor Place provides temporary and emergency housing for patients who have recently been discharged from the hospital, as well as “wraparound” social and health care services. Between 2013 and 2017, Chittenden County has seen a 40 percent decrease in homelessness as compared to a 4 percent decrease in the rest of Vermont during the same time period,44 and an estimated $1 million in savings in 2016 by reducing the cost of care through less emergency room visits or inpatient admissions.58

Re-invigorating rural and small-town communities. Vermont has resources in place to fund, build collaborations, collect, and analyze data in ways that aim to re-invigorate rural and small-town communities. The Vermont Community Foundation provides local funds in line with their vision (“Vermont at its best, Vermonters at their best”) and core values of collaboration, equity, and diversity. Federal, state, local, nonprofit, and private partners come together under the umbrella of the Vermont Council on Rural Development—a nonprofit that uses citizen empowerment and collective action to promote community and economic development. The Council has implemented community and policy actions promoting leadership development; broadband access; agricultural viability; and innovative economic solutions to climate change (e.g., clean energy, green design and construction). “While there are abundant nonprofits and research focused on rural issues, there remains a question of outcomes. What we’re [Vermont] trying to build is something that allows us to go a little deeper and make some more meaningful commitments around areas and organizations that we believe have the potential to make a difference,” noted a respondent from the nonprofit sector.

The Center for Rural Studies works on the social, economic, and resource-based challenges of rural communities through applied research, community outreach, program evaluation, and consulting. This University of Vermont Center also serves as the state data center and provides open access data to communities related to housing, education, health, recreation, tourism, and other key issues. In addition to an annual Vermonter Poll, the Center for Rural Studies is also supporting an evaluation of the farm-to-school programs across the state and is studying the relationships between food insecurity and students’ feelings of depression and suicide.

Encouraging use of in-state postsecondary education. Increasing access to postsecondary education is critical because the level of educational attainment shapes future employment opportunities and socioeconomic status and consequently is a strong predictor of long-term health and quality of life. Vermont’s college tuition and fees for in-state residents are the highest in the country for public two-year institutions, and the second highest in the country for public four-year institutions.59 Low levels of state financing to support the state’s college system is a likely contributor to the high tuition. In an effort to encourage more residents to attend school in-state, Vermont has instituted a Welcome Home
tuition policy. Anyone who earned a high school diploma in Vermont can apply for in-state college tuition, regardless of whether they are a current resident or not (formerly there was a one-year waiting period for people living out of state). This effort does not, however, address the high in-state costs.

SUMMARY OF VERMONT’S EFFORTS TO BUILD A CULTURE OF HEALTH
Based on the Culture of Health Action Framework used to guide Sentinel Community data collection and monitoring in the state, Vermont is taking steps to build residents’ health and well-being across the state. Vermont has done significant work to Strengthen the Integration of Health Services and Systems. Strong state-level policy support for health promotion has changed the payment models in Vermont and set a strategic vision for emphasizing prevention and care coordination through the Blueprint. Vermont has also demonstrated that Fostering Cross-Sector Collaboration to Improve Well-being is a useful tool for addressing health and well-being challenges, with state-level collaborative efforts to address the opioid crisis, as well as more community-driven efforts to rebuild communities like Project VISION. Through ongoing programmatic and research efforts that link health to food production and food systems, housing, and economic opportunity, Vermont has demonstrated an effort in Making Health a Shared Value. Lastly, through a statewide focus on reducing disparities in economic opportunity and housing and promoting community-building and health promotion in rural communities and small-towns, Vermont has demonstrated a push to Creating Healthier, More Equitable Communities. This is grounded first in an understanding of the inequities across the state, and a close examination of how funding, collaborations, and community-driven approaches can and should address such inequities. Despite some progress toward making post-secondary education more accessible, the high costs of education remain a challenge.

Emerging Community Themes

Vermont is already one of the nation’s healthiest states. The efforts described in this community portrait reflect an evolution in not only thinking about health as a cross-sector issue, but approaching health promotion more holistically by bringing together efforts with food systems, opioid treatment, economic development, and housing efforts. This evolution is rooted in strong community-driven approaches and a long history of activism within the state, coupled with statewide funding, collaboration, and integrative policies. However, despite taking innovative approaches to address disparities in economic opportunity, housing and food security, educational disparities persist and are not yet being addressed using an integrated approach. There are efforts to encourage career pathways that are linked with the agricultural development and food systems development efforts in the state, but there are no efforts to make secondary education more affordable. Without more consistent focus, these persistent and unaddressed rural/urban disparities that strongly predict health and quality of life are likely to remain. Vermont maintains a strong commitment to health care access and quality improvement and has continued to make efforts to improve care coordination and prevention through statewide policy, the Vermont Blueprint, and OneCare VT. Data to guide integrated health promotion efforts is available statewide from the Center for Rural Studies and through the Vermont Food System Atlas.
What’s Next

Many of Vermont’s efforts to promote health are midstream and it is essential to continue monitoring these efforts to determine their impacts to the drivers of health and well-being in Vermont. The year 2022 will be a milestone for the Blueprint. The Health in All Policies Task Force is continuing to expand their efforts and are in the process of developing a performance dashboard that can begin to quantify the impact of their work. Through the Care Alliance for Opioid Addiction, the state has made some progress toward addressing the opioid crisis through integrated care, but the crisis is ongoing and will require continued attention. In addition, disparities between rural and urban communities persist (e.g., health, education, transportation, employment). Thus, it will be important to monitor whether the housing and economic development activities help to address these disparities. Affordable, post-secondary education also remains a challenge; a focus for the future will be on exploring local solutions. Finally, the economic forecast for the state anticipates that Vermont will significantly lag behind other states in income growth. Monitoring how these anticipated economic challenges further exacerbates existing rural needs or affects the statewide efforts to promote well-being—in particular, those efforts involving local businesses and community development agencies—is a future analytic focus.
References


## Appendix

### 2018 Task Force Cross-Sector Initiatives to Address the Social Determinants of Health and Promote Community Well-Being

<table>
<thead>
<tr>
<th>CROSS-SECTOR INITIATIVE</th>
<th>BRIEF DESCRIPTION</th>
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<tbody>
<tr>
<td>Vermont Outdoor Recreation Collaborative</td>
<td>Businesses, government agencies, the nonprofit sector, and the public work together to increase business opportunities and public participation in recreational opportunities that promote health (e.g., bike paths, smoke-free worksites).</td>
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<tr>
<td>Long-Range Transportation Plan</td>
<td>Transportation agency worked with the Taskforce to conduct a Total Health Expenditure Analysis and identified opportunities to influence health outcomes through public transit, highway safety, and investments in active transportation options like bicycling and walking.</td>
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<tr>
<td>Better Connections Program</td>
<td>Transportation, commerce and community development agencies run an annual grant program to align state and local investments that increase transportation, build resilience, and strengthen economic vitality by coordinating land use and transportation investments and supporting municipalities to improve walkability, foster economic development, and create healthy communities.</td>
</tr>
<tr>
<td>Beneficiary Mitigation Plan for the Volkswagen Environmental Mitigation Trust</td>
<td>Task force proposed target investments in locations that maximize health benefits to the populations most vulnerable to air pollution (young, old) and overburdened and under-resourced communities.</td>
</tr>
<tr>
<td>Lead in Drinking Water in Schools</td>
<td>Environmental conservation, education, and health agencies are working together to test all cooking and drinking fixtures at 16 public schools and take action to lower levels of lead where found.</td>
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