

## SOCIAL REGION

### GUIDING THEMES

#### Promote Equitable Affordable Housing

The Northwest Regional Planning Commission (NRPC) promotes available and affordable housing for all economic groups and communities in the region, particularly those that earn less than 80% of the median household income. Regional plan goals, policies and actions will improve the jobs–housing link, which results in a shorter commute to work, the establishment of housing that is located in proximity to existing resources, and encourages communities to remove any regulatory barriers to the development of location- and energy-efficient housing.

#### Support Existing Communities

The regional plan implements the state planning goal to “maintain the historic development pattern of compact village and urban centers separated by rural countryside.” Although Vermont is a rural state, the village centers within the Northwest region are dense, human-scale and walkable. Our plan capitalizes on this asset through economic development and community health planning. Growth is encouraged in a way that enhances the integrity of existing communities. Actions and implementation activities reinforce the steps necessary for communities to enhance community health and economic success.

#### Value Communities and Neighborhoods

Local communities are at the heart of this plan. Each community in the region is a different size and has a unique history and sense of place as well as unique needs. The NRPC sought considerable input from local communities throughout the regional planning process. As part of the Healthy People, Strong Communities project, the NRPC held more than 20 community meetings to hear residents’ ideas about economic development, disaster resiliency, Complete Streets and public health. Individuals and communities helped to identify opportunities and challenges, needs and assets. Communities and adjacent regions are encouraged to continue participation in all aspects of planning and implementation.

The key themes from the public health and community needs discussions are summarized in Table 1.

**TABLE 1: COMMUNITY MEETINGS – SOCIAL REGION KEY THEMES**

<b>Leadership</b>	The region needs more leadership to make things happen, and there are not enough volunteers. Should we look to retirees and young families?
<b>Information/ Communication Needs</b>	More opportunities to connect and network within communities are needed—both face to face and through technology. We need to do a better job telling the story of the area—our region has a lot to offer.
<b>Engage Youth</b>	Trail building, recreation, community service and mentoring build connections and instill a greater sense of pride in the community. Engage the community and families to address problems including behavior challenges and risk taking among our youth.
<b>Communities Should Work in Partnership</b>	Having access to more resources will help advance the region—in terms of individual advancement and economic vitality. We need to tie opportunities together across the region (e.g., tourism, biking). Tension exists between the desire to maintain our way of life and the impulse for progress and change.

# INFRASTRUCTURE: EDUCATION, LIBRARIES & RECREATION FACILITIES

## GOALS

1. Provide high-quality educational and vocational opportunities that meet the needs of our population, regardless of age or economic status.
2. Ensure the region has a network of high-quality, publicly accessible and free community libraries.
3. Offer high-quality, sustainable recreational land, facilities and programs that meet the recreational needs of current and future generations.

Strong educational and recreational facilities are keys to ensuring our region’s people are healthy and its communities are vibrant. Franklin and Grand Isle Counties are fortunate to have successful schools, healthy and community-supported libraries, and a location between two of Vermont’s greatest recreational assets: Lake Champlain and the Green Mountains. Still, efforts must be made to maintain existing assets and further grow the region’s infrastructure to ensure that all citizens have access to educational (Table 2) and recreational opportunities.

TABLE 2: AT A GLANCE – EDUCATION
<ul style="list-style-type: none"> <li>• There are five supervisory unions in the region, which include:                             <ul style="list-style-type: none"> <li>▪ 20 elementary schools</li> <li>▪ 4 junior high/middle schools</li> <li>▪ 4 high schools</li> <li>▪ 2 technical/career centers</li> </ul> </li> <li>• There were approximately 9,000 students enrolled in the region’s schools for the 2012–2013 school year.</li> <li>• 12 of the region’s 23 municipalities provide tuition for grades 9–12 and 3 municipalities do so for grades 7–8 because there is neither a high school in the community nor a designated high school.</li> </ul>

## ASSETS AND VALUES

### Education

The region’s schools strive to provide high-quality education to all its students. They aim to raise test proficiency ratings and reduce the economic achievement gap while operating under declining (or unpredictable) school enrollment levels, increased costs per pupil and budgetary constraints.

The State of Vermont uses standardized testing as a school accountability tool, mandated by the No Child Left Behind Act of 2001. These standardized tests help schools measure both individual student progress and how schools compare against each other. One of the key measures derived from these tests compares the results of students who qualify for free lunch or reduced-cost lunch with the results of students who do not. In the 2011–2012 math test, four schools had a difference of 30 or greater percentage points in the proportion of students scoring *At or Above Proficient* (Figure 1). The gap appears to be smaller in reading, where only two schools had a difference of 30 percentage points or greater in the proportion of students scoring *At or Above Proficient* (Vermont Agency of Education, 2012).

In the past, many schools in the region struggled with capacity issues. Although some schools need to increase or upgrade their current facility, the majority of schools are facing declining enrollment. From the 2009–2010 school year to the 2013–2014 school year, Franklin County had a 4.7% reduction and Grand Isle County had a 6.1% reduction in public school enrollment. Statewide there was a 3.5% reduction in enrollment during the same period.

In general, the number of students in regional schools is dropping, yet the cost expenditure per student is rising (Vermont Department of Education reports). Because of the size differences among regional schools and the way education funding is structured by Act 68, it is difficult to equitably compare per-pupil costs on a regional basis.

**Libraries**

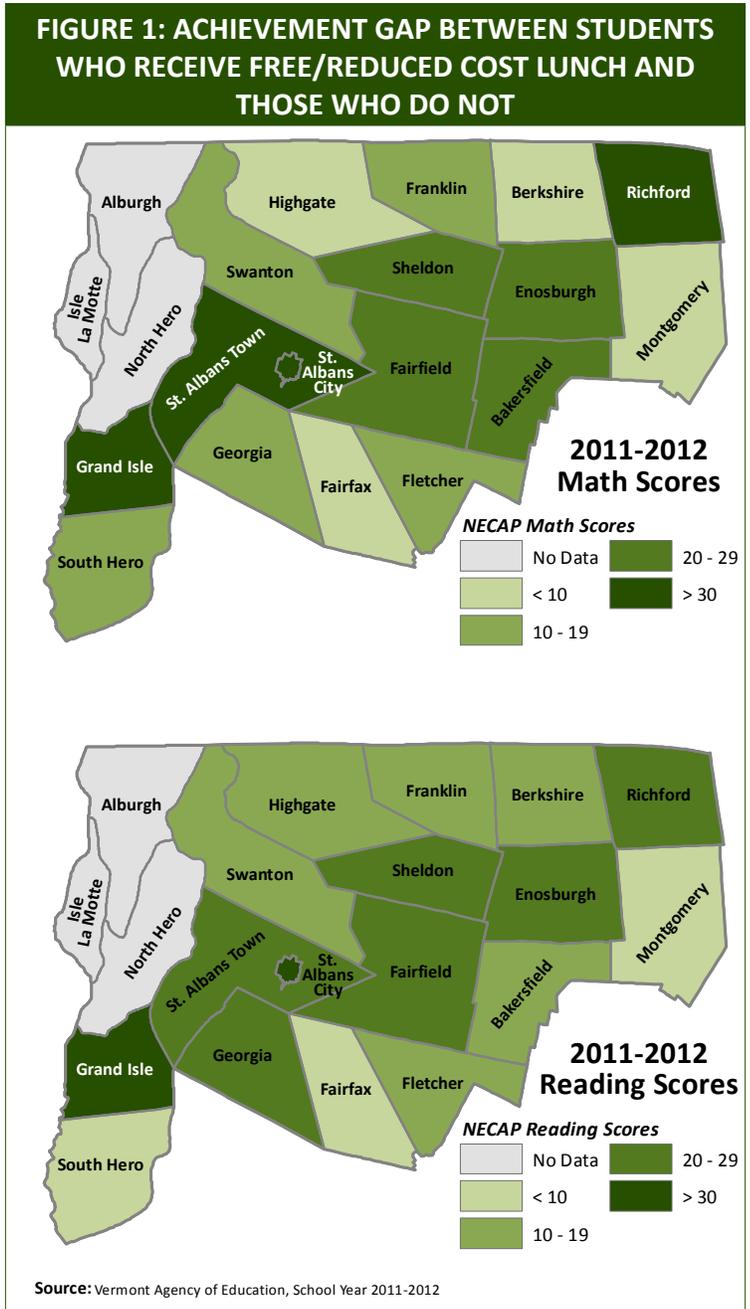
Library facilities are well distributed across the region. Only two towns in the region do not have a library: Berkshire and Fletcher. St. Albans Free Library serves both the City and Town of St. Albans. Most public libraries are heavily dependent on local support. Municipal taxes provide the majority of funding for libraries, with more than half receiving at least 90% of their total income from this source. Volunteers contribute substantially to staffing many town libraries. For example, the library in Isle La Motte is operated entirely by volunteers.

Internet access has vastly increased the resources available to rural libraries. All 17 libraries in the region have Internet access, with 16 libraries in the region providing “high-speed access” (Vermont Department of Libraries, Vermont Public Library Statistics, FY 2013 Annual Report). The interlibrary loan system is accessible to all libraries, enabling borrowers to obtain materials from all libraries in Vermont and, through the state’s Department of Libraries, from most libraries across the country. The region is also uniquely served by the Franklin Grand Isle Bookmobile, a nonprofit local library that provides literacy activities, educational programming and library services to children and adults. The Swanton Public Library also employs a bookmobile within its community.

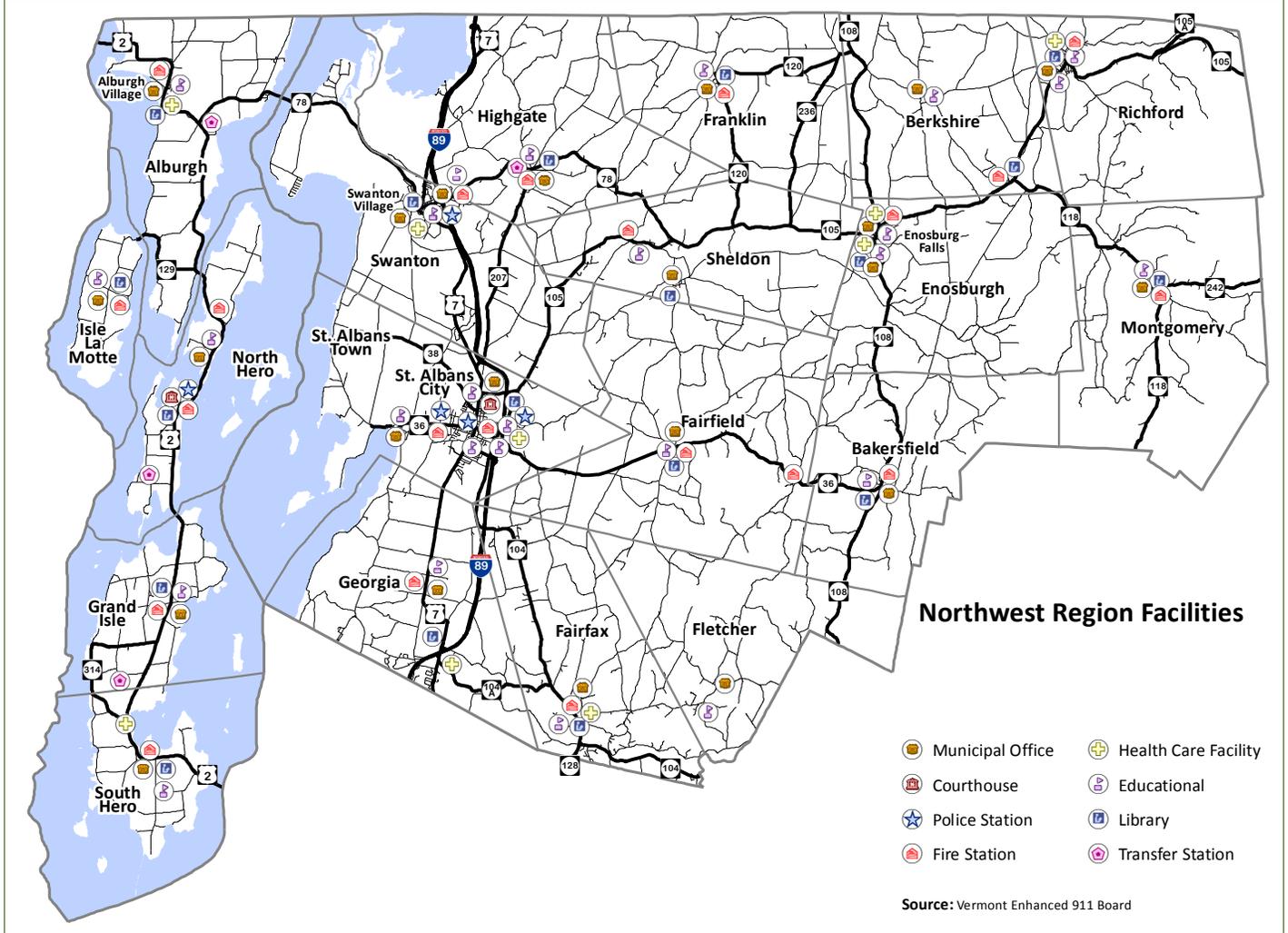
**Recreation**

The Northwest region has a landscape ranging from the shores of Lake Champlain through expanses of the Champlain Valley’s farmland to the western hills of the Green Mountains. For the resident and the visitor, this diverse topography offers a wide range of recreational opportunities.

Public lands cover more than 19,512 acres in Franklin and Grand Isle Counties. The state owns more than half of this acreage, managing over 47 parcels ranging in size from the 1,766-acre Fairfield Swamp Wildlife Management Area to small, one-acre fishing access areas. The federally owned Missisquoi National Wildlife Refuge, which covers 6,470 acres, represents a very significant portion of the remaining public lands.



MAP 1: NORTHWEST REGION FACILITIES



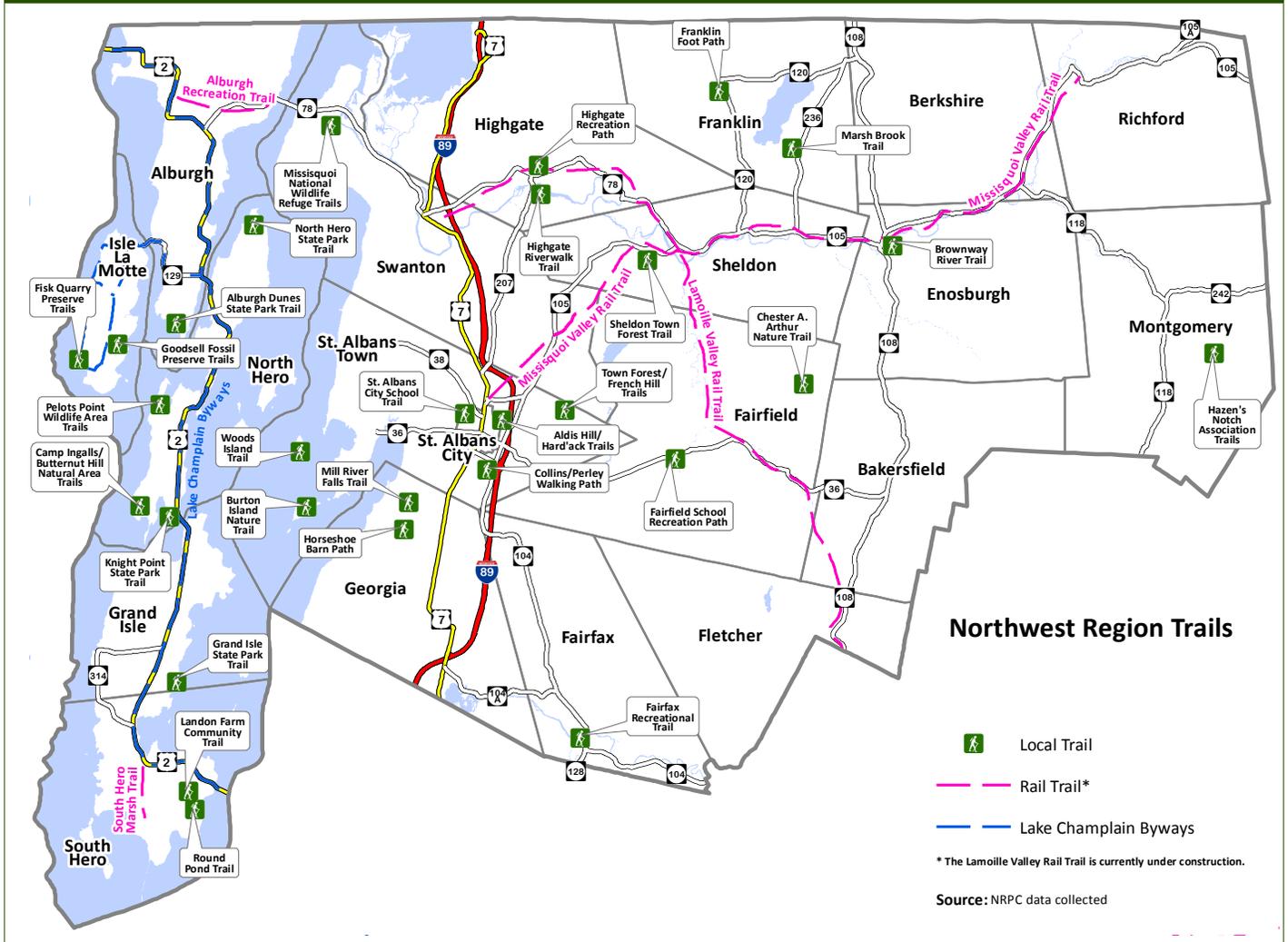
In addition to undeveloped forests, wetlands and open lands, nearly every municipality in the region offers some recreational sites open to the public. Indoor recreation facilities serving the region include the Collins Perley Sports & Fitness Center in St. Albans Town and the Highgate Recreational Facility.

Hard’ack Hill in St. Albans Town provides the only downhill skiing opportunity in the region with a tow rope, snowmaking and lighted trails. Although not located within the region, Jay Peak Resort and Smugglers’ Notch Resort are both located immediately adjacent to the region and are enjoyed by regional residents. These resorts provide a wide variety of winter recreational options (downhill skiing and snowboarding, cross-country skiing, ice skating, etc.).

The regional could benefit from additional private gyms/fitness centers. The St. Albans-Swanton area is served by at least three private gyms. However the remainder of Franklin County is served only by one facility in Richford, and there are no private gyms in Grand Isle County.

Franklin County is home to two significant outdoor recreation assets: the Missisquoi Valley Rail Trail (MVRT) and the Lamoille Valley Rail Trail (LVRT), two multi-use trails that will ultimately span the region on more than 125 miles of decommissioned railroad beds. The MVRT spans from Swanton east to Richford. When complete, the LVRT will span from Swanton south to Fletcher within the region, and then continue east to provide a connection to the St. Johnsbury area of the state. Grand Isle County is a major bike recreation destination highlighted by the Island Line on road bike trails and a seasonal bike ferry connection to Colchester and the Burlington bike path.

MAP 2: NORTHWEST REGION TRAILS



## GOALS AND POLICIES

1. Provide high-quality educational and vocational opportunities that meet the needs of our population, regardless of age or economic status.
  - a. Ensure that preschool, primary and secondary, and post-secondary educational services are provided in safe and accessible facilities with sufficient capacity, available at reasonable cost and meet or exceed state standards.
  - b. Ensure that new developments shall not place undue burden on the capacity of local school systems. Support efforts to ensure that the working landscape—including agriculture, forestry and value-added production—remains a key sector in the region’s economy.
  - c. Support the location of schools and vocational training facilities within regional or sub-regional growth centers, or in city, village or hamlet centers, rather than in non-growth areas.
  - d. Encourage the region’s high schools and technical/career centers to offer specialized vocational training opportunities for young adults and adults with varying backgrounds and educational levels.
  - e. Promote collaboration among local schools, technical/career centers and businesses to support job growth and training needs and facilitate high-quality employment opportunities.

- 2. Ensure the region has a network of high-quality, publicly accessible and free community libraries.**
  - a. Support the location of libraries within regional or sub-regional growth centers, or in city, village or hamlet centers, rather than in non-growth areas.
  - b. Encourage libraries to provide educational and cultural programs for community members of all ages.
  - c. Ensure that libraries serve as a place to learn about and use technology and the Internet for people of all means and abilities.
  
- 3. Offer high-quality, sustainable recreational land, facilities and programs that meet the recreational needs of current and future generations.**
  - a. Support the establishment of a network of indoor and outdoor recreation land, facilities and programs for people of various ages, physical abilities, incomes and educational levels throughout the region.
  - b. Encourage the expanding network of high-quality, multi-use recreational trails in the region.
  - c. Promote the development of abundant opportunities for public access to the region's waters and shorelines.

# HOUSING

## GOALS

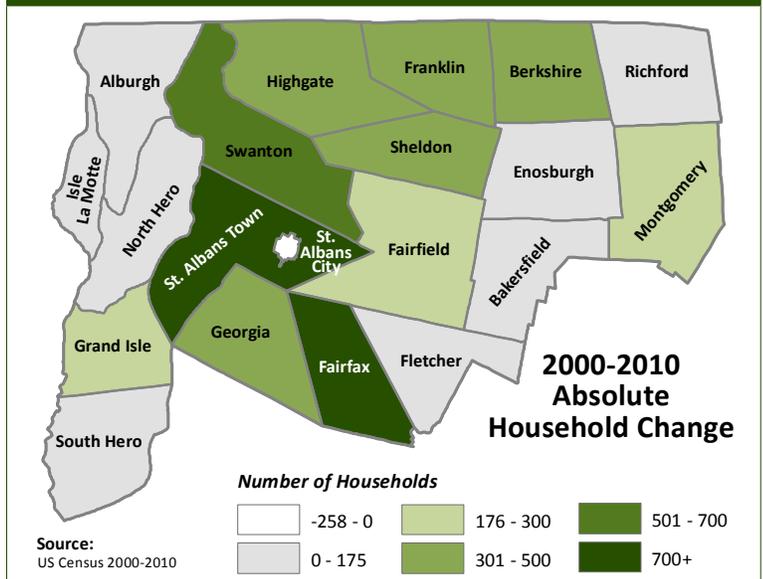
1. Ensure that high-quality, safe and affordable housing is available to residents of the region.
2. Ensure that new and rehabilitated residential development will reinforce and reflect the traditional forms and patterns of residential community settlements and will efficiently utilize existing and planned infrastructure.
3. Promote the construction of housing in areas that are convenient to employment, services, retail, public transportation, recreation facilities and schools.
4. Support innovative planning, design and construction of housing to minimize long-term living costs; have minimal impact on natural resources, open space and significant agricultural and forestlands; avoid adverse environmental impacts; and achieve greater energy efficiency.

Adequate and affordable housing is an important regional and statewide concern impacted by a wide range of social and economic policies. Housing needs, affordability and availability vary considerably throughout the region. Such variability is influenced heavily by location within the region. The housing market in southern Grand Isle County and western Franklin County is strongly affected by the presence of Lake Champlain, Interstate 89 and proximity to Chittenden County. The lack of developable land due to environmental constraints also has an effect on the region, especially in Grand Isle County and eastern Franklin County. In both counties, broader issues such as the age and quality of the housing stock, the quantity of the housing stock, and access to credit for first-time home buyers complicate the varied and nuanced housing situation in the region.

## ASSETS AND VALUES

The region offers a range of housing types in terms of size, affordability and location. Housing in urban or village centers offers historic structures, water and sewer infrastructure to support dense development, and a walkable environment with close proximity to services and jobs. Housing in rural landscapes allows for large lots and views of the Vermont landscape. As a region, the current mix of rural, village and urban living environments is valued—so is the assurance that adequate and affordable housing is available to meet the needs of all economic groups, as well as the preservation of the quality and quantity of the existing housing stock. The region values housing that is energy efficient and provides relatively easy access to basic amenities and services. With these values in mind, the following subsections evaluate current housing market data and trends to further assess the housing assets in the region and the region’s future housing needs.

**FIGURE 2: CHANGE IN HOUSEHOLDS FROM 2000-2010**

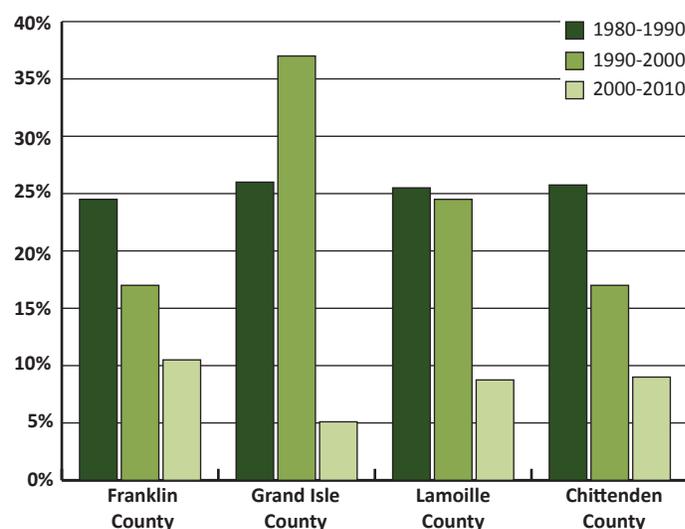


### How We Have Grown

The population and the number of households in the region have continued to grow, according to the 2010 U.S. Census. This growth continues a several-decades-long trend. Yet growth in the region, which was spurred in the past by comparative affordability and easy commutes to job centers, began to slow during the early 2000s.

- The number of households in each county grew between 2000 and 2010 (Figure 2). Franklin County experienced an increase of 1,766 households (10.5%), and Grand Isle experienced an increase of 141 households (5.1%). Municipalities with close proximity to Interstate 89, such as St. Albans Town and Fairfax, saw the greatest increases in the gross number of housing units.

**FIGURE 3: PERCENT CHANGE IN TOTAL HOUSEHOLDS**



Source: U.S. Census Bureau 1980 - 2010

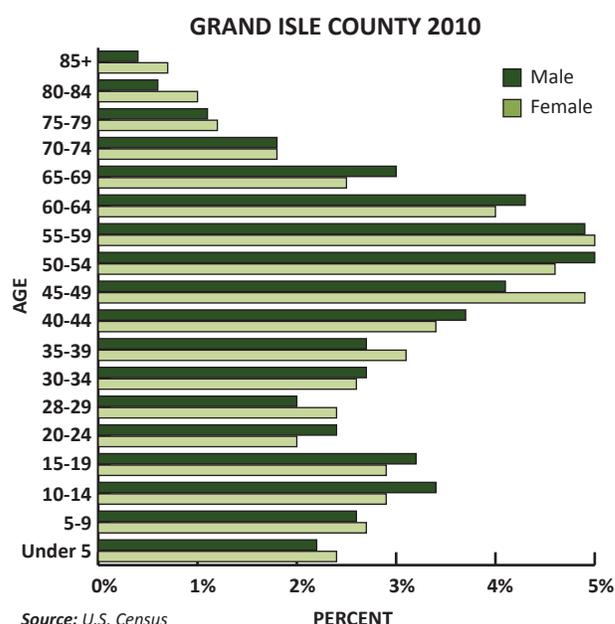
- Franklin County had the largest percentage increase in households compared to the surrounding counties between 2000 and 2010 (Figure 3). However, all counties experienced smaller increases from 2000 to 2010 than in other recent decades.
- The relationship between housing location and job location is often unique in the region. Although the region is host to several job centers in St. Albans, Enosburgh, Swanton and Georgia, the majority of the workforce leaves the region for employment, typically commuting to Chittenden County. This requires that 31% of the regional workforce travel more than 25 miles to employment. Inversely, 30% of workers travel fewer than 10 miles. This range shows that while some people may be choosing to reside in the region for the rural lifestyle it provides and accept a long commute, a third of workers have found employment closer to home.

### Who Lives Here

U.S. Census data provides a picture of the region’s residents as described below. The region, like much of the state, is home to an aging population with housing needs that are rapidly changing. Much like other rural regions, the population cohorts from the 20–24 and 25–29 age groups are among the smallest in both counties. The lack of young adults in the region and lower birth rates should be monitored over time.

- The average age of residents has continued to climb in both counties as the “baby boomers” age. The largest population cohort group in Grand Isle County is between 50 and 65 years old (27.8%) (Figure 4). In Franklin County, this same age cohort

**FIGURE 4: AGE DISTRIBUTION - GRAND ISLE COUNTY**



Source: U.S. Census

accounts for 21.1% of the population (Figure 5). This will have a tremendous effect upon the future housing market in the region with regard to demand for elderly housing and the amount of housing stock on the market as this population continues to age.

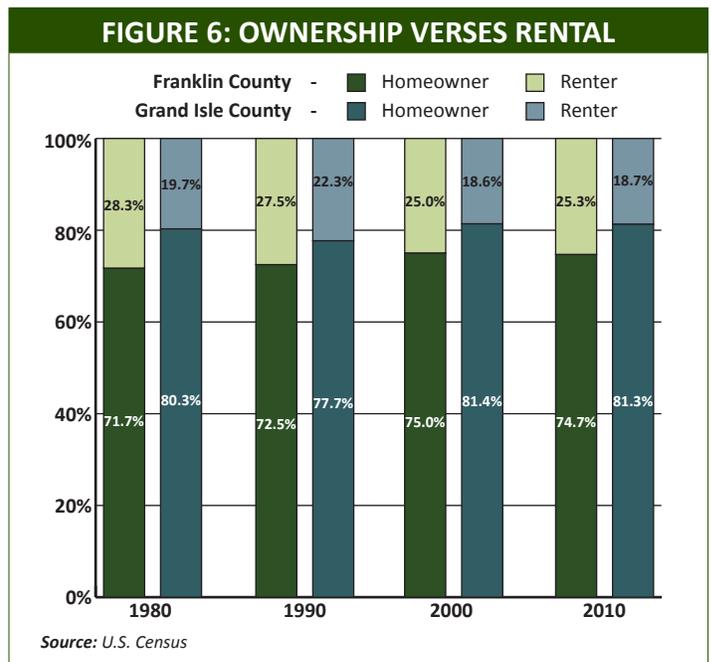
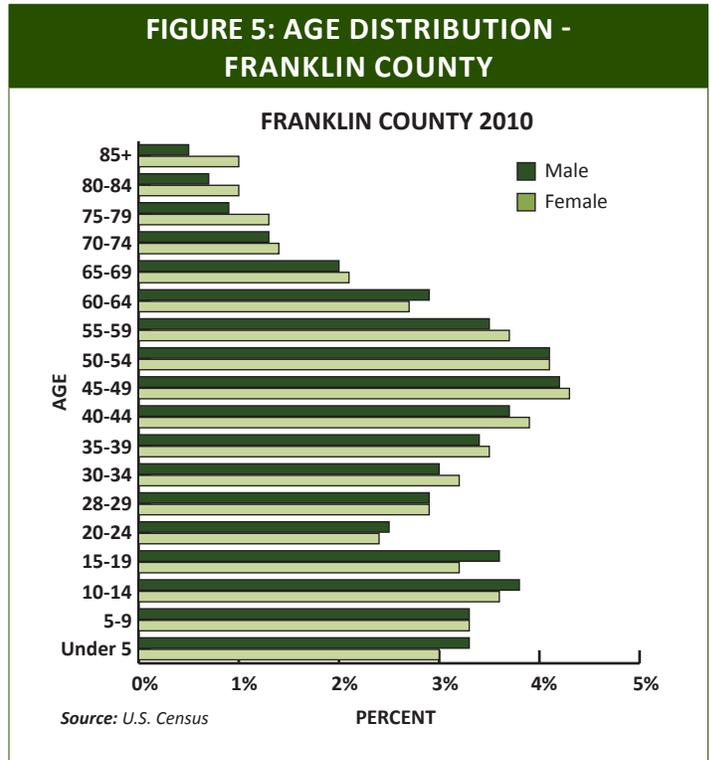
- The number of residents who are more than 65 years old in Franklin County grew by almost 3,000 people between 2000 and 2010 (41.1%). Growth among the elderly population in Grand Isle County also grew, but at a lower rate (13.2%).

- Average household size dropped from 2.7 to 2.6 persons in Franklin County and from 2.5 to 2.4 persons in Grand Isle County between 2000 and 2010. This is a much less dramatic drop compared to previous decades. In both counties, the average household size was approximately 3 persons in 1980.

- The number of households with children under the age of 18 decreased in both counties between 2000 and 2010. Franklin County saw a decrease of 6.7%, and Grand Isle County saw a decrease of 15.7%. The total number of children in the region under the age of 19 decreased between 2000 and 2010 by 7.4% in Franklin County and by 18.4% in Grand Isle County.

- The 2008–2012 American Community Survey estimated that 10.2% of Franklin County residents and 7.6% of Grand Isle County residents are living in poverty.

- The proportion of households that own versus rent a home remained steady in each county between 2000 and 2010. In Franklin County, approximately 75% of households own homes and 25% of households rent. In Grand Isle County, a little more than 81% of households own homes and almost 19% of households rent (Figure 6).

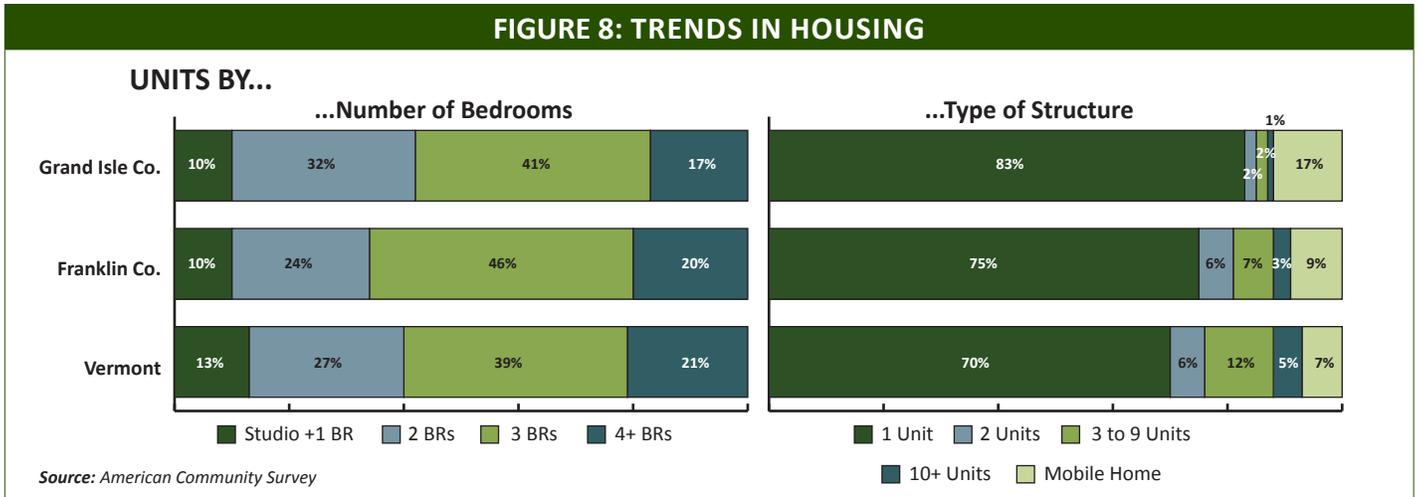
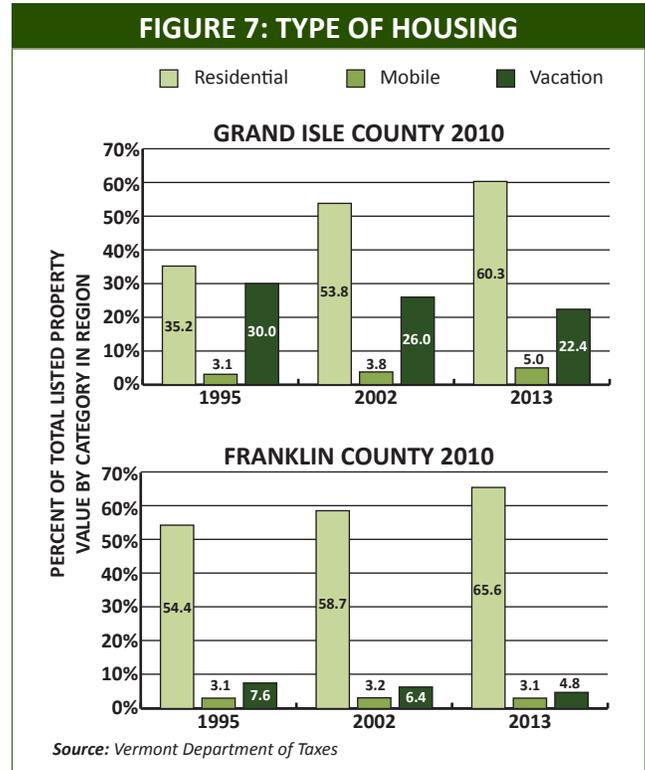


- According to the Vermont Department of Taxes, the amount of “vacation” properties in both counties declined between 2002 and 2012, continuing a trend that began in the mid-1990s. In 2013, 22.4% of properties in Grand Isle County and 4.8% of properties in Franklin County were considered vacation properties (Figure 7). This indicates a general reduction in second homeowners in the region and an increase in the conversion of vacation homes to year-round homes.

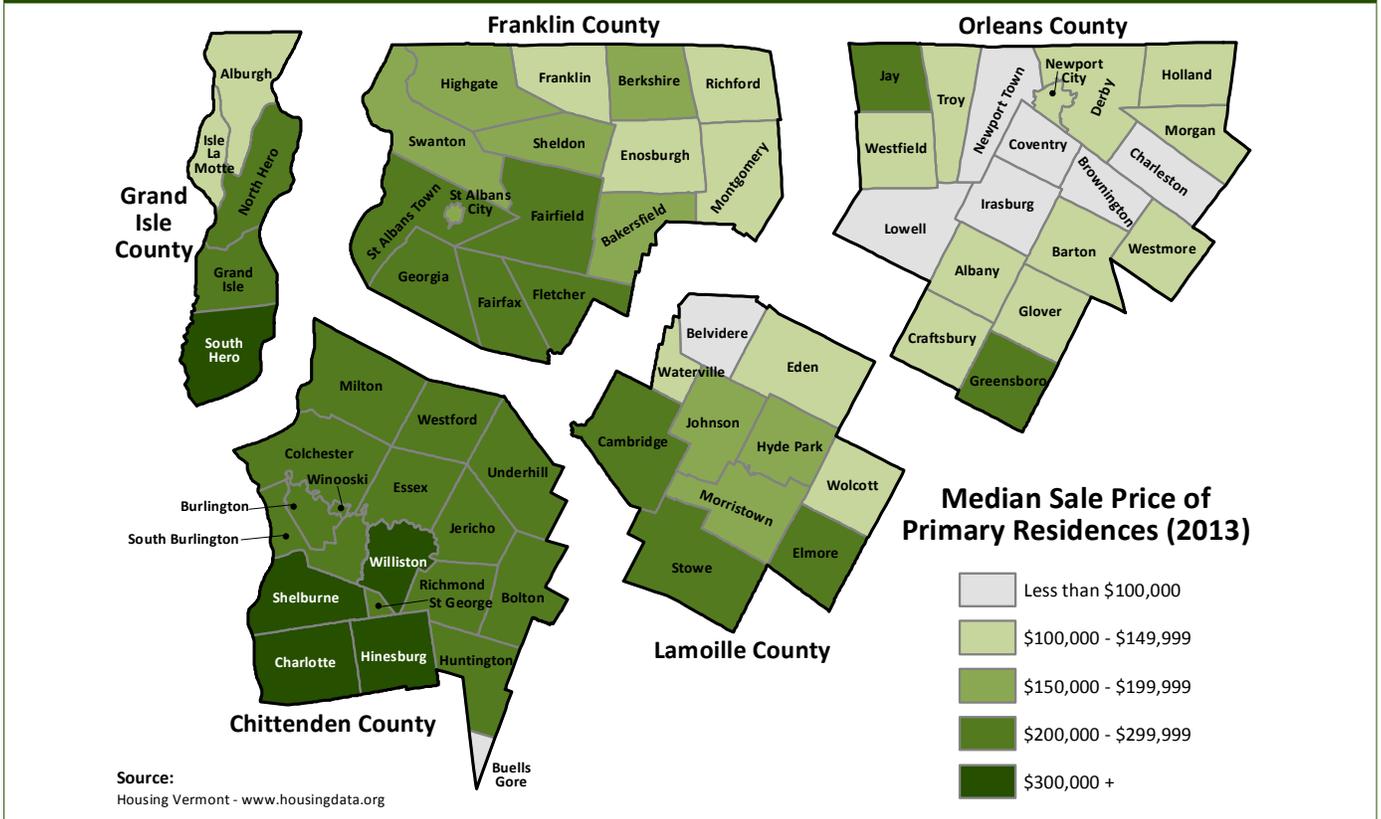
**Are Our Housing Needs Met?**

Housing needs are changing in the region. As regional residents continue to age, there will be an increasing need for elderly housing. Inversely, this could provide an opportunity for those in younger age cohorts to move to the region, particularly as they begin to reach the age when they may begin to raise a family. As household sizes continue to shrink and the population continues to age, the housing stock will need to change to meet the needs of the population.

- The majority of homes in the region have three or more bedrooms (Figure 8). There are 21,591 housing units in Franklin County and 5,048 housing units in Grand Isle County, according to the 2008–2012 American Community Survey. The most common housing unit size is a three-bedroom house, which constitutes approximately 46% and 41% of the housing stock in Franklin and Grand Isle Counties, respectively.
- Approximately 30% of all housing units in Franklin County were built before 1939, which is slightly higher than the state percentage (28%). Only 20% of housing units in Grand Isle County were built before 1939. About 57% of housing units in Franklin County and 58% of housing units in Grand Isle County were built after 1970.
- As of 2012, the vacancy rate in Franklin County was only 13%, which is less than the state average of 20% (2008–2012 American Community Survey). However, the Grand Isle County vacancy rate was about 38%. The high vacancy rate in Grand Isle County may be due to the definition of “vacancy” by the U.S. Census, which includes housing units for sale/rent, foreclosed homes and seasonal homes.
- The median sales price of primary residences for municipalities in Franklin and Grand Isle Counties—as well as the surrounding counties in Chittenden, Lamoille and Orleans—is shown in Figure 9. This graphic shows the region’s housing market trend of increasing home prices along the interstate corridor and municipalities bordering Chittenden County.



**FIGURE 9: MEDIAN SALE PRICE OF PRIMARY RESIDENCES (2013)**



- The value of homes sold has stagnated in the region since 2007. This coincides with the “housing bubble” that negatively affected the housing market nationwide. The median price of primary residences sold in Franklin County in 2013 was \$2,000 less than the same figure in 2007 (Table 3). Over the past few years, the median price of primary residences sold in Grand Isle County has been highly volatile, especially since 2011. However, prices overall are beginning to rebound to their 2006 high.
- According to the website Vermont Housing Data, there are 840 subsidized rental housing units in the region; Franklin County accounts for 771 of them. The St. Albans City Housing Authority administers a Section 8 voucher program that is available to those living in St. Albans City or within a six-mile radius of the city. Currently, 85 vouchers are allocated to the housing authority. Vouchers can also be obtained from the Vermont State Housing Authority and used in any municipality in the region. Several housing trusts dedicated to constructing affordable housing, such as the Champlain Housing Trust, are also active in both Franklin and Grand Isle Counties.

Year	Franklin Co.	Grand Isle Co.	Vermont
2000	\$113,650	\$119,900	\$119,000
2001	\$120,000	\$135,000	\$126,900
2002	\$128,750	\$153,950	\$134,925
2003	\$144,000	\$149,450	\$149,900
2004	\$155,000	\$157,000	\$164,500
2005	\$175,000	\$189,000	\$184,900
2006	\$190,000	\$225,000	\$195,000
2007	\$185,000	\$188,500	\$200,000
2008	\$175,900	\$210,000	\$200,000
2009	\$180,000	\$216,500	\$190,000
2010	\$180,000	\$212,000	\$194,000
2011	\$181,400	\$171,000	\$195,000
2012	\$180,388	\$175,400	\$196,000
2013	\$183,000	\$217,500	\$200,000

Source: Vermont Department of Taxes

- Out of the subsidized rental housing in the region, 394 units are considered elderly housing. These units are spread over 15 different facilities, most of which are located in St. Albans City. There are two such facilities composed of 30 units in Grand Isle County (Champlain Valley Agency on Aging, 2013). These numbers do not include nursing homes or residential care homes referenced in the Community Health section.
- Housing affordability remains an issue in the region, particularly in Grand Isle County. The NRPC has estimated housing affordability for both counties in the region using median household income and median sale price for primary residences (Table 4). Based on the estimate, a household earning the median income in Grand Isle County cannot afford a home sold at the median sale price. The situation is better in Franklin County, where a household making the median income should be able to afford a home sold at the median sale price. However, a household making 80% of the median income cannot afford a home sold at the median sale price. It should also be noted that the home prices in Franklin County are highly variable. Some municipalities, such as Richford, are very affordable. However, municipalities closer to Chittenden County have median sale prices higher than those in the rest of Franklin County.

**Housing and more...**

Housing is generally considered affordable, regardless of income, when a household utilizes **no more than 30%** of their income to pay for it.

Given that travel from the household to destinations varies depending on house location, **transportation costs** are considered affordable when they consume **15% or less** of the household income.

**Combined**, housing and transportation costs that total **greater than 45%** of the household income are considered unaffordable.

**TABLE 4: HOUSING AFFORDABILITY IN THE REGION**

Percent of Household Median Income	Median Household Income	30% of Income		Taxes and Insurance	Income Available for Housing/ Month	Maximum Affordable Mortgage	Median Sale Price for Primary Residences (2013)	Affordability Gap
	2012	Per Year	Per Month					
<b>Franklin County</b>								
100%	\$55,181	\$16,554	\$1,380	\$240	\$1,140	\$191,014	\$183,000	\$8,014
80%	\$44,145	\$13,243	\$1,104	\$240	\$864	\$144,765	\$183,000	-\$38,235
50%	\$27,591	\$8,277	\$690	\$240	\$450	\$75,392	\$183,000	-\$107,608
30%	\$16,554	\$4,966	\$414	\$240	\$72	\$12,069	\$183,000	-\$170,931
<b>Grand Isle County</b>								
100%	\$59,566	\$17,870	\$1,489	\$240	\$1,249	\$209,389	\$217,500	-\$8,111
80%	\$47,653	\$14,296	\$1,191	\$240	\$951	\$159,466	\$217,500	-\$58,034
50%	\$29,783	\$8,935	\$745	\$240	\$505	\$84,580	\$217,500	-\$132,920
30%	\$17,870	\$5,361	\$447	\$240	\$72	\$12,069	\$217,500	-\$205,431

*Source: Median income based on U.S. Census Bureau estimates; median sale price from Vermont Department of Taxes; taxes and insurance are an estimate; all other figures computed by the NRPC*

## GOALS AND POLICIES

1. **Ensure that high-quality, safe and affordable housing is available to residents of the region.**
  - a. Give priority to the preservation of affordable housing already in existence; perpetual affordability is preferred for new affordable housing developments.

- b. New developments must not result in a net loss of affordable housing units.
  - c. Integrate affordable housing that maintains the character of the area with other types of housing including mixed-income/mixed-use development, for residents of all ages.
  - d. Support the development of housing that meets the needs of the existing and future workforce of the region.
- 2. Ensure that new and rehabilitated residential development will reinforce and reflect the traditional forms and patterns of residential community settlements and will efficiently utilize existing and planned infrastructure. Promote the construction of housing in areas that are convenient to employment, services, retail, public transportation, recreation facilities and schools.**
- a. Ensure that all housing projects will be designed in keeping with the character of the area as defined in the local and regional plan.
  - b. Promote the design and location of all housing projects (including affordable housing) with the goal of minimizing the additional financial burden on municipalities and taxpayers.
  - c. Support the location of housing developments that have substantial regional impacts within locally and regionally designated growth centers with appropriate infrastructure, and outside of identified resource and conservation lands.
  - d. Ensure that multi-family, assisted living and group homes will be designed to meet the needs of the occupants and will be located in areas with convenient access to related services.
- 3. Support innovative planning, design and construction of housing to minimize long-term living costs; have minimal impact on natural resources, open space and significant agricultural and forestlands; avoid adverse environmental impacts; and achieve greater energy efficiency.**
- a. Encourage the design of housing developments that fit into the cultural, aesthetic and natural landscape in which they are located.
  - b. Ensure that new rural housing developments will be sited so as to preserve the greatest amount of open space possible and avoid adverse impacts on significant natural areas. Open space shall be retained for agriculture, forestry, recreation or resource preservation.

## COMMUNITY HEALTH

### GOALS

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

Community health was a central feature of the Healthy People, Strong Communities project. Good health not only increases life expectancy; it also contributes to personal happiness and success. A healthy lifestyle enables people to reduce their health-care expenses and save their earnings.

This section seeks to provide strategic guidance for decisions related to regional community health in the short, medium and long terms in an effort to address the region’s changing needs.

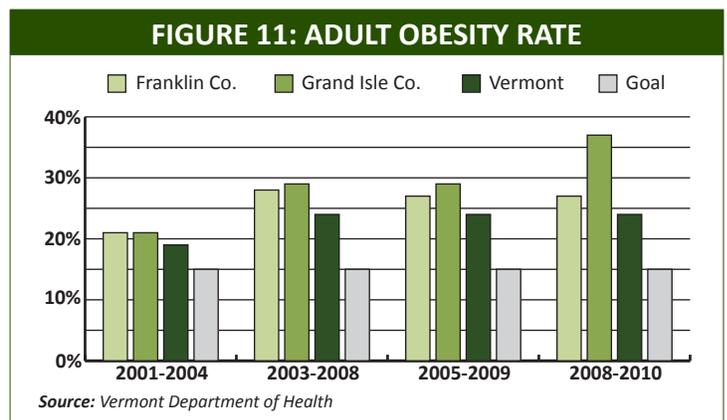
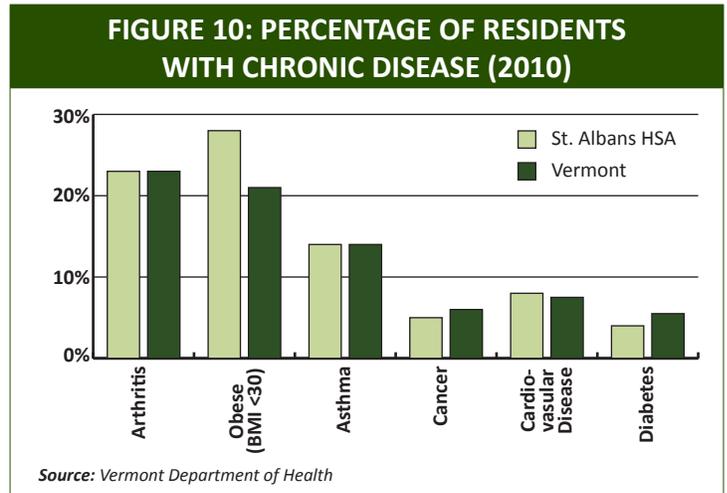
To identify priority community health issues within the region, the Community Health Working Group was formed. The group was composed of members representing various interests including members from Northwestern Medical Center, Franklin County Caring Communities, the Vermont Department of Health, various school supervisory unions, the NRPC and many others. In preparing this plan, the Community Health Working Group listened to community concerns, examined the most current available data and reviewed existing plans and policies, including the 2012 Community Needs Assessment Data/Health Section, the Vermont Department of Human Resources Strategic Plan (2011–2015), Healthy Vermonters 2020 and the Northwestern Medical Center 2012 Community Health Assessment For Franklin and Grand Isle Counties.

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### ASSETS AND VALUES

#### Trends

Nutrition, physical activity and substance abuse are the top factors affecting the health of the region’s residents (Figures 10–12). Obesity is the chronic disease with the highest rate of incidence in region. It is one of two chronic diseases (the other being cardiovascular disease) where incidence in the St. Albans Hospital Service Area (HSA) outpaces incidence in Vermont at large.



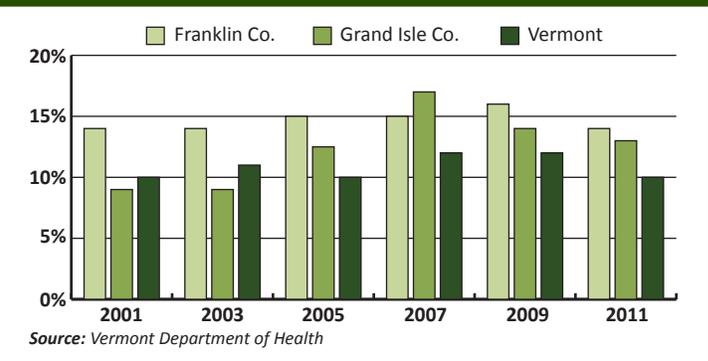
Obesity is an issue that came up repeatedly in community meetings when people were asked about how they could reach their healthiest potential. It was often combined with a discussion of the risk factors for obesity, which include the lack of physical activity and poor-quality nutrition.

The rate of adult obesity is higher in Franklin County and Grand Isle County compared to the state average. The adult obesity rate in Franklin County increased between 2004 and 2008, yet it declined between 2008 and 2010. In Grand Isle County, the rate of obesity among adults has been increasing since the early 2000s, notably between 2008 and 2010. Both counties exceed the current state average and the state goals adopted by the Vermont Department of Health. Additional data about youth obesity shows decreased obesity rates in Franklin and Grand Isle Counties since 2009 (Figure 13), which is consistent with state trends. Grand Isle County, in particular, has had success in decreasing youth obesity rates. This trend may be related to a recent focus on improving nutrition in the schools through the Farm to School Network. However, physical inactivity remains a concern in the region for all age groups. More than a quarter of Franklin County residents (26% in 2011–2012) report that they do not use any leisure time for physical activity (Behavioral Risk Factor Surveillance System data). That number has not improved since 2000–2002. In many communities, schools and recreation areas are challenging to access via walking or biking, or they are located on major truck routes or in communities where there are limited or no sidewalks or paths. The region has numerous opportunities to increase physical activity, including improving bike and pedestrian access to schools and recreation facilities and expanding bike path and sidewalk networks within the region’s growth areas. Residents can be encouraged to take advantage of the region’s vast natural resources for walking, hiking, snowshoeing, swimming, skating, etc.

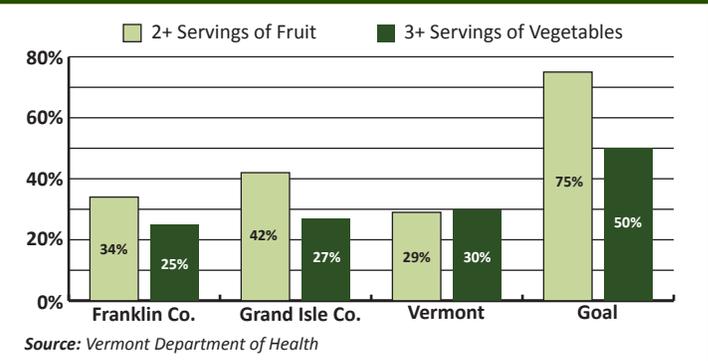
Despite continued worries about obesity, food scarcity in the region continues to be a concern. Utilization of the Franklin-Grand Isle Food Shelf increased by 16% among individuals and by 11% among families between 2007 and 2009 (Community Needs Assessment). Updated data regarding food shelf use is forthcoming, but these numbers show a trend that may reflect the continued effects of the 2008 financial crisis and poverty in the region.

Statistics concerning eating habits are also available through the 2005–2009 Vermont Department of Health Behavioral Risk Factor Surveillance System (BRFSS) survey. The data shows that adults throughout the region fall short of the goal of eating at least two fruits and three vegetables daily, yet they are performing better than the state average (Figure 13). Among youth, the total of the population eating at least two servings of fruit on a daily basis is approximately 30% (Figure 14).

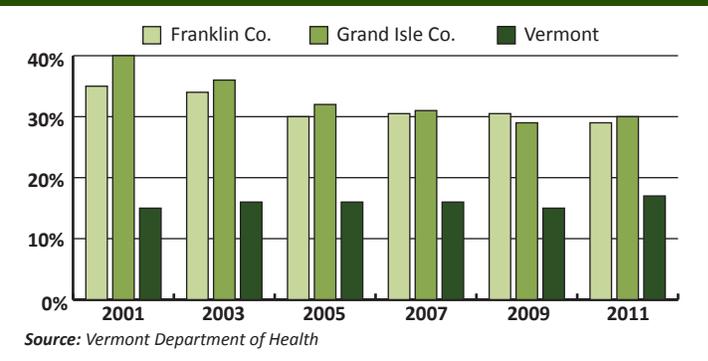
**FIGURE 12: YOUTH OBESITY RATE IN 9<sup>TH</sup>-12<sup>TH</sup> GRADE**



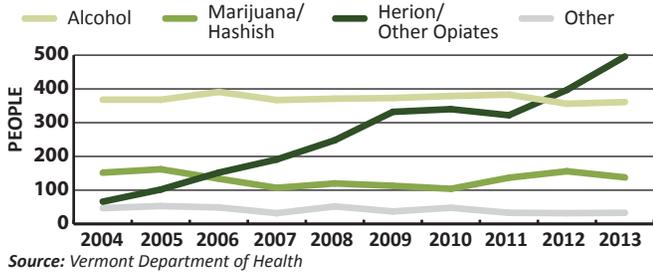
**FIGURE 13: ADULT HEALTHY EATING**



**FIGURE 14: YOUTH EATING 2+ SERVINGS OF FRUIT DAILY**

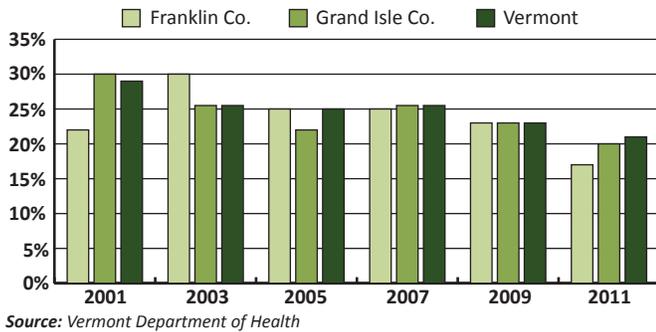


**FIGURE 15: NUMBER OF PEOPLE IN FRANKLIN AND GRAND ISLE COUNTIES TREATED FOR SUBSTANCE ABUSE**



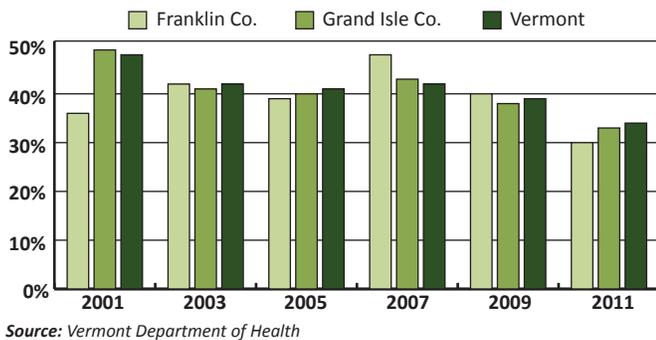
The issue of substance abuse is important to the region’s residents, particularly prescription drug abuse. The number of people being treated for addiction to heroin and other opiates such as OxyContin dramatically increased in the past decade (Figure 15), while crime rates have also increased. Since late 2009, this trend has flattened out and even begun to reverse, but the widespread perception is that opiate use remains the region’s biggest substance abuse issue.

**FIGURE 16: BINGE DRINKING IN HIGH SCHOOL**



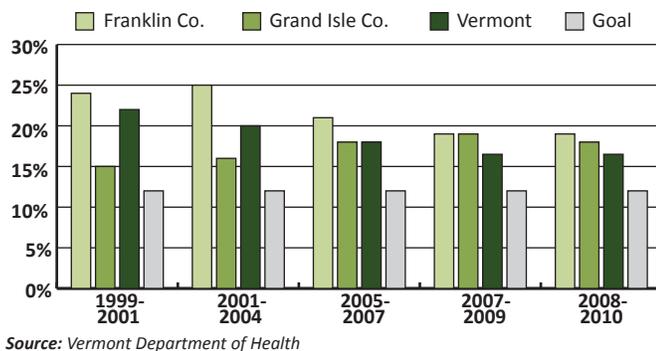
Historically, alcohol has been the top reason that adults in Franklin and Grand Isle Counties seek treatment for substance abuse. This trend continues at present. According to the 2012 National Survey on Drug Use and Health, Vermont has the highest drinking rate among youth ages 12 to 20, at 37%. Despite this dubious distinction, trends since 2007 are encouraging. Alcohol use and binge drinking rates among high school-age youth have been steadily decreasing since 2007. Recent numbers for both indicators also show Franklin and Grand Isle Counties performing better than the state average (Figures 16 and 17).

**FIGURE 17: ALCOHOL USE IN HIGH SCHOOL**



Smoking continues to be a public health concern in the region. Smoking is a major risk factor for asthma, which is the number-three chronic disease occurring in the region at a rate of 14%. The current data on smoking among adults and high schoolers shows somewhat similar results. In Franklin County, smoking rates for both populations are in the range of 15% to 20%. In Grand Isle County, smoking rates for both populations are in the range of 14% to 18%. The long-term trend in the region is a reduction in smoking among adults and high schoolers. However, one exception to this trend is for adults in Grand Isle County, where smoking rates have increased approximately 3% between 1999 and 2010 (Figure 18).

**FIGURE 18: PERCENTAGE OF ADULTS SMOKING**



Mental health was continually cited as a community health concern during community engagement sessions associated with this plan. According to data compiled by the University of Vermont Center for Rural Studies, “both Grand Isle and Franklin County have seen a gradual increase in the rate of adults who

report being of poor mental health” (Franklin and Grand Isle County, Vermont Sustainability Indicators, p.23). The focus of concern surrounding mental health in the region is on the youth and aging population (Table 5).

**TABLE 5: PERCENTAGE OF ADULT POPULATION REPORTING POOR MENTAL HEALTH**

	2000, 2001, 2003	2001, 2003, 2004	2003– 2005	2004– 2006	2005– 2007	2006– 2008	2007– 2009	2008– 2010
Franklin	8%	9%	11%	11%	12%	11%	12%	10%
Grand Isle	5%	4%	5%	7%	6%	6%	7%	7%

*Note: Poor mental health is defined as 14 or more poor mental health days last month.*  
*Source: University of Vermont Center for Rural Studies*

**Assets**

Northwest Vermont is rich in health care–related assets. Most notable among the region’s community health assets is Northwestern Medical Center (NMC), located in St. Albans City. The hospital is licensed for 70 beds and employs more than 75 medical staff members. It also has a walk-in clinic and urgent care facility located in Georgia. Urgent care facilities are increasing in the region and are also available in St. Albans City and Town.

NMC works closely with Northern Tier Center for Health (NOTCH), a primary care practice with locations in Richford, Swanton, Enosburg Falls, St. Albans and Alburgh. NOTCH’s mission is to provide high-quality care to traditionally underserved populations in Franklin and Grand Isle Counties. NOTCH provides a wide array of health-care services, including family medicine, behavioral health, pharmacy and general dentistry. Because it is a federally funded health center, care is provided to those who do not have health insurance.

There are three nursing homes in Franklin County, which are all located in St. Albans City and St. Albans Town: Franklin County Rehab Center, Redstone Villa LLC and the St. Albans Healthcare and Rehabilitation Center. Grand Isle County does not have any nursing homes. Nursing homes provide nursing care and related services for people who need medical, rehabilitative or other special services. There are eight Level III residential care homes serving Franklin County. Residential care homes are state-licensed group living arrangements designed to meet the needs of people who cannot live independently but usually do not require the type of care provided in a nursing home. There are no residential care homes in Grand Isle County, and this remains an unmet need (Vermont Department of Disabilities, Aging and Independent Living).

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

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

Franklin-Grand Isle United Way is active in community health causes in the region. The organization has several different programs that focus on three key areas: access to health care, safe community and homes, and supporting health choices. Through these three programs, the United Way is combating substance abuse, domestic violence, mental health and obesity issues in the region.

Samaritan House Inc. is a nonprofit organization that provides emergency shelter and transitional housing to people without other options or resources within Franklin and Grand Isle Counties. The Samaritan House is located in St. Albans City, and it is the only emergency shelter in Franklin and Grand Isle Counties.

Several local organizations that are focused upon the local foods movement, nutrition and outdoor recreation are also assets in the fight against obesity. In 2011, the Regional Diversified Agriculture Committee was formed in the region. The committee's goal is to grow the diversified agricultural sector of the local economy. A Healthy Roots coordinator has been hired in partnership with the NRPC, the Franklin County Industrial Development Corporation (FCIDC) and the NMC.

Safe Routes to School is a comprehensive program focused on children being able to safely walk and bike to school. At least eight schools in Northwest Vermont have worked with the NRPC and the Vermont Agency of Transportation (VTrans) to develop Safe Routes to Schools programs, including Isle La Motte School, which became the first Platinum Level partner in the state.

Paths and trails in the region offer recreational opportunities. The region is home to the Missisquoi Valley Rail Trail, a 26.4-mile multiuse pathway between St. Albans Town and Richford. The region will also be the future home of a segment of the Lamoille Valley Rail Trail, which will connect Swanton to St. Johnsbury. Despite the considerable existing and planned path network in the region, community members noted during outreach meetings in early 2013 that more efforts should be made to enhance bicycle connections, particularly to Canada, and to encourage recreation-oriented tourism. Wider shoulders on regional roads were also mentioned as a way to encourage additional bicycle recreation.

## GOALS AND POLICIES

1. **Promote active, healthy living and a high quality of life among individuals and communities; prevent obesity through physical activity and access to healthy foods.**
  - a. Incorporate healthy community design through land development patterns, transportation options and site design that enable residents to lead physically active lives.
  - b. Include walking paths, sidewalks, biking paths and/or recreation opportunities in larger projects that meet the definition of having significant regional impact.
  - c. Increase access to physical activity and healthy recreation spaces region-wide.
  - d. Increase access to healthy food in the region by supporting regional agriculture as well as farm-to-plate and farm-to-institution activities.
  - e. Promote worksite wellness in the Northwest region.
  - f. Create opportunities for aging residents to thrive.
  
2. **Reduce and prevent substance abuse across the region.**
  - a. Reduce the visibility of alcohol and tobacco products and advertisements.
  - b. Increase education about substance abuse prevention in order to change community norms.
  - c. Create restrictive licensure policies.

- d. Increase the number of community and school personnel dedicated to providing screening, referral and education.
  - e. Support the development of residential and non-residential treatment facilities within the region.
- 3. Support the mental and physical health of the region's residents of all ages.**
- a. Reduce barriers to mental health treatment and support prevention efforts.
  - b. Ensure safe housing and transitional support for adolescents.
  - c. Create crisis safe space for adolescents.
  - d. Provide safe spaces and support programs for individuals and families escaping domestic abuse.
  - e. Support the mental health of the region's aging residents.