



Vermont Health District Backbone Partners

Barre - Central VT THRIVE

Bennington - Bennington County Regional Commission (BCRC)

Brattleboro - United Way of Windham County (UWWC)

Burlington - N/A

Middlebury - Porter Medical Center

Morrisville - Lamoille Health Partners (LHP)

Newport - Northern Counties Health Care (NCHC)

Rutland - Social Tinkering, JEDI Movement

Springfield - Southeastern VT Community Action Group (SEVCA)

St. Albans - Abenaki Nation of Missisquoi

St. Johnsbury - Northern Counties Health Care (NCHC)

White River Junction - Public Health Council of the Upper Valley

BARRE **Central VT THRIVE**

PROBLEM STATEMENT

Prior to and throughout the COVID-19 pandemic, substance use and co-occurring disorders increased as evidenced by higher levels of anxiety, depression, and substance use among the entire population, with disproportionately high levels among the BIPOC and LGBTQ+ communities.

In 2021, there was a 33% increase in opioid-related fatal overdoses and a twenty-fold increase in stimulant overdoses, with 70% of the overdoses occurring among the Medicaid population. While there has existed a mobile team to people experiencing an acute crisis, this team has traditionally lacked the training capacity to adequately and with cultural sensitivity identify, assess, triage, and refer individuals in crisis with co-occurring disorders, including substance use disorder, to the right kinds of services, at the right time, in the right place.

COMMUNITY GOAL / VISION

Crisis outreach services must be bolstered to include a diversified, well-trained team of responders who can provide immediate, trauma-informed, and culturally sensitive support for a range of crisis issues, including substance use disorder. The current regional service provider workforce must become more inclusive and diversified to be more welcoming and relatable to the BIPOC, LGBTQ+, and other communities experiencing inequities.

Communities Served

Barre City, Barre Town (Websterville, Graniteville), Berlin, Braintree, Brookfield, Cabot, Calais, Duxbury, Fayston, Marshfield, Middlesex, Montpelier, East Montpelier, Moretown, Northfield, Orange, Plainfield, Roxbury, Waitsfield, Warren, Washington, Waterbury, Williamstown, Worcester

BENNINGTON BCRC

PROBLEM STATEMENT

Previous public health initiatives in the Bennington region have not adequately addressed the root causes of health inequities, specifically poverty and the economic systems that keep people in this condition. A significant portion of the Bennington population lives at or below the poverty level, and the design of the current economic system is a large contributor to this rate of poverty and associated negative health outcomes.

<u>COMMUNITY GOAL / VISION</u>

Economic development and reform efforts that center human dignity, lived expertise, and health equity are essential to improving the wellbeing of the Bennington community.

Communities Served

Arlington, Bennington, Dorset, Glastenbury, Landgrove, Manchester, Peru, Pownal, Readsboro, Rupert, Sandgate, Searsburg, Shaftsbury, Stamford, Sunderland, Winhall, Woodford

BRATTLEBORO **United Way of Windham County**

PROBLEM STATEMENT

Community members who seek social services (such as housing and food) from community organizations and government programs often experience a need for more than one resource. These community needs are not always met effectively, timely, or appropriately.

The following are the most resounding opportunity gaps when supporting the health of our community:

1. Funding Limitations & Intersectional Needs 2. Lack of Linguistic & Cultural Humility

Other related opportunity gaps that could possibly be explored and addressed are distrust of the current systems of care, mutual aid and peer supports as more effective tools, lack of transitional housing, and the many gaps in mental health resources.

Communities Served

Athens, Brattleboro, Brookline, Dover, Dummerston, Guilford, Halifax, Jamaica, Marlboro, Newfane, Putney, Somerset, Stratton, Townshend, Vernon, Wardsboro, Westminster, Whitingham, Wilmington

BURLINGTON N/A

PROBLEM STATEMENT

The COVID-19 pandemic exacerbated the existing issue of health inequities and social disconnectedness in defined sub populations of Chittenden County. These stressors were noted particularly as a result of pandemic "lock down" and anxiety regarding the effects of the pandemic on such elements of health, school, employment, and housing. The UVMMC 2022 CNA survey results found that the majority of residents in the areas served by the medical center feel safe and trust in their communities. However, focus group responses described a desire from many groups for stronger community connectedness so as to improve mental health and well being.

Communities Served

Bolton, Burlington, Charlotte, Colchester, Essex, Hinesburg, Huntington, Jericho, Milton, Richmond, St. George, Shelburne, South Burlington, Underhill, Westford, Williston, Winooski

MIDDLEBURY Porter Medical Center

PROBLEM STATEMENT

Through this grant we will address mental health and health care inequities by focusing on our community's mental wellbeing and access to care through a lens focusing on training and capacity building, traumacentered care, LGBTQIA+ support, culturally competent care, and projects to elevate and better support our marginalized populations. We strongly encourage community partners to apply for this grant and share person-centered initiatives that address health equity among populations that have traditionally been underfunded or underrepresented within this community. By the end of May 2023, this grant will have allowed us to support current and new efforts and continue conversations around the sustainably of supporting health equity efforts in Addison County.

COMMUNITY GOAL / VISION

Addison County recognizes that improving health equity within our health care system requires long term learning from community members and establishing a culture that enables this work. Through the Vermont Health Equity Partnership Grant, we will build a foundation to address health inequities by increasing opportunities for prevention, treatment, and promotion of physical and mental wellbeing among underserved populations within our community.

Communities Served

Addison, Bridport, Bristol, Buel's Gore, Cornwall, Ferrisburgh, Granville, Hancock, Leicester, Lincoln, Middlebury, Monkton, New Haven, Orwell, Panton, Ripton, Salisbury, Shoreham, Starksboro, Vergennes, Waltham, Weybridge, Whiting

MORRISVILLE Lamoille Health Partners

PROBLEM STATEMENT

Data shows that Vermonters who are Black, Indigenous, and People of Color and who had COVID-19 had a higher rate of pre-existing conditions such as diabetes, pulmonary and cardiovascular disease compared to white non-Hispanic Vermonters with COVID-19, 19.4 versus 12.1 per 10,000 Vermonters, respectively. COVID-19 among Vermonters who are BIPOC (healthvermont.gov). Between March 2021 through April 2022; Lamoille County had 183 COVID-19 cases among identified BIPOC community members, representing 18% of total cases during this time (VDH-Health Surveillance). Vermonters who are Black, Indigenous, and People of Color are at a disadvantage regarding healthy equity which was highlighted nationally during the COVID-19 pandemic.

COMMUNITY GOAL / VISION

The collaborative will seek to better understand the problem to support community efforts in developing initiatives that will assist in bridging these gaps in inequities. One fundamental step in understanding these disparities and gaps is to engage a diverse community to join the conversations. The Health Equity Collaborative of Lamoille has agreed for the broader engagement strategy as an initial step in promoting future work.

Communities Served

Belvidere, Cambridge, Craftsbury, Eden, Elmore, Greensboro, Hardwick, Hyde Park, Johnson, Jeffersonville, Morristown, Stowe, Waterville, Wolcott, Woodbury, Stannard

NEWPORT Northern Counties Health Care

PROBLEM STATEMENT

We are not providing the right mental health/substance misuse care, at the right place at the right time, every time and too many in our community are getting stuck at the wrong level of care/ wrong care location. This is frustrating, costly, and ineffective.

COMMUNITY GOAL / VISION

Everyone living in Orleans/No. Essex will have easy access to person-centered and coordinated mental health and substance misuse services that are timely, close to home, at the appropriate level and with the appropriate transition supports for continued success in a person's home community.

Communities Served

Albany, Averill, Avery's Gore, Barton (including Orleans), Bloomfield, Brighton (including Island Pond), Brownington, Brunswick, Canaan, Charleston, Coventry, Derby, Ferdinand, Glover, Holland, Irasburg, Jay, Lemington, Lewis, Lowell, Morgan, Newport City, Newport Town, Norton, Troy, Warner's Grant, Warren's Gore, Westfield, Westmore

RUTLAND Social Tinkering

PROBLEM STATEMENT

The voices of oppressed and underserved community members are not centered in the ongoing work of improving health equity in Rutland County. This exclusion assumes services and opportunities needed 'for' rather than 'with' these community members. This is alienating and disempowering, leading to mistrust between underserved community members, service providers, and the community as a whole. Mistrust feeds into lack of engagement which continually exacerbates issues of health inequities and community disconnection.

COMMUNITY GOAL / VISION

The voices and lived experiences of BIPOC, LGBTQ+ folks, people living with disabilities, and other underserved and oppressed community members are centered and valued. We curate safe space for people to speak from that lived experience to inform projects, programs, and policies in Rutland County. This centering is critical to making community networks more just, equitable, and inclusive for all.

Communities Served

Benson, Brandon, Castleton, Chittenden, Clarendon, Danby, Fair Haven, Goshen, Hubbardton, Ira, Killington (Sherburne), Mendon, Middletown Springs, Mt. Holly, Mount Tabor, Pawlet, Pittsfield, Pittsford, Poultney, Proctor, Rutland City, Rutland Town, Shrewsbury, Sudbury, Tinmouth, Wallingford, Wells, West Haven, West Rutland

SEVCA

PROBLEM STATEMENT

Stigma is a major barrier to health and wellness for residents in our community. Both actual and perceived stigma prevent many community members, including those with substance use disorder (SUD) and those experiencing mental health challenges, from accessing necessary physical and mental health care, social services, community support, housing, transport, employment, and social opportunities. Stigma is also harming many residents' already strained mental health by negatively impacting their sense of belonging, connection, and hope, leading to feelings of isolation. These experiences and outcomes are particularly acute for our most marginalized and underserved community members.

COMMUNITY GOAL / VISION

Greater Springfield will be a thriving community where all members are valued, respected, healthy, hopeful, and have a sense of belonging and connection. All individuals will know how, where, and be able to access quality, appropriate services whenever needed.

Communities Served

Andover, Baltimore, Cavendish, Chester, Grafton, Londonderry, Ludlow, Plymouth, Reading, Rockingham (including Bellows Falls), Springfield, Weathersfield, West Windsor, Weston, Windham, Windsor

ST. ALBANS Abenaki Nation of Missisquoi

PROBLEM STATEMENT

Across Grand Isle and Franklin counties, people are not able to access the health care and support services they need. This is a complex problem, and is caused in part by affordability, difficulty getting an appointment, lack of transportation, workforce challenges and systemic inequities in our institutions, policies, and infrastructures. Barriers to access contribute to mental health crises, substance misuse and chronic disease prevalence in our region. Communities in our region are expressing a lack of confidence in the health care and support systems and report feeling unsafe, unheard, and alone.

Communities Served

Alburg, Bakersfield, Berkshire, Enosburg, Fairfax, Fairfield, Fletcher, Franklin, Georgia, Grand Isle, Highgate, Isle La Motte, Montgomery, North Hero, Richford, St. Albans City, St. Albans Town, Sheldon, South Hero, Swanton

ST. JOHNSBURY Northern Counties Health Care

PROBLEM STATEMENT

Not everyone in Caledonia and Southern Essex Counties has fair and just opportunity to be financially secure, mentally healthy, physically healthy, well-housed and well-nourished. This is true particularly for those experiencing stigma, marginalization and avoidable systemic inequalities associated with socioeconomic status; race, ethnicity and culture; sexual orientation and gender identity; visible and invisible disabilities; trauma, mental health and substance misuse disorders, and justice-involvement.

Communities Served

Barnet, Burke, Concord, Danville, East Haven, Granby, Groton, Guildhall, Kirby, Lunenburg, Lyndon, Maidstone, Newbury (including Wells River), Newark, Peacham, Ryegate, St. Johnsbury, Sheffield, Sutton, Topsham, Victory, Walden, Waterford, Wheelock

WHITE RIVER JUNCTION PHC of the Upper Valley

PROBLEM STATEMENT

Black, Indigenous, and People of Color (BIPOC) as well as Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual and plus (LGBTQIA+) community members have higher levels of mental health challenges and substance use disorder, diagnosed and undiagnosed. These conditions are both caused by and contribute to isolation, other chronic health conditions, and not feeling safe.

COMMUNITY GOAL / VISION

The Upper Valley is a lively, growing, safe, and inclusive community where, by working together, marginalized communities have access to the power and resources necessary to ensure equitable access to health care, education, housing, food security, and other socioeconomic needs.

Communities Served

Barnard, Bethel, Bradford, Bridgewater, Chelsea, Corinth, Fairlee, Hartford (including Quechee, White River Junction, Wilder), Hartland, Norwich, Pomfret, Randolph, Rochester, Royalton, Sharon, Stockbridge, Strafford, Thetford, Tunbridge, Vershire, West Fairlee, Woodstock