



*Healthy Living* | Sources left to right: ©Denise E Photography; ©Julia Pivovarova; ©TRORC

## A. Introduction

Public health is the idea that promotes and protects the health of people and the communities where they live, learn, work, and play<sup>1</sup>. How a community is designed has a direct effect on the health of its citizens. Land development patterns, zoning ordinances, and land use classifications impact walkability, access to services, and transportation options. Zoning and land use regulations can encourage healthy behaviors.

In many respects, the concepts for healthier communities are already prevalent in Vermont's land-use planning and therefore, are already included throughout the TRORC Regional Plan. Many town plans in the region already include goals, policies, and recommendations that support healthy places as well. For example, Woodstock's town plan includes a suggested action to reduce greenhouse gases by implementing an anti-idling policy for all vehicles, thus improving the air quality for its

residents.

The American Planning Association has determined; however, that including a specific chapter explicitly focused on public health ensures that a greater emphasis is placed on health throughout other plan elements. TRORC has worked with public health partners to develop a template for Town Plans on this important subject.

Communities where residents feel connected to neighbors, have a sense of belonging, have safe options for walking and being active, and have easy access to services, healthy foods, the natural environment, and affordable housing are communities where people enjoy greater health and well-being.

## B. Community Design, The Built Environment, and Land Use

What does it all have to do with public health?

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Community design can and should accommodate a range of lifestyles, age groups, and working conditions. Land use choices influence the underlying determinants of community and environmental health, such as obesity, heart disease, mental health, social isolation, nutrition, and air quality. Developing coherent strategies that integrate health considerations is critical.

*A community's capacity to provide affordable and appropriate housing, supportive community features and services, and adequate mobility options for people of all ages and abilities is rooted in its local zoning codes and related land use policies.*

*~American Association of Retired Persons*

The built environment includes all of the physical parts of where we live and work (e.g., homes, buildings, streets, open spaces, and infrastructure). For example, the built environment influences a person's level of physical activity: Inaccessible or nonexistent sidewalks and bicycle or walking paths contribute to sedentary habits. The TRO Region is relatively rural, so this idea of complete streets may not be feasible for all of our communities. By planning for and creating a healthy environment where walking and biking on back country roads then we can increase the physical and mental health of our residents.

Healthy land use patterns can be achieved by encouraging infill; focusing mixed-use developments in established downtowns and village centers; avoiding sprawl and encouraging land use patterns that promote walking, bicycling, and transit use.

### Population Shifts

The proportion of Vermont's population that is 60 and older is growing more rapidly than other

components of the population. The U.S. Census Bureau estimates that more than 29 percent of Vermont's population will be 60 and older by the year 2030, an increase of 40 percent from 2012.

Orange and Windsor Counties are home to almost 85,000 people. Of these people, almost 36,000 (42%) are over age 50; more than 21,000 (24%) are over 60; almost 7,800 (9%) are over 70; and nearly 2,700 (3%) are over 80.

Healthy lifestyles have a greater influence than genetic factors on avoiding age-related decline in physical and mental health and on the well-being of persons over 65<sup>2</sup>. In addition, well-being can be promoted through sustainable aging in place, which involves helping older residents remain in their community while also addressing the long-term economic, social, and health needs of both current and future generations at every age.

Age-friendly environments cultivate well-being and the participation in community life as they age<sup>3</sup>. They provide services and support that enable recovery or that compensate for the loss of function with the goal that individuals can keep on doing the things that are essential to them.

Adopting the policies and recommendations within this chapter would allow residents a level of independence and an opportunity to engage in community life. However, for persons of all ages, particularly the elderly, mobility and access to appropriate housing and essential goods and services.

The State of Vermont has placed an emphasis on independent living for both seniors and the disabled. Creating a support network which allows seniors to age in place rather than enter into institutional facilities will allow the region to cope with its rapidly expanding senior population. Independent living is a more attractive option for seniors and the disabled, and it is also more cost effective than institutionalizing people within the medical system.

Many towns within the TRO region are rural

and do not have the appropriate infrastructure or an adequate range of available services to support aging in place. Many seniors over the age of 65 have some form of functional limitation<sup>4</sup>. Additionally, elders who age in place are often isolated in their homes.

One concept in particular that has been gaining traction across the nation, as well as in our Region is the “community health care coordinator”.

As a care coordinator, community health workers (CHW) help individuals with health conditions to navigate the healthcare system. They liaise between the target population and a variety of health, human, and social services organizations. They may support individuals by providing information on health and community resources, coordinating transportation, and making appointments and delivering appointment reminders.

Additionally, they may work with individuals to develop a care management plan and use other tools to track their progress over time (e.g., food and exercise logs). Interventions such as this, help save costs and may prevent more serious health problems.

Towns in the Region that currently have some level of a community health coordinator (or community nurse) are Sharon, Thetford, Hartland, Bradford and the greater Woodstock area (via the Ottauquechee Health Foundation/ Mt. Ascutney Hospital).

Designing housing to accommodate a range of functional ability over time (“universal design”) is another important way to assist in keeping the elderly and disabled in their own homes.

On the flip-side, a closer look at age cohorts does reveal that our region is gaining residents, particularly in the 30-34 range. Since some of our schools are losing students at a fairly rapid rate, and employers are struggling to fill jobs, this is most certainly the age group we need to

attract. As we continue to support our long time Vermonters who wish to stay here, we must also put in place things that make families feel welcome and safe: great town centers, affordable housing, a great place to raise children, and a place that makes families feel welcome and safe.

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*Great news! We're gaining in a much-needed age cohort, now let's give them healthy, happy, and affordable places to stay and raise their children.*

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A graphic with the word "gaining" written vertically on the left in a bold, sans-serif font. To its right, the numbers "30-34" are written in a very large, bold, black font. Below "30-34", the words "year-olds" are written in a smaller, black, sans-serif font. At the bottom, a large ampersand "&amp;" is followed by the word "more" in a black, sans-serif font.

### Growth in Obesity Rates

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Obesity has reached epidemic proportions in Vermont and across the United States. In 2015, a quarter of Vermont adults (20 and older) reported being obese, while an additional 35 percent were overweight. The rate of obesity in Vermont is significantly lower than the U.S. overall (29%), while the rate of overweight is similar (35% in Vermont vs. 36% throughout the U.S.). Among adults 20 and older in Vermont, the rates of overweight and obesity remain statistically unchanged since 2011.

However, in 2017, 12 percent of students were obese and 10 percent were overweight—a significant decrease from 16 percent in 2013<sup>5</sup>. One in eight Vermont youth in grades 9 to 12 are considered obese. Additionally, one in seven Vermont youth in grades 9 to 12 are overweight and at risk of becoming obese. While obesity affects people from all backgrounds, lower income Vermonters are disproportionately affected.

Obesity-related conditions cost billions of dollars each year and are the cause of an estimated 300,000 premature deaths in the United States. Some of the health effects associated with obesity include: high blood pressure, diabetes, heart disease and joint problems.

Research shows that one of the most effective ways to prevent obesity and improve outcomes for those who are overweight is to create opportunities for healthy eating for everyone in the community.



## Goals and Recommendations: **Community Design, the Built Environment, and Land Use**

### *Goals*

1. The impact of our built environment on health is understood.
2. Communities are intentionally designed to promote physical and mental health.

### *Recommendations*

1. TRORC should work with Vermont legislators to create a public health element in 24 V.S.A. § 4382.
2. TRORC should organize and host a regional public health summit.

## **C. What Makes a Health Community?**

### Healthy Food Access and Security

Food security is the inability to access enough food to meet basic needs due to financial constraints and other factors<sup>6</sup>. In Vermont, 13.2% of households were food insecure in 2013. As a result, the number of people that participate in governmental food programs such as the Supplemental Nutrition Assistance Program (SNAP) has increased<sup>7</sup>. The Vermont Farm to Plate: 10-Year Strategic Plan for Vermont’s Food System has done one of the country’s most in-depth look at a food system, with a specific chapter on food security and access. Part of food access is access to healthy foods, or food that is high in fiber, natural vitamins, and fructose

to name a few. Healthy foods are believed to reduce many ailments and are generally free from preservatives and artificial ingredients<sup>8</sup>.

Lack of transportation to a grocery store presents a serious problem for many people in the Region. According to the U.S. Census, approximately 2 percent of households in Orange and Windsor Counties have no vehicle. While this percentage may seem low, when we look at the total population, we must consider that many households without cars are not necessarily close to needed services, including grocery stores. Public transit is also lacking in many of our towns.

There are several community food security programs throughout the state that can aid in reducing the number of food insecure households. Gleaning programs, or the act of

retrieving left over food at farms, is one such way. There is a professional gleaning program set up in the Upper Valley, part of the Vermont Gleaning Collective.

Farm to school programs have been a successful venture in Vermont that connects farmers with schools to provide fresh, healthy foods while also educating the students on where food comes from. Providing healthier meals at school is essential to food insecure students that may not be able to afford this food at home. Other programs such as community gardens, regional food hubs, farmers markets that accept Electronic Benefit Transfer (EBT) food stamps and new farms for new Americans are efforts being conducted by the Vermont Farm to Plate organization. Communities in the TRO Region have the ability to plan for these types of healthy food access by identifying ideal locations for

*“Food access is not simply a health issue but also a community development and equity issue. For this reason, access to healthy, affordable, and culturally appropriate food is a key component not only in a healthy, sustainable local food system, but also in a healthy, sustainable community.”*

*~American Planning Association*

community gardens or farmers markets and connecting community organizations together to fight food insecurity and increase access to healthy foods.

## Policies and Recommendations: **Healthy Food Access**

### *Policies*

1. Increase access to healthy foods.
2. Support the Vermont Farm to School Network.

### *Recommendations*

1. Municipalities should connect with the Vermont Farm to Plate and Farm to School networks to see how they can best promote the consumption of locally grown foods by their residents.
2. TRORC and/or the State should create mapping resources, showing:
  - a. Locality of grocers, convenience stores (if healthy food options are offered), farmers’ markets, farms, agricultural institutions, community gardens, food banks, and food pantries.
  - b. Transportation routes and types to food retail and food shelves.
  - c. Location of low-income census tracts.
3. Municipalities should develop incentives such as local tax breaks for small or convenience store owners to stock healthy and local options.
4. Municipalities should promote and expand farmers markets and community gardens by identifying ideal locations for such activities and letting potential organizers know of these locations.
5. TRORC and municipalities should educate state and local policymakers on connections between food access and nutrition.
6. Municipalities should support the preservation of large, contiguous blocks of productive agricultural land.
7. Municipalities should work jointly with other jurisdictions to preserve agriculture land.
8. TRORC should conduct a food system analysis for the Region.

## Healthy Homes

Housing is the best known predictor of health. Lead exposure can lead to significant abnormalities in cognitive development; asbestos and radon exposure can increase the chance of developing lung cancer; uncontrolled moisture, mold, pests, and other triggers cause or exacerbate asthma and other respiratory dysfunction; inadequate heat can lead to use of inappropriate heating sources potentially resulting in fires or carbon monoxide poisoning; and poorly maintained stairwells and other structures can cause injuries. Not surprisingly, many health-related hazards are disproportionately found in low-income housing. Vermont has one of the oldest housing stocks in the country, with most homes built in 1939 or earlier. In Windsor and Orange Counties, most homes align with state trends in that most were built in 1939 or earlier according to the 2016 American Community Survey.

On average we spend 90 percent of our time indoors; therefore, existing homes offer significant opportunity to protect public health and reduce health disparities especially for those who are particularly vulnerable and who spend

more time in the home, such as children and the elderly.

Health outcomes can be improved by making physical changes to a home. But creating a healthy home only goes so far to promote health and health equity. Healthy homes must also be affordable.

Housing affordability is addressed in detail in the “Housing Resources” chapter; but it bears repeating here: for the health of our schools, towns, and our economy as a whole, we must put policies in place that encourage young families and the elderly to live and thrive here. Affordable housing provides low-income residents the opportunity to redirect some of their resources to healthy food and health care.

The addition of housing units to existing neighborhoods—through attached housing, accessory units, or conversion to multifamily dwellings—creates opportunities for communities to slowly increase density on land served by existing infrastructure without radically changing the landscape, while providing needed housing for a variety of residents.

### Policy and Recommendations: Healthy Homes

#### *Policy*

1. Prioritize the development and maintenance of high-quality affordable housing.

#### *Recommendations*

1. The Vermont Department of Health should provide community assessment, testing sites and remediation programs for housing-related illnesses (high blood lead levels, respiratory conditions, and skin disease).
2. The Vermont State Housing Authority and other housing entities should educate policymakers on the relationship of poor housing conditions to health outcomes.
3. TRORC will advocate for project approval processes that reflect the Housing Resources chapter’s housing-needs allocation for all income levels.
4. TRORC and municipalities should participate in health impact assessments of proposed housing developments.
5. Municipalities should support efforts to structure community design, housing and healthcare to meet the needs of seniors and those with disabilities.
6. Municipalities should work with local housing authorities to create a variety of housing types and maintenance options.
7. The State and housing organizations should promote healthy home renovation and construction.

## Environmental Health and Justice

Safe air, land, and water are fundamental to a healthy community environment. An environment free of hazards such as secondhand smoke, carbon monoxide, allergens, lead, and toxic chemicals, helps prevent disease and other health problems. Implementing and enforcing environmental standards and regulations, monitoring pollution levels and human exposures, building environments that support healthy lifestyles, and considering the risks of pollution in decision-making can improve health and quality of life. Many of these environmental issues that have an adverse health affect can only be solved through good public policy and the advancement of programs.

Research conducted by the American Public Health Organization (APHA) and Centers for Disease Control (CDC) suggests that the term ‘environmental health’ isn’t familiar to most people. Relatively speaking, the term means how the environment affects public health<sup>9</sup>. This feeds in with environmental justice issues. All people deserve healthy environments, and where you live should not determine whether you are healthy or sick.

By burning fossil fuels, we are adding to the risks associated with climate change that increase the number of heat waves, deadly storms, and the spread of infectious diseases. If we reduce our emissions into the atmosphere, a cascading affect will occur that will slow down these major public health crises.

### Policies and Recommendations: **Environmental Health and Justice\***

#### ***Policies***

1. Minimize the risks to human health and the environment posed by hazardous sites.
2. Improve air and water quality and reduce air and water pollution.
3. Promote compact, mixed-use development.

#### ***Recommendations***

1. TRORC will advocate for implementation of the state’s greenhouse gas reduction plans.
2. TRORC and municipalities should participate in the review of environmental impact reports.
3. TRORC and municipalities should advocate for and participate in health impact assessments.
4. Municipalities should prioritize the reuse and remediation of brownfields.
5. Municipalities should require new development and significant additions to existing development to provide adequate tree canopy to improve or maintain environmental health.
6. TRORC and municipalities will continue to advocate for plentiful, high-quality drinking water.
7. The State and municipalities must protect the water quality of rivers, streams, lakes, and wetlands.

*\*While this section offers specific recommendations to improve environmental quality, many recommendations throughout this chapter have the ability to improve our overall environmental quality.*

## Active Living

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As the built environment has become increasingly car-centric, levels of physical activity have correspondingly declined. Reduced physical activity has resulted in population weight gains. To counter these trends, it is necessary to make communities more conducive to physical activity once again, particularly walking and cycling.

## Designing our communities to be safe and walkable and in ways that provides access to essential goods and services is important for people and the environment.

Designing our communities to be safe and walkable in a way that provides access to essential goods and services is extremely important for all ages, as well as the environment. Getting outside may be difficult for those who don't partake in or can afford winter activities such as skiing, that is why the importance of indoor recreational facilities is so important. Although, these facilities may be unaffordable for lower-income individuals and access to them may prove difficult for the elderly. The recreation section in the Utilities chapter of this Plan has more discussion on those facilities.

Locating services near housing and transportation options allows seniors, and those without reliable transportation, to live more independently. Sprawling, dispersed services and shopping not only are costly to governments and residents, but they also detract from residents' quality of life. As communities are redesigned to allow seniors to age in place, it is important to ensure that drop-off and pick-up locations are safe: from providing adequate lighting around neighborhoods, to maintaining or installing sidewalks, to installing ramps and handrails where previously there were only stairs.

Parks and recreation facilities provide opportunities for physical activity and can help people of all ages lead a more active lifestyle. Some lower-income communities tend to have less access to quality parks and recreation

facilities. Making recreational facilities accessible in all communities is a critical strategy for increasing physical activity and preventing obesity.

## Active Transportation

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Active transportation refers to any form of human-powered transportation walking, cycling, using a wheelchair, in-line skating or skateboarding. There are many ways to engage in active transportation, whether it is walking to the bus stop, or cycling to school or work.

Increasing transit access is a key strategy to creating healthy communities. It promotes physical activity through daily exercise, reduces air pollution by encouraging alternatives to automobile use, and connects residents to needed services such as jobs, housing, education, healthy food, recreational opportunities, and medical facilities.

By encouraging active transportation, a community can reduce the number of collisions by providing safe conditions for pedestrians and cyclists. The Vermont Agency of Transportation has developed a bike comfort map for all state routes, this displays the difficulty level for different sections of roads based on biking experience. As a result of this project, TRORC has developed a similar map for all secondary and connector roads in the Region.

Communities can ensure that all residents have the opportunity for safe, active transportation by supporting and implementing the Complete Streets law that was passed by the Vermont Legislature in 2011. See the Transportation chapter for more details.

The implementation of bicycle and pedestrian trails has been demonstrated to promote a healthy lifestyle. Biking and hiking trails can promote increased activity, and can be created with smaller amounts of land than large parks. They can often be created from "leftover" or unwanted land. Many back roads afford safe

spaces for walking and biking as well that do not necessarily warrant a complete streets concept.

When designing for active living, older people and those with disabilities must be involved in assessing a community's strengths and deficiencies. They should play a role in suggesting changes and in implementing and monitoring improvements. These residents can speak to their own experience of the community's positive characteristics and barriers.

People who live in walkable, mixed-used communities are more than twice as likely to be physically active 30 minutes or more each day, compared to those who live in communities oriented to motor vehicles.

~ChangeLab Solutions

## Policies and Recommendations: Active Living and Transportation

### *Policies*

1. Create a balanced and equitable transportation system that provides for the safety and mobility of pedestrians, bicyclists, strollers, and wheelchairs.
2. Incorporate active transportation design features into new development projects.

### *Recommendations*

1. The State and/or TRORC should map neighborhoods and advocate for connectivity to essential services, walkable routes, recreations opportunities, and transportation options.
2. TRORC and municipalities should plan for bike-friendly state highways to connect village centers.
3. Municipalities should conduct walkability and bikability assessments.
4. TRORC should work with local jurisdictions to adopt bike and pedestrian master plans.
5. The State and TRORC will educate decision makers on links between safe streets and health.
6. TRORC will collaborate with local agencies and communities to implement Safe Routes to Schools programs and Vermont's Complete Streets program.
7. Municipalities should promote joint use of park and recreation facilities between communities.
8. Municipalities should promote existing trails.

## Social Inclusion

Social inclusion represents a vision for a "society for all" in which every individual has rights, responsibilities, and an active role to play. Creating spaces for people young, old and with varying degrees of abilities is imperative to helping create healthy communities.

Opportunities to participate in and make a positive contribution to community and society—no matter a person's age or abilities—are integral to dignity. Maintaining contact with family and friends, participating in cultural and community activities and using skills all contribute to social inclusion. Involving people of all ages at all levels

of service planning and delivery benefits the individuals involved, as well as the community as a whole.

Age discrimination, sometimes alongside other forms of discrimination, can contribute to the social isolation of older people. The risk is greater for people living alone and the very elderly, and it can be increased by bereavement, loss of work or poor health. Such isolation can contribute to the incidence of mental illness, particularly depression.

Many people with disabilities unnecessarily experience life quite differently. They may not have a sense of place or belonging in the

community and may not have access to activities they prefer or desire. In 2015, about a quarter (23%) of Vermont adults reported that they are disabled, similar to the amount (22%) among U.S. adults overall. Disability increases as age

increases.

Social inclusion may also go a long way toward attracting and keeping a younger population who feel that they are welcome and heard.

## Policies and Recommendations: Social Inclusion

### *Policies*

1. Promote increased, accessible use of public space, walkable and accessible neighborhoods, and mixed-use development.
2. Increase affordable and reliable transit options to essential services and recreational and social opportunities.
3. Improve parks, recreation facilities and open spaces for accessibility and community mingling.

### *Recommendations*

1. Municipalities should map public gathering spaces and indicate their levels of accessibility.
2. Public health professionals should educate decision makers on the link between social support and health.
3. Municipalities should consider accessibility when developing public spaces or recreational opportunities.
4. TRORC will provide training for neighborhood residents to participate in boards and commissions.

## Substance Misuse Prevention

Preventing substance use disorders and related problems (e.g., mental illness) in children, adolescents, and young adults is critical to Americans' behavioral and physical health. Behaviors and symptoms that signal the development of a behavioral disorder often manifest two to four years before a disorder is present.

According to the 2014 SAMHSA's (Substance Abuse and Mental Health Services Administration) National Survey on Drug Use and Health, an estimated 25.2 percent (66.9 million) of Americans aged 12 or older were current users of a tobacco product. About two-thirds (66.6%) of people aged 12 or older reported that they drank alcohol in the past 12 months, with 6.4 percent meeting criteria for an alcohol use disorder. Also among Americans aged 12 or older, the use of illicit drugs has increased over the last decade from 8.3 percent of the population

using illicit drugs in the past month in 2002 to 10.2 percent (27 million people) in 2014. Of those, 7.1 million people met criteria for an illicit drug use disorder in the past year. The misuse of prescription drugs is second only to marijuana as the nation's most common drug problem after alcohol and tobacco, leading to troubling increases in opioid overdoses in the past decade.

What has proven most effective in reducing rates of underage drinking and tobacco use in the last 20 years is using approaches that address the availability of substances and the cultural norms that surround them. Universal prevention approaches include the use of "environmental prevention strategies," which are tailored to local community characteristics and address the root causes of risky behaviors by creating environments that make it easier to act in healthy ways. These strategies are also more universal in nature, meaning that they don't target specific groups of at-risk youth and thus can benefit everyone—including people who are in recovery

from misusing substances.

Some of these strategies include working with law enforcement to enforce existing underage drinking laws, parent education to promote clear expectations around substance use for children, and limiting where and when tobacco and other adult-only products can be used, sold, and advertised. Reduced exposure to advertising and retail outlets result in reduced youth initiation and reduced temptations to relapse for those who have quit smoking and drinking.

Another important component for the decreased likelihood of initiating drug and alcohol use are youth mentoring programs. The supportive,

healthy relationships formed between mentors and mentees are both immediate and long-term and contribute to a host of benefits for mentors and mentees.

All of these approaches lead to a community where the norm is healthy behavior and makes this choice easier for all members of the community, especially young people. Successful implementation of these strategies involves many sectors of the community, including law enforcement, local officials (including town-planners), businesses, faith-based organizations, schools, and residents including parents and youth.

## Policies and Recommendations: **Substance Misuse Prevention**

### *Policies*

1. Reduce concentrated exposure to alcohol, drugs, and tobacco.
2. Provide opportunities for recreation and community involvement.

### *Recommendations*

1. With the help of public health professionals, municipalities should assess the types of problem within their community.
2. Municipalities should raise awareness of the nature and seriousness of health issues.
3. Municipalities should assess the community's readiness for prevention.
4. Municipalities should review current programs already in place.
5. Municipalities should convene community organizations who serve youth and local leaders to capture ideas and resources to help implement and sustain research-based programs.
6. Municipalities should provide plenty of healthy recreational opportunities for youth and overall community participation.

## Health Care Facilities

Health care facilities are essential in the prevention, treatment, and management of illness, and in the preservation of mental and physical well-being. Additionally, they provide benefits to our Region by providing jobs and supporting local economies. From a regional standpoint, the availability of quality health care to our citizens is of significant importance.

Gifford Medical Center in Randolph, and the White River Junction branch of the Veteran's Affairs Medical Center, are the largest medical facilities located in the TRO Region. For more

major medical issues, residents in our Region use Dartmouth Hitchcock Medical Center in Lebanon, NH which includes a cancer center and a children's hospital. The majority of our Region's medical needs are covered by smaller health clinics, which are part of a larger network. These facilities allow local residents, including those on low or fixed incomes, direct access to day-to-day primary and family care services without requiring extensive travel. The local nature of our Region's health clinics allows residents to create long-term relationships with their medical practitioners, a concept that is consistent with the concepts of primary care.

Medical services are available to lower income residents in several locations in the Region. Gifford Medical Center in Randolph and the Good Neighbor Health Clinic in White River Junction can provide free primary medical care to nearby residents whose household incomes are below the poverty level.

As the elderly (citizens age 65 or older) become less comfortable with the tasks involved in managing their own home, they often turn to some sort of elder housing. If health is an issue and some form of constant care is required, seniors will need to enter a nursing home or a residential care facility. Data shows that there are limited options in the surrounding area for all levels of care, but full-time residential care is particularly scarce. Elderly residents in need of full-time care are often forced to move away from their community, and many are unaffordable. This is a statewide problem, not just a regional issue.

The expansion of existing or development of new medical or elder care facilities has the potential to conflict with existing and future land use patterns. The most appropriate locations for these facilities are within community centers (villages and downtowns), because they are often walkable and have existing services and access to business-class Internet.

In locations outside of designated growth areas, new facilities are less desirable because they have a broader impact. In rural areas, these facilities may require the extension of existing water and wastewater systems, can negatively impact natural resources, and can create conditions that encourage sprawl and strip development.

## The percentage of our Region's population that is over 60 years of age is growing.

The percentage of our Region's population that is over 60 years of age is growing, which creates new challenges for our region. The number of people with chronic illnesses (generally incurable illnesses or conditions that require

ongoing medical attention and affect a person's daily life) is on the rise nationally. Four out of five Americans over the age of 50 suffer from at least one chronic condition, often including high blood pressure, diabetes or mental illness. When chronic illnesses are coupled with age, some form of elder care service becomes necessary.

Given the need for additional medical facilities that specialize in elderly care, efforts to encourage their growth and development at sustainable levels is in the interests of the region. Municipalities can support their growth by allowing for these facilities in their villages and downtowns, and by creating regulatory structures that balance issues like historic preservation with the public value these facilities provide.

Medical and elderly care facilities have the potential for economic benefits by providing workers with a livable wage and acting as stimulators of the local economy. The priority for future investments in the health of our Region should focus on care facilities and services for the elderly and other vulnerable populations. The first step in making these investments is to determine where they would be most practical.

TRORC can provide support for the development of new facilities by reviewing any potential projects before they are submitted to the District Environmental Commission in order to reduce the possibility that a permit will be denied, delayed or heavily conditioned. Priority of support should be given to developments that will increase the availability of elderly care opportunities, provided that any proposed development is consistent with the policies contained within this Plan.

## Goals,, Policies and Recommendations: **Health Care Facilities**

### **Goals**

1. Health care coordinators are prioritized in all towns.
2. The availability of medical and elderly care services in the Region is enhanced.
3. Residents have access to all levels of health care, regardless of wealth or income status.

### **Policies**

1. Medical and elderly or other care facilities are encouraged when located within or immediately adjacent to designated growth areas provided they do not have an undue adverse impact on traffic or the character of the area.
2. TRORC will support efforts at the state and local level to develop additional elderly care services and facilities.

### **Recommendations**

1. TRORC should identify areas of the Region where medical or elderly care facilities would be beneficial.
2. TRORC should review local zoning and subdivision regulations to ensure that they do not have the effect of prohibiting health care or elderly or other vulnerable populations care facilities from appropriate areas and should assist with revisions as needed.

## Healthy Communities Endnotes

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