

# 1 2. Healthy Communities

## 2 A. Introduction

3 Our health is profoundly influenced by the resources, services, social networks,  
4 and physical environments that are accessible to us. Consequently, the community  
5 has a role to play in ensuring that all community members have equitable  
6 opportunities that support health and wellbeing. For example, the built  
7 environment impacts a person’s level of physical activity and the ways that they  
8 engage with others. If a public space is not accessible to those with disabilities or  
9 to those who do not own cars, then some residents will not be able to use it, and  
10 they will miss any community activities held there.

11 In many respects, the foundations of healthy communities are embedded in  
12 Vermont’s land use planning and therefore are already included throughout the  
13 TRORC Regional Plan, especially in chapters on transportation, natural resources,  
14 and land use. Many Town Plans in the Region already include goals, policies, and  
15 recommendations that support healthy places. For example, many town plans  
16 include policies to improve infrastructure to support walking and bicycling, which  
17 bring many health benefits.

18 The American Planning Association has determined that including a specific  
19 chapter explicitly focused on public health ensures that a greater emphasis is  
20 placed on health throughout other chapter elements. TRORC has worked with  
21 public health partners to develop a [template for Town Plans](#) on this important  
22 subject.

## 23 B. Community Design, the Built Environment, and Healthy Food

### 24 Access

#### 25 Addressing the Needs of an Aging Population

26 According to the US Census, the proportion of our Region’s residents who are 60  
27 years and older has grown more than any other age group. In 2012, this age group  
28 made up a quarter of the Region’s population; by 2022, almost 28,000 out of  
29 87,000 people (32%) were 60 years and older. The age group that has diminished  
30 the most is between the ages of 40 to 54 years old (they have not left so much as  
31 aged into the higher age bracket). Not only have we seen their ratio drop six  
32 percentage points within the past decade (24% in 2012; 18.2% in 2022), but there  
33 was also a decrease in their total number by 4,700 people (reflecting the smaller  
34 number of younger people available to age into this group). This alarming trend  
35 signals the need to accommodate not just the older generation, but also to fortify  
36 the younger ones. (Please refer to chapter 12 to see how the aging population is  
37 impacting our Region’s economic future).

38 For the older population, lifestyle and environmental factors [affect the incidence](#)  
39 [of age-related diseases and decline](#) such as cancer, heart disease, and  
40 neurodegenerative diseases. Healthy lifestyle choices like partaking in moderate  
41 aerobic exercises and getting regular sleep [may increase cognitive function for](#)  
42 [older people](#). As for the environment, having a strong sense of integration within a  
43 community and having access to healthcare contributes to a longer lifespan by  
44 [promoting effective stress management and encouraging healthy behaviors](#).

45 Vermont places an emphasis (at least in policy) on promoting healthy living for  
46 seniors and those with disabilities. In 2020, the Vermont Legislature passed [Act](#)

47 [156](#) (also known as the Older Vermonters Act), which initiated a process for  
48 different state agencies to plan for an age-friendly state. However, many towns in  
49 our Region still do not have adequate infrastructure or services to support aging in  
50 place and the needs of the disabled. and thousands of individuals face challenges  
51 in remaining in their homes. Thus, the current state-wide initiative to address the  
52 challenges associated with aging and disabilities are an important first step, but  
53 additional attention and more resources are needed. Independent living is an  
54 attractive option for seniors and those with disabilities who need minor  
55 accommodations, both financially and from the perspective of personal dignity (to  
56 read more on aging in place, please refer to chapter 8).

57 In addition to accessible home environments, people who are aging in place  
58 require access to diverse social services. One approach needs and been gaining  
59 traction across the nation, as well as in our Region, is to hire community health  
60 workers and/or community nurses who can visit people in their homes, learn  
61 about their needs, and help them access health care and other assistance. As  
62 these “care coordinators” typically reside in the communities that they serve, their  
63 personal connections and proximity to people who need assistance make them a  
64 critical asset to rural areas. Towns in the Region that currently have a community  
65 health worker or community nurse are Sharon, Thetford, Hartland, Norwich,  
66 Bradford, Strafford, Tunbridge, and the greater Woodstock area (via the  
67 [Ottauquechee Health Foundation/Mt. Ascutney Hospital and Health Center](#)).

## 68 [Healthy Food Access and Security](#)

69 Food insecurity is defined as not having access to adequate food for an active,  
70 healthy lifestyle. Key factors that contribute to food insecurity are unemployment,

71 poverty, and financial shock. A survey done by the University of Vermont found  
72 that the percentage of Vermonters who are food insecure increased during the  
73 COVID-19 pandemic, and has remained higher than pre-pandemic levels. In 2021,  
74 there were approximately [7,000 people in our Region who were recognized as](#)  
75 [food insecure](#) (8% of the total population). Among our region’s food insecure  
76 population, more than a third were eligible for Supplemental Nutrition Assistance  
77 Program (SNAP), and around two thirds of all food insecure people were eligible  
78 for other nutrition programs. To apply for Vermont’s SNAP program, [3SquaresVT](#)  
79 applicants must match criteria based on household income, age, and disability.  
80 Beneficiaries of 3SquaresVT have additional benefits, such as dependents  
81 qualifying for free meals at schools and free employment training.

82 Food and nutritional insecurity are one of many reasons for high rates of obesity  
83 in our nation. Obesity is a complex disease that impairs the health of many  
84 Americans, and the cause of obesity is a combination of social, economic, and  
85 environmental factors that extend beyond a person’s control. Over the years,  
86 obesity has reached epidemic proportions in Vermont; in 2021, nearly a third of  
87 Vermont adults were reported being obese, [with two thirds of Vermonters being](#)  
88 [overweight or obese](#). While obesity levels vary from region to region, the rate is  
89 higher in rural areas where affordable and healthy foods are harder to access.  
90 Research shows that one of the most effective ways to prevent obesity and  
91 improve outcomes for those who are overweight is to promote healthy eating  
92 options for everyone in the community.

93 There are several community food security programs throughout the State that  
94 can aid in reducing the number of food insecure households. In our Region, there

95 is a professional gleaning program (where fresh foods from farms are rescued  
96 from being wasted) called the [Vermont Gleaning Collective](#). On a state-wide level,  
97 [The Vermont Food Security: Roadmap to 2025](#) is an initiative guided by  
98 researchers and agricultural experts that provides policy recommendations to  
99 legislators to further Vermont’s path towards an equitable food system by 2025.

100 [Farm to school programs](#) have been a successful venture in Vermont that connects  
101 farmers with schools to provide fresh, healthy foods while educating the students  
102 on where food comes from. Providing healthier meals at school is essential for the  
103 children of families that cannot afford high-quality foods at home. There are also  
104 other programs such as community gardens, regional food hubs, [farmers markets](#)  
105 [that accept Electronic Benefit Transfer \(EBT\) cards](#), and [New Farms for New](#)  
106 [Americans](#). Communities in the Region can promote healthy food access by  
107 identifying locations for community gardens or farmers markets and helping to  
108 organize community groups to fight food insecurity and increase access to healthy  
109 foods.

110 Lack of transportation to a grocery store also presents a severe problem for many  
111 people in the Region; according to the U.S. Census, approximately four percent of  
112 households in Orange and Windsor Counties do not have a private vehicle. To  
113 resolve this issue, [Good News Garage](#) is an organization that awards refurbished  
114 vehicles to individuals and families who are at risk of unemployment and do not  
115 have access to essential services, such as grocery stores.

## 116 **Goal, Policies, and Recommendations: Community Design, the** 117 **Built Environment, and Healthy Food Access**

### 118 **Goal**

- 119 1. The relationship between our Region’s built environment and the health  
120 and wellness of our community is understood.

121 **Policies**

- 122 1. Communities should be designed, in both physical form and services, to  
123 support physical and mental health.
- 124 2. Access to healthy foods must be increased, especially in more rural areas.
- 125 3. TRORC supports the Vermont Farm to School Network.

126 **Recommendations**

- 127 1. TRORC should organize and host a regional public health summit.
- 128 2. TRORC should partner with schools that have limited access to nutritious  
129 food and would like to partner with local farms.
- 130 3. Municipalities should connect with the Vermont Farm to Plate and Farm to  
131 School networks to see how they can best promote the consumption of  
132 locally grown foods by their residents.
- 133 4. TRORC and/or the State should create mapping resources, showing:
- 134 a. Locality of grocers, convenience stores (if healthy food options are  
135 offered), farmers markets, farms, agricultural institutions, community  
136 gardens, food banks, and food pantries.
- 137 b. Overlaying public transportation routes to food stores and shelves.
- 138 c. Location of low-income census tracts.

- 139 5. Municipalities should promote and expand farmers markets and community  
140 gardens by identifying locations for such activities and letting potential  
141 organizers know of these sites.
- 142 6. Municipalities should support the preservation of large and small blocks of  
143 productive agricultural land.
- 144 7. TRORC should conduct a food system analysis for the Region.
- 145 8. TRORC will support Towns in establishing community nursing / community  
146 health worker services.
- 147 9. TRORC will support Towns in planning for built environments that are ADA  
148 compliant.

## 149 **Healthy Places**

150 On average, we spend nearly 90 percent of our time indoors. With nearly two  
151 thirds of our Region’s homes built in 1979, homeowners and renters living in our  
152 Region may be exposed to hazardous materials (such as Polychlorinated biphenyls  
153 (PCBs), lead paint, mold, and asbestos). Special attention should be paid to  
154 improving living space to protect vulnerable populations –such as children, older  
155 adults, and people with disabilities—who spend an especially large amount of  
156 time indoors. Additionally, hazardous materials are disproportionately found in  
157 low-income housing; poor-quality housing threatens the safety of lower income  
158 residents and exacerbates existing health disparities. Indoor pollutants are not just  
159 a factor in our homes, but also in where we work and go to school. Many of our  
160 workplaces are of similar age to our homes. Efforts in Vermont recently started to  
161 find and address lead in drinking water and PCBs in indoor air quality in schools.

162 Providing residents with nearby parks and greenspace not only beautifies  
163 communities but increases their well-being. Studies have shown that people who  
164 connect with nature often feel less isolated and can form connections with  
165 neighbors. Loss of trees negatively impacts our health in ways that are just being  
166 understood. However, having shade trees keeps our neighborhoods cooler.

## 167 **Goal, Policy, and Recommendations: Healthy Places**

### 168 **Goal**

169 1. The physical places in which we live and work contribute to our health.

### 170 **Policy**

171 1. Prioritize the development and maintenance of healthy, affordable, and  
172 energy efficient housing.

### 173 **Recommendations**

174 1. TRORC will encourage towns to implement greenhouse gas reduction  
175 strategies in their plans.

176 2. TRORC and municipalities should participate in health impact assessments  
177 for development projects.

178 3. TRORC should assist municipalities in assessing and remediating  
179 brownfields, especially those with hazardous building materials.

180 4. Municipalities should encourage the renovation of existing housing stock  
181 and development of new housing stock in compliance with healthy home  
182 and energy efficiency best practices.



183 **Active Living and Transportation**

184 Our Region’s built environment is mostly car centric and does not always support  
185 diverse modes of active transportation. [Active transportation](#) is any form of  
186 human-powered transportation such as walking, cycling, using a wheelchair, in-  
187 line skating, or skateboarding. (Please refer to chapter 4 for more information  
188 about our Region’s transportation trend.)

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

195 Walkable communities, as promoted by the Vermont Complete Streets program,  
196 support active transportation and provide safe access to essential goods and  
197 services. The development of bicycle and pedestrian trails has been demonstrated  
198 to promote a healthy lifestyle. Biking and hiking trails can promote increased  
199 activity and can be created with smaller amounts of land than large parks. They  
200 can often be created on lands that are either privately or publicly owned. Many  
201 back roads afford safe spaces for walking and biking as well (that do not  
202 necessarily warrant a Complete Streets concept).

203 Participating in outdoor activities may not be an option for everyone. Therefore,  
204 indoor recreational facilities (i.e. gyms) should be included in the design process.  
205 These facilities may be unaffordable for lower-income individuals, and access may  
206 prove difficult for the elderly. Locating services near housing and transportation

207 options allows seniors, and those without reliable transportation, to live more  
208 independently. Parks and recreation facilities provide opportunities for physical  
209 activity and can help people of all ages lead more active lifestyles.

210 When designing for active living, older people and those with disabilities must be  
211 involved in assessing a community's strengths and deficiencies through  
212 community surveys and input from organizations servicing them. These residents  
213 can speak to their own experience of the community's positive characteristics and  
214 barriers and promote much-needed changes in our built environment.

## 215 **Goal, Policies, and Recommendations: Active Living and** 216 **Transportation**

### 217 **Goal**

- 218 1. A balanced and equitable transportation system provides for the safety and  
219 mobility of pedestrians, bicyclists, strollers, and wheelchairs.

### 220 **Policy**

- 221 1. Incorporate active transportation features into new development projects.

### 222 **Recommendations**

- 223 1. When requested, the State and/or TRORC assist municipalities with  
224 mapping connectivity to essential services, walkable routes, recreation  
225 opportunities, and transportation options.
- 226 2. TRORC and municipalities should plan for bike-friendly state highways to  
227 connect village centers, if feasible.
- 228 3. Municipalities should conduct walkability and bikability assessments.

229 4. The State and TRORC will educate decision makers on links between safe  
230 streets and health.

231 5. TRORC will collaborate with local agencies and communities to explore Safe  
232 Routes to Schools programs and Vermont’s Complete Streets program.

233 6. Municipalities should promote joint use of park and recreation facilities  
234 between communities and ensure that residents without cars have access  
235 to outdoor recreation opportunities.

## 236 Social Inclusion

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

241 Opportunities to participate in and make a positive contribution to community  
242 and society—no matter a person’s age or abilities—are integral to dignity.

243 Maintaining contact with family and friends, participating in cultural and  
244 community activities, and using skills all contribute to social inclusion.

245 Age discrimination can contribute to the social isolation of older people. The risk  
246 is greater for people living alone and the very elderly, and it can be increased by  
247 bereavement, loss of work, or poor health. Such isolation can contribute to the  
248 incidence of mental illness, particularly depression. Many social nets are in place,  
249 such as the Thompson Senior Center, Meals on Wheels, and Ottauquechee Health  
250 Center, which provide many types of services.

251 Many people with disabilities unnecessarily experience life quite differently. They  
252 may not have a sense of place or belonging in the community and may not have  
253 access to activities they prefer or desire. In 2022, about one out of six residents in  
254 our Region reported that they are disabled. Social inclusion may also go a long  
255 way toward attracting and keeping a younger population who feel that they are  
256 welcome and heard.

## 257 **Goal, Policies, and Recommendations: Social Inclusion**

### 258 **Goal**

- 259 1. All residents feel socially connected.

### 260 **Policies**

- 261 1. Promote increased use of public space, walkable neighborhoods, and  
262 mixed-use development.
- 263 2. Increase affordable and reliable public transit options to essential services  
264 and recreational and social opportunities.
- 265 3. Improve parks, recreational facilities, and open spaces for accessibility and  
266 community mingling.
- 267 4. Promote equitable access to public meetings and events.
- 268 5. Actively work to diversify the voices representing towns in local  
269 government.

### 270 **Recommendations**

- 271 1. Municipalities should evaluate how to make public gathering spaces more  
272 accessible and welcoming to people of all abilities and identities.
- 273 2. Public health professionals should educate decision makers on the link  
274 between social support and health.

- 275 3. TRORC will provide training for neighborhood residents to participate in  
276 boards and commissions.
- 277 4. Municipalities should support diversity, equity, inclusion, and justice  
278 initiatives such as audits or surveys, committees, celebration events, etc.
- 279 5. Municipalities should support mutual aid networks within the community.

280

## 281 Substance Misuse Prevention

282 Vermont has the highest percentage of people who reported using cannabis of  
283 any state in the nation, a relatively high level of underage alcohol consumption  
284 and binge drinking, and widespread substance use disorder. Preventing substance  
285 use disorders and related problems (e.g., mental illness) in adolescents, young  
286 adults, and older adults is critical to our Region’s physical and mental health.

287 In Vermont, 12- to 17-year-olds and 18- to 25-year-olds have the highest  
288 marijuana use than any other age groups in the state (12% in VT; 9% in US). A  
289 survey put out by the Vermont Department of Health, Division of Substance Use  
290 Programs found that 18- to 25-year-olds in Vermont are 60 percent more likely to  
291 abuse alcohol or use drugs than the nationwide average of the same age group.  
292 For adults 65 and older, a quarter report at-risk drinking (having three or more  
293 drinks in one sitting), which is significantly more than the national average (19%).  
294 Unfortunately, our Region closely resembles Vermont’s drug and substance use  
295 and abuse trends.

296 A strategy that addresses early exposure to drug and alcohol use among the youth  
297 is through mentoring programs. Mentoring programs represent one strategy for  
298 addressing young persons’ early exposure to drug and alcohol use.

299 To address severe substance use disorders, people can participate in treatment  
300 and recovery support services. Treatment services have in-patient and outpatient  
301 options for members who are at the beginning stages of treating their drug  
302 addiction; recovery centers are for people continuing their lives after eradicating  
303 their drug dependency.

304 In our Region, we have three treatment centers, which are: [Clara Martin Center](#),  
305 [Valley Vista](#), and the [Health Care & Rehabilitation Services of Vermont](#). As for the  
306 recovery programs, we have the [Upper Valley Turning Point](#).

307 Successful implementation of these strategies involves many sectors of the  
308 community, including law enforcement, local officials (including town planners),  
309 businesses, faith-based organizations, schools, and residents, including parents  
310 and youth.

## 311 **Goal, Policies, and Recommendations: Substance Misuse**

### 312 **Prevention**

#### 313 **Goal**

- 314 1. All forms of drug addiction is eliminated in all segments of society.

#### 315 **Policies**

- 316 1. Reduce concentrated exposure to alcohol, drugs, and tobacco.
- 317 2. Provide opportunities for substance-free recreation and community  
318 involvement.

#### 319 **Recommendations**

- 320 1. With the help of public health professionals, municipalities should assess  
321 the types of substance use problems within their community.

- 322 2. Municipalities should continue to raise awareness of the nature and  
323 seriousness of health issues.
- 324 3. Municipalities should assess the community’s readiness for prevention,  
325 review current programs already in place, and identify service gaps and  
326 barriers
- 327 4. Municipalities should convene community organizations who serve youth  
328 and local leaders to capture ideas and resources to help implement and  
329 sustain research-based programs to promote clear expectations around  
330 substance use for youth.
- 331 5. Municipalities should provide plenty of substance-free recreational  
332 opportunities for youth and overall community participation. Municipalities  
333 should consider establishing substance-free public spaces and events and  
334 buffer zones around sensitive areas (e.g., libraries, community centers, etc.)  
335 to reduce youth exposure and support those who are in recovery.

### 336 **Healthcare Facilities**

337 The availability of quality health care is critical for the residents of the Region.  
338 [Gifford Medical Center](#) in Randolph and the White River Junction branch of the  
339 [Veteran’s Affairs Medical Center](#) are the largest medical facilities located in the  
340 Region. For more major medical issues, residents in our Region use [Dartmouth-](#)  
341 [Hitchcock Medical Center](#) in Lebanon, NH, which includes a cancer center and a  
342 children’s hospital. Most our Region’s medical needs are covered by smaller health  
343 clinics, which are part of a larger network. These facilities allow residents,  
344 including those on low or fixed incomes, direct access to day-to-day primary and

345 family care services without requiring extensive travel (for more information  
346 about our Region’s primary and family care services, please refer to chapter 9).

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

351 When older adults are less able to manage their home, they can turn to an elderly  
352 housing program. If health is an issue and constant care is required, seniors will  
353 need to enter a nursing home or a residential care facility. Data shows that there  
354 are limited options in our Region for all levels of care, in particular full-time  
355 residential care. Elderly residents in need of full-time care are often forced to  
356 move away from their community because local care facilities are unaffordable.  
357 This is a statewide problem, not just a regional issue.

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

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



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

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

## 380 **Goals, Policies, and Recommendations: Healthcare Facilities**

### 381 **Goals**

- 382 1. Prioritize healthcare coordinators in all towns.
- 383 2. The availability of medical and elderly care services in the Region is  
384 enhanced.

### 385 **Policies**

- 386 1. All medical care facilities are encouraged to be located within or  
387 immediately adjacent to designated growth areas provided that they do not  
388 have an undue adverse impact on traffic or the character of the area.
- 389 2. TRORC will support efforts at the state and local levels to develop additional  
390 elderly care services and facilities.

- 391 3. TRORC will provide support for the development of new facilities by  
392 reviewing any potential projects before they are submitted to the District  
393 Environmental Commission to reduce the possibility that a permit will be  
394 denied, delayed, or heavily conditioned.

395 **Recommendations**

- 396 1. TRORC and municipalities should evaluate and address barriers to health  
397 care access, including but not limited to transportation, service gaps,  
398 education, language, cost of services, immigration status, and providers'  
399 competency and sensitivity in working with underserved populations.
- 400 2. TRORC should review local zoning and subdivision regulations to ensure  
401 that they do not prohibit healthcare facilities in appropriate areas and  
402 should assist with bylaw revisions as needed.