

2. Healthy Communities

A. Introduction

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

~~Public health is the idea that promotes and protects the health of people and the communities where they live, learn, work, and play.¹ 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 foundations of healthy~~concepts for healthier~~ communities are embedded~~already prevalent~~ in Vermont’s land use planning and therefore are already included throughout the TRORC Regional Plan, especially in chapters on transportation, natural resources, and land use. Many Town Plans in the Region already include goals, policies, and recommendations that support healthy places.

22 ~~For example, many town plans include policies to improve infrastructure to~~
23 ~~support walking and bicycling, which bring many health benefits as well. For~~
24 ~~example, Woodstock's Town Plan includes a suggested action to reduce~~
25 ~~greenhouse gases by implementing an anti-idling policy for all vehicles, thus~~
26 ~~improving the air quality for its residents.~~

27 The American Planning Association has determined, ~~however,~~ that including a
28 specific chapter explicitly focused on public health ensures that a greater
29 emphasis is placed on health throughout other ~~chapterplan~~ elements. TRORC has
30 worked with public health partners to develop a [template for Town Plans](#)¹ on this
31 important subject.

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

36 **B. Community Design, the Built Environment, and Healthy** 37 **Food Access**~~Land Use~~

38 Addressing the Needs of an Aging Population

39 ~~According to the US Census, the proportion of our Region's residents who are 60~~
40 ~~years and older has grown more than any other age group. In 2012, this age group~~
41 ~~made up a quarter of the Region's population; by 2022, almost 28,000 out of~~
42 ~~87,000 people (32%) were 60 years and older. The age group that has diminished~~
43 ~~the most is between the ages of 40 to 54 years old (they have not left so much as~~

44 aged into the higher age bracket). Not only have we seen their ratio drop six
45 percentage points within the past decade (24% in 2012; 18.2% in 2022), but there
46 was also a decrease in their total number by 4,700 people (reflecting the smaller
47 number of younger people available to age into this group). This alarming trend
48 signals the need to accommodate not just the older generation, but also to fortify
49 the younger ones. (Please refer to chapter 12 to see how the aging population is
50 impacting our Region’s economic future).

51 For the older population, lifestyle and environmental factors affect the incidence
52 of age-related diseases and decline² such as cancer, heart disease, and
53 neurodegenerative diseases. Healthy lifestyle choices like partaking in moderate
54 aerobic exercises and getting regular sleep may increase cognitive function for
55 older people³. As for the environment, having a strong sense of integration within
56 a community and having access to healthcare contributes to a longer lifespan by
57 promoting effective stress management and encouraging healthy behaviors⁴.

58 Vermont places an emphasis (at least in policy) on promoting healthy living for
59 seniors and those with disabilities. In 2020, the Vermont Legislature passed Act
60 156⁵ (also known as the Older Vermonters Act), which initiated a process for
61 different state agencies to plan for an age-friendly state. However, many towns in
62 our Region still do not have adequate infrastructure or services to support aging in
63 place and the needs of the disabled. and thousands of individuals face challenges
64 in remaining in their homes. Thus, the current state-wide initiative to address the
65 challenges associated with aging and disabilities are an important first step, but
66 additional attention and more resources are needed. Independent living is an

67 attractive option for seniors and those with disabilities who need minor
68 accommodations, both financially and from the perspective of personal dignity (to
69 read more on aging in place, please refer to chapter 8).

70 ~~What Does It All Have To Do With Public Health?~~

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

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

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

89 **Population Shifts**

90 ~~The proportion of Vermont's population that is 60 and older is growing more~~
91 ~~rapidly than other components of the population. The U.S. Census Bureau~~
92 ~~estimates that more than 29 percent of Vermont's population will be 60 and older~~
93 ~~by the year 2030, an increase of 40 percent from 2012.~~

94 ~~Orange and Windsor Counties are home to almost 85,000 people. Of these~~
95 ~~people, almost 36,000 (42%) are over age 50; more than 21,000 (24%) are over~~
96 ~~60; almost 7,800 (9%) are over 70; and nearly 2,700 (3%) are over 80.~~

97 ~~Healthy lifestyles have a greater influence than genetic factors on avoiding age-~~
98 ~~related decline in physical and mental health and on the well-being of persons~~
99 ~~over 65.² In addition, well-being can be promoted through sustainable aging in~~
100 ~~place, which involves helping older residents remain in their community while also~~
101 ~~addressing the long-term economic, social, and health needs of both current and~~
102 ~~future generations at every age.~~

103 ~~Age-friendly environments cultivate well-being and participation in community life~~
104 ~~as people age.³ They provide services and support that enable recovery or that~~
105 ~~compensate for the loss of function with the goal that individuals can keep on~~
106 ~~doing the things that are essential to them.~~

107 ~~Adopting the policies and recommendations within this chapter would allow~~
108 ~~residents a level of independence and an opportunity to engage in community~~

109 ~~life. However, for persons of all ages, particularly the elderly, mobility and access~~
110 ~~to appropriate housing and essential goods and services is extremely important.~~

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

117 ~~Many towns within the TRO Region are rural and do not have the appropriate~~
118 ~~infrastructure or an adequate range of available services to support aging in place.~~

119 ~~Many seniors over the age of 65 have some form of functional limitation.⁴~~

120 ~~Additionally, elders who age in place are often isolated in their homes.~~

121 ~~One concept in particular that has~~ In addition to accessible home environments,
122 people who are aging in place require access to diverse social services. One
123 approach needs and been gaining traction across the nation, as well as in our
124 Region, is to hire community health workers and/or community nurses who can
125 visit people in their homes, learn about their needs, and help them access ~~is the~~
126 ~~“community health care coordinator.”~~ and other assistance.

127 As these care coordinators typically reside in the communities that they serve,
128 their personal connections and proximity to people who need assistance make
129 them a critical asset to rural areas. ~~, community health workers (CHW) help~~
130 ~~individuals with health conditions to navigate the health care 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 worker coordinator (or community nurse) are Sharon, Thetford, Hartland, Norwich, Bradford, Strafford, Tunbridge, and the greater Woodstock area (via the Ottauquechee Health Foundation/Mt. Ascutney Hospital Center⁶).

Healthy Food Access and Security

Food insecurity is defined as not having access to adequate food for an active, healthy lifestyle. Key factors that contribute to food insecurity are unemployment, poverty, and financial shock. A survey done by the University of Vermont found that the percentage of Vermonters who are food insecure increased during the COVID-19 pandemic, and has remained higher than pre-pandemic levels. In 2021, there were approximately 7,000 people in our Region who were recognized as food insecure⁷ (8% of the total population). Among our region's food insecure population, more than a third were eligible for Supplemental Nutrition Assistance Program (SNAP), and around two thirds of all food insecure people were eligible

153 for other nutrition programs. To apply for Vermont’s SNAP program, 3SquaresVT⁸
154 applicants must match criteria based on household income, age, and disability.
155 Beneficiaries of 3SquaresVT have additional benefits, such as dependents
156 qualifying for free meals at schools and free employment training.

157 Food and nutritional insecurity are one of many reasons for high rates of obesity
158 in our nation. Designing housing to accommodate a range of functional ability
159 over time (“universal design”) is another important way to assist in keeping the
160 elderly and disabled in their own homes.

161 ~~On the flip side, a closer look at age cohorts does reveal that our Region is gaining~~
162 ~~residents, particularly in the 30-34 range. Since some of our schools are losing~~
163 ~~students at a fairly rapid rate, and employers are struggling to fill jobs, this is most~~
164 ~~certainly the age group we need to attract. As we continue to support our long-~~
165 ~~time Vermonters who wish to stay here, we must also put in place things that~~
166 ~~make families feel welcome and safe: great town centers, affordable housing, a~~
167 ~~great place to raise children, and a place that makes families feel welcome and~~
168 ~~safe.~~

169 ~~Growth in Obesity Rates~~

170 Obesity is a complex disease that impairs the health of many Americans, and the
171 cause of obesity is a combination of social, economic, and environmental factors
172 that extend beyond a person’s control. Over the years, obesity has reached
173 epidemic proportions in Vermont; ~~in 2021, nearly and across the United States. In~~
174 ~~2015, a~~ thirdquarter of Vermont adults ~~were(20 and older)~~ reported being obese,

175 ~~with two thirds of Vermonters being overweight or obese⁹ while an additional 35~~
 176 ~~percent were overweight. The rate of obesity in Vermont is significantly lower~~
 177 ~~than the U.S. overall (29%), while the rate of overweight is similar (35% in~~
 178 ~~Vermont vs. 36% throughout the U.S.). Among adults 20 and older in Vermont, the~~
 179 ~~rates of overweight and obesity remain statistically unchanged since 2011.~~
 180 ~~However, in 2017, 12 percent of students were obese and 10 percent were~~
 181 ~~overweight—a significant decrease from 16 percent in 2013.⁵ One in eight~~
 182 ~~Vermont youth in grades 9 to 12 are considered obese. Additionally, one in seven~~
 183 ~~Vermont youth in grades 9 to 12 are overweight and at risk of becoming obese.~~
 184 While obesity levels vary from region to region, the rate is higher in rural areas
 185 where affordable and healthy foods are harder to access. ~~affects people from all~~
 186 ~~backgrounds, lower income Vermonters are disproportionately affected.~~
 187 ~~Obesity-related conditions cost billions of dollars each year and are the cause of~~
 188 ~~an estimated 300,000 premature deaths in the United States. Some of the health~~
 189 ~~effects associated with obesity include high blood pressure, diabetes, heart~~
 190 ~~disease, and joint problems.~~

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

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

196 **Goals:**

197 ~~1. The impact of our built environment on health is understood.~~

198 ~~2. Communities are intentionally designed to promote physical and~~
199 ~~mental health.~~

200 **Recommendations:**

201 ~~1. TRORC should work with Vermont legislators to create a public health~~
202 ~~element in 24 VSA § 4382.~~

203 ~~2. TRORC should organize and host a regional public health summit.~~

204 **~~C. What Makes a Healthy Community?~~**

205 **Healthy Food Access and Security**

206 ~~Food insecurity is the inability to access enough food to meet basic needs due to~~
207 ~~financial constraints and other factors.⁶ In Vermont, 13.2 percent of households~~
208 ~~were food insecure in 2013. As a result, the number of people that participate in~~
209 ~~governmental food programs such as the Supplemental Nutrition Assistance~~
210 ~~Program (SNAP) has increased.⁷ The Vermont Farm to Plate: 10-Year Strategic Plan~~
211 ~~for Vermont's Food System has done one of the country's most in-depth looks at a~~
212 ~~food system, with a specific chapter on food security and access. Part of food~~
213 ~~access is access to healthy foods, or food that is high in fiber, natural vitamins, and~~
214 ~~fructose to name a few. Healthy foods are believed to reduce many ailments and~~
215 ~~are generally free from preservatives and artificial ingredients.⁸~~

216 ~~Lack of transportation to a grocery store presents a serious problem for many~~
217 ~~people in the Region. According to the U.S. Census, approximately 2 percent of~~

218 ~~households in Orange and Windsor Counties have no vehicle. While this~~
219 ~~percentage may seem low, when we look at the total population, we must~~
220 ~~consider that many households without cars are not necessarily close to needed~~
221 ~~services, including grocery stores. Public transit is also lacking in many of our~~
222 ~~towns.~~

223 There are several community food security programs throughout the State that
224 can aid in reducing the number of food insecure households. In our Region, there
225 is a professional gleaning program (where fresh foods from farms are rescued
226 from being wasted) called the Vermont Gleaning Collective¹⁰. On a state-wide
227 level, The Vermont Food Security: Roadmap to 2025¹¹ is an initiative guided by
228 researchers and agricultural experts that provides policy recommendations to
229 legislators to further Vermont’s path towards an equitable food system by 2025.
230 ~~Gleaning programs, or the act of retrieving left over food at farms, is one such~~
231 ~~way. There is a professional gleaning program set up in the Upper Valley, part of~~
232 ~~the Vermont Gleaning Collective.~~

233 Farm to school programs¹² have been a successful venture in Vermont that
234 connects farmers with schools to provide fresh, healthy foods while ~~also~~ educating
235 the students on where food comes from. Providing healthier meals at school is
236 essential for the children of families to food insecure students that cannot may not
237 ~~be able to~~ afford high-quality foods this food at home. There are also oOther
238 programs such as community gardens, regional food hubs, farmers markets that
239 accept Electronic Benefit Transfer (EBT) cards food stamps¹³, and new farms for
240 new Americans¹⁴. ~~are efforts being conducted by the Vermont Farm to Plate~~

241 ~~organization.~~Communities in the ~~TRO~~Region can promote ~~have the ability to plan~~
242 ~~for these types of~~ healthy food access by identifying ~~ideal~~ locations for community
243 gardens or farmers markets and helping to organize~~connecting~~ community
244 groups~~organizations together~~ to fight food insecurity and increase access to
245 healthy foods.

246 Lack of transportation to a grocery store also presents a severe problem for many
247 people in the Region; according to the U.S. Census, approximately four percent of
248 households in Orange and Windsor Counties do not have a private vehicle. To
249 resolve this issue, Good News Garage¹⁵ is an organization that awards refurbished
250 vehicles to individuals and families who are at risk of unemployment and do not
251 have access to essential services, such as grocery stores.

252 **Goal, Policies, and Recommendations: Community Design, the**
253 **Built Environment, and Healthy Food Access and Security**

254 **Goal**

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

257 **Policies**

- 258 1. Communities should be designed, in both physical form and services, to
259 support physical and mental health.

- 260 ~~1.2.~~ Access~~increase access~~ to healthy foods must be increased, especially in
261 more rural areas.

262 ~~2.3.~~ TRORC supports~~Support~~ the Vermont Farm to School Network.

263 **Recommendations:**

264 1. TRORC should organize and host a regional public health summit.

265 2. TRORC should partner with schools that have limited access to
266 nutritious food and would like to partner with local farms.

267 ~~1.3.~~ Municipalities should connect with the Vermont Farm to Plate and
268 Farm to School networks to see how they can best promote the
269 consumption of locally grown foods by their residents.

270 ~~2.4.~~ TRORC and/or the State should create mapping resources, showing:

271 a. Locality of grocers, convenience stores (if healthy food options
272 are offered), farmers markets, farms, agricultural institutions,
273 community gardens, food banks, and food pantries.

274 b. Overlaying public transportation~~Transportation~~ routes ~~and types~~
275 to food stores~~retail~~ and ~~food~~-shelves.

276 c. Location of low-income census tracts.

277 ~~3. Municipalities should develop incentives such as local tax breaks for~~
278 ~~small or convenience store owners to stock healthy and local options.~~

279 ~~4.5.~~ Municipalities should promote and expand farmers markets and
280 community gardens by identifying ~~ideal~~ locations for such activities and
281 letting potential organizers know of these sites~~locations~~.

282 ~~5. TRORC and municipalities should educate state and local policymakers~~
283 ~~on connections between food access and nutrition.~~

284 6. Municipalities should support the preservation of large and small-
285 ~~contiguous~~ blocks of productive agricultural land.

286 ~~7. Municipalities should work jointly with other jurisdictions to preserve~~
287 ~~agricultural land.~~

288 ~~8.7.~~ TRORC should conduct a food system analysis for the Region.

289 ~~8. TRORC will support Towns in establishing community nursing /~~
290 ~~community health worker services.~~

291 ~~9. TRORC will support Towns in planning for built environments that are~~
292 ~~ADA compliant.~~

293 Healthy Places~~Homes~~

294 On average, we spend nearly 90 percent of our time indoors. With nearly two
295 thirds of our Region's homes built in 1979, homeowners and renters living in our
296 Region may be exposed to hazardous materials (such as Polychlorinated biphenyls
297 (PCBs), lead paint, mold, and asbestos). Special attention should be paid to
298 improving living space to protect vulnerable populations –such as children, older
299 adults, and people with disabilities—who spend an especially large amount of
300 time indoors. Additionally, hazardous materials are disproportionately found in
301 low-income housing; poor-quality housing threatens the safety of lower income

302 residents and exacerbates existing health disparities. Indoor pollutants are not just
303 a factor in our homes, but also in where we work and go to school. Many of our
304 workplaces are of similar age to our homes. Efforts in Vermont recently started to
305 find and address lead in drinking water and PCBs in indoor air quality in schools.

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

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

324 ~~On average we spend 90 percent of our time indoors; therefore, existing homes~~
325 ~~offer significant opportunity to protect public health and reduce health disparities~~
326 ~~especially for those who are particularly vulnerable and who spend more time in~~
327 ~~the home, such as children and the elderly.~~

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

331 ~~Housing affordability is addressed in detail in the Homes in the Region chapter;~~
332 ~~but it bears repeating here: for the health of our schools, towns, and our economy~~
333 ~~as a whole, we must put policies in place that encourage young families and the~~
334 ~~elderly to live and thrive here. Affordable housing provides low income and~~
335 ~~moderate income residents and households on fixed incomes the opportunity to~~
336 ~~redirect some of their resources to healthy food and health care.~~

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

342 **Goal, Policy, and Recommendations: Healthy PlacesHomes**

343 **Goal**

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

345 **Policy**

- 346 1. Prioritize the development and maintenance of healthy, high-quality
347 affordable, and energy efficient housing.

348 **Recommendations**

- 349 1. TRORC will encourage towns to implement~~advocate for~~
350 ~~implementation of the State's~~ greenhouse gas reduction strategies in
351 their plans.
- 352 ~~2.~~ TRORC and municipalities should participate in ~~the review of~~
353 ~~environmental impact reports.~~
- 354 ~~3.2.~~ TRORC and municipalities should ~~advocate for and participate in~~ health
355 impact assessments for development projects.
- 356 ~~2.3.~~ TRORC ~~Municipalities~~ should assist municipalities in assessing~~prioritize~~
357 ~~the reuse and remediating~~remediation of brownfields, especially those
358 with hazardous building materials.
- 359 ~~3.4.~~ Municipalities should encourage the renovation of existing housing
360 stock and ~~require new~~ development of new housing stock in
361 compliance with healthy home and energy efficiency best practices.
362 ~~and significant additions to existing development to provide adequate~~
363 ~~tree canopy to improve or maintain environmental health.~~
- 364 ~~4.~~ TRORC and municipalities will ~~continue to advocate for plentiful, high-~~
365 ~~quality drinking water.~~
- 366 ~~5.~~ The State and municipalities must ~~protect the water quality of rivers,~~
367 ~~streams, lakes, and wetlands.~~

368 ~~—Healthy Natural Environment~~

369 ~~—Natural environments contain the components that enable life as we know~~
370 ~~it. Enhancing the functionality of natural environments can mitigate the~~
371 ~~negative health impacts associated with development that affects our water~~
372 ~~and air. More information on clean water and air can be found in the~~
373 ~~Natural Resources chapter of this Plan. Climate action and more greenspace~~
374 ~~are possible solutions to creating a healthier natural environment.~~

375 ~~—Climate Action~~

376 ~~—Climate change is defined as a “long-term change in climate conditions,~~
377 ~~such as temperature, precipitation, extreme weather events, snow cover, and~~
378 ~~sea level rise.” There are several mitigation efforts that Vermont and its~~
379 ~~municipalities can take on, such as increasing energy efficiency (as seen in~~
380 ~~the Energy chapter) through our buildings and our transportation methods.~~
381 ~~In Vermont, an increase in extreme weather events, such as flooding, can~~
382 ~~increase risks for vulnerable populations, such as the elderly. Hotter~~
383 ~~summers can lead to increases in heat-related stress in seniors and children.~~
384 ~~There is one epidemic that is plaguing Vermonters, and that is the~~
385 ~~prevalence of Lyme disease. Vermont is well-known for its expansive~~
386 ~~outdoor recreational opportunities that span all seasons. With an active~~
387 ~~lifestyle comes some risks for disease. Vermont is number two in the~~
388 ~~country for the most diagnosed cases of Lyme disease, which is passed to~~
389 ~~humans from blacklegged ticks, more commonly known as deer ticks. Ticks~~
390 ~~are becoming more prevalent in Vermont due to milder winters, increased~~
391 ~~precipitation, and an increase in wildlife. The state’s large number of white-~~

392 ~~tailed deer and deer mice has led to this increase in diagnoses. The Centers~~
393 ~~for Disease Control and Prevention (CDC) has labeled this an epidemic in~~
394 ~~Vermont. Much of this epidemic is due to a lack of effective early diagnosis~~
395 ~~and treatment, even with 1,093 confirmed cases in 2017. There are many~~
396 ~~preventative measures people can take to avoid contracting Lyme disease~~
397 ~~when they go on a hike, such as wearing long socks and pants, bug spray,~~
398 ~~and checking for ticks upon returning home. Lyme disease may become~~
399 ~~harder to treat in the coming decades due to antibiotic resistance of the~~
400 ~~Lyme disease bacteria. Other common tick borne diseases that are not as~~
401 ~~prevalent as Lyme disease include anaplasmosis, babesiosis, borrelia~~
402 ~~miyamotoi, ehrlichiosis, powassan virus, and tularemia. While 99 percent~~
403 ~~of these diseases are transmitted through the blacklegged tick (deer tick),~~
404 ~~these diseases can be transmitted through the dog tick, woodchuck tick,~~
405 ~~and the lone star tick in Vermont. More information on these diseases and~~
406 ~~prevention can be found on the Vermont Department of Health website.~~

407 ~~—Green Infrastructure~~

408 ~~—Providing residents with parks and greenspace not only beautify~~
409 ~~communities but can also increase the well-being of people. Healthy by~~
410 ~~Nature is a movement about the physical and mental health benefits of~~
411 ~~green infrastructure and states that spending more time in nature improves~~
412 ~~human health, that human health depends on healthy ecosystems, and that~~
413 ~~parks or other conserved natural areas contribute to vibrant and healthy~~
414 ~~communities. Studies also show that people who connect with nature often~~
415 ~~feel less isolated and can form connections with neighbors. In a practical~~

416 ~~sense, green infrastructure can mitigate climate change effects by~~
417 ~~preserving ecological functions, such as carbon sequestration and water~~
418 ~~storage.~~

419 ~~—Goals, Policy, and Recommendations: Healthy Natural Environment~~

420 **Goals**

- 421 ~~1. — Increase in access to public green space.~~
- 422 ~~2. — The number of confirmed Lyme and other tick borne disease cases in~~
423 ~~Vermont is decreased.~~

424 **Policy**

- 425 ~~1. — Support climate change mitigation efforts.~~

426 **Recommendations**

- 427 ~~1. — TRORC should work with municipalities to distribute information on~~
428 ~~Lyme disease and prevention.~~
- 429 ~~2. — TRORC should work with municipalities on climate change mitigation~~
430 ~~strategies.~~

431 **Active Living and Transportation**

432 ~~Our Region'sAs the built environment is mostlyhas become increasingly car -~~
433 ~~centric, levels of physical activity have correspondingly declined. Reduced physical~~
434 ~~activity has resulted in population weight gains. To counter these trends, it is~~
435 ~~necessary to make communities more conducive to physical activity once again,~~

436 ~~particularly walking~~ and does not always support diverse modes of active
437 ~~transportation~~cycling.

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

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

454 ~~Parks and recreation facilities provide opportunities for physical activity and can~~
455 ~~help people of all ages lead a more active lifestyle. Some lower income~~
456 ~~communities tend to have less access to quality parks and recreation facilities.~~
457 ~~Making recreational facilities accessible in all communities is a critical strategy for~~
458 ~~increasing physical activity and preventing obesity.~~

459 ~~Active Transportation~~

460 Active transportation¹⁶ ~~is~~ refers to any form of human-powered transportation
461 such as walking, cycling, using a wheelchair, in-line skating, or skateboarding.

462 ~~(Please refer~~ There are many ways to chapter 4 for more information about our
463 Region's engage in active transportation trend.) ~~, whether it is walking to the bus~~
464 ~~stop or cycling to school or work.~~

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

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

477 Walkable communities, as promoted by the Vermont Complete Streets program,
478 support active transportation and provide safe access to essential goods and
479 services. ~~The development~~ Communities can ensure that all residents have the
480 opportunity for safe, active transportation by supporting and implementing the

481 ~~Complete Streets law that was passed by the Vermont Legislature in 2011. See the~~
482 ~~Transportation chapter for more details.~~

483 ~~The implementation~~ of bicycle and pedestrian trails has been demonstrated to
484 promote a healthy lifestyle. Biking and hiking trails can promote increased activity
485 and can be created with smaller amounts of land than large parks. They can often
486 be created on lands that are either privately from “leftover” or publicly
487 owned. unwanted land. Many back roads afford safe spaces for walking and biking
488 as well (that do not necessarily warrant a Complete Streets concept).

489 Participating in outdoor activities may not be an option for everyone. Therefore,
490 indoor recreational facilities (i.e. gyms) should be included in the design process.
491 These facilities may be unaffordable for lower-income individuals, and access may
492 prove difficult for the elderly. Locating services near housing and transportation
493 options allows seniors, and those without reliable transportation, to live more
494 independently. Parks and recreation facilities provide opportunities for physical
495 activity and can help people of all ages lead more active lifestyles.

496 When designing for active living, older people and those with disabilities must be
497 involved in assessing a community’s strengths and deficiencies through
498 community surveys and input from organizations servicing them. ~~They should~~
499 ~~play a role in suggesting changes and in implementing and monitoring~~
500 ~~improvements.~~ These residents can speak to their own experience of the
501 community’s positive characteristics and barriers and promote much-needed
502 changes in our built environment.

503 **Goal, Policies, and Recommendations: Active Living and**
504 **Transportation**

505 **Goal**

506 1. ~~Create a~~ balanced and equitable transportation system ~~that~~ provides
507 for the safety and mobility of pedestrians, bicyclists, strollers, and
508 wheelchairs.

509 **Policies**

510 2.1. Incorporate active transportation ~~design~~ features into new
511 development projects.

512 **Recommendations**

513 1. When requested, the ~~The~~ State and/or TRORC assist municipalities with
514 mappings ~~should map neighborhoods and advocate for~~ connectivity to
515 essential services, walkable routes, recreation opportunities, and
516 transportation options.

517 2. TRORC and municipalities should plan for bike-friendly state highways
518 to connect village centers, if feasible.

519 3. Municipalities should conduct walkability and bikability assessments.

520 ~~4. TRORC should work with local jurisdictions to adopt bike and~~
521 ~~pedestrian master plans.~~

522 ~~5.4.~~ The State and TRORC will educate decision makers on links between
523 safe streets and health.

524 ~~6.5.~~ TRORC will collaborate with local agencies and communities to
525 ~~explore~~implement Safe Routes to Schools programs and Vermont’s
526 Complete Streets program.

527 ~~7.6.~~ Municipalities should promote joint use of park and recreation facilities
528 between communities and ensure that residents without cars have
529 access to outdoor recreation opportunities.

530 ~~8.~~ ~~Municipalities should promote existing trails.~~

531 Social Inclusion

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

536 Opportunities to participate in and make a positive contribution to community
537 and society—no matter a person’s age or abilities—are integral to dignity.
538 Maintaining contact with family and friends, participating in cultural and
539 community activities, and using skills all contribute to social inclusion. ~~Involving~~
540 ~~people of all ages at all levels of service planning and delivery benefits the~~
541 ~~individuals involved as well as the community as a whole.~~

542 Age discrimination, ~~sometimes alongside other forms of discrimination,~~ can
 543 contribute to the social isolation of older people. The risk is greater for people
 544 living alone and the very elderly, and it can be increased by bereavement, loss of
 545 work, or poor health. Such isolation can contribute to the incidence of mental
 546 illness, particularly depression. Many social nets are in place, such as the
 547 Thompson Senior Center, Meals on Wheels, and Ottauquechee Health Center,
 548 which provide many types of services.

549 Many people with disabilities unnecessarily experience life quite differently. They
 550 may not have a sense of place or belonging in the community and may not have
 551 access to activities they prefer or desire. In ~~2022~~2015, about ~~one out a quarter~~
 552 ~~(23%)~~ of six residents in our Region ~~Vermont adults~~ reported that they are
 553 disabled, ~~similar to the amount (22%) among U.S. adults overall. Disability~~
 554 ~~increases as age increases.~~

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

557 **Goal, Policies, and Recommendations: Social Inclusion**

558 **Goal**

- 559 1. All residents feel socially connected.

560 **Policies**

- 561 1. Promote increased, ~~accessible~~ use of public space, walkable ~~and~~
 562 ~~accessible~~ neighborhoods, and mixed-use development.

563 2. Increase affordable and reliable public transit options to essential
564 services and recreational and social opportunities.

565 3. Improve parks, ~~recreational~~recreation facilities, and open spaces for
566 accessibility and community mingling.

567 4. Promote equitable access to public meetings and events.

568 5. Actively work to diversify the voices representing towns in local
569 government.

570 **Recommendations**

571 1. Municipalities should evaluate how to make~~map~~ public gathering
572 spaces more accessible and welcoming to people~~and indicate their~~
573 ~~levels~~ of all abilities and identities. ~~accessibility.~~

574 2. Public health professionals should educate decision makers on the link
575 between social support and health.

576 ~~3. Municipalities should consider accessibility when developing public spaces~~
577 ~~or recreational opportunities.~~

578 4.3. TRORC will provide training for neighborhood residents to participate in
579 boards and commissions.

580 4. Municipalities should support diversity, equity, inclusion, and justice
581 initiatives such as audits or surveys, committees, celebration events,
582 etc.

583 5. Municipalities should support mutual aid networks within the
584 community.

585 Substance Misuse Prevention

586 Vermont has the highest percentage of people who reported using cannabis of
587 any state in the nation, a relatively high level of underage alcohol consumption
588 and binge drinking, and widespread substance use disorder. Preventing substance
589 use disorders and related problems (e.g., mental illness) in ~~children,~~ adolescents,
590 ~~and~~ young adults, and older adults is critical to our Region's Americans' behavioral
591 ~~and~~ physical and mental health.

592 In Vermont, 12- to 17-year-olds and 18- to 25-year-olds have the highest
593 marijuana use than any other age groups in the state (12% in VT; 9% in US). A
594 survey put out by the Vermont Department of Health, Division of Substance Use
595 Programs found Behaviors and symptoms that 18- to 25-year-olds in Vermont are
596 60 percent more likely to abuse alcohol or use drugs than the nationwide average
597 of the same age group. For adults 65 and older, a quarter report at-risk drinking
598 (having three or more drinks in one sitting), which is significantly more than the
599 national average (19%). Unfortunately, our Region closely resembles Vermont's
600 drug and substance use and abuse trends. signal the development of a behavioral
601 disorder often manifest two to four years before a disorder is present.

602 A strategy that addresses early exposure to drug and alcohol use among the youth
603 is through mentoring programs. Mentoring programs represent one strategy for
604 addressing young persons' early exposure to drug and alcohol use.

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

610 In our Region, we have three treatment centers, which are: Clara Martin Center¹⁷,
611 Valley Vista¹⁸, and the Health Care & Rehabilitation Services of Vermont¹⁹. As for
612 the recovery programs, we have the Upper Valley Turning Point²⁰.

613 ~~According to the 2014 SAMHSA (Substance Abuse and Mental Health Services~~
614 ~~Administration) National Survey on Drug Use and Health, an estimated 25.2~~
615 ~~percent (66.9 million) of Americans aged 12 or older were current users of a~~
616 ~~tobacco product. About two-thirds (66.6%) of people aged 12 or older reported~~
617 ~~that they drank alcohol in the past 12 months, with 6.4 percent meeting criteria~~
618 ~~for an alcohol use disorder. Also among Americans aged 12 or older, the use of~~
619 ~~illicit drugs has increased over the last decade from 8.3 percent of the population~~
620 ~~using illicit drugs in the past month in 2002 to 10.2 percent (27 million people) in~~
621 ~~2014. Of those, 7.1 million people met criteria for an illicit drug use disorder in the~~
622 ~~past year. The misuse of prescription drugs is second only to marijuana as the~~
623 ~~nation's most common drug problem after alcohol and tobacco, leading to~~
624 ~~troubling increases in opioid overdoses in the past decade.~~

625 ~~What has proven most effective in reducing rates of underage drinking and~~
626 ~~tobacco use in the last 20 years is using approaches that address the availability of~~
627 ~~substances and the cultural norms that surround them. Universal prevention~~

628 ~~approaches include the use of “environmental prevention strategies,” which are~~
629 ~~tailored to local community characteristics and address the root causes of risky~~
630 ~~behaviors by creating environments that make it easier to act in healthy ways.~~
631 ~~These strategies are also more universal in nature, meaning that they don’t target~~
632 ~~specific groups of at-risk youth and thus can benefit everyone—including people~~
633 ~~who are in recovery from misusing substances.~~

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

640 ~~Another important component for the decreased likelihood of initiating drug and~~
641 ~~alcohol use are youth mentoring programs. The supportive, healthy relationships~~
642 ~~formed between mentors and mentees are both immediate and long-term and~~
643 ~~contribute to a host of benefits for mentors and mentees.~~

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

650 **Goal, Policies, and Recommendations: Substance Misuse**
651 **Prevention**

652 **Goal**

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

654 **Policies**

- 655 1. Reduce concentrated exposure to alcohol, drugs, and tobacco.
- 656 2. Provide opportunities for substance-free recreation and community
- 657 involvement.

658 **Recommendations**

- 659 1. With the help of public health professionals, municipalities should
- 660 assess the types of substance use problems within their community.
- 661 2. Municipalities should continue to raise awareness of the nature and
- 662 seriousness of health issues.
- 663 3. Municipalities should assess the community’s readiness for prevention,
- 664 review current programs already in place, and identify service gaps and
- 665 barriers.

666 ~~4. Municipalities should review current programs already in place.~~

667 5.4. Municipalities should convene community organizations who serve
668 youth and local leaders to capture ideas and resources to help

669 implement and sustain research-based programs to promote clear
670 expectations around substance use for youth.

671 ~~6.5.~~ Municipalities should provide plenty of substance-free healthy
672 recreational opportunities for youth and overall community
673 participation. Municipalities should consider establishing substance-
674 free public spaces and Municipalities should consider establishing
675 substance-free public spaces and events and buffer zones around
676 sensitive areas (e.g., libraries, community centers, etc.) to reduce youth
677 exposure and support those who are in recovery.

678 Health-Care Facilities

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

684 Gifford Medical Center²¹ in Randolph and the White River Junction branch of the
685 Veteran’s Affairs Medical Center²² are the largest medical facilities located in the
686 ~~TRO~~ Region. For more major medical issues, residents in our Region use
687 Dartmouth-Hitchcock Medical Center²³ in Lebanon, NH, which includes a cancer
688 center and a children’s hospital. ~~Most~~ ~~The majority of~~ our Region’s medical needs
689 are covered by smaller health clinics, which are part of a larger network. These
690 facilities allow ~~local~~ residents, including those on low or fixed incomes, direct

691 access to day-to-day primary and family care services without requiring extensive
692 travel ~~(for more information about our Region’s primary and family care services,~~
693 ~~please refer to chapter 9).~~ ~~The local nature of our Region’s health clinics allows~~
694 ~~residents to create long-term relationships with their medical practitioners, a~~
695 ~~concept that is consistent with the concepts of primary care.~~

696 Medical services are available to lower income residents in several locations in the
697 Region. Gifford Medical Center in Randolph and the [Good Neighbor Health Clinic](#)²⁴
698 in White River Junction can provide free primary medical care to nearby residents
699 whose household incomes are below the poverty level.

700 ~~WhenAs the elderly (citizens age 65 or older adults are) become less able to~~
701 ~~managecomfortable with the tasks involved in managing~~ their ~~own~~ home, they
702 ~~canoften~~ turn to ~~an elderly some sort of elder~~ housing ~~program~~. If health is an
703 issue and ~~some form of~~ constant care is required, seniors will need to enter a
704 nursing home or a residential care facility. Data shows that there are limited
705 options in ~~our Regionthe surrounding area~~ for all levels of care, ~~in particularbut~~
706 full-time residential care ~~is particularly scarce~~. Elderly residents in need of full-
707 time care are often forced to move away from their community ~~because local care~~
708 ~~facilities, and many~~ are unaffordable. This is a statewide problem, not just a
709 regional issue.

710 The expansion of existing or development of new medical or elder care facilities
711 has the potential to conflict with existing and future land use patterns. The most
712 appropriate locations for these facilities are within community centers (villages

713 and downtowns) because they are often walkable and have existing services and
714 access to business-class Internet.

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

720 ~~The percentage of our Region's population that is over 60 years of age is growing,~~
721 ~~which creates new challenges for our Region. The number of people with chronic~~
722 ~~illnesses (generally incurable illnesses or conditions that require ongoing medical~~
723 ~~attention and affect a person's daily life) is on the rise nationally. Four out of five~~
724 ~~Americans over the age of 50 suffer from at least one chronic condition, often~~
725 ~~including high blood pressure, diabetes, or mental illness. When chronic illnesses~~
726 ~~are coupled with age, some form of elder care service becomes necessary.~~

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

733 Medical and elderly care facilities can generate significant ~~have the potential for~~
734 economic benefits for the Region by providing workers with a livable wage and
735 acting as stimulators of the local economy. The priority for future investments in

736 the health of our Region should focus on care facilities and services for the elderly
737 and other vulnerable populations. The first step in making these investments is to
738 determine where they would be most practical.

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

746 **Goals, Policies, and Recommendations: ~~Healthcare~~Health-Care**
747 **Facilities**

748 **Goals**

- 749 1. Prioritize healthcare~~Health-care~~ coordinators ~~are prioritized~~ in all
750 towns.
- 751 2. The availability of medical and elderly care services in the Region is
752 enhanced.

753 ~~3. Residents have access to all levels of health care, regardless of wealth~~
754 ~~or income status.~~

755 **Policies**

756 1. ~~All medical~~~~Medical and elderly or other~~ care facilities are encouraged
757 ~~to be~~~~when~~ located within or immediately adjacent to designated
758 growth areas provided that they do not have an undue adverse impact
759 on traffic or the character of the area.

760 2. TRORC will support efforts at the state and local levels to develop
761 additional elderly care services and facilities.

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

766 **Recommendations**

767 1. ~~TRORC should identify areas of the Region where medical or elderly~~
768 ~~care facilities would be beneficial.~~TRORC and municipalities should
769 evaluate and address barriers to health care access, including but not
770 limited to transportation, service gaps, education, language, cost of
771 services, immigration status, and providers’ competency and sensitivity
772 in working with underserved populations.

773 2. TRORC should review local zoning and subdivision regulations to ensure
774 that they do not prohibit healthcare~~have the effect of prohibiting~~
775 ~~health-care or elderly or other vulnerable populations care~~ facilities
776 in~~from~~ appropriate areas and should assist with bylaw revisions as
777 needed.

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~~Healthy Communities Endnotes~~

- ~~1. American Public Health Association, <https://www.apha.org/what-is-public-health>.~~
- ~~2. Kim Hayes, "Exercise More is Not a Crazy Idea," AARP, August 9, 2018, <https://www.aarp.org/health/healthy-living/info-2018/exercise-health-benefits-60s-70s.html>.~~
- ~~3. "Age-Friendly Environments," World Health Organization, <https://www.who.int/ageing/projects/age-friendly-environments/en/>.~~
- ~~4. Ranahazaleh, Ester Greenhouse, George Homsy, AICP, and Mildred Warner, "Multigenerational Planning: Using Smart Growth and Universal Design to Link the Needs of Children and the Aging Population," American Planning Association, June 1, 2011, <https://www.planning.org/publications/document/9148235/>.~~
- ~~5. "The State of Obesity in Vermont," The State of Obesity, <https://www.stateofobesity.org/states/vt/>.~~
- ~~6. "Food Security in Vermont," Farm to Plate, <https://www.vtfarmtoplate.com/plan/chapter/4-1-food-security-in-vermont>.~~
- ~~7. Ibid.~~

800 ~~8. “Healthy Food,” The Free Dictionary by Farlex, [https://medical-](https://medical-dictionary.thefreedictionary.com/healthy+food)~~
801 ~~[dictionary.thefreedictionary.com/healthy+food](https://medical-dictionary.thefreedictionary.com/healthy+food).~~
802 ~~“Building an Understanding of Environmental Health,” American Public~~
803 ~~Health Association, [https://apha.org/topics-and-issues/environmental-](https://apha.org/topics-and-issues/environmental-health/understanding-environmental-health)~~
804 ~~[health/understanding-environmental-health](https://apha.org/topics-and-issues/environmental-health/understanding-environmental-health).~~

805 *Healthy Communities Endnotes*

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- ¹ <https://www.trorc.org/healthpolicyclearinghouse/template-town-plan-health-chapter/>
 - ² <https://www.consumerreports.org/health/seniors-health/how-to-stay-healthy-longer-a1999397973/>
 - ³ https://greatergood.berkeley.edu/article/item/five_ways_to_keep_your_brain_healthy_as_you_age
 - ⁴ https://myhealthmycommunity.org/wp-content/uploads/2019/05/MHMC_SocialConnections_web.pdf
 - ⁵ <https://dail.vermont.gov/resources/legislative/older-vermonters-act>
 - ⁶ <https://www.mtascutneyhospital.org/locations-directions/ottauquechee-health-center>
 - ⁷ <https://map.feedingamerica.org/county/2021/overall/vermont>
 - ⁸ <https://dcf.vermont.gov/benefits/3SquaresVT/SNAP>
 - ⁹ https://www.tfah.org/wp-content/uploads/2022/09/2022ObesityReport_FINAL3923.pdf
 - ¹⁰ <https://www.vermontgleaningcollective.org/?C=N;O=D>
 - ¹¹ <https://www.vtfarmtoplate.com/resources/vermont-food-security-roadmap-2035>
 - ¹² <https://agriculture.vermont.gov/development/farm-school-early-childhood-and-institution/farm-school-resources>
 - ¹³ <https://www.vtfarmtoplate.com/resources/vermont-food-security-roadmap-2035>
 - ¹⁴ <https://www.aalv-vt.org/farms>
 - ¹⁵ <https://goodnewsgarage.org/programs/vermont/>
 - ¹⁶ <https://www.transportation.gov/mission/health/active-transportation>
 - ¹⁷ <https://www.claramartin.org/>
 - ¹⁸ <https://valleyvistarecovery.com/>
 - ¹⁹ <https://www.hcrs.org/>
 - ²⁰ <https://www.uppervalleyturningpoint.org/>
 - ²¹ <https://giffordhealthcare.org/>
 - ²² <https://www.va.gov/white-river-junction-health-care/locations/white-river-junction-va-medical-center/>
 - ²³ <https://www.dartmouth-hitchcock.org/>
 - ²⁴ <https://goodneighborhealthclinic.org/>