



02 | Healthy Communities

Farmers Market Exchange | © Erik Scheel

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.

In many respects, the foundations of healthy communities are embedded 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. For example, many town plans include policies to improve infrastructure to support walking and bicycling, which bring many health benefits.

The American Planning Association has determined that including a specific chapter explicitly focused on public health ensures that a greater em-

phasis is placed on health throughout other chapter elements. TRORC has worked with public health partners to develop a [template for town plans](#)¹ on this important subject.

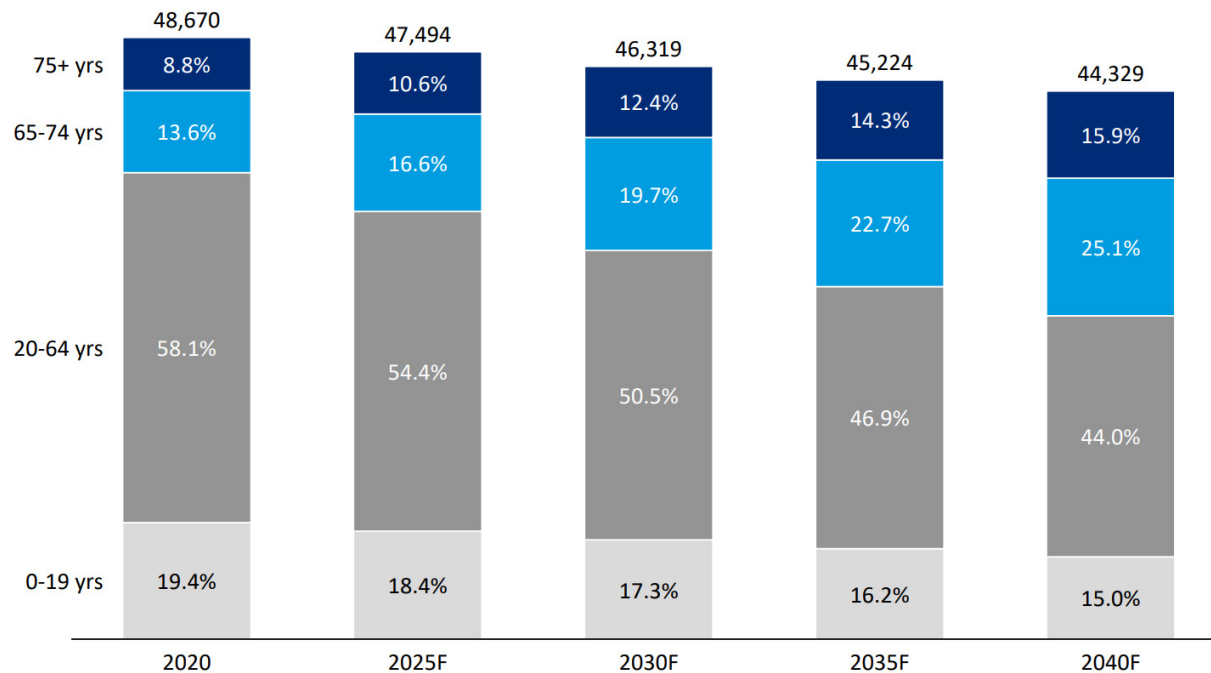
B. Community Design, the Built Environment, and Healthy Food Access

Addressing the Needs of an Aging Population

According to the US Census, the proportion of our Region's residents who are 60 years and older has grown more than any other age group. In 2012, this age group made up a quarter of the Region's



Figure 2-1: Projected White River Junction Population Breakdown, 2020-2040



Source: Oliver Wyman analysis | White River Junction Healthcare Community Meeting

population; by 2022, almost 28,000 out of 87,000 people (32%) were 60 years and older. The age group that has diminished the most is between the ages of 40 to 54 years old (they have not left so much as aged into the higher age bracket). Not only have we seen their ratio drop six percentage points within the past decade (24% in 2012; 18.2% in 2022), but there was also a decrease in their total number by 4,700 people (reflecting the smaller number of younger people available to age into this group). This alarming trend signals the need to accommodate not just the older generation, but also to fortify the younger ones. (Please refer to Chapter 5 to see how the aging population is

impacting our Region’s economic future).

For the older population, lifestyle and environmental factors [affect the incidence of age-related diseases and decline](#)² such as cancer, heart disease, and neurodegenerative diseases. Healthy lifestyle choices like partaking in moderate aerobic exercises and getting regular sleep [may increase cognitive function for older people](#)³. As for the environment, having a strong sense of integration within a community and having access to healthcare contribute to a longer lifespan by [promoting effective stress management and encouraging healthy behaviors](#)⁴.

Vermont places an emphasis (at least in policy) on promoting healthy living for seniors and those with disabilities. In 2020, the Vermont Legislature passed [Act 156](#)⁵ (also known as the Older Vermonters Act), which initiated a process for different state agencies to plan for an age-friendly state. However, many towns in our Region still do not have adequate infrastructure or services to support aging in place and the needs of the disabled, and thousands of individuals face challenges in remaining in their homes. Thus, the current state-wide initiative to address the challenges associated with aging and disabilities is an important first step, but additional attention and more resources are needed. Independent living is an attractive option for seniors and those with disabilities who need minor accommodations, both financially and from the perspective of personal dignity (to read more on aging in place, please refer to Chapter 8).

In addition to accessible home environments, people who are aging in place require access to diverse social services. One approach that has been gaining traction across the nation, as well as in our Region, is to hire community health workers and/or community nurses who can visit people in their homes, learn about their needs, and help them access health care and other assistance. As these care coordinators typically reside in the communities that they serve, their personal connections and proximity to people who need assistance make them a critical asset to rural areas. Towns in the Region that currently have a community health worker or community nurse are Sharon, Thetford, Hartland, Norwich, Bradford,



Strafford, Tunbridge, and the greater Woodstock area (via the [Ottawaquechee Health Foundation/Mt. Ascutney Hospital Center](#)⁶).

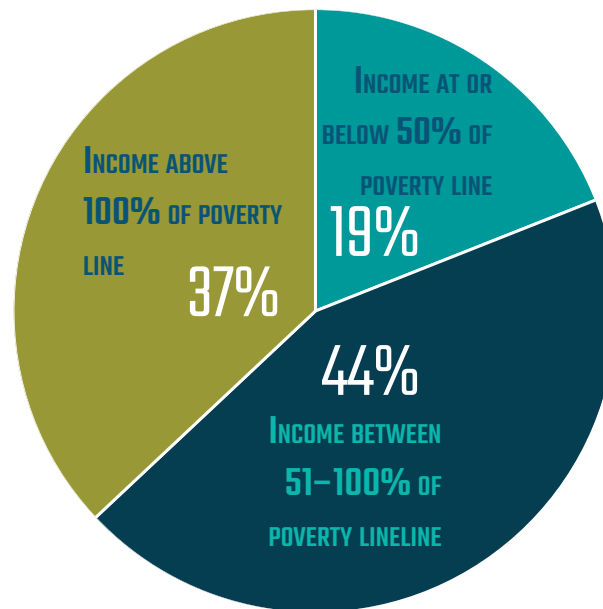
Healthy Food Access and Security

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 insecure](#)⁷ (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 for other nutrition programs. To apply for Vermont’s SNAP program, [3SquaresVT](#)⁸ applicants must match criteria based on household income, age, and disability. Beneficiaries of 3SquaresVT have additional benefits, such as dependents qualifying for free meals at schools and free employment training.

Obesity is a complex disease that impairs the health of many Americans, and it is caused by a combination of social, economic, and environmental factors that extend beyond a person’s control. Over the years, obesity has reached epidemic proportions in Vermont; in 2021, nearly a third of Vermont adults were reported being obese, [with two thirds of Vermonters being overweight or obese](#)⁹. While obesity levels vary

from region to region, the rate is higher in rural areas where affordable and healthy foods are harder to access. Research shows that one of the most effective ways to prevent obesity and improve outcomes for those who are overweight is to promote healthy eating options for everyone in the community.

Figure 2-2: Share of Vermont SNAP Participants by Household Income



Source: CBPP analysis of data from USDA Food and Nutrition Service, fiscal year 2020 (pre-pandemic period)

There are several community food security programs throughout the State that can aid in reducing the number of food insecure households. In our Region, there is a professional gleaning program (where fresh foods from farms are rescued from being wasted) called the [Vermont Gleaning](#)

[Collective](#)¹⁰. On a state-wide level, [The Vermont Food Security: Roadmap to 2025](#)¹¹ is an initiative guided by researchers and agricultural experts that provides policy recommendations to legislators to further Vermont’s path towards an equitable food system by 2025.

[Farm to school programs](#)¹² have been a successful venture in Vermont that connects farmers with schools to provide fresh, healthy foods while educating the students on where food comes from. Providing healthier meals at school is essential for the children of families that cannot afford high-quality foods at home. There are also other programs such as community gardens, regional food hubs, [farmers markets that accept Electronic Benefit Transfer \(EBT\) cards](#)¹³, and [new farms for new Americans](#)¹⁴. Communities in the Region can promote healthy food access by identifying locations for community gardens or farmers markets and helping to organize community groups to fight food insecurity and increase access to healthy foods.

Lack of transportation to a grocery store also presents a severe problem for many people in the Region; according to the U.S. Census, approximately four percent of households in Orange and Windsor Counties do not have a private vehicle. To resolve this issue, [Good News Garage](#)¹⁵ is an organization that provides refurbished vehicles to individuals and families who are at risk of unemployment and do not have access to essential services, such as grocery stores.



Healthy Places

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

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

Active Living and Transportation

Our Region's built environment is mostly car centric and does not always support diverse modes of active transportation. [Active transportation](#)¹⁶ is any form of human-powered transportation

such as walking, cycling, using a wheelchair, in-line skating, or skateboarding. (Please refer to Chapter 4 for more information about our Region's transportation.)

By providing safe conditions for pedestrians and cyclists, a community can reduce the number of car collisions. The Vermont Agency of Transportation has developed a [bike comfort map](#)¹⁷ 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.

Walkable communities, as promoted by the [Vermont Complete Streets program](#)¹⁸, support active transportation and provide safe access to essential goods and services. The development 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 on lands that are either privately or publicly owned. Many back roads afford safe spaces for walking and biking as well (that do not necessarily warrant a Complete Streets concept).

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

When designing for active living, older people and those with disabilities must be involved in assessing a community's strengths and deficiencies through community surveys and input from organizations servicing them. These residents can



South Royalton Business Block | © TRORC



speak to their own experience of the community’s positive characteristics and barriers and promote much-needed changes in our built environment.

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 abilities is imperative to form and sustain 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.

Age 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 social nets are in place, such as the Thompson Senior Center, Greater Randolph Senior Center, Bugbee Senior Center, Orange East Senior Center, Meals on Wheels, and Ottauquechee Health Center, which provide many types of services.

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 2022, about one out of six residents in our Region reported that they are disabled. Social

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

Substance Misuse Prevention

Vermont has the highest percentage of people who reported using cannabis of any state in the nation, a relatively high level of underage alcohol consumption and binge drinking, and widespread substance use disorder. Preventing substance use disorders and related problems (e.g., mental illness) in adolescents, young adults, and older adults is critical to our Region’s physical and mental health.¹⁹

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

Mentoring programs represent one strategy for addressing young persons’ early exposure to drug and alcohol use.

To address severe substance use disorders, people can participate in treatment and recovery support services. Treatment services have in-patient and

“In every community, property owners, advocates, code officials, public health leaders, and others are positioned to recognize and coordinate their shared missions of keeping people safe and healthy in the places they live.”

~National Center for Healthy Housing

outpatient options for members who are at the beginning stages of treating their drug addiction; recovery centers are for people continuing their lives after eradicating their drug dependency.

In our Region, we have three treatment centers, which are: [Clara Martin Center](#)²⁰, [Valley Vista](#)²¹, and the [Health Care & Rehabilitation Services of Vermont](#)²². As for the recovery programs, we have the [Upper Valley Turning Point](#)²³.

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.

Healthcare Facilities

Healthcare is critical for the residents of the Region. [Gifford Medical Center](#)²⁴ in Randolph and the White River Junction branch of the [Veteran’s Affairs Medical Center](#)²⁵ are the largest medical facilities located in the Region. For more



major medical issues, residents in our Region use [Central Vermont Medical Center](#)²⁶ in Berlin, VT and [Dartmouth-Hitchcock Medical Center](#)²⁷ in Lebanon, NH, which includes a cancer center and a children's hospital. Most of our Region's medical needs are covered by smaller health clinics, which are part of a larger network. These facilities allow residents, including those on low or fixed incomes, direct access to day-to-day primary and family care services without requiring extensive travel (for more information about our Region's primary and family care services, please refer to Chapter 9).

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](#)²⁸ in White River Junction can provide free primary medical care to nearby residents whose household incomes are below the poverty level.

When older adults are less able to manage their home, they can turn to an elderly housing program. If health is an issue and 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 our Region for all levels of care, in particular full-time residential care. Elderly residents in need of full-time care are often forced to move away from their community because local care facilities 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



Cornerschool Schoolhouse, Granville | © Corner School Resource Center

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.

Given the need for additional medical facilities that specialize in elderly care, efforts to encourage their growth and development at sustainable levels are

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 can generate significant economic benefits for the Region 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.



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

Goal

1. The relationship between our Region's built environment and the health and wellness of our community is understood.

Policies

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

Recommendations

1. TRORC should organize and host a regional public health summit.
2. TRORC should partner with schools that have limited access to nutritious food and would like to partner with local farms.
3. 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.
4. 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. Overlaying public transportation routes to food stores and shelves.
 - c. Location of low-income census tracts.
5. Municipalities should promote and expand farmers markets and community gardens by identifying locations for such activities and letting potential organizers know of these sites.
6. Municipalities should support the preservation of large and small blocks of productive agricultural land.
7. TRORC should conduct a food system analysis for the Region.
8. TRORC will support towns in establishing community nursing / community health worker services.
9. TRORC will support towns in planning for built environments that are ADA compliant.



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

Goal

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

Policy

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

Recommendations

1. TRORC will encourage towns to implement greenhouse gas reduction strategies in their plans.
2. TRORC and municipalities should participate in health impact assessments for development projects.
3. TRORC should assist municipalities in assessing and remediating brownfields, especially those with hazardous building materials.
4. Municipalities should encourage the renovation of existing housing stock and development of new housing stock in compliance with healthy home and energy efficiency best practices.

Goal, Policy, and Recommendations: **Active Living and Transportation**

Goal

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

Policy

1. Incorporate active transportation features into new development projects.

Recommendations

1. When requested, the State and/or TRORC assist municipalities with mapping connectivity to essential services, walkable routes, recreation opportunities, and transportation options.
2. TRORC and municipalities should plan for bike-friendly state highways to connect village centers, if feasible.
3. Municipalities should conduct walkability and bikability assessments.
4. The State and TRORC will educate decision makers on links between safe streets and health.
5. TRORC will collaborate with local agencies and communities to explore Safe Routes to Schools programs and Vermont's Complete Streets program.
6. Municipalities should promote joint use of park and recreation facilities between communities and ensure that residents without cars have access to outdoor recreation opportunities.



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

Goal

1. All residents feel socially connected.

Policies

1. TRORC promotes increased use of public space, walkable neighborhoods, and mixed-use development.
2. Increased affordable and reliable public transit options to essential services and recreational and social opportunities is encouraged.
3. Improved parks, recreational facilities, and open spaces for accessibility and community mingling is encouraged.
4. Towns should actively work to diversify the voices representing towns in local government, and promote equitable access to public meetings and events.

Recommendations

1. Municipalities should evaluate how to make public gathering spaces more accessible and welcoming to people of all abilities and identities.
2. Public health professionals should educate decision makers on the link between social support and health.
3. TRORC will provide training for neighborhood residents to participate in boards and commissions.
4. Municipalities should support diversity, equity, inclusion, and justice initiatives such as audits or surveys, committees, celebration events, etc.

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

Goal

1. Drug addiction and misuse are eliminated in all segments of society.

Policies

1. Concentrated exposure to alcohol, drugs, and tobacco should be reduced.
2. Opportunities for substance-free recreation and community involvement should be provided.

Recommendations

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



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

Recommendations (continued)

4. Municipalities should convene community organizations who serve youth and local leaders to capture ideas and resources to help implement and sustain research-based programs to promote clear expectations around substance use for youth.
5. Municipalities should provide plenty of substance-free recreational opportunities for youth and overall community participation. Municipalities should consider establishing substance-free public spaces, events, and buffer zones around sensitive areas (e.g., libraries, community centers, etc.) to reduce youth exposure and support those who are in recovery.

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

Goals

1. Healthcare coordinators are in all towns.
2. The availability of medical and elderly care services in the Region is for everyone.

Policies

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

Recommendations

1. TRORC and municipalities should evaluate and address barriers to health care access, including but not limited to transportation, service gaps and redundancy, education, language, cost of services, immigration status, and providers' competency and sensitivity in working with underserved populations.
2. TRORC should review local zoning and subdivision regulations to ensure that they do not prohibit healthcare facilities in appropriate areas and should assist with bylaw revisions as needed.
3. TRORC will provide support for the development of new facilities by reviewing any potential projects before they are submitted to the District Environmental Commission to reduce the possibility that a permit will be denied, delayed, or heavily conditioned.



Healthy Communities Endnotes

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://vtrans.vermont.gov/planning/bikeplan>
18 <https://vnrc.org/community-planning-toolbox/tools/complete-streets/>
19 <https://www.samhsa.gov/sites/default/files/samhsa-strategic-plan.pdf>
20 <https://www.claramartin.org/>
21 <https://valleyvistarecovery.com/>
22 <https://www.hcrs.org/>
23 <https://www.uppervalleyturningpoint.org/>
24 <https://giffordhealthcare.org/>
25 <https://www.va.gov/white-river-junction-health-care/locations/white-river-junction-va-medical-center/>
26 <https://www.cvmc.org/>
27 <https://www.dartmouth-hitchcock.org/>
28 <https://goodneighborhealthclinic.org/>

