

1 CHITTENDEN COUNTY REGIONAL PLANNING COMMISSION
2 LONG RANGE PLANNING COMMITTEE - MINUTES
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4 DATE: Tuesday, May 10, 2022
5 TIME: 6:00 p.m. to 7:00 p.m.
6 PLACE: Virtual Meeting via Zoom with link as published on the agenda
7

Members Present:

Bob Henneberger, TAC Rep
Eric Vorwald, PAC Rep from Winooski
Dana Hanley, Board Rep from Charlotte
Annie Costandi, CWAC Rep
Abby Bleything, Board Rep, Alt. Winooski

Staff:

Regina Mahony, Planning Program Manager
Christine Forde, Senior Transportation Planner

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10 **1. Welcome and Introductions**

11 Regina Mahony welcomed everyone at 6:03pm.
12

13 **2. Approve April 12, 2022 Minutes**

14 Dana Hanley made a motion, seconded by Bob Henneberger to approve the April 12, 2022 minutes. No further
15 discussion. MOTION PASSED.

16 **3. Review the DRAFT Public Health & Safety Section**

17 Regina Mahony explained that the Burlington District of the VT Department of Health is the author of the Public
18 Health section and the strategy and actions. Regina Mahony added that we are still working with those folks to
19 decide what indicators to use. As these can be streamlined quite a bit, and we can reference other dashboards they are
20 maintaining.
21

22 Regina Mahony also stated that the Safety Section is largely from the draft All Hazards Mitigation Plan. It also reads
23 a bit like an encyclopedia. Staff will do our best to try to edit that down and/or provide more context.
24

25 **See attached draft with comments provided by the LRPC in the margins.**
26

27 **4. Adjourn**

28 The next meeting is set for June 14, 2022, and the topic will be Energy and Climate Change. The meeting adjourned
29 at 6:51pm.
30

31 Respectfully submitted, Regina Mahony
32

PEOPLE: Promote the skills, resources, and assurances needed for all community members to participate in the workforce and in their family, civic and cultural lives, within and among their neighborhoods, and in the larger community.

X. HEALTH

Health Goal: All Chittenden County residents are healthy.

[Data for this section drawn from [State Health Improvement Plan](#) and [Healthy Vermonters 2020](#), unless noted otherwise]

Health Equity

- [Health equity](#) exists when all people have the same chance to be healthy. To achieve health equity, more attention must be focused on those with the most barriers to health. This includes people who have faced social and financial barriers, long-term injustice, and other barriers that are beyond their individual control. For generations, racism and other systems of oppression have prevented some communities more than others from accessing safety and health. Chittenden County can change this and achieve health equity through policies, social and physical infrastructure, and other investments.
- Health starts where we live, learn, work, play, and worship. Health behaviors are influenced, supported, or undermined by how we design our communities. Examples of living conditions that impact health behaviors include housing, transportation, income, education, and the experience of prejudice and isolation. Public health practitioners, land use and transportation planners, economic developers, and [city-municipal](#) leaders must work together with the communities they serve to design communities that support health.

Healthy Communities

- It is essential that communities are built to support physical activity, safe walking and biking, use of [public transportation](#), and easy access to fresh foods. Three behaviors (tobacco use, lack of physical activity, and poor nutrition), lead to four chronic diseases (cancer, heart disease and stroke, type 2 diabetes, and lung disease) that result in more than 50% of all deaths in Vermont. The Health Department's [3-4-50](#) campaign explains the impact of chronic disease in Vermont.
 - In Chittenden County, 37% of adults do not get the recommended amount of exercise and 73% do not eat the recommended amount of fruits and vegetables. Inactivity affects people with disabilities and people with low socioeconomic status at a higher rate than other populations.
 - [10% of Vermont adults smoke cigarettes](#). In the U.S., [Big Tobacco](#) has a long history of targeting Black Americans with advertisements and products like menthol cigarettes. Thus, Black Americans continue to be burdened with a higher tobacco use rate than white non-Hispanic Americans.
 - Improving living conditions for people facing the most barriers to health is an effective way to decrease chronic disease rates.
- Mental health and substance misuse also have a large impact on health. Poor [mental health and alcohol misuse](#) affect....
- The [2022 Community Health Needs Assessment](#) identifies the following health priorities for Chittenden and Grand Isle Counties: housing; cultural humility and inclusive healthcare; and mental health and well-being.

Commented [RM1]: Mentally, emotionally, physically, etc. Too broad. What does it mean.

Commented [RM2]: Indicators on how we are doing on these two things. Food deserts, public transit access to groceries, etc. SSTA get folks to grocery store/food bank? Meals on wheels.

Commented [RM3]: Youth smoking – can we add this too? Tobacco use instead of just smoke cigarettes. “Big Tobacco”...less slant language.

Commented [FA4]: Add main takeaways and health disparity data that comes out in the statewide BRSS report in June. Also check if there is an opioid and oral health measure that should be mentioned.

Commented [RM5R4]: Opioid funding from pharmaceutical companies. How can we use this money?

Commented [FA6]: CHNA report is in draft form and should be finalized around June. Update this section with final information.

COVID-19

- Before COVID-19, not everyone in our community had equal access to power and resources, which are key building blocks to good health and a high quality of life. The pandemic made this worse and meant that some populations were more impacted by COVID-19 than others.
- Populations who experience discrimination and have been historically under-resourced are more likely to live in social and physical environments that put them at higher risk for COVID-19. The [Vermont Department of Health COVID-19 dashboard and reports](#) describe how BIPOC Vermonters were more affected by the pandemic.
 - During the first months of the pandemic ([March-October 2020](#)), BIPOC Vermonters represented 6% of the State’s population but 18% of COVID-19 cases. Chittenden County had the highest rate of COVID-19 among BIPOC communities, and it was significantly higher than the Vermont rate. BIPOC Vermonters with COVID-19 also had much higher hospitalization and chronic disease rates relative to white non-Hispanic Vermonters.
 - [A report from April 2022](#), shows disparities in up to date vaccination rates. Pacific Islander (16%) and Native American, Indigenous, or First Nation Vermonters (14%) experienced lower up to date vaccination rates than white (59%), Black (43%), Asian (52%) and multiracial (62%) Vermonters.
- Before COVID-19, almost 10% of Vermont households experienced food insecurity. Accessing and affording food became more difficult during the pandemic. [A University of Vermont study](#) found that people experiencing food insecurity were more likely to be people of color, female, live in households with children, and live in larger households. In addition, most people experiencing food insecurity said they could not afford to eat balanced meals.
- [The Vermont Tobacco Control Program 2021 Annual Report](#) highlights data showing the impact of the pandemic on mental health and tobacco use in Vermont. A study found that over 60% of youth and young adults reported negative effects of COVID-19 on their wellbeing. In addition, in the United States the rates of cigarette and e-cigarette sales increased and use of tobacco cessation resources like [quitlines](#) dropped.

Commented [RM7]: COVID-19 resilience? How to be better prepared in the future?

Commented [RM8]: Eliminate “power” unless we can describe more about what we are talking about.

Key Indicators

Chittenden County Adult Physical Activity and Nutrition Measures

Measure	Percent
Do NOT get the recommended amount of physical activity ^	37%
Sexual Orientation/Gender Identity	
Non-LGBT	39%
LGBT (Lesbian, Gay, Bisexual, Transgender)	35%
Disability Status	
No Disability	33%
Any Disability	54%*
Socioeconomic Status (SES)†	

Commented [RM9]: Better define, and keep language consistent (increase and decrease, not dropped).

Commented [FA10]: Some data tables/source info are falling onto separate pages. Once the text section is finalized and the tables are in final positions within the document, we will address this issue.

Low	65%*
Middle	37%
High	29%
Race/Ethnicity	
Black, Indigenous and People of Color (BIPOC)	42%
White, non-Hispanic (WNH)	37%
Do NOT eat 5+ servings of fruits & vegetables per day ^	73%
Sexual Orientation/Gender Identity	
Non-LGBT	73%
LGBT	72%
Disability Status	
No Disability	72%
Any Disability	80%
Socioeconomic Status (SES)†	
Low	77%
Middle	76%
High	70%
Race/Ethnicity	
BIPOC	69%
WNH	73%

Commented [RM11]: These add up to more than 100%. Can we better explain what these percentages are? It's confusing.

Commented [RM12]: Footnotes out of order from when they appear in the table.

*Indicates a statistically significant difference.

^Data are age-adjusted to the U.S. 2000 population.

†Low SES is defined as adults with a household income less than 250% of the federal poverty level (FPL) and a high school education or less. Middle SES is defined as adults with a household income less than 250% of the FPL and some college education, or greater than 250% of the FPL and up to some college education. High SES is defined as adults with a four-year college degree or more.

Source: Behavioral Risk Factor Surveillance System, 2017/2019

Chittenden County Adult Health Measures

Note: When this report was generated, breakdowns by demographics were not available for the measures below.

Measure	Percent	Data Year
Currently smoke cigarettes^	10%	2019/2020
Always, usually, or sometimes get social and emotional support	94%	2018/2020
Cannabis use in the past 30 days	23%	2019/2020
Driving after using cannabis in the past 30 days, among Vermont adults who currently use cannabis	18%	2017-2020
Diagnosed with cancer†	6%	2019/2020
Diagnosed with cardiovascular disease†	6%	2019/2020

Diagnosed with diabetes	6%	2019/2020
Diagnosed with lung disease[†]	12%	2019/2020

[†]Cancer is defined as a non-skin cancer diagnosis. Cardiovascular disease includes coronary heart disease, myocardial infarction (heart attack), or stroke. Lung disease includes chronic obstructive pulmonary disease or asthma.

[^]Data are age-adjusted to the U.S. 2000 population.

Source: Behavioral Risk Factor Surveillance System

Chittenden County Youth Physical Activity and Nutrition Measures

Measure	Percent
Do NOT get the recommended amount of physical activity	82%
Race/Ethnicity	
Students of Color (SOC)	83%
White, non-Hispanic (WnH)	82%
Sexual Orientation/Gender Identity	
HET (Heterosexual/Cisgender)	80%
LGBT (Lesbian, Gay, Bisexual, Transgender)	90%*
Do NOT eat 5+ servings of fruits & vegetables per day	78%
Race/Ethnicity	
SOC	73%
WnH	79%*
Sexual Orientation/Gender Identity	
HET	77%
LGBT	83%*

*Indicates a statistically significant difference.

Source: 2019 Vermont High School Youth Risk Behavior Survey (YRBS)

Chittenden County Youth Mental Health and Wellness Measures

Measure	Percent
Felt sad or hopeless in the past year	28%
Race/Ethnicity	
SOC	32%*
WnH	27%
Sexual Orientation/Gender Identity	
HET	23%
LGBT	59%*
Feel like they matter to people in their community	66%
Race/Ethnicity	
SOC	56%*
WnH	68%
Sexual Orientation/Gender Identity	
HET	70%

LGBT	46%*
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*Indicates a statistically significant difference.

Source: 2019 Vermont High School Youth Risk Behavior Survey (YRBS)

Chittenden County Youth Substance Misuse Measures

Currently smoke cigarettes or cigars or used smokeless tobacco or electronic vapor products	24%
Race/Ethnicity	
SOC	21%
WnH	25%
Sexual Orientation/Gender Identity	
HET	25%
LGBT	24%
Currently drink alcohol	29%
Race/Ethnicity	
SOC	21%
WnH	30%*
Sexual Orientation/Gender Identity	
HET	29%
LGBT	30%
Currently use cannabis	26%
Race/Ethnicity	
SOC	21%
WnH	25%*
Sexual Orientation/Gender Identity	
HET	27%
LGBT	27%

*Indicates a statistically significant difference.

Source: 2019 Vermont High School Youth Risk Behavior Survey (YRBS)

Additional key indicators can be found on the [ECOS Scorecard](#).

Commented [RM13]: Throughout these tables spell out the acronyms. And some of them change b/n youth and adults so it would help to spell them out.

X. PUBLIC SAFETY, CRIMINAL JUSTICE & HAZARD MITIGATION

Public Safety, Criminal Justice Goal: Improve the safety of the public including the loss of life and property from natural and manmade hazards.

Key Issues/Trends/Insights

[Data for this section is drawn from the Draft [2022 Chittenden County Multijurisdictional All Hazards Mitigation Plan](#). More information can be found on the [Flood Ready Vermont](#) website.]

- Safety and perceptions of safety feature highly in people's view of their living environment, their sense of well-being and quality of life. As evidenced in the [2020 ECOS Annual Report](#), a report focused on disparities and impacts from the COVID-19 pandemic and systemic racism in our nation and community, not all members of our community are **equally safe**.
- Municipal emergency response and law enforcement services are challenged by a lack of staff (both paid and volunteer) and the cost of services. There are significant staff vacancies on municipal and state police departments; a ramification of Vermont's overall workforce shortage and likely some relation to police reform efforts. While Burlington and South Burlington have full-time paid fire departments, some towns use a blend of paid and volunteer firefighters, and most fire departments are completely reliant on volunteers. The lack of volunteers for volunteer fire departments and EMS is causing concerns about the ability and timeliness of response and is resulting in the need to hire firefighters and EMTs especially for weekday daytime shifts. Another challenge with emergency response is the cost and inefficiency of current dispatch operations. The [Chittenden County Public Safety Authority](#) was established to improve dispatch services in the County. The plan is to begin operations in July 2024 once funding is secured.
- As identified by the 2022 *Chittenden County Multi-Jurisdictional All Hazards Mitigation Plan (AHMP)*, the three highest ranked county-wide hazards for various sectors : for Natural Hazards – Severe Rainstorm, Severe Winter Storm and Human Infectious Disease; for Technological Hazards – Power Loss, Water Pollution and Hazardous Materials Incident and for Societal Hazards – Crime, Civil Disturbance and Economic Recession
- Flooding and fluvial erosion can damage or destroy homes, businesses and transportation infrastructure. In Chittenden County there are 297 insurance policies participating in the National Flood Insurance Program. Since 1978 a total of 196 claims have been covered paying out just over \$2,561,700 (in 1978 dollars) with 42 of those claims coming from properties damaged more than one time in a 10-year period. Currently, there are XXX structures (X.X% of total County structures) located in mapped Special Flood Hazard Areas (aka the 100-year flood zone) as identified in detail in the AHMP and municipal Annexes.
- In recent decades, Chittenden County has experienced damage from numerous incidents including FEMA-Declared Natural Disasters primarily Severe Storms, Flooding, Hurricanes/Tropical Storms, Snow/Ice storms as follows: 1990-1999: seven (7) declaration; 2000-2009: two (2) declarations, and 2010-2019 eleven (11) declaration Since 2020 two declarations have been made related to COVID and most recently in August 2021 a declaration was made for Tropical Storm Henri.
- Severe rainstorms, flooding, fluvial erosion and possibly epidemics may be made worse by projected climate changes. The 2021 Vermont Climate Assessment notes that

Commented [RM14]: We don't really talk about this piece, and then the only indicator is about incarceration. Is there someplace where this would be a better fit? And if we are going to include it, what are we saying about it? Community Justice Centers, etc. Better fit under community health?

Commented [RM15]: Clean this up. Burlington and South Burlington aren't the only paid fire departments.

Commented [RM16]: The percentage within the sfha (+30 ft buffer) is 1.3%. There are 759 structures (residential, commercial, industrial, institutional and Mass assembly) within the SFHA plus 30ft. There are a total of 58,550 structures in the county.

“Vermont is becoming wetter. Precipitation has increased 21 percent since 1900. Vermont now experiences 2.4 more days of heavy precipitation than in the 1960s, mostly in the summer. With flooding expected to increase, improved stormwater infrastructure and planning is required to reduce damage to homes, roads, bridges, and farm fields. Heavier rainstorms will impact farm and forestry operations.” Additionally, the Assessment states “Floods and droughts are now Vermont’s most likely natural disasters. Both are expected to increase due to growing variability of rain and changing water tables. As a result, irrigation infrastructure will remain crucial for farms and gardens.”

- Regarding Human Infectious Disease, the 2022 AHMP noted events such as the 1918 Spanish Influenza, the 2009-2010 H1N1 Influenza and the 2020 COVID-19 (coronavirus) Pandemic. The Plan states that “(b)ased on the historical occurrence of human infectious disease outbreaks of a pandemic level in Vermont and Chittenden County, it can be estimated that the recurrence interval is 34 years¹⁰, indicating that, on average, a human infectious disease event will occur within that time period.”
- Emergency Management Planning is needed to best be able to respond, recover, and mitigate disasters. As of 2022, regional coordination and support of all-hazards emergency planning and preparedness activities is now conducted through the Chittenden County Regional Emergency Management Committee (CCREMC). The CCREMC is made up of membership from municipal Emergency Management Directors and public safety officials.
- Each municipality prepares, and updates annually, a Local Emergency Management Plan (LEMP) that provides local information as to how the municipality would respond to a disaster. The format of the LEMP is consistent with the National Incident Management System (NIMS) and a standardized, on-scene, all-risk incident management concept, known as ICS – Incident Command System. ICS allows its users to adopt an integrated organizational structure to match the complexities and demands of single or multiple incidents without being hindered by jurisdictional boundaries. The LEMP details local contacts, local and state equipment and resources, shelters, and locations of vulnerable populations.
- The State has incentivized flood resilience planning through the Emergency Relief and Assistance Funds (ERAF) program. There are several steps a municipality can take to improve the local match requirement for FEMA post-disaster relief funds. Generally, in the event of a Federal-disaster declaration FEMA covers 75% of the cost of “Public Assistance” projects, typically repairs to roads and culverts and debris cleanup. The remaining 25% must be matched by the State and municipal government. Four requirements are needed for the State to provide half of that requirement, 12.5% match assistance. As of Spring 2022, nearly all of Chittenden County’s municipalities have met these four benchmarks as follows:
 - adopt Local Emergency Operation Plans annually – 19 or 100% of Chittenden County municipalities have adopted these.
 - adopt the Town Road and Bridge Standards that meet or exceed the VTrans 2019 standards – 19 or 100% of Chittenden County municipalities have adopted these;
 - participate in the National Flood Insurance Program – 18 or 95% of Chittenden County municipalities participate. Buel’s Gore has no mapped floodplain; and

Commented [RM17]: What is this reference? It didn't carry forward into this document.

- adopt a FEMA-approved Local Hazard Mitigation Plan – 19 or 100% of Chittenden County municipalities have an adopted Plan.
- There is an opportunity for the State to provide an additional 5% (for a total of 17.5%) towards the required 25% non-Federal match. , if the municipality protects river corridors. There are two options to permanently obtain the extra 5%: receive FEMA’s Community Rating System (CRS) designation and prohibit structures in Flood Hazard Areas; or Adopt River Corridor Bylaws (with the 50’ buffer) regulations for streams draining over 2 square miles, As of June 2022 Colchester is the only municipality with CRS designation while St. George and South Burlington have adopted River Corridor Bylaws. Additionally, DEC is temporarily granting an “early adopter” recognition (and allowing for the 5% bonus). Currently 12 of our municipalities have received early adopter recognition for river corridor protection due to having strong municipal water quality buffers and floodplain regulations. This early adopter status is currently in place, but the State has indicated that eventually they will phase out this early adopter mechanism and towns would have to adopt the State’s model River Corridor Bylaw if they wish to receive the extra match. The municipalities of Burlington, Huntington and Underhill still allow some conditional uses in the floodplain and thus do not receive “early adopter” status and would receive a match of 12.5% from the State while Buel’s Gore has not joined the NFIP and thus would receive only 7.5%.
- Transportation safety is discussed in Supplement 5.

Key Indicators

- **Incarceration rates by race compared to general population** (Source: Dept. of Corrections). “The largest proportion of both male and female inmates were prosecuted in the largest District Court (Chittenden county) with the fewest inmates from the smallest counties. But on a per capita basis, Chittenden was close to average in its use of incarceration bed space; only Bennington (176%) significantly exceeded expectations for use of prison/jail based on its population” (Source: DOC Fact and Figures FY2011, Page 38). “Although the residents of Vermont are predominantly characterized by race as “white”, on a per capita basis, the utilization of DOC services by “black” residents is about 7 times higher for incarceration and 2.5 times higher utilization of DOC services by “black” residents for field supervision. Native Americans and Asians use DOC resources at about half the rate of “whites”” (Source: DOC Fact and Figures FY2011, Page 38).

Commented [MN18]: The intern said the previous report for this data doesn’t exist anymore. Let’s reach out to DOC.

Additional Indicators can be found on the ECOS Scorecard.

Indicator	Location
Violent Crime Rate per Capita	Scorecard
Property Crime rate per 1,000 Chittenden County Residents	Scorecard
Emergency Service Calls	Scorecard

Commented [MN19]: Intern updated this data.

Fire Calls	Scorecard
Number of Structures in Special Flood Hazard Areas and Fluvial Erosion Hazard Areas	Scorecard
Percent of Children (Age 6 mo-8 yrs.) Immunized Against Influenza	Scorecard
Percent of Adults (65+) Immunized Against Influenza	Scorecard
Number of Vehicle Crashes Per Million Annual Vehicle Miles Traveled	Scorecard
Number of reported vehicle crashes involving bicycles or pedestrians	Scorecard

Strategy

5. INCREASE OPPORTUNITY FOR EVERY PERSON IN OUR COMMUNITY TO ACHIEVE OPTIMAL HEALTH AND PERSONAL SAFETY.

Actions

1. **Invest in living conditions** – Investment in the living conditions of citizens is the key to improving overall health and wellness. Provide the basic needs of all people through access to healthy food, safe shelter, education, jobs, affordable housing, and public transportation. Ensure that resources, like healthcare and affordable food, are in places that are easily accessible for everyone. Focus investment in communities that have been historically excluded from community power and resources.
2. **Apply Health in All Policies approach to decision making-** [Health in All Policies \(HiAP\)](#) is a collaborative approach to improving the health of all people by including health considerations in all decision-making processes. By showing how all policies affect health, sectors work together to ensure Vermont continues to be one of the healthiest places in the U.S. to live, learn, work, and play.
3. **Conduct Health Impact Assessments-** [Health Impact Assessment \(HIA\)](#) is a process that helps evaluate the potential health effects of a plan, project, or policy before it is built or implemented. For example, a HIA could identify potential positive and negative public health impacts of new transportation and land use projects. A HIA provides practical recommendations to increase positive health effects and minimize negative health effects.
4. **Create policies that protect against addiction and substance misuse** – Reduce youth access and exposure to adult-only products (tobacco, alcohol, cannabis) by passing evidenced-based policies such as restricting retail promotion, preventing retail locations near schools, and

designating substance-free outdoor public spaces. Support people in recovery and youth by normalizing and promoting substance-free events. Promote upstream approaches by working with communities to impact [risk and protective factors](#) and prevent substance use disorder.

5. **Create policies and environmental supports that increase access to active transportation, active recreation, and healthy foods-** The physical design of a community affects residents' health every time they step out their front door. Through [Healthy Community Design](#), communities can be planned and developed in a way that increases access to sidewalks, parks, and healthy, affordable food. Improving air and water quality and minimizing the effects of climate change further support population health. Communities can develop in ways that make fitness easy to access, which is also supporting mental health by providing an outlet to reduce stress and encourage socialization and human connection.
6. **Assure that older adults and people with disabilities are well cared for-** Support family members who are caregivers (or provide care). Ensure that older adults and people with disabilities who need formal care in their daily living, have access (including transportation) to the appropriate services.
7. **Increase opportunities for residents to come together, interact, and network-** Support organizations and businesses that bring diverse people together around myriad themes: arts and cultural events, recreational and leisure activities, civic engagement initiatives, educational workshops, family events, or any other activity that brings people together with a common interest. Encourage organizations offer and/or support free arts and leisure opportunities so that everyone, regardless of location or social/economic status, can experience the benefits of cultural events and participate in civic engagement.
8. **Assure that all municipalities and social service organizations have well-developed emergency preparedness plans-** Take an all-hazards approach that can be used in weather emergencies as well as biological, chemical, radiological and terrorist emergencies. Address the needs of their residents/clients with access, functional, and translation needs. Promote health equity by identifying the most vulnerable communities, assessing their needs, and incorporating them into emergency plans. Include action steps that municipalities would take in the case of a major emergency event where Chittenden residents become refugees or where people seek refuge in the Chittenden County area. Encourage collaboration and coordination in preparedness and response. ~~Train Chittenden County employers on the development, practice, and regular review of Businesses Continuity Plans and Business Recovery Plans.~~ Develop systems that monitor for impacts of climate-change that would affect human health or safety. Build climate resiliency into all systems and agencies.

Commented [RM20]: Encourage livable communities and aging in place within communities as this is an important factor.

Commented [RM21]: A lot in here. Might break this out. Also this is more broad than what CCRPC will do. Is that okay?

Commented [RM22R21]: Pandemic resilience...

Commented [RM23R21]: UVM-MC emergency preparedness plan. Kate. She may have some good insight into this bullet.