Goals

X. HEALTH

Health Goal All people in Chittenden County have a fair and just opportunity to be healthy and to live in healthy communities.

Key Issues/Trends/Insights

[Data for this section drawn from the State Health Improvement Plan 2019-2023 and Healthy Vermonters 2020, unless noted otherwise]

Health Equity

- Health is intimately connected to how we plan and design our communities. Housing transportation, income, education, and social connectedness all influence health opportunities and outcomes. Thus, public health practitioners, land use, and transportation planners, economic developers, and municipal leaders must work together with the communities they serve to design and plan for opportunities for greater wealth and wellbeing.

> **Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.**
>
> -World Health Organization[1]

- Systemic barriers, racism, and oppression prevent communities from accessing safety and health. 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 face social and financial barriers, long-term injustice, and other barriers that are beyond their individual control.[1] Chittenden County can change this, and achieve health equity, through policy implementation and targeted public investments in social and physical infrastructure that help those that have historically been systemically left out.

Healthy Communities

- University of Vermont Medical Center's 2022 Community Health Needs Assessment identified the top 3 health priorities for Chittenden and Grand Isle Counties: cultural humility and inclusive healthcare, housing, and mental health and wellbeing.[2]
- 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. The Vermont Department of Health's 3-4-50 campaign explains the impact of these behaviors on chronic disease in Vermont. 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.[3]
- Improving living conditions for people facing the most barriers to health is an effective way to decrease chronic disease rates.
  - in Chittenden County, 63% of adults and 18% of youth get the recommended amount of exercise (Figure 1 and Figure 7).[4,5] Those with disabilities, low socioeconomic status, LGBTQIA+ youth populations, and people of color generally have less opportunity to remain active and therefore have higher rates of inactivity than other populations. **Error! Bookmark not defined.**In addition to increasing physical activity, safe and accessible places to bike, walk, and roll

decrease isolation and increase connection to vital resources like food and healthcare. See the Transportation Chapter for Key Indicators on bike, walk and public transportation infrastructure in Chittenden County.

- o Most people experiencing food insecurity report that they cannot afford to eat balanced meals. 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 during COVID-19 were more likely to be people of color, female, live in households with children, and live in larger households.[6] Only 26% of adults and 22% of youth in Chittenden County youth eat the recommended number of fruits and vegetables (Figure 2 and Figure 8).[7]
- o Twenty-four percent of Chittenden County youth use tobacco products (Figure 9). The rate of Chittenden County adults who smoke cigarettes (10%) is less than in Vermont overall (15%) (Figure 3).[8] Eleven percent of Vermont adults use at least one non-cigarette tobacco product such as e-cigarettes, cigars, or smokeless tobacco.[9] In the U.S., the tobacco industry 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.[10] This trend is reflected in Chittenden County's data where BIPOC adults are more likely to smoke cigarettes than white, non-Hispanic adults.

- Chronic disease, substance misuse, and mental health can all be impacted by building resilience, connection and belonging. In Chittenden Couty, 6% of adults report that they rarely or never get social and emotional support and 23% of adults report being diagnosed with a depressive disorder. The rate of depressive disorders is highest among LGBT adults and adults with a disability (Figure 4).[11] Students of Color and LGBT students experience feeling sad and hopeless at higher rates than white non-Hispanic and non-LGBT students (Figure 10).

- Substance misuse prevention helps communities address the root causes of risky behaviors (especially for youth). The brain does not finish developing until the mid-20s, and alcohol, tobacco, and cannabis use before that time can interfere with brain development. The Northwest Vermont Prevention Network compiled key indicators to measure risk factors, substance use, protective factors, and more. For these data visit the Chittenden County Scorecard.

  - o Twenty percent of Chittenden County adults report binge drinking in the past 30 days and 29% of Chittenden County youth drank alcohol in the past 30 days (Figure 5, Figure 11).
  - o The CDC states, "the risk of developing marijuana use disorder is greater in people who start using marijuana during youth or adolescence and who use marijuana more frequently".[12] Rates of cannabis use among Vermont youth has increased significantly between 2017 and 2019 and has increased significantly among Vermont adults since 2013.[13] Twenty-six percent of Chittenden County youth have used cannabis in the past 30 days (Figure 12). Twenty percent of Chittenden County adults have used cannabis in the past 30 days (Figure 6). Nine percent of adults have used it on 11+ days, indicating more frequent use.[14] Driving under the influence of cannabis can increase the risk of getting into a car crash. Twenty-three percent of Chittenden County adults have driven after using

cannabis. Communities should use science-based information and policies to support informed choices about cannabis use.

- o Opioid misuse and overdose prevention includes individual, community, and state level interventions that create healthy and supportive spaces to live.[15] People who died from overdoses experienced health disparities such as higher rates of unemployment, substance use disorder, homelessness, mental health diagnoses, and obesity.[16] Communities can support interventions that improve living conditions, decrease stigma, increase safe drug disposal, and increase access to overdose prevention and treatment services.[15,17,18,19] For more data on prevention efforts in Vermont, visit the Vermont Department of Health's Substance Use Program website.[20]

Recovery from the COVID-19 Pandemic

- Collaboration and coordination among local, regional, and state organizations are key to providing equitable recovery services post-COVID and preparing for future events. During an emergency response, municipalities must be ready to collaborate with the Vermont Department of Health and other state agencies to support residents with access to information and translation needs.
- Before COVID-19, not everyone in our community had equal access to decision making power and resources. 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 data reports describe how BIPOC Vermonters were more affected by the pandemic.[21] Providing greater access to decision making power and resources are a key to ensuring good health and a high quality of life for all Chittenden County residents.
  - o During March-October 2020, BIPOC Vermonters represented 6% of the State's population but 18% of COVID-19 cases.[22] Chittenden County had the highest rate of COVID-19 among BIPOC communities, and it was significantly higher than the Vermont rate. In 2022, there were 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.[23]
- 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.[24] In addition, in the United States the rates of cigarette and e-cigarette sales increased and use of tobacco cessation resources like quitlines dropped.

Key Indicators

Indicator	Location
Percent of Children (Age 6 mo-8 yrs.) Immunized Against Influenza	Scorecard
Percent of Adults (65+) Immunized Against Influenza	Scorecard

Rates in this section are for respondents in Chittenden County, except for the overall Vermont rate at the beginning of each graph. When data are broken out by different populations, statistical differences between populations within Chittenden County are noted. For example, LGBTQ+ and Non-LGBTQ+ are compared to each other, not to the overall county or state values. There are also notations about any statistical differences between the overall VT and Chittenden County prevalence rates.

Key Terms

BRFSS= Behavioral Risk Factor Surveillance System
YRBS= Youth Risk Behavior Survey
VT = All respondents in Vermont
Chittenden = All respondents in Chittenden County
WnH = White, non-Hispanic
BIPOC= Black, Indigenous, and People of Color
SOC = Students of Color
LGBTQ+ or LGBT = Lesbian, Gay, Bisexual, Other sexual orientation, or Transgender
Non-LGBTQ+ or Non-LGBT= Heterosexual or cisgender
Low income= Annual household income is less than $25,000
Middle income= Annual household income is between $25,000- $49,999
High income= Annual household income is between $50,000- $74,999
Highest income= Annual household income is $75,000 or greater
Low SES= Low socioeconomic status 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= Middle socioeconomic status 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= High socioeconomic status is defined as adults with a four-year college degree or more
Cancer= A non-skin cancer diagnosis
Cardiovascular Disease= Coronary heart disease, myocardial infarction (heart attack), or stroke
Lung Disease= Chronic obstructive pulmonary disease (COPD) or asthma

Statistical Notations

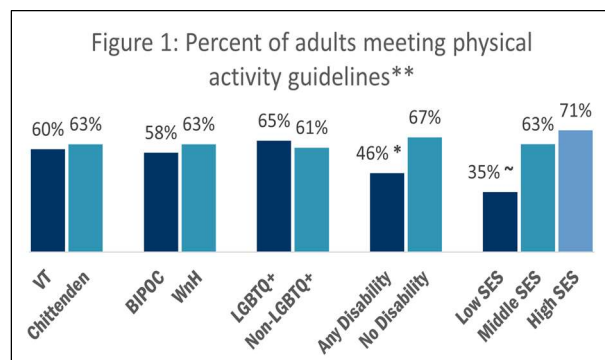***** Denotes a statistically significant difference between two sub-populations

# Denotes a significant difference to the high income group

^ Denotes a significant difference to highest income group

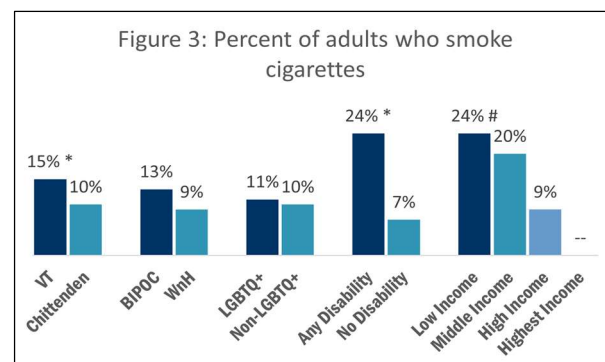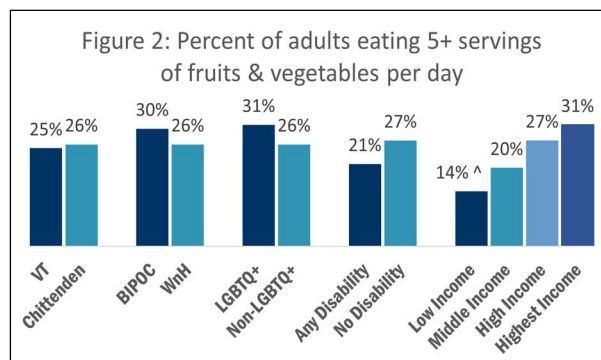**~** Denotes a significant difference to all other income groups

-- Denotes data is not available because sample size is too small or relative standard error (RSE) is >30
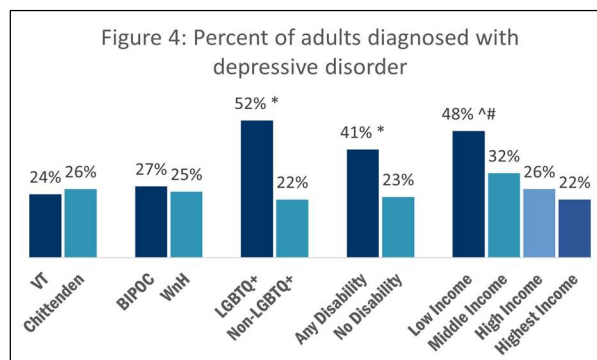
Chittenden County Adult Health Indicators

Figure 1: Percent of adults meeting physical activity guidelines**

- VT: 60%
- Chittenden: 63%
- BIPOC: 58%
- WnH: 63%
- LGBTQ+: 65%
- Non-LGBTQ+: 61%
- Any Disability: 46% *
- No Disability: 67%
- Low SES: 35% ~
- Middle SES: 63%
- High SES: 71%

activity or 75 minutes of vigorous activity per week.

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

Figure 2: Percent of adults eating 5+ servings of fruits & vegetables per day

- VT: 25%
- Chittenden: 26%
- BIPOC: 30%
- WnH: 26%
- LGBTQ+: 31%
- Non-LGBTQ+: 26%
- Any Disability: 21%
- No Disability: 27%
- Low Income: 14% ^
- Middle Income: 20%
- High Income: 27%
- Highest Income: 31%

Figure 3: Percent of adults who smoke cigarettes

- VT: 15% *
- Chittenden: 10%
- BIPOC: 13%
- WnH: 9%
- LGBTQ+: 11%
- Non-LGBTQ+: 10%
- Any Disability: 24% *
- No Disability: 7%
- Low Income: 24% #
- Middle Income: 20%
- High Income: 9%
- Highest Income: --

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

Figure 4: Percent of adults diagnosed with depressive disorder

- VT: 24%
- Chittenden: 26%
- BIPOC: 27%
- WnH: 25%
- LGBTQ+: 52% *
- Non-LGBTQ+: 22%
- Any Disability: 41% *
- No Disability: 23%
- Low Income: 48% ^#
- Middle Income: 32%
- High Income: 26%
- Highest Income: 22%

Source: Behavioral Risk Factor Surveillance System, 2020-2021

Figure 5: Percent of adults who report binge drinking in past 30 days

Source: Behavioral Risk Factor Surveillance System, 2020-2021

- VT: 17%
- Chittenden: 20%
- BIPOC: 22%
- WnH: 21%
- LGBTQ+: 25%
- Non-LGBTQ+: 19%
- Any Disability: 14%
- No Disability: 22%
- Low Income: 29%
- Middle Income: 23%
- High Income: 14%
- Highest Income: 21%

Figure 6: Percent of adults who used cannabis in the past 30 days

Source: Behavioral Risk Factor Surveillance System, 2020-2021

- VT: 20%
- Chittenden: 20%
- BIPOC: --
- WnH: 19%
- LGBTQ+: 33% *
- Non-LGBTQ+: 18%
- Any Disability: 21%
- No Disability: 19%
- Low Income: 28%
- Middle...: 19%
- High Income: 23%
- Highest...: 17%

Table 1: Disease rates among adults		
Indicator	Vermont	Chittenden
Diagnosed with cancer	7%	6%

Diagnosed with cardiovascular disease	8%	6%
Diagnosed with diabetes	8%	6% *
Diagnosed with lung disease	15%	15%

Health Indicators

Figure 7: Percent of youth in grades 9-12 meeting physical activity guidelines**
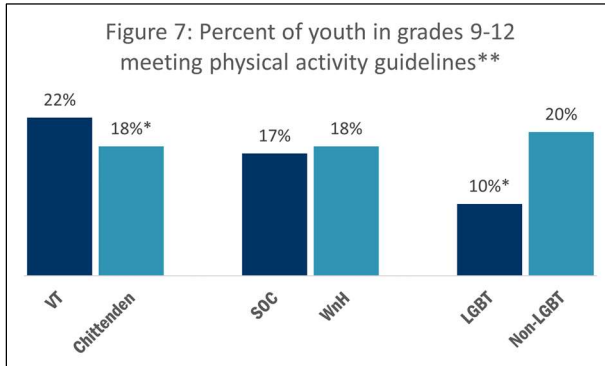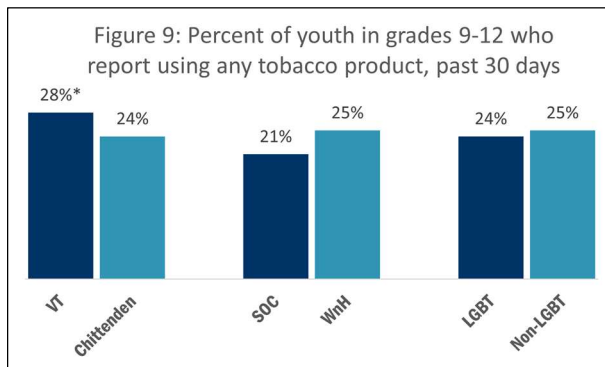
**To meet guidelines, youth must get 60 minutes of physical activity every day.

Source: Vermont High School Youth Risk Behavior Survey, 2019
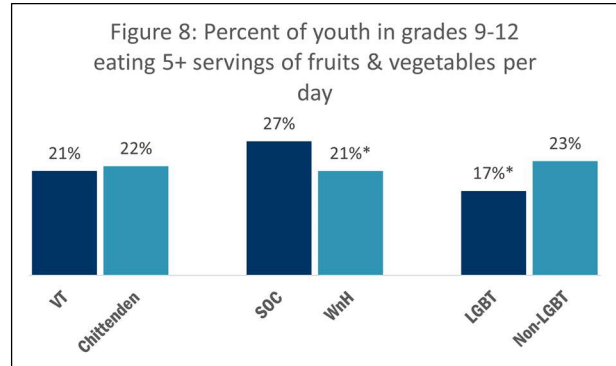
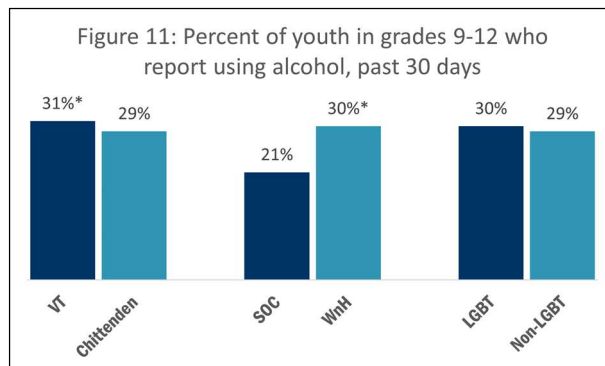Figure 8: Percent of youth in grades 9-12 eating 5+ servings of fruits & vegetables per day

Source: Vermont High School Youth Risk Behavior Survey, 2019

Figure 9: Percent of youth in grades 9-12 who report using any tobacco product, past 30 days

Source: Vermont High School Youth Risk Behavior Survey, 2019

Figure 10: Percent of youth in grades 9-12 reporting feeling sad or hopeless

Source: Vermont High School Youth Risk Behavior Survey, 2019

Figure 11: Percent of youth in grades 9-12 who report using alcohol, past 30 days

Source: Vermont High School Youth Risk Behavior Survey, 2019

Figure 12: Percent of youth in grades 9-12 who report using cannabis, past 30 Days
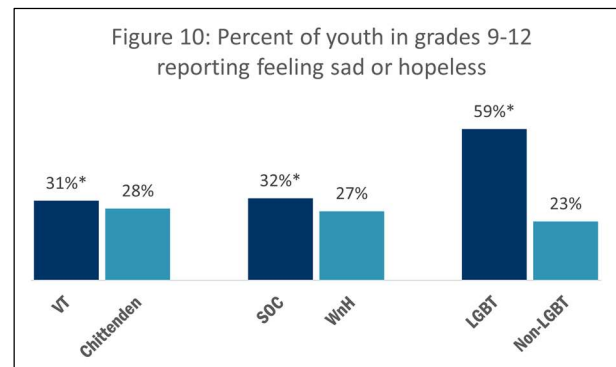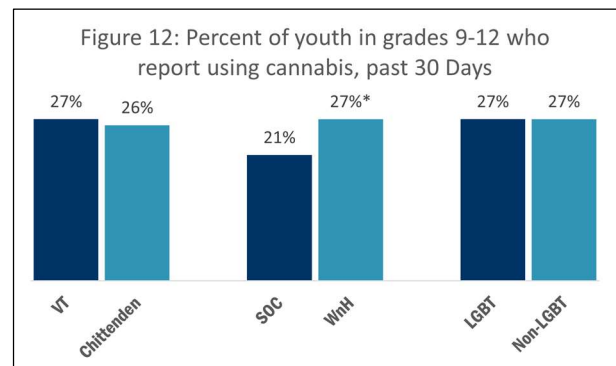
Source: Vermont High School Youth Risk Behavior Survey, 2019

X. EMERGENCY MANAGEMENT

Emergency Management Goal: Protect Chittenden County communities from natural, technological, and societal hazards through prevention, preparedness, response, recovery and mitigation.

Key Issues/Trends/Insights
[Data for this section is drawn from the _2022 Chittenden County Multijurisdictional All Hazards Mitigation Plan_. More information can be found on the Flood Ready Vermont website.]

- The Federal Emergency Management Agency (FEMA) defines Emergency Management as the managerial function charged with creating the framework within which communities reduce vulnerability to threats/hazards and cope with disasters. Emergency management actions are considered by FEMA to take place in five phases – mitigation, prevention, preparedness, response and recovery which can be described as follows:[25]

  **Prevention** focuses on preventing human hazards, primarily from potential natural disasters or terrorist (both physical and biological) attacks. Preventive measures are designed to provide more permanent protection from disasters; however, not all disasters can be prevented. The risk of loss of life and injury can be limited with good evacuation plans, environmental planning and design standards.

  **Preparedness** is a continuous cycle of planning, organizing, training, equipping, exercising, evaluating, and taking corrective action. Training and exercising plans is the cornerstone of preparedness which focuses on readiness to respond to all-hazards incidents and emergencies.

  **Response** is comprised of the coordination and management of resources (including personnel, equipment, and supplies) utilizing the Incident Command System in an all-hazards approach; and measures taken for life/property/environmental safety. The response phase is a reaction to the occurrence of a catastrophic disaster or emergency.

  **Recovery** consists of those activities that continue beyond the emergency period to restore critical community functions and begin to manage stabilization efforts. The recovery phase begins immediately after the threat to human life has subsided. The goal of the recovery phase is to bring the affected area back to some degree of normalcy.

  **Mitigation** is the effort to reduce loss of life and property by lessening the impact of disasters and emergencies. Mitigation involves structural and non-structural measures taken to limit the impact of disasters and emergencies. Structural mitigation actions change the characteristics of buildings or the environment; examples include flood control projects, raising building elevations, and clearing areas around structures. Non-structural mitigation most often entails adopting or changing building codes.

In the context of Chittenden County and Vermont, emergency management is carried out first and foremost by municipal governments and other entities such as universities, hospitals and utilities and the State of Vermont.

The CCRPC has no formal authority within the realm of emergency management. However, the CCRPC does assist its municipalities and the state regularly in the phases of emergency management (prevention, preparedness, response, recovery and mitigation).

Prevention

- CCRPC's focus on prevention is primarily through ensuring that planning projects in the County are designed to minimize risks from hazards (primarily environmental hazards like flooding). To learn more, see Land Use and Ecological System goals.

Preparedness

- **Regional Emergency Management Committee.** 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 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. The CCRPC provides administrative support to the REMC, which meets quarterly.

- **Local Emergency Management Plans**. 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 CCRPC assists each of its member municipalities every spring with updating their required LEMPs.

- **Emergency Relief and Assistance Fund.** CCRPC assists with municipal preparedness by ensuring they comply with the requirements of the Emergency Relief and Assistance Fund (ERAF) program. ERAF funds are utilized during recovery from Federal-disaster declaration. Specifically, the ERAF funds are used to cover the local match requirements for Public Assistance projects (typically repairs to roads and culverts and debris cleanup). FEMA covers 75% of the cost of "Public Assistance" projects. The State and municipality split the remaining 25% (12.5% and 12.5%) provided the municipality meets the following benchmarks:

    - Adopt Local Emergency Management Plans annually – 100% of Chittenden County municipalities have adopted LEMPs;
    - Adopt the Town Road and Bridge Standards that meet or exceed the VTrans 2019 standards – 100% of Chittenden County municipalities have adopted these;
    - Participate in the National Flood Insurance Program (NFIP) – 95% of Chittenden County municipalities participate (Buel's Gore has no mapped floodplain); and
    - Adopt a FEMA-approved Local Hazard Mitigation Plan – 100% of Chittenden County municipalities have an adopted Plan.

    The State will provide an additional 5% (for a total of 17.5%) toward the non-Federal match if the municipality adopts River Corridor regulations or enters the FEMA Community Rating System (CRS). River Corridors are the land that is required to accommodate a river with naturally stable channel and dynamic equilibrium condition.

The CRS program strictly regulates development in the floodplain to higher standards than the minimum requirements of the National Flood Insurance Program (NFIP).

As of October 2023, Colchester is the only municipality with CRS designation in Chittenden County. The majority of Chittenden County municipalities (15) qualify for the additional 5% ERAF match through their adoption of River Corridor regulations (or comparable regulations). The municipalities of Burlington and Underhill have not adopted CRS or River Corridor regulations. Buel's Gore has not joined the NFIP and thus would receive only 7.5% match through ERAF.

Response

- **Emergency Personnel.** Emergency response in Chittenden County is provided primarily by municipal police, fire, and rescue departments. These agencies are challenged by a lack of staff (both paid and volunteer) and the cost of services. A small number of fire departments in Chittenden County are made up entirely of full-time or part-time paid staff. Most towns use a blend of paid and volunteer firefighters and a few are completely reliant on volunteers. The lack of volunteers for fire departments and emergency medical services (EMS) is causing concerns about the ability and timeliness of response. Police departments are also experiencing staffing shortages.[26]

- **Dispatch.** Another challenge with emergency response is the cost and inefficiency of current dispatch operations. The Chittenden County Public Safety Authority was established in April 2018 to improve dispatch services in the County after six communities voted to form it (Burlington, Colchester, Milton, South Burlington, Willison, and Winooski). Recent efforts to establish a regional dispatch center have run into challenges funding startup, but efforts continue to develop this regional service.

Recovery

- **State Emergency Operations Center.** CCRPC staff serve in the State Emergency Operations Center (SEOC), primarily in the Planning and Situational Awareness sections, to help Vermont Emergency Management (VEM) coordinate recovery activities statewide during larger disaster events.

- **Local Liaisons**. Via an agreement with VEM, CCRPC staff acts as Local Liaisons for VEM after a hazard event. This role includes contacting municipal officials to collect information on damages to public infrastructure and impacts to businesses and residents.

Mitigation

- **All Hazard Mitigation Plans**. The 2022 *Chittenden County All Hazards Mitigation Plan (AHMP)* identifies all potential hazards that may impact Chittenden County and projects that could be implemented to mitigate the impacts of these potential hazards. The plan, which was authored by a national consulting firm and developed in cooperation with the CCRPC Multi-Jurisdictional AHMP Plan Update Committee, also includes municipal AHMPs, which provide specific municipal information and are adopted by local Selectboards.
    - The three highest ranked county-wide natural hazards identified in the 2022 Plan include: severe rainstorm, severe winter storm and human infectious disease.
    - The three highest ranked county-wide technological I hazards identified in the 2022 Plan include: power loss, water pollution and hazardous materials incident.

- The three highest ranked county-wide societal hazards identified in the 2022 Plan include: crime, civil disturbance and economic recession.

- **Federally-Declared Disasters.** 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) declarations. Since 2020, two declarations have been made related to COVID and two additional declarations were made related to flooding (Tropical Storm Henri in August 2021 and several flooding in July 2023). The flood event in July 2023

- **Flood Mitigation**. Flooding and fluvial erosion is the most common natural hazard in Chittenden County. These events can damage or destroy homes, businesses and transportation infrastructure.

    - Severe rainstorms, flooding, and fluvial erosion may be made worse by projected climate changes. The 2021 Vermont Climate Assessment notes that "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."

    - In Chittenden County, there are 297 insurance policies (properties or policies) participating in the National Flood Insurance Program. Between 1978 and 2022, a total of 196 claims have been covered paying out just over $2,561,700 (in 1978 dollars) and 42 of those claims have been from properties damaged more than one time in a 10-year period. Currently, there are 759 structures (residential, commercial, industrial, institutional, and Mass assembly), or 1.3% of total County structures located within 30 feet of the mapped Special Flood Hazard Areas (aka the 100-year flood zone).

- **Human Infections Disease**. The 2022 AHMP noted three infectious disease events: 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 years, indicating that, on average, a human infectious disease event will occur within that time period." (Statistical calculation based on 103 years of record with three events between 1918 and 2021.)

Additional Indicators can be found in the ECOS Scorecard.

Indicator	Location
Number of municipalities with local hazard mitigation plans	Scorecard
Number of municipalities with local emergency management plans	Scorecard
Number of Structures in Special Flood Hazard Areas and Fluvial Erosion Hazard Areas	Scorecard

X. CIVIC ENGAGEMENT

Civic Engagement Goal: All Chittenden County community members have trust in their local and regional government and influence in political and non-political decisions that affect their lives, neighborhoods and communities.

Key Issues/Trends/Insights

- Civic engagement consists of political and nonpolitical activities that help identify and address community concerns. Being able to meaningfully participate in, express views and influence decisions that affect one's life, neighborhood and community are essential for a true democracy. Effective civil and political systems allow our communities to be governed in a way that promotes justice, participation, and supports people's quality of life.

- Vermont is a Dillon Rule State, meaning that local governments only have the powers expressly granted to them by the state. However, there is a culture of strong participation in local government and decision-making processes at the municipal level. Many municipalities hold the tradition of "Town Meeting Day," where residents gather in public forums all over the state to hold local elections, approve budgets, and conduct other municipal business.

- Despite this tradition of civic engagement, there are barriers to equal and equitable participation in public engagement forums, meetings, or local voting processes. Not everyone has access to participate in civic life. Barriers such as a lack of time, transportation access, language access, civic knowledge, safety consideration, a lack of childcare, etc. hinder this goal.

- In response to several outreach efforts in 2012 (ECOS' outreach efforts, 2011-12; Legacy Project outreach, 2010-12; Plan BTV outreach, 2012), the County's new Americans, U.S.-born people of color, and low-income participants shared that they'd like to participate, but their unfamiliarity with how local democratic systems work deters them. They added that when they are occasionally "outreached to," it feels extractive, as if it is just part of a regulatory requirement or grant opportunity, and not as if their input will hold any influence.

- Population growth and demographic changes in Chittenden County make considering how to facilitate equitable civic engagement particularly important. As is discussed in the

introduction, our communities are becoming increasingly ethnically diverse. It is important in our ECOS Strategies that we understand how our institutions and processes need to evolve to remove barriers that limit people's ability to exercise their civic engagement and decision making.

Key Indicators

Indicator	Location
Percent of eligible voters who voted in general elections	Scorecard
Number of municipalities in Chittenden County that allow all legal resident voting rights	Scorecard

X. SOCIAL CONNECTEDNESS

Social Connectedness Goal: **All people in Chittenden County are socially connected and supported in their communities.**

Key Issues/Trends/Insights

- Social connectedness is the degree to which people have and perceive a desired number, quality, and diversity of relationships that create a sense of belonging, and being cared for, valued, and supported.[27] The concept of community is fundamental to people's overall quality of life and sense of belonging.

- Confident and connected communities suffer fewer social problems, are adaptable to challenges, and support social and economic development. There are major health, economic and environmental benefits in developing opportunities for and participation in social interactions, recreation and leisure, arts and cultural activities. Research shows that social connectedness can lead to longer life, better health, and improved well-being.[28]

- Conversely, social isolation (the lack of relationships with others and little to no social support or contact and associated with risk even if people don't feel lonely) and loneliness (feeling alone or disconnected from others) have been linked to increased risk for heart disease and stroke, type 2 diabetes, depression and anxiety, addiction, suicidality, dementia, and earlier death.[29]

- Research suggests that loneliness disproportionately impacts low-income adults, young adults, older adults, adults living alone, people with chronic diseases and disabilities, immigrants, and individuals who identify as LGBTQ.[30] This may be attributed to factors such as resource access challenges (ex: living in rural areas, limited transportation, language barriers), discrimination, or stress. In the 2012 ECOS plan outreach, people of color, New Americans and English language learners identified cultural and structural racism, xenophobia, and exclusion from social networks as some of the greatest threats to their quality of life in Chittenden County (ECOS' outreach efforts, 2011-12; Legacy Project outreach, 2010-12; Plan BTV outreach, 2012). In order to support a connected community

to advance health, inclusion and belonging, we must consider these barriers to social connectedness and facilitate the development and maintenance of spaces and programs to address them.

- Resident attachment describes the emotional connection residents feel toward a geographic community. Research conducted by the Knight Foundation and Gallup discovered that the main drivers that influence attachment to a place are how accepting a community is of diversity, its wealth of social offerings, and its aesthetics.[31] Additionally, participation in arts and cultural activities has been shown to contribute to a strong sense of shared community.

- To promote social connectedness, we should support access to cultural events and open space through our involvement in land-use, the built environment, and program support. Informal networks and how people connect with others are important for strong communities and social cohesion. Working with communities to figure out where social connection is already happening is critical to enhance, invest in, or protect those spaces. These places might include locations like public parks, libraries, or key businesses. Community can be built in unexpected places.

Key Indicators

Indicator	Location
Percent of individuals feeling social and emotionally supported (DOH Behavioral Risk Factor Surveillance System)	Scorecard
Percent of students who feel valued by the community (DOH Youth Risk Behavior Survey)	Scorecard
CCRPC support for marginalized community events- # of events supported, $ invested,	
CCRPC support of community organizations, events, and programs	

Strategies

8. HEALTH & SAFETY: 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. Plan to 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.[32] 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-** Work with Vermont Department of Health to conduct Health Impact Assessments (HIA). A HIA is a process that helps evaluate the potential health effects of a plan, project, or policy before it is built or implemented.[33] A HIA could identify potential positive and negative public health impacts of new transportation and land use projects. An HIA also identifies if any populations will be more impacted by a project than others. 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.[34]

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.[35] 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 organizations and programs that enable aging in place and provide support to 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-** Encourage collaboration and coordination between local, regional, and statewide organizations in preparedness and response. Promote health equity by identifying the most vulnerable communities, assessing their needs, and incorporating them into emergency plans. Take an all-hazards approach that can be used in weather, biological, chemical, radiological, and terrorist emergencies. In addition, municipalities and organizations should develop systems that monitor for impacts of climate-change that affect human health or safety and build climate resiliency into all systems.

9. GOVERNANCE: DEVELOP, SUPPORT, AND EXECUTE GOVERNANCE SYSTEMS THAT ARE ACCESSIBLE AND INCLUSIVE, AND THAT EFFECTIVELY AND EFFICIENTLY USE TAXPAYER DOLLARS.

Actions

1. **Civic Engagement** - Increase opportunities and remove barriers for civic engagement for all.
   a. Provide accessible and equity-oriented leadership development training for all civic leaders to increase knowledge about and encourage service on boards and commissions.
   b. Decrease barriers that members of underrepresented communities may face when joining committees, boards, and commissions.
   c. Increase boards' and commissions' knowledge and understanding about diverse populations and importance of inclusion and representation.
   d. Support increased access to local voting processes
   e. Invest in the naturalization process: civics classes, connected with civic opportunities.
   f. Improve accessibility of municipal and regional government key documents, websites, and materials.

2. **Community Development Finance Tools** – Expand and improve implementation of financing tools available to municipalities with particular emphasis on options that level the playing field between greenfield development and infill development and to help direct new investment dollars to strengthen existing neighborhoods. This would include tax increment financing (TIF), Local Option Sales Taxes, Impact Fees, Special Assessment Districts, capital planning and budgeting and [Fiscal Impact Analysis](#). Also support downtown tax credits, and additional incentives as part of State Designated Growth Centers, Downtowns, Villages, New Town Centers, and Neighborhoods. Keep the Vermont Municipal Bond Bank highly functional, accessible and AAA rated as it is key to the financial health of this region. Explore and develop other financing mechanisms for maintaining and improving infrastructure. Develop revolving loan funds for business to improve access to capital.

3. **Transportation Financing** - Encourage municipalities to implement local transportation funding programs such as TIF, Local Option Sales Taxes, Impact Fees, or Special Assessment Districts as appropriate. Monitor and participate in state and federal transportation financing reform efforts such as the 2023 Vermont Legislature's Act 62 study (Statewide Public Transit System) and the Natural Resources Board/VTrans Fair Share Cost Study to help address declining revenue from the gas tax.

4. **Clean Water Financing** – Monitor and participate in state financing reform which the Agency of Natural Resources is leading to make recommendations on how to implement and fund the remediation or improvement of water quality. Ensure that stormwater regulation and requirements do not financially burden or penalize dense and compact development in the areas planned for growth.

5. **Monitor State and municipal tax burdens** (education, utilities, municipal services and state) - Examine the structure of government to identify opportunities for restructuring, streamlining or eliminating programs to increase efficiency, reduce costs and enhance accountability. Substantive changes to our tax policy should not be made until we have a comprehensive picture of Vermont's tax structure, including the property tax and health care financing.

6. **County coordination and alignment** – Coordinate and align investments and actions to advance the ECOS Plan.

7. **Multi-jurisdictional services** – Examine and advance appropriate, efficient and effective governance structures to deliver improved services including: Supervisory Unions, Chittenden Solid Waste District, Champlain Water District, Winooski Park District, Chittenden County Regional Planning Commission, Green Mountain Transit, Chittenden County Sherriff, Chittenden Unit for Special Investigations, and 911 dispatch.

10. EQUITY: ENSURE THAT EQUITY IS PRIORITIZED IN THE DESIGN AND DEVELOPMENT OF ALL PROGRAMS, POLICIES, AND INITIATIVES IN CHITTENDEN COUNTY.

For more information on CCRPC's commitment to equity, please visit our Equity Action Plan.

Actions

1. **Capacity -** Build internal organizational capacity to center equity, inclusion and justice in every facet of CCRPC's work
   a. Increase education on the relationship between planning and systemic inequity, with historical and present-day context both in Vermont and nationally.
   b. Support and empower the Equity Advisory Committee to oversee organizational equity work.
   c. Establish and support diverse community representation within the organization.
   d. Create and update organizational policies and procedures.
2. **Assessment -** Update CCRPC project and regional planning processes to assess equity impacts
   a. Track and analyze inequities in all sectors .
   b. Formalize an equity assessment process to guide decision-making at the policy, program, and budget level .
   c. Target and prioritize positive programs and investments in low opportunity places.
3. **Engagement and Partnership** - Increase meaningful engagement & mutually beneficial collaboration with marginalized and underrepresented communities.
   a. Develop method for tracking how many people, and the diversity of those people, that participate in CCRPC public engagement efforts.
   b. Increase the transparency and accountability of our work through establishing effective communication channels to keep community members informed about our work and opportunities for involvement.
   c. Build and sustain mutually beneficial relationships with marginalized community groups and members through partnerships, organizing and supporting community events and programs, and creating, protecting and enhancing public spaces.
   d. Update methods and processes for community engagement in CCRPC projects to ensure meaningful and inclusive engagement from the beginning of the project.
4. **Leadership -** Leverage CCRPC's authority, expertise, and resources to become a regional equity leader and resource for Chittenden County municipalities
   a. Encourage the propagation and dissemination of improved procedures by joining the national dialogue on equity, through online availability, workshops, and peer exchange, and sharing these resources with Chittenden County municipalities.

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