

Community Review

Caledonia, Essex, Orange,
Orleans & Washington
Counties
2007-2008

An in-depth review of the current community conditions
for economics, health, children & youth, community safety,
and elders & people with disabilities.

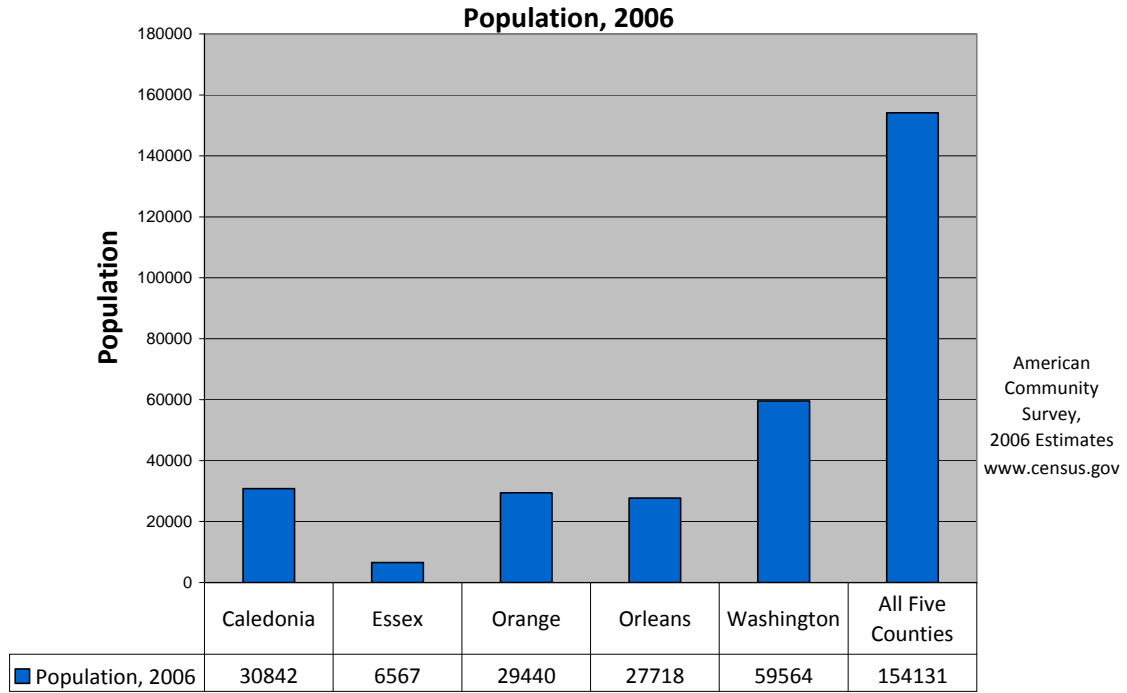


Green Mountain
United Way

In 2004, the Green Mountain United Way (GMUW) collaborated with the Central Vermont Medical Center and Vermont Department of Health to complete an exhaustive community assessment. GMUW utilized the community assessment to evaluate the alignment of funding distribution and community priorities. GMUW found that the community concerns lay within five major categories: Economics, Health, Children & Youth, Community Safety, and Elders & People with disabilities. These categories are referred to as impact areas—or areas in which GMUW can have a positive impact within the community.

GMUW has taken strides to further explore the concerns of the community. To ensure alignment, GMUW has either partnered with existing coalitions and collaborative organizations or formed partnerships in their absence. Throughout this report, GMUW's current involvement within each impact area will be identified.

This report reviews the current statistically based community conditions in the five counties that the Green Mountain United Way serves: Caledonia, Essex, Orange, Orleans, and Washington counties of Vermont. The information is broken into five sections to correspond with the initial community assessment's impact areas. When examining community conditions, the information will be identified as GMUW's region to denote congregate data for the five-county region or by the specific county. Information for each specific county is available in the Appendix. This report will be utilized in the next months as a platform for community discussions about the strengths and weaknesses in the community and how the Green Mountain United Way can best effect positive change in community conditions.



An estimated 154,131¹ call the region GMUW serves home. The rate of population growth in each of the five counties has been below average.⁴⁰ 50.35% of the population is female and 49.65% of the population is male. The majority of the population (98%) self-identified as Caucasian or White in the 2000 Census. 1% identified as Hispanic/Latino and 1% identified at two more races.² However, there is a large part of the population who primarily speak a language other than English at home—6.72% of the population of the entire region. In Essex County 10% of the population spoke a language other than English at home and 9.8% in Orleans County. This is likely due to the proximity to the French speaking Canadian province, Quebec.

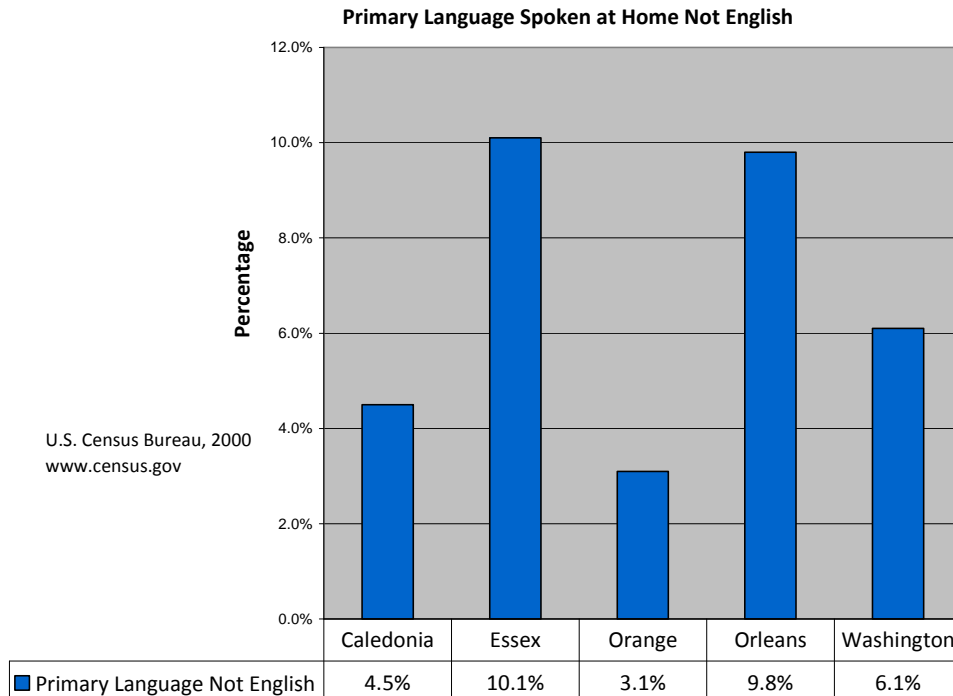


Table 1.1

Caledonia		
Population (est. 2006) ¹	30,842	
Median Age (2000) ¹	38.5	
Total Households (2000) ¹	11,663	
Average Household Size (2000) ¹	2.46	
Population at or Below the Federal Poverty Line ²	14.3%*	
Most Populated Towns/Cities: ³		
St. Johnsbury	7465	24.6%
Lyndon	5602	18.4%
Hardwick	3230	10.6%

*Highest Rate of Poverty in Vermont

Table 1.2

Essex		
Population (est. 2006) ¹	6567	
Median Age (2000) ¹	39	
Total Households (2000) ¹	2602	
Average Household Size (2000) ¹	2.47	
Population at or Below the Federal Poverty Line ²	13.2%	
Most Populated Towns/Cities: ³		
Brighton	1334	20.2%
Lunenburg	1321	20%

Table 1.3

Orange		
Population (est. 2006) ¹	29,440	
Median Age (2000) ¹	38.6	
Total Households (2000) ¹	10,936	
Average Household Size (2000) ¹	2.52	
Population at or Below the Federal Poverty Line ²	9.2%	
Most Populated Towns/Cities: ³		
Randolph	5054	17.3%
Williamstown	3284	11.2%

Table 1.4

Orleans		
Population (est. 2006) ¹	27,718	
Median Age (2000) ¹	39.3	
Total Households (2000) ¹	10,446	
Average Household Size (2000) ¹	2.45	
Population at or Below the Federal Poverty Line ²	13.7%	
Most Populated Towns/Cities: ³		
Newport City	5207	18.8%
Derby	4886	17.7%

Table 1.5

Washington		
Population (est. 2006) ¹	59,564	
Median Age (2000) ¹	38.5	
Total Households (2000) ¹	23,659	
Average Household Size (2000) ¹	2.36	
Population at or Below the Federal Poverty Line ²	8.5%	
Most Populated Towns/Cities: ³		
Barre City	9128	15.3%
Montpelier	8003	13.5%
Barre Town	8002	13.5%

Economics

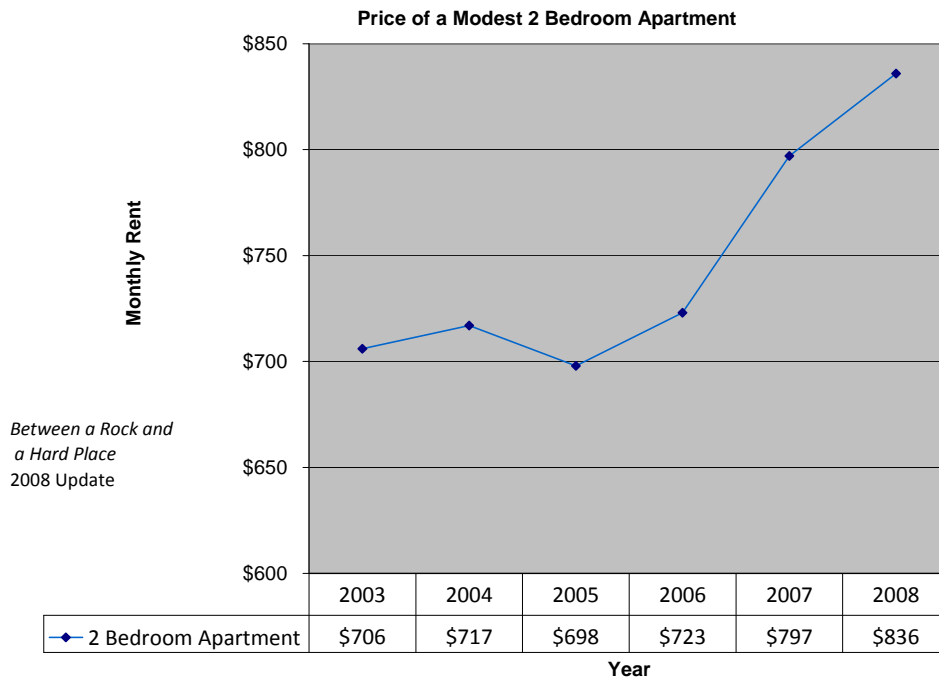
Economics was identified as the highest priority impact area for the community. To understand the scope of economic need and concern, GMUW convened a group of stakeholders, which included the Central Vermont Chamber of Commerce, Central Vermont Regional Planning Commission, Vermont Housing Finance Agency, Central Vermont Economic Development Corporation and others. This group reviewed the current needs within Economics and chose to form the Central Vermont Economic Collaborative to effect positive economic change. To narrow the scope of this impact area the Central Vermont Economic Collaborative identified five priority areas in economics: housing, transportation, employment, communication infrastructure, and the cost of doing business. Housing was identified as the highest area of concern and the Collaborative chose to focus in on that specifically.

When examining the realm of economics, GMUW is especially concerned with community members' ability to access housing, transportation, and employment.

Housing

In 2008, Vermont’s rental market was the second tightest market in the country with a 4.9% vacancy rating and had the lowest vacancy rating in the county at 1%. The low rate of vacancies has two implications for Vermonters seeking housing—decreased affordability and accessibility. Construction of new homes and rental units has only increased the housing stock in Vermont by 1% or less over the past ten years.⁴

Affordable housing is not synonymous with low-income or Section 8 housing. A rental unit is considered affordable if the resident pays no more than 30% of his or her income for rent and utilities and a single-family home is deemed affordable if the resident pays no more than 30% of his or her income for mortgage, insurance and taxes³. Housing costs should reflect a wide bracket of affordability and the income of the regional workforce. The per capita personal income in GMUW’s five county region was \$28,843 in 2006⁵. To be deemed affordable, a person earning the average annual wage should pay no more than \$8652.90 per year or \$721 per month for housing.



In 2008, the average price for a modest two-bedroom apartment was \$836 per month. In 2005, the average price was \$698, and in 1996 the average price was \$561.³ Since 1996, the cost of housing has increased by 49%; however, the annual wage has only increased by an estimated 20%.³⁶

The number of homes sold in 2006 was roughly 10% fewer than those sold in 2000. Interestingly, but not of statistical significance, the number of vacation homes sold during this time increased.³⁶

The Vermont Housing Finance Agency calculated housing affordability within all of the counties in Vermont. Essex County was the only county with an affordability rating of 100% or greater. The affordability rate of 100% indicates that a person or family earning the median income is estimated to be able to afford the median price home.

Housing Affordability Index	
Caledonia	88%
Essex	110%
Orange	85%
Orleans	87%
Washington	91%

Between a Rock and a Hard Place:
2008 Update

Housing Wage (per hour)	
Caledonia	\$12.44
Essex	\$13.44
Orange	\$13.98
Orleans	\$11.08
Washington	\$14.07

Between a Rock and a Hard Place: 2008 Update

There is a disparity between the rates of pay in growing employment areas and the wage necessary to afford housing. To be able to afford housing in the GMUW region, a person must earn a minimum of \$13/hour.³ The areas that have the highest growth in job creation typically pay significantly less than this wage.

Housing is central to the economic well being of the community. The lack of housing prevents key employers from expanding or moving to the state⁴⁶. School populations have started to decline and are forecasted to continue up to 2014. To maintain a healthy school population, housing must be affordable for young families.⁴

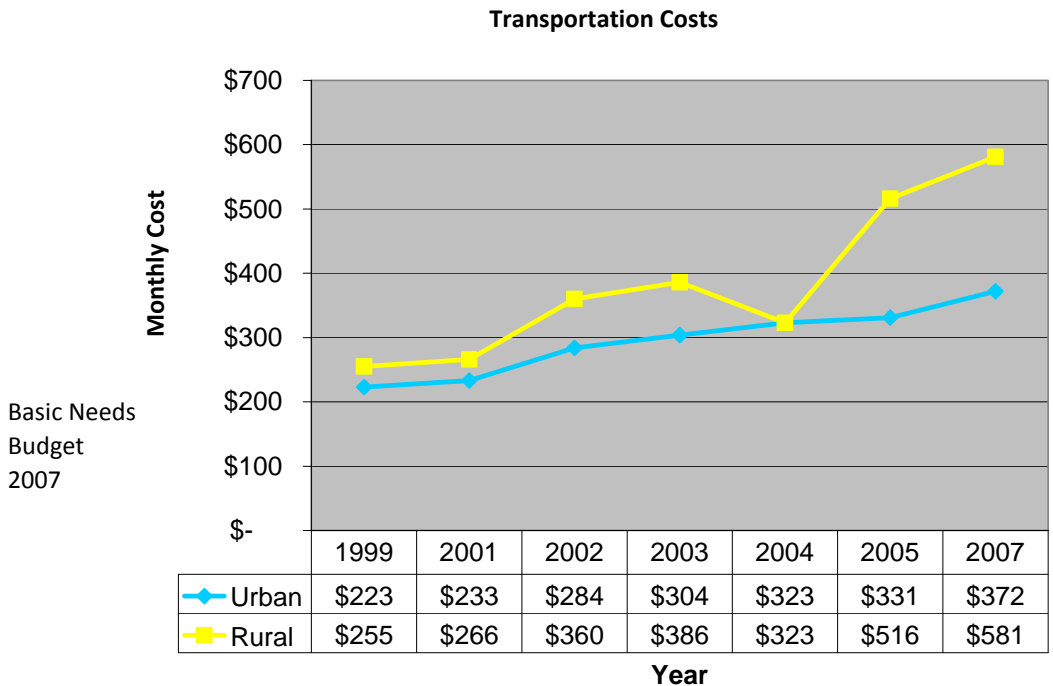
The main barrier to housing appears to be affordability, which is directly linked to the number of units available. Some potential reasons that building housing units has not kept up with the demands of the population are: developers find that it is too expensive to build due to permits and regulation,⁷ and the lack of municipal sewer and water systems do not encourage smart growth in city centers⁸. However, according to the Northwest Build Out Study Report, land use policies and regulations do not appear to be as large of a prevention of development as previously thought. Market forces appear to determine the number of units and location of growth.

GMUW was one of the founding members of the Central Vermont Economic Collaborative, which has formed the Housing Partnership to focus on housing needs. This collaborative has encouraged greater awareness of the issues surrounding housing and the need for more affordable housing for all income brackets. Through a partnership with the Central Vermont Regional Planning Commission a housing menu to assist people developing housing was created. They partnered with the Central Vermont Community Land Trust to host housing forums in Central Vermont to help people identify what is the underlying prevention of housing development in their neighborhood. For more information on the Housing Partnership, please visit www.weneedhousing.com.

Transportation

In order to afford housing, people must be able to get to work. For most residents of our region that means at least a 22-minute commute each day.⁹ Due to the rural nature of the region, there is very little public transportation and most homes have at least two vehicles.

According to the Basic Needs Budget and Livable Wage Report (January 2007), a rural home would need to budget \$581 per month for transportation costs in 2007. An urban home should budget \$372 per month for transportation costs. This is a significant increase from previous years and the costs of transportation continue to increase as the cost of fuel increases. The increase shown in this report could be due to a change in formula utilized to determine it.



The public transportation that is available has seen significant increases in use as the price of gas has increased. The Vermont RideShare program (which is now called Go Vermont) has seen an increase in carpooling to work. This program coordinates rides between commuters and in the event of an emergency will provide a free ride home to participants. The Rural Community Transit serves the Northeast Kingdom in the Newport, Derby Line, Jay, Lyndonville, and St. Johnsbury Area. It allows up to ¼ mile deviations off of the route with twenty-four hours notice. The Stagecoach Transportation Services has routes in a 30 town area in Orange and northern Windsor counties. The Green Mountain Transit Agency serves Central Vermont. They offer deviations from fixed routes, demand response, commuter routes, shopping shuttles, Medicaid transportation and services for elders and people with disabilities.¹⁰

The Central Vermont Regional Planning Commission developed the following mission statement to guide the development of transportation goals, policies and action items: “Preserve, enhance, and develop an integrated, multimodal regional transportation system to accommodate the need for movement of people and commerce in a safe, cost-effective, environmentally responsible and equitable manner, that conforms with other elements of the regional plan.”⁸

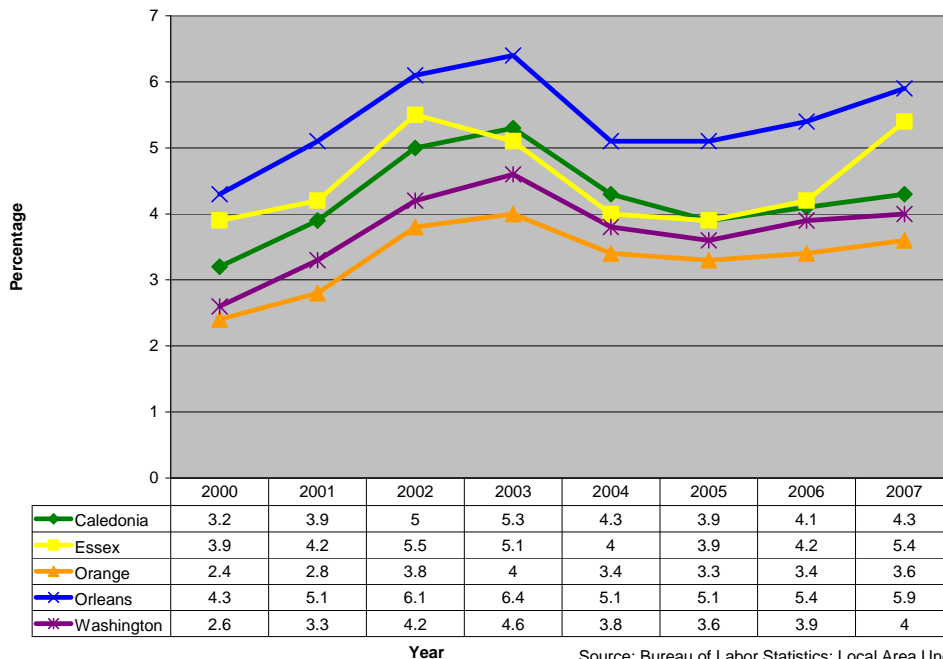
The transportation needs in Vermont are many. The infrastructure is aging rapidly, gas prices are increasing, and the feasibility of providing public transportation is challenged by Vermont’s rural nature. GMUW has and will continue to collaborate with the transportation agencies within its region whenever appropriate.

Employment is a key element to the overall economic well being. Without gainful employment a person is neither able to access transportation nor housing.

The labor force was 86,700 people strong in 2006.⁵ Of these workers, the majority (over 70%) were employed in the private sector, followed by government employment. In Caledonia and Orleans Counties, the third highest area of employment is in Manufacturing. In Orange County, the third highest area of employment is in Health Care and Social Assistance.

The unemployment rate was 4.64% in 2007 for the five-county region served by the Green Mountain United Way. This is a recent increase and is expected to continue to rise. Orleans has had the highest unemployment rate in the state of Vermont for several years. In 2007 it was 5.9%. Essex County has had a recent increase in unemployment, rising from 4.2% in 2006 to 5.4% in 2007. Caledonia County previously had the second highest rate of unemployment, but now is third highest with 4.3% unemployed.

Unemployment Rates



Source: Bureau of Labor Statistics: Local Area Unemployment Statistics

The top five fastest growing occupations in the state of Vermont are: personal and home care aides, pharmacy technicians, computer applications software engineers, home health aides, and community and social service specialists. The five occupations with the highest number of vacancies are: personal and home care aides, registered nurses, home health aides, retail salespersons, and customer service representatives. The following positions are expected to decline between the years of 2006-2016:

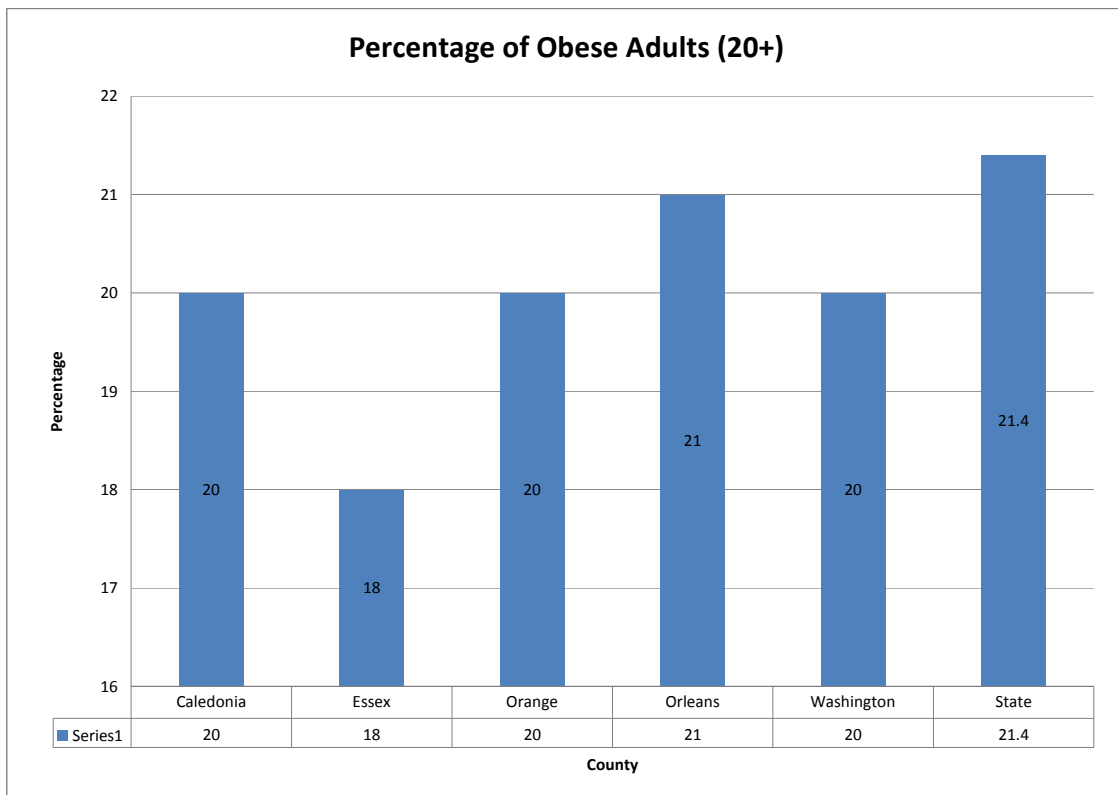
bindery workers, paper goods machine setters, job printers, prepress technicians and workers, and file clerks.¹³

In general, Vermont is a healthy state. In fact, according to an annual survey released by the United Health Foundation, Vermont is the healthiest state in the nation. This is due to a declining rate of smoking, increased immunizations in infants and toddlers, increasing access to insurance, and other factors.¹⁴ However, several preventable conditions, such as diabetes and obesity, have recently increased.

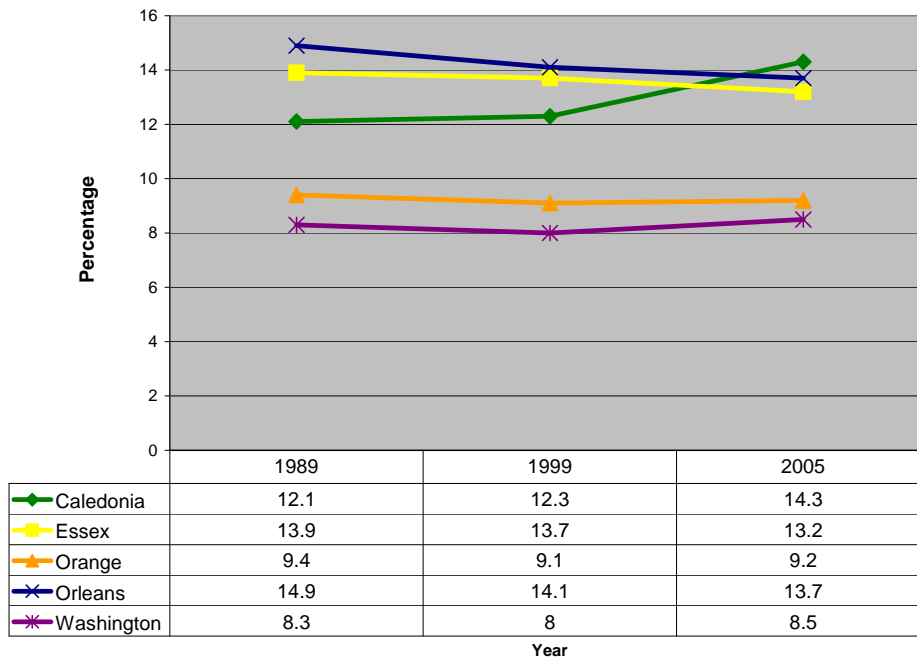
The leading causes of death in Vermont are: heart disease, cancer, stroke, chronic respiratory disease, accidents and diabetes.¹⁵ There are three common links between heart disease, cancer, stroke, chronic respiratory disease and diabetes: obesity, use of tobacco products, and poor nutrition. In 2000, 41.2% of deaths in Vermont were attributed to heart disease and stroke¹⁶ alone.

Obesity has been linked to several chronic diseases including high blood pressure, diabetes, heart disease, stroke and certain cancers.¹⁷ Obesity co-occurs frequently with the following chronic diseases: high cholesterol (40% of adults with high cholesterol are also obese, as compared to 23% of people with a healthy weight); high blood pressure (38% of adults with high blood pressure are also obese); diabetes (14% of adults with diabetes are also obese); and cardiovascular disease (10% of adults with cardiovascular disease are also obese).¹⁷

Twenty-one percent of the population of Vermont is obese. All counties in our region have similar rates of obesity.¹⁷



Percentage of People Living in Poverty



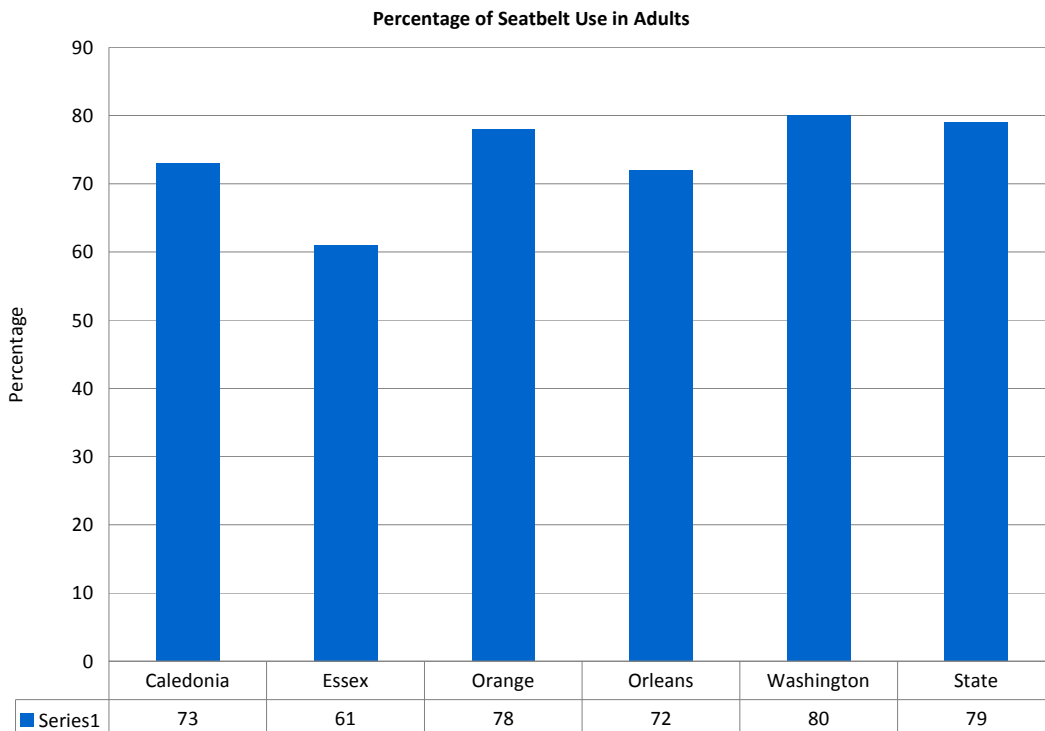
People who are at or below the Federal Poverty Line (\$10,400/year for individuals or \$21,200 for a family of four) have the highest rates of obesity.¹⁷ In Essex county only 88% of adults report being “food secure”. This is the lowest in the state. On average about 91% of people in the GMUW service region are food secure.¹⁷

Obesity is linked to a lack of physical activity and nutritious foods. According to a study by the Vermont Campaign to End Childhood Hunger, the quality of food that people are able to purchase with Food Stamps differs in caloric intake from the food accessible to people with moderate income. They found a 1000-calorie increase for those with limited access.¹⁸ The rates of obesity appear to correlate with the rates of poverty. People in Essex County reported having no leisure time physical activities at a higher rate than the rest of the state—28%. Statewide, 18% of people report having no leisure time physical activity.¹⁷

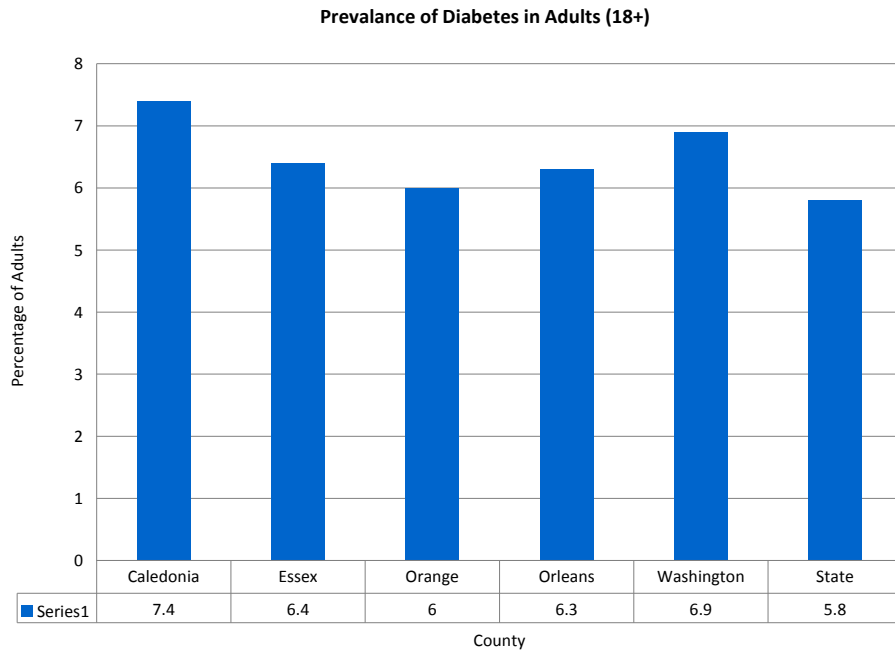
Heart disease is the leading cause of death in Vermont. Fortunately, over the past ten years the rates of heart-related disease has decreased. The state average of coronary heart disease deaths was 138 per 100,000.¹⁷ Essex and Orleans Counties have statistically worse than the state average number of coronary heart disease deaths. In 2007, Essex had 191 coronary heart deaths per 100,000 and Orleans had 189 coronary heart deaths per 100,000.

Cancer is the second leading cause of death in Vermont. Roughly one out of every two men will develop cancer and one out of every three women will develop cancer.¹⁷ The number of cancer deaths has increased.¹⁷ The most commonly diagnosed cancers are: lung cancer, breast cancer, colorectal cancer, and prostate cancer. Caledonia County had statistically higher rates of lung cancer than the United State’s rate with 105.3 men diagnosed with cancer per 100,000.¹⁹ Orleans County had lower incidents of breast cancer than the United States with 111.1 incidents per 100,000.¹⁹

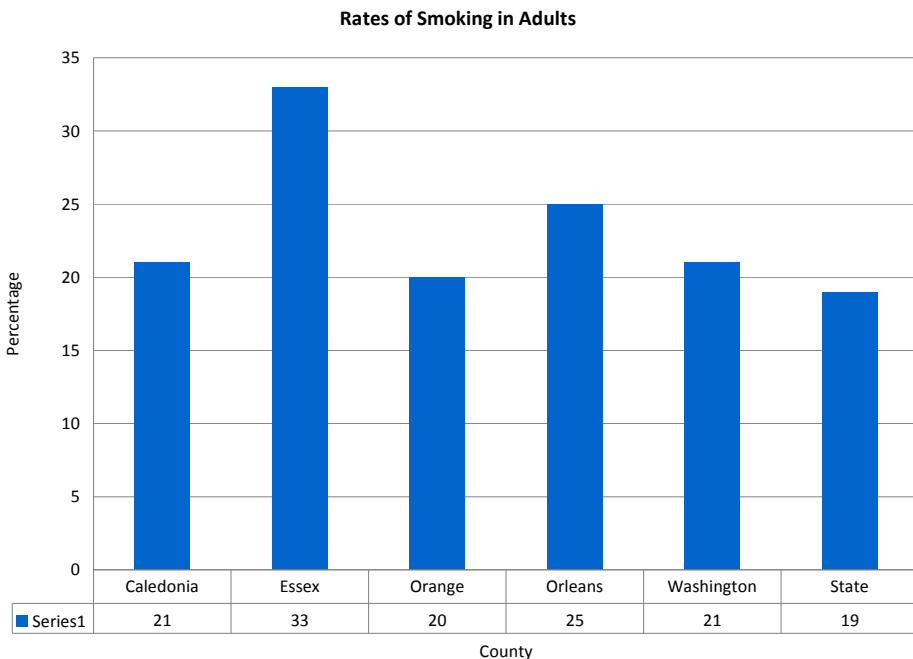
Accidents are a preventable cause of death. The leading cause of unintentional injuries from 2000-2004 was due to motor vehicle accidents.¹⁷ Many of these deaths can be attributed to the non-application of safety measures, such as seatbelts. Males between the ages of 15-24 have the highest number of deaths related to motor vehicles each year. Essex County has the lowest rate of seatbelt use in the state. Only 61% of adults report wearing their seatbelt during every trip. In GMUW’s five-county region only 72% of adults report always wearing their seatbelt.¹⁷ In addition, Essex County also has the lowest rate of students under the age of 18 in the state who always wear their seatbelt --- only 72%.



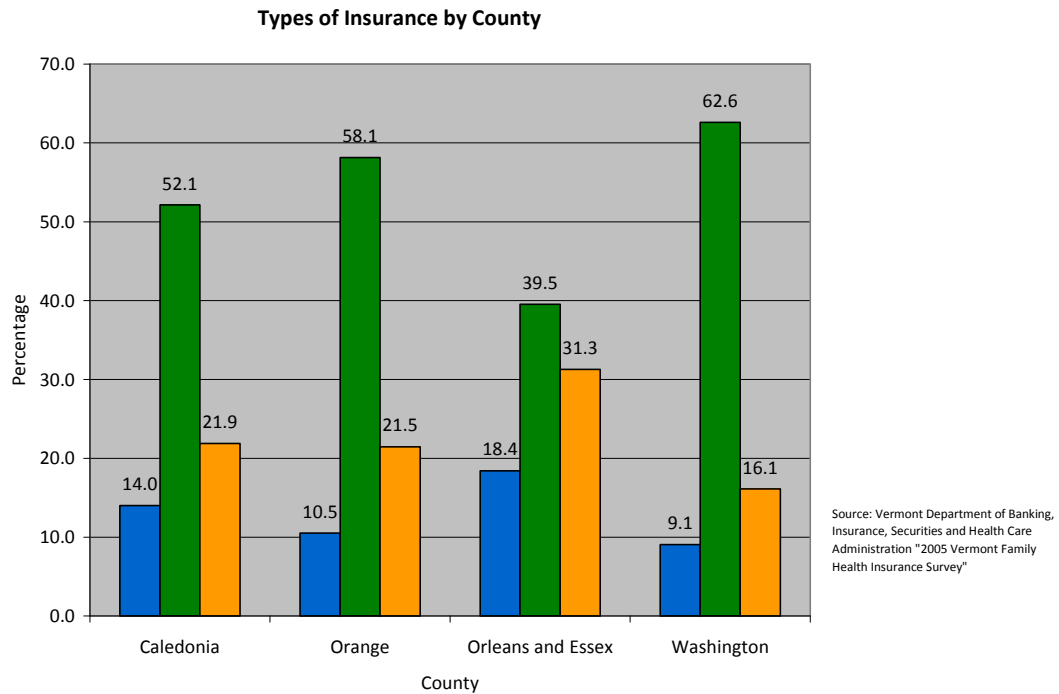
Diabetes is the fifth leading cause of death in the state of Vermont. With 7.4% of the population reporting diabetes, Caledonia county has the highest rate of adult diabetes in the state. The entire five-county region has a higher rate of diabetes than the state average of 5.8%.



Smoking has been directly linked to many of the chronic diseases that are the leading causes of death in Vermont. All of the five counties that GMUW serves have higher percentages of adults over the age of 18 that smoke than the state. The state average is 19%. 33% of adults smoke in Essex county.¹⁷ Similar to obesity, there is a disparity between the number of people who smoke and those who live below the Federal Poverty Line and/or have a mental illness: 37% of people that live below the Federal Poverty Line smoke and 40% of people with a mental illness smoke.



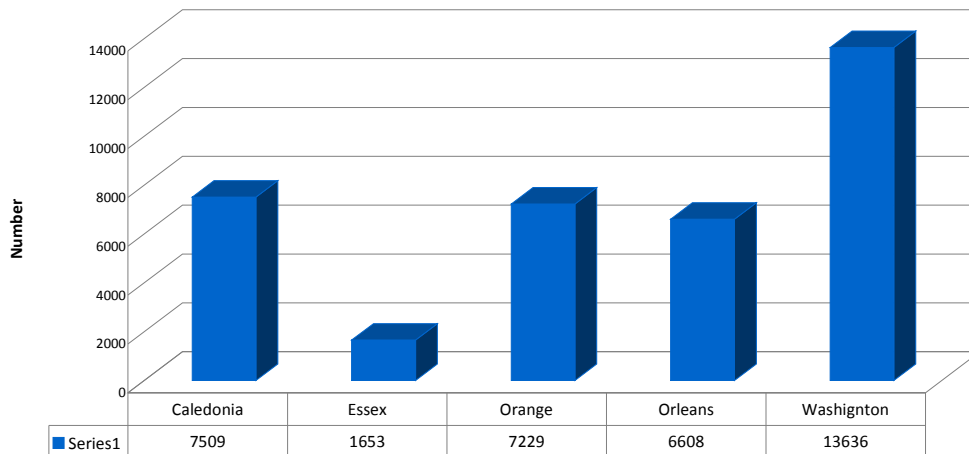
One of the reasons Vermont is considered the healthiest state in the nation is the majority of residents have some form of health insurance. Essex and Orleans Counties have the highest rate of uninsured people in our region at 18.4% of the counties combined. Orleans and Essex also have the greatest number of people enrolled in Medicaid, Dr. Dynasaur and VHAP at 31.3% of the population. Washington County has the highest number of people enrolled in private insurance at 62.6%.²⁰



Access to and use of the dental system remains a concern. The majority of Vermont residents do not have dental insurance—49% of Vermont residents pay out of pocket for dental care. An average of 69% of people in GMUW’s region utilizes the dental healthcare system annually. In addition, the number of dentists accepting new patients is starting to decline as many dentists near retirement.

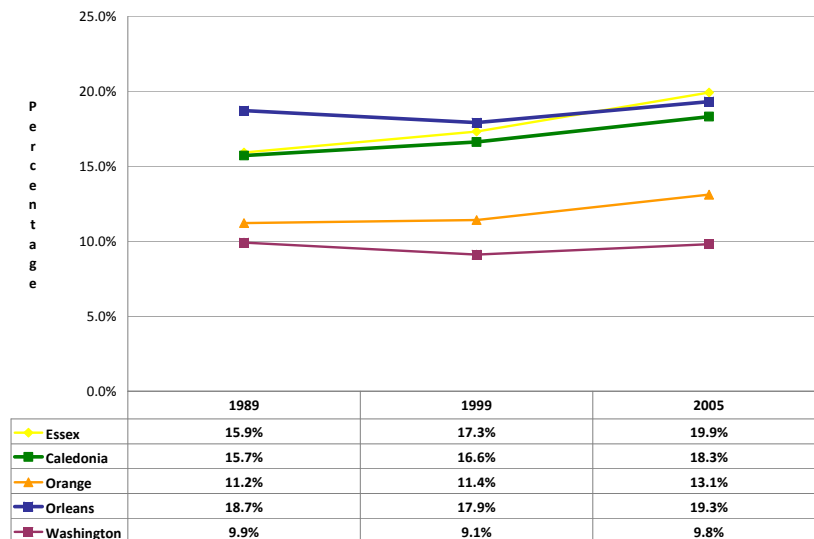
GMUW is involved in several coalitions and efforts focused on health. In 2006, they collaborated with the Central Vermont Medical Center and Vermont Department of Health to host a Health Summit. As a direct result, the Central Vermont Coalition for Health was formed to focus on shared accountability for community health in Central Vermont. In the Northeast Kingdom, GMUW works actively with the Fit and Healthy Coalition to increase access to physical activities and nutritious foods. GMUW coordinates the FamilyWize prescription savings card program. This program provides discounts for prescription medications not covered by insurance and typically saves participants up to 30%.

Total Population Under 18, 2000



The well being of children and youth is critical to the long-term well being of the state. In 2000, there were 36,635 children and youth under the age of eighteen in GMUW’s service region. Slightly over 1500 children are born annually.⁹ The number of children under the age of 18 living in poverty has increased recently. In Vermont, Essex and Orleans Counties have the highest number of children living in poverty at 19.9% and 19.3%.

Change Percentage of Children (age 0-17) Living in Poverty



The first care a child receives is prenatal. Eighty-nine percent of women in Vermont receive early and adequate prenatal care. Orange County had statistically better percentages of women receiving early and adequate prenatal care at over 92%.¹⁷ Washington County has a statistically lower percentage of women receiving early and

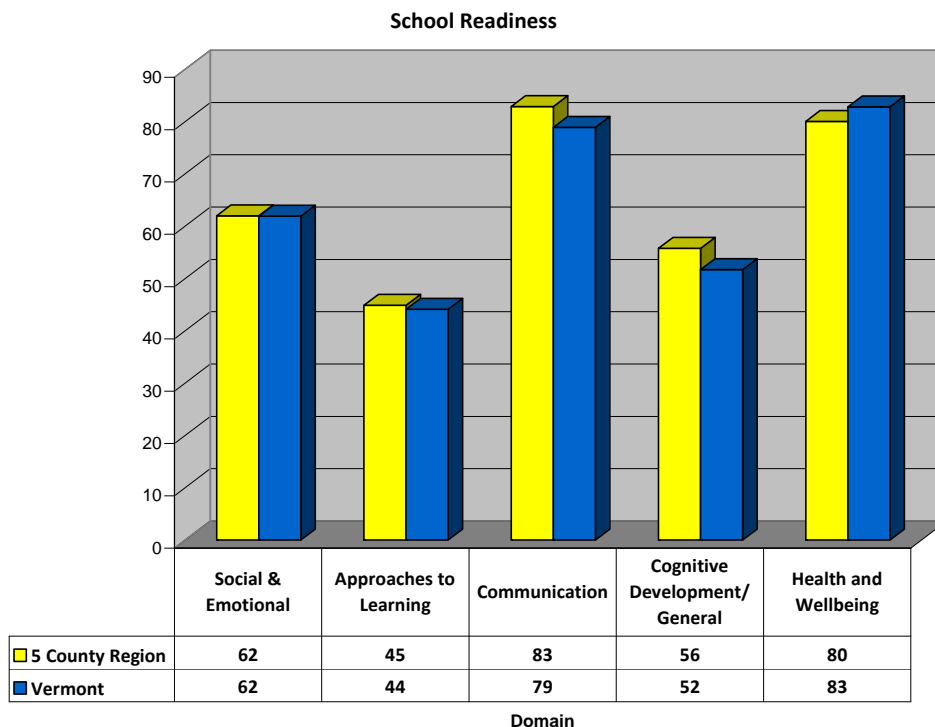
adequate prenatal care at 83%. There were 106 infants born at or below 5.5 lbs. in the five-county region in 2004. The number of infants born with a low birth has not significantly increased or decreased over the past five years.¹⁷ However, low-birth weight has been linked to learning disabilities, more frequent illnesses in young children, and happens more frequently among pregnancies in adolescent females.

In 2006, Orange County had significantly less pregnancies among females between the ages of 15 and 17 than the state average—only 13.1 per 1000. Orleans County had a statistically high rate at 21.7 per 1000. The state average was 15.8 per 1000.¹⁷

In the State of Vermont, 49.1% of three- and four-year olds were enrolled in school in 1999. Vermont ranks nineteenth in the country for the number of children enrolled in early education (which is determined by the percent of population ages 3 and 4). Early education in both a formal setting and at home is important for the overall success of children.

As children enter kindergarten, their “Readiness for School” is assessed by their teachers. The readiness for school survey reviews five domains: social and emotional readiness, approaches to learning readiness, communication readiness, cognitive development/general knowledge readiness and health and well-being readiness. A child’s readiness for school is determined by their aggregate readiness.

Sixty-five percent of children are deemed ready for school in all five domains in GMUW’s service region. Children were least ready for school in the realms of approaches to learning and cognitive development/general knowledge. Only 44.9% of children in the five-county region served by GMUW were deemed ready for school in the domain of approaches to learning, and 55.8% of children were ready in the domain of cognitive development/general knowledge.²²



Early education lays the foundation for success in school and eventually in life. According to a study by the Boston Federal Reserve every \$1 spent on early education saves over \$7 in future remediation costs including criminal activity, special education, and welfare assistance!

Since 1999, the number of high school seniors with aspirations for secondary education has increased from 66.5% of students to 70.9% in 2003. Of those students with aspirations to continue their education the number of students who actually continue their education within three months has increased even more dramatically from 58% in 1999 to 68.1% in 2003. Students with a bachelor's degree will earn, on average, almost twice as much as workers with only a high school diploma.²³

Interestingly, according to the Project on Student Debt Report on Vermont, students graduating from Vermont public and private four-year institutions have an average debt load of \$23,839. (This includes students from out of state graduating from Vermont colleges). Sixty-six percent of students graduating from Vermont four-year institutions have some form of debt upon graduation. Vermont is ranked the third highest in college debt in the nation.²⁴

According to the recent Jump\$tart Coalition for Personal Financial Literacy 2008 survey of high school seniors, very few high school seniors have a firm understanding of finance. The average financial literacy score was 50.3%---though better than the national grade of 48.3%, still a failing grade.²⁵

This statistic, when considered with the typical debt load of college graduates and the high number of Vermont students attending college, leads GMUW to have some concern about the financial stability of young adults entering the workforce. Recent studies have shown that there are an increasing number of young adults who are not able to find positions in their field and a greater number that return to live with their parents.²⁶

Health is a key component to success in school and life. In 2006, Vermont had one of the highest rates of illicit drug use among 12-17 year-olds.²⁷ The number of underage youth drinking has increased from 34% in 2004-2005 to 38.3% in 2005-2006. During that same period of time, the number of youth binge drinking increased from 24.5% to 28%.²⁸ 29% of youth in Orleans County have used alcohol prior to the age of 13.¹⁷ This is statistically worse than the state average of 21%. Washington County had statistically high rates of youth reporting binge drinking at 32%.¹⁷

Essex County has a high rate of obesity among 9th-12th grade students--- 24% are overweight or obese. About 14% of students in the GMUW region are overweight or obese. Washington County has one of the lowest rates in the state at 9%.²⁹

In an effort to support the success of children and youth in our region, GMUW is involved in several different collaborations. GMUW works with the Building Bright Futures Councils in Central Vermont and the Northeast Kingdom. Each council has identified different indicators of child well being to focus on, but their main focus is to increase the number of children who are ready for school.

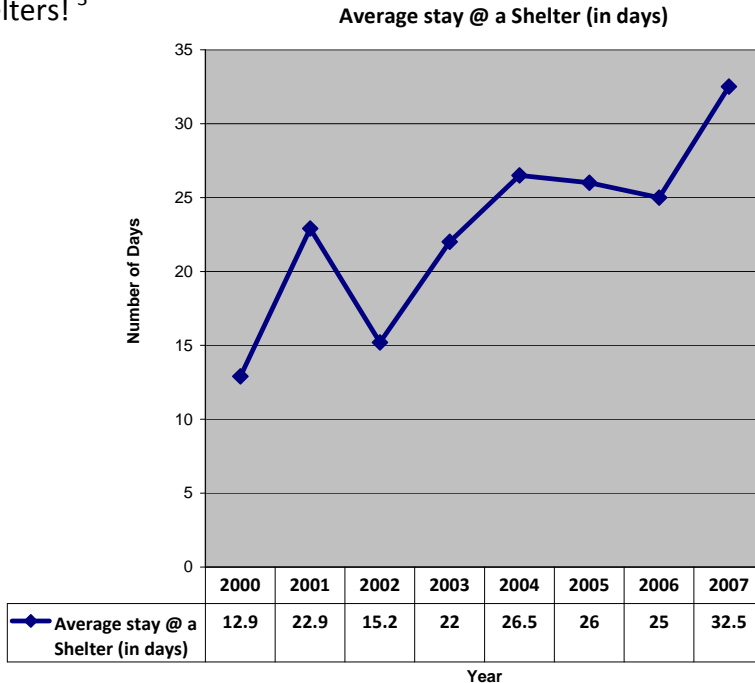
GMUW coordinates the Born Learning Initiative in Central Vermont. Born Learning gives parents and caregivers tools to incorporate learning in everyday activities with their children. The goal of this initiative is to increase the number of children deemed ready for school. GMUW will be expanding this program to the rest of its region.

When reviewing concerns about community safety, GMUW examined not only crime rates but access to basic needs and services.

Homelessness

Vermont had the highest rate of homelessness in all of New England in 2008. On January 20, 2008, 472 people in GMUW’s region were identified as either precariously housed or homeless. People who are precariously housed are either doubling up in homes, couch surfing, or living in a non-secure housing situation. This number is estimated by most stakeholders to be lower than the actual number of people without homes.

The number of families without homes has increased by 16% since 2000.⁴⁷ The length of time people are staying in homeless shelters has also dramatically increased since 2000. In 2000, the average shelter stay was 11 days, in 2006 it was 25 days, and in 2007 the average stay was 33 days. This is a 66% increase in the length of stay at shelters!³



The number of people calling Vermont 2-1-1 regarding homelessness has also increased. In GMUW’s region, 59 people called 2-1-1 about either homelessness or precarious housing. Those who have accessed 2-1-1 services identified the following reasons for their housing situation:

Reason for Precarious Housing Situation	
31%	Income Decreases
12%	Kicked out by Significant Other/ Parent/Etc.
9.3%	Unsafe at Home
6.3%	Evicted

2007 Report on Homeless and At-Risk Callers: Vermont 2-1-1

As more families face homelessness, the number of children who are homeless is increasing. Homeless children have more obstacles to health and quality education than their peers. They are sick at twice the rate of children with stable housing, have twice the rate of learning disabilities, and three times the rate of emotional and behavioral problems of non-homeless children. Half of the school-aged homeless children experience anxiety, depression or withdrawal, while only 18% of their housed peers experience these issues.³¹

The thought of a person being homeless in a cold Vermont winter is concerning for humanitarian reasons and economic reasons. Providing supportive housing to those who are chronically homeless decreases the cost of incarceration and emergency medical treatment by half. For example, “Scott is a homeless Vermonter... (he) was picked up and released 19 times during March 2007. This means that in a single month he went through the intake process 19 times, 19 medical screenings, 19 mental health/substance abuse screenings, 19 separate days for observation and went through the release process 19 times.” The cost of *just* the 19 days of observations was \$2400.³¹

GMUW has partnered with two organizations addressing these issues: the Continuum of Care and the Maternal Child Health Coalition. The Continuum of Care convenes monthly to focus on the needs of the homeless and precariously housed population. It assembles housing authorities, homeless shelters, and other people working with people at risk of or have lost their housing. They staff a rental opportunities center to assist people in completing housing applications and will assist those who are having difficulty finding housing with technical support. The Maternal Child Health Coalition has focused on the needs of pregnant and parenting women with co-occurring substance use and mental health issues. They’ve partnered with Washington County Mental Health Services to identify funding for programming and received a generous donation of a three-apartment home.

Hunger

The review of the utilization of community food shelves and kitchens are important indicators of the community’s economic well being. In 2007, 3247 households in the GMUW region were served by food shelves and 4455 community meals were served. The Caledonia and Washington Counties served the greatest number of community meals in 2007; Orleans County experienced a significant decrease in the number of community meals served due to the closing of a senior meal site.³²

Of the people accessing food shelves in GMUW’s region, 35.6% were employed. Statewide, the number of working adults accessing food shelves has increased by more than 7% since 2005. Over forty percent of people accessing the food shelves in Orange County were working adults. Of the families accessing food shelves, 49.4% had

children under the age of 18 living at home. This has also increased by more than 7% since 2005. Sixty percent of the people accessing Essex County food shelves had children under the age of 18 living at home. Elders and homes with elders (people aged 65 or older) accessing food shelves has increased by 17% in the State of Vermont since 2005. In the GMUW region, 26.3% of households included elders. Orange County had the highest number of households with elders accessing the food shelves at 33.8%.³²

The accessibility of food shelves and community meal sites is essential for many Vermonters. Children who are not able to access nutritional food are less likely to succeed at school and later in life.¹⁸ Elders who access nutritional food are less at risk for chronic diseases.

The Green Mountain United Way houses comprehensive food shelf brochures for the Northeast Kingdom, Orange County, and Washington County on its website. These are updated annually. Food shelf information can also be found on the Vermont Foodbank website.

Crime Rates

The population in Vermont's prison system doubled from 1058 in 1996 to 2123 in 2006, but crime rates did not increase. This indicates that there has been a change in the sentencing of crimes during this time. The rate of incarceration in Vermont has increased by 80% (as a percent of the population) in comparison to the national increase of 18%. Vermont also increased spending by 129% on corrections from \$48 million in 1996 to \$130 million in 2008. Of those who were released from jail in 2003, 50% were reconvicted within three years.³³

Converse to the increase of spending, the total number of people in the corrections population has started to decline. In 2007, the population decreased to 91% of the previous year. This is due to the fewer people in probation, which was at its lowest in 2008. The number of women in prison has decreased, while the number of men has increased.³⁵ The number of youth in corrections has also continued to decline. The number of youth in prison is less than half the number it was in 2000.³⁵

Overall, Vermont has very low rates of crime in comparison to other states. It is 49th in the country for Violent Crime and 46th in the country for property crime. However, over the last year the raw number of violent crime and property crime has increased sharply. Essex County has the lowest crime rate in the state.

According to the Vermont Crime Report 2007, the highest numbers of crimes were larceny-theft and burglary—breaking and entering.³⁴ The most frequently occurring

offense among men in prison is sexual assault on a minor, and among women, it is fraud.³⁵

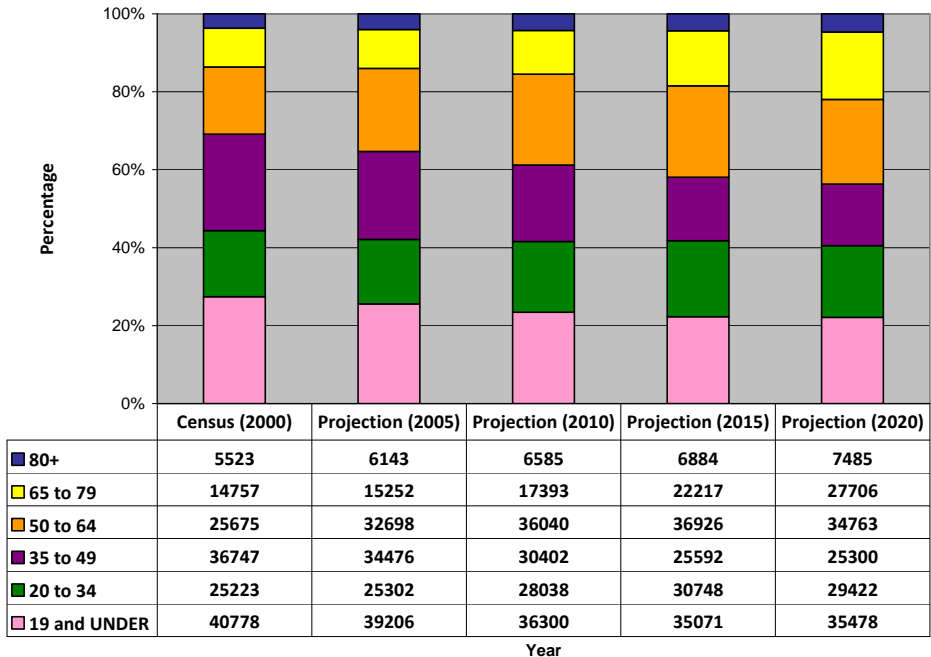
Despite the negative entrance to the Department of Corrections, many people are able to gain valuable life skills while incarcerated. In 2007, 148 high school diplomas were awarded by the Community High School. Offenders performed 416,400 hours of community service in 2007, and communities worked in partnership with Community Justice Centers around Vermont.³⁵

Elders and people with disabilities struggle with issues in economics, health, and community safety.

The number of people aged 65 years and older is increasing in the state of Vermont. Orleans County has been identified as a retirement destination. The “number of residents 60 and older grew by 15% or more between 1990 and 2000 due to immigration.”³⁶ The estimated need for care for people with disabilities and elders is expected to be higher than the state average in Washington (32%) and Orleans (38%) Counties. Essex County is expected to have the lowest need for care at 7%. The number of people 85 years old and older has increased in the state; however, the number using nursing homes has actually decreased.³⁷

In 2005, Vermont was identified as the 17th oldest state in the nation with 12.8% of our residents over the age of 65. It is projected that by 2020 20% of the population will be over the age of 65 and by 2030 24% of the population will be over the age of 65.³⁷ This may be economically beneficial for the state of Vermont. Workforce participation rates for people over the age of 65 have increased steadily. Medicare and Social Security provide the bulk of supports for elders, which will bring increased amounts of federal funds to the state.

Demographic Change Over 20 Years for Five County Region



The number of people under the age of 65 with disabilities is expected to grow as well. The prevalence of disabilities is expected to grow by 2.5% between the years of 2006

and 2011.³⁷ Currently, 18.72% of the population over the age of five in the GMUW region has a disability².

Annually *The Independent*, a Vermont publication for elders and people with disabilities, releases the Vermont Protection and Advocacy Priorities. For 2009, the priorities for people with developmental disabilities are: access to health care/long term care, access to children's services, elimination of harassment of students, appropriate assistance for transitioning from school to employment, no unnecessary guardianships, and access to housing, transportation, and employment.³⁸

Many of those priorities address the unmet needs and changes suggested in the Vermont Developmental Disabilities Council's 2006 Survey. The survey asked questions about access to services and funding, access to supports in employment, housing, education, and the availability of information. People with disabilities, support workers, families, and many other groups responded to this survey—179 Vermonters in total. Many comments revolved around the need for centralized information and services, the need for prevention at a young age, and improved partnerships with employers.³⁹

The Green Mountain United Way has spent several months analyzing the data available for each of the impact areas presented. The communities within our region are vibrant and actively pursuing solutions to problems and are celebrating successes. It is our goal to enhance this process.

In the coming months, please take some time to reflect upon the information just presented. Did the information surprise you? What areas seem to need a greater focus? It's your input that will shape the work done by the Green Mountain United Way in the years to come.

For a better understanding of the current work accomplished by the Green Mountain United Way, please contact us.

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LIVE UNITED™



Economics

- Population (estimated 2006): 30,8429
- Median Age (2000): 38.50⁹
- Total Households (2000): 11,663⁹
- Average Household Size (2000): 2.46⁹
- The annual average wage in 2006 was \$30,301⁹
- 1470 people receive Food Stamps⁹
- 713 families are identified as living in poverty.⁹
- 14.3% of the population has an income at or below the federal poverty line. This is the highest rate in all of the five counties that we serve.⁴⁰

Housing

- There were 14,504 units in Caledonia County in 2000:
 - 8499 were owner-occupied
 - 3164 were renter-occupied
 - 2841 were vacant
 - 2004 were for seasonal, recreational or occasional use⁴¹
- There were an estimated 15116 units in 2006, an increase of 612 units.
- To be able to afford a home in Caledonia County, a person needs to make \$12.44/hour.³
- Housing costs in Caledonia County have an 88% affordability rate. An affordability index of 100% would indicate that the purchase price of the home is estimated to be affordable to the median income household in that area.³
- The average cost of a primary residence in 2007 in Caledonia County was \$165,909. 236 homes were sold.⁴¹
- The average cost of a vacation home in 2007 in Caledonia County was \$184,661. 64 vacation homes were sold.⁴¹

Transportation

- The average travel time to work is 22.22 minutes.⁹
- The amount that a person living in a rural area needs to budget per month to cover transportation costs is \$581/month for a single person. The amount that a person living in an urban area needs to budget per month to cover transportation costs is \$372/month for a single person.⁴²
- Some public transportation is available through: The Rural Community Transit.

Employment

- 4.3% of the Caledonia workforce was unemployed in 2007. This is a slight increase from 3.9% in 2005.⁴³
- 79.65% of employment in Caledonia County is in the Private Sector. 19.76% is in Government and Government Enterprise. 17.74% of employment is in Manufacturing.⁴³
- The labor force had 17,200 individuals in it in 2006.⁵

Health

Leading Causes of Death

- The leading causes of death in Vermont are: heart disease, cancer (combined make up 50% of deaths in 2002), stroke, chronic lower respiratory disease, accidents, and diabetes.
- In 2007, there were 169 coronary heart disease deaths per 100,000 in Caledonia County. The state average was 138 per 100,000.¹⁷
 - In 2007, there were 48 stroke deaths per 100,000 in Caledonia County. The state average was 44 per 100,000.¹⁷
 - 25% of adults have high blood pressure in Caledonia County. 23% of the state has high blood pressure.¹⁷
- Lung cancer is the leading cause of male and female cancer deaths. It is the second most commonly diagnosed cancer in men and the third most commonly diagnosed cancer in women.¹⁹
 - 105.3 males per 100,000 were diagnosed with lung cancer in Caledonia County. This is statically higher than the US rate.¹⁹
 - 52.5 females per 100,000 were diagnosed with lung cancer in Caledonia County.¹⁹
- Breast cancer is the most commonly diagnosed cancer in women.
 - Caledonia County had 140.4 incidences per 100,000 women from 1997-2001.¹⁹
- Colorectal cancer is the third most commonly diagnosed cancer in Vermont in men and the second most commonly diagnosed cancer in women.¹⁹
 - Vermont women have significantly higher rates of colorectal cancer than national rates.¹⁹
 - 50.7 males per 100,000 were diagnosed with colorectal cancer in Caledonia County.¹⁹
 - 52.4 females per 100,000 were diagnosed with colorectal cancer in Caledonia County.¹⁹
- Prostate cancer is the most commonly diagnosed cancer in men.
 - 122.0 men per 100,000 were diagnosed with prostate cancer in Caledonia County. This is statistically lower than the US average.¹⁹
- The leading cause of unintentional injuries from 2000-2004 was motor vehicle accidents, followed by falls.¹⁷
 - 74% of students in Caledonia County always use their seatbelt. This is statistically the second lowest percentage in the state.²⁹
 - 73% of adults in Caledonia County always wear their seatbelts. The state average is 79%.¹⁵

Chronic Disease

- 7.4% of adults over the age of 18 have diabetes in Caledonia County. This is the highest percentage in the state. The state average is 5.8%.¹⁵
- 26.4% of adults in Caledonia County are obese. The statewide average is 21.4%.¹⁵

- 21% of residents in Caledonia County report having no leisure time physical activity. The state average is 19%.¹⁷
- 58% of Vermont residents report engaging in a regular moderate activity.¹⁷

Substance Abuse

- Illness related to tobacco use is the leading cause of preventable deaths in Vermont.¹⁷
 - 21% of adults (18+) reported smoking in Caledonia County. The state average is 19%.¹⁷
 - 40% of people who smoke have attempted to quit in Caledonia County. The state average is 49%. This is the lowest percentage in the state.¹⁵
- 17% of adults (18+) reported binge drinking in the past month in Caledonia County. 18% is the state average.¹⁵

Oral Health

- 49% of Vermont residents pay out of pocket for dental care.¹⁷
- 72% of adults in Caledonia County use the dental health care system annually. The state average is 73%.¹⁷

Access to Health Care

- Caledonia County does not have enough physicians to meet the health needs of the county.¹⁷
- Health insurance coverage is typically lower in rural parts of the state.¹⁷
- 14% of residents in Caledonia County do not have health insurance.²⁰
- 21.9% of people are insured with VHAP, Medicaid or Dr. Dynosaur in Caledonia County.²⁰
- 96% of children under the age of 6 in Caledonia have two or more vaccines recorded in the Vermont Immunization Registry in 2005. This is particularly high in comparison to the rest of the state.¹⁷

Children & Youth

- There were 6402 students in pre-primary through high school.
- 74% of youth in grades 9-12 always wear their seatbelt.²⁹
- 6.1% of the babies born in Caledonia County had low birth weight (5.4 lbs. or less). 6.4% of babies in Vermont had low birth weight.¹⁷
- 89% of women in Caledonia County received prenatal care within the first trimester of their pregnancy. 90% of women in Vermont received prenatal care within the first trimester of their pregnancy.¹⁷
- 87% of women in Caledonia County received early adequate prenatal care. The state percentage was 89%.¹⁷
- In 2007, there 13.9 per 1000 female adolescents between the ages of 15 and 17 that were pregnant in Caledonia County. The state average was 15.8 per 1000.¹⁷

- From the 2004-2005 school year to the 2005-2006 school year, the number of underage youth drinking increased from 34% to 38.3%. During the same period, the number of underage youth binge drinking increased from 24.5% to 28%.
- In the SAMHSA NSDUH report Vermont had the highest percentage of youth 12 years and older reporting marijuana use in the past month in the country—9.7%
- Vermont had one of the highest rates of illicit drug use in the 12-17 year old range group in the county in 2006. (2006 State Estimates of Substance Use and Mental Health: Vermont)
- The number of children under the age of 18 living in poverty has increased from 15.7% (1989) to 18.3% (2005) in Caledonia.⁴⁰
- In 2003, 69.7% of high school seniors aspired to attend college. 68.4% of the students aspiring for further education continued within three months of graduation.²³

Community Safety

Homelessness

- On January 20, 2008, 155 people were counted as either homeless or precariously housed in Caledonia County. Eleven people were identified as chronically homeless, which means that the individual has a disabling condition and has either been continuously homeless for a year or more *or* has had at least four episodes of homelessness in the past three years. One hundred twenty-two people were considered precariously housed. This means that the people were doubling up in homes, couch surfing, etc.⁴⁴
- The length that people are staying in homeless shelters has also increased throughout Vermont. In 2000, the average stay was 11 days. In 2006, the average stay was 25 days. In 2007, the average stay was 33 days.³
- In 2007, Vermont 2-1-1 received 11 call regarding homelessness in Caledonia County. This is an increase from 10 in 2006 and 4 in 2005.³

Hunger

- 29.8% of the people accessing food shelves in Caledonia County were employed in 2007. Statewide, the number of working adults accessing food shelves has increased by more than 7% since 2005.³²
- 48.4% of the households accessing food shelves have children under the age of 18. Statewide, the number of households with children accessing the food shelf has increased by 7% since 2005.³²
- 28.9% of the households accessing food shelves have elders aged 65+. On a statewide level, the number of households with elders accessing the food shelf has increased by 17% since 2005.³²
- 605 households were served monthly in 2007.³²
- 1396 community meals were served monthly in 2007.³²

Economics

- Population (estimated 2006): 6567⁹
- Median Age (2000): 39⁹
- Total Households (2000): 2602⁹
- Average Household Size (2000): 2.47⁹
- The annual average wage in 2006 was \$29,334.⁹
- 778 people receive Food Stamps.⁹
- 883 families are identified as living in poverty.⁹
- 13.2% of the population has an income at or below the federal poverty line.⁴⁰

Housing

- There were 4762 units in Essex county in 2000:
 - 2069 were owner-occupied
 - 533 were renter-occupied
 - 2160 were vacant
 - 1844 were for seasonal, recreational or occasional use⁴¹
- There were an estimated 4851 units in 2006, an increase of 89 units.
- To be able to afford a home in Essex County, a person needs to make \$13.44/hour.³
- Housing costs in Essex County have a 110% affordability rate. It is the only county in Vermont with an affordability rate at or above 100%. An affordability index of 100% would indicate that the purchase price of the home is estimated to be affordable to the median income household in that area.³
- The average cost of a primary residence in 2007 in Essex County was \$106,500. 49 homes were sold.⁴¹
- The average cost of a vacation home in 2007 in Essex County was \$156,848. 26 vacation homes were sold.⁴¹

Transportation

- The amount that a person living in a rural area needs to budget per month to cover transportation costs is \$581/month for a single person. The amount that a person living in an urban area needs to budget per month to cover transportation costs is \$372/month for a single person.⁴²
- The average travel time to work is 22.01 minutes.⁹
- Some public transportation is available through: The Rural Community Transit.
- Most homes have 2 vehicles.⁹

Employment

- 64.36% of employment in Essex County is in the Private Sector. 34.39% of employment is in Government and Government Enterprise.⁴³
- The labor force had 3350 individuals in it in 2006.⁵
- 5.4% of the Essex workforce was unemployed in 2007. This is an increase from 3.9% in 2005.⁴³
- Essex County saw a net job loss of 11% in 2005.

Health

Leading Causes of Death

- The leading causes of death in Vermont are: heart disease, cancer (combined make up 50% of deaths in 2002), stroke, chronic lower respiratory disease, accidents, and diabetes.¹⁵
- 41.2% of deaths were attributed to heart disease and stroke in 2000. (Vermont State Fact Sheet, American Stroke Association)
 - In 2007, there were 191 coronary heart disease deaths per 100,000 in Essex County. The state average was 138 per 100,000.¹⁷
 - 22% of adults have high blood pressure in Essex County. 23% of the state has high blood pressure.¹⁷
- Breast cancer is the most commonly diagnosed cancer in women.¹⁹
 - Essex county had 130.3 incidences per 100,000 women from 1997-2001.¹⁹
- Colorectal cancer is the third most commonly diagnosed cancer in Vermont in men and the second most commonly diagnosed cancer in women.¹⁹
 - Vermont women have significantly higher rates of colorectal cancer than nationally.¹⁹
 - 100.3 males per 100,000 were diagnosed with colorectal cancer in Essex County.¹⁹
 - 58.3 females per 100,000 were diagnosed with colorectal cancer in Essex County.¹⁹
- Prostate cancer is the most commonly diagnosed cancer in men.¹⁹
 - 157.1 men per 100,000 were diagnosed with prostate cancer in Essex County.¹⁹
- The leading cause of unintentional injuries from 2000-2004 was motor vehicle accidents, followed by falls.¹⁷
 - 72% of students in Essex County always use their seatbelt. This is statistically the lowest number in the state.²⁹
 - 61% of adults in Essex County always wear their seatbelts. The state average is 79%. This is statistically the lowest percentage in the state.¹⁵

Chronic Disease

- 6.4% of adults over the age of 18 have diabetes in Essex County. The state average is 5.8.¹⁵
- 28% of adults in Essex County are obese. The statewide average is 21.4%. Essex has the statistically highest number of adults who are obese in the state.¹⁵
- 21% of residents in Essex County report having no leisure time physical activity. The state average is 19%.¹⁷

Substance Abuse

- Illness related to tobacco use is the leading cause of preventable deaths in Vermont.¹⁷
 - 33% of adults (18+) reported smoking in Essex County. The state average is 19%. This is statistically the highest average in the state.¹⁵
 - 43% of people who smoke have attempted to quit in Essex County. The state average is 49%.¹⁵
- 24% of adults (18+) reported binge drinking in the past month in Essex County. 18% is the state average. This is the highest rate in the state.¹⁵
- Illness related to tobacco use is the leading cause of preventable deaths in Vermont.¹⁷

Oral Health

- 49% of Vermont residents pay out of pocket for dental care.
- 63% of adults in Essex County use the dental health care system annually. The state average is 73%.¹⁷

Access to Health Care

- Essex County does not have enough physicians to meet the health needs of the county.¹⁷
- Health insurance coverage is typically lower in rural parts of the state.¹⁷
- 18.4% of residents in Essex and Orleans Counties do not have health insurance.²⁰
- 31.3% of people are insured with VHAP, Medicaid or Dr. Dynosaur in Orleans and Essex Counties.²⁰
- 81% of children under the age of 6 in Essex have two or more vaccines recorded in the Vermont Immunization Registry in 2005.¹⁷

Children & Youth

- There were 1422 students in pre-primary through high school.
- 72% of youth in grades 9-12 always wear their seatbelt while in a car. This is the lowest number of students reporting seatbelt use in the state.²⁹
- 7.7% of the babies born in Essex County had low birth weight (5.4 lbs. or less). 6.4% of babies in Vermont had low birth weight.¹⁷
- 88% of women in Essex County received prenatal care within the first trimester of their pregnancy. 90% of women in Vermont received prenatal care within the first trimester of their pregnancy.¹⁷
- 85% of women in Essex County received early adequate prenatal care. The state percentage was 89%.¹⁷
- The number of children under the age of 18 living in poverty has increased from 15.9% (1989) to 19.9% (2005) in Essex.⁴⁰
- In 2003, 83.7% of high school seniors aspired to attend college. 81% of the students aspiring for further education continued within three months of

graduation. This is a significant increase from the years prior and the highest in the five-county region served by GMUW.²³

Community Safety

Homelessness

- On January 20, 2008, 12 people were counted as either homeless or precariously housed in Essex County. All twelve people were considered precariously housed. This means that the people were doubling up in homes, couch surfing, etc.⁴⁴
- In 2007, Vermont 2-1-1 received 1 call regarding homelessness in Essex county.⁵

Hunger

- 45% of the people accessing food shelves in Essex County were employed in 2007. On a statewide level, the number of working adults accessing food shelves has increased by more than 7% since 2005.³²
- 60% of the households accessing food shelves had children under the age of 18. On a statewide level, the number of households with children accessing the food shelf has increased by 7% since 2005.³²
- 25% of the households accessing food shelves have elders aged 65+. On a statewide level, the number of households with elders accessing the food shelf has increased by 17% since 2005.³²
- 40 households were served monthly in 2005.³²
- 70 community meals were served monthly in 2008.³²

Economics

- Population: 29,440 (estimated 2006) ⁹
- Median Age (2000): 38.6 ⁹
- Total Households (2000): 10,936 ⁹
- Average Household Size (2000): 2.52 ⁹
- The annual average wage in 2006 was \$29,781. ⁹
- 2025 people receive Food Stamps. ⁹
- 467 families are identified as living in poverty. ⁹
- 9.2% of the population has an income at or below the federal poverty line. ⁴⁰

Housing

- There were 13,386 units in Orange County in 2000:
 - 8559 were owner-occupied
 - 2377 were renter-occupied
 - 2450 were vacant
 - 1850 were for seasonal, recreational or occasional use ⁴¹
- There were an estimated 13,735 units in 2006, an increase of 349 units.
- To be able to afford a home in Orange County, a person needs to make \$13.98/hour. ³
- Housing costs in Orange County have an 85% affordability rate. An affordability index of 100% would indicate that the purchase price of the home is estimated to be affordable to the median income household in that area. ³
- The average cost of a primary residence in 2007 in Orange County was \$184,181. 274 homes were sold. ⁴¹
- The average cost of a vacation home in 2007 in Orange County was \$287,125. 38 vacation homes were sold. ⁴¹
- There are 30 units available for elder and people with disabilities housing in Orange County. 29 of these units require Section 8 eligibility. ⁴⁵

Transportation

- The amount that a person living in a rural area needs to budget per month to cover transportation costs is \$581/month for a single person. The amount that a person living in an urban area needs to budget per month to cover transportation costs is \$372/month for a single person. ⁴²
- The average travel time to work is 25.44 minutes. ⁹
- Some public transportation is available through: Stagecoach Transportation Services located in Randolph. ¹⁰
- Most homes own 2 cars. ⁹

Employment

- The largest employers in the Randolph region are Gifford Medical Center (450) and Clara Martin Center (107). Greater information about the entire county was not available at the time of this report.

- 71.16% of employment in Orange County is in the Private Sector. 27.94% of employment is in Government and Government Enterprise. 14.71% is in Health Care and Social Assistance. ⁴³
- The labor force had 16750 individuals in it in 2006. ⁵
- 3.6% of the Orange workforce was unemployed in 2007. This is a slight increase from 3.3% in 2005. ⁴³

Health

Leading Causes of Death

- The leading causes of death in Vermont are: heart disease, cancer (combined make up 50% of deaths in 2002), stroke, chronic lower respiratory disease, accidents, and diabetes. ¹⁵
 - In 2007, there were 169 coronary heart disease deaths per 100,000 in Orange County. The state average was 138 per 100,000. ¹⁷
 - In 2007, there were 49 stroke deaths per 100,000 in Orange County. The state average was 44 per 100,000. ¹⁷
 - 24% of adults have high blood pressure in Orange County. 23% of the state has high blood pressure. ¹⁷
- Lung cancer is the leading cause of male and female cancer deaths. ¹⁹
 - 100.1 males per 100,000 were diagnosed with lung cancer. ¹⁹
 - 41.5 females per 100,000 were diagnosed with lung cancer. ¹⁹
- Breast cancer is the most commonly diagnosed cancer in women. ¹⁹
 - Orange county had 146.8 incidences per 100,000 women from 1997-2001. ¹⁹
- Colorectal cancer is the third most commonly diagnosed cancer in Vermont in men and the second most commonly diagnosed cancer in women. ¹⁹
 - Vermont women have significantly higher rates of colorectal cancer than nationally. ¹⁹
 - 68.9 males per 100,000 were diagnosed with colorectal cancer in Orange County. ¹⁹
 - 57.5 females per 100,000 were diagnosed with colorectal cancer in Orange County. ¹⁹
- Prostate cancer is the most commonly diagnosed cancer in men. ¹⁹
 - 147.4 men per 100,000 were diagnosed with prostate cancer in Orange County. ¹⁹
- The leading cause of unintentional injuries from 2000-2004 was motor vehicle accidents, followed by falls. ¹⁷
 - 78% of students in Orange County always use their seatbelt. This is statistically among the lowest percentage in the state. ²⁹
 - 78% of adults in Orange County always wear their seatbelts. The state average is 79%. ¹⁵

Chronic Disease

- 6.3% of adults over the age of 18 have diabetes in Orange County. The state average is 5.8%.¹⁵
- 23.6% of adults in Orange County are obese. The statewide average is 21.4%.¹⁵
- 20% of residents in Orange County report having no leisure time physical activity. The state average is 19%.¹⁷

Substance Abuse

- Illness related to tobacco use is the leading cause of preventable deaths in Vermont.¹⁷
 - 53% of people who smoke have attempted to quit in Orange County. The state average is 49%.¹⁵
- 19% of adults (18+) reported binge drinking in the past month in Orange County. 18% is the state average.¹⁵

Oral Health

- 49% of Vermont residents pay out of pocket for dental care.¹⁷
- 67% of adults in Orange County use the dental health care system annually. The state average is 73%.¹⁷

Access to Health Care

- Health insurance coverage is typically lower in rural parts of the state.¹⁷
- 10.5% of residents in Orange County do not have health insurance.²⁰ 21.5% of people are insured with VHAP, Medicaid or D. Dynosaur in Orange County.²⁰
- 71% of children under the age of 6 in Orange County have two or more vaccines recorded in the Vermont Immunization Registry in 2005.¹⁷

Children & Youth

- There were 6117 students in pre-primary through high school.
- 78% of youth in grades 9-12 always wear their seatbelt in Orange County.²⁹
- 6.8% of the babies born in Orange County had low birth weight (5.4 lbs. or less). 6.4% of babies in Vermont had low birth weight.¹⁷
- 92% of women in Orange County received prenatal care within the first trimester of their pregnancy. This is statistically better than the state average of 90% of women in Vermont who received prenatal care within the first trimester of their pregnancy.¹⁷
- 87% of women in Orange County received early adequate prenatal care. The state percentage was 89%.¹⁷
- There were 13.1 per 1000 female adolescents between the ages of 15 and 17 that were pregnant in Orange County. This is statistically better than the state average of 15.8 per 1000.¹⁷
- The number of children under the age of 18 living in poverty has increased from 11.2% (1989) to 13.1% (2005) in Orange.⁴⁰

- In 2003, 63.7% of high school seniors aspired to attend college. 60.2% of the students aspiring for further education continued within three months of graduation.²³

Community Safety

Homelessness

- On January 20, 2008, 77 people were counted as either homeless or precariously housed in Orange County. Ten of these people were identified as chronically homeless, which means that the individual has a disabling condition and has either been continuously homeless for a year or more *or* has had at least four episodes of homelessness in the past three years. Sixty-three of the seventy-seven people were considered precariously housed. This means that the people were doubling up in homes, couch surfing, etc.⁴⁴
- In 2007, Vermont 2-1-1 received 15 calls regarding homelessness. This is an increase from 12 in 2006 and 5 in 2005. The increase may be due to increased marketing efforts. (2007 Report on Homeless and At Risk Callers)

Hunger

- 43.5% of the people accessing food shelves in Orange County were employed in 2007.³² On a statewide level, the number of working adults accessing food shelves has increased by more than 7% since 2005.³²
- 53.1% of the households accessing food shelves have children under the age of 18. On a statewide level, the number of households with children accessing the food shelf has increased by 7% since 2005.³²
- 17.9% of the households accessing food shelves have elders aged 65+. On a statewide level, the number of households with elders accessing the food shelves has increased by 17% since 2005.³²
- 324 households were served monthly in 2007.³²
- 54 community meals were served monthly in 2007.³²

Economics

- Population (estimated 2006): 27,718⁹
- Median Age (2000): 39.3⁹
- Total Households (2000): 10,446⁹
- Average Household Size (2000): 2.45⁹
- The annual average wage in 2006 was \$28,357.⁹
- 3581 people receive Food Stamps.⁹
- 763 families are identified as living in poverty.⁹
- 13.7% of the population has an income at or below the federal poverty line.⁴⁰

Housing

- There were 14673 units in Orleans County in 2000:
 - 7738 were owner-occupied
 - 2708 were renter-occupied
 - 4227 were vacant
 - 3397 were for seasonal, recreational or occasional use⁴¹
- There were an estimated 15,299 units in 2006, an increase of 662 units.
- To be able to afford a home in Orleans County, a person needs to make \$11.08/hour.³
- Housing costs in Orleans County have an 87% affordability rate. An affordability index of 100% would indicate that the purchase price of the home is estimated to be affordable to the median income household in that area.³
- The average cost of a primary residence in 2007 in Orleans County was \$157,409. 261 homes were sold.⁴¹
- The average cost of a vacation home in 2007 in Orleans County was \$213,926. 126 vacation homes were sold.⁴¹

Transportation

- The amount that a person living in a rural area needs to budget per month to cover transportation costs is \$581/month for a single person. The amount that a person living in an urban area needs to budget per month to cover transportation costs is \$372/month for a single person.⁴²
- The average travel time to work is 21.45 minutes.⁹
- Some public transportation is available through The Rural Community Transit. This organization also coordinates the RideShare program in that region.¹⁰
- Most homes have 2 vehicles.⁹

Employment

- 71.23% of employment in Orleans County is in the Private Sector. 27.19% of employment is in Government and Government Enterprise. 15.45% is in Manufacturing.⁴³

- Orleans has historically had the highest unemployment rates in the state. In 2007, it was 5.7%.
- The labor force had 14600 individuals in it in 2006. ⁵

Health

Leading Causes of Death

- The leading causes of death in Vermont are: heart disease, cancer (combined make up 50% of deaths in 2002), stroke, chronic lower respiratory disease, accidents, and diabetes. ¹⁵
- In 2007, there were 189 coronary heart disease deaths per 100,000 in Orleans County. This is statistically worse than statewide. The state average was 138 per 100,000. ¹⁷
 - In 2007, there were 44 stroke deaths per 100,000 in Orleans County. The state average was 44 per 100,000. ¹⁷
 - 23% of adults have high blood pressure in Orleans County. 23% of the state has high blood pressure. ¹⁷
- Lung cancer is the leading cause of male and female cancer deaths. ¹⁹
 - 87.6 males per 100,000 were diagnosed with lung cancer. ¹⁹
 - 58.6 females per 100,000 were diagnosed with lung cancer. ¹⁹
- Breast cancer is the most commonly diagnosed cancer in women. ¹⁹
 - Orleans County had 111.1 incidences per 100,000 women from 1997-2001. This is statistically lower than the US rate. ¹⁹
- Colorectal cancer is the third most commonly diagnosed cancer in Vermont in men and the second most commonly diagnosed cancer in women. ¹⁹
 - Vermont women have significantly higher rates of colorectal cancer than nationally. ¹⁹
 - 73.4 males per 100,000 were diagnosed with colorectal cancer in Orleans County. ¹⁹
 - 55.2 females per 100,000 were diagnosed with colorectal cancer in Orleans County. ¹⁹
- Prostate cancer is the most commonly diagnosed cancer in men. ¹⁹
 - 186.0 men per 100,000 were diagnosed with prostate cancer in Orleans County. ¹⁹
- The leading cause of unintentional injuries from 2000-2004 was motor vehicle accidents, followed by falls. ¹⁷
 - 76% of students in Orleans County always use their seatbelt. This is statistically very low in comparison to the rest of the state. ²⁹
 - 72% of adults in Orleans County always wear their seatbelts. The state average is 79%. ¹⁵

Chronic Disease

- 6.3% of adults over the age of 18 have diabetes in Orleans County. The state average is 5.8%.¹⁵
- 22.9% of adults in Orleans County are obese. The statewide average is 21.4%.¹⁵
- 58% of Vermont residents report engaging in a regular moderate activity.
- 24% of residents in Orleans County report having no leisure time physical activity. This is statistically worse than statewide. The state average is 19%.¹⁷

Substance Abuse

- Illness related to tobacco use is the leading cause of preventable deaths in Vermont.¹⁷
- 25% of adults (18+) reported smoking in Orleans County. The state average is 19%.¹⁵
- 44% of people who smoke have attempted to quit in Orleans County. The state average is 49%.¹⁵

Oral Health

- 49% of Vermont residents pay out of pocket for dental care.¹⁷
- 70% of adults in Orleans County use the dental health care system annually. The state average is 73%.¹⁷

Access to Health Care

- Health insurance coverage is typically lower in rural parts of the state.¹⁷
- 18.4% of residents in Essex and Orleans Counties do not have health insurance.²⁰
- 31.3% of people are insured with VHAP, Medicaid or Dr. Dynosaur in Orleans and Essex Counties.²⁰
- 94% of children under the age of 6 in Orleans have two or more vaccines recorded in the Vermont Immunization Registry in 2005.¹⁷

Children & Youth

- There were 5533 students in pre-primary through high school.
- 76% of youth in grades 9-12 always wear their seatbelt in Orleans County.²⁹
- 5.2% of the babies born in Orleans County had low birth weight (5.4 lbs. or less). 6.4% of babies in Vermont had low birth weight.¹⁷
- 90% of women in Orleans County received prenatal care within the first trimester of their pregnancy. 90% of women in Vermont received prenatal care within the first trimester of their pregnancy.¹⁷
- 88% of women in Orleans County received early adequate prenatal care. The state percentage was 89%.¹⁷
- There were 17.6 per 1000 female adolescents between the ages of 15 and 17 that were pregnant in Orleans County. The state average was 15.8 per 1000.¹⁷

- The number of children under the age of 18 living in poverty has increased from 18.7% (1989) to 19.3% (2005) in Orleans. This is one of the highest rates in the state.⁴⁰
- In 2003, 65.9% of high school seniors aspired to attend college. 60.9% of the students aspiring for further education continued within three months of graduation.²³

Community Safety

Homelessness

- On January 20, 2008, 61 people were counted as either homeless or precariously housed in Orleans County. Four of these people were identified as chronically homeless, which means that the individual has a disabling condition and has either been continuously homeless for a year or more *or* has had at least four episodes of homelessness in the past three years. Thirty-seven of the sixty-one people were considered precariously housed. This means that the people were doubling up in homes, couch surfing, etc.⁴⁰
- In 2007, Vermont 2-1-1 received 6 calls regarding homelessness in Orleans County. They received 9 in 2006 and 5 in 2005. The increase may be due to increased marketing efforts.³⁰

Hunger

- 22.2% of the people accessing food shelves in Orleans County were employed in 2007. On a statewide level, the number of working adults accessing food shelves has increased by more than 7% since 2005.³²
- 43.9% of the households accessing food shelves have children under the age of 18. On a statewide level, the number of households with children accessing the food shelves has increased by 7% since 2005.³²
- 33.82% of the households accessing food shelves have elders aged 65+. On a statewide level, the number of households with elders accessing the food shelves has increased by 17% since 2005.³²
- 545 households were surveyed monthly in 2005.³²
- 30 community meals were served monthly in 2008. (This is a significant decrease from 1300 in 2005. A senior meal site was closed.)³²

Economics

- Population (estimated 2006): 59,564⁹
- Median Age (2000): 38.5⁹
- Total Households (2000): 23,659⁹
- Average Household Size (2000): 2.36⁹
- The annual average wage in 2006 was \$35,370.⁹
- 3,535 people receive Food Stamps.⁹
- 829 families are identified as living in poverty.⁹
- 8.5% of the population has an income at or below the federal poverty line.⁴⁰

Housing

- There were 27644 units in Washington county in 2000:
 - 16218 were owner-occupied
 - 7441 were renter-occupied
 - 3985 were vacant
 - 3098 were for seasonal, recreational or occasional use⁴¹
- There were an estimated 28,787 units in 2006. This is an increase of 1143 units.⁴¹
- To be able to afford a home in Washington county a person needs to make \$14.67/hour.³
- Housing costs in Washington County have a 91% affordability rate. An affordability index of 100% would indicate that the purchase price of the home is estimated to be affordable to the median income household in that area.³
- The average cost of a primary residence in 2007 in Washington County was \$209,080. 609 homes were sold.⁴¹
- The average cost of a vacation home in 2007 in Washington County was \$251,032. 113 vacation homes were sold.⁴¹
- There are 396 units available for elder and people with disabilities housing in Washington County. 379 of these units require Section 8 eligibility.⁴⁵

Transportation

- The amount that a person living in a rural area needs to budget per month to cover transportation costs is \$581/month for a single person. The amount that a person living in an urban area needs to budget per month to cover transportation costs is \$372/month for a single person.⁴²
- The average travel time to work is 21.77 minutes.⁹
- Some public transportation is available through the Green Mountain Transit Agency.¹⁰
- The Central Vermont Regional Planning Commission has developed a mission statement to guide the development of transportation goals, policies, and action items. “ Preserve, enhance, and develop an integrated, multimodal regional transportation system to accommodate the need for movement of people and commerce in a safe, cost-effective, environmentally responsible,

and equitable manner, that conforms with other elements of the regional plan." ⁸

- Most homes have two vehicles. ⁹

Employment

- The two biggest employers in Washington County are Central Vermont Medical Center (1200) and National Life Group (750).
- 70.98% of employment in Washington County is in the Private Sector. 28.88% of employment is in Government and Government Enterprise. ⁴³
- The labor force had 34800 individuals in it in 2006. ⁵
- 4% of the Washington workforce was unemployed in 2007. This is a slight increase from 3.6% in 2005. ⁴³
- In Central Vermont, 65% of the population is employed in Montpelier, Barre City, Barre Town and Berlin. However, only 40% of the population lives in these cities.

Health

Leading Causes of Death

- The leading causes of death in Vermont are: heart disease, cancer (combined make up 50% of deaths in 2002), stroke, chronic lower respiratory disease, accidents, and diabetes. ¹⁵
- In 2007, there were 147 coronary heart disease deaths per 100,000 in Washington County. This is statistically worse than statewide. The state average was 138 per 100,000. ¹⁷
 - In 2007, there were 61 stroke deaths per 100,000 in Washington County. This is statistically worse than statewide. The state average was 44 per 100,000. ¹⁷
 - 22% of adults have high blood pressure in Washington County. 23% of the state has high blood pressure. ¹⁷
- Lung cancer is the leading cause of male and female cancer deaths. ¹⁹
 - 103.9 males per 100,000 were diagnosed with lung cancer. This is statistically higher than the US rate. ¹⁹
 - 49.3 females per 100,000 were diagnosed with lung cancer. ¹⁹
- Breast cancer is the most commonly diagnosed cancer in women. ¹⁹
 - Washington County had 146.8 incidences per 100,000 women from 1997-2001. ¹⁹
- Colorectal cancer is the third most commonly diagnosed cancer in Vermont in men and the second most commonly diagnosed cancer in women. ¹⁹
 - Vermont women have significantly higher rates of colorectal cancer than nationally. ¹⁹

- 73.8 males per 100,000 were diagnosed with colorectal cancer in Washington County.¹⁹
- 57.2 females per 100,000 were diagnosed with colorectal cancer in Washington County.¹⁹
- Prostate cancer is the most commonly diagnosed cancer in men.¹⁹
 - 103.9 men per 100,000 were diagnosed with prostate cancer in Washington County.¹⁹
- The leading cause of unintentional injuries from 2000-2004 was motor vehicle accidents, followed by falls.¹⁷
 - 82% of students in Washington County always use their seatbelt. This is the highest percentage in our five-county region.²⁹
 - 80% of adults in Washington County always wear their seatbelts. The state average is 79%.¹⁵

Housing

Chronic Disease

- 6.9% of adults over the age of 18 have diabetes in Washington County. The state average is 5.8%.¹⁵
- 20.6% of adults in Washington County are obese. The statewide average is 21.4%.¹⁵
- 18% of residents in Washington County report having no leisure time physical activity. The state average is 19%.¹⁷

Substance Abuse

- Illness related to tobacco use is the leading cause of preventable deaths in Vermont.¹⁷
- 21% of adults (18+) reported smoking in Washington County. The state average is 19%.¹⁵
- 55% of people who smoke have attempted to quit in Washington County. The state average is 49%.¹⁵
- 19% of adults (18+) reported binge drinking in the past month in Washington County. 18% is the state average.¹⁵

Oral Health

- 49% of Vermont residents pay out of pocket for dental care.¹⁷
- 75% of adults in Washington County use the dental health care system annually. The state average is 73%.¹⁷

Access to Health Care

- 9.1% of residents in Washington County do not have health insurance.²⁰
- 16.1% of people are insured with VHAP, Medicaid or Dr. Dynosaur in Washington County.²⁰

Children & Youth

- 64% of children under the age of 6 in Washington have two or more vaccines recorded in the Vermont Immunization Registry in 2005. This is statistically among the lowest percentages in the state.¹⁷
- There were 11518 students in pre-primary through high school.
- 82% of youth in grades 9-12 always wear their seatbelt in Washington County. This is the highest rate in our five-county region.²⁹
- 6.1% of the babies born in Washington County had low birth weight (5.4 lbs. or less). 6.4% of babies in Vermont had low birth weight.¹⁷
- 90% of women in Washington County received prenatal care within the first trimester of their pregnancy. 90% of women in Vermont received prenatal care within the first trimester of their pregnancy.¹⁷
- 83% of women in Washington County received early adequate prenatal care. This was statistically worse than the state percentage of 89%.¹⁷
- There were 18.4 per 1000 female adolescents between the ages of 15 and 17 that were pregnant in Washington County. The state average was 15.8 per 1000.¹⁷
- The number of children under the age of 18 living in poverty has increased from 9.9% (1989) to 9.8% (2005) in Washington.⁴⁰
- In 2003, 71.3% of high school seniors aspired to attend college. 70.1% of the students aspiring for further education continued within three months of graduation.⁴⁰

Community Safety

Homelessness

- On January 20, 2008, 167 people were counted as either homeless or precariously housed in Washington County. Thirty-six of these people were identified as chronically homeless, which means that the individual has a disabling condition and has either been continuously homeless for a year or more *or* has had at least four episodes of homelessness in the past three years. Sixty-six of the one hundred sixty-seven people were considered precariously housed. This means that the people were doubling up in homes, couch surfing, etc.⁴⁴
- In 2007, Vermont 2-1-1 received 26 calls regarding homelessness in Washington County. They received 29 in 2006 and 28 in 2005.

Hunger

- 37.7% of the people accessing food shelves in Washington County were employed in 2007. On a statewide level, the number of working adults accessing food shelves has increased by more than 7% since 2005.³²
- 41.5% of the households accessing food shelves have children under the age of 18. On a statewide level, the number of households with children accessing the food shelves has increased by 7% since 2005.³²

- 26% of the households accessing food shelves have elders aged 65+. On a statewide level, the number of households with elders accessing the food shelves has increased by 17% since 2005.³²
- 1733 households were served monthly in 2007.³²
2905 community meals were served monthly in 2007.³²

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