



# Strategic Plan

January 2024-June 2027

## Historical Context and Land Recognition

We acknowledge the legacy of Vermont's Indigenous people, the Abenaki People of the Dawn, who have cared for this land for generations and continue to do so. We recognize that colonialism and the oppression of Native peoples are a current and ongoing process, and we commit to building our awareness of our present participation. We pay our respects to the elders past and present. We acknowledge with deep gratitude this land and all it gives us. We also acknowledge the histories of Black, Indigenous, and people of color (BIPOC) and the painful history of enslavement that this country was built upon. We acknowledge the existence of present-day racism and are committed to actively addressing these inequities.

## Introduction

In 2023, Northeastern Vermont Regional Hospital (NVRH) received a grant from the Vermont Department of Health (VDH) Division of Substance Use Programs (DSU) to serve as the Prevention Lead for a region that includes the Morrisville, Newport, and St. Johnsbury Health Districts. This region, known as "Region 3", is one of four newly established prevention regions in the state and reflects an expansion of the NEK Prevention Center of Excellence (PCE) region that was established in 2020. NVRH, Umbrella, Inc. and Lamoille Family Center entered into a consortium agreement to form the Northeast Vermont Prevention Consortium – Prevention Lead (NVPC-PL).

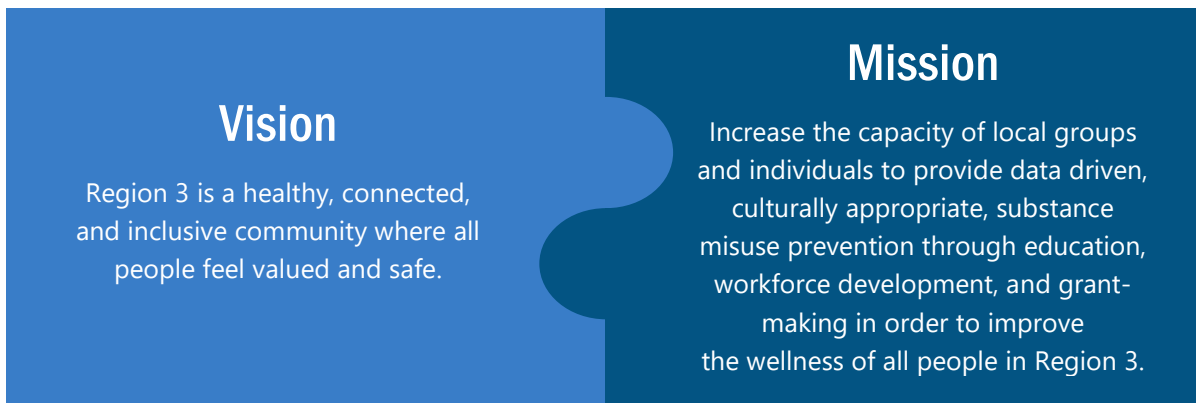
One of the objectives for this new grant was to update the strategic plan that had been developed in 2021 for the NEK PCE to include the expanded geographic service area for Region 3 as well as primary and secondary prevention across the lifespan. The first step was to review substance use related data from across the region to identify needs, disparities and any gaps for specific geographic areas and/or populations in order to develop an updated Needs and Disparities Statement for Region 3. The Needs and Disparities Statement (Appendix A) was completed in the fall of 2023 and includes nine prevention priorities for the region.

This strategic plan was developed in early 2024 and is designed to identify specific objectives for each of the Region 3 priorities identified through the needs assessment, and specific strategies to be implemented by the NVPC-PL to help achieve these objectives, including strategies for building substance use prevention capacity and infrastructure in the region. This plan covers a period of three and a half years and will be used to develop a specific work plan and subgranting approach for each of these years. It will also be helpful in identifying and developing proposals for future funding.

# Strategic Planning Process

In January 2024 a Strategic Planning Committee was formed which included members of the NVPC-PL Regional Advisory Committee<sup>1</sup>. The strategic planning process was facilitated by the NVPC-PL Coordination Team, with assistance from Pacific Institute for Research and Evaluation (PIRE). The Strategic Planning Committee met a total of four times in January and February to provide input on the Vision and Mission Statements for the NVPC-PL and to discuss specific strategies that could be implemented at the regional level to address the nine regional priorities and their associated risk and protective factors. The Coordination Team and PIRE continued to meet through May 2024 to draft the plan, which was shared again with the Regional Advisory Committee and approved on June 26, 2024.

## Vision and Mission Statements



<h3>Vision</h3> <p>Region 3 is a healthy, connected, and inclusive community where all people feel valued and safe.</p>	<h3>Mission</h3> <p>Increase the capacity of local groups and individuals to provide data driven, culturally appropriate, substance misuse prevention through education, workforce development, and grant-making in order to improve the wellness of all people in Region 3.</p>
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## Guiding Values

The NVPC-PL is also guided by a set of core values that shape our actions and commitments to the communities we serve. These guiding values were developed in collaboration with the Regional Advisory Committee to help ensure that we remain true to our mission and continuously strive to make a positive impact.

**EQUITY:** We engage and value partnerships with all members of our communities. We champion equity, inclusivity, and diversity, working to ensure all voices are heard, valued, and respected. We strive to provide equitable access to resources and opportunities, continually improving our understanding and incorporating this learning into our daily practices.

**CONNECTION:** We understand the value of connection among community members as a critical component of substance misuse prevention. Through our grant-making, technical assistance, and capacity-building activities, we aim to create more opportunities for authentic, person-centered connections in our region.

**INNOVATION:**

We support our region through creativity and innovation rooted in best practices and emergent learning. We recognize the need for flexibility to meet the diverse needs of the communities we serve. We

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<sup>1</sup> A full list of participants in the strategic planning process can be found in the Acknowledgements on page 16.

recognize that prevention expertise exists in all sectors of the community and we aim to support and learn from those examples.

**INTEGRITY:** We pledge to approach our work with integrity, ensuring honesty and transparency with the community members we serve. We are dedicated to using the resources we administer to advance our shared mission.

## Logic Models Overview

Logic models for the nine priorities established through the Needs and Disparities Statement were developed as part of the strategic planning process. These logic models can be found below. Each logic model addresses a specific goal and includes selected risk and protective factors, supporting data, SMART (Specific, Measurable, Achievable, Realistic, and Time-bound) objectives, and strategies for each. The risk and protective factors presented in these logic models represent only a portion of the many factors and social determinants of health that impact substance use. These logic models include those that are currently the primary focus of the NVPC-PL, but there are other important “upstream” elements that play a role in the overall health of people in our region. The NVPC-PL strives to continuously learn about and understand the role of substance misuse prevention efforts within the broader context of these social and economic factors that influence health and wellbeing.

The supporting data that are presented in these logic models include some key data points that were identified through the development of the Needs and Disparities Statement. They do not represent an exhaustive list of all data relevant to each goal, risk, and protective factor. More data related to these goals can be found on county specific data scorecards that have been developed for each county in the region<sup>2</sup>.

**It is important to note that the strategies in these logic models reflect what can be achieved through the Northeast Vermont Prevention Consortium Prevention Lead as a regional entity convening and funding community partners and supporting prevention work throughout Region 3, rather than specific prevention strategies to be implemented at a community level.** As such, there is considerable overlap of strategies between some of the goals.



Data Scorecards  
[Caledonia County](#)  
[Essex County](#)  
[Lamoille County](#)  
[Orleans County](#)

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<sup>2</sup> Because the boundaries of the Region 3 service area do not align exactly with county boundaries, there are several towns which are not represented in the data included in these scorecards. These include Newbury (including the village of Wells River) and Topsham in Orange County, and Woodbury in Washington County.

## Funding Strategy

As one of the primary strategies to address the goals outlined in this strategic plan, the NVPC-PL will grant funds to community-based organizations, schools, and other community partners through both non-competitive and competitive processes. The NVPC-PL funding approach follows the steps of the Strategic Prevention Framework (Figure 1) and also ensures that community strategies are being implemented at all levels of the Vermont Prevention Model (Figure 2) and CADCA's Seven Strategies for Community Change (Figure 3).

In January of 2024, non-competitive awards were made to four community coalitions throughout Region 3 and a competitive process was implemented through a request for applications that funded fifteen community organizations through June of 2024. Additional funding will be awarded in the following year through both competitive and non-competitive processes.

Current funding from the Vermont Department of Health ends in June of 2025. As a result, funding strategies to address the risk and protective factors and objectives outlined in this strategic plan beyond June of 2025 are dependent on the availability of future funding from the Vermont Department of Health and/or other sources.

Figure 1 Strategic Prevention Framework



Figure 2 Vermont Prevention Model

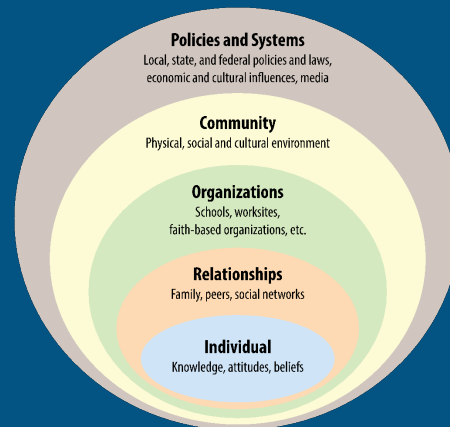


Figure 3 CADCA's Seven Strategies for Community Change



# Logic Models

## GOAL 1: Reduce underage alcohol use

### Selected Risk and Protective Factors<sup>3</sup>

Ease of access  
Community norms  
Peer disapproval  
Perception of parental disapproval  
Perceived risk of harm  
Age of first use  
Adverse Childhood Experiences (ACEs)  
Racial and other systemic injustices

### Supporting Data

Alcohol continues to be the most used substance among youth in the state and in the region.

In 2021, rates of adolescent alcohol use in **Lamoille and Orleans Counties** were statistically higher than the state.

More youth in **Orleans County** report that it is easy or very easy to get alcohol as compared to the state.

Fewer youth in **Lamoille and Orleans Counties** report that it is wrong or very wrong for people their age to drink alcohol, and that their parents would feel it is wrong or very wrong for them to drink alcohol as compared to the state.

Fewer youth in **Orleans County** report that there is great risk of harm from binge drinking.

(source: [YRBS](#))

### SMART<sup>4</sup> Objectives

Decrease underage alcohol use across the region by 2027.

Risk and protective factors will show change in the desirable direction by 2027.

Each year, each health district in the region strives to implement at least one activity at each level of the Vermont Prevention Model using CADCA's Seven Strategies for Community Change as a guide.

### Strategies

- Convene regional learning community for all four coalitions in Region 3 on at least a quarterly basis to discuss strategies to address these risk/protective factors.
- Provide technical assistance and funding via competitive and non-competitive processes to community coalitions and partners to implement strategies that will address these risk/protective factors.
- Address needs and disparities for specific populations through non-competitive funding process to intentionally engage partners with expertise in supporting youth who are LGBTQ+, BIPOC, exposed to substance use at home and/or are involved with DCF.
- For competitive funding processes, ensure cultural and linguistic accessibility to RFPs and include scoring criteria related to advancing health equity.
- Support coalitions in providing low-barrier, accessible funding to community partners with limited capacity to respond to RFPs.
- Promote and participate in education and advocacy at state level in collaboration with Prevention Works!VT.

<sup>3</sup> There are many factors and social determinant of health that impact substance use. These logic models do not include all possible factors, but rather those that are the primary focus of the NVPC-PL.

<sup>4</sup> SMART stands for Specific, Measurable, Achievable, Realistic, Timebound. For several goals we have also included components of Inclusion and Equity in the objectives (more information on SMARTIE objectives can be found [here](#)).

## GOAL 2: Reduce underage cannabis/marijuana use

### Selected Risk and Protective Factors

### Supporting Data

### SMART Objectives

### Strategies

Ease of access

Community norms

Peer disapproval

Perception of parental disapproval

Perceived risk of harm

Age of first use

Adverse Childhood Experiences (ACEs)

Racial and other systemic injustices

In 2021, youth marijuana use rates were statistically higher than the state in **Lamoille County**, and statistically higher for **BIPOC youth** in **Orleans County**.

With legalization and the development of retail cannabis markets around the state, a focus on prevention for youth continues to be very important.

Fewer youth in **Lamoille County** report that it is wrong or very wrong for people their age to use marijuana, and that their parents would feel it is wrong or very wrong for them to use marijuana as compared to the state.

More youth in **Lamoille County** report that it is easy or very easy to get marijuana as compared to the state.

(source: [YRBS](#))

Decrease underage cannabis use across the region by 2027.

Risk and protective factors will show change in the desirable direction by 2027.

Each year, each health district in the region has at least one activity being implemented at each level of the Vermont Prevention Model.

- Convene regional learning community for all four coalitions in Region 3 on at least a quarterly basis to discuss strategies to address these risk/protective factors, including outreach to cannabis retailers as a relatively new industry.
- Provide technical assistance and funding via competitive and non-competitive processes to community coalitions and partners to implement strategies that will address these risk/protective factors.
- Address needs and disparities for specific populations through non-competitive funding process to intentionally engage partners with expertise in supporting youth who are LGBTQ+, BIPOC, exposed to substance use at home and/or are involved with DCF.
- For competitive funding processes, ensure cultural and linguistic accessibility to RFPs and include scoring criteria related to advancing health equity.
- Support coalitions in providing low-barrier, accessible funding to community partners with limited capacity to respond to RFPs.
- Promote and participate in education and advocacy at state level in collaboration with Prevention Works!VT.

## GOAL 3: Reduce underage tobacco and EVP<sup>5</sup> use

### Selected Risk and Protective Factors

Ease of access  
 Community norms  
 Peer disapproval  
 Perception of parental disapproval  
 Perceived risk of harm  
 Age of first use  
 Adverse Childhood Experiences (ACEs)  
 Racial and other systemic injustices

### Supporting Data

Rates of EVP use among **Orleans County** youth has been statistically higher than the state, including in 2021, though rates for both the County and state decreased that year. The rate for **BIPOC youth in Orleans County** in 2021 was also statistically higher.

There is currently no tobacco prevention funding in northern Essex and Orleans County, and Caledonia and southern Essex County will no longer have tobacco prevention funding as of July 2024.

In 2021, more youth in **Orleans County** reported trying cigarettes and before age 13 as compared to the state.

(source: [YRBS](#))

### SMART Objectives

Decrease underage tobacco and EVP use across the region by 2027, particularly among BIPOC youth in Orleans County.

Risk and protective factors will show change in the desirable direction by 2027.

Each year, each health district in the region has at least one activity being implemented at each level of the Vermont Prevention Model.

### Strategies

- Convene regional learning community for all four coalitions in Region 3 on at least a quarterly basis to discuss strategies to address these risk/protective factors.
- Provide technical assistance and funding via competitive and non-competitive processes to community coalitions and partners to implement strategies that will address these risk/protective factors.
- Address needs and disparities for specific populations through non-competitive funding process to intentionally engage partners with expertise in supporting youth who are LGBTQ+, BIPOC, exposed to substance use at home and/or are involved with DCF.
- For competitive funding processes, ensure cultural and linguistic accessibility to RFPs and include scoring criteria related to advancing health equity.
- Support coalitions in providing low-barrier, accessible funding to community partners with limited capacity to respond to RFPs.
- Promote and participate in education and advocacy at state level in collaboration with Prevention Works!VT.

<sup>5</sup> Electronic vapor products (EVPs) are not substances, but rather delivery systems for substances such as nicotine and cannabis.

## GOAL 4: Reduce adult high risk substance use

### Selected Risk and Protective Factors

### Supporting Data

### SMART Objectives

### Strategies

Perceived risk of harm

Poverty and economic stress

Social isolation

Ease of access

Social norms

Some occupations have higher rates of substance use (e.g. restaurants, ski resorts)

Adverse Childhood Experiences (ACEs)

Adult trauma

Racial and other systemic injustices

2022 rates of binge and heavy drinking were higher in VT as compared to the rest of the U.S., particularly among young adults.

In 2021, older adults in Vermont reported using alcohol at significantly higher rates than the U.S. and were significantly less likely to be asked by their doctor about their alcohol use and offered advice about harmful drinking levels than younger adults.

Rates of adult cigarette use are significantly higher than the state in **Caledonia and Essex Counties**.

Adult cannabis use has been increasing in VT and is statistically higher in **Lamoille County** as compared to the rest of the state.

Around half of young adults 18-25 who use cannabis report using it 20 or more days a month.

(sources: [BRFSS](#), [Vermont Department of Health Data Brief on Alcohol Use and Older Adults](#), [Vermont YAS](#))

Decrease binge drinking among young adults in the region by 2027.

Reduce adult cigarette use in Caledonia and Essex Counties by 2027.

Risk and protective factors will show change in the desirable direction by 2027.

Increase the number of promotion and prevention activities supported.

Increase the number of smoking cessation efforts supported.

Increase the number of Screening, Brief Intervention, and Referral to Treatment (SBIRT) activities supported.

- Convene regional learning community for all four coalitions in Region 3 on at least a quarterly basis to discuss strategies to address these risk/protective factors, with an emphasis on engaging non-traditional partners.

- Promotion of statewide communications campaigns and resources such as 802Quits, Vermont Helplink.

- Support smoking cessation efforts at designated agencies and other community partners through competitive funding process.

- Provide technical assistance and funding via competitive and non-competitive processes to community coalitions and partners to implement strategies that will address these risk/protective factors.

- For competitive funding processes, ensure cultural and linguistic accessibility to RFPs and include scoring criteria related to advancing health equity.

- Support coalitions with promoting implementation of SBIRT across settings.



## GOAL 5: Reduce prescription drug misuse

### Selected Risk and Protective Factors

Ease of access  
Perceived risk of harm  
Adverse Childhood Experiences (ACEs)  
Racial and other systemic injustices

### Supporting Data

Though rates of prescription drug misuse have declined in Vermont and in the region, it remains important to provide education about safe storage and disposal and safe use of prescription medications.

(sources: [YRBS](#), [Vermont YAS](#))

### SMART Objectives

Increase the number promotional activities.

### Strategies

- Promotion of statewide communications campaigns related to these risk factors.
- Promotion of DEA National Prescription Drug Takeback Days.
- Promote trainings on safe storage, use, and disposal of prescription medications to community partners and community members.

## GOAL 6: Increase supports for LGBTQ+ youth

### Selected Risk and Protective Factors

Feeling valued and connected to the community

Mental health concerns

Adverse Childhood Experiences (ACEs)

Racial and other systemic injustices

### Supporting Data

In 2021, LGBTQ+ youth had statistically higher rates than their heterosexual/cisgender peers of past 30-day marijuana use in **all four counties** in the region, and statistically higher rates of alcohol use in **Orleans County**.

In 2021, LGBTQ+ youth were more than twice as likely to report feeling sad or hopeless in the past year, less likely to report feeling like they matter to their community, and twice as likely to report experiencing sexual and/or dating violence.

(source: [YRBS](#))

### SMART Objectives

Increase the number of active Gender and Sexuality Alliances (GSAs) in the region by 2027.

Increase the percentage of LGBTQ+ students who feel like they matter to their community by 2027.

Number of professionals and community members completing training on supporting LGBTQ+ youth

Assessment of needs of LGBTQ+ youth completed by June 2025.

### Strategies

- Fund and/or implement trainings on supporting LGBTQ+ youth for local professionals and parents/caregivers.
- Prioritize funding to address this goal through competitive and non-competitive processes that will address these risk/protective factors, Supported strategies could include GSAs and support groups for LGBTQ+ youth in schools and third spaces, LGBTQ+ youth focused and led events/activities.
- Support/promote communication campaign focusing on acceptance, inclusion, and creating a community where everyone feels they belong.
- Engage other ally groups in addressing this priority to support sharing of resources, promotion of events, and responding when there are threats (NKHS LGBTQ+ Youth Support Group, North Country Pride, OutrightVT)
- Support additional assessment/data collection to improve understanding of needs of LGBTQ+ youth in the region.

## GOAL 7:

## Create a community where youth and adults feel valued, connected and supported

### Selected Risk and Protective Factors

Feeling valued and connected to the community

Mental health concerns

Geographic isolation

Adverse Childhood Experiences (ACEs)

Racial and other systemic injustices

### Supporting Data

In 2021, only around half of youth in the region report that they feel like they matter to people in the community, and this rate has been declining in recent years in all but Essex County.

More adults in **Caledonia, Essex, and Orleans counties** do not participate in any leisure time physical activity as compared to all Vermont adults.

Adults in this region experience geographic and social isolation.

Stigma is a barrier for accessing support/services for mental health and/or substance use

(sources: [BRFSS](#), [YRBS](#), [Northeast Kingdom Human Services Community Needs Assessment](#))

### SMART Objectives

Increase the percentage of students who feel like they matter to their community by 2027.

Number and types of activities supported that address adult social isolation and/or stigma.

### Strategies

- Provide technical assistance and funding via competitive and non-competitive processes to community coalitions and partners to implement strategies that will address these risk/protective factors, including those that address stigma.
- For competitive funding processes, ensure cultural and linguistic accessibility to RFPs and include scoring criteria related to advancing health equity.
- Support coalitions in providing low-barrier, accessible funding to community partners with limited capacity to respond to RFPs.

## GOAL 8:

### Respond to emerging substance use<sup>6</sup> related issues in the region with innovative strategies, including harm reduction approaches

#### Issue/Need<sup>7</sup>

It is important to raise awareness of other substances that may be causing harm to community members

#### Supporting Data

Opioid overdose rates rose in Vermont and in the region in 2023, and there were also concerning trends related to medications like fentanyl, xylazine, and gabapentin being involved in overdose deaths, some of which do not respond to Narcan.

(source: [Monthly Opioid Morbidity and Mortality Report](#))

#### SMART Objectives

Assessment and response plan developed by June 2025

Increase in promotional and resource sharing activities.

#### Strategies

- Convene a workgroup for region 3 to identify emerging issues, assess “why here” for different communities in the region, review social autopsy reports, and develop a response plan.
- Promote DSU Know OD campaign and other messaging relevant to emerging issues.
- Share data and resources related to emerging issues on web page and through multiple communications channels.
- Promote harm reduction strategies across the region including distribution of Narcan, wound care kits, etc. by providing funding for these efforts.
- Promote safe use, safe storage, and safe disposal of substances.
- Communicate availability to schools to help with emerging needs/issues related to substance use.

<sup>6</sup> Emerging substances could include new forms of opioids as well as other drugs.

<sup>7</sup> Because of the nature of goals 8 and 9, this column for these two goals includes an identification of the issue or need rather than specific risk and protective factors.

## GOAL 9:

### Build substance use primary and secondary prevention capacity and infrastructure at the community and regional levels.

#### Issue/Need

#### Supporting Data

#### SMART Objectives

#### Strategies

Limited substance misuse prevention workforce.

High turnover and challenge finding qualified prevention professionals.

Number and types of workforce development activities implemented.

- Support coalitions with implementing intern/work experience initiatives.
- Provide coalitions with information about opportunities to expose youth in the region to the field of prevention through programs such as Kingdom Career Connect.
- Participate in workforce development activities through PreventionWorks!VT.

Limited funding sources for ONE Prevention and 302 Cares coalitions

NVPC-PL is only source of funding.

Support coalitions in securing additional funding by June 2026.

- Provide TA to coalitions on obtaining additional funding.

More training and collaboration around substance misuse prevention needed within and between organizations, schools and other groups in the region.

Community partners report varying levels of understanding of and engagement with substance misuse prevention throughout the region.

Number and types of training and TA provided.

- Identify opportunities to convene community partners to facilitate sharing of information and resources.
- Utilize the prevention consultants from DSU to provide training on SPF and prevention 101.
- Plan prevention conference, based on needs in the region.
- Provide TA to organizations, schools, and other groups throughout the region as needed.
- Promote PreventionWorks!VT statewide conference.

## GOAL 9:

### Build substance use primary and secondary prevention capacity and infrastructure at the community and regional levels.

#### Issue/Need

Need for coordinated communication plan on importance of prevention across the region.

#### Supporting Data

Consistent messaging and common language around prevention helps to convey why prevention is important, what is happening across the region, and how community partners and members can get involved.

#### SMART Objectives

Regional listserv created by September 2024.  
Coordinated regional communication plan developed by December 2024.

#### Strategies

- Create regional listserv for sharing of information and resources.
- Develop coordinated communications plan that includes multiple platforms/media to deliver messaging related to prevention across the region.
- Seek input from individuals representing the intended audiences for communications on the relevance and appropriateness of contents and on desired delivery method.
- Promote VDH messaging campaigns.
- Follow state budgeting process and provide education to legislators on the importance of maintaining/increasing funding for prevention.

## GOAL 9:

### Build substance use primary and secondary prevention capacity and infrastructure at the community and regional levels.

#### Issue/Need

Need for continual assessment and review of data to understand scope of substance misuse in the region and populations that may be experiencing disparities, and to evaluate progress and identify gaps in services and resources.

#### Supporting Data

Continuous review of relevant data is an important part of the [SPF process](#) and the informing and guiding of prevention approaches.

#### SMART Objectives

Determine who will update/maintain scorecards by the end of June 2024.

Annual review/training on use of scorecards with community partners.

Maintain or increase representation on Advisory Committee of individuals with lived experience, e.g. people in recovery, people disproportionately impacted by substance misuse, youth, etc.

Annual review of regional data and progress on strategic plan strategies and objectives conducted.

Each Advisory Committee meeting includes a discussion about advancing health equity through the work of the NVPC-PL.

#### Strategies

- Update and maintain data scorecards at least annually and whenever new data becomes available.
- Provide disaggregated data whenever possible to highlight disparities and populations needing additional support.
- Provide training on how to use data scorecards to community partners.
- Ensure that data is shared in a way that is inclusive, accessible, and easy to understand by diverse audiences.
- Conduct additional assessments as needed to better understand regional needs.
- Include individuals with diverse lived experiences on the Advisory Committee and in any opportunity to provide input on the work of the NVPC-PL.
- Review regional data, progress on strategies, priorities, and strategic plan with Advisory Committee at least annually to evaluate progress and make adjustments as needed.
- Include regular agenda item for Advisory Committee meetings to discuss how NVPC-PL work is continuing to learn about and address health equity through its work in the region.

# Acknowledgements

Thank you to the following individuals for their assistance with this document:

## NVPC-PL Regional Advisory Committee

**Constance Anderson**, Executive Director, Northeast Kingdom Youth Services  
**Justin (Tin) Barton-Caplin**, Director Newport Office of the Vermont Department of Health  
**Arial Beaulac**, Recovery Coach, Kingdom Recovery Center  
**Lila Bennett**, Executive Director, Journey to Recovery Community Center  
**Meg Burmeister**, Executive Director, Northeast Kingdom Council on Aging  
**Shannon Carchidi**, Executive Director, North Central Vermont Recovery Center  
**Juliet Emas**, Executive Director, St. Johnsbury Community Hub  
**Aaron French**, Director, Morrisville Office of the Vermont Department of Health  
**Jenn Holton-Clapp**, Director of Quality, Risk, and Informatics, Copley Hospital  
**Heather Lindstrom**, Director, St. Johnsbury Office of the Vermont Department of Health  
**Dave McAllister**, Director, Laraway Youth and Family Services  
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**Meghan Rodier**, Planning Lead on Health Equity, Lamoille County Planning Commission  
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## NVPC-PL Coordination Team

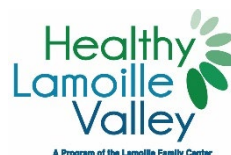
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## Pacific Institute for Research and Evaluation

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## Funding Acknowledgement

Funding for the Northeast Vermont Prevention Consortium Prevention Lead is provided by the Vermont Department of Health, Division of Substance Use Programs.





## Appendix A



### Needs and Disparities Statement

October 2023

In 2021, Northeastern Vermont Regional Hospital (NVRH) received a grant from the Vermont Department of Health (VDH) Division of Substance Use Programs (DSU) to establish the Northeast Kingdom Prevention Center of Excellence (NEK PCE). In July 2023, NVRH received a new grant from DSU establishing an expanded area for prevention efforts, known as Region 3 (of four prevention regions in the state) with NVRH, Lamoille Family Center, and Umbrella forming the Northeast Vermont Prevention Consortium to serve as the Prevention Lead (NVPC - PL) in a region that now includes the Morrisville, Newport, and St. Johnsbury Health Districts. The new grant also expands the populations of focus to include primary and secondary prevention across the lifespan. In 2021 as part of the first year of the NEK PCE grant, there was a review of data on youth and young adult substance misuse to identify needs and any gaps for specific geographic areas and/or populations in order to develop a Needs and Disparities Statement for the region. This document reflects an update to this Needs and Disparities Statement as this new grant and newly expanded prevention region is launched.

As a first step in updating the needs assessment, a Data Committee was formed which included members of the newly formed Northeast Vermont Prevention Consortium Advisory Committee as well as the Consortium leadership team. The Data Committee was led by an evaluator with Pacific Institute for Research and Evaluation (PIRE), and its purpose was to review data for the region on substance use across the lifespan, including populations experiencing disparities as well as gaps in resources, and to identify priorities for addressing regional needs<sup>8</sup>. The Data Committee met a total of four times in September and October of 2023, and reviewed data on substance use/misuse for the state and the region from various sources including:

- National Survey on Drug Use and Health (NSDUH)
- Youth Risk Behavior Survey (YRBS)
- Vermont Young Adult Survey (YAS)

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<sup>8</sup> A list of Data Committee members can be found in Appendix A.

- Behavioral Risk Factor Surveillance System (BRFSS)
- Vermont Substance Abuse Treatment Information System (SATIS)
- Healthy Lamoille Valley 2023 Community Assessment
- Northeast Kingdom Human Services 2023 Community Needs Assessment
- Data on schools, community agencies, coalitions from around the region

The committee's review focused on

- Rates of use of specific substances
- Risk and protective factors
- Populations that are experiencing disparities/may need specific focus
- Gaps in resources

Because of the need to develop and release a Request for Proposals for community prevention activities in October 2023 and to start funding community coalitions and community partners at the beginning of 2024, the data reviewed by the Data Committee for this needs assessment was limited to existing survey data and community data summaries. Findings and recommendations from this assessment were presented to and approved by the Northeast Vermont Prevention Consortium Advisory Committee on September 27, 2023 and are described below. The NVPC will continue the assessment process throughout the year by reviewing additional data as they become available and possibly collecting primary data to better understand the region's context and capacity for the prevention of substance misuse.

### **Demographics of the Region**

The service area for the Northeast Vermont Prevention Consortium includes towns in three health districts in the north central and northeast part of the state; Morrisville, Newport, and St. Johnsbury Health Districts. While not perfectly aligned with county borders, these three health districts include the majority of towns in Caledonia, Essex, Lamoille, and Orleans Counties, as well as the communities of Newbury and Wells River in Orange County. Select demographic data for these counties and for Vermont are presented in Table 1. below.

Table 1. Northeast Vermont Prevention Consortium County Demographics

	Caledonia	Essex	Lamoille	Orleans	Vermont
<b>Total population</b>	30,233	5,920	25,945	27,393	643,047
<b>Median age</b>	44.7	51.5	40.1	45.8	43.2
<b>Under 18</b>	19.4%	17.3%	20.4%	19.7%	17.6%
<b>65 and older</b>	21.1%	25.8%	17.2%	22.7%	21.6%
<b>Poverty</b>	12.6%	14.7%	10.5%	10.4%	10.4%
<b>Total number of households</b>	12,525	2,729	10,830	11,338	277,090
<b>Median household income</b>	\$55,159	\$48,194	\$66,016	\$58,037	\$73,991

Source: [2020 Census and 2021 American Community Survey 5-year Estimates](#)

Overall, the area served by the Northeast Vermont Prevention Consortium is very rural. Essex and Orleans Counties have higher percentages of older adults (65 and over) than the rest of the state. All four counties in the region have median household incomes that are lower than Vermont and poverty rates that are similar or higher than the state average.

Percentages of the high school populations for each of the region's counties and for the state that identify as Lesbian, Gay, Bisexual, Transgender, and/or Questioning (LGBTQ+) and Black, Indigenous, and People of Color (BIPOC) are provided in Table 2. Caledonia and Orleans have a similar percentage of LGBTQ+ students to the state, while Essex County has a lower percentage. Caledonia has the highest percentage of BIPOC students in the region, and this percentage is also higher than the state.

Table 2. Percent of high school youth who identify as LGBTQ+, and BIPOC: Caledonia, Essex, Lamoille, Orleans Counties, and Vermont

	Caledonia	Essex	Lamoille	Orleans	Vermont
<b>LGBTQ+</b>	25%	22%	34%	23%	29%
<b>BIPOC</b>	23%	14%	14%	13%	17%

[Source: 2021 Vermont YRBS](#)

### **Substance Use in the Region**

Data from the National Survey on Drug Use and Health, Youth Risk Behavior Survey (YRBS), Vermont Young Adult Survey (YAS), and Behavioral Risk Factor Surveillance System (BRFSS) were reviewed by the Data Committee. Rates of alcohol and cannabis<sup>9</sup> use in Vermont are among the highest in the country for all age groups. Results for several substance use measures for the four counties in our region as well as the state are included in the data tables below. County rates that are statistically different from the state are noted in **green** if the rate is better than the state, and in **red** if the rate is worse than the state. Many of these measures are being tracked on data scorecards<sup>10</sup> that were developed for the NEK PCE project and are being updated to include Lamoille County.

### **Youth**

The most recent data from the YRBS as well as trends over time were reviewed by the Data Committee, with the caveat that data for the YRBS for 2021 should be interpreted with caution as that year's YRBS was done in the fall instead of the usual spring timeline, meaning that students were overall younger when they completed the survey.

Table 3. shows rates of substance use for the four counties as compared to the state from the 2021 YRBS. Use rates are down for all substances in Vermont and in each county in 2021. Rates of youth alcohol use in Lamoille and Orleans Counties are statistically higher than the state. Rates of marijuana use were statistically lower than the state in Caledonia and Essex Counties, but higher in Lamoille County. In 2021, past 30 day cigarette use decreased in all four counties of the region and in the state,

<sup>9</sup> We primarily use the term "cannabis" throughout this document, however because the Youth Risk Behavior Survey (YRBS) uses the term "marijuana", when referencing measures in the YRBS we will use the term "marijuana" and/or "cannabis/marijuana".

<sup>10</sup> NVPC – PL County Scorecards can be found in the "Data" section of the website: <https://nvrh.org/nvpc-pl/>

and there were no statistical differences between county and state rates. Rates of electronic vapor product (EVP) use among Orleans County youth has been statistically higher than the state, including in 2021, though rates for both the county and state decreased that year.

Table 3. 2021 YRBS High School Measures of Youth Substance Use: **Caledonia, Essex, Lamoille, Orleans Counties, and Vermont**<sup>11</sup>

Measure	Caledonia County	Essex County	Lamoille County	Orleans County	Vermont
Past 30-day alcohol use	23%	23%	29%	35%	25%
Past 30-day binge drinking <sup>12</sup>	12%	14%	13%	20%	12%
Past 30-day marijuana use	16%	12%	25%	19%	20%
Past 30-day cigarette use	5%	Too few to report	6%	7%	5%
Past 30-day electronic vaping product (EVP) use	17%	10%	18%	21%	16%
Past 30-day prescription drug misuse	2%	Too few to report	2%	3%	2%

## Young Adults

Table 4. shows rates of substance use for the four counties as compared to the state from the 2022 Vermont Young Adult Survey (YAS), which collects data from 18-25 year olds on substance use related behaviors and attitudes. Note that data is combined for Essex and Orleans Counties due to small sample sizes. Young adult binge drinking rates have been decreasing in Caledonia and Lamoille Counties and in Vermont over the past eight years. Cannabis use and use of EVPs containing nicotine have been gradually increasing in the region as well as the state. There were no significant differences in most substance use rates between the counties in the region as compared to the state.

Table 4. 2022 Vermont YAS Measures of Young Adult Substance Use: **Caledonia, Essex/Orleans, and Lamoille Counties, and Vermont**<sup>13</sup>

Measure	Caledonia County	Essex/Orleans Counties	Lamoille County	Vermont
Past 30-day alcohol use	58%	63%	64%	70%
Past 30-day alcohol use, 18-20 year olds	42%	Too few to report	42%	53%

<sup>11</sup> [2021 Vermont Youth Risk Behavior Survey](#) county reports

<sup>12</sup> Binge drinking is defined as five or more drinks on an occasion for males and four or more for females.

<sup>13</sup> [2022 Vermont YAS](#) county reports

<b>Among Current Drinkers, Past 30-day binge drinking</b>	36%	50%	33%	46%
Past 30-day cannabis use	45%	33%	41%	45%
Past 30-day cannabis use, 18-20 year olds	36%	Too few to report	28%	40%
<b>Among current cannabis users, those that used 20 or more days in past 30</b>	46%	22%	58%	46%
Past 30-day cigarette use	14%	17%	16%	17%
Past 30-day EVP use (containing nicotine)	26%	23%	28%	27%
Past 30-day prescription drug misuse	6%	9%	Too few to report	11%

## Adults

The Data Committee also reviewed recent data on adult substance use from the Behavioral Risk Factor Surveillance System (BRFSS), which is a telephone survey conducted annually in Vermont of adults 18 and over on a variety of health topics. Cannabis use among adults in Lamoille County is significantly higher than in the rest of the state, as is cigarette use in Caledonia and Essex Counties.

Table 5. 2021 BRFSS Measures of Adult Substance Use: **Caledonia, Essex, Lamoille, and Orleans Counties, and Vermont**<sup>14</sup>

Measure	Caledonia County	Essex County	Lamoille County	Orleans County	Vermont
Past 30-day alcohol use	58%	59%	66%	57%	61%
Past 30-day binge drinking	14%	17%	18%	15%	17%
Past 30-day heavy drinking <sup>15</sup>	8%	Too few to report	12%	8%	9%
Past 30-day cannabis use	16%	23%	26%	18%	22%
Currently smokes cigarettes	21%	25%	15%	21%	16%
Currently uses e-cigarettes	5%	Too few to report	Too few to report	6%	5%

## Disparities

<sup>14</sup> [2021 BRFSS report](#)

<sup>15</sup> Heavy drinking is defined as more than two drinks per day for males and more than one drink for females.

These same measures were also examined for differences in specific populations when those data were available, including BIPOC and LGBTQ+ youth and adults, as well as different income levels and age groups of adults. In 2021, the disparities in past 30-day substance use between LGBTQ+ youth and their heterosexual/cisgender peers decreased for alcohol, cigarette, and prescription drug use. Marijuana use rates were statistically higher in 2021 among BIPOC and LGBTQ+ youth in Orleans County, and among LGBTQ+ youth in Lamoille County. EVP use was higher among BIPOC youth in Orleans County.

Data on specific populations was not available at the county level for adults, but overall alcohol use is higher among adults with higher education and household income. Younger adults 18-45 report higher levels of binge and heavy drinking than older adults, though older adults 65+ in Vermont report using alcohol at significantly higher rates than in the rest of the U.S.<sup>16</sup> Cannabis and e-cigarette use is higher among LGBTQ+ adults as well as those with a high school education or less. Cigarette smoking is higher among adults with less education and lower household income.

### Data on Risk and Protective Factors

2021 YRBS measures of risk and protective factors for high school students across the region were also examined, including perceived risk of harm from using substances, ease of access to substances, perceived parental disapproval of substance use, early age of first use of substances, mental health, and feeling like they matter to their community.

Some key findings from the review of YRBS data on risk and protective factors include:

- More youth in **Orleans County** report that it is easy or very easy to get alcohol as compared to the state.
- Fewer youth in **Orleans County** report that it is wrong or very wrong for people their age to drink alcohol, that there is great risk of harm from binge drinking, and that their parents would feel it is wrong or very wrong for them to drink alcohol as compared to the state.
- More youth in **Lamoille County** report that it is easy or very easy to get marijuana as compared to the state.
- Fewer youth in **Lamoille County** report that it is wrong or very wrong for people their age to drink alcohol or use marijuana, and that their parents would feel it is wrong or very wrong for them to drink alcohol or use marijuana as compared to the state.
- More youth in **Orleans County** youth report trying cigarettes and alcohol before age 13 as compared to the state.
- Only around half of youth in the region report that they feel like they matter to people in the community, and this rate has been declining in recent years in all but Essex County. The rate is also much lower (less than 40%) among LGBTQ+ youth.
- LGBTQ+ youth are more than twice as likely to report feeling sad or hopeless in the past year and twice as likely to report experiencing sexual and/or dating violence than their heterosexual/cisgender peers.

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<sup>16</sup> <https://www.healthvermont.gov/sites/default/files/document/dsu-alcohol-older-adults.pdf>

BRFSS data that was reviewed for adults indicated that more adults in Caledonia, Essex, and Orleans counties do not participate in any leisure time physical activity as compared to all Vermont adults. Qualitative data summarized in Northeast Kingdom Human Services Community Needs Assessment report noted that adults in the region experience geographic and social isolation, which was particularly acute during the COVID-19 pandemic. In addition, there continues to be stigma associated with accessing services and supports for mental health and substance use problems.

### **Discussion and Priorities**

In addition to reviewing the data sources mentioned above, the Data Committee also reviewed the priorities identified in 2021 for the Northeast Kingdom Prevention Center of Excellence project and determined that most of those priorities should remain, with an expansion to include some new priorities focused on adults. Even with an expanded focus on prevention across the lifespan, an emphasis on prevention for youth remains strong as prevention of substance use and misuse earlier in life greatly reduces the risk of developing problems with substance use as adults.

The data reviewed for this needs assessment revealed some gaps and disparities within the region, for both geographic areas and specific populations, and some clear prevention priorities emerged.

### **Disparities and gaps**

Rates of youth alcohol and marijuana use are higher in Lamoille County as compared to the state. Data also show that more youth in Lamoille County think their parents accept youth marijuana use, and more youth think that it is easy to access marijuana. Adult use rates of cannabis are also higher in Lamoille County.

In Orleans County, youth alcohol use and electronic vapor product use are higher than the state, and Orleans County youth report thinking their parents accept youth alcohol use and that it is easy for youth to access alcohol. EVP and marijuana rates were also higher in this county for BIPOC youth. The Newport Health District, which includes Northern Essex and Orleans County is not currently covered by a tobacco prevention grant. The Data Committee felt that higher youth vaping rates combined with fewer prevention resources in this Health District should be considered when funding decisions are made.

One positive finding is that the 2021 YRBS data reveals that disparities in the use of various substances for LGBTQ+ youth have decreased, meaning that LGBTQ+ youth no longer differed from their heterosexual/cisgender peers on these measures. However still of concern was the low percentage of LGBTQ+ youth reporting that they feel like they matter to their community, and the high percentage who reported feeling sad or hopeless and who reported experiencing sexual and/or dating violence as compared to their peers. Supporting LGBTQ+ youth remains a strong priority for the region.

### **Priorities**

In addition to the priorities of reducing underage substance use, and supporting LGBTQ+ youth in the region, the Data Committee discussed the importance of including a priority that addresses adult substance use that may be high risk. While substances like alcohol, cannabis, and tobacco products are legal for adults to use, the Committee felt it was important to have a focus on providing education on higher risk use (such as binge and heavy drinking, driving after alcohol and/or cannabis use, alcohol use

and fall risk and/or interactions with prescriptions for older adults), as well as supporting adults with healthy stress management and coping skills.

While rates of misuse of prescription medications have steadily declined over the past several years, the Data Committee felt that a continued focus on reducing prescription drug misuse through promotion of safe medication and storage, with a particular focus on older adults, should continue to be a priority.

Supporting all youth in ways that help them to feel valued and connected to the community remains an important priority in the region's prevention work. 2021 YRBS data showed fewer youth reporting that they feel valued by their community, and social isolation caused by the COVID pandemic as well as the rural nature of this region makes it even more challenging for youth and adults to feel connectedness and belonging, and to find the support and help that they might need. The Data Committee thought it was important to add adults to the priority related to social connectedness as in addition to being an important component of primary prevention, it is also an important element of support for those who may be struggling with substance use disorder and/or are in recovery.

The Data Committee recognized the importance of including a priority aimed at responding to emerging substance use related issues that may not be directly addressed by the other priorities, including harm reduction and overdose prevention approaches, and responses to different drugs in the community that may cause harm. While these strategies may not be directly implemented by prevention partners, they can be supported and promoted.

Lastly, an overall priority for the NVPC's work is to improve prevention infrastructure and capacity around the region. This will primarily be done through grantmaking, workforce development, and training and technical assistance efforts. This is also an area where some additional data collection directly from prevention partners will be helpful for assessing current capacity and measuring change in capacity over time.

As a result of the review of data from the region, the Data Committee and Advisory Committee have recommended that the Northeast Vermont Prevention Consortium focus on the following nine priorities for the region:

- 1. Reduce underage alcohol use**
- 2. Reduce underage cannabis/marijuana use**
- 3. Reduce underage tobacco and electronic vapor product (EVP) use**
- 4. Reduce adult high risk substance use**
- 5. Reduce prescription drug misuse**
- 6. Increase supports for LGBTQ+ youth**
- 7. Create a community where youth and adults feel valued, connected, and supported**
- 8. Respond to emerging substance use related issues in the region with innovative strategies, including harm reduction approaches**
- 9. Build substance use primary and secondary prevention capacity and infrastructure at the community and regional levels**

A table listing each of these priorities, rationale for their selection, and indicators that can be tracked over time to assess progress can be found in Appendix B.



## Appendix A

### Northeast Vermont Prevention Consortium Data Committee Members

- ◆ Lila Bennett – Journey to Recovery
- ◆ Hannah Cornelius – Umbrella/ONE Coalition
- ◆ Kelsey Root-Winchester – 302 Cares
- ◆ Jessica Bickford – Lamoille Family Center/NVPC - PL Leadership Team
- ◆ Em Sophie Delaney – Lamoille Family Center
- ◆ Carolyn Towne – NVRH/ NVPC - PL Leadership Team
- ◆ Cheryl Chandler – NVRH/ NVPC - PL Leadership Team
- ◆ Amanda Cochrane – Umbrella/ NVPC - PL Leadership Team
- ◆ Heather Lindstrom – VDH
- ◆ Tin Barton-Caplin – VDH
- ◆ Kathrin Lawlor - VDH/ NVPC - PL Leadership Team
- ◆ Roynell Sanders - VDH/ NVPC - PL Leadership Team
- ◆ Amy Livingston – Pacific Institute for Research and Evaluation (PIRE)



**Northeast Vermont Prevention Consortium**  
**Summary of priorities and indicators – October 2023**

Priority	Rationale	Indicators/Measures
<p><b>1. Reduce underage alcohol use</b></p>	<ul style="list-style-type: none"> <li>● Alcohol continues to be the most used substance among youth in the state and in the region.</li> <li>● In 2021, rates of adolescent alcohol use in Lamoille and Orleans Counties were statistically higher than the state.</li> </ul>	<p><b>YRBS:</b></p> <ul style="list-style-type: none"> <li>-past 30-day use</li> <li>-binge drinking</li> <li>-ease of access</li> <li>-perceived risk of harm</li> <li>-perceived peer disapproval</li> <li>-perceived parental disapproval</li> <li>-use before age 13</li> </ul> <p><b>YAS:</b></p> <ul style="list-style-type: none"> <li>-past 30 day use for 18-20 year olds</li> </ul>
<p><b>2. Reduce underage cannabis/marijuana use</b></p>	<ul style="list-style-type: none"> <li>● In 2021, youth marijuana use rates were statistically higher than the state in Lamoille County, among LGBTQ+ and BIPOC youth in Orleans County, and among LGBTQ+ youth in Lamoille County.</li> <li>● With legalization and the development of retail cannabis markets around the state, a focus on prevention for youth continues to be very important.</li> </ul>	<p><b>YRBS:</b></p> <ul style="list-style-type: none"> <li>-past 30-day use</li> <li>-frequency of use</li> <li>-ease of access</li> <li>-perceived risk of harm</li> <li>-perceived peer disapproval</li> </ul>

Appendix B

		<p>-perceived parental disapproval          -use before age 13  <b>YAS:</b>          -past 30 day use for 18-20 year olds</p>
<p><b>3. Reduce underage tobacco and electronic vaping product (EVP) use</b></p>	<ul style="list-style-type: none"> <li>● Rates of EVP use among Orleans County youth has been statistically higher than the state, including in 2021, though rates for both the County and state decreased that year. The rate for BIPOC youth in Orleans County in 2021 was also statistically higher.</li> <li>● There is currently no tobacco prevention funding in northern Essex and Orleans County.</li> </ul>	<p><b>YRBS:</b>          -past 30-day use for cigarettes and EVPs          -ease of access (EVPs)          -perceived risk of harm (EVPs)          -perceived peer disapproval (EVPs)          -perceived parental disapproval (EVPs)          -use before age 13 (cigarettes and EVP)  <b>YAS:</b>          -past 30 day use of EVPs containing nicotine for 18-20 year olds</p>
<p><b>4. Reduce adult high risk substance use</b></p>	<ul style="list-style-type: none"> <li>● Rates of binge and heavy drinking are high, particularly among young adults.</li> <li>● Older adults in Vermont report using alcohol at significantly higher rates than the US.</li> <li>● Older adults are significantly less likely to be asked by their doctor about their alcohol use and offered advice about harmful drinking levels than younger adults.</li> <li>● Rates of adult cigarette use are significantly higher than the state in Caledonia and Essex Counties.</li> <li>● Adult cannabis use has been increasing in VT and is statistically higher in Lamoille County as compared to the rest of the state.</li> <li>● Around half of young adults 18-25 who use cannabis report using it 20 or more days a month.</li> </ul>	<p><b>BRFSS:</b>          -any alcohol use past month          -binge drinking past month          -heavy drinking past month          -cannabis use past month          -drove after cannabis use past month          -currently use e-cigs          -currently smoke cigarettes          -tried to quit smoking  <b>YAS:</b>          -past 30 day alcohol use          -past 30 day binge drinking</p>

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		<p>-past 30 day cannabis use          -among cannabis users, used 20 more days in past month          -past 30 day cigarette use          -past 30 day EVP use          -Risk of harm from EVP use (18-25)</p>
<p><b>5. Reduce prescription drug misuse</b></p>	<ul style="list-style-type: none"> <li>Though rates of prescription drug misuse have declined in Vermont and in the region, it remains important to provide education about safe storage and disposal and safe use of prescription medications.</li> </ul>	<p><b>YRBS:</b>          -past 30 day prescription drug misuse  <b>YAS:</b>          -any prescription drug misuse in past year          -ease of access to prescription pain relievers          -risk of harm from misusing prescription pain relievers</p>
<p><b>6. Increase supports for LGBTQ+ youth</b></p>	<ul style="list-style-type: none"> <li>In 2021, LGBTQ+ youth had statistically higher rates than their heterosexual/cisgender peers of past 30-day marijuana use in all four counties in the region, and statistically higher rates of alcohol use in Orleans County.</li> <li>LGBTQ+ youth are more than twice as likely to report feeling sad or hopeless in the past year, less likely to report feeling like they matter to their community, and twice as likely to report experiencing sexual and/or dating violence.</li> </ul>	<p><b>YRBS: (all for LGBTQ+ youth compared to all youth in county and Vermont)</b>          -feel like they matter          -felt sad or hopeless          -past 30 day alcohol use          -past 30 day marijuana use          -past 30 day cigarette use          -past 30 day prescription drug misuse          -experienced physical dating violence in past year</p>
<p><b>7. Create a community where youth and adults feel valued, connected, and supported</b></p>	<ul style="list-style-type: none"> <li>Only around half of youth in the region report that they feel like they matter to people in the community, and this rate has been declining in recent years in all but Essex County. The rate is also much lower (less than 40%) among LGBTQ+ youth.</li> </ul>	<p><b>YRBS:</b>          -feel like they matter          -felt sad or hopeless  <b>BRFSS:</b></p>

Appendix B

	<ul style="list-style-type: none"> <li>● More adults in Caledonia, Essex, and Orleans counties do not participate in any leisure time physical activity as compared to all Vermont adults.</li> <li>● Adults in this region experience geographic and social isolation.</li> <li>● Stigma is a barrier for accessing support/services for mental health and/or substance use</li> </ul>	<ul style="list-style-type: none"> <li>-poor mental health</li> <li>-no leisure time activity</li> </ul>
<p><b>8. Respond to emerging substance use related issues in the region with innovative strategies, including harm reduction approaches.</b></p>	<ul style="list-style-type: none"> <li>● Opioid overdose rates are rising in Vermont and in the region. There are also concerning trends related to medications like fentanyl, xylazine, and gabapentin being involved in overdose deaths, some of which do not respond to Narcan.</li> <li>● It is important to raise awareness of other substances that may be causing harm to community members</li> </ul>	<ul style="list-style-type: none"> <li>-Opioid-related overdose deaths</li> <li>-ED visits for non-fatal opioid overdoses</li> <li>-Rates of EMS calls involving Narcan</li> </ul>
<p><b>9. Build substance use primary and secondary prevention capacity and infrastructure at the community and regional levels.</b></p>	<ul style="list-style-type: none"> <li>● Having strong capacity and infrastructure allows for a more effective response and approach to prevention goals and priorities</li> </ul>	<ul style="list-style-type: none"> <li>-Increased understanding of prevention and collaboration with partners working on prevention (survey of subgrantees)</li> <li>-Prevention strategies at each level of the Vermont Prevention Model in each of the three health districts</li> <li>-Amount of prevention training and technical assistance provided</li> </ul>