

Vermont County Profiles for Health Professions Students and Residents



The University of Vermont College of Medicine Office of Primary Care and Area Health Education Centers (AHEC) Program strive to provide the best possible educational experience to health professions students and medical residents who spend time in community-based primary care settings, particularly during clinical rotations in rural areas or working with underserved populations. For many students and medical residents there is a strong link between the quality of their educational experience and their choice of specialty or career path. Our hope is that through exposure to the rewards that can come from working with Vermont communities' most vulnerable and underserved members, UVM health professions students and medical residents will choose to devote some of their future practice to these populations.

ABOUT US

The Vermont Area Health Education Centers (AHEC) program mission is the development of the state's healthcare workforce. AHECs across the country work with students from high school through practicing professionals to deliver health career teaching, advising, support, evidence-based continuing education, and quality improvement programs. The VT AHEC network consists of the UVM AHEC Program and three regional centers: the Northeastern VT AHEC (St. Johnsbury); the Southern Vermont AHEC (Springfield); and the Champlain Valley AHEC (St. Albans). For more information and links to each of the centers, visit www.vtahec.org.

PURPOSE OF THE HANDBOOK

In order to fully understand a population, it is essential to understand the community in which they live. The purpose of this handbook is to provide health professions students and medical residents with a community context for their clinical rotations in practices and projects outside the home base of the academic medical center.

HOW THE HANDBOOK IS ORGANIZED

This handbook is organized by AHEC region and by county. For each county we have included information on the sociodemographic characteristics of the population and the health of the population. We have also included information on the health care resources that are available in the region, so that you can get a sense of what is locally available to patients.

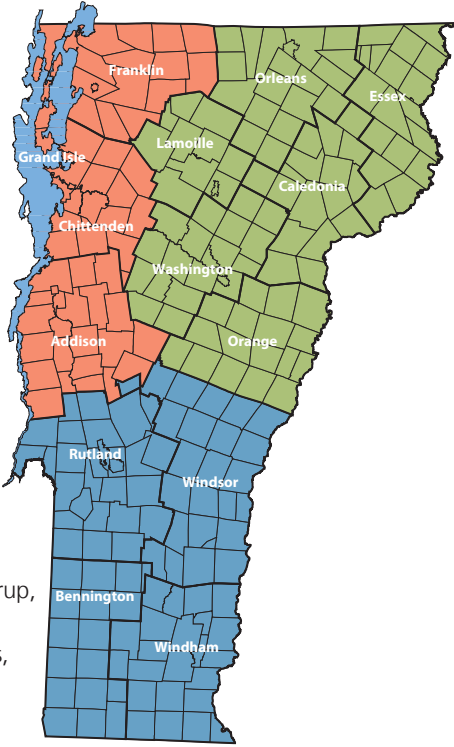
We have included information on the employment sector in each region so that you can understand where people work and how they earn a living.

Also included is information on the recreational opportunities, not only so that you can understand what people do for fun, but also to encourage you to seek out some of these opportunities while you are there!

See for yourself that Vermont is a great place to live and practice medicine.

FACTS

State Abbreviation: VT
State Capital: Montpelier
Largest City: Burlington
Area: 9,615 square miles (Vermont is the 45th biggest state in the U.S.)
This includes lakes, ponds, and streams inside its borders.
Population: 626,630 (Vermont is the 49th most populous state in the U.S.)
Name for Residents: Vermonters
Major Industries: maple syrup, farming (dairy), tourism, electronics, forest products, (especially paper)



Origin of Name: Vermont comes from the French words "mont vert" (green mountain).
State Nickname: Green Mountain State
State Motto: Freedom and Unity

GEOGRAPHY

Major Rivers: Connecticut River, West River, Otter River
Major Lakes: Lake Champlain, Lake Memphremagog
Highest Point: Mt. Mansfield 4,393 feet (1,339 meters) above sea level
Number of Counties: 14
Bordering States: Massachusetts, New Hampshire, New York
Bordering Country: Canada

Vermont is located in the northeastern part of the United States. Vermont is a small state; only New Hampshire, New Jersey, Connecticut, Delaware, and Rhode Island are smaller.

Vermont is about 157 miles long from the Canadian border south to Massachusetts. The northern boundary with Canada is about 90 miles in length. This is the widest part of the state. The boundary narrows to about 42 miles in the south along the Massachusetts border.

Vermont is also one of six New England states (Maine, New Hampshire, Connecticut, Massachusetts, and Rhode Island) and is the second largest in terms of area. Maine is by far the largest New England state. Its area is almost as big as Vermont and the other four New England states combined. Vermont's population is the smallest of the six New England states. Vermont is the only New England state without an ocean coastline.

SOCIOECONOMIC INDICATORS

Risk Factors/Chronic Conditions

Adult smokers	16.5%
Adult obesity	24.7%
Binge drinking	17.1%
Children under 18 in poverty.....	12.1%

www.americashealthrankings.org/VT

For a handbook on cultural competency, visit the Champlain Valley AHEC web site: www.cvahec.org/resources/cultural-competency

HEALTH INDICATORS

Vermont is consistently one of the healthiest states in the nation. The United Health Foundation (with other collaborators) ranks states on a wide variety of health indicators and also compiles an overall ranking. The 2014 ranking places Vermont at second on the list, having moved up from 20th place since 1990. The report notes that "Vermont's strengths include its number one position for all health determinants combined which includes top ranking in the percentage of high school graduates, a low violent crime rate, high per capita public health funding, a low rate of uninsured population and ready availability of primary care physicians. Vermont's three challenges are low immunization coverage with 66.9 percent of children ages 19 to 35 months receiving recommended immunizations, a pertussis rate of 103 cases per 100,000 of the population, and a high prevalence of binge drinking at 17.1 percent of the population."

www.americashealthrankings.org/VT

Vermont has one of the highest percentages of the elderly due to a combination of factors, including low birth rate and out-migration of young adults. Almost 16.4% of the population is over age 65.

Vermont has a medically uninsured rate of about 7.6%, placing it in the top two states for this measure. www.census.gov/hhes/www/hlthins/data/incpovhlth/2013/tables.html

HOSPITALS

There are 14 hospital service areas in Vermont. They are geographically distinct, with some overlap of region. The hospitals of the state are represented by the Vermont Association of Hospitals and Health Systems. Seven of these hospitals are critical access hospitals, a federal designation that helps maintain emergency and hospital services in rural and remote areas. www.vahhs.org

The tertiary care for Vermonters on the western side of the state is mostly delivered at The University of Vermont Medical Center, the state's only academic medical center, and on the eastern side of the state, at New Hampshire's Dartmouth-Hitchcock Medical Center, the affiliate of Dartmouth Medical School. A smaller proportion of patients may travel to Albany, NY for their specialty health care needs. For services outside the region, Boston and New York are the most common sources of care.

HEALTH CARE REFORM IN VERMONT

Vermont has a long history of health care innovation and reform, with a mission of “Making quality and affordable health care available for all Vermonters.” Some of the highlights of reform efforts include:

- The Dr. Dynasaur program provides health insurance coverage for pregnant women and children under the age of 19.
- Among the lowest rates of medically uninsured in the country.
- A statewide health care reform effort began in 2006, with a goal of improving not only the health of the population, but also reforming the way that health care is delivered. The guiding principles of the program are to increase access to health care, to improve quality and, because our current system is not financially sustainable, to contain costs.
- The Vermont Blueprint for Health is an integral part of the health reform efforts in the state. This partnership among public and private stakeholders is establishing Patient-Centered Medical Homes (also known as Advanced Primary Care Practices) across the state. In 2010 Vermont was one of eight states selected to participate in a Medicare-sponsored demonstration project of the impact of this approach on quality and cost.

For more information on Vermont’s health care reform efforts visit hcr.vermont.gov.

PRIMARY CARE IN VERMONT

Health care reform efforts both nationally and regionally have focused on the importance of a robust and effective primary care system. There is an important link between primary care, improved health care quality and lower cost (Phillips 2010 *Health Affairs* 29; 806). It is important to continuously improve and maintain the primary care we have in Vermont. There are many ongoing efforts to train, recruit and retain an adequate number of primary care practitioners needed to assure access for Vermonters. They include educational programs in the UVM College of Medicine and the College of Nursing and Health Sciences, incentives such as educational loan repayment, practice support, insurance coverage for citizens, enhanced payment via programs such as Federally Qualified Health Centers (FQHCs), continuing education, teaching opportunities, the Vermont Academic Detailing Program, and many more.

WHAT IS AN FQHC?

The federal government through the Health Resources and Services Administration (HRSA) has a formula by which areas in urban or rural settings are designated as medically underserved. This formula takes into account the proportion of the population that is either elderly or below the poverty level, the infant mortality rate, and the number of primary care providers per 1,000 people. Practices in medically underserved areas may apply to become Federally Qualified Health Centers (FQHCs), also known as Community Health Centers (CHCs). CHCs and Rural Health Centers (RHCs) are examples of these federally designated clinics. You can find the FQHCs in a region of Vermont at findahealthcenter.hrsa.gov.

FQHC/CHCs must provide primary care services for all age groups. As an FQHC, a practice receives higher reimbursement for providing medical services from Medicare and Medicaid. In return, these centers must be available to see uninsured patients according to a sliding fee scale based on a patient’s ability to pay. Other requirements that must be provided directly by an FQHC/CHC or via formal arrangement include:

- Dental services
- Mental health and substance abuse services
- Transportation services necessary for adequate patient care

Most states have not-for-profit advocacy organizations that support their FQHCs and help start new clinics where needed, known as Primary Care Associations or PCAs. The PCA that serves Vermont and New Hampshire is Bi-State Primary Care Association.

www.bistatepca.org

VT COALITION OF CLINICS FOR THE UNINSURED (VCCU)

The VCCU is a group of clinics throughout the state of Vermont dedicated to providing access to health care for uninsured and underinsured Vermonters residents. www.vtccu.org

WHAT IS THE NATIONAL HEALTH SERVICE CORPS?

The National Health Service Corps (NHSC) is a program within HRSA that was established in 1972 to encourage primary care professionals to work in underserved settings (nhsc.hrsa.gov). As of September 30, 2014 it was comprised of a network of 8,900 primary health care professionals and 5,100 sites. To support their service, the NHSC provides clinicians with financial support in the form of educational loan repayment and scholarships, in exchange for contractual service obligations nhsc.hrsa.gov.

The UVM Office of Primary Care and the VT AHEC Program administer educational loan repayment programs and work with students and health professionals to help them understand available options.

WHAT IS A FREEMAN MEDICAL SCHOLAR?

The Freeman Foundation, based in NYC, with deep roots to Vermont, has been a generous supporter of educational programs throughout the world. Through a gift to the UVM College of Medicine, the Foundation has provided scholarship support to College of Medicine students in return for a commitment to return to Vermont to practice, as well as educational loan repayment to recruit and retain physicians in Vermont of all specialties, including primary care. While there are no new scholarships or educational loan repayment awards, there are more than 200 physicians practicing in Vermont who have benefitted from this support; and many Freeman Medical Scholars are still in training and will begin practice in Vermont in the next decade.

www.uvm.edu/medicine/ahec/?Page=freemanmedicalsolars.html