

The following chapters are the synthesis of public forum notes and interviews, statistical polling, written comments, trend line research, and the many other contributions from Vermonters described in the Introduction in Part One of *Imagining Vermont*. They reflect, to the best of the Council's ability, the essence of what Vermonters shared. The Council's purpose in these chapters is to reflect what we have gathered about important subjects, whether they are emotional, divisive or matter-of-fact. All of the information was organized into ten key issues areas: *Vermont Culture; Population; Natural Environment; Working Landscape: Agriculture and Forestry; Built Environment: Development and Land Use; Economy; Education; Human Services, Health, and Safety; Infrastructure; and Energy*.

While each chapter encompasses a wide range of research and discussion, a common framework is used. Quotes from Vermonters illustrate specific points or show a range of opinions, and research and polling provide balance to the individual voices, lending authority or illuminating contradictions in the ideas expressed. All references, unless otherwise noted, are from the St. Michael's report *Vermont in Transition: A Summary of Social, Economic and Environmental Trends*, the companion volume to this report. When UVM's Center for Rural Studies web and telephone surveys are referenced, these percentages and data are found in the *Looking Ahead: Vermonters' Values and Concerns* reports.

The Council invites every reader to think about conclusions from the data and what directions it might suggest for Vermont. These chapters summarize what the Council heard; the Council's own conclusions can be found in Part Two of *Imagining Vermont*.





Human Services, Health, and Safety



Vermonters take pride in their neighborliness and dedication to community. This is reflected in the high levels of trust they have for each other, the strong investments they make in ensuring the welfare of those with physical, mental, and economic challenges, and the commitment they share to public health and safety.

Quality of life is measured in part by personal experiences of safety, health, economic well-being, and the ability to access basic public services. While the concerns of Vermonters in this area reflect many of the issues connected to national trends, the state is unique in the balance of needs and the diversity of services it has developed to meet these needs. It performs well in some areas of human services and less well in others.

Many Vermonters call on their state to lead and be a model for the country in developing solutions to challenges ranging from hunger, homelessness, and dependency on state economic assistance to universal and affordable health care access. In responses to the

Council on the Future of Vermont's data-gathering process many expressed hope for the changes in social policy that a new federal administration may bring and the role that Vermont could play in advancing a new national agenda.

At public forums held by the Council, Vermonters testified about the challenges facing their fellow citizens and significant issues in the implementation of key human services that deal with health, poverty, unemployment, children and families, and corrections. Many reflected on how difficult it is for services to reach and change the root causes and conditions that prevent some people from thriving. Vermonters understand that there are no simple solutions for some of the complex multi-generational and interwoven socio-economic challenges that face fellow citizens and their families. The high value that Vermonters place on neighborliness and on the importance of every individual has contributed to the traditionally high-level commitment of the state to social programs and the

consistent and compassionate efforts across the state of volunteers and professionals working with dedication to make life better for all Vermonters.

Several themes emerged from the Council's surveys and statewide forums. Vermonters feel safe here and trust their fellow citizens. Yet, incarceration rates and the costs of the criminal justice system have been soaring and Vermonters worry that public resources are not effectively focused on rehabilitation. Research shows that Vermont is rated the healthiest state in the union, but the costs and availability of health care are major and unresolved concerns. Seeing the trend toward an aging population, citizens worry about how an aging population will find security on fixed incomes. Emergency services and their attendant communications challenges are compounded by the rural, mountainous nature of the state. In line with their strong feelings about community, Vermonters have consistently testified to their concern for the welfare of others and expressed their desire for effective public systems to care for the needs of the most vulnerable and support the well being of all residents of the state.

Safety and Trust

Vermonters appreciate the feeling of safety in the state. "Vermont is safe, it's a good place to raise kids," was a comment echoed throughout the public forums. Residents often leave their car doors unlocked, their houses untended, and otherwise put trust in the fact that their neighbors and community members take care of one another. "You can walk down a country road without fear." Students interviewed in the Council on the Future of Vermont process also commented that they felt they could leave their bikes unlocked, visit with friends across town, or walk by themselves in the woods – opportunities that young people in more urban areas might not enjoy so freely.

A resounding 71 percent of Vermonters agreed with the statement that "generally speaking, most Vermonters can be trusted," in a 2005 survey cited in *Vermont in Transition*. National polls find proportions closer to 34 percent. The fact that Vermonters trust each other, by this measure more than twice as much as Americans as a whole, reflects the sense of community cohesion Vermonters expressed in CVF forums. Vermonters said that trust and safety are essential aspects of Vermont for them; some newcomers to the state go so far as to say that this is why they moved here. Residents are reminded of these valued characteristics when visiting a city or comparing Vermont's rates of crime and personal safety to areas outside the state's borders. "Maintaining a low crime rate" is selected as one of the highest

priorities in statewide polls conducted every five years since 1990 by the Center for Social Science Research, with about 90 percent of the respondents calling it a "very important" priority.

At the same time, many Vermonters feel that this sense of safety is threatened. They explain their concern by pointing to transient populations bringing drugs and violence to the state and to the hard times facing those who are on the low socio-economic edge of society. Others reflect that newcomers to Vermont bring lower levels of trust with them. "The sense of wariness has been escalated by people who have moved from other areas that are not as safe. They come and put gates up and install security systems," a respondent in Bennington told the Council. "There are more police now than there used to be," said one senior citizen in St. Albans, remarking on the change in the sense of safety felt in her town.

Diversity can test public feelings of trust and safety; it may be that Vermont's relatively low level of diversity is an ingredient in its high levels of trust. Trust and feelings of safety may be especially sensitive issues for some minority groups in the state. For example, the Council heard from individuals in Vermont who feel less than safe: "the layer of safety is thin for LGBT [lesbian, gay, bisexual, transgendered] people in Vermont," remarked one respondent. "It is still not safe for people to receive mail even from LGBT groups/organizations or to be 'out' in communities." Members of Vermont's racially and ethnically diverse communities often feel the same: "feeling like you are a part of a community doesn't eliminate those instances of racism," said a respondent of color in Brattleboro.

Crime and the Criminal Justice System

For many years, Vermont has had one of the lowest crime rates in the nation. Some Vermonters are deeply concerned, however, about the current state of criminal justice in Vermont, especially about particularly vicious or egregious crimes, the costs of the state criminal justice system, and the challenges inherent in the need to rehabilitate those guilty of crimes and reintegrate them into their communities. While research shows that the state ranks well in comparison with other places, Vermonters are concerned about how crime and criminals are managed.

"Vermont has been and remains one of the safest states in the nation, almost always in the lowest five in the combined rates of homicide, rape and robbery, and Vermont polls show that Vermonters' fear of crime is significantly less than is found

nationally. Although Vermont has seen some increases in selected types of crime in the past few years (especially drug violations) the rate has been stable for so many decades that it is unlikely that the state's ranking will change much in the future. In fact, the Vermont rate of violent crime is only 29% of the national rate, almost the same as it was in 1980 (31%)."

– *Vermont in Transition*

Some Vermonters believe that because the state has less crime, it is able to focus instead on other issues, like homelessness, hunger, and housing. Other Vermonters speak from anecdotal experience about the crimes that make the headlines or the horrific events that rock the entire state when they remark, as one forum participant did, that the "increase in crime rate is enormous." Interestingly, polling produced by the CFV showed that over a third of Vermonters said that they were "not at all concerned" with public safety in Vermont, perhaps reflecting their understanding of Vermont's comparably low and relatively steady crime rates.

State police personnel in New Haven remarked that they see hard and complex human stories that most Vermonters do not come face to face with. "Police work is 80 percent social work and 20 percent police work," they told the Council on the Future of Vermont, remarking on how many issues are deeper than crime alone and require an array of skills and services, more than a single police officer can handle. Drug abuse, domestic violence, theft; many of these crimes connect to deep-rooted family circumstances and multi-generational problems, causes that police are not trained to handle and where short-term emergency responses have minimal long-term impact. Organizations working long-term to handle some of these crimes (such as the Vermont Network Against Domestic Violence and Sexual Assault) told the Council that educating communities and raising awareness in the society are two big general steps to take. They told the Council, "It is difficult to gauge the number of people who need services. Traditionally, very few victims contact domestic or sexual violence organizations."

"Every community needs a community justice center; the incarcerated need support, not just punishment."



Costs of Corrections

There is widespread concern among Vermonters that the costs of the criminal justice system have grown out of proportion to other needs in the state budget. Between fiscal year (FY) 2004 and FY 2008, the General Fund Appropriations for the Corrections Department increased from around \$38 million to close to \$113 million. Another metric to look at is the number of employees in the Corrections Department – in 2008 it was the second largest department in the Executive Branch with around 1,100 employees (only the Agency of Transportation had more). The costs of Corrections have risen with corresponding increases in the number of people on sanctions, on parole, incarcerated, or in re-entry programs. Since 1989, the Corrections Department has booked over 69,000 first-time entrants to the system. The rising trend in individuals involved with the Corrections Department reflects a national trend in crime, but it is important to note that while Vermont's rates of incarceration are today historically high, the rate is still one of the lowest in the United States. Vermont only has 402 prisoners for every 100,000 people – many states have over 1,000. Measuring the cost effectiveness of the criminal justice system and

all the human services programs required by the families of incarcerated Vermonters is very difficult; it is important to note that other parts of the Agency of Human Services (such as Department of Children and Families) have had sizeable cuts in their state funding during these times, and that on the whole Vermont rates low nationally for the cost per citizen for the correction system (Vermont has a cost of \$150/per citizen, while New York's is \$248/per citizen).

The Council's research noted a national imperative to get tough on crime, especially the crackdown on drug-related crimes. It is interesting that the number of incarcerated drug offenders in Vermont went from around 20 in 1989 to nearly 200 in 2007. Other trends in Vermont's prison population include a major increase in the incarceration of women and older (over age fifty) inmates, and a decreasing rate of incarceration for offenders between ages sixteen and twenty-one. Significantly, 34 percent of the male population of inmates and 56 percent of the female population have been diagnosed with mental illness.



The per capita cost in FY 2007 of in-state incarceration at \$45,700 per prisoner per year is more than double the amount to house prisoners out of state, at \$21,200. This disparity in operating cost, combined with fact that all Vermont current prison bed space is being used and the expense of construction of new space, has led to an expansion in the placement of Vermont prisoners in out-of-state facilities. Prisoners interviewed by the Council feared being sent out of state and argued that sending people away separated them from their families, their best influences, and built connections with gangs, drug dealers, and other criminal mentors that reinforced negative identifications with criminal lifestyles.

Many Vermonters would like to see the criminal justice system refocus on community engagement and rehabilitation, rather than incarceration. They told Council that there should be alternative options to simply jailing criminals and lawbreakers. “Every community needs a community justice center; the incarcerated need support, not just punishment,” said a respondent at the Newport public forum. This echoed opinions expressed in the sessions the Council held with incarcerated Vermonters, who described the histories of their involvement with the law and the difficulties of their financial situations upon release. Many restorative justice advocates also talk about the lower costs of early prevention systems that would keep offenders from becoming incarcerated at all.

At one session with inmates at the St. Johnsbury work camp, participants described their values and concerns for the future. They celebrated the connection to nature, the strong communities, and the scale of the state as key values that they share with other Vermonters. Asked to identify the biggest challenge facing the state they answered in unison, “Substance abuse!” These young men described how negative addictive cycles that they often feel powerless to avoid disrupted their connection to Vermont values. They called for help to reintegrate with their communities

and for workforce training to help them move into productive employment.

Health and Health Care

In an era when obesity, diabetes, and other diet-related problems are rampant in the U.S., research shows that Vermont is ranked as one of the healthiest states in the country. Vermonters recognize their unique opportunities to be healthy, eat well, and participate in outdoor recreation. Wherever the Council went, forum participants pointed to the state’s wholesome environment, clean air and water, and availability of healthy foods from local agriculture as key assets for health today and in the future.

But access and affordability of health care and health insurance is on the minds of many Vermonters. They also worry that the available health coverage does not meet the variety of needs that individuals and families experience. Forum participants noted specific gaps in today’s health care system.

First, Vermonters report that there do not seem to be enough doctors, especially general practitioners, and dentists. Many believe that this is because doctors and other trained medical professionals are not paid enough to be attracted to work in Vermont, especially in more rural and isolated parts of the state. Many of those practicing here are not taking new patients, in some cases because of the quality of patient health-care plans and the low reimbursement rates that they receive, especially from the Medicaid program.

Second, the insurance options that do exist in Vermont are becoming increasingly expensive for small employers to carry on behalf of their employees or for individuals to buy for themselves. The high cost of insurance is a burden for all employers but is especially challenging for Vermont’s small businesses, farmers, contractors, artists, self-employed entrepreneurs, and professionals. Some participants in the CFV forums cited annual increases of up to 23 percent per year in the

cost of insurance to their small businesses – a significant burden to bear without increased revenues.

Third, Vermonters recognize that living in a rural state means that their access to medical centers and services is more difficult. Some participants in the forums suggested that the provision of services to people with special needs can be severely limited by the distance between medical centers. Ideally, Vermonters would like to see their health care needs taken care of locally, but they also recognize that one local doctor or medical office might not be able to provide the specific care or services that individuals need. For example, a person with HIV/AIDS can't get services in Derby or Norton and must travel to Burlington for appropriate care.

Finally, for some people in the state, health care is unnecessarily complicated. The most common concern is that people who are dependent on the government for payment of their health care costs must navigate complex rules and substantial paperwork to get reimbursed. "Vermont is less restrictive than many states, but the bureaucracy is overwhelming for people trying to get elder services. You need to be an expert to navigate the system," a forum attendee from southern Vermont told the CFV. The problem is exacerbated for mental health and dental services; the procedures for simple coverage are complex and time consuming.

Many Vermonters expressed a desire to see universal health care coverage, while others said controlling costs or providing more assistance for prescription drugs was important. At many forums, participants cited the Dr. Dynasaur or Catamount health plans supported by the state, saying they should be improved and expanded.

Elders

Older Vermonters have different and greater needs when it comes to human, social, and health services. Demographic trends anticipate a growing population of older people in the future throughout the state. Vermonters want to be sure that they have the support to age with dignity.

Elders who have a family network and own a home often have the best care. If they are connected to other people and have help to fulfill their needs, they are safer when an emergency occurs. Among the elderly people who stay in their own homes, there are many who need constant care, or at least frequent assistance. Those without family support are often left alone, isolated, and unprepared to face the complexities of bills, Medicare, and other services. "There's a huge knowledge gap in being prepared to live independently. People get confused, and so are easily intimidated and

taken advantage of," a senior citizen in Franklin County commented.

Transportation is crucial for older Vermonters. While public transportation services may be enough to help seniors to their most critical appointments, there are many activities not served by those public resources. Elders need to be driven to events, local institutions, family or friends' homes, and senior centers; without those opportunities they are subject to isolation and all its attendant challenges. The Council heard from older Vermonters who were just beyond the reach of public transport and felt cut off and abandoned because they could not get to town, stores, or events.

Some elders, especially those on fixed incomes, have limited ability to purchase food. Some live away from a town center and can no longer drive themselves, resulting in a population dependent on 'Meals on Wheels' and other mobile food service programs. Increasing numbers of seniors are making hard choices between purchasing expensive medications and food, or other basic needs, such as fuel for heat. A board member at the Franklin County Senior Center told the CFV "For many, it's not the cost of living; it's the cost of existing. A huge percentage of their income goes to fixed expenses." Another agreed, adding, "You can't piecemeal the priorities when it comes to senior services. You have to provide security first, and then things like transportation. There is no quick fix to a systematic problem."

As Vermont looks ahead to an increasingly large aging population, the needs for senior transportation and the delivery of health and social services is great and growing. Providing adequate systems and using partnerships among state agencies, non-profits, and businesses will be a challenge that Vermont will have to address soon. Yet in some public forums, Vermonters also told us that the growing need for health care related especially to the elderly could be an opportunity for Vermont. Senior housing, retirement communities, elder services, tourism, and health services could be expanded elements in the diversified economy of some Vermont communities in the future.

Poverty

Vermont's 7.6 percent poverty rate and the 3.9 percent unemployment rate in 2007 were much lower than national averages, and have been so for many years. At CFV forums throughout the state, however, there was a marked concern about the challenges faced by the poor – for "the people who don't come out to meetings" and those who "can't help themselves."

Many Vermonters talk about the gap between rich and poor in the state, and recognize that this gap is growing and could lead to increasing social division over time. Research shows Vermont has considerably lower levels of income inequality than the country as a whole. It ranks seventh lowest in the nation for the gap between those earning the most income and those earning the least. While the gap is not as large as it is in most other states, it has seen a marked increase in recent years. Between 2000 and 2006, there was a 60 percent increase (or 30,000) in the number of people in Vermont who filed tax returns in the over \$100,000 category. Perhaps in a small state where there is a history of egalitarianism and close contact, any increase in disparate circumstances is more immediately noticeable to fellow citizens. The public concern about the rich and poor expressed in the forums suggests that Vermonters feel these changes personally.

One of the most significant and intractable challenges facing Vermont is that of multi-generational poverty. The CFV heard that while there are many success stories, there are just as many where there is a family history of poverty and no mechanisms to change their situations. Community Action staff in Franklin County told the Council, "People go from generation to generation receiving benefits, but they're not enough to get them to move on. People don't really get enough to live, but if they get a job, their benefits are cut, so they're penalized if they want to get out of the generational poverty. They won't earn a lot more money, and will lose food stamps and medical care."

Many Vermonters expressed an interest in seeing the welfare system reformed, saying that it was "easier to stay in the system" than get a job, because people supported by the state have disincentives to support themselves. Human service employees talk about eliminating obstacles, pointing specifically to "benefit cliffs" where state-provided benefits are dropped or lowered after a certain period of time for those who obtain new jobs or increase their wages. These cliffs make it difficult for individuals to get ahead. Human services workers expressed frustration with the contradiction and warn that the state has not figured out how to give people a gentle transition into the workplace.

At public forums, Vermonters seemed mystified by the variety of services available and commented about how difficult it must be for low-income Vermonters to navigate the system. Service providers, however, affirm that there is collaboration within and among agencies and organizations that support people in need, and that they are very diligent in working to make programs

as seamless as possible. This does not mean that basic needs are always met for the Vermont poor. A visitor to the Spectrum Youth Center in Burlington told the Council about the "difficulty of making it outside of the corrections system. There are long waits to get into programs – even programs for folks who are homeless." One of the staff people reported that "We have a ton of services here, phenomenal agencies. But still people slip through the cracks between agencies and services, because they are decentralized and not coordinated by a mechanism that makes sure that someone responds to the individual needs."

A number of Vermonters worry about the concentration of poverty in some communities and believe that it is compounded by the concentration of social services, since Vermont has higher benefits than surrounding states. Some Vermonters cited a negative effect on their communities from hosting the service networks for the region, because they attracted people in poverty and with a variety of challenges, in their view making the town less attractive for business development or residential growth.

Despite these concerns, CFV generally found that most Vermonters are united by a strong sense of community; they want to support their neighbors and be responsible for the common welfare.

Emergency Services

Emergency services provided by municipalities, such as ambulance, fire squads, local police, or EMTs are critically important to the health and safety of Vermonters. Rising costs, long response times, and a lack of volunteers were the most common concerns that residents voiced about providing these services in the future.

More than ever before, firefighters, ambulance drivers, and emergency medical personnel must be highly trained. After September 11, 2001, the federal government added training requirements that include the sanction that reimbursements for federally-declared disasters will be lost if a department or municipality does not meet training requirements or operate according to set procedures. The State of Vermont also sets standards for what a volunteer service provider must know and be responsible for – standards which change as technology and training requirements change. For small towns in Vermont and their local volunteers, it is becoming harder to find people with time to give, or the ability to pay for mandatory courses and training. As more people commute and fewer people work close to home or in jobs that allow them

to leave for fire and rescue activity, there are fewer people standing ready as volunteers to provide emergency assistance. This puts a town in the position of hiring professional services. Very often the costs of personnel, health care, energy, and transportation are prohibitive for a small town to continue to support, much less expand, services to meet the growing needs and expectations.

Some Vermonters expressed concern that services do not come fast enough. In a state only recently (and not yet fully) marked with road signs and addresses for 911 emergency response purposes, volunteer and professional emergency service-providers must still find their way around dirt roads, small towns, and unmarked places of habitation. Speaking with emergency medical professionals, the CFV learned that many wish to implement “back country” medical protocols, which would allow the first responders to a scene to deal with the medical crisis without having to wait for another professional to arrive.

The emergency response system can get caught up in conflicts between local control and regional efficiency. In emergency situations, lives may depend upon a fast response time. No one wants to wait for a fire squad to come from miles away. The desire for a quick response and the history of local municipal services sometimes has led to the creation of many small emergency response services in neighboring towns. As costs rise and training becomes more complex, these local services are threatened in each town. In remote places in the state, where telephone lines and paved roads are non-existent, emergency services are hampered by the lack of wireless telecommunications, a system still inadequate throughout the state.

system. Businesses are finding it increasingly difficult to provide health benefits to their employees. Vermonters are concerned about inequality in health care access and recognize that certain populations do not have the ability to take advantage of the strong health care services generally available. The challenges of providing services in rural areas where primary care physicians are not available are increasing.

The social and medical services Vermont will need in the future, such as elderly services and access to local or regional affordable health care, will provide jobs. A strong system can attract other economic development to the state and many Vermonters see the medical services industry, alongside health-related tourism, as an opportunity for growth in the state.

When it comes to providing emergency services, such as fire or ambulance, Vermont towns find themselves in a conflicted position. The value of immediate and local service under local control, especially in rural places that are difficult to serve, is threatened by the cost of maintaining those services and the lack of volunteers. This means that the future of local emergency services is similar to the future of local small schools – many Vermonters value them but at the same time, given rising costs and staffing challenges, question the need for duplication and would like to see a concerted effort to consolidate and save costs.

Statistically, Vermont is one of the safest states in the country. Newcomers as well as long-time residents understand that the sense of safety and strong feeling of trust is closely linked to both the state’s small scale and to its history of cohesive communities.

Finally, it is clear that Vermonters are generous in providing support for people who live in relative poverty. Vermonters would like to see the values of hard work and independence lead to personal self-sufficiency and would like to reduce or eliminate the disincentives currently present in the publicly funded process of moving toward financial independence.

The root causes of poverty, unemployment, crime and others societal problems are hard to quantify, much less permanently solve. Vermonters care deeply about these issues, especially because they see them affecting their own neighbors and towns. The socially progressive policies that help support those in need in the state are a hallmark of Vermont, but also strain the financial and delivery systems in place today. Vermonters express the belief that there are creative solutions to be found, and these solutions could make Vermont a model for the nation.

Points of Unity



Human services in Vermont address a broad array of individual, family, and community needs. They are difficult to provide uniformly in a rural state, but Vermonters have worked with common purpose to support them – either by investing in services through their taxes or by putting themselves on the line as active volunteers for public safety and positive social service.

Vermont is one of the healthiest places to live in the United States, but health care is an increasingly difficult burden for residents and there is a strong public call for an affordable, universal health care