A Message from the Commissioner

Welcome to the Department of Disabilities, Aging and Independent Living's Annual Report for 2019. This last year has been one of change and opportunity- sometimes those two things present as one and the same! Our mission and vision for the state of Vermont and for all Vermonters remain the same. We strive to make Vermont the best state in which to grow old or live with a disability – with dignity, respect and independence.

In our day-to-day work, this means that our efforts are aimed at building communities which are inclusive, respect what makes each of us unique, celebrate the contributions of each community member, and recognize that we are stronger together than we are apart. Important to DAIL is our work to eliminate the lines that create a paradigm of "us" and "them". We do that through our work to Reframe Aging, to build a Vermont Community of Practice on Cultural and Linguistic Competence in Developmental Disabilities, to build career pathways for individuals with barriers to work. Our primary mission is to support Vermonters to build the kind of community in which we all want to live, work and age. There is really no "us" and "them" …just Us.

On a practical level, this year has seen a tremendous amount of work on the scaffolding of our policies and practices. We are revamping regulations in multiple programs, focusing on reforming payment in several program areas and developing training and supports for staff as their roles change. We are committed to being transparent and accountable to Vermonters, and equally committed to ensuring that we build systems that are strong and sustainable into the future.
We believe that we have a duty and an obligation to change with the times. We do this in response to Vermonters whose needs and expectations are constantly evolving. We do this in response to changes in federal regulations. We do this in response to the changing face of Vermont's demographics.

With the many opportunities that we pursue, we recognize that change is hard and creates its own challenges. What remains constant is our vision and our values for all Vermonters and our continued gratitude to our many community partners, the Administration, and the legislature. Our partnerships are critical to ensuring that we can recognize the vision we have for Vermont. We are also grateful for the opportunity to

be a part of people's lives and to learn from them what we need to know in order to continue to evolve as part of the fabric of their lives.

Finally, I remain personally grateful to the staff of the Department of Disabilities, Aging and Independent Living. They are extraordinary- committed, passionate, dedicated. Even as some of our most tenured staff retire from a life of public service, new individuals step forward to pick up the work with enthusiasm and skill. I am pleased to report that our team is strong. I am fortunate to work with staff, partners and individuals across the state who build community each and every day. I look forward to what this next decade has to offer us.

Monica Caserta Hutt
DAIL Commissioner

Department of Disabilities, Aging and Independent Living

DAIL Mission Statement

The mission of the Department of Disabilities, Aging and Independent Living is to make Vermont the best state in which to grow old or to live with a disability, with dignity, respect and independence.

We promote and support self-determination, respect for all, and full inclusion in the life of the community. Our principles:

- The individual will be at the center of all plans and services.
- Individuals, families, providers and staff are treated with respect.
- The individual's personal and economic independence will be promoted.
- Individuals will direct their own lives.
- The individual's services and supports will promote health and well-being.
- Individuals are able to work, volunteer, and participate in local communities.
- Individual needs will guide our actions, requiring flexibility.
- Individuals' needs will be met in a timely and cost-effective way.
- Individuals will benefit from our partnerships with families, communities, providers, and other federal, state and local organizations.

Department Overview

DAIL is a diverse department with a broad range of roles and activities. In our role as the State Unit on Aging and Disability, we support the Older American's Act services in Vermont. We manage individualized service programs that support choice, health, independence and quality of life including Choices for Care for older people and people with physical disabilities; Developmental Disabilities Services for people with intellectual and developmental disabilities; and services for people with Traumatic Brain Injuries. The Division of Vocational Rehabilitation (DVR) and the Division for the Blind and Visually Impaired (DBVI) help people with disabilities to maintain employment and self-sufficiency. Within the Division of Licensing and Protection, Adult Protective Services seeks to reduce the rate and impact of abuse, neglect and exploitation of vulnerable adults while Survey and Certification safeguards the quality of care in licensed facilities and home health agencies. The Office of Public Guardian provides guardianship services to people who cannot represent themselves, and do not have family or friends to represent their interests. As a team, we represent the interests of older people and people with disabilities in pursuing full, inclusive lives in their chosen communities.
https://dail.vermont.gov/

Staff and Partners

DAIL includes 281 staff across five divisions and in the Commissioner's Office. DAIL programs serve about 70,000 people per year, with a total annual budget of about $490 million. We are informed by the people we serve as well as family members, guardians, advocates, and other stakeholders. Together with hundreds of service providers and partners we serve tens of thousands of Vermonters.

Recent Developments and Accomplishments

Recent developments and accomplishments include:

- DAIL is partnering with the University of Vermont Clinical Simulation Lab to develop a curriculum for training medical professionals in recognizing and responding to abuse, neglect and exploitation of vulnerable adults.
- DAIL is working on payment reform for Developmental Disabilities Services with support from the Department of Vermont Health Access, providers, participants, family members, and other stakeholders. This work is intended to support person-centered services while improving our transparency and accountability, in alignment with the Vermont All Payer Model agreement. https://ddsd.vermont.gov/dds-payment-reform
- DVR and DBVI have completed their transition to a new program management platform, AWARE. AWARE is designed to manage services and measure outcomes and will support new federal performance measures that address individual career paths and career development.
- The Adult Services Division completed a needs assessment for older adults and has received federal approval of the new State Plan on Aging. The new State Plan will guide our work under the federal Older American's Act through FFY2022.
  https://asd.vermont.gov/sites/asd/files/documents/VT%20State%20Plan%20on%20Aging_2018_FINAL%20APPROVED.pdf;
  http://asd.vermont.gov/sites/asd/files/documents/Vermont_State_Plan_on_Aging_2017_Statewide_Needs_Assessment_Report_0.pdf
- DAIL staff in the Survey and Certification unit in the Division of Licensing and Protection completed work in updating Vermont's Home Health Agency regulations.

- Both the Developmental Disabilities Services Division and the Adult Services Division used 'National Core Indicator' surveys in SFY 2019. These surveys look at the experience of the people we serve, providing quality and performance measures that can be used to compare our performance with national data and identify opportunities for improvement. The surveys directly assess whether people are 'better off'.
  https://vitalresearch.com/vermont/nci/overview.html
  https://nci-ad.org/states/VT/
- DAIL staff in the Survey and Certification unit in the Division of Licensing and Protection recently started work on changes in licensing regulations for Residential Care Homes and Assisted Living Residences.

Future Directions

DAIL will continue to be engaged in a wide variety of activities, including:

- Continuing to work with partners and stakeholders to plan for the demographic changes in our state. These changes include an aging population, increasing numbers of people with dementia, increasing numbers of working age people with disabilities, and increasing demands for a limited workforce including challenges in ensuring an adequate health and human services workforce.
- Leading an 'Older Vermonters Act Working Group,' working with a variety of partners and stakeholders, to pursue the vision of the Older Vermonter's Act, including a report (due in December 2019) that will address a variety of recommendations required by this Vermont legislation.
  https://legislature.vermont.gov/assets/Documents/2018/Docs/ACTS/ACT172/ACT172%20As%20Enacted.pdf https://dail.vermont.gov/resources/legislative/older-vermonters-working-group
- Continued work on health reform and alignment with the All Payer Model, as directed by the legislature and existing agreements with the federal government. DAIL has prioritized health reform work in Developmental Disabilities Services as this will incorporate preexisting goals in assessment, case management/service coordination, and provider reporting/accountability.
- Within DVR and DBVI, continuing our 'CAREERS' work related to recent changes in federal rules (WIOA). This supports career paths and career development, with increased focus on transition age youth, as well as performance measures that measure success in pursuing career paths and career development. https://vocrehab.vermont.gov/about-us/directors-message

- Continuing work on an older workers' initiative, which includes training of participants in the Senior Community Service Employment Program (SCSEP) by Associates for Training and Development, as well as recognizing and supporting employment practices that encourage older workers to remain active in the workforce. https://vocrehab.vermont.gov/programs-and-services/mature-workers; https://webcache.googleusercontent.com/search?q=cache:VGBGf5Baw8kJ:https://www.forbes.com/sites/nextavenue/2017/11/27/7-ways-employers-can-support-older-workers-and-job-seekers/+&cd=1&hl=en&ct=clnk&gl=us
- Continuing supported employment efforts in the Developmental Disabilities Services Division (DDSD). Vermont has achieved very high rates of employment among people of working age who are served in DDSD. However, some people who want jobs still do not have one, while other people who have jobs would like to work more hours or earn higher wages.
- While DAIL helps to support older workers and younger workers with disabilities to participate in the workforce, Vermont also faces a shortage of paid caregivers in long term services and supports. Unfortunately, our workforce shortage is significant and continue to get worse. Some DAIL programs provide support to unpaid family caregivers, helping them to maintain their caregiving roles. DAIL programs have tried to address the shortage of workers by supporting consumer directed services, which has helped to expand the pool of workers who are able and willing to provide care. We will be challenged to develop strategies that effectively address the shortage of paid caregivers.
- DAIL will be a lead partner in negotiations for a collective bargaining agreement between the Agency of Human Services and independent direct support workers, who are represented by the American Federation of State, County and Municipal Employees (AFSCME). Nearly 10,000 of these workers are paid by Vermont Medicaid programs each year. The current collective bargaining agreement expires in June 2020.
- Continuing a partnership with the Vermont Department of Health and the University of Vermont to improve diagnosis and supports for people with dementia, including a 'hub and spoke' model for improving the ability of local physicians to diagnose dementia and support the needs of people with dementia.
- Expanding our collaboration with the Vermont Department of Health in addressing health disparities among people with disabilities, and in addressing public health opportunities for both older people and people

with disabilities. We anticipate new information in CY2020 about health disparities among youth with disabilities from the Department of Health's most recent Youth Behavior Risk Survey.

- Continuing work 111with the Department of Vermont Health Access and other stakeholders to implement an Electronic Visit Verification system, as mandated by the federal CURES act.
  https://www.medicaid.gov/medicaid/hcbs/guidance/electronic-visit-verification/index.html
- Strengthening our partnership with the University of Vermont Center on Disability and Community Inclusion including post-secondary educational opportunities, supported employment, assistive technology, support for students with intensive special education needs, services for children and youth with combined vision and hearing loss, and a Continence Project.
  https://www.uvm.edu/cess/cdci
- Contributing to the Vermont Agency of Transportation's Public Transit Policy Plan (PTPP) that will quantify Vermont's transit needs and make recommendations to strengthen the statewide transit system, including transportation services for older Vermonters and people with disabilities.
  https://vtrans.vermont.gov/planning/PTPP; https://vtrans.vermont.gov/public-transit/rides-to-wellness
- Continuing our work to comply with federal HCBS (Home and Community Based Services) rules that apply to Choices for Care, Developmental Disabilities Services, and the Traumatic Brain Injury Programs administered by DAIL. DAIL has engaged stakeholders developing plans for compliance with 'conflict-free' case management rule, which could lead to substantial changes in how case management services are delivered. DAIL has prioritized the work in Developmental Disabilities Services due to the relevance to health reform activities. After two phases of stakeholder engagement, DAIL has begun conversations with the federal government about proposed approaches that are based on this stakeholder input to determine if the proposed approaches will be acceptable.
  https://asd.vermont.gov/special-projects/federal-hcbs; https://ddsd.vermont.gov/hcbs-transition-plan
- Continuing work with our own staff, partners, and stakeholders to improve 'accountability' through performance management and process improvement, including increased focus on performance measures in our grants and contracts.
  https://dec.vermont.gov/administration-innovation/lean/calendar
  https://aoa.vermont.gov/sites/aoa/files/Strategic/PIVOT_2018_Update_TAP_Report_MemoFinal_7.26.18.pdf

- As part of the new State Plan on Aging, ensuring that family caregivers are well supported through access to assessment, education, training and respite. Caregiver supports include the National Family Caregiver Support Program services and dementia respite program through Area Agencies on Aging; Flexible Family Funding and Family Managed Respite through Designated Agencies; and in Choices for Care, direct employment of family caregivers, flexible funding, and adult day services.
  https://dail.vermont.gov/services/caregiver-programs

Results

DAIL continues work to improve our use of performance measures and performance accountability. This is intended to support accountability for the results of our programs and services, including an increasing focus on measures of how people we serve are 'better off', and how we can improve our performance in these measures. The DAIL Scorecard includes highlighted programs and performance measures:
https://app.resultsscorecard.com/Scorecard/Embed/27950
DAIL Budget Testimony documents also include an increasing focus on program performance:
https://dail.vermont.gov/resources/budget/budget-testimony

DAIL contributes to the Agency of Human Services Scorecard. This Scorecard includes population-level 'indicators' of well-being for Vermonters, based on desired outcomes established by the Vermont legislature. The Agency of Human Services collects and reports this population-level data to the Chief Performance Officer in the Vermont Agency of Administration, where it is included in an annual statewide Population-Level Outcomes and Indicators Report and Scorecard.
https://spotlight.vermont.gov/sites/spotlight/files/Performance/Outcomes_Indicators_2017Report_FINAL.pdf
https://embed.resultsscorecard.com/Scorecard/Embed/17845

Facts and Figures

Themes

This section of the DAIL annual report addresses three themes that have a broad impact on the work we do, and the people we serve:

- Vermont Demographics.
- Employment.
- Health and Health Disparities.

Vermont Demographics

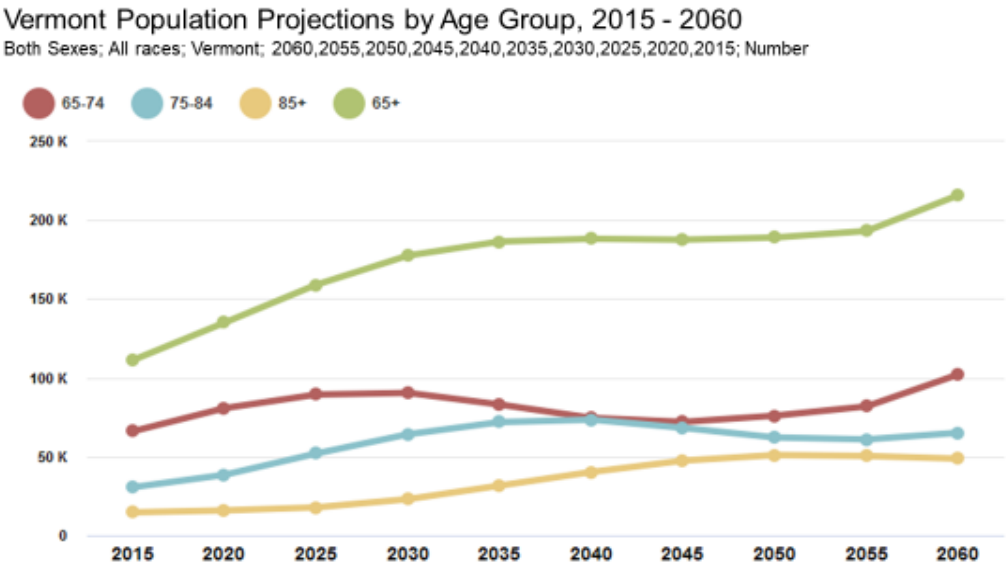
In 2018, Vermont tied with New Hampshire with the second highest median age (43.1) in the United States. Only Maine had a higher median age (45.1).
https://www.statista.com/statistics/208048/median-age-of-population-in-the-usa-by-state/

Vermont is aging more rapidly than the nation as a whole. Vermonters over age 65 are projected to increase from about 18% of the state's population in 2017 to about 28% of the state's population by 2030. In 2015, nearly 15,000 Vermonters were over the age of 85; this is projected to increase to over 50,000 by 2050. Because this 'oldest' age group is most likely to need support services, partly due to a high prevalence of dementias, Vermont can expect to experience increased demand for long term services and supports, including increased demand for a direct care workforce.

The average Vermont woman currently has about 1.58 babies in her lifetime, the second lowest rate in the United States. In recent years our low birth rate, combined with emigration of Vermonters to other states, has led to a stable population that is aging. While this may be a positive trend for the effect of the human population on the planet, including climate change, it presents numerous challenges to our state and our state's economy.
http://www.leg.state.vt.us/jfo/issue_briefs_and_memos/Projecting_Vermont_s_Population_.pdf
http://www.healthvermont.gov/health-statistics-vital-records/vital-records-population-data/vermont-population-estimates
https://dail.vermont.gov/sites/dail/files/documents/vt-population-projections-2010-2030.pdf
https://dail.vermont.gov/sites/dail/files//documents/VT_Demographic_Projections.pdf
https://healthcareinnovation.vermont.gov/sites/vhcip/files/documents/Vermont%20Health%20Care%20Demand%20Modeling%20Final%20Report%206-16-17%20FINAL.pdf

The five states with the highest percentage of persons age 65 and over in 2017 were Florida (20.1%), Maine (19.9%), West Virginia (19.4%), Vermont (18.7%), and Montana (18.1%).
https://acl.gov/sites/default/files/Aging%20and%20Disability%20in%20America/2018OlderAmericansProfile.pdf

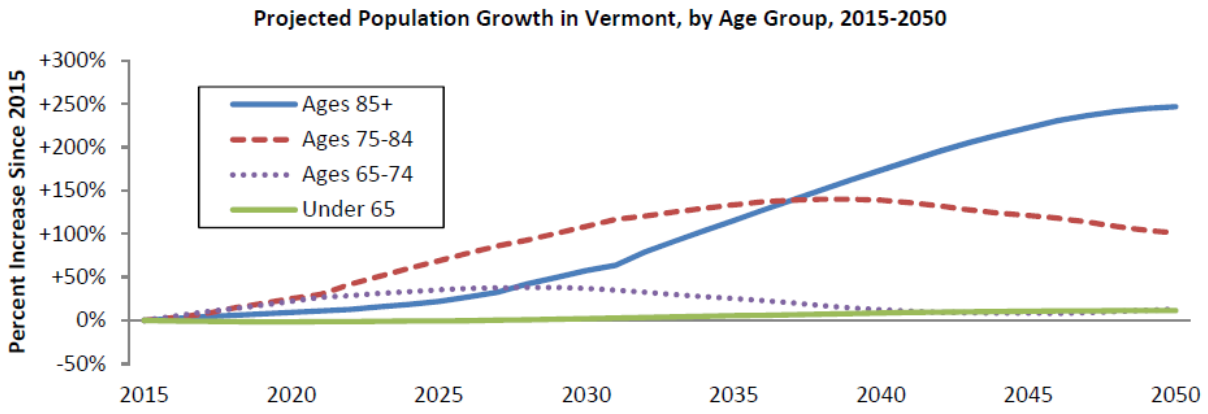
Facts and Figures



Sources: AARP Public Policy Institute calculations based on Regional Economic Models Inc, eREMI 3.7.0 (build 4042) standard regional control.

AARP DataExplorer

https://dataexplorer.aarp.org/indicator/156/population-projections-by-age-sex-and-raceethnicity#/trend?primarygrp=dist1&dist5=23&dist2=2&dist1=44,45,46,13&loc=47&tf=38,37,36,35,34,33,32,31,30,16,11&fmt=496



https://www.aarp.org/content/dam/aarp/ppi/2018/08/vermont-LTSS-profile.pdf

The aging of the Vermont population will result in a low 'caregiver support ratio', the result of two trends – an increase in the number of older people and no significant increase in the number of younger caregivers.

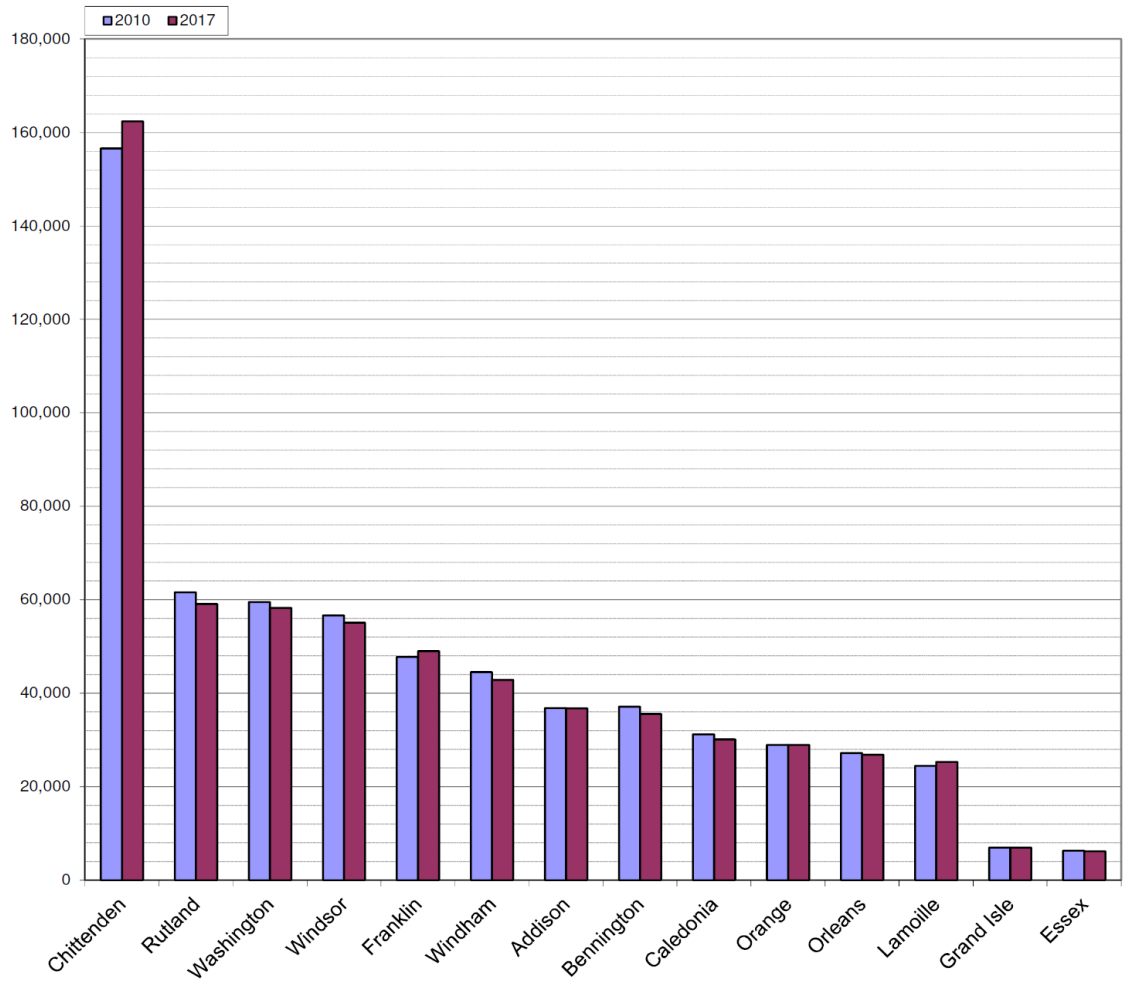
Facts and Figures

Family Caregivers

	State	Per 1,000 People	Rank	U.S.
Number of family caregivers, 2013	74,900	119	34	127
Economic value of family caregiving, 2013 (millions)	$1,010	$1.61	9	$1.49
Economic value per hour, 2013	$14.55		5	$12.51
Ratio of economic value to Medicaid HCBS spending, 2013	4.0		45	6.2
Caregiver Support Ratio (age 45-64 per age 80+), 2015	6.9		24	7.0
Caregiver Support Ratio, 2050 (projected)	2.4		47	2.9

https://www.aarp.org/content/dam/aarp/ppi/2018/08/vermont-LTSS-profile.pdf

Figure 1. Population of Vermont Counties
2010 Census Counts and 2017 Estimates



https://www.healthvermont.gov/sites/default/files/documents/pdf/STAT_Population_of_Vermont_Counties_2017.pdf

Recent US Census data show that between 2010 and 2017 the populations of some Vermont counties increased (Chittenden, Franklin, Grand Isle, Lamoille, Orange) while the populations of the remaining counties decreased (Addison, Bennington, Caledonia, Essex, Orleans, Rutland, Washington, Windham, Windsor).

Facts and Figures

The factors driving the changes in county populations are births, deaths, immigration from other countries, and migration to/from other counties. The different trends in different counties reveal significant regional differences in population trends within the State of Vermont. We can expect regional differences in population trends to produce regional differences in demand for services and in labor markets.

Vermont has high rates of disability among working age adults. An Issue Brief produced by Joyce Manchester of the Vermont Legislative Joint Fiscal Office (JFO) found that in 2013, New Hampshire, Vermont, and Maine were the states with the highest rates of adults under age 35 enrolled in the Social Security Disability Insurance (SSDI) program. Between 2000 and 2013 the share of people on SSDI under age 35 and ages 35 to 44 in northern New England rose almost four times as fast as the national average. The share of the population on SSDI among people ages 45 to 54 rose twice as fast as the national average. “Policymakers need to pay attention to the number of people enrolled in the SSDI program because beneficiaries are no longer fully engaged in the labor force and contributing to the state’s economy but instead rely on income support…Recognizing the relatively high rates of young people on the SSDI program may provide more reasons to invest in enhancing job opportunities and work supports as well as strengthening educational opportunities and policies that will alleviate drug abuse and keep people off the program. In addition, policymakers may want to ask whether more can be done to help people already on the SSDI program move beyond that reliance and return to the work force.”

In a related Issue Brief, Joyce Manchester found that more than two-thirds (71 percent) of the 25,738 Vermonters on the SSDI program in December 2016 became eligible for the program based on mental health disorders or diseases of the musculoskeletal system and connective tissue. Vermont has a larger share of SSDI beneficiaries who were eligible based on mental health disorders than the country as a whole, and this has increased steadily since 2001. “The share of people with mental health disorders on SSDI, especially younger people, should be considered in discussions of Vermont’s workforce because most beneficiaries do not work. …moreover, beneficiaries with mental health diagnoses are likely to stay on the program for many years.”

http://www.leg.state.vt.us/Jfo/issue_briefs_and_memos/SSDI_Prevalence_Issue_Brief.pdf
http://www.leg.state.vt.us/jfo/issue_briefs_and_memos/SSDI__Mental_Health_and_Musculoskeletal_Diagnoses.pdf

Facts and Figures

This table showing disability by age group demonstrates that Vermonters aged 65+ have relatively low rates of disability compared to other states, while Vermonters of working age have relatively high rates of disability compared to other states:

Disability Rates, 2016	Number (1,000's)	Percent	Rank	U.S.
People ages 65+ with disabilities				
Self-care difficulty	8	7.2%	34	8.1%
Cognitive difficulty	7	6.3%	49	8.9%
Any disability	35	31.1%	49	35.0%
People ages 18-64 with disabilities				
Self-care difficulty	8	1.9%	22	1.9%
Cognitive difficulty	25	6.3%	3	4.5%
Any disability	49	12.7%	12	10.6%

https://www.aarp.org/content/dam/aarp/ppi/2018/08/vermont-LTSS-profile.pdf

The Yang-Tan Institute on Employment and Disability at the Cornell University School of Industrial and Labor Relations reported that in 2017, an estimated 12.0% of Vermont residents age 21-64 had a disability, compared to 10.6% across the entire US.
http://www.disabilitystatistics.org/StatusReports/2017-PDF/2017-StatusReport_US.pdf

In 2018 the Vermont Department of Health posted "The Health of Vermonters Living with Disabilities". This document provides information about Vermonters with disabilities, including:
1 in 5 Vermont adults have at least one type of disability, and 1 in 10 have two or more disabilities. Vermonters with a disability have significant differences in health compared to Vermonters without a disability:

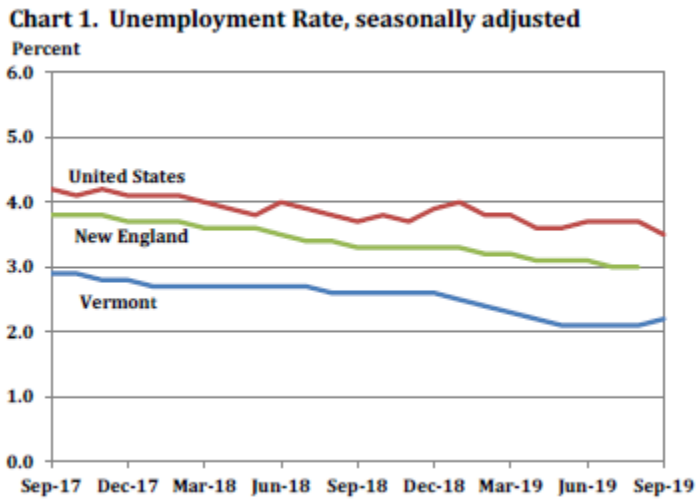
- Health Status: One third of Vermonters with a disability report poor physical health and one third report poor mental health. Adults with a disability are less likely to report seeing the dentist in the last year and are twice as likely to have ever had a tooth pulled compared to adults without a disability. Adults age 65 and older with a disability are twice as likely to report a fall in the last year than those adults with no disability.
- Chronic Conditions: 95% percent of adults with a disability have a chronic condition. 2 out of 3 adults with a disability have two or more chronic conditions. Adults with a disability are three times as likely than adults without a disability to have asthma, COPD, diabetes, cardiovascular disease, kidney disease, cognitive decline and depression. Three-quarters of Vermont adults with a disability are overweight or obese.

- Preventative Behaviors: Adults with a disability are less likely to meet physical activity and strength training recommendations or eat the recommended amount of fruits and vegetables. Adults with a disability are less likely to get recommended cancer screenings than adults with no disability.
- Risk Behaviors: Adults with a disability are three times as likely to smoke cigarettes and twice as likely to use marijuana than adults with no disability. People that have a disability are less likely to use alcohol and binge drink compared to people who don't have a disability. Vermont adults living with a disability are twice as likely to have ever experienced sexual violence and intimate partner violence.

http://www.healthvermont.gov/sites/default/files/documents/pdf/DisabilityDataPages_AccessibleVersion.pdf

Employment

Workforce: In October 2019 the Vermont Department of Labor posted a release that included the following:



According to household data, the seasonally-adjusted statewide Vermont unemployment rate for September 2019 was 2.2 percent. This reflects an increase of one-tenth of one percentage point from the revised August rate. If this preliminary data holds, it would be the first increase to the unemployment rate since April 2009. As of last month's data, Vermont had the lowest seasonally-adjusted statewide unemployment rate in the country. The September unemployment rates for Vermont's 17 labor market areas ranged from 1.8

percent in White River Junction to 3.4 percent in Derby (note: local labor market area unemployment rates are not seasonally-adjusted).
http://www.vtlmi.info/press.pdf

In March 2019, the Vermont Department of Labor projected short-term job openings for occupations in Vermont between 2018 and 2020. The projections suggest that we face an ongoing demographic challenge. While the labor force has decreased, the demand for workers has increased. This challenge is particularly acute in health and human services, because the demand for workers in these jobs is increasing faster than for most other jobs. The projected annual 'openings' (representing both job growth and replacement) include Personal Care Aides (n=1302, average annual growth rate 3.2%) Registered Nurses (n=398, average annual growth rate 1.4%), Nursing Assistants (n=407, average annual growth rate 0.6%), and Social and Human Service Assistants (n=340, average annual growth rate 1.4%).
http://www.vtlmi.info/projst.pdf#page=2

Combined with a limited labor force, increasing demand for direct care workers, limited state and federal funding, low wages, and sometimes challenging working conditions, employers looking for direct care workers can expect increasing difficulty in recruiting and retaining workers across our state and our systems of care. In the 2019 Senior Health Report for Vermont, the United Health Foundation found that in the past two years home health care workers declined 12% from 172.3 to 151.8 workers per 1,000 adults aged 75+.
https://www.americashealthrankings.org/learn/reports/2019-senior-report/state-summaries-vermont

Regional workforces and labor markets are affected by regional economic conditions. In December 2018 the federal Bureau of Economic Analysis (BEA) released 'prototype' or draft statistics for gross domestic product (GDP) by county for 2012-2015. Combined with BEA's county estimates of personal income, GDP by county offers a more complete picture of local area economic conditions. The data shows significant differences across Vermont counties in both GDP size and trends over time:

Facts and Figures

	Real Gross Domestic Product				
	Thousands of chained (2012) dollars				Rank in State
	2012	2013	2014	2015	2015
Addison	1,406,434	1,249,939	1,228,703	1,250,046	8
Bennington	1,642,039	1,748,141	1,468,782	1,427,346	7
Caledonia	942,251	934,112	912,026	971,766	10
Chittenden	10,852,741	10,414,133	10,553,238	10,849,229	1
Essex	95,735	96,835	95,335	98,276	14
Franklin	1,476,439	1,508,416	1,571,090	1,621,227	6
Grand Isle	141,256	141,400	144,620	149,457	13
Lamoille	991,095	1,080,845	1,052,548	1,150,617	9
Orange	610,354	588,645	577,210	575,335	12
Orleans	798,332	814,264	864,198	903,048	11
Rutland	2,249,932	2,215,828	2,228,816	2,263,854	3
Washington	2,978,566	3,047,160	3,257,403	3,197,991	2
Windham	2,513,650	2,514,948	2,437,702	2,146,336	5
Windsor	2,188,530	2,142,708	2,098,982	2,173,097	4

https://www.bea.gov/system/files/2018-12/lagdp1218_0.pdf

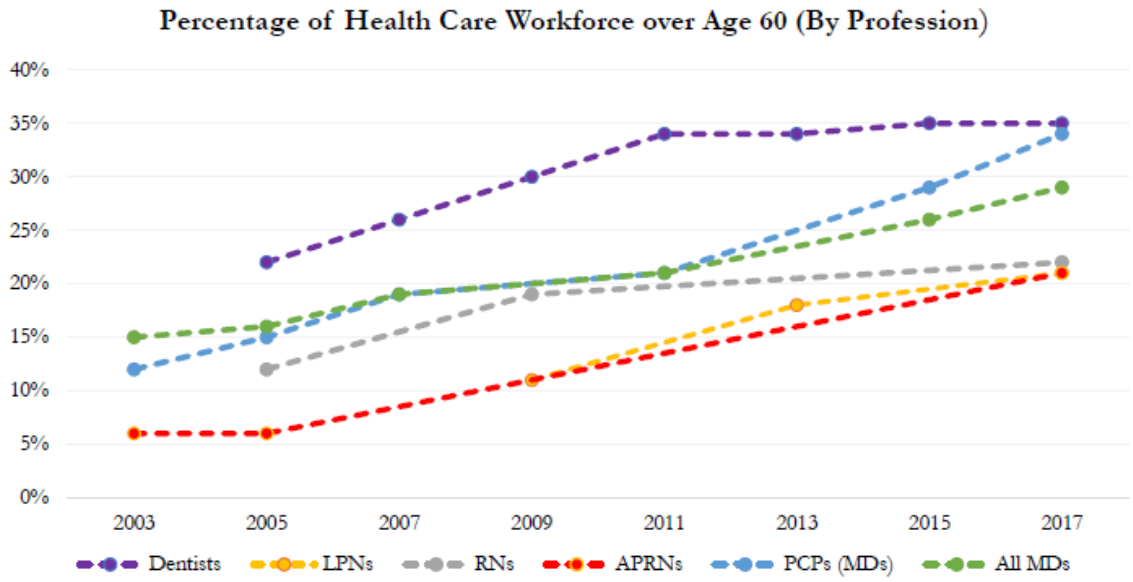
Under Act 26 of 2019, the Rural Health Services Task Force was created "to evaluate the current state of rural health care in Vermont and identify ways to sustain the system and to ensure it provides access to affordable, high-quality health care services. The Task Force is supported by the Agency of Human Services and the Green Mountain Care Board. The Rural Health Services Task Force Workforce Subcommittee recently posted a report with workforce data directly relevant to DAIL services:

- In a survey of 45 of over 140 long-term care facilities in Vermont, 571.1 vacant positions were reported. This data translated into vacancy rates of 17.1% for RNs, 29.3% for LPNs, 20.3% for LNAs and 9.7% for PCAs. Facilities also report challenges retaining staff, with an industry-wide 41% annual turnover rate for direct care workers. When broken out by position, these rates are: 31.4% for RNs, 34.5% for LPNs, 45.2% for LNAs, and 52.1% for PCAs.
- In a survey of all 10 home health agencies, 386.5 vacant nursing FTEs were reported. This translated into vacancy rates of 23% for RNs, 23% for LPNs, 27% for LNAs, and 26% for PCAs. Home health agencies also struggle to retain staff with turnover rates of 22% for RNs, 20% for LPNs, 40% for LNAs, and 50% for PCAs.

Facts and Figures

- A survey of all 16 Designated and Specialized Service Agencies (DA/SSAs) found vacancy rates of 12% for bachelor's level clinicians, 11.3% for master's level non-licensed clinicians, and 18.6% for master's level licensed clinicians. DAs and SSAs also reported turnover rates of 28% for developmental service positions, 26% for mental health positions, and 24% for administrative staff.

The Task Force identified continued challenges in the professional health care workforce as a greater percentage of Vermont's health care workforce nears retirement age. The chart below illustrates the growing percentage of LPNs, RNs, APRNs, and Primary Care Physicians over the age of 60.



https://gmcboard.vermont.gov/sites/gmcb/files/documents/RHSTF_WorkforceReport.pdf

Older Workers: Older people in the United States today often need to work past their desired "retirement age." However, evidence demonstrates that this is not easy for most older workers; instead 52 percent of retirees left their jobs before they had intended to. Wages, hours, and working conditions for older adults often are much worse than their career jobs, and frequently do not accommodate aging bodies. As well, age discrimination flourishes on the job and in hiring. The Fall 2019 issue of Generations focuses on the economic conditions of older people as they stay or reenter the workforce and takes a critical look at the older labor market.
https://www.asaging.org/blog/generations-future-work-and-older-workers

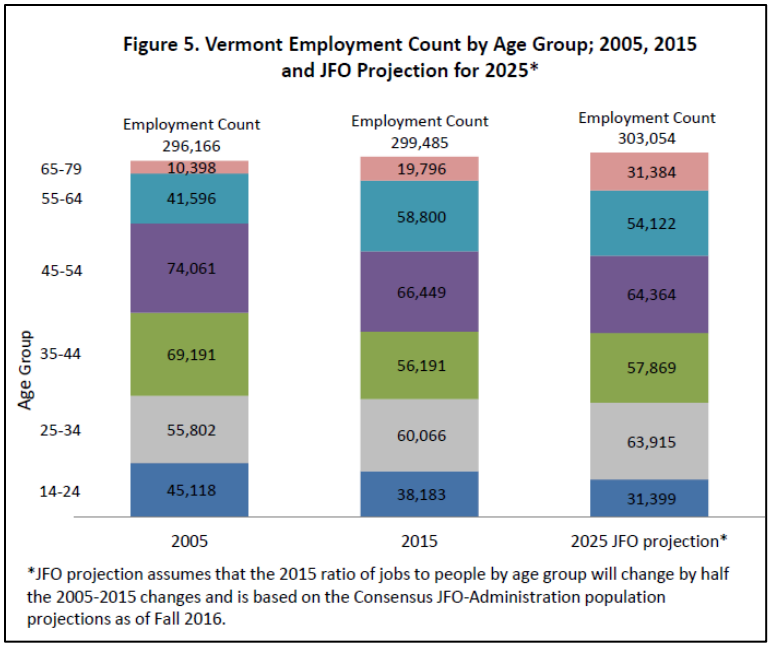
Facts and Figures

However, older workers also represent a valuable resource that helps to address our workforce challenges. When older Vermonters remain active in their communities it has a positive impact on the State's economic sustainability, and can maintain their own physical, mental and financial well-being.

Older people in Vermont are more active in the labor force than older people in other states. The US Census estimates that in 2017 32% of Vermonters age 65-74 (25.6% for US) and 8.1% age 75+ (7.4% for US) participated in the labor force. TableS2301:https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=2&cad=rja&uact=8&ved=2ahUKEwi5nNSdqb7fAhWSZd8KHTgxAl0QFjABegQIDRAB&url=https%3A%2F%2Ffactfinder.census.gov%2Fbkmk%2Ftable%2F1.0%2Fen%2FACS%2F16_5YR%2FS2301%2F&usg=AOvVaw2YToynt5yrvPf3CnaJn2iQ

In December 2016, Joyce Manchester from the Vermont Legislative Joint Fiscal Office published an issue brief regarding employment in Vermont by age. Between 2005 and 2015, the share of jobs held by people age 55 to 64 rose from about 14 percent to almost 20 percent, and the share for people age 65 or older almost doubled from 3.5 percent to almost 7 percent. Employment among older people rose for two reasons: an increase in the number of older people, and a greater likelihood that an older person is working. The report predicts that the number of jobs held by people age 65 and older will continue to increase, and that this will help to offset a decrease in the number of younger workers.

Without older workers, Vermont's employment count would shrink significantly. This illustrates the importance of older workers in Vermont's labor market and economy.

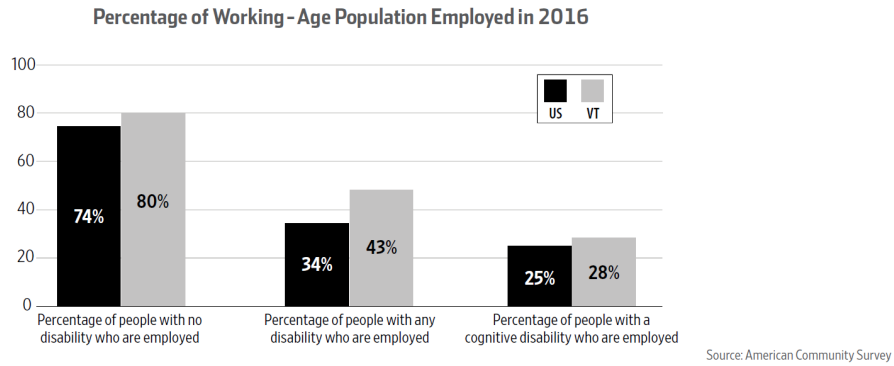


http://www.leg.state.vt.us/jfo/issue_briefs_and_memos/Vermont's%20Jobs%20Filled%20By%20Age%20Group%20final.pdf

Workers with Disabilities: By supporting and encouraging people with disabilities to remain active in the labor force, we can help to offset the challenges presented by fewer people of working age. The Yang-Tan Institute on Employment and Disability at the Cornell University ILR School reported that the 2017 employment rate of Vermonters with disabilities age 21-64 was 45.9%, compared to a national rate of 37.3%.
http://www.disabilitystatistics.org/StatusReports/2017-PDF/2017-StatusReport_VT.pdf?CFID=20903566&CFTOKEN=424acf4df74518ba-5BE89735-E417-C67A-462C0273C7594D83

Vermont places an emphasis on community inclusion of people with disabilities and has been highly successful in supporting community employment for people with developmental disabilities. In 2018 the employment rate among people age 18 to 64 who were served by Developmental Disabilities Services (DDS) was 49%.
https://app.resultsscorecard.com/PerfMeasure/Embed/89227

Facts and Figures



https://www.statedata.info/bbstates/Vermont.pdf

The Traumatic Brain Injury (TBI) Program serves Medicaid eligible Vermonters with moderate to severe traumatic brain injuries in community-based settings. 27% of people served in the Traumatic Brain Injury rehabilitation program were employed in SFY2018.
https://app.resultsscorecard.com/Program/Embed/14913

248 individuals received DBVI Vocational Vision Rehabilitation services to assist them to maintain or find employment as a result of their vision loss. 46 individuals who received services successfully achieved their employment goals in FFY2018. Most individuals who did not achieve their goals will continue to receive services in FFY 20.
https://app.resultsscorecard.com/Program/Embed/14907

In DVR, 8,074 individuals were served in SFY 2019. 6,756 people were served in the core VR program, and 1,318 high school students were served through Pre-Employment Transition Services only. 877 individuals closed their VR case with successful employment. This means they had met their individual employment goal and had been employed for at least 90 days.
https://app.resultsscorecard.com/Program/Embed/14906

Volunteers: Older people and people with disabilities contribute to our communities by volunteering, with associated social, health, and mental health benefits for the volunteers themselves. The federal Corporation for National and Community Service reported that in 2015 36.0% of Vermont residents volunteered, ranking them 16th among states. The Bureau of Labor Statistics estimated that in 2014/2015, about 24% of people aged 65 and over volunteer, averaging 94 hours of volunteer time per year. The Independent Sector estimates the average financial value of volunteer time in Vermont in 2018 was

$24.60/hour. This suggests that the contribution of volunteer time by older Vermonters and Vermonters with disabilities has an estimated 'value' that could exceed $100 million per year.
https://www.nationalservice.gov/serve/via/states/vermont
https://independentsector.org/resource/vovt_details/
https://www.bls.gov/news.release/volun.t01.htm

Health and Health Disparities

Aging: The United Health Foundation produces an annual senior health ranking report, with data for each state. In 2019 the health of older adults in Vermont was ranked #8 in the US. The 2019 report includes specific strengths and challenges for older Vermonters:

Strengths:

- Low percentage of ICU use.
- High percentage of home-delivered meals.
- High prevalence of high health status.

Challenges:

- High prevalence of falls.
- Low percentage of hospice care use.
- Low percentage of diabetes management.

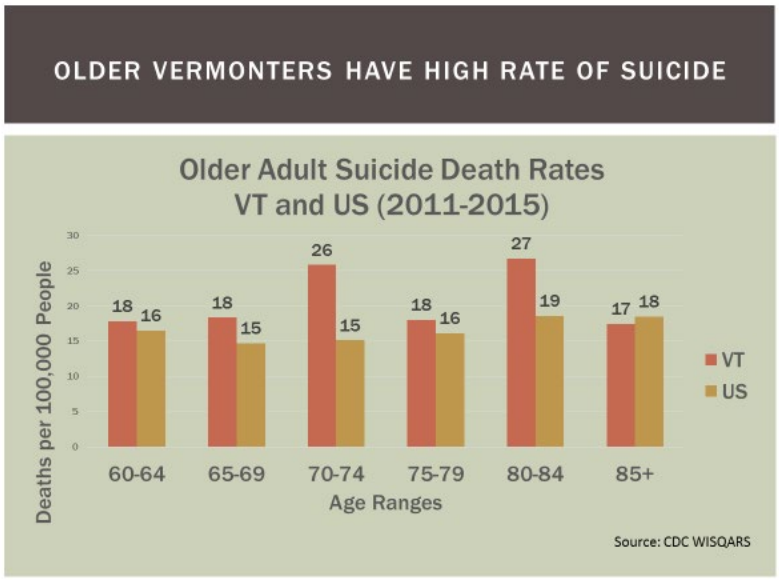
Other highlights:

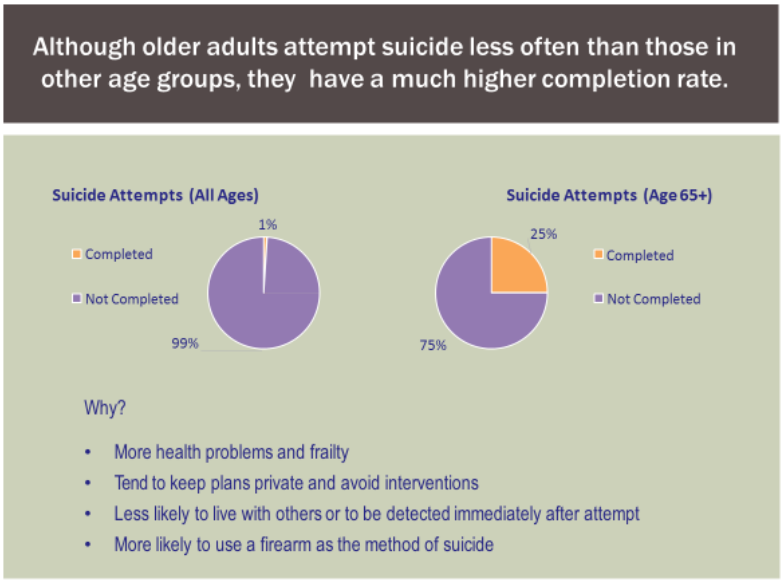
- In the past year, smoking increased 16% from 7.0% to 8.1% of adults aged 65+.
- In the past three years, four- or five-star rated nursing home beds increased 16% from 43.3% to 50.2% of certified nursing home beds.
- In the past five years, home delivered meals increased 29% from 26.7% to 34.5% of adults aged 60+ with independent-living difficulty.
- In the past six years, low-care nursing home residents increased 63% from 6.5% to 10.5% of residents.
- In the past two years, home health care workers decreased 12% from 172.3 to 151.8 aides per 1,000 adults aged 75+.
- In the past five years, early deaths decreased 6% from 1,708 to 1,605 deaths per 100,000 adults aged 65-74.

https://www.americashealthrankings.org/learn/reports/2019-senior-report/state-summaries-vermont

Suicide: The rate of suicide among older Vermonters is higher than the national average. In Vermont, death by suicide is highest among males 65 years and older (43.3 deaths per 100,000 male Vermont Residents in 2014-2016). Factors that play a role in suicide include access to lethal means, high rates of isolation,

decreased social connectedness, and males are typically less likely to ask for help. More men die by suicide than women. Firearms are the most common method used by someone that takes their own life and are used more often by men than women.





Suicide awareness promotion, prevention and intervention efforts are vital to reduce this burden. The Vermont Agency of Human Services is collaborating with community partners to prevent suicide and reduce these rates.

https://afsp.org/about-suicide/state-fact-sheets/#Vermont
https://embed.resultsscorecard.com/Indicator/Embed?id=118487
https://dail.vermont.gov/sites/dail/files/documents/W_Molly_Dugan_Older_Vermonters_2_14_2019.pdf

Facts and Figures

Disabilities: The Vermont Department of Health produced "The Health of Vermonters Living with Disabilities", providing a summary of the health and health behaviors of adults with disabilities. This report looks at many health factors such as chronic disease, mental health, and substance use. The Vermont Department of Health's Chronic Disease and Disability Program will use this information to work with state and local partners to lower and manage the rates of chronic conditions among Vermonters with disabilities. The Program will use this report to:

- Share information with state and community partners about why it's important that health programs be used by all Vermonters, including people with disabilities.
- Help self-advocates and caregivers teach other community members about why the health of people with disabilities is important.
- Decide what changes can be made to health programs, laws, and the built environment to help lower rates of chronic disease.
- Modify approaches and outreach used by health programs to better engage people with disabilities.

http://www.healthvermont.gov/sites/default/files/documents/pdf/DisabilityDataPages_AccessibleVersion.pdf

People with disabilities tend to experience health disparities, including poorer health status and more chronic health conditions. Health disparities are related to a combination of social and economic factors including poverty, poor access to health care, and lower education. Special Olympics found that of ten athletes with disabilities:

- 4 have obvious tooth decay.
- 1 needs an urgent referral to a dentist.
- 6 are obese or overweight.
- 3 fail a hearing test.
- 4 need glasses, and 2 have an eye disease.
- 5 have a significant problem with flexibility.
- 4 have a significant problem with balance.

In March 2010 the Vermont Department of Health reported that adult Vermonters who have a disability were more likely to suffer worse health outcomes:

Facts and Figures

- 43% of the people who had an income less than 125% of the poverty level had a disability.
- 42% of the people who did not graduate from high school had a disability.
- 22% of those who had a disability smoke, compared to 17% of the total population.
- 56% of people with disabilities did not get regular physical activity, compared to 42% of the total population.

Data from the Centers for Disease Control and Prevention National Center on Birth Defects and Developmental Disabilities, show that Vermont adults with disabilities are more likely than Vermont adults without disabilities to:

- be inactive: 36.1% versus 18.3%.
- have high blood pressure: 37.2% versus 23.1%.
- smoke: 29.1% versus 13.5%.
- be obese: 36.4% versus 23.9%.

Disability costs in healthcare expenditures in Vermont are estimated to be $941 million per year, representing approximately 26% of total healthcare expenditures.
http://dail.vermont.gov/sites/dail/files//documents/Health_dispartities_in_people_with_DD.pdf
http://www.healthvermont.gov/sites/default/files/documents/2016/11/Health%20Disparities%20of%20Vermonters%202010.pdf
https://www.cdc.gov/ncbddd/disabilityandhealth/impacts/vermont.html

Social Isolation: Social isolation is defined as the absence of social interactions, contacts, and relationships with family, friends, and neighbors on an individual level, and with "society at large" on a broader level. Social isolation is a risk factor for illness and morbidity, especially hypertension and cardiovascular disease. Chronic loneliness (also known as subjective social isolation) is associated with chronic illness and depression. Isolation is generally predictive of cognitive impairment in older women. Those who are lonely often smoke, engage in substance misuse, have a poor diet, are more likely to suffer falls, and are inactive. People who are isolated have poorer health trajectories and their risk of death is 50% higher than people who are not isolated.

Vermont is ranked 19th in the country for risk of social isolation among older adults in the 2019 America's Health Rankings Senior Report. Older Vermonters are more likely to live alone than older people in other states. Older people can be living alone for numerous reasons including being divorced, widowed, or

having never married. Living alone is a well-documented risk factor for social isolation, although not all who live alone are isolated. Those who live alone are more likely to be poorly socially integrated and experience feelings of loneliness.
https://www.americashealthrankings.org/explore/senior/measure/isolationrisk_sr/state/VT

Dementia: The Alzheimer's Association estimates that 13,000 Vermonters had Alzheimer's disease in 2019, and that this number will increase by 31% to 17,000 Vermonters by 2025. An estimated 30,000 caregivers provided about 34,000,000 hours of unpaid care to people with dementia in Vermont in 2018. Per capita Medicare payments for people with dementia in Vermont in 2018 were estimated as $21,071. The Vermont Medicaid costs for serving people with dementia were estimated as $110 million in 2019.
https://www.alz.org/getmedia/63d70f05-798f-49ad-aab6-994ff1bc13e6/vermont-alzheimers-facts-figures-2019

The Centers for Disease Control and Prevention reports that Alzheimer's Disease was the fifth leading cause of death in Vermont in 2017 (after heart disease, cancer, accidents, and chronic lower respiratory diseases). This was the eighth highest rate of death from Alzheimer's Disease in the United States. A total of 666 people died of some form of dementia in 2017.
https://www.cdc.gov/nchs/pressroom/states/vermont/vermont.htm
https://www.cdc.gov/nchs/data/nvsr/nvsr68/nvsr68_02-508.pdf

The Centers for Disease Control and Prevention reported that people diagnosed with Alzheimer's disease or other dementias represent a high percentage of users of long-term care services in the United States:

- Percent of adult day services center participants: 30.9% (2016).
- Percent of home health agency patients: 32.3% (2015).
- Percent of residential care community residents: 41.9% (2016).
- Percent of hospice patients: 44.5% (2015).
- Percent of nursing home residents: 47.8% (2016).

https://www.cdc.gov/nchs/fastats/alzheimers.htm

Facts and Figures

Long Term Services and Supports: Long term services and supports can help to address a variety of health conditions and health disparities. Vermont's long-term services and supports were ranked #3 in the United States in the most recent (2017) Long-Term Services & Supports State Scorecard produced by AARP and The Scan Foundation, earning Vermont the Pacesetter Award for improving long-term services and supports. The scorecard ranks each State on long-term services and supports for older adults, people with physical disabilities, and family caregivers. From the Scan Foundation: "Vermont is a proven national leader in providing accessible, affordable, quality health, and LTSS coverage for its residents. Vermont moved up from No. 19 in the 2011 Scorecard to No. 3 in 2017, exhibiting more improvement in "Affordability and Access" than any other state. The state has also risen through the ranks in overall LTSS performance, moving from No. 20 in 2011 to No. 3 in 2017."

Vermont's ranking in specific dimensions:

- Affordability and Access: 3.
- Choice of Setting and Provider: 5.
- Quality of Life & Quality of Care: 19.
- Support for Family Caregivers: 10.
- Effective Transitions: 9.

Facts and Figures

Success Highlights:

- Vermont improved access to Medicaid and increased the percentage of low-income adults with disabilities who are covered by Medicaid.
- Since 2011, there has been no waiting list for home- and community-based services for people with high needs who qualify for a nursing home level of care.
- Affordability of home care and nursing home care has improved.
- Vermont reinvested savings to expand access to homemaker and adult day services for the moderate need population, people who are not eligible for nursing home care.
- Vermont increased provider reimbursement rates to help attract a high-quality workforce to provide home care.
- Vermont expanded service options, including Adult Family Care.

http://www.longtermscorecard.org/~/media/Microsite/Files/2017/Web%20Version%20LongTerm%20Services%20and%20Supports%20State%20Scorecard%202017.pdf

Long term services and supports address individual goals, needs, and quality of life while also helping to control other health care costs. DAIL's long term services and supports serve large numbers of people:

- Older Americans Act: about 60,000 people served in FFY 2019.
- Developmental Disabilities Services Division: 4,611 people served in SFY 2019.
- Choices for Care: 5,400 people served in July 2019.
- Traumatic Brain Injury Program: 74 people served in July 2019.