



Final Report

Prepared by the Bennington Office of Local Health

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This assessment could not have been completed without the time, skill, and dedication of a number of individuals. With gratitude for their contributions, they are listed below.

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Most notably, the HIA could not have been completed without input from Bennington residents. Whether through community forums, one-on-one conversations, Select Board meetings or responses to surveys, the Bennington community was eager to provide opinions, ask questions, teach, and to envision Bennington's future. Almost everyone shared a desire for the project to benefit all Bennington citizens and were quick to advocate for those not traditionally engaged in economic or community development efforts. We are a fortunate community.

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INTRODUCTION

“Development with dignity in practice will ensure that all members of society lead decent, dignified, and rewarding lives in a safe and healthy environment both now and into the future.”

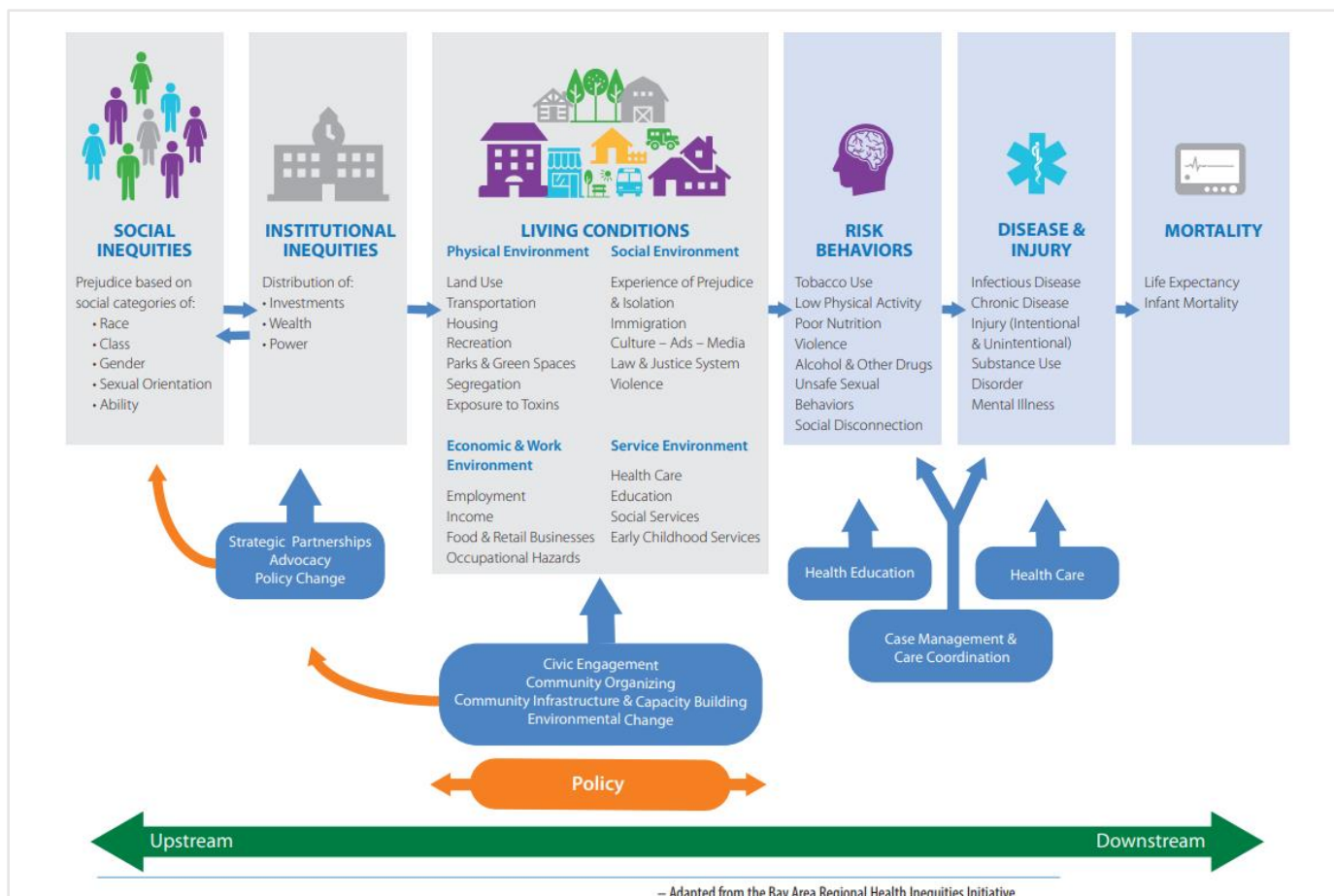
– Dr. Angela Lusigi, Strategy Advisor for the United Nations Development Programme

As society’s conceptualization of “health” has changed to include far more than merely the absence of disease, the field of community development has also evolved to center health in its efforts to create thriving and sustainable neighborhoods.^{1,2,3} The phrase “social determinants of health” has been adopted by public health and other fields to encompass the breadth of social factors that can influence one’s health, including neighborhood-level determinants created by community development efforts. While initiatives to meet the basic needs of community members are frequently cited as “addressing the social determinants of health”, the term is often incorrectly applied. For instance, efforts to provide emergency shelter for those experiencing homelessness are certainly worthwhile and meet the immediate needs of individuals and families but do not alter the systems and socioeconomic conditions and inequities that caused homelessness in the first place. Thus, meeting basic needs might be better defined as “addressing social needs,” whereas systems-level interventions truly address the social determinants of health.⁴ **Figure 1**, featured in the Vermont Department of Health’s State Health Improvement Plan and adapted from the Bay Area Regional Health Inequities Initiative, visualizes the interplay between systems-level social determinants of health (far left) and social needs (large middle box).⁵

Thus, a community development or economic development project is, by its nature, influencing the social determinants of health. The rules and systems that govern our lives impact the opportunities that we have, the choices we can make, and the health outcomes we face.

It’s with this broad understanding of the determinants of health that this health assessment finds its foundation. As described in the [Project Overview](#) chapter, the Benn High building has been vacant since 2004. Just as current plans to revitalize the building will have an impact on community health, so too would demolishing building or leaving the space empty. The main goal of the Benn High Redevelopment Health Impact Assessment (HIA) was to leverage primary and secondary data to inform recommendations that amplify the health-promoting features of the project as proposed, as well as identify and address any health detracting features. Secondary goals included the prioritization of health in community development decision-making, as well as the formulation and strengthening of collaborative partnerships between the Office of Local Health, the Town of Bennington, Hale Resources, and the Bennington County Regional Commission.

Figure 1 A Public Health Framework for Reducing Health Inequities



This assessment is divided into chapters. The [Executive Summary](#) provides an overview of the assessment process and its findings and is capable of being used as a standalone document to understand the HIA and its implications. The next two chapters, [The Use, Value, and Structure of an HIA](#) and [Methodology](#), answer two questions, respectively: why complete an HIA, and how did this HIA happen? Next follows a brief overview of the [Existing Conditions](#) in the community to serve as a baseline understanding of current health and wellness. Following that is a [Project Overview](#), discussing the proposed components and design of the space. Four chapters then follow, one for each of the priority topics identified by the HIA steering committee and affirmed in their importance by community members’ opinions. These include [Housing](#); [Social Connection and Pride in Place](#); [Access to Community Services](#); and [Disinvestment, Poverty, and Public Safety](#). Each of those chapters contains general information about the topic and its importance to health, salient local data and information, project features affecting or affected by the topic, and project recommendations as supported by literature reviews. Finally, the [Limitations](#) of the HIA are discussed, followed by a [Conclusion](#). The last portion of the document is dedicated to materials used to conduct and finalize the HIA, organized in several appendices.

EXECUTIVE SUMMARY

Background

The Benn High Redevelopment Project Health Impact Assessment (HIA) was conducted to better understand the potential health effects of an initiative to utilize a large, vacant downtown building as housing and community space. The proposed project is a public-private partnership between the Town of Bennington and Hale Resources, LLC. It would transform the 100,000 former high school to include mixed-income apartments; a childcare facility; University of Vermont Extension; Southwest Vermont Council on Aging; Bennington County Meals on Wheels; Bennington Senior Center; and the Berkshire Family YMCA.



This HIA was guided by two research questions:

1. What are current community conditions near Benn High?
2. What are the potential impacts (both positive and negative) of the Benn High Redevelopment Project for affected citizens?

Resulting data was used to inform recommendations for the project to better promote health equity and community wellbeing.

Methodology

Both primary and secondary data sources were utilized in completing the assessment and generating the resulting recommendations. Surveys, forums, and other community feedback mechanisms were employed to gather information from those most likely to be impacted by the project, and a thorough review of existing demographic and health data was conducted. Best and emerging practices in the fields of community development and public health were also identified, reviewed, and included when sufficiently supported by evidence.

A steering committee led the HIA process and defined the parameters of the assessment, including the identification of priority topics (Figure 2).

Conclusions and Recommendations

The HIA process highlighted the utility of explicitly and methodically considering health and equity as the reason for, and center of, community development



Figure 2 HIA Priority Topics

initiatives. The Benn High Redevelopment Project has the potential to promote wellbeing in the Bennington community through the provision of housing, colocation of important community services, and revitalization of a vacant building. While these features of the project are arguably necessary to address the root causes of health inequities in Bennington, the Benn High Redevelopment Project in isolation will not remedy the upstream factors that warrant attention and community-wide action: lack of safe and affordable housing; threats to public safety; isolation and loneliness; difficulties accessing necessary community services; and historic disinvestment and socioeconomic segregation. It is vital that the Bennington community (including engaged and empowered citizens) leverages the Benn High Redevelopment Project as a launching point for long-term, concentrated efforts to address these topics. The lack of a coordinated effort to explicitly examine health and wellbeing in relation to development will serve to entrench or even exacerbate existing inequities in opportunity and wellbeing.

Many of the recommendations generated in the HIA address these factors: the community context of the project, and meaningful involvement of citizens in decision-making. Additional recommendations regarding specific features of the site are also proposed. Organized by topic, a summary of recommendations is included on the following pages, with links to the topic's location in the full report, which can be referenced for the evidence justifying a given recommendation.

While leaders of the Benn High Redevelopment Project are under no obligation to carry out any of the recommendations as proposed, it is respectfully hoped that the activities suggested will prove to be economically and politically feasible for consideration and eventual implementation.

Recommendations: Housing

Recommendation and Reasoning

- 1. Promote access to and use of indoor common space for all tenants, regardless of rent amount.**
Promote social connection and reduce social isolation of residents.
- 2. To the greatest extent possible, ensure parity in design, appearance, and features of Low Income Housing Tax Credit (LIHTC) and unrestricted units. Ensure equitable access to amenities.**
Mitigate potential social divide between LIHTC and unrestricted unit tenants.
- 3. Consider retaining some private green space for residents of properties abutting Benn High.**
Benefit physical and mental health of residents and neighbors and promote community wellness.
- 4. Consider incorporating universal design features in all apartments.**
Make small design changes to ensure unit accessibility and allow residents to age in place.
- 5. Improve community resiliency to climate change by maximizing tree canopy and green space, including ensuring green space on Pleasant Street side of Benn High building.**
Shield residents and pedestrians from heat and promote physical and mental health.
- 6. Use the Vermont Department of Health's Smoke- and Vape-Free Housing toolkit and signage to promote clean indoor and outdoor air and reduce harmful exposure to secondhand smoke.**
Leverage an evidence-based toolkit to provide a smoke/vape-free environment for residents and visitors.
- 7. Examine local-level housing initiatives that promote affordable housing and minimize risk of displacement, such as Community Benefit Agreements.**
Embrace initiatives for future housing projects to benefit community members of all incomes.
- 8. Consider relocation assistance for tenants if affordability/income restrictions evolve over time.**
Prevent residential instability and offer financial/informational supports for securing new housing.

Recommendations: Social Connection & Pride in Place

Recommendation and Reasoning

- 1. When possible, incorporate design elements highlighting local materials & artists. Encourage community selection of aesthetics (murals, artwork) – inside and outside.**
Promote community engagement, pride, and connection through participatory placemaking activities.
- 2. Encourage the design of inviting outside and inside spaces specifically for residents, including the already-designated outdoor seating areas and indoor lounge space.**
Foster the development of genuine connections across socioeconomic lines through shared amenities.
- 3. Recruit tenants to live in the building based (in-part) on a desire to be part of community.**
Encourage residential stability, longer tenure for tenants, and development of social ties.
- 4. When possible, facilitate intergenerational activities for participants at the Senior Center, Meals on Wheels Café, UVM Extension, and YMCA.**
Reduce social isolation and promote social development via intergenerational connection.
- 5. In addition to intergenerational programming, ensure age-specific programming for seniors.**
Create comfortable spaces and social opportunities for individuals to meet those with similar interests.
- 6. Consider the establishment of a resident-led steering committee for large development projects.**
Empower community members to play a larger role in the decision-making process for community projects.
- 7. Continue incorporating diverse communication and engagement strategies into Town-led/involved projects as important supplements to Select Board/other formal board meetings (surveys, in-person and virtual meetings, drop-in sessions).**
Offer multi-modal, non-intimidating opportunities for individuals to provide feedback and ask questions.
- 8. Combat spatial stigma (persistent stereotyped constructions of place) through training and modeling appropriate person-first and non-discriminatory language.**
At every opportunity (public-facing meetings, media, etc.) discourage stigmatizing language about Bennington neighborhoods and people.

Recommendations: Access to Community Services

Recommendation and Reasoning

- 1. Incorporate high-quality bike racks into outdoor space, within 50-feet of entrance or at least as close as the nearest parking space.**
Promote active transportation for residents and users of the Benn High space.
- 2. Consider the addition of a covered, well-lit, bus shelter near the main entry of the building.**
Encourage use of public transportation through the maintenance of a comfortable and safe infrastructure.
- 3. Add benches approximately 35-feet apart from the parking lot to the building entrance.**
Provide supports for individuals with limited mobility to access the building with dignity and comfort.
- 4. Complete an audit of the proposed layout led by individuals from the Vermont Center for Independent Living.**
Identify ways to improve building accessibility for all potential users.
- 5. Consider the rotation of high-need services into the space for program participants to access.**
Leverage Benn High space to bring services to individuals, reducing transportation burden.
- 6. Add 650 Main to the Green Mountain Express Lines at convenient times.**
Encourage use of public transportation through establishment of convenient/timely routes.
- 7. Consider incentives for ride sharing, carpooling, and use of public or active transportation amongst program employees and participants.**
Alleviate parking burden and promote social connection.
- 8. Continue active partnership with SVSU and other community organizations to ensure access to space and supportive programming.**
Support youth access to programs promoting healthy development and consider formalizing collaborative efforts via shared use agreements.
- 9. Promote active collaboration, shared decision-making, and integrative efforts among organizational tenants in the Benn High building.**
Leverage co-location of services to better serve Bennington community.
- 10. Consider offering discounted/free YMCA membership or priority for childcare slots to those living near the Benn High site.**
Ensure that those living near the Benn High building truly benefit and can financially access the services offered inside.

Recommendations: Disinvestment, Poverty, Public Safety

Recommendation and Reasoning

- 1. If on-street parking increases, consider in-street crosswalk sign to promote pedestrian safety.**
Increase pedestrian safety and encourage active transportation.
- 2. Incorporate Crime Prevention Through Environmental Design principles into the site design.**
Utilize design modifications to naturally deter crime.
- 3. Explore the installation of an additional signed crosswalk on eastern portion of Pleasant Street.**
Support pedestrian safety and encourage active transportation.
- 4. With neighborhood resident leadership, consider adding bike lanes to Pleasant Street.**
Promote safe and active transportation to and from the Benn High building.
- 5. With neighborhood residents, study traffic increases related to the project, and identify traffic calming and pedestrian safety measures as needed.**
Identify additional traffic and pedestrian safety measures needed after completion of project.
- 6. Ensure that anti-crime or violence efforts are embedded in a broader antipoverty agenda.**
Continue collaborative effort to address the root causes of health/wealth inequality.
- 7. Leverage the wide variety of rural development tools available in Vermont to continue building entrepreneurial opportunities that provide appropriate capital options and skill-building for local entrepreneurs, with a focus on geographic equity in investment.**
Bring an equity lens to economic and workforce development activities and investments.
- 8. Review neighborhood-level crime and first responder data to tailor prevention efforts.**
Utilize a data-driven approach to prevent community violence without stigmatizing populations/places.
- 9. Continue establishment of working relationships with landlords and property owners to collaborate on neighborhood and town-wide development initiatives.**
Explore the utility of additional public-private partnerships to address community-wide challenges.
- 10. Streamline methods for data sharing across divisions within the Vermont Department of Health.**
Facilitate timely access to data to inform community public health efforts.
- 11. Prioritize neighborhood infrastructural change based on health data.**
Center health in decision-making to prevent pockets of disinvestment.
- 12. Prioritize community development initiatives and offer revolving town loan funds to businesses and efforts that prioritize health, wellbeing, and economic dignity.**
Consider health as a foundational aspect of all economic and community development efforts.
- 13. Balance development in “opportunity zones” with development in wealthier areas**
Discourage community socioeconomic segregation.
- 14. Leverage resident-led steering group to explore neighborhood- specific economic empowerment efforts, such as participatory budgeting, to fund improvements to built environment.**
Empower residents to engage in determining investments to promote wellbeing and remedy inequities.
- 15. Give residential preference for jobs created through redevelopment activity.**
Acknowledge, address, and remedy the socioeconomic circumstances that perpetuate poverty.

THE USE, VALUE, AND STRUCTURE OF AN HIA

“Public health leaders should pursue local partnerships to ensure population health is central in all community development efforts.”

– Public Health 3.0: A Call to Action for Public Health to Meet the Challenges of the 21st Century

The National Research Council of the National Academies, defines an HIA as:

a systematic process that uses an array of data sources and analytic methods and considers input from stakeholders to determine the potential effects of a proposed policy, plan, program, or project on the health of a population and the distribution of those effects within the population. HIA provides recommendations on monitoring and managing those effects.⁶

As discussed in the [Introduction](#), community policy choices and development activities can impact individual and community health. Unintended consequences can result from decisions made without consideration of health and health equity.⁶

The completion of an HIA is one approach to explicitly identify and address the intended and unintended health-related consequences of a policy or development activity.

Additionally, HIAs serve to highlight health inequities that will be either mitigated or exacerbated by a proposed project. The explicit investigation of these preventable differences in health and opportunity can bring heightened awareness to the intersection of the project and health, particularly for populations most at-risk of marginalization, oppression, and disinvestment.

In addition to the value added by the completed HIA report, the assessment process itself can contribute significantly to a project by:

- Engaging and empowering community members.
- Building relationships and collaborative efforts where they might not have previously existed.
- Improving the body of evidence and data available to inform the project and other community initiatives.
- Increasing transparency and communication in decision-making, particularly between affected community members and those with power.
- Expanding the public understanding of the determinants of health, and the role of health in decision-making processes.⁶

While there are other health-related decision aids that can support community development and policy choices (health notes, health lens analysis, and health matrix, to name a few), HIAs are distinct in their employment of a holistic view of health, methodological formulation of evidence-based recommendations, and prioritization of community feedback.⁷ Indeed, these features are some of the five core values that guide the administration of an effective HIA process, pictured in **Figure 3**.

Despite the utility of an HIA in systematically assessing present conditions and informing recommendations to improve future conditions, the United States has not seen a widespread adoption of the process.⁸ In the instances that HIA has been implemented domestically, they have demonstrated success in influencing plans for projects, policies, and programming.⁹ The limited implementation of the tool is likely due to a constellation of factors including inadequate funding for assessment, lack of legal mandate requiring an analysis focusing on health, limited staffing capacity or skills to complete the regimented process, or the timing of project decisions surpassing the rate at which a high-quality HIA can be completed.¹⁰

Figure 3 HIA Core Values



While the Bennington Office of Local Health had not conducted an HIA prior to this process, the Vermont Department of Health has used the HIA framework to analyze the impact of several policy changes, including a rapid assessment of cannabis regulation, the state employee commuter benefit program and paid sick leave policy, school transportation policy, and healthy community design.¹¹

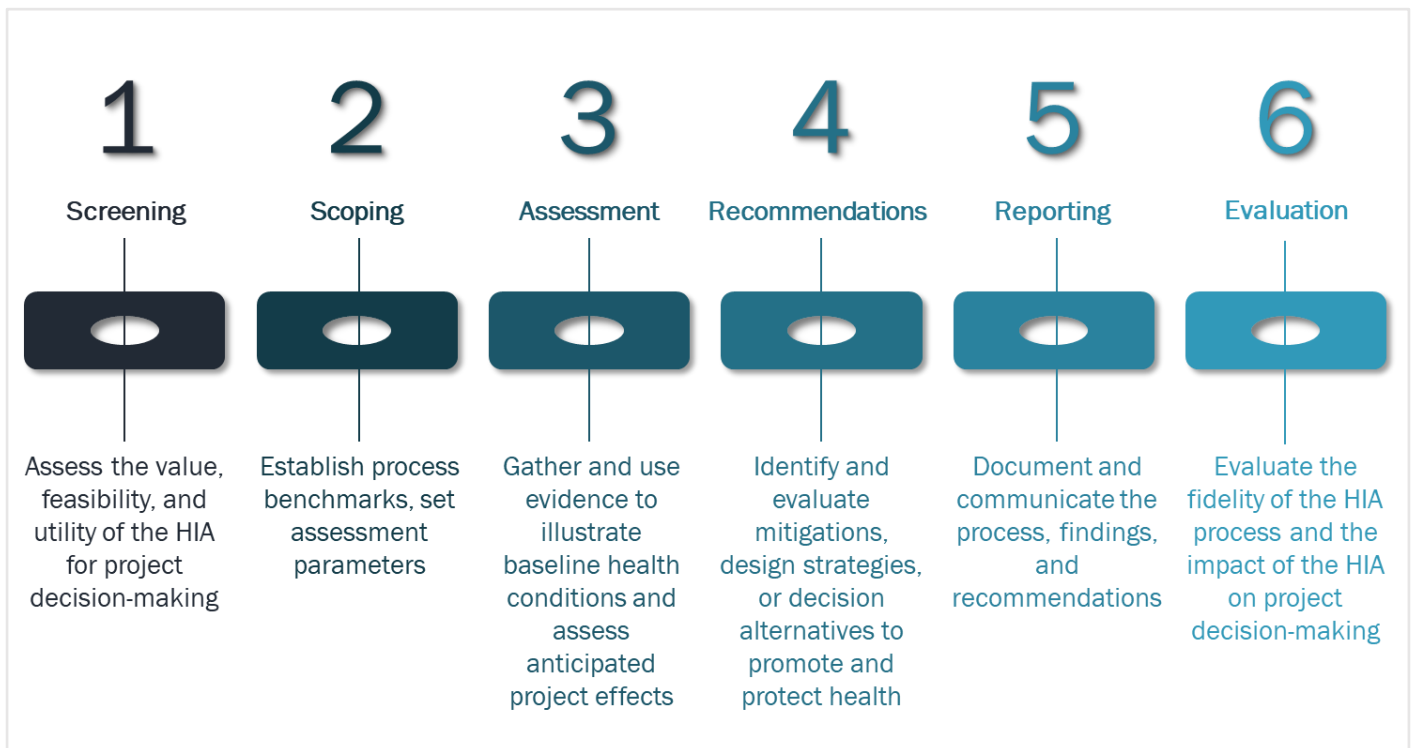
These varied examples of HIA topics demonstrate the tool's adaptability to community context and need. While all HIAs are different in their focus, scope, format, and findings, all follow the same six-step process as shown in **Figure 4**. The steps are cumulative, each building upon the previous, and can also be iterative and allow for cycling through the steps multiple times as a project evolves.⁶

The depth of analysis and level of community engagement can vary by assessment, which typically fall into one of three types:

- Rapid HIAs: entail a brief investigation into data and evidence and can be completed in days to weeks. This could include a “desktop” HIA, which contains little or no opportunity for community involvement.
- Intermediate HIAs: incorporate a broader range of data sources, may include community input, and could be completed in weeks to months.
- Comprehensive HIAs: entail not only a sweeping review of available data, but also collect primary data and incorporate community feedback throughout the process.¹²

The Benn High Redevelopment Project HIA is a comprehensive HIA. The process followed for conducting this assessment is described in the next chapter.

Figure 4 The Six Phases of an HIA



METHODOLOGY

“If you can’t describe what you are doing as a process, you don’t know what you are doing.”

– W. Edwards Deming, statistician and engineer widely acknowledged as a leader in the field of quality management

Though guided by the six steps described above, there is considerable variation in the strategy, methodology, and tools used to complete different HIAs. While this flexibility allows for the HIA to be adapted to the local context and capacity, it can result in end products that are markedly different, and difficult to replicate or compare to other completed assessments. To provide some standardization of process, while also retaining the adaptability that is a hallmark of the HIA, a set of minimum elements and practice standards have been developed by the Society of Practitioners of Health Impact Assessment (SOPHIA).¹³ The practice standards were used in the Benn High Redevelopment HIA to:

- Create a procedural blueprint for the assessment.
- Guide the completion of each step in the HIA process.
- Set benchmarks by which the process success and fidelity could be measured, and improvements for future assessments identified.

The subsections below provide detailed information about the approach used for each step of the Benn High Redevelopment HIA. Tables are included to identify how the SOPHIA practice standards for each step were met.

Screening Methodology

In September of 2014, a Bennington Office of Local Health staff member attended an HIA training offered by Human Impact Partners and presented by the Vermont Department of Health. The training introduced HIA methodology to the Bennington Office of Local Health, and illustrated the value the process could bring to bear for community development projects. The information gleaned during that training, and the materials provided, were saved at Bennington Office of Local Health, in the hopes that a project would present itself that would benefit from an HIA.

In August of 2022, Megan Herrington (District Director for Bennington Office of Local Health) had preliminary conversations with Zak Hale (Partner and Chief Executive Officer of Hale Resources, LLC) regarding the use of public health metrics to evaluate community development projects, and to establish priorities for programming, policies, and investments. While discussing the clear intersections of housing development and public health, and tools that can be used to guide advancing both, the HIA process was mentioned as a potentially valuable decision-making tool that could be employed. With the Benn High Redevelopment Project on the horizon (see the [Project Overview](#) chapter for details), a collaborative effort to carefully consider the health impacts of the redevelopment seemed both feasible and beneficial.

Next followed a Bennington Office of Local Health review of HIAs previously completed by the Vermont Department of Health. None of the past assessments completed in Vermont were centered on projects in Bennington, and none addressed the impact of the revitalization of a vacant property to serve multiple uses. The Bennington Office of Local Health staff then reviewed other HIAs conducted around the world, to determine if the Benn High project would truly be a fitting subject for an HIA. After finding systematic reviews indicating the prevalence and utility of HIAs in housing and mixed-use development projects,¹⁴⁻¹⁶ the Bennington Office of Local Health proceeded to contact the Town of Bennington, the co-lead for the project alongside Hale Resources.

When approached with the possibility of an HIA being conducted for the Benn High Redevelopment Project, Shannon Barsotti (Community Development Director for the Town of Bennington) was willing to participate and found value in the concept of explicitly centering health in the project planning process. Given this initial interest from both project leads, the group moved toward assembling a Steering Committee to launch the HIA and better define the parameters of the assessment. Simultaneously, in the interest of establishing a shared foundation of understanding, multiple staff members of the Bennington Office of Local Health staff completed an HIA course training provided by the National Collaborating Centre for Healthy Public Policy, a Montreal-based collaborative providing education, expertise, and research relating to healthy public policy.¹⁷

Table 1 HIA Practice Standards: Screening Phase

	Screening Standard	Way(s) standard was met
1	Screening should clearly identify the policy, plan, program, or project under consideration, including any alternatives, and the decision-making context.	Conversations with Hale Resources and Town of Bennington related to the proposed timeline for the project, and how/if an HIA could provide actionable recommendations to advance health and wellness.
2	Screening should determine whether an HIA is the appropriate tool to bring health into a decision-making process. The following factors can be considered:	Considerations listed below.
	a The potential for the proposed decision to result in impacts on public health, particularly those which are avoidable, involuntary, adverse, irreversible, or catastrophic	Conversations with Hale Resources and Town of Bennington related to the project features, as well as early community feedback and concerns.
	b The potential for inequitable impacts	Conversations with Hale Resources and Town of Bennington related to the location of the project site.
	c The potential for impacts on populations with poor health	Conversations with Hale Resources and Town of Bennington, informed by current health data for the downtown census tract.

Screening Standard		Way(s) standard was met
d	Stakeholder concerns about a decision’s potential effects on health and equity	Conversations with Hale Resources and Town of Bennington related to willingness to adapt the project proposal to best address community needs and ensure equitable benefit.
e	The level of community and stakeholder interest and capacity for participating in the HIA	General community interest was gauged via the interest in the project indicated during Select Board meetings; stakeholder interest was gauged during conversations with Hale Resources and Town of Bennington.
f	The potential for the HIA to provide new, actionable information to decision-makers and stakeholders	This was a critical point of early conversations with Hale Resources and Town of Bennington; ensuring that the recommendations provided would be helpful to amplify the health-promoting features of the project.
g	The potential for the HIA to be initiated with enough time for the completed HIA to inform the proposed decision	Conversations with Hale Resources and the Town of Bennington identified a May/June finalization date for the HIA would leave enough time for recommendations to be considered prior to full-scale renovation work began.
h	The availability of data, knowledge, methods, resources, and technical capacity to conduct analyses.	The Bennington Office of Local Health was transparent with limit to in-house skills and abilities, and identified areas where outside expertise would be required (e.g., parking or traffic studies).
3	The HIA team should notify, to the extent feasible, relevant decision-makers, implementers, and stakeholders, including populations, individuals, and organizations affected by the proposal, of their decision to conduct an HIA.	The notification of stakeholders came throughout the HIA process and was not broadly announced upon initial decision to complete the assessment. See more about this in the Limitations chapter.

Scoping Methodology

After confirming interest and ability for Hale Resources and the Town of Bennington to participate in the process, an HIA Steering Committee was assembled to guide the administration and direction of the assessment. While many additional stakeholders provided vital information and support for the HIA, the Steering Committee membership was responsible for logistics relating to gathering and assessing both qualitative and quantitative data, identifying experts, and conducting genuine and culturally sensitive community engagement opportunities. Constraints and challenges of the Steering Committee membership and structure are also detailed in the [Limitations](#) chapter.

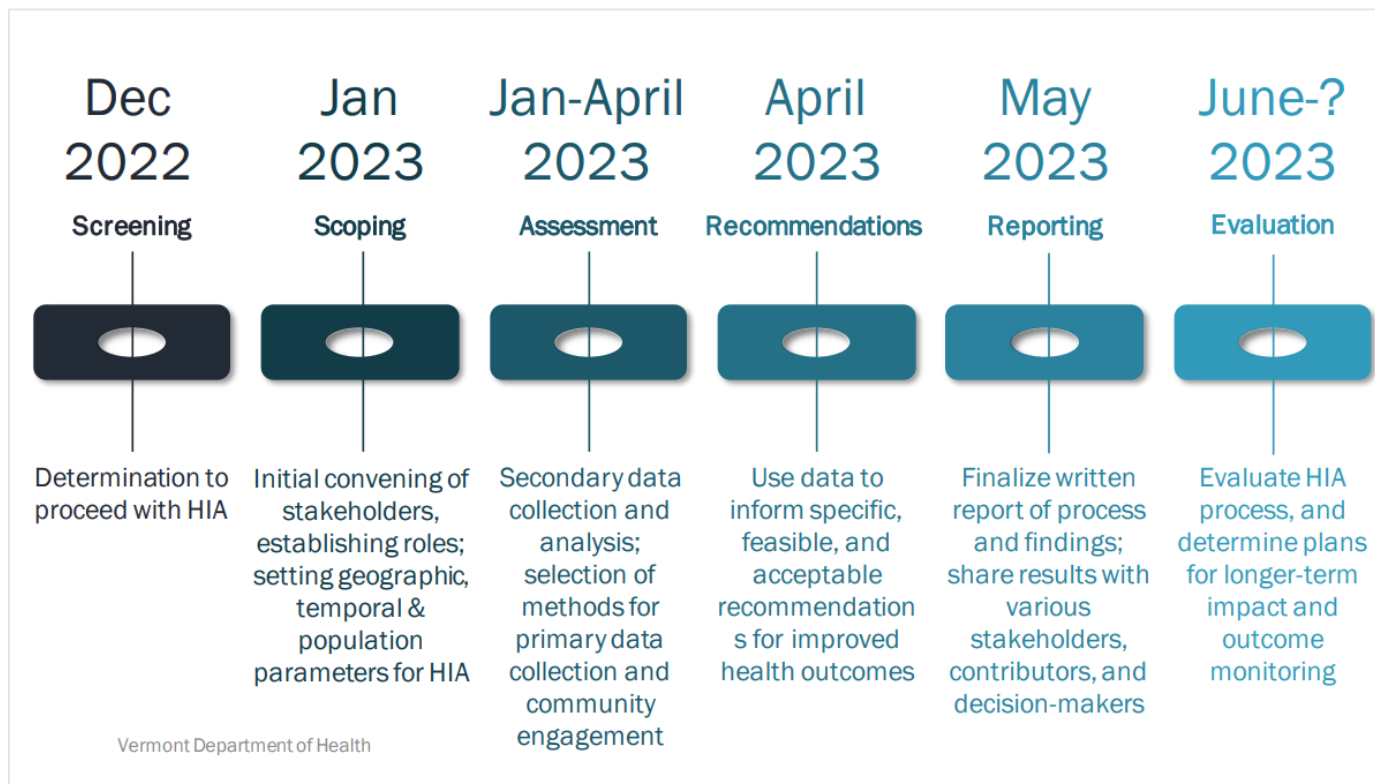
The HIA Steering Committee convened its first meeting on January 11th, 2023. The agenda, notes, and slides for this meeting and other Steering Committee convenings can be found in [Appendix 1](#).

Table 2 HIA Steering Committee Members

Name	Title	Organization
Shannon Barsotti	Community Development Director	Town of Bennington
Bill Colvin	Executive Director	Bennington County Regional Commission
Callie Fishburn	Regional Planner/Energy and Public Health, Pleasant Street Resident	
Zak Hale	Partner/CEO	Hale Resources, LLC
Naomi Parekh	Ph.D. student, Outreach Specialist	University of Vermont
Megan Herrington	District Director	Bennington Office of Local Health
Kathleen O'Reilly	Public Health Nursing Supervisor	
Rory Price	Public Health Specialist	
Meagan Snide	Epidemiologist	

The launch meeting provided a space to set expectations regarding the HIA process and deliverables, as well as to begin outlining the decisions that would need to be made to complete the scoping phase. The timeline shown in **Figure 5** was presented and agreed upon by the Steering Committee as a reasonable allocation of time for each of the six phases. It was additionally determined that, with Steering Committee guidance and communication, the Bennington Office of Local Health would be the lead entity for the HIA, and would be responsible for convening meetings, coordinating the data collection and assessment processes, and creating a final report.

Figure 5 HIA Timeline



With the Steering Committee composition and responsibilities determined, an important deliverable of the scoping phase was to establish the “research question” to be answered by the HIA¹⁸; essentially, this served to clearly articulate the purpose of the process.

Over the course of Steering Committee meetings, it became clear that two suitable guiding questions were:

1. What are current community conditions near Benn High?
2. What are the potential impacts (both positive and negative) of the Benn High Redevelopment Project for affected citizens?

These questions provided flexibility, and the possibility that direction and topics assessed by the HIA would be changed through community engagement efforts.

Subsequently, the Steering Committee established working definitions of the “affected citizens” referenced in the research questions. While the Benn High Redevelopment Project has the potential to impact a large swath of Bennington residents, the HIA process requires careful consideration of the populations that are most likely to be significantly affected by the project. To that end, the group began considering priority populations, both to guide secondary

data analysis efforts, as well as to drive community engagement strategy. The project's proposed relocation and expansion of senior-serving entities necessitated a focus on the impacts to be borne by the senior population in Bennington. Additionally, the proposed establishment of Berkshire Family YMCA space and programming, as well as a large childcare center, naturally led to a focus on youth wellbeing outcomes related to the project. Finally, the project location in a well-populated section of downtown Bennington prompted the careful consideration of the needs of residents living near the project. The area in **Figure 6** was generated to geographically define individuals who, based on location of residence, likely had an elevated interest in the project. This map was used to define physical bounds of survey distribution and community forum attendance, detailed further in the [Assessment Methodology](#) section.

In addition to determining the duration of the assessment activities, the Steering Committee also took steps to begin defining the areas of interest upon which the assessment would focus. While community development activities can influence health through a variety of mechanisms, the clear establishment of priority topics is an important part of the scoping process as it allows for honing the form and function of the HIA to address the topics most amenable to evidence-based recommendations.⁶ Over the course of two meetings, the HIA Steering Committee looked at a list of topics generated by the Bennington Office of Local following a review of HIA toolkits and oft-cited determinants of health mentioned in existing HIAs. The listed determinants were arranged into three categories as pictured in **Figure 7** (built & physical environment; social & community environment; and economic environment), with the intention that the committee membership would consider selecting at least one topic from each category. In choosing priorities, Steering Committee members considered community feedback provided to date, as well as their own questions about the project's impact and areas most amenable to recommendations and change.

After robust discussion, the following five topics were identified as initial determinants upon which to focus:

- **Housing** (availability, affordability, stability, and quality)
- **Public safety** (vandalism and property crime, violence, and perception of safety)
- **Social inclusion, community pride, and self-efficacy** (social connection, empowerment, and pride of place)
- **Community services** (availability, variety, capacity, and location)
- **Disinvestment** (poverty, socioeconomic segregation)

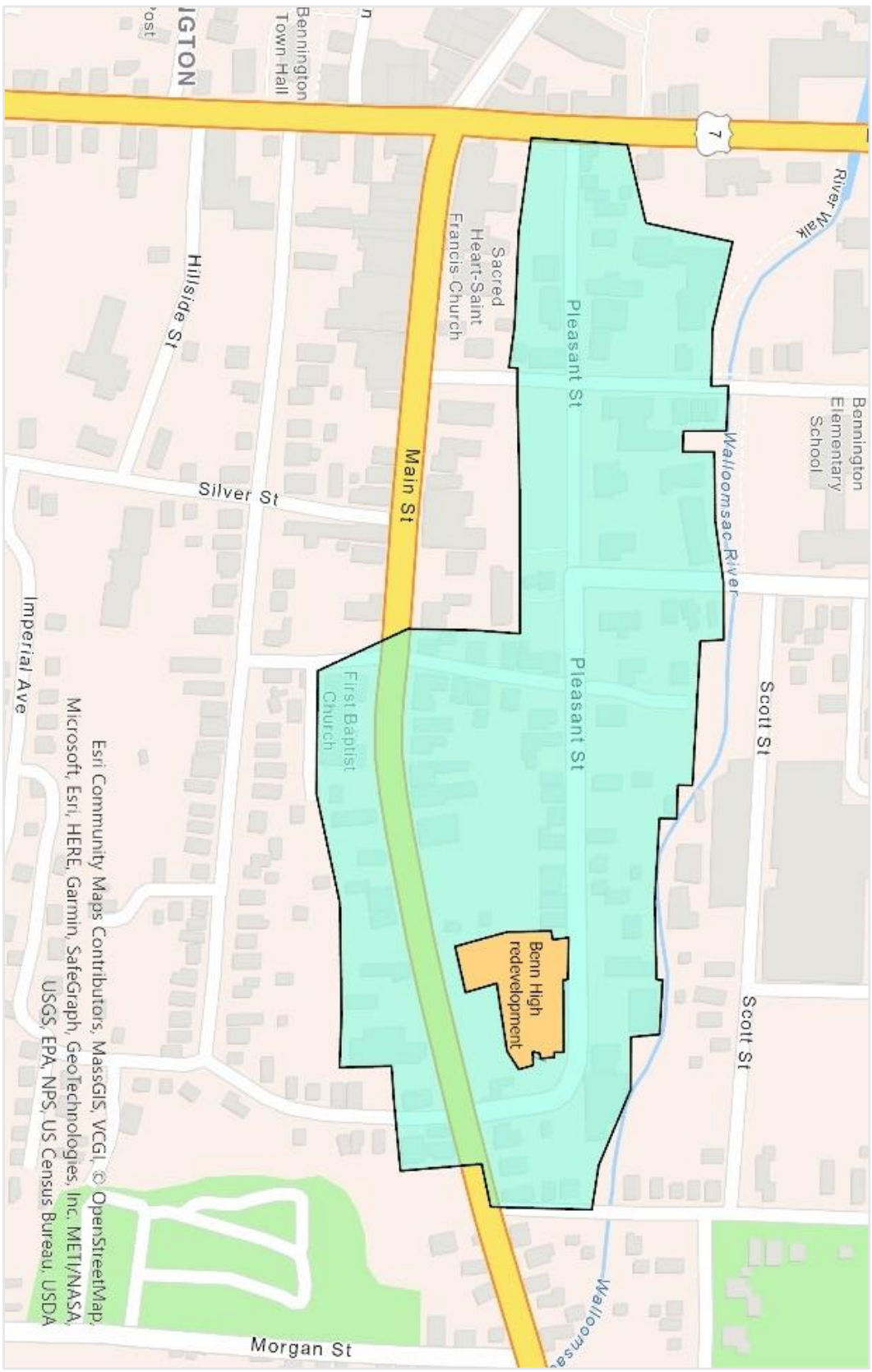
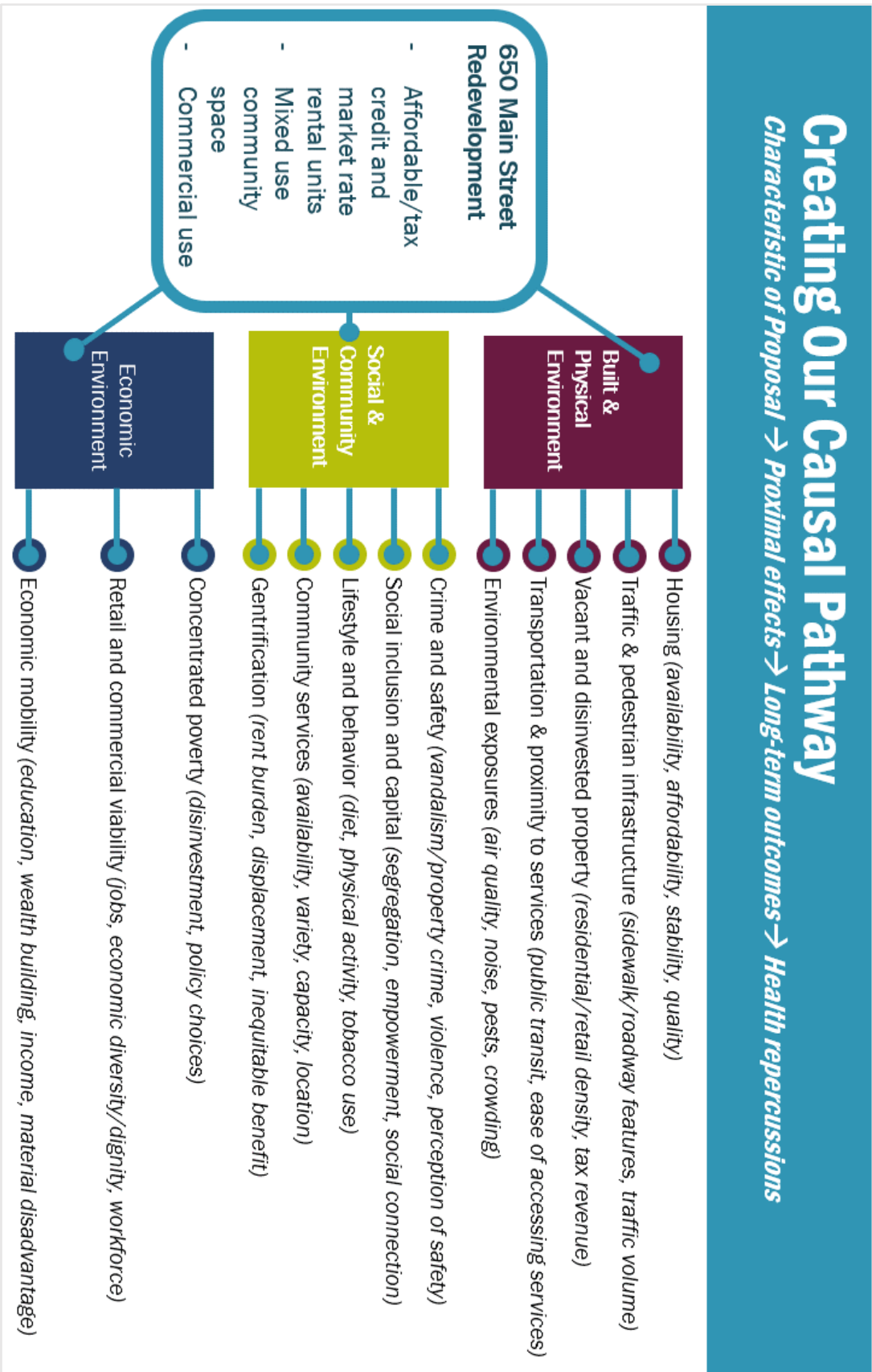


Figure 6 Nearby Residents for HIA Outreach

Figure 7 Document Used to Organize and Choose Priority Determinants



While these were unanimously agreed upon as topics of greatest interest, the Steering Committee was aware that, based upon data collection and community engagement, the topics and focus might change or shift to during the HIA process. Over the remainder of the scoping and assessment phases, the Steering Committee's chosen topics were integrated into multiple iterations of a logic framework, which all can be found in [Appendix 2](#).

The logic framework served a dual functions in this HIA:

1. through the assessment phase, the framework served as a guide for data collection, in that each causal linkage needed to be supported by established or emerging evidence.
2. in the reporting phase, the final logic model (**Figure 8**) provided a visual representation of the intersectionality of the determinants of health, and the projected distribution of health impacts resulting from the proposed project.⁶

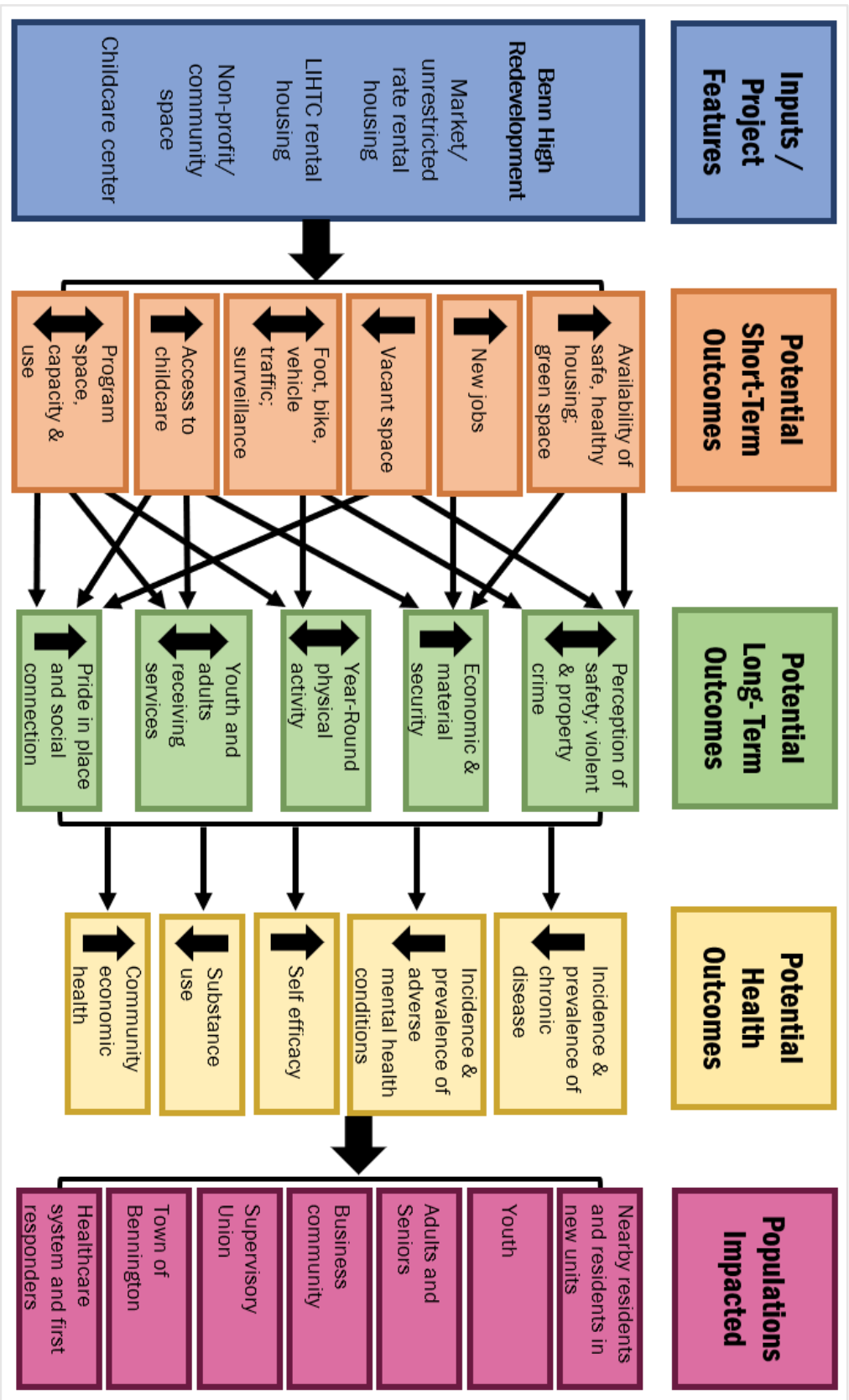


Figure 8 Logic Framework

Table 3 HIA Standards: Scoping Phase

	Scoping Standard	Way(s) standard was met
1	The scoping process should establish the HIA team and define roles for HIA participants, including team members, funders, technical advisors, stakeholders, and other partners, noting any potential conflicts of interest.	During a launch meeting on January 11, 2023, the HIA team and roles were determined. The ability to receive outside data and technical assistance from the Vermont Department of Health Central Office, additional BCRC staff members, state housing organizations, and others were noted. Conflicts of interest were routinely identified and mitigated both in the scoping phase and throughout the assessment process; with Hale Resources and the Town of Bennington both having a vested interest in the Benn High Redevelopment Project and the completion of the HIA, the Bennington Office of Local Health took leadership of the Steering Committee and Assessment process as an objective third party with no monetary or other benefits from the redevelopment project itself.
2	The HIA team should establish clear goals and anticipated outcomes for the HIA.	The HIA Steering Committee determined that the goals of the assessment were to: <ul style="list-style-type: none"> • assess the current health and wellbeing of the Bennington community, particularly those living near the Benn High, and • explore the anticipated impacts of the project on the health and wellbeing of the community, especially seniors, youth, and those living near Benn High.
3	The HIA team should develop a stakeholder engagement strategy that establishes which stakeholders should be invited to participate in the process (including the populations likely to be impacted by the proposed decision), the level of engagement, and the methods that will be used to promote and sustain stakeholder participation throughout the entire HIA process. Developing this strategy positions the HIA team to achieve Minimum Element 2; however, the HIA team should revisit this strategy periodically throughout the entire HIA and include reflections on stakeholder engagement during the HIA process evaluation to fully achieve Minimum Element 2	Throughout the HIA process, the Steering Committee identified experts, stakeholders, community groups, and residents that would likely be interested in providing insight for the assessment. More can be found by seeing meeting notes contained in Appendix 1 .
4	The HIA team should clearly define the range of health issues the HIA will examine.	See logic framework above

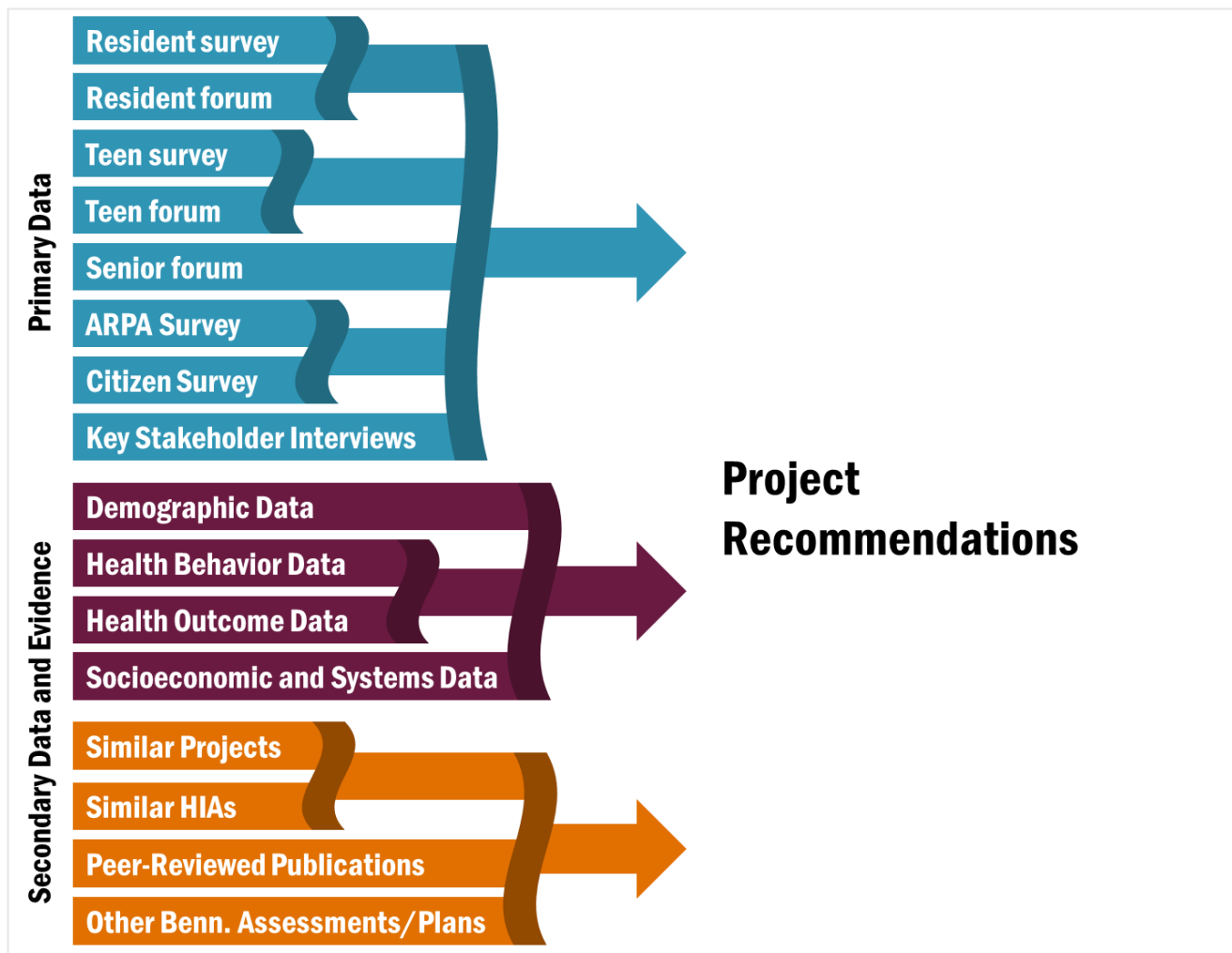
Scoping Standard		Way(s) standard was met
a	The HIA team should consider a broad set of potential pathways—informed by a range of stakeholders—that could reasonably link the proposed decision and/or activity to health outcomes.	The Steering Committee generated an initial list of five health determinants of interest and their relationship to the project based on common knowledge.
b	The HIA team should consider both population health outcomes and health determinants to examine in the HIA, including direct, indirect, and cumulative effects.	The logic framework guiding the HIA assessment includes health determinants and population health outcomes.
c	The HIA team should include an approach to evaluate any potential inequitable impacts based on population characteristics, including but not limited to age, gender, income, geography, and race or ethnicity.	The Steering Committee established a list of priority populations to reach, engage, and empower as part of the HIA process.
d	When identifying and evaluating health issues, the HIA team should consider the expertise of health professionals, the experience of communities affected by the proposal, and the information needs of decision-makers.	The Steering Committee membership included public health experts, project leads, and was informed by community feedback offered through a variety of avenues.
5	The scoping output is a work plan for conducting the HIA. The work plan may vary based on the HIA scale, but should include:	A timeline, logic framework, and other guiding documents were created.
	a The decision and applicable alternatives that will be studied	The Steering Committee identified that recommendations resulting from the HIA could include: <ul style="list-style-type: none"> • physical design features • proposed organizational tenants • programming and support for community based in the space • alterations to Town processes
	b potential relevant pathways through which health and equity could be impacted by the decision	Health and health equity were key factors used to create the logic framework guiding the HIA process
	c demographic, geographical, and temporal boundaries for assessment	Priority populations were identified including a geofenced area around the Benn High project to identify residents most impacted; the temporal boundary for the assessment aligned with the window in which design and other changes could be made prior to renovation start.
	d research questions for assessment	Two research questions were identified, above.

Scoping Standard		Way(s) standard was met
e	potential data types, sources of evidence, and methods to answer each research question	An initial list of data types and evidence was generated by the Bennington Office of Local Health and was supplemented by Steering Committee members throughout the HIA process.
f	narrowed list of potential health and health equity impacts that the HIA will focus on, along with the standard or rationale used for determining which impacts to include and which to exclude, and the relevance of the impacts to stakeholders (e.g., decision makers and populations affected by the proposal)	The determinants listed expanded upon initial data assessment, and then was condensed for use in generating manageable recommendations. The evolution of the topics investigated can be seen when referencing the logic framework iterations pictured in Appendix 2 .
g	an approach to the evaluation and characterization of potential impacts, and their distribution across populations	Proposed evaluation measures were identified in the scoping phase and throughout the completion of the HIA.
h	potential data gaps that can be filled by primary data collection, including information from subject matter experts and/or stakeholders (or a rationale for not undertaking primary data collection)	Data gaps were, in part, filled by community engagement efforts and key stakeholder interviews, as detailed in the Assessment section.
i	a plan for external and public review	A plan for public release of the document was planned.
j	a plan for communicating and reporting progress and results and disseminating findings and recommendations, to be revisited during the Reporting and Dissemination phase.	The Steering Committee identified a Select Board presentation, and public release of the full HIA report and executive summary would be potential routes for dissemination.

Assessment Methodology

As a comprehensive HIA, many data sources were braided together in the Assessment phase to generate an evidence base for the recommendations provided. Details about the information gleaned and conclusions drawn from the Assessment can be found throughout this document; the methodology by which data was sourced and justified can be found in the sections below.

Figure 9 Data Streams to Inform Project Recommendations



Secondary Data

Guided by the decisions made in the Scoping phase, the Assessment phase required a thorough data collection and analysis process. At the initiation of the Assessment phase, three data recording sheets were created for Bennington Office of Local Health staff to use:

- One sheet was used to record findings and notable features of other, similar HIAs, and to make note of important features of the HIA process.

- Another sheet was used to collate all applicable data sets and tools to be used for descriptions of the current health and wellness landscape, pre-project.
- A third sheet was created to organize any identified evidence linking the project features with short and long-range health outcomes. Using the logic framework as a guide, information was sought to confirm the directionality, magnitude, impact, and distribution of anticipated health impacts related to the redevelopment project.

Identified data sources were shared with the HIA Steering Committee to generate discussion of other relevant reports, plans, and information. Additionally, the Steering Committee identified experts and key stakeholders to interview regarding forecasted project features and impact. When merged with the community engagement plan developed in the Scoping phase, the sources of data identified to inform project recommendations included those pictured in **Figure 9**. A full listing of data sourced for the assessment can be found in the [References](#) chapter and throughout the document.

Primary Data

Community engagement and empowerment served as a cornerstone of the Benn High HIA process. Community input, opinions, concerns, critiques, and suggestions were sought using a variety of methods to generate participation from a diverse cross-section of individuals.

Youth forum

A gathering for youth was held on January 24. Winter weather limited the reach of advertising for the event, and participation from youth was relatively limited. Those who did participate offered insight into teens' perception of Bennington, the Benn High project, YMCA programming and spaces that they would hope to see. Attendees emphasized a desire for spaces to relax, play sports or games, and socialize. The need for free, unstructured time was a critical factor identified, as was the desire for a teen space containing the equipment, furnishing, and games most important to them. Notes from this session can be found in [Appendix 3](#).

Youth survey

Given the limited participation in the youth forum, the YMCA shared the same questions with additional teen members of the Bennington Rec Center via a digital survey. The survey results indicated an overwhelming acceptance of an intergenerational space and confirmed the forum attendees' desires for a teen space and free time to spontaneously socialize and interact with each other. Survey results can be found in [Appendix 4](#).

Senior forum

With the proposed relocation and expansion of Meals on Wheels, the Bennington Senior Center, and the Southwest Vermont Council on Aging into the Benn High space, the voices of seniors were imperative to include in the HIA. A forum at the existing Senior Center was held and included both large and small group discussion. Those present were divided into small groups to answer a series of questions about their community, their health, and their hopes or concerns about the Benn High project. After cycling through each question, the responses were communicated with the entire audience, and a large group discussion was facilitated.

Attendance and engagement in the event were both high. As did youth, the senior attendees were largely positive regarding the intergenerational opportunities in the revitalized building. In contrast to the youth, who primarily wanted unstructured time and space to gather, the senior participants were most passionate about facilitated programming (cooking courses with children, genealogy or ancestry sessions, and more). Additionally, seniors were far more concerned about the risk of crime and violence in the Benn High space than was mentioned by youth. Senior attendees also expressed frustration with the location of Benn High, and fears about the building, parking, and transportation being inaccessible. Notes from this session detailing these topics and more can be found in [Appendix 3](#).

Resident survey

Another priority population identified for engagement in the HIA process was individuals living near the Benn High project, who could potentially be most impacted by an increase in housing units, services, traffic, and events in the Benn High space. In addition to changes to the built environment brought by the project, the revitalization of a long vacant building will likely change the social fabric of the neighborhood. Giving residents a direct opportunity to share thoughts, concerns, and questions was of paramount importance.

With support from the HIA Steering Committee, Vermont Department of Health Study Review Committee, and University of Vermont Office of Engagement, a survey was developed for residents to complete. The survey items were crafted through a careful review of similar tools; some items were developed *de novo*, while others were based on items from existing questionnaires. A listing of survey questions and the instruments on which they are based can be found in [Appendix 4](#). Given the short time period of the HIA, focus groups were not conducted to determine reliability or validity of the survey tool. The questionnaire was used to gather information to be combined with the other data streams used in the assessment and were not used as a standalone indicator of the opinions or needs of the neighborhood near Benn High.

In addition to questions specific to the building and project itself, the survey also gleaned feedback relative to the overall health, beliefs, and attitudes of the neighborhood. No questions about personal health information, legal status, or other sensitive information were asked; additionally, very few questions were required to be completed to successfully submit the survey. This allowed individuals to skip any questions that caused discomfort. Successful submission of the survey allowed respondents to navigate to another form, within which they could enter contact information to enter a raffle for a \$50 gift card, and/or to RSVP for a community forum to be held a few weeks later.

The survey was distributed primarily through door-to-door canvassing completed within the bounds of the area of interest shown in the [Scoping](#) section. While the survey was created and primarily completed using the Microsoft Forms digital platform, the canvassing teams made certain that paper copies were offered as well; at the request of Bennington Housing Authority, paper copies were provided to residents living in Walloomsac Apartments. Any collected paper copies were entered into the digital survey form to ensure a singular and protected location for all survey responses. Contact information for a staff person at the Bennington Office of Local Health was offered for any resident with questions, concerns, or

difficulties accessing the survey. Materials developed to support the canvassing efforts can be found in [Appendix 4](#).

Responses to the survey can be found throughout the document, as well as in [Appendix 4](#) in their entirety.

Figure 10 Resident Survey Advertisement

A photograph of a large, multi-story brick building with classical architectural features, including a portico with four columns. In the foreground, a teal-colored sign is posted on a metal stand. The sign contains white text and a QR code. The text on the sign reads: "We care about what you think." followed by "Let us know your thoughts about the proposed redevelopment of the Benn High building, and how it impacts your neighborhood." Below this is a list of topics: "| Housing | Services | Connection |" and "| Safety | Health |". The sign then says: "By completing this quick and anonymous survey by April 26th, you will have the chance to win a \$50 gift card." It provides instructions: "To access the survey, use the QR code or this web address: https://forms.microsoft.com/g/MuS8SxjJ1e". It also offers contact information: "Have questions, accessibility needs, or prefer a paper survey? Contact Rory Price in the Bennington Office of Local Health: rory.price@vermont.gov | 802-447-6461". A QR code is located in the bottom right corner of the sign.

Resident forum

As advertised in the community survey, a resident forum was held to hear directly from those living in the neighborhood near Benn High.

While ten RSVPs were received, one resident attended. The feedback and questions shared by the resident in attendance was a confirmation of concerns and questions shared by other individuals, both in previous forums as well as in the resident survey.

More information about the potential reasons for low turnout, and lessons learned, can be found in the [Limitations](#) chapter.

Previously held community health forums

Prior to the launch of the Health Impact Assessment, the Bennington Office of Local Health and Bennington County Regional Commission had partnered to administer the Vermont

Community Health Equity Partnership (VTCHEP) within the Bennington health district. Supported by grant funding from the Centers for Disease Control and Prevention, VTCHEP is a statewide initiative committed to advancing health equity through a community-driven learning and sub-granting process.¹⁹ To inform those efforts, the Bennington Office of Local Health and the BCRC completed two community forums, one held at Sunrise Family Resource Center, and one held at Greater Bennington Community Services. Both forums sought to engage with a diversity of individuals to understand the conceptualization of wellbeing in Bennington; to identify community strengths and challenges to health; to better understand social support and community connection mechanisms; and to consider the concept of centering “economic dignity” and health equity in community decision-making and projects.²⁰

While these forums were not convened to address specifics of the Benn High Redevelopment Project, the information provided by community members was found to be salient when considering the health of the broader community as influenced by the project. Though the Benn High project was not planned at the time these meetings were held, the feedback provided emphasized the need for economic and community development initiatives to incorporate a diversity of community voices, and to ensure that no one bears a disproportionate burden of poor health.

Notes from these meetings can be found in [Appendix 3](#).

Key stakeholder interviews

In addition to group meetings, a series of key stakeholder interviews were held between Bennington Office of Local Health staff and organizational leaders involved in the Benn High project. These interviews, held casually with loosely structured questions, provided greater insight into the details of the redevelopment, and offered time to discuss the granular details of the project. The meetings also afforded a chance for project leaders to be candid and share their personal passion for the project, any lessons they had learned, and their hopes for the outcome.

ARPA survey and citizen survey

Given the proposed use of municipally controlled American Rescue Plan Act (ARPA) Coronavirus Local Fiscal Recovery Funds to support the project, the HIA Steering Committee felt it would be appropriate to incorporate community comments provided in January of 2022 to the Town of Bennington, which captured the hopes community members had for the spending of the \$3.9 million allocated to the Town of Bennington. Projects were ordered in tiers based upon an assessment completed regarding the opportunity to spend funds to meet community needs; community members then had the opportunity to comment on individual projects within each tier, and/or to propose the inclusion of additional projects. Community feedback centered around the desire for more housing, attention to such public health challenges as homelessness and substance use disorder, increased opportunities for recreation, and infrastructure improvement projects.

Table 4 HIA Standards: Assessment Phase

	Standard	Way(s) standard was met
1	Evidence used in the assessment should come from multiple sources that may vary based on the context in which the HIA is occurring and available resources. These sources can include, but are not limited to, existing literature and data, empirical research, professional expertise, local knowledge, and primary data. The expertise and lived experience of stakeholders, including 5 populations affected by the proposal, whether obtained via the use of participatory methods, collected via formal qualitative research methods, or reflected in public testimony or other public sources, also comprise a legitimate source of evidence	As detailed above, a variety of both qualitative and quantitative data sources were identified and leveraged for the HIA.
2	Existing conditions present a summary of relevant population health status and health determinants within the communities affected by the proposal, when possible using established resources such as community health assessments or existing government databases and reports. The existing conditions should also document known barriers to health and wellbeing, including evidence of poor health status among populations affected by the proposal.	A “snapshot” of the current health outcomes, behaviors, and topics of note in the Bennington community are illustrated in the Existing Conditions chapter.
3	Assessment of potential health impacts is based on a synthesis of the best available quantitative and qualitative evidence, including sources such as those described in 4.1. This means:	Sourced information can be found in the References chapter.
	a When available, practitioners should emphasize evidence from well-designed, peer-reviewed meta-analyses and systematic reviews.	Topic-specific chapters (Housing ; Social Connection, Self-Efficacy, and Pride in Place ; Access to Community Resources ; and Disinvestment, Poverty, and Public Safety) reference multiple systematic reviews, meta-analyses, and other peer-reviewed publications.
	b Because HIA is intended to be an objective source of information about potential impacts, practitioners should consider and balance evidence that both supports and refutes initial assumptions about potential health and equity impacts identified during the scoping phase	Chapters throughout the HIA reference information that supports and refutes connections to health initially outlined in the logic framework.
	c In summarizing the quality of evidence for each pathway, practitioners should rate the strength of evidence based on best practices for the relevant field (i.e., standards for meta-analyses, epidemiologic	See full list of recommendations in the Executive Summary ; also see recommendations arranged by topic with further detail at the conclusion of the

Standard		Way(s) standard was met
	studies, qualitative methods, or others, as appropriate).	following chapters: Housing ; Social Connection and Pride in Place ; Access to Community Services ; and Disinvestment, Poverty, and Public Safety .
d	Practitioners should acknowledge where evidence is insufficient to evaluate or judge potential health impacts identified as priority issues in the screening and scoping phases of HIA	See information contained in Limitations chapter.
4	Findings: To support determinations of impact significance, the HIA should characterize health impacts using parameters such as (but not limited to) direction, likelihood, magnitude, severity, and distribution within the population.	See logic framework iterations in Appendix 2 . See full list of recommendations in the Executive Summary ; also see recommendations arranged by topic with further detail at the conclusion of the following chapters: Housing ; Social Connection and Pride in Place ; Access to Community Services ; and Disinvestment, Poverty, and Public Safety .
	a Direction: whether the potential change would be positive or negative	See logic framework iterations in Appendix 2 . See full list of recommendations in the Executive Summary ; also see recommendations arranged by topic with further detail at the conclusion of the following chapters: Housing ; Social Connection and Pride in Place ; Access to Community Services ; and Disinvestment, Poverty, and Public Safety .
	b Likelihood: how likely it is that a given exposure or effect will occur	See logic framework iterations in Appendix 2 . See full list of recommendations in the Executive Summary ; also see recommendations arranged by topic with further detail at the conclusion of the following chapters: Housing ; Social Connection and Pride in Place ; Access to Community Services ; and Disinvestment, Poverty, and Public Safety .
	c Magnitude: how widely the effects would be spread within a population or across a geographical area	See logic framework iterations in Appendix 2 . See full list of recommendations in the Executive Summary ; also see recommendations arranged by topic with further detail at the conclusion of the following chapters: Housing ; Social Connection and Pride in Place ; Access to

Standard		Way(s) standard was met
		Community Services ; and Disinvestment, Poverty, and Public Safety .
d	Severity: if effects will be disabling, life-threatening, and/or permanent	See logic framework iterations in Appendix 2 . See full list of recommendations in the Executive Summary ; also see recommendations arranged by topic with further detail at the conclusion of the following chapters: Housing ; Social Connection and Pride in Place ; Access to Community Services ; and Disinvestment, Poverty, and Public Safety .
e	Distribution: identifies groups or subpopulations that are likely to face disproportionate impacts	See logic framework iterations in Appendix 2 . See full list of recommendations in the Executive Summary ; also see recommendations arranged by topic with further detail at the conclusion of the following chapters: Housing ; Social Connection and Pride in Place ; Access to Community Services ; and Disinvestment, Poverty, and Public Safety .
	The HIA team should collaboratively interpret findings with communities affected by the proposal, decision-makers, and other stakeholders, when possible. This process allows for additional relevant findings to emerge, such as new insight on the decision-making context or community perceptions of issues at hand.	Results from youth forum and survey were discussed during senior forum; findings from previous engagement efforts informed resident survey; select data was discussed during stakeholder interviews.
5	Written documentation of the assessment of potential health impacts should explicitly acknowledge methodological assumptions, as well as the strengths and limitations of all data and methods used, including but not limited to:	Methodologies of studies are reference throughout topic-specific chapters (Housing ; Social Connection, Self-Efficacy, and Pride in Place ; Access to Community Resources ; and Disinvestment, Poverty, and Public Safety); see additional information in Limitations chapter.
	a The HIA should identify data gaps that prevent an adequate or complete assessment of potential impacts.	See information contained in Limitations chapter.
	b The HIA should describe the uncertainty in predictions.	See information contained in Limitations chapter.
	c Assumptions or inferences made in the context of modeling or predictions should be explicit.	See information contained in Limitations chapter.

Standard		Way(s) standard was met
d	Justification for the selection or exclusion of particular methodologies and data sources should be explicit (e.g., resource constraints).	See information contained in Limitations chapter.
e	The HIA should acknowledge when applicable methods (e.g., environmental testing) were not utilized and why (e.g., resource constraints).	See information contained in Limitations chapter.
6	The lack of formal, scientific, quantitative, or published evidence should not preclude reasoned evaluation of potential health impacts. As noted in 4.1, other data sources including professional expertise, lived experience, and local knowledge should be included as evidence in the HIA	While information about most health impacts was supported by formal data, community insight was prioritized and not discounted solely in favor of published evidence.

Recommendation Methodology

After a five-month effort to gather and assess information relevant to the project, a series of recommendations were drafted. Recommendations were created in each of the following spheres:

- **Design**- recommendations related to the physical features of the community and Benn High building.
- **Policy**- recommendations related to policy and practices that could be adopted by project leadership to advance health equity.
- **Programming** – recommendations related to the activities and support offered by organizational tenants in the Benn High building.
- **Community empowerment** – recommendations for continued engagement of community members in decision-making processes, for the Benn High Redevelopment Project and beyond.
- **Communication**- recommendations for the language used when discussing community development efforts and health equity initiatives.

Drafted recommendations were reviewed and edited by multiple Bennington Office of Local Health staff members and were presented within the context of a drafted HIA report in mid-May of 2023. HIA Steering Committee members were sent the drafted report shortly thereafter and were given two weeks to review the document and suggest any necessary edits. Though the Steering Committee did not opt to remove any of the drafted recommendations from the document, it should not be construed that each recommendation will be adopted simply because it was not dismissed by the Steering Committee.

Table 5 HIA Practice Standards: Recommendations Phase

	Standard	Way(s) standard was met
1	The HIA should include specific, prioritized recommendations based on the findings of the assessment to manage the identified potential health and equity impacts. Examples include modifications to the proposed policy, plan, program, or project; mitigation/enhancement measures; or recommendations supporting a considered specific decision alternative.	See Recommendations chapter for detailed recommendations.
2	Recommendations should consider both how to mitigate adverse impacts and how to enhance positive impacts on health and equity.	See Recommendations chapter for detailed recommendations—a balance of health mitigation and enhancement measures are posited.
3	The HIA team should consider the following criteria in developing and prioritizing recommendations and mitigation measures: responsiveness to predicted potential impacts, specificity, technical feasibility, cost feasibility, potential alignment with existing health-promoting strategies, and how actionable recommendations are under the authority of the targeted decision-makers.	See Recommendations chapter for detailed recommendations; each recommendation was created with the political, financial, and technical feasibility in mind.
4	The HIA team should collaboratively develop and prioritize recommendations, using input from the following stakeholders:	Recommendations were sourced from conversations with community stakeholders, HIA Steering Committee, and community members
	a Communities affected by the proposal to ensure that the recommendations are responsive to community needs and appropriately address community concerns	Community forums and surveys helped to inform recommendations
	b Decision-makers and potential implementers to ensure the recommendations are feasible. Recommendations are effective only if they are adopted and implemented.	Drafted recommendations were presented to the HIA Steering Committee, including the project decision-makers, to determine if they were feasible and appropriate.
	c Where needed, experts to ensure recommendations are technically feasible.	Stakeholders and individuals with lived experience were consulted.
5	Each recommendation should be targeted toward a specific decision-maker or entity that has the authority to implement it. An HIA may include recommendations that go beyond the purview of the proposal decision-maker and that target different audiences such as project investors, implementing agencies, regulating agencies, health care agencies, or researchers.	The recommendations are not explicitly directed toward any one individual entity. Most were crafted for Hale Resources, The Town of Bennington, and organizational tenants in the Benn High building to consider; Bennington Office of Local Health felt that directing the recommendations toward explicitly stated

	Standard	Way(s) standard was met
		actors would feel more of a mandate than a recommendation.
6	There are some instances where HIA teams may decide to omit recommendations, for example, if an HIA team is not legally able to suggest actions related to a proposed policy. In these instances, HIA teams should document in their publicly available report (or comparable communication product) their decision to not include recommendations and the circumstances that led to this decision.	There were not recommendations that were considered but not included in the drafted list sent to the HIA Steering Committee, because the recommendations were crafted with feasibility and legality in mind.

Reporting Methodology

The reporting phase of the HIA will include the publication and distribution of this document and the Executive Summary. The report was drafted by a staff member of the Bennington Office of Local Health and critically reviewed by two HIA Steering Committee members. Concurrently, two members of the Vermont Department of Health Central Office, who had not been part of the development of the document or the process at all, assisted as peer reviewers.

Table 6 HIA Practice Standards: Reporting Phase

	Standard	Way(s) standard was met
1	When creating final HIA reports or comparable communication products, the HIA team should offer stakeholders and decision-makers a meaningful opportunity to critically review evidence, methods, findings, conclusions, and recommendations. The HIA team should consider and address feedback when practical or provide rationale if feedback cannot be addressed. When possible, final HIA documents should undergo external review by a technical assistance provider or other peer reviewer.	Peer reviewers from the Vermont Department of Health read and edited the document. Contact information for the Bennington Office of Local Health was included on the bottom of the document so that any community members or stakeholders could reach out with corrections or questions about the contents.
2	A final HIA report or comparable communication product should document the following items in detail and/or provide access in separate documentation:	This document includes all the features listed below.
	a HIA sponsor and funding source	This information is included in the Acknowledgments section.
	b HIA team, and all other participants in the HIA and their roles and contributions, noting any potential conflicts of interest	The HIA Steering Committee membership, and their interests in the project, are listed in the Scoping section.
c	screening process and outputs as outlined in Practice Standard 2	This information is contained in the Screening section.

Standard		Way(s) standard was met	
d	scoping process and outputs as outlined in Practice Standard 3	This information is included in the Scoping section	
e	stakeholder engagement strategy as outlined in Practice Standard 3	This information is included in the Assessment section.	
f	assessment methods as outlined in Practice Standard 4	This information is included in the Assessment section.	
g	recommendation development and prioritization as outlined in Practice Standard 5	This information is given in the Recommendations chapter.	
h	evaluation plan as outlined in Practice Standard 7	This information is included in the Evaluation section.	
3	When documenting the HIA findings and describing recommendations, the HIA team should include the following for each specific health issue analyzed:	The features below are all included in the HIA report.	
	a	a discussion of the available scientific evidence	This is provided throughout the document and is included in condensed/abbreviated version in the Recommendations chapter.
	b	a description of the data sources and analytic methods used for the HIA	This is provided in the Assessment section.
	c	a summary of existing conditions*	This is provided in the Existing Conditions chapter
	d	a detailed description of the findings	This is provided throughout the document.
	e	the potential health impacts' characterization and significance	This is provided throughout the document.
	f	a list of corresponding recommendations for policy, plan, program or project, alternatives, design, or mitigations (as applicable)	This is provided in the Recommendations chapter.
	g	a description of any HIA limitations, including data, analytic, or others	This is provided in the Limitations chapter.
4	The HIA team should collaborate with stakeholders to update and finalize the plan for communicating results and disseminating findings and recommendations created during Scoping. The dissemination strategy should consider how communities affected by the proposal and other stakeholders can be involved in sharing findings and recommendations, and addresses the following:	The dissemination strategy relied upon the Steering Committee to share the document with their networks, as appropriate.	
a	To support effective and inclusive dissemination of HIA results, the HIA team should consider a summary that succinctly documents priority findings and recommendations in a way that allows all stakeholders	This summary is provided in the Executive Summary chapter; a summary PowerPoint was additionally developed for HIA Steering Committee use.	

Standard		Way(s) standard was met
	to understand, evaluate, and respond to the HIA. In addition, the HIA team should consider other communication materials such as one-pagers, infographics, videos, websites, etc. that align with the dissemination strategy	
b	The HIA report (or comparable communication product) and related materials should be shared, according to the dissemination strategy and in collaboration with stakeholders, with audiences including but not limited to communities and populations affected by the proposal, decision-makers, and any relevant implementation parties.	The HIA report is scheduled to be shared with all relevant parties who contributed to the HIA development, including community members impacted by the proposed project. The report and recommendations will also be posted by the Town of Bennington for community feedback and suggestion of additional recommendations for project leaders to consider.
c	The HIA report (or comparable communication product) and related materials should be made available and readily accessible in an appropriate format for all stakeholders, taking into consideration factors such as education, language, and digital access.	The HIA report will be accessible on the webpages of the Vermont Department of Health, Town of Bennington, and the Bennington County Regional Commission webpage.

Evaluation Methodology

Projected evaluation measures are included below. The use of the practice standards tables throughout this chapter served as an informal evaluation of the fidelity of the HIA process to the original plan and timeline put forth by the HIA Steering Committee. The evaluation of the outcomes of the HIA, including how many recommendations are adopted, is time-dependent and will take place months or years after the initial publication of this document.

Table 7 HIA Standards: Evaluation Phase

Standard		Way(s) standard was met
1	The HIA team should evaluate the HIA process. Process evaluation attempts to determine the fidelity of an HIA to these Minimum Elements and Practice Standards and/or to project-specific criteria defined during the Scoping phase.	The HIA Standards tables included throughout this chapter served as an evaluation tool for the HIA process.
	a how the HIA topic was selected (Screening)	See Table 1
	b achievement of defined HIA goals (Scoping)	See Table 2
	c effectiveness of stakeholder engagement strategy (Scoping)	See Table 2

Standard		Way(s) standard was met
d	adherence to research plan and/or how any adaptations were created and documented (Assessment)	See Table 3
e	how well assessment findings informed the development of recommendations (Recommendations)	See Table 4
f	how well the HIA process and outputs addressed equity	The Steering Committee felt that the HIA laid early groundwork for the project to advance health equity. Inclusion of priority groups, the sourcing of data with an equity lens, community engagement efforts, and other foundation features of the HIA contributed to this view.
g	a summary of lessons learned, successes, challenges, strengths, and weaknesses with an eye toward ongoing process improvement	See Limitations chapter for a summary of quality improvement measures for future HIAs in Bennington.
Items to consider after distribution of final HIA products include:		These items were considered for future Bennington office of Local Health evaluation activities.
h	effectiveness of reporting and dissemination strategy (Reporting)	These items were considered for future Bennington office of Local Health evaluation activities.
i	inclusion and feasibility of an evaluation and monitoring plan (Evaluation)	These items were considered for future Bennington office of Local Health evaluation activities.
2	The HIA team or another appropriate party may also evaluate HIA impacts. Impact evaluation seeks to understand the impacts of the HIA on the decision, decision-making process, and the decision-making climate in general. Items to consider in impact evaluation include:	This is under consideration for a future Bennington Office of Local Health activity – a post-project summary of changes made to plans in accordance with HIA recommendations.
	a the decisions made or implemented relative to the those considered in the HIA	This is under consideration for a future Bennington Office of Local Health activity – a post-project summary of changes made to plans in accordance with HIA recommendations.
	b discussion of HIA findings in decision-making	This is under consideration for a future Bennington Office of Local Health activity – a post-project summary of changes made to plans in accordance with HIA recommendations.
	c consideration and adoption of HIA recommendations	This is under consideration for a future Bennington Office of Local Health activity

Standard		Way(s) standard was met
		- a post-project summary of changes made to plans in accordance with HIA recommendations.
	d capacity and collaboration building among stakeholders	The collaborative efforts spurred by this project are referenced in the Conclusion chapter.
	e the ways in which awareness and consideration of health changed in the decision-making climate as a result of the HIA	The centrality of health and health equity in decision-making is referenced in the Conclusion chapter.
3	Outcome evaluation tracks effects over time of the proposed policy, plan, program, or project on health determinants and outcomes detailed in the assessment. It is the most challenging evaluation to complete but is beneficial for sustainability of local HIA efforts and the larger field of practice, and to outline potential strategies for stakeholders tied directly to findings, predictions, and indicators used in the assessment.	Measurement of the outcomes of the project were considered and are articulated in the Conclusion chapter.
4	The HIA team should think critically about a general monitoring strategy for how a broad range of HIA stakeholders could sustain their involvement in the decision-making system and/or build upon successes and lessons learned through the process. This monitoring strategy is closely related to, but distinct from evaluation activities described in 7.1-7.3 above. It can take the form of a formal plan that specifies goals, objectives, and detailed actions for execution, or it can be a relatively informal acknowledgement within an HIA that broadly outlines project-specific purposes for monitoring and entities that may contribute over time. Monitoring overlaps with aspects of impact evaluation, particularly 7.2.d and e, and provides for thoughtful exploration of how relationships formed or strengthened through the HIA process can be maintained, can lead to continued involvement in relevant systems, and can promote accountability to affected communities.	The Bennington Office of Local Health, Hale Resources, Town of Bennington, and Bennington County Regional Commission all cited interest in continued monitoring of the impacts of the project on the health and wellbeing of the community. Incorporating the information and recommendations cited by the HIA into the new Project Alliance efforts taking place in Bennington could prove to be a fruitful collaborative effort for long-term action and measurement of success.
	a goals for short- and long-term monitoring	In the short-term, analyzing additional available data to better establish a baseline of health and use of services in the community would be important. In the longer-term, monitoring project decisions and their relationship to the HIA recommendations would be ideal.
	b indicators for monitoring and who might be best positioned to track them	Bennington OLH, together with the Town of Bennington and Hale Resources as

Standard		Way(s) standard was met
		project leaders, would be well-situated to continue tracking and analyzing data and opinion related to the project and its impact on health.
c	which audiences (e.g., decision-makers, community members, etc.) should receive monitoring updates and the mechanisms for reporting to them (e.g., listservs, community newsletters, etc.)	The community will continue to be informed by the Town of Bennington during Select Board meetings.
d	relationships critical for maintaining ongoing relevance of findings, recommendations, and accountability to affected communities	Continuing to foster trust with impacted communities is imperative.
e	identification of new partners or relationships to pursue as a result of the HIA	Continuing to strengthen the relationships between social service providers, housing developers, the Town of Bennington, and the Bennington Office of Local Health.
f	opportunities for mutual learning to strengthen relationships post-HIA process	The renovation of the space will offer a way for community partners and the Town of Bennington to continue building and strengthening trust and learning from Bennington residents.
g	triggers or thresholds that may lead to review and adaptation in decision implementation	The recommendations listed do not require a specific trigger to be implemented in the decision-making process.
h	resources required to conduct, complete, and report monitoring activities	Lack of funding could potentially pose a threat to ongoing monitoring activities.
i	possible new funding supports for sustaining efforts that promote health and equity in alignment with HIA findings and/or recommendations	No immediate funding opportunities were identified.
5	Because HIA is a forward-looking tool, used at a point in time during the decision-making process, the monitoring plan should allow for changes as conditions in the community and decision-making context evolve over time. To support HIA transparency, the monitoring plan should be shared with relevant stakeholders, especially decisionmakers, recommendation implementers, and organizations tracking indicators.	This is under consideration for a future Bennington Office of Local Health activity.

EXISTING CONDITIONS

“... if you don’t know where you are, you don’t know where you’re going. And if you don’t know where you’re going, you’re probably going wrong.”

– Sir Terry Pratchett, English humorist and author

By presenting current health and wellness data, an HIA can memorialize the “pre-project” status of community health. The sections that follow present demographic, socioeconomic, and health data to complete this description of existing conditions. This chapter does not provide an exhaustive summary of the health status of the Bennington community. Other assessments and reports have been created to more thoroughly document and prioritize Bennington’s health needs and strengths.²¹⁻²⁴ Additional information about existing conditions related to housing, social connection, disinvestment, public safety, and community services is provided in the opening of each chapter on those respective topics.

Location and Demographics

Located within Bennington County in the southwestern corner of Vermont, the total population of the Town of Bennington is 15,333 people,²⁵ ranking it as the sixth largest town in the state.²⁶

Bennington’s 42-square-mile land area is divided into four census tracts, with boundaries designated by the US Census Bureau.²⁷ The small areas covered by each census tract allow for the identification of within-town differences in health, wealth, opportunity, investment, and more. Now, more than 100 years past the conception of census tracts as a geographic unit, reflections have identified that they “comprise a fundamental building block for public policy and public planning in health and other sectors” and have “become a key component of the public data central to document need and allocating resources within the body politic.”²⁸

The Benn High Redevelopment Project site is located at 650 Main Street in Bennington, and falls within the middle census tract in Bennington, encompassing much of the downtown as pictured in **Figure 13**.

Figure 11 Bennington, Vermont

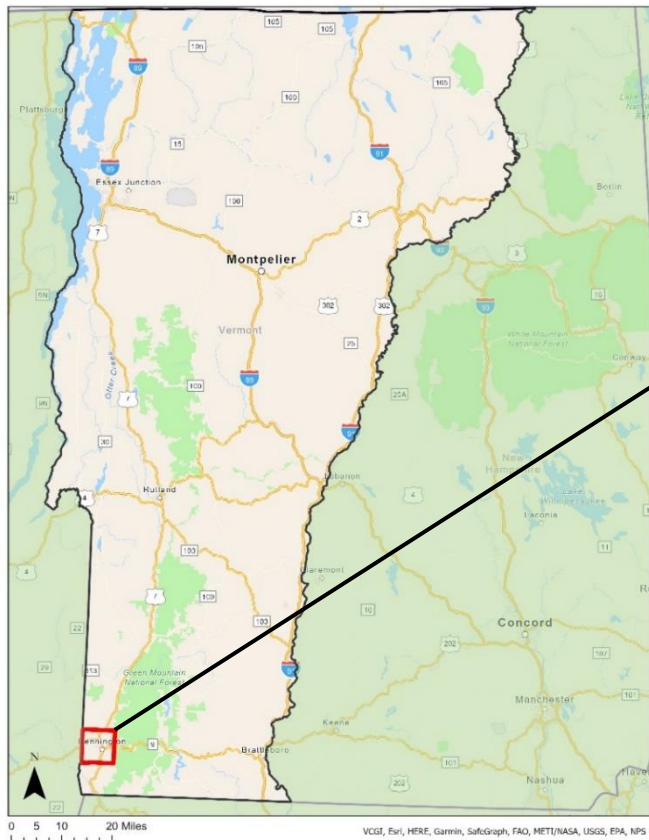
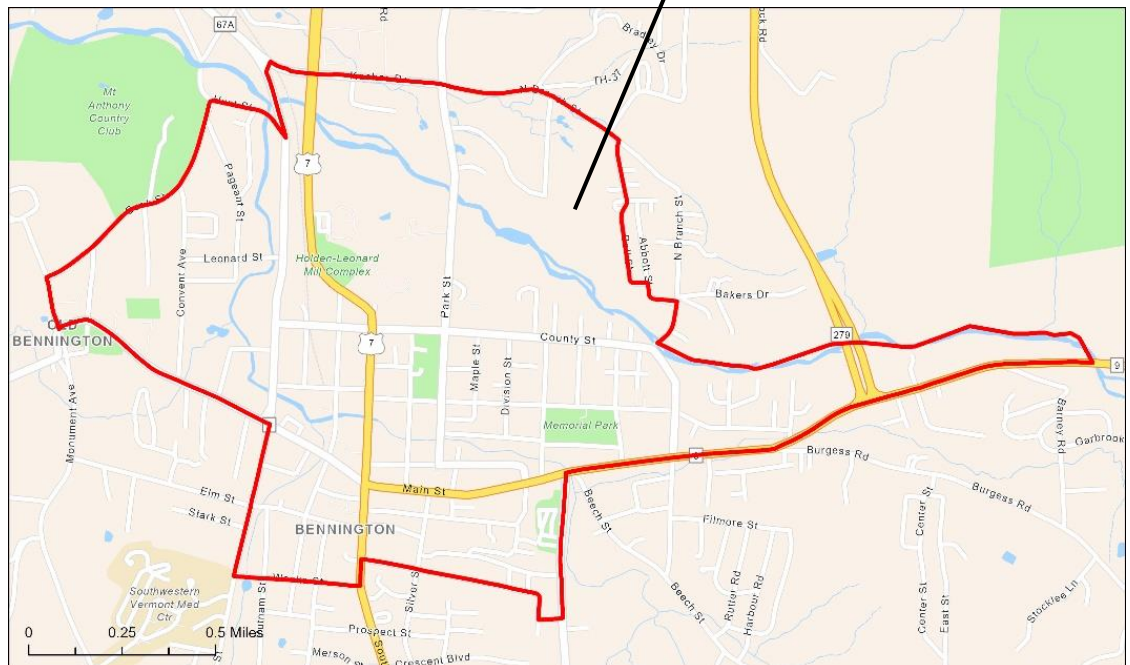


Figure 12 Bennington detail map with tract boundaries



Figure 13 Downtown Bennington census tract



The tables and narrative below highlight important features about Bennington relative to the age, diversity, and education of residents.

Table 8 Demographic Estimates

	Downtown Bennington Census Tract ²⁹			Town of Bennington ³⁰		
	Estimate	Margin of Error	Percent	Estimate	Margin of Error	Percent
Population						
Total Population	4,372	±470	-	15,345	±25	-
Sex*						
Male	2,229	±334	51.0%	7,412	±293	48.3%
Female	2,143	±333	49.0%	7,933	±295	51.7%
Age						
Median age (years)	48.2	±5.4	-	43.7	±2.8	-
Under 5 Years	167	±96	3.8%	682	±158	4.4%
Under 18 years	610	±223	14.0%	2,628	±339	17.1%
65 years and over	1,189	±311	27.2%	3,464	±342	22.6%
Race						
One Race	4,229	±468	96.7%	14,954	±119	97.5%
White	4,031	±459	92.2%	14,351	±235	93.5%
Black or African American	6	±13	0.1%	137	±93	0.9%
American Indian and Alaska Native	0	±10	0.0%	3	±9	0.0%
Asian	165	±156	3.8%	278	±155	1.8%
Native Hawaiian and Other Pacific Islander	27	±46	0.6%	27	±46	0.2%
Some other race	0	±10	0.0%	156	±96	1.0%
Two or more races	143	±94	3.3%	391	±116	2.5%
Hispanic or Latino (of any race)	22	±32	0.5%	403	±168	2.6%
*The American Community Survey only gathers information about respondents' current identification of their sex, not gender, gender identity, sex at birth, or sexual orientation. ³¹						

Age

According to a recent demographic trend survey, Vermont has one of the country’s largest proportional populations of individuals aged 65 years and older. By 2029, it is projected that more than one quarter of Vermonters will be seniors.³² Additionally, between 2010 and 2020, the population of Bennington County changed by 0.6%. The aging and plateaued county population has important implications not only on tax revenue, but also for workforce capacity. As the most populous town in Bennington County, the Town of Bennington necessarily needs to accommodate these demographic features not only by recruiting and retaining working professionals, but also supporting existing senior residents through age-friendly community design and programming. As noted by the Vermont Department of Health, “under our current societal framework and given our changing demographics, older Vermonters are placed at a disadvantage when it comes to autonomy, safety, and security throughout the aging process.”³³ This affirms the HIA’s focus on seniors as a priority population.

Race and Ethnicity

Vermont ranks as the second whitest state in the nation with 92.9% of residents identifying as white.³⁴ This holds true for Bennington County’s population (94.4% white),³⁵ and the population for the Town of Bennington (93.5% white).³⁰ The youth population in Bennington is more racially diverse than the previous generations; 9% of Bennington residents under 18 years old do not identify as white alone.³⁶ In creating programs and policies that serve the Bennington of tomorrow, efforts to ensure health equity and dismantle oppressive systems are of paramount importance.

Table 9 Households and Families

	Downtown Bennington Census Tract ³⁷			Town of Bennington ³⁸		
	Estimate	Margin of Error	Percent	Estimate	Margin of Error	Percent
Total households	2,077	±224	-	5,931	±289	-
Average household size	2.00	±0.21	-	2.35	±0.11	-
Householder living alone	-	-	49.8%	-	-	36.5%
Housing tenure						
Owner-occupied housing units	-	-	42.7%	60.2%	±4.7	-
Renter-occupied housing units	-	-	57.3%	39.8%	±4.7	-
Families						
Total families	873	±180	-	3,341	±265	-
Average family size	3.12	±0.45	-	3.07	±0.18	-

Table 10 Geographic Mobility

	Downtown Bennington Census Tract ³⁹		Town of Bennington ⁴⁰	
	Percent	Margin of Error	Percent	Margin of Error
Moved within same county	5.3%	±4.3	5.4%	±1.9
Moved from different county in VT	1.7%	±1.6	1.7%	±0.7
Moved from different state	2.4%	±1.9	4.5%	±1.3
Moved from abroad	0.0%	±0.5	0.4%	±0.3

Educational Attainment

In 2015, Case and Deaton published a landmark study indicating an increased risk in so-called “deaths of despair” among white, middle-aged Americans with a high school degree or less. According to the authors, these deaths, attributable to suicide, drug overdose, alcohol poisoning and alcohol-related diseases, are responsible for a reversal of decades of progress in longer life expectancy in the United States.⁴¹ Additional reviews have demonstrated both a correlational and causal link between higher educational attainment and health.⁴² Not only does education impact health through economic opportunities that provide more wealth, but also through health-behavioral and social psychological supports, as well as access to health care. Bennington County’s population has a higher percentage of 18 to 24-year-olds without a high school degree (14.3%) as compared to the State of Vermont (8.0%), and the Town of Bennington and the downtown Bennington census tract have lower levels of educational attainment.⁴³⁻⁴⁶ The evidence indicating the importance of education on health and length of life, in combination with this local data, affirm the importance of focusing part of the HIA on youth, and services that support opportunities for young Benningtonians to learn, succeed, and thrive.

Table 11 Educational Attainment

	Downtown Bennington Census Tract ⁴⁶			Town of Bennington ⁴⁵		
	Estimate	Margin of Error	Percent	Estimate	Margin of Error	Percent
Population 18 to 24 years	569	±242	-	2,133	±233	-
Less than high school graduate	133	±136	23.4%	337	±136	15.8%
High school graduate (includes equivalency)	232	±155	40.8%	732	±176	34.3%
Some college or associate’s degree	190	±118	33.4%	888	±169	41.6%
Bachelor’s degree or higher	14	±21	2.5%	176	±103	8.3%

Financial Status

As seen in **Figure 14** (also discussed in the [Introduction](#)), the distribution of income and wealth is an important determinant of health and the burden of disease.⁴⁷ An individual's personal characteristics and earnings can situate them within systems to either benefit from opportunities to advance their health, or not.

Though the COVID-19 pandemic presented new financial challenges to Vermont families, many were in tenuous financial situations prior to the pandemic, and many continue to exist in an economically fraught space.⁴⁸ While public assistance increased during the pandemic, so too did costs for meeting basic needs.

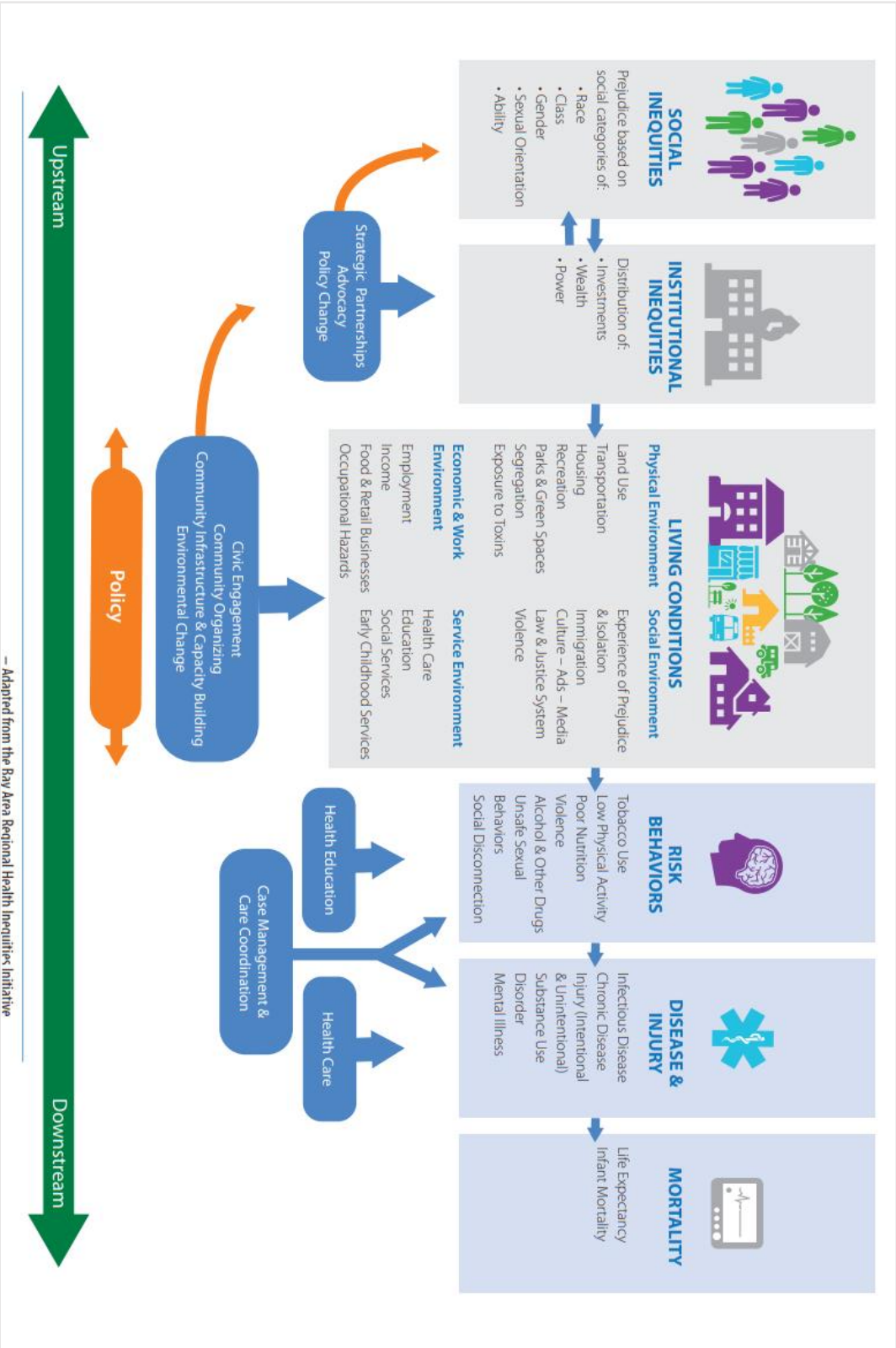
When considering the intersections between wealth and health, the conversation frequently stops at the Census-generated official poverty measure, or poverty thresholds.

Developed in the 1960s to count the number of people in poverty, the Official Poverty Measure was developed by an economist using a standardized budget for a year of food, multiplied by three.⁴⁹ That "multiplier" was not based upon empirical evidence of non-food related costs that a family might encounter in a year and in the decades since, the official poverty measure has "remained mostly unchanged."⁵⁰ The official poverty measure does not account for the variability in the cost of living across the country, and does not account for non-cash public assistance.⁵¹

While the official poverty measure is used to determine who is or isn't in poverty, the Department of Health and Human Services issues poverty guidelines annually for use in determining eligibility for public assistance and programs. The poverty guidelines do take family composition and age into account.⁵²

Despite the multiple ways to classify poverty and to delineate who is technically existing in poverty and who isn't, there are many who earn above the federal poverty guideline who still face material and other deprivation.^{53,54} One measure to determine additional economic precarity beyond the federal poverty guideline is the ALICE measure. An acronym for "Asset-Limited, Income-Constrained, and Employed," this tool can be used to illustrate the number of people who do not fit into the definition of poverty, but still are not financially secure.⁵⁵ For Bennington County (the smallest area for which the data is available), 34% of residents live above the poverty threshold but do not have the means to meet all of the basic needs of living.⁵⁶ The living wage in Bennington County, as determined by the MIT living wage calculator is \$33,599 for an individual, which is only \$6,000 less than the median household income in Bennington County.⁵⁷

Figure 14 Health Determinant Framework



– Adapted from the Bay Area Regional Health Inequities Initiative

Table 12 Income and Poverty

	Downtown Bennington Census Tract ⁵⁸⁻⁶¹			Town of Bennington ⁶²⁻⁶⁵		
	Estimate	Margin of Error	Percent	Estimate	Margin of Error	Percent
Poverty status in past 12 months	654	±364	15.5%	2,116	±557	15.1%
Poverty status in the past 12 months for those under 5	56	±51	33.5%	260	±121	38.9%
Poverty status for those under 18	288	±236	47.4%	866	±357	33.7%
Income in the past 12 months in 2021 inflation adjusted dollars (households)						
Median Income	39,402	±4,090	-	51,851	±7,204	-
Married couple families w/ children under 18	85,250	±28,348	-	89,556	±19,295	-
Female household, no spouse present w/ children under 18	22,439	±10,782	-	21,175	±7,422	-
Male householder, no spouse present w/ children under 18	-	-	-	43,500	±28,182	-
Household income by age of householder						
15-24 years	56,045	±15,639	-	55,325	±24,837	-
25-44 year	33,194	±19,367	-	54,036	±11,048	-
45 to 64 years	31,563	±21,343	-	56,563	±9,657	-
65 years and over	40,298	±2,519	-	46,173	±7,626	-
Family income by number of earners						
No earners	21,723	±7,672	-	31,992	±13,640	-
1 earner	56,282	±4,187	-	56,613	±5,756	-
2 earners	100,300	±23,011	-	94,375	±11,599	-
3 or more earners	132,500	±57,438	-	±128,750	±26,909	-
Employment status						
Civilian labor force	1,776	±325	-	6,956	±429	-
Employed	1,691	±325	44.3%	6,584	±465	50.7%
Unemployed	85	±98	2.2%	372	±164	2.9%

Benn High Redevelopment Project HIA

	Downtown Bennington Census Tract ⁵⁸⁻⁶¹			Town of Bennington ⁶²⁻⁶⁵		
Not in labor force	2,044	±393	53.5%	6,030	±464	46.4%
Total household with cash public assistance income	194	±114	9.3%	388	±155	6.5%
Total households with food stamp/SNAP benefits in past 12 months	604	±206	29.1%	1,277	±238	21.5%
Health insurance coverage in civilian noninstitutionalized population						
with health insurance	4,106	±443	97.2%	14,244	±267	95.4%
without health insurance	118	±106	2.8%	693	±202	4.6%

Bennington County has been ranked as the county with the second highest income inequality in the state of Vermont. According to the St. Louis Federal Reserve, those in the top quintile of earners made nearly sixteen times as much as those in the bottom quintile of earners in 2021. A graph depicting the change in income inequality over time is shown below.⁶⁶

Figure 15 Bennington County Income Inequality



Health

Life Expectancy at Birth

The U.S. Small-area Life Expectancy Estimates Project (USALEEP) was a partnership of the National Center for Health Statistics, the Robert Wood Johnson Foundation, and the National Association for Public Health Statistics and Information Systems.⁶⁷ The project provided estimates of life expectancy at birth at the census tract level for the period 2010 to 2015, allowing for the unveiling of disparities in length of life within communities.

In Bennington, the differences in life expectancy are striking, even between two bordering census tracts. The USALEEP initiative did not seek to uncover the causal pathways leading to these disparities, but the sections below may help to better contextualize the differences in length of life seen.

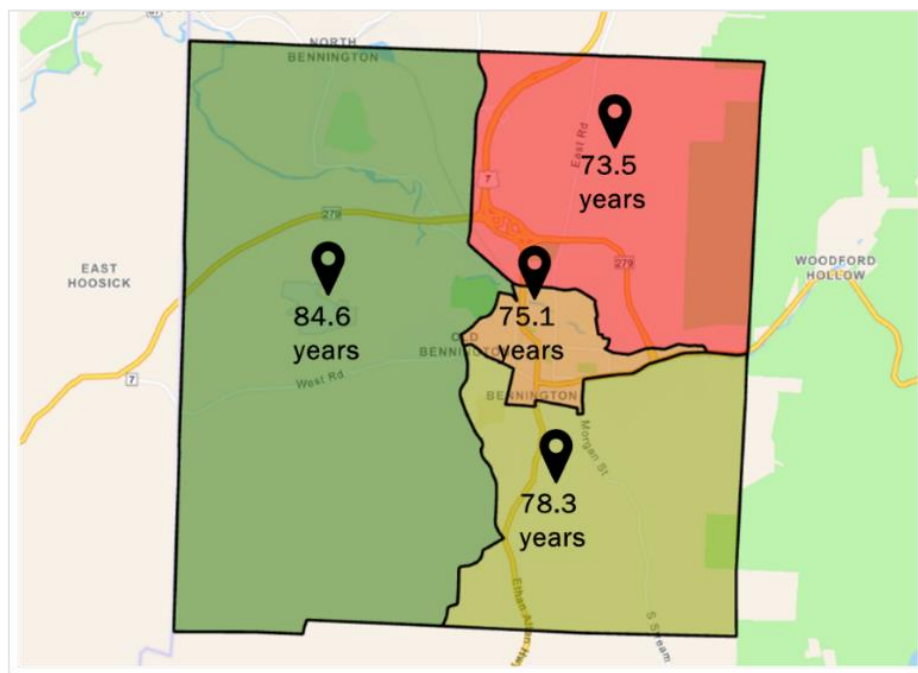


Figure 16 Town of Bennington Life Expectancy at Birth Estimates

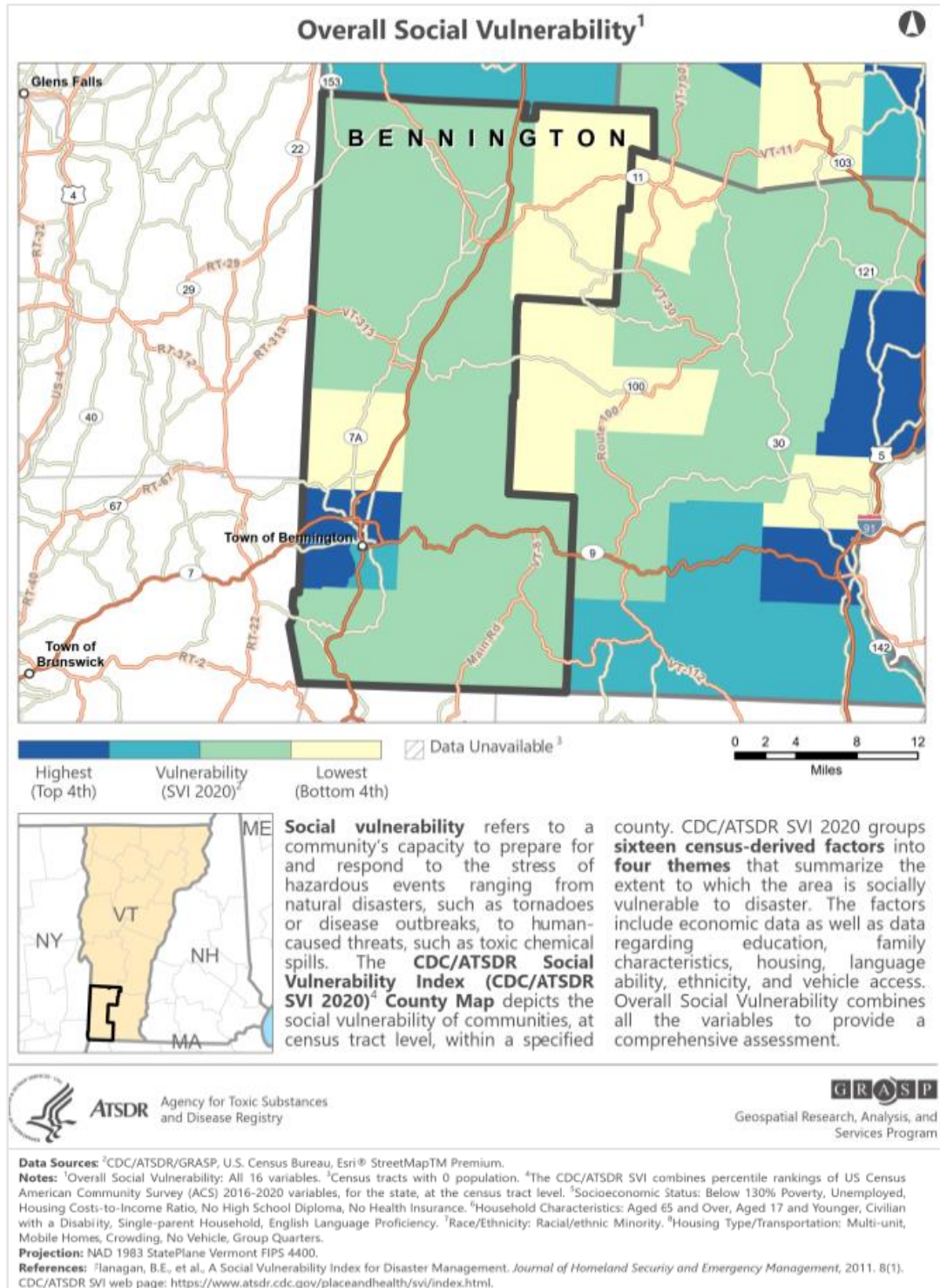
Social Vulnerability Index

The CDC/ATSDR Social Vulnerability Index (SVI) provides information that can be used to “identify, map, and plan support for communities that will most likely need support before, during, and after a public health emergency.”⁶⁸ In addition to utility in emergency planning and response, the determinants used to establish a community’s SVI score are also the factors that can make communities vulnerable to chronic disease, substance use, and other long-term population health challenges. Evidence has been published showing alignment with high SVI and higher rates of COVID-19 infection, lower uptake of vaccine, and lower levels of community physical fitness.⁶⁹⁻⁷¹ Essentially, SVI can be used for planning and strategizing both preventive and reactive health and community interventions. Using 15 factors organized into four themes, the SVI weighs and calculates community features related to socioeconomic status, household composition and disability, population demographics and language, housing, and transportation. In Bennington, as shown in **Figure 17**, three of four census tracts achieve SVI scores ranking them in the top quartile of most vulnerable tracts in the state.

While the SVI is a tool to examine a community’s current ability to respond to public health challenges or emergencies, it has limited utility in identifying actionable methods to bolster a community’s resilience. An oft-cited article asserts that community resilience “emerges from four primary sets of adaptive capacities—Economic Development, Social Capital, Information

and Communication, and Community Competence.”⁷² This HIA seeks to identify project recommendations that foster and leverage these four factors to meet the public health challenges facing the Bennington community. These challenges are briefly summarized on the following pages.

Figure 17 Bennington County SVI



Adult Health Behaviors

The CDC, in partnership with the Robert Wood Johnson Foundation and CDC Foundation, launched the Population Level Analysis and Community EStimates (PLACES) project, an initiative to provide model-based, small-area health estimates intended to allow municipalities to better understand and respond to health inequities in their community.⁷³

The use of this data comes with some caveats, which were outlined in a 2022 article published in the periodical *Preventing Chronic Disease*.⁷⁴ PLACES data are “small area estimations generated using a multi-level statistical modeling framework.”⁷³ The information provided is based upon the CDC Behavioral Risk Factor Surveillance System (BRFSS), the Census 2010 population, and the Census Bureau’s American Community Survey. The data selected for inclusion in PLACES are all amenable to public health intervention and can complement the state and local measures provided by the Vermont Department of Health. While PLACES data can provide thought-provoking small area estimates of health behavior and health outcomes, some important limitations apply to the interpretation and use of the data.

PLACES data analysis is accomplished via small area estimation methods. Essentially, some of this data is an estimate of an estimate initially provided by data collection efforts like the BRFSS. This method leaves room for error, and true values may be higher or lower than what is indicated. Low and high confidence limits are included in the tables below.

This data cannot be used to compare year-over-year trends. BRFSS survey methodology has changed, and the 2010 US census is used as the poststratification dataset for estimates at the census tract level, so year-to-year population change is not included in the model. Because 2010 and 2020 census population information for these tracts has not widely changed, we feel reasonably confident that the figures to be shown can be used as a baseline understanding.

At the census-tract level, PLACES data is not age-adjusted. Nationwide, some census tracts do not have a population for all age groups used in the adjustment process, so the CDC is unable to use a uniform process for small-area age adjustment.

The data can be used as a starting point for further data collection; for exploration of differences in health outcomes; for high-level goal setting; and for correlation to structural and social determinants of health. Health equity initiatives rely on this “neighborhood-level” data to drive investment and tailored interventions where, when, and how they are most needed.

Table 13 2020 CDC PLACES Data: Prevention⁷⁵

	Downtown Bennington Census Tract			Bennington County		
	Estimate (crude prevalence)	Lower Confidence Level	Higher Confidence Level	Estimate (crude prevalence)	Lower Confidence Level	Higher Confidence Level
Current lack of health insurance among adults aged 18-64 years	11%	8.6%	13.7%	9.1%	7.2%	11.3%
Older adult women aged ≥65 years who are up to date on a core set of clinical preventive services: Flu shot past year, PPV shot ever, Colorectal cancer screening, and Mammogram past 2 years	33.9%	27.5%	40.4%	38.7%	32.3%	45.4%
Taking medicine for high blood pressure control among adults aged ≥18 years with high blood pressure	75.9%	74.5%	77.2%	-	-	-
Visits to doctor for routine checkup within the past year among adults aged ≥18 years	72.6%	71.5%	73.7%	74.7%	73.7%	75.5%
Mammography use among women aged 50-74 years	73.4%	69.1%	77.3%	71.1%	66.3%	75.3%
Older adult men aged ≥65 years who are up to date on a core set of clinical preventive services: Flu shot past year, PPV shot ever, Colorectal cancer screening	38.9%	31.1%	46.5%	42.9%	35.4%	50.7%
Cholesterol screening among adults aged ≥18 years	81.5%	80.8%	82.3%	-	-	-

Benn High Redevelopment Project HIA

	Downtown Bennington Census Tract			Bennington County		
Cervical cancer screening among adult women aged 21-65 years	81.2%	78.4%	84.0%	83.4%	80.5%	86.1%
Visits to dentist or dental clinic among adults aged ≥18 years	60.0%	55.8%	64.1%	66.7%	62.2%	70.5%
Fecal occult blood test, sigmoidoscopy, or colonoscopy among adults aged 50-75 years	74.3%	71.0%	77.2%	78.6%	75.6%	81.1%

Table 14 2020 CDC PLACES Data: Health Risk Behaviors⁷⁵

	Downtown Bennington Census Tract			Bennington County		
	Estimate (crude prevalence)	Lower Confidence Level	Higher Confidence Level	Estimate (crude prevalence)	Lower Confidence Level	Higher Confidence Level
Current smoking among adults aged ≥18 years	18.1%	15.4%	21.1%	14.0%	11.1%	16.9%
No leisure-time physical activity among adults aged ≥18 years	22.2%	19.6%	25.0%	19.5%	16.6%	22.4%
Binge drinking among adults aged ≥18 years	17.6%	16.9%	18.3%	16.4%	15.7%	17.0%
Sleeping less than 7 hours among adults aged ≥18 years	33.4%	31.7%	35.0%	31.0%	29.2%	32.6%

In addition to the behaviors listed above, substance use and opioid-related fatal overdoses have been areas of prime concern in the Town of Bennington. Preliminary 2022 data provided by the Vermont Department of Health shows that Vermont saw a 10% increase in opioid-related fatal overdoses between 2021 and 2022. In Bennington County residents, the rate of fatal overdoses per 100,000 people in the county was 45.6 in 2022.⁷⁶

The impact of the opioid crisis on the Town of Bennington and the region expands far beyond the fatal overdose rate. Substance use related topics were mentioned in response to every opportunity this HIA offered for community engagement. Regardless of the avenue used to gather feedback, individuals were concerned about opioid use disorder, its causes, and its sequelae.

Adult Health Outcomes

Table 15 2020 CDC PLACES Data: Health Outcomes⁷⁵

	Downtown Bennington Census Tract			Bennington County		
	Estimate (crude prevalence)	Lower Confidence Level	Higher Confidence Level	Estimate (crude prevalence)	Lower Confidence Level	Higher Confidence Level
Stroke among adults aged ≥18 years	3.7%	3.2%	4.3%	3.4%	2.9%	3.9%
Obesity among adults aged ≥18 years	27.1%	25.7%	28.4%	25.1%	23.6%	26.5%
Coronary heart disease among adults aged ≥18 years	7.7%	6.9%	8.6%	7.7%	6.8%	8.5%
Diagnosed diabetes among adults aged ≥18 years	9.5%	8.8%	10.4%	9.5%	8.6%	10.4%
High blood pressure among adults aged ≥18 years	29.6%	28.3%	30.8%	-	-	-
Depression among adults aged ≥18 years	27.9%	26.3%	29.4%	25.4%	24%	26.8%
Cancer (excluding skin cancer) among adults aged ≥18 years	7.6%	7.2%	8.0%	8.7%	8.3%	9.2%
High cholesterol among adults aged ≥18 years who have been screened in the past 5 years	28.7%	27.8%	29.7%	-	-	-
Chronic obstructive pulmonary disease	8.5%	7.2%	9.9%	7.6%	6.2%	9.2%

	Downtown Bennington Census Tract			Bennington County		
among adults aged ≥18 years						
All teeth lost among adults aged ≥65 years	19.0%	12.1%	27.8%	11.0%	6.8%	15.9%
Arthritis among adults aged ≥18 years	28.0%	26.5%	29.4%	29.1%	27.4%	30.7%
Chronic kidney disease among adults aged ≥18 years	3.3%	3.1%	3.7%	3.2%	3.0%	3.5%
Current asthma among adults aged ≥18 years	11.0%	10.4%	11.7%	10.1%	9.6%	10.7%

Table 16 2020 CDC PLACES Data: Health Status⁷⁵

	Downtown Bennington Census Tract			Bennington County		
	Estimate (crude prevalence)	Lower Confidence Level	Higher Confidence Level	Estimate (crude prevalence)	Lower Confidence Level	Higher Confidence Level
Fair or poor self-rated health status among adults aged ≥18 years	15.3%	13.0%	17.7%	12.8%	10.6%	15.1%
Physical health not good for ≥14 days among adults aged ≥18 years	11.7%	10.4%	13.0%	10.2%	8.9%	11.6%
Mental health not good for ≥14 days among adults aged ≥18 years	16.3%	14.9%	17.6%	13.9%	12.7%	15.1%

Youth Health

While there are many sources for data about the health, wellness, and circumstances of Bennington adults, there is less information readily available regarding area youth.

One key source of youth data is the Youth Risk Behavior Survey (YRBS), a biennial survey that monitors health behaviors and experiences among youth in Middle and High School. The resulting data gives insight into interventions to reduce the leading causes of morbidity and

mortality including unintentional injuries and violence; tobacco, alcohol, and other drug use; dietary and physical activity behaviors; sexual behaviors; perceived health status, and more.⁷⁷

YRBS results are available at the school, supervisory union, county, and state levels. The data to follow is from the most recently published YRBS report for the Southwest Vermont Supervisory Union. Published in 2019, the report contains data from respondents attending Mount Anthony Union High School (MAUHS).⁷⁷

Table 17 YRBS: Mental Health

	All high school students in VT	MAUHS	Statistical Difference
Did something to purposely hurt themselves without wanting to die, past year	19%	21%	Not statistically different
Felt sad or hopeless, past year	31%	37%	MAUHS statistically higher
Made a plan about how they would attempt suicide, past year	13%	18%	MAUHS statistically higher
Attempted suicide, past year	7%	9%	MAUHS statistically higher

Table 18 YRBS: Health Behaviors

	All students in VT	MAUHS	Statistical Difference
First tried cigarette smoking before age 13 years	7%	10%	MAUHS statistically higher
Drank alcohol before age 13	13%	12%	Not statistically different
Tried marijuana for the first time before age 13 years	6%	11%	MAUHS statistically higher
First tried cigarette smoking before age 13 years	7%	10%	MAUHS statistically higher
Did not participate in at least 60 minutes of physical activity on at least 1 day	14%	18%	MAUHS statistically higher
Were physically active at least 60 minutes per day on all 7 days	22%	24%	Not statistically different
Were physically active at least 60 minutes per day on 5 or more days, past week	46%	46%	Not statistically different

	All students in VT	MAUHS	Statistical Difference
Played video or computer games or used a computer 3 or more hours per day	48%	52%	MAUHS statistically higher
Ate 5+ fruits/vegetables every day, past week	21%	19%	MAUHS statistically lower

Table 19 YRBS: Social Determinants of Health

	All students in VT	MAUHS	Statistical Difference
Have ever slept away from their parents or guardians because they were kicked out, ran away, or were abandoned	4%	7%	MAUHS statistically higher
Most of the time or always went hungry because there was not enough food in their home, past 30 days	2%	3%	MAUHS statistically higher
Have a physical disability, emotional problems, or learning disability	30%	33%	Not statistically different
Strongly agree or agree that in their community they feel like they matter to people	58%	45%	MAUHS statistically lower
Do not participate in any afterschool activities	34%	41%	MAUHS statistically higher

Additional information about area youth can be found by referencing the 2019 Youth Risk Behavior Survey Report provided by the Vermont Department of Health.⁷⁷

While the YRBS examines current and past health behaviors and outcomes, The Opportunity Atlas looks at the ways in which neighborhoods might affect the life trajectory of youth. A collaborative project of the US Census Bureau, Harvard University and Brown University, The Opportunity Atlas provides census tract-level social mobility data, tracking the paths taken by over 20 million Americans from childhood into their mid-30s.⁷⁸

In the Town of Bennington, estimates indicate that roughly one in four children born in the downtown census tract was still living in that tract at age 30.⁷⁹ When examining average annual individual income at age 35, the atlas indicates that those born in the downtown tract were making \$29,000 per year.⁸⁰

Figure 18 Percent of Bennington Population Staying in Same Census Tract into Adulthood⁷⁹

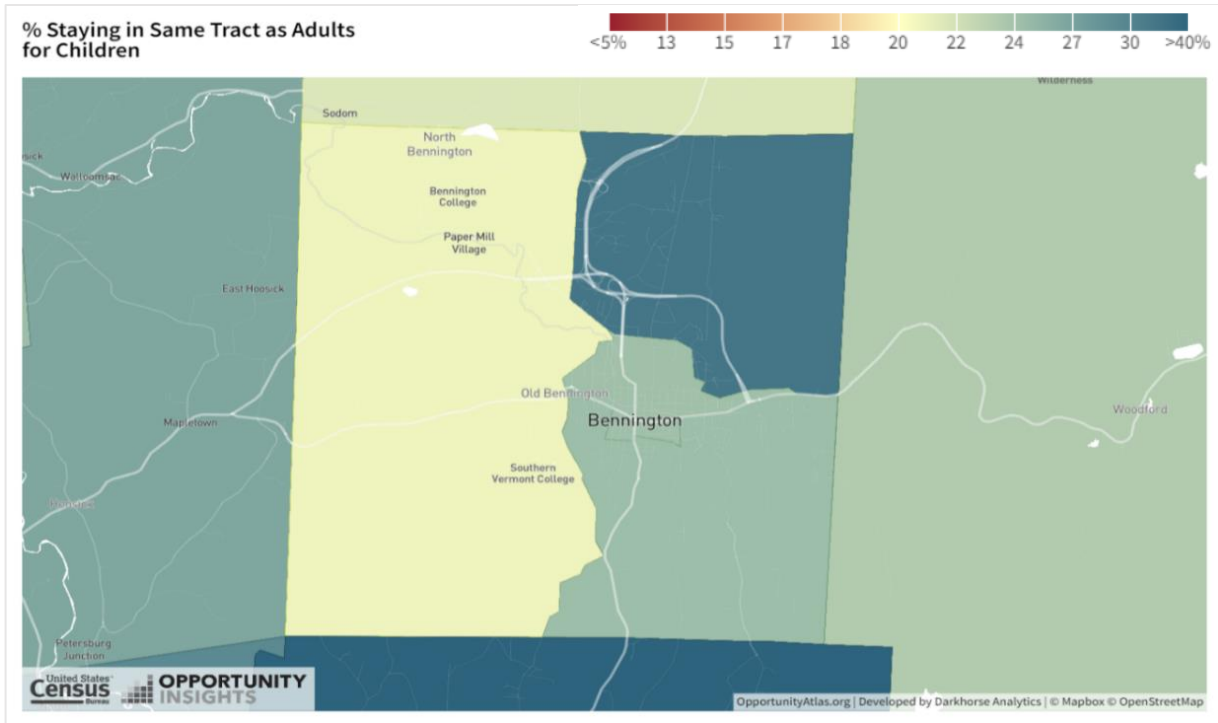
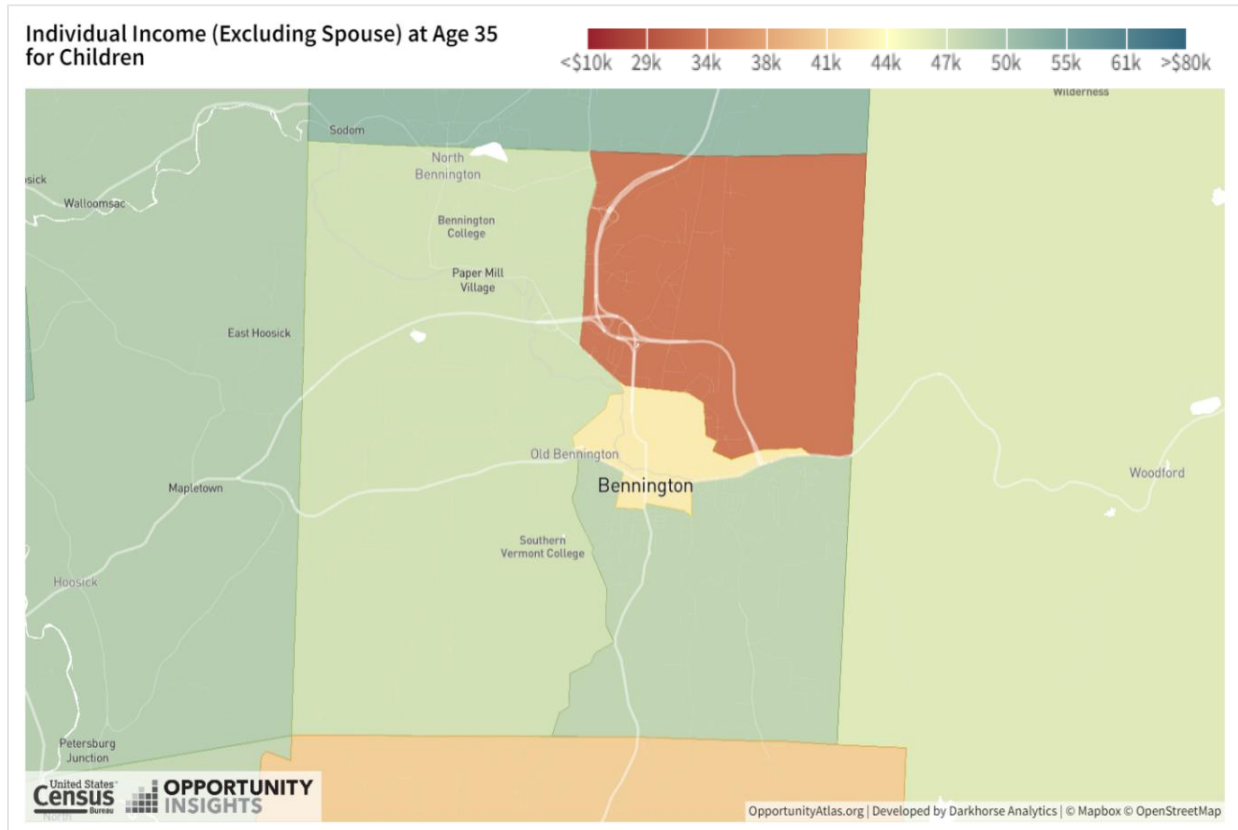


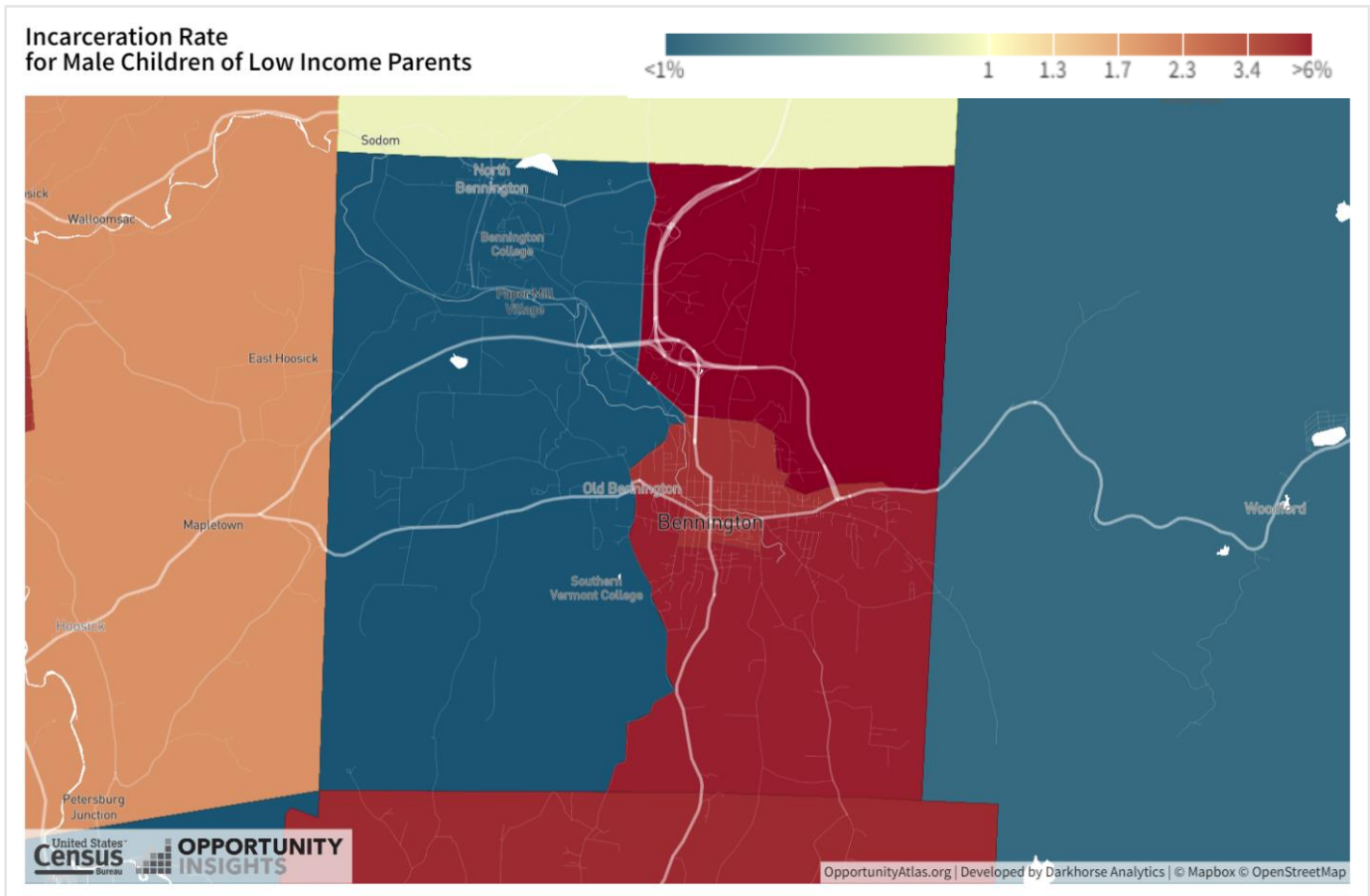
Figure 19 Income at Age 35 by Census Tract⁸⁰



Benn High Redevelopment Project HIA

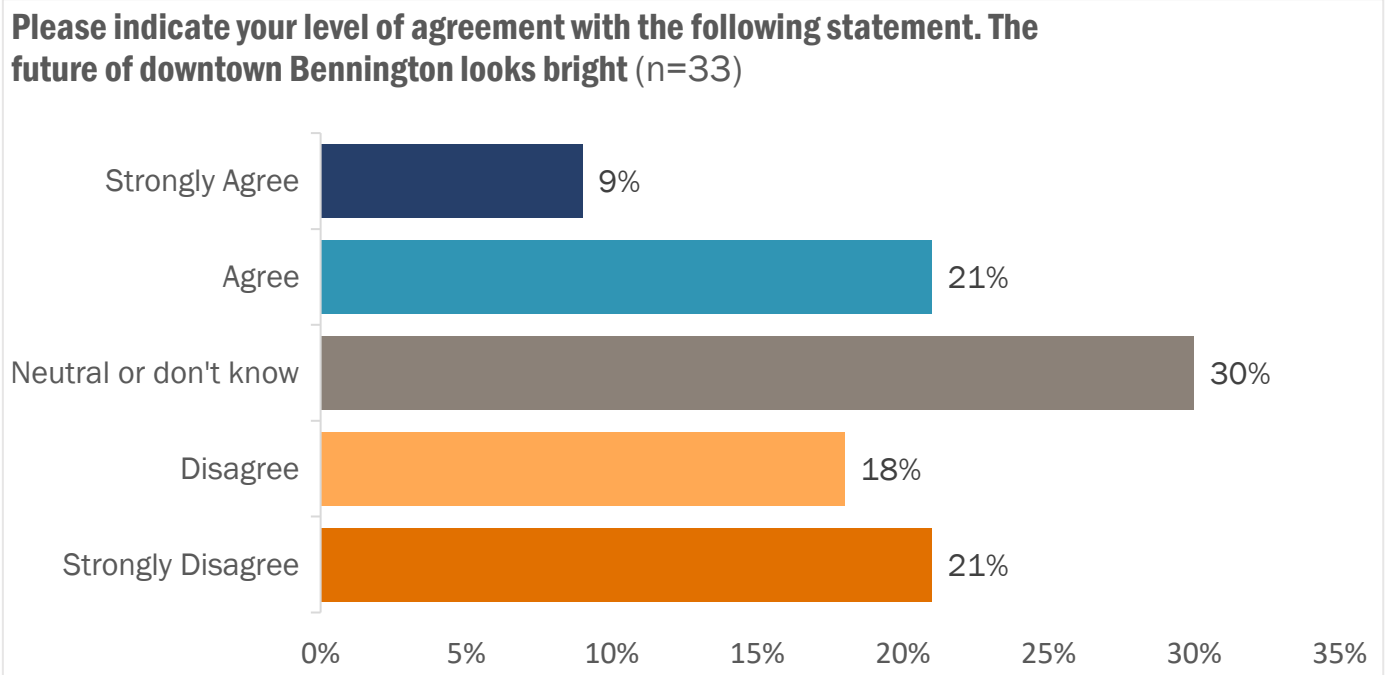
The incarceration rate for adults born in the downtown tract was estimated to be 1.3% overall, but 2.2% for children born to parents with low incomes. For males born to low-income parents in the downtown tract, the adult incarceration rate jumped to 4.4% and 7.2% in the northeastern tract as shown in **Figure 20**.⁸¹ It is important to note that small area estimates such as these are frequently bookended by relatively large margins of error, and should be interpreted cautiously.

Figure 20 Incarceration of Males with Parents Earning Low Incomes⁸¹



Thinking toward the future of the current generation growing up in Bennington, the survey distributed to residents living near the Benn High project site asked for respondents to indicate level of agreement with the statement “the future of downtown Bennington looks bright.” The responses are summarized in **Figure 21**.

Figure 21 Resident Survey: Future of Bennington



These existing conditions and opinions served as a catalyst for the conceptualization of the Benn High Redevelopment Project. Details about the project plans can be found in the next chapter.

PROJECT OVERVIEW

The proposed project, on which this HIA and the remaining chapters focus, entails the redevelopment of a large vacant building, located at 650 Main Street in Bennington.* Built in 1913, the 2.29-acre site was home to first the Bennington High School (from 1914 to 1967), and then was used as the Bennington Middle School until 2004. Since that time, the building has remained vacant, despite multiple plans over the past two decades to develop and leverage the 100,000 square foot building to meet the housing, service, or retail needs of the Bennington community. Included on the National Registry of Historic Places due to its prominent role in educating Bennington residents in the 1900s as well as its Beaux Arts-style architecture, the building not only holds a prominent footprint in the downtown, but also in the Bennington cultural fabric.⁸²

The property was purchased in 2020 by a private developer, who funded initial redevelopment work inside the space, which was visibly distressed after remaining vacant for sixteen years. 2020 also marked the first year of the COVID-19 pandemic. In response to the social, economic, and public health ramifications of the pandemic, the 2021 American Rescue Plan Act (ARPA) established the Coronavirus State and Local Fiscal Recovery Fund which provided funding to “state and local governments for the response to and recovery from the COVID-19 pandemic.”⁸³ The Town of Bennington received \$3.9 million in ARPA funds to be obligated by December 31, 2024 and spent by December 31, 2026.⁸⁴ A group consisting of a subcommittee of the Bennington Select Board and Town of Bennington staff created an initial list of potential projects to be funded by these dollars, and hired a consulting firm to categorize the projects into a tiered list. The firm also created a suite of recommendations for impactful use of the available funds. The firm’s memorandum, with findings and recommendations, was published in December of 2021.⁸⁵ This document with tiered project lists was shared with the public, and community feedback was invited to assist in editing, refining, and adding to the list. The public input period closed in late January 2022, and Town staff were tasked with revising the list of priorities again. This revised list was presented in March of 2022, and included a focus on the revitalization of the Benn High building. The Bennington Select Board instructed Town staff to continue investigating the potential for the project to take place, funded with ARPA dollars and a constellation of other funding sources. The Town identified that a public-private partnership would unlock funds not otherwise available to a municipality or private developer acting in isolation.

Hale Resources, LLC emerged as the private partner in that public-private partnership. While the Town of Bennington entered into an agreement with the present owner to gain site control, an additional agreement was made with Hale Resources to begin pre-development work. Over time and through multiple iterations, proposed plans were developed detailing the design of the space, outlining potential programming, and identifying likely organizational occupants. An overview of these can be found below.

*This assessment is intended to examine the potential health and wellness impacts of the project as proposed at the time of document finalization and publication (May and June of 2023). The complexity and scale of the project lends itself to near-constant evolution and redesign. As such, those reading at a later date may see references to project plans or designs that have since changed.

Community Space

Of the building's 100,000 square feet, approximately 27,000 will be leased by the Town of Bennington to house the Bennington Senior Center, Meals on Wheels, and Berkshire Family YMCA gymnasium, exercise, and locker room space.

Bennington Senior Center

The Bennington Senior Center currently operates in a space at 124 Pleasant Street, located 0.4 miles away from the Benn High site. Open 8:00am to 4:00pm each weekday, the Senior Center engages individuals 50 years of age and older in recreational, cultural, educational, and other programs promoting health, connection, and fulfillment. There is no formal paid membership structure, and many classes or programs are offered free of charge, or for a nominal fee. The center offers standing weekly programs (such as painting group, Bone Builders, board games, bingo, and walking clubs) as well as special events (guest speakers, visiting professionals) and facilitated trips to out-of-town shopping centers or cultural events.⁸⁶

As proposed, the project would entail the relocation of the Bennington Senior Center from its current space into the ground floor of the Benn High building. The Senior Center space would occupy the area depicted in orange in the preliminary site map shown in **Figures 23 and 24** and would have access to shared spaces within the building, as well as YMCA space for recreational programming organized by the two organizations.

The co-location of the Senior Center with Meals on Wheels, the Berkshire Family YMCA, the Southwestern Vermont Council on Aging, and UVM Extension offers an opportunity for the Benn High building to offer a wide suite of senior programming collectively designed and delivered by the various tenant organizations. While the Senior Center currently shares a building with Meals on Wheels, and frequently partners with the YMCA, the siting of all organizations in one building has the potential to drive new collaborative efforts.



Figure 22 Current Bennington Senior Center

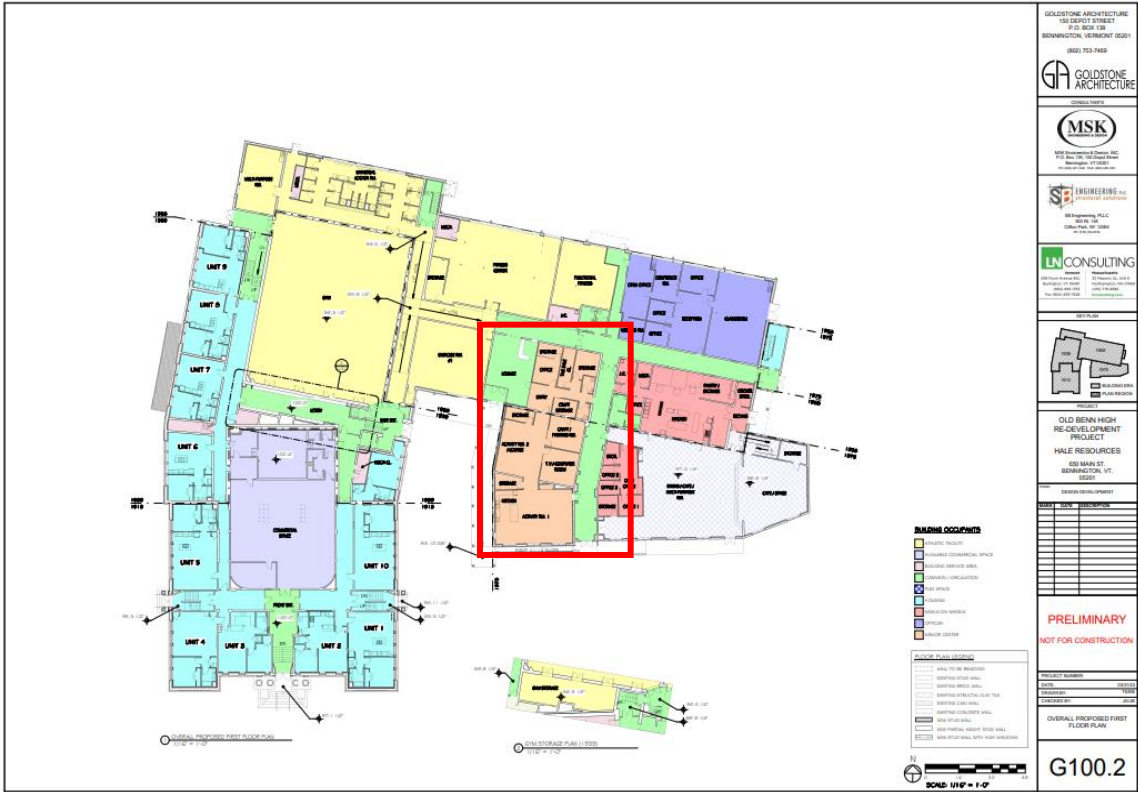
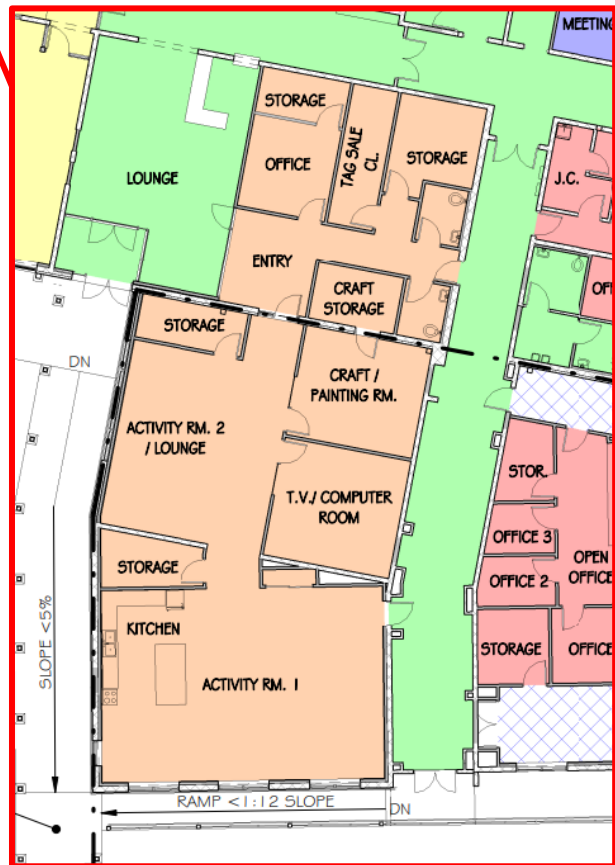


Figure 23 First Floor of Benn High Redevelopment

Figure 24 Proposed Senior Center Space (orange)



Meals on Wheels of Bennington County

Meals on Wheels of Bennington County is also currently located at 124 Pleasant Street and would be relocated to the Benn High building as part of the project. The space designated to Meals on Wheels is indicated in red in **Figures 26 and 27** and includes the crosshatched dining/café area. Meals on Wheels is administered by the Southwestern Vermont Council on Aging.



Meals on Wheels
of Bennington County

In addition to delivering meals to clients' homes, Meals on Wheels offers congregate meals every weekday from 11:30am to 1:00pm in its Bennington location. Additional meal sites are located throughout the county. There is no fee for service for either home-delivered or on-site meals; a donation of \$4 is suggested to help cover costs. The average donation provided by diners is \$0.86.

Individuals are eligible for Meals on Wheels delivered meals if they are 60 or older, and are "unable to obtain or prepare meals on a temporary or permanent basis due to:

- A physical or mental condition.
- Lack of, or inadequacy of, facilities.
- Inability to shop, cook or prepare meals safely.⁸⁷


The Meals on Wheels services, including the café, offer not only a stable source for nutritious food prepared from scratch, but also social connection and linkages to other senior programming, including the Bennington Senior Center programming and other Southwestern Vermont Council on Aging supports.

(Our mailing address is:
Meals on Wheels of Bennington County
124 Pleasant Street
Bennington, VT 05201

Meals on Wheels of Bennington County
March

Bennington Cafe Meal Site
Monday - Friday 11:00 am - 1:00 pm
124 Pleasant Street, Bennington
442-8012

Age 60+ a minimum donation
of \$4.00 is encouraged.
Under 60 there is a charge of \$5.00
SENIOR HELP LINE: 1-800-642-5119

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Menu is subject to change without notice due to product availability and nutritionist discretion. Our milk is 1%.	Home delivered meal recipients: If you need to cancel your meal, please call 442-8912 and press 4. Call at least 24 hours before or as soon as you can. We cannot leave meals unattended. Thank you.	Chicken Pot Pie Dilled Carrots Creamed Spinach Whole Wheat Bread Jell-O Cup	Macaroni & Cheese Diced Stewed Tomatoes Mixed Vegetables Whole Wheat Garlic Roll Peach Cobbler	Hot Dog on Roll Baked Beans Broccoli Cuts Toss Salad Melon
6	7	8	9	10
Chicken Enchilada Bake Spanish Rice Sweet Corn 3-bean Salad Mandarin Oranges	Meat Lasagna Mixed Beans Whole Wheat Garlic Toast Garden Toss Salad Diced Pears	Glazed Ham Dinner Baby Carrots Southern Greens Whole Wheat Bread Coleslaw Oatmeal Cookie	Broccoli Stuffed Chicken Roasted Potatoes Brussel Sprouts Beet Salad Brownie	Ham & Cheese Melt Stewed Tomatoes Green Beans Garden Salad Pineapple Cup
13	14	15	16	17
Goulash Chef's Choice Vegetable Whole Wheat Garlic Roll Mixed Beans Garden Toss Salad Fruited Jell-O Cups	Old Fashion Baked Chicken Rice Parslied Potatoes Spring Mix Salad Cranberry Sauce Cupcake	Fish Sandwich on Whole Wheat Roll Peas & Carrots Rice Pilaf Spinach Salad Vanilla Pudding	BIRTHDAY MEAL Corn Beef & Cabbage Braised Carrots Boiled Potatoes Biscuit Coleslaw Birthday Cake	CAFÉ CLOSED Salmon Steak Rice Pilaf Peas & Carrots Caprese Salad Fresh Fruit  ST. PATRICK'S DAY
20	21	22	23	24
Tuna Boat 3-bean Salad Cucumber Dill Salad Potato Chips Banana	Stuffed Pepper Wild Rice Baked Apple Carrot Salad Strawberry Shortcake	Turkey Barley Stew Sweet Potato Wax Beans Herbed Biscuit Fruit	Fettuccini Chicken Alfredo Whole Wheat Roll Broccoli Florets Toss Salad Orange	Egg Salad Cold Plate Cottage Cheese Coleslaw Hawaiian Roll Ambrosia
27	28	29	30	31
Shepherd Pie California Blend Vegetables Whole Wheat Roll Garden Salad Apple Berry Crisp	Chicken Divan White Rice Diced Beets Cheddar Biscuit Fresh Fruit Cup	Meat Spaghetti Cauliflower Whole Wheat Garlic Bread Caesar Salad Strawberry Yogurt	Pork Stir-fry Brown Rice Mixed Vegetables Whole Wheat Bread Applesauce	Vegetable & Cheese Quiche Baked Potato Mixed Vegetables Garden Toss Salad Oatmeal Raisin Cookie

Meals on Wheels of Bennington County is a 501(c)(3) organization.

Figure 25 Example Meals on Wheels Congregate Meal Menu

Berkshire Family YMCA & Bennington Recreation Center

The Berkshire Family YMCA (BFYMCA) oversees all operations (both staffing and programming) of the Bennington Rec. Center. The BFYMCA currently operates the Bennington Rec. Center's location on Gage Street (including a pool, a cardio room and a weight room) and additionally runs programming from the Bennington Sports Center Gymnasium, located on School Street. In both locations, the BFYMCA offers group fitness programming, afterschool and summer programs, intergenerational activities, children's play groups, and more.



The current fee structure charges Bennington residents differing prices based upon age and offers a senior citizen discount for those aged 62 and older. Non-Bennington residents are also able to use the facility for a higher monthly or annual rate.⁸⁸

The BFYMCA currently collaborates with other partners involved in the Benn High project, and additionally provides event space and tailored programming for other community organizations, most notably the Southwest Vermont Supervisory Union.⁸⁹

Information about the health impacts linked to these community organizations can be found in the [Access to Community Services](#) chapter.



Figure 28 Bennington Recreation Center

Housing

Approximately 70,000 square feet of the Benn High building will be dedicated to the creation of nearly 40 apartments, including studio, one bedroom, and two-bedroom units. Ten units are slated for the first floor, in the original brick space initially built in 1913. On the second floor, above those units and within the more recently constructed space above the community space, another 27 units will be added. The units are grouped according to rental amount. The units have been referenced in various ways. The lower-cost rentals have been termed “affordable units”; “low-income housing tax credit” (LIHTC) units; “low-income rentals” and “workforce housing.” For the purposes of this report, these units will be referenced as “LIHTC units” as many of the other terms can be subjectively defined and misinterpreted. The other rental units have been referred to as “market-rate units”; “unrestricted units”; or “non-affordable units.” Through the remainder of this report, the term “unrestricted units” will be used.

Unrestricted Apartments

The unrestricted units will be located on the first and second floors in the western portion of the building, as shown in **Figures 32 through 35**.

Due to requirements posed by the various funding sources leveraged for the redevelopment, the unrestricted apartments and the LIHTC apartments will be situated in separate portions of the building. As such, the interior design of the units is subject to different requirements and restrictions. **Figure 31** shows a proposed image of the interior of one of the unrestricted apartments.

The market rent (defined as “the rent that an apartment, without rent or income restrictions or rent subsidies, would command in the primary market area considering its location, features, and amenities”)⁹⁰ in Bennington was calculated in a recent market study completed for the Benn High project.⁹¹ From that study the average gross rents including utilities are:

- Studio: \$897
- One bedroom: \$1,122
- Two bedroom: \$1,184



Figure 31 Example Apartment (Unrestricted)

Figure 34 Second Floor of Benn High Redevelopment

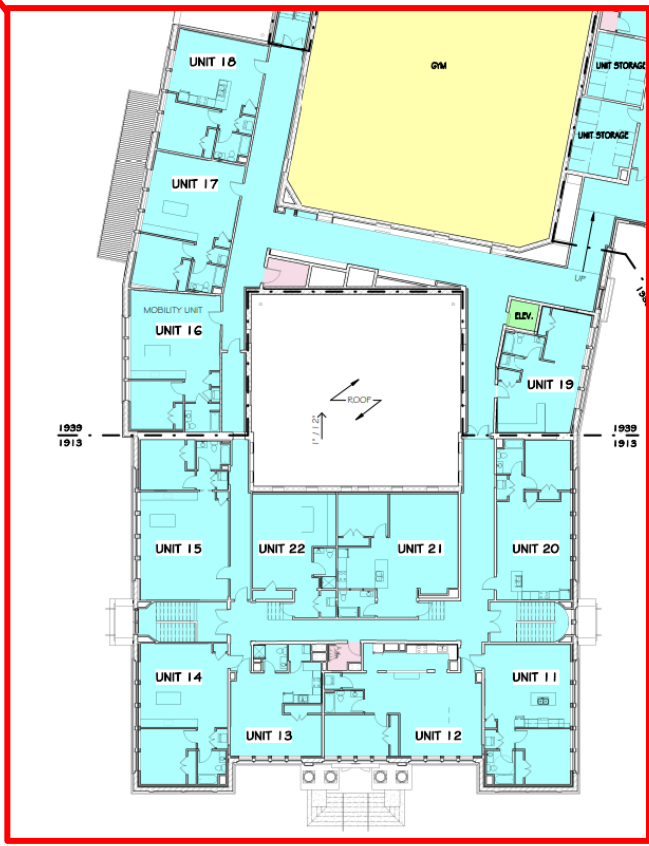


Figure 35 Second Floor Unrestricted Apartments (blue)

LIHTC Units

The LIHTC program “provides tax incentives, written into the Internal Revenue Code, to encourage developers to create affordable housing.”⁹² When combined with additional sources of federal or state funding, these tax credit subsidies allow for the provision of units that are affordable to those with low or modest incomes.

Rental costs for LIHTC units are benchmarked according to the Area Median Income (AMI). The AMI is the midpoint in the distribution of incomes across a given area (not the “average” income). Thresholds are set according to tiers:

1. Low income (for individuals at or below 80% of AMI)
2. Very low income (for individuals at or below 50% of AMI)
3. Extremely low income (at or below 30% of AMI).⁹³

The Benn High project will provide units for those at or below 60% AMI. In Bennington County, the most recent income limits are shown below.

Table 20 HUD Income Limits FY 2022 Bennington County⁹⁴

Household Size				
	1 person	2 people	3 people	4 people
Low income (at or below 80% of AMI)	\$30,000	\$34,300	\$38,600	\$42,850
Very low income (at or below 50% of AMI)	\$18,000	\$20,600	\$23,150	\$27,750

2023 Fair Market Value (FMR) as calculated by HUD can provide a starting point for understanding rental costs for these units. FMR is “the 40th percentile of gross rents for typical, non-substandard rental units occupied by recent movers in a local housing market.” The FMR is calculated through a methodology that considers inflation, bedroom ratios, previous FMRs, and much more.⁹⁵

Table 21 HUD FY2023 Bennington County FMR by Bedroom Sizes⁹⁵

Bedroom Size			
	Efficiency	One-Bedroom	Two-bedroom
FMR 2023	\$849	\$886	\$1,120

A deeper analysis of the importance of housing, and recommendations relative to the Benn High project’s housing, can be found in the following chapter.



Figure 36 Example Apartment (LIHTC)



Figure 37 Example Apartment (LIHTC)

Figure 38 Second Floor of Benn High Redevelopment

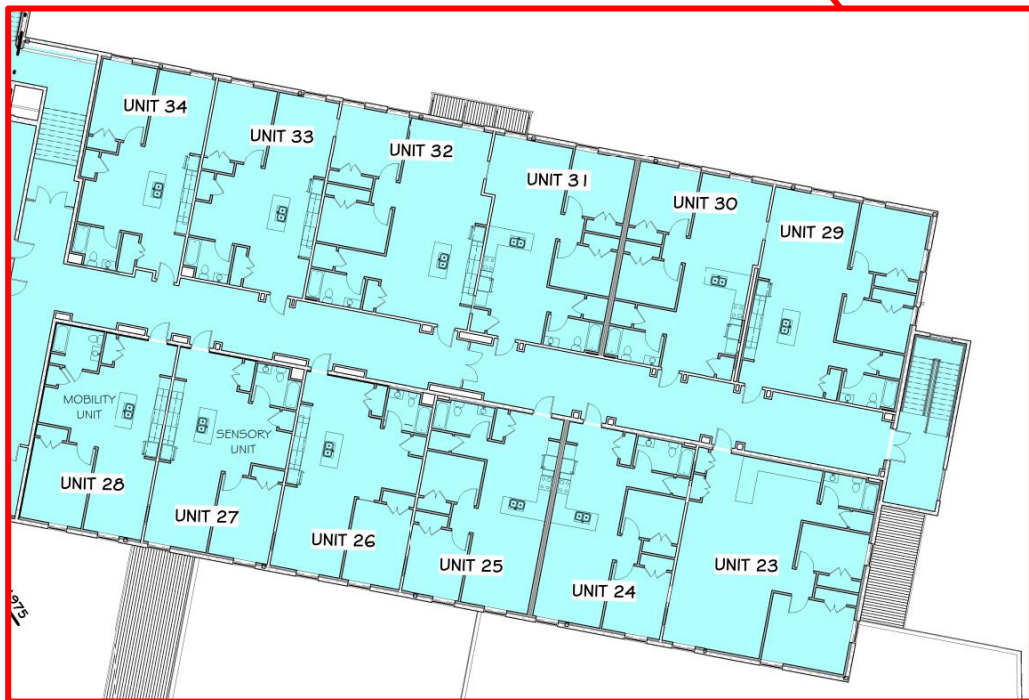


Figure 39 Second Floor LIHTC Apartments

Southwestern Vermont Council on Aging

The Southwestern Vermont Council on Aging provides programs and services designed to promote the health, wellness, dignity, and independence of older Vermonters. SVCOA provides a HelpLine which provides information and referrals to financial, nutrition, housing, transportation, and other supports; case management and counseling; nutrition education; physical activity and other wellness programs; volunteer and community connection opportunities; and more.⁹⁶



The current location of the Southwestern Vermont Council on Aging does not particularly lend itself to in-person visits and can be difficult for those with disabilities to access. Individuals typically visit the space for participation in the State Health Insurance (SHIP) Program, which provides health insurance counseling for current or future Medicare beneficiaries.⁹⁷ The new space in Benn High would offer increased opportunities to organically connect with participants in Meals on Wheels, Senior Center, and BFYMCA programming to proactively identify and address needs.



Figure 42 SVCOA Staff

University of Vermont (UVM) Extension

UVM Extension serves the state of Vermont with research, education, and outreach to support healthy communities. Programs are provided related to:

- Community Development
- 4-H, Family, and Farmworker Education
- Natural Resources and Environment and
- Agriculture and food Systems.⁹⁸



Virtual and on-site programming is offered by UVM Extension; however, Bennington's current office located on the second story of the building at 310 Main Street doesn't necessarily lend itself to high visibility. UVM 4-H programming has recently been taking place in the Benn High building, where a robotics course has been successfully held.

A visible and prominent downtown location for UVM Extension would likely help to catalyze increased programmatic awareness and engagement.



Figure 43 Current UVM Extension Bennington Location

Childcare Facility

Proposed for the basement of Benn High is a childcare facility designed to accommodate 66 children, including infants, toddlers, and preschoolers. The management and administration of the facility would likely be the responsibility of the Berkshire Family YMCA which offers similar programming in its other locations in Pittsfield and Northern Berkshire. As advertised, those services charge \$64.00 per day for infant care, \$58.00 per day for toddler care, and \$45.00 per day for pre-kindergarten care.⁹⁹

The plan for the childcare space offers rooms for each age group, an important feature following the wake of pandemic-era restrictions that tightly governed the safe use of space in such facilities. The state of Vermont's Department for Children and Families provides regulations, guidance, rules, policies and procedures to closely monitor the provision of childcare to ensure a safe and nurturing environment.¹⁰⁰



Figure 44 Other BFYMCA Childcare Location

Figure 45 Basement of Benn High Redevelopment



Figure 46 Proposed Childcare Center (tan)



HOUSING

“Housing is the basis of stability and security for an individual or family. The centre of our social, emotional and sometimes economic lives, a home should be a sanctuary—a place to live in peace, security, and dignity.”

– Office of the High Commissioner, United Nations

Background

Housing is a foundational determinant of health. Housing is not only a roof over one’s head and protection from the elements but is inextricably linked to many of the circumstances that govern wellness: air quality, proximity to services and food, safety, access to sanitation and cooking facilities, social connection, and more.¹⁰¹ Indeed, a conceptual model, developed to show the connections between health and housing, highlights four salient features of housing that serve as “pillars” that either support or erode the health of individuals and communities.¹⁰²

The next four sections review these four pillars, shown in **Figure 47**, and their impact on health and wellness.

Cost

The cost of rental housing can determine where individuals and families live, and their ability to finance the purchase of other necessities. A recently published article states that “the combination of rising housing costs and muted income growth has resulted in many households devoting a large and increasing share of their income to shelter.”¹⁰³ The U.S. Department of Housing and Urban Development determines that families paying more than 30% of income for housing are considered “cost-burdened.”¹⁰⁴ Those paying more than 50% of income on rent are considered severely cost-burdened. The United States Census estimates that 13.4% of renters in the Town of Bennington pay 30-35% of their income towards rent; an additional 49.4% of renters in the Town of Bennington pay 35% or more of their income towards rent.¹⁰⁵ The HUD definition has been critiqued for its blanket threshold of 30%, as it does not account for high or low-incomes, cost of living, or family size and age.¹⁰⁴ Regardless of definition, however, when households are dedicating a majority share of income towards housing costs, financial adjustments are frequently necessary. Families may move to cheaper housing which might be substandard or located far from economic and educational institutions; expenditures related to food, health, or energy may also be curtailed. This can lead to wide-ranging impacts, extending beyond the rent-burdened family and impacting the broader community’s economic, workforce, and educational vitality.¹⁰³

Children are found to be at the nexus of health and housing costs; families with children who were severely rent burdened were shown to be more likely to experience food insecurity, or to

Figure 47 Housing Features Important to Health



not have health insurance, than other families without children.¹⁰⁶ Another study found that families with low-incomes who had difficulty paying rent were more likely to delay seeking treatment for medical care, and to ultimately use the emergency room for treatment.¹⁰⁷ Children in families on subsidy waiting lists were found to have less physical growth than those in families receiving housing subsidies, further affirming a correlation between housing costs and nutritional outcomes for children.¹⁰⁸

Renters with low incomes are more likely to have poorly regulated temperatures in their units, as lower quality units may be more poorly insulated with less cost-efficient heating and cooling mechanisms that are too costly to finance.¹⁰⁸

An attempted review and summary of four decades of literature and research looking at the predictors of homelessness indicated that among other factors, poverty has seen an increase as a predictor of homelessness over time.¹⁰⁹ The merging of stagnant wages and rising rental and other costs has left some individuals not in substandard housing, but without housing altogether. In 2022 in Bennington County, 182 households including 278 persons were included in the Point In Time Count, the annual count of individuals experiencing homelessness in the county. Of the individuals counted, roughly half were experiencing homelessness for the first time.¹¹⁰ The commitment to reserve three units in the Benn High building for those who have previously experienced homelessness will serve as an initial step toward meeting the ever-mounting housing needs for those who are unsheltered in Bennington.

There is some evidence that housing affordability is not necessarily sufficient for improving health outcomes in the broad sense. A recent systematic review found limited evidence that promotion of housing affordability and stability were correlated with improved health outcomes.¹¹¹ A systematic longitudinal study found that those receiving rental assistance after being on a wait list to receive a voucher had significantly reduced stress but was associated with a non-significant decrease in psychological distress. This could indicate that receiving rental assistance alone is not enough to alleviate the psychological burden that inadequate housing can have.¹¹² These findings lend themselves to the concept that additional programming and supports may need to be combined with housing affordability interventions to truly improve public health.

Conditions

In addition to affordability, the quality of housing can greatly contribute to a wide range of health outcomes. While these conditions can have deleterious impacts on an individual or family's health, they can also have a substantial cost to the community. So-called "exported costs", or the societal ramifications of poor-quality housing, include expenses related to health care, education, police and judicial systems, and emergency services.¹¹³

One health outcome routinely linked to housing conditions is asthma. Asthma is one of the most common chronic diseases in the United States, and Vermont is no exception (in fact, in 2019, Vermont had the second highest rate of adult current asthma in the United States).¹¹⁴ Twelve percent of Vermont adults have asthma,¹¹⁵ as do over eight percent of children, a condition that can be triggered and exacerbated by indoor and outdoor pollutants such as

pollen, pollution and particulate matter, smoke, and mold.¹¹⁵ Current child asthma prevalence is higher in Bennington County than Vermont as a whole, with 15% of Bennington County children having asthma. Vermonters who own homes are less likely to have asthma than those who rent.¹¹⁴ (10% of Vermonters who own homes have asthma compared to 15% of those who rent their home). Additional disparities in asthma rates are seen according to education and income, with those who didn't graduate high school, and those with incomes less than 125% of the federal poverty level more likely to have current asthma than Vermonters overall.¹¹⁴

Asthma is just one example of the potential health impacts related to substandard housing. The table below indicates the disease states that have been correlated with physical features of poor-quality housing units.

Table 22 Health Impacts of Poor-Quality Housing

Housing feature	Proximal health impact	Long-term health impact
Lead	Elevated blood lead levels	Impacts to intelligence, ¹⁰⁷ behavior, and development ¹⁰⁸
Lack of appropriate plumbing and sanitation amenities	Ineffective facilities to clean hands	Infectious disease ¹⁰⁸
Overcrowded units	Proximity to others	Respiratory infections, including tuberculosis ¹⁰⁸ Stress and depression ¹¹³
Inadequate heating and moisture control	Damp, cold, moldy housing	Asthma, ¹⁰⁷ respiratory infection, headaches, fever, nausea cardiovascular disease ¹⁰⁸ Anxiety and depression ^{108, 113} Allergies ¹¹³
Pests including cockroaches and mice	Allergens	Asthma ¹⁰⁸
Poor ventilation and air quality	Increased exposure to tobacco smoke or carbon monoxide or other indoor pollutants	Headaches, respiratory disease ¹⁰⁸ Exacerbation of existing asthma ¹¹³
Poorly designed spaces with lack of storage space	Increased hazards in space	Injuries sustained during fires, or falls ¹⁰⁸

As with cost, addressing only the quality of units available seems necessary but not sufficient for improving health. This further affirms the interconnected and interdependent nature of the four pillars described.¹¹³

Consistency

Stability is another key feature of housing that can promote positive health outcomes. Factors contributing to housing instability include some already mentioned in the previous sections such as change in income, raise in rent, or increase in other expenses making it difficult to

pay rental costs, as well as overcrowding and substandard housing conditions.¹¹⁶ Housing instability can result in forced moves, such as an eviction, though there is no national estimate of the frequency of eviction.¹¹⁶ Multiple moves have been associated with behavioral problems among children, a heightened risk of teen pregnancy, depression, and substance use,¹⁰⁷ as well as detrimental impacts to education particularly if schooling is disrupted.¹¹⁷ For low-income renters, residential and mobility choices can be constrained by lack of choice, landlord discrimination, and crises including domestic abuse or loss of employment. As one analysis observed, “instead of considering all the choices and choosing well-balanced solutions among push and pull factors through a reasoned thought process, low-income households make coping or reactive moves as temporary escapes from critical problems created by negative circumstances beyond their control.”¹¹⁷

A nationally representative sample of adults with low incomes indicated that housing instability is correlated with food insecurity, and with poor access to health care and high rates of acute health care use, such as visits to the emergency department.¹¹⁸ While housing instability can be a precursor to homelessness, this has not been adequately established.¹¹⁶

Context

Not only does an individual housing unit matter for health, but so too does the neighborhood in which the unit is situated. Currently, the housing need in Bennington encompasses all income levels and types, indicating that no one neighborhood can support the full solution to the housing market’s shortcomings. According to a recent study completed regarding housing in the Town of Bennington: “There is a total need for appropriate housing for 604 renter households and 452 homeowner households.” The greatest housing need by income was found to be for low-income households with annual incomes under \$15,000.¹¹⁹

The shortage of affordable housing for individuals along the income spectrum has been cited as attributable, in part, to “the economics of housing development... little housing development has been occurring because rental rates do not support the relatively high construction costs of housing development. As a result, it is difficult to finance projects and achieve a reasonable return on investment for the private sector.”¹¹⁹ **Figure 48**, sourced from the Federal Reserve Bank of St. Louis, created using US Census Bureau data, visualizes the number of housing units created in Bennington County annually, and displays a precipitous drop beginning in 2004.¹²⁰

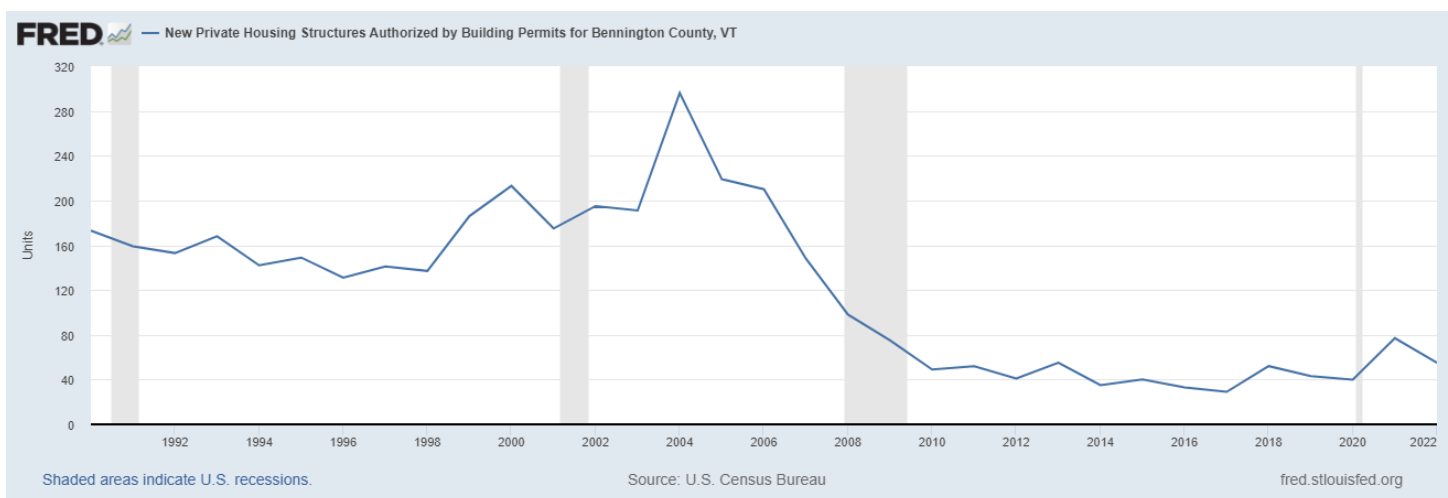


Figure 48 New Housing Structures Permitted in Bennington County

A key feature of the Benn High Redevelopment Project is its incorporation of housing for multiple income levels. Research regarding mixed-income housing has generated a wealth of data related to health and other outcomes.

When examining the financial realities and logistics of funding new housing, mixed-income developments have shown promise to “harness private-sector interest in urban revitalization in order to generate the production of high-quality affordable housing.”¹²¹ But not for the unique constellation of funding sources available to complete mixed income projects, no development or investment may happen at all. A review of large housing programs such as HUD’s HOPE VI concluded that mixed-finance developments “have been able to bring market activity and quality of life back to long-neglected neighborhoods.”¹²² From a health equity perspective, a pause is warranted for careful consideration of this statement. Historically disinvested neighborhoods do warrant attention and remediation of systemically exclusionary practices, but the assumption should not be made that all attention and investment will result in positive outcomes for all, particularly for residents with low incomes.

Mixed income housing has been championed as a remedy for concentrated poverty, the result of a disinvestment cycle, wherein lack of private capital encouraged middle class flight, which further disincentivized investment and resulted in “high service burdens” for municipalities.¹²³ The concept of mixed-income housing is viewed as an influx of financial support realized as improved physical and social infrastructure, both for the neighborhood and the broader community. Goetz argues that the concept of poverty concentration alleviated through mixed-income housing is, at its core, a flawed premise. He argues that mixed income housing will, essentially, distract attention away from the needs of those in poverty, and dilute their power.¹²⁴ Rather than supplementing the incomes of current residents, “the conclusion seems paradoxically to be that the best way to help poor people is by not having too many other poor people around.”¹²⁵ In sum, those with lower incomes are assumed to be the beneficiaries of the influx of market rate-paying individuals in their community, though that might not be the case.¹²⁶

For instance, one of the hypothesized goals for mixed-income housing developments has been that, by nature of proximity and exposure, individuals will form social connections and supports across socioeconomic lines. One hypothesis behind this increased social capital is presumed to assist lower-income residents to advance social mobility, based on seeing higher income peers “modeling” certain behaviors. This “cultural deficit argument” has been widely questioned by researchers, as findings have indicated that only placing individuals in close quarters without thought toward building and community design, will not provide much, if any, social connection or support to one another.^{127,128}

Instead, increased social capital and upward mobility relies in part, on the presence of neighborhood resources such as grocery stores, libraries, and common spaces.¹²⁸ In addition to community resources, specific design elements may be helpful in promoting genuine, non-patronizing social connection between socioeconomic strata.¹²⁹ Indeed, mixed-income developments designed without the consideration of interpersonal and community context can perpetuate or even exacerbate inequities.¹³⁰ Highly visible reminders of the social differences between market rate paying renters and individuals with lower incomes (separate doors, differences in amenities or quality of materials), can have deleterious effects on neighborhood pride and social connection.

In addition to physical design, care should be taken regarding the cues and programming directed towards residents living in, and near, mixed-income housing. Introducing market-rate payers to a historically disinvested neighborhood can cause current community members to feel surveilled, and that it is necessary to “keep a low profile” to avoid attention that could result in disciplinary or eviction actions. In some studies, social isolation has actually increased over time, as lower income residents feel judged or stigmatized by new neighbors.¹²⁹ This stigma can result in increased calls to police from market rate tenants about lower income tenants engaging in behaviors that sometimes aren’t illegal, just unfamiliar.¹²⁷ Considerations about acceptable behavior can vary based on income, and can be further complicated by “racial dynamics that undergird the generation and reproduction of poverty.”¹³¹ These potentially detrimental interactions can be mitigated through a variety of actions including the explicit creation of public space, as well as deliberate, authentic, and responsive inclusion of affected residents in planning and design decisions.¹³¹ Indeed, the explicit creation of public spaces has been demonstrated to have a strong effect that can mitigate in-building design features that do not, on their face, promote equity.¹³² Carefully engaging prospective market-rate tenants about the social goals of the development project can help to mitigate the potential for implicit bias to cause tension.¹²⁶

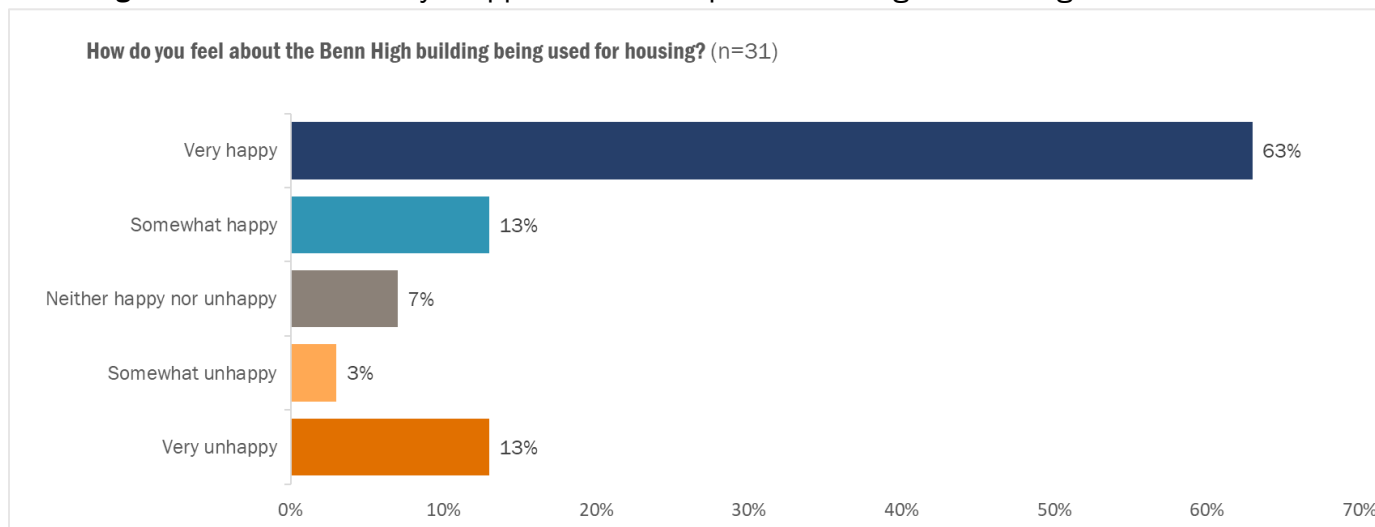
An additional recommendation to advance truly inclusive and equitable development is to not relegate mixed-income housing developments solely to lower income areas. By placing individual developments in certain neighborhoods, and not addressing the root causes that allowed for concentrated disinvestment and the marginalization of individuals with lower-incomes, arguments have been made that developments work within harmful systems, rather than changing them. For instance, an investigation by the Connecticut Mirror and ProPublica found that since the mid-1980s “almost \$2.2 billion in low-income housing tax credits have been awarded to construct 27,000 affordable housing units in the state [of Connecticut].

About 80% were located in struggling communities.”¹³³ The exploration of placing affordable housing in predominantly wealthy neighborhoods would provide a balance. High-income tracts in the top 100 metro areas are “populated predominantly by single-family homes”, and are zoned as such, limiting the locations where mixed-income developments can be placed. According to an analysis by Kneebone, Reid, and Holmes, “Incentivizing localities to diversify the mix of housing types in all neighborhoods can foster greater economic inclusion. Inclusionary zoning, for example, can require or encourage the production of affordable units as part of market-rate development.”¹³⁴

In addition to those mentioned above, there are strategies that can help to promote positive outcomes from a mixed-income development placed in a lower-income census tract, and the Benn High project addresses many of them. As described in the [Disinvestment, Poverty, and Public Safety](#) chapter, the revitalization of vacant buildings can be an important aspect of a housing development; rather than displacing current residents, the Benn High project will only be adding new residents to the neighborhood. The increased tax revenue to come from the project is not to be ignored either, and the project’s proximity to downtown amenities, particularly the Green Mountain bus station, will encourage the continued development of a walkable downtown Bennington, potentially reducing greenhouse gas emissions. The preservation of the historic architecture is an additional cultural benefit of the project and could be a point of pride for new residents living in the space. If the project attracts a range of incomes, not just high and low, there are increased chances for social benefit and resultant poverty alleviation.

In summary, the potential benefits of mixed-income housing are community-dependent and will be resultant on the project design and accompanying programming as well as upon the community’s ability to amplify the mixed-income housing development’s effects through the establishment of a broader antipoverty and housing agenda.¹³¹

Figure 49 Resident Survey: Happiness with Proposed Housing in Benn High



RECOMMENDATIONS RELATED TO HOUSING

Design Recommendations

Promote access and use of indoor common space for all tenants, regardless of rent amount.

- Evidence indicates that simply placing individuals of differing incomes in one building does little to promote social ties across socioeconomic lines.¹²⁹ Common areas can help to increase informal interactions among residents, allowing for more significant connections to be established.^{128,129}
- The organization of public space, to promote chance encounters among residents, may do more to support social connection than the actual design/location of the housing units themselves.¹²⁹
- Poor design can lead to deepened divides,¹³⁰ while a carefully designed space can lower stress and contribute to a good quality of life.¹²⁶
- Facilitating indoor and outdoor gathering spaces can help to reduce social isolation¹³⁵

To the greatest extent possible, ensure parity in the design, appearance, and features of LIHTC and unrestricted units. Ensure equitable access to amenities as appropriate (for example, provide storage space for tenants in LIHTC apartments, not only those in unrestricted apartments).

- Lack of storage for LIHTC units has been correlated with injuries due to clutter, particularly during emergencies.¹⁰⁸
- Separate entries and amenities serve to deepen a divide between those in the LIHTC units and those in unrestricted units.^{126,136}

Improve community resiliency to climate change by maximizing tree canopy and green space, including ensuring green space on Pleasant Street side of Benn High building.

- Tree canopy and green space not only reduces the impact of extreme heat, but also promotes physical, mental, and social wellbeing.¹³⁷ These benefits should be extended not just to those on Main Street, but also to those living in nearby buildings on Pleasant Street.

Consider retaining some private green space for residents of properties abutting Benn High. Though the childcare center will require outdoor space of 75 sq. feet per child and fencing/hedging around the perimeter of the outdoor play area, maintaining some private greenspace for the tenants nearest the building will ensure that they benefit from the health improvements provided by easy access to greenspace.

- Private greenspace can provide a range of benefits to tenants¹³⁸; ensuring that nearby tenants can access this benefit in addition to users of the Benn High space may help to facilitate good will and social connection.¹³⁹

Consider incorporating universal design features in all apartments.

- With the understanding that Vermont is an aging state and Bennington is an aging community, making small design modifications to dwellings can help to facilitate safe aging in place. Whether the height of kitchen counters, convenient grab bars in bathrooms, or other inexpensive features, creating age-friendly apartments from the start can be a wise investment in the health and wellbeing of tenants and their families/visitors.¹⁴⁰
- Relatedly, incorporating universal design principles can help to ensure accessibility of dwellings beyond that required by residential or other building codes.¹⁴¹ The Residential Universal Design Building Code offers room-by-room features amenable to modification that support universal accessibility; they are not specific to any disability, but list features that make homes that are comfortable and usable for all.¹⁴²

Programming Recommendations

Use the Vermont Department of Health's Smoke- and Vape-Free Housing toolkit and signage to promote clean indoor and outdoor air and reduce harmful exposure to secondhand smoke.

- Supporting a smoke- and vape-free apartment can help support the physical and mental health of all tenants and visitors to the Benn High Building.^{143,144} Using the evidence-based toolkit provided by the Vermont Department of Health can help to ensure a healthy environment that also provides supports for those looking to quit smoking or vaping.

Policy Recommendations

Examine local-level housing initiatives that promote affordable housing and minimize risk of displacement, such as Community Benefit Agreements.

- As additional housing development takes place in Bennington in the wake of the redevelopment of the Benn High building, ensuring that long-time residents are not priced out of the area would be a valuable step in promoting community health.¹⁴⁵⁻¹⁴⁷

Consider offering relocation assistance (financial, referral, or otherwise) to tenants as needed as affordability and income restrictions evolve over time.

- If rental costs or unit eligibility requirements are adjusted in ways that could potentially dislocate tenants, consider cost-effective ways to support tenants in finding safe and affordable housing elsewhere.¹⁴⁸

SOCIAL CONNECTION AND PRIDE IN PLACE

“We cannot live only for ourselves. A thousand fibers connect us with our fellow men; and among those fibers, as sympathetic threads, our actions run as causes and they come back to us as effects.”

– Herman Melville, American novelist

Background

The HIA Steering Committee selected social connection as an important determinant of health to examine, given the Benn High building’s location near existing residences and the commensurate potential of the project to either increase or otherwise affect the social fabric of the neighborhood and community. As information was gathered relative to community connection, the associated concepts of self-efficacy and place identity were also identified as important to explore. These terms are defined below.

- **Social connectedness** is a sense of belonging to a group, family, or community. It encompasses not only the number of individuals in one’s social network, but by the quality of the relationships as well.¹⁴⁹
- **Self- efficacy** is an individual’s belief in his or her capacity to execute the behaviors that are necessary to produce specific performance attainments. This is a different concept than self-esteem, in that self-efficacy refers to one’s confidence in their ability to exert control over their own motivation, behavior, and social environment.¹⁵⁰
- **Place identity** encompasses those dimensions of self that define the individual’s personal identity in relation to the physical environment by means of a complex pattern of conscious and unconscious ideas, feelings, values, goals, preferences, skills, and behavioural tendencies relevant to a specific environment.” It’s been theorized that someone’s connection and affinity to a particular place is just as foundational to constructing identity as “gender, ethnicity, or class”.¹⁵¹

These notions are influential to individual and community health. Social connection and self-efficacy are associated with a number of health outcomes, including one’s risk for premature mortality.¹⁵² Using the breadth of approaches available to measure the concept, “being socially connected is associated with a 50% reduced risk of early death.” Indeed, social isolation has been shown to be a predictor of mortality on par with smoking and high blood pressure.¹⁵³ A longitudinal study focusing on persons over 60 years old indicated that loneliness is a common source of distress, suffering, and lower quality of life, and is associated with lower ADL’s, difficulties with upper extremity tasks and mobility, and heightened risk of death.¹⁵⁴

An individual’s place identity, or connection to their neighborhood, can be affected by negative reputations; stigma relating to a neighborhood not only affects residents’ everyday lives, but can also lead to disadvantage and poor outcomes, a kind of prophecy fulfilled. This stigma

can be internalized, negatively impacting one's self-efficacy and understanding of themselves. Individuals who feel that their neighborhood has a poor reputation are more likely to display severe psychological distress and have more days with poor mental health.¹⁵⁵ One study found that, in Chicago, a neighborhood's reputation in 1995 was a stronger predictor of poverty in 2000 than almost anything else, even including the neighborhood's poverty level in 1995.¹⁵⁶

Social Connectedness

In Bennington, 36.5% of households are occupied by individuals living alone, compared to 30.7% of Vermont households.^{38,157} While living alone does not automatically indicate loneliness (the subjective, self-determined feeling of being alone), it can contribute to social isolation.¹⁵⁸

The survey of residents living near the Benn High Redevelopment site indicated that a significant portion of respondents do not feel connected to others in their neighborhood. Additionally, over one in four respondents indicated that they “never” or “seldom” have other people on which they can rely.

Figure 50 Resident Survey: Connection with Others in Neighborhood

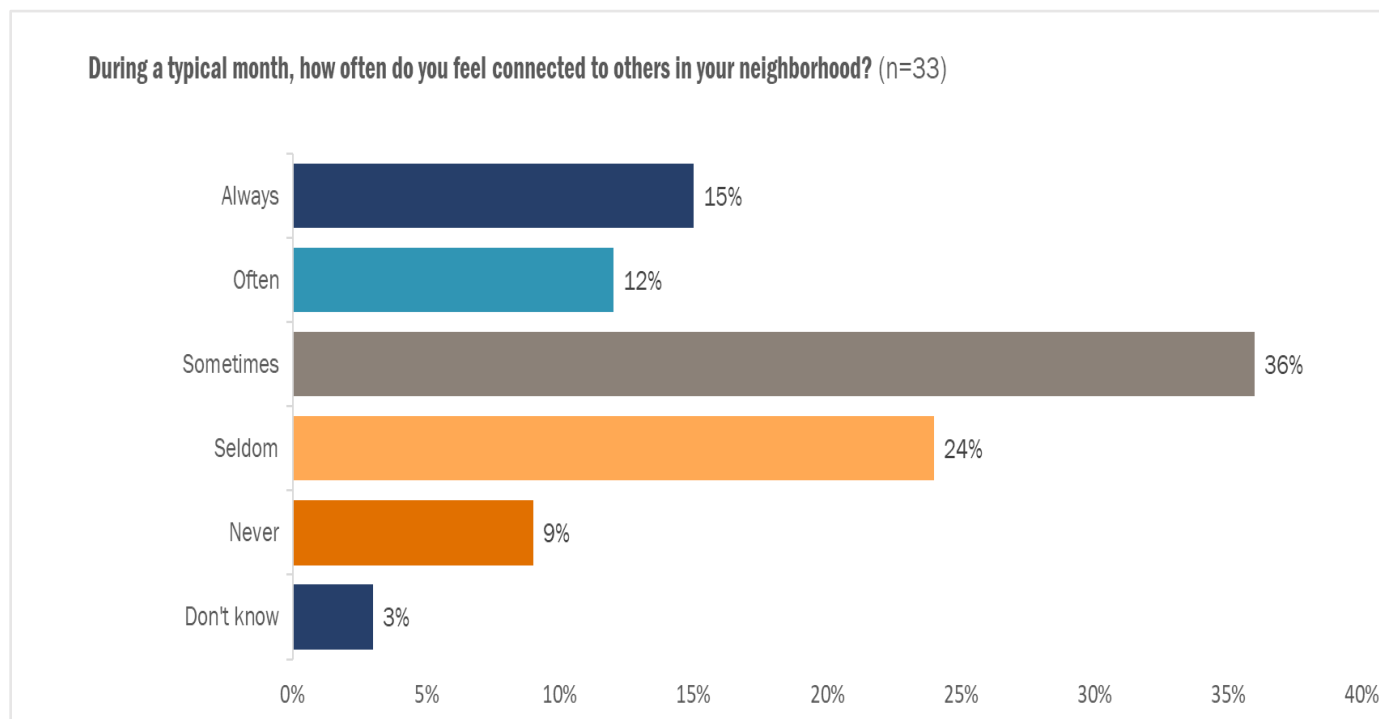
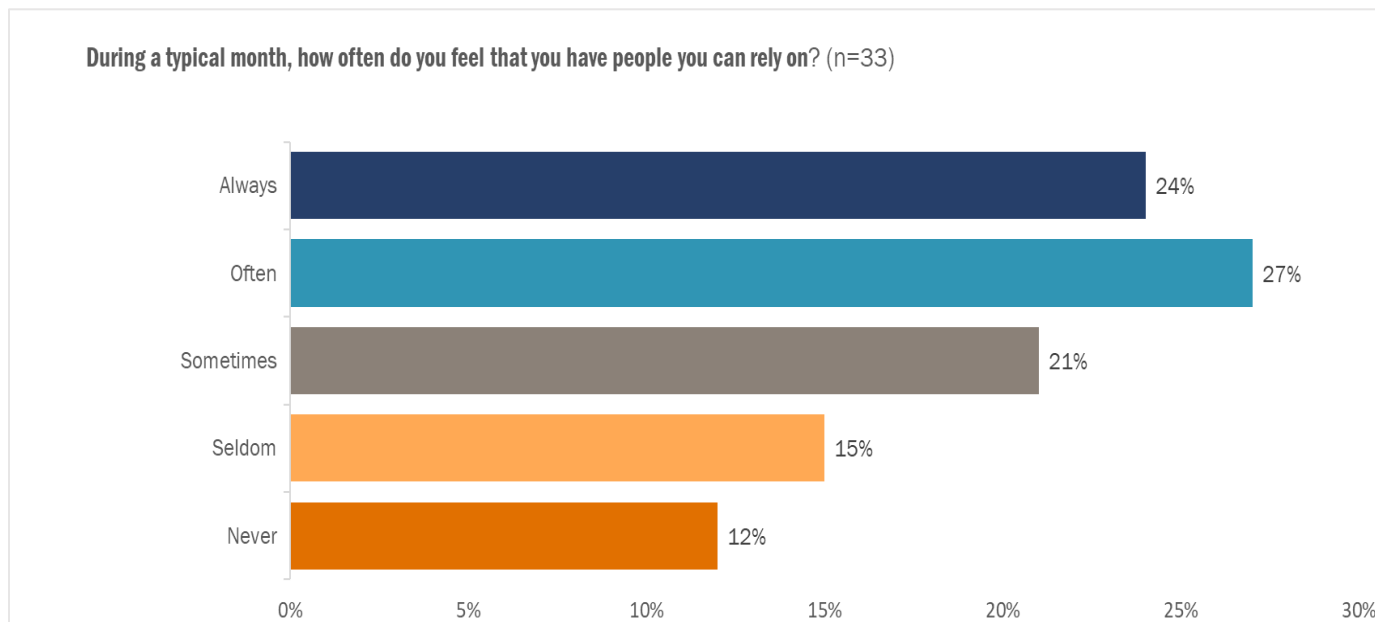


Figure 51 Resident Survey: Having People to Rely On



Additional indicators of social connectedness can be found by referencing Opportunity Insights’ Social Capital Atlas. The Social Capital Atlas provides county-level data for economic connectedness, cohesiveness, and civic engagement.¹⁵⁹

Regarding economic connectedness, Bennington County ranks lower than all other Vermont counties. The measure indicates “the share of high (above-median) income friends among people with low (below-median) incomes.” Bennington County “exhibits average economic connectedness: 40.2% of the friends of low-income people have higher incomes. Diving deeper into the information available, Bennington exhibits “low exposure” regarding the percentage of high-income people that people with low incomes meet. Additionally, the index indicates that Bennington County exhibits “high friending bias”, indicating that lower income individuals are less likely to befriend higher income individuals that they meet. Bennington County also shows high “clustering” meaning that a high proportion of an individual’s friends are also friends with each other. Finally, the Social Capital Atlas also indicates that Bennington County has a high percentage of residents holding memberships with volunteer organizations, an important contributor to fostering both social connection and self-efficacy.¹⁵⁹

Figure 52 Bennington County “Exposure” (the percentage of people with high incomes that people with low incomes meet)

Exposure

Bennington County compared to counties in Bennington County, VT

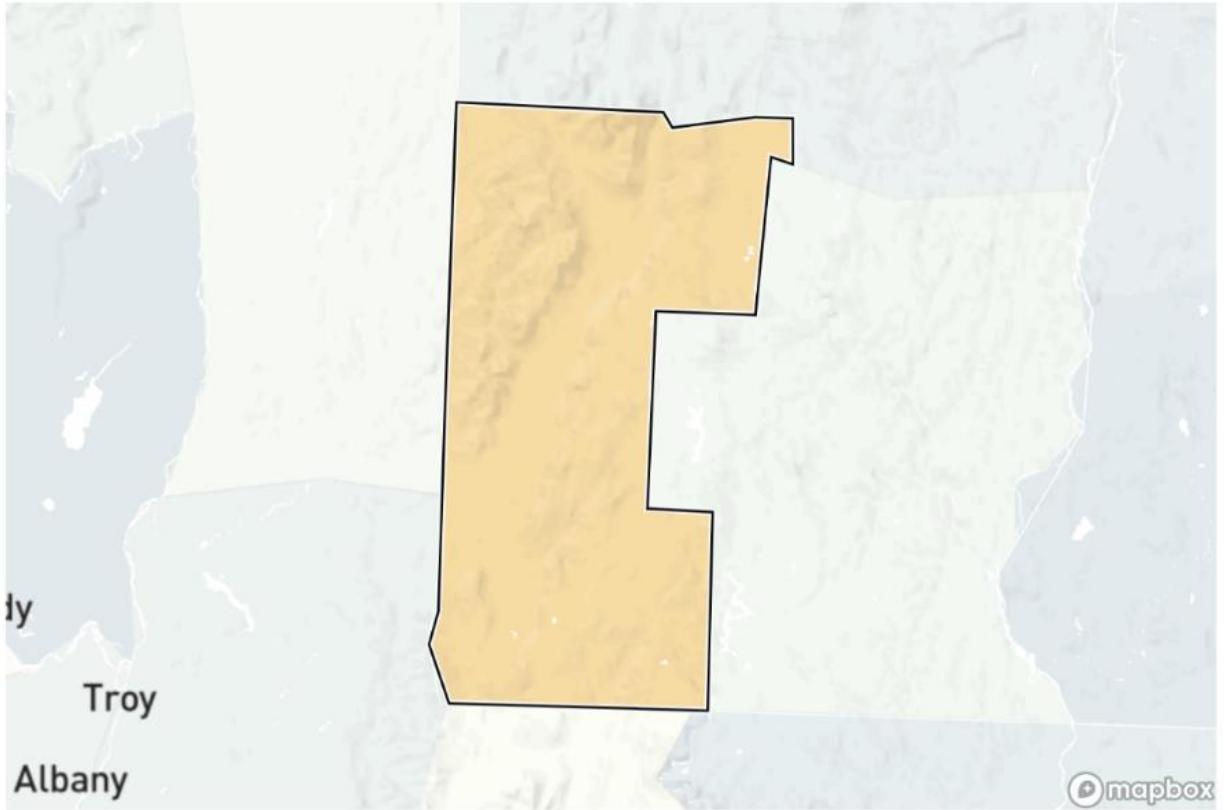


Figure 53 Bennington County “Friending Bias” (likelihood of individuals with low incomes becoming friends with individuals they meet with high incomes)

Friending Bias

Bennington County compared to counties in Bennington County, VT



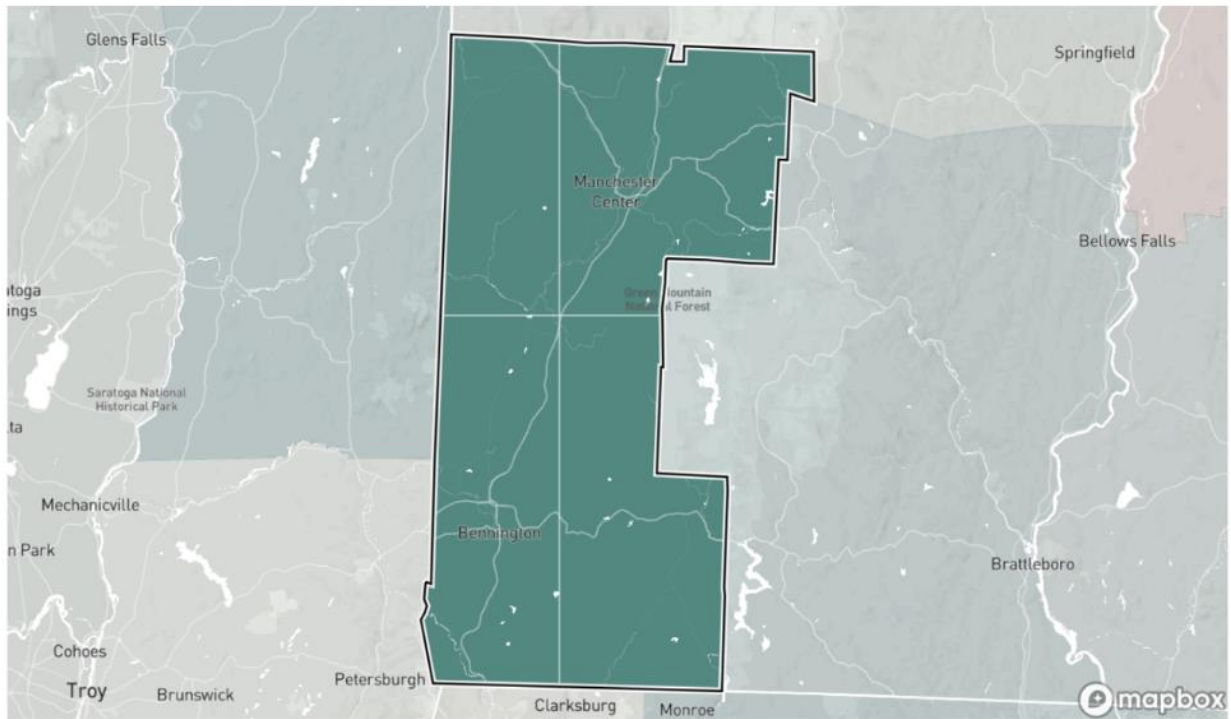
OPPORTUNITY INSIGHTS **SOCIAL CAPITAL ATLAS**

explore more at socialcapital.org | developed by Darkhorse Analytics | map created with © Mapbox, © OpenStreetMap

Figure 54 Bennington County Volunteer Rates

Volunteering Rates

Bennington County compared to counties in Bennington County, VT



OPPORTUNITY INSIGHTS **SOCIAL CAPITAL ATLAS**

explore more at socialcapital.org | developed by Darkhorse Analytics | map created with © Mapbox, © OpenStreetMap

There are neighborhood factors that can be influenced to promote social connection and reduce social isolation and exclusion. As stated in an article by Bulger et al, social inclusion is not only a goal or health outcome to be measured, but is in itself a process that needs to take place within structural frameworks, neighborhood dynamics, and interpersonal interactions.¹³⁶ This can include design modifications to promote interpersonal connection; incorporation of community resources in a project to promote neighborhood connections; and opportunities for residents not only to be informed or offer feedback about a project, but to be empowered to participate more fully in the decision-making processes. Particularly in regard to mixed-income settings, it can be important to recognize that social dynamics that can “reinforce the marginalization of low-income residents” and that the more diverse a community is, the less social connection occurs.¹⁶⁰ One essay goes so far as to recommend that “developers should elevate the focus on managing social dynamics alongside the commitment to physical revitalization and social services, with a requisite commitment of time and resources.”¹⁶⁰

The impacts of social isolation are not limited to seniors. As Bennington continues to struggle with the immense human suffering, fatalities, and financial costs related to substance use, it is important to note that improved community connections can help to counter adolescents’ substance use.¹⁶¹ As was most recently measured by the 2019 YRBS, 45% of MAUHS students strongly agree or agree that in their community they feel like they matter to people. This is statistically significantly lower than the 58% of students across the state that agree with the sentiment.⁷⁷ Forty-one percent of MAUHS students do not participate in any afterschool activities, significantly higher than the state average of 34%. The Benn High project, with programming and space both for seniors, and for adolescents (as well as shared space and programming for both) could offer the opportunity for individuals and families to build their social networks and reap the health benefits associated. Intergenerational programming especially lowers social isolation and loneliness, and facilitates cross-age learning and improved mood among participants.¹⁶² During a community forum held with seniors, the desire for intergenerational programming was frequently identified as a way to leverage the Benn high building for the betterment of the community, instill confidence and wisdom in the younger generation, and promote fulfilling activities for seniors that recognize the value that their age group offers to the community.

An additional population mentioned by community members was grandparents raising their grandchildren, who sometimes feel isolated from community and friends. In Bennington County, there are approximately 352 grandparent households where the grandparent is the head of the household and grandchildren are present. Roughly half of those households have the parent or parents of the grandchild present, while the other half do not.¹⁶³ Research indicates that attendance at a senior center improves overall quality of life for the senior, reduces caregiver burden, and improves role satisfaction.¹⁶⁴

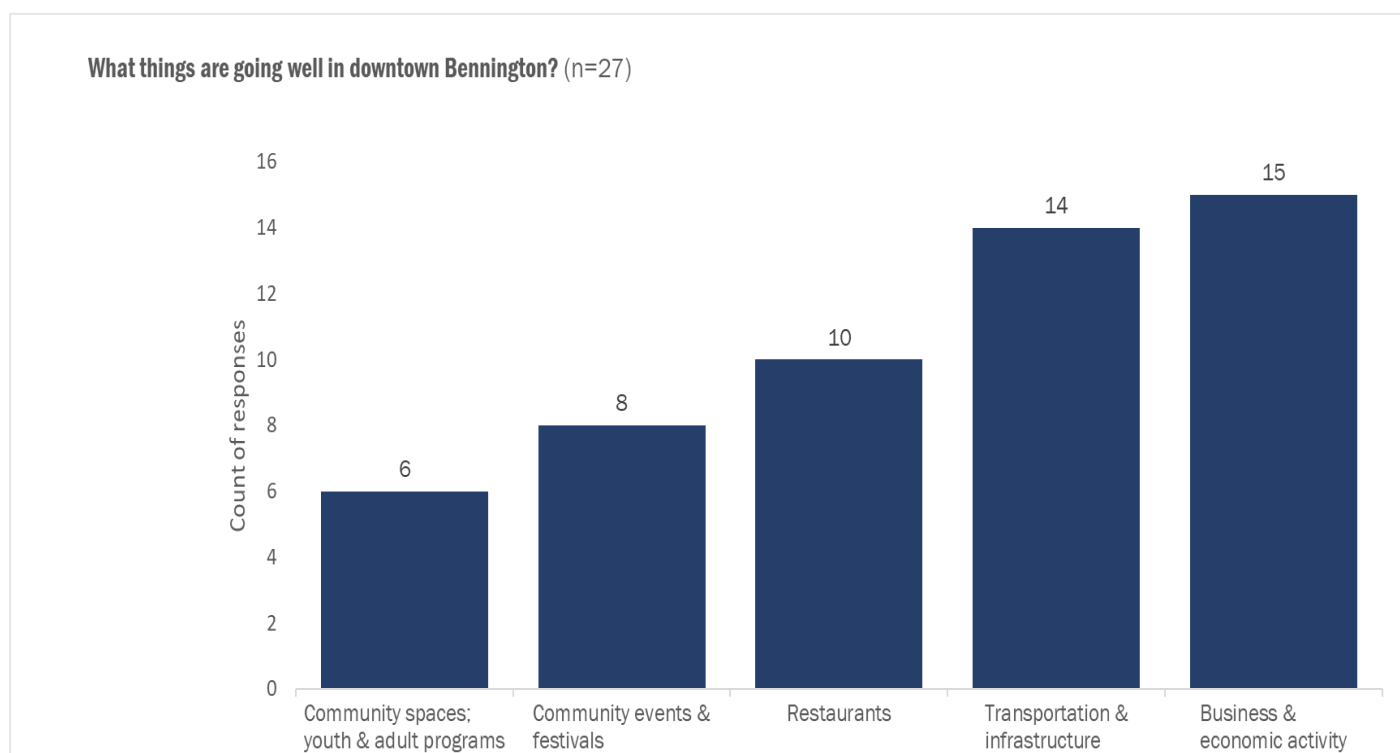
The YMCA’s presence in the Benn High building could also promote positive changes in not only physical health, but also social connectedness. When examining the connection between community centers offering health, exercise, leisure, cultural, and social activities,

participants showed improvements in general and mental health, as well as personal and social well-being.¹⁶⁵

Pride in Place

“Community” can be defined by a number of different features, each subjective to the individual. For instance, while some may define “community” as a place with geographic bounds, others consider their social network, individuals with similar personal characteristics, or individuals in their profession. The concept of pride in place examines individuals’ perceptions of, and feelings towards, place-based conceptualizations of community. While the physical and programmatic features of a community can be clearly identified and linked to health, the perception of community and individuals’ connections to it, can be more difficult to quantify and explain.

Figure 55 Resident Survey: Things Going Well in Bennington



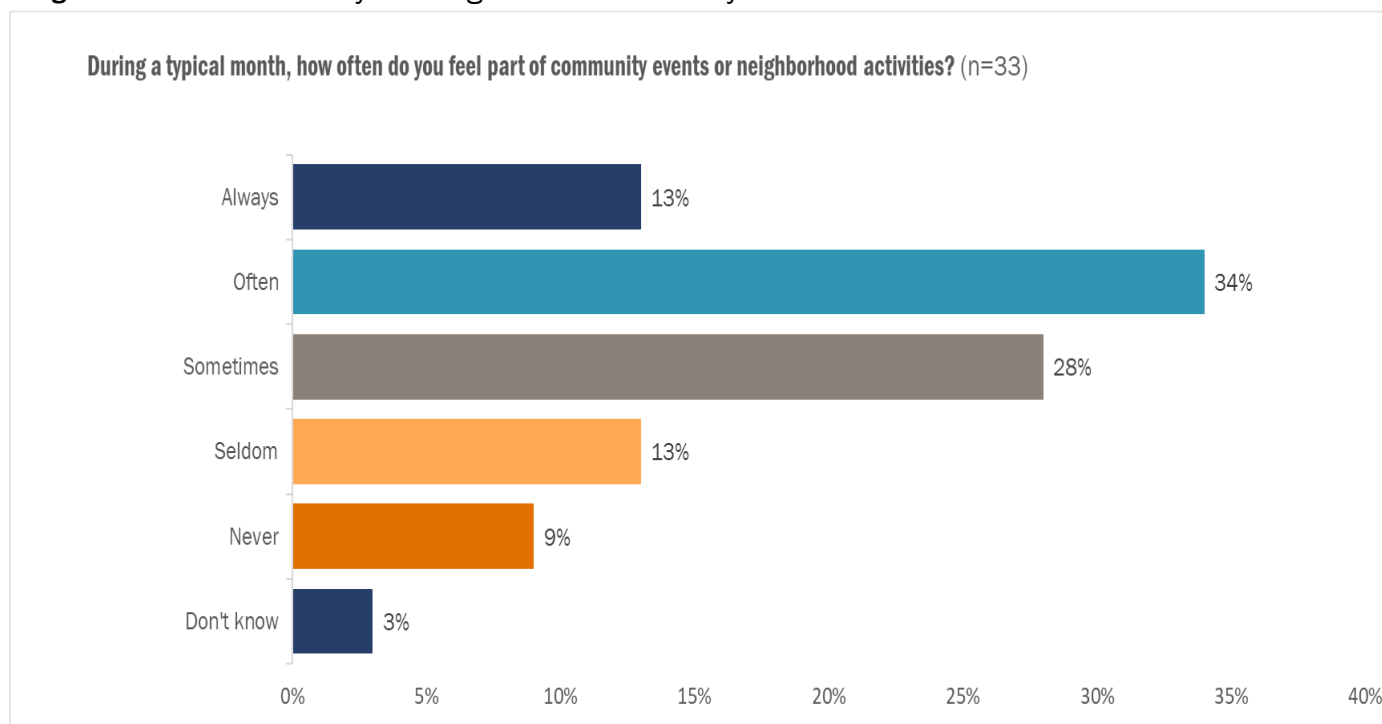
While much of this report has emphasized the need for small area data to be used to drive investment and programming, there is a significant risk to this approach. Choosing a certain area for social programs, particularly repeatedly, can confirm the notion that a given location needs rescuing, resulting in a doubling down of spatial stigma and associated poor health outcomes.¹⁶⁶ Harm to neighborhood identity can result if small area data is not presented without context, community involvement, and care.

As mentioned above, the reputation of a community can have a measurable impact on the health of its residents. An in-depth longitudinal study in England found that negative reputation affected the self-esteem and wellbeing of residents, as well as visitors and

investment into the area. This was driven not only by the public, but also by “public officials, local politicians, and real estate agents.”¹⁶⁷ Thus, combating spatial stigma will require not just a shift in public discourse, but a broader societal shift to placing an emphasis on neighborhood and community assets. These efforts should be informed or led by residents themselves and necessarily affirmed, strengthened, and repeated by others. These efforts should allow locals to construct narratives that resonate with themselves and their community and address systemic causes that have previously perpetuated spatial stigma.

Providing additional opportunities for positively-framed neighborhood events, programs, and news can be an actionable way to improve community reputation and pride in, and sense of, place.¹⁶⁸ This was previously attempted in Bennington in 2015 through Project Catalyst; the program was described as focusing on areas of Bennington “that have a history of crime, substance abuse, and blight.”¹⁶⁹ This type of language can be stigmatizing, and should be avoided for future initiatives, including the recently announced Project Alliance.¹⁷⁰

Figure 56 Resident Survey: Feeling Part of Community Events and Activities

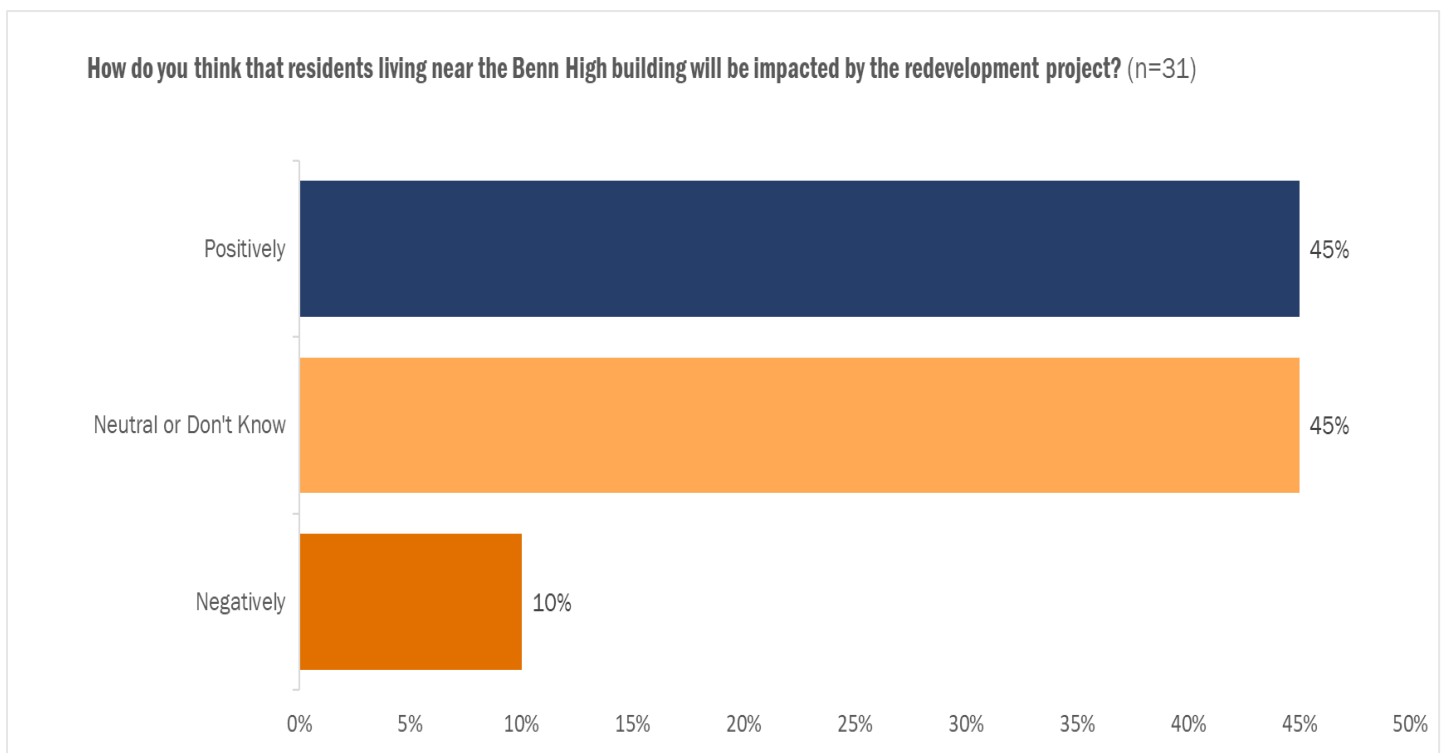


The Benn High Redevelopment project will offer a positively framed initiative and future asset for a neighborhood that has frequently been the subject of disparaging remarks, as made apparent during community forums, the resident survey, and stakeholder interviews. The area around Benn High has a reputation for crime, violence, and substance use. While these are challenges facing the Bennington community (including but certainly not limited to the downtown area), many individuals used phrases such as “dodging bullets” when talking about using the streets near Benn High and used highly inflammatory and offensive language not fit to be printed in this document. If the community hopes to see improved health outcomes for those living near Benn High, a careful audit of misperceptions relating to the area could be an important first step.

Residents living near the building seem to be optimistic or cautiously neutral about the potential for the project to impact their neighborhood, as shown in **Figure 57**. Just 10% of respondents indicated that they believed the project would negatively impact the neighborhood.

Overall, the Benn high project has significant potential to advance community connection for Bennington residents, and to foster a changed narrative about the Bennington downtown. See below for recommendations specific to these topics and note that the remaining chapters also touch upon social connection and pride of place as they relate to community services, safety, and particularly the historic disinvestment of the area.

Figure 57 Resident Survey: Impact of Benn High Redevelopment Project



RECOMMENDATIONS RELATED TO SOCIAL CONNECTION AND PRIDE IN PLACE

Design Recommendations

When possible, incorporate design elements highlighting local materials, artists, etc. Encourage community selection for choices related to aesthetics (murals, artwork, etc.) – inside and outside.

- The concept of participatory placemaking has been demonstrated to increase engagement, pride, and connection in community.¹⁷¹ Leveraging artwork and other aesthetic features to engage community members and solicit their feedback could increase sense of place and local bonds.¹⁷² Resulting community partnerships could help to manage civic infrastructure, repair relationships, and promote inclusion and belonging.¹⁷³

Encourage the design of inviting outside and inside spaces specifically for residents, including the already-designated outdoor seating areas and indoor lounge space.

- Research indicates that presence of neighborhood amenities can help mixed income housing units develop social ties across socioeconomic status.¹²⁸

Programming Recommendations

Recruit tenants to building in-part based on desire to be part of community.

- Providing clarity about the neighborhood and mixed-income nature of the Benn High building could help to attract individuals who are hoping to connect with others and be part of a community.¹²⁶ This type of up-front communication about the strengths and challenges of the region can promote a longer tenure among residents, thereby saving funds and effort for the developer and promoting stable housing. “Collective conversations about belonging, rulemaking, and site governance can help create spaces for shifts in perspective.”¹⁷⁴

When possible, facilitate intergenerational activities for participants at Senior Center, Meals on Wheels Café, UVM Extension, and YMCA. Offer opportunities for seniors to share stories, advice, and skills with younger generation in an organized manner.

- In addition to the positive feedback and interest in intergenerational programming share by attendees of the Senior Center forum referenced in the Methodology chapter, opportunities for seniors and youth to connect can alleviate social isolation, improve cognitive function and overall wellbeing, and facilitate improved perceptions of other generations.¹⁷⁵

In addition to intergenerational programming, ensure age-specific programming, particularly for seniors.

- While seniors and youth forum attendees alike indicated an interest in intergenerational programming, each age group also desired special times and spaces for interaction and programming just with peers. Seniors especially can benefit from physical activity and other wellness groups specifically designed to the strengths and needs of that age group.¹⁷⁶

Community Empowerment Recommendations

Consider the establishment of a resident-led steering committee for large development projects.

- Empowering community members to not only provide feedback about community development initiatives, but to lead them, can be a powerful shift that promotes social capital, inclusion, and neighborhood satisfaction.^{135,177} The establishment of such a group from the conceptual stage of a large project, can help to mitigate and address any negative community pushback or concerns, and consider a broader range of impacts associated with the proposed project.

Continue incorporating diverse communication and engagement strategies into Town-led/involved projects as important supplements to Select Board/other formal board meetings (surveys, in-person and virtual meetings, drop-in sessions)

- Varied participation in community forums, in responses to the community survey, and attendance for official Town meetings indicate a desire for community members to be engaged and informed in community governance processes. The continual engagement of community members through a variety of channels can help to “translate between community and external organizational spaces” and to ensure that projects are truly meeting needs and desires expressed by the community.¹⁷⁸

Communication Recommendations

Combat spatial stigma (persistent stereotyped constructions of place) through training and modeling appropriate person-first and non-discriminatory language.

- Ensure that all project stakeholders understand the ramifications that stigmatized language can have on a neighborhood. Correct such language whenever publicly shared, whether verbally or in print.¹⁷⁹

ACCESS TO COMMUNITY SERVICES

“All of us, at some time or another, need help. Whether we’re giving or receiving help, each one of us has something valuable to bring to this world. That’s one of the things that connects us as neighbors—in our own way, each one of us is a giver and a receiver.”

– Fred Rogers, American Television Host of *Mister Roger’s Neighborhood*

Stated simply, community services are any support or program designed to promote the welfare of people.¹⁸⁰ According to the CDC, community services play a vital role in ensuring opportunities for advancement of health for all. Specifically, the organization states “communities can promote health equity by adopting policies, programs, and practices that support equitable access to quality and affordable health and other social services (e.g., education, housing, transportation, childcare) and accessibility within these services.”¹⁸¹ These services may be provided by government entities, non-profits, or the private sector. In Bennington, a range of community resources exist to help individuals meet their needs and goals.^{182,183} The mere presence of community resources, however, does not necessarily indicate the true accessibility of the supports.

Access has been defined in health literature in several different ways. Definitions vary in their reference to individual-level or systems-level barriers to service, and the field is still improving and understanding the conceptualization of equitable access.

The health care field is perhaps the farthest along in the process to articulate what “having access” means and why it matters. In addition to supply, one conceptualization of access depends on the affordability, physical accessibility, and acceptability of the service in question.¹⁸⁴

Below, these factors are examined related to each of the services proposed for inclusion in the Benn High building. The chapter concludes with an examination of citizen feedback of other potential services that could meet community need from within the Benn High space.

Access to Bennington County Meals on Wheels

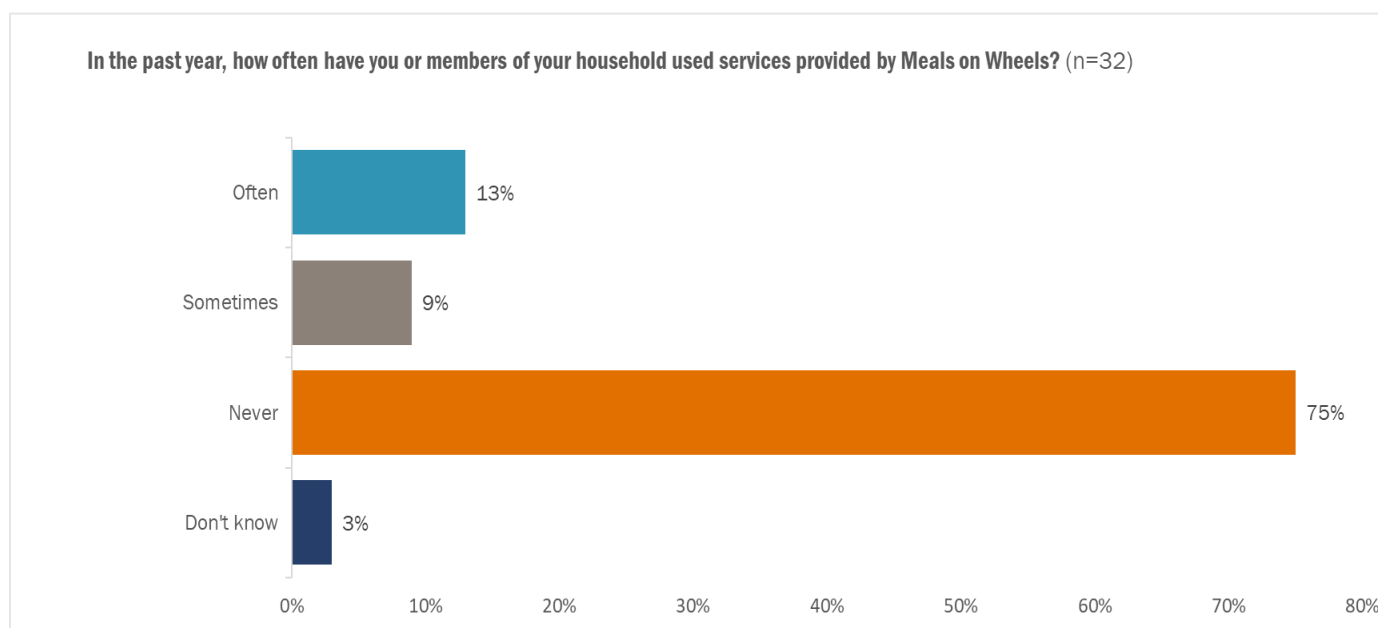
From its current location on Pleasant Street, the Meals on Wheels café is closely situated near Walloomsac Apartments, a housing complex managed by Bennington Housing Authority that was designed for occupancy by seniors and those with disabilities. Bennington Meals on Wheels has been in the current site for over 25 years, and, in the words of seniors and stakeholders, “a family has been built.” In community forums and conversations with key stakeholders, concern was expressed about the half-mile distance from Walloomsac Apartments to the Benn High site). While the Benn High building will entail farther travel for those residing in Walloomsac Apartments, it will decrease the distance needed for residents of Cora B. Whitney (another senior housing site) from one mile to 0.7 miles.

The change in location will also provide greater distance between the Meals on Wheels Café, and Harvest House which also operates a congregate meal site. While Harvest House and Meals on Wheels are currently .5 miles apart, the move will place them .9 miles apart,

essentially bookending the town of Bennington with two free/low-cost meal locations, potentially increasing access for those on the eastern side of town.

When asked if they had utilized Meals on Wheels in the past year, three-quarters of resident survey respondents indicated that they had not. Unfortunately, the nature of the question limits the ability to determine the reason for this lack of participation: were respondents not interested, feel that they were not eligible, or lack access to the current Meals on Wheels café? If the reason for resident lack of engagement with Meals on Wheels is attributable to the latter, the move to the Benn High space may provide nearby residents with newfound access to this valuable service.

Figure 58 Resident Survey: Use of Meals on Wheels



The move to Benn High will provide additional space for Meals on Wheels food preparation, storage, and dining. With anywhere from twenty to eighty individuals eating lunch in the dining room at any one time, the extra space will be welcomed. Because the dining area is considered shared space amongst organizational tenants and could potentially be used for events on the weekends, concerns were raised about the management of the room and the ability for Meals on Wheels seniors to enjoy conversations and privacy. Community forum participants highlighted that a large portion of seniors, while interested in intergenerational programming, additionally want to have senior-only spaces. The establishment of shared use agreements could help to formally codify use of the space; this type of agreement has been demonstrated to improve access to community services, provide for efficient use of resources, and promote healthy behaviors.^{185,186}

The potential for increased Meals on Wheels participation has important ramifications for public health. While much of the published information around the benefits of Meals on Wheels programming focuses on home-delivered meals and not the congregate meal

service,^{187,188} the general health risks associated with hunger in the senior population have been well documented. As stated in a “Hunger in Older Adults” report published in 2017, “Food insecurity is not just worrying about getting the next meal... it is a strong predictor of chronic disease and diabetes, heart disease, stroke, and lung disease.”¹⁸⁹ In that the Meals on Wheels café offers nutritious, warm meals for seniors for an average of \$0.86, it stands to reason that the café is preventing the ill effects of hunger in the Bennington senior population.

The evidence that does exist specific to Meals on Wheels congregate meals sites is promising.

A review of congregate meal service impact indicated that, amongst a sample of meal site participants across multiple states and programs:

- 77% reported eating healthier.
- 77% reported improved health.
- 85% indicated feeling better.
- 61% shared that participation in the meal program helped them to stay at home.¹⁸⁹

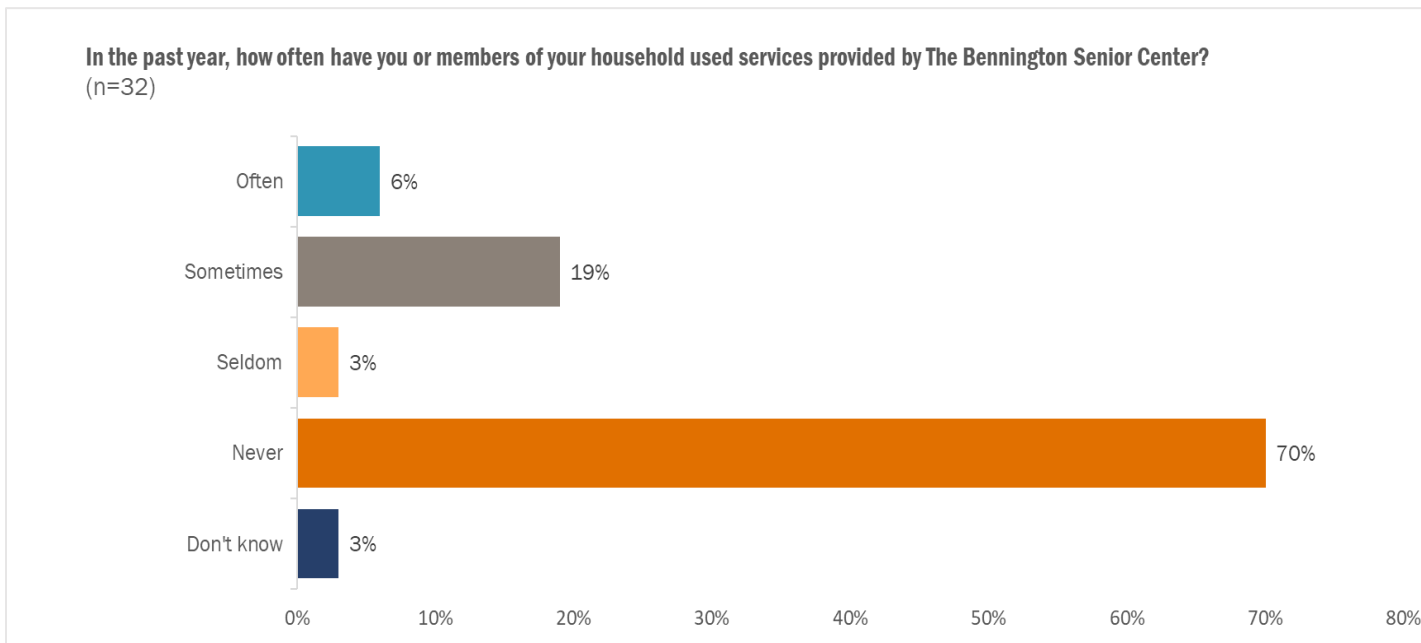
While the impacts of the program appear to be positive, and the new location will potentially expand services to a wider portion of the Bennington population, many seniors and community members have expressed concern about the accessibility of the Benn High site. In the same study as referenced above, within the sampled population of congregate meal participants, nearly half had difficulty walking, preparing meals, or going outside the home.¹⁸⁹ To read more about the accessibility of the building, and transportation options, refer to the [Accessibility of the Benn High Space](#) section.

Access to Bennington Senior Center

Access to senior centers can be an important factor in supporting healthy aging, and preventing or delaying institutionalization, malnutrition, and isolation.¹⁹⁰ Equitable access to the services and supports made available in the Bennington Senior Center should be a goal regardless of the location of the center. In a move to Benn High, the Senior Center will gain roughly 200 square feet of dedicated space and will additionally gain access to spaces shared with the YMCA and Meals on Wheels. While the three organizations currently collaborate, co-host programming and provide shared supports to seniors, the shared space may help to promote both improved access to social services as well as improved health outcomes.¹⁹¹ While the evidence is variable for the exact outcomes related to integration of services, there are examples of seniors in public housing benefiting from integrated social service arrangements.¹⁹²

One in five respondents to the community survey indicated that they often or sometimes use services provided by the Bennington Senior Center. Because the catchment area for the survey extended down the entirety of Pleasant Street, it is worth noting that Walloomsac Apartments residents were among those responding to the survey; thus, it is impossible to determine whether the move might facilitate easier access to the Senior Center for this survey participants (and for the Pleasant Street area more broadly) or create difficulties in accessing the space.

Figure 59 Resident Survey: Use of Senior Center



During community forums and stakeholder interviews, the idea of rotating community service, clinical, and other providers through the Benn High space was raised multiple times. For services that have limited workforce or demand and could not sustain a permanent presence in the building, revolving “office hours” of experts could increase access and willingness to engage in services. From podiatrists to legal aid, credit services, dental hygienists, hairdressers and more, the Benn High building could be leveraged both to advance senior health and build assets in the neighborhood.¹⁹³

Current Senior Center participants expressed concern during the community forum and through other means, about the safety of the Benn High building and surrounding area. Information regarding safety can be found in the chapter related [to Disinvestment, Poverty, and Public Safety](#). Careful attention should be paid to the concerns of seniors regarding their comfort and likelihood of using the new building. Studies have indicated that a new facility isn’t sufficient to ensure access and increase usage. As written by one study’s authors, examining the changes to community provided by a new and improved senior center space, “use results from a complex equation that includes not only higher quality recreation facilities but also programming, staffing, fees, hours of operation, marketing, outreach, and perhaps a host of other human factors.”¹⁹⁴ As with Meals on Wheels participants, Senior Center users shared questions and hesitations about the accessibility of the building, as well as the restrooms inside.

Access to BFYMCA

Providing locations for recreation is a scientifically supported method for improving rates of physical activity and improving fitness.¹⁹⁵ Access itself is strongly associated with increased

rates of physical activity, and efforts to reduce not only location barriers, but also address financial barriers to obtaining membership, are especially fruitful.¹⁹⁶

The Berkshire Family YMCA is responsible for the administration of the Bennington Rec Center staffing and programming. A wide variety of group fitness and wellness classes, summer camps, and open exercise space are available. The BFYMCA has offerings for a wide variety of ages and participates in collaborative efforts with the Senior Center to serve the senior population, and the Southwest Vermont Supervisory Union to serve school-aged children in afterschool and summer programming.

As measured by the BRFSS 2020-21, 18% of Bennington County adults reported getting no leisure time physical activity (similar to the Vermont rate of 17%).¹⁹⁷ According to the 2019-2020 BRFSS, 59% of Bennington County adults met aerobic physical activity recommendations, on par with State levels. Additionally, 33% of Bennington County adults met strength building recommendations, similar to Vermont's overall rate of 36%.¹⁹⁸

In terms of adolescent physical activity, 18% of MAUHS students did not participate in at least 60 minutes of physical activity on at least one day. Additionally, 52% of MAUHS students reported playing video or computer games or using a computer for three or more hours per day. Both rates were statistically higher than the state rates (14 and 48 percent, respectively).⁷⁷

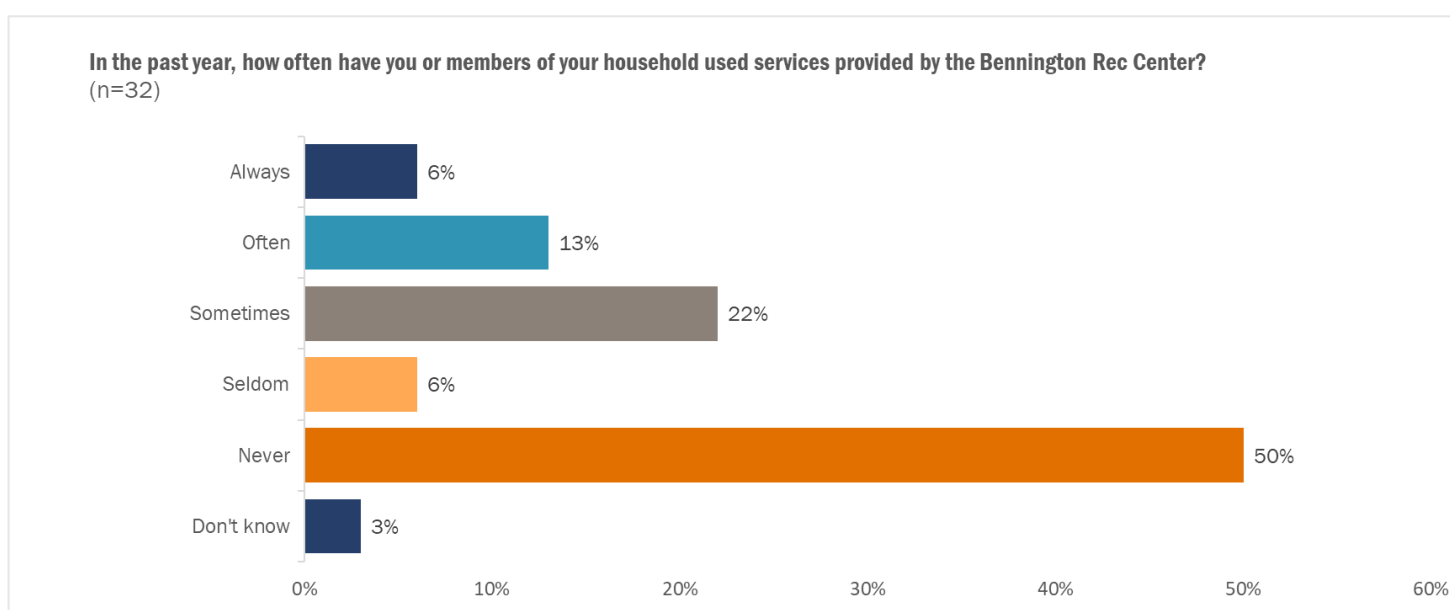
The impacts of physical activity on both mental and physical health have been catalogued for decades. Physical activity has been shown to mitigate moderate depression and anxiety.¹⁹⁹ In contrast, negative mental health effects from exercise (i.e., exercise addiction) seem to only impact a small percentage of participants.²⁰⁰ Physical activity has also been suggested to be a modifiable risk factor associated with obesity, cardiovascular disease, development of type 2 diabetes mellitus, cancer, arthritis, sexual dysfunction, level of function attained with chronic obstructive pulmonary disorder, and mood while experiencing lower-back pain.²⁰¹

Though physical activity has multiple positive impacts, there are many factors in play that can influence an individual's ability to consistently attain the recommended levels of activity. In Bennington, one such factor to consider is the weather. In a study from Michigan (a state that also has four distinct seasons including hot summers and cold winters), the percentage of participants reporting no leisure time physical activity in the prior month was significantly higher in the winter and fall compared with the spring and summer. Study authors indicated the number of activities completed by participants, and the type of activities, varied by the season; the article concludes that "individuals wishing to perform an additional activity in the fall and winter, would likely be more successful if they have access to indoor activity modalities."²⁰² Other studies have indicated that activity levels appear to trend alongside average daily temperature and daylight hours. In a longitudinal study identifying seasonal variation in adolescent physical activity, females who meet the recommended amount of moderate-to-vigorous physical activity in only one to two seasons (rather than four) had a 23% higher risk of being overweight.²⁰³

The Bennington Rec Center can offer such a space to individuals during the long winter months. The Benn High project would greatly expand the Rec Center's ability to offer youth, senior, and other programming to promote physical activity.

In the 2021 Bennington Citizen Survey, a significant portion of respondents indicated that programs and activities for youth, seniors, and recreation did not meet expectations; respondents indicated a strong desire for improvements to be made to the Bennington Rec Center, and for expanded evening hours.²⁰⁴ In terms of the respondents to the community survey, more respondents indicating using the Bennington Rec Center in the previous year as compared to any of the other potential tenants for 650 Main Street.

Figure 60 Resident Survey: Use of Bennington Rec Center



Access to Child Care

The provision of early care and education for children under five years old can be a promising way to achieve the social goals sometimes associated with mixed-income developments. Every dollar invested in early care and education is linked to a return of two to four dollars, partially attributable to the children's earnings later in life.²⁰⁵ In a landmark study, children in a high-quality preschool program were followed for forty years; those placed into the program (rather than a control group) were more likely to graduate on time and less likely to require special education. They additionally were more likely to own a home, earn over \$25,000, and have a savings account; for this program, every \$1 invested resulted in \$16 of benefit over time, illustrating the foundational importance of high-quality early care and education.²⁰⁶ Particularly for male students tracked over time, early care and education resulted in improved physical health and lower rate of smoking.²⁰⁷

The positive outcomes of access to childcare are not only limited to the child but extend to the family and other children as well. Improved access to childcare can create economic prospects for parents.²⁰⁵ In the downtown census tract, there is a gap of roughly 65 families needing childcare who cannot access formal childcare facilities by driving.²⁰⁸ There is the potential need of 190 slots, just within the downtown tract. In all of Bennington County, there is a need for 560 families for a total of 1,670 slots; the economic impact of this is quantified at \$18,935.20.²⁰⁸ This figure includes loss of income, delayed opportunities for promotions, reduced work experiencing, reentering the workforce at a lower station, direct productivity losses, turnover costs, and the proportion of lost household and business income that would have contribute to government revenues.²⁰⁸ In particular, women are outside the workforce in places with limited access to childcare, particularly within census tracts that have median incomes lower than that of the nation. While one could question that causality of the relationship, some evidence indicates that a 10% decrease in the cost of childcare has been shown to lead to “an increase in maternal employment by .25% to 11%.”²⁰⁹

As it currently stands, childcare costs leave many Vermont families unable to purchase anything more than the bare necessities.²¹⁰ Early care and education does not only benefit lower-income children and families, but also positively impacts middle-income families. Indeed, it has been suggested that a classroom with children from a range of incomes will positively impact the children regardless of their family’s income level.²⁰⁵

The Benn High Redevelopment Project’s inclusion of a childcare center is a strategic investment in the future of Bennington and the downtown neighborhood. The mixed-use nature of the project, and the inclusion of senior- and youth-serving programs, will also benefit the children in the early care and education facility. Research indicates that children participating in intergenerational programs may have enhanced perceptions of older adults, experience social and emotional growth including empathy, and patience.²¹¹

Accessibility of the Benn High Space

The physical accessibility of the Benn High space has been a priority concern for some residents and stakeholders. Whether related to parking, sidewalk quality, public transportation schedules, bathroom locations, or other features, the concerns all stem from a desire to ensure that all community members, particularly those with mobility challenges, feel comfortable and safe to use the services and amenities housed within the building. Some of the most frequent topics in this regard are called out below.

Parking

From the time the Benn High Redevelopment Project was announced, maintenance of sufficient parking was a frequent cause for public comment, questions, and hesitation about the proposed design.

In response to this community concern, a parking study was commissioned by the Town of Bennington and completed by the Bennington County Regional Commission. The study summarizes its findings thusly, “we project there will be enough parking at all times of day for tenants, employees, and patrons either in the parking lot on-site or on Main Street within 400 feet of the building. Parking within 400 feet of a destination is considered best or ideal for

outdoor parking accessible by sidewalk.”²¹² The study, which can be found in its entirety in [Appendix 5](#), indicates that the proposed project will have 65 parking spaces available on-site, and an additional 50 public parking spaces on Main Street within 400 feet of the building. Given the nature of the various organizational tenants, the peak times for parking associated with each organization will lend itself to a steady turnover of parking without exceeding the spaces offered. While childcare pick-up and drop-off and BFYMCA demand will be high early in the morning, those uses will taper prior to Meals on Wheels and the Senior Center opening at 10am. As those uses wind down, tenants will return from work and children will be picked up from childcare.

Regardless of the number of spaces projected to be available, however, some residents are still concerned about the potential for those with limited mobility to be excluded from accessing the building once the space has been renovated and opens to the public.

Pedestrian Access

These concerns may be most pressing for those with the ability to walk independently but only for a short distance (35-52.5 feet) and/or to stand unsupported for only a brief time period (1-2 minutes); these are sometimes referred to as “hidden mobility disabilities.”²¹³ One study found that, while the hidden mobility disability itself did not stop individuals from participating in community, the amount of walking or standing required can be the limiting factor.²¹³ Providing supportive environments for those with mobility restrictions can ensure that spaces meant for all community members, like the Benn High project, can truly be accessed by all. Examples of this type of support could include the installation of benches or other comfortable seating in 35-foot intervals from the parking or bus stop area to the entry of the building, as well as within the building.

It's also important to note that the front entrance, located nearest to the bus stop and parking lot, will likely be open during Meals on Wheels and Senior Center peak hours, allowing for easier access for seniors. Understanding that not only seniors have limited mobility, and providing accommodations for the main entrance, would help to promote an environment supportive to all. Having visible seating outside the building can help individuals with mobility challenges to plan and feel comfortable that there will be somewhere to rest if needed. Additionally, having seating near the reception area in the lobby can ensure that, if there is a brief wait to check-in or ask a question, individuals who have difficulty standing will have a comfortable and dignified place to be while waiting. Seating should be situated near the reception desk to facilitate easy communication between staff and waiting seated individuals (preventing the need to shout from the desk to an awkwardly placed bench some distance away).²¹³

The assumption that individuals with mobility challenges or seniors can or will use public transportation is problematic. While there are efforts to ensure that the Green Mountain Express will make regular trips from various sites (including senior housing) and arrive to the Benn High building for lunch and other peak times, not all individuals feel comfortable on public transportation.²¹³

For those who do, or will, rely on GMCN for meeting transportation needs to and from the Benn High space, inclusion of the stop on various lines should be explored. To that end, the infrastructure around the Benn High building should accommodate those arriving, or waiting to depart, via bus. The following chapter, focused on safety, has recommendations and data related to bus stop features that promote safety and comfort.

The location of the Benn High project in the downtown corridor could actually increase the options for individuals to access the services inside. Currently, someone hoping to access BFYMCA and Senior Center or Meals on Wheels programming would likely need to travel between at least two locations (the Senior Center is currently located 0.7 miles away from the Rec Center). The co-location of these organizations under one roof may thus actually facilitate more accessibility for those with limited mobility to take advantage of both organizations' offerings. Additionally, the downtown location will lend itself to active transport options exercised by those who are able to do so (walking and biking, for instance), which could open parking spaces for those with limited mobility who wish or need to provide their own transportation.²¹⁴

In addition to the recommendations and considerations articulated above, it will be imperative that efforts to promote the accessibility of the Benn High space and programming contained within is informed by individuals with disabilities. Performing a walk audit of the building once outside site plans are finalized, with leadership and participation from those with disabilities as they wish to participate, will help to ensure that the final layout serves individuals equitably and that features both large and small are provided to promote access, comfort, dignity, and safety.²¹⁵ This has been completed in Bennington before in strong partnership with representatives from the Vermont Center for Independent Living.²¹⁶

Additional Services

Resident survey respondents were asked to rate ease of access to essential resources such as food, healthcare, and transportation on a scale of 1 to 10 (with 1 meaning not easily at all and 10 meaning extremely easily). The average response rating was 7.85, and two thirds of respondents responded with an eight, nine, or ten. Respondents indicated a range of transportation methods to reach these services, pictured in **Figure 61** below.

When asked about additional businesses or services needed in their neighborhood, respondents to the resident survey indicated a desire for downtown community space and programming for adults and children alike; the second most frequent response was the call for more restaurants, and the third was a need for a downtown clothing store with affordable options for those with lower incomes, as well as a wide range of available sizes.

Figure 61 Resident Survey: Transportation

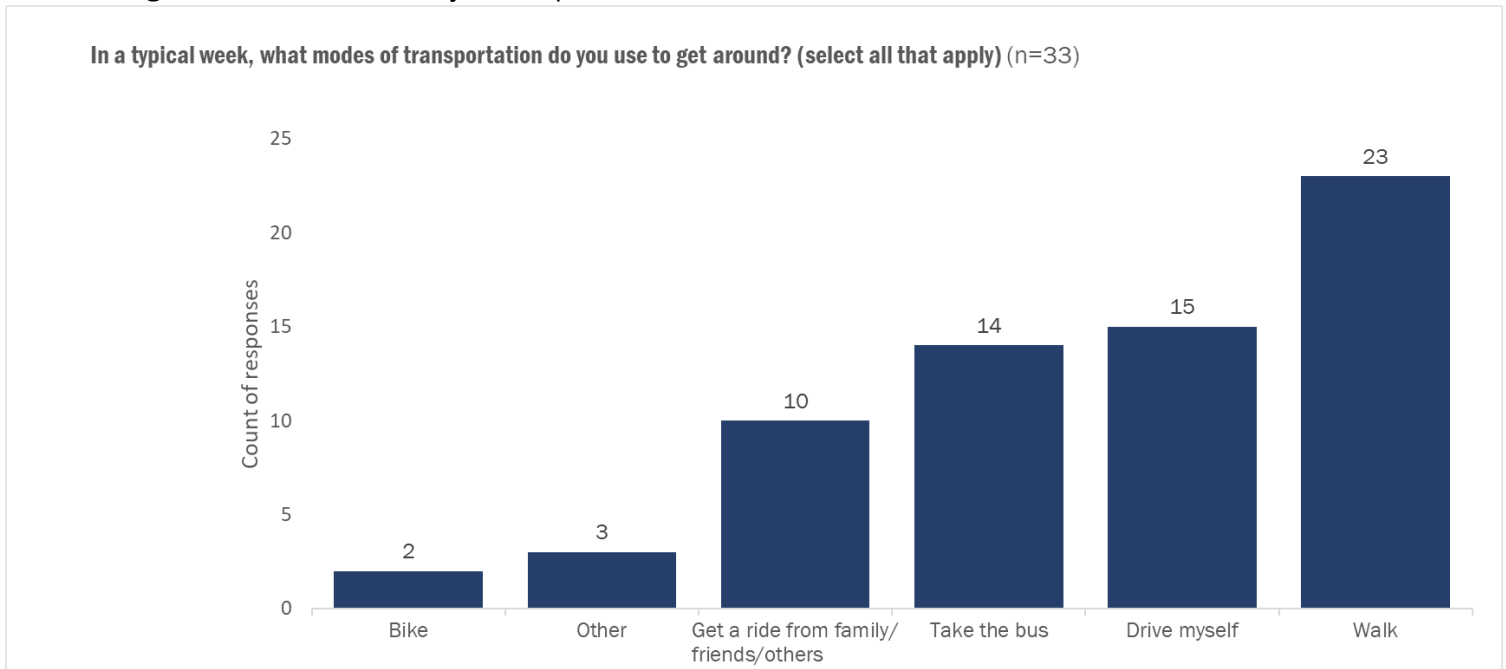
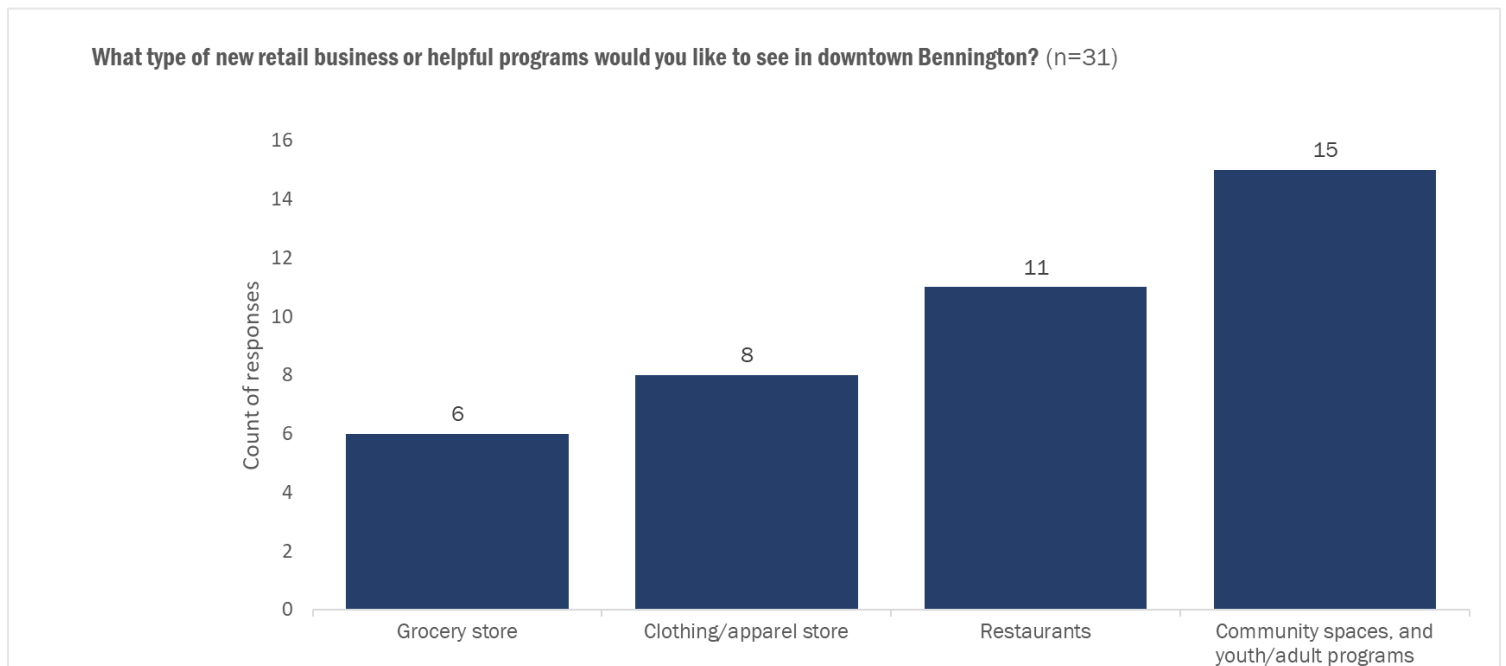


Figure 62 Resident Survey: Businesses/Programs Needed in Downtown Bennington



RECOMMENDATIONS RELATED TO ACCESSING COMMUNITY SERVICES

Design Recommendations

Incorporate high-quality bike rack into outdoor space, within 50-feet of entrance or at least as close as the nearest parking space.

- Providing a place for safe storage of bicycles could help to promote active transportation among those using the Benn High space. Use of a bike rack that will not harm bicycles, and is conveniently located, should be considered; the Association of Pedestrian and Bicycle Professionals suggests that bike racks be placed within 50 feet of the building entrance, or at least as close to the entrance as the nearest parking space.²¹⁷

Consider the addition of a covered, well-lit, bus shelter near the main entry of the building.

- Providing a safe, comfortable bus shelter that is shielded from the elements and near to the building entrance could increase the number of individuals comfortable using the bus to travel to and from the Benn High space.

Add benches approximately 35-feet apart from the parking lot to the building entrance. Also add seating anywhere in the building where queues may form, to support those who cannot remain standing for an extended period.

- To support access by those with limited mobility, place comfortable seating every 35 feet to allow for frequent rests if needed.

Complete an audit of the proposed layout led by individuals from the Vermont Center for Independent Living, to consider changes to support accessibility.

- As building plans are finalized, carefully assessing accessibility (above and beyond building code requirements) can help to support a space that is welcoming and usable for all.

Programming Recommendations

Consider the rotation of high-need services for participants in Senior Center and Meals on Wheels programming, including podiatrists, health educators, etc.

- Leveraging the Benn High space to serve as a central location for services that can otherwise be difficult to access can help to facilitate improved health outcomes.¹⁹³

Add 650 Main to the Green Mountain Express Lines, particularly to the Blue Line, Red Line, and/or any piloted “health lines”. Ensure bus arrival prior to Meals on Wheels meal start time, and departure again after.

- Community forum attendees cited hesitancy to ride the bus based on the fear that it would not depart/arrive on time for programming (e.g., the start of lunch time at Meals on Wheels).

Consider incentives for ride sharing, carpooling, and use of public or active transportation amongst employees and organization members.

- To preserve parking spaces for those with limited mobility, incentivizing carpooling particularly among staff, can be a helpful measure.²¹⁸

Continue active partnership with SVSU and other community organizations to ensure access to space and supportive programming.

- Shared use agreements can help to ensure that spaces are used efficiently and that they serve the greatest number of individuals.^{175,186}

Promote active collaboration, shared decision-making, and integrative efforts among organizational tenants in the Benn High building. This could include jointly developing and routinely practicing emergency plans; integrating participant/member sign-in systems; designing cross-organizational referral systems; hosting collaborative events; setting shared goals; facilitating trainings across all organizations, and more.

- Previous research has identified several enabling factors that promote health and social service integration, including organizational culture and leadership, shared vision and goals, team-based care, information-sharing and communication systems, dedicated funding and resources, and accountability agreements.¹⁹²

Policy Recommendations

Offer discounted or free YMCA membership to those living near the Benn High site. Consider offering priority for childcare slots to those living near the Benn High site.

- Proximity to the Benn high building will not necessarily improve access to services for those living near the space. Providing the means to truly engage in the programs and services via financial and other supports can help those living near the site to attain the full intended benefits of the project.²¹⁹

DISINVESTMENT, POVERTY, AND PUBLIC SAFETY

"Poverty is often material scarcity piled on chronic pain piled on incarceration piled on depression piled on addiction—on and on it goes. Poverty isn't a line. It's a tight knot of social maladies. It is connected to every social problem we care about—crime, health, education, housing—and its persistence in American life means that millions of families are denied safety and security and dignity in one of the richest nations in the history of the world." – Matthew Desmond, American author and sociologist

According to the Annie E. Casey Foundation, "areas of concentrated poverty are defined as census tracts where the overall poverty rate checks in at 30% or more."²²⁰ While the census tract covering downtown Bennington does not meet this threshold (the 2021 ACS 5-year estimates shows a 15.5% overall poverty rate),⁶⁰ there are portions of the downtown where systemic and other drivers have stripped individuals of opportunity, wealth, and health.

Despite efforts to address historic disinvestment, high-poverty neighborhoods have continued to grow in number in the United States.²²¹ The success or failure of programs to address poverty, its root causes or its sequelae go far beyond the auspice of this report. Efforts to disentangle individual or familial factors from the structural drivers of poverty and its concentration in certain areas have not been clearly defined and supported by evidence.²²² Effects and causes blur together, making it difficult to identify inflection points for community-driven efforts. And even when a given strategy is embraced by community members and implemented, it can be difficult to measure success over the course of the years or decades that it takes to "transform systematically disinvested communities into communities of opportunity where residents can access upward mobility and generational wealth."²²¹

There is some evidence that communities can buffer against the effects of concentrated poverty when there is collective efficacy.²²² To that end, neighborhood-level and neighborhood-led initiatives should be at the forefront of any effort to address concentrated poverty with the understanding that no single project will single-handedly solve the challenges related to poverty for individuals or a neighborhood. Simultaneous efforts need to be deployed in public safety, education, and employment spheres to promote economic mobility and stability.²²² Creating opportunities for a mix of incomes is important and should be balanced against risk of displacement.²²³ The size of the Benn High project, and the scope of the redevelopment work of the existing, vacant building, will not likely result in traditional "gentrification" of the surrounding area. The inclusion of mixed income may actually make it possible for more people to stably call Pleasant / upper Main Street home, including individuals who were previously homeless or have a lower income.²²⁴

Initially, this HIA was planned to have a distinct chapter for both disinvestment and public safety. As research was conducted, the interconnected nature of crime, poverty, and disinvestment became clear, and it became obvious that to write of one was to write of the others.

As a Brookings Institution report stated: “numerous studies have found that neighborhoods with higher poverty and unemployment rates (often due to systemic disinvestment and public and private sector abandonment) have higher rates of violent crime, and that income inequality within a neighborhood is associated with higher rates of violence.”²²⁵

In other words, as poverty and crime increase, investment decreases; as investment decreases, poverty and crime increase. The following sections examine multiple aspects of public safety, in general and in relationship to the Benn High project.

Crime Statistics

Examining crime statistics at the block, neighborhood, or even census tract-level was not possible for this assessment. Additional efforts to obtain first responder data to determine trends in calls and areas in highest need of preventive services and supports lasted months and were ultimately unsuccessful within the HIA timeframe.

Because community forums, responses to the community survey, and key stakeholder interviews all centered on crime, violence, and safety at different junctures, this lack of local-level data could be viewed as a weakness of this HIA (see more on this topic in the [Limitations](#) chapter). According to HUD, this is not an unusual barrier, stating “the absence of annual, national neighborhood-level data frustrates efforts to compare trends across and within communities.”²²⁶ Some public health models to address and prevent community violence, such as the Cardiff Model, rely on this data in combination with first responder and emergency department data to “gain a clearer picture about where violence is occurring... and providing a straightforward framework for hospitals, law enforcement agencies, public health agencies, community groups, and others interested in violence prevention to work together and develop collaborative violence prevention strategies.”²²⁷

While the absence of local-level crime data is potentially a shortcoming of this document, the lack of appropriately presented data can also fuel public attitudes toward crime and personal safety. A study conducted by Princeton, reviewing ten years of crime data and public surveys, indicates that individuals “readily update beliefs when presented with accurate crime statistics, but this effect is attenuated when statistics are embedded in a typical crime news article, and confidence in perceptions is diminished when a copartisan elite undermines official statistics.” Thus, the method and context of crime statistics matter.²²⁸

Figure 63 Resident Survey: Daytime Safety

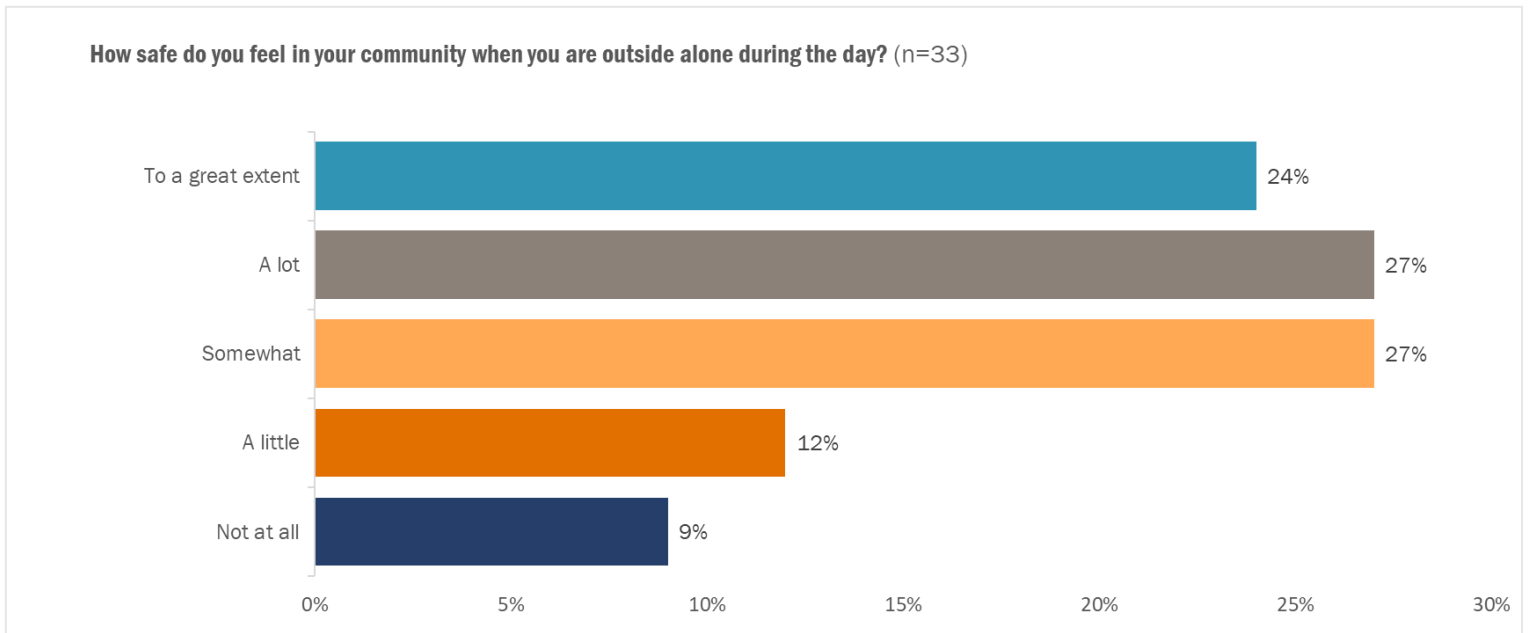
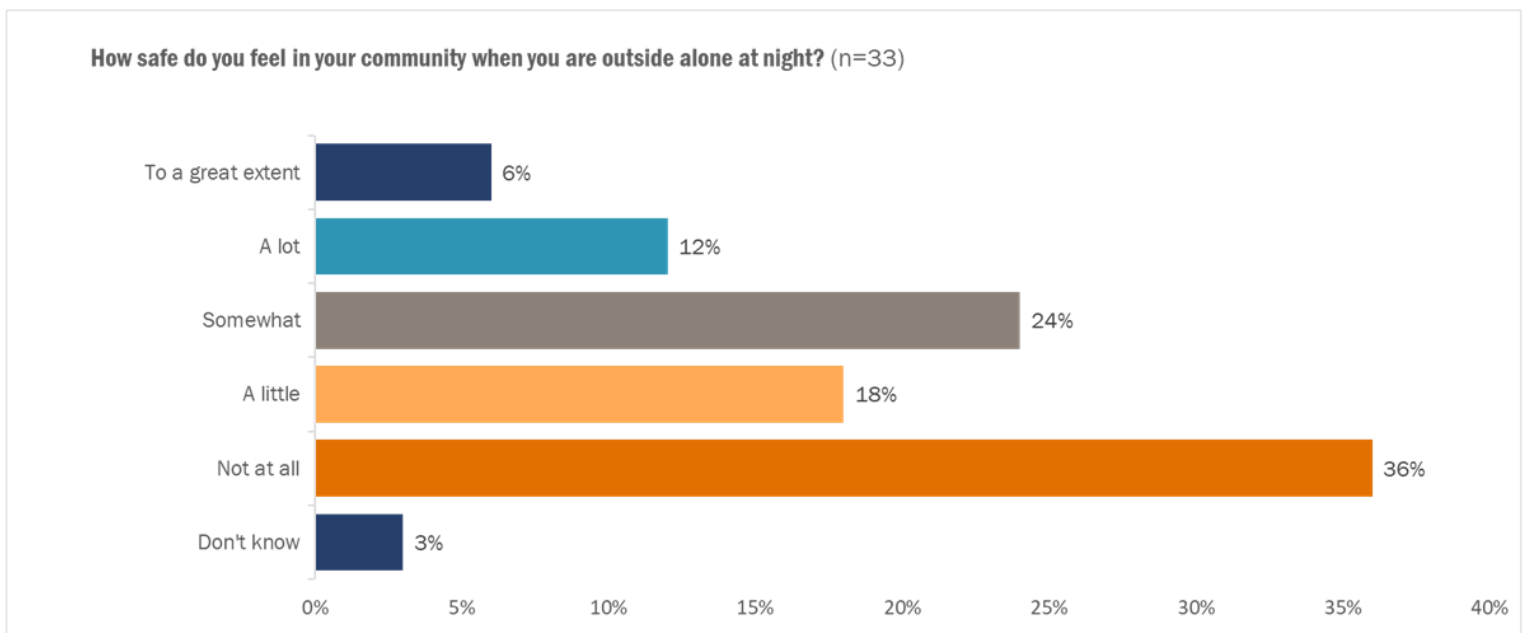
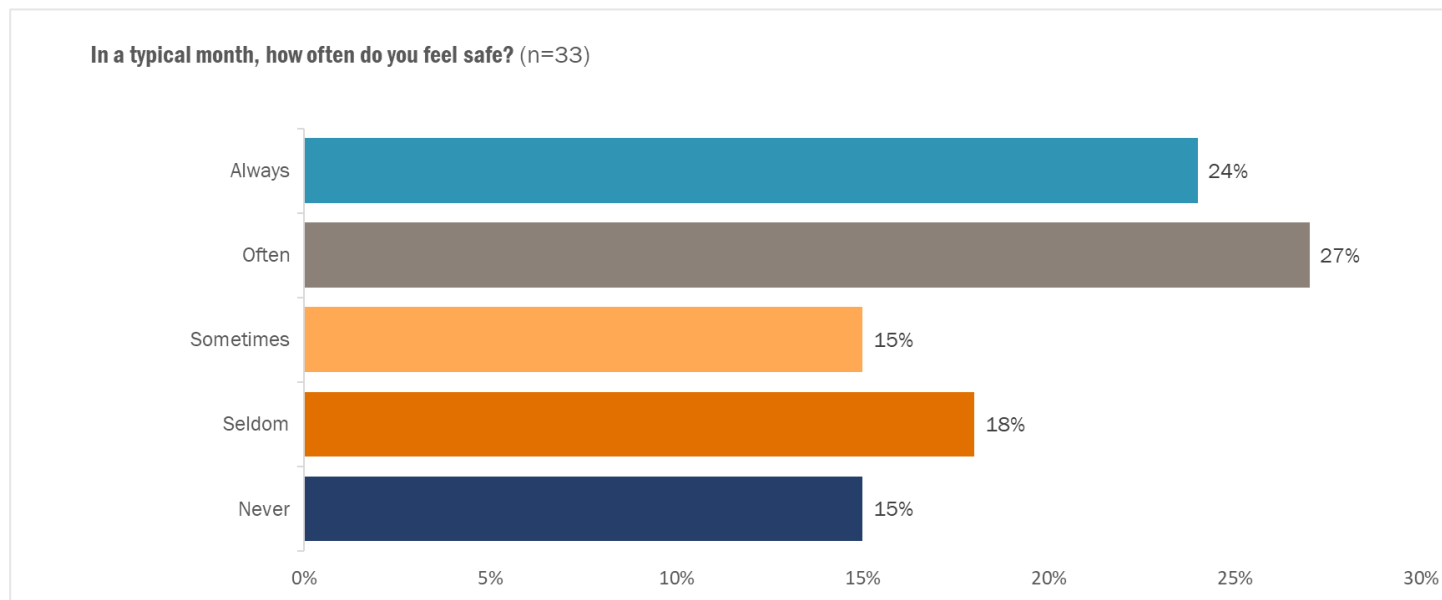


Figure 64 Resident Survey: Nighttime Safety



While statistics regarding first responder calls has been requested, and this document may be updated in a future with an addendum containing findings related to that data, it's also important to determine the appropriate use and presentation of such data. The Federal Bureau of Investigation reminds users of Uniform Crime Reporting (UCR) Program data that there are factors imperative to consider when presenting crime statistics, notably the

Figure 65 Resident Survey: General Safety



population density of the area, particularly when comparing across neighborhoods; variation in age, stability of population, and structural factors such as poverty.²²⁹ Presenting a raw count of police calls and reports without this information can be damaging to a community’s reputation and serve to harm the property values and businesses in areas labelled as “hotspots”, thereby counteracting efforts to promote safety.²³⁰ Because the neighborhood surrounding Benn High is a densely populated residential area, with Pleasant Street along containing 148 residential units in less than .5 miles, data that is not adjusted per capita can give false impressions of true rates of criminal activity. In January 2023, the State of Vermont Department of Public Safety announced plans to unveil a publicly available crime “heat map” dashboard showing communities with the highest number of police calls. A VTDigger article written about the maps indicated the potential for the information to be used by the public to determine plans—e.g., where to go for dinner. The article contained critiques and support of the data and its presentation. One of Bennington’s senators and the chair of the Senate Judiciary Committee, was quoted referencing Pleasant Street as a “hotspot”, and asking the important question of what the data would catalyze in terms of actions to ameliorate disparities in crime and violence throughout communities.²³¹

Increased Use of Space, Fear of Crime

While using neighborhood-level crime data to drive community efforts to prevent the conditions that lead to crime (poverty, disinvestment, etc.) can be valuable, using that same data to avoid areas can cause harm to the community. There is evidence that individuals take crime rates and reputation into consideration when deciding to patronize a business; perception of crime, particularly crimes that have taken place in public spaces, can make businesses less profitable. It is not hard to imagine that lost revenue can result in a sluggish business environment within a neighborhood, further limiting foot traffic and funds invested into local businesses.²³² Additional research has shown that closed businesses are associated, at least in the short-term with property crime and theft from vehicles. These types

of crimes are sometimes considered crimes of opportunity and may be more likely to take place when there are not bystanders or witnesses nearby.^{232,234}

The number of people utilizing a space not only has potential to decrease actual crime, but to increase perception of safety.²³⁵ “Social presence”, or the concept of not being in a space alone, has documented effects on perceived safety; even the sounds of other people, not even their close presence, positively increases perception of safety in public spaces.

The concept of more people using a space also connects to the idea of community cohesion and connection, as explored in the [Social Connection and Pride in Place](#) chapter. There has been demonstrated an inverse relationship between social cohesion and perception and fear of crime—as one goes up, the other comes down.²²⁷

Perceived safety, and perceived risk of being victimized have an impact on the health of individuals in the community. Notably, a meta-analysis found that perceived lack of safety hindered physical activity behaviors, which can have deleterious health impacts.²³⁶ Relatedly, fear of violent crime has been demonstrated to increase automobile use rather than active transportation. Additionally, researchers have found that safety and the ease of exercising close to one’s home can influence self-efficacy, which affects their ability to continue the behavior (e.g. to maintain a healthy physical activity schedule in line with recommended levels).²³⁷ A study of the activity patterns of US adolescents found that, while use of a community recreation center was “associated with an increased likelihood of engaging in high level moderate to vigorous physical activity”, living in a neighborhood with a high serious crime level was associated with a decreased likelihood of engaging in high level moderate to vigorous physical activity.²³⁸

Not only is fear of crime associated with a decrease in physical activity, but also a decrease in seeing friends and participation in fewer social activities. These, in turn, have been linked to poorer mental health, and lower quality of life.²³⁹

A 2021 study examined the effects of neighborhood density, diversity, and design on crime patterns and found conflicting information, revealing that the state of the evidence is far from sufficient. Density of businesses (the number of facilities) was correlated with an increase in crime, the hypothesis being that more people in a space increases the number of potential offenders and targets. The correlation between diversity of land use and crime was much smaller than that of density and crime, pointing to “something about the mix of different land uses that possibly brings about heightened provision of guardianship.”²⁴⁰ Finally, the relationship between walkability and crime is also a complicated one. While some research indicates that investments in infrastructure like sidewalks could help to support a community in reducing crime rates and improving social health,²²⁵ this relationship seems could potentially be moderated by social organization (e.g. advantage).²⁴¹ Additionally, high levels of foot or vehicle traffic can cause “social cocooning”, essentially, residents withdraw in their homes seeking personal safety, and physical outdoor spaces deteriorate until foot traffic decreases and crime increases.

Design and Safety

The physical design of the building and the surrounding area can also have a marked impact on the perception of safety and the potential for crime. Firstly, the occupancy of a previously vacant building can, in and of itself, lower rates of crime. The CDC's "Comprehensive Technical Package for the Prevention of Youth Violence and Associated Risk Behaviors" lists the remediation of "abandoned building and vacant lots" as an environmental change approach currently supported by evidence to reduce youth violence perpetration and victimization.²⁴² An oft-cited foundational article on this topic from 1993 posits that crime rates on blocks with open abandoned buildings were twice as high as rates on matched blocks without open buildings. Even when the vacant building was secured, crime rates were significantly higher than levels predicted.²⁴³ In terms of residential buildings, vacancy was correlated with a roughly 19% increase in crime rates, which increased with the length of vacancy until plateauing around one or one and a half years later. Once the home became occupied again, the effects of the previous vacancy were mitigated.²⁴⁴

Greenspace is another design feature that has been associated with an impact on crime.²³⁵ The direction of the impact (positive, negative, or neutral) has been debated in the literature, and the exact factors at play in predicting crime are not well established. Hypothesized connections between greenspace and crime range as wide as promoting social cohesion to supporting positive cognitive functioning.²⁴⁵ The idea that causality is reversed (e.g., greenspaces are not placed in areas with high crime) is also worth careful consideration.²⁴⁶ One study of cellphone data examined the use of greenspace and crime rates; increases in park visits were correlated with decreased non-violent crime rates. Tree canopy and grass coverage had weaker associations with reduced crime, indicating that potentially just having greenspace available is not enough; it needs to be actively used for a potential reduction in crime rate.²³⁵ Green spaces have demonstrated an ability to attract social activity, beyond barren spaces; care should be taken when interpreting those findings, however, as they mainly apply to urban environments without much ready access to greenery, unlike the Bennington area.²⁴⁵ The remediation and greening of vacant physical environments has also been linked to self-reported mental health; a cluster randomized control trial showed a decrease in feelings of depression and self-reported poor mental health for those living near a previously vacant and now green lot.²⁴⁶

Greenspace is not only linked to a decrease in crime, but also an increase in perception of safety.²⁴⁷ Mediating factors considered between greenspace and crime include stress reduction, improved health, participatory design, perceived order, and reduced aggression through climate modulation.¹³⁷

Climate modulation may seem out of place as a contributor to violent crime, but evidence has shown "that aggression increases in higher ambient temperatures up to certain levels."¹³⁷ With climate change predicted to increase heat-related events, and Bennington flagged as a Vermont community at highest risk for heat illness,²⁴⁸ steps to alleviate the impacts of heat and other extreme weather events, both inside and outside of the Benn High space, would be pertinent and supportive of community health and preparedness. The potential for the Benn High space to be used more broadly for community response to events (e.g., as a cooling or

warming center, evacuation facility, or reunification site) could be examined. Used in this way, the building would provide a safe space for community members in at-risk situations.

Transportation Safety

Some individuals completing the resident survey, or attending community forums, expressed concern regarding the speed or volume of vehicles traveling on Main Street, as well as the streets that join Main Street near the Benn High building (Pleasant Street, Union Street, and others). Fear of collision while walking or bicycling, and fear of safely waiting for a bus or taxi were frequently voiced.

Figure 66
In-Street
Crosswalk
Sign



If parking is to be encouraged on Main Street, an examination of the ease of crossing Main Street at the designated mid-block crossing should be examined. The placement of an in-street sign on the centerline could serve as an extra visual for vehicles to slow and be aware of pedestrians coming from behind parked vehicles to cross the street in front of the Benn High building and would be supported by the “Crosswalk enhancement options” presented by VTrans for 2 lane roadways.²⁴⁹

Crime Prevention through Environmental Design (CPTED principles) can be a starting place to identify design features that promote safety and perception of safety.²⁵⁰ Designing a space to increase natural surveillance, using zones to delineate between public and private space, ensuring clear sight lines and avoiding alleyways or hidden corners are all examples of CPTED features that can be built into the design of a building, and surrounding area.²⁵¹ These principles can also be applied to bus stop features to make them safer. Bus stops have been associated with higher crime rates if they are located near an alley, multi-family housing, vacant building, graffiti, and litter. Positive environmental factors include good visibility and existence of a bus shelter (not simply a bench).²⁵²

While crime will likely continue to be a concern regarding the Benn High Project, there are efforts that can be undertaken to promote an environment that is safe and promotes opportunities for health and wellness. While the danger of interpersonal violence in the streets and homes of Bennington are not to be diminished, another form of violence is also worthy of attention—so-called “structural violence.”²⁵³ Defined as “social arrangements that put individuals and populations in harm’s way,”²⁵³ structural violence stops individuals, neighborhoods, and communities from thriving. “Disparate access to resources, political power, education, health care, and legal standing are just a few examples.”²⁵³ This, “a self-sustaining form of violence, as marginalized and violent communities have fewer opportunities for growth and improvement,”²⁵³ is the oft neglected and silent counterpart to the violence splashed across newspaper pages daily. Both deserve a prominent position in discussions of economic and community development, and the advancement of public health.

RECOMMENDATIONS RELATED TO DISINVESTMENT, POVERTY, AND PUBLIC SAFETY

Design Recommendations

If on-street parking increases, ensure visibility of crosswalk to ensure pedestrian safety. Consider use of in-street crosswalk sign.

- For two-lane roadways with the speed limit and traffic seen by Main Street, VTrans recommends the use of an in-street crosswalk sign to support safe pedestrian crossing.²⁴⁹

Incorporate Crime Prevention Through Environmental Design (CPTED) principles into the outdoor design of the site.

- Review CPTED guidance documents to make small but important alterations to site plan to promote safety through physical characteristics of the space. Can include ensuring clear sightlines from windows across the property (keeping shrubs trimmed below 2 feet); using sidewalks, crosswalks, and other directional guidance to drive visitors toward correct entrance; creating welcoming spaces to guide gathering in appropriate locations; and other alterations that promote natural surveillance and clear intended use of spaces.^{250,251}

Explore the possibility of installing an additional signed crosswalk on eastern portion of Pleasant Street to support safe access from one side of the street to Benn High building.

- Because the Benn High building's main entrance will be on Main Street, alterations to the built environment to support easy and safe pedestrian access from Pleasant Street are important to ensure accessibility.

With neighborhood resident leadership and oversight, consider the addition of bike lanes to Pleasant Street to support active transportation.

- While Main Street may not be well-situated to accommodate bike lanes, Pleasant Street potentially could be a suitable fit for their installation. Bike lanes could not only promote safe physical activity but could also slow vehicle traffic to promote safety and comfort for those living on the street.²⁵⁴

With neighborhood residents, study traffic increases related to the project, and identify traffic calming and pedestrian safety measures as needed.

- Because the Benn High project may increase vehicle traffic near the building site, a careful surveillance of the area for any traffic hazards or recurring issues would be wise, so that a response to promote safety and traffic flow can be quickly identified and implemented.

Programming Recommendations

Ensure that anti-crime or violence efforts are embedded in a broader antipoverty agenda to include the eradication of housing discrimination, credit repair services, financial literacy training, and financial assistance.

- A regional antipoverty agenda, created to eradicate the root causes of poverty and wealth inequity, is a critical component of addressing safety within a community. Police activity cannot solely remedy the societal causes of violence and crime.¹³¹

Leverage the wide variety of rural development tools available in Vermont to continue building entrepreneurial opportunities that provide appropriate capital options and skill-building for local entrepreneurs, with a focus on geographic equity in investment.

- Understanding that a single development will not necessarily alter the larger economic forces that have create pockets of poverty, a concentrated place-based effort to support entrepreneurs and professionals financially and programmatically could help to advance economic wellbeing outcomes in the downtown area.

Review neighborhood-level crime report and first responder data to guide tailored prevention efforts and services offered.

- Considering the increasing conceptualization of violence, community safety, and first responder utilization as public health issues, the use of a public health model to provide comprehensive violence prevention efforts is warranted. Leveraging existing evidence-based and data-supported frameworks to address these topics could be successful, and would require the gathering and careful analysis and appropriate presentation of applicable data (e.g., not only heat maps of raw numbers of police calls, but age- and population-adjusted analyses to identify trends).²²⁷

COMMUNITY EMPOWERMENT RECOMMENDATION

Continue establishment of working relationships with landlords and property owners to collaborate on neighborhood and town-wide development initiatives.

- Continue to explore public-private partnerships to leverage funds and implement community development initiatives that otherwise would be difficult for a single entity to accomplish. Follow PPP best practices to ensure successful ventures that benefit the community's health and wellness.²⁵⁵

COMMUNICATION RECOMMENDATION

Identify streamlined methods for data sharing across divisions within the Vermont Department of Health.

- Given the inability of this assessment’s steering committee to secure first responder data, the establishment of clear parameters and data use agreement terms to appropriately and sensitively share data imperative to community public health responses to various threats should be considered.

POLICY RECOMMENDATIONS

Prioritize neighborhood infrastructural change based on health data.

- To protect against disinvestment in neighborhoods, prioritize infrastructural investment in part upon available small-area health data (e.g., physical activity, chronic disease burden)

Prioritize community development initiatives, and offer revolving town loan funds, to businesses and efforts that prioritize health, wellbeing, and economic dignity.

- There are models that can help municipalities center health and wellbeing as the reason and vehicle for economic development efforts. Adopting a comprehensive framework to help guide development decision-making can build regional momentum around initiatives that address and advance health equity while supporting a thriving economy.^{256,257}

Balance development in “opportunity zones” with development in wealthier areas

- Mixed-income and mixed-use developments should not be isolated to census tracts with a high percentage of individuals living in poverty. Encouraging similar developments in wealthier areas will help everyone to benefit from the opportunities and amenities that might be more readily available in those areas.¹³⁴

Engage resident-led steering group to explore neighborhood-specific economic empowerment efforts, such as participatory budgeting, to fund resident desired improvements to built environment.

- In the interest of moving from community engagement to community empowerment, some municipalities have begun offering opportunities for community members to participate in the budgeting process, to ensure that investments are made that support

the needs and desires of the community. These efforts can advance health equity,²⁵⁸ and could be led by members of any resident groups formed (per recommendations related to social connection).

Give residential preference for jobs created through redevelopment activity.

- Offering local residents preference for newly created positions can help to promote sustainable economic wellbeing in the area of the redevelopment.¹²⁶

LIMITATIONS

"A subtle thought that is in error may yet give rise to fruitful inquiry that can establish truths of great value." – Isaac Asimov, American writer

An important feature of any HIA is a listing of limitations and learnings identified throughout the assessment process. Enumerating errors, mistakes, and shortcomings can:

1. Help the reader to better contextualize the assessment's findings
2. Provide helpful guidance for ways that future HIA projects can improve processes and avoid similar mistakes
3. Contribute to a formal or informal evaluation of the work of the HIA Steering Committee.

Community Survey

Though carefully created using expertise from a variety of organizations, there were important limitations related to the community survey should be noted:

- The survey was long and contained many questions that required deep thought of personal experience and opinions. A shorter survey likely would have garnered more responses but might have sacrificed the valuable depth of feedback that we received from the 33 respondents.
- Hosted on Microsoft Forms, the survey was possible to complete using a mobile device, but required some amount of sideways scrolling that could have been confusing or difficult for some potential respondents.
- The survey was only provided in English. While translation could have been provided, and was advertised as an accommodation, having the survey advertisement available in multiple languages would have potentially been more effective in garnering a wider range of respondents.

Community Forums

The forum held at the Senior Center was well-attended and resulted in valuable feedback that helped contribute to the HIA. The other two forums, one held for teens and one for residents living in close proximity to the Benn High project, were not nearly as well attended.

- The forum held for teens was partially disrupted due to severe winter weather the previous day, which limited the amount of last-minute communication that could be offered as a reminder to potential attendees. A contingency plan should have been put in place to ensure that the event was widely advertised well in advance.
- The forum for teens took place in the Benn High building (as a way to potentially generate excitement in attending and engaging), but ultimately likely hindered participant attendance. Going to where the teens were, in the Bennington Rec Center,

likely would have allowed for a wider audience of individuals who wouldn't necessarily have planned to attend off-site but would attend if presented with the opportunity in a comfortable and familiar environment.

- The forum for neighborhood residents was primarily advertised through the distribution of the community survey. This was intentionally crafted to ensure that only residents were invited, so that the forum space could be reserved just for those in closest proximity to the development. More widespread advertisement should have taken place, running the risk that some non-residents would attend.
- The forum for community residents was held during the evening hours of a weekday, which could have been a difficult time for some individuals to be available; a few different times/dates could have been offered to accommodate different work and family schedules.

HIA Methodology

This was the first HIA that the Bennington Office of Local Health had led. To that end, there are a few noteworthy limitations:

- Access to forecasting tools was very limited/non-existent.
- Access to timely data was constrained, in part due to continuing delays related to pandemic-era data collection interruptions. Offices of Local Health do not routinely request outside data from other divisions/outside entities, and those processes were not streamlined to accommodate requests within the HIA project window.
- Because the project was evolving as the HIA was completed, there were undoubtedly changes to the redevelopment plan that were not identified, and thus project features were included in this report despite being outdated.
- Steering Committee membership, while diverse in experience and organization, could have included additional community members not affiliated with any professional organization.
- The HIA focused on gathering information and engagement from populations identified as most likely to be impacted by the project (seniors, adolescents, and nearby residents). The general Bennington community was not brought into the community engagement efforts of the HIA. Though other engagement opportunities existed (e.g., Select Board and other Town-led meetings), the lack of broad community input into the HIA could be seen as a weakness.
- A cost-benefit analysis would have contributed great value to the HIA. Quantifying the true economic benefits to this type of community development project (including costs saved to services such as first responders, the healthcare or education systems) is important though highly complex work that was beyond the scope of the ability of the Bennington Office of Local Health.

CONCLUSION

" There is no power for change greater than a community discovering what it cares about." – Margaret Whetaley, American writer

The HIA process has proven to be a valuable addition to the due diligence and consideration that takes place prior to large development efforts such as the project taking place at Benn High. Centering health and equity in the planning and decision-making processes can serve as a model for future community projects taking place in Bennington and throughout Bennington County.

Publication of this document aside, the Benn High Redevelopment Project HIA process has yielded important benefits:

- Increased collaboration between the organizations that constitute the Steering Committee. Most notably, this has included collaborative efforts between the Bennington County Regional Commission and the Bennington Office of Local Health, Hale Resources, and the Town of Bennington. Shared understanding around the public health implications of community development projects has allowed for aligned goals and the pursuit of evidence-based and emerging practices to inform decision-making.
- A deeper understanding of the data available to support and challenge assumptions. The references contained in this document can support decision-making and funding applications not only for the Benn High project, but also for other similar ventures in the future.
- Conversations with community members about community safety, stigma, and the importance of civic engagement.
- Contribution to the number of HIAs completed in the United States, a practice that has not been widely adopted but shows great promise in incorporating health into decision-making for community development projects.

While the HIA took only six months to implement, the Benn High Redevelopment Project will take far longer to be actualized. Whether any of the recommendations presented are incorporated into the project plans remains to be seen; regardless, the HIA has proven to be a worthy exercise in explicitly highlighting the interplay between community development and public health. Society's understanding of the structural and systemic determinants of health seems to be evolving, and with it has come a hunger for answers to questions about how to thoughtfully create thriving, inclusive communities for all. This HIA is one small fraction of an answer to those questions and offers support for the continued quest for ensuring community- and data-driven efforts that improve health and well-being in all forms.

APPENDIX 1 – HIA STEERING COMMITTEE MATERIALS

HIA Steering Committee Launch Meeting Slides



650 Main Street Redevelopment

Launch of Health Impact Assessment (HIA)

January 11, 2023



Agenda



- Review HIA definition, values, and steps
- Confirm timeline and roles
- Discuss research question(s)
- Identify health determinants of interest
- Outline community engagement opportunities
- Determine next steps

Definition

“Health Impact Assessment is a combination of procedures, methods and tools by which a policy, program, or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population.”

- Gothenburg Consensus Paper, World Health Organization European Region

Values

- 1 Democracy
- 2 Equity
- 3 Sustainable Development
- 4 Ethical Use of Evidence
- 5 Holistic Approach to Health

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The 6 Steps of an HIA

1

Screening

Assess the value, feasibility, and utility of the HIA for project decision-making

2

Scoping

Establish process benchmarks, set assessment parameters

3

Assessment

Gather and use evidence to illustrate baseline health conditions and assess anticipated project effects

4

Recommendations

Identify and evaluate mitigations, design strategies, or decision alternatives to promote and protect health

5

Reporting

Document and communicate the process, findings, and recommendations

6

Evaluation

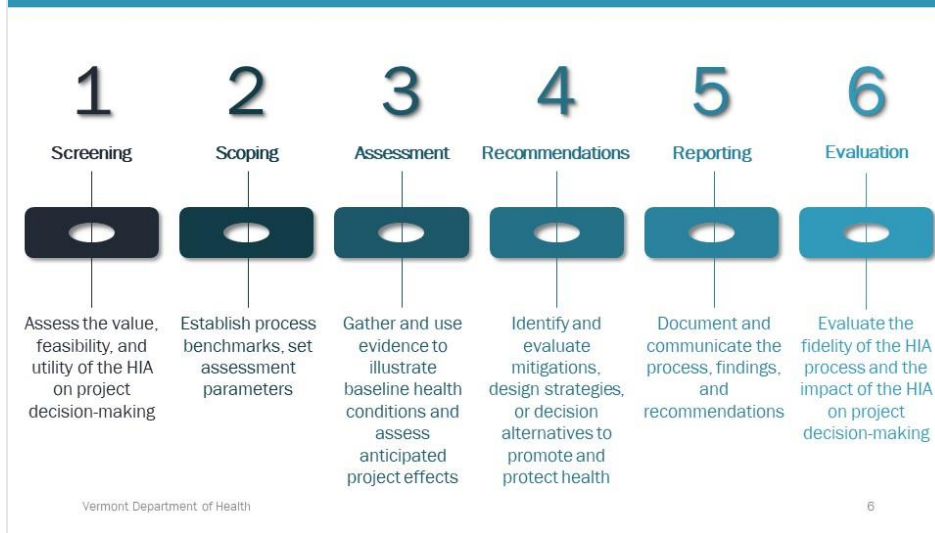
Evaluate the fidelity of the HIA process and the impact of the HIA on project decision-making

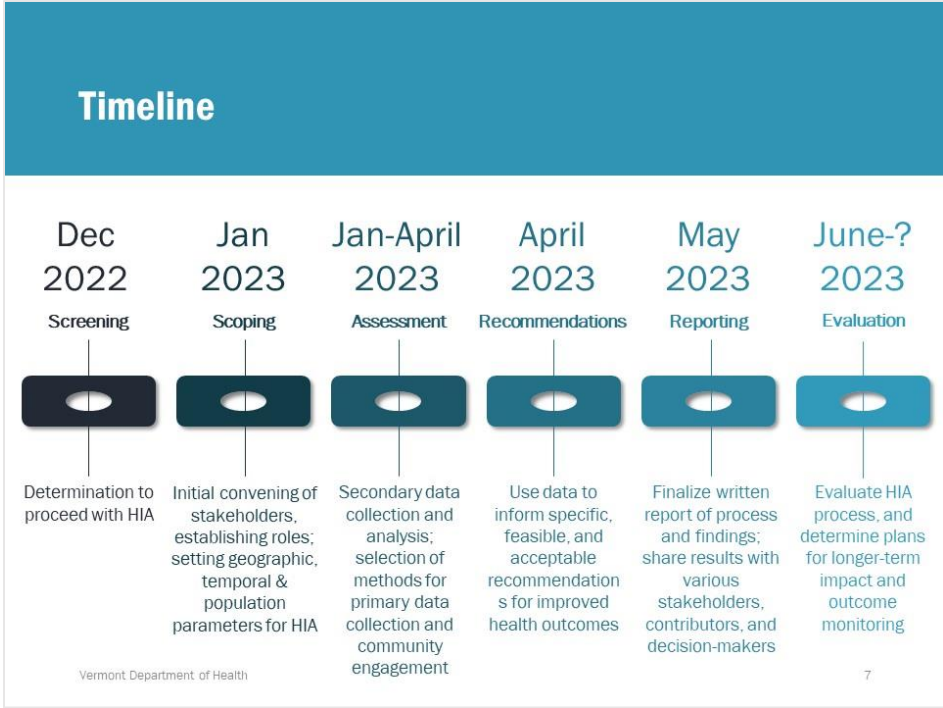
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What Are We Doing Here?



The 6 Steps of an HIA





Steering Committee

- **Shannon Barsotti**
Town of Bennington
- **Zak Hale**
Hale Resources
- **Bill Colvin, Callie Fishburn**
Bennington County Regional Commission
- **Megan Herrington, Rory Price, Meagan Snide, Kathleen O'Reilly**
Vermont Department of Health

Advisory Group

- **Town of Bennington resident(s)**
- **Meals on Wheels and Berkshire Family YMCA stakeholders**
- **Nancy Kaplan**
Northern New England Clinical & Translational Research Network
- **Elise Fuerstman**
VDH Health Surveillance
- **Dr. Andrew Dannenberg**
Washington University & Society of Practitioners of HIA

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Research Question(s)

Questions that will focus the assessment on causal pathways most important to public health and community priority.

HIAs are a decision-support tool, and we are at liberty to guide the process to ensure that final recommendations address the areas most in need of, and most amenable to, this support.

The “answers” to the research questions can be used for building recommendations, but the analysis itself shouldn’t be performed to provide a specific answer.

Sample Research Questions

How will the redevelopment of 650 Main Street impact:

- physical housing conditions in Bennington?
- social and community traits/health in Bennington?
- neighborhood conditions in Bennington?
- the health and wellbeing of those living within [distance] of the project?

How can the redevelopment of 650 Main Street:

- best promote community health?
- best address any project features negatively impacting community health?

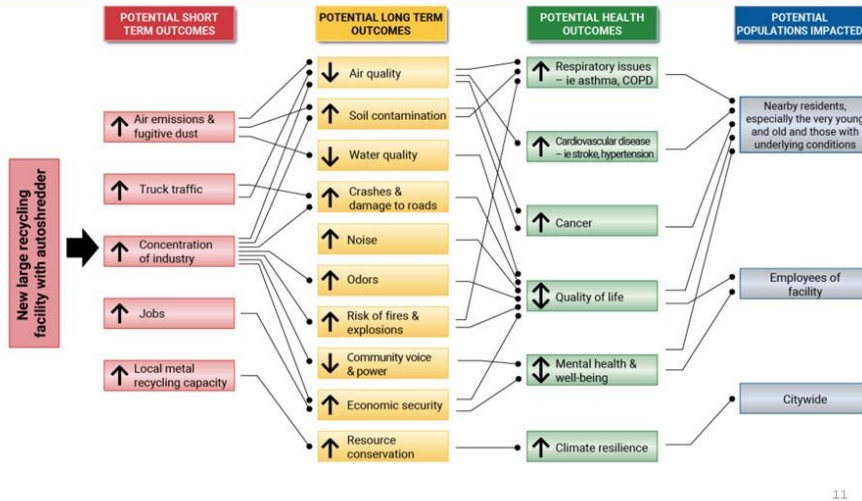
How will the redevelopment of 650 Main Street:

- differentially affect populations in Bennington? I.e., who will benefit and who will be burdened, and how can we minimize burdens and maximize benefits?
- affect health in the Bennington community, and what should be done to manage these impacts?

What are:

- current community conditions near 650 Main Street?
- the potential impacts (both positive and negative) of the 650 Main Street redevelopment project for affected citizens?

Pathway Diagram - example



11

Creating Our Causal Pathway

Characteristic of Proposal → Proximal effects → Long-term outcomes → Health repercussions



Vermont Department of Health

12

Community Engagement



Is there a community member who may wish to have a role in the steering committee and/or advisory group?

How would we like to solicit community feedback? Forums, survey, key informant interviews, etc.

What community input has occurred thus far? Comments during SB meetings, ARPA survey, etc.

What are our population(s) of interest/priority? E.g. Pleasant and Main Street residents, retailers, MoW and YMCA participants, minors, seniors.

Next Steps



How often would this group like to meet?

Are we missing anyone?

Recap tasks assigned during meeting

650 Main Street HIA Launch Meeting Notes

January 11, 2023

In attendance: Shannon Barsotti, Bill Colvin, Callie Fishburn, Zak Hale, Megan Herrington, Naomi Parekh, Rory Price, Meagan Snide

Project timeline discussion

- HIAs have 6 steps: screening, scoping, assessment, recommendations, reporting, and evaluation. This meeting is part of the scoping phase, designed to establish process benchmarks and to set assessment parameters.
- The assessment phase will likely last from January through April and will include the collection and analysis of secondary data, as well as community engagement efforts to gather qualitative information. Recommendations will be drafted by the end of April, with reporting taking place primarily in May, and evaluation beginning in June.
 - This timeline can have a little bit of flexibility, but the goal is to have recommendations made and a report created prior to all design/tenant/programming plans being solidified.

Project steering committee

- Current leadership for the HIA includes Shannon (representing the Town of Bennington); Zak (representing Hale Resources); Bill and Callie (representing the Bennington County Regional Commission); and Megan, Meagan, Rory, and Kathy (representing the Bennington Office of Local Health).
 - The group mentioned that Patricia Johnson may be interested in participating as well. Rory will reach out.
 - Naomi Parekh is a Ph.D. student, has held positions in the UN, and currently works within the UVM Office of Engagement. Rory will be reaching out following this meeting to see if/how this project may be of interest to Naomi in a personal and/or professional capacity.
- There are several individuals who will be able to provide technical assistance, from the Vermont Department of Health data team to the Northern New England Clinical and Translational Research group, and more. The steering committee is invited to continue thinking about individuals who could contribute and benefit from participating in this effort.

Research questions

- A list of potential research questions was shared with the group, with feedback to be provided to Rory. Look at slide #10 in the presentation (and the handout distributed during the meeting).

Determinants of interest

- After discussion, the group identified initial areas of focus as follows:
 - Housing (availability, affordability, stability, quality)
 - Crime and safety (vandalism/property crime, violence, perception of safety)
 - Social connection, neighborhood pride
 - Community services (availability, variety, capacity, location)
 - Concentrated poverty (disinvestment, policy choices, workforce)

- The assessment will be able to look at areas beyond this and may hone a focus within these categories; this is an iterative process, and these topics provide a good initial step toward narrowing the scope of the assessment.
 - Rory and VDH team will begin to create a causal pathway with the selected determinants, finding data and evidence to confirm connections and projected impact of the project on the community.
 - Shannon will gain insight from the Town's Benn Hi team (Paul, Dan, Mark, and Goldstone) to see if these determinants align with their interest as well.
 - The selection of these determinants will not only focus the data collection portion of the assessment but will also provide some broad categories into which recommendations will be made (e.g., tenants for available space; design to promote social connection and reduce real/perceived risk of crime, etc.).

Community engagement work

- In addition to community meetings already held by the Town, Shannon recommended a meeting with teen members of the rec center, as well as a separate meeting with representatives/members of the buildings other confirmed and tentative tenants: Meals on Wheels, the Senior Center, UVM Extension, Council on Aging.
 - The meeting with teen rec center members will take place on Tuesday, January 24th. VDH and BCRC staff have met to create a meeting agenda and format, which will be shared with Shannon/Kayla for feedback.
 - The meeting with MoW and other stakeholders is being tentatively scheduled for the beginning of February.
- A survey, to be sent by Zak to tenants, and distributed to Pleasant/Main Street residents, will be designed in the near term. This will then gauge interest and establish participants for a Pleasant/Main Street community gathering.

Next steps

- In addition to various tasks referenced above, Rory will schedule a meeting for mid- to late-February for the group to reconvene to:
 - Discuss results from initial community engagement efforts
 - Review proposed casual diagram and data gathered
 - Discuss additional data needed, etc.

HIA Steering Committee March 2023 Meeting Slides



Benn High Redevelopment

Health Impact Assessment (HIA)

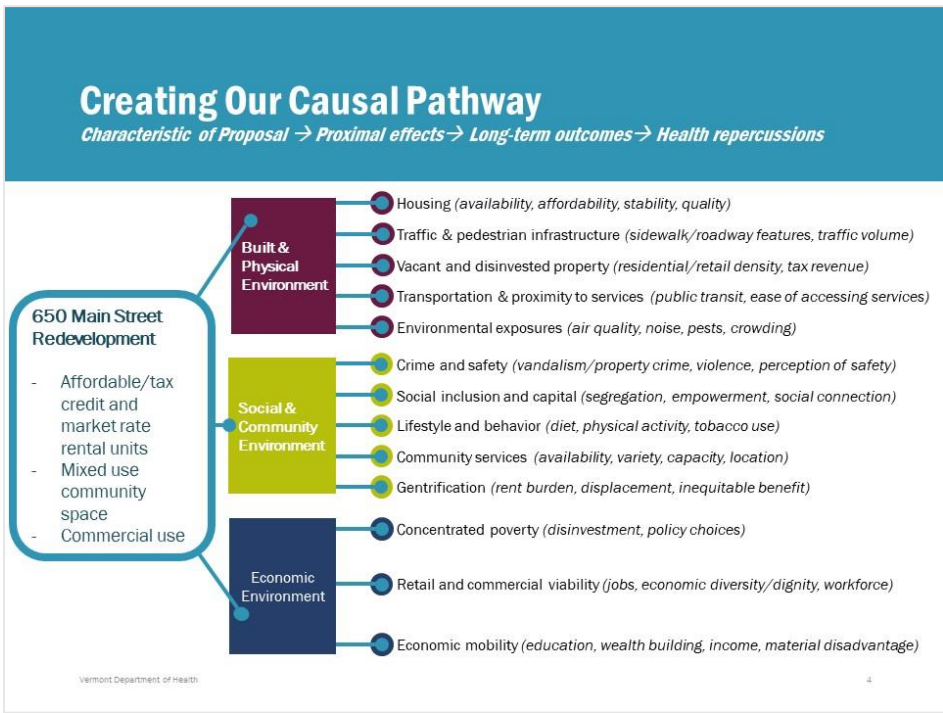
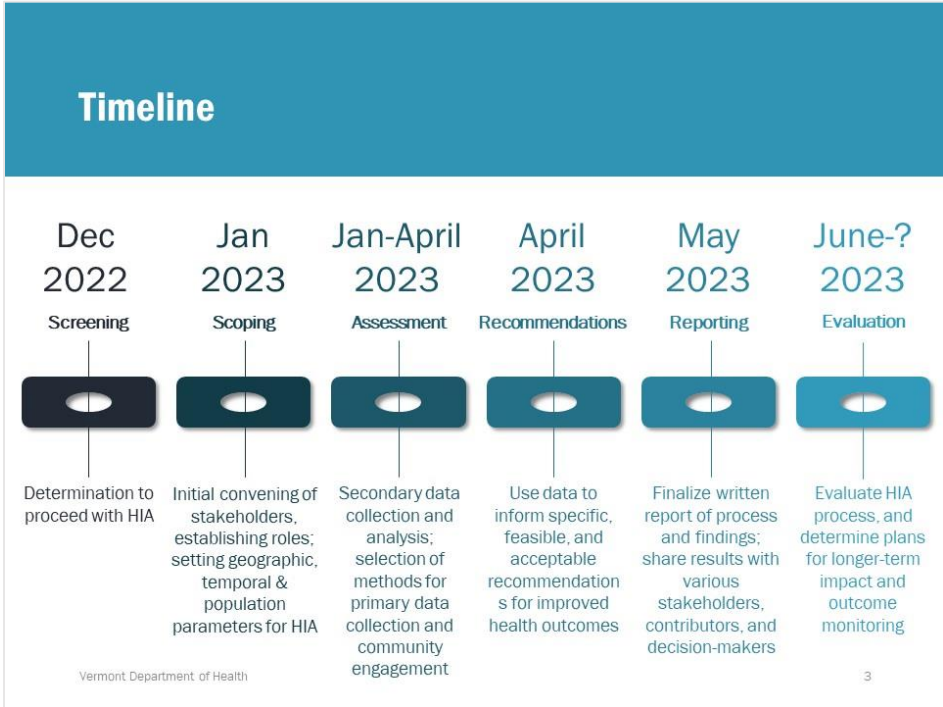
March 1, 2023



Agenda

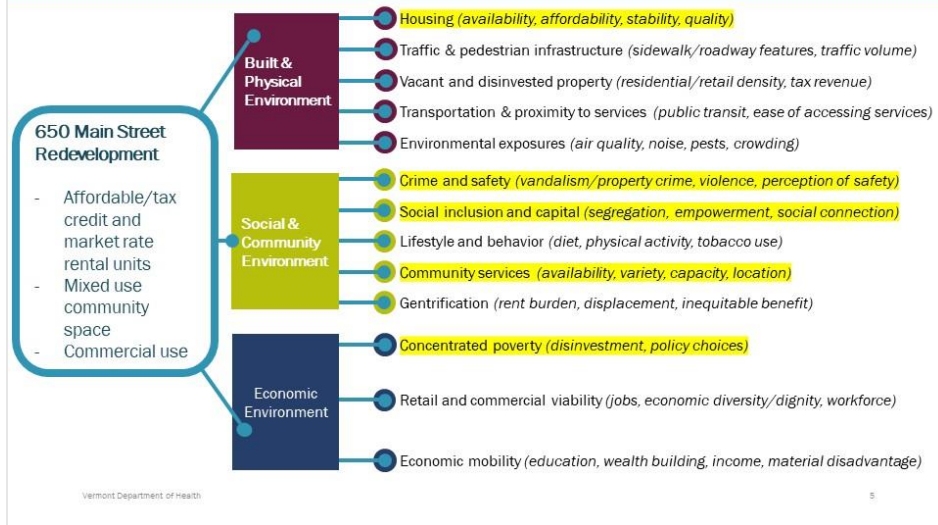


- Review logic framework
- Discuss data collection (past & future)
- Recap community forums
- Identify key stakeholders for interviews
- Review resident survey and discuss logistics
- Determine key elements of resident forum

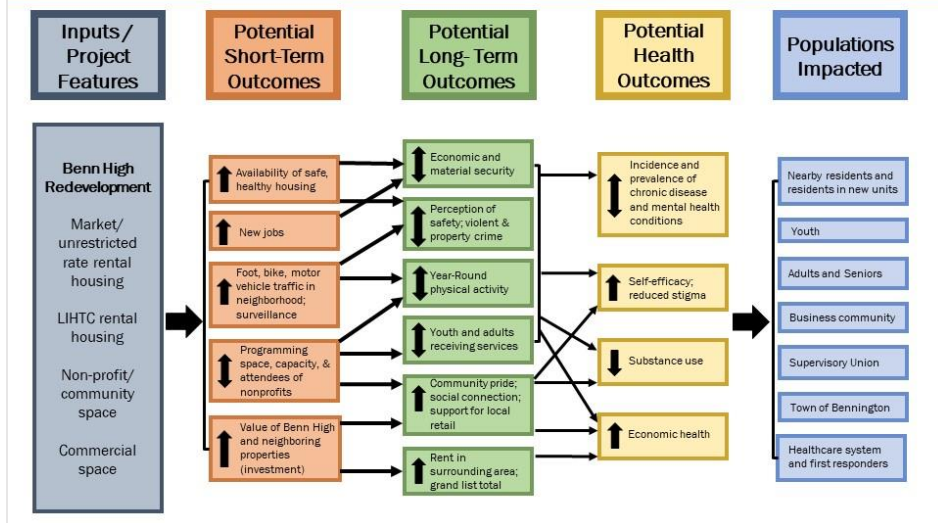


Creating Our Causal Pathway

Characteristic of Proposal → Proximal effects → Long-term outcomes → Health repercussions



Causal Diagram



Data gathered, data needed



Gathered

- Demographic information
- Economic and education
- Health behavior
- Health outcomes
- Community vulnerability and resiliency
- Evidence base to support causal pathways

In progress

- First responder & crime data
- Outcomes of projects at similar scale
- Cost/benefit

Needed

- Traffic/transportation information
- Project insights and anticipated programming
- Previous community feedback

7

Key Stakeholders for Interview



- Zak
- Shannon
- Carrie F.
- Kayla/Taylor
- Chris C.
- Rosemary
- Ilsa
- Others?

8

SENIOR CENTER FORUM HIGHLIGHTS

<p>Do you feel supported by your community? Why or why not?</p> <p>YES:</p> <ul style="list-style-type: none"> Silver Sneakers Religious Institutions VCL, COA, GBOS, MoW, <p>NO:</p> <ul style="list-style-type: none"> Several comments about feeling cut out of decision-making Lack of access: financial & transportation) 	<p>Do you feel like the Bennington community gives you an opportunity to be healthy? Why or why not?</p> <p>YES:</p> <ul style="list-style-type: none"> Meals & socialization Some walking paths Exercise programs exist <p>NO:</p> <ul style="list-style-type: none"> Safety & accessibility concerns Programs are available but cost prohibitive Need primary care providers & dentists 	<p>What would you like to see in the Benn High space? (Retail, services, etc.)</p> <ul style="list-style-type: none"> Medical: Urgent care, podiatry, hearing, vision, dental Food/Housing: Veggie van Go pickup, Farmer's Market, food shelf, cooking classes, housing for elders & disabled veterans Social: salon/haircuts, exercise classes, meditation, dog park, playground, maker's space Advocacy/Support: Elder law, Council on Aging, accessible technology
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Senior Center Forum: February 22, 2023 10:30 AM

SENIOR CENTER FORUM HIGHLIGHTS

<p>What are your favorite spaces & programming in Bennington?</p> <ul style="list-style-type: none"> Cultural/Historical: Library, Bennington Museum, Bennington Monument, religious programming/spaces, Oldcastle Theater Outdoor: Willow Park, Rail Trail, Splash pad, Deer Park, farmer's market Stores, food, shopping: MoW café, Bringing You Vermont, Gift Garden, antique stores, Jay's Art Shop, potluck opportunities Senior-centric: Senior center/Tai Chi, YMCA programming, bone builders 	<p>How do you feel about inter-generational space (sharing a space with people much older or younger than you)?</p> <p>PRO:</p> <ul style="list-style-type: none"> Structured inter-generational programming rather than just being near kids: genealogy, cooking classes, tech help Grandparents already raising grandkids; shared space useful Promote connection <p>CON:</p> <ul style="list-style-type: none"> Safety concerns: supervision needed Seniors would like some activities or areas to just be theirs All areas should be handicap accessible Some would not want to live near kids 	<p>Think about the cultural, social, & shopping opportunities in Bennington. How do they influence your quality of life?</p> <ul style="list-style-type: none"> Less isolation when seniors can count on an activity being offered consistently; must be accessible & free or inexpensive When seniors can't access opportunities due to transportation issues or concerns about safety, it negatively affects their mental and physical health Some felt Main Street caters to tourists & they have to travel further away to get the things they need or want.
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Senior Center Forum: February 22, 2023 10:30 AM

Resident Survey



Community Survey: Share Your Thoughts About the Benn High Project!

Thank you for taking this survey, which will help the Vermont Department of Health to better understand the Bennington community's hopes, concerns, and needs related to the redevelopment of the building at 850 Main Street, commonly referred to as "the old Bennington High School" or "the old Middle School". You can read more about the project here: https://benningtonvt.org/services/bennhl_redevelopment/index.php

Feedback from the community will be used to create recommendations for the project's leaders to consider, to promote health for all Bennington residents.

This survey was designed especially for people living near the redevelopment site. All of your answers will remain anonymous. After completing the survey, you will have the opportunity to share your contact information for the chance to be entered into a raffle to win a \$50 gift card as a token of appreciation for your time and effort. You will also have the opportunity to learn about an upcoming community meeting taking place to discuss the project.

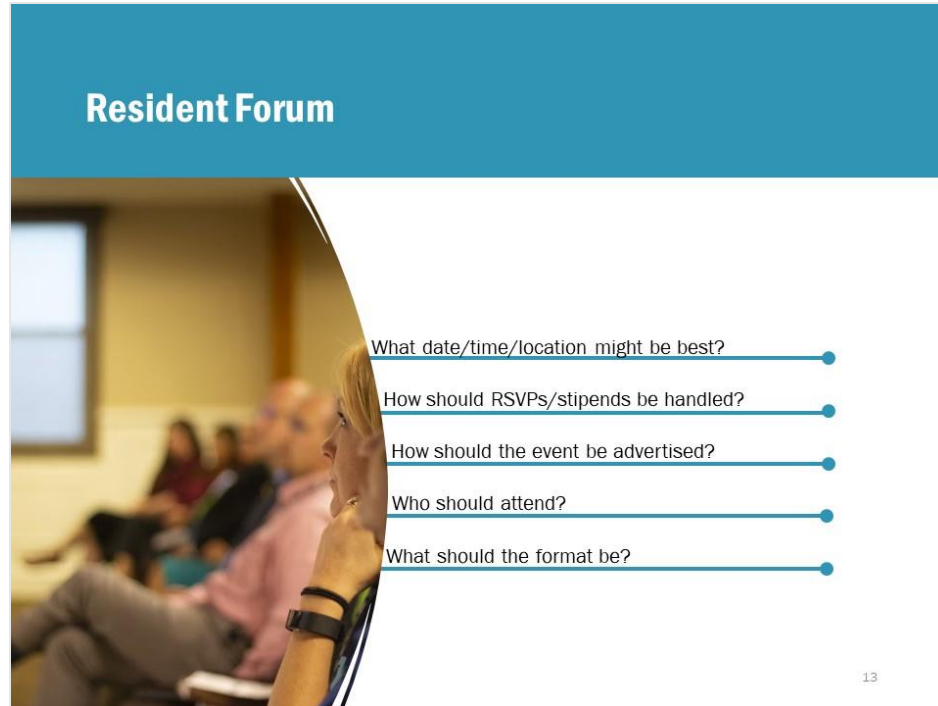
If you have questions about this survey, would like to provide verbal feedback, have accessibility/translation needs, or would like to know more about how the responses will be used, please contact Rory Price, Public Health Specialist in the Bennington Office of Local Health at 802-447-5451 or rprouse@vermont.gov.

<https://forms.microsoft.com/g/MuS8Sxj11e>

Survey Logistics



- Population of interest
 - Geographic bounds of survey
- Method(s) of distribution
 - Landlords
 - Door-to-door
 - Flyers/QR codes
- Incentives to complete survey
 - Raffle
- Timeframe
 - When to launch
 - How long to leave open



650 Main Street HIA March Meeting Notes

March 1, 2023, 8:00am-9:30am

In attendance: Shannon Barsotti, Bill Colvin, Callie Fishburn, Zak Hale, Kathy O'Reilly, Rory Price, Meagan Snide

Logic Framework

- Drafted logic framework was presented to the group for feedback. Suggestions are welcome regarding the connections and determinants included, as this acts as the “map” for the types of data and evidence that will be included in the HIA.
- A connection was drawn between the inclusion of self-efficacy, and the YRBS question regarding whether youth feel like they matter to their community. This is especially important considering the addition of a childcare facility to the project; outcomes related to that type of early education and nurturing environment will be added to the logic framework and the assessment overall.

Data collection

- Discussed data collected so far, and determined additional sources of information including:
 - Rory will look at the Area Wide Plan, a guide/planning document for vacant sites in Bennington, completed prior to the Putnam Block redevelopment.
 - Rory will contact Jim Henderson at the BCRC for documents related to Brownfield grants
 - Shannon will send Rory any information/studies related to the opening of the Community Market that might be helpful
 - Rory will look at other, similar developments mentioned happening elsewhere:

- A NeighborWorks initiative in the northwest neighborhood of Rutland
- An additional housing development in the southwest neighborhood of Rutland, Forest Park/Hickory Street
- Naomi is connecting Rory with folks from a Brattleboro project
- Lincoln Place in Rutland (former Catholic school converted to housing)
- College of St. Joseph redevelopment
- Shannon will send along budget numbers (related to co-locating services, etc.) for cost-benefit analysis
- Rory will reach out to Mark Anders regarding any applicable traffic/pedestrian infrastructure data or plans. She will also reference the parking study of 2016.
- Rory will reach out to Jonah re: any previous community feedback (ARPA survey results, Town survey results, etc.) that might be helpful and easy to send along.
- Rory will review notes and recommendations from VCRD visits ~10 years ago, particularly around indoor recreation and support of youth.
- Rory and Megan are pursuing first responder and crime report data.

Community forums

- The forum at the Senior Center was well-attended and resulted in a productive conversation.
- Information from previous community forums held (not related to the HIA) at GBCS and Sunrise will be forwarded to Zak.

Key stakeholder interviews

- Rory and Meagan have started to initiate meetings with key stakeholders in the project, to gain their perspectives and learn more about their goals related to the project and the anticipated impact the project will have on their organization. Below is the list of individuals that they will try to meet with:
 - Zak
 - Shannon
 - Kayla, Taylor, and Jess (to gain the YMCA perspective, including re: childcare services)
 - Ilsa (MoW)
 - Carrie (Senior Center)
 - Chris (UVM Extension)
 - Jennie (Pathways, Zak will connect Rory)
 - Lindsay (PAVE)
 - Seth (VHFA, Zak will connect Rory)

Resident survey

- The group reviewed the drafted survey for residents living near the Benn High space. Rory will incorporate suggestions, and language from Zak's list of potential questions, before sending it out to the group for a stamp of approval. It will then be sent to VDH Central Office for approval.
- The map indicating the survey population didn't include Walloomsac Apartments. This has been corrected, as their input is certainly relevant and valuable.
- Distribution of the survey—Zak will have the link sent to tenants with language assuring that it is anonymous. A rental discount won't be offered, but participants will have the opportunity to enter a raffle for a gift card.

- When the survey is approaching finalization, Bill will reach out to Mr. Cross to share what we are doing, and why, and invite his participation/support.
- Additionally, door-to-door canvassing with the survey link/QR code (and a map showing why their feedback is essential) will be essential for encouraging responses. Rory will coordinate as the survey is finalized and will look for volunteers to join her if possible.
- The survey link will also be shared with Savida, Sunrise, SASH, BHA, GMCN, Willy's, the SVSU Family Engagement Specialist team, and any other organization that might have a trusted relationship with residents in the survey catchment area.

Resident forum

- Hoping to advertise the forum via the survey
- To ensure that the forum is specially held for nearby residents, an RSVP will be required.
- An upper cap on attendance at 20-25 people will allow for stipends to be paid to acknowledge the value of participants' time and effort.
- The meeting will ideally be held in the Benn High space—Rory will work with Shannon to confirm a date/time. Likely early/mid-April, taking care to avoid April Break and Easter.
- Once the date and time are confirmed, Rory will work with a subset of the steering committee to draft a meeting agenda and questions and send those to the wider group for approval/comment.

Next meeting—

- To be set for after the resident forum, unless needed prior.

HIA Steering Committee June 2023 Meeting Slides



Evaluation of HIA Process

- How well did the HIA address equity?
- Did the chosen topics remain relevant?
- How could community engagement activities have been more effective?
- How might the document be used?
- How could the HIA inform longer-term evaluation work?
- In general – what worked, and what didn't?





Agenda

- Summary of remaining HIA timeline ————— 5 minutes
- Comments, questions, critiques of document draft — 25 minutes
- Evaluation of HIA process and project ————— 25 minutes
- Wrap up ————— 5 minutes



Remaining Time and Tasks

- Receive and incorporate document feedback
- Finish remaining evaluation pieces of methodology section
- Provide “final” draft by Wednesday
- Finish summary PowerPoint by Thursday
- Submit to VDH central office for inclusion on VDH HIA webpage





Questions/Comments/Feedback re: Drafted Report



- Two most important sections:
 - Executive Summary
 - Recommendations
- Document meant to be used as a reference (not read beginning to end)
- Formatting changed for compatibility with screen readers

Vermont Department of Health

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650 Main Street HIA June Meeting Notes

June 9, 2023, 2:30pm-3:30pm

In attendance: Shannon Barsotti, Zak Hale, Rory Price, Meagan Snide

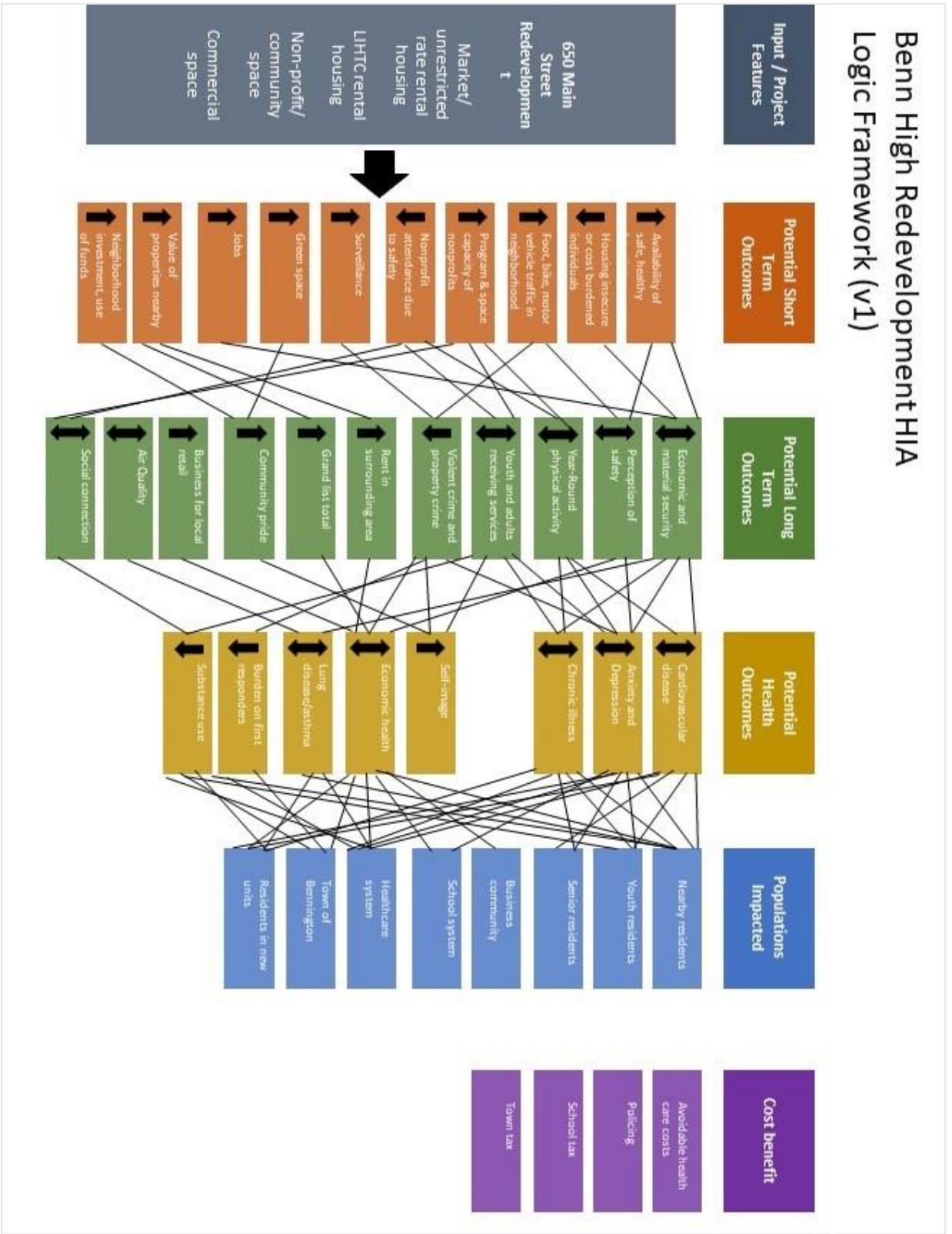
General feedback about the document

- Shannon and Zak shared that the data and information presented in the document could be helpful with securing funds for the project.
- Zak shared that the floor plans have slightly changed, and will now include a portion of the building to serve as a museum honoring the history of the building and its place in the community, as well as an art gallery.

Evaluation of the HIA process and moving forward

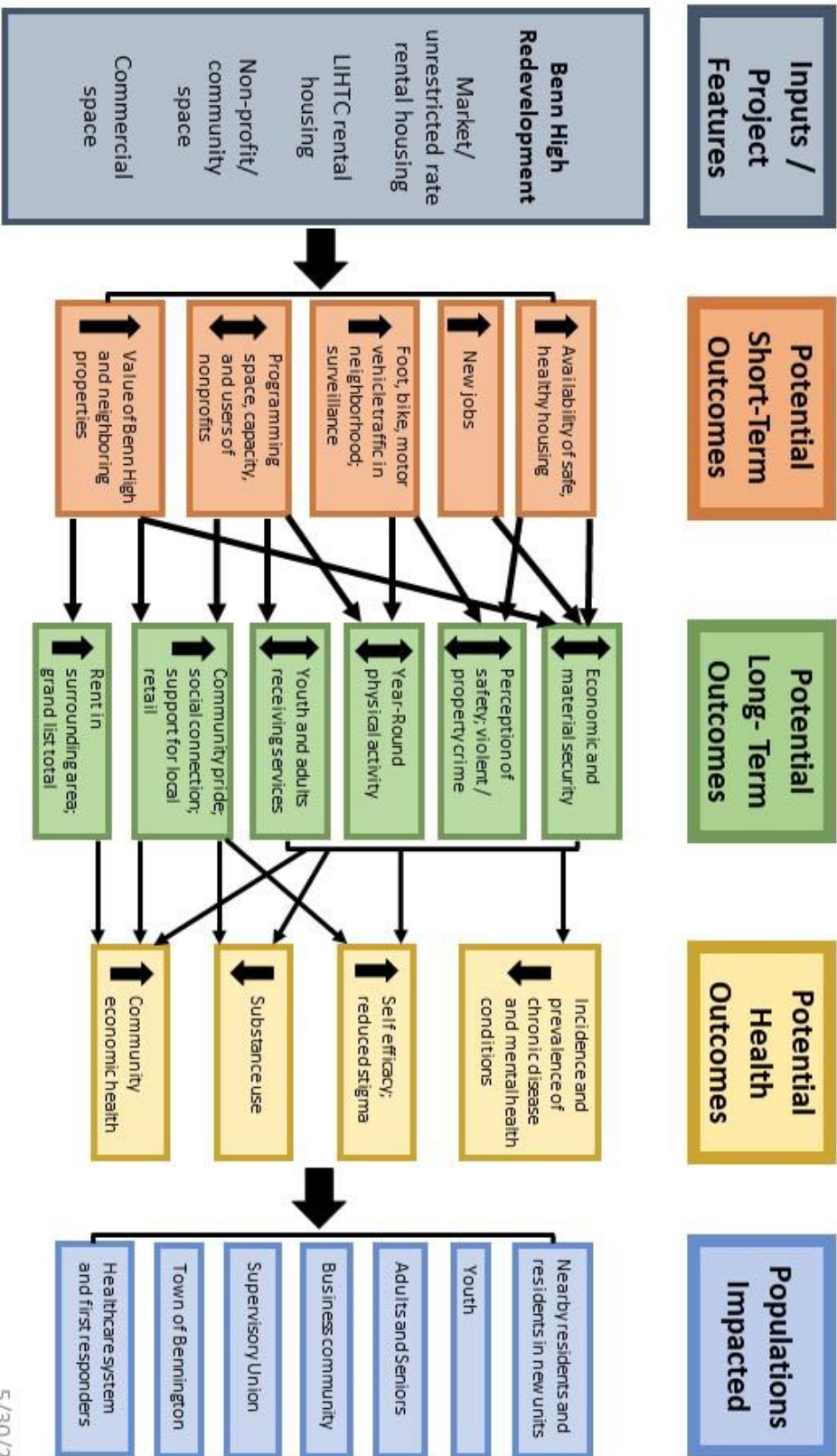
- The building renovation will create opportunities for future community engagement that could be more successful than some of the efforts carried out as a part of this HIA. Having a central gathering space in the downtown area could provide an approachable and enjoyable space for a wide variety of people, that they don't currently feel like they have access to.
- Continuing efforts like door-to-door canvassing and other direct contact mechanisms will help to build and foster trust with residents.
- The data backing up all claims and recommendations in the document is especially helpful.
- There is a lot of overlap between this work/data and Project Alliance. Membership of that initiative may be interested in looking at this document and furthering some of the recommendations/using some of the tools.
- Posting the HIA with its recommendations on the Town website, and then asking community members to share any additional feedback or recommendations that they have, might be a nice way to incorporate feedback into the process from a broader segment of the population.
- Rory is creating a summary PowerPoint that anyone can use to talk about the HIA process and findings. Someone from Bennington Office of Local Health will hopefully be able to present it to the Select Board in the next month.
- Rory will finish the document by Wednesday of next week and circulate the final draft to the Steering Committee and Vermont Department of Health Central Office.
- The group talked about first responder data that could be used to measure health and wellbeing over time in the downtown. When Megan returns, she will help to identify how to best and most sensitively use information available to start tracking trends.
- The group expressed that this was a positive experience overall.

APPENDIX 2 – LOGIC FRAMEWORK ITERATIONS



Benn High Redevelopment HIA Logic Framework (v3)

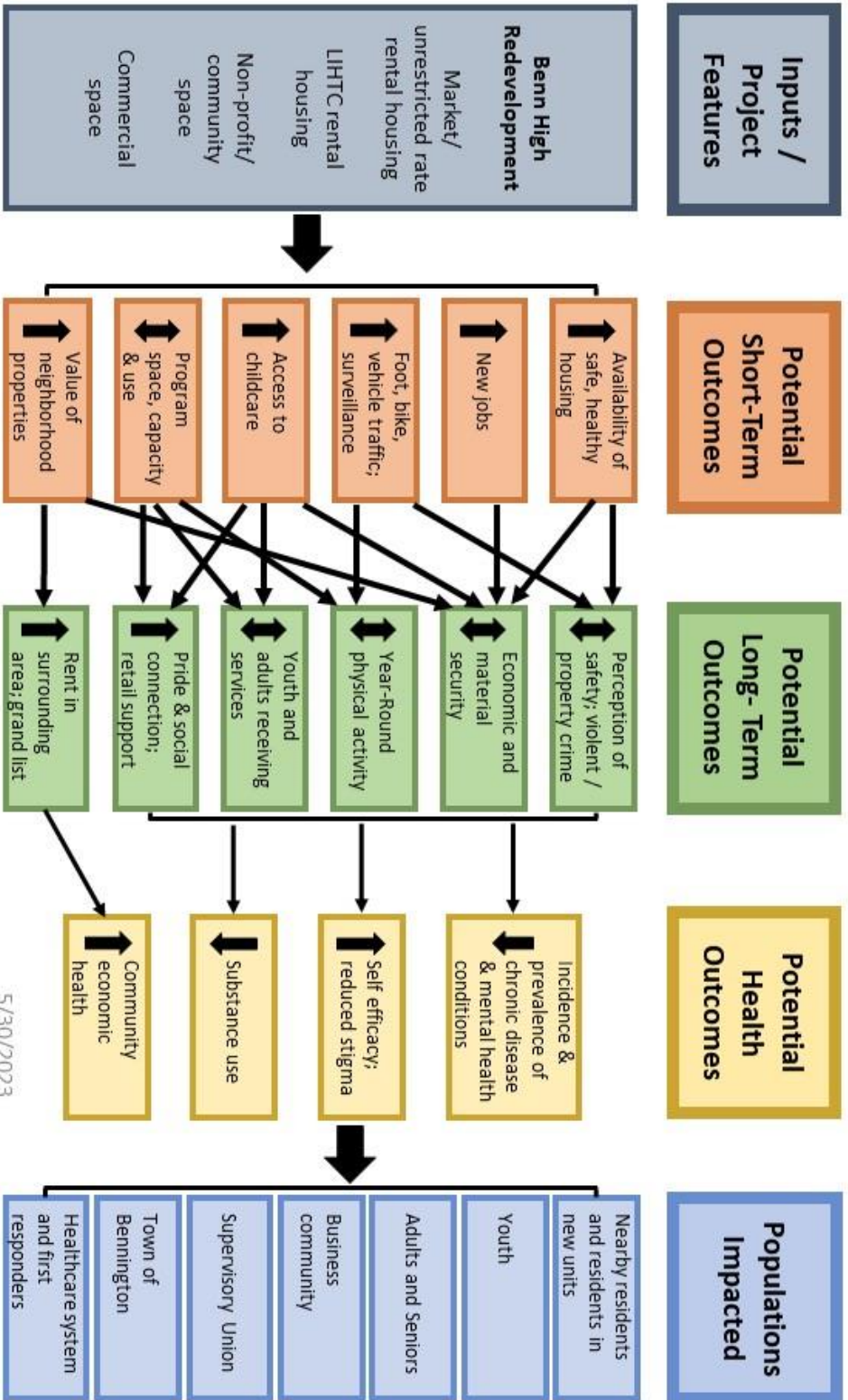
A logic framework shows the possible causal pathways linking a project features to short-term and long-term outcomes, as well as potential health impacts. Logic frameworks are simply a visual tool to help connect determinants of interest, and to hone research questions. For every arrow featured, evidence must exist to indicate the direction of the effect, and the likelihood, magnitude, and distribution of outcomes.



5/30/2023

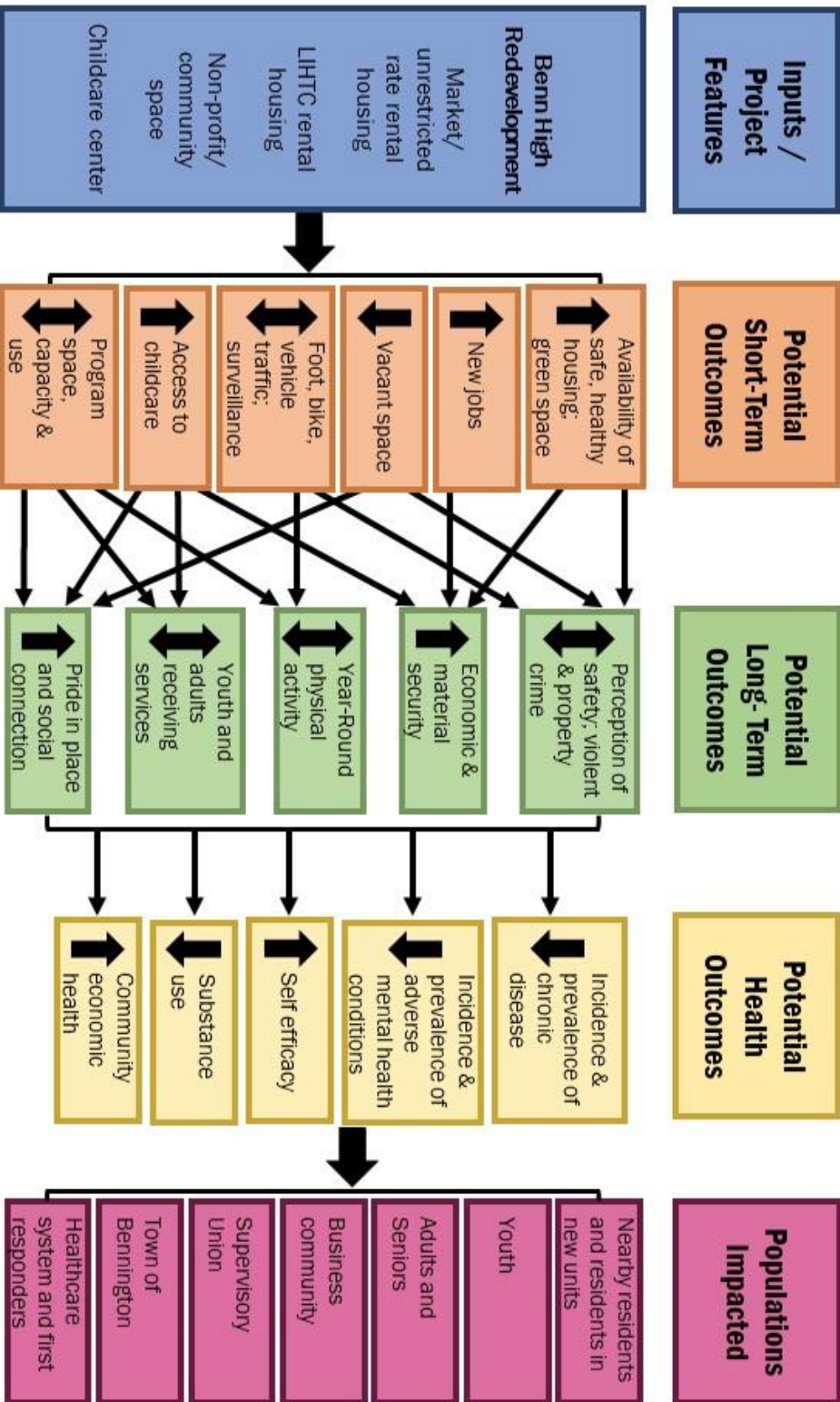
Benn High Redevelopment HIA Logic Framework (v4)

A logic framework shows the possible causal pathways linking a project features to short-term and long-term outcomes, as well as potential health impacts. Logic frameworks are simply a visual tool to help connect determinants of interest, and to hone research questions. For every arrow featured, evidence must exist to indicate the direction of the effect, and the likelihood, magnitude, and distribution of outcomes.



Benn High Redevelopment HIA Logic Framework (v5)

A logic framework shows the possible causal pathways linking a project features to short-term and long-term outcomes, as well as potential health impacts. Logic frameworks are simply a visual tool to help connect determinants of interest, and to hone research questions. For every arrow featured, evidence must exist to indicate the direction of the effect, and the likelihood, magnitude, and distribution of outcomes.



APPENDIX 3 - NOTES FROM COMMUNITY FORUMS

Senior Center Forum Notes

Do you feel like the Bennington community gives you the opportunity to be healthy? Why or why not?

- Meals and socialization are important
- Additional food access resources are needed
- More exercise programs are needed
- Lack of transportation on the weekends outside of town
- No transportation to farmers markets or coop
- Could use more recreation signage/mapped trails
- Better lighting along walking paths
- “I have found everything I need here.”
- “I like how walkable Bennington is but now I’m worried [about] walking after dark. I need to walk for better health, and I love it, but I need to feel safe and don’t have a car.”
- “I also love to walk – would love to see more green space downtown and more paths for walking and biking.”
- “I wish police officers could walk or bike around more often to make me feel safer!”
- Bennington offers classes/programs to be healthy but sometimes they are cost-prohibitive
- Transportation to programs/classes needs improvement
- There are group walking opportunities
- Willow Park is walkable
- There is a paved path to Hannaford (the rail trail) but no lighting
- Concerns about “panhandlers”; people limit their walking because of this. Need more supports for these people
- Lack of primary care providers and dentists
- More preventative services and supplies (like blood pressure cuffs)
- Good variety of cooking classes
- More transportation to parks

How do you feel about an intergenerational space (sharing a space with people much older or younger than you)?

- Safety and supervision would work with both groups
- “It is nice to have our own time.”
- “I wouldn’t want to live in a multi-unit building with small children.”
- Tech classes would be a good opportunity for this
- Programming to foster connections – history & genealogy
- Concerns about safety!
- It’s fine as long as it is handicap accessible!
- The sport center is welcoming to both parents, grandparents, and children
- A lot of grandparents are raising their children’s children
- Classes for all ages (cooking, sewing etc.) – seniors could teach “forgotten skills”

Benn High Redevelopment Project HIA

- Would like to see mentoring for older adults and kids; would help both kids and seniors share their wisdom!
- “I would like to read to children – maybe through the library.”
- An afterschool space for a program for mentoring, offers a lot of opportunities for kids who couldn’t afford other programs
- Nurtures a community of caring and support!

Think about cultural, social and shopping opportunities in downtown Bennington. How do they influence your quality of life?

- Library & museum are useful XX
- No real food store to shop at (Bennington Community Market, long delayed – March?)
- Transportation is limited – big issue!
- Safety!
- Not enough green space
- MOW café and senior center are positives XXX
- Feel safe on Main St. during the day
- No shopping opportunities in downtown
- Positive = Oldcastle Theatre
- Change of environment is nice during exercise
- Classical music entertainment/concerts relieve stress
- Cooking classes help with experiencing new cultures
- Having these downtown is convenient
- Weekend events or nighttime = no transportation
- Have to travel outside of town for big box stores
- Bennington has many small-town vibes
- What shopping in downtown? Retail shops are oriented to tourists, not locals.
- Would do more in the evening or weekends if transportation was available.
- What is the status of the armory?

What would you like to see in the BennHi space (think about retail, services, etc.)?

- Continual presence of VDH!
- Housing should be for seniors and disabled veterans – yes!!
- Continue having farmers market – yes!!
- Veggie Van Go pickup!
- Salon – haircuts/manicures!
- Podiatrist services – foot clinics!
- Elder law!
- Hearing aid help!
- Eye assessments!
- Dental help!
- Doc services!

Benn High Redevelopment Project HIA

- Bone Builders!
- Walking program!
- COA services
- Food shelf
- Blood donor opportunities
- Wall-to-wall, floor-to-ceiling mirrors
- Smart TV with internet to watch YouTube and movies
- International cooking class
- Meditation space
- Sunshine club (get well, sympathy, birthday cards)
- Accessible
- Social space (small)
- Community theatre
- Bus top shelter with solar lights & heat
- Playground
- Dog park
- Maker's space
- Urgent care and/or primary care

Do you feel supported by your community? Why or why not?

No	Yes
<ul style="list-style-type: none"> • Not getting questions answered about BennHi • Not forthright • Feel like we are being put in a dangerous situation (regarding move to BennHi – concerns about gun violence on Pleasant St) • Feel like we will lose the opportunity for exercise programming • Being shut out because we can't access • Increase in taxes • Silver sneakers – previously no charge, moved to YMCA and now we have to pay • Town rec center – demand for programs, wait list • Need more positive connection between policy and community • Would like basic first aid/AED classes 	<ul style="list-style-type: none"> • VCIL helps with so much! • Council on Aging programs • Sunrise – family advocates • St. Francis/Sacred Heart Church – helps with taxes and has food pantry • GBCS Kitchen Cupboard • Green Mountain Transportation bus rides for healthcare • “Yes, I feel truly blessed.” • Supported by church • Would like Pownal to be included in the Bennington Public Library as a branch • Meals on Wheels café is the best in town (soup!)

What are your favorite spaces and programming in Bennington?

- Library XX

- Senior Center XXXX
- Unitarian Universalist church
- Oldcastle Theatre
- Potlucks X
- Bone Builders X
- Tai Chi XXX
- Ukelele class
- Rail trail!
- Rec center, pool and YMCA classes – can be cost prohibitive
- Deer Park/farmers market XX
- Willow Park X
- Gift Garden satellite store
- Bringing You VT
- Little league field
- Battle monument
- MOW Café!
- Hobby shop
- Antique stores
- Jay's Art Shop
- Fire House walking
- Walloomsac River Walk
- Splash pad and music on Thursdays (Thursday Night Live series) X
- Massage
- Reflexology
- Bookstore

Sunrise Family Resource Center Forum Notes

What do you think are the biggest stressors for you family and/or other families in Bennington?

- Transportation to childcare, work, grocery shopping etc. X
- Mental health services for adults & youth X
- Housing; there's no housing available and such a high demand X
- High gas prices, especially for people living on a budget
- Drugs; widespread usage, dirty needles in the community X
- Dept of Children and Families don't do their jobs properly X
- Formula shortages: stores are running out of supplies
- Finding doctors/dentists X
- Crime rates
- Quality of/access to education for everyone
- Food security/access to food/ability to store & transport groceries
- Dealing with Economic Services and other community services: low staff, high turnover, poor communication
- Fear of DCF/intimidation by DCF

- Lack of social capital: not having friends or family support, not knowing the resources needed or where to go
- Worry about shutoff notices
- Bus system for schools/safe bus stop locations
- Lack of children’s programs

Do you feel like your community cares about your wellbeing? Why or why not?

YES	NO
<ul style="list-style-type: none"> • Some local organizations care and help (Sunrise, WIC, the library, splash pad) X • Sunrise has many programs that are helpful and supportive X • Early intervention/Head Start • Public transit, social services/welfare – good programs, poor support 	<ul style="list-style-type: none"> • Police, court system, DCF do not do their jobs properly X • Healthcare is disorganized and confusing sometimes X • Law enforcement is not helpful and dismissive XX • Can’t find primary care providers or dentists in the area, or they don’t accept insurance or there’s no transportation to get there. XXX • No jobs, low pay and high costs • Feel judged! • Neighbors/mandated reporters/DCF are too involved – do not make positive changes • Water quality/water & utility bills • Not enough services available to people who lack supports (housing, transportation, lack formula etc.). It feels like you reach out to the community for help and get nowhere. X

What does wellbeing mean for you and your family?

- Access to dental & healthcare (including transportation) XX
- Funding for Neighborhood Watch XX
- Better/more police funding
- Housing security, food security
- Better public transit – more routes, more lines XX
- More activities – destinations for children and elderly care
- Having reliable transportation X
- VOC rehab is helpful & supports wellbeing

- Access to clothing
- School transitions (ex. elementary to middle school)
- Being heard by our community
- Access to things our families need
- Access to education
- Domestic violence help
- A safe place for pregnant teens or youth using substances. This would include housing and 24-hour care – so many young people are dying from this issue.

Problem Tree Activity

Problem: Lack of transportation/high transportation need

Causes:

- Cost of getting/maintaining a vehicle
- Lack of support for getting a license and vehicle
- Low paying jobs/lack of jobs paying a living wage
- Lack of education/daycare
- Long wait times for support
- Legal technicalities
- No car sharing programs
- Limited public transit, transit routes make it hard to get groceries
- Expensive taxi services

Effects:

- Lack of transportation to school/extracurricular activities
- Need resources/activities that don't require transportation
- Missing out on education
- Substance use
- People get sicker (mentally and physically) because they can't access care
- Resources are spread across the county

KEY Themes:

Transportation/lack of

Food security

Access to healthcare (medical, dental, mental, substance use treatment)

Relationships with service providers/authorities

Access to education/community activities

Housing

Public Safety

Economic Factors

Greater Bennington Community Services Forum Notes

What do you think are the biggest stressors for you and your family and/or other families in Bennington?

- Racism X
- Being a single parent
- Covid-19
- Housing – rent is going up, need more affordable housing, and landlords need to be accountable XXX
- Jobs XXXX
- Buses – not enough X
- Prevalence of drugs
- Financial difficulties
- Camp sites – no place to set up tent XX
- Finding a doctor or dentist – bad experience with healthcare provider X
- Mental health care X
- Break-ins/assaults
- Needles – waste contamination X
- Need a one-stop-shop for services
- More grocery stores and other retail stores
- Nighttime rebels – unsafe to walk day or night X
- Rehab for people who are caught committing crimes, not catch and release X

What does wellbeing mean for you and your family?

- Advocating for your own healthcare XXXXXXXX
- Being safe XX
- Having a better/nicer community XXX
- More doctors XX
- More general support services XX
- Change the political system in town XX
- More support for homeless people XXXX
 - Change the temperature threshold for the motel program
- Better transportation services – more bus routes X
 - Taxis are expensive X
- Help with getting insurance
- Affordable dental care

- Better mental health care, less reliance on police
- Being able to save money
- Affordable food and general cost of living
- Ability to receive mail on time
- Access to jobs – not enough businesses, need jobs for people with injuries/disabilities
- Dept of Children & Families (DCF) – should focus on drug infractions **XXXX**
 - Need third party oversight
- Better treatment of veterans

Do you feel like your community cares about your wellbeing? Why?

Yes	No
<ul style="list-style-type: none"> • Adequate flow of food through assistance programs • Cheap transportation and medical care are available XXX • Should maybe offer other transportation options like Uber. • Public assistance X • Work programs X • This program • Helpful services: <ul style="list-style-type: none"> ○ St. Francis (HIS pantry) X ○ BROC ○ GBCS XX ○ Harvest House X ○ Harwood Hill Church 	<ul style="list-style-type: none"> • We need more awareness of what is available • Can't work because you'll lose more in benefits that you make • Change the determination of benefits; change the threshold and way income is approved. • Need more senior housing and supports • No place for kids to play • Doctors and dentists are unavailable XX • Need a warming and cooling center XX • Can't get into the emergency room or wait for hours X • Transportation throughout town • Better communications between organizations • Not enough housing especially for seniors X • High crime leading to hopelessness • Substance use is high – fentanyl and heroin, need a methadone clinic X • Many people are judgmental, and the police don't care/have no sympathy • Police are too militarized

Problem Tree Activity

Problem determined by the group: Homelessness

Causes:

- High property taxes
- Fear
- Town government
- Citizen input – listen to voters
- Lack of substance use treatment
- Transportation issues
- Outreach to homeless folks doesn't last
- Mobile home units
- Lack of affordable housing
- Lack of coordinated housing authority
- Inflation
- Hopelessness
- Lack of ways to quickly intervene
- No local office
- Rental assistance and other programs phasing out
- Lack of monetary support
- Lack of mental health supports
- Not enough outreach
- Don't have enough opportunities to share feedback

Effects:

- No place to safely store belongings
- Declining health
- Depression
- Suicide
- Substance use
- Poor mental/physical health
- Belongings and garbage in public spaces
- Declining motivation
- Consumer choices

Other Feedback

**Collected from individuals outside who did not make it in time to the meeting*

- It is hard to find a good doctor who cares, especially if you are homeless. It's really difficult when one medical thing leads to another, and you can't find help for any of it.

- When it is really cold but still above the “inclement weather exemption” temperature, it is impossible (not difficult, but impossible), to find shelter in Bennington. The low capacity of the shelter means that it is always full, and it’s impossible to pay for/find an available motel room. There should be more space at the shelter—why can’t they add cots? They would be better than nothing.
- There should have been better planning and advertising of the forum, so that everyone who wanted could participate. Otherwise, it looks like the “same old” people were hand-picked, even though some were under the influence and shouldn’t have been allowed to participate. General feelings of always getting left out and ignored.
- Even with insurance, the cost of necessary medications is prohibitive, and sometimes it’s impossible to fill a prescription on time, or at all.
- There used to be a free clinic for pets at the First Baptist Church, but now that the veterinarian is no longer practicing, no one has filled that gap in the community. It might sound “silly” but for many, especially those who have nothing, pets are family. Low-cost or free care would help to care for them in the way that they deserve. (I said that I would look into what Second Chance offers, and I know that Tractor Supply does rabies clinics. I will leave a note with any resources I can find at GBCS with the individual’s name on it, so if you know of anything, let me know!)

APPENDIX 4 – YOUTH AND COMMUNITY SURVEYS

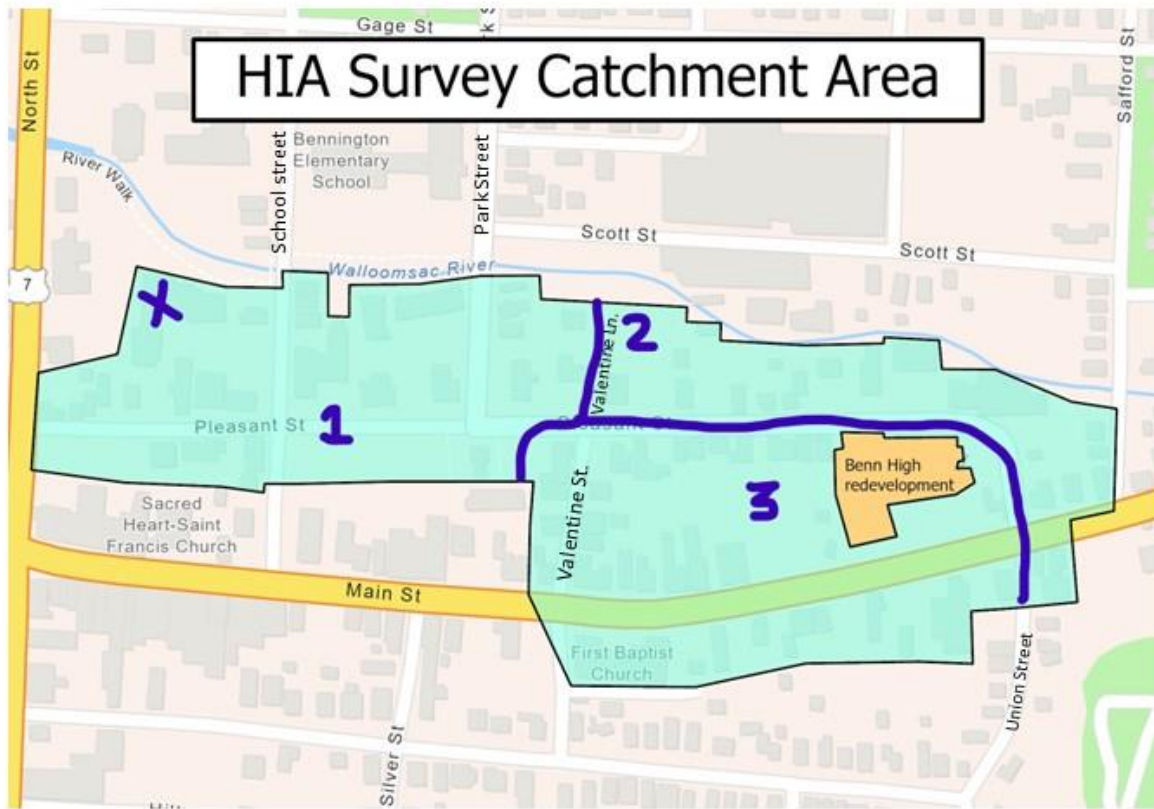
Tools Used to Inform Development of Resident Survey Questionnaire

- Question 1 was informed by: [Community Assessment Tools: A Companion Piece to Communities in Action: A Guide to Effective Projects \(605A\)](#), Rotary International.
- Question 2 is a standard age question using decade ranges
- Question 3 is an item included to ensure that only responses from survey catchment area are included in survey results. This is the only required question on the survey, also to be used to filter any spam/bot responses to the survey that respond implausibly to the question.
- Questions 4-6 were informed by: [Community Priorities Questionnaire](#), University of Illinois Urbana-Champaign’s College of Agricultural, Consumer, and Environmental Sciences Illinois Extension.
- Question 7 was informed by: [Comprehensive Community Questionnaire](#), University of Illinois Urbana-Champaign’s College of Agricultural, Consumer, and Environmental Sciences Illinois Extension.
- Question 8 was informed by: [Age-Friendly Community Questionnaire](#), based on the WHO’s community guidelines for older adults and developed by the University of Illinois Center on Health, Aging, and Disability.
- Question 9 was informed by: [Quality of Life Survey for Public Safety and Law Enforcement](#), Spokane Regional Health District Data Center; [Community Survey on Public Safety and Law Enforcement](#), City of Yelm Washington, and the [Community Survey on Public Safety and Law Enforcement](#), Washington County Sheriff .
- Question 10 was informed by: [Sample Survey Questions for Transportation Surveys](#), National Aging and Disability Transportation Center
- Question 11 was developed *de novo* by members of the HIA Steering Committee.
- Question 12 was informed by: [Comprehensive Community Questionnaire](#), University of Illinois Urbana-Champaign’s College of Agricultural, Consumer, and Environmental Sciences Illinois Extension.
- Questions 13-15 was informed by: [Young Children’s Early Care and Learning in Vermont](#),

a survey sponsored by *Building Bright Futures* and conducted by *NORC at the University of Chicago*.

- Questions 16-20 were developed *de novo* by members of the HIA Steering Committee, as they are specific to features/potential tenants of the redevelopment project.

Select Survey Canvassing Materials

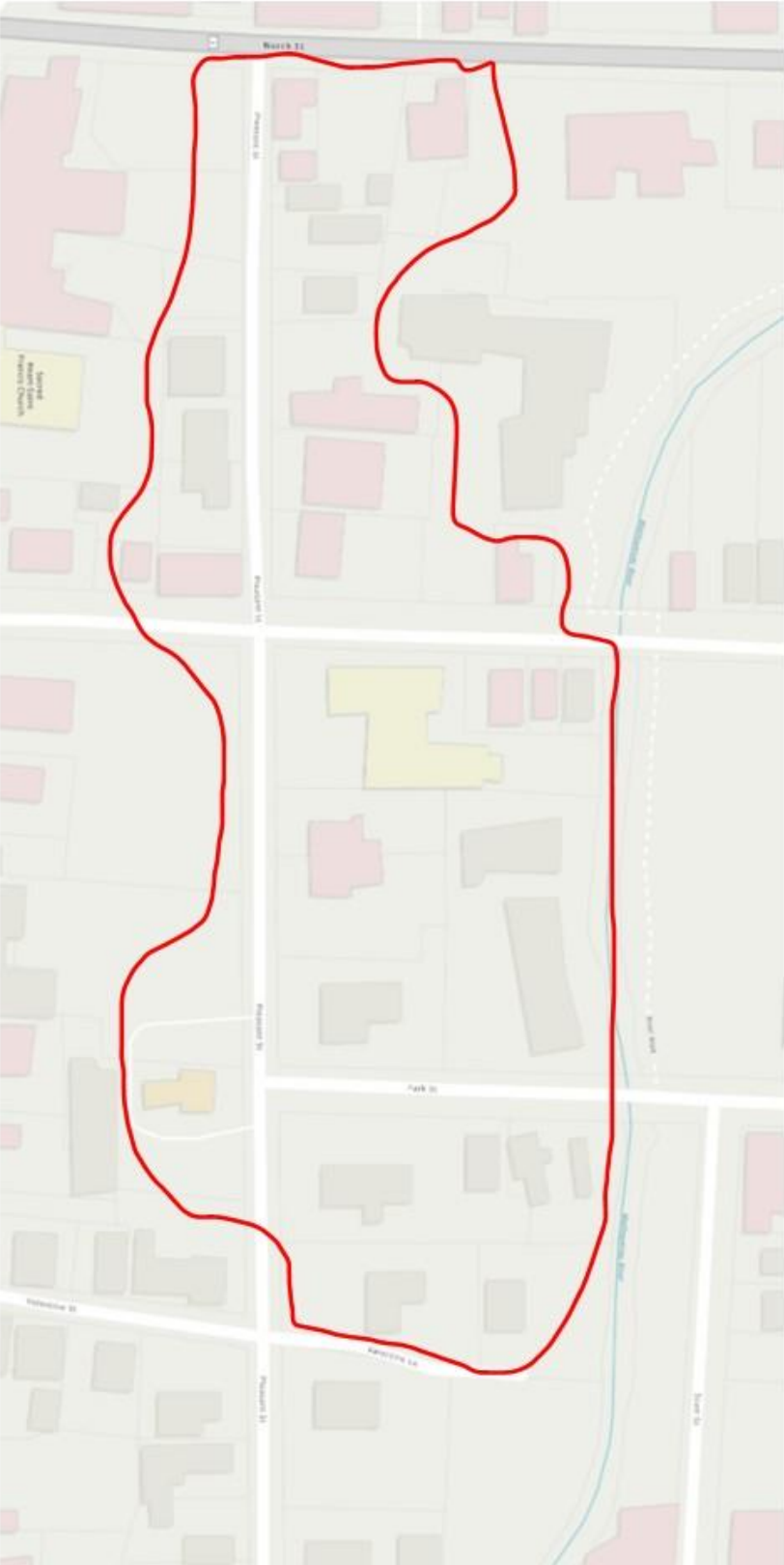


Pair 1: Area includes both sides of Pleasant Street from Route 7 to Valentine St/Valentine Ln. Include all buildings with exterior doors facing Pleasant Street. Also includes first few buildings heading north on both School Street, Park Street, and Valentine Ln., stopping at the Walloomsac River. Do include the Village of Norton Potters condominiums off of Park Street. Do not include Walloomsac Apartments on Pleasant Street (located behind Meals on Wheels/Senior Center and marked with an X above).

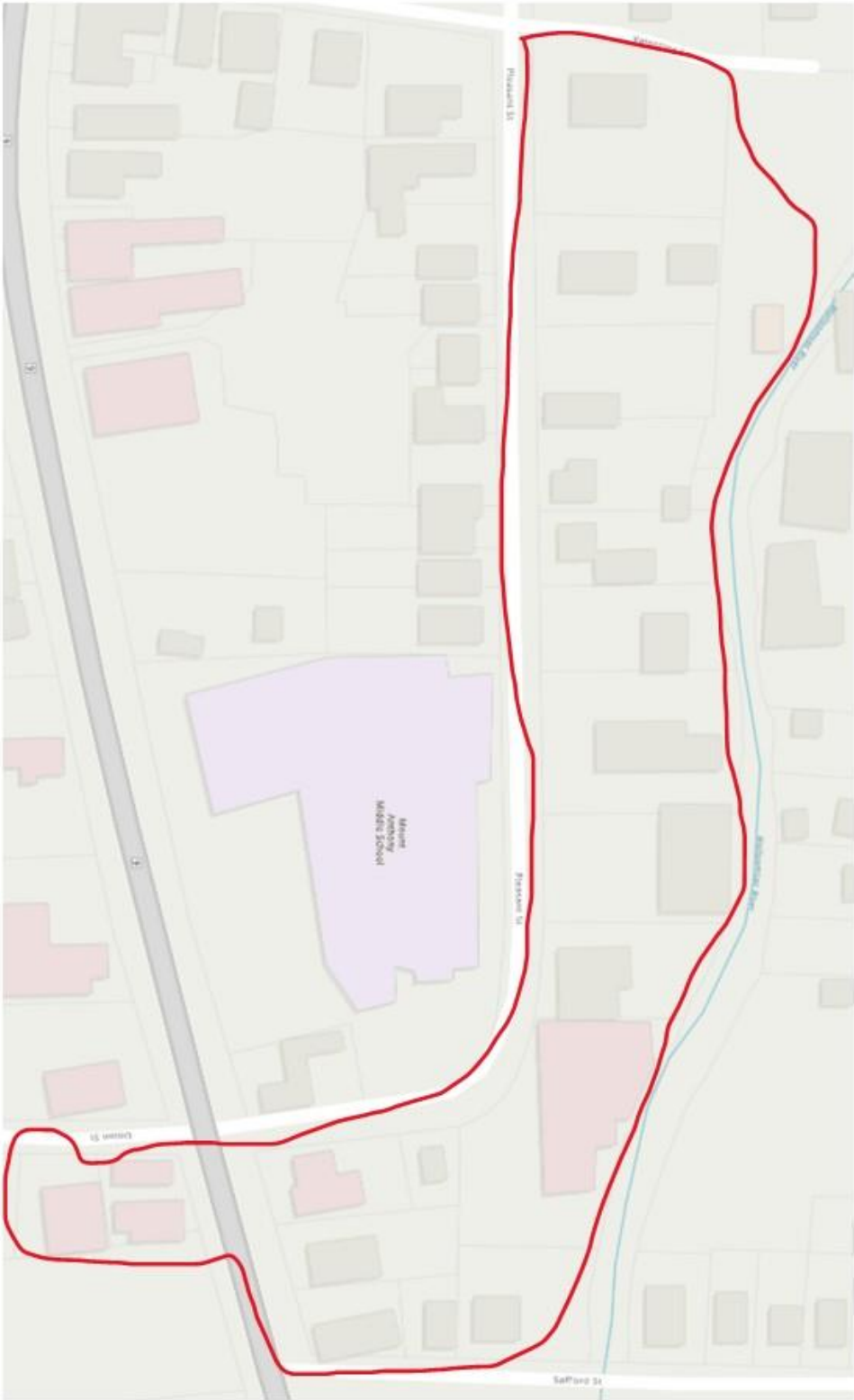
Pair 2: Area includes north side of Pleasant Street up to the Walloomsac River. Also include few properties that are south of the river and between Pleasant and Safford Streets. If possible, include first few buildings on East side of Union Street. Do include the Coalition for the Homeless and the Horseshoe.

Pair 3: Area includes Southern side of Pleasant Street between Green Mountain Express and Benn High, as well as Southern side of Main Street between Valentine and Union Streets.

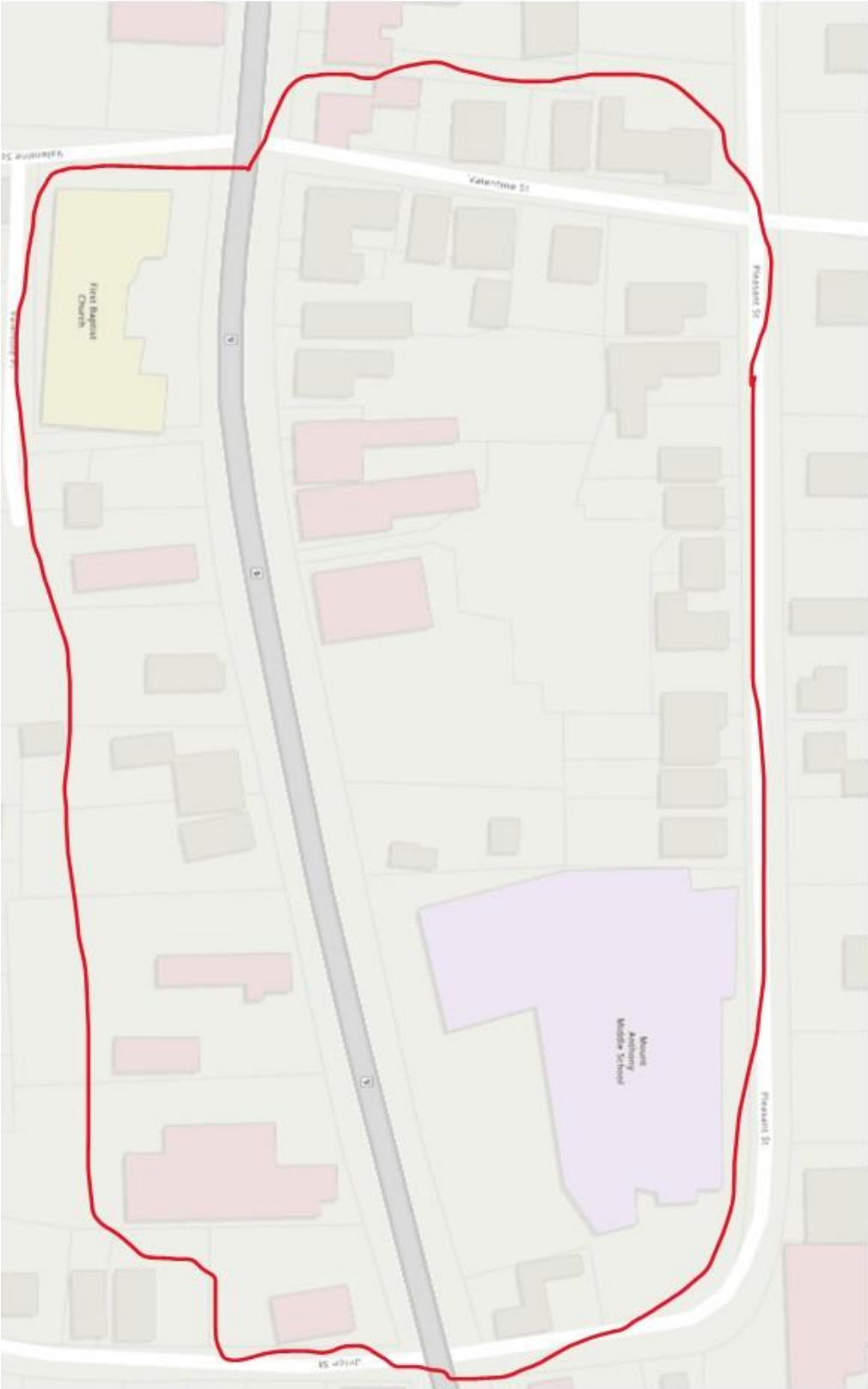
Use the large maps on the next page to track where you have been!



Pair 1 Map



Pair 2 Map



Pair 3 Map

Example Script

“Hi, we are from the local office of the Vermont Department of Health. We have a survey that we are hoping you will consider taking. It’s about the project to redevelop the old Benn High building for housing, and community services. We really want to know your thoughts and opinions about the project, and what you would like to see change or stay the same in your neighborhood. If you take the survey, you can enter to win a \$50 gift card. Would you like to have a flyer with more information about how to take the survey?”

If yes: “Here’s the flyer. The link is on there, as well as a QR code. Do you have any questions?”

If no: “OK, thank you for your time. Have a nice weekend!”

Fast Facts About the Survey

What is the purpose of the survey?

- The survey is being administered by the Bennington Office of Local Health to better understand the ways that the Benn High redevelopment project will affect those living nearby. We are using information provided to help make recommendations so that the project will benefit everyone, especially those living close to the building.
- The survey asks not only about the project, but also about the neighborhood in general, to learn what is going well and what might be needed to support a strong and healthy community. Individual, **anonymous** responses will only be seen by OLH staff (not landlords, the Town, etc.).

Who can take the survey?

- The survey is only for those 18yrs and older. Multiple people from the same household can take the survey.
- We are limiting who can take the survey to give people living near Benn High the opportunity for their voice to be heard.

What if someone needs help with the survey?

- If **interpretation/translation/accessibility services** are needed, the individual can call Rory (802-447-6461). The survey should work with screen readers, but people can call with questions. OR, if the person has questions and would like to be contacted, write their contact information in the table included in your packet.
- The survey is digital, but **paper copies** can be administered. These can be returned to Bennington OLH (324 Main Street, Suite 2).

How long do people have to take the survey?

- The survey should take between 10 and 20 minutes to complete. Many questions aren't required, and can be skipped if they make the respondent uncomfortable.
- The survey will **close on April 26th**.

Is there an incentive to take the survey?

- After submitting answers to the survey, the respondent will have the chance to enter to win a \$50 gift card (VISA and/or Walmart). Contact information entered to win the raffle will not be linked to survey answers. Each person can only submit one survey and one raffle entry.

Are there other opportunities to share input about the project?

- A **community forum** will be held on **April 25th at 6pm at Benn High**. An **RSVP is required**, as dinner will be served and it's really meant just for the neighborhood around Benn High (it is not a community-wide forum). The link to RSVP will come up when the individual submits their survey response. Or, if they don't want to take the survey but still want to RSVP, write their information in the table provided. Their contact information will only be used to issue a reminder before the event.

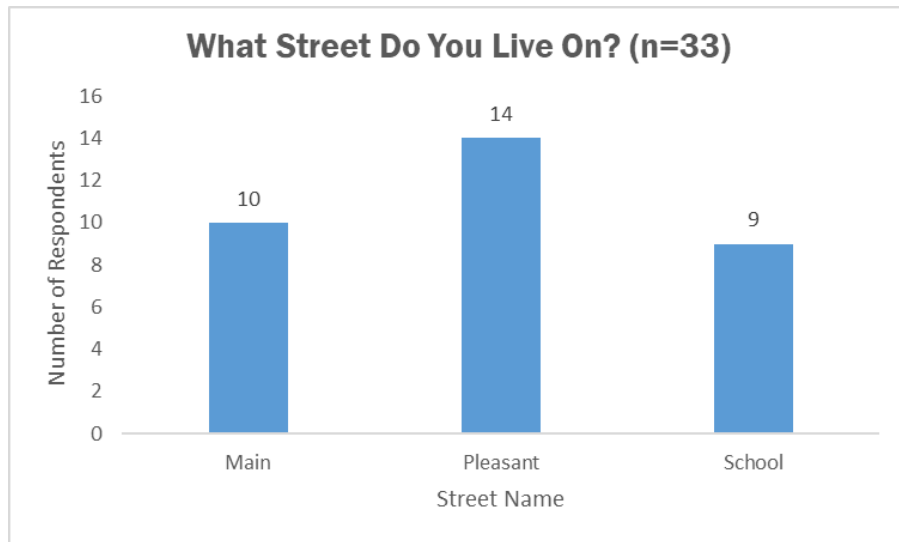
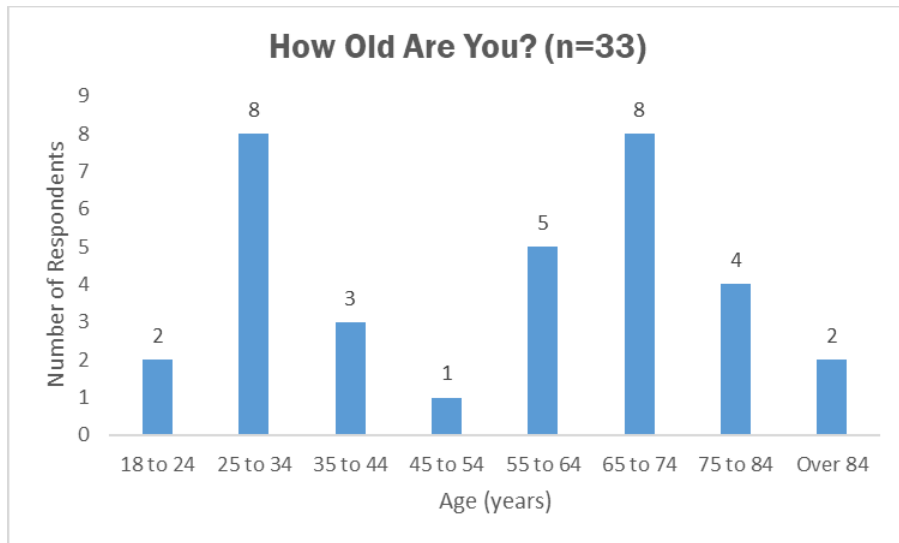
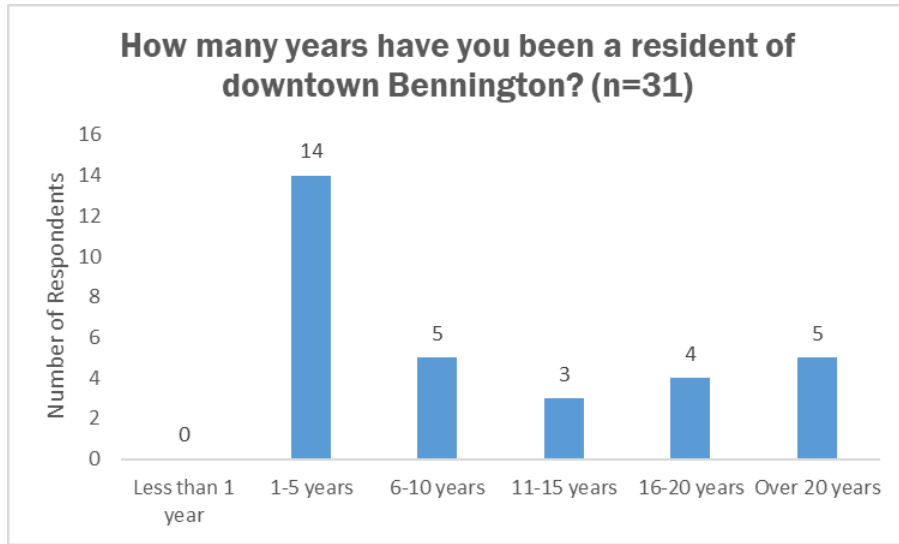
Fast Facts About the Benn High Redevelopment Project

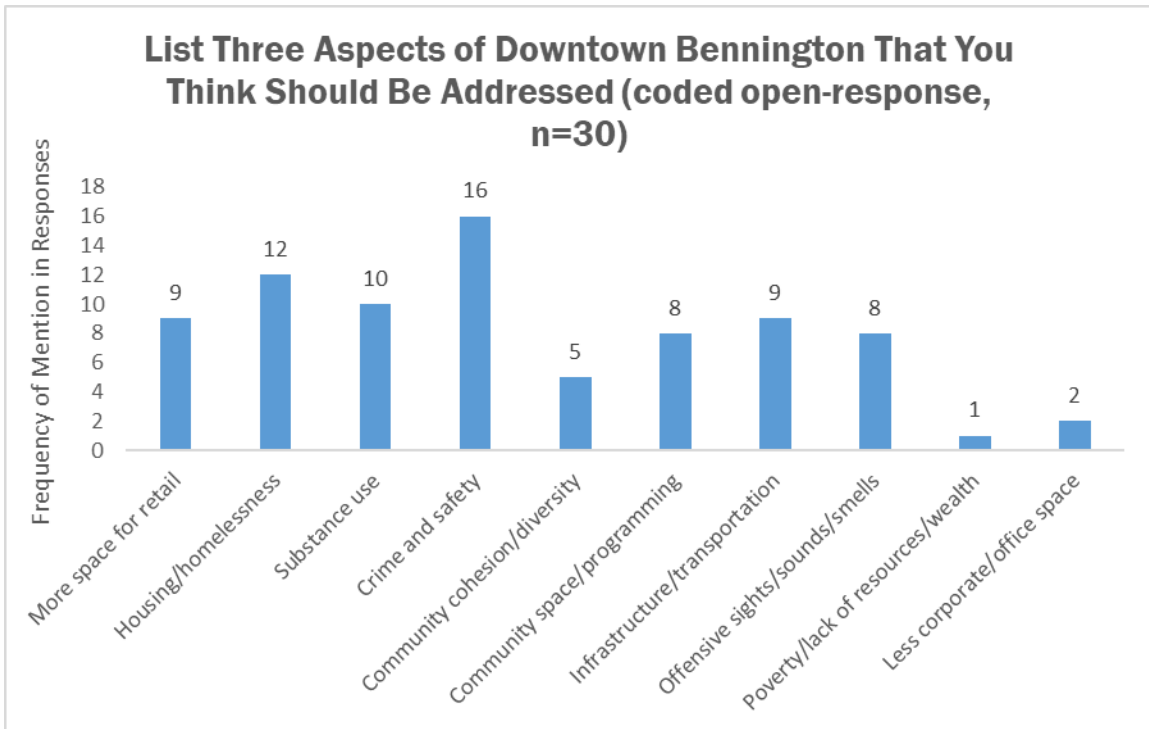
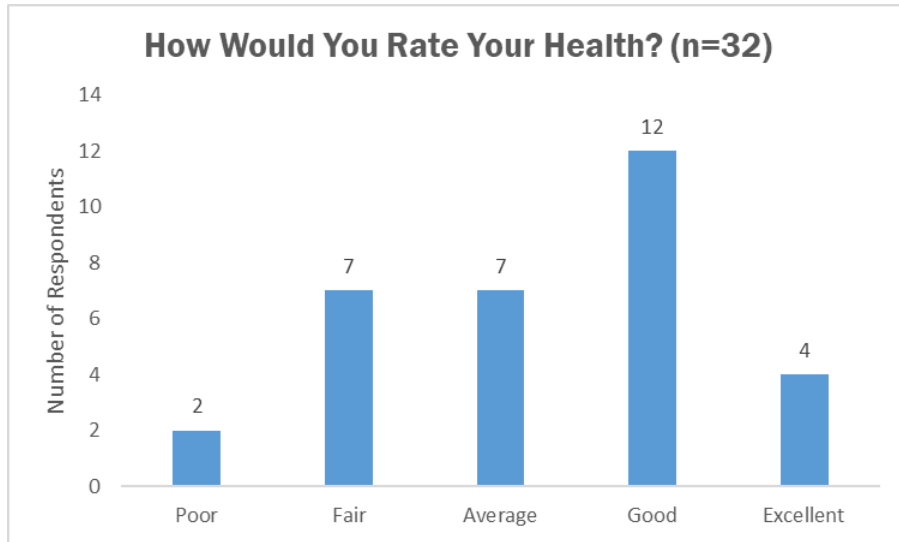
- Called “the old Benn High” or “the old Middle School”, Benn High is located at 650 Main Street. It’s the large brick building next to Stewarts.

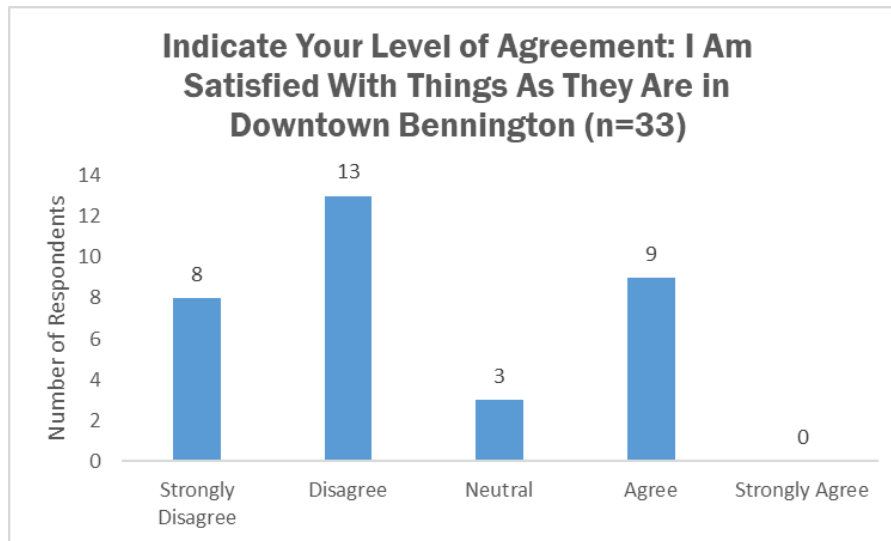
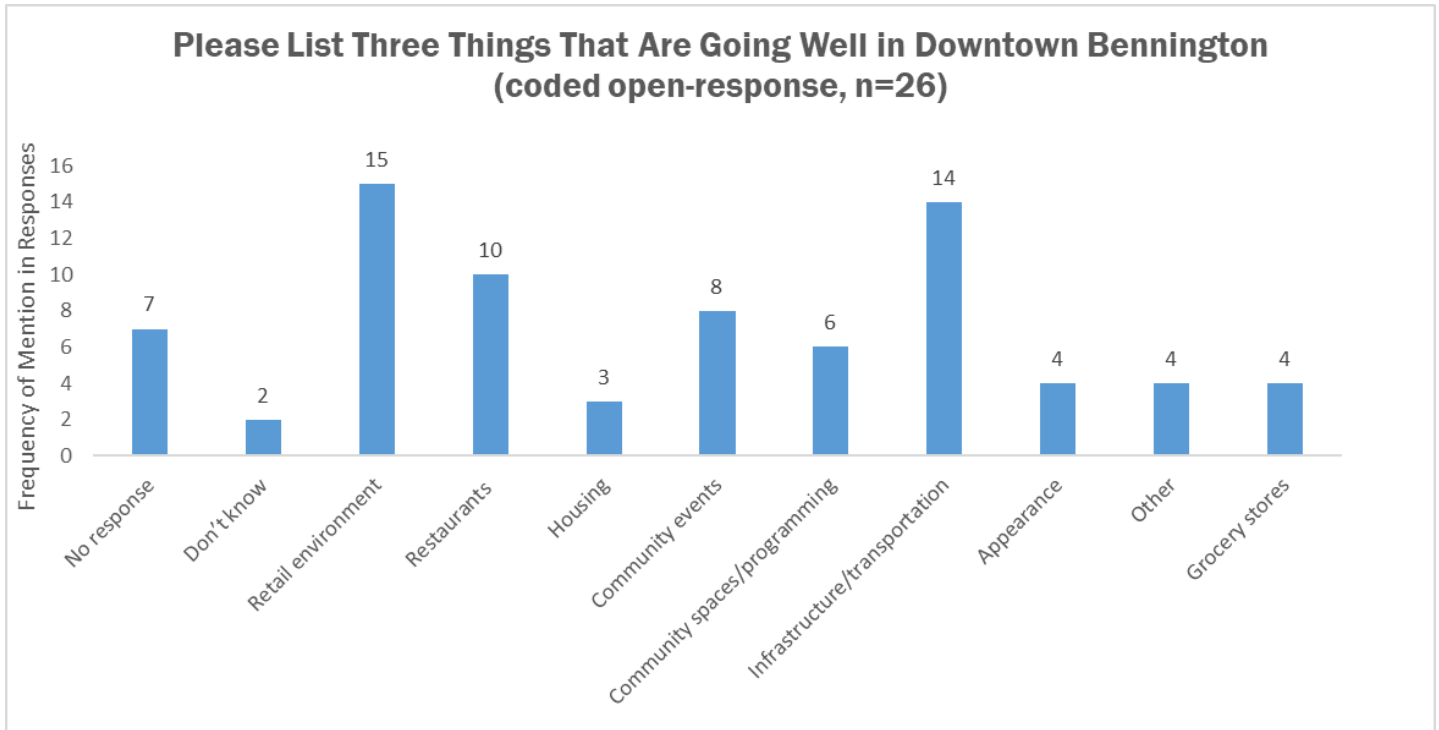


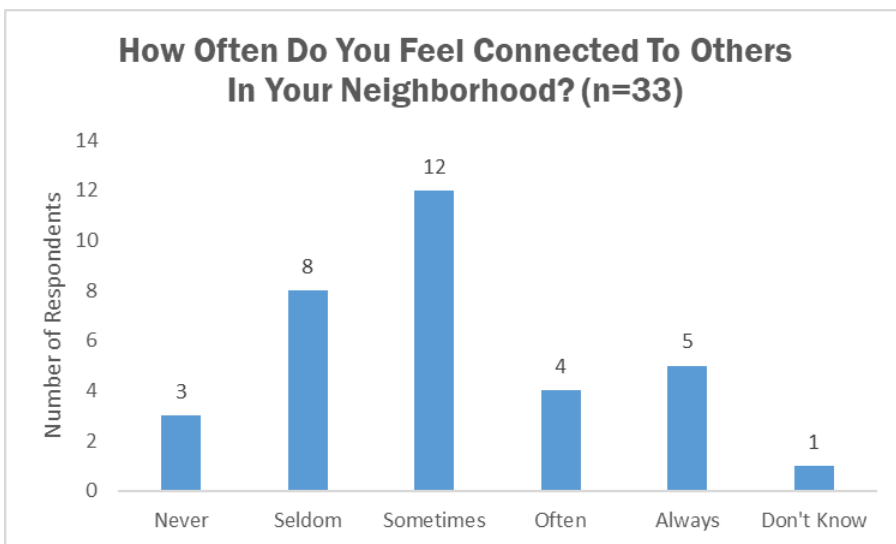
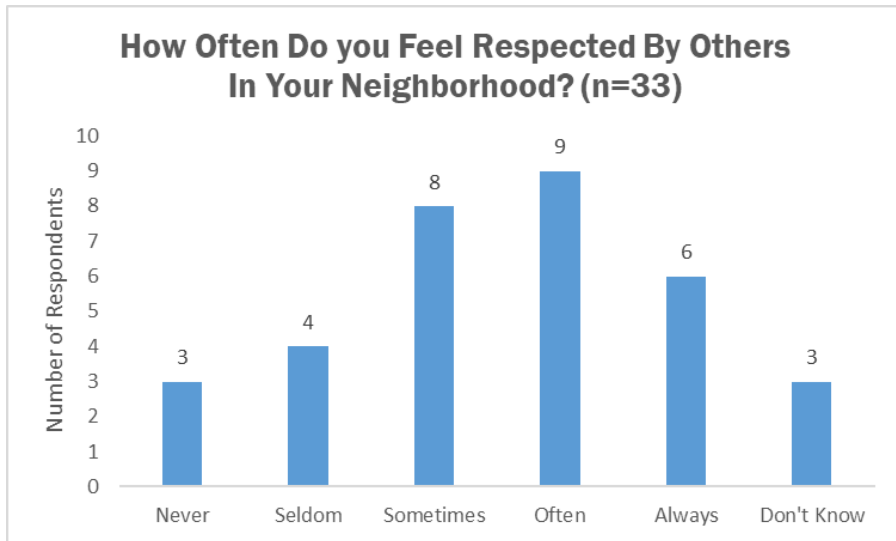
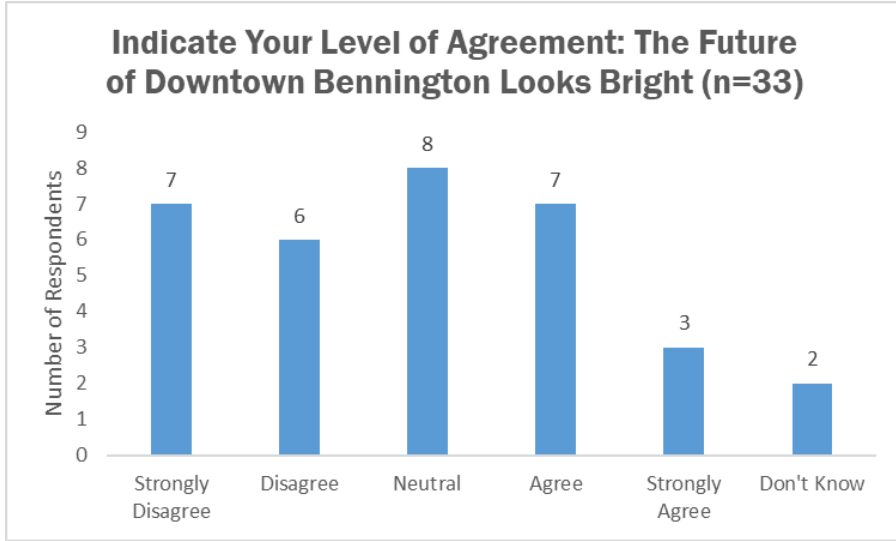
- There is a proposed project being led by Hale Resources and the Town of Bennington to redevelop the building, and transform it into:
 - roughly 40 housing units (some affordable, some market-rate)
 - A childcare center
 - A new home for Meals on Wheels and the Senior Center
 - A gym and exercise space for the YMCA
 - Other assorted office spaces including for UVM Extension and the Council on Aging.
- The Town’s website (benningtonvt.org) has a webpage dedicated to the project and all of its parts.
- The Vermont Department of Health is not part of the project, and is just completing this assessment as a neutral third party interested in the health of the community.

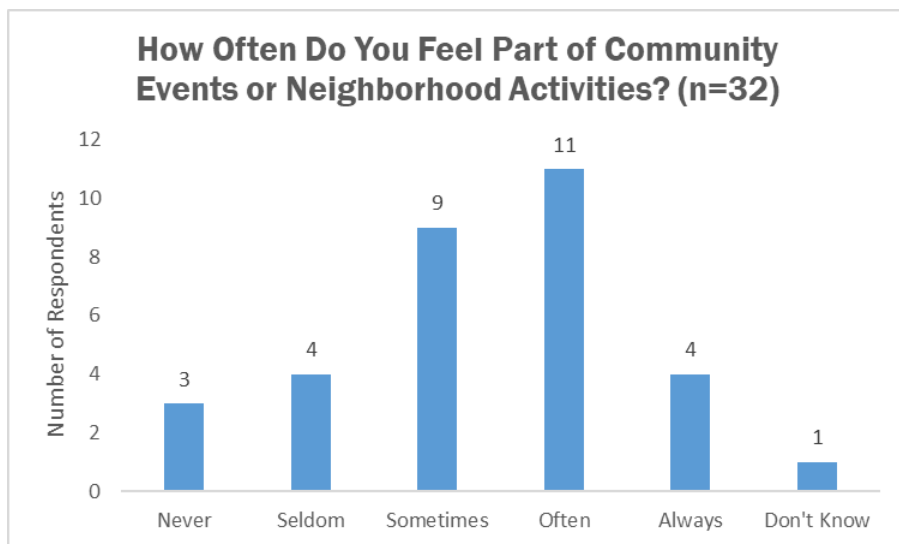
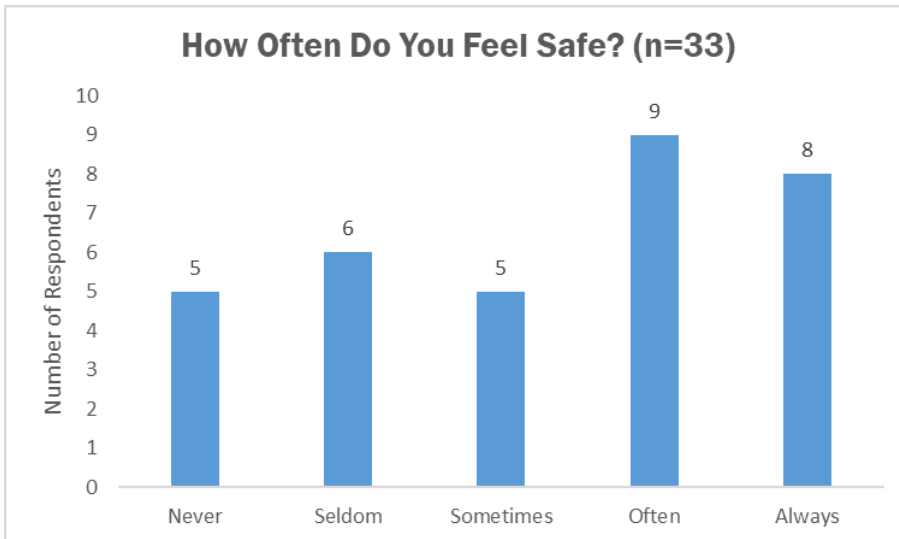
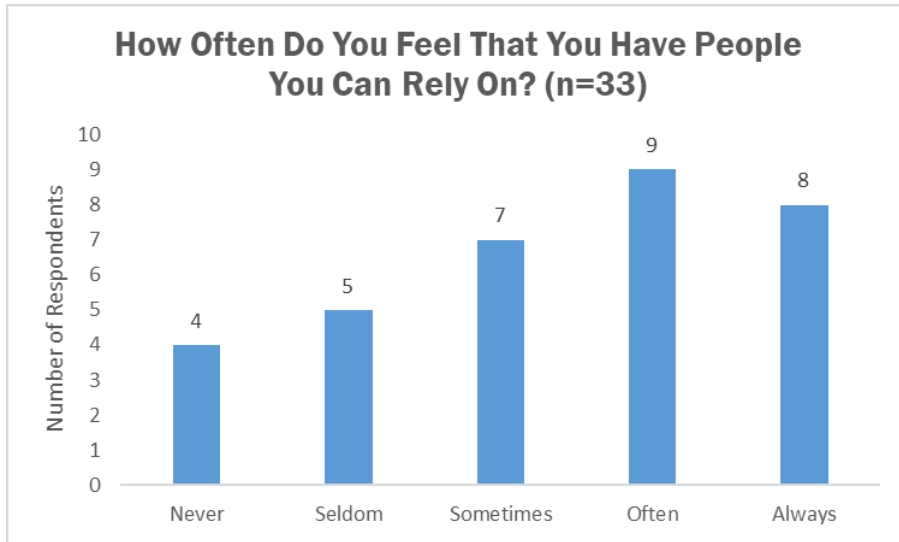
Resident Questionnaire Results

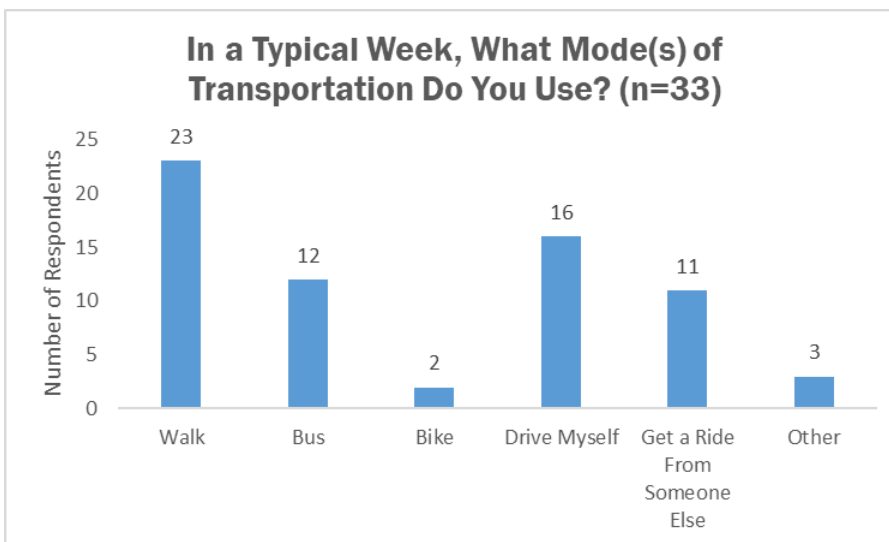
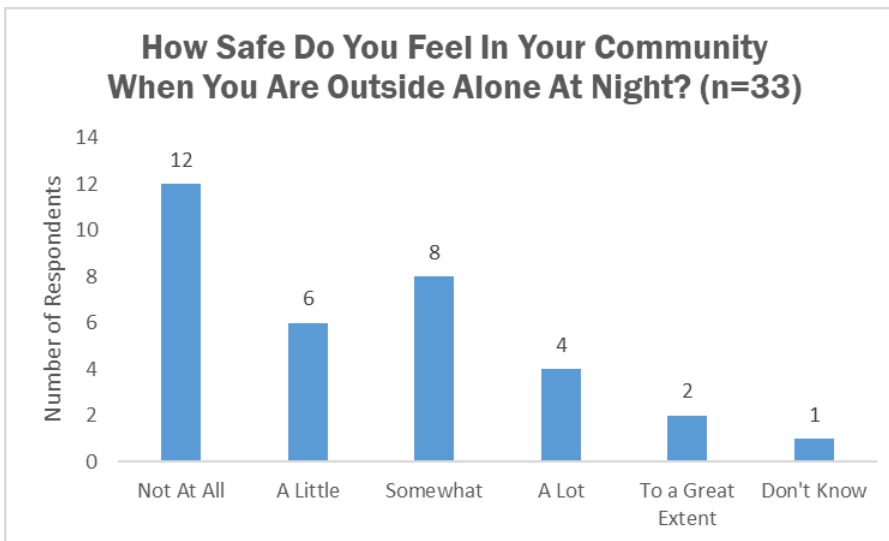
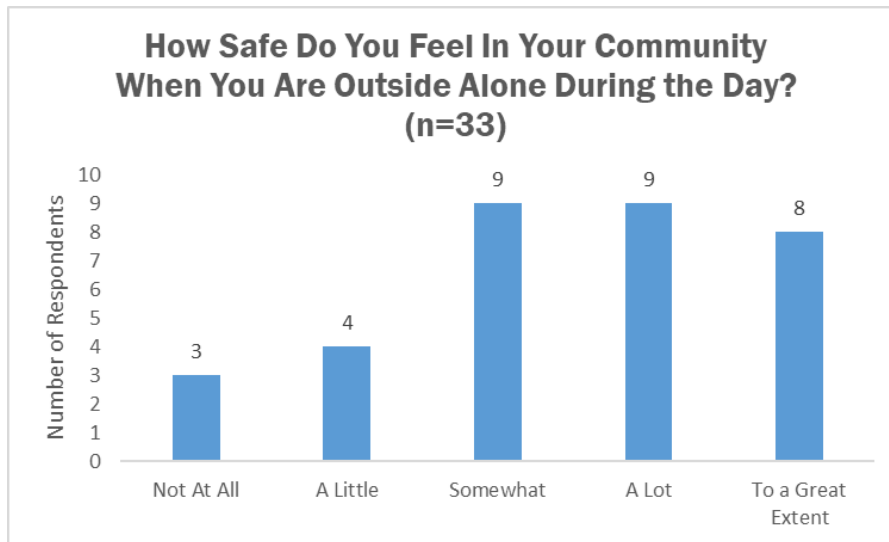




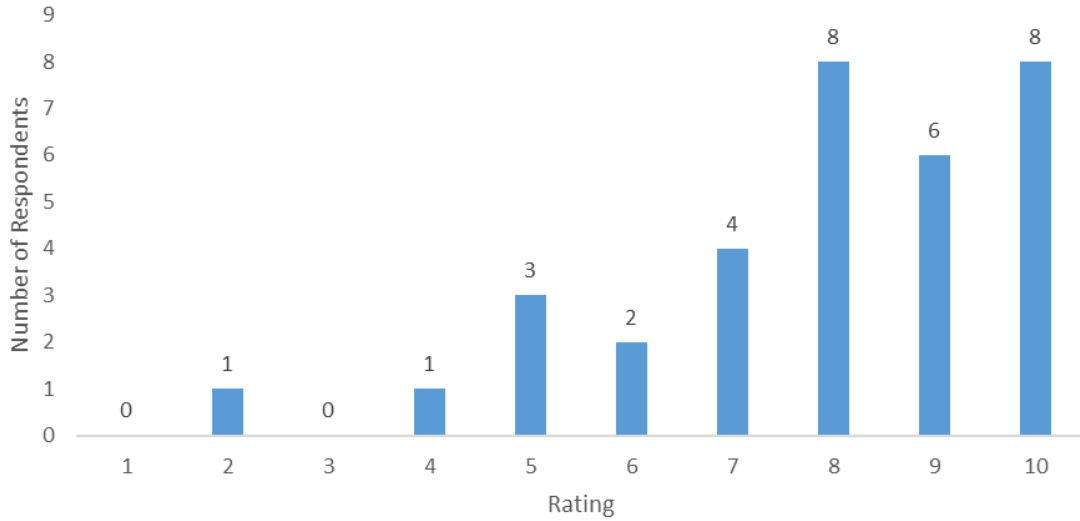




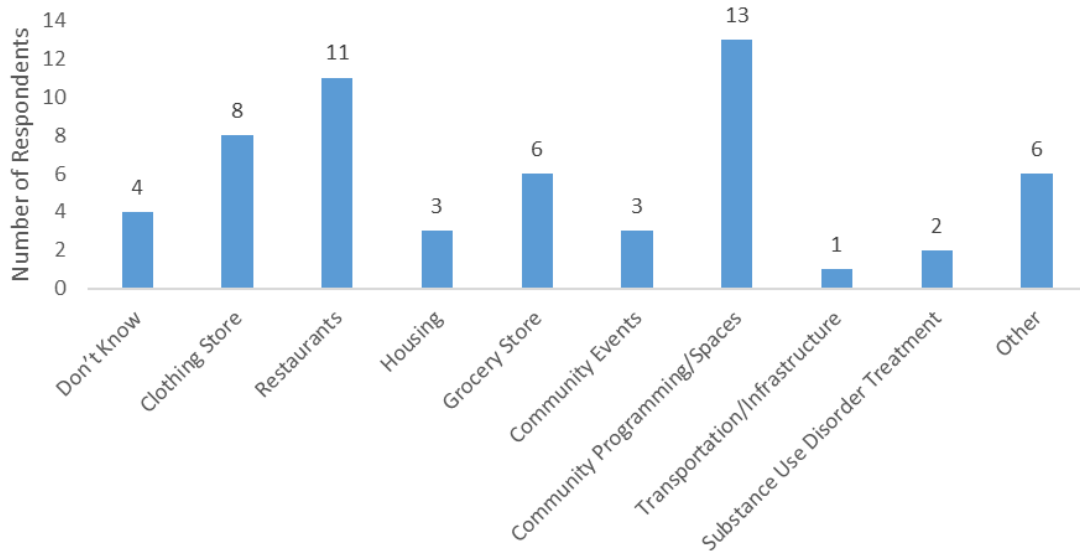




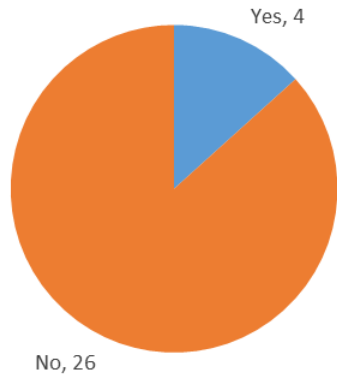
On a Scale of 1 to 10 (Where 1 Means Not Easily At All), How Easily Are You Able to Access Resources Such as Food, Healthcare, and Transportation From Your Home? (n=33)



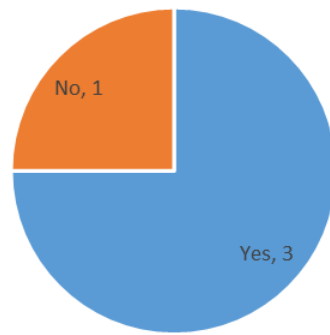
What Type of New Retail Businesses or Helpful Programs Would You Like to See in Downtown Bennington? (coded open-response, n=31)



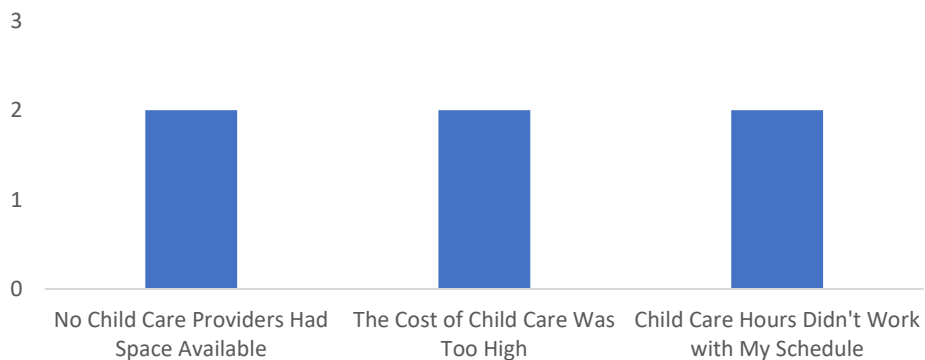
Are You the Parent or Guardian of Any Children Under 6 Years Old? (n=30)

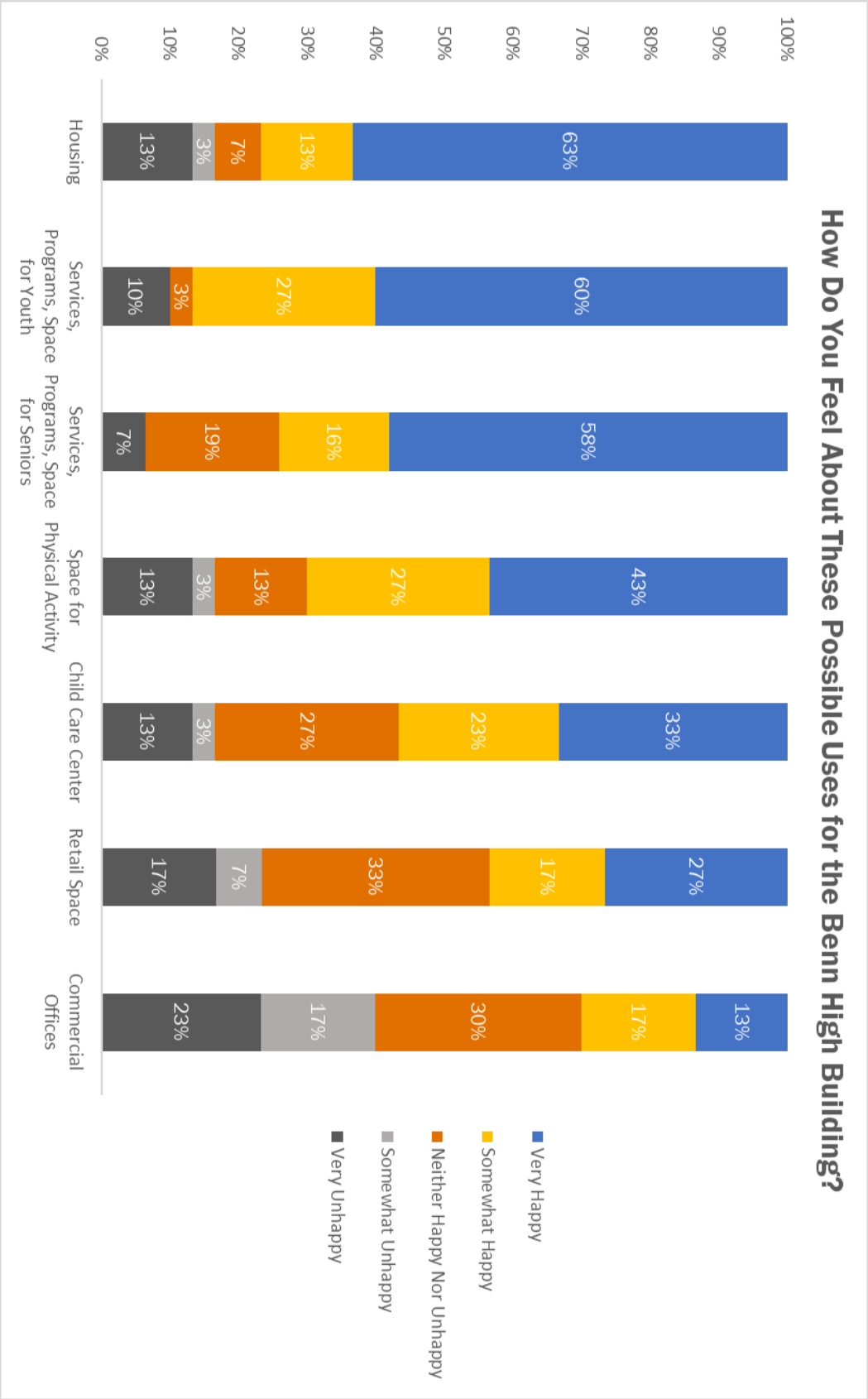


Have You Ever Needed Child Care, But Have Not Been Able to Access It? (n=4)



What Were the Main Reason(s) That Have Stopped You From Accessing Child Care? (n=3)

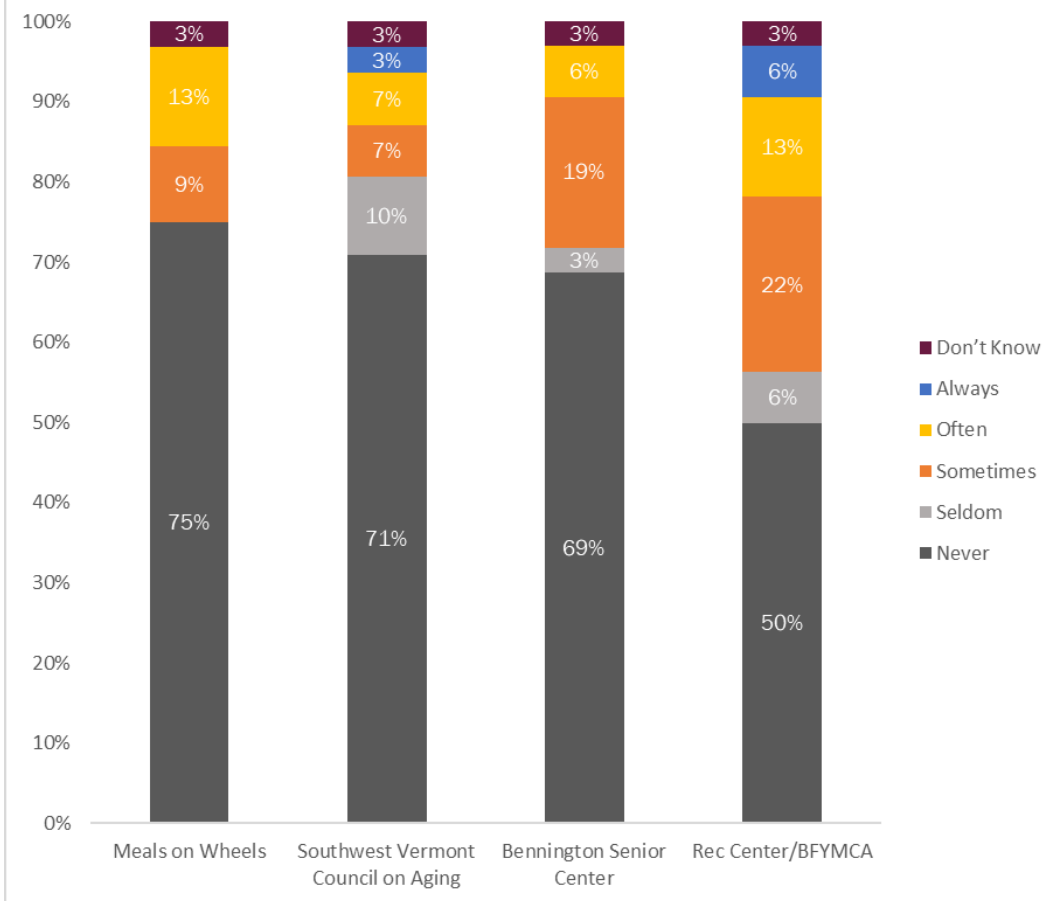


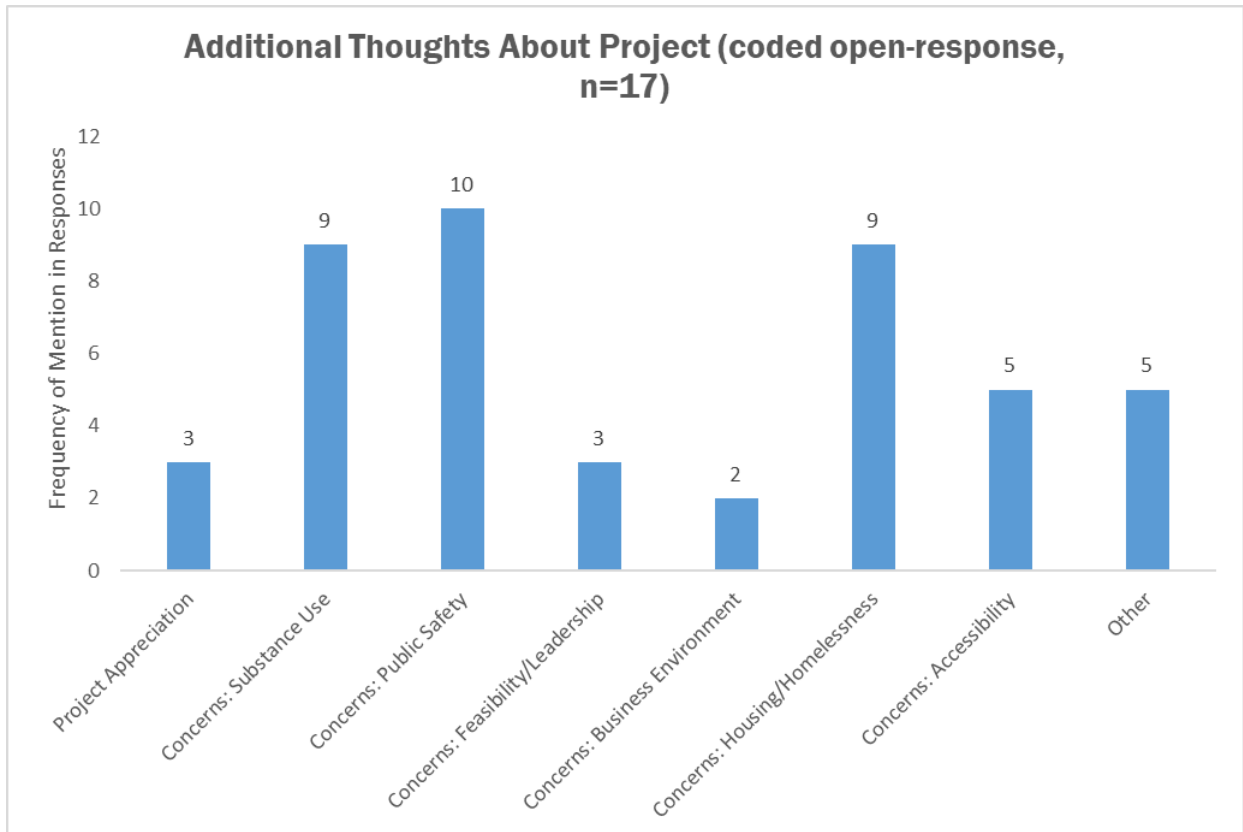
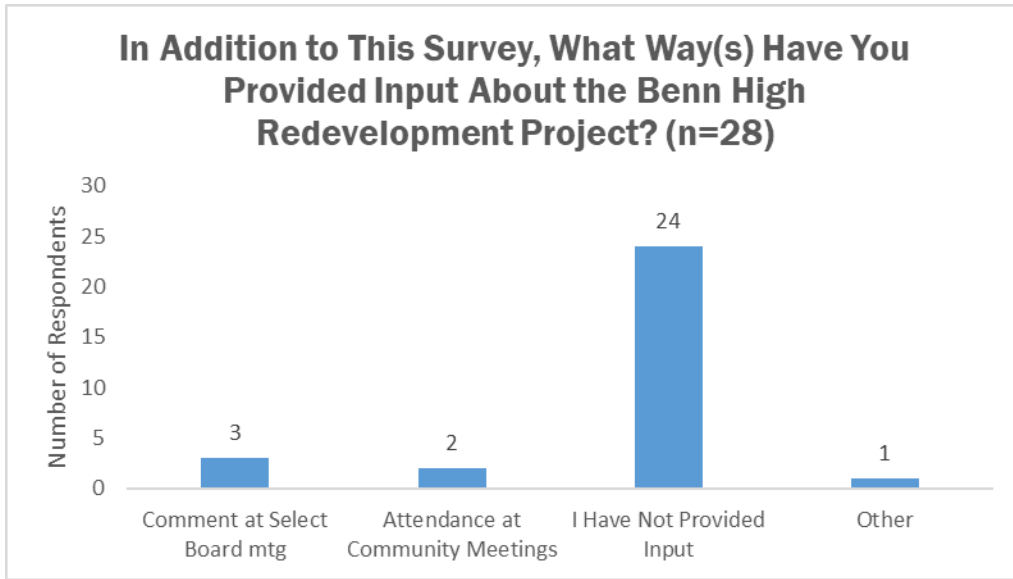


How Do You Think That Residents Living Near the Benn High Building Will Be Impacted By the Redevelopment Project? (n=31)



In the Past Year, How Often Have You/Members of Your Household Used Services Provided by These Organizations?





Youth Survey Responses

How would you describe downtown Bennington to a peer (your age) who is not familiar with the area?	Specifically, the area around Stewart's and the "Old Benn High" building	Think about your middle & high school experience in Bennington. Did you shop locally, go to shows, go to events, play sports?	Do you utilize the Rec Center (Y in Bennington) currently? If so, what for?	What would make you use the Rec more (a lounge, a kitchen, outdoor pavillon, etc)?	Does Bennington give you the opportunity to be healthy? Why or why not?	Do you feel supported by the Bennington community? Which part(s) support you?	How do you feel about sharing community spaces with people of all ages?
Not sure							
I would say it's a very beautiful town in the winter time and in the fall	I didn't much during middle school and I don't do much in high school in Bennington	I don't usually go to the rec center	Na	Yes great places to walk or hike	Yeah teachers in Bennington are a lot of help	No complaints here	
Not the place to hangout at certain times	Football games on Friday	Working out	Indoor basketball court	Yes because there's a couple gyms and or outdoor parks	Not sure	Fine it's a community space meant for all	
I would say the kids are great to be around and play with	I used to play soccer	I utilize the rec center sometimes	None	Yes because I go to the doctor often	I do feel supported in all parts	Good	
I'm not extremely familiar with the area because I live in NY	N/A	No, I have a Y closer to my house that I go too		I think so, I think if we didn't have the Y then Bennington wouldn't have many opportunities to be healthy	Yes, I notice that the school is a very strong community, which I don't have at Cambridge	I think it's great	
it's could use some work	going to local shops	i'm going to start using the gym	not me personally but everyone say they want a bigger gym	??	my family in bennington	It would be great	
I would say it's by Stewart's and is run down a bit	I usually shopped in Manchester or online but I loved going to the Goodwill and we do have some good local restaurants	Yes I occasionally use the gym	A lounge would be awesome			I would love to see people of all ages interact	
definitely a lot of drug related things and weirdos	i did not shop locally, I go to some events, I don't play sports but I go to a lot of the sports games.	yes, I use the gym	more equipment in the gym (leg presses, etc...)	yes, the gym is great along with a bunch of classes for people who want to get out and do things!			
You can't get lost it's a small town	Went to college basketball games, hiked a lot	Weight room and the sauna	More gym time	Yes and no, it's a choice	The basketball community and yes	I don't mind	
Can have some crime	Play sports	Gym		Yes	Yes, friends and family	Fine	

APPENDIX 5 – BENN HIGH PARKING STUDY

BENNINGTON HIGH PARKING DEMAND ESTIMATE



EXECUTIVE SUMMARY

We project there will be enough parking at all times of day for tenants, employees, and patrons either in the parking lot on-site or on Main Street within 400 feet of the building. Parking within 400 feet of a destination is considered best or ideal for outdoor parking accessible by sidewalk.

This report estimates a range of parking demand (high and low) based on the building's uses. The low demand estimate projects that there will be enough parking on-site for all building users at all times of day. The high demand estimate projects that there are times when the on-site parking may be at capacity, but that there is more than enough public parking on Main St. within 400 feet of the building to handle overflow. We project parking demand to be highest between 6 a.m. and 8 a.m.

PARKING DEMAND

There will be 65 parking spaces on-site, and peak parking demand will shift between uses. Tenant parking demand will be highest overnight between 9 p.m. and 8 a.m. and will dip in the middle of the day. The Senior Center and Meals on Wheels parking demand will peak between 10 a.m. and 2 p.m. The Y estimates their parking demand will remain constant with a dip in the middle of the day.

The highest demand on-site will occur in the early morning between 6 a.m. and 8 a.m. while most tenants are parked and after the Y opens at 6 a.m. and the childcare facility opens at 6:30 a.m. Demand will drop after 8 a.m. when some tenants leave for work.

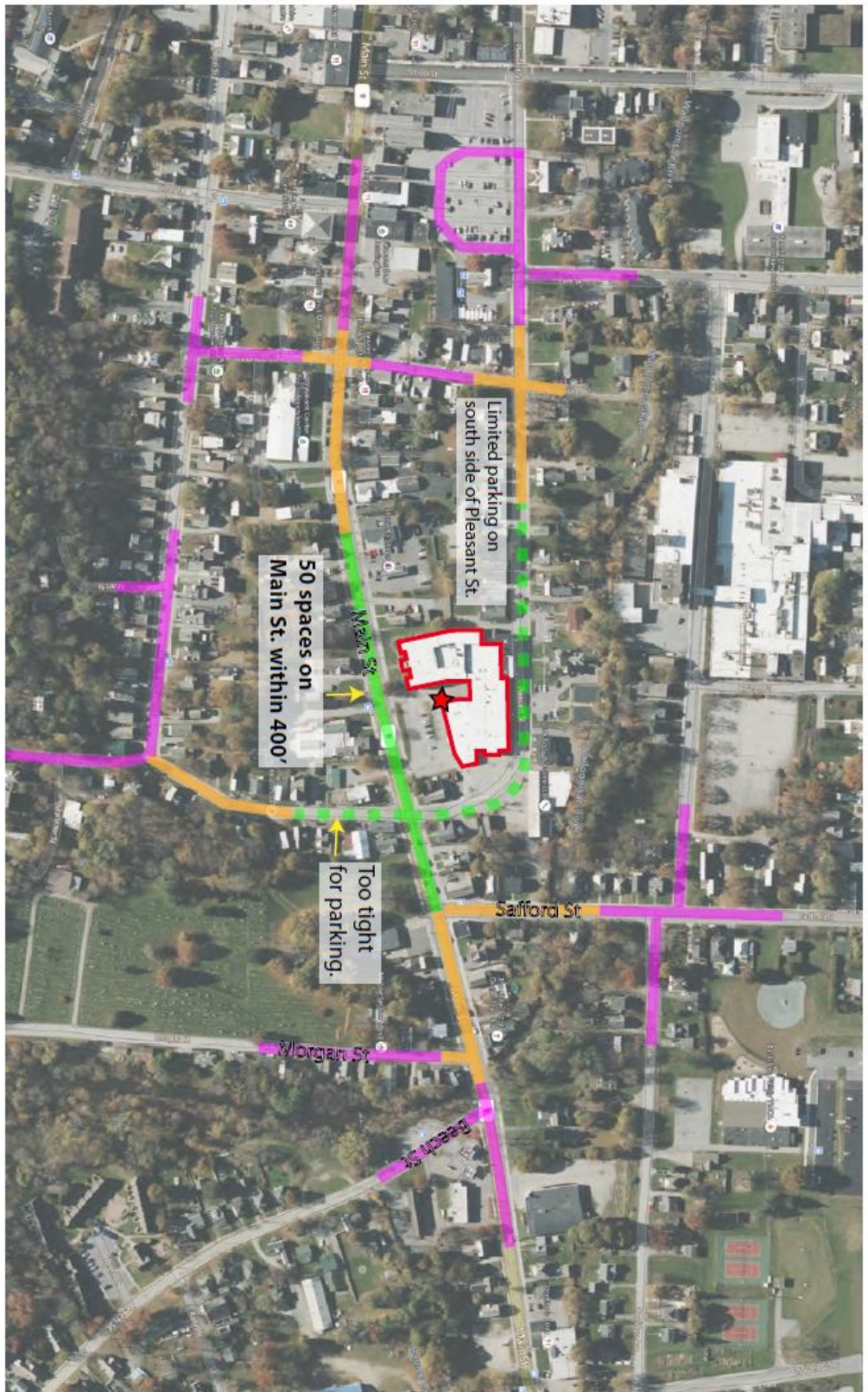
PUBLIC PARKING ON MAIN STREET

There are 50 public parking spaces on Main Street within 400 feet of the center of the Bennington High building. Five of those spaces will be reserved for pick-ups and drop-offs. We observed a range of 3 to 9 vehicles parked in the 50 spaces during business



Estimated Parking Demand
Parking management : TENANTS, EMPLOYEES and PATRONS allowed anytime. No public parking.

Use	6:00 AM - 8:00 AM		8:00 AM - 10:00 AM		10:00 AM - 2:00 PM		2:00 PM - 5:00 PM		5:00 PM - 9:00 PM		9:00 PM - 6:00 AM			
	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High		
Demand estimate range	41	49	9	15	9	15	9	15	9	15	24	40	41	49
Housing (37 units)	2	4	4	6	4	6	4	6	2	2	4	0	0	0
YMCA staff	9	22	9	22	5	13	9	22	9	22	9	22	0	0
YMCA patrons	7	9	13	16	13	16	13	16	7	7	9	0	0	0
Childcare facility	0	0	10	15	25	25	10	15	0	0	0	0	0	0
Meals on Wheels & Bennington Senior Center	0	0	2	2	2	2	2	2	0	0	0	0	0	0
UVM	0	0	2	2	2	2	2	2	0	0	0	0	0	0
Council on Aging	0	0	2	2	2	2	2	2	0	0	0	0	0	0
Parkers	59	85	49	78	60	79	49	78	43	75	41	41	49	49
Spaces on site	65	65	65	65	65	65	65	65	65	65	65	65	65	65
Site above/below capacity	6	-20	16	-13	5	-14	16	-13	22	-10	25	16	16	16
LOS A street parking avail.	42	34	42	34	42	34	42	34	42	34	42	34	42	34
Site + LOS A street parking above/below capacity	48	14	58	21	47	20	58	21	64	24	67	50	50	50



Assumes 100' of walking on Benn High site. Measured from edge of site.

- Walking Distance**
- 0-400' IDEAL (LOS A)
 - 400-800' GOOD (LOS B)
 - 800-1,200 AVERAGE (LOS C)



hours. We estimate there will typically be 34-42 parking spaces available on Main Street within 400 feet of the building.

A paper on the [Transportation Research Board's website](#), "[How Far Should Parkers Have to Walk.](#)" by Mary Smith and Thomas Butcher, suggests using a Level of Service (LOS) approach to determining how far is a comfortable distance to walk from a parking spot to a destination. The Level of Service classification system is like the grading system used in schools. A is ideal, B is good, C is average, etc. Parking within 400 feet of a destination is considered best or ideal for outdoor parking accessible by sidewalk. To put these distances in perspective, the Bennington Walmart's parking lot extends 600 feet from the entrance.

Using this system, we have mapped the available parking spaces within the distances for Level of Service A – C for the conditions here, which are outdoor/uncovered.

CONCLUSION

We estimate there will be adequate parking for tenants, employees, and patrons on site or on Main Street within 400 feet of the Bennington High building.

APPENDIX

Assumptions & Methodology

Parking demand range	Low	High	
Housing			
Apartment	37	37	studio, one-bedroom, & two-bedroom
Vehicles per household	1.2	1.4	Based on Vehicles per Household census data for Bennington. Low: households with 3 or more vehicles were eliminated from the average. High: households with 0 vehicles and 3 or more vehicles were eliminated from the average.
Total vehicles	45	52	38 households x 1.43 vehicles per household
At home percentage	0.90	0.95	Assumes a percentage of tenants will be away for 24 hours or longer
Parkers in 24-hour period	41	49	Total vehicles x away percentage
Demand by time of day	0.20	0.30	Percentage of tenant parkers staying between 8:00 AM - 5:00 PM
	0.60	0.80	Percentage of tenant parkers staying between 5:00 PM - 9:00 PM
YMCA			
Patrons	175	225	Estimated number of patrons per day
Parking percentage	0.6	0.75	Ratio of parked vehicles to patrons. Assumes some patrons ride more than 1 per vehicle, are dropped off, or walk or bike.
Parkers	105	169	Patrons x parking percentage rate = parkers
Average stay time	1	1.5	Average stay time in hours
Time slots	13	8.7	Y hours are 6:00 AM - 9:00 PM = 13 hours/average stay time = time slots
Parkers present	8.1	19.5	The number of patron vehicles parked at any given time during the day. Parkers/time slots = parkers present.
Demand by time of day	0.66	0.66	Rate in mid-day slow period (10-2)
	4.0	2.7	Slower time slots
	21.3	34.2	Parkers in slower time slots. Parkers present x slower time slots x 0.66
	5.3	12.9	The number of patron vehicles parked at any given time during slow time slots.
	9.0	6.0	Parkers in slower time slot/slower time slots
	84	135	Normal time slots
	9	22	Parkers in normal time slots
Child care facility			
Employees	16		The number of patron vehicles parked at any given time during normal time slots. Parkers in normal time slots/normal time slots
Number of employees present	8		Assumes half of the employees will be present and parked at any one time
Meals on Wheels & Senior Center			
	25	25	10 AM - 2 PM - 25 spaces needed
	10	15	8 AM - 10 AM spaces needed
	10	15	2 PM - 5 PM spaces needed
Main St. public parking within 400'			
Total spaces	50	50	
Reserved for drop-offs	5	5	
Typical parkers now	3	11	Based on counts with 25% contingency added to high count
Projected available spaces	42	34	

REFERENCES

1. Sartorius N. The meanings of health and its promotion. *Croat Med J.* 2006;47(4):662-4. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2080455/>. Accessed June 6, 2023.
2. Braveman P, Gottlieb L. The social determinants of health: It's time to consider the causes of the causes. *Public Health Rep.* 2014;129(Suppl2):19-31. doi: 10.1177/00333549141291S206
3. Cassidy A. Health policy brief: Community development and health. *Health Affairs.* November 10, 2011. doi: 10.1377/hpb201111110.912687
4. Green K, Zook M. When talking about social determinants, precision matters. *Health Affairs Forefront.* October 29, 2019. doi: 10.1377/hblog20191025.776011
5. Vermont Department of Health. Vermont State Health Improvement Plan 2019-2023. <https://www.healthvermont.gov/file/66226>. Accessed June 6, 2023.
6. National Research Council. *Improving Health in the United States: The Role of Health Impact Assessment.* Washington, DC: The National Academies Press; 2011. <https://nap.nationalacademies.org/catalog/13229/improving-health-in-the-united-states-the-role-of-health>. Accessed June 6, 2023.
7. Society of Practitioners of Health Impact Assessment. Health In All Policy Approaches Guide: Finding the Mix of Strategies that Fits Your Needs. October 2017. <https://hiasociety.org/resources/Documents/SOPHIA%20HIAP%20Screening%20Guide%20FINAL%20Oct%202017.pdf>. Accessed June 6, 2023.
8. Health Impact Project, Pew Health Group. Legal Review Concerning the Use of Health Impact Assessments in Non-Health Sectors. 2012. <https://www.pewtrusts.org/en/research-and-analysis/reports/2012/04/04/legal-review-concerning-the-use-of-health-impact-assessments-in-nonhealth-sectors>. Accessed June 6, 2023.
9. Health Impact Project, Pew Health Group. Do Health Impact Assessments Promote Healthier Decision-Making? 2019. [Do Health Impact Assessments Promote Healthier Decision-Making? | The Pew Charitable Trusts \(pewtrusts.org\)](https://www.pewtrusts.org/en/research-and-analysis/reports/2019/04/04/do-health-impact-assessments-promote-healthier-decision-making). Accessed June 6, 2023.
10. Bourcier E, Charbonneau D, Cahill C, Dannenberg A. An evaluation of health impact assessments in the United States, 2011-2014. *Prev Chronic Dis.* 2015;12(E23). doi: 10.5888/pcd12.140376.
11. Assessing the health impacts of policies and projects in Vermont. Vermont Department of Health. <https://www.healthvermont.gov/about/reports/health-impact-assessments>. Accessed June 7, 2023.
12. National Association of County and City Health Officials. Health Impact Assessment: Quick Guide. <https://www.naccho.org/uploads/downloadable-resources/HIA-Quick-Guide.pdf>. Accessed June 7, 2023.
13. Society of Practitioners of Health Impact Assessment. Minimum Elements and Practice Standards for Health Impact Assessment. <https://hiasociety.org/resources/Documents/HIA%20ME-%20PS%20v4%202022.pdf>. Accessed June 7, 2023.

14. Health Impact Project, The Pew Charitable Trusts and Robert Wood Johnson Foundation. Health Impact Assessment and Housing: Opportunities for the Housing Sector. https://www.pewtrusts.org/-/media/assets/2016/03/opportunities_for_the_housing_sector.pdf. Accessed June 7, 2023.
15. Bever E, Arnold KT, Lindberg R, et al. Use of health impact assessments in the housing sector to promote health in the United States, 2002-2016. *J Hous and the Built Environ*. 2021;36:1277-1297. <https://doi.org/10.1007/s10901-020-09795-9>.
16. Davenport C, Mathers J, Parry J. Use of health impact assessments in incorporating health considerations in decision making. *J Epidemiol Community Health*. 2006;60(3):196-201. doi: 10.1136/jech.2005.040105
17. Online course – health impact assessment, step by step. National Collaborating Centre for Healthy Public Policy. <https://ccnpps-ncchpp.ca/online-course-health-impact-assessment-step-by-step/>. Accessed June 7, 2023.
18. SOPHIA Health in All Policies Screening Work Group, Society of Practitioners of Health Impact Assessment. Health in All Policy Approaches Guide: Finding the Mix of Strategies that Fits Your Needs. <https://hiasociety.org/resources/Documents/SOPHIA%20HIAP%20Screening%20Guide%20FINAL%20Oct%202017.pdf>. Accessed June 7, 2023.
19. The Vermont Community Health Equity Partnership. Vermont Public Health Institute. <https://vtphi.org/about-vt-chep/>. Accessed June 7, 2023.
20. Sperling, G. Economic Dignity. *Democracy: A Journal of Ideas*. Spring 2019;52. <https://democracyjournal.org/magazine/52/economic-dignity/>. Accessed June 7, 2023.
21. Southwestern Vermont Health Care. Southwestern Vermont Medical Center Community Health Needs Assessment. <https://svhealthcare.org/communityhealth>. Accessed June 7, 2023.
22. United Counseling Services & United Children’s Services. Bennington County Community Needs Assessment. https://www.ucsvt.org/wp-content/uploads/2022/02/HS_Report_CommunityAssessment.pdf. Accessed June 7, 2023.
23. 2021 Community Survey Results. Alliance for Community Transformations. <https://actbennington.org/2021/11/23/2021-community-survey-results/>. Accessed June 7, 2023.
24. Vermont Department of Disabilities, Aging, and Independent Living, Vermont Department of Health. Needs Assessment of Vermonters Age 60+ and Their Family Caregivers. <https://asd.vermont.gov/sites/asd/files/documents/2020%20Needs%20Assessment%20of%20Vermonters%20Age%2060%2B%20And%20Their%20Family%20Caregivers.pdf>. Accessed June 7, 2023.
25. United States Census Bureau. 2020 Decennial Census Redistricting Data (PL 94-171) Table P1 (Race) for Bennington town, Bennington County, Vermont. <https://data.census.gov/table?q=bennington+town,+bennington+county,+vermont&tid=DECENNIALPL2020.P1>. Accessed June 7, 2023.

26. Vermont Center for Geographic Information, Vermont Agency of Digital Services. Data Release: 2020 Census Data. <https://vcgi.vermont.gov/data-release/2020-census-data>. Accessed June 7, 2023.
27. United States Census Bureau. QuickFacts for Bennington town, Bennington County, Vermont; Bennington County, Vermont. <https://vcgi.vermont.gov/data-release/2020-census-data>. Accessed June 7, 2023.
28. Krieger N. A century of census tracts: Health & the body politic (1906-2006). *J Urban Health*. 2006;93(3):355-361. doi: 10.1007/s11524-006-9040-y
29. United States Census Bureau. 2021 American Community Survey 5-Year Estimates Data Profiles Table DP05 (ACS Demographic and Housing Estimates) for Census Tract 9712, Bennington County, Vermont. <https://data.census.gov/table?q=dp05&g=1400000US50003971200&tid=ACSDP5Y2021.DP05>. Accessed June 7, 2023.
30. United States Census Bureau. 2021 American Community Survey 5-Year Estimates Data Profiles Table DP05 (ACS Demographic and Housing Estimates) for Bennington town, Bennington County, Vermont. <https://data.census.gov/table?q=bennington+town,+bennington+county,+vermont+dp05&tid=ACSDP5Y2021.DP05>. Accessed June 7, 2023.
31. Why we ask questions about sex. United States Census Bureau. <https://www.census.gov/acs/www/about/why-we-ask-each-question/sex/>. Accessed June 7, 2023.
32. Vermont Tax Structure Commission. Stability and Change: Three Demographic Trends and Their Implications for Vermont's State Revenue. <https://ljfo.vermont.gov/assets/Meetings/Tax-Structure-Commission/2019-07-24/7be201cea3/Demographics-Stability-and-Change.pdf>. Accessed June 7, 2023.
33. Age strong Vermont: Our roadmap for an age-friendly state. Vermont Department of Health. <https://healthvermont.gov/wellness/brain-health-dementia/age-strong-vermont-our-roadmap-age-friendly-state>. Accessed June 7, 2023.
34. Ring W. Census: Minority population growing in VT, 2nd whitest state. *AP News*. August 12, 2021. <https://apnews.com/article/race-and-ethnicity-census-2020-vermont-721d8201122a857b4565b4a37bd77d24>. Accessed June 7, 2023.
35. United States Census Bureau. 2021 American Community Survey 5-Year Estimates Data Profiles Table DP05 (ACS Demographic and Housing Estimates) for Bennington County, Vermont. https://data.census.gov/table?q=dp05&g=050XX00US50003_1400000US50003971200&tid=ACSDP5Y2021.DP05. Accessed June 7, 2023.
36. United States Census Bureau. 2021 American Community Survey 5-Year Estimates Detailed Tables Table B01001A (Sex by Age, White Alone) for Bennington town, Bennington County, Vermont. <https://data.census.gov/table?q=Bennington+Town,+Bennington+County,+Vermont+B01001A&tid=ACSDT5Y2021.B01001A>. Accessed June 7, 2023.
37. United States Census Bureau. 2021 American Community Survey 5-Year Estimates Subject Tables Table S1101 (Households and Families) for Census Tract 9712, Bennington County, Vermont.

- <https://data.census.gov/table?q=s1101&g=1400000US50003971200&tid=ACSST5Y2021.S1101>. Accessed June 7, 2023.
38. United States Census Bureau. 2021 American Community Survey 5-Year Estimates Subject Tables Table S1101 (Households and Families) for Bennington town, Bennington County, Vermont. <https://data.census.gov/table?q=s1101+bennington+town,+bennington+county,+vermont&g=1400000US50003971200>. Accessed June 7, 2023.
 39. United States Census Bureau. 2021 American Community Survey 5-Year Estimates Subject Tables Table S0701 (Geographic Mobility by Selected Characteristics in the United States) for Census Tract 9712, Bennington County, Vermont. <https://data.census.gov/table?q=s0701&g=1400000US50003971200&tid=ACSST5Y2021.S0701>. Accessed June 7, 2023.
 40. United States Census Bureau. 2021 American Community Survey 5-Year Estimates Subject Tables Table S0701 (Geographic Mobility by Selected Characteristics in the United States) for Bennington town, Bennington County, Vermont. <https://data.census.gov/table?q=s0701+Bennington+Town,+Bennington+County,+Vermont&tid=ACSST5Y2021.S0701>. Accessed June 7, 2023.
 41. Case A, Deaton A. Rising morbidity and mortality in midlife among white non-Hispanic Americans in the 21st century. *Proc Natl Acad Sci U S A*. 2015;112(49):15078-15083. doi: 10.1073/pnas.1518393112
 42. Zajacova A, Lawrence EM. The relationship between education and health: Reducing disparities through a contextual approach. *Annu Rev Public Health*. 2018;39:273-289. doi: 10.1146/annurev-publhealth-031816-044628.
 43. United States Census Bureau. 2021 American Community Survey 5-Year Estimates Subject Tables Table S1501 (Educational Attainment) for Bennington County, Vermont. <https://data.census.gov/table?q=s1501+Bennington+County&tid=ACSST5Y2021.S1501>. Accessed June 7, 2023.
 44. United States Census Bureau. 2021 American Community Survey 5-Year Estimates Subject Tables Table S1501 (Educational Attainment) for Vermont. <https://data.census.gov/table?q=s1501&g=040XX00US50&tid=ACSST1Y2021.S1501>. Accessed June 7, 2023.
 45. United States Census Bureau. 2021 American Community Survey 5-Year Estimates Subject Tables Table S1501 (Educational Attainment) for Bennington town, Bennington County, Vermont. <https://data.census.gov/table?q=bennington+town,+bennington+county,+vermont+s1501&tid=ACSST5Y2021.S1501>. Accessed June 7, 2023.
 46. United States Census Bureau. 2021 American Community Survey 5-Year Estimates Subject Tables Table S1501 (Educational Attainment) for Census Tract 9712, Bennington County, Vermont. <https://data.census.gov/table?q=s1501+&g=1400000US50003971200>. Accessed June 7, 2023.
 47. Khullar D, Chokshi DA. Health policy brief: Health, income, & Poverty: Where we are & what could help. *Health Affairs*. October 4, 2018. doi: 10.1377/hpb20180817.901935

48. Public Assets Institute. State of Working Vermont 2022. <https://publicassets.org/wp-content/uploads/2022/12/SWVT22.pdf>. Accessed June 7, 2023.
49. Fisher GM. The development of the Orshansky poverty thresholds and their subsequent history as the official U.S. poverty measure. May 1992. <https://www.census.gov/content/dam/Census/library/working-papers/1997/demo/orshansky.pdf>. Accessed June 7, 2023.
50. What's the difference between the supplemental and official poverty measures? United States Census Bureau. <https://www.census.gov/newsroom/blogs/random-samplings/2021/09/difference-between-supplemental-and-official-poverty-measures.html>. Accessed June 7, 2023.
51. How poverty in the United States is measured and why it matters. Population Reference Bureau. <https://www.prb.org/resources/how-poverty-in-the-united-states-is-measured-and-why-it-matters/>. Accessed June 7, 2023.
52. Frequently asked questions related to the poverty guidelines and poverty. Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines/frequently-asked-questions-related-poverty-guidelines-poverty>. Accessed June 7, 2023.
53. United States Census Bureau. The Supplemental Poverty Measure: 2020. <https://www.census.gov/library/publications/2021/demo/p60-275.html>. Accessed June 7, 2023.
54. Maps & data for Vermont. Poverty USA. <https://www.povertyusa.org/data/2019/VT>. Accessed June 7, 2023.
55. Who is ALICE? United for Alice. <https://www.unitedforalice.org/>. Accessed June 7, 2023.
56. National Overview, County-Level Details for Vermont. United for ALICE. <https://www.unitedforalice.org/national-overview>. Accessed June 7, 2023.
57. Living wage calculation for Bennington County, Vermont. Massachusetts Institute of Technology Living Wage Calculator. <https://livingwage.mit.edu/pages/faqs>. Accessed June 7, 2023.
58. United States Census Bureau. 2021 American Community Survey 5-Year Estimates Subject Tables Table S1701 (Poverty Status in the Past 12 Months) for Census Tract 9712, Bennington County, Vermont. <https://data.census.gov/table?q=s1701&g=1400000US50003971200&tid=ACSST5Y2021.S1701>. Accessed June 7, 2023.
59. United States Census Bureau. 2021 American Community Survey 5-Year Estimates Subject Tables Table S1901 (Income in the Past 12 Months in 2021 Inflation-Adjusted Dollars) for Census Tract 9712, Bennington County, Vermont. <https://data.census.gov/table?q=s1901&g=1400000US50003971200&tid=ACSST5Y2021.S1901>. Accessed June 7, 2023.
60. United States Census Bureau. 2021 American Community Survey 5-Year Estimates Subject Tables Table DP03 (Selected Economic Characteristics) for Census Tract 9712, Bennington County, Vermont. <https://data.census.gov/table?q=dp03&g=1400000US50003971200&tid=ACSDP5Y2021.DP03>. Accessed June 7, 2023.

61. United States Census Bureau. 2021 American Community Survey 5-Year Estimates Subject Tables Table S1903 (Median Income in the Past 12 Months in 2021 Inflation-Adjusted Dollars) for Census Tract 9712, Bennington County, Vermont. <https://data.census.gov/table?q=s1903&g=1400000US50003971200&tid=ACSST5Y2021.S1903>. Accessed June 7, 2023.
62. United States Census Bureau. 2021 American Community Survey 5-Year Estimates Subject Tables Table S1701 (Poverty Status in the Past 12 Months) for Bennington town, Bennington County, Vermont. <https://data.census.gov/table?q=s1701+bennington+Town,+bennington+county,+vermont>. Accessed June 7, 2023.
63. United States Census Bureau. 2021 American Community Survey 5-Year Estimates Subject Tables Table S1901 (Income in the Past 12 Months in 2021 Inflation-Adjusted Dollars) for Bennington town, Bennington County, Vermont. <https://data.census.gov/table?q=s1901+bennington+Town,+bennington+county,+vermont&tid=ACSST5Y2021.S1901>. Accessed June 7, 2023.
64. United States Census Bureau. 2021 American Community Survey 5-Year Estimates Subject Tables Table DP03 (Selected Economic Characteristics) for Bennington town, Bennington County, Vermont. <https://data.census.gov/table?q=dp03+bennington+Town,+bennington+county,+vermont&tid=ACSDP5Y2021.DP03>. Accessed June 7, 2023.
65. United States Census Bureau. 2021 American Community Survey 5-Year Estimates Subject Tables Table S1903 (Median Income in the Past 12 Months in 2021 Inflation-Adjusted Dollars) for Bennington town, Bennington County, Vermont. <https://data.census.gov/table?q=s1903+bennington+Town,+bennington+county,+vermont&tid=ACSST5Y2021.S1903.S1903>. Accessed June 7, 2023.
66. Income inequality in Bennington County, VT (2020RATIO050003). United States Census Bureau information retrieved from FRED, Federal Reserve Bank of St. Louis. <https://fred.stlouisfed.org/series/2020RATIO050003>. Accessed June 7, 2023.
67. National Center for Health Statistics. U.S. Small-Area Life Expectancy Estimates Project (USALEEP): Life Expectancy Estimates File for Bennington, Vermont, 2010-2015. 2018. <https://www.cdc.gov/nchs/nvss/usaleep/usaleep.html>. Accessed June 7, 2023.
68. SVI at a glance. Agency for Toxic Substances and Disease Registry. https://www.atsdr.cdc.gov/placeandhealth/svi/at-a-glance_svi.html. Accessed June 7, 2023.
69. Li Z, Lewis B, Berney K, et al. Social vulnerability and rurality associated with higher severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection – induced seroprevalence: A nationwide blood donor study – United States, July 2020 – June 2021. *Clin. Infect. Dis.* 2022;75(1):e133-e143. <https://doi.org/10.1093/cid/ciac105>. Accessed June 7, 2023.
70. Hughes MM, Wang A, Grossman MK, et al. County-level COVID-19 vaccination coverage and social vulnerability – United States, December 14, 2020 – March 1, 2021. *MMWR Early Release*. 2021;70(12):431-436. <https://www.cdc.gov/mmwr/volumes/70/wr/pdfs/mm7012e1-H.pdf>. Accessed June 7, 2023.

71. Gay JL, Robb SW, Benson KM, White A. Can the Social Vulnerability Index be used for more than emergency preparedness? An examination using youth physical fitness data. *J Phys Act Health*. 2016;13(2):121-130. doi: 10.1123/jpah.2015-0042.
72. Bergstrand K, Mayer B, Brumback B, Zhang Y. Assessing the relationship between social vulnerability and community resilience to hazards. *Soc Indic Res*. 2015;122(2)391-409. doi: 10.1007/s11205-014-0698-3.
73. PLACES: Local data for better health. Centers for Disease Control and Prevention. <https://www.cdc.gov/places/index.html>. Accessed June 7, 2023.
74. Greenlund KJ, Lu H, Wang Y, et al. PLACES: Local data for better health. *Prev Chronic Dis*. 2022;19:210459. <http://dx.doi.org/10.5888/pcd19.210459>. Accessed June 7, 2023.
75. Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. PLACES: Local Data for Better Health, Census Tract and County Data 2022 Release. <https://chronicdata.cdc.gov/browse?q=PLACES%202022>. Accessed June 7, 2023.
76. Vermont Department of Health. Fatal Overdoses Among Vermonters: Annual Data Brief – Data through 2022. Published April 2023. <https://www.healthvermont.gov/sites/default/files/document/DSUfatalopioidoverdosebrief2022.pdf>. Accessed June 7, 2023.
77. Vermont Department of Health. 2019 Vermont Youth Risk Behavior Survey Report: Southwest Vermont SU. Published November 23, 2020. https://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR_YRBS_SOUTHWEST_VERMONT_SU.pdf. Accessed June 7, 2023.
78. The Opportunity Atlas. United States Census Bureau, Harvard University, Brown University. <https://www.opportunityatlas.org/>. Accessed June 7, 2023.
79. The Opportunity Atlas. Percent Staying in Same Tract as Adults (All Income, All Races, All Genders) for Bennington, Vermont census tracts. <https://www.opportunityatlas.org/>. Accessed June 7, 2023.
80. The Opportunity Atlas. Individual Income (Excluding Spouse) at Age 35 (All Income, All Races, All Genders) for Bennington, Vermont census tracts. <https://www.opportunityatlas.org/>. Accessed June 7, 2023.
81. The Opportunity Atlas. Incarceration Rate (Low Income, All Races, Males) for Bennington, Vermont census tracts. <https://www.opportunityatlas.org/>. Accessed June 7, 2023.
82. National Park Service, United States Department of the Interior. National Register of Historic Places Registration Form for Bennington High School. 005. https://s3.amazonaws.com/NARAprdstorage/lz/electronic-records/rg-079/NPS_VT/05000948.pdf. Accessed June 7, 2023.
83. American Rescue Plan Act. Vermont League of Cities and Towns. <https://www.vlct.org/topics/federal-funding-assistance/american-rescue-plan-act>. Accessed June 7, 2023.
84. Coronavirus State & Local Fiscal Recovery Funds: Overview of the final rule. The Department of the Treasury. January 2022. <https://home.treasury.gov/system/files/136/SLFRF-Final-Rule-Overview.pdf>. Accessed June 7, 2023.

85. White + Burke Real Estate Advisors. Memorandum to Dan Monks, Assistant Town Manager of Bennington, Vermont re: Bennington Economic Development – Preliminary Findings & Recommendations. December 15, 2021. <https://cms5.revize.com/revize/bennington/Projects/ARPA/Bennington-Econ-Dev-Findings-Memo-12-15-21.pdf>. Accessed June 7, 2023.
86. Senior Center. Town of Bennington, VT. https://benningtonvt.org/services/senior_center.php. Accessed June 7, 2023.
87. Who we are. Meals on Wheels of Bennington County. <https://www.mowbennington.org/about-1>. Accessed June 7, 2023.
88. Parks & Recreation. Town of Bennington, VT. https://benningtonvt.org/services/parks_recreation/index.php. Accessed June 7, 2023.
89. After School Activities. Molly Stark Elementary School. https://benningtonvt.org/services/parks_recreation/index.php. Accessed June 7, 2023.
90. National Council of Affordable Housing Market Analysts. Market Study Terminology. <https://www.housingonline.com/Documents/Market%20Study%20Terminology%2012022010.pdf>. Accessed June 7, 2023.
91. Doug Kennedy Advisors. Market Analysis for Bennington High School, Bennington, Vermont. V 2.0. November 14, 2022. Accessed June 8, 2023.
92. Low-Income Housing Tax Credits. National Housing Law Project. <https://www.nhlp.org/resource-center/low-income-housing-tax-credits/#:~:text=The%20LIHTC%20program%20does%20not%20provide%20housing%20subsidies.,Code%2C%20to%20encourage%20developers%20to%20create%20affordable%20housing>. Accessed June 7, 2023.
93. What is Area Median Income (AMI)? Janover HUD Loans. <https://www.hud.loans/hud-loans-blog/what-is-area-median-income-ami/>. Accessed June 7, 2023.
94. Income Limits. Office of Policy Development and Research. https://www.huduser.gov/portal/datasets/il.html#2021_query. Accessed June 7, 2023.
95. FY 2023 fair market rent documentation system: the FY 2023 FMRs for all bedroom sizes. HUD USER. https://www.huduser.gov/portal/datasets/il.html#2021_query. Accessed June 7, 2023.
96. Southwestern Vermont Council on Aging. Agency Guide. https://www.huduser.gov/portal/datasets/il.html#2021_query. Accessed June 7, 2023.
97. State Health Insurance Program (SHIP). Southwestern Vermont Council on Aging. <https://svcoa.org/state-health-insurance-program-ship>. Accessed on June 7, 2023.
98. The University of Vermont Extension at a glance. UVM Extension. <https://www.uvm.edu/sites/default/files/UVM-Extension-Cultivating-Healthy-Communities/publications/uvm-ext-at-a-glance-aug2022.pdf>. Accessed June 7, 2023.
99. Berkshire Family YMCA child care, Pre-K & after school. Berkshire Family YMCA. <https://bfymca.org/programs/child-care-pre-k-after-school>. Accessed June 7, 2023.
100. Child care licensing regulations. Department for Children and Families, Vermont Agency of Human Services. <https://dcf.vermont.gov/cdd/laws-rules/licensing>. Accessed June 7, 2023.

101. Karerat S, Creighton L. Recognizing and incentivizing mixed-income communities designed for health. In: Joseph ML, Khare AT, ed. *What Works to Promote Inclusive, Equitable Mixed-Income Communities*. San Francisco, CA and Cleveland, OH: Federal Reserve Bank of San Francisco and the Jack, Joseph, and Morton Mandel School of Applied Social Sciences, Case Western Reserve University; 2020. <https://case.edu/socialwork/nimc/sites/case.edu.nimc/files/2021-12/What%20Works%20book%202020.pdf>. Accessed June 7, 2023.
102. Swope CB, Hernández D. Housing as a determinant of health equity: A conceptual model. *Soc. Sci. Med.* 2019; 243:112571. <https://doi.org/10.1016/j.socscimed.2019.112571>. Accessed June 7, 2023.
103. Gabriel S, Painter G. Why affordability matters. *Reg Sci Urban Econ.* 2020;80:103378. <https://doi.org/10.1016/j.regsciurbeco.2018.07.001>. Accessed June 7, 2023.
104. Rental burdens: Rethinking affordability measures. Office of Policy Development and Research, U.S. Department of Housing and Urban Development. https://www.huduser.gov/portal/pdredge/pdr_edge_featd_article_092214.html#:~:text=HUD%20defines%20cost-burdened%20families%20as%20those%20%E2%80%9Cwho%20pay,than%2050%20percent%20of%20one%E2%80%99s%20income%20on%20rent. Accessed June 7, 2023.
105. United States Census Bureau. 2021 American Community Survey 5-Year Estimates Subject Tables Table DP04 (Selected Housing Characteristics) for Bennington town, Bennington County, Vermont. <https://data.census.gov/table?q=Bennington+town,+bennington+county,+vermont+dp04&tid=ACSDP5Y2021.DP04>. Accessed June 7, 2023.
106. Mueller EJ, Tighe JR. Making the case for affordable housing Connecting housing with health and education outcomes. *J. Plan. Lit.* 2007;21(4):371-385. doi: 10.1177/0885412207299653.
107. Braveman P, Dekker M, Egerter S, Sadegh-Nobari T, Pollack C, Robert Wood Johnson Foundation. Issue Brief: Housing and Health. 2011. <https://www.rwjf.org/en/insights/our-research/2011/05/housing-and-health.html>. Accessed June 7, 2023.
108. Krieger J, Higgins DL. Housing and health: Time again for public health action. *Am J Public Health.* 2002;92(5):758-768. doi: 10.2105/ajph.92.5.758.
109. Giano Z, Williams A, Hankey C, Merrill R, Lisnic R, Herring A. Forty years of research on predictors of homelessness. *Community Ment. Health J.* 2019;56:692-709. <https://doi.org/10.1007/s10597-019-00530-5>. Accessed June 7, 2023.
110. Vermont Coalition to End Homelessness. Vermont 2022 PIT Breakdown Report – County. https://helpingtohousevt.org/wp-content/uploads/2022/08/2022-Vermont-PIT-County-by-County-and-Local-CoC-Summary_Details_Summary_FINAL.xlsx.pdf. Accessed June 7, 2023.
111. Chen KL, Miake-Lye IM, Begashaw M, et al. Association of promoting housing affordability and stability with improved health outcomes: A systematic review. *JAMA Netw Open.* 2022;5(11):e2239860. doi: 10.1001/jamanetworkopen.2022.39860

112. Denary W, Fenelon A, Schlesinger P, Purtle J, Blankenship KM, Keene DE. Does rental assistance improve mental health? Insights from a longitudinal cohort study. *Soc Sci Med*. 2021;282:114100. doi: <https://doi.org/10.1016%2Fj.socscimed.2021.114100>.
113. Housing Corporation and the Housing Learning and Improvement Network in the Care Services Improvement Partnership. Sector study: Good housing and good health? A review and recommendations for housing and health practitioners. https://shura.shu.ac.uk/22951/1/Good_housing_and_good_health.pdf. Accessed June 7, 2023.
114. Department of Health Surveillance, Vermont Department of Health. Asthma Data Pages: 2019 Behavioral Risk Factor Surveillance Survey, 2018 Adult Asthma Call-Back Survey, 2015-2017 Child Asthma Call-Back Survey. 2022. https://www.healthvermont.gov/sites/default/files/documents/pdf/HS_Asthma_Data_Pages_2022.pdf. Accessed June 7, 2023.
115. Tracking asthma in Vermont. Vermont Department of Health. <https://www.healthvermont.gov/environment/tracking/asthma>. Accessed June 7, 2023.
116. Leopold J, Cunningham M, Posey L, Manuel T. The Urban Institute. Brief: Improving measures of housing insecurity: A path forward. 2016. https://www.urban.org/sites/default/files/publication/101608/improving_measures_of_housing_insecurity.pdf. Accessed June 7, 2023.
117. Kleit RG, Kang S, Scally CP. Why do housing mobility programs fail in moving households to better neighborhoods? *Hous Policy Debate*. 2015;26(1):1-22. doi: 10.1080/10511482.2015.1033440.
118. Kushel MB, Gupta R, Gee L, Haas JS. Housing instability and food insecurity as barriers to health care among low-income Americans. *J. Gen. Intern. Med*. 2006;21(1):71-77. <https://doi.org/10.1111/j.1525-1497.2005.00278.x>. Accessed June 7, 2023.
119. Camoin Associates, Bennington County Regional Commission. Energizer Reuse Study. 2021. http://www.bcrvvt.org/uploads/1/1/1/8/111899771/energizer_report_final_9.29.21_updated.pdf. Accessed June 7, 2023.
120. New private housing structures authorized by building permits for Bennington County, VT (BPPRIV050003). United States Census Bureau information retrieved from FRED, Federal Reserve Bank of St. Louis. <https://fred.stlouisfed.org/series/BPPRIV050003>. Accessed June 7, 2023
121. Joseph ML. Promoting poverty deconcentration and racial desegregation through mixed-income development. In: Metzger MW, Webber HS, ed. *Facing Segregation: Housing Policy Solutions for a Stronger Society*. New Yor, NY: Oxford University Press; 2018:146-C8.P151. <https://doi.org/10.1093/oso/9780190862305.003.0008>. Accessed June 7, 2023.
122. Vandeford CA. Realities and perceptions: HOPE VI poverty deconcentration and implications for broader neighborhood revitalization. Massachusetts Institute of Technology. 2006. <https://studylib.net/doc/10530600/realities-and-perceptions--hope-vi-poverty-...-implica>. Accessed June 7, 2023.
123. Goetz EG. *Clearing the Way: Deconcentrating the Poor in Urban America*. Washington, D.C.: The Urban Institute Press; 1957. Accessed June 7, 2023.

124. Cisneros HG, Engdahl, eds. *From Despair to Hope: Hope VI and the New Promise of Public Housing in America's Cities*. Washington, D.C.: Brookings Institution Press; 2009. Accessed June 7, 2023.
125. McFarlane AG, U.C.L.A. Law Review. The Properties of Integration: Mixed-Income Housing as Discrimination Management. 2020. <https://www.uclalawreview.org/the-properties-of-integration-mixed-income-housing-as-discrimination-management-2/>. Accessed June 7, 2023.
126. Bratt RG. What may work about the mixed-income approach: Reflections and implications for the future. In: Joseph ML, Khare AT, ed. *What Works to Promote Inclusive, Equitable Mixed-Income Communities*. San Francisco, CA and Cleveland, OH: Federal Reserve Bank of San Francisco and the Jack, Joseph, and Morton Mandel School of Applied Social Sciences, Case Western Reserve University; 2020. <https://case.edu/socialwork/nimc/sites/case.edu.nimc/files/2021-12/What%20Works%20book%202020.pdf>. Accessed June 7, 2023.
127. Levy DK, McDade Z, Berumen K. Mixed-income living: Anticipated and realized benefits for low-income households. *Cityscape*. 2013;15(2):15-28. <https://www.huduser.gov/portal/periodicals/cityscpe/vol15num2/ch1.pdf>. Accessed June 7, 2023.
128. Curley AM. Relocating the poor: Social capital and neighborhood resources. *J. Urban Aff*. 2010;1:79-103. <https://doi.org/10.1111/j.1467-9906.2009.00475.x>. Accessed June 7, 2023.
129. Levy DK, McDade Z, Dumlao K. The Urban Institute. Effects from Living in Mixed-Income Communities for Low-Income Families: A Review of the Literature. 2010. <https://www.urban.org/sites/default/files/publication/27116/412292-Effects-from-Living-in-Mixed-Income-Communities-for-Low-Income-Families.PDF>. Accessed June 7, 2023.
130. Seabaugh C, Bennett V, Salazar MB. Seven strategies to advance equity, inclusion, and resiliency in mixed-income communities. In: Joseph ML, Khare AT, ed. *What Works to Promote Inclusive, Equitable Mixed-Income Communities*. San Francisco, CA and Cleveland, OH: Federal Reserve Bank of San Francisco and the Jack, Joseph, and Morton Mandel School of Applied Social Sciences, Case Western Reserve University; 2020. <https://case.edu/socialwork/nimc/sites/case.edu.nimc/files/2021-12/What%20Works%20book%202020.pdf>. Accessed June 7, 2023.
131. Chaskin RJ, Joseph ML. 'Positive' gentrification, social control and the 'right to the city' in mixed-income communities: Uses and expectations of space and place. *Int J Urban Reg Res*. 2013;37(2):480-502. doi: 10.1111/j.1468-2427.2012.01158.x
132. Robers M. Sharing space: urban design and social mixing in mixed income new communities. *Planning*. 2007;8(2):183-204. <https://doi.org/10.1080/14649350701324417>. Accessed June 7, 2023.
133. Separated by design: Why affordable housing is built in areas with high crime, few jobs and struggling schools. Thomas JR, The Connecticut Mirror, ProPublica. <https://www.propublica.org/article/separated-by-design-why-affordable-housing-is-built-in-areas-with-high-crime-few-jobs-and-struggling-schools>. Accessed June 7, 2023.

134. Kneebone E. Spatial context: The geography of mixed-income neighborhoods. In: Joseph ML, Khare AT, ed. *What Works to Promote Inclusive, Equitable Mixed-Income Communities*. San Francisco, CA and Cleveland, OH: Federal Reserve Bank of San Francisco and the Jack, Joseph, and Morton Mandel School of Applied Social Sciences, Case Western Reserve University; 2020. <https://case.edu/socialwork/nimc/sites/case.edu.nimc/files/2021-12/What%20Works%20book%202020.pdf>. Accessed June 7, 2023.
135. Bulger M, Joseph M, McKinney S, Bilimoria D. Social inclusion through mixed income development: Design and practice in the Choice Neighborhoods initiative. *J Urban Aff*. 2021. <https://doi.org/10.1080/07352166.2021.1898283>. Accessed June 7, 2023.
136. Separate but equal redux: Resolving and transcending the poor door conundrum. NYU Furman Center. <https://furmancenter.org/research/iri/essay/separate-but-equal-redux-resolving-and-transcending-the-poor-door-conundrum>. Accessed June 7, 2023.
137. Shepley, M, Sachs N, Sadatsafavi H, Fournier C, Peditto K. The impact of green space on violent crime in urban environments: An evidence synthesis. *Int J Environ Res Public Health*. 2019;16(24):5119. doi:10.3390/ijerph16245119
138. University of Delaware, Cooperative Extension. Human Benefits of Green Spaces. 2008. <https://www.udel.edu/academics/colleges/canr/cooperative-extension/factsheets/human-benefits-of-green-spaces/>. Accessed June 8, 2023.
139. Anguelovski I, Connolly JJT, Pearsall H, et al. Why green “climate gentrification” threatens poor and vulnerable populations. *Proc. Biol. Sci*. 2019;116(52):26139-26143. <https://doi.org/10.1073/pnas.1920490117>. Accessed June 8, 2023.
140. How to make a home much more friendly to seniors using wheelchairs or walkers. KFF Health News. <https://kffhealthnews.org/news/how-to-make-a-home-much-more-friendly-to-seniors-using-wheelchairs-or-walkers/>. Accessed June 8, 2023.
141. The R.L. Mace Universal Design Institute. *The Principles*. 1997. https://www.udinstitute.org/files/ugd/634d48_7a1b48c7879247a59ba059fa0c38dc14.pdf. Accessed June 8, 2023.
142. The Universal Design Project. Residential Universal Design Building Code. Last modified 2023. <https://code.universaldesign.org/>. Accessed June 8, 2023.
143. Vermont Department of Health. Smoke- and Vape-Free Housing Toolkit: A Property Owner, Landlord and Property Manager’s Easy Guide to Policy Creation, Implementation and Enforcement. 2023. <https://www.healthvermont.gov/sites/default/files/document/hpdp-tcp-smoke-and-vape-free-housing-toolkit.pdf>. Accessed June 8, 2023.
144. The Urban Institute. Research Report: The Relationship between Housing and Asthma among School-Age Children: Analysis of the 2015 American Housing Survey. 2017. https://www.urban.org/sites/default/files/publication/93881/the-relationships-between-housing-and-asthma_1.pdf. Accessed June 8, 2023.
145. Five steps to prevent displacement. Sightline Institute. <https://www.sightline.org/2020/08/03/five-steps-to-prevent-displacement/>. Accessed June 8, 2023.

146. De Barbieri EW, Albany Law School. Do Community Benefits Agreements Benefit Communities? 2017. [do-community-benefits-agreements-benefit-communities.pdf](#). Accessed June 8, 2023.
147. Community benefit agreement. The Next System Project. <https://thenextsystem.org/learn/stories/community-benefit-agreement>. Accessed June 8, 2023.
148. What happens to LIHTC properties after affordability requirements expire? Office of Policy Development and Research, U.S. Department of Housing and Urban Development. https://www.huduser.gov/portal/pdredge/pdr_edge_research_081712.html. Accessed June 8, 2023.
149. Social connectedness. PlanH. <https://planh.ca/take-action/healthy-society/inclusive-communities/page/social-connectedness>. Accessed June 8, 2023.
150. Teaching tip sheet: self-efficacy. American Psychological Association. <https://www.apa.org/pi/aids/resources/education/self-efficacy>. Accessed June 8, 2023.
151. Shaw J, Garling O, Kenny M, Bennet Institute for Public Policy. Policy Report Series: Townscapes: Pride in Place. <https://www.bennetinstitute.cam.ac.uk/wp-content/uploads/2022/08/Pride-in-Place-Report.pdf>. Accessed June 8, 2023.
152. Holt-Lunstad J, Robles T, Sbarra DA. Advancing social connection as a public health priority in the United States. *Am Psychol*. 2017;72(6):517-530. doi: 10.1037/amp0000103.
153. Pantell M, Rehkopf D, Jutte D, Syme SL, Balmes J, Adler N. Social isolation: A predictor of mortality comparable to traditional clinical risk factors. *Am J Public Health*. 2013;103(11):2056-2062. doi: 10.2105/AJPH.2013.301261.
154. Perissinotto CM, Cenzer IS, Covinsky KE. Loneliness in older persons: A predictor of functional decline and death. *Arch Intern Med*. 2012;172(14):1078-1083. doi: 10.1001/archinternmed.2012.1993.
155. Tran E, Blankenship K, Whittaker S, et al. My neighborhood has a good reputation: Associations between spatial stigma and health. *Health Place*. 2020;64:102392. doi: 10.1016/j.healthplace.2020.102392.
156. Let's talk about neighborhood stigma. Hertz D, City Commentary. <https://cityobservatory.org/lets-talk-about-neighborhood-stigma/>. Accessed June 8, 2023.
157. United States Census Bureau. 2021 American Community Survey 5-Year Estimates Subject Tables Table S1101 (Households and Families) for Vermont. <https://data.census.gov/table?q=s1101+Vermont&tid=ACSS5Y2021.S1101>. Accessed June 8, 2023.
158. Cacioppo S, Capitanio JP, Cacioppo JT. Toward a neurology of loneliness. *Psychol Bull*. 2014;140(6):1464-1504. doi: 10.1037/a0037618.
159. Social Capital Atlas for Bennington County, Vermont. Opportunity Insights. <https://socialcapital.org/>. Accessed June 8, 2023.
160. Hirsch J, Joseph M. Promising practices to promote inclusive social dynamics in mixed-income communities. In: Joseph ML, Khare AT, ed. What Works to Promote Inclusive, Equitable Mixed-Income Communities. San Francisco, CA and Cleveland, OH: Federal

- Reserve Bank of San Francisco and the Jack, Joseph, and Morton Mandel School of Applied Social Sciences, Case Western Reserve University; 2020. <https://case.edu/socialwork/nimc/sites/case.edu.nimc/files/2021-12/What%20Works%20book%202020.pdf>. Accessed June 8, 2023.
161. Wray-Lake L, Maggs JL, Johnston LD, Bachman JG, O'Malley PM, Schulenberg JE. Associations between community attachments and adolescent substance use in nationally representative samples. *J Adolesc Health*. 2012;51(4):325-331. <https://doi.org/10.1016/j.jadohealth.2011.12.030>. Accessed June 8, 2023.
 162. Four benefits of intergenerational programming. Benjamin Rose Institute on Aging. <https://benrose.org/-/resource-library/staying-active/four-benefits-of-intergenerational-programming#:~:text=Intergenerational%20programming%20lowers%20issues%20of,combating%20negative%20stereotypes%20and%20ageism>. Accessed June 8, 2023.
 163. United States Census Bureau. 2021 American Community Survey 5-Year Estimates Subject Tables Table S1002 (Grandparents) for Bennington County, Vermont. <https://data.census.gov/table?q=S1002+Bennington+County,+Vermont>. Accessed June 8, 2023.
 164. Rhynes L, Hayslip B, Caballero D, Ingman S. The beneficial effects of senior center attendance on grandparents raising grandchildren. *J Intergener Relatsh*. 2013;11(2):162-175. <https://doi.org/10.1080/15350770.2013.782746>.
 165. Jones M, Kimberlee R, Deave T, Evans S. The role of community centre-based arts, leisure and social activities in promoting adult well-being and healthy lifestyles. *Int J Environ Res Public Health*. 2013;10(5):1948-1962. doi: 10.3390/ijerph10051948.
 166. Giving a place a bad reputation can harm its residents' health – unless they're empowered to change it. The Conversation. <https://theconversation.com/giving-a-place-a-bad-reputation-can-harm-its-residents-health-unless-theyre-empowered-to-change-it-111157>. Accessed June 8, 2023.
 167. Ponsford R, Halliday E, Collins M, et al. Area reputation as an under-acknowledged determinant of health inequalities: Evidence from a systems evaluation of a major community empowerment initiative in England. Conference Poster. https://eprints.lancs.ac.uk/id/eprint/129240/1/Lancet_PHS_Conference_Poster_Area_reputation_final.pdf. Accessed June 8, 2023.
 168. Halliday E, Popay J, de Cuevas RA, Wheeler P. The elephant in the room? Why spatial stigma does not receive the public health attention it deserves. *J Public Health*. 2018;42(1):38-43. <https://doi.org/10.1093/pubmed/fdy214>. Accessed June 8, 2023.
 169. Bennington launches program aimed at reducing crime, while improving neighborhoods. Town of Bennington, VermontBiz. <https://vermontbiz.com/news/2015/april/15/bennington-launches-program-aimed-reducing-crime-while-improving-neighborhoods>. Published April 15, 2015. Accessed June 8, 2023.
 170. "Making things happen": Leadership summit unveils groundbreaking community collaboration project for Bennington. Rich T, Bennington Banner, Vermont News & Media. <https://www.benningtonbanner.com/local-news/making-things-happen-leadership-summit-unveils-groundbreaking-community-collaboration-project-for->

- bennington/article_9c7ca678-c761-11ed-b69c-039419f4caaf.htmlPublished March 20, 2023. Accessed June 8, 2023.
171. Layard A, Milling J, Wakeford T, Connected Communities. Creative Participation in Place-Making. https://prsc.org.uk/wp-content/uploads/2019/01/AHRC-Final-Report-Creative-Participation_ANTONIA_LAYARD.pdf. Accessed June 8, 2023.
 172. National Endowment for the Arts. How to do Creative Placemaking: An Action-Oriented Guide to Arts in Community Development. https://www.arts.gov/sites/default/files/How-to-do-Creative-Placemaking_Jan2017.pdf. Accessed June 8, 2023.
 173. Vey JS, Love H, Brookings. Report: Transformative Placemaking: A Framework to Create Connected, Vibrant, and Inclusive Communities. 2019. <https://www.brookings.edu/research/transformative-placemaking-a-framework-to-create-connected-vibrant-and-inclusive-communities/>. Accessed June 8, 2023.
 174. Sandhu M. Reassessing Market-Rate Residents' Role in Mixed-Income Developments. In: Joseph ML, Khare AT, ed. What Works to Promote Inclusive, Equitable Mixed-Income Communities. San Francisco, CA and Cleveland, OH: Federal Reserve Bank of San Francisco and the Jack, Joseph, and Morton Mandel School of Applied Social Sciences, Case Western Reserve University; 2020. <https://case.edu/socialwork/nimc/sites/case.edu.nimc/files/2021-12/What%20Works%20book%202020.pdf>. Accessed June 8, 2023.
 175. Intergenerational mentoring and activities. County Health Rankings and Roadmaps. <https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/intergenerational-mentoring-and-activities>. Accessed June 8, 2023.
 176. Community-based social support for physical activity. County Health Rankings and Roadmaps. https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/community-based-social-support-for-physical-activity#footnote_17. Accessed June 8, 2023.
 177. Neighborhood associations. County Health Rankings and Roadmaps. <https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/neighborhood-associations>. Accessed June 8, 2023.
 178. Eversole R. Remaking participation: Challenges for community development practice. *Community Dev. J.* 2012;47(1):29-41. doi: 10.1093/cdj/bsq033.
 179. Daminger A, Hayes J, Barrows A, Wright J, ideas42. Poverty Interrupted: Applying Behavioral Science to the Context of Chronic Scarcity. https://www.ideas42.org/wp-content/uploads/2015/05/I42_PovertyWhitePaper_Digital_FINAL-1.pdf. Accessed June 8, 2023.
 180. What is social services? A closer look at the programs serving up stronger communities. Rasmussen University. <https://www.rasmussen.edu/degrees/health-sciences/blog/what-is-social-services/>. Accessed June 8, 2023.
 181. What is health equity? Centers for Disease Control and Prevention. <https://www.cdc.gov/healthequity/whatis/index.html>. Accessed June 8, 2023.
 182. Community Resources. Town of Bennington. <https://benningtonvt.org/community/index.php>. Accessed June 8, 2023.
 183. Healthy Communities. Bennington County Regional Commission. <http://www.bcrvt.org/healthy-communities.html>. Accessed June 8, 2023.

184. Guilliford M, Figueroa-Munoz J, Morgan M, et al. What does 'access to health care' mean? *J Health Serv Res Policy*. 2002;7(3):186-188. doi: 10.1258/135581902760082517.
185. Shared use agreements. County Health Rankings and Roadmaps. <https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/shared-use-agreements>. Accessed June 8, 2023.
186. ChangeLab Solutions. Shared Use Playbook. 2018. https://www.changelabsolutions.org/sites/default/files/SharedUsePlaybook-FINAL_20181128.pdf. Accessed June 8, 2023.
187. Gurvey J, Rand K, Daugherty S, Dinger C, Schmeling J, Lavery N. Examining health care costs among MANNA clients and a comparison group. *J Prim Care Community Health*. 2013;4(4):311-317. doi: 10.1177/2150131913490737.
188. Wright L, Vance L, Sudduth C, Epps JB. The impact of a home-delivered meal program on nutritional risk, dietary intake, food security, loneliness, and social well-being. *J Nutr Gerontol Geriatr*. 2015;34(2):218-227. doi: 10.1080/21551197.2015.1022681.
189. Meals on Wheels America. Hunger in Older Adults: Challenges and Opportunities for the Aging Services Network. 2017. <https://www.mealsonwheelsamerica.org/docs/default-source/research/hungerinolderadults-fullreport-feb2017.pdf?sfvrsn=2>. Accessed June 8, 2023.
190. Vermont senior centers. Adult Services Division, Vermont Disabilities, Aging and Independent Living. <https://asd.vermont.gov/services/vermont-senior-centers>. Accessed June 8, 2023.
191. Social service integration. County Health Rankings and Roadmaps. <https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/social-service-integration>. Accessed June 8, 2023.
192. Sheppard CL, Gould S, Guilcher SJT, et al. "We could be good partners if we work together": The perspectives of health and social service providers on the barriers to forming collaborative partnerships with social housing providers for older adults. *BMC Health Serv. Res*. 2022;22:313. <https://doi.org/10.1186/s12913-022-07671-6>. Accessed June 8, 2023.
193. Corporation for Enterprise Development. Integration & Innovation: Lessons from Organizations Integrating Asset Building into Social Services. 2013. https://prosperitynow.org/files/PDFs/financial_capability_planning_guide/Integration_Innovation_Lessons_From_Organizations_Integrating_Asset_Building_Into_Social_Services.pdf. Accessed June 8, 2023.
194. Cohen DA, Sehgal A, Williamson S, Marsh T, Golinelli D, McKenzie TL. New recreational facilities for the young and the old: Policy and programming implications. *J Public Health Policy*. 2009;30(Suppl 1): S248-S263. doi: 10.1057/jphp.2008.45.
195. Places for physical activity. County Health Rankings and Roadmaps. <https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/places-for-physical-activity>. Accessed June 8, 2023.
196. Kaufman TK, Rundle A, Neckerman KM, Sheehan DM, Lovasi GS, Hirsch JA. Neighborhood recreation facilities and facility membership are jointly associated with objectively measured physical activity. *J Urban Health*. 2019;96:570-582. <https://doi.org/10.1007/s11524-019-00357-1>. Accessed June 8, 2023.

197. Vermont Department of Health. Behavioral Risk Factor Surveillance System: 2021 Report. <https://www.healthvermont.gov/sites/default/files/2023-02/HSI-BRFSS-2021-DataSummary.pdf>. Accessed June 8, 2023.
198. Vermont Department of Health. Behavioral Risk Factor Surveillance System: 2019/2020 Report. https://www.healthvermont.gov/sites/default/files/documents/pdf/HSI_BRFSS_2019-2020_SWReport.pdf. Accessed June 8, 2023.
199. Sharma A, Madaan V, Petty FD. Exercise for mental health. *Prim Care Companion J Clin Psychiatry*. 2006;8(2):106. doi: 10.4088/pcc.v08n0208a.
200. Fox KR. The influence of physical activity on mental well-being. *Public Health Nutr*. 1999;2(3a):411-418. <https://doi.org/10.1017/S1368980099000567>. Accessed June 8, 2023.
201. Penedo F, Dahn JR. Exercise and well-being: A review of mental and physical health benefits associated with physical activity. *Curr Opin Psychiatry*. 2005;18(2):189-193. doi: 10.1097/00001504-200503000-00013.
202. Pivarnik JM, Reeves MJ, Rafferty AP. Seasonal variation in adult leisure-time physical activity. *Epidemiology*. 2003;35(6):1004-1008. doi: 10.1249/01.MSS.0000069747.55950.B1
203. Kornides ML, Rimm EB, Chavarro JE, Gillman MW, Rosner B, Field AE. Seasonal variations in meeting physical activity recommendations and development of overweight during adolescence. *Child Obes*. 2018;14(1):33-40. <http://doi.org/10.1089/chi.2017.0118>.
204. Town of Bennington, VT. Bennington Citizen Survey 2021. https://cms5.revize.com/revize/bennington/Document%20Center/Government/Documents%20and%20Reports/2021-citizensurveyData_All_211116.pdf. Accessed June 8, 2023.
205. Tinsley M, Dewan MA. Mixed-Income Communities Need Mixed-Income Early Care and Education. In: Joseph ML, Khare AT, ed. *What Works to Promote Inclusive, Equitable Mixed-Income Communities*. San Francisco, CA and Cleveland, OH: Federal Reserve Bank of San Francisco and the Jack, Joseph, and Morton Mandel School of Applied Social Sciences, Case Western Reserve University; 2020. <https://case.edu/socialwork/nimc/sites/case.edu.nimc/files/2021-12/What%20Works%20book%202020.pdf>. Accessed June 8, 2023.
206. Grunewald R, Federal Reserve Bank of Minneapolis. Investments in Early Childhood Development Yield High Public Returns. 2015 presentation. https://letsgrowkids.org/client_media/files/GrunewaldVermont.pdf. Accessed June 8, 2023.
207. Conti G, Heckman JJ, Pinto R. The effects of two influential early childhood interventions on health and healthy behaviors. National Bureau of Economic Research. https://www.nber.org/system/files/working_papers/w21454/w21454.pdf. Accessed June 8, 2023.
208. Bipartisan Policy Center. child Care Gaps Assessment. 2019. https://childcaregap.org/?campaign_id=9&emc=edit_nn_20230303&instance_id=86740&nl=the-

- [morning®i_id=185796743&segment_id=126769&te=1&user_id=c7cea86148bbf9716ea004b58640aeb1](#). Accessed June 8, 2023.
209. Women’s Bureau, U.S. Department of Labor. Issue Brief: Childcare Prices in Local Areas: Initial Findings from the National Database of Childcare Prices. 2023. https://www.dol.gov/sites/dolgov/files/WB/NDCP/508_WB_IssueBrief-NDCP-20230213.pdf. Accessed June 8, 2023.
 210. Let’s Grow Kids. Child Care is Everyone’s Business: Annual Economic Impact of a Comprehensive Child Care System for Vermont. 2022. https://letsgrowkids.org/client_media/files/2022EconomicImpactReport.pdf. Accessed June 8, 2023.
 211. Generations United, Eisner Foundation. All In Together: Creating Places Where Young and Old Thrive. 2018. <https://dl2.pushbulletusercontent.com/Moj5hxfxqtBGfGfXb200qeQvleie9vmi/18-Report-AllInTogether.pdf>. Accessed June 8, 2023.
 212. Bennington County Regional Commission. Bennington High Parking Demand Estimate. 2023. <https://dl2.pushbulletusercontent.com/Moj5hxfxqtBGfGfXb200qeQvleie9vmi/18-Report-AllInTogether.pdf>. Accessed June 8, 2023.
 213. Riddle DI, Hidden Mobility Disabilities Alliance. How far can you walk? Hidden mobility disabilities and community participation. <https://www.hiddenmobilitydisabilities.com/wp-content/uploads/2019/03/HMD-and-Community-Participation.article.pdf>. Accessed June 8, 2023.
 214. Herriges E, Strong Towns. How does removing parking and road space affect people with disabilities? 2021. <https://www.strongtowns.org/journal/2021/7/22/how-does-removing-parking-and-road-space-affect-people-with-disabilities>. Accessed June 8, 2023.
 215. American Association of Retired Persons. AARP Walk Audit Tool Kit. Updated 2022. <https://www.aarp.org/livable-communities/getting-around/aarp-walk-audit-tool-kit.html>. Accessed June 8, 2023.
 216. Therrien J, Bennington Banner. Bennington making sure its buildings are accessible to people with disabilities. https://www.benningtonbanner.com/community-news/bennington-making-sure-its-buildings-are-accessible-to-people-with-disabilities/article_40393dae-fae8-11ec-96c6-27545fb7d6e5.html. Published July 4, 2022. Accessed June 8, 2023.
 217. Association of Pedestrian and Bicycle Professionals. Bicycle Parking Guidelines. 2022. https://sccrtc.org/wp-content/uploads/2010/09/APBP_bikepark.pdf. Accessed June 8, 2023.
 218. Carpool & rideshare programs. County Health Rankings and Roadmaps. <https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/carpool-rideshare-programs>. Accessed June 8, 2023.
 219. Khare AT, Miller EK, Joseph ML. Beyond counting units: Maximizing the social outcomes of inclusionary housing. In: Joseph ML, Khare AT, ed. What Works to Promote Inclusive, Equitable Mixed-Income Communities. San Francisco, CA and Cleveland, OH: Federal Reserve Bank of San Francisco and the Jack, Joseph, and Morton Mandel School of Applied Social Sciences, Case Western Reserve University; 2020.

- <https://case.edu/socialwork/nimc/sites/case.edu.nimc/files/2021-12/What%20Works%20book%202020.pdf>. Accessed June 8, 2023.
220. Concentrated poverty. The Annie E. Casey Foundation. <https://www.aecf.org/topics/concentrated-poverty>. Accessed June 8, 2023.
 221. Love H, Garcia T, Brookings. Centering Neighborhood Priorities for Economic Inclusion: Early Outcomes from Five Cities. 2022. <https://www.aecf.org/topics/concentrated-poverty>. Accessed June 8, 2023.
 222. Office of Policy Development and Research, U.S. Department of Housing and Urban Development. Understanding Neighborhood Effects of Concentrated Poverty. <https://www.huduser.gov/portal/periodicals/em/winter11/highlight2.html>. Accessed June 8, 2023.
 223. Local Housing Solutions. Brief: Stabilizing High-Poverty Neighborhoods Through a Mixed-Income Approach. <https://localhousingsolutions.org/housing-policy-library/stabilizing-high-poverty-neighborhoods-through-a-mixed-income-approach/>. Accessed June 8, 2023.
 224. Office of Policy Development and Research, U.S. Department of Housing and Urban Development. Confronting Concentrated Poverty with a Mixed-Income Strategy. 2013. <https://www.huduser.gov/portal/periodicals/em/spring13/highlight1.html#:~:text=In%20addition%20to%20these%20socioeconomic%20trends%2C%20a%20succession,%28see%20%22Emergence%20of%20the%20Mixed-Income%20Strategy%2C%22%20p.%205%29>. Accessed June 8, 2023.
 225. Love H. Brookings. Report: Want to Reduce Violence? Invest in Place. 2021. <https://www.brookings.edu/research/want-to-reduce-violence-invest-in-place/#:~:text=Numerous%20studies%20have%20found%20that%20neighborhoods%20with%20higher%20poverty%20and,with%20higher%20rates%20of%20violence>. Accessed June 8, 2023.
 226. Office of Policy Development and Research, U.S. Department of Housing and Urban Development. Neighborhoods and Violent Crime. 2016. <https://www.huduser.gov/portal/periodicals/em/summer16/highlight2.html>. Accessed June 8, 2023.
 227. The Cardiff Violence Prevention Model. Centers for Disease Control and Prevention. <https://www.cdc.gov/violenceprevention/fundinghub/fundedprograms/cardiffmodel/index.html>. Accessed June 8, 2023.
 228. Esberg J, Mummolo J. Explaining misperceptions of crime. SSRN. 2018. <https://dx.doi.org/10.2139/ssrn.3208303>. Accessed June 8, 2023.
 229. Uniform Crime Reporting Program, Federal Bureau of Investigation. Uniform Crime Reporting Statistics: Their Proper Use. <https://le.fbi.gov/file-repository/ucr-statistics-their-proper-use.pdf/view>. Accessed June 8, 2023.
 230. Ratcliffe JH. Damned if you don't, damned if you do: Crime mapping and its implications in the real world. *Pol Soc*. 2002;12(3):211-225. doi: 10.1080/10439460290018463
 231. Mearhoff S, VTDigger. Public safety department plans to launch statewide crime 'heat map' dashboard. <https://vtdigger.org/2023/01/22/public-safety-department-plans-to-launch-statewide-crime-heat-map-dashboard/>. Published January 22, 2023. Accessed June 8, 2023.

232. Fe H, Sanfelice V. How bad is crime for business? Evidence from consumer behavior. *J. Urban Econ.* 2022;129:103448. <https://doi.org/10.1016/j.jue.2022.103448>. Accessed June 8, 2023.
233. Chang TY, Jacobson M. Going to pot? The impact of dispensary closures on crime. *J. Urban Econ.* 2017;100:120-136. <https://doi.org/10.1016/j.jue.2017.04.001>. Accessed June 8, 2023.
234. Chang T, Jacobson M. Going to pot? The impact of dispensary closures on crime. Research Briefs in Economic Policy, CATO Institute. 2017;90. <https://www.cato.org/sites/cato.org/files/pubs/pdf/rb-90.pdf>
235. Schertz KE, Saxon J, Cardenas-Iniguez C, et al. Neighborhood street activity and greenspace usage uniquely contribute to predicting crime. *npj Urban Sustainability.* 2021. 1:19. <https://doi.org/10.1038/s42949-020-00005-7>
236. Rees-Punia E, Hathaway ED, Gay JL. Crime, perceived safety, and physical activity: A meta-analysis. *Prev Med.* 2018;111:307-313. doi: 10.1016/j.ypmed.2017.11.017.
237. Ferrell CE, Mathur S, Meek J, Piven M, Mineta Transportation Institute. Neighborhood Crime and Travel Behavior: An Investigation of the Influence of Neighborhood Crime Rates on Mode Choice – Phase II. 2012. <https://transweb.sjsu.edu/sites/default/files/2802-Neighborhood-Crime-Travel-Mode-Behavior.pdf>. Accessed June 8, 2023.
238. Gordon-Larsen P, McMurray RG, Popkin BM. Determinants of adolescent physical activity and inactivity patterns. *Pediatrics*; 2000;105(6):e83. <https://doi.org/10.1542/peds.105.6.e83>. Accessed June 8, 2023.
239. Stafford M, Chandola T, Marmot M. Association between fear of crime and mental health and physical functioning. *Am J Public Health.* 2007;97(11):2076-2081. doi: 10.2105/AJPH.2006.097154.
240. Kim Y, Hipp JR. Density, diversity, and design: Three measures of the built environment and the spatial patterns of crime in street segments. Post-print, published in *J. Crim. Justice.* 2021;77:1-13. https://escholarship.org/content/qt5161q1s5/qt5161q1s5_noSplash_fc8cbea848ac87e827c0d8a909b0b70c.pdf. Accessed June 8, 2023.
241. Lee N, Contreras C. Neighborhood walkability and crime: Does the relationship vary by crime type? *Environ Behav.* 2021;53(7): 753-786. <https://doi.org/10.1177/0013916520921843>. Accessed June 8, 2023.
242. Division of Violence Prevention, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. A Comprehensive Technical Package for the Prevention of Youth Violence and Associated Risk Behaviors. 2016. <https://www.cdc.gov/violenceprevention/pdf/yv-technicalpackage.pdf>. Accessed June 8, 2023.
243. Spelman W. Abandoned buildings: Magnets for crime? *J. Crim. Justice.* 199.;21:481-495. http://www.antoniocasella.eu/nume/Spelman_1993.pdf. Accessed June 8, 2023.
244. Cui L, Walsh R. Foreclosure, vacancy and crime. *J Urban Econ.* 2015;87:72-84. <https://doi.org/10.1016/j.jue.2015.01.001>. Accessed June 8, 2023.
245. Sullivan WC, Kuo M. The fruit of urban nature: Vital neighborhood spaces. *Environ Behav.* 2004;36(5):678-700. doi: 10.1177/0193841X04264945

246. South EC, Hohl BC, Kondo MC. Effect of greening vacant land on mental health of community-dwelling adults: A cluster randomized trial. *JAMA Netw Open*. 2018;1(3):e180298. doi: 10.1001/jamanetworkopen.2018.0298.
247. Maas J, Spreeuwenberg P, Van Winsum-Westra M, Verhiej RA, de Vries S, Groenewegen. Is green space in the living environment associated with people's feelings of social safety? *Environ*. 2009;41(7):1763-1777. doi: 10.1068/a4196.
248. Environmental Health, Vermont Department of Health. Heat Vulnerability in Vermont: Local Indicators of Heat Illness Risk. 2016. https://www.healthvermont.gov/sites/default/files/documents/2016/12/ENV_EPHT_heat_vulnerability_in_VT_0.pdf. Accessed June 8, 2023.
249. Vermont Agency of Transportation. Guidelines for Pedestrian Crossing Treatments: August 2019 Update. <https://vtrans.vermont.gov/sites/aot/files/highway/documents/ltf/VTrans%20Ped%20Crossing%20Guide%20August%202019%20Update.pdf>. Accessed June 8, 2023.
250. Welcome to the International CPTED Association. The International Crime Prevention Through Environmental Design Association. <https://www.cpted.net/>. Accessed June 8, 2023.
251. National Crime Prevention Council. Crime Prevention Through Environmental Design Guidebook. 2003. https://rems.ed.gov/docs/Mobile_docs/CPTED-Guidebook.pdf. Accessed June 8, 2023.
252. Loukaitou-Sideris A, Liggett RS, Iseki H, Thurlow W, University of California Transportation Center UC Berkeley. Measuring the effects of the built environment on bus stop crime. 2000. <https://escholarship.org/uc/item/0s87w4v0>. Accessed June 8, 2023.
253. Farmer PE, Nizeye B, Stulac S, Keshavjee S. Structural violence and clinical medicine. *PLoS Med*. 2006;3(10):e449. doi: 10.1371/journal.pmed.0030449
254. Bicycle paths, lanes & tracks. County Health Rankings and Roadmaps. <https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/bicycle-paths-lanes-tracks>. Accessed June 8, 2023.
255. Urban Land Institute, Friedman SB ed. Successful Public/Private Partnerships: From Principles to Practices. 2016. <https://uli.org/wp-content/uploads/ULI-Documents/Successful-Public-Private-Partnerships.pdf>. Accessed June 8, 2023.
256. Cities & regions. Doughnut Economics Action Lab. <https://doughnuteconomics.org/themes/1>. Accessed June 8, 2023.
257. McKinsey Global Institute. Report: Prioritizing Health: A Prescription for Prosperity. 2020. <https://www.mckinsey.com/industries/healthcare/our-insights/prioritizing-health-a-prescription-for-prosperity>. Accessed June 8, 2023.
258. Participatory budgeting. County Health Rankings and Roadmaps. <https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/participatory-budgeting>. Accessed June 8, 2023.