

The Vermont Primary Care Practitioner Workforce 2018 Snapshot



A statewide workforce shortage
in internal medicine/adult primary care persists

**Connecting students to careers, professionals to
communities, and communities to better health.**



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About Vermont AHEC

The Vermont Area Health Education Centers (AHEC) are a network of academic and community partners working together to increase supply and diversity and improve geographic distribution and education of the healthcare workforce in Vermont. Vermont AHEC focuses on achieving a well-trained workforce so that all Vermonters have access to quality care, especially disadvantaged populations and those who live in Vermont's most rural and underserved areas. AHEC activities include: pipeline programs in health careers awareness and exploration for Vermont youth; engagement of health professions students at the University of Vermont and residents at The University of Vermont Medical Center; and recruiting and retaining an appropriate healthcare workforce in Vermont.

AHEC also brings continuing education and quality improvement programs to Vermont's primary care professionals.

AHEC History & Partners

The Vermont Area Health Education Centers Program (AHEC) was established in 1996 by the Office of Primary Care at The University of Vermont Robert Larner, M.D. College of Medicine. AHEC is funded through multiple grants and contracts including: Federal HRSA Title VII, State of Vermont, Vermont Department of Health, The Robert Larner, M.D. College of Medicine at The University of Vermont, The University of Vermont Medical Center, Vermont's 13 community hospitals, private foundations, and individual contributors.

The statewide infrastructure of AHEC consists of a program office at the Larner College of Medicine and two regional centers which are each a 501(c)(3), non-profit organization. AHEC is a dynamic, academic-community partnership linking the Larner College of Medicine and communities in every county of the state.

Acknowledgments

We thank all those involved in primary care in Vermont who contributed to this report, including the Vermont primary care practices who provided practice and practitioner-level information, the Southern Vermont AHEC team, the Northern Vermont AHEC team, and the UVM AHEC Program team.

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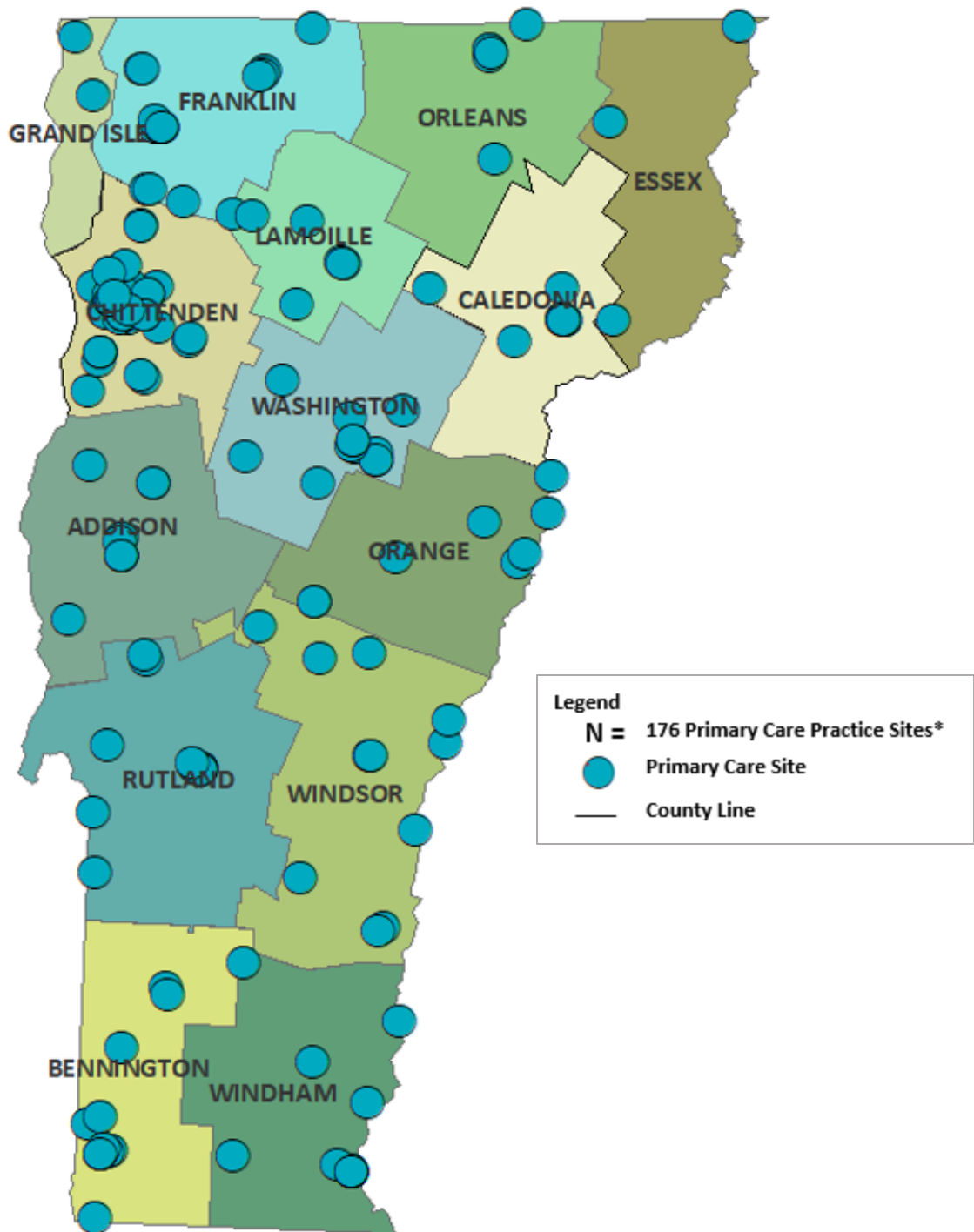
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Vermont Primary Care Practice Sites 2018



*Primary Care Site (AHEC defined): see endnotes for definition
VT County map created by the VT Center for Geographic information, <http://vcgi.vermont.gov>

Vermont Primary Care Workforce Summary 2018

Workforce Shortage in Adult Primary Care Persists

- In this report, practitioners include physicians (MDs, DOs), advanced practice registered nurses (APRNs), certified nurse midwives (CNMs), and certified physician assistants (PA-Cs) who work in family medicine, internal medicine/adult primary care, obstetrics-gynecology, and pediatrics.
- Since 2016 and prior, the strongest growth was in family medicine whose practitioners care for both adults and children.
- In Vermont, during the two-year period of 2016 to 2018, the overall number of primary care practitioners grew; however, the shortage in internal medicine/adult primary care practitioners continued statewide.
- The need for primary care practitioners who care for adults continues and is further demonstrated by the percentage of practitioners who limited or closed their practice to new patients.
- Since 2016 and prior, the supply of physicians decreased while the supply of APRNs and PA-Cs increased.
- In some counties, a shortage of physicians is counter-balanced to some degree by a supply of APRNs and PA-Cs.

Considerations and Limitations of this Report

The landscape of primary care delivery is continually evolving and influenced by other workforce trends that are not captured in this report. For example:

- Direct primary care (DPC) or “concierge” practices have a smaller patient panel size than traditional care models. There has been growth in this sector with 9 direct primary care physicians practicing in Vermont in 2018. They have not been included in this report. The DPC model is a practice and payment model where patients/consumers pay their physician or practice directly in the form of periodic payments (i.e., membership or enrollment fees) for a defined set of primary care services. The calculation to standardize the measurement of clinical time/effort does not extend to the direct primary care clinical model for this report.

DPC Physicians by County		No. DPC Sites by County
County	No. MDs/DOs (2018)	No. DPC Sites (2018)
Bennington	1	1
Chittenden	3	3
Lamoille	1	1
Rutland	2	1
Windham	2	1
TOTAL STATEWIDE	9	7

Of the 9 reported direct primary care physicians, 5 specialized in family medicine and 4 in internal medicine/adult primary care.

- Naturopathic medicine practice sites and naturopathic physicians/doctors (NDs) are not included in this report.
- The national hospitalist workforce grew from almost zero to 30,000 between 2000-2010, which indirectly freed up primary care capacity. The extent of this impact has not been well quantified.
- Acute care clinics (also known as walk-in or urgent care centers) may free up primary care clinicians to manage a larger panel of patients and provide continuity of care. In recent years the number of acute care clinics has increased in Vermont and nationally, but the volume of care they provide and the degree to which it frees up primary care capacity is not known. Acute care clinics are not included in this report.
- Other practices that provide services which support the health needs of the community and augment traditional primary care and are also not included in the report are: school-based clinics, free clinics, Planned Parenthood clinics, college health centers, Department of Corrections health facilities, sites for at-risk youth, sites for homeless people, nursing homes, residential assisted-living facilities, and Veterans Administration clinics.

Vermont Primary Care Practitioners - Statewide Findings in 2018

Primary Care Practice Sites

In 2018, there were 176 primary care practice sites in Vermont, including family medicine, general internal medicine/adult primary care, general pediatrics, and general obstetrics-gynecology sites. (See Endnotes for AHEC criteria used to define primary care sites.)

Note: In 2016, there were 195 primary care practice sites in Vermont.

From Individual Practitioners to FTEs

For comparisons to national benchmarks, the count of individual Primary Care Practitioners (PCPs) (see “No. PCPs” in Table 1), is converted to Full-Time Equivalents (FTEs) (see “No. in FTEs” in Table 1) to standardize the measurement of clinical time/effort. This is important since there are both part-time and full-time practitioners at primary care sites. Part-time practitioners may be sharing their clinical time among small rural sites, may have only part-time clinical hours with the balance of their time devoted to teaching, administrative or research responsibilities, or may practice part-time for other reasons.

National benchmarks are used as a guideline to determine the number of primary care practitioners needed for an adequate supply of PCPs, when applied to the Vermont population. When the “Supply to Benchmark” is positive, the PCP supply is adequate for the population. When “Supply to Benchmark” is negative, there is a shortfall of PCPs. PCP shortages are **highlighted** in the tables (see Endnotes for details on the methods).

Table 1: All Primary Care Practitioners by Discipline

Discipline	No. PCPs (2016)	No. PCPs (2018)	No. FTEs* (2016)	No. FTEs* (2018)	Supply to Benchmark FTEs*	
					2016	2018
PHYSICIANS (MDs/DOs)	520	500	458.19	431.55	-45.77	-70.50
APRNs, CNMs, PA-Cs (combined)	305	334	220.20	230.86	52.35	63.56
Advanced Practice Registered Nurses (APRNs)	186	211	132.72	143.55		
Certified Nurse Midwives (CNMs)	32	33	20.22	17.83		
Certified Physician Assistants (PA-Cs)	87	90	67.26	69.48		
TOTAL STATEWIDE	825	834	678.39	662.41		

Table 2: Primary Care Physicians by Specialty

Primary Care Specialty	No. MD/DOs (2016)	No. MD/DOs (2018)	No. MD/DOs in FTEs* (2016)	No. MD/DOs in FTEs* (2018)	Supply to Benchmark FTEs*	
					2016	2018
Family Medicine	228	231	198.37	197.89	-5.09	-4.79
Internal Medicine/Adult PC	121	97	111.74	85.63	-64.18	-89.62
Obstetrics-Gynecology	64	63	60.46	58.53	2.87	1.16
Pediatrics	107	109	87.62	89.50	20.63	22.75
TOTAL STATEWIDE	520	500	458.19	431.55	-45.77	-70.50

*small discrepancies are due to rounding

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Table 3: Primary Care APRNs, CNMs, and PA-Cs by Specialty**Supply to Benchmark FTEs***

Primary Care Specialty	No. APRNs, CNMs, PA-Cs (2016)	No. APRNs, CNMs, PA-Cs (2018)	No. APRNs, CNMs, PA-Cs (combined) in FTEs* (2016)	No. APRNs, CNMs, PA-Cs (combined) in FTEs* (2018)	Supply to Benchmark FTEs*	
					2016	2018
Family Medicine	179	205	138.27	151.24	70.61	83.69
Internal Medicine/Adult PC	50	50	33.91	32.22	-24.75	-26.18
Obstetrics-Gynecology	48	51	30.37	29.22	11.17	10.10
Pediatrics	28	28	17.65	18.20	-4.68	-4.05
TOTAL STATEWIDE	305	334	220.20	230.88	52.35	63.56

*small discrepancies are due to rounding

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Limiting New Patients by Specialty

Many practitioners have closed their practice to new patients or have limited accepting new patients. Limitation policies vary by organization. These policies can be static or dynamic.

Limitations included accepting new patients if they live in the practice town or if a family member is already a patient at the practice.

Table 4: Primary Care Physicians Limiting or No Longer Accepting New Patients by Specialty

Primary Care Specialty	% MD/DOs (2016)	% MD/DOs (2018)
	<i>N=520</i>	<i>N=500</i>
Family Medicine	44%	55%
Internal Medicine/Adult PC	65%	75%
Obstetrics-Gynecology	9%	11%
Pediatrics	20%	23%
TOTAL STATEWIDE	40%	47%

Table 5: Primary Care APRNs, CNMs, and PA-Cs Limiting or No Longer Accepting New Patients by Specialty

Primary Care Specialty	% APRNs, CNMs, PA-Cs (2016)	% APRNs, CNMs, PA-Cs (2018)
	<i>N=305</i>	<i>N=334</i>
Family Medicine	25%	29%
Internal Medicine/Adult PC	44%	58%
Obstetrics-Gynecology	4%	12%
Pediatrics	18%	18%
TOTAL STATEWIDE	24%	30%

Table 6: Primary Care Physicians by County

Specialty: Family Medicine

County	Population (est. 2017)	No. MDs/DOs (2018)	No. MD/DOs in FTEs* (2018)	No. Recommended MD/DOs in FTEs* (2018)	Supply to Benchmark in FTEs* (2018)
Addison	36,776	17	14.17	11.95	2.22
Bennington	35,594	14	12.92	11.57	1.35
Caledonia	30,164	14	11.95	9.80	2.15
Chittenden	162,372	64	49.21	52.77	-3.56
Essex	6,230	2	1.07	2.03	-0.96
Franklin	49,025	14	12.35	15.93	-3.59
Grand Isle	6,998	1	1	2.27	-1.27
Lamoille	25,337	15	13.98	8.24	5.74
Orange	28,974	9	7.72	9.42	-1.70
Orleans	26,841	8	7.10	8.72	-1.62
Rutland	59,087	17	15.16	19.20	-4.04
Washington	58,290	26	24.07	18.94	5.13
Windham	42,869	15	14.96	13.93	1.03
Windsor	55,100	15	12.23	17.91	-5.68
TOTAL STATEWIDE	623,657	231	197.89	202.68	-4.79

*small discrepancies are due to rounding

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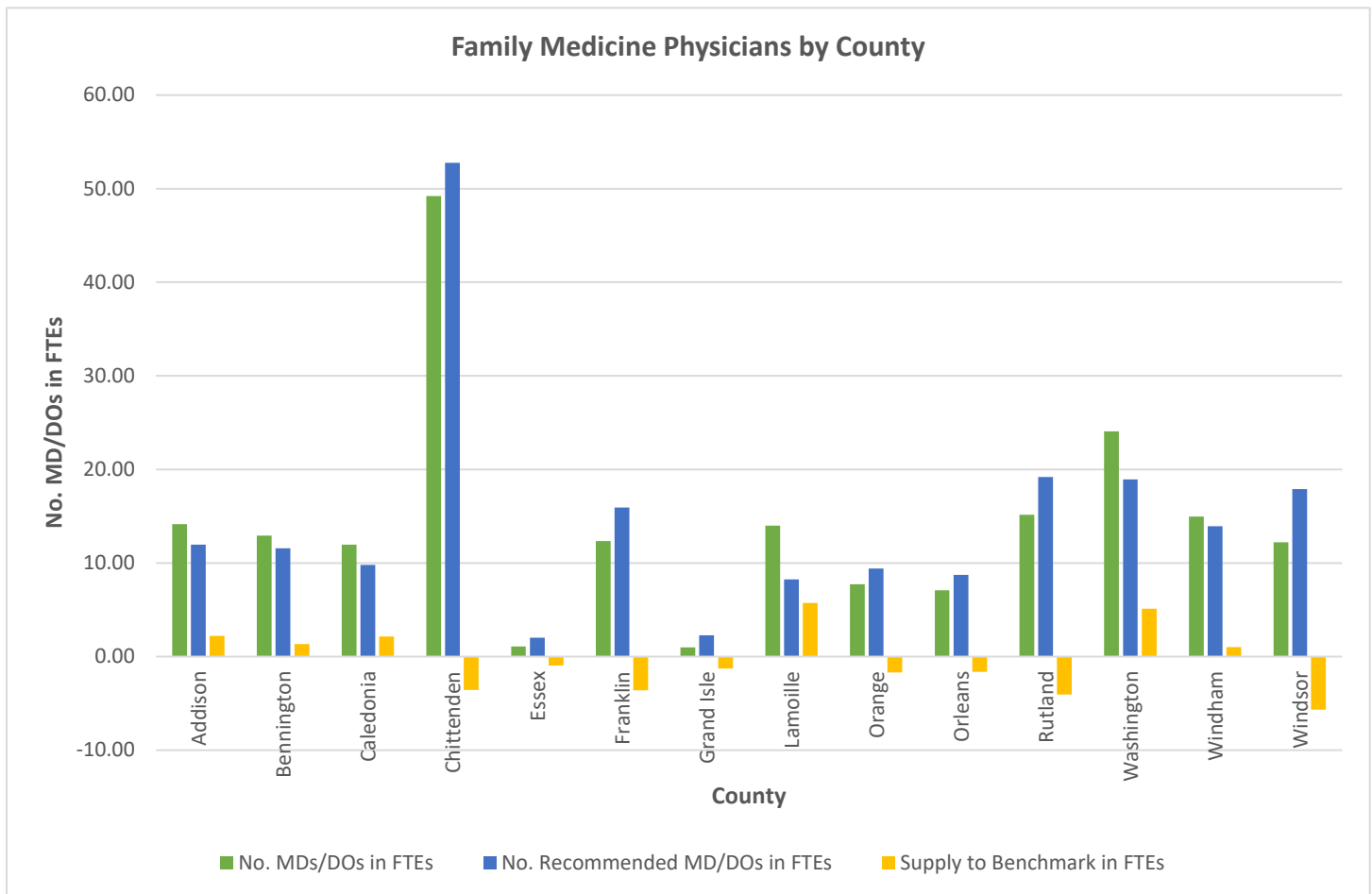



Table 7: Primary Care APRNs and PA-Cs by County

Specialty: Family Medicine

County	Population (est. 2017)	No. APRNs/PA-Cs (2018)	No. APRNs/PA-Cs in FTEs* (2018)	No. Recommended APRNs/PA-Cs in FTEs* (2018)	Supply to Benchmark in FTEs* (2018)
Addison	36,776	9	5.90	3.98	1.92
Bennington	35,594	11	9.28	3.86	5.42
Caledonia	30,164	12	8.63	3.27	5.36
Chittenden	162,372	47	30.97	17.59	13.38
Essex	6,230	4	2.75	.67	2.08
Franklin	49,025	19	14.70	5.31	9.39
Grand Isle	6,998	2	1.08	.76	.32
Lamoille	25,337	5	3.70	2.74	.96
Orange	28,974	8	6.10	3.14	2.96
Orleans	26,841	7	6.05	2.91	3.14
Rutland	59,087	28	22.45	6.40	16.05
Washington	58,290	22	17.45	6.31	11.14
Windham	42,869	12	9.20	4.64	4.56
Windsor	55,100	19	12.98	5.97	7.01
TOTAL STATEWIDE	623,657	205	151.24	67.55	83.69

*small discrepancies are due to rounding

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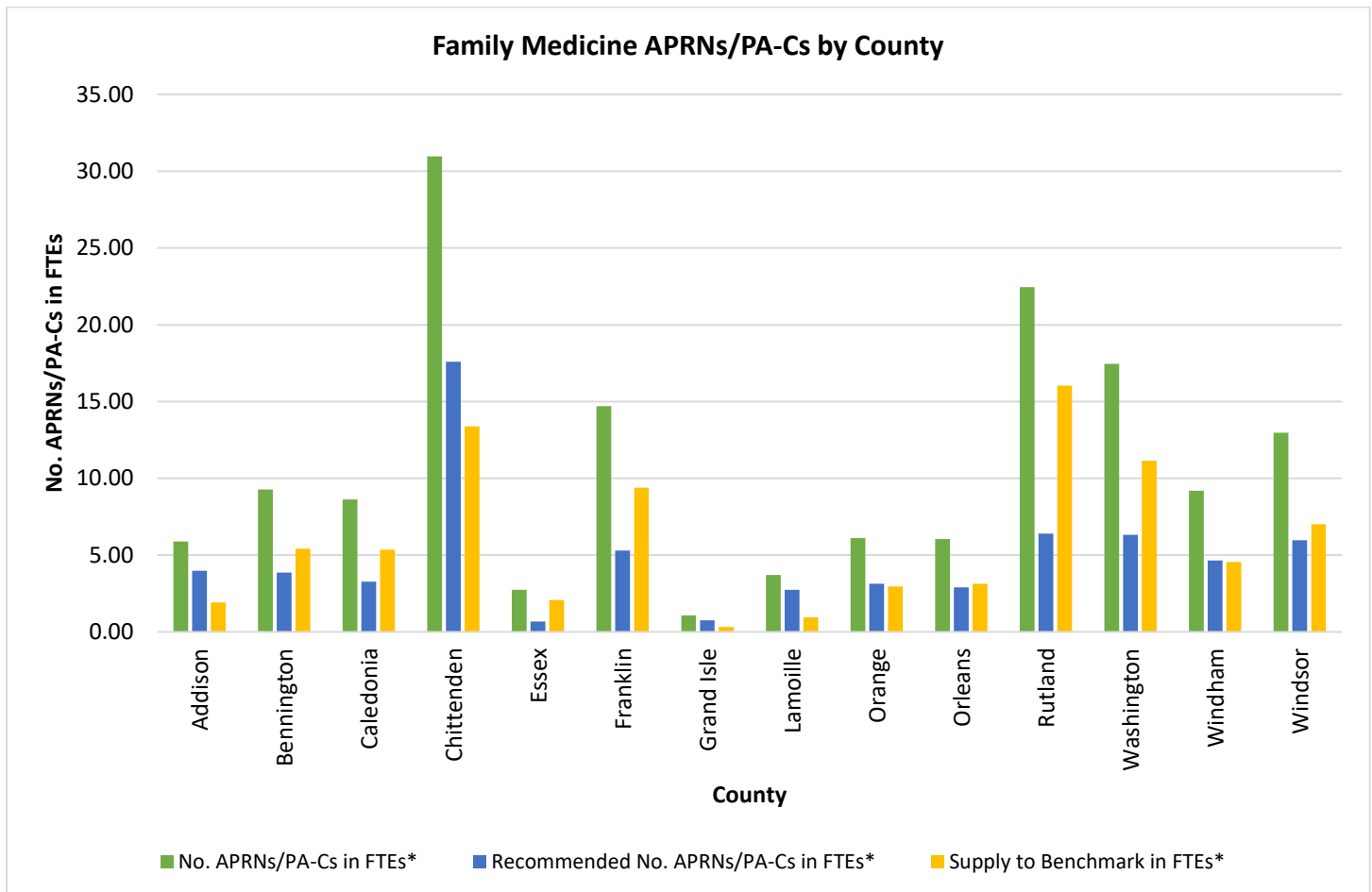


Table 8: Primary Care Physicians by County

Specialty: Internal Medicine/Adult Primary Care

County	Population (est. 2017)	No. MD/DOs (2018)	No. MD/DOs in FTEs* (2018)	No. Recommended MD/DOs in FTEs* (2018)	Supply to Benchmark in FTEs* (2018)
Addison	36,776	6	5.58	10.33	-4.75
Bennington	35,594	4	4.00	10.00	-6.00
Caledonia	30,164	5	4.39	8.48	-4.09
Chittenden	162,372	44	36.30	45.63	-9.33
Essex	6,230	1	.76	1.75	-.99
Franklin	49,025	3	2.81	13.78	-10.97
Grand Isle	6,998	2	1.23	1.97	-.74
Lamoille	25,337	2	1.95	7.12	-5.17
Orange	28,974	1	1.00	8.14	-7.14
Orleans	26,841	4	3.81	7.54	-3.73
Rutland	59,087	4	3.55	16.60	-13.05
Washington	58,290	8	8.35	16.38	-8.03
Windham	42,869	7	6.54	12.05	-5.51
Windsor	55,100	6	5.36	15.48	-10.12
TOTAL STATEWIDE	623,657	97	85.63	175.25	-89.62

*small discrepancies are due to rounding

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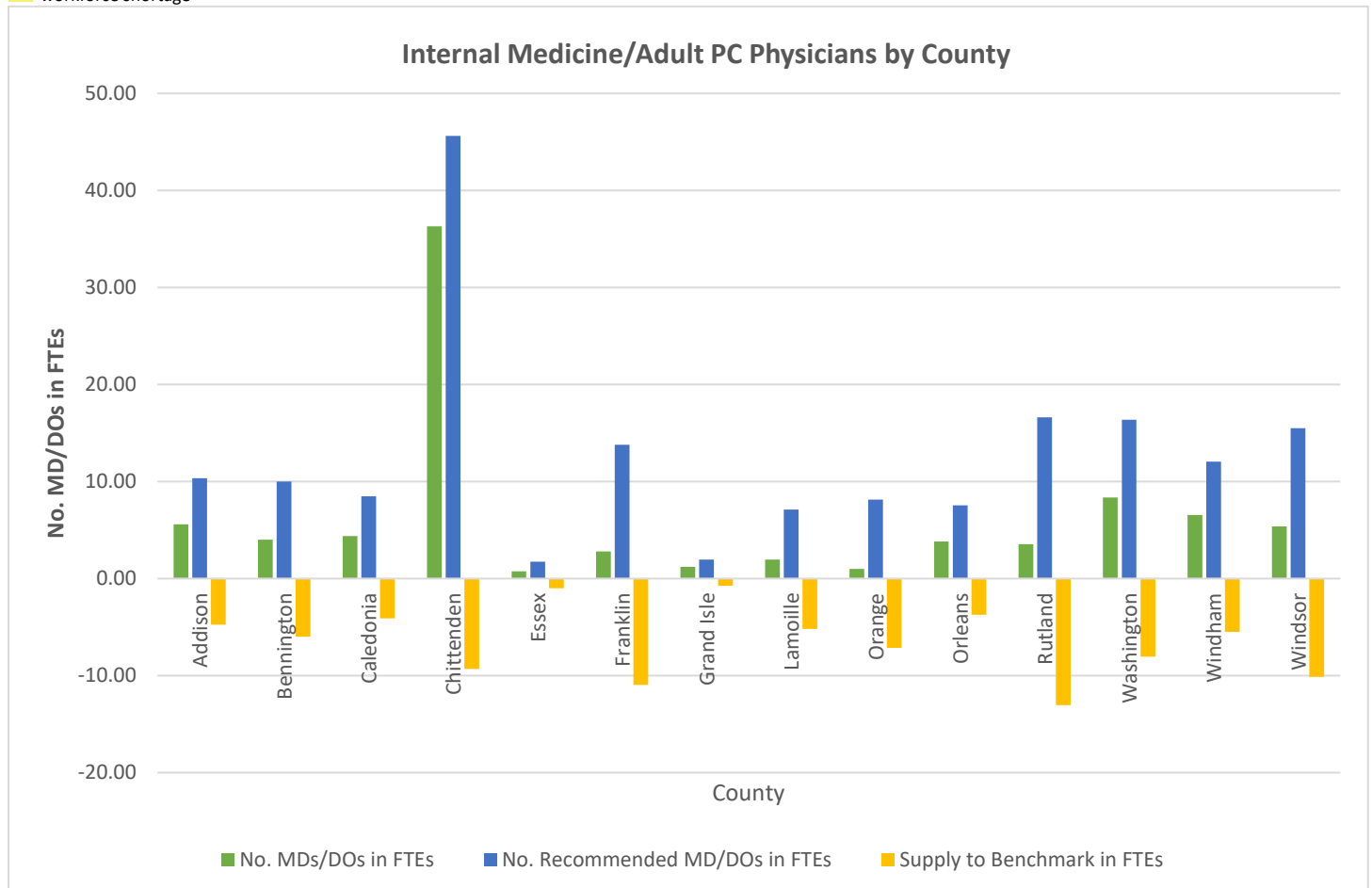


Table 9: Primary Care APRNs and PA-Cs by County

Specialty: Internal Medicine/Adult Primary Care

County	Population (est. 2017)	No. APRNs/PA-Cs (2018)	No. APRNs/PA-Cs in FTEs* (2018)	No. Recommended APRNs/PA-Cs in FTEs* (2018)	Supply to Benchmark in FTEs* (2018)
Addison	36,776	1	.80	3.44	-2.64
Bennington	35,594	3	2.40	3.33	-.93
Caledonia	30,164	3	2.25	2.83	-.58
Chittenden	162,372	21	10.63	15.21	-4.58
Essex	6,230	1	.85	.58	.27
Franklin	49,025	5	3.73	4.59	-.86
Grand Isle	6,998	0	0.00	.66	-.66
Lamoille	25,337	0	0.00	2.37	-2.37
Orange	28,974	1	.40	2.71	-2.31
Orleans	26,841	1	.95	2.51	-1.56
Rutland	59,087	0	0.00	5.53	-5.53
Washington	58,290	5	3.61	5.46	-1.85
Windham	42,869	5	3.50	4.02	-.52
Windsor	55,100	4	3.10	5.16	-2.06
TOTAL STATEWIDE	623,657	50	32.22	58.40	-26.18

*small discrepancies are due to rounding

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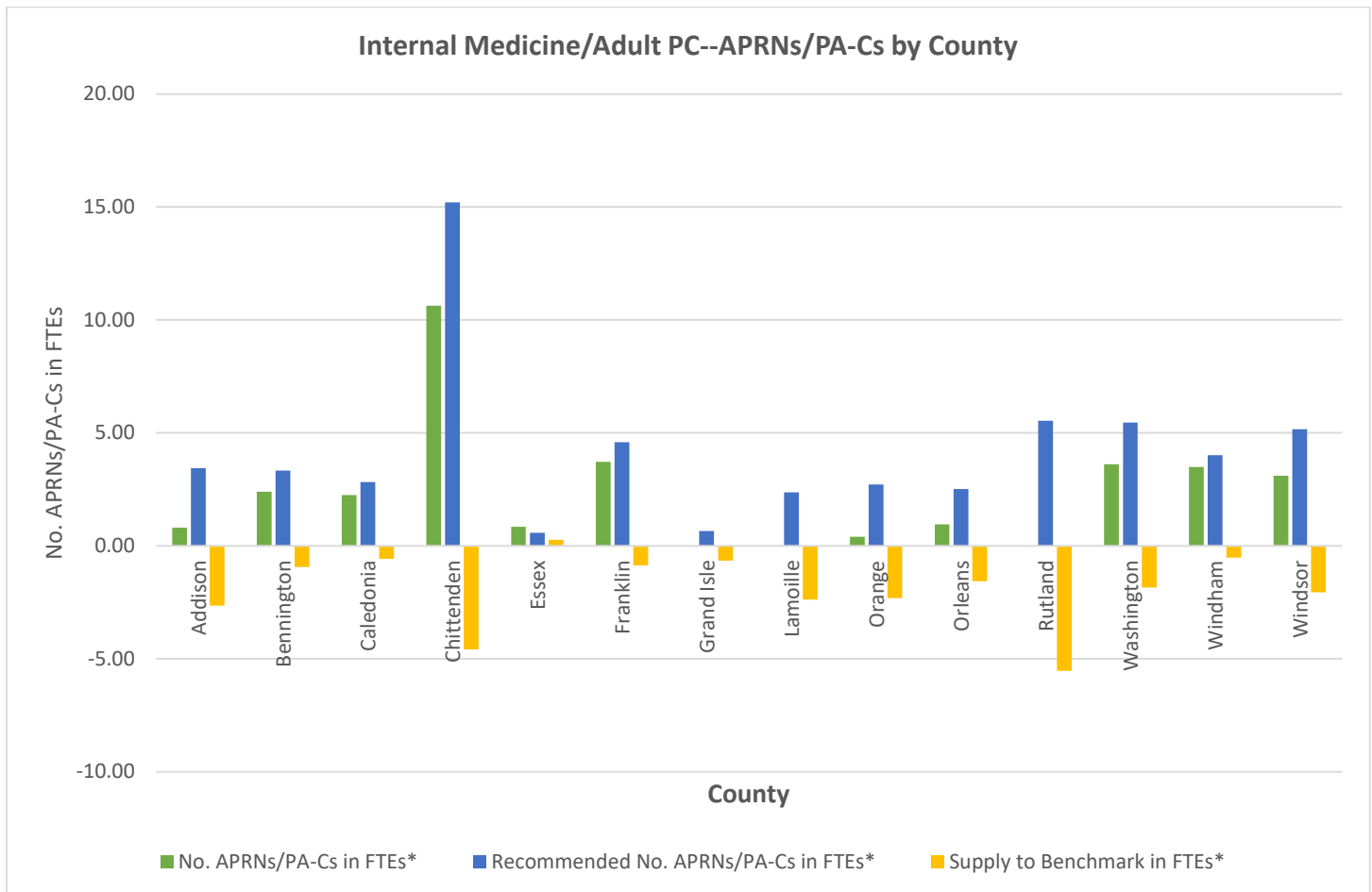


Table 10: Primary Care Physicians by County

Specialty: Obstetrics-Gynecology

County	Population (est. 2017)	No. MD/DOs (2018)	No. MD/DOs in FTEs* (2018)	No. Recommended MD/DOs in FTEs* (2018)	Supply to Benchmark in FTEs* (2018)
Addison	36,776	3	3.00	3.38	-0.38
Bennington	35,594	5	5.00	3.27	1.73
Caledonia	30,164	2	1.76	2.78	-1.02
Chittenden	162,372	26	21.60	14.94	6.66
Essex	6,230	0	0.00	.57	-0.57
Franklin	49,025	3	2.83	4.51	-1.68
Grand Isle	6,998	0	0	.64	-0.64
Lamoille	25,337	1	.95	2.33	-1.38
Orange	28,974	3	3.39	2.67	.72
Orleans	26,841	2	2.00	2.47	-0.47
Rutland	59,087	5	5.00	5.44	-0.44
Washington	58,290	6	6.00	5.36	.64
Windham	42,869	4	4.00	3.94	.06
Windsor	55,100	3	3.00	5.07	-2.07
TOTAL STATEWIDE	623,657	63	58.53	57.37	1.16

*small discrepancies are due to rounding

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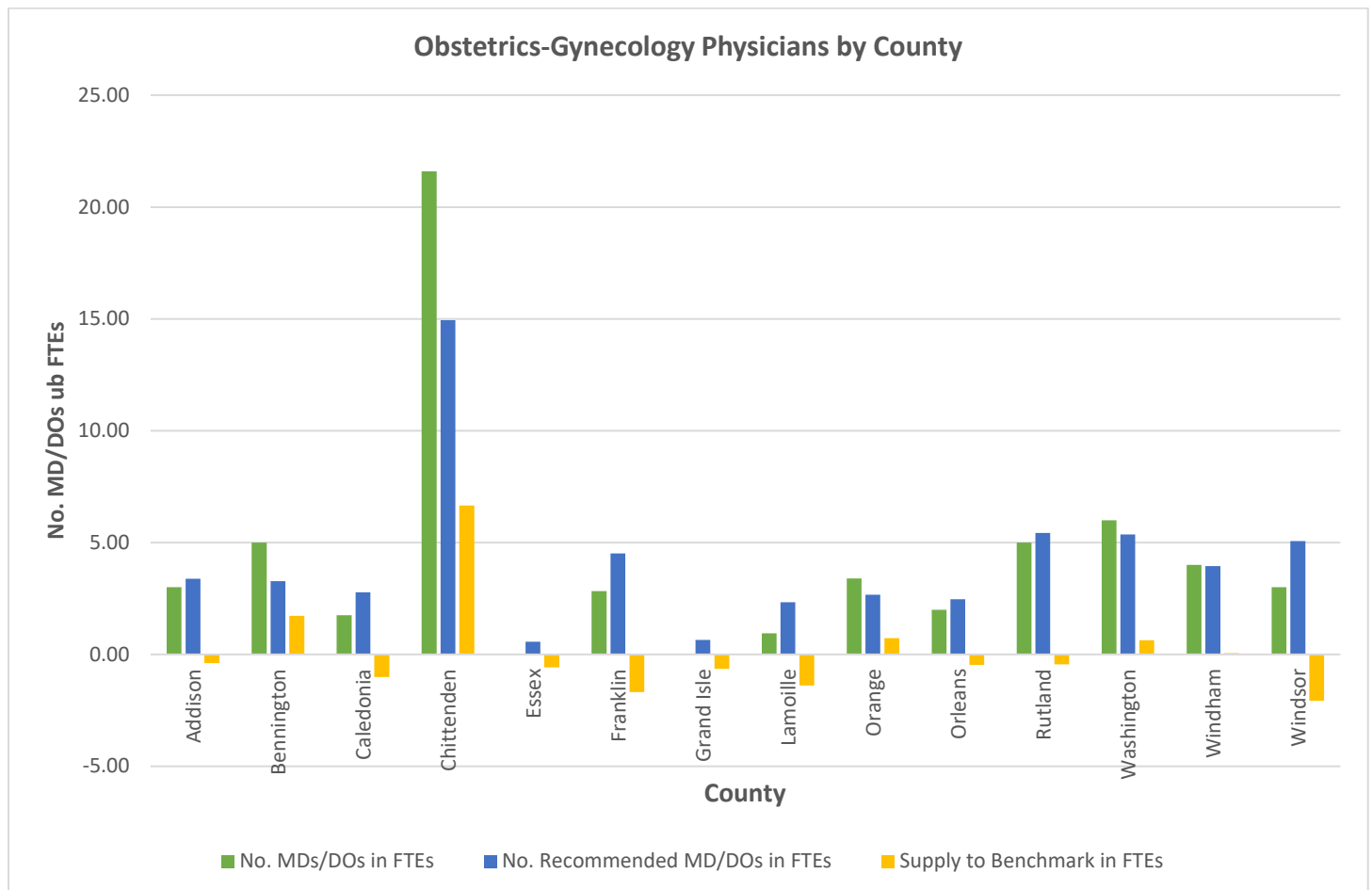


Table 11: Primary Care APRNs, CNMs, and PA-Cs by County

Specialty: Obstetrics-Gynecology

County	Population (est. 2017)	No. APRNs, CNMs, PA-Cs (2018)	No. APRNs, CNMs, PA-Cs in FTEs* (2018)	No. Recommended in FTEs* (2018)	Supply to Benchmark in FTEs* (2018)
Addison	36,776	4	2.60	1.13	1.47
Bennington	35,594	2	2.00	1.09	.91
Caledonia	30,164	4	3.40	.93	2.47
Chittenden	162,372	20	8.54	4.98	3.56
Essex	6,230	0	0.00	0.19	-.19
Franklin	49,025	1	.80	1.50	-.70
Grand Isle	6,998	0	0.00	.21	-.21
Lamoille	25,337	4	2.38	.78	1.60
Orange	28,974	2	1.20	.89	.31
Orleans	26,841	1	.80	.82	-.02
Rutland	59,087	1	.85	1.81	-.96
Washington	58,290	3	1.40	1.79	-.39
Windham	42,869	7.5	3.70	1.31	2.39
Windsor	55,100	1.5	1.55	1.69	-.14
TOTAL STATEWIDE	623,657	51	29.22	19.12	10.10

*small discrepancies are due to rounding

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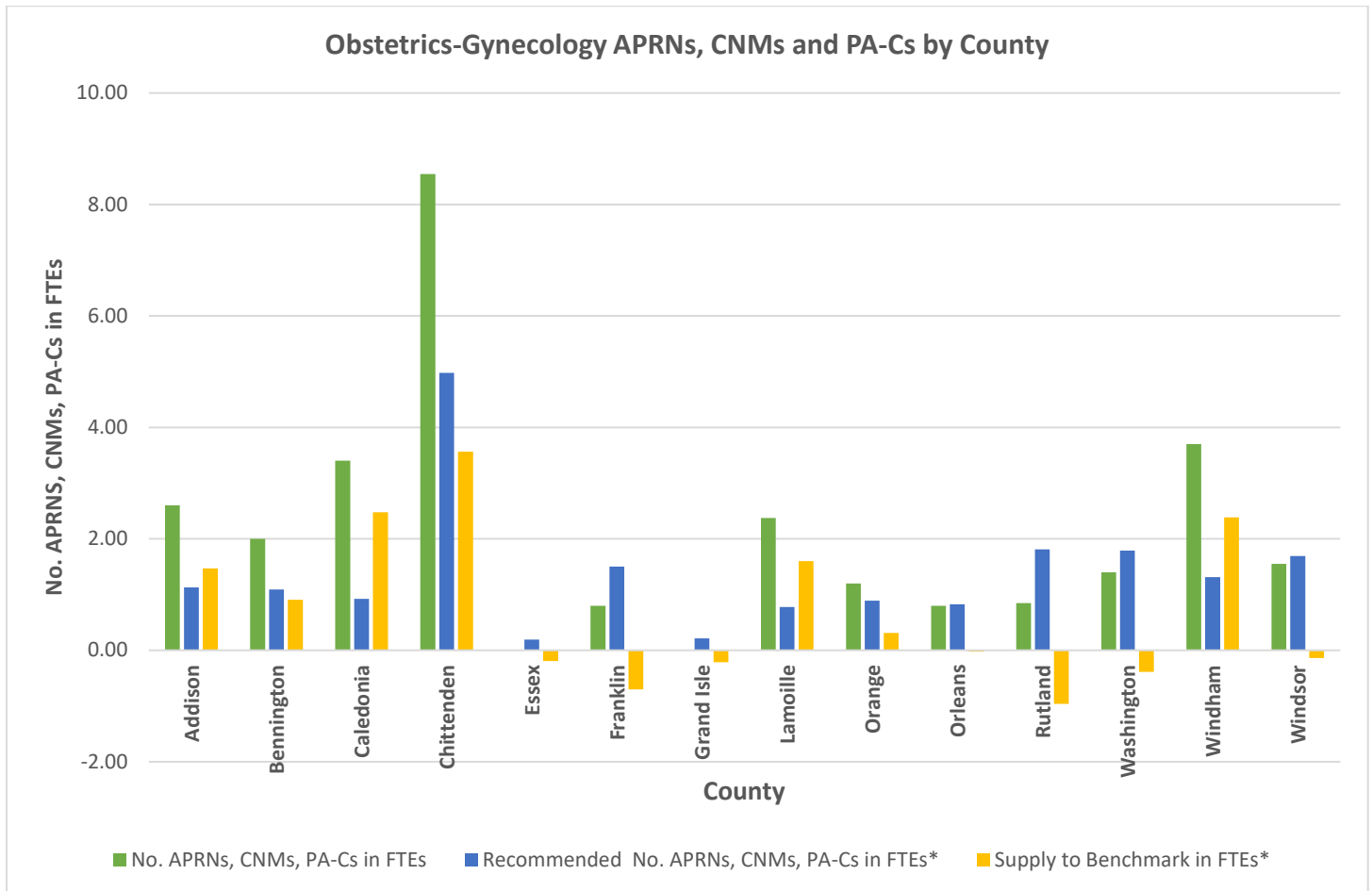


Table 12: Primary Care Physicians by County

Specialty: Pediatrics

County	Population (est. 2017)	No. MD/DOs (2018)	No. MD/DOs in FTEs* (2018)	No. Recommended MD/DOs in FTEs* (2018)	Supply to Benchmark in FTEs* (2018)
Addison	36,776	6	4.75	3.94	.81
Bennington	35,594	6	5.98	3.81	2.17
Caledonia	30,164	4	3.58	3.23	.35
Chittenden	162,372	42	30.34	17.37	12.97
Essex	6,230	0	.24	.67	- .43
Franklin	49,025	9	7.63	5.25	2.38
Grand Isle	6,998	0	0.00	.75	- .75
Lamoille	25,337	1	1.00	2.71	-1.71
Orange	28,974	5	5.00	3.10	1.9
Orleans	26,841	2	2.00	2.87	- .87
Rutland	59,087	8	6.93	6.32	.61
Washington	58,290	8	7.38	6.24	1.14
Windham	42,869	9	7.20	4.59	2.61
Windsor	55,100	9	7.47	5.90	1.57
TOTAL STATEWIDE	623,657	109	89.50	66.75	22.75

*small discrepancies are due to rounding

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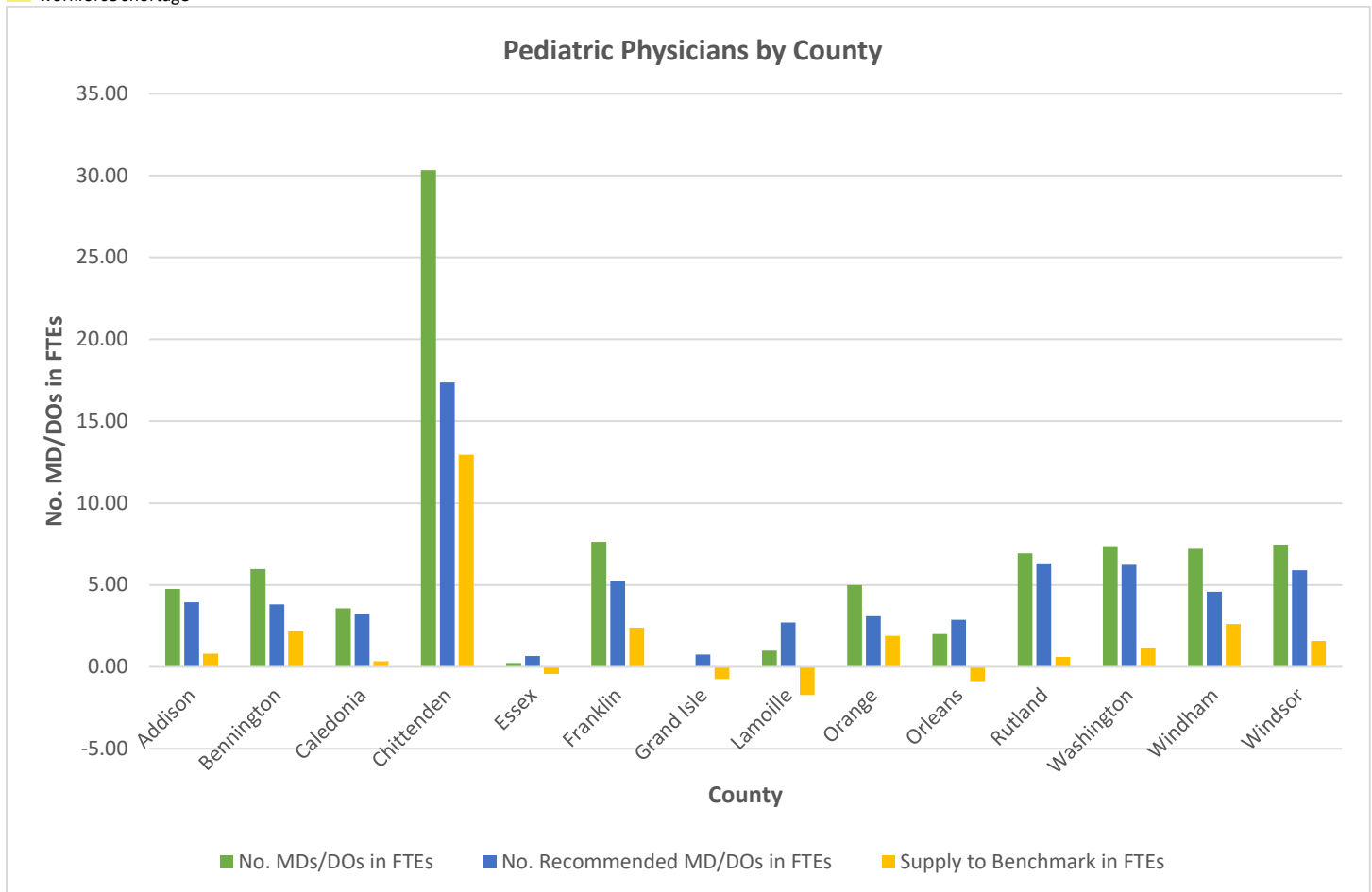


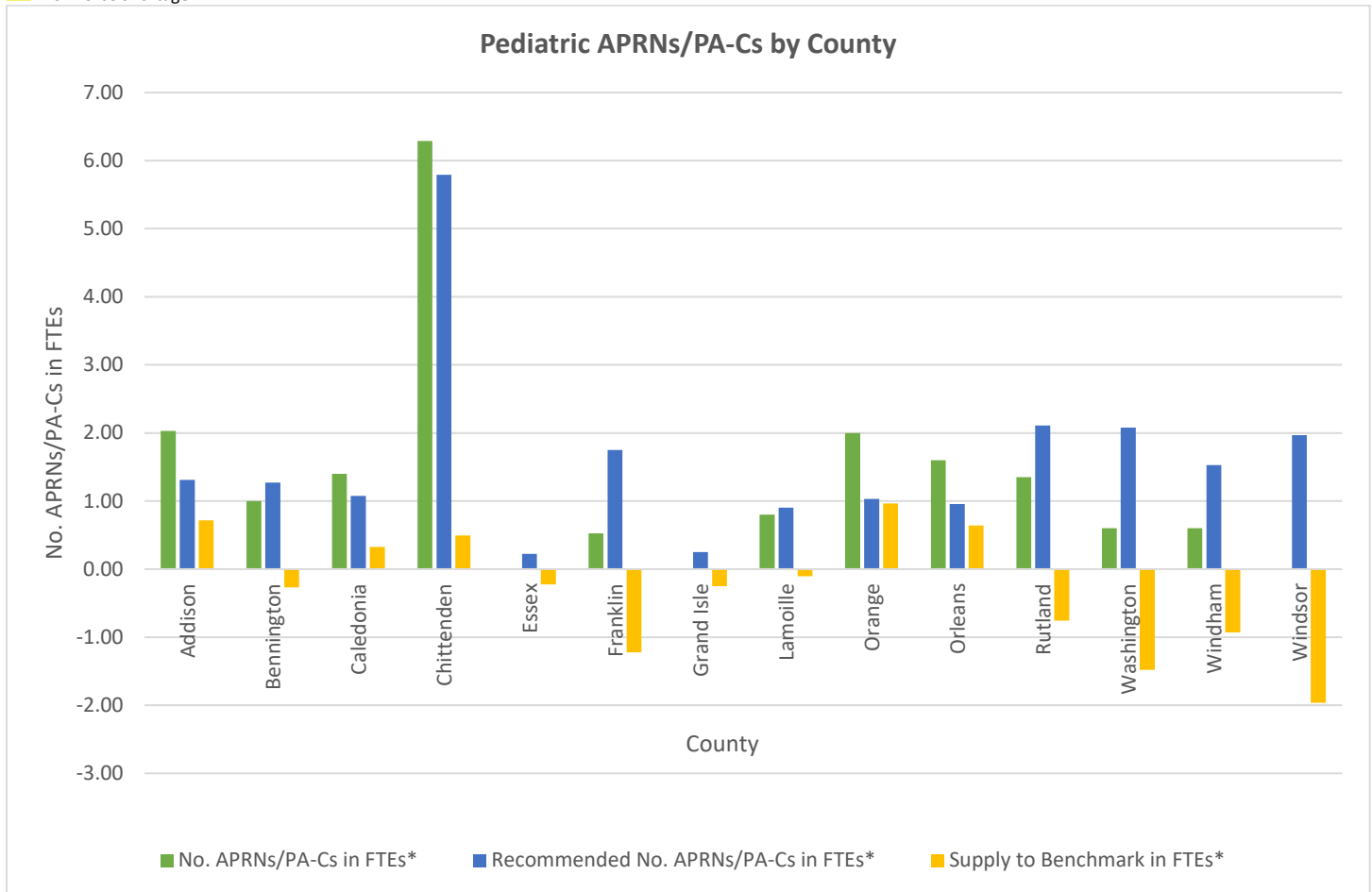
Table 13: Primary Care APRNs and PA-Cs by County

Specialty: **Pediatrics**

County	Population (est. 2017)	No. APRNs/PA-Cs (2018)	No. APRNs/PA-Cs in FTEs* (2018)	No. Recommended APRNs/PA-Cs in FTEs* (2018)	Supply to Benchmark in FTEs* (2018)
Addison	36,776	3	2.03	1.31	.72
Bennington	35,594	1	1.00	1.27	-.27
Caledonia	30,164	2	1.40	1.08	.32
Chittenden	162,372	10	6.29	5.79	.50
Essex	6,230	0	0.00	0.22	-.22
Franklin	49,025	1	.53	1.75	-1.22
Grand Isle	6,998	0	0.00	.25	-.25
Lamoille	25,337	1	.80	.90	-.10
Orange	28,974	4	2.00	1.03	.97
Orleans	26,841	2	1.60	.96	.64
Rutland	59,087	2	1.35	2.11	-.76
Washington	58,290	1	.60	2.08	-1.48
Windham	42,869	1	.60	1.53	-.93
Windsor	55,100	0	0.00	1.97	-1.97
TOTAL STATEWIDE	623,657	28	18.20	22.25	-4.05

*small discrepancies are due to rounding

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ENDNOTES

Primary Care Practice: An office or clinic which offers general primary care to adults and/or children, an ongoing relationship between a primary care practitioner (PCP) and the patient, comprehensive care, continuity of care, and coordination of care in family medicine, general internal medicine, general obstetrics-gynecology, or general pediatric. Site may include patient's home for an "all home care" primary care practitioner.

Sites not included are: direct primary care ("concierge") practices, walk-in/immediate/acute urgent care clinics, school-based clinics, free clinics, Planned Parenthood clinics, college health centers, Department of Corrections health facilities, sites for at-risk youth, sites for homeless people, nursing homes, residential assisted-living facilities, and Veterans Administration clinics.

Primary Care Practitioners: PCPs include physicians (MDs and DOs), advanced practice registered nurses (APRNs), certified nurse midwives (CNMs), and certified physician assistants (PA-Cs) at primary care practice sites.

Practice-Based Survey: Primary care administrators from all 176 primary care practices in Vermont were surveyed by AHEC in the spring/early summer of 2018. Per diem or other temporary PCPs were not included, if the practice was searching for a permanent practitioner.

Measuring the Primary Care Workforce:

Measurement of the primary care workforce was guided by standards from the Graduate Medical Education National Advisory Committee (GMENAC) and the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services.

Calculating Physician Full-Time Equivalents (FTEs):

One FTE is 40 hours per week. Using a method developed by HRSA¹ to measure physician shortage areas in geographic regions, physician in-office patient hours were adjusted to reflect additional time for: diagnosis, treatment, and clinical reports in the course of direct patient care; time spent outside of the office, at a hospital, nursing home, emergency department, or care delivered in the patient's home. The amount of adjustment differed by primary care specialty (see Table 14). All calculations were extended to two decimal places (100th place). No physician exceeded one FTE.

Table 14: HRSA Physician FTE Methodology

Primary Care Specialty	Office Hours	Adjustment Factor	Hours Per Week	Full-Time Equivalent
Family Medicine	#	X	1.4 ÷ 40	= FTE
Internal Medicine	#	X	1.8 ÷ 40	= FTE
Obstetrics-Gynecology	#	X	1.9 ÷ 40	= FTE
Pediatrics	#	X	1.4 ÷ 40	= FTE

Calculating APRN, CNM, and PA-C FTEs: One FTE is 40 hours per week. Weekly hours for each of these PCPs were divided by 40. All calculations were extended to two decimal places (100th place). No practitioner exceeded one FTE.

Small Discrepancies due to Rounding: All FTE calculations were carried out to the hundredths place and then aggregated by discipline, region, and primary care specialty, the reader will find numbers carried out to the hundreds place in the graphs. Occasionally this created small discrepancies in column totals. These discrepancies are due to rounding up to the hundredths place.

Benchmark to Identify Adequacy and Shortage: AHEC used guidelines from GMENAC² for the number of primary care physicians (in FTEs) per population³ for each primary care specialty.

Table 15: GMENAC Physician Recommendations

Family Medicine	32.5 FM physicians per 100,000
Internal Medicine	28.1 IM physicians per 100,000
Obstetrics-Gynecology	9.2 OB-GYN physicians per 100,000
Pediatrics	10.7 PED physicians per 100,000

Based on GMENAC assumptions of an additional three-tenths of an APRN/CNM/PA-C for every primary care physician, the Vermont Department of Health has considered it a shortage if there are less than one of these PCPs for every three primary care physicians, although service and delivery models vary by region. Using this measure results in the benchmark for APRN/CNM/PA-Cs being dependent on the supply (adequate or inadequate) of physicians.

If a specialty was not indicated for an individual APRN/CNM/PA-C, the practice type was utilized to determine specialty.

Shortages were defined as a practitioner below the benchmarks set forth by discipline, region, and primary care specialty.

Resource for National Statistics: Visit the National Center for Workforce Analysis for a broader context at <https://bhw.hrsa.gov/national-center-health-workforce-analysis>

Population Data: U.S. Census data (estimated 2017) was used for county and statewide populations.

¹ http://contentmanager.med.uvm.edu/docs/sdms_manual_/ahec-documents/sdms_manual_.pdf Jan 2017

² U.S. Department of Health and Human Services, Health Resources Administration: Report of the Graduate Medical Education National Advisory Committee (GMENAC) Vol 1: Summary Report. DHHS Pub No. (HRA):81-651. U.S. Government Printing Office, Washington, D.C. 1980.

³ <https://www.census.gov/quickfacts/table/PST045217/00>. Jul 2017.

Primary Care Survey

PRACTICE NAME

DATE OF COMPLETION

PHYSICAL TOWN OF PRACTICE

CONTACT PERSON

CONTACT EMAIL

CONTACT TELEPHONE

Practice Site Ownership: FQHC RHC Hospital-owned Private Practice

Please include all MDs, DOs, APRNs, CNMs, and PA-Cs who see patients at your practice site. Indicate office hours, not including call, rounds, or administrative time.

Practitioner Name and Email (list under name)	Degree/Certificate	Specialty (e.g. FM, Peds)	In-Office Patient Hours Per Week	Accepting New Patients?			If Yes/Limited list Patient Type you Accept
				Yes	No	Yes/Limited	
				Y	N	Yes/Limited	
				Y	N	Yes/Limited	
				Y	N	Yes/Limited	
				Y	N	Yes/Limited	
				Y	N	Yes/Limited	
				Y	N	Yes/Limited	
				Y	N	Yes/Limited	
				Y	N	Yes/Limited	
				Y	N	Yes/Limited	
				Y	N	Yes/Limited	
				Y	N	Yes/Limited	
				Y	N	Yes/Limited	
				Y	N	Yes/Limited	
				Y	N	Yes/Limited	
				Y	N	Yes/Limited	

Vermont AHEC uses identifiable information for AHEC activities only; identifiable information is not shared.



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Connecting students to careers, professionals to communities, and communities to better health.