COMMUNITY HEALTH NEEDS ASSESSMENT

2024 report

Committed to improving the health and wellbeing of ALL

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The Northeastern Vermont Regional Hospital Community Health Needs Assessment was adopted by the Senior Leadership Team and the Board of Trustees on September 25, 2024.

Contact: Shawn Tester, CEO, at s.tester@nvrh.org, or
Diana Gibbs, VP of Marketing and Community Health Improvement, at d.gibbs@nvrh.org.

A message to our community from NVRH CEO Shawn Tester:

At NVRH, we are incredibly proud our staff and caregivers who work tirelessly to meet the healthcare needs of our community. Additionally, we exemplify our commitment to community health improvement through leadership, stewardship, and collaboration, prioritizing capacity in the way of resources and supports that complement the healthcare services we provide. We are committed to meeting our patients' whole-person needs now and into the future.

I would like to acknowledge the impact the recent floods have had in our region. After two 500-year flood events in July 2024, we are facing months or years of road and bridge rebuilding, as well as business closures. Community members—even staff—who have lost their homes. Ensuring local access to quality care and social supports is even more critical as our community recovers.

Like much of Vermont, we have an aging demographic. Residents 65 and over comprise nearly a quarter of our population. According to current projections, by the year 2030, this number will swell to over 28%, and over 35% by 2040. Additionally, our community experiences greater disparities compared to the rest of the state, with higher rates of poverty, lower educational attainment, lower household income, greater chronic disease prevalence, and significant health behaviors that pose greater risk for disease onset. Coupled with historic flooding, an aging housing stock, transportation barriers, and an increasing prevalence of mental health and substance use disorder, you can see that the drivers of health in our area are important areas of focus for NVRH.

To support the needs of our population, we must take a holistic approach to wellness by ensuring local access to clinical care, as well as supports for the social determinants of health that have the greatest impact on someone's health. And while we work hard to support our community, our community reciprocates through meaningful engagement, philanthropic giving, and providing unwavering support in many other ways for their community hospital.

Local access to care is an equity issue, and we are committed to working with partners like Northern Counties Health Care, North Country Hospital, Northeast Kingdom Human Services, Northeast Kingdom Council on Aging, Northeast Kingdom Community Action, Vermont Department of Health, and many other community-based organizations to ensure the needs of the Northeast Kingdom community are met. Through collective action and a commitment to collaboration, the Northeast Kingdom will continue to work toward health inequity and wellness for all.

Each and every day, we seek innovative opportunities to leverage resources, partnerships, and technology to enhance the care we provide for our community. We do that because we care for our friends, neighbors, and families. We are committed to this community that we call home, and we are committed to ensuring they have access to the care and support they need right here in the Northeast Kingdom. These are our "whys."

Introduction

The driving purpose of the Northeastern Vermont Regional Hospital (NVRH) Community Health Needs Assessment (CHNA) for 2024-2027 is to identify, prioritize, address, and communicate the current health needs of the broader community served by NVRH and the surrounding region. The Patient Protection and Affordable Care Act (ACA) of 2010 required all tax-exempt hospitals in the United States to conduct a CHNA every three years, and the 2024 NVRH CHNA is the fifth assessment achieved according to ACA federal guidelines.

As required, this CHNA includes:

- An explanation of the process and methods used to conduct the assessment
- A description of how the hospital took into account input from individuals representing the broad interests of the community served
- A definition of the community served and a description of how the community was determined
- A description of the health priorities and significant community health needs
- A description of the potential measures and resources to address the significant health needs identified through the CHNA

The CHNA is central to understanding health needs, and it guides the development of data-driven health implementation strategies. The 2021 NVRH CHNA significantly reflected the challenges of the COVID-19 pandemic. The 2024 CHNA acknowledges the continued challenges of post-pandemic recovery and its lasting impacts as part of comprehensively assessing the underlying health gaps that burden our communities.

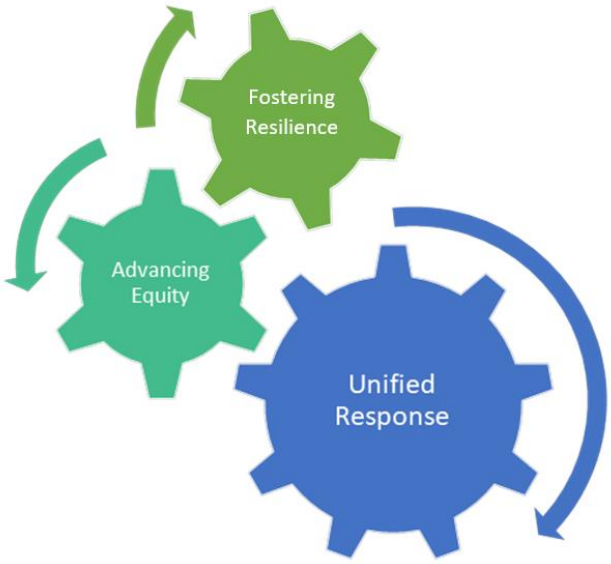
NVRH adopted new Mission, Vision, and Values statements in fall 2023.

NVRH, a 25-bed Critical Access Hospital, is the largest employer in the region with over 700 employees. The hospital operates four rural health clinics and several specialty medical practices. Northern Counties Health Care (NCHC) operates three Federally Qualified Health Centers (FQHCs) and home health and hospice for the region. All the primary care offices in the region are recognized NCQA Patient-Centered Medical Homes.

Mental health services are provided by Northeast Kingdom Human Services - our regional designated mental health agency - and many independent providers in private practice. There are several independent long-term care facilities in the area. Comprehensive cancer care and dialysis are provided by Dartmouth Cancer Center and Fresenius (dialysis) in a building owned by the hospital on the NVRH campus. Medication Assisted Treatment (MAT) for opioid use disorder is provided by NVRH and NCHC

primary care practices (referred to as “Spoke” sites in the Blueprint for Health Hub and Spoke model), BAART, SaVida, and Northeast Kingdom Human Services.

Unified Response to Health Equity



NEK Prosper! Accountable Health Community

NEK Prosper!, the Caledonia and Southern Essex Accountable Health Community formally launched in January 2015. NEK Prosper! operates using collective impact principles, and uses a formal governance structure including NVRH and our many partners who come together to create a common set of goals, share data on important health measures, and pool our talent and resources to improve health and quality of life in the region. The vision of this work includes ensuring that everyone is financially secure, mentally healthy, physically healthy, well-housed, and well-nourished. NEK Prosper! emphasizes collaboration to overcome systemic inequalities through community engagement, funding opportunities, and programs designed to promote wellness and resilience.

“Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.” – Robert Wood Johnson Foundation

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NEK Prosper! leverages relationships and collaborative action to build community health equity. NEK Prosper! members are from diverse sectors, including healthcare, human services, housing, transportation, mental health, community action, charitable food, funders, school districts, domestic violence agency, youth services, economic development and regional planning, restorative justice, substance misuse professionals, and Vermont Department of Health.

Executive Summary

Northeastern Vermont Regional Hospital (NVRH) is pleased to present the 2024 Community Health Needs Assessment (CHNA). This report provides an overview of the process and methods used to identify and prioritize significant health needs in the St. Johnsbury Health Service Area (HSA).

The primary service area encompasses Caledonia and Southern Essex Counties. The primary service area for NVRH is over 30,000 people. The Vermont Department of Health defines the service area as these towns and their villages in Caledonia and Southern Essex Counties in northeastern Vermont: Barnet, Burke town, Concord town, Danville town, East Haven, Guildhall, Granby, Kirby, Lunenburg, Lyndon town, Maidstone, Newark, Sheffield, St. Johnsbury town, Sutton, Victory, Walden, Waterford town, Wheelock. The major population centers are St. Johnsbury, Lyndon, and Danville. All other towns have less than 2000 people. Residents of other surrounding towns including Peacham, Gilman, Ryegate, Glover, Barton, and several others consider NVRH their community hospital.

Collaborative Process and Timeline

The Northeast Kingdom Coordinated CHNA Steering Committee formed in January 2024 and led this inaugural CHNA approach. The participating member organizations include NVRH, North Country Hospital, Northeast Kingdom Human Services, Northern Counties Health Care, Northeast Kingdom Community Action, Northeast Kingdom Council on Aging, and the Vermont Department of Health. Between February and May, extensive secondary data analysis occurred. Primary data collection approaches were developed and implemented between April and August. Final data analysis and development of the HSA-level report occurred between August and September 2024. The NVRH Board of Trustees adopted this report on September 25, 2024. NVRH made this report publicly available as of following Board adoption.

Key Findings

Key findings for this 2024-2027 CHNA cycle are integrated into this report by priority area, with an emphasis on the most significant needs as evidenced by both primary data, including the community survey and focus groups, and secondary data sources. The CHNA community survey examined the following areas: community health and social needs, personal health, health and dental care, support service needs, and demographics. Focus groups were designed to enhance understanding related to the survey findings. This approach is intended to offer a meaningful understanding of health needs both from the community perspective as well as state and national surveillance and health data.

St. Johnsbury Health Service Area Health Priorities

Health Need Priority 1: Mental Health and Substance Use

- Access to services
- Workforce shortages

Health Need Priority 2: Access to Care and Affordability

- Mental Health access
- Dental care access
- Understanding insurance and affordability
- Transportation

Health Need Priority 3: Chronic Disease Prevention and Management

- Behavioral risk factors
- Disease prevalence

Health Need Priority 4: Social Determinants of Health

- Access to healthy and affordable food
- Housing
- Cost of living
- Awareness of resources and greater collaboration

Next Steps

NVRH will work with the NEK Coordinated Steering Committee Members, NEK Prosper! Leadership Team, and other community partners and stakeholders to develop and implement action plans focused on the 2024-2027 CHNA health priority areas.

Process and Methods

Overview of Collaborative Process

Northeast Kingdom (NEK) Coordinated Community Health Needs Assessment

Culminating from a two-year ongoing discussion regarding the opportunity to align and conduct a regional Community Health Needs Assessment (CHNA) with the NEK Prosper! Leadership Team, in January 2024, the "NEK Coordinated Community Health Needs Assessment Steering Committee" was formed. This effort is a collaboration between NVRH, North Country Hospital, Northeast Kingdom Human Services, Northern Counties Health Care, Northeast Kingdom Community Action, Northeast Kingdom Council on Aging, and the Vermont Department of Health.

As the inaugural NEK Coordinated CHNA, a considerable amount of time was invested into building the foundations for this collaboration. The development of a formal committee infrastructure was essential to the success of this effort. The following illustrates the committee structure for this effort:

Steering Committee:

The NEK Coordinated CHNA Steering Committee developed the Charter, which includes the following:

- **Goal:** Work collaboratively with NEK partner organizations to develop a regional NEK-wide CHNA.
- **Vision:** The NEK Coordinated CHNA seeks to use data and community engagement to improve the health and well-being of all NEK residents, particularly those suffering from health inequities. By doing this together, we foster collaboration and collective actions which in turn avoids duplicating our efforts.
- **Mission:** The NEK Coordinated CHNA is a collaborative partnership that takes an honest look at the health and health needs of our community to:
    - Create shared CHNA reports with identified priorities
    - Engage and activate communities by building trust and practicing principles of inclusion and equity, and
    - Lay the foundation for data-driven health improvements leveraging collective impact.

The Steering Committee is comprised of at least one voting representative from each of the NEK Coordinated CHNA participating organizations. Members provide leadership and support for the creation of an efficient, collective, and sustainable process to conduct triennial NEK Coordinated CHNAs and subsequent public health improvement plans. Additionally, the members provide stewardship of resources made available to support the process.

Northeast Kingdom Coordinated Community Health Needs Assessment Steering Committee

Name	Title	Organization
Diana Gibbs	Vice President of Marketing and community Health Improvement	Northeastern Vermont Regional Hospital
Michael Costa	Chief Executive Officer	Northern Counties Health Care
Meg Burmeister	Executive Director	Northeast Kingdom Council on Aging
Robin Kristoff	Strategy and Operations Specialist	Northeast Kingdom Community Action
Heather Lindstrom	Public Health Services District Director	Vermont Department of Health, St. Johnsbury District
Tin (Justin) Barton-Caplin	Public Health Services District Director at Vermont Department of Health	Vermont Department of Health, Newport District
Laura Nelson	Chief of Organizational Development	Northeast Kingdom Human Services
Amy Jones	Quality Director	Northeast Kingdom Human Services
Mandy Chapman	Population Health Manager	North Country Hospital
Julie Riffon-Keith	Senior Director of Healthcare Quality	North Country Hospital

Sub-Committees:

Data Committee:

The Data Committee is responsible for creating the following deliverables for approval by the Steering Committee for the NEK Coordinated CHNA:

- Developing a common set of population/community health indicators and measures
- Determining the data objectives for this work, including identification of gaps, areas for further inquiry and analysis, and shared outcome measures for measuring progress and ensuring collective accountability
- Determining data collection methodologies, ensuring community engagement and inclusion of historically marginalized populations
- Secondary data analysis and creation of priority population data scorecards
- Developing primary data collection tools for community members and coordinate manual data entry capacity
- Recommendations for annual data-related activities and projected costs associated with recommendations

Members share their expertise with the group to create processes and deliverables for review and approval by the Steering Committee. The Data Committee is charged with staying on the NEK Coordinated CHNA project timelines set forth and approved by the Steering Committee.

Data Committee Members

Name	Title	Organization
Diana Gibbs	Vice President of Marketing and community Health Improvement	Northeastern Vermont Regional Hospital
Meg Burmeister	Executive Director	Northeast Kingdom Council on Aging
Robin Kristoff	Strategy and Operations Specialist	Northeast Kingdom Community Action
Heather Lindstrom	Public Health Services District Director	Vermont Department of Health, St. Johnsbury District
Tin Barton-Caplin	Public Health Services District Director at Vermont Department of Health	Vermont Department of Health, Newport District
Laura Nelson	Chief of Organizational Development	Northeast Kingdom Human Services
Mandy Chapman	Population Health Manager	North Country Hospital
Margaret Kucia	Volunteer	Northeastern Vermont Regional Hospital

Community Engagement Committee:
The Community Engagement Committee is responsible for making recommendations for approval by the Steering Committee outlining a consistent and rich community engagement process, including:

- Developing engagement strategies to include key stakeholders, individuals, and community members to ensure representative and inclusive feedback processes
- Developing outreach and communication strategy for primary data collection, including media and outreach materials
- Determining distribution/outreach strategy for paper surveys including distribution, tracking, and retrieval
- Developing communication strategies to publicize the final CHNA reports, to include the HSA-level and regional report

Community Engagement Committee Members

Name	Title	Organization
Diana Gibbs	Vice President of Marketing and community Health Improvement	Northeastern Vermont Regional Hospital
Jill Kimball	Marketing Manager	Northeastern Vermont Regional Hospital
Truley Wingert	Director of Development and Communications	Northeast Kingdom Community Action
Mel Reis	Director of Communications and Development	Northeast Kingdom Council on Aging
Erica Perkins	Director of Communications and Community Engagement	Northeast Kingdom Human Services
Kathrin Lawlor	Prevention Consultant	Vermont Department of Health, Division of Substance Use Services

Timeline for the NEK Coordinated CHNA:

- **January – May 2024**
  - Formed Steering Committee and sub-committees
    - Data and Community Engagement
  - Developed data sharing agreement
  - Conducted secondary data analysis:
    - Identified overarching priority areas
    - Selected key indicators for each area
    - Developed data dashboards to illustrate prevalence/comparison to state-wide data
  - Developed primary data collection tools and outreach plan:
    - Developed a community survey tool
    - Developed engagement plan and outreach materials
    - Assessed focus group needs
- **May – July 2024**
  - Distributed community survey (paper and electronic) broadly across NEK
- **July – August 2024**
  - Conducted focus groups
  - Analyzed data to determine key findings and health priorities
  - Develop Hospital Health Service Area-specific CHNA reports
- **September 2024**
  - Finalized NVRH HSA-specific CHNA report
  - Presented NVRH CHNA report for Board of Trustee adoption
  - Publicized NVRH 2024-2027 CHNA Report

Continued Collaboration:

- **October 2024 – ongoing**
  - Develop NEK-wide CHNA reports by end of 2024
  - Develop implementation strategy and identify key metrics and evaluation processes to align priorities and baseline data
  - Continue engagement to review, discuss, and augment key strategies, as needed
  - Leverage CHNA findings to inform NEK Prosper! and other regional and organizational efforts to improve community health, including tracking and trending and other regional data dashboard opportunities
  - Leverage new Community Engagement Committee to serve as a vehicle for aligned and collaborative health and wellness communication

Data Collection Methodology:

Secondary Data Analysis

Beginning in early February 2024, NEK Coordinated CHNA members initiated weekly Steering Committee meetings and established longer working meetings, as needed, for sub-committees. The Data Committee began the analysis work by identifying priority populations and establishing key health indicators for each. Priority areas and populations were identified, to include:

- Access to care
- Mental Health/Substance Use
- Chronic Disease
- Social Determinants of Health
- Priority Populations - Older Adults; Low-Income Individuals; LGBTQ+ identity; Black, Indigenous, and people of color (BIPOC); People living with a Disability

Secondary data analysis occurred between February and April, to include national and state sources which primarily include: Vermont Department of Health (VDH) data briefs, monthly reports, and surveillance data; Robert Wood Johnson Foundation's County Health Rankings and Roadmaps; Vermont Behavioral Risk Factor Surveillance System (BRFSS); Youth Risk Behavior Survey (YRBS); Centers for Disease Control and Prevention (CDC); Vermont Vital Statistics; as well as leveraging NVRH aggregated Electronic Medical Record (EMR) data via Power BI dashboards.

Primary Data Collection

Community Survey:

Primary data collection was informed by secondary analysis findings. Additionally, the Data Committee leveraged community surveys developed by other regions, including the collaborative effort to include Dartmouth Health in the Upper Valley of New Hampshire, the Maine Shared Community Health Needs Assessment, and prior community health needs assessments completed by Steering Committee member organizations. For this data collection process, a community survey was developed that represents the culmination of required information that satisfies the various compliance requirements – both state and federal - for each member organization.

The Community Engagement Committee, comprised of communications and marketing staff at each participating organization, developed a regional communication plan and outreach strategy to ensure broad and inclusive representation across priority and vulnerable populations spanning the vast geographical NEK region. This communication strategy was informed by community members via the NEK Prosper! Network group and other "tried and true" and culturally competent approaches used by partner organizations. Survey participation was encouraged by those age 18 and older who live, work, or spend a majority of their time in the Northeast Kingdom. A Spanish version of the survey was also developed, but was not requested or utilized during this collection effort. Additionally, three Steering Committee organizations identified staff capacity to support community members with survey completion as well as Language Line services to ensure interpreter access for individuals whose primary language is not English.

Outreach strategies included reaching the full Northeast Kingdom to encourage survey participation, offering both paper and electronic options for greater access. Outreach methods included developing six flyers, representative of the priority populations for this CHNA, and six corresponding social media images. Additionally, an explanatory cover sheet and collective logo images were created to represent the collaborative effort. The outreach toolkit items were used by all participating organizations, including placing flyers and paper surveys around common areas and the community. The effort also included development of a coordinated social media calendar to include Facebook and Instagram posts scheduling for each organization. Additional outreach was conducted at vendor events, food distribution events, and other opportunities to engage with the community.

During the survey distribution period, occurring from May 30 to July 17, 2024, the St. Johnsbury Health Service area received **414 survey responses** via both electronic and paper means. See Appendix A for an overview of survey respondent demographics.

Focus Groups:

To inform focus group needs, the Data Committee conducted a thorough inventory of recent focus groups - defined as being conducted within the last two years - to illuminate gaps and needs regarding other voices that needed to be uplifted as part of this process. The Data Committee, based on the aforementioned priority populations, outlined target populations and locations for hosting the focus groups. The Committee spent a considerable amount of time reviewing community survey data, secondary data, and known challenges and disparities to identify data objectives for each focus group session. Four focus groups were completed during the month of August 2024, to include:

Table 1. Summary of Focus Groups

Date	**Target Audience**	**# of Participants**	**Location**
August 19, 2024	Older Adults	5	Good Living Senior Center St. Johnsbury, VT
August 20, 2024	Older Adults	6	Gilman Senior Center Gilman, VT
August 20, 2024	Low-Income Individuals/ Unhoused	6	Shelter at Moose River, Northeast Kingdom Community Action, St. Johnsbury, VT
August 20 & 21, 2024	Low-Income Individuals	3*	Northeast Kingdom Community Action, 115 Lincoln St., St. Johnsbury, VT

**includes both Newport and St. Johnsbury HSA focus groups*

Data Limitations

Data presented in this report has a few notable limitations. Secondary sources were utilized to present demographic data, social and economic factors, health behaviors, chronic disease prevalence, and other health outcomes data. This report represents the most recent available data, however, may reflect data that is older or an aggregate of prior years. Primary data collection and analysis are influenced by sampling methods, sample sizes, the potential for biases, and notable variations in baseline population and demographic distributions across the region. To mitigate, surveys were disseminated widely through various media to increase accessibility and representation, and emphasized ongoing community health needs. This self-reported data is representative of the population and their direct views and experiences. Due to the optional nature of the survey, one cannot infer statistical conclusions from the response data. The survey had broad representation from the towns within the HSA, however, limitations exist due to underrepresentation of certain priority populations, which would have allowed for more representative findings.

St. Johnsbury Health Service Area - The Communities We Serve

Northeastern Vermont Regional Hospital (NVRH) is located in Vermont's Northeast Kingdom; an area known for its rugged rural beauty, and equally rugged and independently spirited people. The area is a mix of rolling hills, mountains, and river valleys.

The primary service area for NVRH is over 30,000 people. The Vermont Department of Health defines the service area as these towns and their villages in Caledonia and Southern Essex Counties in northeastern Vermont: Barnet, Burke town, Concord town, Danville town, East Haven, Guildhall, Granby, Kirby, Lunenburg, Lyndon town, Maidstone, Newark, Sheffield, St. Johnsbury town, Sutton, Victory, Walden, Waterford town, Wheelock. The major population centers are St. Johnsbury, Lyndon, and Danville. All other towns have less than 2000 people. Residents of other surrounding towns including Peacham, Gilman, Ryegate, Glover, Barton, and several others consider NVRH their community hospital.

The area is quite rural with a population density in Caledonia County of 46.6 persons per square mile and only 8.9 persons per square mile in Essex County[1]. Both counties are bordered by the Connecticut River to the east.

Table 2. Basic demographic data for Caledonia and Essex Counties

Demographics[2]			
Indicators	**Caledonia County**	**Essex County**	**Vermont**
Population	30,579	5,994	647,064
Median Age	45.4 years	51.6 years	43.2 years
% Below 18 Years of Age	18.4%	17.4%	17.7%
% 65 and Older	23%	27.8%	21.6%
Female Persons	49.9%	49.4%	50.2%
Language other than English spoken at home (ages 5+)[3]	4.3%	6.6%	5.4%
% Non-Hispanic Black	0.8%	0.7%	1.4%
% American Indian or Alaska Native	0.5%	0.6%	0.4%
% Asian	1.1%	0.8%	2.1%
% Native Hawaiian or Other Pacific Islander	0.0%	0.0%	0.0%
% Hispanic	2.1%	1.8%	2.3%
% Non-Hispanic White	93.9%	94.3%	91.9%

[1] US Census Quick Facts, July 2023: https://www.census.gov/quickfacts/fact/table/VT,essexcountyvermont,caledoniacountyvermont,US/PST045222

[2] County Health Rankings, 2024: https://www.countyhealthrankings.org/health-data/compare-counties?compareCounties=50005%2C50009&year=2024

[3] US Census, July 2023: https://www.census.gov/quickfacts/fact/table/VT,essexcountyvermont,caledoniacountyvermont,US/PST045222

Health Equity

The complex interplay among societal, economic, and environmental factors affects health outcomes to a greater extent than clinical healthcare delivery, influencing fair and just opportunities for health in our communities. We know not everyone has equal access to the circumstances, environment, or factors that promote and sustain health. There are conditions, or characteristics, that affect a person's ability to lead a healthy life and result in unequal health outcomes, creating health disparities. The 2024 Vermont State Health Improvement Plan identified key populations regarding equity, including older Vermonters, people who identify as LGBTQ+, people of color, people living with disabilities, people who are unhoused, and Indigenous people. Further, the State assessment indicated clear disparities experienced by each priority population, as well as underrepresentation in national survey data that contributes to lack of understanding of social, cultural, and health needs[4].

As compared to Vermont state-wide estimates, a greater proportion of NEK residents are people with a disability, lower median household and individual incomes, live in a rural setting, insured through Medicaid, fewer per capita healthcare professionals (including primary care physicians, mental healthcare, and dentists), use safety net programs, fewer physical activity opportunities, and less civic participation.

Climate Change and Health

When community survey respondents were asked "How concerned are you about climate change" over 75% indicated that they were "Very" or "Somewhat Concerned." The 2024 Vermont State Health Improvement Plan identified five key climate change drivers that contribute to new or worsening health needs, including[5]:

- **Increased tick exposure and illness** due to warming winters, leading to more frequent tick borne illnesses.
- **Decreased access to fresh food** due to increased rain, leading to less affordable fruits and vegetables that contribute to health and wellness.
- **Temperature fluctuation leading to a longer hot season, and fires and smoke,** exacerbating medical conditions like asthma and diabetes, and inhibiting the ability to exercise for some.
- **Flooding that leads to housing concerns regarding mold, poor water quality, and wastewater contamination, as well as transportation challenges,** leading to new or exacerbated health conditions or households becoming displaced or unhoused.
- **Anxiety induced by climate change uncertainty,** leading to increase stress and worry.

Priority Populations

BIPOC and LGBTQ+

The St. Johnsbury Health Service Area population numbers are small for both BIPOC (black, indigenous, people of color) Vermonters and people with LGBTQ+ identity. At a state level, people with LGBTQ+ identity, which has doubled over the last 10 years, experience vast disparities. LGBTQ+ students are

[4] State Health Improvement Plan 2024: https://www.healthvermont.gov/sites/default/files/document/SHA-Community-Engagement-Report-Climate%20Change_0.pdf

[5] State Health Improvement Plan 2024: https://www.healthvermont.gov/sites/default/files/document/SHA-Community-Engagement-Report-Climate%20Change_0.pdf

three times more likely to experience hunger or housing insecurity than White, Non-Hispanic students. LGBTQ+ youth also experience discrimination that influences physical and mental health, as well as substance use engagement. Both LGBTQ+ youth and adults experience poorer mental wellness. Additionally, LGBTQ+ adults are more likely to delay care access due to cost[6].

Statewide, the population of Vermonters of color has doubled in the last 15 years. Some key findings from the State Health Improvement Plan indicate that nearly 25% of Vermonters who identify as Black live in poverty, are twice as likely to be unable to afford fresh food, and experience a greater rate of being unhoused. Additionally, Vermonters of color are twice as likely to delay care access due to cost as White, Non-Hispanic residents. Similarly to people with LGBTQ+ identify, BIPOC Vermonters experience higher rates of discrimination that negatively impact mental wellness, posing greater risk of substance use, mental health concerns or harming themselves[7].

Older Adults

Regarding older Vermonters, the State Health Improvement Plan illuminated healthcare access challenges, affordability concerns, and high rates of chronic disease, disability, and cancer. Other alarming trends include increasing prevalence of unstable housing and access to care barriers that span social and healthcare needs[8].

Low-income and People who are Unhoused

Vermont has the 2nd highest rate of unhoused residents per capita in the United States, which has increased over the last four years, including a 36% increase in homelessness for families with children between 2022 and 2023. As outlined in the 2024 State Health Assessment, contributing factors include low incomes, limited housing options, and lack of affordable housing. While the state has supported housing options over the last few years, such as motel voucher programs, recent caps implemented by the state will displace several Vermonters back to unhoused conditions. Unhoused Vermonters are at risk for poor health due to emotional and physical stress, exposure to weather conditions, access to healthcare, and difficulty accessing basic needs. Additionally, Children who are unhoused have greater risk of social and emotional issues, disrupted education, and limited access to healthy food. State Health Assessment findings also identified that mental health and substance use disorders are more common among the unhoused and those with incomes less than $25,000 per year[9].

[6] Health Needs of LGBTQ+ Vermonters 2024: https://www.healthvermont.gov/sites/default/files/document/sha-data-brief-population-LGBTQ.pdf

[7] Health Needs of LGBTQ+ Vermonters 2024: https://www.healthvermont.gov/sites/default/files/document/sha-data-brief-population-LGBTQ.pdf

[8] Health Needs of LGBTQ+ Vermonters 2024: https://www.healthvermont.gov/sites/default/files/document/sha-data-brief-population-LGBTQ.pdf

[9] Health Needs of People who are Unhoused 2024: https://www.healthvermont.gov/sites/default/files/document/sha-data-brief-population-unhoused.pdf

Community Health Priorities

Caledonia and Essex Counties experience greater health disparities than other parts of Vermont. Across the health priorities identified, the following section will outline the trends and observations, quantitative data, and input from community members who live or spend most of their time in the St. Johnsbury health service area as it relates to each priority.

The culminating health priorities from the recent Vermont State Health Improvement Plan Priorities for 2025-2029 are well aligned with the HSA-level priorities, illuminated through primary and secondary data.

Northeastern Vermont Regional Hospital Health Priorities for 2024-2027

Health Priorities and Focus Areas	**State Health Improvement Priorities 2025-2029**
Mental Health and Substance Use • Access to services • Workforce shortages	Mental Health and Substance Use
Access to Care and Affordability • Mental Health access • Dental care access • Understanding insurance and affordability • Transportation	Access to Healthcare
Chronic Disease Prevention and Management • Behavioral risk factors • Disease prevalence	Access to Healthcare
Social Determinants of Health • Access to healthy and affordable food • Housing • Cost of living • Awareness of resources and greater collaboration	Housing, Cost of Living

Overall pulse from Community Members

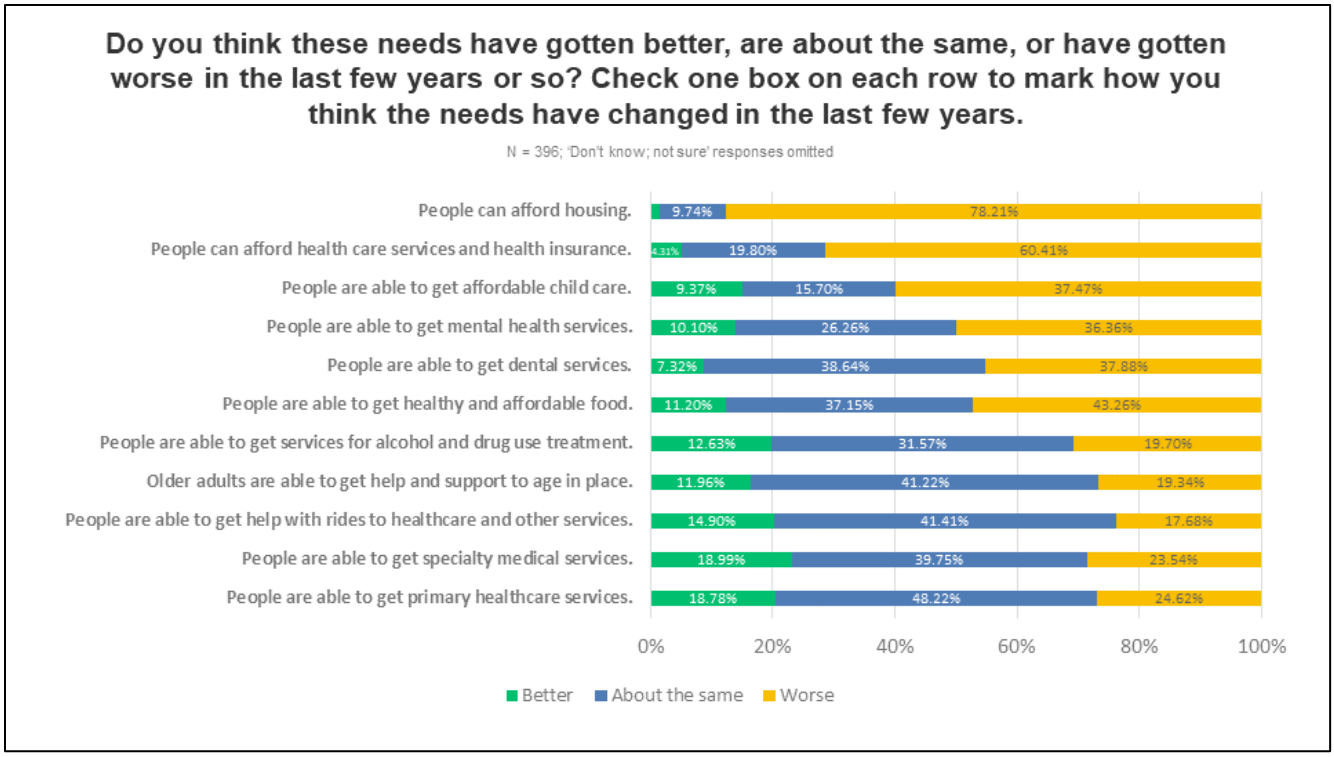
Community survey respondents were asked whether various conditions in their community were "Better", "About the same", or "Worse" on the last few years.

The top areas noted as getting **"Worse"** were:

- **Affordability**, including housing, childcare, healthcare and insurance, and food.
- **Access to care,** including mental health and dental services.

Notable areas indicated as **"Better"** or **"About the same"** were:

- **Access to care,** including primary healthcare services, specialty medical services, alcohol and other drug treatment services.
- **Older adults** are able to get help and support to age in place.



Health Need Priority 1: Mental Health and Substance Use

- **Trends and Observations:**

Mental Health

- **Mental Health Challenges**: Like much of rural Vermont, the NEK has high rates of mental health issues, including depression, anxiety, as well as substance use disorders. Social isolation, economic hardship, and a lack of mental health professionals contribute to these challenges. Local mental health services are available, but there can be delays in accessing care due to workforce shortages, high caseloads, and insurance coverage limitations.

  The Covid-19 pandemic highlighted existing systemic issues in mental health services, such as inadequate inpatient options and emergency room overflow for psychiatric cases. Patients who are waiting for higher-level treatment and support, offered at inpatient facilities, are being held in emergency rooms and community hospital medical surgical units until transitions occur. This is a systematic issue that challenges community hospitals, community mental health providers, and patients and their families.

  In 2020, the NVRH Emergency Department (ED) saw a 10% increase in visits with a chief complaint of psychiatric evaluation (218 visits in 2019, up to 240 in 2020). During calendar year 2023, the NVRH ED provided care for over 550 behavioral health patients, and 515 during 2022 the year prior. The reliance on ED services illuminates continued systemic challenges and an increasing prevalence of both mental health crisis and substance use disorder service needs.

In response to this need, NVRH sought resources to enhance the ED. Through a $3 million Congressionally Directed Spending earmark in 2023, NVRH expanded the ED to include the new 4-bed 'Patrick & Marcelle Leahy Suite' for those in mental health crisis, providing a more conducive space for stabilization. Additionally, NVRH has integrated contracted Telepsych services across the system and Behavioral Health Specialists into primary care practices, which have become a necessary expansion of capacity and services to best meet the care needs for individuals experiencing mental health crisis.

- **Suicide Rates**: Both Caledonia and Essex Counties have higher-than-average suicide rates compared to the state, which is an ongoing concern. NVRH continues to focus on the full continuum of care needs in the way of integrating evidence-based screening tools, developing pathways to supports, resources, and treatment, as well as integrating behavioral health professionals within primary care at all four NVRH-owned Rural Health Clinics.

Substance Use Disorders

- **Opioid Use**: Not unlike other regions of the state, the NEK has been affected by the opioid crisis. NVRH has developed strategies to combat the crisis spanning the continuum of care, from prevention to treatment and recovery. Current prevention initiatives include distribution of harm reduction resources, such as naloxone and fentanyl test strips; providing permanent kiosks for safe disposal of prescription medications and used syringes; and a strong youth substance misuse prevention approach using evidence-based strategies that reduce risk factors and instill protective factors to reduce substance misuse. NVRH is also the Blueprint for Health Administrative Entity, supporting the "Hub and Spoke" model to ensure access to Medication-Assisted Treatment (MAT) locally for individuals experiencing opioid use disorder.
- **Alcohol Use**: Rates of excessive drinking and alcohol-related health issues are significant concerns in the HSA. Tobacco use also remains high, both contributing to increased rates of liver disease, lung disease, and cancers. NVRH's Substance Misuse Prevention Program initiatives aim to reduce youth and adult misuse as well as building prevention capacity to reduce risk factors for use.

Table 3. Risk Factors and Behaviors

Risk Factors and Behaviors[10,11,12,13,14]			
Indicators	**Caledonia County**	**Essex County**	**Vermont**
Opioid-related Overdose Deaths per 100,000 (per 100,000 from January to May 2024)	26	100.1	35.7
ED Visit Rates for Opioid Overdose (per 100,000 by county of residence from January to May 2024)	31.0	56.2	13.9
Suicide Deaths (per 100,000 by county of residence from January to May 2024)	16.4	16.7	6.5
Alcohol-Impaired Driving Deaths	42%	50%	35%
Adults who Currently Smoke Cigarettes	21%	25%	15%
Youth Risk Behaviors[15]			
Indicators	**Caledonia County**	**Essex County**	**Vermont**
Percent of adolescents in grades 9-12 who drank alcohol in the past 30 days	23%	23%	25%
Percent of adolescents in grades 9-12 who binge drank in the past 30 days	12%	14%	12%
Percent of adolescents in grades 9-12 who misused any prescription medication in the past 30 days	3%	**Too few data	5%
Percent of adolescents in grades 9-12 who used who use marijuana in the past 30 days	16%	12%	20%
Percent of youth in grades 9-12 who smoked cigarettes in the past 30 days	5%	15%	5%
Percent of youth in grades 9-12 who used electronic vapor products (EVP) in the past 30 days	17%	10%	16%
Teen Births[16] (# of births per 1,000 ages 15-19)	12	11	10

[10] Vermont Behavioral Risk Factor Surveillance System Report, 2021: https://www.healthvermont.gov/sites/default/files/2023-02/HSI-BRFSS-2021-DataSummary.pdf

[11] County Health Rankings, 2024: https://www.countyhealthrankings.org/health-data/compare-counties?compareCounties=50005%2C50009%2C50000&year=2024

[12] VDH Monthly Opioid Morbidity and Mortality Report, August 2024: https://www.healthvermont.gov/sites/default/files/document/dsu-monthly-opioid-report.pdf

[13] County Health Rankings, 2023: https://www.countyhealthrankings.org/health-data/compare-counties?compareCounties=50005%2C50009%2C50000&year=2023

[14] Vermont Behavioral Risk Factor Surveillance System Report, 2022: VDH https://www.healthvermont.gov/sites/default/files/document/HSI-BRFSS-2022-DataSummary.pdf

[15] Youth Risk Behavior Survey Clear Impact Scorecard: H https://embed.clearimpact.com/Scorecard/Embed/74754

[16] County Health Rankings 2023: https://www.countyhealthrankings.org/health-data/compare-counties?compareCounties=50005%2C50009&year=2023

- **Community Input**

Community Survey Data

When survey respondents were asked, "Do you have a support system or someone you can trust to talk to," they indicated the following:

- Family – 87%
- Friends – 74%
- Faith-based Community – 18%
- Hobby or Other Social Group – 16%
- Counselor – 14%
- Organized Support Group – 5%
- No Support System – 6%

> *"Lack of social connection heightens health risks… loneliness and social isolation are twice as harmful to physical and mental health as obesity. There is robust evidence that social isolation and loneliness significantly increase risk for premature mortality, and the magnitude of the risk exceeds that of many leading health indicators."*[17]

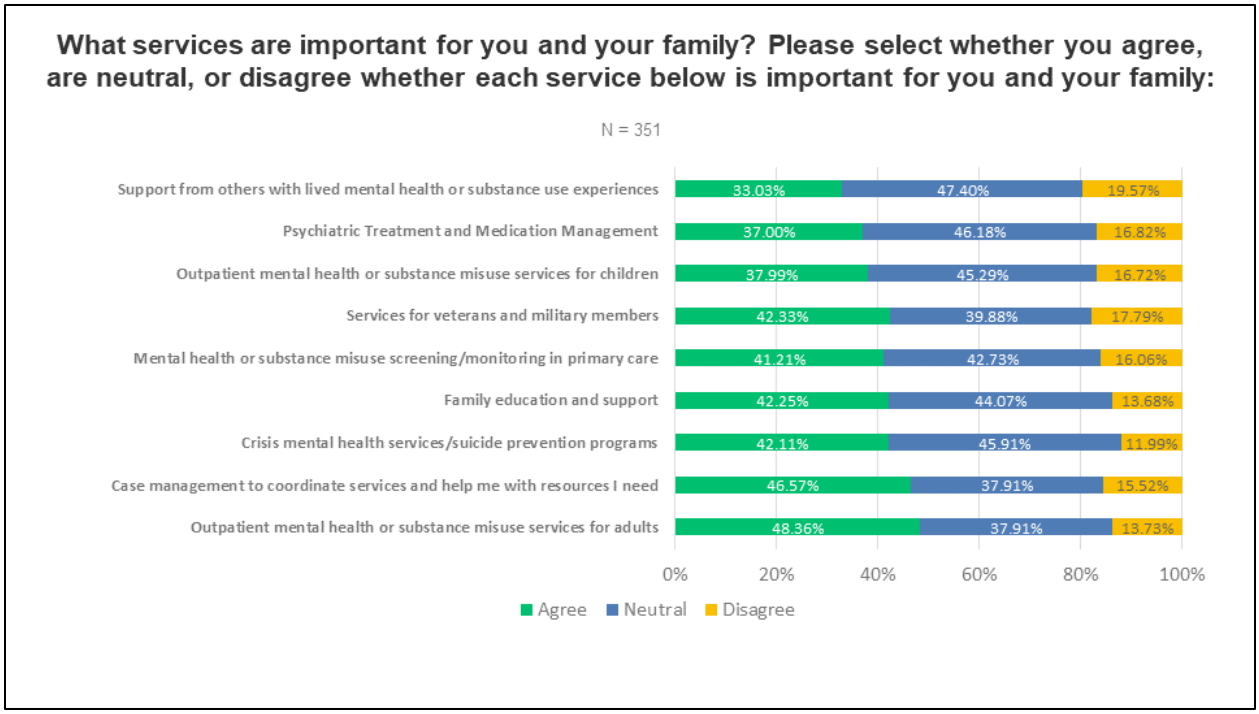
When respondents were asked to rate their mental health in the last 30 days, the majority stated "Excellent" or "Very Good" (52%), while others stated "Good" (29%), "Fair" (15%), and "Poor" (2%).

When respondents were asked if they needed and received mental health or substance use treatment services in the Northeast Kingdom, the following were indicated:

- Did not need mental health or substance use treatment services – 72%
- Yes, I got the care I needed in the NEK – 15%
- No, I had to seek services outside the NEK – 9%
- I could not find services at all – 4%

When respondents were asked to identify their level of agreement whether the mental health and/or substance use misuse services noted were important to them or their family, they agreed that most services were important. The highest rated services included: outpatient mental health or substance misuse services for adults; case management to coordinate services and help with needed resources; services for veterans and military members; crisis mental health services/suicide prevention programs; family education and support; and mental health misuse screening/monitoring in primary care:

[17] American Psychological Association, 2019: https://www.apa.org/monitor/2019/05/ce-corner-isolation



Other needs indicated by survey respondents included the need for long-term housing for people in recovery following treatment, citing that "returning to the same conditions and unhealthy support system is not going to support them to be successful in recovery."

Focus Group Data

Older adult focus group attendees shared that it was a struggle for them to admit that they need mental health services, and even harder when they have to leave messages or "talk to machines." Participants also requested support groups for those in recovery, with a high concern for rates of substance use in the NEK.

Health Need Priority 2: Access to Care and Affordability

- **Trends and Observations:**

Given the rurality of the NEK, and the seasonal weather patterns, access to healthcare services can be challenging. Depending on town of residence, residents may need to travel long distances to hospitals or specialty care, leading to delayed care or underutilization of services.

Access to Healthcare

- **Healthcare Workforce Shortages**: Rural areas face significant challenges with workforce shortages, especially in areas like primary care, dental services, and mental health. While NVRH and Northern Counties Health Care provide timely access to primary care services, mental health and dental capacity gaps persist.
- **Telemedicine**: Telemedicine is available to provide healthcare services, though challenges with broadband internet access can cause limitations and barriers.

Table 4. Access to Care

Access to Care[18]			
Indicators	**Caledonia County**	**Essex County**	**Vermont**
Uninsured Adults (under age 65)	6%	6%	5%
Uninsured Children	2%	2%	2%
Primary Care Providers	1,190:1	6,120:1	860:1
Mental Health Providers	240:1	1,408:1	190:1
Dentists (General and Pediatric)	1,320:1	1,980:1	1,380:1
Adults who Had a Routine Doctor Visit in the Past Year[19]	76%	71%	75%
Adults who Had Visited a Dentist in the Past Year[20]	61%	56%	68%
Adults who Have Had Any Teeth Extracted[21]	55%	54%	43%

[18] County Health Rankings 2024: https://www.countyhealthrankings.org/health-data/compare-counties?compareCounties=50005%2C50009&year=2024

[19] Vermont Behavioral Risk Factor Surveillance System Report, 2022: VDH https://www.healthvermont.gov/sites/default/files/document/HSI-BRFSS-2022-DataSummary.pdf

[20] Vermont Behavioral Risk Factor Surveillance System Report, 2022: VDH https://www.healthvermont.gov/sites/default/files/document/HSI-BRFSS-2022-DataSummary.pdf

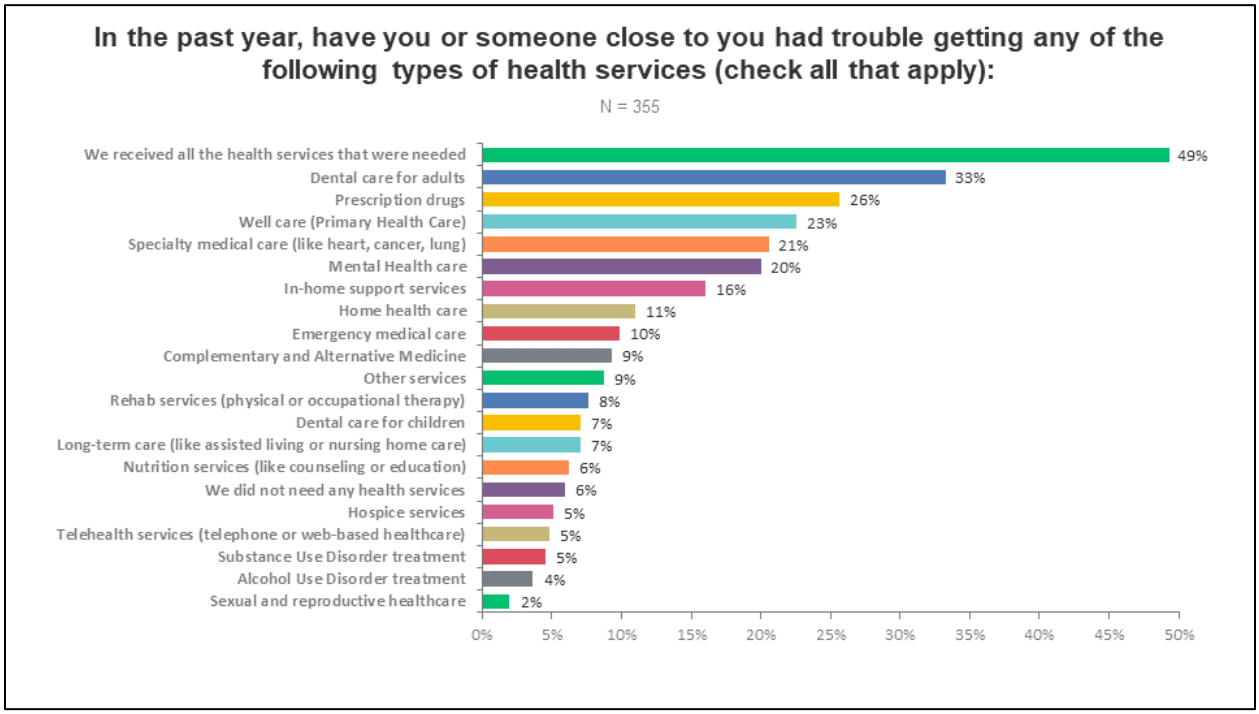
[21] Vermont Behavioral Risk Factor Surveillance System Report, 2022: VDH https://www.healthvermont.gov/sites/default/files/document/HSI-BRFSS-2022-DataSummary.pdf

- **Community Input:**

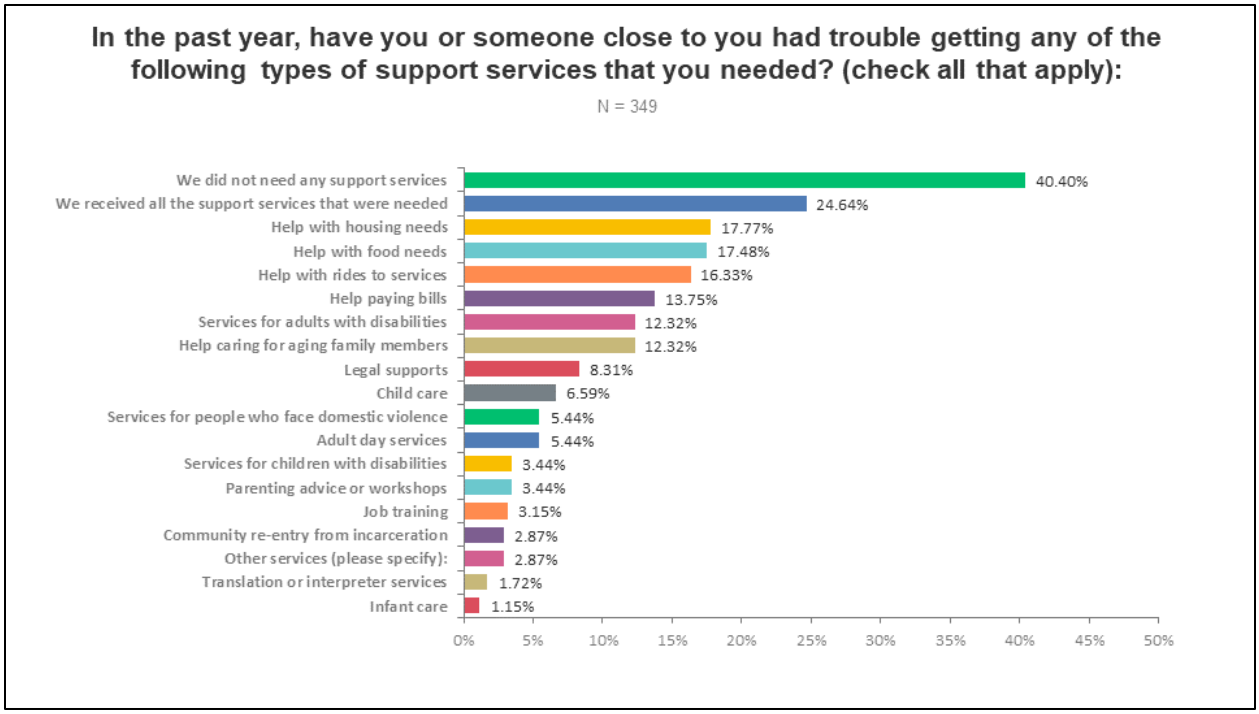
Community Survey Data

Survey respondents indicated a number of services that seemingly had limited access, including dental care, mental health, eye care, dermatology, and foot care. Other experiences noted limited dialysis services and scheduling availability, causing residents to travel longer distances to access needed care.

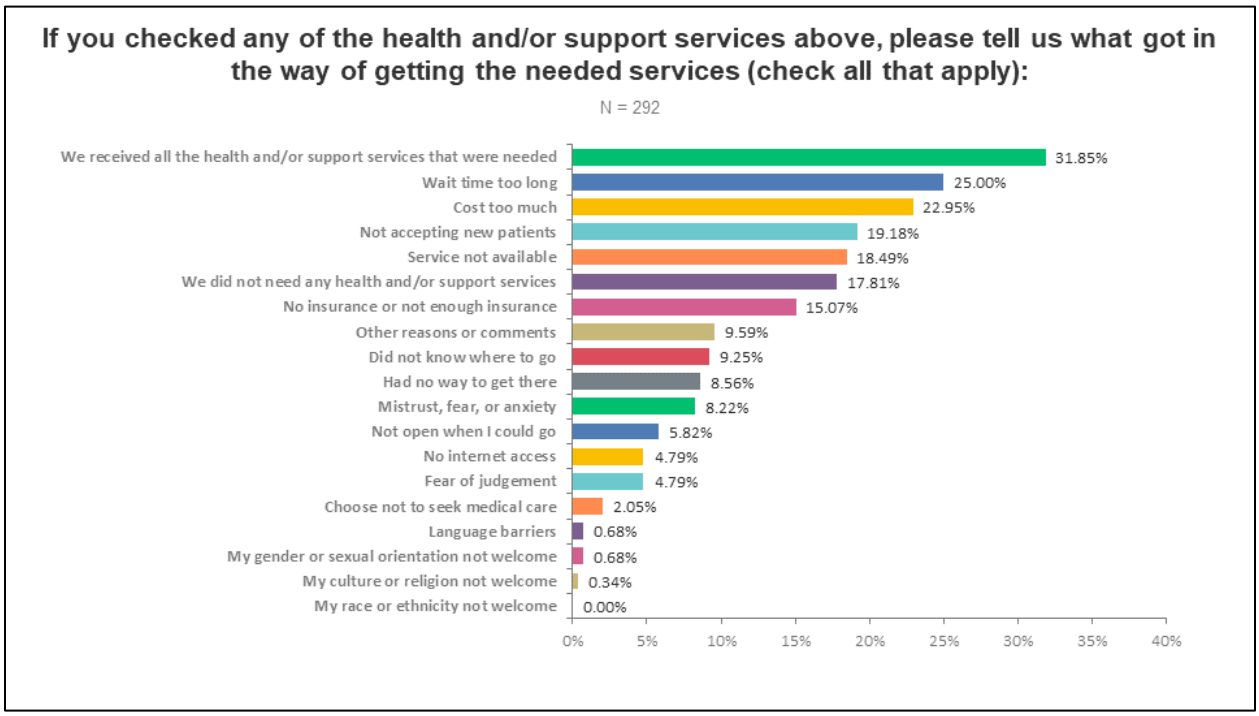
The following chart illustrates survey respondents' experiences, for themselves or someone close to them, in regard to accessing health services locally, with 49% indicating that they were able to receive the services they needed. Dental care for adults, prescription drugs, well care visits, specialty care, mental health care, and in-home support services were most prevalent:



Similarly, respondents were asked to indicate the support services that they or someone close to them were not able to receive, with 40% indicating they did not need any support services, and nearly 25% indicating that they received all needed support services. Notably, services to support basic needs, including housing, food, transportation, and support to pay bills rose to the top:



When asked to expound on the reasons why health and/or support services were not received, long wait times, cost, not accepting new patients, services not available, and insurance-related reasons were most prevalent:



When survey respondents were asked to respond to the following question across specific areas, “In the past year, how often have you or someone close to you missed getting health care or support services because of unfair treatment?” the top areas of discrimination, as indicated by those selecting “Often” or “Sometimes” and listed in order of prevalence, included:

- Age – 16%
- Obesity - 14%
- Mental Health – 13%
- Disability – 9%
- Gender or Gender Expression – 8%
- Substance Use – 5%

When asked about preventative care visits in the last year, respondents indicated the following:

- Seen a dentist at least once for a regular check-up:
    - 32% indicated “No”
    - 68% indicated “Yes”
    - Additionally, over 41% of respondents indicated that they do not have dental insurance at this time.
- Have a primary healthcare provider and have seen them at least once in the last year for routine check-ups, health problems, or management of health conditions:
    - 4% indicated “No”
    - 96% indicated “Yes”
    - Only 1% of respondents indicated that they do not have health insurance at this time.

When asked about location of their primary healthcare provider, the majority of respondents attend either Northeastern Vermont Regional Hospital Primary Care Practices (42%) or Northern Counties Health Care (47%). Other locations noted were practices that border the health service area or New Hampshire-based practices.

When asked where respondents receive their hospital or specialty care, such as cardiology, urology, and surgical care, the majority of respondents indicated that they attend Northeastern Vermont Regional Hospital (62%) and Dartmouth Health (41%). Additional responses included University of Vermont Health Network (9%), other New Hampshire-based locations (9%) and North Country Hospital (4%).

When asked if respondents had looked for or received care from a healthcare provider, specialist, or hospital outside the Northeast Kingdom, the reasons noted include:

- Did not look for nor receive services outside of the Northeast Kingdom – 39%
- Services not offered in my community – 29%
- Referred by a healthcare provider – 19%
- Personal choice – 15%
- Quality of care – 14%
- Waitlist too long in the Northeast Kingdom – 13%
- In-network for my health insurance provider – 3%
- Not accessible – 2%
- Cost – 1%

Survey respondents indicated the following regarding their health insurance type and/or status:

- Medicare – 55%
- Private insurance through my employer or family member's employer – 35%
- Other private health insurance – 17%
- Medicaid – 17%
- TRICARE, VA, or Military – 4%
- Do not have health insurance now – 1%

Focus Group Data

> "I'm not saying I was a great person 15 years ago, but I'm not that person today. People immediately judge [my teeth] and wonder if I'm using."- Focus Group Participant

Older adult focus group attendees expressed concerns regarding transportation to healthcare appointments, especially if relying on public transportation availability or sharing a vehicle with others. Affordability challenges were identified regarding large co-pays and "having to jump through hoops" to get prior authorizations for certain needed care costs to be covered. Participants also recognized that they've ignored health needs due to insurance not covering the cost, as well as potential payment plans that would be cost-prohibitive, especially dental procedures. Other patient experience information offered by attendees was in regard to having to "constantly leave messages and play phone-tag with offices and providers." Another attendee shared that "it makes you want to give up when you constantly end up talking to a machine rather than another person." Attendees felt like they were being juggled from one office to the next, having to fill out redundant forms and paperwork, and constantly being stuck in a loop. They also cited a perceived lack of communication and collaboration with the resources available. Attendees expressed an opportunity to provide education to the community about the different resources that are available.

Individuals who were unhoused identified challenges accessing and paying for dental care, particularly for acute needs. Dental problems were also noted as a barrier to employment.

Health Need Priority 3: Chronic Disease Prevention and Management

- **Trends and Observations:**

General Health Outcomes

- **Life Expectancy**: Life expectancy in the service area tends to be slightly lower than the state average.
- **Mortality Rates**: Higher rates of mortality related to chronic conditions like cardiovascular disease, cancer, and respiratory diseases have been observed. Similarly, the leading causes of death in Vermont, in order of prevalence, include heart disease, cancer, accidents, Alzheimer's disease, Chronic Lower Respiratory Diseases, and Stroke[22].
- Any teeth extracted: **More than five in ten adults 45-64 in Caledonia (55%)** have ever had a tooth extracted, statistically higher than Vermont adults 45-64 overall, and the highest rate in the state[23].

Chronic Disease and Health Behaviors

- **Obesity**: Obesity rates are higher than the state average, which can contribute to related conditions such as diabetes, hypertension, and heart disease. Efforts to improve nutrition and physical activity have been key community health focuses for NVRH as well as health promotion and disease prevention efforts through the Accountable Health Community, NEK Prosper!.
- **Physical Activity**: Despite the abundance of outdoor recreation opportunities in the Northeast Kingdom, there is still a substantial proportion of the population that is physically inactive.
- **Diabetes**: Diabetes prevalence has been slightly higher than the Vermont average, aligning with obesity rates and more sedentary lifestyles and less access to exercise opportunities in the region.
- **Smoking**: Smoking rates in the region are higher than the state average, contributing to respiratory diseases and cancers.
- **Aging Demographic**: Caledonia and Essex Counties have an aging population. Older residents face increased health challenges, including mobility issues, chronic disease management, and greater need for other supports and services. The service area has a shortage of skilled nursing and assisted living facilities, which are systemic challenges. Older individuals may also experience social isolation due to geographic distance, limited transportation, and a smaller social support network, all of which can negatively affect mental and physical health.

[22] CDC National Center for Health Statistics 2022: https://www.cdc.gov/nchs/pressroom/states/vermont/vt.htm

[23] Vermont Behavioral Risk Factor Surveillance System Report, 2022: VDH https://www.healthvermont.gov/sites/default/files/document/HSI-BRFSS-2022-DataSummary.pdf

Table 5: Chronic Disease Prevalence and Risk Factors and Behaviors

Chronis Disease Prevalence[24] *denotes statistical significance			
Indicators	**Caledonia County**	**Essex County**	**Vermont**
Adults ever diagnosed with Cancer[25]	7%	11%	7%
Adults with Cardiovascular Disease	12%*	10%	8%
Adults with Arthritis	32%	30%	29%
Adults with Chronic Obstructive Pulmonary Disease (COPD)	7%	-	7%
Adults with Depressive Disorder	28%	26%	25%
Adults with Pre-Diabetes	8%	13%	8%
Adults with Diabetes	12%*	8%[26]	8%
Adults with High Cholesterol	33%	39%	30%
Adults with Hypertension	33%	32%	31%
Risk Factors and Behaviors[27,28,29,30,31]			
Indicators	**Caledonia County**	**Essex County**	**Vermont**
Adults with Poor Sleep[32]	61%	62%	61%
Life Expectancy in years	77.5	78.3	79.2
Adults with Fair or Poor Health[33]	17%	23%	13%
Persons with a disability (Disability includes anyone who reports having serious difficulty walking or climbing stairs, concentrating or making decisions, hearing, seeing, dressing or bathing, or who, because of a	30%	29%	26%

[24] Vermont Behavioral Risk Factor Surveillance System Report, 2022: VDH https://www.healthvermont.gov/sites/default/files/document/HSI-BRFSS-2022-DataSummary.pdf

[25] 2021 Vermont Behavioral Risk Factor Surveillance System Report https://www.healthvermont.gov/sites/default/files/2023-02/HSI-BRFSS-2021-DataSummary.pdf

[26] 2021 Vermont Behavioral Risk Factor Surveillance System Report https://www.healthvermont.gov/sites/default/files/2023-02/HSI-BRFSS-2021-DataSummary.pdf

[27] Vermont Behavioral Risk Factor Surveillance System Report, 2021: https://www.healthvermont.gov/sites/default/files/2023-02/HSI-BRFSS-2021-DataSummary.pdf

[28] County Health Rankings, 2024: https://www.countyhealthrankings.org/health-data/compare-counties?compareCounties=50005%2C50009%2C50000&year=2024

[29] VDH Monthly Opioid Morbidity and Mortality Report, August 2024: https://www.healthvermont.gov/sites/default/files/document/dsu-monthly-opioid-report.pdf

[30] County Health Rankings, 2023: https://www.countyhealthrankings.org/health-data/compare-counties?compareCounties=50005%2C50009%2C50000&year=2023

[31] Vermont Behavioral Risk Factor Surveillance System Report, 2022: VDH https://www.healthvermont.gov/sites/default/files/document/HSI-BRFSS-2022-DataSummary.pdf

[32] Vermont Behavioral Risk Factor Surveillance System Report, 2022: VDH https://www.healthvermont.gov/sites/default/files/document/HSI-BRFSS-2022-DataSummary.pdf

[33] Vermont Behavioral Risk Factor Surveillance System Report, 2022: VDH https://www.healthvermont.gov/sites/default/files/document/HSI-BRFSS-2022-DataSummary.pdf

physical, mental, or emotional condition has difficulty doing errands alone)[34]			
Adults with poor physical health[35] (self-reported- defined as 14+ days in the last 30)	11%	20%	11%
Adults with poor mental health (self-reported- defined as 14+ days in the last 30)	16%	18%	16%
Adults 20+ who have Obesity[36]	28%	45%	29%
Adults 20+ who are Overweight[37]	36%	27%	34%
Adults with No Leisure Time Physical Activity[38]	22%	24%	19%
Access to Exercise Opportunities	61%	32%	71%
Sexually Transmitted Infections (# of newly diagnosed chlamydia cases per 100,000)	210.0	243.4	179.0
Injury Deaths (# of deaths per 100,000)	118	124	96
Firearm Fatalities	17	-	12
Motor Vehicle Crash Deaths	9	23	10

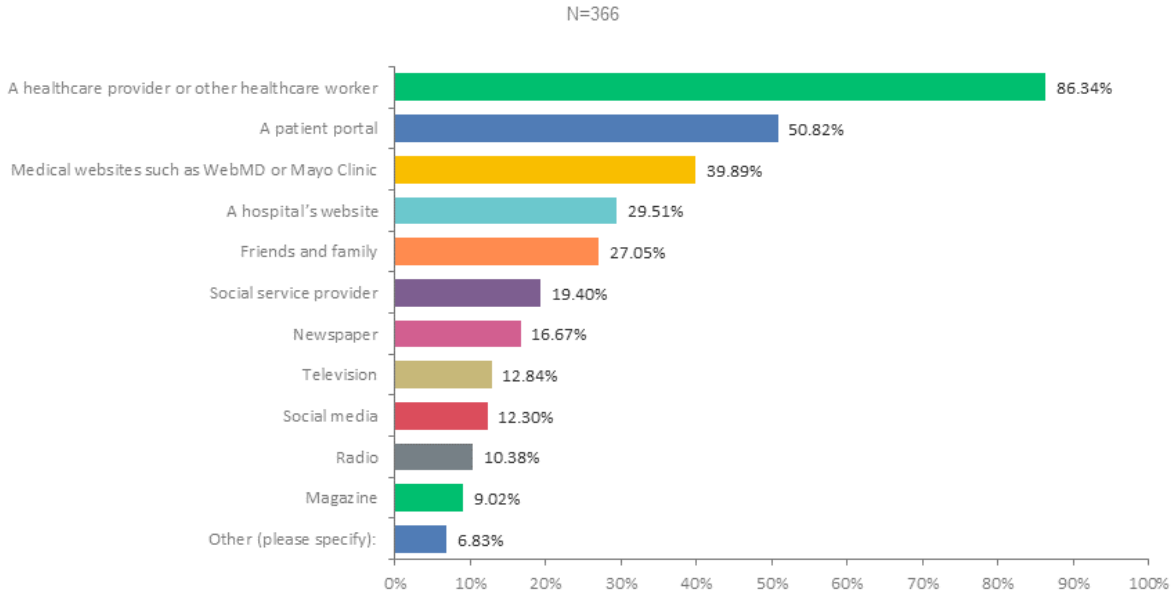
- **Community Input:**

Community Survey Data

Survey participants were asked to indicate the sources in which they prefer to receive health-related information, and shared the following:

[34] Vermont Behavioral Risk Factor Surveillance System Report, 2022: VDH https://www.healthvermont.gov/sites/default/files/document/HSI-BRFSS-2022-DataSummary.pdf
[35] Vermont Behavioral Risk Factor Surveillance System Report, 2022: VDH https://www.healthvermont.gov/sites/default/files/document/HSI-BRFSS-2022-DataSummary.pdf
[36] Vermont Behavioral Risk Factor Surveillance System Report, 2022: VDH https://www.healthvermont.gov/sites/default/files/document/HSI-BRFSS-2022-DataSummary.pdf
[37] Vermont Behavioral Risk Factor Surveillance System Report, 2022: VDH https://www.healthvermont.gov/sites/default/files/document/HSI-BRFSS-2022-DataSummary.pdf
[38] Vermont Behavioral Risk Factor Surveillance System Report, 2022: VDH https://www.healthvermont.gov/sites/default/files/document/HSI-BRFSS-2022-DataSummary.pdf

Which of the following sources do you prefer to receive health-related information (check all that apply):



Of the nearly 7% who noted "Other," they indicated: Veterans Administration (VA); research, internet more generally; home health providers, items received via mail; periodicals and journals; AARP communication; patient portals; family and peers with lived experience; and alternative/holistic health providers.

As chronic disease preventative opportunities, survey respondents indicated a need for organized groups with leaders, especially for older adults, who can teach and/or facilitate healthy activities, such as hiking, kayaking, cross country skiing, learning gardening skills, and other areas of interest.

Health Need Priority 4: Social Determinants of Health

- **Trends and Observations:**

Social Determinants of Health

- **Income and Poverty**: The NEK has one of the lowest median incomes in Vermont, with a higher percentage of residents living below the poverty line. Economic stability is a key factor influencing health outcomes, as lower-income residents may have difficulty affording healthcare, nutritious food, housing, or transportation to medical appointments. One's socioeconomic status affects where they live, their occupations, the food they can access, the schools they attend, as well as how, where, and if they connect socially.
- **Education and Health Literacy**: Lower education levels observed in the region correlate with lower health literacy, which can impact one's ability to manage chronic diseases, seek preventative care, and engage in healthy behaviors.
- **Food Insecurity**: Parts of Essex County are considered food deserts, where residents have limited access to fresh, healthy food. This contributes to poor nutrition, higher obesity rates, and related health problems.

Table 6: Social and Economic Factors

Social & Economic Factors[39]			
Indicators	**Caledonia County**	**Essex County**	**Vermont**
High School Completion	94%	89%	94%
Some College	65%	52%	71%
Bachelor's Degree or Higher[40]	30.9%	19.9%	40.9%
Unemployment	3.1%	4.0%	2.6%
Child Care Cost Burden	36%	47%	39%
Severe Housing Cost Burden (% of households that spend 50% or more of their household income on housing)	13%	13%	14%
Homeownership	77%	84%	73%
Children Eligible for Free or Reduced Price Lunch	39%	44%	34%
Median Household Income	$62,964	$55,247	$74,014
Persons in Poverty	12.5%	14.4%	10.4%
Children in Poverty	14%	17%	11%
Food Insecurity	10%	12%	9%

[39] County Health Rankings 2024: https://www.countyhealthrankings.org/health-data/compare-counties?compareCounties=50005%2C50009&year=2024

[40] US Census, July 2023: https://www.census.gov/quickfacts/fact/table/VT,essexcountyvermont,caledoniacountyvermont,US/PST045222

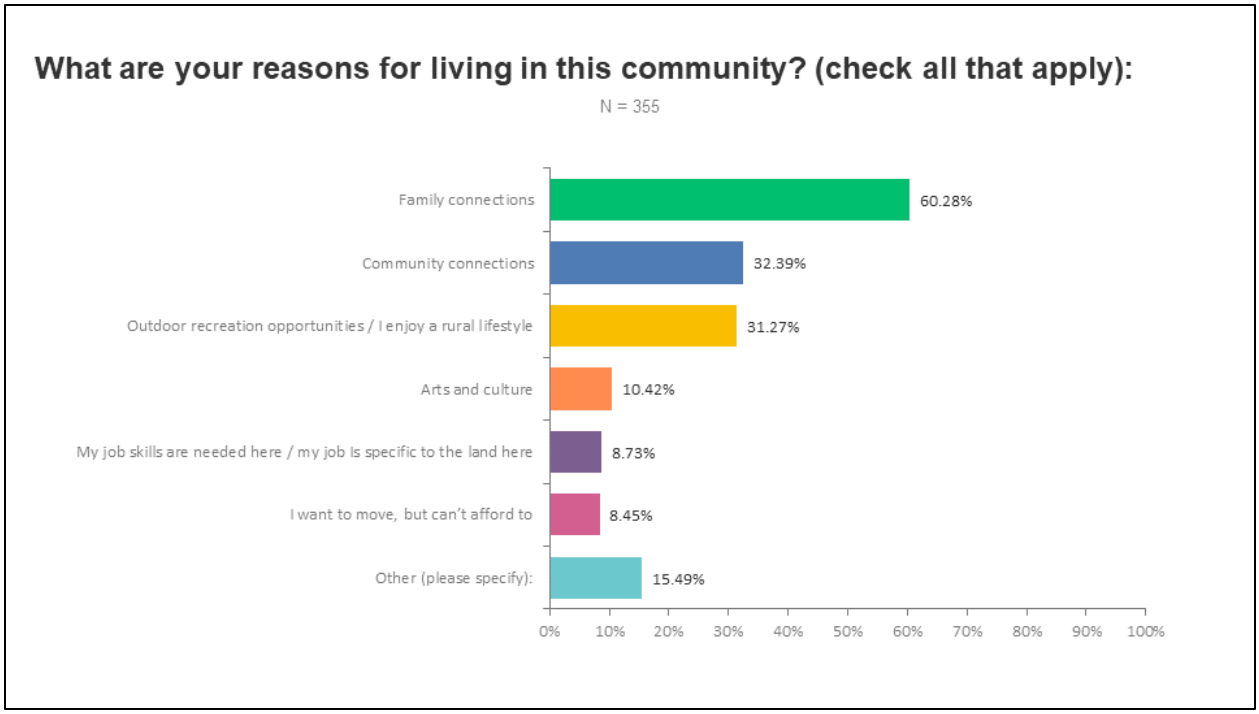
Limited Access to Healthy Foods	11.2%	17.2%	10.4%
Food Environment Index (measures food insecurity and access that contribute to a healthy food environment, from 0 (worst) to 10 (best))[1]	8.4	7.3	8.9
Children in Single-Parent Households	21%	25%	21%
Adults Rarely or Never Getting the Social and Emotional Support they Need[41]	9%	16%	8%
Broadband Access	83%	81%	86%

- **Community Input:**

Survey respondents were asked what their reasons were for living in the community, which was primarily identified as family connections, but also ranked highly were community connections and outdoor recreation/rural lifestyle. Other reasons provided include: that this is their home; they love it here; ended up here; were born and raised here; less crime; staying with someone here; desire to move, but limited options; affordability/cost of living; work-related; education system; peace of mind; faith community; and weather. Over 8% indicated a desire to move, but could not afford to.

"Cost of living in Vermont and taxable income laws are making me look at selling and moving to another state. There is little to no affordable housing for seniors, little to no choice in rural transportation, medical insurance and prescription costs continue to be out of control… Young people can't afford to live here and raise a family. Affordable childcare is a pipe dream for many. Vermonters are aging! How do we get young population to want to be here and afford to be here?" – Community Survey Respondent

[41] Vermont Behavioral Risk Factor Surveillance System Report, 2022: VDH https://www.healthvermont.gov/sites/default/files/document/HSI-BRFSS-2022-DataSummary.pdf



Focus group participants were asked if they felt the NEK is a good place for young adults, and they shared reactions. The general consensus from the group is that young people need more to do, with some thought that more activity might help prevent substance use. There was also some concern over isolation of youth, partially related to technology use, though opinions on what healthy or unhealthy technology use looked like varied among participants.

Food Access

Focus Group Data

Older adult focus group attendees shared challenges related to healthy food access. They indicated having to stretch their food budget, meaning less food is available. They also cited transportation barriers to access healthy food, as well as the dismal selection at some stores that are accessible to them, with some fresh items rotting quickly. Additionally, attendees shared the stigma involved with receiving help or support from food pantries and other resources, especially for older generations. Low-income attendees cited that access to free food is particularly helpful when stretching household budgets and preventing homelessness.

One focus group attendee expressed her frustration that coupons had become digital and were only available to those who use the online ordering services. She shared that it was unfair for those who don't have access or the ability to use online systems, leaving them to pay full price.

Housing

Community Survey Data

Survey respondents highlighted the struggle to find affordable housing for seniors and moderate-income individuals. There is frustration over the lack of affordable housing and rising costs that are pushing long-time residents out of the state, especially in the NEK. Residents feel overwhelmed by the financial and social challenges they face, with a strong desire for systemic change, local access to preventative and specialty care, affordable housing, and community revitalization.

Focus Group Data

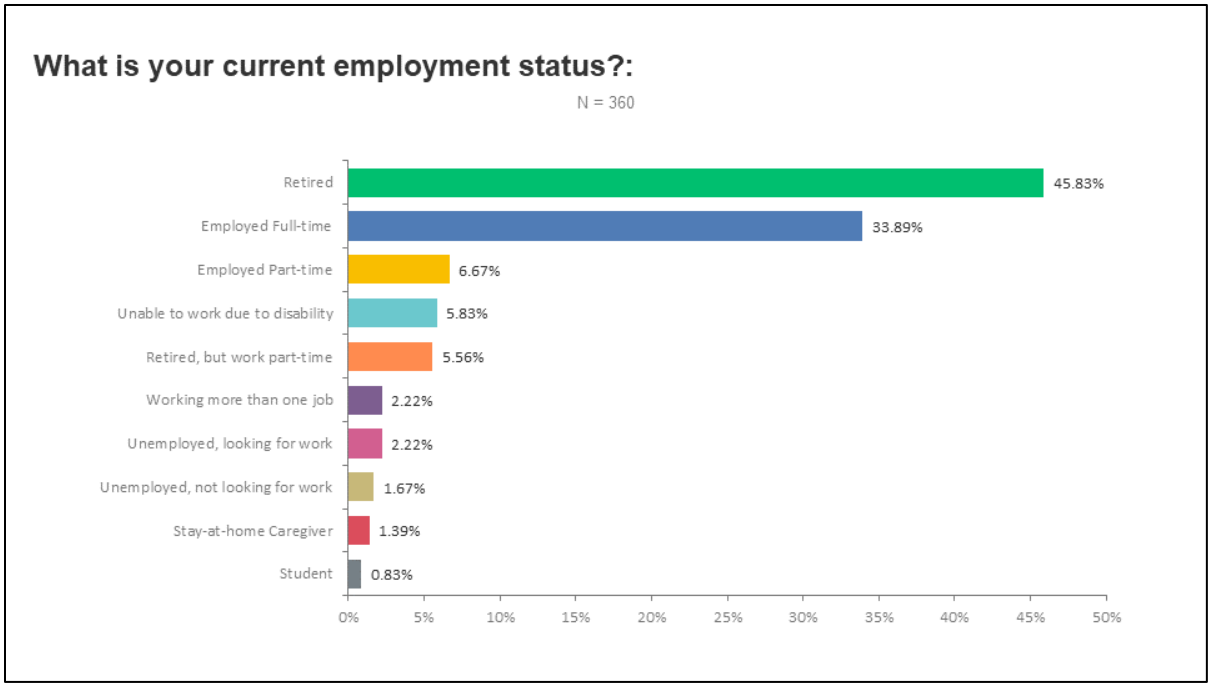
Older adult focus group attendees expressed that they see and hear many older individuals and couples who have a desire to downsize from their larger homes to smaller single-level apartments, or to an independent or assisted living environment. Some of the largest challenges identified were lack of affordable housing and the cost of materials to build or remodel a home to meet individual needs. Also, the wait period for assisted or independent living can be extensive, with some participants sharing wait times of 2 years or greater.

Individuals who were unhoused described challenges with housing to include high rent prices, difficulty finding a place to live, and a lack of "meaningful" jobs. Participants also identified a broad stigma that they experience in which assumptions are made that unhoused people have substance use disorder, and therefore "brought their housing situation on themselves." The group shared that there are various causes of homelessness, including fires and other natural disasters, domestic violence, and difficulty in following some housing guidelines. Participants offered prevention suggestions including more outreach regarding available resources to households with financial difficulty. Lastly, the lack of accessible rental units and experiences of discrimination were both raised as barriers to housing for those with disabilities.

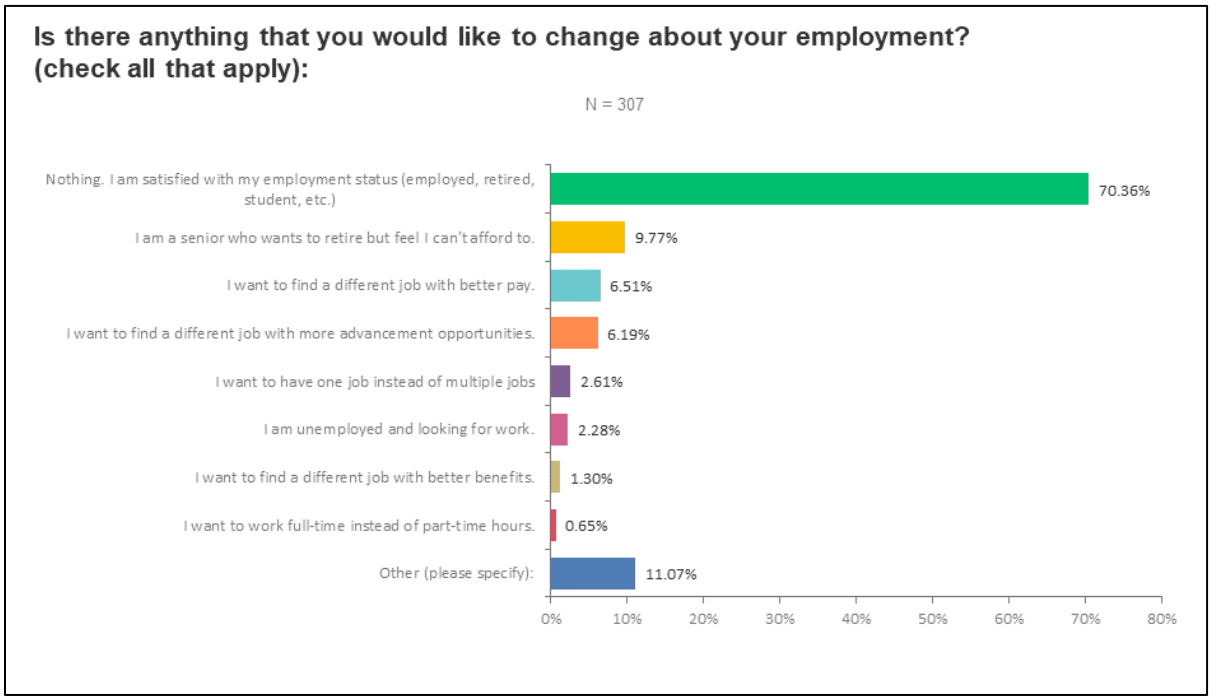
Cost of Living

Community Survey Data

Whereas the majority of survey respondents identified as being 65 and older, the rate of individuals who indicated their employment status as "Retired" is expected. Contrastingly, the rate of individuals who indicated they are "Retired, but work part-time" (5.6%) illuminates cost of living challenges for older adults:



When respondents were asked to indicate if there's anything they would change about their employment, over 70% indicated that they were satisfied with their employment. Nearly 10% indicated that they were a senior and wanted to retire, but couldn't. Others shared their desire for advancement and better pay:



Other responses included: underemployed and want to leverage skills and expertise; current job is ending and need suitable employment; no driver's license; retired, but considering returning to work; need better pay to keep up with the cost of living; closer to home; would like to work, but currently a caregiver; a job where one is valued and respected; fearful to retire due to great insurance benefits; better pay to support family; desire to be a stay-at-home parent, but not feasible; demanding role in a specialized field, but experiencing burnout; desire to move out of Vermont due to cost of living.

Focus Group Data

"You can't be employed up here without a car." - Focus Group Participant

Individuals who were unhoused illustrated other challenges for meeting basic needs, including: transportation and assistance with getting to medical appointments, as well as transportation on weekends get to appointments, work, to access groceries, etc. Pro bono legal assistance was also mentioned. Extensive processing times associated with some benefits could also reduce the prevalence of homelessness and remove barriers to stability.

Focus group attendees who are low-income noted there are good jobs in the NEK, which they defined as having benefits, able to cover food, housing, and clothing costs. The group did share the challenges related to living costs and barriers to employment posed by criminal records. Participants suggested that schools should prepare youth for the workforce. Participants agreed that more community recreational activities and opportunities, and/or better advertising of the activities, might help encourage others to stay in the NEK. There were concerns around the availability of and quality of available childcare. The need for more assisted living facilities and nursing homes, as well as better pay for staff for these facilities to improve working and living conditions, were also discussed.

Supports with completing forms, obtaining transportation, and financial support for housing (e.g. back rent) were identified as homelessness prevention possibilities.

Priority Criteria

The purpose of our community health needs assessment is to identify initiatives at the individual, community, environmental, and policy level, as well as programs and services that meet our mission to improve the health and wellbeing of all in the communities we serve.

NVRH has a long-standing commitment to holistic approaches to wellness, recognizing the critical integration of social care into healthcare. Research tells us that healthcare alone plays a surprisingly small role in overall health – estimated around 20%. Social determinants of health, like income, education, affordable housing, and access to healthy food, coupled with access to medical care and mental health services all play a role. As a hospital, we cannot do this alone.

The leading criterion for priority setting for our work is the ability to collaborate with our community partners and capitalize on our many community resources and assets. As illustrated in prior CHNAs, we will prioritize solutions that:

- Maximize the unique expertise and resources of NVRH
- Have the greatest impact on our most vulnerable populations
- Have results that are enhanced by working with our community partners
- Have potential for short-term impact on community health
- Reduce the long-term cost of healthcare to the community
- Are tested/proven approaches to community health improvement
- Continue to be important to people who live in our communities

Further, priority selection includes areas where the region is worse than the benchmark measure, identified by the community, feasible to address, and will impact health disparities.

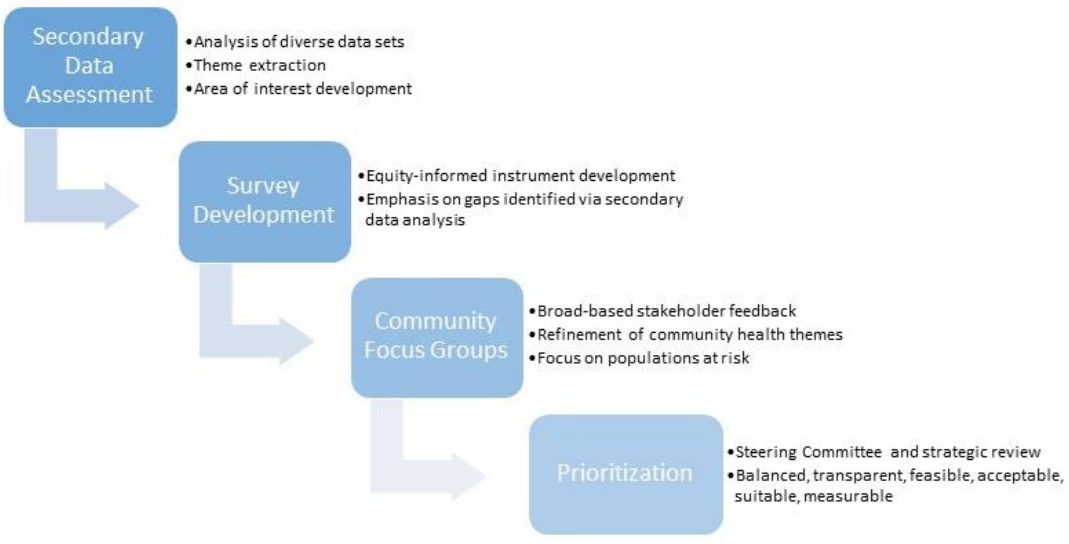


Figure: Health need identification and prioritization approach

Community Assets: Partners and Resources

Healthcare and Complimentary Health
• Northern Counties Health Care: Caledonia Home Health and Hospice and Federally Qualified Health Centers • Emergency: CALEX Ambulance Service; Danville Rescue; Lyndon Rescue, Inc. • Long-term Care: St. Johnsbury Health and Rehabilitation; The Pines: Canterbury Inn; private care providers • Dentists • Eye Care • Chiropractors • Complimentary and naturopathic providers • Dartmouth Cancer Center
Human Services
• Vermont Department of Health • Vermont Department of Economic Services • Vermont Vocational Rehabilitation • Vermont Department of Corrections • Vermont State Police • Local and County Law Enforcement • Northeast Kingdom Community Action (NEKCA) • H.O.P.E. • Umbrella, Inc. • Northeast Kingdom Youth Services • Neighbors in Action • St. Johnsbury Community Restorative Justice • Vermont Legal Aid
Mental Health and Substance Misuse Disorders
• Northeast Kingdom Human Services • BAART Programs • Kingdom Recovery Center • Vermont CARES • Drug Abuse Resistance Team (DART) NEK • Transitional Housing: Covered Bridge, Aries House • Northeast Prevention Coalition • Private therapists • Survivors of Suicide Loss • Walking in Hope • Narcotics Anonymous • Bereavement Support Group
Older Adults
• Northeast Kingdom Council on Aging • Riverside Life Enrichment • Good Living Senior Center
Economic Development
• Northeastern Vermont Development Association (NVDA)

- Northeast Kingdom Collaborative
- Banks: Passumpsic Savings Bank; Community National Bank; Union Bank
- Credit Union: EastRise Credit Union, Northern Lights Federal Credit Union
- Do North Coworking
- Green Mountain United Way
- Chambers of Commerce and their Members: NEK Chamber of Commerce; St. Johnsbury; Lyndon; Burke
- Towns and Villages in the Service Area
- Businesses; retail; food and lodging; manufacturing; logging; professional services; trade services

Schools

- Public schools: St. Johnsbury Supervisory Union; Caledonia Central Supervisory Union; Kingdom East Supervisory Union; Essex Caledonia Supervisory Union
- St. Johnsbury Academy
- Lyndon Institute
- Burke Mountain Academy
- Cornerstone and Arlington Schools
- LEARN
- Thaddeus Stevens School
- Riverside School
- Good Shepherd School
- Caledonia Christian School
- Colleges: Vermont State University- Lyndon; Springfield College; Community College of Vermont
- Home school providers
- Pre-school programs and centers (including childcare centers)

Food Cycle

- Vermont Food Bank
- Farmers Markets: St. Johnsbury, Lyndon, Danville, Peacham, Burke
- Food shelves: Kingdom Community Services; Neighbors Helping Neighbors; Sheffield Community; Faith in Action; HOPE
- Center for Agriculture Economy
- Local farmers
- Local food producers
- Northeast Kingdom Waste Management District and Town Recycling Centers
- Local grocery stores and convenient stores
- Local restaurants
- Mustard Seed Soup Kitchen

Spiritual

- Churches
- Beth El Synagogue
- Heart Space Healing Arts Collective
- Karme Choling Shambhala Meditation Center
- Milarepa Center

Housing

- RuralEdge

- Transitional Housing: Covered Bridge, Aries House
- Realtors
- Heat Squad
- Shelter at Moose River
- Private landlords, Realtors

Arts and Humanities

- Catamount Arts
- Fairbanks Museum
- Libraries: St. Johnsbury Athenaeum; Cobleigh Library; Pope Memorial Library; Concord Public Library; West Burke Public Library; Peacham Library; East Burke Community Library
- Historical: St. Johnsbury History and Heritage Center; Barnet Historical Society; Burke Historical Society; Concord Historical Society; Danville Historical Society; Lyndon Historical Society; Peacham Historical Society; Sheffield Historical Society; Ben's Mill
- Kingdom County Productions
- Burklyn Arts Council
- St. Johnsbury Athenaeum
- Town Bands: St. Johnsbury, Danville, Lyndon
- Northeast Kingdom Artisans Guild
- Northeast Kingdom Classical Series
- Vermont Children's Theater

Physically Activity

- Locally Operated Fitness Centers; Yoga; Pilates; Gymnastics and Dance; Martial Arts
- Kingdom Trails
- Burke Mountain
- Lyndon Outing Club
- Youth Sports Programs: Lyndon; St. Johnsbury
- Powers Park
- Kiwanis Pool
- Fenton Chester Ice Arena
- Golf Courses: St. Johnsbury County Club; Kirby County Club
- Lamoille Valley Rail Trail
- Paths Around Lyndon
- Caledonia Trail Collaborative
- Town Forests
- Parks and Playgrounds

Waterways for Recreation

- Lakes: Joe's Pond; Harvey's Lake; Shadow Lake – Concord
- Rivers: Passumpsic; Moose; Connecticut
- Ponds

Other Local or Regional Resources and Attractions

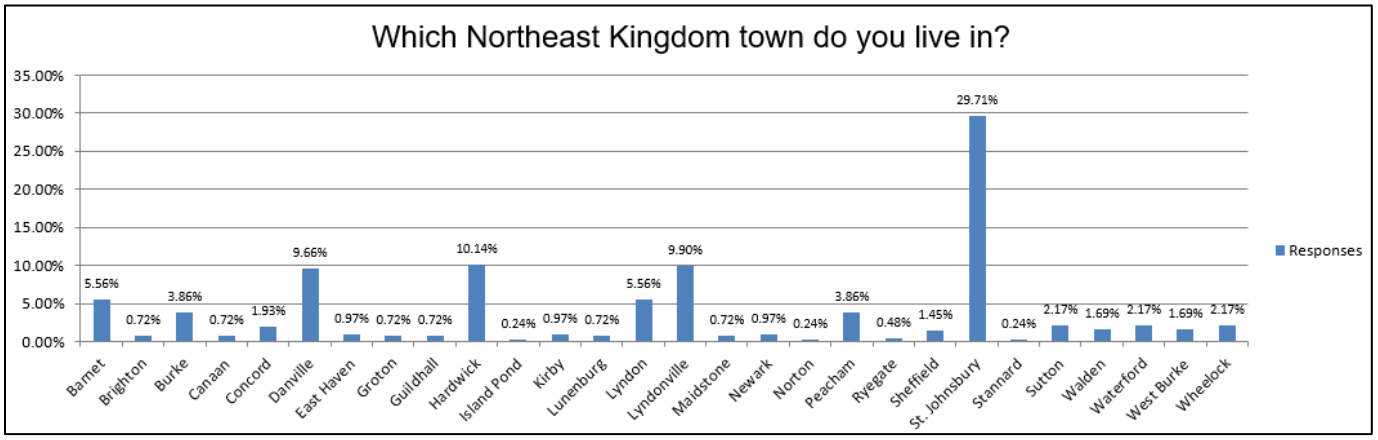
- Dog Mountain
- Sugar Ridge Campground and Mini Golf
- Corn Maze

Media

- The Caledonian Record
- North Star Monthly

- Northland Journal
- Vermont Broadcasting Associates: WSTJ, WKHX, WGMT
- The Point 95.7
- Kingdom Access TV

Appendix A: Survey Respondent Demographics



Are you a Veteran?:

- Yes – 7%
- No – 93%

Have you or someone in your family ever been justice-involved?:

- Yes – 16%
- No – 84%

Are you Hispanic or Latino?:

- Yes – 1%
- No – 96%
- Prefer not to say: 3%

How would you describe your race? (check all that apply):

- African American or Black - 0.28%
- American Indian or Alaska Native - 0.84%
- Asian or Asian American – 0.28%
- Middle Eastern or North African – 0.28%
- Native Hawaiian or Pacific Islander – 0.0%
- White – 94.15%
- Prefer not to say – 5.01%

How would you describe your gender?:

- Woman- 74.86%
- Man - 22.38%
- Non-binary - 0.83%
- Agender - 0.28%
- Gender fluid - 0.28%
- Gender queer/non-conforming - 0.28%
- Transgender - 0.28%
- Prefer not to say - 1.93%

How would you describe your sexual orientation? (check all that apply):

- Asexual - 3.19%
- Bisexual - 6.09%
- Gay - 1.45%
- Heterosexual / straight - 73.62%
- Lesbian - 1.74%
- Pansexual - 0.58%
- Queer - 1.45%
- Questioning - 0.29%
- Prefer not to say - 11.01%
- My sexual orientation is best described as (please specify): 2.90%
    - Open-ended responses were omitted due to lack of relevance

In what language do you prefer to receive services?:

- English – 100%
- French – 0.55%
- Spanish – 0.00%

How many people live in your household, including yourself?:

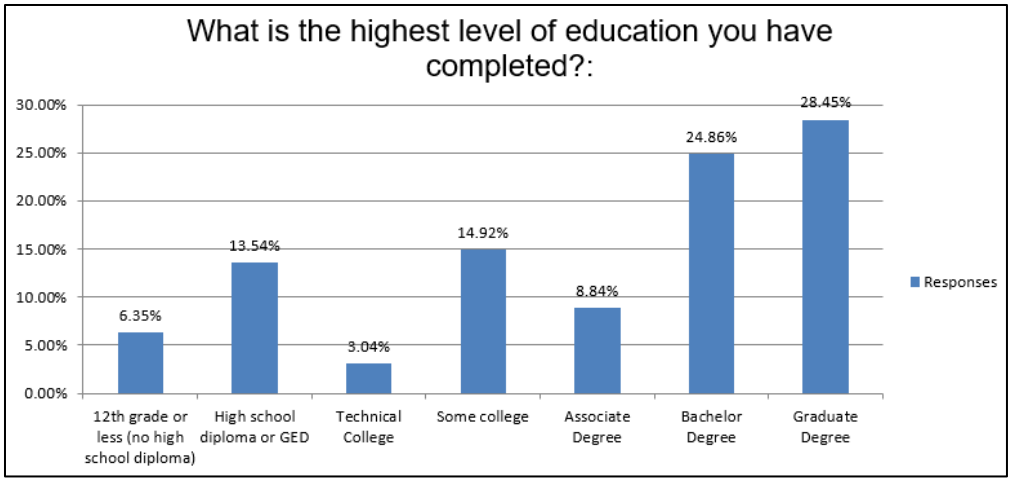
- 1: 27.7%
- 2-3: 55.12%
- 4-5: 14.96%
- 6-7: 1.94%
- 8-9: 0.28%
- 10 or more: 0.00%

About how much is your household income each year? (A household is a group of people sharing a home and household income is the combined income of all in that group.)

- Less than $15,000: 10.61%
- $15,000 - $34,999: 17.60%
- $35,000 - $54,999: 14.80%
- $55,000 - $74,999: 13.69%
- $75,000 - $99,999: 12.85%
- $100,000 - $124,999: 6.42%
- $125,000 and above: 9.78%
- Prefer not to say: 14.25%

Which age group are you in?:

- 18 - 24 years: 0.28%
- 25 - 34 years: 6.93%
- 35 - 44 years: 8.86%
- 45 - 54 years: 12.74%
- 55 - 64 years: 13.57%
- 65 - 74 years: 24.93%
- More than 75: 31.86%
- I'd rather not share: 0.83%


What is the highest level of education you have completed?:
30.00%
25.00%
20.00%
15.00%
10.00%
5.00%
0.00%
6.35%
13.54%
3.04%
14.92%
8.84%
24.86%
28.45%
12th grade or less (no high school diploma)
High school diploma or GED
Technical College
Some college
Associate Degree
Bachelor Degree
Graduate Degree
Responses



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