Northeast Kingdom
Community Health Needs Assessment
2024

Developed by the Northeast Kingdom Coordinated Community Health Needs Assessment Steering Committee

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Northeast Kingdom Coordinated Community Health Needs Assessment

Executive Summary

In January 2024, the Northeast Kingdom (NEK) Coordinated Community Health Needs Assessment (CHNA) Steering Committee was established to lead the region's first collaborative CHNA process. This initiative brought together seven key organizations—Northeast Kingdom Human Services, Northeast Vermont Regional Hospital, North Country Hospital, Northern Counties Health Care, Northeast Kingdom Community Action, Northeast Kingdom Council on Aging, and the Vermont Department of Health—to assess and address the health needs of NEK residents through a unified, data-driven, and community-centered approach.

Between February and September 2024, the Steering Committee conducted a comprehensive assessment that integrated secondary data analysis, a regional community survey, and targeted focus groups. The process was guided by a mission to collaboratively identify health priorities, engage communities through inclusive practices, and lay the foundation for collective action to improve health outcomes, particularly for populations experiencing health inequities.

The CHNA focused on five priority populations aligned with the 2024 Vermont State Health Assessment: older adults, low-income individuals, LGBTQ+ individuals, Black, Indigenous, and People of Color (BIPOC), and people living with disabilities. Secondary data sources (Appendix D) included state and national health surveillance systems, EMR data, and public health reports. These findings informed the design of a regional community survey, which received 602 responses, and seven focus groups conducted across the NEK to deepen understanding of local health challenges.

Key themes emerged across data sources, highlighting the following **2024 NEK health priority areas**:

- Mental Health
- Social Determinants of Health
- Chronic Disease Morbidity and Mortality
- Substance and Alcohol Use

This CHNA represents a significant step toward regional alignment, shared accountability, and equitable health improvement. The findings will inform strategic planning and public health initiatives over the next three years, ensuring that the voices and needs of NEK residents remain at the center of health system transformation.

Collaborative Process Approach

The Northeast Kingdom (NEK) Coordinated Community Health Needs Assessment Steering Committee was formed in January 2024 and led this inaugural CHNA approach. The participating member organizations include Northeast Kingdom Human Services, Northeast Vermont Regional Hospital, North Country Hospital, Northern Counties Health Care, Northeast Kingdom Community Action, Northeast Kingdom Council on Aging, and the Vermont Department of Health. Between February and May, an extensive analysis of secondary data took place. The final data analysis and development of the health service area (HSA)--level report, occurred between August and September 2024.

Integrated into this report are the key findings from the 2024 Community Health Needs Assessment (CHNA), including the community survey and focus group summaries, as well as secondary data sources, all of which will inform strategies for the next three years.

The CHNA community survey examined the following areas: community health and social needs, personal health, health care (including mental, physical, and dental), support service needs, and demographics. Focus groups enhanced our understanding of the survey findings. This approach aims to provide a meaningful understanding of health needs from a community perspective while also aligning with the context of state and national surveillance data.

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 Community Health Needs Assessment (CHNA) aims to utilize data and community engagement to enhance the health and well-being of all NEK residents, particularly those experiencing health inequities. By working together, we foster collaboration and collective action, which in turn helps avoid 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 achieve the following:

- Create shared CHNA reports with identified priorities
- Engage and activate communities by building trust and practicing principles of inclusion and equity
- 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 participating organizations in the NEK Coordinated CHNA. 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 (see Appendix A for Committee Members).

Data Collection Methodology:

Secondary Data Analysis began 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 by identifying priority populations and key health indicators. The Data Subcommittee reviewed and discussed findings from the secondary data and referenced the State Health Assessment approach to determine health needs to be explored in more detail, with primary data collection approaches. Priority populations of focus align with those identified for the 2024 Vermont State Health Assessment:

- Older adults
- Low-income individuals
- LGBTQ+
- Black, Indigenous, People of Color
- People living with a disability

Secondary data analysis occurred between February and April to include national and state sources which primarily include the following: 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 aggregated Electronic Medical Record (EMR) data via Power BI dashboards.

Community Survey

Findings from secondary data analysis guided primary data collection. The Data Committee utilized community surveys from various regions, including collaboration with Dartmouth Health in New Hampshire, the Maine Shared Community Health Needs Assessment, and previous assessments conducted by Steering Committee member organizations. A coordinated community survey met the compliance requirements of all member organizations, resulting in 602 responses to the Regional CHNA survey.

The Community Engagement Committee, composed of communications and marketing staff from each organization, developed a regional communication plan and outreach strategy to ensure inclusive representation of priority and vulnerable populations across the diverse Northeast Kingdom (NEK) region. Input from community members through NEK Prosper! Network and established culturally competent practices from partner organizations informed this strategy.

Participation in the survey was designed for individuals aged 18 and older who live, work, or spend significant time in the Northeast Kingdom. Promotion for the online survey link included local newspapers, Front Porch Forum, and organizations' newsletters, as well as on their social media. It was available on paper in the lobbies of participating organizations, as well as at tabling events in the community. A Spanish version of the survey was available, and three Steering Committee organizations offered staff support for survey completion, along with Language Line services for non-English speakers. Participants could skip questions, so counts and percentages only represent those who completed the question. See Appendix B for the breakdown of survey respondents' demographics. It is essential to note that the survey respondent demographics do not align with the demographics of the NEK. For comparison, 75% of survey respondents identify as a woman (49.5% women in the NEK), 57% are over the age of 65 (25.3% in the NEK, 53% have a bachelor's degree or higher (27.2% in NEK), only 5% live in Essex County (9% of NEK residents live in Essex County).

Focus Groups

To inform focus group needs, the Data Committee conducted a thorough inventory of recent focus groups—defined as those conducted within the last year—to identify gaps and needs as part of this process. The Data Committee, based on 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. Seven focus groups were completed during August and September 2024, including:

Target Audience	# of participants	Location
Older Adults	5	Good Living Senior Center St. Johnsbury, VT
Older Adults	6	Gilman Senior Center Gilman, VT
Low-income/Unhoused Individuals	6	Shelter at Moose River, Northeast Kingdom Community Action
Low-income Individuals	3	Northeast Kingdom Community Action, 115 Lincoln St., St. Johnsbury, VT
Consumers of disability services	7	Northeast Kingdom Human Services St. Johnsbury and Derby, VT
Consumers of Mental Health and Substance Use Treatment Services	5	Northeast Kingdom Human Services St. Johnsbury, VT
Parents who have children in youth and family services	5	Northeast Kingdom Human Services St. Johnsbury, VT

2024 Health Needs Priority Area

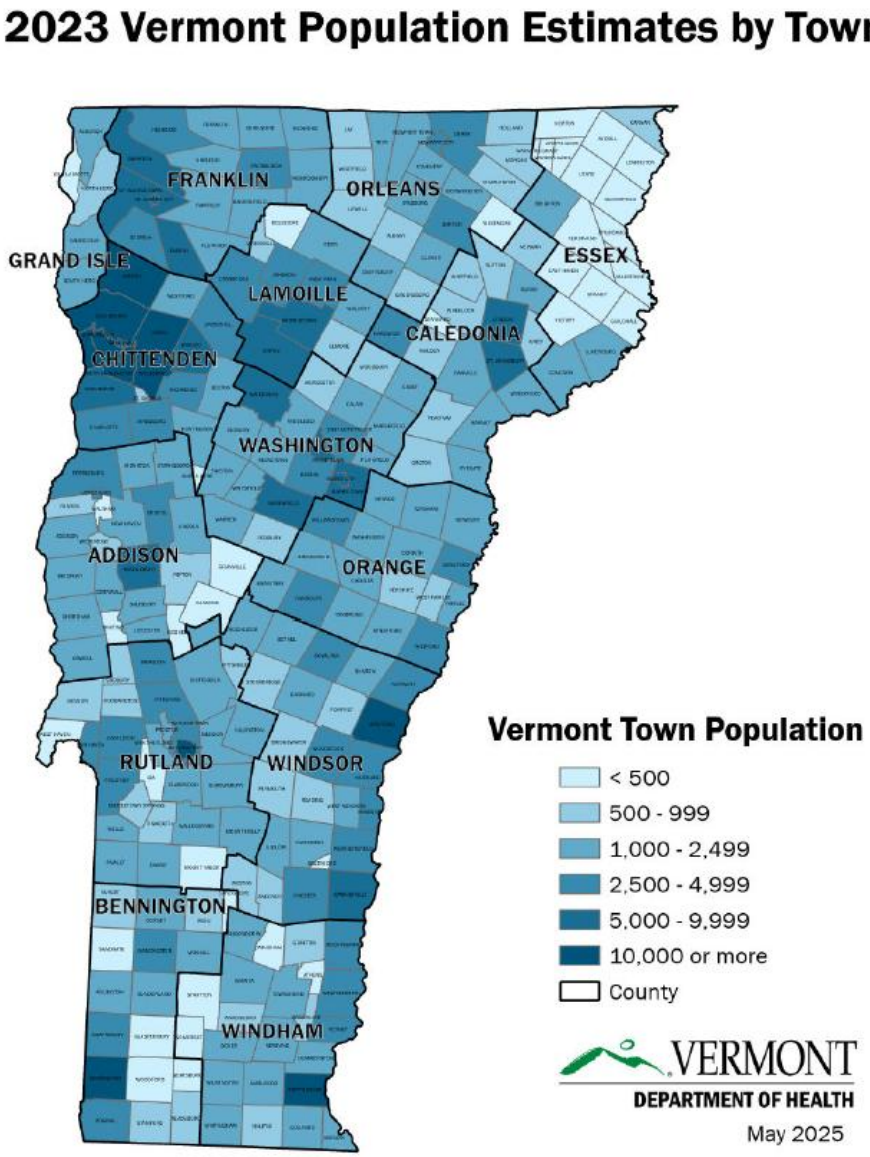
Based on primary data collection and secondary data analysis, the following have been identified as the priority areas for the 2024 NEK Coordinated Community Health Needs Assessment:

- Mental Health
- Social Determinants of Health
- Chronic Disease Morbidity and Mortality
- Substance and Alcohol Use

Northeast Kingdom Overview

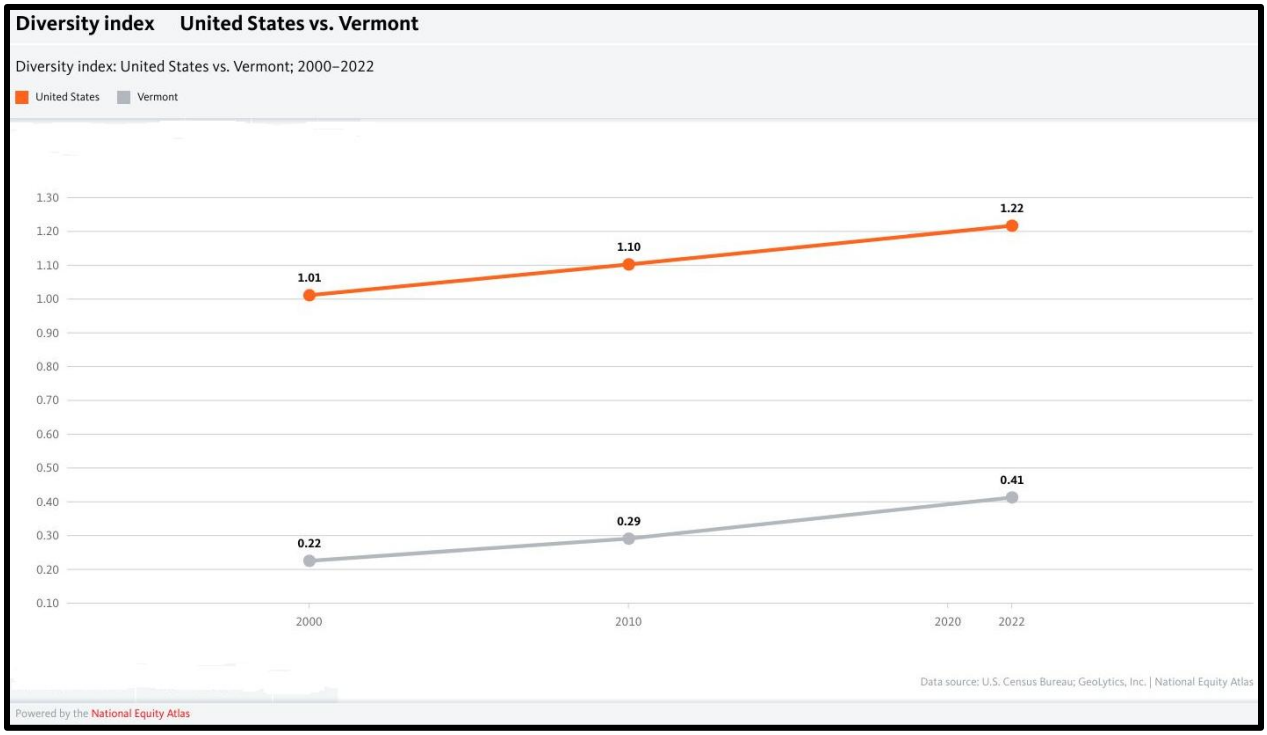
Community partners represented within this regional needs assessment serve the population of the Northeast Kingdom (NEK) of Vermont. This region encompasses three of the state's fourteen counties: Caledonia, Essex, and Orleans, as shown on the map below. This area is extremely rural, with a total population of 63,874 residing in 55 towns, of which 31 (56%) have fewer than 1,300 residents. The population per square mile is 46.6 in Caledonia, 39.3 in Orleans and 8.9 in Essex County, compared to 69.8 for the state of Vermont (Vermont Department of Health, 2023).

The three-county area borders the Eastern Townships of Quebec to the north and the state of New Hampshire to the east, separated by the Connecticut River. Orleans and Caledonia Counties are bisected by Interstate 91, which intersects with the endpoint of Interstate 93. These two north-south arteries are the only major roads in these two counties, while Essex County lacks a direct connection to the interstate system. The three countries have 2,546 miles of roads, of which 60% are dirt. In addition, the harsh winter climate and hilly to mountainous terrain within the Northeast Kingdom present significant geographical and transportation challenges for residents of the region.



Community Demographics

Racial and ethnic diversity in the United States has grown steadily since 2000, with Hawaii, Nevada, Alaska, and California leading all states in terms of the highest diversity index scores. Maine and Vermont lag behind national diversity trends, with current state diversity levels at about one-third of the national average. In 2022, the national diversity score was 1.22 compared with 1.01 in 2000. By comparison, in 2022, Vermont's diversity score was 0.41 compared with 0.22 in 2000. The three counties in the Northeast Kingdom are even less diverse than the state percentages for people identifying as Black or, African American alone or Asian alone.



The diversity index is a measure of the racial/ethnic diversity of residents based on seven major racial/ethnic groups (Asian American, Black, Latinx, Pacific Islander, Mixed/other race, Native American, and White) identified by the census. The maximum diversity score (1.95) would occur if each group were evenly represented in the region. Data for 2010 and 2022 represent five-year averages (e.g., 2018-2022).
Data Source *U.S. Census Bureau; Geolytics, Inc. National Equity Atlas*

Statewide, 5.5% of the population speaks a language other than English, compared with 4.4% in Caledonia, 6.0% in Essex, and 6.0% in Orleans Counties (see Table 1 below). Although service providers strive to provide services in the language that an individual prefers, it is essential to note that limited English proficiency in the rural NEK can create a significant barrier for individuals navigating services across the continuum of care. There is a slightly lower percentage of females living in the NEK than in Vermont as a whole. All three counties have a higher percentage of people aged 65 years and older compared to Vermont (22.1%), with 23.4% in Caledonia County, 28.5% in Essex County, and 23.9% in Orleans County. In Essex County, 88.5% of adults aged 25 and older have earned a high school diploma or equivalent, compared to 91.9% in Orleans County, 93.7% in Caledonia County, and a statewide average of 94.5%. When it comes to higher education, 21.2% of adults in Essex, 28.6% in Orleans, and 31.9% in Caledonia hold a bachelor's degree, all below the state average of 42.6%. Over 12% of Vermont's veteran population resides in the NEK.

The population density in the Northeast Kingdom is significantly lower than the state's population density, with a population per square mile of 8.9 in Essex County, 39.4 in Orleans County, and 46.6 in Caledonia County, compared to 69.8 for the state. Areas with low population density pose significant economic, social, and environmental challenges to communities, such as greater travel distances for obtaining goods and services, less tax revenue for investment into public services and infrastructure, fewer businesses or economic opportunities leading to outmigration of youth and young adults, increasing the age of the population, contributing to the difficulty of attracting and retaining a skilled workforce, fewer opportunities for social interaction contributing to feelings of isolation, and fewer

healthcare providers, making it difficult for residents to access timely and appropriate medical care, particularly specialist care.

Table 1: Demographic Characteristics

Indicator	Vermont	Caledonia	Essex	Orleans
White alone	93.6%	93.7%	94.2%	94.0%
Black or African American alone	1.6%	1.0%	0.7%	1.0%
Asian alone	2.1%	1.2%	0.8%	0.6%
Female	50.4%	49.9%	49.3%	49.4%
Persons Over 65 Years and Above	22.1%	23.4%	28.5%	23.9%
Veterans, Number (2019-2023)	34,076	1,712	526	1,983
Population per SQM (2020)	69.8	46.6	8.9	39.4
Language (% of persons age 5+ years speaking language other than English at home)	5.5%	4.4%	6.0%	6.0%
Data Source: US Census Bureau, 2023				

Table 2: Income, Employment, Education

Indicator	Vermont	Caledonia	Essex	Orleans
Median household income by county	$73,991	$62,964	$55,247	$63,981
% of people in poverty by county	10.4%	11.8%	13.2%	9.8%
Unemployment rate by county	2.3%	2.1%	5%	**5.8%**
% adults 25+ without high school education	5.8%	6.5%	11.1%	8.5%
High school graduate or higher, percent of persons age 25+	94.5%	93.7%	88.5%	91.9%
Bachelor's degree or higher, percent of persons	42.6%	31.9%	21.2%	28.6%
Data Source: ACS Estimates (2022), Vermont DOL, Census Quick Facts (2022) Red = Worse than state; **Bold** = Worse than last measurement				

Priority Area 1: Mental Health

Mental health remains a top priority in the Northeast Kingdom, as well as throughout the state of Vermont. The percentage of individuals who have over 14 days in a month with self-identified poor mental health has increased since the prior year Behavior Risk Factor Surveillance System (BRFSS) in Caledonia County and Essex County at 16% and 18% respectively, with Vermont's prevalence at 16%.

The entire NEK has had an increase in individuals with depressive disorder, and the prevalence in Caledonia and Essex, at 28% and 26%, are above the state's prevalence of 25% of individuals with depressive disorder. Students in grades 9-12 have high rates of sadness, hopelessness, and suicide attempts compared to the state of Vermont. Orleans County and Caledonia County students have a significant rate of death due to self-harm (31.8 and 30.3 per 100,000) compared to other NEK counties and Vermont (22 per 100,000) (see Tables 3 and 4 below).

"I would have liked to connect with a therapist, but the process was overwhelming." – Survey Respondent

The prevalence of mental health and suicide indicators is higher in the NEK compared to the state

Survey respondents noted access to mental health resources is a barrier across the region, with only 28% saying they can get the mental health services they need within the NEK. There are several important population comparisons related to mental health status. Young individuals (age 18-34) were more likely to report "Poor" or "Fair" mental health (15% and 42%) than other age categories, while individuals over 75 were significantly less likely to report "Poor" or "Fair" (<1% and 9%). Veterans were more likely to report "Very Good" or "Excellent" mental health than non-veterans in the past 30 days (41% vs 34% and 31% vs 13%, respectively). Individuals with household incomes <$35,000 were more likely to report their mental health as "Poor" or "Fair" (6% and 23%), whereas incomes >$125,000 were more likely to report their mental health as "Very Good" (53%). Individuals who are unemployed were more likely to report "Poor" or "Fair" mental health than non-unemployed individuals (ex: employed, retired, student) (17% vs 3% and 29% vs 15%, respectively). Finally, those who report not having access to primary care were more likely to report "Poor" or "Fair" mental health versus those who did have access (13% vs 4% "Poor" and 38% vs 16% "Fair"). Topics also arose around transportation to access services, provider shortages, and lack of awareness around services that could be contributing to accessing mental health services. Over 36% of individuals say the ability to get mental health services has gotten worse in the last few years.

"The promised and promoted services are not actually available due to staffing shortages." – Survey Respondent

Less than half (49%) of survey respondents state they feel connected to others in the community

Mental health is influenced by community connectedness, and many focus group respondents noted that living in a rural area makes it challenging to form close connections with the community. Only 49% of survey respondents state that they do feel connected to others in the community, and people who indicated that they do not feel connected to the community were much more likely to report "Poor" or "Fair" mental health. Other focus groups, such as the group of individuals identifying as having intellectual and developmental disabilities, report a strong connection to local organizations and the community through volunteer opportunities and collaborations with the police and fire departments. A theme that emerged is the accessibility of the community, with many individuals stating that it is challenging to participate in community events or

socialize within the community. The lack of social connectedness exacerbates feelings of isolation, a phenomenon that is already more prevalent in the rural NEK region.

Table 3: Mental Health & Suicide Indicators in Adults

Indicator	Vermont	Caledonia	Essex	Orleans
Poor mental health days (14+/30 days where mental health not good)	16%	**16%**	**18%**	14%
Depressive disorder (ever being told that they have depression disorder)	25%	**28%**	**26%**	**24%**
Suicidal thoughts	6%	8%	*	7%
Deaths due to intentional self-harm, age-adjusted rate per 100,000	22	**30.3**	**14**	**31.8**

Data Source: BRFSS (2021-2022), Vital Statistics (2021)

* Sample size is too small

Red = Worse than state; **Bold** = Worse than prior BRFSS and Vital Statistics data

Table 4: Mental Health & Suicide Indicators for Students Grades 9-12

Indicator	Vermont	Caledonia	Essex	Orleans
% of students that engaged in self-harm in the past 12 months	22%	22%	19%	**24%**
% of students who felt sad or hopeless in the past 12 months	30%	30%	26%	**34%**
% of students who made a suicide plan in the past 12 months	14%	13%	**11%**	**14%**
% of students who attempted suicide in the past 12 months	7%	7%	10%*	**9%**

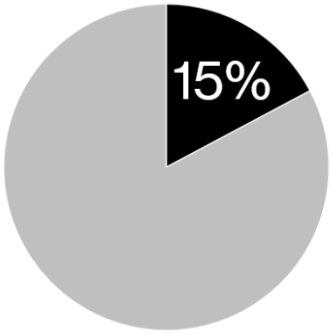
Data Source: 2021 YBRS

*Too few students to report for 2018 comparison

Red = Worse than state; **Bold** = Worse than last YRBS

Focus group participants noted that navigating the referral process for mental health services and the broader healthcare system is primarily the responsibility of consumers. This journey can be challenging, as individuals often find themselves "stuck" at various points because providers across agencies don't always speak to each other. Prolonged wait times for intake and accessing care can lead to consumers

getting lost in the system, which is particularly daunting for those dealing with acute mental health issues.



15% of survey respondents say they or someone close to them sometimes or often missed getting care due to mental health discrimination

Another barrier noted was the frequent changes in providers, which disrupt continuity of care and trust. Many healthcare workers lack the training to handle mental health emergencies effectively, leading to unmet needs. Finding diversity of experience in providers who are a good fit, such as those who are Black, Indigenous, People of Color (BIPOC), male, understand Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Asexual, and more (LGBTQ+) needs, or who offer specific treatment modalities like Eye Movement Desensitization and Reprocessing (EMDR), can be difficult. Travel distances, varied communication preferences, and limited in-patient or housing services pose further challenges to accessing timely and appropriate treatment.

Despite these challenges, several points of strength were noted within the focus groups. Respondents express a strong passion for mental health care for youth in the Northeast Kingdom. They report better outcomes when providers take the time to listen and build relationships and when they have consistent providers who understand their needs and with whom they can build trust.

Stakeholders also identify many challenges within the system of care. Patients are often passed between organizations because they do not meet the criteria for the care provided, exacerbating the issue of an extreme lack of providers amidst increasing demand for mental health and substance use services in the NEK. Existing staff are working at or above capacity, focusing more on "putting out fires" rather than on care coordination, building meaningful connections with clients, and delivering quality care.

Priority Area 2: Social Determinants of Health

The Northeast Kingdom faces significant disparities that impact the quality of physical health and mental well-being. When comparing social determinants of health indicators, such as poverty, food security, employment status, household income, leisure time, and obesity, the NEK fares worse than the state. Across the three counties, educational attainment falls significantly below the state's average. Social associations are drastically lower than the rest of the state due in part to geographic isolation.

The state is facing significant housing shortages, and the available housing is often older and in need of repairs. Only 16% of survey respondents agree that housing is available in their community. Over the last few years, 76% of respondents say that the ability of people to afford a house has worsened. Based on survey respondents, views on housing seem to correlate with age: individuals in the 35-44 range are significantly more likely to indicate that housing is not available, and those aged 45-54 are more likely to suggest that they are unsure whether housing is available. Those aged 75 and above are much more likely to indicate that housing is available. Those with a college degree and veterans were less likely to disagree with the statement that housing is available.

Only 16% of survey respondents agree that housing is available in the community

"Affordable housing for our aging populations and young adults is in demand." – Survey Respondent

"It's scary, really scary being on the street. It's cold."
– Focus Group Respondent

The affordability of food is a contributing factor to food security, with 69% of survey respondents disagreeing with the statement that healthy food is affordable in their community. Attaining healthy and affordable healthcare has worsened in the last few years, according to 42% of survey respondents, with 38% of respondents saying it has remained about the same. Individuals who are employed full-time were more likely to disagree that "Healthy food is affordable" than those not employed full-time (81% vs 64%). Those aged 45-64 were also more likely to disagree with the statement, whereas individuals over 75 were less likely to disagree with it. Focus group participants report that there is a stigma surrounding seeking help to access nutritious food, as well as financial constraints that make it difficult to purchase fresh food.

Over 64% of the NEK population falls below the SNAP threshold of 185% of the Federal Poverty Level

Focus group participants shared the difficulty of finding employment that provides adequate compensation to support a family, as the cost of living is too high. Over 50% of survey respondents also disagreed with the statement that people can get good jobs in the community. However, veterans were less likely to disagree with the statement "People can get good jobs" than non-veterans (31% vs. 53%, respectively). This data correlates with the large housing gap in the community. Participants from an older adults focus group shared the need for senior living communities and pointed out the lack of low-

income housing in the area. The rise in housing prices, as well as the lack of homes to rent, is a contributing factor in the community's rise in homelessness. Participants in a low-income focus group stated that homelessness has become more visible in the Northeast Kingdom over the past few years, and people need help completing forms, applying for financial assistance, and receiving support for back rent. Individuals shared that some people in the community view homelessness as a choice. Focus group participants shared the need for increased outreach in the community to households experiencing financial difficulty, as well as more Section 8 housing and housing assistance.

> "You can't be employed up here without a car."
> – Focus Group Respondent

Physical activity is broadly accessible due to the expansive outdoors in the Northeast Kingdom. Focus group participants shared that physical activity is accessible via schools, wellness centers, and community groups. The focus group of parents who have children in youth and family services stated that there is community involvement that provides recreational activities for children. Participants shared that it is more challenging to participate in physical activity in the winter, especially since the closure of (Indoor Recreation of Orleans County (IROC). Participants from the Northeast Kingdom Human Services developmental services focus group take part in the Special Olympics, group bowling, and other sporting events. This focus group has concerns about safety in the community, which can make them feel unsafe when out for walks unless they are accompanied. Survey respondents share differing perspectives, with 67% agreeing that it is easy to find safe ways to exercise.

Stakeholders highlight the strong sense of community connection in the Northeast Kingdom. Higher-income survey respondents were more likely to agree with "People feel connected" and "People help each other" compared to low-income individuals (household income <$35,000). Support systems for marginalized youth exist, and events fostering community connections take place, as well as connections with local organizations, such as the fire station and police department. There is a desire for more social groups, such as a knitting or crocheting group. Participants stated that there is a need for enhanced communication in the region to promote awareness of community services.

Table 5: Health Status Indicators, including food insecurity (various sources).

Indicator	Vermont	Caledonia	Essex	Orleans
% of adults with a primary health care provider	89%	89%	93%	92%
% of high school students who are obese (BMI >=95th percentile)	14%	13%	15%	**19%**
% of adults age 20+ who are obese (BMI >=30)	27%	28%	**45%**	**36%**
% of adults age 18+ with no leisure time aerobic physical activity	20%	22%	24%	26%
% of adults age 18+ who didn't engage in leisure time physical activity, past 30 days	20%	22%	24%	26%
% of adults who do not eat fruits & vegetables 5+ times/day	77%	81%	76%	76%
Overall food insecurity rate	11.7%	12.8%	**14.5%**	12.7%
Overall below SNAP threshold of 185% of Federal Poverty Level	43%	64%	**80%**	67%
Child food insecurity rate	14.7%	17.1%	**22.7%**	**18.0%**
Child below SNAP threshold of 185% of Federal Poverty Level	56%	55%	**72%**	70%
Average meal cost	$4.34	$4.70	**$4.21**	**$4.21**
Food environmental index (measures food insecurity & access) by county Index refers to a number of factors that contribute to a health food environment, from 0 (worst) to 10 (best)	8.9	8.4	7.3	8

Data Source: BRFSS (2022), YBRS (2021), Feeding America (2022), County Health Rankings (2022)

Red = Worse than state; **Bold** = Worse than last measurement

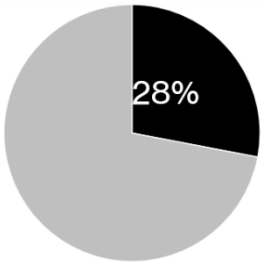
Priority Area 3: Chronic Disease Morbidity and Mortality

Life expectancy in the region tends to be slightly lower than the state average. Higher rates of mortality related to chronic conditions like cardiovascular disease, cancer, and respiratory diseases have been observed.

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. The three counties in the Northeast Kingdom, Caledonia, Essex, and Orleans, have a higher prevalence of deaths due to cardiovascular disease (336.5, 396.4, 464.2 per 100,000) compared to the state of Vermont (316.6 per 100,000). Additionally, more than five in ten adults aged 45-64 in Caledonia (55%) have had a tooth extracted, which is higher than the Vermont average for this age group (42%) and the highest rate in the state. Over 30% of survey respondents reported not having visited a dentist in the past year, and 40% of respondents indicated that they do not currently have dental insurance. Unemployed individuals were much more likely to report not having seen a dentist compared to others (54% vs 25%). Additionally, men were less likely to report having seen a dentist in the past year compared to women (39% vs. 73%), although 34% of men skipped this survey question, compared to only 1% of women.

NEK residents have a significantly higher prevalence of chronic conditions when compared to Vermont as a whole.

Survey respondents who had trouble accessing the support services they needed shared what got in the way of receiving those services. Nearly 25% of respondents stated that the wait time was too long, 22% said that the services were not available in the area, 23% shared that the cost was too high, 23% said that new patients were not being accepted, and 10% said mistrust, fear, and anxiety prevented them from accessing the services they needed. Employed individuals were more likely to disagree with "People can get the dental service they need" (53% vs. 42%), "People can get the mental health services they need" (65% vs. 36%), and "People can get the health services they need" (54% vs. 32%). Heterosexual survey respondents were more likely to agree that "People can get the health services they need" than others (49% vs 37%).



Fewer than 1 in 3 survey respondents said they received all the health and/or supports services they needed

"The waiting time too long. Voicemail and no call back."
– Survey Respondent

"…we just don't have as many doctors and dentists for people or psychiatrists or psychologists. There's just a lack of resources as far as the professionals and access." – Survey Respondent

Preventative care is essential for maintaining good health throughout life. Cancer screening prevalence in the Northeast Kingdom is lower than in the State of Vermont, specifically in Essex County, where late-stage cancer diagnosis is higher compared to the state (see Tables 6, 7, 8, and 9 below).

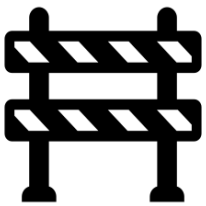
Obesity rates in the region are higher than the state average, contributing to related conditions such as diabetes, hypertension, and heart disease. Efforts to improve nutrition and physical activity have been key community health focuses for Northeastern Vermont Regional Hospital, as well as health promotion and disease prevention efforts through the Accountable Health Community, NEK Prosper!. Despite the abundance of outdoor recreation opportunities in the Northeast Kingdom, a substantial proportion of the population remains physically inactive. Diabetes prevalence is slightly higher than the Vermont average, aligning with obesity rates, more sedentary lifestyles, and less access to exercise opportunities in the region. Smoking rates in the region are also higher than the state average, contributing to respiratory diseases and cancers.

Caledonia and Essex Counties have an aging population. Older residents face increased health challenges, including mobility issues, chronic disease management, and a greater need for other supports and services. The region has a shortage of skilled nursing and assisted living facilities, which are systemic challenges. Only 24% of survey respondents agree that people can access 24-hour in-home care or community nursing care. However, 57% agree that people can receive end-of-life support, and 66% agree that people can receive hospice support.

> "It can be hard to ask for help when it comes to things such as money or food, especially for older generations." – Survey Respondent

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.

Roadblocks to Getting Needed Health and Support Services



25% Wait time too long
23% Cost too much
22% Not available in the area
22% Not accepting new patients
15% No/not enough insurance
10% Had no way to get there
10% Mistrust, fear, anxiety

Focus group respondents shared difficulties with their physical health, noting that numerous barriers prevent people from addressing health issues. There is concern about the lack of human connection, as many people prefer to listen to automated messages rather than speak with a person. There are issues with care coordination and collaboration across multiple providers in the community. Healthcare accessibility is challenging in the NEK due to a lack of reliable transportation, professional shortages, and a lack of personal touch.

Table 6: Chronic Conditions

Indicator	Vermont	Caledonia	Essex	Orleans
% of adults reporting fair or poor general health	13%	17%	23%	14%
% of adults reporting fair or poor physical health	11%	11%	**20%**	12%
% of adults with asthma	13%	12%	**12%**	**13%**
% of adults with hypertension	31%	33%	**32%**	**37%**
% of adults with cardiovascular disease	8%	12%	10%	11%
% of adults with diabetes	8%	12%	*	10%
% of adults with Chronic Obstructive Pulmonary Disease (COPD)	7%	7%	*	12%
% of adults with arthritis	29%	32%	30%	**33%**

Data Source: BRFSS (2021-2022)

*Value suppressed because sample size is too small or relative standard error (RSE) is >30.

Red = Worse than state; **Bold** = Worse than last measurement

Table 7: Mortality

Indicator	Vermont	Caledonia	Essex	Orleans
Deaths due to malignant neoplasms, age-adjusted rate per 100,000	224	285.1	204.3	**261.2**
Deaths due to major cardiovascular disease, age-adjusted rate per 100,000	316.6	336.5	**396.4**	**464.2**
Deaths due to cerebrovascular disease, age-adjusted rate per 100,000	43.4	48.6	**39.4**	48.1

Data Source: 2021 Vital Statistics

Red = Worse than state; **Bold** = Worse than last measurement

Table 8: Cancer Screening Health Status Indicators

Indicator	Vermont	Caledonia	Essex	Orleans
% of women, ages 50-74, who have had a mammogram in the last 2 years	77%	68%	**70%**	**82%**
% of women, ages 21-65, who have had a pap test in the last 3 years	85%	84%	74%	89%
% of adults, ages 50-75, who have been screened for colorectal cancer	71%	73%	70%	71%
% of women, ages 50-74*†	35.2%	18.2%	20.5%	17.9%

Data Source: 2022 & 2024 VT Cancer Data Pages,

*U.S. Census Bureau (2018-2022). Sex by Age American Community Survey 5-year estimates. Retrieved from https://censusreporter.org

Red = Worse than state; **Bold** = Worse than last measurement

Table 9: Cancer Diagnosis Late Stage

Indicator	Vermont	Caledonia	Essex	Orleans
Breast (females, age 50+), rate per 100,000	89	91.5	98.1	69.7
Colorectal (adults, age 50+), rate per 100,000	56.4	50.5	**65.1**	**69.2**
Lung (adults, age 55+), rate per 100,000	135.3	105.2	229.6	159.2

Data Source: 2023 VT Cancer Data Pages

Red = Worse than state; **Bold** = Worse than last measurement

Priority Area 4: Substance Use

Northeast Kingdom residents face many challenges related to substance use conditions. When comparing the substance use data across the state, the counties that encompass the NEK have similar outcomes compared to the state average. Of particular significance, the rate of opioid use in the NEK, specifically Essex and Orleans Counties (50.6 and 43.6 per 100,000), is vastly higher compared to the state (37.0 per 100,000) (VT Substance Use Dashboard). In addition, substance use among youth in Orleans County is a significant issue, with some prevalence rates doubling those of the state (see Table 11 below).

The rate of opioid use in the NEK is vastly higher compared to the state

Over 38% of survey respondents do not know if people can get the substance use treatment they need in the community. Nearly 33% agree that people can access the services they need, and 28% disagree that these services are available to those who need them. Individuals who have had (or have family who have had) involvement with the justice system were more likely to disagree with the statement "People can get the substance use treatment services they need" (38% vs 27%). When specifically asked about finding mental health or substance use treatment services in the Northeast Kingdom, 70% of respondents stated they did not need these services, 16% said they received the required care in the NEK, 9% had to seek services outside the region, and 4% could not find services at all. Over 80% of respondents agree or are neutral that the following are important for themselves and their families: outpatient mental health or substance misuse services, mental health or substance misuse screening/monitoring, and support from others with lived mental health or substance use experience.

> "We have good clinics and doctors, but it takes a very long time to get an appointment." – Focus Group Respondent

Focus group participants shared concerns about drug problems in the community and the high rate of substance use coming up as a negative factor when discussing whether the NEK is a good place to live. There was an emphasis on the need to promote services in the area because participants do not believe people in the region are aware of all the resources in the community that could be of assistance to individuals struggling with substance use. A focus group participant suggested creating free support groups for individuals in recovery. Another participant drew the connection between the rise in homelessness, substance use, and the increase in crime rates in the community. Focus group participants shared concern over the perception that all unhoused people have a substance use disorder.

Table 10: Prevalence of Substance Use Disorder in Adults

Indicator	Vermont	Caledonia	Essex	Orleans
% of adults with any alcohol consumption in the past 30 days	61%	55%	**58%**	**55%**
% of adults age 18+ who binge drink (5+ drinks on a single occasion, 1+ times in the past 30 days)	18%	15%	**18%**	15%
% of adults age 18+ who smoke cigarettes	13%	17%	16%	18%
% of adults age 18+ who currently use, e-cigarettes	6%	6%	*	8%
% of adults age 18+ who used marijuana in the past 30 days	24%	19%	**28%**	**19%**
Rate of opioid-related deaths per 100,000 Vermonters	37.0	36.2	**50.6**	**43.6**

Data Sources: BRFSS (2021-2022), VT Substance Use Dashboard

* Sample size is too small

Red = Worse than state; **Bold** = Worse than last measurement

Table 11. Prevalence of Substance Use in Adolescents, Grades 9-12

Indicator	Vermont	Caledonia	Essex	Orleans
% of high school students who drank alcohol in the past 30 days	25%	23%	23%	35%
% of high school students who smoked cigarettes in the past 30 days	5%	5%	*	10%
% of high school students who have used snuff or dip in the past 30 days	3%	3%	*	6%
% of high school students who have used e-vape products in the past 30 days	16%	17%	10%	21%
% of high school students who have used marijuana in the past 30 days	20%	16%	12%	19%
% of high school students who have misused a stimulant or prescription pain reliever in the past 30 days	2%	2%	*	3%
% of high school students who have ever used cocaine	2%	2%	*	4%

Data Source: YBRS (2021)

*Too few students to report

Red = Worse than state; **Bold** = Worse than last measurement

Appendix A

Steering Committee Members

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	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 County Hospital
Julie Riffon-Keith	Senior Director of Healthcare Quality	North Country Hospital

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

- Developing a standard 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
- Analyzing secondary data and creating priority population data scorecards
- Developing primary data collection tools for community members and coordinating 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 responsible for adhering to the timelines established for the NEK Coordinated CHNA project, as 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 (Justin) Barton-Caplin	Public Health Services District Director	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 County Hospital
Margaret Kucia	Volunteer	Northeastern Vermont Regional Hospital

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
- Organizing 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
- Devising communication strategies to publicize the final CHNA reports

Community Engagement Committee Members

Name	Title	Organization
Diana Gibbs	Vice President of Marketing and Community Health Improvement	Northeastern Vermont Regional Hospital
Juli Kimball	Marketing Manager	Northeastern Vermont Regional Hospital
Truly 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 Marketing and Communications	Northeast Kingdom Human Services
Kathrin Lawlor	Prevention Consultant	Vermont Department of Health, Division of Substance Use Services

Appendix B

Community Survey Respondent Demographics

Demographics	Count	Percent
Age Group		
18 - 24 years	2	0.38%
25 - 34 years	31	5.96%
35 - 44 years	49	9.42%
45 - 54 years	61	11.73%
55 - 64 years	78	15%
65 - 74 years	144	27.69%
More than 75	150	28.85%
I'd rather not share	5	0.96%
County		
Caledonia	385	63.96%
Essex	29	4.83%
Orleans	167	27.76%
Gender		
Woman	394	75.48%
Man	112	21.46%
Non-binary	3	0.57%
Agender	1	0.19%
Gender Fluid	1	0.19%
Gender queer/non-conforming	1	0.19%
Transgender	1	0.19%
Prefer not to say	14	2.68%
Write in	1	0.19%
Race		
African American or Black	1	0.19%
American Indian or Alaska Native	4	0.77%
Asian or Asian American	1	0.19%
Middle Eastern or North African	1	0.19%

Demographics	Count	Percent
Native Hawaiian or Pacific Islander	0	0.00%
White	488	93.85%
Prefer not to say	19	3.65%
Write in	13	2.5%
Household Income (yearly)		
Less than $15,000	56	10.81%
$15,000 - $34,999	108	20.85%
$35,000 - $54,999	69	13.32%
$55,000 - $74,999	61	11.78%
$75,000 - $99,999	63	12.16%
$100,000 - $124,999	42	8.11%
$125,000 and above	45	8.69%
Prefer not to say	74	14.29%
Employment Status		
Employed Full-time	169	32.44%
Employed Part-time	35	6.72%
Working more than one job	14	2.69%
Unemployed, not looking for work	15	2.88%
Unemployed, looking for work	9	1.73%
Unable to work due to disability	39	7.49%
Stay-at-home caregiver	13	2.50%
Retired	238	45.68%
Retired, but work part-time	28	5.37%
Student	3	0.58%
Veteran Status		
Yes	39	7.49%
No	482	92.51%
Sexual Orientation		
Asexual	18	3.60%
Bisexual	23	4.60%

Demographics	Count	Percent
Gay	7	1.40%
Heterosexual/Straight	371	74.20%
Lesbian	8	1.60%
Queer	7	1.40%
Questioning	1	0.20%
Prefer not to say	62	12.40%
Write in	13	2.60%

Appendix C

Community Survey Selected Data

1. Which Northeast Kingdom town do you live in? (select from the dropdown list below):

Answer Choices		Responses
Albany	0.66%	4
Averill	0.00%	0
Avery's Gore	0.00%	0
Barnet	3.82%	23
Barton	2.16%	13
Barton Village	0.17%	1
Bloomfield	0.00%	0
Brighton	0.50%	3
Brownington	1.00%	6
Brunswick	0.00%	0
Burke	2.66%	16
Canaan	0.50%	3
Charleston	1.16%	7
Concord	1.33%	8
Coventry	1.50%	9
Craftsbury	1.00%	6
Danville	6.64%	40
Derby	2.66%	16
Derby Line	0.33%	2
East Haven	0.66%	4
Ferdinand	0.00%	0
Glover	2.49%	15
Granby	0.00%	0
Greensboro	2.33%	14
Groton	0.50%	3
Guildhall	0.50%	3
Hardwick	6.98%	42
Holland	0.17%	1
Irasburg	1.16%	7
Island Pond	0.17%	1
Jay	0.33%	2
Kirby	0.66%	4
Lemington	0.00%	0
Lewis	0.00%	0
Lowell	0.17%	1
Lunenburg	0.50%	3
Lyndon	3.82%	23
Lyndonville	6.81%	41
Maidstone	0.50%	3
Morgan	1.16%	7
Newark	0.66%	4
Newport City	5.65%	34
Newport Town	0.83%	5
Norton	0.17%	1
North Troy	0.50%	3
Orleans Village	1.16%	7
Peacham	2.66%	16
Ryegate	0.33%	2
Sheffield	1.00%	6
St. Johnsbury	20.43%	123
Stannard	0.17%	1
Sutton	1.50%	9
Troy	0.50%	3
Victory	0.00%	0
Walden	1.16%	7
Warner's Grant	0.00%	0
Warren Gore	0.00%	0
Waterford	1.50%	9
West Burke	1.16%	7
Westfield	0.17%	1
Westmore	0.50%	3
Wheelock	1.50%	9
Other Town Not Listed	3.49%	21
Other town that was not listed (please specify):		43
	Answered	**602**
	Skipped	**0**

2. Do you agree or disagree with these statements about your community? "In my community..."

	Agree		Disagree		Don't know; not sure		Total
Housing is available.	16.89%	100	64.53%	382	18.58%	110	592
Healthy food is available.	83.81%	497	10.96%	65	5.23%	31	593
Healthy food is affordable.	20.91%	124	69.98%	415	9.11%	54	593
People can get the health services they need.	44.93%	266	39.02%	231	16.05%	95	592
It is easy to find safe ways to get exercise.	67.73%	403	23.03%	137	9.24%	55	595
There are ways to take part in social life.	67.68%	402	20.37%	121	11.95%	71	594
People help each other.	77.48%	461	13.11%	78	9.41%	56	595
People feel connected to each other.	49.16%	292	28.62%	170	22.22%	132	594
There are ways to take part in faith or spiritual groups.	78.38%	464	6.25%	37	15.37%	91	592
People respect different views and backgrounds.	40.20%	238	35.47%	210	24.32%	144	592
People can get good jobs.	26.40%	156	51.27%	303	22.34%	132	591
It is a good place to raise children.	69.66%	411	16.10%	95	14.24%	84	590
It is a good place to be a young adult.	30.17%	178	41.36%	244	28.47%	168	590
It is a good place to age at home.	53.57%	315	31.63%	186	14.80%	87	588
People can access 24-hour in-home care or nursing care.	24.75%	147	35.02%	208	40.24%	239	594
People can get end-of-life support.	57.12%	337	9.49%	56	33.39%	197	590
People can get hospice support.	65.93%	389	6.95%	41	27.12%	160	590
Prescription drugs are affordable.	27.44%	163	56.06%	333	16.50%	98	594
Prescription drugs are accessible.	70.15%	416	18.04%	107	11.80%	70	593
People can get dental services they need.	40.64%	241	45.53%	270	13.83%	82	593
People can get mental health services they need.	28.11%	167	44.44%	264	27.44%	163	594
People can get substance use treatment services they need.	32.72%	194	28.33%	168	38.95%	231	593
							Answered
							Skipped

3. Do you think these needs have gotten better, are about the same, or have gotten worse in the last few years or so? Check one box in each row to mark how you think the needs have changed in the last few years.

	Better		About the same		Worse		Don't know; not sure		Total
People are able to get primary healthcare services.	18.01%	103	46.68%	267	26.22%	150	9.09%	52	572
People are able to get specialty medical services (like care for cancer, heart disease, or surgery).	16.06%	92	38.05%	218	27.75%	159	18.15%	104	573
People can afford health care services and health insurance.	4.01%	23	22.34%	128	57.59%	330	16.06%	92	573
People are able to get mental health services.	9.04%	52	27.30%	157	36.35%	209	27.30%	157	575
People are able to get services for alcohol and drug use treatment.	13.04%	75	32.70%	188	18.43%	106	35.83%	206	575
People are able to get dental services.	9.06%	52	38.68%	222	36.06%	207	16.20%	93	574
Older adults are able to get help and support to age in place.	11.38%	65	39.40%	225	21.37%	122	27.85%	159	571
People are able to get affordable child care.	6.97%	40	15.68%	90	39.55%	227	37.80%	217	574
People can afford housing.	1.06%	6	9.88%	56	76.37%	433	12.70%	72	567
People are able to get help with rides to healthcare and other services.	14.46%	83	42.68%	245	18.29%	105	24.56%	141	574
People are able to get healthy and affordable food.	10.84%	62	38.64%	221	42.13%	241	8.39%	48	572
									Answered
									Skipped

4. How concerned are you about climate change?

Answer Choices	Responses	
Very concerned	46.17%	265
Somewhat concerned	28.22%	162
Not very concerned	10.28%	59
Not at all concerned	5.92%	34
I don't know/not sure	4.01%	23
Comments:	5.40%	31
	Answered	**574**
	Skipped	**28**

5. Are there other health needs that you think are important for your community to address now? Please tell us.

Answered	**253**
Skipped	**349**

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

Answer Choices	Responses	
A healthcare provider or other healthcare worker	85.39%	456
Social service provider	20.79%	111
Social media	12.92%	69
A hospital's website	25.84%	138
Medical websites such as WebMD or Mayo Clinic	38.95%	208
A patient portal	50.19%	268
Newspaper	15.73%	84
Television	12.73%	68
Radio	10.30%	55
Magazine	8.24%	44
Friends and family	27.72%	148
Other (please specify):	7.30%	39
	Answered	**534**
	Skipped	**68**

7. Do you have a support system or someone you can trust to talk to, including (check all that apply):

Answer Choices	Responses	
Family	85.14%	464
Friends	72.11%	393
Faith-based community	16.70%	91
Hobby or other social group	13.94%	76
Organized support group	4.59%	25
Counselor	13.39%	73
No, I don't have a support system	8.99%	49
Other (please specify):	4.95%	27
	Answered	**545**
	Skipped	**57**

8. In the past year, have you or someone close to you had trouble getting any of the following types of health services (check all that apply):

Answer Choices	Responses	
We did not need any health services	6.73%	35
We received all the health services that were needed	45.38%	236
Well care (Primary Health Care)	23.65%	123
Specialty medical care (like heart, cancer, lung)	19.42%	101
Sexual and reproductive healthcare	1.92%	10
Prescription drugs	25.00%	130
Emergency medical care	10.38%	54
Dental care for adults	35.00%	182
Dental care for children	5.96%	31
Mental Health care	20.00%	104
Alcohol Use Disorder treatment	3.27%	17
Substance Use Disorder treatment	3.65%	19
Home health care	10.77%	56
Hospice services	5.38%	28
Long-term care (like assisted living or nursing home care)	7.69%	40
In-home support services (such as meals, cleaning, connection to re	17.69%	92
Rehab services (physical or occupational therapy)	8.65%	45
Nutrition services (like counseling or education)	5.77%	30
Telehealth services (telephone or web-based healthcare)	5.00%	26
Complementary and Alternative Medicine (such as massage, tai chi,	10.00%	52
Other services (please specify):	8.65%	45
	Answered	**520**
	Skipped	**82**

9. In the past year, have you or someone close to you had trouble getting any of the following types of support services that you needed? (check all that apply):

Answer Choices	Responses	
We did not need any support services	38.29%	193
We received all the support services that were needed	24.21%	122
Services for adults with disabilities	13.29%	67
Services for children with disabilities	3.97%	20
Help with rides to services	15.87%	80
Services for people who face domestic violence	4.76%	24
Translation or interpreter services	1.59%	8
Job training	3.97%	20
Help with housing needs	17.06%	86
Help with food needs	18.25%	92
Help paying bills	15.48%	78
Parenting advice or workshops	3.57%	18
Child care	8.33%	42
Infant care	2.18%	11
Adult day services	6.35%	32
Help caring for aging family members	13.49%	68
Community re-entry from incarceration	2.98%	15
Legal supports	8.93%	45
Other services (please specify):	4.17%	21
	Answered	**504**
	Skipped	**98**

10. If you checked any of the health and/or support services above, please tell us what got in the way of getting the needed services (check all that apply):

Answer Choices	Responses	
We did not need any health and/or support services	19.09%	84
We received all the health and/or support services that were needed	28.18%	124
Service not available	21.82%	96
Wait time too long	24.55%	108
Not open when I could go	5.00%	22
Did not know where to go	8.86%	39
Had no way to get there	9.55%	42
Cost too much	22.95%	101
No insurance or not enough insurance	14.77%	65
No internet access	4.77%	21
Not accepting new patients	22.27%	98
Language barriers	1.14%	5
My race or ethnicity not welcome	0.00%	0
My gender or sexual orientation not welcome	0.68%	3
My culture or religion not welcome	0.23%	1
Choose not to seek medical care	1.82%	8
Fear of judgement	4.77%	21
Mistrust, fear, or anxiety	10.00%	44
Other reasons or comments (please specify):	10.68%	47
	Answered	**440**
	Skipped	**162**

11. In the past year, how often have you or someone close to you missed getting health care or support services because of unfair treatment? How often have you experienced discrimination or stigma in the following areas:

	Never		Sometimes		Often		Prefer not to answer		Total
Race	91.97%	458	2.21%	11	1.20%	6	4.62%	23	498
Religion	91.31%	452	3.64%	18	0.81%	4	4.24%	21	495
Ethnicity	94.11%	463	1.83%	9	0.41%	2	3.66%	18	492
Gender or gender expression	86.84%	429	7.29%	36	1.42%	7	4.45%	22	494
Sexual orientation	90.87%	448	3.65%	18	1.42%	7	4.06%	20	493
Age	78.69%	395	15.34%	77	2.79%	14	3.19%	16	502
Disability	85.77%	422	8.33%	41	2.24%	11	3.66%	18	492
Language	93.88%	460	2.45%	12	0.41%	2	3.27%	16	490
Education	90.82%	445	4.90%	24	1.02%	5	3.27%	16	490
Obesity	82.32%	405	10.77%	53	4.07%	20	2.85%	14	492
Substance use	90.31%	438	2.89%	14	3.30%	16	3.51%	17	485
Mental health	80.49%	396	11.38%	56	4.07%	20	4.07%	20	492
Other (please specify):									17
									Answered
									Skipped

12. In the past year, have you seen a dentist at least once for a regular check-up?:

Answer Choices	Responses	
Yes	69.83%	368
No	30.17%	159
	Answered	**527**
	Skipped	**75**

13. What type of dental insurance do you have now? (check all that apply):

Answer Choices	Responses	
I do not have dental insurance now	40.54%	212
Dental is included with my health insurance plan	25.24%	132
Dental insurance through an employer	27.53%	144
Other (please specify):	13.19%	69
	Answered	**523**
	Skipped	**79**

14. Do you have a primary healthcare provider that you see at least once a year for routine check-ups, health problems, or management of health conditions?

Answer Choices	Responses	
Yes	95.44%	502
No	4.56%	24
	Answered	**526**
	Skipped	**76**

15. Where is your primary healthcare provider located?:

Answer Choices	Responses	
I do not have a primary healthcare provider	3.25%	17
Northern Counties Health Care (Danville Health Center, St. Johnsbury Community Health Center, Concord Health Center, Island Pond Health Center, Hardwick Health Center)	39.58%	207
North Country Hospital (Primary Care: Newport, Barton/Orleans, North Country Pediatrics)	16.83%	88
Northeastern Vermont Regional Hospital (Corner Medical, Kingdom Internal Medicine, St. Johnsbury Pediatrics)	31.17%	163
Blue Spruce Health	1.34%	7
New Hampshire-based Primary Care Practice	3.25%	17
Other location not listed (please specify):	12.05%	63
	Answered	**523**
	Skipped	**79**

16. What type of health insurance do you have now? (check all that apply):

Answer Choices	Responses	
I do not have health insurance now	1.14%	6
Medicaid	18.10%	95
Medicare	55.05%	289
TRICARE, VA, or Military	4.00%	21
Private insurance through my employer or family member's employe	34.10%	179
Other private health insurance	17.52%	92
	Answered	**525**
	Skipped	**77**

17. Where do you receive hospital or specialty care, such as cardiology, urology, surgical? (check all that apply):

Answer Choices	Responses	
I do not get hospital and/or specialty care	12.55%	66
North Country Hospital	14.26%	75
Northeastern Vermont Regional Hospital	49.05%	258
University of Vermont Health Network	13.31%	70
Dartmouth Health	40.30%	212
Other New Hampshire-based hospital	8.75%	46
Prefer not to answer	1.14%	6
Other location not listed (please specify):	12.93%	68
	Answered	**526**
	Skipped	**76**

18. In the past year, if you have looked for or received care from a healthcare provider, specialist, or hospital outside the Northeast Kingdom, please tell us why (check all that apply):

Answer Choices	Responses	
I did not look for nor receive care from a healthcare provider, specialist, or hospital outside of the Northeast Kingdom	36.80%	184
Personal choice	17.40%	87
Services not offered in my community	29.80%	149
Cost	2.40%	12
Waitlist too long in the Northeast Kingdom	12.60%	63
Quality of care	18.20%	91
Not accessible	2.40%	12
In-network for my health insurance provider	4.20%	21
Referred by a healthcare provider	19.20%	96
Other (please specify):	7.40%	37
	Answered	**500**
	Skipped	**102**

19. In the last 30 days, how would you rate your mental health?

Answer Choices	Responses	
Excellent	14.74%	78
Very Good	35.16%	186
Good	27.98%	148
Fair	17.20%	91
Poor	4.16%	22
Other (please specify):	0.76%	4
	Answered	**529**
	Skipped	**73**

20. If you needed mental health or substance use treatment services, were you able to find the care you needed in the Northeast Kingdom?

Answer Choices	Responses	
I did not need mental health or substance use treatment services	69.83%	361
Yes, I got the care I needed in the Northeast Kingdom	16.25%	84
No, I had to seek services outside the Northeast Kingdom	9.28%	48
I could not find services at all	4.64%	24
	Answered	**517**
	Skipped	**85**

21. What services are important for you and your family? Please select whether you agree, are neutral, or disagree whether each service below is important for you and your family:

	Agree		Neutral		Disagree		Total
Crisis mental health services/suicide prevention programs	43.20%	213	45.44%	224	11.36%	56	493
Outpatient mental health or substance misuse services for adults	48.67%	237	38.81%	189	12.53%	61	487
Outpatient mental health or substance misuse services for children	40.04%	193	43.78%	211	16.18%	78	482
Mental health or substance misuse screening/monitoring in primary care	41.94%	203	43.18%	209	14.88%	72	484
Case management to coordinate services and help me with resources I need	46.42%	227	38.04%	186	15.54%	76	489
Psychiatric Treatment and Medication Management	39.04%	187	44.26%	212	16.70%	80	479
Support from others with lived mental health or substance use experiences	34.45%	165	46.97%	225	18.58%	89	479
Family education and support	43.36%	209	42.32%	204	14.32%	69	482
Services for veterans and military members	43.51%	208	39.33%	188	17.15%	82	478
							Answered
							Skipped

22. How long have you lived in your community?

Answer Choices	Responses	
Less than 1 year	1.53%	8
1-5 years	15.46%	81
6-10 years	11.07%	58
11-15 Years	7.63%	40
16 or more years	64.31%	337
	Answered	**524**
	Skipped	**78**

23. Are you a veteran?

Answer Choices	Responses	
Yes	7.49%	39
No	92.51%	482
	Answered	**521**
	Skipped	**81**

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

Answer Choices	Responses	
Yes	16.54%	84
No	83.46%	424
	Answered	**508**
	Skipped	**94**

25. Are you Hispanic or Latino?

Answer Choices	Responses	
Yes	0.96%	5
No	96.15%	499
Prefer not to say	2.89%	15
	Answered	**519**
	Skipped	**83**

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

Answer Choices	Responses	
African American or Black	0.19%	1
American Indian or Alaska Native	0.77%	4
Asian or Asian American	0.19%	1
Middle Eastern or North African	0.19%	1
Native Hawaiian or Pacific Islander	0.00%	0
White	93.85%	488
Prefer not to say	3.65%	19
My race is best described as (please specify):	2.50%	13
	Answered	**520**
	Skipped	**82**

27. In what language do you prefer to receive services?

Answer Choices	Responses	
English	100.00%	524
French	0.38%	2
Spanish	0.00%	0
Other language (please specify):	0.00%	0
	Answered	**524**
	Skipped	**78**

28. How many people live in your household, including yourself?

Answer Choices	Responses	
1	28.54%	149
2-3	55.94%	292
4-5	13.41%	70
6-7	1.92%	10
8-9	0.19%	1
10 or more	0.00%	0
	Answered	**522**
	Skipped	**80**

29. 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.)

Answer Choices	Responses	
Less than $15,000	10.81%	56
$15,000 - $34,999	20.85%	108
$35,000 - $54,999	13.32%	69
$55,000 - $74,999	11.78%	61
$75,000 - $99,999	12.16%	63
$100,000 - $124,999	8.11%	42
$125,000 and above	8.69%	45
Prefer not to say	14.29%	74
	Answered	**518**
	Skipped	**84**

30. What is your current employment status?

Answer Choices	Responses	
Employed Full-time	32.44%	169
Employed Part-time	6.72%	35
Working more than one job	2.69%	14
Unemployed, not looking for work	2.88%	15
Unemployed, looking for work	1.73%	9
Unable to work due to disability	7.49%	39
Stay-at-home Caregiver	2.50%	13
Retired	45.68%	238
Retired, but work part-time	5.37%	28
Student	0.58%	3
	Answered	**521**
	Skipped	**81**

31. Is there anything that you would like to change about your employment? (check all that apply):

Answer Choices	Responses	
I am unemployed and looking for work.	2.49%	11
Nothing. I am satisfied with my employment status (employed, retired, student, etc.)	68.55%	303
I want to work full-time instead of part-time hours.	0.68%	3
I want to have one job instead of multiple jobs	2.49%	11
I am a senior who wants to retire but feel I can't afford to.	10.86%	48
I want to find a different job with better pay.	5.88%	26
I want to find a different job with better benefits.	1.58%	7
I want to find a different job with more advancement opportunities.	5.88%	26
Other (please specify):	11.99%	53
	Answered	**442**
	Skipped	**160**

32. What is the highest level of education you have completed?

Answer Choices	Responses	
12th grade or less (no high school diploma)	6.15%	32
High school diploma or GED	14.62%	76
Technical College	3.27%	17
Some college	14.81%	77
Associate Degree	8.65%	45
Bachelor Degree	23.85%	124
Graduate Degree	28.65%	149
	Answered	**520**
	Skipped	**82**

33. Which age group are you in?

Answer Choices	Responses	
Less than 18 years	0.00%	0
18 - 24 years	0.38%	2
25 - 34 years	5.96%	31
35 - 44 years	9.42%	49
45 - 54 years	11.73%	61
55 - 64 years	15.00%	78
65 - 74 years	27.69%	144
More than 75	28.85%	150
I'd rather not share	0.96%	5
	Answered	**520**
	Skipped	**82**

34. How would you describe your gender? (check all that apply):

Answer Choices	Responses	
Woman	75.48%	394
Man	21.46%	112
Non-binary	0.57%	3
Agender	0.19%	1
Gender fluid	0.19%	1
Gender queer/non-conforming	0.19%	1
Transgender	0.19%	1
Prefer not to say	2.68%	14
My gender is best described as (please specify):	0.19%	1
	Answered	**522**
	Skipped	**80**

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

Answer Choices	Responses	
Asexual	3.60%	18
Bisexual	4.60%	23
Gay	1.40%	7
Heterosexual / straight	74.20%	371
Lesbian	1.60%	8
Pansexual	0.60%	3
Queer	1.40%	7
Questioning	0.20%	1
Prefer not to say	12.40%	62
My sexual orientation is best described as (please specify):	2.60%	13
	Answered	**500**
	Skipped	**102**

36. What are your reasons for living in this community? (check all that apply):

Answer Choices	Responses	
Family connections	60.39%	311
Community connections	27.96%	144
My job skills are needed here / my job Is specific to the land here	8.93%	46
Outdoor recreation opportunities / I enjoy a rural lifestyle	30.10%	155
Arts and culture	7.96%	41
I want to move, but can’t afford to	9.71%	50
Other (please specify):	15.53%	80
	Answered	**515**
	Skipped	**87**

37. Is there anything else you'd like to share?

Answered	**118**
Skipped	**484**

Appendix D

Secondary Data Sources

- BRFSS 2020-2021: https://www.healthvermont.gov/sites/default/files/2023-02/HSI-BRFSS-2021-DataSummary.pdf
- VT Department of Health: https://www.healthvermont.gov/stats/data-reporting-topic/opioid-overdose-dashboard
- Healthy Vermonters 2020 https://www.healthvermont.gov/about/plans-reports/healthy-vermonters
- Youth Risk Behavior Survey 2019: https://www.healthvermont.gov/sites/default/files/documents/pdf/CHS_YRBS_statewide_report.pdf
- US Census Quick Facts, July 2023: https://www.census.gov/quickfacts/fact/table/VT,essexcountyvermont,caledoniacountyvermont,orelanscountyUS/PST045222
- County Health Rankings, 2024: https://www.countyhealthrankings.org/health-data/comparecounties?compareCounties=50005%2C50009&year=2024
- US Census, July 2023: https://www.census.gov/quickfacts/fact/table/VT,essexcountyvermont,caledoniacountyvermont,US/PST045222
- State Health Improvement Plan 2024: State Health Assessment and Improvement Plan | Vermont Department of Health (healthvermont.gov)
- Health Needs of People who are Unhoused 2024: https://www.healthvermont.gov/sites/default/files/document/sha-data-brief-population-unhoused.pdf
- CDC National Center for Health Statistics 2022: https://www.cdc.gov/nchs/pressroom/states/vermont/vt.htm
- Vermont Behavioral Risk Factor Surveillance System Report, 2022: VDH https://www.healthvermont.gov/sites/default/files/document/HSIBRFSS-2022-DataSummary.pdf
- Northeastern Vermont Development Association https://www.nvda.net/roads.php