



Springfield Hospital

SPRINGFIELD MEDICAL CARE SYSTEMS

Where People Come First

Community Health Needs Assessment September 30, 2016

Approved by Springfield Hospital Board of Directors September 13, 2016

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2016 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY OVERVIEW

INTRODUCTION

Federal requirements of the Patient Protection and Affordable Care Act of 2009 require Springfield Hospital (SH), as a tax-exempt hospital, to conduct a community health needs assessment (CHNA) and to adopt plans to meet identified needs every three years. The assessment must include conducting a needs assessment, and adopting an implementation strategy, prior to September 30, 2016.

To comply with the federal requirement, the assessment must describe:

- the community served by the hospital facility;
- the process and methods used to conduct the assessment;
- the way in which the hospital took into account input from persons representing broad interests of the community; and,
- a prioritized description of all community health needs identified.

THE COMMUNITY SERVED

Springfield Hospital serves a population base of approximately 35,000. Statistical analysis of patients served defines the primary service area as most of Windsor County and northern Windham County, Vermont, and a small portion of Sullivan and Cheshire Counties in New Hampshire. See pages 15-17 for county demographic profiles.

THE PROCESS

The purpose of the assessment was to identify community health concerns, priorities and opportunities for community health improvement.

The assessment process included focus groups held in Springfield (two groups), Chester (one group), and Bellows Falls, VT (one group) in January 2016, a community survey made available in print and through website links, personal interviews with key community leaders, and a review and analysis of population demographics and health status indicators.

Secondary data captured from www.chna.org and www.countyhealthrankings.org are reported at the county level. While the data reflects what information is available, it may not accurately represent the specific towns served. For example, Windham County data includes the larger communities of Brattleboro and Putney, VT. SH serves primarily Bellows Falls and Westminster, VT in Windham County--a small portion of the county population. The same holds true for Cheshire County, NH, which includes data for the larger city of Keene, NH, and may not accurately reflect the smaller communities served of Walpole, North Walpole and Alstead. Secondary data also included a variety of state and national resources, including Vermont's Behavioral Risk Factor Surveillance System and national sources such as the National Institute of Mental Health and the Centers for Disease Control and Prevention (CDC).

COMMUNITY INPUT

A steering committee was formed to conduct this assessment, review the data and recommend priorities and strategies to Springfield Hospital's Board of Directors. Members include:

Cecil Beehler, II, MD, Chief Medical Officer, Springfield Medical Care Systems
Tom Dougherty, MPH, Executive Director, Neighborhood Connections
Steve Geller, Executive Director, Southeastern Vermont Community Action
Trevor Hanbridge, Blueprint Project Manager, SMCS Community Health Team
Emily Mastaler, Chief Operations Officer, Health Care & Rehabilitation Services
Lynn Raymond-Empey, Executive Director, Valley Health Connections
Carol Stamatakis, Executive Director, Senior Solutions & Anila Hood, Nutrition/Wellness Director, Senior Solutions
Becky Thomas, District Director, Vermont Department of Health
Susan White, Education Resource Coordinator, Southern VT Area Health Education Center
Anna Smith, Chief, Marketing and Community Relations, Springfield Hospital

In-person or Telephone Interviews

Outreach by phone or personal interview to community leaders and stakeholders targeted the following:

- The SMCS Community Health Team (a nearly 200 member community health team that meets monthly);
- Medical providers;
- Community leaders;
- General public;
- Area businesses;
- Community Health Officers;
- Police, Fire and EMT;
- Schools;
- Town officials;
- Home Health/VNA;
- Health Care and Rehabilitation Services of Vermont (Community Mental Health);
- Council on Aging; and,
- Southeastern Vermont Community Action.

Community-wide survey

Surveys were conducted targeting the medical staff, employees and community residents (via Survey Monkey).

Distribution of the community survey included employees, Community Health Team partner agencies (asking them to distribute to their email and/or contact lists), medical offices, and the public at large. The survey was available online and by paper copy. The survey was made available at the Hospital, Valley Health Connections, all primary and specialty care offices, and the local Vermont Department of Health District Office.

The community survey was also widely advertised in the local newspapers throughout the region and on the website. A total of 758 responses were received to the community survey.

PRIORITIZED NEEDS AND IMPLEMENTATION STRATEGIES

During the CHNA process, the advisory committee reviewed data and information from all sources including primary and secondary data, focus groups, and personal interview information to determine the leading community health needs for the Springfield service area. The group identified priority needs that fell into three main categories.

Substance Abuse / Mental Health

The community survey identified substance abuse and mental health issues as two separate issues. The focus groups, the personal interviews and the community survey all identified each of these topics as a high priority need. The committee believes that they are so closely linked in demand and utilization of services, many times being co-occurring disorders, that it makes sense to consider them as one main focus area.

Obesity

The rise in obesity over the past few years has been significant and, while, obesity was identified as an issue in the 2013 survey, it did not rise to the level of the top three concerns. This year, it is a strong second in priority, and was identified as both a personal health challenge and a community health challenge.

Oral Health

Oral health is a statewide problem and our local area is no exception. Demand is high for dental services, and particularly for adult Medicaid patients. Also a concern is the fact that while there may be resources to extract teeth when necessary, there are very few resources to help low income residents afford dentures. Demand for dentures is high, and proactively pursuing measures to prevent tooth decay at an early age is considered an important part of the solution to this community health problem.

RESOURCES AVAILABLE TO ADDRESS IDENTIFIED NEEDS

Springfield is an integrated healthcare system that utilizes a medical home model of care delivery through primary care offices, working closely with the SMCS community health team, local care coordinators, hospitals, and a large number of community agencies to meet the needs of the community. The Community Health Team meets monthly, inviting all partner agencies to participate. Each meeting is followed by summary notes that are shared with the Community Health Team (nearly a 200 member mailing list). The Community Health Team also conducts a quarterly meeting for the Unified Community Collaborative, to collaborate on providing non-duplicative services to address community-wide needs. The community health needs identified through this assessment process will be shared with the SMCS Community Health Team and the Unified Community Collaborative to consider as they work together on implementation strategies that make the best use of community resources and yield the best possible outcomes for the community.

PRIORITIZED NEEDS AND IMPLEMENTATION STRATEGIES

Improve the Health and Wellbeing of those Living with Substance Abuse and Mental Health Issues

Need:

Community interviews, focus groups and the community survey all identified drug addiction, alcohol overuse and mental health issues as priority community needs. Staff report additional psychiatry resources are needed for children, adolescents and geriatrics.

Our community survey, based on 758 responses, identifies drug addiction and alcohol overuse (59.25% and 25.51%) and mental health issues (35.88%) as among the top community health needs.

Springfield Health District 2013-2014 Behavioral Risk Factor Surveillance System (BRFSS) data reports binge drinking (14%) and heavy drinking (7%) slightly lower than the Vermont average (18% and 9%, respectively), and marijuana use lower than the state overall at 5% vs. 7%, respectively. Prescription drug misuse is reported to be slightly higher than the state overall (8% vs. 6%).

The 2015 Vermont High School Youth Risk Behavior Survey reports the following:

*Percent of high school students who drank alcohol, past 30 days**

Grade	Windsor	Windham	Vermont
9th	17%	22%	17%
10th	30%	28%	26%
11th	36%	32%	34%
12th	44%	42%	42%
Sex			
Female	34%	31%	30%
Male	31%	31%	29%
Total	32%	31%	30%

*Percent of high school students who had five or more drinks in a row (binged), past 30 days**

Grade	Windsor	Windham	Vermont
9th	10%	9%	8%
10th	13%	16%	13%
11th	20%	16%	19%
12th	22%	22%	24%
Sex			
Female	16%	14%	15%
Male	17%	18%	17%
Total	16%	16%	16%

Middle School Students

Windsor County students who drank any alcohol within the past 30 days were: 2% in grades 6 and 7, and 9% in grade 8. Binge drinking was reported at 1% for grade 7 and 3% for grade 8.

Windham County students who drank any alcohol within the past 30 days were: 5% in grade 6, 3% in grade 7 and 11% in grade 8. Binge drinking was reported at 4% for grade 8, and 2% overall.

Suicide rates are high in all four counties, and Vermont and New Hampshire are above the national age adjusted death rate average per 100,000 population of 12.3, as well as the Healthy People goal of ≤ 10.2 . A Vermont Public Television report in January 2013 cited the “*American Foundation for Suicide Prevention 2010*” report indicating Vermont has the 12th highest rate in the country (16.9 per 100,000 people); a study from the Health Department from 1999-2005 reporting suicide as the 9th ranking cause of death in the state, and suicide as the second leading cause of death among teenagers (after automobile accidents), with most youth suicide deaths being males and most using a gun.

The Springfield Health District reports 24% of adults ever having been diagnosed with a depressive disorder, defined as depression, major depression, dysthymia, or minor depression (BRFSS 2014), slightly higher than the state average of 22%. Adults in homes making less than \$25,000 annually are significantly more likely than those with more income to have a depressive disorder. This data also reports “poor mental health” at 12% for the Springfield District compared to 10% for Vermont overall.

CHNA.org reports the service area Medicare beneficiaries’ percent with depression range from 17.4% - 18.4%, compared to a VT and NH overall rate of 18.1%, and the U.S. overall rate of 15.4%.

The Robert Wood Johnson Foundation County Health Rankings indicate the self-reported average number of mentally unhealthy days in the past 30-day period (age adjusted) show the following:

	2014	2013	2012	2011
Windsor County, VT	3.3	3.7	3.2	3.3
Windham County, VT	3.5	3.2	3.5	3.4
VT overall	3.6	3.3	3.3	3.2
Sullivan County, NH	3.5	3.9	3.4	3.6
Cheshire County, NH	3.6	3.4	3.3	3.3
NH overall	3.6	3.3	3.2	3.2
Top U.S. Performers	2.8			

The Congressional Research Service report, “*Prevalence of Mental Illness in the United States: Data Sources and Estimates, 3/9/15*” estimates the National Comorbidity Survey Replication indicates prevalence estimates of any mental illness among the adult population over a 12-month period to range from 26.2% to 32.4%. These estimates include substance use disorders as mental illness. The report estimates prevalence of mental illness excluding substance use disorders to be 24.8% among adults. Of the 26.2% of all adults identified with a mental disorder, the severity of disorders ranged from 22.3% serious, 37.3% moderate, and 40.4% mild; and the estimated 12-month prevalence of serious mental illness among all adults was 5.8%. The report also identifies the estimated 12-month prevalence of all mental illness among adolescents to be 42.6%, and found 58.2% of the cases to be mild, 22.9% moderate, and 18.8% serious. The estimated serious mental illness among all adolescents was 8%.

Improve the Health and Wellbeing of those Living with Substance Abuse and Mental Health Issues

Strategies:

- Develop educational outreach efforts regarding smoking, drinking, substance abuse, STDs, and violence.
- Continue offering tobacco treatment or intervention programs, and market them to physician offices and the public.
- Encourage participation in the Wellness, Recovery, Action Program (WRAP) throughout the SMCS system.
- Engage community partners, through our Community Health Team monthly meetings, to more clearly define mental health needs and develop strategies.
- Continue to improve local access, and integration of education and outpatient counseling, at primary care offices.
- Continue to collaborate with Health Care and Rehabilitation Services (HCRS) to provide emergency care to people in crisis.
- Partner with local Prevention Coalitions and community partners to develop strategies for prevention and intervention.
- Expand access to Suboxone Therapy (MAT).
- Continue access to Group Therapy and Individual Therapy.
- Utilize psychiatric services at The Windham Center, as appropriate, for inpatient care.
- Monitor grant opportunities to expand access to mental health services.
- Integrate mental health services into local school settings.
- Support the local ACEs efforts for awareness and prevention of Adverse Childhood Experiences.
- Support VT Department of Health efforts for safe storage and disposal of unused or expired medications.
- Expedite treatment for pregnant women and new mothers battling addiction.
- Encourage health care access for low-income populations through continued use of financial assistance programs.

PRIORITIZED NEEDS AND IMPLEMENTATION STRATEGIES

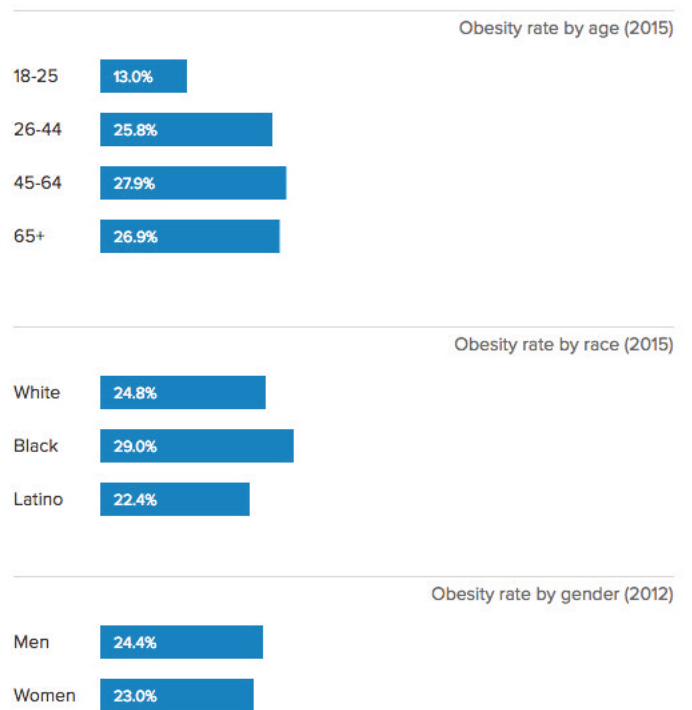
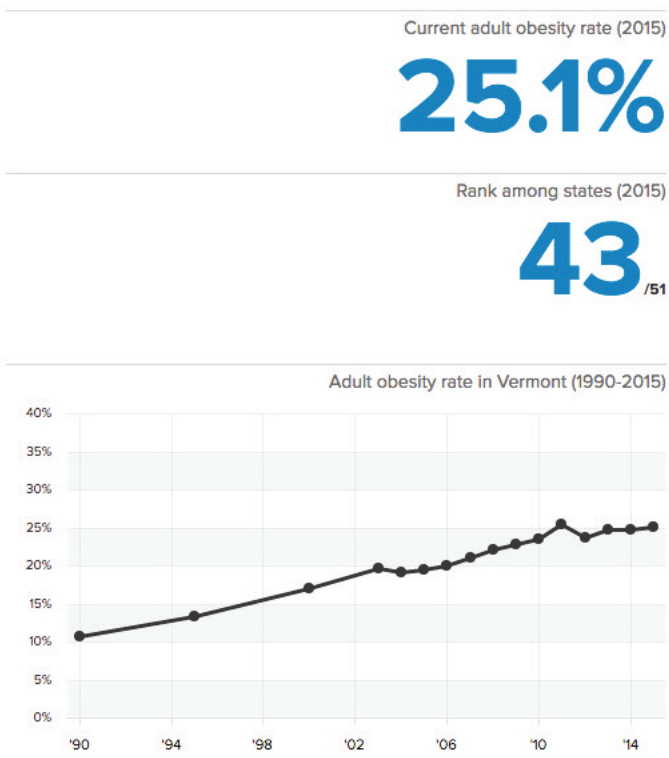
Improve Outreach and Education Targeting Obesity among Children and Adults

Need:

Obesity refers to a body weight measure that utilizes a Body Mass Index of 30 or greater. Obesity increases the risk for a number of chronic diseases such as coronary heart disease, type 2 diabetes, cancer, and hypertension, and is often due to poor diet and limited physical activity.

As reported in *The State of Obesity: Better Policies for a Healthier America* released September 2016, Vermont now has the ninth lowest adult obesity rate in the nation. Vermont's adult obesity rate is currently 25.1 percent, up from 17.0 percent in 2000 and from 10.7 percent in 1990. The childhood obesity rate in Vermont is reported as:

2-4 year olds	12.9%
10-17 year olds	11.3%
High school students	12.4%



Source: Trust for America's Health and Robert Wood Johnson Foundation. *The State of Obesity 2016* [PDF]. Washington, D.C.: 2016.

The Robert Wood Johnson Foundation County Health Rankings report the following for adult obesity based on 2012 data from the National Diabetes Surveillance System.

Windham County	23%
Windsor County	23%
Vermont Overall	24%

Sullivan County	28%
Cheshire County	25%
New Hampshire Overall	27%

Top US Performers	25%
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Locally...

The 2013-2014 Behavioral Risk Factor Surveillance data for the Springfield District reports 27% for the Springfield District compared to 25% for Vermont overall.

Our 2016 community survey showed obesity as the leading personal health challenge with 36.15% (248 of 758) selecting it as a top personal health challenge. (See Appendix)

Strategies:

- Re-examine the program design and utilization for the RX for Exercise Program, in partnership with the Edgar May Health & Recreation Center.
- Explore possible program development around lifestyle medicine.
- Continue quality improvement work to identify patients with obesity and co-morbid conditions of diabetes and heart disease and offer treatment options.
- Continue FQHC standard protocol to monitor BMI and intervene for elevated BMI in all patients.
- Continue Healthier Living Workshops, Nutrition Counseling, and Community Education including cooking classes.
- Develop a community education campaign to raise awareness for available resources.

PRIORITIZED NEEDS AND IMPLEMENTATION STRATEGIES

Continue to Improve Access to Oral Health Care for Children and Adults

Need:

The Vermont Oral Health Plan (2014) recognizes oral health as an integrated component of overall health and shares Vermont’s current status with national status and Healthy VT 2020 targets as shown below:

Table 1. Healthy People 2020 Oral Health Indicators and Vermont Status

Healthy People 2020 Objective	Target ¹	National Status ¹	Vermont Status ²	Healthy VT 2020 Target
1. Reduce the proportion of children ages 6 to 9 who have dental caries experience in their primary or permanent teeth	49%	54%	34%	30%
2. Reduce the proportion of children ages 6 to 9 with untreated dental decay	26%	29%	11%	--
3. Reduce the proportion of adults ages 45-64 who have ever had a permanent tooth extracted	69%	76%	52%	45%
4. Increase the proportion of oral and pharyngeal cancers detected at the earliest stage	36%	33%	38%*	--
5. Increase the proportion of children, adolescents, and adults who used the oral health care system in the past year	49%	45%	Age 6-9 = 95%	Age 6-9 = 100%
			Age 18+= 74%	Age 18+ = 85%
6. Increase the proportion of Federally Qualified Health Centers (FQHCs) that have an oral health care program	83%	75%	88%	--
7. Increase the proportion of patients who receive oral health services at Federally Qualified Health Centers (FQHCs) each year	33%	18%	19%	--
8. Increase the proportion of children ages 6 to 9 years who have received dental sealants on one or more of their permanent first molar teeth	28%	26%	53%	--
9. Increase the proportion of the U. S. population served by community water systems with optimally fluoridated water	80%	72%	57%	65%

¹Data is from Healthy People 2020. Available at www.healthypeople2020.gov

²Data is from the Vermont Department of Health’s 1) Burden of Oral Disease in Vermont report (data is from 2009-2011) and 2) Healthy Vermonters 2020 report.

* Data is from 2000-2009 combined.

The plan also reports that 11% children in 1st - 3rd grades had active untreated decay present in their mouths, which is lower than the national rate of 29% and the Healthy People 2020 target rate of 26%. The Vermont Oral Health Plan goes on to state, "Children in low income families are more likely to suffer from dental caries and are less likely to receive treatment. Children covered by Medicaid have a considerably higher rate of caries experience (44%) compared to children covered by private dental insurance or cash (27%). Despite available Medicaid benefits to treat tooth decay, Medicaid-eligible children are also more likely to have untreated decay (16%) compared to children with private dental insurance or who pay with cash (8%). In 2011, 56% of Medicaid-eligible children used dental services. Although the utilization rate of dental care among Medicaid-eligible children throughout Vermont has been rising slowly over time, there is still considerable room for improvement."

The Springfield Health District 2013-14 Behavioral Risk Factor Surveillance System data reports:

	Springfield District	Vermont
Dental Visit in the Last Year	65%	72%
Any Teeth Extracted, ages 45-64	52%	49%

The Vermont Oral Health Plan identifies six major oral health strategies covering education, prevention, surveillance, infrastructure, financial access, and workforce. Our organizational strategies will work to complement these strategies.

Our interviews, focus groups and community survey all identify oral health services as an important need for all ages. Noted was the high demand for services and limited access to care. In addition, the range of services frequently does not meet the need. For example, extractions may be covered, but not dentures. Also, uninsured or underinsured adults lack the resources to get the care they need.

Strategies:

- Explore feasibility of making dental services available at other geographic locations.
- Enhance access to low-income populations through continued use of financial assistance programs.
- Monitor special funding opportunities, including grant funding, to expand dental services in the area.
- Redistribute the resource "Guide to Fluoride Levels in Public Water Systems" to all medical providers and post to web for public access. (Know Your Fluoride Level - share list of towns)
- Expand dental hygienist activities in area school systems and explore offering sealant program in schools.
- Recruit additional dentist and hygienists.
- Support the Dental Therapy Program within the SMCS system.

County Health Rankings - Vermont

County Health Rankings & Roadmaps

Building a Culture of Health, County by County

	Vermont	Bennington (BE) , VT	Windham (WI) , VT	Windsor (WN) , VT
Health Outcomes		10	12	5
Length of Life		7	12	6
Premature death	5,600	5,700	6,700	5,700
Quality of Life		12	7	5
Poor or fair health	11%	11%	11%	10%
Poor physical health days	3.4	3.3	3.4	3.1
Poor mental health days	3.6	3.7	3.5	3.3
Low birthweight	7%	7%	6%	7%
Health Factors		11	5	4
Health Behaviors		5	6	3
Adult smoking	16%	15%	16%	14%
Adult obesity**	24%	25%	23%	23%
Food environment index**	8.0	7.8	7.8	8.0
Physical inactivity**	19%	20%	19%	19%
Access to exercise opportunities	72%	89%	68%	75%
Excessive drinking	21%	19%	20%	18%
Alcohol-impaired driving deaths	36%	56%	41%	16%
Sexually transmitted infections**	294.2	242.5	272.8	286.4
Teen births	18	24	25	22
Clinical Care		10	3	6
Uninsured	9%	9%	10%	9%
Primary care physicians	880:1	890:1	900:1	1,060:1
Dentists	1,520:1	1,460:1	1,620:1	1,600:1
Mental health providers	260:1	230:1	170:1	240:1
Preventable hospital stays	43	62	39	51
Diabetic monitoring	90%	88%	89%	89%
Mammography screening	68%	72%	66%	69%
Social & Economic Factors		12	10	5
High school graduation**	87%	80%	80%	86%

County Health Rankings - Vermont

County Health Rankings & Roadmaps

Building a Culture of Health, County by County

	Vermont	Bennington (BE) , VT	Windham (WI) , VT	Windsor (WN) , VT
Some college	66%	60%	59%	65%
Unemployment	4.1%	4.8%	4.2%	3.7%
Children in poverty	15%	19%	18%	16%
Income inequality	4.4	4.2	4.1	4.5
Children in single-parent households	31%	39%	32%	33%
Social associations	13.0	16.9	13.7	14.4
Violent crime**	136	152	206	133
Injury deaths	71	87	83	78
Physical Environment		11	3	7
Air pollution - particulate matter	10.7	10.8	10.6	10.6
Drinking water violations		Yes	Yes	Yes
Severe housing problems	17%	19%	17%	18%
Driving alone to work	75%	77%	73%	76%
Long commute - driving alone	29%	22%	26%	29%

** Compare across states with caution
 Note: Blank values reflect unreliable or missing data

2016

County Health Rankings - New Hampshire

County Health Rankings & Roadmaps

Building a Culture of Health, County by County

	New Hampshire	Cheshire (CH) , NH	Sullivan (SU) , NH
Health Outcomes		7	9
Length of Life		8	10
Premature death	5,400	5,800	7,300
Quality of Life		6	9
Poor or fair health	13%	12%	12%
Poor physical health days	3.1	3.1	3.1
Poor mental health days	3.6	3.6	3.5
Low birthweight	7%	6%	8%
Health Factors		6	9
Health Behaviors		5	8
Adult smoking	18%	17%	18%
Adult obesity**	27%	25%	28%
Food environment index**	8.4	8.4	8.4
Physical inactivity**	21%	20%	23%
Access to exercise opportunities	84%	62%	67%
Excessive drinking	19%	20%	18%
Alcohol-impaired driving deaths	33%	31%	23%
Sexually transmitted infections**	236.2	243.3	292.5
Teen births	16	15	28
Clinical Care		4	9
Uninsured	13%	14%	14%
Primary care physicians	1,060:1	1,320:1	1,430:1
Dentists	1,430:1	1,730:1	3,080:1
Mental health providers	390:1	330:1	560:1
Preventable hospital stays	46	35	46
Diabetic monitoring	90%	89%	87%
Mammography screening	70%	68%	68%
Social & Economic Factors		8	9
High school graduation**	88%	86%	82%

County Health Rankings - New Hampshire

County Health Rankings & Roadmaps

Building a Culture of Health, County by County

	New Hampshire	Cheshire (CH) , NH	Sullivan (SU) , NH
Some college	68%	64%	61%
Unemployment	4.3%	4.1%	3.5%
Children in poverty	13%	15%	16%
Income inequality	4.2	4.2	4.1
Children in single-parent households	28%	33%	35%
Social associations	10.3	11.0	8.4
Violent crime**	181	186	161
Injury deaths	59	73	74
Physical Environment		10	2
Air pollution - particulate matter	10.5	10.5	10.5
Drinking water violations		Yes	Yes
Severe housing problems	16%	17%	14%
Driving alone to work	81%	79%	78%
Long commute - driving alone	38%	28%	40%

** Compare across states with caution
 Note: Blank values reflect unreliable or missing data

2016

DATA OVERVIEW - DEMOGRAPHICS



www.census.gov
n.html)

U.S. Department of Commerce (<http://www.commerce.gov/>) | Blogs (http://www.census.gov/about/contact-us/social_media.html) | Index A-Z (<http://www.census.gov/about/index.html>) | Glossa (<http://www.census.gov/glossary/>) | FAQs (<http://ask.census.gov>)


Search


U.S. Census Quick Facts

QuickFacts provides statistics for all states and counties, and for cities and towns with a population of 5,000 or more.

All Topics	WINDSOR COUNTY, VERMONT	WINDHAM COUNTY, VERMONT	BENNINGT COUNTY, VERMONT	SULLIVAN COUNTY, NEW HAMPSHIR	CHESHIRE COUNTY, NEW HAMPSHIR
People					
Population					
Population estimates, July 1, 2015, (V2015)	55,737	43,386	36,317	42,967	75,909
Population estimates base, April 1, 2010, (V2015)	56,666	44,513	37,125	43,742	77,117
Population, percent change - April 1, 2010 (estimates base) to July 1, 2015, (V2015)	-1.6%	-2.5%	-2.2%	-1.8%	-1.6%
Population, Census, April 1, 2010	56,670	44,513	37,125	43,742	77,117
Age and Sex					
Persons under 5 years, percent, July 1, 2015, (V2015)	4.5%	4.7%	4.7%	4.7%	4.6%
Persons under 5 years, percent, April 1, 2010	4.7%	4.8%	5.1%	5.3%	4.8%
Persons under 18 years, percent, July 1, 2015, (V2015)	18.6%	18.6%	19.3%	19.6%	18.4%
Persons under 18 years, percent, April 1, 2010	19.9%	19.9%	20.5%	21.0%	19.6%
Persons 65 years and over, percent, July 1, 2015, (V2015)	21.3%	20.0%	21.7%	19.5%	17.9%
Persons 65 years and over, percent, April 1, 2010	17.8%	16.1%	18.8%	16.5%	14.7%
Female persons, percent, July 1, 2015, (V2015)	51.1%	51.0%	51.5%	50.7%	51.0%
Female persons, percent, April 1, 2010	51.0%	50.9%	51.6%	50.6%	51.2%
Race and Hispanic Origin					
White alone, percent, July 1, 2015, (V2015) (a)	96.1%	95.3%	96.3%	96.6%	95.8%
White alone, percent, April 1, 2010 (a)	96.3%	95.3%	96.6%	97.0%	96.3%
Black or African American alone, percent, July 1, 2015, (V2015) (a)	0.9%	1.3%	1.0%	0.7%	0.8%
Black or African American alone, percent, April 1, 2010 (a)	0.6%	0.9%	0.8%	0.4%	0.5%
American Indian and Alaska Native alone, percent, July 1, 2015, (V2015) (a)	0.3%	0.3%	0.4%	0.4%	0.3%
American Indian and Alaska Native alone, percent, April 1, 2010 (a)	0.3%	0.3%	0.3%	0.3%	0.3%
Asian alone, percent, July 1, 2015, (V2015) (a)	1.0%	1.1%	0.9%	0.8%	1.5%
Asian alone, percent, April 1, 2010 (a)	0.9%	1.0%	0.7%	0.6%	1.2%
Native Hawaiian and Other Pacific Islander alone, percent, July 1, 2015, (V2015) (a)	Z	0.1%	0.1%	Z	Z
Native Hawaiian and Other Pacific Islander alone, percent, April 1, 2010 (a)	Z	Z	Z	Z	Z
Two or More Races, percent, July 1, 2015, (V2015)	1.7%	2.0%	1.4%	1.5%	1.6%
Two or More Races, percent, April 1, 2010	1.7%	2.0%	1.3%	1.4%	1.4%
Hispanic or Latino, percent, July 1, 2015, (V2015) (b)	1.5%	2.2%	1.9%	1.5%	1.7%
Hispanic or Latino, percent, April 1, 2010 (b)	1.2%	1.8%	1.4%	1.1%	1.4%
White alone, not Hispanic or Latino, percent, July 1, 2015, (V2015)	94.8%	93.5%	94.8%	95.4%	94.4%
White alone, not Hispanic or Latino, percent, April 1, 2010	95.5%	94.1%	95.7%	96.2%	95.4%
Population Characteristics					
Veterans, 2010-2014	4,889	3,505	3,184	4,285	6,878

All Topics	WINDSOR COUNTY, VERMONT	WINDHAM COUNTY, VERMONT	BENNINGT COUNTY, VERMONT	SULLIVAN COUNTY, NEW HAMPSHIRE	CHESHIRE COUNTY, NEW HAMPSHIRE
Foreign born persons, percent, 2010-2014	3.3%	3.3%	2.6%	2.6%	3.0%
Housing					
Housing units, July 1, 2015, (V2015)	34,141	29,851	20,925	22,344	35,015
Housing units, April 1, 2010	34,118	29,735	20,922	22,341	34,773
Owner-occupied housing unit rate, 2010-2014	70.5%	69.6%	70.2%	74.8%	70.4%
Median value of owner-occupied housing units, 2010-2014	\$213,300	\$210,700	\$210,600	\$170,700	\$191,200
Median selected monthly owner costs -with a mortgage, 2010-2014	\$1,556	\$1,473	\$1,462	\$1,560	\$1,649
Median selected monthly owner costs -without a mortgage, 2010-2014	\$681	\$665	\$658	\$648	\$742
Median gross rent, 2010-2014	\$861	\$832	\$872	\$856	\$938
Building permits, 2015	58	177	40	48	212
Families and Living Arrangements					
Households, 2010-2014	24,560	19,223	15,477	17,659	30,659
Persons per household, 2010-2014	2.25	2.20	2.28	2.42	2.34
Living in same house 1 year ago, percent of persons age 1 year+, 2010-2014	88.7%	88.2%	86.9%	86.5%	82.5%
Language other than English spoken at home, percent of persons age 5 years+, 2010-2014	4.1%	4.2%	4.5%	3.6%	3.0%
Education					
High school graduate or higher, percent of persons age 25 years+, 2010-2014	93.0%	91.5%	90.6%	90.2%	91.7%
Bachelor's degree or higher, percent of persons age 25 years+, 2010-2014	34.3%	34.5%	32.0%	27.4%	30.8%
Health					
With a disability, under age 65 years, percent, 2010-2014	11.6%	12.6%	13.0%	10.7%	8.2%
Persons without health insurance, under age 65 years, percent	▲ 6.4%	▲ 6.7%	▲ 6.5%	▲ 11.7%	▲ 11.8%
Economy					
In civilian labor force, total, percent of population age 16 years+, 2010-2014	65.1%	66.4%	63.4%	65.5%	67.0%
In civilian labor force, female, percent of population age 16 years+, 2010-2014	62.1%	62.8%	59.4%	62.8%	63.5%
Total accommodation and food services sales, 2012 (\$1,000) (c)	176,798	151,451	94,950	37,051	128,676
Total health care and social assistance receipts/revenue, 2012 (\$1,000) (c)	436,734	278,534	274,783	97,802	334,721
Total manufacturers shipments, 2012 (\$1,000) (c)	442,582	421,354	764,450	578,762	1,101,592
Total merchant wholesaler sales, 2012 (\$1,000) (c)	276,551	D	D	339,082	637,438
Total retail sales, 2012 (\$1,000) (c)	726,304	604,405	806,190	561,236	1,692,504
Total retail sales per capita, 2012 (c)	\$12,921	\$13,741	\$21,969	\$13,030	\$22,023
Transportation					
Mean travel time to work (minutes), workers age 16 years+, 2010-2014	21.8	21.1	18.8	25.3	22.5
Income and Poverty					
Median household income (in 2014 dollars), 2010-2014	\$53,610	\$50,526	\$49,303	\$56,851	\$56,139
Per capita income in past 12 months (in 2014 dollars), 2010-2014	\$31,740	\$27,895	\$29,647	\$29,073	\$29,591
Persons in poverty, percent	▲ 12.1%	▲ 12.9%	▲ 14.4%	▲ 10.4%	▲ 11.8%
Businesses					
Total employer establishments, 2014	2,016	1,708	1,385	913	1,904
Total employment, 2014	19,747	21,059	15,173	11,664	27,644
Total annual payroll, 2014	772,418	778,376	538,670	455,475	1,102,965
Total employment, percent change, 2013-2014	0.4%	-3.9%	-0.1%	0.5%	1.2%
Total nonemployer establishments, 2014	6,125	5,141	3,734	3,246	5,953
All firms, 2012	7,844	7,029	4,758	4,521	7,625
Men-owned firms, 2012	4,439	3,569	2,732	2,557	4,564
Women-owned firms, 2012	2,265	2,151	1,084	1,515	1,869
Minority-owned firms, 2012	159	180	175	116	206
Nonminority-owned firms, 2012	7,431	6,542	4,356	4,290	7,057
Veteran-owned firms, 2012	816	754	590	516	775
Nonveteran-owned firms, 2012	6,490	5,788	3,838	3,811	6,408
Geography					
Population per square mile, 2010	58.5	56.7	55.0	81.4	109.1
Land area in square miles, 2010	969.34	785.31	674.98	537.31	706.66
FIPS Code	50027	50025	50003	33019	33005

 This geographic level of poverty and health estimates are not comparable to other geographic levels of these estimates

Some estimates presented here come from sample data, and thus have sampling errors that may render some apparent differences between geographies statistically indistinguishable. Click the Quick Info  icon to the left of each row in TABLE view to learn about sampling error.

The vintage year (e.g., V2015) refers to the final year of the series (2010 thru 2015).
Different vintage years of estimates are not comparable.

- (a) Includes persons reporting only one race
- (b) Hispanics may be of any race, so also are included in applicable race categories
- (c) Economic Census - Puerto Rico data are not comparable to U.S. Economic Census data

- D** Suppressed to avoid disclosure of confidential information
- F** Fewer than 25 firms
- FN** Footnote on this item in place of data
- NA** Not available
- S** Suppressed; does not meet publication standards
- X** Not applicable
- Z** Value greater than zero but less than half unit of measure shown

QuickFacts data are derived from: Population Estimates, American Community Survey, Census of Population and Housing, Current Population Survey, Small Area Health Insurance Estimates, Small Area Income and Poverty Estimates, State and County Housing Unit Estimates, County Business Patterns, Nonemployer Statistics, Economic Census, Survey of Business Owners, Building Permits.

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SOCIAL & ECONOMIC FACTORS

Lack of Social or Emotional Support

	Total Pop Age 18	Est. Pop w/o Adequate Social Support	% Pop w/o Adequate Social Support
Windham County, VT	34,486	6,210	17.00%
Windsor County, VT	45,392	8,080	17.70%
Vermont	494,588	82,102	16.50%
Cheshire County, NH	61,896	11,079	17.60%
Sullivan County, NH	34,373	6,943	20.30%
New Hampshire	1,025,011	176,302	17.10%
United States	232,556,016	48,104,656	20.70%

Source: CHNA.org - Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-2012

Children in Poverty

	Total Population	Pop under 18	Under 18 in Poverty	% Pop under 18 in Poverty
Windham County, VT	42,608	8,226	1,257	15.28%
Windsor County, VT	55,318	10,667	1,493	13.89%
Vermont	601,671	122,339	19,049	15.57%
Cheshire County, NH	71,764	14,189	2,164	15.25%
Sullivan County, NH	42,596	8,450	922	10.91%
New Hampshire	1,280,899	271,465	31,363	11.55%
United States	306,226,400	72,637,888	15,907,395	21.90%

Source: U. S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates

Free and Reduced Price School Lunch (percent of students eligible)

	Total Student Enrollment	Number Free/Reduced Lunch Eligible	% Free/Reduced Lunch Eligible
Windham County, VT	5,711	2,658	46.54%
Windsor County, VT	7,534	2,978	39.53%
Vermont	85,407	33,638	39.39%
Cheshire County, NH	9,157	3,322	36.28%
Sullivan County, NH	5,181	2,039	39.36%
New Hampshire	185,299	51,564	27.83%
United States	50,195,195	26,012,902	52.35%

Source: CHNA.org - US Dept of Education, National Center for Education Statistics (NCES), Common Core of Data, 2013-14

High School Graduation Rate

	Avg Freshman Enrollment	Est. # of Diplomas Issued	On-Time Grad Rate
Windham County	505	402	79.70
Windsor County	712	605	85.00
Vermont	8,048	7,209	89.60
Cheshire County	920	787	85.60
Sullivan County	464	384	82.90
New Hampshire	17,510	14,757	84.30
United States	4,024,345	3,039,015	75.50

Source: CHNA.org - National Center for Education Statistics (NCES), Common Core of Data 2008-2009.

The Vermont Department of Education's Public School Dropout and High School Completion Report for the 2014-2015 School year reports Springfield High School with a 9.49% 9th-12th dropout rate. While the overall state dropout rate was 2.99% for 2014-15, Springfield High School's rate is the third highest rate in the state, following Concord Schools of 11.48% and Winooski at 16.13%. Bellows Falls UHS #27 reported 6.30%

The Vermont statewide cohort rate (on-time graduation) for the class of 2015 was reported at 87.62%. Bellows Falls UHSD #27 2014-15 cohort rate is significantly lower than statewide average at 71.00%, and Springfield High School reported 74.00%. The Healthy People 2020 Target is >82.4.

Source: Vermont Department of Education Public School Dropout and High School Completion Report, 2014 - 2015.

Poverty Rate (<100% FPL)

	Population in Poverty	% Population in Poverty
Windham County, VT	5,182	12.16%
Windsor County, VT	5,932	10.72%
Vermont	72,044	11.97%
Cheshire County, NH	8,427	11.74%
Sullivan County, NH	3,874	9.09%
New Hampshire	113,374	8.85%
United States	47,755,608	15.59%

Source: U. S. Census Bureau, 2010-2014 American Community Survey

Percent Below 200% Poverty Level

	Population < 200% PL	% Population < 200% PL
Windham County, VT	14,162	33.24%
Windsor County, VT	15,608	28.22%
Vermont	178,350	29.64%
Cheshire County, NH	19,607	27.32%
Sullivan County, NH	11,377	26.71%
New Hampshire	289,341	22.59%
United States	105,773,408	34.54%

Source: U. S. Census Bureau, 2010-2014 American Community Survey

Population Receiving Medicaid

	Population Receiving Medicaid	% Population Receiving Medicaid
Windham County, VT	11,957	29.40%
Windsor County, VT	13,165	25.59%
Vermont	150,832	26.05%
Cheshire County, NH	8,784	12.99%
Sullivan County, NH	5,424	14.39%
New Hampshire	141,718	12.09%
United States	55,035,660	20.75%

Source: U. S. Census Bureau, 2010-2014 American Community Survey

Requirements for obtaining Medicaid vary by state, with NH more difficult. This may explain some of the variation.

Population with No High School Diploma

	Population Age 25 w/o HS Diploma	% Population Age 25 w/o HS Diploma
Windham County, VT	2,719	8.51%
Windsor County, VT	2,934	7.00%
Vermont	36,355	8.36%
Cheshire County, NH	4,339	8.33%
Sullivan County, NH	3,084	9.80%
New Hampshire	73,490	8.00%
United States	28,587,748	13.67%

Source: U. S. Census Bureau, 2010-2014 American Community Survey

Teen Births

	Female Pop 15-19	Births to Mothers 15-19	Teen Birth Rate per 1,000 births
Windham County, VT	1,372	31	22.9
Windsor County, VT	1,589	37	23.3
Vermont	22,353	414	18.5
Cheshire County, NH	3,353	51	15.2
Sullivan County, NH	1,272	39	30.7
New Hampshire	45,852	761	16.6
United States	10,736,677	392,962	36.6

Source: CHNA.org - Centers for Disease Control and Prevention, National Vital Statistics Systems, accessed via CDC Wonder 2006-12

Kaiser Family Foundation reports the 2014 U.S. teen birth rate (ages 15-19) is 24.2 per 1,000. The 2014 Vermont rate for 18-19 year olds is 14.2, the fifth lowest in the U.S. (Source: KFF.org).

Unemployment Rate	Labor Force	# Employed	# Unemployed	Rate
Windham County, VT	23,375	22,626	749	3.2
Windsor County, VT	29,632	28,761	871	2.9
Vermont	344,174	332,274	11,900	3.5
Cheshire County, NH	41,752	40,558	1,194	2.9
Sullivan County, NH	23,750	23,166	584	2.5
New Hampshire	744,818	722,704	22,114	3.0
United States	159,988,338	151,733,570	8,254,768	5.2

Source: CHNA.org - U.S. Bureau of Labor Statistics, 2016 -March

Uninsured Population (adults)

	Population 18-65	Population w/o Medical Insurance	% Population w/o medical ins.	Population w/ Medical Ins.	% Pop w/ Medical Ins.
Windham County, VT	26,735	3,120	11.67%	23,615	88.33%
Windsor County, VT	33,735	3,581	10.62%	30,154	89.38%
Vermont	382,623	39,921	9.71%	342,702	89.57%
Cheshire County, NH	45,738	7,859	17.18%	37,880	82.82%
Sullivan County, NH	26,521	4,541	17.12%	21,981	82.88%
New Hampshire	820,234	128,716	15.69%	691,518	84.31%
United States	192,461,139	39,336,247	20.44%	153,124,895	79.56%

Source: CHNA.org - U.S. Census Bureau, Small Area Health Insurance Estimates (SAHIE), 2013

THE ENVIRONMENT

Air Quality - Poor air quality contributes to respiratory issues and overall poor health. Windham (7.08) and Windsor (7.17) are slightly lower than Vermont overall at 7.18. Cheshire (7.28) and Sullivan (7.22) are lower than NH overall at 7.81 average ambient particulate matter. Source: RWJF County Health Rankings, from the CDC Wonder environmental data spanning 2003-2008

Fast Food Restaurant Access - Rates per 100,000 population

Windham County is high compared to the statewide average as well as the national average. Cheshire and Sullivan Counties are low compared to state and national averages.

Windham County	83.12
Windsor County	54.70
Vermont	64.70
Cheshire County	71.32
Sullivan County	38.86
New Hampshire	77.90
United States	72.70

Source: CHNA.org - U.S. Census Bureau, County Business Patterns, 2013.

Grocery Store Access reports the number of grocery stores per 100,000 population. Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food. Delicatessen-type establishments are included. Convenience stores and large warehouse stores are excluded. This indicator provides a measure of healthy food access and environmental influences on dietary behaviors. Sullivan County is lower than state and national averages. Vermont exceeds national averages, and Windham and Windsor counties are well above state averages.

Windham County	44.93
Windsor County	49.41
Vermont	36.30
Cheshire County	19.45
Sullivan County	18.29
New Hampshire	19.10
United States	21.20

Source: CHNA.org - U.S. Census Bureau, County Business Patterns, 2013.

Liquor Store Access

This indicator reports the number of beer, wine and liquor stores, rate per 100,000 population. This indicator provides a measure of environmental influences on behaviors. Windham and Windsor rates are higher than state and national rates.

	Population	# stores	Rate per 100,000 population
Windham County, VT	44,513	7	15.73
Windsor County, VT	56,670	15	26.47
Vermont	625,741	122	19.50
Cheshire County, NH	77,117	9	11.67
Sullivan County, NH	43,742	2	4.57
New Hampshire	1,316,470	101	7.70
United States	312,732,537	32,759	10.50

Source: CHNA.org - U.S. Census Bureau, County Business Patterns, 2013.

Low Income Population with Low Food Access

This indicator measures supermarket accessibility for the low income population. (Lower is better.)

	Population	Low Income Population with low food access	% Low Income Population with low food access
Windham County, VT	44,513	3,080	6.92%
Windsor County, VT	56,670	1,750	3.09%
Vermont	625,741	20,617	3.29%
Cheshire County, NH	77,117	3,094	4.01%
Sullivan County, NH	43,742	4,071	9.31%
New Hampshire	1,316,470	57,796	4.39%
United States	308,745,538	19,347,047	6.27%

Source: CHNA.org - U.S. Department of Agriculture, Food Access Atlas, 2010

Population with Low Food Access

This indicator measures supermarket accessibility for the overall population. (Lower is better.)

	Population	Population w/low food access	% Population w/low food access
Windham County, VT	44,513	7,603	17.08%
Windsor County, VT	56,670	5,367	9.47%
Vermont	625,741	79,913	12.77%
Cheshire County, NH	77,117	14,688	19.05%
Sullivan County, NH	43,742	14,306	32.71%
New Hampshire	1,316,470	372,117	28.27%
United States	308,745,538	72,905,540	23.61%

Source: CHNA.org - U.S.Department of Agriculture, Food Access Atlas, 2010

SNAP Authorized Food Access

This indicator reports the number of SNAP-authorized stores as a rate per 100,000, includes grocery stores as well as supercenters, specialty food stores, and convenience stores authorized to accept SNAP benefits.

	Total Population	SNAP-Authorized Retailers	SNAP-Auth Retailers Rate/100,000 pop
Windham County, VT	44,513	60	13.48
Windsor County, VT	56,670	58	10.23
Vermont	625,741	729	11.65
Cheshire County, NH	77,117	62	8.04
Sullivan County, NH	43,742	35	8.00
New Hampshire	1,316,470	1,050	7.98
United States	312,411,142	255,574	8.18

Source: CHNA.org - U.S.Department of Agriculture, Food & Nutrition Service, USDA-SNAP Retailer Locator, 2015.

Recreation & Fitness Facility Access - This indicator reports the number of recreation and fitness facilities (defined by the North American Industry Classification System.) Access to recreation and fitness facilities encourages physical activity and other healthy behaviors. Numbers reported are low in Sullivan County (2.29), but a new fitness center recently opened in Claremont that is not likely showing in the numbers. Windsor County (12.35) is slightly lower than Vermont overall (12.9), and Windham County (13.48) is higher than Vermont and U.S. overall (9.7).

Source: CHNA.org - U.S. Census Bureau, County Business Patterns, Analysis by CARES. 2013..

Use of Public Transportation

This indicator reports the percentage of the population using public transportation as their primary means of commute to work. Numbers reported are low across the board as would be expected in our rural area without a good means of public transport available for worksite destinations. All counties are lower than state and US overall.

Windham County, VT	.87%
Windsor County, VT	.86%
Vermont	1.2%
Cheshire County, NH	.48%
Sullivan County, NH	.33%
New Hampshire	.85%
United States	5.06%

Source: CHNA.org - U.S. Census Bureau, 2010-2014 American Community Survey

Clinical Care

Access to Primary Care

County	Total Population	Total PCPs	PCP Rate per 100,000 pop.
Windham County, VT	43,985	49	111.40
Windsor County, VT	56,211	54	96.10
Vermont	626,011	679	108.50
Cheshire County, NH	76,851	55	71.60
Sullivan County, NH	43,074	31	72.00
New Hampshire	1,320,718	1,223	92.60
United States	313,914,040	233,862	74.50

Source: CHNA.org - U.S. Department of Health Human Services, Health Resources and Services Administration, Area Resource File, 2012.

Breast Cancer Screening (Mammograms)

	Total Medicare Enrollees	Female Med Enrollees 67-69	Female Medicare Enrollees w/Mammogram w/i 2 yrs	% Medicare Enrollees w/Mammogram in 2 yrs.
Windham County, VT	6,493	562	388	69.0%
Windsor County, VT	9,152	784	539	68.8%
Vermont	83,038	7,078	4,919	69.5%
Cheshire County, NH	10,313	812	575	70.8%
Sullivan County, NH	6,150	519	361	69.7%
New Hampshire	165,478	13,397	9,474	70.7%
United States	53,131,712	4,402,782	2,772,990	63.0%

Source: CHNA.org - Dartmouth Atlas of Healthcare, Selected Measures of Primary Care Access and Quality, 2010.

Cervical Cancer Screening (Pap test)

This indicator measures the percentage of women aged 18+ who self-report they have had a Pap test within three years, important for early detection/treatment of health problems. Poor numbers may highlight a lack of access to preventive care, lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

	Female Pop Age 18	Est Pop with Reg Pap	% Pop with Reg Pap
Windham County, VT	34,171	26,141	76.6%
Windsor County, VT	44,060	33,574	78.7%
Vermont	475,713	370,580	79.0%
Cheshire County, NH	59,961	45,271	77.0%
Sullivan County, NH	33,565	25,207	78.2%
New Hampshire	976,054	768,154	79.5%
United States	176,847,182	137,191,142	78.5%

Source: CHNA.org - Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System via Health Indicators Warehouse, 2006-2012.

Colon Cancer Screenings

Reporting the percentage of adult men aged 50+ who self-report they have ever had a sigmoidoscopy or colonoscopy.

	Male age 50+	Est Pop Ever Screened	% Pop Ever Screened
Windham County, VT	14,163	9,404	63.9%
Windsor County, VT	18,891	12,997	63.7%
Vermont	176,965	124,229	66.9%
Cheshire County, NH	21,757	15,143	66.0%
Sullivan County, NH	13,643	9,345	64.4%
New Hampshire	348,338	252,545	69.7%
United States	75,116,406	48,549,269	61.3%

Source: CHNA.org - Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, via Health Indicators Warehouse 2006-2012.

Dental Care Utilization

This indicator reports the percentage of adults age 18+ who self-report they have **not** visited a dentist, dental hygienist or dental clinic within the past year.

	Total Pop age 18	Total Adults w/o dental exam within the past year	% Adults w/o dental exam
Windham County, VT	35,325	9,383	26.6%
Windsor County, VT	45,292	12,384	27.3%
Vermont	494,588	124,416	25.2%
Cheshire County, NH	61,700	15,904	25.8%
Sullivan County, NH	34,216	10,054	29.4%
New Hampshire	1,025,011	237,144	23.1%
United States	235,375,690	70,965,788	30.2%

Source: CHNA.org - Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, analysis by CARES 2006-2010.

Diabetes Management (Hemoglobin A1c Test)

This indicator reports the percentage of diabetic Medicare patients who have had a hA1c test, administered by a health professional within the past year.

	Total Medicare Enrollees	Med Enrollees w/Diabetes	Med Enrollees w/Diabetes w/annual exam	% Med Enrollees w/diabetes w/annual exam
Windham County, VT	6,493	538	470	87.4%
Windsor County, VT	9,152	774	681	88.1%
Vermont	83,038	8,043	7,115	88.5%
Cheshire County, NH	10,313	1,041	932	89.6%
Sullivan County, NH	6,150	579	514	88.8%
New Hampshire	165,478	17,628	15,856	90.0%
United States	53,131,712	6,517,150	5,511,632	84.6%

Source: CHNA.org - Dartmouth College Institute for Health Policy, Clinical Practice, Dartmouth Atlas of Health Care 2012.

Lack of Consistent Source of Primary Care

This indicator reports the percentage of adults aged 18+ who self-report that they do not have at least one person who they think of as their personal doctor or primary care provider. This indicator is relevant because access to regular primary care is important to preventing major health issues and emergency department visits.

	Total Pop age 18	Total adults w/o Reg MD	% Adults w/o Reg MD
Windham County, VT	36,061	4,336	12.02%
Windsor County, VT	43,021	4,782	11.11%
Vermont	491,931	60,023	12.20%
Cheshire County, NH	54,030	7,947	14.71%
Sullivan County, NH	36,560	5,252	14.37%
New Hampshire	1,020,867	130,983	12.83%
United States	236,884,668	52,290,932	22.07%

Source: CHNA.org - Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data by CARES 2011-12.

Pneumonia Vaccinations (age 65)

This reports the percentage of adults age 65+ who self report that they have ever received a pneumonia vaccine.

	Total Pop age 65	Est.Pop w/Annual Pneu Vacc	% Pop w/Annual Pneu Vacc
Windham County, VT	7,015	5,037	72.0%
Windsor County, VT	9,909	6,748	68.2%
Vermont	89,464	63,519	71.2%
Cheshire County, NH	11,265	7,942	70.5%
Sullivan County, NH	7,133	4,957	69.5%
New Hampshire	175,168	125,771	72.0%
United States	39,608,820	26,680,462	67.5%

Source: CHNA.org - Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, via Health Indicators Warehouse 2006-2012.

Preventable Hospital Events

This reports the discharge rate per 1,000 Medicare enrollees for conditions that are ambulatory care sensitive, including pneumonia, dehydration, asthma, diabetes, and other conditions which could have been prevented if adequate primary care resources were available and accessed by these patients.

	Total Med A Enrollees	Ambulatory Care Sensitive Condition Hospital Discharges	Ambulatory Care Sensitive Condition Discharge Rate
Windham County, VT	6,980	259	37.2
Windsor County, VT	9,937	578	58.2
Vermont	89,000	4,301	48.3
Cheshire County, NH	11,167	392	35.2
Sullivan County, NH	6,662	370	55.7
New Hampshire	179,709	9,118	50.7
United States	58,209,898	3,448,111	59.2

Source: CHNA.org - Dartmouth College Institute for Health Policy Clinical Practice, Dartmouth Atlas of Health Care. 2012.

HEALTH BEHAVIORS

Alcohol Consumption

Adults age 18+ who self-report heavy alcohol consumption (more than 2 drinks per day for men and 1 drink per day for women). Current behaviors are determinants of future health and this may illustrate a cause of significant health issues, such as cirrhosis, cancers, and untreated mental and behavioral health needs.

	Total Pop age 18	Est Pop Heavily Consuming Alcohol	% Population Heavily Consuming
Windham County, VT	35,486	7,204	22.5%
Windsor County, VT	45,392	9,033	21.5%
Vermont	494,588	95,950	20.8%
Cheshire County, NH	61,896	10,151	17.4%
Sullivan County, NH	34,373	5,225	16.7%
New Hampshire	1,025,011	180,402	18.4%
United States	232,556,016	38,248,349	16.9%

Source: CHNA.org - Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, via Health Indicators Warehouse, 2006-12.

Fruit/Vegetable Consumption

	Total Pop age 18	Est Pop Inadequate Consumption	% Population Inadequate Consumption
Windham County, VT	34,716	23,815	68.6%
Windsor County, VT	45,450	31,588	69.5%
Vermont	489,395	342,087	69.9%
Cheshire County, NH	61,337	43,611	71.1%
Sullivan County, NH	33,422	24,732	74.0%
New Hampshire	1,017,239	727,326	71.5%
United States	227,279,010	171,972,118	75.7%

Source: CHNA.org - Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, via Health Indicators Warehouse, 2005-2009.

Physical Inactivity

	Total Pop age 20	Population w/no Leisure Time Phys Activity	% Population w/no Leisure Time Phys Activity
Windham County, VT	34,492	6,657	18.1%
Windsor County, VT	44,135	8,165	17.4%
Vermont	479,293	91,481	18.3%
Cheshire County, NH	58,756	11,810	19.4%
Sullivan County, NH	33,539	7,647	21.6%
New Hampshire	1,005,392	209,259	20.2%
United States	231,341,061	53,415,737	22.6%

Source: CHNA.org - Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention & Health Promotion, 2012.

Tobacco Usage (Current Smoker)

Percentage of adult smokers, age 18+, who self-report currently smoking cigarettes some days or every day. This indicator is relevant because tobacco use is linked to leading causes of death such as cancer and cardiovascular disease.

	Total Pop age 18	Est Population Regularly Smoking	% Population Regularly Smoking Cigarettes
Windham County, VT	35,486	5,678	17.1%
Windsor County, VT	45,392	7,127	16.8%
Vermont	494,588	79,629	16.8%
Cheshire County, NH	61,896	10,646	18.1%
Sullivan County, NH	34,373	6,771	21.1%
New Hampshire	1,025,011	171,177	17.1%
United States	232,556,016	41,491,223	18.1%

Source: CHNA.org - Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, via Health Indicators Warehouse, 2006-2012.

Tobacco Usage (Quit Attempt)

Number of adult smokers who attempted to quit smoking for at least 1 day in the past year.

	Survey Pop age 18	Total Smokers w/ Quit Attempt w/i 12 mos	% Smokers w/Quit Attempt w/i past 12 mos
Windham County, VT	5,786	3,323	57.4%
Windsor County, VT	7,458	4,242	56.9%
Vermont	86,685	51,276	59.2%
Cheshire County, NH	10,261	6,082	59.3%
Sullivan County, NH	6,408	3,875	60.5%
New Hampshire	185,245	106,694	57.6%
United States	45,526,654	27,323,073	60.0%

Source: CHNA.org - Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, analysis by CARES, 2011-2012.

HEALTH OUTCOMES

Accident Mortality (unintentional injury per 100,000 population)

	Total Pop	Avg Annual Deaths 2007-2011	Crude Death Rate	Age adjusted
Windham County, VT	44,212	25	57.5	47.0
Windsor County, VT	56,464	33	58.8	48.5
Vermont	625,926	318	50.9	45.1
Cheshire County, NH	79,960	40	52.2	47.8
Sullivan County, NH	43,398	23	52.1	48.1
New Hampshire	1,318,989	549	42.61	38.7
United States	311,430,373	124,733	40.5	38.6
HP 2020 Target				<=36.0

Source: CHNA.org - Centers for Disease Control and Prevention, National Vital Statistics System, via CDC WONDER, 2009-2013.

Asthma Prevalence

Percentage of adults age 18+ who self-report they have ever been told by a doctor, nurse, or other health professional that they had asthma.

	Survey Pop age 18	Total adults w/asthma	% adults w/asthma
Windham County, VT	36,042	5,456	15.1%
Windsor County, VT	43,146	5,211	12.1%
Vermont	492,449	76,035	15.4%
Cheshire County, NH	53,846	6,048	11.2%
Sullivan County, NH	36,573	5,008	13.7%
New Hampshire	1,019,280	149,679	14.7%
United States	237,197,465	31,697,608	13.4%

Source: CHNA.org - Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, analysis by CARES 2011-2012.

Breast Cancer Incidence

Age adjusted incidence rate (cases per 100,000 population per year) of females with breast cancer, adjusted to 2000 U.S. standard population age groups.

	Sample Cases	New Cases Annual Average	Cancer Incidence Rate per 100,000 pop
Windham County, VT	3,023	41	135.6
Windsor County, VT	4,206	49	116.5
Vermont	40,234	515	128.0
Cheshire County, NH	4,694	63	134.2
Sullivan County, NH	3,049	38	124.6
New Hampshire	81,569	1,102	135.1
United States	17,902,845	220,205	123.0

Source: CHNA.org - National Cancer Institute: Surveillance, Epidemiology and End Results Program, State Cancer Profiles 2008-2012.

Cancer Mortality

Rate of death due to malignant neoplasm (cancer) per 100,000 population.

	Total Population	Avg. Annual Deaths 2007-2011	Crude Death Rate per 100,000 pop.	Age Adjusted Death Rate, Cancer
Windham County, VT	44,212	112	254.2	183.4
Windsor County, VT	56,494	133	236.3	160.9
Vermont	625,926	1,327	212.0	171.2
Cheshire County, NH	76,960	156	203.2	162.3
Sullivan County, NH	43,398	102	236.0	172.4
New Hampshire	1,318,989	2,614	198.2	168.7
United States	311,430,373	577,313	185.4	168.9
HP 2020 Target				<=160.6

Source: CHNA.org - Centers for Disease Control and Prevention, National Vital Statistics System, accessed via CDC WONDER, 2009-2013.

Chlamydia Incidence (rate per 100,000 population)

	Total Population	Reported Cases	Chlamydia Rate/100,000 Pop.
Windham County, VT	43,857	144	328.34
Windsor County, VT	56,067	143	255.05
Vermont	626,577	2,235	356.7
Cheshire County, NH	76,610	237	309.4
Sullivan County, NH	42,984	126	293.1
New Hampshire	1,323,236	3,582	270.7
United States	316,128,839	1,441,789	456.08

Source: CHNA.org - Centers for Disease Control and Prevention, and the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2014

Colon and Rectum Cancer Incidence (rate per 100,000 population)

	Sample Population	Annual Cancer Incidence 05-09 Avg	Annual Incidence Rate
Windham County, VT	6,281	25	39.8
Windsor County, VT	8,045	28	34.8
Vermont	75,765	297	39.2
Cheshire County, NH	9,318	41	44.0
Sullivan County, NH	5,570	21	37.7
New Hampshire	152,151	601	39.5
United States	33,516,229	140,433	41.9
HP 2020 Target			<= 38.7

Source: CHNA.org - National Institutes of Health, National Cancer Institute: Surveillance, Epidemiology, and End Results Program. State Cancer Profiles, 2008-2012.

Diabetes Prevalence

Percentage of adults age 20+ who have ever been told by a doctor that they have diabetes.

	Total Population age 20	Pop diagnosed w/diabetes	% Pop w/diagnosed diabetes
Windham County, VT	34,244	2,671	6.3%
Windsor County, VT	44,062	3,569	6.4%
Vermont	478,193	37,244	6.69%
Cheshire County, NH	58,759	5,112	7.4%
Sullivan County, NH	33,541	3,287	8.0%
New Hampshire	1,006,162	93,981	8.1%
United States	234,058,710	23,059,940	9.1%

Source: CHNA.org - Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2012.

Gonorrhea Incidence

	Population age 18	Infections	Infection Rate (per 100,000 population)
Windham County, VT	43,857	4	9.1
Windsor County, VT	56,067	4	7.1
Vermont	626,866	84	13.4
Cheshire County, NH	76,610	16	20.9
Sullivan County, NH	42,984	8	18.6
New Hampshire	1,321,637	226	17.1
United States	316,128,839	350,062	110.7

Source: CHNA.org - Centers for Disease Control and Prevention, and the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2014

Heart Disease Mortality

	Total Population	Avg. Annual Deaths 2007-2011	Crude Death Rate per 100,000 population	Age Adjusted Rate per 100,000 population
Windham County, VT	44,212	60	134.8	98.1
Windsor County, VT	56,464	74	130.7	88.2
Vermont	625,926	793	126.7	101.4
Cheshire County, NH	76,960	98	127.6	101.4
Sullivan County, NH	43,398	65	150.2	109.9
New Hampshire	1,318,989	1,455	110.3	93.6
United States	311,430,373	376,572	120.9	109.5
HP 2020 Target				<= 103.4

Source: CHNA.org - Centers for Disease Control and Prevention, National Vital Statistics System, via CDC WONDER 2009-2013.

Heart Disease Prevalence

Percentage of adults age 18+ who have ever been told by a doctor that they have coronary heart disease or angina.

	Survey Pop., age 18	Total Adults w/heart disease	Percent Adults w/heart disease
Windham County, VT	35,852	1,844	5.1%
Windsor County, VT	43,018	1,778	4.1%
Vermont	491,070	19,646	4.0%
Cheshire County, NH	53,980	2,352	4.4%
Sullivan County, NH	36,458	1,531	4.2%
New Hampshire	1,018,235	40,218	3.9%
United States	236,406,904	10,407,185	4.4%

Source: CHNA.org - Centers for Disease Control and Prevention, Behavioral Risk Surveillance System, analysis by CARES 2011-2012.

Infant Mortality

Rate of deaths to infants <1 yr per 1,000 births

	Total Births	Total Infant Deaths	Infant Mortality Rate per 1,000
Windham County, VT	2,160	11	5.0
Windsor County, VT	2,655	16	6.0
Vermont	31,580	161	5.1
Cheshire County, NH	3,765	13	3.4
Sullivan County, NH	2,280	13	5.7
New Hampshire	68,170	334	4.9
United States	20,913,535	136,369	6.5
HP 2020 Target			<= 6.0

Source: CHNA.org - Centers for Disease Control and Prevention, National Vital Statistics System, via CDC WONDER. CDC Wide Ranging Online Data for Epidemiologic Research, 2006-2010.

Low Birth Weight

Percent of total births that were low birth weight under 2500 g)

	Total Live Births	Low Birth Weight	Low Weight Births, % of Total
Windham County, VT	3,017	175	5.8%
Windsor County, VT	3,801	247	6.5%
Vermont	44,954	2,922	6.5%
Cheshire County, NH	5,222	313	6.0%
Sullivan County, NH	3,269	278	8.5%
New Hampshire	98,987	6,731	6.8%
United States	29,300,495	2,402,641	8.2%
HP 2020 Target			<= 7.8%

Source: CHNA.org - U.S. Dept of Health Human Services, Health Indicators Warehouse. CDC, National Vital Statistics System, via CDC Wonder 2006-2012.

Lung Cancer Incidence

Number of cases per 100,000 population per year

	Sample Population	New Cases, Annual Avg.	Cancer Incidence Rate
Windham County, VT	5,779	33	57.1
Windsor County, VT	8,358	56	67.0
Vermont	76,435	519	67.9
Cheshire County, NH	9,197	63	68.5
Sullivan County, NH	5,937	44	74.1
New Hampshire	152,040	1,043	68.6
United States	33,565,463	213,812	63.7

Source: CHNA.org - National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program. State Cancer Profiles 2008-2012.

Lung Disease Mortality

Rate of death due to chronic lower respiratory disease per 100,000 population.

	Total Pop	Avg Ann. Deaths 07-11	Crude Death Rate	Age Adjusted
Windham County, VT	44,212	30	68.8	50.4
Windsor County, VT	56,464	33	58.4	40.0
Vermont	625,926	353	56.4	46.0
Cheshire County, NH	76,960	44	57.4	46.8
Sullivan County, NH	43,398	21	49.3	35.8
New Hampshire	1,318,989	651	49.3	43.2
United States	311,430,373	142,214	45.7	42.2

Source: CHNA.org - Centers for Disease Control and Prevention, National Vital Statistics System, via CDC WONDER, 2009-2013.

Motor Vehicle Crash Mortality

Reports the rate of death per 100,000 population, which includes collisions with another motor vehicle, a nonmotorist, a fixed object, and a non-fixed object, an overturn, and any other non-collision.

	Total Pop	Avg Ann. Deaths 07-11	Crude Death Rate	Age Adjusted
Windham County, VT	44,212	5	12.2	11.3
Windsor County, VT	54,464	7	12.0	12.5
Vermont	625,926	70	11.1	10.6
Cheshire County, NH	76,960	10	13.3	11.9
Sullivan County, NH	43,398	6	13.4	14.1
New Hampshire	1,318,989	117	8.8	8.4
United States	311,430,373	34,139	11.0	10.8

Source: CHNA.org - Centers for Disease Control and Prevention, National Vital Statistics System, via CDC WONDER 2009-2013.

Obesity (Adult)

Percent of adults age 20+ who self-report they have a body mass index greater than 30 (obese).

	Total Pop age 20	% Population w/BMI > 30	% Adults w/BMI > 30 (obese)
Windham County, VT	34,399	7,843	22.1%
Windsor County, VT	44,272	10,094	22.4%
Vermont	479,188	116,741	24.1%
Cheshire County, NH	58,620	14,655	24.6%
Sullivan County, NH	33,482	9,442	28.0%
New Hampshire	1,005,521	274,364	26.9%
United States	231,417,834	63,336,403	27.1%

Source: CHNA.org - Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2012.

Overweight (Adult)

Percent of adults age 18+ who self-report they have a body mass index between 25.0 and 30.0 (overweight).

	Survey Pop age 18+	Total Adults Overweight	Percent Adults Overweight
Windham County, VT	34,272	10,808	31.5%
Windsor County, VT	41,762	14,658	35.1%
Vermont	472,905	167,390	35.4%
Cheshire County, NH	52,684	18,295	34.7%
Sullivan County, NH	32,973	12,772	38.7%
New Hampshire	972,414	340,974	35.1%
United States	224,991,207	80,499,532	35.8%

Source: CHNA.org - Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, additional analysis by CARES, 2011-2012.

Poor Dental Health

Percentage of adults 18+ self report 6+ of permanent teeth have been removed due to decay, disease, infection.

	Total Pop. age 18+	Total Adults w/Poor Dental Health	% Adults w/Poor Dental Health
Windham County, VT	35,325	6,086	17.2%
Windsor County, VT	45,292	7,423	16.4%
Vermont	494,588	78,398	15.9%
Cheshire County, NH	61,700	9,900	16.0%
Sullivan County, NH	34,216	6,794	19.9%
New Hampshire	1,025,011	148,774	14.5%
United States	235,375,690	36,842,620	15.7%

Source: CHNA.org - Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, analysis by CARES, 2006-2010.

Poor General Health

Percentage of adults 18+, self report having poor or fair health.

	Total Pop age 18+	Est Pop w/Poor/Fair Health	% Pop w/Poor/Fair Health
Windham County, VT	35,486	4,045	10.8%
Windsor County, VT	45,392	5,129	10.3%
Vermont	494,588	55,888	10.6%
Cheshire County, NH	61,896	8,604	13.2%
Sullivan County, NH	34,373	4,572	12.0%
New Hampshire	1,025,011	121,976	11.4%
United States	232,556,016	37,766,703	15.7%

Source: CHNA.org - Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, via Health Indicators Warehouse. US Dept of Health Human Services, Health Indicators Warehouse, 2006-2012.

Population with any Disability

Percentage of total civilian non-institutionalized population with a disability.

	Pop w/Disability Status	Total Pop w/a Disability	% Pop w/a Disability
Windham County, VT	43,637	6,940	15.9%
Windsor County, VT	55,478	8,913	16.0%
Vermont	620,279	83,621	13.5%
Cheshire County, NH	75,847	9,501	12.5%
Sullivan County, NH	42,870	6,440	15.0%
New Hampshire	1,306,315	153,720	11.8%
United States	309,082,272	37,874,568	12.3%

Source: CHNA.org - U.S. Census Bureau, American Community Survey 2010-2014.

Mortality - Premature Death

Years of potential life lost before age 75 per 100,000 population for all causes of death.

	Total Pop 2008-10 Avg	Total Premature Deaths	Total YPLL 2008-2010 avg	YPLL Rate
Windham County, VT	44,266	176	2,734	6,176
Windsor County, VT	56,666	199	3,170	5,593
Vermont	626,431	2,014	33,804	5,396
Cheshire County, NH	76,918	253	4,371	5,682
Sullivan County, NH	43,462	166	2,733	6,288
New Hampshire	1,318,194	4,050	70,009	5,311
United States	311,616,188	1,074,667	21,327,690	6,851

Source: CHNA.org - University of Wisconsin Population Health Institute, County Health Rankings, Centers for Disease Control and Prevention, additional Vital Statistics System, via CDC WONDER, 208-2010.

Prostate Cancer Incidence

Age adjusted incidence rate of males with prostate cancer, age adjusted to 2000 U.S. standard population age groups.

	Total Pop ACS 2005-09	Annual Cancer Incidence 2005-2009 Avg	Annual Incidence Rate Prostate Cancer per 100,000 population
Windham County, VT	43,627	65	149.80
Windsor County, VT	56,921	94	165.90
Vermont	620,414	936	150.80
Cheshire County, NH	77,174	101	131.10
Sullivan County, NH	42,641	57	135.40
New Hampshire	1,315,419	2,040	155.00

Source: CHNA.org - The Centers for Disease Control and Prevention, and the National Cancer Institute: State Cancer Profiles, 2005-2009.

Stroke Mortality

	Total Pop	Average Annual Deaths 2006-2010	Crude Death Rate per 100,000 population	Age Adjusted Death Rate Stroke Mortality per 100,000 pop.
Windham County, VT	44,439	19	43.66	35.22
Windsor County, VT	56,895	29	50.27	35.29
Vermont	624,216	260	41.65	35.84
Cheshire County, NH	77,459	31	39.76	33.77
Sullivan County, NH	43,648	21	48.11	37.84
New Hampshire	1,313,881	493	37.54	34.49
United States	303,844,430	133,107	43.81	41.78

Source: CHNA.org - Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death, 2006-2010.

Suicide

Reports the rate of death due to intentional self-harm (suicide) per 100,000 population.

	Total Pop	Average Annual Deaths 2006-2010	Crude Death Rate per 100,000 population	Age Adjusted Death Rate Suicide per 100,000 pop.
Windham County, VT	44,439	7	15.30	15.06
Windsor County, VT	56,895	8	14.41	12.75
Vermont	624,216	91	14.64	13.80
Cheshire County, NH	44,439	10	13.17	13.18
Sullivan County, NH	56,895	7	15.12	15.31
New Hampshire	1,313,881	170	12.94	12.30
United States	303,844,430	35,841	11.80	11.57
HP 2020 Target				<= 10.2

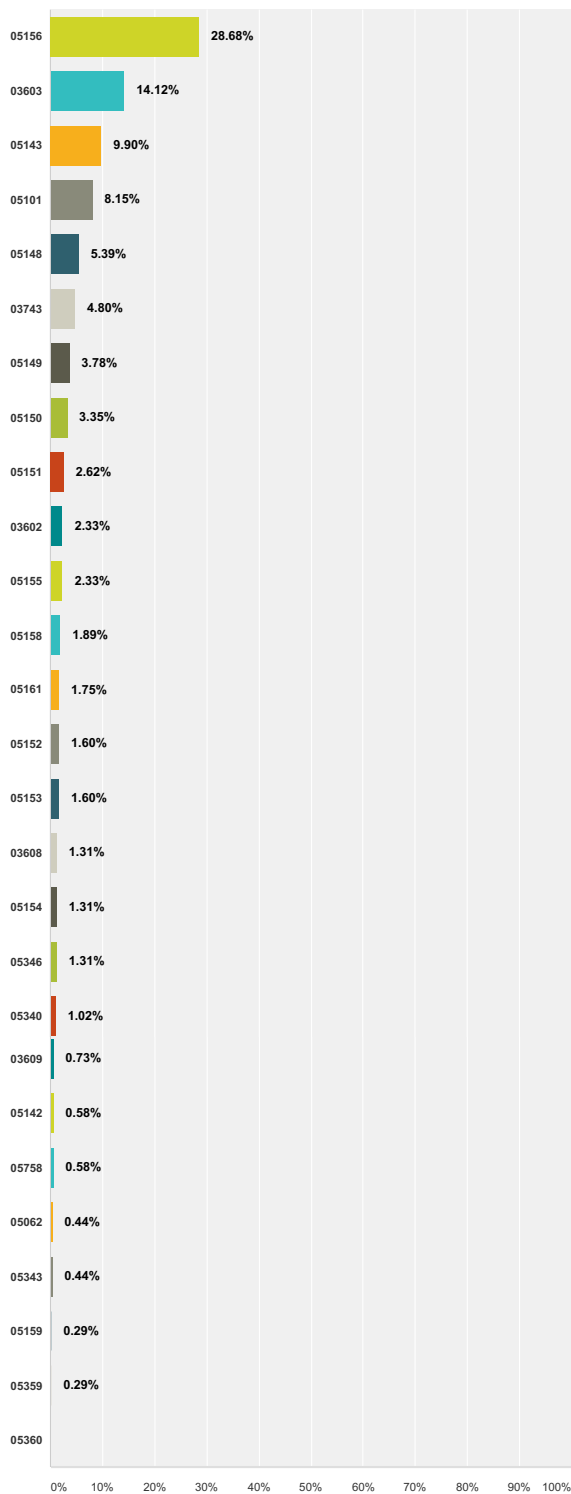
Source: CHNA.org - Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death, 2006-2010.

COMMUNITY PARTICIPATION - Community Survey Conducted June - August 2016

2016 Community Health Needs Assessment

Q1 Please identify your zip code.

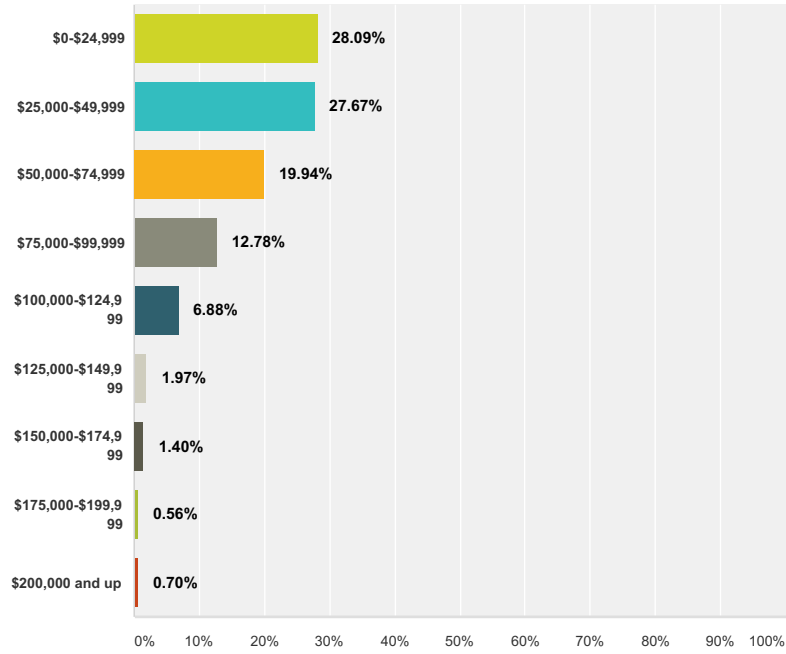
Answered: 687 Skipped: 71



2016 Community Health Needs Assessment

Q2 What is your approximate average household income?

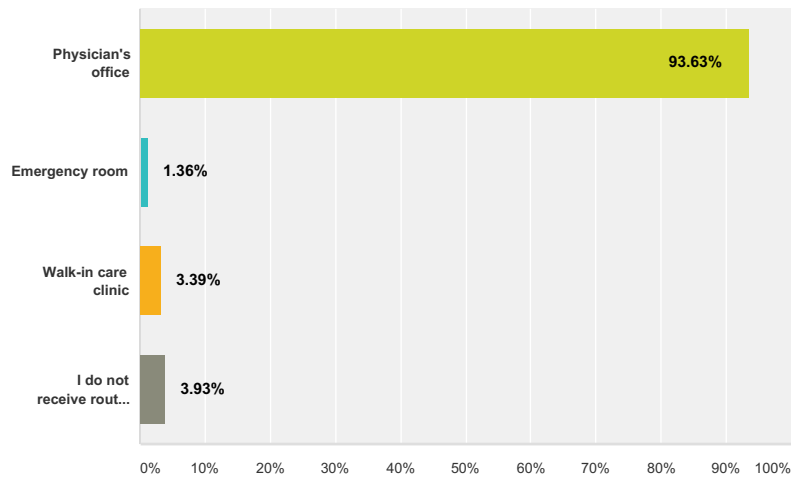
Answered: 712 Skipped: 46



2016 Community Health Needs Assessment

Q3 Where are you most likely to go for your annual health check ups?

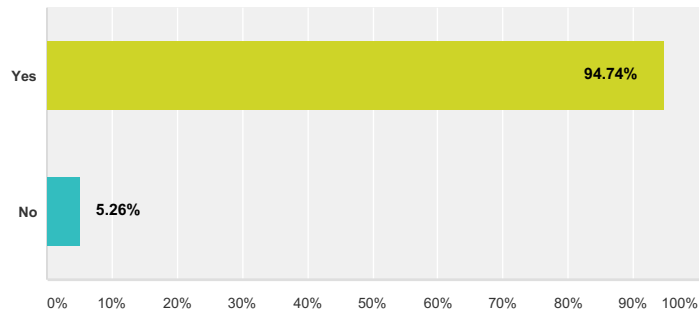
Answered: 738 Skipped: 20



2016 Community Health Needs Assessment

Q4 Are you able to visit a doctor or other health care professional when needed?

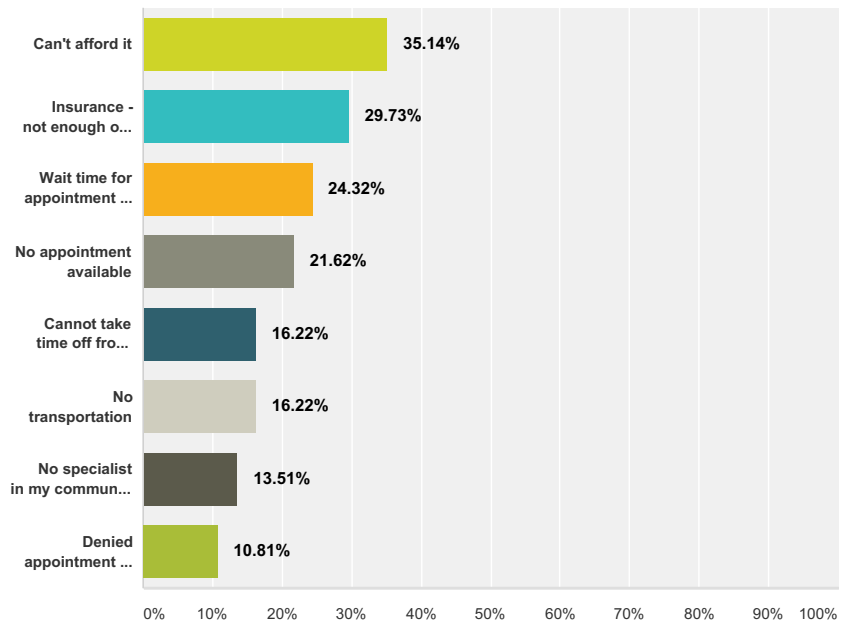
Answered: 741 Skipped: 17



2016 Community Health Needs Assessment

Q5 If you answered "no" to question 4, why not? (Please choose all that apply.)

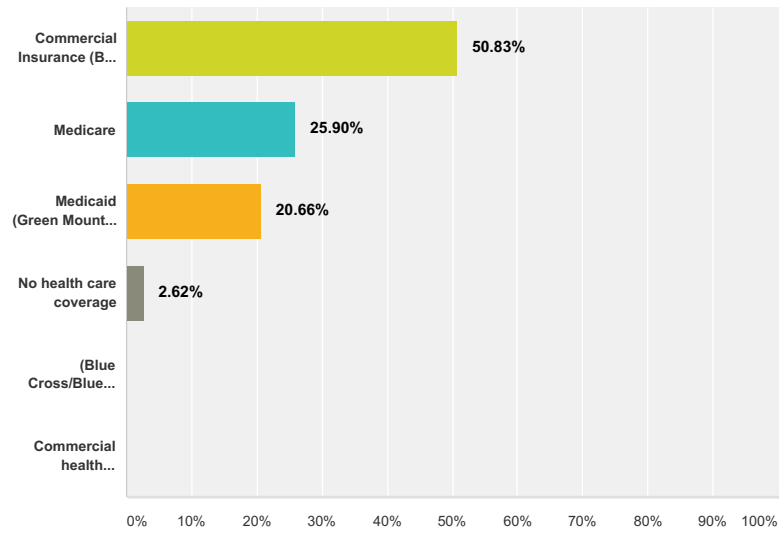
Answered: 37 Skipped: 721



2016 Community Health Needs Assessment

Q6 What type of insurance coverage do you have?

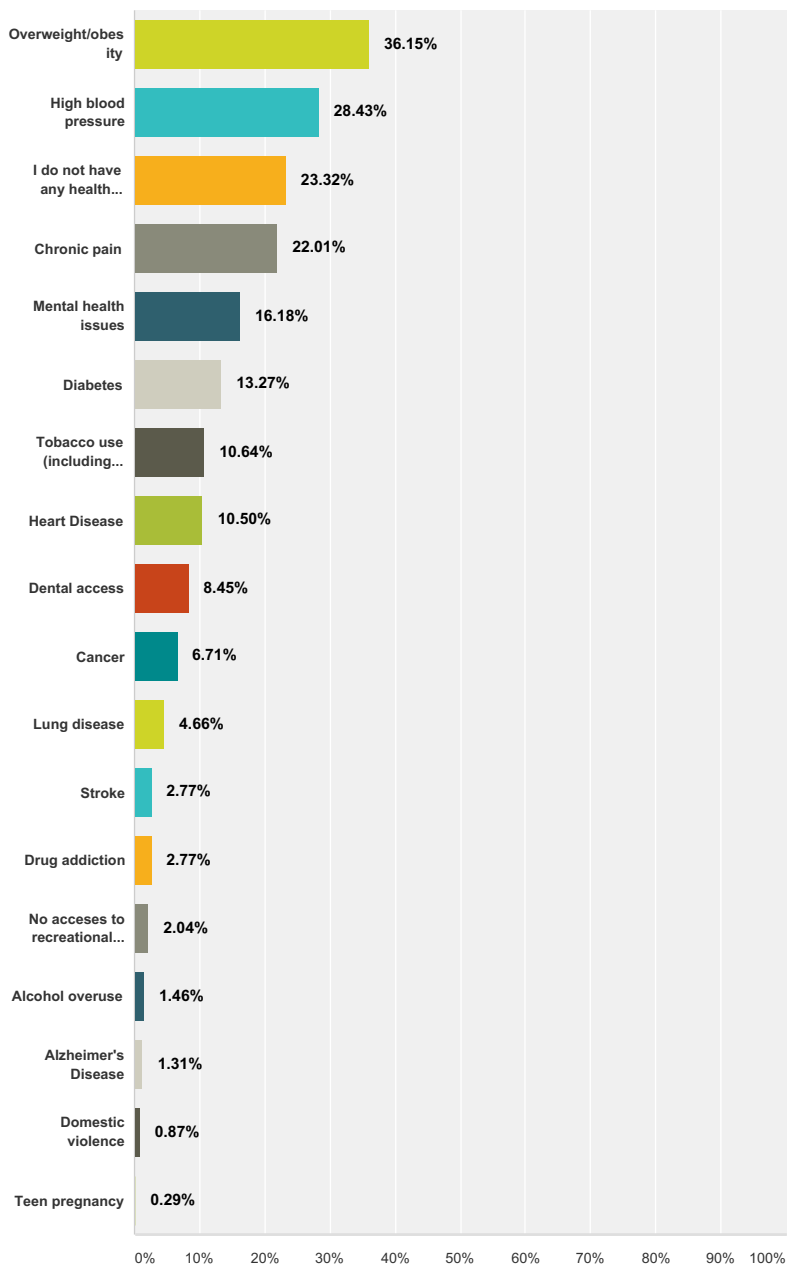
Answered: 726 Skipped: 32



2016 Community Health Needs Assessment

Q7 Please select YOUR top 3 health challenges.

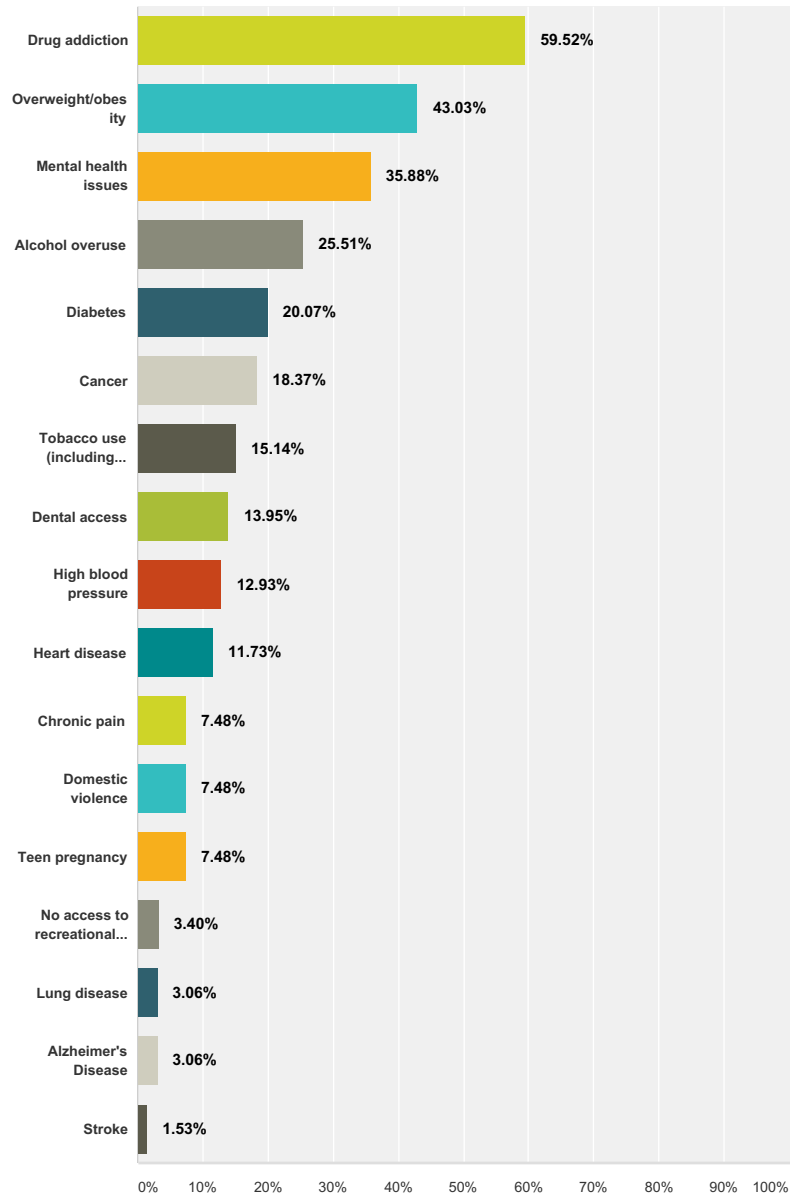
Answered: 686 Skipped: 72



2016 Community Health Needs Assessment

Q8 Please select the top 3 health challenges of YOUR COMMUNITY.

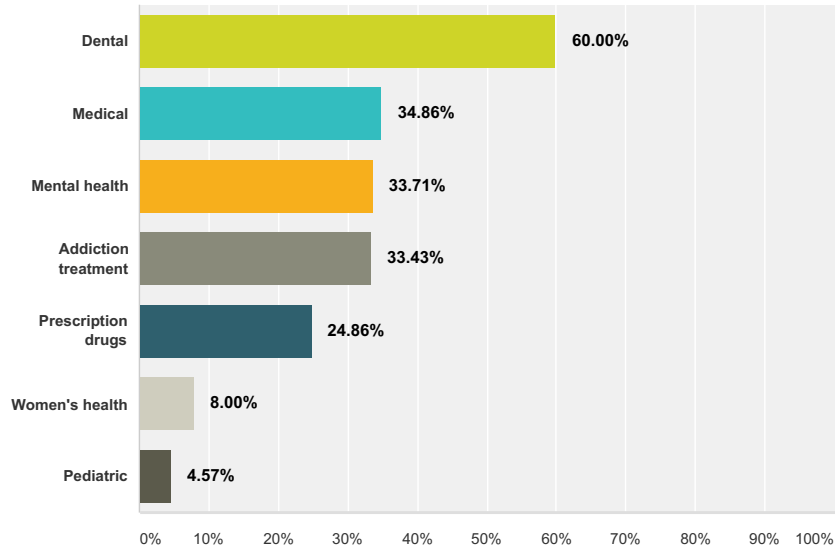
Answered: 588 Skipped: 170



2016 Community Health Needs Assessment

Q9 In the last year, I or someone I know, was NOT able to get the following care when needed: (Please choose all that apply.)

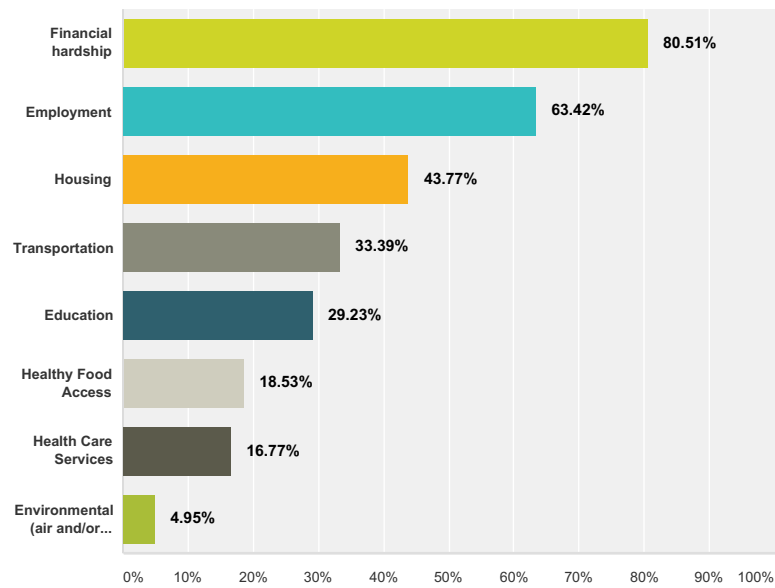
Answered: 350 Skipped: 408



2016 Community Health Needs Assessment

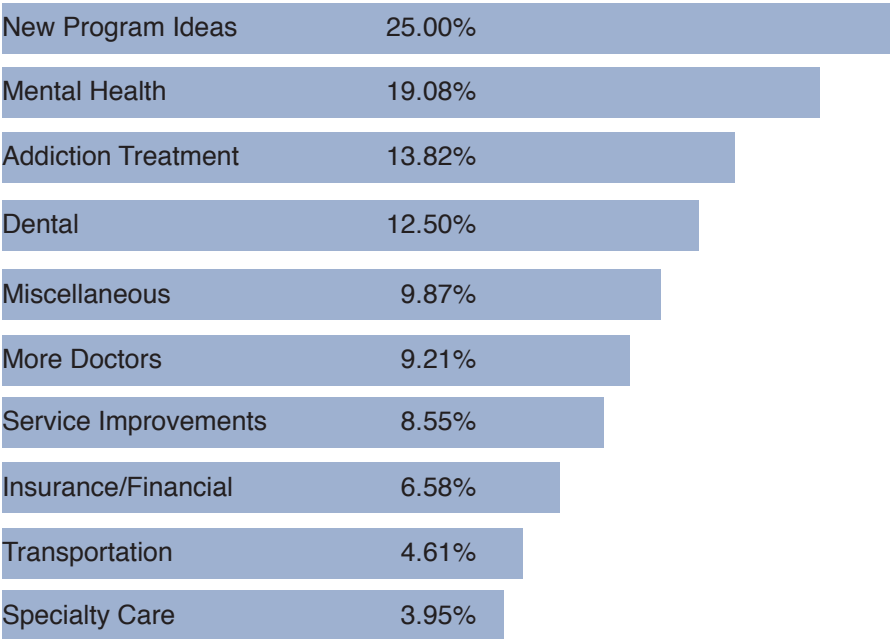
Q10 Which of the following would you identify as the top 3 issues impacting your community's overall health?

Answered: 626 Skipped: 132



Q11 What additional services need to be offered to meet the health care needs in your community?

Answered: 152 Skipped: 606



• Note - Some respondents identified more than one suggested service.



Springfield
Medical Care Systems, Inc.

Where People Come First

2016 Community Health Needs Assessment

***** Please return by July 15, 2016 *****

This survey is also available on-line at www.springfieldmed.org.
Please complete and return to: Marketing Dept., Springfield Medical Care Systems, 25 Ridgewood Rd., Springfield, VT 05156

1. Please identify your zip code.

- | | | |
|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> 03602 | <input type="checkbox"/> 05148 | <input type="checkbox"/> 05158 |
| <input type="checkbox"/> 03603 | <input type="checkbox"/> 05149 | <input type="checkbox"/> 05159 |
| <input type="checkbox"/> 03608 | <input type="checkbox"/> 05150 | <input type="checkbox"/> 05161 |
| <input type="checkbox"/> 03609 | <input type="checkbox"/> 05151 | <input type="checkbox"/> 05340 |
| <input type="checkbox"/> 03743 | <input type="checkbox"/> 05152 | <input type="checkbox"/> 05343 |
| <input type="checkbox"/> 05062 | <input type="checkbox"/> 05153 | <input type="checkbox"/> 05346 |
| <input type="checkbox"/> 05101 | <input type="checkbox"/> 05154 | <input type="checkbox"/> 05359 |
| <input type="checkbox"/> 05142 | <input type="checkbox"/> 05155 | <input type="checkbox"/> 05360 |
| <input type="checkbox"/> 05143 | <input type="checkbox"/> 05156 | <input type="checkbox"/> 05758 |

Other (please specify)

2. What is your approximate average household income?

- | | | |
|---|---|---|
| <input type="radio"/> \$0-\$24,999 | <input type="radio"/> \$75,000-\$99,999 | <input type="radio"/> \$150,000-\$174,999 |
| <input type="radio"/> \$25,000-\$49,999 | <input type="radio"/> \$100,000-\$124,999 | <input type="radio"/> \$175,000-\$199,999 |
| <input type="radio"/> \$50,000-\$74,999 | <input type="radio"/> \$125,000-\$149,999 | <input type="radio"/> \$200,000 and up |

3. Where are you most likely to go for your annual health check ups?

- | | |
|---|--|
| <input type="checkbox"/> Physician's office | <input type="checkbox"/> Walk-in care clinic |
| <input type="checkbox"/> Emergency room | <input type="checkbox"/> I do not receive routine healthcare |

Other (please specify)

4. Are you able to visit a doctor or other health care professional when needed?

Yes

No

5. If you answered "no" to question 4, why not? (Please choose all that apply.)

No appointment available

No transportation

Denied appointment to see doctor

Wait time for appointment not acceptable

No specialist in my community for my condition

Can't afford it

Cannot take time off from work

Insurance - not enough or no coverage

Other (please specify)

6. What type of insurance coverage do you have?

Medicare

Commercial Insurance (Blue Cross/Blue Shield, MVP, CIGNA, Tricare, etc.)

Medicaid (Green Mountain Care)

No health care coverage

Other (please specify)

7. Please select YOUR top 3 health challenges.

Cancer

Heart Disease

Domestic violence

Diabetes

Alzheimer's Disease

No access to recreational facility

Overweight/obesity

Chronic pain

Tobacco use (including vaping)

Lung disease

Mental health issues

Dental access

High blood pressure

Alcohol overuse

Teen pregnancy

Stroke

Drug addiction

I do not have any health challenges

Other (please specify)

8. Please select the top 3 health challenges of YOUR COMMUNITY.

- | | | |
|--|---|---|
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Heart disease | <input type="checkbox"/> Domestic violence |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Alzheimer's Disease | <input type="checkbox"/> No access to recreational facility |
| <input type="checkbox"/> Overweight/obesity | <input type="checkbox"/> Chronic pain | <input type="checkbox"/> Tobacco use (including vaping) |
| <input type="checkbox"/> Lung disease | <input type="checkbox"/> Mental health issues | <input type="checkbox"/> Dental access |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Alcohol overuse | <input type="checkbox"/> Teen pregnancy |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Drug addiction | |

Other (please specify)

9. In the last year, I or someone I know, was NOT able to get the following care when needed: (Please choose all that apply.)

- | | | |
|------------------------------------|--|---|
| <input type="checkbox"/> Medical | <input type="checkbox"/> Women's health | <input type="checkbox"/> Prescription drugs |
| <input type="checkbox"/> Pediatric | <input type="checkbox"/> Mental health | |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Addiction treatment | |

Other (please specify)

10. Which of the following would you identify as the top 3 issues impacting your community's overall health?

	Yes	No
Housing	<input type="checkbox"/>	<input type="checkbox"/>
Financial hardship	<input type="checkbox"/>	<input type="checkbox"/>
Education	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	<input type="checkbox"/>
Environmental (air and/or water quality)	<input type="checkbox"/>	<input type="checkbox"/>
Employment	<input type="checkbox"/>	<input type="checkbox"/>
Healthy Food Access	<input type="checkbox"/>	<input type="checkbox"/>
Health Care Services	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

11. What additional services need to be offered to meet the health care needs in your community?

This survey is also available on-line at www.springfieldmed.org.

Please complete and return to: Marketing Dept., Springfield Medical Care Systems, 25 Ridgewood Rd., Springfield, VT 05156

SPRINGFIELD - 2016 COMMUNITY HEALTH NEEDS ASSESSMENT FOCUS GROUP RESULTS

THE GROUPS

- Springfield, VT - January 26, 2016 - Two groups
- Rockingham, VT - January 27, 2016
- Chester, VT - January 28, 2016

THE GOAL

- Target low income population in three key communities
- Probe awareness of healthcare services available
- Explore unmet needs
- Probe barriers to healthcare access

THE PROCESS

SMCS

- Recruited moderators
- Questionnaire and moderator guide
- Arranged locations, meal and participant fees

SEVCA

- Questionnaire and moderator guide
- Recruited participants

Valley Health Connections

- Moderated three groups (Lynn Raymond-Empey)

Springfield Parent/Child Center

- Moderated one group (Jill Rapanotti)

PARTICIPATION

- Springfield #1 - 14 participants
- Springfield #2 – 12 participants
- Rockingham – 11 participants
- Chester – 12 participants
- Most have a primary care doctor
- Most have insurance
- Most pay no co-pay

WHAT DID WE LEARN?

- General awareness for range of services was high.
- Awareness of family doctors, dentists, mental health and walk-in care mentioned in all 4 groups.
- Word of mouth and family/friends - strong referral source.
- Wait time for appointments reported as long.
- Dental (including oral surgery and restorative care) in demand for Medicare, Medicaid and dental uninsured

SPRINGFIELD - 2016 COMMUNITY HEALTH NEEDS ASSESSMENT FOCUS GROUP RESULTS

RECOMMENDED CHANGES

- Improve access to full-service Dental Care
- Improve access and reduce wait times for appointments
- Improve communication between caregivers
- Explore follow up call process for test results - 6 out of 12 in Chester reported no follow up call.

NEEDED HEALTHCARE SERVICES

- Dental, Dental, Dental (incl. oral surgery) (30)
- Mental Health (psychologists, psychiatrists, incl child) (13)
- Addiction treatment (11)
- Needle Exchange (4)
- Cannabis Dispensary (5)
- Access to Specialists (9)
- Planned Parenthood (5)

NEEDED SUPPORT SERVICES

- Rec Center programs, structured programs for kids (13)
 - Exercise pgms (yoga, zumba) (Springfield - 6)
 - Gym Memberships-low cost (Rockingham - 3)
- Care coordination (10)
- Mental health/suicide prevention hotline (8)
- Local therapy pool for PT – better access - Rockingham (8)
- Homeless--education, housing, mental health, basic needs (6)
- Provider education/acceptance of socio-economics (6)
- Transportation – more flexibility in schedule (6)
- Eldercare/Dementia/Alzheimer's Support (5)

AWARENESS OF LOCAL SUPPORTS (Where do they go to find local support services?)

- Google (4 sites)
- Valley Health Connections (3 sites)
- Case Managers, CHT, Care Coordinators (3 sites)
- 2-1-1 (3 sites)
- Voc Rehab (3 sites)
- Senior Solutions (3 sites)

NEXT STEPS

- Consider focus groups in Ludlow, Londonderry, Charlestown
- Incorporate results into Community Health Needs Assessment process
- Integrate into Operations planning
- Share results with Recreation Centers in Springfield and Rockingham

COMMUNITY HEALTH TEAM PARTNER CONTACTS

Ameele	Adam	Psychologist	SMCS
Bohen	Joanne	Director of Adult Day	SMCS
Cappeillo	Paul	LICSW	SMCS
Carson	Amelia	Care Coordinator	SMCS-Women's Health
Coates	Thomasena	CHT & Health Access	SMCS
Dakin	Leigh	Community Advisory Group	SMCS
Distasio	Laurie	Care Coormiator	MVMC- SMCS
Dufresne	Josh	Chief of Practice Operations and HRSA Project Dir	SMCS
Ford	Tim	CEO	SMCS
Foster	Sherri	Care Coordinator	SMCS Adult Day
Harris	Tracie	Case Manager	Springfield Hospital
Doyle	Sarah	Self Management Reg Coord/Admin Asst	CHT
Howard	Ray	LICSW	SMCS
Mack	Lindsay	CHT Community Worker	SMCS CHT
McNally	Jill	Medical Home Specialists	CHT
McNichol	Charlene	Social Worker	SMCS
Peck	Lara	RD, CDE	CHT
Priebe	Robyn	Clinical Registered Dietician	SMCS/CHT
Reifenrath	Kristin	LICSW	SMCS
Shattuck	Maureen	Care Coordinator & Diabetic Educator	SMCS
Sherwood	Brook	MAT Care Coordinator	SMCS
Smith	Anna	SMCS Marketing and Communications	SMCS
Smith	Elsie	Mt. Valley Community	MVMC- SMCS
Stewart	Kristin	Behavioral Health Adm. Assis.	SMCS
Stockwell	Rebecca	Case Manager-ED	SMCS
Taylor	Katrina	One Care	SMCS
Tier	Jennifer	Care Coordinator	Chester Family Medicine, SMCS
Tips-McClaine	Meredith	Care Coordinator	Spgfld Hlth Ctr SMCS- Family Practice
Trauth	Angela	LICSW	SMCS
Uhm	SooYoung	Dietitian	SMCS CHT
Walsh	Jim	PMH-NP/Behavioral Health/Substance Abuse Care Coordinator	SMCS
Wilson	Janet	Certified Therapeutic Recreation Spec	SMCS-Windham
Belt	Scott	Care Coordinator	Rockingham Medical Group, SMCS
Boreham	Lauren	Care Coordinator	Charlestown Family Medicine, SMCS
Donohue	Andria	RN/Care Coordinator	Ludlow Health Center, SMCS
Gosselin	Lisa	ASHA Cert Clinical Audiologist	Connecticut Valley ENT
Raymond	Skip	VP Board	MVMC- SMCS
Krechetoff	Irene	DO, Family Practice	Rockingham Medical Group
NortonWeber	Susan	RAIM Care Coordinator/ Tobacco Treatment Specialist	Ridgewood Assoc of Internal Med
Satterlee	Terri	Social Worker	Springfield Hospital
Anderson	Jenny	School Nurse	Spfld School District
Bell	Catherine	Special Educator for Non-Traditional Students	Spfld School District
Carlson-Allen	Anita	Central Elementary	WNE SU (Windham NE SU - school nurse)
DeCamp	Rosie	Social Worker	Spfld School District
Christman	Mary	School Nurse	Elm Hill School
Collins	Gladys	Public Pre-k	Springfield School District
Dunne	Michelle	RN	Spfld School District, Gateway
Hurd	Kristen	Clinical Psychologist	Spfld School District
McLaughlin	Zach	Superintendent	Spfld School District
Rounds	Jan	School Counselor	Union Street School
Sprague	Beth	Guidance Counselor	Weathersfield School
Stevens	Emily	Nurse	Weathersfield School
Tarmey	Ann	Clinical Social Worker	Spfld School District
Bartley	Jim	SACM, Counselor	HCRS/Outpatient (Community Mental Hlth)
Brown	Bill	Area Manager	HCRS
Burns	Donna	Police Liaison/Comm support Specialist	HCRS
Duhamel	Kathy	Coordinator/Clinician Elder Care	HCRS
FitzGerald	Chris	Residential Specialist	HCRS
Geha	(Ann) Sophie	Intake Coordinator	HCRS
Hoffmann	Theresa	ElderCare	HCRS
Howell	Jon	Residential Specialist	HCRS
Karabakakis	George	CEO	HCRS
Maresca	John	Adult Case Manager	HCRS
Parham	Opeyemi	Peer Support Specialist	HCRS
Lenselink	Gerda	Area Manager School Based Program	HCRS
Reid	Christine	Area Manager-Children's	HCRS
Smith	Elizabeth	Intake Coordinator for Dev. Services	HCRS
Schroeder	Heidi	Outpatient Case Manager	AMHAS - HCRS

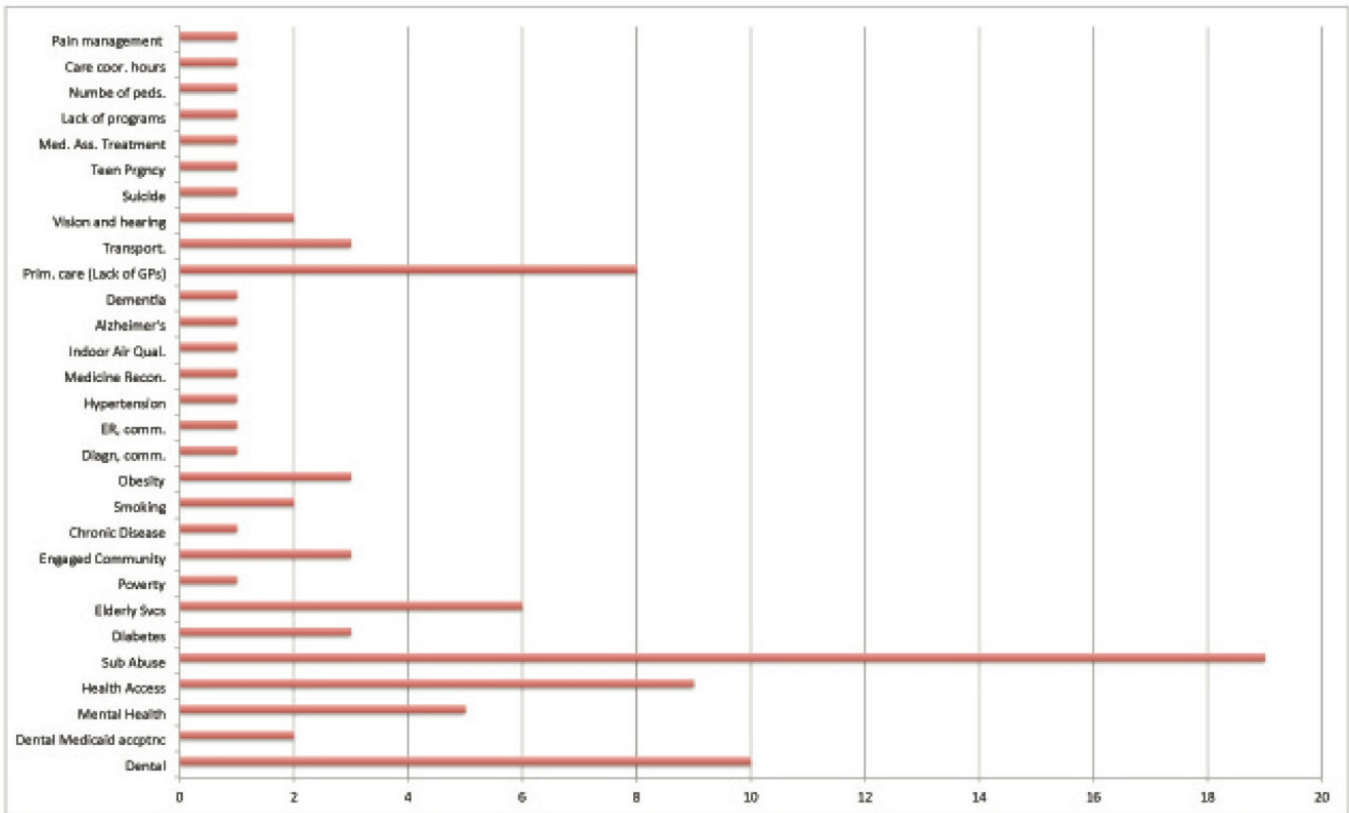
Scott	Carol	AOP Case Manager	HCRS
Shakespeare	William	Director of Children's Services	HCRS
Young	Mark		HCRS
Beardsley	Karen	Finance Manager	Southern Vermont Health Education Center
Brothers	Beth	Health Careers Manager	So. VT AHEC
Hammond	Marty	Executive Director	Southern Vermont Health Education Center
White	Susan	Education Coordinator	SVAHEC
Boyle	Lynn	Field Director	Agency of Human Services
Bull	Elizabeth	Counselor for the deaf and hard of hearing	Voc Rehab
Bussino	Mindi	Case Manager	Reach Up
Bania	Jo	District Director	DCF Family Services
Charkins	Hope	Medical Social Worker	Children with Special Health Needs, VDH
Cherubini	Peter	CWS	Reach Up
Fritch	William	Public Health Nurse	VT Dept of Health
Gendal	Anya	VDH	Nutritionist
Gurney	Charles	LADC	DAIL-VDH
Haag	Karen	Reach Up Case Manager	AHS
Kelin Smith	Debbi	VCCI Social Worker	Dept of VT Health Access - VCCI
Marieb	Claudia	Substance Abuse Prevention Consultant	Vt Dept Health
Pont	Christopher	Nurse Supervisor	VDH
Neal	Jeanne	Reach up Supervisor	AHS
Quinney	Tricia	Case manager	Reach Up
Read-Smith	Susan	DVHA Case Manager	Dept of Health Access - VCCI
Salzinger	Betty	Program Services	Reach Up
Shuster	Kathy	Care Coordinator	Dept of Health Access - VCCI
Van Alstyne	Rilea	Reach Up Case Manager	Reach Up
Snow	Linda	CWS	Reach Up
Thomas	Becky	Health Services District Director	Vt Dept of Health
Burke	Pat	Family Services Dir	SEVCA
Baird	Dianne	Family Service Specialist	SEVCA Head Start
McEwen	Elizabeth	Jobs For Independence	SEVCA (community action)
Tolaro-Heidbrink	Jennifer	Case manager, BF Shelter Coordinator	Windham County Youth Services
Chase	Tara	Project Director	Windsor County Youth Services
Chouinard	Indigo	Community Health Worker	Neighborhood Connections
Dougherty	Tom	Executive Director	Neighborhood Connections (note - new SMCS B
Downer	Regina	Nurse Community Advocate	Neighborhood Connections
Lenilko	Noreen	Social Worker	Neighborhood Connections
Barbeau	Delores	MD Health Educator	Neighborhood Connections
Behuniak	Mary	Representative	Neighborhood Connections
Bridge	Audrey	Executive Director	Black River Good Neighbor Services
Armstrong	Deb		Chester Community Cares
Bullard	Christine	Director	Parks Place Community Ctr
Pitcher	Lisa	Director	Our Place Drop-In Center (food shelf/kitchen)
Wiese	Mike	Assistant Director	Springfield Family Center
Willumitis	Sherry		Chester Andover Family Center
Freedman	Ronnie	Director	Westminster Cares
Bladyka	Andy	Director	Springfield Parks and Recreation (town)
Craig	Christian	Executive Director	Edgar May Recreation Center
Lord	Donminic	Fitness Director	Edgar May Recreation Center
Swahn	Meagan	BARJ Coordinator	Juvenile Restorative Probation Prog
Germain	Wendi	Exec. Director	Spfld Restorative Justice Center
Grobe	Dave	Rehab Specialist	Windham & Windsor Housing Trust
Husband	Linda	Coordinator	SASH Springfield Housing Authority
McInerney	Rich		Springfield Supported Housing
Moore	Rich		Springfield Supported Housing
Morlock	Bill		Springfield Housing Authority
Daniels	Diane	SASH Nurse	Springfield Housing Authority
Chapman	Chris	Case Manager	Springfield Supportive Housing
Semans	Catherine	Director of Homeownership Programs	Windham & Windsor Housing Trust
Williams	Wendy		SRJC Transitional Housing
Cioffi	Paul	Manager	Springfield Warming Shelter
Sacco	Michelle	Transitional Housing Manager, BF	Windham County Youth Services
Buckley	Kate	Director of Development & Community Relations	Windham & Windsor Housing Trust
Vandersee	Kimberly	Director	Bayada Home Health Care
Lechthaler	Carole	RN Facility Liason	VNA
Kirschner	Shana	Asso Director / Physical Therapist	Bayada Home Health Care
Hawthorne	Megan		VNA/VNH
Bolster	Betty	RN	Home Healthcare, Hospice and Comm Serv
Miller	Nicole	Admissions and marketing Director	Cedar Hill Continuing Care Community
Ellis	Robert	Region VP	TLC Nursing Assoc

Presch	Heather	Executive Director	Springfield Health and Rehab
Rueter	Joanna	Social Worker	Sustainable Aging
Hood	Anila		Senior Solutions
Boutwell	Mark	Director of Social Services	Senior Solutions
Wolters	Erich	Chief Operating Officer	Cedar Hill Continuing Care Community
Francis	Bruce		L&M Family Care Givers
Emerson	Terri	Director	Springfield Senior Center (town)
Thomas	Leona	Director of Admissions and Marketing	Pine Heights
Mair	Bart		Lincoln Street (developmental services)
Paradis	Trisha	Intake Coordinator	Lincoln Street, Inc
Grover	Jean	Nurse	Lincoln Street Inc
Raymond-Empey	Lynn	Director	Valley Health Connections (free clinic)
McCarthy	Rose-Anne	Patient Navigator	Valley Health Connections
Becken	Elizabeth	Eligibility Coordinator	Valley Health Connections
Sanctuary	Cheryl	Operations manager	Sojourns
Moore	Cynthia		Sojourns (alternative health)
Piper	Gerry	Pastor-Methodist Church	Assoc. of Area Churches
Obresky	Jean	Pastor-UCC	Assoc. of Area Churches
Zammattoro	Jeanne		Assoc. of Area Churches
Otto	Katharine		S. Windsor Cty Reg Planning Com.
Ovitt	Michelle		CRT (Conn River Transit)
Gagnon	Rebecca		The Current (CRT)
Brooks	Ashley	Case Manager	BCBSVT
Zea	Jennie	RN Case Manager, Integrated Health Mge Dept	BCBSVT
Roach	Elizabeth	Network Operations Lead	One Care VT
Sheehey	Miriam	Quality Manager	One Care VT
Launer	Patty	Quality Manager	Bi-State
Gammon	Stormy	Volunteer	Greater Falls Connections (coalition)
Schairbaum	Laura	Director	Greater Falls Connections
Sharland	Scott	Program Specialist	Greater Falls Connections
Hillhouse	Courtney	Prevention Coordinator	Springfield Prevention Coalition
Thompson	Stephanie	Director	Springfield Prevention Coalition
Sterling	Vickie	Director	Womens Freedom Center (domestic violence)
Johnson	Michael	Executive Director	Turning Point Recovery Center
Sanderson	Stacey	CIS Coordinator	Spfld Area Parent Child Ctr
Garfield	Jeanice	School Board/Rotary	Building Bright Futures
Taetzsch	Ellen	Regional Coordinator	Building Bright Futures
Tedesco	Pamela	Coordinator	VCIL (Vt Ctr Independent Living)
Clements	Alaina	Specialist	VCIL

COMMUNITY STAKEHOLDER INTERVIEWS

Personal interviews were conducted with 45 community stakeholders from communities within the identified service area. Contacts included the broad interests of the community and representatives from many organizations and agencies, including but not limited to: school systems, town health officers, police, EMS, recreation departments, housing, senior citizens centers, churches, transportation, town managers.

Similar to our community survey, these interviews identified key areas identified included substance abuse, mental health issues, and dental services as key areas needing attention. The category of “access” identified a need for more doctors, including specialty care, these numbers are very small. The community survey with a much higher response rate from consumers reported high satisfaction with access to care.



MEDICAL STAFF INPUT

Members of the Medical Staff were asked to participate in helping to identify key issues. Not surprisingly, the lack of, or complexity of, health insurance was reported as the leading barrier to health care services, followed by high deductibles and financial concerns. Universal healthcare was mentioned twice regarding insurance. A summary of response is outlined below:

Insurance issues	7
Financial issues	6
More MDs, more availability	5
Lack of patient engagement	5
Medication management	4
Transportation	3
EMR	2
Dental	1
Advocacy for children/parents working with school district	1
Time	1
Perceived reputation of Springfield Hospital	1
Limited Job Opportunities in the Community	1
Inability to text/email patients	1

PLAN FOR COMMUNICATION OF RESULTS OF THE COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY

Springfield Hospital will make both the CHNA report and the Implementation strategy widely available to the public. This will be accomplished by:

- Posting to the website in an easily-downloadable format at www.springfieldhospital.org.
- Making a paper copy available upon request by calling Connie Smith, at 802-885-2151.
- Notify medical staff and employees that the CHNA report and implementation strategy is complete and available to the public.
- Publicly notifying the community that the CHNA report and implementation strategy is complete and available to the public.
- Present CHNA findings to the SMCS Community Health Team and the Unified Community Collaborative at their regular meetings — and to other groups as requested.
- The 2013 CHNA Report and Implementation Strategy will remain available on the website or by hard copy upon request.