Springfield Hospital
Where People Come First

North Star HEALTH

Community Health Needs Assessment | September 2022









Community Input on Health Issues and Priorities, Selected Service Area Demographics and Health Status Indicators

Springfield Area Community Health Needs Assessment

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Community Input on Health Issues and Priorities,

Selected Service Area Demographics and Health Status Indicators

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Partner organizations for the 2022 Community Health Needs Assessment include Springfield Hospital, North Star Health and participants in the Springfield Area Community Health Collaborative with technical support from NH Community Health Institute/JSI.

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Executive Summary

During the period February through August 2022 an assessment of Community Health Needs was completed for the combined service area of Springfield Hospital and North Star Health. Assessment activities were guided by a planning committee of the Springfield Area Community Collaborative with multiple organizations and partners involved in methods design, data collection and community engagement, as well as review of findings. The purpose of the assessment was to:

- Better understand the health-related issues and concerns impacting the well-being of area residents;
- Inform community health improvement plans, partnerships and initiatives; and
- Satisfy state and federal Community Health Needs Assessment requirements for Community Benefit reporting.

For the purpose of the assessment, the geographic area of interest was 28 municipalities in Southeastern Vermont and several bordering communities along the Connecticut River in New Hampshire. Methods employed in the assessment included:

a) surveys of community residents made available on-line through email distribution, social media and website links, as well as paper copies and collection boxes placed in numerous public locations around the region;
b) a direct email survey of community leaders representing multiple community sectors;
c) a set of five community discussion groups convened across the region; and
d) review of available population demographics and health status indicators including social determinant of health characteristics.

All information collection activities and analyses sought to focus assessment activities on vulnerable and disproportionately served populations in the region including populations that could experience limited access to health-related services or resources due to income, age, disability, and social or physical isolation. The community health needs assessment also acknowledged the significant impact of the COVID-19 pandemic, which was an over-arching concern affecting both the community health needs assessment process and the content of community input. Nearly half of respondents to the community survey indicated that they were *currently* experiencing increased stress or anxiety because of the COVID-19 pandemic (community survey responses were gathered between April and July 2022). The table on the next page provides a summary of the priority community health needs and issues identified through this assessment.

SUMMARY OF COMMUNITY HEALTH NEEDS AND ISSUES BY INFORMATION SOURCE			
Community Health Issue	**Community Surveys**	**Community Health Status Indicators**	**Community Discussions and Open Comments**
Cost of health care services, affordability of health insurance	Cost of health care services including health insurance and prescription drug costs were the highest priorities identified by community residents overall and a top 5 priority identified by community leaders. More than two-thirds of respondents with household income less than $50K indicated difficulty accessing one or more type of health or human service in the past year.	The estimated proportion of people with no health insurance (5.5%) is similar to the overall percentage in NH (6.0%) and higher than in VT (4.0%). About 9% of area residents reported delaying or avoiding health care because of cost.	Community discussion participants identified health care costs and financial barriers to care as significant and ongoing concerns. It was also the second most frequently mentioned topic area in an open-ended question about 'one thing you would change to improve health'
Availability of primary care and specialty medical services	Primary Health Care was the most frequently mentioned (26%) service type people had difficulty accessing. About 18% of community survey respondents also reported difficulty accessing Specialty Medical Care. 'Wait time too long' was the top reason cited for access difficulty for both service types.	Primary care physician FTEs per 100k population (19) in the Greater Sullivan County region are less than half the FTE capacity in NH overall (42 per 100K population). About 13% of adults report not having a personal doctor or health care provider.	Issues related to health care provider availability including turnover, choice, wait time and responsiveness was the topic area with the most comments – about one-third of 500 different comments - on an open-ended question about 'one thing you would change to improve health'
Availability of mental health services	'Ability to get mental health services for children and youth' and 'Ability to get mental health services for adults' were the top 2 priorities identified by community leader and service provider respondents and the top issue identified by community residents under age 45; 18% of community survey respondents indicated difficulty accessing needed mental health services in the past year.	The rate of Self Harm-related Emergency Department visits among Windham County residents (293per 100K population) was higher than the rate in VT overall (201 per 100K population). In Sullivan County, the number of Residents per Mental Health Provider (500:1) is substantially higher than the population to mental health provider ratios in VT (200:1) or NH (290:1)	Mental health care was identified as a continuing and top priority for community health improvement in community discussion groups including concerns for insufficient local capacity, ongoing concerns of stigma, and increased needs resulting from anxiety, stress and isolation impacts of COVID-19, particularly among school-age youth.

SUMMARY OF COMMUNITY HEALTH NEEDS AND ISSUES BY INFORMATION SOURCE (continued)			
Community Health Issue	**Community Surveys**	**Community Health Status Indicators**	**Community Discussions and Open Comments**
Socio-economic conditions affecting health and well-being such as lack of safe and affordable housing, access to healthy foods, and affordable, dependable child care	'Ability to buy and eat healthy foods' was the next highest priority among community residents after health care-related cost concerns. Affordable Housing was selected by two-thirds of community leader respondents as a top focus area for improvement in support of a healthy community. Other top focus areas were 'Affordable, high quality child care' and 'Livable Wages'.	An estimated 10% of service area households experienced food insecurity in 2019 and about 1 of every 3 households in the service area have housing costs >30% of household income. A wide range in community wealth also characterizes the service area where median household income in the wealthiest communities is about 100% higher than communities with the lowest median household incomes.	Affordability and availability of housing was a common denominator across discussion groups addressing concerns of aging, substance use recovery, mental health and workforce. Availability and affordability of other resources such as groceries, child care and other family supports, and transportation were described as significant problems pre-pandemic made worse by the pandemic.
Alcohol and drug use prevention, treatment and recovery	Prevention of substance misuse, addiction and access to substance misuse treatment and recovery services were top issues identified by both community leaders and community respondents across age groups as priorities for community health improvement.	Vermont has experienced one of the highest increases in drug overdose deaths in the country during the COVID-19 pandemic increasing by 89% in 2021 compared to 2019. The rate of opioid-related overdose fatalities in Windsor and Windham counties is higher than overall rate in Vermont.	Participants identified improvements in resources for substance misuse prevention, treatment and recovery, but also noted that the need is still high and has been exacerbated by the pandemic. Gaps in service capacity were identified for medical detox, residential treatment and recovery housing.
Affordability and availability of dental care services	After Primary Health Care, the next most commonly reported service people reported difficulty accessing was 'Dental Care for Adults' (23%). Common reasons cited for access difficulties were waiting time, lack of dental insurance, cost, and 'not accepting new patients'.	The percent of adults who report not having visited a dentist or dental clinic in the past year was higher than overall state rates in the Springfield Health District (35%) and the Greater Sullivan County Public Health Region (36%). (Estimates are pre-COVID.)	Common response topics on the question of 'one thing you would change to improve health' were issues related to dental care and health care provider availability such as provider turnover, choice, wait time and cost.
Health care workforce shortage	A common, underlying concern associated with availability of many health services including primary care, medical sub-specialists, behavioral health and dental is an overall shortage of health care workers.	The shortage of health care workers are concerns across VT and NH associated with an aging workforce and recruitment and retention challenges, particularly for more rural communities.	In addition to concerns for lack of availability of primary care, behavioral health and dental services, discussion participants raised challenges with accessing home care services and supports.

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A. COMMUNITY OVERVIEW WITH SELECTED SERVICE AREA DEMOGRAPHICS

The total population of the combined service area of Springfield Hospital and North Star Health was 62,807 residents in 2020 according to the United States Census Bureau. Table 1 below and continued on the next page displays the service area population distribution by municipality, as well as the proportion of residents who are under 18 years of age and the proportion of residents who are age 65 years and older.

Compared to Vermont or New Hampshire overall, the service area population has proportionally more senior residents. About 23% are 65+ compared to about 18% in NH and 19% in VT. A substantial range is observed for this statistic within the region with the lowest proportion of senior residents in the towns of Baltimore (15%), Langdon (16%, and Cavendish (17%). In comparison, seniors are 30% or more of the resident population in 5 service area towns including Chester (30%), Weston (30%), Mount Holly (30%), Grafton (33%) and Landgrove (55%).

TABLE 1: Service Area Population by Municipality

Town / City	2020 Population	% Total Service Area Population	% Under 18 years of age	% 65+ years of age
Andover VT	432	1%	17%	19%
Athens VT	367	1%	18%	23%
Baltimore VT	312	<1%	26%	15%
Cavendish VT	1,302	2%	25%	17%
Chester VT	3,036	5%	15%	30%
Grafton VT	530	1%	16%	33%
Jamaica VT	812	1%	18%	26%
Landgrove VT	173	<1%	15%	55%
Londonderry VT	1,800	3%	14%	19%
Ludlow VT	1,769	3%	18%	28%
Mount Holly VT	1,124	2%	16%	30%
Peru VT	402	1%	14%	23%
Putney VT	2,447	4%	16%	19%
Reading VT	439	1%	11%	26%
Rockingham VT	5,008	8%	21%	21%

Town / City	2020 Population	% Total Service Area Population	% Under 18 years of age	% 65+ years of age
Springfield VT	8,935	14%	14%	25%
Townshend VT	1,302	2%	13%	26%
Wardsboro VT	746	1%	19%	25%
Weathersfield VT	2,740	4%	22%	20%
Westminster VT	2,992	5%	22%	25%
Weston VT	635	1%	19%	30%
Windham VT	444	1%	20%	19%
Winhall VT	781	1%	25%	21%
Alstead NH	1,656	3%	13%	26%
Charlestown NH	5,034	8%	20%	21%
Claremont NH	12,969	21%	18%	20%
Langdon NH	629	1%	21%	16%
Walpole NH	3,991	6%	22%	21%
Service Area Total	**62,807**	**100%**	**18.1%**	**22.7%**
State of Vermont	624,340		18.5%	19.4%
State of New Hampshire	1,355,244		19.0%	18.1%

Table 2 on the next page displays additional demographic information for the municipalities of the Springfield Hospital and North Star Health service area. As displayed by the table, the region overall has median household income lower than the statewide median household income statistic for both Vermont and New Hampshire. There is a substantial range within the region on this measure with the highest median household income community (Peru) having median household income more than twice as high as the lowest income communities (Springfield and Claremont). The percent of people living below the federal poverty level also varies across the region from about 3% of the population of Winhall living in poverty to 20% or more of the population of Baltimore, Springfield and Athens. The map on the page following the table displays the distribution of median household income across towns in the service area.

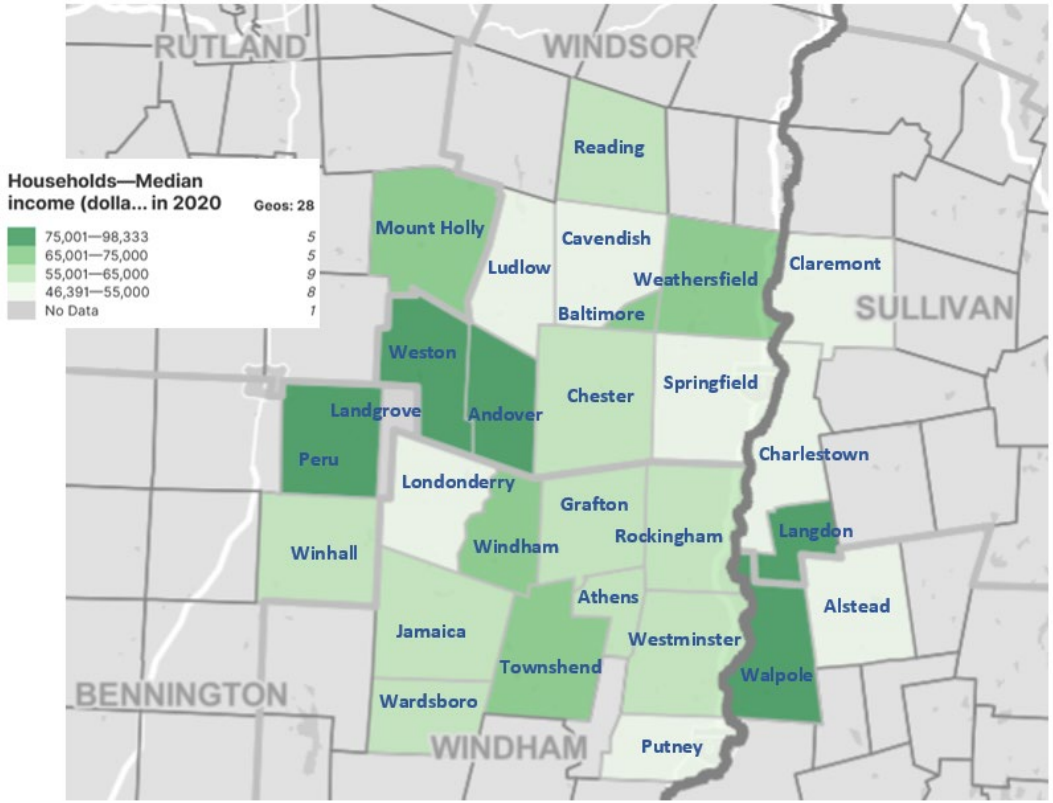
TABLE 2: Selected Demographic and Economic Indicators

	Median Household Income	% with income under 100% Poverty Level	% family households with children headed by a single parent	% population with a disability
Springfield VT	$46,391	21%	19%	23%
Claremont NH	$46,848	16%	54%	18%
Alstead NH	$48,636	15%	57%	13%
Ludlow VT	$48,814	17%	54%	14%
Putney VT	$51,893	19%	37%	20%
Charlestown NH	$52,311	13%	44%	13%
Londonderry VT	$53,214	4%	24%	11%
Cavendish VT	$53,558	8%	18%	16%
Jamaica VT	$56,438	14%	51%	21%
Service Area Overall	**$56,535**	**13.7%**	**32.3%**	**15.4%**
Grafton VT	$56,750	9%	14%	17%
Winhall VT	$58,750	3%	18%	9%
Wardsboro VT	$58,846	7%	21%	13%
Reading VT	$58,906	6%	23%	11%
Rockingham VT	$60,563	17%	30%	12%
Chester VT	$61,964	9%	4%	14%
Athens VT	$62,500	24%	55%	13%
State of Vermont	$63,477	10.8%	31.5%	14.2%
Westminster VT	$63,750	14%	25%	15%
Baltimore VT	$65,833	20%	36%	10%
Mount Holly VT	$66,364	6%	22%	10%
Townshend VT	$73,750	7%	17%	9%
Weathersfield VT	$73,922	7%	33%	10%
Windham VT	$74,375	5%	50%	14%
Walpole NH	$76,250	8%	11%	12%
State of New Hampshire	$77,923	7.4%	28.1%	12.8%

	Median Household Income	% with income under 100% Poverty Level	% family households with children headed by a single parent	% population with a disability
Andover VT	$82,031	6%	13%	9%
Weston VT	$88,409	9%	33%	13%
Langdon NH	$91,875	12%	4%	13%
Peru VT	$98,333	5%	11%	10%
Landgrove VT	No data	5%	0%	6%

Figure 1 – Median Household Income by Town, Springfield Service Area

Data Source: U.S. Census Bureau, 2016 – 2020 American Community Survey 5-Year Estimates



Median household income ranges from $46,391 in Springfield to $98,333 in Peru.

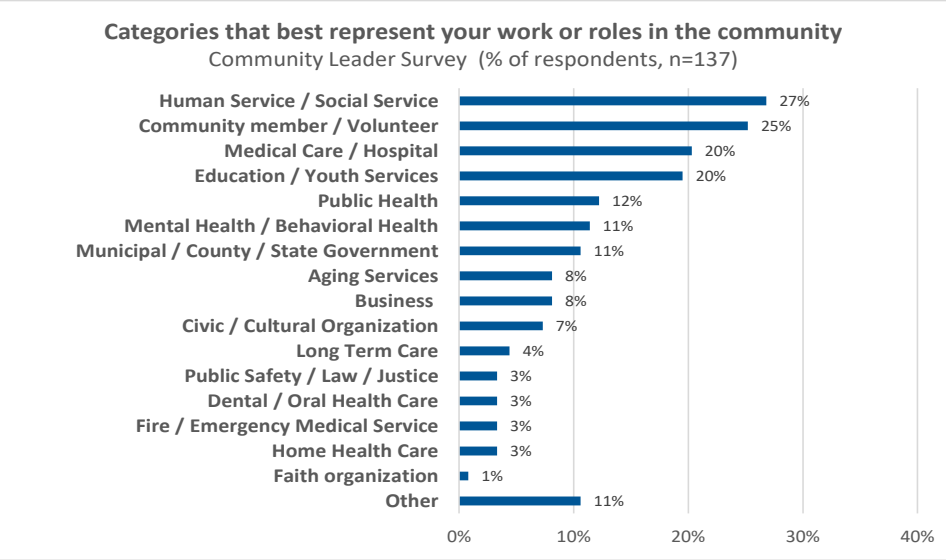
B. COMMUNITY INPUT ON HEALTH ISSUES AND PRIORITIES

Between March and August 2022, the Community Health Needs Assessment planning committee fielded two surveys: one with distribution targeted to community leaders and service providers; the other broadly disseminated to residents across the region. The survey instruments were designed to have many questions in common to facilitate comparisons and contrasts in the analysis.

The community leader survey was distributed via unique email link to 263 individuals in positions of formal and informal leadership of health and human service, local government, education, civic and volunteer organizations serving the combined service areas of Springfield Hospital and North Star Health. The planning committee worked collaboratively to develop the survey distribution list and survey instrument.

Of the 263 partners invited to participate in the Community Leader and Service Provider Survey, 137 people completed the survey (52% response). Figure 2 displays the range of community sectors represented by these individuals. (Note: Respondents could select more than one sector). With the understanding that some organizational leaders may be more familiar with some areas of the wider region than other areas, the survey instrument asked respondents to identify 'the areas you primarily serve or are most familiar with'. Table 3 displays that sub-regional distribution. (Respondents could also select more than one sub-region.)

| Figure 2 |



| Table 3 |

Sub-region	# of Respondents
Springfield, VT area	90
Bellows Falls, VT area	60
Chester, VT area	58
Ludlow, VT area	47
Londonderry, VT area	40
Charlestown, NH area	18
All of the above	28
Other area	16

The community resident survey was distributed electronically through email and social media communication channels, promoted through posters and fliers with links and QR codes posted around the region, and paper copies made available at a variety of distribution points throughout the region.

A total of 881 community members completed the Community Resident Survey, representing all 28 towns of the Springfield Hospital and North Star Health service area as well as a number of other communities outside the primary service area. Table 4 below displays the grouping of respondents by community. Among respondents who provided information on their current local residence, about 40% are residents of Springfield or North Springfield. The most common locations outside the service area from which survey responses were received were Brattleboro (4 respondents), Manchester VT (4) and Windsor (3).

| Table 4 |

Town / City	Zip Codes	# of respondents	% of respondents*
Springfield	05156	250	34%
North Springfield	05150	42	6%
Chester, Andover, Athens, Baltimore	05143	88	12%
Rockingham (Bellows Falls, Saxtons River)	05101, 05154	62	8%
Charlestown	03603	48	7%
Ludlow	05149	43	6%
Londonderry, South Londonderry, Landgrove	05148, 05155	27	4%
Weathersfield (Perkinsville, Ascutney)	05151, 05030	26	4%
Cavendish (Proctorsville)	05142, 05153	24	3%
Weston	05161	14	2%
Claremont	03743	11	2%
Grafton	05146	10	1%
Alstead, Langdon	03602	9	1%
Westminster	05158	8	1%
Peru	05152	7	1%
Walpole	03608, 03609	7	1%
Putney	05346	4	<1%

Town / City	Zip Codes	# of respondents	% of respondents*
Townshend, Windham	05359	4	<1%
Mount Holly	05758	3	<1%
Winhall (Bondville)	05340	3	<1%
Wardsboro	05360	2	<1%
Jamaica	05343	1	<1%
Reading	05062	1	<1%
Other towns		37	5%

*Percent of respondents who provided information on the location of their residence. About 17% of respondents did not provide this information.

Community survey respondents were proportionally more likely to be female (73%). Approximately 34% of respondents have household income of less than $50,000, 33% have income of $50,000 up to $100,000, and 21% reported household income of $100,000 or more. About 12% of respondents indicated a preference to not provide household income information. Table 4 below displays selected characteristics of respondents to the community survey.

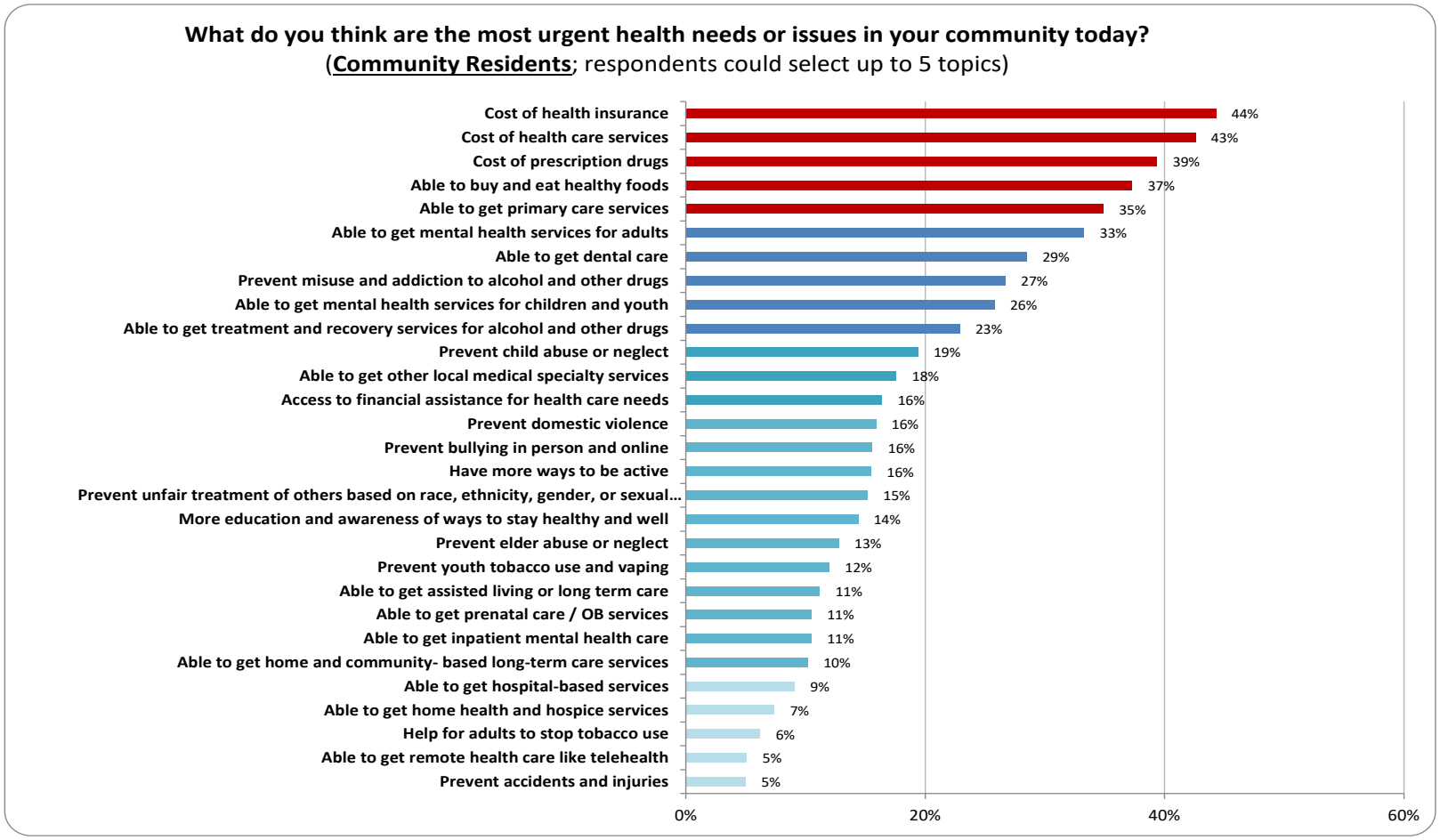
| Table 5 |

Age < 65 years	Female	Black, Indigenous and People of Color	Current military service or veteran
65%	73%	4%	1%
Household Income < $50K	**Currently Uninsured**	**Currently has Medicaid coverage**	**Hard to do some Daily Tasks without help**
34%	3%	15%	10%

1. Priority Community Health Issues

Respondents to the community leader and general community resident surveys were asked to select the top 5 most urgent health needs or issues in the community from a list of 29 potential topics (plus an open-ended 'other' option). On the survey instrument, the topics were organized into 5 overall conceptual groups with 'plain language' descriptions as follows: *Promote Health and Wellness, Make Health Care Services Easier to Get, Address Costs of Care, Prevent and Treat Substance Misuse, and Prevent Abuse and Violence*. Survey respondents could select any of the individual topics from across the different topic groups.

| Figure 3 |



As displayed by Figure 3 on the previous page, related issues of cost of health insurance (44%), cost of health care services (43%) and cost of prescription drugs (39%) were most frequently selected by respondents to the community survey as the most urgent health needs or issues. Ability to 'buy and eat healthy foods' (37%), ability to 'get primary care services (35%) and ability to 'get mental health services for adults' (33%) were the next 3 most frequently selected needs or issues.

Table 5 displays the top priorities by age group. The most frequently selected needs or issues were similar across age groups although respondents under the age of 65 were more likely to select "Able to get mental health services for adults" as a top need than respondents age 65 years and older. Respondents under 45 were also more likely to select 'Able to get mental health services for children and youth' as a top issues. 'Able to get primary care services' was selected by more than a third of respondents across all age groups.

| Table 5: Top Priorities by Age Group |

Age 18-44 (n=188)		Age 45-64 (n=283)		Age 65+ (n=260)	
Able to get mental health services for adults	46%	Cost of health care services	48%	Cost of prescription drugs	44%
Able to buy and eat healthy foods	45%	Cost of health insurance	47%	Cost of health insurance	40%
Cost of health insurance	45%	Able to buy and eat healthy foods	44%	Cost of health care services	37%
Cost of health care services	41%	Cost of prescription drugs	41%	Able to get primary care services	36%
Able to get primary care services	36%	Able to get mental health services for adults	39%	Able to buy and eat healthy foods	29%
Able to get mental health services for children and youth	36%	Able to get primary care services	38%	Prevent misuse and addiction to alcohol and other drugs	26%

Table 6 displays the top priorities on the same question with respondents grouped into 3 sub-regions of service area towns. The first group are residents of Springfield including North Springfield. Group 1 towns are those that are within an estimated drive time of 20 minutes to Springfield Hospital. Group 2 towns are those that are greater than 20 minutes of estimated drive time to Springfield Hospital. See the note below the table for the list of towns included in each group.

As observed with the age group breakdown, there is more similarity overall than difference between the responses from across the town groupings. Issues related to cost are concerns across all towns. Ability to get primary care services is also a concern across all town groups with the residents of towns farthest away from Springfield the most likely to select this issue. Residents of Group 2 towns were also less likely to select 'Able to get mental health services for adults' than residents of Springfield and towns closest to Springfield (Group 1), selecting instead 'Able to get dental care' as one of the top priorities.

| Table 6: Top Priorities by Town Proximity to Springfield |

Springfield (n=292)		Group 1 Towns* (n=249)		Group 2 Towns** (n=153)	
Cost of health care services	44%	Cost of health insurance	43%	Cost of health insurance	50%
Cost of health insurance	43%	Cost of prescription drugs	43%	Cost of health care services	40%
Cost of prescription drugs	39%	Able to buy and eat healthy foods	43%	Able to get primary care services	39%
Able to buy and eat healthy foods	38%	Cost of health care services	41%	Cost of prescription drugs	39%
Able to get mental health services for adults	37%	Able to get primary care services	37%	Able to buy and eat healthy foods	36%
Able to get primary care services	35%	Able to get mental health services for adults	34%	Able to get dental care	29%

*Group 1 Towns are Chester, Andover, Athens, Baltimore, Rockingham, Charlestown, Weathersfield and Cavendish.

**Group 2 Towns are Ludlow, Londonderry, Landgrove, Weston, Claremont, Grafton, Alstead, Langdon, Westminster, Peru, Walpole, Putney, Townshend, Windham, Mount Holly, Winhall, Wardsboro, Jamaica and Reading

The chart below displays the results from the Community Leader survey on the same question with the same response options. Community Leaders tended to identify 'Able to get mental health services for children and youth' as a top community health issue, selected by 46% of Community Leader and Service Provider survey respondents. Similarly, the second most frequently selected urgent health issue was 'Able to get mental health services for adults' (42%). Community leaders also identified ability to 'get primary care services' and ability to 'buy and eat healthy foods' as top issues. As displayed by Figure 5 on the next page, community leaders were somewhat less likely than community residents to select cost-related issues among the top 5 urgent health issues.

| Figure 4 |

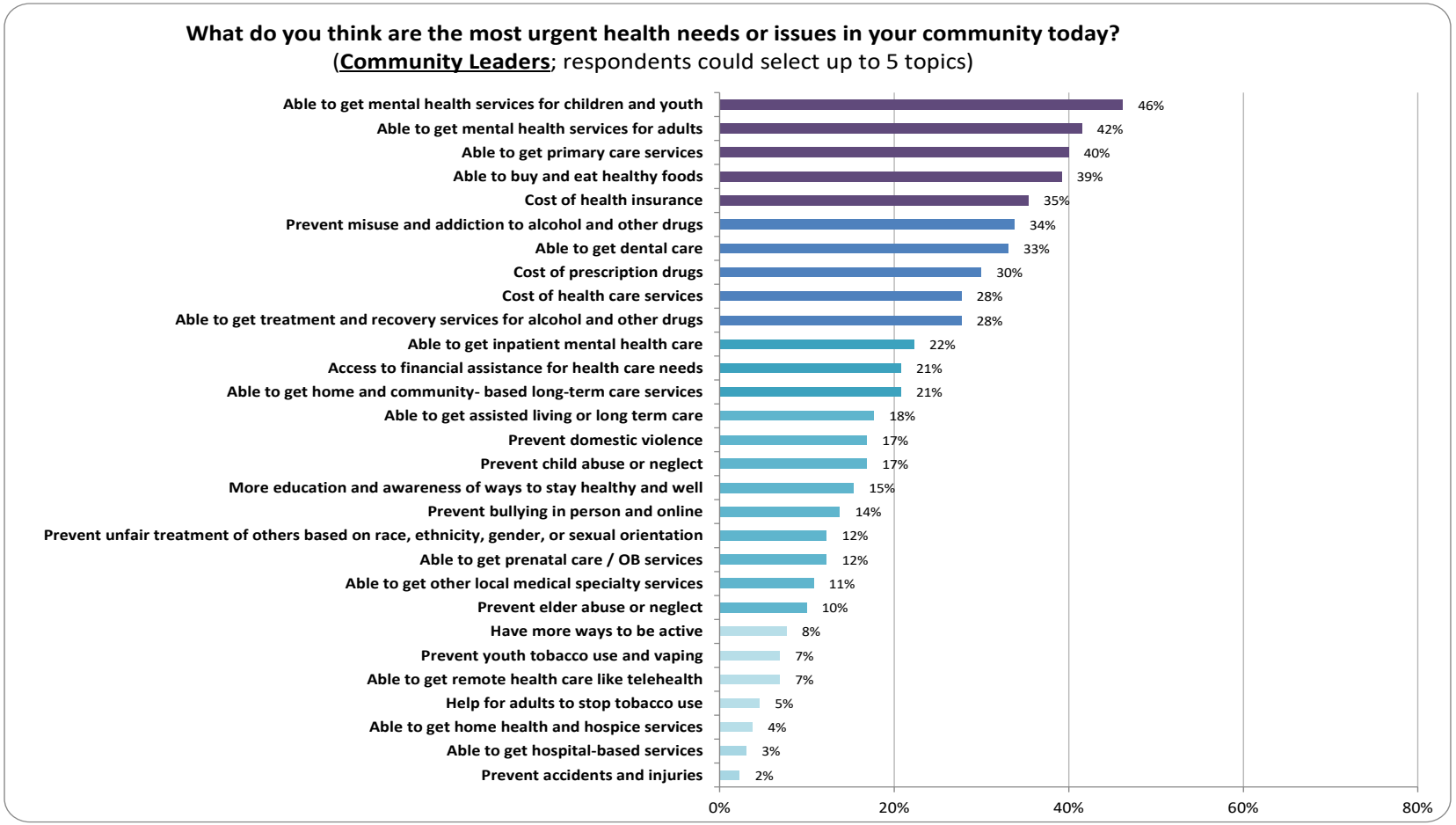
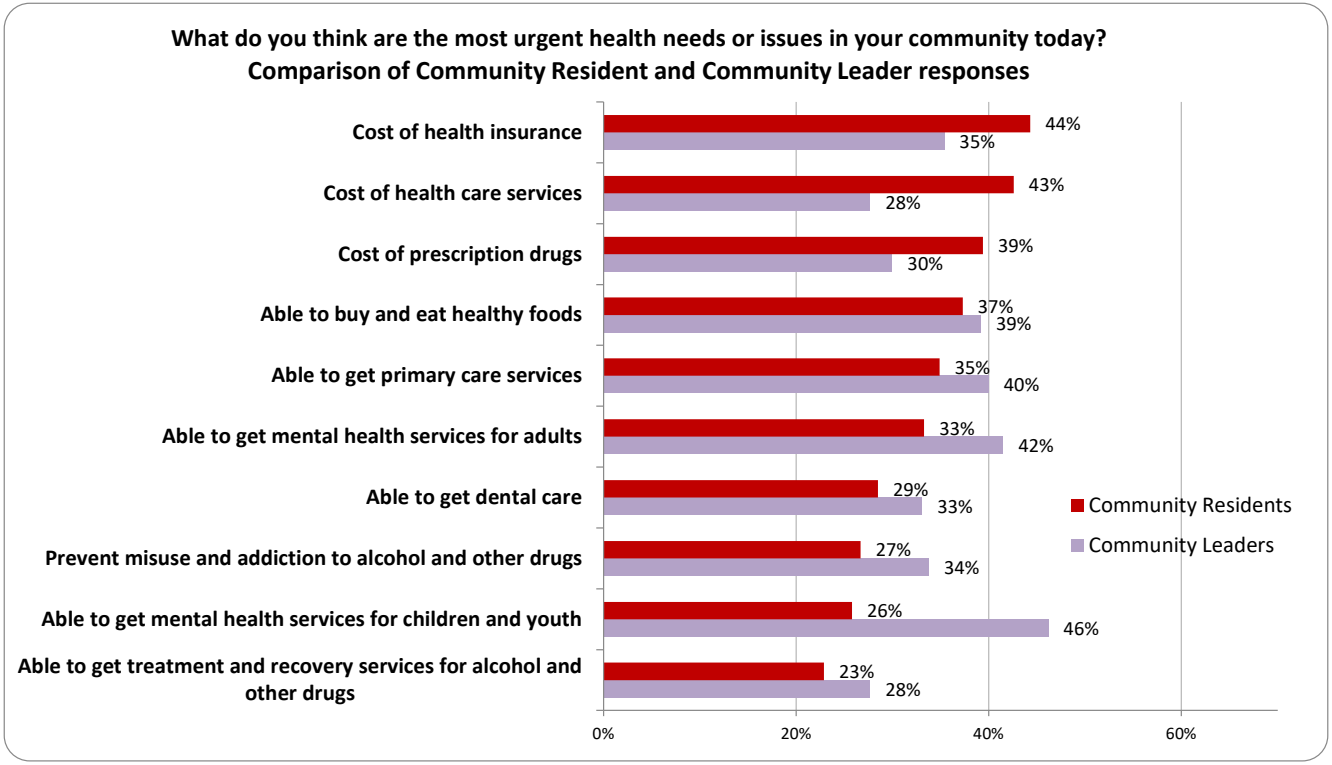


Figure 5 displays a comparison of the top 10 most urgent health issues selected by Community Resident survey respondents compared to the responses from Community Leaders on the same topics. **The list of needs and issues included in the top 10 (out of 29 possible topics) is the same between the two groups of respondents.** Within the set of top 10 needs and issues, there are differences in emphasis and order of priority (as measured by response frequencies). Community residents were more likely to select issues related to cost – cost of care, insurance, prescription drugs – than community leaders. In comparison, community leaders were relatively more likely to select access to mental health services for children, youth and adults as top priorities.

The top issues identified by community residents and leaders on this question are similar to the top issues identified in the 2019 Community Health Needs Assessment when the top 4 issues were: Access to treatment for substance misuse; Access to mental health services; Oral Health and Access to Dental Care; and Access to Affordable Healthcare.

| Figure 5 |



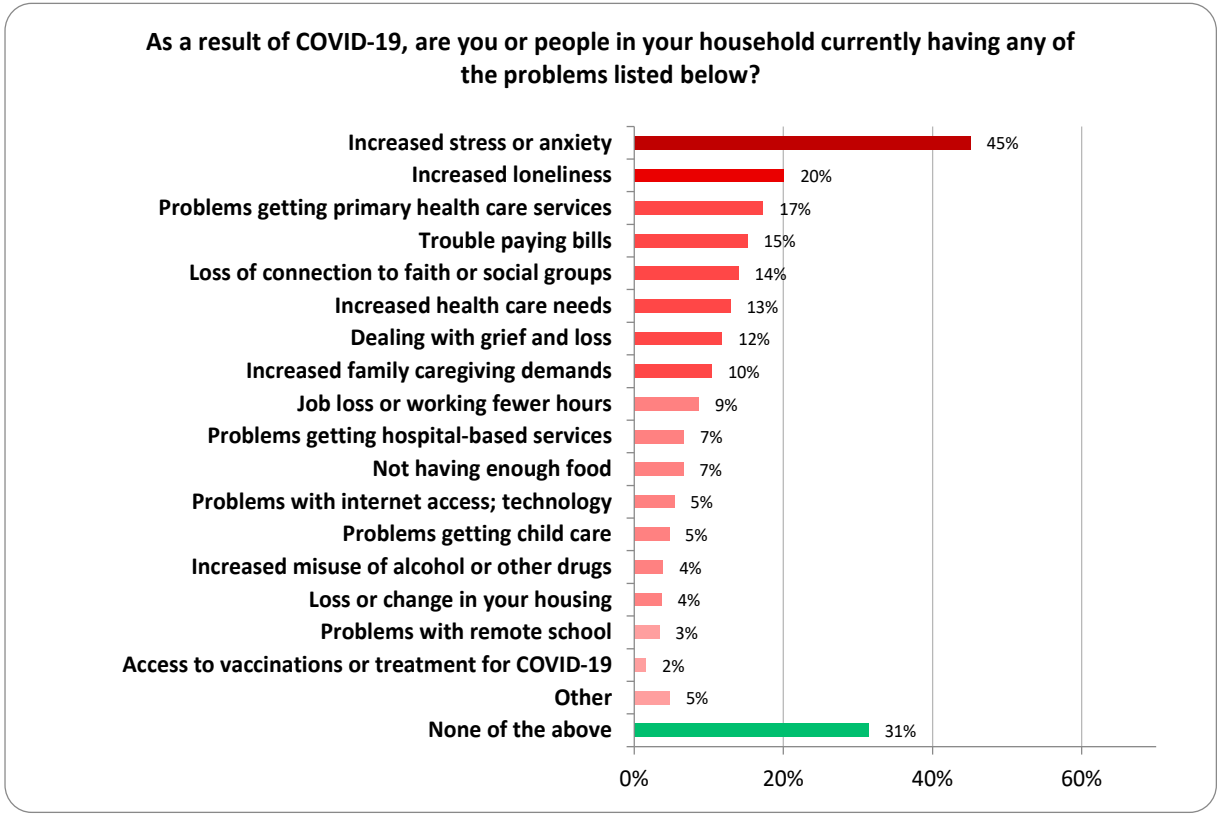
2. COVID-19 Pandemic Impact

The COVID-19 pandemic has clearly had a significant impact on many community members and was an over-arching consideration affecting both the community health needs assessment process and the content of community input. Consequently, the planning committee felt it important to specifically ask community members for input on how COVID-19 was *currently* affecting them or people in their household. About 45% of survey respondents indicated they were *currently* experiencing increased stress or anxiety as a result of the COVID-19 pandemic and about 1 in every 5 respondents were currently experiencing loneliness. (Most community survey responses were received between May and July 2022).

About 17% of respondents indicated current problems getting primary health care services, although less than 2% indicated problems with access to COVID-19 vaccinations or treatment. About one-third of respondents (31%) indicated not *currently* experiencing any of the impacts of COVID-19 listed as options on the question.

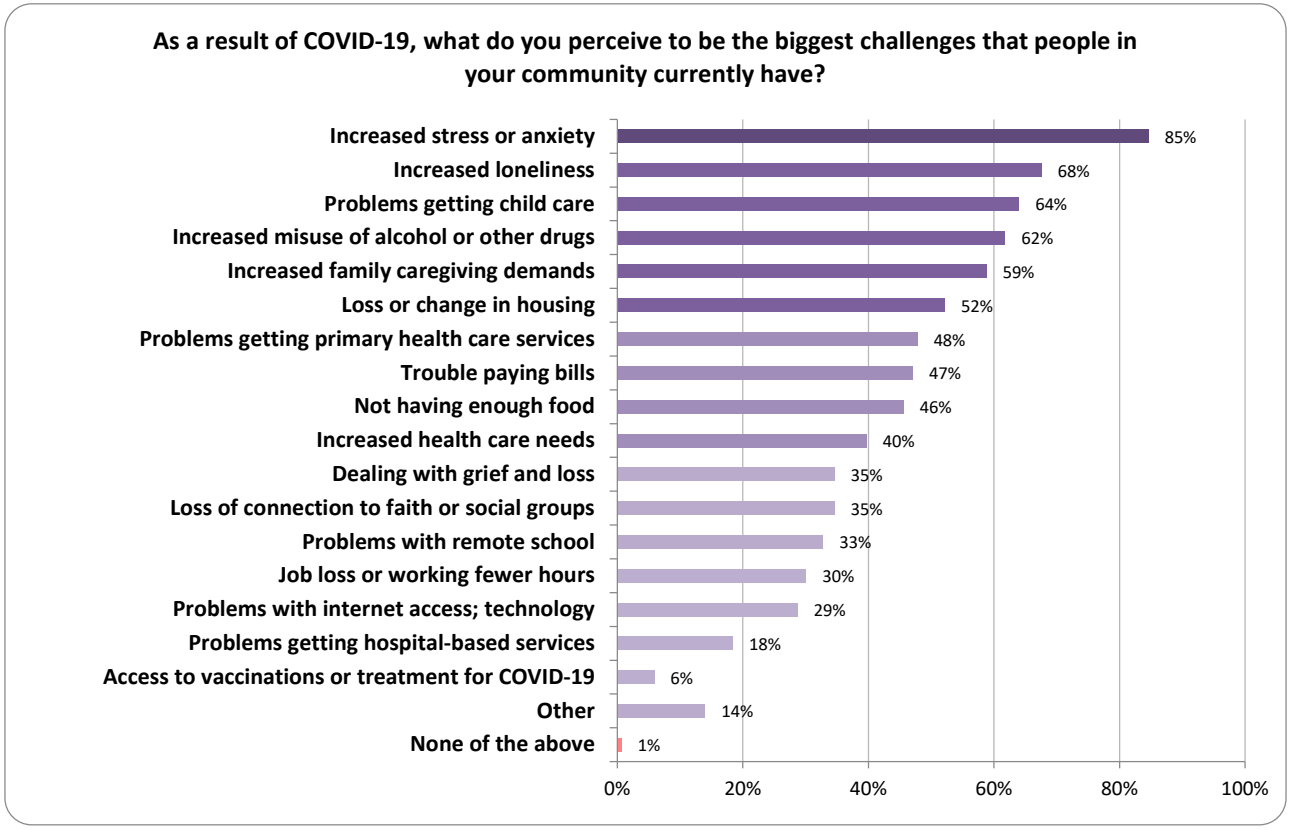
Among respondents with children in their household (n=160), 19% indicated having problems getting child care as a result of COVID-19, 18% reported increased family caregiving demands and 13% reported problems with remote school. Among respondents with household income less than $50,000, 29% reporting having difficulty paying bills and 15% reported not having enough food as a result of COVID-19.

| Figure 6 |



The Community Leader survey asked a similar question about the current impact of the COVID-19 pandemic on people in the community. Community Leaders were asked what are the 'biggest challenges' people in the community currently have as a result of COVID-19 (somewhat different than asking what proportion of people have a particular problem). 'Increased stress or anxiety' was also identified by Community Leaders most frequently as the biggest current challenge of the pandemic; along with increased loneliness, problems getting child care and increased misuse of alcohol or other drugs (respondents could select all that apply).

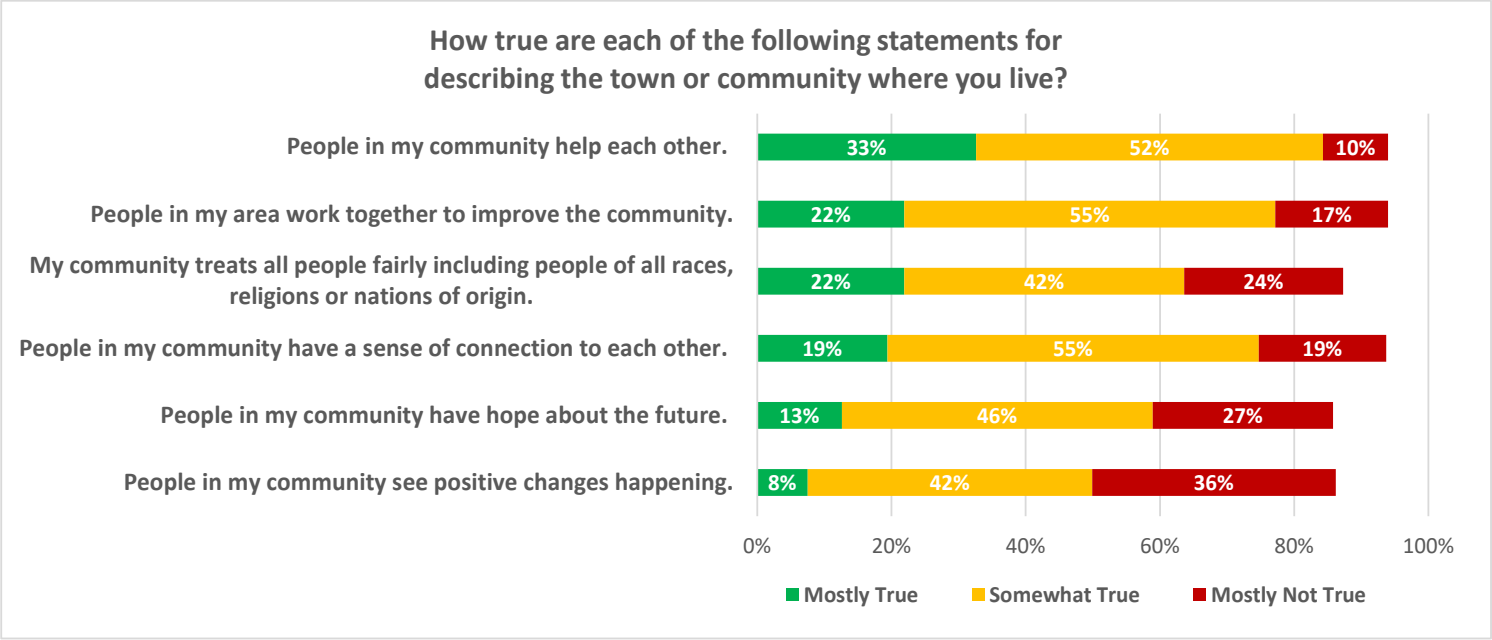
| Figure 7 |



3. Characteristics of a Resilient Community

The Community Resident survey asked people to indicate how true certain characteristics of a resilient community were for the community in which they live. As displayed by Figure 8, 33% of respondents thought the statement, "People in my community help each other" is 'mostly true' and 52% thought the statement was 'somewhat true'. About 1 in 5 respondents indicated that it is 'mostly true' that "People in my community have a sense of connection to each other". More than 1 in 3 respondents (36%) think it is 'mostly not true' that 'People in my community see positive changes happening'.

| Figure 8 |

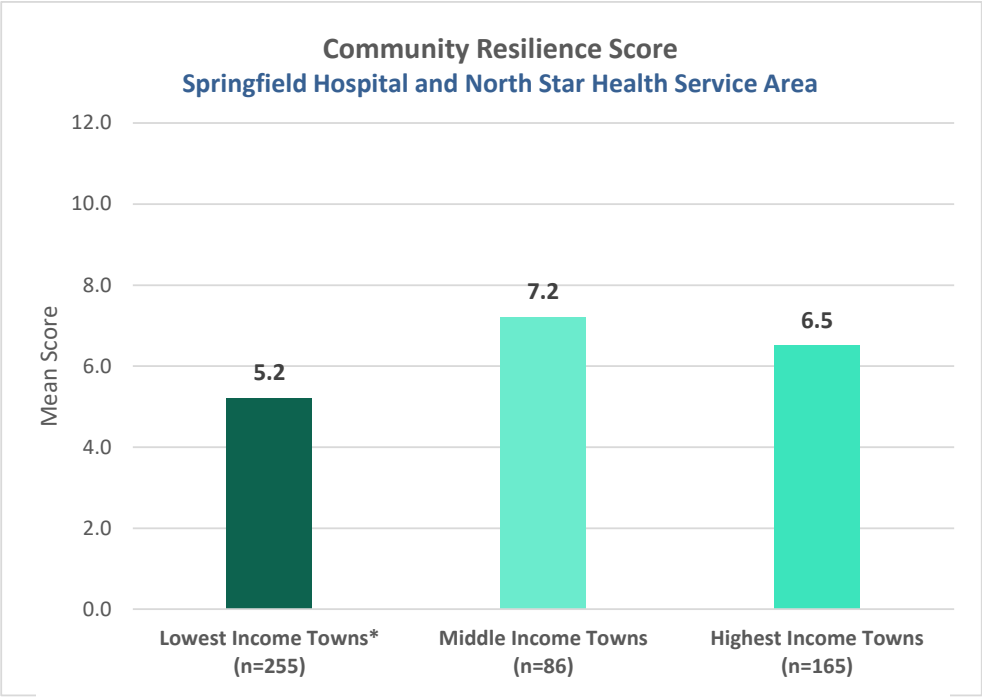


Totals do not equal 100%. Response choice of "Don't Know" not displayed.

Further analysis of this set of questions was conducted by calculating a composite 'Community Resilience Score' for each respondent with possible scores ranging from zero to 12 (6 questions, each question with possible values of 2, 1 or 0). A score of 12 results when a respondent indicates that each of the 6 statements describing a resilient community are 'Mostly True'. Scores were then aggregated for 3 sets of communities within the service area: (1) communities with median household income below $50,000 (Lowest Income Towns on the chart below) (2) communities with median household income between $50,000 and $60,000 (Middle Income Towns); and (3) communities with median household incomes above $60,000 (Highest Income Towns; see Table 2 on page 7 for list of towns by median household income).

Figure 9 displays the mean Community Resilience Score calculated from responses of residents for each of these community groupings. The mean scores for the middle and highest income groups are not significantly different from each other, while the mean score for the lowest median household income group is significantly different and lower than both of the other town groupings (One-Way ANOVA, p>.001). (Note: Responses were excluded from this analysis from respondents not reporting a residential location or who reported locations outside the service area or who did not provide a response on all 6 questions comprising the composite score).

| Figure 9 |

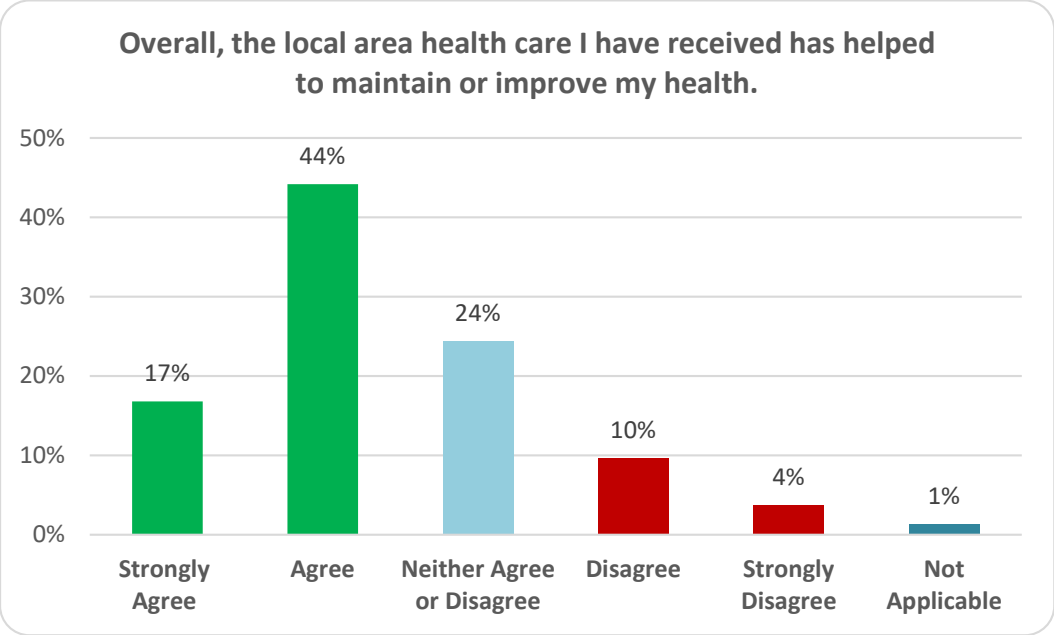


*Mean Score is significantly different and lower than the other two mean scores.

4. Service Barriers and Perceived Effectiveness

The Community Resident survey asked respondents to agree or disagree with the statement: *"Overall, the local area health care I have received has helped to maintain or improve my health".* As displayed by the chart below, about 61% of respondents agreed or strongly agreed with the statement, while about 14% disagreed.

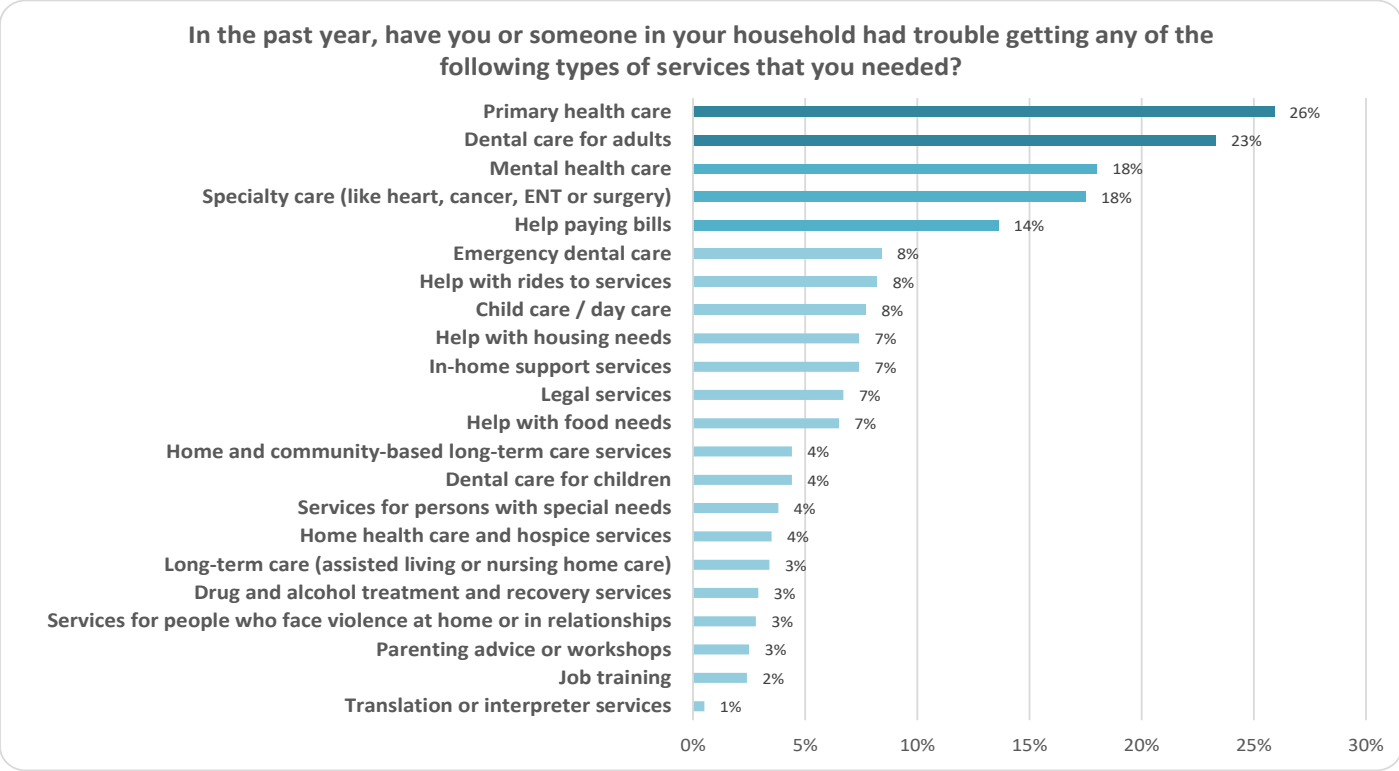
| Figure 10 |



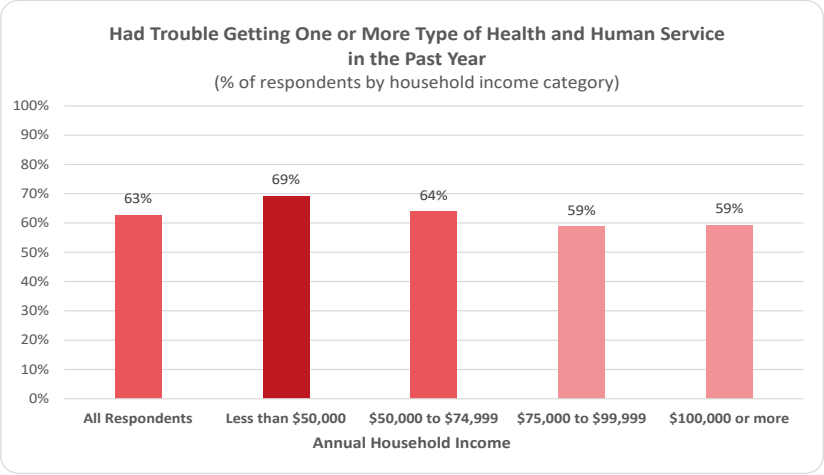
Respondents to the Community Resident survey were also presented with a list of potential health and human services and asked, *"In the past year, have you or someone in your household had trouble getting any of the following types of services that you needed?"* Items were organized into several categories including Medical Care, Dental Care, Home Health or Long Term Care, Help with Parenting, Social Services, and Financial Assistance.

As displayed by the chart on the next page, about 26% of respondents indicated have difficulty getting 'Primary health care services' over the past year; 23% had difficulty getting 'Dental care for adults'; 18% had difficulty getting 'Mental health care'; and about 18% had difficulty getting 'Specialty care (like heart, cancer, ENT or surgery)'. Overall, about 63% of all respondents indicated having difficulty getting at least one type of service for themselves or someone in their household over the past year. This statistic is substantially higher than in past community health needs assessments and may be reflective of the impact of COVID-19 on need, availability, and accessibility of some health and human services.

| Figure 11 |



| Figure 12 |



Respondents with annual household income less than $50,000 were somewhat more likely to report access difficulties than those reporting more household income. However, this difference is not statistically significant with a relatively high proportion of respondents in all income categories reporting difficulty accessing at least one type of service.

Survey respondents who reported access difficulties in the past year for themselves or a household member were asked a follow-up question for each type of service selected about the reasons why they had difficulty. Table 6 displays the most frequently selected reasons cited for the four most commonly reported service types that people indicated having difficulty accessing. The top reason for all four service types – selected by 50% or more respondents in each case – was "Wait time too long". (Note: Other available choices on the survey included: 'Did not know where to go', 'Not eligible for the service', and 'Discrimination/unfair treatment' and open ended write-in option.)

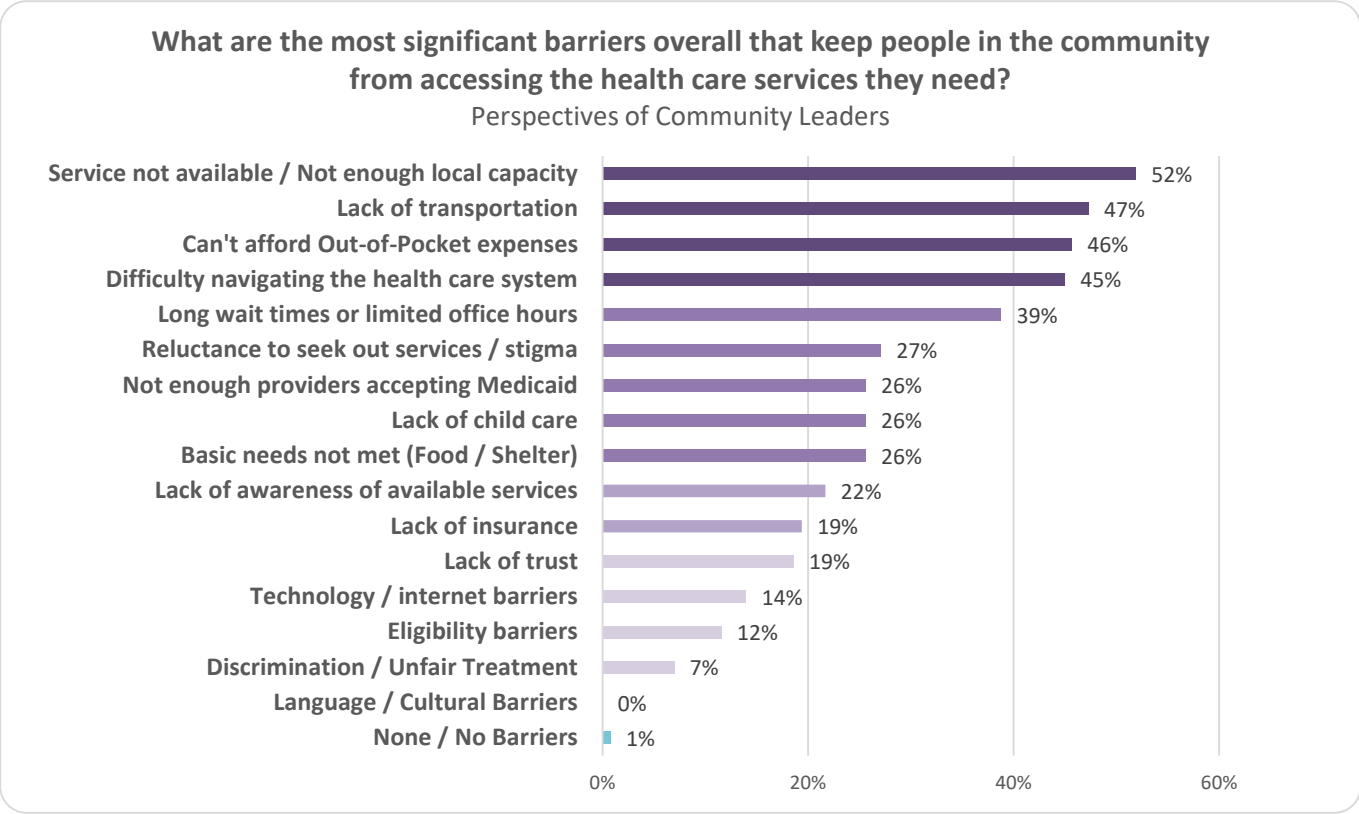
| Table 6: Top Reasons Respondents Had Difficulty Accessing Services by Type of Service |

(Percentages are of the total number of respondents who reported difficulty accessing a particular type of service)

PRIMARY HEALTH CARE (n=204, 26% of respondents)	DENTAL CARE FOR ADULTS (n=184, 23% of respondents)	MENTAL HEALTH CARE (n=142, 18% of respondents)	SPECIALTY MEDICAL CARE (n=138, 18% of respondents)
61% of respondents who indicated difficulty accessing Primary Health Care also selected **"Wait time too long"** as a reason	**50%** of respondents who indicated difficulty accessing Dental Care for Adults also selected "**Wait time too long**" as a reason	**50%** of respondents who indicated difficulty accessing Mental Health Care also selected **"Wait time too long"** as a reason	**54%** of respondents who indicated difficulty accessing Specialty Medical Care also selected **"Wait time too long"** as a reason
Not accepting new patients (40%)	**No dental insurance or not enough dental insurance (48%)**	**Not accepting new patients (47%)**	**Service not available (46%)**
Service not available (40%)	**Cost too much (42%)**	**Service not available (44%)**	**Not accepting new patients (33%)**
Not open when I could go (20%)	**Not accepting new patients (31%)**	**Cost too much (26%)**	**Cost too much (18%)**
Cost too much (14%)	**Service not available (31%)**	**Not open when I could go (22%)**	**No health insurance or not enough health insurance (13%)**

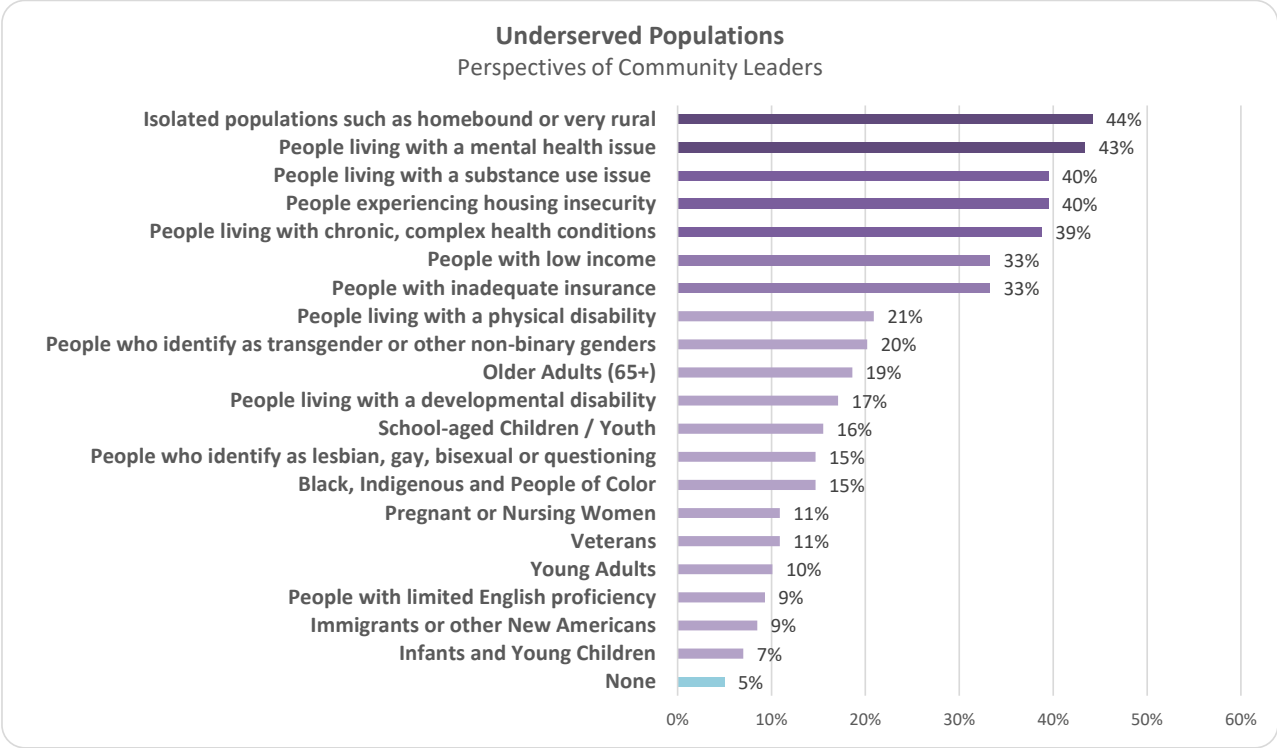
In a related question, respondents to the Community Leader and Service Provider survey were asked to identify the most significant barriers overall that prevent people in the community from accessing needed health care services. The top issues identified by this group were 'Service not available / Not enough local capacity'; 'Lack of transportation; 'Can't afford out of pocket expenses', 'Difficulty navigating the health care system'; and 'Long wait times or limited office hours'.

| Figure 13 |



Community Leaders were also asked if there are specific populations in the community that are not being adequately served by local health services. As displayed by Figure 14, populations most frequently identified by Community Leader respondents (67%) as being underserved were 'Isolated populations such as homebound or very rural'; 'people living with a mental health issue'; 'people living with a substance use issue'; and 'people experiencing housing insecurity'.

| Figure 14 |



In a related question, Community Leaders were asked, "Are there particular types of health providers, specialties or services that are needed in the community due to insufficient capacity or availability?" About 71% of community leaders responded affirmatively (27% were 'not sure') with mental health the most commonly cited provider or service type with insufficient capacity followed by primary health care.

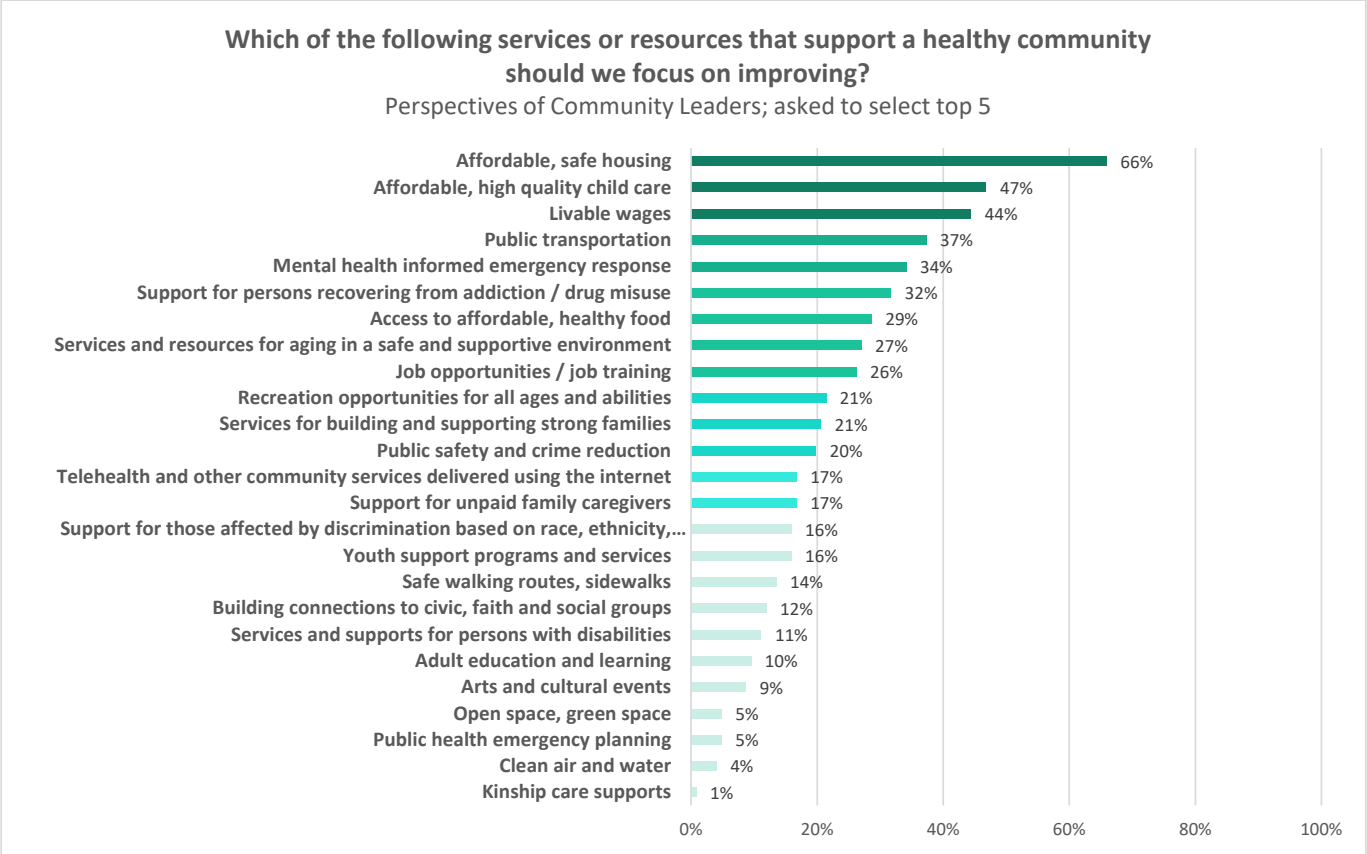
> ***"Mental Health Services in- and out-patient are desperately needed and there never seems to be enough staffing capacity."***
> - ***Community Leader Respondent***

> ***"I think primary care providers are widely needed. Turnover continues to be an ongoing issue and lack of providers make it hard for people to schedule appointments."***
> - ***Community Leader Respondent***

5. Services and Resources to Support a Healthy Community

Community leaders were asked to select the **top 5 services or resources supporting a healthy community that should be focused on** from a list of 25 potential topics (plus an open-ended 'other' option). Sometimes described as social determinants of health, the items included in this question generally describe underlying community attributes that indirectly support the health and well-being of individuals and families. On the survey instrument, topics were organized into six overall conceptual groups described as follows: *Basic Needs; Community Safety; Family Services and Supports; Infrastructure and Environment; Jobs and Economy; Welcoming Community*. Survey respondents could select any of the individual topics from across the different groups. As displayed by the chart, Affordable Housing was selected by about two-thirds of community leader respondents as an area the community should focus on to support community health improvement. Other top focus areas were 'Affordable, high quality child care' and 'Livable Wages'.

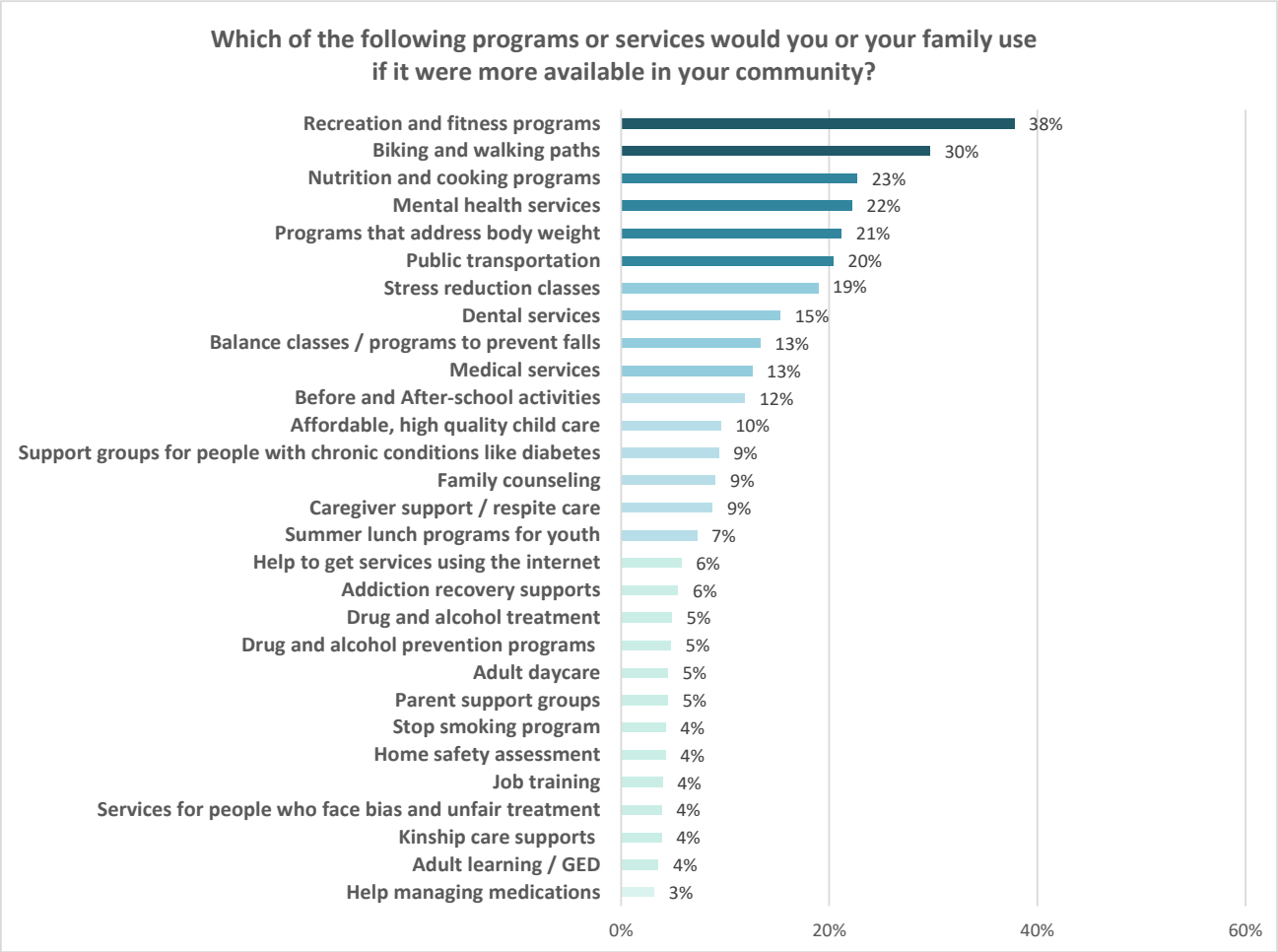
| Figure 14 |



6. Interest in Specific Community Health Programs or Services

Community members were asked a variation on the question of community services or resources to support health. Community residents were asked what **programs or services they would use if more available** in the community. The survey instrument included a list of 29 topics organized into six overall conceptual groups as follows: *Services for Children and Parents; Services for Older Adults; Healthy Lifestyle Programs; Counseling and Mental Health Services; Health Care Services; Community Services and Supports*. Survey respondents could select any number of individual topics from across the different topic groups. As displayed by the chart, the highest amount of interest was reported for Recreation and Fitness programs followed by Biking and Walking Paths. Other services most frequently selected were nutrition and cooking programs, mental health services, programs that address body weight, and public transportation. The table on the next displays the top resources of interest by age group.

| Figure 15 |



'Recreation and Fitness programs' and 'Biking and Walking Paths' were frequently selected across age groups as resources that people would use if more available. Respondents under age 45 were more likely than older respondents to select 'Mental health services' and 'Stress reduction classes, as well as 'Before and After-school activities' and 'Affordable, High Quality Child Care'. In comparison, respondents over age 45 were more likely to identify 'Nutrition and Cooking programs' and 'Programs that address body weight'. The third most frequently selected service selected by people age 65 and older was 'Balance classes / programs to prevent falls'.

| Table 7: Top services or resources people would use if more available, by Age Group |

Age 18-44 (n=188)		Age 45-64 (n=283)		Age 65+ (n=260)	
Recreation and fitness programs	46%	Recreation and fitness programs	39%	Recreation and fitness programs	33%
Mental health services	45%	Biking and walking paths	31%	Biking and walking paths	26%
Biking and walking paths	35%	Nutrition and cooking programs	28%	Balance classes / programs to prevent falls	22%
Stress reduction classes	31%	Programs that address body weight	26%	Public transportation	21%
Before and After-school activities	29%	Mental health services	22%	Programs that address body weight	20%
Public transportation	25%	Stress reduction classes	22%	Nutrition and cooking programs	17%
Affordable, high quality child care	25%	Family counseling	18%	Dental services	14%

Table 8 displays results by town group for the same question about services or resources people would use if more available. The town groups are the same as for the question about top priorities for community health improvement. Group 1 towns are those that are within an estimated drive time of 20 minutes to Springfield Hospital and Group 2 towns are those that are greater than 20 minutes of estimated drive time to Springfield Hospital. The most frequently selected topics are similar across town groups with 'Recreation and Fitness Programs' and 'Biking and Walking Path' at the top for each town group. Residents of Group 2 Towns (farthest from Springfield) were the most likely to select these resources with over 40% of respondents selecting Recreation and Fitness or Biking and Walking Paths as a resource they would use if more available.

| Table 8: Top Services or Resources People Would Use, by Town Proximity to Springfield |

Springfield (n=292)		Group 1 Towns* (n=248)		Group 2 Towns** (n=153)	
Recreation and fitness programs	36%	Recreation and fitness programs	38%	Recreation and fitness programs	43%
Biking and walking paths	26%	Biking and walking paths	27%	Biking and walking paths	41%
Nutrition and cooking programs	23%	Mental health services	26%	Programs that address body weight	23%
Stress reduction classes	23%	Public transportation	24%	Nutrition and cooking programs	20%
Programs that address body weight	22%	Nutrition and cooking programs	24%	Mental health services	20%
Mental health services	22%	Stress reduction classes	22%	Public transportation	20%
Dental services	17%	Programs that address body weight	21%	Medical services	14%

*Group 1 Towns are Chester, Andover, Athens, Baltimore, Rockingham, Charlestown, Weathersfield and Cavendish.

**Group 2 Towns are Ludlow, Londonderry, Landgrove, Weston, Claremont, Grafton, Alstead, Langdon, Westminster, Peru, Walpole, Putney, Townshend, Windham, Mount Holly, Winhall, Wardsboro, Jamaica and Reading

The 2022 Community Health Needs Assessment Survey asked people to respond to the question, *"If you could change one thing that you believe would improve health in your community, what would you change?"* A total of 501 survey respondents (57%) provided written responses to this question. More than one third of all comments addressed issues related to insufficient capacity of primary care and other medical care providers. Table 8 provides a summary of the most common responses by topic theme.

TABLE 9

"If you could change one thing that you believe would improve health in your community, what would you change?"

Primary care and other health care provider availability and turnover; hours and wait time; health care delivery system improvements, quality and options	**35% of all comments**
Affordability of health care/low cost or subsidized services; insurance; health care payment reform	**13%**
Improved resources or environment for physical activity, active living; affordable recreation and fitness	**8%**
Affordable, safe housing; improved job opportunities; economy, poverty and public financial support	**7%**
Availability of substance use treatment services; substance misuse prevention including tobacco; illegal drug availability	**7%**
Caring community / culture; community connections, engagement and support	**6%**
Improved resources or environment for healthy eating / nutrition / food affordability	**4%**
Availability / affordability of mental health services; mental health awareness / stigma	**3%**
Senior services / concerns of aging / home health and assisted living	**3%**
Community Safety, Crime and Violence Prevention	**3%**
Healthy lifestyle education and awareness; overall focus on wellness and prevention; personal accountability	**3%**
Services or resources for youth and families; affordable child care	**3%**
Affordability / availability of dental services	**2%**
Improved transportation services, public transportation; medical transportation	**2%**
COVID-19 Prevention, Policy	**1%**

C. COMMUNITY HEALTH DISCUSSION THEMES AND PRIORITIES

Convening community discussion groups was challenging during the 2022 Community Health Needs Assessment. Due to the ongoing Covid-19 pandemic, discussion groups were primarily held virtually with a few exceptions. The Community Health Needs Assessment Committee worked with community partners to identify and recruit a variety of groups and participants intended to represent a broad cross-section of the region and different community interests. In spite of the challenging context of the ongoing pandemic, the committee and our community partners successfully convened five different community discussion groups representing the following sectors or attributes:

- General Community Members / Healthcare consumers (5 participants)
- School District Wellness Committee (5 participants)
- Substance Use Recovery Coaches (5 participants)
- Senior Solutions Volunteers (7 participants)
- Rotary Club (12 participants)

The purpose of each discussion group was to get more in-depth qualitative input on health issues that matter to the community, descriptions of ongoing challenges including the COVID-19 pandemic, observations on past community health improvement efforts, and suggestions for new or continuing areas of focus.

The following paragraphs and table summarize the main themes with illustrative quotes for some of the core questions included in the discussion guide. In addition to input on overall community health improvement priorities, the discussions covered topics such as the impact of the COVID-19, what people worry about the most when it comes to their health, and what health care organizations could be doing better to have a positive impact on health in the community.

1. High Priority Issues for Community Health Improvement

For each of the community discussion groups convened in 2022, the discussion group facilitator read top priority areas identified in the previous Community Health Needs Assessment for the region. The priorities named in the discussion groups were:

- Increased outreach and access to treatment for substance misuse
- Access to mental health services
- Oral Health and Access to Dental Care
- Access to Affordable Healthcare

> ***"The importance of affordable, accessible dental care needs to be highlighted because lack of dental care impacts a person's overall medical and mental health."***
> - ***Recovery Coach Participant***

Participants were then asked: a) if they thought these are still the most important issues for the community to address, with recognition that COVID-19 was a major overarching concern for many people; b) if there are new or different priorities; and c) if any improvements have happened in these areas over the past several years.

> ***"There is a need for more community supports. People struggle to make connections. After-hours community supports and more crisis management services are needed."***
> - ***Community Member Participant***

With some additions - - most notably affordable housing and increased child and family supports, medical transportation, and supportive services for aging in place - - participants in each group generally expressed the overall opinion that the priorities identified previously were still the most important issues to focus attention on for community health improvement (see table starting on the next page for more detail).

> ***"Families as well as the children NEED A LOT OF SUPPORT; a lot of adjusting to being non-virtual. . . . The traditional learning gap is now the least of our concerns – the academics lag is easier to repair. But teachers and students need to feel comfortable. Homelessness is more difficult now due to lack of affordable housing. Mothers are staying in hotels or living in tents."***
> - ***School Wellness Participant***

The table below displays overall priorities, concerns and areas of improvement identified by each of the discussion groups. As noted on the previous page, the community discussion groups convened in 2022 generally endorsed the same set of priorities as identified in 2019 with some modifications. Some additional themes emerged in these discussions and are noted in this table as well.

TABLE 10 – COMMUNITY DISCUSSION GROUPS; MAJOR THEMES & PRIORITIES

	Are the top health issues from previous assessments still a high priority?	What are other top priorities?	Noticed any improvements?
School District Wellness Committee	• Mental health needs have greatly increased. "Very challenging for kids to be in the same space and know how to behave. Being away and now together has caused stress and major regression." • Seeing more and more mental health Issues – seeing students that are not ready to be in high school due to the absence for COVID. • Students aren't ready to focus on school and academics. Students are not feeling safe. • The mental health need is both an issue of access and appropriate evaluation. ○ Evaluation: Students are determined to be not serious enough to qualify for help. Need to close that gap for qualifying as the need for mental health services is significant. ○ Access: Examples of long waiting lists (over a year for Dartmouth Health) and multi-day ED stays waiting for inpatient mental health placement. • Affordability of health care is still a big issue. Also 'not getting timely care and a lack of follow up; unreturned calls, delayed procedures; staff shortages' ○ Need more pediatricians	• "Turnover and instability in the medical world. It's a challenge for families and kids to form relationships. The most vulnerable kids and families need consistency in care." • Homelessness and lack of affordable housing. "Mothers are staying in hotels or living in tents." • More family supports. "Families as well as the children NEED A LOT OF SUPPORT. A lot of adjusting to being non-virtual." • Vaping is a serious problem.	• Oral health care coming into schools has made a BIG difference and has helped get dental care to students. • Particularly at the high school level, have been able to reach out and coordinate needed dental care for students. "The Health Center has been ok, but dental has been more of a success."

	Are the top health issues from previous assessments still a high priority?	What are other top priorities?	Noticed any improvements?

Substance Use Recovery Coaches	• Access to dental care is still an issue
	  ○ 'Not affordable even for working people'
	• Access to mental health care is still an issue.
	  ○ Crisis help is available for suicidality, but little to no help for the remaining range of mental health issues and crises.
	  ○ Increased mental health needs due to COVID isolation, especially among youth – depression, anxiety – need is high but often viewed as "non-critical."
	  ○ The NH mental health model seems to be working – can VT replicate?
	• Substance use treatment:
	  ○ Need quicker turnaround from when patient presents in ED to when they can get into treatment (detox and residential) – treatment needs to be able to start when client is ready. There is a small window of opportunity.
	  ○ Need more medical detox and residential options and availability
	  ○ More and better staffing needed at detox facilities/programs
		• Access to safe, affordable housing – important for people in early recovery to have safe, affordable housing
		• Transportation – Medicare doesn't cover rides and there is a Medicaid driver shortage; Rides for Recovery needs 48-hour notice; recurring rides for MAT are necessary (not just one-off transport)
			• Access to health coverage is easier
			• Easier to access MAT – can usually get someone into treatment in 24-48 hours.
			• Recovery coaches in EDs is a big improvement.
			• There has been a reduction in stigma, to a small degree, although it is still present.

Community Members / Healthcare consumers	Yes, these are still top health issues:
	• People should have access to more affordable insurance/better insurance
	• Not able to find a dentist who will take certain insurances
	• Have family members who are having trouble accessing mental health care
		• There should be more focus on preventive measures to keep people out of the hospital.
		• There is a need for more community supports, "people struggle to make connections"
		  ○ After hours community supports
		  ○ More crisis management services
		  ○ Better access to mental health treatment groups.
			• Have not seen much improvement
			  ○ Patients feel rushed, and not heard.
			  ○ PCP's come and go. Patients just get used to one doctor and then they leave the practice.
			• Experience of being waitlisted for three months trying to get into mental health services.

	Are the top health issues from previous assessments still a high priority?	What are other top priorities?	Noticed any improvements?
Senior Solutions Volunteers	• Dental care: "Only those who can afford dental care are having an easy time getting it." • Mental Health Services: "More outreach is needed". • Substance Use Treatment: "There is still an opioid crisis. More services for substance abuse are needed." ○ There is also an issue with access to prescriptions for people who need chronic pain management.	• Insufficient capacity for in-home care services / not enough staff • More outreach to seniors regarding what's available. "Senior Solutions does a good job, but I still think there are a lot of people who don't know what's available." • Transportation to medical appointments, particularly rides to Dartmouth and other healthcare facilities for specialist care that are far away – "very hard to get transportation". • Health care system complexity / bureaucracy / lack of personal touch • Need more healthcare providers in the area with geriatric experience • Homelessness: Lost the homeless shelter sponsored by Springfield Baptist Church due to COVID. "That was a wonderful resource. That loss has created a lack of help for the homeless." • "Obesity is a big problem, but people don't want to talk about it."	• The Ludlow Dental Center is helpful with affordability of dental care. • "Senior Solutions has done a wonderful job helping people understand their insurance options. The Medicare Boot Camp run by Senior Solutions is very helpful."
Business / Community Service (Rotary)	• Top issues are the same. • 'Cost is #1' – increasing deductible levels and supplemental Medicare insurance premiums • No Dental office in Charlestown • Mental health related to drug issues related to homelessness. "It all relates". • Need strong emergency department services and local access for primary care, minor procedures, imaging.	• More local access to dialysis services and related transportation issues; travel to Dartmouth too far to go, involves an entire day. • Access to pharmacy services • Impact of the prison on area resident and school enrollment turnover; 'churn' because of family member relocation relative to prison.	• Access to mental health and dental services have improved through the North Star Health network

2. Impact of COVID-19

Discussion group participants were asked the following question, "*A big concern for many people has been the COVID-19 pandemic. Thinking about the people you know, how has the Coronavirus pandemic impacted them the most?*" Many discussion group participants spoke of social isolation, separation, and loneliness. Other impacts of COVID-19 included:

- Struggles with fear, hopelessness and trauma. "Everyone has had a traumatic experience, those who were in hard place before are feeling it even more."
- Elderly who needed to be in the hospital or nursing home were alone – "very scary and depressing";
- Increase in depression and anxiety;
- Overall decline in mental health and self-medication;
- Seeing older clients (60s, 70s) in recovery programs;
- Dealing with grief and loss;
- Loss of jobs, income;
- Loss of skills to interact in public;
- Difficulty making connections, "I have to ask students' names when they come to see me. It's harder with masks, being remote, students being absent."
- Lost sense of time, "Are we in the second year or the third year?"
- Relentless strain on professionals in education, healthcare, emergency services, "There has been no time to fall apart. We had to keep going . . . . The second year of this pandemic has seemed even harder. At what point do you break?"
- Ongoing concerns about access to vaccines and uncertainty about appropriate prevention policy and practice.
- A positive development from COVID was that it 'brought change in the way people use technology including healthcare' referring to the convenience of telehealth services.

> ***"We are seeing a lot of burnout. It is beyond just normal fatigue . . . . There is concern for safety, academic challenges, and mental health. Covid has taken a toll mentally and physically. It doesn't feel good."***
> - ***School Wellness Participant***

> ***"People have started ignoring COVID. But people are still getting it. It's still with us but it seems like people are just ready to move on. I think it has gone off people's radar. Should you wear your mask or should you not wear one anymore?"***
> - ***Senior Solutions Volunteer***

> ***"If you don't have insurance (Telehealth) is not available. It should be available to everyone. It is a great tool with a lot of potential."***
> - ***Rotary Club member***

3. Other top health concerns

Discussion group participants were also asked, "*In addition to the Coronavirus, what do the people you know from your community worry about most when it comes to their health and their family's health?*" Several common themes emerged from this aspect of the discussions including:

Cost of Living Issues

- Getting basic needs met such as food and housing
- Cost of groceries and cost of living
- Maintaining steady work
- Affordability of health care services

> ***"Our volunteers have filled in a big part of the gap. Choices for Care, Moderate Needs, people can't even get on a waiting list. They are really struggling to stay at home. Especially the caregivers who are trying to keep their loved ones at home."***
>
> - ***Senior Solutions Volunteer***

Availability and Quality of services including Primary Care and Home Care

- Access to health care such as finding a primary care provider due to long waitlists, lack of providers, provider turnover
- Feeling that we are not getting timely care and a lack of follow up. Unreturned calls, delayed procedures. Lack of capacity caused by the pandemic, staff shortages, and the economy
- Women's healthcare (Planned Parenthood closing)
- Waiting lists for home health aides, insufficient capacity and low pay; 'The need for In-Home Care jumps out."
- "It's very hard for people who don't have family close by to get the help they need." Wait lists for all services.

> ***"Doctors are so impersonal. So busy inputting information in the computer. Feels like you are a widget being written up."***
>
> - ***Senior Solutions Volunteer***

> ***"You can't just have a conversation with a Pediatrician for a consult. You might not need to come in, but are told we must come in for a full appointment. It might take a full day or two to wait for the call back, and then have to take a full day off for the appointment. Yet, a phone consult with a nurse might have been sufficient. It's frustrating on all levels."***
>
> - ***School Wellness Participant***

Lack of connections and Isolation

- Stigma, being looked down upon – 'people letting infections go untreated due to fear of stigma' - fear of arrest related to substance use
- Not being able to take care of your own needs
- Afraid of being alone - if you had an accident no one would be there to help.

> ***"People feel punished or judged when they have a mental health issue. There continues to be stigma and discrimination associated with having mental health problems."***
> - ***Community Member Participant***

4. Suggestions for Improvement

Following the discussion of priority community health needs and concerns, participants were asked: *"What do you think health care organizations in this community could be doing better or differently to have a positive impact on the health issues we have talked about?"*

General Health Care Delivery System Improvements

- Improved recruitment and retention of clinical staff in both the medical and mental health systems; address wait time issues – "Do you have the staff to provide the care needed?"
- Need more Pediatricians. 'Follow up for medications gets lost. Springfield Pediatrics seems to be stretched very thin.'
- 'Train staff to have more compassion for patients / better bedside manner'; 'Patients feel rushed and not heard'.
- More resources and financial assistance for things that insurance will not cover.
- More awareness of and research into alternative medicine.
- More publicity of available services. "Hospital could list services they have available in local newspaper and inform the public on how you access them. The Springfield Recorder and Shopper should be used by the hospital to promote their services."
- More investment in medical transportation. "The hospital should to work with the MOOVer to make more flexible services available; a MOOVER bus that offered a quicker response to conditions that are more acute so transportation could be available to people within 24 hours."

> ***"PCP's come and go. Patients just get used to one doctor and then they leave the practice . . . . And there is no follow through. The patient has to call them back for next steps for their care."***
> - ***Community Member Participant***

> ***"People are working past retirement age. Who will replace them? Where are the young people who can come in to fill in these professions?"***
> - ***School Wellness Participant***

- Invest in a mobile medical van; could offer doctors' appointments in particular neighborhoods such as going to the center of Ascutney or Bellows Falls; or offer services at the schools.

Suggestions Mental Health Service Improvements

- More staff and service capacity; reduce waiting list
- Compassion training for Emergency Department (ED) employees.
- Close the gap between eligibility and real need for child and adolescent mental health services.

Suggestions Substance Misuse Service Improvements

- Hearing good things about Dartmouth Health; what are they doing that could be replicated? Example: "Purple Pod" for substance use treatment for pregnant individuals.
- Training for ED staff on motivational Interviewing, trauma-informed care, cultural competency
- Have follow-up care clinicians – clinicians to follow up with clients after an ED visit.
- Develop more capacity for medical detox and residential options

> ***"There needs to be quicker turnaround from when a patient presents in the ED to when they can get into treatment – treatment needs to be able to start when client is ready. There is a small window of opportunity."***
>
> - ***Recovery Coach Participant***

Community Support Improvements

- More availability of safe and affordable housing
- Keep people busy with more community involvement and activities.
- Focus more on lifestyle and prevention – 'so many issues like diabetes, heart issues relate to lifestyle.'
- "More wellness awareness from Northstar would be good. Exercise, meditation, nutrition."
- Train caretakers to take care of themselves, take time when they need it to avoid burnout.
- More support groups for family caregivers
- More training for helping those with dementia should be available.
- Keep communications open between Health care and School systems. "VERY Important. We do better when we are not in silos."

> ***"A WISH: A Motel or apartment building with apartments for families in transition with In-House services, therapy and support groups."***
>
> - ***School Wellness Participant***

> ***"Need to evangelize healthcare and the region so people want to come here to work and live. Make it attractive."***
>
> - ***Rotary Club Member***

D. COMMUNITY HEALTH STATUS INDICATORS

This section of the 2022 Community Health Needs Assessment report provides information on key indicators and measures of community health status. Some measures associated with health status have been included earlier in this report, such as measures of income and poverty. Where possible, statistics are presented specific to the 28 town combined service area of Springfield Hospital and North Star Health. In some instances, population health data are only available at the county, public health district or hospital service area as defined by the Vermont Department of Health based on hospital discharge data. For New Hampshire municipalities in the service area, some population health information is reported for the Greater Sullivan County Public Health Region, which includes Charlestown, Claremont, Alstead and Langdon. The table on the right displays the distribution of the service area population across the predominant geographic configurations. Smaller portions of the service area population are distributed across Rutland, Bennington and Cheshire counties or related health districts and hospital service areas.

Distribution of Service Area Population (% of total service area population)				
Counties	**Windsor**	**Windham**	**Sullivan**	**Other Counties**
	31%	26%	30%	13%
Health Districts / Public Health Regions	**Springfield**	**Brattleboro**	**Greater Sullivan**	**Other Districts**
	44%	14%	30%	12%
VT Hospital Service Areas	**Springfield**	**Brattleboro**	**New Hampshire**	
	44%	15%	Not applicable	

1. Demographics and Social Determinants of Health

A population's demographic and social characteristics, including such factors as prosperity, education, and housing influence its health status. Similarly, factors such as age, disability, language and transportation can influence the types of health and social services needed by communities.

a. General Population Characteristics

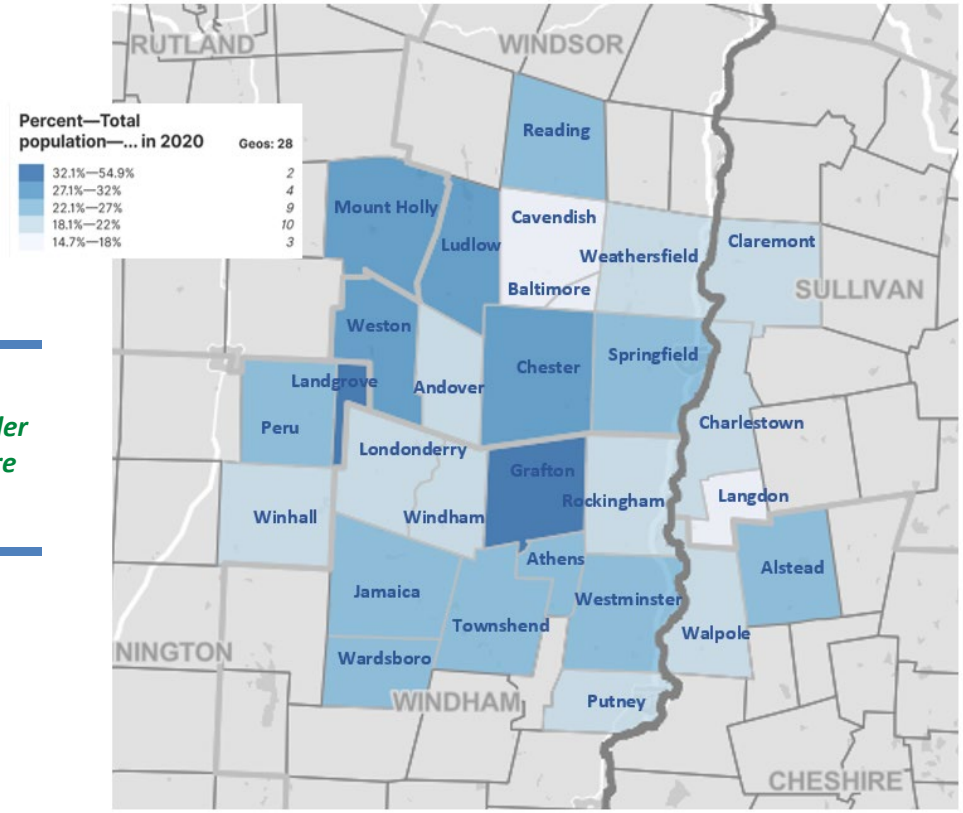
According to the 2020 American Community Survey, the population of the combined Springfield Hospital and North Star Health service area is somewhat older on average than in Vermont and New Hampshire overall. The service area map on the next page displays the percent of the population 65 years of age and older by town. Between 2015 and 2020, the population of the Springfield Service Area declined by about 2%.

Population Overview	Service Area	Vermont	New Hampshire
Total Population	**62,807**	624,340	1,355,244
Age 65 and older	**22.7%**	19.4%	18.1%
Under age 18	**18.1%**	18.5%	19.0%
Change in population - 2015 to 2020	**-2.4%**	-0.4%	+2.3%

Data Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates

Figure 17 - Percent of Population 65 years of age and older, Springfield Service Area

Data Source: U.S. Census Bureau, 2016 – 2020 American Community Survey 5-Year Estimates



The estimated proportion of residents age 65 years or older ranges from 15% in Baltimore to 55% in Landgrove.

b. Poverty

The correlation between economic prosperity and good health status is well established. Inversely, the lack of economic prosperity or poverty can be associated with barriers to accessing health care, healthy food, and healthy physical environments that contribute to good health. Information describing household income and poverty status was included in the first section of this report. The table below presents the percent of people in the combined Springfield Hospital and North Star Health service area living in households with income below the federal poverty level and also the percent of children under age 18 in households with income below the poverty level. Five communities have estimated child poverty over 30%: Langdon (37%), Baltimore (38%), Ludlow (39%), Athens (40%), Springfield (40%) and Jamaica (50%).

Area	Percent of people with household income below the federal poverty level (Income < 100% FPL)	Percent of children (under 18) in households below the federal poverty level (Income < 100% FPL)
SH & NSH Service Area	**13.7%**	**18.6%**
Vermont	10.8%	12.3%
New Hampshire	7.4%	8.9%

Data Source: U.S. Census Bureau, 2016 – 2020 American Community Survey 5-Year Estimates.

c. Education

Educational attainment can also be a key driver of health status with lower levels of education linked to both poverty and poor health. A similar proportion of the service area population have earned a high school diploma or equivalent compared to Vermont and New Hampshire overall. The table below displays data on the percentage of the population aged 25 and older with a high school diploma (or equivalent) or higher level of education.

Area	Percent of Population Aged 25+ with High School Diploma or Equivalency
SH & NSH Service Area	91.8%
Vermont	93.5%
New Hampshire	93.3%

Data Source: U.S. Census Bureau, 2016 – 2020 American Community Survey 5-Year Estimates.

d. Language

Inability to speak English well can create barriers to accessing services, communication with service providers, and ability to understand and apply health information (health literacy). The table below reports estimates of the percentage of the population aged 5 and older who speak a language other than English at home and speak English less than "very well".

Area	Percent of Population Aged 5+ Who Speak English Less Than "Very Well"
SH & NSH Service Area	**0.2%**
Vermont	0.7%
New Hampshire	1.2%

Data Source: U.S. Census Bureau, 2016 – 2020 American Community Survey 5-Year Estimates.

e. Housing

Housing characteristics, including housing quality and cost burden as a proportion of income, can influence the health of families and communities. Households that spend a high proportion of their income on housing are less likely to have adequate resources for food, clothing, medical care, or other needs. Characteristics of "substandard" housing include lacking complete plumbing facilities or kitchen facilities, and mortgage or rental costs exceeding 30% of household income. The table below presents data on the percentage of occupied housing units in the service area that have 1 or more of these characteristics. About 1 of every 3 households in the service area have housing costs exceeding 30% of household income.

Area	Percent of Households with Housing Costs >30% of Household Income	Percent of Occupied Housing Units Lacking Complete Plumbing Facilities	Percent of Occupied Housing Units Lacking Complete Kitchen Facilities
SH & NSH Service Area	33.5%	0.4%	0.7%
Vermont	31.5%	0.5%	0.9%
New Hampshire	30.5%	0.5%	0.7%

Data Source: U.S. Census Bureau, 2016 – 2020 American Community Survey 5-Year Estimates.

f. Transportation

Individuals with limited transportation options also have limited employment options, greater difficulty accessing services including health care appointments, and more challenges to leading independent, healthy lives. As displayed on the next table, about 6% of households in the service area report having no vehicle available, a proportion similar to Vermont overall.

Area	Percent of Households with No Vehicle Available
SH & NSH Service Area	6.4%
Vermont	6.7%
New Hampshire	5.0%

Data Source: U.S. Census Bureau, 2016 – 2020 American Community Survey 5-Year Estimates.

g. Disability Status

Disability is defined as the product of interactions among individuals' bodies; their physical, emotional, and mental health; and the physical and social environment in which they live, work, or play. Disability exists where this interaction results in limitations of activities and restrictions to full participation at school, at work, at home, or in the community. The US Census Bureau identifies people reporting serious difficulty with six basic areas of functioning – hearing, vision, cognition, ambulation, self-care or independent living. Compared to VT and NH overall, similar percentages of residents across age groups in the service area report having at least one disability.

Percent of Population Reporting Serious Activity Limitations Resulting from a Disability			
Age Group (years)	**SH & NSH Service Area**	**Vermont**	**New Hampshire**
Percent with a disability, <18	**3.3%**	5.6%	4.7%
Percent with a disability, 18-64	**14.2%**	11.8%	10.2%
Percent with a disability, 65+	**28.4%**	30.5%	30.7%

Data Source: U.S. Census Bureau, 2016 – 2020 American Community Survey 5-Year Estimates.

2. Access to Care

Access to care refers to the ease with which an individual can obtain needed services. Access is influenced by a variety of factors including affordability of services and insurance coverage, provider capacity in relationship to population need and demand for services, and related concepts of availability, proximity and appropriateness of services.

a. Insurance Coverage

Table 10 on the next page displays estimates of the proportion of residents who do not have any form of health insurance coverage by municipality, as well as the proportion of residents with Medicare, Medicaid or Veterans Administration coverage.

Compared to estimates from the last community health needs assessment in 2019, the percentage of uninsured residents is similar (5.0% uninsured estimate in 2019; 5.5% current estimate). In combination, the percentage of the population with Medicaid or no insurance coverage (30.3%) is slightly higher than Vermont overall (27.7%) and substantially higher than New Hampshire overall (19.1%).

It should be noted that the data source for these municipal level estimates is a 5-year span of the American Community Survey. A combination of five years of data is required to produce reasonably stable estimates at the town level on these and other measures from the survey samples. As such, the estimates may not fully reflect shorter term economic or policy conditions influencing fluctuations in insurance benefit coverage.

Table 11: Health Insurance Coverage Estimates (continued on next page)

Area	Percent of total population with No Health Insurance Coverage	Percent with Medicare Coverage*	Percent with Medicaid Coverage*	Percent with VA health care coverage*
Alstead	14%	32%	20%	3%
Cavendish	13%	21%	35%	2%
Charlestown	9%	25%	22%	4%
Ludlow	7%	29%	35%	3%
Athens	7%	25%	37%	2%
Claremont	7%	25%	27%	5%
Weston	7%	29%	20%	1%
State of New Hampshire	6.0%	19.7%	13.1%	2.6%
Landgrove	6%	54%	4%	0%
Londonderry	6%	23%	27%	2%
Service Area Overall	**5.5%**	**26.3%**	**24.8%**	**3.7%**
Baltimore	5%	16%	34%	5%
Winhall	5%	22%	19%	2%
Rockingham	5%	24%	30%	5%
Reading	5%	30%	21%	1%
Wardsboro	5%	28%	31%	2%
Putney	5%	22%	27%	3%
Andover	4%	20%	28%	4%
Weathersfield	4%	23%	26%	2%
State of Vermont	4.0%	21.3%	23.7%	2.4%
Westminster	4%	28%	31%	1%
Windham	4%	22%	41%	3%
Springfield	4%	31%	27%	4%
Jamaica	3%	25%	33%	3%
Walpole	3%	25%	9%	4%
Townshend	3%	25%	23%	0%
Mount Holly	2%	30%	21%	3%

Area	Percent of total population with No Health Insurance Coverage	Percent with Medicare Coverage*	Percent with Medicaid Coverage*	Percent with VA health care coverage*
Chester	2%	30%	14%	8%
Langdon	1%	18%	15%	2%
Grafton	1%	34%	19%	2%
Peru	0%	27%	9%	2%

Data Source: U.S. Census Bureau, 2016 – 2020 American Community Survey 5-Year Estimates.

**Coverage alone or in combination*

b. Delayed or avoided health care visit because of cost

This indicator reports the percentage of adults aged 18 and older who self-report that they have delayed or avoided a health care visit in the past year because of cost. A higher rate on this measure is reflective of limitations of household income or health insurance benefits inhibiting access to care

Area	Percent of adults who report having delayed or avoided health care because of cost in the past year
Springfield Health District	9.0%
Brattleboro Health District	8.0%
Greater Sullivan County Public Health Region	8.9%
Vermont	8.0%
New Hampshire	9.3%

Data Sources: Behavioral Risk Factor Surveillance System, VDH 2017-2018, NHDHHS 2017.

Regional rates are not significantly different from overall state rates.

c. Primary Care, Dental and Mental Health Provider Capacity

Access to high quality, cost-effective healthcare is influenced by adequate physician availability in balance with population needs. As displayed by the table, the Greater Sullivan County Public Health Region is reported to have substantially less FTE capacity in each category compared to the rest of the service area or Vermont or New Hampshire overall. It is possible that the ratio is influenced by the proximity of clinical resources based at the Dartmouth-Hitchcock Medical Center.

Area	Primary Care FTE per 100k Population	General Dentist FTE per 100k Population	# of Residents per Mental Health Provider
Windsor County	62.7	42.9	130:1
Windham County	74.9	37.8	170:1
Greater Sullivan County PHR	18.7	30.0	500:1 (Sullivan County)
Vermont	69.3	47.9	200:1
New Hampshire	42.6	49.7	290:1

Data Source: VDH, 2019; NHDHHS, Office of Rural Health and Primary Care, 2021; County Health Rankings (CMS NPI Registry) for Population to MH Provider ratio

d. Adults with a Personal Health Care Provider

This indicator reports the percentage of adults aged 18 and older who self-report that they have at least one person who they think of as a personal doctor or health care provider. A lower percentage on this indicator may highlight insufficient access or availability of medical providers, a lack of awareness or health knowledge or other barriers preventing formation of a relationship with a particular medical care provider.

Area	Percent of adults who report having a personal doctor or health care provider
Springfield Health District	88%
Brattleboro Health District	86%
Greater Sullivan County PHR	87%
Vermont	86%
New Hampshire	88%

Data Sources: Behavioral Risk Factor Surveillance System, VDH 2017-2018, NHDHHS 2017.
Regional rates are not significantly different from overall state rates.

e. Preventable Emergency Department Visits and Hospital Stays

A high rate of emergency department visits or inpatient stays for diagnoses potentially treatable in outpatient settings such as diabetes, hypertension, asthma or chronic obstructive pulmonary disease may indicate limited access, availability or quality of primary and outpatient specialty care in a community. The first table below displays "Outpatient Potentially Avoidable ED Visits / 1000 Member Years" among Blueprint for Health attributed members. The next table displays the rate of Preventable Hospital Stays for Medicare enrollees. The rate of potentially avoidable ED visits for the Springfield HSA in 2020 was significantly higher than the overall Vermont rate among Blueprint for Health attributed members.

Area	Outpatient Potentially Avoidable ED Visits per 1000 Member Years
Springfield HSA	**35.9***
Brattleboro HSA	**23.1**
Vermont	26.6

Data Source: Vermont Blueprint for Health, 2020 Community Health Profiles

Springfield HSA rate is statistically different and higher than the overall state rate

Area	Number of hospital stays for ambulatory care sensitive conditions per 1,000 Medicare enrollees
Windham County	**30.3**
Windsor County	**30.3**
Sullivan County	**35.0**
Vermont	29.6
New Hampshire	34.4

Data Source: Centers for Medicare & Medicaid Services, 2019; accessed through County Health Rankings
Regional rates are not significantly different from overall state rates.

f. Dental Care Utilization (Adult)

This indicator reports the percentage of adults aged 18 and older who self-report that they have visited a dentist, dental hygienist or dental clinic within the past year. The percentage of adults in the Greater Sullivan County Public Health Region who report not having seen a dentist is similar to the state overall.

Area	Percent of adults who visited a dentist or dental clinic in the past year
Springfield Health District	**65%***
Brattleboro Health District	**74%**
Greater Sullivan County PHR	**64%***
Vermont	73%
New Hampshire	72%

Data Source: Behavioral Risk Factor Surveillance System, VDH 2016-2018; NHDHHS 2016.
**Regional rates are significantly different and lower than overall state rates.*

3. Health Promotion and Disease Prevention

Adopting healthy lifestyle practices and behaviors, such as not smoking and limiting alcohol intake, can prevent or control the effects of disease and injury. For example, regular physical activity not only builds fitness, but helps to maintain balance, promotes relaxation, and reduces the risk of disease. Similarly, eating a healthy diet rich in fruits, vegetables and whole grains can reduce risk for diseases like heart disease, certain cancers, diabetes, and osteoporosis. This section includes indicators of environmental conditions and individual behaviors influencing personal health and wellness. Some indicators of clinical prevention practices, such as screening for cancer and heart disease, are included in a later section that also describes population health outcomes in those areas.

a. Food Insecurity

This indicator reports the estimated percentage of the population that experienced food insecurity at some point during the year. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food

contributing to reduced quality, variety, or desirability of diet, disrupted eating patterns and reduced food intake. Approximately 10% of Sullivan County households experienced food insecurity in 2019.

Area	Experienced food insecurity, past year
Windham County	**12%**
Windsor County	**10%**
Sullivan County	**10%**
Vermont	11%
New Hampshire	9%

Data Source: USDA data, 2019 accessed through Feeding America, Mapping the Meal Gap.

b. Physical Inactivity (Adults)

This indicator reports the percentage of adults aged 18 and older who self-report no leisure time physical activity, based on the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?". Lack of physical activity can lead to significant health issues such as obesity and poor cardiovascular health. About 1 in 4 adults in Sullivan County can be considered physically inactive on a regular basis.

Area	Physically inactive in the past 30 days, % of adults
Springfield Health District	**19%**
Brattleboro Health District	**16%**
Sullivan County	**26%***
Vermont	18%
New Hampshire	21%

Data Source: Behavioral Risk Factor Surveillance System, VDH 2017-2018; NHDHHS 2017.

***Sullivan County percentage is significantly different and higher than the overall NH percentage.**

c. Pneumonia, Influenza and COVID-19 Vaccinations (Adults)

The indicators on the next page include the percentage of adults who self-report that they received an influenza vaccine in the past year (at the time of the survey) or have ever received a pneumococcal vaccine (age 65+). In addition to measuring the population proportion receiving preventive vaccines, these measures can also highlight access to preventive care issues or opportunities for health education including addressing concerns for vaccine safety and efficacy. This latter consideration has received significant attention in recent months due to the efforts to achieve broad distribution and administration of COVID-19 vaccines. The table on the next page includes the most recently available statistic for the proportion of area residents aged 12 years and up who are fully vaccinated.

Area	Influenza Vaccination in the past year	Pneumococcal Vaccination Ever; 65 years or older	COVID-19, Completed Primary Series; % of Population
Springfield Health District	56%	77%	
Brattleboro Health District	50%*	71%	
Greater Sullivan County Public Health Region	49%**	80%	
Windham County			79%
Windsor County			79%
Sullivan County			57%^^
Vermont	54%*	75%	82%^
New Hampshire	44%**	82%	67%^^

*65 years or older; **18 years or older ^% of population age 5+ ^^% of total population

Data Sources: Behavioral Risk Factor Surveillance System, VDH 2017-2018, NHDHHS 2017.
COVID-19 vaccine data as of July 18, 2022, VDH and NHDHHS
Regional estimates are not significantly different from the overall statewide estimates.

d. Substance Misuse

Substance misuse, involving alcohol, illicit drugs, misuse of prescription drugs, or combinations of all of these behaviors, is associated with a complex range of negative consequences for health and wellbeing of individuals, families and communities. In addition to contributing to both acute and chronic disease and injury, substance misuse is associated with destructive social conditions, including family dysfunction, lower prosperity, domestic violence and crime.

Excessive drinking: Excessive alcohol use, either in the form of heavy drinking (drinking more than two drinks per day on average for men or more than one drink per day on average for women), or binge drinking (drinking 5 or more drinks on an occasion for men or 4 or more drinks on an occasion for women), can lead to increased risk of health problems such as liver disease or unintentional injuries.

Area	Excessive Drinking in Past 30 days, Percent of Adults
Windham County	**25%**
Windsor County	**21%**
Sullivan County	**19%**
Vermont	23%
New Hampshire	21%

Data Source: Behavioral Risk Factor Surveillance System accessed via County Health Rankings, 2019.

Regional estimates are not significantly different from the overall state estimates.

Although underage drinking is illegal, alcohol is the most commonly used and misused drug among youth. On average, underage drinkers also consume more drinks per drinking occasion than adult drinkers. Regional statistics for binge drinking among high school aged youth are similar to the overall state rates although female high school age students in the region were somewhat more likely than males to report binge drinking behavior.

Area	Engaged in Binge Drinking in Past 30 days, Percent of High School Youth		
	Male	Female	Total
Springfield Health District	15%	18%	16%
Brattleboro Health District	13%	15%	14%
Greater Sullivan County Public Health Region	12%	17%	14%
Vermont	15%	16%	15%
New Hampshire	14%	15%	14%

Data Source: VT and NH Youth Risk Behavior Surveys, local and statewide samples, 2019

The misuse of prescription drugs, particularly prescription pain relievers, poses significant risk to individual health and can be a contributing factor leading to misuse of other drugs and a cause of unintentional overdose and mortality. About 11% of high school youth in Windham County reported having ever used a prescription pain relief drug that was not prescribed to them on the 2019 Youth Risk Behavior Survey.

Area	Ever used prescription drugs 'not prescribed to you', Percent of High School Youth		
	Male	Female	Total
Windham County*	**9%**	**14%**	**11%**
Windsor County*	**6%**	**7%**	**7%****
Greater Sullivan County Public Health Region	**10%**	**10%**	**10%**
Vermont*	9%	9%	9%
New Hampshire	11%	9%	10%

Data Source: VT and NH Youth Risk Behavior Surveys, local and statewide samples, 2019

*Vermont statistics specific to prescription pain relievers.

**County statistic is significantly different and lower than the statewide statistic.

e. Cigarette Smoking

Tobacco use is a primary contributor to leading causes of death such as lung cancer, respiratory disease and cardiovascular disease. Smoking during pregnancy also confers significant short and long term risks to the health of an unborn child. Nearly 1 in 5 adults (21%) in Sullivan County are estimated to be current smokers, a percentage that is the same as the estimate recorded in the 2018 Community Health Needs Assessment. During the period 2015 to 2018, the rate of births where smoking was indicated during pregnancy was 21.4 per 100 births in the Greater Sullivan County Public Health Region, a rate significantly higher than for NH overall.

Area	Percent of Adults who are Current Smokers	Smoked during pregnancy, rate per 100 births^
Springfield Health District	19%	**13.9**
Brattleboro Health District	19%	
Greater Sullivan County Public Health Region		**21.4***
Vermont	15%	13.2
New Hampshire	17%	11.0

Data Sources: VDH, 2017-2018; County Health Rankings for NH, 2018.

^Data Sources: Vital Records Birth Certificate Data, Vermont, 2019, NH 2015-2018.

Regional rate is significantly different and higher than the overall NH rate.

f. Teen Birth Rate

Teen pregnancy is closely linked to economic prosperity, educational attainment, and overall infant and child well-being. The teen birth rate in Sullivan County is higher than the rate in New Hampshire overall according to the most recently available data.

Area	Teen Birth Rate per 1,000 Women Age 15 to 19
Windham County	**9.9**
Windsor County	**9.5**
Greater Sullivan County Public Health Region	**10.7***
Vermont	7.9
Rest of New Hampshire (not including GSC PHR)	6.9

Data Sources: Vital Records Birth Certificate Data, Vermont, 2018-2020, NH 2017-2021.

Regional rate is significantly different and higher than the overall NH rate.

g. Child Safety

Measures of child safety or child abuse and neglect in a community include the rate of substantiated child maltreatment victims. In Vermont, there was a 22% decrease in reports made to the Vermont Department of Children & Families Child Protection Line in 2020 followed by an 18% increase in 2021. As stated by Vermont DCF in the 2020 annual report on Child Protection in Vermont, the decrease in 2020 *"is almost certainly an anomaly due to the COVID-19 pandemic. Stay-at-home orders and school closures kept children away from the watchful eyes of mandated reporters — especially educators who typically make about a third of all child abuse and neglect reports in Vermont".* Over the two year period 2020 and 2021, there were 38 substantiated investigations In the communities served by the Springfield District Office and 48 substantiated investigations in communities served by the Brattleboro District Office.

Area	Number of substantiated child maltreatment victims cases, 2020-21
Springfield Health District	**38**
Brattleboro Health District	**48**
Vermont	1,136

Data Source: Vermont Agency of Human Services, Department for Children and Families, 2020-21

Sub-state data not available for New Hampshire

4. Health Outcomes

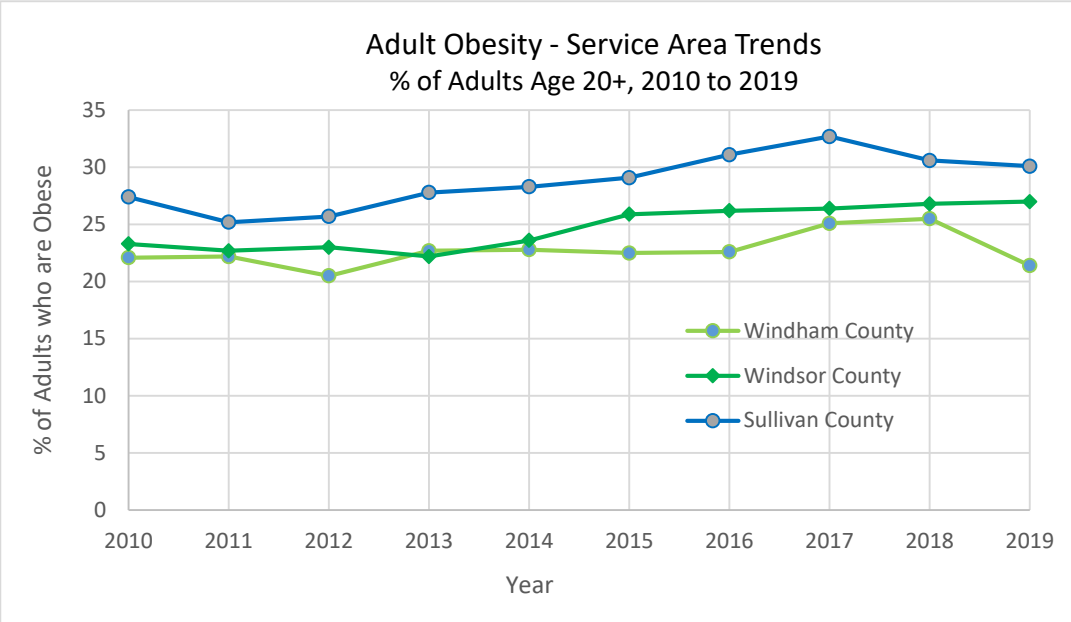
Traditional measures of population health status focus on rates of illness or disease (morbidity) and death (mortality) from specific causes. Advances in public health and medicine over the last century have reduced infectious disease and complications of child birth as major contributors to or causes of death and disease. Chronic diseases, such as heart disease, cancer, respiratory disease and diabetes, along with injury and violence, are now the primary burdens on the health and wellbeing of individuals, families and communities. In addition to considering the absolute magnitude of specific disease burdens in a population, examination of disparities in disease rates can help to identify areas of need and opportunities for intervention.

a. Overweight and Obesity

Being overweight or obese can indicate an unhealthy lifestyle that puts individuals at risk for a variety of significant health issues including hypertension, heart disease and diabetes. The indicators below report the percentage of adults aged 18 and older (BRFSS), as well as high school students (YRBS) who self-report that they have a Body Mass Index (BMI) greater than 30.0 (obese). The chart on the next page displays the trend in adult obesity in the region over a ten year period from 2010 to 2019.

Area	Adults Aged 20+ Years, Percent Obese	High School Students, Percent Obese
Windham County	**31%**	**13.9%**
Windsor County	**29%**	**11.5%**
Greater Sullivan County Public Health Region		**16.5%***
Sullivan County	**30%**	
Vermont	29%	12.6%
New Hampshire	28%	12.8%

Data Sources: VDH and NHDHHS Behavioral Risk Factor Surveillance Survey 2018;
VT and NH Youth Risk Behavior Survey 2017. ***Regional rate is significantly different and higher than the overall NH rate.***



Data Source: Centers for Disease Control and Prevention, National Diabetes Surveillance System

b. Heart Disease

Heart disease is the second leading cause of death in Vermont and New Hampshire after all forms of Cancer. Heart disease is closely related to unhealthy weight, high blood pressure, high cholesterol, and substance misuse including tobacco use.

Heart Disease Risk Factors: About 23% of adults in Windsor County and 31% of adults in the Greater Sullivan County Public Health Region self-report that they have been told by a doctor that they have high blood pressure. About 1 in every 4 adults have not had their cholesterol checked in the past 5 years.

Area	Percent of adults who have high blood pressure	Percent of adults who have had a cholesterol check in the past 5 years	Adults told by a health professional that their blood cholesterol was high
Windham County	28%	78%	
Windsor County	23%	76%	
Greater Sullivan County Public Health Region	31.3%		30.7%
Vermont	25%	83%	
New Hampshire	30.1%		32.9%

Data Sources: Behavioral Risk Factor Surveillance System, VDH 2015-2018, NHDHHS 2017

Estimates are not statistically different from the overall NH estimates.

Heart Disease-Related Hospitalization: The table below displays age adjusted rates of inpatient hospitalization for hypertension, cardiovascular disease (VT) and heart failure (NH). The inpatient hospitalization rate for hypertension and cardiovascular disease was significantly higher among residents of the White River Junction Hospital Service Area than for Vermont overall.

Area	Hypertension – Inpatient, age adjusted rate per 100,000 population	Cardiovascular Disease-Related Hospital Discharges, primary diagnosis; rate per 100,000	Heart Failure – Inpatient, age adjusted rate per 100,000 population; 18+ years of age
Springfield Hospital Service Area	**39.0**	**1,676***	
Brattleboro Hospital Service Area	**12.0^**	**956^**	
Greater Sullivan County Public Health Region	17.7		**246.8****
Vermont	32.0	1,119	
New Hampshire	30.8		320.5

Data Source: Uniform Healthcare Facility Discharge Dataset, VT 2013-2015, NH 2018

***Rate is statistically different and higher than the overall VT rate; ^ Rate is statistically different and lower than the overall VT rate**

****Rate is statistically different and lower than the overall NH rate**

The table below displays rates of hospital admissions for Congestive Heart Failure among Blueprint for Health attributed members. Congestive Heart Failure can be considered a condition sensitive to ambulatory care management where higher rates of inpatient admission may be indicative of challenges with primary care access or quality of care.

Area	Hospital admissions with a principal diagnosis of asthma or chronic obstructive pulmonary disorder (COPD), per 1,000 members, ages 40 years and older
Springfield HSA	2.5
Brattleboro HSA	3.2
Vermont	3.0

Data Source: Vermont Blueprint for Health, 2020 Community Health Profiles

Regional rates are not statistically different from the overall state rate

Heart Disease and Stroke Mortality: Coronary Heart Disease, a narrowing of the small blood vessels that supply blood and oxygen to the heart, is the largest component of heart disease mortality. Cerebrovascular disease (stroke), which happens when blood flow to a part of the brain stops, is the fifth leading cause of death in New Hampshire and sixth leading cause in Vermont.

Area	Coronary Heart Disease Mortality (per 100,000 people, age-adjusted)	Cerebrovascular Disease Mortality (per 100,000 people, age-adjusted)
Windham County	**121.7**	**27.9**
Windsor County	**103.1**	**39.4**
Greater Sullivan County Public Health Region	**95.3**	**26.6**
Vermont	110.8	28.8
Rest of New Hampshire (not including GSC PHR)	91.5	26.9

Data Source: Vital Records death certificate data, VT 2015-2017; NH 2012-2016

Rates are not statistically different from the overall state rates.

c. Diabetes

Diabetes is an increasingly prevalent chronic health condition that puts individuals at risk for further health complications, but is also amenable to control through diet and adequate clinical care.

Diabetes Prevalence: This indicator reports the percentage of adults aged 20 and older who have ever been told by a doctor that they have diabetes, which is about 7% of adults in Windsor County.

Area	Percent of Adults (age 20+) with Diabetes
Windham County	7.2%
Windsor County	9.2%
Sullivan County	10.3%
Vermont	9.2%
New Hampshire	10.3%

Data Source: Centers for Disease Control and Prevention, National Diabetes Surveillance System, 2018-2019
Regional estimates are not statistically different from the overall state estimates

Diabetes-Related Hospitalization: The table below displays age adjusted rates of inpatient hospitalization for diabetes primary diagnosis (VT) and long term complications of diabetes (NH). The hospitalization rate for diabetes as the primary diagnosis was significantly higher among residents of the Springfield Hospital Service Area than for Vermont overall.

Area	Diabetes-Related Hospital Discharges, primary diagnosis; rate per 100,000	Diabetes Long -Term Complications - Inpatient, age adjusted rate per 100,000 population, 18+ years of age
Springfield HSA	**168***	
Brattleboro HSA	**88**	
Greater Sullivan County Public Health Region		49.0
Vermont	112	
New Hampshire		55.5

Data Sources: Uniform Healthcare Facility Discharge Dataset, VT 2013-2015, NH 2018

Regional rate is significantly different and higher than the overall VT rate.

Diabetes-related Mortality: Diabetes is the seventh leading cause of death in Vermont. The rate of death due to Diabetes Mellitus among Service Area residents is similar to the overall rate for Vermont and New Hampshire.

Area	Deaths due to Diabetes Mellitus (per 100,000 people, age adjusted)
Windham County	11.4
Windsor County	16.3
Sullivan County	18.6
Vermont	17.0
New Hampshire	21.4

Data Source: National Center for Health Statistics. Underlying Cause of Death on CDC WONDER, 2018-2020

County rates are not statistically different from the overall state rates

d. Cancer

Cancer is the leading cause of death in Vermont and New Hampshire. Although not all cancers can be prevented, risk factors for some cancers can be reduced. It is estimated that nearly two-thirds of cancer diagnoses and deaths in the US can be linked to behaviors, including tobacco use, poor nutrition, obesity, and lack of exercise.

Cancer Screening: The table below displays screening rates for colorectal cancer, breast cancer and cervical cancer. The percentage of females ages 21 to 65 receiving a Pap screening test in the past 3 years was significantly higher in 2016 than the reported percentage in overall NH.

Cancer Screening Type	Springfield Health District	Brattleboro Health District	Vermont	Greater Sullivan County Public Health Region	New Hampshire
Adults 50-75 receiving colorectal cancer screening+	**69%**	**60%^**	71%	**66.7%**	75.2%
Female adults age 50-74 receiving breast cancer screening++	**79%**	**75%**	77%	**75.1%**	76.9%
Female adults age 21-65 receiving cervical cancer screening	**91%**	**86%**	86%	**95.7%***	85.1%
	Springfield HSA	**Brattleboro HSA**	**Vermont**		
Female adults age 21-64 in compliance with cervical cancer screening recommendations (Blueprint)	**57%**	**55%**	62%		

+For NH, 'Had colorectal cancer screening per USPTF guidelines'

++ For NH, 'Had mammogram past two years (women 40+)'

Data Sources: Behavioral Risk Factor Surveillance System, VT 2016-2018 except 2012-2014 for cervical cancer screening; NH 2016 except 2018 for colorectal cancer screening.

Vermont Blueprint for Health, 2020 Community Health Profiles

^ Regional rate is significantly different and lower than the overall VT rate.

****Regional rate is significantly different and higher than the overall NH rate.***

Cancer Incidence and Cancer Mortality: The table below shows cancer incidence rates by site group for the cancer types that account for the majority new cancer cases (incidence). Incidence rates for the most common forms of cancer were similar across the region compared to statewide rates except for a lower incidence of prostate cancer among male residents of Sullivan County in New Hampshire.

Cancer Incidence per 100,000 people, age adjusted					
	Windham County	**Windsor County**	**Vermont**	**Sullivan County**	**New Hampshire**
Overall cancer incidence (All Invasive Cancers)			460.5	482.9	481.9
Cancer Incidence by Type					
Breast (female)	**169.4**	**152.6**	*131.8*	**135.0**	143.4
Prostate (male)			92.7	**89.9***	109.7
Lung and bronchus	**50.1***	**61.3**	60.7	**66.6**	62.6
Melanoma of Skin	**34.3**	**41.9**	38.2	**37.6**	32.2
Colorectal			34.9	**36.7**	36.3
Bladder	**23.3**	**25.5**	23.8	**26.6**	27.4
Non-Hodgkin Lymphoma	**21.7**	**17.8**	19.2	**16.2**	20.7

Data Sources: Vermont Cancer Registry, 2014-2018 except 2018 only for Breast Cancer; NH State Cancer Registry, 2014 – 2018;
***Rate is statistically different and lower** than the overall state rate; other rates are not significantly different*

Cancer Mortality: The table below shows the mortality rate for cancer overall and for the cancer types that account for the majority of cancer deaths. The overall cancer mortality rate and mortality rate from specific cancer types are similar to the state rates overall. Cancer of the lung and bronchus is the top cause of cancer-related mortality.

Cancer Mortality per 100,000 people, age adjusted					
	Windham County	Windsor County	Vermont	Sullivan County	New Hampshire
Overall cancer mortality (All Invasive Cancers)	159.7	154.5	162.4	170.8	156.4
Cancer Mortality by Type					
Lung and bronchus	35.4	41.3	41.5	42.6	41.1
Prostate (male)	18.5	22.2	19.7	21.2	18.6
Breast (female)	23.0	14.6	18.1	16.4	18.4
Colorectal	14.8	14.3	14.5	13.3	12.6
Pancreas	13.8	11.1	11.4	10.8	10.4

Data Sources: Vermont Cancer Registry, VT state rates 2014-2018, overall county rates, 2014-2016; National Center for Health Statistics. Underlying Cause of Death on CDC WONDER, 2014-2018 for VT and NH County and NH overall rates. County rates are not significantly different from the overall state rates

e. Asthma

Asthma is a chronic lung disease that inflames and narrows the airways. Asthma causes recurring periods of wheezing, chest tightness, shortness of breath, and coughing. Asthma is an increasingly prevalent condition that can be exacerbated by poor environmental conditions.

Asthma Prevalence: This indicator reports the percentage of adults aged 18 and older who self-report that they have ever been told by a doctor, nurse, or other health professional that they had asthma and the percent of children with asthma as reported by a parent or guardian.

Area	Percent of Children (ages 0 to 17) with Current Asthma	Percent of Adults (20+) with Current Asthma
Windham County	*Insufficient data*	11%
Windsor County	8%	12%
Greater Sullivan County Public Health Region	*Insufficient data*	14.8%
Vermont	8%	12%
New Hampshire	8.3%	11.8%

Data Sources: Behavioral Risk Factor Surveillance System, VDH 2018-19 adult, 2017-2019 child NHDHHS 2018
Regional statistics are not statistically different from the overall state statistics.

Asthma-Related Hospitalization: The table below displays age adjusted rates of emergency department utilization for complications of asthma. Springfield HSA and Greater Sullivan regional rates were significantly higher than overall state rates.

Area	Asthma hospital emergency department visits, All Ages age adjusted rate per 10,000 population
Springfield HSA	**58.9***
Brattleboro HSA	38.9
Greater Sullivan County Public Health Region	**59.2***
Vermont	39.8
New Hampshire	39.1

Data Source: Uniform Healthcare Facility Discharge Datasets, VT 2015, NH 2013 - 2017

Regional rate is significantly different and higher than the corresponding state rate

The table below displays rates of hospital admissions for asthma or COPD among Blueprint for Health attributed members. Asthma and COPD can be considered ambulatory care sensitive conditions where higher rates of inpatient admission may be indicative of challenges with primary care access or quality of care.

Area	Hospital admissions with a principal diagnosis of asthma or chronic obstructive pulmonary disorder (COPD), per 1,000 members, ages 40 years and older
Springfield HSA	2.1
Brattleboro HSA	2.4
Vermont	2.3

Data Source: Vermont Blueprint for Health, 2020 Community Health Profiles

Regional rates are not statistically different from the overall state rate

e. COVID-19

COVID-19 disease is caused by infection by a new strain of coronavirus (SARS-CoV-2) that had not been previously identified in humans before 2019. Coronaviruses are a large family of viruses that are known to cause illness ranging from the common cold to more severe diseases such as Severe Acute Respiratory syndrome (SARS). The virus causing COVID-19 disease is highly contagious and has caused illness and death in nearly all countries of the world (pandemic). Most people with COVID-19 have mild symptoms, but some people can become severely ill.

The first cases of COVID-19 infection in Vermont and New Hampshire were reported in March 2020. Since that time, there have been more than 127,000 identified cases of COVID-19 infection and 656 deaths among Vermont residents and among New Hampshire residents more than 335,000 cases and 2,610 deaths.

Area	Cumulative COVID-19 Cases, per 100K population	Cumulative Deaths with COVID-19 as a Contributing Factor, per 100K population
Windham County	16,587	87
Windsor County	17,847	101
Sullivan County	23,988	144
Vermont	20,387	105
New Hampshire	24,672	191

*Data Source: CDC COVID-19 Data Tracker for VT and NHDHHS COVID-19 Dashboards as of July 19, 2022

f. Intentional and Unintentional Injury

Accidents and injury are the third leading cause of death in Vermont and New Hampshire. In recent years, the epidemic of opioid and other substance misuse has been a substantial underlying cause of unintentional and intentional injury and death.

Substance Use-related Emergency Department Visits, Hospitalization: The table below displays rates of emergency department (ED) visits and inpatient hospitalizations for drug and alcohol related diagnoses including acute alcohol and/or drug poisoning as well as injuries/conditions related to acute drug and/or alcohol use. Not included are visit or inpatient stays involving intentional self-harm (see table on the next page), assault or chronic drug or alcohol related conditions. In 2018, the rate of drug and alcohol-related ED visits by residents of the Greater Sullivan County Public Health Region was significantly lower than for NH overall. In Vermont overall, the rate of nonfatal opioid overdose visits per 10,000 emergency department visits increased by 46% in 2020 compared to the prior year.

Area	ED visit for opioid overdose, rate per 10,000 visits	Drug and Alcohol Related - ED Visits, age adjusted rate per 100,000 population	Drug and Alcohol Related - Inpatient, age adjusted rate per 100,000 population
Windham County	43.9		
Windsor County	39.4		
Greater Sullivan County Public Health Region		**50.6***	**8.6***
Vermont	27.5		
New Hampshire		140.1	24.2

Data Source: NH Uniform Healthcare Facility Discharge Dataset, NHDHHS Office of Health Statistics and Data Management, 2018
VDH, Monthly Opioid Morbidity and Mortality Report, July 2022

***Regional rate is significantly different and lower than the overall NH rate.**

The next table presents information on follow-up care after emergency treatment for substance misuse. Among Blueprint for Health attributed members 18 years of age and older who had an Emergency Department visit with a principal diagnosis of alcohol or other drug (AOD) dependence, the statistics below show the percentage of those ED visits for which there is a record of a non-emergency follow up visit for substance use-related care within 30 days.

Area	Follow-Up After Discharge from ED for Alcohol and Other Drug Dependence (% of ED visits with follow-up within 30 days)
Springfield HSA	**22%**
Brattleboro HSA	No data
Vermont	25%

Data Source: Vermont Blueprint for Health, 2018 Community Health Profiles

Regional rate is not statistically different from the overall state rate

Drug Overdose Mortality: The number of drug overdose deaths in NH overall has been trending down gradually since 2017 when the rate of over overdose mortality per 100,000 population was 36.4. In contrast, Vermont experienced one of the highest increases in drug overdose deaths in the country during the COVID-19 pandemic; increasing by 89% in 2021 compared to 2019. In 2021, Windham County had the second highest rate of Opioid-related overdose fatalities in Vermont after Rutland County.

Area	Overdose Deaths per 100,000 people; Opioid-related	Overdose Deaths per 100,000 people; All drugs
Windham County	47.4	
Windsor County	36.3	
Sullivan County		20.9
Vermont	33.7	37.9
New Hampshire		30.3

Data Sources: VDH, "Opioid-Related Fatalities among Vermonters, April 2022; NH Medical Examiner's Office, September 2021

Self Harm-related Emergency Department Visits and Hospitalization: The table below displays rates of emergency department visits and inpatient hospitalizations for injury recorded as intentional including self-intentional poisonings due to drugs, alcohol or other toxic substances.

Area	Self-Inflicted Harm - ED Visit, age adjusted rate per 100,000 population	Self-Inflicted Harm - Inpatient, age adjusted rate per 100,000 population
Windham County	**293.9***	
Windsor County	**169.4**	
Greater Sullivan County Public Health Region	**217.8**	**31.2**
Vermont	201.3	
New Hampshire	195.9	47.3

Data Sources: Uniform Healthcare Facility Discharge Dataset, VT 2014-2016, NH 2018

***County rate is significantly different and higher than the overall VT rate.**

The next table presents information on follow-up care after emergency treatment for mental health. Among Blueprint for Health attributed members 18 years of age and older who had an Emergency Department visit with a principal diagnosis related to mental illness, the statistics below show the percentage of those ED visits for which there is a record of a non-emergency follow up visit for mental health-related care within 30 days.

Area	Follow-Up After Discharge from ED for Mental Illness Diagnosis (% of ED visits with follow-up within 30 days)
Springfield HSA	**57%**
Brattleboro HSA	**71%**
Vermont	65%

Data Source: Vermont Blueprint for Health, 2018 Community Health Profiles

Regional rates are not statistically different from the overall state rate

.Suicide: This indicator reports the rate of death due to intentional self-harm (suicide) per 100,000 people. Suicide rates can be an indicator of access to mental health care. The rate of suicide deaths in Windham County was higher than overall suicide mortality rate in Vermont over the 2016 to 2020 time span.

Area	Suicide Deaths per 100,000 people; any cause or mechanism
Windham County	**27.2***
Windsor County	**21.7**
Sullivan County	**22.7**
Vermont	18.6
New Hampshire	18.9

Data Source: National Center for Health Statistics. Underlying Cause of Death on CDC WONDER, 2016-2020

***Regional rate significantly different and higher than the overall Vermont statistic.**

g. Premature Mortality

An overall measure of the burden of preventable injury and disease is premature mortality. The indicator below expresses premature mortality as the total years of potential life lost before age 75. Every death occurring before the age of 75 contributes to the total number of years of potential life lost. During the period 2018 to 2020, 614 deaths in Windham County, 768 deaths in Windsor County, and 621 deaths in Sullivan County occurred before the age of 75. The primary causes of death contributing to premature mortality over this time period were cancer and heart disease.

Area	Years of potential life lost before age 75 per 100,000 population (age-adjusted)
Windham County	**8,472***
Windsor County	**7,661***
Sullivan County	**6,631**
Vermont	6,430
New Hampshire	6,360

Data source: National Center for Health Statistics accessed via County Health Rankings, 2018-2020.

Regional rates are significantly different and higher than the overall state rate.

Appendix A

Springfield Area Community Collaborative

Needs Assessment Planning Committee

Allison Hopkins	Southern Windsor County Planning Commission
Anna Smith	Springfield Hospital
Astrid Bradish-Hoyt	Turning Point Recovery Center
Beth Brothers	Springfield School District
Carolyn Sweet	Southeastern Vermont Community Action (SEVCA)
Christian Craig	Edgar May Recreation Center
Christopher Pont	Vermont Department of Health
Josh Dufresne	North Star Health
Kate Lamphere	Health Care and Rehabilitation Services (HCRS)
Katrina Taylor, D.O	North Star Health
Kelsea Burch	Southeastern Vermont Community Action (SEVCA)
Laura Schairbaum	Greater Falls Connections
Lee Trapeni	Springfield Supportive Housing
Lynn Raymon-Empey	Valley Health Connections
Mark Boutwell	Senior Solutions
Sue Graff	Vermont Agency for Human Services
Susan White	Southern Vermont Area Health Education Center (AHEC)
Tom Dougherty	North Star Health
Trish Paradis	Springfield Family Center
Jonathan Stewart	NH Community Health Institute/JSI

Appendix B

Community Resources

Organizations listed below reflect available local resources.

Association of Area Churches
Bayada Home Health Care
BCBSVT
Building Bright Futures
Cedar Hill Continuing Care Community
Chester Andover Family Center
Community Restoration Corp
Creative Workforce Solutions
Edgar May Recreation Center
Greater Falls Connections
Greater Falls Warming Shelter
HCRS
Local Fire/EMS teams
Lincoln Street
Neighborhood Connections
North Star Health
Office of Public Guardian
OneCare Vermont
Our Place Drop-In Center
Parks Place Community Resource Center
Pine Heights
RSVP
SASH
SaVida Health
Senior Solutions
Southeastern Vermont Community Action
Sojourns
Southern Windsor County Reg. Planning Commission
Springfield Hospital
Springfield School District
Springfield Area Parent Child Center
Springfield Family Center
Springfield Health and Rehab
Springfield Housing Authority
Springfield Prevention Coalition/MAPP
Springfield Restorative Justice Center
Springfield Supportive Housing Program
Sustainable Aging
Southern Vermont Area Health Education Center
Southern Windsor Cty. Regional Planning Commission
Town of Springfield
Turning Point Recovery Center
Vermont Association of Business, Industry & Rehab.
Valley Health Connections
Vermont 211
Vermont Agency for Human Services
Vermont Blueprint for Health
Vermont Department of Health
Visiting Angels of the Upper Conn River Valley
VNA/VNH
Vocational Rehabilitation
VT Community Foundation
Windham & Windsor Housing Trust
Windham County Youth Services
Women's Freedom Center