2022 Community Health Needs Assessment

Contents

Introduction

Executive Summary

Northern Counties Health Care, Inc. (NCHC), is a non-profit 501(C)3 organization, committed to the mission of providing high-quality, accessible, patient-centered health care in the Northeast Kingdom. Over 65,000 encounters are made each year through a rural network of six community health centers – including a walk-in primary location, three dental practices, a Medicare-certified home care and hospice division, and partnerships with three different hospitals and several human services organizations.

Northern Counties Health Care is also a leader and active participant in two Accountable Health Communities—NEK Prosper! and Vibrant ONE. These collaborative, and collective impact groups are made up of community members, organizations, and institutions that all recognize that people's health status is influenced by social determinants of health; housing nutrition, financial security, health equity, etc. all impact the health of individuals.[1]

The Northeast Kingdom of Vermont is geographically the size of Delaware with approximately 63,000 people spread out across Caledonia, Essex, and Orleans Counties. While rural living has many positives, it also comes with many challenges, especially for vulnerable populations and those struggling economically. Health care and social infrastructure challenges were already increasing before COVID-19 added to the issues facing the service area of Northern Counties Health Care (NCHC).

The Community Health Needs Assessment weaves together three major sources of data that may signal community resource gaps, community aspirations, or community needs: (1) publicly available secondary data, (2) qualitative survey data gathered from facilitated sessions with community members, and (3) the results of surveys taken by community members. Each data source provides insight into community health needs.

Secondary Data
- Low Median Income
- Older Median Age
- Cardiovascular disease higher prevalence in NEK
- Provider shortage areas, esp. in mental health
- High percentage of tobacco use

Qualitative Research
- Primary Care / Dental
- Mental Health / SUD
- Housing
- Childcare
- Transportation

Community Survey
- Affordable childcare
- Affordable medication
- Mental Health – youth
- Mental Health – crisis services
- Mental Health - adults

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[1]US Department of Health & Human Services, Healthy People 2030
https://health.gov/healthypeople/priority-areas/social-determinants-health

Key Secondary Data Highlights:

Lower incomes, an older population structure, and higher rates of disability dramatically impact the NCHC service area in the Northeast Kingdom.

Essex County reports the lowest median income. It is $17,000 lower than the average Vermont household.

When compared on most preventative healthcare measures, most residents of the Northeast Kingdom (NEK) are in line with the state averages.

The incidence of cardiovascular disease is notably higher in the Northeast Kingdom than the state averages with a rate in Essex county that is nearly 50% higher than the national rates.

Where data is available, firearm fatalities are higher in the Northeast Kingdom than state and national averages, with Caledonia County nearly 70 percent higher than Vermont as a whole.

On many substance use indicators measures, the Northeast Kingdom is consistent with the state as a whole. The notable exception is in Caledonia County where the overdose death rate is more than 30% higher than the state.

The rate of completed suicides in Essex County is nearly double the rate for Vermont.

Of all the NEK counties, Caledonia has the largest challenge with people experiencing homelessness.

Key Qualitative Data Highlights:

- Many residents of the Northeast Kingdom are generally happy with the health care services they receive, but some expressed feelings of unease with the healthcare system due to provider availability and sensitivity. Telemedicine has allowed expanded capacity for some providers and patients, but accessibility and reliability of broadband internet is a challenge for some community members.
- Community discussions indicate that high-level needs for mental health and substance use treatment are rooted in the ability to retain providers and staff within care facilities. There is a severe lack of youth-based mental health services in addition to several barriers and challenges to substance use disorder treatment.
- Access to primary care providers and dentists throughout the NEK is often limited and there can be a long wait list to find a new provider for various reasons.
- Affordable housing was identified as one of the top challenges in the community and it impacts all income brackets. Additionally, the limited supply of housing options available has made recruiting new providers and other professionals difficult as some individuals had to turn down opportunities because they could not find housing.

Community Survey: Signals from Our Community

Approximately 835 individuals completed the survey in either English, French, or Spanish. The survey asked community residents about their perceptions of community and health-related needs, mental health, access to care, and workforce issues in the Northeast Kingdom. Survey respondents provided various perspectives on community health needs. The survey results, set forth in the body of the report in Exhibit 35 through Exhibit 56, do not provide a definitive ranking of community needs: however, they

provide strong signals of what needs resonate with this cross-section of community members. For example:

Survey respondents stated that much more focus is needed on affordable childcare (57.4%), affordable prescription drugs (55.4%), counseling services for mental health issues such as depression, anxiety, and others for adolescents/children (52.0%), crisis or emergency care programs for mental health (50.9%), and counseling services for mental health issues such as depression, anxiety, and others for adults (47.9%). See Exhibit 35.

Survey respondents disagreed or strongly disagreed with the statements that housing is available and not too expensive (69.5%), people don't feel stressed or worried all the time (58.4%), people can find jobs that pay enough to support themselves and their families (53.5%), good childcare is available and not too expensive (52.6%), and all people can get health insurance (43.7%). See Exhibit 36.

The survey differentiates by county, which is important since the NEK is not a single, homogenous entity. County rankings were similar but not exactly the same. For example, affordable childcare was identified as a top need in Orleans and second in Caledonia and Essex Counties. Caledonia ranked counseling services for children as number one and Essex County ranked affordable prescriptions as their top need. All three counties identified that they find maintaining physical fitness/wellness as challenging followed by feeling lonely and enjoying leisure activities. See Exhibits 37 and 38.

We encourage readers to review the additional tables along with the youth survey that are in the full report, as these provide a valuable resource in understanding the community's perspective on its health care needs and important materials that can assist NCHC is charting its next strategic plan.

Organizational History

Northern Counties Health Care, Inc. (NCHC), a non-profit 501(C)3 organization, is committed to our Mission of providing high-quality, accessible, patient-centered health care.

We do this by providing health care services in the medically underserved, three-county region of northeastern Vermont, known as the Northeast Kingdom. NCHC provides quality care to over 20,000 individuals; more than one-third of the region's residents. Over 64,000 encounters are made each year through a rural network of six community health centers – including a walk-in primary location, three dental practices, a Medicare-certified home care and hospice division, and partnerships with three different hospitals and several human services organizations.

NCHC was the first and is one of the largest Federally Qualified Health Center systems in in Vermont, and the only one which also operates a home health care and hospice division. We have a rich history and tradition of innovation in caring for our friends and neighbors: were the first to integrate oral health; were chosen as a pilot site for Vermont's Blueprint for Health; and were the first in the state to become a Patient Centered Medical Home. Additionally, we are committed to ensuring NCHC is at the forefront of Vermont's health care innovations as we progress. We provide ***complete, compassionate care for the whole family, in our home or yours.***

Mission

> To provide high-quality, accessible, patient-centered health care.

Vision

> NCHC is a key partner in building healthy families and thriving communities.

Values

- **Mutual Respect and Trust** – working together and providing care that respects every individual's dignity, privacy, and culture.
- **Excellence** – investing in our most valuable asset, our employees, is crucial to delivering high quality care.
- **Teamwork and Collaboration** – working within NCHC and with community partners to provide a continuum of health care and social support.
- **Stewardship and Spirit of Service** – serving our communities with integrity and intention in all our interactions.
- **Resilience** – approaching every challenge as an opportunity to pursue creative solutions, achieve financial sustainability, and deepen our resolve.

Methodology, Purpose, and Data Limitations

Community Health Needs Assessment Participants and Purpose

Northern Counties Health Care (NCHC) reached out to a group of individuals to participate in its Community Health Needs Assessment (CHNA) to contribute insights from patients, community service organizations, other residents throughout the NEK, and staff. Each person provided project feedback regarding perceptions of area health needs, data evaluation, and other guidance during the CHNA process. The individuals had a breadth of community health vision, knowledge, and leadership to impact the well-being of the service area.

As part of Section 330(k)(2) and Section 330(k)(3)(J) of the PHS Act[2] HRSA requires all FQHCs to assess the unmet need for health services in its area. As part of demonstrating compliance with this requirement health centers must complete a Community Health Needs Assessment every three years. The purpose of the NCHC's CHNA is to identify and prioritize community needs. In doing so, it will also provide a solid technical platform to analyze population health at a county level (based on the actual service area), categorize factors associated with access to care and health care utilization, finely tune outreach activities, highlight the most significant causes of morbidity and mortality, strengthen the existing community health activities, use collaborative outreach to highlight other unique health care needs or characteristics that impact health status and primary care, and help to meet HRSA the requirement.

The practical purpose is this: the CHNA provides a data- and research-based foundation from which to develop and drive the activities that impact the most people, address the most urgent needs, and otherwise respond to the highest priority needs within NCHC's purview.

Methodology Components

The CHNA methodology includes a combination of quantitative and qualitative research methods designed to evaluate perspectives and opinions of local community residents within NCHC's service area– especially those from underserved populations. The methodology that was used helps prioritize the needs and establish a basis for continued community engagement – in addition to simply developing a broad, community-based list of needs.

The major sections of the methodology and report include the following:

- **Strategic Secondary Research.** This type of research includes a thorough analysis of previously published materials that provide insight regarding the community profile and health-related measures.

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[2] See Chapter 3: Needs Assessment | Bureau of Primary Health Care (hrsa.gov)

- **Qualitative Interviews and Discussion Groups.** This form of primary research includes discussion groups and interviews with NCHC leadership, other community service and healthcare providers, and healthcare consumers who represent a span of healthcare consumers in the service area.
- **Community and Youth Survey.** Crescendo conducted an online survey with more than 835 community members and 360 school-aged youth. Survey results and analysis can be found in this report. The survey instrument is contained in the appendices.
- **A Needs Prioritization Process.** Following the secondary research, qualitative interviews, focus group discussions, and community survey, a list of 48 community health-related issues was generated. Project leadership group members participated in a needs prioritization meeting where top needs were discussed, along with NCHC's locus of control for each item. These are now being considered to help shape NCHC's next strategic plan.

Data Limitations

In general, the secondary data utilizes the most current data sets available. The dramatic changes in 2020 and 2021 due to the COVID-19 pandemic may have impacted some of the traditional projection tools, source data, and data collection methods. For example, the American Community Survey (ACS) which provides detailed population and housing information revised its messaging, altered their mailout strategy, and made sampling adjustments to accommodate the National Processing Center's staffing limitations.[3] Where relevant, the impacts or new data due to the COVID-19 pandemic are noted.

While some focus groups were conducted in-person, attendance was likely low due to the ongoing COVID-19 pandemic. Attendance for virtual focus groups was good.

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[3] See U.S. Census Bureau: https://www2.census.gov/ces/wp/2021/CES-WP-21-02.pdf

Data Overview of Communities Served

Area Description and Map

Northern Counties Health Care (NCHC) is a federally qualified health center (FQHC) located in Vermont's Northeast Kingdom. The Northeast Kingdom is comprised of Caledonia, Essex, and Orleans Counties with a total population of approximately 63,000 individuals. The map below depicts NCHC's primary and secondary service area by zipcodes. The purple area consists of the zip codes that account for 75% of encounters, or NCHC's primary service area. The remaining 25% (light blue) is the secondary service area for a cumulative percentage of 100. For the purposes of this report, secondary data was collected for Caledonia, Essex, and Orleans Counties.
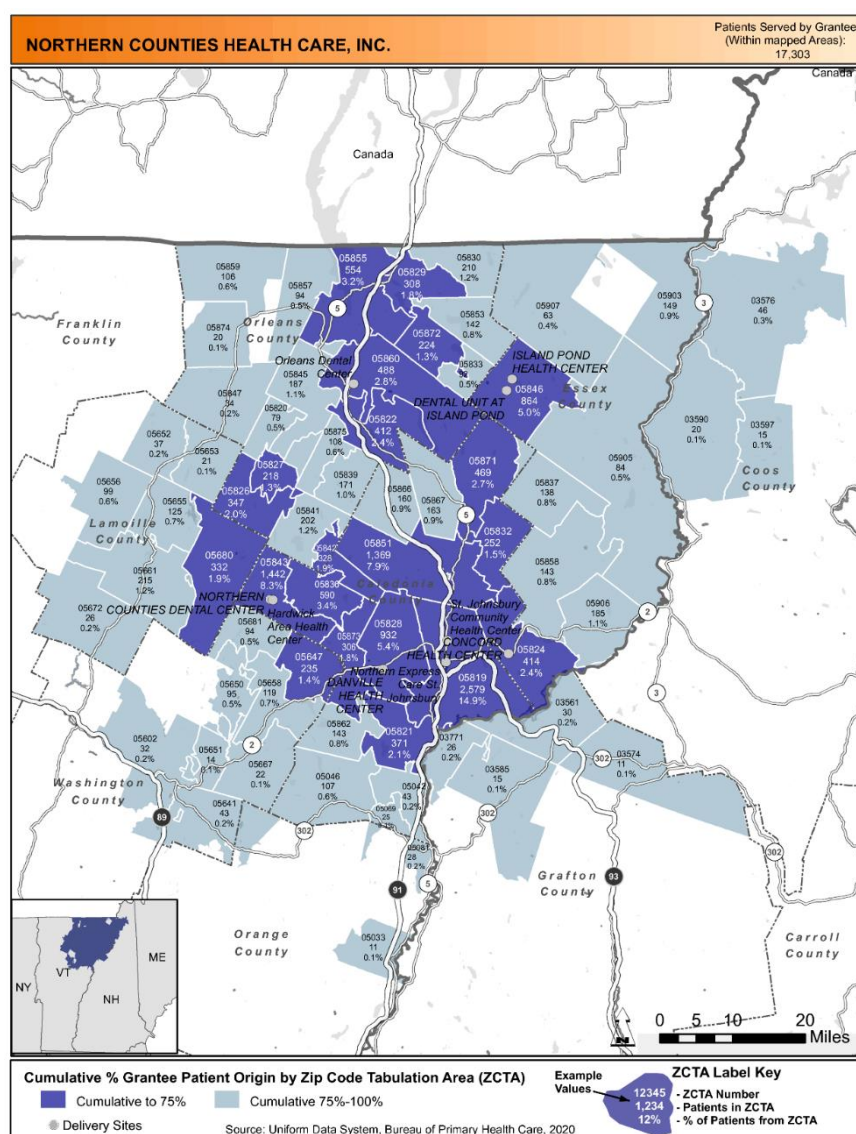
Strategic Secondary Research on the Service Area

Demographic Data & Social Vulnerability Index

- The Social Vulnerability Index (SVI) uses demographic data to help identify areas of need in the service area as many are linked to the social determinants of health. Developed by the Centers for Disease Control and Prevention (CDC) as a metric for analyzing population data to identify vulnerable populations, the SVI's measures are housed within the domains of Socioeconomic Status, Household Composition and Disability, Minority Status and Language, Housing, and Transportation. This tool may be used to rank overall population wellbeing and mobility relative to county and state averages. It can also be used to determine the most vulnerable populations during disaster preparedness and global pandemics.

Socioeconomic Status	Below Poverty Unemployed Low-Income No High School Diploma
Household Composition & People Living with a Disability	Aged 65 + Aged Below 18 Disabled Single-Parent Households
Minority Status & Language	Minority Don't Speak English
Housing & Transportation	Multi-Unit Structures Mobile Homes Crowding No Vehicle Group Quarters

- **Key Take Aways:**

  The Northeast Kingdom (NEK) has a demographic profile that ranks higher on the Social Vulnerability Index than Vermont as a whole:

- **Poverty rates in the Northeast Kingdom (NEK) exceed statewide averages in nearly every age bracket. Over 20 percent of children in Essex County are living in poverty, and the rates are nearly as high in Caledonia County. Median household incomes are significantly lower than state and national figures with racial and ethnic minorities earning even less.**
- **The population in Vermont trends older than national averages, and the service area counties trend older than Vermont as a whole. Over a quarter of Essex County residents are**

over the age of 65.

- **The NEK has higher percentages of households with a disability than state and national averages: The NEK has lower rates of childhood (ages 5 to 17) disabilities than statewide averages, but higher rates for all age brackets of adults and Orleans Country has much higher rates of disablties in those under 5.**

- **The counties in the NCHC service area trend lower than statewide and national averages for educational attainment.**

- **Disparities exist for Black, Idigenous, and People of Color (BIPOC) populations related to income, disability, and educational attainment both in Vermont and the NEK.**

Lower incomes, an older population structure, and higher rates of disability impact the Northern Counties Health Care (NCHC) service area counties (also commonly referred to as the Northeast Kingdom).

Exhibit 1: Select Social Vulnerability Index Measures

	United States	Vermont	Caledonia Co.	Essex Co.	Orleans Co.
Population	324,697,795	624,313	30,234	6,200	26,901
Living in poverty[4]	13.4%	10.9%	12.6%	13.4%	13.1%
Under 18 years	18.5%	13.0%	18.5%	20.6%	14.7%
18 to 64 years	12.6%	11.3%	13.0%	12.7%	12.5%
65 years and over	9.3%	7.6%	5.6%	10.0%	13.2%
Median income ($)	62,843	61,973	50,563	44,349	49,168
Median age	38.1	42.9	44.7	50.9	45.8
Age 65+	15.6%	18.8%	20.0%	25.3%	22.1%
Age 17 or younger	22.6%	18.7%	19.6%	17.6%	19.4%
Household with disability	12.60%	14.5%	16.6%	19.8%	16.8%
Single-parent households[5]	31.6%	21.2%	18.3%	18.8%	22.7%
Racial minority[6]	27.5%	5.8%	4.2%	3.5%	3.6%
Ethnic minority (Hispanic)	18.0%	1.9%	1.6%	1.4%	1.5%
Limited English proficiency[7]	8.4%	1.5%	0.6%	1.6%	1.1%
Multi-unit housing structures	25.5%	24.0%	20.3%	9.1%	14.3%
Mobile homes	6.2%	6.6%	9.7%	9.9%	9.6%
No vehicle	8.6%	6.9%	7.5%	5.5%	7.5%

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[4] Defined as the percentage of families and people whose income in the past 12 months is below the poverty level.
[5] Single parent household data is drawn from University of Wisconsin County Health Rankings.
[6] Defined as all those not identifying as "White, only" on census data.
[7] Speak English "less than very well".

- Poverty rates in the Northeast Kingdom (NEK) exceed statewide averages in nearly every age bracket. Over 20 percent of children in Essex County are living in poverty, and the rates are nearly as high in Caledonia County. Median household incomes are notably lower than state and national figures.
- The population in Vermont trends older than national averages, and the service area counties trend older than Vermont as a whole. Over a quarter of Essex County residents are over the age of 65.
- The NEK has higher percentages of households with a disabilitythan state and national averages, and lower rates of racial and ethnic diversity.

Race & Ethnicity

The counties served by NCHC are quite homogenous, with less diversity than even the statewide averages for Vermont.

Exhibit 2: Population by Race/Ethnicity

	United States	Vermont	Caledonia Co.	Essex Co.	Orleans Co.
RACE					
Total population	324,697,795	624,313	30,234	6,200	26,901
One race	96.7%	98.0%	98.0%	98.6%	98.0%
White	72.5%	94.2%	95.8%	96.5%	96.4%
Black or African American	12.7%	1.4%	1.0%	1.0%	0.6%
American Indian and Alaska Native	0.8%	0.3%	0.3%	0.3%	0.4%
Asian	5.5%	1.7%	0.5%	0.5%	0.3%
Native Hawaiian and Other Pacific Islander	0.2%	0.1%	0.0%	0.0%	0.0%
Some other race	4.9%	0.4%	0.4%	0.3%	0.3%
Two or more races	3.3%	2.0%	2.0%	1.4%	2.0%
White and Black or African American	0.9%	0.4%	0.3%	0.2%	0.6%
White and American Indian and Alaska Native	0.6%	0.8%	0.9%	1.0%	1.0%
White and Asian	0.7%	0.5%	0.5%	0.1%	0.4%
Black or African American and American Indian and Alaska Native	0.1%	0.0%	0.0%	0.0%	0.0%
HISPANIC OR LATINO AND RACE					
Hispanic or Latino (of any race)	18.0%	1.9%	1.6%	1.4%	1.5%
Not Hispanic or Latino	82.0%	98.1%	98.4%	98.6%	98.5%

Source: United States Census Bureau. American Community Survey 5-Year Estimates, 2015 – 2019

- Approximately 96 percent of the population in the NCHC service area identifies as White, compared to 72.5 percent nationally, and 94.2 percent for Vermont.

- Only 1.5 percent of the population in the service area identifies as Hispanic or Latino.

- While those who identify as Asian make up 1.7 percent of Vermont, their presence is only 0.3-0.5 percent in the service area counties.

- Those identifying as Black or African American represent 1.4 percent of Vermont's population, but less so in the service areas (1 percent each in Caledonia and Essex Counties, and 0.6 percent in Orleans County.)

Age and Gender Categories

In a state that already trends older than the national median, the NCHC service area is even older than the Vermont median. Aging adults may require additional healthcare and social service needs, such as transportation, home health, and social interactions, as they continue to age in place or transition to senior living facilities in the community.

Exhibit 3: Population by Age

	United States	Vermont	Caledonia Co.	Essex Co.	Orleans Co.
Under 5 years	6.1%	4.7%	4.6%	4.3%	4.8%
5 to 9 years	6.2%	5.1%	5.1%	4.9%	5.0%
10 to 14 years	6.4%	5.4%	6.2%	5.0%	5.9%
15 to 19 years	6.5%	6.8%	7.0%	5.5%	5.5%
20 to 24 years	6.8%	7.4%	5.8%	4.0%	5.3%
25 to 34 years	13.9%	11.7%	10.7%	8.5%	11.1%
35 to 44 years	12.6%	11.2%	11.1%	10.0%	11.4%
45 to 54 years	13.0%	13.4%	13.2%	14.7%	13.3%
55 to 59 years	6.7%	7.7%	7.6%	8.3%	6.9%
60 to 64 years	6.2%	7.7%	8.7%	9.5%	8.6%
65 to 74 years	9.1%	11.3%	12.4%	15.0%	13.5%
75 to 84 years	4.6%	5.2%	5.5%	7.4%	6.2%
85 years and over	1.9%	2.3%	2.1%	2.8%	2.4%
Median age (years)	38.1	42.9	44.7	50.9	45.8

Source: United States Census Bureau. American Community Survey 5-Year Estimates, 2015 – 2019

- The median age for Essex County residents is nearly 51 years old, compared to Vermont's median of 43 and the national of 38.1 years.

- The Northeast Kingdom has fewer young adults (ages 20-24) than the state averages, as well as those in the 25 to 34 year old age bracket.

- More than a third of those living in the service area are 55 years of age or older, with 43 percent of Essex County, 38 percent of Orleans County, and 36 percent of Caledonia County being 55 or older.

Exhibit 4: Population by Sex[8]

	United States	Vermont	Caledonia Co.	Essex Co.	Orleans Co.
Male	49.2%	49.3%	50.2%	50.3%	50.2%
Female	50.8%	50.7%	49.8%	49.7%	49.8%

Source: United States Census Bureau. American Community Survey 5-Year Estimates, 2015 – 2019

- The counties served by NCHC have slightly higher percentage of males than females, compared to state and national averages.

Language

The percentage of people who speak only English is notably higher in Vermont and in the NEK than national averages. While those with limited English proficiency make up fewer than two percent of residents in the service area, there are residents who may be facing language or literacy barriers in terms of healthcare and access to other services.

Exhibit 5: Language Spoken & Place of Birth

	United States	Vermont	Caledonia Co.	Essex Co.	Orleans Co.
English only	78.4%	94.2%	96.2%	93.6%	94.6%
Language other than English	21.6%	5.8%	3.8%	6.4%	5.4%
Speak English less than "very well"	8.4%	1.5%	0.6%	1.6%	1.1%
Primary language spoken at home					
Spanish	13.4%	1.1%	0.9%	0.2%	0.5%
Other Indo-European languages	3.7%	3.3%	2.2%	5.7%	4.7%
Asian and Pacific Islander languages	3.5%	0.9%	0.5%	0.3%	0.1%
Other languages	1.1%	0.5%	0.2%	0.1%	0.1%
Foreign born	13.6%	4.7%	2.4%	3.7%	4.0%

Source: United States Census Bureau. American Community Survey 5-Year Estimates, 2015 – 2019

- Similar to Vermont as a whole, the service area counties have higher than national averages for those who speak English only.

- Of those whose primary language spoken at home is not English, the highest proportion is in the category of "Other Indo-European languages".

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[8] Census data does not provide for information about gender or non-binary identification.

Population Living with a Disability[9]

The Northeast Kingdom has lower rates of childhood (ages 5 to 17) disabilities than statewide averages, but higher rates for all age brackets of adults.

Exhibit 6: Disability Status by Age

	United States	Vermont	Caledonia Co.	Essex Co.	Orleans Co.
Under 5 years	0.7%	0.9%	0.0%	0.0%	2.5%
5 to 17 years	5.5%	7.9%	5.3%	7.5%	6.9%
18 to 34 years	6.3%	8.8%	11.8%	13.2%	9.5%
35 to 64 years	12.6%	13.6%	15.8%	16.8%	15.7%
65 to 74 years	24.8%	22.9%	28.5%	31.4%	25.3%
75 years and over	48.4%	46.7%	47.9%	49.1%	52.9%

Source: United States Census Bureau. American Community Survey 5-Year Estimates, 2015 – 2019

- Orleans County has a notably higher rate of disabilities in children under five years of age than state and national averages.

- Rates for disability in adults 65 to 74 years are highest in Essex County, while Orleans County has the highest rates of disability for those 75 years and older.

The service area has a higher proportion of the population living with a disability in each type of disability in comparison to state and national averages. Essex County has higher rates of disability in every category with disability rates more than double for hearing and vision than the state and national averages.

Exhibit 7: Disability Status by Type

	United States	Vermont	Caledonia Co.	Essex Co.	Orleans Co.
With a hearing difficulty	3.6%	4.6%	5.4%	7.4%	5.1%
With a vision difficulty	2.3%	2.2%	2.9%	4.6%	2.7%
With a cognitive difficulty	5.1%	6.1%	7.2%	6.2%	6.8%
With an ambulatory difficulty	6.9%	6.7%	7.7%	9.5%	8.4%
With a self-care difficulty	2.6%	2.5%	3.0%	3.5%	2.8%
With an independent living difficulty	5.8%	5.5%	6.7%	7.5%	5.9%

Source: United States Census Bureau. American Community Survey 5-Year Estimates, 2015 – 2019

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[9] Figures refer to the percentage of non-institutionalized population living with disability.

Rates of disability vary widely within the NCHC service area counties by race and ethnicity.

Exhibit 8: Disability Status by Race & Ethnicity

	United States	Vermont	Caledonia Co.	Essex Co.	Orleans Co.
White alone	13.1%	14.5%	16.6%	19.5%	16.8%
Black or African American alone	14.0%	15.6%	11.1%	13.1%	26.6%
American Indian and Alaska Native alone	16.9%	29.6%	41.1%	60.0%	19.8%
Asian alone	7.1%	7.4%	21.8%	10.0%	1.3%
Native Hawaiian and Other Pacific Islander alone	10.8%	17.8%	ND	ND	0.0%
Some other race alone	8.3%	8.2%	1.7%	75.0%	0.0%
Two or more races	10.9%	18.8%	19.0%	33.7%	20.6%
White alone, not Hispanic or Latino	13.9%	14.6%	16.6%	19.6%	16.9%
Hispanic or Latino (of any race)	9.0%	10.3%	14.0%	20.9%	13.1%

Source: United States Census Bureau. American Community Survey 5-Year Estimates, 2015 – 2019

- The rates of disability are notably higher among those identifying as American Indian and Alaska Native in both Caledonia and Essex Counties than for their counterparts in Orleans County, statewide and nationally. The small sample size should be noted.

- Biracial and multiracial residents of the NCHC counties (and Vermont as a whole) are more likely to have a disability than those who similarly identify nationally.

- Residents identifying as Asian in Caledonia County are three times as likely to have a disability than the statewide average.

In Vermont and in each of the NCHC service area counties, males are slightly more likely to have a disability than females.

Exhibit 9: Disability Status by Sex

	United States	Vermont	Caledonia Co.	Essex Co.	Orleans Co.
Male	12.5%	15.0%	16.9%	21.2%	17.7%
Female	12.7%	14.1%	16.3%	18.4%	16.0%

Source: United States Census Bureau. American Community Survey 5-Year Estimates, 2015 – 2019

Housing and Household Characteristics

Secondary data (as of 2019, pre-pandemic) indicate that home and rental prices in the NEK are lower than state medians, with high rates of vacancy compared to national averages.

Exhibit 10: Housing Characteristics

	United States	Vermont	Caledonia Co.	Essex Co.	Orleans Co.
Total housing units	137,428,986	334,999	16,380	5,167	17,545
Vacant housing units[10]	12.1%	22.4%	24.1%	47.0%	32.9%
Median primary home price ($)	ND	227,500	150,000	116,750	150,000
Median gross rent ($)	ND	972	760	718	783

Source: United States Census Bureau. American Community Survey 5-Year Estimates, 2015 – 2019; Vermont Department of Taxes, 2019. (https://www.housingdata.org/profile/ accessed 2/9/2022).

- The median home values in the counties of the NCHC service area are lower than the state average, and lower than the national average.

- Vacancies in Essex County are particularly high relative to region, state and country (more than double the statewide average, which is nearly double the national average). Orleans County also has vacancies nearly one third higher than the Vermont average.

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[10] Census definition of "housing vacancy" includes seasonal and vacation units not in current use at the time of the survey.

Unsheltered & Sheltered Population

Of all the NEK counties, Caledonia has the largest challenge with people experiencing homelessness. The Annual Point in Time Count, from which this data compiled, illustrates the individuals and households considered homeless on the night of the count in January. It is likely to be undercounted and does not include those at risk of homelessness or temporarily residing with friends or family. It is unclear how much, if at all, the data may be affected by State policy choices to divert unhoused individuals to sites in Caledonia County.

Exhibit 11: Point in Time Count of People Experiencing Homelessness

	Vermont	Caledonia Co.	Essex Co.	Orleans Co.
Adults (25-54)	1,595	66	3	19
Adults (55+)	369	7	1	4
Adults (Unreported Age)	0	0	0	0
Children (under age 18)	360	28	0	13
Gender non-conforming	6	0	0	1
Households currently fleeing domestic violence	239	2	0	1
Households in emergency shelter	226	6	0	3
Households in publicly funded hotel	1,751	67	4	13
Households in transitional housing	66	5	0	6
Households unsheltered	0	0	0	0
Men	1,410	62	2	17
Number of chronically homeless households	476	3	0	6
Number of homeless adults	2,231	88	4	25
Number of homeless children	360	28	0	13
Number of homeless families	209	14	0	7
Number of homeless households	2,043	78	4	22
Number of homeless individuals	2,591	116	4	38
Number of homeless veterans	103	2	0	0
Transgender	8	0	0	0
Women	1,167	54	2	20
Young adults (age 18 to 24)	267	15	0	2

Source: Vermont Coalition to End Homelessness & Institute for Community Alliances, 2021.

Educational Attainment

The counties in the NCHC service area trend lower than statewide and national averages for educational attainment.

Exhibit 12: Educational Attainment

	United States	Vermont	Caledonia Co.	Essex Co.	Orleans Co.
Population 25 years and over	220,622,076	440,460	21,556	4,733	19,765
Less than 9th grade	5.1%	2.2%	2.4%	4.7%	3.9%
9th to 12th grade, no diploma	6.9%	5.1%	6.3%	8.5%	7.8%
High school graduate (includes equivalency)	27.0%	28.8%	35.3%	46.0%	39.5%
Some college, no degree	20.4%	17.1%	19.1%	15.0%	18.6%
Associate's degree	8.5%	8.7%	7.9%	9.7%	8.7%
Bachelor's degree	19.8%	22.5%	17.7%	9.4%	13.4%
Graduate or professional degree	12.4%	15.5%	11.3%	6.8%	8.1%
High school graduate or higher	88.0%	92.7%	91.3%	86.8%	88.3%
Bachelor's degree or higher	32.1%	38.0%	29.0%	16.2%	21.5%

Source: United States Census Bureau. American Community Survey 5-Year Estimates, 2015 – 2019

- Among the three counties, Caledonia County 25-year-olds are more likely to have graduated high school and received a bachelor's degree or higher.

High School Graduation Rate

High school graduation rates in the Northeast Kingdom are lower than statewide averages, and lower also than national averages for Essex and Orleans Counties. Racial and ethnic disparities can be seen in each of the counties, although the small number of students identifying as non-White may be a factor in the data variations.

Exhibit 13: High School Graduation Rate by Race & Ethnicity

	United States	Vermont	Caledonia Co.	Essex Co.	Orleans Co.
White alone	89.9%	93.1%	91.6%	86.7%	88.5%
White alone, not Hispanic or Latino	92.9%	93.1%	91.5%	86.6%	88.4%
Black alone	86.0%	88.9%	69.1%	100.0%	92.9%
American Indian or Alaska Native alone	80.3%	82.8%	94.4%	81.3%	96.9%
Asian alone	87.1%	78.6%	76.0%	66.7%	100.0%
Native Hawaiian and Other Pacific Islander alone	87.0%	89.1%	ND	ND	100.0%
Some other race alone	62.7%	87.0%	78.6%	100.0%	100.0%
Two or more races	88.5%	85.3%	90.2%	97.1%	70.1%
Hispanic or Latino Origin	68.7%	88.3%	98.7%	100.0%	97.3%

Source: United States Census Bureau. American Community Survey 5-Year Estimates, 2015 – 2019

- Black students in Caledonia County, and Asian students in Caledonia and Essex Counties have notably lower than average graduation rates, as do American Indian students in Essex County.

- Students of Hispanic origin graduate from high school in the NCHC counties at a higher rate than Vermont and United States averages.

- Orleans County graduation rates are lowest for White high school students among those who identify with only one race. Those of two or more races have a lower graduation rate than their peers in Orleans County by 20 - 30 percent.

Employment & Income

Unemployment is lower in Vermont and the service area counties than nationally, though both Essex and Orleans Counties report higher rates of unemployment than the state average.

Exhibit 14: Unemployment Rate

	United States	Vermont	Caledonia Co.	Essex Co.	Orleans Co.
Unemployment Rate	5.3%	3.6%	3.5%	3.9%	4.2%

Source: Vermont Department of Labor, 2021

Exhibit 15: Unemployment Trends, 2016-2022

Source: Vermont Department of Labor (https://www.housingdata.org/profile/pandemic-impact/weekly-unemployment)
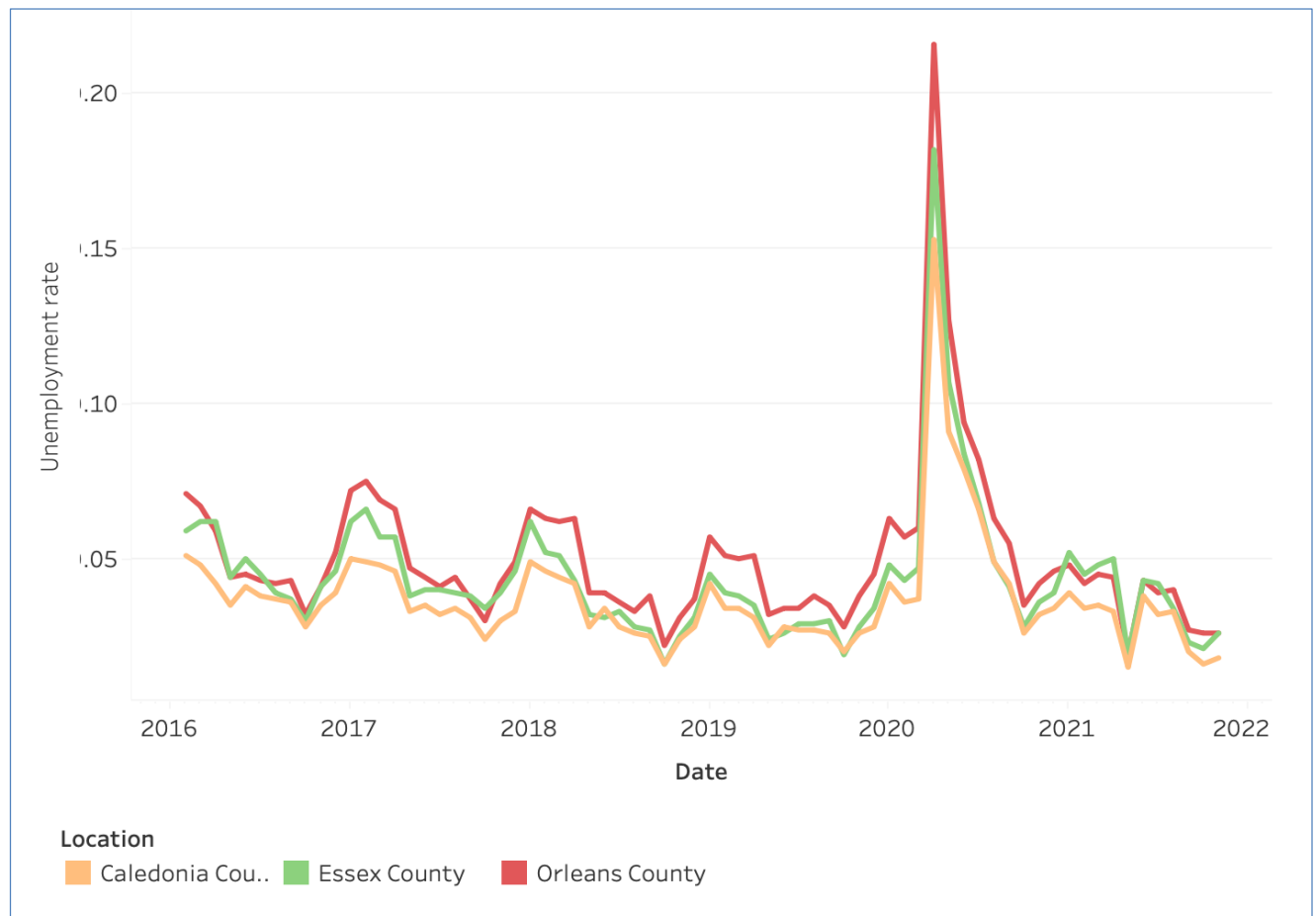
The median income in the Northeast Kingdom is distinctly lower (by 18-40 percent) than statewide and national medians. Essex County reports the lowest median income, over $17,000 lower than the average Vermont household. Median income for racial and ethnic minorities are even lower.

Exhibit 16: Annual Household Income by Income Category

	United States	Vermont	Caledonia Co.	Essex Co.	Orleans Co.
Total	120,756,048	260,029	12,434	2,740	11,779
Less than $10,000	6.0%	4.8%	4.8%	6.2%	6.4%
$10,000 to $14,999	4.3%	5.0%	6.1%	5.7%	7.0%
$15,000 to $24,999	8.9%	9.1%	11.3%	15.4%	11.8%
$25,000 to $34,999	8.9%	9.1%	11.8%	13.7%	12.2%
$35,000 to $49,999	12.3%	12.2%	15.4%	15.4%	13.3%
$50,000 to $74,999	17.2%	18.7%	18.3%	18.8%	19.9%
$75,000 to $99,999	12.7%	14.0%	13.4%	13.2%	12.1%
$100,000 to $149,999	15.1%	16.0%	11.2%	8.5%	11.9%
$150,000 to $199,999	6.8%	5.6%	3.6%	1.9%	2.9%
$200,000 or more	7.7%	5.5%	4.0%	1.2%	2.5%
Median income ($)	62,843	61,973	50,563	44,349	49,168

Source: United States Census Bureau. American Community Survey 5-Year Estimates, 2015 – 2019

- Given the low rates of racial and ethnic diversity in the Northeast Kingdom, the sample sizes are small (or in some cases unavailable) for median household income by race and ethnicity.

- Employment in the Northeast Kingdom trends higher than statewide averages in sectors such as agriculture, forestry, construction, manufacturing and retail, and lower in sectors such as professional, administrative, arts, finance and hospitality. (**Data table available in Appendix A**)

Exhibit 17: Median Household Income by Race & Ethnicity

	United States	Vermont	Caledonia Co.	Essex Co.	Orleans Co.
One race--					
White	66,536	62,539	50,996	45,129	49,751
Black or African American	41,935	39,400	38,199	ND	27,143
American Indian and Alaska Native	43,825	41,959	ND	ND	77,750
Asian	88,204	59,241	42,857	ND	ND
Native Hawaiian and Other Pacific Islander	63,613	43,125	ND	ND	ND
Some other race	49,221	67,551	ND	ND	ND
Two or more races	59,184	45,288	64,474	19,833	18,487
Hispanic or Latino origin (of any race)	51,811	47,701	38,750	46,458	ND
White alone, not Hispanic or Latino	68,785	62,770	51,263	44,966	49,827

Source: United States Census Bureau. American Community Survey 5-Year Estimates, 2015 – 2019

Transportation

Residents of the Northeast Kingdom are somewhat less likely than others in Vermont to walk to work, and somewhat more likely to get to work in a car, truck or van.

Exhibit 18: Commuting & Transportation

	United States	Vermont	Caledonia Co.	Essex Co.	Orleans Co.
Workers 16 years and over	152,735,781	322,189	14,455	2,707	12,395
Car, truck, or van -- drove alone	76.3%	75.9%	77.5%	79.9%	76.9%
Car, truck, or van -- carpooled	9.0%	8.7%	10.0%	9.3%	9.6%
Public transportation (excluding taxicab)	5.0%	1.3%	0.1%	0.3%	0.3%
Walked	2.7%	5.6%	3.9%	3.3%	4.1%
Other means	1.8%	1.8%	1.5%	0.9%	1.5%
Worked from home	5.2%	6.8%	7.0%	6.2%	7.6%
Population without Vehicle	8.6%	6.9%	7.5%	5.5%	7.5%

Source: United States Census Bureau. American Community Survey 5-Year Estimates, 2015 – 2019

- Vermonters are less likely than the U.S. average to not have a vehicle, and except for Essex County, those in the NCHC service area are more likely than the average Vermonter to not have a vehicle.

Healthcare Access

- **Residents of the NEK are less likely to have health insurance than other Vermonters.**
- **The NEK has fewer primary care providers and dentists compared to the rest of the state.**
- **However, NEK residents report having a personal healthcare provider and a routine doctor visit in the last year at similar rates when compared to Vermonters in general.**
- **In general, NEK residents use of preventative healthcare is similar to Vermonters in general with the exception of receiving fewer flu and HPV vaccinations**

Insurance Status

Residents of the Northeast Kingdom are less likely to have health insurance than the average Vermonter. The coverage of children tracks more closely to state averages.

Exhibit 18: Health Insurance Status

	United States	Vermont	Caledonia Co.	Essex Co.	Orleans Co.
Population With No Health Insurance	10.4%	5.9%	6.5%	7.2%	7.0%
Children With No Health Insurance	5.7%	1.5%	1.4%	2.0%	1.8%

Source: University of Wisconsin County Health Rankings, Georgetown University Kids Health Report Card 2019.

Healthcare Workforce

The shortage of healthcare providers being seen nationwide is evident in Vermont and the Northeast Kingdom as well.

Exhibit 19: Healthcare Workforce

	United States	Vermont	Caledonia Co.	Essex Co.	Orleans Co.
Ratio of primary care physicians	1319:1	892:1	1263:1	6250:1	1416:1
Ratio of other primary care providers	942:1	818:1	789:1	1541:1	1802:1
Ratio of dentists	1405:1	1365:1	1304:1	2054:1	1931:1

Source: University of Wisconsin County Health Rankings, 2021 Designated Health Professional Shortage Area Statistics

- The ratio of primary care providers and dentists to the population in need of care is acute in the Northeast Kingdom, most especially in Essex and Orleans Counties.

- Essex County has only one primary care physician per 6250 residents, a ratio seven times higher than the state average.

- The service area includes one designated Low Income Population Healthcare Provider Shortage Area (HPSA), "LI-Brighton", a geographic designation that includes towns in Essex and Orleans Counties.[11]

Access Measures

Those living in the NCHC service area counties have lower access to broadband and reliable internet than others in Vermont and the United States, a factor that can affect healthcare particularly in the age of telemedicine. *The rates of healthcare access listed below are prior to the pandemic.*

Exhibit 20: Access Measures

	United States	Vermont	Caledonia Co.	Essex Co.	Orleans Co.
Routine doctor visit in last year	77%	76%	78%	81%	75%
Personal health care provider	77%	86%	86%	86%	87%
Medical care delay due to cost	13%	8%	8%	7%	9%
Broadband access	82.7%	81.5%	75.6%	70.9%	76.3%

Sources: United States Census Bureau. American Community Survey 5-Year Estimates, 2015 – 2019; Vermont Department of Health BRFSS 2018.

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[11] Health Resources & Services Administration, HPSA Find (https://data.hrsa.gov/tools/shortage-area/hpsa-find, accessed 2/22/22)

Preventative Healthcare Measures

When compared on preventative healthcare measures, most residents of the NEK are in line with the state averages. However, a few notable variations can be seen in areas such as flu and HPV vaccination rates that may be linked to other area health issues.

Exhibit 18: Preventative Healthcare Measures

	United States	Vermont	Caledonia Co.	Essex Co.	Orleans Co.
Flu vaccinations	48.0%	49.0%	38.0%	40.0%	31.0%
Pneumococcal vaccinations[12]	71.0%	75.0%	75.0%	67.0%	70.0%
Routine doctor visit in past year	77.0%	76.0%	78.0%	81.0%	75.0%
Visited dentist in past year (adults)	66.0%	73.0%	71.0%	66.0%	68.0%
Met breast cancer screening recommendations (mammogram)	79.0%	77.0%	74.0%	70.0%	82.0%
Met cervical cancer screening recommendations (pap)	80.0%	78.0%	ND	ND	ND
Met colorectal cancer screening recommendations	69.0%	71.0%	71.0%	70.0%	71.0%
HPV vaccine by age 15	ND	66.4%	63.6%	47.8%	61.3%

Source: Vermont Department of Health Behavioral Risk Factor Surveillance System (BRFSS) 2018; Vermont Department of Health IMR Vaccine Coverage 2020.

- The flu vaccination rate is lower in the NCHC service area counties than statewide averages by a range of nine to 18 percent (in Essex and Orleans Counties, respectively).
- Cancer screening rates are generally similar in the NEK to state averages.

Health Outcomes: Life Expectancy &- Leading Causes of Death

Key Take Aways:

- **Residents of the NEK have slightly shorter life expectancies than Vermont as a whole**
- **Unintentional injury, motor vehicle, firearm, and COPD related fatality rates are higher in the NEK compared to Vermont**

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[12] Refers to adults age 65+ who had a pneumococcal vaccine.

> • **Essex and Caledonia Counties have higher suicide fatality rates than the Vermont rate**

Life expectancy in the Northeast Kingdom is slightly lower than state and national averages, with the highest premature death rates evident in Essex County. Certain causes of death are higher in some of the service area counties than otherwise.

Exhibit 19: Life Expectancy & Circumstances of Death – Prior to COVID

	United States	Vermont	Caledonia Co.	Essex Co.	Orleans Co.
Average life expectancy	79.2	79.8	78.7	78.1	78.5
Premature death rate (years lost)	6,906.6	6,277.2	7,564.6	9,189.6	7,101.0
Cause of death (per 100,000)					
Cancer	ND	220.8	208.4	467.7	234.2
Heart disease	ND	218.9	271.2	290.3	293.7
Unintentional injuries	ND	64.4	102.5	80.6	74.3
Chronic Lower Respiratory Disease (COPD)	ND	54.6	62.8	96.8	96.7
Alzheimer's Disease	ND	50.5	29.8	0.0[13]	55.8
Stroke	ND	43.1	46.3	16.1	52.0
Diabetes	ND	21.8	19.8	32.3	29.7
Suicide	ND	17.5	23.2	32.3	11.2
Hypertension	ND	17.5	29.8	0.0	59.5
Influenza & Pneumonia	ND	13.9	13.2	16.1	14.9
Drug overdose mortality rate	21.2	22.4	29.8	ND	17.3
Firearm fatality rate	11.9	11.7	19.8	ND	14.1
Motor vehicle fatality rate	11.4	9.6	10.3	27.7	14.8

Source: University of Wisconsin County Health Rankings[14], CDC Chronic Disease Indicators 2016, 2019 Vermont Vital Statistics

- The injury death rate is notably higher in the NEK than state and national averages, with Essex County injury deaths 50 percent higher than state averages.

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[13] All cause of death data is from the 2019 Vital Statistics Annual Report written by the Vermont Department of Health Agency of Human Services. The cause of death is what is recorded on the death certificate and uploaded in the Electronic Death Registration System. Essex County may have zero Alzheimer's Disease deaths due to it being a secondary cause of death and/or the record of death was recorded outside of the county.

[14] [14] Throughout this report, citations for the University of Wisconsin County Health Rankings refer to the 2021 publication, which refers to a variety of data sources, most of which are dated 2017-2020.

- Where data is available, firearm fatalities are higher in the NEK than state and national averages, with Caledonia County nearly 70 percent higher than Vermont as a whole.

- The rate of completed suicides in Essex County is nearly double the rate for Vermont, while motor vehicle fatalities are three times higher in Essex County than the statewide averages. Orleans County also has notably higher motor vehicle fatalities than Vermont averages.

Health Status & Health Behaviors

Key Takeaways:

- **Chronic disease incidence in the Northeast Kingdom is higher than statewide – and in some cases national - averages on a variety of measures.**
- **Pregnant women in Vermont smoke and use alcohol during pregnancy at significantly higher rates than the national rates.**
- **Orleans County has a teen birth rate twice the state rate.**
- **Infant mortality rates are much higher in the NEK than the state rate.**
- **A higher percentage of residents of the NEK report higher rates of mental distress and poor mental health compared to statewide percentages.**
- **Significantly higher percentage of high school students in the NEK reported feeling sad for 2+ weeks in a row in the past when compared to high school student statewide.**
- **LGBT+ and BIPOC Vermont youth are much more likely to feel sad, hopeless, and to suicidal. These students are also much more likely to experience bullying and skip school due to feeling unsafe**
- **LGBT+ Vermont youth are 4 times as likely to harm themselves and 5 times as likely to have attempted suicide.**
- **Adults in the NEK use substances at similar rates as all Vermonters with the exception of tobacco and marijuana use: NEK adults use tobacco at higher rates than the rest of the state and use marijuana at lower rates.**
- **Vermont youth (12-17) and young adults (18-25) use substances at much higher rates than their peers nationally.**

Chronic Disease Incidence Rates

Chronic disease incidence in the Northeast Kingdom is higher than statewide – and in some cases national - averages on a variety of measures.

Exhibit 20: Chronic Disease Incidence

	United States	Vermont	Caledonia Co.	Essex Co.	Orleans Co.
Cardiovascular disease[15]	9%	8%	11%	13%	11%
Hypertension	ND	25%	27%	27%	29%
Asthma (adults)	9%	12%	11%	8%	12%
Obesity	32%	29%	32%	39%	33%
Cancer	7%	8%	8%	9%	10%
Breast cancer rate (per 100,000)	126.8	132.4	112.5	129.5	128.2
Lung cancer (per 100,000)	57.3	60.4	55.2	66.8	76.9
All cancer types (per 100,000)	448.6	457.4	433.2	463.0	472.2
Diabetes prevalence	11%	9%	10%	14%	8%
Children with elevated blood lead (per CDC guidelines)	ND	2.4%	2.8%	ND	ND
Children with elevated blood lead (per Vermont guidelines)	ND	5.9%	6.0%	ND	4.8%

Sources: Vermont Department of Health BRFSS 2018, National Cancer Institute State Cancer Profiles 2014-2018; Vermont Department of Health "Childhood Lead Poisoning 2000-2016".

- The incidence of cardiovascular disease[16] is notably higher in the Northeast Kingdom than the state averages with a rate in Essex County that is nearly 50% higher than the national rates.

- Rates of hypertension (also known as high blood pressure) and obesity are somewhat elevated in the service area compared to the rest of Vermont.

- Essex County shows a higher prevalence of obesity and diabetes than the other counties of the NEK and the state.

- Overall rates of cancer are highest in Orleans County and lowest in Caledonia County, though breast cancer rates are somewhat lower in the NEK than the average for Vermont.

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[15] Defined as ever having been diagnosed with coronary heart disease, a myocardial infarction (heart attack), or a stroke. Four percent of adults in Vermont had heart disease or a heart attack, and three percent had a stroke.

[16] Cardiovascular disease is defined as ever having been diagnosed with coronary heart disease, a myocardial infarction (heart attack), or a stroke.

Maternal & Infant Health

Pregnant women in Vermont are twice as likely to smoke during pregnancy than the national averages and have notably higher rates of alcohol use during pregnancy as well. Orleans County's teen birth rate is more than twice the state rate.

Exhibit 21: Maternal Characteristics

	United States	Vermont	Caledonia Co.	Essex Co.	Orleans Co.
Birth rate (per 1,000)	11.4	8.6	9.0	6.2	9.7
Teen birth rate (per 100,000)	20.8	11.1	11.5	13.3	23.6
Maternal mortality	ND	7.3%	ND	ND	ND
Alcohol use during pregnancy	8.2%	14.6%	ND	ND	ND
Smoked during pregnancy	7.8%	16.6%	ND	ND	ND

Sources: University of Wisconsin County Health Rankings; Vermont Department of Health (2019). Vermont Vital Statistics & Vermont Pregnancy Risk Assessment Monitoring System, 2017. US Department of Agriculture WIC Report Jan 2022. America's Health Rankings 2018.

Infant mortality rates are at least twice as high as the state average in Caledonia and Orleans Counties, and Essex County's rate is seven times the average for Vermont.

Exhibit 22: Infant Characteristics

	United States	Vermont	Caledonia Co.	Essex Co.	Orleans Co.
Pre-term births (<37 weeks)	ND	6.1%	7.9%	ND	10.4%
Low birth rate	8.2%	6.8%	6.5%	4.8%	7.5%
Infant mortality (per 1000 live births)	5.6	2.8	7.0	19.7	6.0

Sources: University of Wisconsin County Health Rankings; Vermont Department of Health 2019 Vital Statistics Summary; Vermont Department of Health, Public Health Statistics and Environmental Public Health Tracking, 2017.

Sexual Health

The rates of chlamydia and HIV are distinctly lower in Vermont and the NEK than nationally. The HIV rates in the NEK are particularly low relative to state and national averages.

Exhibit 23: Sexual Health

Prevalence per 100,000	United States	Vermont	Caledonia Co.	Essex Co.	Orleans Co.
Sexually transmitted infections[17]	539.9	274.5	301.7	160.5	286.9
HIV prevalence[18]	372.8	130.4	49.4	ND	81.6

Source: National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2018 (from County Health Rankings, 2021)

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[17] Defined as number of newly diagnosed chlamydia cases per 100,000 population

[18] Defined as number of people aged 13 years and older living with a diagnosis of human immunodeficiency virus (HIV) infection per 100,000 population.

Mental Health

With the exception of Essex County, where there is a shortage of mental health providers even in the data before COVID, mental health indicators in the Northeast Kingdom are largely consistent with state and national averages.

Exhibit 24: Adult Mental Health

	United States	Vermont	Caledonia Co.	Essex Co.	Orleans Co.
Any mental illness in past year (age 18+)	19.9%	22.2%	ND	ND	ND
Adults with a depressive disorder	18.0%	21.0%	25.0%	22.0%	22.0%
Frequent mental distress	12.7%	12.6%	14.8%	16.4%	15.3%
Seriously considered suicide in past year	ND	4%[19]	ND	ND	ND
Poor mental health[20]	13.0%	12.0%	16.0%	12.0%	14.0%
Poor physical health[21]	13.0%	12.0%	12.0%	12.0%	18.0%
Ratio of mental health providers	383:1	208:1	273:1	2054:1	370:1
Received mental health services in past year (age 18+)	15.6%	22.1%	ND	ND	ND
Rarely or never get social & emotional support	ND	9.0%	7.0%	13.0%	9.0%

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2018 and 2019. Vermont Department of Health Youth Risk Behavior Survey, 2019. 2021 University of Wisconsin Community Health Rankings.
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- Essex County has a dramatic shortage of mental health providers relative to statewide and national averages.

- Nearly 20 percent of Essex County adults had 14 or more poor physical health days in the month, a rate significantly higher than the average for Vermont adults.

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[19] According to the Vermont Department of Health BRFSS survey results, LGBT adults in Vermont are three times more likely to report having considered suicide in the last year than those who don't identify as LGBT, and those with a disability are five times more likely to have seriously considered suicide.

[20] Defined as 14+ days in the last 30 where mental health self-reported as not good.

[21] Defined as 14+ days in the last 30 where physical health self-reported as not good.

The following mental health figures for Vermont youth from 2019 indicate higher levels of depressive feelings and suicidal ideation in the Northeast Kingdom than Vermont on average.

Exhibit 25: Youth Mental Health

	Vermont	Caledonia Co.	Essex Co.	Orleans Co.
Hurt self on purpose, past year				
Middle school students	18%	19%	20%	17%
High school students	31%	19%	22%	20%
Felt sad or hopeless, 2+ weeks in a row, past year				
Middle school students	23%	24%	29%	26%
High school students	19%	31%	37%	32%
Made suicide plan				
Middle school students, ever	12%	13%	9%	15%
High school students, past year	13%	14%	15%	14%
Attempted suicide, past year				
Middle school students	6%	7%	4%	9%
High school students	7%	6%	7%	8%
Were bullied, past 30 days				
Middle school students	24%	26%	16%	28%
High school students	17%	18%	21%	22%
Skipped school due to feeling unsafe at or on way to/from school, past 30 days				
Middle school students	9%	8%	ND	10%
High school students	9%	8%	ND	7%
Experienced physical dating violence, past year				
Middle school students	ND	ND	ND	ND
High school students	8%	8%	ND	13%
Experienced unwanted sexual contact, ever				
Middle school students	10%	10%	12%	13%
High school students	18%	18%	15%	17%

Source: Vermont Department of Health, 2019 Vermont Youth Risk Behavior Survey

- Youth suicide attempts, dating violence, and bullying are higher in Orleans County than the averages for Vermont and the rest of the NEK.

- Students in Essex County were more likely to report feeling sad or hopeless every day for at least two weeks in a row.

- High school students in Orleans County report higher rates of experiencing physical dating violence compared to their peers in the rest of the NEK or statewide.

- As noted in the complete Vermont Department of Health Youth Risk Behavior Survey Report[22], students of color and LGBT+ youth are more likely to feel sad, hopeless and suicidal than their White/non-Hispanic and cis-gendered/heterosexual peers. LGBT+ youth are nearly four times as likely to have harmed themselves on purpose in the past year and five times as likely to have attempted suicide. These LGBT+ and BIPOC students are also much more likely to have endured bullying and to skip school because they feel unsafe at school or on their way to or from school.

Substance Use

On many substance use indicators, the Northeast Kingdom is consistent with the state as a whole. The notable exception is in Caledonia County where the overdose death rate is more than 30% higher than the state.

Exhibit 26: Adult Substance Use[23]

	United States	Vermont	Caledonia Co.	Essex Co.	Orleans Co.
Tobacco Use	16.6%	14.7%	19.0%	20.7%	21.2%
Cigarette smoking	16%	15%	21%	23%	21%
Smokeless tobacco	4%	3%	4%	5%	3%
Alcohol Use (any)	53%	61%	57%	48%	54%
Excessive drinking	19.2%	20.5%	21.8%	20.6%	22.0%
Marijuana Use	ND	17%	14%	11%	11%
Cocaine use in past year	2.2%	3.3%	ND	ND	ND
Prescription medication misuse	0.6%	0.8%	ND	ND	ND
Illicit drug use other than marijuana, past year	3.4%	4.1%	ND	ND	ND
Overdose Death Rates	21.2	22.4	29.8	ND	17.3
Naloxone use (# patients administered by EMS 2021Q1-3, preliminary data)	ND	499	21	0	26
EMS calls involving Narcan administration (per 10,000)	ND	8.8	6	ND	9.6
Opioid overdose ED visit rate (per 10,000), 2021	ND	32.2	50.6	31.3	6.8

Sources: University of Wisconsin County Health Rankings; Vermont Department of Health BRFSS 2018; Vermont Department of Health Monthly Opioid Report 2022; 2018-19 National Survey on Drug Use and Health.

- Tobacco use is notably higher in the NCHC service area than state and national averages, and marijuana use is lower than state averages.

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[22] Available at https://www.healthvermont.gov/health-statistics-vital-records/population-health-surveys-data/youth-risk-behavior-survey-yrbs.

[23] Confidence Intervals are unknown in the Vermont Department of Health BRFSS 2018. The CDC presents 95% confidence intervals.

- The overdose death rate is 33 percent higher in Caledonia County than the Vermont average, while the rate in Orleans County is 25 percent lower than the state average.
- Caledonia County opioid overdose emergency department visits are 60 percent higher than the state average, and seven times the rate for Orleans County.

For both youth age categories (12-17 year old and 18-25 year old), rates of substance use among Vermont youth exceeds national averages in nearly every type of substance.

Exhibit 27: Youth Substance Use, Recent

	United States	Vermont
Tobacco product use in past month		
Ages 12-17	4.0%	6.8%
Ages 18-25	25.1%	31.6%
Alcohol use in past month		
Ages 12-17	9.2%	13.6%
Ages 18-25	54.7%	67.7%
Binge alcohol use in past month		
Ages 12-17	4.8%	7.5%
Ages 18-25	34.6%	45.2%
Marijuana use in past month		
Ages 12-17	7.0%	12.8%
Ages 18-25	22.5%	39.0%
Cocaine Use in past year		
Ages 12-17	0.4%	0.7%
Ages 18-25	5.5%	9.1%
Heroin use in past year		
Ages 12-17	0.02%	0.05%
Ages 18-25	0.36%	0.56%
Methamphetamine use in past year		
Ages 12-17	0.17%	0.28%
Ages 18-25	0.81%	1.05%
Prescription medication misuse in past month		
Ages 12-17	2.5%	2.4%
Ages 18-25	5.3%	5.4%
Illicit drug use other than marijuana in past month		
Ages 12-17	2.4%	2.6%
Ages 18-25	6.1%	8.6%

Source: 2018-19 National Survey on Drug Use and Health, Vermont Department of Health BRFSS 2018

- Vermont youth in both age categories are using alcohol, tobacco and marijuana at notably higher rates than the national average.

- Marijuana use among Vermont youth is the highest in the nation.

Some variations exist throughout the NCHC service area in terms of youth substance use, and additional details about historically marginalized groups of students in the full Vermont Youth Risk Behavior Survey report adds additional depth to understanding the variety of experiences and risks faced by different segments of the student population.

Exhibit 28: Youth Substance Use, Lifetime

	Vermont	Caledonia Co.	Essex Co.	Orleans Co.
Lifetime use (ever tried) cigarettes				
Middle school students	7%	12%	12%	11%
High school students	22%	26%	30%	30%
Lifetime use of electronic vapor products				
Middle school students	16%	18%	23%	21%
High school students	50%*	43%	50%	56%
Lifetime use of flavored tobacco products				
Middle school students	8%	11%	15%	10%
High school students	27%	26%	33%	31%
Lifetime alcohol use				
Middle school students	20%	24%	18%	29%
High school students	55%	54%	59%	63%
Lifetime marijuana use				
Middle school students	7%	9%	8%	9%
High school students	40%	30%	41%	40%
Lifetime prescription drug misuse				
Middle school students	6%	5%	6%	5%
High school students	9%	8%	11%	12%
Lifetime use of other illegal drugs				
Heroin				
Middle school students	ND	ND	ND	ND
High school students	2%	1%	ND	4%
Cocaine				
Middle school students	ND	ND	ND	ND
High school students	4%	3%	ND	5%
Inhalants				
Middle school students	5%	6%	3%	6%

High school students	7%	6%	ND	8%
Methamphetamines				
Middle school students	ND	ND	ND	ND
High school students	2%	2%	ND	3%

Source: Vermont Department of Health, 2019 Vermont Youth Risk Behavior Survey

- Additional details from the full 2019 Vermont Youth Risk Behavior Survey indicate an increase in high school use of vaping products statewide from 34% in 2017 to 50% in 2019.

- The full report also reveals that students of color and LGBT students are significantly more likely than their White/non-Hispanic and cis-gender/heterosexual peers to use heroin, cocaine, inhalants, and methamphetamines.

Nutrition & Physical Activity

On several factors related to food and physical activity, the NEK reports a unique experience that does not mirror Vermont averages.

Exhibit 29: Environmental Health

	United States	Vermont	Caledonia Co.	Essex Co.	Orleans Co.
Food insecure population	ND	11.3%	12.1%	13.0%	12.8%
Limited access to healthy foods	5.9%	3.3%	2.0%	13.3%	6.1%
Physically inactive adults	ND	18.4%	23.3%	27.6%	24.7%
Access to exercise opportunities	84.0%	75.8%	60.4%	43.6%	50.6%

Source: University of Wisconsin County Health Rankings

- A higher proportion of the population in the NEK is facing food insecurity, and a notable variation can be seen in access to healthy foods (2.0 percent limited access to healthy foods reported in Caledonia County, compared to 6.1 percent in Orleans County, compared to 13.3 percent in Essex County).

- The service area indicates higher levels of physical inactivity in adults and much lower rates of access to exercise opportunities than state averages.

Impact of Covid-19

Key Takeaways:

- **The NEK has lower COVID vaccination rates than the state and nation.**
- **Childcare and school disruptions were significant distruption to Vermonters' professional lives**
- **75% of Vermonters cancelled necessary health appointments due to impacts of COVID-19**
- **Vermonters aged 25-34 reported panic attacks starting or worsening since March 2020**
- **Alcohol and marijuana use increased in Vermont households during the pandemic.**

Those in the Northeast Kingdom have lower COVID vaccination rates than state and national averages. Essex and Caledonia Counties have higher 14-day case rates, and Orleans County has had the highest rate of deaths from Covid-19.

Exhibit 30: Covid Vaccinations, Cases & Outcomes

	United States	Vermont	Caledonia Co.	Essex Co.	Orleans Co.
14-day Cases per 100,000 (3/11-3/24/2022	ND	ND	577.5	880.0	416.2
Death rate	1.2%	0.5%	0.5%	0.3%	0.7%
Population 5+ fully vaccinated[24]	68.8%	58%	50%	34%	49%

Sources: Centers for Disease Control & Prevention Covid Data Tracker (as of 2/17/22); Vermont Department of Health Covid-19 Dashboard (as of 2/22/22)

A September 2021 report, Survey of Vermont Households – Impacts of Covid-19, published by the University of Massachusetts (https://women.vermont.gov/sites/women/files/pdf/UMASS_VT_report_FINAL.pdf) includes extensive data on this topic. A few highlights:

- Disruptions to childcare and schooling were reported by 79% of respondents with children as a key factor Covid-19-related disruptions to their professional lives.
- Three quarters of respondents reported that they have cancelled necessary health appointments, some due to pandemic-related income constraints.
- Thirty-five percent of individuals aged 25-34 reported panic attacks starting or worsening since March of 2020 (the highest rate for any age bracket). Thirty-one percent of 18-24 year old reported the same.

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[24] County-level data based on 73.6% reporting completeness, as of 2/22/22.
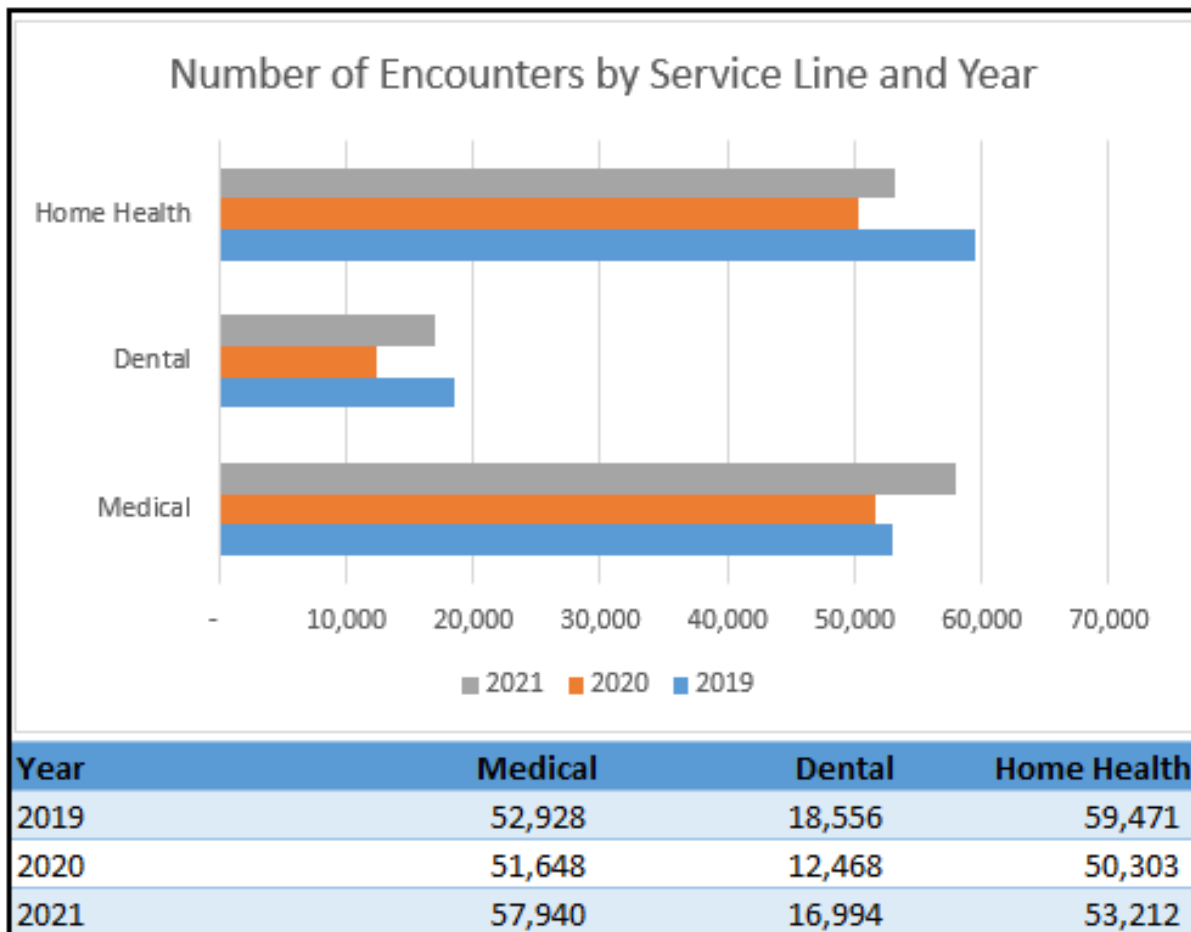
- Compared to a national survey[25] where 38 percent reported their alcohol usage had increased during the pandemic, 41 percent of Vermont respondents reported the same. Vermonters also reported an increase in their cannabis use (48 percent).

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[25] Vicarelli, Marta, Meredith Canada, Yu Ya Htut Tin, Anna Gishin, Madeline Leue, Elizabeth Murphy, Aryen Shrestha, Yash Tyagi. 2021. "Impacts of COVID-19 on US Households: a Survey Analysis." School of Public Policy, University of Massachusetts Amherst, MA, USA. (Forthcoming)

Service Use Data

Overview and Rebound from the COVID-impacted 2020

Based on 2019 to 2021 deidentified service use data, the 2021 number of encounters rebounded from pandemic-related dips in 2020 for two of three service lines. Medical care encounters are still slightly below the 2019 level. The dip in encounters may indicate that NEK residents put off visiting their healthcare and dental providers due to fear of COVID-19.

Number of Encounters by Service Line and Year

Year	Medical	Dental	Home Health
2019	52,928	18,556	59,471
2020	51,648	12,468	50,303
2021	57,940	16,994	53,212

Home Health Services

Home health visits provide a wide range of services, as the most common primary diagnosis description comprises only 3.3% of total encounters. The most common 25 encounters make up 40% of the total.

Rank	Primary Diagnosis Description	Encounters	Percent	Cumulative Percent
1	(Z48.00) Encounter for change or removal of nonsurgical wound dressing	5,342	3.3%	3.3%
2	(J44.9) Chronic obstructive pulmonary disease, unspecified	4,550	2.8%	6.2%
3	(E11.40) Type 2 diabetes mellitus with diabetic neuropathy, unsp	3,991	2.5%	8.7%
4	(L89.222) Pressure ulcer of left hip, stage 2	3,594	2.2%	10.9%
5	(G30.9) Alzheimer's disease, unspecified	3,199	2.0%	12.9%
6	(E11.622) Type 2 diabetes mellitus with other skin ulcer	3,102	1.9%	14.8%
7	(Z46.6) Encounter for fitting and adjustment of urinary device	3,084	1.9%	16.7%
8	(N39.0) Urinary tract infection, site not specified	3,004	1.9%	18.6%
9	(M62.82) Rhabdomyolysis	2,818	1.8%	20.4%
10	(J44.1) Chronic obstructive pulmonary disease with (acute) exacerbation	2,795	1.7%	22.1%
11	(Z47.1) Aftercare following joint replacement surgery	2,675	1.7%	23.8%
12	(I50.9) Heart failure, unspecified	2,579	1.6%	25.4%
13	(I67.89) Other cerebrovascular disease	2,366	1.5%	26.9%
14	(G43.009) Migraine without aura, not intractable, without status migrainosus	2,293	1.4%	28.3%
15	(I89.0) Lymphedema, not elsewhere classified	2,119	1.3%	29.6%
16	(I87.2) Venous insufficiency (chronic) (peripheral)	1,950	1.2%	30.8%
17	(E11.9) Type 2 diabetes mellitus without complications	1,827	1.1%	32.0%
18	(I50.33) Acute on chronic diastolic (congestive) heart failure	1,820	1.1%	33.1%
19	(E11.22) Type 2 diabetes mellitus with diabetic chronic kidney disease	1,735	1.1%	34.2%
20	(U07.1) COVID-19	1,671	1.0%	35.2%
21	(Z48.812) Encounter for surgical aftercare following surgery on the circulatory system	1,621	1.0%	36.2%
22	(Z48.01) Encounter for change or removal of surgical wound dressing	1,538	1.0%	37.2%
23	(I69.344) Monoplegia of lower limb following cerebral infarction affecting left non-dominant side	1,525	1.0%	38.1%
24	(G20) Parkinson's disease	1,462	0.9%	39.1%
25	(F03.90) Unspecified dementia without behavioral disturbance	1,449	0.9%	40.0%

Medical Services

The top ten most common medical diagnoses represent nearly one-third (32.9%) of all encounters. The most common diagnosis is for adult non-acute checks (i.e., "Encounter for general adult medical examination without abnormal findings"). Anxiety disorders (ranked 5, 8, and 24) when combined, are equivalent to the number of visits as Type 2 diabetes.

Rank	Primary Diagnosis Description	Encounters	Percent	Cumulative Percent
1	Encounter for general adult medical examination without abnormal findings	11,802	7.3%	7.3%
2	Essential (primary) hypertension	9,205	5.7%	12.9%
3	Encounter for immunization	8,816	5.4%	18.3%
4	Type 2 diabetes mellitus without complications	7,156	4.4%	22.8%
5	Other specified anxiety disorders	3,608	2.2%	25.0%
6	Major depressive disorder, single episode, unspecified	3,214	2.0%	26.9%
7	Encounter for routine child health examination without abnormal findings	2,833	1.7%	28.7%
8	Anxiety disorder, unspecified	2,280	1.4%	30.1%
9	Contact with and (suspected) exposure to other viral communicable diseases	2,251	1.4%	31.5%
10	Long term (current) use of antibiotics	2,245	1.4%	32.9%
11	Opioid dependence, uncomplicated	2,028	1.2%	34.1%
12	Long term (current) use of anticoagulants	2,010	1.2%	35.3%
13	Low back pain	1,711	1.1%	36.4%
14	Cough	1,630	1.0%	37.4%
15	Well child exam	1,623	1.0%	38.4%
16	Acute upper respiratory infection, unspecified	1,617	1.0%	39.4%
17	Hyperlipidemia, unspecified	1,426	0.9%	40.3%
18	Prediabetes	1,394	0.9%	41.1%
19	Post-traumatic stress disorder, unspecified	1,392	0.9%	42.0%
20	Acute pharyngitis, unspecified	1,351	0.8%	42.8%
21	Other chronic pain	1,332	0.8%	43.6%
22	Encounter for other preprocedural examination	1,325	0.8%	44.5%
23	Chronic obstructive pulmonary disease, unspecified	1,256	0.8%	45.2%
24	Generalized anxiety disorder	1,250	0.8%	46.0%
25	Hypothyroidism, unspecified	1,250	0.8%	46.8%

Dental Health Encounters

Most dental encounters (66.3%) are for normal cleanings. Most others are for general dentistry such as dental caries and cleaning deposits off teeth.

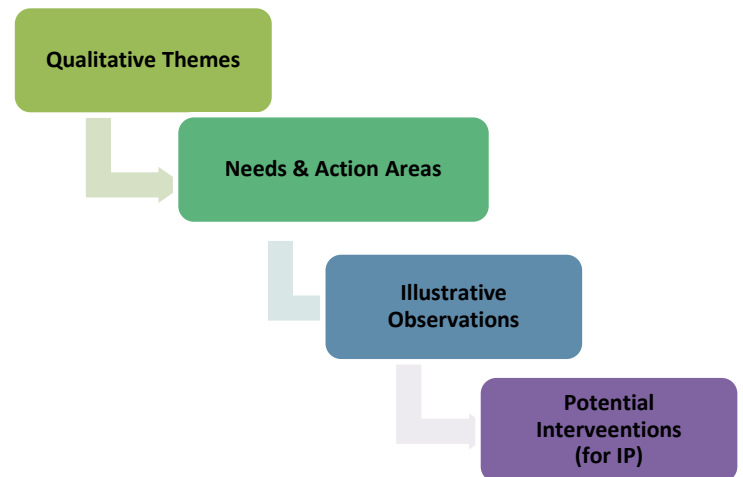| Rank	Primary Desc	Percent	Cumulative
1	Encounter for dental examination and cleaning without abnormal findings	66.3%	66.3%
2	Dental caries on smooth surface penetrating into dentin	14.4%	80.7%
3	Deposits [accretions] on teeth	9.1%	89.8%
4	Partial loss of teeth due to caries, unspecified class	1.5%	91.4%
5	Chronic periodontitis, unspecified	1.2%	92.6%
6	Presence of dental prosthetic device (complete) (partial)	1.0%	93.6%
7	Acute gingivitis, plaque induced	0.8%	94.4%
8	Encounter for other procedures for purposes other than remedying health state	0.5%	95.0%
9	Partial loss of teeth due to periodontal diseases, unspecified class	0.5%	95.4%
10	Necrosis of pulp	0.4%	95.9%
11	Cracked tooth	0.4%	96.3%
12	Complete loss of teeth, unspecified cause, unspecified class	0.4%	96.7%
13	Unsatisfactory restoration of tooth, unspecified	0.4%	97.1%
14	Partial loss of teeth, unspecified cause, unspecified class	0.3%	97.4%
15	Encounter for fitting and adjustment of dental prosthetic device	0.3%	97.7%
16	Chronic gingivitis, plaque induced	0.2%	97.9%
17	Dental caries on smooth surface penetrating into pulp	0.2%	98.1%
18	Localized gingival recession, moderate	0.2%	98.3%
19	Dental sealant status	0.2%	98.5%
20	Dental caries on smooth surface limited to enamel	0.2%	98.7%
21	Long term (current) use of antibiotics	0.1%	98.8%
22	Disturbances in tooth eruption	0.1%	98.9%
23	Irreversible pulpitis	0.1%	99.0%
24	Acute apical periodontitis of pulpal origin	0.1%	99.1%
25	Dental caries on pit and fissure surface limited to enamel	0.1%	99.2%

Qualitative Research Summary

Overview

The Qualitative primary research stage included stakeholder interviews and focus group discussions across the community. There were 33 one-on-one interviews that lasted approximately 30 minutes in length, although some community members chose to share a great deal of information and exceeded 30 minutes. The interviews provided the opportunity to have in-depth discussions about community social, health and service issues with individuals able to provide insight regarding health services and access needs.

In addition, there were 14 focus group discussions (held via Zoom and in-person) which used a similar interview guide (see Appendix) that covered the participants' broad perceptions of community needs. The "focus" groups enabled the participants to highlight areas of consensus as to what they see as the biggest community health needs facing the community.

In total across both qualitative research styles over 100 individuals provided input from the following segments:

- NCHC and local hospital leadership
- Healthcare service providers
- Community service organizations
- Healthcare consumers
- Faith based organizations
- Social service providers

Qualitative Themes

Needs & Action Areas

Illustrative Observations

Potential Interveentions (for IP)

The combination of qualitative individual interviews and focus group discussions resulted in a consensus of several top areas of need that can be described as Qualitative Themes. Each of these themes cuts across and impact the subsequent Needs & Action Areas. The themes are identified below with a short explanation.
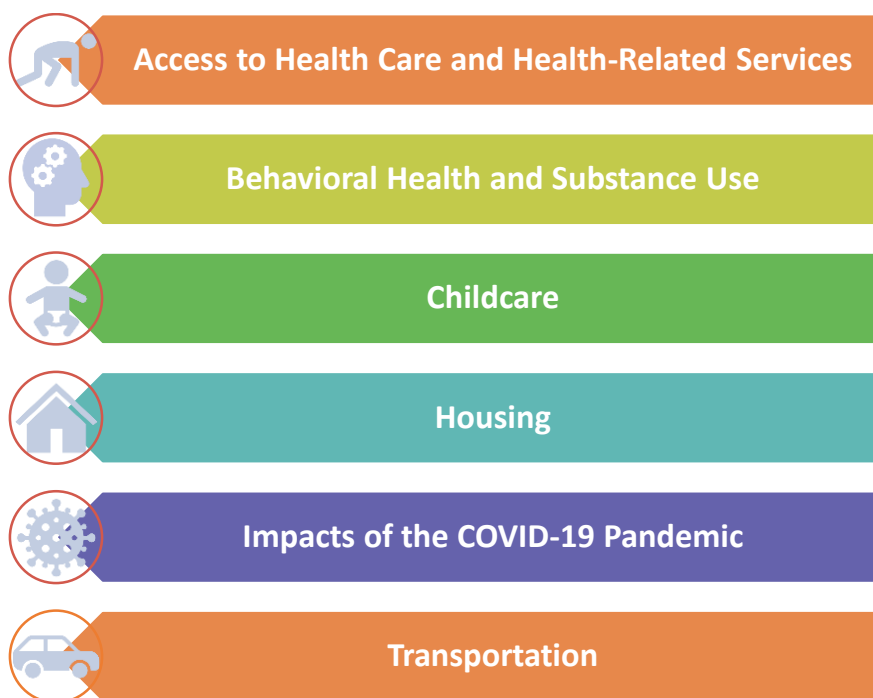
The Needs & Action Areas include an overview of the subject and utilize de-identified Illustrative Observations in italics which are representative of respondents' consensus perspectives.

Qualitative Discussion Themes

The Northeast Kingdom of Vermont is geographically the size of Delaware with approximately 63,000 people spread out across Caledonia, Essex, and Orleans Counties. While rural living has many positives, it also comes with many challenges, especially for vulnerable populations and those struggling economically. Due to the rural geography, services are spread out with the largest hubs being St. Johnsbury and Newport. For many individuals, it could take an hour to reach the nearest grocery store or primary care provider. Additionally, internet access is very limited in the most rural areas making access to telemedicine or even applying for services difficult for some individuals.

It is important to note that while qualitative themes and needs are identified separately, each need is intertwined with the other needs. A stakeholder in a focus group said it best when she said, "it's like a ball of yarn. You pull the housing string and the whole ball comes unraveled, and you can't separate it without addressing the other needs."

The following table illustrates the way qualitative discussion yielded six core areas of need. The following illustration shows the core areas of need in alphabetical order (not prioritized).

Access to Health Care and Health-Related Services

Behavioral Health and Substance Use

Childcare

Housing

Impacts of the COVID-19 Pandemic

Transportation

These top areas of need are presented in full in the following pages.

Access to Health Care and Health-Related Services

Many residents of the Northeast Kingdom are generally happy with the health care services they receive, but some expressed feelings of unease with the healthcare system due to provider availability and sensitivity. There is a lack of specialists, specifically dentists, urologists, rheumatologists, gastroenterologists, nephrologists, and geriatricians.

Disparities in access to services is present in vulnerable populations. In the Northeast Kingdom, migrants, low-income populations, and uninsured or underinsured populations are facing challenges in accessing affordable healthcare, specialty care, and dental care. Closures of essential health services such as Planned Parenthood is a concern for community members. Throughout the pandemic telemedicine has been utilized more frequently, however, not without some challenges. Telemedicine has allowed expanded capacity for some providers and patients, but accessibility and reliability of broadband internet is a challenge for some community members.

Insights from community members of access to health care in the Northeast Kingdom:

- *"If you want to see a primary care provider there is a 3-6 month wait time unless it is an urgent situation and you get fast-tracked."*
- *"If you want to see a dermatologist, the wait could be forever. If you have melanoma and the appointment is 4 months away, then your skin cancer status could change by the time you see a specialist."*
- *"I have gone through 3 or 4 primary care providers. I feel I'm being pushed one to another. I am in the process of switching to [provider name] because I don't have a primary doctor right now."*
- *"I will say there are a lot of concerns with people's experiences with the emergency room. People are not treated with respect or care and there is bias. We have had clients who have been turned away there or discharged in an unfriendly way. They have gone to St. Johnsbury, and they were found to have had serious health issues to be retained overnight. There is a concern about the emergency room of the local hospital."*
- *"In our region we have the highest Medicaid population enrolled especially the pediatric population- 89 percent of pediatrics are on Medicaid. If you are uninsured or underinsured, it is challenging to access health care and part of it is that we don't have an FQHC in Orleans County. We have one in Essex County, but it is a half-hour away."*
- *"It is hard to make appointments for dental and it takes two to three months to get to a doctor. It is expensive. I was just talking to a migrant worker, and it was $200 for just x-rays. They were not sure if they could afford that."*
- *"Migrant workers may face a wide range of barriers to services that optimize their health and availability to have a good quality of life. Because we are located in Northern Vermont the physical proximity to the border causes challenges. A lot of workers live within a 25 mile range of the international border."*
- *"At the individual level, migrants aren't eligible for health insurance. There are big language access issues. Because we are rural there are not a lot of bilingual people much less health providers who can navigate language and culture."*

- *"The biggest challenge there is not language access at all points of contact. Patient shows up not using interpretation with reception, but has interpretation with the provider, but once out of the exam room their bills are in English. During follow-up things fall through the cracks because of inconsistency with language supports. Everything from filling out forms. If forms are in Spanish and if they write the answer in Spanish people at the clinic don't understand what they wrote."*
- *"Last year, we had some families that had difficulty with internet connection. There were a few students that we lost track of because they didn't have internet. Internet is available in pockets here and it is not broadband."*
- *"There are more opportunities for telehealth but not as many as other parts of the state. For the WIC program, the WIC population have cell phones but not a lot of patients have internet. We often get disconnected because data is cost prohibited for them or not an option."*

Behavioral Health Care and Substance Use

County and state level data collected prior to the COVID-19 pandemic show that residents of the Northeast Kingdom have higher rates of individuals experiencing mental illness than the state average. Approximately 16 percent of adults in Caledonia County, 12 percent of adults in Essex County, and 14 percent of adults in Orleans County reported having poor mental health.

Conversations with community members have revealed that mental health and substance use has worsened since the beginning of the pandemic for residents in the Northeast Kingdom. Community discussions indicate that high-level needs for mental health and substance use treatment are rooted in the ability to retain providers and staff within care facilities. They note that there is a severe lack of youth-based mental health services in addition to several barriers and challenges to substance use disorder treatment.

The lack of mental health care services that meet the increasing demand is a concern across community members throughout the Northeast Kingdom. Action plans for individuals in crisis is a need that community members voiced.

- *"The students themselves report a high degree of anxiety which is affecting their learning. We have health resources that come from Lamoille and Morrisville Counties which are far away. It would be nice to have resources from other counties closer. I had a student that had to be screened for suicide and it took an hour for them to come to help the student."*
- *"There is a huge shortage in rural areas for psychiatric providers. Primary care doctors are prescribing psychiatric meds to kids, but it is important for kids to be started with a psychiatric specialist."*
- *"We need to invest in school-aged children. The only slots for children to see mental health practitioners are after school hours. The appointments are being gobbled up by middle-class families. The time slots are inaccessible to low-income families who work during the day and have no means of transport to get their child to a provider during those hours."*

- *"There is a very strong need for mental health. There are generational layers of adverse childhood experiences. There is a significant amount of family violence."*
- *"There is a lack of providers and wait times. I think with that lag time people begin to self-medicate and go down paths that are not good for their physical or mental health."*
- *"It is very hard to find mental health care for the elderly. There is a lot of comorbidity and dual diagnoses."*
- *"There is a very big shortage in mental health providers anywhere for anyone and when we make referrals for migrants, they feel like they are repeating themselves through interpreters. It is not the right environment or support. They end up not seeing someone or it is a few months out from the issue they voiced, and they think it is not a concern anymore."*
- *"In Caledonia County, we had an incident with one building where we had an active shooter within the last month. This was a person who moved in with coordinated entry from a homeless client of [name of organization] and mental health in an area that was remote. He probably didn't have regular service provision and had issues with his own paranoia. He called police saying he was concerned about threats from a neighbor and the police said there was nothing they could do. It wasn't until the tenant had shot up the building and the building next door. Police said they had all the calls but didn't have enough to do something about it. It was not enough to involuntarily hospitalize him for evaluation and as a result, this person is looking at incarceration for the rest of their life. There were all of the warning signs that everyone had that there was a point for action."*

Substance use disorder is also a concern for community members. There are many barriers that individuals face in seeking treatment for substance use disorders. Community members reported that there are gaps in the system. Treatment is not being provided in a timely manner and facilities are located far away.

- *"We need to prioritize substance services, especially for adolescents. We have a gap and need adequate crisis intervention. We have more people using substances, especially since COVID. There is an uptake in opioid usage and uptake in DUI citations."*
- *"We have a decent population with opioid use disorder. We have a decent capacity for a lot of medication assistant treatment providers but one of the things that is lacking is integrating that into the medical home. It should be that when you get to a certain point in your treatment you receive services from your primary provider. It's more trusted and normalized that way. You don't have to go to a methadone clinic at five in the morning. I would say that modality of treatment is not as readily available as other Northern County areas. In our region [Orleans County] we have three providers and others have 14 providers."*
- *"Illicit use of substances is rampant. There was a death in the parking lot of the hospital the other day. Even if there were better treatment options they would be overwhelmed. Our area is in the crossroads of two major roads that are major suppliers."*
- *"There are two recovery centers in St. Johnsbury, not rehab facilities. For rehab facilities you have to go two or three hours down the road or Brattleboro Retreat. The options that are here*

provide treatment for a short period of time. A two-week stint is not a lot. When they come back into the community who are supporting the old behavior you get back into the groove."

Childcare

The childcare crisis has been an issue in the United States well before the pandemic. Although the pandemic has brought to light this crisis, working-class families are struggling to find accessible, affordable childcare for their children. Families are having to decide to stay at home with their kids or work and spend most of their income on childcare services. The United States Department of Health and Human Services state that families should spend no more than seven percent of their income on childcare. The reality is that families are spending around 10 percent of their income on childcare – approximately $250 per week.[26]

In the Northeast Kingdom, community stakeholders said that there is a lack of childcare centers, especially in very remote parts of the area, and the centers that are available are not affordable. The pandemic has caused added stress on families in deciding what to do about childcare.

- *"It has gotten harder in Vermont, and it has been particularly difficult during the pandemic. Some of the facilities have closed. There was a time last year in the fall we were looking at setting up daycare centers in the schools because there were none in the area, but we couldn't pull it off. When we have kids stay home because they have COVID or because they are exposed."*
- *"We have families making decisions on the daily basis on who is going to work and who is going to stay home, and some kids stay home by themselves because their parents have to go to work."*
- *"Lack of good childcare is a big issue. Childcare places have trouble finding people who understand child development."*

Housing and Homelessness

In the past 10 years, the United States has experienced an increasing housing crisis. Families living in poverty are experiencing financial distress due to spending more than a quarter of their income on housing. Housing subsidies provide support for housing but not everyone is eligible to receive housing assistance.[27]

Community stakeholders expressed that there is a housing crisis in the Northeast Kingdom. There is a lack of affordable housing for residents of all income levels. Some community members mentioned that the lack of available and affordable housing is affecting new workers who want to move to the area, especially much needed healthcare workers. Several community members mentioned that people are buying homes from out of state and giving cash offers.

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[26] American Progress. Working Families Are Spending Big Money on Child Care, 2019. https://www.americanprogress.org/article/working-families-spending-big-money-child-care/

[27] National Council of State Housing Agencies. New Harvard Housing Study Highlights Affordability Challenges Amidst Post-Pandemic Economic Recovery, 2021.

- *"Lack of housing stock has increased the population of those experiencing homelessness which is further worsened by the fact that there are barriers to getting a place for those experiencing homelessness to go."*
- *"Our region is the poorest in the state and the rental market is just as expensive as the rest of the state. People are paying a significant portion of their income on housing which affects access to healthcare. We want to recruit people in our public health system and programs. We have had a vacancy for a nursing position, and we have made offers to three different people. The offers were not accepted because they couldn't find adequate housing. It is causing workforce shortages."*
- *"There is a lack of housing, a total lack of housing all around. We underbuilt for two decades. We have an aging housing stock of poor quality. The housing stock is very expensive at all levels."*
- *"My husband and I have been here for six years renting. We bought land to build our building. I know finding housing is really hard."*
- *"The rent has gone up substantially and it's harder for people with a fixed income. The cost of housing has gone up, but wages have not."*
- *"People from California came in bought a house unseen and paid cash; There's no hope for locals."*

Migrants, low-income populations, people experiencing homelessness, populations suffering from mental health and substance use are among the vulnerable populations who face housing disparities. There is subsidized housing but there are long waitlists for individuals to get into units. Organizations such as Rural Edge and SASH (Support and Services at Home) are working to bring housing equity for low-income populations and seniors but there are challenges that they face.

- *"There is a disproportionate impact related to housing for folks with substance and mental health issues. There are stigma and behavior issues that landlords don't want to deal with because they are harder to house."*
- *"I work with police departments and I'm hearing there is nothing available for people [who are homeless] after hours. There are no warming shelters in the area, and we need to have a place that is open 24 hours."*
- *"It is extremely difficult. There is a significant homeless population, and it is rising. We have a number of families that are precariously unplaced. We have a lot of new out of state pressures on the housing stock being bought up by out-of-state landlords rather than local landlords which is increasing rent costs. We also have a no-cause eviction law here so that is being exercised more than I have ever seen."*
- *"For migrants, housing is all over the place. Nearly 100 percent live in housing dependent on their employment. If they don't have employment, they don't have housing. The quality of houses is a very broad range. Some might have a brand new trailer that has everything, or they might have a two story old farmhouse not well insulated with holes in the floor*."
- *"Different households have different needs. We do screenings before folks move in. We may know if they do have issues. We have onsite property managers. We do referrals of services. We face issues with people not on the lease like the boyfriends that are not on the lease. People are*

doubled up and we don't find out about them until we hear complaints about the activities they bring. Because they are not screened, we don't know the tenant's criminal background history. We have about 700 units and about 50 different projects. Each project has a waiting list. They are reviewed every six months. On average the waiting in-demand units are for one-bedroom subsidized units. The typical waiting list is 60 people and people have been on it for four years. They might be on 20 other waiting lists of ours. There is an overlap of waiting lists."

- *"For the last two or three years, 60 percent of tenants are moving in from homelessness. Our portfolio compared to other Vermont housing organizations is that our tenants skew much lower income; 70 percent have an income less than 30 percent of the median income. As a result, we have higher percentage of units with rental subsidies; 80 percent have rental subsidies. We are seeing pressure on the lower end."*

Impacts of the COVID-19 Pandemic

As noted throughout this report, the COVID-19 pandemic has exacerbated many issues that were present before 2020. Community members indicate that the pandemic has affected many aspects of health and social determinants of health, especially for the youth of the Northeast Kingdom.

- *"We are frankly caught off guard when students came back to school full-time in person. We thought they would be six months behind on the developmental curve, but they came back more behind than we expected. I think a lot of kids have regressed. They are almost two years behind the social and developmental curve."*
- *"We have been mostly doing COVID-related health with kids in schools. They haven't had vision and hearing screenings in the past two years. We have been doing a small number this year but if you think about it 2nd graders haven't had that done once. The job of school nurses has been put aside and that impacts kids who aren't accessing primary care regularly."*
- *"Child abuse reports went way down but it could be because they weren't reported since the children were not in school."*
- *"The impact of the pandemic has been critical for families because they have had to close visitation at the local prison. It is so hard on kids to know they can't communicate with their dad. There are employees that have been working regular 16-hour shifts at the prison and that doesn't go well with their families back home."*
- *"The pandemic hit and peeled back the covers of the homelessness situation. It seems that the homeless population exploded overnight. We need a homeless shelter so if you are homeless tonight, you have a warm place to stay. The homeless population is 10 times worse than what we thought."*
- *"COVID has exacerbated problems that are arising from cycles of opioid addiction. We have a generation of children who were born addicted to opioids."*
- *"We have 50 percent of the volunteer drivers than we did before the pandemic. This has impacted the program because they aren't able to charge the cheapest option. They have to use*

medical vans which costs more because we have to pay for mileage and admin costs instead of just paying the mileage for volunteer drivers."

- *"Before the pandemic, we've had a lack of high-quality childcare. The number of childcare facilities has eroded since the pandemic."*

Community members voiced that there is food insecurity in the region. Food insecurity is being addressed by providing food-insecure individuals and families access to food banks and pantries, meal provisions at home, and free meals at schools. Although food insecurity is being addressed, access to other basic needs such as prescription medications is lacking.

- *"We have a pharmacy desert. There are two main chains of pharmacies but no independent pharmacies. Walgreens has a high turnover, and they are closed on random days."*
- *"In Caledonia County, prescription meds are not affordable. People won't take their meds because they can't afford to buy medications. The only pharmacy is not open on the weekends. It is open like 2-3 days a week. We have to stock medications in our office. The pharmacy does not tell people when they are closed."*
- *"Through the University of Vermont there is an RX program. There is one group that pays the bill and signs you up. The pharmacy then gives prescriptions but there are mixed messages."*

Although there have been many challenges throughout the COVID-19 pandemic, many community members said that collaboration between community members and organizations has strengthened. Food programs were effective in reaching those families who needed more assistance during the pandemic.

- *"We started having monthly meetings with Northern County providers and pediatric providers about what they can do for the schools. It has opened the door a little to continue these conversations."*

Transportation

Many community members who participated in focus groups and stakeholder interviews expressed that there are many barriers to the current public transportation system. RCT (Rural Community Transport) and VTrans (Vermont Agency of Transportation) provide transportation but it can be limited and restrictive for people who don't qualify for the transportation systems due to income status and Medicaid/Medicare status.

- *"[Transportation company] is not optimal for people especially with jobs. It is okay for the occasional trip into town, but they also have been a little more difficult to work with lately. They have very restrictive rules like 72 hour notice."*
- *"If you don't fall under Medicaid or aren't elderly or disabled it's more difficult to find transportation. We have different transportation services. Commuter routes are really for people getting to work and back, shoppers going to Walmart, and other stops. Medicaid trips are paid for by Medicaid. We get grant funds for the elderly and disabled. There are rides to recovery for people who need to get to recovery, wellness appointments, and job access. Shopper and*

commuter routes are on schedules. Job access routes, people have a limit of 10 or 20 rides in total. It is good for someone who needs a ride here and there but not good for someone who needs transport a lot."

- *"For the migrant population there are barriers to transportation due to language and fear. The migrant population do not qualify for the medical transportation program. Migrants are using informal taxi services. I had a guy with an appointment an hour away. They were going to charge $400 for the taxi and the appointment over 500 dollars."*

Community Strengths of the Northeast Kingdom

Every community has strengths worth celebrating. Many stakeholders and community members identified the following as key strengths of the NEK community:

- "From the healthcare standpoint it has been very collaborative in primary care. There is cooperation and a sense of doing what is right for the community."

- "I am a consumer of Northern Counties Health Care. I go to them because they take care of me and have good staff. People feel they are cared for. They are proactive. They care about their patients and they see it as their responsibility."

- "Northern Counties is working well in our partnership with the health system. We work together and collaborate well. The food programs have work exceptionally."

- "The St Johnsbury Hub provides support for people who can't do it on their own. You go there and are in the presence with people of all points on the economic spectrum and you can get support and help to work through the systems."

- "Our rec committee and the activities that are open to all ages they provide to the community has been wonderful to bring people together."

- "The beauty of the region and the ruralness, recreational opportunities and ability to enjoy the outdoors. The small knit communiities. If there is a rising need the community comes together to find resources."

Community Input: Actions for Improvement

In most of the core areas of need, community members suggested ways to strengthen the current services and programs in the Northeast Kingdom that target many needs.

Health Care and Health-Related Services

- *"I think we need to broaden what our perspective of health care is, and we need strong health care leadership."*
- *"If we had more of a community healthcare worker approach that was established it would give us an in to harder to reach communities. We need trusted resources in those communities."*
- *"There needs to be a dedicated position to help families walk through signing up for health insurance coverage accessing the online pieces of coverage."*
- *"There are food shelves in one of the communities that has been working for past year to deliver food to migrant households, but they don't have the language support and connections. They*

come to us to check in with us for the migrants and we have to be an intermediary. Things need to be communicated and planned in a linguistic and cultural appropriate way."

- *"In Addison County they have really created a health access model that fits with the migrant population. They have a free clinic associated with the hospital because they serve underinsured and uninsured. They can tailor the services to the unique needs. They have people on staff that speak Spanish. We need to have a similar model in our area."*

Behavioral Health and Substance Use

- *"There is a window of time when someone is ready to seek treatment. We need more immediate and short-term care rehab and detox services. It gives them a better chance towards recovery."*
- *"There needs to be wrap-around supports and flexibility for people to flow in and out of services as their needs change."*

Housing

- *"We need to build housing for middle-class people. We also need to re-evaluate our low-income housing and rethink how we're providing that. Housing needs to be in an area that is in close proximity and walking distance to services."*
- *"I think if we had a year-round homeless shelter in our community, it could be a game changer for the population."*

Transportation

- *"We are looking at new ways that are more innovative ways to deliver transportation. We are doing a micro-transit RCT study to see a different way of delivering services. The dial a ride service you can use an app to schedule rides or can call the office if they don't have the technology abilities. It replaces fixed routes, and you can take a geographical circle and say this is the route we are going to use. Only one is currently being piloted in Montpelier and we have replaced 3 fixed-route services. We have identified underperforming routes through this study."*

Community Survey

- The community survey was in the field (both online and paper-based) from March 6 through March 20, 2022. Approximately 835 individuals completed the survey in either English, French, or Spanish. The survey asked community residents about their perceptions of community and health-related needs, mental health, access to care, and workforce issues in the Northeast Kingdom.

Survey Demographics

- Of the 835 individuals who took the survey, 58.3 percent were from Caledonia County, 6.9 percent from Essex County, and 31.2 percent from Orleans County. Approximately 3 percent live in other nearby counties. Over 80 percent of respondents identified as female, 18.2 percent as male, and 0.24 percent as non-binary. Over 94 percent of survey respondents identified as White.

- Over a quarter of survey respondents were over the age of 65 while approximately 60 percent were aged 35 to 64 years old. The survey demographics are largely similar to the region's demographics, with the exception that a higher percent of person aged 65 and over completed the survey compared to the senior population at large.

Exhibit 31: Survey Respondents by Age Group

	Percent
Under 18	0.2%
18 to 24	2.2%
25 to 34	11.3%
35 to 44	19.0%
45 to 54	19.9%
55 to 64	20.6%
65 or older	26.5%

- The median household income in the NEK is approximately $48,000. Over 40 percent of survey respondents reported earning an annual household income over $55,000.

Exhibit 32: Survey Respondents by Household Income

	Percent
None	0.4%
Under $15,000	4.6%
$15,000 to $34,999	16.4%
$35,000 to $54,999	17.1%
$55,000 to $74,999	16.5%
$75,000 to $99,999	16.0%
$100,000 or more	19.0%
I'd rather not share	10.0%

Community Survey – Top 22 Needs (Total Sample Size)

Affordable childcare was ranked as the top need by the community followed closely by affordable prescription medication. Mental health was also identified as one of the top needs in the community.

Exhibit 33: Top Needs Ranked by Survey Respondents

Which of the following community and health-related issues do you feel need more focus or attention for improvement?		
	Percent saying, "Much more focus needed"	Rank
Affordable quality childcare	57.4	1
Affordable prescription drugs	55.4	2
Counseling services for mental health issues such as depression, anxiety, and others for adolescents / children	52.0	3
Crisis or emergency care programs for mental health	50.9	4
Counseling services for mental health issues such as depression, anxiety, and others for adults	47.9	5
Social services (other than healthcare) for people experiencing homelessness	41.7	6
Services to help recovering drug and other substance use disorder patients stay healthy	40.7	7
Long-term care or dementia care for seniors	39.7	8
Affordable healthcare services for individuals or families with low income	39.3	9
Healthcare services for people experiencing homelessness	39	10
Drug and other substance abuse early intervention services	38.8	11
Drug and other substance abuse treatment services	37.7	12
General public transportation	37.6	13
Support services for children with developmental disabilities	35.2	14
Drug and other substance abuse education and prevention	34.8	15
Education and job training	34.5	16
Support services for adults with developmental disabilities	32	17
Transportation services for people needing to go to doctor's appointments or the hospital	30.7	18
Services to help people learn about, and enroll in, programs that provide financial support for people needing healthcare	30.1	19
Secure sources for affordable, nutritious food	27.2	20
Primary care services (such as a family doctor or other provider of routine care)	22.6	21

Emergency care and trauma services	17.6	22

When asked about available resources in the community, survey respondents identified housing as being difficult to find and expensive. Additionally, respondents reported that people may often feel stressed and worried and living wage jobs are difficult to find in the Northeast Kingdom. Additional tables analyzed by demographic groups are located in the appendix.

Exhibit 34: Availability of Resources Ranked by Survey Respondents

To what extent do you agree with the statements about the availability of resources?		
Issue	Percent saying they "Disagree" or "Strongly disagree"	Rank
Housing is available and not too expensive	69.5	1
People don't feel stressed or worried all the time	58.4	2
People can find jobs that pay enough to support themselves and their families	53.5	3
Good childcare is available and not too expensive	52.6	4
All people can get health insurance	43.7	5
The criminal justice system keeps our community safe	38.0	6
People with disabilities can access sidewalks and nature trails in our community	35.5	8
There are enough options for physical fitness/exercise facilities in our community	34.2	9
People can get emotional and social support	33.6	10
People of different races and ethnicities live happily and feel welcomed in the same neighborhoods	30.4	11
Elderly people can stay in our community (They don't have to move to be safe or healthy)	28.5	12
High school and college-age people have resources available to them to address the social and mental health impact of COVID	27.0	13
Families of people afflicted with mental health and/or substance use addictions have support groups or services	25.6	14
People can get skills training and higher education (like college)	19.6	15
There are resources to prevent suicide	19.1	16
Individuals can receive care for drug addictions (other than alcohol)	18.1	17
Individuals can receive care for alcohol addictions	16.9	18

Identified Needs by County

There are a lot of similarities between how survey respondents identified top needs in each county. Affordable childcare is the top need in Orleans and second in Caledonia and Essex Counties. Caledonia ranked counseling services for children as number one and Essex County ranked affordable prescriptions as their top need.

Exhibit 35: Identified Needs by County

Rank	Caledonia	Essex	Orleans
1	Counseling services for mental health issues such as depression, anxiety, and others for adolescents / children	Affordable prescription drugs	Affordable quality childcare
2	Affordable quality childcare	Affordable quality childcare	Affordable prescription drugs
3	Crisis or emergency care programs for mental health	General public transportation	Crisis or emergency care programs for mental health
4	Affordable prescription drugs	Physical activity or fitness services or programs in the community	Social services (other than healthcare) for people experiencing homelessness
5	Counseling services for mental health issues such as depression, anxiety, and others for adults	Crisis or emergency care programs for mental health	Counseling services for mental health issues such as depression, anxiety, and others for adolescents / children
6	Services to help recovering drug and other substance use disorder patients stay healthy	Long-term care or dementia care for seniors	Counseling services for mental health issues such as depression, anxiety, and others for adults
7	Drug and other substance abuse early intervention services	Services to help recovering drug and other substance use disorder patients stay healthy	Healthcare services for people experiencing homelessness
8	Drug and other substance abuse treatment services	Social services (other than healthcare) for people experiencing homelessness	Affordable healthcare services for individuals or families with low income
9	Social services (other than healthcare) for people experiencing homelessness	Parenting classes for new parents	Long-term care or dementia care for seniors
10	Long-term care or dementia care for seniors	Coordination of patient care between the hospital and other clinics, private doctors, or other health service providers	General public transportation

11	Affordable healthcare services for individuals or families with low income	Secure sources for affordable, nutritious food	Services to help recovering drug and other substance use disorder patients stay healthy
12	Support services for children with developmental disabilities	Services to help people learn about, and enroll in, programs that provide financial support for people needing healthcare	Drug and other substance abuse early intervention services
13	Healthcare services for people experiencing homelessness	Drug and other substance abuse treatment services	Transportation services for people needing to go to doctor's appointments or the hospital
14	Support services for adults with developmental disabilities	Special care (for example, case workers or "navigators") for people with chronic diseases such as diabetes, cancer, asthma, and others.	Physical activity or fitness services or programs in the community
15	Drug and other substance abuse education and prevention	Transportation services for people needing to go to doctor's appointments or the hospital	Drug and other substance abuse education and prevention
16	Coordination of patient care between the hospital and other clinics, private doctors, or other health service providers	Education and job training	Drug and other substance abuse treatment services
17	General public transportation	Counseling services for mental health issues such as depression, anxiety, and others for adults	Education and job training
18	Education and job training	Counseling services for mental health issues such as depression, anxiety, and others for adolescents / children	Coordination of patient care between the hospital and other clinics, private doctors, or other health service providers
19	Services to help people learn about, and enroll in, programs that provide financial support for people needing healthcare	Affordable healthcare services for individuals or families with low income	Support services for children with developmental disabilities
20	Parenting classes for new parents	Support services for children with developmental disabilities	Services to help people learn about, and enroll in, programs that provide financial support for people needing healthcare
21	Programs for obesity prevention, awareness, and care	Drug and other substance abuse early intervention services	Primary care services (such as a family doctor or other provider of routine care)
22	Physical activity or fitness services or programs in the community	Healthcare services for people experiencing homelessness	Services or education to help reduce teen pregnancy

23	Transportation services for people needing to go to doctor's appointments or the hospital	Healthcare services for seniors	Secure sources for affordable, nutritious food
24	Healthcare services for seniors	Programs for obesity prevention, awareness, and care	Programs for obesity prevention, awareness, and care
25	Special care (for example, case workers or "navigators") for people with chronic diseases such as diabetes, cancer, asthma, and others.	Drug and other substance abuse education and prevention	Healthcare services for seniors
26	Secure sources for affordable, nutritious food	Support services for adults with developmental disabilities	Special care (for example, case workers or "navigators") for people with chronic diseases such as diabetes, cancer, asthma, and others.
27	Services or education to help reduce teen pregnancy	Services or education to help reduce teen pregnancy	Support services for adults with developmental disabilities
28	Primary care services (such as a family doctor or other provider of routine care)	Emergency care and trauma services	Women's health services
29	Women's health services	Services for diabetes prevention, awareness, and care	Parenting classes for new parents
30	Emergency care and trauma services	Women's health services	Emergency care and trauma services
31	Programs for heart health or cardiovascular health	Primary care services (such as a family doctor or other provider of routine care)	Programs for heart health or cardiovascular health
32	Services for diabetes prevention, awareness, and care	Programs for heart health or cardiovascular health	Services for diabetes prevention, awareness, and care
33	HIV / AIDS treatment services	HIV / AIDS treatment services	HIV / AIDS education and screening
34	HIV / AIDS education and screening	HIV / AIDS education and screening	HIV / AIDS treatment services

Mental and Emotional Wellbeing

All three counties identified that they find maintaining physical fitness/wellness as challenging followed by feeling lonely and enjoying leisure activities.

Exhibit 36: Personal Challenges by County by Rank

Rank	Caledonia	Essex	Orleans
1	Maintaining physical fitness/wellness	Maintaining physical fitness/wellness	Maintaining physical fitness/wellness
2	Feeling lonely	Feeling lonely	Feeling lonely
3	Enjoying leisure activities	Enjoying leisure activities	Enjoying leisure activities
4	Managing major life issues such as relationship challenges, relocating, new job or change of school, loss of a loved one or major illness	Establishing and maintaining trusted relationships	Managing major life issues such as relationship challenges, relocating, new job or change of school, loss of a loved one or major illness
5	Establishing and maintaining trusted relationships	Managing major life issues such as relationship challenges, relocating, new job or change of school, loss of a loved one or major illness	Getting along well with friends and family members
6	Regular living activities such as getting to school or work on time, grocery shopping, or doing other common tasks	Regular living activities such as getting to school or work on time, grocery shopping, or doing other common tasks	Regular living activities such as getting to school or work on time, grocery shopping, or doing other common tasks
7	Performing adequately well at school or work	Getting along well with friends and family members	Performing adequately well at school or work
8	Getting along well with friends and family members	Getting along with people at work or in the community	Establishing and maintaining trusted relationships
9	Getting along with people at work or in the community	Performing adequately well at school or work	Getting along with people at work or in the community

Many survey respondents reported that they rely mostly on family and friends for mental and emotional support.

Exhibit 37: Supports for Maintaining Mental Health & Wellbeing

What supports are most important in maintaining your mental or emotional wellbeing?				
Mental health & emotional supports	Caledonia	Essex	Orleans	Total
Therapist or mental health provider	44.5%	45.7%	40.3%	43.3%
Primary care provider	42.9%	58.7%	43.9%	44.3%
Support groups	15.2%	17.4%	15.4%	15.4%
Family and Friends	82.5%	82.6%	82.8%	82.6%
Physical activity/exercise	70.1%	58.7%	67.4%	68.5%
Church or faith-based organization	22.7%	21.7%	27.6%	24.2%
Other (please specify)	9.0%	2.2%	8.6%	8.4%

Exhibit 38: COVID-19 Pandemic-Related Mental Health Challenges by County

	Caledonia	Essex	Orleans
Depression	68.7%	66.7%	65.1%
Anxiety	78.5%	81.0%	74.0%
Loneliness	46.5%	50.0%	54.4%
Isolation	57.7%	50.0%	56.3%
Sadness	50.4%	52.4%	48.4%
Other (please specify)	9.0%	11.9%	13.0%

Many community residents experience mental health challenges over the course of the pandemic, such as depression and anxiety.

COVID-19

Over the course of the COVID-19 pandemic, 67.4 percent of respondents reported experiencing depression and 77.2 percent reported experiencing anxiety.

Exhibit 39: COVID-19 Impact on Mental Health by County

Over the course of the COVID-19 pandemic, have you or someone you know experienced any of the following mental health challenges?				
COVID-19 Mental Health challenges	**Caledonia**	**Essex**	**Orleans**	**Total**
Depression	68.7%	66.7%	65.1%	67.4%
Anxiety	78.5%	81.0%	74.0%	77.2%
Loneliness	46.5%	50.0%	54.4%	49.2%
Isolation	57.7%	50.0%	56.3%	56.8%
Sadness	50.4%	52.4%	48.4%	49.8%
Other (please specify)	9.0%	11.9%	13.0%	10.5%

Access to Care

Survey respondents identified long wait times to see providers as the top reason they may not seek health or dental care services. Lack of insurance or ability to pay was identified as the second most common reason. For the other category, the inability to take time off from work was identified as another reason individuals may have a difficult time accessing care.

Exhibit 40: Barriers to Accessing Health & Dental Care

Obstacles to medical and dental care	Percent
Long wait times to see a provider	46.2%
Lack of insurance or money to pay	30.7%
I don't like the providers	8.2%
Doctor's office is too far from my house	7.2%
Lack of transportation	4.7%
Other	30.3%

Survey respondents generally like to receive health information from their provider or through their friends and family.

Exhibit 41: Sources to Monitor Health

Sources to Monitor Health	Percent
Friends and family	58.0%
A physician or other healthcare worker	57.5%
A patient portal	34.3%
A hospital's website	31.4%
Medical websites such as WebMD or Mayo Clinic	26.8%
A medical provider's website	26.3%
Social media	11.5%
Newspaper	4.2%
Healthcare ratings sites like HealthGrades or US News & World Report	3.8%
Magazine	1.5%
Television	1.4%
Radio	1.2%

Youth Survey

The NCHC Youth Survey was conducted in March 2022 among a cross section of predominantly high school students throughout the Northeast Kingdom. With a total sample size of over 360 respondents, the survey provides quantitative, directional insight regarding mental health and related issues (including the perceived impact of the COVID-19 pandemic) among youth.

Although nearly three of four respondents (74.4%) were from Caledonia County, Essex and Orleans were also represented.

Exhibit 42: Youth Survey Respondents Demographics

County	Percent of Respondents
Caledonia	74.4
Essex	16.9
Orleans	8.7
Age	
13 or under	1.1
14	9.1
15	15.6
16	17.3
17	17.9
18	11.9
19-25	27.0
Gender	
Female	62.9
Male	32.2
Non-binary	4.9
LGBTQ+	
Yes	39.1
No	54.6
I'd rather not share	6.3
Single Parent Household	
Yes	37.4
No	62.6

- Approximately five of eight (62.7%) respondents were conventional high school age – ages 15 to 18.
- Approximately one in four (27.0%) were older – ages 19 to 25.
- The majority of respondents (62.9%) were female.
- Approximately two of five students identify with the LGBTQ+ community.

- As shown below, most respondents (73.6%) were White.

Exhibit 43: Youth Survey Respondents by Race/Ethnicity

		Percent
Race and Ethnicity	Hispanic, Latinx	6.3%
	White or Caucasian	82.1%
	Black or African American	9.1%
	Asian	4.9%
	Native American or Alaska Native	2.8%
	Native Hawaiian or other Pacific Islander	2.8%
	Another race/ethnicity	1.4%
	I'd rather not share	2.1%

Approximately two of three students say that COVID-19 protocols impacted their mental and emotional wellbeing "some" or "to a great extent."

Exhibit 44: Impacts of School COVID Protocols on Youth

COVID protocols have impacted my school's ability to make the mental and emotional well-being of my fellow students a priority.	
Response	Percent of Respondents
To a great extent	22.1
To some extent	44.6
To a minor extent	20.8
Not noticeable	12.5

- Note that two of four students indicate that they are currently or have been diagnosed with a mental health or substance use condition in the past. The appendices contain the data table for this particular data point.

Notably and similarly, three of four (75.0%) of respondents indicate that they experienced a mental health challenge during the COVID-19 pandemic.

Exhibit 45: Self-Identified Mental Health Challenges in Youth

Over the course of the COVID-19 pandemic, have you experienced an increase in any of the following mental health challenges?		
		Percent of Cases
Mental health impact of COVID-19	Depression	44.6%
	Anxiety	66.5%
	Loneliness	50.6%
	Isolation	48.3%
	Sadness	34.6%

- Two of three students say that they experienced anxiety. Approximately half experienced depression, and/or loneliness, or feelings of isolation.
- Only one in four indicate that they experienced none of the listed mental health challenges.

Exhibit 46: Self-Identified Mental Health Challenges in Youth, Gender

What is your gender?		
	Female	**Male**
Depression	37.5%	24.0%
Anxiety	56.7%	32.8%
Loneliness	41.3%	30.4%
Isolation	39.6%	27.2%
Sadness	31.3%	20.0%

- Female students are reporting higher percentages of mental health conditions than males.

Exhibit 47: Self-Identified Mental Health Challenges in Youth, Age Groups

What is your age?				
	14-15	**16-17**	**18**	**19-25**
Depression	28.8%	43.2%	39.6%	22.7%
Anxiety	48.1%	53.2%	47.9%	46.4%
Loneliness	39.4%	38.8%	39.6%	35.1%
Isolation	31.7%	35.3%	33.3%	43.3%
Sadness	28.8%	26.6%	33.3%	24.7%

- Overall, there is a slightly higher percent of students aged 16 to 17 that reported experiencing depression or anxiety during the pandemic.

Approximately half of students say that their schools enacted measures in response to the change in teaching methods and the impact of the pandemic on students during the COVID-19 pandemic.

Exhibit 48: School Supports

My school put in place these additional supports during the remote learning period.		
		Percent of Cases
School supports	Remote meetings with school counselors or other support staff	50.6%
	In-person meetings with school counselors or other support staff	41.7%
	Food deliveries (beyond lunch)	43.5%
	Access to reliable internet connections	53.5%
	My school did not offer mental and emotional health supports during the pandemic	28.4%

- Nearly half report food deliveries, counseling, or other actions in response to the pandemic environment.

- Nearly one in three (28.4%) of students indicate that they were not aware of emotional support services offered by their schools during COVID.

Most (approximately 73%) of students indicate that they would know where to turn for help if they had a mental health or substance use concern.

Exhibit 49: Awareness and Comfort Level of Seeking Services

If you were experiencing a mental health or substance use challenge, would you know where to turn for help?			Do you feel comfortable discussing mental health or substance use concerns with your doctor?	
Response	Percent of Respondents		**Response**	Percent of Respondents
Yes	72.5		**Yes**	72.8
No	9.5		**No**	15.0
I don't know	18.0		**I don't know**	12.2

- Approximately one of four students would not know where to turn for help and/or would not feel comfortable doing so.

A notable percentage of students indicate that they continue to have mental health and related struggles.

Exhibit 50: Mental Health-Related Challenges in Youth

Currently, are you having any challenges with the following?	
Issue	**Percent Struggling Frequently or Daily**
Managing major life issues such as relationship challenges, change of school, loss of a loved one or major illness	36.8
Maintaining physical fitness and staying active	34.5
Getting along with family	33.9
Establishing and maintaining trusted relationships	33.0
Regular living activities such as getting to school on time or doing other common tasks	28.5
Performing adequately well at school	27.1
Enjoying leisure activities	26.5
Getting along well with friends	22.2
Making healthy choices regarding drug and alcohol use	24.0

- For nearly all of the measures above, one in four (or more) students indicate that they struggle with issues frequently or daily.

- More than one in three (34.5%) say that they struggle to maintain physical fitness and stay active.

- Nearly half of students indicate that they may have undiagnosed mental health or substance use problems. The appendices contain the data table for this particular data point.

	Gender	
	Female	Male
Managing major life issues such as relationship challenges, change of school, loss of a loved one or major illness	39.1%	27.2%
Getting along with family	37.3%	21.5%
Establishing and maintaining trusted relationships	35.6%	21.6%
Maintaining physical fitness and staying active	35.3%	26.4%
Regular living activities such as getting to school on time or doing other common tasks	30.7%	17.6%
Enjoying leisure activities	30.1%	18.4%
Performing adequately well at school	28.3%	17.7%
Getting along well with friends	25.2%	14.5%
Making healthy choices regarding drug and alcohol use	24.4%	20.8%

- There is little difference in ranking for mental health-related challenges based on gender. However, the magnitude for challenges is higher for females than males, especially with relationships.

Exhibit 52: Mental Health-Related Challenges in Youth, Age Group

Currently, are you having any challenges with the following?				
	What is your age?			
	14-15	**16-17**	**18**	**19-25**
Regular living activities such as getting to school on time or doing other common tasks	19.4%	25.2%	40.4%	39.2%
Performing adequately well at school	19.0%	25.9%	37.5%	28.7%
Managing major life issues such as relationship challenges, change of school, loss of a loved one or major illness	27.5%	38.4%	48.9%	36.5%
Enjoying leisure activities	22.3%	27.3%	31.3%	26.8%
Maintaining physical fitness and staying active	26.0%	38.1%	39.6%	34.7%
Getting along well with friends	14.4%	17.3%	27.7%	33.0%
Getting along with family	27.7%	37.7%	34.8%	35.8%
Establishing and maintaining trusted relationships	31.7%	26.8%	39.6%	39.2%
Making healthy choices regarding drug and alcohol use	11.5%	14.4%	37.5%	40.0%

- Overall, all age groups are experiencing challenges when it comes to relationships or changes. The magnitude of need seems to increase with age.

Among the things students prefer to stay mentally and physically healthy, spending time with friends and physical fitness training are the more commonly identified activities.

Exhibit 53: Healthy Activities in Youth

What are some things you like to do to stay mentally and physically healthy?		Percent
Things to do to stay healthy	Fitness (running, biking, go to the gym, etc.)	54.9%
	Outdoor activities (hiking, skiing, swimming, etc.)	45.8%
	Walking	38.7%
	Yoga	16.9%
	Meditation	22.2%
	Play sports	43.3%
	Spend time with my friends	54.2%
	Go to church or participate in faith-based organizations	7.0%

- Many of the preferred activities involve social aspects particularly impacted during the pandemic.

Nearly half of students (46.5%) say that friends and family are the most important supports in maintaining mental or emotional wellbeing.

Exhibit 54: Mental Health Supports in Youth

What supports are most important in maintaining your mental or emotional wellbeing?	
Response	**Percent**
Therapist or mental health provider	19.4
Primary care provider (i.e., doctor, nurse practitioner, physician assistant)	11.0
Support groups	4.8
Friends and Family	46.5
Church or faith-based organization	3.7

Appendix

Appendix A: Additional Data Tables from Secondary Research on the Service Area
Appendix B: Stakeholder Interview Guide
Appendix C: Focus Group Interview Guide
Appendix D: Community Survey Questions
Appendix E: Youth Survey Questions
Appendix F: Additional Community Survey Tables

Appendix A: Additional Data Tables from Secondary Research on the Service Area

Social Vulnerability Index Additional Data Tables

Employment by Industry

	United States	Vermont	Caledonia Co.	Essex Co.	Orleans Co.
Civilian employed population 16 years and over	154,842,185	329,028	14,815	2,798	12,629
Agriculture, forestry, fishing and hunting, and mining	1.8%	2.5%	3.5%	4.1%	4.7%
Construction	6.6%	7.1%	8.0%	9.5%	10.1%
Manufacturing	10.1%	10.3%	11.6%	14.8%	11.0%
Wholesale trade	2.6%	2.1%	1.8%	1.6%	1.4%
Retail trade	11.2%	11.8%	13.5%	13.9%	13.1%
Transportation and warehousing, and utilities	5.4%	3.1%	3.2%	4.2%	4.0%
Information	2.0%	1.8%	1.4%	0.9%	1.0%
Finance and insurance, and real estate and rental and leasing	6.6%	4.6%	3.8%	3.5%	3.9%
Professional, scientific, and management, and administrative and waste management services	11.6%	9.0%	6.1%	4.6%	5.4%
Educational services, and health care and social assistance	23.1%	28.6%	32.0%	26.4%	24.5%
Arts, entertainment, and recreation, and accommodation and food services	9.7%	10.1%	7.5%	7.2%	8.4%
Other services, except public administration	4.9%	4.3%	4.1%	4.2%	5.4%
Public administration	4.6%	4.8%	3.6%	4.9%	7.1%

Source: United States Census Bureau. American Community Survey 5-Year Estimates, 2015 – 2019

Appendix B: Stakeholder Interview Guide

Good morning [or afternoon]. My name is [*Interviewer Name*] from Crescendo Consulting Group. We are working with Northern Counties Health Care to conduct a community health needs assessment.

The purpose of this conversation is to learn more about the strengths and resources in the community as well as collect your insights regarding healthcare-related needs, ways that people seek services, ongoing impacts of the COVID-19 pandemic, and to identify service gaps and ways to better meet the needs of the community. We are also very interested to hear your insights about equal access to healthcare services and challenges or advantages that some communities may experience, if any.

We will describe our discussion in a written report; however, individual names will not be used. Please consider what you say in our conversation to be anonymous.

ICER-BREAKER / SELF-INTRODUCTION QUESTION

Please tell me a little about yourself and ways that you like to interact with the community where you live [where appropriate, "… and the populations your organization (or you) serves."].

ACCESS AND AVAILABILITY OF SERVICES

1.   When you think of the good things about living in this community, what are the first things that come to mind? *[PROBE: things to do, green spaces, strong sense of family, cultural diversity]*

2.   Generally, what are some of the challenges to living here?

3.   What would you say are the two or three most urgent healthcare-related needs in the (these) community/communities? *[PROBE: obesity, diabetes, depression]*

AFFORDABILITY OF HEALTH CARE AND BASIC NEEDS

4.   To what degree are community members or families struggling with finding and accessing quality healthcare? [*PROBE: are there certain types of care that are more difficult to find?]*

   a. To what degree is quality primary care and/or specialty care available?
   b. Do people struggle to find quality mental health healthcare or treatment for substance use disorders?
   c. How are people accessing care, for example, virtual/telemedicine, face-to-face?
   d. Are healthcare services equally available to everyone? Are there any barriers in access to services based on economic, race / ethnicity, gender, or other factors?
   e. To what degree do healthcare providers care for patients in a culturally sensitive manner?

5.   Do people in the community struggle with accessing other basic needs besides healthcare such as accessing nutritious / healthy food, dental care, hygiene and sexual health products, or affordable prescription medications

   a. What are some resources or services in the community that work really well? What doesn't work?

6.   For women of reproductive age, what is access to pre-natal, OBGYN, and perinatal like in your community? Are there any barriers in access to services?

7.   What are some of the health care challenges that seniors may experience in your community? (Probe: hospice, end of life care, specialists, etc.).

HEALTH EQUITY

8.   Health equity is an important consideration. First, what does health equity mean to you?

9.   How can you improve current services for marginalized or hard-to-reach populations – Priority Populations -- in your community?

10.   What are some of the community-level actions that can be done to provide for community health and wellbeing more equitably?

   a.   Are there any 'low hanging fruit' that could be addressed quickly?

SOCIAL DETERMINANTS OF HEALTH

11.   How difficult is it to find safe and affordable housing in your community? Name some of the greatest challenges.

12.   Describe the job market in the area before the pandemic and currently. *[PROBES: Generally, are "good" jobs here, and can people get them? Is it easy to find a full-time job with good pay, benefits, and retirement?]*

13.   Do you feel there is good access to broadband and high-speed internet in the region? What are some of the challenges to not having good, reliable internet?

14.   What are some of the pros and cons to living in a rural area as it relates to community health and access to care?

If transportation has not come up yet.

15.   Do most people typically have reliable transportation to work, the grocery store, doctors, school? If not, are there services in the community that help those without a vehicle?

16.   HOW EASY IS IT FOR FAMILIES TO FIND AFFORDABLE AND SAFE CHILDCARE IN THE AREA? WHAT ARE SOME OF THE CHALLENGES OR BARRIERS?

17.   What are some of the biggest needs for those who are more vulnerable than others? How does the community support them? *[PROBE: veterans, grandparents taking care of grandchildren, new Americans, seniors, people living with disabilities]*

IMPACT OF COVID-19

18.   What are one or two ways that COVID-19 has impacted the community the most? *[PROBE: community well-being, social impacts, education, or the economy]*

   a.   Which of these do you think will be short-term effects (e.g., "After COVID is behind us, so will the effects") or long-term effects (e.g., "The impact will be long-lasting.")?

19.   How do you think COVID-19 will impact health behaviors and how people interact with the healthcare system or providers, such as for screenings or routine services, vaccine perceptions, virtual healthcare, or others?

   b.   How, if at all, has COVID-19 affected trust of healthcare providers or systems and the public health system?

20.   How has the pandemic affected mental health or substance misuse issues?

ENHANCING OUTREACH AND DISSEMINATING INFORMATION

21.   To what degree is health literacy a community advantage or challenge? Is there adequate health information available – especially in diverse or marginalized communities? How do you think health organizations can improve health literacy of the community?

22.   How do community members generally learn about access to and availability of services in the area (e.g., on-line directory; social media; hotline; word of mouth)? What method tends to work the best or worst?

   a.   What do you think are some challenges to spreading awareness and understanding of the availability of services and ways to access them? What might help overcome the challenges?

MAGIC WAND

23.   If you had a magic wand, what is the one thing you would do to make your community a better place?

Appendix C: Focus Group Interview Guide

INTRODUCTION

Good morning [or afternoon]. My name is [*Focus Group Moderator*] from Crescendo Consulting Group. We are working with Northern Counties Health Care to conduct a community health needs assessment.

The purpose of this focus group discussion is to learn more about the strengths and resources in the community as well as collect your insights regarding healthcare-related needs, ways that people seek services, ongoing impacts of the COVID-19 pandemic, and to identify service gaps and ways to better meet the needs of the community. We are also very interested to hear your insights about equal access to healthcare services and challenges or advantages that some communities may experience, if any.

We will describe our discussion in a written report; however, individual names will not be used. Please consider what you say in our conversation to be anonymous.

ICER-BREAKER / SELF-INTRODUCTION QUESTION

Please tell me a little about yourself and ways that you like to interact with the community where you live [where appropriate, "… and the populations your organization (or you) serves."].

ACCESS AND AVAILABILITY OF SERVICES

24. When you think of the good things about living in this community, what are the first things that come to mind? *[PROBE: things to do, green spaces, strong sense of family, cultural diversity]*

25. Generally, what are some of the challenges to living here?

26. What would you say are the two or three most urgent healthcare-related needs in the (these) community/communities? *[PROBE: obesity, diabetes, depression]*

AFFORDABILITY OF HEALTH CARE AND BASIC NEEDS

27. To what degree are community members or families struggling with finding and accessing quality healthcare? [*PROBE: are there certain types of care that are more difficult to find?]*

   a. To what degree is quality primary care and/or specialty care available?
   b. Do people struggle to find quality mental health healthcare or treatment for substance use disorders?
   c. How are people accessing care, for example, virtual/telemedicine, face-to-face?
   d. Are healthcare services equally available to everyone? Are there any barriers in access to services based on economic, race / ethnicity, gender, or other factors?
   e. To what degree do healthcare providers care for patients in a culturally sensitive manner?

28. Do people in the community struggle with accessing other basic needs besides healthcare such as accessing nutritious / healthy food, dental care, hygiene and sexual health products, or affordable prescription medications

   b. What are some resources or services in the community that work really well? What doesn't work?

29.   For women of reproductive age, what is access to pre-natal, OBGYN, and perinatal like in your community? Are there any barriers in access to services?

30.   What are some of the health care challenges that seniors may experience in your community? (Probe: hospice, end of life care, specialists, etc.).

HEALTH EQUITY

31.   Health equity is an important consideration. First, what does health equity mean to you?

32.   How can you improve current services for marginalized or hard-to-reach populations – Priority Populations -- in your community?

33.   What are some of the community-level actions that can be done to provide for community health and wellbeing more equitably?

  b.   Are there any 'low hanging fruit' that could be addressed quickly?

SOCIAL DETERMINANTS OF HEALTH

34.   How difficult is it to find safe and affordable housing in your community? Name some of the greatest challenges.

35.   Describe the job market in the area before the pandemic and currently. *[PROBES: Generally, are "good" jobs here, and can people get them? Is it easy to find a full-time job with good pay, benefits, and retirement?]*

36.   Do you feel there is good access to broadband and high-speed internet in the region? What are some of the challenges to not having good, reliable internet?

37.   What are some of the pros and cons to living in a rural area as it relates to community health and access to care?

If transportation has not come up yet.
38.   Do most people typically have reliable transportation to work, the grocery store, doctors, school? If not, are there services in the community that help those without a vehicle?

39.   HOW EASY IS IT FOR FAMILIES TO FIND AFFORDABLE AND SAFE CHILDCARE IN THE AREA? WHAT ARE SOME OF THE CHALLENGES OR BARRIERS?

40.   What are some of the biggest needs for those who are more vulnerable than others? How does the community support them? *[PROBE: veterans, grandparents taking care of grandchildren, new Americans, seniors, people living with disabilities]*

IMPACT OF COVID-19

41.   What are one or two ways that COVID-19 has impacted the community the most? *[PROBE: community well-being, social impacts, education, or the economy]*

c.   Which of these do you think will be short-term effects (e.g., "After COVID is behind us, so will the effects") or long-term effects (e.g., "The impact will be long-lasting.")?

42.   How do you think COVID-19 will impact health behaviors and how people interact with the healthcare system or providers, such as for screenings or routine services, vaccine perceptions, virtual healthcare, or others?

d.   How, if at all, has COVID-19 affected trust of healthcare providers or systems and the public health system?

43.   How has the pandemic affected mental health or substance misuse issues?

ENHANCING OUTREACH AND DISSEMINATING INFORMATION

44.   To what degree is health literacy a community advantage or challenge? Is there adequate health information available – especially in diverse or marginalized communities? How do you think health organizations can improve health literacy of the community?

45.   How do community members generally learn about access to and availability of services in the area (e.g., on-line directory; social media; hotline; word of mouth)? What method tends to work the best or worst?

b.   What do you think are some challenges to spreading awareness and understanding of the availability of services and ways to access them? What might help overcome the challenges?

MAGIC WAND

46.   If you had a magic wand, what is the one thing you would do to make your community a better place?

Appendix D: Community Survey Questions

Every three years, Northern Counties Health Center (NCHC) conducts a Community Health Needs Assessment to learn more about community health and issues that need more focus and attention. This short survey is designed to learn <u>your</u> thoughts and ideas on these important topics.
Thank you for being willing to share your thoughts!
The survey will take less than 10 minutes, and your comments will be kept confidential.

Basic Demographics
None of the questions are required and <u>your information is anonymous and confidential</u>. To better understand the unique needs of our community, we appreciate your willingness to share some basic information about you.

1. What county do you live in?
   - ☐ Caledonia
   - ☐ Essex
   - ☐ Orleans
   - ☐ Other (please specify)

2. What is your age?
   - Less than 18 years old
   - 18 – 24
   - 25 – 34
   - 35 – 44
   - 45 – 54
   - 55 – 64
   - 65 – 74
   - More than 75
   - I'd rather not share

3. What is your gender?
   - Female
   - Male
   - Non-binary
   - I'd rather not share

4. Which of the following ranges best describes your total annual household income in the past year?

- ☐ None
- ☐ Under $15,000
- ☐ $15,000 – $34,999
- ☐ $35,000 – $54,999
- ☐ $55,000 - $74,999
- ☐ $75,000 - $99,999
- ☐ $100,000 and above
- ☐ I'd rather not share

Mental and Emotional Wellness

The *mental and emotional wellness* of our communities is important to us. For each issue below, please indicate the "Availability" of each.

5. To what extent do you agree with the statements about the availability of resources? Please rate each from 1 to 5:
     o *1 means "Strongly disagree,"*
     o *2 means Disagree,"*
     o *3 means "Neutral,"*
     o *4 means "Agree,"*
     o *5 means "Strongly agree"*

	Availability
Good childcare is available and not too expensive	
People can find (and keep) jobs that pay enough to support themselves and their families	
Housing is available and not too expensive	
People can get emotional and social support	
High school and college-age people have resources available to them to address the social and mental health impact of COVID	
There are resources to prevent suicide	
Family and friends help keep me from feeling isolated	
People can get skills training and higher education (like college)	
The criminal justice system in our community is fair	
People of different races and ethnicities live happily and feel welcomed in the same neighborhoods	
People can walk and bike in our community and those in wheelchairs can access places easily	
People don't feel stressed or worried all the time	
All people can get health insurance	
Elderly people can stay in our community (They don't have to move to be safe or healthy)	
Individuals can receive care for drug addictions (other than alcohol)	
Individuals can receive care for alcohol addictions	
Families of people afflicted with mental health and/or substance use addictions have support groups or services	
People can get routine or primary medical care	
People can get the dental care they need	
Counseling and other mental health care	
Maternal and other woman's healthcare services are available to women	
People can get home repair and weatherization	
People can get healthful, nutritious food	

6. The past two years have been a challenge for all of us. Currently, are you having any challenges with the following? Please use the following scale to respond:

5 = I struggle with this issue daily
4 = This is a common challenge for me
3 = I frequently struggle with this issue but generally manage fairly well
2 = I occasionally struggle but am generally doing well in this area of my life
1 = I'm doing well in this area of my life

Regular living activities such as getting to school or work on time, grocery shopping, or doing other common tasks	
Performing adequately well at school or work	
Managing major life issues such as relationship challenges, relocating, new job or change of school, loss of a loved one or major illness	
Leisure activities	
Physical or fitness activities	
Getting along well with friends and family members	
Getting along with people at work or in the community	
Feeling lonely	
Establishing and maintaining trusted relationships	

7. Over the course of the COVID-19 pandemic, have you or someone you know experienced any of the following mental health challenges? (Please select the top 3 that apply)
    - ☐ Depression
    - ☐ Anxiety
    - ☐ Loneliness
    - ☐ Isolation
    - ☐ Sadness
    - ☐ Other (please specify)

8. If you were experiencing a mental health or substance use challenge, would you know where to turn for help?
    - ☐ Yes
    - ☐ No
    - ☐ I'm not sure

9. Do you feel confident in discussing mental health or substance use concerns with your primary care provider?
    - ☐ Yes
    - ☐ No
    - ☐ I don't know

10. If you answered no or I don't know, why do you not feel confident?

11. Do you currently or have you been diagnosed with a mental health or substance use condition in the past?
    - ☐ Yes
    - ☐ No
    - ☐ I prefer not to answer

12. If you have/had a mental health or substance use condition, were you able to find the care you needed in the local community?

☐ Yes, I was able to find care and services in the Northeast Kingdom
☐ Yes, but I had to seek care and services outside the Northeast Kingdom
☐ No, I could not find care or services at all
☐ I prefer not to answer

13. Do you or your family currently have unmet mental health or substance use needs?
    ☐ Yes, I have an unmet need
    ☐ Yes, an adult family member has an unmet need other than me
    ☐ Yes, a child family member has an unmet need
    ☐ No
    ☐ I don't know
    ☐ I prefer not to answer

14. What supports are most important in maintaining your mental or emotional wellbeing? (Check all that apply)
    a. Therapist or mental health provider
    b. Primary care provider
    c. Support groups
    d. Family
    e. Friends
    f. Church or faith-based organization
    g. Other (Please specify)

Healthy Community

A "healthy" community can include a variety of things such as the availability of healthcare services (including behavioral health), social services, economic vibrancy and good jobs, environmental factors, lifestyle topics (such as obesity, smoking, substance abuse, and healthy living issues), and others. The next few questions ask you about your opinions on these issues.

15. One a scale of 1 (no more focus needed) to 5 (much more focus needed), which of the following community and health-related issues do you feel need more focus or attention for improvement?

	1 (No more focus needed)	2	3 (Neutral)	4	5 (Much more focus needed)	I don't know
Transportation services for people needing to go to doctor's appointments or the hospital						
Secure sources for affordable, nutritious food						
Affordable quality childcare						
General public transportation						
Healthcare services for people experiencing homelessness						
Social services (other than healthcare) for people experiencing homelessness						
Education and job training						
Primary care services (such as a family doctor or other provider of routine care)						
Emergency care and trauma services						
Long-term care or dementia care for seniors						
Affordable healthcare services for individuals or families with low income						
Affordable prescription drugs						
Services to help people learn about, and enroll in, programs that provide financial support for people needing healthcare						
Counseling services for mental health issues such as depression, anxiety, and others for adults						
Counseling services for mental health issues such as depression, anxiety, and others for adolescents / children						
Support services for children with developmental disabilities						
Support services for adults with developmental disabilities						

Drug and other substance abuse education and prevention						
Drug and other substance abuse early intervention services						
Drug and other substance abuse treatment services						
Services to help recovering drug and other substance use disorder patients stay healthy						
Crisis or emergency care programs for mental health						
Crisis or emergency care services for medical issues						
Coordination of patient care between the hospital and other clinics, private doctors, or other health service providers						
Special care (for example, case workers or "navigators") for people with chronic diseases such as diabetes, cancer, asthma, and others.						
Services for diabetes prevention, awareness, and care						
Programs for heart health or cardiovascular health						
Programs for obesity prevention, awareness, and care						
Physical activity or fitness services or programs in the community						
Healthcare services for seniors						
Women's health services						
Services or education to help reduce teen pregnancy						
Parenting classes for the "new Mom" or the "new Dad"						
HIV / AIDS education and screening						
HIV / AIDS treatment services						

Access to Care

16. Do you currently have a primary care provider?
    a. Yes
    b. No
    c. I don't know

17. How often you see the dentist?
    a. Twice a year
    b. Once a year
    c. Once every two years
    d. Only when something is wrong (i.e., tooth pain)
    e. Never
    f. Other (Please specify)

18. Have you ever canceled doctors appointment due to the lack of transportation?
    a. Frequently
    b. Sometimes
    c. Rarely
    d. Never
    e. Other (Please specify)

19. What prevents you from accessing health care or dental services when you need it?
    a. Lack of insurance or money to pay
    b. Lack of transportation
    c. Long wait times to see a provider
    d. Doctor's office is too far from my house
    e. I don't like the providers

20. What sources do you normally use to find out about healthcare providers, hospitals, your own health, or to monitor your own health? (Check your top three)
    a. Social media
    b. A hospital's website
    c. A physician's website
    d. Medical websites such as WebMD or May Clinic
    e. A patient portal
    f. Healthcare ratings sites like HealthGrades or US News & World Report
    g. Newspaper
    h. Television
    i. Radio
    j. A physician or other healthcare worker
    k. Magazine
    l. Friends and family

Workforce

21. Are you currently employed?
    a. Yes, I am employed full-time
    b. Yes, I am employed part-time
    c. No, I am not currently employed, but I am looking for work
    d. No, I am not currently employed, and I am not looking for work
    e. No, I am retired
    f. Other (please specify)

15. Have you left the workforce in the last 12 months?
    g. Yes
    h. No
    i. I prefer not to answer

22. If you answered yes to the above question, why did you leave the workforce?

23. Are you having trouble joining the workforce? Why?

24. Are you choosing to not rejoin the workforce? Why?

A little bit about you

To help us understand the unique needs by different demographics of our community, we have a few additional questions about you. The information you provide is anonymous and confidential.

25. What zip code do you live in?

26. What is your race/ethnicity? [Check all that apply]

- Hispanic, Latinx
- White or Caucasian
- Black or African American
- Asian
- Native American or Alaska Native
- Native Hawaiian or other Pacific Islander
- Another race/ethnicity
- I'd rather not share

27. Do you identify with the LGBTQ+ community?
- ☐ Yes
- ☐ No
- ☐ I'd rather not share

28. Do you own or rent your home?

- Own
- Rent
- Other (please specify)

29. Do you live in a single-parent household?
- Yes
- No

30. Do you live in a multi-generation household or in a home with three or more generations living together (such as grandparents, kids, and grandkids)?
- Yes
- No

Thank you for your participation!

Appendix E: Youth Survey Questions

Northern Counties Health Care (NCHC) wants to learn more about the mental and emotional wellness of the young adults in our community. This short survey is designed to learn your ideas on this important topic. **There will be an opportunity to enter into a raffle for a $100 Amazon gift card at the end as a thank you!**

Basic Demographics

None of the questions are required and <u>your information is anonymous and confidential</u>. To better understand the unique needs of our community, we appreciate your willingness to share some basic information about you.

2. What county do you live in?
   - ☐ Caledonia
   - ☐ Essex
   - ☐ Orleans
   - ☐ Other (please specify)

15. What is your age?
   - Under 13
   - 14
   - 15
   - 16
   - 17
   - 18
   - 19-25
   - I'd rather not say

16. What is your gender?

   - Female
   - Male
   - Non-binary
   - I'd rather not share

17. The past two years have been a challenge for all of us. Currently, are you having any challenges with the following? Please use the following scale to respond:

> 4 = I struggle with this daily
>
> 3 = I struggle with this frequently
>
> 2 = I struggle with this occasionally but am generally doing well in this aspect of my life
>
> 1 = This is not a struggle for me

Regular living activities such as getting to school on time or doing other common tasks	
Performing adequately well at school	
Managing major life issues such as relationship challenges, change of school, loss of a loved one or major illness	
Enjoying leisure activities	
Maintaining physical fitness and staying active	
Getting along well with friends	
Getting along with family	
Establishing and maintaining trusted relationships	
Making healthy choices regarding drug and alcohol use	

18. Over the course of the COVID-19 pandemic, have you experienced an increase in any of the following mental health challenges? (Please select the top 3 that apply)
    - ☐ Depression
    - ☐ Anxiety
    - ☐ Loneliness
    - ☐ Isolation
    - ☐ Sadness
    - ☐ Other (please specify)

19. If you were experiencing a mental health or substance use challenge, would you know where to turn for help?
    - ☐ Yes
    - ☐ No
    - ☐ I'm not sure

20. Do you feel comfortable discussing mental health or substance use concerns with your doctor?
    - ☐ Yes
    - ☐ No
    - ☐ I don't know

21. If you answered no or I don't know, why do you not feel comfortable?

22. COVID protocols have impacted my school's ability to make mental and emotional well-being of my fellow students a priority.
    a. To a great extend
    b. To some extend
    c. To a minor extent
    d. Not noticeable

23. My school put in place these additional supports during the remote learning period:
    a. Remote meetings with school counselors or other support staff
    b. In person meetings with school counselors or other support staff
    c. Food deliveries (beyond lunch)
    d. Access to reliable internet connection
    e. My school did not offer mental and emotional health supports during the pandemic
    f. Other (please specific)

24. Are you currently or have you been diagnosed with a mental health or substance use condition in the past?
    ☐ Yes
    ☐ No
    ☐ I prefer not to answer

25. Do you feel you may have a mental health or substance use problem that is not diagnosed?
    ☐ Yes
    ☐ No
    ☐ I prefer not to answer

26. If you have/had a mental health or substance use condition, were you able to find the care you needed in the local community?
    ☐ Yes, I was able to find care and services in the Northeast Kingdom
    ☐ Yes, but I had to seek care and services outside the Northeast Kingdom
    ☐ No, I could not find care or services at all
    ☐ I prefer not to answer
27. What supports are most important in maintaining your mental or emotional wellbeing? (Check all that apply)
    a. Therapist or mental health provider
    b. Primary care provider

c. Support groups
d. Friends and Family
e. Church or faith-based organization
f. Physical activity/exercise/sports
g. Other (Please specify)

28. What are some things you like to do to stay mentally and physically healthy? (Check your top 3)
a. Fitness (running, biking, go to the gym, etc.)
b. Outdoor activities (hiking, skiing, swimming, etc.)
c. Walking
d. Yoga
e. Meditation
f. Play sports
g. Spend time with my friends
h. Go to church or participate in faith-based organizations
i. Other (Please Specify)

29. Please identify three things that youth need more resources for in your area. For example, healthy ways to spend time with friends, more options for fitness activities, more healthy food options, high speed internet access, transportation to activities, trusted mentors to talk to, etc.

A little bit about you

To help us understand the unique needs by different demographics of our community, we have a few additional questions about you. The information you provide is anonymous and confidential.

31. What is your race/ethnicity? [Check all that apply]

- Hispanic, Latinx
- White or Caucasian
- Black or African American
- Asian
- Native American or Alaska Native
- Native Hawaiian or other Pacific Islander
- Another race/ethnicity
- I'd rather not share

32. Do you identify with the LGBTQ+ community?
   - ☐ Yes
   - ☐ No
   - ☐ I'd rather not share

33. Do you live in a single-parent household?
- Yes
- No

Enter to Win!

If you would like to be entered to win a $100 Amazon gift card, please provide your contact information. You survey answers and contact information will be kept separately.

Name:
Email address:
Phone number:

Thank you for your participation!

Appendix F: Additional Community Survey Tables

Rank	Caledonia	Essex	Orleans
1	Housing is available and not too expensive	Housing is available and not too expensive	Housing is available and not too expensive
2	People don't feel stressed or worried all the time	People don't feel stressed or worried all the time	Good childcare is available and not too expensive
3	Good childcare is available and not too expensive	People can find jobs that pay enough to support themselves and their families	People don't feel stressed or worried all the time
4	People can find jobs that pay enough to support themselves and their families	All people can get health insurance	People can find jobs that pay enough to support themselves and their families
5	All people can get health insurance	Good childcare is available and not too expensive	All people can get health insurance
6	The criminal justice system keeps our community safe	People can get the dental care they need	There are enough options for physical fitness/exercise facilities in our community
7	People can get the dental care they need	There are enough options for physical fitness/exercise facilities in our community	The criminal justice system keeps our community safe
8	People can get Counseling and other mental health care	Families of people afflicted with mental health and/or substance use addictions have support groups or services	People can get emotional and social support
9	People with disabilities can access sidewalks and nature trails in our community	People with disabilities can access sidewalks and nature trails in our community	People can get Counseling and other mental health care
10	People can get emotional and social support	People can get emotional and social support	People with disabilities can access sidewalks and nature trails in our community
11	People of different races and ethnicities live happily and feel welcomed in the same neighborhoods	Elderly people can stay in our community (They don't have to move to be safe or healthy)	People can get the dental care they need
12	There are enough options for physical fitness/exercise facilities in our community	People can get Counseling and other mental health care	People of different races and ethnicities live happily and feel welcomed in the same neighborhoods
13	High school and college-age people have resources available to them to address the social and mental health impact of COVID	The criminal justice system keeps our community safe	Elderly people can stay in our community (They don't have to move to be safe or healthy)
14	Elderly people can stay in our community (They don't have to move to be safe or healthy)	People of different races and ethnicities live happily and feel welcomed in the same neighborhoods	High school and college-age people have resources available to them to address the social and mental health impact of COVID

15	Families of people afflicted with mental health and/or substance use addictions have support groups or services	High school and college-age people have resources available to them to address the social and mental health impact of COVID	Families of people afflicted with mental health and/or substance use addictions have support groups or services
16	People can get home repair and weatherization	People can get skills training and higher education (like college)	There are resources to prevent suicide
17	Individuals can receive care for drug addictions (other than alcohol)	There are resources to prevent suicide	People can get home repair and weatherization
18	People can get skills training and higher education (like college)	Individuals can receive care for alcohol addictions	People can get skills training and higher education (like college)
19	People can get healthful, nutritious food	People can get healthful, nutritious food	People can get routine or primary medical care
20	There are resources to prevent suicide	Individuals can receive care for drug addictions (other than alcohol)	Individuals can receive care for alcohol addictions
21	Individuals can receive care for alcohol addictions	People can get home repair and weatherization	Individuals can receive care for drug addictions (other than alcohol)
22	People can get routine or primary medical care	People can get maternal and other woman's health services	People can get healthful, nutritious food
23	People can get maternal and other woman's health services	People can get routine or primary medical care	People can get maternal and other woman's health services

Gender

Overall, there is very little difference between genders in response to the community needs. However, females believe that more people are stressed ad worried than males.

Community Issue	Percent Who "Disagree" or "Strongly Disagree"	
	Female	Male
Housing is available and not too expensive	81.7%	78.4%
Good childcare is available and not too expensive	65.7%	48.1%
People can find jobs that pay enough to support themselves and their families	64.5%	54.5%
The criminal justice system keeps our community safe	47.1%	34.8%
People can get the dental care they need	45.7%	33.3%
People can get Counseling and other mental health care	43.9%	30.1%
People can get emotional and social support	40.8%	33.6%
High school and college-age people have resources available to them to address the social and mental health impact of COVID	33.6%	25.8%
There are resources to prevent suicide	24.0%	17.2%
There are enough options for physical fitness/exercise facilities in our community	41.3%	36.3%
People can get skills training and higher education (like college)	23.4%	21.6%
People of different races and ethnicities live happily and feel welcomed in the same neighborhoods	34.8%	40.0%
People with disabilities can access sidewalks and nature trails in our community	41.3%	42.2%
People don't feel stressed or worried all the time	71.8%	56.0%
All people can get health insurance	52.0%	51.9%
Elderly people can stay in our community (They don't have to move to be safe or healthy)	34.4%	30.1%
Individuals can receive care for drug addictions (other than alcohol)	21.4%	21.6%
Individuals can receive care for alcohol addictions	21.2%	14.9%
Families of people afflicted with mental health and/or substance use addictions have support groups or services	31.9%	23.7%
People can get routine or primary medical care	18.9%	14.2%
People can get home repair and weatherization	26.0%	21.1%
People can get healthful, nutritious food	22.2%	20.3%
People can get maternal and other woman's health services	9.1%	8.3%

Which of the following community and health-related issues do you feel need more focus or attention for improvement?		
Community Need	Female	Male
Transportation services for people needing to go to doctor's appointments or the hospital	30.7%	32.1%
Secure sources for affordable, nutritious food	27.9%	25.0%
Affordable quality childcare	60.1%	46.8%
General public transportation	37.4%	39.3%

Which of the following community and health-related issues do you feel need more focus or attention for improvement?		
Community Need	Female	Male
Healthcare services for people experiencing homelessness	40.0%	35.0%
Social services (other than healthcare) for people experiencing homelessness	43.6%	33.0%
Education and job training	35.1%	33.3%
Primary care services (such as a family doctor or other provider of routine care)	22.9%	20.7%
Emergency care and trauma services	19.2%	12.1%
Long-term care or dementia care for seniors	41.9%	30.8%
Affordable healthcare services for individuals or families with low income	39.4%	38.9%
Affordable prescription drugs	57.1%	49.1%
Services to help people learn about, and enroll in, programs that provide financial support for people needing healthcare	30.5%	30.4%
Counseling services for mental health issues such as depression, anxiety, and others for adults	49.0%	43.9%
Counseling services for mental health issues such as depression, anxiety, and others for adolescents / children	54.3%	43.5%
Support services for children with developmental disabilities	35.4%	33.6%
Support services for adults with developmental disabilities	33.3%	27.9%
Drug and other substance abuse education and prevention	36.4%	28.4%
Drug and other substance abuse early intervention services	40.2%	34.2%
Drug and other substance abuse treatment services	40.0%	29.1%
Services to help recovering drug and other substance use disorder patients stay healthy	41.8%	35.5%
Crisis or emergency care programs for mental health	53.1%	41.6%
Coordination of patient care between the hospital and other clinics, private doctors, or other health service providers	34.0%	38.3%
Special care (for example, case workers or "navigators") for people with chronic diseases such as diabetes, cancer, asthma, and others.	27.7%	25.9%
Services for diabetes prevention, awareness, and care	14.5%	21.2%
Programs for heart health or cardiovascular health	15.2%	22.1%
Programs for obesity prevention, awareness, and care	26.0%	31.0%
Physical activity or fitness services or programs in the community	32.8%	27.8%
Healthcare services for seniors	28.0%	26.4%

Which of the following community and health-related issues do you feel need more focus or attention for improvement?		
Community Need	**Female**	**Male**
Women's health services	20.2%	18.8%
Services or education to help reduce teen pregnancy	23.5%	26.7%
Parenting classes for new parents	27.2%	30.0%
HIV / AIDS education and screening	9.4%	10.9%
HIV / AIDS treatment services	9.2%	12.9%

Age Groups

Similar to gender, there is little difference between age groups. However, the percentage of people who think people are stressed and worried declines as the age groups increase in age. More younger people believe people are stressed than older adults.

Community Issue	Percent Who "Disagree" or "Strongly Disagree"					
	18 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 or older
Good childcare is available and not too expensive	57.1%	68.7%	66.2%	68.6%	58.6%	54.8%
People can find jobs that pay enough to support themselves and their families	57.1%	66.7%	62.5%	61.7%	63.0%	62.6%
Housing is available and not too expensive	92.9%	78.6%	75.9%	86.4%	80.5%	81.3%
People can get emotional and social support	21.4%	36.1%	48.9%	40.3%	35.1%	38.8%
High school and college-age people have resources available to them to address the social and mental health impact of COVID	28.6%	28.4%	39.6%	37.7%	23.7%	31.6%
There are resources to prevent suicide	14.3%	24.4%	28.5%	23.4%	19.0%	21.2%
There are enough options for physical fitness/exercise facilities in our community	50.0%	38.1%	36.0%	45.2%	31.4%	46.5%
People can get skills training and higher education (like college)	28.6%	24.1%	24.3%	26.6%	17.5%	23.7%
The criminal justice system keeps our community safe	28.6%	44.6%	46.7%	54.2%	41.2%	40.1%
People of different races and ethnicities live happily and feel welcomed in the same neighborhoods	28.6%	33.3%	39.7%	34.8%	30.5%	40.6%
People with disabilities can access sidewalks and nature trails in our community	35.7%	36.6%	42.6%	39.6%	40.9%	45.8%
People don't feel stressed or worried all the time	92.9%	75.9%	77.8%	70.1%	63.6%	60.2%
All people can get health insurance	50.0%	49.4%	49.3%	51.6%	51.0%	55.4%
Elderly people can stay in our community (They don't have to move to be safe or healthy)	21.4%	28.4%	29.4%	32.5%	38.3%	37.2%
Individuals can receive care for drug addictions (other than alcohol)	21.4%	27.2%	17.0%	22.1%	18.8%	24.1%
Individuals can receive care for alcohol addictions	21.4%	24.7%	20.0%	20.1%	18.2%	20.0%
Families of people afflicted with mental health and/or substance use addictions have support groups or services	28.6%	28.4%	32.8%	33.1%	27.0%	31.4%
People can get routine or primary medical care	21.4%	19.0%	14.8%	19.5%	16.2%	20.6%
People can get the dental care they need	28.6%	39.3%	36.8%	45.5%	42.4%	51.3%
People can get Counseling and other mental health care	35.7%	40.5%	49.6%	42.9%	37.0%	39.0%
People can get maternal and other woman's health services	14.3%	14.6%	5.8%	7.2%	7.2%	11.2%

Community Issue	Percent Who "Disagree" or "Strongly Disagree"					
	18 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 or older
People can get home repair and weatherization	28.6%	28.0%	29.6%	27.0%	18.8%	24.1%
People can get healthful, nutritious food	14.3%	29.3%	24.1%	19.0%	16.9%	24.1%

Which of the following community and health-related issues do you feel need more focus or attention for improvement? Community Need	18 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 or older
Transportation services for people needing to go to doctor's appointments or the hospital	20.0%	29.9%	27.9%	24.8%	32.0%	38.7%
Secure sources for affordable, nutritious food	33.3%	33.8%	32.0%	30.1%	24.4%	20.9%
Affordable quality childcare	54.5%	79.7%	54.9%	60.0%	57.3%	47.7%
General public transportation	16.7%	29.4%	33.3%	30.5%	45.0%	46.8%
Healthcare services for people experiencing homelessness	20.0%	32.8%	36.8%	35.0%	42.2%	46.5%
Social services (other than healthcare) for people experiencing homelessness	20.0%	32.3%	42.1%	37.9%	44.8%	49.3%
Education and job training	27.3%	34.2%	29.3%	37.3%	39.7%	32.9%
Primary care services (such as a family doctor or other provider of routine care)	18.2%	22.5%	13.1%	23.4%	24.2%	28.4%
Emergency care and trauma services	8.3%	14.9%	13.1%	16.5%	22.3%	20.8%
Long-term care or dementia care for seniors	20.0%	31.7%	31.5%	36.6%	46.9%	47.3%
Affordable healthcare services for individuals or families with low income	33.3%	41.8%	36.1%	35.1%	36.1%	48.1%
Affordable prescription drugs	27.3%	50.7%	42.2%	57.3%	61.4%	62.5%
Services to help people learn about, and enroll in, programs that provide financial support for people needing healthcare	27.3%	30.8%	26.1%	25.4%	29.8%	38.4%
Counseling services for mental health issues such as depression, anxiety, and others for adults	18.2%	54.4%	55.4%	50.8%	43.4%	43.9%
Counseling services for mental health issues such as depression, anxiety, and others for adolescents / children	18.2%	56.9%	62.4%	54.1%	50.0%	45.6%
Support services for children with developmental disabilities	9.1%	44.4%	40.4%	32.0%	34.8%	32.9%
Support services for adults with developmental disabilities	8.3%	40.7%	36.1%	31.4%	33.3%	27.9%
Drug and other substance abuse education and prevention	9.1%	35.5%	29.1%	38.9%	33.6%	39.5%
Drug and other substance abuse early intervention services	10.0%	41.3%	34.5%	44.1%	36.8%	41.6%

Which of the following community and health-related issues do you feel need more focus or attention for improvement? Community Need	18 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 or older
Drug and other substance abuse treatment services	10.0%	36.7%	34.5%	41.4%	39.7%	39.2%
Services to help recovering drug and other substance use disorder patients stay healthy	10.0%	39.3%	39.3%	45.7%	36.8%	44.6%
Crisis or emergency care programs for mental health	20.0%	55.4%	54.0%	56.5%	51.3%	45.4%
Coordination of patient care between the hospital and other clinics, private doctors, or other health service providers	0.0%	31.3%	33.9%	33.6%	34.1%	41.7%
Special care (for example, case workers or "navigators") for people with chronic diseases such as diabetes, cancer, asthma, and others.	10.0%	23.3%	25.0%	25.8%	28.0%	33.6%
Services for diabetes prevention, awareness, and care	0.0%	17.5%	14.3%	10.9%	19.3%	19.1%
Programs for heart health or cardiovascular health	0.0%	19.0%	13.5%	13.3%	19.5%	19.1%
Programs for obesity prevention, awareness, and care	11.1%	26.2%	23.4%	26.2%	28.1%	31.6%
Physical activity or fitness services or programs in the community	11.1%	38.5%	35.5%	29.5%	25.8%	34.0%
Healthcare services for seniors	11.1%	28.1%	20.2%	23.3%	29.8%	35.2%
Women's health services	10.0%	25.4%	14.6%	17.2%	17.9%	26.3%
Services or education to help reduce teen pregnancy	20.0%	29.5%	20.9%	21.7%	24.1%	27.6%
Parenting classes for new parents	22.2%	32.8%	25.9%	21.0%	35.2%	27.8%
HIV / AIDS education and screening	0.0%	11.1%	9.7%	7.6%	7.7%	12.8%
HIV / AIDS treatment services	0.0%	15.7%	8.9%	5.8%	9.4%	12.8%

Income Groups

There is little difference between income groups in community needs. However, the biggest difference is that the lowest income bracket (Under $35,000) rated mental health and substance use services lower, meaning that they believe resources and services are available in the community while higher income brackets rated them as a higher need in the community.

To what extent do you agree with the statements about the availability of resources? Percent who say they "Disagree" or "Strongly disagree"						
	Which of the following ranges best describes your total annual household income in the past year?					
Issue	Under $35,000	$35,000 to $54,999	$55,000 to $74,999	$75,000 to $99,999	$100,000 or more	I'd rather not share
Good childcare is available and not too expensive	48.8%	61.7%	61.0%	71.2%	71.3%	57.1%
People can find jobs that pay enough to support themselves and their families	67.3%	56.7%	64.2%	63.9%	57.9%	54.7%
Housing is available and not too expensive	92.1%	75.0%	85.8%	89.9%	81.6%	65.6%
People can get emotional and social support	26.2%	46.1%	34.7%	43.2%	43.2%	31.7%
High school and college-age people have resources available to them to address the social and mental health impact of COVID	12.6%	33.6%	29.1%	38.1%	41.3%	26.2%
There are resources to prevent suicide	12.2%	27.8%	20.3%	22.9%	19.3%	15.9%
There are enough options for physical fitness/exercise facilities in our community	32.3%	41.4%	37.0%	38.5%	36.3%	39.7%
People can get skills training and higher education (like college)	10.1%	17.3%	16.9%	29.7%	23.4%	28.6%
The criminal justice system keeps our community safe	33.8%	47.2%	44.5%	46.6%	41.4%	41.3%
People of different races and ethnicities live happily and feel welcomed in the same neighborhoods	19.2%	32.0%	33.9%	41.5%	45.8%	21.3%
People with disabilities can access sidewalks and nature trails in our community	29.1%	40.6%	35.8%	46.6%	44.4%	41.9%
People don't feel stressed or worried all the time	68.3%	70.3%	68.1%	73.7%	69.9%	67.7%
All people can get health insurance	44.2%	54.7%	50.4%	58.5%	46.5%	46.0%
Elderly people can stay in our community (They don't have to move to be safe or healthy)	21.7%	32.0%	33.3%	35.6%	31.0%	29.0%
Individuals can receive care for drug addictions (other than alcohol)	9.2%	22.7%	24.8%	22.0%	17.5%	19.4%
Individuals can receive care for alcohol addictions	8.6%	24.2%	21.4%	22.0%	18.2%	16.4%
Families of people afflicted with mental health and/or substance use addictions have support groups or services	17.2%	32.0%	35.3%	37.6%	26.8%	23.0%
People can get routine or primary medical care	13.0%	25.0%	11.8%	16.9%	15.9%	12.7%
People can get the dental care they need	35.7%	46.9%	38.5%	41.9%	41.7%	39.7%
People can get Counseling and other mental health care	28.6%	46.1%	40.7%	39.0%	49.0%	34.9%
People can get maternal and other woman's health services	2.6%	10.2%	9.2%	5.9%	7.6%	4.9%
People can get home repair and weatherization	12.7%	28.1%	23.7%	22.9%	28.0%	21.3%
People can get healthful, nutritious food	13.5%	25.0%	21.2%	16.9%	20.0%	17.7%

Issue	Which of the following ranges best describes your total annual household income in the past year?					
	Under $35,000	$35,000 to $54,999	$55,000 to $74,999	$75,000 to $99,999	$100,000 or more	I'd rather not share
Transportation services for people needing to go to doctor's appointments or the hospital	31.7%	34.0%	25.5%	30.3%	23.9%	28.9%
Secure sources for affordable, nutritious food	28.1%	33.6%	22.7%	25.7%	23.1%	22.4%
Affordable quality childcare	72.2%	58.1%	53.7%	64.8%	57.0%	55.6%
General public transportation	43.5%	40.9%	29.1%	39.4%	36.9%	31.9%
Healthcare services for people experiencing homelessness	52.9%	44.6%	32.6%	37.5%	30.4%	30.0%
Social services (other than healthcare) for people experiencing homelessness	57.1%	51.0%	33.0%	41.2%	38.1%	27.5%
Education and job training	33.6%	35.1%	34.0%	36.9%	30.9%	27.7%
Primary care services (such as a family doctor or other provider of routine care)	20.5%	30.4%	16.3%	22.6%	16.5%	24.0%
Emergency care and trauma services	13.7%	23.9%	15.8%	21.2%	5.6%	14.9%
Long-term care or dementia care for seniors	38.4%	36.0%	37.3%	42.2%	33.9%	48.9%
Affordable healthcare services for individuals or families with low income	59.7%	44.5%	39.4%	35.6%	22.9%	37.0%
Affordable prescription drugs	82.7%	54.6%	55.9%	57.6%	45.4%	58.3%
Services to help people learn about, and enroll in, programs that provide financial support for people needing healthcare	32.8%	37.1%	28.6%	29.2%	20.7%	24.4%
Counseling services for mental health issues such as depression, anxiety, and others for adults	63.4%	55.7%	49.0%	41.6%	47.1%	46.7%
Counseling services for mental health issues such as depression, anxiety, and others for adolescents / children	60.9%	56.0%	51.0%	52.0%	57.9%	44.2%
Support services for children with developmental disabilities	33.2%	34.7%	32.3%	37.1%	29.8%	33.3%
Support services for adults with developmental disabilities	28.5%	34.7%	34.7%	33.7%	23.6%	22.0%
Drug and other substance abuse education and prevention	32.2%	33.3%	35.4%	36.4%	28.6%	31.8%
Drug and other substance abuse early intervention services	37.0%	36.4%	39.8%	44.4%	33.9%	27.3%
Drug and other substance abuse treatment services	39.8%	37.0%	34.3%	40.0%	35.0%	26.2%

Services to help recovering drug and other substance use disorder patients stay healthy	41.4%	38.6%	40.4%	46.5%	36.9%	27.9%
Crisis or emergency care programs for mental health	49.0%	46.1%	55.2%	53.5%	55.8%	43.2%
Coordination of patient care between the hospital and other clinics, private doctors, or other health service providers	34.5%	38.7%	33.0%	34.7%	33.9%	23.4%
Special care (for example, case workers or "navigators") for people with chronic diseases such as diabetes, cancer, asthma, and others.	20.7%	29.7%	26.7%	31.6%	19.5%	25.6%
Services for diabetes prevention, awareness, and care	7.2%	16.3%	17.5%	16.5%	11.7%	8.9%
Programs for heart health or cardiovascular health	8.5%	19.2%	16.2%	19.4%	9.8%	12.8%
Programs for obesity prevention, awareness, and care	16.6%	27.5%	29.1%	33.0%	22.3%	24.4%
Physical activity or fitness services or programs in the community	21.8%	31.8%	27.1%	33.7%	37.2%	29.8%
Healthcare services for seniors	23.9%	30.2%	26.0%	23.8%	21.6%	31.1%
Women's health services	14.7%	18.1%	18.4%	17.2%	17.6%	13.6%
Services or education to help reduce teen pregnancy	22.1%	26.3%	19.2%	24.1%	18.0%	21.4%
Parenting classes for new parents	19.1%	27.5%	25.3%	29.2%	25.0%	30.2%
HIV / AIDS education and screening	6.2%	9.4%	4.7%	6.9%	4.8%	5.4%
HIV / AIDS treatment services	5.9%	8.6%	6.0%	7.1%	5.2%	5.4%

The table below indicates challenges struggle with frequently, or on a daily basis.

Issue	Which of the following ranges best describes your total annual household income in the past year?					
	Under $35,000	$35,000 to $54,999	$55,000 to $74,999	$75,000 to $99,999	$100,000 or more	I'd rather not share
Regular living activities such as getting to school or work on time, grocery shopping, or doing other common tasks	5.0%	9.4%	4.2%	6.9%	2.8%	6.3%
Performing adequately well at school or work	2.9%	9.4%	7.7%	4.3%	2.8%	1.6%
Managing major life issues such as relationship challenges, relocating, new job or change of school, loss of a loved one or major illness	13.0%	19.5%	11.7%	6.8%	9.2%	4.8%
Enjoying leisure activities	10.0%	21.3%	27.7%	17.1%	11.1%	14.3%
Maintaining physical fitness/wellness	24.2%	39.8%	32.5%	34.7%	27.3%	25.4%
Getting along well with friends and family members	2.7%	8.6%	5.9%	1.7%	4.2%	6.3%
Getting along with people at work or in the community	1.5%	7.0%	3.3%	1.7%	4.2%	3.2%
Feeling lonely	14.1%	25.8%	23.5%	16.9%	12.6%	12.7%
Establishing and maintaining trusted relationships	10.2%	24.2%	15.0%	9.3%	9.0%	7.9%