



2025 Community Health Needs Assessment

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Introduction

A Message from Our CEO, Christopher Towne



The Northeast Kingdom is a remarkable place—defined by strong communities, deep resilience, and a tradition of caring for one another. Yet these strengths exist alongside some of the most significant health challenges in Vermont. Rural regions like ours face higher rates of chronic disease, growing behavioral health needs, economic hardship, and the pressures of a rapidly aging population. These realities are intensified by national trends—workforce shortages, rising costs, and an increasingly uncertain health policy environment.

Despite these challenges, the mission of Northern Counties Health Care has never been more important. Every day, our teams deliver high-quality, compassionate care across some of the most rural areas of the state, and today we serve more individuals than ever before—over 40% of residents in the most medically underserved region of Vermont. This reach reflects the trust of our patients, the dedication of our staff, and the resilience of our communities.

As we look ahead, we do so with determination and optimism. The challenges are real, but so is our resolve. Guided by the needs of our communities and grounded in our mission, we remain committed to building a healthier future for every person and family in the Northeast Kingdom.

Executive Summary

Northern Counties Health Care, Inc. (NCHC), is a non-profit 501(c)3 organization in the northeastern, tri-county region of Vermont known as the Northeast Kingdom (NEK). Each year, over 80,000 encounters are made through a rural network of seven community health centers (including two walk-in primary care locations), three dental practices, a Medicare-certified home health care and hospice division; and formal partnerships with three different hospitals and several human services organizations.

Northern Counties Health Care (NCHC) is excited to present the 2025 NCHC Community Health Needs Assessment (CHNA). The purpose of NCHC's CHNA is to identify and prioritize community needs. 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. This report provides an overview of the process and methods used to identify and prioritize significant health needs in NCHC's Service Area.

Collaborative Process and Timeline

In January 2024, the Northeast Kingdom (NEK) Coordinated Community Health Needs Assessment (CHNA) Steering Committee was established to lead the region's first collaborative CHNA process. This initiative brought together seven key organizations—Northern Counties Health Care (NCHC), Northeastern Vermont Regional Hospital (NVRH), North Country Hospital, Northeast Kingdom Human Services (NKHS), Northeast Kingdom Community Action (NEKCA), Northeast Kingdom Council on Aging, and the Vermont Department of Health. Between February and May, extensive secondary data analysis occurred. Primary data collection approaches were developed and implemented between April and August. Between September 2024 and June

2025, the final draft report was developed and then approved by the Steering Committee in July.¹ From July through September, 2025, NCHC's Strategic Planning Committee performed additional secondary data collection and analysis to take into account recently updated publicly available data as well as key internal data. The Strategic Planning Committee developed and distributed additional needs surveys and then pulled all data together for collective analysis and prioritization by NCHC's Senior Leadership Team and Board of Directors at a full day retreat on September 19, 2025.

Key Findings

Key findings for this FY2027-FY2029 CHNA cycle are integrated into this report by priority area, with an emphasis on the most significant needs as evidenced by both primary data, including the community survey, NCHC Board and Employee surveys and focus groups, and secondary data sources. The CHNA community survey examined the following areas: community health and social needs, personal health, health and dental care, support service needs, and demographics. Focus groups were designed to enhance understanding related to the survey findings. This approach is intended to offer a meaningful understanding of health needs from the community perspective, the perspective of people working in the health care sector in the NEK, as well as state and national surveillance and health data.

Northeast Kingdom Service Area Health Priorities (2024)

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

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

Northern Counties Health Care Service Area Health Priorities (2025)

Based on additional primary data collection and analysis and secondary data analysis by Northern Counties Health Care, the following have been identified as the priority areas for the 2025 NCHC Community Health Needs Assessment. These priority need domains closely align with the NEK Coordinated CHNA priority areas. Further detail is provided in the Analysis and Comparison section.

1. **Priority Need Domain #1: Behavioral Health (Mental Health and Substance Use)**
2. **Priority Need Domain #2: Access to Care and Services**
3. **Priority Need Domain #3: Non-medical Health Related Needs**

Purpose, Methodology, and Limitations

Community Health Needs Assessment Purpose

As a Federally Qualified Health Center (FQHC), and as part of Section 330(k)(2) and Section 330(k)(3)(J) of the PHS Act; and 42 CFR 51c.104(b)(2-3), 42 CFR 51c.303(k), 42 CFR 56.104(b)(2), 42 CFR 56.104(b)(4), and 42 CFR 56.303(k)NCHC Section 330(k), Northern Counties Health Care is required by the Health Resources and Services Administration (HRSA) to assess the unmet need for health services in its area. As part of demonstrating compliance with this requirement, health centers must complete or update a Community Health Needs Assessment at least once every three years for the purposes of informing and

¹ Northeast Kingdom Coordinated Community Health Needs Assessment Steering Committee "Northeast Kingdom Community Health Needs Assessment 2024", (<https://www.nchcvt.org/wp-content/uploads/2025/09/Northeast-Kingdom-CHNA-2024.pdf>), accessed July 25, 2025

improving the delivery of health center services. Specifically, HRSA requires the needs assessment to utilize “the most recently available data for the service area and, if applicable, special populations and address the following:

- Factors associated with access to care and health care utilization (for example, geography, transportation, occupation, transience, unemployment, income level, educational attainment);
- The most significant causes of morbidity and mortality (for example, diabetes, cardiovascular disease, cancer, low birth weight, behavioral health) as well as any associated health disparities; and
- Any other unique health care needs or characteristics that impact health status or access to, or utilization of, primary care (for example, social factors, the physical environment, cultural/ethnic factors, language needs, housing status).²

In doing so, the Needs Assessment also provides NCHC 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, fine tune outreach activities, highlight the most significant causes of morbidity and mortality, strengthen existing community health partnerships and activities, and use collective impact to highlight and address other unique health care needs or characteristics that impact health status and primary care.

People and Participants

NEK Coordinated CHNA

Steering Committee Members

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

Data Committee Members

- Diana Gibbs, Vice President of Marketing and Community Health Improvement, Northeastern Vermont Regional Hospital
- Meg Burmeister, Executive Director, Northeast Kingdom Council on Aging
- Robin Kristoff, Strategy and Operations Specialist, Northeast Kingdom Community Action
- Heather Lindstrom, Public Health Services District Director, Vermont Department of Health, St. Johnsbury District

² Health Resources & Services Administration, “Health Center Program Compliance Manual, Chapter 3: Needs Assessment”, (<https://bphc.hrsa.gov/compliance/compliance-manual/chapter3>), accessed July 29, 2025

- Tin (Justin) Barton-Caplin, Public Health Services District Director, Vermont Department of Health, Newport District
- Laura Nelson, Chief of Organizational Development, Northeast Kingdom Human Services
- Amy Jones, Quality Director, Northeast Kingdom Human Services
- Mandy Chapman, Population Health Manager, North County Hospital
- Margaret Kucia, Volunteer, Northeastern Vermont Regional Hospital

Community Engagement Committee Members

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

Community Survey Participants³

Focus Group Participants (see Appendix D: Focus Group Data)

NCHC CHNA

Strategic Planning Committee

- Board Committee Co-Chair: Adrienne Hutchin
- Board Committee Co-Chair: Sung-Hee Chung
- Board Committee Member: Tin Barton-Caplin
- Board Committee Member: Maryellen Griffin
- Board Committee Member: Buffie Hegarty
- Chief Executive Officer: Chris Towne
- Director of Special Projects: Kari White

NCHC Board Survey Participants: Seven NCHC Board Members. Of those who entered optional demographic information, respondents skewed somewhat older (80% ages 55-64), 100% women, 100% white.

NCHC Employee Survey Participants: 96 NCHC Employees across the organization (mix of admin, clinical, frontline and support staff across divisions, departments and locations). Of those who entered optional demographic information, 60% of respondents were ages 45-64, 88% were women, and 99% were white.

NCHC Board and Senior Leadership Analysis Participants

- Board President: Louisa Driscoll
- Board Vice President: Adrienne Hutchin
- Treasurer: Becky Galloway
- Secretary: Sung-Hee Chung
- Board Member: Tin Barton-Caplin
- Board Member: Shari-Lee Ryan
- Chief Executive Officer: Chris Towne

³ Northeast Kingdom Coordinated Community Health Needs Assessment Steering Committee “Northeast Kingdom Community Health Needs Assessment 2024”

- Chief Financial Officer: Angela Neil
- Dental Director: Adrienne Rulon, DDS
- Director of Home Health Care and Hospice: Treney Burgess
- Director of Human Resources: Jade Monahan
- Director of FQHC Operations: Jesse Dimick
- Director of Quality and Compliance: Christel Mosher
- Executive Assistant and Board Liaison: Melissa Perrault
- Director of Special Projects: Kari White

Data Collection Methodology

Northeast Kingdom Community Health Needs Assessment 2024 data collection methodology is described in the document itself.⁴

The NCHC Community Health Needs Assessment data collection methodology consists of collaborative review and analysis of primary and secondary data as follows:

Secondary Data Review

- Northeast Kingdom Community Health Needs Assessment 2024⁵
- Copley Hospital⁶
- North Country Hospital⁷
- Northeastern Vermont Regional Hospital⁸

Updates to Secondary Public Health Data (see Appendix A: Key Health Indicators – Public Data)

- Length and Quality of Life
- Morbidity and Mortality
- Risk Factors and Behaviors
- Access to Care and Preventative Behaviors
- Socioeconomic and Environmental

Primary Data Collection (see Appendix B: Needs Assessment Surveys)

- NCHC Board Survey
- NCHC Employee Survey

Analysis

- Needs Assessment Survey Comparison (see Appendix C: Needs Assessment Survey Comparison)
 - Demographics and Patient Characteristics
 - Health and Health Related Social Needs, Resources, Challenges, Barriers
 - Additional Access, Attribution and Insurance Data
- Internal Data
 - Primary Care (see Appendix E: Primary Care Data)
 - Service Area Analysis
 - Uniform Data System Trend Comparison

⁴ Northeast Kingdom Coordinated Community Health Needs Assessment Steering Committee “Northeast Kingdom Community Health Needs Assessment 2024”

⁵ Ibid

⁶ Copley Hospital, “Community Health Needs Assessment 2024”, (<https://www.copleyvt.org/wp-content/uploads/2024/10/Copley-CHNA-2024-for-web.pdf>), accessed July 29, 2025

⁷ North County Hospital, “Community Health Needs Assessment 2024 Report”, (<https://northcountryhospital.org/wp-content/uploads/North-Country-Hospital-Community-Health-Needs-Assessment-2024.pdf>), accessed July 29, 2024

⁸ Northeastern Vermont Regional Hospital, “Community Health Needs Assessment 2024”, (<https://nvrh.org/wp-content/uploads/2024/09/NVRH-CHNA-2024-2027-Adopted-9.25.24.pdf>), accessed July 29, 2025

- Uniform Data System 2024 Quality Report
- Trended Patient Experience Data
- Home Health and Hospice Data (see Appendix F: Home Health and Hospice Data)
 - Outcome Trends 2023 and 2024
 - Process Measure Performance Overview 2023, 2024, 2025 (6 months)
 - Hospice Patient Experience Scores 2023, 2024, 2025 (6 months)
 - Home Health Patient Experience Scores 2023, 2024, 2025 (6 months)

Data Limitations

Data presented in this report has a few notable limitations. Secondary data sources were utilized to present demographic data, social and economic factors, health behaviors, chronic disease prevalence, and other health outcomes data. In general, the secondary data utilizes the most current data sets available, but some data may be from past years. Additionally, as of the time of this report, the Federal Government is still shut down. Several governmental websites where population and/or public health data is available display messages that data is not being updated at this time. Additionally, several governmental data webpages or applications are under extended maintenance at this time (i.e., U.S. Census QuickFacts tool: <https://www.census.gov/quickfacts/>).

Primary data collection and analysis are influenced by sampling methods, sample sizes, the potential for biases, and notable variations in baseline population and demographic distributions across the region. To mitigate, Community Surveys were disseminated widely through various media to increase accessibility and representation, and emphasized ongoing community health needs. This self-reported data is representative of the population and their direct views and experiences. Due to the optional nature of the survey, one cannot infer statistical conclusions from the response data. The Community Survey had broad representation from the towns within the Northeast Kingdom, however, limitations exist due to underrepresentation of certain priority populations, which would have allowed for more representative findings.

As additional primary source data, the NCHC Board and Employee Survey data also reflects the sampling method, sample sizes, and the potential for biases – particularly in the design of the survey itself. Though both the NCHC Board and Employee Surveys were modeled largely on the Community Survey, the Strategic Planning Committee opted to make a few changes:

- All questions were marked as optional
- Several questions were removed (i.e., individual mental health status, income, family size, education, employment and insurance status)
- Some questions were split into separate questions
- Some response options were split into separate response options
- Some questions and response choices were slightly reworded

As all NCHC Board Members live in the Northeast Kingdom and are meant to reflect the population of the service area, questions were asked to elicit a community member perspective:

- *Do you agree or disagree with these statements about the NEK community in which you primarily live?*
- *In the past year, have you or someone close to you had trouble getting any of the following types of health services?*

Though all NCHC Employees work in the service area, not all live in the NEK. Questions were asked to elicit a service provider perspective of the community, and written to reflect that distinction:

- *Do you agree or disagree with these statements about the NEK community in which you primarily work?*
- *In the past year, have you heard through your work that patients or clients or their family have had trouble getting any of the following types of health services?*

Because of the different perspectives between the Community Survey and NCHC Board and Employee Surveys as well as the some of the survey design changes, direct comparisons are not possible in many cases.

Similar to the Community Survey, the NCHC Employee Survey had broad representation from the different departments, programs, and sites across the organization. While a majority of NCHC's Board Members did complete the survey, the sample size is still very low. Though generally reflective of the organization, limitations exist due to underrepresentation of certain populations (men, youth, unemployed).

Organizational Information

Mission, Vision, Values

Mission: Guided by compassion and driven by excellence, we provide high-quality, accessible community-centered care.

Vision: To reimagine and transform health care by empowering people and elevating 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.

History

NCHC was the first and is still one of the largest Federally Qualified Health Center (FQHC) systems in Vermont, and the only one which also operates a home health care and hospice division. We have a rich history and tradition of partnership and innovation in caring for our friends and neighbors.

From **1968-1976**, the predecessor to NCHC, the Northern Counties Comprehensive Health Planning Council was one of over 200 federally-sponsored organizations charged with developing plans to enhance health care delivery throughout the country. The Council covered the Northeast Kingdom (NEK) and the North Country of

New Hampshire, with a citizen-led governing board. Repeatedly, the Council's annual plan cited a lack of primary care in the NEK. When health planning organizations were disbanded, the board decided to address the primary care issue head-on, and applied for a Community Health Center grant to establish primary care centers in the outlying areas of the NEK.

Also, in **1968**, in response to the recent enactment of Medicare which provided reimbursement for in-home health services, Dr. Ralph Jardine of Lyndonville led a group of community members to create **Caledonia Home Health Care**.

In **1977**, having successfully been awarded a Community Health Center grant, two community health centers were created with physicians assigned through the National Health Service Corps, a federal program (still in existence) that paid for the medical education of doctors willing to commit to providing services in medically under-served areas. The organization became **Northern Counties Health Centers**.

Facing opposition from a group in Hardwick seeking to reopen its closed hospital, NCHC initially opened the **Greensboro Health Center** to serve the Hardwick area in what had been the old Greensboro Nursing Home. Later that year, the **Island Pond Health Center** (IPHC) opened in the former home of a retired private physician, which a community group had purchased in hopes of attracting a physician. Rare among health centers at the time, and at the strong advocacy of its local board members, the IPHC also included a dental unit, pioneering an expansion of services that later made dental care a required service for health centers across the nation. Greensboro and Island Pond were the first community health centers (now called Federally-Qualified Health Centers) in Vermont, and would remain so for 17 years.

That same year, Dr. David Hantman received a Kellogg Foundation grant to establish the first-in-Vermont, nurse practitioner-led health center in Danville – **Danville Health Center**. He provided the necessary physician oversight from his office in St. Johnsbury. Unable to raise the funding necessary for a hospital and with little likelihood of state approval, hospital plans for Hardwick were abandoned in 1979. NCHC was granted a rent-free lease to the old hospital property to create the **Hardwick Area Health Center**. For a couple of years thereafter, both Greensboro and Hardwick maintained health centers, until the community board decided to consolidate operations. Also, in 1979, with the expiration of the grant that had established the Danville Health Center, and in recognition of the organizations' common missions, the health center was incorporated into NCHC.

Then, in **1980**, a collaborative effort with Caledonia Home Health Care led to its willingness to assign one of its nurse practitioners to NCHC if a health center was established in Concord, and the **Concord Health Center** was created. Home health staff had noticed a high degree of primary care-preventable conditions among their clients in that area. Nationally, Medicare had begun considering adding hospice care to the services it would cover and began a demonstration project to test this concept in the early 1980s.

In **1981**, Caledonia Home Health Care joined with four other home health agencies in the state to become one of the few demonstration sites in the country. With the subsequent successful conclusion of the demonstration, hospice care has continued to be part of **Caledonia Home Care & Hospice**.

In **1985**, with the announcement that Joan Blankenship, founding executive director of Caledonia Home Health Care & Hospice, planned to retire, a study was commissioned for the Vermont Health Policy Corporation to do an "Analysis of Organizational Options." It recommended that, given the strong collaborative relationship and common community focus of the two, Caledonia Home Health Care & Hospice should merge with Northern Counties Health Centers. While the merger was being completed, David

Reynolds, founding executive director of NCHC, served as executive director of both organizations. The formal merger was completed in **1988**, and to reflect its broader mission, **Northern Counties Health Centers became Northern Counties Health Care**.

NCHC expanded its offering of dental care with the opening of the **Northern Counties Dental Center** in Hardwick in **2001** when the State offered the site of a former dental practice that had closed, leaving the area with no dental services.

Northeastern Vermont Regional Hospital had long subsidized the operation of two physician practices in St. Johnsbury. Recognizing that NCHC could offer a broader array of services with higher reimbursement rates, and with the availability of federal funding, NVRH and NCHC worked together to incorporate Caledonia Internal Medicine and the St. Johnsbury Family Health Center into NCHC in **2003**. These two practices were consolidated in **2013** to become the **St. Johnsbury Community Health Center**.

At about this time (2003), the federal Health Resources and Services Administration (HRSA) Bureau of Primary Health Care (BPHC) sought to address the chronic need for mental health care among the population served by FQHCs. Successfully applying for grants available, **behavioral health services** were added to the mix of services offered at NCHC sites.

As the first region in the State to pilot the VT Blueprint for Health and Patient-Centered Medical Home (PCMH) model in **2007**, NCHC began our Care Coordination Program to implement the PCMH team- based care model. This model continued to grow, and in **2013** with a grant from HRSA, NCHC started our Outreach and Enrollment Program with “Eligibility Assistance Workers” who have now developed into a team of Community Health Workers (CHWs).

In **2017**, with a competitive Oral Health Service Expansion (OHSE) grant from HRSA, and in partnership with North Country Hospital, the **Orleans Dental Center** opened, expanding NCHC services into Orleans County.

In **2018**, NCHC introduced a new corporate logo to replace the one that had been in use since 1976. That same year, NCHC utilized a HRSA AIMS (Access Increases for Mental Health and Substance Abuse Services) grant to begin our Psychiatry services.

In **2020**, NCHC, in partnership with Northeastern Vermont Regional Hospital, opened **Northern Express Care – St. Johnsbury**, a walk-in primary care site in downtown St. Johnsbury.

In **2022**, in partnership with North Country Hospital, NCHC opened **Northern Express Care – Newport** to provide convenient, walk-in primary care access to the community.

Current Sites and Services

NCHC currently operates a network of seven primary care centers (two with walk-in services), three dental clinics, and a Home Health and Hospice Division providing comprehensive, community-based health services to Vermont’s Northeast Kingdom (NEK)—a medically underserved region comprising the rural counties of Caledonia, Essex, and Orleans.



Home Health Care & Hospice

Caledonia Home Health Care & Hospice (CHHC) is Northern Counties Health Care's Medicare and Medicaid certified comprehensive Home Care and Hospice division, proudly serving the residents of Caledonia and southern Essex counties, and the Town of Greensboro since 1968.

Our **Home Care Program** provides skilled, Medicare-certified, state-of-the-art, compassionate home care services to promote health, minimize pain and suffering, allow you to remain safe in your home, and to be as independent and active as possible.

- Recovery from Surgery or Short-Term Illness
- Chronic Illness and Disease Management Services
- Physical, Occupational and Speech Therapy at Home
- Home Tele-monitoring Services

Our **Hospice Program** offers clients with the highest quality of life possible when they have a life-limiting illness.

- Expert and compassionate clinical care.
- Personal care and comfort measures like music therapy, pet therapy, homemade goodies by Sweet Relief, etc.
- State-of-the-art pain and symptom management.
- Rest and relief for family members via respite care.
- Spiritual and emotional support for patients and caregivers.
- Personal services such as housekeeping, running errands, child care, meal preparation, reading aloud, writing letters, etc.
- Bereavement services to help survivors cope with loss including Bereavement support groups.

Our **Palliative Care Program** focuses on relieving and preventing the suffering of patients. Unlike hospice care, palliative medicine is appropriate for patients in all disease stages, including those undergoing treatment for curable illnesses and those living with chronic diseases, as well as patients who are nearing the end of life.

Our **Long-term Care Program** is to help participants maintain independence in the setting they prefer, to enhance the quality of life for both the client and the caregiver, and to acknowledge and value the contribution of each family member.

- Choices for Care is a long-term care program, funded by Medicaid, to pay for care and support for older Vermonters and people with physical disabilities that offers an alternative to nursing home care. Under this service, clients can receive homemaking, personal care assistance, meals, companionship and respite care.

- Our Homemaker Assistance program helps with housekeeping, laundry, meal preparation, shopping and errands.

Our **Maternal & Child Health Program** is designed to provide teaching and assessment to pregnant women, new mothers and babies. Our skilled nursing staff offers support to women during pregnancy through home visits that can answer questions and provide childbirth education.

- Skilled Pediatric Care
- Pediatric Hi-Tech nursing
- Pediatric Palliative Care
- Children's Integrated Services
- Strong Families Vermont

Primary Care

Northern Counties Health Care **Dental Centers** provide high quality, state of the art family dentistry at an affordable cost to the residents of Vermont's Northeast Kingdom. Our primary mission is to promote good oral health. Our teams of highly qualified dental professionals work with our patients to provide services based on need, not ability to pay. We provide comprehensive clinical care, prevention services, and outreach programs to schools.

- **Basic Services:** Cleanings, Sealants, Check-ups and X-rays, Fillings, Extractions, Oral Cancer Screening, and Healthy Gum Care.
- **Advanced Services:** Root Canals, Crowns and bridges, and Full and Partial Dentures.
- **Community, Training and Outreach**
 - Community Dental Program: NCHC has partnered with North Country Hospital and the Vermont Department of Oral Health to replicate The Community Dental Program, a highly successful transportation program between schools and dental offices.
 - Preceptor Program: NCHC dentists are trained by the University of New England (UNE) as adjunct faculty, able to critically evaluate a UNE Extern's methods of clinical and patient care, integration of evidence-based medicine, and understanding of research methods.
 - Nursing Home Dental: NCHC provides a dental hygiene program for three local nursing homes which includes oral health education, demonstrations for denture care, dental cleanings and denture cleaning procedures, fluoride treatments, and placement of silver diamine fluoride.

Northern Counties Health Care's five **Community Health Centers** are family-based health centers created to make quality and compassionate primary health care and health education readily available to area residents. All NCHC Community Health Centers are Patient-Centered Medical Homes (PCMHs), recognized by the National Committee for Quality Assurance (NCQA). The PCMH model, also known as the "medical home," is a team-based care approach to delivering comprehensive, collaborative, and evidence-based high-quality primary care for individuals of all ages—children, youth, and adults.

Medical home team members include enabling and patient support staff who assist patients overcome barriers to accessing health center services (i.e., transportation, insurance), who provide health and nutrition education and counseling services, and staff who provide case management and care coordination services (including addressing non-medical health-related needs).

Each NCHC Community Health Center/Medical Home provides access to:

- **Quality Primary Medical Care** (prenatal, pediatric, adolescent, adult and geriatric) by experienced and caring Providers
 - Illness Prevention / Health Promotion

- Cancer Prevention and Chronic Disease Management
- Acute Care
- **Integrated Behavioral Health** (Mental Health and Substance Use Disorder) Services
- **Care Management and Coordination** (Chronic Care Coordinators and Community Health Workers): Support, coaching, and personalized care planning; Food and Fuel application assistance, Health Insurance enrollment assistance, Advance Directives form completion, Prescription cost education and resources, Transportation needs assistance, Limited Dental and Eyeglass vouchers, Connection to other community resources (housing, legal, employment); Help navigating mental health and/or substance use treatment and challenges, Coordination of hospital and/or ER care transitions, Financial coaching (goal setting, budgeting, debt management, loan applications, etc.)
- **Community Health Team:** NCHC's Diabetes Educator (expert education, resources, and one-on-one consultations to help manage diabetes through lifestyle adjustments, nutrition, and medication management) and NCHC's Community Health Program Facilitator (coordination of community-based self-management programs and health initiatives, including walking groups, a lending-gear library, and teaching kitchen programs).
- **Low Cost Pharmacy** - Northern Counties Health Care is one of the five Vermont community health center owners of the Community Health Pharmacy which offers a full range of prescription and over-the-counter (OTC) medications for all NCHC patients

NCHC also owns and operates two **Primary Care Express Care locations**. Though these locations are not PCMH's, they do offer walk-in appointment availability, extended care weekend and evening hours, behavioral health services, and access to Care Coordination and Community Health services.

The NCHC Service Area

Map and Description

NCHC's service area is the northeastern portion of Vermont (VT), more commonly known as the Northeast Kingdom (NEK). The NEK is roughly the size of Delaware and spans over 2,000 square miles—about 21% of Vermont's total land area, with approximately 64,000⁹ people spread out across Caledonia, Essex, and Orleans Counties. Within this region are 48 towns, one city, and a unique municipality made up of six unified towns and gores. NEK border towns in Franklin, Lamoille, Orange and Washington Counties form the western and southern boundaries. New Hampshire forms the eastern boundary of NCHC's service area, while Canada the northern boundary.

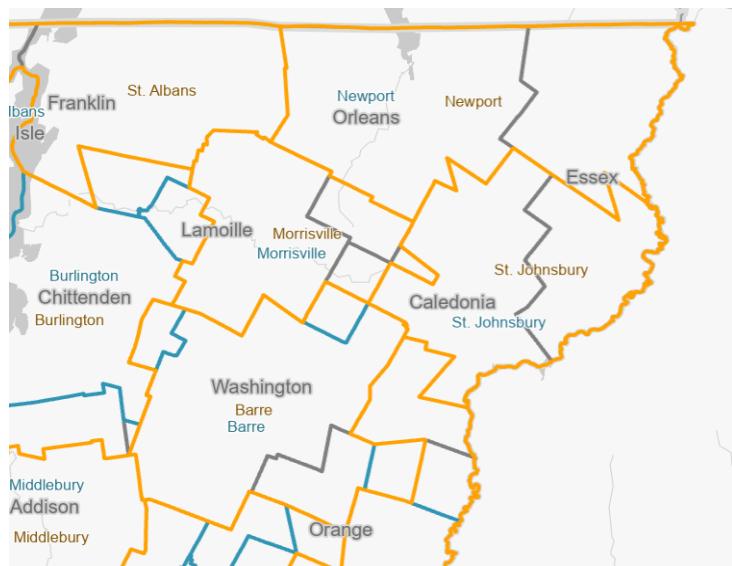
NCHC's service area covers the most rural area of Vermont (92% of the population is classified as rural), with a population per square mile of



⁹ U.S. Census Bureau, "QuickFacts Data Interactive Tool" (<https://www.census.gov/quickfacts/>), accessed July 15, 2025

32.1. Only 11 towns have populations greater than 1,500, and with no urban centers designated within the service area. Extensive portions of this service area are designated as Medically Underserved Areas (MUAs). The Opportunity Zone designation, as defined by the U.S. Department of Treasury and the IRS, highlights a significant need for private investment to stimulate economic and community development in low-income census tracts. The U.S. Treasury approved 25 Opportunity Zones in Vermont and five of those are in NCHC's service area: Two in St. Johnsbury, one in Lyndon, and two in Newport City. The presence of this designation in the main NEK population centers underscores the persistent socioeconomic challenges faced by the region.

NCHC's NEK service area, while a cohesive geographic region in some ways, is composed of numerous political subdivisions, school districts and service jurisdictions. Each of the three counties encompasses multiple towns, and these local jurisdictions often do not align with the boundaries of school districts, hospital service areas, or catchment areas for federally and state-funded programs. Take for example the mismatched boundaries between county lines (in grey), Hospital Service Area boundaries (in orange), and Health District boundaries (in blue):



In the NEK there is a high concentration of Federal and State health and social program providers, overlapping in a patchwork fashion. While these programs provide a crucial safety net, they can also create a complex landscape for patients to navigate. The dispersed nature of the population across these subdivisions means patients may need to travel across town or county lines to access specific services. Referrals for specialty care (i.e., intensive/inpatient behavioral health services) often necessitate negotiating across county or state-defined catchment areas, resulting in delayed access, longer travel times, and trouble coordinating referrals and follow-up.

Image from VT Department of Health Reference Map illustrating the mismatch between county boundaries (grey), Hospital Service Area boundaries (orange) and Health District boundaries (blue).¹⁰

Needs in Service Area

While the Northeast Kingdom (NEK) is celebrated for its striking natural beauty and enduring small-community spirit, these idyllic surroundings belie significant and well-documented health and health-related care needs and challenges rooted in a combination of social, economic, and geographic factors that disproportionately affect rural communities.

As detailed in the Rural Health Information Hub's webpage: "Despite the many positive attributes and assets associated with working and living in rural communities, many rural American population groups experience significant health disparities. Health disparities are differences in health status when compared to the population overall, often characterized by indicators such as higher incidence of disease and/or disability, higher mortality rates, lower life expectancies, and higher rates of chronic pain. Rural risk factors for health

¹⁰ Vermont Department of Health, "Public Health Reference Maps" interactive tool (<https://www.healthvermont.gov/stats/public-health-gis/reference-maps>), accessed August 19, 2025

disparities include geographic isolation, lower socioeconomic status, higher rates of health risk behaviors, limited access to healthcare specialists and subspecialists, and limited job opportunities.”¹¹

This is the case in the Northeast Kingdom of Vermont, NCHC’s service area; as evidenced by both secondary data analysis, and analysis of primary data collected through a coordinated NEK Community Health Needs Assessment (602 community survey respondents and 78 focus group participants), and subsequent primary data analysis of an NCHC Board and Employee needs assessment survey (103 respondents).

Demographic Challenges

The population density in the Northeast Kingdom is significantly lower than the state's population density, with a population per square mile of 8.9 in Essex County, 39.4 in Orleans County, and 46.6 in Caledonia County.¹² Areas with low population density pose significant economic, social, and environmental challenges to communities, such as greater travel distances for obtaining goods and services, less tax revenue for investment into public services and infrastructure, and fewer businesses or economic opportunities. This leads to outmigration of youth and young adults, increasing the overall age of the population and contributing to the difficulty of attracting and retaining a skilled workforce prepared to handle the increasing needs of the aging population.

The population of the NEK is relatively homogenous (94% White, Non-Hispanic)¹³ and equally split between male and female.¹⁴ The **percentage of the population in the NEK age 65 or older is higher than in VT as a whole, and significantly higher than that of the US (16.8%).**¹⁵ Because there is little in and out migration, the population is aging in place and older residents face increased health challenges, including mobility issues, chronic disease management, and a greater need for other supports and services.

The **percentage of disabled adults is also higher in the Northeast Kingdom than in Vermont.**¹⁶ People with disabilities encounter significant barriers to achieving good health compared to those without disabilities. Studies indicate that this group is more likely to:

- Report poorer overall health.
- Have reduced access to adequate healthcare.
- Engage in risky health behaviors, such as smoking and physical inactivity.

These barriers often lead to preventable health issues and secondary conditions (like pain, fatigue, obesity, and depression) that decrease overall health and quality of life. The primary causes of these health disparities and secondary conditions include:

- Inaccessible healthcare: This covers both facilities, such as examination rooms and equipment, and communication access. Healthcare professionals need to know how to effectively communicate with patients who are deaf or hard of hearing or have speech, vision, or intellectual disabilities.
- Lack of professional knowledge: Many health professionals lack understanding of the specific health needs and differences among people with disabilities.

¹¹ Rural Health information Hub, “Rural Health Disparities” webpage, last updated 9/24/2025, (<https://www.ruralhealthinfo.org/topics/rural-health-disparities>), accessed September 18, 2025

¹² U.S. Census Bureau, “QuickFacts Data Interactive Tool”

¹³ Ibid

¹⁴ Ibid

¹⁵ U.S. Census Bureau, “QuickFacts Data Interactive Tool”

¹⁶ Vermont Department of Health Division of Health Statistics & Informatics, “Behavioral Risk Factor Surveillance System 2023 Report” (<https://www.healthvermont.gov/sites/default/files/document/hsr-brfss-2023-datasummary.pdf>), accessed August 18, 2025

- Socioeconomic challenges: This includes difficulties with transportation and the higher rates of poverty experienced by people with disabilities.¹⁷

“Accessing appointments can be difficult – (I have) difficulty accessing many public buildings, few accessible sidewalks. It takes forever to get disability approval and benefits.”

– NEK Focus Group Participant

“A big barrier is the lack of knowledge from providers about common accommodations that could help patients with disabilities access and understand services better.” - NCHC Employee Survey Respondent

Table 1. Key Demographic and Population Characteristics¹⁸ (except where indicated)

Indicator	Caledonia	Essex	Orleans	VT
Population Estimate (2024)	30,535	6,037	27,726	648,493
Rurality - percentage	84%	100%	100%	65%
Population Per Square mile (2020)	46.6	8.9	39.4	69.8
Persons Age 65 or Older - percentage	24%	30%	25%	23%
Persons Under Age 18 - percentage	18%	17%	19%	17%
Female Persons - percentage	50%	49%	49%	50%
White alone - percentage	95%	96%	96%	93%
Hispanic or Latino - percentage	2.2%	1.8%	2.1%	2.7%
White alone, not Hispanic or Latino - percentage	94%	94%	94%	91%
Adult Age 18+ Disability^{*19} - percentage	31%	34%	35%	28%
Adult Age 18 - Under Age 65 Disability percentage (2019-2023)	13%	17%	13%	11%
Veterans – number/ (percentage)	1,712/(5.6%)	526/(8.7%)	1,983/(7.2%)	34,076/(5.3%)

*Disability includes anyone reporting serious difficulty walking or climbing stairs, concentrating or making decisions, hearing, seeing, dressing or bathing, or who, because of a physical, mental, or emotional condition has difficulty doing errands alone

Red indicates worse than VT / Green indicates better than VT / Bold = Better or worse by more than 5% points (where applicable) / *= Data suppressed due to low numbers or low confidence

Morbidity and Mortality

Chronic diseases are a major driver of poor health outcomes in the NEK. **Adults in the NEK have a higher prevalence of asthma, cancer, cardiovascular disease, COPD, diabetes, and hypertension;**²⁰ as well as total tooth loss²¹ and tooth extraction (more than five in ten adults aged 45-64 in Caledonia County have had a tooth extracted - the highest rate in the state).²² The percentage of adults in Caledonia and Essex Counties with depressive disorder is higher than the State average.²³

The NEK exhibits a **higher proportion of potentially preventable deaths from the leading causes of mortality in Vermont, including accidents, Alzheimer’s disease, cancer, Chronic Lower Respiratory Diseases, and heart disease.**²⁴ The three-year rate of suicide death in all three NEK counties is higher than the State average.²⁵

¹⁷ U.S. Centers for Disease Control and Prevention, “Disability and Health Information for Healthcare Providers webpage” (<https://www.cdc.gov/disability-and-health/about/disability-and-health-information-for-healthcare-providers.html>), accessed August 19, 2025

¹⁸ U.S. Census Bureau, “QuickFacts Data Interactive Tool”

¹⁹ Vermont Department of Health, “Behavioral Risk Factor Surveillance System 2023 Report”

²⁰ Ibid

²¹ Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health; “PLACES Data Online 2024” (<https://www.cdc.gov/PLACES>), accessed September 26, 2025

²² Vermont Department of Health, “Behavioral Risk Factor Surveillance System 2022 Report”

²³ Vermont Department of Health, “Behavioral Risk Factor Surveillance System 2023 Report”

²⁴ National Institute on Minority Health and Health Disparities, “HDPulse: An Ecosystem of Minority Health and Health Disparities Resources Interactive Data Portal” (<https://hdpulse.nimhd.nih.gov>), accessed October 4, 2025

²⁵ Vermont Department of Health, “Suicide Morbidity and Mortality in Vermont Slide Deck February

2025” (<https://www.healthvermont.gov/sites/default/files/document/hs-i-injury-suicide-slide-deck-2025.pdf>) and “Annual Suicide Data Report

Each county also has its unique challenges: The rate of alcohol-impaired driving deaths in Essex County is more than double the State average,²⁶ the death rate from diabetes is higher in Orleans County than the State,²⁷ and the opioid-related death rate in Caledonia County continues to be higher than the State rate.²⁸

The higher percentage of elderly living in the NEK impacts the health care services provided by NCHC to its target population. Medical needs of elderly residents continue to increase in complexity. Comorbidities, especially chronic conditions such as diabetes cardiovascular disease, arthritis, osteoporosis, and disabilities, are common in the geriatric population, and continue to consume an increasing amount of care resources.

Table 2. Key Mortality and Morbidity Indicators^{21, 22, 23, 24, 25, 26, 28}

Indicator	Caledonia	Essex	Orleans	VT
All-cause Death Rate – Number of deaths from all causes, all races, all sexes per 100,000 population (age-adjusted) ²⁴	866.2	850.7	901.0	744.2
Accidents and Adverse Effects Death Rate – Number of deaths caused by accidents and adverse effects (ICD 10 codes (V01-X59, Y85-Y86)) all races, all sexes per 100,000 population (age-adjusted) ²⁴	83.2	109.0	93.4	72.0
Alcohol-Impaired Driving Deaths - Percentage of driving deaths with alcohol involvement ²⁶	33%	67%	26%	33%
Alzheimer's Death Rate - Number of deaths caused by Alzheimer's Disease (G30), all races, all sexes per 100,000 population (age-adjusted) ²⁴	39.1	35.5	*	35.2
Cancer Death Rate - Number of deaths caused by cancer (ICD 10 codes (C00-C97) malignant neoplasms) all races, all sexes per 100,000 population (age-adjusted) ²⁴	170.4	169.1	167.6	150.6
Chronic Lower Respiratory Disease Death Rate - Number of deaths caused by chronic lower respiratory disease ICD 10 codes (J40-J47 – includes COPD), all races, all sexes per 100,000 population (age-adjusted) ²⁴	36.2	48.2	52.4	33.6
Diabetes Death Rate - Number of deaths from diabetes (ICD 10 codes (E10-E14)), all races, all sexes per 100,000 population (age-adjusted) ²⁴	14.7	*	22.3	17.8
Heart Disease Death Rate - Number of deaths from heart disease (ICD 10 codes (I00-I09, I11, I13, I20-I51)), all races, all sexes per 100,000 population (age-adjusted) ²⁴	183.8	208.2	209.6	163.1
Opioid-related Death Rate - Number of opioid-related deaths per 100,000 residents (2024) by county of residence/so far in 2025 ²⁸	45.7 /16.3	16.6/ 0	21.8/ 3.6	28.3/8.3
Suicide Deaths Number of deaths due to suicide per 100,000 population (3 year trend) / so far in 2025 ²⁵	14.3/ 9.8	16.9/ 16.7	9.7/ 3.6	9.5 / 11
Asthma - Percentage of adults with asthma ²³	13%	16%	13%	12%
Cancer - Percentage of adults with cancer (including melanoma ²³	13%	*	12%	10%
Cardiovascular Disease (CVD) - Percentage of adults with CVD ²³	11%	15%	15%	9%
Chronic Obstructive Pulmonary Disease (COPD) - Percentage of adults with COPD ²³	9%	*	11%	7%
Depressive Disorder - Percentage of adults with depressive disorder ²³	29%	28%	22%	25%
Diabetes - Percentage of adults with diabetes ²³	13%	*	10%	9%
Hypertension - Percentage of adults with hypertension ²³	37%	36%	41%	32%
High Cholesterol - Percentage of adults with high cholesterol ²³	35%	33%	37%	33%

2024" (<https://www.healthvermont.gov/sites/default/files/document/hs-i-injury-2024-suicide-report.pdf>) and "Suicide Surveillance Interactive Dashboard" (<https://www.healthvermont.gov/stats/data-reporting-topic/suicide-data>), accessed September 26, 2025

²⁶ University of Wisconsin Population Health Institute, "County Health Rankings & Roadmaps 2025" (www.countyhealthrankings.org) and (<https://www.countyhealthrankings.org/health-data/vermont/data-and-resources>), accessed July 15, 2025

²⁷ National Institute on Minority Health and Health Disparities, "HDPulse: An Ecosystem of Minority Health and Health Disparities Resources Interactive Data Portal"

²⁸ Vermont Department of Health, "Fatal Opioid Overdoses Among Vermonters Annual 2024 Data Brief"

(<https://www.healthvermont.gov/sites/default/files/document/dsu-fatal-opioid-overdoses-2024.pdf>) and "Opioid Overdose Interactive Dashboard" (<https://www.healthvermont.gov/stats/data-reporting-topic/opioid-overdose-dashboard>), accessed September 26, 2025

Tooth Extraction - Forty-two percent of adults ages 45-64 have had at least one permanent tooth removed ²²	55%	54%	52%	42%
Total Tooth Loss - Percentage of adults aged >=65 years who have lost all teeth ²¹	15%	20%	13%	10%
Red indicates worse than VT / Green indicates better than VT / Bold = Better or worse by more than 5% points (where applicable) / *= Data suppressed due to low numbers or low confidence				

Length and Quality of Life

Life expectancy in the region tends to be slightly lower than the state average.²⁹ Older individuals often experience social isolation due to geographic distance, limited transportation, and a smaller social support network, all of which can negatively affect mental and physical health. Adults in the NEK report **lower rates of good or very good health³⁰ and social and emotional support,³¹ and higher levels of loneliness/social isolation³² and frequent physical distress.**³³ Adults in Caledonia and Essex Counties report more frequent mental distress than the State average.³⁴

Mental health is influenced by community connectedness, and many NEK Focus Group participants noted that living in a rural area makes it challenging to form close connections with the community. Only 49% of NEK Community Survey respondents state that they do feel connected to others in the community, and people who indicated that they do not feel connected to the community were much more likely to report “Poor” or “Fair” mental health. The **lack of social connectedness exacerbates feelings of isolation**, a phenomenon that is already more prevalent in the rural NEK region.

As indicated in Table 2 above, the **three-year trend rate of suicide deaths in all three NEK counties is higher than the rate in Vermont.**³⁵

And it's not just older NEK community members who report **significant mental health and quality of life challenges**. Young individuals (age 18-34) who responded to the NEK Community Survey were more likely to report “Poor” or “Fair” mental health (15% and 42%, respectively) than other age categories.

“I see a lot of young children in school that have gone through traumas. Children can’t express their emotions, and it builds up into adulthood.” – NEK Focus Group Participant

High school youth in the NEK report **poor mental health, high anxiety and higher rates of being bullied than other high school youth in the State**. NEK high school youth also report **lower levels of feeling like they matter to community**. High Schoolers in Essex and Orleans Counties report significantly higher levels of depression compared to the State average.³⁶

Middle school youth in the NEK report **higher rates of depression and rates of being bullied than other middle school youth in the State, and lower levels of getting the help they need and feeling like they matter to community**. Middle Schoolers in Caledonia and Essex Counties report higher rates of self-harm, suicidal

²⁹ University of Wisconsin Population Health Institute, “County Health Rankings & Roadmaps 2025”

³⁰ Vermont Department of Health, “Behavioral Risk Factor Surveillance System 2023 Report”

³¹ Vermont Department of Health, “Behavioral Risk Factor Surveillance System 2022 Report”

³² Ibid

³³ Vermont Department of Health, “Behavioral Risk Factor Surveillance System 2023 Report”

³⁴ Ibid

³⁵ Vermont Department of Health, “Annual Suicide Data Report 2024”

³⁶ Vermont Department of Health, “2023 Vermont Youth Risk Behavior Survey Data for Caledonia, Essex and Orleans Counties”

(<https://www.healthvermont.gov/stats/population-health-surveys-data/youth-risk-behavior-survey-yrb>), accessed September 6, 2025

thoughts and suicide attempts than State averages. Twenty-five percent of middle Schoolers in Essex County report that they have ever made a suicide plan.³⁷

Table 3. Key Quality of Life and Mental Health Indicators^{29, 30, 31, 36}

Indicator	Caledonia	Essex	Orleans	VT
Life Expectancy - Average number of years people are expected to live ²⁹	77	77	76	79
Premature Death - Years of potential life lost before age 75 per 100,000 population (age-adjusted) ²⁹	8,885	9,787	8,961	7,142
Adult Poor or Fair Health - Percentage of adults reporting fair or poor health ³⁰	17%	23%	19%	14%
Adult Feelings of Loneliness - Percentage of adults reporting that they always, usually or sometimes feel lonely ³¹	36%	35%	36%	33%
Adult Lack of Social and Emotional Support - Percentage of adults reporting that they rarely or never get the social and emotional support they need ³¹	9%	16%	10%	8%
Adult Frequent Physical Distress - Percentage of adults reporting 14 or more days of poor physical health per month ³⁰	13%	21%	14%	12%
Adult Frequent Mental Distress - Percentage of adults reporting 14 or more days of poor mental health per month ³⁰	18%	19%	15%	16%
High School Youth Poor Mental Health - Percentage of high-school students who reported that their mental health was most of the time or always not good, past 30 days ³⁶	38%	42%	37%	34%
High School Youth High Anxiety - Percentage of high-school students who reported that most of the time or always feel bothered by feeling nervous, anxious, or on edge, past year ³⁶	38%	47%	37%	36%
High School Youth Depression - Percentage of high-school students who felt sad or hopeless, past year ³⁶	24%	36%	34%	29%
High School Youth Bullied - Were bullied, past 30 days ³⁶	23%	28%	26%	21%
High School Youth Mattering to Community - Percentage of high-school students who strongly agree or agree that in their community they feel like they matter to people ³⁶	48%	40%	46%	54%
Middle School Youth Poor Mental Health - Percentage of middle-school students who reported that their mental health was most of the time or always not good during, past 30 days ³⁶	25%	34%	27%	25%
Middle School Youth Self-Harm - Percentage of middle-school students who have ever done something to purposely hurt themselves without wanting to die, such as cutting or burning themselves on purpose ³⁶	23%	26%	20%	21%
Middle School Youth Depression - Percentage of middle-school students who felt sad or hopeless, past year ³⁶	26%	29%	30%	24%
Middle School Youth Bullied - Were bullied, past 30 days ³⁶	30%	38%	34%	27%
Middle School Youth Suicidal Thoughts - Percentage of middle-school students who ever seriously thought about killing themselves ³⁶	23%	29%	19%	20%
Middle School Youth Suicide Plan - Percentage of middle-school students who ever made a plan about how they would kill themselves ³⁶	15%	25%	14%	15%
Middle School Youth Suicide Attempt - Percentage of middle-school students who ever tried to kill themselves ³⁶	8%	14%	7%	7%
Middle School Youth Getting Needed Help - Percentage of middle-school students who most of the time or always get the kind of help they need, among those who felt sad, angry, hopeless, or anxious ³⁶	39%	28%	35%	41%
Middle School Youth Mattering to Community - Percentage of middle-school students who strongly agree or agree that in their community they feel like they matter to people ³⁶	48%	48%	53%	56%
Red indicates worse than VT / Green indicates better than VT / Bold = Better or worse by more than 5% points (where applicable) / * = Data suppressed due to low numbers or low confidence				

Risk and Behavioral Factors

³⁷ Ibid

Obesity rates in the NEK region are higher than the state average,³⁸ contributing to related chronic conditions such as diabetes, hypertension, and heart disease. NEK residents lead more sedentary lifestyles, despite the perceived abundance of outdoor recreation opportunities in the Northeast Kingdom.³⁹

Despite the perception of ample outdoor space for physical activity in Vermont, **very few NEK residents live within ½ mile to an outdoor park**, created to facilitate safe access; and the **percentage of the NEK population that reports adequate access to locations for physical activity is significantly lower compared to Vermonters as a whole** (56% in Caledonia, 48% in Orleans, 32% in Essex vs. 70% in Vermont).⁴⁰

NEK Focus Group participants shared that it is more **challenging to participate in physical activity in the winter**, especially since the closure of Newport's Indoor Recreation of Orleans County (IROC) center. Recent closure of the St. Johnsbury Academy Pool facility was also mentioned by an NCHC Board Member Survey respondent, ***"I miss the pool, and I think it is a loss to the community - especially to teach people --especially kids -- enough water safety skills to prevent drowning."***

NEK Focus Group participants cited additional **barriers to physical activity for adults**:

- ***"It's hard to prioritize self when life is busy, and I'm in survival mode."***
- ***"There isn't access to an affordable fitness center."***
- ***"Stigma prevents people from going to a fitness center."***

Northeast Kingdom residents face many **challenges related to substance use**. Although rates of adult binge drinking in the NEK are at or a bit better than State averages, smoking rates in Caledonia and Orleans counties are higher than the State average, contributing to respiratory diseases and cancers.⁴¹ As stated by one NEK Focus Group participant, ***"Chronic physical and mental pain leads to self-medication."***

As reported above, the rate of **opioid-related deaths is much higher in Caledonia County as compared to Vermont** (47.5/100,000 residents vs. 28.3/100,000 residents, respectively). The current **rate of ED Visits for opioid overdose in Caledonia and Orleans Counties is also higher than the VT rate**.⁴²

High School youth in the Northeast Kingdom report higher rates of obesity, physical inactivity and lower rates of vegetable consumption.⁴³

Substance use among youth in Orleans and Essex County is a significant issue, with some prevalence rates doubling those of the State (see Table 4 below). **Higher rates of High Schoolers in all three NEK counties reported ever living with a parent or guardian who was having a problem with alcohol or drug use than in VT as a whole** (40% in Essex County vs. 27% in VT). Double the percentage of Middle Schoolers in Orleans County reported currently using alcohol than VT Middle Schoolers as a whole (10% vs. 5%, respectively).⁴⁴ ***"Alcohol use is normalized...and drinking and driving."*** – NEK Focus Group Participant

Table 4. Risk Factors and Behaviors Indicators^{38, 40, 42, 43}

Indicators	Caledonia	Essex	Orleans	VT
Adult Obesity - Percentage of adults age 20+ with BMI-defined obesity ³⁸	29%	48%	38%	29%

³⁸ Vermont Department of Health, "Behavioral Risk Factor Surveillance System 2023 Report"

³⁹ Ibid

⁴⁰ University of Wisconsin Population Health Institute, "County Health Rankings & Roadmaps 2025"

⁴¹ Vermont Department of Health, "Behavioral Risk Factor Surveillance System 2023 Report"

⁴² Vermont Department of Health, "Fatal Opioid Overdoses Among Vermonters Annual 2024 Data Brief" and "Opioid Overdose Interactive Dashboard"

⁴³ Vermont Department of Health, "2023 Vermont Youth Risk Behavior Survey Data for Caledonia, Essex and Orleans Counties"

⁴⁴ Ibid

Adult Physical Activity – Percentage of adults meeting aerobic physical activity recommendations ³⁸	59%	51%	57%	64%
Adult Physical Inactivity - Percentage of adults age 18 and over reporting no leisure-time physical activity during the previous month ³⁸	27%	22%	25%	20%
Access to Exercise Opportunities - Percentage of population with adequate access to locations for physical activity ⁴⁰	56%	32%	48%	70%
Access to Parks - Percentage of the population living within a ½ mile of a park ⁴⁰	0%	13%	5%	24%
Adult Binge Drinking - Percentage of adults reporting binge drinking (defined as five or more drinks on an occasion for males and four or more for females) ³⁸	14%	16%	17%	17%
Adult Smoking - Percentage of adults who report smoking cigarettes ³⁸	18%	11%	15%	12%
Emergency Room (ED) Visit Rate for Opioid Overdose – Number of ED visits for opioid overdose by county of residence per 10,000 ED visits (so far 2025) ⁴²	26.5	*	22.4	17.1
High School Youth Overweight - Are overweight ⁴³	20%	9%	16%	14%
High School Youth Obesity - Are obese ⁴³	17%	29%	15%	14%
High School Youth Physical Inactivity - Did not participate in at least 60 minutes of physical activity on at least 1 day, past week ⁴³	13%	29%	15%	13%
High School Youth Vegetable Consumption - Did not eat vegetables, past week ⁴³	11%	*	7%	6%
High School Youth Drinking and Driving - Drove a car or other vehicle when they had been drinking alcohol, among students who drive, past 30 days ⁴³	4%	*	12%	7%
High School Youth Drinking and Riding - Rode with a driver who had been drinking alcohol, past 30 days ⁴³	19%	16%	26%	19%
High School Youth Alcohol - Ever drank alcohol ⁴³	42%	60%	57%	49%
High School Youth EVP - Ever tried an electronic vapor product (EVP) ⁴³	31%	48%	39%	32%
High School Youth Marijuana - Ever tried marijuana ⁴³	28%	40%	36%	35%
High School Youth Early Alcohol Use - Had first drink of alcohol before age 13 ⁴³	13%	16%	20%	14%
High School Youth Early EVP Use - First tried an EVP before age 13 ⁴³	6%	12%	12%	7%
High School Youth Current Smoking - Currently smoked cigarettes or cigars or used smokeless tobacco or electronic vapor products ⁴³	17%	25%	24%	18%
High School Youth Current EVP Use - Currently use EVP ⁴³	14%	19%	23%	16%
High School Youth Current Alcohol Use - Currently drank alcohol ⁴³	18%	31%	35%	27%
High School Youth Binge Drinking - Binge drank, past 30 days ⁴³	9%	12%	22%	13%
High School Youth Household Substance Use - Ever lived with a parent or guardian who was having a problem with alcohol or drug use ⁴³	28%	40%	35%	27%
Middle School Youth Drinking and Riding - Ever rode with a driver who had been drinking alcohol ⁴³	23%	19%	25%	19%
Middle School Youth Alcohol - Ever drank alcohol ⁴³	20%	20%	25%	19%
Middle School Youth Prescription Misuse - Ever misused a prescription pain medicine ⁴³	5%	12%	8%	7%
Middle School Youth Current Alcohol Use - Currently drank alcohol ⁴³	4%	4%	10%	5%
Red indicates worse than VT / Green indicates better than VT / Bold = Better or worse by more than 5% points (where applicable) / * = Data suppressed due to low numbers or low confidence				

Non-medical Health-related Needs and Barriers

The Northeast Kingdom faces significant non-medical health-related needs that impact the quality of physical health and mental well-being. **Across the three NEK counties, educational attainment falls significantly below the state's average,⁴⁵ unemployment is higher⁴⁶ and median household income is significantly lower.⁴⁷**

⁴⁵ U.S. Census Bureau, "QuickFacts Data Interactive Tool"

⁴⁶ Vermont Department of Labor, "Labor Market Data by County Interactive Dashboard" (<https://labor.vermont.gov/labor-market-information/county-data>), accessed September 23, 2025

⁴⁷ U.S. Census Bureau, "Small Area Income and Poverty Estimates (SAIPE) State and County Estimates for 2023" (<https://www.census.gov/data/datasets/2023/demo/saipe/2023-state-and-county.html>), accessed October 1, 2025

Unemployment negatively impacts both physical and mental health. Jobless individuals report higher rates of depression, anxiety, low self-esteem, and physical pain, and they are more prone to stress-related illnesses like heart disease and high blood pressure. Importantly, even job insecurity, downsizing, and underemployment carry similar risks for overall well-being.⁴⁸

NEK Community Focus Group participants shared the **difficulty of finding employment that provides adequate compensation to support a family, as the cost of living is too high**. Over 50% of NEK Community Survey respondents also disagreed with the statement that “people can get good jobs in the community.”

A person’s socioeconomic status (income level, poverty, educational attainment) is one of the strongest predictors of health. “In a study of societal health burden and life expectancy, **social and economic factors accounted for two of the three largest impacts on health and life expectancy**. Experiencing poverty or near poverty (living at incomes below 200 percent of the federal poverty level) imposed the greatest burden and lowered quality-adjusted life expectancy more than any other risk factor.”⁴⁹

Poverty profoundly limits both opportunities and access to resources essential for healthy behaviors. It also negatively impacts a community’s physical environment and the availability of services, all of which independently affect health outcomes. Not having enough money to meet basic economic needs often contributes to a person delaying preventative and non-urgent care. Furthermore, the cumulative effect of poverty over the life course is significant. Studies show that the longer a child lives in poverty, the more likely they are to have elevated cortisol levels (a stress hormone) and a dysregulated cardiovascular response to acute stressors. These physiological changes can hinder cognitive development and increase the risk of developing chronic diseases later in life.

The percentage of persons living in poverty in the NEK is 14% compared to Vermont at 10%. Significantly, **the number of children living in poverty in the NEK is striking. The statewide average is 10%, while it is 16% in Caledonia County, 18% Orleans County, and 19% in Essex County.**⁵⁰ The effects of poverty last a lifetime.

“Aging at home is hard, it’s a good place to age but caregivers are hard to find. Most are family members who are stretched. Finances are tight and costs for cleaning and cooking services are not affordable to many elderly.” - NCHC Employee Survey Respondent

“Older adults are unable to afford life due to rising costs in meds, housing, taxes, and fixed incomes.”
- NCHC Employee Survey Respondent

“Safe and stable housing has been associated with improved health and well-being. For example, housing instability among families has been associated with fair or poor caregiver and child health, maternal depressive symptoms, child lifetime hospitalizations, and household material hardships, such as food insecurity and foregone care.”⁵¹

⁴⁸ U.S. Department of Health and Human Service, Office of Disease Prevention and Health Promotion (ODPHP), “Health People 2030: Employment” webpage (<https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/employment>), accessed September 17, 2025

⁴⁹ Whitman, A.; De Lew, N.; Chappel, A.; Aysola, V.; Zuckerman, R.; Sommers, B.; U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation (ASPE), “Addressing Social Determinants of Health: Examples of Successful Evidence-Based Strategies and Current Federal Efforts” Report (April 1, 2022) (<https://aspe.hhs.gov/sites/default/files/documents/e2b650cd64cf84aae8ff0fae7474af82/SDOH-Evidence-Review.pdf>), accessed August 28, 2025

⁵⁰ U.S. Census Bureau, “Small Area Income and Poverty Estimates (SAIPE) State and County Estimates for 2023”

⁵¹ U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation (ASPE), “Addressing Social Determinants of Health: Examples of Successful Evidence-Based Strategies and Current Federal Efforts”

Vermont is facing a well-documented housing crisis, with a shortage of housing across all market levels. The latest findings from the most recent Vermont Housing Needs Assessment confirms a deepening statewide housing crisis in Vermont, including the NEK, resulting in significant financial pressure on residents. **The existing statewide shortage of affordable housing for lower-income households, exacerbated by the COVID-19 pandemic and resulting market changes, has reached a critical point.** Factors including the slow rate of new construction and elevated building costs have driven vacancy rates to near-record lows, caused substantial increases in home prices and rents, and led to a dramatic rise in homelessness. The report projects that Vermont must construct approximately 36,000 additional year-round homes during the 2025-2029 period to meet projected demand, normalize vacancy rates, address homelessness, and replace stock lost to events like flooding.⁵²

Additionally, the existing housing stock within the NEK is the oldest in the State, with an estimated 29% built before 1940, and a median home built in 1974. **The older age of the homes lend to higher maintenance and heating costs, further straining the population of Vermont with the lowest income.**⁵³ **Residents in all three NEK counties report housing insecurity at a higher rate than Vermonters as a whole,**⁵⁴ and a higher percentage of households in Essex and Orleans counties report severe housing issues than Vermonters.⁵⁵

Only 16% of NEK Community Survey respondents agree that housing is available in their community, and 76% of respondents say that the ability of people to afford a house has worsened over the past few years. Based on survey respondents, views on housing seem to correlate with age: individuals in the 35-44 range are significantly more likely to indicate that housing is not available, and those aged 45-54 are more likely to suggest that they are unsure whether housing is available. Those aged 75 and above are much more likely to indicate that housing is available – though that too seems to be starting to shift.

Participants from an older adults focus group shared the **need for senior living communities** and pointed out the **lack of low income housing in the area**.

- ***Affordable housing for our aging populations and young adults is in demand.*** – NEK Community Survey Respondent
- ***It has gotten too expensive to keep homes to retire in Vermont.*** – NCHC Board Member Survey Respondent
- ***The rise in housing prices, as well as the lack of homes to rent, is a contributing factor in the community's rise in homelessness.*** – NCHC Employee Survey Respondent

Participants in a low-income focus group stated that **homelessness has become more visible in the Northeast Kingdom over the past few years**, and people need help completing forms, applying for financial assistance, and receiving support for back rent. ***"It's scary, really scary being on the street. It's cold."*** – NEK Focus Group Participant

Transportation is essential for people to safely and reliably reach key everyday destinations like jobs, schools, grocery stores, and healthcare facilities. When transportation systems fail, access to medical care suffers

⁵² Vermont Agency of Commerce and Community Development (ACCD), "Vermont Housing Needs Assessment 2025-2029" (https://outside.vermont.gov/agency/ACCD/ACCD_Web_Docs/Housing/Housing-Needs-Assessment/2025-2029/VT-HNA-2025.pdf), accessed September 17, 2025

⁵³ Ibid

⁵⁴ Vermont Department of Health, "Behavioral Risk Factor Surveillance System 2022 Report"

⁵⁵ University of Wisconsin Population Health Institute, "County Health Rankings & Roadmaps 2025"

significantly. Transportation barriers are complex, encompassing problems with infrastructure, cost, vehicle access, time burden, and distance.⁵⁶

Transportation challenges are one of the top barriers to care, which have been repeatedly validated through NCHC strategic planning and community needs assessments. **Travel in the NEK is difficult for those without reliable transportation**, and the geography and climate offer further barriers for our region's population. While the NEK region is bisected by Interstate 91, which intersects with the endpoint of Interstate 93 in St. Johnsbury, these two north-south arteries are the only major roads. Communities within the large geographic area of the NEK are linked mostly by secondary and dirt roads, which dominate the outlying areas. The NEK's rural character and cold winters continue to pose special challenges, especially regarding transportation both for our elderly and disabled population as well as the working poor who must travel great distances for jobs.

The percentage of adults reporting that lack of reliable transportation kept someone (in their household) from medical appointments, meetings, work or from getting things needed for daily living is 6% in Vermont;⁵⁷ and 6% in Orleans County, 7% in Caledonia County, and 8% in Essex County.⁵⁸

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

Reliable motor vehicles are still unaffordable for a large portion of our population whose median household incomes lag behind the State average by over 20%,⁵⁹ and the climate makes motor vehicle upkeep prohibitively expensive. Taxi services and Uber is limited, and the only public transportation in the service area is provided by Rural Community Transportation (RCT). RCT already provides very low cost and/or free transportation to patients, especially Medicaid patients, but there are limitations to their service including giving adequate notice of need, established routes, limited ability to schedule last minute/urgent transportation, etc. As described by NCHC Employee Survey respondents:

- ***"... (I) know that RCT has reduced some bus schedules."***
- ***"Many patients schedule rides with RCT only to have the ride cancelled the day before their appointment. Then, trying to reschedule appointments puts them a step back in their medical needs."***
- ***"RCT has had challenges finding drivers. many times patient's wait for referrals then can't go because there was no driver. I feel RCT offers many services but they are struggling with filling jobs."***

Access to **affordable, healthy food** in retail and food service environments directly supports better nutrition and health. If healthy choices are not readily available, consumers are typically driven toward foods that provide more calories but less nutritional value.⁶⁰

Though NEK communities generally have access to healthy food,⁶¹ the **affordability of healthy, nutritious food is a barrier and a contributing factor to food insecurity. Food insecurity across the NEK and in the childhood population specifically, is higher in the NEK than in Vermont as a whole.**⁶²

⁵⁶ U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation (ASPE), "Addressing Social Determinants of Health: Examples of Successful Evidence-Based Strategies and Current Federal Efforts"

⁵⁷ Vermont Department of Health, "Behavioral Risk Factor Surveillance System 2023 Report"

⁵⁸ Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health; "PLACES Data Online 2024"

⁵⁹ U.S. Census Bureau, "Small Area Income and Poverty Estimates (SAIPE) State and County Estimates for 2023"

⁶⁰ U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation (ASPE), "Addressing Social Determinants of Health: Examples of Successful Evidence-Based Strategies and Current Federal Efforts"

⁶¹ University of Wisconsin Population Health Institute, "County Health Rankings & Roadmaps 2025"

⁶² Feeding America "Map the Meal Gap Interactive Data Tool" (<https://map.feedingamerica.org/county/2023/overall/vermont>), accessed September 23, 2025

Sixty-nine Percent (69%) of NEK Community Survey disagreed with the statement that healthy food is affordable in their community, and 42% of survey respondents said that **access to healthy and affordable food has worsened in the last few years**. This isn't simply an issue for unemployed individuals. NEK Community Survey respondents that indicated they are employed fulltime were *more likely* to disagree that "Healthy food is affordable" than those not employed fulltime (81% vs 64%). NEK Focus Group participants reported that there is a stigma surrounding seeking help to access nutritious food, as well as financial constraints that make it difficult to purchase fresh food.

Limited or nonexistent broadband internet access is a major barrier to digital advancements designed to help address the chronic illness crisis in rural America. In many rural communities—particularly those identified as "dead zones" due to low connectivity, high poverty, and lack of healthcare specialists—patients with conditions like diabetes and kidney failure cannot use remote monitoring devices or reliably participate in telehealth visits. Despite funding earmarked to expand internet infrastructure, the money has been slow to reach the communities that need it, leaving millions of rural Americans to live with poorer health outcomes that are directly linked to their lack of digital access.⁶³ This is the situation for many of our most rural patients.

Only 85% of residents in Caledonia County and 84% in Essex County report that their household has access to broadband internet service compared to 88% in Vermont as a whole,⁶⁴ leaving **many of those who would benefit the most, unable to access telehealth and remote patient monitoring offerings**. As an NCHC Employee Survey respondent wrote about urgent needs for the community, "*Internet access is still a major concern.*"

Table 5. Non-medical Health-related Needs Indicators^{45, 46, 47, 54, 55, 57, 58, 61}

Indicator	Caledonia	Essex	Orleans	VT
High School Graduation – Percentage of persons age 25 years+ who are a high school graduate or higher ⁴⁵	94%	89%	92%	95%
College Degree - Percentage of persons age 25 years+ with a Bachelor's degree or higher ⁴⁵	32%	21%	29%	43%
Unemployment Rate - Number of unemployed individuals divided by total labor force of a population, expressed as a percent ⁴⁶	2.6%	3.6%	3.3%	2.5%
Median Household Income - The income where half of households in a defined geographical jurisdiction earn more and half of households earn less ⁴⁷	\$64,000	\$58,000	\$60,000	\$81,000
Persons in Poverty - Percentage of population in poverty, all ages ⁴⁷	14%	14%	14%	10%
Childhood Poverty - Percentage of people under age 18 in poverty ⁴⁷	16%	19%	18%	10%
Housing Insecurity - Percentage of adults reporting they were unable to pay their mortgage, rent or utilities sometime in the past year ⁵⁴	10%	12%	9%	7%
Severe Housing Problems - Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities ⁵⁵	15%	17%	16%	15%
Transportation Insecurity – Percentage of adults reporting lack of reliable transportation that kept someone from medical appointments, meetings, work or from getting things needed for daily living ^{57 and 58}	7% ⁵⁸	8% ⁵⁸	6% ⁵⁸	6% ⁵⁷
Limited Access to Healthy Food - Percentage of population who are low-income and do not live close to a grocery store. ⁵⁵	2%	10%	4%	3%
Food Insecurity - Percentage of population who lack adequate access to food ⁶¹	14%	14%	16%	12%

⁶³ The Commonwealth Fund, "In Rural America, a Weak Signal Can Mean Worse Health," May 23, 2025, in The Dose, hosted by Joel Bervell, produced by Jody Becker, Mickey Capper, and Naomi Leibowitz, podcast, MP3 audio, 28:28 (<https://doi.org/10.26099/0zyb-fh21>), accessed September 17, 2025

⁶⁴ University of Wisconsin Population Health Institute, "County Health Rankings & Roadmaps 2025"

Childhood Food Insecurity - Percentage of childhood population (under age 18) who lack adequate access to food ⁶¹	18%	23%	20%	14%
Broadband Access - Percentage of households with broadband internet connection ⁵⁵	85%	84%	88%	88%
Red indicates worse than VT / Green indicates better than VT / Bold = Better or worse by more than 5% points (where applicable) / *= Data suppressed due to low numbers or low confidence				

Additional Barriers to Access and Care

NEK Community Survey respondents who had trouble accessing the services they needed shared what got in the way of receiving those services. Nearly 25% of respondents stated that the **wait time was too long**, 22% said that the **services were not available in the area**, 23% shared that the **cost was too high**, 23% said that **new patients were not being accepted**, and 10% said mistrust, fear, and anxiety prevented them from accessing the services they needed.

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

“My provider left the practice. The practice said none of the other providers were available, and I needed to wait for a new provider to start.” – NCHC Board Member Survey Respondent

The escalating crisis of **physician burnout and staffing shortages** is critically undermining healthcare access across rural America, creating "medical deserts." Rural areas have a severely disproportionate patient-to-physician ratio (approximately 30 per 100,000 compared to 263 in urban areas), a problem exacerbated by an aging workforce that is projected to decline by 23% by 2030 due to retirements. The ongoing shortage of Primary Care Providers (PCPs) is severely impacting U.S. healthcare, leading to lengthy appointment wait times, shorter patient-physician interactions, and a decline in preventative and chronic disease care. PCPs are vital for early detection, comprehensive management, and holistic care coordination—but this workforce is dwindling due to low compensation, high rates of physician burnout, and an aging physician population facing a growing elderly patient base.⁶⁵ With millions of Americans already living in primary care deserts, this shortage is expected to worsen significantly by 2037.⁶⁶

Though Vermont ranks favorably in terms of supply and demand ratios for primary care physicians, Physician Assistants, Nurse Practitioners, nurses, behavioral health providers, and dental hygienists as a State,⁶⁷ the **vast majority of health (including behavioral health and oral health) professionals are clustered in the Burlington area, and not in rural regions like the Northeast Kingdom**. Provider to patient ratios in the NEK look much different than the State as a whole:⁶⁸

Table 6. Population to Provider Ratio Data Excerpt⁶⁸

Indicator	Caledonia	Essex	Orleans	VT
Primary Care Physicians - Ratio of population to primary care physicians	1,267:1	5,925:1	1,377:1	899:1
Mental Health Providers - Ratio of population to mental health providers	232:1	1,503:1	320:1	174:1
Dentists – Ratio of population to dentists	1,274:1	1,998:1	1,844:1	1,377:1

⁶⁵ Health Resources and Service Administration, National Center for Health Workforce Analysis, "State of the Primary Care Workforce, 2024 (November 2024)" report (<https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/state-of-the-primary-care-workforce-report-2024.pdf>), accessed July 31, 2025

⁶⁶ Health Resources and Service Administration, "Health Workforce Projections" webpage (<https://bhw.hrsa.gov/data-research/projecting-health-workforce-supply-demand>), accessed July 31, 2025

⁶⁷ Health Resources and Service Administration, "Health Workforce Projections" interactive tool (<https://data.hrsa.gov/topics/health-workforce/nchwa/workforce-projections>), accessed July 31, 2025

⁶⁸ University of Wisconsin Population Health Institute, "County Health Rankings & Roadmaps 2025"

“...we just don’t have as many doctors and dentists for people or psychiatrists or psychologists. There’s just a lack of resources as far as the professionals and access.” – NEK Community Survey Respondent

“Excellent continuum of care but not enough providers to fill it.” – NEK Focus Group Participant

“Providers (Doctors/Dentists) are at an all-time low, many retiring, not as many individuals attending medical school or staying in the NEK.” - NCHC Employee Survey Respondent

Despite this, the percentage of NEK adults who report having a personal health care provider (PCP) compares closely (Orleans) or favorably (Caledonia and Essex) to Vermonters as a whole, and a higher percentage of adults in all three NEK counties report attending a routine doctor visit in the past year than the State average.⁶⁹

Behavioral Health

The ratio of the population to mental health provider is much higher in the NEK than in Vermont as a whole (232:1 in Caledonia, 320: 1 in Orleans and 1,503:1 in Essex vs. 174:1 in VT).⁷⁰

NEK Community Survey respondents noted access to mental health resources is a barrier across the region, with only 28% saying they can get the mental health services they need within the NEK. Topics also arose around transportation to access services, provider shortages, and lack of awareness around services that could be contributing to accessing mental health services. Over 36% of individuals say the ability to get mental health services has gotten worse in the last few years.

- *“The promised and promoted (MH) services are not actually available due to staffing shortages.”* – NEK Community Survey Respondent
- *“I was on the wait list; I don’t even know how long. A long time. I finally got in to see somebody, and I saw her two times and then she left the place, and then they were going to put me on another six month waiting list. So honestly, I just never went back.”* – NEK Focus Group Participant

NEK Focus Group participants echoed many of these sentiments regarding substance use disorder and addiction treatment services, and also spoke to the ongoing stigma when prompted to talk about barriers to care:

- *“Fear of accessing services, lack of transportation, affordability.”*
- *“Not enough, long enough, affordable treatment to support the struggle and the MH diagnosis behind the addiction.”*
- *“Substance use causes anxiety and embarrassment to access care.”*

“I think we need to have different options for substance treatment services, alternative treatments, as what we currently have does not seem to meet people’s needs.” - NCHC Employee Survey Respondent

In a 2022 joint study conducted by the VT Agency of Human Services (AHS), Green Mountain Care Board and VT Department of Financial Regulation which focused on assessing wait times to access specialty services including Addiction Services, Pain Management and Psychiatry, using three different means (“secret shopper calls”, chat review and hospital survey data); the average wait time to access pain management services was 38.7 days, addiction services 51.5 days, and psychiatry services 63 days.⁷¹

⁶⁹ Vermont Department of Health, “Behavioral Risk Factor Surveillance System 2023 Report”

⁷⁰ University of Wisconsin Population Health Institute, “County Health Rankings & Roadmaps 2025”

⁷¹ State of Vermont, Department of Financial Regulation, “VT Interagency Health Services Wait Times Report” (<https://dfr.vermont.gov/document/health-services-wait-times-report>), accessed August 24, 2025

Table 7. Vermont Behavioral Health Wait Times⁷¹

Specialty	From “Secret Shopper Calls”	From PCP Chart Review	From VT Hospital Survey	Average
Psychiatry	53 days	82 days	54 days	63 days
Addiction Services	57 days	-	46 days	51.5 days
Pain Management	37 days	39 days	40 days	38.7 days

This **unmet need for behavioral health services** can also be illustrated through two maps from the Health Services Wait Time Report which show large parts of the NEK (upper right hand corner) in grey for Access to Psychiatry and Mental Health Services and Substance Abuse Providers for both ACA-insured individuals and those covered by Medicaid:



Dental Care

According to HRSA Workforce Projections tool, the current 2025 adequacy of General Dentists to demand is at 83% adequacy, in Vermont.⁷² A recent Oral Health Landscape report reveals that Vermonters face **major obstacles in accessing affordable, quality dental care due to a severe and rapid decline in the dental**

⁷² Health Resources and Service Administration, “Health Workforce Projections” interactive tool

workforce. Vermont's children are experiencing worse dental health, a problem exacerbated by the state's rapid loss of dentists—a decline faster than almost any other state—over the past five years (Vermont's dentist-per-capita rate dropped by 14.4% between 2019 and 2022). This shortage is particularly acute in low-income and rural counties like those in the NEK, where a low rate of providers coincides with a high concentration of Medicaid enrollees.⁷³

Though, the dentist to provider ratio in Caledonia County appears favorable compared to VT as a whole,⁷⁴ this does not account for the higher prevalence of private dental practices. **Private dental practices in the area do not provide uncompensated, charity care and many cap the number of Medicaid patients they will accept.** Less than half of private dental practices in Vermont accept five or more Medicaid patients monthly. Furthermore, the report referenced above notes a slow adoption of efficient, minimally invasive care strategies by private dental practices—which could alleviate the access crisis.⁷⁵

The percentage of NEK adults who saw a dentist for any reason during the previous year is lower in the three NEK counties than in Vermont - significantly so in Essex County (61% in Caledonia, 63% in Orleans, 56% in Essex vs. 68% in Vermont).⁷⁶

This corresponds closely with responses received in the NEK Community Survey. Over 30% of NEK Community Survey respondents reported not having visited a dentist in the past year, and 40% of respondents indicated that they do not currently have dental insurance. Unemployed individuals were much more likely to report not having seen a dentist compared to others (54% vs 25%).

Interestingly enough, employed respondents to the NEK Community Survey were more likely to *disagree* with the statements that “People can get the dental services they need” (53% vs. 42%), “People can get the mental health services they need” (65% vs. 36%), and “People can get the health services they need” (54% vs. 32%) than unemployed survey respondents.

Insurance

Unequal access to **health care coverage** creates financial barriers to necessary health services. **High out-of-pocket costs and resulting medical debt often cause both insured and uninsured individuals—particularly those with lower incomes who are more likely to be uninsured—to delay or skip essential care like doctor visits, medications, and dental treatments.** This lack of coverage negatively affects health outcomes; uninsured adults are less likely to receive crucial preventive services for chronic diseases, while uninsured children miss out on vital care such as immunizations, dental check-ups, and developmental well-child visits.

The percentage of Caledonia County adults ages 18-64 who report having medical health plan coverage (96%) favorably compares to Vermont adults ages 18-64 (95%), while the percentage of adults ages 18-64 in Orleans and Essex counties who report having medical health plan coverage is lower than in VT (94% and 90%, respectively).⁷⁷

⁷³ Voices for Vermont's Children, "Vermont Oral Health Equity Landscape Report (November 2024)"

(<https://static1.squarespace.com/static/5ad799f05417fc86cf8ed918/t/6736a2d32ecb61444835285f/1731633877895/Oral+Health+Equity+Landscape+Report+-+FINAL+.pdf>), accessed August 24, 2025

⁷⁴ University of Wisconsin Population Health Institute, "County Health Rankings & Roadmaps 2025"

⁷⁵ Voices for Vermont's Children, "Vermont Oral Health Equity Landscape Report (November 2024)"

⁷⁶ University of Wisconsin Population Health Institute, "County Health Rankings & Roadmaps 2025"

⁷⁷ Vermont Department of Health, "Behavioral Risk Factor Surveillance System 2022 Report"

The percentage of uninsured NEK residents age 0-64 is higher than VT, as is the percentage of uninsured children age 0-18.⁷⁸

The fear and uncertainty around the cost, affordability and financial burden of services and any next steps (referrals to specialty care, blood or lab tests, etc.) is a theme repeated through all of the NEK surveys and focus groups.

- *“...Costs and copays are unaffordable to many.”* - NCHC Employee Survey Respondent
- *“Insurance coverage is a barrier to care. The gap between Medicaid and private insurance is too big...Large deductibles and low coverage.”* – NEK Focus Group Participant
- *“Navigating insurance is difficult. There is no way to really know how much something will cost, and it is difficult to know which medications will be covered and what the out-of-pocket cost will be especially for those with diabetes.”* - NCHC Employee Survey Respondent

NEK Focus Group participants made the connection and placed emphasis on the **need to promote services in the area because they did not believe people in the NEK are aware of all the resources in the community that could be of assistance.**

- *“Accessibility of services is often limited however by individuals' awareness of available services, particularly Recovery support, MH and dental care.”* – NCHC Employee Survey Respondent
- *“As a student, I'm not sure what resources are available outside of school.”* - NEK Focus Group Participant

Table 8. Access to Care Indicators^{68, 69,77, 78}

Indicator	Caledonia	Essex	Orleans	VT
Primary Care Physicians - Ratio of population to primary care physicians ⁶⁸	1,267:1	5,925:1	1,377:1	899:1
Adult Medical Health Care Access – Provider – Percentage of adults who report having a personal health care provider (PCP) ⁶⁹	92%	94%	90%	91%
Adult Routine Doctor Visit – Percentage of adults reporting a routine doctor visit in the past year ⁶⁹	78%	79%	82%	77%
Mental Health Providers - Ratio of population to mental health providers ⁶⁸	232:1	1,503:1	320:1	174:1
Dentists – Ratio of population to dentists ⁶⁸	1,274:1	1,998:1	1,844:1	1,377:1
Adult Dentist Visit Past Year – Percentage of adults who saw a dentist for any reason during the previous year ⁷⁷	61%	56%	63%	68%
Adult Medical Health Plan Coverage – Percentage of adults ages 18-64 who have health plan coverage ⁶⁹	96%	90%	94%	95%
Uninsured Under Age 65 - Percentage of population ages 0-64 without insurance ⁷⁸	4.7%	5.4%	5.2%	4.6%
Uninsured Under Age 19 - Percentage of population ages 0-18 without insurance ⁷⁸	2.1%	2.5%	2.3%	2.0%
Red indicates worse than VT / Green indicates better than VT / Bold = Better or worse by more than 5% points (where applicable) / *= Data suppressed due to low numbers or low confidence				

Impact of Recent or Potential Changes in the Local Health Care Landscape

The health care landscape in the NEK is in a constant state of evolution, impacted by State and Federal changes, and with several recent and potential changes poised to affect the needs of the target population and NCHC's response. The continued decline of rural health infrastructure within and outside the region may increase the patient volume and complexity of care required from NCHC as a comprehensive, community-

⁷⁸ U.S. Census Bureau, “Small Area Health Insurance Estimates 2023” (https://www.census.gov/data-tools/demo/sahie/#/?s_searchtype=sc), accessed on September 12, 2025

based provider. On the other hand, State reform efforts may provide opportunities to stabilize primary care, home health and hospice, and the surrounding system of care.

Challenges from Changes to Local Health Care Landscape

Health Reform and Affordability

According to the Vermont Agency of Human Services Health Care Transformation Team report to the VT Joint Fiscal Office Health Care Reform Oversight Committee in a presentation on October 9th, 2025:

- “Health insurance costs and out-of-pocket limits have gone up significantly over the past 10 years.
- More than half of the state’s hospitals are operating at a loss.
- Vermont’s health insurers are facing financial sustainability issues.
- Vermonters are experiencing long wait times for primary and specialty care.
- Gaps in community-based care results in increased use of hospitals.
- People with low incomes in rural areas have a hard time getting health care and often need help with things like housing and transportation.
- Shifts in federal health policy and funding are creating new pressures and opportunities for state reform. At the same time, Vermont’s population is aging and there are fewer working-age Vermonters.”⁷⁹

Vermont’s only Accountable Care Organization (ACO), **OneCare VT, is ceasing operations at the end of 2025.** The intended shift to the All-Payer Health Equity Approaches and Development Model (AHEAD) in 2027, with a “gap year” in 2026, leaves VT primary care providers anxious that **OneCare will end without anything to replace it.** NCHC has been receiving primary care and home health revenue for participating with OneCare over the past seven years. As reported in a VT Digger article, **“Those are dollars that fund real people that are providing service to Vermonters,”** said Mary Kate Mohlman, policy director for the Bi-State Primary Care Association.⁸⁰ Now the entire future of AHEAD is in question.⁸¹

To comply with conflict-free case management (CFCM) rules, the Vermont Agency of Human Services is finalizing **changes to state Medicaid programs offering home and community-based services (HCBS)** supported by the Department of Disability, Aging and Independent Living (DAIL). One of these programs is the Choices for Care (CFC) which has already made changes to eliminate conflicts of interest created when agencies that participate in the CFC program provide both case management and direct services. **Prior to July 2025, Caledonia Home Health Care was able to provide and be reimbursed for CFC case management services in tandem with direct care.** Now case management services (and revenue) for NEK CFC clients can only be provided by staff at the Northeast Kingdom Council on Aging (one of Vermont’s Area Agencies on Aging (AAAs).

Insurance

Blue Cross Blue Shield (BCBS) of Vermont (the only VT-based health insurance company), covers about one third of the VT population across all its plans. BCBS is facing a financial crisis after a multi-year surge in insurance claims drained its reserves. This situation, which has little recent precedent for the nonprofit, has

⁷⁹ Vermont Agency of Human Services, “Vermont Health Care Transformation presentation to the VT Joint Fiscal Office Health Reform Oversight Committee” (<https://lifo.vermont.gov/assets/Meetings/Health-Reform-Oversight-Committee/2025-10-09/20251009-AHS-HROC-Presentation.pdf>), accessed October 16, 2025

⁸⁰ Fountain, K., VT Digger (January 17,2025), “Vermont moves ahead with new federal health care payment model” online article (<https://vtidigger.org/2025/01/17/vermont-moves-ahead-with-new-federal-health-care-payment-model/>), accessed June 12, 2025

⁸¹ D’Auria, P., VT Digger (March 3,2025), “Vermont was selected for a new federal health care reform program. Under Trump, will it happen at all?” online article (<https://vtidigger.org/2025/03/03/vermont-was-selected-for-a-new-federal-health-care-reform-program-under-trump-will-it-happen-at-all/>), accessed June 12, 2025

alarmed policymakers and prompted a rush to stabilize the company. As reported in VT Digger, *“If Blue Cross cannot pay the claims, the system fails,”* said Owen Foster, the Chair of the Green Mountain Care Board.

“Federally qualified health centers, independent clinics, mental health agencies, possibly even hospitals — *“if they don’t get paid, they close their doors,”* Foster said.⁸² Added Vermont’s Chief Health Care Advocate, Mike Fisher, *“Increasing insurance premiums are a tremendous economic strain on every part of Vermont”*.⁸³

NCHC, like other FQHCs, relies heavily on Medicaid, which constitutes roughly 28% of our primary care patient population and 40% of our primary care service revenue. On the home health and hospice side it represents 19% of our service revenue. **New policy barriers to Medicaid enrollment could have widespread ripple effects throughout the system:** reduced eligibility and more patients without coverage, fewer covered services, lower reimbursement rates, increase in bad debt, hospitals consolidating or closing, and a greater burden on safety-net providers like NCHC. Proposals to cut federal Medicaid spending by \$2.3 trillion over 10 years (nearly one-third reduction in Medicaid spending) would force states to raise new revenues or reduce Medicaid spending, which would place downward pressure on any planned Medicaid payment rate increases to health care providers like NCHC. With an increased strain on resources and a wider budget gap, NCHC would be forced to grapple with tough decisions about staffing, access, and scope of services.

Around 39% of NCHC’s primary care patient population is covered by private insurance (in VT this is primarily Blue Cross Blue Shield of VT and MVP), comprising 30% of NCHC’s primary care service revenue. Private insurance and Medicare Advantage make up about 26% of home health and hospice service revenue. The **end of Affordable Care Act (ACA) subsidies could have enormous impacts on patients insured through the marketplace** – rendering insurance unaffordable and causing a different set of patients to drop or lose coverage and further NCHC’s amount of uncompensated care.⁸⁴

As a response to fiscal pressures, the two private insurers who currently cover the majority of Vermonters enrolled in Medicare Advantage (UnitedHealthcare and Blue Cross Blue Shield (Vermont Blue Advantage)), recently announced they will not offer individual Medicare Advantage plans in VT as of January 1, 2026. Though this may ultimately be positive in terms of revenue, especially for home health and hospice, there is concern. As reported in VT Digger, *“My big fear is that with the loss of the [Medicare Advantage] market, we are going to really drive up the number of Vermonters with no secondary coverage. Predictably, many of them will have costs they can’t pay for,”* said Mike Fisher, Vermont’s Chief Health Care Advocate.⁸⁵

Healthcare Services Access

Insurance reimbursement and funding instability are among the financial pressures on many Service Area and neighboring health providers (including VT FQHCs). These **pressures are prompting cuts to staff, sites and services lines which deeply impact access to care across the spectrum.**

- Lamoille Health Partners (FQHC) consolidating services and closing sites (closed its Stowe Primary Care practice in February)⁸⁶

⁸² D’Auria, P., VT Digger (May 7, 2025), “Financial struggles have pushed Vermont’s largest health insurer to the brink” online article (<https://vtdigger.org/2025/05/07/financial-struggles-have-pushed-vermonts-largest-health-insurer-to-the-brink/>), accessed June 12, 2025

⁸³ Ibid

⁸⁴ Burks, K., WCAX Online (October 15, 2025), “Vermont families could face thousands more in health care costs if ACA subsidies end” online article (<https://www.wcax.com/2025/10/15/vermont-families-could-face-thousands-more-health-care-costs-if-aca-subsidies-end/>), accessed October 17, 2025

⁸⁵ Gieger, O., VT Digger (October 13, 2025), “Vermont Blue Advantage will not sell plans at all in 2026” online article (<https://vtdigger.org/2025/10/13/vermont-blue-advantage-will-not-sell-plans-at-all-in-2026/>), accessed October 17, 2025

⁸⁶ Calvin, A., News & Citizen (February 6, 2025), “Lamoille Health Partners to close Stowe practice - Copley merger talks continue” online article (https://www.vtcng.com/news_and_citizen/news/business_news/lamoille-health-partners-to-close-stowe-practice/article_92df080c-e4ad-11ef-8d81-ebf4cd82dfb8.html), accessed June 12, 2025

- Little Rivers Health Care (FQHC) cuts to staff and planned renovations⁸⁷
- Closure of both NEK Planned Parenthood sites (Newport in 2022 and St. Johnsbury in 2025)⁸⁸
- Copley Hospital birthing center closure in 2025⁸⁹
- Northeastern Vermont Regional Hospital staff and service cuts⁹⁰

Reflecting a national trend, increasing **pharmacy closures** across VT, including in the NEK, are forcing many residents, especially those in rural areas and those without reliable transportation, to undertake long, difficult drives to access essential medications and pharmacy services. This reduction in local pharmacies, often driven by chain closures (i.e., Rite Aid), not only creates health access issues for vulnerable populations but also impacts the vitality of small-town downtowns that lose a key retail and health fixture.⁹¹

The sole Walgreens in Hardwick closed permanently at the end of September, shortly after being damaged twice by summer floods, leaving the community in a "**pharmacy desert**." As a result, residents now face a minimum 25-minute drive to the nearest pharmacy in Morrisville or a 40-minute drive to the next closest Walgreens location in Lyndon to access their medications and essential services. Large swaths of the Northeast Kingdom are now pharmacy deserts (in blue in the image below).⁹²

Vermont's pharmacy deserts are concentrated in rural areas

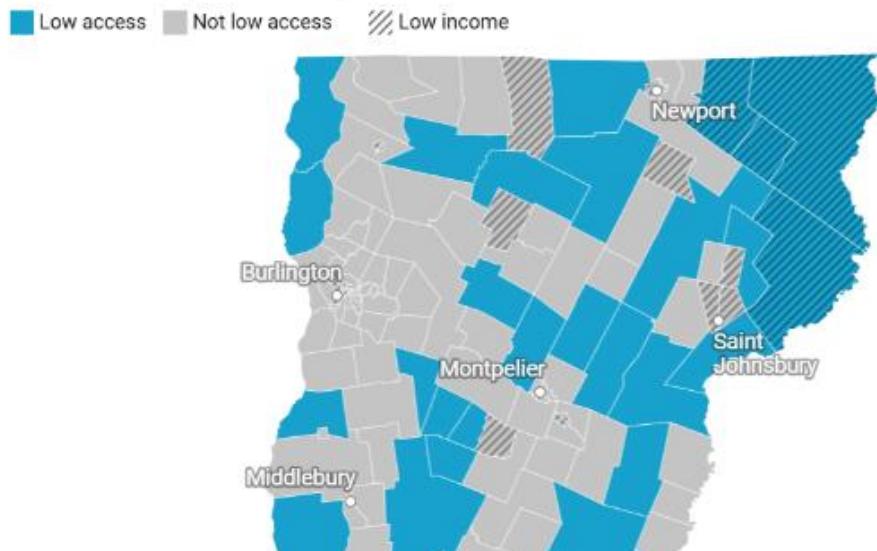


Image from VT Digger "Increasing pharmacy closures..." online article⁹¹

Natural Disasters

July 10th, 2025 marked the **third year in a row that towns in the Northeast Kingdom (NEK) experienced a major flooding event** on that exact date. While the worst damage from the 2025 floods was mostly confined

⁸⁷ D'Auria, P., VT Digger (February 28, 2025), "'Very, very financially fragile': Vermont's federally qualified health centers are struggling" online article (<https://vtdigger.org/2025/02/28/very-very-financially-fragile-vermonts-federally-qualified-health-centers-are-struggling/>), accessed June 12, 2025

⁸⁸ Sabet, H., VT Digger (April 8, 2025), "Planned Parenthood to close St. Johnsbury clinic this summer" online article (<https://vtdigger.org/2025/04/08/planned-parenthood-to-close-st-johnsbury-clinic-this-summer/>), accessed June 12, 2025

⁸⁹ Krupp, L., Vermont Public (June 23, 2025), "Copley Hospital will stop delivering babies" online article (<https://www.vermontpublic.org/local-news/2025-06-23/copley-hospital-will-stop-delivering-babies>), accessed August 28, 2025

⁹⁰ Fernandez, H., VT Digger (July 31, 2025), "Citing rising costs, St. Johnsbury hospital joins other Vermont hospitals in announcing cuts" online article (<https://vtdigger.org/2025/07/31/citing-rising-costs-st-johnsbury-hospital-joins-other-vermont-hospitals-in-announcing-cuts/>), accessed August 28, 2025

⁹¹ Fiegenbaum, K., VT Digger (December 31, 2024), "Increasing pharmacy closures mean long drives for Vermont residents, mirroring a national trend" online article (<https://vtdigger.org/2024/12/31/increasing-pharmacy-closures-mean-long-drives-for-vermont-residents-mirroring-a-national-trend/>), accessed August 28, 2025

⁹² Ibid

to small parts of remote towns like East Burke and Morgan, the destruction in those neighborhoods often exceeded what the communities experienced during the major floods of both July 2023 and July 2024. Additional homes were destroyed, homeowners were stranded, and even more longtime residents of the NEK were left on edge after experiencing their fifth catastrophic rain event in less than 13 months⁹³ (additional NEK towns were devastated by a second catastrophic flooding event July 29-30, 2024 in which two community members died).

In July 2024, the NEK was battered by powerful, back-to-back rainstorms that caused widespread flooding - Two, two-hundred year floods in the course of a month. Roads and bridges were washed out, farmland and businesses inundated, and residents faced catastrophic damage to their homes and property – some washed completely away.⁹⁴

Though the July 2023 and July 2024 events were federally declared, the **damage across the NEK was tens of millions of dollars, much of the recovery work still undone**. The NEK's regional disaster recovery group, Kingdom United Resilience and Recovery Effort (kuRRve), stood up in the wake of the 2023 flooding, estimated recovery needs for eligible NEK homeowners from 2023 and 2024 to be \$2M. That does not include businesses or the costs to damaged municipal infrastructure which was significant. As described previously, flooding caused businesses to close – some temporarily (like the Lyndon Rite Aid pharmacy which was closed for months), and then permanently as was the case for the pharmacy in Hardwick.

Many of the NEK houses damaged in the flooding events of the past three years are 30 plus years old, and most of the owners were unaware they were living in flood plains until two years ago. In each of the floods, some **houses were damaged beyond repair**, and then abandoned. Others were damaged but considered worth saving since there are so few alternatives. Even though the house might flood again, it's still cheaper to minimally repair than it is to abandon the house completely and buy a new house on higher ground in the middle of a housing shortage.

All of this damage **exacerbates the well-documented and acute housing crisis occurring in the NEK** and other parts of Vermont. Like the rest of the State, the NEK's rental vacancy rates are among the lowest in the nation – and its rates of homelessness the highest. There is **nowhere for displaced homeowners to relocate to – even temporarily**.

Workforce

Like many rural areas, the NEK faces a **persistent challenge in recruiting and retaining health care professionals**. This is a long-standing issue that has been exacerbated by national trends. The recent closure of smaller, private primary care and dental practices or the retirement of long-time physicians and dentists is creating immediate service gaps that NCHC must be prepared to absorb. Long-standing labor shortages and high turnover rates among home health and hospice direct care staff reflect demanding work, safety concerns, and low wages. With an aging population, growing sicker and with more complex needs, addressing the health care service workforce shortage through increased payment rates to certain health care providers (including primary care and home health and hospice providers) is a priority in VT as in almost every state. However, higher payment rates from VT to health care providers like NCHC which would enable NCHC to make

⁹³ Fernandez, H., VT Digger (July 11, 2025), “‘We’ve lost everything’: Northeast Kingdom residents react and rebuild after a 3rd year of July flooding” online article (<https://vtdigger.org/2025/07/11/weve-lost-everything-northeast-kingdom-residents-react-and-rebuild-after-a-third-year-of-july-flooding/>), accessed August 28, 2025

⁹⁴ Hirschfeld, P., Vermont Public (July 30, 2024), “Flash flooding tears through rural communities in Vermont’s Northeast Kingdom” online article (<https://www.vermontpublic.org/local-news/2024-07-30/flash-flooding-tears-through-rural-communities-in-vermonts-northeast-kingdom>), accessed August 28, 2025

investments and pay increases for staff may be nearly impossible with cuts to Federal Medicaid spending as described above.

Health care organizations are dealing with a **"vicious cycle" driven by rapidly rising operating costs and a tight labor market fueled by Vermont's housing shortage.** This shortage forces FQHCs to compete for staff with better-funded health care providers. Ultimately, these rising costs drive up the overall price of health care, which in turn increases the cost of insurance for the very people who work in the industry.

As reported by VT Digger, Green Mountain Care Board Chair Owen Foster's statements to the VT Health Reform Oversight Committee summarized the situation, *"Health care costs, in the cruellest of ironies, (are) hurting the solvency of our health care providers."*⁹⁵

Opportunities from Changes to Local Health Care Landscape

Partner Stability and Service Expansion

On a more hopeful note, North Country Hospital in Newport "has received commendation from the Green Mountain Care Board for its fiscal responsibility and innovative approaches to healthcare delivery, signaling a significant turnaround for the institution. **The hospital, once facing substantial financial hurdles, is now reporting profitability and strategic growth.**"⁹⁶

Key service area partner, **Northeast Kingdom Human Services (NKHS), has added significant capacity to the local Behavioral Health continuum of care** in the past couple of years including:

- Launching 24/7 Mobile Crisis services. The program deploys a 2-person team to where and when it's most convenient for those in crisis.
- Being chosen by the Vermont Department of Mental Health as a Certified Community-Based Integrated Health Centers (CCBHCs) demonstration site. The CCBHC model provides mental health, substance use, and physical health services in one place. It serves individuals of all ages, locations, and abilities to pay. The model ensures better access to care regardless of an individual's circumstances.
- Opening the Front Porch (walk-in) Mental Health Urgent Care (MHUC) center, and extending its hours to operate 24 hours a day from Monday through Friday.

Another key partner, **Northeast Kingdom Community Action (NEKCA), the region's capstone "anti-poverty" agency launched the NEK's first homeless shelter in 2024.** NEKCA's Shelter at Moose River is a low-barrier, 20 bed, 24-hour, single-occupancy shelter for those 18 years of age and older, who are experiencing homelessness. The shelter provides a warm, caring environment for guests, while connecting them with other NEKCA services and helping to craft housing stability plans, working toward permanent, safe, affordable housing.

Policy Driving Reform

In June 2025, VT Governor Phil Scott signed into law two bills to address the healthcare affordability crisis in Vermont, including Act 68.⁹⁷ Act 68 aims to **create transformation which will achieve better health outcomes, improve population health, raise the quality of care, expand regional access to services, and reduce disparities based on demographic factors or current health status** and mandates development of a

⁹⁵ D'Auria, P., VT Digger (February 28, 2025), "'Very, very financially fragile': Vermont's federally qualified health centers are struggling"

⁹⁶ Pitts, A., Newport Daily Express (August 7, 2025), "North Country Hospital Praised by Green Mountain Care Board, Reports Financial Turnaround" online article (https://www.newportvermontdailyexpress.com/news/north-country-hospital-praised-by-green-mountain-care-board-reports-financial-turnaround/article_4f223e41-f01e-4e31-bb0e-1ebbc789f4c.html), accessed August 28, 2025

⁹⁷ VT State Assembly, Reg. Sess. 2024-2025 (2025), "Act 68 (S.126) - An act relating to health care payment and delivery system" (<https://legislature.vermont.gov/Documents/2026/Docs/ACTS/ACT068/ACT068%20As%20Enacted.pdf>), accessed August 28, 2025

statewide health care delivery plan focused on an integrated, coordinated care system with **increased investment in primary, home, and long-term care services as well as strategies to recruit and retain health care workforce**. Additionally, Act 68 directs the VT Agency of Human Services (AHS) to provide reports on preserving some elements of OneCare VT.

The VT State Legislature passed a \$9.1 billion budget that includes **several provisions relevant to home health and hospice agencies including rate increases for long-term care rates**, specifically for home-based Choices for Care delivered by home health and hospice agencies; and \$10 million in provider stabilization grants from the Department of Vermont Health Access (DVHA). Likewise Act 14 directs AHS to develop a framework and schedule for **calculating “reasonable and adequate” Medicaid rates for home and community-based services**. The service providers impacted include home health and hospice agencies, and while the law doesn't guarantee rate increases, it lays crucial groundwork by requiring AHS to report the funding necessary to meet care delivery costs.

As part of this work, the Vermont AHS Health Care Transformation Team reported to the VT Joint Fiscal Office Health Care Reform Oversight Committee in a presentation on October 9th, 2025, about the role of regionalization in the plan, **“The goal of regionalization is to ensure that our health care resources are optimally distributed so that Vermonters can access the right care, at the right time, at the right place, and at an affordable cost.**

- This can include improving how organizations work together within a region, for example by sharing administrative services, coordinating patient transfers between hospitals, or redesigning how clinical services are delivered at the local, regional, and state level.
- Regionalization helps protect access to essential services over the long term, rather than risking losing them altogether.”⁹⁸

The Vermont Agency of Human Services Health Care Transformation Team also outlined the Rural Health Transformation Program (RHTP) opportunity from the Centers for Medicare and Medicaid Services (CMS) “to help states **modernize rural health systems — improving access, quality, and sustainability through infrastructure, workforce, and care model transformation.**”⁹⁹

NCHC is paying close attention to this work as the goals are aligned with our own organizational goals and needs in order to get there: **“Goals: Strengthen rural access, modernize care delivery, grow and retain the workforce, expand innovative care and payment models, and advance technology and data interoperability.”**¹⁰⁰

School Redistricting

The ongoing discussion and initial work of Vermont's school redistricting panel, as reported by Vermont Public, is a significant potential change.¹⁰¹ **If districts are consolidated, it could simplify the delivery of school-based health services, allowing for greater collaboration, coordination, and more streamlined access to care for students and families.** This presents an opportunity for NCHC to expand its partnerships and reach a larger number of young patients. However, if the process is fraught with tension and disruption, it could temporarily destabilize a critical avenue for public health education and intervention.

⁹⁸ Vermont Agency of Human Services, “Vermont Health Care Transformation presentation to the VT Joint Fiscal Office Health Reform Oversight Committee”

⁹⁹ Ibid

¹⁰⁰ Ibid

¹⁰¹ Duffort, L., Vermont Public (August 1, 2025), “With some reservations, Vermont's school redistricting panel begins its work” online article (<https://www.vermontpublic.org/local-news/2025-08-01/with-some-reservations-vermonts-school-redistricting-panel-begins-its-work>), accessed August 28, 2025

Analysis

Table 9. NCHC Board, NCHC Employee, and Community Needs Assessment Comparison Matrix

Dimension	Community Needs Assessment	NCHC Board Needs Assessment	NCHC Employee Needs Assessment
Survey Respondents	602 community respondents across Caledonia, Essex, Orleans. Information supplemented with 12 focus groups (78 participants).	Seven (7) NCHC Board Members	96 NCHC Employees across organization; mix of admin, clinical, frontline and support staff across departments and locations.
Demographics	Skewed older (57% age 65+), 75% women, 94% white, higher education and income than NEK population*	Governance/oversight perspective. Skewed somewhat older (80% ages 55-64), 100% women, 100% white	Mixed staff (clinical, admin, support); representative of workforce. 60% ages 45-64, 88% women, 99% white.
Survey Focus	Broad community health needs (mental, physical, dental, social determinants).	Organizational strategy, perceived community needs, alignment with mission.	Day-to-day service delivery, barriers, staff view of community challenges.
Priority Themes	<ul style="list-style-type: none"> Mental health (service access, depression, suicide, service shortage) Social determinants (transportation, housing, food insecurity, isolation) Chronic disease (diabetes, heart disease, cancer) Substance use (opioids, youth marijuana/vaping, treatment access) 	<ul style="list-style-type: none"> Access to care (pharmacy, dental, mental health, specialty) Affordability of care and prescriptions Reported declines in affordability, dental, mental health, and specialty care. Behavioral health integration and access to mental health and substance use treatment. Workforce shortages Addressing poverty/social needs (including housing affordability and availability) 	<ul style="list-style-type: none"> Mental health burden on patients/clients and staff Mental health stigma, limited provider capacity, inadequate treatment options, gaps in substance use services in the face of growing concerns RE substance use Availability, safety, and affordability barriers to transportation, housing and child care options (patients and staff) Workforce shortages from burnout and strain (wages, housing and transportation strain) Long wait times, pharmacies closing, shortage of providers, unaffordable medications
Differences	Broader population health focus, with detailed data on inequities and outcomes from a lived experience perspective of disparities (older adults, low-income households, and those with chronic disease)	Focuses on strategic role of NCHC , governance-level solutions, long-term strategy and partnerships.	Emphasizes workplace realities , frontline barriers, staff burden, and burnout.
Unique Insights	Community survey exposes regional disparities , aging population, and disconnect between survey demographics and true NEK population .	Board underscores sustainability, funding, partnerships .	Staff highlight burnout and workforce shortages as major threats.
Usefulness for Strategy	Regional planning, cross-sector partnerships, community investment priorities.	Strategic priorities for organizational alignment.	Operational/HR interventions and service delivery adjustments.

*Income and education questions not asked of NCHC Board and Employee survey takers.

Shared Priorities: Mental health, substance use, and access to specific types of care and/or services are the top issues and barriers consistent across Board, Employee, and Community perspectives. There is also strong alignment in the crucial role of workforce shortages on access to care and services in the NEK, and on transportation, housing, and poverty as primary non-medical health related needs.

From analysis and discussion of the data, the NCHC Board and Senior Leadership Team identified the following **three priority need domains and specific needs within each domain that NCHC will look to address in the next three years:**

Need Domain #1: Behavioral Health (Mental Health and Substance Use)

- Access to specialized treatments
- Consistent, timely and appropriate care with providers who are a “good fit”
- Medication management and pharmacy services
- Navigation of local care system and resources (including eligibility)
- Remote care/telehealth options
- Help overcoming fear of judgement for needing/seeking help
- Education about mental health and substance use care
- Understanding cost, insurance and payment options

Need Domain #2: Access to Care and Services

- Awareness and navigation of local care and resource options
- Consistent and timely local care availability (Primary Care, Dental, Behavioral Health, Pharmacy)
- Continuity of care between care locations, and between providers (e.g. when a provider retires)
- Improvements in workforce skill to address specific vulnerable patient health, communication and access needs (suicidal crisis, geriatric, disabled)
- Remote care/telehealth and mobile health service delivery options
- Access to a range of affordable wellness options, locations and activities (physical activity, education, nutrition)
- Stigma-free care (Disability, Age, Obesity, Behavioral Health)
- Understanding cost, insurance and payment options

Priority Need Domain #3: Non-medical Health Related Needs

- Availability of safe and affordable housing across all markets and age groups
- Access to healthy and affordable food
- Reliable and affordable transportation options
- Good paying jobs with benefits
- Affordable health insurance
- Awareness and navigation of local care and resources

Appendix A: Key Health Indicators – Publicly Available Data

Length and Quality of Life

Morbidity and Mortality

Risk Factors and Behaviors

Access to Care and Preventative Behaviors

Socioeconomic and Environmental

Key Health Indicators – Publicly Available Data Northeast Kingdom (NEK) County to County and State Comparison				
Red indicates worse than VT / Green indicates better than VT / Bold = Better or worse by more than 5% points (where applicable) / *= Data suppressed due to low numbers or low confidence				
Length and Quality of Life	Caledonia	Essex	Orleans	VT
Life Expectancy - Average number of years people are expected to live ¹	77	77	76	79
Premature Death - Years of potential life lost before age 75 per 100,000 population (age-adjusted) ¹	8,885	9,787	8,961	7142
Adult Disability - Percentage of adults with a disability ^{1,2}	31%	34%	35%	28%
Adult Poor or Fair Health - Percentage of adults reporting fair or poor health ²	17%	23%	19%	14%
Adult Feelings of Loneliness - Percentage of adults reporting that they always, usually or sometimes feel lonely ³	36%	35%	36%	33%
Adult Lack of Social and Emotional Support - Percentage of adults reporting that they rarely or never get the social and emotional support they need ³	9%	16%	10%	8%
Adult Frequent Physical Distress - Percentage of adults reporting 14 or more days of poor physical health per month ²	13%	21%	14%	12%
Adult Frequent Mental Distress - Percentage of adults reporting 14 or more days of poor mental health per month ²	18%	19%	15%	16%
High School Youth Poor Mental Health - Percentage of high-school students who reported that their mental health was most of the time or always not good, past 30 days ⁴	38%	42%	37%	34%
High School Youth High Anxiety - Percentage of high-school students who reported that most of the time or always feel bothered by feeling nervous, anxious, or on edge, past year ⁴	38%	47%	37%	36%
High School Youth Depression - Percentage of high-school students who felt sad or hopeless, past year ⁴	24%	36%	34%	29%
High School Youth Mattering to Community - Percentage of high-school students who strongly agree or agree that in their community they feel like they matter to people ⁴	48%	40%	46%	54%
Middle School Youth Poor Mental Health - Percentage of middle-school students who reported that their mental health was most of the time or always not good during the past 30 days ⁴	25%	34%	27%	25%
Middle School Youth Self-Harm - Percentage of middle-school students who have ever done something to purposely hurt themselves without wanting to die, such as cutting or burning themselves on purpose ⁴	23%	26%	20%	21%
Middle School Youth Depression - Percentage of middle-school students who felt sad or hopeless, past year ⁴	26%	29%	30%	24%
Middle School Youth Suicidal Thoughts - Percentage of middle-school students who ever seriously thought about killing themselves ⁴	23%	29%	19%	20%
Middle School Youth Suicide Plan - Percentage of middle-school students who ever made a plan about how they would kill themselves ⁴	15%	25%	14%	15%
Middle School Youth Suicide Attempt - Percentage of middle-school students who ever tried to kill themselves ⁴	8%	14%	7%	7%
Middle School Youth Getting Needed Help - Percentage of middle-school students who most of the time or always get the kind of help they need, among those who felt sad, angry, hopeless, or anxious ⁴	39%	28%	35%	41%
Middle School Youth Mattering to Community - Percentage of middle-school students who strongly agree or agree that in their community they feel like they matter to people ⁴	48%	48%	53%	56%

¹Disability includes anyone reporting serious difficulty walking or climbing stairs, concentrating or making decisions, hearing, seeing, dressing or bathing, or who, because of a physical, mental, or emotional condition has difficulty doing errands alone

Morbidity and Mortality	Caledonia	Essex	Orleans	VT
All-cause Death Rate – Number of deaths from all causes, all races, all sexes per 100,000 population (age-adjusted) ⁵	866.2	850.7	901.0	744.2
Accidents and Adverse Effects Death Rate – Number of deaths caused by accidents and adverse effects (ICD 10 codes (V01-X59, Y85-Y86)) all races, all sexes per 100,000 population (age-adjusted) ⁵	83.2	109.0	93.4	72.0
Alcohol-Impaired Driving Deaths - Percentage of driving deaths with alcohol involvement ¹	33%	67%	26%	33%
Alzheimer's Death Rate - Number of deaths caused by Alzheimer's Disease (G30), all races, all sexes per 100,000 population (age-adjusted) ⁵	39.1	35.5	*	35.2
Cancer Death Rate - Number of deaths caused by cancer (ICD 10 codes (C00-C97) malignant neoplasms) all races, all sexes per 100,000 population (age-adjusted) ⁵	170.4	169.1	167.6	150.6
Chronic Lower Respiratory Disease Death Rate - Number of deaths caused by chronic lower respiratory disease ICD 10 codes (J40-J47 – includes COPD), all races, all sexes per 100,000 population (age-adjusted) ⁵	36.2	48.2	52.4	33.6
Diabetes Death Rate - Number of deaths from diabetes (ICD 10 codes (E10-E14)), all races, all sexes per 100,000 population (age-adjusted) ⁵	14.7	*	22.3	17.8
Firearm Fatalities Rate - Number of deaths due to firearms per 100,000 population ¹	17	*	18	12
Heart Disease Death Rate - Number of deaths from heart disease (ICD 10 codes (I00-I09, I11, I13, I20-I51)), all races, all sexes per 100,000 population (age-adjusted) ⁵	183.8	208.2	209.6	163.1
Motor Vehicle Crash Death Rate - Number of motor vehicle crash deaths per 100,000 population ¹	11	23	19	10
Opioid-related Death Rate - Number of opioid-related deaths per 100,000 residents (2024) by county of residence/so far in 2025 ⁶	45.7 /16.3	16.6/ 0	21.8/ 3.6	28.3/8.3
Suicide Deaths Number of deaths due to suicide per 100,000 population (3 year trend) / so far in 2025 ⁷	14.3/ 9.8	16.9 / 16.7	9.7/ 3.6	9.5 / 11
Arthritis - Percentage of adults with arthritis ²	30%	25%	34%	29%
Asthma - Percentage of adults with asthma ²	13%	16%	13%	12%
Cancer - Percentage of adults with cancer (including melanoma ²	13%	*	12%	10%
Cardiovascular Disease (CVD) - Percentage of adults with CVD ²	11%	15%	15%	9%
Chronic Obstructive Pulmonary Disease (COPD) - Percentage of adults with COPD ²	9%	*	11%	7%
Depressive Disorder - Percentage of adults with depressive disorder ²	29%	28%	22%	25%
Diabetes - Percentage of adults with diabetes ²	13%	*	10%	9%
Emergency Room (ED) Visit Rate for Opioid Overdose – Number of ED visits for opioid overdose by county of residence per 10,000 ED visits (so far 2025) ⁵	28.5	23.9	*	17.2
Hypertension - Percentage of adults with hypertension ²	37%	36%	41%	32%
High Cholesterol - Percentage of adults with high cholesterol ²	35%	33%	37%	33%
Teen Birth Rate - Number of births per 1,000 female population ages 15-19 ¹	9%	*	18%	7%
Tooth Extraction - Forty-two percent of adults ages 45-64 have had at least one permanent tooth removed ³	55%	54%	52%	42%
Total Tooth Loss - Percentage of adults aged >=65 years who have lost all teeth ⁸	15%	20%	13%	10%

Risk Factors and Behaviors	Caledonia	Essex	Orleans	VT
Adult Binge Drinking - Percentage of adults reporting binge drinking (defined as five or more drinks on an occasion for males and four or more for females) ²	14%	16%	17%	17%
Adult Insufficient Sleep - Percentage of adults who report fewer than 7 hours of sleep on average (age adjusted) ³	36%	32%	36%	30%
Adult Obesity - Percentage of adults age 20+ with BMI-defined obesity ²	29%	48%	38%	29%
Adult Physical Inactivity - Percentage of adults age 18 and over reporting no leisure-time physical activity during the previous month ²	27%	22%	25%	20%
Adult Seatbelt Use - Percentage of adults reporting they rarely or never wear their seatbelt when driving or riding in a car ²	6%	*	7%	3%
Adult Smoking - Percentage of adults who report smoking cigarettes ²	18%	11%	15%	12%
High School Youth Drinking and Driving - Drove a car or other vehicle when they had been drinking alcohol, among students who drive, past 30 days ⁴	4%	*	12%	7%
High School Youth Drinking and Riding - Rode with a driver who had been drinking alcohol, past 30 days ⁴	19%	16%	26%	19%
High School Youth Physical Fight - Were in a physical fight, past year ⁴	18%	21%	18%	16%
High School Youth Bullied - Were bullied, past 30 days ⁴	23%	28%	26%	21%
High School Youth Bullying - Bullied someone else, past 30 days ⁴	16%	9%	18%	13%
High School Youth Electronically Bullied - Were electronically bullied, past year ⁴	25%	26%	24%	18%
High School Youth Unwanted Sexual Activity - Report someone has ever done sexual things to them that they did not want ⁴	19%	22%	29%	23%
High School Youth Alcohol - Ever drank alcohol ⁴	42%	60%	57%	49%
High School Youth EVP - Ever tried an electronic vapor product (EVP) ⁴	31%	48%	39%	32%
High School Youth Marijuana - Ever tried marijuana ⁴	28%	40%	36%	35%
High School Youth Early Alcohol Use - Had first drink of alcohol before age 13 ⁴	13%	16%	20%	14%
High School Youth Early EVP Use - First tried an EVP before age 13 ⁴	6%	12%	12%	7%
High School Youth Current Smoking - Currently smoked cigarettes or cigars or used smokeless tobacco or electronic vapor products ⁴	17%	25%	24%	18%
High School Youth Current EVP Use - Currently use EVP ⁴	14%	19%	23%	16%
High School Youth Current Alcohol Use - Currently drank alcohol ⁴	18%	31%	35%	27%
High School Youth Binge Drinking - Binge drank, past 30 days ⁴	9%	12%	22%	13%
High School Youth Household Substance Use - Ever lived with a parent or guardian who was having a problem with alcohol or drug use ⁴	28%	40%	35%	27%
High School Youth Overweight - Are overweight ⁴	20%	9%	16%	14%
High School Youth Obesity - Are obese ⁴	17%	29%	15%	14%
High School Youth Self-Image - Described themselves as slightly or very overweight ⁴	37%	42%	33%	29%
High School Youth Physical Inactivity - Did not participate in at least 60 minutes of physical activity on at least 1 day, past week ⁴	13%	29%	15%	13%
High School Youth Vegetable Consumption - Did not eat vegetables, past week ⁴	11%	*	7%	6%
High School Youth Special Education - Currently receive Special Education services through an Individualized Education Plan (IEP) or 504 plan ⁴	18%	32%	17%	18%
Middle School Youth Drinking and Riding - Ever rode with a driver who had been drinking alcohol ⁴	23%	19%	25%	19%
Middle School Youth Bullied at School - Were ever bullied on school property ⁴	51%	51%	56%	47%
Middle School Youth Bullied - Were bullied, past 30 days ⁴	30%	38%	34%	27%
Middle School Youth Bullying - Bullied someone else, past 30 days ⁴	15%	17%	15%	12%
Middle School Youth Alcohol - Ever drank alcohol ⁴	20%	20%	25%	19%
Middle School Youth Prescription Misuse - Ever misused a prescription pain medicine ⁴	5%	12%	8%	7%
Middle School Youth Current Alcohol Use - Currently drank alcohol ⁴	4%	4%	10%	5%

Access to Care and Preventative Behaviors	Caledonia	Essex	Orleans	VT
Primary Care Physicians - Ratio of population to primary care physicians ¹	1,267:1	5,925:1	1,377: 1	899:1
Mental Health Providers - Ratio of population to mental health providers ¹	232:1	1,503:1	320:1	174:1
Dentists – Ratio of population to dentists ¹	1,274:1	1,998:1	1,844:1	1,377:1
Adult Medical Health Plan Coverage – Percentage of adults ages 18-64 who have health plan coverage ²	96%	90%	94%	95%
Uninsured Under Age 65 - Percentage of population ages 0-64 without insurance ⁹	4.7%	5.4%	5.2%	4.6%
Uninsured Under Age 19 - Percentage of population ages 0-18 without insurance ⁹	2.1%	2.5%	2.3%	2.0%
Adult Medical Health Care Access – Provider – Percentage of adults who report having a personal health care provider (PCP) ²	92%	94%	90%	91%
Adult Routine Doctor Visit – Percentage of adults reporting a routine doctor visit in the past year ²	78%	79%	82%	77%
Adult Medical Health Care Access – Delay Due to Cost – Percentage of adults reporting there was a time in the past year they did not go to the doctor because of cost ²	8%	*	6%	8%
Adult Dentist Visit Past Year – Percentage of adults who saw a dentist for any reason during the previous year ³	61%	56%	63%	68%
Adult Physical Activity – Percentage of adults meeting aerobic physical activity recommendations ²	59%	51%	57%	64%
Influenza Vaccination - Percentage of adults ages 65 and older who had a flu vaccine in the past year ²	76%	60%	68%	70%
Pneumococcal Vaccination – Percentage of adults ages 65 and older who have ever received a pneumococcal vaccine ²	81%	63%	73%	70%

Socioeconomic and Environmental	Caledonia	Essex	Orleans	VT
High School Graduation – Percentage of persons age 25 years+ who are a high school graduate or higher ¹⁰	94%	89%	92%	95%
College Degree - Percentage of persons age 25 years+ with a Bachelor's degree or higher ¹⁰	32%	21%	29%	43%
Unemployment Rate - Number of unemployed individuals divided by total labor force of a population, expressed as a percent ¹¹	2.6%	3.6%	3.3%	2.5%
Median Household Income - The income where half of households in a defined geographical jurisdiction earn more and half of households earn less ¹²	\$64,000	\$58,000	\$60,000	\$81,000
Persons in Poverty - Percentage of population in poverty, all ages ¹²	14%	14%	14%	10%
Childhood Poverty - Percentage of people under age 18 in poverty ¹²	16%	19%	18%	10%
Housing Insecurity - Percentage of adults reporting they were unable to pay their mortgage, rent or utilities sometime in the past year ³	10%	12%	9%	7%
Severe Housing Problems - Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities ¹	15%	17%	16%	15%
Transportation Insecurity – Percentage of adults reporting lack of reliable transportation that kept someone from medical appointments, meetings, work or from getting things needed for daily living ^{8 and 2}	7% ⁸	8% ⁸	6% ⁸	6% ²
Long Commute – Driving Alone - Percentage among workers who commute in their car alone, that commute more than 30 minutes ¹	33%	43%	32%	33%
Access to Exercise Opportunities - Percentage of population with adequate access to locations for physical activity ¹	56%	32%	48%	70%
Access to Parks - Percentage of the population living within a ½ mile of a park ¹	0%	13%	5%	24%
Food Insecurity - Percentage of population who lack adequate access to food ¹³	14%	14%	16%	12%
Childhood Food Insecurity - Percentage of childhood population (under age 18) who lack adequate access to food ¹³	18%	23%	20%	14%
Broadband Access - Percentage of households with broadband internet connection ¹	85%	84%	88%	88%

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13. Feeding America "Map the Meal Gap Interactive Data Tool" (<https://map.feedingamerica.org/county/2023/overall/vermont>), accessed September 23, 2025

Appendix B: Needs Assessment Surveys

Community Survey

NCHC Board Survey

NCHC Employee Survey

Northeast Kingdom Community Survey

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

- Albany
- Averill
- Avery's Gore
- Barnet
- Barton
- Barton Village
- Bloomfield
- Brighton
- Brownington
- Brunswick
- Burke
- Canaan
- Charleston
- Concord
- Coventry
- Craftsbury
- Danville
- Derby
- Derby Line
- East Haven
- Ferdinand
- Glover
- Granby
- Greensboro
- Groton
- Guildhall
- Hardwick
- Holland
- Irasburg
- Island Pond
- Jay
- Kirby
- Lemington
- Lewis
- Lowell
- Lunenburg
- Lyndon
- Lyndonville
- Maidstone
- Morgan
- Newark
- Newport City
- Newport Town
- Norton
- North Troy
- Orleans Village
- Peacham
- Ryegate
- Sheffield
- St. Johnsbury
- Stannard
- Sutton
- Troy
- Victory
- Walden
- Warner's Grant
- Warren Gore
- Waterford
- West Burke
- Westfield
- Westmore
- Wheelock
- Other Town Not Listed
- Other town that was not listed (please specify):

Northeast Kingdom Community Survey

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

Statement	Agree	Disagree	Don't Know / Not Sure
Housing is available.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthy food is available.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthy food is affordable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People can get the health services they need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is easy to find safe ways to get exercise.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are ways to take part in social life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People help each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People feel connected to each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are ways to take part in faith or spiritual groups.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People respect different views and backgrounds.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People can get good jobs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is a good place to raise children.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is a good place to be a young adult.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is a good place to age at home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People can access 24-hour in-home care or nursing care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People can get end-of-life support.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People can get hospice support.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription drugs are affordable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription drugs are accessible.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People can get dental services they need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People can get mental health services they need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People can get substance use treatment services they need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you think these needs have gotten better, are about the same, or have gotten worse in the last few years or so?

Check one box in each row to mark how you think the needs have changed in the last few years.

Needs	Better	About the same	Worse	Don't Know / Not Sure
People are able to get primary healthcare services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People are able to get specialty medical services (like care for cancer, heart disease, or surgery).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People can afford health care services and health insurance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People are able to get mental health services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People are able to get services for alcohol and drug use treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People are able to get dental services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Older adults are able to get help and support to age in place.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People are able to get affordable child care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People can afford housing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People are able to get help with rides to healthcare and other services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People are able to get healthy and affordable food.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How concerned are you about climate change?

- Very concerned
- Somewhat concerned
- Not very concerned
- Not at all concerned
- I don't know/not sure
- Comments:

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

Northeast Kingdom Community Survey

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

- A healthcare provider or other healthcare worker
- Social service provider
- Social media
- A hospital's website
- Medical websites such as WebMD or Mayo Clinic
- A patient portal
- Newspaper
- Television
- Radio
- Magazine
- Friends and family
- Other (please specify):

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

- Family
- Friends
- Faith-based community
- Hobby or other social group
- Organized support group
- Counselor
- No, I don't have a support system
- Other (please specify):

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

- We did not need any health services
- We received all the health services that were needed
- Well care (Primary Health Care)
- Specialty medical care (like heart, cancer, lung)
- Sexual and reproductive healthcare
- Prescription drugs
- Emergency medical care
- Dental care for adults
- Dental care for children
- Mental Health care
- Alcohol Use Disorder treatment
- Substance Use Disorder treatment
- Home health care
- Hospice services
- Long-term care (like assisted living or nursing home care)
- In-home support services (such as meals, cleaning, connection to resources)
- Rehab services (physical or occupational therapy)
- Nutrition services (like counseling or education)
- Telehealth services (telephone or web-based healthcare)
- Complementary and Alternative Medicine (such as massage, tai chi)
- Other services (please specify):

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

- We did not need any support services
- We received all the support services that were needed
- Services for adults with disabilities
- Services for children with disabilities
- Help with rides to services
- Services for people who face domestic violence
- Translation or interpreter services
- Job training

Northeast Kingdom Community Survey

- Help with housing needs
- Help with food needs
- Help paying bills
- Parenting advice or workshops
- Child care
- Infant care
- Adult day services
- Help caring for aging family members
- Community re-entry from incarceration
- Legal supports
- Other services (please specify):

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

- We did not need any health and/or support services
- We received all the health and/or support services that were needed
- Service not available
- Wait time too long
- Not open when I could go
- Did not know where to go
- Had no way to get there
- Cost too much
- No insurance or not enough insurance
- No internet access
- Not accepting new patients
- Language barriers
- My race or ethnicity not welcome
- My gender or sexual orientation not welcome
- My culture or religion not welcome
- Choose not to seek medical care
- Fear of judgement
- Mistrust, fear, or anxiety
- Other reasons or comments (please specify):

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

Areas	Never	Sometimes	Often	Prefer not to answer
Race	○	○	○	○
Religion	○	○	○	○
Ethnicity	○	○	○	○
Gender or gender expression	○	○	○	○
Sexual orientation	○	○	○	○
Age	○	○	○	○
Disability	○	○	○	○
Language	○	○	○	○
Education	○	○	○	○
Obesity	○	○	○	○
Substance use	○	○	○	○
Mental health	○	○	○	○
Other (please specify):	○	○	○	○

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

- Yes
- No

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

- I do not have dental insurance now
- Dental is included with my health insurance plan

Northeast Kingdom Community Survey

- Dental insurance through an employer
- Other (please specify):

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

- Yes
- No

Where is your primary healthcare provider located?

- I do not have a primary healthcare provider
- Northern Counties Health Care (Danville Health Center, St. Johnsbury Community Health Center, Concord Health Center, Island Pond Health Center, Hardwick Health Center)
- North Country Hospital (Primary Care: Newport, Barton/Orleans, North Country Pediatrics)
- Northeastern Vermont Regional Hospital (Corner Medical, Kingdom Internal Medicine, St. Johnsbury Pediatrics)
- Blue Spruce Health
- New Hampshire-based Primary Care Practice
- Other location not listed (please specify):

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

- I do not have health insurance now
- Medicaid
- Medicare
- TRICARE, VA, or Military
- Private insurance through my employer or family member's employer
- Other private health insurance

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

- I do not get hospital and/or specialty care
- North Country Hospital
- Northeastern Vermont Regional Hospital
- University of Vermont Health Network
- Dartmouth Health
- Other New Hampshire-based hospital
- Prefer not to answer
- Other location not listed (please specify):

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

- I did not look for nor receive care from a healthcare provider, specialist, or hospital outside of the Northeast Kingdom
- Personal choice
- Services not offered in my community
- Cost
- Waitlist too long in the Northeast Kingdom
- Quality of care
- Not accessible
- In-network for my health insurance provider
- Referred by a healthcare provider
- Other (please specify):

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

- Excellent
- Very Good
- Good
- Fair
- Poor
- Other (please specify):

Northeast Kingdom Community Survey

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

- I did not need mental health or substance use treatment services
- Yes, I got the care I needed in the Northeast Kingdom
- No, I had to seek services outside the Northeast Kingdom
- I could not find services at all

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

Service	Agree	Neutral	Disagree
Crisis mental health services/suicide prevention programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outpatient mental health or substance misuse services for adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outpatient mental health or substance misuse services for children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health or substance misuse screening/ monitoring in primary care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Case management to coordinate services and help me with resources I need	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychiatric Treatment and Medication Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support from others with lived mental health or substance use experiences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family education and support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Services for veterans and military members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How long have you lived in your community?

- Less than 1 year
- 1-5 years
- 6-10 years
- 11-15 Years
- 16 or more years

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

- Family connections Community connections
- My job skills are needed here / my job is specific to the land here Outdoor recreation opportunities / I enjoy a rural lifestyle
- Arts and culture
- I want to move, but can't afford to
- Other (please specify):

NCHC BOARD Community Health Needs and Strategic Planning Survey

Thank you in advance for participating in this important survey. Your feedback will help validate community and organizational needs, identify opportunities for change and shape our strategic direction and priorities for the next few years.

This survey is broken into three (3) sections:

- 1. Health Needs Assessment for Community in Which You Live**
- 2. Mission, Vision, Values and General Strategic Direction**
- 3. *Optional* Demographics**

Please plan to spend between 20 minutes completing this survey. All questions are optional.

All responses are confidential and will be aggregated. Survey results will be complied and shared back out to all of you by Leadership for further analysis and discussion.

Thank you again for helping NCHC plan for our shared future.

NCHC BOARD Community Health Needs and Strategic Planning Survey

Section 1: Health Needs Assessment for Community in Which You Live

1. County in which you live:

- Caledonia, VT
- Essex, VT
- Orleans, VT

2. If you would like to share the specific town or community in which you live, you can share that here...

3. Do you agree or disagree with these statements about the NEK community in which you primarily live? "In my community..."

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
Safe housing is available	<input type="radio"/>					
Safe housing is affordable	<input type="radio"/>					
Healthy food is available	<input type="radio"/>					
Healthy food is affordable	<input type="radio"/>					
People can get good jobs	<input type="radio"/>					
It is a good place to raise children	<input type="radio"/>					
It is a good place to be a young adult	<input type="radio"/>					
It is a good place to age at home	<input type="radio"/>					

Comments:

4. In the NEK community in which you live, do you think these needs have gotten better, are about the same, or have gotten worse in the last few years or so? Check one box in each row to mark how you think the needs have changed in the last few years.

	Better	About the same	Worse
People are able to get Primary health care services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People are able to get specialty medical services (like care for cancer, heart disease or surgery)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People can afford health care services and health insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People are able to get mental health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People are able to get services for alcohol and drug use treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People are able to get dental services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

5. In the NEK community in which you live, do you think these needs have gotten better, are about the same, or have gotten worse in the last few years or so? Check one box in each row to mark how you think the needs have changed in the last few years.

	Better	About the same	Worse
Older adults are able to get help and support to age in place	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People are able to get affordable child care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People are able to get safe and affordable housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People are able to get help with rides to healthcare and other services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People are able to get healthy and affordable food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

6. Do you agree or disagree with these statements about the NEK community in which you primarily live? "In my community..."

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
People can get the health services they need	<input type="radio"/>					
People can access 24-hour in-home care or nursing care	<input type="radio"/>					
People can get end-of-life support / hospice	<input type="radio"/>					
Prescription drugs are affordable	<input type="radio"/>					
Prescription drugs are accessible	<input type="radio"/>					
People can get dental services they need	<input type="radio"/>					
People can get mental health services they need	<input type="radio"/>					
People can get substance use treatment services they need	<input type="radio"/>					

Comments:

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

- No - We did not need any health services
- No - We easily received all the health services that were needed
- Yes - Trouble getting Primary Care (Well-care, preventative care, health maintenance)
- Yes - Trouble getting Specialty medical care (like heart, cancer, lung)
- Yes - Trouble getting Sexual and reproductive health care
- Yes - Trouble getting Prescription drugs
- Yes - Trouble getting Emergency medical care
- Yes - Trouble getting Dental care for adults
- Yes - Trouble getting Dental care for children
- Yes - Trouble getting Mental health care for adults
- Yes - Trouble getting Mental health care for children
- Yes - Trouble getting Alcohol Use Disorder treatment
- Yes - Trouble getting Other Substance Use Disorder treatment
- Yes - Trouble getting Home health care
- Yes - Trouble getting Hospice services
- Yes - Trouble getting Long-term care (like assisted living or nursing home care)
- Yes - Trouble getting In-home support services (like meals, cleaning)
- Yes - Trouble getting Rehab services (physical or occupational therapy)
- Yes - Trouble getting Nutrition services (like counseling or education)
- Yes - Trouble getting Complementary and Alternative Medicine (like massage, tai chi, acupuncture)
- Other (please specify)

8. If you checked any of the health services above, please tell us what got in the way of needed services (check all that apply):

- No issues
- Service not available
- Wait time too long
- Not open when I could go
- Did not know where to go
- Had no way to get there
- Cost too much
- No insurance or not enough insurance
- No internet access
- Not accepting new patients
- Language barriers
- My race or ethnicity not welcome
- My gender or sexual orientation not welcome
- My culture or religion not welcome
- Fear of judgement
- Mistrust, fear or anxiety
- Other (please specify)

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

- No - We did not need any support services
- No - We easily received all the support services that were needed
- Yes - Trouble getting Services for adults with disabilities
- Yes - Trouble getting Services for children with disabilities
- Yes - Trouble getting Help with rides to services
- Yes - Trouble getting Services for people who face domestic violence
- Yes - Trouble getting Translation or interpretation services
- Yes - Trouble getting Job training
- Yes - Trouble getting Help with housing needs
- Yes - Trouble getting Help with food needs
- Yes - Trouble getting Help paying bills
- Yes - Trouble getting Parenting advice or workshops
- Yes - Trouble getting Child care
- Yes - Trouble getting Infant care
- Yes - Trouble getting Adult day services
- Yes - Trouble getting Help caring for aging family members
- Yes - Trouble getting Community re-entry from incarceration
- Yes - Trouble getting Legal supports
- Other (please specify)

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

- No issues
- Service not available
- Wait time too long
- Not open when I could go
- Did not know where to go
- Had no way to get there
- Cost too much
- No insurance or not enough insurance
- No internet access
- Not accepting new patients
- Language barriers
- My race or ethnicity not welcome
- My gender or sexual orientation not welcome
- My culture or religion not welcome
- Fear of judgement
- Mistrust, fear or anxiety
- Other (please specify)

11. Do you agree or disagree with these statements about the NEK community in which you primarily live? "In my community..."

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
People are aware of the local resources available to them	<input type="radio"/>					
It is easy to find safe ways to get physical activity/movement/exercise indoors	<input type="radio"/>					
It is easy to find safe ways to get physical activity/movement/exercise outdoors	<input type="radio"/>					
There are ways to take part in social life	<input type="radio"/>					
People help each other	<input type="radio"/>					
People feel connected to each other	<input type="radio"/>					
There are ways to take part in faith or spiritual groups	<input type="radio"/>					
People respect different views and backgrounds	<input type="radio"/>					

Comments:

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

	Agree	Neutral	Disagree	Unsure
Crisis mental health services / suicide prevention programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outpatient mental health or substance misuse services for adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outpatient mental health or substance misuse services for children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health or substance misuse screening / monitoring in primary care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Case management to coordinate services and help me with the resources I need	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help understanding and enrolling in insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychiatric treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medication Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support from others with lived mental health or substance use experiences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family education and support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Services for Veterans and military members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial coaching	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

13. In the past year, how often did experiencing unfair treatment, discrimination or stigma in the following areas cause you or someone close to you to miss or avoid getting health care or support services?

	Never	Sometimes	Often	Prefer not to answer
Age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Body size - obesity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ethnicity / national origin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gender	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gender expression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Language	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Race	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Religion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual orientation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Socioeconomic position	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="text"/>			

14. Please describe any unique needs or challenges you know about for the following groups when accessing and receiving health care and support services in the NEK...

Older adults	<input type="text"/>
Children	<input type="text"/>
Teens and young adults	<input type="text"/>
Low-income individuals	<input type="text"/>
LGBTQ+ individuals	<input type="text"/>
Black, Indigenous, and People of Color (BIPOC)	<input type="text"/>
People living with disabilities	<input type="text"/>
Justice-involved individuals	<input type="text"/>
Other group (please describe)	<input type="text"/>

15. What other health needs do you think are important for the NEK community in which you live to address now? Please tell us.

NCHC EMPLOYEE Community Health Needs and Strategic Planning Survey

Thank you in advance for participating in this important survey. Your feedback will help validate community and organizational needs, identify opportunities for change and shape our strategic direction and priorities for the next few years.

This survey is broken into three (3) sections:

- 1. Health Needs Assessment for Community in Which You Work**
- 2. Mission, Vision, Values and Strategic Direction**
- 3. *Optional* Demographics**

Please plan to spend between 20 minutes completing this survey. All questions are optional

All responses are confidential and will be aggregated. Survey results will be complied and shared back out to all of you by Leadership.

Thank you again for helping NCHC plan for our shared future.

NCHC EMPLOYEE Community Health Needs and Strategic Planning Survey

Section 1: Health Needs Assessment for Community in Which You Work

1. Department, Clinic or Site you primarily work in/with

2. What best describes the NEK community you are most familiar with through your work?

- Caledonia County
- Caledonia and Southern Essex Counties
- Concord and surrounding towns
- Danville and surrounding towns
- Essex County
- Hardwick and surrounding towns
- Island Pond and surrounding towns
- Newport and surrounding towns
- Orleans County
- Orleans and surrounding towns
- Orleans and Northern Essex Counties
- St. Johnsbury and surrounding towns
- Whole Northeast Kingdom (Caledonia, Essex and Orleans Counties)

3. Do you agree or disagree with these statements about the NEK community in which you primarily work? "In the community..."

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
People can get the health services they need	<input type="radio"/>					
People can access 24-hour in-home care or nursing care	<input type="radio"/>					
People can get end-of-life support / hospice	<input type="radio"/>					
Prescription drugs are affordable	<input type="radio"/>					
Prescription drugs are accessible	<input type="radio"/>					
People can get dental services they need	<input type="radio"/>					
People can get mental health services they need	<input type="radio"/>					
People can get substance use treatment services they need	<input type="radio"/>					

Comments:

4. Do you agree or disagree with these statements about the NEK community in which you primarily work? "In the community..."

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
Safe housing is available	<input type="radio"/>					
Safe housing is affordable	<input type="radio"/>					
Healthy food is available	<input type="radio"/>					
Healthy food is affordable	<input type="radio"/>					
People can get good jobs	<input type="radio"/>					
It is a good place to raise children	<input type="radio"/>					
It is a good place to be a young adult	<input type="radio"/>					
It is a good place to age at home	<input type="radio"/>					

Comments:

5. Do you agree or disagree with these statements about the NEK community in which you primarily work? "In the community..."

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
People are aware of the local resources available to them	<input type="radio"/>					
It is easy to find safe ways to get physical activity/movement/exercise indoors	<input type="radio"/>					
It is easy to find safe ways to get physical activity/movement/exercise outdoors	<input type="radio"/>					
There are ways to take part in social life	<input type="radio"/>					
People help each other	<input type="radio"/>					
People feel connected to each other	<input type="radio"/>					
There are ways to take part in faith or spiritual groups	<input type="radio"/>					
People respect different views and backgrounds	<input type="radio"/>					

Comments:

6. In the NEK community in which you work, do you think these needs have gotten better, are about the same, or have gotten worse in the last few years or so? Check one box in each row to mark how you think the needs have changed in the last few years.

	Better	About the same	Worse
People are able to get Primary health care services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People are able to get specialty medical services (like care for cancer, heart disease or surgery)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People can afford health care services and health insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People are able to get mental health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People are able to get services for alcohol and drug use treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People are able to get dental services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

7. In the NEK community in which you work, do you think these needs have gotten better, are about the same, or have gotten worse in the last few years or so? Check one box in each row to mark how you think the needs have changed in the last few years.

	Better	About the same	Worse
Older adults are able to get help and support to age in place	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People are able to get affordable child care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People are able to get safe and affordable housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People are able to get help with rides to healthcare and other services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People are able to get healthy and affordable food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

8. In the past year, have you heard through your work that patients or clients or their family have had trouble getting any of the following types of health services? (check all that apply):

- No - I have not heard of any issues
- Yes - Trouble getting Primary Care (Well-care, preventative care, health maintenance)
- Yes - Trouble getting Specialty medical care (like heart, cancer, lung)
- Yes - Trouble getting Sexual and reproductive health care
- Yes - Trouble getting Prescription drugs
- Yes - Trouble getting Emergency medical care
- Yes - Trouble getting Dental care for adults
- Yes - Trouble getting Dental care for children
- Yes - Trouble getting Mental health care for adults
- Yes - Trouble getting Mental health care for children
- Yes - Trouble getting Alcohol Use Disorder treatment
- Yes - Trouble getting Other Substance Use Disorder treatment
- Yes - Trouble getting Home health care
- Yes - Trouble getting Hospice services
- Yes - Trouble getting Long-term care (like assisted living or nursing home care)
- Yes - Trouble getting In-home support services (like meals, cleaning)
- Yes - Trouble getting Rehab services (physical or occupational therapy)
- Yes - Trouble getting Nutrition services (like counseling or education)
- Yes - Trouble getting Complementary and Alternative Medicine (like massage, tai chi, acupuncture)
- Other (please specify)

9. If you checked any of the health services above, and you heard what got in the way of getting the needed services, please check those reasons below (check all that apply):

- Service not available
- Wait time too long
- Not open when patient/clients or family could go
- Patients/clients or family did not know where to go
- Patients/clients or family had no way to get there
- Cost too much
- No insurance or not enough insurance
- No internet access
- Not accepting new patients
- Language barriers
- Patients/clients or family race or ethnicity not welcome
- Patients/clients or family gender or sexual orientation not welcome
- Patients/clients or family culture or religion not welcome
- Fear of judgement
- Mistrust, fear or anxiety
- Other (please specify)

10. In the past year, have you heard through your work that patients or clients or their family have had trouble getting any of the following types of support services? (check all that apply):

- No - I have not heard of any issues
- Yes - Trouble getting Services for adults with disabilities
- Yes - Trouble getting Services for children with disabilities
- Yes - Trouble getting Help with rides to services
- Yes - Trouble getting Services for people who face domestic violence
- Yes - Trouble getting Translation or interpretation services
- Yes - Trouble getting Job training
- Yes - Trouble getting Help with housing needs
- Yes - Trouble getting Help with food needs
- Yes - Trouble getting Help paying bills
- Yes - Trouble getting Parenting advice or workshops
- Yes - Trouble getting Child care
- Yes - Trouble getting Infant care
- Yes - Trouble getting Adult day services
- Yes - Trouble getting Help caring for aging family members
- Yes - Trouble getting Community re-entry from incarceration
- Yes - Trouble getting Legal supports
- Other (please specify)

11. If you checked any of the support services above, and you heard what got in the way of getting the needed services, please check those reasons below (check all that apply):

- Service not available
- Wait time too long
- Not open when patients/clients or family could go
- Patients/clients or family did not know where to go
- Patients/clients or family had no way to get there
- Cost too much
- Service not covered by insurance
- Not accepting new patients/clients
- Language barriers
- Patients/clients or family race or ethnicity not welcome
- Patients/clients or family gender or sexual orientation not welcome
- Patients/clients or family culture or religion not welcome
- Fear of judgement
- Mistrust, fear or anxiety
- Other (please specify)

12. From what you have heard through your work with patient/clients and their families, what services are important for them? Please select whether you agree, are neutral, or disagree whether each service below is important for patient/clients and their families:

	Agree	Neutral	Disagree	Unsure
Crisis mental health services / suicide prevention programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outpatient mental health or substance misuse services for adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outpatient mental health or substance misuse services for children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health or substance misuse screening / monitoring in primary care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Case management to coordinate services and help me with the resources I need	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help understanding and enrolling in insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychiatric treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medication Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support from others with lived mental health or substance use experiences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family education and support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Services for Veterans and military members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial coaching	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

13. In the past year, how often did you hear through your work of a patient/client or family member experiencing unfair treatment, discrimination or stigma in the following areas when getting health care or support services in the NEK?

	Never	Sometimes	Often	Prefer not to answer
Age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Body size - obesity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ethnicity / national origin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gender	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gender expression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Language	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Race	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Religion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual orientation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Socioeconomic position	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="text"/>			

14. Please describe any unique needs or challenges you know about for the following groups when accessing and receiving health care and support services in the NEK...

Older adults	<input type="text"/>
Children	<input type="text"/>
Teens and young adults	<input type="text"/>
Low-income individuals	<input type="text"/>
LGBTQ+ individuals	<input type="text"/>
Black, Indigenous, and People of Color (BIPOC)	<input type="text"/>
People living with disabilities	<input type="text"/>
Justice-involved individuals	<input type="text"/>
Other group (please describe)	<input type="text"/>

15. What other health needs do you think are important for the NEK community in which you work to address now? Please tell us.

Appendix C: Needs Assessment Survey Comparison

Demographics and Patient Characteristics

Health and Health Related Social Needs, Resources, Challenges, Barriers

Additional Access, Attribution and Insurance Data

Key Demographics and Population Characteristics						
Northeast Kingdom (NEK) Needs Assessment Survey Takers and NEK Population						
Age	Community Members ¹		NCHC Board		NCHC Employees	
	Count	Percent	Count	Percent	Count	Percent
Under 18 years	0	0%	0	0%	0	0%
18 - 24 years	2	0.38%	0	0%	4	6%
25 - 34 years	31	5.96%	0	0%	9	13%
35 - 44 years	49	9.42%	1	20%	10	15%
45 - 54 years	61	11.73%	0	0%	22	32%
55 - 64 years	78	15%	4	80%	19	28%
65 - 74 years	144	27.69%	0	0%	3	4%
More than 75	150	28.85%	0	0%	1	1%
I'd rather not share	5	0.96%				
Caledonia: 17.7% under 18 years of age and 24% age 65+ ²						
Essex: 16.6% under 18 years of age and 29.6% age 65+						
Orleans: 19.1% under 18 years of age and 24.6% age 65+						
County of Residence	Community Members		NCHC Board		NCHC Employees	
	Count	Percent	Count	Percent	Count	Percent
Caledonia	385	63.96%	4	57%	43	62%
Essex	29	4.83%	0	0%	3	4%
Orleans	167	27.76%	3	43%	16	23%
Caledonia: 47.5% of NEK population ²						
Essex: 9.4% of NEK population						
Orleans: 43.1% of NEK population						
Gender	Community Members		NCHC Board		NCHC Employees	
	Count	Percent	Count	Percent	Count	Percent
Woman	394	75.48%	6	100%	58	88%
Man	112	21.46%	0	0%	5	8%
Caledonia: 49.9% of population is female ²						
Essex: 48.9% of population is female						
Orleans: 49.3% of population is female						
Race	Community Members		NCHC Board		NCHC Employees	
	Count	Percent	Count	Percent	Count	Percent
African American or Black	1	0.19%	0	0%	0	0%
American Indian or Alaska Native	4	0.77%	0	0%	0	0%
Asian or Asian American	1	0.19%	0	0%	0	0%
Middle Eastern or North African	1	0.19%	0	0%	0	0%
Native Hawaiian or Pacific Islander	0	0.00%	0	0%	0	0%
White	488	93.85%	6	100%	66	99%
Prefer not to say	19	3.65%	-	-	-	-
Write in	13	2.5%	0	0%	2	1%
Caledonia: 95.3% of population is White ²						
Essex: 95.5% of population is White						
Orleans: 95.5% of population is White						
Hispanic/Latino Ethnicity	Community Members		NCHC Board		NCHC Employees	
	Count	Percent	Count	Percent	Count	Percent
Yes	5	0.96%	0	0%	1	1%
No	499	96.15%	6	100%	68	99%
Prefer not to say	15	2.89%				
Caledonia: 2.2% of population is Hispanic/Latino ²						
Essex: 1.8% of population is Hispanic/Latino						
Orleans: 2.1% population is Hispanic/Latino						

Veteran	Community Members		NCHC Board		NCHC Employees	
	Count	Percent	Count	Percent	Count	Percent
Yes	39	7.49%	0	0%	3	4%
No	482	92.51%	7	100%	65	96%
Caledonia: 5.6% of population are Veterans ²						
Essex: 8.7% of population are Veterans						
Orleans: 7.2% of population are Veterans						
Self or Family Justice-Involved	Community Members		NCHC Board		NCHC Employees	
	Count	Percent	Count	Percent	Count	Percent
Yes	16.54%	84	4	57%	6	9%
No	83.46%	424	3	43%	60	91%
Length of Time Living in Community	Community Members		NCHC Board		NCHC Employees	
	Count	Percent	Count	Count	Percent	Count
Less than 1 year	8	1.53%				
1-5 years	81	15.46%				
6-10 years	58	11.07%				
11-15 years	40	7.63%				
16 or more years	337	64.31%				
Self or Family Member with Disability	Community Members		NCHC Board		NCHC Employees	
	Count	Percent	Count	Percent	Count	Percent
No			5	71%	46	71%
Yes - physical			1	14%	8	12%
Yes - cognitive			1	14%	11	17%
Yes – vision or hearing			0	0%	3	5%
Yes - psychosocial			2	29%	10	15%
Other			0	0%	0	0%
Caledonia: 12.5% of population under age 65 are disabled ² while 31% of adults (any age) report a disability ³						
Essex: 17.4% of population under age 65 are disabled while 34% of adults (any age) report a disability						
Orleans: 13% of population under age 65 are disabled while 35% of adults (any age) report a disability						

Data Sources

1. Northeast Kingdom Coordinated Community Health Needs Steering Committee, "NEK CHNA 2024" (<https://nvrh.org/wp-content/uploads/2025/08/Northeast-Kingdom-CHNA-2024.pdf>)
2. U.S. Census Bureau, "QuickFacts Data Interactive Tool" (<https://www.census.gov/quickfacts/>), accessed July 15, 2025
3. Vermont Department of Health Division of Health Statistics & Informatics, "Behavioral Risk Factor Surveillance System 2023 Report" (<https://www.healthvermont.gov/sites/default/files/document/hsr-brfss-2023-datasummary.pdf>), accessed August 18, 2025

**Health and Health Related Social Needs, Resources, Challenges, Barriers
Northeast Kingdom (NEK) Needs Assessment Survey Takers**

Health and health related social needs and resources	Community Members		NCHC Board		NCHC Employees	
	Agree	Disagree	Agree/ Strongly Agree	Disagree/ Strongly Disagree	Agree/ Strongly Agree	Disagree/ Strongly Disagree
People can get the health services they need	45%	39%	72%	14%	65%	19%
People can access 24-hour in-home care or nursing care	25%	35%	14%	57%	40%	24%
People can get end-of-life support / hospice	66%	7%	86%	0%	76%	0%
Prescription drugs are affordable	27%	56%	14%	57%	14%	60%
Prescription drugs are accessible	70%	18%	57%	43%	42%	28%
People can get dental services they need	41%	46%	14%	43%	32%	44%
People can get mental health services they need	28%	44%	29%	29%	32%	38%
People can get substance use treatment services they need	33%	28%	57%	14%	48%	21%
Housing is available / (safe)	17%	65%	29%	58%	20%	54%
Safe housing is affordable			0%	86%	5%	76%
Healthy food is available	84%	11%	71%	14%	73%	10%
Healthy food is affordable	21%	70%	0%	86%	9%	75%
It is easy to find safe ways to get exercise / (indoor vs/ outdoor)	68%	23%	57% / 57%	29% / 0%	47% / 77%	34% / 8%
There are ways to take part in social life	68%	20%	71%	14%	60%	19%
People help each other	77%	13%	83%	0%	78%	5%
People feel connected to each other	49%	29%	71%	0%	60%	11%
There are ways to take part in faith or spiritual groups	78%	6%	85%	0%	69%	0%
People respect different views and backgrounds	40%	35%	57%	0%	44%	27%
People can get good jobs	26%	51%	29%	29%	33%	36%
It is a good place to raise children	70%	16%	86%	0%	62%	11%
It is a good place to be a young adult	30%	41%	14%	43%	31%	41%
It is a good place to age at home	54%	32%	57%	29%	46%	22%
People are aware of the local resources available to them			0%	29%	25%	39%

Health and health related social needs and resources over time	Community Members		NCHC Board		NCHC Employees	
	Do you think these needs have gotten better, are about the same, or have gotten worse in the last few years or so?		In the NEK community in which you live, do you think these needs have gotten better, are about the same, or have gotten worse in the last few years or so?		In the NEK community in which you work, do you think these needs have gotten better, are about the same, or have gotten worse in the last few years or so?	
	Better	Worse	Better	Worse	Better	Worse
People are able to get primary healthcare services.	18%	26%	57%	29%	25%	23%
People are able to get specialty medical services (like care for cancer, heart disease, or surgery).	16%	28%	29%	14%	11%	32%
People can afford health care services and health insurance.	4%	58%	0%	57%	6%	66%
People are able to get mental health services.	9%	36%	43%	14%	24%	27%
People are able to get services for alcohol and drug use treatment.	13%	18%	29%	14%	20%	12%
People are able to get dental services.	9%	36%	29%	29%	12%	33%
Older adults are able to get help and support to age in place.	11%	21%	0%	14%	17%	19%
People are able to get affordable child care.	7%	40%	0%	86%	5%	46%
People can afford housing/ (are able to get safe and affordable housing)	1%	76%	0%	86%	0%	77%
People are able to get help with rides to healthcare and other services.	14%	18%	0%	43%	13%	22%
People are able to get healthy and affordable food.	11%	42%	0%	57%	9%	43%
People are able to get primary healthcare services.	18%	26%	57%	29%	25%	23%
People are able to get specialty medical services (like care for cancer, heart disease, or surgery).	16%	28%	29%	14%	11%	32%
People can afford health care services and health insurance.	4%	58%	0%	57%	6%	66%
People are able to get mental health services.	9%	36%	43%	14%	24%	27%
People are able to get services for alcohol and drug use treatment.	13%	18%	29%	14%	20%	12%
People are able to get dental services.	9%	36%	29%	29%	12%	33%
Older adults are able to get help and support to age in place.	11%	21%	0%	14%	17%	19%
People are able to get affordable child care.	7%	40%	0%	86%	5%	46%
People can afford housing/ (are able to get safe and affordable housing)	1%	76%	0%	86%	0%	77%

Challenges accessing health services	Community Members	NCHC Board	NCHC Employees
In the past year, have you or someone close to you had trouble getting any of the following types of health services?	In the past year, have you or someone close to you had trouble getting any of the following types of health services?	In the past year, have you or someone close to you had trouble getting any of the following types of health services?	In the past year, have you heard through your work that patients or clients or their family have had trouble getting any of the following types of health services?
We did not need any health services	7%	29%	
We received all the health services that were needed	45%	14%	
Well care (Primary Health Care)	24%	57%	45%
Specialty medical care (like heart, cancer, lung)	19%	29%	55%
Sexual and reproductive healthcare	2%	0%	9%
Prescription drugs	25%	43%	64%
Emergency medical care	10%	0%	11%
Dental care for adults	35%	14%	70%
Dental care for children	6%	14%	20%
Mental health care for adults	20%	14%	49%
Mental health care for children		29%	43%
Alcohol Use Disorder treatment	3%	14%	15%
Substance Use Disorder treatment	4%	0%	20%
Home health care	11%	14%	10%
Hospice services	5%	0%	1%
Long-term care (like assisted living or nursing home care)	8%	29%	51%
In-home support services (such as meals, cleaning, connection to resources)	18%	29%	39%
Rehab services (physical or occupational therapy)	9%	14%	17%
Nutrition services (like counseling or education)	6%	0%	11%
Complementary/alternative medicine	10%	0%	20%
Telehealth services (telephone or web-based healthcare)	5%		
Other	9%	29%	10%

Barriers to accessing health services	NCHC Board	NCHC Employees
If you checked any of the health services above, please tell us what got in the way of needed health services	If you checked any of the health services above, and you heard what got in the way of getting the needed services, please check those reasons below	
No issues	29%	
Service not available	0%	44%
Wait time too long	43%	73%
Not open when I could go	0%	22%
Did not know where to go	14%	24%
Had no way to get there	14%	39%
Cost too much	29%	66%
No insurance or not enough insurance	29%	64%
No internet access	0%	12%
Not accepting new patients	43%	67%
Language barriers	0%	1%
My race or ethnicity not welcome	0%	1%
My gender or sexual orientation not welcome	0%	2%
My culture or religion not welcome	0%	0%
Fear of judgement	0%	13%
Mistrust, fear or anxiety	0%	22%
Other (please specify)	29%	7%

Challenges accessing support services	Community Members	NCHC Board	NCHC Employees
In the past year, have you or someone close to you had trouble getting any of the following types of support services?	In the past year, have you or someone close to you had trouble getting any of the following types of support services?	In the past year, have you heard through your work that patients or clients or their family have had trouble getting any of the following types of support services?	In the past year, have you heard through your work that patients or clients or their family have had trouble getting any of the following types of support services?
We did not need any support services	38%	67%	
We received all the support services that were needed	24%	0%	
Services for adults with disabilities	13%	17%	23%
Services for children with disabilities	4%	0%	21%
Help with rides to services	16%	17%	48%
Services for people who face domestic violence	5%	0%	3%
Translation or interpreter services	2%	0%	0%
Job training	4%	0%	8%
Help with housing needs	17%	17%	55%
Help with food needs	18%	17%	28%
Help paying bills	15%	17%	43%
Parenting advice or workshops	4%	0%	7%
Child care	8%	17%	42%
Infant care	25	17%	17%
Adult day services	6%	17%	17%
Help caring for aging family members	13%	0%	40%
Community re-entry from incarceration	3%	0%	12%
Legal supports	9%	0%	17%
Other services (please specify)	4%	0%	5%

Barriers to accessing support services	NCHC Board	NCHC Employees
If you checked any of the support services above, please tell us what got in the way of needed support services	If you checked any of the support services above, and you heard what got in the way of getting the needed services, please check those reasons below	If you checked any of the support services above, and you heard what got in the way of getting the needed services, please check those reasons below
No issues	50%	
Service not available	0%	55%
Wait time too long	50%	53%
Not open when I could go	0%	18%
Did not know where to go	25%	37%
Had no way to get there	0%	24%
Cost too much	50%	70%
No insurance or not enough insurance	25%	54%
Not accepting new patients	25%	43%
Language barriers	0%	0%
My race or ethnicity not welcome	0%	1%
My gender or sexual orientation not welcome	0%	0%
My culture or religion not welcome	0%	0%
Fear of judgement	0%	12%
Mistrust, fear or anxiety	0%	18%
Other (please specify)	0%	3%

Barriers to accessing health and/or support services	
Community Members	
If you checked any of the health and/or support services above, please tell us what got in the way of getting needed services	
We did not need any health and/or support services	19%
We received all the health and/or support services that were needed	28%
Service not available	22%
Wait time too long	25%
Not open when I could go	5%
Did not know where to go	9%
Had no way to get there	10%
Cost too much	23%
No insurance or not enough insurance	15%
No internet access	5%
Not accepting new patients	22%
Language barriers	1%
My race or ethnicity not welcome	0%
My gender or sexual orientation not welcome	1%
My culture or religion not welcome	0%
Choose not to seek medical care	2%
Fear of judgement	5%
Mistrust, fear, or anxiety	10%
Other reasons or comments	11%

Experience with unfair treatment, discrimination and stigma and missing/avoiding care or services as a result	Community Members		NCHC Board		NCHC Employees	
	In the past year, how often have you or someone close to you missed getting health care or support services because of unfair treatment? How often have you experienced discrimination or stigma in the following areas:	Never	Sometimes/Often	Never	Sometimes/Often	Never
Age	79%	18%	67%	33%	81%	17%
Body size - obesity	82%	15%	86%	14%	58%	41%
Disability	86%	11%	100%	0%	68%	31%
Education	91%	6%	100%	0%	78%	19%
Ethnicity/national origin	94%	2%	86%	14%	78%	21%
Gender	87%	9%	83%	17%	78%	21%
Gender expression			86%	14%	60%	39%
Language	94%	3%	100%	0%	81%	18%
Mental health	80%	15%	100%	0%	58%	41%
Race	92%	3%	100%	0%	76%	23%
Religion	91%	4%	100%	0%	92%	7%
Sexual orientation	91%	5%	86%	14%	71%	28%
Socioeconomic position			100%	0%	69%	30%
Substance use	90%	6%	86%	14%	56%	41%

Priority services	Community Members		NCHC Board		NCHC Employees	
	What services are important for you and your family?		What services are important for you and your family?		From what you have heard through your work with patient/clients and their families, what services are important for them?	
	Agree	Disagree	Agree	Disagree	Agree	Disagree
Crisis mental health services / suicide prevention programs	43%	11%	57%	0%	66%	1%
Outpatient mental health or substance misuse services for adults	49%	13%	50%	0%	74%	2%
Outpatient mental health or substance misuse services for children	40%	16%	50%	0%	64%	4%
Mental health or substance misuse screening / monitoring in primary care	42%	15%	33%	0%	54%	2%
Case management to coordinate services and help me with the resources I need	46%	16%	17%	17%	74%	2%
Help understanding and enrolling in insurance			33%	0%	80%	2%
Psychiatric treatment	39%	17%	57%	0%	60%	1%
Medication Management			60%	0%	66%	3%
Support from others with lived mental health or substance use experiences	34%	19%	50%	0%	49%	1%
Family education and support	43%	14%	50%	0%	51%	0%
Services for Veterans and military members	44%	17%	50%	0%	53%	6%
Financial coaching			29%	0%	42%	5%

Additional Access, Attribution and Insurance Data		
Northeast Kingdom (NEK) Needs Assessment Community Survey Takers		
<i>In the past year, have you seen a dentist at least once for a regular check-up?:</i>	Community Members	
	Count	Percentage
Yes	368	69.83%
No	159	30.17%
<i>What type of dental insurance do you have now?</i>	Count	Percentage
I do not have dental insurance now	212	40.54%
Dental is included with my health insurance plan	132	25.24%
Dental insurance through an employer	144	27.53%
Other	69	13.19%
<i>Do you have a primary healthcare provider that you see at least once a year for routine check-ups, health problems, or management of health conditions?</i>	Count	Percentage
Yes	502	95.44%
No	24	4.56%
<i>Where is your primary healthcare provider located?</i>	Count	Percentage
do not have a primary healthcare provider	17	3.25%
Northern Counties Health Care (Danville Health Center, St. Johnsbury Community Health Center, Concord Health Center, Island Pond Health Center, Hardwick Health Center)	207	39.58%
North Country Hospital (Primary Care: Newport, Barton/Orleans, North Country Pediatrics)	88	16.83%
Northeastern Vermont Regional Hospital (Corner Medical, Kingdom Internal Medicine, St. Johnsbury Pediatrics)	163	31.17%
Blue Spruce Health	7	1.34%
New Hampshire-based Primary Care Practice	17	3.25%
Other location not listed	63	12.05%
<i>What type of health insurance do you have now?</i>	Count	Percentage
do not have health insurance now	6	1.14%
Medicaid	95	18.10%
Medicare	289	55.05%

TRICARE, VA, or Military	21	4.00%
Private insurance through my employer or family member's employer	179	34.10%
Other private health insurance	92	17.52%
Where do you receive hospital or specialty care, such as cardiology, urology, surgical? (check all that apply):	Count	Percentage
I do not get hospital and/or specialty care	66	12.55%
North Country Hospital	75	14.26%
Northeastern Vermont Regional Hospital	258	49.05%
University of Vermont Health Network	70	13.31%
Dartmouth Health	212	40.30%
Other New Hampshire-based hospital	46	8.75%
Prefer not to answer	6	1.14%
Other location not listed	37	7.40%
In the past year, if you have looked for or received care from a healthcare provider, specialist, or hospital outside the Northeast Kingdom, please tell us why:	Count	Percentage
I did not look for nor receive care from a healthcare provider, specialist, or hospital outside of the Northeast Kingdom	184	36.80%
Personal choice	87	17.40%
Services not offered in my community	149	29.80%
Cost	12	2.40%
Waitlist too long in the Northeast Kingdom	63	12.60%
Quality of care	91	18.20%
Not accessible	12	2.40%
In-network for my health insurance provider	21	4.20%
Referred by a healthcare provider	96	19.20%
Other	37	7.40%
In the last 30 days, how would you rate your mental health?	Count	Percentage
Excellent	78	14.74%
Very Good	186	35.16%
Good	148	27.98%
Fair	91	17.20%
Poor	22	4.16%
Other	4	0.76%
If you needed mental health or substance use treatment services, were you able to find the care you needed in the Northeast Kingdom?	Count	Percentage
I did not need mental health or substance use treatment services	361	69.83%
Yes, I got the care I needed in the Northeast Kingdom	84	16.25%
No, I had to seek services outside the Northeast Kingdom	48	9.28%
I could not find services at all	24	4.64%

Appendix D: Focus Group Data

NVRH Caledonia and Southern Essex
North Country Orleans and Northern Essex

Northeastern Vermont Regional Hospital (Caledonia and Southern Essex) Focus Groups

Background

To inform focus group needs, the NEK Coordinated CHNA Data Committee conducted a thorough inventory of recent focus groups—defined as those conducted within the last year—to identify gaps and needs as part of this process. The Data Committee, based on priority populations, outlined target populations and locations for hosting the focus groups. The Data Committee spent a considerable amount of time reviewing community survey data, secondary data, and known challenges and disparities to identify data objectives for each focus group session.

Participants

Seven focus groups were completed during August and September 2024, including:

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

Findings

Priority Area 1: Mental Health

- Mental health remains a top priority in the Northeast Kingdom, as well as throughout the state of Vermont.
- Focus group participants noted that navigating the referral process for mental health services and the broader healthcare system is primarily the responsibility of consumers. This journey can be challenging, as individuals often find themselves "stuck" at various points because providers across agencies don't always speak to each other.
 - Prolonged wait times for intake and accessing care can lead to consumers getting lost in the system, which is particularly daunting for those dealing with acute mental health issues.
 - Another barrier noted was the frequent changes in providers, which disrupt continuity of care and trust.
 - Many healthcare workers lack the training to handle mental health emergencies effectively, leading to unmet needs.
 - Finding diversity of experience in providers who are a good fit, who offer specific treatment modalities like Eye Movement Desensitization and Reprocessing (EMDR), can be difficult.
 - Travel distances, varied communication preferences, and limited in-patient or housing services pose further challenges to accessing timely and appropriate treatment.
- Despite these challenges, several points of strength were noted within the focus groups.
 - Respondents express a strong passion for mental health care for youth in the Northeast Kingdom.
 - They report better outcomes when providers take the time to listen and build relationships and when they have consistent providers who understand their needs and with whom they can build trust.
- Stakeholders also identify many challenges within the system of care.
 - Patients are often passed between organizations because they do not meet the criteria for the care provided, exacerbating the issue of an extreme lack of providers amidst increasing demand for mental health and substance use services in the NEK.

Northeastern Vermont Regional Hospital (Caledonia and Southern Essex) Focus Groups

- Existing staff are working at or above capacity, focusing more on "putting out fires" rather than on care coordination, building meaningful connections with clients, and delivering quality care.

Priority Area 2: Social Determinants of Health

- The Northeast Kingdom faces significant disparities that impact the quality of physical health and mental well-being. When comparing social determinants of health indicators, such as poverty, food security, employment status, household income, leisure time, and obesity, the NEK fares worse than the state.
- **“You can’t be employed up here without a car.”**

– Focus Group Respondent

Focus group participants shared the difficulty of finding employment that provides adequate compensation to support a family, as the cost of living is too high.
- Participants from an older adults focus group shared the need for senior living communities and pointed out the lack of low-income housing in the area.
 - The rise in housing prices, as well as the lack of homes to rent, is a contributing factor in the community's rise in homelessness.
- Participants in a low-income focus group stated that homelessness has become more visible in the Northeast Kingdom over the past few years, and people need help completing forms, applying for financial assistance, and receiving support for back rent.
 - Individuals shared that some people in the community view homelessness as a choice.
 - Focus group participants shared the need for increased outreach in the community to households experiencing financial difficulty, as well as more Section 8 housing and housing assistance.
- Physical activity is broadly accessible due to the expansive outdoors in the Northeast Kingdom.
- Focus group participants shared that physical activity is accessible via schools, wellness centers, and community groups.
- The focus group of parents who have children in youth and family services stated that there is community involvement that provides recreational activities for children.
 - Participants shared that it is more challenging to participate in physical activity in the winter, especially since the closure of (Indoor Recreation of Orleans County (IROC)).
- Participants from the Northeast Kingdom Human Services developmental services focus group take part in the Special Olympics, group bowling, and other sporting events.
 - This focus group has concerns about safety in the community, which can make them feel unsafe when out for walks unless they are accompanied.
- Participants stated that there is a need for enhanced communication in the region to promote awareness of community services.

Priority Area 3: Chronic Disease Morbidity and Mortality

- Life expectancy in the region tends to be slightly lower than the state average. Higher rates of mortality related to chronic conditions like cardiovascular disease, cancer, and respiratory diseases have been observed.
- Caledonia and Essex Counties have an aging population.
 - Older residents face increased health challenges, including mobility issues, chronic disease management, and a greater need for other supports and services.
 - Older individuals may also experience social isolation due to geographic distance, limited transportation, and a smaller social support network, all of which can negatively affect mental and physical health.
- Focus group respondents shared difficulties with their physical health, noting that numerous barriers prevent people from addressing health issues.
 - There is concern about the lack of human connection, as many people prefer to listen to automated messages rather than speak with a person.
 - There are issues with care coordination and collaboration across multiple providers in the community.

Northeastern Vermont Regional Hospital (Caledonia and Southern Essex) Focus Groups

- Healthcare accessibility is challenging in the NEK due to a lack of reliable transportation, professional shortages, and a lack of personal touch.

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

Priority Area 4: Substance Use

- Northeast Kingdom residents face many challenges related to substance use conditions. When comparing the substance use data across the state, the counties that encompass the NEK have similar outcomes compared to the state average.
- Of particular significance, the rate of opioid use in the NEK, specifically Essex and Orleans Counties; and substance use among youth in Orleans County.
- Focus group participants shared concerns about drug problems in the community and the high rate of substance use coming up as a negative factor when discussing whether the NEK is a good place to live.
- There was an emphasis on the need to promote services in the area because participants do not believe people in the region are aware of all the resources in the community that could be of assistance to individuals struggling with substance use.
 - A focus group participant suggested creating free support groups for individuals in recovery.
 - Another participant drew the connection between the rise in homelessness, substance use, and the increase in crime rates in the community.
 - Focus group participants shared concern over the perception that all unhoused people have a substance use disorder.

North Country Hospital (Orleans and Northern Essex) CHNA Focus Groups

HIVE (Help Include Voices Everywhere)	3 Participants
Senior Meal Site-Barton	7 Participants
JTRCC (Journey to Recovery Community Center)	7 Participants
CHT (Community Health Team)	20 Participants
The Wellness Center, Older Adults	4 Participants

1. Good health means different things to different people. What does it mean to you?

- Access to health care
- Stability of having health care providers available
- Housing: affordable
- Reliable transportation
- Manageable finances
- Physical, mental health and basic needs being met
- Equitable health care
- Access to specialty care within a reasonable distance
- Childcare: affordable and accessible
- Access to healthy food

2. What helps you/family/friends stay healthy?

- Family and friends, network, peer support, going to the Wellness Ctr.
- As a student, being an athlete keeps me healthy.
- Going to the gym.
- Two income household
- Socializing/Connection with the community
- Work-life balance
- Access to the outdoor activities
- Access to healthy food
- Accessibility - in all different forms
- Stability
- Relationship to CHT
- Knowing a point person to go to at your providers office
- Feeling comfortable communicating with your provider
- Navigating supports especially for elders

3. What gets in the way of you/family/friends becoming or staying healthy?

- Finances/cost of living expenses
- Time
- Lack of providers
- Culture – healthcare isn't prioritized
- Distance/Inclement weather
- Socialization/entertainment with bad food choices
- Lack of resources
- Transportation
- Access to specialists
- Lack of knowledge, fear of “sounding stupid” or “silly”, don't know who to ask
- Anxiety and embarrassment to access the system
- Substance use – causes anxiety and embarrassment to access care
- Know something is wrong but don't want to hear the bad news, or they gained weight instead of lost weight and are afraid of what the provider will say

- Time with providers where the provider can help them be more comfortable – rushed appointments.
- Insurance coverage. Gap between Medicaid and private insurance is too big. Large deductibles and low coverage.
- Fear of the financial burden of next steps i.e. PT, specialists etc.
- Hours and scheduling of provider's offices – during work hours, don't want to take time off

4. We're going to ask about some health-related choices. Please let us know if they are easy for you/family/friends to do or if they are not, what gets in the way of doing each one.

- a. Eating 5 servings of fruit/vegetables each day**
 - Hard
 - Easy as a vegetarian, grow my own vegetables in my garden
 - Expensive
 - Time consuming
 - Ability to get to the store that often
 - Recipes
 - Skill to prepare food
 - No access to kitchens, utensils,
 - Preparing for a family
- b. Exercising 150 minutes (2.5 hours a week) is recommended. If you're already exercising each week, please explain why and what.**
 - Can be done anywhere –walking
 - Wellness center is a good resource; people are not aware of financial assistance available
 - Self-motivated-it's much cheaper to stay healthy & fit.
 - If not, what gets in the way of you exercising?
 - Time
 - Electronics – phones, kindles,
 - Weather
 - Motivation
 - Fear of walking due to crime/drugs
 - Safety especially in winter
 - If you're living in a state of trauma, exercising feels ridiculous
 - Not part of culture. Farming culture: manual labor, always things to do. "Make it productive"
 - Hard to prioritize self when life is busy, in survival mode etc.
 - Access to affordable fitness center
 - Stigma that prevents people from going to a fitness center
 - If not, what would you like to do but aren't able to and tell us why?

5. If you/family/friends now use tobacco and have ever tried to quit, what helped you quit? If not, what gets in the way of quitting tobacco?

- Significant other doesn't want to stop, lack of support
- As a student, I wouldn't know where to go for support or what resources are available.
- Feeling stressed
- Comfortable and safe to keep smoking
- Addiction
- Social component – friends, work breaks,
- Extremely hard to quit
- Vaping – kids
- Successes: scary health diagnosis
- Financial implications can spur quitting

6. What are some of your thoughts about mental health needs such as depression, anxiety and suicide?

- Not enough services
- Stigma
- Denial
- I see a lot of young children in school that have gone through traumas. Children can't express their emotions, and it builds up into adulthood.
- Growing up in another country we did not have resources. I feel like there are a lot of services available here.
- As a student, I'm not sure what resources are available outside of school.
- Lack of follow through at school. There seems to be a misuse of resources at school, not a lot of validity. Too reactive instead of providing resources to be proactive.
- I can talk to my friends or family
- Lack of knowledge
- Mental health should be spoken about the same as physical health
- Be aware of language implications. "Counseling" can imply that someone needs to be set straight and can cause resistance.
- Lack of knowledge about what it is someone is looking for
- Expectations of a provider i.e. this person is going to "fix" me
- Fear of being held against their will
- Blanket diagnosis i.e. "oh they're just going to tell me it's anxiety or depression" instead of diving deeper into a medical reason
- Blanket medications – also changing meds can cause physical and mental side effects. Fear of what the next med is going to do, will it make me feel worse?
- People don't always realize that they are in control of what they are ready to deal with at any given moment, feel like they will be forced to dive deep into things that they aren't ready to face yet.
- Hard to call for help when you are in a crisis or low moment. People are vulnerable.

7. What are some of your thoughts about services in our community to help people with depression, anxiety, suicide, or other mental health needs?

- Not nearly enough services
- Counselors are too expensive.
- The VA does a good job taking care of your mental needs at no cost.
- As a student, I'm not sure what services are available.
- Lack of support with transitioning from long-term recovery to general society.
- We need more permanent recovery facilities.
- Excellent continuum of care but not enough providers to fill it
- Misinterpretation of what the engagement will result in, i.e. meeting with someone once will fix my housing issue
- Specialty appointments are far away
- Providers don't call back
- Providers not accepting new patients
- Providers only take certain insurances
- NKHS has done a good job recently about getting new clients in faster than previously.
- Vermont Counseling Network – smaller but similar to Psychology today, is much more up to date. Can meet by telehealth if needed.
- Turnover in staff and reputation – NKHS has come a LONG way, but turnover is a challenge, and reputation can be hard to turn around.
- Hard to find a provider that you connect with. Being able to relate to a counselor/therapist.

8. What are some of your thoughts about alcohol use, prescription medication abuse, and/or street drug use among adults or youth and how it affects our community?

- Healthcare definition
- Culture in the NEK
- It is very accessible; adults use drugs in their home which makes it easy for children to use.
- Chronic physical and mental pain
- Self-medication
- We need more police presence.
- No outcomes when law enforcement is called.
- Fear of accessing services, lack of transportation, affordability – vs. if you can solve your short term need with something you can buy from a neighbor down the road
- Alcohol use is normalized – drinking and driving
- Legalization of marijuana has changed things as well
- Mixed messages for children (specifically regarding marijuana)
- Regarding marijuana: teachers and parents might think “well, at least they’re not using opiates or ____”

9. What are your thoughts about services in our community to help people with alcohol and/or drug use (are services available, accessible and/or enough)?

- Recovery centers and peer movement make accessibility even greater
- Rapid access MAT in some places
- Resources are available but people have to want to change and work to recover.
- As a recovering alcoholic, I now help individuals in the ED when they need someone to talk to.
- Some feel like they get “pushed off” from recovery centers instead of helping someone dive into why they are making the choices they are getting.
- Treatment vs support. Lack of support for the next step after treatment.
- not enough/long enough/affordable treatment to support the struggle/MH diagnosis behind the addiction.

10. Have you/family/friends put off getting a medical test or procedure because of the cost and/or availability/accessibility? If yes, please tell us more about this.

- Diabetes-related cost
- MRI
- Vision care
- Dental care
- Hearing aids and care
- Deductibles at the first of the year are very difficult for people – coming out of holiday costs, heating season, etc.
- Routine care such as PT and chiropractor comes with a copay, and it can really add up so folks skip those at times
- Benefits cliff

11. Have you/family/friends put off taking a medication because of the cost? If yes, tell us more about that.

- Name brand meds
- Newer meds to the market
- Experimental meds

12. What can North Country Hospital do to better serve you, your family and/or friends?

- More permanent providers
- Better providers
- More specialty providers

- Reminder calls done earlier in the day would be helpful. Elderly people cannot retrieve messages on their phones.
- Alternative hours and days
- Behavioral health integration – substance use
- After a surgical procedure that I had, I did not get to speak with the doctor. I mentioned this in my survey. I had the same procedure at DHMC years ago and had great follow up.
- Medical advocacy – patients don't know what to ask for, more education regarding that.
- Positive end – we are lucky to have the CHT and NCH and all the benefits it offers. Quality improvement is good but acknowledge the good things that NCH is already doing. Other parts of the state and other states don't have nearly the resources that we do.
- Collaboration is excellent here
- It's great to have Wellness Center classes in Barton.
- The system itself is broken not specific to NCH.

13. What else would you like us to know about healthcare needs and/or services and anything that affects either or both?

- We offer so many things in our community, but people don't know about it – better marketing
- Resource guide or contact list
- Concerns around pregnancy resources now that Planned Parenthood is closed.
- Local information center or central hub
- There is a huge shortage of home health care.
- Refer people to services by position or title vs. person's name
- Agency list and what they offer, populations they work with
- The Navigator support at NCH is incredibly helpful.
- Love the radiology department and lab. I don't like that I must register prior to labs.
- NCH's ED physicians seem to understand substance use and treat patients with respect & dignity.
- Case Management support is amazing.
- Having a small-town visiting nurse. Someone that could make referrals or give vaccines. This would save older Vermonters from traveling to the hospital.
- Lack of services for parents. Parenting skills are lacking.

14. Do you have any questions about today's focus group? Do you have any suggestions as to ways we could make it better for another group?

- Expanding invites to focus groups to other community partners.

Appendix E: Primary Care Data

Service Area Analysis

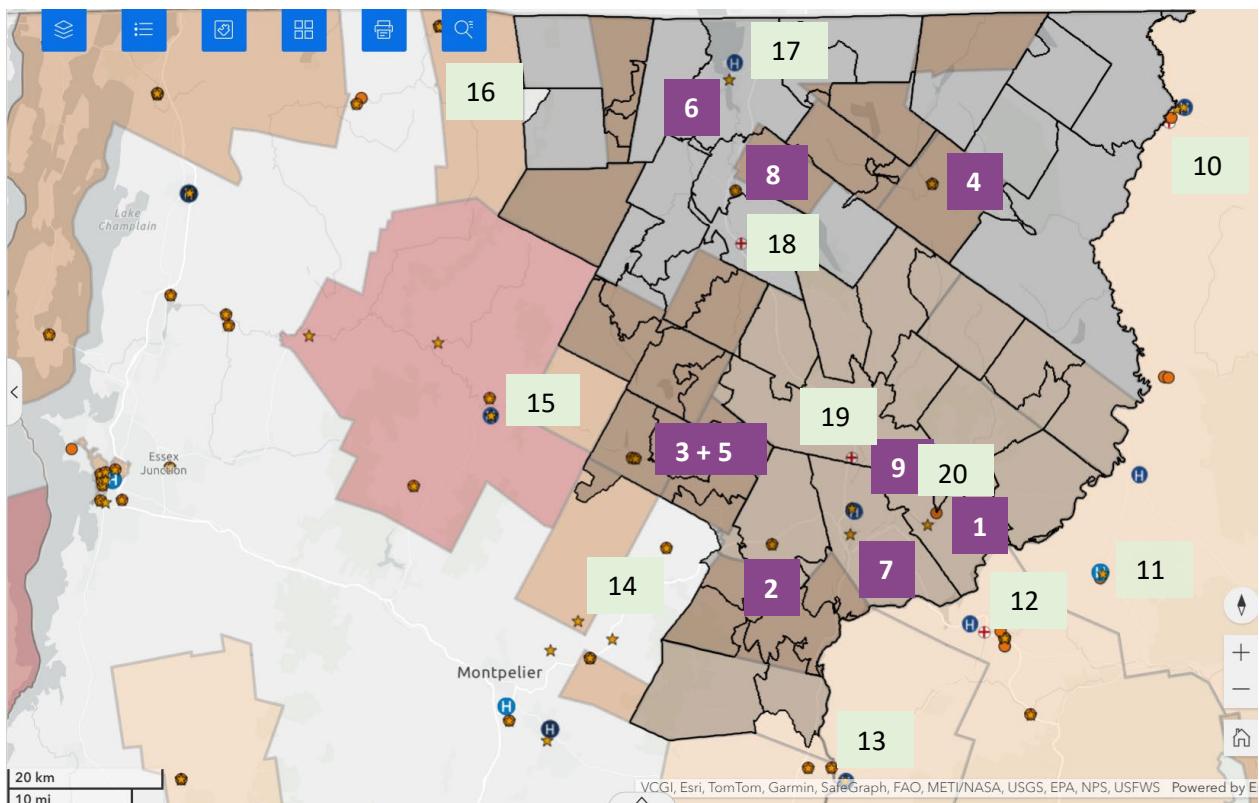
Uniform Data System Trend Comparison

Uniform Data System 2024 Quality Report

Trended Patient Experience Data

Primary Care Service Area Analysis

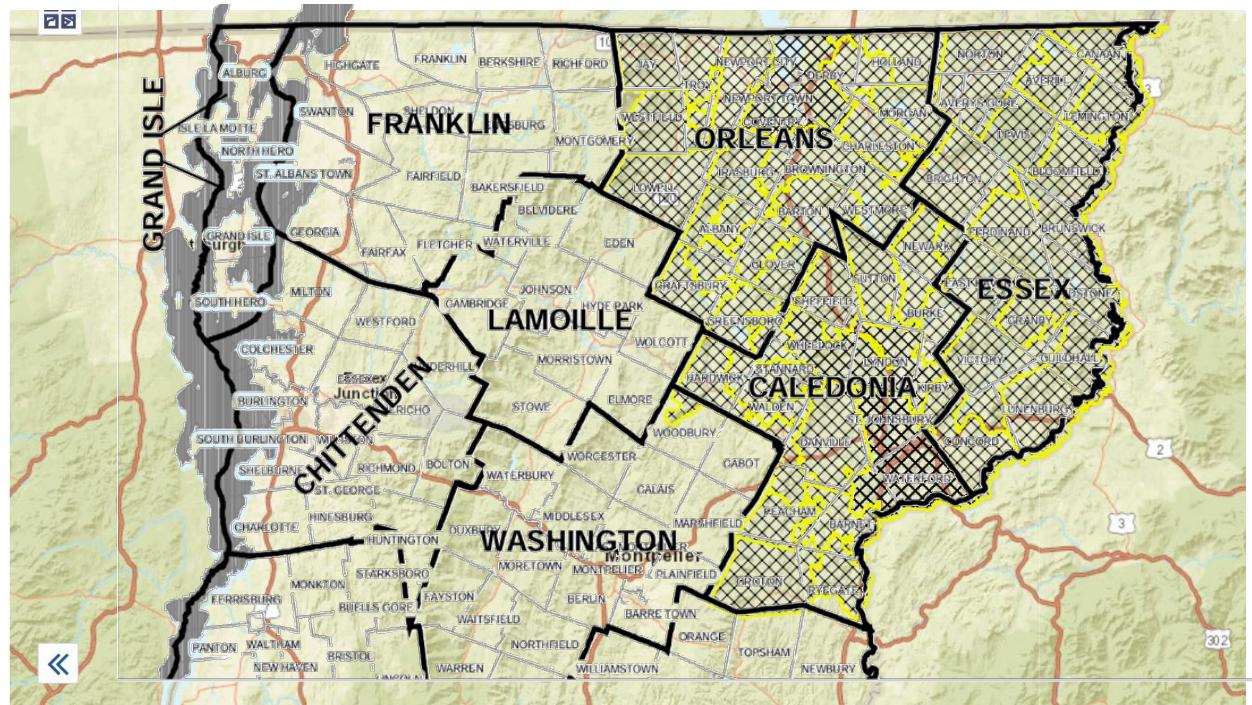
Zip Code Tabulation Areas (ZTCAs) in NCHC Service Area: 05901, 05906, 05837, 05902, 05847, 05846, 05907, 05860, 05855, 05904, 05822, 05819, 05824, 05905, 05851, 05871, 05843, 05857, 05046, 05872, 05862, 05830, 05825, 05820, 05839, 05840, 05903, 05845, 05821, 05859, 05826, 05832, 05873, 05867, 05858, 05874, 05842, 05829, 05042, 05866, 05850, 05050, 05833, 05875, 05868, 05836, 05828, 05853, 05827, 05841



Current Service Area Map - NCHC			
Health facility service area and bordering resources			
Key:	= FQHC Service Site	= Hospital	= Rural Health Clinic (RHC)
Number	Facility	Type	Town
1	Concord Health Center	NCHC FQHC medical service site	Concord, VT
2	Danville Health Center	NCHC FQHC medical service site	Danville, VT
3	Hardwick Area Health Center	NCHC FQHC medical service site	Hardwick, VT
4	Island Pond Health and Dental Center	NCHC FQHC medical and dental service site	Island Pond, VT
5	Northern Counties Dental Center	NCHC FQHC dental service site	Hardwick, VT
6	Northern Express Care Newport	NCHC FQHC medical service site	Newport, VT
7	Northern Express Care St. Johnsbury	NCHC FQHC medical service site	St. Johnsbury, VT
8	Orleans Dental Center	NCHC FQHC dental service site	Orleans, VT
9	St. Johnsbury Community Health Center	NCHC FQHC medical service site	St. Johnsbury, VT
10	Coos County Family Health - Colebrook	Other border FQHC service site	Colebrook, NH
	North Country Medical and Wellness LLC	Rural Health Clinic (RHC)	Colebrook, NH

	Upper Connecticut Valley Hospital	Critical Access Hospital (CAH)	Colebrook, NH
	Weeks Medical Center	Rural Health Clinic (RHC)	Colebrook, NH
11	Weeks Medical Center	Critical Access Hospital (CAH)	Lancaster, NH
	Weeks Medical Center	Rural Health Clinic (RHC)	Lancaster, NH
12	North Country Primary Care	Rural Health Clinic (RHC)	Littleton, NH
	Convenient Med LLC	Rural Health Clinic (RHC)	Littleton, NH
	ACHS - Littleton	Other border FQHC service site	Littleton, NH
	Littleton Regional Hospital	Critical Access Hospital (CAH)	Littleton, NH
13	Little Rivers – Wells River	Other border FQHC service site	Wells River, VT
14	The Health Center – Cabot SBHC	Other border FQHC service site	Cabot, VT
15	Lamoille Health Family Medicine - Morrisville	Other border FQHC service site	Morrisville, VT
	Copley Hospital	Critical Access Hospital (CAH)	Morrisville, VT
16	NoTCH – Richford Health Center	Other border FQHC service site	Richford, VT
17	North Country Hospital	Critical Access Hospital (CAH)	Newport, VT
	North Country OB/GYN	Rural Health Clinic (RHC)	Newport, VT
	North Country PC - Newport	Rural Health Clinic (RHC)	Newport, VT
	North Country Pediatrics	Rural Health Clinic (RHC)	Newport, VT
18	North Country PC – Barton/Orleans	Rural Health Clinic (RHC)	Barton, VT
19	NVRH PC – Corner Medical	Rural Health Clinic (RHC)	Lyndon, VT
20	NVRH	Critical Access Hospital (CAH)	St. Johnsbury, VT
	NVRH PC – Kingdom Internal Medicine	Rural Health Clinic (RHC)	St. Johnsbury, VT
	NVRH St. Johnsbury Pediatrics	Rural Health Clinic (RHC)	St. Johnsbury, VT

Unmet Need Score in NCHC's Currently Defined Service Area = 29.08 of 100 max



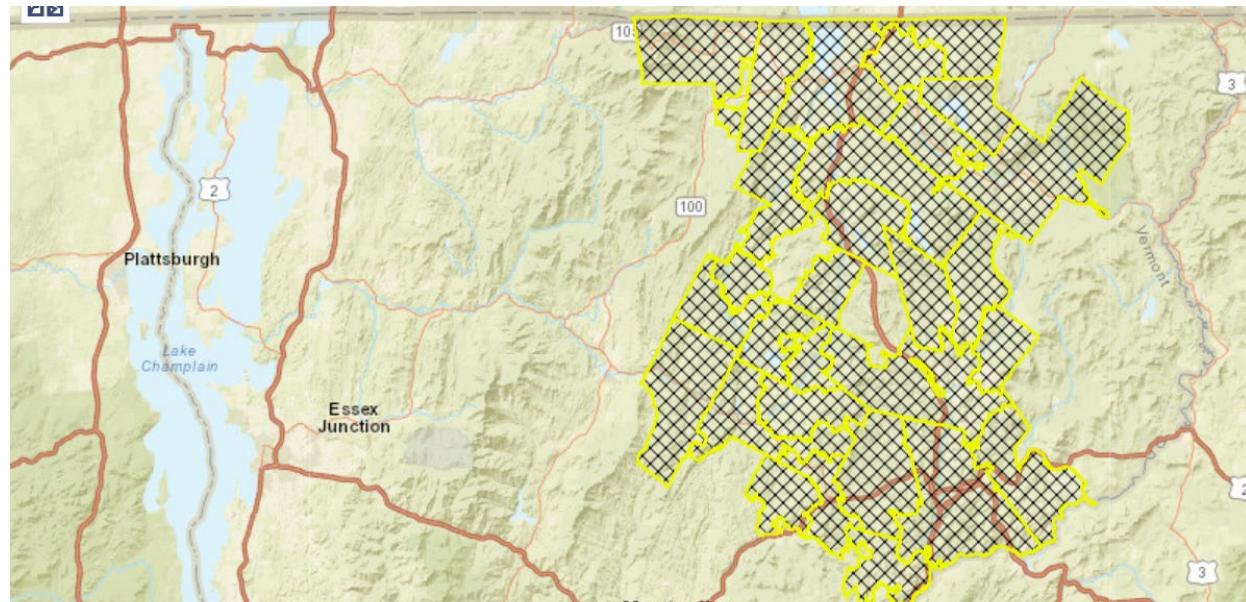
Service Area Details

Proposed Service Area UNS (0-100): **29.08**

CY 2024 Patient Origin Zip Code Analysis ZCTAs contributing more than 200 unique patients = 79% of total unique patients (26,058)				
ZTCA	# Unique Patients from ZTCA	% of Total Unique Patients	Towns in ZTCA	Average mileage to closest NCHC service site /other FQHC service site and/or RHC
05819	3,394	13.02%	St. Johnsbury, Waterford	<5 miles (CHC or STJCHC or NECSTJ) / <5 miles (NVRH PC – St. J Peds and KIM)
05855	2,060	7.91%	Newport	<5 miles (NECN)/< 5miles (NCH PC – Newport)
05843	1,542	5.92%	Hardwick	<5 miles (HAHC) / 7 miles (THC SBHC in Cabot) / 11 miles (LHP Morrisville)
05851	1,419	5.45%	Lyndon	<5 miles (STJCHC)/< 5 miles (NVRH PC – Corner Med, St. J Peds, KIM)
05828	1,118	4.29%	Danville	<5 miles (DHC) or <10 miles (STJCHC or NECSTJ) or <15 miles (CHC or HAHC) / <10 miles (THC SBHC in Cabot)
05846	921	3.53%	Brighton/Island Pond	<5 miles (IPHC) or <20 miles (NECN) / <20 Colebrook Clinic FQHC NH / <20 miles (NCH PC - Newport)
05860	920	3.53%	Orleans	<10 miles (NECN) and <16 miles (IPHC)/< 5miles (NCH PC – Barton/Orleans)
05829	739	2.84%	Derby	<5 miles (NECN) and <16 miles (IPHC)/< 5miles (NCH PC - Newport)
05822	663	2.54%	Barton, Sutton, Sheffield	13 miles (NECN or STJCHC) and <16 miles (IPHC)/< 5miles (NCH PC – Barton/Orleans)/ 10 miles (NVRH PC – Corner Med)
05836	661	2.54%	Hardwick, Stannard, Walden	<5 miles (HAHC or DHC) / 5 miles (THC SBHC in Cabot)
05871	533	2.05%	Burke, Sutton, Newark	<15 miles (STJCHC) or <10 miles (IPHC) / 10 miles (NVRH PC – Corner Med)
05859	516	1.98%	North Troy	10 miles (NECN) / 10 miles (NCH PC - Newport) / 14 miles (Richford Health Center)
05824	478	1.83%	Concord	<5 miles (CHC) or 7 miles (STJCHC / NECSTJ) / 10 miles ACHS in NH
05821	474	1.82%	Barnet	<10 miles (NECSTJ or DHC) or 10 miles (STJCHC) / LRHC Wells River Clinic
05830	470	1.80%	Derby Line	<7 miles (NECN) and <17 miles (IPHC)/< 7miles (NCH PC - Newport)
05680	433	1.66%	Wolcott	<6 miles (HAHC) / <7 miles (LHP Morrisville)
05845	409	1.57%	Irasburg, Coventry, Albany	<10 miles (NECN) and <20 miles (IPHC)/< 10miles (NCH PC - Newport)
05857	399	1.53%	Newport, Derby	<5 miles (NECN)/< 5miles (NCH PC - Newport)

05826	395	1.52%	Craftsbury, Greensboro	<10 miles (HAHC) / / <12 miles (LHP Morrisville)
05842	347	1.33%	Greensboro, Stannard, Wheelock	10 miles (STJCHC) or <15 miles (HAHC or DHC or CHC) / <10 miles (NVRH PC – Corner Med)
05873	339	1.30%	Danville, Walden, Peacham	<5 miles (DHC) or <10 miles (NECSTJ)
05647	315	1.21%	Cabot (ZTCA partially in Caledonia County)	<10 miles (HAHC or DHC) / <5 miles (THC SBHC in Cabot)
05872	309	1.19%	Charleston, Morgan	<10 miles (IPHC or NECN) / <10 miles (NCH PC - Newport)
05839	274	1.05%	Glover, Sheffield	16 miles (NECN, HAHC or IPHC) / 16 miles (NCH PC - Newport)
05832	273	1.05%	Burke, Lyndon, Kirby	6 miles (STJCHC or CHC) / <10 miles (NVRH PC – Corner Med)
05827	260	1.00%	Craftsbury, Albany, Greensboro	16 miles (HAHC) / 16 miles (LHP Morrisville)
05661	255	0.98%	Morrisville	12 miles (HAHC) / <5 miles (LHP Morrisville)
05841	247	0.95%	Greensboro	5 miles (HAHC) or <15 (DHC) / 12 (THC SBHC in Cabot) / <15 miles (LHP Morrisville)
05853	228	0.87%	Morgan, Warner's Grant	7 miles (IPHC) or <15 miles (NECN) / <15 miles (NCH PC - Newport)
05867	217	0.83%	Sutton, Sheffield, Westmore	<10 miles (IPHC) or <15 miles (NECN) / <15 miles (NCH PC - Newport)
Total	20,608	79.09%	(78% without the 255 patients from Morrisville)	

Unmet Need Score in NCHC's CY 24 Majority Patient Origin Service Area = 28.38

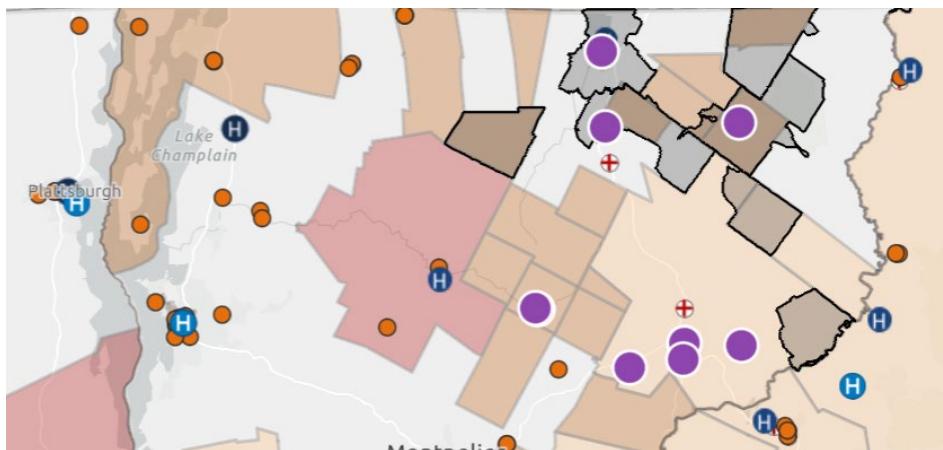


Service Area Details

Proposed Service Area UNS (0-100): **28.38**

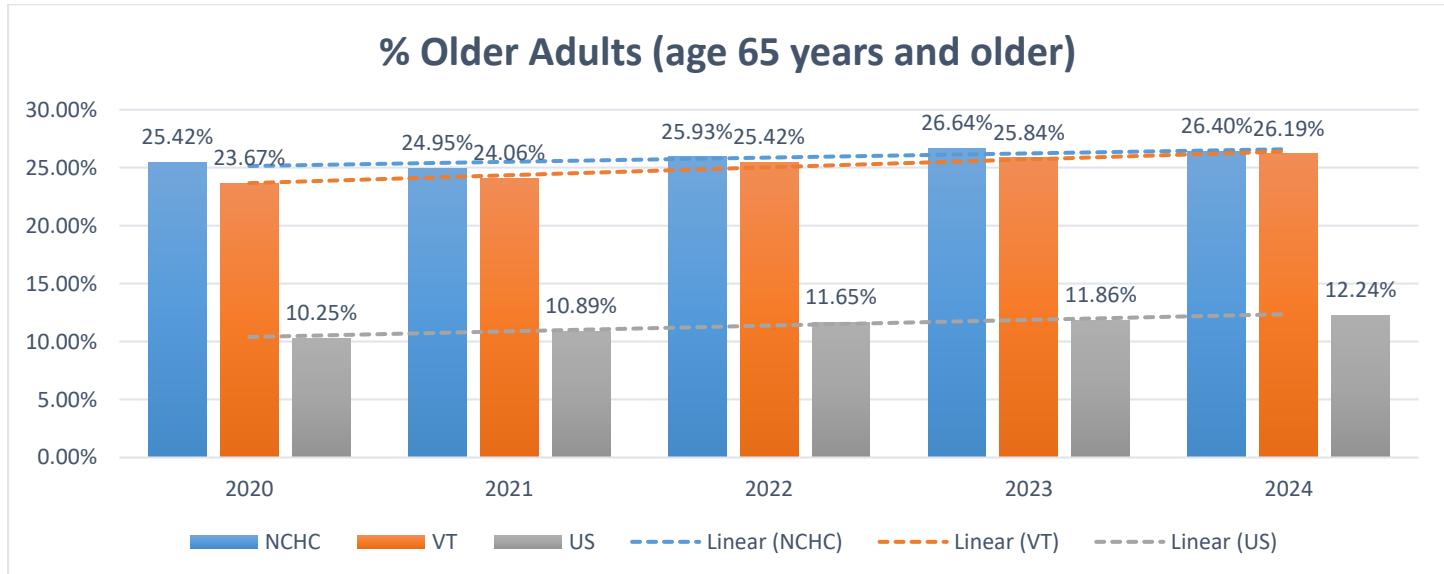
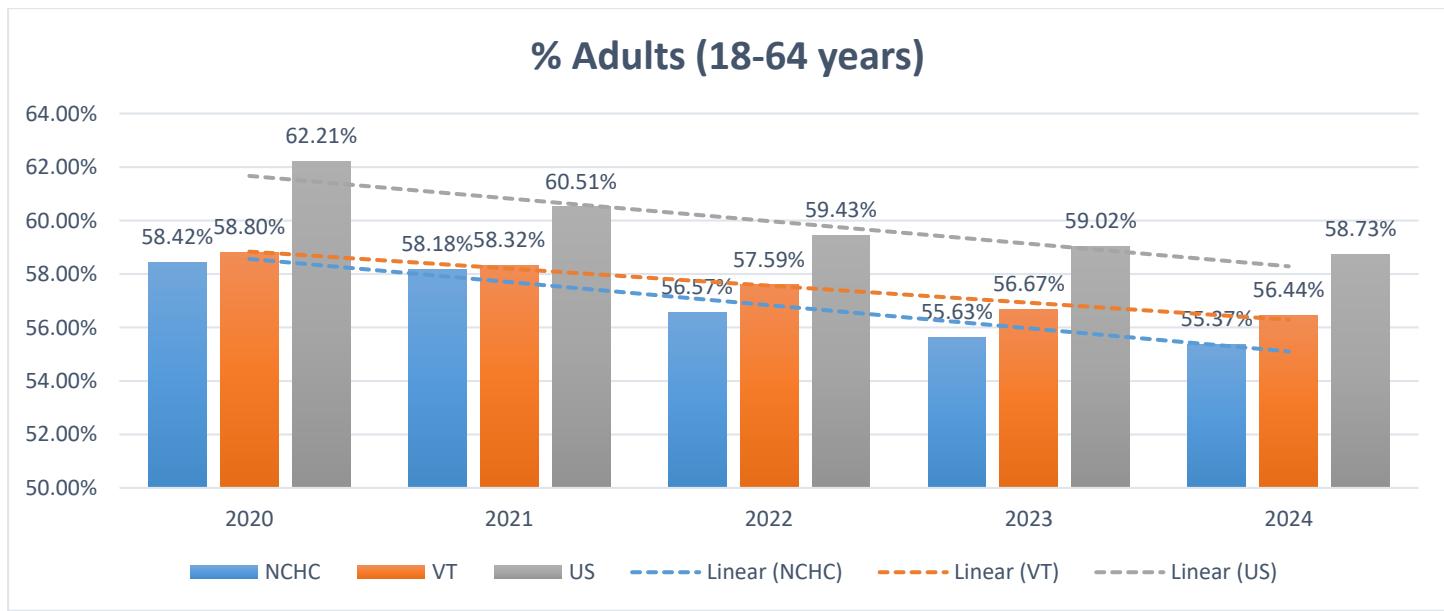
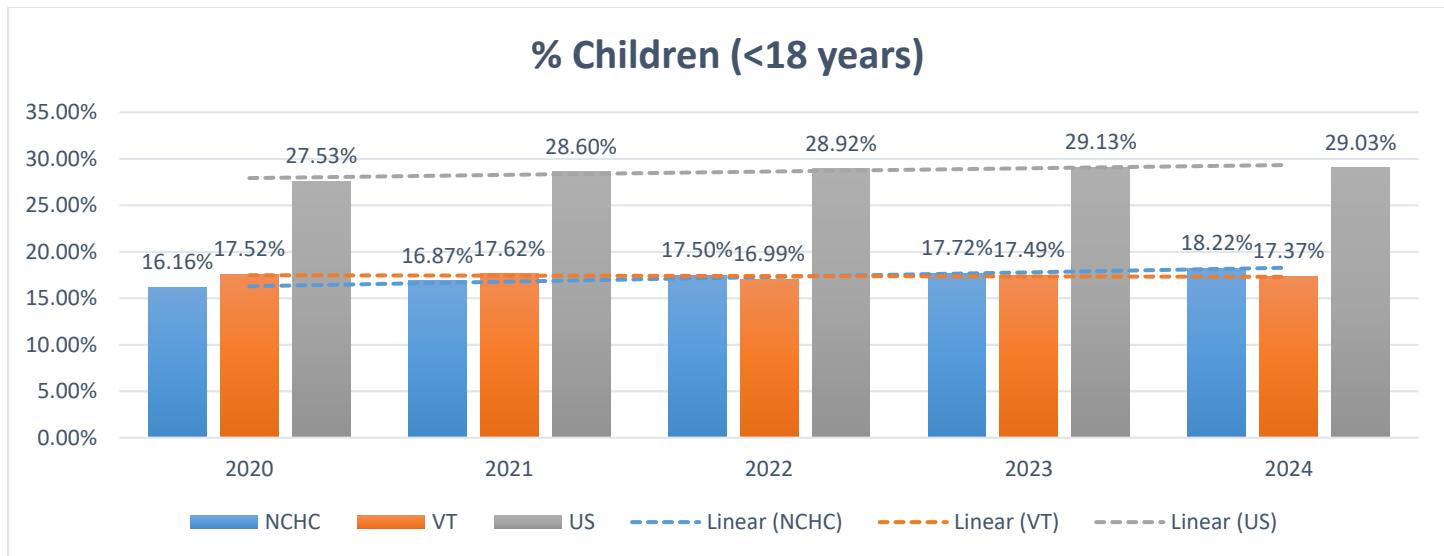
Top 10 ZTCAs in NCHC Service Area with the highest Unmet Need Scores (UNS)

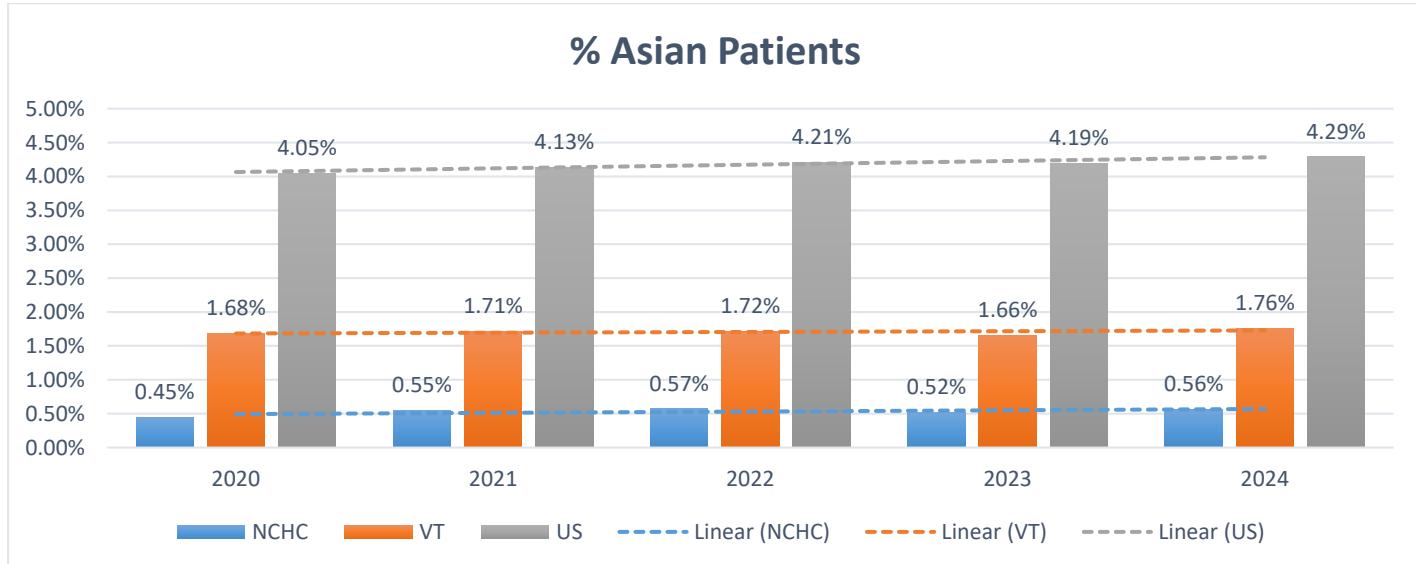
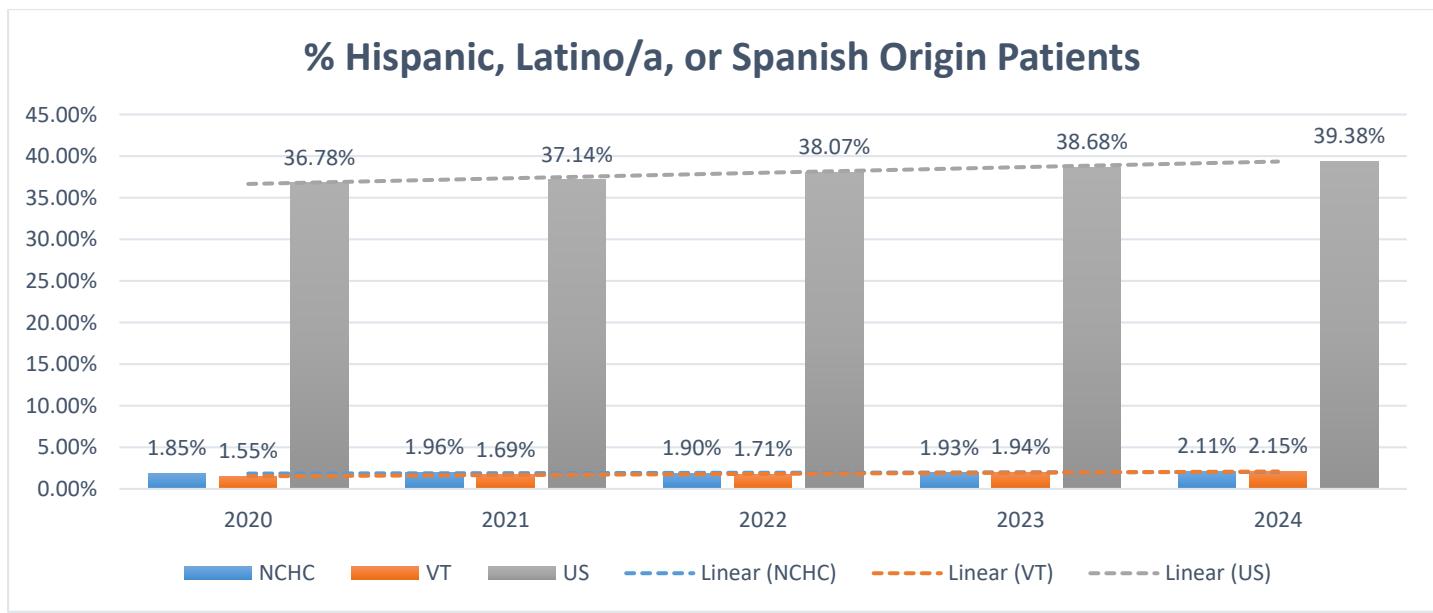
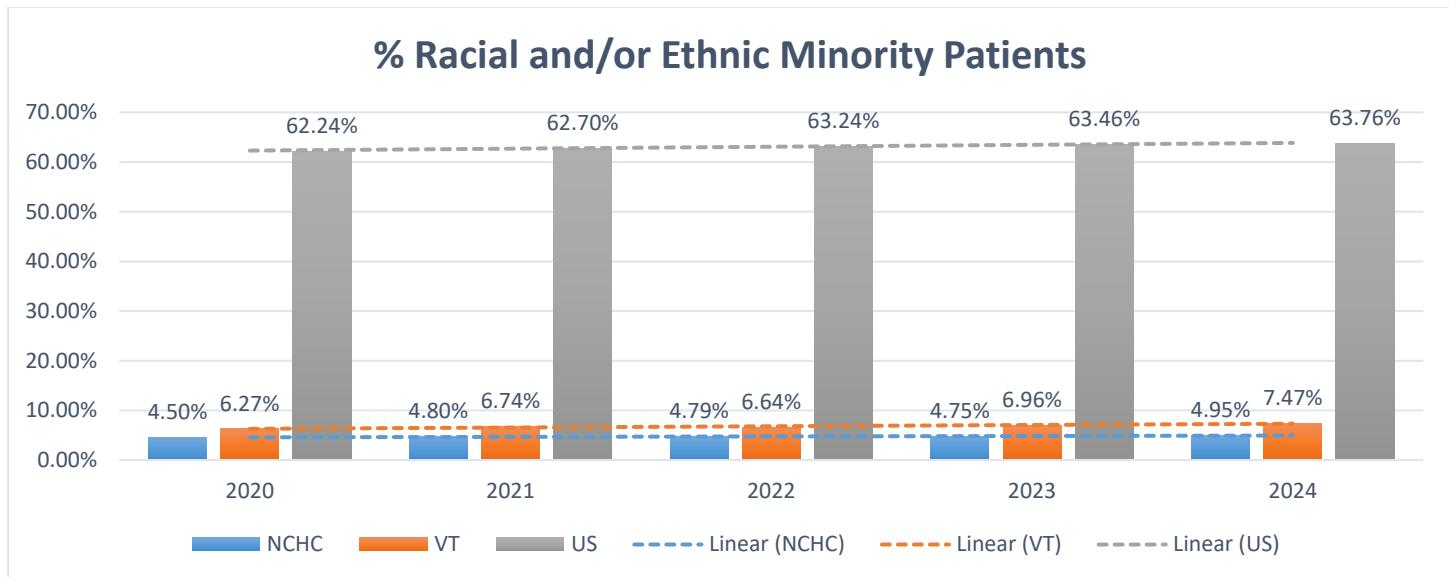
ZTCA (Towns)	UNS (0-100)	ZTCA Population 2018-2022	# NCHC Patients from ZTCA CY 2023	# NCHC Patients from ZTCA CY 2024	Average mileage of ZTCA to NCHC service site / other FQHC service site and/or RHC service site
05906 Concord, Victory	51.69	1,328	204	190	<10 miles (CHC or STJCHC) / <15 miles (ACHS Whitefield, NH)
05837 East Haven, Newark, Ferdinand, Granby	51.43	352	144	135	10 miles (IPHC) or 16 miles (STJCHC or CHC) / 15 miles Colebrook Clinic, NH
05902 Canaan, Beecher Falls	47.23	131	31	26	20 miles (IPHC) / 7 miles (Colebrook Clinic, NH)
05847 Lowell (primarily served by NotCH)	42.90	1,003	110	145	15 miles (NECN) / 17 miles Richford HC / 15 miles (NCH PC – Newport)
05846 Brighton, Newark, Ferdinand, Lewis	40.46	1,225	940	921	<10 miles (IPHC) / 11 miles (Colebrook Clinic NH)
05907 Norton, Averill, Morgan, Lewis	39.89	122	66	61	13 miles (IPHC) / 11 miles (Colebrook Clinic NH)
05860 Brownington, Westmore, Irasburg, Barton, Coventry	37.44	2,848	800	920	<5 miles (IPHC) or <20 miles (NECN) / <20 (Colebrook Clinic, NH) / <20 miles (NCH PC - Newport) + <10 miles (NECN) and <20 miles (IPHC) / < 10miles (NCH PC - Newport)
05823 Derby (ZTCA part of 05855 below)	33.82	7,638	19	29	<5 miles (NECN) and <16 miles (IPHC) / < 5miles (NCH PC - Newport)
05855 Newport, Derby, Coventry	33.82	7,638	1,754	2,060	<5 miles (NECN) / < 5 miles (NCH PC - Newport)
05904 Lunenburg	33.13	239	38	44	10 miles (CHC) / 7 miles (ACHS Whitefield, NH)

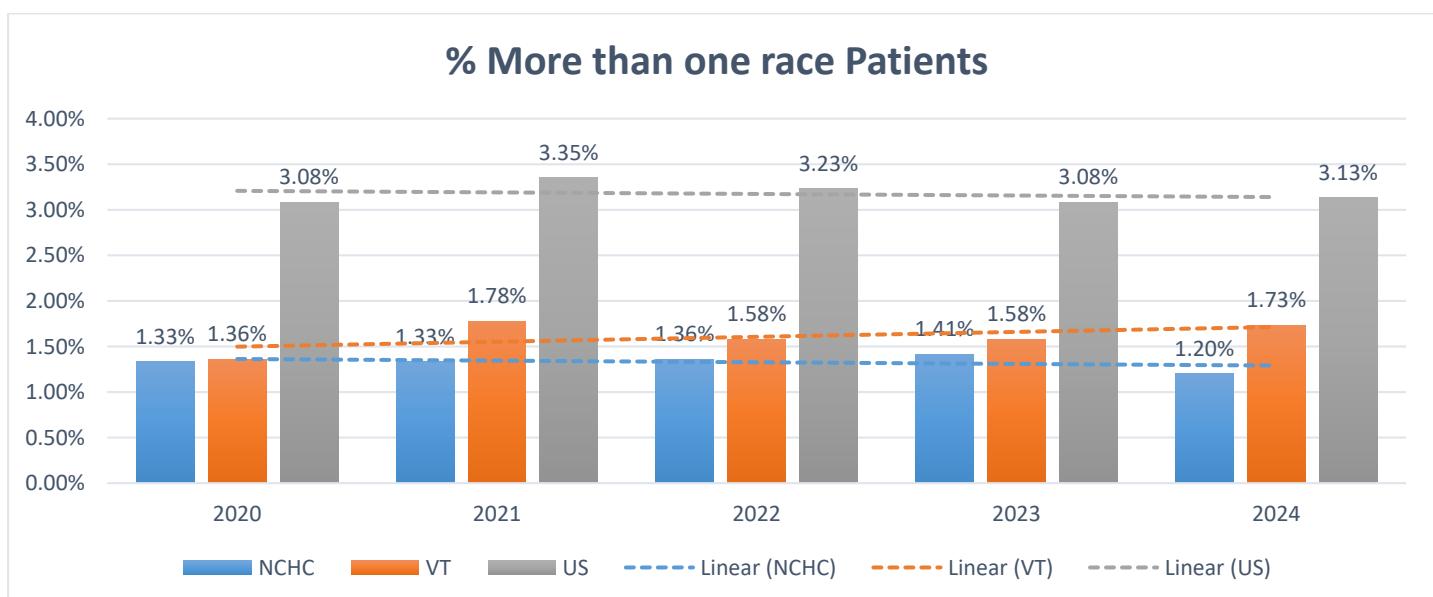
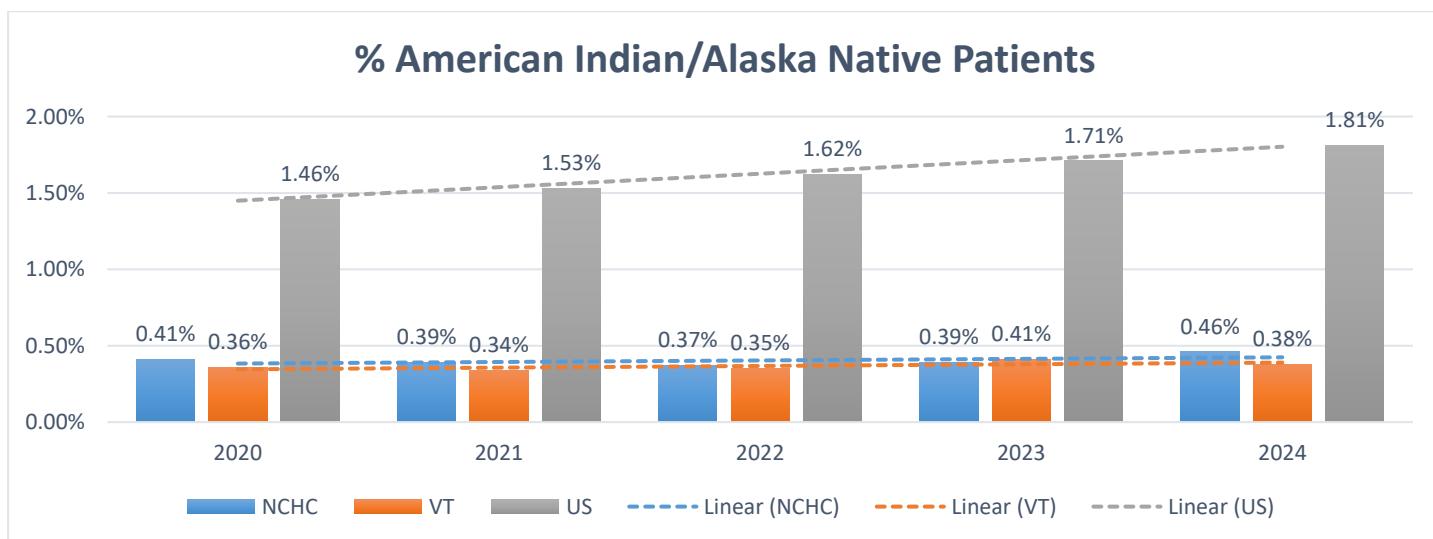
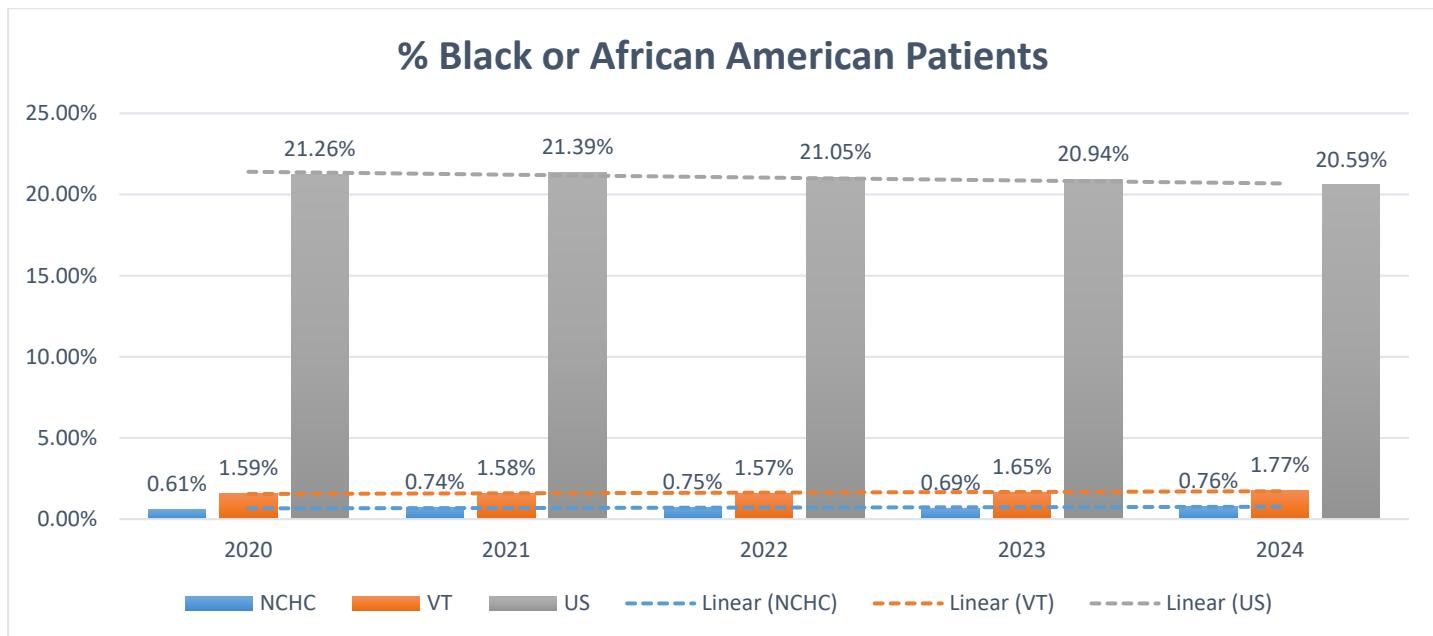


Shaded ZTCAs = Top 10 ZTCAs in NCHC Service Area with the highest Unmet Need Scores (UNS)

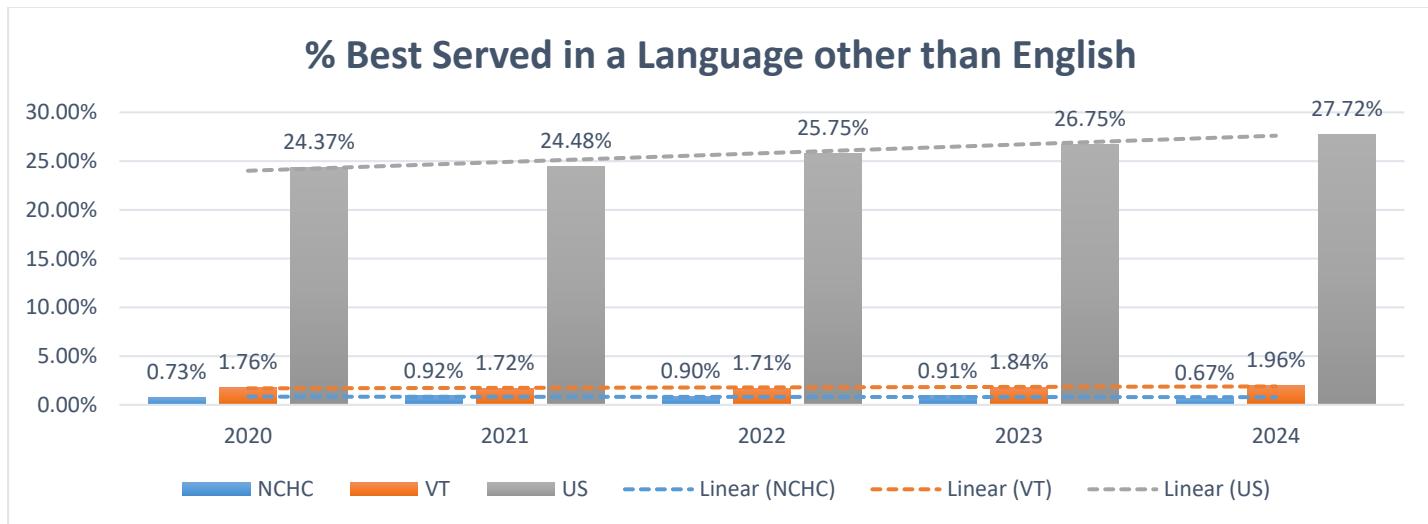
● = NCHC service sites + = Rural Health Clinic (RHC)

Demographics: Age

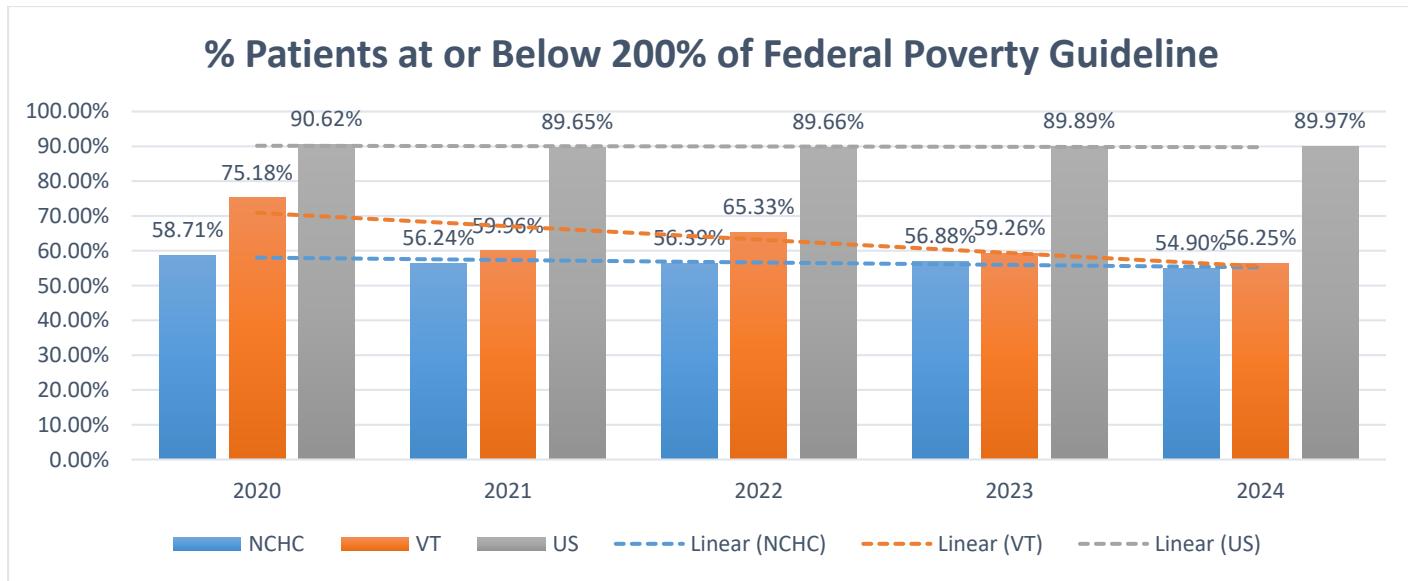
Demographics: Race and Ethnicity



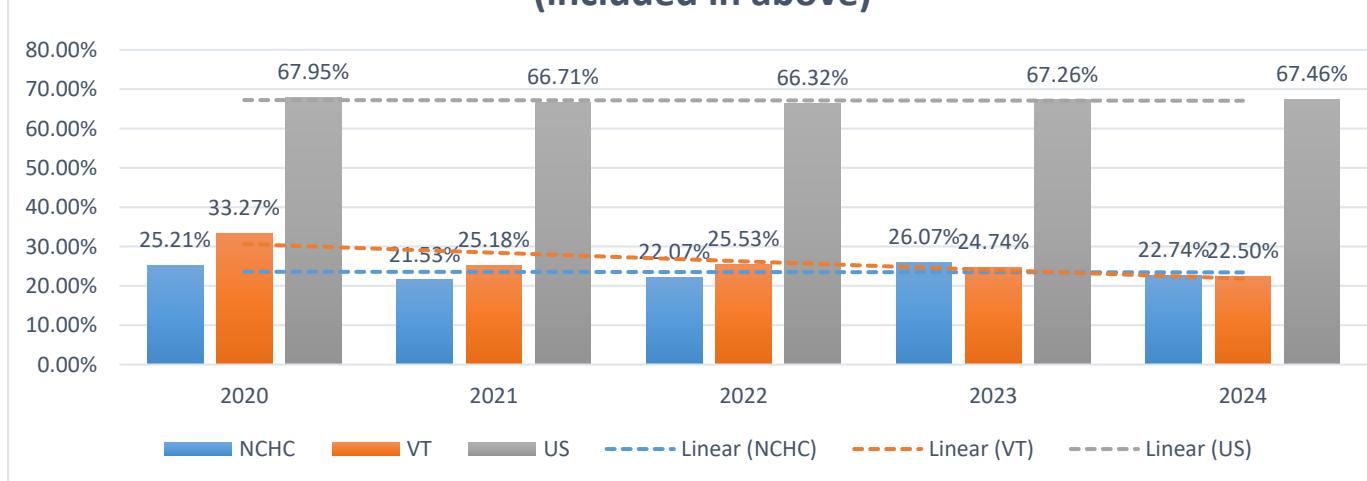
Demographics: Language

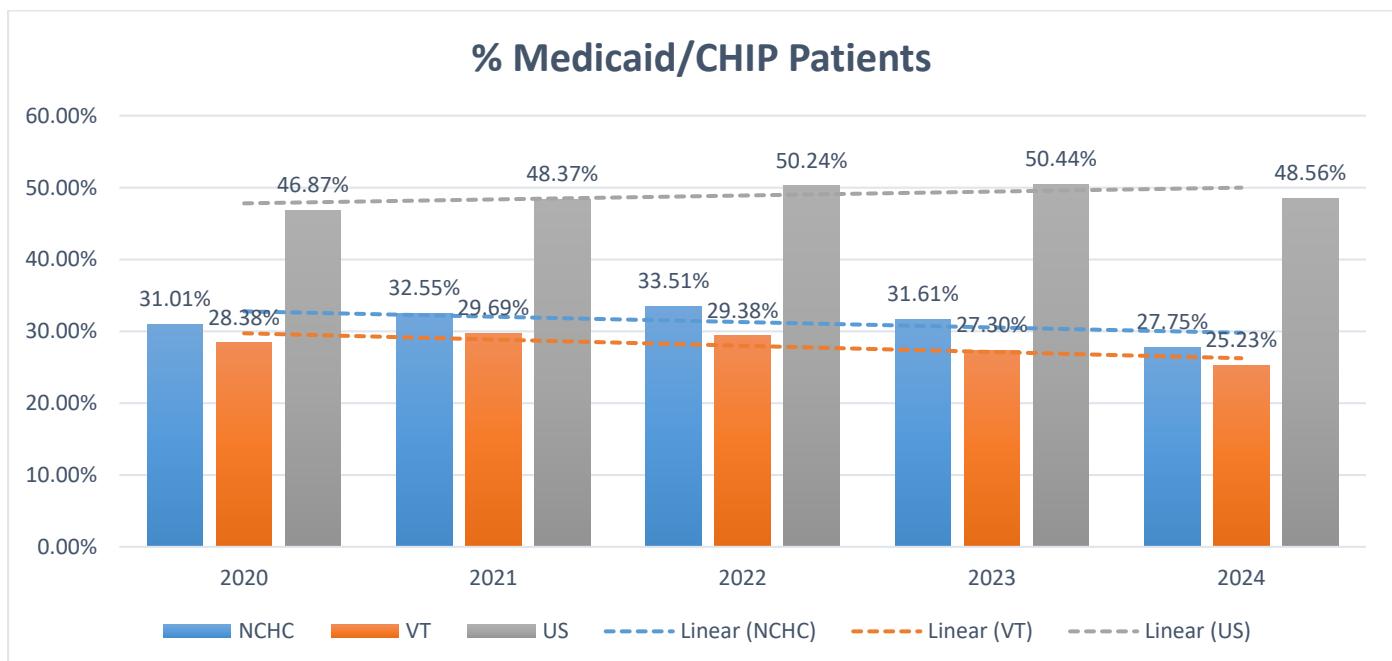
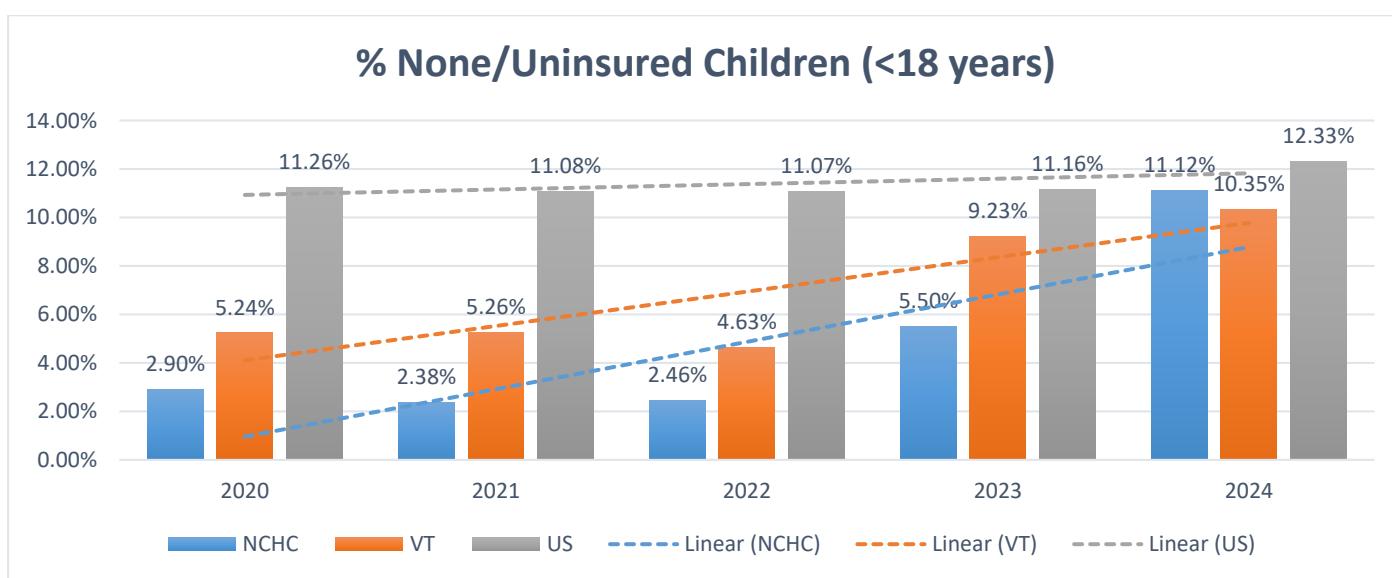
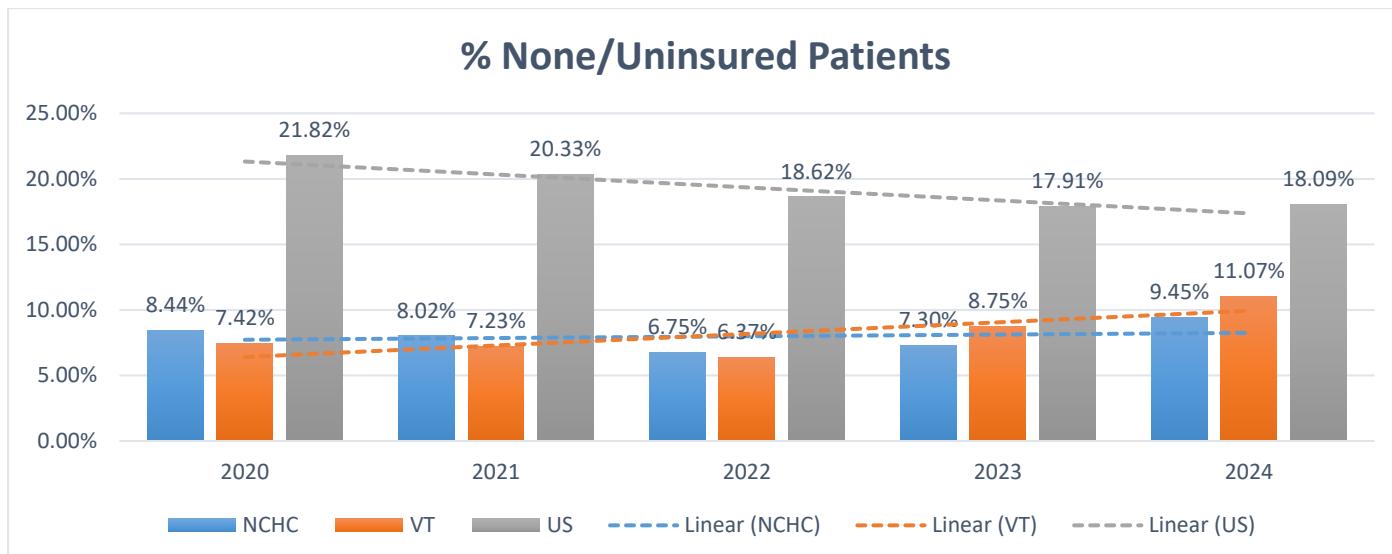


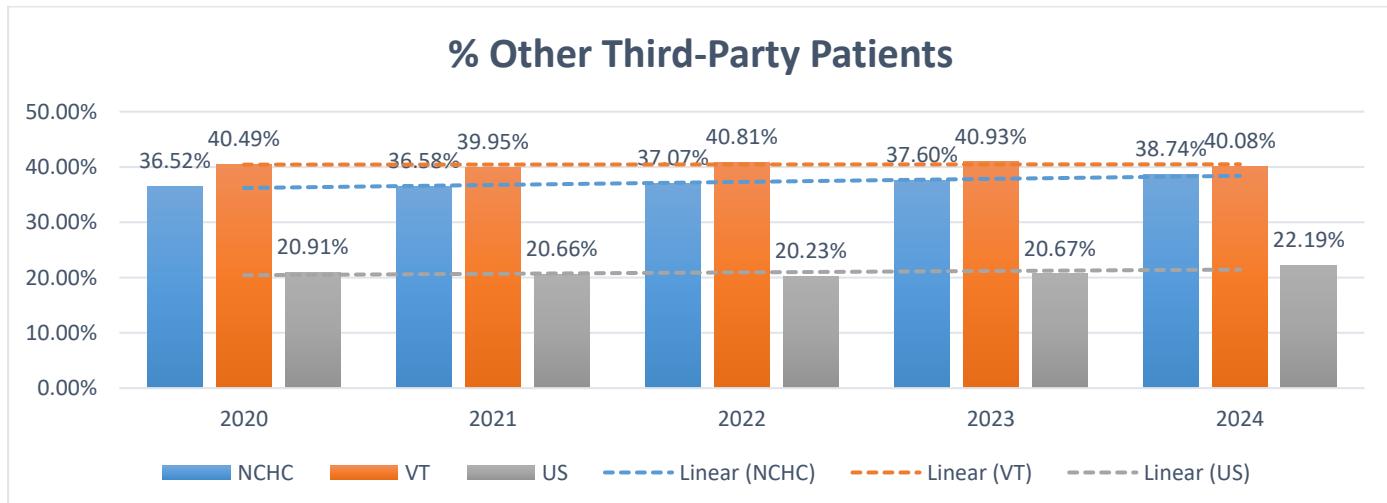
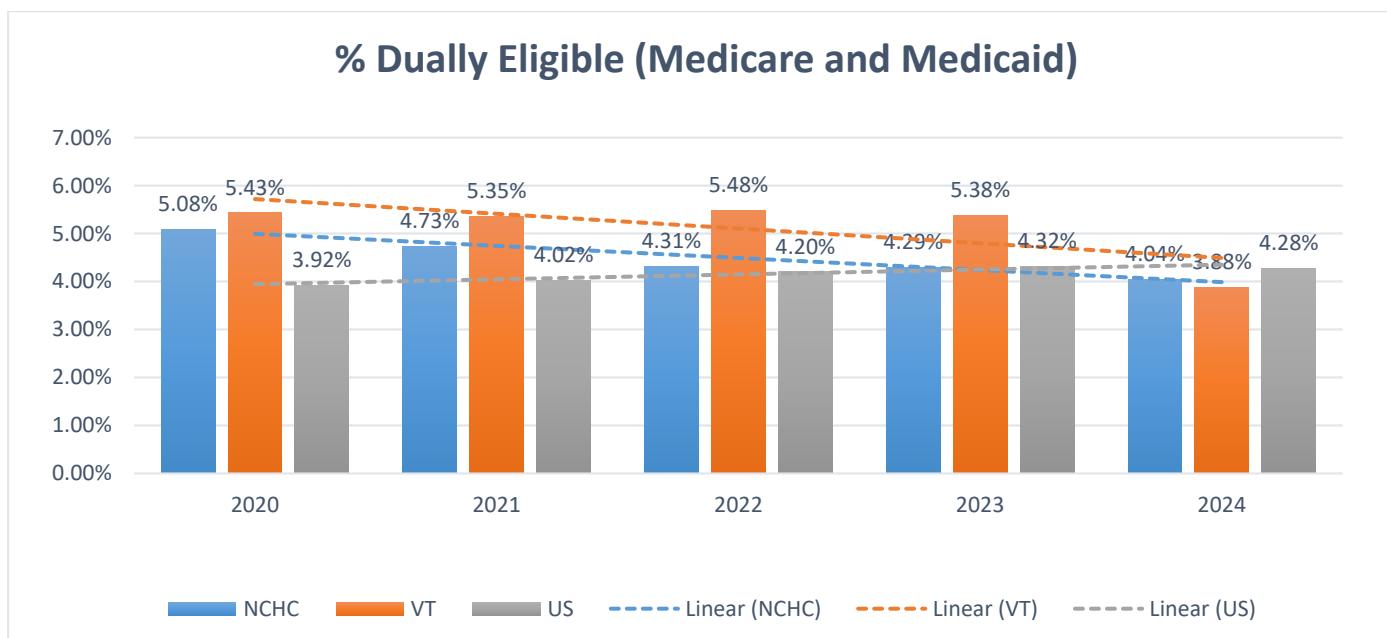
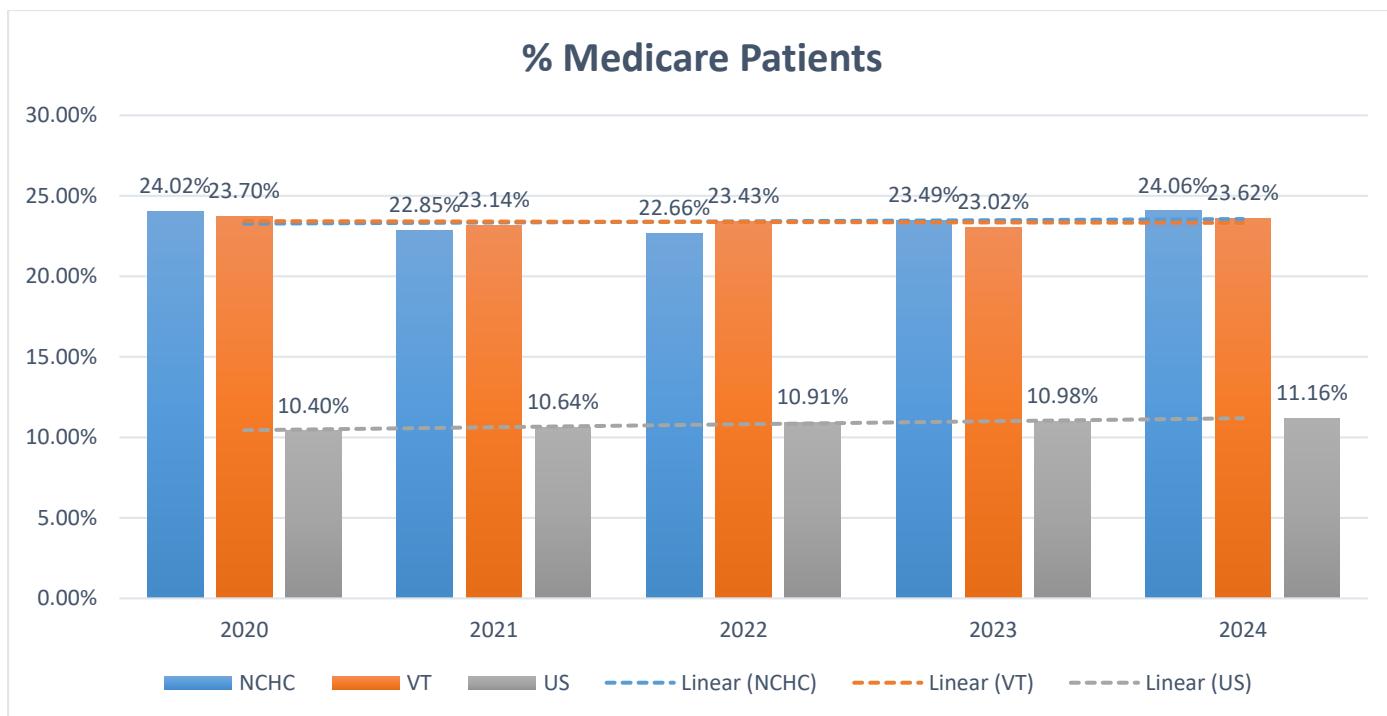
Patient Characteristics: Income and Insurance

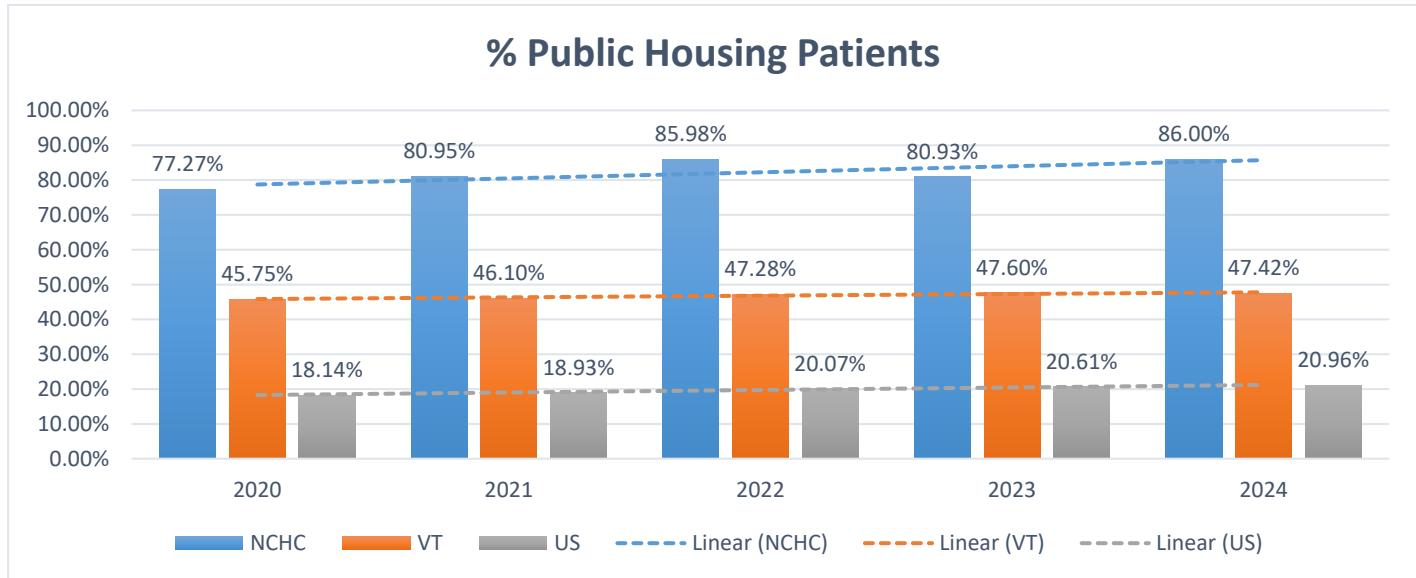
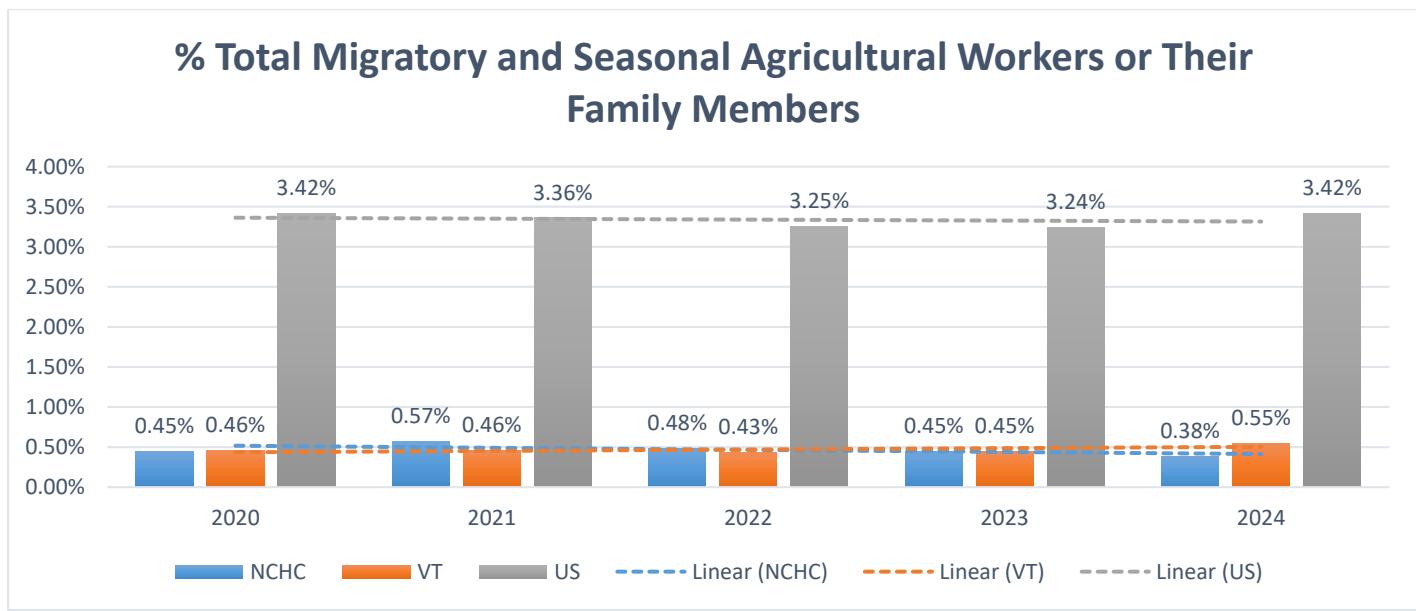
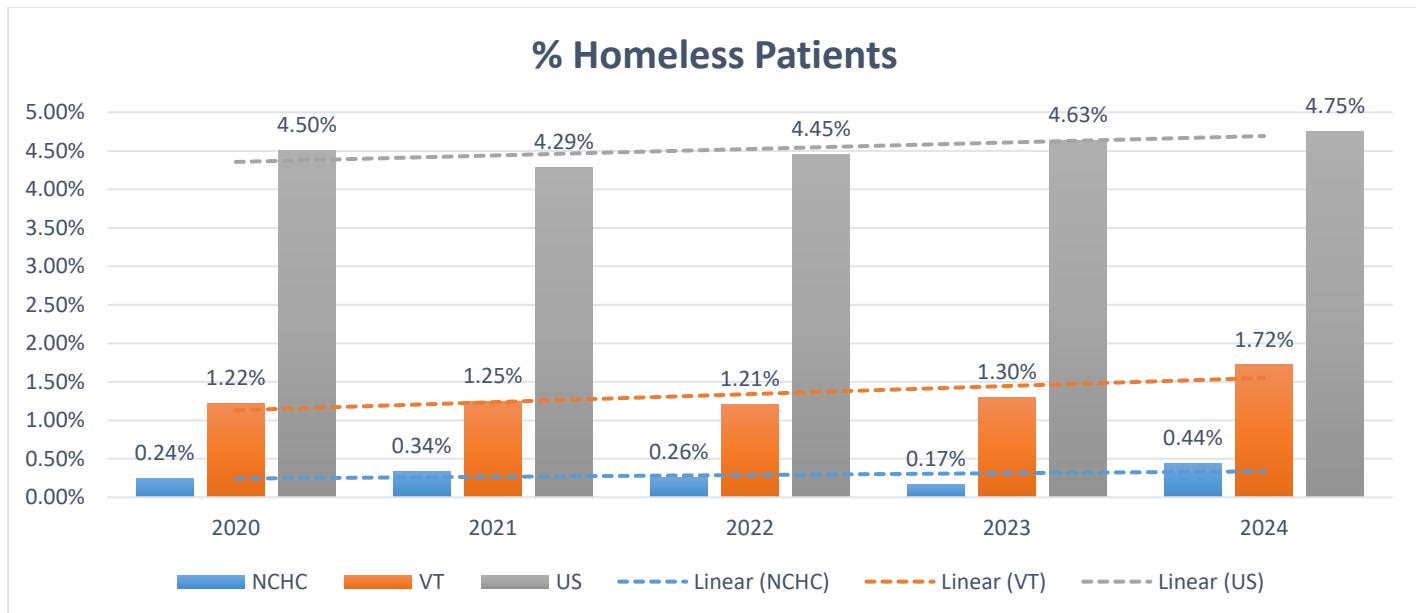


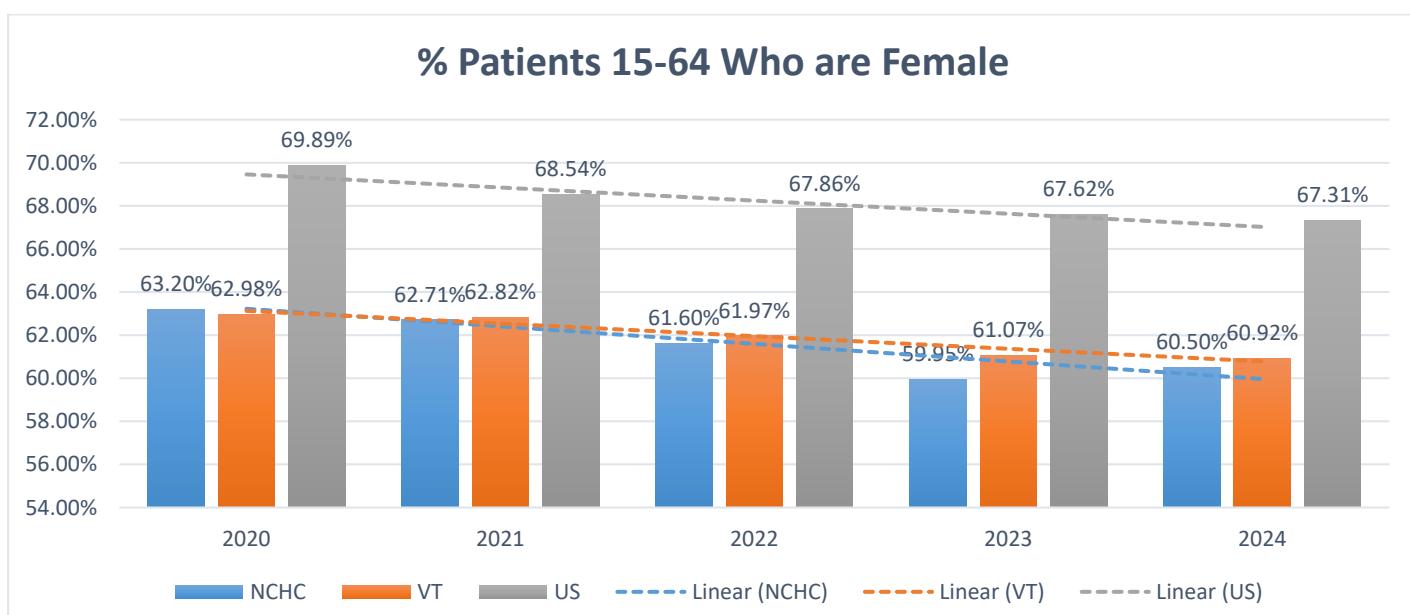
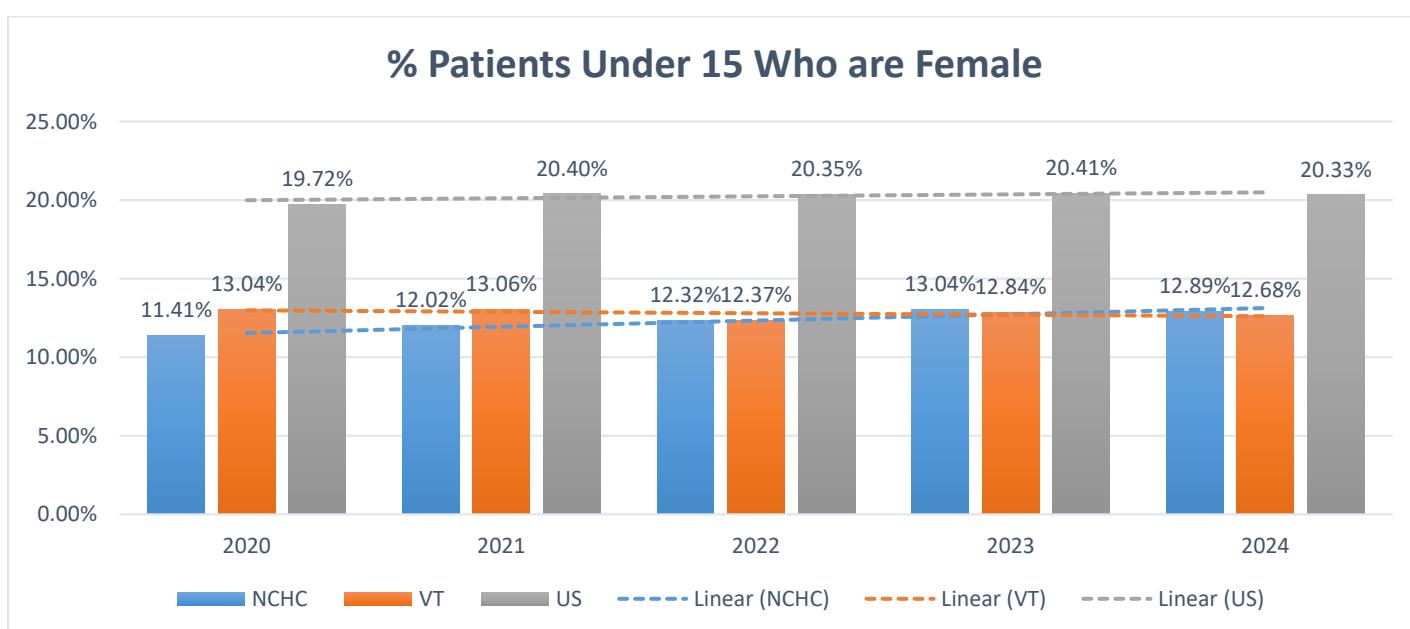
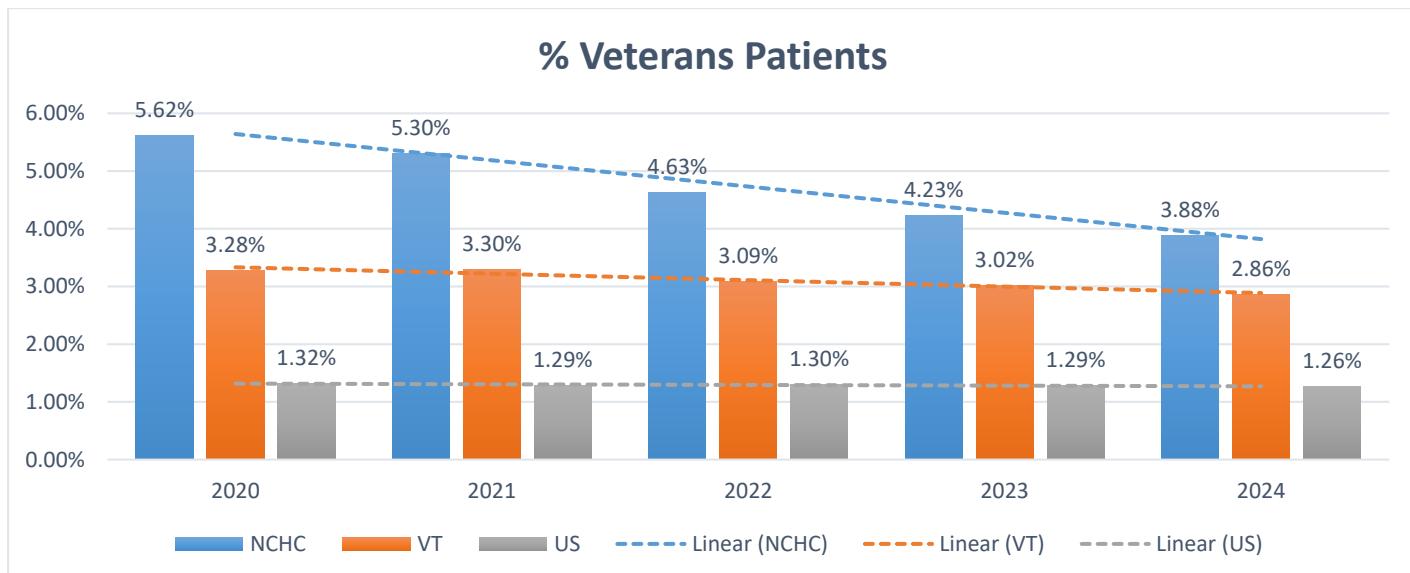
**% Patients at or Below 100% of Federal Poverty Guideline
(included in above)**

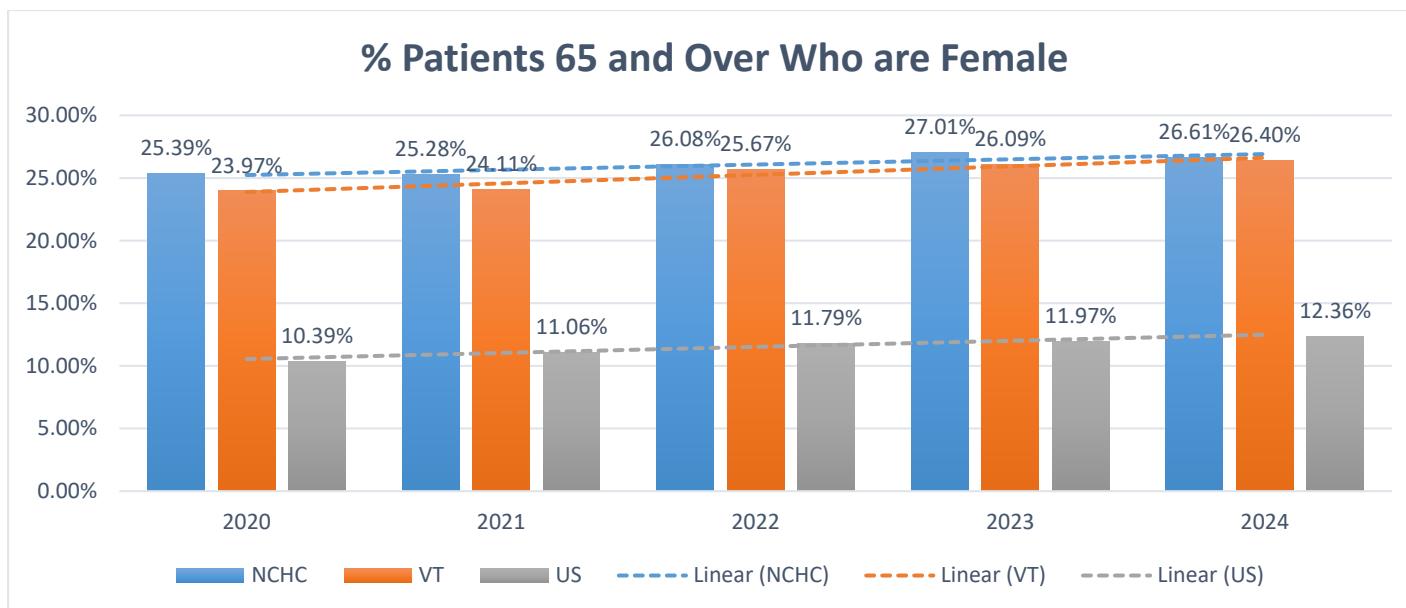




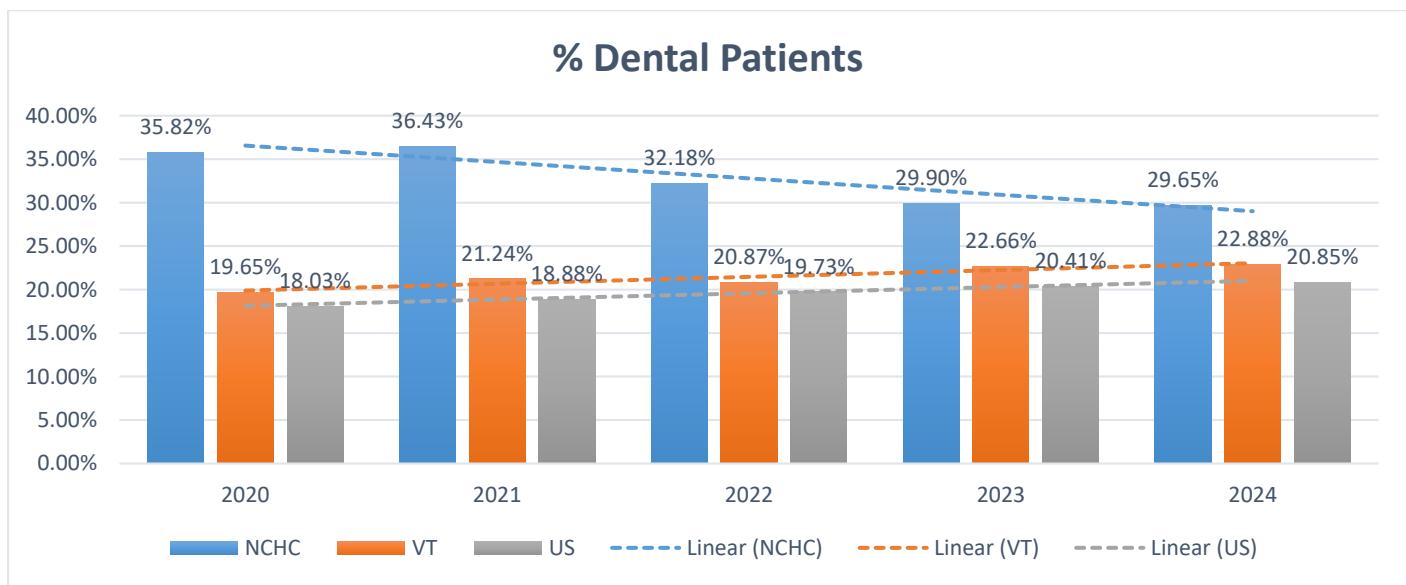
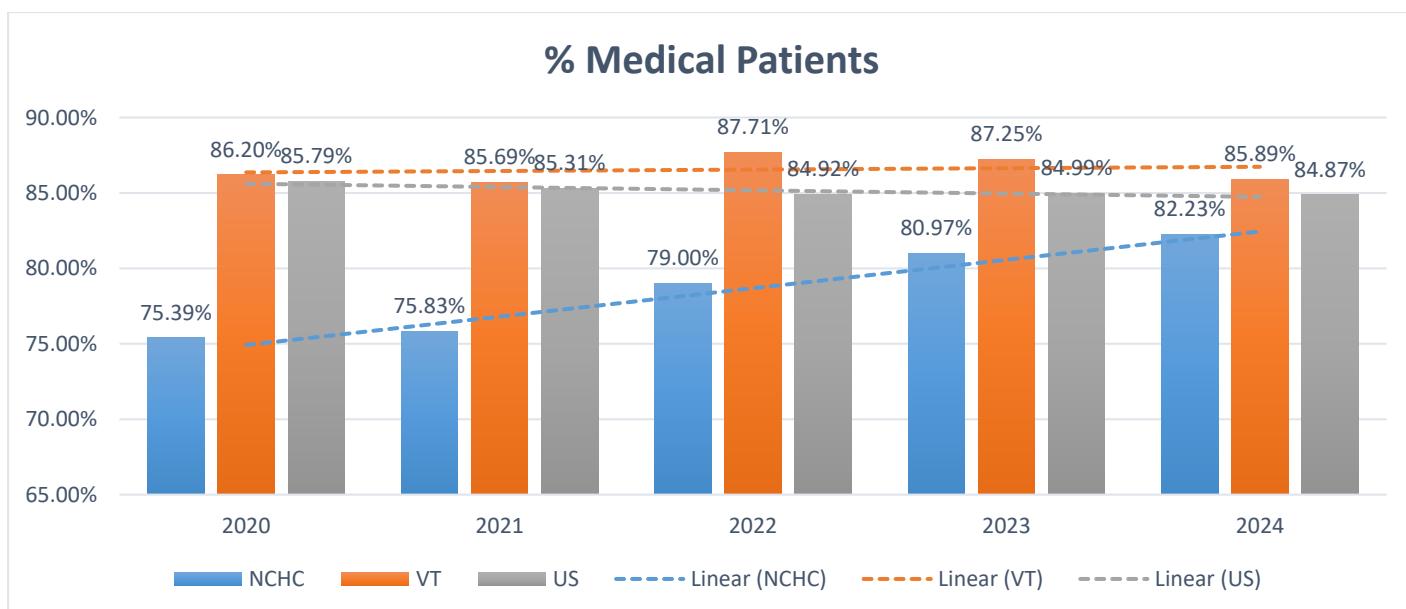


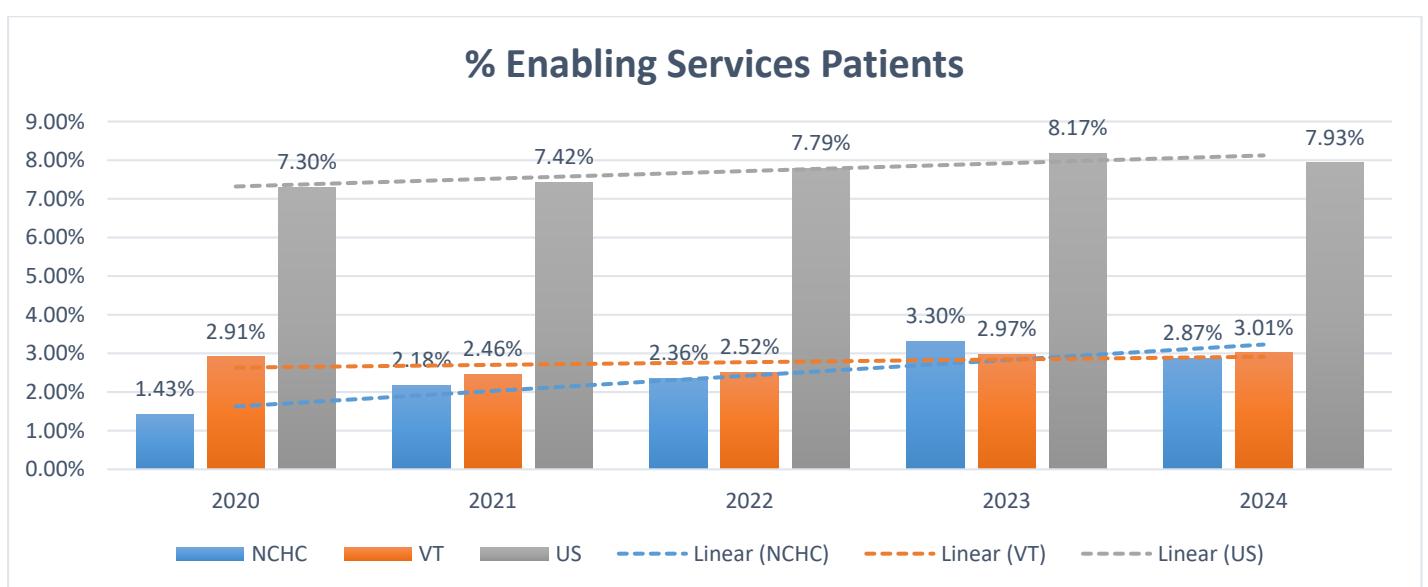
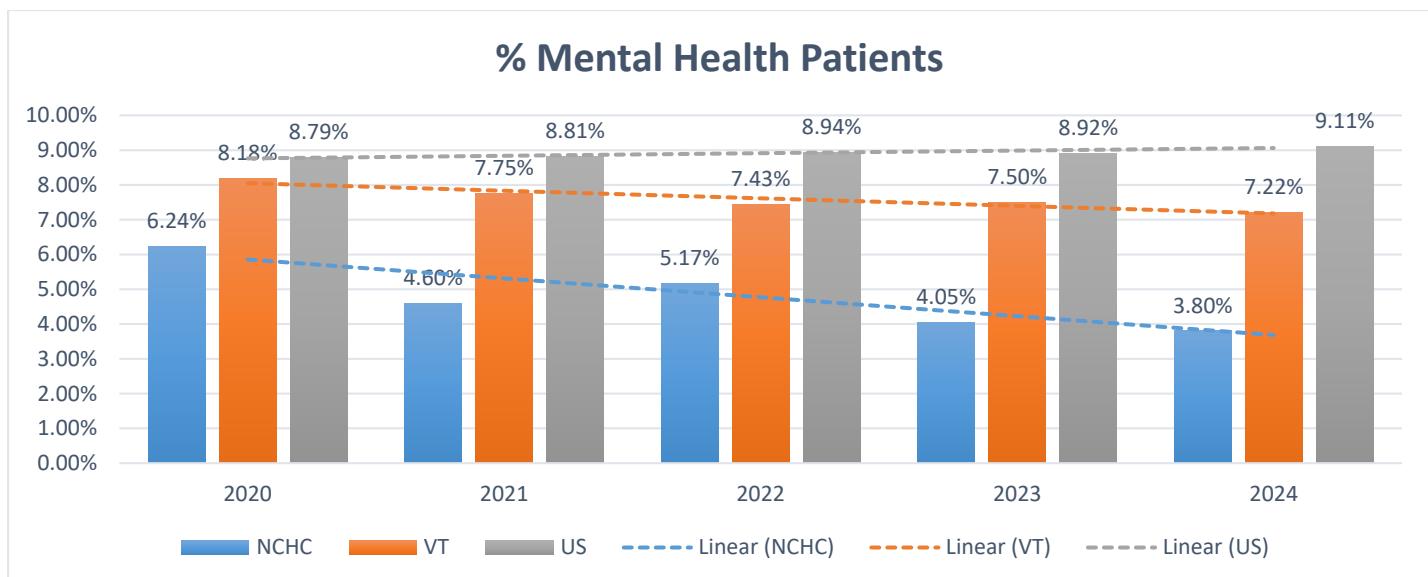
Patient Characteristics: Special Populations



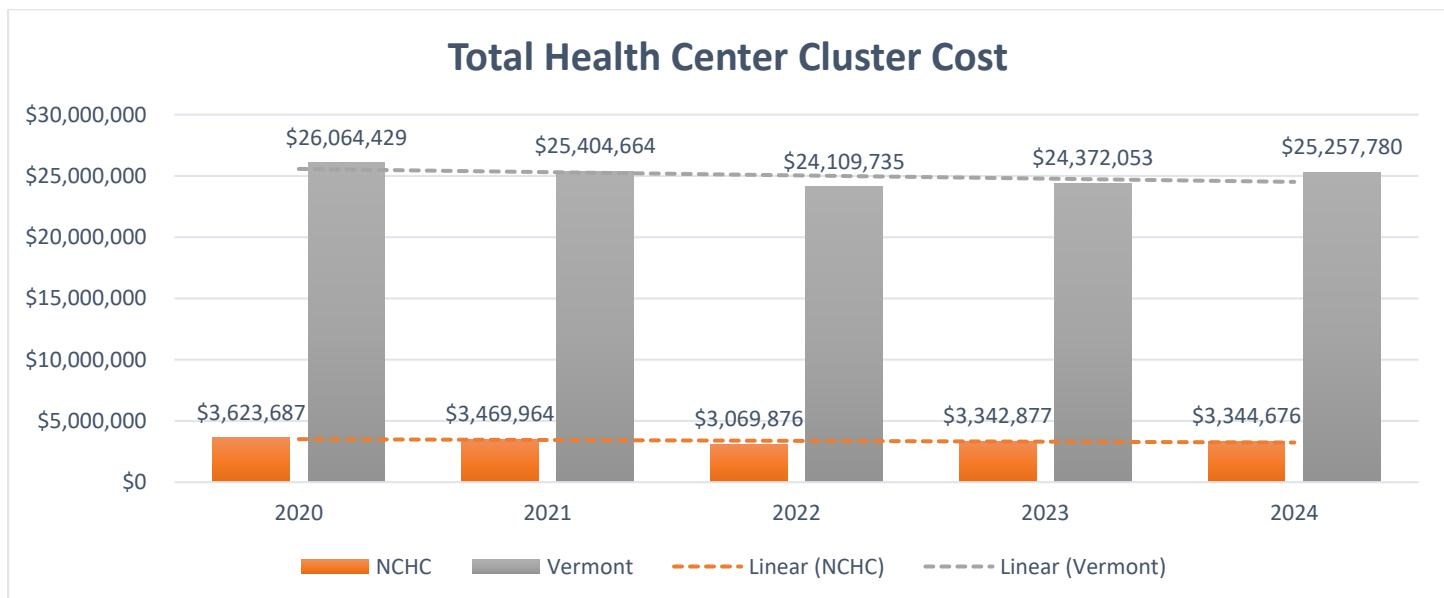


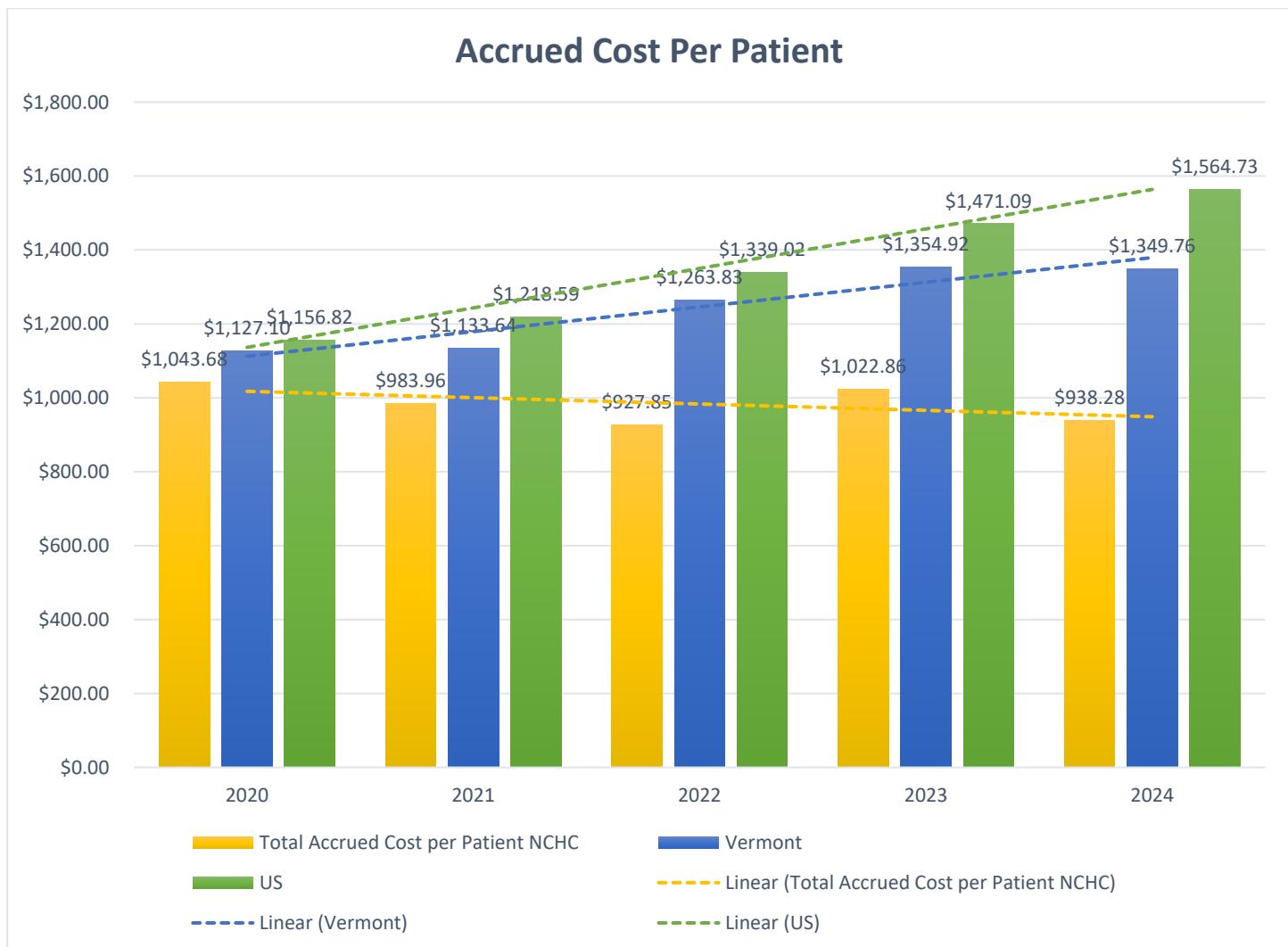
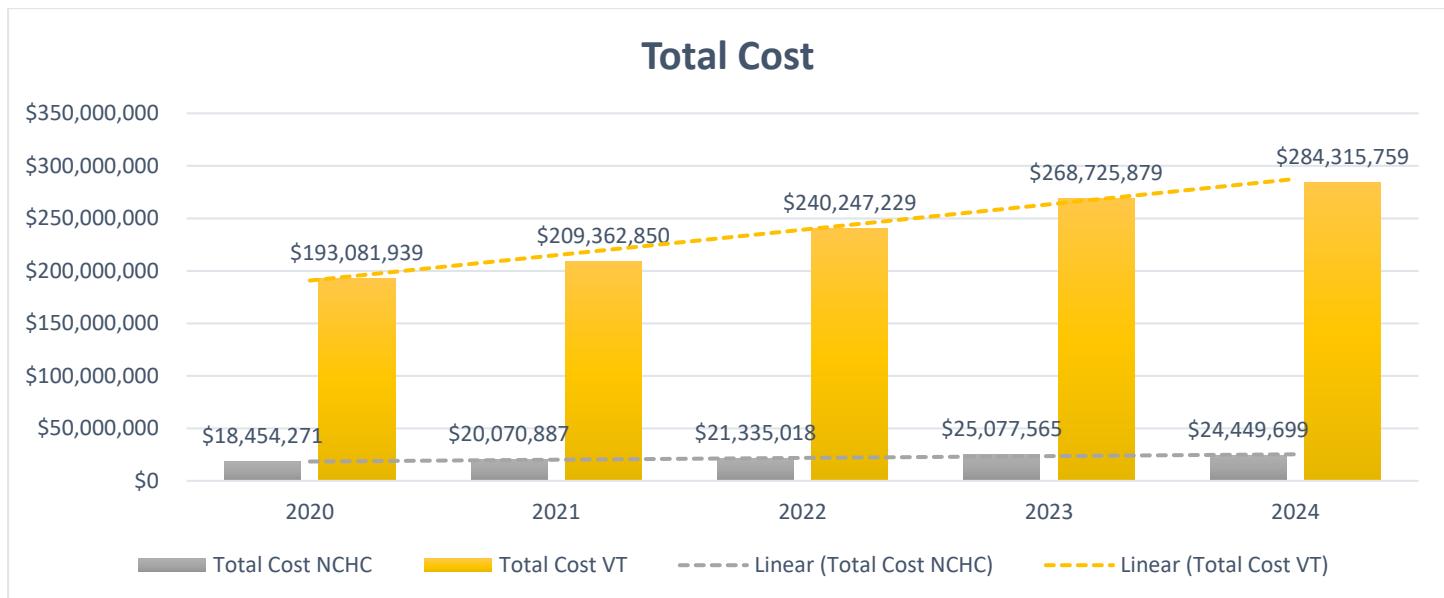
Services





Cost





Uniform Data System (UDS) Report – (Applies to Primary Care Medical and Dental Program)

What is UDS? The Uniform Data System (UDS) is a standardized reported data set that provides consistent information about health centers. It is a core set of information including patient demographics, services provided, clinical processes and outcomes, patient's use of services, costs, and revenues appropriate for documenting the operation and performance of health centers.

Submission of a UDS Report by February 15th of each year is a regulatory requirement for all Section 330-funded Health Centers. **(See Appendix C: NCHC UDS Report submitted by NCHC to HRSA on 2/14/2025 in BoardEffect)**

When, through our UDS Report, we are able to demonstrate improvement on our clinical quality measures, ability to recruit and retain providers and staff to increase patient access to services, achievement of Patient-Centered Medical Home recognition, and advancement of Health Information Technology with things like clinical decision support, HRSA awards us with recognition. **Below are the badges awarded to Northern Counties Health Care in 2023 (based on reporting period of 1/1/23-12/31/23):**

Northern Counties Health Care, Inc., St Johnsbury, Vermont

3-year project period; end date 03/31/2026  [Service Area Map](#) Total Patients Served: 24,517

Community Health Center Quality Recognition (CHQR) Badges



We use our UDS data to track improvement over time, compare ourselves to State and national peers, and to plan for quality improvement activities. **(See Appendix A: 2024 NCHC UDS Summary in BoardEffect for breakdown on site level performance)**

Unlike previous years, we did not obtain a quality badge, indicating that NCHC fell out of the top 30% of FQHC performers in our Clinical Quality Measures. This was not unexpected. In addition to our EMR transition in November, calendar year 2023 was the first full calendar year in which we had two walk-in sites providing services.

Patient-Centered Medical Home (PCMH):



What is Patient-Centered Medical Home (PCMH): PCMH Recognition has become a standard of care for HRSA funded health centers. While not mandatory under the Health Center Program, it is highly encouraged and supported by HRSA. PCMH Recognition assesses a health center's approach to patient-centered care and evaluates health centers against national standards for primary care that emphasizes care coordination and on-going quality improvement. PCMH requires that each health center have at a minimum six performance improvement projects throughout the reporting year in the areas of Resource Stewardship, Patient Experience, Clinical Quality and Appointment Availability. PCMH concepts, competencies and criteria are aligned with HRSA UDS reporting requirements and HRSA contracts with the National Committee for Quality Assurance (NCQA) to assist health centers to gain and retain accreditation and/or recognition. In 2022, 78.17% of health centers supported by HRSA were recognized as PCMHs by NCQA. NCHC currently has 5 practices that are recognized as PCMHs (Concord, Danville, Hardwick, Island Pond and St. J Community Health Center).

NCHC annual Patient-Centered Medical Home (PCMH) Recognitions were awarded in October, 2024!

We were able to submit a month ahead of the deadline and we did not receive any follow up questions.

(See Appendix B: NCHC 2024 PCMH Reporting Period Summary in BoardEffect for breakdown of site-level PCMH performance improvement projects)

How Do We Measure Clinical Quality? To comply with PCMH requirements, many sites look at areas of opportunity within their UDS quality outcomes to focus process improvement work on in the reporting year. The quality of care measures reported under UDS are broken into two categories: "process measures" and "intermediate outcome measures". "Process measures" mean that they document services that have been shown to be correlated with and serve as a proxy for good long-term health outcomes. We know that individuals who receive timely routine and preventive care are more likely to have an improved health status. The health outcome and disparity measures reported under UDS (diabetes and hypertension) are "intermediate outcome measures," which means that they document measurable outcomes of clinical intervention as a surrogate for good long term health outcomes. Increasing the proportion of health center patients who have good intermediate health outcomes generally leads to improved health status of the patient population in the future.

Summary

2024 was Primary Care's first full year using a new electronic medical record, AthenaOne. The year was dedicated to building confidence in the new system and establishing workflows that support quality care delivery. We focused on understanding the tools available to meet reporting requirements and to integrate preventive care into daily practice. The muscle memory of workflows to meet performance measures has not been fully established, as is evident by our performance in many process measures.

CY2024 NCHC Quality Report

NCHC served over 1500 more unique patients in 2024 as compared to 2023, and over 3000 more unique medical and dental patients than in 2022. While almost all of top patient contributing towns increased in volume last year, it remains the northern most regions showing the most growth. This speaks in part to the success of our express care site in Newport. With this growth in our walk-in primary care clinics, there remains conversation about balancing performance on quality metrics and patient access. Walk-in primary care sites have an incredibly difficult time maintaining the rigorous systems to address preventative care measures that are included by HRSA in our clinical quality measures. Staying mindful of clinical and operational impacts, our teams will continue to work to find a balance between access and quality metrics.

Count	2017	2018	2019	2020	2021	2022	2023	2024
Unique medical and dental patients	17,815	18,501	18,650	17,682	20,398	22,908	24,517	26,058
Medical patients	13,228	13,654	17,225	13,330	15,468	18,166	19,852	21,427
Medical visits	40,661	41,915	40,181	38,702	43,777	46,518	51,290	54,608
Dental patients	6,908	7,327	10,434	6,333	7,432	7,400	7,330	7,727
Dental visits	15,650	17,017	18,455	12,147	16,613	16,769	17,725	18,746

Patient Origin Analysis

Patient Origin Analysis

Towns contributing more than 400 patients toward NCHC Primary Care total unduplicated patient count for Calendar Year 2024. Includes Primary Care medical and dental patients.

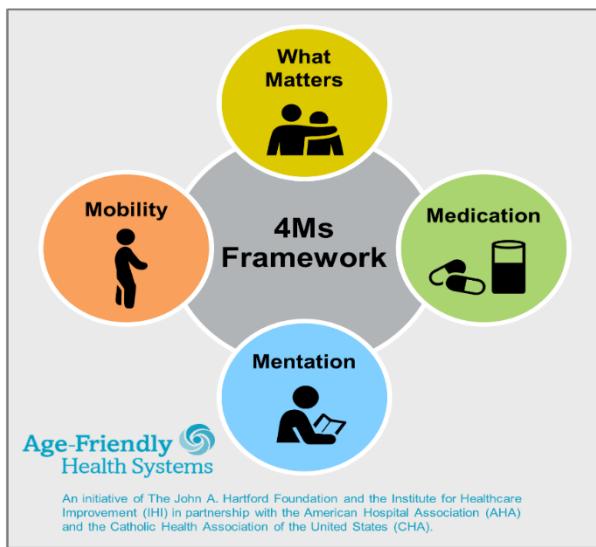
Data from Uniform Data System (UDS) Report 2024

Zip Code	Town	Number of Patients 2023	2023 Ranking	Change from 2023 (+/- Unique Patients Per Zip Code)
05819	St. Johnsbury	3,337	1	+57
05855	Newport	2,060	2	+306
05843	Hardwick	1,542	3	+46
05851	Lyndonville	1,419	4	+4
05828	Danville	1,118	5	+15
05846	Brighton/Island Pond	921	6	-19
05860	Orleans	920	7	+120
05829	Derby	739	8	+50
05822	Barton, Sutton, Sheffield	663	10	+99
05836	Hardwick, Standard, Walden	661	9	+35
05871	Burke, Sutton, Newark	533	11	+38
05859	North Troy	516	16	+107
05824	Concord	478	13	+22
05821	Barnet	474	12	+11
05830	Derby Line	470	14	+36
05680	Wolcott	433	15	+20
05845	Irasburg/Coventry/Albany	409	17	+66

Looking back at specific focus areas in 2024 (More than just the numbers):

- St. Johnsbury Community Health Center became recognized as an **Age-Friendly Health System** by the Institute for Healthcare Improvement (IHI) in October.

The Age-Friendly Health System initiative, developed by IHI in partnership with the John A. Hartford Foundation, American Hospital Association, and the Catholic Health Association of the United States, emphasizes evidence-based care for older adults based on the 4Ms Framework:



What Matters

Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to, end-of-life care, and across settings of care.

Medication

If medication is necessary, use Age-Friendly medication that does not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care.

Mentation

Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care.

Mobility

Ensure that older adults move safely every day in order to maintain function and do What Matters.

This comprehensive approach ensures that health systems address the most critical elements of care for older adults, promoting well-being, independence, and dignity. Great Work STJCHC!

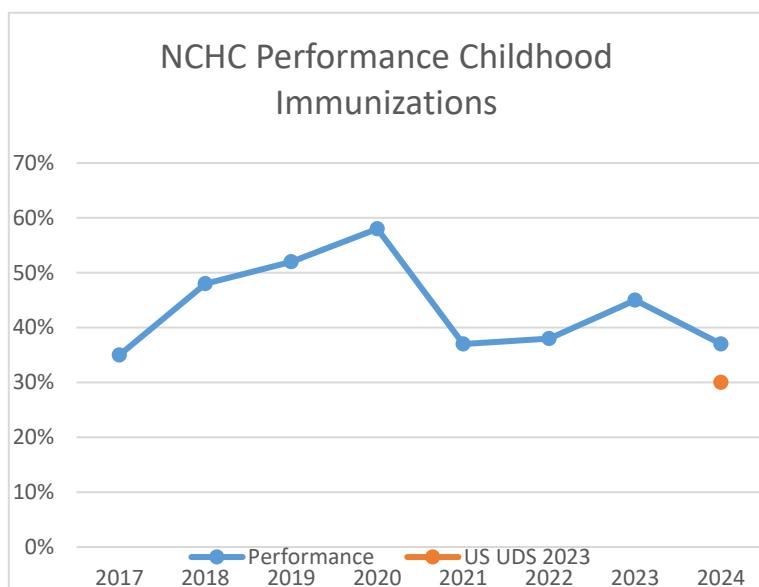
- Pre-visit planning** - We explored how to effectively use AthenaOne to identify care gaps and ensure timely screenings, supported by lunch-and-learn sessions and new planning tools, such as checklists and instructional guides. Staff engagement and comfort with the process is growing steadily.
- Social Determinants of Health (SDoH)** - We evaluated our previous screening process and implemented a new Health-Related Social Needs screening tool. We worked to integrate our Community Health Team (including Community Health Workers and Care Coordinators) into workflows to receive electronic referrals for patients who screened positive. This team-based approach has supported providers in addressing complex patient needs, and we have begun to analyze aggregated data by chronic conditions, such as hypertension, to better understand and eliminate social barriers that impact chronic disease management.
- Laying the groundwork for expanding NCHC Community Health Team** – to better support team-based care and improve coordination for patients with complex need, in 2024 we focused on building the structure and relationships needed to bring together a diverse team, including Peer Support Workers, a Diabetes Educator, Chronic Care Coordinators, a Community Health Program Facilitator, Medication-Assisted Treatment (MAT) team members, and a Home Health Complex Care Coordinator. These roles are now aligned under a shared vision of improving care for high-risk patients, reducing avoidable emergency room visits and hospital readmissions, and streamlining internal workflows.
- Data integration** - Data from our previous EMR was fully migrated into AthenaOne, and our Health Information Management (HIM) team partnered with sites to ensure patient charts reflect up-to-date quality measures and due dates. While we had originally anticipated this migration much earlier in the year, it was delayed several times by our third-party vendor and was not completed until September 2024. This significantly impacted our ability to establish effective workflows for quality measures in a timely manner.

- **Patient Satisfaction** - we implemented automated patient experience surveys through AthenaOne, increasing both response rates and the timeliness of feedback. This real-time data has already begun to inform patient experience quality improvement initiatives at the site level. Responses did level off the last half of 2024 but remain well above previous rates. In 2025 we hope to launch a new solution that will attract even more patient responses.
- **Recall Process** - In preparation for 2025, we relaunched our patient recall process. A calendar was established, and workflows were developed to support proactive patient outreach. This effort will help ensure timely follow-up for routine care and support performance on key quality measures—further strengthening our foundation for delivering consistent, high-quality care. Importantly, recall workflows shifted from being managed by individual clinic staff to being led centrally by the Quality Department, including the Clinical Nurse Educator and the Population Health Manager with great support from the HIM Team. This transition promotes consistency, efficiency, and alignment across sites. Our first outreach campaign—a flu vaccine recall—was also our first formal recall using Athena Communicator, delivering messages to patients via automated phone calls, text messages and email/portal messages. This campaign was paired with an educational component via social media to increase awareness and promote the importance of preventive care.

UDS Process Measures

Childhood Immunization Status: NCHC Performance 2024: 37% (50/136) (trending down)

- **Rationale:** If children receive their vaccinations in a timely fashion, then they will be less likely to contract vaccine preventable diseases or to suffer from the sequela of these diseases. In addition to protecting the child's health it also protects the health of the community, especially for those who are not immunized or are unable to be immunized due to other health complications.
- **Performance Measure:** Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV), one measles, mumps and rubella (MMR); three or four H influenza type B (Hib); three Hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); one Hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.

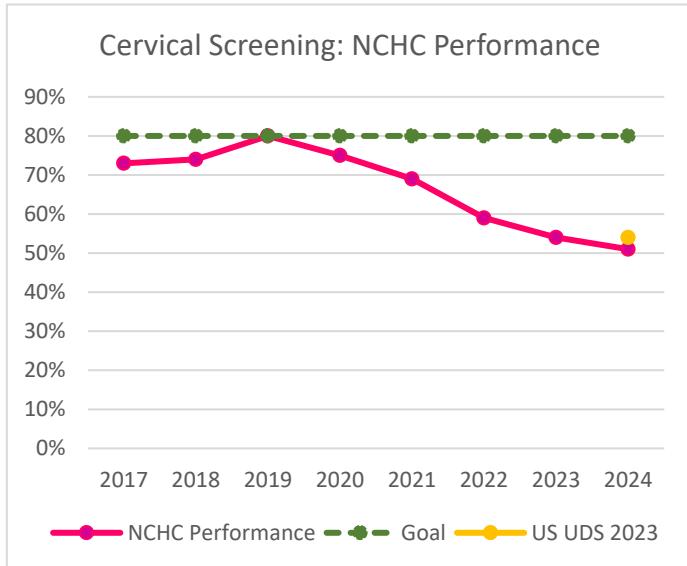


Narrative:

In 2024, we conducted a manual audit using the Vermont Immunization Registry for all patients aged two and under. We are still in the process of developing a formal workflow for this measure and identifying the root cause of inaccurate measure calculations. **We remain hopeful that the upcoming bi-directional interface with the Vermont Immunization Registry will improve data accuracy and help us meet this measure moving forward.**

Cervical Cancer Screening: NCHC Performance 2024: 51% (2863/5565) (trending down)

- **Rationale:** If women receive Pap tests as recommended, then early detection and treatment of abnormalities can occur and they will be less likely to suffer adverse outcomes from human papillomavirus (HPV) infection and cervical cancer.
- **Performance Measure:** Percentage of women 21–64 years of age who were screened for cervical cancer in the last 3-5 years.



Team members from across the organization wearing blue to help raise awareness for Cervical Health Month.

Narrative:

Due to the continued focus on AthenaOne implementation, we were unable to conduct a formal cervical cancer screening recall in 2024. Data migration to the new EMR did occur late in the year and new interfaces with external systems such as UVM, Dartmouth and other local hospitals have provided our teams with more direct access to consult notes and screening results.

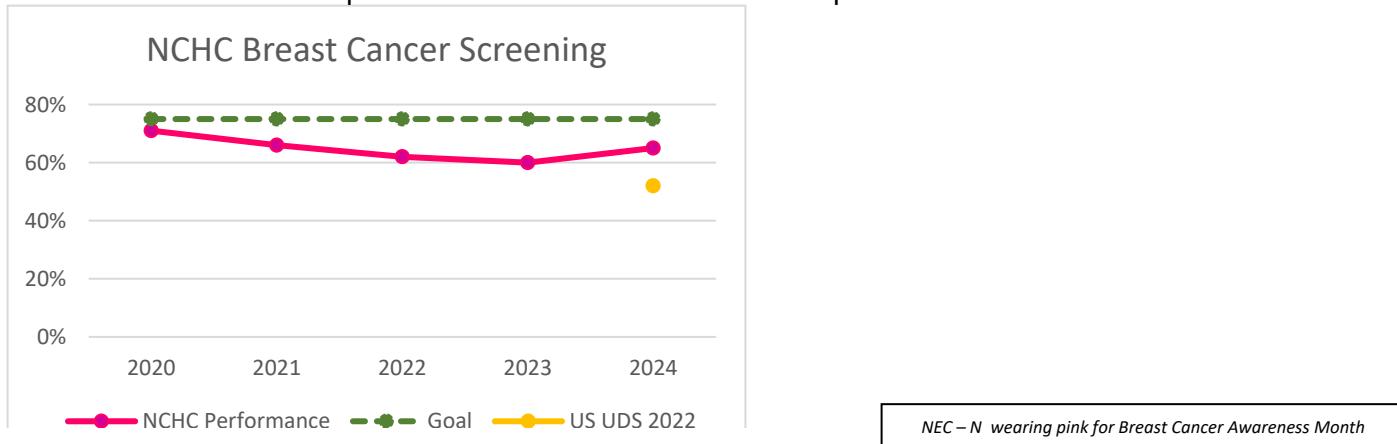
Our HIM team has played a key role in supporting this measure by working to appropriately label incoming cervical screening results so they align with Athena's structured workflow. This includes updating time intervals to reflect accurate next screening due dates and adding relevant notes that clinicians can easily view during patient encounters. These improvements are essential for maintaining data integrity and ensuring accurate quality reporting.

This measure has also been incorporated into our broader pre-visit planning efforts. Clinical staff have received training on identifying cervical cancer screenings as part of preventive care during visit preparation, helping to ensure that gaps are flagged and addressed when possible during scheduled appointments.

While the absence of a recall effort limited our ability to proactively close care gaps in 2024, **the groundwork laid this year—through data migration, interface development, and workflow alignment—positions us well to strengthen performance in this area moving forward in 2025.**

Breast Cancer Screening: NCHC Performance 2024: 65% (2552/3932) (trending up)

- **Rationale:** Breast cancer is the most common cancer in women and the fourth leading cause of cancer death in the U.S. There is substantial geographic and demographic variation in breast cancer death rates suggesting that there are social and structural factors that affect breast cancer mortality. Preventative screening through timely access to mammograms can lead to early detection, better treatment prognosis, and has the potential to reduce health disparities.
- **Performance Measure:** Percentage of women 50-74 years of age who had a mammogram to screen for breast cancer in the 27 months prior to the end of the measurement period.

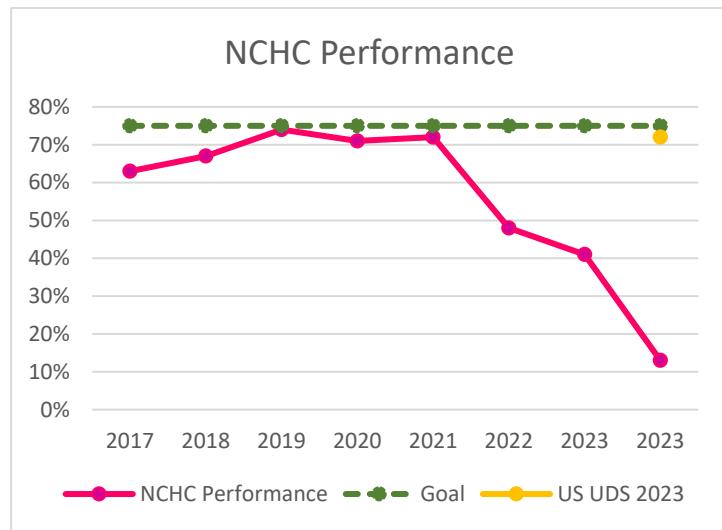
**Narrative:**

During the data migration process the HIM team worked diligently to ensure incoming results were properly labeled, allowing them to flow correctly into the EMR and contribute to measure performance. Interfaces with external systems have also enhanced our access to screening results, and HIM staff are now adding targeted notes to individual medical records—providing clinicians with point-of-care visibility.

This work is further supported by our ongoing pre-visit planning efforts and the training of clinical staff to recognize and act on preventative screening due dates. While we were unable to conduct a formal breast cancer screening recall in 2024, **we are positioned to resume this outreach in 2025. Plans include pairing the recall with patient and community education through social media campaigns to raise awareness and promote engagement.**

Weight Assessment and Counseling for Nutrition and Physical activity for Children and Adolescents:**NCHC Performance 2024: 13% (376/2880) (trending down)**

- **Rationale:** If clinicians ensure their patients' body mass index (BMI) percentile is recorded, and if patients (and parents) are counseled on nutrition and physical activity (regardless of the patient's weight), then the likelihood of obesity and its sequela will be reduced.
- **Performance Measure:** Percentage of patients 3 -17 years of age who had a medical visit and who had evidence of height, weight, and body mass index (BMI) percentile documentation and who had documentation of counseling for nutrition and who had documentation of counseling for physical activity during the measurement year.



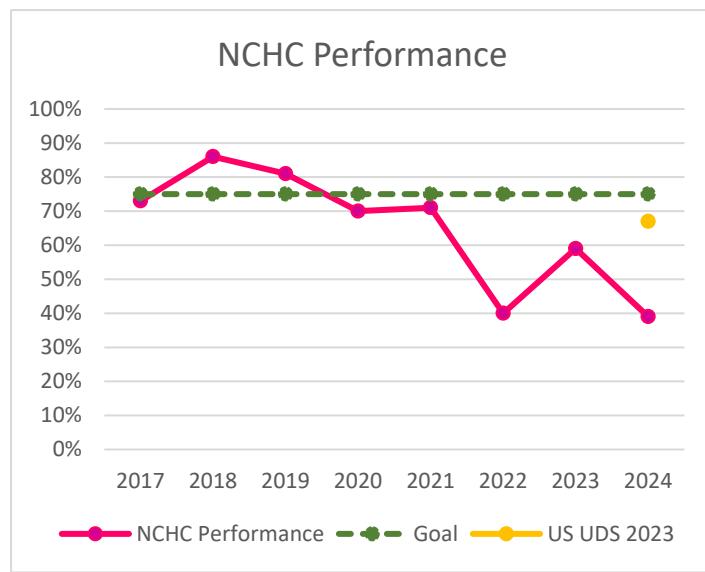
Narrative:

This measure was significantly affected by the non-intuitive workflow involved with meeting the requirements of measure satisfaction in our new EMR. To improve performance on this measure, we are **focusing on provider education around the use of newly developed encounter plans for well-child visits.** These plans prompt clinical staff to document height, weight, and counseling on nutrition and physical activity. Additionally, the measure has been integrated into our pre-visit planning tools to ensure staff are aware of documentation needs prior to patient visits.

Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-up Plan:

NCHC Performance 2024: 39% (6674/17269) (trending down)

- Rationale:** If clinicians routinely calculate and record the BMI for their adult patients, and if they identify patients with weight problems and develop a follow-up plan for overweight and underweight patients, then the likelihood of the debilitating sequela of serious weight problems can be reduced.
- Performance Measure:** Percentage of patients aged 18 years and older with a BMI documented during the most recent visit or during the measurement period and who had a follow-up plan documented if BMI was outside of normal parameters



St. Johnsbury Community Health Center, Concord Health Center and Danville Health Center hosted walking groups in 2024.



CHC continues to partner with Sid's Pantry to address food insecurity and additionally participated in the Teaching Program in 2024

Hardwick Area Health Center launched an on-site food pantry

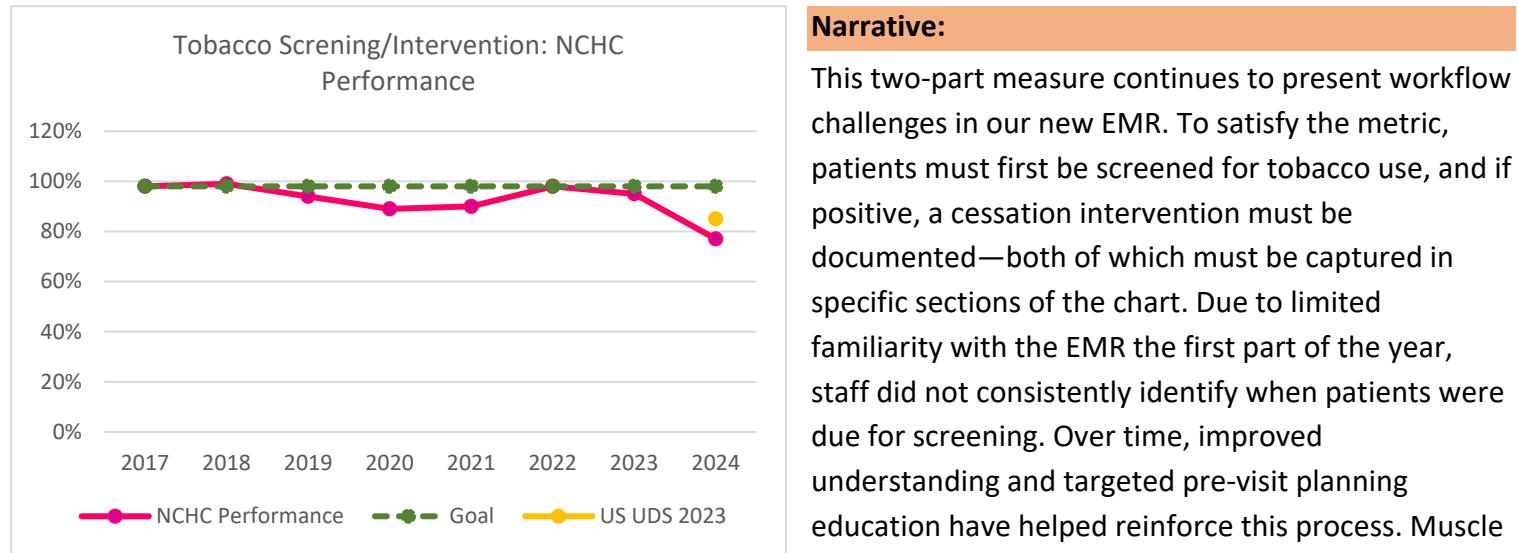
Narrative:

As with the Weight Assessment and Counseling for Nutrition and Physical activity for Children and Adolescents, this measure is complicated to get credit for, with multiple documentation steps involved. All staff have been trained on the workflow and supported with tools including order sets, checklists, and encounter plans.

This measure continues to be a focus for 2025. Concord and Hardwick Health Centers have selected it as a priority for their Patient-Centered Medical Home (PCMH) projects. Performance is monitored monthly across all sites.

Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention:**NCHC Performance 2024: 77% (9721/12566) (trending down)**

- Rationale:** If patients are routinely queried about their tobacco use and are provided with effective cessation counseling and pharmacologic intervention if they are tobacco users, then patients will be more likely to quit using tobacco and will therefore have a lower risk of cancer, asthma, emphysema, and other tobacco related illnesses.
- Performance Measure:** Percentage of patients aged 12 years and older who were screened for tobacco use one or more times during the measurement period and who received tobacco cessation intervention during the measurement period or in the 6 months prior to the measurement period if identified as a tobacco user.

**Narrative:**

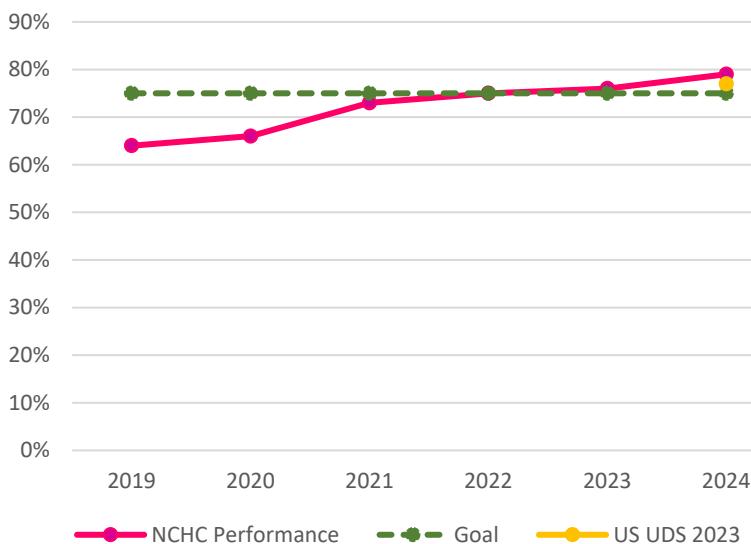
This two-part measure continues to present workflow challenges in our new EMR. To satisfy the metric, patients must first be screened for tobacco use, and if positive, a cessation intervention must be documented—both of which must be captured in specific sections of the chart. Due to limited familiarity with the EMR the first part of the year, staff did not consistently identify when patients were due for screening. Over time, improved understanding and targeted pre-visit planning education have helped reinforce this process. Muscle memory for proper documentation is still developing,

as the required input fields are located outside the typical workflow. Despite these challenges, St. Johnsbury Express Care has demonstrated outstanding performance, achieving a 95% compliance rate for calendar year 2024.

Statin Therapy for the Prevention and Treatment of Cardiovascular Disease (CVD):**NCHC Performance 2024: 79% (2386/3011) (trending up)**

- Rationale:** Elevated blood cholesterol is a major risk factor for CVD and statin therapy has been associated with a reduced risk of CVD. Numerous randomized trials have demonstrated that treatment with a statin reduces LDL-C, and reduces the risk of major cardiovascular events by approximately 20 percent.
- Performance Measure:** Percentage of patients—all considered at high risk of cardiovascular events—who were prescribed or were on statin therapy during the measurement period

Statin Therapy: NCHC Performance

**Narrative:**

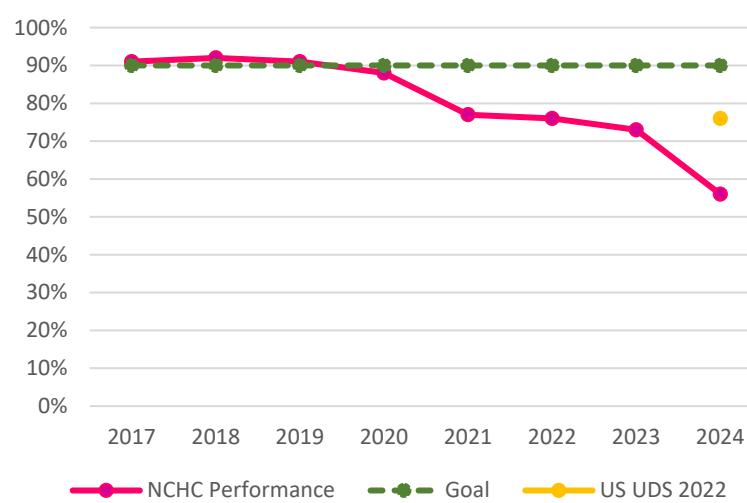
Our efforts in 2023 provided a strong foundation that carried over through the EMR transition. We remain committed to staff education around calculating the 10-year Cardiovascular Risk (CV10), which is a key component of this measure. One ongoing challenge has been the new location of the CV10 documentation within the patient chart; staff are continuing to build muscle memory around entering this data correctly. To support this, education on CV10 risk calculation and documentation has been reinforced through pre-visit planning sessions.

This measure will continue to be a focus in 2025.

Ischemic Vascular Disease (IVD): Use of Aspirin or Antiplatelet:**NCHC Performance 2024: 56% (545/968) (trending down)**

- Rationale:** If clinicians ensure patients with established IVD use aspirin or another antithrombotic drug, then the likelihood of myocardial infarctions and other vascular events can be reduced.
- Performance Measure:** Percentage of patients aged 18 years of age and older who were discharged alive for acute myocardial infarction (AMI) a coronary artery bypass graft (CABG), or percutaneous coronary interventions (PCIs) in the 12 months prior to the measurement period or who had an active diagnosis of IVD during the measurement period and who had documentation of use of aspirin or another antithrombotic during the measurement period.

NCHC Performance - IVD: Use of Aspirin

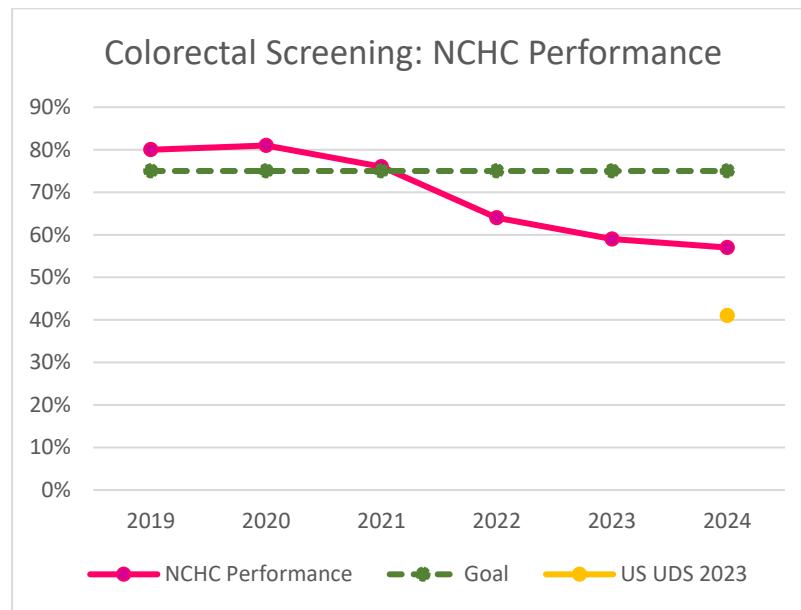
**Narrative:**

There was a significant decline in performance on this measure in 2024. Upon review, we identified an issue related to how aspirin and antiplatelet medications are labeled within our EMR. To satisfy the documentation requirements, the medication must be entered in a specific way, and unfortunately, this discrepancy impacted our ability to meet the measure. **While we were not able to resolve this in 2024, addressing this issue will be a key focus for 2025.**

Colorectal Cancer Screening:

NCHC Performance 2024: **57% (5128/9036)** (trending down)

- Rationale:** If patients receive appropriate colorectal screening, then early intervention is possible and premature death can be averted.
- Performance Measure:** Percentage of adults 45-75 years of age who had appropriate screening for colorectal cancer.



Danville Health Center Team wearing Blue for colorectal Awareness Month

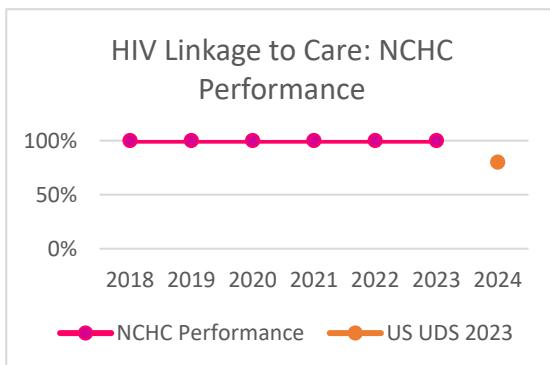
Narrative:

Like the other preventative screening measure, due to the EMR transition, we were not able to complete a formal recall in 2024. The delay of data migration made it very difficult to update patient records. Our HIM team has played a critical role in this process by relabeling records—efforts that support more accurate reporting and help clinical staff identify patients due for screening during pre-visit planning. **In 2025 we will also do a community health educational campaign on social media.**

HIV Linkage to Care:

NCHC Performance 2024: **N/A (0/0)** (trending steady)

- Rationale:** If patients found to be HIV positive are seen for follow-up care within 90 days of the initial HIV diagnosis, then the probability of HIV-related complications and transmission of disease are reduced.
- Performance Measure:** Percentage of patients newly diagnosed with HIV who were seen for follow-up treatment within 30 days of diagnosis.



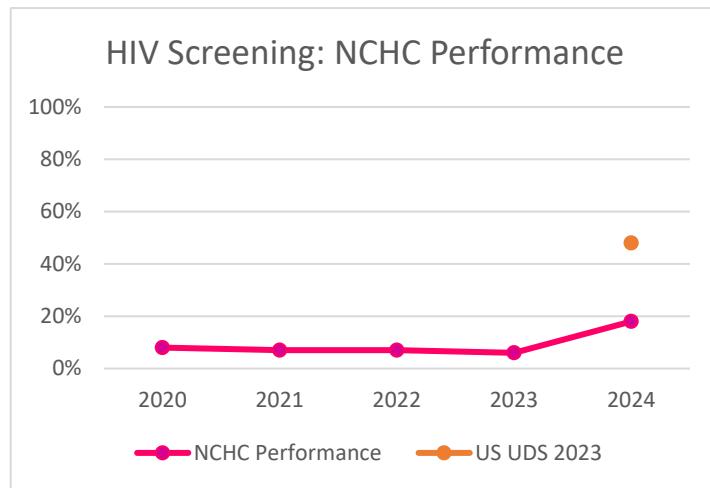
Narrative:

We have very few HIV positive patients in our rural catchment area, but do keep an eye on cases to ensure quick referral to comprehensive care. NCHC did not have anyone initially diagnosed with HIV during calendar year 2024. This is compared to only one in 2023 and four in 2022.

HIV Screening:

NCHC Performance 2024: 18% (2321/13035) (trending up)

- Rationale:** HRSA is one of the lead federal agencies in the 'Ending the HIV Epidemic' Initiative and is building upon the following key strategies: diagnosing, treating, preventing, and responding. Approximately 1.1 million people are living with HIV in the US; 15% of them are unaware that they are infected. The addition of the HIV screening measure will collect data on the detection of HIV in health center patients.
- Performance Measure:** Percentage of patients aged 15-65 at the start of the measurement period who were between 15-65 years old when tested for HIV.



Narrative:

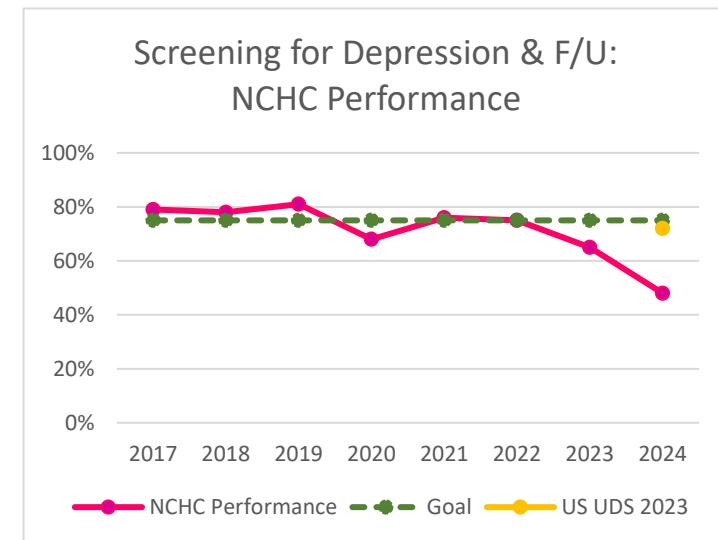
Concord Health Center completed a quality improvement project on HIV screening in 2024. Their project consisted of patient and staff education, including hanging posters in exam rooms. They were able to improve from 9% to 19%.

Although no sites are actively doing projects on this measure in 2025, this will remain a focus of pre-visit planning.

Preventive Care and Screening: Screening for Depression and Follow-up Plan:

NCHC Performance 2024: 48% (8872/18658) (trending down)

- Rationale:** If patients are routinely screened for depression and are provided with a follow-up plan if they are screened as positive, then they will be more likely to receive needed treatment and less likely to suffer from the sequela of depression.
- Performance Measure:** Percentage of patients aged 12 years and older screened for depression on the date of the visit or up to 14 days prior to the date of the visit using an age-appropriate standardized depression screening tool and, if positive, a follow-up plan is documented on the date of or up to two days after the date of the qualifying visit.



Narrative:

In 2024, we experienced a significant decrease in this measure, primarily due to documentation challenges in our new EMR. Successfully capturing this data for credit has been difficult, and much of our effort this year was spent learning how to document appropriately and training clinical staff on standardized two-part workflows.

Despite the drop in performance, we made strong strides in aligning depression screening with suicide prevention efforts. All sites built upon the foundational work completed by St. Johnsbury Community Health Center in 2023,

implementing use of the Columbia-Suicide Severity Rating Scale (C-SSRS) and CALM (Counseling on Access to Lethal Means) in cases of identified risk.

To support this integration, we developed Behavioral Health One-Page screening forms for both adults and adolescents that include screening for depression and suicidality. These are now part of standard practice at all sites, with screenings completed at least annually and more frequently as clinically indicated.

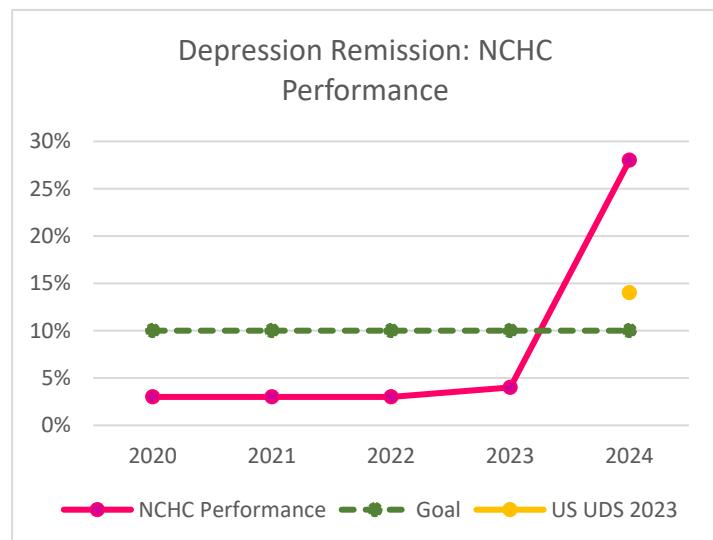
We also trained all newly hired Behavioral Health Expansion staff, including Peer Support Workers, on how to administer and follow up on these screenings. Additionally, we explored leveraging Athena's functionality which will support consistency and improve documentation moving forward and help with the automaticity of referrals for counseling, medications and additional screening.

These workflows will be further enhanced in 2025 with the launch of electronic patient intake, which will allow for pre-visit collection of behavioral health and social determinants of health (SDoH) data. Additionally in 2025, Island Pond Health Center is working on depression screening and follow-up as one of their PCMH projects. The behavioral health specialists is also enhancing this work by collaborating with patients who screen positive in the development of a person-centered care plan.

Depression Remission at 12 Months:

NCHC Performance 2024: 28% (41/147) (trending up)

- Rationale:** Currently, the UDS contains CMS2v8 Screening for Depression and Follow-Up Plan measure which asks health centers to screen patients aged 12 and older for depression and provide follow-up care if the patient has a positive screen. While screening increases intervention for mental illness, it does not provide data on the outcome of patients with depression. The addition of the Depression Remission Measure at 12 Months collects outcome data on how health centers are helping patients reach remission. Improvement in the symptoms of depression and an ongoing assessment of the current treatment plan is crucial to the reduction of symptoms and psychosocial wellbeing of patients.
- Performance Measure:** Patients age 12 and older with major depression or dysthymia and an initial Patient Health Questionnaire (PHQ-9) score greater than nine who demonstrate remission at twelve months (+/- 60 days after an index visit) defined as a PHQ-9 score less than five.

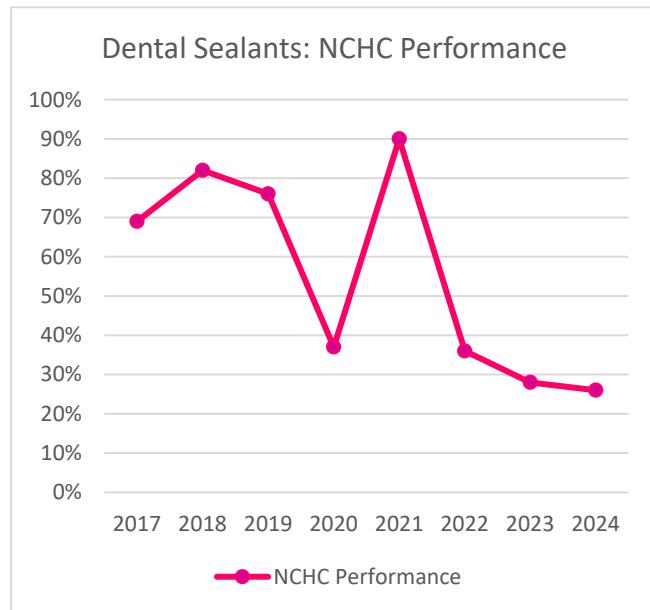


Narrative:

While this metric was not a specific focus in 2024, we do believe that the drastic increase in performance is tied to the expanded behavioral health services. **We will continue to monitor this in 2025.**

Dental Sealants for Children between 6-9 Years:**NCHC Performance 2024: 26 % (8/31) (trending down)**

- **Rationale:** If patients with moderate to high risk for caries are provided sealants on first permanent molars, then they will be less likely to experience dental decay
- **Performance Measure:** Percentage of children, age 6-9 years, at moderate to high risk for caries who received a sealant on a first permanent molar during the measurement period



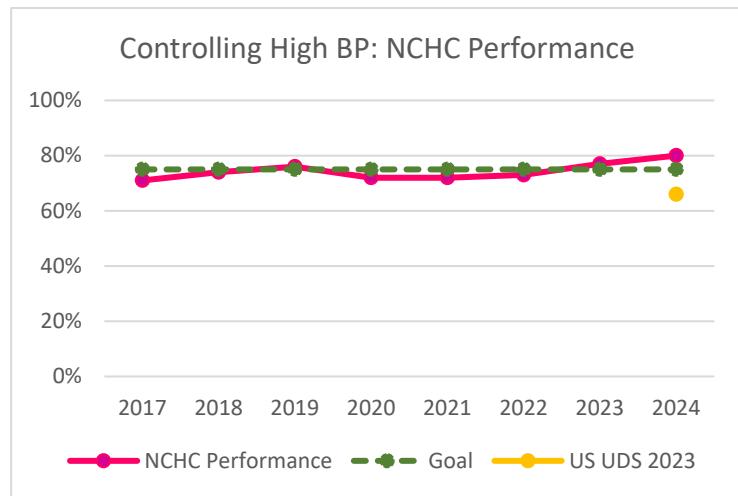
Community Hygiene Program: The program was implemented in February of 2022, and with funding received from Bernie Sanders we were able to purchase mobile equipment as well as the Dental trailer. Registered Dental Assistants visited 18 schools within our service area during the 2022-2023 school year, providing hygiene services (cleanings, x-rays, fluoride varnish applications, sealants & SDF applications) to 146 children who were identified as having high needs and no dental home. By October of 2023, we had already been to 10 schools, and provided treatment for 96 children.

Narrative:

Beginning in 2022, we began accurately applying exclusions to this measure if the child's teeth had already been sealed in a previous reporting year. Prior to this, all compliant children were included in the denominator, making our overall performance much better. Our clinics perform incredibly well overall for ensuring that children's teeth are sealed as recommended. Given this, we now have a very small denominator for children that meet this measure annually and the majority of them that we do not get credit for are because the parents have refused. To provide perspective, this year we only had 31 patients that met the criteria to be included in this measure, 8 were sealed and the majority of the remaining refused sealants.

Controlling High Blood Pressure:**NCHC Performance 2024: 80% (3811/4785) (trending up)**

- **Rationale:** If there is less uncontrolled hypertension, then there will be less cardiovascular damage, fewer heart attacks, and less organ damage later in life.
- **Performance Measure:** Percentage of patients 18- 85 years old who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (less than 140/90 mm Hg) during the measurement period.



Narrative:

All sites continue to excel in this measure, including our Express Care locations. We have successfully ensured that clinical hypertension protocols have remained intact throughout the EMR transition.

Through the Cardiovascular Disease (CVD) grant, we have expanded support for self-management of blood pressure by maintaining a BP cuff lending library at each site, including both Express Care sites. At a systems level, we have worked to reduce barriers for Medicaid patients to obtain BP cuffs through their insurance.

The grant has also enhanced our capacity to screen for social determinants of health (SDOH) among patients with hypertension. We have developed workflows within the EMR to refer patients who screen positive for SDOH to Community Health Workers (CHWs). These referrals are now trackable, and we have built reporting functionality to specifically flag patients with hypertension.

In line with our team-based care model, we have implemented a referral process for at-risk patients to be connected with a Chronic Care Coordinator. In 2025, these coordinators will begin engaging patients in care planning and chronic disease self-management support.

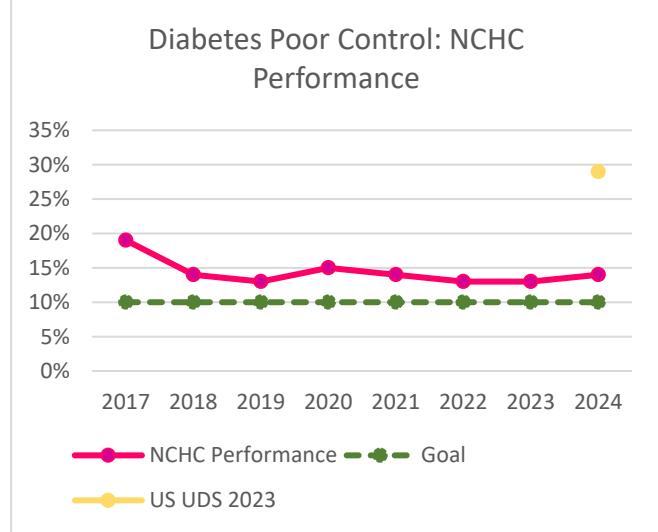
Additionally, we have worked closely with the Vermont Department of Health to enhance referrals to Self-Management Programs. We have built EMR-based referral pathways for providers and used campaign functionality to generate patient panels with high blood pressure for personalized outreach promoting these workshops. To support provider engagement, we also created documentation shortcuts that can be used in patient instructions, letters, or portal messages to inform patients about available workshops.

In 2025, we look forward to partnering with Bi-State Primary Care Association to perform a statistical analysis of our hypertension efforts and assess the impact our work has had on patient outcomes.

Diabetes: Hemoglobin A1c Poor Control:

NCHC Performance 2024: 14% (215/1492) (trending up)

- Rationale:** If there is less poorly controlled diabetes, then there will be fewer long-term complications such as amputations, blindness, and end-organ damage.
- Performance Measure:** Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c (HbA1c) greater than 9.0 percent (or no test) during the measurement period. **Lower is better.**



Narrative:

In 2024, both Express Care sites saw an increase in the number of patients with poorly controlled A1C. In response, chronic care coordinators across all sites continued working closely with patients to support individualized care planning. Our Diabetes Educator remained a key resource—providing direct education, leading the monthly Diabetes Champion meetings for care coordinators, and facilitating a weekly virtual Diabetes Support Group for patients and caregivers.

We maintained strong support for patients using continuous glucose monitoring (CGM), and we successfully implemented a method in Athena to tag CGM users, allowing care coordinators

to easily identify and engage these patients. While a full formal recall did not occur in 2024, our Clinical Nurse Educator conducted targeted outreach to patients overdue for visits.

A challenge this year was the loss of our Diabetes dashboards, which previously helped us track and monitor patient progress. **Re-establishing these dashboards is a key goal for 2025 to improve data-driven care. We also plan to launch a full diabetes recall initiative across all sites, paired with a community-facing social media campaign to enhance patient engagement and awareness.**

Quality Plan for 2025:

- Collaborate with Bi-State Primary Care Association to develop dashboards to gain deeper insight into patient populations and help guide programmatic and operational decisions (Provider Dashboard, Diabetes Dashboard, Community Health Team Dashboard)
- Prepare for and implement UDS+ reporting to align with evolving HRSA data requirements
- Continue developing and refining workflows to meet UDS quality metrics
- Launch 2025 recall calendar to support timely preventive care and screening outreach, pairing most recalls with community-facing educational social media campaigns to further engage patients and reinforce the value of routine care and screenings
- Launch an electronic intake solution to streamline patient registration, pre-visit information collection, completion of patient screeners and point of care patient experience surveys.
- Move forward with Chronic Care Management (CCM) as a key population health initiative to support patients with multiple chronic conditions and improve care coordination
- Continue to expand on the work of NCHC Community Health Team by operationalizing team-based care more effectively across the organization and measuring the collective impact of our efforts across departments and sites. This work will reflect and align with broader efforts happening statewide and within our communities as part of the Vermont Team-Based Care Change Team. Our participation in this initiative reinforces our commitment to building sustainable, integrated care models that meet the needs of the whole patient through coordinated, community-informed approaches.
- Engage with additional payers to collaboratively identify and close patient care gaps

2024 PRIMARY CARE CAHPS SURVEYS

Every year, the Vermont Blueprint for Health, along with a survey company called DataStat, sends out the Consumer Assessment of Healthcare Providers and Systems survey (CAHPS) to a random sample of NCHC patients that saw their NCHC provider at CHC, DHC, HAHC, IPHC and STJCHC during the twelve months prior to survey administration. Survey results are anonymous and confidential and NCHC summary for 2024 is outlined on the following pages.

Each site chooses a quality improvement project driven by this data. They are currently assessing for progress on last years' projects and choosing focuses for 2025.

*As an FYI, Home Health and Hospice patients also receive CAHPS surveys, however these are sent out monthly, rather than annually. Data from these monthly surveys are reflected in the monthly QI/QA Dashboard.

Your Feedback MATTERS.

If you or your child have been to a doctor's office in the last six months, a survey about your experience may be coming to your mailbox this fall!

Your responses let leaders and health care providers know how they can help.

All survey results are anonymous and confidential.



With your help, providers will be able to get you the care you need.

VERMONT Blueprint for Health

DataStat

For more information, please visit: www.ahrq.gov



(NCHC) State of Vermont 2022 Adult CAHPS PCMH Survey Results: 9/22/24-12/12/24

	2024 VT CAHPS Avg.	CHC	DHC	HAHC	IPHC	STJHC
		Access				
Overall: Getting timely appointments, care and information	58%	65.86% (N=82)	57.59% (N=104)	53.43% (N=126)	80.00% (N=57)	57.85% (N=68)
Q6. Always got appointment as soon as needed for urgent care	60%	59.46% (N=37)	55.56% (N=36)	63.16% (N=38)	87.50% (N=16)	45.83% (N=24)
Q8. Always got appointment as soon as needed for check-up or routine care	63%	72.73% (N=77)	59.79% (N=97)	53.85% (N=117)	78.43% (N=51)	74.60% (N=63)
Q11. Always received same day response when you contacted provider's office during regular office hours	50%	65.38% (N= 52)	57.41% (N=54)	43.28% (N=67)	74.07% (N=27)	53.13% (N=32)
Communication						
Overall: How well Providers communicate with patients	87%	92.59% (N=95)	89.45% (N=114)	85.64% (N=144)	90.04% (N=61)	88.21% (N=80)
Q12. Provider always explained things in a way that was easy to understand	87%	91.58% (N=95)	89.47% (N=114)	87.41% (N=143)	91.67% (N=60)	87.18% (N=78)
Q13. Provider always listened carefully to you	87%	94.68% (N=94)	87.61% (N=113)	83.92% (N=143)	90.16% (N=61)	88.46% (N=78)
Q15. Provider always showed respect for what you had to say	91%	94.74% (N=95)	94.74% (N=114)	89.93% (N=139)	90.00% (N=60)	89.87% (N=79)
Q16. Provider always spent enough time with you	85%	89.36% (N=94)	85.96% (N=114)	81.29% (N=139)	88.33% (N=60)	87.34% (N=79)
Care Coordination						
Overall: Providers' use of information to coordinate patient care	71%	82.44% (N=95)	75.47% (N=114)	67.16% (N=144)	79.09% (N=61)	78.97% (N=79)
Q14. Provider always seemed to know the important information about your medical history	75%	85.26% (N=95)	75.44% (N=114)	71.13% (N=142)	85.25% (N=61)	77.22% (N=79)
Q18. Someone at provider's office always followed-up with results of blood test, x-ray or other test results	72%	83.75% (N=80)	80.00% (N=85)	69.817% (N=106)	84.44% (N=45)	80.00% (N=60)
Q26. Someone at provider's office always talked about all the prescription medicines you were taking	66%	78.31% (N=83)	70.97% (N= 93)	60.55% (N=109)	54.58% (N=48)	79.84% (N=64)
Office Staff						
Overall: Helpful, courteous and respectful office staff	83%	88.59% (N=96)	85.88% (N=114)	75.99% (N=144)	92.66% (N=62)	86.46% (N=79)
Q27. Clerks and receptionists at provider's office were always helpful	78%	73.68% (N=95)	81.42% (N=113)	65.96% (N=141)	90.16% (N=61)	80.52% (N=77)
Q26. Someone at provider's office always treated you with courtesy and respect	89%	87.50% (N=96)	90.35% (N=114)	86.01% (N=143)	95.16% (N=62)	92.41% (N=79)
Self-Management Support						
Overall: Talking with you about taking care of your own health	61%	78.15% (N=95)	59.02% (N=114)	64.02% (N=138)	67.67% (N=60)	67.76% (N=77)
Q22. Someone at provider's office talked with you about specific goals for your health	66%	82.11% (N=95)	60.53% (N=114)	68.61% (N=137)	75.00% (N=60)	73.68% (N=76)
Q23. Someone at provider's office asked you if there are things that make it hard for you to take care of your health	56%	74.19% (N=93)	57.52% (N=113)	59.42% (N=138)	60.34% (N=58)	61.84% (N=76)
Rating of Provider						
Q19. Rating of Provider	80%	93.68% (N=95)	78.76% (N=113)	78.26% (N=138)	86.67% (N=60)	80.77% (N=78)

CAHPS = Consumer Assessment of Healthcare Providers and Systems/PCMH = Patient-Centered Medical Home

N	= number of respondents to question
Red	= more than 5 points below VT CAHPS 2024 Avg
Yellow	= within 5 points below VT CAHPS 2024 Avg
Green	= at or above VT CAHPS 2024 Avg

(NCHC) State of Vermont 2022 Adult CAHPS PCMH Survey Results: 9/22/24-12/12/24

<table border="1"> <tr> <td style="background-color: #f2f2f2;">N</td><td>= number of respondents to question</td></tr> <tr> <td style="background-color: #ff0000;"> </td><td>= more than 5 points below VT CAHPS 2024 Avg</td></tr> <tr> <td style="background-color: #ffff00;"> </td><td>= within 5 points below VT CAHPS 2024 Avg</td></tr> <tr> <td style="background-color: #6b8e23;"> </td><td>= at or above VT CAHPS 2024 Avg</td></tr> </table>	N	= number of respondents to question		= more than 5 points below VT CAHPS 2024 Avg		= within 5 points below VT CAHPS 2024 Avg		= at or above VT CAHPS 2024 Avg	<table border="1"> <tr> <td>2024 VT CAHPS Avg</td><td>CHC</td><td>DHC</td><td>HAHC</td><td>IPHC</td><td>STJHC</td></tr> </table>	2024 VT CAHPS Avg	CHC	DHC	HAHC	IPHC	STJHC
N	= number of respondents to question														
	= more than 5 points below VT CAHPS 2024 Avg														
	= within 5 points below VT CAHPS 2024 Avg														
	= at or above VT CAHPS 2024 Avg														
2024 VT CAHPS Avg	CHC	DHC	HAHC	IPHC	STJHC										

Information

Overall: Information (VT) Supplemental	71%	78.55% (N=95)	79.29% (N=115)	71.03% (N=144)	80.57% (N=61)	80.13% (N=80)
Q9. Provider's office gave information on getting care for during evenings, weekends or holidays	71%	82.11% (N=95)	79.82% (N=114)	64.75% (N=139)	76.67% (N=60)	80.77% (N=78)
Q11b. Provider's office sent reminders between visits about your test, treatments or appointments	71%	75.00% (N=92)	78.76% (N=113)	77.30% (N=141)	84.48% (N=58)	79.49% (N=78)

Specialist Care

Overall: Specialist Care (VT Supplemental)	47%	66.01% (N=59)	51.86% (N=58)	52.79% (N=85)	50.00% (N=32)	47.54% (N=45)
Q21d. Always easy to get appointments with specialists	35%	53.85% (N=39)	44.90% (N=49)	46.67% (N=60)	33.33% (N=24)	37.93% (N=29)
Q21a. Specialist seen most often always knew important information about medical history	59%	78.18% (N=55)	58.82% (N=51)	58.90% (N=73)	66.67% (N=27)	57.14% (N=42)

CAHPS = Consumer Assessment of Healthcare Providers and Systems/PCMH = Patient-Centered Medical Home

(NCHC) State of Vermont Adult CAHPS CONCORD TREND

N = number of respondents to question = more than 5 points below VT CAHPS 2024 Avg = within 5 points below VT CAHPS 2024 Avg = at or above VT CAHPS 2024 Avg	2017	2018	2019	2020	2021	2022	2023	2024
Overall: Getting timely appointments, care and information	57.31% (N=87)	71.98% (N=77)	66.62% (N=77)	75.87% (N=77)	75.72% (N=76)	61.24% (N=86)	70.17% (N=83)	65.86% (N=82)
Q6. Always got appointment as soon as needed for urgent care	64.29% (N=42)	75.68% (N=37)	77.14% (N=35)	82.76% (N=29)	80.00% (N=25)	47.06% (N=34)	71.43% (N=35)	59.46% (N=37)
Q8. Always got appointment as soon as needed for check-up or routine care	70.42% (N=71)	82.76% (N=58)	72.73% (N=66)	78.95% (N=57)	77.78% (N=63)	73.24% (N=71)	74.65% (N=71)	72.73% (N=77)
Q11. Always received same day response when you contacted provider's office during regular office hours	37.21% (N=43)	57.50% (N=40)	50.00% (N=36)	65.91% (N=44)	69.39% (N=49)	63.41% (N=41)	64.44% (N=45)	65.38% (N=52)
Overall: How well Providers communicate with patients	88.40% (N=108)	89.79% (N=94)	89.89% (N=94)	94.47% (N=95)	94.36% (N=91)	94.32% (N=103)	95.28% (N=101)	92.59% (N=95)
Q12. Provider always explained things in a way that was easy to understand	87.96% (N=108)	88.17% (N=93)	89.36% (N=94)	95.79% (N=95)	94.44% (N=90)	94.17% (N=103)	97.00% (N=100)	91.58% (N=95)
Q13. Provider always listened carefully to you	84.26% (N=108)	85.87% (N=92)	88.30% (N=94)	93.68% (N=95)	94.51% (N=91)	96.12% (N=103)	95.00% (N=100)	94.68% (N=94)
Q15. Provider always showed respect for what you had to say	90.74% (N=108)	91.49% (N=94)	91.49% (N=94)	96.84% (N=95)	94.25% (N=87)	95.00% (N=100)	98.02% (N=101)	94.74% (N=95)
Q16. Provider always spent enough time with you	90.65% (N=107)	93.62% (N=94)	90.43% (N=94)	91.58% (N=95)	94.25% (N=87)	92.00% (N=100)	91.09% (N=101)	89.36% (N=94)
Overall: Providers' use of information to coordinate patient care	75.09% (N=108)	79.38% (N=94)	79.02% (N=94)	80.88% (N=95)	84.19% (N=91)	84.26% (N=103)	86.50% (N=101)	82.44% (N=95)
Q14. Provider always seemed to know the important information about your medical history	75.93% (N=108)	78.72% (N=94)	82.98% (N=94)	86.32% (N=95)	86.81% (N=91)	84.31% (N=102)	88.12% (N=101)	85.25% (N=95)
Q18. Someone at provider's office always followed-up with results of blood test, x-ray or other test results	77.78% (N=72)	81.48% (N=54)	80.00% (N=65)	89.66% (N=58)	85.25% (N=61)	85.71% (N=70)	87.88% (N=66)	83.75% (N=80)
Q26. Someone at provider's office always talked about all the prescription medicines you were taking	71.58% (N=95)	77.92% (N=77)	74.07% (N=81)	66.67% (N=81)	80.52% (N=77)	82.76% (N=87)	83.52% (N=91)	78.31% (N=83)
Overall: Helpful, courteous and respectful office staff	80.56% (N=108)	87.10% (N=93)	86.52% (N=93)	90.86% (N=93)	92.65% (N=91)	80.45% (N=103)	93.07% (N=101)	88.59% (N=96)
Q27. Clerks and receptionists at provider's office were always helpful	72.22% (N=108)	84.95% (N=93)	80.65% (N=93)	86.02% (N=93)	88.64% (N=88)	70.71% (N=99)	87.13% (N=101)	73.68% (N=95)
Q26. Someone at provider's office always treated you with courtesy and respect	88.89% (N=108)	89.25% (N=93)	92.39% (N=92)	95.70% (N=93)	96.67% (N=90)	90.20% (N=102)	99.01% (N=101)	87.50% (N=96)
Overall: Talking with you about taking care of your own health	58.72% (N=107)	63.31% (N=93)	64.45% (N=93)	67.58% (N=92)	72.67% (N=87)	72.13% (N=100)	77.00% (N=101)	78.15% (N=95)
Q22. Someone at provider's office talked with you about specific goals for your health	65.09% (N=106)	76.09% (N=92)	70.65% (N=92)	76.92% (N=91)	76.74% (N=86)	81.63% (N=98)	85.00% (N=100)	82.11% (N=95)
Q23. Someone at provider's office asked you if there are things that make it hard for you to take care of your health	52.34% (N=107)	50.54% (N=93)	58.24% (N=91)	58.24% (N=91)	68.60% (N=86)	62.63% (N=99)	69.00% (N=100)	74.19% (N=93)
Q19. Rating of Provider					88.17% (N=93)	85.06% (N=87)	92.93% (N=99)	92.93% (N=95)

CAHPS = Consumer Assessment of Healthcare Providers and Systems

(NCHC) State of Vermont Adult CAHPS DANVILLE TREND

N	= number of respondents to question	2017	2018	2019	2020	2021	2022	2023	2024
		= more than 5 points below VT CAHPS 2024 Avg	= within 5 points below VT CAHPS 2024 Avg	= at or above VT CAHPS 2024 Avg					
Overall: Getting timely appointments, care and information	67.27% (N=79)	67.32% (N=83)	66.18% (N=68)	67.38% (N=79)	70.74% (N=88)	58.46% (N=75)	71.64% (N=93)	57.59% (N=104)	
Q6. Always got appointment as soon as needed for urgent care	61.29% (N=31)	68.97% (N=29)	70.00% (N=20)	68.00% (N=25)	71.43% (N=28)	50.00% (N=24)	73.08% (N=26)	55.56% (N=36)	
Q8. Always got appointment as soon as needed for check-up or routine care	73.85% (N=65)	75% (N=68)	76.92% (N=52)	69.70% (N=66)	77.33% (N=75)	64.52% (N=62)	72.29% (N=83)	59.79% (N=97)	
Q11. Always received same day response when you contacted provider's office during regular office hours	66.67% (N=39)	58% (N=50)	51.61% (N=31)	64.44% (N=45)	63.46% (N=52)	60.87% (N=46)	69.57% (N=46)	57.41% (N=54)	
Overall: How well Providers communicate with patients	94.47% (N=95)	86.80% (N=97)	90.29% (N=85)	89.43% (N=91)	89.70% (N=105)	88.16% (N=91)	88.66% (N=107)	89.45% (N=114)	
Q12. Provider always explained things in a way that was easy to understand	91.58% (N=95)	84.04% (N=94)	89.41% (N=85)	88.89% (N=90)	88.57% (N=105)	90.11% (N=91)	90.65% (N=107)	89.47% (N=114)	
Q13. Provider always listened carefully to you	94.74% (N=95)	86.17% (N=94)	90.59% (N=85)	87.64% (N=89)	89.52% (N=105)	88.89% (N=90)	86.92% (N=107)	87.61% (N=113)	
Q15. Provider always showed respect for what you had to say	98.95% (N=95)	89.47% (N=95)	94.12% (N=85)	93.41% (N=91)	91.26% (N=103)	92.31% (N=91)	90.38% (N=104)	94.74% (N=114)	
Q16. Provider always spent enough time with you	92.63% (N=95)	87.50% (N=96)	87.06% (N=85)	87.78% (N=90)	89.42% (N=104)	81.32% (N=91)	86.67% (N=105)	85.96% (N=114)	
Overall: Providers' use of information to coordinate patient care	75.52% (N=95)	71.73% (N=97)	80.20% (N=85)	77.89% (N=91)	76.25% (N=105)	74.64% (N=91)	76.01% (N=107)	75.47% (N=114)	
Q14. Provider always seemed to know the important information about your medical history	78.95% (N=95)	66.32% (N=95)	83.53% (N=85)	80.22% (N=91)	80.95% (N=105)	75.82% (N=91)	79.44% (N=107)	75.44% (N=114)	
Q18. Someone at provider's office always followed-up with results of blood test, x-ray or other test results	83.05% (N=59)	86.67% (N=45)	85.42% (N=48)	86.79% (N=53)	85.00% (N=60)	71.70% (N=53)	85.07% (N=67)	80.00% (N=85)	
Q26. Someone at provider's office always talked about all the prescription medicines you were taking	64.56% (N=79)	62.20% (N=82)	71.64% (N=67)	66.67% (N=75)	62.79% (N=86)	76.39% (N=72)	63.53% (N=85)	70.97% (N=93)	
Overall: Helpful, courteous and respectful office staff	69.89% (N=93)	82.33% (N=94)	85.12% (N=84)	83.21% (N=90)	88.88% (N=105)	84.27% (N=91)	88.61% (N=107)	85.88% (N=114)	
Q27. Clerks and receptionists at provider's office were always helpful	63.44% (N=93)	78.49% (N=93)	79.76% (N=84)	78.65% (N=89)	87.38% (N=103)	79.12% (N=91)	85.71% (N=105)	81.42% (N=113)	
Q26. Someone at provider's office always treated you with courtesy and respect	76.34% (N=93)	86.17% (N=94)	90.48% (N=84)	87.78% (N=90)	90.38% (N=104)	89.41% (N=85)	91.51% (N=106)	90.35% (N=114)	
Overall: Talking with you about taking care of your own health	49.03% (N=95)	46.69% (N=96)	52.07% (N=84)	53.31% (N=90)	56.31% (N=103)	50.23% (N=90)	70.19% (N=105)	59.02% (N=114)	
Q22. Someone at provider's office talked with you about specific goals for your health	58.06% (N=93)	57.89% (N=95)	57.14% (N=84)	58.89% (N=89)	61.17% (N=103)	59.55% (N=89)	75.96% (N=104)	60.53% (N=114)	
Q23. Someone at provider's office asked you if there are things that make it hard for you to take care of your health	40.00% (N=95)	35.48% (N=93)	46.99% (N=83)	47.73% (N=88)	51.46% (N=103)	40.91% (N=88)	64.42% (N=104)	57.52% (N=113)	
Q19. Rating of Provider					82.22% (N=90)	84.62% (N=104)	81.32% (N=91)	78.85% (N=104)	78.76% (N=113)

CAHPS = Consumer Assessment of Healthcare Providers and Systems

(NCHC) State of Vermont Adult CAHPS HARDWICK TREND

N	= number of respondents to question	2017	2018	2019	2020	2021	2022	2023	2024
	= more than 5 points below VT CAHPS 2024 Avg								
	= within 5 points below VT CAHPS 2024 Avg								
	= at or above VT CAHPS 2024 Avg								

Access

Overall: Getting timely appointments, care and information	58.48% (N=99)	58.64% (N=93)	58.25% (N=97)	55.65% (N=74)	56.53% (N=72)	58.81% (N=69)	57.24% (N=94)	53.43% (N=126)
Q6. Always got appointment as soon as needed for urgent care	60.53% (N=38)	63.04% (N=46)	53.49% (N=43)	60.00% (N=30)	62.96% (N=27)	60.87% (N=23)	62.79% (N=43)	63.16% (N=38)
Q8. Always got appointment as soon as needed for check-up or routine care	56.10% (N=82)	58.11% (N=74)	56.96% (N=79)	60.00% (N=65)	58.06% (N=62)	60.00% (N=55)	55.70% (N=79)	53.85% (N=117)
Q11. Always received same day response when you contacted provider's office during regular office hours	58.82% (N=51)	54.76% (N=42)	64.29% (N=56)	46.94% (N=79)	48.57% (N=35)	55.56% (N=36)	53.23% (N=62)	43.28% (N=67)

Communication

Overall: How well Providers communicate with patients	88.96% (N=111)	91.73% (N=106)	81.21% (N=110)	79.14% (N=88)	85.61% (N=86)	87.33% (N=87)	84.12% (N=113)	88.64% (N=144)
Q12. Provider always explained things in a way that was easy to understand	87.39% (N=111)	90.57% (N=106)	80.73% (N=109)	82.95% (N=88)	83.72% (N=86)	86.05% (N=86)	83.19% (N=113)	87.41% (N=143)
Q13. Provider always listened carefully to you	88.29% (N=111)	89.62% (N=106)	83.33% (N=108)	77.27% (N=88)	87.06% (N=85)	87.36% (N=87)	84.07% (N=113)	83.92% (N=143)
Q15. Provider always showed respect for what you had to say	92.79% (N=111)	94.29% (N=105)	84.40% (N=109)	78.41% (N=88)	91.67% (N=84)	91.57% (N=83)	84.68% (N=111)	89.93% (N=139)
Q16. Provider always spent enough time with you	87.39% (N=111)	92.45% (N=106)	76.36% (N=110)	77.91% (N=86)	80.00% (N=85)	84.34% (N=83)	84.55% (N=110)	81.29% (N=139)

Care Coordination

Overall: Providers' use of information to coordinate patient care	72.38% (N=111)	74.59% (N=105)	70.72% (N=110)	63.40% (N=88)	70.12% (N=86)	65.85% (N=87)	68.18% (N=113)	67.16% (N=144)
Q14. Provider always seemed to know the important information about your medical history	74.55% (N=110)	80.58% (N=103)	70.64% (N=109)	62.07% (N=87)	75.58% (N=86)	67.82% (N=87)	70.80% (N=113)	71.13% (N=142)
Q18. Someone at provider's office always followed-up with results of blood test, x-ray or other test results	82.81% (N=64)	81.13% (N=53)	77.46% (N=71)	66.10% (N=59)	70.00% (N=60)	66.67% (N=48)	71.23% (N=73)	69.81% (N=106)
Q26. Someone at provider's office always talked about all the prescription medicines you were taking	59.78% (N=92)	62.07% (N=87)	64.04% (N=89)	62.03% (N=79)	64.79% (N=71)	63.08% (N=65)	62.50% (N=96)	60.55% (N=109)

Office Staff

Overall: Helpful, courteous and respectful office staff	72.97% (N=111)	78.10% (N=105)	72.43% (N=107)	76.91% (N=87)	80.23% (N=87)	82.35% (N=87)	75.93% (N=113)	75.99% (N=144)
Q27. Clerks and receptionists at provider's office were always helpful	65.77% (N=111)	70.48% (N=105)	64.49% (N=107)	71.26% (N=87)	73.26% (N=86)	74.12% (N=85)	69.72% (N=109)	65.96% (N=141)
Q26. Someone at provider's office always treated you with courtesy and respect	80.18% (N=111)	85.71% (N=105)	80.37% (N=107)	82.56% (N=86)	87.21% (N=86)	90.59% (N=85)	82.14% (N=112)	86.01% (N=143)

Self-Management Support

Overall: Talking with you about taking care of your own health	49.37% (N=111)	44.73% (N=104)	56.35% (N=106)	64.46% (N=87)	60.42% (N=86)	52.71% (N=84)	60.71% (N=111)	64.02% (N=138)
Q22. Someone at provider's office talked with you about specific goals for your health	58.56% (N=111)	51.96% (N=102)	66.99% (N=103)	71.26% (N=87)	74.42% (N=86)	55.42% (N=83)	65.45% (N=110)	68.61% (N=137)
Q23. Someone at provider's office asked you if there are things that make it hard for you to take care of your health	40.19% (N=107)	37.50% (N=104)	45.71% (N=105)	57.65% (N=85)	46.43% (N=84)	50.00% (N=80)	55.96% (N=109)	59.42% (N=138)

Rating of Provider

Q19. Rating of Provider				74.12% (N=85)	76.47% (N=85)	74.39% (N=82)	80.91% (N=110)	78.26% (N=138)
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(NCHC) State of Vermont Adult CAHPS ISLAND POND TREND

N	= number of respondents to question	2017	2018	2019	2020	2021	2022	2023	2024
Red	= more than 5 points below VT CAHPS 2024 Avg								
Yellow	= within 5 points below VT CAHPS 2024 Avg								
Green	= at or above VT CAHPS 2024 Avg								

Access

Overall: Getting timely appointments, care and information	76.52% (N =97)	64.03% (N=39)	77.98% (N=42)	77.96% (N=44)	82.19% (N=74)	77.04% (N=105)	63.81% (N=46)	80.00% (N=57)
Q6. Always got appointment as soon as needed for urgent care	75% (N=48)	75% (N=16)	80.00% (N=20)	86.67% (N=15)	86.21% (N=29)	83.78% (N=37)	50.00% (N=14)	87.50% (N=16)
Q8. Always got appointment as soon as needed for check-up or routine care	76.39 % (N =72)	64.71 % (N=34)	76.67% (N=30)	80.56% (N=36)	84.75% (N=59)	80.68% (N=88)	70.00% (N=40)	78.43% (N=51)
Q11. Always received same day response when you contacted provider's office during regular office hours	78.18% (N=55)	52.38% (N=21)	77.27% (N=22)	66.67% (N=27)	75.61% (N=41)	66.67% (N=57)	71.43% (N=28)	74.07% (N=27)

Communication

Overall: How well Providers communicate with patients	91.14% (N=111)	83.08% (N=46)	83.52% (N=49)	90.57% (N=53)	91.66% (N=83)	90.75% (N=120)	86.68% (N=55)	90.04% (N=61)
Q12. Provider always explained things in a way that was easy to understand	92.79% (N=111)	78.26% (N=46)	85.71% (N=49)	88.68% (N=53)	93.98% (N=83)	91.67% (N=120)	94.55% (N=55)	91.67% (N=60)
Q13. Provider always listened carefully to you	91.89 % (N=111)	86.67 % (N=45)	85.42% (N=48)	92.45% (N=53)	91.57% (N=83)	89.92% (N=119)	81.82% (N=55)	90.16% (N=61)
Q15. Provider always showed respect for what you had to say	94.55% (N=110)	89.13% (N=46)	85.42% (N=48)	92.45% (N=53)	93.75% (N=80)	93.28% (N=119)	88.89% (N=54)	90.00% (N=60)
Q16. Provider always spent enough time with you	85.32% (N=109)	78.26% (N=46)	77.55% (N=49)	88.68% (N=53)	87.34% (N=79)	88.14% (N=118)	81.48% (N=54)	88.33% (N=60)

Care Coordination

Overall: Providers' use of information to coordinate patient care	81.31% (N=111)	78.29% (N=46)	72.47% (N=49)	81.02% (N=53)	84.38% (N=82)	79.90% (N=120)	79.02% (N=55)	78.09% (N=61)
Q14. Provider always seemed to know the important information about your medical history	84.55% (N=110)	78.26% (N=46)	73.47% (N=49)	79.25% (N=53)	84.15% (N=82)	78.15% (N=119)	87.27% (N=55)	85.25% (N=61)
Q18. Someone at provider's office always followed-up with results of blood test, x-ray or other test results	87.50% (N=64)	83.87% (N=31)	77.27% (N=32)	97.14% (N=35)	90.91% (N=55)	83.78% (N=74)	78.38% (N=37)	84.44% (N=45)
Q26. Someone at provider's office always talked about all the prescription medicines you were taking	71.88% (N=96)	72.73% (N=33)	66.67% (N=36)	66.67% (N=48)	78.08% (N=73)	77.78% (N=99)	71.43% (N=42)	54.58% (N=48)

Office Staff

Overall: Helpful, courteous and respectful office staff	88.29% (N=111)	87.97% (N=46)	84.38% (N=49)	94.10% (N=51)	91.31% (N=83)	90.23% (N=120)	87.96% (N=55)	92.66% (N=62)
Q27. Clerks and receptionists at provider's office were always helpful	83.78% (N=111)	82.61% (N=46)	83.33% (N=48)	90.20% (N=51)	87.50% (N=80)	85.59% (N=118)	85.19% (N=54)	90.16% (N=61)
Q26. Someone at provider's office always treated you with courtesy and respect	92.79% (N=111)	93.33% (N=45)	85.42% (N=48)	98.00% (N=50)	95.12% (N=82)	94.87% (N=117)	90.74% (N=54)	95.16% (N=62)

Self-Management Support

Overall: Talking with you about taking care of your own health	62.68% (N=111)	61.68% (N=46)	53.79% (N=74)	62.50% (N=52)	63.29% (N=80)	58.68% (N=117)	64.15% (N=53)	67.67% (N=60)
Q22. Someone at provider's office talked with you about specific goals for your health	78.18% (N=110)	65.22% (N=46)	61.64% (N=73)	65.38% (N=52)	70.89% (N=79)	66.09% (N=115)	75.47% (N=53)	75.00% (N=60)
Q23. Someone at provider's office asked you if there are things that make it hard for you to take care of your health	47.17 % (N=106)	58.14 % (N=43)	45.95% (N=74)	59.62% (N=52)	55.70% (N=79)	51.28% (N=117)	52.83% (N=53)	60.34% (N=58)

Rating of Provider

Q19. Rating of Provider				84.91% (N=53)	84.62% (N=78)	89.92% (N=119)	87.04% (N=54)	86.67% (N=60)
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(NCHC) State of Vermont Adult CAHPS ST. JOHNSBURY TREND

N	= number of respondents to question	2017	2018	2019	2020	2021	2022	2023	2024
Red	= more than 5 points below VT CAHPS 2024 Avg								
Yellow	= within 5 points below VT CAHPS 2024 Avg								
Green	= at or above VT CAHPS 2024 Avg								

Access

Overall: Getting timely appointments, care and information	53.28% (N=53)	63.47% (N=52)	56.96% (N=62)	63.42% (N=48)	62.16% (N=58)	62.80% (N=69)	47.37% (N=85)	57.85% (N=68)	
Q6. Always got appointment as soon as needed for urgent care	59.09 % (N=22)	71.43 % (N=21)	59.26% (N=27)	58.82% (N=17)	75.00% (N=20)	61.90% (N=21)	44.00% (N=25)	45.83% (N=24)	
Q8. Always got appointment as soon as needed for check-up or routine care	73.47 % (N=49)	63.41% (N=41)	68.75% (N=48)	74.29% (N=35)	66.67% (N=48)	69.35% (N=62)	63.89% (N=72)	74.60% (N=63)	
Q11. Always received same day response when you contacted provider's office during regular office hours	27.27% (N=22)	55.56% (N=27)	42.86% (N=28)	57.14% (N=28)	44.83% (N=29)	57.14% (N=42)	34.21% (N=38)	53.13% (N=32)	

Communication

Overall: How well Providers communicate with patients	88.35% (N=68)	83.61% (N=61)	75.75% (N=78)	90.18% (N=56)	89.84% (N=64)	85.88% (N=82)	93.21% (N=96)	88.21% (N=80)	
Q12. Provider always explained things in a way that was easy to understand	91.04% (N=67)	81.97% (N=61)	77.92% (N=77)	91.07% (N=56)	90.64% (N=64)	84.15% (N=82)	91.67% (N=96)	87.18% (N=78)	
Q13. Provider always listened carefully to you	83.58% (N=67)	80.33 % (N=61)	70.51% (N=78)	89.29% (N=56)	85.94% (N=64)	83.75% (N=80)	91.58% (N=95)	88.46% (N=78)	
Q15. Provider always showed respect for what you had to say	89.39% (N=66)	90.16% (N=61)	75.32% (N=77)	98.21% (N=56)	96.88% (N=64)	93.59% (N=78)	95.83% (N=96)	89.87% (N=79)	
Q16. Provider always spent enough time with you	89.39% (N=66)	81.97% (N=61)	79.22% (N=77)	82.14% (N=56)	85.94% (N=64)	82.05% (N=78)	93.75% (N=96)	87.34% (N=79)	

Care Coordination

Overall: Providers' use of information to coordinate patient care	69.47% (N=67)	66.91% (N=61)	66.43% (N=77)	70.89% (N=56)	72.90% (N=64)	73.99% (N=81)	77.34% (N=96)	78.97% (N=79)	
Q14. Provider always seemed to know the important information about your medical history	75.76% (N=66)	68.33% (N=60)	71.43% (N=77)	78.57% (N=56)	82.81% (N=64)	74.07% (N=81)	78.13% (N=96)	77.22% (N=79)	
Q18. Someone at provider's office always followed-up with results of blood test, x-ray or other test results	60.42% (N=48)	58.33% (N=48)	62.22% (N=45)	71.05% (N=38)	66.67% (N=39)	74.47% (N=47)	80.65% (N=62)	80.00% (N=60)	
Q26. Someone at provider's office always talked about all the prescription medicines you were taking	72.22% (N=54)	74.07% (N=54)	65.63% (N=64)	63.05% (N=46)	69.23% (N=52)	73.44% (N=64)	73.26% (N=86)	79.69% (N=64)	

Office Staff

Overall: Helpful, courteous and respectful office staff	76.12% (N=67)	77.87% (N=61)	82.89% (N=76)	88.18% (N=55)	86.56% (N=64)	87.32% (N=82)	82.32% (N=94)	86.46% (N=79)	
Q27. Clerks and receptionists at provider's office were always helpful	68.66% (N=67)	68.85% (N=61)	76.32% (N=76)	81.82% (N=55)	79.37% (N=63)	82.05% (N=78)	75.27% (N=93)	80.52% (N=77)	
Q26. Someone at provider's office always treated you with courtesy and respect	83.58% (N=67)	86.89% (N=61)	89.47% (N=76)	94.55% (N=55)	93.75% (N=64)	92.59% (N=81)	89.36% (N=94)	92.41% (N=79)	

Self-Management Support

Overall: Talking with you about taking care of your own health	58.09% (N=67)	52.01% (N=61)	53.79% (N=74)	64.15% (N=54)	51.89% (N=65)	54.27% (N=77)	62.23% (N=94)	67.76% (N=77)	
Q22. Someone at provider's office talked with you about specific goals for your health	67.69% (N=65)	59.02% (N=61)	61.64% (N=73)	77.36% (N=53)	58.46% (N=65)	55.84% (N=77)	64.89% (N=94)	73.68% (N=76)	
Q23. Someone at provider's office asked you if there are things that make it hard for you to take care of your health	48.48 (N=66)	45% (N=60)	45.95% (N=74)	50.94% (N=53)	45.31% (N=64)	52.70% (N=74)	59.57% (N=94)	61.84% (N=76)	

Rating of Provider

Q19. Rating of Provider				83.64% (N=55)	78.13% (N=64)	72.73% (N=77)	83.16% (N=95)	80.77% (N=78)	
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Appendix F: Home Health and Hospice Data

Outcome Trends 2023 and 2024

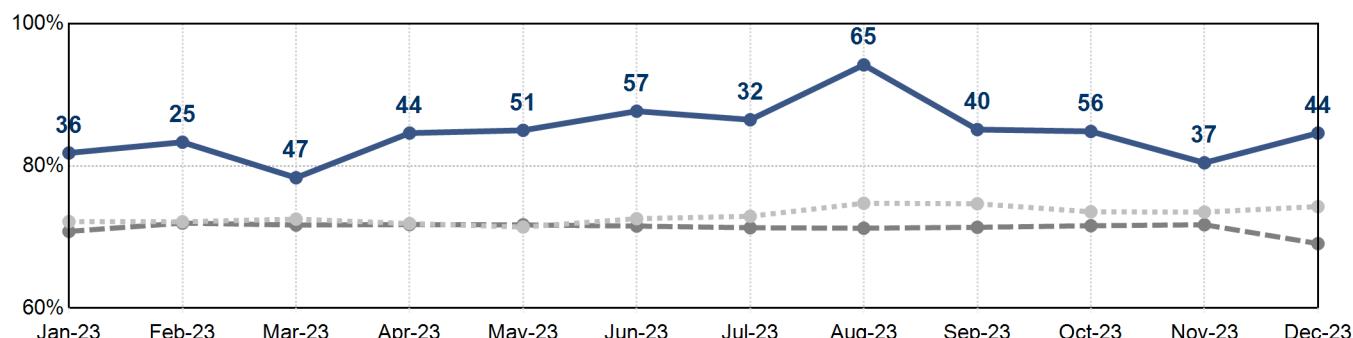
Process Measure Performance Overview 2023, 2024, 2025 (6 months)

Hospice Patient Experience Scores 2023,2024, 2025 (6 months)

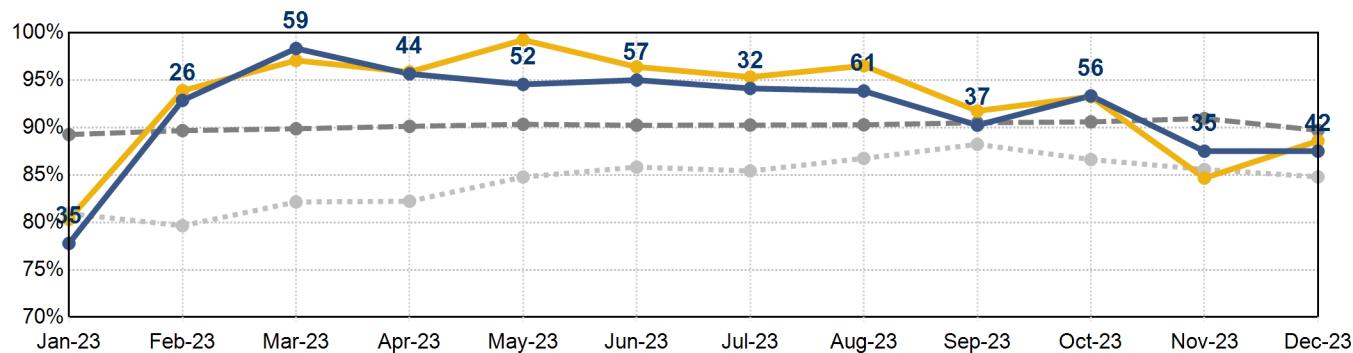
Home Health Patient Experience Scores 2023,2024, 2025 (6 months)

Measures Trended by Month
1 Discharge Function Score (DFS)
V C

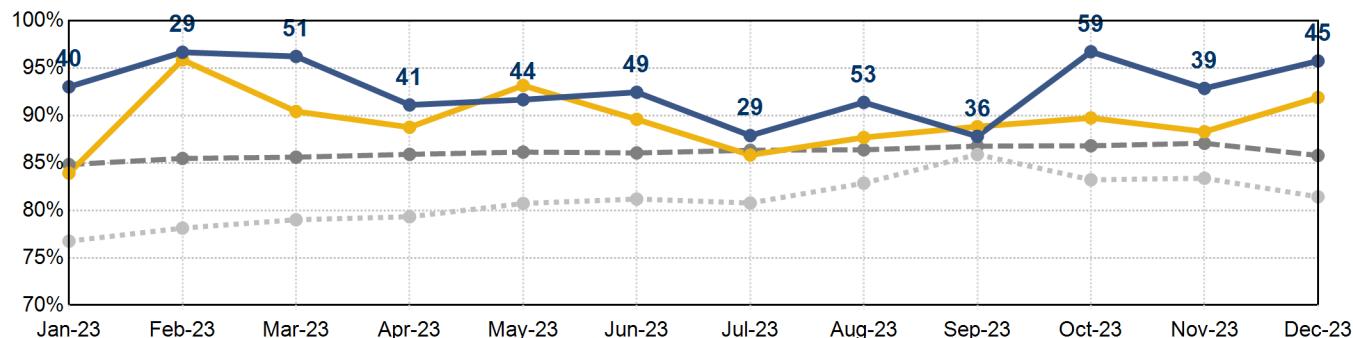
Date	#	Episodes	You Observed	You Risk-Adj	SHP State (VT)	SHP National
December 2023	44	52	84.62%	-	74.28%	69.07%
12 Months	534	628	85.03%	-	73.00%	71.31%

—●— You Observed —●— You Risk Adjust —●— SHP State (VT) —●— SHP National

2 Improvement in Dyspnea
V ★ C

Date	#	Episodes	You Observed	You Risk-Adj	SHP State (VT)	SHP National
December 2023	42	48	87.50%	88.58%	84.80%	89.70%
12 Months	536	582	92.10%	93.17%	84.39%	90.15%

—●— You Observed —●— You Risk Adjust —●— SHP State (VT) —●— SHP National

3 Improvement in Management of Oral Meds
V ★ C

Date	#	Episodes	You Observed	You Risk-Adj	SHP State (VT)	SHP National
December 2023	45	47	95.74%	91.89%	81.42%	85.79%
12 Months	515	554	92.96%	89.44%	81.01%	86.10%

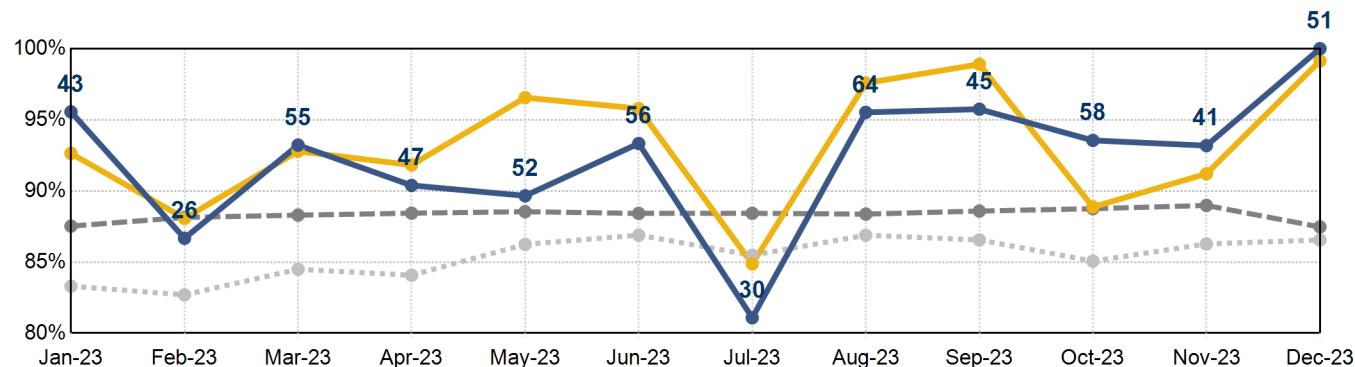
—●— You Observed —●— You Risk Adjust —●— SHP State (VT) —●— SHP National


Measures Trended by Month

4 Improvement in Ambulation

Date	#	Episodes	You Observed	You Risk-Adj	SHP State (VT)	SHP National
December 2023	51	51	100.00%	99.14%	86.55%	87.47%
12 Months	568	612	92.81%	93.65%	85.38%	88.33%

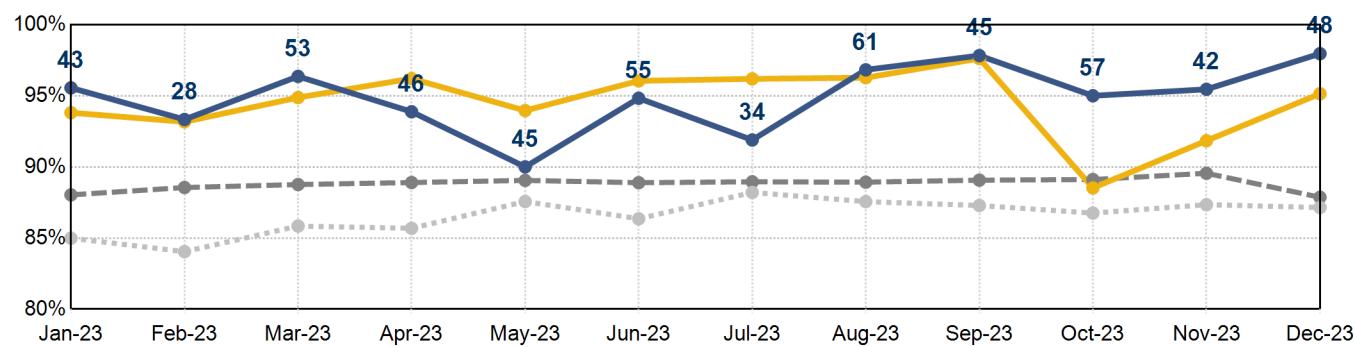
—●— You Observed —○— You Risk Adjust - - - - - SHP State (VT) - - - - - SHP National



5 Improvement in Bed Transferring

Date	#	Episodes	You Observed	You Risk-Adj	SHP State (VT)	SHP National
December 2023	48	49	97.96%	95.14%	87.15%	87.87%
12 Months	557	586	95.05%	94.45%	86.56%	88.81%

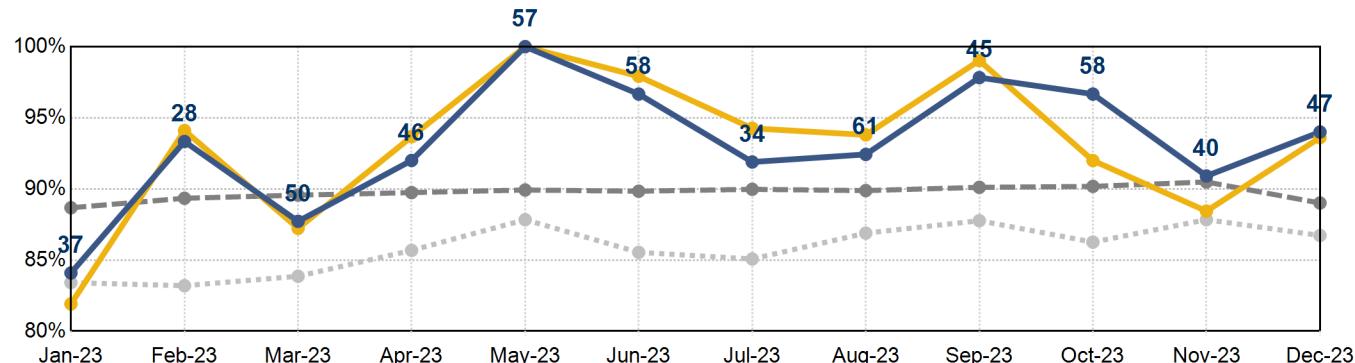
—●— You Observed —○— You Risk Adjust - - - - - SHP State (VT) - - - - - SHP National



6 Improvement in Bathing

Date	#	Episodes	You Observed	You Risk-Adj	SHP State (VT)	SHP National
December 2023	47	50	94.00%	93.60%	86.72%	89.01%
12 Months	561	601	93.34%	93.50%	85.84%	89.74%

—●— You Observed —○— You Risk Adjust - - - - - SHP State (VT) - - - - - SHP National

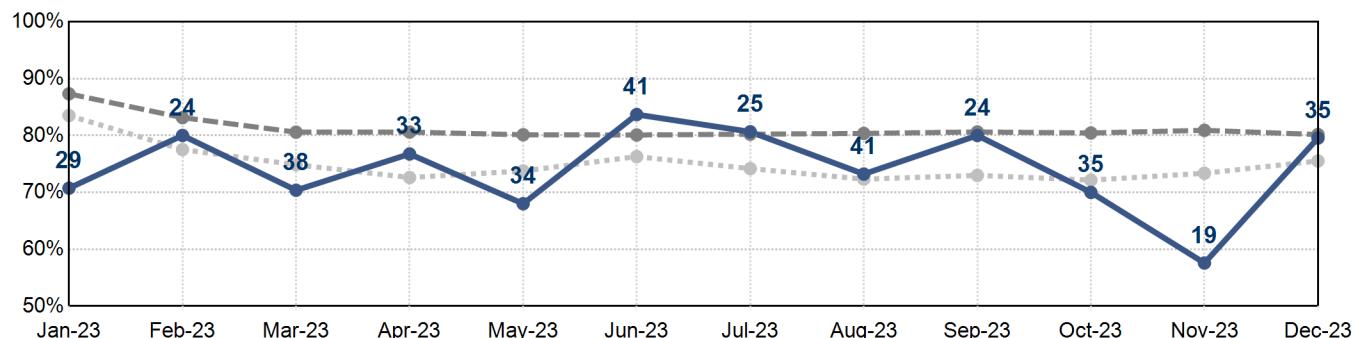


Measures Trended by Month

7 Improvement in Pain

Date	#	Episodes	You Observed	You Risk-Adj	SHP State (VT)	SHP National
December 2023	35	44	79.55%	-	75.52%	80.16%
12 Months	378	511	73.97%	-	74.95%	81.18%

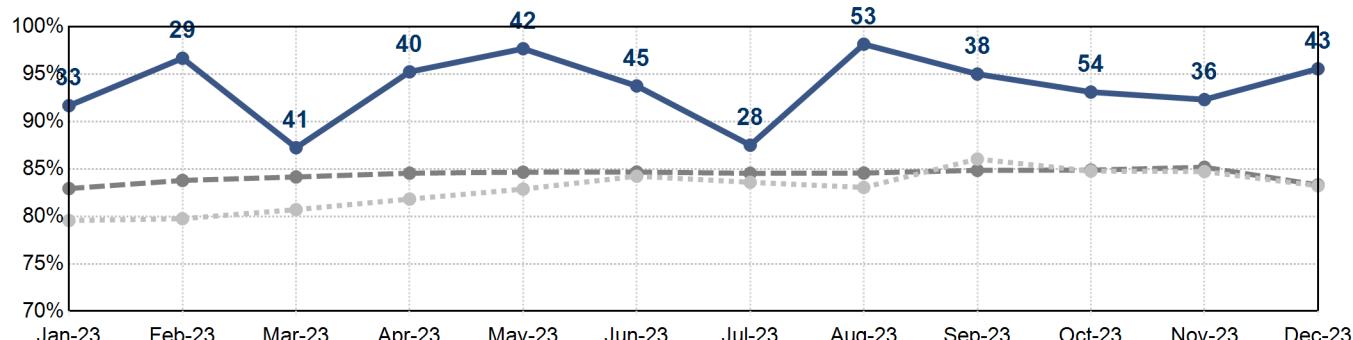
—●— You Observed —○— You Risk Adjust - - - - - SHP State (VT) - - - - - SHP National



8 Improvement in Toilet Transferring

Date	#	Episodes	You Observed	You Risk-Adj	SHP State (VT)	SHP National
December 2023	43	45	95.56%	-	83.21%	83.31%
12 Months	482	514	93.77%	-	82.82%	84.35%

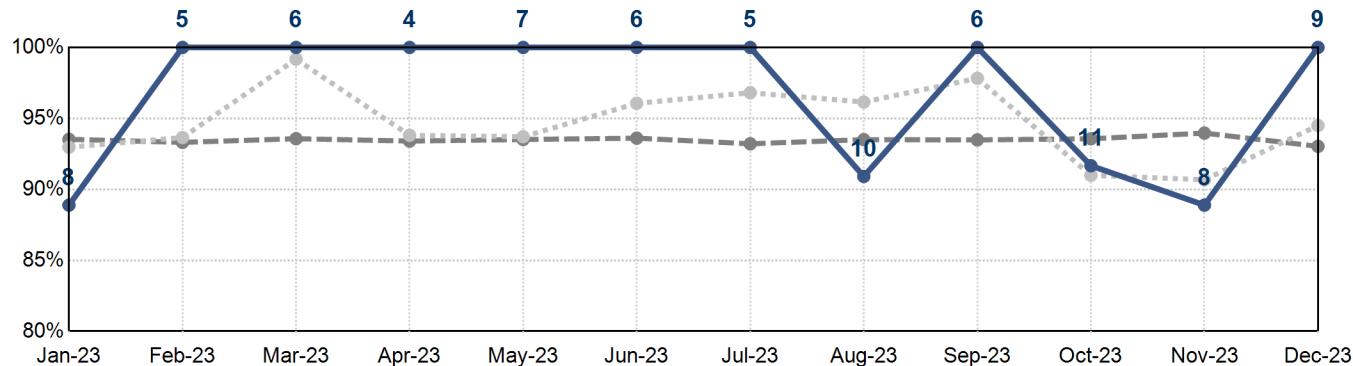
—●— You Observed —○— You Risk Adjust - - - - - SHP State (VT) - - - - - SHP National



9 Improvement in Status of Surgical Wounds

Date	#	Episodes	You Observed	You Risk-Adj	SHP State (VT)	SHP National
December 2023	9	9	100.00%	-	94.50%	93.03%
12 Months	85	89	95.51%	-	94.59%	93.48%

—●— You Observed —○— You Risk Adjust - - - - - SHP State (VT) - - - - - SHP National

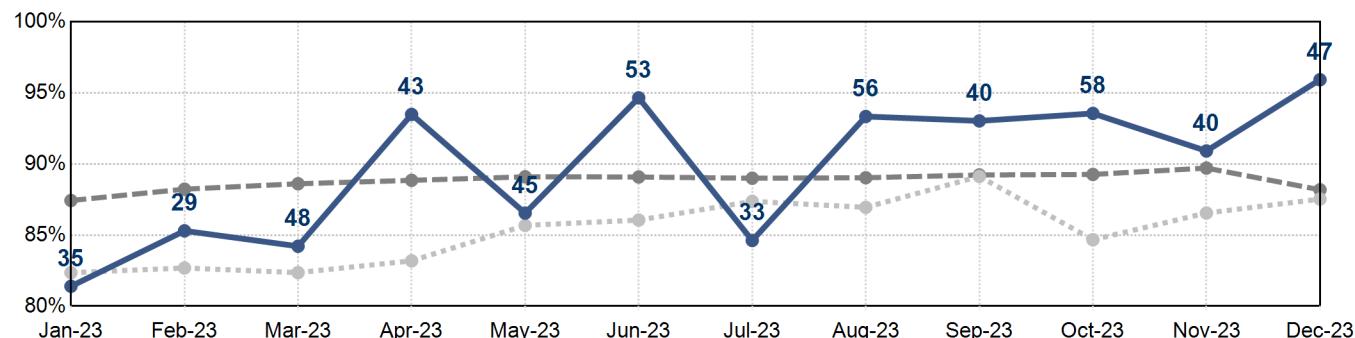


Measures Trended by Month

10 Improvement in Grooming

Date	#	Episodes	You Observed	You Risk-Adj	SHP State (VT)	SHP National
December 2023	47	49	95.92%	-	87.53%	88.18%
12 Months	527	585	90.09%	-	85.31%	88.82%

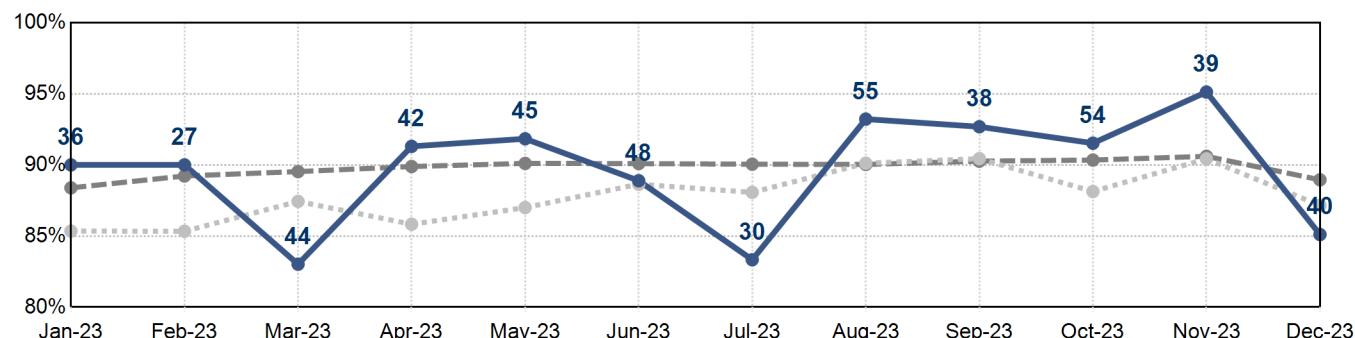
—●— You Observed —○— You Risk Adjust —··— SHP State (VT) —●— SHP National



11 Improvement in Upper Body Dressing

Date	#	Episodes	You Observed	You Risk-Adj	SHP State (VT)	SHP National
December 2023	40	47	85.11%	-	87.15%	88.95%
12 Months	498	555	89.73%	-	87.82%	89.80%

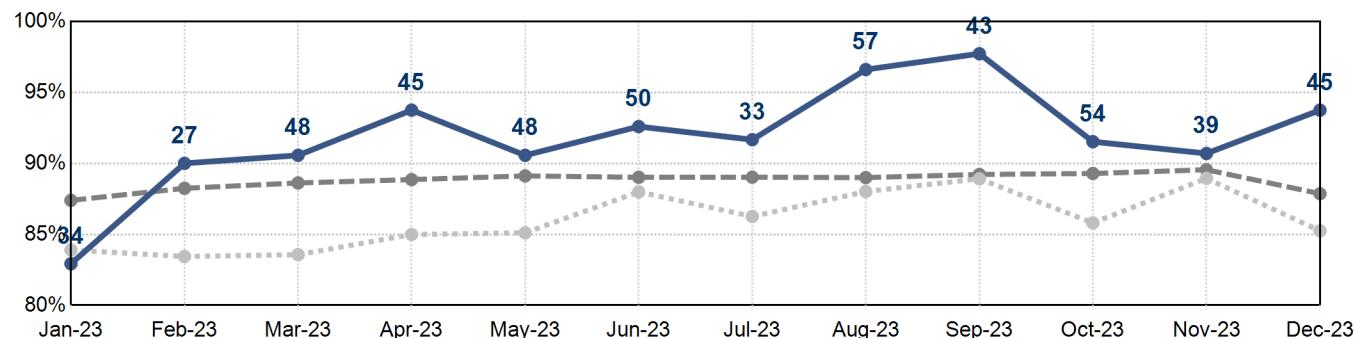
—●— You Observed —○— You Risk Adjust —··— SHP State (VT) —●— SHP National



12 Improvement in Lower Body Dressing

Date	#	Episodes	You Observed	You Risk-Adj	SHP State (VT)	SHP National
December 2023	45	48	93.75%	-	85.25%	87.86%
12 Months	523	568	92.08%	-	85.98%	88.78%

—●— You Observed —○— You Risk Adjust —··— SHP State (VT) —●— SHP National

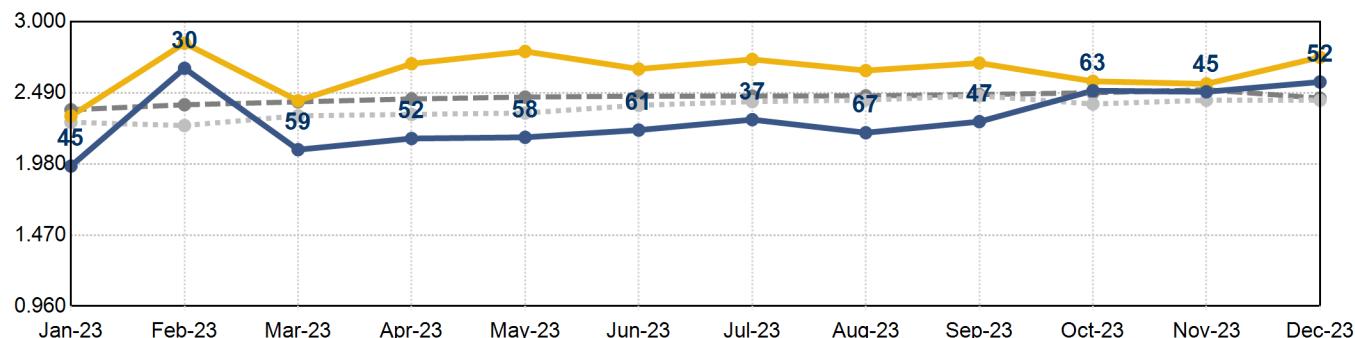


Measures Trended by Month

13 TNC: Change in Self-Care

Date	Eligible	-	You Observed	You Risk-Adj	SHP State (VT)	SHP National
December 2023	52		2.567	2.745	2.437	2.452
12 Months	616		2.287	2.635	2.378	2.454

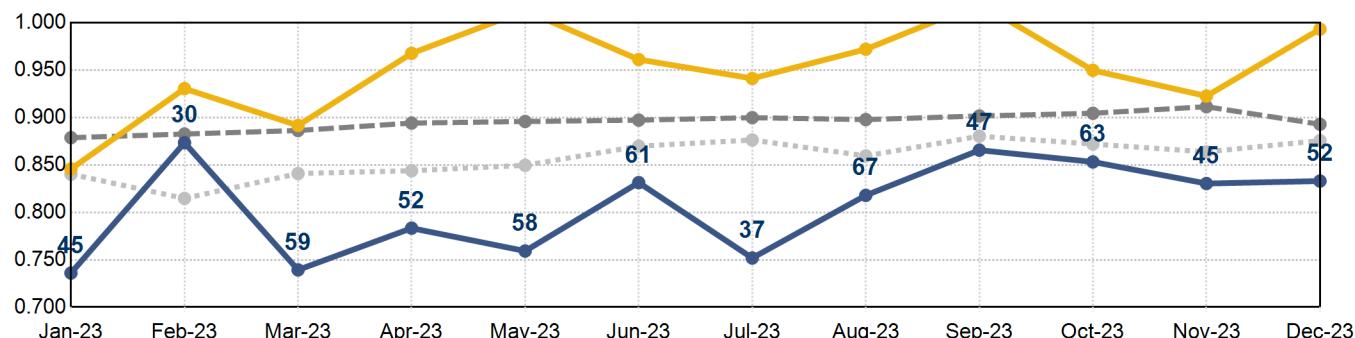
● You Observed ● You Risk Adjust ● SHP State (VT) ● SHP National



14 TNC: Change in Mobility

Date	Eligible	-	You Observed	You Risk-Adj	SHP State (VT)	SHP National
December 2023	52		0.833	0.993	0.876	0.893
12 Months	616		0.805	0.953	0.857	0.895

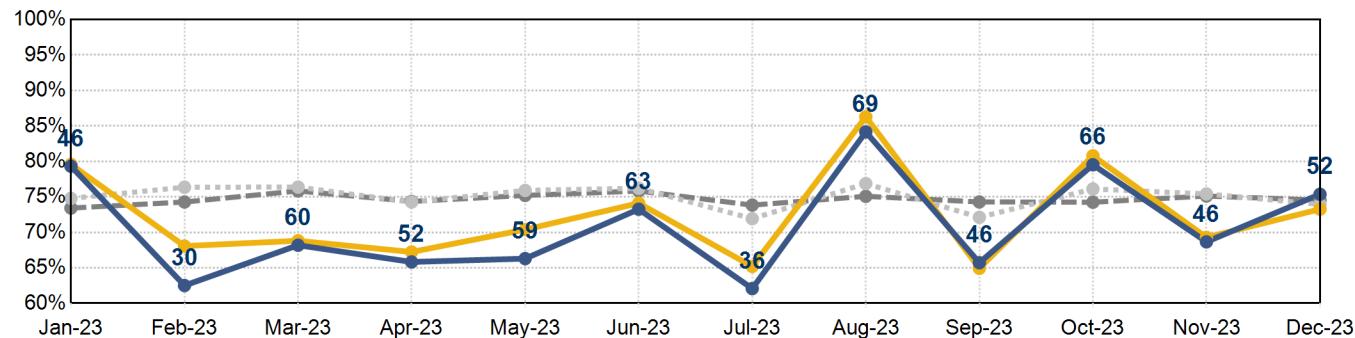
● You Observed ● You Risk Adjust ● SHP State (VT) ● SHP National



15 Discharged to Community

Date	#	Episodes	You Observed	You Risk-Adj	SHP State (VT)	SHP National
December 2023	52	69	75.36%	73.26%	73.94%	74.54%
12 Months	625	877	71.27%	72.62%	75.07%	74.70%

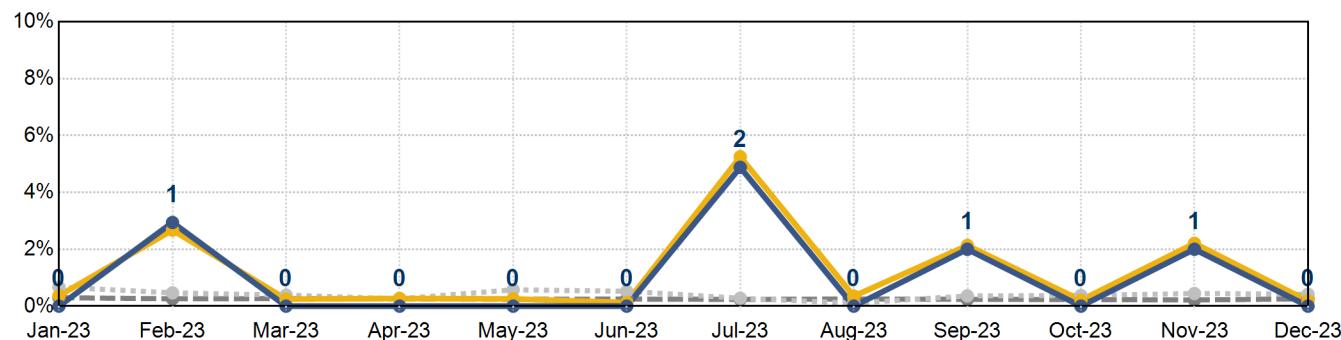
● You Observed ● You Risk Adjust ● SHP State (VT) ● SHP National



Measures Trended by Month
16 Skin Integrity C

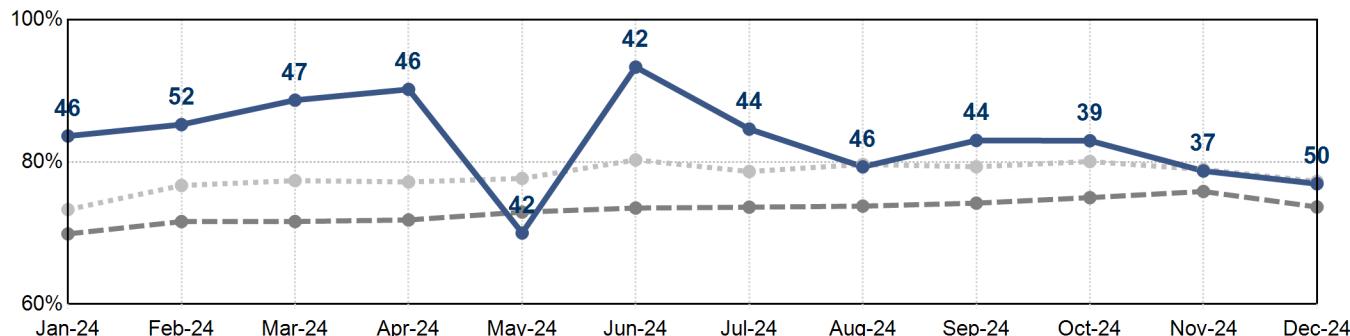
Date	#	Episodes	You Observed	You Risk-Adj	SHP State (VT)	SHP National
December 2023	0	55	0.00%	0.18%	0.42%	0.26%
12 Months	5	674	0.74%	0.96%	0.41%	0.25%

● You Observed ● You Risk Adjust ● SHP State (VT) ● SHP National

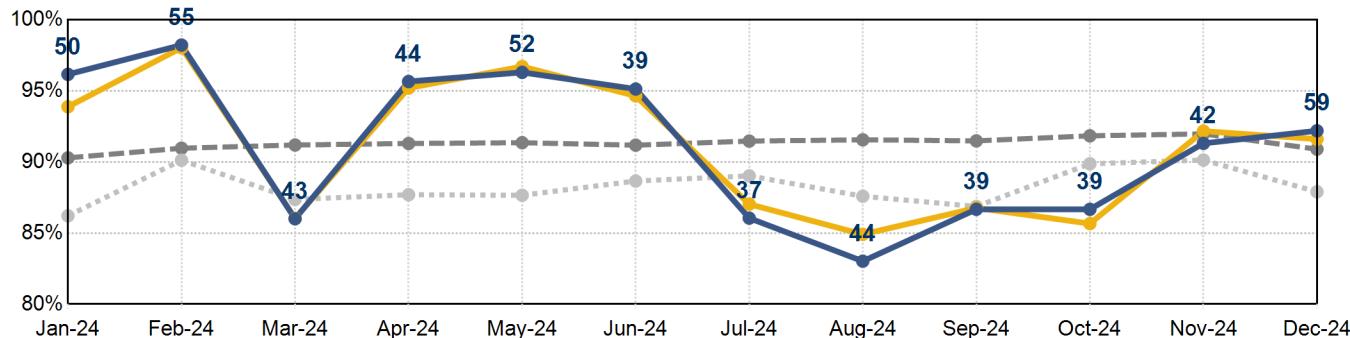


Measures Trended by Month
1 Discharge Function Score (DFS)
V C

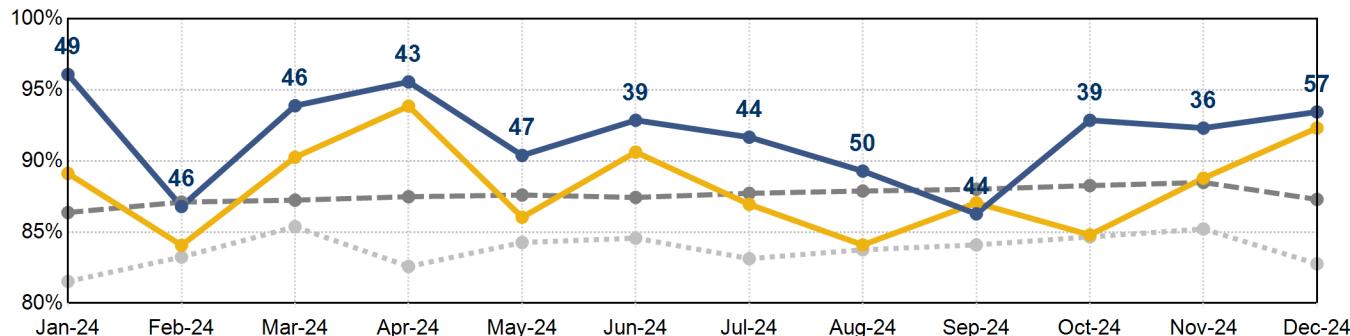
Date	#	Episodes	You Observed	You Risk-Adj	SHP State (VT)	SHP National
December 2024	50	65	76.92%	-	77.26%	73.66%
12 Months	535	647	82.69%	-	78.04%	73.13%

—●— You Observed —●— You Risk Adjust —●— SHP State (VT) —●— SHP National

2 Improvement in Dyspnea
V ★ C

Date	#	Episodes	You Observed	You Risk-Adj	SHP State (VT)	SHP National
December 2024	59	64	92.19%	91.60%	87.90%	90.90%
12 Months	543	595	91.26%	91.19%	88.24%	91.29%

—●— You Observed —●— You Risk Adjust —●— SHP State (VT) —●— SHP National

3 Improvement in Management of Oral Meds
V ★ C

Date	#	Episodes	You Observed	You Risk-Adj	SHP State (VT)	SHP National
December 2024	57	61	93.44%	92.31%	82.77%	87.29%
12 Months	540	589	91.68%	88.12%	83.76%	87.58%

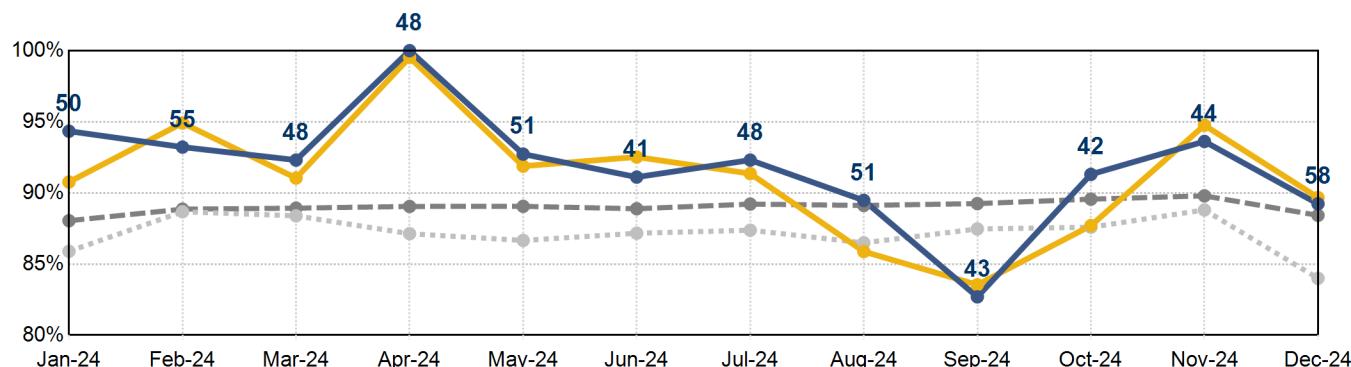
—●— You Observed —●— You Risk Adjust —●— SHP State (VT) —●— SHP National


Measures Trended by Month

4 Improvement in Ambulation

Date	#	Episodes	You Observed	You Risk-Adj	SHP State (VT)	SHP National
December 2024	58	65	89.23%	89.68%	83.99%	88.42%
12 Months	579	631	91.76%	91.04%	87.08%	89.02%

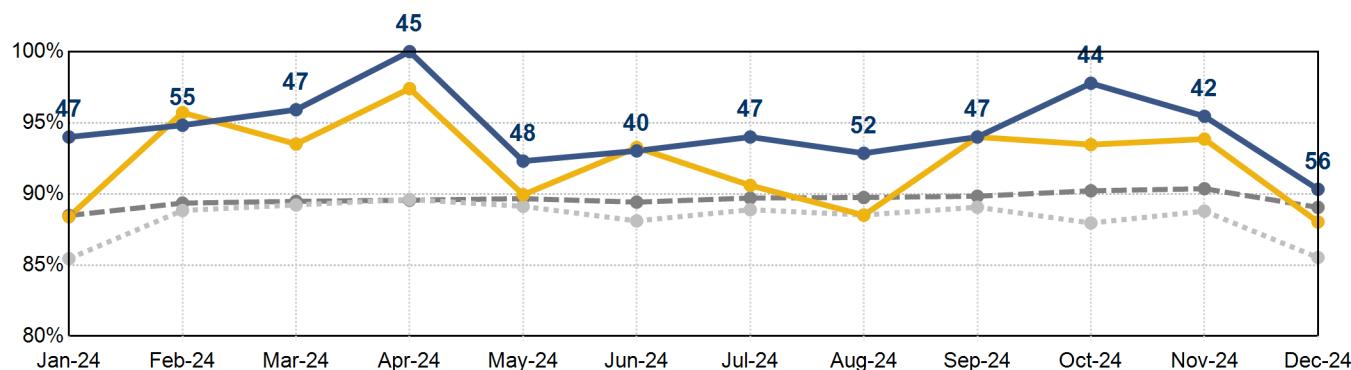
—●— You Observed —○— You Risk Adjust - - - - - SHP State (VT) - - - - - SHP National



5 Improvement in Bed Transferring

Date	#	Episodes	You Observed	You Risk-Adj	SHP State (VT)	SHP National
December 2024	56	62	90.32%	88.03%	85.53%	89.05%
12 Months	570	604	94.37%	92.06%	88.24%	89.58%

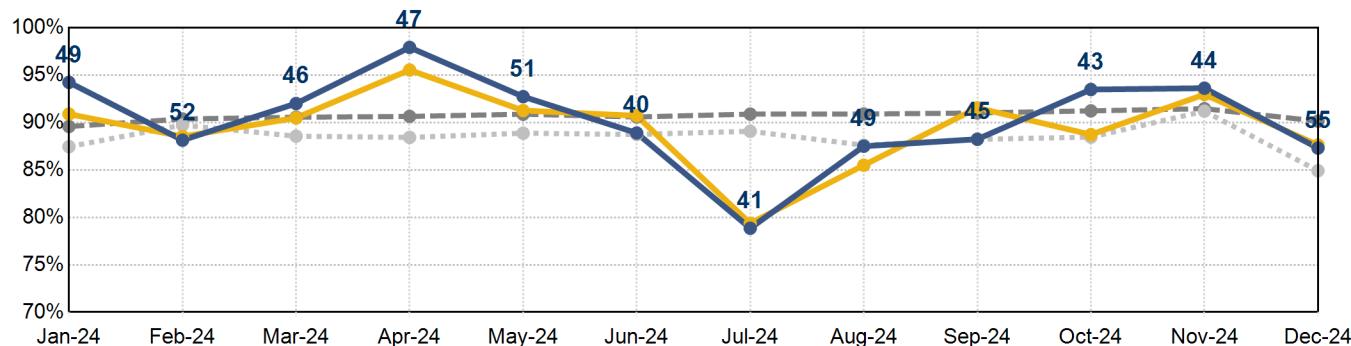
—●— You Observed —○— You Risk Adjust - - - - - SHP State (VT) - - - - - SHP National



6 Improvement in Bathing

Date	#	Episodes	You Observed	You Risk-Adj	SHP State (VT)	SHP National
December 2024	55	63	87.30%	87.63%	84.91%	90.14%
12 Months	562	624	90.06%	89.28%	88.38%	90.69%

—●— You Observed —○— You Risk Adjust - - - - - SHP State (VT) - - - - - SHP National

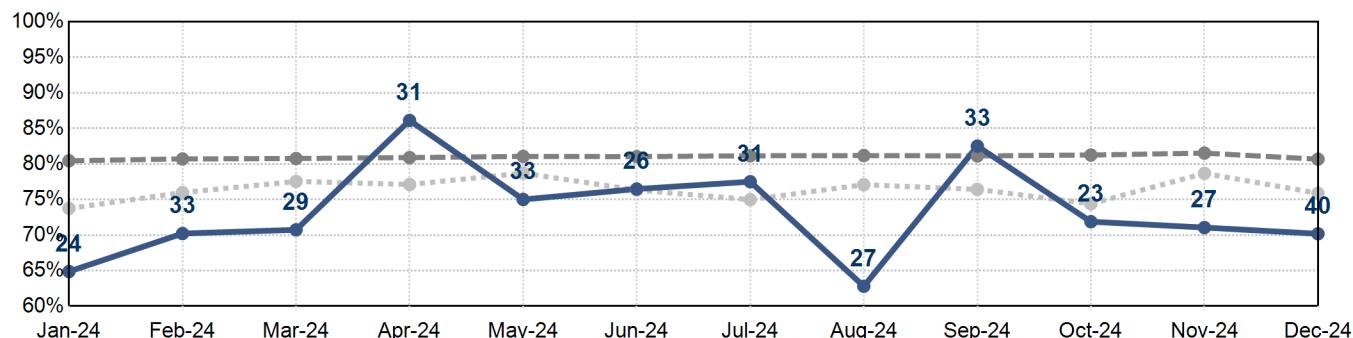


Measures Trended by Month

7 Improvement in Pain

Date	#	Episodes	You Observed	You Risk-Adj	SHP State (VT)	SHP National
December 2024	40	57	70.18%	-	75.87%	80.67%
12 Months	357	489	73.01%	-	76.41%	80.98%

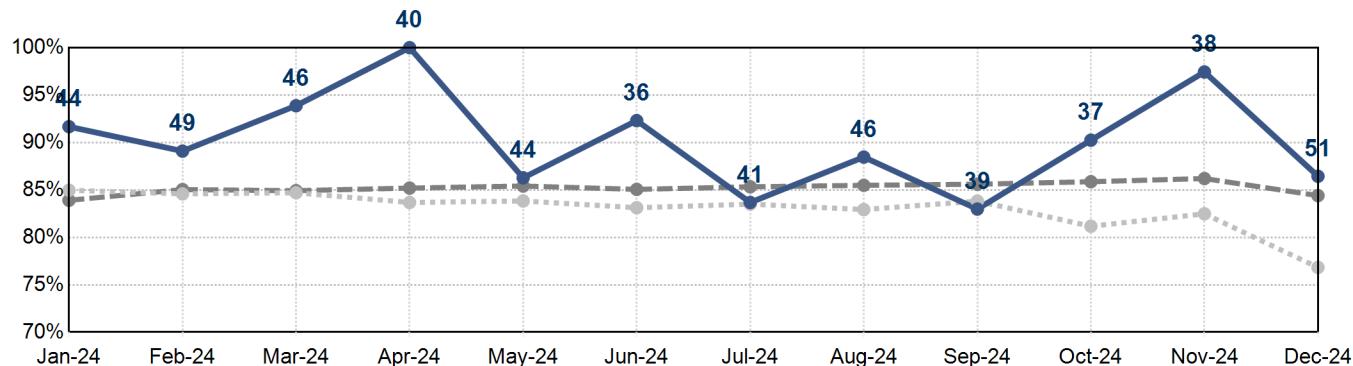
—●— You Observed —○— You Risk Adjust ...●... SHP State (VT) —●— SHP National



8 Improvement in Toilet Transferring

Date	#	Episodes	You Observed	You Risk-Adj	SHP State (VT)	SHP National
December 2024	51	59	86.44%	-	76.83%	84.40%
12 Months	511	569	89.81%	-	82.89%	85.20%

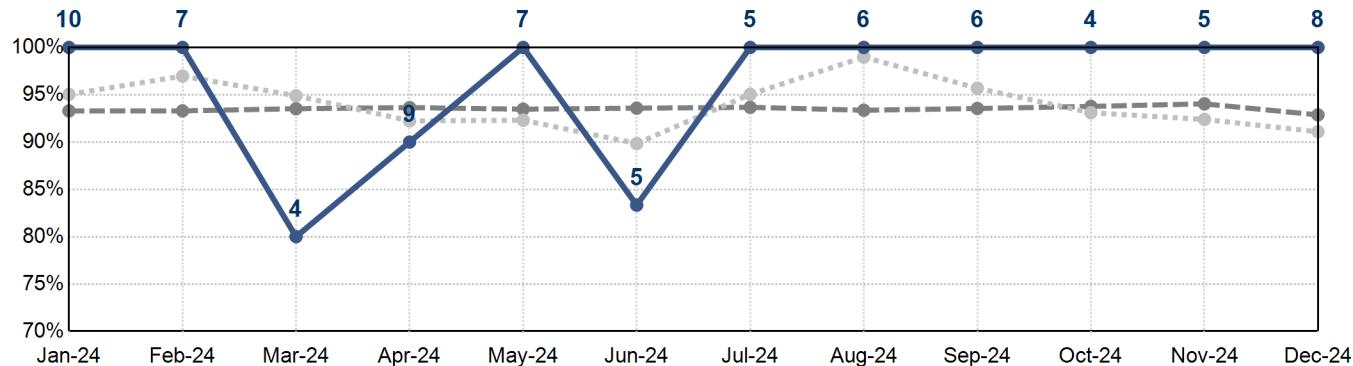
—●— You Observed —○— You Risk Adjust ...●... SHP State (VT) —●— SHP National



9 Improvement in Status of Surgical Wounds

Date	#	Episodes	You Observed	You Risk-Adj	SHP State (VT)	SHP National
December 2024	8	8	100.00%	-	91.09%	92.87%
12 Months	76	79	96.20%	-	93.86%	93.50%

—●— You Observed —○— You Risk Adjust ...●... SHP State (VT) —●— SHP National

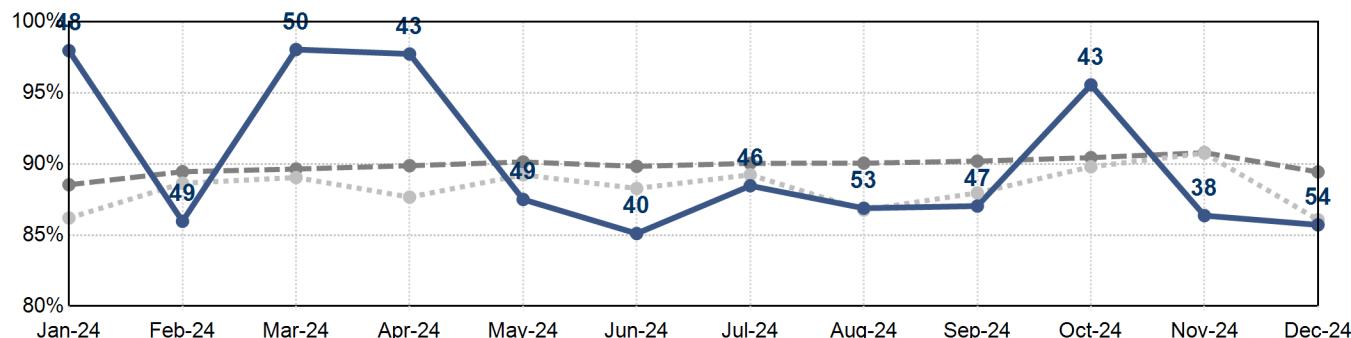


Measures Trended by Month

10 Improvement in Grooming

Date	#	Episodes	You Observed	You Risk-Adj	SHP State (VT)	SHP National
December 2024	54	63	85.71%	-	86.08%	89.44%
12 Months	560	623	89.89%	-	88.28%	89.87%

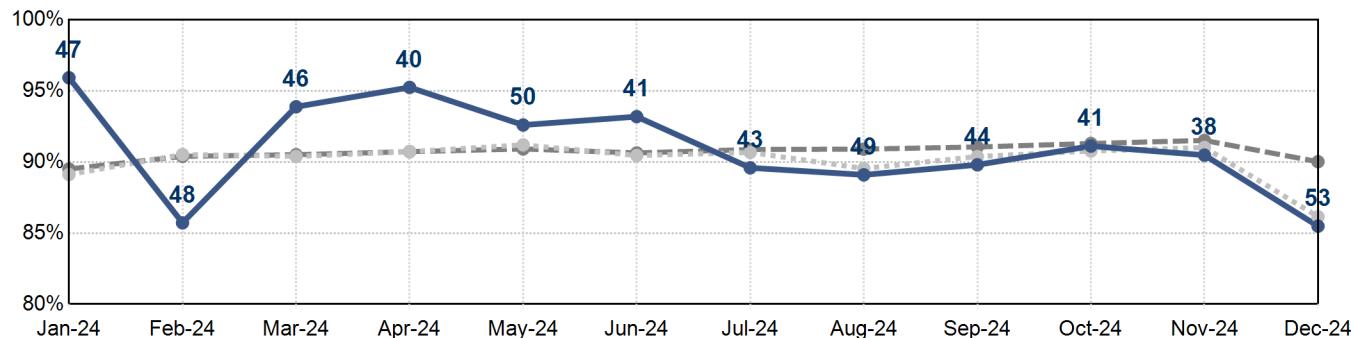
—●— You Observed —○— You Risk Adjust -●- SHP State (VT) —●— SHP National



11 Improvement in Upper Body Dressing

Date	#	Episodes	You Observed	You Risk-Adj	SHP State (VT)	SHP National
December 2024	53	62	85.48%	-	86.15%	90.01%
12 Months	540	595	90.76%	-	90.05%	90.69%

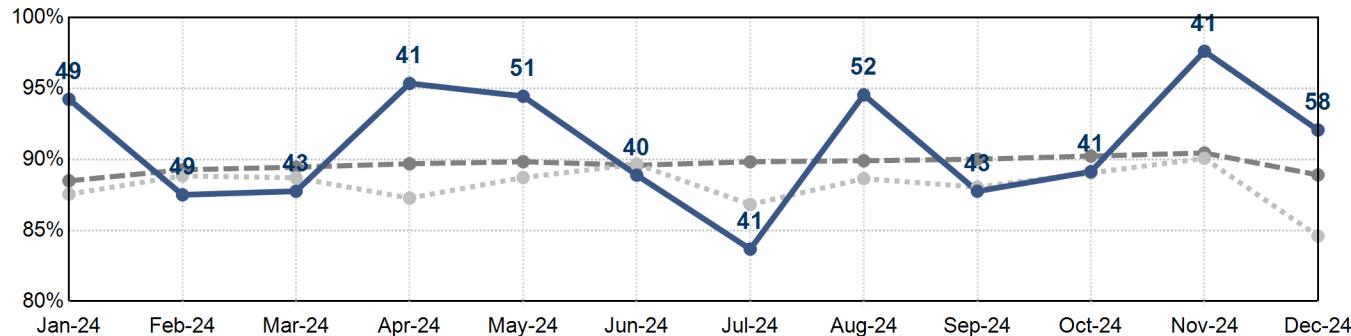
—●— You Observed —○— You Risk Adjust -●- SHP State (VT) —●— SHP National



12 Improvement in Lower Body Dressing

Date	#	Episodes	You Observed	You Risk-Adj	SHP State (VT)	SHP National
December 2024	58	63	92.06%	-	84.59%	88.90%
12 Months	549	603	91.04%	-	88.12%	89.64%

—●— You Observed —○— You Risk Adjust -●- SHP State (VT) —●— SHP National

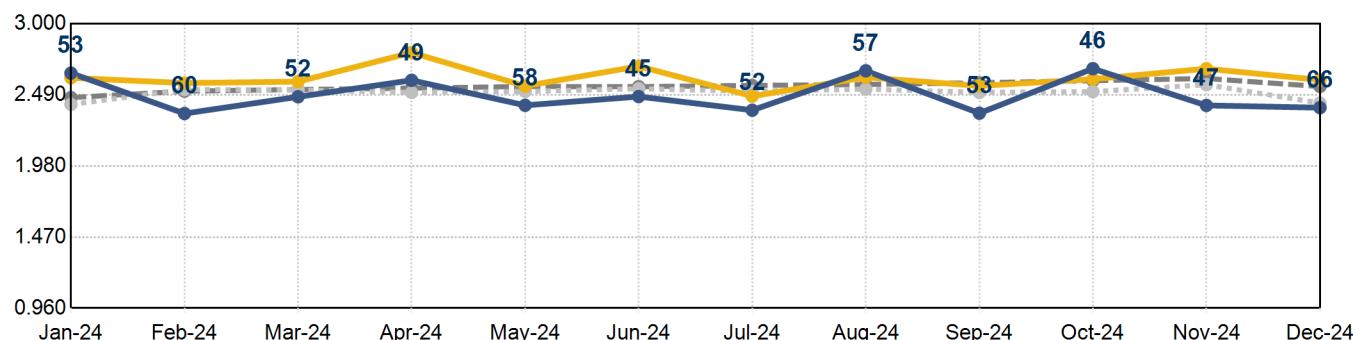


Measures Trended by Month

13 TNC: Change in Self-Care

Date	Eligible	-	You Observed	You Risk-Adj	SHP State (VT)	SHP National
December 2024	66		2.397	2.596	2.431	2.549
12 Months	638		2.483	2.608	2.506	2.550

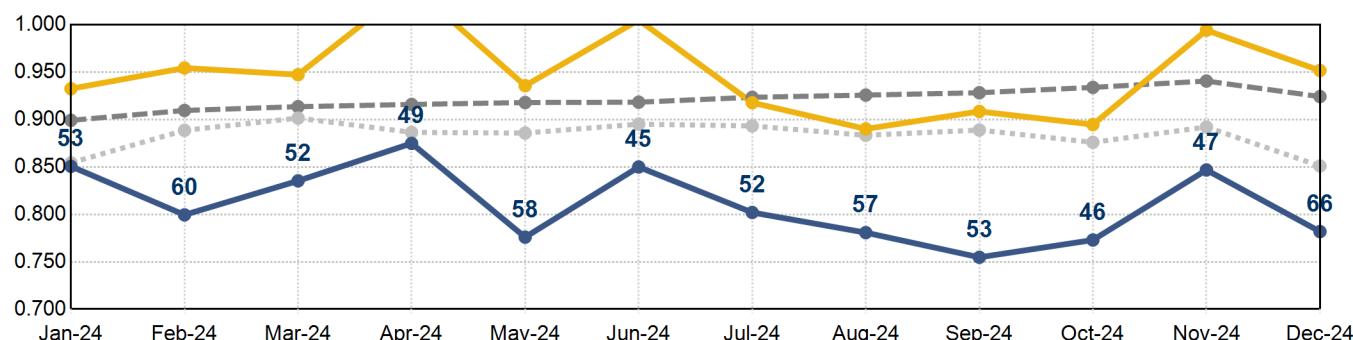
—●— You Observed —○— You Risk Adjust - - - - - SHP State (VT) - - - - - SHP National



14 TNC: Change in Mobility

Date	Eligible	-	You Observed	You Risk-Adj	SHP State (VT)	SHP National
December 2024	66		0.782	0.952	0.851	0.924
12 Months	638		0.808	0.946	0.883	0.921

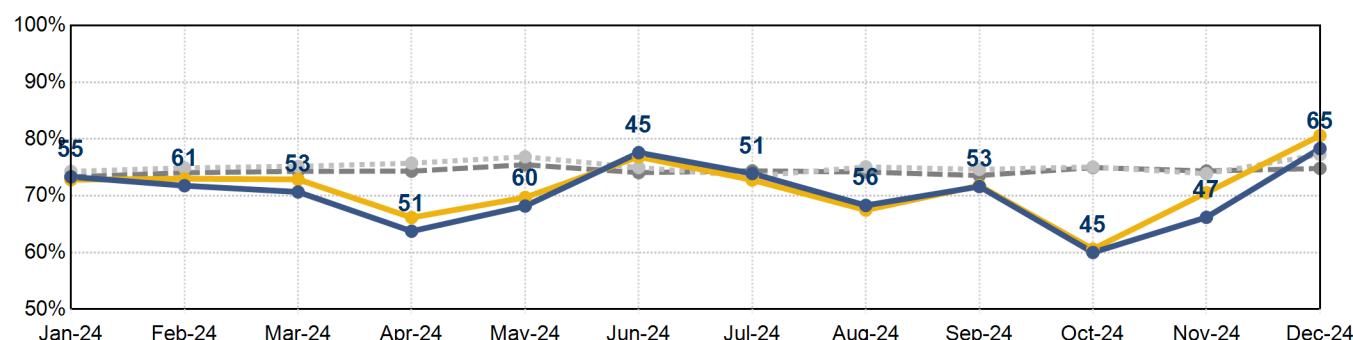
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15 Discharged to Community

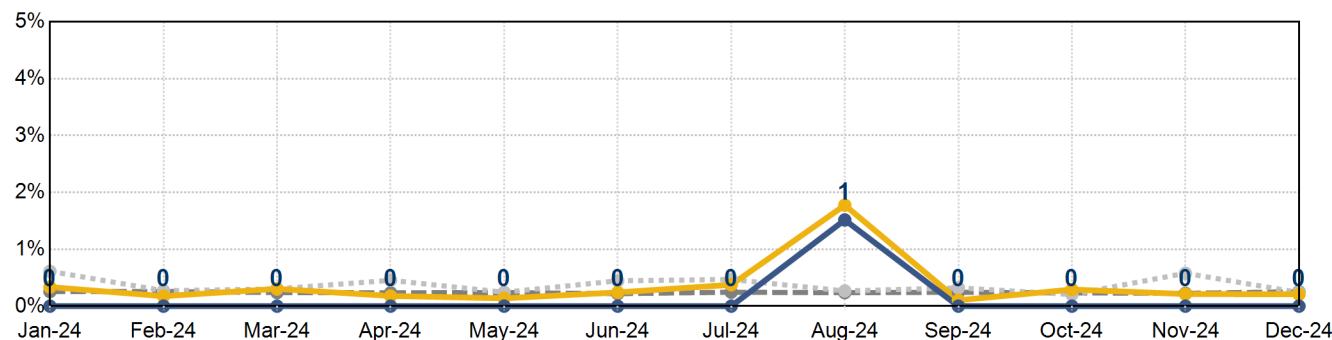
Date	#	Episodes	You Observed	You Risk-Adj	SHP State (VT)	SHP National
December 2024	65	83	78.31%	80.59%	77.26%	74.81%
12 Months	642	915	70.16%	71.17%	75.14%	74.34%

—●— You Observed —○— You Risk Adjust - - - - - SHP State (VT) - - - - - SHP National

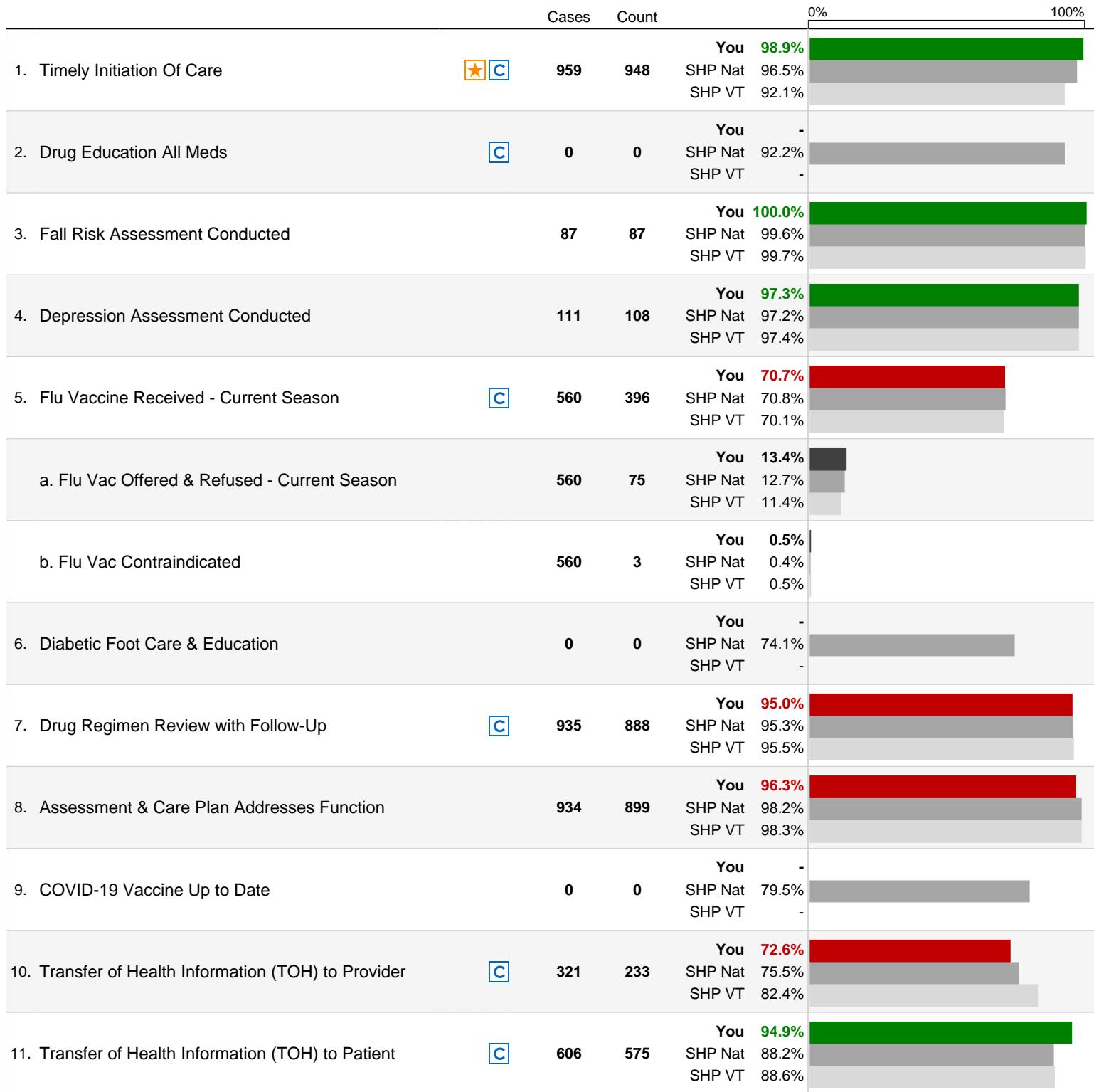


Measures Trended by Month
16 Skin Integrity C

Date	#	Episodes	You Observed	You Risk-Adj	SHP State (VT)	SHP National
December 2024	0	71	0.00%	0.21%	0.24%	0.25%
12 Months	1	694	0.14%	0.38%	0.36%	0.24%

● You Observed ● You Risk Adjust ● SHP State (VT) ● SHP National


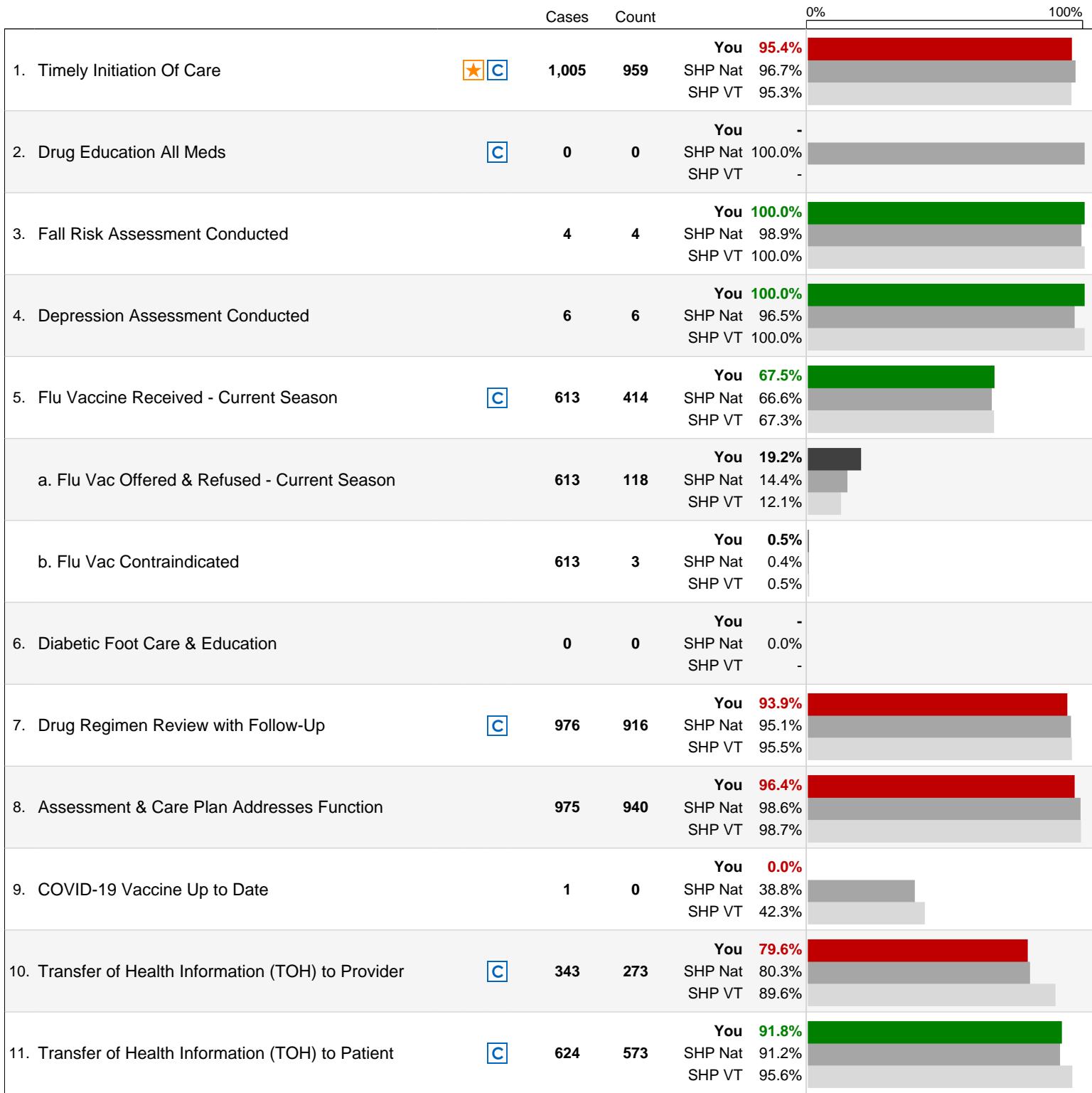
Measure Summary



Note: Cases = Eligible episodes (denominator), Count = Episodes in which process measure achieved (numerator), Count/Cases = Incidence.

 You ≥ SHP National You < SHP National

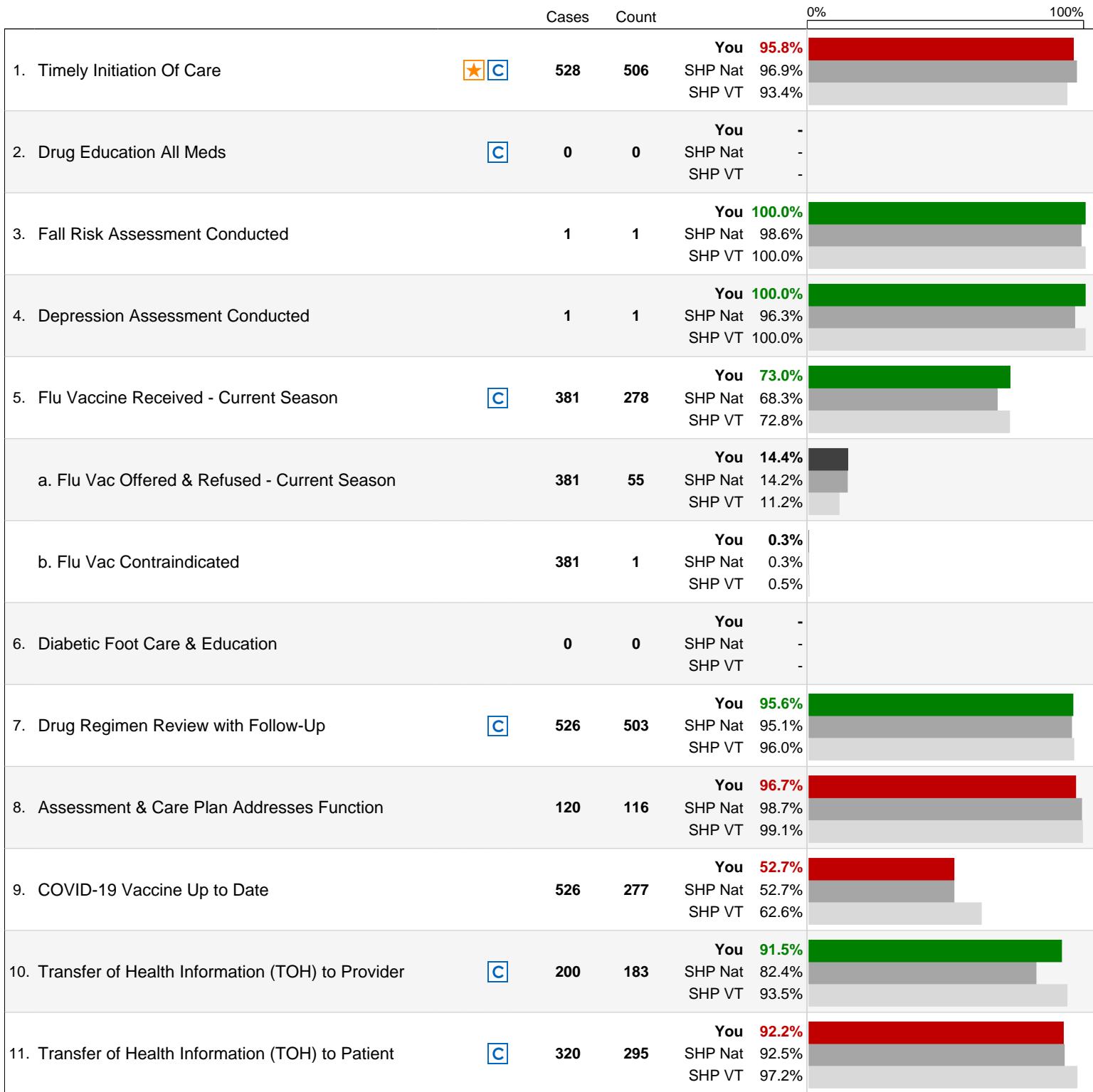
Measure Summary



Note: Cases = Eligible episodes (denominator), Count = Episodes in which process measure achieved (numerator), Count/Cases = Incidence.

 You ≥ SHP National You < SHP National

Measure Summary



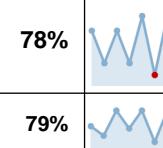
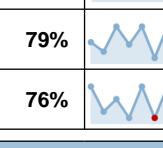
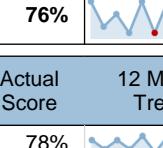
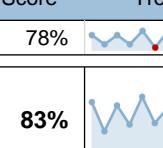
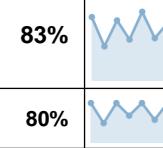
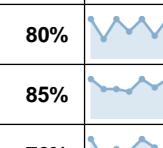
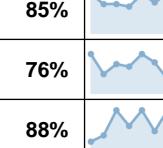
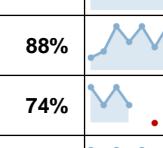
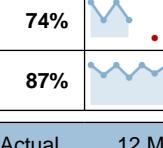
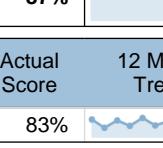
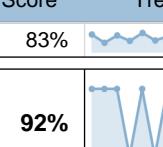
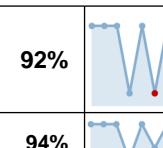
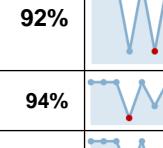
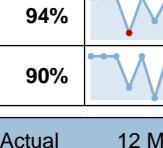
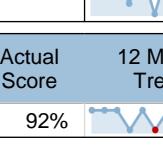
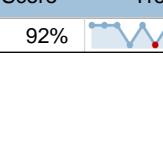
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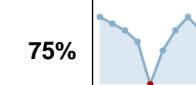
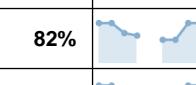
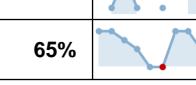
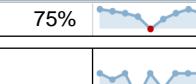
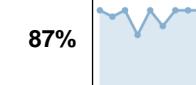
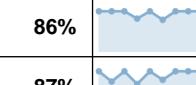
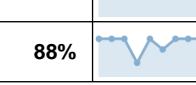
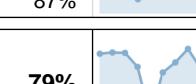
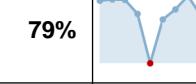
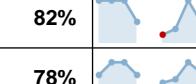
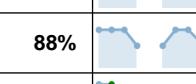
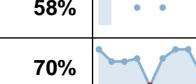
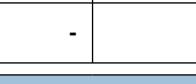
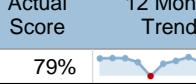
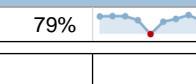
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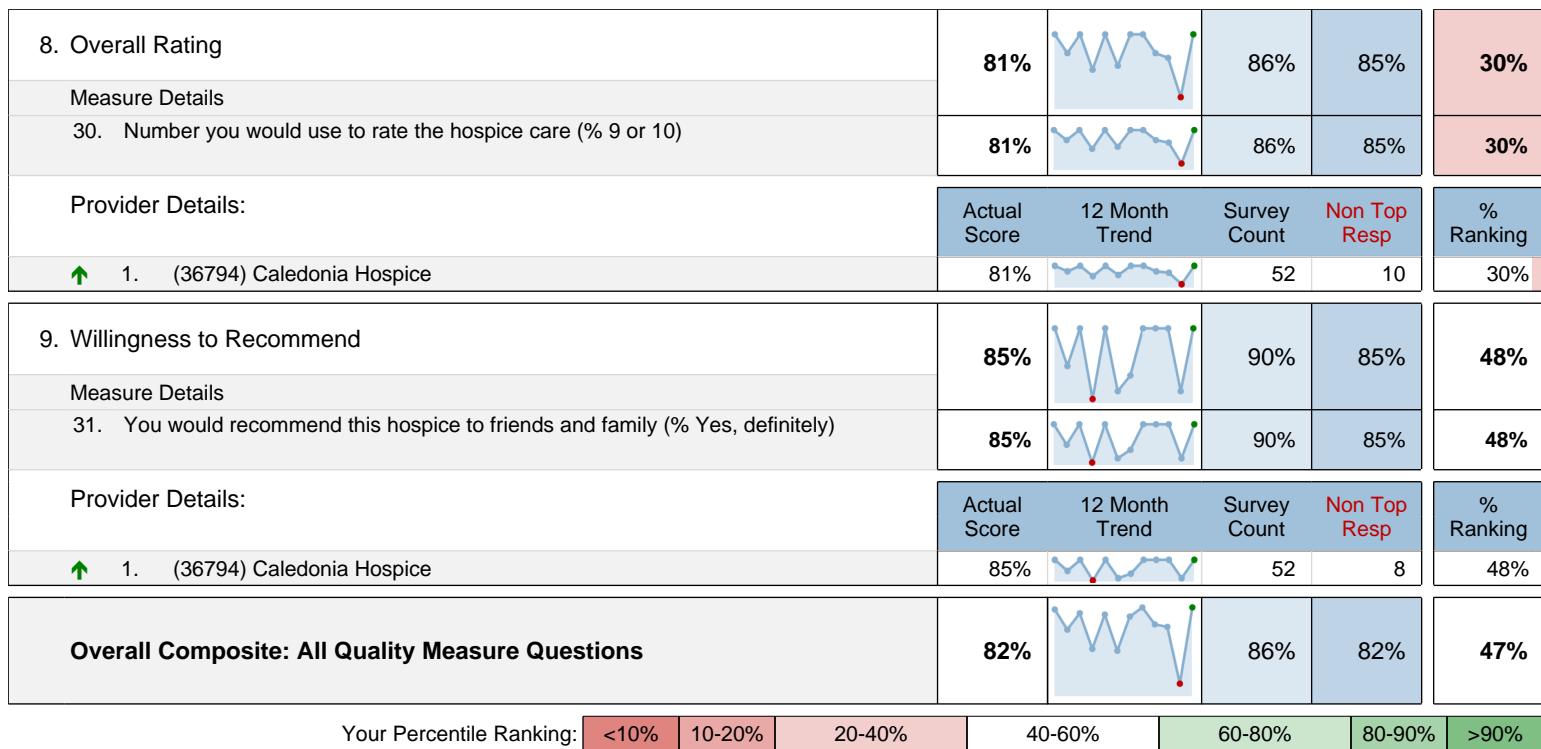
Real-Time Satisfaction Survey Results: CAHPS Hospice
Data & Benchmark Summary

	You	State (VT)	National
CCNs:	1	9	1,795
Completed Surveys:	52	631	150K

Quality Measures - Top Box Scoring Methodology

Top Box	You Actual	You 12M Trend	SHP State (VT)	SHP National	You % Ranking
1. Getting Timely Care	78%		80%	76%	52%
Measure Details					
5. Help provided during evenings, weekends, or holidays (% Always)	79%		79%	75%	66%
7. Requested help was provided when needed (% Always)	76%		81%	77%	42%
Provider Details:	Actual Score	12 Month Trend	Survey Count	Non Top Resp	% Ranking
1. (36794) Caledonia Hospice	78%		51	20	52%
2. Hospice Team Communication	83%		86%	83%	47%
Measure Details					
6. Family kept informed about when hospice team would arrive (% Always)	80%		76%	72%	74%
8. Things were explained in a way that was easy to understand (% Always)	85%		89%	86%	37%
9. Family kept informed about patient's condition (% Always)	76%		83%	80%	31%
How often confusing or contradictory information given about care (% Never)	88%		91%	88%	51%
15. Hospice team listen carefully about any problems with care (% Always)	74%		86%	83%	16%
25. The hospice team listened carefully (% Always)	87%		89%	87%	44%
Provider Details:	Actual Score	12 Month Trend	Survey Count	Non Top Resp	% Ranking
1. (36794) Caledonia Hospice	83%		52	48	47%
3. Treating Family Member with Respect	92%		94%	91%	50%
Measure Details					
10. How often patient was treated with dignity and respect (% Always)	94%		97%	95%	34%
11. You felt the hospice team really cared about the patient (% Always)	90%		90%	88%	61%
Provider Details:	Actual Score	12 Month Trend	Survey Count	Non Top Resp	% Ranking
1. (36794) Caledonia Hospice	92%		52	8	50%

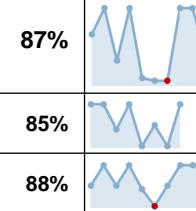
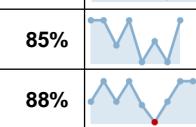
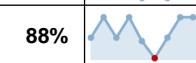
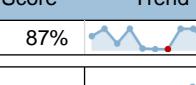
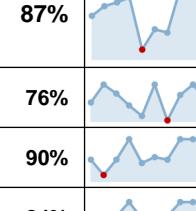
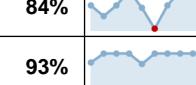
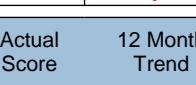
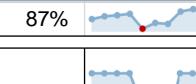
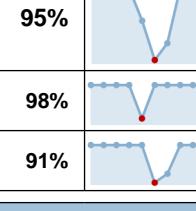
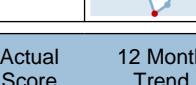
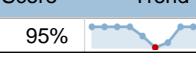
4. Getting Help for Symptoms Measure Details 17. Appropriate amount of help with pain was provided (% Yes, definitely) 19. Help provided for trouble breathing (% Always) 21. Help provided for trouble with constipation (% Always) 23. Help provided for feelings of anxiety or sadness (% Always)	75%		78%	76%	43%
	82%		85%	84%	33%
	87%		85%	82%	67%
	67%		78%	71%	36%
	65%		66%	65%	48%
	Provider Details:		Actual Score	12 Month Trend	Survey Count
 1. (36794) Caledonia Hospice		75%		48	26
5. Getting Emotional and Spiritual Support Measure Details 27. Support for religious, spiritual, or cultural beliefs provided (% Right amount) 28. During hospice care, support for your emotional state provided (% Right amount) 29. After hospice care, support for your emotional state provided (% Right amount)	87%		93%	92%	16%
	86%		95%	93%	10%
	87%		96%	94%	8%
	88%		90%	88%	47%
	Provider Details:		Actual Score	12 Month Trend	Survey Count
	 1. (36794) Caledonia Hospice		87%		52
6. Getting Hospice Care Training Measure Details Pain medicine side effects were discussed (% Yes, definitely) Training provided about pain medicine side effects (% Yes, definitely) Training provided about if and when to give pain medicine (% Yes, definitely) Training provided about how to help with trouble breathing (% Yes, definitely) Training provided about patient restlessness or agitation (% Yes, definitely)	79%		79%	73%	69%
	82%		82%	77%	69%
	78%		74%	67%	81%
	88%		88%	82%	69%
	58%		75%	77%	11%
	70%		73%	66%	61%
24. Hospice team taught how to care for family member (% Yes, definitely)	-		-	-	-
	Provider Details:		Actual Score	12 Month Trend	Survey Count
 1. (36794) Caledonia Hospice		79%		48	37
7. Care Preferences Measure Details 12. Team respected your family member's wishes (% Yes, definitely) 13. Team listened to what mattered most to you/your family member (% Yes, definitely)	-		-	-	-
	-		-	-	-
	-		-	-	-
Provider Details: (No Data)	Actual Score	12 Month Trend	Survey Count	Non Top Resp	% Ranking

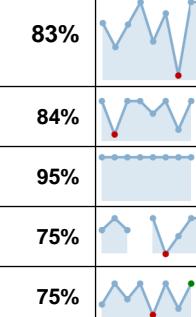
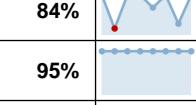
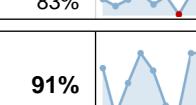
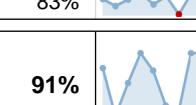
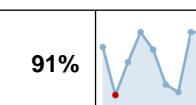
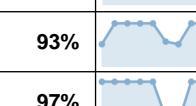
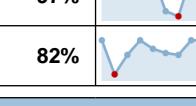
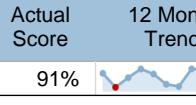
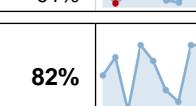
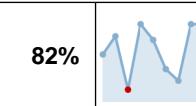
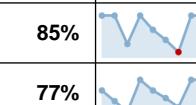
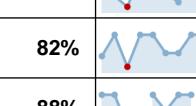
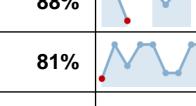
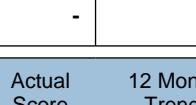
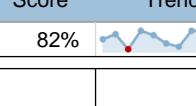
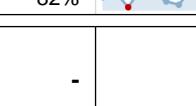

 Your Percentile Ranking: <10% 10-20% 20-40% 40-60% 60-80% 80-90% >90%

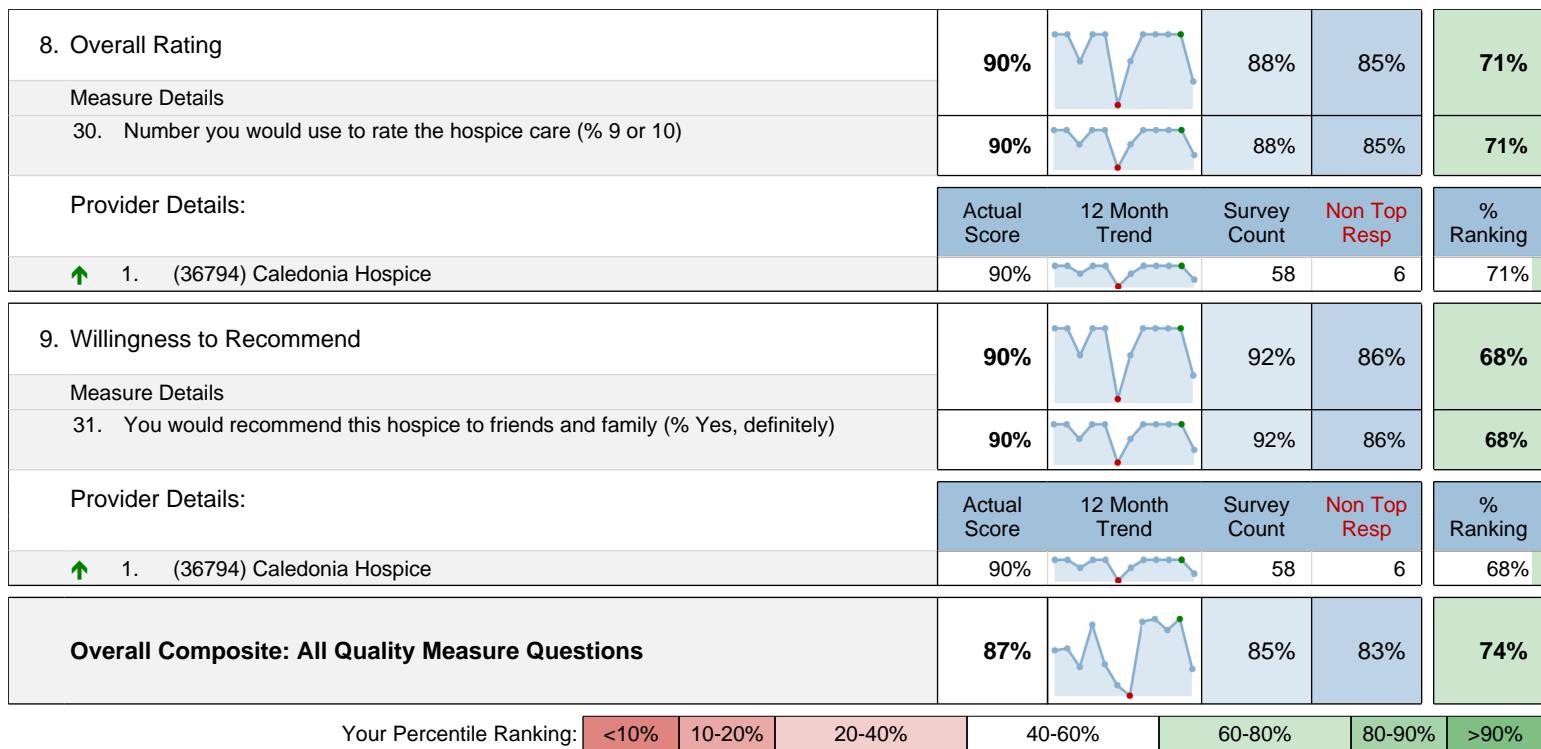
Real-Time Satisfaction Survey Results: CAHPS Hospice
Data & Benchmark Summary

	You	State (VT)	National
CCNs:	1	9	1,842
Completed Surveys:	58	571	154K

Quality Measures - Top Box Scoring Methodology

Top Box	You Actual	You 12M Trend	SHP State (VT)	SHP National	You % Ranking
1. Getting Timely Care	87%		79%	77%	85%
Measure Details					
5. Help provided during evenings, weekends, or holidays (% Always)	85%		78%	75%	82%
7. Requested help was provided when needed (% Always)	88%		80%	78%	82%
Provider Details:	Actual Score	12 Month Trend	Survey Count	Non Top Resp	% Ranking
↑ 1. (36794) Caledonia Hospice	87%		57	13	85%
2. Hospice Team Communication	87%		86%	83%	69%
Measure Details					
6. Family kept informed about when hospice team would arrive (% Always)	76%		77%	73%	60%
8. Things were explained in a way that was easy to understand (% Always)	90%		90%	87%	61%
9. Family kept informed about patient's condition (% Always)	84%		85%	81%	64%
How often confusing or contradictory information given about care (% Never)	93%		88%	88%	77%
15. Hospice team listen carefully about any problems with care (% Always)	88%		86%	84%	60%
25. The hospice team listened carefully (% Always)	91%		90%	87%	68%
Provider Details:	Actual Score	12 Month Trend	Survey Count	Non Top Resp	% Ranking
↑ 1. (36794) Caledonia Hospice	87%		58	40	69%
3. Treating Family Member with Respect	95%		94%	92%	69%
Measure Details					
10. How often patient was treated with dignity and respect (% Always)	98%		96%	95%	69%
11. You felt the hospice team really cared about the patient (% Always)	91%		92%	88%	64%
Provider Details:	Actual Score	12 Month Trend	Survey Count	Non Top Resp	% Ranking
↑ 1. (36794) Caledonia Hospice	95%		58	6	69%

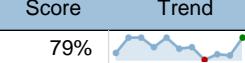
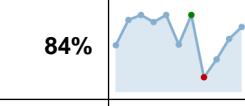
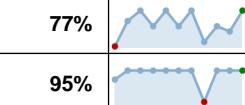
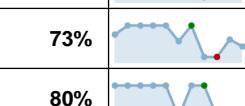
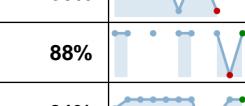
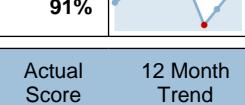
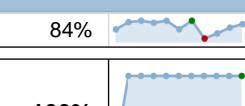
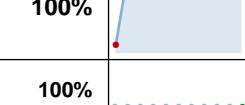
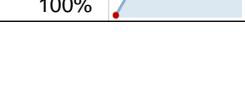
4. Getting Help for Symptoms Measure Details 17. Appropriate amount of help with pain was provided (% Yes, definitely) 19. Help provided for trouble breathing (% Always) 21. Help provided for trouble with constipation (% Always) 23. Help provided for feelings of anxiety or sadness (% Always)	83%		77%	77%	73%	
	84%		84%	85%	42%	
	95%		84%	82%	83%	
	75%		69%	72%	59%	
	75%		67%	65%	75%	
	Provider Details: 1. (36794) Caledonia Hospice				Actual Score 12 Month Trend Survey Count Non Top Resp	
 1. (36794) Caledonia Hospice		83%		53	19	73%
5. Getting Emotional and Spiritual Support Measure Details 27. Support for religious, spiritual, or cultural beliefs provided (% Right amount) 28. During hospice care, support for your emotional state provided (% Right amount) 29. After hospice care, support for your emotional state provided (% Right amount)	91%		94%	92%	32%	
	93%		96%	94%	35%	
	97%		96%	94%	61%	
	82%		89%	88%	22%	
	Provider Details: 1. (36794) Caledonia Hospice				Actual Score 12 Month Trend Survey Count Non Top Resp	
	 1. (36794) Caledonia Hospice		91%		58	16
6. Getting Hospice Care Training Measure Details Pain medicine side effects were discussed (% Yes, definitely) Training provided about pain medicine side effects (% Yes, definitely) Training provided about if and when to give pain medicine (% Yes, definitely) Training provided about how to help with trouble breathing (% Yes, definitely) Training provided about patient restlessness or agitation (% Yes, definitely)	82%		78%	74%	76%	
	85%		84%	78%	76%	
	77%		73%	67%	75%	
	82%		85%	83%	41%	
	88%		72%	76%	77%	
	81%		71%	67%	84%	
24. Hospice team taught how to care for family member (% Yes, definitely)	-		-	-	-	
	Provider Details: 1. (36794) Caledonia Hospice				Actual Score 12 Month Trend Survey Count Non Top Resp	
 1. (36794) Caledonia Hospice		82%		54	37	76%
7. Care Preferences Measure Details 12. Team respected your family member's wishes (% Yes, definitely) 13. Team listened to what mattered most to you/your family member (% Yes, definitely)	-		-	-	-	
	-		-	-	-	
	-		-	-	-	
Provider Details: (No Data)	Actual Score 12 Month Trend Survey Count Non Top Resp				% Ranking	
					% Ranking	

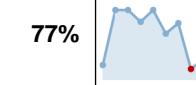
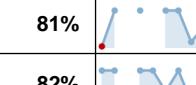
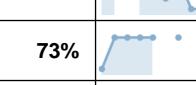
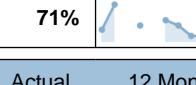
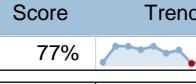
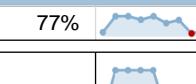
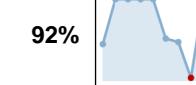
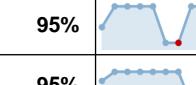
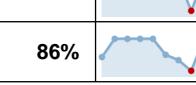
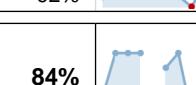
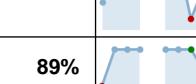
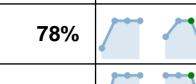
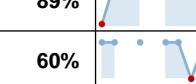
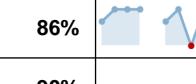
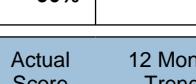
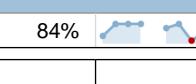
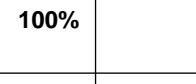
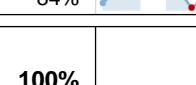
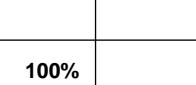
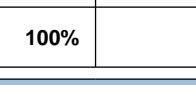
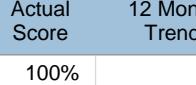
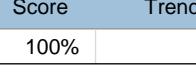

 Your Percentile Ranking: <10% 10-20% 20-40% 40-60% 60-80% 80-90% >90%

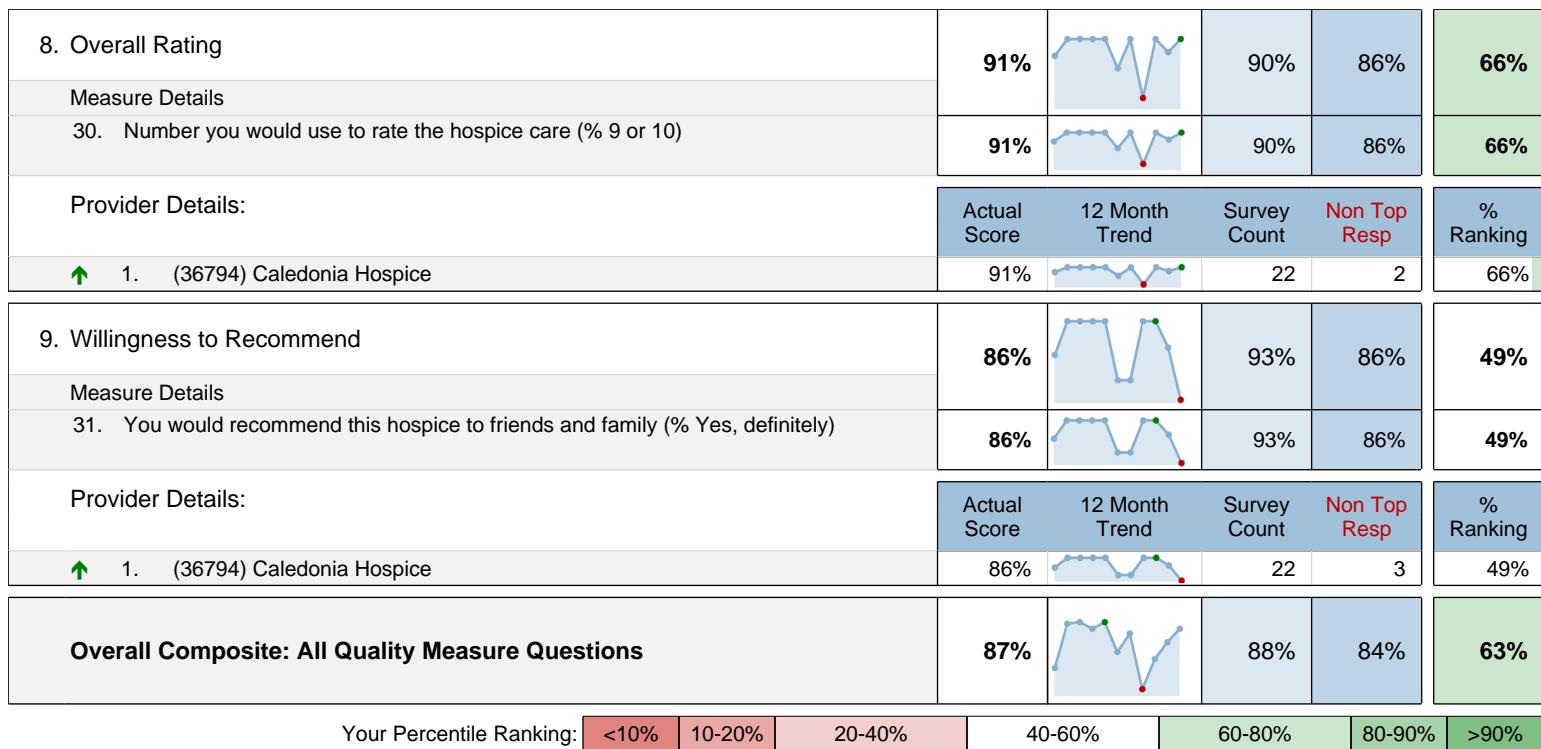
Real-Time Satisfaction Survey Results: CAHPS Hospice
Data & Benchmark Summary

	You	State (VT)	National
CCNs:	1	8	1,768
Completed Surveys:	22	248	64,434

Quality Measures - Top Box Scoring Methodology

Top Box	You Actual	You 12M Trend	SHP State (VT)	SHP National	You % Ranking
1. Getting Timely Care	79%		82%	77%	52%
Measure Details					
5. Help provided during evenings, weekends, or holidays (% Always)	88%		79%	76%	79%
7. Requested help was provided when needed (% Always)	71%		84%	78%	27%
Provider Details:	Actual Score	12 Month Trend	Survey Count	Non Top Resp	% Ranking
↑ 1. (36794) Caledonia Hospice	79%		21	8	52%
2. Hospice Team Communication	84%		88%	83%	53%
Measure Details					
6. Family kept informed about when hospice team would arrive (% Always)	77%		83%	72%	64%
8. Things were explained in a way that was easy to understand (% Always)	95%		90%	87%	76%
9. Family kept informed about patient's condition (% Always)	73%		83%	82%	21%
How often confusing or contradictory information given about care (% Never)	80%		90%	88%	20%
15. Hospice team listen carefully about any problems with care (% Always)	88%		89%	84%	52%
25. The hospice team listened carefully (% Always)	91%		93%	88%	60%
Provider Details:	Actual Score	12 Month Trend	Survey Count	Non Top Resp	% Ranking
↑ 1. (36794) Caledonia Hospice	84%		22	17	53%
3. Treating Family Member with Respect	100%		96%	92%	99%
Measure Details					
10. How often patient was treated with dignity and respect (% Always)	100%		98%	96%	99%
11. You felt the hospice team really cared about the patient (% Always)	100%		94%	89%	99%
Provider Details:	Actual Score	12 Month Trend	Survey Count	Non Top Resp	% Ranking
↑ 1. (36794) Caledonia Hospice	100%		22	0	99%

4. Getting Help for Symptoms	77%		80%	79%	38%	
	Measure Details					
	17. Appropriate amount of help with pain was provided (% Yes, definitely)	81%		90%	86%	28%
	19. Help provided for trouble breathing (% Always)	82%		89%	84%	37%
	21. Help provided for trouble with constipation (% Always)	73%		70%	74%	41%
	23. Help provided for feelings of anxiety or sadness (% Always)	71%		68%	68%	56%
Provider Details:		Actual Score	12 Month Trend	Survey Count	Non Top Resp	
↑ 1. (36794) Caledonia Hospice		77%		21	12	% Ranking 38%
5. Getting Emotional and Spiritual Support		92%		93%	93%	41%
Measure Details						
27. Support for religious, spiritual, or cultural beliefs provided (% Right amount)		95%		95%	94%	46%
28. During hospice care, support for your emotional state provided (% Right amount)		95%		97%	95%	43%
29. After hospice care, support for your emotional state provided (% Right amount)		86%		88%	89%	33%
Provider Details:		Actual Score	12 Month Trend	Survey Count	Non Top Resp	% Ranking
↑ 1. (36794) Caledonia Hospice		92%		22	5	41%
6. Getting Hospice Care Training		84%		82%	75%	73%
Measure Details						
Pain medicine side effects were discussed (% Yes, definitely)		89%		83%	78%	74%
Training provided about pain medicine side effects (% Yes, definitely)		78%		79%	67%	69%
Training provided about if and when to give pain medicine (% Yes, definitely)		89%		88%	83%	60%
Training provided about how to help with trouble breathing (% Yes, definitely)		60%		87%	77%	20%
Training provided about patient restlessness or agitation (% Yes, definitely)		86%		74%	67%	80%
24. Hospice team taught how to care for family member (% Yes, definitely)		90%		83%	80%	62%
Provider Details:		Actual Score	12 Month Trend	Survey Count	Non Top Resp	% Ranking
↑ 1. (36794) Caledonia Hospice		84%		20	8	73%
7. Care Preferences		100%		98%	93%	99%
Measure Details						
12. Team respected your family member's wishes (% Yes, definitely)		100%		99%	93%	99%
13. Team listened to what mattered most to you/your family member (% Yes, definitely)		100%		97%	93%	99%
Provider Details:		Actual Score	12 Month Trend	Survey Count	Non Top Resp	% Ranking
↑ 1. (36794) Caledonia Hospice		100%		12	0	99%


 Your Percentile Ranking: <10% 10-20% 20-40% 40-60% 60-80% 80-90% >90%

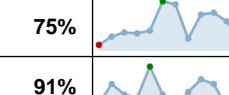
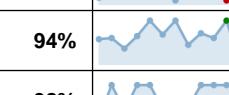
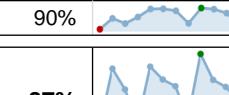
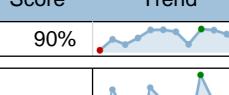
Real-Time Satisfaction Survey Results: HHCAHPS
Data & Benchmark Summary

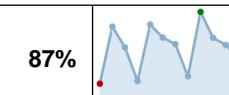
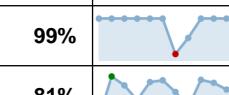
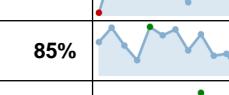
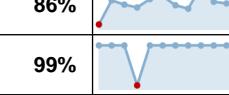
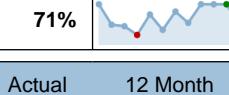
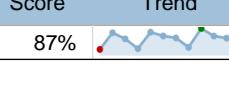
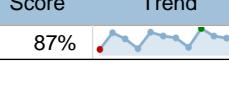
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CCNs:	1	10	3,247
Completed Surveys:	227	3,071	629K

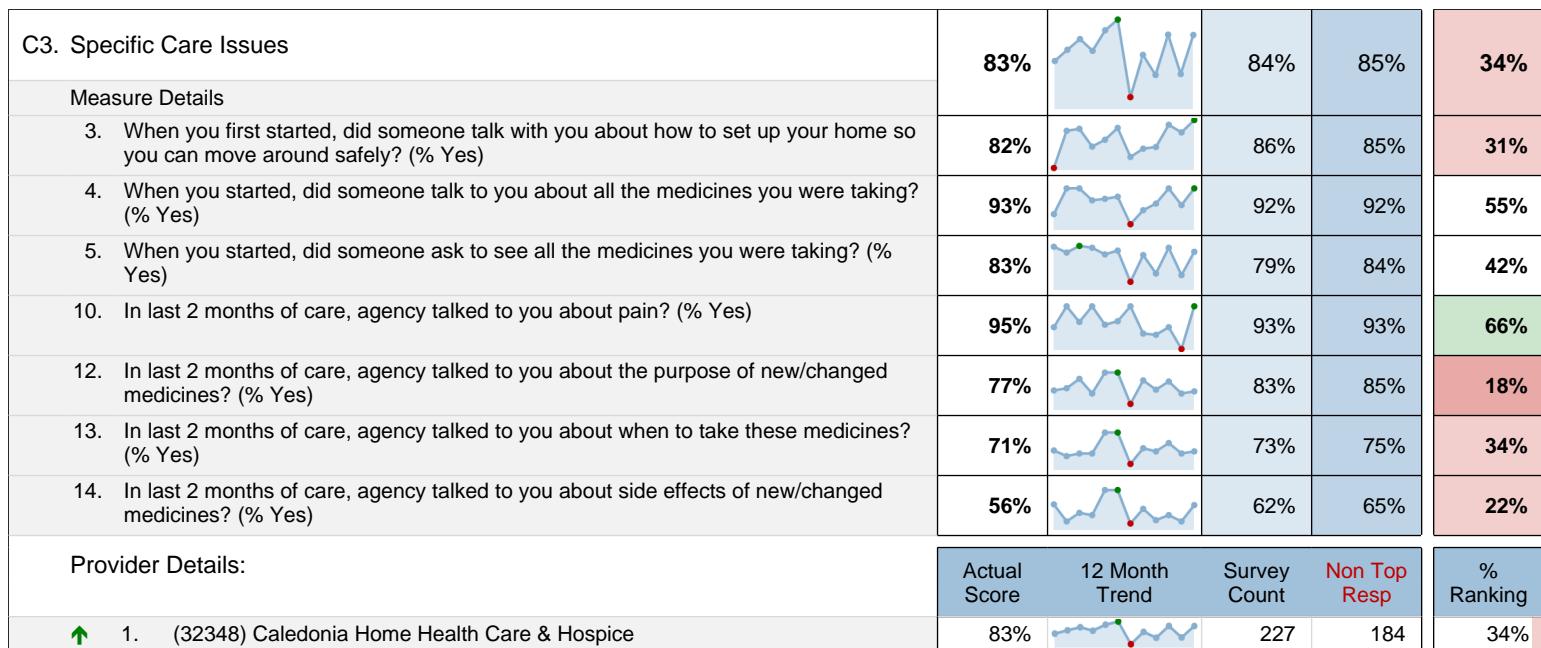
Quality Measures - Top Box Scoring Methodology

Top Box	You Actual	You 12M Trend	SHP State (VT)	SHP National	You % Ranking
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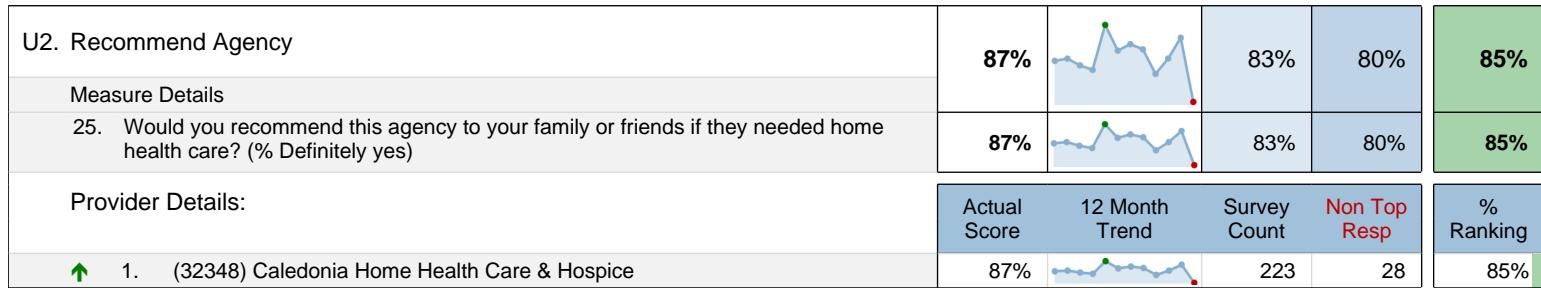
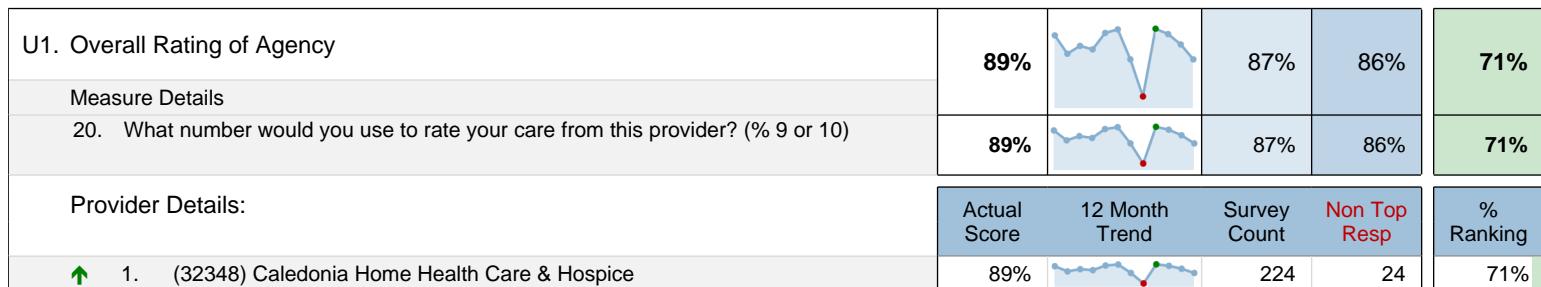
Composite Measures

C1. Care of Patients Measure Details 9. In last 2 months of care, how often was agency up-to-date about the treatment you got at home? (% Always) 16. In last 2 months of care, how often did this agency treat you as gently as possible? (% Always) 19. In last 2 months of care, how often did this agency treat you with courtesy and respect? (% Always) 24. In last 2 months of care, did you have any problems with the care you got through this agency? (% No)	90%		90%	90%	46%
	75%		75%	75%	48%
	91%		92%	92%	30%
	94%		96%	95%	28%
	98%		95%	95%	80%
	Provider Details:	Actual Score	12 Month Trend	Survey Count	Non Top Resp
1. (32348) Caledonia Home Health Care & Hospice	90%		227	88	% Ranking
					46%

C2. Communications Between Providers and Patients Measure Details 2. When you first started, did someone tell you what care and services you would get? (% Yes) 15. In last 2 months of care, how often were you kept informed about when they would arrive? (% Always) 17. In last 2 months of care, how often were things explained in a way that was easy to understand? (% Always) 18. In last 2 months of care, how often did this agency listen carefully to you? (% Always) 22. In last 2 months of care, when you contacted agency's office did you get the help/advice needed? (% Yes) 23. When you contacted agency's office, how long did it take to get the help/advice needed? (% Same Day)	87%		88%	88%	42%
	99%		98%	97%	81%
	81%		83%	83%	36%
	85%		87%	87%	37%
	86%		87%	87%	37%
	99%		95%	93%	76%
	71%		74%	74%	39%
	Provider Details:	Actual Score	12 Month Trend	Survey Count	Non Top Resp
1. (32348) Caledonia Home Health Care & Hospice	87%		227	129	% Ranking
					42%



Universal Measures


 Your Percentile Ranking: <10% 10-20% 20-40% 40-60% 60-80% 80-90% >90%

Real-Time Satisfaction Survey Results: HHCAHPS
Data & Benchmark Summary

	You	State (VT)	National
CCNs:	1	10	3,249
Completed Surveys:	206	2,827	637K

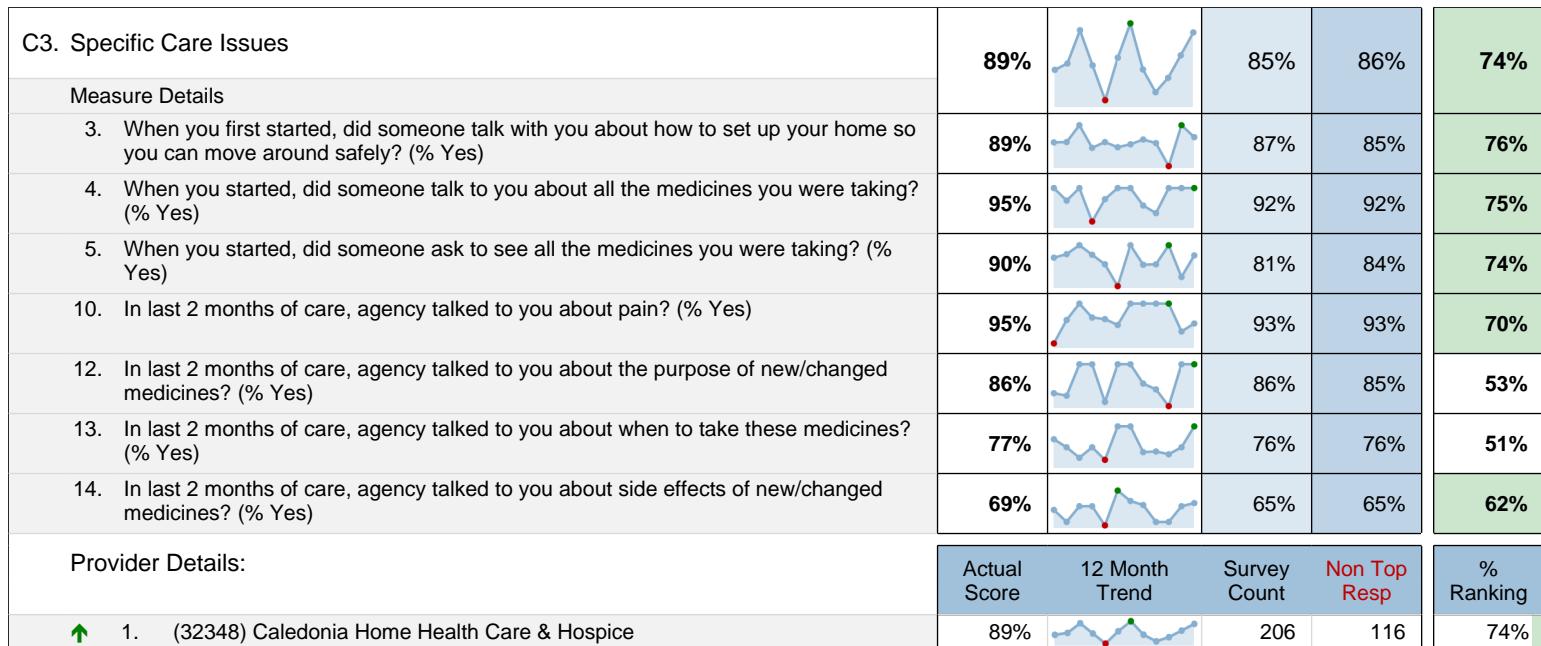
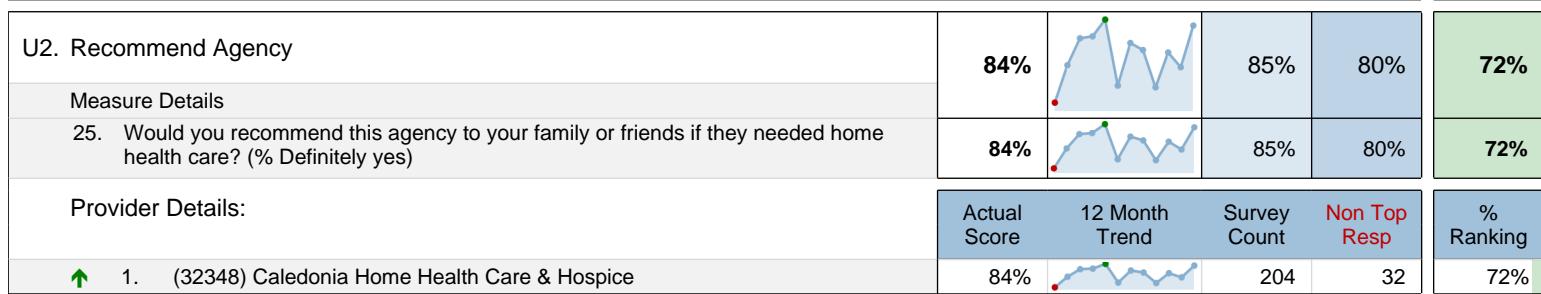
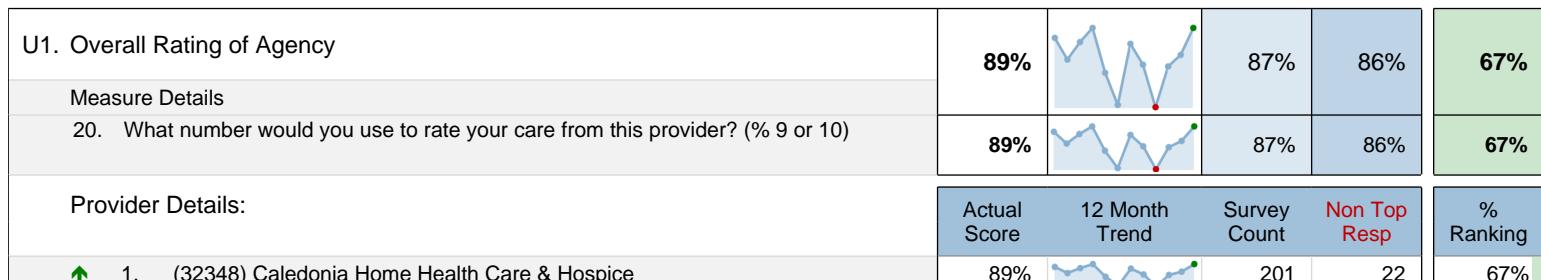
Quality Measures - Top Box Scoring Methodology

Top Box	You Actual	You 12M Trend	SHP State (VT)	SHP National	You % Ranking
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Composite Measures

C1. Care of Patients Measure Details 9. In last 2 months of care, how often was agency up-to-date about the treatment you got at home? (% Always) 16. In last 2 months of care, how often did this agency treat you as gently as possible? (% Always) 19. In last 2 months of care, how often did this agency treat you with courtesy and respect? (% Always) 24. In last 2 months of care, did you have any problems with the care you got through this agency? (% No)	89%		90%	90%	34%
	76%		76%	76%	51%
	88%		92%	92%	14%
	93%		95%	96%	16%
	98%		96%	96%	76%
	Provider Details:	Actual Score	12 Month Trend	Survey Count	Non Top Resp
1. (32348) Caledonia Home Health Care & Hospice	89%		206	88	% Ranking
					34%

C2. Communications Between Providers and Patients Measure Details 2. When you first started, did someone tell you what care and services you would get? (% Yes) 15. In last 2 months of care, how often were you kept informed about when they would arrive? (% Always) 17. In last 2 months of care, how often were things explained in a way that was easy to understand? (% Always) 18. In last 2 months of care, how often did this agency listen carefully to you? (% Always) 22. In last 2 months of care, when you contacted agency's office did you get the help/advice needed? (% Yes) 23. When you contacted agency's office, how long did it take to get the help/advice needed? (% Same Day)	88%		87%	88%	44%
	97%		97%	97%	40%
	83%		82%	83%	50%
	84%		86%	87%	28%
	85%		87%	87%	31%
	94%		94%	93%	49%
	85%		72%	74%	84%
	Provider Details:	Actual Score	12 Month Trend	Survey Count	Non Top Resp
1. (32348) Caledonia Home Health Care & Hospice	88%		206	117	% Ranking
					44%


Universal Measures

 Your Percentile Ranking: <10% 10-20% 20-40% 40-60% 60-80% 80-90% >90%

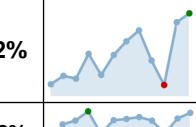
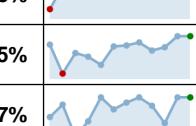
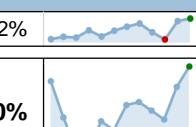
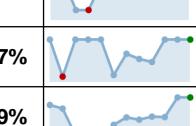
Real-Time Satisfaction Survey Results: HHCAHPS
Data & Benchmark Summary

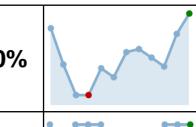
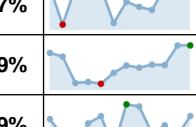
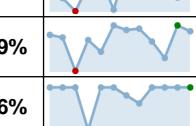
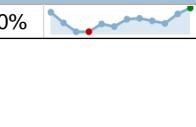
	You	State (VT)	National
CCNs:	1	9	3,182
Completed Surveys:	123	1,484	335K

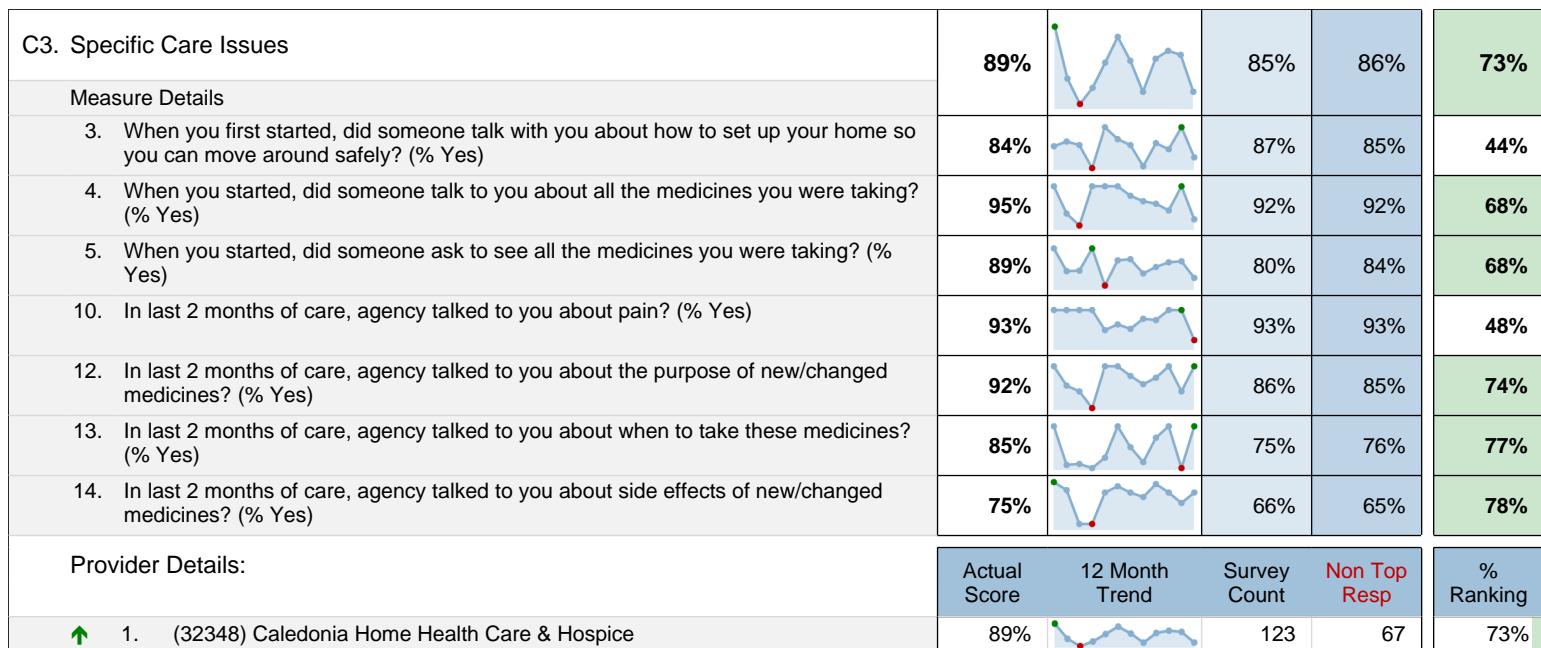
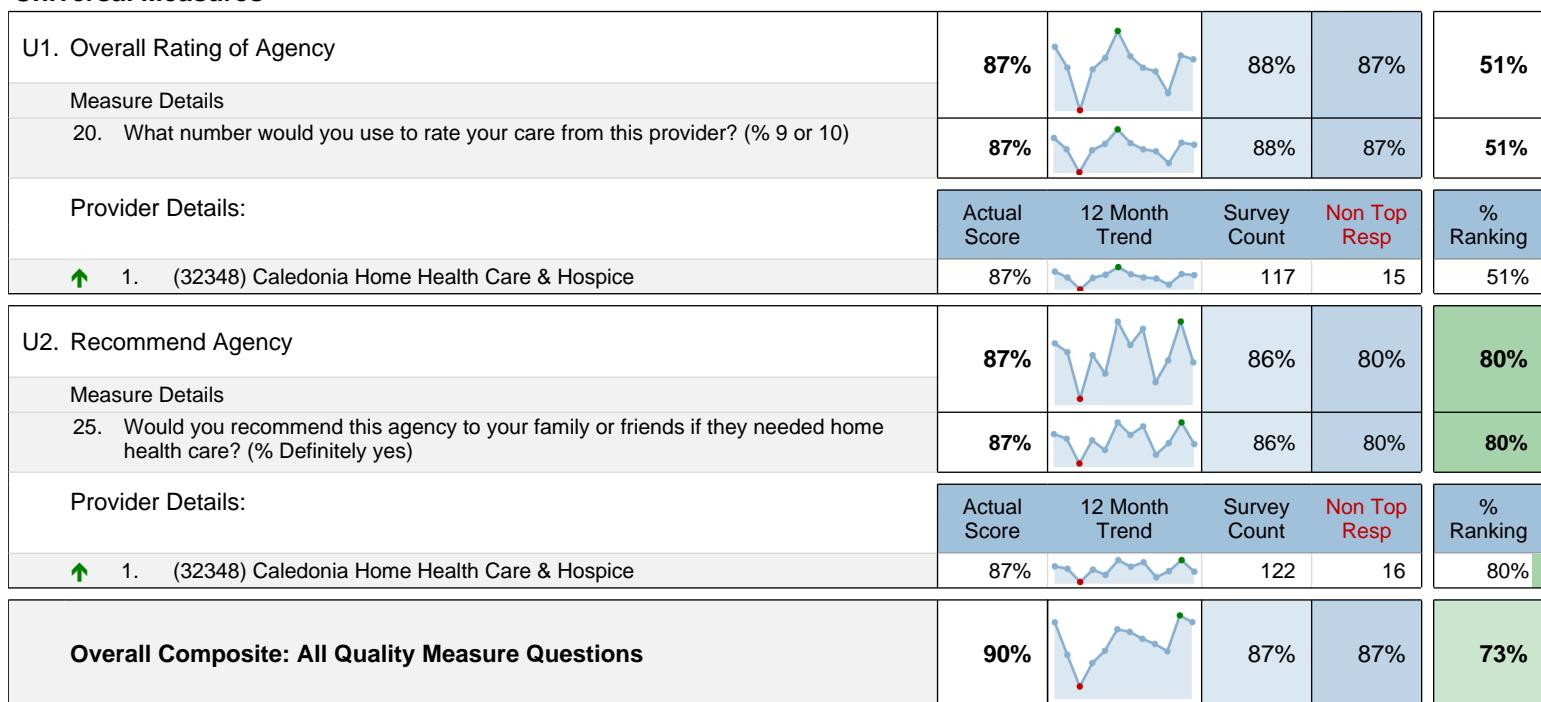
Quality Measures - Top Box Scoring Methodology

Top Box	You Actual	You 12M Trend	SHP State (VT)	SHP National	You % Ranking
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Composite Measures

C1. Care of Patients Measure Details 9. In last 2 months of care, how often was agency up-to-date about the treatment you got at home? (% Always) 16. In last 2 months of care, how often did this agency treat you as gently as possible? (% Always) 19. In last 2 months of care, how often did this agency treat you with courtesy and respect? (% Always) 24. In last 2 months of care, did you have any problems with the care you got through this agency? (% No)	92%		91%	90%	62%
	78%		76%	76%	58%
	95%		93%	93%	71%
	97%		96%	96%	59%
	96%		97%	96%	46%
	Provider Details:	Actual Score	12 Month Trend	Survey Count	Non Top Resp
↑ 1. (32348) Caledonia Home Health Care & Hospice	92%		123	40	% Ranking
					62%

C2. Communications Between Providers and Patients Measure Details 2. When you first started, did someone tell you what care and services you would get? (% Yes) 15. In last 2 months of care, how often were you kept informed about when they would arrive? (% Always) 17. In last 2 months of care, how often were things explained in a way that was easy to understand? (% Always) 18. In last 2 months of care, how often did this agency listen carefully to you? (% Always) 22. In last 2 months of care, when you contacted agency's office did you get the help/advice needed? (% Yes) 23. When you contacted agency's office, how long did it take to get the help/advice needed? (% Same Day)	90%		88%	88%	66%
	97%		97%	97%	46%
	89%		82%	83%	77%
	89%		86%	87%	65%
	89%		87%	88%	51%
	96%		96%	93%	53%
	77%		74%	74%	57%
	Provider Details:	Actual Score	12 Month Trend	Survey Count	Non Top Resp
↑ 1. (32348) Caledonia Home Health Care & Hospice	90%		122	56	% Ranking
					66%


Universal Measures

 Your Percentile Ranking: <10% 10-20% 20-40% 40-60% 60-80% 80-90% >90%



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