

Community Health Needs Assessment

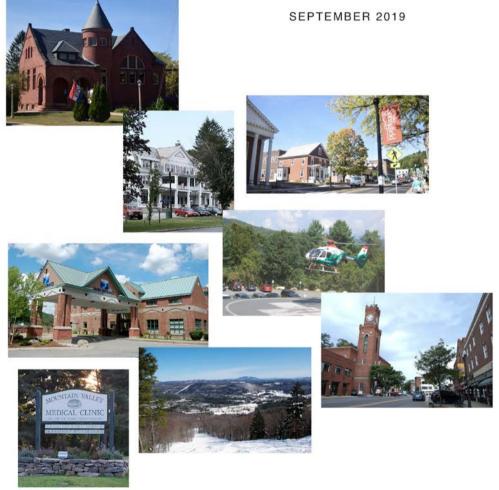






Table of Contents

List of Tables, Figures, and Appendices	3
Executive Summary	4
Demographic and Socioeconomic Secondary Data, Service Area	6
Collection and Analysis of Primary Data	15
Priority Needs	17
Community Member Voices	30
Key Stakeholders	32
Demographic and Socioeconomic Secondary Data, HSA and County	36
Impact of Implementation	45
Needs Assessment Planning Committee	46

List of Tables, Figures and Appendices

Tables	
Table 1. Service Area, 2-Year Population Trend	10
Table 2. Service Area, Population Demographics – Age Groups	11
Table 3. Service Area, Population Demographics – Employment, Education, Income	12
Table 4. Service Area, Population Demographics – Medical Insurance	13
Table 5. Service Area, Population Demographics – Health Indicators	14
Table 6. Factors Negatively Influencing Health Status, %	33
Table 7. Suggested Solutions to Challenges	35
Table 8. Regional Demographics and Socioeconomic Status - County	37
Table 9. Regional Health Indicators – Health Service Metrics	38 – 39
Table 10. Regional Health Indicators – Children & Family	40
Table 11. Regional Health Indicators – Hunger & Nutrition	41
Table 12. Regional Health Indicators – Public Safety	42
Table 13. Regional Health Indicators – Substance Use Disorder	43
Table 14. Regional Health Indicators – Mental Health	44
Table 15. Impact of Implementation	45
Figures	
Figure 1. Service Area	5
Figure 2. Service Area - Total Patients by Zip Code	7
Figure 3. Service Area - Penetration of Total Population, %	8
Figure 4. Service Area - Penetration of Medicaid / Public Insurance, %	9
Figure 5. Image of a Thriving Community	18
Figure 6. Community Concerns	19
Figure 7. Social Determinants of Health	20
Figure 8. Financial Assistance	21
Figure 9. Community Programs	22
Figure 10. Healthcare Services	23 – 24
Figure 11. Substance Use Disorder	25
Figure 12. Mental Health	26
Figure 13. Hunger & Nutrition	27
Figure 14. Senior Care	28
Figure 15. Children & Family	29
Figure 16. Factors Negatively Influencing Health Status	33
Figure 17. Medical Practitioners – Patient Care Needs	34
Figure 18. Key Stakeholders - Challenges Affecting Health Status	35
Appendices	
Appendix A. Community Resources	48
Appendix B. Participant Demographics – Focus Groups	49 – 50
Appendix C. Participant Demographics – Community Survey	51 – 52
Appendix D. Organizations Participating in One-on-One Interviews	53
Appendix E. Community Survey	54 – 61
Appendix F. Medical Staff Survey	62 – 64
Appendix G. Secondary Data Sources	65

Executive Summary

Springfield Medical Care Systems, Inc. (SMCS) and Springfield Hospital (SH) engage in ongoing planning. This process includes a community health needs assessment (CHNA), conducted at least every three years, for the purpose of informing and improving the delivery of health center services, and addresses the following:

- Factors associated with access to care and health center utilization;
- The most significant causes of morbidity and mortality and associated health disparities; and,
- Any other unique health care needs or characteristics that impact health status, or access to or utilization of, primary care.

Community Health Needs Assessment for Charitable Hospital Organizations – Section 501(r)(3) requires hospital organizations to conduct a community health needs assessment every three years and to adopt an implementation strategy to meet the community health needs identified through the CHNA, taking into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health; and making it widely available to the public.

SMCS and SH collaborate with several community organizations in this process, many of which participate on the planning committee. In addition, the SMCS Community Health Team partners meet monthly, and the Community Collaborative meets quarterly, to collaborate relative to community needs and to discuss available resources. A list of these Community Health Team partners and data outlining the impact of actions taken since our 2016 CHNA are included on pages 48 and 45, respectively.

THE COMMUNITY SERVED

SMCS serves a population base of approximately 50,000. The overall service area, which represents 80% of patient residence origin, includes Windsor County, northern Windham County, and small portions of Bennington County, VT, and Sullivan County and northern portions of Cheshire County, NH.

THE PROCESS

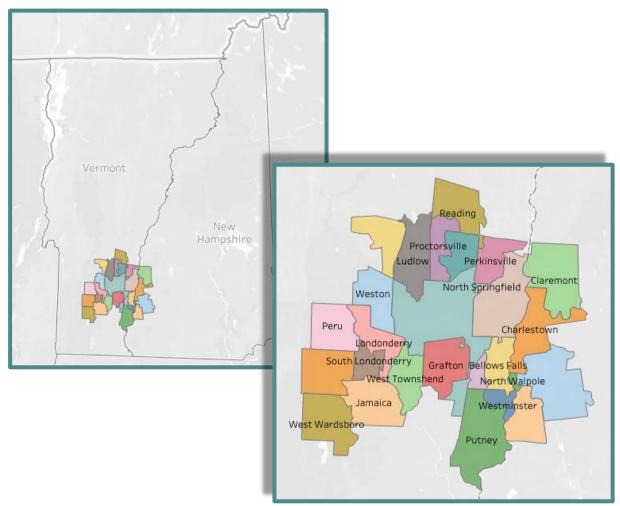
The purpose of this assessment is to identify community health concerns, priorities and opportunities for community health improvement.

The process included focus groups in Springfield, Bellows Falls, Chester, Ludlow, Londonderry, VT, and Charlestown, NH. A community survey was distributed and promoted through newspapers, email and social media. A medical staff survey was also conducted. In-person community stakeholder interviews and a review of population demographics and health status indicators were conducted. Secondary data from Community Commons and Robert Wood Johnson County Health Rankings are reported at the county level. Secondary data also includes a variety of state and national resources, including Vermont's Behavioral Risk Factor Surveillance System, the Vermont Blueprint Community Profiles, and national sources such as the National Institute of Mental Health and the Centers for Disease Control and Prevention (CDC) among others.

Priority Needs Identified include:

- Dental Care / Oral Health
- Substance Use Disorder
- Mental Health
- ➤ Affordable Health Care

Service Area

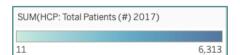


Vermont			New Hampshire		
Zip Code	Town / City	Zip Code	Town / City	Zip Code	Town / City
05101	Bellows Falls	05152	Peru	03602	Alstead
05340	Bondville	05153	Proctorsville	03603	Charlestown
05142	Cavendish	05346	Putney	03743	Claremont
05143	Chester	05062	Reading	03609	North Walpole
05146	Grafton	05154	Saxtons River	03608	Walpole
05343	Jamaica	05155	South Londonderry		
05148	Londonderry	05156	Springfield		
05149	Ludlow	05359	West Townshend		
05758	Mount Holly	05360	West Wardsboro		
05150	North Springfield	05158	Westminster		
05151	Perkinsville	05161	Weston		

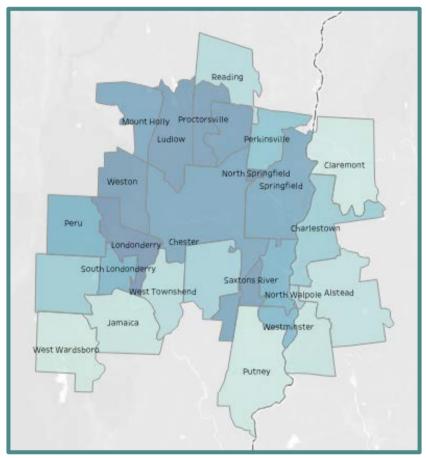
Demographic and Socioeconomic Secondary Data Service Area

Figure 2
Service Area
Total Patients by Zip Code, 2017





Penetration of Total Population (%), 2017



SUM(HCP:Penetration of Total	Population (%))
0.0553	0.8998

Figure 4
Service Area
Penetration of Medicaid/Public Insurance (%), 2017



SUM(Penetration of Medi	caid/ Public Ins. (%))
0.0606	1.0280

Regional Demographics and Socioeconomic Status

2-Year Population Trend

	April 1, 2010 Census	Population Est (as of July 1) 2012	Population Est (as of July 1) 2014	Population Est (as of July 1) 2016	Population Est (as of July 1) 2018	Population Change (%)
Charlestown Sullivan County, New Hampshire	5114	5045	5029	5016	5012	-1.99%
Bellows Falls Windham County, Vermont	3148	3090	3052	3024	3004	-4.57%
Londonderry Windham County, Vermont	1769	1759	1742	1708	1677	-5.20%
Chester Windsor County, Vermont	3154	3107	3064	3045	3032	-3.87%
Ludlow Windsor County, Vermont	1963	1941	1922	1897	1885	-3.97%
Springfield Windsor County, Vermont	9373	9280	9168	9044	8950	-4.51%

Source: AmericanFactFinder.org

Table 2 Service Area Regional Demographics and Socioeconomic Status

Demographics - Age Groups

	Pop Under 18 (%) 2013-2017	Pop 18-64 (%) 2013-2017	Pop 65 and older (%) 2013-2017
Alstead	20.4%	61.4%	18.2%
Bellows Falls	21.0%	60.5%	18.5%
Bondville	15.8%	44.7%	39.6%
Cavendish	19.4%	62.7%	17.9%
Charlestown	20.1%	60.3%	19.5%
Chester	19.3%	60.5%	20.1%
Claremont	20.6%	61.5%	17.9%
Grafton	21.2%	53.7%	25.1%
Jamaica	17.5%	66.2%	16.4%
Londonderry	19.3%	63.1%	17.6%
Ludlow	15.0%	58.9%	26.1%
Mount Holly	13.0%	65.1%	21.9%
North Springfield	12.5%	52.9%	34.6%
North Walpole	21.7%	59.0%	19.3%
Perkinsville	16.2%	55.7%	28.0%
Peru	12.0%	55.4%	32.6%
Proctorsville	18.1%	57.1%	24.8%
Putney	15.2%	65.0%	19.8%
Reading	24.3%	56.1%	19.6%
Saxtons River	23.2%	66.1%	10.7%
South Londonderry	20.2%	52.0%	27.9%
Springfield	20.4%	60.4%	19.2%
Walpole	14.4%	64.7%	20.9%
West Townshend	17.0%	53.0%	30.0%
West Wardsboro	19.6%	44.7%	35.7%
Westminster	23.4%	56.3%	20.2%
Weston	15.1%	51.6%	33.3%
Summary	18.4%	58.1%	23.5%

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Demographics - Employment, Education, Income

		•	
	Not Employed (%) 2013-2017	Less Than High School Education (%) 2013-2017	Low-Income (%) 2013-2017
Alstead	37.1%	8.6%	24.9%
Bellows Falls	38.2%	15.3%	39.7%
Bondville	46.2%	3.8%	14.8%
Cavendish	35.5%	7.5%	39.9%
Charlestown	44.1%	7.8%	34.1%
Chester	40.2%	11.5%	31.9%
Claremont	41.3%	12.5%	33.1%
Grafton	43.6%	7.9%	30.6%
Jamaica	32.4%	4.2%	32.5%
Londonderry	37.1%	3.9%	10.3%
Ludlow	43.3%	10.4%	33.0%
Mount Holly	30.2%	8.4%	19.2%
North Springfield	64.7%	17.0%	57.3%
North Walpole	33.1%	7.4%	10.5%
Perkinsville	40.4%	11.5%	32.3%
Peru	41.4%	6.3%	22.8%
Proctorsville	41.9%	12.3%	33.7%
Putney	40.6%	6.3%	31.8%
Reading	32.8%	0.6%	33.8%
Saxtons River	36.0%	5.4%	42.0%
South Londonderry	47.7%	13.1%	42.6%
Springfield	45.7%	9.4%	32.3%
Walpole	35.7%	2.8%	10.9%
West Townshend	44.1%	4.3%	29.8%
West Wardsboro	45.1%	9.9%	24.6%
Westminster	48.3%	10.6%	30.3%
Weston	43.3%	8.1%	20.9%
Summary	41.1%	8.4%	29.6%

Regional Demographics and Socioeconomic Status

Demographics – Medical Insurance

	Pop: Medicaid/ Public Ins., est. (%) 2017	Pop: Medicare/ Private Ins., est. (%) 2017	Pop: Uninsured, est. (%) 2017
Alstead	11.9%	82.6%	5.5%
Bellows Falls	32.6%	62.3%	5.1%
Bondville	16.0%	79.4%	4.6%
Cavendish	26.7%	68.3%	5.1%
Charlestown	15.5%	77.8%	6.8%
Chester	23.3%	71.9%	4.7%
Claremont	15.9%	77.1%	7.0%
Grafton	23.7%	71.8%	4.5%
Jamaica	25.2%	70.0%	4.8%
Londonderry	21.1%	74.2%	4.6%
Ludlow	23.1%	72.2%	4.7%
Mount Holly	19.5%	74.4%	6.0%
North Springfield	27.3%	68.0%	4.7%
North Walpole	9.0%	86.2%	4.8%
Perkinsville	20.4%	75.2%	4.4%
Peru	16.1%	79.2%	4.7%
Proctorsville	26.7%	68.3%	5.0%
Putney	25.3%	69.6%	5.0%
Reading	22.9%	72.4%	4.7%
Saxtons River	27.4%	68.6%	4.1%
South Londonderry	21.9%	73.5%	4.6%
Springfield	26.7%	68.5%	4.8%
Walpole	9.0%	86.2%	4.8%
West Townshend	23.9%	71.6%	4.5%
West Wardsboro	24.9%	70.4%	4.7%
Westminster	24.4%	70.8%	4.8%
Weston	22.8%	72.4%	4.7%
Summary	21.6%	73.4%	5.0%

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Population Health Indicators

	Adults Ever Told Have Diabetes (%)	Adults Ever Told Have High Blood Pressure (%)	Adults Who Are Obese (%)	Adults with No Dental Visit in Past Year (%)	Adults Who Have Delayed or Not Sought Care Due to Cost (%)	Adults with No Usual Source of Care (%)
Alstead	8.1%	30.3%	24.9%	26.4%	11.7%	11.9%
Bellows Falls	6.7%	25.0%	21.1%	25.6%	11.1%	11.3%
Bondville	8.0%	28.7%	21.6%	29.9%	11.0%	9.2%
Cavendish	7.6%	29.0%	24.3%	27.9%	9.7%	12.6%
Charlestown	7.3%	31.1%	22.0%	28.5%	13.5%	12.6%
Chester	7.4%	29.0%	23.9%	27.2%	10.0%	12.0%
Claremont	7.6%	32.2%	23.0%	29.9%	14.1%	13.2%
Grafton	6.9%	25.7%	21.8%	26.2%	11.3%	11.5%
Jamaica	7.0%	25.5%	21.4%	26.2%	11.1%	11.1%
Londonderry	7.1%	25.9%	21.4%	26.9%	11.7%	11.3%
Ludlow	7.4%	28.9%	23.9%	27.1%	9.6%	12.1%
Mount Holly	7.1%	27.0%	26.4%	28.1%	10.5%	11.2%
N. Springfield	7.4%	29.4%	24.0%	26.9%	9.7%	12.0%
North Walpole	8.0%	29.7%	25.8%	24.6%	10.6%	11.1%
Perkinsville	7.5%	29.5%	24.1%	27.1%	9.7%	12.1%
Peru	7.9%	28.5%	21.5%	28.9%	10.4%	9.3%
Proctorsville	7.6%	29.0%	24.3%	27.9%	9.7%	12.6%
Putney	6.7%	25.6%	21.8%	25.8%	11.0%	11.6%
Reading	7.5%	29.8%	24.3%	27.3%	9.8%	12.2%
Saxtons River	6.6%	25.5%	21.8%	25.3%	10.8%	11.3%
S. Londonderry	7.0%	25.6%	21.3%	26.9%	12.0%	11.6%
Springfield	7.3%	28.3%	23.5%	26.6%	9.4%	12.0%
Walpole	8.3%	29.8%	25.5%	25.6%	10.9%	11.4%
W. Townshend	6.9%	25.5%	21.5%	26.1%	11.3%	11.4%
West Wardsboro	7.0%	25.2%	21.0%	25.9%	11.1%	10.9%
Westminster	6.7%	25.4%	21.5%	25.6%	10.9%	11.2%
Weston	7.5%	29.7%	24.3%	27.3%	9.8%	12.2%
Summary	7.3%	28.0%	23.0%	27.0%	10.8%	11.6%

Collection & Analysis of Primary Data

Collection of Primary Data

To ensure community engagement, a collaborative of community stakeholders was formed to govern the design, collection, and reporting of the community health needs assessment. Monthly meetings commenced beginning March 2019 to develop and implement needs assessment study design and implementation plan.

551

Community members within the health service area and surrounding towns participated in completing an extensive survey garnering high-level needs and actionable interventions to address identified needs.

34

To ensure the voices of community residents were represented within the community health needs assessment, focus groups were conducted. Six focus groups were held in central locations within each primary service area. Participants ranked health-related need(s) by level of influence on personal health and wellbeing.

43

Key stakeholders, including healthcare practitioners, provided information on patient care needs, barriers to access, and the affect of social determinants of health outcomes.

Data collection began during May 2019. Focus groups were held in central locations within each local service area. Moderators and data recorders were trained prior to conducting focus groups by an experienced qualitative researcher. One-on-one interviews with key stakeholders were conducted by phone by a trained researcher. Surveys were administered in June 2019 as electronic and paper formats. Both formats were shared widely amongst community organizations, businesses, social media networks, and local newspapers. Data collection closed July 2019. During, and directly prior to, the data collection period, SMCS and Springfield Hospital experienced notable financial challenges. The healthcare organization prioritized public transparency with regard to financial status and proceedings. The concurrent period of data collection may have influenced participation rate and /or responses, the degree of which cannot be reliably measured. The research design employed methodological triangulation as a means to provide valid results of regional community health needs.

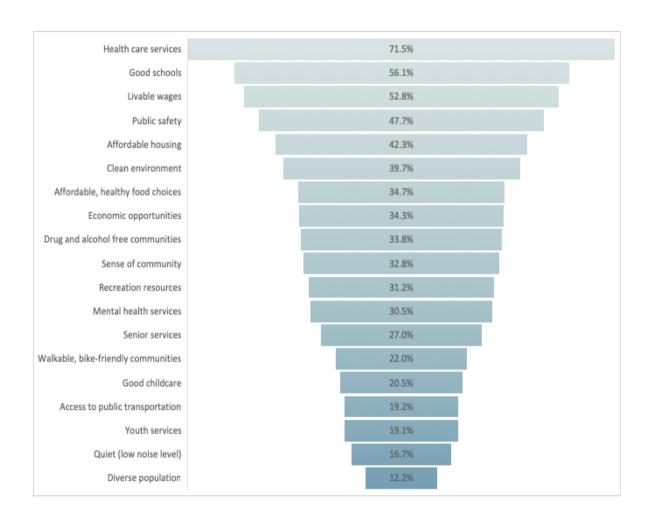
Priority Needs

The four priority needs identified by this process are as follows:

- Dental Care / Oral Health
- > Substance Use Disorder
- Mental Health
- > Affordable Health Care

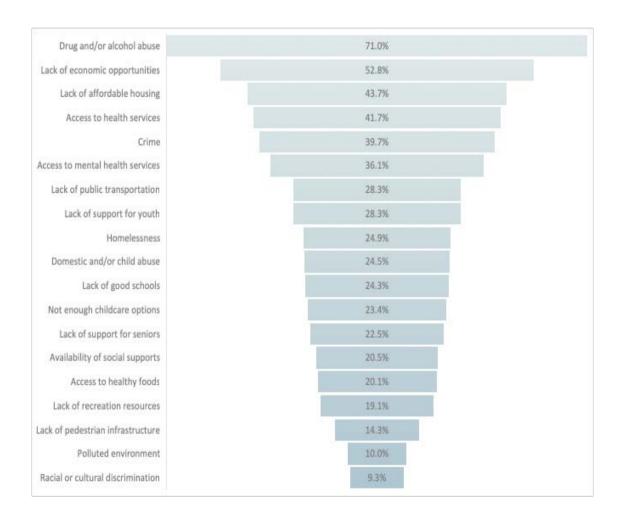
Figure 5 Image of a Thriving Community

Survey participants were asked, "When you imagine a strong, vibrant, healthy community, what are the most important features to you?"



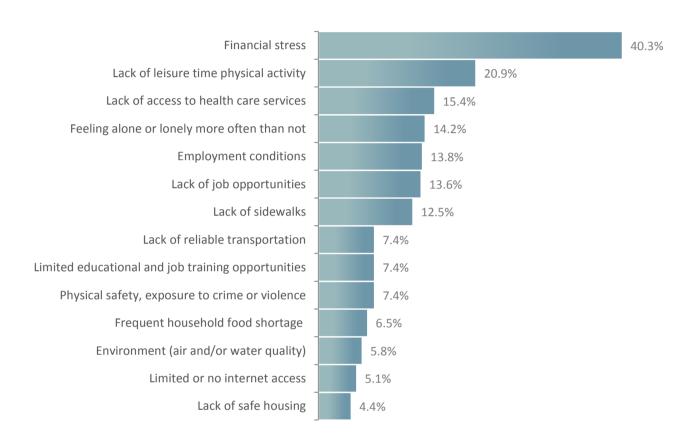
Community Concerns

Survey participants were asked, "When you think of challenges in the community where you live, what are you most concerned about?"



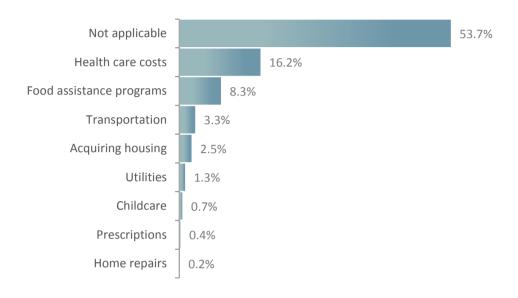
Social Determinants of Health

Survey participants were asked, "Which of the following do you believe are having a negative effect on your health?" (Check all that apply)

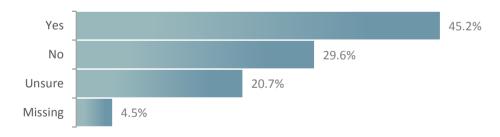


Financial Assistance

Survey participants were asked, "In the past 12 months, have you needed financial assistance for any of the following?"

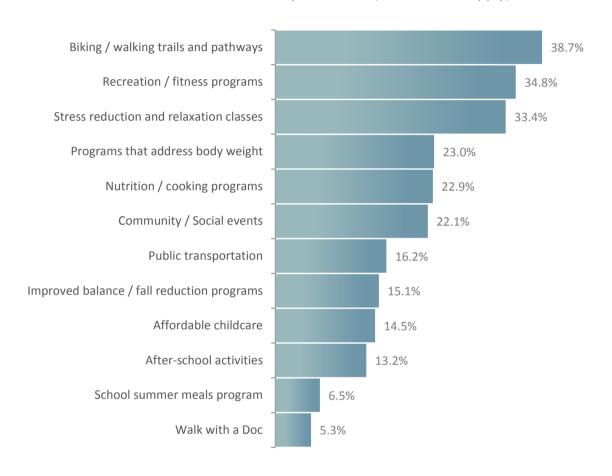


Survey participants were asked, "If you need assistance accessing services (for example housing, transportation, healthcare), do you know who to contact?" (Choose one)



Community Programs

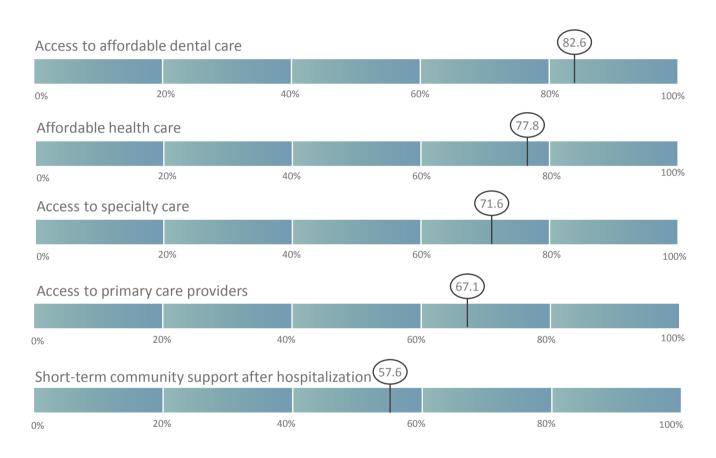
Survey participants were asked, "Which of the following programs would you or your family use if it were more available in your area?" (Check all that apply)



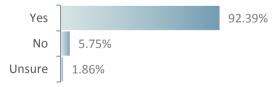
Healthcare Services

Survey participants were asked to rank the level of need (high, moderate need, some need, little need, no need, unsure) for health care services in the community.

Health Care
Ranked Moderate to High Need - Percent of Total Responses



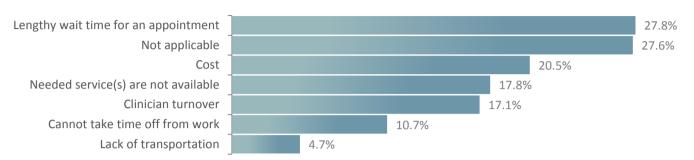




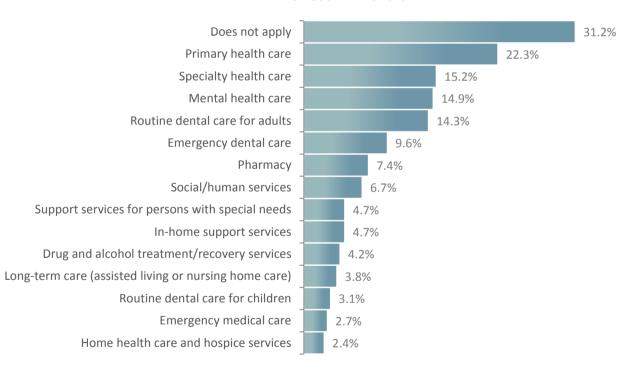
Access to health care services in rural regions faces numerous challenges including recruitment and retention of primary care physicians, allied health professionals, health care specialties, patient transportation, education, and cost of care.

Healthcare Services - continued

Challenges to Accessing Healthcare Services Previous 12 Months



Challenges to Accessing Healthcare by Service Type Previous 12 Months



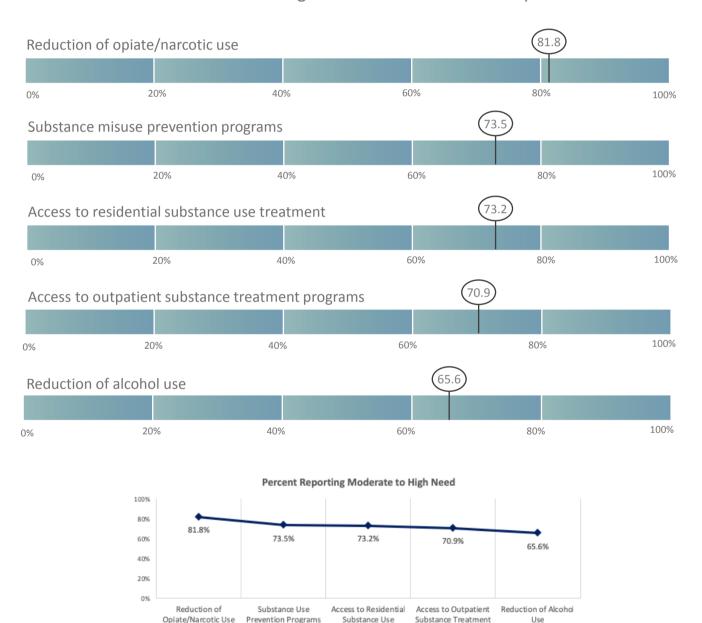
Respondents Traveling Outside Hospital Service Area (HSA) for Care



Substance Use Disorder

Survey participants were asked to rank the level of need (high, moderate need, some need, little need, no need, unsure) to address drug and alcohol misuse within the community.

Substance Use Disorder Ranked Moderate to High Need - Percent of Total Responses



Participants state that drug and alcohol misuse is of greatest concern with regards to the health and wellbeing of the community (See Figure 6).

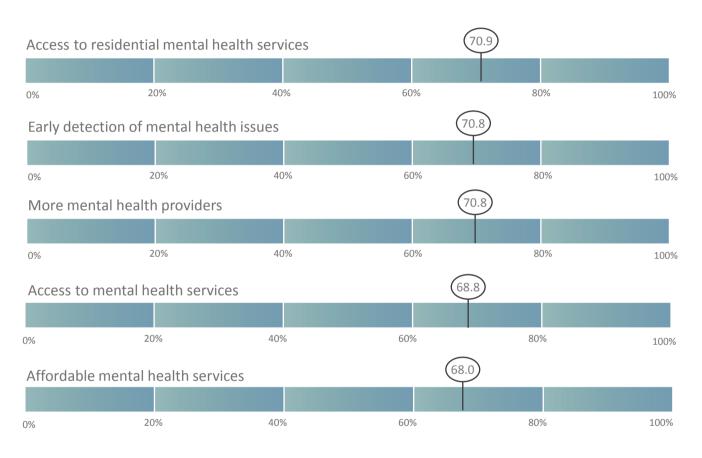
Treatment

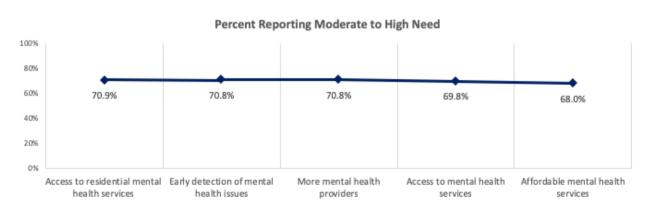
Programs

Mental Health

Survey participants were asked to rank the level of need (high, moderate need, some need, little need, no need, unsure) for mental health services in the community.

Mental Health Services Ranked Moderate to High Need - Percent of Total Responses

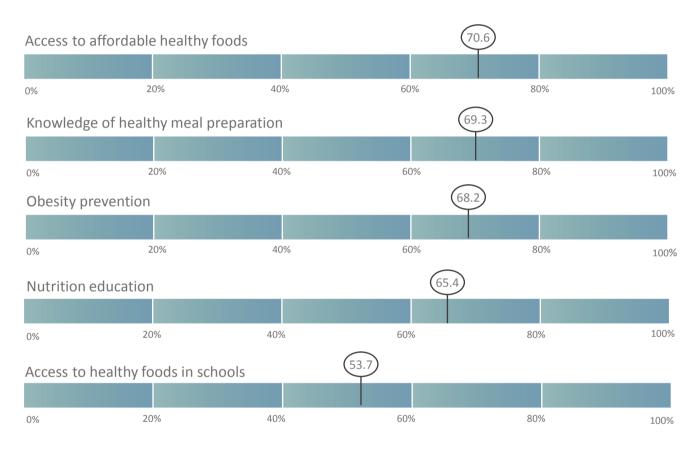


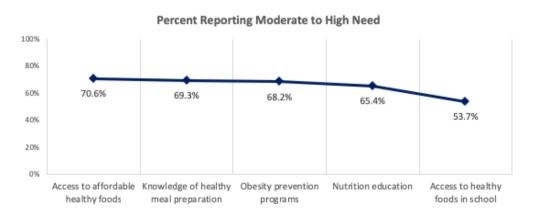


Hunger & Nutrition

Survey participants were asked to rank the level of need (high, moderate need, some need, little need, no need, unsure) regarding hunger and nutrition in their community.

Hunger & Nutrition
Ranked Moderate to High Need - Percent of Total Responses

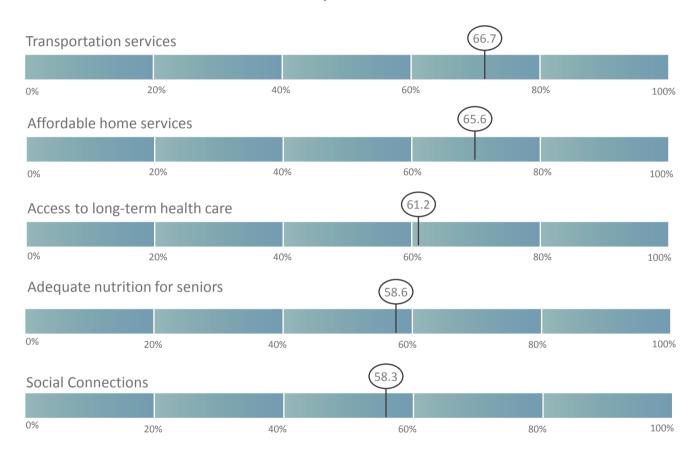




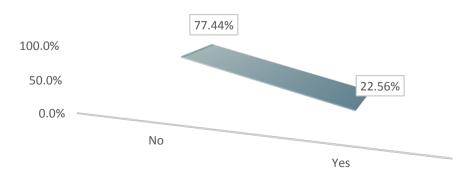
Senior Care

Survey participants were asked to rank the level of need (high, moderate need, some need, little need, no need, unsure) regarding senior care services in the region.

Senior Care
Ranked Moderate to High Need - Percent of Total Responses
Top 5 Needs



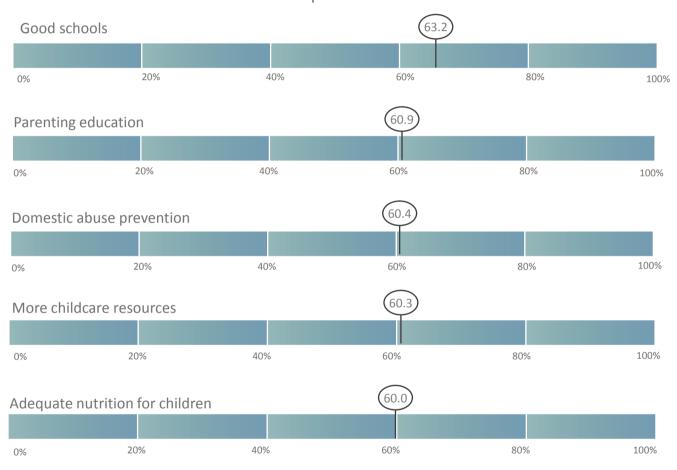
Do you have elders dependent on you for care or support?



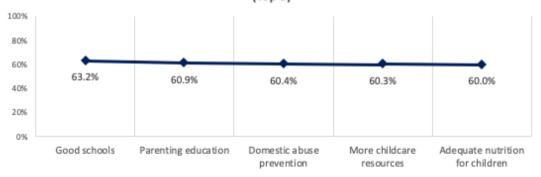
Children & Family

Survey participants were asked to rank the level of need (high, moderate need, some need, little need, no need, unsure) for children and families services in the region.

Children & Family
Ranked Moderate to High Need - Percent of Total Responses
Top 5 Needs







Community Member Voices

Resident Voices

Focus groups were conducted prior to survey development and administration. Participants were pre-screened to ensure eligibility based on residency and representation of regional demography. Using purposive sampling, a representative sample was selected based on the following characteristics: education level, age, employment status, health insurance type, and gender. Participants listed the concerns with regard to access to healthcare and listed them by order of influence on their health and wellbeing, one to ten with one representing greatest influence. Ranked priorities are listed below by region.

Bellows Falls, Vermont

- 1. Increased collaboration between providers
- 2. Provider turnover
- 3. Cost of medication
- 4. Cost of dental procedures

Charlestown, New Hampshire

- 1. Unmet need in specialty care, including complex care
- 2. Cost of medical care, including medications
- 3. Specialty equipment to accommodate patients with disabilities
- 4. Transportation
- 5. Provider turnover

Chester, Vermont

- 1. Provider turnover
- 2. Lack of health services including specialty care
- 3. Long wait times for appointments
- 4. Lack of pharmacy services

Londonderry, Vermont

- 1. Need for comprehensive care
- 2. Insufficient number of providers

Ludlow, Vermont

- 1. Specialty care, specifically geriatricians
- 2. Access to mental health services including for those in crisis

Springfield, Vermont

- 1. Provider turnover
- 2. Care administration
- 3. Reception services

Residents state that sufficient number of providers, including specialty care, is of concern. Insufficient number of practitioners creates extensive wait times for appointments increased travel. Frequent turnover in providers causes interruptions to continuity of care and is associated with additional monetary costs as well as affecting quality of care. Healthcare costs overall are of concern, specifically dental care, vision care and medication costs.

Key Stakeholders

Medical Practitioners

Medical practitioners provided insights, based on direct care experience, on patient needs, barriers to access, and the affect of social determinants on health outcomes.

Figure 16
Factors Negatively Influencing
Patient Health Outcomes

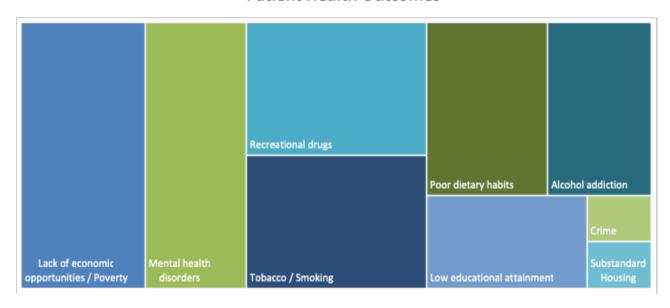
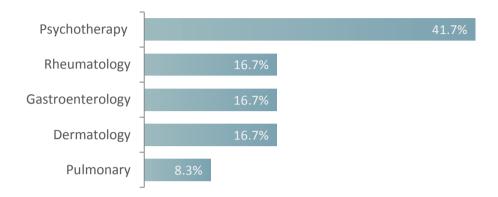


Table 6
Factors Negatively Influencing Health Status, % of N

Lack of economic opportunity / Poverty	91.7%
Mental health disorders	75.0%
Recreational drugs	66.7%
Tobacco / Smoking	66.7%
Poor dietary habits	58.3%
Alcohol addiction	50.0%
Low educational attainment	41.7%
Crime	8.3%
Substandard housing	8.3%
Environmental contaminants	0.0%
Genetic predisposition	0.0%
Insufficient care services	0.0%
Social isolation	0.0%

Medical Practitioners Patient Care Needs

What services are consistently needed by your patients but are not currently provided?



In your estimation, what percent of your patients delay recommended care due to cost?



In your estimation, what percent of your patients have gone without needed medication(s) due to cost?



In your estimation, what percent of your patients have transportation difficulties affecting their ability to access care?



In your estimation, what percent of your patients communicate with you using computer technology?



Key Stakeholders

Key personnel from community health and social service organizations participated in one-on-one interviews. Participants were asked to identify challenges facing the populations they serve and to provide suggestions for possible solutions. Frequency magnitude was used to analyze the qualitative data relating to the challenges identified by participants and are presented in Figure 18.

Figure 18. Challenges Affecting Health Status



Word Frequency		Weighted %
Health	16	3.82
Mental	14	3.34
Substance	10	2.39
Transportation	10	2.39
Addiction	9	2.15
Abuse	8	1.91
Care	8	1.91
Access	7	1.67
Lack	7	1.67
Drug	6	1.43

Table 7. Suggested Solutions to Challenges		
Substance Use Disorder	Mental Health	Transportation
Increase support for the Prevention Coalition	Increase number of case managers	Acquire additional grant funding
Address stigmatization	Early childhood interventions	Expand existing transportation services
Create a model of care that coordinates with existing services	Adverse Childhood Experiences (ACE) training	Provide transportation from Charlestown, NH to Adult Day Center
A central information resource for addiction services	Increase the number of providers for children and young adults	Bus loop with stops at mental health facilities
Rapid Assessment for adolescents	Residential mental health services	Increase transportation budget

Of note are the number of references made by key stakeholders with regards to the need for community-level education on mental health, nutrition and meal preparation, availability of resources, parenting skills, and substance misuse. Also noted is the need for provider education in identifying cognitive decline and mental health. Participants state there an increase in the number of providers and services, specifically those who are trained to treat substance use disorder is needed. Additionally, participants noted an increase in services including service providers such as Planned Parenthood, services for the deaf, and case managers is needed.

Demographic and Socioeconomic Secondary Data Hospital Service Area & County

Table 8
Regional Demographics and
Socioeconomic Status - County

		Windsor County Vermont	Windham County Vermont	Sullivan County New Hampshire
	Median home cost:	\$216,300	\$212,000	\$171,100
	Median gross rent:	\$892	\$864	\$893
	Persons per household:	2.26	2.18	2.38
	Households with a computer:	87.7%	87.9%	87.6%
	Household with broadband:	79.7%	75.1%	78.1%
	High School graduate:	92.5%	92.4%	90.7%
	Bachelors degree or higher:	36.0%	37.0%	25.9%
• 0 •	Per capita income:	\$34,264	\$29,819	\$31,301
	Persons in poverty:	9.9%	11.6%	10.3%
U 9	Under 65 with a disability: Under 65 without health insurance:	11.2% 6.0%	12.7% 5.6%	9.3% 7.2%
			Cour	co: QuickEasts gov

Source: QuickFacts.gov

	HSA / CO	State
PCPs per 100,000 (HSA)#	59.8	75.0
PCP Rate per 100,000 -Windham (CO)	108.9	113.2
PCP Rate per 100,000 -Windsor (CO) [^]	108.1	113.2
PCP Rate per 100,000 -Sullivan (CO) ^	76.7	76.7
Dentist Rate per 100,000 -Windham (CO) ^	67.6	70.4
Dentist Rate per 100,000 -Windsor (CO) [^]	67.2	60.4
Dentist Rate per 100,000 -Sullivan (CO) ^	37.1	73.1
Medication Management for People with Asthma per 1,000 (HSA) ⁺	82.0	77.0
Heart Failure per 1,000 (HSA) ⁺	6.0	3.9
PQI Prevention Quality Chronic Composite per 1,000 (HSA) ⁺	12.3	9.0
Outpatient potentially avoidable ED visits-Adult per 1,000 (HSA) ⁺	55.3	62.5
Outpatient potentially avoidable ED visits-Peds per 1,000 (HSA) ⁺	107.7	78.9
Outpatient ED visits (adult) per 1,000 (HSA) ⁺	364.8	370.8
Outpatient ED visits (pediatric) per 1,000 (HSA) ⁺	432.0	330.9
Inpatient discharge rates-Adults per 1,000 (HSA) ⁺	9.4	6.3
Total Expenditures per Capita per 1,000 (HSA) ⁺	\$8,625	\$8,362
Inpatient Discharges per 1,000 (HSA) ⁺	136.4	115.0

[^]County Health Rankings

CO = County

PCP = Primary Care Provider

ED = Emergency Department

^{*}Vermont Department of Health, Community Health Profiles

[†]Blueprint

^{*}Agency of Human Services Community Profiles

Regional Health Indicators Health Service Metrics - continued

	HSA / DO / CO	State
Diabetes HbA1c Testing % (HSA) *	88.0	90.0
Diabetes Eye Exam % (HSA) *	45.0	58.0
Diabetes HbA1c Testing & Eye Exam composite % (HSA) *	40.0	53.0
Diabetes nephropathy screening % (HSA) ⁺	87.0	85.0
Women receiving 1st trimester prenatal care per 100,000 (DO)*	80	84.0
Cervical Cancer Screening % (HSA) *	58.0	67.0
Chlamydia Screening % (adult & pediatric profile - same measurement) (HSA) ⁺	45.0	50.0
Influenza Vaccination % (Medicare) - Windham (CO)	37.0	46.0
Influenza Vaccination % (Medicare) - Windsor (CO)	32.0	46.0
Influenza Vaccination % (Medicare) -Sullivan (CO)	38.0	48.0
Pediatric Developmental Screening in the First Three Years of Life % (HSA) ⁺	53.0	61.0
Pediatric Appropriate Testing for Children with Pharyngitis % (HSA) ⁺	90.0	87.0

[^]County Health Rankings

HSA = Hospital Service Area

DO = Agency of Human Services District Office Area

^{*}Vermont Department of Health, Community Health Profiles

^{*}Blueprint Community Profiles

	HSA / CO	State
% Single-parent householdsWindham (CO)^	35.4	30.8
% Single-parent householdsWindsor (CO)^	30.4	30.8
% Single-parent households-Sullivan (CO)^	36.1	27.8
Teen birth rate Windham per 1,000, age 15 - 19 (CO)^	21.8	13.5
Teen birth rate Windsor, per 1,000, age 15 - 19 (CO)^	15.8	13.5
Teen birth rate Sullivan, per 1,000, age 15 - 19 (CO)^	19.3	11.5
% Adolescents (grade 9-12) self-reported feel valued (HSA)#	38.0	50.0
% Low Birth Weight-Windham (CO)^	6.8	6.7
% Low Birth Weight-Windsor (CO)^	7.4	6.7
% Low Birth Weight-Sullivan (CO)^	8.2	6.9

[^]County Health Rankings

*Agency of Human Services, Community Profiles

HSA = Hospital Service Area

Table 11
Regional Health Indicators
Hunger & Nutrition

	HSA / CO	State
% Youth <5 fruits/vegs (HSA)#	81.0	76
% Adults <5 fruits/vegs (HSA)#	83.0	80.0
% Obese-adults (HSA) [#]	35.0	28.0
% Obese-adolescents (HSA)*	18.0	12.0
% Food Insecure-Windham (CO)	12.6	12.1
% Food Insecure-Windsor (CO) [^]	11.0	12.1
% Food Insecure-Sullivan (CO) [^]	8.9	9.0
% Limited Access to healthy food-Windham (CO)	4.6	3.3
% Limited Access to healthy food-Windsor (CO) [^]	2.9	3.3
% Limited Access to healthy food-Sullivan (CO)	4.2	5.0
% Free & reduced lunch: Springfield town school district*	44-56	41.0
% Free or Reduced Lunch-Windham (CO) [^]	45.1	38.5
% Free or Reduced Lunch-Windsor (CO) [^]	45.1	38.5
% Free or Reduced Lunch-Sullivan (CO)	40.9	27.3

[^]County Health Rankings

HSA = Hospital Service Area CO = County

^{*}Vermont Agency of Education

^{*}Agency of Human Services, Community Profiles

Table 12
Regional Health Indicators
Public Safety

	HSA / CO	State
Elevated child blood lead levels (HSA)#	4.1	1.7
Violent Crime Rate per 100,000 - Windham (CO)^	167.1	128.8
Violent Crime Rate per 100,000 - Windsor (CO)^	90.7	128.8
Violent Crime Rate per 100,000 - Sullivan (CO)^	175.2	196.8
Air Pollution: PM2.5- Windham (CO)^	8.2	6.5
Air Pollution: PM2.5- Windsor (CO)^	7.9	6.5
Air Pollution: PM2.5- Sullivan (CO)^	7.7	7.5
Homicide Rate per 100,000 - Windham (CO)^	3.6	1.9
Homicide Rate per 100,000 –Windsor (CO)^	N/A	1.9
Homicide Rate per 100,000 - Sullivan (CO)^	N/A	1.4
Firearm Fatalities Rate per 100,000 - Windham (CO)^	15.2	11.3
Firearm Fatalities Rate per 100,000 - Windsor (CO)^	11.1	11.3
Firearm Fatalities Rate per 100,000 - Sullivan (CO)^	13.9	9.2

[^]County Health Rankings

^{*}Agency of Human Services, Community Profiles

	HSA / CO	State
Accidental/undetermined opioid deaths per 100,000 (HSA)#	24.9	15.2
Drug Overdose Mortality Rate-Windham per 100,000 (CO)	24.0	19.1
Drug Overdose Mortality Rate per 100,000 - Windsor (CO)	25.9	19.1
Drug Overdose Mortality Rate per 100,000 - Sullivan (CO)	17.0	34.2
Follow-Up After Discharge from the Emergency Department for Alcohol or Other Drug Dependence ⁺	19.0	23.0
Initiation of Alcohol/Drug Treatment ⁺	42.0	41.0
Engagement of Alcohol/Drug Treatment ⁺	27.0	34.0
% Smokers - Windham (CO) [^]	14.3	17.0
% Smokers - Windsor (CO) [^]	14.1	17.0
% Smokers - Sullivan (CO) [^]	15.5	18.0
Adolescents drove under influence of alcohol last 30 days (HSA)*	5.0	7.0
% Adolescent perception of binge drinking as bad (HSA)#	33.0	38.0

[^]County Health Rankings

^{*}Agency of Human Services, Community Profiles

^{*}Blueprint Community Profiles

^{*}Vermont Department of Health Community Health Profiles

	HSA / CO	State
Mental health providers per 100,000 (HSA)#	230.5	342
Mental health providers Rate - Windham (CO)	646.2	433.7
Mental health providers Rate - Windsor (CO)	466.4	433.7
Mental health providers Rate - Sullivan (CO)	174.1	283.4
Adults depressive disorder (HSA)#	30.0	22.0
Screening for Clinical Depression (HSA) ⁺	**	2.0
Follow-Up After Discharge from the Emergency Department for Mental Health (HSA) ⁺	66.0	69.0
% Follow-Up After Hospitalization for Mental Illness 7 day (HSA) ⁺	35.0	33.0
Adults self-reported poor mental health (HSA)#	18.0	11.0
Adults self-reported low emotional support (HSA)#	11.0	8.0
% Adolescents self-reported sad or hopeless 2 weeks (HSA)#	30.0	24.0

[^]County Health Rankings

^{*}Agency of Human Services, Community Profiles

^{*}Blueprint Community Profiles

^{**} Unreliable data

Impact of Implementation

Table 15
Implementation Outcomes – 2016 Community Health Needs Assessment

OVERWEIGHT/OBESITY	2016	2018	% Change
# Patients	3464	3,911	12.9%
# of Visits	4817	5,846	21.4%
ORAL HEALTH	2016	2018	% Change
Oral Exams	2010	2016	∕₀ Change
# Patients	2280	2,843	24.7%
# of Visits	3216	3,808	18.4%
Prophylaxis - adult or child			
# Patients	2109	2341	11.0%
# Visits	3237	3474	7.3%
	0_07	0	7.1070
Sealants			
# Patients	91	137	50.5%
# Visits Sealants	95	141	48.4%
Fluoride Treatments			
# Patients	514	1026	99.6%
# Visits	680	1391	104.6%
Restorative Services			
# Patients	806	1076	33.5%
# Visits	1162	1634	40.6%
CLIDSTANCE ADJICE	2016	2010	0/ Change
SUBSTANCE ABUSE Alcohol related disorders	2016	2018	% Change
# Patients	356	369	3.7%
# Visits	977	1255	28.5%
# VISITS	9//	1255	28.5%
Other substance related disorders			
# Patients	512	451	-11.9%
# Visits	4258	3203	-24.8%
	.233	3203	211070
Tobacco use			
# Patients	1326	456	-65.6%
# Visits	2007	618	-69.2%

Depressive / Mood disorders	2016	2018	% Change
# Patients	3362	3418	1.7%
# Visits	12401	12184	-1.7%
Anxiety disorders including PTSD			
# Patients	3333	3795	13.9%
# Visits	10677	11791	10.4%
Attention deficit and disruptive behavior disorders			
# Patients	782	615	-21.4%
# Visits	2103	2018	-4.0%
Other mental disorders, excluding drug or alcohol			
# Patients	1716	1614	-5.9%
# Visits	5717	5408	-5.4%

Needs Assessment Planning Committee

The Needs Assessment Planning Committee consists of the following organizations:

Springfield Medical Care Systems, Springfield, Vermont

Springfield Hospital, Springfield, Vermont

Southern Vermont Area Health Education Center (AHEC), Springfield, Vermont

Southeastern Vermont Community Action (SEVCA), Springfield, Vermont

Healthcare Care and Rehabilitation Services of Vermont (HCRS), Springfield, Vermont

Senior Solutions, Springfield, Vermont

Vermont Department of Health, Springfield, Vermont

Chester/Andover Family Center, Chester, Vermont

Valley Health Connections, Springfield, Vermont

Edgar May Health & Recreation Center, Springfield, Vermont

Greater Falls Connections, Bellows Falls, Vermont

OneCare Vermont

Neighborhood Connections, Londonderry, Vermont

Agency of Human Services, Field Services





















OneCare Vermont







Needs Assessment Planning Committee

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Stephanie Mahoney President Chester/Andover Family Center Board of Directors www.Chester-AndoverFamilyCenter.org

Adam Ameele, PsyD Director of Behavioral Health Springfield Medical Care Systems Springfield, Vermont www.Springfieldmed.org

Appendix A. Community Resources

Organizations listed below reflect available local resources.

Association of Area Churches Bayada Home Health Care

BCBSVT

Building Bright Futures

Cedar Hill Continuing Care Community

Chester Andover Family Center
Community Restoration Corp
Creative Workforce Solutions
Edgar May Recreation Center
Greater Falls Connections
Greater Falls Warming Shelter

HCRS

Local Fire/EMS teams

Lincoln Street

Neighborhood Connections Office of Public Guardian

OneCare Vermont

Our Place Drop-In Center

Parks Place Community Resource Center

Pine Heights

RSVP SASH

Senior Solutions

Southeastern Vermont Community Action

Sojourns

Southern Windsor County Reg. Planning Commission

Springfield School District

Springfield Area Parent Child Center

Springfield Family Center
Springfield Health and Rehab
Springfield Housing Authority

Springfield Prevention Coalition/MAPP Springfield Restorative Justice Center Springfield Supportive Housing Program

Sustainable Aging

Southern Vermont Area Health Education Center Southern Windsor Cty. Regional Planning Commission

Town of Springfield

Turning Point Recovery Center

Vermont Association of Business, Industry & Rehab.

Valley Health Connections

Vermont 211

Vermont Agency for Human Services

Vermont Blueprint for Health Vermont Department of Health

Visiting Angels of the Upper Conn River Valley

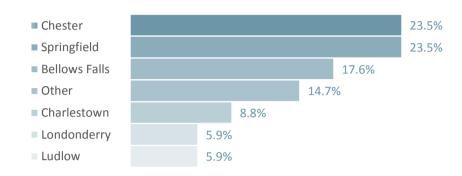
VNA/VNH

Vocational Rehabilitation VT Community Foundation

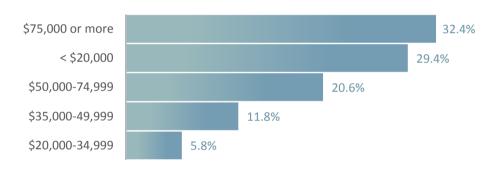
Windham & Windsor Housing Trust Windham County Youth Services Women's Freedom Center

Appendix B. Participant Demographics – Focus Groups

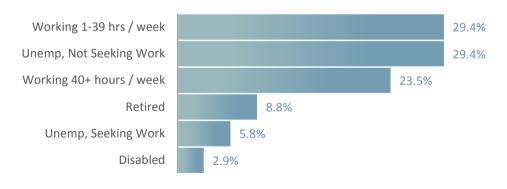
Participant Demographics by Town



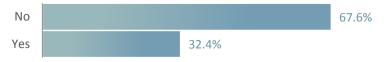
Annual Household Income



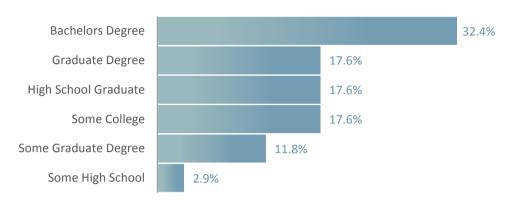
Employment Status



Employed in Healthcare Field

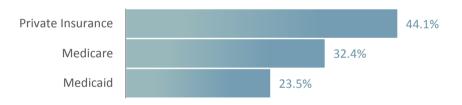


Education Level

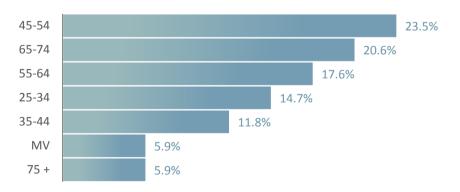




Primary Health Insurance



Age



Appendix C. Participant Demographics – Community Survey

Respondents by Zip Code	N	% of N
05156	178	32.3%
05143	72	13.1%
03603	41	7.4%
05101	32	5.8%
05150	25	4.5%
05151	22	4.0%
05149	18	3.3%
05142	15	2.7%
03743	14	2.5%
05148	12	2.2%
05155	12	2.2%
05158	12	2.2%
05154	11	2.0%
05153	10	1.8%
05146	7	1.3%
03609	7	1.3%
03602	6	1.1%
05089	6	1.1%
05062	5	0.9%
05161	5	0.9%
05758	5	0.9%
03608	5	0.9%
05346	4	0.7%
05301	3	0.5%
05091	2	0.4%
05152	2	0.4%
05037	2	0.4%
05056	2	0.4%
05253	2	0.4%
05031	1	0.2%
05701	1	0.2%
03431	1	0.2%
03260	1	0.2%
03605	1	0.2%
05250	1	0.2%
03784	1	0.2%
05340	1	0.2%
03601	1	0.2%
05341	1	0.2%
05641	1	0.2%
05359	1	0.2%
03777	1	0.2%
05360	1	0.2%

Length of Residence	N	% of N
10 or more years	381	69.1%
5 - 9 years	75	13.6%
1 - 4 years	74	13.4%
Less than 1 year	18	3.3%
Missing	3	0.5%

Age Group	N	% of N
18 - 29	28	5.1%
30 - 39	72	13.1%
40 - 49	93	16.9%
50 - 59	122	22.1%
60 - 69	120	21.8%
70 - 79	62	11.3%
80 +	17	3.1%
Missing	37	6.7%

Gender	N	% of N
Female	411	74.6%
Male	84	15.2%
Prefer not to answer	21	3.8%
Non-binary	5	0.9%
Missing	30	5.4%

Ethnicity	N	% of N
White or Caucasian	484	87.8%
Prefer not to answer	27	4.9%
Multiethnic	6	1.1%
Hispanic or Latino	4	0.7%
American Indian or Alaska Native	2	0.4%
Black or African American	1	0.2%
Missing	27	4.9%

Medical Coverage, Type	Ν	% of N
Commercial Insurance (Blue Cross/Blue Shield,		
CIGNA, etc.)	325	59.0%
Medicare	112	20.3%
Medicaid	49	8.9%
Self-pay	26	4.7%
Veteran's benefits (TricCare, Humana Military, etc.)	11	2.0%
Missing	28	5.1%

Household Income	N	% of N
\$50,000-\$74,999	124	22.5%
\$25,000-\$49,999	105	19.1%
Prefer not to answer	82	14.9%
\$75,000-\$99,999	70	12.7%
\$0-\$24,999	60	10.9%
\$100,000-\$124,999	37	6.7%
\$125,000-\$149,999	16	2.9%
\$150,000-\$174,999	11	2.0%
\$200,000 and up	9	1.6%
\$175,000-\$199,999	7	1.3%
Missing	30	5.4%

Number of People In Household	N	% of N
2	220	39.9%
4 or more	111	20.1%
3	93	16.9%
1	91	16.5%
Missing	36	6.5%

Employment Status	N	% of N
Employed full-time	313	56.8%
Retired	96	17.4%
Employed part-time	54	9.8%
Not working by choice	23	4.2%
Self-employed	16	2.9%
Seeking employment	8	1.5%
Missing	41	7.4%

Appendix D. Organizations Participating in One-on-One Interviews

All-4-One

Visiting Nurse and Hospice (VNH)

Healthcare & Rehabilitation Center (HCRS)

Springfield High School

Riverside School

Springfield Police Department

Community Health Team (SMCS)

Springfield Area Adult Day Center

Springfield Medical Care System, Inc. (SMCS)

RSVP

Springfield Area Parent Child Center

Union Street School

Springfield School District

Springfield Family Center

Springfield Hospital

Springfield School District Special Education

Union Street School

North Springfield Baptist Church

Union Street School

Emergency Medical Services, Chester, VT

Black River Middle/High School

Vermont Chronic Care Initiative

Vermont Department of Health

Turning Point Recovery Center

Appendix E. Community Survey

The Needs Assessment Planning Committee, including Springfield Medical Care Systems, Springfield Hospital, and area community health service providers and organizations, are conducting a survey to assess health priorities in our community. The answers you provide will be combined with all responses and shared as a report to community organizations. We have taken all available steps to ensure the answers you provide are collected without identifiers. You may access the report after October 1st at Springfieldmed.org. The estimated amount of time to complete the survey is 12 minutes. Please answer as completely and honestly as possible. Your input will help shape our community. Thank you!

* 1. F	Please identify the zip code wher	е уо	u live.		
\bigcirc	03602	3609	03743 05062 05101) 05	5142 05143 05148
\bigcirc	05149	5152	05153 05154 05155) 05	05156 05158 05159
\bigcirc	05161	5346	05359 05360 05758		
\bigcirc	Other (please specify):				
2.H	ow long have you lived in your o	urre	nt zip code?		
\bigcirc	Less than 1 year 1 - 4 years	5 -	9 years 10 or more years		
	/hen you imagine a strong, vibra	nt, h	ealthy community, what are the	most	t important features to you?
	Public safety		Livable wages		Affordable, healthy food choices
	Health care services		Drug and alcohol free communities		Sense of community
	Mental health services		Diverse population		Senior services
	Clean environment		Recreation resources, like parks and playgrounds		Access to public transportation
	Good childcare		Youth services		Quiet (low noise level)
	Affordable housing				
	Economic opportunities		Good schools		
			Walkable, bike-friendly communities		
	Other (please specify)			7	

(Check all that apply)	allenges in t	ne community v	vnere you live,	wnat are you m	ost concerned	a about?
Access to health service	s	Crime		Drug	and/or alcohol a	buse
Polluted environment		Access to me	ental health service	ces Lack	of support for yo	uth
Availability of social supp	oorts	Homelessnes	SS	Lack	of economic opp	oortunities
Lack of recreation resou	rces	Lack of publi	c transportation	Lack	of good schools	
Racial or cultural discrim	ination	Domestic and	d/or child abuse	Not e	enough childcare	options
Access to healthy foods		Lack of afford	dable housing			
Lack of support for senion	ors	Lack of pede	strian infrastructu	re		
Other (please specify) 5.We are interested in le	•		•	•	ources in the	community.
	No need	Little need	Some need	Moderate need	High need	Don't know
Access to primary care provider	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Short-term community support after hospitalization	\bigcirc	\bigcirc	\bigcirc	\circ	0	\circ
Affordable health care						
Affordable dental care	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	
Access to specialty care				\circ	\circ	
Access to cancer screenings and resources	\bigcirc	\circ	\circ	0	\circ	\circ
6.Do you have a Primary		ider (PCP)? (Ch	noose one)			
7 M/I						
7. Where do you usually	go to receiv	ve healthcare?	(Choose one)			
Medical Doctor's office		Emergency r	oom	Ido	not receive routin	e healthcare
Medical Doctor's office Nurse Practitioner's office			oom	O I do I	not receive routin	ne healthcare
Medical Doctor's office		Emergency r	oom	☐ I do i	not receive routin	e healthcare

8. We are interested in learning about needs that aren't being met by available resources in the community
Please tell us how much of a need there is relating to Mental Health services:

	No need	Little need	Some need	Moderate need	High need	Don't know
Access to mental health services	\bigcirc	\circ	\circ		\circ	0
Access to residential mental health services	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Affordable mental health services	\circ	\circ	\circ		\circ	0
Early detection of mental health issues	\bigcirc	\circ	\bigcirc	\bigcirc	\bigcirc	\bigcirc
More mental health providers	\circ	\circ	\circ	0	\circ	\circ

9. We are interested in learning about needs that aren't being met by available resources in the community. Please tell us how much of a need there is relating to <u>Children and Families:</u>

	No need	Little need	Some need	Moderate need	High need	Don't know
Mentoring programs				\bigcirc	\bigcirc	
More childcare resources	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Adequate nutrition for children	\circ	\circ	\circ		\circ	\circ
Social connections	\bigcirc		\bigcirc	\bigcirc	\bigcirc	\bigcirc
Afterschool programming	\circ	\circ	\circ	\circ	\circ	\circ
Access to dental care for children	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Parent/child centers						
Parenting education	\bigcirc		\bigcirc		\bigcirc	\bigcirc
Domestic abuse prevention	\circ	\circ	\circ		\circ	\circ
Child abuse prevention support	\bigcirc	\bigcirc		\bigcirc		\bigcirc
Good schools			\bigcirc	\bigcirc	\bigcirc	
Home visits for newborns				\bigcirc		\bigcirc

community. Please tell us how much of a need there is relating to <u>Hunger and Nutrition:</u>						
	No need	Little need	Some need	Moderate need	High need	Don't know
Access to healthy foods in schools	\circ	\bigcirc	\circ	\circ	\circ	0
Access to affordable healthy foods	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Obesity prevention programs	\bigcirc	\circ	\circ	\bigcirc	\circ	\circ
Nutrition education	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	
Knowledge of healthy meal preparation	\circ	\circ	0	\circ	\circ	0
11. We are interested in community. Please tell	_		_	-	esources in th	e
	No need	Little need	Some need	Moderate need	High need	Don't know
Elder housing	0	0	0	0	0	0
Social connections	0	0	\circ	0	\circ	
Adequate nutrition for seniors	\circ	\bigcirc	\circ	\bigcirc	\circ	0
Transportation to services (e.g., healthcare, groceries, shopping)	\bigcirc	\bigcirc	\circ	\bigcirc	\bigcirc	\bigcirc
Access to nursing home care	\bigcirc	\circ	\bigcirc	\circ	\bigcirc	\circ
Elder day care	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	
Access to long-term health care	\bigcirc	\bigcirc	\bigcirc	\circ	\circ	\circ
Affordable home services	(a) the many part and collecting Gridd as an electrical	No lite.	in the stage part of excellenting the stage and desired the stage and have	in the lib.	The transport of collecting (6 and as in health in	to the large gave the conducting to did use on heart in the
12.Do you have any elders dependent on you for care or support? Yes No No 13.If you need assistance accessing services (for example housing, transportation, health care), do you						
know who to contact? (_	services (for e	xampie nousir	ig, iransportation	i, neaith cafe)	, uo you
Yes No Unsure						

10. We are interested in learning about needs that aren't being met by available resources in the

14. We are	interested i	n learning	about needs	s that aren't	being met	by available	resources	in the
community.	Please tell	us how me	uch of a nee	ed there is in	n the area	of Substance	Use Diso	rder:

	No need	Little need	Some need	Moderate need	High need	Don't know
Reduction of alcohol use	The anapy pine and window regulated was not have to the	dis.	(ii) The image year an industrially distribution and beautiful	the lite.	The image permitted and standard to the desirable of the sea and band in the de	The reap permitted and substituting 60 dell as not hand in the form
Reduction of opiate/narcotic use	The reap year all values religions of the same of function the	the map goes an evaluating S and so we have the due to	The transport and according to the second structure of	the file. The trappy per the surface of \$6.00 as not feature to \$6.00.	The reapy and the confinence of the second hand in the site.	The trapping decisioning (ii diff us not found to the
Access to <u>residential</u> substance use treatment		\circ	\bigcirc	\circ	\bigcirc	\circ
Reduction in marijuana use	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Substance use prevention programs	The recognition desirable specific and annual relation for	the stage and an evaluating \hat{u} and are set hand the \hat{u}	(i) The trappy and almost strong (ii) and as not have in	To the State of th	The range of excellenting (Ericli on cell hands in the Sh	The range of exhibitioning (i) and one of bands in the life
Access to outpatient substance treatment programs	\circ	\circ	\circ	\bigcirc	\circ	0
15. In the past 12 month community? (Check all t		had difficulty ac	ccessing any o	of the following s	services in you	
Mental health care		Emergency d	ental care		g-term care (assist ing home care)	ed living or
Primary health care		In-home supp	ort services		port services for pe	ersons with
Specialty health care		Drug and alco	ohol treatment/re	'	cial needs	
Routine dental care for a	dults				ne health care and	hospice services
Social/human services		Emergency m	al care for childre		rmacy	
Other (please specify)						
16. If you have had diffic service(s)? (Check all the	-	ng services duri	ing the past 12	2 months, what	made it difficul	t to access
Cost			time for an appoi		applicable	
Cannot take time off from	n work	Needed servi	ce(s) are not ava	ilable		
Lack of transportation		Clinician turno	over			
Other (please specify)						

17. Have you traveled outside of the type of provider(s) did you see? (C	•	hin the past 12 months? If yes, which
Addiction treatment	Endocrinology	Palliative care
Allergist	Ear, Nose and Throat	Pediatrics
Alzheimer's or dementia care	Family Medicine	Pharmacist
Bariatric care	Gastroenterology	Physical Therapy
Cancer care	General surgery	Podiatry
Cardiology	Geriatrics	Pulmonary specialist
Cosmetic and reconstructive surgery	Gynecology	Psychiatry
Dental Care	Kidney care	Psychology
Dermatology	Lifestyle Medicine	Rheumatology
Diabetes care	Neurology	Sleep medicine
Dietitians	Orthopedics	Urology
Emergency services	Pain management	Vision care (Ophthalmology, or Optometry)
•	the region to receive medical care, ple, Dartmouth, Montpelier Health, VA	•
Organization 2:		
Organization 3:		
Organization 4:		
19. In the past 12 months, have yo apply)	ou needed financial assistance for an	y of the following? (Check all that
Acquiring housing	Food assistance programs	Not applicable
Transportation	Health care costs	
Other (please specify)		

that apply)	elleve are naving a r	negative affect of	n your overall nealth? (Check all
Physical safety, exposure to crime or vi	olence	Feeling alone of	or lonely more often than not
Lack of job opportunities		Lack of reliable	transportation
Lack of safe housing		Limited or no ir	nternet access
Lack of access to health care services		Lack of sidewal	ks
Environment (air and/or water quality)		Lack of leisure	time physical activity
Limited educational and job training opp	portunities	Financial stress	3
Frequent household food shortage (not on a regular basis)	having enough food	Employment co	onditions
Other (please specify)			
21. Which of the following programs (Check all that apply)	would you or your	family use if it we	ere more available in your area?
Biking/walking trails and pathways		After-school ac	tivities
Recreation/fitness programs		Affordable child	care
Stress reduction and relaxation classes		Improved balar	nce/fall reduction programs
Nutrition/cooking programs		Walk with a Do	С
Programs that address body weight		Community / Se	ocial events
Public transportation		School summe	r meals program
Other (please specify)			
22. If you could change one thing yo would you change?	u believe would co	ntribute to better	health in your community, what
23. Which best describes your employee	oyment status? (Ch	noose one)	
Employed full-time	Self-employed		Seeking employment
Employed part-time	Not working by ch	noice	Retired

24. How would you describe your e	thnicity?	
White or Caucasian	Asian or Asian American	Multiethnic
Black or African American	American Indian or Alaska Nat	ive Prefer not to answer
Hispanic or Latino	Native Hawaiian or other Pacif Islander	ic
25. What is your gender?		
Female Male Non-binary	Prefer not to answer	
26. How many people live in your h	ousehold?	
1 2 3 4 or more		
27. What was your household incor	ne (combined income of all pe	ople living in household) in 2018?
\$0-\$24,999	\$100,000-\$124,999	\$200,000 and up
\$25,000-\$49,999	\$125,000-\$149,999	Prefer not to answer
\$50,000-\$74,999	\$150,000-\$174,999	
\$75,000-\$99,999	\$175,000-\$199,999	
28. How are the majority of your mo	edical expenses paid? (Choose	e one)
Medicare	Veteran	's benefits (TricCare, Humana Military, etc.)
Medicaid	Self-pay	1
Commercial Insurance (Blue Cross/Bl	ue Shield, CIGNA, etc.)	
29. In what year were you born? (e	nter 4-digit birth year; for exam	ple, 1976)
Please return by July 9, 2019 to SMCS, c/o Ma	rketing Department, PO Box 2003, Sp	oringfield, VT 05156
You may complete this survey online by going to	o https://www.surveymonkey.com/r/Bl	K5GY5Q
The all the still and the stil	n bookboors and social comissos in acc	n ann in come improvement. If concern interpreted i

Thank you for participating. Your input regarding healthcare and social services in our area is very important. If you are interested in $participating \ in \ the \ Patient \ Experience \ Group, \ please \ email \ customerrelations@springfieldmed.org.$

THANK YOU!

Appendix F. Medical Staff Survey

2019 Community Health Needs Assessment - Medical Staff Survey

Springfield Medical Care Systems and Springfield Hospital are seeking the input of SMCS' medical staff regarding the service needs of patients. We estimate it will take approximately 5 minutes to complete the survey. Thank you for taking the time - we know how busy you are and appreciate all you do!

1. In your estimation, we because of cost?	what percent of your patients de	elay recommended care
0%	50%	100%
2. In your estimation, medication(s) due to c	what percent of your patients ha	ave gone without needed
0%	50%	100%
3. In your estimation, affecting their ability t	what percent of your patients ha to access care?	ave transportation difficulties
0%	50%	100%
4. In your estimation, computer technology?	what percent of your patients co	ommunicate with you using
0%	50%	100%

5.Based on your experience, what patient services are consistently needed that are not currently provided by SMCS or Springfield Hospital?						
Service 1						
Service 2						
Service 3						
6.In your opinion, which factor(s) below are having the greatest negative effect on patient health outcomes?						
Tobacco / Smo	king	Substandard Housing				
Alcohol addicti	on	Crime				
Recreational dr	ugs	Genetic predisposition				
Low educations	al attainment	Mental health disorders				
☐ Social isolation		Insufficient care services				
Poor dietary ha	bits	Environmental contaminants				
Lack of econom	nic opportunities / Poverty					
Other (pleases	pecify)					

7. What is your area of patient care? (Choose one)						
Family Medicine	Orthopaedics	OPulmonary				
O Primary Care	Physical Therapy	General Surgery				
Cardiology	Behavioral Health	Dietician				
O Diabetes Care	Ear, Nose and Throat	Walk-in Care				
Emergency Care	Audiology	Dental				
Gynecology	○ Eye care	Oncology				
Lifestyle Medicine	Urology	Pediatrics				
Other (please specify)						

Appendix G. Secondary Data Sources

Robert Wood Johnson County Health Rankings www.countyhealthrankings.org https://blueprintforhealth.vermont.gov/community-health-**Blueprint Community Profiles** profiles https://data.bls.gov/cew/apps/table maker/v4/table maker.h U.S. Bureau of Labor Statistics tm#type=1&year=2018&qtr=4&own=5&ind=10&supp=0 https://education.vermont.gov/sites/aoe/files/documents/edu Vermont Agency of Education Child Nutrition Programs -nutrition-2019-free-reduced-eligibility-report.pdf Vermont Agency of Human Services Community Profiles https://humanservices.vermont.gov/ahs community-profiles Vermont Department of Health Community Health https://www.healthvermont.gov/stats/data Profiles Vermont Housing Finance Agency www.housingdata.org https://www.healthvermont.gov/sites/default/files/document Vermont Household Health Insurance Survey s/pdf/VHHIS Report 2018.pdf American FactFinder https://factfinder.census.gov www.udsmapper.org/map/app.cfm#8x2P1aqn7b46lM3Bjb0L **UDS Mapper** US Census Bureau Quick Facts https://www.census.gov/quickfacts

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