North Country Hospital

Community Health Needs Assessment

2024 Report

Table of Contents

Section 1: Background and Introduction 3

Introduction 3

Core CHNA Team 4

CHNA Advisory Committee 4

Section 2: Quantitative/Secondary Data Collection *6*

Methodology and Sources 5

Snapshot of Key Findings- Prevalence of:

Health care needs 6

- **Chronic Conditions and Mortality** 6
  Cancer Screening and Late-Stage Cancer Diagnosis

Mental Health and Suicide Indicators:

- **Adult and Students**

Substance use Disorders:

- **Adults and Students**

Health Related Social Needs:

- **Food security**
- **Housing**
- **Transportation**

Section 3: Qualitative/Primary Data Collection: 12

Overview of Community Survey and Focus Groups

Demographics of all respondents 14

Snapshot of responses: availability of resources

Section 4: Prioritization Process for Identification of priority health Concerns..16

Section 5: Key Findings.. ***16***

Summary of Key Findings & Priority Areas for Implementation Strategy 17

Section 6: Related concerns that affect the health of the community 17

Section 7: Implementation Strategy Process..18

Overview

Development

Section 8: NCH Resources Available to Address identified needs..18

Section 9: Plan for Communication of Results of the CCHNA Report and Implementation Strategy..19

Appendix A: Quantitative/Secondary and Qualitative/Primary Data

Appendix B: Focus Group Discussion Guide and summary of responses

Appendix C: 2024 CHNA Implementation Strategy

Section 1: Background and Introduction

Introduction

Between February-August 2024, North Country Hospital (NCH) conducted a Community Health Needs Assessment (CHNA). This CHNA is a part of NCH's strategic initiative and complies with the Patient Protection and Affordable Care Act (ACA 501(c) (3)). The 2024 CHNA is a part of a continuous effort by NCH to assess the needs and priorities of the communities it serves. Previous CHNAs were conducted by NCH in 2012, 2015, 2018 and 2021.

Following data collection and analysis, NCH has identified three Domains and seven Priority Health Concerns. In response to these identified needs, NCH has developed an Implementation Strategy document which accompanies its CHNA and describes how NCH anticipates working with community partners to address the needs identified during the 2024 CHNA process.

Included in NCH's CHNA report are descriptions of data collection methodologies, data analyses, key findings, identification of priorities, an Implementation Strategy Report to address these priorities, resources available to address identified needs, and a plan for communication of the results of the CHNA and Implementation Strategy.

NCH's CHNA Core Team

- A Core Team composed of NCH staff held a series of meetings between February-June 2024. Initial plans for the assessment process and a timeline were developed with overall guidance from NCH Senior Leadership. Core Team responsibilities included:
- Review and discuss extensive Quantitative/Secondary community health data formatted and compared to state and national data. These data tables are included in this CHNA in Appendix A.
- Utilize that information to:
    - Develop the questions that comprise the community-wide survey and ensure it was available in both hard copy and electronically.
    - Develop the questions asked at the community focus groups.
    - Establish priority locations for the community focus groups, with the goal of reaching subgroups of the population, such as senior citizens, youth, low socioeconomic groups, and/or individuals affected by substance use
    - Advise on the composition of the CHNA Advisory Committee
    - Develop preliminary recommendations for Priority Health Concerns for the Advisory Committee to consider, based on review of all Qualitative/Primary and Quantitative/Secondary data

Core Team members included:

- Mary Hoadley, Director of The Wellness Center
- Courtney Berry, MSN, APRN, FNP-C, Executive Director, Primary Care
- Bobby Jo Rivard, Executive Assistant, Medical Group Operations
- Wendy Franklin, Director of Communications & Foundation
- Meghan Fuller, MSN, RN, Clinical Performance Specialist
- Mandy Chapman, Manager of Population Health
- Julie Riffon-Keith, LICSW, PCMH-CCE, CRHCP, Senior Director of Healthcare Quality

NCH's CHNA Advisory Team

In keeping with the guidelines provided by the American Hospital Association Community Health Improvement (ACHI) Toolkit, 2023 edition, NCH's Core Team identified community stakeholders representative of the NCH Service Area, including leaders of organizations that serve at-risk or underserved populations. These leaders were invited to participate on the CHNA Advisory Team. Advisory Committee responsibilities included:

- Understand the CHNA process and requirements
- Review and discuss extensive Quantitative/Secondary community health data formatted and compared to state and national data. These data tables are included in this CHNA in Appendix A
- Review and discuss the Qualitative/Primary data resulting from the community surveys and Focus Groups
- Identify Priority Health Concerns
- Develop the Implementation Strategy Report which accompanies the CHNA

CHNA Advisory Team members included:

- Terri Lavely, MS, QMHP, Training, Development and Advancement, Northeast Kingdom Human Services (NKHS)
- Robin Kristoff, Strategy & Operations Specialist, Northeast Kingdom Community Action (NEKCA
- Meg Burmeister, Executive Director, Northeast Kingdom Council on Aging (NEKCOA)
- Michelle Faust, MS, Executive Director, Northeast Kingdom Learning Services (NEKLS)
- Lila Bennett, Executive Director of Journey to Recovery Community Center (JTRCC)
- Julie Rose, MSN, RN OCSU District Nurse
- Samantha Stevens, Community Schools Coordinator, NCSU
- Courtney Berry, MSN, APRN, FNP-C, Executive Director, NCH Primary Care
- Bobby Jo Rivard, Executive Assistant, NCH Medical Group Operations
- Wendy Franklin, Director of Communications & Foundation
- Meghan Fuller, MSN, RN, Clinical performance Specialist, NCH
- Julie Riffon-Keith, LICSW, PCMH-CCE, CRHCP, NCH's Senior Director of Healthcare Quality

Section 2: Quantitative/Secondary Data

Methodology and Sources:

NCH's CHNA process includes review of quantitative data detailed in a separate document, Appendix A, attached to this report. Data were collected describing a diverse range of health indicators and risk factors. As noted previously, these data for Orleans County (OC) and Essex County (EC) are compared to all of Vermont. The sources for all data elements are identified throughout the document summarized on a Reference List on page 19. Data sources include the VT Department of Health, the VT Department of Labor, US Census Bureau, VT Cancer Registry, American Community Survey, Country Health Rankings, Feeding America and HousingData.org among other sources. Examples of Data include the following categories:

- General Population Data- Income, Education, Employment, Insurance Status
- Health-Related Social Needs- food security, housing, transportation
- Maternal /Child Health Indicators-low-birth-weight births, opioid exposed newborns, mothers who breastfeed, tobacco use or obesity during pregnancy.
- Childhood Immunizations: all universally recommended vaccines, two+ doses of MMR
- Youth Health or Risk Behaviors – Tobacco Use/ Alcohol Use/ Marijuana and Prescription Drug Use /Obesity/ Physical Activity
- Adult Health or Risk Behaviors - Tobacco Use/ Alcohol Use /Obesity / Physical Activity / Fruit & Vegetable Servings / Marijuana Use / Non-medical Use of Pain Relievers
- Cancer Screening – Breast, Cervical, Colon, Lung
- Cancer Diagnosis
  - Advanced Stage
  - Cancer Incidence
  - Cancer Mortality
- Chronic Diseases: Diabetes Mellitus, Cardiovascular Disease. Obesity, COPD
- Mental Health: Adult and Youth Suicide Rate, Teen Suicide Plan/attempts, Adult depressive disorders, suicide deaths
- Substance Misuse: Adult and Youth: alcohol, cigarettes, e-vape products, marijuana, prescription pain relievers, opioid related deaths

Quantitative Data: Snapshot of Key Findings: Health Care Needs

Prevalence of Chronic Conditions and Mortality indicators

Table 6. Chronic Conditions and Table 7. Mortality: See Appendix A for additional details

Indicator	Essex	Orleans	Vermont
% of adults reporting fair or poor general health	23%	14%	13%
% of adults reporting fair or poor physical health	**20%**	12%	11%
% of adults with hypertension	**32%**	**37%**	31%
% of adults with cardiovascular disease	10%	11%	8%
% of adults with diabetes	*	10%	8%

Data Source: 2021 – 2022 Behavioral Risk Factor Surveillance System (BRFSS)
*Value suppressed because sample size is too small or relative standard error (RSE) is >30.

Table 7. Mortality

Indicator	Essex	Orleans	Vermont
Deaths due to malignant neoplasms, age-adjusted rate per 100,000	204.3	**261.2**	224
Deaths due to major cardiovascular disease, age-adjusted rate per 100,000	**396.4**	**464.2**	316.6
Deaths due to cerebrovascular disease, age-adjusted rate per 100,000	**39.4**	48.1	43.4

Data Source: 2021 Vital Statistics
For both Tables: Red = Worse than state; **Bold** = Worse than last measurement

Quantitative Data: Snapshot of Key Findings: Health Care Needs

Prevalence of Cancer Screenings and Late-Stage Cancer Diagnosis

Table 8. Cancer Screening Health Status Indicators			
Indicator	**Essex**	**Orleans**	**Vermont**
% of women, ages 50-74, who have had a mammogram in the last 2 years	**70%**	**82%**	77%
% of women, ages 21-65, who have had a pap test in last 3 years	74%	89%	85%

Data Source: 2022 VT Cancer Data Pages
*U.S. Census Bureau (2018-2022). Sex by Age American Community Survey 5-year estimates. Retrieved from https://censusreporter.org
† Prior data not available

Table 9. Cancer Diagnosis Late Stage			
Indicator	**Essex**	**Orleans**	**Vermont**
Breast (females, age 50+), rate per 100,000	98.1	69.7	89
Colorectal (adults, age 50+), rate per 100,000	**65.1**	**69.2**	56.4
Lung (adults, age 55+), rate per 100,000	229.6	159.2	135.3

Data Source: 2023 VT Cancer Data Pages
For both Tables Red = Worse than state; **Bold** = Worse than last measurement

Quantitative Data: Snapshot of Key Findings

Prevalence of Prevalence of Mental Health & Suicide Indicators for Adults and Students Grades 9-12

Table 11. Mental Health & Suicide Indicators for Students Grades 9-12			
Indicator	**Essex**	**Orleans**	**Vermont**
% of students that engaged in self-harm in the past 12 months	19%	**24%**	22%
% of students who felt sad or hopeless in the past 12 months	26%	**34%**	30%
% of students who attempted suicide in the past 12 months	10%*	**9%**	7%
Data Source: 2021 Youth Behavior Risk Survey (YBRS) *Too few students to report for 2018 comparison **For both Tables**: Red = Worse than state; **Bold** = Worse than last measurement			

Table 13. Mental Health & Suicide Indicators in Adults				
Indicator	**Essex**	**Orleans**	**Vermont**	**Data Sources**
Poor mental health days (14+/30 days where mental health not good)	**18%**	14%	16%	2021-2022 BRFSS
Depressive disorder (ever being told that they have depression disorder)	**26%**	**24%**	25%	2021-2022 BRFSS
Suicidal thoughts**	*	7%	6%	2021-2022 BRFSS
Deaths due to intentional self-harm, age-adjusted rate per 100,000	**14**	**31.8**	22	2021 Vital Statistics
* Sample size is too small ** 2018 first year data collected so county level data not available				

Quantitative Data: Snapshot of Key Findings

Prevalence of Substance Use Disorders: Adults and High School Students

Table 15. Adult Health or Risk Behaviors Health Status Indicators, Substance Use Disorder

Indicator	Essex	Orleans	Vermont	Data Sources
% of adults age 18+ who smoke cigarettes	16%	18%	13%	2021-2022 BRFSS
% of adults age 18+ who currently use, e-cigarettes	*	8%	6%	2021-2022 BRFSS
% of adults age 18+ who used marijuana in the past 30 days	**28%**	**19%**	24%	2021-2022 BRFSS
Rate of opioid-related deaths per 100,000 Vermonters**	**50.6**	**43.6**	37.0	VT Substance Use Dashboard

* Sample size is too small
** 2018 first year data collected so county level data not available

Table 14. Youth Health or Risk Behaviors Health Status Indicators, Substance Use Disorder

Indicator	Essex	Orleans	Vermont
% of high school students who drank alcohol in the past 30 days	23%	35%	25%
% of high school students who smoked cigarettes in the past 30 days	*	10%	5%
% of high school students who have used snuff or dip in the past 30 days	*	6%	3%
% of high school students who have used e-vape products in the past 30 days	10%	21%	16%
% of high school students who have misused a stimulant or prescription pain reliever in the past 30 days	*	3%	2%
% of high school students who have ever used cocaine	*	4%	2%

Data Source: 2021 Youth Behavior Risk Survey
*Too few students to report
For both Tables: Red = Worse than state; **Bold** = Worse than last measurement

Quantitative Data: Snapshot of Key Findings

Prevalence of Health-Related Social Needs: Food Security, Housing, Transportation

Table 5. Health or Risk Behaviors Health Status Indicators, including food insecurity				
Indicator	**Essex**	**Orleans**	**Vermont**	**Data Sources**
% of high school students who are obese (BMI >=95th percentile)	15%	**19%**	14%	2021 YBRS
% of adults age 20+ who are obese (BMI >=30)	**45%**	**36%**	27%	2022 BRFSS
% of adults age 18+ with no leisure time aerobic physical activity	24%	26%	20%	2022 BRFSS
% of adults age 18+ who didn't engage in leisure time physical activity, past 30 days	24%	26%	20%	2022 BRFSS
Overall food insecurity rate	**14.5%**	12.7%	11.7%	Feeding America, 2022
Overall below SNAP threshold of 185%	**80%**	67%	43%	Feeding America, 2022
Child food insecurity rate	**22.7%**	**18.0%**	14.7%	Feeding America, 2022
Child below SNAP threshold of 185%	**72%**	70%	56%	Feeding America, 2022
Food environmental index (measures food insecurity & access) by county	7.3	8	8.9	2022 County Health Rankings
Red = Worse than state; **Bold** = Worse than last measurement				

Table 18. Housing				
Indicator	**Essex**	**Orleans**	**Vermont**	**Data Sources**
% severe housing problems by county	16%	19%	16%	2023 County Health Rankings
% of adults not able to pay mortgage, rent, or utilities in the past year	12%	9%	8%	2022 BRFSS
Housing types: Rental (2022)	**10.17%**	**15.16%**	23.52%	Housing Data.org
Housing types: Vacation Homes (2022)	40.29%	25.8%	15.88%	Housing Data.org
Housing types: Owner (2022)	49.54%	59.04%	60.6%	Housing Data.org
Paying 30-49% of income in rent	26%	**30%**	26%	Housing Data.org
Red = Worse than state; **Bold** = Worse than last measurement				

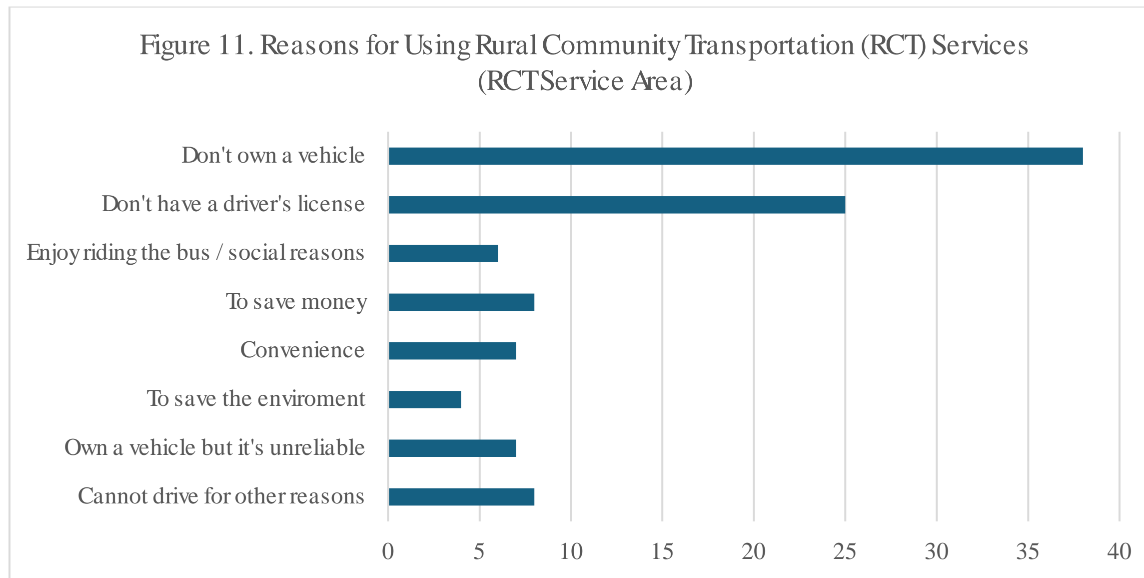
Quantitative Data: Snapshot of Key Findings

Prevalence of Health-Related Social Needs: Food Security, Housing, Transportation

Table. 19 Rural Community Transportation Service Area Demographics

County	2022 Pop.	2015 Pop.	Pct Chg.	Persons per Sq. Mi.	Pop. 65+	Pop. w/Income below Poverty	Total Housing Units	Low Vehicle Availability
Essex County	5,976	6,207	-4%	9	1,588	789	2,667	522
Orleans County	27,459	27,146	-1%	75	6,370	2,610	11,528	2,462
Vermont	647,064	626,604	3%	70	139,827	65,162	277,090	53,825

Data Source: Rural Community Transportation: Transit Development Plan, May 2024



Section 3: Qualitative/Primary Data Collection:

Overview of Community Survey and Focus Group Process

The CHNA process also included a review of qualitative data, including:

- A summary of the previous CHNA Implementation Strategy completed in 2021, to assess the impact of actions taken since the preceding CHNA
- Findings from a community survey that was developed and distributed to a wide range of community members
- Findings from questions that were developed and discussed with those attending five in-person Focus Groups

Samples of the survey and focus group questions, with a summary of findings, are included within this report. As of August 2024, there have been no written comments received on NCH's 2021 CHNA and/or adopted Implementation Strategy for the CHNA Advisory Team to review.

The **Community Survey**, titled "*2024 Community Health Needs Survey: We want to hear from you."* was distributed throughout Orleans and northern Essex counties during the month of May. Respondents were asked to indicate their perception of how important each of several health issues is to the health of people living in the community. The survey also asked respondents about their perceptions of the availability/ adequacy or lack of availability/adequacy of a broad spectrum of services and resources to meet each health need. Survey respondents were asked to identify their perception of the importance of specific needs/issues that impact the health of the community in four general categories:

- Children/Families
- Adult health
- Mental Health and Substance use among adults
- Older Vermonters
- Community members -any age

In addition, survey respondents were asked how available resources were to meet the need/issues that were in each category. Specifically, they were asked to choose among:

- Resources are not available
- Resources are available and adequate
- Resources are available but not adequate
- Resources are available, but there's' a wait
- Unsure if resources are available

The survey was easily electronically accessible via a survey monkey link which was widely circulated through e-distribution lists reaching community members served by numerous agencies, organizations and employers in the NCH service area. NCH also informed community members regarding the survey's availability and accessibility via NCH website and Facebook and encouraged community members to complete it. All responses were confidential and anonymous. Paper copies of the survey were distributed at a variety of locations, including at all five Focus Groups to encourage participation of underserved or at-risk individuals.

Focus Groups: The second method of Qualitative/Primary data collection in the NCH CHNA process was provided by holding a series of community Focus Groups during the months of April and May to solicit information from individuals who are elderly, with low incomes and/or parents of young children, teenagers and individuals impacted by substance use. A script was developed for the facilitator to use with each group, so that the process in each group would be as similar as possible. The goal was to elicit responses to the same set of questions from subgroups of the population in the hospital service area that might not otherwise have easy access to the survey or might not be able to easily communicate any health concerns. Participants of the Focus Groups were eligible for a random drawing of a small gift certificate to local markets upon conclusion of the group discussion and completion of the paper version of the community survey. The community Focus Groups were held at the following sites:

- Journey to Recovery Community Center
- The Wellness Center-Older adults
- The Community Health Team
- Barton Area Senior meal site
- HIVE (Help Include Voices Everywhere): a North Country Union High School student committee

Community Survey: Demographics of all respondents

A total of 292 surveys were completed

Demographic data describing survey respondents are as follows. ***Please note that not all respondents responded to all questions.***

Total number of survey respondents was 292.
Of the 292:

- 23% were male
- 75% were female

- 50% were between the age of 18-64
- 49% were 65 or older

- 21% have a household income less than $25,000
- 16% have a household income between $25,000-$49,999
- 13% have a household income between $50,000-$74,999
- 13% have a household income between $75,000-$99,999
- 19% have a household income higher than $100,000
- 17% preferred not to say

Of the 292 survey respondents:

- 39% were retired
- 52% were employed FT or PT
- 1% were unemployed, looking for work
- 6% were unemployed not looking for work or disabled, not able to work
- 2% were working more than one job

- 9% had less than 12th grade education (no diploma or GED)
- 16% had a high school diploma or GED
- 56% had some college or associate degree or Technical Degree
- 21% had a four-year degree or graduate school degree

Regarding town of residence, the survey respondents were from the following communities:

Albany- 1%	Charleston – 3%	Glover - 5%	Jay – 2%	Newport Town – 5%
Barton - 3%	Coventry -4%	Holland – 3%	Lowell – 1%	North Troy – 2%
Brownington - 2%	Derby – 16%	Irasburg -2%	Morgan – 3%	Orleans – 1%
Canaan - 3%	Derby Line -4%	Island Pond – 3%	Newport City – 25%	Troy - 4%
				Westfield –1%

Snapshot of responses: Availability of resources

The data in the table displays the % by age group who chose one of the answers below when asked to complete this sentence "Resources are…. to address each specific health need

- Not available
- Inadequate
- There's a waiting list
- Unsure if available

Need/Issue	% who answered resources are: Not available, Inadequate, There's a waiting list or Unsure if available		
	Age 18-44	Age 45-64	Age 65+
Adults with Chronic Disease	70%	63%	64%
Adults with Cancer: Screening	54%	49%	62%
in Children and Teens Adults with Cancer: Treatment	80%	81%	78%
Mental Health & Suicide Prevention			
Mental health care: children	98%	93%	91%
Mental health care: teens	100%	92%	91%
Suicide prevention: Teens	90%	92%	85%
Mental Health & Suicide Prevention in Adults			
Mental health care	90%	91%	82%
Prevent suicide	80%	82%	83%
Prevention or Treatment of Substance Use Disorders in Children/Teens			
Tobacco use	49%	53%	68%
Vaping use	71%	79%	89%
Alcohol use	88%	77%	77%
Street drugs	84%	84%	88%
Prevention or Treatment of Substance Use Disorders in Adults			
Tobacco use	48%	49%	66%
Vaping use	63%	77%	89%
Alcohol misuse	87%	80%	80%
Prescription drug misuse	88%	84%	85%
Street drugs/opioids use	80%	86%	85%
Housing			
For older Vermonters	88%	98%	92%
Access to affordable housing-all ages	97%	95%	89%

Section 4: Prioritization Process for Identification of Priority Health Concerns:

NCH's Advisory Committee utilized a set of criteria in reviewing the findings from the community surveys and focus groups as well as the data in Appendix A to determine the leading community health issues pertinent to the NCH service area. These criteria were utilized to first identify the health needs of the community, next to prioritize them and lastly to identify which needs would be recognized as Priority Health Concerns and be addressed by an Implementation Strategy for improvement.

The magnitude and severity of each of the health concerns were assessed as high or moderately high, with consideration of vulnerable populations and opportunity to affect change throughout the process. The Advisory Committee agreed on a set of criteria by which to prioritize health concerns that were identified during a comprehensive CHNA process. The criteria elements for prioritization are listed below and align with those recommended by the Catholic Health Association (CHA) as described in "Assessing & Addressing Community Health Needs" (CHA, 2015), meet IRS 501(r) (3) regulations and reflect guidance provided by the American Hospital Association Community Health Improvement (ACHI) Toolkit, 2023 edition. The CHA criteria utilized to identify its 2024 Priority Health Concerns and each of which NCH has developed an implementation strategy to address, include:

- Magnitude of problem (i.e., % of population affected) and/or significance based on circumstances present in our community
- Severity (i.e., rate of mortality or morbidity, if applicable), and/or scope or urgency of the health need
- Vulnerable population impacted/ identified (examples include low-income individuals, children and/or elderly all which are significant for the NCH Service Area)
- Opportunity to affect change which includes consideration of estimated feasibility and effectiveness of possible interventions, associated health disparities or importance to the community

Priority Health Concerns Identified for Development of Implementation Strategy

After review of the combination of data and the results of the community survey and focus group processes, the Advisory Committee prioritized the following as priority health concerns and recommended these as the focus of the Implementation Strategy for the 2024 NCH CHNA.

2024 Priority Health Concerns	Magnitude	Severity	Vulnerable Population	Opportunity to affect change
Chronic Disease: Diabetes, cardiovascular disease & obesity, and cancer screening & early access to treatment	✓	✓	✓	✓
Mental Health & Substance misuse disorders: Treatment options	✓	✓	✓	✓
Health Related Social Needs: Food security, Transportation & Housing across the life span.	✓	✓	✓	✓

Section 5: Summary of Key Findings & Priority Areas for Implementation Strategy

In summary, the following have been identified as health need priorities in the communities served by North Country Hospital and are recommended as focus areas for the 2024 NCH CHNA Implementation Strategy:

Domain 1: Health Related Social Needs
Priority Area 1: Food Security
Priority Area 2: Transportation
Priority Area 3: Affordable Housing across the lifespan
Domain 2: Health Care Needs
Priority Area 1: Chronic Diseases (Individuals with Diabetes, Cardiovascular Disease, Obesity)
Priority Area 2: Cancer Screening and early access to treatment if needed.
Domain 3: Treatment Options for individuals with mental health and/or substance misuse
Priority Area 1: Mental Health Services
Priority Area 2: Treatment options for individuals with substance misuse

Section 6: Related Concerns that Affect the Health of the Community

The Core Team and Advisory Committee acknowledge that there are related concerns that were identified through the assessment process that impact the health of the NCH service area, but which NCH's Implementation Strategy does not intend to directly address with specific measures or activities to assess progress. This is primarily due to the realization that these concerns do not entirely meet the above criteria, specifically in the category "opportunity to affect change." These related priority concerns include:

- Higher rates of unemployment and poverty
- Lower rate of high school education among adults
- Reduced access to post high school education for some community members due to financial barriers

Section 7: Implementation Strategy

Overview of Implementation Strategy

NCH's Advisory Committee and Core Team developed an Implementation Strategy to describe how anticipated plans will address each of the seven Priority Health Concerns across three Domains identified as priorities. The Implementation Strategy is a separate document as an attachment to the CHNA and describes how NCH plans to work with community partners to address these health concerns. It includes a brief overview of current strategies/strategies available from NCH and/or community partners, identifies those collaborating partners and resources, describes developments/plans for the next three years NCH anticipates in working with community resources to address each health concern. This document also includes process or outcome measures which will be utilized to monitor results of the strategies implemented. Whenever possible, these measures are linked to goals in the Healthy Vermonters 2030 initiative, align with the Vermont Blueprint for Health and with OneCare Vermont's Accountable Care Organization (ACO) initiatives.

Development of the Implementation Strategy

To develop the CHNA Implementation Strategy the Advisory Committee completed a series of action steps which consisted of:

- Identification of which local agencies/ partners currently provide resources to address each need in some manner
- Held two group and several individual meetings with representatives from these agencies / partners to assess the status of their specific resources
- In collaboration with these partners, assessed how these resources meet current or future needs
- As appropriate, established outcome measures to assess progress over the next three years aligning with Healthy Vermonters 2030 goals, VT's Blueprint for Health and/or OneCare Vermont's ACO initiatives

Section 8: NCH Resources Available to Address Identified Needs:

NCH plans to commit resources to improve the health of the community as identified and prioritized through the CHNA process. Examples include:

- Staff time dedicated to activities which directly link to NCH's Implementation Strategy for each of the Priority Health Concerns, including the Director of The Wellness Center, Community Health Team staff, Director of Communications & Foundation, and Blueprint for Health Project Manager/Population Health Manager.
- Evaluate Leadership capacity to designate an NCH staff person as the hospital system Lead for each of the Priority Health Concerns, who will partner with community resources and will monitor progress in meeting CHNA Implementation goals related to each of these health concerns.
- Evaluate the capacity of NCH's website to provide increased information to the community about resources and activities available for each of the Priority Health Concerns identified.
- Provide a report of Implementation Strategy activities as requested by the NCH Board of Directors

Section 9: Plan for Communication of Results of the CHNA Report and Implementation Strategy:

NCH plans to make both the CHNA Report and the Implementation Strategy document widely available to the public. This will include:

- Easily downloadable format on the NCH's website at www.northcountryhospital.org. No special hardware or software, fee, or need to create an account will be required to read and/or download the CHNA documents.)
- Availability of hard copy by calling NCH administrative office at 802-334-3203.
- NCH's Office of Communications will coordinate publicity efforts to notify the community of the availability of the NCH CHNA Report and Implementation Strategy Plan.
- In addition, the 2021 CHNA Report and Implementation Strategy document will also continue to be available utilizing the same access points as above. If requested, copies of the 2012, 2015 and 2018 CHNA reports and Implementation Strategy reports by calling the NCH administrative office at 802-334-3203.

Supporting documents for the 2024 CHNA Report include:

Appendix A: Qualitative/ Primary and Quantitative/Secondary Data reviewed for 2024 CHNA
Appendix B: Focus Group Summary

NCH CHNA 2024 Appendix A
Primary and Secondary Data

Table 1. Maternal/Child Health Status Indicators

Indicator	Essex	Orleans	Vermont
% of low-birth-weight births (<2500 grams)	1.9%	7.9%	7%
% pregnant women who received first trimester prenatal care	86.3%	**84.6%**	84.7%
% women using tobacco during pregnancy	16%	8%	9.5%
% of women who are overweight before pregnancy (BMI>=25)	58.7%	**61.5%**	56.7%
% mothers who are breastfeeding infant	**84.3%**	**85.9%**	89.8%

Data Source: 2021 Vital Statistics
*Data Source: 2020 PRAMS Highlights
Red = Worse than state; **Bold** = Worse than last measurement

Table 2. North Country Hospital Maternal/Child Health Status Indicators

Indicator	NCH	State
% of low-birth-weight births (<2500 grams)	**7.1%**	7.05%
% pregnant women who received first trimester prenatal care	92.9%	88%
% women using tobacco during pregnancy	13.6%	6.8%
% of women who are overweight before pregnancy	**65.6%**	55.8%
% mothers who are breastfeeding infant	**76.3%**	89.7%

Data Source: Quarterly Birth Report North Country Hospital & Health Center, 2023
Red = Worse than All CAH; **Bold** = Worse than last measurement (2018)

Table 3. Selected Perinatal Statistics

Indicator	NCH	All VT CAH
Pre-pregnancy diabetes	0.0%	0.4%
Gestational diabetes	**5.9%**	5.5%
Pre-pregnancy hypertension	**5.2%**	3.4%
Gestational hypertension	**7.2%**	6.2%
Excess gestational weight gain	**28.9%**	34.2%
% opioid exposed newborn	4.6%	2.6%
% pregnant person cannabis use*	7.2%	8.7%
% neonatal transports	2.0%	3.8%

Data Source: Evaluation and Report of Perinatal Statistics for Vermont Community Hospitals 2022, North Country Hospital, June 2023
*2018 data not available
Red = Worse than All Critical Access Hospitals (CAH); **Bold** = Worse than last measurement (2018)

Table 4. Immunizations for Children			
Indicator	**Essex**	**Orleans**	**Vermont**
% of children aged 2 years receiving universally recommended vaccines	59.6%	**74.9%**	75.5%
% of children in kindergarten with 2+ doses of MMR	*	**90%**	93%
Data Source: 2021 Vital Statistics Red = Worse than state; **Bold** = Worse than last measurement			

(No primary data available)

Table 5. Health or Risk Behaviors Health Status Indicators, including food insecurity				
Indicator	**Essex**	**Orleans**	**Vermont**	**Data Sources**
% of adults with a personal health care provider	93%	92%	89%	2022 BRFSS
% of high school students who are obese (BMI >=95th percentile)	15%	**19%**	14%	2021 YBRS
% of adults age 20+ who are obese (BMI >=30)	**45%**	**36%**	27%	2022 BRFSS
% of adults age 18+ with no leisure time aerobic physical activity	24%	26%	20%	2022 BRFSS
% of adults age 18+ who didn't engage in leisure time physical activity, past 30 days	24%	26%	20%	2022 BRFSS
% of adults who do not eat fruits & vegetables 5+ times/day	76%	76%	77%	2022 BRFSS
Overall food insecurity rate	**14.5%**	12.7%	11.7%	Feeding America, 2022
Overall below SNAP threshold of 185%	**80%**	67%	43%	Feeding America, 2022
Child food insecurity rate	**22.7%**	**18.0%**	14.7%	Feeding America, 2022
Child below SNAP threshold of 185%	**72%**	70%	56%	Feeding America, 2022
Average meal cost	**$4.21**	**$4.21**	$4.34	Feeding America, 2022
Food environmental index (measures food insecurity & access) by county	7.3	8	8.9	2022 County Health Rankings
Red = Worse than state; **Bold** = Worse than last measurement				

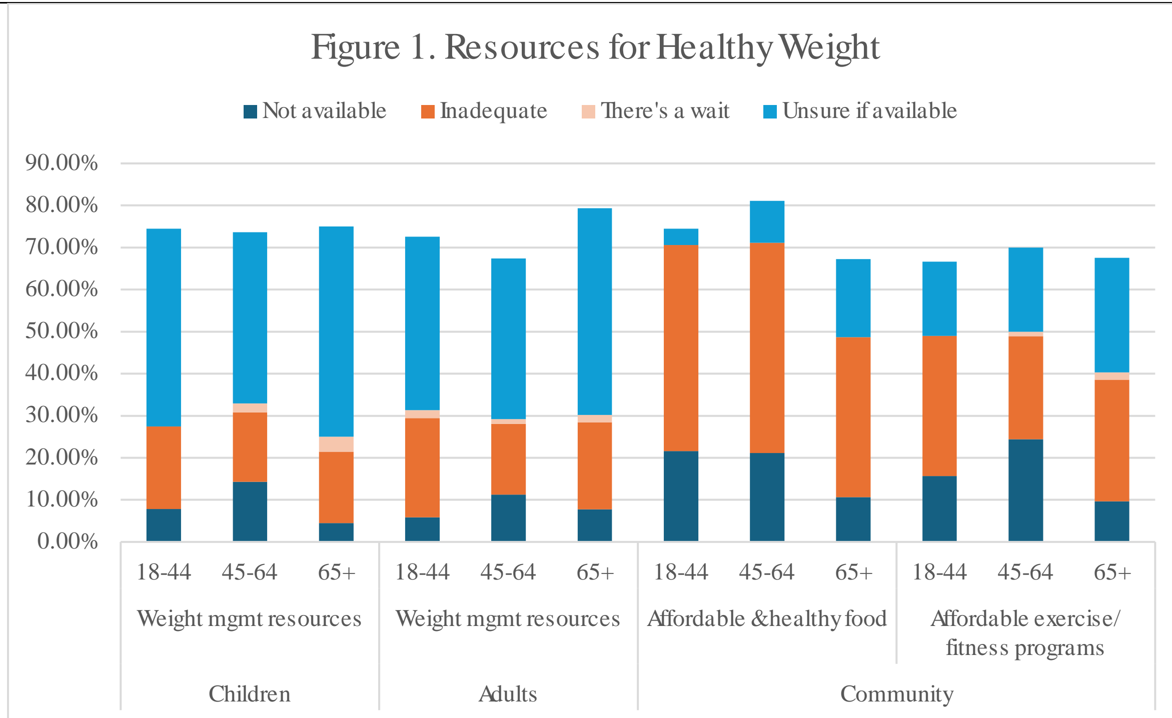


Table 6. Chronic Conditions

Indicator	Essex	Orleans	Vermont
% of adults reporting fair or poor general health	23%	14%	13%
% of adults reporting fair or poor physical health	**20%**	12%	11%
% of adults of asthma	**12%**	**13%**	13%
% of adults with hypertension	**32%**	**37%**	31%
% of adults with cardiovascular disease	10%	11%	8%
% of adults with diabetes	*	10%	8%
% of adults with COPD	*	12%	7%
% of adults with arthritis	30%	**33%**	29%

Data Source: 2021 – 2022 BRFSS
*Value suppressed because sample size is too small or relative standard error (RSE) is >30.
Red = Worse than state; **Bold** = Worse than last measurement

Table 7. Mortality

Indicator	Essex	Orleans	Vermont
Deaths due to malignant neoplasms, age-adjusted rate per 100,000	204.3	**261.2**	224
Deaths due to major cardiovascular disease, age-adjusted rate per 100,000	**396.4**	**464.2**	316.6
Deaths due to cerebrovascular disease, age-adjusted rate per 100,000	**39.4**	48.1	43.4

Data Source: 2021 Vital Statistics
Red = Worse than state; **Bold** = Worse than last measurement

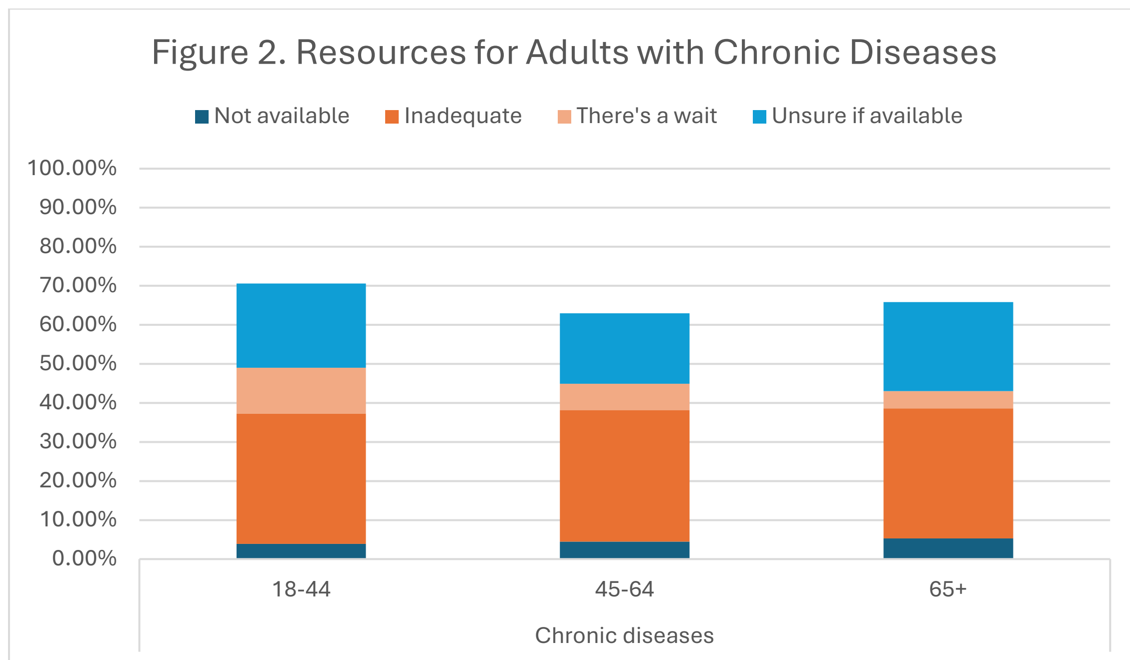


Table 8. Cancer Screening Health Status Indicators			
Indicator	**Essex**	**Orleans**	**Vermont**
% of women, ages 50-74, who have had a mammogram in the last 2 years	**70%**	**82%**	77%
% of women , ages 21-65, who have had a pap test in last 3 years	74%	89%	85%
% of adults, ages 50-75, who have been screened for colorectal cancer	70%	71%	71%
% of women, ages 50-74*†	20.5%	17.9%	35.2%

Data Source: 2022 VT Cancer Data Pages,
*U.S. Census Bureau (2018-2022). Sex by Age American Community Survey 5-year estimates. Retrieved from https://censusreporter.org
† Prior data not available
Red = Worse than state; **Bold** = Worse than last measurement

Table 9. Cancer Diagnosis Late Stage			
Indicator	**Essex**	**Orleans**	**Vermont**
Breast (females, age 50+), rate per 100,000	98.1	69.7	89
Colorectal (adults, age 50+), rate per 100,000	**65.1**	**69.2**	56.4
Lung (adults, age 55+), rate per 100,000	229.6	159.2	135.3

Data Source: 2023 VT Cancer Data Pages
Red = Worse than state; **Bold** = Worse than last measurement

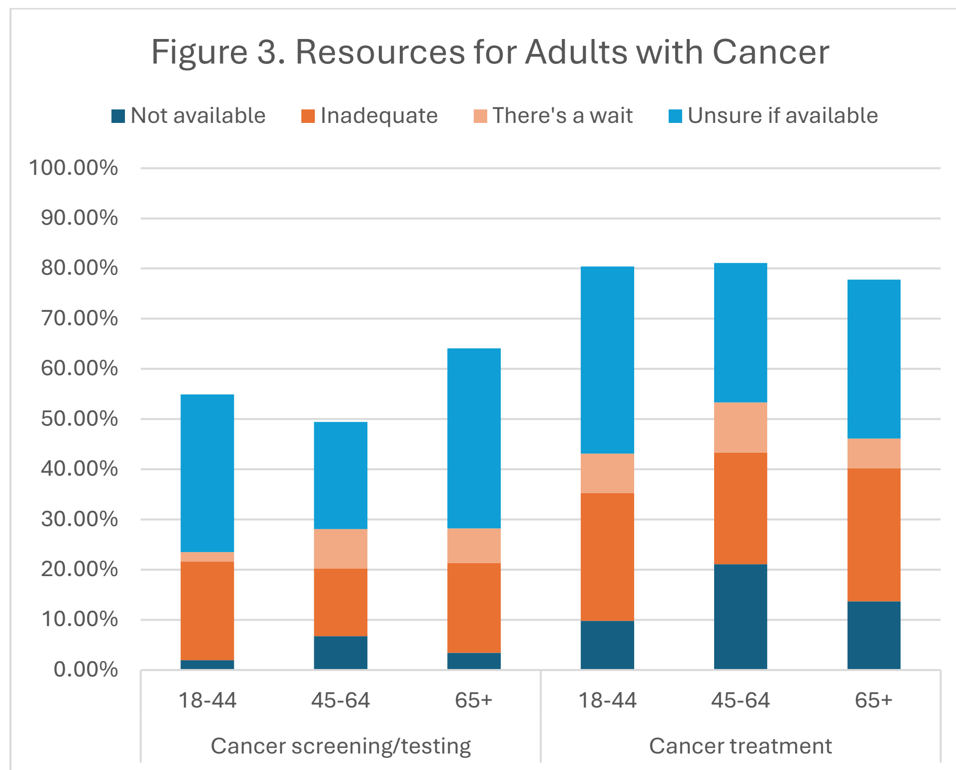


Table 10. Social and Community Context Indicators for Students Grades 9-12			
Indicator	**Essex**	**Orleans**	**Vermont**
% of students who feel like they matter to people in their community	47%	47%	52%
% of students who reported experiencing physical dating violence in the past 12 months	8%	9%	8%
Data Source: 2021 YBRS Red = Worse than state; **Bold** = Worse than last measurement			

Table 11. Mental Health & Suicide Indicators for Students Grades 9-12			
Indicator	**Essex**	**Orleans**	**Vermont**
% of students that engaged in self-harm in the past 12 months	19%	**24%**	22%
% of students who felt sad or hopeless in the past 12 months	26%	**34%**	30%
% of students who made a suicide plan in the past 12 months	**11%**	**14%**	14%
% of students who attempted suicide in the past 12 months	10%*	**9%**	7%
Data Source: 2021 YBRS *Too few students to report for 2018 comparison Red = Worse than state; **Bold** = Worse than last measurement			

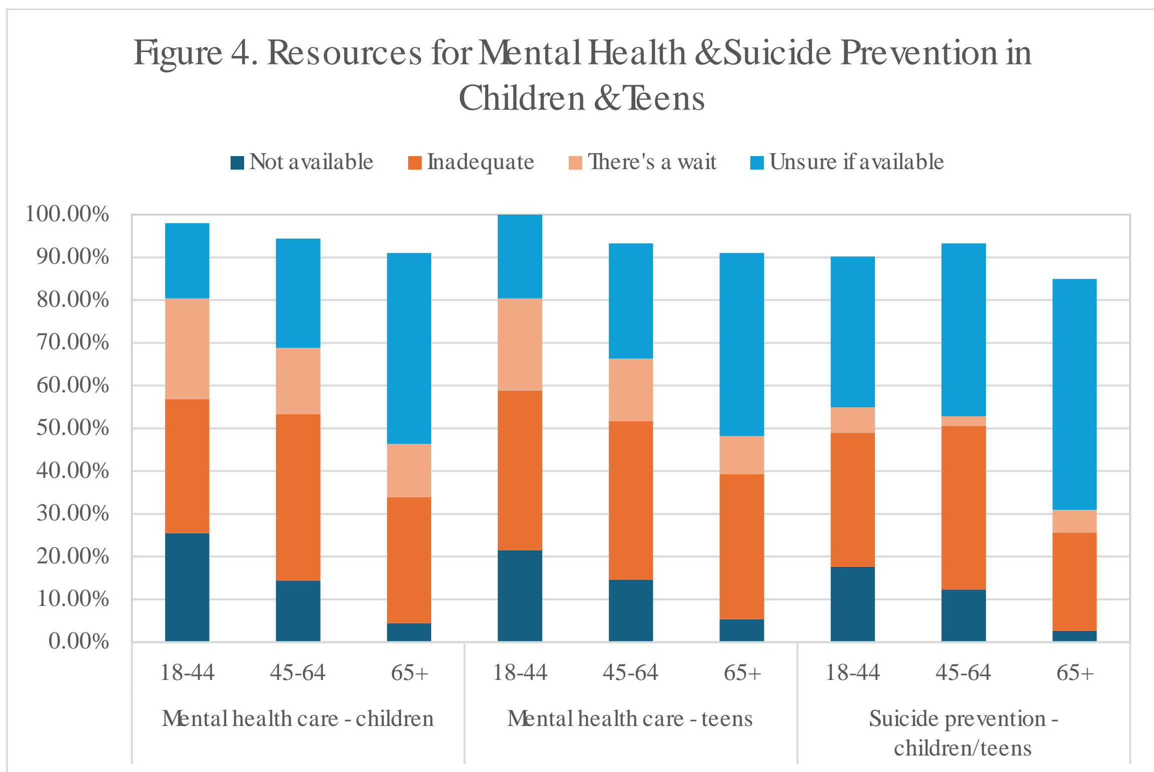


Table 12. Social and Community Context Indicators for Adults				
Indicator	**Essex**	**Orleans**	**Vermont**	**Data Sources**
% of adults who rarely or never get social and emotional support	16%	10%	8%	2021-2022 BRFSS
Number of membership associations per 10,000 population	6.5	8.9	13.1	2023 County Health Rankings
Red = Worse than state; **Bold** = Worse than last measurement				

Table 13. Mental Health & Suicide Indicators in Adults				
Indicator	**Essex**	**Orleans**	**Vermont**	**Data Sources**
Poor mental health days (14+/30 days where mental health not good)	**18%**	14%	16%	2021-2022 BRFSS
Depressive disorder (ever being told that they have depression disorder)	**26%**	**24%**	25%	2021-2022 BRFSS
Suicidal thoughts**	*	7%	6%	2021-2022 BRFSS
Deaths due to intentional self-harm, age-adjusted rate per 100,000	**14**	**31.8**	22	2021 Vital Statistics
* Sample size is too small ** 2018 first year data collected so county level data not available Red = Worse than state; **Bold** = Worse than last measurement				

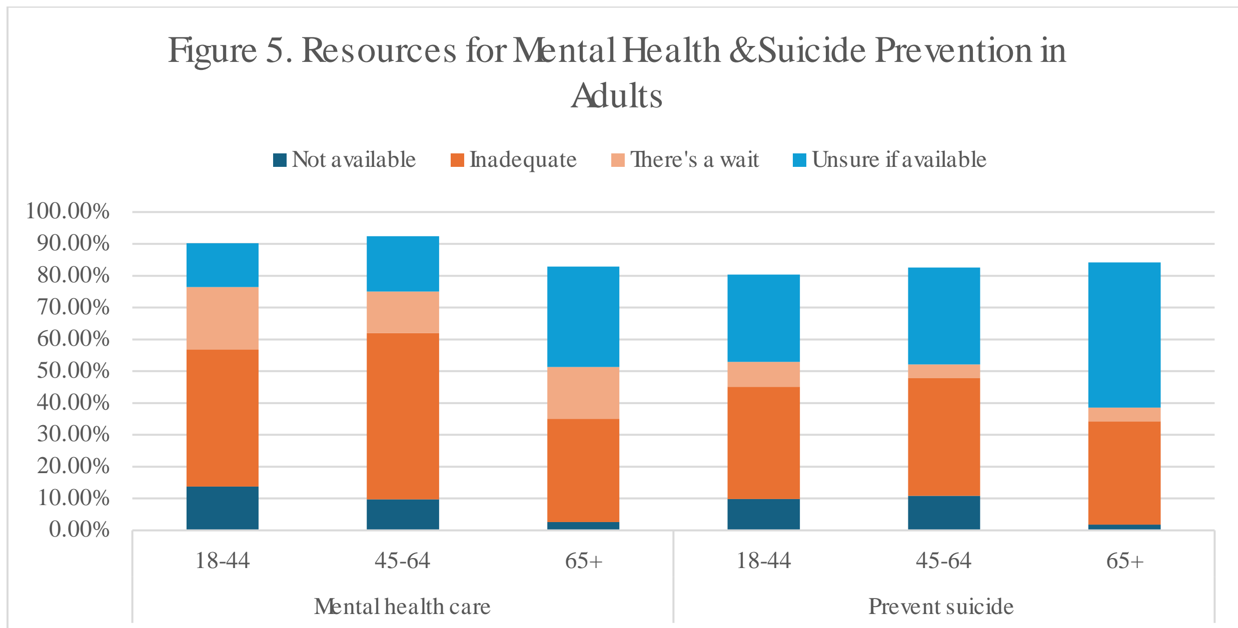


Table 14. Youth Health or Risk Behaviors Health Status Indicators, Substance Use Disorder			
Indicator	**Essex**	**Orleans**	**Vermont**
% of high school students who drank alcohol in the past 30 days	23%	35%	25%
% of high school students who smoked cigarettes in the past 30 days	*	10%	5%
% of high school students who have used snuff or dip in the past 30 days	*	6%	3%
% of high school students who have used e-vape products in the past 30 days	10%	21%	16%
% of high school students who have used marijuana in the past 30 days	12%	19%	20%
% of high school students who have misused a stimulant or prescription pain reliever in the past 30 days	*	3%	2%
% of high school students who have ever used cocaine	*	4%	2%

Data Source: 2021 Youth Behavior Risk Survey
*Too few students to report
Red = Worse than state; **Bold** = Worse than last measurement

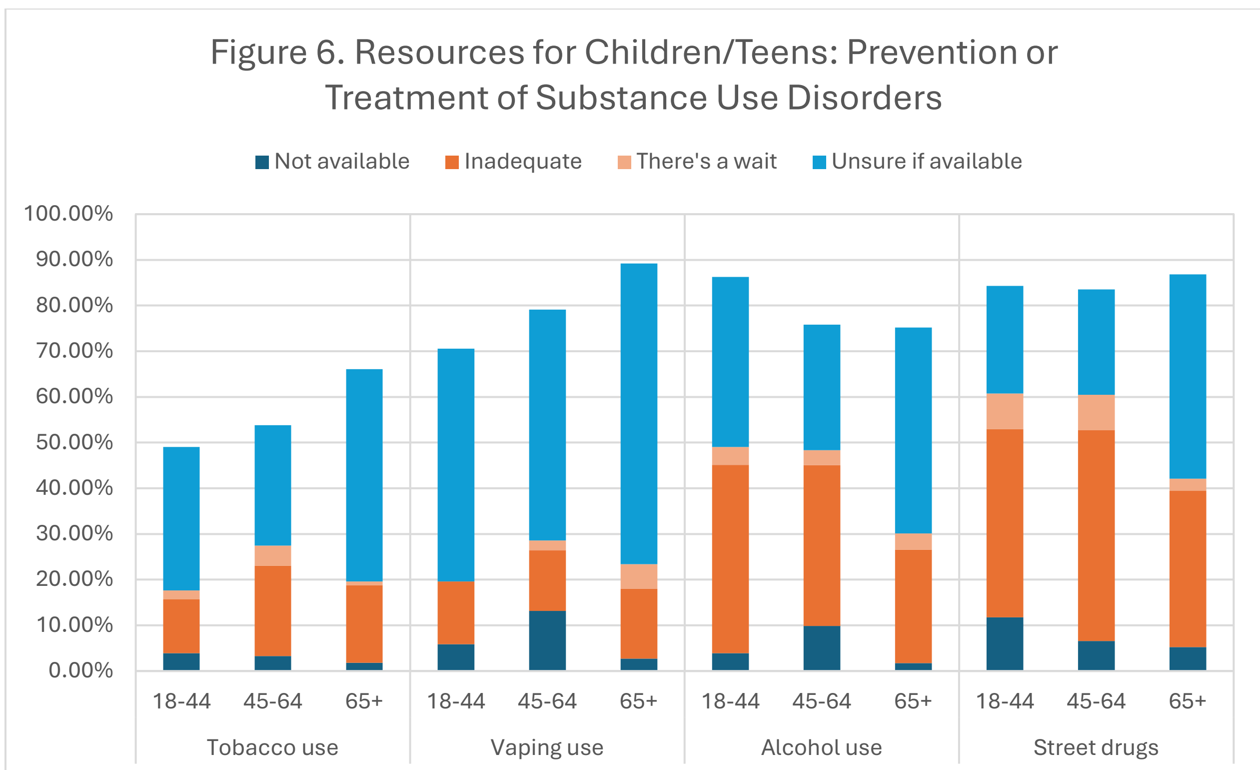


Table 15. Adult Health or Risk Behaviors Health Status Indicators, Substance Use Disorder				
Indicator	**Essex**	**Orleans**	**Vermont**	**Data Sources**
% of adults with any alcohol consumption in the past 30 days	**58%**	**55%**	61%	2021-2022 BRFSS
% of adults age 18+ who binge drink (5+ drinks on a single occasion, 1+ times in the past 30 days)	**18%**	15%	18%	2021-2022 BRFSS
% of adults age 18+ who smoke cigarettes	16%	18%	13%	2021-2022 BRFSS
% of adults age 18+ who currently use, e-cigarettes	*	8%	6%	2021-2022 BRFSS
% of adults age 18+ who used marijuana in the past 30 days	**28%**	**19%**	24%	2021-2022 BRFSS
Rate of opioid-related deaths per 100,000 Vermonters**	**50.6**	**43.6**	37.0	VT Substance Use Dashboard
* Sample size is too small ** 2018 first year data collected so county level data not available Red = Worse than state; **Bold** = Worse than last measurement				

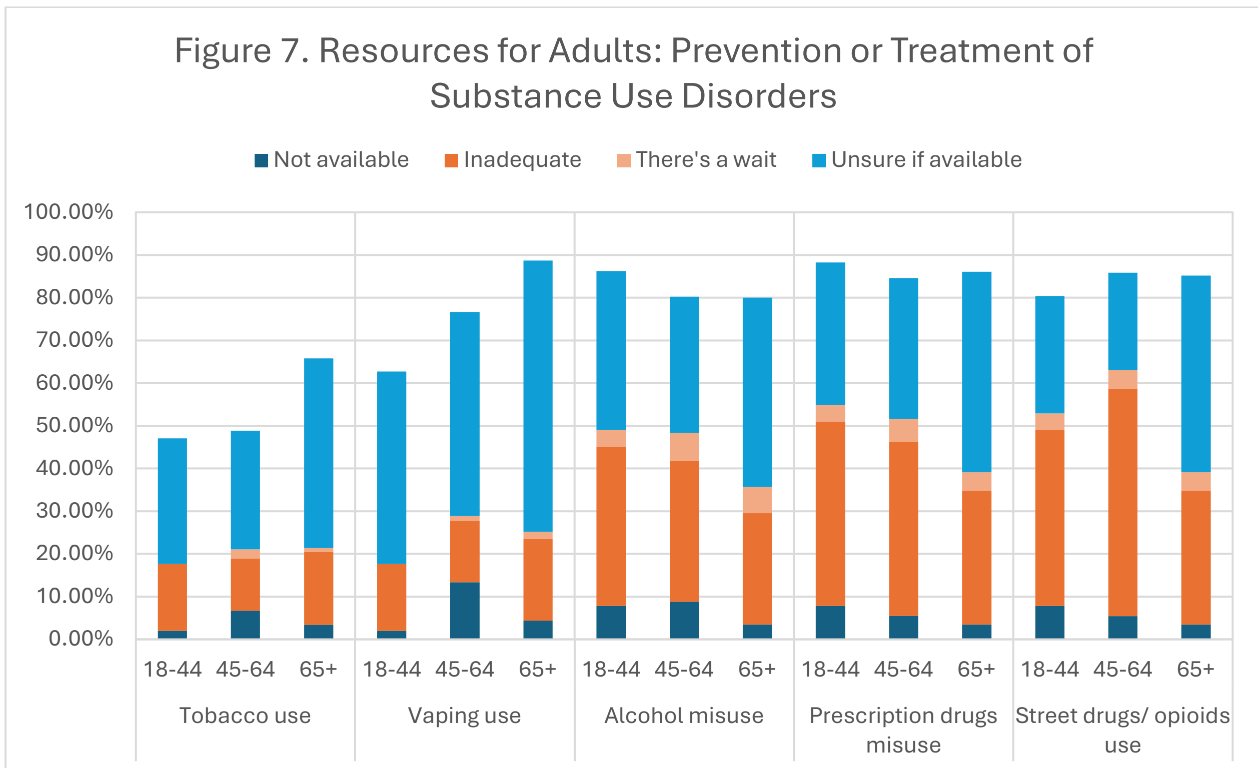


Table 16. Income, Employment, and Education				
Indicator	**Essex**	**Orleans**	**Vermont**	**Data Sources**
Median household income by county	$55,247	$63,981	$73,991	2022 ACS Estimates
% of people in poverty by county	13.2%	9.8%	10.4%	2022 ACS Estimates
Unemployment rate by county	5%	**5.8%**	2.3%	Vermont DOL – Monthly Survey
% adults 25+ without high school education	11.1%	8.5%	5.8%	2022 Census Quick Facts
% adults 25+ without bachelor's degree or higher	79.8%	72.3%	58.3%	2022 ACS Estimates
Red = Worse than state; **Bold** = Worse than last measurement				

Table 17. Insurance Status of Patients Served at NCH		
Indicator	**FY2023**	**FY2017**
Medicare	46.38%	46.4%
Medicaid	25.1%	24.1%
Commercial Insurance	26.31%	28%
Self-Pay	2.21%	1.5%
Data Source: North Country Hospital, Patient Financial Services, July 2024.		

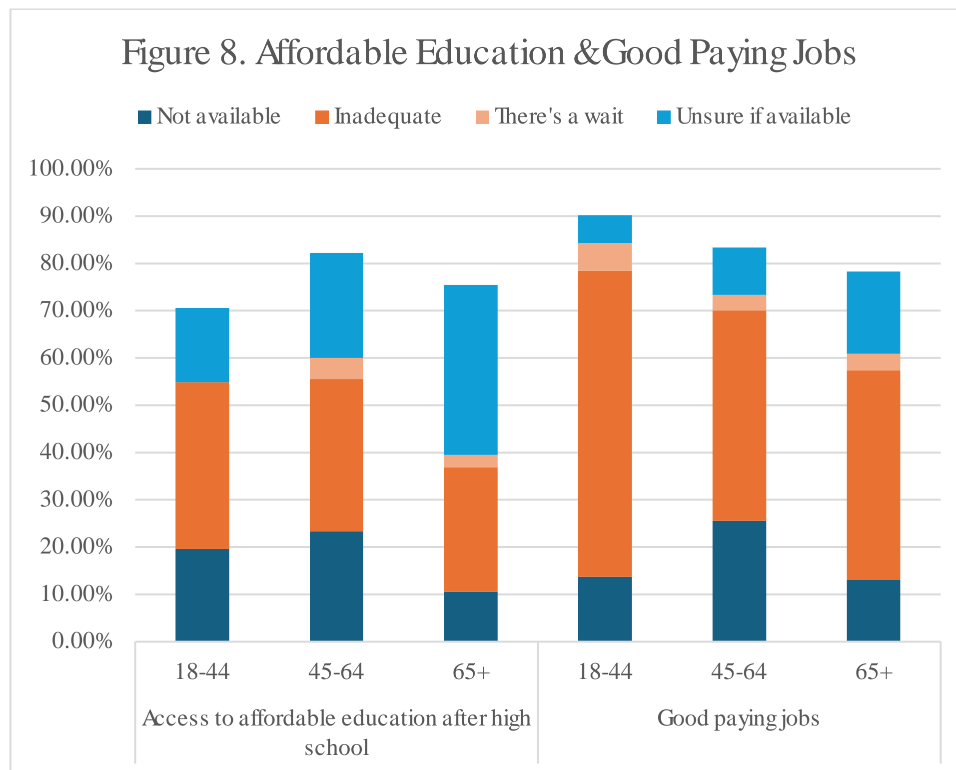


Table 18. Housing				
Indicator	**Essex**	**Orleans**	**Vermont**	**Data Sources**
% severe housing problems by county	16%	19%	16%	2023 County Health Rankings
% of adults not able to pay mortgage, rent, or utilities in the past year	12%	9%	8%	2022 BRFSS
# of adults and children who are homeless	1	33	2,780	2022 PIT
Housing types: Rental (2022)	**10.17%**	**15.16%**	23.52%	Housing Data.org
Housing types: Short-term Rentals (7/2024)	**102**	**592**	12,464	Housing Data.org
Housing types: Vacation Homes (2022)	40.29%	25.8%	15.88%	Housing Data.org
Housing types: Owner (2022)	49.54%	59.04%	60.6%	Housing Data.org
Median monthly rent	**$911**	**$898**	$1,149	Housing Data.org
Paying 30-49% of income in rent	26%	**30%**	26%	Housing Data.org
Paying 50%+ of income in rent	**19%**	22%	25%	Housing Data.org
Paying 30-49% of income to mortgage	**17%**	15%	14%	Housing Data.org

Red = Worse than state; **Bold** = Worse than last measurement

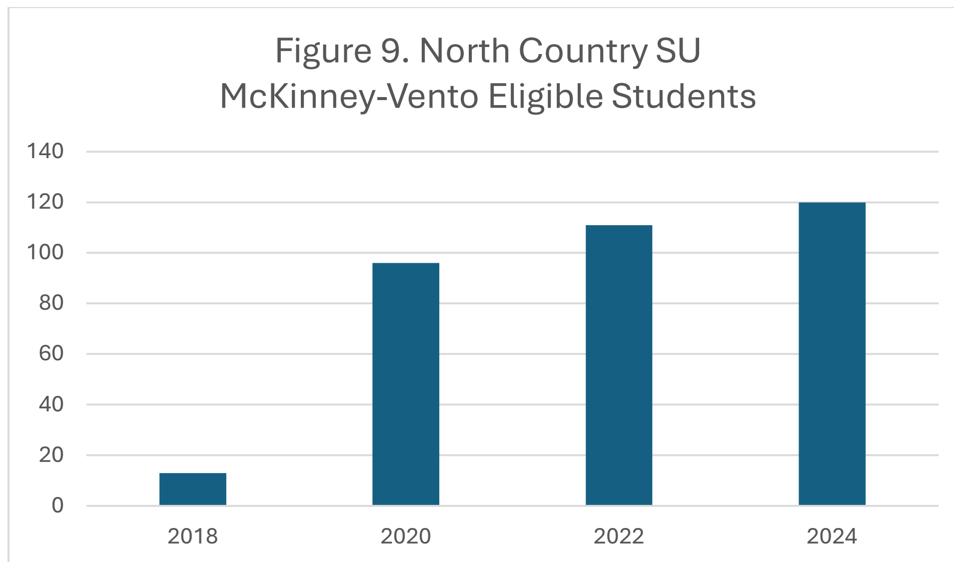
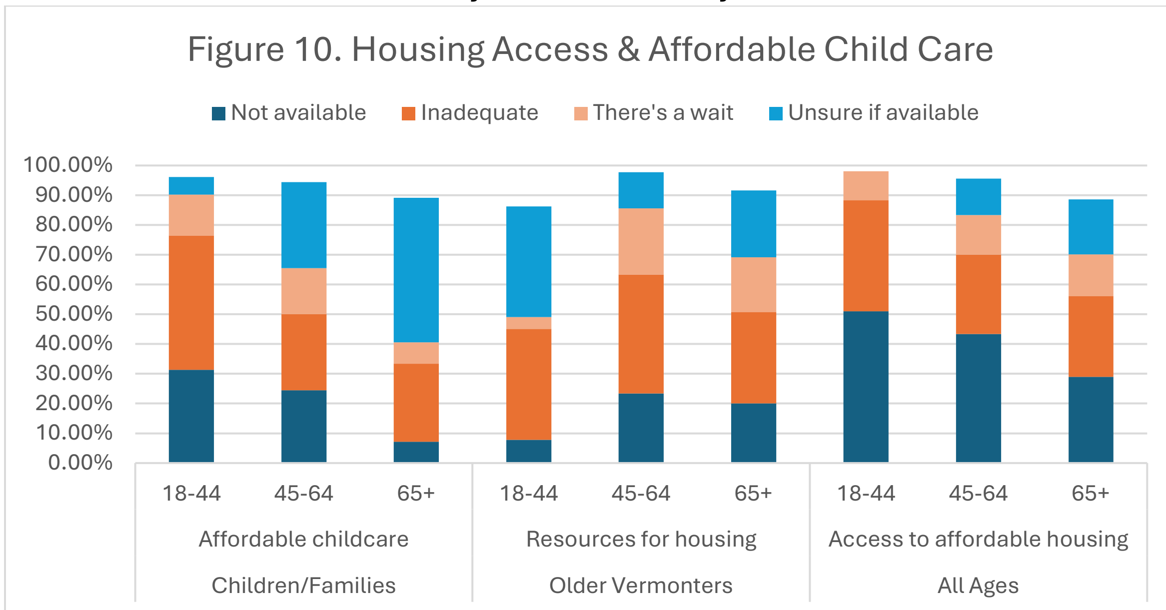


Figure 9 Source: McKinney-Vento Assistance Act Training, Samantha Stevens, Community Schools Coordinator, NCSU



Second home/short-term rentals

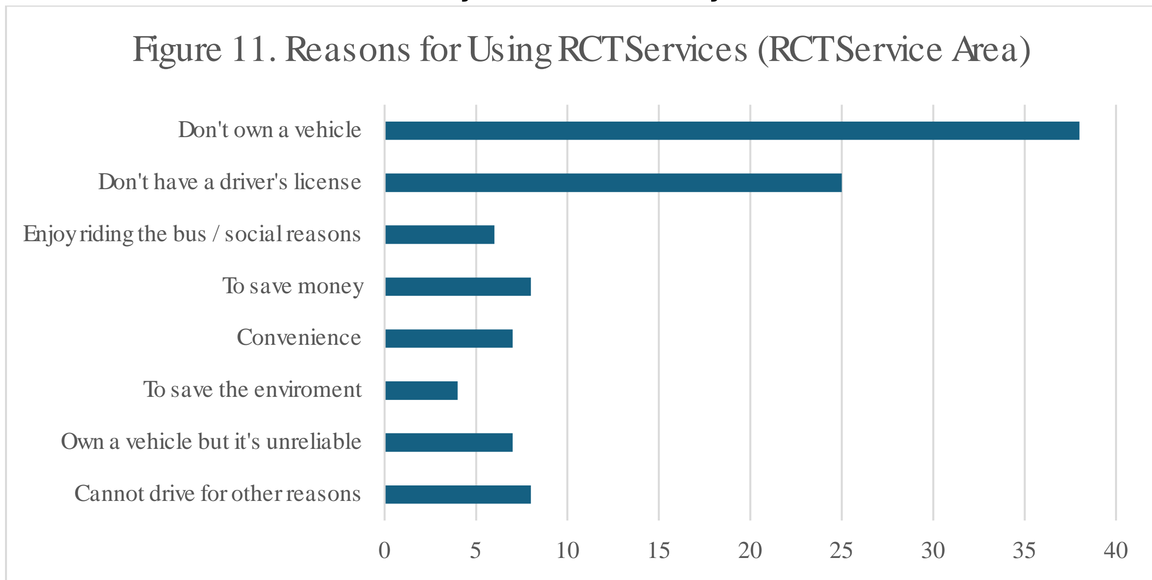


Figure 11 Source: Rural Community Transportation: Transit Development Plan, May 2024

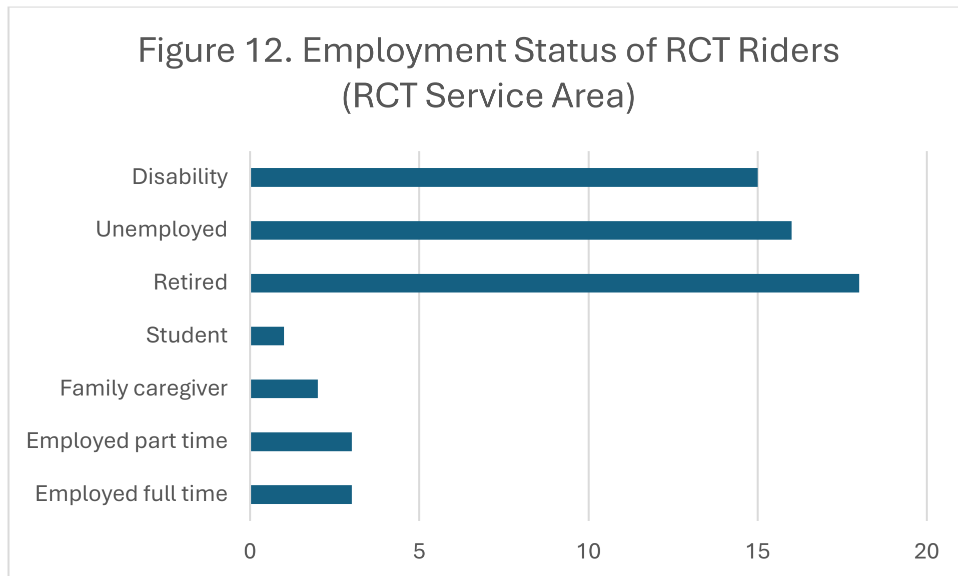


Figure 12 Source: Rural Community Transportation: Transit Development Plan, May 2024

Table. 19 RCT Service Area Demographics

County	2022 Pop.	2015 Pop.	Pct Chg.	Persons per Sq. Mi.	Pop. 65+	Pop. w/Income below Poverty	Total Housing Units	Low Vehicle Availability
Essex County	5,976	6,207	-4%	9	1,588	789	2,667	522
Orleans County	27,459	27,146	-1%	75	6,370	2,610	11,528	2,462
Vermont	647,064	626,604	3%	70	139,827	65,162	277,090	53,825

Data Source: Rural Community Transportation: Transit Development Plan, May 2024

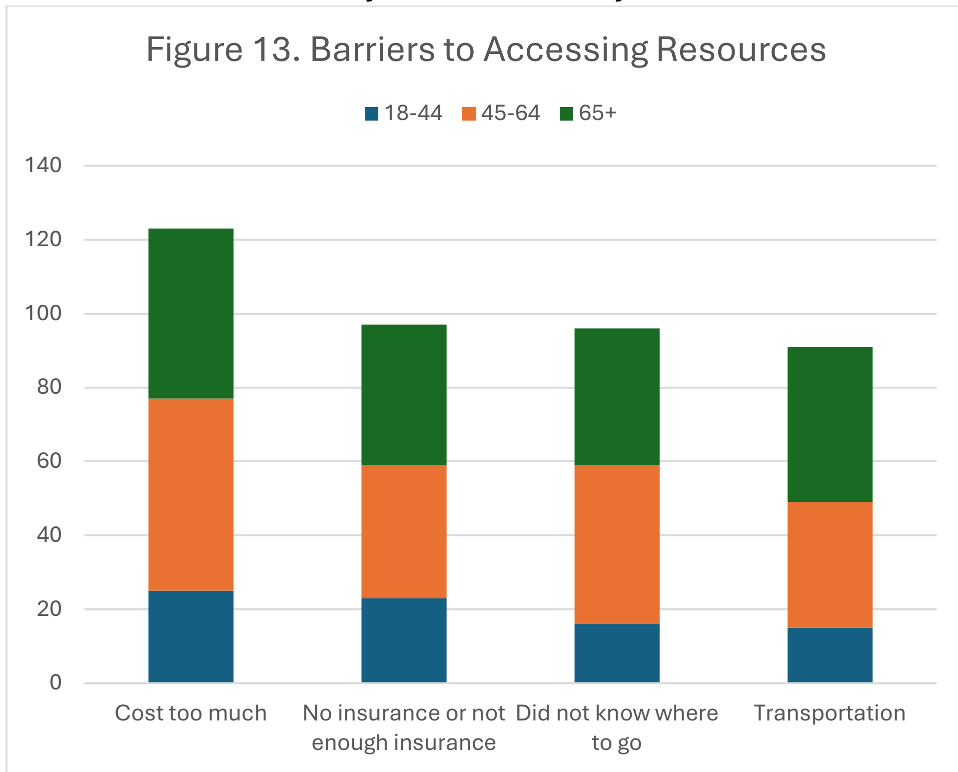


Figure 13. Barriers to Accessing Resources
18-44
45-64
65+
140
120
100
80
60
40
20
0
Cost too much
No insurance or not enough insurance
Did not know where to go
Transportation

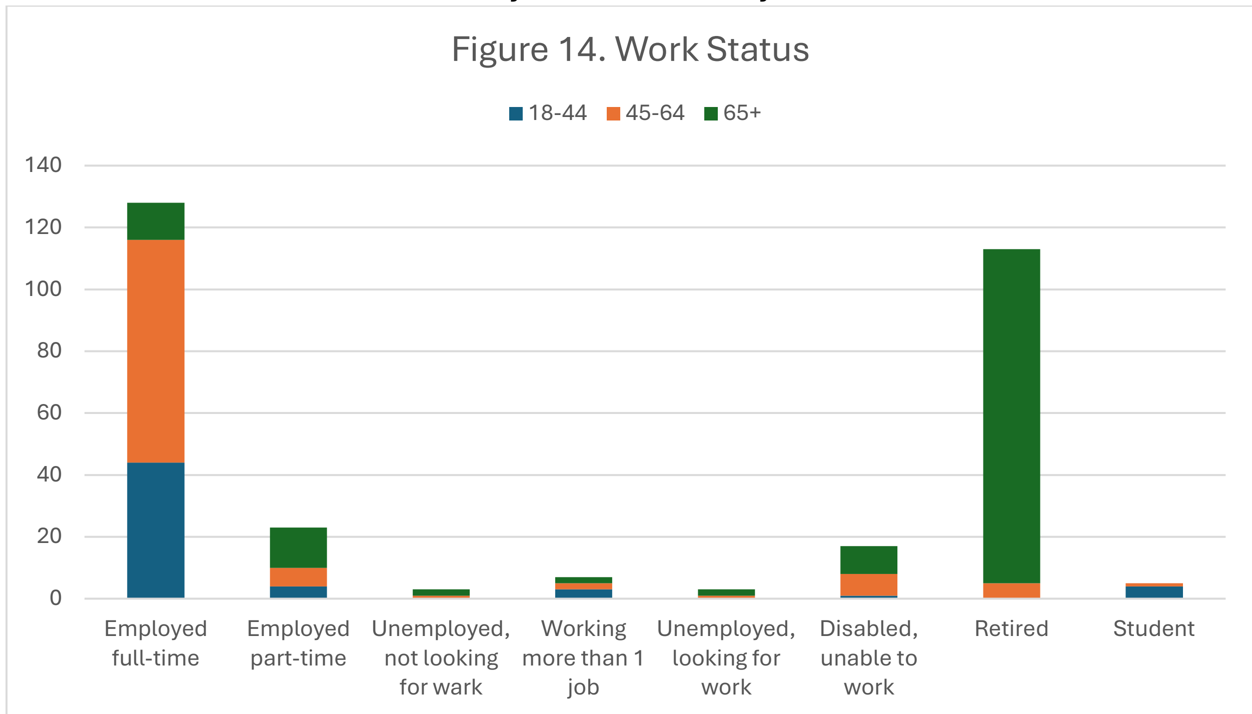


Figure 14. Work Status
18-44
45-64
65+
140
120
100
80
60
40
20
0
Employed full-time
Employed part-time
Unemployed, not looking for wark
Working more than 1 job
Unemployed, looking for work
Disabled, unable to work
Retired
Student

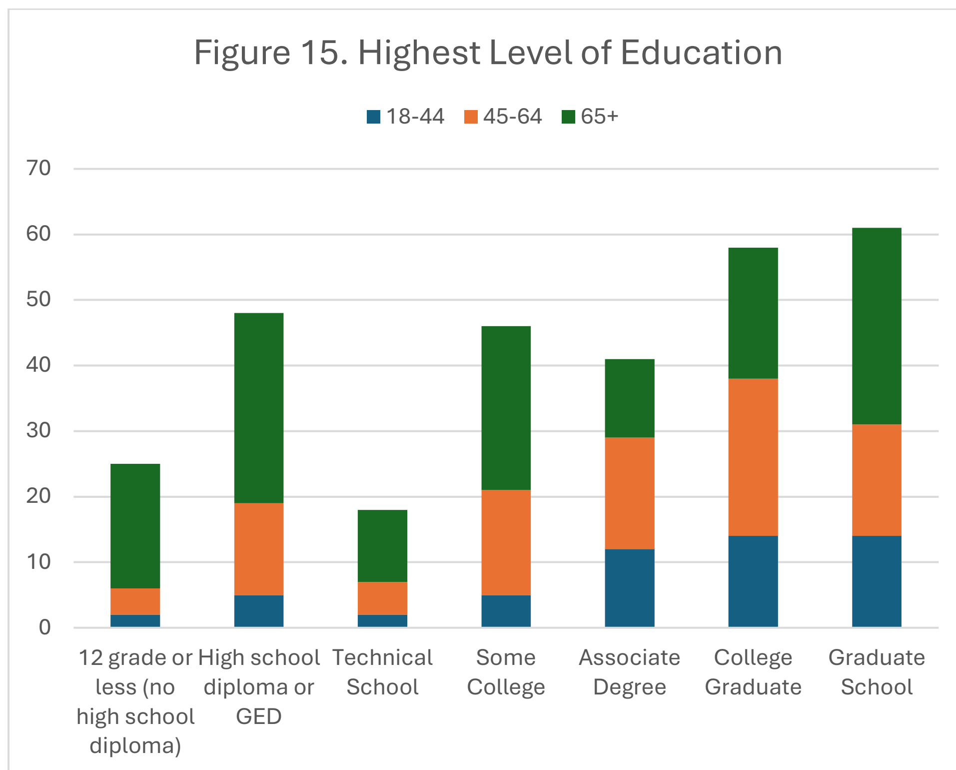
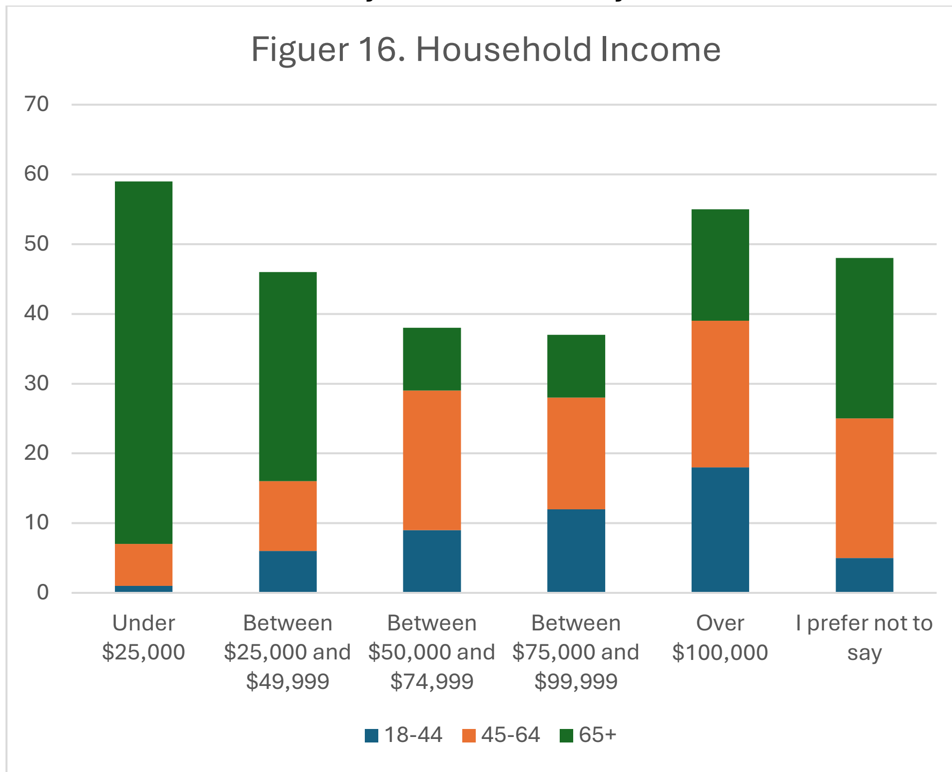


Figure 15. Highest Level of Education
18-44
45-64
65+
70
60
50
40
30
20
10
0
12 grade or less (no high school diploma)
High school diploma or GED
Technical School
Some College
Associate Degree
College Graduate
Graduate School


Figuer 16. Household Income
70
60
50
40
30
20
10
0
Under $25,000
Between $25,000 and $49,999
Between $50,000 and $74,999
Between $75,000 and $99,999
Over $100,000
I prefer not to say
18-44
45-64
65+

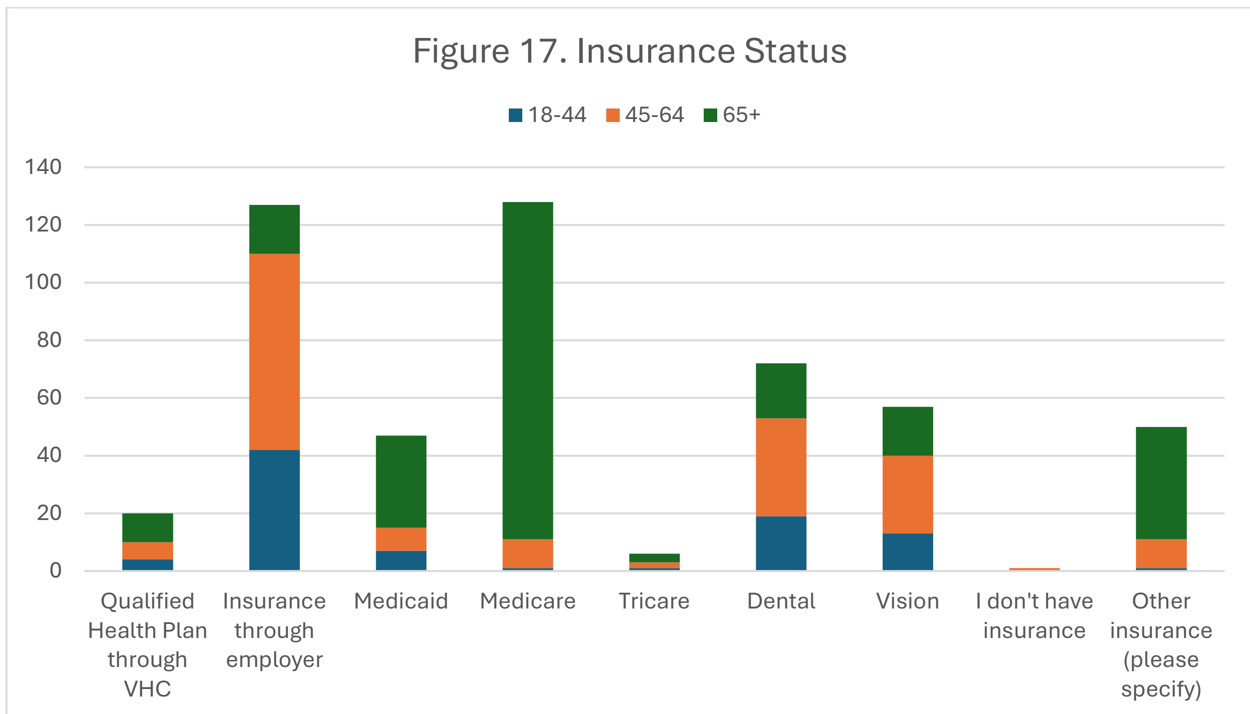


Figure 17. Insurance Status
18-44
45-64
65+
140
120
100
80
60
40
20
0
Qualified Health Plan through VHC
Insurance through employer
Medicaid
Medicare
Tricare
Dental
Vision
I don't have insurance
Other insurance (please specify)

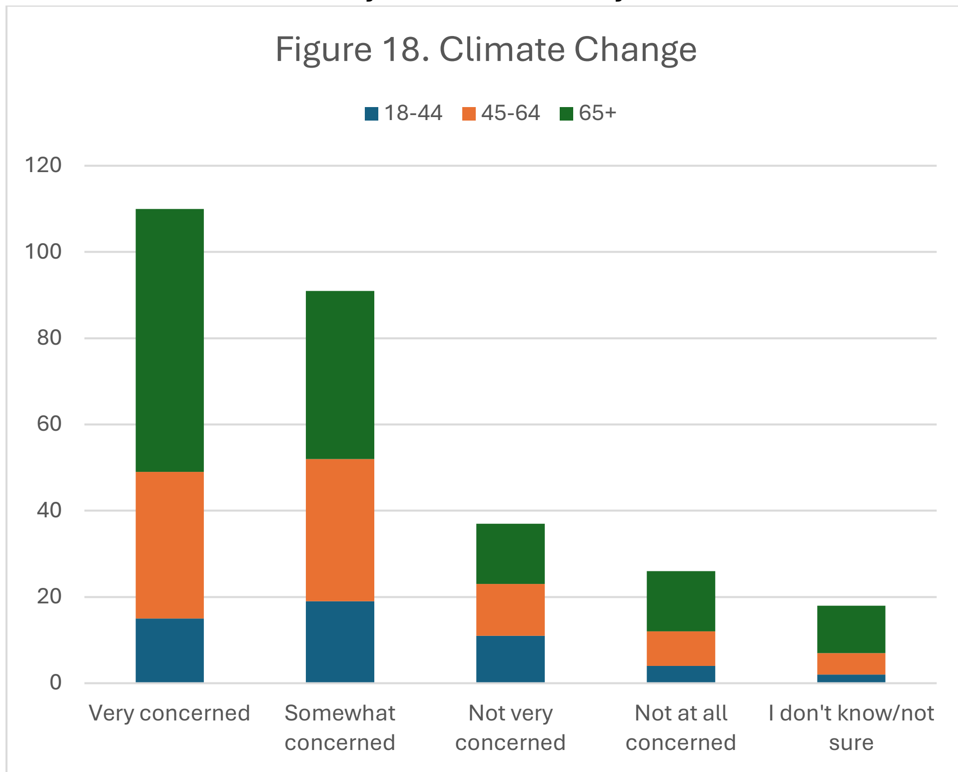


Figure 18. Climate Change
18-44
45-64
65+
120
100
80
60
40
20
0
Very concerned
Somewhat concerned
Not very concerned
Not at all concerned
I don't know/not sure

Reference List: NCH Community Health Needs Assessment 2024

American Community Survey (ACS) Data, https://www.census.gov/programs-surveys/acs/data.html

County Health Rankings, https://www.countyhealthrankings.org/health-data

Feeding America, https://map.feedingamerica.org/

HousingData.org Vermont, https://housingdata.org/

US Census Bureau Quick Facts, https://www.census.gov/quickfacts/

Vermont Department of Health Behavioral Risk Factor Surveillance System (BRFSS), https://www.healthvermont.gov/stats/population-health-surveys-data/behavioral-risk-factor-surveillance-system-brfss

Vermont Department of Health Cancer Data, https://www.healthvermont.gov/stats/surveillance-reporting-topic/cancer-data

Vermont Department of Health Pregnancy Risk Assessment Monitoring System (PRAMS), https://www.healthvermont.gov/stats/population-health-surveys-data/pregnancy-risk-assessment-monitoring-system-prams

Vermont Department of Health Substance Use Dashboard, https://www.healthvermont.gov/alcohol-drugs/substance-use-data-reports/substance-use-dashboard

Vermont Department of Health Vital Statistics, https://www.healthvermont.gov/stats/vital-records-population-data/annual-vital-statistics-reports

Vermont Department of Health Youth Risk Behavior Survey (YRBS), https://www.healthvermont.gov/stats/population-health-surveys-data/youth-risk-behavior-survey-yrbs

Vermont Department of Labor, https://labor.vermont.gov/labor-market-information/county-data

Appendix B
North Country Hospital 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 presents 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.