Springfield Hospital

Where People Come First

North Star HEALTH

Community Health Needs Assessment September 2025

Approved by Springfield Hospital Board of Directors
9/9/25

Springfield Hospital & North Star Health

Community Health Needs Assessment September 2025

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

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Partner organizations for the 2025 Community Health Needs Assessment include Springfield Hospital, North Star Health and participants in the Springfield Health Service Area Community Collaborative with technical support from Catherine Apostoleris, NCRI.

Springfield Hospital & North Star Health

Community Health Needs Assessment September 2025

Executive Summary

During the period March through August 2025 a Community Health Needs Assessment (CHNA) was completed for the combined service area of Springfield Hospital and North Star Health (Combined Service Area). Assessment activities were guided by a planning committee of the Springfield Health Service Area Community Collaborative with multiple organizations and partners involved in methods design, data collection, and community engagement. The purpose of the assessment was to:

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

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

1. Surveys of community residents (Residents) made available on-line through email distribution, social media, and website links - paper surveys were available by request and at clinic and hospital locations;
2. A direct email survey of medical professionals and service providers (Providers) representing multiple community sectors;
3. A series of six Community Discussion Groups convened across the region; and
4. Review of available population demographics and health status indicators including social determinants of health (Community Health Status Indicators).

All information collection activities and analyses sought to engage vulnerable and disproportionately served populations in the Combined Service Area including populations that could experience limited access to health-related services or resources due to income, age, disability, and social or physical isolation. The table on the next page provides a summary of the priority community health needs and issues identified through this assessment.

SUMMARY OF COMMUNITY HEALTH NEEDS AND ISSUES BY INFORMATION SOURCE

Community Health Issue	Community Health Status Indicators	Community Surveys	Community Discussions
Availability of primary care and specialty medical services	➢ Ratios of people to Primary Care, Dental, and Mental Health providers are generally worse in the Combined Service Area than across Vermont and New Hampshire. ➢ Roughly 10% of adults report not having a personal doctor or health care provider. This percentage is similar to Vermont.	➢ While Residents reported most often accessing health care through Primary Care (69.6%), Primary Care was the 'most urgent health need' (67.2%) reported by Residents (across age and geography) and the second 'most urgent health need' (47.1%) reported by Providers. ➢ Primary Care was the most frequently mentioned (50.7%) difficult to access health care service by Residents and the second most difficult to access health care service by Providers (62.7%). ➢ Mental Health, Dental, and Same Day, Walk-In Care were the top four most difficult to access services for both Residents and Providers. Cardiology and Diagnostic Imaging were top 10 difficult to access services for both groups. ➢ Issues related to provider recruitment and retention, timeliness of appointments, care coordination and navigation, and communication including via portals) were mentioned as barriers and critical areas for improvement. ➢ Both Residents and Providers identified Primary Care as a top priority for improvement efforts.	➢ Issues related to health care provider availability (i.e., Primary Care, Mental Health, Substance Use, and Dental), particularly in smaller communities, were prominent. ➢ Transportation, limitations on insurance coverage, and long waits were frequently cited as barriers to care.

Community Health Issue	Community Health Status Indicators	Community Surveys	Community Discussions
Cost of health care including services, prescriptions, copays, and health insurance	➢ The estimated proportion of people with no health insurance (5%) is higher than the overall percentage in Vermont (3.9%) and similar to, but lower than, New Hampshire (5.5%). ➢ 4-9% of people in the Combined Service Area report delaying health care due to costs. These numbers are lower than to on par with Vermont.	➢ The cost of health care including services in general, health insurance, and prescription drugs were all top 10 'most urgent health needs' for Resident and Provider survey respondents. ➢ Four of the top 10 most frequently cited barriers to care by both Residents and Providers were cost-related: out of pocket expenses, health insurance, copays, and cost of prescriptions. ➢ The cost of health insurance was prominently cited as a barrier to care, including in many write-in responses urging universal coverage.	➢ Cost-related issues were major discussion points including the high cost of care in general as well as the high cost of insurance, medical devices, and prescriptions. ➢ Limitations of coverage, including Medicaid, were cited as barriers to health care services (particularly Dental) as well as supportive services like transportation. ➢ Participants criticized the complexity of applying for financial assistance to reduce costs.
Substance misuse and the availability of prevention, treatment, and recovery services	➢ Generally, rates of adult substance use in the Combined Service Area are similar to Vermont and New Hampshire with the exception of ***low*** rates of binge drinking in Windsor County and ***high*** rates of tobacco use among pregnant women in Greater Sullivan Public Health Region. ➢ Opioid use and deaths remain a concern in the region, however, recent trends in emergency department visit data suggest that prevention efforts are having a positive impact.	➢ Treatment and recovery services for alcohol and other substances was a top 10 'most urgent health need' for Residents. It did not make the top 10 list for Providers nor did it make the top 5 list for Residents when responses were stratified by age and geography. ➢ Substance use services were the fifth most difficult to access health service according to Providers. ➢ References to a local "drug problem" were common in write-in responses as was praise for local substance abuse focused programs and providers even though capacity remains an issue.	➢ Reference to a local "drug problem" were common. ➢ Participants identified gaps in the continuum of care for substance misuse – detox, step-down, residential. ➢ Participants praised local organizations like Turning Point and Moms in Recovery for their work.

Community Health Issue	Community Health Status Indicators	Community Surveys	Community Discussions
Availability of mental health services for youth and adults	➢ Adults in the Combined Service Area report 'poor mental health (~15%), depression (~25%), and 'feeling socially isolated' (~33%) at rates similar to their peers across Vermont and New Hampshire. ➢ However, ED visits for suicide or self-harm and suicide rates in the region are generally higher than state rates. ➢ While 75-81% of people receive follow up care after discharge for a mental illness diagnosis, people to Mental Health Provider ratios are relatively high in the Combined Service Area and particularly high in Greater Sullivan Public Health Region.	➢ Mental health services for both youth and adults were top ten 'most urgent health needs' for both Residents and Providers. ➢ Across all geographies, Resident respondents identified mental health services for adults as a 'most urgent health need'. ➢ Older adults (65+) were the only group of Resident respondents who did not select mental health services for youth and adults as a 'most urgent health need'. ➢ Mental health services was a top four difficult to access service according to both Residents and Providers. ➢ "More mental health providers" was frequently written-in as a priority for local improvement efforts.	➢ Mental health care was identified as a top priority for community health improvement. ➢ Concerns included limited capacity, wait times for care, and community members accessing the emergency department due to limited capacity for care in the region. ➢ Participants highlighted specific mental health concerns like: eating disorders, autism, ADHD, and bullying.
Affordability and availability of dental care services	➢ People to dentist ratios are high in the region, particularly Greater Sullivan Public Health Region and Windsor County, suggesting limited availability. ➢ The percent of adults who accessed dental care within the past year was similar to Vermont and New Hampshire state averages. Even so, roughly 3 out of ten Combined Service Area adults did not receive dental care within the last 12 months.	➢ Dental care was a top 10 'most urgent health need' for both Resident (24.5%) and Provider (23%) respondents. ➢ Dental care was a top 5 'most urgent health need' for all geographies (except Springfield) and age groups (except 45-64 year olds). ➢ Survey respondents wrote-in comments suggesting access to Dental care is impacted by recruitment challenges and insurance coverage limitations, including few Medicaid providers in the region.	➢ Participants discussed provider shortages and limitations in insurance coverage for the full spectrum of dental services – including by Medicare and Medicaid. ➢ Participants also discussed high costs of dental care, generally, and the use of the emergency department for oral health problems.

Community Health Issue	Community Health Status Indicators	Community Surveys	Community Discussions
Socioeconomic conditions affecting health and well-being such as lack of safe and affordable housing, transportation, and access to healthy foods	➢ The Median Household Income in the Combined Service Area ($67,595) is lower than Vermont and New Hampshire. There is great disparity in household income between communities in the region. ➢ Roughly 13% (12.9%) of the Combined Service Area lives in poverty, more than Vermont (10.3%) and New Hampshire (7.2%). ➢ 14.4% of children in the Combined Service Area live in poverty, more than Vermont (10.8%) and New Hampshire (7.8%). Four communities have child poverty greater than 25%. ➢ More than 30% (31.1%) of households in the Combined Service Area are cost-burdened by their housing (i.e., they spend more than 30% of their income on housing costs). ➢ More than one in 10 (13.6%) of people in the Combined Service Area experience food insecurity. ➢ Most households (93%) own at least one personal vehicle.	➢ The disparity, locally, between income and cost of living was evidenced in the prominence of "cost-related" issues and needs elevated in the survey data. See "Cost of health care…" section above. ➢ Provider respondents were more likely to mention social determinants of health as needs and barriers than Resident respondents. For example, "Safe, affordable housing", "Reliable transportation", and "Affordable healthy foods" were top 10 'most urgent health needs' for Providers. Only housing made the list for Residents. ➢ When asked what social services Residents had difficulty accessing in the last year, they responded "Help with home repair" (33.8%), "Transportation" (26.3%), and "Help paying bills" (21.7%). ➢ Suggestions for improvement efforts related to social determinants of health included: expanding safe, reliable public transit options; creating affordable housing opportunities; and offering more fresh, organic foods as well as nutrition education.	➢ Socioeconomics (i.e., cost of care) and transportation were the most widely discussed social determinants of health in the Community Discussion Groups. See "Cost of health care…" section above. ➢ Participants discussed the limitations of MOO!ver's routes and schedules as well as the strict rules surrounding Medicaid supported transportation programs. ➢ Participants suggested diversifying transportation providers, expanding existing routes and schedules, simplifying eligibility for transportation programs, and advocating for more family-, school-, and work-friendly policies under Medicaid transportation programs.

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METHODOLOGY

This section briefly outlines the methodology Springfield Hospital and North Star Health employed in conducting their joint 2025 Community Health Needs Assessment (CHNA). The CHNA integrates secondary data sourced from local, state, and federal sources with qualitative data obtained through two community surveys and a series of Community Discussion Groups. The purpose of the assessment is to understand the *most urgent health needs* in the "Combined Service Area" of Springfield Hospital and North Star Health and to lay the foundation for community health improvement efforts led by these key health care institutions and their local partners.

- Secondary Data Collection:
  - Local, State, and Federal Sources: Relevant health data were gathered from various local, state, and federal agencies, including but not limited to:
    - Local Health Departments
    - State Departments of Public Health
    - Centers for Disease Control and Prevention
    - U.S. Census Bureau
    - U.S. Centers for Medicare & Medicaid Services
- Primary Data Collection:
  - Surveys: Two surveys were widely disseminated throughout the Combined Service Area, one targeting residents and one targeting health and social service providers. Both were aimed at gaining a better understanding of health-related needs and strengths within the region.
  - Community Discussion Groups: CHNA steering committee members conducted a series of six Community Discussion Groups to gather qualitative insights from community members on the most urgent health needs in the region and their suggestions for how to improve community health and well-being.
- Data Scope:
  - Chronic and Acute Health Conditions: The assessment looked at the prevalence of illness across the Combined Service Area as well as health behaviors and environmental conditions that are known to be associated with poor health.

- Social Determinants of Health: The assessment also looked at many factors in the places where people live, work, and play that influence health and well-being, including factors such as access to health care, socioeconomic status, housing conditions, food security, and transportation.

- Limitations:
  - Selection Bias: Survey respondents and Community Discussion Group participants self-selected, potentially introducing bias into the qualitative data.
  - Data Availability: Some qualitative data were not available at the community level for all geographies included, which may have limited the comprehensiveness of the assessment. In addition, datasets often reflect different time periods, affecting the ability to analyze relationships between data points. Few sources indicated whether differences were statistically significant compared to reference groups; such notes were included when provided, but no independent statistical analyses were conducted for this CHNA.
- Ethical Considerations:
  - Confidentiality: Confidentiality and anonymity of participants in the surveys and confidentiality on the part of Community Discussion Groups were ensured to encourage open and honest participation.
  - Informed Consent: Prior to participation, Community Discussion Group participants were informed of the purpose of the CHNA, the role of the Community Discussion Groups in the CHNA, and their rights as participants.

This mixed methodology provided a comprehensive and inclusive approach to the community health needs assessment, incorporating both qualitative and quantitative data while elevating the "local voice." By integrating insights from diverse sources, the assessment aims to inform targeted interventions and initiatives to improve the overall health and well-being of the communities served by Springfield Hospital, North Star Health, and their partners.

COMMUNITY OVERVIEW WITH SELECTED COMBINED SERVICE AREA DEMOGRAPHICS

The combined service area of Springfield Hospital and North Star Health (i.e., Combined Service Area) lies along the Vermont/New Hampshire border and includes communities from five counties within the two states: Windsor, Windham, and Bennington Counties in Vermont and Sullivan and Cheshire Counties in New Hampshire.

The region is primarily rural, with a mix of forested areas and small towns. The Connecticut River runs along the border, serving as a significant natural feature. The area is characterized by a mix of residential properties, farms, and some commercial activity, with limited population density. The landscape varies with the seasons, with winters bringing snow and summers offering opportunities for outdoor activities. The region includes both historical towns and more recent developments, with health care services and resources concentrated in the larger communities.

Combined Service Area Communities by State

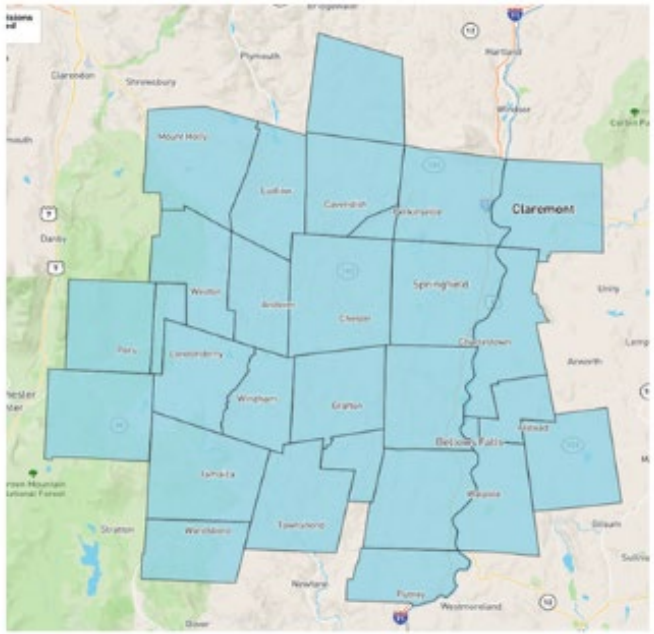
Vermont: Andover, Athens, Baltimore, Cavendish, Chester, Grafton, Jamaica, Landgrove, Londonderry, Ludlow, Mount Holly, Peru, Putney, Reading, Rockingham, Springfield, Townshend, Wardsboro, Weathersfield, Westminster, Weston, Windham, and Winhall

New Hampshire: Alstead, Charlstown, Claremont, Langdon, and Walpole

| TABLE 1 – Communities by Service Area |

Town / City	Springfield Hospital	North Star Health	Town / City	Springfield Hospital	North Star Health
Andover, VT		X	Rockingham, VT	X	X
Athens, VT		X	Springfield, VT	X	X
Baltimore, VT		X	Townshend, VT		X
Cavendish, VT	X	X	Wardsboro, VT		X
Chester, VT	X	X	Weathersfield, VT	X	X
Grafton, VT		X	Westminster, VT	X	X
Jamaica, VT		X	Windham, VT	X	X
Landgrove, VT	X	X	Weston, VT		X
Londonderry, VT	X	X	Winhall, VT		X
Ludlow, VT	X	X	Alstead, NH		X
Mount Holly, VT		X	Charlestown, NH	X	X
Peru, VT		X	Claremont, NH	X	X
Putney, VT			Langdon, NH		X
Reading, VT	X	X	Walpole, NH		X

| FIGURE 1 – Map of the Combined Service Area|



1. Total Population

The total population of the Combined Service Area was 65,223 residents in 2023 according to the United States Census Bureau's American Community Survey (2019-2023). Table 2 below and continued on the next page displays the service area population distribution by municipality, as well as the proportion of residents who are under 18 years of age and the proportion of residents who are 65 years and older.

| TABLE 2 – Combined Service Area Population by Municipality |

Data Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023

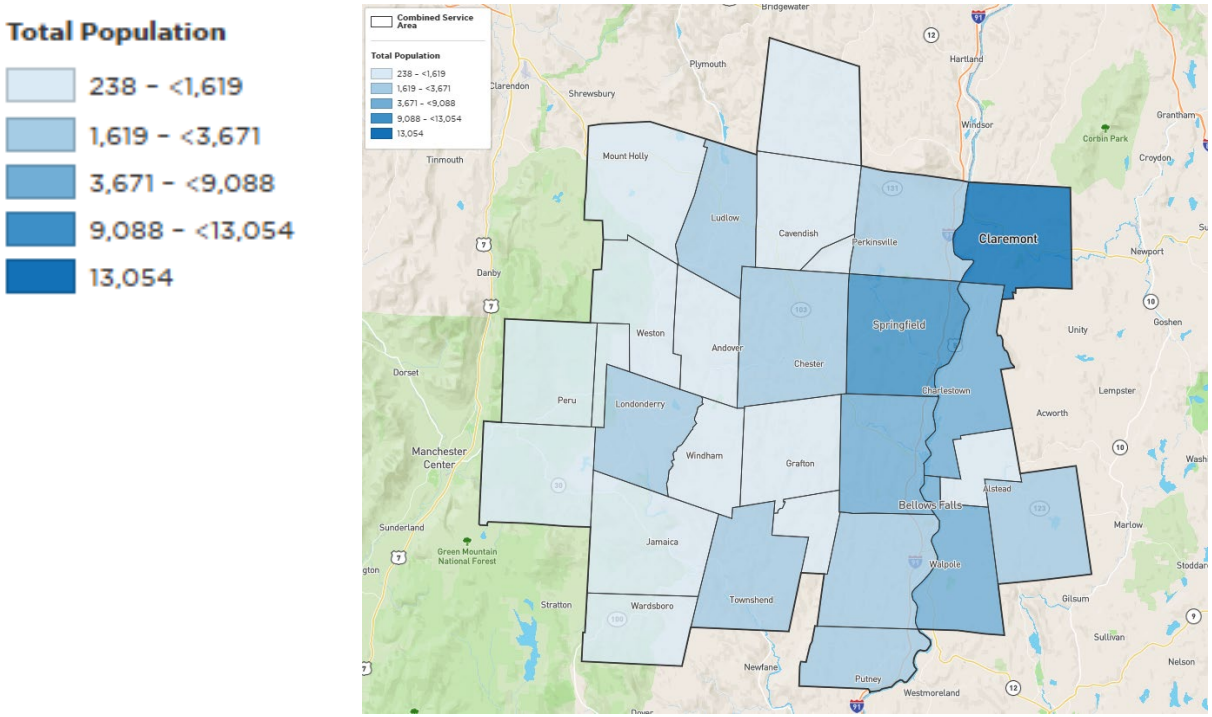
Town / City	2023 Population	% Total Service Area Population	% Under 18 years of age	% 65+ years of age
Andover, VT	635	1.0%	14.5%	20.2%
Athens, VT	453	0.7%	16.3%	21.4%
Baltimore, VT	310	0.5%	16.8%	19.4%
Cavendish, VT	1,400	2.1%	21.8%	22.5%
Chester, VT	2,998	4.6%	15.0%	34.1%
Grafton, VT	664	1.0%	9.0%	32.1%
Jamaica, VT	1,456	1.4%	18.5%	26.0%
Landgrove, VT	887	<1%	13.4%	45.0%
Londonderry, VT	238	3.2%	10.2%	20.0%
Ludlow, VT	2,115	2.9%	14.6%	30.5%
Mount Holly, VT	1,916	2.2%	20.4%	30.7%
Peru, VT	434	0.7%	7.4%	21.2%
Putney, VT	2,612	4.0%	17.0%	17.1%
Reading, VT	697	1.1%	19.4%	29.3%
Rockingham, VT	4,828	7.4%	17.1%	28.6%

Town / City	2023 Population	% Total Service Area Population	% Under 18 years of age	% 65+ years of age
Springfield, VT	9,088	13.9%	16.1%	22.3%
Townshend, VT	1,619	2.5%	13.5%	19.0%
Wardsboro, VT	950	1.5%	15.8%	22.7%
Weathersfield, VT	2,843	4.4%	17.9%	27.8%
Westminster, VT	3,005	4.6%	18.6%	26.9%
Windham, VT	553	0.8%	17.5%	20.6%
Weston, VT	769	1.2%	19.8%	39.1%
Winhall, VT	768	1.2%	21.5%	24.0%
Alstead, NH	1,625	2.5%	14.5%	24.4%
Charlestown, NH	4,872	7.5%	20.0%	24.8%
Claremont, NH	13,054	20.0%	19.3%	19.6%
Langdon, NH	763	1.2%	19.7%	25.7%
Walpole, NH	3,671	5.6%	24.5%	23.6%
Combined Service Area Total	**65,223**	**100%**	**17.7%**	**24.1%**
State of Vermont	645,254		18.2%	20.8%
State of New Hampshire	1,387,834		18.5%	19.5%

The map below shows the geographic distribution of the population within the Combined Service Area. Communities in New Hampshire and on the New Hampshire border (i.e., the eastern portion of the Combined Service Area) tend to be more populated.

| FIGURE 2 – Population Distribution Within the Combined Service Area |

Data Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023



Important to note is that the total population of the Combined Service Area grew (+4%) since the last Community Health Needs Assessment conducted in 2022 with data from 2019. This growth rate is similar to but higher than the states of Vermont (+3%) and New Hampshire (+2%).

2. Select Demographic and Economic Indicators

Table 3 below displays additional demographic information for the municipalities of the Springfield Hospital and North Star Health Combined Service Area.

|TABLE 3 - Selected Demographic and Economic Indicators |

Data Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023

Area	Median Household Income	% with Income Under 100% Poverty Level	% Family Households with Children Headed by a Single Parent	% Population with a Disability
Charlestown, NH	$ 48,614	13.5%	30.3%	17.3%
Ludlow, VT	$ 54,276	5.4%	66.4%	12.6%
Claremont, NH	$ 54,520	15.2%	49.8%	17.6%
Alstead, NH	$ 59,091	9.5%	23.5%	19.4%
Springfield, VT	$ 65,116	14.2%	36.6%	23.5%
Mount Holly, VT	$ 66,810	10.7%	29.5%	14.4%
Chester, VT	$ 67,031	6.0%	3.5%	16.7%
Combined Service Area	**$ 67,595**	**12.9%**	**38.4%**	**18.7%**
Townshend, VT	$ 70,208	6.4%	18.9%	11.6%
Jamaica, VT	$ 71,364	9.9%	56.8%	15.1%
Westminster, VT	$ 71,693	10.3%	26.0%	17.1%
Putney, VT	$ 73,580	15.8%	44.6%	19.7%
Rockingham, VT	$ 73,705	13.9%	37.1%	13.3%
Wardsboro, VT	$ 75,156	4.3%	60.3%	12.3%
Walpole, NH	$ 76,875	13.2%	15.7%	18.7%

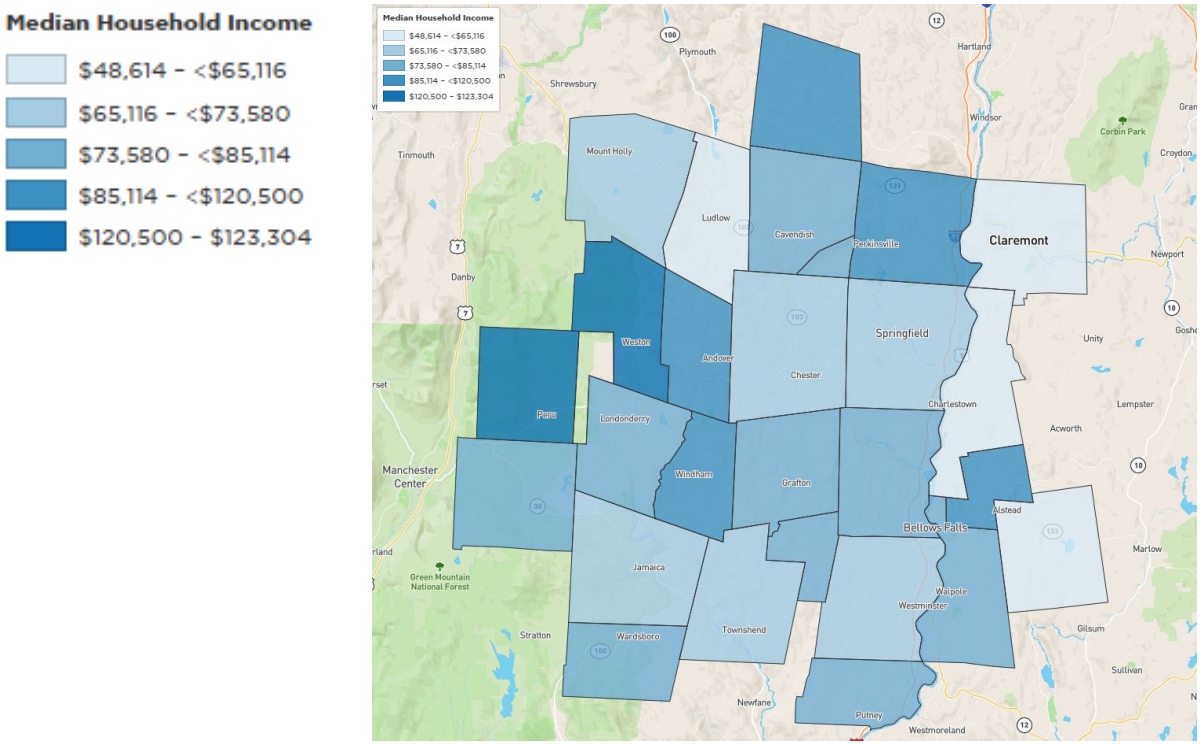
Area	Median Household Income	% with Income Under 100% Poverty Level	% Family Households with Children Headed by a Single Parent	% Population with a Disability
Athens, VT	$ 77,222	13.5%	60.0%	15.7%
Londonderry, VT	$ 77,237	2.4%	11.5%	10.9%
Vermont	$ 78,024	10.3%	31.8%	14.4%
Winhall, VT	$ 78,333	7.9%	0.0%	14.5%
Grafton, VT	$ 79,375	6.8%	0.0%	12.2%
Cavendish, VT	$ 79,583	3.4%	1.6%	16.6%
Baltimore, VT	$ 83,125	16.5%	16.0%	15.8%
Reading, VT	$ 85,114	7.6%	16.7%	15.8%
Weathersfield, VT	$ 85,592	6.2%	5.5%	11.6%
Windham, VT	$ 91,250	9.2%	34.8%	10.8%
Langdon, NH	$ 91,250	5.0%	16.4%	13.6%
New Hampshire	$ 95,628	7.2%	27.0%	12.9%
Andover, VT	$ 96,250	6.3%	18.2%	6.9%
Weston, VT	$ 120,500	3.6%	22.6%	8.2%
Peru, VT	$ 123,304	4.8%	13.6%	13.1%
Landgrove, VT	No Data	1.7%	0.0%	3.8%

Per the table above, the Combined Service Area has a Median Household Income lower than the statewide Median Household Incomes for both Vermont and New Hampshire. There is a substantial range within the region, with Peru (i.e., the community with the highest Median Household Income) having a value more than twice as high as Charlestown (i.e., the community with the lowest Median Household Income). The percent of people living below the federal poverty level also varies across the region from roughly 2% of the population in Londonderry and Landgrove to roughly 16% in Putney and Baltimore.

The map below displays the distribution of Median Household Income across municipalities in the Combined Service Area.

| FIGURE 3 – Median Household Income by Town, Combined Service Area |

Data Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023



3. Summary

The Combined Service Area of Springfield Hospital and North Star Health spans communities across six counties along the Vermont/New Hampshire border. It includes towns in Windsor, Windham, and Bennington Counties in Vermont, and Sullivan and

Cheshire Counties in New Hampshire. This largely rural region features small towns, forested areas, agricultural land, and limited commercial activity, with most health care services centered in larger population hubs. The Connecticut River serves as a defining geographic feature.

- **Population Overview:**
  As of 2023, the Combined Service Area had a total population of 65,223 residents, showing a 4% increase since 2019—outpacing growth in both Vermont (+3%) and New Hampshire (+2%). Populations are more concentrated in eastern communities along the New Hampshire border, including Claremont, NH (13,054 residents), Springfield, VT (9,088), and Rockingham, VT (4,828).

- **Age Demographics:**
  Seniors (65+) make up 24.1% of the population, while youth under 18 account for 17.7%, indicating an aging population. These figures are higher and lower, respectively, than statewide averages.

- **Economic Characteristics:**
  Median Household Income across the Combined Service Area varies widely—from $48,614 in Charlestown, NH to $123,304 in Peru, VT. Overall, the region's Median Household Income is lower than both Vermont and New Hampshire state averages. Similarly, poverty rates vary substantially, with some towns like Putney, VT (15.8%) and Baltimore, VT (16.5%) reporting higher levels of poverty, while others like Landgrove, VT (1.7%) and Londonderry, VT (2.4%) reporting much lower rates.

- **Key Social Indicators:**
  - In the Combined Service Area, 12.9% of residents live below the federal poverty level.
  - 38.4% of family households with children are headed by a single parent—higher than the Vermont (31.8%) and New Hampshire (27.0%) averages.
  - 18.7% of the Combined Service Area population reports living with a disability, exceeding state averages.

This demographic and geographic context sets the foundation for identifying health needs and targeting resources within the Combined Service Area.

COMMUNITY INPUT ON HEALTH ISSUES AND PRIORITIES

Between May and July 2025, the Community Health Needs Assessment planning committee fielded two surveys: one with distribution targeted to community-based service providers; the other broadly disseminated to residents across the region. The survey instruments were designed by the planning committee to have many questions in common to facilitate comparisons and contrasts in the analysis.

The Community Service Provider Survey was distributed via unique email link to approximately 350 individuals in provider positions at local health and human service organizations as well as at local government, education, civic, and volunteer organizations serving the combined service area of Springfield Hospital and North Star Health. The planning committee worked collaboratively to develop the distribution list and outreach to partner entities regarding participation in the survey.

Of the approximate 350 partners invited to participate in the Community Service Provider Survey, 97 people completed the survey (27.7% response). Figure 4 displays the range of community sectors represented by these individuals. (Note: Respondents could select more than one sector). With the understanding that some providers may be more familiar with some areas of the wider region than other areas, the survey instrument asked respondents to identify "*the areas you primarily serve or are most familiar with*". Figure 5 displays the sub-regional distribution. (Note: Respondents could also select more than one sub-region.)

FIGURE 4 - Provider Respondents by Role

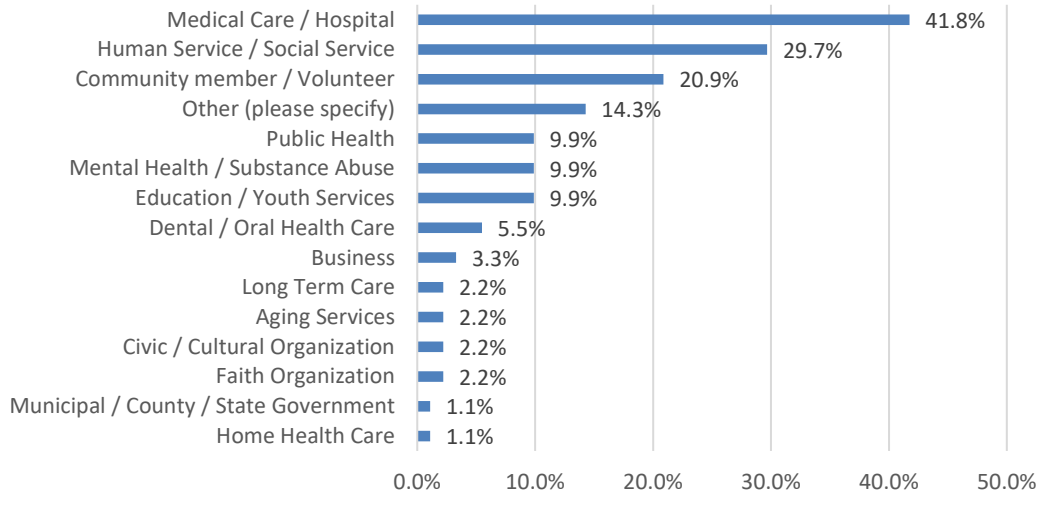
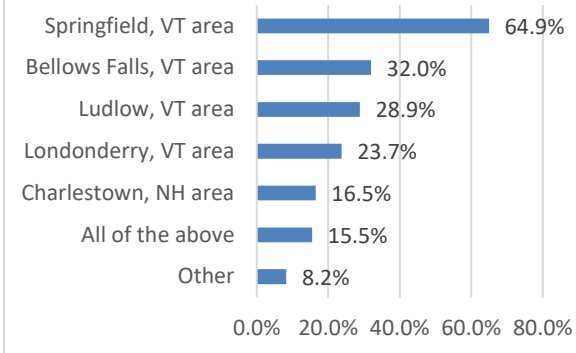


FIGURE 5 - Respondent Providers by Area



The resident-targeted survey (i.e., Community Health Needs Survey) was disseminated via unique email link to hospital, health center, and provider distribution lists as well as through social media channels. Paper surveys were available at hospital and clinic locations and upon request. A total of 776 respondents completed the Community Health Needs Survey. NOTE: responses with zip codes from areas outside of Vermont and New Hampshire were ultimately excluded from the count and analysis, bringing the total number of surveys reported on below to 698.

Responses represented 25 of the 28 towns of the Combined Service Area as well as a number of other communities within Vermont and New Hampshire. Table 4 below displays the grouping of respondents by community. Among respondents who provided information on their current local residence, about 30% were residents of Springfield or North Springfield. The most common locations outside the Combined Service Area from which survey responses were received included Windsor, VT (5 responses) and Acworth, NH (4 responses).

| TABLE 4 - Community Health Needs Survey Respondents by Community|

Community	Zip Code(s)	# of Respondents	% of Respondents*
Springfield, VT	05156	184	26.4%
North Springfield, VT	05150	19	2.7%
Chester, Andover, Athens, & Baltimore, VT	05143	62	8.9%
Rockingham (Bellows Falls & Saxtons River), VT	05101, 05154	53	7.6%
Charlestown, NH	03603	53	7.6%
Ludlow, VT	05149	25	3.6%
Londonderry, South Londonderry, & Landgrove, VT	05148, 05155	24	3.4%
Weathersfield (Perkinsville, Ascutney), VT	05151, 05030	22	3.2%
Cavendish (Proctorsville), VT	05142, 05153	13	1.9%
Weston, VT	05161	12	1.7%
Claremont, NH	03743	8	1.1%
Grafton, VT	05146	4	0.6%
Alstead & Langdon, NH	03602	9	1.3%

Community	Zip Code(s)	# of Respondents	% of Respondents*
Westminster, VT	05158	15	2.1%
Peru, VT	05152	2	0.3%
Walpole, NH	03608, 03609	11	1.6%
Putney, VT	05346	10	1.4%
Townshend, Windham	05359	-	
Mount Holly, VY	05758	3	0.4%
Winhall (Bondville), VT	05340	3	0.4%
Wardsboro, VT	05360	1	0.1%
Jamaica, VT	05343	-	
Reading, VT	05062	1	0.1%
Other towns (in VT and NH)		48	6.9%
Blank		116	16.6%
* Percent of Respondents is based on 698 responses (i.e., total respondents reporting zip code in VT & NH (N = 582) or no zip code (N=116)).			

Table 5 below displays selected characteristics of respondents to the Community Health Needs Survey as compared to the total population of the Combined Service Area. Community Health Needs Survey respondents were more likely to be over 65 years of age (55.8% vs. 24.1%) and to be female (49.9 vs. 72.2%). They were less likely to be uninsured (1.2% vs. 5.5%) or insured through Medicaid (11.9% vs. 25.3%). They were also less likely to report Veteran status (5.8% vs. 8.6%) or a race or ethnicity other than White, non-Hispanic (3.3% vs. 9.4%). Given the demographic differences between the Community Health Needs Survey respondents and the overall population of the Combined Service Area, the survey results should be interpreted with caution and considered alongside other sources of information.

| TABLE 5 - Select Characteristics of Community Health Needs Survey Respondents|

Group	Age < 65 years	Female	Black, Indigenous and People of Color
Survey Respondents	55.8%	72.2%	3.3%
Combined Service Area	24.1%	49.9%	9.4%
	Current Military Service or Veteran	**Currently Uninsured**	**Currently has Medicaid Coverage**
Survey Respondents	5.8%	1.2%	11.9%
Combined Service Area	8.6%	5.5%	25.3%

1. Urgent Health Needs

Respondents to the Community Health Needs Survey and Community Service Provider Survey were asked to select from a list up to five "*most urgent health needs*" in the community. The list was comprised of 36 items including an open-ended 'other' option. Table 6 compares the ten issues that were selected most by each respondent group (i.e., Residents and Providers). The table uses color coding to highlight items that match across groups.

| TABLE 6 – Most Urgent Health Needs by Respondent Group |

Rank	Residents		Providers	
1	Primary care services	67.2%	Safe, affordable housing	54.0%
2	Lower costs for health insurance	32.2%	Primary care services	47.1%
3	Mental health services for adults	29.9%	Mental health services for children and youth	44.8%
4	Lower costs for health care services	26.5%	Mental health services for adults	39.1%
5	Safe, affordable housing	25.1%	Reliable transportation	28.7%
6	Dental care	24.5%	Lower costs for health insurance	26.4%
7	Lower costs for prescription drugs	23.6%	Affordable healthy foods	24.1%
8	Mental health services for children and youth	21.8%	Dental care	23.0%
9	Treatment and recovery services for alcohol and other substances	15.2%	Lower costs for health care services	20.7%
10	Home-based services supporting independent living	13.8%	Home-based services supporting independent living	17.2%
10			Lower costs for prescription drugs	17.2%

The table above shows strong overlap between the Resident and Provider responses with nine of the top 10 issues the same between the two lists. Furthermore, “Primary care services”, “Mental health services for adults”, and “Safe, affordable housing” were top five issues for both Residents and Providers.

Note: “Treatment and recovery services for alcohol and other substances” did not appear as a top 10 issue on the Community Service Provider Survey. It ranked number 12 for Providers. Similarly, “Reliable transportation” and “Affordable healthy foods” did not appear as top 10 issues on the Community Health Needs Survey. They ranked 20 and 18, respectively, for Residents.

For both respondent groups, the three items related to “cost” (i.e., health insurance, health care services, and prescription drugs) were ranked as top 10 issues. However, Resident respondents ranked the “cost”-related items higher on their list of urgent health needs than the Provider respondents. Conversely, Provider respondents were more likely to list, and to rank higher, items related to social determinants of health (i.e., the factors in the places where people live, work, and play that influence health) like “Safe, affordable housing”, “Reliable transportation”, and “Affordable healthy foods.”

Finally, the top issues identified by both groups of survey respondents are similar to those identified in the 2022 Community Health Needs Assessment when the top 4 issues were: access to affordable health care services, access to mental health services for children

and adults, access to dental care, and prevention and treatment for substance misuse.

The collage below includes comments from write-in sections of the Community Health Needs Survey and Community Service Provider Survey that are representative of respondents' thoughts on urgent health issues and needs in the region.

| FIGURE 6 - Emblematic Quotes Regarding Urgent Health Needs and Issues in the Combined Service Area |

Figures 7 and 8 on the next two pages show the full results for each respondent group related to urgent health needs.

FIGURE 7 - Resident Respondents Selecting as Top 5 "Most Urgent Health Need"

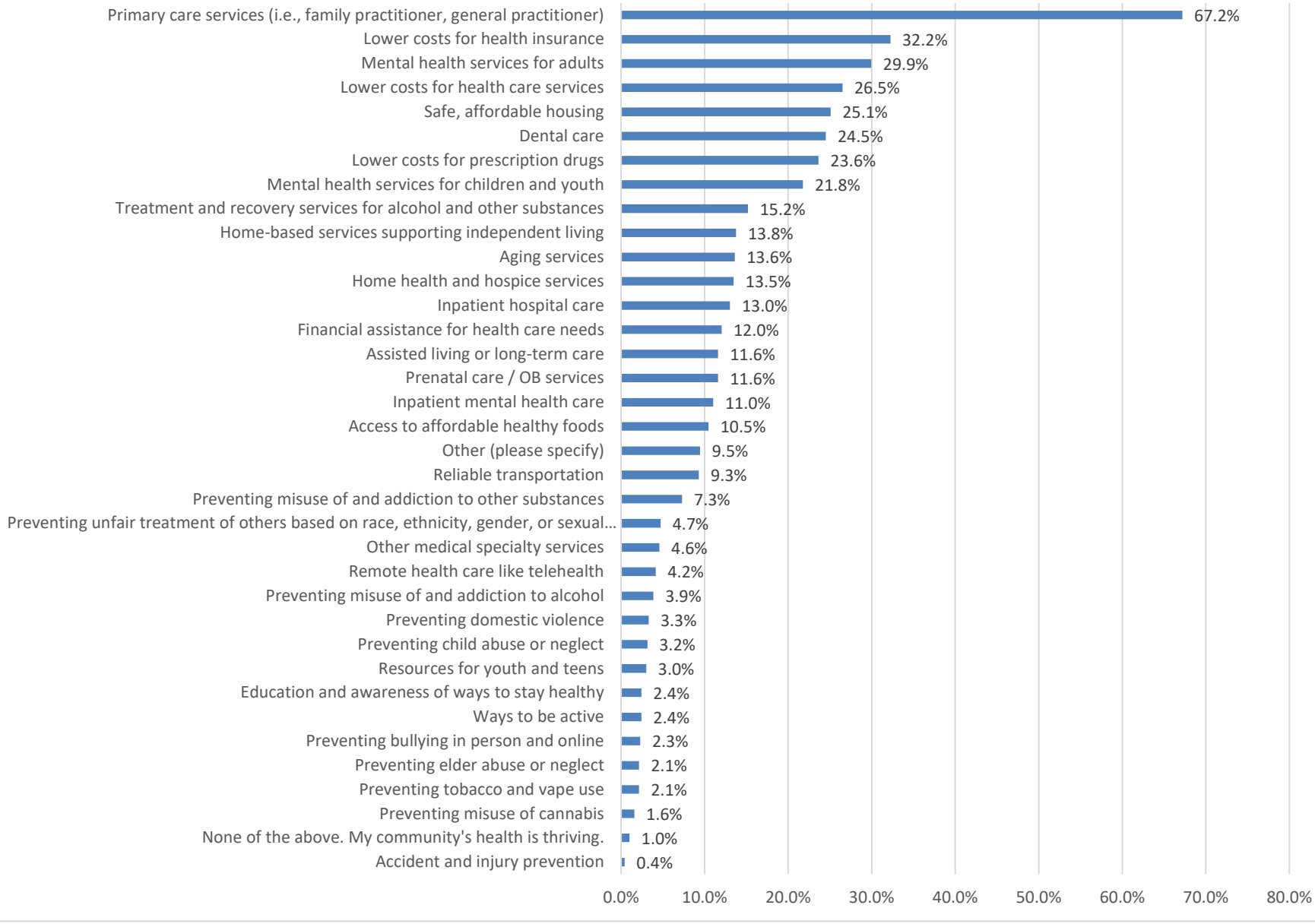


FIGURE 8 - Provider Respondents Selecting as Top 5 "Most Urgent Health Need"

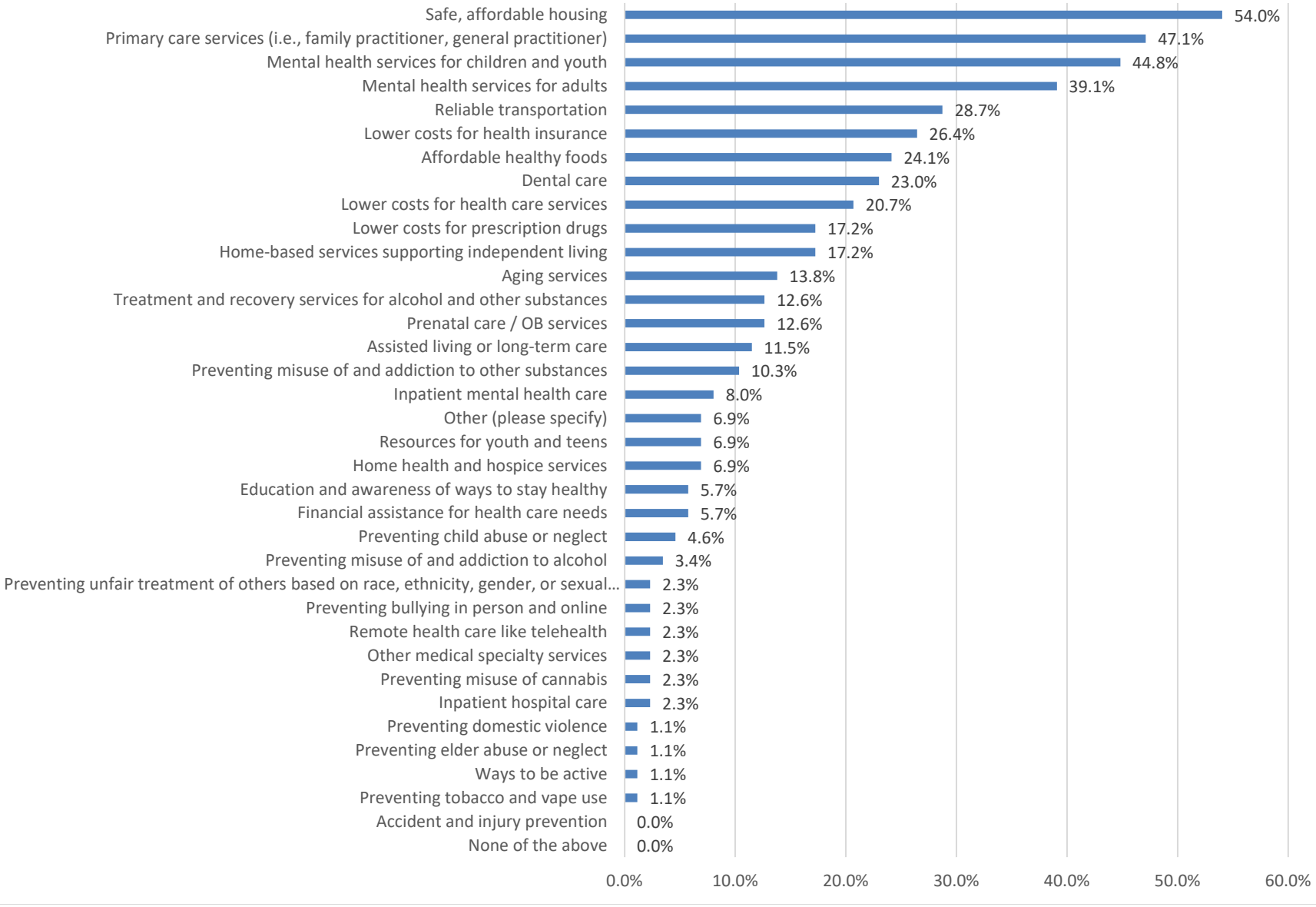


Table 7 below displays the most frequently selected issues among Community Health Needs Survey respondents by age group of respondent. The most frequently selected needs or issues were similar across age groups with most top issues being selected by more than one age group. Exceptions include “Prenatal care / OB services” which was only selected by 18-44 year olds; “Safe, affordable housing” which was only selected by 45-64 year olds; and “Lower costs for prescription drugs” and “Lower costs for health care services” which were only selected by 65+ year olds. Of note is that the older the respondent group, the more likely they were to select "cost”-related issues. That is, the 18-44 year olds did not select a cost-related issue as a top 5 urgent health need whereas respondents aged 45-64 years selected “Lower costs for health insurance” and respondents aged 65+ years selected all three cost-related health needs (i.e., lower costs for health insurance, prescription drugs, and health care services). The table uses color coding to highlight items that match across groups.

| TABLE 7 - Most Urgent Health Needs by Age Group |

Age 18-44 Years (N=107)		Age 45-64 Years (N=216)		Age 65+ Years (N=241)	
Primary care services	51.4%	Primary care services	63.0%	Primary care services	78.0%
Mental health services for adults	45.8%	Mental health services for adults	74.8%	Lower costs for health insurance	32.0%
Mental health services for children and youth	31.8%	Lower costs for health insurance	72.0%	Lower costs for prescription drugs	28.2%
Prenatal care / OB services	28.0%	Mental health services for children and youth	58.9%	Dental care	28.2%
Dental care	28.0%	Safe, affordable housing	56.1%	Lower costs for health care services	26.6%

Table 8 displays the top priorities on the same question with respondents grouped into 3 sub-regions of service area towns as well as “Other” (i.e., Vermont and New Hampshire zip codes outside of the Combined Service Area) and “No Zip Code” (i.e., those responses that did not list a zip code). The first group are residents of Springfield, including North Springfield. Group 1 towns are those that are within an estimated drive time of 20 minutes to Springfield Hospital. Group 2 towns are those that are greater than 20 minutes of estimated drive time to Springfield Hospital. See the note below the table for a list of towns included in each group.

As observed with the age group breakdown, there is more similarity overall than difference between the responses from across the

town groupings. Access to "Primary care services" is the top issue across all groupings, with the percentage of respondents reporting the need going up as the distance from Springfield increases. The cost of health insurance is a consistent concern across all groups with one-quarter to one-third of respondents in each geographical area reporting "Lower costs for health insurance" as an urgent issue. Approximately 30% of each area reports access to "Mental health services for adults" as an urgent need. Finally, both access to "Dental care" and "Safe, affordable housing" ranked in the top five urgent needs for four of the five geographical groupings. Of note is that Springfield is the only geographic area where access to "Dental care" did not make the list of top five needs. The table uses color coding to highlight items that match across groups.

| TABLE 8 - Most Urgent Health Needs by Proximity to Springfield |

Springfield (N=203)		Group 1 Towns* (N=203)		Group 2 Towns** (N=128)		Other*** (N=48)		****No Zip Code (N=116)	
Primary care services	64.5%	Primary care services	69.5%	Primary care services	70.3%	Primary care services	68.8%	Primary care services	63.8%
Lower costs for health insurance	33.0%	Lower costs for health insurance	33.5%	Lower costs for health insurance	34.4%	Lower costs for health insurance	31.3%	Mental health services for adults	28.4%
Lower costs for health care services	32.0%	Mental health services for adults	30.5%	Mental health services for adults	31.3%	Mental health services for adults	29.2%	Lower costs for health insurance	26.7%
Mental health services for adults	29.6%	Lower costs for prescription drugs	29.1%	Lower costs for health care services	27.3%	Dental care	27.1%	Safe, affordable housing	25.0%
Safe, affordable housing	26.1%	Dental care	25.6%	Safe, affordable housing	25.0%	Safe, affordable housing	25.0%	Dental care	23.3%
				Dental care	25.0%	Mental health services for children and youth	25.0%		

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

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

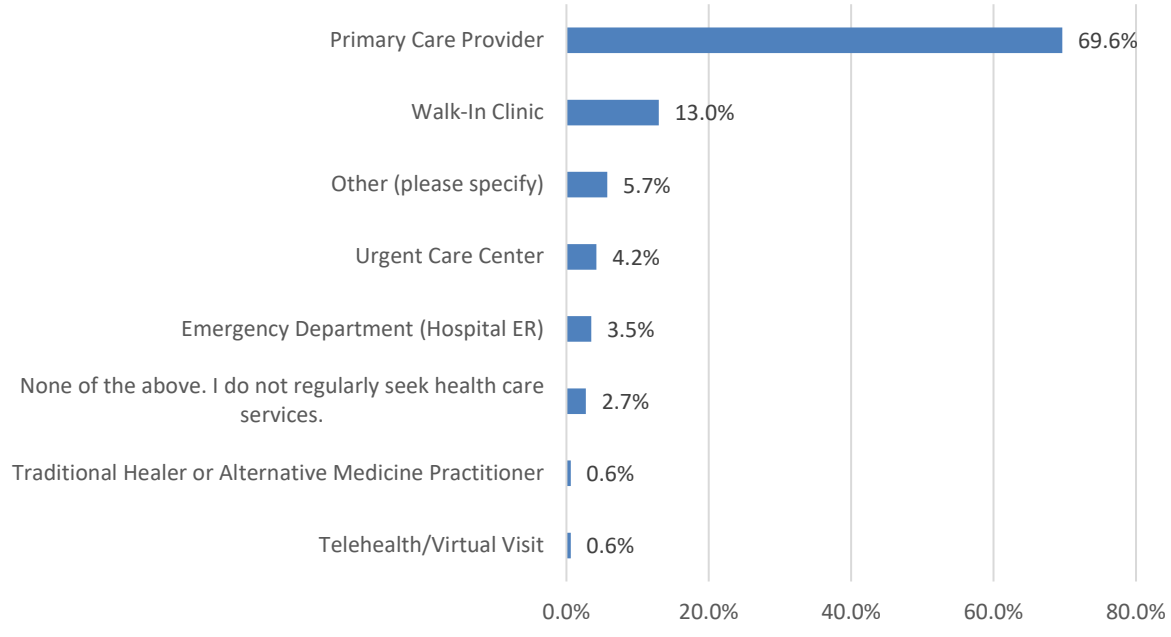
***Other includes all responses from VT and NH zip codes outside of the Combined Service Area

****No Zip Code includes all responses without a specified zip code

2. Access to Services and Perceived Effectiveness

To assess health care access across the region, Community Health Needs Survey respondents (i.e., Residents of the Combined Service Area) were asked where they "*most often go for health care services.*" Figure 9 shows that "Primary Care Provider" is the most common entry point for individuals seeking health care services in the community. That is, more than two-thirds (69.6%) of Residents reported accessing care through their family or general practitioner.

FIGURE 9 - Residents Reporting Primary Health Care Access Point



This finding is interesting considering Table 9 below which shows that many Residents and service Providers in the Combined Service Area report that accessing Primary Care is difficult. Specifically, to identify gaps in local health care services, Community Health Needs Survey and Community Service Provider Survey respondents were asked whether there were specific health providers or services needed in the community. Residents were asked whether they "*had trouble accessing"* specific health care services in the past year and Providers were asked what "*specific health providers, specialties, or services are needed in the community due to lack of capacity or availability*." Both respondent groups were given the same list of 32 options including an open-ended 'other' option. Table 9 shows the top 10 responses for both groups. The table uses color coding to highlight items that match across groups.

| TABLE 9 - Difficult to Access Health Care Services |

Rank	Residents		Providers	
1	Primary care	50.7%	Mental health services	63.9%
2	Dental care	26.8%	Primary care	62.7%
3	Same Day, Walk-In Care	22.4%	Dental care	36.1%
4	Mental health services	20.0%	Same Day, Walk-In Care	32.5%
5	Vision care	14.4%	Substance use services	31.3%
5			Diabetes specialist (Endocrinology)	31.3%
6	Heart specialist (Cardiology)	9.0%	Home health services	30.1%
7	Diagnostic Imaging	8.8%	Prenatal, labor, and delivery (Obstetrics)	28.9%
8	Lab Services	7.6%	Heart specialist (Cardiology)	24.1%
9	Joint / Arthritis specialist (Rheumatology)	7.6%	Nerve and Brain specialist (Neurology)	20.5%
10	Skin specialist (Dermatology)	6.8%	Diagnostic Imaging	19.3%
10	GI (Gastroenterology)	6.8%	Children's specialist (Pediatrics)	19.3%

Per Table 9 above, both groups most frequently reported limited access to "Primary care", "Dental care", "Same Day, Walk-In Care", and "Mental health services", though in a slightly different rank order. The gap between Resident's preference for accessing health care through their Primary Care Provider (Figure 9 above) and the perceived lack of access to Primary Care (Table 9) highlights a gap between where people seek care and the availability of that care.

After the top four difficult to access services in Table 9, there is much less overlap in the Resident and Provider responses to this

question than in the section above regarding “most urgent health needs”. “Heart specialist (Cardiology)” and “Diagnostic Imaging” were the only common responses in the remainder of the top 10 lists for Residents and Providers.

Part of the discrepancy between the Resident and Provider responses to this survey item can likely be attributed to the question phrasing. While both respondent groups were given the same list of options to select from, Residents were asked to indicate services they needed but “*had trouble accessing...in the past year*” while Providers were asked to indicate services that were “*needed in the community due to lack of capacity or availability*.” These are very different questions.

The personal nature of the Resident question likely led to that group’s more limited response (i.e., the percentage of responses for each individual item is lower than the Providers’). Also, overall, Residents were much less likely than Providers to indicate that services were difficult to access. That is 40.4% of Resident respondents selected “*None of the above. I have been able to access all needed services*” when asked if they “*had trouble accessing*” health services in the past year. Conversely, 100% of Provider respondents indicated that at least one type of health care provider, specialty, or services is “*needed in the community due to lack of capacity or access*.”

Both Residents and Providers had the option to write in ‘other’ types of difficult to access health care services. Table 10 shows the type of health care service and the combined count of Residents and Providers who indicated a need for that service. No single write-in response received wide endorsement. Physical Therapy (5) was the most commonly written-in response.

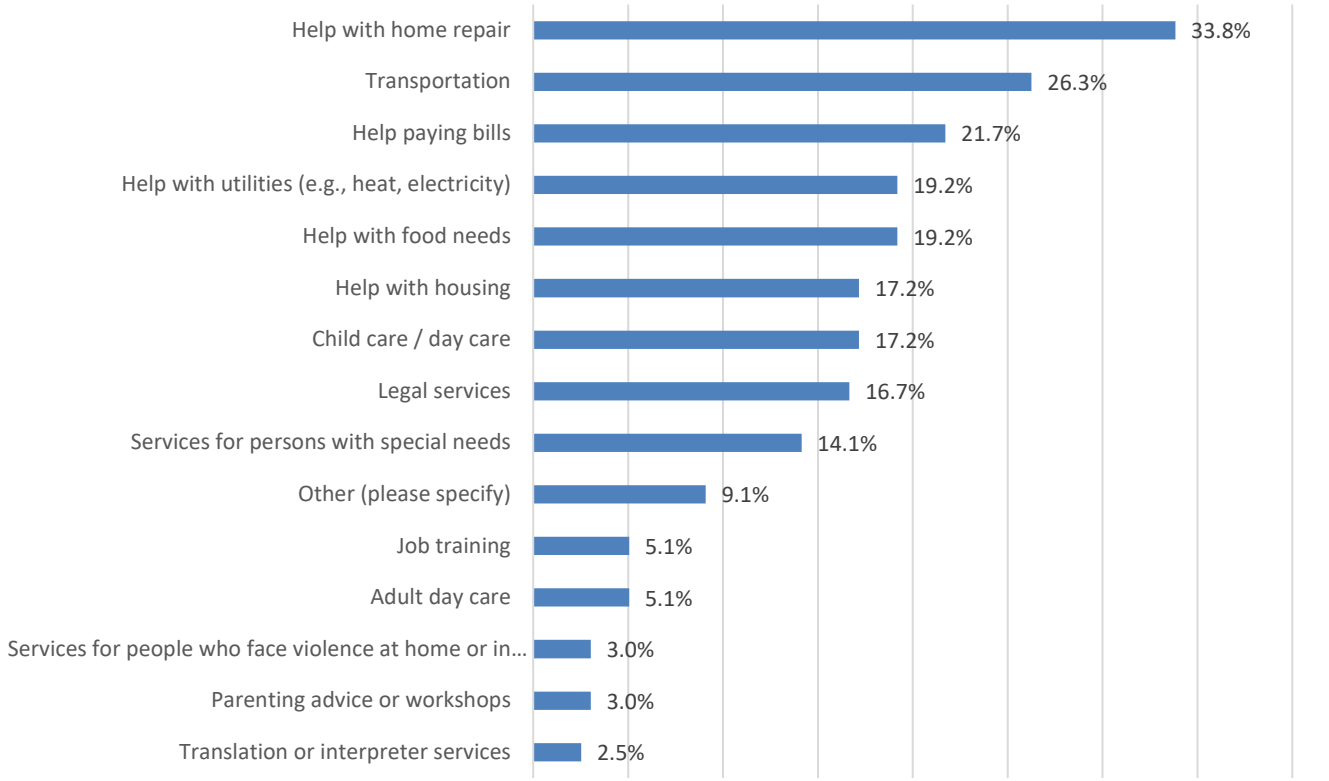
| TABLE 10 - Other Difficult to Access Health Care Services |

Service	Count	Service	Count	Service	Count
Physical Therapy	5	Alternative Medicine	1	Lifestyle Medicine	1
Emergency Department	3	Audiology	1	Occupational Therapy	1
Nephrology	3	Care Coordination	1	Organ Transplant Care	1
Hematology	2	Diabetes Advocacy	1	Sleep Specialist	1
Pain Management	2	Dialysis	1	Weight Management	1
Pharmacy	2	Juvenile Diabetes Care	1		

Community Health Needs Survey respondents were also presented with a list of ***social*** services and asked, *"In the past year, have you or someone in your household had trouble getting any of the following types of services that you needed?"* The list was comprised of 16 options including an open-ended 'other' option.

Most respondents (70.4%) indicated that they were able to access all the social services they needed or that they did not require any social services in the past year. Figure 10 below shows of the percentage of Residents who reported difficulty accessing specific social services. Note: the data in the figure is limited to those who reported difficulty accessing at least one social service (N=198).

FIGURE 10 - Residents Reporting Difficulty Accessing Social Services



"Help with home repair", "Transportation", "Help with paying bills", "Help with utilities", "Help with food needs", "Help with Housing", and "Childcare / day care" received the most endorsement as difficult to access.

Relatedly, both Residents and Providers were asked about barriers to accessing health care and social services. Table 11 below shows the top 10 responses from each respondent group. The table uses color coding to highlight items that match across groups.

| TABLE 11 - Top Reasons Respondents Had Difficulty Accessing Services |

Rank	Residents		Providers	
1	Long wait times to appointments	48.6%	Lack of transportation	85.2%
2	High out of pocket expenses	26.5%	Long wait times to appointments	50.6%
3	Lack of staff at service organizations	19.5%	High cost of health insurance	42.0%
4	Inconvenient Hours	19.2%	Workforce shortages at service organizations	42.0%
5	High cost of health insurance	19.0%	High out of pocket expenses	33.3%
6	Not able to find a particular specialist	16.1%	Difficulty navigating the health care system	30.9%
7	Lack of transportation	14.3%	High cost of prescriptions	27.2%
8	Other (please specify)	13.8%	Lack of child care	25.9%
9	High copays	13.5%	Reluctance to seek out services / stigma	21.0%
10	High cost of prescriptions	13.0%	High copays	19.8%
10			Medical providers don't accept all insurances	19.8%
10			Not able to find a particular specialist	19.8%

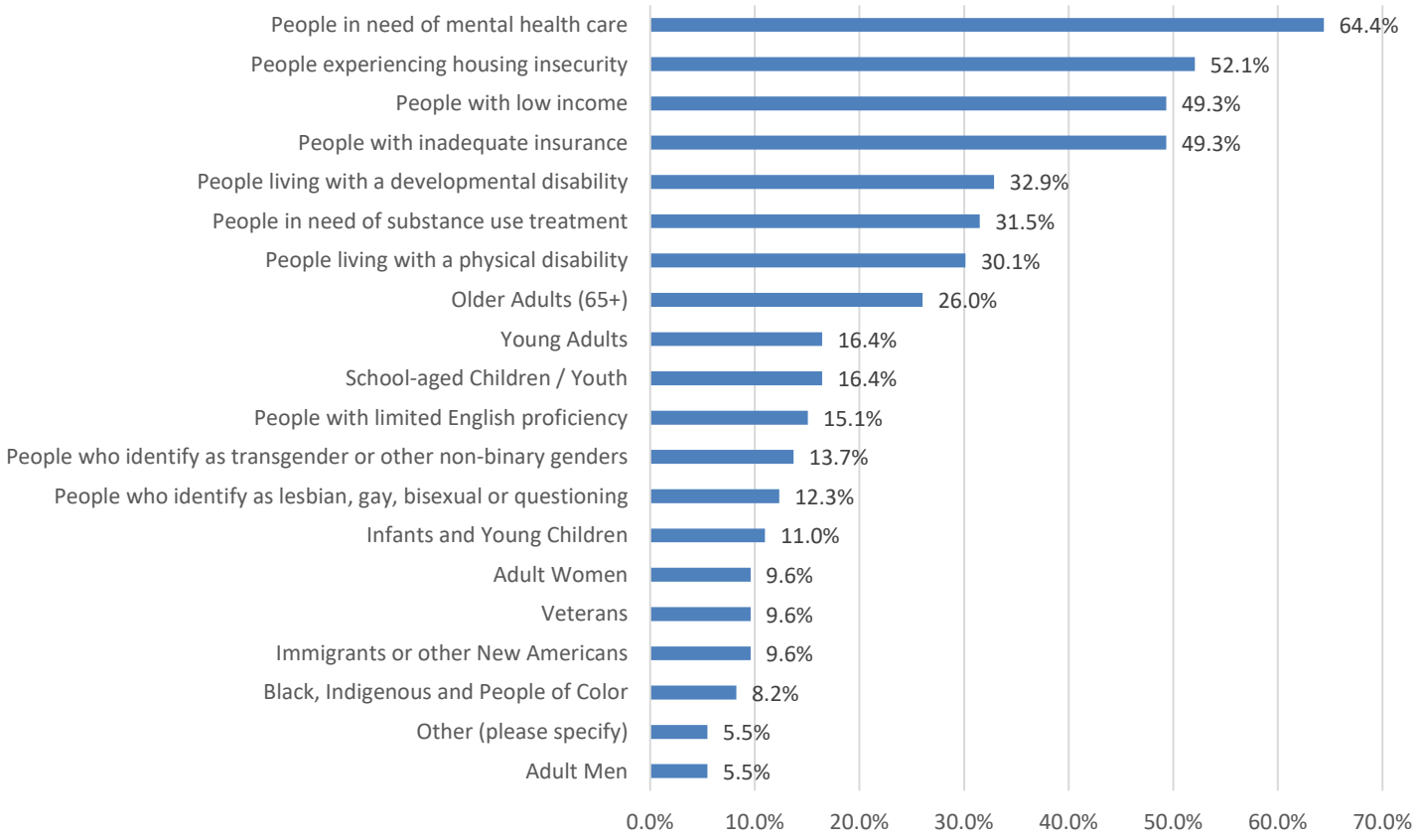
"Long wait times to appointments", "Workforce shortages (lack of staff) at services organizations", and various items related to high costs made the top of the list for both groups. Residents reported "Inconvenient Hours" and Providers reported "Lack of Transportation" in the top five.

Given that high "costs" related to health care featured prominently in the 2022 Community Health Needs Assessment report and resulting priority list, 2025 Community Health Needs Survey respondents were asked whether they knew about and/or had used financial assistance services at North Star Health or Springfield Hospital. Fewer than half (49.5%) reported knowing about the services

and only 9.3% reported having utilized the services. These findings suggest that additional marketing of and/or streamlining eligibility and applications for these services might help reduce the perception of cost as a barrier to health care for Residents of the region.

In a related question, Community Service Provider Survey respondents were asked if there are specific populations in the community that are not being adequately served by local health services. As displayed by Figure 11, populations most frequently identified by Providers as being underserved are “People in need of mental health services”, “People experiencing housing insecurity”, “People with low income”, “People with inadequate insurance”, and “People living with a developmental disability’.

FIGURE 11 - Provider Respondents Reporting Poor Access for Specific Populations



3. Resources to Support a Healthy Community

Community Health Needs and Community Service Provider Survey respondents were asked which services supporting a healthy community they "*would use*" (Residents) or should be a focus for improvement efforts (Providers). Each group was given the same list of 18 items including an open-ended 'other' option. The list included items that generally describe underlying community attributes that indirectly support the health and well-being of individuals and families (i.e., social determinants of health). Residents were asked to "check all that apply" and Providers were asked to "choose up to five". The top five responses for each group are displayed in Table 12. The table uses color coding to highlight items that match across groups.

| TABLE 12 - Top Five Needed/Prioritized Services Supporting a Healthy Community |

Rank	Residents		Providers	
1	**Home repair and improvement services**	**38.2%**	**Affordable housing or financial assistance for housing**	**78.9%**
2	**Safe walking / biking routes and sidewalks**	**32.9%**	**Transportation services**	**65.8%**
3	**Recreation and fitness programs**	**31.3%**	**Affordable, high quality child care**	**46.1%**
4	**Services and resources for aging in a safe and supportive environment**	**23.6%**	**Job opportunities / job training**	**36.8%**
5	**Affordable housing or financial assistance for housing**	**22.2%**	**Services and resources for aging in a safe and supportive environment**	**34.2%**

As noted elsewhere, Residents were more likely to select "None of the above" or to indicate that they had all the services they need (22.8% of total respondents) than Providers (1.3% of total respondents). Again, this discrepancy can likely be attributed to the phrasing of the question. Whereas Residents were asked which services they, personally, would use, Providers were asked more generally which services should be a focus for improvement efforts.

The only services that overlapped between the two respondent groups were "Affordable housing or financial assistance for housing" and "Services and resources for aging in a safe and supportive environment".

The list of Resident service needs appears to focus more on safety and stability whereas the Provider priorities appear to focus more on services that support working families. This discrepancy could be due to a difference in the mix of Residents and Providers who

completed surveys. That is, more than half (55.8%) of Resident respondents were 65 years or older making supports like child care and job training less relevant to their daily lives. The Providers were heavily health care and social services providers. Presumably, these Providers would interact with community members across the lifespan and perhaps have a broader perspective on what services are needed in the community.

In a related question, both Community Health Needs Survey respondents and Community Service Provider Survey respondents were asked "*If you could change one thing that would improve health and wellness in your community, what would you change?"* The question was an open-ended question. To facilitate analysis, individual responses were coded. Table 13 shows the response codes that were discussed in the open-ended responses of Residents, Providers, and the Combined group. Only those that received endorsement by 5% or more of the respondent group are included in the table for space reasons. The table uses color coding to highlight items that match across groups.

| TABLE 13 - Coded Responses to Priority Improvement for Respondent Groups Individually and Combined|

Response Code	% Resident Respondents	Response Code	% Provider Respondents	Response Code	% Combined Respondents
Health Care Costs	9.9%	Insurance	18.9%	Health Care Costs	10.0%
Primary Care	9.2%	Transportation	16.2%	Insurance	8.9%
Insurance	7.6%	Health Care Costs	10.8%	Primary Care	8.8%
Timeliness	7.4%	Affordable Housing	10.8%	Timeliness	7.0%
Reduce Turnover	6.7%	Mental Health	6.8%	Reduce Turnover	6.4%
Workforce	6.7%	Specialists	6.8%	Workforce	6.4%
Mental Health	5.3%	Primary Care	5.%	Mental Health	5.5%
		Coordinated Care	5.4%		
		Food & Nutrition	5.4%		
		General Access Issues	5.4%		

Per Table 13 above, there was decent overlap between the Resident and Provider groups with each mentioning "Health Care Costs", "Primary Care", "Insurance", and "Mental Health". Given the much larger sample size in the Resident respondent group, the Combined results are more like the Resident responses.

Of note is that the Provider group's responses included much more consideration of social determinants of health (i.e., "Transportation", "Affordable Housing", and "Food & Nutrition"). This may be due to a greater awareness of the impact of socioeconomic conditions on health among health and social service providers than the public. It may also be due to the different perspectives with which Residents and Providers approached the survey. Residents may have come to the survey thinking only about health care and so when offered the opportunity to talk about improvements in that context, they focused on the health care system specifically. Providers may have approached the survey as industry professionals with insights into the broader social context and how it impacts access to health care.

World clouds of the different respondent groups are depicted below, as is a word cloud of the Combined responses.

| FIGURE 12 - Coded Responses to Priority Improvement for Respondent Groups Individually and Combined |

The collage below includes direct quotes from Resident and Provider respondents related to the one thing they would change "*that would improve health and wellness in your community*".

| FIGURE 13 - Emblematic Quotes Regarding Priority Improvements in the Combined Service Area |

4. Community Strengths and Assets

Understanding the strengths and assets of a community is a critical component of a comprehensive Community Health Needs Assessment. While identifying gaps and challenges is essential for prioritizing areas of focus for improvement efforts, it is equally important to recognize and build upon the existing resources, capacities, and positive attributes that already contribute to community well-being. These assets—including local organizations, social networks, cultural practices, physical infrastructure, and leadership—form the foundation upon which effective and sustainable health initiatives can be developed. By focusing on what is already working and who is already engaged, communities can leverage their strengths to more effectively address their needs, foster resilience, and promote lasting health improvements.

To get a better understanding of what people living and working in the region consider to be the current strengths and assets of the Combined Service Area, both Community Health Needs Survey and Community Service Provider Survey respondents were asked to select from a list "*the greatest strengths of our community*". The list was comprised of 26 items including an open-ended 'other' option. Table 14 displays the top 10 results by respondent group.

| TABLE 14 - Top 10 Community Strengths by Respondent Group |

Strength	Percent Residents (N=556)	Strength	Percent Providers (N=49)
Local police, fire and rescue services	54.7%	Local police, fire and rescue services	77.6%
Living in a friendly community	35.8%	Access to parks and recreation	49.0%
Living in a clean and healthy environment	32.7%	Living in a friendly community	40.8%
Access to parks and recreation	32.2%	Living in a clean and healthy environment	36.7%
Low crime	27.9%	Walk-able, bike-able community	36.7%
Walk-able, bike-able community	24.3%	Low crime	24.5%
Safe neighborhoods	23.0%	Programs, activities & support for the senior community	24.5%
Programs, activities & support for the senior community	19.2%	Access to aging services for our seniors	22.4%
Access to aging services for our seniors	16.0%	Working toward an end to homelessness	22.4%
Access to affordable, healthy food	15.8%	Access to arts and cultural events	16.3%
		Services and support for everyone needing help during times of stress and crisis	16.3%

There was strong overlap in the Resident and Provider responses. Though in a slightly different rank order, the top six Strengths identified by each group "Local police, fire and rescue services", "Living in a friendly community", "Living in a clean and healthy environment", "Access to parks and recreation", "Low crime", and "Walk-able, bike-able community" were the same. These responses suggest that the Combined Service Area is seen as a safe, welcoming, and well-maintained community with strong public and social services and ample opportunities for healthy, active living.

This characterization resonates with the items that Community Health Needs Survey and Community Service Provider Survey respondents wrote-in when asked "*what is being done well in the community to support good health and quality of life?"* Per Table 15 below, nearly 60% (59.5%) of respondents mentioned a Specific Organization / Service operating in the Combined Service Area. More than one in ten respondents made comments about living in a Caring Community (12.1%) and having access to Recreation & Physical Activity (10.8%).

| TABLE 15 - Things Being Done Well in the Combined Service Area |

Done Well	Percent of Combined Respondents (N=473)	Done Well	Percent of Combined Respondents (N=473)
Specific Organization / Services	59.4%	Arts & Culture	1.9%
Caring Community	12.1%	Communication	1.5%
Recreation & Physical Activity	10.8%	Primary Care	1.5%
General Services	9.1%	Safety	1.3%
Collaboration	5.9%	Economic Development	1.1%
Clean	3.6%	Politics	0.8%
Built Environment Improvements	2.1%		

In addition to answering the two questions above, Community Health Needs Survey and Community Service Provider Survey respondents were given several opportunities to write-in responses. Many written-in responses included positive comments about services and organizations in the region. The quotes below are emblematic of the types of responses that survey respondents wrote-in when given the opportunity:

| FIGURE 14 - Emblematic Quotes Regarding Things Being Done Well in the Combined Service Area |

The list of entities in Table 16 below received specific mention from survey respondents and should be considered alongside the strengths and assets mentioned above when considering possible partners in addressing health care access issues across the Combined Service Area:

| TABLE 16 - Specific Resources "Written-In" by Resident & Provider Survey Respondents |

Resource List		
Churches	SASH Counseling	Senior Solutions
Public Libraries	Walk-In Clinics	Health care & Rehab Services
Public Works Departments	Edgar May Health & Recreation Center	Black River Good Neighbors
Parks and Recreation Departments	Veterans Administration	Agency on Aging's Adult Day Center
Police Departments	Visiting Nurse Association	Project Action in in Springfield
Fire Departments	Dr. Dynasaur	Veggie VanGo
Ambulance Services	Situation Table	Food Shelf
Schools	CHT Meetings	Housing Trust
Senior Centers	Bone Builders	Neighborhood Connections
MOO!ver	Springfield on the Move	Westminster Cares
Town Clerk	Garden Club	Working Communities Challenge Initiative
Civic Clubs	Chester Andover Family Center	Recovery and mental health service providers
Springfield Family Center	Our Place	Afterschool program and summer camps
Turning Point Recovery Services	Parks Place Community Resource Center	Meals on Wheels
Mountain Valley Community Health Center	Lifestyle Medicine	Green Mountain Power
Valley Health Connections	Springfield Area Parent Child Center	Rollin' on the River
North Star Health	SEVCA	Touch a Truck
Springfield Hospital	Windham Center	Apple Festival

5. Summary

Between May and July 2025, the Community Health Needs Assessment planning committee conducted two comprehensive surveys to better understand health-related needs and strengths within the service areas of Springfield Hospital and North Star Health. One survey targeted community-based service providers, while the other was broadly distributed to residents throughout the region.

Both instruments included shared questions to allow for direct comparison between these two respondent groups. The Community Service Provider Survey was sent to individuals working in health care, education, local government, civic, and volunteer organizations. A total of 97 providers completed the survey, representing a wide array of community sectors and sub-regions. The resident-focused Community Health Needs Survey received 776 responses, of which 698 were from individuals in Vermont and New Hampshire and were included in the final analysis. Demographic data from the resident survey showed that respondents were more likely to be female (72.2%) and represented a range of household incomes. Roughly 30% of respondents reported living in Springfield or North Springfield.

When asked about the "*most urgent health needs*" in the community, both Residents and Providers cited overlapping top concerns, including access to "Primary care services", "Mental health services for adults", and "Safe, affordable housing". Cost-related issues, such as health insurance, health care costs, and prescription drugs, were also prominent, especially among older respondents.

Nearly 70% (69.6%) of Residents reported their "Primary Care Provider" when asked where they "*most often go for health care services."* However, a significant portion also reported challenges in obtaining primary care. That is, when asked about services they *"had trouble accessing"*, over 50% of Resident respondents indicated "Primary care". In fact, both Residents and Providers identified "Primary care", "Dental care", "Mental health services", and "Same Day, Walk-In Care" as the top four most difficult to access (Residents) or "*most needed in the community due to lack of capacity or availability*" (Providers). Generally, Providers were more likely to perceive gaps in service availability than Residents, likely due to their broader perspective on system-level limitations.

When asked about common barriers to access, both Residents and Providers identified long wait times, lack of staff at service organizations, high costs, lack of specialist in the community, and a lack of transportation. Given the perception of high costs as a barrier to accessing health care, it is notable that only 9.3% of Residents reported having utilized financial assistance services offered by local providers.

When asked to prioritize efforts *"to improve health and wellness in [the] community"*, both Residents and Providers elevated issues related to bringing down health care costs, improving access to Primary Care, expanding insurance coverage, improving the timeliness of medical appointments, solving turnover and health care workforce issues, and improving access to Mental Health services. Providers additionally prioritized housing, transportation, food and nutrition, coordination of care, and general access issues, including access to specialty services.

In addition to assessing needs, the surveys also gathered input on community strengths and resources that support health and wellness. Both Residents and Providers highlighted assets such as strong local police and emergency services, access to parks and recreation, and the friendly, clean, and walk-able/bike-able nature of the Combined Service Area. Specific organizations, social services, and collaborative efforts were frequently named as doing well in supporting residents. These strengths and resources should be considered when selecting strategies to address service gaps and barriers that impact access to health care and health outcomes in the region.

COMMUNITY HEALTH DISCUSSION THEMES AND PRIORITIES

During June 2025, Community Health Needs Assessment planning committee members convened six Community Discussion Groups to gather additional qualitative information about the most urgent health needs in the Combined Service Area today. The groups also offered participants an opportunity to provide input on ongoing challenges in the community, observations on past community health improvement efforts, and suggestions for new or continuing areas of focus. The Community Discussion Groups were held within existing meetings of community members and were conducted by planning committee members who were both familiar with the groups and accustomed to facilitating community conversations. The groups had a total of 57 participants including:

- Charlestown Rotary Club Members (11 participants),
- Chester Teens ages 12-14 years (8 participants),
- Turning Point Substance Use Recovery Coaches (8 participants),
- Senior Solutions Volunteers (9 participants),
- Springfield Parent Child Center Staff (16 participants), and
- Parks Place Community Resource Center Staff (5 participants).

The following section summarizes the main themes that emerged from the Community Discussion Groups.

1. High Priority Issues from Community Discussion Groups

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

- Making sure everyone can get the health care they need – including family doctors, medicines, and specialists – at an affordable cost
- Access to Mental Health Services for adults and children
- Access to Dental Care
- Prevention of and access to treatment for substance misuse, including alcohol

Participants were then asked: a) if these are still the most important issues for the community to address, b) if there are new or different priorities; and c) if any improvements have happened in these areas over the past several years.

With some additions - most notably transportation and housing - participants in each group generally expressed the overall opinion that the priorities identified in 2022 were still the most important community health issues to focus attention on. NOTE: COVID-19 was not explicitly asked about during the 2025 Discussion Groups, however, it was in 2022. Furthermore, COVID-19 did not surface in any of the 2025 Community Discussion Groups to a degree that facilitators found it important to note.

| TABLE 17 – Community Discussion Groups: Major Themes and Priorities |

	Are the top health issues from previous assessments still a high priority?	What are other top priorities?	Noticed any improvements?
Senior Care Options	○ **Access to care** is an issue, including: • Limited inpatient hospital beds, pharmacy services, mental health, dental care, and memory care • Participants noted loss of services in Bellows Falls, long waits for services, and provider turnover as contributing to access issues • Participants also noted that the processes associated with seeking care posed barriers – for example, paperwork is too difficult to read (literacy-wise and print size) and accessing/navigating portals is not intuitive for some while others do not have access to the internet/a computer ○ **Affordability of care** is an issue with participants noting care in general as well as prescription medications ○ **Behavioral health services**, both mental health and substance misuse-related, are limited in the region resulting in patients utilizing the emergency department	○ **Transportation** is a barrier to accessing health care with MOOver! services being hard to access, limited services in rural areas, and requiring advanced notice for Medicaid services ○ Participants expressed concern about possible **cuts to federal funding** and if/how cuts would effect access to health care benefits and services locally	○ Access to opportunities for **physical activity** like Silver Sneakers and programming at Edgar May
Chester Teens	○ **Access to care** is an issue for particular populations (e.g., people who are hearing impaired) and who require additional resources like interpretation ○ **Affordability of care**, specifically eye care, is an issue	○ **Specific health conditions** including asthma and **behavioral health issues** like eating disorders, autism, self-harm, and ADHD were elevated as concerns ○ **Bullying** was also noted	○ **School-based health services** like the Wellness Center at Green Mountain High School ○ Participants reporting hearing from adults that **PTSD treatment** has improved

	Are the top health issues from previous assessments still a high priority?	What are other top priorities?	Noticed any improvements?
Charlestown Rotary	○ **Behavioral health**, including substance misuse, is the highest priority • Participants noted having to travel distances for care as there are no known providers in Charlestown • *"We have a major drug problem in Charlestown."* ○ **Access to care** generally and **Dental Care** were also elevated • Participants expressed concern about the closing of the health center location in Bellows Falls and about limited hours of care in Ludlow • Participants noted having to travel distances for dental care due to shortages and additional providers nearing retirement age	○ Improving **communication** through additional community health forums and messaging by health care professionals • Participants expressed concern about the spread of health-related misinformation ○ Issues related to people who are **incarcerated** locally, specifically: • The impact of transience on the local housing market and • The impact on children's education and welfare as families move to be near their loved one who is incarcerated and then move again when they are released	○ Participants noted improvements in **primary care** and **urgent care**: • *"The towns people are very happy to have care in town."* • *"It's wonderful to be able to walk in and not have to make an appointment."* • *"We are blessed to have this facility down by Whelen."*
Springfield Parent Child Center	○ **Access to care** via Medicaid - specifically that adults who are eligible for Medicaid following the birth of a child are only eligible for the child's first year of life ○ **Affordability** of insurance, specifically employer sponsored insurance, was noted as a barrier to care • *"Employer sponsored plans are too expensive, so people don't take them and then don't seek care."*	○ **Transportation**, particularly Medicaid funded transportation programs, were described as a *"key"* barrier to care. Participants noted that: • Only 1 parent can accompany a child on a trip which limits the involvement of other parents in care • Siblings cannot accompany which necessitates child care • Trips must start and end at home resulting in children missing an entire day of school • Eligibility for rides is limited to people without registered cars so families with broken-down cars are not eligible • Eligibility is limited by appointment type – WIC visits are not eligible	○ **Recovery services** for mothers via Moms in Recovery provides appointments within 2-3 days

	Are the top health issues from previous assessments still a high priority?	What are other top priorities?	Noticed any improvements?
Parks Place Community Resource Center Staff	○ **Access to care** after the closing of the clinic in Bellows Falls • *"This is probably #1 now."* ○ **Dental Care** due to workforce shortages and limitations in care covered by Medicaid	○ **Transportation** is a barrier due to MOOver! schedules and routes not aligning with health care or employment needs • *"A trip to the doctor takes the whole day."* ○ Limited **employment** opportunities in the region • *"We need good jobs."* ○ Participants expressed concern about possible cuts to federal funding and if/how cuts would affect access to health care benefits and services locally, particularly for lower income residents	○ None noted
Turning Point Substance Use Recovery Coaches	○ **Access to care** is an issue including: • Complex eligibility requirements and verification processes • Lack of navigation assistance for patients seeking health and social services ○ Access to **Behavioral Health Care**, including substance misuse, particularly: • Long wait times of 30-45 days • Scarce and fragmented detox programs • Limited inpatient care • Lack of step-down or transitional care • Strict eligibility for admission to and long waits for substance misuse-related residential care ○ **Dental Care** is limited and often delayed, particularly for Medicare participants, resulting in people using the emergency department to access care	○ **Transportation** is a major barrier to accessing health care, including substance misuse treatment programming: • Medicaid transportation programs are logistically challenging and have strict eligibility requirements ○ Stable **Housing** for people in recovery is limited ○ **Re-entry Services**, including housing and social supports, are limited	○ **Stigma** around substance use from health care providers still exists, but is improving ○ Access to **Medication Assisted Treatment** for opioid use has improved ○ Some improvement in rapid access to **mental health services** locally

| FIGURE 15 – Emblematic Quotes from Community Discussion Group Participants Regarding Urgent Health Needs and Issues |

2. Other Top Health "Worries"

In addition to seeking input on overall community health improvement priorities, the Community Discussion Group facilitators also asked participants to share their thoughts on what people worry most about when it comes to their health. Specifically, Discussion Group participants were asked, "*What do the people you know from your community worry about most when it comes to their health and their family's health?*" Several common themes emerged from the discussion:

Cost of Living Issues

- Meeting basic needs such as food and housing
- Affordability of health care services, including primary care, specialty care, and dental care
- Affordability of health insurance

Availability and Quality of Health Care Services

- Limited access to health care including primary care, urgent care, and specialty care due to long waitlists, facilities closing, limited hours, lack of providers, and provider turnover
- Receiving care that is patient-centered (e.g., trauma informed, disability informed, culturally appropriate, and free of stigma)

Elder Issues & Services

- Isolation and loneliness – passing away with no one noticing
- Lack of services for elders
- Independent living options
- Staying active and connected

3. Suggestions for Improvement

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

General Health Care Delivery System Improvements

- Provide health care collaboratively and in non-traditional settings: *"Bring health care to patients, not always patients to health care."*
    - Utilize pop-up clinics that are predictably scheduled and located, including at community-based service provider sites
    - Utilize mobile services including dental, A1C testing, Women's Health, and Men's Health
    - Imbed health care services, including mental health, in schools

    - Coordinate with the Dartmouth system which has greater access to specialists
- Improve provider recruitment and retention through benefits like career advancement opportunities, housing, and child care support
- Expand physician reach by utilizing more mid-level providers (e.g., Nurse Practitioners and Physician Assistants)
- Grow the health care workforce by providing training (e.g., Licensed Nursing Assistant, dental hygiene) opportunities in collaboration with the Vermont Technical Center as well as career advancement opportunities
- Offer reduced cost care to the public by trainees at Vermont Technical Center (e.g., dental hygiene)
- Expand elder care, including mental health services and programming like Silver Sneakers
- Provide pediatric care coordination services
- Consider adding routine services like lab work to ambulance services to improve accessibility
- Ensure providers are trained in cultural competence, trauma- and disability-informed approaches to care, and motivational interviewing

<u>Behavioral Health Service Improvements</u>

- Expand prevention and cessation programs, including tobacco and vaping
- Expand scope of treatment and recovery options, including detox and transitional/supportive housing
- Offer stress management for people of all ages, including youth and teens

<u>Communication & Community Building Improvements</u>

- Offer more community health forums
- Improve communication about existing pop-up clinics
- Ensure that outreach and education materials are available at appropriate literacy levels and fact-based to reduce the spread of misinformation
- Offer outreach and education materials in newspapers and other print options, not just via social media
- Support volunteerism
- Support “intergenerational community-building” by connecting youth with seniors who need help with daily activities

<u>Wraparound Service Improvements</u>

- Provide care coordination and navigation services
- Expand elder-focused services, including transportation assistance and assistance with daily activities

- Expand financial assistance for transportation, including assistance with personal vehicle costs
- Simplify eligibility for transportation programs
- Expand MOOver! routes and schedules

4. Local Assets

Though not explicitly prompted to discuss local assets, Community Discussion Group participants mentioned many existing health-related resources and efforts underway in the Combined Service Area. Many of these overlap with the resources "written-in" by the Community Health Needs Survey and Community Service Provider Survey respondents reported in the previous section. Local assets mentioned by Community Discussion Group participants included:

<u>Health Care Services & Facilities</u>

- Dental
  - Springfield Head Start's mobile dental van
  - School-based dental services
  - Claremont Dental Initiative
- Transportation
  - Medicaid transportation services for mental health and dental services
  - MOOver! transportation services
- Behavioral Health
  - Turning Point Recovery Center of Springfield
  - West Central Behavioral Health
  - Moms in Recovery
  - Windham Center's geriatric mental health programming
- Grace Cottage

- Fall Mountain Pharmacy in Bellows Falls, which also has free delivery
- Edgar May Health & Recreation Center
- Green Mountain High School's wellness center

Basic Needs & Financial Assistance

- Westminster's after school program offers snacks and dinner to participating students
- Bellows Falls schools offer free breakfast and lunch to students
- Turning Point Recovery Center of Springfield offers meals on Saturday and bagged lunches on Sunday
- Chester Dental's sliding fee scale
- Financial assistance programs at Senior Solutions, Valley Health Connections, and Springfield Hospital

Outreach & Community Building Efforts

- "Situation Tables" promote collaboration between local police and service providers
- Mobile outreach efforts
- Communication efforts in Chester, Ludlow, and Londonderry
- Chester's recent focus on "community building"

New community health improvement efforts should draw on existing resources identified by Community Discussion Groups, using them as proven models for effective implementation. These locally recognized solutions offer valuable insights and practical frameworks that can guide future initiatives with greater alignment to community needs.

| FIGURE 16 – Emblematic Quotes from Community Discussion Group Participants Regarding Local Assets |

5. Summary

In June 2025, as part of the ongoing Community Health Needs Assessment (CHNA), six Community Discussion Groups were convened to gather deeper, qualitative insights from a range of local populations within the Combined Service Area. These groups were integrated into pre-existing meetings and facilitated by members of the CHNA planning committee, ensuring familiarity and trust. A total of 57 participants—from teens to seniors, substance use recovery coaches to community center staff—provided input on persistent health challenges, areas of improvement since the last assessment in 2022, and emerging needs.

Across all groups, participants reaffirmed the 2022 priorities: affordable access to health care (including primary, dental, and specialty services), mental health services for all ages, and substance use treatment. New and increasingly urgent concerns were also raised, most notably transportation and housing, which many saw as fundamental barriers to maintaining and accessing good health.

Participants across the groups shared specific concerns about how these priority issues play out in their daily lives. A common theme was the limited availability and affordability of care, exacerbated by the closure of local clinics, workforce shortages, long wait times, and lack of nearby services. Participants described difficulties navigating complex health systems, including paperwork, provider portals, and transportation logistics. The rural character of the Combined Service Area was highlighted as a barrier to recruiting providers, as well as to having a wide variety of providers and supportive resources like comprehensive transportation services. Behavioral health services, particularly for substance use and mental health care, were consistently described as insufficient, with participants reporting fragmented or overly strict systems for detox and recovery care.

Despite these barriers, participants did highlight some localized improvements. These included increased access to walk-in primary care services in specific communities like Charlestown, growing access to recovery services such as Medication Assisted Treatment, and school-based mental health and wellness services. Some participants noticed modest improvements in stigma reduction around substance use and pointed to specific programs—such as Moms in Recovery—as promising models. However, many worried about the long-term sustainability of these programs, especially in light of potential cuts to federal funding. Cost of living concerns—especially related to food, housing, and health insurance—also dominated conversations, with several groups highlighting how these pressures undermine community health at a basic level.

Looking ahead, participants provided thoughtful and practical suggestions for improving the local health landscape. Key ideas included expanding mobile and pop-up health services, bringing care into schools and community centers, and simplifying transportation programs. Participants urged health care organizations to invest in workforce development, including training for mid-level providers and related to culturally competent care. There were also calls to improve community engagement through better communication, accessible health education materials, and increased volunteer and intergenerational programs. Finally, the groups identified valuable local resources already making a difference—from mobile dental vans and recovery centers to school-based nutrition programs and transportation services—which could serve as scalable models for future initiatives. These community-validated insights offer both a clear roadmap and a strong foundation for shaping responsive, equitable health improvements in the years ahead. Furthermore, they should be considered alongside the strengths and resources identified in the section above which summarizes the findings of the Community Health Needs Survey and the Community Service Provider Survey.

COMMUNITY HEALTH STATUS INDICATORS FROM LOCAL, STATE, AND FEDERAL RESOURCES

This section of the 2025 Community Health Needs Assessment report provides information on key indicators and measures of community health status. Some measures associated with health status have been included earlier in this report, such as measures of income and poverty (see Community Overview with Selected Combined Service Area Demographics). Below the focus is on demographics and social determinants of health (SDOH). SDOH are conditions in the places where people live, learn, work, and play that affect a wide range of health outcomes. According to the World Health Organization, research has shown that up to half of all health outcomes are influenced by non-clinical factors like access to nutritious food, reliable transportation, quality housing, and financial stability.

Where possible, statistics are presented for the 28 town Combined Service Area of Springfield Hospital and North Star Health. In some instances, population health data are only available at the county-, public health district-, or hospital service area-level.

The table below displays the distribution of the Combined Service Area population across the predominant geographic configurations. NOTE: Smaller portions of the Combined Service Area population are distributed across Bennington and Cheshire

counties or related health districts and hospital service areas.

| TABLE 18: Service Area Population by Predominant Geographic Configuration |

Data Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023

Distribution of Service Area Population (% of Total Combined Service Area Population)				
Counties	**Windsor**	**Windham**	**Sullivan**	**Other Counties**
	32%	27%	29%	12%
Health Districts / Public Health Regions	**Springfield**	**Brattleboro**	**Greater Sullivan**	**Other Districts**
	44%	15%	31%	10%
VT Hospital Service Areas	**Springfield**	**Brattleboro**	**New Hampshire**	
	44%	15%	Not applicable	

1. Demographics and Social Determinants of Health

Demographic factors such as race and ethnicity, age, disability, and language can influence the types of health and social services needed by communities. Social characteristics and access to resources, such as prosperity, education, housing, and transportation can influence health status.

a. General Population Characteristics

Age Distribution

The median age of the Combined Service Area is 47.7 years. This is older than the median age for both Vermont (43 years) and New Hampshire (43.2 years). The Combined Service Area has more senior residents than youth residents – 24.1% vs. 17.7%. The

Combined Service Area also has proportionally more senior residents than Vermont (20.8%) and New Hampshire (19.5%). The Combined Service Area has a similar, though lower, proportion of youth residents (17.7%) to Vermont (18.2%) and New Hampshire (18.5%).

| TABLE 19: Key Age-Related Indicators within the Combined Service Area |

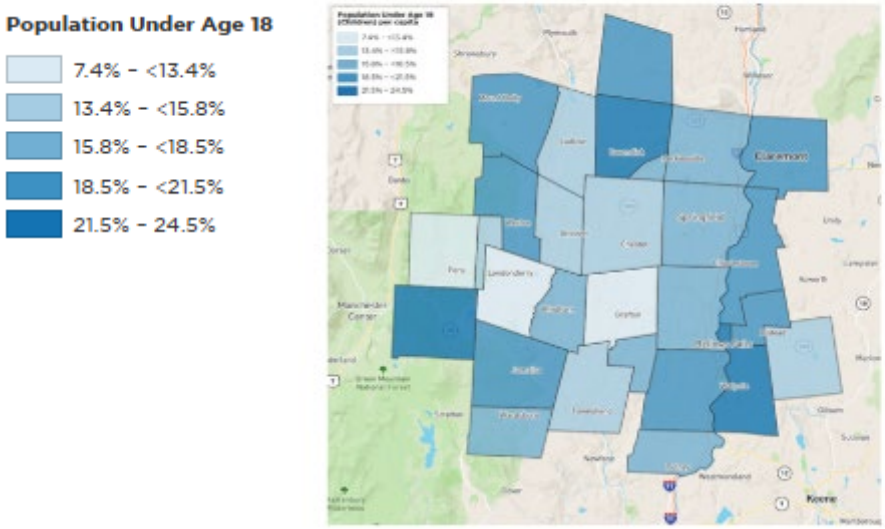
Data Source: U.S. Census Bureau, 2019 – 2023 & 2017-2021 American Community Survey 5-Year Estimates

Population Overview	Combined Service Area	Vermont	New Hampshire
Median Age	47.7 years	43 years	43.2 years
Seniors (i.e., age 65 years and older)	24.1%	20.8%	19.5%
Youth (i.e., age under 18 years)	17.7%	18.2%	18.5%

The maps below show the percent of the total population within each Combined Service Area community that is made up of youth (i.e., age under 18 years) and seniors (i.e., age 65 years and older).

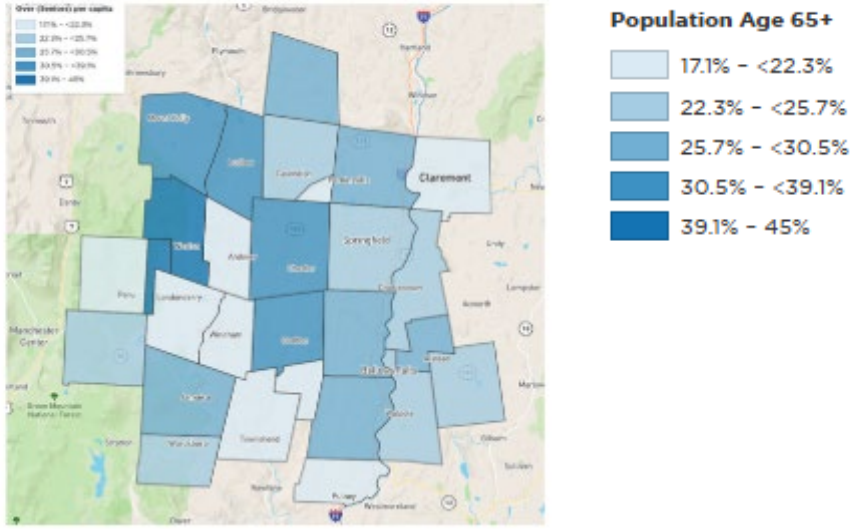
| FIGURE 17 – Percent of Total Population Youth by Town, Combined Service Area |

Data Source: U.S. Census Bureau, 2019 – 2023 American Community Survey 5-Year Estimates



| FIGURE 18 – Percent of Total Population Seniors by Town, Combined Service Area |

Data Source: U.S. Census Bureau, 2019 – 2023 American Community Survey 5-Year Estimates



A substantial range is observed for these statistics within the region.

- The lowest proportion of senior residents live in the towns of Putney, VT (17.1%), Townshend, VT (19.0%), and Baltimore, VT (19.4%).
- Seniors represent 30% or more of residents in six Combined Service Area towns including Ludlow, VT (30.5%), Mount Holly, VT (30.7%), Grafton, VT (32.1%), Chester, VT (34.1%), Weston, VT (39.1%), and Landgrove, VT (45.0%).
- Fifteen percent or fewer residents are under 18 years in nine Combined Service Area communities including Peru, VT (7.4%), Grafton, VT (9.0%), Londonderry, VT (10.2%), Landgrove, VT (13.4%), Townshend, VT (13.5%), Andover, VT (14.5%), Alstead, NH (14.5%), Ludlow, VT (15%), and Chester, NH (14.6%).
- No community has more than 25% residents under 18 years.

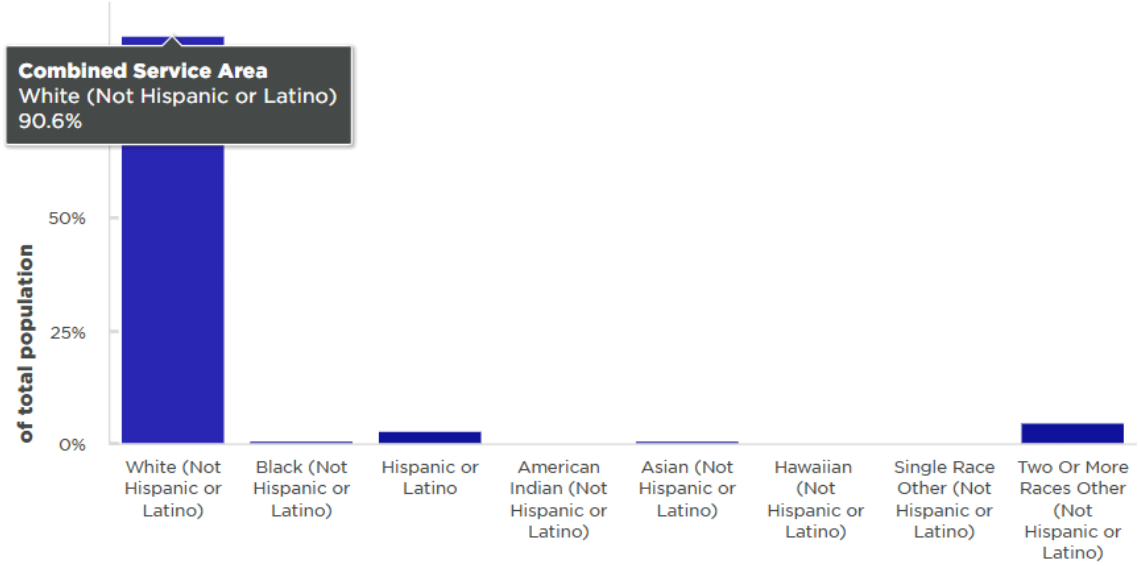
Of note is the relative change in the size of the senior and youth populations since the last Community Health Needs Assessment which utilized data from 2019. While the senior population grew from 22.7% to 24.1% across the Combined Service Area, the youth population decreased from 18.1% to 17.7%. The growing percentage of seniors (as compared to youth) in the Combined Service Area will likely have an impact on the region's social services and health care delivery systems over time. That is, as a greater percentage of the population is comprised of older adults and seniors, services to care that population will need to expand.

Race and Ethnicity

The Combined Service Area is predominantly White, Not Hispanic or Latino. More than 90% (90.6%) of residents self-report their race as White, Not Hispanic or Latino. Fewer than five percent (4.8%) of residents self-report as Two or More Races, Not Hispanic or Latino and 2.8% self-report as Hispanic or Latino. In total, 9.4% identify as People of Color.

| FIGURE 19: Race and Ethnicity within the Combined Service Area |

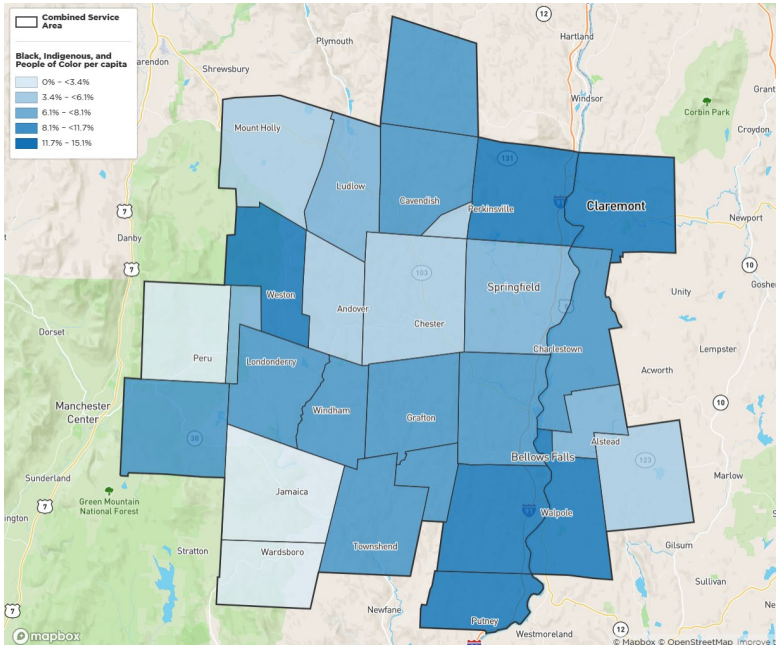
Data Source: U.S. Census Bureau, 2019 – 2023 American Community Survey 5-Year Estimates



The map and table below show that there are pockets of relative diversity across the Combined Service Area, with more than 10% residents self-reporting as people of color in nine communities: Walpole, NH (15.1%), Weston, VT (13.7%), Westminster, VT (13.3%), Claremont, NH (12.9%), Putney, VT (12.3%), Weathersfield, VT (11.7%), Reading, VT (10.8%), Athens, VT (10.6%), and Charlestown, NH (10.3%).

| FIGURE 20 & TABLE 20 - Geographic Distribution of People of Color within the Combined Service Area |

Data Source: U.S. Census Bureau, 2019 – 2023 American Community Survey 5-Year Estimates



People of Color

- 0% - <3.4%
- 3.4% - <6.1%
- 6.1% - <8.1%
- 8.1% - <11.7%
- 11.7% - 15.1%

Municipality	Percent People of Color	Municipality	Percent People of Color
Walpole, NH	15.1%	Londonderry, VT	8.6%
Weston, VT	13.7%	Winhall, VT	8.2%
Westminster, VT	13.3%	Cavendish, VT	8.1%
Claremont, NH	12.9%	Langdon, NH	7.2%
New Hampshire	**12.5%**	Ludlow, VT	6.6%
Putney, VT	12.3%	Landgrove, VT	6.3%
Weathersfield, VT	11.7%	Springfield, VT	6.1%
Reading, VT	10.8%	Mount Holly, VT	4.9%
Athens, VT	10.6%	Andover, VT	4.3%
Charlestown, NH	10.3%	Baltimore, VT	3.9%
Grafton, VT	9.6%	Alstead, NH	3.5%
Combined Service Area	**9.4%**	Chester, NH	3.4%
Vermont	**9.4%**	Peru, VT	2.3%
Rockingham, VT	9.4%	Jamaica, VT	1.1%
Windham, VT	8.7%	Wardsboro, VT	0.0%
Townshend, VT	8.6%		

Language

Inability to speak English well can create barriers to accessing services, communication with service providers, and ability to understand and apply health information (i.e., health literacy). The table below reports estimates of the percentage of the population aged 5 years and older who speak a language other than English at home and speak English less than "very well". Very few people (i.e., less than 1%) in the Combined Service Area demonstrate limited English Proficiency.

| TABLE 21 - English Language Proficiency within the Combined Service Area |

Data Source: U.S. Census Bureau, 2019 – 2023 American Community Survey 5-Year Estimates

Area	Percent of Population Aged 5+ Who Speak English Less Than "Very Well"
Combined Service Area	0.5%
Vermont	1.2%
New Hampshire	2.4%

b. Poverty

The correlation between economic prosperity and good health status is well established. Inversely, the lack of economic prosperity (i.e., poverty) can be associated with barriers to accessing health care, healthy food, and healthy physical environments that contribute to good health. Information describing Median Household Income and poverty status was included in the first section of this report (see Table 2 – Combined Service Area Population by Municipality in the Community Overview with Selected Combined Service Area Demographics). The table below presents the percent of people in the Combined Service Area living in households with incomes below the federal poverty level and also the percent of children under age 18 years in households with incomes below the poverty level.

| TABLE 22 - Key Poverty Indicators within the Combined Service Area |

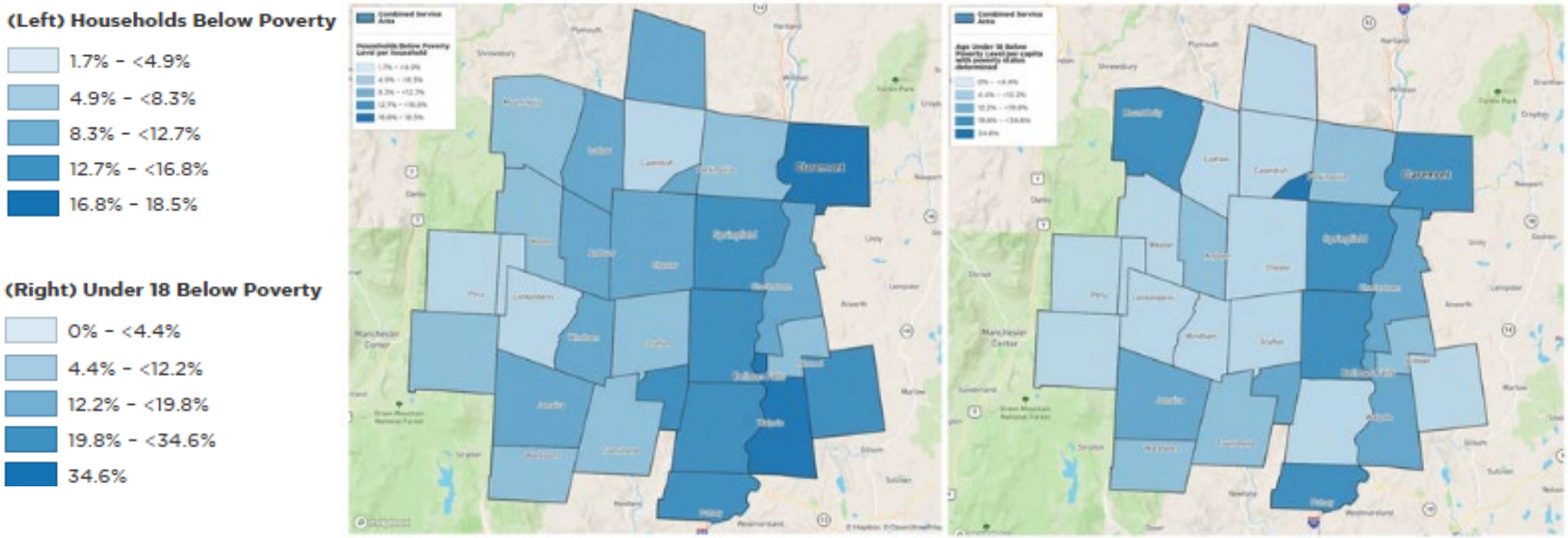
Data Source: U.S. Census Bureau, 2019 – 2023 American Community Survey 5-Year Estimates

Area	Percent of People with Household Income Below the Federal Poverty Level	Percent of Children (under 18 years) Living Below the Federal Poverty Level
Combined Service Area	12.3%	14.4%
Vermont	10.6%	10.8%
New Hampshire	7.8%	7.8%

The maps below show the geographic distribution of households and children living below poverty within the Combined Service Area.

| FIGURE 21 - Geographic Distribution of Households (left) and Children (right) in Poverty within the Combined Service Area |

Data Source: U.S. Census Bureau, 2019 – 2023 American Community Survey 5-Year Estimates



Claremont, NH (18.5%) and Walpole, NH (16.8%) have more than 15% of all households living in poverty.

Four Combined Service Area communities have child poverty over 25%: Mount Holly, VT (26.3%), Putney, VT (26.6%), Rockingham, VT (27.5%), and Baltimore, VT (34.6%).

c. Education

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

| TABLE 23 - Educational Attainment within the Combined Service Area |

Data Source: U.S. Census Bureau, 2019 – 2023 American Community Survey 5-Year Estimates

Area	Percent of Population Aged 25+ with at Least a High School Diploma or Equivalency
Combined Service Area	92.3%
Vermont	94.6%
New Hampshire	94.0%

d. Housing

Housing characteristics, including housing quality and cost burden as a proportion of income, can influence the health of families and communities. Households that spend a high proportion of their income on housing are less likely to have adequate resources for food, clothing, medical care, or other needs. Characteristics of "substandard" housing include lacking complete plumbing facilities or kitchen facilities and mortgage or rental costs exceeding 30% of household income. The table below presents data on the percentage of households or occupied housing units in the service area that have one or more of these characteristics. More than three in 10 households in the Combined Service Area have housing costs exceeding 30% of household income.

| TABLE 24 - Key Housing Cost Burden & Quality Indicators within the Combined Service Area |

Data Source: U.S. Census Bureau, 2019 – 2023 American Community Survey 5-Year Estimates

Area	Percent of Households with Housing Costs >30% of Household Income	Percent of Housing Units Lacking Complete Plumbing Facilities	Percent of Housing Units Lacking Complete Kitchen Facilities
Combined Service Area	31.1%	2.4%	1.9%
Vermont	30.6%	1.8%	1.8%
New Hampshire	30.3%	1.4%	1.5%

e. Transportation

Individuals with limited transportation options also have limited employment options, greater difficulty accessing services including health care appointments, and more challenges to leading independent, healthy lives. As displayed on the next table, 7% of households in the Combined Service Area report having no vehicle available.

| TABLE 25 - Vehicle Ownership within the Combined Service Area |

Data Source: U.S. Census Bureau, 2019 – 2023 American Community Survey 5-Year Estimates

Area	Percent of Households with No Vehicle Available
Combined Service Area	7.0%
Vermont	6.3%
New Hampshire	4.5%

f. Disability Status

Disability is defined as the product of interactions among individuals' bodies; their physical, emotional, and mental health; and the physical and social environment in which they live, work, or play. Disability exists where this interaction results in limitations of activities and restrictions to full participation at school, at work, at home, or in the community. The US Census Bureau identifies people reporting serious difficulty with six basic areas of functioning – hearing, vision, cognition, ambulation, self-care, or independent living. In the Combined Service Area, 16.8% of people are living with a disability. This is higher than both Vermont and New Hampshire.

| TABLE 26 - Disability Status within the Combined Service Area |

Data Source: U.S. Census Bureau, 2019 – 2023 American Community Survey 5-Year Estimates

Area	Percent of Population Reporting a Disability
Combined Service Area	16.8%
Vermont	14.5%
New Hampshire	13.0%

g. Veteran Status

Assessing the size of the Veteran population as well as the geographic distribution of Veterans in a region is essential for developing tailored support systems and services that honor their service, address their unique health and social needs, and ensure equitable access to resources within the community. In the Combined Service Area, 8.6% of the population over 18 years is a Veteran. This percentage is higher than Vermont and New Hampshire.

| TABLE 27 - Veteran Status within the Combined Service Area |

Data Source: U.S. Census Bureau, 2019 – 2023 American Community Survey 5-Year Estimates

Area	Percent of Population Reporting Veteran Status
Combined Service Area	8.6%
Vermont	6.5%
New Hampshire	7.9%

Of note is that there are no Veterans Affairs (VA) medical facilities within the Combined Service Area. The nearest facility is in White River Junction, VT. As a result, Veterans living locally may benefit from the Veterans Choice Program. Per the US Department of Veterans Affairs, the Veterans Choice Program allows eligible Veterans to receive care from non-VA facilities. Specifically, Veterans who live more than 40 miles from a VA medical facility - like those in the southern portion of the Combined Service Area - or those who face an excessive travel burden are eligible for this program.

h. Summary

This section provides an overview of the population characteristics and social determinants that shape health outcomes across the Combined Service Area.

- **Population Age and Distribution:**
  The region has an older population compared to Vermont and New Hampshire, with a median age of 47.7 years. Seniors (24.1%) outnumber youth under 18 (17.7%). Since the last Community Health Needs Assessment (CHNA), the senior population has increased while the youth population has declined, signaling growing demand for age-related services.

- **Race and Ethnicity:**
  The population is predominantly White, Not Hispanic or Latino (90.6%), with 9.4% identifying as people of color. However, pockets of diversity exist in several towns, including Walpole, NH, Weston, VT, Westminster, VT, Claremont, NH, Putney, VT, Weathersfield, VT, Reading, VT, Athens, VT, and Charlestown, NH, where more than 10% of residents identify as people of color.

- **Language:**
  Limited English proficiency is uncommon in the region, affecting just 0.5% of residents aged 5 years and older speaking English "less than very well", below state averages.

- **Poverty:**
  In the Combined Service Area 12.3% of residents live below the federal poverty level, with child poverty at 14.4%. These rates are higher than state averages, with some towns exceeding 25% child poverty - Mount Holly, VT, Putney, VT, Rockingham, VT, and Baltimore, VT.

- **Education:**
  Educational attainment is slightly lower than state averages; 92.3% of residents aged 25 years and older have at least a high school diploma, compared to over 94%-95% statewide in Vermont and New Hampshire.

- **Housing:**
  Over 31% of households are cost-burdened (spending more than 30% of income on housing). A small percentage of housing units lack complete plumbing (2.4%) or kitchen facilities (1.9%).

- **Transportation:**
  Seven percent of households have no vehicle, which may hinder access to employment, health care, and other essential services—especially in rural areas with limited transit options.

- **Disability Status:**
  A notable 16.8% of residents report having a disability—higher than the state averages—indicating a need for accessible

services and infrastructure.

- **Veteran Status:**
  Veterans make up 8.6% of the adult population, a higher proportion than state averages. However, there are no VA medical facilities in the region, increasing reliance on the Veterans Choice Program for care access.

2. Access to Care

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

a. Insurance Coverage

Table 28 on the next page displays, by municipality, estimates of the proportion of residents who do not have any form of health insurance coverage, as well as the proportion of residents with Medicare or Medicaid.

Compared to estimates from the last community health needs assessment which utilized data from 20219, the percentage of uninsured residents is similar (5.5% uninsured estimate in 2022; 5.0% current estimate). In combination, the percentage of the population with Medicaid or no insurance coverage (30.3%) is slightly higher than Vermont overall (27.1%) and substantially higher than New Hampshire overall (18.5%).

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

| TABLE 28 - Health Insurance Coverage Estimates within the Combined Service Area |

Data Source: U.S. Census Bureau, 2019 – 2023 American Community Survey 5-Year Estimates

Area	Percent of Total Population with No Health Insurance Coverage	Percent with Medicare Coverage*	Percent with Medicaid Coverage*
Alstead, NH	11.0%	23.6%	19.9%
Londonderry, VT	10.9%	19.4%	14.7%
Windham, VT	9.0%	20.3%	27.3%
Charlestown, NH	8.9%	22.8%	28.1%
Cavendish, VT	7.8%	22.7%	27.1%
Ludlow, VT	6.5%	28.0%	22.5%
Athens, VT	6.4%	18.3%	26.9%
Landgrove, VT	6.3%	45.0%	3.4%
Claremont, NH	6.1%	19.0%	29.1%
Weathersfield, VT	5.9%	27.3%	21.3%
Andover, VT	5.7%	18.4%	22.5%
New Hampshire	5.5%	18.3%	13.0%
Winhall, VT	5.3%	23.3%	16.1%
Combined Service Area	**5.0%**	**22.8%**	**25.3%**
Jamaica, VT	4.8%	24.8%	25.3%
Wardsboro, VT	4.8%	21.8%	25.9%
Baltimore, VT	4.8%	19.4%	31.0%
Townshend, VT	4.7%	16.2%	26.6%
Walpole, NH	4.4%	23.2%	14.1%

Area	Percent of Total Population with No Health Insurance Coverage	Percent with Medicare Coverage*	Percent with Medicaid Coverage*
Vermont	3.9%	19.7%	23.2%
Putney, VT	3.8%	16.7%	29.2%
Rockingham, VT	3.2%	27.9%	23.8%
Weston, VT	3.0%	28.8%	13.0%
Chester, VT	2.9%	30.5%	11.6%
Langdon, NH	2.5%	25.7%	14.3%
Westminster, VT	2.3%	24.4%	30.2%
Springfield, VT	2.2%	22.3%	34.9%
Mount Holly, VT	1.9%	29.1%	30.3%
Grafton, VT	1.5%	31.9%	17.9%
Reading, VT	1.0%	28.1%	12.5%
Peru, VT	0.0%	20.7%	15.9%

**Coverage alone or in combination*

b. Delayed or Avoided Health Care Visit Because of Cost

Table 29 below shows the percentage of adults aged 18 and older who self-report that they have delayed or avoided a health care visit in the past year because of cost. A higher rate on this measure is reflective of limitations of household income and/or of health insurance benefits inhibiting access to care. Presented alongside this is the percentage of adults reporting having had a routine checkup in the past year—an indicator that further contextualizes access to and utilization of preventive health services.

| TABLE 29 - Key Indicators of Adults Accessing Care within the Combined Service Area |

Data Source: Behavioral Risk Factor Surveillance System, VDH 2023; CDC Behavioral Risk Factor Surveillance System, PLACES, 2022

Area	Percent of Adults Delayed or Avoided Health Care due to Costs (past year)	Percent of Adults Reporting Checkup (past year)
Windsor County	4.0%*	73.6%
Windham County	9.0%	75.2%
Greater Sullivan Public Health Region	-	75.1%
Vermont	8.0%	74.6%
New Hampshire	-	75.1%

**Regional estimate is significantly different from and lower than overall VT estimate. NH regional estimates are not statistically different from the overall NH estimate.*

c. Primary Care, Dental and Mental Health Provider Capacity

Access to high quality, cost-effective health care is influenced by adequate physician availability in balance with population needs. Per the table below, Sullivan County has substantially less capacity in each category compared to the rest of the service area or Vermont or New Hampshire overall. Windham County has the most capacity - though, less than Vermont or New Hampshire overall.

| TABLE 30 - Care Provider Ratios within the Combined Service Area |

Data Source: NPPES NPI 2024 Accessed May 2025 via MySidewalk

Area	Ratio People to Primary Care Providers	Ratio People to Dentists	Ratio People to Mental Health Providers
Windsor County	1,015:1	2,142:1	393:1
Windham County	865:1[1]	1,581:1	220:1
Greater Sullivan Public Health Region	1,606:1	2,890:1	657:1
Vermont	736:1	1,529:1	301:1
New Hampshire	756:1	1,446:1	399:1

[1] *Data precedes the closure of Rockingham Health Center after which four primary care providers relocated from Windham County to Windsor and Sullivan Counties.*

d. Adults with a Personal Health Care Provider

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

| TABLE 31 - Adults with a Personal Health Care Provider within the Combined Service Area |

Data Source: Behavioral Risk Factor Surveillance System, VDH 2023

Area	Percent of Adults Who Report Having a Personal Doctor or Health Care Provider
Windsor County	91%
Windham County	90%
Sullivan County	-
Vermont	91%
New Hampshire	-

VT regional estimates are not significantly different from overall VT estimate.

e. Preventable Emergency Department Visits and Hospital Stays

A high rate of emergency department visits or inpatient stays for diagnoses potentially treatable in outpatient settings such as diabetes, hypertension, asthma, or chronic obstructive pulmonary disease may indicate limited access, availability, or quality of primary and outpatient specialty care in a community. The first table below displays Outpatient Potentially Avoidable ED Visits per 1000 Member Years among Blueprint for Health attributed members. Springfield Hospital's Service Area has a substantially

higher rate than Vermont. The next table displays the rate of Preventable Hospital Stays for Medicare enrollees. The County rates are lower than their corresponding state rates for both Vermont and New Hampshire.

| TABLE 32 - Potentially Avoidable ED Visits within the Combined Service Area |

Data Source: Vermont Blueprint for Health, 2023 Community Health Profiles

Area	Outpatient Potentially Avoidable ED Visits per 1000 Member Years
Springfield HSA	45.18
Brattleboro HSA	26.87
Vermont	28.01

| TABLE 33 - Hospital Stays for Ambulatory Care Sensitive Conditions within the Combined Service Area |

Data Source: Centers for Medicare & Medicaid Services, 2022; accessed via County Health Rankings May 2025

Area	Number of Hospital Stays for Ambulatory Care Sensitive Conditions per 1,000 Medicare Enrollees
Windham County	17.9
Windsor County	17.6
Sullivan County	21.8
Vermont	21.3
New Hampshire	23.5

f. Dental Care Utilization (Adult)

Regular dental visits are an important part of preventive care. Oral health is closely linked to overall health—issues like gum disease have been associated with heart disease, diabetes, and other chronic conditions, making routine dental care essential for early detection and prevention. The table below reports the percentage of adults aged 18 years and older who self-report that they have visited a dentist, dental hygienist or dental clinic within the past year.

|TABLE 34 - Adult Dental Care within the Combined Service Area |

Data Source: CDC Behavioral Risk Factor Surveillance System, PLACES 2022 accessed via mySidewalk May 2025

Area	Percent of Adults who Visited a Dentist or Dental Clinic, Past Year
Windham County	67.8%
Windsor County	71.4%%
Sullivan County	63.8%
Vermont	68.8%
New Hampshire	68.3%

g. Summary

Access to care in the Springfield Hospital and North Star Health Combined Service Area is shaped by insurance coverage, provider availability, affordability, and utilization of services. This section evaluates key factors impacting the community's ability to obtain timely, affordable, and appropriate care.

- **Insurance Coverage:**
  - Uninsured Rate: 5.0% of Combined Service Area residents are uninsured—slightly lower than the previous estimate of 5.5% in 2022 at the time of the last Community Health Needs Assessment.
  - Medicaid or Uninsured: Combined, 30.3% of residents rely on Medicaid or are uninsured, higher than Vermont (27.1%) and substantially higher than New Hampshire (18.5%).
  - Some towns (e.g., Alstead, NH and Londonderry, VT) report over 10% uninsured, while others like Peru, VT report 0%.

- **Cost-Related Delays in Care:**
  - Up to 9.0% of Windham County adults reported delaying or avoiding care due to cost, compared to 8.0% statewide in Vermont.
  - Despite cost barriers, 73–75% of adults across counties reported receiving a routine checkup in the past year.

- **Provider Capacity:**
  - Primary Care, Dental, and Mental Health Provider ratios are worse across the region than the states of Vermont and New Hampshire with the fewest of all types of providers available in the Greater Sullivan Public Health Region.
  - Windham County has the best access in the Combined Service Area but still trails Vermont in Primary Care and Dental.

- **Personal Health Care Provider**
  - 90–91% of adults in Windsor and Windham Counties have a personal health care provider—on par with Vermont averages, indicating strong provider-patient relationships in that part of the Combined Service Area.

- **Avoidable Emergency Visits & Hospital Stays:**
  - Springfield Hospital Service Area has a substantially higher rate of avoidable emergency department visits (45.18 per 1,000) than the Vermont average (28.01), suggesting gaps in timely outpatient care.
  - Preventable hospitalizations for Medicare enrollees are lower than state averages in Windsor and Windham Counties as compared to Vermont as well as Sullivan County as compared to New Hampshire.

- **Adult Dental Care Utilization:**
  - Dental visit rates vary by county:
    - Windsor: 71.4%
    - Windham: 67.8%
    - Sullivan: 63.8%
  - These figures are generally consistent with state averages, though slightly lower in Sullivan County as compared to New Hampshire (i.e., 63.8% vs. 68.3% in New Hampshire).

- **Key Takeaways:**
  - Insurance access and routine care rates are relatively stable but economic hardship persists in many towns as evidenced by Medicaid participation rates.
  - Greater Sullivan Public Health Region has critical shortages in provider capacity across all major care areas.
  - High ED utilization in the Springfield region may signal unmet outpatient care needs.
  - Despite challenges, many residents maintain relationships with providers and engage in preventive care, including Dental services.

3. Health Promotion and Disease Prevention Practices

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

a. Food Insecurity

This indicator reports the estimated percentage of the population that experienced food insecurity at some point during the past year. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food contributing to reduced quality, variety, or desirability of diet; disrupted eating patterns; and reduced food intake. More than one in ten residents of the Combined Service Area reported food insecurity in the past year.

| TABLE 35 - Food Insecurity within the Combined Service Area |

Data Source: USDA data, 2023 accessed via Feeding America, Map the Meal Gap, May 2025

Area	Experienced Food Insecurity, Past year
Windham County	13.6%
Windsor County	12.1%
Sullivan County	12.1%
Vermont	12.2%
New Hampshire	10.7%

b. Physical Inactivity (Adults)

Lack of physical activity can lead to significant health issues such as obesity and poor cardiovascular health. The table below presents the percentage of adults aged 18 years and older who self-report no leisure time physical activity. Nearly, 1 in 4 adults in Sullivan County can be considered physically inactive on a regular basis.

| TABLE 36 - Physical Inactivity within the Combined Service Area |

Data Source: CDC Behavioral Risk Factor Surveillance System, PLACES 2022 accessed via mySidewalk May 2025

Area	Percent of Adults Physically Inactive, Past 30 Days
Windham County	18.0%
Windsor County	16.3%
Sullivan County	23.0%
Vermont	18.3%
New Hampshire	19.9%

c. Pneumonia and Influenza Vaccinations (Adults 65+ years)

Adult vaccination rates are a key indicator of both individual and community health. They offer insight into preventive care access and the community's ability to manage and prevent disease. Adult vaccination rates can also indicate opportunities for health education, including addressing concerns for vaccine safety and efficacy. The indicators below include the percentage of adults aged 65 years and older who self-report that they received an influenza vaccine in the past year (at the time of the survey) or have ever received a pneumococcal vaccine.

| TABLE 37 - Physical Inactivity within the Combined Service Area |

Data Source: Centers for Medicare & Medicaid Services, 2022 accessed via County Health Rankings June 2025; New England Rural Health Association, Rural Data Dashboard, 2020

Area	Adults 65+ with Influenza Vaccination, Past Year	Adults 65+ with Pneumococcal Vaccination, Ever
Windham County	41%	69.2%
Windsor County	45%	73.8%
Sullivan County	44%	73.0%
Vermont	50%	73.1%
New Hampshire	53%	75.4%

d. Substance Misuse

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

Excessive drinking: Excessive alcohol use, either in the form of heavy drinking (drinking more than two drinks per day on average for men or more than one drink per day on average for women), or binge drinking (drinking 5 or more drinks on an occasion for men or 4 or more drinks on an occasion for women), can lead to increased risk of health problems such as liver disease or unintentional injuries. The table below shows the percentage of adults who report consuming any alcohol in the past 30 days and the percent of adults who report binge drinking in the past month. Windsor County had significantly fewer adults report drinking in the past month than Vermont overall.

| TABLE 38 - Adult Alcohol Use within the Combined Service Area |

Data Source: CDC Behavioral Risk Factor Surveillance System, VDH 2023; CDC Behavioral Risk Factor Surveillance System, 2023 accessed via DDHS Data Portal June 2025

Area	Percent Adults Consumed Alcohol, Past 30 Days	Percent Adults Binge Drinking, Past 30 Days
Windham County	62%	15%
Windsor County	55%*	15%
Greater Sullivan Public Health Region	65.4%	21.8%
Vermont	61%	16%
New Hampshire	62.0%	15.5%

**Regional estimate is significantly different from and lower than the overall VT estimate. NH regional estimates are not statistically different from the overall NH estimate.*

According to the National Institute on Alcohol Abuse and Alcoholism, alcohol is the most commonly used and misused drug among youth. On average, underage drinkers also consume more drinks per drinking occasion than adult drinkers. Regional statistics for binge drinking among high school aged youth are similar to the overall state rates. Female high school age students in the region are somewhat more likely than males to report binge drinking behavior.

| TABLE 39 - Underage Alcohol Use within the Combined Service Area |

Data Source: VT and NH Youth Risk Behavior Surveys, 2023

Area	Percent of High School Youth Engaged in Binge Drinking, Past 30 days		
	Male	Female	Total
Windham County	11%	14%	13%
Windsor County	11%	12%	12%
Greater Sullivan Public Health Region	10.2%	12.3%	11.2%
Vermont	-	-	13%
New Hampshire	10.7%	12.6%	11.6%

The misuse of prescription drugs, particularly prescription pain relievers, poses significant risk to individual health and can be a contributing factor to misuse of other drugs as well as a cause of unintentional overdose and mortality.

| TABLE 40 - Youth Misuse of Prescription Drugs within the Combined Service Area |

Data Source: VT and NH Youth Risk Behavior Surveys, 2023

Area	Percent of High School Youth Ever Used Prescription Drugs 'not prescribed to you'		
	Male	Female	Total
Windham County	5%	10%	7%
Windsor County	6%	5%	5%
Greater Sullivan Public Health Region	6.0%	10.0%	7.9%
Vermont	-	-	7%
New Hampshire	7.4%	10.1%	8.9%

e. Cigarette Smoking

Tobacco use is a primary contributor to leading causes of death such as lung cancer, respiratory disease, and cardiovascular disease. Smoking during pregnancy also confers significant short- and long-term risks to the health of an unborn child. The percent of women who smoked while pregnant in Greater Sullivan Public Health Region is significantly higher than the overall rate in New Hampshire.

| TABLE 41 - Adult Smoking within the Combined Service Area |

Data Source: CDC Behavioral Risk Factor Surveillance System, PLACES 2022 accessed via mySidewalk May 2025; VT Vital Statistics Report, 2023; NH Vital Records Birth Certificate Data, 2019-2023 accessed via NH DDHS Data Portal May 2025

Area	Percent of Adults who are Current Smokers	Percent Women Who Smoked During Pregnancy
Windham County	12.5%	10.4%
Windsor County	11.1%	11.1%
Greater Sullivan Public Health Region	14.9%	12.8%*
Vermont	13.1%	7.4%
New Hampshire	12.6%	3.4%

**NH regional estimate is significantly different and higher than the overall NH estimate. VT regional estimates are not statistically different from overall VT estimate.*

f. Teen Birth Rate

Teen pregnancy is closely linked to economic prosperity, educational attainment, and overall infant and child well-being. The teen birth rate in Greater Sullivan Public Health Region is significantly higher than the overall rate in New Hampshire.

| TABLE 42 - Births to Teens within the Combined Service Area |

Data Source: VT Vital Statistics Report, 2023; NH Vital Records Birth Certificate Data, 2019-2023 accessed via NH DDHS Data Portal May 2025

Area	Teen Birth Rate per 1,000 Women Age 15 to 19
Windham County	11.0
Windsor County	10.5
Greater Sullivan Public Health Region	9.1*
Vermont	9.0
New Hampshire	4.6

**NH Regional estimate is significantly different from and higher than the overall NH estimate. Information on statistical significance is not available for VT.*

g. Child Safety

Measures of child safety or child abuse and neglect in a community include the rate of substantiated child maltreatment victims. In 2023, there were 18 substantiated child maltreatment investigations in the communities served by the Springfield District Office and 36 in the communities served by the Brattleboro District Office. Regional data are not available for New Hampshire.

| TABLE 43 - Child Maltreatment within the Combined Service Area |

Data Source: VT Agency of Human Services, Department for Children and Families, 2023; NH Department of Children, Youth, and Families, Data Book, 2022.

Area	Number of Substantiated Child Maltreatment Investigations
Springfield District Office	18
Brattleboro District Office	36
Vermont	547
New Hampshire	695

h. Summary

This section evaluates behaviors, conditions, and risks that influence long-term health, including food access, physical activity, substance use, vaccination, and safety indicators. These factors reflect the community's ability to prevent illness and maintain well-being.

- **Food Insecurity:**
  - Over 1 in 10 residents in the Combined Service Area experienced food insecurity in the past year, with the highest rates in Windham County (13.6%).
  - Combined Service Area rates exceed New Hampshire's average (10.7%) and are comparable to Vermont (12.2%).

- **Physical Inactivity (Adults):**
  - Sullivan County has the highest adult physical inactivity rate (23.0%), well above the Vermont (18.3%) and New Hampshire (19.9%) averages.
  - Windham and Windsor counties report lower inactivity at 18.0% and 16.3%, respectively.

- **Vaccination (Adults 65+):**
  - Influenza vaccine uptake is lower in the Combined Service Area (41–45%) than in Vermont (50%) and New Hampshire (53%).
  - Pneumococcal vaccination is more on par with state averages, but generally lower except for Windsor County.

- **Substance Misuse:**
  - Adult Alcohol Use:
    - Approximately 55–65% of adults in the Combined Service Area consumed alcohol in the past 30 days, with the lowest rate (and a rate significantly lower than the state of Vermont) in Windsor County.
    - Binge drinking is highest in Sullivan County (21.8%), substantially above Vermont (16%) and New Hampshire (15.5%).
  - Youth Alcohol Use:
    - Teen binge drinking affects ~11–13% of all high school students across the Combined Service Area, with females slightly more likely to report binge drinking than males.
  - Youth Prescription Drug Misuse:
    - 5–8% of all youth report misusing prescription drugs, consistent with state averages.
    - Females in Windham and Sullivan Counties are more likely than males to report misuse.

- **Cigarette Smoking:**
  - Adult smoking rates are slightly above average in Greater Sullivan Public Health Region (14.9%), compared to Vermont (13.1%) and New Hampshire (12.6%).
  - Smoking during pregnancy in Greater Sullivan Public Health Region (12.8%) is significantly higher than the New Hampshire average (3.4%).

- **Teen Birth Rate:**
  - Teen birth rates are higher in the Combined Service Area as compared to Vermont and New Hampshire averages.
  - Greater Sullivan Public Health Region's teen birth rate (9.1) is significantly higher than the New Hampshire average (4.6).

- **Child Safety:**
  - In 2023, there were:
    - 18 substantiated child maltreatment cases in the Springfield District and 36 in the Brattleboro District.
    - These are part of 547 total cases statewide in Vermont.

- **Key Takeaways:**
  - Behavioral health risks—including physical inactivity, alcohol misuse, and smoking—remain challenges, especially in Sullivan County.
  - Vaccination rates among older adults are lower than state benchmarks, indicating room for preventive health education.
  - Youth substance use and teen pregnancy are above desirable levels, pointing to a need for targeted prevention efforts.
  - Food insecurity and child maltreatment underscore broader socioeconomic stressors in the region.

4. Selected Health Outcomes

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

a. Overweight and Obesity

Being overweight or obese can indicate an unhealthy lifestyle that puts individuals at risk for a variety of significant health issues including hypertension, heart disease, and diabetes. The indicators below report the percentage of adults aged 18 years and older (BRFSS), as well as high school students (YRBS) who self-report that they have a Body Mass Index greater than 30.0 (i.e., they are obese).

| TABLE 44 - Obesity within the Combined Service Area |

Data Source: VT Behavioral Risk Factor Surveillance System, 2022 accessed via County Health Rankings May 2025; NH Behavioral Risk Factor Surveillance Survey, 2023 accessed via NH DDHS Data Portal May 2025; VT Department of Health, Youth Risk Behavior Survey, 2023; NH Youth Risk Behavior Survey, 2023 accessed via NH DDHS Data Portal May 2025.

Area	Adults Aged 20+ Years, Percent Obese	High School Students, Percent Obese
Windham County	26%	14%
Windsor County	26%	13%
Greater Sullivan Public Health Region	30.9%	17.4%*
Vermont	27%	14%
New Hampshire	32.8%	12.5%

**NH regional estimate is significantly different and higher than the overall NH estimate. Information on statistical significance is not available for VT.*

b. Heart Disease

Heart disease remains the leading cause of death in the United States. It affects millions of adults each year and is often linked to risk factors such as high blood pressure, high cholesterol, diabetes, smoking, and lack of physical activity, many of which are preventable or manageable with early intervention and access to quality care. Indicators like high blood pressure and high cholesterol are major risk factors for heart disease because they directly impact how the heart and blood vessels function. The table below shows key indicators related to heart health in the Combined Service Area.

| TABLE 45 - Key Heart Health Indicators within the Combined Service Area |

Data Source: VT Behavioral Risk Factor Surveillance System, 2022 accessed via County Health Rankings May 2025; NH Behavioral Risk Factor Surveillance Survey, 2023 accessed via NH DDHS Data Portal May 2025

Area	Percent of Adults who Have High Blood Pressure	Percent of Adults who Have Had a Cholesterol Check, past 5 years	Percent Adults Told by a Health Professional that their Blood Cholesterol was High
Windham County	31%	87%	30%
Windsor County	34%	88%	37%
Greater Sullivan Public Health Region	36.2%	86.4%	42.1%
Vermont	33%	86%	34%
New Hampshire	33.2%	89.7%	35.8%

Cardiovascular Disease-Related Hospitalization: The tables below display inpatient hospitalizations for heart attack and stroke in Greater Sullivan Public Health Region and heart failure among Blueprint for Health attributed members in Springfield and Brattleboro Hospital Service Areas. While heart attack and stroke are not considered sensitive to ambulatory care management, risk factors for these sudden events (e.g., hypertension, diabetes, and high cholesterol) are ambulatory care sensitive conditions. Therefore, higher rates of hospitalization for heart attack and stroke may be indicative of challenges with access to primary care or quality of care. Heart failure is considered a condition sensitive to ambulatory care management and, therefore, higher rates of hospitalization for heart failure may be indicative of challenges with access to primary care or quality of care.

| TABLE 46 - Cardiovascular Hospitalizations within the Combined Service Area |

Data Source: NH Hospital Discharge Dataset, 2017-2021, accessed via NH DDHS Data Portal May 2025; VT Blueprint for Health, 2023 Community Health Profiles

Area	Heart Attack Hospitalizations (Inpatient), Age-Adjusted Rate per 100,000	Stroke Hospitalizations (Inpatient), Age-Adjusted Rate per 100,000	Heart Failure Admissions for Adults 18+ years, (Inpatient), Unadjusted Rate per 100,000
Springfield Hospital Service Area	-	-	3.07
Brattleboro Hospital Service Area	-	-	2.88
Greater Sullivan Public Health Region	168.8	175.1	-
Vermont	-	-	3.06
New Hampshire	141.7	169.8	-

NH regional estimate is not statistically different from overall NH estimate. Information on statistical significance is not available for VT.

Heart Disease and Stroke Mortality: Diseases of the heart are the leading cause of death in New Hampshire and the second leading cause of death in Vermont. Cerebrovascular disease (stroke) is the sixth leading cause of death in both Vermont and New Hampshire.

| TABLE 47 - Heart Disease and Stroke Mortality within the Combined Service Area |

Data Source: VT Vital Statistics Report, 2023; NH Vital Records Birth Certificate Data, 2019-2023 accessed via NH DHS Data Portal May 2025

Area	Coronary (Ischemic) Heart Disease Mortality, Age-Adjusted Rate per 100,000	Cerebrovascular Disease Mortality, Age-Adjusted Rate per 100,000
Springfield Hospital Service Area	157.6	62.0
Brattleboro Hospital Service Area	127.3	56.4
Greater Sullivan Public Health Region	90.8	29.7
Vermont	131.3	37.5
New Hampshire	85.6	31.4

NH regional estimates are not statistically different from the overall NH estimate. Information on statistical significance is not available for VT.

c. Diabetes

Diabetes is an increasingly prevalent chronic health condition that puts individuals at risk for further health complications but is also amenable to control through diet and adequate clinical care. Prediabetes is a serious health condition where blood sugar levels are higher than normal but not yet high enough for a diabetes diagnosis, indicating an increased risk for developing type 2 diabetes, heart disease, and stroke.

Diabetes Prevalence: The table below reports the percentage of adults who have ever been told by a doctor that they have prediabetes or diabetes.

| TABLE 48 - Adult Diabetes within the Combined Service Area |

Data Source: VT BRFSS Report, 2023; NH BRFSS, 2022 and 2023 accessed via NH DDHS Data Portal May 2025

Area	Percent of Adults with Prediabetes	Percent of Adults with Diabetes
Springfield Hospital Service Area	8%	9%
Brattleboro Hospital Service Area	10%	10%
Greater Sullivan Public Health Region	7%	13.9%
Vermont	10%	9%
New Hampshire	11.5%	9.8%

Regional estimates are not statistically different from the overall VT and NH state estimates

Diabetes-Related Mortality: Diabetes is the seventh leading cause of death in Vermont and the ninth leading cause in New Hampshire.

| TABLE 49 - Diabetes Mortality within the Combined Service Area |

Data Source: VT Vital Statistics Report, 2023; NH National Vital Statistics System, *2021-2023* accessed via HDPulse May 2025

Area	Deaths due to Diabetes Mellitus (per 100,000 people, age adjusted)
Windham County	28.6
Windsor County	33.0
Sullivan County	24.3
Vermont	28.3
New Hampshire	20.2

d. Cancer

Cancer is the leading cause of death in Vermont and the third leading cause of death in New Hampshire. Although not all cancers can be prevented, risk factors for some cancers can be reduced. The National Institutes of Health estimates that between 30 and 50% of cancer diagnoses and deaths in the United States can be linked to behaviors, including tobacco use, poor nutrition, obesity, sun exposure, and lack of exercise.

Cancer Screening: The table below displays screening rates for colorectal cancer, breast cancer, and cervical cancer. Cancer screening rates are a critical indicator of a community's access to preventive health care, as higher screening rates are strongly linked to earlier detection, more effective treatment, and improved survival outcomes.

| TABLE 50 - Adherence to Cancer Screening Recommendations within the Combined Service Area |

Data Source: CDC Behavioral Risk Factor Surveillance System, PLACES 2020 and 2022, accessed via mySidewalk May 2025
except [1]Vermont Blueprint for Health, 2023 Community Health Profiles

Cancer Screening Type	Windham County	Windsor County	Vermont	Sullivan County	New Hampshire
Adults 50-75 receiving colorectal cancer screening	70.9%	73.3%	70.0%	67.0%	69.3%
Female adults age 50-74 who reported breast cancer screenings	79.5	77.0%	75.3%	80.1%	78.6%
Female adults age 21-65 receiving cervical cancer screening	83.2%	83.2%	83.0%	82.2%	84.3%
	Springfield HSA	**Brattleboro HSA**	**Vermont**		
Female adults age 21-64 in compliance with cervical cancer screening recommendations[1]	56%	55%	61%		

Cancer Incidence and Cancer Mortality: The table below shows cancer incidence rates by site group for the cancer types that account for the majority of new cancer cases.

| TABLE 51 - Cancer Incidence within the Combined Service Area |

Data Source: National Cancer Institute, State Cancer Profile for Vermont, 2017-2021; NH State Cancer Registry, 2017-2021 accessed via NH DDHS Data Portal May 2025

Cancer Incidence Age-Adjusted per 100,000 People					
	Windham County	**Windsor County**	**Vermont**	**Greater Sullivan Public Health Region**	**New Hampshire**
Overall cancer incidence (All Invasive Cancers)	438.9	442.3	447.3	483.0	458.9
Cancer Incidence by Type					
Breast (female)	114.4	134.9	127.9	139.3	147.1
Prostate (male)	120.1	93.3	107.0	106.4	117.0
Lung and bronchus	48.9	48.1	54.0	65.7	54.9
Melanoma of Skin	27.6	36.3	35.1	36.4	27.0
Colorectal	35.7	33.8	32.7	37.2	32.7
Bladder[1]	19.7	25.4	22.2	27.8	26.6
Non-Hodgkin Lymphoma	21.9	14.2	18.5	16.3	19.1
Pancreas	11.0	12.5	12.7	13.3	12.7

**NH regional estimates are not statistically different from the overall NH estimate. Information on statistical significance is not available for VT.*

[1]Bladder Incidence includes invasive and in situ per source data.

Greater Sullivan Public Health Region has the highest overall cancer incidence (483.0 per 100,000 people) as well as the highest incidence for all specific types of cancer except Prostate (Windham County) and Non-Hodgkin Lymphoma (Windham County).

The table below shows the mortality rate for cancer overall and for the cancer types that account for the majority of cancer deaths. Cancer of the lung and bronchus is the top cause of cancer-related mortality.

| TABLE 52 - Cancer Mortality within the Combined Service Area |

Data Sources: National Cancer Institute, State Cancer Profile for Vermont, 2018-2022; NH Vital Records Death Certificate Data, 2019-2023 accessed via NH DDHS Data Portal May 2025

Cancer Mortality Age-Adjusted per 100,000 People					
	Windham County	**Windsor County**	**Vermont**	**Greater Sullivan Public Health Region**	**New Hampshire**
Overall cancer mortality (All Invasive Cancers)	152.7	140.7	127.6	149.8	141.2
Cancer Mortality by Type					
Breast (female)	18.8	16.4	16.9	12.6	17.8
Prostate (male)	22.6	20.0	22.0	23.4	19.6
Lung and bronchus	28.3	28.1	36.6	34.6	29.0
Colorectal	17.5	16.4	16.0	13.2	10.7
Bladder	Suppressed	Suppressed	7.7	3.4	5.2
Non-Hodgkin Lymphoma	Suppressed	Suppressed	7.2	6.5	5.1
Pancreas	9.5	14.0	12.8	8.7	11.5

**NH regional estimates are not statistically different from the overall NH estimate. Information on statistical significance is not available for VT.*

e. Asthma

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

Asthma Prevalence: In the table below, the child indicator is the percent of children with asthma as reported by a parent or guardian. The adult indicator is the percentage of adults aged 18 years and older who self-report that they a) have ever been told by a doctor, nurse, or other health professional that they have asthma and b) still have asthma.

| TABLE 53 - Asthma Prevalence within the Combined Service Area |

Data Source: VDH Asthma Data Pages, Child Asthma Prevalence, 2019-2021; Behavioral Risk Factor Surveillance System, PLACES 2022 accessed via mySidewalk May 2025

Area	Percent of Children (ages 0 to 17 years) with Current Asthma	Percent of Adults (over 18 years) Diagnosed with Asthma and Current Asthma
Windham County	*Suppressed*	12.0%
Windsor County	8%	11.4%
Sullivan County	*Suppressed*	11.9%
Vermont	7%	12.2%
New Hampshire	9.8%	11.8%

Asthma-Related Hospitalization: The table below displays age-adjusted rates of emergency department utilization for complications of asthma. Windsor County and Greater Sullivan County Public Health Region rates were significantly higher than overall state rates.

| TABLE 54 - Asthma Hospitalizations within the Combined Service Area |

Data Source: VDH Asthma Data Pages, ED Visits, 2020; NH Hospital Discharge Data Set, 2017-2021.

Area	ED Visits Related to Asthma, All Ages Age-Adjusted Rate per 10,000 Population
Windham County	17.2
Windsor County	24.1*
Greater Sullivan Public Health Region	37.1*
Vermont	17.1
New Hampshire	23.2

**Regional estimate is significantly different and higher than the corresponding state estimate.*

The table below displays rates of hospital admissions for asthma or Chronic Obstructive Pulmonary Disease (COPD) among Blueprint for Health attributed members. Asthma and COPD can be considered ambulatory care sensitive conditions where higher rates of inpatient admission may be indicative of challenges with primary care access or quality of care. Rates in the Springfield and Brattleboro Hospital Service Areas are lower than the overall Vermont rate.

| TABLE 55 - Asthma Hospitalizations for Blueprint for Health Attributed Members within the Combined Service Area |

Data Source: Vermont Blueprint for Health, 2023 Community Health Profiles

Area	Hospital Admissions with a Principal Diagnosis of Asthma or COPD, Age 40+ Years per 1,000 Members
Springfield HSA	1.58
Brattleboro HSA	1.63
Vermont	1.60

f. Intentional and Unintentional Injury

Mental health, substance use, and injury—both intentional (such as self-harm or violence) and unintentional (such as overdoses or accidents)—are deeply interconnected. Poor mental health can increase the risk of substance use, and substance use can, in turn, worsen mental health conditions. Both factors significantly raise the likelihood of injury, highlighting the need for integrated prevention and treatment strategies that address these issues together.

Indicators in the table below include self-reported depression, social isolation, and frequent mental distress, as well as hospitalization and mortality data related to substance misuse and self-harm. Together, these data points reflect the complex and interconnected factors that contribute to injury and loss of life in the community.

Per the table below, roughly one-quarter of adults in the Combined Service Area report having been diagnosed with Depression, one-third report feelings of social isolation, and roughly 15% report having poor mental health. These numbers are consistent with statewide averages.

| TABLE 56 - Key Indicators of Adult Mental Well-being within the Combined Service Area |

Data Source: CDC BRFSS, PLACES, 2022 accessed via mySidewalk June 2025

Area	Diagnosed Depression Among Adults	Adults Feeling Socially Isolated	Poor Mental Health Among Adults
Windham County	26.0%	33.2%	15.1%
Windsor County	24.7%	30.6%	13.2%
Sullivan County	24.5%	32.7%	16.4%
Vermont	26.0%	33.5%	15.8%
New Hampshire	24.8%	32.9%	16.2%

When negative emotions become overwhelming or mental illness, like depression, goes untreated, suicidal thoughts and behaviors can emerge. Suicide is a tragic outcome that occurs when individuals feel that their situation is dire and see no other way to escape their suffering. It underscores the urgent need for accessible mental health resources, early intervention, and

comprehensive support for those struggling with severe depression. Addressing these needs is crucial to prevent such devastating consequences and to promote mental well-being within the community. Although self-reported rates of depression, social isolation, and poor mental health are similar to those across Vermont and New Hampshire, both Windham County and Greater Sullivan Public Health Region have significantly higher rates of emergency department visits related to suicide or self-harm.

| TABLE 57 - Suicide Rates within the Combined Service Area |

Data Source: Vermont Annual Suicide Data Report, 2024; NH Vital Records Death Certificate Data, 2019-2023 accessed via NH DDHS Data Portal June 2025; NH Hospital Discharge Data Set, 2017-2021 accessed via NH DDHS Data Portal June 2025

Area	Suicide Rate, Age-Adjusted per 100,000	Suicide or Self-Harm Related Emergency Department Visits, per 10,000 ED visits
Windham County	17.4	353.2*
Windsor County	8.6	215.5
Greater Sullivan Public Health Region	17.4	215.4*
Vermont	16.1	238.0
New Hampshire	14.6	176.6

**Regional estimates are significantly different from and higher than the overall NH or VT estimate.*

The next table presents information on follow-up care after emergency treatment for mental health. Among Blueprint for Health attributed members 6 years of age and older who had an emergency department visit with a principal diagnosis related to mental illness, the statistics below show the percentage of those visits for which there is a record of a non-emergency follow up visit for mental health-related care within 30 days.

| TABLE 58 - Follow-Up Care for Mental Illness within the Combined Service Area |

Data Source: Vermont Blueprint for Health, 2023 Community Health Profiles

Area	Follow-Up After Discharge from ED for Mental Illness Diagnosis (% of ED visits with follow-up within 30 days)
Springfield HSA	75%
Brattleboro HSA	81%
Vermont	78%

Substance Use-Related Emergency Department Visits, Hospitalization: According to the National Institutes of Health and the Substance Abuse and Mental Health Services Administration, depression and suicidal ideation are often interlinked with substance abuse and trauma as individuals struggling with severe emotional pain may turn to drugs or alcohol as a means of coping. Substance abuse can exacerbate mental health issues, creating a vicious cycle that increases the risk of both depression and suicidal behavior. Data related to substance use is presented above in the section: Health Promotion and Disease Prevention. Select data related to substance use morbidity and mortality are reported below.

In the last decade, the epidemic of opioid and other substance misuse has been a substantial underlying cause of unintentional and intentional injury and death. However, the most recent trends show a decline in opioid deaths. According to the Vermont Department of Public Health, prevention and treatment programs like fentanyl test strips and the statewide naloxone distribution program are helping to save lives.

The table below displays rates of emergency department visits for opioid-related overdoses and opioid-related fatalities. NOTE: data presented in this table are the most recent available for each area. The time periods are not consistent (see Data Source notations). Therefore, any relationship between the indicators should be interpreted with care.

| TABLE 59 - Key Opioid-Related Indicators within the Combined Service Area |

Data Source: VDH Substance Abuse Dashboard, 2023. VDH Fatal Opioid Overdoses Among Vermonters, Annual Data Brief, 2024; NH Hospital Discharge Data Set, 2017-2021 accessed via NH DDHS Data Portal June 2025; NH Vital Records Death Certificate Data, 2019-2023 accessed via NH DDHS Data Portal June 2025

Area	Opioid-Related ED Visits, Rate per 10,000 Visits	Opioid-Related ED Visits, Rate per 100,000 Population	Fatal Opioid Overdoses, Rate per 100,000 Population
Windham County	28.8	-	28.3
Windsor County	18.0	-	31.0
Greater Sullivan Public Health Region	-	69.2*	35.1
Vermont	21.4	-	28.3
New Hampshire	-	102.1	29.4

**NH regional estimates are statistically different from and lower than overall NH estimates. Information on statistical significance is not available for VT.*

The next table presents information on follow-up care after emergency treatment for substance misuse. Among Blueprint for Health attributed members 18 years of age and older who had an emergency department visit with a principal diagnosis of alcohol or other drug (AOD) dependence, the data below show the percentage of those visits for which there is a record of a non-emergency follow up visit for substance use-related care within 34 days.

| TABLE 60 - Key Opioid-Related Indicators within the Combined Service Area |

Data Source: Vermont Blueprint for Health, 2023 Community Health Profiles

Area	Follow-Up After Discharge from ED for Alcohol and Other Drug Dependence (% of ED visits with follow-up within 34 days)
Springfield HSA	18%
Brattleboro HSA	18%
Vermont	18%

g. Premature Mortality

An overall measure of the burden of preventable injury and disease is premature mortality. The indicator below expresses premature mortality as the total years of potential life lost before age 75 years. Every death occurring before the age of 75 years contributes to the total number of years of potential life lost. During the period 2020 to 2022, 454 deaths in Windham County, 571 deaths in Windsor County, and 468 deaths in Sullivan County occurred before the age of 75. The primary causes of death contributing to premature mortality over this time period were cancer and heart disease.

| TABLE 61 - Premature Mortality within the Combined Service Area |

Data Source: National Center for Health Statistics, 2020-2022 accessed via County Health Rankings June 2025

Area	Years of Potential Life Lost Before Age 75, Age-Adjusted per 100,000 Population
Windham County	8,000
Windsor County	8,700
Sullivan County	8,100
Vermont	7,100
New Hampshire	6,600

h. Summary

This section provides an overview of key health outcomes affecting residents in the Combined Service Area. It focuses on chronic disease, mental health, injury, and premature mortality, highlighting major health burdens and disparities in the region. Key findings include:

- **Overweight and Obesity:**
  - Obesity is prevalent across all areas.
    - Adult rates range from 26% in Windham and Windsor Counties to nearly 31% in Greater Sullivan Public Health Region, these numbers are consistent with Vermont and New Hampshire state averages.
    - Obesity among high school students is highest in Greater Sullivan Public Health Region (17.4%), exceeding both Vermont and New Hampshire state averages.
    - These rates suggest elevated risk for chronic conditions like diabetes and heart disease.

- **Heart Disease:**
  - Heart disease is the leading cause of death in New Hampshire and the second leading cause of death in Vermont, driven by risk factors such as high blood pressure and cholesterol.
    - High Blood Pressure affects 31–36% of adults across the region.
    - Most adults report cholesterol screening within five years, but elevated cholesterol rates are common in Windsor County and Greater Sullivan County Public Health Region as compared to Vermont and New Hampshire state averages.
    - Greater Sullivan Public Health Region shows higher rates of hospital admissions for heart attack and stroke than New Hampshire.

- **Diabetes:**
  - Diabetes and prediabetes affect a growing number of adults.
    - Prediabetes prevalence is highest in the Brattleboro Hospital Service Area (10%), similar to Vermont and New Hampshire State averages.
    - Diabetes prevalence is highest in Greater Sullivan Public Health Region (13.9%), higher than Vermont and New Hampshire state averages.
    - Windsor County reports the highest diabetes-related death rate (33.0/100,000), higher than both Vermont and New Hampshire state averages.

- **Cancer:**
  - Cancer is the leading cause of death in Vermont and the third leading cause in New Hampshire.
    - Cancer screening rates are generally strong across all types of cancer and all areas as compared to Vermont and New Hampshire state averages.
    - Greater Sullivan Public Health Region has the highest overall cancer incidence (483/100,000) as well as the highest incidence for all specific types of cancer except Prostate (Windham County) and Non-Hodgkin Lymphoma (Windham County).
    - Lung cancer leads cancer-related deaths.
    - Windham County has the highest overall cancer mortality rate (152.7/100,000).

- **Asthma:**
  - Asthma remains a common chronic condition, especially among adults.
    - Adult prevalence is 11-12% across all regions of the Combined Service Area.
    - Emergency department visit rates related to asthma are significantly higher than state averages in Windsor County and Greater Sullivan Public Health Region, suggesting challenges in managing asthma outside the hospital setting.

- **Mental Health and Injury:**
  - Mental health and injury-related outcomes reveal deep community needs.
    - About 25% of adults report diagnosed depression, with over 30% reporting social isolation.
    - Suicide rates are highest in Windham County and Greater Sullivan Public Health Region (17.4/100,000), above state averages.
    - Emergency department visit rates for self-harm in Windham County and Greater Sullivan Public Health Region are significantly above Vermont and New Hampshire state rates.
    - After a mental health–related emergency, 75–83% of individuals in the Springfield and Brattleboro Hospital Service Areas receive follow-up within 30 days.

- **Substance Use:**
  - Substance use, including opioids, continues to affect the region.

- Opioid overdose death rates are highest in the Greater Sullivan Public Health Region (35.1/100,000), exceeding Vermont and New Hampshire state averages. Opioid overdose death rates in Windsor County (31.0/100,000) also exceed Vermont and New Hampshire state averages.
- Emergency department visits related to opioids are elevated in Windham County as compared to the Vermont state rate, but lower in Windsor County and the Greater Sullivan Public Health Region as compared to Vermont and New Hampshire state rates.
- Just 13–18% of individuals receive follow-up care within 34 days of an opioid-related emergency department visit, indicating missed opportunities for intervention.

- **Premature Mortality:**
  - Premature mortality, measured by years of potential life lost before age 75 years (per 100,000 in the population), remains high:
    - Windham County: 8,000
    - Windsor County: 8,700 (highest)
    - Sullivan County: 8,100
  - These rates exceed state averages, reflecting the toll of preventable conditions like cancer, heart disease, and substance misuse.

The Combined Service Area faces significant health challenges, particularly related to chronic disease, mental health, and substance use. While preventive care measures like cancer screenings are relatively strong, persistent disparities in disease burden and access to follow-up care underscore the need for coordinated, targeted health interventions.

Appendix A

Springfield Health Service Area Community Collaborative

Needs Assessment Planning Committee

Anna Smith, Springfield Hospital

Christian Craig, Edgar May Recreation Center

George Karabakakis, Health Care and Rehabilitation Services (HCRS)

Mark Boutwell, Senior Solutions

Sue Graff, Vermont Agency for Human Services

Susan White, Southern Vermont Area Health Education Center (AHEC)

Tom Dougherty, North Star Health

Catherine Apostoleris, Independent Consultant

Alyssa Wade, Springfield Supportive Housing

Allison Hopkins, Mount Ascutney Regional Commission

Mike Russell, Vermont Department of Health

Jessie Casella, Vermont Department of Health

Samantha Ball, Vally Health Connections

Bailey Matteson, Springfield Hospital

Appendix B

Community Resources

Organizations listed below reflect available local resources.

- Association of Area Churches
- Bayada Home Health Care
- BCBSVT
- Building Bright Futures
- Chester Andover Family Center
- Edgar May Recreation Center
- Greater Falls Connections
- HCRS
- Lincoln Street
- Neighborhood Connections
- North Star Health
- Office of Public Guardian
- Parks Place Community Resource Center
- SASH
- SaVida Health
- Senior Solutions
- Southeastern Vermont Community Action Sojourns
- Springfield Hospital
- Springfield School District
- Springfield Area Parent Child Center
- Springfield Family Center
- Springfield Health and Rehab
- Springfield Housing Authority
- Springfield Prevention Coalition/MAPP Springfield
- Restorative Justice Center
- Springfield Supportive Housing Program
- Sustainable Aging
- Southern Vermont Area Health Education Center
- Southern Windsor County Regional Planning Commission
- Town of Springfield
- Turning Point Recovery Center
- Vermont Association of Business, Industry & Rehabilitation
- Valley Health Connections
- Vermont 211
- Vermont Agency for Human Services
- Vermont Blueprint for Health
- Vermont Department of Health
- Visiting Angels of the Upper Connecticut River Valley
- VNA/VNH
- Vocational Rehabilitation
- VT Community Foundation
- Windham & Windsor Housing Trust
- Windham County Youth Services
- Women’s Freedom Center