



Little Rivers Health Care, Inc.
Community Health Needs Assessment 2023
Blueprint Edition



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Introduction

Little Rivers Health Care, Inc. (LRHC) incorporated in July 2003, was awarded Federally Qualified Health Center (FQHC) status in 2006 and is now in its 20th year of operation. Comprehensive primary care services are provided out of our 4-owned clinics in Wells River, Bradford, East Corinth and Newbury. Additionally, LRHC's scope of project includes serving all six schools of the Orange East Supervisory Union.

At LRHC, our providers offer a full range of primary care services to meet the needs of residents of all ages. These services include oral health, obstetric care, and mental health services. Our providers prioritize the six aims outlined by the Institute of Medicine, ensuring that care is patient-centered, safe, effective, timely, efficient, and equitable. They actively engage in initiatives aimed at improving the local and regional healthcare delivery system. Furthermore, our providers also offer alternative healing options such as reiki, yoga, tai chi, and acuwellness.

LRHC conducts a Community Health Needs Assessment (CHNA) to evaluate the health needs of the community. This assessment takes into account health status, health disparities, socio-demographics, cultural influences, and access to services. The findings from the CHNA inform our decisions on resource allocation, service offerings, and service delivery methods. They also provide a broader understanding of our community and present opportunities for synergistic partnerships with other service providers.

Availability of the Community Health Needs Assessment (CHNA)

Upon completion of the entire CHNA process, the documents comprising the LRHC CHNA Report will be made widely available in an easily downloadable format on the LRHC website at www.littlerivers.org. A hard copy will also be available by calling Little Rivers Health Care Administration at 802-222-3000 and requesting a copy. This information will be available to community members without the need for special hardware or software, without payment or fees, or without the requirement of creating an account or providing personally identifiable information.

Thank You to Our Partners

We would like to thank all our community partners who met with us and provided input into the 2023 Community Health Needs Assessment. In particular, we thank Bi-State for its generous sharing of statistical data, insight, and advice in preparing this report. We would also like to thank all the agencies and independent members of the Upper Valley Unified Community Collaborative for working together with us in conducting the CHNA data collection process. We would also like to thank UVM for their support via editing by students in their master's program for Public Health.

Objectives

This Community Health Needs Assessment (CHNA) seeks to accomplish the following:

- Describe the sociodemographic and health status characteristics of our service area.
- Examine health disparities due to age, gender, race, ethnic origin, income, education, and insurance status.
- Describe the perspectives of stakeholders and key informants regarding access barriers and service gaps.
- Explore the impact of state and federal policy and other environmental factors on the health of our target population.
- Better understand the impact of COVID-19 on our communities.
- Provide the necessary information and insight to update LRHC's strategic planning process.

Methodology

Both primary and secondary sources of data were used for this report. The CHNA process also included a review of qualitative data from primary sources, including the results and findings of a community survey as described in this report. The community survey, entitled "Upper Valley Community Collaborative Community Health Needs Assessment," was distributed widely and provided information about perceptions of health needs and risk behaviors that have the greatest impact on the community. The survey also indicated the perceptions of the availability or lack of availability of a broad spectrum of resources. The survey was easily accessible electronically via a link circulated through multiple e-distribution lists, reaching many agencies, organizations, and employers in the LRHC service area. A link directly to the survey was also posted on LRHC's website. Paper surveys and survey collection boxes were not distributed due to staff capacity limitations.

Primary Data Were Derived From

A widely distributed digital survey created on Microsoft Teams' application, Forms, and distributed with a link. The following stakeholders participated in the completion and distribution to farther reaches of our region:

- Representatives from local health and human service agencies
- Clinicians, nurses, and care coordinators
- Behavioral health organizations, including Clara Martin Center our area's designated mental healthcare center
- School staff of Orange East Supervisory Union
- Vermont Department of Health
- Consumers

CHARACTERISTICS OF THE HEALTH SERVICE AREA

Overview of Little Rivers' Service Area

LRHC's 18-town service area in east central Vermont is rural, and according to the World Population Review data: Bradford (1,272), Corinth (1,567), Fairlee (1,158), Groton (1,093), Newbury, which includes the village of Wells River (2,065), Ryegate (East and South) (1,103), Thetford (2,783), Topsham (1,005), and our neighboring "border" towns in New Hampshire of Bath (1,077), Haverhill (4,615), Monroe (856), North Haverhill (819), Orford (1,313), Piermont (849), and Woodsville (1,329), with a total population of ~30,000 (up from ~22,000 in 2021).¹

Vermont has a very small surface area of just 9,614 square miles, but for every square mile of Vermont territory, there is an average of 67.9 people (up from 42 people in 2019), making Vermont the 30th most densely populated state in the entire country.² Roughly a third of Vermonters live in villages, with the remaining two-thirds spread throughout the hills and valleys. While an interstate highway runs north/south on the VT/NH border, most roads that connect residents to their schools, jobs, and social services are secondary or tertiary.- Residents generally stay within the boundaries of the service area and do not routinely travel to the bigger population centers of Hanover, NH/Dartmouth (25 miles south) or Littleton, NH (35 miles northeast) for services, particularly during the winter and "mud" seasons (October-May).

With few other providers in the area, LRHC's target population includes all the residents of the service area, with a special emphasis on the low-income and underserved. The population is predominantly comprised of farmers, tradespersons, service industry workers, seasonal employees, and seniors. Compared to the rest of the country, the average age of Vermonters has plateaued since 2019 when the median age of residents was 42.9 years and remained at 42.6 in 2021. This is compared to the national average age of 38 years. Orange County is older with a median age of 46.⁷ In Orange County, 22.2% of the population is over the age of 65, versus 21.6% statewide.³

Regional Characteristics

Self-reliance and independence are strongly valued cultural traits among Vermonters.- These admirable qualities can become liabilities that hinder many of our residents from pursuing or accepting financial assistance, counseling, or other care. Some will resist care until they are in an emergency situation. Regarding behavioral and mental health, this reticence to reach out to others for help is even more deeply ingrained due to the stigma associated with these needs, not to mention the frequent inability or unwillingness to acknowledge a problem even exists. This fierce independence can also contribute to the social isolation already inherent in a rural community due to geography, an isolation that, in turn, can worsen substance abuse and mental health problems.

Over the past 2 years, LRHC and CMC have seen a stark increase in people asking for and requiring psychiatric and mental health resources. Although facilities have done their best to expand programming, the need heavily outweighs the resources that are available. Facilities continue to work on finding ways to meet the need with telehealth and digital applications.

Unemployment in this region, as in all of Vermont, is 2.0% as of December 2023 compared to 3.7% nationwide. Under-employment is more of an issue. Many jobs involve seasonal work and/or frequent layoffs due to lulls and surges in business. There are few large employer bases that offer good benefits. Farming, logging, building trades, small retail, and self-employment are the most common industries, all of which are very vulnerable to changes in the larger economic climate and unforgiving weather.⁴

The 2022 State Agriculture Overview reports that there are 6,800 working farms in Vermont. Orange County accounted for 7% of the state's agriculture; 38% is cropland, 13% is pastureland, 44% is woodland, and 5% is other.⁵

Migrant and seasonal workers are common on our farms, as are foreign workers who stay 2-3 years at a time to work at local dairy farms. In our area, most of these workers are from Mexico and speak little or no English. In a survey from 2017, it is estimated that there are 786 migrant workers spread over 128 farms in Vermont. In Orange County, it is estimated that there are 8 farms with 128 migrant workers. It is difficult to obtain numbers for this population because of fear of deportation, even among those with work papers.⁶ This same fear also inhibits seeking attention for injuries and illnesses among these workers, let alone routine care. Farm workers work as long as the light permits during the growing season; 10–16-hour days are typical. In terms of work safety, agriculture consistently ranks as one of the most dangerous occupations. Hazards include repetitive strain, working with dangerous equipment, and exposure to toxic pesticides and other chemicals, to list a few. In addition to occupational illnesses and injuries, these workers are especially at risk for depression due to their isolation and separation from loved ones.

Poverty has been identified as a major barrier to health care access and utilization in our area, as well as to health self-management. It impacts an individual's access to transportation, secure stable housing, or ability to maintain Internet and telephone services. These issues all impact an individual's ability to make and attend appointments, as well as follow through on a health care plan. According to 2023 estimates cited in the US Census Bureau's QuickFacts-for Orange County Vermont, the average per capita income is \$38,709 (\$31,697 in 2019), which is below the state average of \$41,680 (\$34,577 in 2019). 10.4% (9.4% in 2019) of residents are living below the Federal Poverty Level, but it should be noted that this is misleading because Vermont livable wages need to be taken into account. Federal poverty guidelines, as applied to Vermonters, understate the effect on the ability to afford basic essentials and health care in this state due to the relatively high cost of living.³ The VT median income is significantly below

what is considered a livable wage in Vermont.- Although the Vermont minimum wage is higher than the national average at \$13.67/hour, it is still less than the livable wage estimated by the Vermont Legislative Joint Fiscal Office of \$15.33 per hour⁷, which is needed to afford to meet the basic needs of state residents. The State of Vermont Office of the State Treasurer said that the cost of living increases as of January 1st, 2024, reflects a 0.49% change from October 2023. The number of people who are unemployed has stayed the same at 5%, which is half of the USA in general at 10%⁸. Those with Medicaid and/or Medicare have increased slightly.

The issue of generational poverty must be addressed to understand the challenges some residents face in regard to accessing health care services. This type of poverty, unlike situational poverty, is even more about culture than it is about money. It involves individual behaviors, group mores, personal power, and control over one's situation. To address it effectively requires confronting many uncomfortable truths regarding political and economic structures and even human exploitation. Those caught in its net are necessarily anchored in the here and now, trying to survive one day at a time. Their choices are driven by immediate need and what has been described as "the tyranny of the moment." This affects both physical and mental health, but behavioral health issues, in particular, are likely to be considered a low priority if they are even recognized.

Lack of transportation hinders many patients from seeking healthcare when they need it in our area. This subject comes up consistently at meetings of health and human service providers and is identified as a major barrier to access to care for those who need the care most. Even for those patients with some access to transportation, many travel 20+ miles to their health appointments, which in a rural, hilly region with many unpaved roads, can easily take 30-45 minutes. There is one bus service, Tri-Valley Transit, that has put great effort into expanding their schedules and routes. The rural nature of our region and many dirt roads make bus travel difficult. Taxi services are available in some areas, but they are expensive and very limited. 6.4% of households have no access to a vehicle at all⁹, and some, especially the elderly, do not drive. Those who do have cars often struggle to afford maintenance, fuel, and insurance.

Affordable housing is a widespread problem in this area because of low wages and few low-cost housing options. Vermont has a greater percentage of affordable and available rental homes for extremely low-income households than the national average, but the state still faces an affordable housing shortage, which impacts families with the lowest incomes more severely. In Vermont, there are 21,784 extremely low-income households, but only 7,637 affordable rental homes available to them. Approximately 73% (64% in 2021) of extremely low-income households in Vermont are severely cost-burdened and at risk of homelessness. This data shows how the pandemic has exacerbated challenges facing low-income households.¹⁰

The average home cost is rising throughout the state. In December 2023, the average home cost was \$313,527 compared to \$274,360 in December 2020.¹¹ A new report from the National

Low-Income Housing Coalition (NLIHC) found that Vermont's "housing wage" – the hourly wage Vermonters must earn to afford a two-bedroom home at fair market rent (FMR) – is \$25.54 (\$22.78 in 2021)¹². The Vermont Affordable Housing report states that the average renter in Vermont earns \$16.47 an hour, which is \$7 less than the housing wage. The average renter can afford just \$856 a month, while the average FMR is \$1,217 for their housing costs to not be more than 30% of their income.¹³

Our providers and school nurses report that homelessness is much worse than we have been able to quantify, especially regarding those who are part of a growing subculture of what is known as "couch surfers," individuals and families who stay with friends and family members for short periods of time and then move on. These essentially homeless individuals are much more difficult to reach and keep connected to care for obvious reasons.

COVID-19 Response

Testing, Vaccination, and Other Efforts

The most pressing health concern during the year and a half preceding the publication of this report has been the coronavirus (COVID-19) pandemic. While details of this event are top-of-mind right now, it is important to record some details of the roles that Little Rivers Health Care and partnering organizations have played.

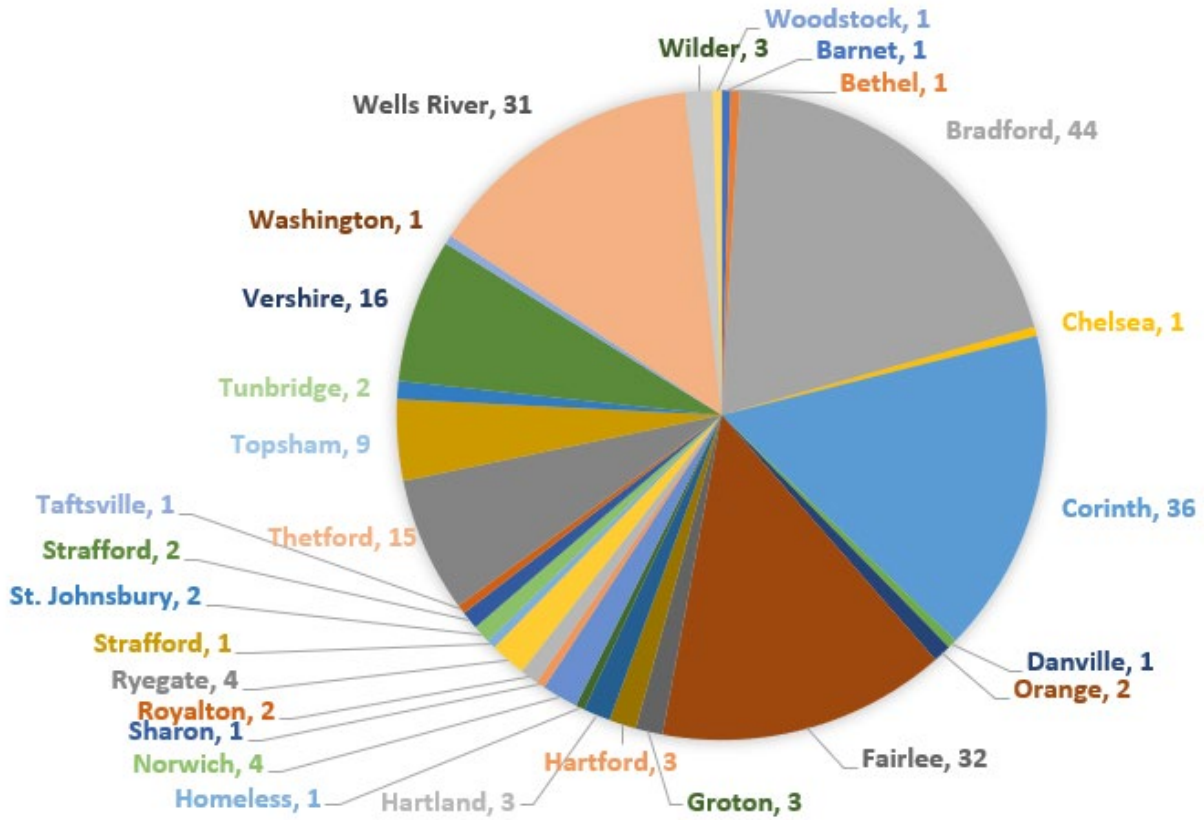
In response to this highly contagious and deadly disease, healthcare providers and policy makers had to set aside all but the most essential healthcare programs and projects. The provision of healthcare was altered in ways that were previously unimaginable. In-person visits to providers were limited at the beginning of the outbreak. Surgeries were postponed. Healthcare facilities ramped up infection control protocols. Buildings were renovated to provide separate areas to diagnose and treat actual and suspected COVID-19 cases. Supplies were stockpiled in order to prepare for potential surges. Wellness centers suspended classes. Telemedicine increased, with both telephone and computer patient visits becoming the norm for several months.

Over time, two important new services were developed and provided by Little Rivers Health Care: COVID-19 testing for the diagnosis of the disease and, when vaccinations and boosters finally became available, administration of the vaccine. In addition, the Vermont Department of Health worked to set new policies, conduct contact tracing to curb the disease's spread, connect medical providers to resources, and connect the public to the latest information.

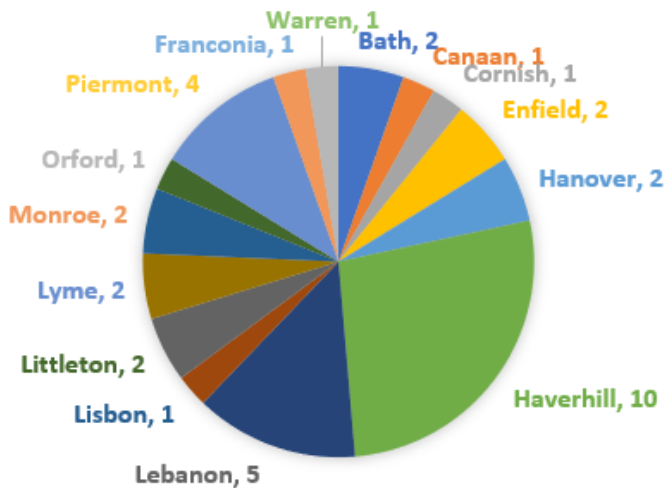
Over the coming years, there will be continued data analysis about the disease itself and its long-term effects on physical and mental health, as well as research into the financial impact on individuals, families, and communities. For more information, visit www.healthvermont.gov/covid-19 and www.cdc.gov/coronavirus/.

Primary Source: Community Health Needs Assessment Survey and Analysis

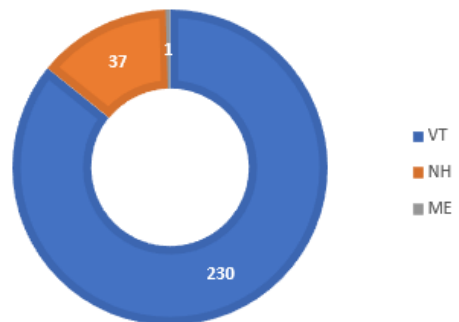
VT TOWNS REPRESENTED



NH TOWN REPRESENTED

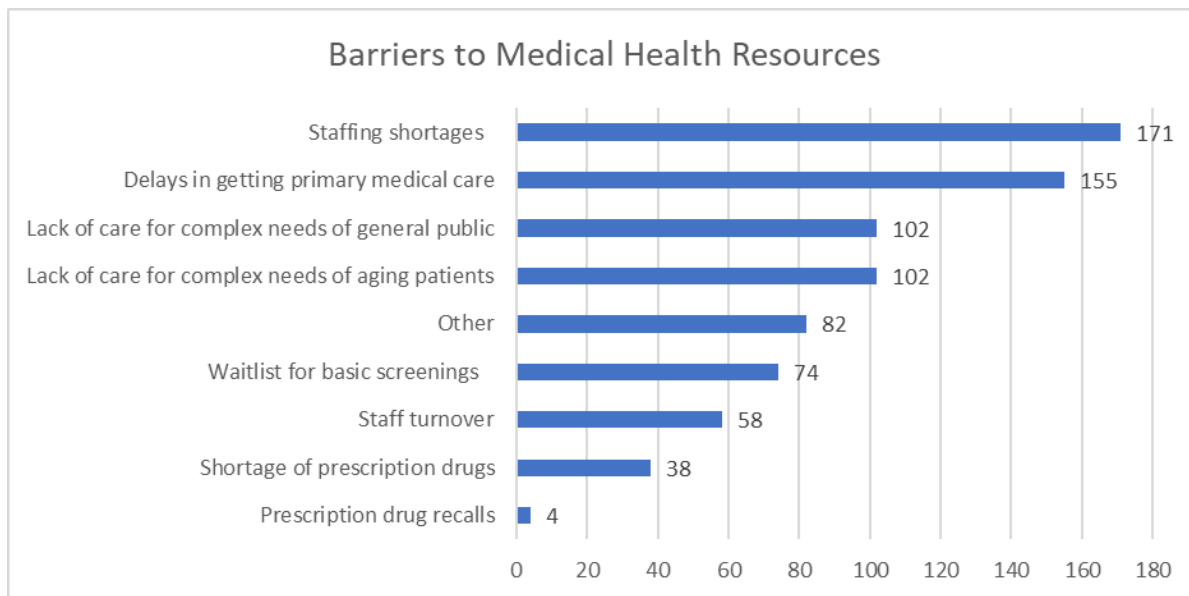


DISTRIBUTION BY STATE



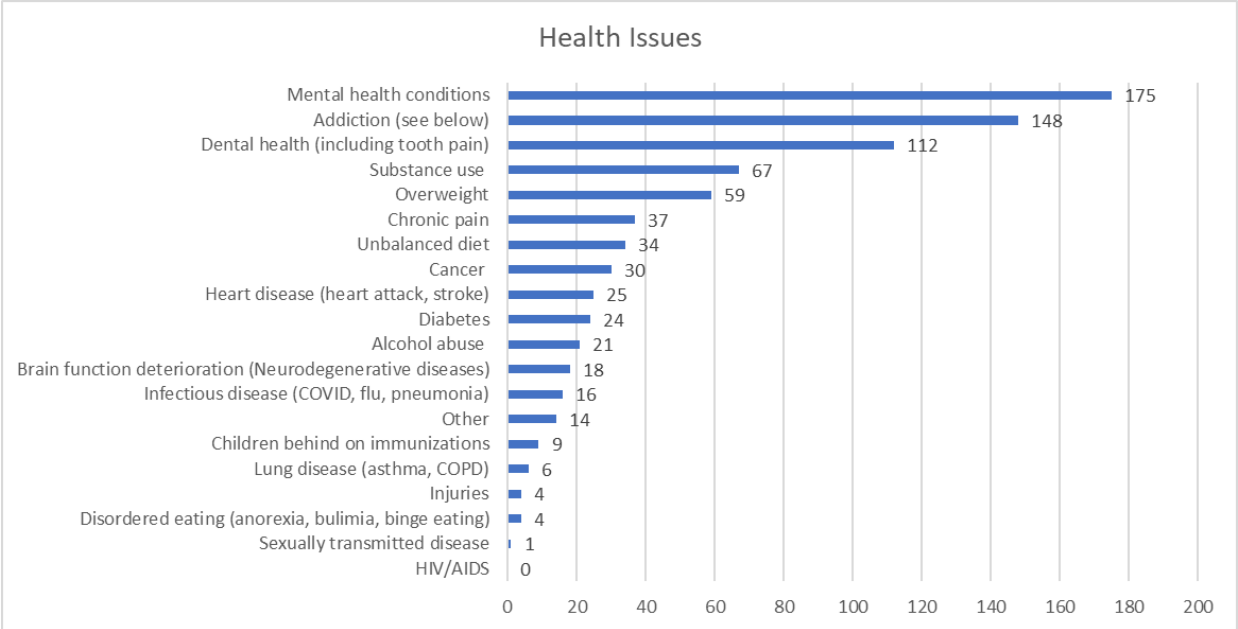
Demographics

To keep the survey simple and short, the only demographic collected was ZIP code, which showed the reach of distribution. There was participation from three New England states. One respondent from Portland, Maine, 37 respondents from 16 New Hampshire towns, and 230 respondents in 27 Vermont towns. Seven ZIP codes were not reported, and one homeless respondent. In total, we collected 268 responses, doubling the response rate from 2021 of 133 responses. The survey consisted of seven questions and one sub-question regarding notable forms of addiction. All questions were answered; otherwise, the survey was not considered complete and not included in the results.



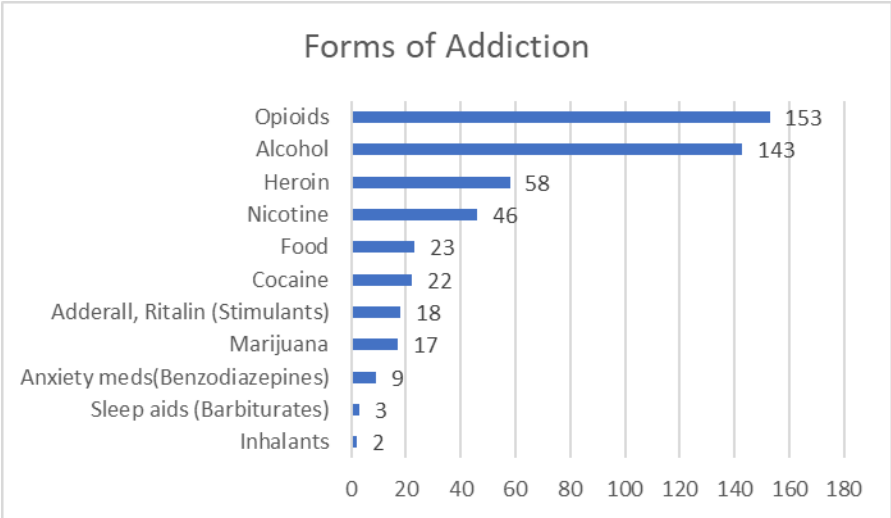
Barriers to Medical Health Resources

The full question was written, "Please identify what you see as the three most important barriers to medical health resources in your community." Staffing shortages are the most significant barrier. This suggests that there needs to be more healthcare professionals to meet the community's needs. According to the *Vermont Area Health Education Center's* (AHEC) profile for Orange County; the shortage of primary care providers is actual primary care physician FTEs is 22, versus recommended FTEs 23.3. 18% of adults do not have a regular primary care provider. 11% of primary care physicians are limiting or not accepting new patients.¹⁴ The second most cited barrier indicates that patients face considerable waits to receive primary medical attention. Lack of care for complex needs of the general population and the aging population both came in as the third barrier.



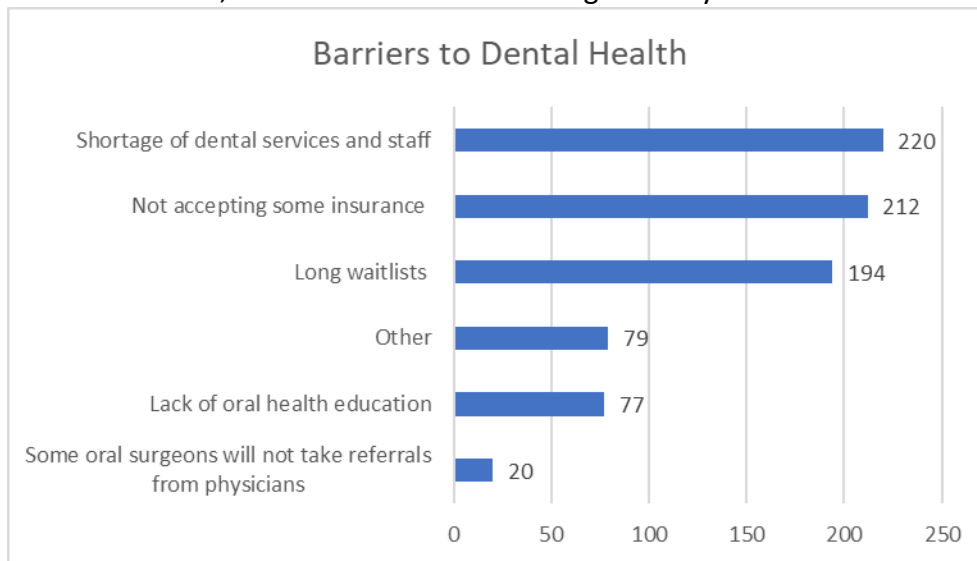
Most Important Health Issues

The full question was written, “Please identify what you see as the three most important health issues in our community.” Mental health conditions have the highest value, making them the community's most critical health issue. These results seem to underscore the need for mental health services and support. LRHC has exponentially expanded its behavioral health services. Our clinics offer care at 4 clinic sites and within the schools of the Orange East Supervisory Union. Addiction is a close second, indicating substance abuse is a significant public health challenge for our region. For more complicated mental health care, LRHC partners closely with Clara Martin Center. The third barrier indicates that dental health is a significant concern for many folks. This includes access, education, and care. In 2022, LRHC bought a property in Wells River village, which will be renovated for oral hygiene services. In the meantime, LRHC supports resource navigation, transportation, local dental clinics, and on-site silver diming fluoride application.



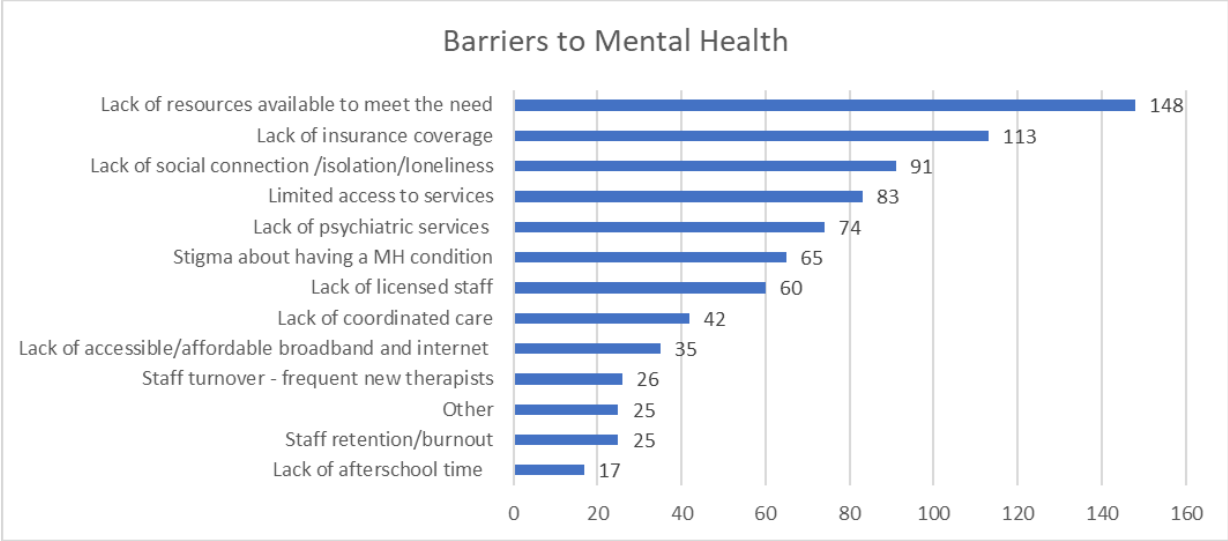
Forms of Addiction – sub-question to *Most Important Health Issues*

The full question was written as, "The forms of addiction that are considered prominent in our community." Opioids have topped the charts in our region, even more than alcohol abuse, which came in as a close second. In 2010, there were 37 opioid-related fatalities in Vermont, with 64% considered accidental, while 18% were deemed suicide. In 2019, there were 111 fatalities, with 91% of deaths being accidental and only 3% considered to be suicide. This change is likely due to the increase of fentanyl in opioids. In 2019, there were 95 fentanyl-related fatalities, and none occurred in Orange County.¹⁵



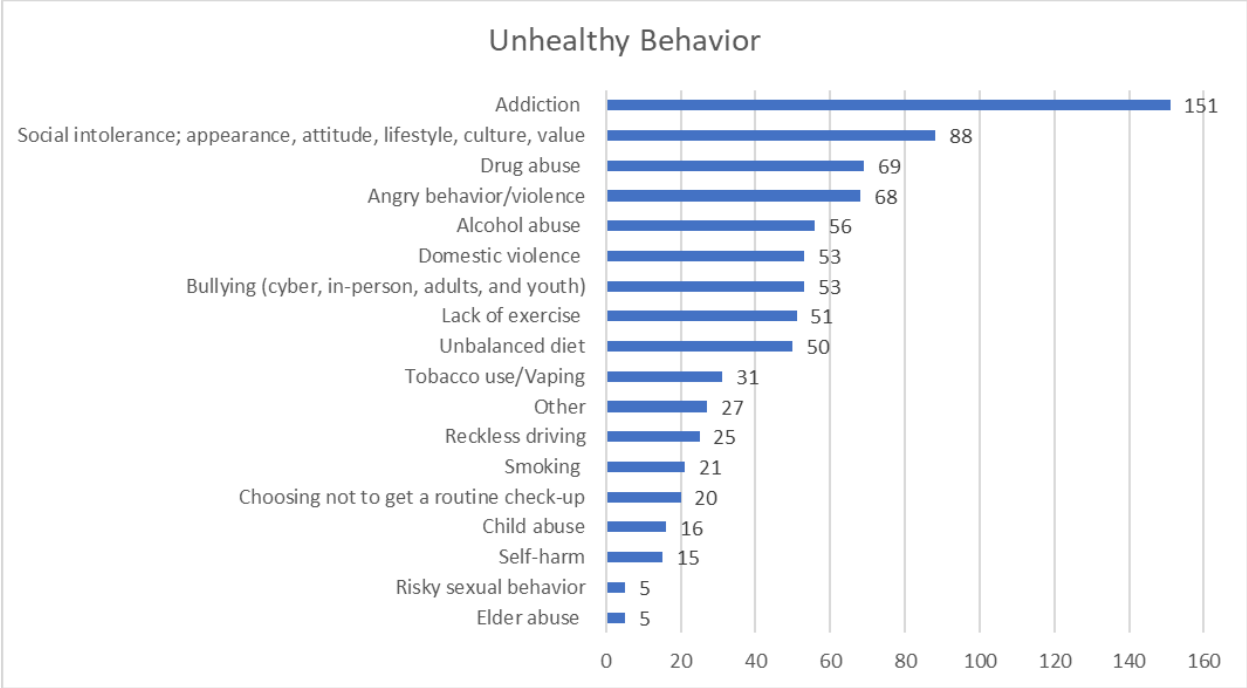
Barriers to Dental Health

The full question was written, "Please identify what you see as the three most important barriers to dental health in your community." Barriers to dental health resources may be one of the most far-reaching. There is an overall shortage of staff and facilities. LRHC is making a big effort to establish a dental clinic in Wells River village of Newbury. We have purchased a building and begun procuring funding to establish a fully equipped clinic. In the meantime, we offer silver diamine fluoride to arrest decay while patients seek care.



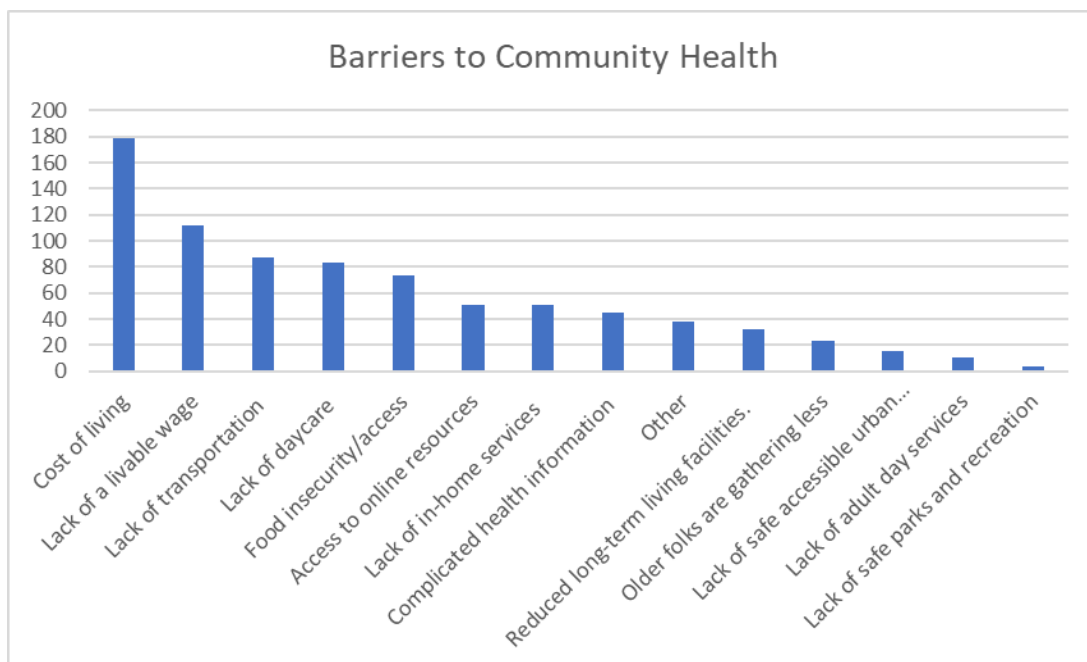
Barriers to Mental Health

The full question was written as, "Please identify what you see as the three most important barriers to mental health in your community." The chart presents many barriers to mental health that are of similar concern. The greatest and most fundamental barrier is the lack of resources available to meet the need. This indicates a crucial area where expansion would have a substantial impact. Lack of insurance comes second, highlighting the fact that many Americans still lack access to adequate health insurance, including mental health services. Although it does not rank high on the list of barriers, the accessibility of broadband has improved and could serve as an optional conduit to telehealth services for therapy.



Unhealthy Behaviors

The full question was written, “Please identify what you see as the three most important unhealthy behaviors in our community.” While addiction heavily outweighs all other unhealthy behaviors as the most concerning to people, social intolerance comes in second and is indicative of potentially unseen barriers to health. People may feel unsafe, unwelcome, and uncared for and would therefore be less likely to seek medical and mental health care. It is a primary initiative for LRHC to ensure that all people seek care and who work at our clinics are welcomed and safe. In 2023 we worked with Pride Vermont to review our intake forms and improve the language to be more inclusive. We also received funding from Bi-State of VT and NH to offer all-staff training for Justice Equity Diversity and Inclusion. We have held three all-staff forums for open conversation and education. We intend to continue this effort to support our staff and our patients.

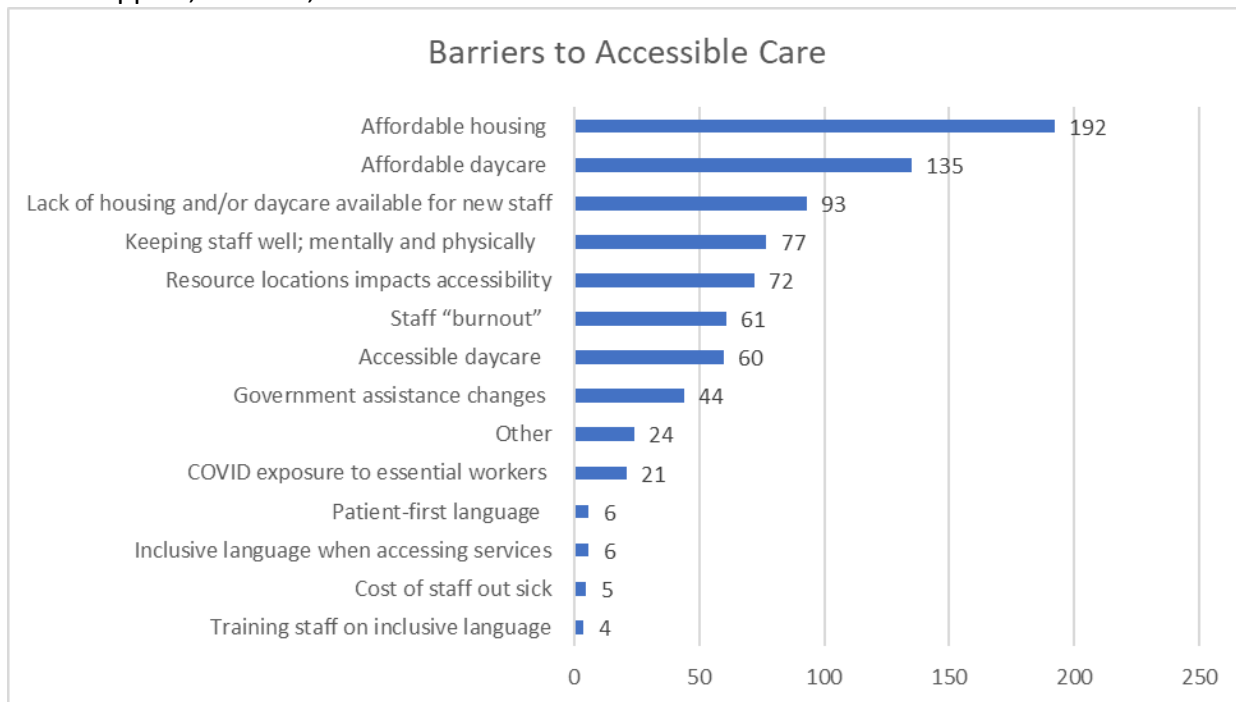


Barriers to Community Health

The original question regarding the cost of living was, "Is the cost of living affected by inflation without corresponding increases in workforce payment, government subsidies, and fixed income?" This is the most significant barrier for most individuals, and it is closely related to the second barrier of inadequate wages. Transportation is ranked third. People who are financially vulnerable are at a high risk of experiencing health crises when faced with insurmountable barriers to healthcare. If any of these barriers are present, others are likely to follow suit. It is crucial to view these challenges as interconnected, rather than as independent obstacles.

The survey revealed that older individuals are less likely to participate in communal events such as community meals and activities. Additionally, there is a shortage of long-term care facilities for the elderly and those in need of assisted living. Many people find health information to be overly complex, difficult to comprehend, or irrelevant to their current life experiences. Despite

improvements in internet access, some individuals struggle to find and utilize online forms for social support, services, and resources.



Barriers to Accessible Care

The original question for the cost of living was "Please identify what you see as the three most important barriers to ACCESSIBLE CARE for all people in your community." Housing is the primary barrier and is recognized as a crisis in Vermont. Affordable and safe housing poses a barrier for individuals seeking employment. It also hinders healthcare facilities from hiring more employees due to the lack of available housing for new hires. Affordable daycare is another obstacle, and when many facilities closed during COVID, there was a significant exodus from the workforce, predominantly consisting of women. According to the U.S. Department of Labor, maternal employment declined by 15.7% compared to only 9.6% for paternal employment. Although this rate has gradually improved over the past three years, a full recovery has not been achieved, and measuring the full extent of the negative impact is challenging.^{12, 16}

According to the New York Times article "The Pandemic Created a Child-Care Crisis. Mothers Bore the Burden," published on May 17th, 2021, in January 2020, women made up more of the workforce than men, and by the time the article was written, only 56% of American women were working for pay.

In 2021, 97% of Vermont residents indicated that they have a primary source of health insurance. Despite this encouraging statistic, most plans now available to Vermonters are high-deductible plans. Those whose income is below 136% of the FPL qualify for Medicaid, but now most everyone else must purchase health insurance through the state health exchange, Vermont Health Connect (VHC). Although there are federal and state subsidies adjusted to income and household size to help offset the premium costs, the patient still pays the first-

dollar out-of-pocket costs, which range from \$1,250 to \$5,000 for single plans and \$2,500 to \$10,000 for 2-person and family plans, except for the 2 plans with the highest monthly premiums.

Most Vermonters have private health insurance at 49%. 24% have Medicaid, 21% have Medicare, 3% have military, and 3% are uninsured. Since 2018, there has been a slight decrease in private insurance and a slight increase in Medicaid and Medicare, while military and uninsured rates have stayed the same.

The healthcare workforce is a significant concern in Vermont, as it is across the country. Primary care, oral health, and behavioral and mental health services are all understaffed to meet the community's needs.

Impact of the 2021 Community Health Needs Assessment

The Upper Valley Community Collaborative collected two Surveys; one from the community and one from local agencies. These surveys were conducted at the very beginning of the COVID-19 pandemic, before the full impact had been realized. Comparing the 2021 to the 2023 CHNA, there is only a few years' difference, but the changes have been significant.

A review of the top three (or tied) responses for each survey question.

1. What are the three main barriers people in our community face in terms of health and safety?

Community	Agencies
61 % Poverty	100% Lack of housing
49% Difficulty understanding how to navigate the health care system	100% Connectivity and access to Wi-Fi
49% Lack of housing	100% Poverty
47% Lack of transportation	
47% Lack of dental care	
47% Aging population access to care	

The lack of housing has become a foremost concern, as communities are realizing that there is not enough housing to support the current population, let alone a growing one. A team of local stakeholders has started meeting monthly to discuss this issue. Housing poses a barrier for agencies that are seeking staff but cannot provide jobs to individuals who are unable to find housing in the area. This is particularly challenging in the healthcare sector, where medical, behavioral, and dental healthcare workers may be interested in working here but cannot do so without housing. House ownership rates remain higher in Orange County.

The pandemic has increased the need for broadband connectivity for telehealth

(mental/medical) and remote working. The number of households with broadband has increased by 6% in just 2 years. This connectivity is expected to continue growing rapidly. The number of households with computers has also increased by 4%, likely due to schools transitioning to remote learning and providing students with computers.

Tri-Valley Transit (TVT) faced numerous challenges during the pandemic while striving to keep as many schedules open as possible, implementing safety precautions. They have also introduced fare-free bus fares, offering public bus routes from Monday to Friday in the Upper Valley. The River Route commuter buses operate between Wells River and Lebanon, NH, with three morning trips, three afternoon trips, and one mid-day trip. The Bradford Area Circulator runs between Fairlee and Woodsville, NH, providing several "loops" of service throughout the day.

Since pandemic restrictions have eased, TVT offers free door-to-door transportation for those who qualify under the Dial-a-Ride programs. These trips are typically provided by volunteer drivers who are reimbursed for using their own vehicles. Accessible buses are used when necessary to accommodate individuals with mobility devices (such as wheelchairs) or for critical trips when a volunteer is unavailable. For more information or to determine if you qualify for free transportation assistance, please call 802-728-3773 or visit www.trivalleytransit.org.

The lack of access to dental care and poverty continue to present significant obstacles to overcome.

2. What three forms of assistance would help people in our communities achieve more stability and self-sufficiency?

Community	Agencies
67% Sustainable employment	100% Public transportation
53% Access to dental care	100% Housing
51% Transportation	100% Dental care
51% Childcare	100% Opportunity for youth to get involved
51% Opportunity for youth to get involved	

During the pandemic, LRHC bought an abandoned gas station in Wells River with the intention of renovating it into an oral hygiene school and dental health facility. LRHC continues to make progress on this project and hopes to start providing services in 2025.

Childcare in the region is a barrier for many. During the pandemic, the number of parents (mostly mothers) leaving the workforce was unprecedented, largely due to the lack of childcare. As workers have started returning to the office, childcare facilities are reopening, and the state has prioritized making childcare more affordable for all families.

In Bradford, a group of youth and adults opened a teen center called The Hub. They opened their doors in March of 2020 and promptly closed when the pandemic shut everything down.

They reopened when restrictions were eased and have since become a central point for young teens in the community to learn, play, and be safe. They have served as an example for other communities considering a similar program.

3. What three specific health conditions seem to be prevalent in our area?

Community	Agencies
69% Chronic conditions	100% Chronic disease
69% Poverty	100% Substance abuse
58% Substance misuse	100% Dental care
56% Dental services	
56% Mental health services	

Before the pandemic, the state, with funding from the CDC, had distributed funds to agencies to focus on interventions for patients with diabetes and hypertension. This was an effort to take a closer look at preventable chronic conditions and options for intervention. The initial data, policies, and staff trainings had begun when the pandemic began. Patients began going to regular check-ups, and chronic conditions increased as people were home more, had substantially more stress, and went to medical check-ups less. A barrier that was of primary concern was access to food and healthful meals. The state began the program "VT Everyone Eats," and LRHC initiated a partnership with Willing Hands, a local farm gleaning program, to provide food to patients who reported having barriers to food access. The LRHC care coordinators and other support staff hand-delivered over 75 meals and produce bags a week. From this effort, LRHC started a food pharmacy, which continues to evolve into a sustainable and crucial program for patients with chronic disease.

Mental health services also came front and center as the community experienced exceptional strain. LRHC expanded services and worked closely with Northeast Kingdom Human Services and Clara Martin Center to improve referrals and coordination of care for folks seeking mental health care. Since the start of the pandemic, LRHC now has behavioral health providers in all the schools of Orange East Supervisory Union.

Substance use, particularly opioids, is a concern in Orange County. Since 2020, the average opioid-related deaths has been 9 out of 185 in the state. Both Clara Martin Center and LRHC have MAT programs to assist patients working to stop using opioids.

4. What top three priorities should we be addressing?

Community	Agencies
69% Assistance for basic needs; transportation, housing, fuel.	100% LGBTQ+
63% Mental health	100% Mental health
49% Dental health	100% Assistance for basic needs; transportation, housing, fuel.

49% Community health resource person	
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The pandemic brought forth unprecedented challenges that no agencies had prepared for. But in this time of dire straits, we met the challenge and provided the best care and services that we could. In some cases, we even came out with impressive results. Telehealth became a regular service option faster than ever thought possible. Remote work was established to provide continuing income for families who were not able to go into an office while taking care of children or loved ones. Behavioral health services became essential and destigmatized as the whole country recognized the fragility of our minds during shared emotional stress and uncertainty.

Agencies were asked two additional questions in 2021. Staffing shortages had already been an issue, and when the pandemic took its toll, that was magnified. Now, staff shortages, burnout, and turnover are well-recognized barriers to care and services. Client-centered care is particularly challenging when staffing is short. The Vermont Blueprint for Health expanded funding for community health team workers to address these client-centered care goals.

1. What are the top three challenges you as a service provider face?
 - a. Adequate staffing
 - b. Client access to broadband and technology
 - c. Client access to transportation
 - d. Safe and secure housing
 - e. Addressing the social determinants of health
2. What have you found works best for patients/clients when helping them meet their needs?
 - a. Client centered care
 - b. Face to face support to work through life barriers
 - c. Motivational interviewing
 - d. BH/MAT for meeting patients where they are at

Secondary Sources: Regional Data Compared to the State

Measure	2023 Orange County (OC)	2019 OC	Vermont (VT)
Population¹⁷			
Population	29,541	28,892	647,464
Persons <5 years old	4.1%	4.1%	4.3%
Female persons	49.7%	49.8%	50.6%
Heterosexual			88%
LGBTQ			5.2

Measure	2023 OC	2019 OC	VT
Bisexual			6%
Lesbian/Gay			2%
Other sexual orientation			3%
White alone, not Hispanic/Latino	96.6%	95.6%	92.6%
Hispanic/Latino	1.6%	1.4%	2%
Veterans	1,713	2,047	36,988
Foreign born	2.1%	2.1%	4.7%
Language other than English spoken at home	3%	3.4%	5.8%
Adults living with a disability	27%	23%	27%
Civilian labor force	66.7%	66.4%	65.4%
General Health Status²¹			
Medical Health Plan Coverage	96%	89%	95%
Private	43%		49%
Medicaid	21.4%	24%	22%
Medicare	16.2%	21%	19%
Military	1.27%		3%
Uninsured	3%		3%
Uninsured <65 years ¹⁷		6%	1%
Did not visit doctor due to cost	4%	10%	6%
Personal Health Care Provider	92%	83%	89%
Ratio of primary care population to FTE provider	1,111:1	1,208:1	1,437:1
Ratio of mental health provider to population	280:1	292:1	
Adults who have had a routine doctor visit in the last 12 months	77%	74%	75%
Fair to poor health	13%	14%	14%
Fair to poor physical health	10%	12%	11%
Poor mental health	14%	14%	16%
Dissatisfied (new)	NA	NA	6%

Measure	2023 OC	2019 OC	VT
Feel socially isolated (new)	NA	NA	7%
Feel stressed (new)	NA	NA	13%
Transportation			
Mean travel time to work ¹⁸	25.8 mins	27.1 mins	23.3 mins
VT employees who work from home ¹⁸	52%		54%
Commuting in a car alone 30+ minutes	NA	43%	31%
Income¹⁷			
Household income	\$74,534	\$60,925	\$61,973
Persons in poverty	10.3%	9.4%	10.2%
Population per square mile	42.6	42.1	67.9
Unemployment (VT Dept. of Labor)	2.0%	2.4%	3.0%
Children in poverty youth <18 years living in poverty	11.5%	13%	12%
Housing			
Persons per household	2.3	2.3	2.3
Severe housing problems – households have at least one of 4 problems – overcrowding; high costs; lack of kitchen facilities; lack of plumbing facilities ¹³	NA	16%	17%
Homeless individuals	23 (22 adults; 1 child)	23 (22 adults; 1 child)	1110
Household with a computer	91.8%	87.7%	89.9%
Households with broadband internet	85.2%	79.1%	81.5
Median monthly rental (2-bedroom) ¹³	\$982/month	\$847/month	\$1,030/month
Homeownership	82.1%	80.5%	72.1%
Recreation and Physical Health¹⁹			
Access to Locations for Physical Activity	NA	52%	76%

Measure	2023 OC	2019 OC	VT
Physical inactivity no leisure time physical activity	NA	21%	19%
Adult obesity w/ BMI>30 KG/m ²	32%	28%	26%
Report poor or fair health	14.5%	11%	13%
Poor physical health	NA	14%	12%
Poor physical health days within last month	NA	3.4	3.6
Sexual Health²⁰			
Teen births per 1,000 females	7	11	12
Chlamydia cases per 100,000	97	176	198
Adults who report high risk HIV transmission behaviors	NA	8%	6%
Violent Crime per 100,000 population.	NA	19	129
Behavior Health²¹			
Poor mental health days within last month	No-update	4.1	3.4
Rate of suicide per 100,000	20.3	11.6	14.4
Lifestyle			
VT adults 45+ who fell in last 12 months	NA	38%	33%
Adults seldom or never wear a seatbelt	NA	7%	4%
adult smoking	12%	14%	13%
Adults who use smokeless tobacco	Too few to count	4%	3%
Adult smokers who have made a quit attempt	52%	51%	44%
Adults w/ any alcohol consumption	54%	60%	61%
excessive drinking binge or heavy drinking	14%	18%	18%

Measure	2023 OC	2019 OC	VT
Adults who report heavy drinking	9%	7%	10%
Adults were asked about their alcohol use at a recent doctor visit	No-update	87%	79%
Adults who report currently using marijuana	26%	18%	24%
Adults who report driving after marijuana use (of those who report currently using marijuana)	29%	41%	22%
Children in single-parent homes	34.8%	33%	31%

Behavior Risk Factor Surveillance System²¹

Measure	2023 OC	2019 OC	VT
Did not visit doctor due to cost	4%	10%	6%
Households report going to a private doctor's office or practice when sick or needing medical attention		52.7%	64.9%
Households report going to a health center		18.6%	19.3%
Households report going to a hospital outpatient department		15.8%	7.2%
Households report going to a VA clinic		6.1%	1.7%
Households report that they usually go to a private doctor's office or group practice for routine or preventive care		54.4%	67.7%

Households report going to a health center for preventive care		18.9%	19.1
Households report that it takes 5 minutes or less to travel to their usual place for routine medical care		7.9%	15%
households report that it takes 31-40 minutes to travel to their usual place of care		10.3%	3.7%
Households report it taking 41-50 minutes		10.5%	3.7%
Households reported going to ER b/c it was more convenient		6.4%	18.4%
Households said it was b/c their doctor's office told them to go		4.6%	20.1%

Medical Conditions²¹

Measure	2023 OC	2019 OC	VT
Adults with arthritis	31%	30%	29%
Adults with asthma	11%	12%	13%
Adults diagnosed w/ Cancer		7%	10%
Adults diagnosed w/ Skin Cancer		7%	6%
Adults w/ CVD	10%	8%	9%
Adults w/ COPD	7%	6%	7%
Adults with Diabetes	10%	10%	8%
Adults with HTN	34%	27%	32%
Adult obesity w/ BMI 25-30 KG/m ²	35%	39%	35%
Adult obesity w/ BMI>30 KG/m ²	25%	28%	27%

VT Dept of Health COVID-19 Dashboard

Measure	OC 2023	OC 2021	VT	US
People vaccinated for COVID-19 with at least one dose.	67.6%%	0%	83.9%	
Adults with long-term COVID effects			16%	7%
Cases as of COVID	369	1,228 (10/2021)	37,519	
Cases per 100,000 as of 10/18/2021	<10	42 10/2021	601	Lower

Oral Health

The need for increased access to dental services is widespread across Vermont, but it is particularly dire in our east central Vermont service area. According to the Vermont Department of Health's 2019 Census of Dentists Statistical Report, this region has less than half the number of dentists per resident compared to the state average. In the Bradford area, there are only two dental practices, neither of which accepts new patients. Furthermore, one of the practices is planning to retire soon, and both have historically had to severely limit the number of Medicaid and uninsured patients they can accommodate. While individuals with insurance and more stable financial situations can travel to more populous areas 30-60 minutes away to seek dental care, many of our neighbors lack the means to do so. These barriers may be due to factors such as lack of transportation, financial constraints, or other social determinants of health. This situation is particularly challenging for those with Medicaid coverage or no insurance at all, as many dentists do not accept these patients.

Poor oral health has a ripple effect on various aspects that greatly impact overall health, well-being, and financial stability. Periodontal disease, for example, can lead to complications during pregnancy, as well as increase the risk of diabetes, heart disease, and stroke. Dental infections can result in lost productivity and missed work, as well as an overreliance on pain medication. Tooth loss can affect nutrition, self-esteem, and even job prospects, especially in service industries where interacting with the public and presenting a friendly smile are considered requirements. Dental pain and infection also contribute to unnecessary emergency room visits and surgeries, imposing costs on individuals and taxpayers alike.

Measure	OC 2023	OC 2021	VT
Dentist ratio	No-update	3,220:1	1,400:1

Dentists accept any new non-Medicaid patients	NA	88%	95%
Dentists accept new Medicaid patients	NA	50%	56%
The average wait for a new patient from a dentist	NA	6.9 weeks	2.7 weeks
The average wait for a current patient from a dentist	NA	3.3 weeks	2.1 weeks
Adults who have visits a dentist in the past year	67%	66%	68%
Adults 45-64 who have ever had a tooth extracted	50%	57%	42%

Unique Characteristics that Impact Access to and Utilization of Behavioral Health Care

Orange County is 95.6% Caucasian but has unique cultural attitudes that influence health behaviors and the access and utilization of health care services.

Self-reliance and independence are strongly valued cultural traits among Vermonters. These admirable qualities can become liabilities that hinder many of our residents from pursuing or accepting financial assistance, counseling, or other care. Some will resist care until they are in an emergency situation. Regarding behavioral and mental health, this reticence to reach out to others for help is even more deeply ingrained due to the stigma associated with these needs, not to mention the frequent inability or unwillingness to acknowledge a problem even exists. This fierce independence can also contribute to the social isolation already inherent in a rural community due to geography, an isolation that, in turn, can worsen substance abuse and mental health problems.

Access to behavioral and mental health services is also adversely impacted by the shortage of trained and licensed providers in our area. Although the state as a whole has what seems to be an adequate number of professionals in the mental health workforce, those professionals tend to be clustered in the Burlington and Montpelier areas. In 2020, Vermont had 486.2 providers per 100,000 people, compared to the state with 268.6 providers per 100,000. The northeastern and east central parts of the state struggle significantly to meet the demand for psychiatry and substance abuse treatment services, with waits of several weeks routinely reported. Utilization of services is not as high as it could be due to the fact that many behavioral health services are not available upon initial contact. Patients struggling with addiction, in particular, have the best chance of engaging in services at the time of the first contact, and the sooner one is able to get into care after recognizing the need and agreeing to it, the higher the likelihood of following through on accessing the care.

Little Rivers Health Care is a spoke for the Vermont Hub & Spoke Program, which provides Medication-Assisted Treatment (MAT) to Vermonters with opioid use disorder (OUD). As of 2017, there were 4,834 MAT participants in Vermont, and the program has continued to grow. In Orange County

Measure	OC 2023	OC 2021	VT
Adults rarely or never get the social and emotional support they need	7%	13%	8%
Adults who reported poor mental health	14%	15%	16%
Adults w/ Depressive Disorder	23%	26%	22%

2021 Orange East Supervisory Union (OESU) Youth Risk Behavior Survey (YRBS) Highlights

In Orange County, 91.8% of students graduate from high school, compared to 92.7% in the state. Additionally, 29.1% have a bachelor's degree, while the state average is 38%. There may be skepticism or suspicion towards individuals with higher education. Our school nurses have reported high resistance among children and parents when confronted with information that challenges their beliefs, particularly in relation to behavioral health issues. There is a lack of recognition that many aspects of their situations can be improved, as many individuals around them face similar problems. Affordable quality childcare is virtually unavailable for many, which impacts their ability to work outside the home, attend classes, or schedule health appointments. A significant portion of our community experiences communication problems, despite English being their native language. Poor language skills make it difficult and frustrating for them to articulate their needs. As a result, this can manifest as behavioral issues or a reluctance to share concerns regarding physical or mental health.

Measure	OESU 2021	OESU 2019	VT 2021
High school graduation	91.3%	91.8%	92.7%
Bachelor's degree	29.9%	29.1%	38%

HIGH SCHOOL

Measure	OESU 2021	OESU LGBTQ+	OESU 2019	VT 2021
Students were in a physical fight in the past year	16%	17%	23%	16%
Students carried a weapon on school property in past 30 days	7%	9%	7%	4%
Students were electronically bullied in past year	17%	22%	21%	17%
Students report that someone has ever done unwanted sexual things to them	21%	46%	22%	21%
Students reporting doing something to purposely hurt themselves without wanting to die in the past year	19%	44%	22%	22%
Made a plan about how they would attempt suicide	15%	38%	--	14%
Students reported ever trying cigarette smoking	19%	29%	27%	18%
Ever used an electronic vapor product	32%	47%	--	33%
Ever drank alcohol	48%	53%	--	47%
Ever used marijuana	35%	60%	--	31%
Ever used inhalants	7%	15%	10%	7%
Did not eat breakfast	23%	30%	--	16%
Have a disability or long-term health problem that keeps them from doing everyday activities	8%	12%	--	7%
HS students report that they are most likely going to attend a 4-year college, community college, or tech school after high school	59%	62%	70%	69%
Spend 10 or more hours participating in afterschool activities	20%	11%	--	25%

Measure	OESU 2021	OESU LGBTQ+	OESU 2019	VT 2021
students strongly agree or agree that in their community they feel like they matter to people	36%	19%	54%	52%
students reported texting or emailing while driving in past 30 days	23%	--	30%	33%
Currently drank alcohol	23%	17%	--	25%
Students who were physically active at least 60 min per day every day in past week	34%	15%	27%	28%
Students who were physically active at least 60 min per day on 5+ days in past week		Higher	50%	46%
Students who played video games or used a computer 3+ hours per day		Lower	43%	48%
Students who report participating in physical activity or other short breaks during class every day		Higher	29%	23%

MIDDLE SCHOOL

Measure	OESU 2021	OESU 2019	VT 2021
Students were in a physical fight in the past year*	43%	39%	38%
Students who were ever bullied on school property*	52%	48%	41%
Students who were electronically bullied in past year*	38%	25%	29%
Were bullied*	32%	25%	24%
Bullied someone	12%	10%	8%
Students reported ever riding with a driver who had been drinking alcohol	19%	22%	1%

Measure	OESU 2021	OESU 2019	VT 2021
Students reported ever riding with a driver who had been using marijuana	10%	11%	10%
Students ever used an electronic vapor product	NA	7%	10%
Students felt their parents would feel that it was wrong or very wrong for them to use electronic vaping products	92%	89%	94%
Students felt their parents would feel that it was wrong or very wrong for them to drink alcohol	88%	79%	88%
Students felt their parents would feel that it was wrong or very wrong for them to use marijuana	95%	93%	92%
Students reported thinking that people greatly risked harming themselves if they had 5+ drinks of alcohol once or twice each weekend	33%	34%	41%

Characteristics of the Service Region Citations

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