



**COPLEY
HOSPITAL**

Morrisville, VT

Community Health Needs Assessment

2024



Dear Community Member:

Copley Hospital has been providing high quality, compassionate care to patients for over 90 years. In that time, we have grown into one of Vermont's most respected and highly rated healthcare centers. Working together with our affiliates and partners, we are well positioned to meet the healthcare needs of the communities in our service area, as well as those who come to us from across New England, New York, and Canada.

Our 2024 Community Health Needs Assessment was undertaken to help identify local healthcare, medical, and social/emotional needs; to better understand where we are meeting those needs and where additional services may be needed; and to provide a roadmap for how Copley Hospital - in tandem with other area healthcare providers - will respond to those needs over the coming months and years.

The Community Health Needs Assessment is conducted by non-profit hospitals every three years, as required by the Federal Patient Protection and Affordable Care Act. We invite and encourage you to review this document as well as our prior Community Health Needs Assessment, completed in 2021, at copleyvt.org.

As you look through this year's report, we encourage you to let us know if we have - in your view - accurately identified the primary needs of the community. You can address your thoughts to:

Wayne Stockbridge - Chief Administration and HR Officer

C/o Copley Hospital
528 Washington Highway
Morrisville, VT 05661

As one of several healthcare providers in our service area, we do not pretend to have the resources to solve - or even address - all of the concerns and health-related issues identified in this document. Some issues lie outside of our mission, while others are more appropriately addressed by other providers. To that end, we see our role as improving and providing the services we can, and that are expected of us, while collaborating and coordinating with other organizations and agencies to address the issues that lie outside of our mission and expertise.

As we enter our 93rd year of service, we are more committed than ever to providing the highest quality care possible to the communities we serve. As you read through this report, please don't hesitate to let us know how we can improve and expand the health and medical services available in our area.

Thank you,

Joseph Woodin
Chief Executive Officer, Copley Hospital



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EXECUTIVE SUMMARY

Every three years Copley Hospital conducts a formal Community Health Needs Assessment (CHNA). We do so to help Copley fulfill its mission to improve the health status of the people within the communities we serve; to provide the highest quality of care regardless of a patient's ability to pay; to meet the requirements of the Federal Patient Protection and Affordable Care Act (PPACA); and to support the Vermont Department of Health in building an integrated and responsive health care system.

These every-three-year assessments are designed to identify and prioritize the medical and health-related needs and concerns of the communities we serve and, by extension, to help us develop plans, programs, and/or partnerships to address those concerns.

Our 2021 CHNA - taken during the Covid-19 pandemic - identified the following five needs as our service area's most pressing concerns:

1. Mental Health Issues
2. Overweight / Obesity Issues
3. Substance Use/Abuse
4. Poor Eating Habits (nutrition)
5. Access to Primary / Preventative Care

With Covid-era conditions and restrictions now largely behind us, our 2024 CHNA identified the following five needs as our service area's most pressing concerns:

1. Access to a Primary Care Physician
2. Drug Addiction
3. Mental Health Issues
4. Obesity/Poor Nutrition
5. Lack of Dental Care

While our service area's most pressing concerns still revolve largely around personal mental and physical health, those issues have moved down a few notches while access to primary care and drug addiction have moved up.



Following our 2021 Assessment, Copley Hospital (in conjunction with other area providers) developed a plan to address the concerns identified in that year's Assessment. You can view that plan at: www.copleyvt.org.

Now that the 2024 Community Health Needs Assessment has been completed, Copley will review the initiatives we have undertaken to meet the needs of the community, as well as develop an updated implementation plan for addressing (or continuing to address) those needs, and any additional needs that have been identified.



ABOUT THE COPLEY SERVICES AREA

For the purposes of the 2024 Community Health Needs Assessment, the following towns comprise what we consider to be the service area for Copley Hospital: *

Belvidere, Cambridge, Craftsbury, Eden, Eden Mills, Elmore, Greensboro, Hardwick, Hyde Park, Jeffersonville, Johnson, Morristown, Moscow, North Hyde Park, Stannard, Stowe, Waterville, and Wolcott.

Most of these towns fall within Lamoille County; some within Orleans or Caledonia Counties. For the purposes of this report, the demographic information below reflects Lamoille County statistics only.**

Population (2020):	25,945
Population (2021):	25,920
Population (2022):	25,977
Median Income (2020):	\$64,179
Median Income (2021):	\$66,016
Median Income (2022):	\$69,886

Demographics

- 19.5 percent of the population is age 65 and over. (US Census 2023)
- 19.7 percent of the population is under the age of 18. (US Census 2023)
- Median age of population is 41.
- 93.4 percent of the population is White, not Hispanic or Latino.
- 2.35 percent of the population is multi-racial, not Hispanic or Latino.
- 1.96 percent of the population is Hispanic or Latino.
- 1.04 percent of the population is Black or African American.
- 0.77 percent of the population is American Indian & Alaska Native, not Hispanic or Latino.
- 0.47 percent of the population is Asian, not Hispanic or Latino.
- 97.7 percent of the population have US Citizenship (down from 98.5 in 2021)

**Patients travel to Copley Hospital, and especially to Mansfield Orthopaedics, from across Vermont and New England—well beyond our primary service area.*

**<https://datausa.io/profile/geo/lamoille-county-vt>



Housing

73.5 percent of the population owns their own home.

62.7 percent of homeowners carry a mortgage.

Median Property Value (2022): \$270,700

Median Property Taxes (2022): \$8,213

17 percent of residents report severe housing problems.

Education

- 94.2 percent of the population has graduated from high school (2023)*
- 42.8 percent of the population has obtained a bachelor's degree or higher (2023) *

Income

- The median household income in our service area is \$69,886 (2022).
- 9.2 percent of the population for whom poverty status is determined in Lamoille County live below the poverty line, a number that is lower than the national average of 12.5 percent *

Other Health-Related Factors**

- Life Expectancy: 79.7 (Compared with US average of 77.6)
- Residents who report frequent physical distress: 9 percent
- Residents who report frequent mental distress: 16 percent
- Diabetes Prevalence: 9 percent
- Adult Smoking: 15 percent
- Adult Obesity: 28 percent
- Physical Inactivity: 15 percent
- Excessive Drinking: 22 percent
- Children in Poverty: 9 percent
- Mammography Screening: 41 percent
- Uninsured: 6 percent
- Receive Flu Vaccinations: 58 percent

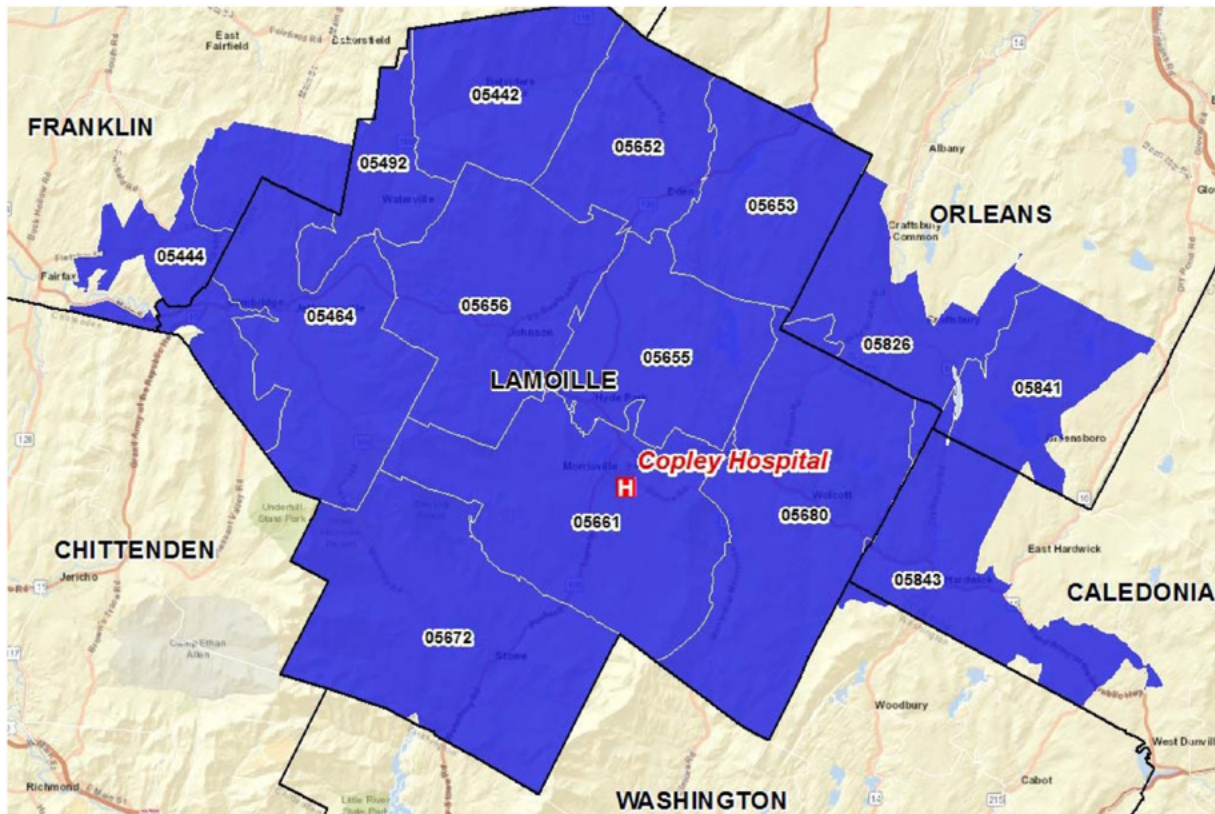
*2024 American Community Survey

**US County Health Rankings (2024)



Ranking Within Vermont**

Out of 14 Vermont counties, Lamoille County ranked 3rd highest in “Health Outcomes” (as defined by reported premature deaths, poor health days, poor physical health days, poor mental health days, and low weight births); and 9th highest in “Health Factors” (as defined by numbers of people who report smoking, drinking, obesity, STDs, and teen births; as well as housing costs, physical environment and socio/economic factors).



Copley Hospital Service Area

**US County Health Rankings, 2024



COPLEY AFFILIATED OFFICES AND SATELLITES

The Woodlands at Stowe

Mansfield Orthopaedics – Morrisville

Mansfield Orthopaedics - Waterbury Center

Copley Rehabilitation - Hardwick

Copley Rehabilitation - Tamarack Family Medicine - Morrisville

Copley Terrace



EXAMPLES OF HEALTHCARE FACILITIES AND RESOURCES AVAILABLE WITHIN THE COMMUNITY TO RESPOND TO THE HEALTH NEEDS OF THE COMMUNITY

Behavioral Health/Treatment

- Behavioral Health & Wellness - Lamoille Health Partners
- Lamoille County Mental Health Services
- Medically Assisted Treatment (MAT) - Lamoille Health Partners
- North Central Vermont Recovery Center
- SANA
- SaVida Health Systems

Child Care

- Clubhouse Kids
- Lamoille Family Center
- New Heights Children's Center
- Puffer Child Care Center
- Wee Explorers

Dental Care

- Brigham Dental Care
- Hardwick Dental Office
- Lamoille Health Family Dentistry - Lamoille Health Partners
- Mount Mansfield Dentistry
- Northern Counties Dental Center
- Pleasant Valley Dental Care
- Stowe Family Dentistry

Eye Care

- Green Mountain Eye Care
- MyEyeDr

Healthcare

- Copley Hospital – offering specialty services and clinics
- Hardwick Area Health Center
- Lamoille Health Partners – Morrisville, Stowe & Cambridge
- Stowe Personalized Care
- Tamarack Family Medicine

Hearing

- Beltone Hearing Care Center
- Miracle-Ear Hearing Aid Center

Home Health/Nursing Home

- Copley House: Level 3 Mental Health Placement
- Lamoille Home Health & Hospice
- Riverview Life Skills Center in Jeffersonville: A TBI level 3 home
- The Manor

Pediatrics

- Appleseed Pediatrics – Lamoille Health Partners

Pharmacies

- Kinney Drugs – Morrisville and Cambridge
- CVS Pharmacy

Recovery Homes

- Jenna's Promise, Rae of Hope

Shelter/Respite

- Clarina Howard Nichols Center
- Lamoille Community House
- Under the Wings Respite House

Support Services

- Green Mountain Support Services
- Copley House
- Vermont Department of Health – Morrisville Office

Transportation

- Blazer Taxi
- Micro Transit—Subsidiary of RCT but like an Uber service, local only.
- Rural Community Transportation (RCT)



HOW DATA WAS OBTAINED

The information contained in the 2024 Community Health Needs Assessment (CHNA) was obtained primarily through a community survey taken between May 23 and June 24, 2024. Other information was obtained through reports developed by the State of Vermont, the federal government, independent research organizations, and local nonprofit agencies serving people within our service area.

Community Health Needs Assessment Surveys

The 2024 Community Health Needs Assessment Survey was open for responses between May 23 and June 24, 2024 and was conducted through Survey Monkey as well as printed copies made available at the Hospital and satellite offices. The link to the Survey Monkey survey was distributed via email to Copley Hospital trustees, committee members and ambassadors, local providers, and directly to members of the community. It was also available on our website, Facebook page, and on Front Porch Forum, a community bulletin board frequented by numerous people within our service area.

Although hundreds of surveys were given out and the link was available to thousands of residents, when the survey closed, we had received just under 300 responses. Of those responding, 42 percent were age 65 or older; 26 percent were between the ages of 55-64; 13 percent were between the ages of 45-54; 12 percent were between the ages 35-44; and six percent were between the ages 18-34. (One percent of survey respondents did not indicate their age.)

Review of Relevant Publications

Members of our CHNA team also consulted a range of relevant reports compiled by state, federal, and local nonprofit agencies including:

- 2024 American Community Survey
- Datausa (<https://datausa.io/profile/geo/lamoille-county-vt>)
- US County Health Rankings: University of Wisconsin - Lamoille County (2024)
- Vermont Department of Health (2024)
- Kaiser Family Foundation (2024)
- HealthVermont.gov 2023
- National Center for Biotechnology Information (2021)
- National Institutes of Health (2024)
- America's Health Rankings 2024
- National Centers for Disease Control and Prevention
- Robert Wood Johnson Foundation, 2024



PRIMARY HEALTHCARE NEEDS IDENTIFIED

Healthcare Need #1: Access to Primary Care

Access to Primary Care moved from the 5th most identified healthcare need in the 2021 Community Health Needs Assessment (CHNA) survey to the most commonly cited healthcare need in the 2024 survey.

Trends

Vermont is among the most rural states in the nation based on the size of its cities and towns, and access to a physician for primary and preventative care is consistently a major concern. While Vermont remains one of the healthiest states in the country, it is also the third oldest state in the country (datapandas.org 2024), not only in terms of its general population, but also its physicians and primary care providers. According to the Vermont Department of Health (2023), based on the most recently available statistics:

Of 2,633 physicians providing patient care in Vermont 2,470 identify as Medical Doctors and 163 as Doctors of Osteopathy. 572 of these provide telemedicine services only. Also:

- ◆ 566 physicians provide mainly primary care, and 584 physicians provide “any” primary care, corresponding to 426.3 Full Time Equivalents (FTEs). These numbers are down from 615 physicians providing mainly primary care; 627 providing “any” primary care; and 435.9 Full Time Equivalents (FTEs) in 2018. The number of practicing physicians in Vermont has been trending downward for more than a decade as physicians retire or reduce the number of patients they see.
- ◆ 2,067 physicians provide mainly specialty care. Excluding radiologists, pathologists, and telemedicine, 1,398 physicians provide “any” specialty care, corresponding to 974.2 FTEs. Unlike the downward trend in physicians offering primary care, this is an increase from 2018, with an additional large jump in telemedicine providers in multiple specialties.
- ◆ 33 percent of Vermont primary care physicians are over age 60, a decrease from the 36 percent who were over age 60 in 2018. While this appears to be a positive trend, it may actually be an indicator that some older physicians are beginning to leave active practice. In Lamoille County, 37 percent of primary care physicians are over age 60.
- ◆ The prevalence of telemedicine has increased significantly since 2018, mostly in radiology, but now also in emergency medicine, internal medicine sub-specialties, neurology, and other specialties.



- ◆ In Lamoille County, 85 percent of primary care physicians (in office settings) continue to accept new patients; 85 percent accept new Medicaid patients; and 84 percent accept new Medicare patients. These percentages are above (better than) the overall Vermont averages.
- ◆ Vermont saw a decrease of 9.6 primary care FTEs* between 2018 and 2020, a 2 percent drop, as some physicians have retired or reduced their work hours. Conversely, there is an increase of 42.1 FTEs in specialty care. In Lamoille County, there are 14.5 FTE physicians (down from 16 in 2021), resulting in a ratio (physicians to the general population) of 1:1,786. In 2021 the ratio was 1:1,578.

On a national level, the number of primary care providers decreased 13% between 2022 and 2023 — a nationwide decline of over 107,000 providers. While the trends both nationally and locally are not particularly promising, Vermont remains among the most healthy states in the country. As our population and its medical providers age, however, access to primary and preventative care will continue to be a concern.

Access to Preventative Care

Access to Preventative Care remains an important component of Copley's commitment to providing healthcare to the people within our service area. Our goal for the past few years has been - and remains - to increase the use of primary care to improve the health and health-related habits of both patients and non- patients; and to decrease avoidable (and expensive) visits to the Emergency Department (ED). To accomplish this goal, we continue to work with other area medical service providers to examine available data (e.g. transportation availability, care coordination between agencies, etc.) in order to better understand the needs of our service area; we continue to screen patients who present at the ED to determine if they have a Primary Care Provider; and we continue to utilize the services of an imbedded social worker to connect ED patients to providers and programs that could be of help to them.

By identifying and removing the barriers that prevent patients from getting the care they need and identifying (and partnering with) community agencies that provide care that is not within Copley's purview, we have been able to connect patients to the kinds of preventative care they need, which in turn has reduced the numbers of patients presenting at the ED.

*A full-time equivalent (FTE) is a unit of measurement used to figure out the number of full-time hours worked by all employees in a business.



Healthcare Need #2: Substance Abuse

Substance Abuse was identified as our community's second most challenging health concern in 2024, moving up two notches from number four in 2018 and one notch from number three in 2021. According to most experts, it is a problem that continues to impact communities across the United States.

The National Institutes of Health (2024) found that individuals suffering from substance abuse often face obstacles for obtaining care due to "institutional environment." Institutional environment refers to factors like lack of support from a physician's institution or employer; insufficient resources such as staff and training; challenges in organizational culture; and competing demands. This reason (institutional environment) was cited in 81 percent of studies published on this topic over the past 61 years, followed by insufficient skill (74%), lack of cognitive capacity to manage a certain level of care (74%), and inadequate knowledge (72%).

Other studies cited negative social influences – or beliefs about public and community acceptance of addiction care – as well as fear of harming the patient-physician relationship as deterrents for physicians to intervene in addiction. The National Institutes of Health goes on to say that in 2022:

- nearly 49 million people in the U.S. had at least one substance use disorder, though only around a quarter of them (13 million people) received treatment; and
- more than nine million adults needed treatment for opioid use disorder but fewer than half (around 46 percent) received any form of treatment.

Substance abuse is defined by the National Center for Biotechnology Information as "a maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by one (or more) of the following, occurring within a 12-month period:"

- Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home (e.g., repeated absences or poor work performance related to substance use; substance-related absences, suspensions, or expulsions from school; neglect of children or household).
- Recurrent substance use in situations in which it is physically hazardous (e.g., driving an automobile or operating machinery when impaired by substance abuse).
- Recurrent substance-related legal problems (e.g., arrests for substance-related disorderly conduct).
- Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance (e.g., arguments with spouse about consequences of intoxication, physical fights).



In Vermont:*

- Drug overdose deaths involving drugs of all kinds totaled 151 in 2018; 244 in 2021; and 264 in 2022. Of those deaths, 91 percent were due to misuse of opioids. The percentage of fentanyl involvement in opioid-related deaths was 93 percent in 2022, compared to 94 percent in 2021. Cocaine (49 percent in 2022, versus 46 percent in 2021) and methamphetamine (8 percent in 2022, versus 10 percent in 2021) were also similar. The majority of those deaths (98%) were determined to be “accidental or undetermined.”
- The rate of opioid related deaths per 100,000 people was 37.
- EMS calls involving naloxone administration per 10,000 people was 8.8.
- 20 percent of adolescents in grades 9-12 reported using marijuana.
- In Lamoille County, there were 8 reported deaths due to misuse of opioids (2022).

As well, according to the Vermont Department of Health (2024):

- While marijuana use among youth and adults is increasing, use prior to age 13 is decreasing. Still, the percentage of Vermonters who try cannabis for the first time between the ages of 12 and 17 is higher in Vermont than in the country overall.
- Vaping use among high school students continues to increase. As of 2021, 16 percent of Vermont high school students said they used e-cigarettes at least once in the past 30 days. Of those students, 30 percent did so daily.
- The rate of e-cigarette use in the state doubled from three to six percent of adult respondents between 2016 and 2022. During that same time period, cigarette use dropped from 17 to 13 percent among survey respondents.

Recovery Services

To address this ongoing problem, patients who present at Copley's Emergency Department (ED) have a number of services and programs available to them, including referrals to a Recovery Coach through the North Central Vermont Recovery Center (NCVRC). A Recovery Coach helps patients create a personal plan for recovery by setting realistic goals (often with the assistance of a “peer” who has been through the process); and by exploring steps and services that are available to them to aid in recovery from various forms of addiction and substance misuse. According to NCVRC, Copley's ED called on the Recovery Coach in the Emergency Department (RCED) team 191 times for 129 unique patients last year (July 2023 - June 2024), compared with 146 times for 86 unique patients in 2020.

*[HealthVermont.gov](https://www.healthvermont.gov) - 2023



Healthcare Need #3: Mental Health

As in the 2021 Community Health Needs Assessment, Mental Health issues were identified by survey respondents as one of our service area's most pressing concerns. Mental Health issues include depression and other illnesses leading to self-harm and/or to suicide.

As of 2023, the rate of suicide deaths in Vermont was 19 per 100,000 people - down from 22 per 100,000 people in 2021. The rate is highest among Vermonters between the ages of 25-44, and over age 65. Males are four times more likely to die by suicide than females.*

Among Vermont adults who reported symptoms of anxiety and/or depressive disorder, 34 percent reported needing, but not receiving, counseling or therapy (Source: Kaiser Family Foundation 2024). According to Kaiser, the states with the highest percentage of adults reporting symptoms of anxiety and/or depressive disorder but not receiving care are Washington DC (49.3%), Arkansas (38.4%), Kansas (37.7%), Alaska (36.8%), and Utah (35.9%).

Suicide is one of the leading causes of death in the U.S. and has increased in almost every state over time, making it a serious public health concern. While suicide is often linked to underlying mental health conditions, other factors can also contribute, including isolation, relationship struggles, financial or housing insecurity, or problems with physical health. Many of these conditions were exacerbated across the country, as well as here in Vermont, during the 2020-21 Covid pandemic.

According to the Kaiser Family Foundation (2024):

- 17.5 percent of Vermont adolescents and 8.7 percent of adults reported a major depressive episode within the past 30 days. Of note: 9.7 percent of adolescents reporting a major depressive episode were male, compared with 25.5 percent for females.
- 5.7 percent of Vermonters reported having had serious thoughts of committing suicide.
- In Vermont, 51.0 percent of adults with mild mental illness; 44.3 percent of adults with moderate mental illness; and 25.6 percent of adults with serious mental illness in the past year did not receive mental health treatment.

According to stacker.com (2024), in Lamoille County:

- There are 192 residents for every one mental health care provider.
- Residents report an average of 4.6 poor mental health days per month.
- About 6 percent of residents lack health insurance.

*Vermont Department of Health 2023



Centers for Medicare and Medicaid Services (CMS) requires that all adult Emergency Department (ED) patients are screened using the Columbia Suicide Severity Rating Scale* - a five-question scale that can trigger referral to crisis services.

Programs and Partnerships

When mental health issues present, patients are referred to the Mobile Crisis Team and/or to outpatient Mental Health services. Copley has engaged a full time Emergency Room Care Coordinator/Social Worker who is embedded into the ED during the day and who serves as a liaison with our community partners. Approximately 125 referrals to various care providers are made each month. Copley Hospital does not yet have, but would benefit from engaging, an evening ED Care Coordinator.

Patients who present at our ED and undergo screening are often referred to a Care Coordinator, who attempts to connect the patient with individuals and services that can help them address the issues with which they are struggling.

A total of 639 referrals were made by Copley's ED Care Coordinator between March 11 – August 11, 2024. The top five referrals include connecting patients to a primary care provider, dentist, support services for substance use and mental health, home health/nursing home and transportation.

***Columbia Suicide Severity Rating Scale (CSSRS)**

The Columbia Suicide Severity Rating Scale (CSSRS) can be used to screen children and adolescents (ages five years and older) for suicide risk. It is available in 103 languages. Completion of a 30-minute, on-line training is necessary to use the tool and provides a two-year certification. More information on the administration of the scale can be found on the [main CSSRS website](#).



Healthcare Needs #4: Obesity / Nutrition / Food Insecurity

Obesity, nutrition, and food insecurity took the number four spot in our 2024 Community Health Needs Assessment (CHNA) survey, indicating a fairly high level of concern among people in our service area about the growing problem of poor nutrition.

According to America's Health Rankings (2024), 11.2 percent of Lamoille County residents suffer from food insecurity, which is defined as "households that are unable to provide adequate food for one or more household members due to lack of resources." In Vermont as a whole, the rate of food insecurity is 8 percent (the 4th best ranking in the United States). Despite Vermont's high ranking, however, respondents to our 2024 CHNA survey indicated that obesity/nutrition/food insecurity is an ongoing concern.

Food Insecurity

Food insecurity is not only a leading cause of obesity and poor nutrition, but also dental issues. Good food is expensive. Inexpensive food is generally high in both sodium and fat. There are several programs, such as SNAP (Supplemental Nutrition Assistance Program), that encourage the purchase and consumption of healthy foods, and most SNAP benefits are now accepted at grocery stores and local farmers' markets.

The Vermont Foodbank, which is the state's largest anti-hunger organization, notes that food insecurity can be measured in part by the number of households that are served at its fresh food direct distribution sites. Over the first three months of 2024, the average number of households seeking food per month was 8,280 compared to 5,694 households a month during the same period in 2020. According to the Foodbank, before the pandemic they were distributing about 11 million pounds of food annually, whereas at the height of the pandemic they were distributing roughly 20 million pounds.*

Unfortunately, while Foodbank distributions began to decrease towards the end of the pandemic, they returned once again to higher levels following the floods that took place in the summer of 2023.

According to the Foodbank:

- A 2022 UVM study showed that two in five people in Vermont had experienced food insecurity in the past year.
- In the last five months of 2023, the Foodbank distributed an average of 1.3 million pounds of food per month.
- As pandemic-era support programs have expired, [some Vermonters] are still struggling to become food secure.

*Vermont Public, 2024



Obesity

Obesity is defined (in adults) as people who have a body mass index of 30.0 or higher based on reported height and weight. Under this definition, 33.6 percent of Americans are obese, and 26.8 percent of Vermonters are obese (the 3rd best ranking in the United States).

In Vermont, 13.0% of youth ages 10 to 17 suffer from obesity, giving Vermont a ranking of 5 among the 50 states and D.C. Among adults, however, that number jumps to nearly 27%, giving Vermont a ranking of 49 among the 50 states and D.C.**

Obesity increases the risk of many serious diseases and health conditions such as high blood pressure, high cholesterol, type 2 diabetes, coronary artery disease, stroke, gallbladder disease, and some cancers.

**Robert Wood Johnson Foundation, 2024



Healthcare Need #5: Lack of Dental Care

According to the Journal of Multidisciplinary Care (Decisions in Dentistry - January 2024) “approximately 46 million people in rural America face significant barriers to oral healthcare, as revealed by the 2023 State of Oral Health Equity in America (SOHEA) survey conducted by CareQuest Institute for Oral Health. The report highlights that 40% of adults in rural areas haven’t received professional dental care in more than a year, surpassing the figures for urban (35%) and suburban (30%) residents. Challenges in rural oral healthcare include provider shortages, lack of insurance coverage, and transportation barriers. The findings indicate that 34 percent of rural individuals rate their oral health as fair or poor, compared to 27 percent and 24 percent for urban and suburban residents, respectively. Furthermore, 67 percent of rural areas are identified as Dental Health Professional Shortage Areas. Dental insurance coverage is lacking for 34 percent of rural residents.”

Although medicine and dentistry have remained separate for many years – separate insurance, separate schools, separate buildings – there is a connection between the health of the mouth and the health of the body. People who are missing teeth or who experience mouth pain can find it difficult to eat healthy food like whole grains, fruits, and vegetables. Infections in the mouth can also spread to other parts of the body, and can increase a person’s risk for heart attack or stroke.

People with diabetes are also more at risk for dental problems, which can lead to difficulty in controlling blood sugar levels. Some studies have linked periodontal disease to low birth weight and preterm birth. And the bacteria that causes dental decay can be passed from caregiver to child. It is recommended that children have their first dental visit by age one, but many children do not have their first visit until after age three.*

According to the Vermont Department of Health (2024):

- The percentage of third grade children with dental decay increased from 37 percent in 2017 to 48 percent in 2023, significantly above the Vermont Department of Health’s goal of 30 percent.
- The percentage of children in grades 1-6 using the state’s dental system decreased from 78 percent in 2017 to 71 percent in 2023, slightly below the Vermont Department of Health’s goal of 80 percent.
- The percentage of children in grades 7-12 using the state’s dental system decreased from 62 percent in 2017 to 58 percent in 2023, significantly below the Vermont Department of Health’s goal of 70 percent.
- The percentage of adults using the state’s dental system decreased from 72 percent in 2017 to 68 percent in 2022, below the Vermont Department of Health’s goal of 85 percent.

*Vermont Department of Health, 2024



- 56 percent of Vermont residents who get their water from a public water system benefited from systems with fluoridated water, well below the national Healthy People 2030 target of 77.1 percent. In fact, Vermont ranks 41 out of 50 when it comes to this percentage (CDC, 2018). The percentage of Vermonters served by fluoridated water systems has stayed consistent since 2011.
- In 2000, 61 percent of Vermont adults' ages 45-64 had at least one tooth extracted because of tooth decay or gum disease. That percentage has decreased significantly over time to 42 percent in 2022, which is great news, but it doesn't tell the whole story. When the overall percentage is broken down, a disparity exists in oral health outcomes; there are higher rates of tooth extraction for individuals with less education and lower incomes compared to those with more education and higher incomes. In order to address these disparities, Vermont needs to identify why its oral health care system is not working for lower income/educated Vermonters.

Lack of Dental Care in Vermont is not a new problem. According to a report issued by the Green Mountain Care Board (GMCB) in 2015:

- Medicaid eligible utilization of oral health services is low as compared to utilization of oral health services by individuals with private insurance, however, while individuals with private dental health insurance utilize services at a higher rate, they are still significantly below desired levels.
- Medicaid eligibles encounter greater barriers to access than their privately insured counterparts, including a limited number of dentists willing to take new Medicaid patients.
- A significant percent of the population still remains uninsured for oral health services, with greater than half of Vermonters without oral health insurance.
- For those interested in accessing oral health services, cost of care is a barrier.
- Half of the primary care dentist population is age 55 or over indicating a large proportion of the Vermont dentist workforce is approaching retirement. As the dentist population shrinks, access will become more limited regardless of insurance status.
- Significant numbers of adults 18-64 have lost all their natural teeth to decay or disease and do not access recommended preventative services such as semi-annual cleanings.



FINDINGS

Findings - 2024 CHNA Survey Monkey Summary

Part One: Communities Represented in the Survey*

Albany	2	Burlington	2	Cambridge	6
Cabot	1	Craftsbury	5	Derby Line	1
Wolcott	20	Hardwick	9	Eden	4
Greensboro	17	Lake Elmore	4	Middlesex	7
Westfield	1	Hyde Park	43	Jeffersonville	6
Jericho	3	Johnson	19	Enosburg Falls	1
Morristown	75	Fairfax	2	Glover	4
Underhill	2	Newport	1	Stowe	29
Lowell	2	Waterbury	5	Jay	3
Moretown	1	Hinesburg	1	Richford	1

*** Not all respondents indicated the town they live in.**

Other towns represented in the survey, but not necessarily in our service area include: Ripton, Randolph, Sharon, Plainfield, Woodbury, Shelburne, Northfield, Williston

Age of survey respondents by %

Age:

65+	42%
55 - 64	26%
45 - 54	13%
35 - 44	12%
25 - 34	5%
18 - 24	1%
Did not respond	1%

How long have you been a resident of your community?

0 - 2 years:	4%
2 - 4 years:	6%
4 - 6 years:	6%
6 - 10 years:	9%
Over 10 years:	75%



SURVEY QUESTIONS / RESPONSES

Part Two: General Community Health Needs Assessments and Questions

Copley Hospital surveyed residents in the communities we serve between May 23 and June 24, 2024. Just under 300 people responded. The following questions asked respondent's for their perceptions and opinions. NOTE: Responses represent the percentage of respondents who answered the question. Not all respondents answered every question, thus percentages do not always add up to 100%.

1. [In your opinion] What are the [three] most important factors that contribute to a healthy community?

- Access to health care (74%)
- Good jobs/economic opportunities (46%)
- Affordable housing (46%)

Other factors (in order of importance) include:

- Low crime/safe neighborhoods (29%)
- Good schools/education (27%)
- Access to healthy food (26%)
- Access to mental health services (22%)
- High quality/affordable childcare (11%)
- Recreational opportunities (11%)
- Public transportation (8%)
- Addiction recovery programs/services (4%)

2. [In your opinion] What are our community's top [three] health challenges?

- Access to a Primary Care Physician (40%)
- Drug Addiction (38%)
- Mental Health Issues (35%)

Other factors (in order of importance) include:

- Obesity/Poor Nutrition (34%)
- Lack of Dental Care (20%)
- Not getting preventative care (17%)
- Homelessness (15%)
- Lack of Exercise (11%)
- Alcohol Abuse (10%)
- Heart Disease (10%)
- Cancer (9%)
- Chronic Pain (9%)
- Diabetes (6%)
- Alzheimers; Child Abuse; Domestic Violence; Misuse of Pain Meds; Smoking; High Blood Pressure (3%)
- Suicide; Elder Abuse; Not Getting Vaccinated (1%)



Part Three: Personal Community Health Needs Assessments and Questions

1. What are your top [three] personal health issues/challenges?

- Lack of exercise (30%)
- Chronic Pain (25%)
- Mental Health Issues (19%)

Other issues/challenges, in order of most commonly reported:

- Overweight / obesity (19%)
- Access to a Primary Care Physician (19%)
- High Blood Pressure (19%)
- Lack of Dental Care (16%)
- Not Getting Preventative Care (12%)
- Heart Disease/Stroke (11%)
- Poor Nutrition (7%)
- Diabetes (6%)
- Cancer (5%)
- Alcohol Abuse; Alzheimers; (3%)
- Drug Addiction; Smoking; Respiratory/Lung issues; Homelessness (2%)
- Elder Abuse; Infectious Diseases; Not Getting Vaccinated; STDs (1%)

2. How do you pay for healthcare?

Some respondents listed more than one option. Percentages reflect the number of options chosen.

- Private Insurance (e.g. Blue Cross / Cigna) (73%)
- Medicare / Medicare Advantage/Supplement (38%)
- Cash (4%)
- Medicaid (4%)
- Vermont Health Connect (3%)
- Veterans Administration (3%)



The following questions reflect respondents' ability (or perceived ability) to obtain healthcare services.

1. Over the past year, were you able to obtain the following health care services?

Service	Yes	No	Not Applicable
Preventative care (e.g. annual exam)	87%	6%	7%
Acute/sick care with a doctor	69%	10%	21%
Dental care (for kids)	17%	8%	61%
Dental care (for adults)	69%	18%	13%
Labs / X-rays	80%	3%	17%
Physical or Occupational Therapy	44%	5%	40%
Mental health care or counseling	21%	9%	58%
Pediatric care	15%	4%	73%
Home health services	6%	6%	78%
Long Term Care services	6%	3%	80%
Support services for special needs	4%	7%	79%
Palliative care	2%	6%	82%
Assistance obtaining community resources	12%	9%	69%

2. Over the past year, if you were unable to get the health care services you needed, what was the cause?

Responses represent the percentage of responders who answered the question.

Cause	Clinic	PCP	Other Services	N/A
Inconvenient appt. time	0%	5%	1%	94%
Wait time for appt. too long	28%	17%	16%	39%
Provider/Service not taking new patients	5%	15%	5%	75%
Provider did not accept my insurance	2%	0%	4%	94%



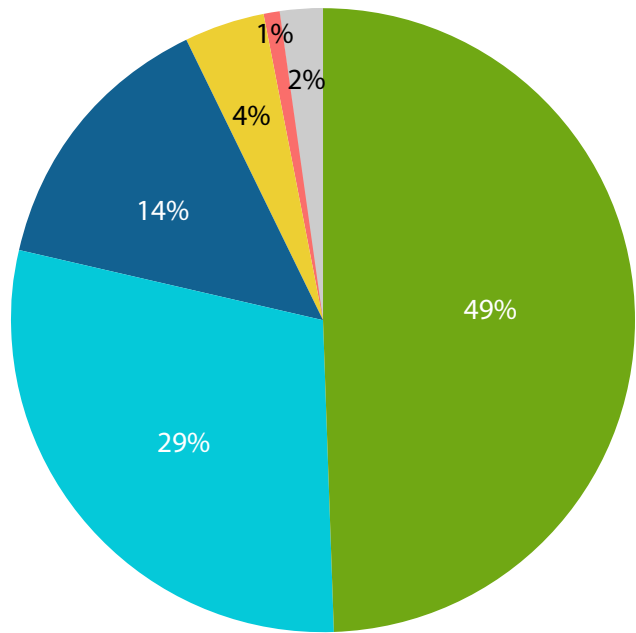
3. Were there any additional barriers to accessing healthcare for yourself or your family?
Numbers below represent the percentage of respondents who identified the following barriers.

Service not available in my community	24%
Did not have dental insurance	14%
Could not afford co-pay or deductible	11%
Could not get time off	10%
Did not have a Primary Care Provider	6%
Felt unaccepted or treated with bias	6%
Lack of transportation	4%
Did not have health insurance	3%



Part Four: Specific questions asked of Survey Respondents

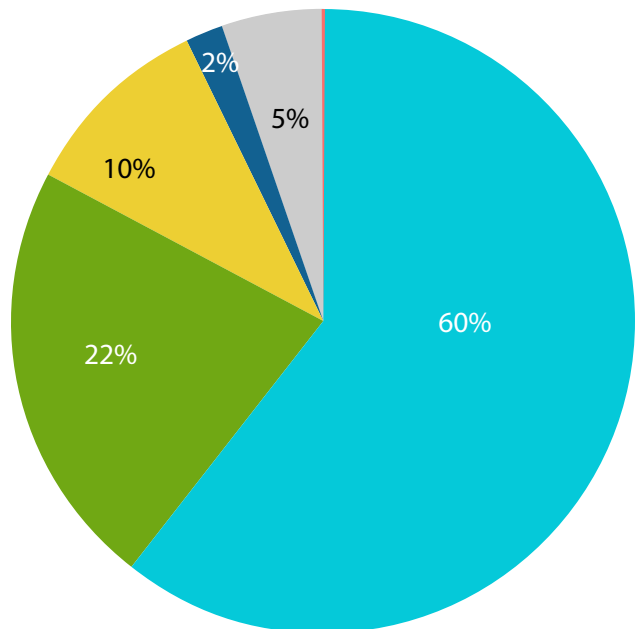
Numbers represent percentage of responders who answered the question.



How would you rate your personal health?

Healthy	49%
Somewhat Healthy	29%
Very Healthy	14%
Unhealthy	4%
Very Unhealthy	1%
<i>No response</i>	<i>2%</i>

- Very Healthy
- Healthy
- Somewhat Healthy
- Unhealthy
- Very Unhealthy
- No Response



How would you rate our community's health?

Somewhat Healthy	60%
Healthy	22%
Unhealthy	10%
Very Healthy	2%
Very Unhealthy	0%
<i>No Response</i>	<i>5%</i>

- Very Healthy
- Healthy
- Somewhat Healthy
- Unhealthy
- Very Unhealthy
- No Response



Part Five: Questions related to services provided by Copley Hospital

Numbers represent the percentage of respondents who answered the questions and may not equal 100% due to more than one of Copley's services being used.

Which Copley Practice Clinic do you use for health care?

Mansfield Orthopaedics - Morrisville	49%
Do not use Copley	23%
Women's Center	17%
Multi-Specialty Clinic	16%
Rehabilitation - Morrisville	14%
Mansfield Orthopaedics - Waterbury	11%
Cardiac/Pulmonary Rehabilitation	11%
Rehabilitation - Hardwick	5%
Rehabilitation - Tamarack Family Medicine - Morrisville	3%

Which Copley specialty health care services have you used / or are you using?

Mansfield Orthopaedics	35%
Breast Care	22%
Outpatient Services	17%
Rehabilitation	16%
Cardiology	16%
General Surgery	15%
OBGYN/Midwifery	11%
Surgical Center	11%
Podiatry	9%
Neurology	7%
Sleep disorders	6%
Oncology	2%
Respiratory Therapy	1%
Sports Medicine	1%
Nutrition Counseling	0.5%
Pulmonary Services	0.5%



Have you or your household ever used Copley's Emergency Room?

Yes	44%
No	50%

If yes, did we meet your expectations?

Yes	28%
No	10%
No Response	62%





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