

Copley Hospital
Morrisville, VT



Community Health Needs Assessment 2021

Adopted by Board Resolution 9/27/2021



Dear Community Member:

Copley Hospital has been providing high quality, compassionate care to patients for nearly 90 years. In fact, as this report is being prepared, we are making plans to celebrate that special milestone in 2022.

Our 2021 Community Health Needs Assessment was undertaken not only to identify local health and medical needs, but also to provide a roadmap for how Copley Hospital - in tandem with other area health-care providers - will both respond to those needs and address the health-related concerns of the communities we serve.

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 2018.

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. Once we have established a plan to address these primary needs, we would also like to know if you believe our intended response will lead to needed improvements. You can address your thoughts to;

Trish Rick - Vice President Development & Marketing
C/o CopleyHospital
528 Washington Highway
Morrisville, VT 05661

As one of several health care 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 90th 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 Healthcare 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 learning health care system.

These 3-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 2018 CHNA identified the following four needs as our service area's most pressing concerns:

1. Preventative Care [access to]
2. Mental Health Issues
3. Chronic Health Conditions
4. Substance Use/Abuse

Our 2021 CHNA identified the following four 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 Preventative Care

Two of the healthcare needs and concerns identified three years ago continue to be a concern within our small community, with Mental Health rising to the top. Two new concerns related to nutrition and obesity were identified in the 2021 Assessment.

Following our 2018 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 here: https://www.copleyvt.org/wp-content/uploads/2018/09/Copley-Hospital-CHNA-and-Implementation-Report_-_FINAL.pdf

As we began the process of gathering information for the 2021 Assessment, we were limited significantly by the Covid-19 pandemic. Face to face assessments and other in-person means of gathering information were not available to us and many of the individuals and organizations who might have contributed their thoughts and ideas were focused instead on keeping their patients and constituents safe and continuing to provide whatever services they could. As we entered 2021, we had hoped the pandemic would begin to ease and that the usual avenues for collecting information would re-open to us; however as this report is being written (September, 2021), the pandemic is in its third major surge, extending the uncertainty surrounding when medical services and procedures will return to normal.

In spite of the limitations that were placed on all of us here in Vermont and throughout the country; and thanks to the selfless and tireless efforts of our entire medical staff (doctors, nurses, radiologists, therapists, aides, receptionists, volunteers, etc.), Copley Hospital was able to continue providing essential healthcare services to the members of the communities we serve. As you will see elsewhere in this report, while Covid-19 did impact the number and types of services we were able to provide, it also gave us the opportunity to find new ways of meeting and treating our patients and their families.

Now that the 2021 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.

ABOUT THE COPLEY SERVICES AREA

For the purposes of this Assessment, the following towns comprise what is considered to be the service area for Copley Hospital.*

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

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

Population (2017): 25,191

Population (2018): 25,268

Population (2019): 25,318

Population (2020): 25,945

Median Income (2017): \$54,899

Median Income (2018): \$60,365

Median Income (2019): \$64,003

Demographics

- 15.53 percent of the population is age 65 and over.
- 20.56 percent of the population is under the age of 18.
- Median age of population is 40.9.
- 94.7 percent of the population is White, not Hispanic or Latino.
- 1.76 percent of the population is Hispanic.
- 1.25 percent of the population is multi-racial, not Hispanic or Latino.
- 0.89 percent of the population is Black or African American.
- 0.77 percent of the population is American Indian & Alaska Native, not Hispanic or Latino.
- 0.625 percent of the population is Asian, not Hispanic or Latino.

Housing

72.5 percent of the population owns their own home.

Median Property Value (2018): \$228,000

*Patients travel to Copley Hospital, and especially Mansfield Orthopaedics, from across Vermont and New England—well beyond our primary service area. Patients from outside our service area were not surveyed for this report.

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

Education

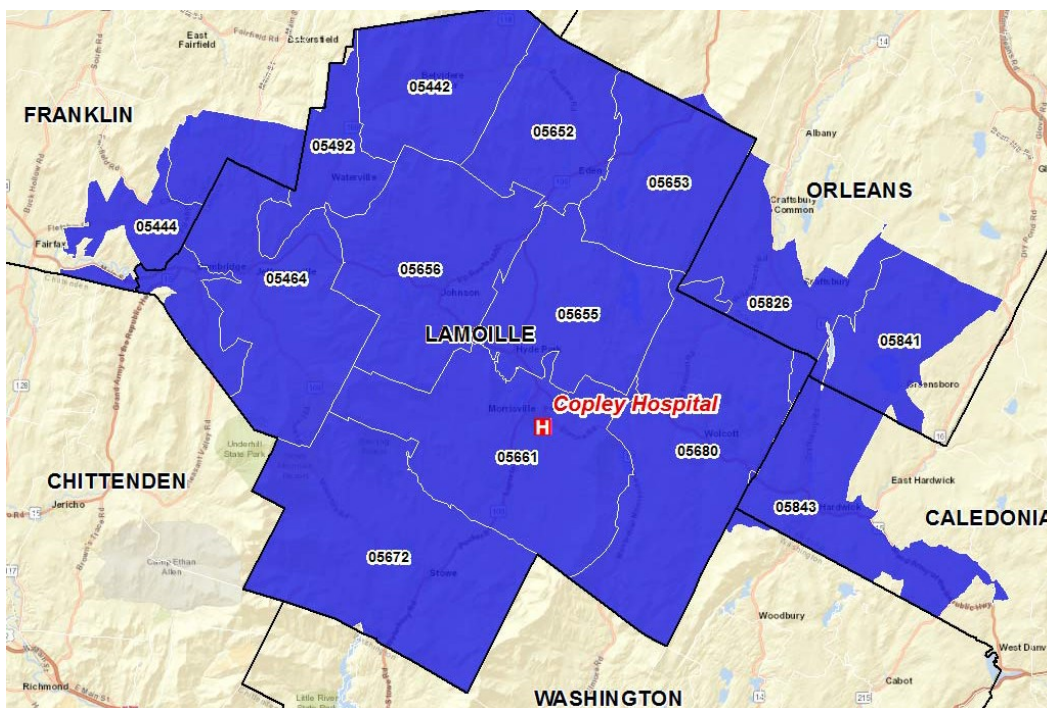
- 93 percent of the population of Lamoille County have graduated high school (2020)
- 38 percent of the population of Lamoille County have obtained a bachelor's degree or higher (2020) *

Income

- The median household income in our service area is \$64,003.
- 13.6% of the population for whom poverty status is determined in Lamoille County live below the poverty line (2019), a number that is higher than the national average of 13.1%.

Ranking Within Vermont

Out of 14 Vermont counties, Lamoille ranked 4th 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 7th 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 (e.g. pollution, commuting time), and socio/economic factors (e.g. employment, violent crime, poverty, income inequality).



Copley Hospital Service Area

*2020 American Community Survey census data and survey from Common Core Data available for Public Elementary through Secondary Schools

COPLEY AFFILIATED OFFICES AND SATELITES

Copley Terrace

Copley Woodlands

Mansfield Orthopaedics – Morrisville

Mansfield Orthopaedics - Waterbury

Copley Rehab - Hardwick

Copley Rehab - Tamarack

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

Appleseed Pediatrics	Mansfield Orthopaedics (Copley)
Brigham Dental Care	New Heights Children's Center
Copley House	Northern Counties Health Care
Genoa Health Care	North Central Vermont Recovery Center
Green Mountain Eye Care	Medically Assisted Treatment (MAT)
Green Mountain Support Services	Miracle Ear Hearing Aid Center
Healthy Lamoille Valley	Morrisville Family Healthcare
Interventional Pain Management	Morrisville Health Department
Lamoille Health Partners	SaVida Health Systems
Lamoille Health Pediatrics	Tamarack Family Medicine
Lamoille Home Health and Hospice	Under The Wings Respite House
Lamoille County Mental Health Services	Vermont Department of Health
Lamoille Family Center	Rae of Hope
The Manor	Jenna's Promise
Puffer Child Care Center	Behavioral Health and Wellness Center
Rural Community Transportation	Clarina Howard Nichols Center
SANA	Walgreens Pharmacy
CVS Pharmacy	Kinney Drug

HOW DATA WAS OBTAINED

The information contained in the 2021 Community Health Needs Assessment was obtained primarily through two community surveys taken between April 9, 2021 and May 20, 2021. 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. Because of the Covid-19 pandemic, traditional face-to-face and in-person information gathering avenues and techniques were not available to us.

Community Health Needs Assessment Surveys

The 2021 Community Health Needs Assessment Surveys were open for responses between April 9 and May 20, 2021 through “Survey Monkey” as well as via printed copies made available at the Hospital and satellite offices. The link to the Survey Monkey surveys was distributed via email to Copley Hospital trustees, committee members and ambassadors, medical providers, and directly to members of the community. It was also available on our Facebook page and on Front Porch Forum, a community bulletin board frequented by numerous people within our service area.

Hundreds of surveys were sent out and the link was available to thousands of residents, however the response rate was light, with only 159 people responding. Of those responding, 34% were between the ages of 54-65, and 30% were between the ages of 44-55. Only five percent of responses were age 65 or older.

Review of Relevant Publications

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

- 2020 American Community Survey
- Datausa (<https://datausa.io/profile/geo/lamoille-county-vt>)
- VT County Health Rankings: Lamoille County (2020)
- Kaiser Family Foundation (2021)
- Healthy Vermonters 2020 Quick Reference Guide (2017)
- [HealthVermont.gov](https://www.healthvermont.gov) 2021
- Vermont Department of Health
- National Center for Biotechnology Information 2021
- National Institute on Drug Abuse 2020
- America’s Health Rankings 2020
- National Centers for Disease Control and Prevention
- Robert Wood Johnson Foundation, 2020

PRIMARY HEALTH NEEDS IDENTIFIED

Healthcare Need #1: Mental Health

As in the 2018 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 2019, the rate of suicide deaths in Vermont was 16 per 100,000 people - up from 15.3 in 2015. The State rate of suicide deaths is 13.9. The Healthy Vermonters 2020 target is 11.7 deaths per 100,000.*

Among Vermont adults who reported symptoms of anxiety and/or depressive disorder, 24.2% reported needing, but not receiving, counseling or therapy (Source: Kaiser Family Foundation April 2021). According to Kaiser, the states with the highest percentage of adults reporting symptoms of anxiety and/or depressive disorder but not receiving care are Vermont (38.8%), South Dakota (35.9%), Idaho (32.5%), Connecticut (31.9%), and Louisiana (31.6%).

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 (2021):

- 22.4 percent of Vermonters report being depressed (2020); 14% reported frequent mental distress.
- In Vermont, 51.0% of adults with mild mental illness; 44.3% of adults with moderate mental illness; and 25.6% of adults with serious mental illness in the past year did not receive mental health treatment.

*Healthy Vermonters 2020 Quick Reference Guide

When patients come to Copley's Emergency Department (ED), 85% are screened for suicidality using the **Columbia Suicide Severity Rating Scale**.*. (Not all ER patients require this kind of screening).

Patients are also asked about their housing situation when they visit the ED (e.g. Do they live with others? Do they live alone?). They are not screened for housing or food insecurity unless they are referred to the Community Referral Specialist for an identified need. The specialist then screens them for those social determinants.

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 Day Emergency Room Care Coordinator/Social Worker who is embedded into the ED and who serves as a liaison with our community partners.

Approximately 100 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, as a number of working individuals/ families come to the ED in the evening.

Worth noting: During the Covid pandemic, Copley has not seen as many mental health patients as it does in a typical year. While the trends (prior to Covid) indicated a rise in suicide and mental health occurrences in the winter months, Copley currently continues to see more patients with these symptoms in the summer months.

Patients who do present at our ED and undergo screening are often referred to a Community Referral Specialist who connects them to other individuals and services that can help them address the issues with which they are struggling. In many cases, these patients are unaware of the services that are available to them. Despite the Covid-19 pandemic, A total of 1,222 referrals were made to the Community Referral Specialist between May of 2019 and May of 2020 and according to the Community Referral Specialist, 1,369 referrals were made between May 1, 2020 – April 30, 2021. The reasons for the referral included connecting patients to a Primary Care Practitioner, finding a mental health counselor, finding a dentist, housing insecurity, lack of transportation, food insecurity, domestic violence, child endangerment, and other support services.

***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 # 2 and 4: Obesity / Poor Eating Habits

Obesity and poor eating habits took the number two and four spots in our 2021 Community Health Needs Assessment survey, indicating a fairly high level of concern among people in our service area about the growing problem of poor nutrition and food insecurity.

According to America's Health Rankings (2020), 26.6% of Vermonters are clinically defined as "obese." According to the National Centers for Disease Control and Prevention:

- 55% of Vermont adults are overweight or obese.
- 26% of Vermont high-school students are overweight or at risk of becoming overweight
- 30% of low-income children between 2 and 5 years of age in Vermont are overweight or at risk of becoming overweight.

In Vermont, 14% of youth between the ages 10 to 17 have obesity, giving Vermont a ranking of 28 among the 50 states and D.C.; and the highest ranking (1) among the six New England states. (Source: Robert Wood Johnson Foundation, 2020)

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.

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 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 local Farmers' Markets. Through referrals to the Recovery Center and the Community Referral Specialist, Copley puts patients in touch with these programs.

Copley also participated in VT Everyone Eats! VT Everyone Eats! (VEE) provides nutritious meals to Vermonters in need of food assistance, as well as a stabilizing source of income for Vermont restaurants, farmers, and food producers. Funded by the Vermont Legislature to address COVID impacts, VEE is administered by [Southeastern Vermont Community Action, SEVCA](#). Finally, the VT Foodbank's Veggie Van Go program makes deliveries of fresh food and produce to schools and hospitals across Vermont. Copley is currently exploring a collaboration with this program.

Healthcare Need #3: Substance Abuse

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

Substance abuse is defined 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 opioids totaled 127 in 2018 (a rate of 22.8 per 100,000 standard population) and have remained steady since 2016.
- Deaths involving synthetic opioids other than methadone (mainly fentanyl and fentanyl analogs) have trended up from 33 (a rate of 5.6) in 2015 to 106 (a rate of 19.3) in 2018
- Heroin-involved deaths are also rising with 68 deaths (a rate of 12.5) in 2018.
- Prescription opioids have remained steady with 27 deaths (a rate of 4.4) in 2018.

As well, according to the Vermont Department of Health:

- Marijuana use among youth and adults is increasing.
- Vaping use among high school students increased eight-fold between 2017 and 2019.
- Among high school students, peer and perceived parental disapproval of marijuana use have decreased over the past decade.
- Over the past five years, two-thirds of operators involved in fatal crashes suspected of driving under the influence of drugs had THC in their systems.

*National Center for Biotechnology Information, 2021

**National Institute on Drug Abuse - April 2020

Recovery Services

To address this growing problem, patients who present at our 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 the NCVRC, the Copley's ED called on them 146 times for 86 unique patients (2020); and 78 times for 63 unique patients (Jan - July 2021).

Copley makes Harm Reduction Kits (HRKs) containing Narcan (and associated literature) available as well as referrals to organizations that can help, such as The Howard Center, which provides a clean needle exchange bus. Copley has partnered with the Recovery Center to create these HRKs and to distribute them to all EMS and first responders in the area.

Copley also has a drop box where unused and/or unwanted prescription meds and opioids can be dropped off.

Access to Preventative Care

While Access to Preventative Care fell to the number five spot in our communities’ list of primary concerns, it 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. 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 Practitioner; 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.

Access to Preventative Care during Covid-19

Access to Preventative Care during the Covid-19 pandemic was (and remains) of great concern to the communities within our service area, and Copley has remained on the front lines of providing care to the communities we serve. Through partnerships and collaboration with local organizations and other care providers, over 14,000 vaccine doses were given to community members (as of August, 2021) with numerous area volunteers and organizations participating.

Copley also worked closely with over forty area organizations as part of a Covid Response Team that met regularly to assess the needs of our service area, share updates, procure Personal Protective Equipment, and overcome barriers and obstacles in order to coordinate and provide care to those who needed it. As the pandemic has stretched into the Fall of 2021, those efforts are continuing.

Trends

Vermont is one of the most rural states in the nation based on the size of its cities and towns, and access to a physician for 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, not only in terms of its general population, but also its physicians and primary care providers. According to the Vermont Department of Health:

- In 2018 there were 2,473 physicians providing patient care in Vermont. This includes 2,339 Medical Doctors and 134 Doctors of Osteopathy. 615 of these provided mainly primary care, and 627 provided “any” primary care, corresponding to 435.9 Full Time Equivalents (FTEs) – down from 468.6 FTEs in 2016.
- Thirty six percent of primary care physicians in VT are over age 60, as compared with 29% in 2014, 19% in 2008, and 9% in 2002. Forty three percent of primary care internists are over age 60. In seven of Vermont’s 14 counties, 41% or more of the primary care physicians are over age 60: Lamoille (52%), Bennington (50%), Caledonia (50%), Windham (48%), Franklin (42%), Orange (42%), and Windsor (41%). What’s more, 15% of primary care physicians reported plans to retire or reduce hours in Vermont within 12 months.
- 81% of primary care physicians (in office settings) still accept new patients, but only 78% accept new Medicaid patients and only 74% accept new Medicare patients. In Lamoille County, 84% of physicians accept new patients.
- Vermont saw a drop of 32.7 primary care FTEs between 2016 and 2018, a 7% drop, as some physicians have retired and/or reduced their work hours. Between 2008 and 2018 primary care FTEs in Vermont declined by 62.3 (13%).

In Lamoille County, there are 16 FTE physicians, resulting in a ratio (physicians to population) of 1:1,578.*

While these trends are not particularly promising, Vermont remains among the most healthy states in the country. As our population and its medical providers age, access to primary and preventative care will continue to be a concern.

*Source: <https://www.healthvermont.gov/health-statistics-vital-records/health-care-systems-reporting/health-care-workforce>

Findings - 2021 CHNA Survey Monkey Summary Part One: Communities Represented in the Survey*

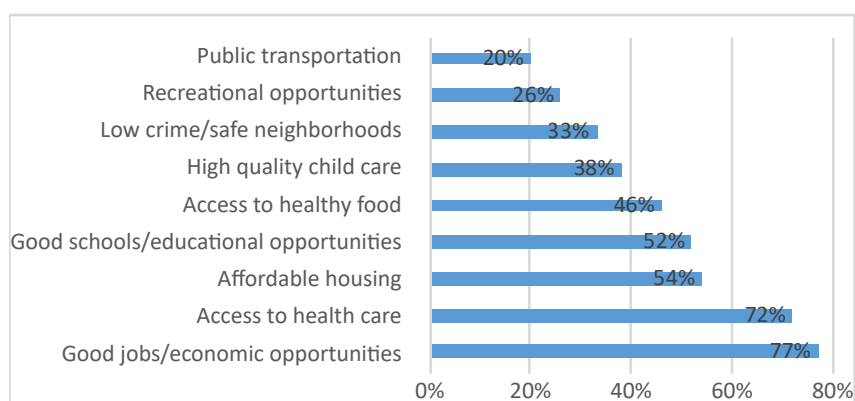
Albany	1	Barton	1	Belvidere Center	1
Cabot	2	Craftsbury	4	Craftsbury Common	1
Danville	1	E. Hardwick	1	Eden	2
Eden Mills	1	Enosburg Fls	1	Essex Jct	2
Hardwick	6	Hyde Park	16	Jeffersonville	2
Jericho	2	Johnson	5	Lake Elmore	1
Morrisville	18	Northfield	1	North Troy	1
Orleans	1	Richford	1	Stowe	6
So. Burlington	1	Waterbury	1	Waterbury Center	1
Waterville	1	Woodbury	1	Worcester	1

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

Part Two: General Community Needs Assessments and Questions:

Copley Hospital surveyed residents in the communities we serve between April 9 and May 20, 2021. A total of 159 people responded. The first three questions are based on each respondents' personal perceptions and opinions:

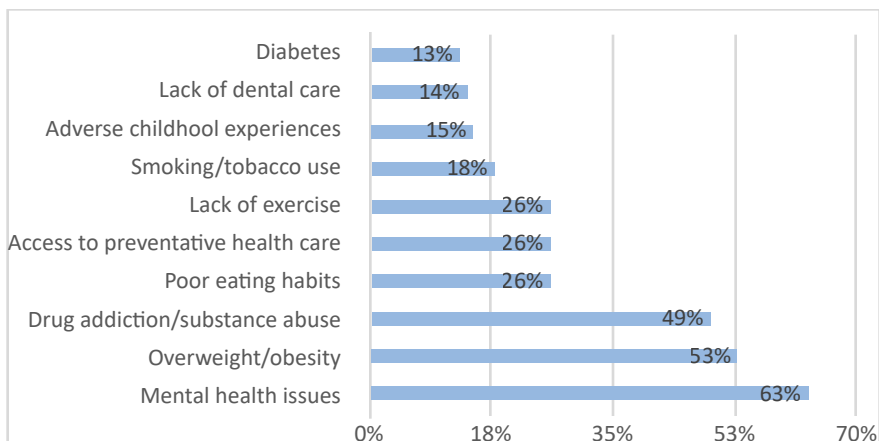
1. [In your opinion] What are the most important factors that contribute to a healthy community?



Top three factors contributing to a healthy community:

- Good jobs/economic opportunities (77%)**
- Access to health care (72%)**
- Affordable housing (54%)**

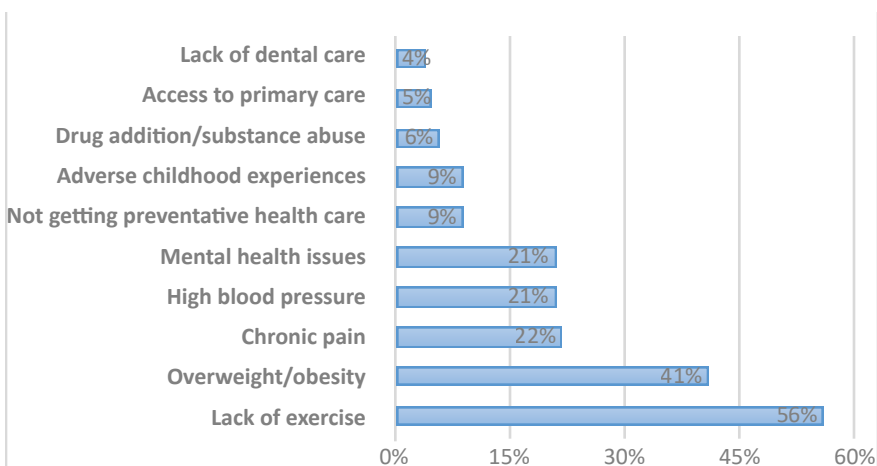
2. [In your opinion] What are our community’s top health challenges?



Top three health challenges in our community:

**Mental health issues (63%)
Obesity / Poor eating habits (53%)
Substance Abuse (49%)**

3. What are your personal health issues/challenges?



Respondents’ top three personal health challenges:

**Lack of exercise (56%)
Overweight / obesity (41%)
Chronic pain (22%)**

4. Over the past year, were you able to obtain the following health care services? (Responses represent the percentage of respondents who answered the question).

<u>Service</u>	<u>Yes</u>	<u>No</u>	<u>Not Applicable</u>
Preventative care (e.g. annual exam)	83%	6%	11%
Acute/sick care with a doctor	63%	3%	34%
Dental care (for kids)	38%	2%	60%
Dental care (for adults)	81%	7%	12%
Prescription or over the counter drugs	89%	0%	1%
Labs / X-rays	81%	0%	19%
Physical or Occupational Therapy	46%	0%	54%
Mental health care or counseling	18%	9%	73%
Pediatric care	26%	0%	74%
Home health services	10%	0%	90%
Long Term Care services	3%	0%	97%
Support services for special needs	2%	0%	98%
Palliative care	4%	0%	96%
Assistance obtaining community resources	4%	2%	94%
Personal health care	96%	2%	2%
Dental care	100%	0%	0%
Medical supplies	13%	2%	85%
Eyeglasses	84%	2%	14%
Eye care	87%	9%	4%

5. Over the past year, if you were unable to get the health care services you needed, what was the cause? (Responses represent percentage of responders who answered the question).

Cause	Clinic	PCP*	Other Services	N/A
Inconvenient appt. time	4%	8%	4%	84%
Wait time for appt. too long	8%	11%	2%	79%
Provider/Service not taking new patients	3%	7%	4%	86%
Provider did not accept my insurance	4%	4%	1%	91%
Lack of transportation	1%	0%	0%	99%
Could not get time off	2%	5%	0%	93%
Did not have insurance	0%	2%	0%	98%
Did not have a Personal Care Provider	1%	5%	0%	94%
Could not afford co-pay or deductible	5%	6%	3%	86%

****Personal Care Provider***

Part Three: Demographics of Survey Respondents. (Numbers represent percentage of responders who answered the question)

Gender Identification:

Male: 25%
 Female: 74%
 Identify as other: 1%

Marital Status:

Married: 81%
 Divorced: 9%
 Single: 6%
 Separated: 2%
 Widowed: 2%

Education:

Masters degree 37%
 Bachelors degree 26%
 Doctorate 20%
 Associates degree 7%
 Some college 6%
 High school degree 4%
 Some high school 0%

Income:

\$100k + 39%
 \$200k + 26%
 \$50k - \$99k 13%
 \$15k - \$25k 4%
 \$35k - \$50k 4%
 \$5k - \$10k 2%
 \$25k - \$35k 2%
 \$10k - \$15k 0%
 Less than \$5k 0%

Age:

55 - 64 34%
 45 - 54 30%
 25 - 34 14%
 35 - 44 13%
 18 - 24 4%
 65 - 74 4%
 75+ 1%

Employment

Full Time: 53%
 Retired: 22%
 Part /Time: 13%
 Self: 6%
 PT (more than 1 job): 2%
 Unemployed: 2%
 Homemaker: 2%

How do you pay for healthcare?

Private Insurance 81%
 Other 7%
 Medicare 4%
 Medicaid 4%
 Cash 3%
 VT Health Connect 1%

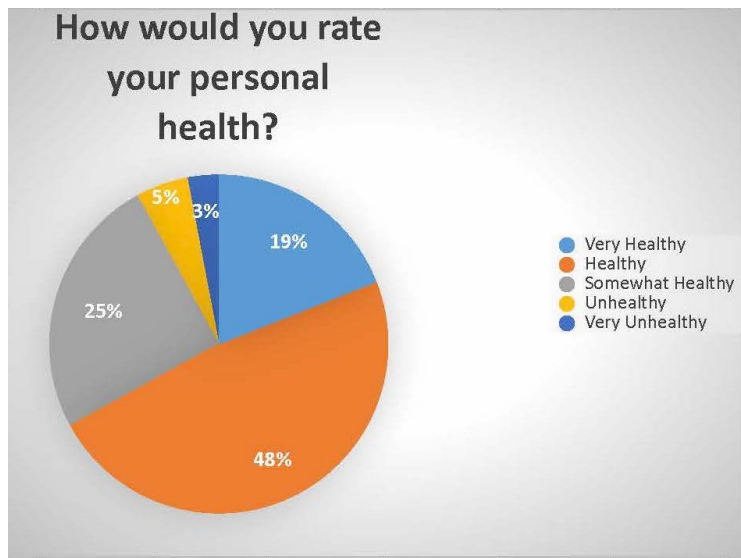
Do you have a P. C. Provider?

Yes 91%
 Yes (Women's Ctr) 7%
 No 6%

Do you have:

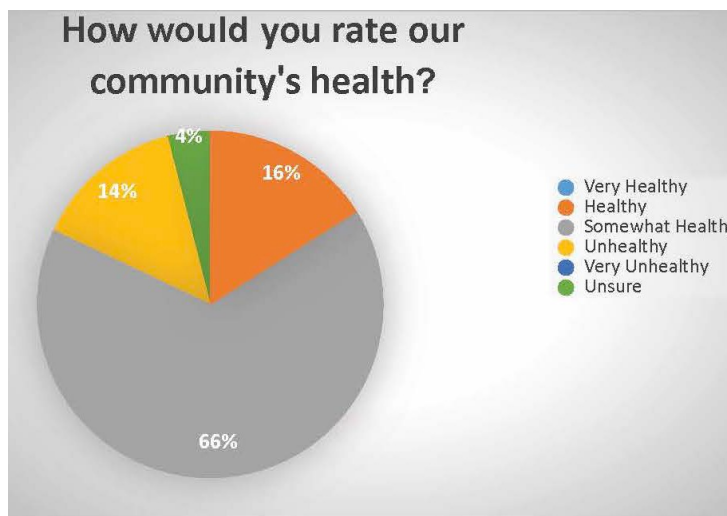
A Dentist	Yes: 100%	No: 0%	N/A: 0%
An Eye Care Provider	Yes: 87%	No: 9%	N/A: 5%
A Mental Health Counselor	Yes: 21%	No: 50%	N/A: 29%

Part Three: Specific question asked of Survey Respondents. (Numbers represent percentage of responders who answered the question)



How would you rate your personal health?

- Healthy: 48%
- Somewhat Healthy: 25%
- Very Healthy: 19%
- Unhealthy: 5%
- Very Unhealthy: 3%



How would you rate our community's health?

- Somewhat Healthy: 66%
- Healthy: 16%
- Unhealthy: 14%
- Unsure: 4%
- Very Healthy: 0%
- Very Unhealthy: 0%

Part Three (con't): Specific question asked of Survey Respondents. (Numbers represent percent-age of responders who answered the question)

How many adults (18+) live in your household?

1: 11% 2: 81% 3: 4% 4: 4% 5+: 0%

How many adults (65+) live in your household?

0: 51% 1: 14% 2: 34% 3: 0% 4+: 0%

How many children (0-4) live in your household?

0: 92% 1: 6% 2: 0% 3: 2% 4+: 0%

How many children (5-17) live in your household?

0: 79% 1: 13% 2: 8% 3: 0% 4+: 0%

Part four: The following questions are related to services provided by Copley Hospital. (Numbers represent the percentage of respondents who answered the question, and may not equal 100% due to more than one Copley services being used.)

Which Copley Practice Clinic do you use for health care?

Women's Center	24%
Mansfield Ortho - Morrisville	22%
Multi-Specialty Clinic	13%
Rehab - Morrisville	11%
Rehab - Mansfield Ortho	7%
Rehab - Tammarack	6%
Mansfield Ortho - Waterbury	5%
Cardiac/Pulmonary Rehab	2%
Rehab - Hardwick	0%

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

Mansfield Ortho	31%
OBGYN - Midwifery	23%
Outpatient services	20%
Breast Care	18%
Rehab	16%
Surgical Center	16%
General Surgery	14%
Cardiology	11%
“Other” (e.g. radiology)	8%
Pain Management	7%
Neurology	6%
Podiatry	4%
Urology	4%
Nutrition counseling	3%
Sleep disorders	3%
Sports medicine	2%
Pulmonary services	1%
Respiratory Therapy	1%
Oncology	0%

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

Yes:	43%
No:	57%

If yes, did we meet your expectations?

Yes:	84%
No	16%

How could Copley Hospital improve community access to health care?

More mental health providers	54%
Provide transportation	44%
Provide educational services	38%
Tele-medicine	34%
Provide more substance abuse counseling	30%
Bring on more alternative medicine providers	28%
Provide more cultural sensitivity	22%
Provide longer hours for outpatient services	22%
Improve the quality of care	20%
Bring on more specialists	20%

How do you learn about available health care services?

From my health care provider	65%
Word of mouth	63%
From the Internet	44%
Newspapers	13%
Radio	12%
Social Media	10%
From presentations	6%
Yellow pages	2%
Television	2%

Part Five: Questions related to COVID-19

How did COVID-19 impact you / your household?

Noticeable, but minor changes:	46%
Significant, major changes:	30%
Minimal impact	17%
No impact	7%

In your opinion, what/how did COVID-19 impact our community the most? (Respondees were invited to list more than one)

Interruption to business / business services	66%
Interruption to education	56%
Income or job loss	50%
Limited access to health or mental health care	26%
Limited access to food, transportation, or personal care	22%

Did COVID impact your ability to access health care?

No	49%
Partially (some procedures delayed)	42%
Significantly (all procedures delayed)	4%
Not applicable	5%

Did you take advantage of virtual or home health care options? (Respondees were invited to list more than one)

No	48%
Yes, video visits	41%
Yes, telephone visits	27%
Yes, Copley patient portal	2%
Yes, other options	5%

What Copley COVID resources did you take advantage of?

Vaccination clinic	64%
COVID testing services	55%
Information from health care providers	7%
VT Everyone Eats!	4%

2021 Community Health Needs Assessment - Appendix I

Demographics

As part of its Community Health Needs Assessment, Copley Hospital took two community surveys, one on 4/13/21 and a second one on 4/30/21. As the results of the 4/13 survey show, the population of Copley Hospital's service area is primarily white/caucasian, heterosexual, and identifies as either male or female.

Note: These demographic questions were not asked in the 4/30 survey.

In the 4/13 survey, which had 55 responses, the answers to various demographic questions resulted in the following findings:

Sexual Identity:

87% identified as heterosexual
3.7% identified as Bi/Pan Sexual
1.85 identified as Gay
1.85% identified as Queer
1.85% identified as "not heterosexual"
0% identified as non binary or transgender
5.6% did not respond to the question

In terms of sexual identity, approximately 9% of respondents (5 out of the 55) identified in such a manner as to be considered part of a "diverse" population. Broken down:

Two identified as Bi or Pan Sexual (ages 35 - 54).
One identified as Queer (age 25-34).
One identified as Gay age (35-44).
One identified as Not Heterosexual (age 65+).

Of these five:

Three indicated they have a mental health counselor.
Three indicated issues with obesity and/or lack of exercise .
Two indicated Adverse Childhood Experiences.

These five individuals also indicated the following Issues/concerns in the comments sections of the survey:

"There are giant gaps in mental health services."
"There are not enough recreational facilities, especially for seniors."
"There appears to be a stigma among healthcare providers for patients with substance abuse issues."
"Patients feel judged and, for that reason, often do not seek treatment."

Primary health concerns within this “diverse” group:

1. Obesity
2. Mental Health
3. Adverse Childhood Experiences High Blood Pressure
4. Lack of Exercise Cancer

Of the 5:

- None reported being unable to obtain the health care they needed.
- One reported difficulty obtaining healthcare due to providers no longer accepting new patients.
- One reported difficulty obtaining healthcare due to appointment wait times being too long.
- One reported postponing healthcare due to cost or postponed appointments. Covid-19 may have played a part in this.

It appears that members of what might be called a “diverse” population have not had significant trouble obtaining healthcare any more or less than members of the “non-diverse” population.

Gender:

75% identified as female.

24% identified as male.

1% identified as other.

In terms of gender, only 1% of respondents identified in such a manner as to be considered part of a “diverse” population.

Race:

90% identified as white/Caucasian.

1.85% identified as Asian or Pacific Islander.

1.85% identified as Hispanic/Latinx.

1.85% identified as Multi- or Bi-racial.

1.85% identified as ‘race not listed here’.

5% did not respond to the question.

In terms of race, 7.4% of respondents identified in such a manner as to be considered part of a “diverse” population.