



2015 Community Health Needs Assessment Implementation Plan

The Implementation Plan describes BMH's strategies for meeting the goals and objectives identified through the 2015 CHNA process.



Brattleboro Memorial Hospital
EXCEPTIONAL CARE FOR OUR COMMUNITY



2015 Community Health Needs Assessment Implementation Plan

Brattleboro Memorial Hospital

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Executive Summary

Hospitals are increasingly taking on the challenging work necessary to improve population health by partnering with a diverse group of community stakeholders to address the drivers and conditions identified in their Community Health Needs Assessments (CHNAs). Hospital CHNA Implementation Plans vary based on each hospital's unique characteristics, capabilities and goals.

Brattleboro Memorial Hospital (BMH) has developed an Implementation Plan to address the needs identified in the 2015 Community Health Needs Assessment that was posted on BMH's website in December of 2015 at <http://www.bmhvt.org>.

From this Community Health Needs Assessment, BMH has identified the following priorities to focus on from 2015-2018.

- **Mental Health**
- **Obesity**
- **Substance Abuse**
- **Aging**
- **Dental Health Problems**
- **Difficulty Navigating the Healthcare System**
- **Transportation**
- **Culturally Competent Medical Staff**

The Implementation Plan describes BMH's strategies for meeting the goals and objectives identified for each of these needs. These strategies, goals and objectives are supported by Brattleboro Memorial Hospitals Board of Directors, Senior Leadership and medical staff.

The proposed Implementation Plan was presented to the Windham County Wellness Council, a large group of community stakeholders, on 1/25/2016.

The proposed Implementation Plan was brought to Senior Leadership for feedback and approval on 1/26/2016.

The proposed Implementation Plan was brought to the BMH Medical Executive committee on 1/27/2016.

The Implementation Plan was approved and adopted by the BMH Board of Directors on 2/9/2016.

Process of Assessing Community Health Needs

The 2015 Community Health Needs Assessment was conducted in collaboration with Grace Cottage Hospital and The Brattleboro Retreat. In addition there was consultation with the Brattleboro office of the Vermont Department of Health.



The process of conducting the CHNA was comprehensive. Methodologies employed to conduct the survey included extensive data collection through an on-line and hard copy community survey, a focus group with organizations serving minority, low-income and medically underserved populations, and meeting with Brattleboro Memorial Hospital medical staff, Senior Leadership and community stakeholders. The community health needs were prioritized as follows:

Priority	Community Need
High Priority	*Mental Health *Obesity *Substance Abuse
Medium Priority	*Aging *Dental Health Problems *Difficulty Navigating Healthcare System
Low Priority	*Transportation *Culturally Competent Medical Staff

Criteria Used to Identify the Health Needs Addressed in the 2015-2018 BMH Implementation Plan

The following criteria were used to identify the community health needs that Brattleboro Memorial Hospital would focus on from 2015 to 2018:

- Ability of the organization to allocate financial resources to address the need
- Ability of organizational expertise and clinical strengths to competently address the need
- Presence or absence of alignment with organizational strategic initiatives
- Community prioritization of health needs
- Impact of problem on population health

Health Needs Selected and Prioritized

Mental Health

Mental health needs were identified both by the community and by BMH Senior Leadership as a significant problem within the hospital service area (HSA).

In Windham county 24% of the adult population has reported diagnosis for a depressive disorder.¹ Adults in homes making \$50,000 or more are significantly less likely to report a depressive disorder than those with incomes less than \$25,000 (15% vs. 36%).²

The percentage of the Medicare population with depression is higher in Windham County than the United States as a whole (15.45%).³



In addition to age impacting depression, race and ethnicity are reported by the Vermont Department of Health to affect the rates of depression. Minorities in Vermont are 2 1/2 times more likely to report that they have moderate to severe depression; and, nearly twice as likely to have been diagnosed with both an anxiety and depression disorder when compared to non-Hispanic whites.⁴

It is also important to note that, according to the Vermont Department of Health, risk factors for suicide include depression and other mental health diagnoses.⁵ During the Minority, Low-income and Medically Underserved Population focus group, mental health issues were a significant concern among all of these populations. Inclusive of the mental health issues cited were Alzheimer's, anxiety, bipolar, borderline personality disorder, dementia, depression, PTSD, and undiagnosed mental health issues.

Organizational Goal Related to Mental Health Needs

Brattleboro Memorial Hospital's goal is to provide ongoing screening and intervention for mental health diagnoses. Brattleboro Memorial Hospital will enhance community partnerships and collaborations to provide comprehensive and holistic care for those individuals with mental health diagnosis.

Action Plan:

1. The local Regional Clinical Performance Committee (RCPC) works with community agencies with goals of decreasing ER admissions for mental health disorder and improving the quality of life for these individuals. BMH will provide leadership and staff participation for the RCPC.
2. BMH-owned Patient-centered Medical Homes will conduct ongoing screening for depression and other mental health disorders. The practices use the PHQ-9 and the PHQ-2 for depression screening and assessment of progression. If the screening results are positive, the practices refer to the Community Health Team and appropriate community agencies.
3. Just So Pediatrics will house a .2 FTE mental health clinician readily available from Healthcare and Rehabilitation Services (HCRS) to be an embedded clinician to see families and children with mental health diagnoses.
4. Just So Pediatrics and Primary Care will continue to participate in ongoing quarterly COR (Collaborative Office Rounds) meetings organized by The Retreat to educate pediatricians and family practitioners on adolescent mental health and systems issues.
5. BMH will continue to provide supplemental, in-kind support of the Windham County Community Health Team, the staffing of which includes a Behavioral Specialist with CHT Behavioral Specialist and practice staff implementing and tracking SBIRT methodology.
6. Enhance BMH's relationship and partnership with Brattleboro Pastoral Counseling, Otter creek, Anna Marsh, HCRS, Youth Services, and other private providers to enhance access of availability of mental health providers.



Anticipated Impact of Actions and Plan for Evaluating Impact

<u>Anticipated Impact of Actions</u>	<u>Plan for Evaluating Impact</u>
<ul style="list-style-type: none"> • Decrease in ED visits with mental health patients being case managed by the RCPC(Integrated Communities Care Management Collaborative) • Increased screening within Medical Homes for depression and mental health disorders • BMH practices will pilot SBIRT methodology which is Screening(S) and/or Brief Intervention (BI) and Referral (R) to Treatment (T) with substance abuse disorders, as well as, those who are at risk of developing these disorders. Staff will be funded to attend SBIRT training. 	<ul style="list-style-type: none"> • Monitor number of ED visits with community case managed individuals • Periodic running of practice data reports to evaluate referral status of patients screened • Screenings will be quantified and tracked
<ul style="list-style-type: none"> • Just So Pediatrics and Primary Care to track COR participation and education provided 	

Organizational Resource Allocation:

BMH will fund:

1. Staffing for leadership and for participation in:
 - a. Regional Clinical Performance Committees
 - b. SBIRT methodology training for BMH staff
 - c. Participation in state-wide initiatives to improve availability of and access to mental healthcare
2. Office space support of an embedded HCRS mental health worker in Just So Pediatrics
3. Supplemental support of the Windham County Community Health Team

Collaboration

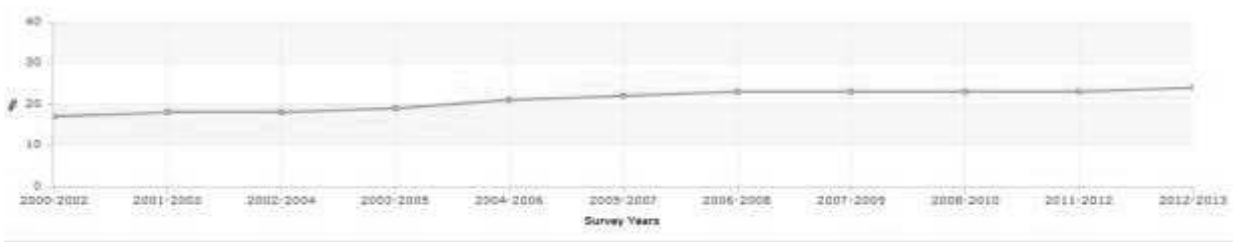
Brattleboro Memorial Hospital will continue to develop and expand robust community partnerships to enhance the provision of community-based care. These partnerships include, but are not limited to: The Brattleboro Retreat, Healthcare and Rehabilitation Services, Support and Services at Home, The



Vermont Chronic Care Initiative, skilled nursing home facilities, and additional mental health community partnerships to address mental health needs.

Obesity

The terms “obesity” and “overweight” refer to a body weight that is greater than what is considered healthy for a certain height. Both are measured using a Body Mass Index (BMI) with obesity being categorized as a BMI of 30 or greater.⁶ In 2013, 24% of adults age 20 and older in Windham County were considered obese.⁷



⁸Windham County Percent of Adults age 20+ who are obese

Organizational Goal Related to Obesity

Brattleboro Memorial Hospital is committed to the promotion of health and wellness in Windham County. The organization is aware of the significant positive impact of early screening and educational intervention in the prevention of obesity and the co-morbid conditions associated with obesity including, but not limited to heart disease, high blood pressure, Type 2 Diabetes, respiratory problems, and certain cancers.⁹

Action Plan:

1. Early Pediatric practice obesity screening and intervention.
 - Just So Pediatrics has participated in Vermont Child Health Improvement Project (VCHIP) aimed at early intervention with childhood obesity.
 - In February 2016, the Community Health Team will expand to include a .2 FTE LPN position to Brattleboro Primary Care’s pediatric department. This new CHT member will participate in childhood obesity education programs and make referrals of children and families to the Community Health Team’s Health Coach for nutrition and exercise education.
2. BMH supports staffing for the ongoing Taking off Pounds Sensibly (TOPS) program.
3. The Community Health Team offers walking groups, cooking classes, yoga, and Tai Chi to the community and hospital staff.



4. BMH Health Coach attends community committees and coalitions to work to make “the healthier choice, the easier choice” i.e. teaching food pantry/shelves employees how to prepare healthy food. The CHT Health Coach is an active member of the Hunger Council, comprised of 25-40 community members who have an interest in addressing food insecurity. The Health Coach held a workshop on 1/21/2016 at the Drop-in Center to offer a cooking demo on soup making with ingredients available at the food shelves.
5. Explore recording of Wellness in Windham County Calendar healthy nutrition classes through BCTV.
6. Explore re-institution of employee wellness program.

Anticipated Impact of Actions and Plan for Evaluating Impact

<u>Anticipated Impact of Actions</u>	<u>Plan for Evaluating Impact</u>
<ul style="list-style-type: none"> • More aggressive early intervention within pediatric practices to identify children who are obese or at-risk for becoming obese • Increase ability of population served to make the “healthy choice, the easy choice” 	<ul style="list-style-type: none"> • Data collection on selected pediatric patients to track BMIs over time • Evaluate and track participation in TOPS classes • Track number of healthy cooking classes offered in health service area and monitor participant attendance rates and program evaluation
<ul style="list-style-type: none"> • Address BMH employee obesity through exploration of reviving Workforce Wellness Committee 	<ul style="list-style-type: none"> • Discuss and evaluate feasibility and program components with Senior Leadership

Organizational Resource Allocation:

Fiscal support of:

1. Enhanced supplemental staffing in Community Health Team
2. Staff salary costs to maintain Patient-centered Medical Home National Council of Quality Assurance standards and practice infrastructure to support evidence-based quality care
3. Wellness in Windham County Health Education Programs and Vermont Blueprint for Health Self-management programming
4. Organizational membership and staff attendance at community partner meetings including Fit & Healthy Kids Coalition and the Hunger Council



Collaboration:

Brattleboro Memorial Hospital collaborates extensively with Grace Cottage Hospital and The Brattleboro Retreat to provide pro-active health and wellness education in the Community. BMH participates in relevant community coalitions and councils which will continue.

Substance Abuse

Heroin-related fatalities have risen sharply in Vermont starting in 2013.¹⁰ In 2014, there were 88 drug-related fatalities in Vermont, of which 67 involved an opioid.¹¹

The focus group that was conducted in April of 2015 with participants of 13 agencies and organizations that served minority, low-income and medically underserved populations, identified alcoholism and substance addiction as a significant area of concern among these underserved populations.

Organizational Goal related to Substance Abuse

Brattleboro Memorial Hospital is committed to taking an active role in the care, treatment and mitigation of substance abuse in Windham County. Having made this commitment, the organization recognizes the importance of partnerships in this effort to decrease the substance abuse epidemic in Windham County. These partnerships bring needed addictions medicine expertise to the effort. These partners include, but are not limited to The Brattleboro Retreat, Healthcare and Rehabilitation Services, the Brattleboro Area Prevention Coalition, the Vermont Department of Health, and the Hub & Spoke state-wide infrastructure.

Action Plan:

1. Support Regional Clinical Performance committee (RCPC) work with substance abuse population.
2. Improve coordination and transition of care communication for patients with addictions.
3. Maintain active BMH Narcotics Task Force.
4. Practice-wide implementation of Medical Screening (MED Score).
5. Continual collaboration/contractual agreement with The Brattleboro Retreat to administer Windham County Hub & Spoke services and treatment (Medicaid supported). BMH serves as the administrative entity for the Windham County Spoke.



6. Explore opportunities within BMH medical staff to increase number of office-based Suboxone prescribers.
7. Enhance screening and treatment protocols for pregnant women with opioid addiction diagnoses.
8. Explore possibilities for training Hub & Spoke Medication Assisted Treatment Team in co-occurring disorders.
9. Host quarterly meeting of area Pharmacists and Medical Staff.
10. Implement SBIRT methodology into MD practices to enhance early identification and treatment of substance abuse disorders.
11. Continue use of CRAFFT screening tool for adolescents in BMH pediatrics.

Anticipated Impact of Actions and Plan for Evaluating Impact

<u>Anticipated Impact of Actions</u>	<u>Plan for Evaluating Impact</u>
<ul style="list-style-type: none"> • Improve case management of complex patients with substance abuse disorder 	<ul style="list-style-type: none"> • Ongoing data collection on ER utilization by case managed complex patients
<ul style="list-style-type: none"> • Explore opportunities to increase number of available Suboxone prescribers in BMH Medical Specialty Community (inclusive of Ob/GYN providers) • Increased communication between Pharmacists and Medical Staff regarding substance abuse 	<ul style="list-style-type: none"> • Schedule meetings with potential prescribers to educate them about Windham County Hub & Spoke Program and addiction medication • Evaluation of patient population MED Scores • Pediatric practice to evaluate effectiveness of CRAFFT screening
<ul style="list-style-type: none"> • Implement SBIRT methodology into BMH-owned practices 	<ul style="list-style-type: none"> • Evaluate SBIRT methodology by tracking number of post screening referrals

Organizational Resource Allocation:

Financial support of:



1. Staff resources to attend Screening, Brief Intervention, Referral, and Treatment (SBIRT) trainings and to implement the methodology in the Primary Care Physician's practices
2. Staff resources to participate in Narcotics Task Forces
3. Staff resources for management and staff participation in Communities Care Management Learning Collaborative
4. Blueprint Project Manager to administer Windham County Spoke Program
5. Provision of meeting space and meals for Pharmacist/Medical Staff meetings

Collaboration:

Brattleboro Memorial Hospital will be engaging with medical, mental health, pharmacist community partners and organizations, including BAPC and the Prescription Drug Group, to identify patients at risk and provide comprehensive community care coordination to support these individuals to receive needed resources that focus on treatment of addiction and improvement of quality of life.

Aging

The average age of Windham County residents is steadily increasing. The 2013 population in Windham County 65 years and older was estimated to be 16.9%. According to the Vermont Department of Health, the prevalence of heart disease, diabetes and chronic obstructive pulmonary disease among adults in the Brattleboro Health District all increase with age.¹²

The elderly are more at risk for serious injury and hospitalization for falls. As of 2011, the number of fall-related deaths for Vermont adults aged 65+ per 100,000 people was 95.1, while the number for Windham County adults aged 65+ per 100,000 was 147.2.¹³ Between 10/1/2014 and 9/30/2015 there were 1091 ED visits for falls. This represented 8% of all ED visits.

Within the Brattleboro Health District only 62% of adults 65 and older reported getting a flu vaccine, which is similar to the overall Vermont rate of 64%.¹⁴

Organizational Goals Related to Aging

Brattleboro Memorial Hospital is committed to implementing strategies to enhance the quality of life for elders in its primary and secondary service area.

BMH Senior Management and its Board of Directors have identified aging individuals as a segment of the population for whom resources should be allocated.

Action Plan:

1. Finance and maintain Post-Acute Care Department to provide quality care to elders in skilled nursing facilities and nursing homes. The Post-Acute Care Department is staffed by one MD



(internist) and an Advanced Practice Registered Nurse. Post-Care Acute Care Quality Work includes:

- Wound Care: Protocol for what gets referred to the wound center. When a patient has a wound, protocol for how often they get seen and by whom. Diabetes management in LTC.
 - Antibiotic use: PA-C joined antibiotic stewardship program within the Hospital. Creating protocol for when antibiotics are used and standardize which antibiotics get used.
 - Narcotic/Anti-psychotic use in the Hospital: Looking at when and how narcotics are given to LTC and rehab patients. Reduce poly pharmacy.
 - Rehab: Looking at length of stay and number of referrals. Creating protocol for how long someone stays in rehab and what is examined when they are in rehab. Rehab patients get seen once a week. PA-C is looking at setting criteria for what they review on rehab patients. Doing this in concert with our ACO, Genesis (PT for VG and TH) and Home health agencies. Trend LTC/BMH ER and admissions.
 - Discharge Planning: Working with Care Management at BMH to have care conferences when a patient is d/c from BMH and going to nursing home. Looping admissions at the NHs into this conversation. PA-C is also attending ICC rounds as a result when applicable. Explore options for Assisted Living Home expansion.
2. Support MD leadership and staff participation in Regional Clinical Performance Committee Leadership Group and Regional Clinical Performance Committee focusing on increased utilization of Medicare Hospice and quality of life at end of life.
 3. Continue support of BMH Ethics Committee work with Advanced Directives.
 4. Improve community-wide fall risk screening and education program through collaboration with SASH.
 5. Increase rate of flu vaccination for seniors in Patient-Centered Medical Homes.
 6. CHT will perform outreach to referred vulnerable elderly adults.

Anticipated Impact of Actions and Plan for Evaluating Impact

Anticipated Impact of Actions	Plan for Evaluating Impact
<ul style="list-style-type: none"> • Improved initiatives in skilled nursing facilities (SNFs) and nursing homes 	<ul style="list-style-type: none"> • Track utilization of resources by nursing homes and SNFs
<ul style="list-style-type: none"> • Increased rates of Medicare Hospice utilization • Increased community knowledge of Advanced Directives • Increased Medical Staff knowledge regarding Hospice use and Advanced Directive process 	<ul style="list-style-type: none"> • Monitor and track local HSA rates of hospice utilization using ACO data



<ul style="list-style-type: none"> • Increased collaboration and care coordination between BMH and SASH • Potential collaboration with ER/EMS for fall prevention/risk assessment • Increased fall risk assessments conducted 	<ul style="list-style-type: none"> • Increase frequency of PCMH/CHT/SASH utilizing of shared care plans
<ul style="list-style-type: none"> • Increased rate of flu vaccination for seniors in BMH-owned practices 	<ul style="list-style-type: none"> • Track vaccination rates
<ul style="list-style-type: none"> • Implementation of fall risk assessment screening by CDC Guidelines in Emergency Department/EMS and ongoing fall risk screening by CHT 	<ul style="list-style-type: none"> • Document numbers of fall risk assessments completed, scores and intervention once ED program implemented

Organizational Resource Allocation:

Financial support of:

1. Staff resources to maintain Post-Acute Department
2. Staff resources to maintain leadership and staff participation in Regional Clinical Performance Committees
3. Staff resources to supplement staffing of Community Health Team that makes home visits and does environmental risk assessments
4. Staff resources to maintain evidence-based Patient-centered Medical Home infrastructure that provide care management to seniors in BMH's primary and secondary service areas
5. Staff resources to provide staff resources to participate in community-wide fall reduction program

Collaboration:

BMH will collaborate with local extended care facilities, Senior Solutions, SASH, RCPC community partnerships, and the Brattleboro Housing Authority to mitigate the health (physical and mental) and socio-economic issues associated with the process of aging.

Dental Health Problems

BMH recognizes the significant problem of dental health access in its Health Service Area. The problem is compounded by a lack of dentists and, of those existing local dentists since few of them accept Medicaid as payment. The minority, low-income and medically underserved focus group identified a lack of dental insurance and a lack of dentists accepting Medicaid as a significant health problem for this population.

Between October 2014 and October 2015, there were 934 Emergency Department visits for dental pain and/or other dental problems which represent 6.8% of all ED visits. This presents a challenging



situation for Emergency Room clinicians who see individuals with significant dental issues including the pressing need for restorative care, dental extractions, dentures, and pain management.

The Walk-in Clinic supported by BMH offers non-emergency dental care by appointment only.

The Vermont Department of Health’s Brattleboro office has a part-time dental hygienist who provides preventative dental services to women and children.

Organizational Goals Related to Dental Health

Brattleboro Memorial Hospital is committed to partnering with the professional dental community to identify strategic initiatives and goals to improve dental access and dental health in its hospital service area.

BMH commits to being available to host Dental Society meetings and arranging meetings between the Emergency Department and local dentists as the vehicle by which this community-wide strategic planning can take place.

Action Plan:

1. Host local dental community meetings that include participation by Emergency Department MD’s, allied health staff, Primary Care Physicians, and the Director of Population Health.
2. Support of United Way dental initiatives including Windham County Dental Day.
3. Participate in community meetings regarding Windham County dental health issues.
4. Support legislative bill for dental therapist/expanded dental hygienist role.
5. BMH pediatric practices to utilize EES dental Clinic and Saturday surgery resources.
6. Just So Pediatrics will provide fluoride administration.

Anticipated Impact of Actions and Plan for Evaluating Impact

Anticipated Impact of Actions	Plan for Evaluating Impact
<ul style="list-style-type: none"> • Improve HSA dental health through collaboration with local dental community 	<ul style="list-style-type: none"> • Schedule/host local dental community providers meeting • Track number of pediatric referrals to these resources
<ul style="list-style-type: none"> • Support United Way dental initiatives 	<ul style="list-style-type: none"> • Quantify BMH participation/contribution to dental care initiatives
<ul style="list-style-type: none"> • Increase in fluoride prescriptions provided to pediatric population 	



Organizational Resource Allocation:

1. Collaborate with Walk-in clinic
2. Provide space for dental community meetings on BMH campus
3. Financing of Director of Patient Experience

Collaboration:

BMH will continue collaboration with the community of local dentists, VDH Dental Hygienist, the Walk-in Clinic, and existing community organizations/partners involved in support of dental healthcare, quality and equity for the low-income, minority and underserved populations. BMH Emergency Department will utilize evidence-based care standards as per Dartmouth Hitchcock Medical Centers for treatment of dental health problems.

Difficulty Navigating the Healthcare System

The current complex healthcare system has been reported to create barriers and confusion to those attempting to access needed healthcare services. The low-income, minority and underserved focus group identified complexity of labor intensive paperwork, literacy barriers, gaps in service with service transitions or transitions in care, and lack of healthcare professionals' time resources to assist patients with navigation through the healthcare system.

Organizational Goals Related to Difficulty of Navigating the Healthcare System

Brattleboro Memorial Hospital will assist the community by provision of ongoing assistance in navigation through healthcare services and insurance requirements, enhance "one-stop shopping" opportunities for health service consumers, and support comprehensive community care coordination infrastructure.

BMH will collaborate with community organizations to provide advocacy and services to low-income, minority and underserved populations.

BMH will conduct health needs assessment of populations served by Groundworks, a combined entity of Morningside Shelter and the Drop-in Center, as well as the overflow shelter.

BMH will support the Director of Patient Experience position and the Community Resource Liaison position to provide assistance with patient questions/complaints, insurance assistance and navigation through the healthcare system.



Action Plan:

1. Identify qualitative and quantitative health needs of population utilizing Groundworks (Morningside Shelter, Drop-in Center and overflow shelter through a Health Needs Assessment and focus groups (1/16-3/16)
 - Present data referenced above to Senior Leadership/Board of Directors with Action Plan being developed based on findings.
2. Continue to provide a Community Resource Liaison position.
3. Continue to provide a Director of Patient Experience position.
4. Develop online, internal and community resource guide to assist healthcare staff in making appropriate referral for clients/patients.
5. Promote community education regarding resources available, including Vermont 211.

Anticipated Impact of Actions and Plan for Evaluating Impact

Anticipated Impact of Actions	Plan for Evaluating Impact
<ul style="list-style-type: none"> • Establish collaborative, supportive relationship with Groundworks and their clients 	<ul style="list-style-type: none"> • Evaluate health needs assessment, data and develop Implementation Plan
<ul style="list-style-type: none"> • Maintain Community Resource Liaison position • Maintain Director of Patient Experience 	<ul style="list-style-type: none"> • Quantify dollars saved by assuring patients have adequate insurance to meet healthcare needs
<ul style="list-style-type: none"> • Increased BMH staff awareness regarding healthcare resources 	<ul style="list-style-type: none"> • Track “hits” and utilization of electronic community resource guide

Organizational Resource Allocation:

1. BMH support of Community Resource Liaison position and Director of Patient Experience position
2. Support in-kind to BMH Community Health Team that provides assistance to individuals seeking social and economic resources
3. Support of robust employee engagement infrastructure to increase employee satisfaction and subsequent patient satisfaction
4. Plan allocation of resources to address needs of homeless population and develop action plan to address needs



Collaboration:

BMH collaborates extensively and formally with community organizations involved in the domains of health and human services including but not limited to Vermont Department of Health, United Way, Health Care and Rehabilitation Services, the Brattleboro Retreat, Groundworks, and SEVCA. This rich collaborative network partnership creates an environment for the identification of healthcare system navigation issues, as well as, a forum for identifying and implementing system-wide improvements.

Transportation

Vermont's road conditions are often a barrier to healthcare access. Within Windham County there are 1487 miles of roads with 868 (58%) not paved.¹⁵ More Windham County residents live on dirt roads than on paved roads, making travel especially difficult during the five winter months.

The Windham Region Mobility Study (November 2012) prepared for the Windham Regional Commission by Steadman Hill consulting, Inc. with the assistance of Diane Wahle, Collaboration and Planning consultant of TranSystems focused on the coordination of transportation services to improve mobility for all of the Windham region's residents. The study reported transportation as "one of the main challenges faced by youth and older adult populations, as well as, low-income families that cannot afford an automobile is mobility."¹⁶

BMH recognizes that transportation is a problem for the communities it serves. Barriers to adequate transportation impact the communities' access to healthcare, as well as, quality of life.

Organizational Goals Related to Transportation:

BMH plans to provide representation at all community forums discussing transportation issues. In addition, the Director of Community Initiatives/Blueprint Project has been soliciting input from BMH departments regarding transportation barriers and possible solutions.

BMH has provided a letter of support for the SEVT (South Eastern Vermont) FY 2016 CMAQ (Congestion Mitigation and Air Quality) application for the start of a new transit system for Route 30 from Brattleboro to Jamaica. BMH will be considering the feasibility of providing matching financial support as outlined in the grant proposal.

Action Plan:

1. Provide BMH representation at local transportation discussion/planning forums.
2. Explore feasibility of becoming a contributor to the SEVT FY 2016 CMAQ grant application.



3. Consider other options to enhance transportation resources for improved healthcare access.

Anticipated Impact of Actions and Plan for Evaluating Impact

Anticipated Impact of Actions	Plan for Evaluating Impact
<ul style="list-style-type: none"> Improved availability and affordability of transportation resources in Windham County 	<ul style="list-style-type: none"> Evaluate utilization of transportation enhancements through participation in ongoing stakeholder community forums
<ul style="list-style-type: none"> Increased education to community served about medical rides (availability/myths) 	<ul style="list-style-type: none"> Track educational opportunities/resources provided
<ul style="list-style-type: none"> Increased transportation options 	<ul style="list-style-type: none"> To be evaluated when completed
<ul style="list-style-type: none"> Explore feasibility of improving BMH parking 	<ul style="list-style-type: none"> Evaluate financial and physical options to parking constraint issue at BMH and collaborate with Brattleboro to identify community needs

Organizational Resource Allocation:

1. Support of staff participation at community forums pertaining to transportation
2. Consider efficacy of BMH financial match for the SEVT FY 2016 CMAQ application

Collaboration:

Collaboration with multiple community agencies, organizations, town committees, and potential federal grantees will be integral to BMH’s activities and strategies to enhance transportation access in Windham County.

Culturally Competent Medical Staff

During the process of conducting the 2015 CHNA, BMH, The Brattleboro Retreat and Grace Cottage Hospital hosted a focus group of low-income, minority and underserved populations providers. The Center for Disease Control (CDC) reports that social and environmental factors account for over 50% of population health problems.¹⁷



This focus group identified the perceived need for culturally competent medical care providers. There was a request for improvement in skill and training of medical providers and office staff working with people from different cultures, backgrounds and sexual orientation. It was also identified that the health service region has few medical providers of color. In addition it was identified that another opportunity for improvement is the need to adequately meet the needs of individuals with limited English proficiency.

BMH is committed to identifying and addressing disparities of care in our organization. We are specifically looking at any differences in care delivery in our Emergency Department that may be related to income disparities.

Organizational Goals Related to Culturally Competent Medical Staff

BMH will improve the cultural competency of BMH staff by providing culturally competency training.

BMH Development Department will evaluate marketing strategies to reach populations in need of population-specific healthcare services.

BMH will evaluate patient education resources to assess readability levels and level of cultural sensitivity/inclusivity.

BMH will conduct a health needs assessment of the homeless population and develop an implementation plan.

Action Plan

1. BMH is currently gathering data and will address disparities through clinical quality improvement and cultural competency training for staff.
2. Evaluate current BMH marketing and messaging for degree of cultural diversity and sensitivity to target population.
3. Implement strategies to evaluate educational materials for cultural appropriateness and literacy competency level.
4. BMH has taken the "Pledge to Act to Eliminate Health Care Disparities" spearheaded by the American Hospital Association.
5. Continue CMO/Human Resources grant for improvement in staff cultural competency.



Anticipated Impact of Actions and Plan for Evaluating Impact

Anticipated Impact of Actions	Plan for Evaluating Impact
<ul style="list-style-type: none"> Improved public relations and clinical interfaces with low income, minority and underserved populations (re-convene focus group in 2017) 	<ul style="list-style-type: none"> Re-convene focus group for community organizations that serve low income, minority and underserved populations in 2017 to evaluate improvement in perceptions about BMH staff cultural competency
<ul style="list-style-type: none"> Improved culturally competency of BMH staff 	<ul style="list-style-type: none"> Track attendance at cultural competency trainings by BMH staff
<ul style="list-style-type: none"> Increased culturally competent (including literacy level) educational materials for patients and staff 	<ul style="list-style-type: none"> Evaluate patient and employee understanding through tracking of utilization of resources and employee/patient satisfaction surveys
<ul style="list-style-type: none"> BMH has taken the “Pledge to Act to Eliminate Healthcare Disparities” spearheaded by the AHA Bring “Bridges Out of Poverty” program to BMH 	<ul style="list-style-type: none"> Data gathering for “Pledge to Act to Eliminate Healthcare Disparities” will guide and determine BMH staff training needs

Organizational Resource Allocation:

Finance:

1. Culturally competency training
2. Improved marketing strategies/messaging to better reach low-income, minority and underserved populations
3. Homeless population health needs assessment and development of implementation plan

Collaboration:

BMH will continue to collaborate extensively with HCRS and other community organizations, The Brattleboro Retreat and Grace Cottage Hospital. BMH is actively and contractually engaged with The Brattleboro Retreat to administer the Medicaid Hub & Spoke program. A cornerstone of this program is the reduction of the stigma associated with the opioid addicted population, many of whom are members of this population group. BMH, Grace Cottage Hospital and The Brattleboro Retreat partner to provide community health education which can be a venue for educating the community about services and programs available to this population.



Rationale for Community Health Needs Not Addressed By this Implementation Plan

Many of the health needs and gaps identified in the 2015 CHNA remain of concern to the community and Brattleboro Memorial Hospital. Consequently, there are already systems and programs in place to address these health needs and gaps. Some of these needs include:

- Hypertension
- Arthritis
- Heart Disease
- High Cholesterol
- Diabetes
- Smoking/tobacco use
- Suicide

Brattleboro Memorial Hospital participates in the Vermont Blueprint for Health. All of the primary care practices owned by BMH are currently certified as Patient-centered Medical Homes by the National Council of Quality Assurance (NCQA).

Hypertension and diabetes have been selected as an area of clinical focus by a number of BMH's Patient-centered Medical Homes. The practices have implemented evidenced-based care standards to manage these chronic conditions. In addition, as a member of the OneCare, one of Vermont's ACO's, and having an ACO Steering Leadership Committee, BMH attests to meeting rigorous clinical disease-specific measures that address these chronic diseases.

BMH has a specialty agreement with a rheumatologist to provide consultative care management strategies for patients with arthritis.

The Community Health Team extensively serves patients with chronic diseases by providing education, nutritional management, exercise therapy, smoking cessation classes, nutritional counseling, chronic disease self-management workshops, and diabetic care.

BMH has been certified by the American Diabetes Association to be a provider of the Diabetes Self-management Education Program.

BMH collaborates with The Brattleboro Retreat to offer suicide intervention training to the community through the Wellness in Windham Health Education programming. Programs offered have included the U-Matter Youth Suicide Program.

Ongoing support of efforts to address these community health needs are robust, therefore not requiring a specific implementation plan for these health needs as they are being addressed by multiple hospital quality initiatives and infrastructures and through compliance with ACO, Blueprint and regulatory requirements.



Endnotes

^{1 (87)} Vermont Dept. of Health, Chronic Condition Measures – Behavioral Risk Factor Surveillance System on InstantAtlas, 2013, available at <http://healthvermont.gov/research/brfss/IA/ChronicConditions/County/atlas.html>

^{2 (89)} Vermont Dept. of Health, Brattleboro Health District, 2012 Behavioral Risk Factor Surveillance System Data (report published May 2014), available in hard copy.

^{3 (90)} Community Commons 2015 Windham County CHNA, Depression- Medicare Population (using CMS claims data), available at <http://www.communitycommons.org/>.

^{4 (91)} Vermont Dept. of Health, Minority Health Data Pages – 2013, p. 15, available at http://healthvermont.gov/local/mhealth/documents/minority_hlth_data_pages_2013.pdf.

^{5 (100)} Vermont Dept. of Health, Suicide Data Brief (Dec. 2014), available at http://healthvermont.gov/family/injury/documents/data_brief_suicide_upd_12.14.pdf

^{6 (103)} U.S. Dept. of Health & Human Services, National Heart, Lung, and Blood Institute, How Are Overweight and Obesity Diagnosed, available at <http://www.nhlbi.nih.gov/health/health-topics/topics/obe/diagnosis>.

^{7 (105)} Vermont Dept. of Health, Nutrition & Weight Status - Healthy Vermonters 2020 on InstantAtlas, 2014, at <http://healthvermont.gov/hv2020/IA/NutritionWeight/County/atlas.html>.

⁸VDH healthvermont.gov/hv2020/IA/NutritionWeight/County/atlas.html

^{9 (104)} U.S. Dept. of Health & Human Services, National Heart, Lung, and Blood Institute, What Are Overweight and Obesity? Available at <http://www.nhlbi.nih.gov/health/health-topics/topics/obe>.

^{10 (66)} Vermont Department of Health, Data Brief: Vermont Drug-Related Fatalities 2004-2014 (Updated 2/23/15), available at http://healthvermont.gov/research/documents/databrief_drug_related_fatalities.pdf.

^{11 (67)} Vermont Department of Health, Data Brief: Vermont Drug-Related Fatalities 2004-2014 (Updated 2/23/15), available at http://healthvermont.gov/research/documents/databrief_drug_related_fatalities.pdf.

^{12 (38)} Vermont Dept. of Health, Brattleboro Health District, 2012 Behavioral Risk Factor Surveillance System Data (report published May 2014), available in hard copy.

^{13 (42)} Vermont Dept. of Health, Brattleboro District Office Data Request (May 1, 2015) (data source: vital statistics).

^{14 (69)} Vermont Dept. of Health, Brattleboro Health District, 2012 Behavioral Risk Factor Surveillance System Data (report published May 2014), available in hard copy.

^{15 (4)} Vermont Department of Transportation, Surface by County, Public Road, Updated 1/6/2015, available at ftp://vtransmaps.vermont.gov/Maps/Publications/Surface_byCounty.pdf

¹⁶ Windham Regional Mobility Study: Windham Regional Commission (November 2012)

^{17 (2)} CDC, Frequently Asked Questions, What are determinants of health and how are they related to social determinants of health available at <http://www.cdc.gov/socialdeterminants/FAQ.html>.

*Numbers in parentheses are the corresponding footnote in the BMH 2015 CHNA



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