

# Community Health Needs Assessment of Windham County, VT

December 2012



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## **Background of Participating Organizations**

### **Grace Cottage Hospital**

Grace Cottage Hospital was established in 1949 by Dr. Carlos Otis, who recognized the need for a small hospital in rural southeastern Vermont. The Hospital is federally designated as a Critical Access Hospital, recognizing its importance in providing health care to an otherwise medically-underserved community. Grace Cottage Hospital includes an emergency department; a 19-bed hospital; a full-service lab; digital imaging with X-ray, CT scan, ultrasound, and bone densitometer; inpatient and outpatient physical, occupational, and speech rehabilitation services; physicians' offices providing family health, pediatrics and mental health; a Community Wellness Center with classes, lectures, and support groups; and Messenger Valley Pharmacy, serving the public. Grace Cottage's small size is one of its greatest strengths, making possible the warm, individualized, professional service for which it is well-known. Its patient satisfaction scores are among the highest in the nation.

### **Brattleboro Memorial Hospital**

Brattleboro Memorial Hospital has provided health care services for over one hundred years. A 61-bed not-for-profit community hospital located in Southeast Vermont, it serves a rural population of about 55,000 people in 22 towns in Vermont, New Hampshire and Massachusetts. The medical staff includes 137 board-certified physicians, including primary care physicians and many specialists. The hospital employs 515 individuals and benefits from the help of over 150 active volunteers. BMH is accredited by the Joint Commission, the nation's leading standards-setting accrediting organization in health care.

### **The Brattleboro Retreat**

The Brattleboro Retreat is a not-for-profit, regional specialty mental health and addictions treatment center providing a full range of diagnostic, therapeutic and rehabilitation services for individuals of all ages and their families. Nationally recognized as a leader in the field, the Brattleboro Retreat offers a high-quality, individualized, comprehensive continuum of care including: inpatient programs for children, adolescents and adults; partial hospitalization and intensive outpatient services for adults; residential programs for children and adolescents; and outpatient treatment for people of all ages.

# Introduction

## Purpose

From the start of the CHNA planning process, Brattleboro Memorial Hospital, Grace Cottage Hospital, and the Brattleboro Retreat identified numerous benefits to conducting a collaborative Community Health Needs Assessment (CHNA). These benefits are as follows:

- Develop more cooperation and coordination between organizations to address community health needs
- Contribute more depth and value to decision-making processes by utilizing multi-organization participation
- Enhance resourcefulness and fiscal efficiency
- Embrace a holistic approach to identifying and prioritizing community health needs/gaps
- Identify opportunities to partner on future implementation plans that positively impact the health and wellness of the community

In addition to the desire to attain the benefits described above, the participating organizations are mandated by the Patient Protection and Affordable Care Act (PPACA) to conduct a CHNA. Therefore, this structured CHNA process provides the opportunity for health care professionals and organizations to better understand the health care needs of the demographic area as well as remain compliant with state and federal regulations. The overarching view of the assessment and identification of the health needs must be from the perspective of the community.

The participating organizations in the CHNA may utilize existing information and research conducted by public health agencies and not-for-profit organizations. Additionally, health care organizations may work in partnership with one another to complete the assessment.

According to the PPACA, the purpose of the CHNA is to identify the following:

- Community needs, concerns and issues;
- Major risk factors and causes of ill health in the community;
- Resources required to meet the needs of the community;
- Health care organizations' priorities to meet the needs in the service area;
- Target outreach programs for needed services;
- Services that community members would like to see offered or extended in their health care service area.

## Process

From the start, the CHNA process focused on involving as many stakeholders and community members as possible in the data collection. The participating organizations

(the three hospitals) set up a steering committee made up of individuals from the State of Vermont Department of Health, Brattleboro Memorial Hospital, Grace Cottage Hospital, The Brattleboro Retreat, United Way, Agency of Human Services, Visiting Nurse Association & Hospice of VT & NH, Valley Cares and Senior Solutions. Additionally, the participating organizations engaged a range of stakeholders through surveys and focus groups, including health care providers, human service organizations, youth development organizations, schools and other nonprofit organizations. Below is a more detailed description of the activities completed to collect both the quantitative and qualitative data.

Process for collecting the quantitative and qualitative research:

- Formation of Steering Committee comprised of a multi-disciplinary group of community leaders ( 10/19/2011)
- 7 Steering Committee formal meetings were held 10/19/11 through 7/15/12;
- Focus group interviews conducted with representatives from community and health care organizations (5/18/12 & 7/16/12)
- On-line community needs survey questionnaire conducted by both GCH & BMH (6/12 – 8/12)
- Survey questionnaire distribution at Windham County public events, including Strolling of The Heifers on 6/3/12 and the Grace Cottage Hospital Annual 5K race 5/12/12
- Provider survey of community needs (GCH) (6/12)
- Collection of data by the Steering Committee (11/11 – 6/12)
- Collection of county data through an outside independent consultant (6/12 – 8/12)
- Collaborative development of the CHNA report (7/12 – 8/12)
- Creation of a collaborative implementation plan that describes how Brattleboro Memorial Hospital, Grace Cottage Hospital, and the Brattleboro Retreat will work together and independently to address selected community health needs/gaps (10/12-12/12)

Following the successful completion of the collaborative assessment, each participating organization developed an implementation plan (with senior leadership and board input and approval) specific to the services and community outreach offered. Each organization's implementation plan addresses how they plan to meet the identified health needs and will provide an explanation as to why certain needs/gaps will not be addressed. The CHNA will be made widely available to the public on the hospital's website and in hard copy to anyone who requests a copy for as long as the CHNA remains in its most current form.

## Description of the Community Served

BMH, Grace Cottage Hospital and the Brattleboro Retreat together serve the rural population of southeastern Vermont. The specific geographic areas are in Windham County, Vermont and Bondville in Bennington County, Vermont. This area has a combined population of 44,906. Please see the Appendices for each hospital's service area. BMH and The Brattleboro Retreat also serve some towns in southwestern New Hampshire. The total combined population of these areas is approximately 59,000.

## **Brattleboro Memorial Hospital: CHNA Executive Summary**

Community health needs assessments are designed, in part, to identify issues where changes in the healthcare delivery system can improve patient care and provide proactive preventative and wellness services for those populations at risk for health problems.

Approximately 90 million Americans are living with chronic disease. Chronic disease contributes to over 70% of the deaths in the U.S. each year. (CDC “Vital Signs” report 2/2011)

Brattleboro Memorial Hospital (BMH) conducted a Community Health Needs Assessment (CHNA) and developed an implementation plan with strategies to address selected identified needs. BMH accomplished the completion of this assessment by collaborating with Grace Cottage Hospital (GCH) and The Brattleboro Retreat. A Steering Committee was formed that represented a cross section of diverse community organizations and members that represented various community populations and age groups. Group forums, Steering Committee meetings and various surveys were conducted during the time period from October 2011 and ending September 2012.

Brattleboro Memorial Hospital will continue to collaborate with GCH and The Brattleboro Retreat to improve outcomes on the identified community needs. These goals are to:

- Improve community awareness of existing health and wellness programs available to Windham County residents.
- Improve mental health services, awareness and protocols in the community with a special focus on suicide prevention.

Brattleboro Memorial Hospital will address additional health needs determined by the assessment process. These goals are to:

- Improve health indicators of the community with a focus on
  - Diabetes
  - Obesity
- Support the expansion of health services for seniors.
- Support the expansion of affordable dental care.

## **Findings**

As a result of collecting comprehensive data using both quantitative and qualitative research methods, the participating health care organizations identified a number of health care concerns specific to Windham County. The findings are as follows:

- Lower than average scores on health indicators, including, folic acid prenatal, Lyme disease, Hepatitis C, asthma, diabetes and obesity;

- High rate of falls and injuries at home and an expressed need for the expansion of health care services for seniors;
- Lower than average rate of treatment of depression and higher than average suicide rate;
- Lower than average rate of the use of dental health services;
- Need for the expansion of programs and services aimed at poverty reduction, violence prevention and access to public transportation.

Through the focus groups and surveys, it became clear that many of the current programs and services offered meet or address many of the health needs in the community. The participating organizations learned, however, that many community members are either misinformed or unaware of the health services available in Windham County.

## Quantitative Data

### Demographics

Catchment area:

- Windham County, VT
- Bondville in Bennington County, VT
- Hinsdale, Winchester, Chesterfield and Westmoreland, NH

Total population in the catchment area: 58,771

Race-ethnicity:

White 95.78%; American Indian .26%; Asian 1.12%; Black .73%; Other Races .71%

Age: 12.84% of Windham County residents are 12 years of age or younger, 14.56% are between the ages of 13 and 24 and 16.35% are 65+ years old. In the 2010 census, Maine and Vermont ranked #1 and #2 as the oldest states.

*Source: U.S. Census, 2010.*

### Human Services & Safety

#### High school graduation:

Windham Co. 80%

Vermont 88%

*Source: County Health Rankings & Roadmaps, 2012.*

#### Disability: Disabled & Sufficient Emotional Support

Windham Co. 78%

Vermont 70%

Goal 79%

*Source: VDH Adult Behavioral Risk Factor Surveillance System, 2008-2010.*

#### Long-term Care:

Nursing home residents and home and community-based participants by county, 2011

Ratio of Medicaid Nursing Home Residents to Home and Community-based Participants in Windham County: 50:43

Goal: 50:50

Source: *Choices for Care 2010*.

**Domestic Violence:** While the rate of domestic violence has lessened in Windham Co. from 2008 to 2010, its rate is consistently above the state rate. In 2010, Windham Co. had the highest rate among VT counties. Local domestic violence programs in Vermont reported 525 victims served, 147 hotline calls answered, 65 requests went unmet on one day (Sept 15, 2011).

Source: *Vermont Criminal Information Center, Department of Public Safety, Division of Criminal Justice Services*.

**Safety belt use:** Brattleboro 83%; Vermont 82%; Goal 92%

Source: *VDH Adult Behavioral Risk Factor Surveillance System, 2008-2010*.

### **Safety of high school students in Windham County, VT:**

- Had sexual intercourse with four or more people during their life: 13%
- Were bullied, past 30 days: 19%
- Made a suicide plan, past 12 months: 12%
- Made a suicide attempt, past 12 months: 5%
- Had five or more drinks of alcohol in a row, past 30 days: 21%
- Smoked cigarettes, past 30 days: 18%
- Discussed dangers of smoking with parents or guardian, past 12 months: 34%
- Used marijuana, past 30 days: 28%
- Used cocaine, past 30 days: 5%
- Used inhalants, ever: 9%
- Used heroine, ever: 3%
- Used methamphetamines, ever: 5%
- Used hallucinogens, ever: 16%
- Used a prescription pain reliever not prescribed to them, ever: 17%

Source: *2011 Vermont High School Youth Risk Behavior Survey*

## **Economic Well-being**

Windham Co. families living below the poverty line: 6.3%

Median household income in Windham Co: \$46,714

Source: *U.S. Census Bureau, 2006-2010 American Community Survey 5-year Estimates*.

School districts in Windham Co. exceeding the statewide average of 40.21% for students eligible for free or reduced lunches – Fiscal Year 2012

- |                         |                           |
|-------------------------|---------------------------|
| - Brattleboro Town: 56% | - Rockingham Town: 58%    |
| - Halifax Town: 48%     | - Westminster Town: 50%   |
| - Jamaica Town: 61%     | - Whitingham Town: 46.71% |
| - Putney Town: 47%      | - Wilmington Town: 53.57% |
| - Readsboro Town: 70%   |                           |

Source: *Vermont Department of Education, Food and Nutrition Management, 2012*

### **Health Insurance:**

89% of Brattleboro residents and 88% of Windham County residents have health insurance. While 88% of Vermont residents have health insurance, the statewide goal is to have 100% of the population covered.

*Source: VDH Adult Behavioral Risk Factor Surveillance System 2008-2010.*

Per Capita Income (2005-2009)

Windham County: \$26,725

Vermont: \$27,036

*Source: U.S. Census*

Median Household Income for a Family of 4 (2011)

Windham County: \$61,200

Vermont: \$66,700

*Source: HUD*

Average Annual Wage (2010)

Windham County: \$37,341

Vermont: \$39,439

*Source: Vermont DOL*

### **Unemployment:**

Unemployment in both Vermont and Windham Co. decreased from 2010 to 2011, as did unemployment nationwide. As of April 2012, the unemployment rate in Windham County was 5.7, Vermont 5.0 and nationwide 8.1.

*Source: Vermont Department of Labor, Economic & Market Information, 2012.*

## Health and Wellness

### **Maternal and Child Health:**

Folic acid prenatal supplementation

- Brattleboro 38%
- Vermont: 40%
- Goal: 80%

*Source: VDH Adult Behavioral Risk Factor Surveillance System, 2008-2010*

### **Lyme disease:**

The number of cases reported to the Vermont Health Department has steadily increased since 2005. In 2011, there were over 500 reports of people with Lyme disease who were likely exposed to it in Vermont. The counties with the highest rates of exposure are Bennington, Windham and Windsor Counties.

*Source: Vermont Department of Health, Lyme Disease Surveillance Report*

### **Hepatitis C:**

In 2007, 9% of Vermont's instances of Hepatitis C were in Windham County, 65% male and 34% female.

*Source: Vermont Department of Health, Hepatitis C Surveillance Report, April 2008.*

### **Most common emergency room diagnoses at BMH (2/16/11 - 2/16/12):**

- Home accidents – 1,618 reported cases, of which 1,453 were falls

- Accidents occurring in unspecified place – 959
- Headache – 927
- Anxiety state – 889
- Activities involving walking, marching, hiking – 882

Source: *BMH, 2012*

**Most common emergency room diagnoses at Grace Cottage Hospital (1/1/11 – 12/31/11)**

- Chest pain – 92 reported cases
  - Open wound of finger – 64
  - Urinary tract infection – 63
  - Acute bronchitis – 59
  - Acute pharyngitis – 58
- \*367 falls were reported in the emergency room in this period  
Source: *Grace Cottage Hospital, 2012.*

**Asthma:**

In Windham County, 16.8% of surveyed residents reported that they have been told by a health professional that they have asthma compared to 14.5% in Vermont.

Source: *VDH Adult Behavioral Risk Factor Surveillance System, 2006-2008*

**Diabetes:**

- Prevalence rate in Windham Co. is 5%, Vermont 6% and the statewide goal is 3%
- Person with diabetes receives education: Brattleboro 43%; Windham Co. 38%
- Diabetes A1C tests 2x per year: Brattleboro 64%; Windham Co. 69%
- Diabetes & Annual Eye Exams: Windham Co. 64%; Vermont 65%
- Diabetes annual foot exam: Brattleboro 76%; Windham Co. 78%

Source: *VDH Adult Behavioral Risk Factor Surveillance System, 2006-2010*

**Alzheimer’s Disease & Related Dementias:**

In 2010, an estimated 770 residents in Windham County lived with Alzheimer’s disease or related dementia.

Source: *Alzheimer’s Association, Vermont Chapter, December, 2010*

**Dental care**

Adults who use dental health services annually:

- Windham County 72%
- Windsor County 76%
- Vermont 73%

Source: *Health of Vermonters Health Status Report 2008*

**Obesity:**

Obesity rates: Windham Co. 23%, Vermont 24% and the statewide goal is 15%

Source: *VDH Adult Behavioral Risk Factor Surveillance System, 2006-2010*

**Data from Brattleboro Primary Care**

(a practice served by the Brattleboro Vermont Blueprint for Health Community Health Team)

- 10.94 % of children served have BMI between 25-30
- 35 % of adults served have BMI between 25- 30

- 28.57% of adults served have BMI greater than 31

**Data from Windham Family Practice**

(a practice served by the Brattleboro Vermont Blueprint for Health Community Health Team)

- 11.55% of the patients served have a BMI greater than 30

**Data from Vermont Blueprint for Health**

- Of the 70 clients who are enrolled in the Vermont Blueprint for Health, Support and Services at Home program based in the Brattleboro Housing Authority, 51.4% have a BMI of 30 or higher.

**Physical activity:**

- 17% of Windham Co. residents surveyed, compared to 19% of Vermont residents, reported that they do not incorporate physical activity in their leisure time.
- 60% of Windham Co. residents surveyed, compared to 59% of Vermont residents, reported that they regularly perform a moderate level of physical activity

*Source: VDH Adult Behavioral Risk Factor Surveillance System, 2005-2010*

**Smoking:**

The prevalence in Windham County is 18%, which is not significantly different than the statewide prevalence of 17%

*Source: VDH Adult Behavioral Risk Factor Surveillance System, 2006-2010*

**Substance abuse:**

Binge drinking: According to the Behavioral Risk Factor Surveillance System, 18% of Windham Co. residents surveyed and Vermont residents surveyed reported that they took part in binge drinking during the past month.

Prescription Drug Misuse: The most recent survey data from the Substance Abuse and Mental Health Services Administration indicates that the prevalence of prescription drug misuse in Vermont is declining or remaining steady for all drug categories including prescription opiates. However, this data is inconsistent with the experience of the three hospitals (Brattleboro Memorial Hospital, Grace Cottage Hospital and The Brattleboro Retreat) as treatment admissions for opiates are increasing.

**People treated for opiate use in Vermont**

*Source: Vermont Department of Health, Vermont Substance Abuse Treatment Information System (SATIS)*

	2007	2008	2009	2010	2011
Opiates/synthetics	1,425	1,602	1,867	1,946	2,210
Heroin	631	617	694	623	654
Non-prescription methadone	57	53	69	53	80
Total	2,113	2,272	2,630	2,622	2,944

## **Drug Use Trends in Vermont:**

Most recent National Survey on Drug Use & Health (2007-8) reports that:

- 11.6% of Vermont residents reported using illicit drugs in the past month (national average is 8.02%)
- Vermont's rate was one of the 10 highest among all the states.
- In 2007-8 Vermont ranked first among all states for persons age 12-17 in marijuana use.
- Vermont ranked first in the nation for cocaine use in ages 18-25.
- Opioids, including prescription drugs, are the most commonly cited drugs responsible for primary drug treatment admissions in Vermont.

## **Mental health and addiction treatment:**

Most common diagnoses at time of admission to the Brattleboro Retreat, 2011 (Adults):

- Depressive disorders: 28%
- Opioid dependence: 30%
- Alcohol dependence: 13%
- Mood disorder: 9%

*Source: Brattleboro Retreat, August 2012*

Most common diagnoses at time of admission to the Brattleboro Retreat, 2011 (children and adolescents):

- Mood disorders: 49%
- Depressive disorders: 22%
- Major depressive disorders: 8%
- Adjustment disorders: 3%

*Source: Brattleboro Retreat, August 2012*

## **Anxiety and Depression:**

- In 2010, 25% of Vermont adults said they have anxiety and/or depression
- Moderate to severe depression was reported by 8% of VT adults in 2010.
- Those with less education and lower annual household incomes more often report moderate to severe depression.
- Women significantly more often report moderate to severe depression than men.

*Source: VDH Adult Behavioral Risk Factor Surveillance System, 2008-2012*

Treatment of depression: In 2011, it was reported that 561 of every 100,000 adult residents in the state of Vermont and 186 of every 100,000 youth residents in the state of Vermont received services for depression from a Department of Mental Health designated agency. However, the rates differed significantly from county to county. Windham County has the 4th lowest treatment rate in the state with 14 counties total.

**Suicides (completed)**

**Suicides in Windham County and the State of Vermont**

Source: Vermont Department of Health

	Windham Co.		Statewide	
	Persons	Rate	Persons	Rate
2009	6	14	89	14
2010	7	16	85	14
2011	10	22	103	16

\*Rate is per 100,000 residents

**Focus Group Summaries**

**Community Needs Assessment Rating Tool**

In preparation for the Focus Group and prior to the session held in May 2012, BMH asked key community leaders to rank quality of life factors in order of priority. Below are the results.

Factors that impact quality of life:

High Priority

- Jobs/employment
- Affordable housing
- Health insurance for adults
- Availability of dental care
- Public transportation

Medium Priority

- Adult learning, beyond high school
- Indoor recreation

- Outdoor recreation (parks, bike paths, etc.)

Low Priority

- Housing located closer to retail, health & human services
- Availability of specialty care doctors
- Prescription drug assistance
- Public safety (including crime prevention)

**Attendance List for BMH CHNA Focus Group - May 18, 2012**

Facilitators:

	<u>TITLE</u>
Wendy Cornwell, BMH	Director, BMH Education
Carol Lechthaler, VNA & Hospice VT/NH	Facilities Coordinator
Joyce Lemire, Senior Solutions	Executive Director
Suzanne Shapiro, Valley Cares	Director
Elaine Swift, Grace Cottage Hospital	Quality Director

Participant / Affiliation:

	<u>TITLE</u>
Lynn Bedell, SASH	SASH Coordinator
Richard Berkfield, Post-Oil Solutions	Executive Director
Mimi Brill, Public Defender's Office	Public Defender

Mark Considine, Rescue, Inc.	Chief of Operations
Lucy Fortier, Bratt Drop-in Center	Director
Mary Fredette, Gathering Place	Senior Care
Carolyn Jones, Planned Parenthood of No. NE Bratt	APRN
George Karakabakis, HCRS of SE VT	CEO
Ameé LaTous, Boys & Girls Club	Arts & Education Coordinator
Nancy Lord, VDH	Bratt District Office, VDH
Ryan Murphy, Hospice	Patient Care Coordinator
Susan Read-Smith	Nurse Case Manager Windham/Windsor Counties
Beth Schraeder, BAPC	Director
Ellen Scialabba, Grace Cottage Hospital	Quality Administrative Asst.
Will Shakespeare, HCRS of SE VT	Children's Division
Anna Smith, Springfield Hospital	Director
Danielle Southwell, Youth Services	Asst. Director Youth Development
Robert Tortolani, MD,	BMH MD
Alysa Vallender, Youth Services	Youth in Transition Housing Coord.
Naima Wade, United Way	Health Team
Kathleen White, VDH, Fit & Healthy Kids	Coordinator

### Highlights from Focus Group conducted by BMH on May 18, 2012

Most pressing health needs for pregnant women & infants:

- Education & Counseling
- Parenting
- Nutrition
- Mental Health Issues
- Substance Abuse Issues

Most pressing health needs for children:

- Education
- Parenting
- Health/Nutrition
- Mental Health
- Substance Abuse
- Dental Care

Most pressing health needs for teens/young adults:

- Affordable health care insurance
  - Mental Health Care Access (suggested walk-in clinic attached to BMH ER)
- Other: Livable Jobs/Wages

Most pressing health needs for seniors:

- Home care availability
  - Undiagnosed mental health issues
- Other: decrease social isolation; increase respect for seniors; embrace intergenerational participation in senior services/activities

Overarching Themes for Intergenerational Health Needs

Need More:

- Health education,
- Mental health substance abuse programming,
- Affordable health care,
- Jobs/livable wage,
- Ways to enhance intergenerational sense of community/involvement.

## **Attendance List for GCH CHNA Focus Group: July 16, 2012**

Dianne Champion, VT Department of Health	District Director
Heather Chaudoir, Grace Cottage Hospital	Social Worker
Wendy Cornwell, RN BS BSN, BMH	Director, BMH Education
Alexandra Clark, EMS Jamaica Fire and Rescue Jamaica Select Board	Captain/Chairperson for the
Mario Hasaj, MD, Grace Cottage Family Health	Psychiatrist
Keith Hermiz , Grafton Rescue Training Office	Asst. Chief/Treasurer
Elizabeth Linder, MD, Grace Cottage Family Health	Pediatrician
Robert Litchfield, Mountain Valley Clinic	Office Manager
Kathleen MacArthur, Senior Solutions	Case Manager
Jane Mitchell, Windham NE Supervisory Union	Educator
Brian Richardson, Rescue Inc.	Assistant Chief of Operations
Ellen Scialabba, Grace Cottage Hospital	Quality Administrative Assistant
Anna Smith, Springfield Hospital	Dir. of Marketing/Public Relations
Elaine Swift, Grace Cottage Hospital	Quality Director

## **Highlights from Focus Group conducted by Grace Cottage Hospital on July 16, 2012**

- Positive comments regarding 31 programs and services which serve our community well.
- Mental health is the most important health or medical issue confronting the residents of Windham County.
- Poverty and lack of transportation are the most common obstacles for community members to lead a healthy life.
- Many community members are either misinformed or not aware of services available in Windham County.
- Dental care would be considered one of the leading services that community members have little or no access to and focus group participants would like to see it added to community services.
- Teens are the specific population that is more at risk due to lack of community services.

## **Survey Summaries**

### **Summary of the Community Online Survey conducted by GCH - June 2012**

42 respondents

The majority of respondents live well above the poverty line with a household income of \$25,000 or more, 50% of whom make over \$50,000. Over 97% of respondents stated that they have a primary care doctor, and all of the respondents indicated that they have fair to excellent overall health.

Respondents said that mental health problems, unhealthy food choices and obesity, diabetes, cancer, and lack of health insurance are the major issues within the community. The majority of respondents said that poverty and healthcare availability are also major issues in the community. When asked about specific kinds of substance abuse problems in their community, respondents said that alcohol use, drug and tobacco use among youth, prescription drug abuse and tobacco among adults are major concerns.

### **Summary of Provider Survey conducted by Grace Cottage Hospital (GCH)**

Process: 4 physicians, 1 physician assistant and 2 nurse practitioners were surveyed.

- 6 of the 7 healthcare professionals surveyed serve patients of all ages.
- 1 of the 7 healthcare professionals surveyed primarily serve patients 55 to 64 years of age.

Highlights:

- 4 out of 7 say that patients served by GCH do not have access to all needed services.
- 4 out of 7 say their patients do not have access to a balanced diet.
- Patients say that they do not have access to the following: reliable transportation, dental care, fresh fruits and vegetables year long, jobs.
- When asked what would make the care at GCH better, the surveyed healthcare professionals responded with the following: improved social services, dental care, wide range of VNA services, national health care system, transportation, nutrition counseling, less government, swimming programs for all ages, BIPAP, CPAP.
- Patients served by GCH need more education in the areas of nutrition, diabetes, dental care, exercise, medication and dosage, chronic illness approaches with families.

### **Summary of Community Health Needs Assessment Survey conducted by BMH in May – August 2012**

Background: The survey was conducted from 5/12/12-8/12/12 using the online SurveyMonkey platform as well as hard copy. The survey was shared through a variety of platforms, including local organizations' and associations' websites, online community calendars and forums and public venues. As of 7/26/12, 227 people completed the survey.

Demographics of Survey Participants (majority features)

- Age: 50 – 59
- Gender: Female
- Highest level of education: bachelor's degree
- Household income: \$50,000 – \$99,000
- Race: White (non-Hispanic)
- Employment status: Full-time
- Medical insurance status: Private (Cigna, BC/BS, etc.)
- Residence: Vermont resident, Windham County

## **Highlights of CHNA Survey Results regarding community development and health and wellness.**

- Top three most important features of a healthy vibrant community are: health care services, livable wages and good schools.
- Respondents are most concerned about affordable health care, livable wages and economic opportunities in the community in which they live.
- High need expressed for affordable dental care and health care and access to dental care for low-income people.
- Seniors in the community most need affordable in-home care, transportation and senior housing.
- Children and families in the community are in need good of childcare, parenting education and after-school programming.
- Regarding hunger and nutrition, expressed high need for obesity prevention programs and access to affordable healthy foods.
- Regarding substance abuse in the community, expressed high need for a reduction in binge drinking, substance abuse prevention programs and access to substance abuse treatment residential programs.
- Regarding mental health, respondents expressed a high need for prevention of mental health issues, timely access to treatment and access to mental health services for youth.

## **Goals**

As a result of collecting comprehensive data using both quantitative and qualitative research methods, the participating health care organizations identified the following goals to meet in the upcoming 2013-2015 reporting period:

- Improve mental health in the community (collaborate with GCH and The Retreat),
- Support the expansion of health care services for seniors (BMH),
- Support the expansion of affordable dental care (BMH),
- Improve health indicators of the community (BMH)
  - Diabetes
  - Obesity
- Improve community awareness of existing health and wellness programs available to Windham County residents (BMH, GCH and The Brattleboro Retreat).

## **Unmet Needs for Future Consideration**

Several needs emerged in the research findings that the participating health care organizations cannot fully address at this time. These unmet needs are as follows: Hepatitis C prevention, Lyme disease prevention, improved transportation, violence prevention and poverty reduction.

The community hospitals, Brattleboro Memorial Hospital and Grace Cottage Hospital, are not addressing Hepatitis C and Lyme disease at this time as other priority health care conditions have been selected to focus on for the upcoming three-year period.

It is important to highlight that the participating health care organizations are supporting several community initiatives aimed at addressing the needs for improved transportation, violence prevention and poverty reduction.

- The Brattleboro Retreat is involved in some capacity in the following groups: Southeastern Vermont Economic Development Strategies, Brattleboro Area Chamber of Commerce, Rotary Club of Brattleboro, Brattleboro Sunrise Rotary Club and Windham Regional Commission. The Retreat is also an active supporter of United Way of Windham County and is matching dollar for dollar in the 2012 United Way Employee Giving Campaign. Additionally, the Brattleboro Retreat partners with schools and universities to offer training and internships to students in clinical fields.
- Brattleboro Memorial Hospital/Southern Vermont Health Services Corp is one of the largest employers in Windham County, employing 554 employees as of August 2012. The availability of the various types of jobs within the organization has a positive impact on the local economy and perhaps some impact on decreasing the poverty rate. BMH's CEO is a member of the Brattleboro Rotary Club, the Brattleboro Chamber of Commerce and the Boys & Girls Club. BMH is an active supporter of the United Way of Windham County by encouraging employee giving to the United Way and facilitating on-going payroll deductions for employee contributions. BMH participated in and continues to participate in the Windham Regional Commission Transportation meetings to explore options for improved mobility in the Windham region and contribute to the development of strategies for better coordinated transportation. BMH also works with local colleges to provide nursing training for students, which in turn, promotes job skills and qualified nurses for the job market which contributes to economic development in Windham County.
- Grace Cottage Hospital is involved in the following groups: Rotary Club of Brattleboro, The Brattleboro Development Credit Corporation, and the Brattleboro Chamber of Commerce.
- Grace Cottage Hospital is one of largest employers of North Windham County and currently employs 192 employees. GCH collaborates with the Townshend Community Food Shelf by supporting and holding food drives. The Resource Advocate refers patients and families to appropriate organizations for needed services or assistance. GCH and Rescue, Inc. have a collaboration agreement that provides medically necessary transportation for patients. Rescue, Inc. staff is housed on site. GCH has been involved in the Windham Regional Commission Transportation meetings to improve transportation options in the region. GCH works with local colleges to provide necessary nursing training for area students, which promotes job skills and qualified nurses that impacts employment and the poverty level.

## **Current Programs and Initiatives**

Brattleboro Memorial Hospital, Grace Cottage Hospital and The Brattleboro Retreat are committed to identifying and alleviating health care and wellness needs throughout our combined service areas. The health care organizations have several existing programs and initiatives which address some of the needs that were identified as a result of carrying out the 2012 Community Health Needs Assessment. Below is a list of these programs and initiatives grouped by the need for which they address.

## **Brattleboro Hospital Service Area – Blueprint Community Health Team**

The Brattleboro Vermont Blueprint Community Health Team has been in operation since December of 2011. During that time the team has developed productive working relationships with Brattleboro Primary Care, Windham Family Practice and Support and Services at Home (SASH).

The team is currently serving over 200 patients. Ninety-five patients have either completed the program or have been unwilling to meet with the team after referral. Patients who have completed the program have developed enough self-help skills to pursue goals independently and have been referred to other agencies or providers.

The primary activities of the team include weight loss and exercise programs for adults and children, nutritional counseling, cooking classes, short-term behavioral therapy, assessments for referrals to appropriate providers for long-term therapy, and intensive case management for patients with multiple chronic medical problems and multiple needs for community resources.

A number of patients have been able to lose a significant amount of weight while developing life-long weight loss and maintenance programs. The team is currently offering community classes for target populations an example of which are healthy cooking classes for high school students. The team is also targeting diabetic patients with elevated HgBA1C and working to have PCPs make referrals to the team when appropriate. The team will create classes on an ongoing basis to provide select diabetics with information and support. The team is also targeting patients with elevated BMI and will develop classes for that group.

As new teams are created and more practices become recognized as NCQA patient centered medical homes, the value of the Blueprint Community Health to the community will expand to community members. Eventually a majority of Brattleboro practices and Grace Cottage Family Health will be part of the Blueprint and will have access to Community Health Teams. A majority of local residents will then have access to this free service that will not only provide improved quality of life, but also create the potential for health care expenditure savings.

## **Collaborative Programs and Initiatives offered by BMH, Grace Cottage Hospital and the Brattleboro Retreat**

- ❖ Improve mental health in the community
  - Brattleboro Retreat staff psychiatrist Mario Hasaj, MD, sees outpatients full-time at Grace Cottage Family Health. With this partnership, Grace Cottage is able to provide psychiatric consultations for patients Monday through Friday.
- ❖ Support the expansion of health care services for seniors
  - Area nursing homes and assisted living centers participated in the Wellness in Windham Health Festival by providing free information and demonstrations to seniors to improve their overall health and wellness.
- ❖ Improve the health indicators of the community
  - In 2012, the three organizations created Wellness in Windham, a community-centered initiative aimed at promoting health and wellness throughout Windham

- County, Vermont. Wellness in Windham is comprised of two programs, the annual health festival and community health education calendar.
- The first Wellness in Windham Health Festival was held Saturday, September 22, 2012, on the front lawn of the Brattleboro Retreat. This event was a free, family-oriented, fun event with interactive activities for all ages; information about how to lead healthy, active lives; fitness demonstrations; healthy cooking demonstrations; and much more.
    - 2012 Wellness in Windham Health Festival: free health screenings and exams were offered to the public including breast exams, mental health screenings, blood pressure readings and osteoporosis screenings.
    - 2012 Wellness in Windham Health Festival: a free trail run was held on the Retreat Trails. This was an opportunity to promote the Retreat Trails, a network of more than nine miles of trails in Brattleboro, as a free wellness resource for the community.
    - 2012 Wellness in Windham Health Festival: the Brattleboro Retreat's food service, Sodexo, sold very affordable healthy food choices, including salads and sandwiches made with fresh and local produce. Sodexo dieticians also had a nutrition education exhibit table next to the food concessions providing attendees with free nutritional information and healthy recipes.
  - Wellness in Windham Health Education Calendar: offers a range of health and wellness workshops and classes bi-annually to the community, many of which are free of charge. Fall 2012 offerings included yoga, stress reduction, Tai Chi, Bone Builders and workshops focused on youth suicide prevention, spirituality and healing, AARP Driver Program, heart disease prevention, and chronic pain workshops.

### **Brattleboro Memorial Hospital**

1. Improve mental health in the community
  - Patients with substance abuse at BMH are provided with case management and referred to an appropriate agency or mental health care professional.
  - In March 2011, BMH implemented a Suicide Precautions and Close Observation policy. All patients with suicidal or self-harm tendencies are assessed using the tools provided in the Suicide / Self-Harm Assessment Tool pack. 1:1 observation is ordered for patients at risk.
2. Support the expansion of health care services for seniors
  - Works closely with area nursing homes and assisted living centers.
  - Through support of The Vermont Department of Health Access (DVHA), offers Healthier Living Workshops and Chronic Pain Workshops free to individuals over the age of 18. This program is partially funded by DVHA and subsidized by BMH with staff, administrative hours and food not covered by the Blueprint grant.
3. Support the expansion of affordable dental care
  - Participated in the United Way Dental Care Day on May 12, 2012 by providing 50 bag lunches to participants and volunteers.
  - Free Clinic is supported by BMH with rent free space and allows clinic patients to use some hospital services free of charge. In 2011, 107 patients had some restorative dental work, 58 patients received cleanings and education. Twenty percent of Free Clinic patients are from New

Hampshire and 80% are from Vermont. The free clinic will continue to offer dental services by appointment.

- Blueprint Community Health Team screens patients for dental health and assists patients in overcoming barriers in obtaining needed dental care.

4. Improve the health indicators of the community

- In 2011 BMH Oncology gave cancer patients \$4,700 in gas cards. Forty-two hundred of those dollars was funded by the Oncology Department. The additional \$500 was funded by gifts from patients. The Oncology Department also provided \$5,000 in assistance to cancer patients with extenuating financial circumstances (phone, car, power, oil, food, etc.).
- The Laboratory participated in prostate screening and donated 20 hours of staff time for this screening.
- Participates in the Blueprint Community Health Team (CHT) which treats patients with obesity, diabetes, hypertension, and mental health and substance abuse issues. The CHT is funded by the payers, but also subsidized by BMH. BMH gives “in kind” furnished office space, fringe benefits, computers and supplies to the CHT. BMH also contributes financially to CHT needs not covered for the full grant year of 2012, such as food and transportation to educational sessions. The Community Health Team focuses on Diabetic patients intensively by providing diet counseling and monitoring HgA1C through their Panel Management and Outreach Program.
- Provides free health care to those who would not otherwise be able to afford it and who do not have health insurance. This program is partially funded by donations raised.
- Patients without a Primary Care Physician (PCP) who are admitted to BMH have a Care Manager assign them to a PCP prior to discharge.
- With federal funding and a grant from the University of Vermont, BMH runs a Comprehensive HIV/AIDS Care Clinic.
- Offers a prostate screening annually to uninsured patients without a PCP.
- All BMH/SVHSC employed MDs accept Medicaid.
- Runs a Comprehensive Breast Care Program, which is partially funded by a grant from the National Breast Cancer Foundation. The program focuses on under-served populations.
- Offers free use of BMH conference rooms for multiple wellness programs such as yoga, stress reduction, Tai Chi and Bone Builders.
- Offers Fresh Start Tobacco Cessation programs that are partially funded by a DVHA grant and subsidized by BMH.
- TOPS (Taking Off Pounds Sensibly) program started May 1, 2012. Participants pay 75 cents per week, and BMH covers the administrative and operational costs.
- A member of the Healthy Communities Coalition- participated in Community Healthy Living Index (CHLI) to assess schools, after-school childcare programs, neighborhoods, worksites and community-at-large to measure support for physical activity and healthy eating.
- Participates in the Fit & Healthy Kids Coalition, a community initiative with a focus on stimulating and engaging the community in raising fit and healthy children.
- Two NCQA certified practices have selected asthma as a target chronic disease for the adult and pediatric populations. These patients are case

managed by Community Health Team in an effort to improve patient/family self management skills.

- A recent member of the former Food Access Task Force, a subgroup of Healthy Communities Coalition, with the purpose of increasing access to education and healthy foods for all families and building comprehensive Farm to School programs throughout the county.
- CHT offers home safety evaluations for those at risk for falls and makes physical therapy referrals for those with balance issues and high risk for fall.

### **Grace Cottage Hospital**

*Note: As a federally-designated Critical Access Hospital, Grace Cottage Hospital is a small rural hospital that provides health care to an otherwise medically-underserved community.*

1. Support the expansion of health care services for seniors
  - Works closely with area nursing homes and assisted living centers
  - Employs GCH providers, including the psychiatrist, provide care to patients in nursing homes and assisted living centers.
  - GCH provides Senior Solutions free office space to work with clients.
  - Provides Medicine on Time® program for its patients. The goal of this program is for patients to safely manage their medications and to be able to stay in their own homes as long as possible.
2. Improve the health indicators of the community
  - Provides free service and reduced fees for individuals who qualify.
  - Facilitates regular community gatherings asking for recommendations from the community on how to improve services and programs.
  - Participates in Vermont Blueprint for Health as part of the Brattleboro Memorial Hospital service area grant .
  - As part of Wellness in Windham Health Education, Grace Cottage Hospital offers the following classes to the public: Arthritis Self Help Program, Exercise for Better Balance, Tobacco Cessation, Strong Bones, Mediation Circle, Weight Watchers, Yoga and Zumba. Depending on the class, there may be a nominal fee, donation request, or free to the public.
  - GCH Rehab Department offers home safety evaluation with a provider referral.
  - Anti-Coagulation clinic offered for Grace Cottage Family Health patients and follow-up call to GCH discharged inpatients is made by pharmacy staff inquiring about medication access and concerns.
  - Registered dietitian provides counseling in hospital and clinic for patients with a referral.
  - Employed resource advocate on-site who assists patients under 60 to apply for health insurance, refers patients to other agencies for additional services.
  - GCH offers a fall prevention program through the Rehab Department. A one on one assessment is done by a qualified therapist. The therapist does an entire fall risk assessment providing necessary exercises to the patient and assisting with obtaining any needed equipment for the patient. Provider referral is required.

- Annually host and organize activities that involve the community such as: 5K race, Tour de Grace bike rally, and the Poker Walk. Area schools are asked to participate in all the activities as well.
- Has organized an annual Community Health Fair, with over 40 area non-profit organizations participating. This year as mentioned, the Health Festival was held in collaboration with BMH and the Brattleboro Retreat.

### **The Brattleboro Retreat**

*Note: The Brattleboro Retreat is a specialty mental health and addictions care hospital; therefore, some of the goals do not fall under the purview of the Retreat.*

1. Improve mental health in the community
  - In collaboration with the Center for Health & Learning's (CHL) U Matter Youth Suicide Prevention program, the Retreat held a community workshop in May 2012 bringing together parents, educators and other community members to address the issue of youth suicide in Windham County and discuss community-based support for prevention. The response was so positive that the Retreat and the CHL will offer a longer workshop on this topic through the Wellness in Windham Health Education series in the fall 2012.
  - Provided nearly \$1.5 million in uncompensated care in 2011. Patient recipients need this uncompensated care for a number of reasons. In some cases, the individual did not have insurance or the ability to pay. In other cases, the insurance companies denied coverage or would only pay for a portion of the charges.
  - Runs a robust, year-round Continuing Education Program for mental health professionals. The Program provides high-quality, advanced practice workshops to meet the ongoing educational needs of mental health clinicians and other professionals by providing cost-effective, engaging programs led by top national and regional trainers in the fields of mental health, addiction and human development.
  - As part of the Continuing Education Program, the Retreat runs a Mid-Winter Lunch Series that is free and open to the community. Each series consists of approximately three one-hour workshop luncheons focused on topics that are relevant and of interest to the local provider community.
  - Serves as an organizational partner and sponsor to Brattleboro Community TV (BCTV). In collaboration with BCTV, the Retreat provides educational programming on a bimonthly basis focused on breaking the stigmas associated with mental illness and addictions.
  
2. Improve the health indicators of the community
  - Offers free use of Retreat conference rooms and AV equipment to Vermont state agencies' and nonprofit organizations' events or workshops aimed at improving public health, educating or training the professional/provider community or benefiting the community at large.

## **Brattleboro Memorial Hospital's Implementation Plan for 2013 – 2015**

The following implementation plan was presented for evaluation, input and suggestions to the BMH Executive Committee of the Board of Directors on December 6, 2012 and the BMH Senior Leader Team on December 18, 2012. The percentage reductions or increases will be determined at a later date through ongoing consultations and collaborations with one another and other stakeholder groups.

### **Goals Identified in the CHNA**

As a result of collecting comprehensive data using both quantitative and qualitative research methods with the participating health care organizations, Brattleboro Memorial Hospital identified the following goals to meet in the upcoming 2013-15 period:

- Improve the following health indicators of the community:
  - Diabetes
  - Obesity
- Support the expansion of health care services for seniors
- Improve community awareness of existing health and wellness programs and services
- Support the expansion of affordable dental care
- Improve mental health services in the community which includes improving community awareness and protocols for suicide prevention

### **Goal: Improve the health indicators of the community**

**Objective:** Decrease the prevalence of Type II Diabetes and mitigate the long-term effects for those with Type I Diabetes

**Objective:** Decrease the prevalence of Type II Diabetes from 5% to 3% which is the state-wide goal by 2015.

**Action:** BMH will offer a program on Type II Diabetes in 2013 for Wellness in Windham Health Education Calendar.

**Action:** Community Health Team RN Care Coordinator and Health Coach will work aggressively to mitigate the long-term effects of Type I Diabetes and intervene to decrease the incidence of Type II Diabetes with those at risk.

**Action:** BMH's current RN CDE will become part of the Blueprint Community Health Team in 2013.

**Action:** BMH will partner with the YMCA of Greater Burlington and the Department of Vermont Health Access (DVHA) to offer the YMCA Diabetes Prevention Program in Windham County in 2013.

**Action:** Cross-train current chronic disease self-management program leaders in the Diabetes Self-management program supported by DVHA. (2012)

**Objective:** Decrease the rate of obesity in Windham County from 23% to 20% (State-wide goal is 15%)

**Action:** BMH Registered Dietician will partner with community organizations to assist them with starting a teen Taking Off Pounds Sensibly (TOPS) Program.

**Action:** BMH will continue to offer TOPS Program for adults.

**Action:** CHT will offer classes for patients for management of chronic diseases including diabetes.

**Action:** CHT Health Coach will continue to work aggressively with patient referrals to address obesity and diabetes through diet and exercise.

**Action:** CHT Health Coach will continue to partner with Brattleboro Food Co-op to offer healthy cooking classes to parents and their children.

**Action:** Cross-train current Chronic Pain/Healthier Living Workshop leaders to lead Diabetes Self-management program.

### **Goal: Support the expansion of health care services for seniors**

**Objective:** Strengthen Home and Community-based Services for Seniors.

**Action:** The Community Health Team will collaborate with Support and Services At Home (SASH) wellness nurse and program coordinator to provide proactive wellness care to Seniors and the disabled living in Brattleboro Housing Authority residences or at home.

**Action:** Maintain Medical Director for Post Acute Services to enhance primary care of patients at skilled nursing facilities. This position has the following responsibilities:

1. Serve as Medical Director at the Skilled Nursing Facilities to meet the terms of the facility contract with Brattleboro Memorial Hospital.
2. Primary clinical care of patients at Skilled Nursing Facilities with which BMH has a contractual agreement (Pine Heights, Thompson House and Vernon Green Nursing Home).
3. Liaison with BMH ER physicians and Hospitalists on Post Acute care coordination.
4. Scheduling work assignments and holiday rotation for coverage of the Post Acute practice.
5. Regular meetings with each SNF administrator, director of nursing and other key decision makers in the SNF to achieve medical care goals.
6. Oversight of visit capture and coding service clinical encounters to ensure all necessary or required services are billed in compliance with applicable rules and regulations.
7. Oversee the quality of the Post Acute team including: Complaint investigation and follow-up, readmission rates analysis, SNF quality initiatives, and Chart and Case reviews.
8. Arrange in a reasonable and timely manner for follow-up treatment of patients evaluated or treated by physician where such follow-up treatment is medically indicated.

9. Prepare and cause to be maintained in a timely fashion all necessary medical records for patients treated by physician.
10. Supervise the clinical performance of non-physician clinical staff such as nurses and nurse practitioners, if any.
11. Attend hospital monthly medical staff meetings, departmental and committee meetings and other meetings as requested by the hospital or required by the medical staff by-laws.
12. Provide the foregoing services at the physician's assigned location as mutually determined by the hospital and the physician.

**Action:** Continue to evaluate efficacy of BMH Delirium management protocols (BMH Care Management).

**Action:** Decrease the rate of reported ER falls admissions by 5% by 2015.

**Action:** CHT will work with Blueprint SASH Wellness Coordinator and Wellness Nurse at SASH to educate patients at risk for falling.

**Action:** BMH will offer Standing Tall Spine Health Class (Level 1 and 2) (ongoing 2013-2015).

**Action:** BMH will partner with Senior Solutions to offer research based program "A Matter of Balance" Fall Prevention Program to community members (April 2013).

**Goal: Improve community awareness of existing health and wellness programs and services (collaborate with The Brattleboro Retreat and GCH)**

**Objective:** Improve utilization of existing Health and Wellness services.

**Action:** Maintain an up-to-date Wellness in Windham Health Education Calendar of BMH and Wellness in Windham website (2013-2015).

**Action:** Offer community programming on 2-1-1 in partnership with Blueprint RN Care Coordinator's Community Resource Guide (in 2013).

**Action:** Increase attendance at Wellness in Windham Health Festival (2013-2015).

**Action:** Feature 2-1-1 program at Wellness in Windham Health Festival (in 2013).

**Goal: Support the expansion of affordable dental care**

**Objective:** Enhance opportunities for dental care for the underserved populations.

**Action:** Explore deeper partnerships with United Way to improve opportunities for dental care among the underserved populations (2013-2015).

**Action:** Continue supporting the free clinic offering preventative and restorative dental care(2013-2015) .

## **Goal: Improve mental health in the community (Collaborate with Grace Cottage Hospital and The Brattleboro Retreat)**

**Objective:** Decrease completed suicide rate in Windham County by 10% by 2015.

**Action:** Partner with Center for Health and Learning to provide U Matter Youth Suicide Prevention workshop twice annually in the Wellness in Windham Health Education Calendar.

**Action:** Provide suicide risk training for health professionals, offering CME's for MD's and contact hours for nurses.

**Action:** Continue to evaluate efficacy and ongoing updates of BMH's care management protocols for suicide 1:1 patient monitoring.

**Action:** Collaborate with community agencies to develop strategies to decrease the rates of alcohol, tobacco and other drug use as reported in the Vermont High School Youth Risk Behavior Survey.

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## Appendices

### Appendix A

#### **Community Assessment 7/16/12 Focus Group Discussion Results Grace Cottage Hospital, PO Box 216, 185 Grafton Road, Townshend, VT 05353**

1. What are the greatest strengths/assets in our community?

- GCH – tobacco cessation, wellness, yoga, weight watchers, arthritis group, Zumba, strong bones, 5k, health festival.
- Psychiatry services
- Volunteer EMS/rescue
- Parks Place
- After school programs (grades 5–8 now, K–4 soon to be implemented)
- Teenage pregnancy/ young fathers groups
- Medicaid

- High volume PCP
- Children's integrated services (nursing, social work, prenatal health)
- Community support – grants
- SEVCHA – senior solutions
- Valley Cares
- Nutritional programs – farm to school
- V hap – Catamount
- Religious organizations
- Food pantry
- Meals on wheels
- EBT – card, farmers market
- Volunteerism

2. What do you believe to be the most important health or medical issue confronting the residents of Windham County?

<u>Ranked as #1</u>	1 - chronic respiratory disease	2 - diabetes
3-mental health	2 - obesity	1 - obesity
1-geriatric care	1 - mental health	1 - injury
1-injury		2 - mental health
2-obesity	<u>Ranked as #3</u>	1- heart disease
2-substance abuse	1 - cancer	<u>Ranked as #5</u>
	2 - obesity	3 - heart disease
<u>Ranked as #2</u>	2 - substance abuse	1 - mental health
1 - substance abuse	1 - oral health	1 - oral health
1 - oral health	1 - heart disease	1 - substance abuse
2 - tobacco use	1 - diabetes	1 - geriatric care
1 - diabetes	<u>Ranked as #4</u>	1 - chronic respiratory disease
	1 - oral health	

3. What other issues, if any, play a role in being an obstacle for community members to lead a healthy life?

4 - access to care	9 - poverty
2 - bullying	1 - sexual violence
4 - domestic violence	2 - teen pregnancy
5 - lack of insurance	9 - transportation
6 - low education level	

4. How would you describe the range of health services available in the community?

- Many excellent services, but perhaps there is a decreased awareness of those services in most rural communities. See question 1 answers as well.

5. How would you describe the community's awareness about health issues?

- Community is misinformed about what is available
- Unaware of how to get information
- Not seeking services (due to lack of insurance or transportation)
- Easily led by mass media (medication and attorney commercials)
- Unaware of services
- Not seeking preventative care

- Not seeking follow up care
6. Are there services that community members have little or no access to?
- Dental care
  - Acute mental health care (placement, crisis team, no available beds)
  - Preventative services
  - Nutritional services (transportation, education, expense)
  - Women's health care
  - Chronic pain care
  - Specialty care (dialysis)
  - Support groups
  - Diabetic clinic
  - Eating disorder clinic
7. What are the most commonly cited barriers to accessing medical health services?
- Money
  - No insurance
  - Stigma
  - Education
  - Transportation
  - Community members are stuck in cycle
8. What are some of the unmet health care needs you see in this community?
- Diabetic clinic
  - Younger providers
  - Dental care
  - Cardiac/pulmonary rehab
  - Care for those with Alzheimer's Disease
9. Are there services/programs you would like to see added to this community?
- Dental care
  - Cardiac pulmonary care
  - Access to better food
  - More stock in food pantry
  - Nutritional education
  - Coaching to use programs
  - 2-1-1
  - Advertizing what help is available
  - Resource guide
  - Community advisory groups
  - Bring back programs that have been cut
  - Prevention coalition groups
10. Is there a specific population that is more at risk due to lack of community services?
- 3 - infants
  - 2 - kids
  - 5 - teens – preventative health – access to care
  - 2 - pregnant women – addiction – teen pregnancy- lack of prenatal care
  - 2 - adults – transient people – single parent household - uninsured
  - 4 - seniors – transportation

## Appendix B

### 5/18/12 Focus Group Discussion Results

Brattleboro Memorial Hospital, 17 Belmont Avenue, Brattleboro, VT 05301

Population groups discussed: pregnant women and infants, children, teens/young adults, adults, seniors

Questions Asked of Key Community Leaders for Each Age Group:

1. What are the three most salient mental and physical (including dental) health needs for this population?
2. What are the gaps and barriers that contribute to difficulties in addressing these health needs?
3. What current resources in the community are working effectively to address these needs?
4. What suggestions do you have to improve the health of this population?

### Pregnant women and infants

Salient Needs:

- Education / counseling
- Access to mental health services for pregnant & post-partum women
- Nutrition Education

Health Care Gaps / barriers

- Lack of education
- Lack of comfort in getting care
- Lack of mental health / substance abuse services

Current Effective Community Resources

- Early education services
- WIC
- BMH and support

Suggestions to improve health

- Education: nutrition, early childhood parenting
- Mentoring
- More peer support groups and respite

### Children

Salient Needs:

- Healthy parents – ATOD support, mental health support, health issue support
- Good adult role models
- Dental care – screenings, cleanings, treatment and education on nutrition – guardians and parents too

Health Care Gaps / Barriers

- Parent education
- Alcohol and tobacco ads geared to kids
- Lack of education, management skills in accessing complex services and not enough child psychologists

Current Effective Community Resources

- Social Services agencies
- Parks & Rec
- School system efforts/activities

Suggestions to Improve Health

- Health/nutrition education in school as core curriculum
- Turn off TV
- More love

### Teens/Young Adults

#### Salient Needs:

- Jobs/job training programs (meaningful)
- Access to psych services
- Role models for leading healthy lives and lack of mentoring

#### Health Care Gaps / barriers

- Lack of respect for this group and no role for them
- Access to services
- Undiagnosed mental health

#### Current Effective Community Resources

- Jobs program – HCRS
- Boys & Girls Club
- Youth Services

#### Suggestions to Improve Health

- Meaningful community role
- Health promotion in community
- Creative alternative education programs

### Adults

#### Salient Needs:

- Livable wage
- Health insurance, affordable
- Mental health access

#### Health Care Gaps / barriers

- Not enough preventative education and lack of interest and motivation
- Affordable wages and jobs
- Insurance
- Universal health care

#### Current Effective Community Resources

- “Pathways to Housing” – (fed. program)
- Neighborhood Market
- Vocational Rehab

#### Suggestions to improve health

- Expand walk-in clinic days/hours – have it attached to ER
- Increase access to affordable medication
- Violence prevention

### Seniors

#### Salient Needs:

- Need for increased in-home care
- Isolation – social
- Lack of respect for seniors – need for intergenerational activities and coordination of service

#### Health Care Gaps / barriers

- Lack of respect for this group and no role for them
- Access to services
- Undiagnosed mental health

#### Current Effective Community Resources

- Senior Solutions
- 3 square VT food stamps, commodities VT Foodbank

- The Gathering Place, Sr. Center /meals on wheels, churches, SASH (Sr. Aging Support @ Home), & CARES, Inc

#### Suggestions to Improve Health

- Increasing money to support existing programs and increase availability / geographically
- Increase in-home care
- Intergenerational activities and home visiting program – w/ med monitoring

## Appendix C

### July 2012 Community Needs Assessment – Survey Monkey Questionnaire Results Grace Cottage Hospital, PO Box 216, 185 Grafton Rd., Townshend, VT 05353

1. In your own words, what do you believe to be the most important health or medical issue confronting the residents of Windham County?

Write-in responses were:

- |   |  |
|---|--|
| • Obesity                                       | • Mental illness                                       |
| • Care for the aging                            | • Poor dental health                                   |
| • Lack of housing and insurance for the elderly | • Drug addiction                                       |
| • Alcohol                                       | • Lack of access to preventative medicine and wellness |
| • Smoking                                       | • Lack of affordable health care                       |

2. What is your opinion about the following medical and mental health issues in your community?

Minor issues: Childhood vaccination

Moderate issues: Sexually transmitted diseases, teen birth rates/teen pregnancy, suicide deaths, eating disorders, heart disease, flu/pneumonia

Major issues: Mental health problems, people making unhealthy food choices/obesity, not having health insurance, diabetes, cancer

3. What is your opinion about the following drug and other substances abuse issues in your community?

Moderate issues: Substance abuse of prescription/nonprescription drugs among the elderly, prescription drug abuse (regardless of age)

Major issues: Alcohol use, youth drug use, youth smoking/tobacco use, adult (18 – 64) substance abuse of prescription/nonprescription drugs, smoking/tobacco use (regardless of age)

4. What is your opinion about these other possible community issues?

Minor issues: Presence of radon, littering, water pollution, air pollution

Moderate issues: Low education levels, motor vehicle accidents, availability of exercise resources or fitness opportunities, domestic violence, sexual violence, bullying in schools

Major issues: Poverty

5. Thinking of the past two years, please tell us your impression for each of the categories of potential health needs.

The majority of people who were surveyed perceived concerns regarding:

- Individual and family health
- Emergency preparedness
- Environmental factors
- Particular group needs
- Healthy living
- Health care availability
- Safety
- Public health

6. Please rank, in order, the top four potential community health needs in terms of the order of importance to resolve problems that you see.

	Most important	2 <sup>nd</sup> importance	3 <sup>rd</sup> importance	Additional priority
Indiv/family health	<b>55.9%</b>	32.4%	5.9%	5.9%
Emergency preparedness	<b>32.1%</b>	28.6%	21.4%	17.9%
Environmental factors	12.0%	<b>52.0%</b>	20.0%	16.0%
Particular group needs	14.3%	<b>42.9%</b>	28.6%	14.3%
Healthy living	<b>43.8%</b>	21.9%	21.9%	12.5%
Health care availability	<b>64.3%</b>	14.3%	17.9%	3.6%
Safety	<b>45.5%</b>	27.3%	18.2%	9.1%
Public health	<b>45.8%</b>	16.7%	12.5%	25.0%

7. In your household, how would you describe the following health issues?

- Having a lot of anxiety or stress – moderate issue
- Experiencing depression – tied for not an issue and minor issue
- Experiencing an alcohol and/or drug issue – not an issue
- Adults being overweight or obese in your household – not an issue
- Children being overweight or obese in your household – not an issue
- Not being able to access care for a person with a serious physical illness – not an issue
- Thoughts of suicide – not an issue
- Not being able to access affordable dental care – not an issue

8. How would you describe the following housing issues, relative to you or your family?

- Not having enough room in your house for the people who live there – not an issue
- Living in housing that needs major repair – not an issue
- Experiencing a mold or mildew problem in your house – not a issue
- Not having enough money to pay for housing – not an issue
- Breathing problems from heating with wood – not an issue

9. In your household, how would you describe the ability to obtain the following support services?

- Lack of activities for school-aged children and teens – not an issue
- Not being able to find childcare for school age children (before, after, summer) – not an issue

- Not being able to access in-home care for an adult aged 65 or older – not an issue
- Not being able to find or afford childcare for a child aged 0-5 – not an issue
- Not knowing how to access services or information in Windham County – not an issue
- Not being able to find transportation for a person with physical disabilities for someone 65 or older – not an issue
- Not being able to use public transportation to get to a job or appointment on time – not an issue
- Not having a working vehicle – not an issue
- Not being able to find a crisis intervention resource – not an issue

10. Please answer the following questions regarding tobacco products used in your household.

- Does anyone in your household use tobacco products?  
Yes: 22.2%      No: 77.8%
- Does anyone in your household smoke in the home or in the car when non-smokers are there?  
Yes: 2.8%      No: 97.2%
- Do you talk to your child about the harmful effects of using tobacco, alcohol and drugs?  
Yes: 55.6%      No: 5.6%
- Would it be okay if your child used alcohol as long as he/she did not use other drugs?  
Yes: 0.0%      No: 72.2%

11. Please answer the following questions regarding use of medical services

- Do you have a primary care doctor?  
Yes: 97.1%      No: 2.9%
- Do you have a primary care dentist?  
Yes: 88.9%      No: 11.1%
- Do you have an eye care provider?  
Yes: 94.4%      No: 5.6%
- If you require mental health care, do you have a mental health counselor?  
Yes: 34.3%      No: 62.9%
- If you require chiropractic services, do you have a chiropractor?  
Yes: 28.6%      No: 68.8%

12. In the last two years, have you or any household member left the county in search of medical care?

- Yes – 22.2%
- No – 77.8%

13. From a scale of 1 (worst possible) to 10 (best possible), how do you rate your overall health today?

1	2	3	4	5	6	7	8	9	10
0.0%	0.0%	0.0%	0.0%	11.1%	13.9%	19.4%	19.4%	27.8%	8.3%

14. In the past year did you experience three or more problems accessing medical care due to cost?

Yes – 11.1%

No – 88.9%

15. During the past 12 months, what health care services did you need and were NOT able to get, and what was the primary reason?

- A doctor visit, check up or exam – service not needed or was received
- Mental health care/counseling – service not needed or was received
- Eye glasses or vision care – service not needed or was received
- Medical supplies or equipment - service not needed or was received
- Appointment or referral to a specialist – service was not needed or was received
- Dental – service were not needed or was received
- Other medical treatment (tests, x-rays, surgery) – service was not needed or was received
- Medications or prescriptions – service was not needed or was received

16. Compared to a year ago...

- My physical health is – no change
- My mental health is – no change
- My financial situation is – no change
- My employment is – no change
- The local economy is – worse
- Local health problems are – no change

17. Thinking about your physical health, which includes physical illness and injury, how many days during the past 30 days were you in poor physical health?

Response average: 2.49 days

18. Thinking about your mental health, which includes stress, depression and problems with emotions or substance abuse, how many days during the past 30 days did your mental health condition or emotional problem keep you from doing your work or other activities?

Response average: 1.57 days

19. During the past year have you had any medical bill problem or medical debts?

Yes – 16.7%

No – 83.3%

20. What is your zip code?

Responses were all within Windham County.

21. How many adults 18 and older, including yourself, live in your household?

Response average: 2.25

22. How many adults 65 years of age or older, including yourself, live in your household?

Response average: .42

23. How many children in the following age groups live in your household?

0 – 4 years – Response average - .17

5 – 17 years – Response average - .51

24. What is your age group?  
Under 18 – 2.8%                      35 to 54 – 41.7%                      75 and older – 11.1%  
18 to 24 – 2.8%                      55 to 64 – 25.0%  
25 to 34 – 8.3%                      65 to 74 – 8.3%
25. Are you male or female?  
Male – 19.4%                                      Female – 80.6%
26. What do you consider to be your primary racial group?  
White – 100.0%
27. Do you consider yourself Spanish/Hispanic/Latino?  
No – 100.0%
28. What is the highest level of education you have completed?  
Some high school – 2.8%  
High school degree/GED – 13.9%  
Some college – 13.9%  
College associates degree – 13.9%  
College bachelors degree – 22.2%  
Post graduate degree – 22.2%  
Trade/technical school certificate/degree – 11.1%
29. What is your marital status?  
Single – 8.3%                                      Separated – 0.0%  
Married – 75.0%                                      Widowed – 8.3%  
Divorced – 8.3%
30. Counting income from all sources and counting income from everyone living in your home, which of the following ranges did your household income fall into last year?  
Less than \$5,000 – 2.9%                      \$35,000 - \$49,999 – 8.6%  
\$5,000 - \$9,999 – 0.0%                      \$50,000 - \$99,999 – 37.1%  
\$10,000 - \$14,999 – 0.0%                      \$100,000 - \$199,999 – 22.9%  
\$15,000 - \$24,999 – 2.9%                      \$200,000 or more – 2.9%  
\$25,000 - \$34,999 – 22.9%
31. What is your current employment status?  
Employed full time – 63.9%                      Retired – 16.7%  
Employed part-time at multiple jobs-                      Disabled – 2.8%  
11.1%                                      Self-employed – 2.8%  
Employed part time and not seeking                      A homemaker – 2.8%  
additional employment – 2.8%                      A student – 5.6%
32. What type of health insurance do you have?  
Private medical insurance – 85.7%                      Medicaid – 2.9%  
Medicare – 20.0%                                      None – 2.9%
33. If there are any health needs you would like to emphasize, please do so now.  
Write-in responses were:

- Plans to educate the community about health resources
- Better mental health resources
- Vermont Yankee must close
- Housing and transportation for the elderly
- Better preparation for natural disaster
- Violence in schools and community
- More opportunities/education for better nutrition and physical activity
- Public health issues such as vaccines for children
- Services to meet the needs of the disabled

## Appendix D

### July 2012 Needs Assessment Survey Results

Brattleboro Memorial Hospital, 17 Belmont Avenue, Brattleboro, VT 05301

Total Started Survey: 227

Total Finished Survey: 190 (83.7%)

Survey period: 5/12 – 8/12

Survey distributed using the following venues

- BMH Website & Facebook Page
- iBrattleboro
- United Way funded Partners & Business Partners & United Way Facebook Page
- SharePoint BMH site (internal)
- BMH Gauzette (June) & BMH Pulse (June) - Hospital Publications
- School Nurses via Vermont Department of Health Distribution List
- Vermont Department of Health Groups (Local Emergency Planning Groups)
- Brattleboro District Leadership Team
- Healthy Communities Coalition
- Vermont Blueprint for Health Clinical Planning Group (Community-wide organizational membership)
- Strolling of Heifers BMH Booth (hard copy and electronic link available)
- Brattleboro Chamber of Commerce
- Hard copies BMH main entrance front lobby and Richards' Building lobby and in Brooks Memorial Library in Brattleboro, VT

1. When you imagine a strong, vibrant, healthy community, what are the most important features you think of? Please choose three (3)..

Top 3 Answers of people who answered question:

Health care services had 101 responses – 45.3%

Livable wages had 100 responses – 44.8%

Good schools had 79 responses – 35.4%

2. When you think of the community where you live, what are you most concerned about? Please choose up to five (5).

Top 3 answers of people who answered this question:

Affordable healthcare had 114 responses – 50.2%

Livable wage had 113 responses – 49.8%  
Economic opportunities had 96 responses – 42.3%

3. In your community, how much need is there for . . .

Top 3 answers of for high need:

Affordable dental care had 169 responses– 87.6%

Affordable health care had 165 responses– 84.6%

Access to dental care for low-income people had 157 responses for high need – 80-5%

4. Regarding seniors in your community, how much is there a need for . . .

Top 3 answers for high need:

Affordable in-home care had 98 responses– 74.1%

Transportation had 135 responses– 70.3%

Elder housing had 127 responses– 66.8%

5. Regarding children and families in your community, how much need is there for . . .

Top 3 answers for high need:

Good childcare had 117 responses – 63.2%

Parenting education had 115 responses – 59.6%

After-school programming had 110 responses – 57.6%

6. Regarding hunger and nutrition in your community, how much need is there for . . .

Top 3 answers for high need:

Obesity prevention programs had 150 responses – 78.5%

Access to affordable healthy foods had 147 responses – 75.8%

Adequate nutrition for adults had 125 responses – 74.6%

7. Regarding substance abuse in your community, how much need is there for . . .

Top 3 answers for high need:

Reduction in binge drinking (youth) had 127 responses – 65.8%

Substance abuse prevention programs had 120 responses – 63.2%

Access to substance abuse treatment – residential had 118 responses – 61.5%

8. Regarding mental health in your community, how much need is there for . . .

Top 3 answers for high need:

Prevention of mental health issues had 133 responses – 70.4%

Timely access to treatment had 125 responses – 66.1%

Access to mental health services for children and teens had 119 responses – 62.3%

9. In the last 12 months, what problems have you experienced in trying to obtain health care? Please check all that apply.

Top 3 answers:

No problems getting health care had 78 responses – 43.6%

Long time to be seen at clinic or doctor's office /waiting time had 49 responses– 27.4%

Lack of services that are at a convenient time had 44 responses – 24.6%

10. In your opinion, what would improve quality of life for residents in Windham County?

Please choose up to three (3).

Top 3 answers:

Increased job opportunities had 98 responses – 50.5%

More access to dental healthcare providers had 66 responses - 34%  
More affordable housing opportunities had 62 responses – 32%

11. In a typical day, how many meals or snacks include fruits or vegetables?

Top 3 answers:

3 times per day had 57 responses – 30.3%  
2 times per day had 55 responses – 29.3%  
1 time per day had 18 responses – 9.6%

12. In the last 12 months, has lack of money kept you from going to the doctor?

No had 141 responses – 73.4%  
Yes had 51 responses – 26.6%

13. Do you currently smoke cigarettes?

No had 177 responses – 92.2%  
Yes had 15 responses - 7.8%

14. How many days in a typical week do you brush your teeth?

Top 3 answers:

7 days had 161 responses – 85.1%  
7 days more than once a day had 13 responses – 6.8%  
5 days had 4 responses – 2.1%

15. Do you currently have health insurance?

Yes had 180 responses - 93.8%  
No had 12 responses – 6.3%

16. How physically healthy are you?

Top 3 answers:

Very healthy had 84 responses – 43.8%  
Moderately healthy had 79 responses – 41.1%  
Extremely healthy had 18 responses – 9.4%

17. How important is exercise to you?

Top 3 answers:

Very important had 69 responses – 35.8%  
Moderately important had 61 responses – 31.6%  
Extremely important had 50 responses – 25.9%

18. What do you do most often for exercise?

Top 3 answers:

Walk had 129 responses – 71.3%  
Run had 17 responses – 9.4%  
Hike had 14 responses – 7.7%

19. Do you feel you get too much exercise, too little exercise, or about the right amount of exercise?

Top 3 answers:

Slightly too little has 91 responses – 47.6%  
Much too little had 43 responses – 22.5%  
About the right amount had 53 responses – 27.7%

20. How easy is it for you to get to your doctor's office?

Top 3 answers:

- Very easy had 69 responses – 36.1%
- Extremely easy had 51 responses – 26.7%
- Moderately easy had 43 responses – 22.5%

21. Do you reside in Windham County?

- Yes had 168 responses – 86.6%
- No had 26 responses – 13.4%

22. What is your zip code?

Top 3 answers:

- 05301 (Brattleboro, VT) had 97 responses – 51.1%
- 05345 (Newfane, VT) had 10 responses – 5.3%
- 05346 (Putney/East Dummerston, VT) had 10 responses – 5.3%

23. Are you a resident of Vermont?

- Yes had 172 responses – 89.1%
- No had 21 responses – 10.9%

24. What is your gender?

Top 3 answers:

- Female had 162 responses – 83.9%
- Male had 28 responses – 14.5%
- Do not identify with male or female had 3 responses – 1.6%

25. What is your age?

Top 3 answers:

- 50-59 had 62 responses – 32.1%
- 60-69 had 37 responses – 19.2%
- 40-49 had 35 responses – 18.1%

26. What is your highest level of education?

Top 3 answers:

- Bachelor's degree had 59 responses – 30.6%
- Graduate degree had 43 responses – 22.3%
- Some college had 37 responses – 19.2%

27. What is your household income?

Top 3 answers:

- \$50,000 - \$99,000 had 79 responses – 41.4%
- \$25,000 - 49,999 had 39 responses – 20.4%
- \$100,000 - \$149,000 had 21 responses – 11%

28. What is your race / ethnicity?

Top 3 answers:

- White (non-Hispanic) had 177 responses – 93.7%
- Prefer not to answer had 7 responses – 3.7%
- Hispanic had 4 responses – 2.1%

29. Do you have children under the age of 21 living with you?  
 No had 128 responses – 67%  
 Yes had 63 responses – 33%
30. Do you have an elder parent or adult living with you?  
 No had 169 responses – 87.6%  
 Yes had 24 responses – 12.4%
31. What is your employment status?  
 Top 3 answers:  
 Full-time had 124 responses – 64.6%  
 Part-time had 31 responses – 16.1%  
 Retired had 19 responses – 9.9%
32. Do you have medical insurance?  
 Top 3 answers:  
 Yes, private (CIGNA, Blue Cross Blue Shield, etc.) had 151 responses – 79.1%  
 Yes, public (Medicaid, Medicare, etc.) had 31 responses – 16.2%  
 No had 9 responses – 4.7%

## Appendix E

### June 2012 Community Needs Assessment Provider Survey Results Grace Cottage Hospital, PO Box 216, 185 Grafton Road, Townshend, VT 05353

Survey was taken of: 4 Physicians; 1 Physician Assistant; 2 Nurse Practitioners

Six of the surveyed providers serve patients of all ages; one provider serves primarily patients who are 55 to 64 years of age.

#### Questions:

1. Do the patients at Grace Cottage Hospital and Grace Cottage Family Health have access to all needed services?  
 4 no; 3 yes
2. If they could, they would provide what services to their patients?
 

Dental care	Chiropractic care
More education	Oncology care
Geriatric consultation clinic	Access to free indoor track with staff BLS van to/from hospital
3. Do many of the patients they care for have access to a balanced diet?  
 4 no; 1 yes; 2 no answer
4. Is there anything that patients say they cannot get?
 

Reliable transportation	
Fresh fruits and vegetables all year long	
Dental care	Jobs

5. If there was one thing that would make the care better at Grace Cottage Hospital, what would it be?
- |                                      |                                     |
|--------------------------------------|-------------------------------------|
| Improved social services             | Transportation for patients         |
| Dental care                          | Nutrition counseling                |
| Wide use of VNA for home supervision | Less government                     |
|                                      | Swimming pool programs for all ages |
6. I could provide better care for the people of the community if I had what service available?
- |                             |                          |
|-----------------------------|--------------------------|
| A social worker             | BIPAP/CPAP               |
| National health care system | Wide use of VNA services |
| Dental care                 |                          |
7. What educational needs do the patients at Grace Cottage Hospital need?
- |                       |  |
|-----------------------|--|
| Nutritional education | Diet/exercise counseling                 |
| Dental education      | Medication/dosage education              |
| Diabetic education    | Chronic illness approaches with families |
8. What services have your patients requested that they would like to have available?
- |                          |                   |
|--------------------------|-------------------|
| Oncology                 | Chiropractic      |
| Dermatology              | MRI               |
| Neurology                | Dialysis          |
| Consulting pulmonologist | Smoking cessation |
| Dental care              |                   |

## Appendix F: CHNA Steering Committee

Chair: Wendy Cornwell, RN, BS, BSN, Director, Department of Community Health & Hospital Education, BMH

Members:

- Diane Champion, RN, MPH, District Director, State of Vermont Department of Health, Brattleboro, VT
- Elaine Swift, Quality Director, Grace Cottage Hospital
- Carmen Derby, Executive Director, United Way of Windham County
- Sadie Fischesser, PhD, MA, Field Director, Agency of Human Services, Bennington & Brattleboro Districts
- Carol Lechthaler, RN, MSN, Facility Liaison, VNA & Hospice of VT and NH
- Julia Sorensen, MBA, LICSW, Senior Director of Marketing, Communications & Strategic Planning, Brattleboro Retreat
- Joyce Lemire, Executive Director, Senior Solutions
- Suzanne Shapiro, RN, Assisted Living Program Director, Valley Cares
- Jessie Casella, Medical Librarian, BMH

## Appendix G

## **Hospital Service Areas**

### **The Brattleboro Retreat**

The Brattleboro Retreat is a regional, specialty hospital; therefore, the catchment area spans much of New England, particularly Vermont, New Hampshire and Western Massachusetts.

Patients admitted to the Brattleboro Retreat – 2011

- nearly 60% of patients come from within the state of Vermont, of which 22% are from Windham County
- 24% from Massachusetts
- 10% from New Hampshire
- 7% from Connecticut, New York, Maine and beyond

### **Grace Cottage Hospital**

Most GCH patients come from the following area towns: Athens, Bellows Falls, Bondville, Brattleboro, Brookline, Chester, Dover, Dummerston, Grafton, Jamaica, Londonderry, Newfane, Putney, Saxtons River, Townshend, Vernon, Wardsboro, Westminster, Wilmington and Windham. In addition, Grace Cottage regularly cares for second home owners and a number of area visitors.

### **Brattleboro Memorial Hospital**

BMH Service Area: 22 towns with a combined population of approximately 59,000 residents.

Blue: Primary service area

Yellow: Secondary service area

