



Copley Hospital Community Health Needs Assessment 2012

Copley Hospital Community Relations

This assessment was designed to fulfill the requirements of the Federal Patient Protection and Affordable Care Act (PPACA), with guidance from the Vermont Department of Health (VDH), and to help Copley Hospital fulfill its mission.

Index

Section I	Overview and Prioritized Health Needs in Area
Section II	Secondary Data Review
Section III	Implementation Strategy and Action Plan
Appendix A	2011 Community Health Needs Assessment
Appendix B	2012 Assessment Survey Tabulation
Appendix C	List of HPSA Providers in the Area



Our Vision: Copley envisions a community with wellness at its core and clear access to a comprehensive continuum of quality care.

Our Mission: To oversee and coordinate the provision of services, to provide leadership in implementing the vision promoting wellness and to assure clear access to services regardless of ability to pay.

Our Core Services:

- Primary Care
- Women's and Children's Services
- Emergency Services
- General Surgery
- Orthopedics

Core Values:

- Compassion and respect for human dignity
- Commitment to professional competence
- Commitment to a spirit of service
- Honesty
- Confidentiality
- Good stewardship and careful administration

Section I

Project Overview

In March 2011, Copley Hospital engaged Toby Knox and Associates (LLC) (TKA) to conduct a formal Community Healthcare Needs Assessment. This assessment was designed to fulfill the requirements of the Federal Patient Protection and Affordable Care Act (PPACA) and to help Copley Hospital to fulfill its mission, specifically to improve the health status of the people of the community by providing the highest quality of care regardless of ability to pay.

The assessment process invited feedback from community stakeholders as well as reviewing relevant data and publications published by government and non-profit agencies from within the Copley community and statewide.

Methodology

A market research team including Toby Knox, TKA principal and founder, and consulting researcher, Alanna Shanley, MBA, conducted the assessment for Copley Hospital.

The research effort utilized two data gathering techniques:

1. Surveying

Representative Stakeholder Survey: a survey tool designed to ascertain the most pressing health and wellness needs in the Copley community was distributed by mail and email to 153 individual stakeholders representing the broad interests of the community served by Copley Hospital, including:

- School nurses
- Staff of local non-profit organizations
- Vermont Health Department staff
- Auxiliary Board
- Copley Foundation Committee
- Copley Health System Trustees
- Town Health Officers
- Copley Medical Staff

Town Meeting Survey for Community Members: A second survey was administered by Copley staff and volunteers at the 2011 town meetings in the towns of Morristown, Cambridge, Hyde Park, Wolcott, Waterville and Stowe. All town meeting attendees were invited to participate.

2. Secondary Data Review

The research team also conducted an environmental scan of the healthcare landscape by reviewing relevant reports presented by public health and local non-profit agencies, including:

- Vermont Prescription Monitoring System (VPMS) July 2009-Dec. 2010 Report
- Vermont Department of Health: Health Disparities of Vermonters (2010)

Vermont Department of Health: Youth Risk Behavior Survey (2009)
 Vermont Department of Health: 2008 Health Status of Vermonters
 Vermont Department of Health: Vital Statistics Annual Report (2010)
 Vermont Department of Health: Obesity and Health Status Report
 Department of Vermont Health Access: Interim Study of Vermont's Primary Workforce Development (November 2010)
 Vermont Department of Mental Health: Annual Statistical Reports 2010 (for Adults and for Child, Adolescent and Family Mental Health)
 Vermont Department of Mental Health: System of Care Plans (for Adults and for Child, Adolescent and Family Mental Health)
 Vermont Department of Mental Health: Re-design of Adult Mental Health Services System: Planning for Implementation of Challenges for Change (2011)
 Fit and Healthy Vermonters: Preventing Obesity in Vermont Plan
 Lamoille County Fit & Healthy Vermonters Council: Community Assessment of Morristown
 Fit and Healthy Vermonters: Youth Obesity and Nutrition by County
 Lamoille County United Way: 211 Aggregate Reports by County
 Lamoille County United Way: Community Needs Ascertainment Report
 Vermont Department of Banking, Insurance, Securities and Healthcare Administration: Vermont Household Health Insurance Survey (2009)
 Vermont Area Health Education Centers Network: The Vermont Primary Care Workforce Snapshot (2009)

Copley Hospital's 2011 Community Healthcare Needs Assessment was published in June 2011. It is available on the hospital's website, www.copleyvt.org and was reviewed as part of the hospital's annual Community Forum on September 20, 2011 at the Stonegrill Restaurant. It was also distributed to those that participated in the assessment. The Community Forum was open to the public and promoted with ads and press releases serving the community. In addition, an invitation to the Forum was featured in the September "Copley Courier" newsletter, which was sent to 25,000 households in the community via inserts in the local newspapers. Copley Healthy Systems corporate members and trustees were invited by letter. [See Appendix A for 2011 report.]

In September 2011, Copley Hospital began participating in a new initiative spearheaded by the Vermont Department of Health to support community health assessments. The hospital received a small grant to conduct a community health needs assessment. Funds from this grant were used to hire Amber Lenard assist with data collection and tabulation. As part of this initiative, Copley created a multi-disciplinary advisory committee, called the Community Assessment Steering Committee (CASC), consisting of key healthcare providers and community stakeholders. The CASC's role greatly overlaps the work of the Copley Service Area Blueprint for Health Integrated Health Services Team and the community stakeholder involvement in a Copley Hospital quality initiative creating ideal transitions in care and reducing avoidable rehospitalizations.

The CASC meets quarterly, during the first part of the Blueprint for Health Integrated Health Services Team meeting. Their role is to 1) use their knowledge of community

assets in determining priorities and developing implementation strategies in collaboration with Blueprint initiatives; 2) adopt a measurable implementation strategy to meet community needs identified in the assessment; 3) monitor initiatives, determining whether objectives are being met and reviewing evaluation measures and 4) to assist with future community healthcare needs assessments. [See Section 3 for list of CASC members.]

The CASC held its initial meeting on October 25, 2011. Using the 2011 assessment, it developed a recommended implementation strategy addressing agreed upon top three priorities. This implementation strategy is an important first step toward achieving broader delivery system transformation. This implementation strategy was shared with the Copley Hospital Board of Trustees during their February 2012 meeting. The CASC continues to monitor progress on the implementation strategy. The CASC also advised additional surveying be done focusing on reaching persons directly utilizing social services.

An updated survey tool was created based on the CASC's recommendations. It was distributed by mail and email and also administered in person to stakeholders in February 2012. The 2012 Community Health Needs Assessment Survey was sent to:

Hardwick Food Share
Johnson Food Share
Lamoille Community Food Share
Central Vermont Community Action Council
Central Vermont Adult Basic Education
Hardwick Area Health Center
Morrisville Family Healthcare
Stowe Family Practice
Leadership Lamoille

The survey was also administered by Copley staff and volunteers in March 2012 at town meetings/polling places in the towns of Morristown, Cambridge, Hardwick, Hyde Park, Wolcott, Waterville and Stowe.

A total of 130 surveys were returned. Statistical analysis was conducted by Amber Leonard, a 2012 MBA graduate of Skidmore College. [See Appendix B for survey tabulation.]

Survey responses reflects consensus with surveys from 2011, with both populations expressing similar concerns.

Copley Hospital's 2012 Community Healthcare Needs Assessment will be published in September 2012. It will be available on the hospital's website, www.copleyvt.org and reviewed as part of the hospital's annual Community Forum scheduled for September 27, 2012.

Primary Health Care Concerns Identified

Five areas were identified most often as the primary health care concerns facing the Copley community. Listed in order of the number of mentions:

1. Lifestyle & Prevention – the availability and use of strong preventative care. Information about good nutrition and lifestyle choices were stressed. Concerns for elderly health incorporated comments regarding encouraging healthier lifestyles and fitness.
2. Cost of Health Care – the high cost of health care, health insurance, prescription drugs and laboratory services.
3. Access to Health Care – a significant concern, as several respondents noted the difficulty in getting into a primary care physician. Also mentioned were availability of long-term care; emergency care with specialists and appropriate equipment; availability of local specialists; availability of transportation. Concerns for elderly health included comments suggesting more 1:1 attention and transportation issues.
4. Obesity/Nutrition- cited specifically as a symptom of a shortage of preventative care. Also cited in association were access to healthy and affordable food; access to safe places to exercise; access to adequate preventative care.
5. Mental Health and Substance Abuse – several respondents highlighted services around mental health and substance abuse as being a key concern citing relatively high levels of mental illness and binge drinking in Lamoille County.

Additional secondary data review was conducted by Copley Hospital staff based on benchmarking guidelines suggested by the Vermont Department of Health and CASC. The secondary data supports the opinions reflected in the community survey. Data sources reviewed included:

Center for Rural Studies, UVM
Vermont Department of Labor Economic Demographic Profile 2011
U.S. Bureau of Labor Statistics
U.S. Census Bureau 2000 and 2010
American Community Survey 2005 -2009
Vermont Department of Health: Health and Healthcare Trends in Vermont 2010
Vermont Department of Health: Physician Survey 2010
Vermont Department of Health: Behavioral Risk Factor Surveillance System (BRFSS) 2010
VPQHC: Vermont Health Care Quality Report 2010
Vermont Office of Health Access: Study of the Uninsured and Underinsured 2011

AHEC: The Primary Care Workforce 2011 Snapshot
Vermont Department of Health: 2009 Dentist Survey Statistical Report
Centers for Disease Control and Prevention, Nat'l Center for Health Statistics
Kaiser Family Foundation: www.statehealthfacts.org 2010 data
Vermont Agency of Human Services Department of Disabilities, Aging &
Independence: State of Vermont 2006-2014 Shaping the Future of Long Term Care
and Independent Living
Vermont Housing Finance Agency
Voices for Vermont Kids, 2007-2009
Copley Hospital Quality Reports
2011 Hospital Report Card, www.copleyvt.org
2012 County Health Rankings from the University of Wisconsin Population
Health Institute
National Center for Health Statistics, Centers for Disease Control: Vital Statistics
Reporting System, Community Health Status Report 2009
2012 County Health Rankings, Dartmouth Atlas of Health
Vermont AHEC Search Handbook 2012
Vermont Department of Health, Health Status of Vermonters, Appendix, 2008
EPA Air Quality Database
Vermont Department of Health, Health Disparities/Health Status Report 2008

Section II

Secondary Data For Copley Health Needs Assessment

Copley Hospital – Secondary Data Review

The Copley Hospital service area consists primarily of the towns and villages of Lamoille County with a small overlap into Orleans County (specifically Craftsbury and Greensboro) and Caledonia County (specifically Hardwick and Stannard).

DEMOGRAPHICS

Copley Hospital Service Area is Growing and Slightly Younger Compared to the Overall State

Vermont as a state is experiencing a slow rate of population growth, 2.8% from 2000-2010. This is not anticipated to change greatly in the near future. However, Copley's overall service area is projected to grow, driven by growth in Lamoille County, with more modest gains in Caledonia and Orleans. Lamoille's rate of increase 2000-2010 was 5.4%; Caledonia increased 5.2% while Orleans increased 3.6%. In general, the northeast counties of Lamoille, Chittenden and Franklin are where the population is located, and the least youth flight. 18-44 year olds represent the largest cohort, but the 65+ population is projected to grow at the fastest rate and it will be important to prepare for the health care needs of this population.

Sources: Center for Rural Studies, UVM; Vermont Department of Labor Economic Demographic Profile 2011; . www.vtlni.info/profile2011.pdf; US Census Bureau website, www.census.gov, 2000 and 2010 Health and Healthcare Trends in Vermont, Vermont Department of Health May 2010

Population:	Lamoille County	Vermont
Total (2010)	24,475 (4% of state's total)	625,741
Persons under 5 years	6.1%	5.1%
Persons under 18 years	22.3%	20.7%
Persons 65 years and over	13.3%	14.6%
Female persons,	50.0%	50.7%
Median Age	39.7	41.2
Population by year 2030	27,183	7 11,867

Population Density (2010)	53.3 persons per sq. mile	67.9%
Lamoille County is comprised of 458.80 square miles		

Race (2010)

Overall, 3% of the service area's population belongs to a racial or ethnic minority.

	Lamoille County	Vermont
White, non-Hispanic	96.7%	95.3%
Black	00.6%	01.0%
Native American	00.4%	0.4%
Asian	00.5%	01.3%
Hispanic or Latino	01.3%	01.5%
Reporting 2 or more races	01.5%	01.7%

SOCIOECONOMIC INDICATORS

	Lamoille County	Vermont
Median Household Income(2006-2010)	\$52,232	\$51,841
Pop. below 200% Federal Poverty Level	32%	26%
Unemployment rate (2011)	6.4%	5.6%
Married (2010)	53.21%	
Divorced (2010)	11.05%	
Married with Children (2010)	38.2%	
Single with Children(2010)	66.83%	
Households	10,600	256,541
Average Household Size(2010)	2.39 people	2.34 people
Own Home (2006-2010)	69%	71.4%
Median Value of Home	\$211,200	\$208,400
Source: US Census Bureau, 2010 and 2000 Census; 2005-2009 American Community Survey; Health and Healthcare Trends, VDH 2010; Bureau of Labor Statistics; clrsearch.com/Sitemap/Vermont/Lamoille_County		

Housing Affordability Rate

Hourly wage needed for 2-bedroom apt. and pay 30% of income to housing	\$16.44	\$19.04
---	---------	---------

Source: [Vermont Housing Finance Agency](#) and [Center for Rural Studies](#)/University of Vermont

Education Attainment

Residents age 25+	Lamoille	Vermont
High School graduate	31.1%	32%
Without any College	39%	41.5%

Source: US Census Bureau 2010

Economic Security

42% of public school students were approved for School Meals Programs, a 44.4% increase since 2000.

19.4% enrollment in 3SquaresVT (food stamps); slightly higher than the state average of 18.3%.

Rates of 3SquaresVT enrollments and students approved for School Meals have both increased significantly since 2000—which may be related to increased child poverty as well as improved outreach.

49.2% of children were enrolled in Dr. Dynasaur/Medicaid, 12% more than the state average of 43.9%

Source: Voices for Vermont Kids, 3 year average 2007-2009

More people live in poverty in Lamoille County, across all age groups, compared to the state of Vermont, with the exception of 65+, which is just 0.3% below state-wide rate.

	Lamoille	Vermont
Percent below Poverty Level	12.00%	11.10%
under 18 years	15.00%	13.70%
18-64 years	11.60%	10.90%
65+	8.40%	8.90%

Poverty by Age from US Census Bureau, ACS

Major Employment Industries

	Lamoille	Vermont
White Collar	75.16%	75.40%
Blue Collar	24.84%	24.60%
Management, Business, & Financial	17.89%	15.89%
Professional and Related	21.25%	24.70%
Sales and Office	22.54%	24.03%
Service	16.68%	13.38%
Farming, Fishing, and Forestry	1.25%	0.91%
Construction & Maintenance	10.08%	8.71%
Prod., Trans., & Material Moving	10.31%	12.37%

Source: Bureau of Labor Statistics

ACCESS TO HEALTH CARE

Lamoille County is designated as a Health Professional Shortage Area. [See Appendix C for list of HPSA practices and providers in the area.]

Primary Care Physicians by Specialty and County per VDH Physician Survey 2010

	Total	Family	Internal	OB/GYN	Pediatric
Lamoille Co.					
Count	25	18	3	4	1
FTE	18.2	13.6	1.9	1.6	1.0
Hours	842	598	110	69	65

The Hospital Service area has a total of 21 primary care physicians and 45 specialists. Twenty-four percent of the primary care providers are age 60+; 16% of the specialists are 60+. Source: VDH Physician Survey 2010

	Lamoille	State
Do not have Primary Care Provider	16%	12%

Health Insurance	Lamoille	State
Uninsured, Adults	16%	12%
Medicare Population	19.5%	
Dr. Dynasaur/Medicaid; children enrolled	49.2% (12% ↑ state)	43.9%
Source: Source: VDH Behavioral Risk Factor Surveillance System (BRFSS), 2010 reflecting 2008-2010 data. VPQHC Vermont Health Care Quality Report 2010 (medicare pop.)		

In late 2009, 2.8% or 3,627 Vermont children under age 18 lacked health insurance coverage. In 2009, 28.6% or 80,458 Vermonters aged 18 to 64 with private insurance were considered underinsured. Among children under age 18, 23.0% (16,813) of those covered by private health insurance were considered underinsured in 2009.

Source: Study of the Uninsured and Underinsured; VT Office of Health Access March 2011

Health Staffing Shortages by Health Professional Shortage Areas (HPSA)

60% of Lamoille County's primary care practitioners and 67% of Lamoille County's APRN, CNM and PA-Cs have limited or closed their practice to new patients in 2011.

Source: AHEC The Primary Care Workforce 2011 Snapshot.

29% of Lamiolle's family care providers are not accepting new Medicaid patients; 26% are not accepting new Medicare patients. Source: VDH Physician Survey 2010

According to the 2010 Area Health Education Center Primary Care Workforce Snapshot, there continues to be a shortfall in internal medicine/primary care physicians and pediatricians. There is also an inadequate supply of OB/GYN specialists.

Specifically, Lamoille County had a shortage of two (2) FTE primary care physicians, but had improved to a "just adequate supply" of APRN, CNM and PA-C combined. The same report says the supply of Family Medicine and Internal Medicine physicians combined in Lamoille County is "just adequate."

Primary care dentistry is a concern as well. Lamoille County has 1 FTE per 3,782; the shortage area by Federal definition is 1 dentist to 4,000 people.

Source: Vermont Department of Health 2009 Dentist Survey Statistical Report.

Vermont, as a state, has 5.8 dentists per 100,000 population, just under the 6.0 of the U.S. overall. Source: 2010 Centers for Disease Control and Prevention, National Center for Health Statistics.

Hospitals and Number of Beds

The State of Vermont has 2.1 hospital beds per 1,000 persons.

Source: 2010 statehealthfacts.org

Home and Community Based Services Long Term Care in Lamoille County

	<u>2006 Use Rate</u>	<u>2006 # served</u>	<u>Proj. 2016 # to Serve</u>
Personal Care (CFC)	25%	41	67
Choices for Care (CFC)			
Adult Day Services	27%	44	76
Enhanced Residential Care (ERC)	0.6%	1	14

Projected Nursing Facility Bed Capacity 2006 to 2016 in Lamoille County

# Lic. NF Beds 2006	NF Beds per 100 18+ Disabled	2016 est. Pop. 18+ Disabled	# Lic. NF. Beds 2016 target
60	21.3	347	60

Source: State of Vermont 2006-2014 Shaping the Future of Long Term Care and Independent Living.
Department of Disabilities, Aging & Independent, Vermont Agency of Human Services, May 2007

Estimated Number of People with Long Term Care Needs in Lamoille County, 2016 Projections by Disability Level and Income, Persons of All Ages

	Lamoille	State
Nursing Facility	114	2,881
Community	26,871	650,256
All <175%FPL	5,777	139,606
2+ ADLs	96	2,521
1+ ADLs	166	4,283
Any ADL or IADL	340	8,735
All 175%+ FPL	21,094	510,650
2+ ADLs	140	3,688
1+ ADL	251	6,457
Any ADL or IADL	541	13,736

Source: State of Vermont 2006-2014 Shaping the Future of Long Term Care and Independent Living.
Department of Disabilities, Aging & Independent, Vermont Agency of Human Services, May 2007

HEALTH STAUS OF OVERALL POPULATION & PRIORITY POPULATION

2012 County Health Rankings

According to the 2012 County Health Rankings from the University of Wisconsin Population Health Institute, out of the 13 counties in Vermont:

	Health Outcomes	Health Factors
Lamoille County	5	7
Caledonia County	11	10
Orleans County	7	13

Health Outcomes is defined by mortality and morbidity or the length and quality of life. Health Factors represent a weighted assessment of health behaviors (30%), clinical care (20%), social and economic factors (40%) and physical environment (10%). Health behaviors include tobacco use, diet & exercise, alcohol use, and sexual activity. Clinical care includes access to care and quality of care. Education, employment, income, family & social support and community safety comprise social and economic factors, while environmental quality and built environment (access to recreational facilities, health foods, etc.) defines physical environment.

Leading Causes of Death in Lamoille County

Ages 15-24

Injuries 33%

Suicide 21%

Ages 25-44

Injuries 26%

Cancer 16%

Heart Disease 11%

Suicide 15%

Ages 45-64

Cancer 37%

Heart Disease 22%

Ages 65+

Heart Disease 30%

Cancer 23%

Source: NCHS. Vital Statistics Reporting System, 1994-2003. Community Health Status Report 2009

Inpatient Admission Rates, Top 9 Causes, Copley Hospital

Heart and Circulatory (heart failure w/o complications)

Respiratory (emphysema, pneumonia)

Pregnancy and Childbirth

Musculoskeletal

Digestive (appendix, ulcer)

Hepatobiliary System And Pancreas

Diseases and Disorders of the Skin, Subcutaneous Tissue and Breast

Endocrine, Nutritional and Metabolic Diseases and Disorders (dehydration)

Diseases & Disorders of the Kidney & Urinary Tract

Source: 2011 Hospital Report Card www.copleyvt.org

Rates Of “Preventable” Hospitalizations (CHF, Asthma, Diabetes, COPD, Pneumonia)

Preventable hospital stays are measured as the hospital discharge rate for ambulatory care-sensitive conditions per 1,000 Medicare enrollees.

	Lamoille	Vermont	Nat'l Benchmark
Rate	54	55	49

Source: County Health Rankings 2012 via Dartmouth Atlas of Health care/Medicare claim data.

Risk Factors and Chronic Conditions Related To Top 10 Causes Of Death

	Lamoille County	Vermont
Adult smokers	20%	17.5%
Adult obesity	22%	22%
Binge drinking	46%	34%
Access to healthy food	46%	34%
Children under 18 in poverty	13.1%	12.8%
Diabetes	8%	7%

Source: Vermont AHEC Search Handbook 2012

More Risk Factors

	HSA	State
% with 1 or more chronic conditions	52%	53%
% with 2+ chronic diseases	24%	23%
% with no leisure time physical activity	20%	19%
% not eating 5+ fruits and vegetables	70%	69%
% heavy drinkers	8%	7%
% no personal doctors	13%	12%
% reporting poor general health	4%	3%
% with 1+ day mental health “not good”	35%	34%
% not meeting CDC recommendation for physical activity	44%	42%
% current smokers	21%	18%
% adults exposed to 2 nd hand smoke	31%	26%
% binge drinkers	19%	17%
% not vaccinated for pneumonia	37%	32%

Source: VT Dept. of Health Health and Healthcare –Trends in VT May 2010

Chronic Condition Prevalence

Source: VT Dept. of Health Health and Healthcare –Trends in VT May 2010

	HSA	Statewide
Asthma	15%	15%
Hospitalization Primary DX (04-06)	2.4	6.3
(rate/10k)		
ED visit rate, primary DX(2004-2006)	33.3	38.2
Cancer	7%	7%
Hospitalization Primary DX (04-06)	31.3	40.1
ED visit rate, primary DX (2004-2006)	5.6	4.3
COPD	3%	3%
Hospitalization Primary DX (04-06)	12.6	16.1
ED visit rate, primary DX(2004-2006)	52.9	44.6
CVD (including Stroke)	7%	7%
Hospitalization Primary DX (04-06)	136.4	142.7
ED visit rate, primary DX (2004-2006)	107.8	86.2

Chronic Condition Prevalence (cont'd.)

	HSA	Statewide
Depression (moderate to severe)	9%	7%
Hospitalization Primary DX (04-06)	14.6	20.1
ED visit rate, primary DX(2004-2006)	17.9	25.3
Diabetes	5%	6%
Hospitalization Primary DX (04-06)	8.4	10.1
ED visit rate, primary DX (2004-2006)	9.7	12.2
Heart Failure	prevalence not available	
Hospitalization Primary DX (04-06)	17.1	24.5
ED visit rate, primary DX (2004-2006)	15.5	9.2
Hypertension	24%	24%
Hospitalization any mention DX (04-06)	225	287.3
ED visit rate, any mention DX (04-06)	126.1	275.3
Injury	no prevalence available	
Hospitalization, Primary DX (2004-2006)	86.0	80.6
Ed visit rate, primary DX (2004-2006)	1496.9	1146.1
Mental Health (incl. depression & substance abuse)		
Mild to severe depression	25%	22%
1 or more poor mental health days	35%	34%
Hospitalization, Primary DX (04-06)	35.4	57.7
ED visit rate, primary DX (2004-2006)	100.2	125.0
Osteoarthritis	no prevalence available	
Hospitalization, Primary DX (04-06)	30.9	30.1
ED visit rate, primary DX (2004-2006)	2.9	3.2
Substance Abuse	no prevalence available	
Hospitalization, Primary DX (04-06)	5.2	9.7
ED visit rate, primary DX (2004-2006)	27.8	40.8

Screenings Utilization Rates

Source: Vermont Department of Health, Health Status of Vermonters Appendix, 2008

	HSA	State
Increase the % of adult smokers who attempt to quit:	59%	53%
Reduce the % of adults who smoke cigarettes	20%	20%
Reduce the % of youth who smoke cigarettes	23%	18%
Increase the % of adults engaged in physical activity	61%	58%
Increase the % of youth engaged in physical activity	29%	27%
Reduce the % of adults who are obese	19%	21%
Reduce the % of youth who are overweight or obese	14%	10%
Increase food security (having enough food)	92%	91%

Screenings Utilization Rates (cont'd.)	HSA	Statewide
Reduce suicide deaths (rates per 100,000)	12.7	14.0
Reduce suicide attempts by youth (%)	2%	2%
Reduce the % of youth engaged in binge drinking	28%	25%
Reduce the % of youth who use alcohol before 13yo	24%	21%

Maternal and Child Health

Source: Vermont Department of Health, Health Status of Vermonters, 2008

	Lamoille	State
Women received prenatal care in first 3 months of pregnancy	88%	90%
Teen birth rate per 1000 live births	17.5	15.8
Low birth weight rate (<5.5lbs)	6.9%	6.4%
Breast cancer screening of women 40+	77%	77%

Infectious Diseases

Chlamydia (STD) Infection Incidence Rates	189	191
Per population of 100,000		

Source: 2012 County Health Rankings found at www.countyhealthrankings.org/vermont/lamoille

2010 Pollution Indexes

	Lamoille	Vermont	United States
Air Pollution Index	82	86	100
Ozone Index	88	83	100
Lead Index	39	44	100
Carbon Monoxide Index	83	88	100
Nitrogen Dioxide Index	98	95	100
Particulate Matter Index	94	90	100

Source: EPA air quality database

Number of Vehicles Per Household

Source: US Census Bureau, ACS

	Lamoille	Vermont	United States
Media vehicles per household	2.30	2.30	2.20
No vehicles	4.19%	5.42%	8.49%
1 vehicle	30.81%	31.85%	32.66%
2 vehicles	44.12%	42.88%	38.43%
3 vehicles	15.85%	14.94%	15.03%
4+vehicles	5.03%	4.90%	5.39%

Travel Time to Work (2010)

Source: US Census Bureau, ACS

	Lamoille	Vermont	United States
Less than 15 Min.	30.31%	34.04%	25.26%
15-29 minutes	28.06%	35.79%	36.15%
30-59 minutes	30.58%	24.16%	29.43%
60+ minutes	11.05%	6.00%	9.16%

Mode of Transportation to Work (2010)

Source: US Census Bureau, ACS	Lamoille	Vermont	United States
Car, truck, van	83.60%	85.35%	87.32%
Public transportation	0.36%	0.66%	4.44%
Other transportation	7.23%	6.56%	4.00%
Work at home	8.81%	7.43%	

Violent Crime Rate

(per population of 100,000)

Lamoille	Vermont
79	134

Health Disparities/Health Status Report 2008, Vermont Dept. of Health; FBI's "Crime in the United States" 2009-2010.

Healthy Community Design

A community wellness project already underway is Lamoille County's effort to create an eight-town wellness plan. Under the leadership of the Lamoille Valley Fit & Healthy Council and Lamoille Prevention Campaign, the plan is designed to promote physical activity, review ways to build more safe routes to school, improve school nutrition, develop a farm-to-school program, empower parents to help prevent underage drinking, and reduce binge drinking through a partnership with Johnson State College. The proposed plan will go through extensive review with public hearings, the planning commission, the selectboard, and village trustees.

Healthy Retailers

Lamoille Prevention Campaign, the Lamoille Valley Tobacco Task Force and the Lamoille Fit & Healthy Council are collaborating on a program to help local retailers make changes that will meet the needs of customers looking for healthier purchasing choices. Examples of positive changes at the stores – considered the center of many communities around the state – include raising the height of alcohol and tobacco signage so that it's at the eye level of adults, not kids; displaying water in front of less-healthy options like sugary beverages; and recognizing that some customers are looking for local, healthier options versus pre-packaged goods – and offering both options. Store owners are being offered free point-of-sale materials including posters that show active Vermonters engaged in healthy activities. The materials emphasize that making small choices every day to eat healthier and be more active all add up to a big change for the better.

Health Information Technology/Electronic Health Records in Hospital Service Area

Copley Hospital continues to build out its Electronic Health Records platform.

The hospital is digitally transmitting diagnostic imaging and lab results to other hospitals and primary care practices. A fully-functioning bi-directional health record interface has been developed with Vermont Information Technology Leaders (VITL) enabling digital transmission to other providers via the state's evolving HIT infrastructure called the Vermont Health Information Exchange (VHIE). Copley Hospital was the first hospital in Vermont to meet "meaningful use" criteria for the Phase One implementation and use of its electronic health record (EHR). The hospital is utilizing electronic med-verify in all

nursing units; computerized physician order entry and chart link are used in all of our inpatient units. The hospital anticipates moving hospital owned clinical practices to one E.H.R. platform in FY 2013 along with implementing E.H.R. in the emergency department.

Physician practices that are part of the two Federally Qualified Health Care Centers in the area are utilizing E.H.R. One, Northern Counties Healthcare (Hardwick practice), is already providing data to the state's depository, called Vermont Health Information Exchange (VHIE) and the Blueprint Program's data center called DocSite. The second FQHC, Community Health Services of Lamoille Valley (Stowe and Morrisville), is projecting to go live, providing data electronically to both VHIE and DocSite in September 2012. The Cambridge family practice, although paper based, has joined the Copley Hospital Service Area Blueprint program and will be providing data to VHIE and Docsite within the next year.

Hospital QI Measures.

Copley Hospital publishes quality data on its website, www.copleyvt.org.

In addition, Copley annually publishes the Hospital Report Card, which provides a variety of information pertaining to quality of care and financial benchmarks. It is also available online at www.copleyvt.or.

You may also learn more about Copley Hospital using Medicare's Hospital Compare website.

Section III

Copley
Health Needs Assessment
Implementation Strategy
& Action Plan
FY2012-2014

Copley Hospital
Community Health Needs Assessment Implementation Strategy Summary
For FY2012-2014 Summary

Copley Hospital has been meeting the health needs of residents from the greater Lamoille County area for more than 80 years. The hospital continues to carry out its mission to oversee and coordinate the provision of services, to provide leadership in implementing the vision promoting wellness and to provide clear access to services regardless of ability to pay. Core services include primary care, women's and children's services, emergency services, general surgery, and orthopedics.

Copley Hospital chairs the Copley Hospital Community Needs Assessment Steering Committee (CASC) to address community health needs. The team is comprised of the hospital's community health team, community leaders and members of the Integrated Health Systems team of the Copley Service Area Blueprint for Health program. This team includes:

Dawn Archbold, Executive Director, United Way of Lamoille County
Kathy Demars and Jen Beebe, Lamoille Home Health & Hospice
Lorrie Dupuis, Blueprint Community Health Team Leader
Hayley Hamilton, Clinical Director, Behavioral Health & Wellness
Claire Hancock, Case Manager, Copley Hospital Patient & Family Services
Kathleen Hentcy, VDH Public Health Specialist
Leah Hollenberger, (Chair), VP Community Relations for Copley Health Systems
Scott Johnson, Lamoille Family Center & Lamoille Valley Housing & Homeless
Jina Cate, Interim Chief Nursing Officer, Copley Hospital
Deb Krempecke, Lamoille Community Food Share
Krystina Laychak, Director of Nursing, The Manor
Cindy Locke, Lamoille Regional Chamber of Commerce
Elise McKenna, Copley Service Area Blueprint Program Project Mgr
Mark Nash, Dept. of VT Health Access
Kathy Paquet, Central Vermont Council on Aging
Tammy Preston, Northern Counties Health Care
Susan Ridzon, Blue Cross Blue Shield of VT
Sharon Robitlle, RN, Copley Hospital Patient & Family Services
Michelle Salvador, VDH Substance Abuse Prevention Consultant
Janice Sawtell, Blue Cross Blue Shield of VT
Linda Shaw, RN, Copley Hospital Wellness Center
Valerie Valcour, VDH Morrisville Field Director
Savi Van Sluytman, Lamoille Community Connections
Nancy Wagner, RD, Copley Hospital Wellness Center

Copley Hospital's implementation strategy and action plan demonstrates a commitment to building a more integrated health care system. The Action Plan relies on commitment and action from both the hospital and primary care practices and providers participating in our area's Blueprint for Health program throughout the area. Created in the spirit of cooperation, we acknowledge there will be growing pains as we continue to build the relationships and infrastructure needed to accomplish our goals.

Primary Health Care Needs of Copley's Community identified in Community Assessment:

Lifestyle and Prevention

Availability and use of strong preventative care, information about good nutrition and lifestyle choices. Other factors cited included access to primary care physicians, access to safe places to exercise and access to healthy and affordable food.

Cost of Health Care

High cost of health care, health insurance, prescription drugs and laboratory services were cited.

Access to Health Care

Difficulty of getting into a primary care physician (shortage of physicians), availability of long term care, availability of local specialists, availability of transportation.

Obesity & Nutrition

Cited as a symptom of a shortage of preventative care. Also same factors cited under Lifestyle and Prevention; i.e. access to safe places to exercise and access to healthy and affordable food.

Mental Health and Substance Abuse

Binge drinking and relatively high levels of mental illness; concerns regarding addiction and drug use.

Among these needs, the CASC prioritized the needs, focusing on three that would have the greatest impact; specifically: access to healthcare, cost of healthcare and lifestyle and prevention.

Copley Hospital will release annually, to the best of our ability, our performance relative to the stated goal. While the CASC approved this plan, securing baseline data has proven difficult as participants are still building and developing the reporting infrastructure as well as relationships. We continue to address barriers to collecting, pulling and sharing data across organizations. At the time of publication of this report, partial baseline data from primary care practices and/or the FQHCs participating in our area's Blueprint for Health program was available.

Action Plans:

1. Access to healthcare/Primary Care Providers

Goal: Every resident of Lamoille County shall have a Primary Care Physician (PCP)

1a. Reduce avoidable Emergency Room (ER) utilization in Copley Hospital Service Area by 5% in two years (2014)

Baseline data

- √Total # of visits seen in Copley ER, Quarterly, that identified a PCP, # of visits w/o PCP, # w/o PCP in Service Area, 2010Q3 – 2012Q2
- √Total #of unique patients seen in Copley ER, Quarterly, # without a PCP, # without insurance, 2011Q2-2012Q2.
- √Total # of ER visits without insurance, Quarterly, 2011Q2-2012Q2
- √Total # of Repeat ER Visits (repeat = >3 visits per Quarter), Quarterly, 2010Q3-2012Q2
- √Total # of Level 1 ER Visits (avoidable) w/ patients with a PCP, # of Level 1 ER Visits w/ patients w/o PCP, Quarterly 2010Q3-2012Q2
- √Total # of Level 2 ER Visits (potentially avoidable) w/ patients with a PCP, # of Level 2 ER Visits w/ patients w/o PCP, Quarterly, 2010Q3-2012Q2

Intervention Strategy

- Ask Primary Care Practices to educate patients to “call PCP first”
- Identify to Primary Care Practices (with patient permission) their patients that have been discharged from ER to receive follow-up call or visit from practice’s Care Coordinator.
- Assist ER patients without a Primary Care Physician to secure one.
- Hospital to revise E.H.R. to track documentation of PCP Identification and track permission to share patient information with Primary Care Practices’ Community Health Team for assistance to secure PCP.
- Blueprint CHT member to follow up with ER patients with no PCP to assist them in getting PCP
- Assess frequent ER visitors

Measurable Outcomes

- Total # of Level 1 ER visits for Patients with PCP
- % of reduction in Level 1 ER visits for patients w/ PCP
- Total # of Level 2 ER visits for Patients with PCP
- % of reduction in Level 2 ER Visits for patients w/ PCP

Total # of ER visits for Patients without a PCP
% of ER visits for Patients w/o PCP
Total # of unique ER visits
% reduced FY11 to FY14
Total # of repeat patient visits
% reduced FY11 to FY14
Total # of patients referred to CHT for assistance in securing PCP

1b. Increase the number of patients with identified primary care provider in Copley Hospital Service Area

Baseline data:

√Total number of residents in Copley HSA minus number of people residing in county with existing PCP (estimate using # of patients in Blueprint practices compared to population)

Population: 24, 475

People with PCP: 19, 881 patients across 3 practices (Morrisville Family Health, Stowe Family Practice and Hardwick Health Center)

√Number of people in HSA without insurance

Intervention Strategy:

Copley Hospital to provide support to CHSLV to hire additional PCPs along with OB/GYN

Copley to revise E.H.R. to track documentation of PCP Identification and track permission to share patient information with Community Health Team for assistance to secure PCP. Encourage patient participation. Blueprint CHT member to follow up with ER patients with no PCP to assist them in getting PCP

Measurable Outcomes

% of residents in Copley HSA with PCP

% of Lamoille County residents with Insurance

Total # of patients referred to CHT for assistance in securing PCP; CHT to trend completion of referral.

2. Access to Healthcare/Transportation

Goal: Transportation is not a barrier to accessing healthcare for Lamoille County residents.

2a. Increase availability of transportation for patients to access health care services.

Baseline Data is anecdotal, shared perspective of CASC team

Intervention Strategy:

- Conduct survey of underprivileged residents in service area (specifically Johnson, Morrisville, Hardwick, Cambridge) regarding transportation to health care services needs.
- CASC to do analysis based on survey feedback.

Measurable Outcome

Identify partners who may help address transportation barriers

Identify the extent of the issue; identify specific pockets of greatest need.

3. Cost of Healthcare

Goal: Cost of Healthcare will be reduced for Lamoille County residents

3a. Increase the number of educational opportunities relative to availability of health insurance for individuals that are HSA residents.

Baseline data: √VDH number of residents without insurance

Intervention Strategy:

Copley's Patient Financial Advisors to assist residents in applying for appropriate state and federal assistance; including insurance and other healthcare programs in which they meet eligibility requirements.

Copley Hospital rep to serve on advisory committee for Vermont Health Insurance Exchanges

Measurable Outcomes:

of education/counseling sessions held

% of Lamoille County residents without insurance

% reduced FY11-FY14

4. Lifestyle and Prevention

Goal: Lamoille County residents lead a healthy lifestyle

4a.. Improve Lamoille County residents' self management of chronic conditions among population with hypertension, diabetes, asthma, obesity.

Baseline data:

√Healthier Living Workshop # of Registrants, % Completed 2010-2011

√Copley Hospital Tracking of Readmissions

√Copley Hospital Workforce Wellness Program Panel Mgmt Snapshot Company A and B 2009-2012

Some of the following baseline data was available from participating Blueprint for Health Program providers in Copley HSA at the time of publication:

Practice/Clinical/P.C.P. Panel Management Reports:

Diabetes: # of patients “at goal” as defined by PCP

Total # of patients w/ diabetes

Hypertension: # of patients “at goal” as defined by

PCP; Total # of patients with hypertension

Pediatric Outreach Program # of Registrants, %
Completed

Intervention Strategy

Practice/CHT panel management for above measures

Healthier Living Workshop Participation through Blueprint

Copley Hospital Workforce Wellness Program

Pediatric Outreach Program through the Blueprint

Copley Transitions in Care Quality Initiative addressing

Readmissions for specific DRG (Chronic Heart
Failure) population; actions include: implementing

teachback education; scheduling follow up
appointments within 10 days of discharge;

providing pharmacy review of medications for
contraindications for CHF patients and discharge
counseling on new medications; evaluate and
redesign discharge instructions for patients.

Healthy Recipe included in Quarterly Newsletter*

Healthy Lifestyle & Prevention Tips via Hope Health
Newsletter*

Measurable Outcomes

of participants in Healthier Living Workshops

rate of chronic conditions in Lamoille via VDH

of participants in Smoking Cessation Program

rate of smoking in Lamoille via VDH

of participants in Pediatric Outreach Program

rate of childhood obesity in Lamoille via VDH

of participants/referrals served by Care Coord. in each
practice

of referrals to various agencies by Care Coord. in each
practice; broken down by type of need

Panel Management Reports over time (Diabetes,

Hypertension) Compare baseline indicator %'s
FY11 to FY14

Reduction in Avoidable Hospital Readmissions for CHF
patient population.

Compare baseline indicator %'s FY11 to FY14

The hospital is not treating Obesity and Nutrition as a separate priority as obesity is included in 4a, improving residents' self management of chronic conditions. Our Healthier Living Workshops, the Workforce Wellness Program and the Pediatric Outreach Programs currently underway all address obesity.

Copley Hospital does provide a healthy recipe in each edition of the Copley Courier, the hospital's newsletter distributed through community newspapers (circulation ~25,000 quarterly). In addition, healthy living tips are shared quarterly with the HOPE Health Newsletter, distributed to Copley's 475 employees, and 400 friends of Copley; it is also available in the hospital's common areas.

In addition, a Copley Hospital employee serves on the Lamoille Fit and Healthy Council and Copley Hospital has advocated to town officials for the adoption of a Town Wellness Plan crafted by the Fit and Healthy Council. The Town Wellness Plan encourages community development and zoning policies that encourage pedestrian and bicycling infrastructure, mixed-use development that provides opportunities for people to be physically active as part of their daily routine, and access to safe, well-maintained parks and recreation facilities.

Mental Health and Substance Abuse are being addressed separately, because of the work being done in the community by Lamoille Community Connections (the Vermont Department of Mental Health Designated Agency), CHSLV's Behavioral Health & Wellness and independent practitioners and Copley Hospital along with the Lamoille Prevention Campaign and Lamoille Home Health & Hospice. Copley Hospital is serving as the fiscal agent for the Lamoille Prevention Campaign and hospital representatives are active with the organization. The hospital is distributing Lamoille Prevention Campaign materials to our employees and in our common areas. The campaign's focus is to reduce underage drinking in Lamoille County.

In addition, the mental health agencies are working to improve access to behavioral health resources for all residents. Copley Hospital is contributing to this by having our Diabetes Educator and Registered Dietitian screen all Wellness Center referrals for depression and refer to a behavioral health professional as needed. We have helped Lamoille Community Connections establish the A.S.A.P. public inebriate program, which provides a safe environment to sober-up followed by next day assessment and counseling.

Although not part of the CASC discussion, Copley Hospital is helping to address mental health concerns in the community. Copley Hospital is collaborating with the state of Vermont to provide services to replace psychiatric beds lost due to the closing of Vermont State Hospital as a result of Hurricane Irene. An 8 bed psychiatric hospital is being built in the hospital's service area, with the hospital to provide a variety of services for the next several years until a new state hospital can be built. The resources needed—financial, human, and educational - are still unknown at this time.

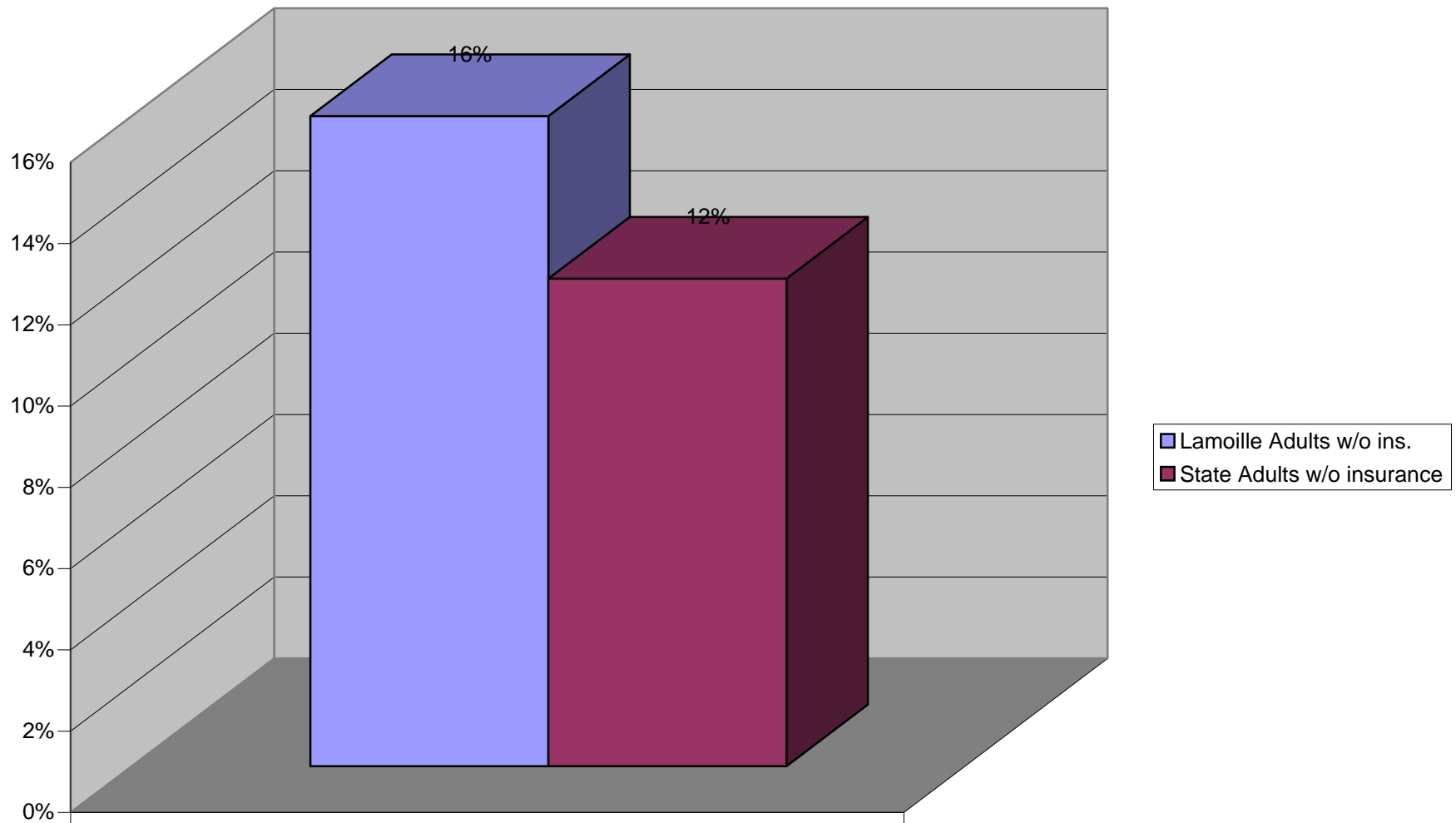
BASELINE DATA for Copley Health Needs Assessment Implementation Strategy & Action Plan

Copley Hospital's implementation strategy and action plan demonstrates a commitment to building a more integrated health care system. The Action Plan relies on commitment and action from both the hospital and primary care practices and providers throughout the area. Created in the spirit of cooperation, we acknowledge there will be growing pains as we continue to build the relationships and infrastructure needed to accomplish our goals.

Copley Hospital will release annually, to the best of our ability, our performance relative to the stated goal. While the CASC approved this plan, securing baseline data has proven difficult as participants are still building and developing the reporting infrastructure as well as relationships. We continue to address barriers to collecting, pulling and sharing data across organizations. At the time of publication of this report, partial baseline data from primary care practices and/or the FQHCs participating in our area's Blueprint for Health program was available.

Lamoille County Adults Uninsured (%)

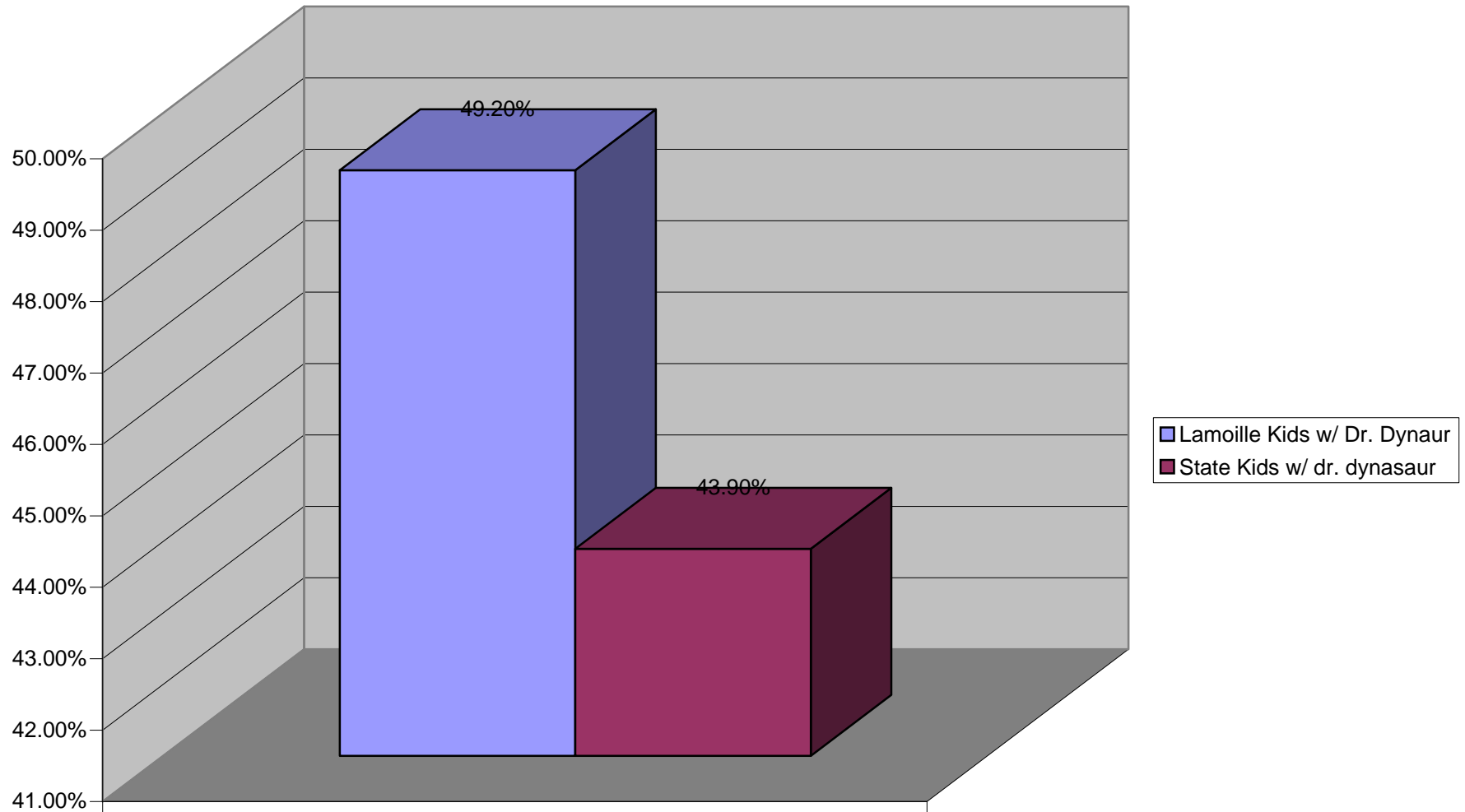
Baseline data; June 2012



1
2010 VDH BRFSS reflecting 2008-2010 data

Children Insured via Dr. Dynasaur

Baseline data, June 2012

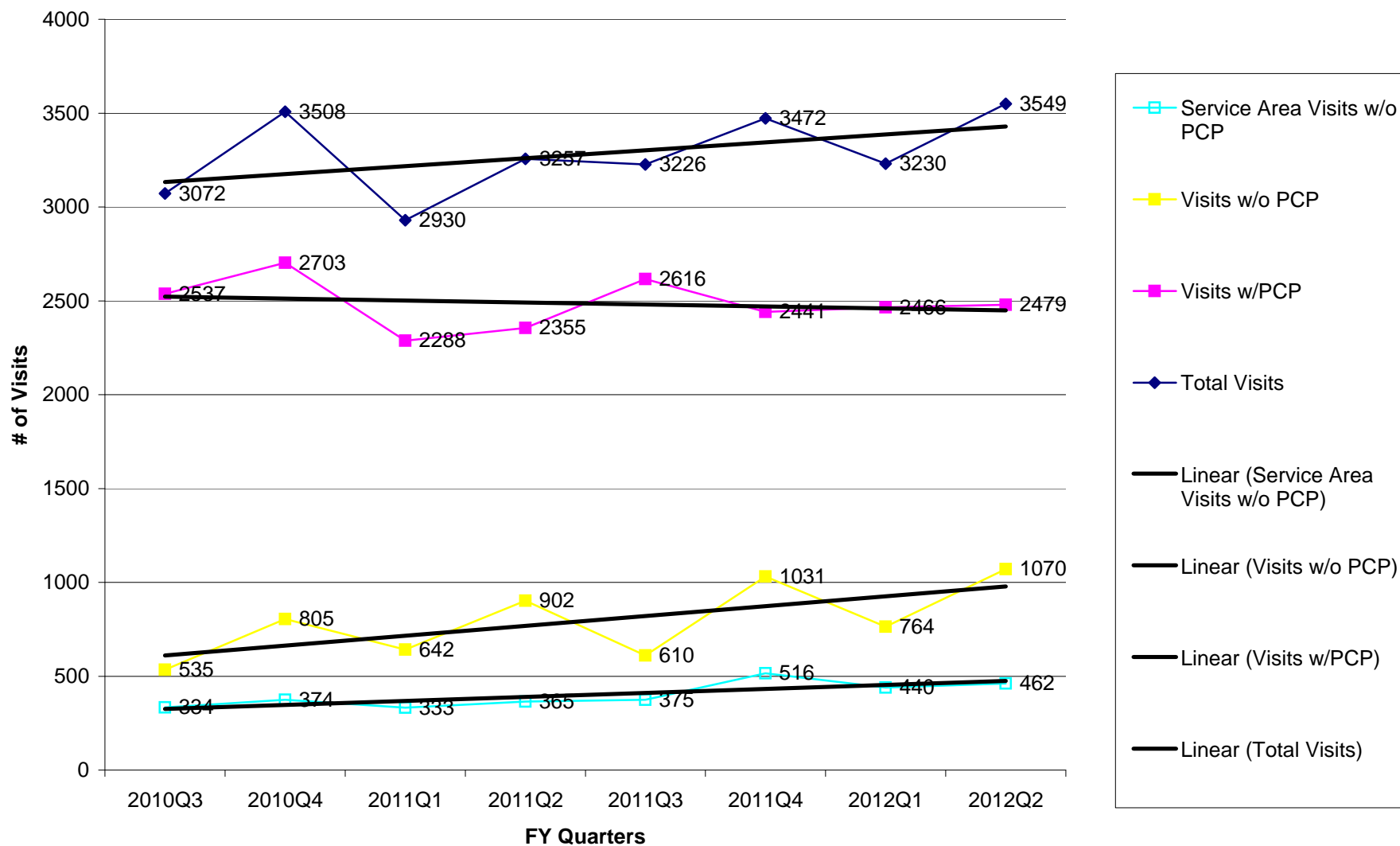


1

2010 VDH BRFSS utilizing 2008-2010 data

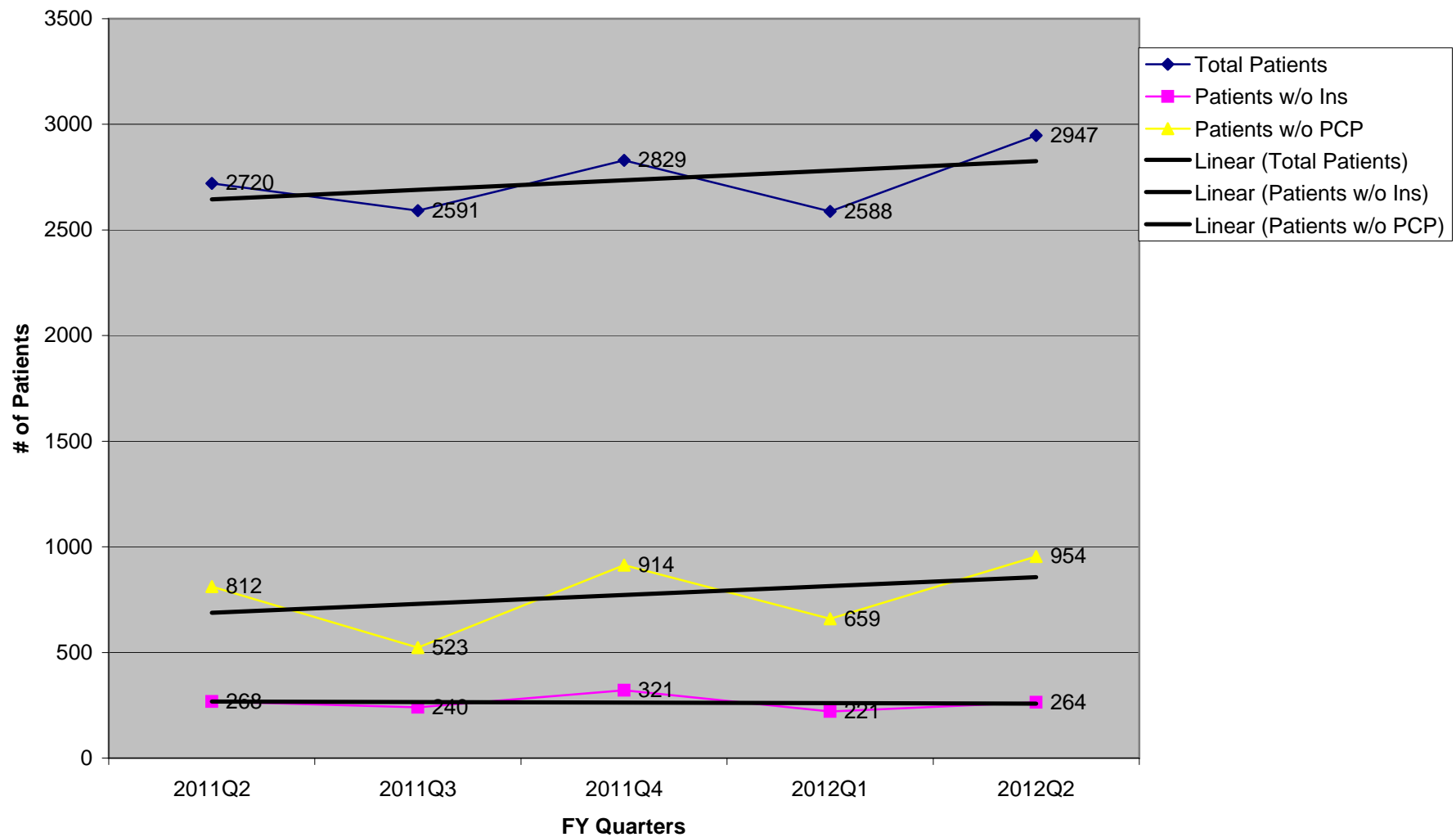
Copley Hospital Emergency Dept. - Total Visits

Baseline data; June 2012
Q1:Oct-Dec; Q2:Jan-Mar;
Q3:Apr-June; Q4: July-Sept.



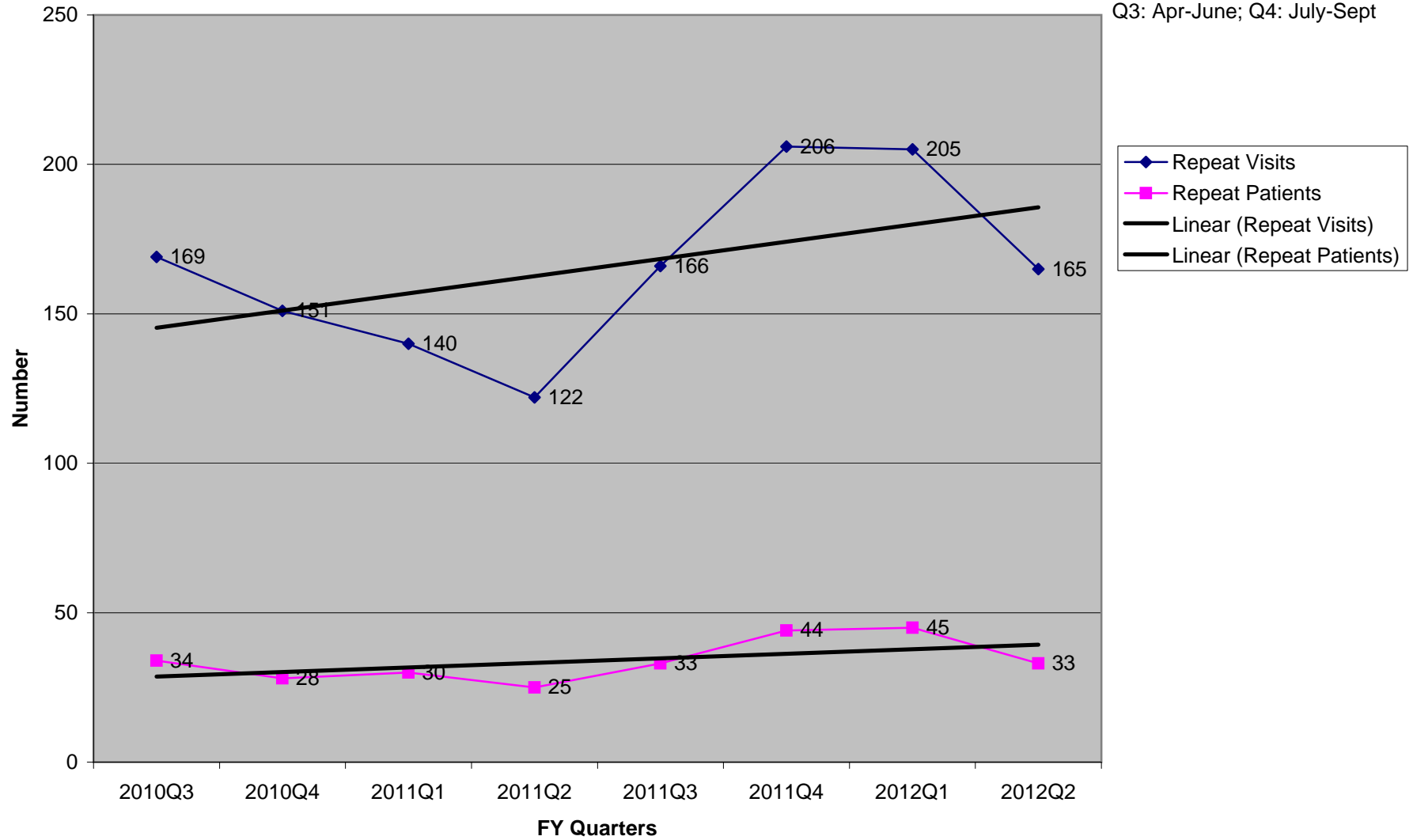
**Copley Hospital
Emergency Dept. - Unique Patients**

Baseline data; June 2012
Q1:Oct-Dec; Q2: Jan-Mar;
Q3: Apr-June; Q4:July-Sept.



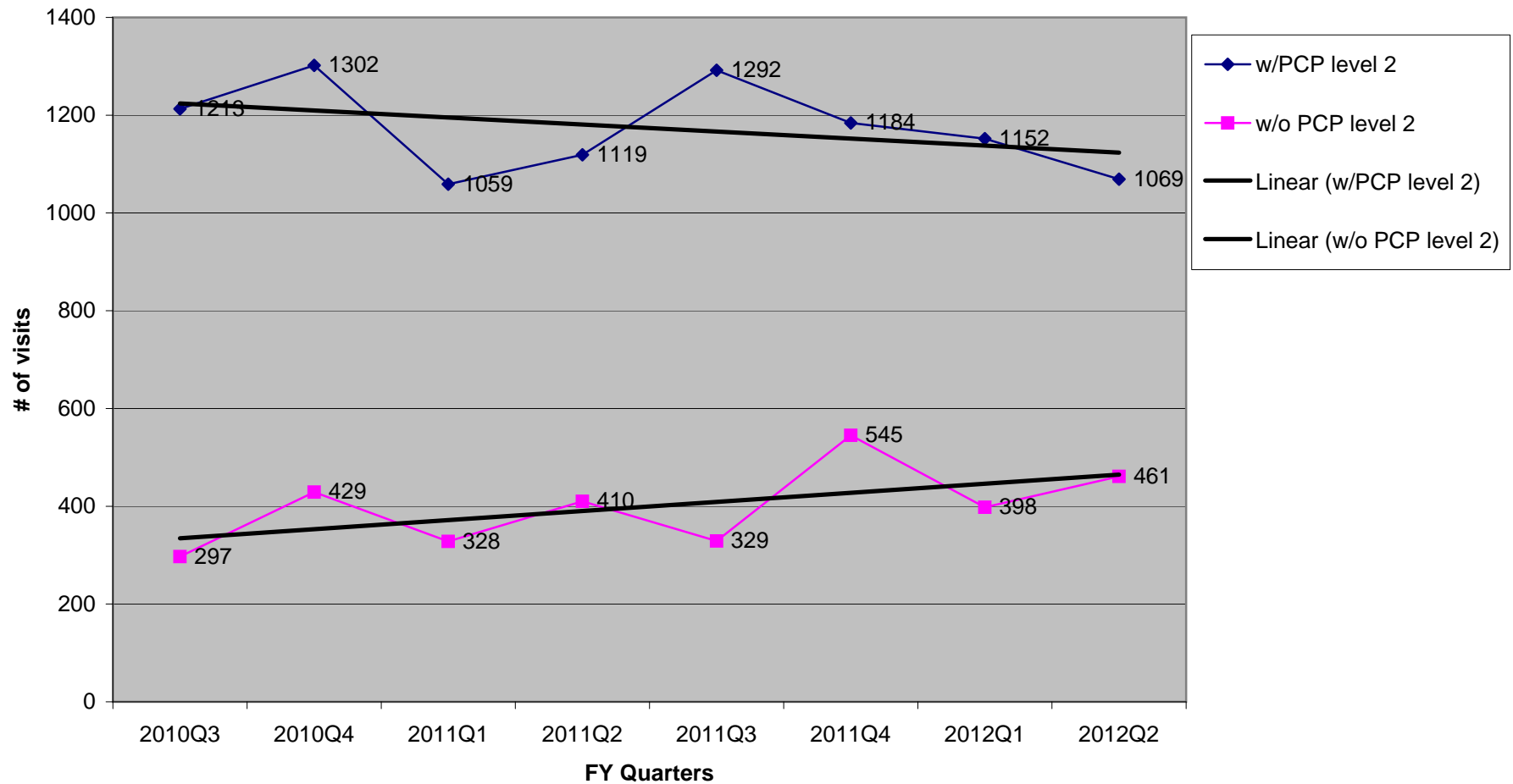
Copley Hospital Emergency Department - Repeat Visits

Baseline data; June 2012
repeat = >3 visits per Qtr.
Q1: Oct-Dec; Q2: Jan-Mar
Q3: Apr-June; Q4: July-Sept



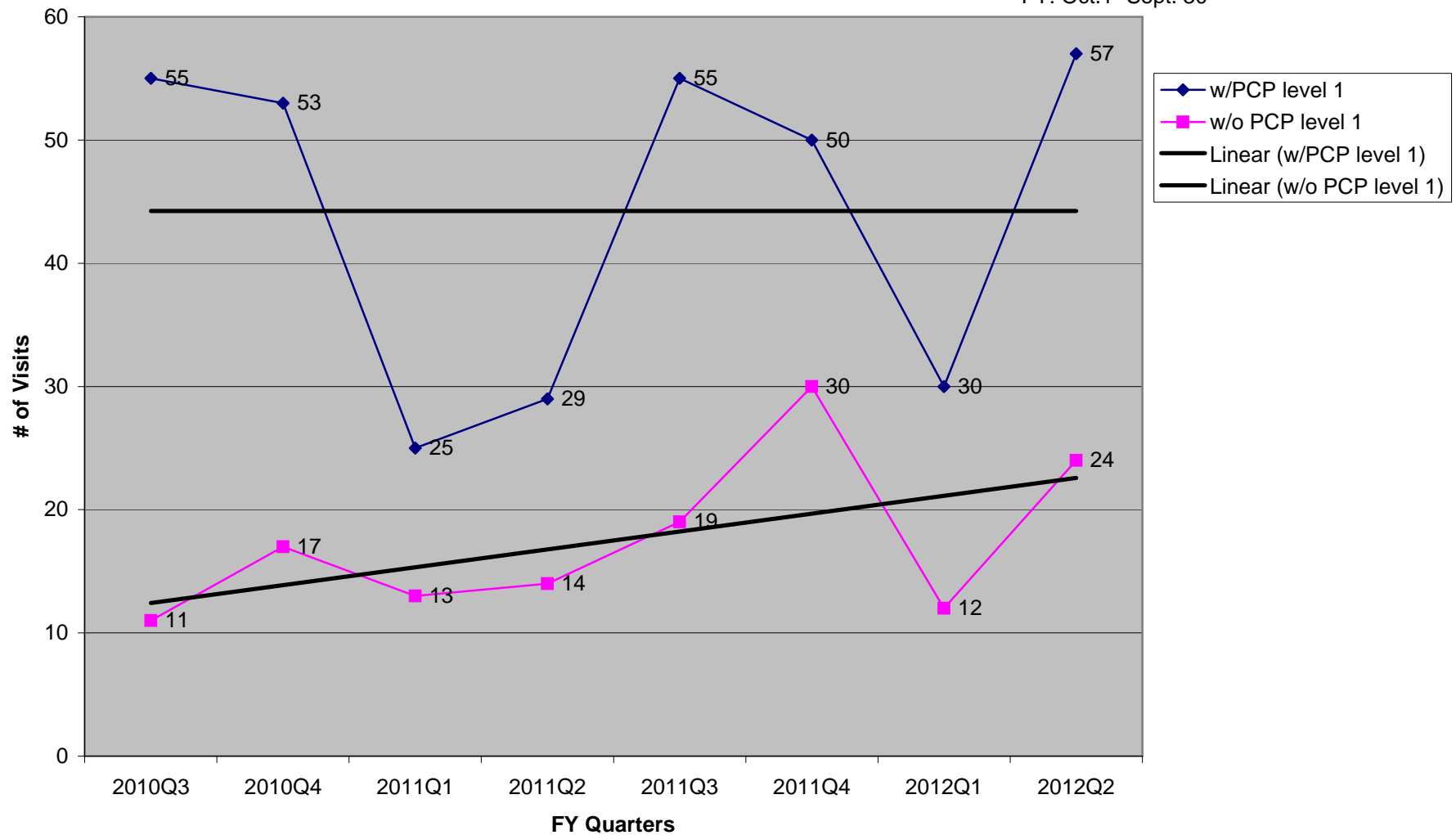
**Copley Hospital
Emergency Dept. - Level 2 Visits
Potentially Avoidable**

Baseline data, June 2012
Potentially Avoidable = Level 2, CPT code
99282; acute episodic illness or injury w/ definite,
prescribed course.
FY: Oct 1-Sept.30



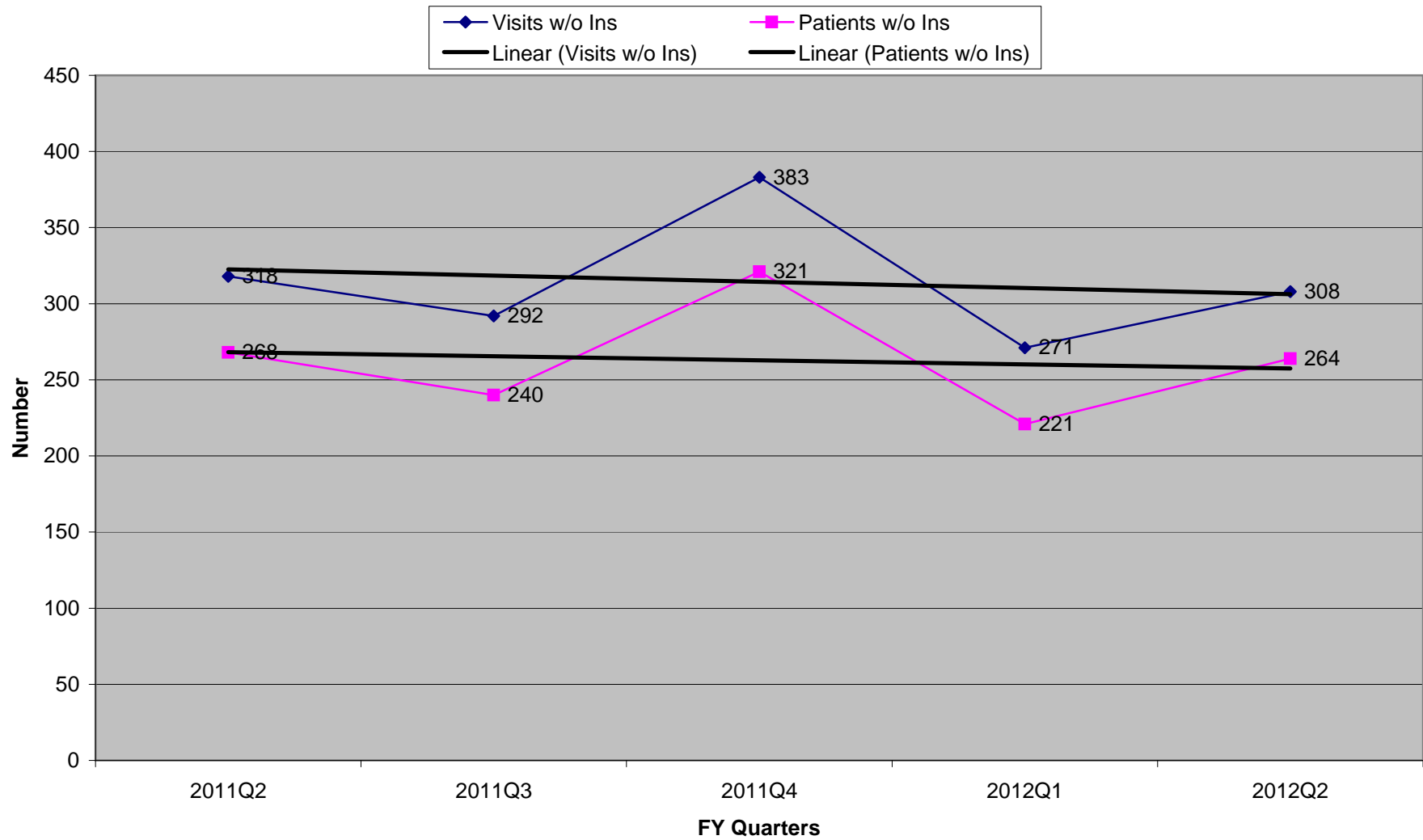
**Copley Hospital
Emergency Department Visits - Level 1
Avoidable**

Baseline data; June 2012
Avoidable = Level 1 CPT code 99281
presenting problem is minor in nature,
simple, limited services needed.
FY: Oct.1 -Sept. 30



Copley Hospital
Emergency Dept. - Visits Without Insurance

Baseline data; June2012
Q1:Oct-Dec; Q2: Jan-Mar
Q3: Apr-June; Q4 July-Sept.



Improving Transitions in Care and Readmissions

A 3-Year Initiative of Copley Health Systems,

with the Vermont Program for Quality in Health Care, Inc. (VPAHC), the Office of Rural Health & Primary Care and the Vermont Department of Health.

Effective discharge planning and efficient communications among caregivers, both within the hospital and in the community with subsequent care providers, along with patients and their families, are key to reducing avoidable hospitalizations and rehospitalizations.

Working to create ideal transitions in care and reducing avoidable rehospitalizations is an important first step toward achieving broader delivery system transformation.

It is estimated that nationally, approximately 20% of US hospitalizations or rehospitalizations occur within 30 days of discharge, according to the Briggs National Quality Improvement/Hospitalization Reduction Study of 2006. A 2007 study from the Medicare Payment Advisory Committee estimated that, in the Medicare population, up to 76 percent of rehospitalizations within 30 days are potentially avoidable.

According to VPQHC analyst Elizabeth Winterbauer, there are no benchmark readmission rates specifically for critical access hospitals. Medicare data on readmissions for heart attack, heart failure and pneumonia on the national Hospital Compare website indicates that Copley's rate of readmissions for heart failure and pneumonia are no different than U.S. rates and our number of heart attack admissions is too low to calculate. Our average readmission rate over the last 12 months (June 2010 through May 2011) is 11.2%.

AIM Statement:

Reduce overall readmissions by 30% (for a monthly readmission rate of 7.25%) by June 2014.

This will be accomplished by:

- ~ Implementing Teachback Education
- ~ Scheduling follow up appointments within 10 days of discharge
- ~ Providing pharmacy review of medications for contraindications for specific patient populations (such as CHF) and provide discharge counseling on new medications
- ~ Evaluate and redesign discharge instructions for patients

Measurements:

Core Measure: HF1 Discharge Instructions:

Hospital provides you with information to help you manage your symptoms when you return home. Should include activity level, diet, medications, follow-up appointment, and what to do if your symptoms return. Higher % is better.

Core Measure: HF2 – Evaluation of LVS Functions – a Left Ventricular Function

Assessment was performed. It is a test to determine how your heart is pumping. Higher % better.

Core Measure: HF3 ACEI or ARB for LVSD – Angiotensin Converting Enzyme (ACEI) and Angiotensin Receptor Blocker (ARB) are medications used to treat heart attacks, high blood pressure and heart failure. Higher % is better.

The HCAHPS survey asks patients to give feedback about topics for which they are the best source of information. The following questions pertain to this quality initiative:

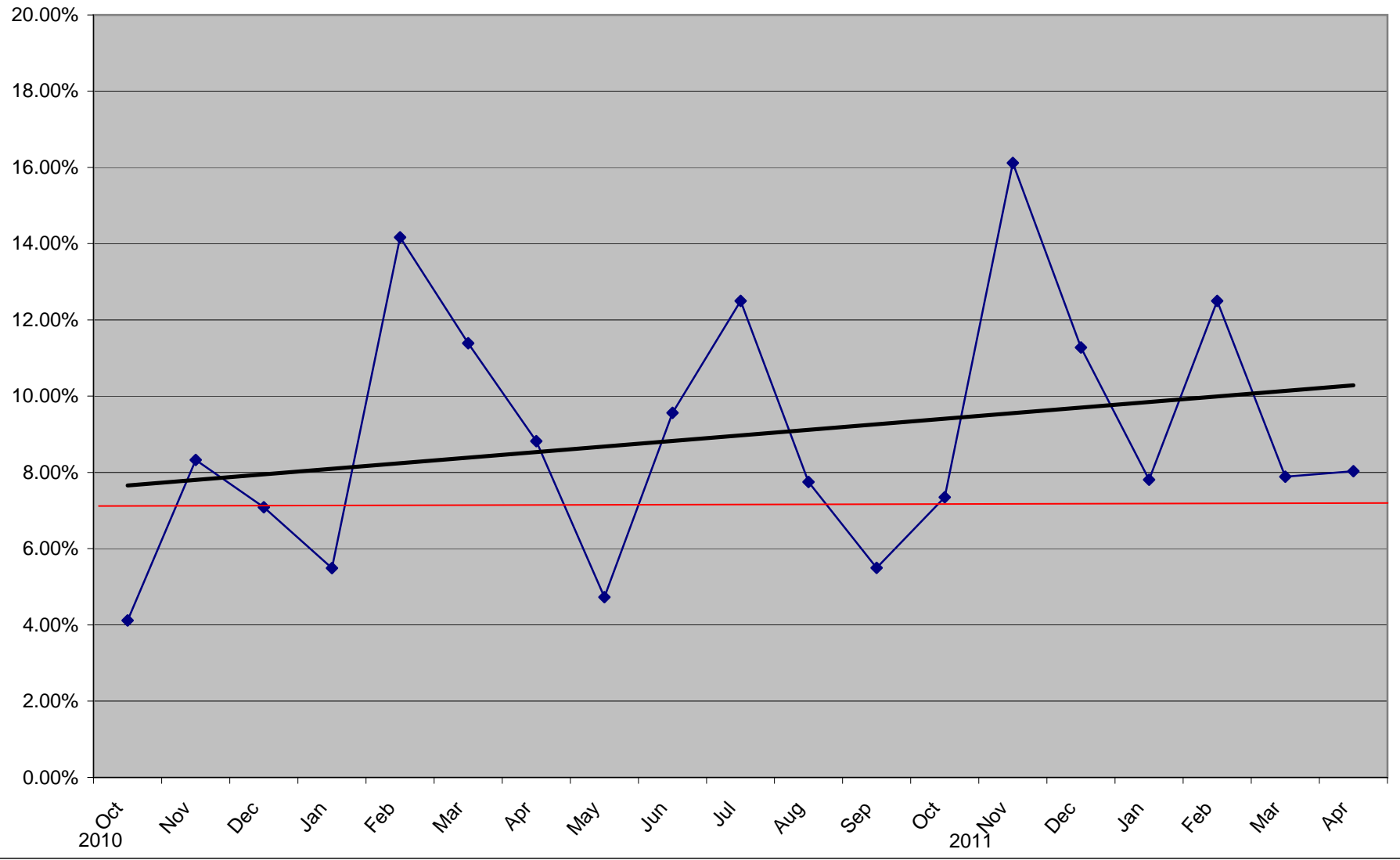
HCAHPS: how often did nurses explain things in a way you could understand?

HCAHPS: how often did doctors explain things in a way you could understand?

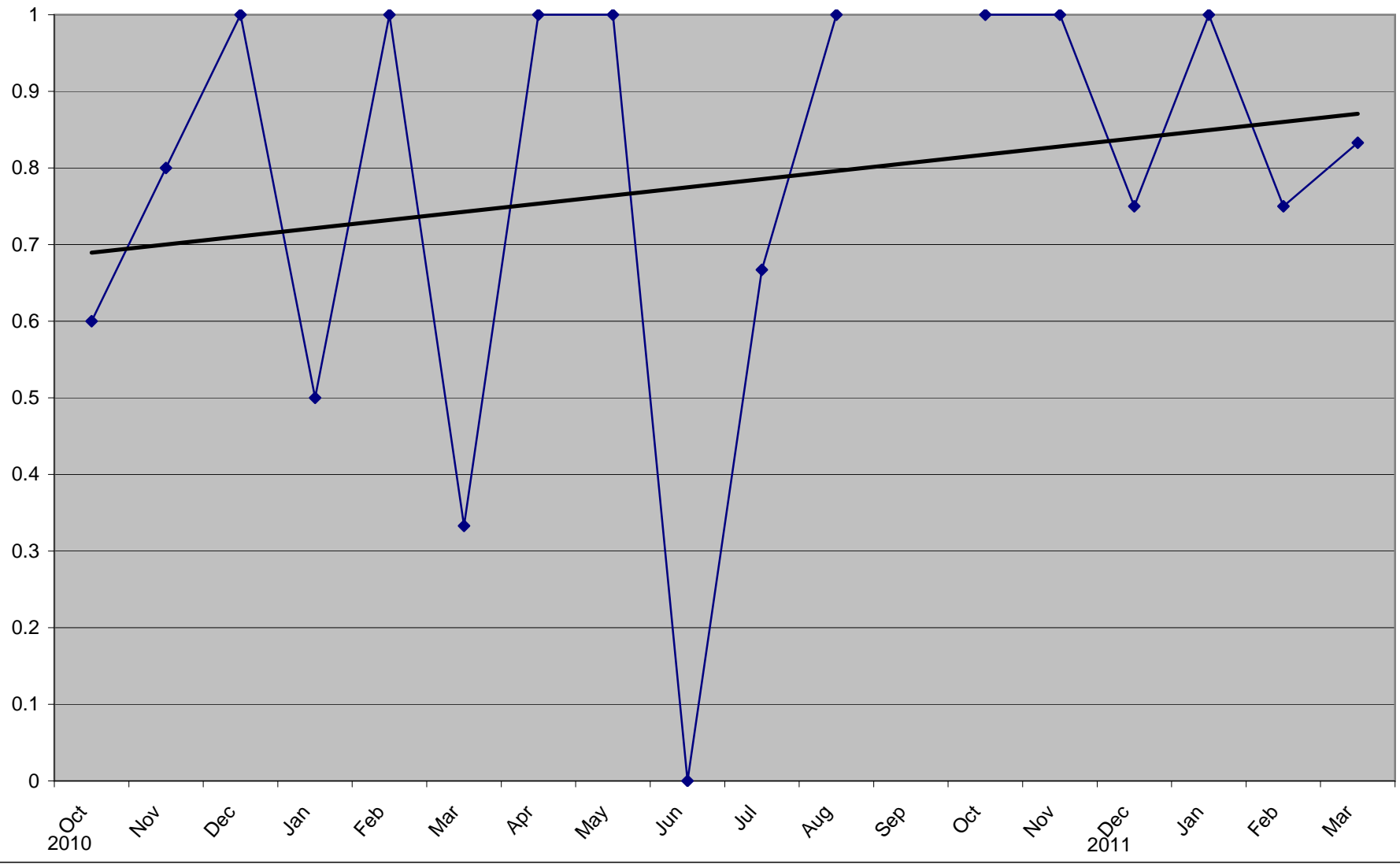
HCAHPS: did hospital staff talk with you about whether you would have the help you needed when you left the Hospital?

HCAHPS: did you get information in writing about what symptoms or health problems to look out for after you left the hospital?

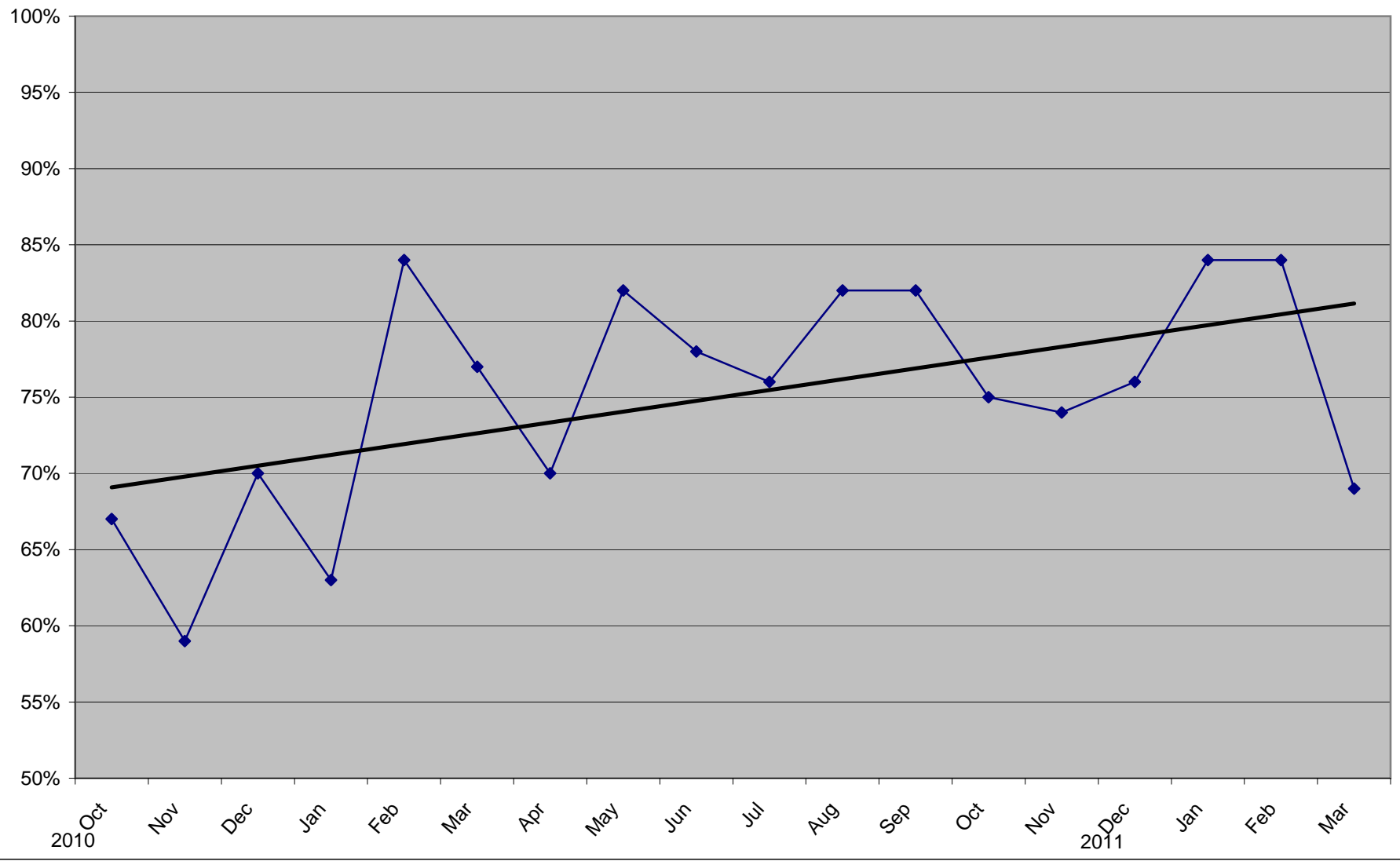
Inpatient All Cause Readmission Rate



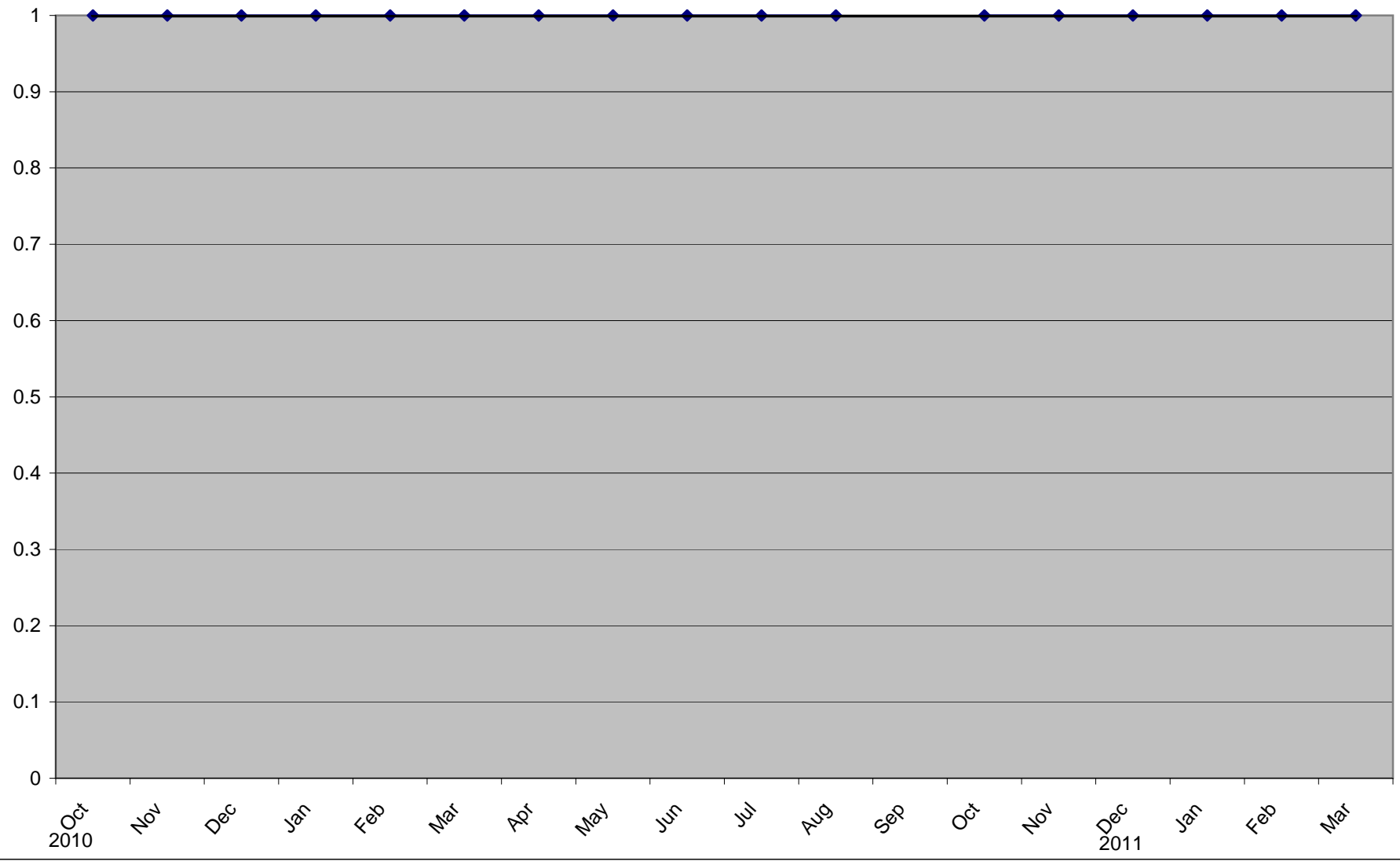
Core Measure: HF1 Discharge Instructions



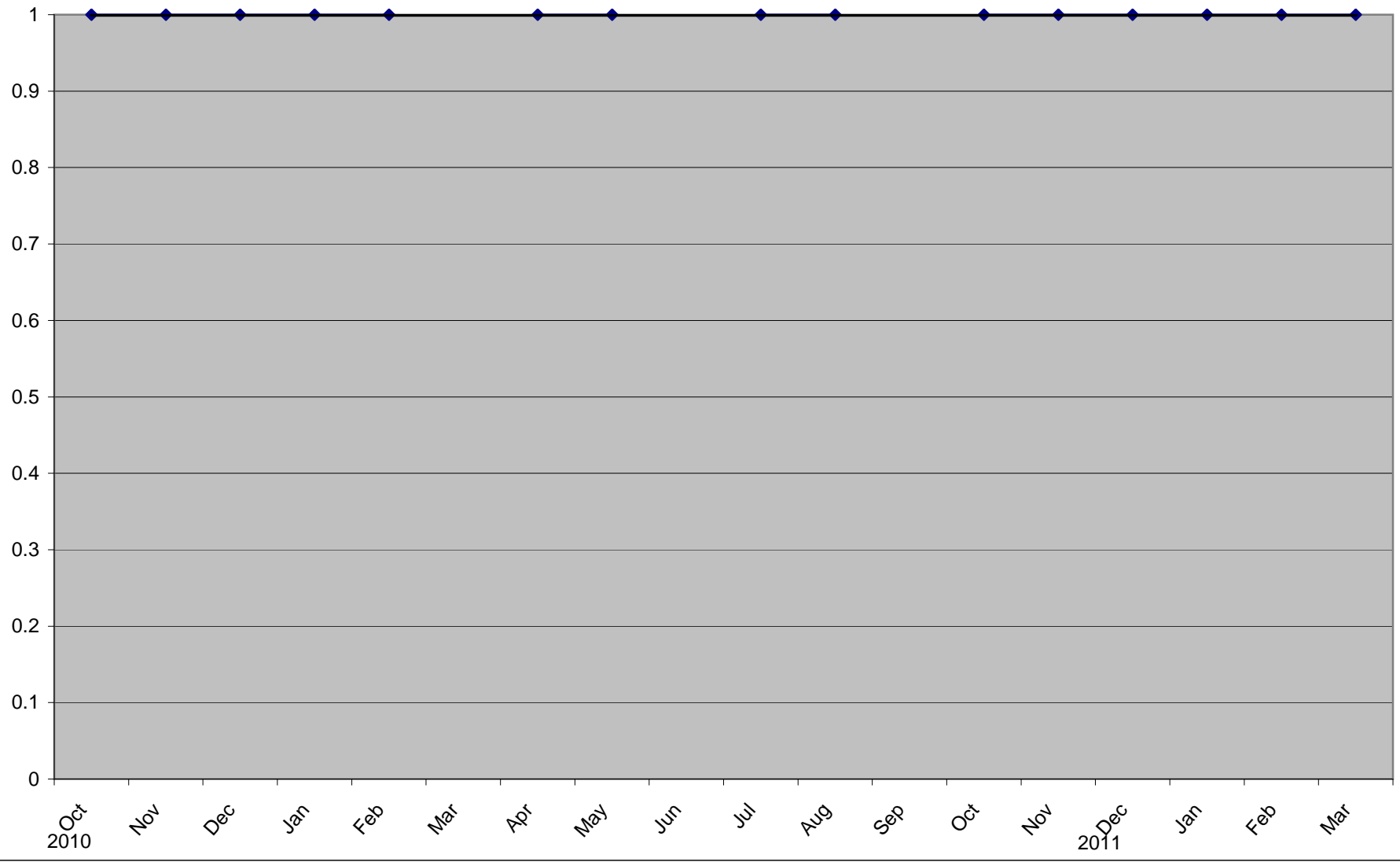
HCAHPS: Doctor Expl In Way You Can Understand Top Box Percentage



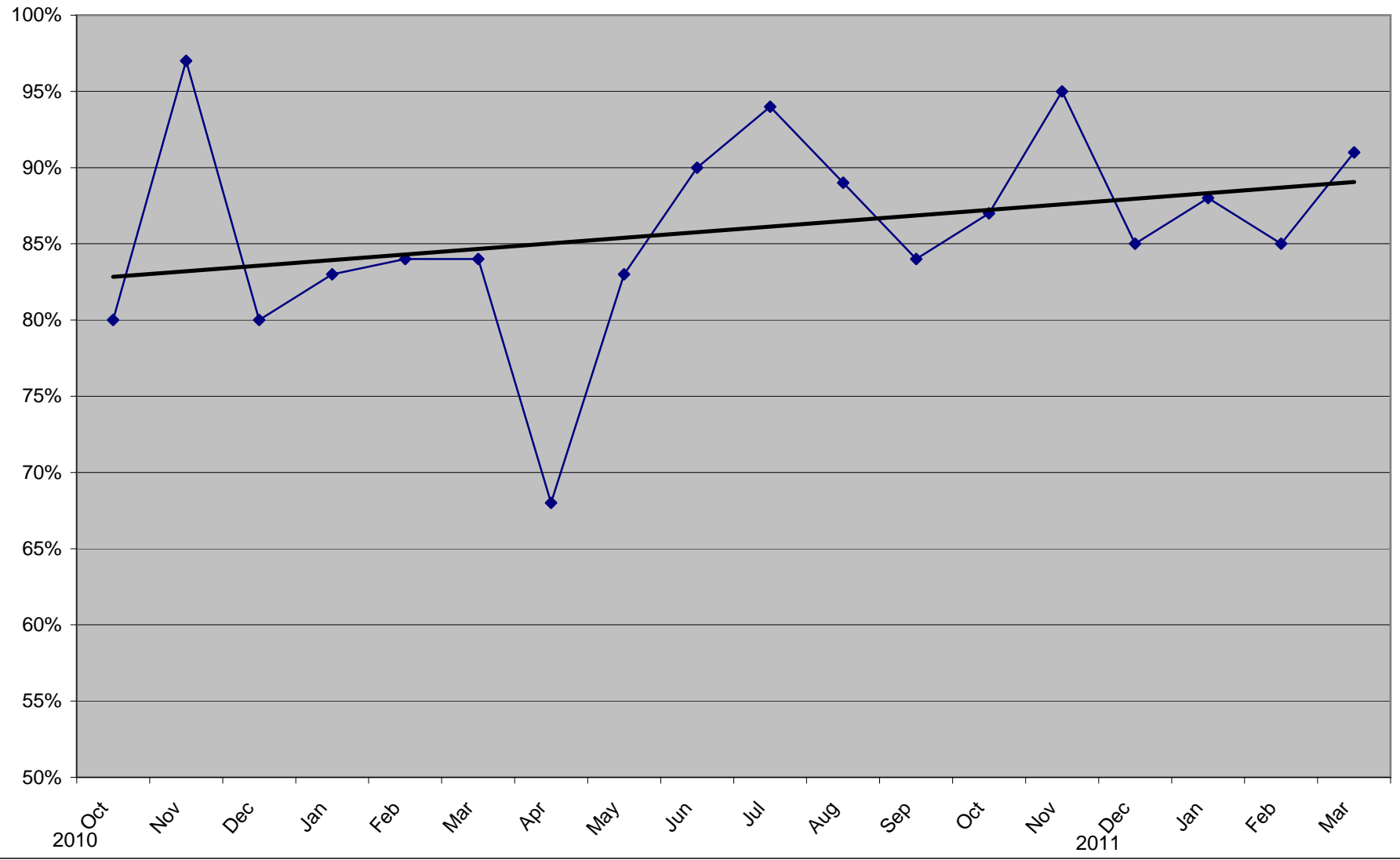
Core Measure: HF2 Evaluation of LVS Function



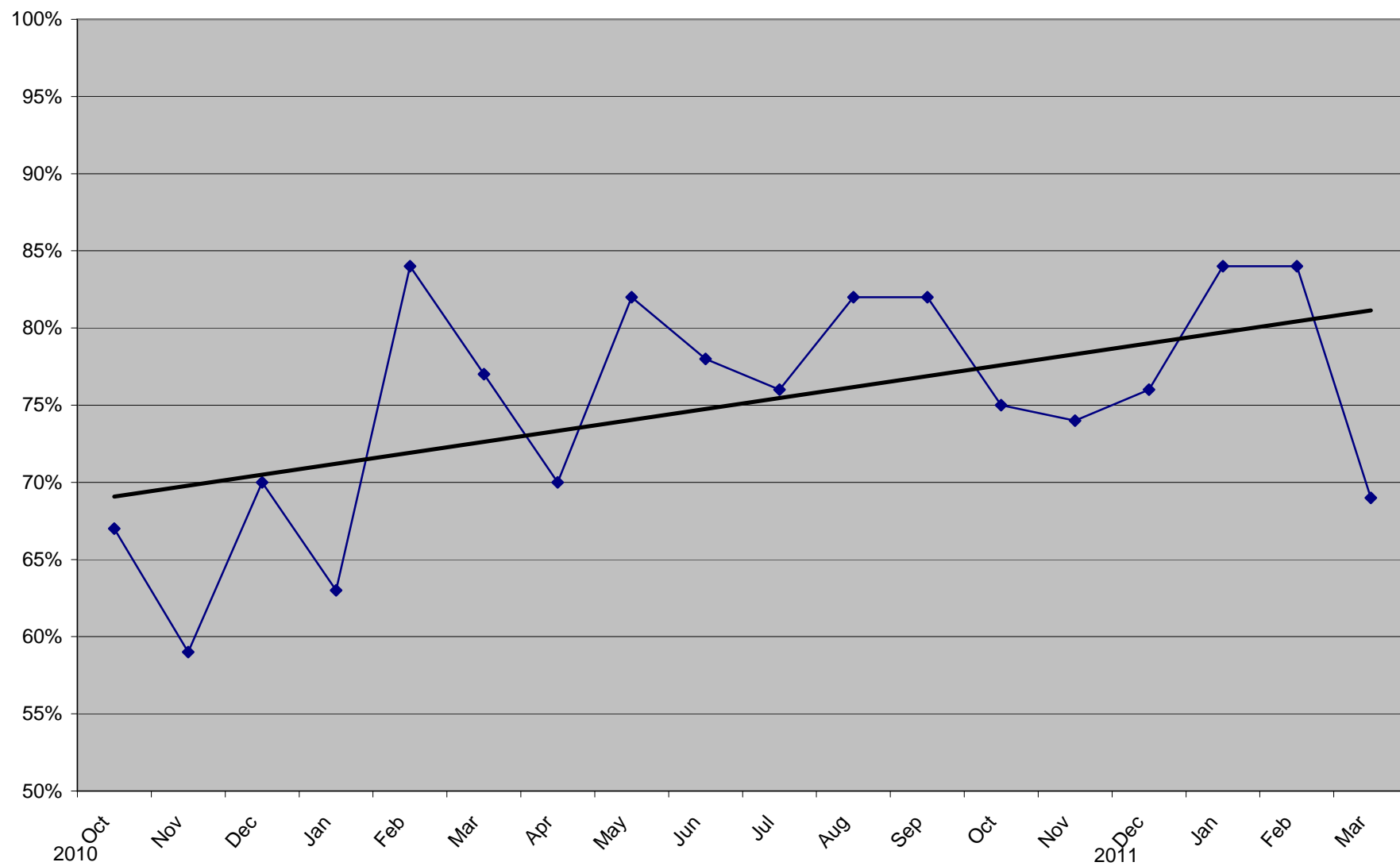
Core Measure: HF3 ACEI or ARB for LVSD



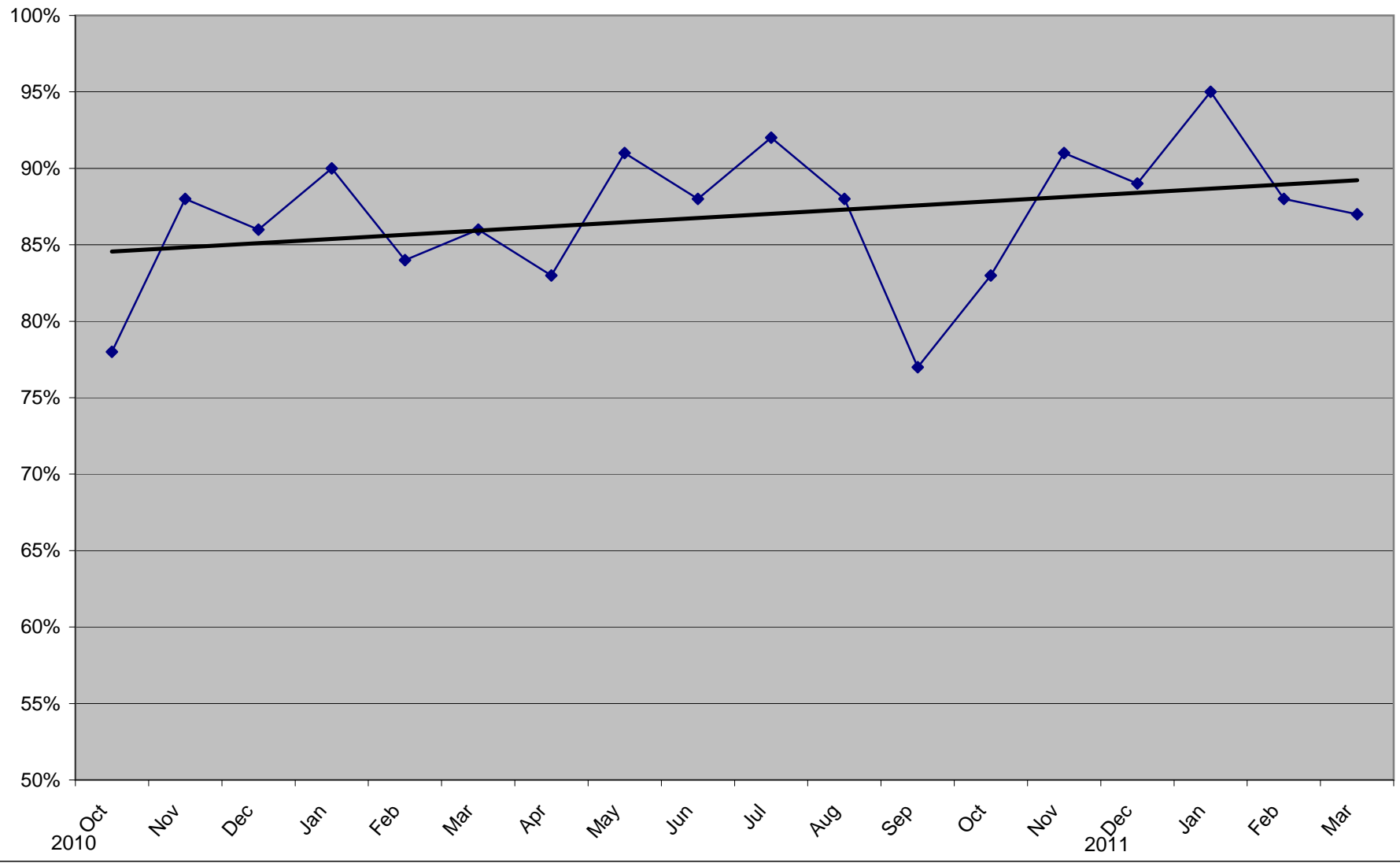
HCAHPS: Info Re Symptoms / Prob To Look For Top Box Percentage (Yes/No)



HCAHPS: Nurse Expl in Way You Can Understand Top Box Percentage



HCAHPS: Staff Talk About Help When You Left Top Box Percentage (Yes/No)



Lifestyle and Prevention

Goal: Lamoille County residents lead a healthy lifestyle

4a.. *Improve Lamoille County residents' self management of chronic conditions among population with hypertension, diabetes, asthma, obesity.*

Securing baseline data has proven difficult as participants are still building and developing reporting infrastructure as well as relationships. We continue to address barriers to collecting, pulling and sharing data across organizations. At the time of publication, partial baseline data from primary care practices and/or the FQHCs participating in our area's Blueprint for Health program was available.

The following is baseline data provided by the Community Health Services of Lamoille Valley (CHSLV), one of two Federally Qualified Health Care Centers in the Copley Service Area Blueprint for Health Program. Represented in the following data are Stowe Family Practice and Morrisville Family Health Care.

CHSLV

The information for baseline information was gathered from the initiation of panel management. For Stowe Family Practice that was January 2012; for Morrisville Family Health Care, February 2011.

Hypertension:

■ Baseline

- Percent of patients with HTN who are at Goal: 85%
- Percent of patients with HTN who come in as directed by their PCP: 73%

■ July 2012

- Percent of patients with HTN who are at Goal: 94%
- Percent of patients with HTN who come in as directed by their PCP: 95%

Diabetes:

■ Baseline

- Percent of patients with DM who are at goal: 65%
- Percent of patients with DM who come in as directed by their PCP: 87%

■ July 2012

- Percent of patients with DM who are at goal: 72%
- Percent of patients with DM who come in as directed by their PCP: 98%

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	Healthier Living Workshop 2010-2011												
2	Morrisville H.S.A.		Source: VT Dept. of Health Healthier Living Workshop Evaluation, May 2012										
3													
4	Chronic Disease HLW Attendance	# Workshops Held	# Registered	Registered/ workshop	# Attend ed	Attended/ Workshop	% Attended	# Completed	% Completed	# No Show	% No Show	# Drop Out	% Drop Out
5	2010	2	24	12	15	8	63%	10	42%	9	38%	5	21%
6	2011	3	44	15	24	8	55%	14	32%	20	45%	10	23%
7													
8	Vermont Total												
9	2010						82%		60%		18%		22%
10	2011						78%		53%		22%		25%
11													
12	Diabetes HLW	# Workshops Held	# Registered	Registered/ workshop	# Attend ed	Attended/ Workshop	% Attended	# Completed	% Completed	# No Show	% No Show	# Drop Out	% Drop Out
13	2010	1	13	13	12	12	92%	8	62%	1	8%	4	31%
14	2011	1	15	15	9	9	60%	7	47%	6	40%	2	13%
15													
16	Vermont Total												
17	2010						83%		43%		17%		40%
18	2011						89%		66%		11%		22%

	A	B	C	D	E	F	G	H	I	J	K	L	M
19	Healthier Living Workshop 2010-2011												
20	Morrisville H.S.A.		Source: VT Dept. of Health Healthier Living Workshop Evaluation, May 2012										
21													
22													
23	Demographics 2010-2011	# Completed	Female	Male	Average Age	High School or Less	Some College +	General Health Good +	# of MD Visits, Past Six Months				
24	Chronic, completed-Morrisville	24	78%	22%	61	52%	48%	52%	3				
25	Chronic, completed - VT		76%	24%	62	50%	50%	68%	4.3				
26													
27	Diabetes, completed-Morrisville	15	58%	42%	65	67%	33%	27%	4.7				
28	Diabetes, completed-VT		68%	31%	65	57%	43%	64%	3.6				
29													
30	Chronic, Drop Out Morrisville	15	76%	24%	65	61%	39%	39%	5.5				
31	Chronic, Drop Out-VT		75%	25%	59	55%	45%	57%	4.8				
32													
33	Workshop Info; Client Satisfaction	# Participants	Sign Up	Time Held	Place Held	Media Helpful	HLW Helpful	Was like expected					
34	Morrisville	21	4.4	4.5	4.5	4.7	4.7	4.2					
35	Vermont		4.6	4.5	4.4	4.5	4.7	4.5					

Copley Hospital Wellness Center Programs

We had more than 6100 community health activity attendees over the course of FY2011.

Copley Hospital has provided a Workplace Wellness Program for two local companies since 2009. This has provided a year to year comparison of the impact of program on the companies' employees.

Company A		SAME EMPLOYEES YEAR to YEAR COMPARISON			
<i>Topic</i>	<i>Scores</i>	<i>2009</i>	<i>2010</i>	<i>2011</i>	<i>2012 YTD</i>
Overall Wellness		62	66	68	68
Physical Activity		64	69	64	61
Mental Wellness		71	74	69	74
Nutrition		45	46	54	54
Alcohol		73	71	73	76
Blood Pressure		42	57	79	60
Cancer		67	65	69	69
Cholesterol		82	84	88	75
Diabetes		56	62	58	62
Motor Vehicle Safety		75	76	82	87
Tobacco	*lower score desired	36.40%	18.80%	17.60%	10%

Company B		SAME EMPLOYEES YEAR to YEAR COMPARISON			
<i>Topic</i>	<i>Scores</i>	<i>2009</i>	<i>2010</i>	<i>2012 YTD</i>	
Overall Wellness		67	70	71	
Physical Activity		56	57	59	
Mental Wellness		65	68	71	
Nutrition		53	56	60	
Alcohol		84	82	83	
Blood Pressure		62	70	69	
Cancer		67	68	68	
Cholesterol		89	74	76	
Diabetes		51	57	55	
Motor Vehicle Safety		87	88	90	
Tobacco	*lower score desired	16.70%	15.50%	13%	

Appendix A:

2011 Copley Hospital Community Health Needs Assessment

COPLEY HOSPITAL

Community Healthcare Needs Assessment

2011

Toby Knox and Associates LLC
163 Boulder Hill Drive
Shelburne, VT 05482
802.985.3192

June 15, 2011

This assessment was designed to fulfill the requirements of the Federal Patient Protection and Affordable Care Act (PPACA) and to help Copley Hospital to fulfill its mission.

Contents

Project Objective.....	3
Methodology	3
Survey Participation.....	6
Survey Highlights	7
Secondary Data Review: Copley Priority Areas	10
Solutions: What does the community suggest?.....	17
Appendix A.....	18
Representative Stakeholder Survey: Demographic Information.....	18
Appendix B	20
Town Meeting Survey: Demographic Information.....	20
Citations	22

Project Objective

In March 2011, Copley Hospital engaged Toby Knox and Associates LLC (TKA) to conduct a formal Community Healthcare Needs Assessment. This assessment was designed to fulfill the requirements of the Federal Patient Protection and Affordable Care Act (PPACA) and to help Copley Hospital to fulfill its mission, specifically to improve the health status of the people of the community by providing the highest quality of care regardless of ability to pay.

The assessment process invited feedback from community stakeholders as well as reviewing relevant data and publications published by government and non-profit agencies from within the Copley community and statewide.

Methodology

A market research team including Toby Knox, TKA principal and founder, and consulting researcher, Alanna Shanley, MBA, conducted the assessment for Copley Hospital.

The research effort utilized two data gathering techniques:

1. Surveying

Representative Stakeholder Survey: A survey tool designed to ascertain the most pressing health and wellness needs in the Copley community was distributed by mail and email to 153 individual stakeholders representing the broad interests of the community served by Copley Hospital, including:

- School Nurses
- Staff of Local Non-Profit Organizations
- Vermont Health Department Staff
- Auxiliary Board
- Copley Foundation Committee
- Copley Health System Trustees
- Town Health Officers
- Copley Medical Staff

Town Meeting Survey for Community Members: A second survey was administered by Copley staff at the 2011 town meetings in the towns of Morristown, Cambridge, Hyde Park, Wolcott, Waterville and Stowe. All town meeting attendees were invited to participate.

2. Secondary Data Review

The research team also conducted an environmental scan of the healthcare landscape by reviewing relevant reports presented by public health and local non-profit agencies, including:

- Vermont Prescription Monitoring System (VPMS) July 2009-Dec. 2010 Report
- Vermont Department of Health: *Health Disparities of Vermonters* (2010)
- Vermont Department of Health: *Youth Risk Behavior Survey* (2009)
- Vermont Department of Health: *2008 Health Status of Vermonters*
- Vermont Department of Health: *Vital Statistics Annual Report* (2010)
- Vermont Department of Health: *Obesity and Health Status Report*
- Department of Vermont Health Access: *Interim Study of Vermont's Primary Workforce Development* (November 2010)
- Vermont Department of Mental Health: *Annual Statistical Reports 2010* (for Adults and for Child, Adolescent and Family Mental Health)
- Vermont Department of Mental Health: *System of Care Plans* (for Adults and for Child, Adolescent and Family Mental Health)
- Vermont Department of Mental Health: *Re-design of Adult Mental Health Services System: Planning for Implementation of Challenges for Change* (2011)
- Fit and Healthy Vermonters: *Preventing Obesity in Vermont Plan*
- Lamoille County Fit & Healthy Vermonters Council: *Community Assessment of Morristown*
- Fit and Healthy Vermonters: *Youth Obesity and Nutrition by County*
- Lamoille County United Way: *211 Aggregate Reports by County*
- Lamoille County United Way: *Community Needs Ascertainment Report*
- Vermont Department of Banking, Insurance, Securities and Healthcare Administration: *Vermont Household Health Insurance Survey* (2009)
- Vermont Area Health Education Centers Network: *The Vermont Primary Care Workforce Snapshot* (2009)

About this report

This report presents the results of the stakeholder surveys, and compares them to data and information offered in the research and findings of state government and non-profit agencies.

Please note, that due to the small sample size, the survey findings are qualitative in nature, and thus cannot be projected to represent the views of all members of the community served by Copley Hospital.

About the Copley Service Area and Lamoille Countyⁱ

Copley Hospital services the towns of Lamoille County, and several towns in the edges of Orleans and Caledonia counties. With a medical staff of 75, Copley Hospital offers a wide range of inpatient and outpatient services and collaborates with local organizations on wellness and outreach initiatives.

Population

- Lamoille County Population: 24,475
- % Population Change 2000-2010: +5.3%
 - Vermont % Population Change 2000-2010: +2.8%

Education

- During the period of 2005-2009, 91% of people in Lamoille County 25 years and over had at least graduated from high school and 32% had a bachelor's degree or higher.
- The total school enrollment in Lamoille County was 6,000 in 2005-2009. Nursery school and kindergarten enrollment was 510 and elementary or high school enrollment was 3,700 children. College or graduate school enrollment was 1,800.

Income

- In 2009, the median income of households in Lamoille County was \$50,955.
 - The median for the state of Vermont was \$51,219.

Poverty

- In 2005-2009, 12.5% of people in Lamoille County were in poverty.¹
 - In Vermont, 11.5% of people lived in poverty.

¹Per the US Department of Commerce, the 2010 federal poverty level for one person is \$11,136 in annual income and \$22,314 for a family of four.

Survey Participation

Representative Stakeholder Survey

Survey invitations were sent to 153 stakeholders on April 21st, with a reminder on May 2nd. Local non-profit organizations were asked to send the survey to their board members and other relevant constituents. Fifty-nine responses were received via the online and paper surveys for an approximate response rate of 38.5%.

Basic Demographic Information (Complete information can be found in Appendix A.)

- 19% of respondents live in Morristown; 14% live in Stowe
- 54% work in Morristown
- 66% of survey respondents are female
- 98% of respondents have health insurance

Town Meeting Survey for Community Members

Additional primary data was collected by Copley staff at Town Meeting 2011. 40 individuals completed a one-page health and wellness survey.

Basic Demographic Information (Complete information can be found in Appendix B.)

- 35% of respondents live in Morristown; 21% live in Hyde Park
- 73% of survey respondents are female
- 93% of survey respondents have health insurance

Survey Highlights

Both surveys presented an opportunity for respondents to share, in an open-ended format, what they believe the most pressing health care need or concern is in the Copley community, and why. Five areas were identified most often as the primary health care concerns facing the Copley community, listed below in order of the number of mentions:

1. Lifestyle & Prevention
2. Cost of Health Care
3. Access to Health Care
4. Obesity/Nutrition
5. Mental Health & Substance Abuse

Lifestyle and Prevention

Responses clustered around the availability and use of strong preventive care. Respondents emphasized that good health begins with prevention, and stressed that information about good nutrition and lifestyle choices were key to the overall good health of community members.

Other factors associated with prevention and lifestyle, cited by community members:

- Access to healthy and affordable food
- Access to safe places to exercise
- Access to primary care physicians

Cost of Health Care

Survey respondents cited the high cost of health care, health insurance, prescription drugs and laboratory services. Respondents were quick to note that community members without insurance coverage or economic resources rate poorest across all measures of health.

Access to Health Care

Access to health care was described as a significant concern, as many respondents noted the difficulty of getting into a primary care physician.

Besides a shortage of primary care providers, respondents noted other accessibility concerns:

- Availability of long-term care
- Availability of emergency care with specialists and appropriate equipment
- Availability of local specialists
- Availability of transportation

Obesity

Respondents cited obesity specifically as a symptom of a shortage of preventive care.

Respondents noted that obesity leads to other costly chronic care issues.

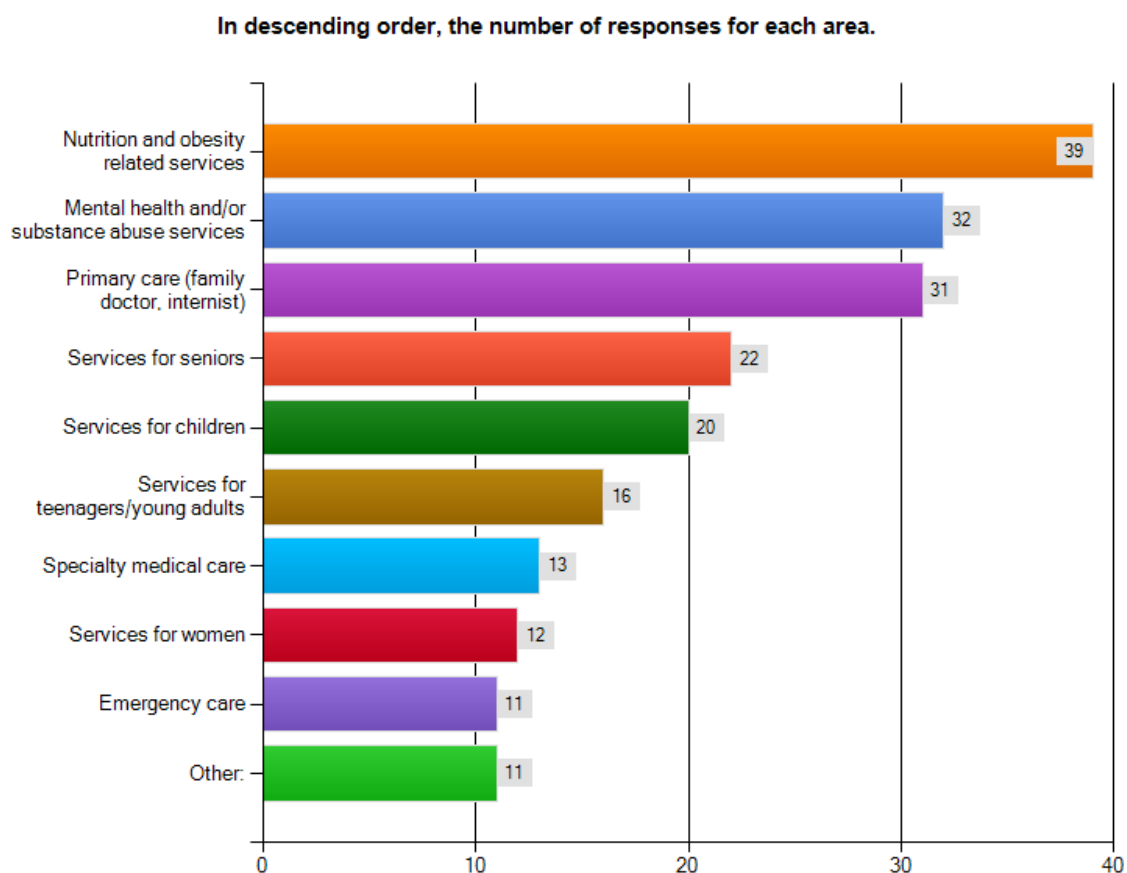
Other factors associated with obesity, cited by community members:

- Access to healthy and affordable food
- Access to safe places to exercise
- Access to adequate preventive care

Mental Health and Substance Abuse

Several respondents highlighted services around mental health and substance abuse as being a key concern to the community, citing relatively high levels of mental illness and binge drinking in Lamoille County. Respondents pointed out that addiction and drug use lead to crime and violence in the community.

Figure 1. Representative Stakeholder Survey respondents indicated that the following areas were in need of expanded or improved services:



Other responses:
 Urgent Care
 Exercise Programs
 Wellness and Education
 Dermatology
 Access to Local Long Term Care
 Pain Medicine
 Affordable Dentistry
 Smoking Prevention

Secondary Data Review: Copley Priority Areas

The needs and concerns identified by community members are not unique to the Copley Hospital service area. Local, state and national data and trends have generated considerable attention to the complex and interconnected issues surrounding lifestyle, obesity and chronic illnesses, shortage of physicians and access to appropriate care and the rising costs of healthcare.

Lifestyle & Obesity

Obesity rates in the United States have more than doubled in the past 20 years, leading to a substantial increase in negative health consequences. Nearly one-third of all direct health care costs are related to 15 diseases directly linked to obesity, including diabetes, heart disease, high blood pressure and stroke.ⁱⁱ

Although genes play a role, the increase in obesity can also be attributed to behavioral, environmental, cultural and socioeconomic factors.ⁱⁱⁱ

Adults in Vermont

- Vermont adults with less education have a higher prevalence of obesity than adults with education past high school; adults in the lowest income category have the highest prevalence of obesity.
- Over half (54%) of Vermont adults are overweight or obese; that translates to about 250,000 adults above a healthy weight.^{iv} (BMI=25+)
- *Approximately 20% of adults in Lamoille County are obese.^v (BMI=30+)*

Youth in Vermont

- Overweight adolescents have a 70 percent chance of becoming overweight or obese adults.
- In 2006, similar to national statistics, in Vermont, 11% of youth in grades 8 through 12 were overweight and 15% were at risk for being overweight.^{vi}
- *In 2007, approximately 15% of youth in Lamoille County were overweight.^{vii}*

Chronic Disease Risk

The prevalence of diabetes, arthritis and asthma is higher in obese adults than in healthy weight adults.

- While Vermont has lower rates of heart disease than the rest of the United States, it is still the leading cause of death in Vermont and the Copley service area.^{viii}
- 21.7% of Vermonters have been diagnosed with high blood pressure.
 - *22% of residents in the Copley service area have been told that they have high blood pressure.^{ix}*
- In 2010, approximately 6.8% of Vermonters reported being diagnosed with diabetes.

- The Vermont Department of Health projects the rate of diabetes to grow to 11% statewide by 2050.^x
- 8.7% is the approximate national average.^{xi}
- 5.7% is the diabetes rate among adults in Lamoille County.^{xii}
- 26% of Vermont residents have a limitation in activities due to arthritis versus 30% of Morrisville residents.^{xiii}

Figure 2: Percentage of Over Healthy-Weight Vermonters by County^{xiv}

County	% Overweight* Youth	% Obese* Adults
Addison	13	21
Bennington	13	20
Chittenden	10	16
Caledonia	N/A	20
Essex	N/A	14
Franklin	14	21
Grand Isle	15	18
Lamoille	15	20
Orange	13	20
Orleans	15	20
Rutland	15	21
Washington	11	19
Windham	14	14
Windsor	10	18
*BMI for age in 95th percentile+, youth grades 8 - 12		
*BMI of 30+, adults		

Trends and Activities

The Vermont Department of Health's *Fit and Healthy Vermonters Initiative* is a statewide plan focusing on prevention through increasing physical activity and improving eating habits for Vermonters of all ages. This initiative suggests actions to be taken by government, social service and health agencies, communities, work sites, schools, families and individuals.

In 2007, the Lamoille Valley Fit & Healthy Council, a group of local health professionals and community members, performed a community needs assessment made possible by the state's Fit & Healthy Initiative. The group has launched a number of programs aimed at promoting healthy eating and physical activity, including educational outreach directed at schoolchildren and a community walkability study. In conjunction with the Lamoille Prevention Campaign, the

Council has recently been awarded a \$70,000 grant award to create an overall wellness plan for the Lamoille Valley.^{xv}

In 2009, Copley established the Copley Wellness Center to promote healthy lifestyle choices. The wellness center offers free and low cost services and coordinates support groups, classes and workshops at various locations throughout the community. Copley's wellness center also collaborates with local area businesses to design wellness programs for their employees. Copley, in conjunction with Community Health Services of Lamoille Valley (CHSLV), has also piloted a Pediatric Outreach Program to work with obese children.^{xvi}

Cost of Health Care

The subject of health insurance is often at the center of any discussion about health care, and this study is no exception. The cost of insurance poses the most significant barrier to those who are un- or underinsured. The problem is widely recognized and Vermont's state legislature has made strides towards providing comprehensive coverage for all residents.

While Vermont's rate of uninsured residents (7.6%) is far below than the national estimate (17%), the state still faces considerable challenges in striving to provide quality care to all residents. Nonetheless, the rate of uninsured residents in Vermont has decreased significantly, from 9.8% to 7.6%, between 2005 and 2009.^{xvii} The number of Vermonters covered under state sponsored programs has increased since 2000, while the number of Vermonters covered by private insurance has decreased.^{xviii}

*Figure 3. Uninsured Vermont Residents by County**

County	% Uninsured	# Uninsured
Addison	10.7	3923
Bennington	7.6	2757
Caledonia & Essex	9.1	3357
Chittenden & Grand Isle	5	7966
Franklin	6.7	3288
Lamoille	11.4	2831
Orange	6.7	1939
Orleans	9.5	2594
Rutland	8.5	5370
Washington	7.3	4294
Windham	8.7	3745
Windsor	9.6	5457
Statewide Total		
		7.6
*Per 2009 Vermont Household Health Insurance Survey		

Trends and Activities

Copley Hospital has a longstanding policy of striving to provide quality care regardless of a patient's ability to pay. If paying a Copley Hospital bill creates undue financial hardship for a patient, the hospital will work to provide financial assistance based on need.

Unsurprisingly, the uninsured are far less likely to seek appropriate medical care due to cost, and thus suffer greater health problems across all measures of health. Copley's mission to provide quality health care to all community residents regardless of their ability to pay is critically important, as 11.4% of Lamoille County residents lack health insurance.

Through a partnership with the Blueprint for Health Program, Copley strives to control the cost of healthcare by helping patients better manage chronic conditions. Educational workshops are being offered free of charge to residents with chronic conditions and their caregivers, to assist them in finding ways to live healthier and develop more productive relationships with care providers.^{xix}

Access to Health Care

The shortage of primary care physicians is a well-recognized nationwide problem being discussed and addressed at the state and federal levels. While demand for primary care continues to grow with increasing numbers of people suffering from chronic diseases, the physician workforce continues to age and the number of medical students entering primary care has been declining.^{xx}

- According to the Vermont Area Health Education Centers 2009 report on the primary care workforce in the state, 34% of all primary care physicians are either not accepting or limiting their acceptance of new patients. In 2008 this statistic was 31%.^{xxi}
- In 2008, an estimated 12% of Vermonters, or about 55,000, did not have a specific source of primary care, compared to 20% nationally.^{xxii}
- In Vermont, consistent medical care is most scarce among those younger than 35, those earning less than 250% of the poverty level, and those with a high school diploma or less.^{xxiii}

Trends and Activities

Focused efforts on provider recruitment and retention activities in Vermont have been innovative and fairly successful. These activities center on educational debt reduction, educational programs designed to introduce students to health careers, and direct outreach to providers considering a medical career in Vermont.^{xxiv}

In 2010, a total of 140 primary care physicians and 87 nurse practitioners, physician assistants and certified nurse midwives provided care to the 176,897 people in northeastern and central Vermont. These numbers represent a slight increase in the number of primary care physicians overall. (Family medicine saw an increase of 5 practitioners from 2009.) While this trend is encouraging, the region, like many in Vermont, continues to experience shortages in primary care providers.

Copley Hospital continues to recruit physicians and provide services to allow for access to appropriate medical care for community members. Copley's Hospitalist program is designed to lessen the burden on primary care physicians by providing specialists in the field of internal medicine to care for hospitalized patients. This program enables local primary care providers to spend more time in their clinics, increasing access to care for everyone.

The Vermont Department of Health (VDH) defines the level of need for primary care providers in Lamoille County as moderate.^{xxv}

*Figure 4. Supply of Primary Care Physicians in Vermont^{xxvi}
Number of full-time primary care physicians per 100,000 people*

<i>By County (2008)</i>		<i>Level of Need as Defined by VDH</i>
Addison	89.3	Adequate Supply
Bennington	85.1	Adequate Supply
Caledonia	69	Some Need
Chittenden	98.4	Adequate Supply
Essex	23.6	Severe Need
Franklin	60.4	Severe Need
Grand Isle	14.9	Severe Need
Lamoille	71.9	Some Need
Orange	62.2	Severe Need
Orleans	73.3	Some Need
Rutland	62.7	Severe Need
Washington	78.1	Some Need
Windham	99.3	Adequate Supply
Windsor	99.3	Adequate Supply
<i>Statewide Total: 80.2</i>		

Mental Health

Like its need for primary care providers, Vermont experiences a shortage of psychiatrists, particularly those who provide child and adolescent psychiatry services. There are approximately 150 licensed psychiatrists in the state.^{xxvii} Community-based mental health services are provided to individuals statewide through contracts with nonprofit community provider agencies. Vermont's system of service is widely perceived to be a model for the delivery of mental health services. In 2010, 29,032 clients were served by Vermont's community-based designated mental health agencies.^{xxviii}

Services in the Copley community are provided by Lamoille Community Connections (LCC). In 2010, LCC serviced 906 clients. Forty-eight percent were under 20 years of age, 53% were older than 20. For children's services, LCC also serves the towns of Craftsbury, Greensboro, Hardwick, Stannard and Woodbury.^{xxix}

*Figure 5: Clients Served per 1,000 Age- Specific Populations
by Community Based Service Providers^{xxx}*

Community Provider	Children's Services*	Adult MH Outpatient**	Community Rehabilitation**
Addison	101.2	22.9	6.5
Northwest	92.7	24.3	5.6
Chittenden	64.6	4.9	5.6
Lamoille	79.9	11.6	7.2
Southeast	83	8.9	4.7
Northeast	72.3	20.3	6.3
Orange	101	26.3	8.1
Rutland	82.8	5.6	5.7
Bennington	74.9	29.6	5.7
Washington	77.6	21.5	9.2
<i>*Based on youth population (0-17)</i>			
<i>**Based on adult population (18+)</i>			

Trends and Activities

From July 2010 – January 2011, the Vermont Department of Mental Health convened a series of meetings with representatives from various mental health organizations and agencies to identify opportunities for reorganizing public adult outpatient mental health and substance abuse services. This working group presented a progress report to the state legislature in February 2011, but did not establish an implementation plan for any proposed changes. In light

of efforts at wider healthcare reform, the workgroup intends to continue a collaborative process to determine future steps.^{xxxi}

Solutions: What does the community suggest?

Copley Hospital has already taken numerous steps towards addressing the needs identified in this study. The 2011 Strategic Plan specifically identifies access to health care services, affordability of health care and obesity and obesity-related diseases as key strategic improvement areas for the current year. The community reinforces the need for attention to these areas through continued outreach and educational opportunities.

Forty three percent (43%) of representative stakeholder survey respondents advocated for increased education and outreach to combat the complex health care issues facing the Copley community. Similarly, town meeting survey respondents (51%) pinpointed education and outreach, clinics, workshops and community activities as a possible solution.

Because respondents indicated that the biggest health care needs revolve around preventive issues, they felt that additional measures to teach community members about healthy eating, lifestyle choices and appropriate screenings would serve to address the problem. They stressed the importance of working in schools with children, addressing the needs of families and making an effort to reach every level of the community.

To offer more accessibility to health care providers, survey respondents suggested:

- Developing an urgent care or walk -in care center
- Providing more physician availability by extending care hours to weekends and evenings to offer an alternative to inappropriate use of the emergency room
- Hiring more primary care physicians

Respondents suggested more effective collaboration and communication among all health systems partners, physicians and community organizations. Respondents also noted that health care proves elusive for those who can't afford it and pointed out that addressing funding issues may require a system-wide change to provide coverage to all individuals.

Appendix A

Representative Stakeholder Survey: Demographic Information

Town of Residence	Response Percent
Cambridge	8.9%
Craftsbury	3.6%
Eden	3.6%
Elmore	7.1%
Hardwick	1.8%
Hyde Park	7.1%
Jeffersonville	3.6%
Johnson	3.6%
Morristown	19.6%
Stowe	14.3%
Waterville	3.6%
Wolcott	5.4%
Other (please specify)	17.9%
<i>Burlington, Marshfield</i>	

Town of Employment	Response Percent
Cambridge	3.9%
Eden	2.0%
Elmore	2.0%
Hyde Park	5.9%
Jeffersonville	3.9%
Johnson	2.0%
Morristown	54.9%
Stowe	7.8%
Wolcott	2.0%
Other (please specify)	15.7%

Gender	Response Percent
Male	33.3%
Female	66.7%

Do respondents have health insurance?	Response Percent
Yes	98.2%
No	1.8%

Affiliation	Response Percent
Staff or Volunteer at Local Community Organization or Business	27.3%
Healthcare Professional	41.8%
Local Elected or Appointed Government Official	7.3%
Other (please specify)	23.6%

*Resident of Copley Woodlands, Site Manager Elderly Housing
Senior interested in health care, disability, aging in place*

Where do respondents receive hospital care?	Response Percent
Copley Hospital	76.8%
Central Vermont Medical Center	19.6%
North Country Hospital	3.6%
Fletcher Allen Health Care	37.5%
Northeastern Vermont Regional Hospital	1.8%
Northwestern Medical Center	5.4%
Other (please specify)	8.9%

Other: Dartmouth Hitchcock (3), VA Clinic

Where do respondents receive primary care?	Response Percent
Berlin	4.7%
Cambridge	16.3%
CVH Family Practice	4.7%
Copley	14.0%
Fletcher Allen Health Care	9.3%
Hardwick	11.6%
Morrisville Family Health	16.3%
Stowe	18.6%
Other	16.3%

Other: Evergreen Medical, Waterbury Medical, St. Albans, Newport, Private Practice

Appendix B

Town Meeting Survey: Demographic Information

Town of Residence	Response Percent
Cambridge	7.0%
Hardwick	2.3%
Hyde Park	20.9%
Jeffersonville	7.0%
Johnson	2.3%
Morristown	34.9%
Stowe	2.3%
Waterville	9.3%
Wolcott	11.6%
Woodbury	2.3%

Gender	Response Percent
Male	27.5%
Female	72.5%

Do respondents have health insurance?	Response Percent
Yes	92.7%
No	7.3%

Affiliation	Response Percent
Community Member	75.0%
Healthcare Professional	8.3%
Local Business Professional	16.7%
Government Official	5.6%
Other (please specify)	0.0%

Where do respondents receive hospital care?	Response Percent
Copley Hospital	84.2%
Central Vermont Medical Center	5.3%
Fletcher Allen Health Care	21.1%
Other (please specify)	15.8%
<i>Other: Dartmouth Hitchcock Medical Center (3)</i>	
<i>Varies (3)</i>	

Where do respondents receive primary care?	Response Percent
Cambridge	15.4%
Copley Hospital	10.3%
Hardwick	10.3%
Morrisville Family Health	28.2%
Stowe	17.9%
Other	17.9%
<i>Other: Williston (2), Alder Brook, Fletcher Allen Health Care</i>	
<i>Dartmouth Hitchcock Medical Center, Holistic Practitioner</i>	
<i>Vermont Integrated Medicine</i>	

Citations

- ⁱ All information from 2010 US Census: <http://factfinder.census.gov/>
- ⁱⁱ <http://www.healthvermont.gov/research/chronic/documents/ObesityHealth2006.pdf>
- ⁱⁱⁱ <http://www.healthvermont.gov/research/chronic/documents/ObesityHealth2006.pdf>
- ^{iv} <http://www.healthvermont.gov/research/chronic/documents/ObesityHealth2006.pdf>
- ^v Community Assessment of Morristown by Lamoille County Fit & Healthy Vermonters Council
- ^{vi} <http://www.healthvermont.gov/research/chronic/documents/ObesityHealth2006.pdf>
- ^{vii} http://healthvermont.gov/family/fit/documents/youthoverweightandnutrition_county.pdf
- ^{viii} <http://healthvermont.gov/pubs/documents/HealthStatusRpt2008.pdf> & Community Assessment of Morristown by Fit and Healthy Vermonters Council
- ^{ix} Community Assessment of Morristown by Fit and Healthy Vermonters Council
- ^x <http://healthvermont.gov/pubs/documents/HealthStatusRpt2008.pdf>
- ^{xi} Per CDC via <http://www.statehealthfacts.org/profileind.jsp?cat=2&sub=22&rgn=47>
- ^{xii} Community Assessment of Morristown by Fit and Healthy Vermonters Council
- ^{xiii} Community Assessment of Morristown by Fit and Healthy Vermonters Council
- ^{xiv} http://healthvermont.gov/family/fit/documents/youthoverweightandnutrition_county.pdf & <http://www.healthvermont.gov/research/chronic/documents/ObesityHealth2006.pdf>
- ^{xv} http://healthvermont.gov/news/2011/060311_community_grants.aspx
- ^{xvi} Copley Hospital Strategic Initiatives 2011
- ^{xvii} <http://www.bishca.state.vt.us/sites/default/files/VHHIS-Presentation-Legislature-2009.pdf>
- ^{xviii} <http://www.bishca.state.vt.us/sites/default/files/VHHIS-Presentation-Legislature-2009.pdf>
- ^{xix} Copley Hospital Strategic Initiatives 2011
- ^{xx} <https://www.aamc.org/download/100598/data/recentworkforcestudiesnov09.pdf>
- ^{xxi} <https://www.aamc.org/download/100598/data/recentworkforcestudiesnov09.pdf>
- ^{xxii} <http://healthvermont.gov/pubs/healthdisparities/access.pdf>
- ^{xxiii} <http://healthvermont.gov/pubs/healthdisparities/access.pdf>
- ^{xxiv} <http://dvha.vermont.gov/budget-legislative/primary-care-workforce-report-5year-plan-11-15-2010.pdf>
- ^{xxv} <http://healthvermont.gov/pubs/healthdisparities/access.pdf>
- ^{xxvi} http://nevahec.org/images/photos/Winter_NewsLetter_Feb_2011.pdf
- ^{xxvii} <http://www.labor.vermont.gov/Portals/0/WF%20Development%20Council/Healthcare%20Workforce%20Report.pdf>
- ^{xxviii} <http://healthvermont.gov/pubs/documents/HealthStatusRpt2008.pdf>
- ^{xxix} http://mentalhealth.vermont.gov/sites/dmh/files/data/annualstat/2010/DMH-2010_Statistical_Report_Notes.pdf
- ^{xxx} http://mentalhealth.vermont.gov/sites/dmh/files/data/annualstat/2010/DMH-2010_Statistical_Report.pdf
- ^{xxxi} <http://www.leg.state.vt.us/reports/2011ExternalReports/265768.pdf>

Appendix B

2012 Assessment Survey Tabulation



COPLEY

Copley Hospital Community Health Needs Assessment Survey 2012

Help us better help you now and in the future. Please take this short survey and return it to: Community Relations, Copley Hospital, 528 Washington Highway, Morrisville, VT 05661. Thank you!

1. What are some of the health needs in your community?
 - a. What could be done to take care of these needs?
2. What is the most important health related issue in your community? Why?
 - a. What could be done?
3. How easy or hard is it for you or other families to get health care.
 - a. Emergency Services?
 - B. Preventative Services?

Why is it easy or hard?
4. Is transportation an issue for you getting to health services?

If yes, in what ways?

Statistical Information (please circle answer)

Gender M F Age: Under 18 19-34 35-55 56-75 76+
Do you have healthcare insurance Yes No Town Live in:

Category that best describes you: Community Member Health Care Professional
Local Business Professional Government Official Other

	A	B
1		
2	Question 1: What are some of the health needs in your community?	Number of Respondants with this answer (130 total respondants)
3	*obesity	14
4	*elderly care	12
5	*nutrition (access to healthier foods)	8
6	*better access to fitness areas	8
7	*drugs/alcohol	7
8	*dental care	7
9	*Mental/Behavioral Health	6
10	*Cost of and access to health care	5
11	*Diabetes	4
12	*Transportation/rides to the doctors	4
13	*Smoking	4
14	*Not Enough Family Doctors	4
15	*Insurance Accepted Everywhere	4
16	*Lack of Insurance	3
17	*flu/shots/immunization	3
18	*Cardiology	3
19	*Specialists Needed (Kids, TMJ, Spine)	2
20	*Homelessness	2
21	*Poverty	2
22	*Better Basic Care	3
23	*Health Care for Farmers	1
24	*State Out of Health Care	1
25	*More Alternatice Healthcare Options	1
26	*Need Second MRI	1
27	*Need Dialoasis Unit	1
28	*Drug Education	1
29	*More Knowledge of Available Programs	1
30	*Health Literacy	1
31	*Pick Up After Dogs	1
32	*Need a Grocery Store Closer	1
33	*Cost of Medication	1
34	*More Community Programs for Kids	1
35	*More Programs Available to get Help	1

	A	B
1	Question 2: What is the most important health related issue in your community? Why?	Number of Respondants with this answer (130 total respondents)
2		
3	Obesity	14
4	Cost of Health Care, Insurance	9
5	Drugs/Alcohol	8
6	Elderly Health	7
7	Access to Doctors (Primary, Specialists)	7
8	Mental Health	6
9	Transportation	6
10	Cost of Food/Enough to Eat, Nutrition	5
11	Prevention/Teaching Healthy Living	3
12	Emergency Care; Immediacy of Emergency Vehicles	3
13	Cancer	2
14	Bad Tap Water	2
15	Emergency Care	2
16	Asbestos	1
17	Prevention/Teaching Healthy Living	3
18	Cold/Flu	1
19	Dental Health	1
20	Respiratory	1
21	Joint Problems	1
22	Child Abuse	1
23	Poor Health	1
24	Better Communications w/ Patients	1
25	People Slipping Between Cracks	1

	A	B	C	D	E
1	Question 3: How easy or hard is it for		Easy	Medium	Hard
2	you or other families to get health				
3	# of General Responses		15	2	3
4					
5		Reasons			
6			4-have insurance	1-can't afford	3-lack of transporation
7			3-good providers; quality		3-cost
8			2-access to PCPs/have PCP		2-no insurance; won't take my insurance
9			2- PATH help to get on GMC		2-location; services too far away
10			2-location; Dr. in town		2-don't know what's available
11			2-have transporation		2-long waits
12			2-knowledgable & have resources		
13			1- use RTC (transportation)		
14					
15	Specific				
16	Emergency Services		63	14	6
17					
18		Reasons	1-have insurance		2- distance
19			1-excellent emergency care		2 -transporation
20			1-good ambulance service		1-cost (of ambulance)
21					1-schedule
22					
23					
24	Preventative Services		39	16	22
25					
26		Reasons		1-can't always have same doctor	4-access: "long wait for appt.; "too few
27					doctors"; "no primary doctor"
28					2-cost ("prevention is a luxury")
29					2-no insurance
30					2-need education on how to access care
31					and preventative information
32					2-patient choice ("treated like number";
33					"no patient/doctor communication";
34					"don't like doctors in area"
35					2-location; primary not in town

	A	B	C	D	E	F	G	H
1	Question 4: Is transportation an issue for you getting to health services?				If Yes, why?		Frequency of Response	
2								
3								
4	Answered No:			80%	*gas prices		6	
5	Answered Yes:			10%	*no car/unreliable car		5	
6					*public transportation is not easy		4	
7	Those who did not respond			10%				
8					*RCT is unreliable		3	
9					*no license/ cannot drive		2	
10					*distance to health services		2	
11					*taxis are expensive		1	
12					*not wanting to drive at night		1	
13					*do not feel safe walking		1	
14								
15								
16								
17								
18								
19								
20								
21								

	A	B	C	D	E	F	G	H	I
1	2012 Community Health Needs Assessment								
2	Statistical Information								
3									
4	130 respondents								
5		Gender	Male	Female	No Response				
6			30%	63%	7%				
7									
8		Age	<18	19-34	35-55	56-75	75+	No Response	
9			0%	20.80%	40%	32.30%	3.10%	3.80%	
10									
11		Health Insurance	Yes	No	No Response				
12			87.70%	3.10%	9.20%				
13									
14		Target Population	Gen. Pop	Health Care Prof.	Business Prof.	Gov't Official	Other	No Response	
15			64.60%	10.80%	6.90%	0%	12.30%	5.40%	
16									
17		Town of Residence	Hardwick	Johnson	Morrisville	Wolcott	Lowell		
18			9.20%	4.60%	3.10%	2.30%	2.30%		
19									
20			Hyde Park	Stowe	Waterville	Woodbury	Craftsbury		
21			1.50%	1.50%	1.50%	1.50%	1.50%		
22									
23			Albany	Fairfax	Walden	Glover	Elmore		
24			1.50%	0.80%	0.80%	0.80%	0.80%		
25									
26			Marshfield	Greensboro	Cabot	No Response			
27			0.80%	0.80%	0.80%	36.20%			

	A	B	C
1	2012 Summary of Primary Data Source Collection		
2			
3	Town	Location	Qty Completed
4	Morristown		
5		Morristown Town Meeting/Polls	11
6		Leadership Lamoille Group	2
7		Central VT Community Action Council (CVAC)	14
8			
9	Johnson		
10		Johnson Food Share	6
11			
12	Stowe	Stowe Town Meeting/Polls	15
13			
14			
15	Hardwick	Hardwick Town Meeting/Polls	5
16		Hardwick Health Center	39
17		Hardwick Food Share	7
18			
19	Cambridge	Cambridge Town Meeting/Polls	21
20			
21	CHSLV Practices	(locations not identified)	9

Appendix C - HPSA Practices and Providers In The Area

Practices identified as HPSA, providing Primary Care, Dental Care and Mental Health in Lamoille County are:

- Ryder Brook Pediatrics, a designated Rural Health Clinic serving the area
- Community Health Services of Lamoille Valley is a Federally Qualified Health Care Center (FQHC) with two family practices serving the area: Morrisville Family Health Care and Stowe Family Practice; with women's health addressed through The Women's Center; the Community Dental Clinic; and Behavioral Health and Wellness.

Source: <http://hpsafind.hrsa.gov/HPSASearch.aspx>

Also providing primary care in Copley's Service area are:

Hardwick Health Center, Hardwick (a practice of Northern Counties Health Care FQHC)

Paul Rogers, MD (Johnson)

Gary Waring, MD (Morrisville)

Henry Southall, MD (Morrisville)

Angela Robbins, ND (Stowe)

Catherine "Kitt" Guaraldi, ND (Stowe)

Also providing dental care in Copley's Service area are:

Christopher Altadonna, DDS, Stowe

Matthew S. Ebert, DMD, Morrisville

Peter Guthmann, DDS, Morrisville

Hardwick Dental Group, Hardwick

Albert Hardy, DMD, Stowe

Jeffrey McKechnie, DMD, Stowe

Gary Morris, DDS, Morrisville

Northern Counties Dental Center, Hardwick

David Solomon, DDS, Cambridge

Stowe Family Dentistry, Stowe

Also providing Mental Health Services are:

Aspen Psychotherapy, Stowe

Ed Baker, Morrisville

Mary Bissonward, Hardwick

Cherisse Desrosiers, Johnson

Danyl Duval, Johnson

Jason Fechter, Morrisville

Alexander Gerson, Hardwick

Green Mountain Therapeutic Services, Morrisville

Green River Guild, Hyde park

Jessica Hartley, Morrisville

Larry Karp, Hardwick

Lamoille Community Connections, Morrisville

Caryn Leistner, Hardwick

Morgan Lynn, Stowe

Maryanne Neuzil, Johnson

North Star Health Care, Stowe

Shaun Philips, Morrisville

Phoenix Center, Morrisville
Silver Birch Counseling, Stowe
Margaret Sladyk-Benoit, Johnson
Sterling Area Services, Morrisville
Cindy Taska, Johnson
Treatment Associates, Morrisville
Ian Turkle, Johnson
Tri Co. Substance Abuse, Hardwick
Sharon Volansky-Gerard, Stowe
Wellspring Mental Health, Hardwick