



# **Community Health Needs Assessment of Windham County, VT**

August 2012

## Table of Contents

1. Background on Participating Organizations.....	3
2. Introduction.....	4
a. Purpose	
b. Process	
c. Description of the community served	
3. Executive Summary .....	6
4. Findings.....	6
5. Quantitative Data.....	7
• Demographics	
• Human Services & Safety	
• Economic Well-being	
• Health & Wellness	
6. Focus Group Summaries.....	12
7. Survey Summaries.....	14
8. Goals.....	16
9. Unmet Needs for Future Considerations.....	16
10. Current Programs & Initiatives.....	17
11. Implementation Plan.....	22
12. Data Sources.....	26
13. Appendices.....	28
• Focus Group Data	
• Survey Data	
• CHNA Steering Committee	
• Hospital Service Areas	

## **Background of Participating Organizations**

### **Grace Cottage Hospital**

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

### **Brattleboro Memorial Hospital**

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

### **The Brattleboro Retreat**

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

# Introduction

## Purpose

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

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

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

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

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

- community needs, concerns and issues
- major risk factors and causes of ill health in the community
- resources required to meet the needs of the community
- health care organizations' priorities to meet the needs in the service area
- target outreach programs for needed services
- services that community members would like to see offered or extended in their health care service area

## Process

The CHNA process, from the start, was focused on involving as many stakeholders and community members as possible in the data collection. The participating organizations, the three hospitals, set up a steering committee made up of individuals from the State of Vermont Department of Health, Brattleboro Memorial Hospital, Grace Cottage Hospital, The Brattleboro Retreat, United Way, Agency of Human Services, Visiting Nurse

Association & Hospice of VT & NH, Valley Cares and Senior Solutions. Additionally, the participating organizations engaged a range of stakeholders through the surveys and focus groups, including health care providers, human service organizations, youth development organizations, schools and other nonprofit organizations. Below is a more detailed description of the activities completed to collect both the quantitative and qualitative data.

Process for collecting the quantitative and qualitative research:

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

Following the successful completion of the collaborative assessment, each participating organization will develop an implementation plan specific (with Senior Leadership and Board contributions and approval) to the services and community outreach they each offer. Each organization's implementation plan will address how they plan to meet the identified health needs and will provide an explanation as to why certain needs/gaps will not be addressed. The CHNA, once completed, will be made widely available to the public on the hospital's web site and in hard copy to anyone who requests a copy for as long as the CHNA remains in its most current form.

## Description of the Community Served

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

## Grace Cottage Hospital Executive Summary

Grace Cottage Hospital (GCH) has conducted a community health needs assessment and developed an implementation plan with strategies to address identified needs. GCH accomplished the assessment collaborating with Brattleboro Memorial Hospital (BMH) and the Brattleboro Retreat. A Steering Committee was formed with a diverse group of community organizations and members. Group forums, many steering committee meetings were held, and surveys were conducted beginning October 2011 and ending in September 2012.

Grace Cottage Hospital will continue to collaborate with BMH and the Brattleboro Retreat to improve outcomes on two of the identified community needs.

The goals are to:

- Improve mental health awareness and protocols in the community, particularly suicide prevention.
- Improve community awareness of existing health and wellness programs and services to Windham County residents.

Grace Cottage Hospital will address two additional needs in the assessment.

These two areas of concern are:

- Diabetes awareness, management and education.
- Transportation needs for the rural area in which we serve.

## Findings

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

- Lower than average scores on health indicators, including, folic acid prenatal, Lyme disease, Hepatitis C, asthma, diabetes and obesity.
- High rate of falls & injuries at home and an expressed need for the expansion of health care services for seniors.
- Lower than average rate of treatment of depression and higher than average suicide rate.
- Lower than average rate of the use of dental health services.
- Need for the expansion of programs and services aimed at poverty reduction, violence prevention and access to public transportation.

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

# Quantitative Data

## Demographics

Catchment area:

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

Total population in the catchment area: 58,771

Race-ethnicity:

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

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

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

## Human Services & Safety

### High school graduation:

Windham Co. 80%

Vermont 88%

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

### Disability: Disabled & Sufficient Emotional Support

Windham Co. 78%

Vermont 70%

Goal 79%

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

### Long-term Care:

Nursing home residents and home & community-based participants by county, 2011  
Ratio of Medicaid Nursing Home Residents to Home & Community-based Participants in  
Windham County: 50:43

Goal: 50:50

*Source: Choices for Care 2010.*

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

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

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

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

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

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

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

### **Economic Well-being**

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

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

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

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

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

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

### **Health Insurance:**

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

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

Per Capita Income (2005-2009)

Windham County: \$26,725

Vermont: \$27,036

*Source: U.S. Census*

Median Household Income for a Family of 4 (2011)

Windham County: \$61,200

Vermont: \$66,700

*Source: HUD*

Average Annual Wage (2010)  
Windham County: \$37,341  
Vermont: \$39,439  
*Source: Vermont DOL*

**Unemployment:**

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

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

## Health & Wellness

**Maternal & Child Health:**

Folic acid prenatal supplementation

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

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

**Lyme Disease:**

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

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

**Hepatitis C:**

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

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

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

- Home accidents – 1618 reported cases, of which 1,453 were falls
- Accidents occurring in unspecified place – 959
- Headache – 927
- Anxiety state – 889
- Activities involving walking, marching, hiking – 882

*Source: BMH, 2012*

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

- Chest pain – 92 reported cases
- Open wound of finger – 64
- Urinary tract infection – 63
- Acute bronchitis – 59
- Acute pharyngitis – 58

\*367 falls were reported in the emergency room were reported in this period

*Source: Grace Cottage Hospital, 2012.*

**Asthma:**

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

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

**Diabetes:**

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

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

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

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

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

**Dental care**

Adults who use dental health services annually:

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

*Source: Health of Vermonters Health Status Report 2008*

**Obesity:**

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

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

**Data from Brattleboro Primary Care**

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

- 10.94 % of children served have BMI between 25-30
- 35 % of adults served have BMI between 25- 30
- 28.57% of adults served have BMI greater than 31

Data from Windham Family Practice: 11.55% of the patients served have a BMI greater than 30

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

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

**Physical activity:**

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

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

**Smoking:**

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

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

**Substance abuse:**

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

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

People treated for opiate use in Vermont

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

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

**Mental health & addiction treatment:**

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

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

Source: *Brattleboro Retreat, August 2012*

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

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

**Anxiety & Depression:**

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

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

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

**Suicides**

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

*Source: Vermont Department of Health*

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

\*Rate is per 100,000 residents

**Focus Group Summaries**

**Community Needs Assessment Rating Tool**

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

Factors that impact quality of life:

High Priority

- Jobs/employment

- Affordable housing
- Health Insurance for adults
- Availability of dental care
- Public Transportation

Medium Priority

- Adult learning, beyond high school
- Indoor recreation
- Outdoor recreation (parks, bike paths, etc.)

Low Priority

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

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

Most pressing health needs for pregnant women & infants:

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

Most pressing health needs for children:

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

Most pressing health needs for teens/young adults:

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

Most pressing health needs for seniors:

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

Overarching Themes for Intergenerational Health Needs

Need More:

- Health Education
- Mental Health Substance Abuse Programming
- Affordable health care
- Jobs/Livable wage
- Ways to enhance intergenerational sense of community/involvement

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

- Positive comments regarding 31 programs and services which serve our community well
- Mental health is the most important health or medical issue confronting the residents of Windham County

- Poverty and lack of transportation are the most common obstacles for community members to lead a healthy life
- Many community members are either misinformed or not aware of services available in Windham County
- Dental care would be considered one of the leading services that community members have little or no access to and focus group participants would like to see it added to community services
- Teens are the specific population that are more at risk due to lack of community services

## Survey Summaries

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

42 respondents

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

Respondents said that mental health problems, unhealthy food choices & obesity, diabetes, cancer, and not having health insurance are the major issues within the community. The majority of respondents said that poverty and healthcare availability are also major issues in the community. When asked about specific kinds of substance abuse problems in their community, respondents said that alcohol use, drug and tobacco use among youth, prescription drug abuse and tobacco among adults are major concerns.

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

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

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

Highlights:

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

- Patients served by GCH need more education in the areas of nutrition, diabetes, dental care, exercise, medication & dosage, chronic illness approaches with families

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

Background: The survey was conducted from May 12<sup>th</sup> thru August 12<sup>th</sup> using the online Survey Monkey platform as well as in hard copy. The survey was shared through a variety of platforms, including local organizations' and associations' websites, online community calendars and forums and public venues. As of 7/26/12, 227 people completed the survey

#### Demographics of Survey Participants (majority features)

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

#### Highlights of CHNA Survey Results regarding community development and health & wellness:

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

## Goals

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

- Improve mental health in the community –( BMH, GCH, Brattleboro Retreat)
- Support the expansion of health care services for seniors- (BMH)
- Support the expansion of affordable dental care-(BMH)
- Choose indicators of the community to be focused on for implementation plan which are
  - Diabetes- GCH and BMH
  - Obesity- BMH
  - Improve transportation - GCH

## Unmet needs for future consideration

Other needs emerged in the research findings that the participating health care organizations cannot fully address at this time. These unmet needs are as follows: Hepatitis C prevention, Lyme Disease prevention, violence prevention and poverty reduction, folic acid prenatal, and asthma

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

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

- The Brattleboro Retreat is involved in some capacity in the following groups: Southeastern Vermont Economic Development Strategies, Brattleboro Area Chamber of Commerce, Rotary Club of Brattleboro, Brattleboro Sunrise Rotary Club and Windham Regional Commission. The Retreat is also an active supporter of United Way of Windham County and is matching dollar for dollar in the 2012 United Way Employee Giving Campaign. Additionally, the Brattleboro Retreat partners with schools and universities to offer training and internships to students in clinical fields.
- Brattleboro Memorial Hospital/Southern Vermont Health Services Corp is one of the largest employers in Windham County, employing 554 employees as of August 2012. The availability of the various levels of jobs within the organization has a positive impact on the local economy and indirectly the poverty rate. BMH's CEO is a member of the Brattleboro Rotary Club, the Brattleboro Chamber of Commerce and the Boys & Girls Club. BMH is an active supporter of the United Way of Windham County by encouraging employee giving to the United Way and facilitating on-going payroll deductions for employee contributions. BMH participated in and continues to participate in the Windham Regional Commission Transportation meetings to explore options for improved mobility in the Windham region and contribute to the development of strategies for better coordinated transportation. BMH also works with local colleges to provide nursing training for students, which in turn, promotes job skills and qualified nurses for the job market which contributes to economic development in Windham County.

- Grace Cottage Hospital is involved in the following groups: Rotary Club of Brattleboro, The Brattleboro Development Credit Corporation, and the Brattleboro Chamber of Commerce. Grace Cottage Hospital is one of largest employers of North Windham County and currently employs 192 employees. GCH collaborates with the Townshend Community Food Shelf by supporting and holding food drives. The Resource Advocate refers patients and families to appropriate organizations for needed services or assistance. GCH and Rescue, Inc have a collaboration agreement that provides medically necessary transportation for patients. Rescue, Inc. staff is housed on site. GCH been involved in the Windham Regional Commission Transportation meetings to improve transportation options in the region. GCH works with local colleges to provide necessary nursing training for area students, which promotes job skills and qualified nurses that impacts employment and the poverty level.

## **Current Programs & Initiatives**

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

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

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

The team is currently serving 125 patients. 89 patients have either completed the program or have been unwilling to meet with the team after referral. Patients who have completed the program have developed enough self-help skills to pursue goals independently and have been referred to other agencies or providers.

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

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

As new teams are created and more practices join the medical home Blueprint organization, the value of the Blueprint Community Health to the community will increase. Eventually a majority of Brattleboro practices and Grace Cottage Family Health will be part of the Blueprint and will have access to Community Health Teams. That means that a majority of local residents will have access to this free service that will not only provide improved quality of life but also create the potential for health care expenditure savings.

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

1. Improve mental health in the community
  - Brattleboro Retreat staff psychiatrist Mario Hasaj, MD, sees outpatients full-time at Grace Cottage Family Health. With this partnership, Grace Cottage is able to provide psychiatric consultations for patients Monday through Friday.
2. Support the expansion of health care services for seniors
  - Area nursing homes and assisted living centers will be participating in the Wellness in Windham Health Festival by providing free information and demonstrations to seniors to improve their overall health and wellness.
3. Improve the health indicators of the community
  - In 2012, the three organizations created Wellness in Windham, a community-centered initiative aimed at promoting health and wellness throughout Windham County, Vermont. Wellness in Windham is comprised of two programs, the annual health festival and community health education.
  - The first Wellness in Windham Health Festival will be held Saturday, September 22, 2012, on the front lawn of the Brattleboro Retreat. This event is a free, family-friendly, fun event with interactive activities for all ages; information about how to lead healthy, active lives; fitness demonstrations; healthy cooking demonstrations and much more.
  - 2012 Wellness in Windham Health Festival: free health screenings and exams will be offered to the public including breast exams, mental health screenings, blood pressure readings and osteoporosis screenings.
  - 2012 Wellness in Windham Health Festival: a free trail run will be held on the Retreat Trails. This is an opportunity to promote the Retreat Trails, a network of more than nine miles of trails in Brattleboro, as a free wellness resource for the community.
  - 2012 Wellness in Windham Health Festival: the Brattleboro Retreat's food service, Sodexo, will be selling very affordable healthy food choices, including salads and sandwiches made with fresh and local produce. Sodexo dieticians will also have a nutrition education exhibit table next to the food concessions providing attendees with free nutrition information and healthy recipes.
  - Wellness in Windham Health Education Calendar: offers a range of health & wellness workshops and classes each year-round to the community, many of which are free of charge. Fall 2012 offerings include yoga, stress reduction, Tai Chi, Bone Builders and workshops focused on youth suicide prevention, spirituality & healing, AARP driver safety, women & heart disease and chronic pain.

## **Brattleboro Memorial Hospital**

1. Improve mental health in the community
  - Patients with substance abuse at BMH are provided with case management and referred to an appropriate agency or mental health care professional.
  - In March 2011, BMH implemented a Suicide Precautions and Close Observation policy. All patients with suicidal or self-harm tendencies will be assessed using the tools provided in the Suicide / Self Harm Assessment Tool pack. 1:1 observation is ordered for patients at risk.
2. Support the expansion of health care services for seniors
  - Works closely with area nursing homes and assisted living centers.
  - Through support of The Vermont Department of Health Access, offers Healthier Living Workshops and Chronic Pain Workshops free to individuals over the age of 18. This program is partially funded by DVHA and subsidized by BMH with staff, administrative hours and food not covered by the Blueprint grant.
3. Support the expansion of affordable dental care
  - Participated in the United Way Dental Care Day on May 12, 2012 by providing 50 bag lunches to participants and volunteers.
  - Free Clinic supported by BMH with rent free space and get clinic patients to use hospital services free of charge. In 2011, 107 patients had some restorative dental work, 58 patients received cleanings and education. 20% of Free Clinic patients are from New Hampshire and 80% are from Vermont. The free clinic will continue to offer dental services by appointment.
  - Blueprint Community Health Team screens patients for dental health and assists patients in overcoming barriers to obtaining needed dental care.
4. Improve the health indicators of the community
  - In 2011 BMH Oncology gave cancer patients \$4,700.00 in gas cards. \$4200 of those dollars was funded by the Oncology Department. The additional \$500.00 was funded by gifts from patients. The Oncology Department also provided \$5,000.00 in assistance to cancer patients with extenuating financial circumstances (phone, car, power, oil, food, etc.).
  - The Laboratory participated in Prostate Screening and donated 20 hours of staff time for this screening.
  - Participates in the Blueprint Community Health Team which treats patients with obesity, diabetes, hypertension, and mental health and substance abuse issues. The CHT is funded by the payers but also subsidized by BMH. BMH gives "in kind" furnished office space, fringe benefits, computers and supplies to the CHT. BMH also contributes financially to CHT needs not covered for the full grant year of 2012, such as food and transportation to Blueprint meetings and educational sessions. Community Health Team focuses on Diabetic patients intensively by providing diet counseling and monitoring HgA1C through their Panel Management Program.
  - Provides free health care to those who would not otherwise be able to afford it and who do not have health insurance. This program is partially funded by donations raised.
  - Patients without a Primary Care Physician who are admitted to BMH have a Care Manager assign them to a PCP prior to discharge.

- With federal funding and a grant from the University of Vermont, BMH runs a Comprehensive HIV/AIDS Care Clinic.
- Offers a prostate screening annually to uninsured patients without a PCP.
- All BMH/SVHSC employed MDs accept Medicaid.
- Runs a Comprehensive Breast Care Program, which is partially funded by a grant from the National Breast Cancer Foundation. The program focuses on under-served populations.
- Offers free use of BMH conference rooms for multiple Wellness programs such as yoga, stress reduction, Tai Chi and Bone Builders.
- Offers Fresh Start Tobacco Cessation programs that are partially funded by a DVHA grant and subsidized by BMH.
- TOPS (Taking Off Pounds Sensibly) program started May 1st, 2012. Participants pay 75 cents per week, and BMH covers the administrative and operational costs.
- A member of the Healthy Communities Coalition - participated in Community Healthy Living Index (CHLI) to assess schools, after school childcare programs, neighborhoods, worksites & community at large to measure support for physical activity & healthy eating.
- Participates in the Fit & Healthy Kids Coalition, a community initiative with a focus on stimulating & engaging the community in raising fit & healthy children.
- Two NCQA certified practices have selected Asthma as a target chronic disease for the adult and pediatric populations. These patients are case managed by Community Health Team in an effort to improve patient/family self management skills.
- A recent member of the former Food Access Task Force, a subgroup of Healthy Communities Coalition, with the purpose of increasing access to education and healthy foods for all families and building comprehensive Farm to School programs throughout the county.
- CHT offers home safety evaluations for those at risk for falls and makes physical therapy referrals for those with balance issues and high risk for fall.

### **Grace Cottage Hospital**

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

1. Support the expansion of health care services for seniors
  - Works closely with area nursing homes and assisted living centers
  - Employed GCH providers, including the psychiatrist, provide care to patients in nursing homes and assisted living centers.
  - GCH provides Senior Solutions free office space to work with clients.
  - Provides Medicine on Time® program for our patients. The goal of this program is for patients to safely manage their medication and to be able to stay in their own homes as long as possible.
2. Improve the health indicators of the community
  - Provides free service and reduced fees for individuals who qualify.
  - Facilitates regular community gatherings asking for recommendations from the community on how to improve services and programs.
  - Actively participates in Blueprint Community Health Team.

- As part of Wellness in Windham Health Education, Grace Cottage Hospital offers the following classes to the public: Arthritis Self Help Program, Exercise for Better Balance, Tobacco Cessation, Strong Bones, Mediation Circle, Weight Watchers, Yoga and Zumba. Depending on the class there may be a nominal fee, donation request, or it may be free.
- GCH Rehab Department offer home safety evaluation with a provider referral.
- Anti-Coagulation clinic offered for Grace Cottage Family Health patients and follow-up call to GCH discharged inpatients made by pharmacy staff inquiring about medication access and concerns.
- Registered dietitian provides counseling in hospital and clinic for our patients with a referral.
- Employed resource advocate onsite that assist patients under 60 to apply for health insurance, refers patients to other agencies for additional services.
- GCH offers a fall prevention program through the Rehab Department. A one on one assessment is done by a qualified therapist. The therapist does an entire fall risk assessment providing necessary exercises to the patient and assisting with obtaining any needed equipment for the patient. Provider referral is required.
- Annually host and organize activities that involve community involvement: 5 K race, Tour de Grace bike rally (road conditions permitting), and the Poker Walk. Area schools are asked to participate in all the activities as well.
- Organize an annual Community Health Fair, with over 40 area non-profit organizations participating. This year as mentioned, the Health Festival is to be held in collaboration with BMH and the Brattleboro Retreat.

### **The Brattleboro Retreat**

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

1. Improve mental health in the community
  - In collaboration with the Center for Health & Learning's U-Matter Youth Suicide Prevention program, the Retreat held a community workshop in May 2012 bringing together parents, educators and other community members to address the issue of youth suicide in Windham County and discuss community-based support for prevention. The response was so positive that the Retreat and the CHL will offer a longer workshop on this topic through the Wellness in Windham Health Education series in the fall 2012.
  - Provided nearly \$1.5 million in uncompensated care in 2011. Patient recipients need this uncompensated care for a number of reasons. In some cases, the individual did not have insurance or the ability to pay. In other cases, the insurance companies denied coverage or would only pay for a portion of the charges.
  - Runs a robust, year-round Continuing Education Program for mental health professionals. The Program provides high-quality, advanced practice workshops to meet the ongoing educational needs of mental health clinicians and other professionals by providing cost-effective,

- engaging programs led by top national and regional trainers in the fields of mental health, addiction and human development.
  - As part of the Continuing Education Program, the Retreat runs a Mid-Winter Lunch Series that is free and opens to the community. Each series consists of approximately three one-hour workshop luncheons focused on topics that are relevant and of interest to the local provider community.
  - Serves as an organizational partner and sponsor to Brattleboro Community TV (BCTV). In collaboration with BCTV, the Retreat provides educational programming on a bimonthly basis focused on breaking the stigmas associated with mental illness and addictions.
2. Improve the health indicators of the community
- Offers free use of Retreat conference rooms and AV equipment to Vermont state agencies' and non-profit organizations' events or workshops aimed at improving public health, educating or training the professional/provider community or benefiting the community at large.

## **Implementation Plan for 2013-2015**

### **Grace Cottage Hospital Implementation Plan**

#### Diabetes:

The prevalence rate of diabetes in Vermont is 6% with the prevalence rate in Windham County being 5%. The statewide goal for the prevalence rate of diabetes is 3%. Opportunities exist for improvement in the provision of diabetes education, the performance of diabetes HgA1C tests, annual eye and foot exams.

#### **Diabetes awareness, management and education:**

Grace Cottage Family Health's goal is to become a Vermont Blueprint practice by the spring of 2013. The Vermont Blueprint Community Health Team's RN Care Coordinator and Health Coach will identify children and adults at risk for Type II Diabetes through panel management and outreach. The Community Health Team will also work with Type I Diabetic patients to mitigate the effects of Type I Diabetes through education and clinical management.

Grace Cottage Hospital is currently in the planning and implementation stages of a patient electronic portal. This portal will allow GCH patients to access their medical record including laboratory results and visit summaries to assist in self managing their chronic disease as well as being able to coordinate their medical appointments. Grace Cottage and Vermont Health Information Technology Leaders are working together to achieve the ability to access patient information through the Vermont Health Information Exchange. This participation allows and evaluates how an organization can optimize the use of core guideline based data and the ability to transmit data to state registries Vermont Blueprint participation will allow providers immediate access to current evidence based practices , benchmarking information, and accurate data on their patients with chronic illnesses.

Grace Cottage Hospital Wellness Center will continue to host and develop classes and workshops that will not only provide education and exercise to the community, but may also aid in prevention and delay the effects of chronic illnesses.

### **Transportation:**

Grace Cottage Hospital will actively participate in the Windham Mobility Study Group. The goal is to develop opportunities to better coordinate and integrate transportation resources to improve efficiency and mobility and to create possible new transportation resources in the Windham region. A Windham Region Mobility Study- *Coordination of Transportation Services to Improve Mobility for All of the Windham Region's Residents* was conducted by the Windham Regional Commission. Findings from this study will be used as guidance. Grace Cottage Hospital will provide meeting rooms as necessary to the committee.

### **In collaboration with the Brattleboro Retreat and Brattleboro Memorial Hospital**

#### **Mental Health Awareness:**

Improve community awareness and protocols for suicide prevention in Windham County, Vermont by decreasing the suicide rate in the county by 10%. All three entities will partner with the Center for Health and Learning (CHL) to provide U Matter Youth Suicide Prevention programming to the community. This partnership will also encompass training the key professionals in suicide prevention and prevention protocols and host training.

Grace Cottage Hospital will also collaborate with the West River Valley Thrives (WRVT). The vision for WRVT that West River Valley community members thrive and are committed to health choices and well-being. The mission is creating opportunities for meaningful contributions to support and promote positive lifestyle choices. Grace Cottage Hospital will participate and provide meeting accommodations to the group that serves our community members.

Grace Cottage Hospital will continue its relationship with the Brattleboro Retreat to provide necessary mental health services at Grace Cottage Family Health.

#### **Improve community awareness of existing health and wellness programs and services:**

GCH, BMH, and the Brattleboro Retreat will collaborate to improve community awareness in Windham County. An objective is to triple the number of visitors to the Wellness in Windham website. Current baseline is 200 visits yearly; the new target will be 600 visits. We will maintain an up-to-date Wellness in Windham Health Education Calendar on the website. Vermont's 211 phone number is a free valuable resource that allows resident to find out about hundreds of important community resources, like emergency food and shelter, disability services, counseling, senior services. Healthcare, child care, drug and alcohol programs, legal assistance, transportation needs, educational and volunteer opportunities, and much more. Our goal is to double the number of annual call to 211 made by Windham County residents. The current annual calls are 36 and the new target will be 72 calls per year. The three organizations will

promote 211 in media and press releases and live events. Develop an awareness campaign to include radio and print public service announcements. Work collaboratively with the 211 staff and invite 211 representatives to our organizations for educational sessions. Grace Cottage Hospital's resource advocate will also refer patients to appropriate available community resources and to the 211 line as needed.

The Wellness in Windham Health Festival is a current collaborative between GCH, BMH, and the Brattleboro Retreat. Our goal is to increase attendance at the festival from 200 to 300 people. We will all continue to host our own organization's booth and promote awareness of the festival.

Grace Cottage Hospital Wellness Center will also continue and development programs

The following implementation plan is a work in progress. The percentage reductions or increases will be determined at a later date through ongoing consultations and collaborations with one another and other stakeholder groups.

Goal: Improve mental health in the community –

Objective 1: Decrease the suicide rate in Windham County by X% by 2015 (goal to be determined by stakeholder groups)

Strategies:

- The Brattleboro Retreat will work with the Center for Health & Learning to engage community stakeholder groups to set a goal for Windham County and work collaboratively to meet that goal.
- BMH Case Managers in the Quality Department will serve as a resource to contribute knowledge-based resources toward efforts to decrease suicide rates.
- Through support from the Vermont Department of Health Access, BMH will train teachers for Wellness Recovery Action Planning Program and offer the program free to the community.

Objective 2: Decrease the rates of alcohol, tobacco and other drug use as reported in the Vermont High School Youth Risk Behavior Survey by X% by 2015 (goals to be determined by stakeholder groups)

Strategy: Engage community stakeholder groups to set goals for Windham County and work collaboratively to meet that goal.

Goal: Support the expansion of health care services for seniors

Objective 1: Strengthen Home & Community-based Services

Strategies:

- As part of The Vermont Blueprint for Health, The Community Health Team and the SASH (Support and Services at Home) will provide proactive wellness care to seniors on Medicare who live in BHA or in private homes.
- BMH cardiologist will explore extending cardiology telemedicine program to SASH residents.

Objective 2: Decrease the rate of reported falls at both BMH and Grace Cottage Hospital by x% by 2015.

Strategies:

- Community Health Teams will work with the Blueprint Support & Services at Home (SASH) program Wellness Coordinator and Wellness Nurses to educate patients at risk for falling.
- BMH will offer Standing Tall Spine Health Class Level 1 & 2, a class that offers strengthen or postural exercises to benefit balance and help prevent falls.
- BMH will continue to support Medical Director for Post Acute Services to enhance the quality of senior health care (started summer 2012).

Responsibilities of the Medical Director of Post Acute services are as follows:

1. Primary clinical care of patients at Skilled Nursing Facilities with which BMH has a contractual agreement (Pine Heights, Thompson House and Vernon Green Nursing Home).
  2. Liaison with BMH ER physicians and Hospitalists on Post Acute care coordination.
  3. Scheduling work assignments and holiday rotation for coverage of the Post Acute practice.
  4. Serve as Medical Director at the Skilled Nursing Facilities to meet the terms of the facility contract with Brattleboro Memorial Hospital.
  5. Regular meetings with each SNF administrator, director of nursing and other key decision makers in the SNF to achieve medical care goals.
  6. Oversight of visit capture and coding service clinical encounters to ensure all necessary or required services are billed in compliance with applicable rules and regulations.
  7. Oversee the quality of the Post Acute team including: Complaint investigation and follow-up, readmission rates analysis, SNF quality initiatives, and Chart and Case reviews.
  8. Arrange in a reasonable and timely manner for follow-up treatment of patients evaluated or treated by Physician where such follow-up treatment is medically indicated.
  9. Prepare and cause to be maintained in a timely fashion all necessary medical records for patients treated by Physician.
  10. Supervise the clinical performance of non-physician clinical staff such as nurses and nurse practitioners, if any.
  11. Attend Hospital monthly medical staff meetings, departmental and committee meetings and other meetings as requested by the Hospital or required by the Medical Staff bylaws.
  12. Provide the foregoing services at the Physician's assigned location as mutually determined by the Hospital and the Physician.
- BMH has created a comprehensive protocol for care of the patient with dementia.
  - Grace Cottage Hospital will continue to provide and develop needed programs or classes that will educate and assist patients in fall prevention.
  -

Goal: Support the expansion of affordable dental care—BMH

Objective 1: Enhance opportunities for dental care for the underserved populations.

Strategies:

- Explore deeper partnerships with United Way to improve opportunities for dental care among the underserved populations.
- Continue supporting the Free Clinic offering preventative and restorative dental care.

Goal: Improve the health indicators of the community

Objective1 Decrease the prevalence of Type II Diabetes to X% by 2015 (goal to be determined by stakeholder groups)

Strategies:

- BMH will offer a program on Type II Diabetes in the 2013 Wellness in Windham Health Education Calendar.
- Grace Cottage Hospital will explore the inclusion of a diabetic educator as part of their future Community Health Team.
- Community Health Team Care Coordinator and Health Coach will work with patients to mitigate the effects of Type I Diabetes and decrease the incidence of Type II Diabetes.
- The current BMH RN Certified Diabetic Educator will be supported by BMH to see diabetic patients free of charge. When the Blueprint Community Health Team expands the RN CDE salary will be paid for by the insurers.

Objective2: Decrease the rate of obesity in Windham County to X% by 2015 (goal to be determined by stakeholder groups)

Strategies:

- BMH Registered Dietician will partner with community organization(s) to start a teen TOPS Program.
- BMH CHT will develop classes for patients with common chronic disease management problems such as diabetes, obesity, chronic pain.
- The BMH Community Health Team Health Coach has started and will continue to partner with the Brattleboro food Coop to offer healthy cooking classes to parents and children.
- BMH will partner with the Vermont Blueprint for Health and the YMCA Diabetes Program to offer the YMCA Program at BMH.

## **Data Sources**

Alzheimer's Association, Vermont Chapter, 2010.

Brattleboro Memorial Hospital, 2012.

Grace Cottage Hospital, 2012.

Brattleboro Retreat, 2012.

Choices for Care, Jan 2010, SAMS CFC Enrollment Database.

County Health Rankings & Roadmaps, 2012. Retrieved at <http://www.countyhealthrankings.org/app/vermont/2012>

Health of Vermonters Health Status Report 2008 (Holt Fund 2010-2011 Community Health Assessment)

Substance Abuse and Mental Health Services Administration, 2002-2009.

U.S. Census Bureau, 2006-2010 American Community Survey 5-year Estimates. Retrieved at <https://explore.data.gov/Population/2006-2010-American-Community-Survey-5-Year-Estimate/q2fk-4y38>.

U.S. Census Bureau, 2010. Retrieved from <http://2010.census.gov/2010census/data/>.

U.S. Department of Housing & Urban Development.

Vermont Department of Health.

Vermont Department of Health, Adult Behavioral Risk Factor Surveillance System, 2006-2010. Retrieved at <http://healthvermont.gov/research/brfss/reports.aspx>.

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

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

Vermont Department of Health, Agency of Human Services, 2011 High School Youth Risk Behavior Survey. Retrieved at <http://healthvermont.gov/research/yrbs/2011/index.aspx>.

Vermont Department of Health, Lyme Disease Surveillance Report, 2011. Retrieved at <http://healthvermont.gov/prevent/lyme/documents/LymeSurveillanceReport2011.pdf>.

Vermont Department of Health, Hepatitis C Surveillance Report, April 2008. Retrieved at [http://healthvermont.gov/prevent/hepatitis\\_c/documents/2007HCVReport.pdf](http://healthvermont.gov/prevent/hepatitis_c/documents/2007HCVReport.pdf).

Vermont Department of Education, Food and Nutrition Management, 2012. Retrieved at [http://education.vermont.gov/documents/EDU-Child\\_Nutrition\\_2012\\_Eligibility\\_Report.pdf](http://education.vermont.gov/documents/EDU-Child_Nutrition_2012_Eligibility_Report.pdf)

Vermont Department of Labor, Economic & Market Information, 2012. Retrieved from <http://www.vtlmi.info/>.

# Appendices

## Appendix A

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

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

- GCH – tobacco cessation, wellness, yoga, weight watchers, arthritis group, Zumba, strong bones, 5k, health festival.
- Psychiatry services
- Volunteer EMS/rescue
- Parks Place
- After school programs (grades 5 – 8 now, k – 4 soon to be implemented)
- Teenage pregnancy/ young fathers groups
- Medicaid
- High volume PCP
- Children’s integrated services (nursing, social work, prenatal health)
- Community support – grants
- SEVCHA – senior solutions
- Valley Cares
- Nutritional programs – farm to school
- V hap – Catamount
- Religious organizations
- Food pantry
- Meals on wheels
- EBT – card, farmers market
- Volunteerism

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

Ranked as #1

- 3 - mental health
- 1 - geriatric care
- 1 - injury
- 2 - obesity
- 2 - substance abuse

Ranked as #2

- 1 - substance abuse
- 1 - oral health
- 2 - tobacco use
- 1 - diabetes

- 1 - chronic respiratory disease
- 2 - obesity
- 1 - mental health

Ranked as #3

- 1 - cancer
- 2 - obesity
- 2 - substance abuse
- 1 - oral health
- 1 - heart disease
- 1 - diabetes

Ranked as #4

- 1 - oral health
- 2 - diabetes
- 1 - obesity
- 1 - injury
- 2 - mental health
- 1 - heart disease

Ranked as #5

- 3 - heart disease
- 1 - mental health
- 1 - oral health

1 - substance abuse  
1 - geriatric care

1 - chronic respiratory  
disease

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

4 - access to care  
2 - bullying  
4 - domestic violence  
5 - lack of insurance  
6 - low education level

9 - poverty  
1 - sexual violence  
2 - teen pregnancy  
9 - transportation

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

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

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

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

6. Are there services that community members have little or no access to?

- Dental care
- Acute mental health care (placement, crisis team, no available beds)
- Preventative services
- Nutritional services (transportation, education, expense)
- Women's health care
- Chronic pain care
- Specialty care (dialysis)
- Support groups
- Diabetic clinic
- Eating disorder clinic

7. What are the most commonly cited barriers to accessing medical health services?

- Money
- No insurance
- Stigma
- Education
- Transportation
- Community members are stuck in cycle

8. What are some of the unmet health care needs you see in this community?

- Diabetic clinic
- Younger providers
- Dental care
- Cardiac/pulmonary rehab
- Care for those with Alzheimer's Disease

9. Are there services/programs you would like to see added to this community?

- Dental care
- Cardiac pulmonary care
- Access to better food
- More stock in food pantry
- Nutritional education
- Coaching to use programs
- 211
- Advertizing what help is available
- Resource guide
- Community advisory groups
- Bring back programs that have been cut
- Prevention coalition groups

10. Is there a specific population that is more at risk due to lack of community services?

3 - infants

2 - kids

5 - teens – preventative health – access to care

2 - pregnant women – addiction – teen pregnancy- lack of prenatal care

2 - adults – transient people – single parent household - uninsured

4 - seniors – transportation

## Appendix B

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

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

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

Questions Asked of Key Community Leaders for Each Age Group:

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

#### Pregnant women & infants

Salient Needs:

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

Health Care Gaps / Barriers

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

Current Effective Community Resources

- Early education services
- WIC
- BMH & support

Suggestions to improve health

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

## Children

### Salient Needs:

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

### Health Care Gaps / Barriers

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

### Current Effective Community Resources

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

### Suggestions to improve health

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

## Teens/Young Adults

### Salient Needs:

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

### Health Care Gaps / Barriers

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

### Current Effective Community Resources

- Jobs program – HCRS
- Boys & Girls club – youth services
- Youth services

### Suggestions to improve health

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

## Adults

### Salient Needs:

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

### Health Care Gaps / Barriers

- Not enough preventative education & lack of interest & motivation
- Affordable wages and jobs
- Insurance Universal Health Care

### Current Effective Community Resources

- “Pathways to housing” – (Fed. Program)

- Neighborhood Market
- Vocational Rehab

Suggestions to improve health

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

Seniors

Salient Needs:

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

Health Care Gaps / Barriers

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

Current Effective Community Resources

- Senior Solutions
- 3 square VT food stamps, commodities VT food bank
- The Gathering Place, Sr. Center /meals on wheels, churches, SASH (Sr. Aging Support @ Home), & CARES, Inc

Suggestions to improve health

- ↑ \$ to support existing programs & increase availability / geographically
- ↑ in home care
- Intergenerational activities and home visiting program – w/ med monitoring

## Appendix C

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

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

Write-in responses were:

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

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

Minor issues: childhood vaccination

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

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

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

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

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

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

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

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

Major issues: poverty

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

The majority of people who were surveyed perceived concerns regarding:

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

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

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

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

- Having a lot of anxiety or stress – moderate issue
- Experiencing depression – tied for not an issue and minor issue
- Experiencing an alcohol and/or drug issue – not an issue
- Adults being overweight or obese in your household – not an issue
- Children being overweight or obese in your household – not an issue

- Not being able to access care for a person with a serious physical illness – not an issue
- Thoughts of suicide – not an issue
- Not being able to access affordable dental care – not an issue

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

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

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

- Lack of activities for school-aged children and teens – not an issue
- Not being able to find childcare for school age children (before, after, summer) – not an issue
- Not being able to access in-home care for an adult aged 65 or older – not an issue
- Not being able to find or afford childcare for a child aged 0-5 – not an issue
- Not knowing how to access services or information in Windham County – not an issue
- Not being able to find transportation for a person with physical disabilities for someone 65 or older – not an issue
- Not being able to use public transportation to get to a job or appointment on time – not an issue
- Not having a working vehicle – not an issue
- Not being able to find a crisis intervention resource – not an issue

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

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

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

Do you have a primary care doctor?

Yes: 97.1%            No: 2.9%

Do you have a primary care dentist?

Yes: 88.9%            No: 11.1%

Do you have an eye care provider?

Yes: 94.4% No: 5.6%

If you require mental health care, do you have a mental health counselor?

Yes: 34.3% No: 62.9%

If you require chiropractic services, do you have a chiropractor?

Yes: 28.6% No: 68.8%

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

Yes – 22.2%

No – 77.8%

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

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

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

Yes – 11.1%

No – 88.9%

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

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

16. Compared to a year ago...

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

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

Response average: 2.49 days

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

Response average: 1.57 days

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

Yes – 16.7%

No – 83.3%

20. What is your zip code?

Responses were all within Windham County.

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

Response average: 2.25

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

Response average: .42

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

0 – 4 years – Response average - .17

5 – 17 years – Response average - .51

24. What is your age group?

Under 18 – 2.8%

35 to 54 – 41.7%

75 and older – 11.1%

18 to 24 – 2.8%

55 to 64 – 25.0%

25 to 34 – 8.3%

65 to 74 – 8.3%

25. Are you male or female?

Male – 19.4%

Female – 80.6%

26. What do you consider to be your primary racial group?

White – 100.0%

27. Do you consider yourself Spanish/Hispanic/Latino?

No – 100.0%

28. What is the highest level of education you have completed?

Some high school – 2.8%

High school degree/GED – 13.9%

Some college – 13.9%

College associates degree – 13.9%

College bachelor's degree – 22.2%

Post graduate degree – 22.2%

Trade/technical school certificate/degree – 11.1%

29. What is your marital status?

Single – 8.3%

Separated – 0.0%

Married – 75.0%

Widowed – 8.3%

Divorced – 8.3%

30. Counting income from all sources and counting income from everyone living in your home, which of the following ranges did your household income fall into last year?

Less than \$5,000 – 2.9%

\$5,000 - \$9,999 – 0.0%

\$10,000 - \$14,999 – 0.0%  
\$15,000 - \$24,999 – 2.9%  
\$25,000 - \$34,999 – 22.9%  
\$35,000 - \$49,999 – 8.6%

\$50,000 - \$99,999 – 37.1%  
\$100,000 - \$199,999 – 22.9%  
\$200,000 or more – 2.9%

31. What is your current employment status?

Employed full time – 63.9%  
Employed part time at multiple jobs – 11.1%  
Employed part time and not seeking additional employment – 2.8%

Retired – 16.7%  
Disabled – 2.8%  
Self-employed – 2.8%  
A homemaker – 2.8%  
A student – 5.6%

32. What type of health insurance do you have?

Private medical insurance – 85.7%  
Medicare – 20.0%

Medicaid – 2.9%  
None – 2.9%

33. If there are any health needs you would like to emphasize, please do so now.

Write-in responses were:

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

## Appendix D

### July 2012 Needs Assessment Survey Results

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

Total Started Survey: 227

Total Finished Survey: 190 (83.7%)

Survey period: 5/12 – 8/12

Survey distributed using the following venues

- BMH Website & Facebook Page
- iBrattleboro
- United Way funded Partners & Business Partners & United Way Facebook Page
- SharePoint BMH site (internal)
- BMH Gauzette (June) & BMH Pulse (June) - Hospital Publications
- School Nurses via Vermont Department of Health Distribution List
- Vermont Department of Health Groups (Local Emergency Planning Groups)
- Brattleboro District Leadership Team
- Healthy Communities Coalition

- Vermont Blueprint for Health Clinical Planning Group (Community-wide organizational membership)
- Strolling of Heifers BMH Booth (hard copy & electronic link available)
- Brattleboro Chamber of Commerce
- Hard copies BMH main entrance front lobby and Richards' Building lobby and in Brooks Memorial Library in Brattleboro, VT

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

223 answers or 98% of survey takers answered question.

Top 3 Answers of people who answered question:

Health Care Services had 101 responses – 45.3%

Livable Wages had 100 responses – 44.8%

Good Schools had 79 responses – 35.4%

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

227 or 100% of survey takers answered this question.

Top 3 answers of people who answered this question:

Affordable healthcare had 114 responses – 50.2%

Livable wage had 113 responses – 49.8%

Economic opportunities had 96 responses – 42.3%

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

197 answers or 86.8% of survey takers answered this question.

Top 3 answers of for high need:

Affordable dental care had 169 responses– 87.6%

Affordable health care had 165 responses– 84.6%

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

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

195 answers or 85.9% of survey takers answered this question.

Top 3 answers for high need:

Affordable in-home care had 98 responses– 74.1%

Transportation had 135 responses– 70.3%

Elder housing had 127 responses– 66.8%

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

194 answers or 85.5 of survey takers answered this question.

Top 3 answers for high need:

Good childcare had 117 responses – 63.2%

Parenting education had 115 responses – 59.6%

After-school programming had 110 responses – 57.6%

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

195 answers or 85.9% of survey takers answered this question.

Top 3 answers for high need:

Obesity prevention programs had 150 responses – 78.5%

Access to affordable healthy foods had 147 responses – 75.8%

Adequate nutrition for adults had 125 responses – 74.6%

7. Regarding substance abuse in your community, how much need is there for . . .  
 195 answers or 85.9% of survey takers answered this question.  
 Top 3 answers for high need:  
 Reduction in binge drinking (youth) had 127 responses – 65.8%  
 Substance abuse prevention programs had 120 responses – 63.2%  
 Access to substance abuse treatment – residential had 118 responses – 61.5%
8. Regarding mental health in your community, how much need is there for . . .  
 194 answers or 85.5% of survey takers answered this question.  
 Top 3 answers for high need:  
 Prevention of mental health issues had 133 responses – 70.4%  
 Timely access to treatment had 125 responses – 66.1%  
 Access to mental health services for children and teens had 119 responses – 62.3%
9. In the last 12 months, what are any problems have you experienced in trying to obtain health care? Please check all that apply.  
 179 answers or 78.9% of survey takers answered this question.  
 Top 3 answers:  
 No problems getting health care had 78 responses – 43.6%  
 Long time to be seen at clinic or doctor's office / waiting time had 49 responses – 27.4%  
 Lack of services that are at a convenient time had 44 responses – 24.6%
10. In your opinion, what would improve quality of life for residents in Windham County?  
 Please choose up to three (3).  
 194 answers or 85.5% of survey takers answered this question.  
 Top 3 answers:  
 Increased job opportunities had 98 responses – 50.5%  
 More access to dental healthcare providers had 66 responses - 34%  
 More affordable housing opportunities had 62 responses – 32%
11. In a typical day, how many meals or snacks include fruits or vegetables?  
 188 answers or 82.8% of survey takers answered this question.  
 Top 3 answers:  
 3 times per day had 57 responses – 30.3%  
 2 times per day had 55 responses – 29.3%  
 1 time per day had 18 responses – 9.6%
12. In the last 12 months, has lack of money kept you from going to the doctor?  
 192 answers or 84.6% of survey takers answered this question.  
 No had 141 responses – 73.4%  
 Yes had 51 responses – 26.6%
13. Do you currently smoke cigarettes?  
 192 answers or 84.6% of survey takers answered this question.  
 No had 177 responses – 92.2%  
 Yes had 15 responses - 7.8%
14. How many days in a typical week do you brush your teeth?  
 189 answers or 83.3% of survey takers answered this question.  
 Top 3 answers:

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

15. Do you currently have health insurance?  
192 answers or 84.6% of survey takers answered this question.  
Yes had 180 responses - 93.8%  
No had 12 responses – 6.3%

16. How physically healthy are you?  
192 answers or 84.6% of survey takers answered this question.  
Top 3 answers:  
Very healthy had 84 responses – 43.8%  
Moderately healthy had 79 responses – 41.1%  
Extremely healthy had 18 responses – 9.4%

17. How important is exercise to you?  
193 answers or 85% of survey takers answered this question.  
Top 3 answers:  
Very important had 69 responses – 35.8%  
Moderately important had 61 responses – 31.6%  
Extremely important had 50 responses – 25.9%

18. What do you do most often for exercise?  
181 answers or 79.7% of survey takers answered this question.  
Top 3 answers:  
Walk had 129 responses – 71.3%  
Run had 17 responses – 9.4%  
Hike had 14 responses – 7.7%

19. Do you feel you get too much exercise, too little exercise, or about the right amount of exercise?  
191 answers or 84.1% of survey takers answered this question.  
Top 3 answers:  
Slightly too little has 91 responses – 47.6%  
Much too little had 43 responses – 22.5%  
About the right amount had 53 responses – 27.7%

20. How easy is it for you to get to your doctor's office?  
191 answers or 84.1% of survey takers answered this question.  
Top 3 answers:  
Very easy had 69 responses – 36.1%  
Extremely easy had 51 responses – 26.7%  
Moderately easy had 43 responses – 22.5%

21. Do you reside in Windham County?  
194 answers or 85.5% of survey takers answered this question.  
Yes had 168 responses – 86.6%  
No had 26 responses – 13.4%

22. What is your zip code?

190 answers or 83.7% of survey takers answered this question.

Top 3 answers:

05301 (Brattleboro,VT) had 97 responses – 51.1%

05345 (Newfane, VT) had 10 responses – 5.3%

05346 (Putney/East Dummerston, VT) had 10 responses – 5.3%

23. Are you a resident of Vermont?

193 answers or 85% of survey takers answered this question.

Yes had 172 responses – 89.1%

No had 21 responses – 10.9%

24. What is your gender?

193 answers or 85% of survey takers answered this question.

Top 3 answers:

Female had 162 responses – 83.9%

Male had 28 responses – 14.5%

Do not identify with male or female had 3 responses – 1.6%

25. What is your age?

193 answers or 85% of survey takers answered this question.

Top 3 answers:

50-59 had 62 responses – 32.1%

60-69 had 37 responses – 19.2%

40-49 had 35 responses – 18.1%

26. What is your highest level of education?

193 answers or 85% of survey takers answered this question.

Top 3 answers:

Bachelor's degree had 59 responses – 30.6%

Graduate degree had 43 responses – 22.3%

Some college had 37 responses – 19.2%

27. What is your household income?

191 answers or 84.1% of survey takers answered this question.

Top 3 answers:

\$50,000 - \$99,000 had 79 responses – 41.4%

\$25,000 - 49,999 had 39 responses – 20.4%

\$100,000 - \$149,000 had 21 responses – 11%

28. What is your race / ethnicity?

189 answers or 83.3% of survey takers answered this question.

Top 3 answers:

White (non-Hispanic) had 177 responses – 93.7%

Prefer not to answer had 7 responses – 3.7%

Hispanic had 4 responses – 2.1%

29. Do you have children under the age of 21 living with you?

191 answers or 84.1% of survey takers answered this question.

No had 128 responses – 67%

Yes had 63 responses – 33%

30. Do you have an elder parent or adult living with you?  
193 answers or 85% of survey takers answered this question.  
No had 169 responses – 87.6%  
Yes had 24 responses – 12.4%

31. What is your employment status?  
192 answers or 84.6% of survey takers answered this question.  
Top 3 answers:  
Full-time had 124 responses – 64.6%  
Part-time had 31 responses – 16.1%  
Retired had 19 responses – 9.9%

32. Do you have medical insurance?  
191 answers or 84.1% of survey takers answered this question.  
Top 3 answers:  
Yes, private (CIGNA, Blue Cross Blue Shield, etc.) had 151 responses – 79.1%  
Yes, public (Medicaid, Medicare, etc.) had 31 responses – 16.2%  
No had 9 responses – 4.7%

## **Appendix E**

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

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

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

#### Questions:

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

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

reliable transportation
fresh fruits and vegetables all year long
dental care

jobs

5. If there was one thing that would make the care better at Grace Cottage Hospital, what would it be?
- |                                      |                                     |
|--------------------------------------|-------------------------------------|
| improved social services             | transportation for patients         |
| dental care                          | nutrition counseling                |
| wide use of VNA for home supervision | less government                     |
|                                      | swimming pool programs for all ages |
6. I could provide better care for the people of the community if I had what service available?
- |                             |                          |
|-----------------------------|--------------------------|
| a social worker             | dental care              |
| national health care system | BIPAP/CPAP               |
|                             | wide use of VNA services |
7. What educational needs do the patients at Grace Cottage Hospital need?
- nutritional education
  - dental education
  - diabetic education
  - diet/exercise counseling
  - medication/dosage education
  - chronic illness approaches with families
8. What services have your patients requested that they would like to have available?
- |                          |                   |
|--------------------------|-------------------|
| oncology                 | chiropractic      |
| dermatology              | MRI               |
| neurology                | dialysis          |
| consulting pulmonologist | smoking cessation |
| dental care              |                   |

## Appendix F: CHNA Steering Committee

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

Members:

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

- Jessie Casella, Medical Librarian, BMH

## **Appendix G**

### **Hospital Service Areas**

#### **The Brattleboro Retreat**

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

Patients admitted to the Brattleboro Retreat – 2011

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

#### **Grace Cottage Hospital**

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

## Brattleboro Memorial Hospital

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

Blue: Primary service area

Yellow: Secondary service area



