Southwestern Vermont Health Care
Community Health Needs Assessment Report 2012

Southwestern Vermont Health Care
100 Hospital Drive
Bennington, VT 05201

James R. Trimarchi, Director, Strategic Planning
p. 802.447.4051/ f. 802.447.5645
trij@phin.org

Kevin Robinson, Communications Director
p. 802.447.5003/ f. 802.447.5645
robk@phin.org

Kiah Morris, Community Health Improvement Specialist
p. 802.447.5425/ f. 802.447.5645
morru@phin.org

Executive Summary

Southwestern Vermont Health Care's (SVHC) conducted a Community Health Needs Assessment (CHNA) to:

- Determine the most pressing healthcare needs of the communities we serve
- Develop a comprehensive, multi-year implementation plan to address the identified concerns

This process involved quantitative data gathering and analysis, and qualitative input from community leaders throughout the region.

The communities engaged in developing SVHC's 2012 CHNA were:

- North and south Shires of Bennington County
- Deerfield Valley of Windham County
- Hoosick and Cambridge areas of New York

Northern Berkshire County, Massachusetts was not included because SVHC's market share in that region is limited.

The priority health needs identified for the Vermont communities we serve were:

- **Mental/behavioral health**
- **Substance abuse**
- **Physical fitness**
- **Wellness and chronic disease prevention**

Restricted access to primary care and dental professionals were noted by community leaders as barriers. Teen pregnancy and dental issues appeared as quantitative issues and were recognized by community leaders as significant health issues but were not chosen by community leaders as the most pressing health issues to be addressed by SVHC.

The top three health needs identified for Vermont communities were also identified for the New York communities we serve. In New York communities, wellness and chronic disease prevention was not identified as an issue. However, the need for improved prenatal care and transportation to care sites and social programs were identified as top priority health needs for New York communities.

The priority health needs identified in 2012 were similar to those identified in SVHC's 2004 CHNA, suggesting the need for a focused implementation plan based on best-practice. Evidence indicates that addressing broad health needs requires both:

- specific programs targeting the needs
- public policy changes that affect the physical and social landscape of communities[1]

[1] World Health Organization: http://www.who.int/social_determinants/thecommission/finalreport/key_concepts/en/index.html (accessed 11/2012)

The implementation plan developed to address the identified health needs leverages current understanding of the social determinants of health and considers both national healthcare reform and state initiatives refocusing healthcare delivery on population health.

Recommendations

The recommendation is to launch a comprehensive, multi-year implementation plan to address the identified health needs, including:

- Improve primary care access
- Enhance programs directed at the specific health needs identified
- Increase collaboration with other healthcare providers, in particular, those in the mental and behavioral health sector
- Foster public policy, education and advocacy that can impact the social determinants
- Support community organizations that impact public health
- Continue delivery of quality care throughout the region

To achieve these recommendations, SVHC will undergo infrastructure changes to build capabilities in both the programmatic and public policy / community engagement realms. The first step towards success, is reconfiguring SVHC's Community Health Improvement Program to coordinate activities of the plan. Outreach and extensive collaboration with community organizations, municipal leaders, legislators and businesses is needed to successfully address the priority health needs identified.

Background

The federal Patient Protection and Portability Act (PPACA section 9007 and updates to the IRS code 501(r)(1)(A)) mandates that all non-profit hospitals conduct a community needs assessment to identify the greatest health needs of the communities they serve. This assessment must utilize both data analysis and community member input. An implementation plan to address the identified health needs must be developed. Lastly, the identified health needs and implementation plan must be disseminated and made available to the public.

In August of 2011, SVHC began conducting the community needs assessment with efforts concluding April of 2012. Geographically, this assessment reflected the largest markets of SVHC's service area: Bennington County (VT), Windham County (VT), Deerfield Valley (VT), greater Hoosick area of New York and the greater Cambridge area, NY (Rensselear and Washington Counties). Results were developed using both quantitative data and qualitative methods including focus groups throughout the region.

The proposed implementation plan includes retooling SVHC's Community Health Improvement Program with a new budget and specific directives.

The process used, the health needs identified and the implementation plan were reviewed and approved by senior management and the board of trustees (May 2012 meeting). The implementation plan aligns with SVHC's strategic goals to "implement innovative care models that capitalize on health care reform" and "be recognized as an essential community and regional asset." The initial task-oriented projects in the implementation plan have been built into the 2013 budget and are underway.

Methodology

Quantitative Data Resources:

Support was garnered from the Vermont Department of Health including the creation of a master list of health indicators which were utilized statewide to ensure conformity in data collection. This list was amended to focus on 38 indicators in the following categories:

- Population Demographics
- Access to Health Services
- Emergency Department Presentations
- Healthy Lifestyles – Risk Behaviors and Conditions
- Maternal and Child Health
- Health Status and Prevention

Comparative data sets were developed to illustrate disparities between county averages and state averages. Reports such as the "Behavioral Risk Factor Surveillance Survey," "Youth Risk Behavioral Survey," and "County Health Rankings" served as data sources for the indicator list. Specific data sets for the smaller communities in New York State were not available as the New York Department of Health only publishes data on a regional level.

Qualitative Data Resources:

Seven separate, in-depth focus groups were conducted involving 63 community members and leaders from multiple sectors in both Vermont and New York communities (see participant roster). These focus groups consisted of a wide variety of public health professionals and community leaders. The most pressing health needs were identified in the following community segments:

- Pre-K and Pregnant Women
- Kids and Youth (~ages 6-12)
- Teens and Young Adult (~ages 13-20)
- Adults (~ages 21-34)
- Mature Adults (~ages 35-64)

- Seniors (age >65)

Health needs in these segments were compiled and segments were combined where synergy existed. Focus groups prioritized the final list of most pressing community health needs and developed initial recommendations for the implementation plan. Specific community dialogues with local school health professionals and members of a regional Early Childhood Council were held.

Additional qualitative research leveraged existing external reports including but not limited to:

- Bennington County Community Profile (2008)
- Vermont Department of Health Service Plans (2010)
- Adirondack Rural Health Network's Health Assessment & Community Service Plan (2011)

These reports reflect a strong use of community voice and engagement. The findings in these reports align with the health needs identified during our assessment.

Results

The table below illustrates a subset of the quantitative opportunities to improve the health of communities within the SVHC service area. An expanded table with additional data can be found in the Appendices.

	Vermont		New York	
INDICATOR	Bennington County	Windham County	Rensselear	Washington
Healthy Lifestyles – Risk Behaviors and Conditions Related to Top 5 Causes of Death				
Substance Use				
% of adults who smoke	20%	16%	19%	22%
% of students who smoked cigarettes on one or more of the past 30 days	18%	18%	10%	Not Available
% of Adults that had 5 (men) or 4 (women) or more drinks on an occasion in the past 30 days; Binge Drinking Rate	16%	15%	19%	22%
Weight, Physical Activity & Nutrition				
% of Youth that are overweight or obese	26%	25%	15%	15%
% of Adults that are overweight or obese	22%	23%	26%	38%
% of Adults that eat 3 or more servings of vegetables daily	28%	34%	27%	25%
Mental Health				
% of adults that have ever been told they have a depressive disorder	8%	10%	9%	8%
Maternal and Child Health				
% of very low birth weight births: Less than 5.5 lbs	23.3%	22.2%	7.1%	8.0%
% of Women that received Pre-natal Care in the First Trimester	85%	78%	78%	Not Available
Health Status				
% of adults with Diabetes	8.0%	6.0%	9.5%	8.0%
Preventative Measures				
% of youth that used a condom at last sex	64%	60%	Not Available	Not Available

Utilizing data and community experience the following priority health needs were identified:

For Vermont communities the priority health needs are:

- **Mental and Behavioral Health**
- **Substance Abuse**
- **Physical Fitness and Nutrition**
- **Wellness and Chronic Disease Prevention**

Teen pregnancy appeared as a high-level issue in both the data results and in the focus groups for Vermont. However, during prioritization of health needs by community members, teen pregnancy was not chosen as a top priority. Restricted access to primary care and dental professionals were noted by community leaders as barriers to success.

For New York communities, the priority health needs are:

- **Mental and Behavioral Health**
- **Substance Abuse (with specific emphasis on smoking and alcohol use)**
- **Physical Fitness**
- **Prenatal Care**
- **Gaps in public transportation to social services and care providers**

The Causes of Poor Health

A large body of research indicates that the most effective means of improving community health is to address underlying social and economic determinants, or root causes of health issues. This approach is corroborated by the World Health Organization's position, "the social determinants of health are the circumstances in which people are born, grow up, live, work, and age, as well as the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics."

The socio-economic determinants of population health include:

- Income – Income is closely linked with differences in health. Research shows that those who have greater economic opportunity typically have better health.
- Education – Educational levels are strongly linked with differences in health. People with some college or post-high-school education have a longer life expectancy, less chronic disease (diabetes and heart disease) and greater general health than those with less education.
- Physical Environment – The physical environment we live in plays a large role in determining health outcomes. Our ability to walk safely, access recreational opportunities, conveniently find nutritional food options, limit contaminants in our homes and a host of other environmental factors directly impact our health and the overall health of a community.

- Public Policy – Legislation to provide access to health care providers, minimum wage requirements, state Medicaid and Medicare programs and funding for key health related programs have measurable effects on public health.
- Social Policy – Local laws, ordinances and policies like nutritional standards for school menus, smoking bans in the workplace, tax-based support for afterschool programs, access to quality child care and municipal funding for sidewalks and parks are just a few of the many local activities which can have effect on the overall health of a community.

Weaving community policy initiatives together with programmatic activities is the key to improving the health needs identified by SVHC's assessment and are central to the implementation plan.

SVHC Implementation Plan to Address Health Needs

The comprehensive, multi-year implementation plan addresses both programmatic and policy barriers. The plan spans the health system and leverages its community collaborators. The activities in the plan fall into several themes:

Access to Care

A1. Healthcare Provider Recruitment – We are actively recruiting providers to improve access:

Primary Care –There are insufficient primary care providers in our region and recruiting physicians and midlevel providers (nurse practitioners and physician assistants) will greatly enhance chronic care management prior to exacerbation requiring intensive treatment.

Mental Health – In collaboration with the Brattleboro Retreat, we have recruited a Psychiatrist to assist with the behavioral needs of the most vulnerable populations. This is the first step towards expanding access to mental health services and a deeper collaboration with the Brattleboro Retreat.

Prenatal Care – We are actively recruiting obstetric and gynecology providers to improve access to quality prenatal care.

A2. Free or subsidized care – We will continue to provide free or reduced health care services for those who do not have insurance or are underinsured. These efforts are bolstered by activities to help individuals enroll in federal and state programs that can help pay for the care they need.

A3. Increase support for the Bennington Free Clinic – The Bennington Free Clinic is a part-time, walk-in clinic for the indigent. In addition to providing supplies and volunteer staff, SVHC has committed financial support to the clinic in the 2013 budget. Patients eligible for care at the Bennington Free Clinic, also qualify for free or subsidized care, lab and imaging expenses at SVHC.

A4. Free health screenings – We will continue to provide free screenings for Diabetes, Cholesterol, Hypertension (High Blood Pressure) and other chronic diseases at no cost to the community. Identifying at-risk patients early is critical to avoiding future health complications that require more intensive treatment.

A7. Support Public Transit Extension from Hoosick, NY – We identified transportation to social services and care providers as a critical need for the NY communities we serve. We are partnering with Green Mountain Transit to create a bus route from the Hoosick Falls area to SVHC's Bennington campus to help residents access the health care services they need.

Wellness & Special Programs

B1. Continue programs – We will continue to provide our high quality, low cost wellness classes and educational programs for the community, such as, Breast feeding education, Diabetes management classes and Yoga for Cancer Survivors teaching.

B2. Future programs – Annually, we will evaluate the need for new programs directed at the identified health needs and develop and launch those initiatives as necessary.

B3. Prescription Drug Abuse Reduction Program – We will develop further and implement evidence-based patient protocols to reduce illicit access to opiod pain medications. On element of this best-practice is to education staff on issues of prescription drug abuse, how best to recognize symptoms and how best to manage the addiction. Through participation on a regional Prescription Drug Abuse Task Force, we will continue to collaborate with law enforcement, education, and public health sectors.

Economic Development

C1. Economic development – We will continue active participation in the county economic development task forces because of the strong link between a region's economic status and its population's health.

C2. Support Bennington Economic Development Strategic Plan- In collaboration with the Vermont Department of Health we will provide guidance and tracking of community health measures identified in the economic development strategic plan.

Community Building and Health Collaborations

We will reconfigure SVHC's Community Health Improvement Program to build both programmatic and policy capabilities with the following initial projects:

D1. Support of Alliance for Community Transformations (ACT) – we will continue in-kind support as the fiscal agent for the community-based coalition and its initiatives to engage other groups and stakeholders in improving community health. ACT is currently enganged in activities to address substance abuse, youth involvement and resident physical activity and

nutrition and is focused toward many of the health needs identified by SVHC's community needs assessment.

D2. Healthy Community Design – Through an assessment grant funded by the Vermont Department of Health, ACT and SVHC will identify opportunities for community education and advocacy around best practices in healthy community design.

D3. Bennington health expo – We will host a free, public health exposition to link community members with currently available resources, programs, classes and opportunities which are currently available.

D4. Bennington Recreation Center Expansion Project – We will support ongoing efforts to expand and redesign the Bennington Recreational Center through in-kind coordination of the project identified by the Vermont Council on Rural Development Community Visit Program.

D5. Conference on socio-economic determinants of health – We will host a statewide, public policy symposium discussing the socio-economic determinants of health. This symposium will explore changes to state and local policy that can foster a healthier community.

The table below aligns the identified community health needs with the implementation plan.

Priority Health Need	Implementation Plan Programs	Addressing Social Determinants of Health
Mental/behavioral health	A1,	Economic development (C1-C2) Community building and collaborations (D1-D4) Policy shaping initiatives (C1, C2, D1, D2, D5)
Substance abuse	A1, B3, D1	
Physical fitness	A1, D1, D4	
Wellness and chronic disease prevention	A1, A2, A3, A4, B1, B2, D3	
Access to primary care providers	A1, A2, A3, A5	
Prenatal Care	A1, A2, A3, A5	
Transportation to care sites and social programs	A5	
Dental issues and access to dental professionals	Unaddressed	
Teen pregnancy	Unaddressed	

Alone SVHC cannot address the health needs identified by the community needs assessment. Collaboration at multiple levels throughout the organization and across the community will be required to improve community health. We have begun to foster the coalitions and engagement with municipalities and community leaders that will be required to achieve success. The health

of the communities served by SVHC will improve as we deploy the multi-year implementation plan including both programmatic and policy initiatives.

Report Dissemination

Upon completion this report will be disseminated to:

- Individuals that participated in the focus groups
- Bennington Economic Development Task Force
- Vermont Department of Health
- Green Mountain Care Board

The report will also be made available to the public as a PDF file from a link from the hospital report card section of the institutional web page (http://svhealthcare.org). Members of the public can also request a print copy of this report by contacting James Trimarchi via e-mail (trij@phin.org) or phone 802 440 4051.

Health Indicator Table for Service Area (Table 1):

Data sources for quantitative health data:

- Behavioral Risk Factor Surveillance Survey: (2009) Rensselear County, (2009) Washington County; (2010) State of Vermont
- Youth Risk Behavioral Survey: (2011) Bennington County
- Vermont Uniform Hospital Discharge Data Set: Accessed November 2011
- 2000 & 2010 Census Records

	Vermont		**New York**	
INDICATOR	Bennington County	Windham County	Rensselear	Washington
Population Demographics	37,809	44,510	159,428	63,288
Median Income Level	$44,686	$46,912	$51,720	$46,629
Percent in Poverty	13%	12%	14%	12%
Unemployment Rate (seasonally adjusted)	6%	6%	8%	8%
% of Uninsured Adults (18+)	11.0%	13.0%	16.9%	12.0%
% of Uninsured Youth (under 18)	3.6%	3.7%	7.6%	7.9%
ED presentations				
# of ED Visits for Diabetes/10,000	190.6	94.4	Not Available	Not Available
# of ED Visits for Asthma/10,000	76.3	69.1	Not Available	Not Available
# of ED Visits for Hypertension/10,000	287.0	129.7	Not Available	Not Available
# of ED Visits for Behavioral Health/10,000	705.8	326.5	Not Available	Not Available
Healthy Lifestyles – Risk Behaviors and Conditions Related to Top 5 Causes of Death				
Substance Use				
% of adults who smoke	20%	16%	19%	22%
% of students who smoked cigarettes on one or more of the past 30 days	18%	18%	10%	Not Available
% of students who had five or more drinks of alcohol in a row, that is, within a couple of hours, on one or more of the past 30 days	33%	21%	Not Available	Not Available

% of students who smoked marijuana one or more times during the past 30 days	28%	28%	Not Available	Not Available
% of Adults that had 5 (men) or 4 (women) or more drinks on an occasion in the past 30 days; Binge Drinking Rate	16%	15%	19%	22%
Weight, Physical Activity & Nutrition				
% of Youth that are overweight or obese	26%	25%	15%	15%
% of Adults that are overweight or obese	22%	23%	26%	38%
% of Adults that eat 3 or more servings of vegetables daily	28%	34%	27%	25%
% of Youth that eat 3 or more servings of vegetables daily	14%	14%	Not Available	Not Available
% of Adults that participated in 30+ minutes of moderate exercise three or more days per week	58%	59%	Not Available	Not Available
% of students who participated in at least 60 minutes of physical activity every day during the past seven days	27%	26%	Not Available	Not Available
Mental Health				
% of adults that have ever been told they have a depressive disorder	8%	10%	9%	8%
% that felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities	22%	24%	Not Available	Not Available
% students who report making a plan about how they would attempt suicide or attempted suicide in the past 12 months	14%	17%	Not Available	Not Available
Unintentional Injury				
% of youth that most of the time or always wear a bicycle helmet	16%	14%	Not Available	Not Available
% of youth that most of the time or always wear a seatbelt when riding in a car	83%	77%	Not Available	Not Available
Maternal and Child Health				

% of very low birth weight births: Less than 5.5 lbs	23.3%	22.2%	7.1%	8.0%
% of very low birth weight births: Less than 3.3 lbs	3.8%	1.4%	Not Available	1.9%
Rate of Births that occurred in women aged 15-17/1,000 females aged 15-17	25%	21%	Not Available	2%
% of Women that received Pre-natal Care in the First Trimester	85%	78%	78%	Not Available
% of Women who Smoked During the last Three Months of Pregnancy	23.7%	22.5%	Not Available	Not Available
% of Pregnant Women who Quit Smoking (those no longer smoking during pregnancy out of the total that smoked before pregnancy)	41.7%	30.6%	Not Available	Not Available
% of pregnant women who had alcohol during the last three months of pregnancy	1.2%	1.2%	Not Available	Not Available
Health Status				
Incidence of Breast Cancer /100,000	129.7	136.2	Not Available	120.9
Incidence of Lung Cancer /100,000	77.9	64.4	182.0	182.2
Incidence of Colon Cancer /100,000	44.0	44.2	Not Available	52.4
Incidence of Prostate Cancer /100,000	193.2	137.2	Not Available	156.4
% of adults with Diabetes	8.0%	6.0%	9.5%	8.0%
Preventative Measures				
% of youth that used a condom at last sex	64%	60%	Not Available	Not Available

Participant Roster for Focus Groups:

Aelish Nealon - Hoosick Area Partnership for Parents and Youth
Alan Wrigley, Esq. - Mary McClellan Foundation
Amanda Haar - Hoosick Area Partnership for Parents and Youth
Benjamin (Benjie) White - Executive Director - Hubbard Hall
Betsy Rathbun-Gunn, Head Start
Bliss McIntosh - Board Member - Hubbard Hall
Bob Marine, Grants Coordinator, SVSU
Brenda Schramm, Chapel Road Pre-School
Cathy Hagadorn, Learning Tree Child Care Center
Chris Merrel - Nurse, Hoosick Central High School
Christine Bongartz – District Director, Vermont Department of Health (Bennington County)
Darlene Bombard, Bennington Early Childhood Center
Darlene Lockwood, UCS Infant Toddler Center and Big Brothers/Big Sisters
Dave Armbruster - Cambridge Community Gardens
Deb Rhoades - Albany Mental Health - Prevention Consultant
Debby Dutcher, Vermont Department of Health
Diane Hosterman - Hoosick Falls Church Association
Eric Katz - Clinical Director - Rensselear County Department of Health - Hoosick Satellite Office
Gail Cohen, School Nurse, Southwest Supervisory Union
Gina Dybel - Programming Coordinator - Hubbard Hall
Hannah Duffany, Bennington College, Student
Jan McGuire - Nurse, Hoosick Central High School
Jean Cody - SVHC Magnet Nursing
Jim Gray – Northshire Interfaith Council
Jim Sullivan – Senior Planning Director, Bennington County Regional Commission
Judith Fellows - Prevention Coordinator, Vermont Department of Health
Kathleen Lacasse, School Nurse, Southwest Supervisory Union
Kim Keiser, Interim Director for Building Bright Futures State Council
Kim Turner – SVHC
Lexie Vincelette, School Nurse, Southwest Supervisory Union
Lori Pinsonneault, Bennington County Child Care Association
Lorna Mattern – UCS (Children's Services)
Lynn Teker, Head Start
Margaret Casey, Community Member

Marj Davis, Head Start Mentoring Project

Mary Haggarty - VNA/ Hospice

Maryann Morris – The Collaborative (Northshire)

Nancy J. Coleman, School Nurse, Southwest Supervisory Union

Nancy Noel, Learning Tree Child Care Center

Nicole Dodge, School Nurse, Southwest Supervisory Union

Pamela J. Gulley, School Nurse, Southwest Supervisory Union

Pat Hayes - St. Mary's Church

Patrice Zedalis - Hoosick Housing Authority

Patricia Hunt - Director - Public Health & Patient Services

Patrick O'Shea - Director of Outpatient Services - The Eddy VNA

Paula Colbert, UCS – Developmental Services

Peg Gregory – UCS (Northshire)

Peter Odierna – Executive Director – Bennington County Industrial Commission

Rich Moffitt - Prevention Consultant, Albany County Health Department

Robert York - Director of Community Services - Washington County Department of Health

Robin Fraiser – Southwestern Vermont Medical Center, Visiting Nurses Association

Robin Stromgren, Coordinator Early Childhood Council and Children's Integrated Services

Sadie Fischesser – Field Director – Vermont State Agency of Human Services (Bennington and Brattleboro)

Sarah Ashton - Cambridge Valley Development and Preservation Partnership

Sharon Juergen-Krueger - Volunteer Coordinator - Hubbard Hall

Sheilah Printz – Nutritionist, Vermont Department of Health

Sue Andrews – Bennington Interfaith Council

Vicki Wheaton-Sarcini - Director - Rural Health Network

Minutes from Focus Group Sessions

Bennington Area Focus Group

October 23, 2011 – 8:00 A.M.

- Personal self-worth drives self health-care.
- Utilize hardworking nature/mentality of current community--there are jobs available, but less individuals with the appropriate skill sets, we need to increase/develop the skill sets of our community.
- Lack of physicians in the area-restricting access to primary care-increasing use of emergency services-switch from treatment to prevention-Where does the new VT state health legislature come into this conversation?
- Resource poverty is rampant
    - some assume this is the real driver for poor or uneducated health needs, rather than economic insecurity
    - If community members had these resources, would they be better off?/would they utilize them adequately?

Implementation Recommendations:

Holistic healthcare/life skills program within school curriculum/physical space itself.

Centers for health, not just education---peer education, parental programs, physical activity, extended hours, etc.

Top two areas of need for each population segment:

Pre-K and Pregnant Women
- Substance abuse
- Access to health care/OBGYN

Kids and Youth (Tie Results
- Physical activity
- Prevention (sex, drugs, disease)
- Supportive homes

Teens and Young Adult
- Mental health
- Healthy lifestyles

Adults
- Substance abuse
- Access to health care
- Unemployment
- Mental health
- General wellness

Mature Adults
- Affordable HI and healthcare
- Lack of physical activity
- Connection/access to care

Seniors
- Chronic disease management/prevention
- Behavioral/mental health

- Overall, we need to look at health care for communities, not individuals.
    - education, awareness, prevention----to inspire individual health
    - small social group with shared values, goals, lifestyles, etc.
- Increase overall connection to community
- Ages 21-35 is our gap age group in the area, as they do not interact with the community as well as youth in schools, or as part of the more permanent job force, etc.

Hoosick Falls Focus Group Summary

Thursday, December 1, 2011 - Noon

The general sensibilities of the group were that the greatest areas of need are around transportation, alcoholism and excessive consumption and the availability of nutritious food items.

Transportation: Many of the residents find great challenges around transportation both within their community and accessing external resources such as health care and social services which are at distances.

- Residents must come to SVHC for their major medical needs and are challenged in their ability to easily do so.
- To apply for social service programs like WIC or food stamp assistance, they must travel to their district offices in Troy which is a great distance from the Hoosick area

and has extremely limited public transportation options for those without access to a vehicle.

Alcoholism: In the Hoosick area, many felt that alcohol use far exceeds the levels of general substance abuse and that alcoholism is rapidly becoming a social norm.

Nutritious Foods: While some smaller farmer's markets do exist, they do not have access to the Farm to Families types of programs that exist in other states where WIC clients can use coupons provided by WIC for food purchases at the farmers markets in the area.

Some issues around food availability relate to policy restrictions which affect their area differently than in other parts of the county.

- School lunch menus are a separate item, not included in the general education budge which is voted on each year and are left to the schools to cover the costs. As a result, parents to do not feel they have the capacity to better control what is served.
- While the need is high and Hoosick is seen as a "rural" community, Rensselear County is considered an urban county due to the inclusion of Troy, NY and is therefore excluded from federal funding opportunities for meal programs in their area.
- State food programs are also out of reach as communities need to reflect a minimum of 50% poverty to qualify; Hoosick holds app. 45%.
- Parents do not often think to pack meals or snacks for youth in after-school programs and as a result, children are often very hungry and unable to concentrate.

Top two areas of need for each population segment:

Pre-K and Mothers

- Pre & Postnatal Care including vaccines, post-partum depression support, breastfeeding
- Unrecognized/Treated Developmental Issues in infants

Kids and Youth

- Nutrition
- Risky Behavior

Teen and Young Adult

- Pregnancy prevention
- Alcohol/Drugs

Adult

- Parenting Skills
- Nutrition, Physical & Tobacco

Mature Adults

- Mental Health – lack of supportive programs; parenting parents and grandchildren
- Nutrition

Seniors

- Prescription regulation and Organization
- Health Advocacy at health appointments/ Community Advocacy

Implementation Plan ideas:

- A positive social norms campaign around alcohol use
- Representatives from Hubbard Hall (Cambridge) suggested that all youth programs require a level of parental involvement to get the children to the programs and participating. They provide sliding scale discounts and scholarships for participation
- In Salem, a series of lunch and learns take place where participants come to learn about services and healthy food choices, grocery shopping etc.
- Hoosick Falls as a community established a code of conduct which is conveyed through a card that calls out inappropriate behavior at family events and asks the offending person to cease the behavior or leave the event. The community supports this concept and is unified in its enforcement.
- Support around transportation to SVHC or Glens Falls Hospital perhaps in collaboration to reduce gaps in services.
    - Greenwich spoke of a Community bus which transports the elderly to appointments and the farmers market as an example. (Called the Van Go)
    - Hoosick has a small scale service for the elderly
- Programs between WIC and Stewart's chains to carry healthy food items and identify them as WIC eligible for purchase is in development; further support is needed

Cambridge Focus Group

December 8, 2011

This group felt that there were a wide range of needs which were not being met in the community. Hubbard Hall was seen as a major force in altering the landscape of health and community building for the area. Overall, the group identified a stronger identification with Glen Falls Hospital as their medical home (due to a more visible presence) but had a preference for SVHC due to higher standards and quality of care.

- An emphasis on career education and college preparedness (Upward Bound style programming) was requested
- Youth are reported as having low confidence in their ability to go into successfully enter healthcare fields due to low self esteem and academic struggles. (Fear of failure)

Top two areas of need for each population segment:

Pre-K & Mothers
- Education for children formal and informal (Schools & Community)
- Mental Health Counseling pre and post-partum

Kids & Youth
- Recreational Opportunities (including downtime)
- Substance Abuse
- Obesity/Nutrition

Teens
- Bullying – Mental Health
- Sex Education; including HIV/AIDS and STD's

Adults
- Uninsured
- Stress Management
- Birth Control

Mature Adults
- Insurance
- Parenting Parents ("Sandwich Generation") – Systems advocacy needed

Seniors
- Transportation
- Home care opportunities

Implementation Ideas:

- Glens Falls Bank offers a financial award for volunteer services by staff
- Having Physician's Assistants in the community to help with the case load and lack of PCP's

- More support and involvement of the Community Gardens to supply educational opportunities for youth and food for the schools.
- Leadership/mentoring/management support of the Senior Center which is currently seen as being poorly run and not meeting its full potential to support the clients they serves.

Implementation Ideas:

- Mentoring programs for youth
- Suicide prevention programs
- More summer programs and in-school programs (perhaps through Hubbard Hall) to build opportunities for college.
- Community fair support and expansion
- Community garden expansion, perhaps on hospital property

Implementation Plan Development

Bennington County Focus Group

December 14, 2011

Vision of Healthy Community:

- Sense of meaning, competence, connected, compassion
- A culture that promotes success and vision/winning culture and attitude
- Practical - "doable" knowledge
- Access to affordable healthcare/mental health
- Access to education – career opportunities
- Community that welcomes – feels welcoming
- Free and readily accessible activities in a safe environment for children's
- Holistic healthcare – acknowledgement of the whole person
- Health valued throughout the age spectrum/continuum
- Awareness of local resources
- Jobs which support & promote healthy home/ family life

In Sickness and in Wealth Discussion:

- How our society is organized is bad for our health
- Large social reforms (policy-based) bolster the economic gradient and effectively decrease economic inequality
- Economic policy is health policy
- To resolve, we must break the tight linkage between economics and health

- Education
- Housing Support
- Child Care
- Access to Safe Exercise
- Tax policies

Implementation Brainstorming

Community Building

The overarching theme is that of one which empowers others to have a voice, feel valued, learn skills and connect with their community. An actual community mapping exercise is recommended to inform the actual implementation plan.

- Large-scale community dinners/lunches
- Community-based public art projects
- "No wrong door" – accessing services through multiple touch points
- Mentoring programs which connect individuals through non-traditional methods and interpersonal relationships
    - Teens for Change/ Dream Program/Big Brother Big Sisters
- Focus on Peer to peer connections
- Empowering others to help connect and lead through both educational opportunities and non education restrictive methods (degrees or certification not needed as in suicide or PAVE hotline volunteer examples)
- Bike paths work to have the community design the path, create the art installation pieces to decorate the path and maintain
- Increase role of Law Enforcement to support public safety with regards to public events and bike path
- Assist Law Enforcement in building more neutral community connections
- Increased support for transportation around carpooling, building a carpooling network for parents
- Confidential phone line to connect community to services
- Building on the Empty Bowls project concept of a community-wide initiative around a creative project that is long term and involves many sectors and community members
- The spirit and community-building opportunities that arise from Battleday weekend-long activities
- Expansion of Norman's Attic community-tag sale concept where families or groups can be led in the creation of products for sale and be supported in participation

Policy

The goal is to create policies which will help to build meaning in our everyday lives and change our habits and behaviors to those which are positive. Great opportunities exist

to leverage relationships with programs like the CAPA program at Bennington College, the larger arts community and local businesses to enrich the policies and purpose behind them. Mentoring programs to increase a winning attitude and perspective were mentioned in multiple iterations.

Schools/Youth

- Mandatory PE classes
- Mandatory mental health/wellness programs
- Mandatory economic and financial management classes
- Mandatory life skills
- Mentorship programs to pair students with community leaders
- Extend hours of Recreational Center
    - Expand offerings similar to park district offices in other communities
- Positive ticketing campaign to reward positive behaviors in the community

General community policy efforts

- No more allowance of drive-thru services (food, banking, pharmacy) for new permits and construction
- Specific policies on directing resources as intended in a timely fashion
- Smoking ordinances in public places (greater usage of signage)
- Bike or pedestrian pathways
- Safer crossways – Rt. 7 by Kmart; funds have already been approved and study approved but no change has occurred to date
- Workplaces wellness programs
- Stronger land use policy to support goals vs. permitting specific projects
- (Mix use for downtown, affordable housing, food)