





2015 Community Health Needs Assessment Summary

Brattleboro Memorial Hospital mission is to provide community-based quality health services delivered with compassion and respect.

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Introduction

For more than a century, Brattleboro Memorial Hospital (BMH) has been providing for the healthcare needs of the residents of southern Vermont and the tri-state area. We provide excellent hands-on care that is augmented with the latest technological advances appropriate for a community hospital. As a progressive community hospital, the mission of BMH is both to provide comprehensive healthcare for residents of the region and to promote health and wellness for the area.

BMH has provided healthcare services for over a hundred years. A licensed, 61-bed, not-for-profit community hospital located in southeastern 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 572 employees enjoy the help of over 110 active volunteers. BMH provides primary and acute medical care to close to 2,000 inpatients each year. More than 2,500 surgical procedures are also performed annually at BMH.

The advanced medical capabilities and programs available at BMH are further enhanced by the hospital's relationship with tertiary care centers such as Dartmouth-Hitchcock Medical Center. When medical situations arise for which BMH cannot provide specialized care, the staff calls on Dartmouth-Hitchcock or other medical centers to coordinate treatment. A relationship such as this allows BMH staff to work with other medical center personnel in caring for patients.

The Community Health Team (CHT) at BMH includes an RN Care Coordinator, a Behavioral Health Specialist, an RN Diabetes Educator, two Registered Dietician/Nutritionists, a Health Coach, a Pediatric Medical Assistant, a Self-Management Coordinator, a Social Worker, and a Scheduler/Administrative Assistant. In calendar year 2015, the CHT received 940 new patient referrals and had a caseload of 1002 patients. Through the Vermont Blueprint for Health, BMH offers an extensive array of self-management programs including the YMCA Diabetes Prevention Program, Stanford Education Healthier Living Programs for Chronic Disease, Chronic Pain, and Diabetes, Tobacco Cessation, and Wellness Recovery Action Planning (WRAP).

BMH also collaborates with The Brattleboro Retreat and Grace Cottage Hospital to offer a robust bi-annual Wellness in Windham Health Education Calendar for the community.

The following report presents the detailed findings of a comprehensive 2015 Community Health Needs Assessment (CHNA) conducted by Brattleboro Memorial Hospital. The 2015 CHNA was conducted in collaboration with Grace Cottage Hospital and The Brattleboro Retreat. The 2015 CHNA complies with the December 2014 IRS regulations as outlined within the Patient Protection and Affordable Care Act.

The Board of Directors for Brattleboro Memorial Hospital adopted this CHNA report on November 10, 2015.

A Thank You to Our Organizational Partners

Brattleboro Memorial Hospital extends a thank you to all of our community partners who participated in the Community Health Needs Assessment process. Thank you to the Vermont Department of Health for the provision of data and their expert guidance for the process. Special thanks to The Brattleboro Retreat and Grace Cottage Hospital for their collaboration in data collection and analysis.

Executive Summary

Through utilization of 2015 consumer survey input, focus group feedback, and population health indicators, Brattleboro Memorial Hospital identified the following significant health needs within the Brattleboro Hospital Service Area. The following table explains the significant community health needs identified, how the needs were identified, and the existing community resources potentially available to address these needs. (See appendix A)

The Senior Leadership of Brattleboro Memorial Hospital reviewed the findings of the CHNA and identified the health needs of the community that BMH would focus on in CY 2016-CY 2018. The health needs were prioritized as follows:

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

It should be noted that despite the prioritization process, these are the eight areas that rose to the top as important needs for the BMH Service Area. All of these needs will be addressed by Brattleboro Memorial Hospital within the scope of its clinical strengths, mission and financial resources. The implementation plan for the 2015 CHNA will be developed and posted on the BMH website in the first quarter of CY 2016.

How Data Was Obtained

Brattleboro Memorial Hospital conducted a collaborative CHNA process in partnership with Grace Cottage Hospital and The Brattleboro Retreat. In December 2014, the Windham County Community Health Needs Assessment (CHNA) Steering Committee formed and began meeting. The Steering Committee was comprised of representatives from Brattleboro Memorial Hospital, the Brattleboro Retreat, Grace Cottage Hospital, and the Vermont Department of Health (Brattleboro District). The data collection process took place from December 2014 to June 2015.

Sources of Data

Data that informed this Community Health Needs Assessment was collected through a number of data-gathering activities:

Written Comments on 2012 CHNA. Brattleboro Memorial Hospital did not receive any written comments on its 2012 CHNA or CHNA implementation plan.

Secondary data. Demographic, economic, education, and health data were obtained from the following sources: Alzheimer's Association, American Cancer Society, Centers for Disease Control and Prevention, Community Commons 2015 Community Health Needs Assessment for Windham County, Kids Count Data Center, Leland & Gray Union Middle & High School, Poverty in America Living Wage Calculator, National Heart, Lung & Blood Institute, Town of Townshend 156th Annual Town Report, U.S. Census Bureau, U.S. Department of Agriculture, U.S. Department of Commerce, U.S. Department of Health & Human Services, Vermont Department of Health, Vermont Department of Labor, Vermont Department of Transportation, Vermont Foodbank, and Vermont Town and County Data Pages. Where possible, the underlying source is cited in this report either in the text or footnotes.

Resident Surveys. The Steering Committee prepared a short, 12-question survey (see Appendix), which was distributed to Windham County residents via hard-copy at Town Meetings. Town Meeting is held annually in March in each town in Vermont. The purpose of Town Meeting is to elect municipal officers, approve town budgets, and conduct other town business. Thus, Town Meeting provides an ideal venue to reach a wide representation of county residents. In addition to distributing the survey at Town Meetings, both Brattleboro Memorial Hospital and Grace Cottage Hospital had hard copies available at their facilities. Hard copy surveys were also distributed at various venues, with the aim of reaching low-income and medically underserved populations. These distribution sites included Brattleboro Area Drop In Center, Brattleboro Memorial Hospital Free Clinic, Brattleboro Memorial Hospital Health Connect Navigator, Brattleboro Retreat Outpatient (Birches), Brooks Memorial Library, Habit OPCO, Jamaica/Wardsboro Food Pantry, Loaves & Fishes (a congregate meal site located in Brattleboro), Morningside Shelter, Vermont Agency of Human Services Division of Economic Services (waiting room), and the Vermont Department of Health-Brattleboro District Office. Finally, the same survey was available online via Survey Monkey. The online survey link was made available via each hospital's website and Facebook pages, as well as via the Vermont Department of Health—Brattleboro District's Facebook page. A press release about the survey was released to the media, including the Brattleboro Reformer, BCTV, The Commons, Deerfield Valley News, Healthcare Review, Keene Sentinel, New England Cable News, Manchester (VT) Journal, The Message, The Rutland Herald, Times Argus, Seven Days Vermont, Shopper News, WCAX, WKVT, WTSA, WYRY, iBrattleboro, Vermont Association of Hospitals and Health Systems, Vermont Business Magazine, Vermont Digger, Vermont Magazine, Vermont Media, Vermont Roundtable, Valley Reporter, and Vermont Public Radio.

The CHNA survey was completed by 820 adults, either in hard-copy or online, with 433 being from BMH's primary service area. A comparison of the demographic information on Windham County adult survey respondents to the estimated Windham county adult population (data from BRFSS, 2012 & 2013) shows the following:

- The age breakdown of the survey population is close to the county age distribution. The 18-29 year old age group is somewhat under-represented in the survey results.
- The income distribution of the survey population was slightly lower than the county population, with 7% more survey respondents reporting a household income of $20,000 or less.
- Many more females responded to the survey than males. There was a 25% difference between the survey respondents' gender and the county population.

- Survey respondents were considerably more educated than the county population as a whole, with 31% percent more survey respondents reporting have attended college or higher.
- The race/ethnicity question was asked differently than comparison data sources. Ninety-two percent of the survey respondents chose white/Caucasian as the ethnic group they most identified with.

Process for Consulting with Persons Representing the Community's Interests

Vermont Agency of Human Services Meeting. On April 6, 2015, the Steering Committee met with the Vermont Agency of Human Services District Leadership Team. Representatives from the following organizations attended: NFI Vermont, Inc., Boys & Girls Club of Brattleboro, Healthcare & Rehabilitation Services of Vermont, Women's Freedom Center, Vermont 2-1-1, Windham Child Care Association, United Way of Windham County, Windham County Safe Place Child Advocacy Center, Vermont Department of Corrections Probation and Parole, Building Bright Futures, Habit OPCO, Vermont Department of Health, Brattleboro Area Prevention Coalition, Morningside Shelter, Vermont Department for Children and Families- Child Development Division, Department of Vermont Health Access, and Vermont Chronic Care Initiative. The Steering Committee shared preliminary data with the AHS District Leadership Team and sought feedback on the methodology for the 2015 Windham County CHNA.

Medically Underserved Focus Group. On April 15, 2015, the Steering Committee held a special focus group to identify and discuss the health needs and concerns of minority, low-income and under-served populations in Windham County. The following organizations participated in the focus group: ACT for Social Justice, AIDS Project of Southern Vermont, Boys & Girls Club of Brattleboro, Brattleboro Area Drop-In Center, Brattleboro Housing Authority, Children's Integrated Services, Green Mountain Crossroads, Morningside Shelter, Parks Place, Southeastern Vermont Community Action, The Root Social Justice Center, Vermont Partnership for Fairness & Diversity, Vermont Workers Center, Women's Freedom Center, and Youth Services. The following four questions were posed to the group: (1) What are the most significant health issues or needs facing the population that your organization serves?; (2) What are the barriers to good health facing the population that your organization serves?; (3) What community resources are potentially available to address these health needs and barriers?; and, (4) Where are the gaps in community resources to address these health needs and barriers? The group was also asked about avenues of communication with medically unserved populations. In order to ensure every participant's voice was heard, written input on each question was solicited in addition to oral discussion of each question.

Blueprint Meeting. On April 21, 2015, the Steering Committee presented preliminary data to the Clinical Planning Group of the Vermont Blueprint for Health—Brattleboro Service Area. Representatives from the following organizations attended the meeting: Brattleboro Memorial Hospital Community Health Team, Grace Cottage Hospital Community Health Team, Brattleboro Area Housing Authority, Habit OPCO, Vermont Department of Health, Vermont Wellness Education, Department of Vermont Health Access, Children's Integrated Services, Pine Heights Nursing Home, Morningside Shelter, Senior Solutions, Natural Healthcare Associates, and West River Valley Thrives. Attendees provided feedback on the preliminary data,and reacted to the health needs and barriers identified in the consumer surveys. Commenters noted that the psycho-social issues raised in the survey are seen every day in clinical practice. Another commenter pointed out that education on healthy foods is necessary to counter the campaign by the packaged foods industry to buy unhealthy foods. Finally, the point was made that barriers to good health can be very individualized and may need to be addressed on a more individualized level.

Medical Staff Input. On May 11, 2015, the preliminary data was presented at the monthly medical staff luncheon meeting. Attendees provided feedback on the preliminary data in comparison to their medical practice. Providers confirmed the CHNA consumer survey findings fairly accurately identified significant healthcare needs/gaps. Dental health was identified as a healthcare need and gap in Windham County. The lack of dentists who serve Medicaid patients was discussed. In addition the insufficient numbers of oral surgeons in the county was also identified by the medical staff.

Process and Criteria Used to Identify Which Health Needs were Significant and How the Significant Health Needs were Prioritized

The Windham County 2015 CHNA Steering Committee met twice to review the quantitative data collected from the consumer surveys, the qualitative data obtained from the medically underserved focus group, and the quantitative population health data. Using the data obtained, the Steering Committee prepared a preliminary list of significant health needs. Input was then obtained internally from within each organization. At Brattleboro Memorial Hospital, input on both identifying which needs were significant and also on prioritizing those needs was obtained from the Brattleboro Memorial Hospital (BMH) Medical Staff and BMH Senior Leadership Team, as well as the Accountable Care Organization (ACO) Steering Committee. Criteria used to prioritize the identified significant health needs (SHN) included alignment with BMH's strengths and priorities, the availability of other resources to address the SHN, the ability of BMH to impact the SHN within a reasonable timeframe, the financial resources required, the human resources required, a measurable outcome, the severity or urgency of the SHN, the feasibility and effectiveness of possible interventions, health disparities associated with the need (e.g. by race/ethnicity, gender), the importance placed by community on the need, and whether addressing this SHN will have a positive impact on other identified SHNs.

Limitations and Information Gaps

The data presented in this report has several limitations.

First, as noted above, this report used various secondary sources for information on demographic data, social and economic factors, health behaviors, and health outcomes. These various sources segment by geography in different ways. Some sources use county geography; others use town. Accordingly, data sources may not be consistent in their geographic scope, which limits comparisons. In addition, the data sources use different reporting periods, and some sources have not been updated in several years. Although the most recent available data was used in this report, the secondary data may be several years old.

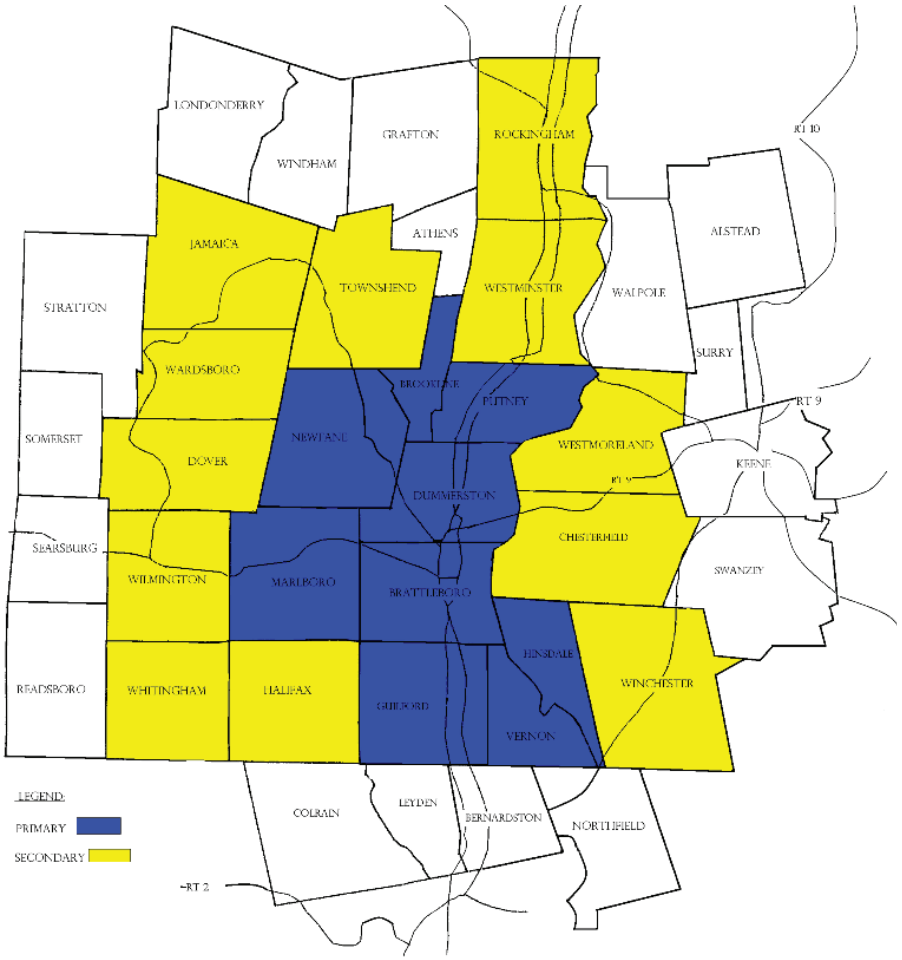
Second, the quantitative data collected in the surveys was self-reported. The advantage to self-reported data is that it provides the respondents' own views directly. Thus, the surveys provide respondents' perceptions of themselves and their world. Of course, the main disadvantage of self-reported data is that there is no independent verification of the respondents' answers. Self-reporting may suffer from recall bias, social desirability bias and errors in self-observation. The survey attempted to correct for social desirability bias by including a second question that deflected the focus away from the respondent (i.e., Q2 focused on "neighbors and friends").

Third, the consumer survey was not distributed to a random sample. Rather, respondents chose to participate in the survey (whether in hard-copy or online), and thus were a self-selected sample set. This means that one cannot extrapolate statistical conclusions based on the consumer survey results. That said, and as noted above, the consumer survey had good participation results and was fairly representative of the county population.

Finally, the focus group method presents its own disadvantages. Compared to individual interviews, focus groups are not as useful in covering maximum depth on a topic. One risk of focus groups typically is that members may hesitate to express their thoughts, especially when opposite to those of another participant. To correct for this effect, the Steering Committee chose to seek input from representatives of organizations that serve minority, low-income and medically underserved populations. As organizational representatives, the speakers were less inhibited than a direct consumer focus group could have been. (Note: direct consumer data was sought through the survey process). Care was also taken to correct for any inadvertent moderator bias being injected into the focus group exchange. The Steering Committee crafted the focus group questions in advance, and the moderator used those questions to guide the discussion.

Community Served by Brattleboro Memorial Hospital

Using patient population data, Brattleboro Memorial Hospital defined its primary service area (PSA) by analyzing patient population zip codes.[1] Brattleboro Memorial Hospital's PSA includes: Brattleboro (05301, 05302, 05303, 05304), Guilford (05301), Vernon (05354), Marlboro (05344), Newfane (05345, 05351), Dummerston (05301, 05357), Putney (05346), Brookline (05345, and Hinsdale, NH (03451).



Brattleboro Memorial Hospital's secondary service area includes: Halifax (05358), Whitingham (05361), Wilmington (05363), Dover (05341, 05356), Wardsboro (05355, 05360), Townshend (05353, 05359), Rockingham (05101), Westminster (05158, 05159), Westmoreland, NH (03467), Chesterfield, NH (03443), and Winchester, NH (03470).

Medically Underserved Areas/Populations are areas or populations designated by the U.S. Department of Health & Human Service's Health Resources and Services Administration as having too few primary care providers, high infant mortality, high poverty, and/or high elderly population.

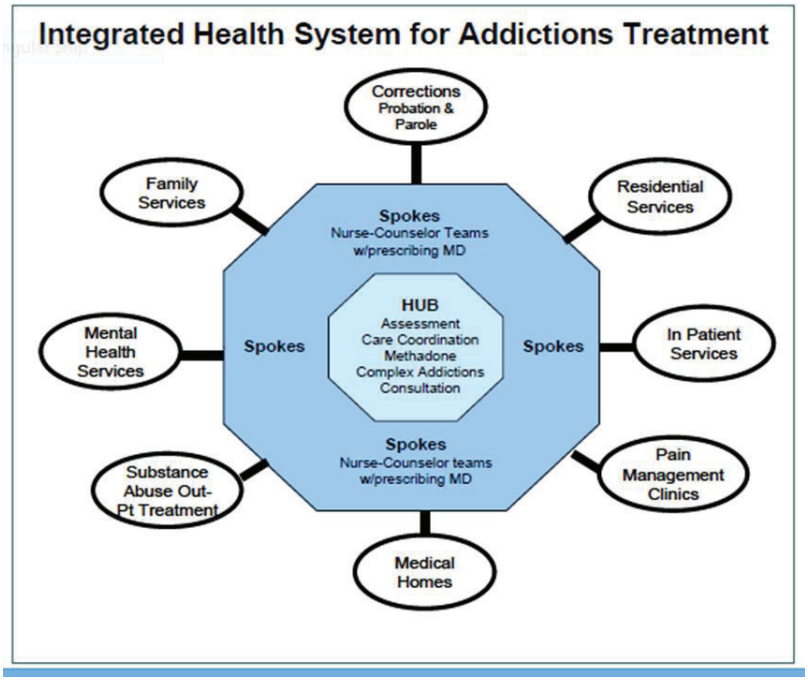
Two towns in Brattleboro Memorial Hospital's primary service area are designated by the federal government as Medically Underserved Populations: Brookline and Newfane.

Three towns in Brattleboro Memorial Hospital's secondary service area are designated by the federal government as Medically Underserved Populations: Rockingham, Westminster and Wardsboro.

Brattleboro Memorial Hospital's service area also includes a target population of patients participating in Vermont's "Hub and Spoke", an integrated health system for addictions treatment.

Habit OPCO and The Brattleboro Retreat serve as the county's "Hub". The Hub is a specialty treatment center responsible for coordinating the care of individuals with complex addictions and co-occurring substance abuse and mental health conditions across the health and substance abuse treatment systems of care.

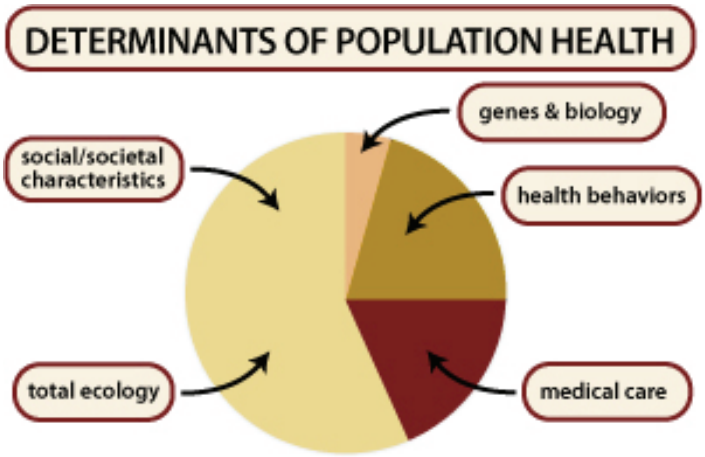
The "Spoke" in Windham County is comprised of two outpatient Suboxone prescribers, as well as, a group of suboxone prescribers in The Brattleboro Retreat. The "Spoke" is an ongoing care system that included a prescribing physician and collaborating health and addictions professionals who monitor adherence to treatment, coordinate access to recovery supports, and provide counseling, contingency management, and case management services.



[1] U.S. Dept. of Health & Human Services, Health Resources and Services Administration, MUA/P by state and County available at http:??muaafind.hrsa.gov/index.aspx/.

Demographics: Who Lives in the Brattleboro Memorial Hospital Service Area?

Genes, biology, social, economic, and environmental factors all influence the health of individuals and communities. Although researchers do not know the exact contributions of each factor, the Centers for Disease Control (CDC) reports that social and environmental factors account for over 50% of population health.[2] Social determinants of health include factors such as education, poverty, food security, access to healthcare, and income. Environmental factors include things such as geography, weather and transportation. As the CDC explains, these social and environmental factors "interact with and influence" individual health behaviors such as smoking, alcohol, and drug use.[3] Genes and biology, namely factors such as age and gender, also play a role. The following sections describe these health determinant factors for the Brattleboro Memorial Hospital Service Area with comparisons to the State of Vermont and Windham County as a whole where available.



Graphic Source: Centers for Disease Control, available at http://www.cdc.gov/socialdeterminants/FAQ.html

Geography

Vermont's road conditions are often a barrier to healthcare. Within Windham County, there are 1487 miles of roads, 58 % or 868 miles of which are not paved.[4] Thus, more residents live on dirt roads than on paved ones. During the five winter months and the mud season that follows, travel on dirt roads is often difficult at best.

Additionally, the mountains that determine the location of streams and roads are an important asset as well as a physical barrier. They bring in tourism, which helps the local economy, but they make travel more difficult. The land contours climb sharply from southeastern Windham County to the northwest. Brattleboro, VT, is at 278 feet above sea level.

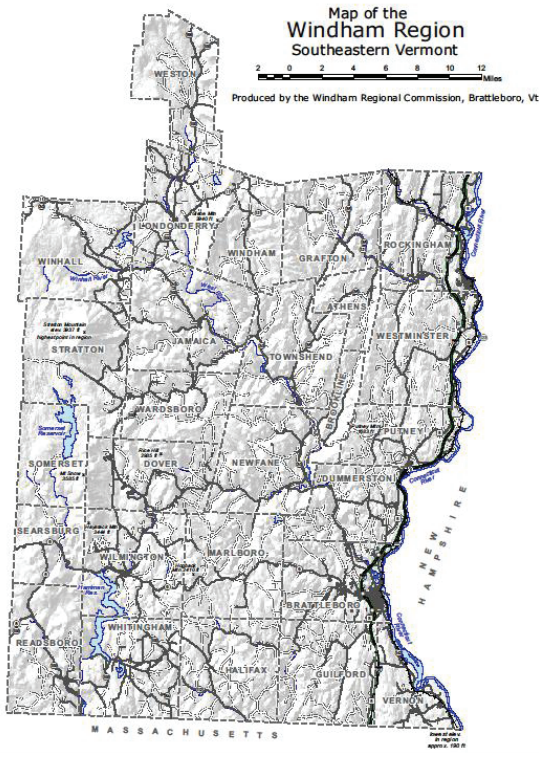


Figure (at right). Dirt Roads vs. Paved Roads & Relief Map, Windham County: Darkest lines are paved roads: double-dotted lines are unpaved; single-dotted lines are town borders; shading indicates mountainous character of county. (Source: Windham Regional Commission, 2013).

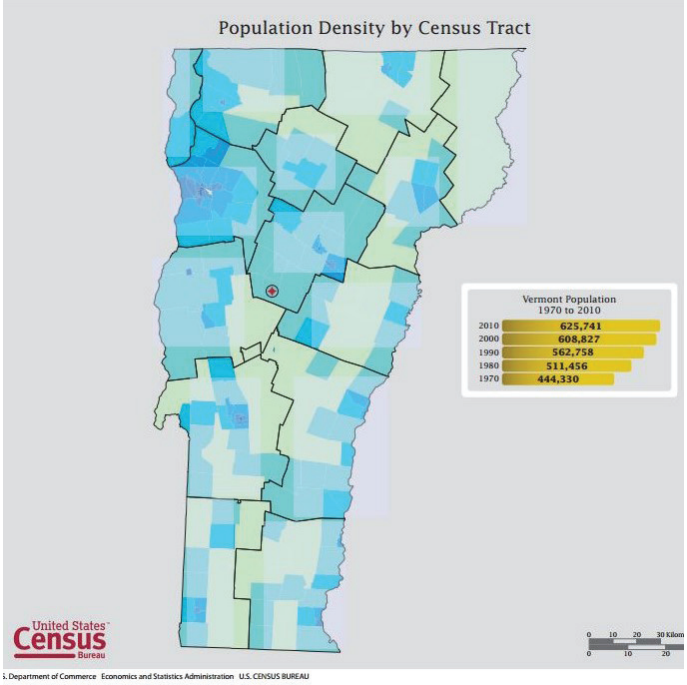
[2] CDC, Frequently Asked Questions, What are determinants of health and how are they related to social determinants of health?, available at http://www.cdc.gov/socialdeterminants/FAQ.html

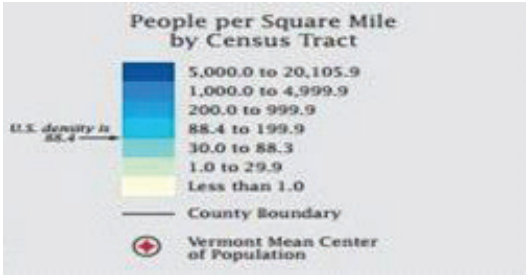
[3] CDC, Frequently Asked Questions, What are determinants of health and how are they related to social determinants of health?, available at http://www.cdc.gov/socialdeterminants/FAQ.html

[4] Vermont Department of Transportation, Surface by County, Public Road, Updated 1/6/2015, available at ftp://vtransmaps.vermont.gov/Maps/Publications/Surface_byCounty.pdf

Population

Vermont is the second least populous state of the fifty United States. The primary geographic area served by Brattleboro Memorial Hospital covers 560.2 square miles with a population density of 74.34 individuals per square mile, which is slightly higher than the state figure of 67.88/sq. mile. Both, however, are well below the average national population density of 87.55/sq. mile. [5] Not included are the New Hampshire residents of Chesterfield (3,604), Hinsdale (4,045), Westmoreland (1,876), and Winchester (4,341) who are also served. As discussed below, the low population density creates transportation challenges for our service area.





Town	Population Density (Persons per Square Mile)	Land Area (Square Miles)
Brattleboro	370.6	32.4
Brookline	36.3	12.9
Dover	40	35.3
Dummerston	62.2	30.8
Guilford	51.2	40.0
Halifax	19.7	39.8
Marlboro	24.1	40.7
Newfane	41.6	40.4
Putney	98.3	26.8
Rockingham/ Bellows Falls	125.6	42.3
Townshend	26.9	42.8
Vernon	107.1	20
Wardsboro	29.2	29.3
Westminster	69.7	46.1
Whitingham	33.1	39.3
Wilmington	53.9	41.3

Brattleboro Memorial Hospital Town Data (Source: Vermont State Website, Town Information Pages, http://www.vermont.gov/portal/government/index.php?id=27)

[5] Community Commons 2015 Community Health Needs Assessment for Windham County, Total Population

The 2010 Census Population for Windham County was 44,513.[6] The 2014 population estimate for Windham County is 43,714.[7] From 2010 to 2014, Windham County had a 1.8% decrease in population, while the State as a whole enjoyed a .1% increase in population.[8] The 2010 census population for the Brattleboro Memorial Hospital Primary Service Area was 38,303 Vermont residents and 13,866 New Hampshire residents, for a total population of 52,169.[9]

Population Projections

The State of Vermont has projected that the overall population for the State will increase by 7.1% between 2010 and 2030.[10] The State projects that the 2030 population of Windham County will increase 6.6% from 2010 Census numbers.

Age

Nationally, the U.S. Census Bureau anticipates rapid growth in the number of persons aged 65 or older. The Census Bureau projects that by 2030, more than 20% of U.S. residents are to be aged 65 or older.[11] The average age of Windham County residents is steadily increasing. The 2013 population in Windham County aged 65 years and older was estimated to be 16.9%.[12] Conversely, the population under 18 years of age was estimated to be 18.9%.[13] The State of Vermont projects that Windham County will experience an extremely high rate of population growth in the 65+ age category between 2010 and 2030: 68.7% increase in the 65-69 age group, 170.3% increase in ages 70-74, 186.8% increase in ages 75-79, 141.2% increase in ages 80-84 and 99.0% increase in ages 85+.[14]

[6] U.S. Dep't of Commerce, U.S. Census Bureau, State & County Quick Facts, Windham County, Vermont, available at http://quickfacts.census.gov/qfd/states/50/50025.html

[7] U.S. Dep't of Commerce, U.S. Census Bureau, State & County Quick Facts, Windham County, Vermont, available at http://quickfacts.census.gov/qfd/states/50/50025.html

[8] U.S. Dep't of Commerce, U.S. Census Bureau, State & County Quick Facts, Windham County, Vermont, available at http://quickfacts.census.gov/qfd/states/50/50025.html

[9] Vermont State Website, Town Information Pages, available at http://www.vermont.gov/portal/government/index.php?id=27.

[10] State of Vermont, Vermont Population Projections – 2010-2030 (August 2013), available at http://dail.vermont.gov/dail-publications/publications-general-reports/vt-population-projections-2010-2030

[11] The Baby Boom Cohort in the United States: 2012 to 2060, Issued May 2014, available at http://www.census.gov/prod/2014pubs/p25-1141.pdf.

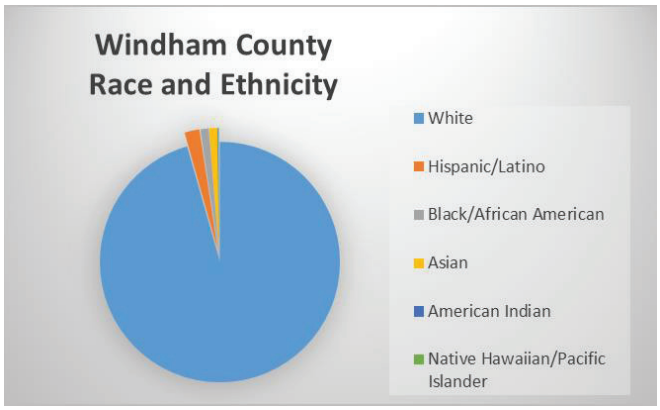
[12] U.S. Dep't of Commerce, U.S. Census Bureau, State & County Quick Facts, Windham County, Vermont, available at http://quickfacts.census.gov/qfd/states/50/50025.html

[13] U.S. Dep't of Commerce, U.S. Census Bureau, State & County Quick Facts, Windham County, Vermont, available at http://quickfacts.census.gov/qfd/states/50/50025.html

[14] State of Vermont, Vermont Population Projections – 2010-2030 (August 2013), available at http://dail.vermont.gov/dail-publications/publications-general-reports/vt-population-projections-2010-2030

Race and Ethnicity

Approximately 95.0% of Windham County's residents are White, 2.0% are Hispanic or Latino, 1.0% are Black/African American, 0.1% are American Indian, 1.0% are Asian, and 0.1% are Native Hawaiian or Pacific Islander.[15] A small percentage (2.4%) reported being of two or more races.[16] While these numbers are consistent with the racial make-up of the State of Vermont, Vermont is not typical of the United States as a whole, where 77.0% of the population is White, 13.2% are Black/African Americans, 17.1% Hispanic or Latino, and 5.3% are Asian.[17] The percentage of homes where a language other than English is spoken at home was 4.3% for Windham County and 5.2% for the State of Vermont.[18]



Sex

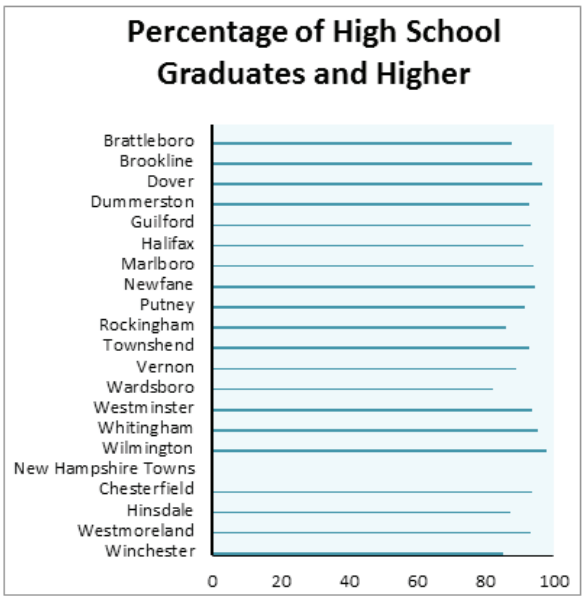
Biological differences between men and women can lead to different health outcomes. Women, for example, have a longer life expectancy than men.[19] Windham County has slightly more women (50.9%) than men (49.1%).[20]

[15] U.S. Dep't of Commerce, U.S. Census Bureau, American Fact Finder, 2009-2013 American Community Survey 5-Year Estimates, available at http://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml .
[16] U.S. Dep't of Commerce, U.S. Census Bureau, American Fact Finder, 2009-2013 American Community Survey 5-Year Estimates, available at http://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml .
[17] U.S. Dep't of Commerce, U.S. Census Bureau, Census Quick Facts, USA, available at http://quickfacts.census.gov/qfd/states/00000.html
[18] U.S. Dep't of Commerce, U.S. Census Bureau, State & County Quick Facts, Windham County, Vermont, available at http://quickfacts.census.gov/qfd/states/50/50025.html
[19] CDC, Mortality in the United States 2012, available at http://www.cdc.gov/nchs/data/databriefs/db168.htm
[20] U.S. Dep't of Commerce, U.S. Census Bureau, American Fact Finder, 2009-2013 American Community Survey 5-Year Estimates, available at http://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml.

Education

According to a recent study, "good education predicts good health."[22] "More formal education is consistently associated with lower death rates, while less education predicts earlier death."

Of Brattleboro Memorial Hospital's PSA, 91.61% of the population graduated from high school. This number includes both Vermont and New Hampshire data by town and is consistent with Windham County data, which shows that 90.8% of the population graduated high school, and above the State rate of 91.4%.[23] As shown above, six towns within Brattleboro Memorial Hospital's PSA, however, fall below the county rate. Significantly below the county rate for high school graduates are Rockingham's percentage at 86.10%, Wardsboro's at 82.10% and Winchester, NH at 85.10%.



Source: Data compiled from U.S. Census Bureau, American Fact Finder, Community Facts for towns in Brattleboro Memorial Hospital's PSA, available at http://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml#none

[21] Freudenberg N, Ruglis J. Reframing school dropout as a public health issue. Prev Chronic Dis 2007;4(4). http://www.cdc.gov/pcd/issues/2007/oct/07_0063.htm. Accessed [March 18, 2015].
[22] U.S. Dep't of Commerce, U.S. Census Bureau, Community Facts, Education, Searched by Brattleboro Memorial Hospital PSA Towns, available at http://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml#none
[23] U.S. Census Bureau, State & County QuickFacts, available at http://quickfacts.census.gov/qfd/states/50/50025.html

Poverty

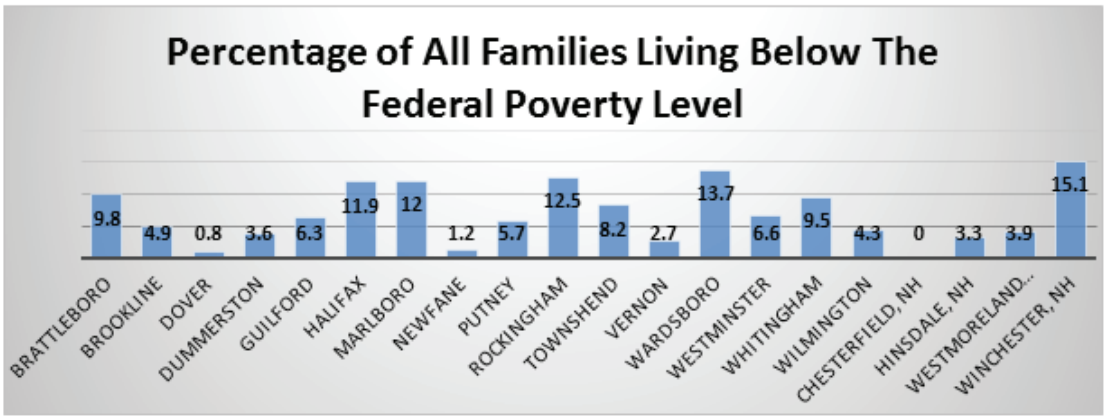
The relationship between economic status and health has been well-documented. Poverty can be both a cause of poor health as well as a consequence of poor health. Income can affect access to care as well as access to healthy foods. These economic and social factors play important roles in an individual's health.

Source: Data compiled from Vermont Department of Labor, Vermont Town Unemployment Rate Percent.

Vermont's preliminary unemployment rate for May 2015 is reported as 3.6% with seasonal adjustment, with a preliminary rate for Windham County being slightly above at 3.8% as of May 2015.[24] There are two towns with significant disparities, Dover at 8.3%, and Wilmington at 6.2% with no seasonal adjustment made in the May 2015 preliminary statistics.[25] Brattleboro, Dover, Rockingham, Wardsboro, and Wilmington have unemployment rates above the state average.

Unemployment rates, however, tell only part of the story. The wage side of the story can be seen in the percentage of individuals below the poverty line. Across Windham County, 12.4% of individuals fall below the federal poverty line; higher than the state percentage, which falls at 11.8%. Within Brattleboro Memorial Hospital's PSA, the percentages vary widely from 15.1% of families living below the poverty line in Winchester, New Hampshire to 0% in Chesterfield, NH and .8% in Dover.[26] Individuals and families fall below the poverty level if their household income falls below a certain threshold. In 2013, the weighted average poverty threshold for a family of four was $23,834.[27] The poverty threshold, however, is the same across the nation and does not take into account local costs of living. According to the Poverty in America's Living Wage Calculator, the living wage for a family of four (2 adults-working, 2 children) in Windham County is $14.65 per hour.[28]

[24] Vermont Department of Labor, Local Area Unemployment Statistics http://www.vtlmi.info/laus.pdf (last visited July 14, 2015).
[25] Vermont Department of Labor, Vermont Town Unemployment Rate Percent, May 2015, available at http://www.vtlmi.info/twnrt14.htm.
[26] U.S. Dep't of Commerce, U.S. Census Bureau, American Fact Finder, Community Facts, available at http://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml#none
[27] U.S. Census Bureau, Income, Poverty and Health Insurance Coverage in the United States: 2013, available at https://www.census.gov/newsroom/press-releases/2014/cb14-169.html
[28] Poverty in America, Living Wage Calculator, Windham County, Vermont, available at http://livingwage.mit.edu/counties/50025.



The median family income for Windham County is $62,236, which is below the Vermont median family income of $67,274. Even though median incomes vary greatly across the Brattleboro Memorial Hospital Primary Service Area, nearly every town in the Brattleboro Memorial Hospital PSA falls below the state and national medians. For example, Rockingham has a median household income of $35,718, with Wardsboro coming in slightly higher at $38,207.[29]

Many Vermonters struggle financially. A 2014 Report, Feeding America by the U.S. Dept of Commerce, found that an estimated 63% of client households in Vermont reported that they had to choose between paying for food and utilities in the past 12 months.[30]

[29] U.S. Dep't of Commerce, U.S. Census Bureau, American FactFinder, Community Facts, Income, Median Household Income, available at http://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml#none.
[30] Vermont Foodbank, Hunger in America, Executive Summary, Key Statistics, available at www.vtfoodbank.org/About/AboutHunger/HungerinAmerica.aspx

Food Insecurity

The U.S. Department of Agriculture defines "food security" as "access at all times to enough food for an active healthy life."[31] An estimated 14.3% of American households were food insecure at least some time during the year in 2013, meaning that their access to adequate food was limited by a lack of money and other resources.[32] Here in Vermont, the Vermont Foodbank serves 153,000 people annually, including 33,900 children.[33] The Vermont Foodbank reports that currently 153,000 Vermonters (1 in 4) rely on food shelves for their basic sustenance.[34]

Locally, the Brattleboro Area Drop In Center (BADIC), which has now merged with Morningside Shelter to become Groundworks Collaborative, is the operator of the second largest food shelf in Vermont, serving approximately 4,800 unduplicated Brattleboro residents between 6/30/2012 and 7/1/2013. During 2013 - 2014, Brattleboro Senior Meals has served 34,665 meals to 712 individuals (506 are Brattleboro residents). The Brattleboro Town School District (BTSD) serves as the sponsor for the Summer Food Service Program (SFSP), a program through the Food and Nutrition Services, an agency of the United States Department of Agriculture. This program provides many children with their most reliable source of nutrition in the summer. More than 50% of Brattleboro's youth receive free or reduced lunch during the school year, with 783 students who attended school in Brattleboro having benefited from the program.[35]

Students Enrolled In The Free & Reduced Price School Meals Program

Year(s): 5 selected | Data Type: Percent

Data Provided by: Voices for Vermont's Children

Location	Data Type	2009 - 2010	2010 - 2011	2011 - 2012	2012 - 2013	2013 - 2014
Vermont	Percent	35.8%	37.9%	40.2%	40.8%	40.7%

Graphic Source: Kids Count Data Center, available at http://datacenter.kidscount.org/data/tables/8185-students-enrolled-in-the-free-reduced-price-school-meals-program?loc=47&loct=2#detailed/2/any/false/1246,1124,1021,909,857/any/16703

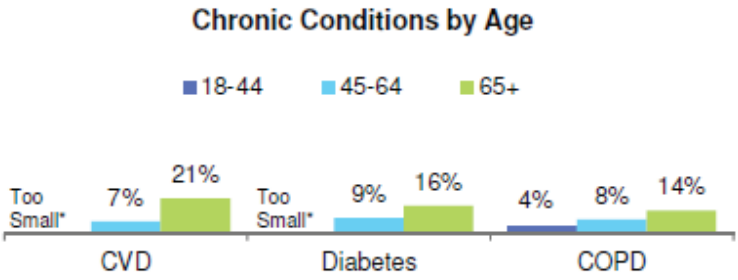
Recent surveys show that 1 in 5 Vermont children and nearly 1 in 8 Vermont households are food insecure. In Brattleboro Memorial Hospital's PSA, there are seven charitable food sites serving residents in Bellows Falls, Brattleboro, Guilford, Putney, Townshend, Wardsboro, and Wilmington, along with five senior community meal sites serving one or more meals per week.

[31] U.S. Dep't of Agriculture, Household Food Security in the United States in 2013, p. 2 (Sept. 2014), available at http://www.ers.usda.gov/media/1565415/err173.pdf
[32] U.S. Dep't of Agriculture, Household Food Security in the United States in 2013, p. 4,8 (Sept. 2014), available at http://www.ers.usda.gov/media/1565415/err173.pdf
[33] Vermont Foodbank, Hunger in America, Executive Summary, Key Statistics, available at http://www.vtfoodbank.org/About/AboutHunger/HungerinAmerica.aspx
[34] Vermont Foodbank, Hunger in America, Executive Summary, Key Statistics, available at http://www.vtfoodbank.org/About/AboutHunger/HungerinAmerica.aspx
[35] Town of Brattleboro 2014 Annual Report
[36] Hunger Free Vermont at http://hungerfreevt.org/images/stories/pdfs/countysheets/windham.pdf

Population Health Indicators --

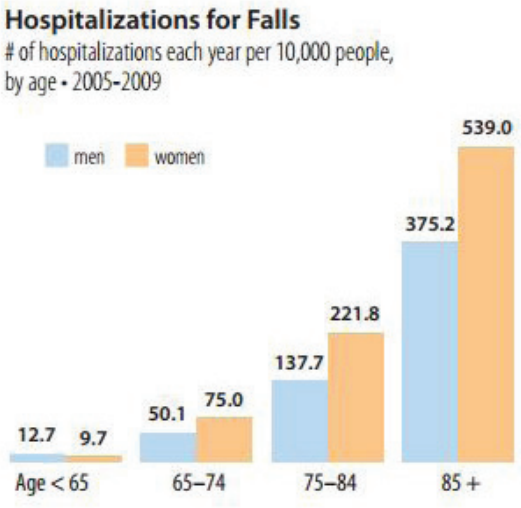
Aging

According to the Vermont Department of Health, the prevalence of heart disease, diabetes, and COPD (chronic obstructive pulmonary disease) among adults in the Brattleboro Health District[37] all increase with age.[38] Adults age 65 and older are significantly more likely to report heart disease than those age 45-64 (21% v. 7%).[39] Likewise, individuals age 65 and older are more likely to report COPD than younger adults.[40]



CVD refers to Cardiovascular Disease, and COPD refers to Chronic Obstructive Pulmonary Disease.

Graphic Source: Vermont Dep't of Health, Brattleboro Health District, 2012 Behavioral Risk Factor Surveillance System Data (report published May 2014), available in hard copy.

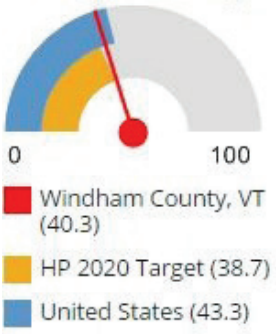


Similarly, the elderly are more at risk for hospitalization for falls. Indeed, Vermont is statistically worse than the national population when it comes to fall-related deaths among people age 65+.[41] As of 2011, the number of fall-related deaths for Vermont adults aged 65+ per 100,000 people was 95.1, while the number for Windham County adults aged 65+ per 100,000 was 147.2.[42]

[37] Towns in the Brattleboro Health District include Athens, Brattleboro, Brookline, Dover, Dummerston, Guilford, Halifax, Jamaica, Marlboro, Newfane, Putney, Somerset, Stratton, Townshend, Vernon, Wardsboro, Westminster, Whitingham, and Wilimington. Vermont Dept. of Health, Brattleboro Health District, 2012 Behavioral Risk Factor Surveillance System Data, p. 27 (report published May 2014), available in hard copy.
[38] Vermont Dept. of Health, Brattleboro Health District, 2012 Behavioral Risk Factor Surveillance System Data (report published May 2014), available in hard copy.
[39] Vermont Dept. of Health, Brattleboro Health District, 2012 Behavioral Risk Factor Surveillance System Data (report published May 2014), available in hard copy.
[40] Vermont Dept. of Health, Brattleboro Health District, 2012 Behavioral Risk Factor Surveillance System Data (report published May 2014), available in hard copy.
[41] Vermont Dept. of Health, Healthy Vermonters 2020, at p. 30 (December 2012), available at http://www.healthvermont.gov/hv2020/documents/hv2020_report_full_book.pdf.
[42] Vermont Dept. of Health, Brattleboro District Office Data Request (May 1, 2015) (data source: vital statistics).

Cancer - Colon

Annual Colon and Rectal Cancer Incidence Rate (Per 100,000 Pop.)



Graphics Source: Community Commons 2015 Community Health Needs Assessment for Windham County, Cancer- Colon & Cancer Screening – Sigmoidoscopy or Colonoscopy

According to the CDC, colorectal cancer is the second leading cause of cancer-related deaths in both men and women in the United States, and the third most common cancer in both men and women.[43]

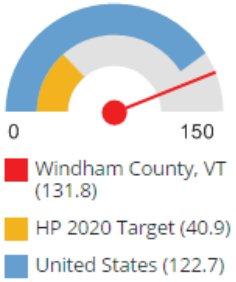
The age-adjusted incidence rate for colon and rectal cancer for Windham County was 40.3, which was slightly below the national rate of 43.3, but above the Healthy People 2020 target set by the U.S. Department of Health and Human Services' Office of Disease Prevention and Health Promotion.[44] The incidence rate for Vermont men was 45.6 in 2009, and the rate for Vermont women was 40.5.[45]

Current guidelines from the American Cancer Society recommend that men and women receive a flexible sigmoidoscopy every 5 years or a colonoscopy every 10 years starting at age 50.[46] In Windham County, 63.9% of adults aged 50 and older self-reported that they have had a sigmoidoscopy or colonoscopy.[47] For the Brattleboro Health District, only 61% of adults met the cancer screening recommendations.[48] This marker falls significantly behind the State of Vermont, which was at 71% according to the Vermont Department of Health.[49]

[43] Centers for Disease Control and Prevention, Colorectal Cancer Statistics, available at http://www.cdc.gov/cancer/colorectal/statistics/
[44] Community Commons 2015 Community Health Needs Assessment for Windham County, Cancer- Colon, available at http://www.communitycommons.org/.
[45] Vermont Dept. of Health, Colorectal Cancer in Vermont (March 2013), available at, http://healthvermont.gov/prevent/cancer/documents/SiteSpecificCRC.pdf.
[46] American Cancer Society, Guidelines for Early Detection of Cancer, available at http://www.cancer.org/healthy/findcancerearly/cancerscreeningguidelines/american-cancer-society-guidelines-for-the-early-detection-of-cancer
[47] Community Commons 2015 Community Health Needs Assessment for Windham County, Cancer Screening-Sigmoidoscopy or Colonoscopy, available at http://www.communitycommons.org/.
[48] Vermont Dept. of Health, Brattleboro Health District, 2014 Behavioral Risk Factor Surveillance System (BFFSS) Data, available in hard copy.
[49] Vermont Dept. of Health, Brattleboro Health District, 2014 Behavioral Risk Factor Surveillance System (BFFSS) Data, available in hard copy.

Cancer - Breast

Annual Breast Cancer Incidence Rate (Per 100,000 Pop.)



Graphics Source: Community Commons 2015 Community Health Needs Assessment for Windham County, Cancer Incidence- Breast

According to the American Cancer Society, breast cancer is the second most common cancer among American women and the second leading cause of cancer death in women.[50] The age-adjusted incidence rate for women with breast cancer for Windham County was 131.8, above the national rate of 122.7 and well above the Healthy People 2020 target.[51]

Annual mammograms can detect cancer early, when it is most treatable. Current guidelines from the American Cancer Society recommend that women receive annual mammograms starting at age 40,[52] although the U.S. Preventive Services Task Force recommends that routine screening begin at age 50.[53]

The U.S. Preventive Services Task Force recommends that women age 50-74 get a mammogram once every two years. Among women aged 50-74 in the Brattleboro Health District, the Vermont Department of Health found that 82% self-reported receiving a mammogram within the past two years in 2012.[54]

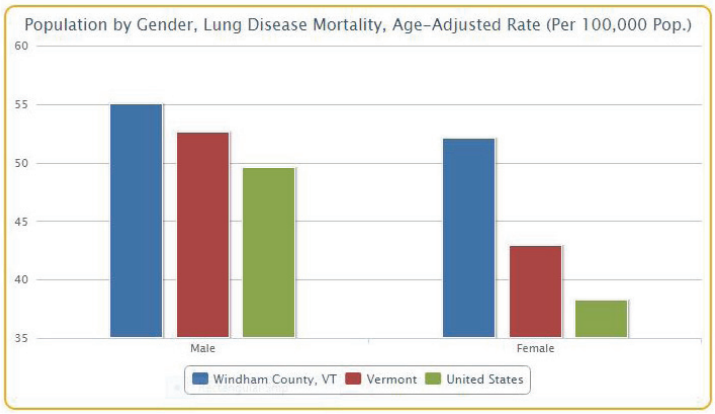
[50] American Cancer Society, Breast Cancer, Detailed Guide, What Are The Key Statistics About Breast Cancer, at http://www.cancer.org/cancer/breastcancer/detailedguide/breast-cancer-key-statistics.
[51] Community Commons 2015 Windham County CHNA Report, Cancer Incidence – Breast.
[52] American Cancer Society, Guidelines for Early Detection of Cancer, available at http://www.cancer.org/healthy/findcancerearly/cancerscreeningguidelines/american-cancer-society-guidelines-for-the-early-detection-of-cancer
[53] U.S. Preventive Services Task Force, Breast Cancer: Screening (November 2009), available at http://www.uspreventiveservicestaskforce.org/Page/Topic/recommendation-summary/breast-cancer-screening

COPD (Chronic Obstructive Pulmonary Disease)

COPD or chronic obstructive pulmonary disease is a progressive disease that makes breathing difficult. As the National Heart, Lung and Blood Institute explains, COPD includes two main conditions: emphysema and chronic bronchitis.[55] COPD is a major cause of disability, and the third leading cause of death in the United States.[56] Cigarette smoking is a leading cause of COPD.

In Windham County, 9% of the adult population has reported a diagnosis for COPD.[57] Within the Brattleboro Health District, the rate was 8%.[58] The rate for the State of Vermont is 6%. According to the Vermont Department of Health, low-income individuals are significantly more likely than those making $50,000 or more to have COPD.[59]

Generally, lung disease has a higher mortality rate in Windham County (53.86 per 100,000 pop) than Vermont (46.53 per 100,000) or the United States (42.67 per 100,000). When broken down by gender, men experience lung disease as a cause of death slightly more than women. *(See Graphic)*.



Graphics Source: Community Commons 2015 Community Health Needs Assessment for Mortality – Lung Disease, By Gender

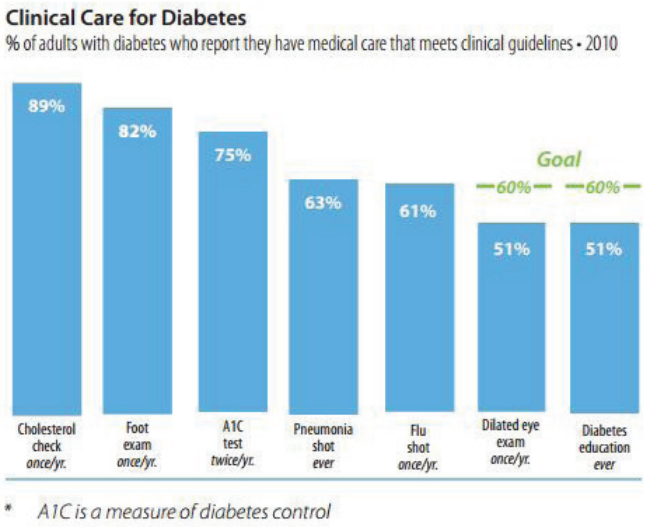
[55] National Heart, Lung & Blood Institute, What Is COPD?, at http://www.nhlbi.nih.gov/health/health-topics/topics/copd
[56] National Heart, Lung & Blood Institute, What Is COPD?, at http://www.nhlbi.nih.gov/health/health-topics/topics/copd
[57] Vermont Dept. of Health, Chronic Condition Measures- Behavioral Risk Factor Surveillance System on InstantAtlas (2013), available at http://healthvermont.gov/research/brfss/IA/ChronicConditions/County/atlas.html
[58] Vermont Dept. of Health, Chronic Condition Measures- Behavioral Risk Factor Surveillance System on InstantAtlas (2013), available at http://healthvermont.gov/research/brfss/IA/ChronicConditions/District/atlas.html
[59] Vermont Dept. of Health, Brattleboro Health District, 2012 Behavioral Risk Factor Surveillance System Data (report published May 2014), available in hard copy.
[60] Community Commons 2015 Community Health Needs Assessment for Mortality – Lung Disease, available at http://www.communitycommons.org/.

Diabetes

Diabetes is a disease that causes blood sugar levels to rise higher than normal. Diabetes can cause serious health complications such as high blood pressure, heart disease, kidney failure, and stroke. According to the CDC, diabetes is the seventh leading cause of death in the United States.[61]

In 2013, the prevalence of diabetes among Vermont adults was 8%. Windham County's diabetes prevalence rate was 9%.[62] The percentage of the Medicare fee-for-service population with diabetes, however, is much higher than the general adult population. In 2012, according to Centers for Medicare and Medicaid Services claims data, 20.87% of the Medicare fee-for-service population in Windham County had diabetes.[63]

The Vermont Department of Health reports that, according to 2010 Behavioral Risk Factor Surveillance System data, 73% of Windham County adults with diabetes had two or more A1Cs* in the last year, comparable to the rate for the Brattleboro Health District of 72%.[64]



Graphic Source: Vermont Dept. of Health, Healthy Vermonters 2020, at page 40 (December 2012), available at http://www.healthvermont.gov/hv2020/documents/hv2020_diseases_conditions.pdf

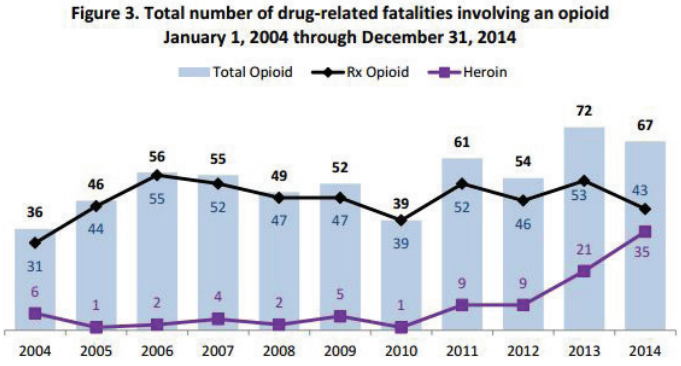
According to the Vermont Department, racial and ethnic minorities have a higher prevalence rate of diabetes than white non-Hispanics.[65]

[61] Centers for Disease Control and Prevention, Basics About Diabetes, available at http://www.cdc.gov/diabetes/basics/diabetes.html
[62] Vermont Dept. of Health, Chronic Condition Measures – Behavioral Risk Factor Surveillance System on InstantAtlas, 2013, available at http://healthvermont.gov/research/brfss/IA/ChronicConditions/County/atlas.html
[63] Community Commons, 2015 CHNA Report for Windham County, Diabetes (Medicare Population) (using 2012 Centers for Medicare and Medicaid Services claims data), available at http://www.communitycommons.org/.
[64] Vermont Dept. of Health, Preventive Behaviors and Screening Measures – Behavioral Risk Factor Surveillance System on InstantAtlas, 2013, at http://healthvermont.gov/research/brfss/IA/PreventiveBehaviorsScreening/County/atlas.html
[65] Vermont Dept. of Health, Minority Health Data Pages – 2013, p. 15, available at http://healthvermont.gov/local/mhealth/documents/minority_hlth_data_pages_2013.pdf.

Drugs & Alcohol

Heroin-related fatalities have risen sharply in Vermont starting in 2013.[66] In 2014, there were eighty-eight drug-related fatalities in Vermont, of which sixty-seven involved an opioid.[67]

In a 2015 Report, the Vermont Department of Health found "no specific trend in fatalities due to prescription opioids in the past nine years. But starting in 2013, heroin related fatalities have risen sharply."[68]

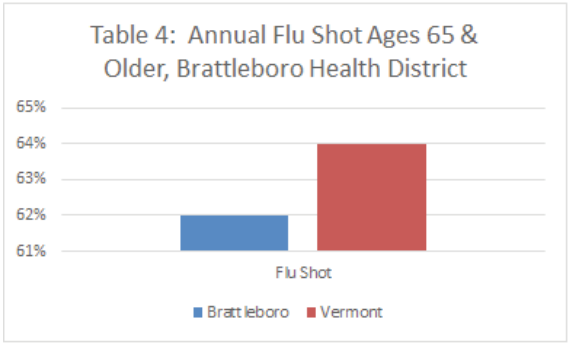


Graphic Source: Vermont Dept. of Health, Data Brief:Vermont Drug-Related Fatalities 2004-2014, available at http://healthvermont.gov/research/documents/databrief_drug_related_fatalities.pdf

Flu Vaccine

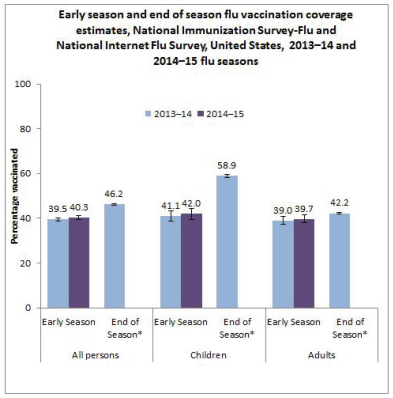
Within the Brattleboro Health District, only 62% of adults age 65 & older reported getting a flu vaccine in the last year, which is similar to the overall Vermont rate of 64%.[69]

According to the CDC, for the most recent flu season, fewer than half of children and adults nationwide were vaccinated by early November 2014.[70] (*See Figure 1*). This is consistent with CDC estimates for the State of Vermont, which found that 50% of all Vermonters received the flu vaccine in the 2013-2014 flu season.[71]



Graphic Data Source: Vermont Dept. of Health, Brattleboro Health District, 2012 Behavioral Risk Factor Surveillance System Data (report published May 2014), available in hard copy.

Figure 1.



Graphic Source: CDC, http://www.cdc.gov/flu/fluvaxview/nifs-estimates-nov2014.htm

[66] Vermont Department of Health, Data Brief:Vermont Drug-Related Fatalities 2004-2014 (Updated 2/23/15), available at http://healthvermont.gov/research/documents/databrief_drug_related_fatalities.pdf
[67] Vermont Department of Health, Data Brief:Vermont Drug-Related Fatalities 2004-2014 (Updated 2/23/15), available at http://healthvermont.gov/research/documents/databrief_drug_related_fatalities.pdf
[68] Vermont Department of Health, Data Brief:Vermont Drug-Related Fatalities 2004-2014 (Updated 2/23/15), available at http://healthvermont.gov/research/documents/databrief_drug_related_fatalities.pdf
[69] Vermont Dept. of Health, Brattleboro Health District, 2012 Behavioral Risk Factor Surveillance System Data (report published May 2014), available in hard copy.
[70] Centers for Disease Control & Prevention, National Early Season Flu Vaccination Coverage, United States, November 2014, available at http://www.cdc.gov/flu/fluvaxview/nifs-estimates-nov2014.htm
[71] Centers for Disease Control & Prevention, 2013-14 State, Regional and National Vaccination Report I, available at http://www.cdc.gov/flu/fluvaxview/reports/reporti1314/reporti/index.htm

Heart Health

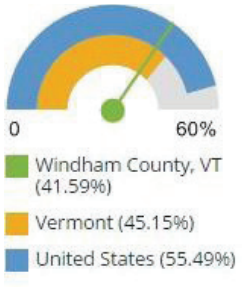
Coronary heart disease is the #1 cause of death for both men and women in the United States.[72] Every year, about 735,000 Americans suffer a heart attack.[73] High blood pressure, high cholesterol and smoking are key risk factors for heart disease.[74]

Heart Disease

The Vermont Department of Health reports that as of 2010, "more than 43,000 adult Vermonters have some form of cardiovascular disease."[75] Within the Brattleboro Health District, 8% of adults have been diagnosed with heart disease, which is the same as the State (8%).[76] In Windham County, there were 109.1 coronary heart disease deaths per 100,000 in 2007-2009.[77] Within the Windham County Medicare population, 19.14% of beneficiaries had heart disease in 2012.[78] This is consistent with findings by the Vermont Department of Health, which concluded that "adults 65 and older are significantly more likely to report cardiovascular diseases than those 45-64 (21% vs. 7%)."[79]

High Blood Pressure

Percentage of Medicare Beneficiaries with High Blood Pressure



In 2013, the Vermont Department of Health reported that 27% of adults in Windham County had high blood pressure, which is the same as the State percentage.[80] 41.59% of the Medicare fee-for-service population in Windham County has high blood pressure, which is lower than the rate for Vermont (45.15%) and the United States (55.49%).[81] A troubling finding, however indicates that 25.64% of Windham County adults self-reported that they are not taking medication for their high blood pressure.[82]

Graphic Source: Community Commons 2015 Community Health Needs Assessment for Windham County, High Blood Pressure (Medicare Population)

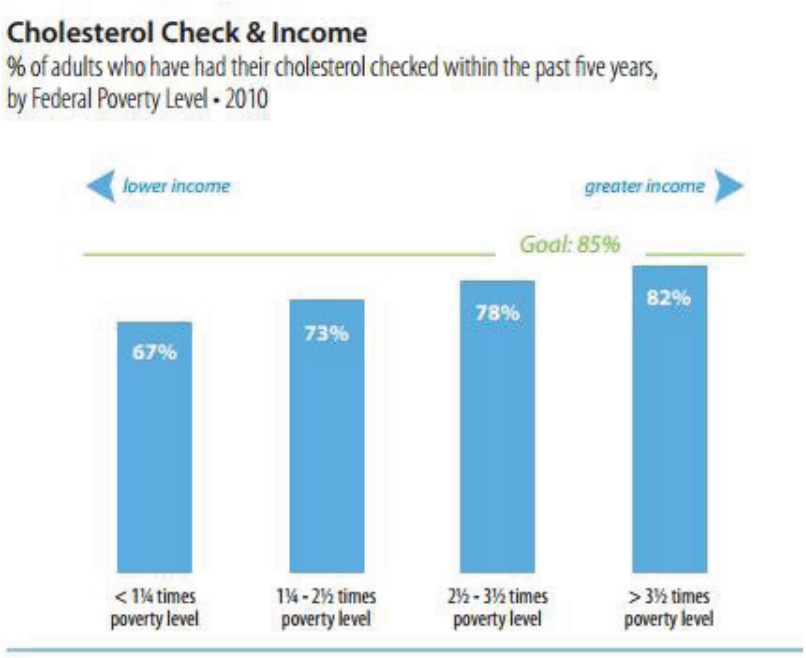
[72] U.S. Dept. of Health & Human Services, What Is Coronary Heart Disease?, available at http://www.nhlbi.nih.gov/health/health-topics/topics/cad.
[73] U.S. Dept. of Health & Human Services, What Is Coronary Heart Disease?, available at http://www.nhlbi.nih.gov/health/health-topics/topics/cad.
[74] Centers for Disease Prevention and Control, Heart Disease Facts, available at http://www.cdc.gov/heartdisease/facts.htm
[75] Vermont Dept. of Health, Healthy Vermonters 2020 (Dec. 2012), page 35, available, at http://www.healthvermont.gov/hv2020/documents/hv2020_diseases_conditions.pdf
[76] Vermont Dept. of Health, Brattleboro Health District, 2012 Behavioral Risk Factor Surveillance System Data (report published May 2014), available in hard copy.
[77] Vermont Dept. of Health, Heart Disease & Stroke – Healthy Vermonters 2020 on InstantAtlas, 2014, availale at http://healthvermont.gov/hv2020/IA/HeartDiseaseStroke/County/atlas.html
[78] Community Commons 2015 CHNA Report, Heart Disease (Medicare Population), available at http://www.communitycommons.org/.
[79] Vermont Dept. of Health, Brattleboro Health District, 2012 Behavioral Risk Factor Surveillance System Data (report published May 2014), available in hard copy.
[80] Vermont Department of Health, Heart Disease & Stroke- Healthy Vermonters 2020 on InstantAtlas, 2014, at http://healthvermont.gov/hv2020/IA/HeartDiseaseStroke/County/atlas.html.
[81] Community Commons 2015 Windham County CHNA Report, High Blood Pressure Management (using CMS claims data), available at http://www.communitycommons.org/ .
[82] Community Commons 2015 Windham County CHNA Report, High Blood Pressure Management (citing BRFSS 2006-2010 data and additional data analysis by CARES), available at http://www.communitycommons.org/.

High Cholestrol

In Windham County, 39% of the adult population reported a diagnosis of high cholesterol in 2011-2013.[83] By comparison, 33% of the Medicare population have high cholesterol.[84]

According to Healthy Vermonters 2020, about one-quarter of Vermonters have not had their cholesterol checked in the past five years.[85] For Windham County, the rate was 27% in 2013.[86]

The Vermont Department of Health also found that the percentage of adults who have had their cholesterol checked within the past five years increases as income increases. (*See graphic*).



Graphic Source: Healthy Vermont 2020, page 35, available, at http://www.healthvermont.gov/hv2020/documents/hv2020_diseases_conditions.pdf

[83] Vermont Dept. of Health, Chronic Condition Measures – Behavioral Risk Factor Surveillance System on InstantAtlas, 2013, available at http://healthvermont.gov/research/brfss/IA/ChronicConditions/County/atlas.html

[84] Community Commons 2015 CHNA Report, High Blood Pressure Management (citing CMS claims data 2012), available at http://www.communitycommons.org/.

[85] Vermont Dept. of Health, Healthy Vermonters 2020 (Dec. 2012), page 35, available, at http://www.healthvermont.gov/hv2020/documents/hv2020_diseases_conditions.pdf

[86] Vermont Dept. of Health, Heart Disease & Stroke – Healthy Vermonters 2020 on InstantAtlas, 2014, http://healthvermont.gov/hv2020/IA/HeartDiseaseStroke/County/atlas.html

Mental Health --

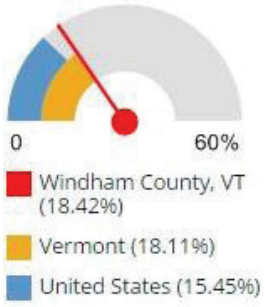
Depression

In Windham County, 24% of the adult population has reported a diagnosis for a depressive disorder, which is nearly the same as the state rate of 23%.[87] The prevalence of depressive disorders in the Brattleboro Health District is higher among low-income adults.[88] According to the Vermont Department of Health, "adults in homes making $50,000 or more annually are significantly less likely than those with incomes of less than $25,000 to report a depressive disorder (15% v. 36%)."[89]

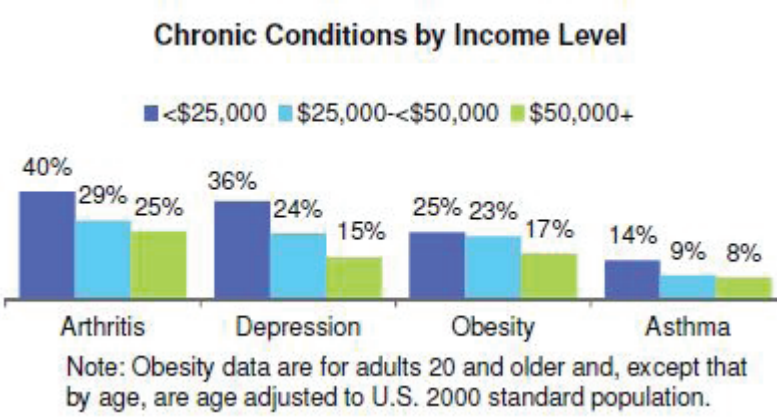
Age similarly affects depression. The percentage of the Medicare population with depression is higher in Windham County (18.42%) than the United States as a whole (15.45%).[90]

Finally, race and ethnicity also affects rates of depression. The Vermont Department of Health reports that "racial and ethnic minorities in Vermont were two and a half times more likely to report that they had moderate to severe depression and nearly twice as likely to have been diagnosed with both an anxiety and a depression disorder when compared to white non-Hispanics."[91]

Percentage of Medicare Beneficiaries with Depression



Graphic Source: Community Commons 2015 Community Health Needs Assessment for Windham County, Depression (Medicare Population)



Graphic Source: Vermont Dept of Health, Brattleboro Health District, 2012 Behavioral Risk Factor Surveillance System Data

[87] Vermont Dept. of Health, Chronic Condition Measures – Behavioral Risk Factor Surveillance System on InstantAtlas, 2013, available at http://healthvermont.gov/research/brfss/IA/ChronicConditions/County/atlas.html

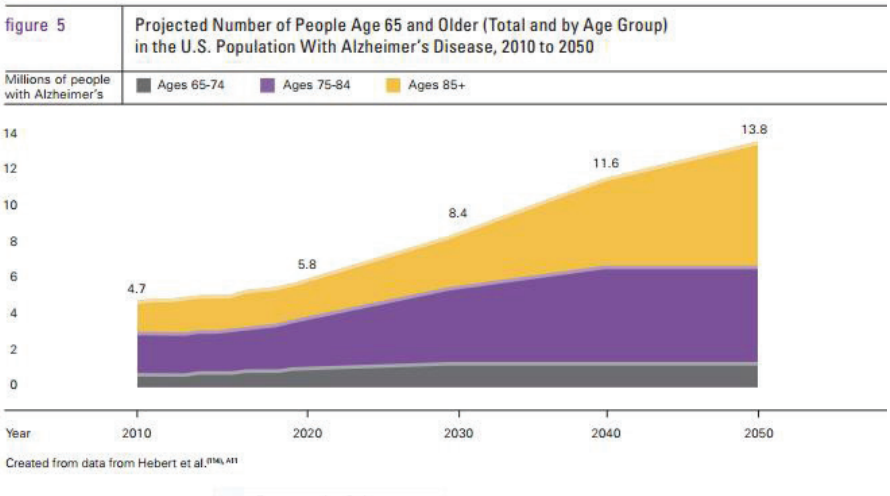
[88] Vermont Dept. of Health, Brattleboro Health District, 2012 Behavioral Risk Factor Surveillance System Data (report published May 2014), available in hard copy.

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

[90] Community Commons 2015 Windham County CHNA, Depression- Medicare Population (using CMS claims data), available at http://www.communitycommons.org/.

[91] Vermont Dept. of Health, Minority Health Data Pages – 2013, p. 15, available at http://healthvermont.gov/local/mhealth/documents/minority_hlth_data_pages_2013.pdf.

Dementia/Alzheimer's Disease



Graphic Source: Alzheimer's Association, 2014 Alzheimer's Disease Facts and Figures, available at https://www.alz.org/downloads/Facts_Figures_2014.pdf, at page 21.

Dementia refers to a group of diseases and conditions characterized by a decline in memory or other thinking skills.[92] Alzheimer's disease is the most common type of dementia in the United States, and accounts for 60-80% of the cases.[93]

According to the Alzheimer's Association, "Alzheimer's disease is officially listed as the sixth-leading cause of death in the United States and the fifth-leading cause of death for those age 65 and older."[94] In 2010, the mortality rate for Alzheimer's disease was 27 deaths per 100,000 people for the United States as a whole.[95] Vermont, however, is significantly higher at 38 deaths per 100,000.[96]

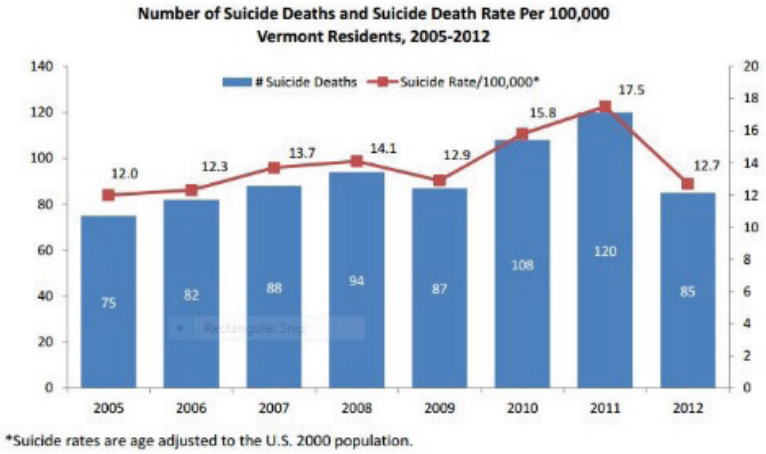
Between 2014 and 2025, every state in the country is expected to experience double-digit percentage increases in the numbers of people with Alzheimer's.[97] During that time period, Vermont is expected to experience a 54.5% increase in Alzheimer's prevalence.[98]

[92] Alzheimer's Association, 2014 Alzheimer's Disease Facts and Figures, available at https://www.alz.org/downloads/Facts_Figures_2014.pdf, at page 5.
[93] Alzheimer's Association, 2014 Alzheimer's Disease Facts and Figures, available at https://www.alz.org/downloads/Facts_Figures_2014.pdf, at page 6.
[94] Alzheimer's Association, 2014 Alzheimer's Disease Facts and Figures, available at https://www.alz.org/downloads/Facts_Figures_2014.pdf, at page 25.
[95] Alzheimer's Association, 2014 Alzheimer's Disease Facts and Figures, available at https://www.alz.org/downloads/Facts_Figures_2014.pdf, at page 26.
[96] Alzheimer's Association, 2014 Alzheimer's Disease Facts and Figures, available at https://www.alz.org/downloads/Facts_Figures_2014.pdf, at page 27.
[97] Alzheimer's Association, 2014 Alzheimer's Disease Facts and Figures, available at https://www.alz.org/downloads/Facts_Figures_2014.pdf, at page 21.
[98] Alzheimer's Association, 2014 Alzheimer's Disease Facts and Figures, available at https://www.alz.org/downloads/Facts_Figures_2014.pdf, at page 22.

Suicide

The Vermont Department of Health reports that "suicide is the second leading cause of death for young Vermonters between the ages of 10 and 24, averaging nine deaths per year."[99]

According to the Vermont Department of Health, risk factors for suicide include depression and other mental health diagnoses, a substance abuse disorder, a prior suicide attempt, firearms in the home, exposure to suicide behavior, family history of suicide, mental disorders or substance abuse, and family violence.[100]



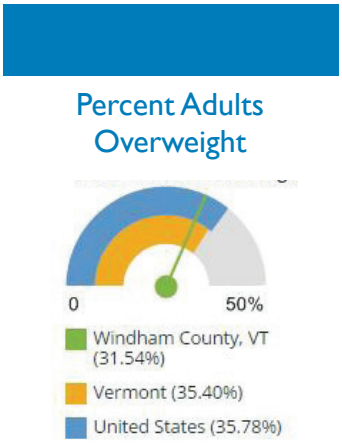
Graphic Source: Vermont Department of Health: Suicide – Data Brief, Vermont Injury Prevention Program (2012), available at http://healthvermont.gov/family/injury/documents/data_brief_suicide_upd_12.14.pdf

After consistently increasing from 2005 to 2011, the rate of suicide per 100,000 Vermonters fell in 2012 to 12.7 per 100,000.[101] From 2009 to 2011, the rate of suicide in Windham County was 15.2 per 100,000.[102]

[99] Vermont Dept. of Health, Healthy Vermonters 2020 State Health Improvement Plan 2013-2017, at p. 10 http://healthvermont.gov/hv2020/documents/ship_full.pdf
[100] Vermont Dept. of Health, Suicide Data Brief (Dec. 2014), available at http://healthvermont.gov/family/injury/documents/data_brief_suicide_upd_12.14.pdf
[101] Vermont Dept. of Health, Suicide Data Brief (Dec. 2014), available at http://healthvermont.gov/family/injury/documents/data_brief_suicide_upd_12.14.pdf
[102] Vermont Dept. of Health, Brattleboro District Office Data Request (May 1, 2015) (data source: vital statistics).

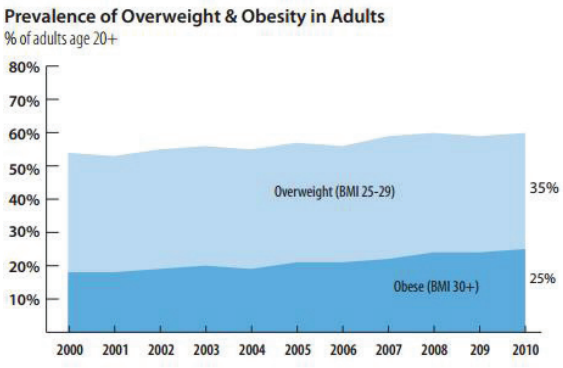
Obesity and Overweight

The terms "obesity" and "overweight" refer to a body weight that is greater than what is considered healthy for a certain height. Both are measured using a Body Mass Index (BMI). Obesity is categorized as a BMI of 30 or greater. Overweight is categorized as a BMI of 25.0 to 29.9.[103] According to the U.S. Department of Health & Human Services, being overweight or obese puts an individual at risk for heart disease, high blood pressure, Type 2 diabetes, breathing problems, and certain cancers.[104]

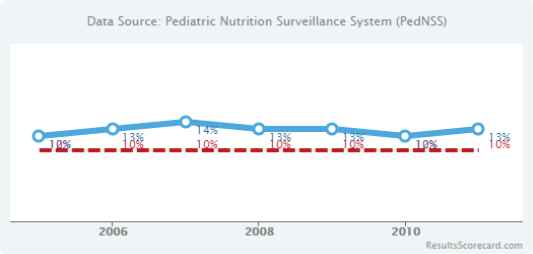


In 2013, 24% of adults age 20 and older in Windham County were obese.[105] In 2012, 31.54% of adults age 18 and older in Windham County self-reported that they were overweight, which is better than the state and national rates.[106] Together, however, the obesity and overweight rates indicate that over 50% of Vermont adults have a body weight greater than what is considered healthy.[107]

In terms of children, the early childhood obesity prevalence among Vermont children in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) has been hovering around 12-13% since 2002[108], which is consistent with national rates.[109]



Graphic Source: Vermont Dep't of Health, Healthy Vermonters 2020, at page 26, available at http://www.healthvermont.gov/hv2020/documents/hv2020_behaviors_enviro.pdf



Obesity % of children age 2 to 5 (in WIC) who are obese Graphic Source: Vermont Department of Health, Performance Dashboard: Nutrition and Weight, at http://healthvermont.gov/hv2020/dashboard/nutrition_weight.aspx

[103] U.S. Dept. of Health & Human Services, National Heart, Lung, and Blood Institute, How Are Overweight and Obesity Diagnosed, available at http://www.nhlbi.nih.gov/health/health-topics/topics/obe/diagnosis

[104] U.S. Dept. of Health & Human Services, National Heart, Lung, and Blood Institute, What Are Overweight and Obesity?, available at http://www.nhlbi.nih.gov/health/health-topics/topics/obe

[105] Vermont Dept. of Health, Nutrition & Weight Status - Healthy Vermonters 2020 on InstantAtlas, 2014, at http://healthvermont.gov/hv2020/IA/NutritionWeight/County/atlas.html

[106] Community Commons, 2015 CHNA, Overweight.

[107] Vermont Dept. of Health, Healthy Vermonters 2020, at page 26, available at http://www.healthvermont.gov/hv2020/documents/hv2020_behaviors_enviro.pdf

[108] Vermont Dept. of Health, Nutrition & Weight Status, Performance Dashboard, Obesity, % of children age 2-5 (in WIC) who are obese, available at http://healthvermont.gov/hv2020/dashboard/nutrition_weight.aspx.

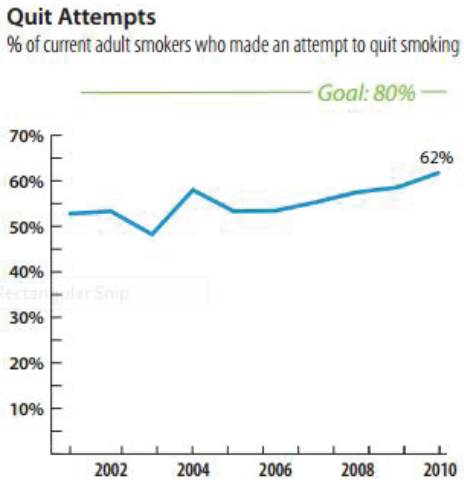
[109] CDC, Vital Signs: Obesity Among Low-Income, Pre-School Aged Children, United States, 2008-2011 (Aug. 9, 2013), available at http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6231a4.htm

Smoking

Smoking is considered the single most preventable cause of death in the United States. According to the CDC, "smoking harms nearly every organ of the body."[110] Smoking significantly increases the risk for heart disease, cancer, lung disease, and stroke.[111]

As of 2013, 17% of adults in Windham County smoke cigarettes, which is comparable to the Vermont rate of 18%.[112] This number equates to about 81,000 adult smokers in Vermont.[113] Within the Brattleboro Health District, the number drops slightly to 14%.[114] However, a significantly higher percentage (25%) of racial and ethnic minorities in Vermont reported that they currently smoke.[115]

Adults under the age of 64 are significantly more likely to report smoking than older adults.[116]



Graphics Source: Vermont Department of Health, Healthy Vermont 2020, at p. 25, at http://www.healthvermont.gov/hv2020/documents/ hv2020_behaviors_enviro.pdf

Most smokers try to quit. Each year since 2004, more than half of all smokers in Vermont have made a quit attempt. In 2013, for example, 59% of smokers in the Brattleboro Health District attempted to quit in the past year,[117] comparable to the Windham County rate of 63%.[118]

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[110] Centers for Disease Control and Prevention, Health Effects of Cigarette Smoking, available at http://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/effects_cig_smoking/

[111] Centers for Disease Control and Prevention, Health Effects of Cigarette Smoking, available at http://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/effects_cig_smoking/

[112] Vermont Department of Health, Tobacco Use- Healthy Vermonters 2020 on InstantAtlas, 2014, at http://healthvermont.gov/hv2020/IA/Tobacco/County/atlas.html

[113] Vermont Dept. of Health, Tobacco Use Performance Dashboard: Tobacco, available at http://healthvermont.gov/hv2020/dashboard/tobacco.aspx

[114] Vermont Dept. of Health, Tobacco Use- Healthy Vermonters 2020 on InstantAtlas, 2014, http://healthvermont.gov/hv2020/IA/Tobacco/District/atlas.html

[115] Vermont Dept. of Health, Minority Health Data Pages – 2013, p. 20, available at http://healthvermont.gov/local/mhealth/documents/minority_hlth_data_pages_2013.pdf

[116] Vermont Dept. of Health, Brattleboro Health District, 2012 Behavioral Risk Factor Surveillance System Data (report published May 2014), available in hard copy.

[117] Vermont Dept. of Health, Tobacco Use-Healthy Vermonters 2020 on InstantAtlas, 2014, available at http://healthvermont.gov/hv2020/IA/Tobacco/District/atlas.html

[118] Vermont Dept. of Health, Tobacco Use-Healthy Vermonters 2020 on InstantAtlas, 2014, available at http://healthvermont.gov/hv2020/IA/Tobacco/County/atlas.html

Health Needs of Minority, Low-Income & Medically Underserved Populations

A major focus of this 2015 Community Health Needs Assessment (CHNA) was to identify individuals and groups in the community who may be medically underserved. Persons potentially at risk for medical underservice include low-income individuals, minorities, and any others who may experience difficulty in accessing appropriate healthcare.

The following organizations provided qualitative input concerning the health needs of potentially medically underserved people in the community: ACT for Social Justice, AIDS Project of Southern Vermont, Boys & Girls Club of Brattleboro, Brattleboro Area Drop-In Center,[119] Brattleboro Housing Authority, Children's Integrated Services, Green Mountain Crossroads, Morningside Shelter, Southeastern Vermont Community Action, Vermont Partnership for Fairness & Diversity, Vermont Workers Center, Women's Freedom Center, and Youth Services.

Who are the Potentially Medically Underserved Populations in Windham County?

- Elderly/Senior Population
- HIV+ Individuals
- Homeless Population
- LGBTQ (Lesbian, Gay, Bisexual, Transgender and/or Queer) Individuals
- Low Income Population
- Migrant/Undocumented Workers
- Racial and Ethnic Minority Populations

Table 1 in the Appendix summarizes the considerable amount of input obtained on medically underserved populations. The table identifies:

- The health needs of the identified population
- The barriers to achieving or maintaining good health faced by the identified population
- Community resources potentially available to address these needs and barriers
- Gaps in community resources to address these needs and barriers

Table 1 in the Appendix provides an easily-referenced synopsis of key input obtained from the participating external organizations about local medical underservice and health access.

The feedback on the needs of Windham County's medically underserved populations is greatly appreciated and highly informative. Several common themes regarding the health needs and concerns of medically underserved populations in Windham County emerged from the group's written comments and discussion:

- Mental Health. Mental health issues were a significant concern among all populations. "Mental health" broadly included Alzheimer's, anxiety, bipolar, borderline personality disorder, dementia, depression, PTSD, as well as undiagnosed mental health issues. A "big gap" between "crisis and stability" was noted.
- Alcoholism and Substance Addiction. Alcoholism and substance addiction were another area of concern among most underserved populations. In particular, there has been a rise in opiate use, such as heroin, in Windham County.
- Chronic Illnesses. Treatment for chronic illnesses (diabetes, cancer, glaucoma, and respiratory illnesses) was identified as a specific health need of the older black male population.
- Dental & Vision. The need for dental and vision services was a recurrent theme across all age groups from children and young adults to seniors.
- Diet & Nutrition. Poor diet and nutrition were raised as concerns for pregnant and nursing women, young children, and young adults (ages 18-24). Resulting health issues such as overweight and obesity were also a concern.

[119] In May 2015, the Brattleboro Area Drop In Center and Morningside Shelter announced that they were merging into a single organization under a new name: Groundworks Collaborative.

- Vaccinations. Vaccinations (pneumonia and flu) were identified as a health need for the elderly. The elderly also have medication management needs. "Med management is the number one reason why people end up back in the ER," one commenter explained. Seniors also need home health services (including homemaking and shopping).

Similarly, some global themes emerged regarding barriers to the achievement or maintenance of good health by minority, low-income and medically underserved populations:

- **Transportation Barriers.** Transportation challenges arose as a common barrier across all populations. Winter road conditions make getting to appointments difficult. Even for individuals who live in Brattleboro, sidewalk and weather conditions can make walking to appointments challenging, especially for individuals with disabilities.
- **Financial Barriers.** Financial barriers impede good health in many ways. Individuals are forced to choose between basic necessities (food, housing, heat) and healthcare. Further individuals may not be able to afford a phone, or may end up having phones disconnected, which puts them out of contact with their medical providers. Even those with insurance may face prohibitive healthcare costs; insurance, for example, may cover only 80% of the cost. High deductibles and co-pays create a barrier to good health forcing individuals to meet their health needs last, as basic necessities must come first. The high cost of prescriptions may cause patients to stop using their prescription medicines. Likewise, the costs of prescription glasses can bar someone from getting glasses. Finally, it's not just individuals at or below the federal poverty level affected by the high costs of healthcare; the cost of healthcare can be prohibitive to low-income workers as well. In short, many people are living paycheck to paycheck, and a $100 deductible or a $20 co-pay is out of reach. One accident or medical emergency can send people into crisis.
- **Systemic Barriers.** A great deal of discussion focused on systemic barriers. For example, simply navigating the healthcare system can be impossible for some individuals. As one commenter stated, "paperwork is prohibitive. Support services for people with Medicare exist, but the system is still difficult to navigate." Literacy barriers exacerbate the paperwork problem. Or people may be in crisis and unable to fill out the necessary forms due to the stress of their current situation. Medically underserved individuals are falling through the cracks where one service stops and another might begin. The group further discussed that the American insurance system, where health insurance is tied to employment, creates a barrier to good healthcare. Not everyone has health insurance. Even for those who do, insurance caps on coverage (whether a dollar figure limit or a limit on the number of covered treatments) creates a barrier to fully achieving good health. "Care is being cut off by insurance before folks are truly well" said one comment. Another commenter mentioned, "the humanity in healthcare is missing. Most people go into the medical field because they want to help. And the system is overburdening them." Another commenter explained that "clients often need more time and more services. The way the system works is moving them in and out in 15 minutes, and people need more than that."
- **Cultural Competency & Language Barriers.** The need for culturally competent medical providers was discussed in depth. A lack of cultural competency can show up in many different ways – some visible and some invisible. Overall, improvements are needed in the skill and training of medical office staff and medical providers in working with people from different cultures and backgrounds. Members of the LGBTQ community, for example, are traveling out of state to find providers with whom they feel comfortable. Additionally, the region has few medical providers of color. Another area for improvement is meeting the needs of individuals with limited English proficiency.

In addition to these common themes, specific barriers were identified for specific needs:

Health Need	Barriers to Meeting this Need
Mental Health	• Lack of treatment centers in southern Vermont • Lack of prescribing psychiatrists in region • Lack of access to emergency prescribers was identified as a concern where women in crisis have fled an abusive situation without their medications. • Long wait list for mental health services (can be 2-3 months)
Nutrition	• Unable to afford quality healthy foods • Unable to afford supplements (vitamins) • Sodas and processed foods are often less expensive than whole fresh foods. Lack of knowledge on how to eat healthy on a budget.
Healthcare needs of migrant workers	• Fear of seeking care; healthcare needs to be brought to this population.
Dental	• Lack of dental insurance • Lack of dentists (especially those who accept Medicaid)

Community Survey Input

The Steering Committee prepared a short, 12-question survey (See Appendix), which was distributed to Windham County residents via hard-copy as well as online. In Windham County 699 adults out of an estimated county population of 43,714 completed the survey, with 433 survey participants being in the Brattleboro Primary Health Service Area.

The first question asked was: "What are the most significant health issues or concerns facing you or your family?"

The survey responses for the BMH Primary Service Area, as shown in this sidebar, did rank differently for Windham County. In particular, drug addiction and alcoholism ranked slightly higher in the BMH PSA than in Windham County as a whole. Likewise, hearing problems and vision problems ranked lower for the BMH PSA.

The category of "other" was a write-in field. Many of the responses in this field included more specific types of mental health issues, such as anxiety, bi-polar, dementia, and PTSD. Multiple respondents listed aging/old age as a health issue, as well as, auto-immune disease and Parkinson's disease.

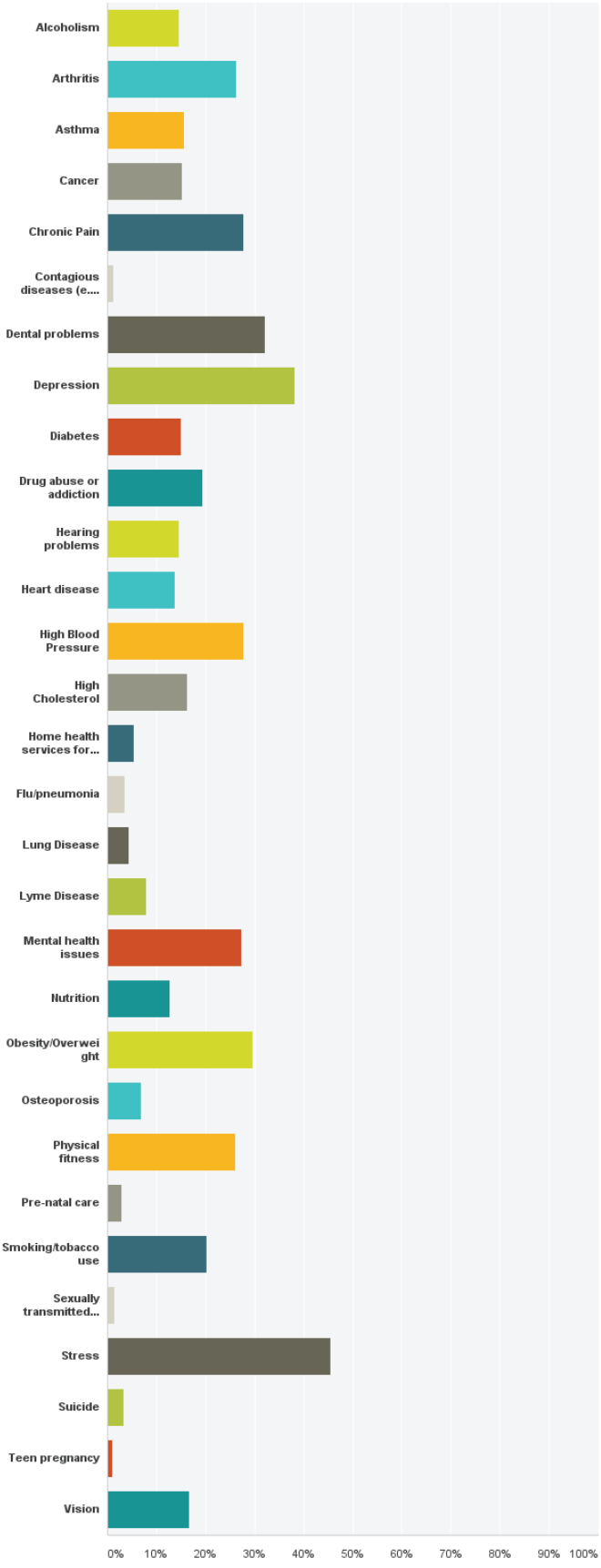
The next page illustrates the BMH PSA responses for Question 1.

Q1: TOP 20 SURVEY RESULTS

Rank	BMH PSA	Windham County
1	Drug Abuse/addiction	Stress
2	Alcoholism	Depression
3	Mental Health issues	Dental
4	Depression	Obesity/Overweight
5	Obesity/Overweight	Arthritis
6	Stress	High Blood pressure
7	Smoking/Tobacco Use	Physical Fitness
8	Dental Problems	Chronic Pain
9	Chronic Pain	Mental Health
10	Physical Fitness	Cancer
11	Cancer	Smoking/Tobacco Use
12	Home Health Services for the Elderly	Hearing Problems
13	High Blood Pressure	Other
14	Nutrition	High Cholesterol
15	Diabetes	Drug Abuse Addiction
16	Heart Disease	Vision
17	Arthritis	Diabetes
18	High Cholesterol	Asthma
19	Suicide	Heart Disease
20	Lyme Disease	Alcoholism

Q1 What are the most significant health issues or concerns facing you or your family? (Mark all that apply)

Answered: 419 Skipped: 14



Community Survey Input

To account for a potential social desirability effect on Question 1, the second question asked "What are the most significant health issues or concerns facing your neighbors or your community?"

Again, the survey responses for the BMH Primary Service Area generally corresponded with the answers for Windham County as a whole.

The top 5 answers for both the BMH Primary Service Area and for Windham County were the same, but in a slightly different order: (1) drug abuse or addiction, (2) alcoholism, (3) and (4) depression and mental health issues, and (5) obesity /overweight.

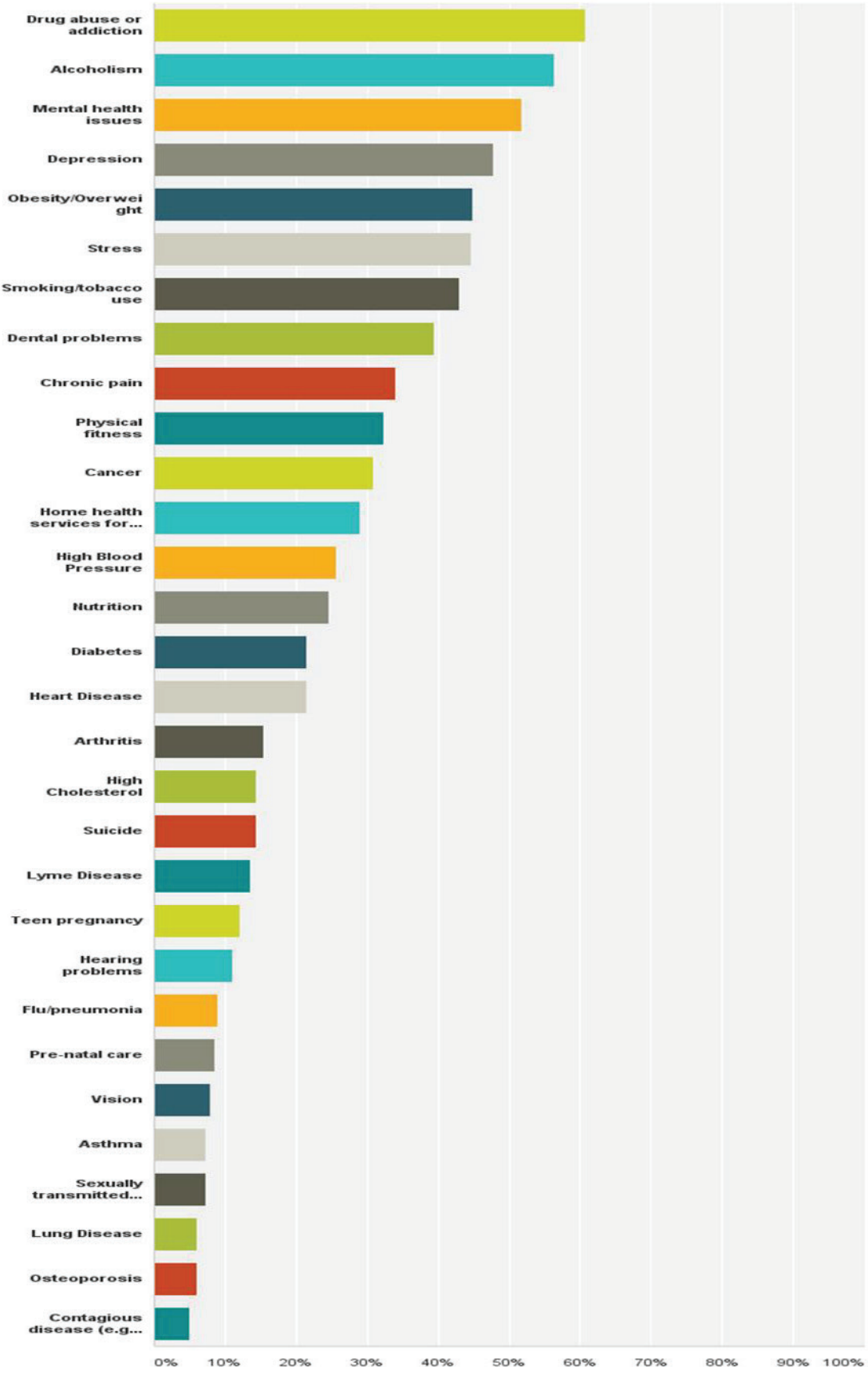
The category of "other" was a write-in field. A prevalent response in the "other" category was aging/old age, though many "other" responses were unique. The next page illustrates the BMH PSA responses for Question 2.

Q2: TOP 20 SURVEY RESULTS

Rank	BMH PSA	Windham County
1	Drug Abuse/Addiction	Drug Abuse/Addiction
2	Alcoholism	Alcoholism
3	Mental Health Issues	Depression
4	Depression	Mental Health Issues
5	Obesity/Overweight	Obesity/Overweight
6	Stress	Smoking/Tobacco Use
7	Smoking/Tobacco Use	Stress
8	Dental	Dental
9	Chronic Pain	Cancer
10	Physical Fitness	Physical Fitness
11	Cancer	Home Health Services for Elderly
12	Home Health Services for Elderly	Chronic Pain
13	Nutrition	High Blood Pressure
14	High Blood Pressure	Nutrition
15	Diabetes	Heart Disease
16	Heart Disease	Diabetes
17	Arthritis	High Cholesterol
18	High Cholesterol	Arthritis
19	Suicide	Suicide
20	Lyme Disease	Lyme Disease

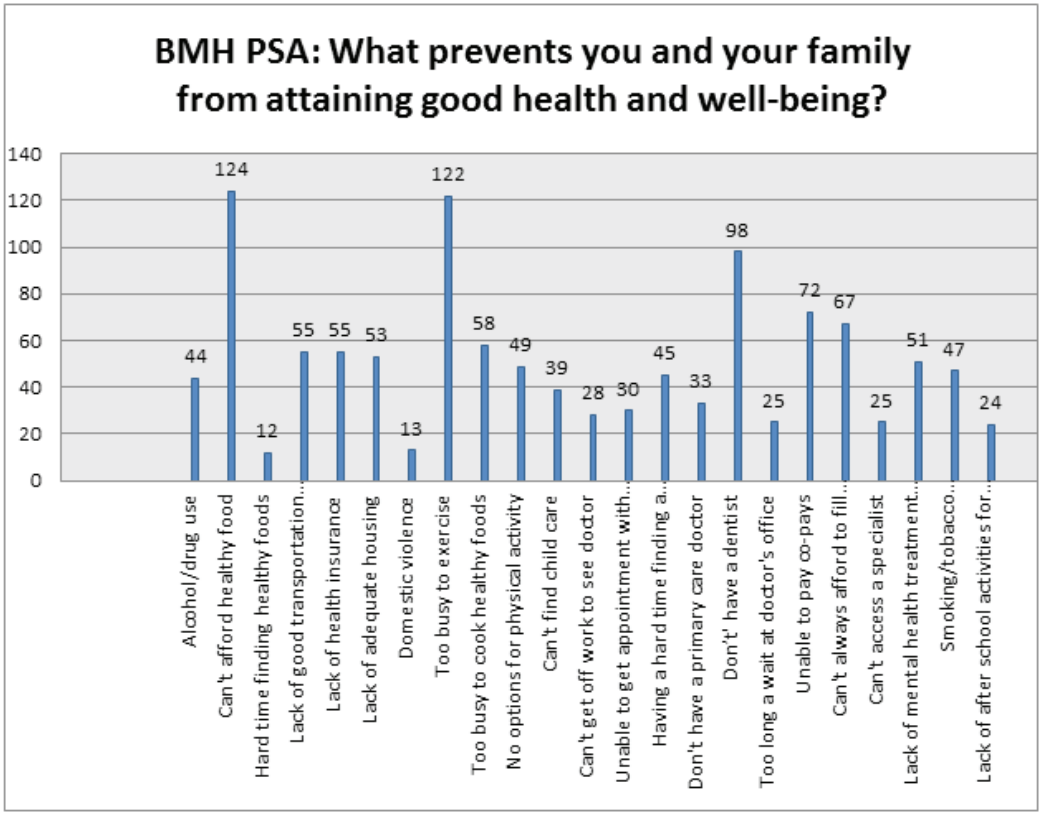
Q2 What are the most significant health issues or concerns facing your neighbors or your community? (Mark all that apply)

Answered: 383 Skipped: 50



Community Survey Input

The third question asked "What most prevents you and your family from attaining good health and well-being?" The top answer was "can't afford healthy foods," followed by "too busy to exercise," "other," "don't have a dentist," and "unable to pay co-pays."

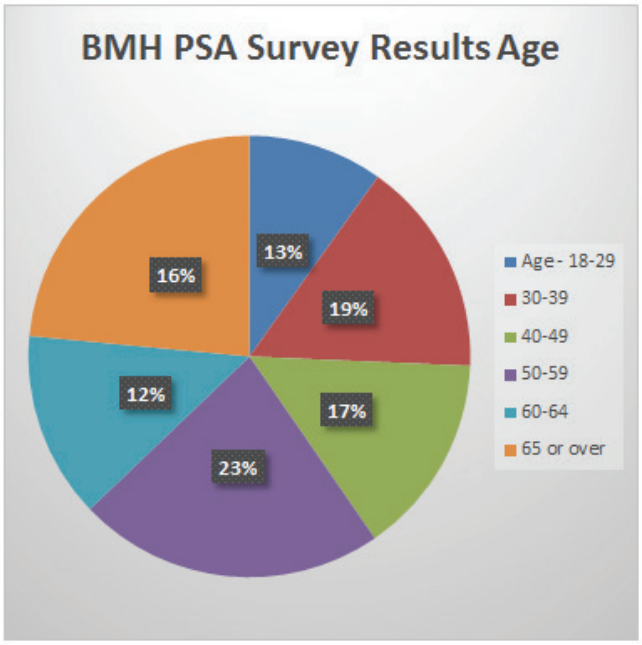


A wide variety of responses were recorded in the "other" category. A number of the write-in answers reflected financial barriers, such as lack of affordable health insurance, unable to afford a dentist, cost of medical care even with insurance, and "very high cost of non-generic drugs."

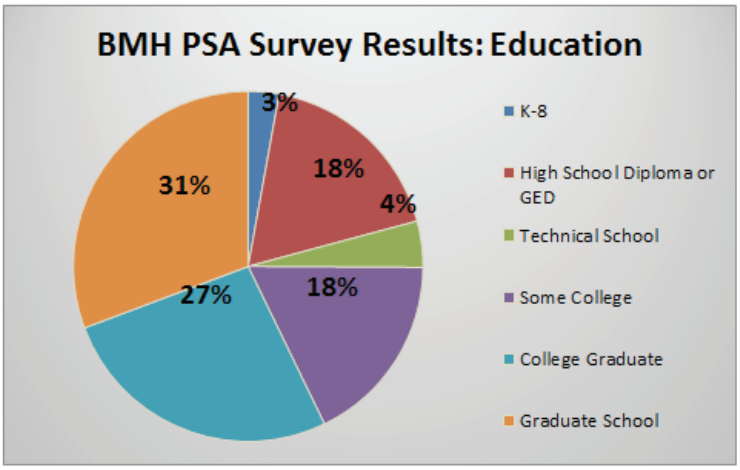
In terms of fitness, respondents in the BMH primary service area noted the lack of a gym in the area, and the challenge of exercising in winter when there is a lot of snow and it gets dark early.

Community Survey Demographics

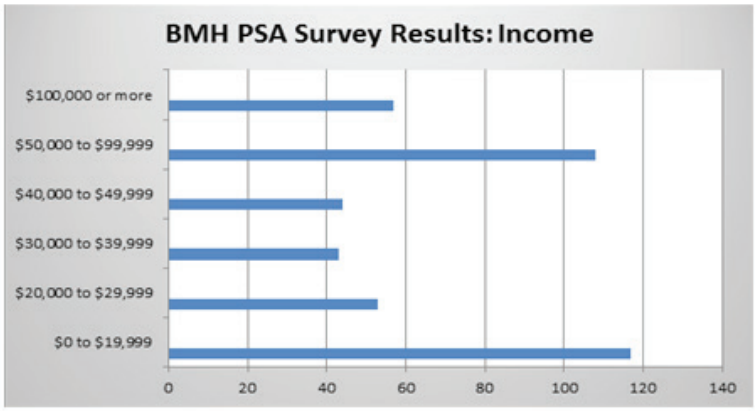
While the age of survey respondents from the BMH Primary Service Area generally was representative of the adult population in Windham County, gender was not. In terms of age, 12.74% of respondents were 18-29. 18.87% were 30-39, while 17.22% were 40-49. 23.35% of respondents were 50-59. Finally, 11.56% were 60-64 and 16.27% were 65 or older. By gender, respondents skewed heavily female: 73.19% of respondents were women, while only 26.81% were men.



Of the respondents 2.84% indicated K-8th grade as a highest level of education. 18% indicated that a high school diploma or GED was the highest level of education. Most respondents in the BMH PSA had some college or higher for education.



The income distribution of the survey respondents within the BMH primary service area was fairly representative. The highest number of respondents earned an annual household income of $0 to $19,000, more than 25% of respondents' annual household income respondents were above $50,000.



Significant Health Needs of the Community and Resources Potentially Available to Address these Needs

In identifying the significant health needs of the community, Brattleboro Memorial Hospital analyzed the population health data, combined with the quantitative data from the community survey as well as the qualitative data from the medically underserved focus group. Grace Cottage Hospital further received input from its medical staff as well as the Clinical Planning Group for the Vermont Blueprint for Health—Brattleboro Health Service Area.

Significant Community Health Need in Order of Priority	How This Need was Identified	Existing Community Resources Potentially Available to Address this Need
Obesity	Identified as priority need by BMH Senior Management 6/16/2015	• Early intervention with pediatric population, with focus on Pediatric Practices and CHT support. • Just So Pediatrics VCHIP Pediatrics Project. • BMH Community Health Team-Health Coach and Registered Dietitians
Mental Health	Identified as priority need by BMH Senior Management 6/16/2015	• Grow a relationship and partnership with Brattleboro Pastoral Counseling (Janet Goldstein is Executive Director)-40 hours per week • RCPC Work Groups • All practices are doing depression screening • High level discussion with HCRS to identify strategy/solutions • Pilot project within the organization with the goal of hard wiring how these patients are managed. • BMH participation in Integrated Communities Care Management Collaborative • BMH Community Health team • BMH Medical Homes
Dental Problems	Identified as priority need by BMH Senior Management 6/16/2015	• Walk-In clinic • United Way
Aging	Identified as priority need by BMH Senior Management 6/16/2015	• Investigate partnership with Gathering Place (adult day care) • BMH Post Acute Care Department • Community-wide fall prevention program involving PCMH's, ER, Rescue, SASH and the CHT • Advanced directives

Significant Community Health Need in Order of Priority	How This Need was Identified	Existing Community Resources Potentially Available to Address this Need
Substance Abuse	Identified as priority need by BMH Senior Management 6/16/2015	• Narcotics Task Force • Regional Clinical Performance Committees (RCPCs) • Care Coordination • Explore opportunities within the BMH Medical Staff to increase the number of Suboxone prescribers with OBOT Rx. • Windham Opioid Response Task Force • BMH Community Health Team • BMH Medical Homes
Transportation	Identified as priority need by BMH Senior Management 6/16/2015	• BMH Development Dept. to work on grant to obtain transportation for patients
Culturally Competent Medical Staff	Identified as priority need by BMH Senior Management 6/16/2015	• Consider offering Bridges Out of Poverty program to medical staff, nursing and front-line reception staff • Blueprint Project Manager work with Chief Medical Officer on cultural sensitivity training
Difficulty Navigating the System	Identified as priority need by BMH Senior Management 6/16/2015	• Maintain Healthcare Liaison • Advocate/CAC position. • One Care patients covered by ACO plan • CAC for NH patients

Prioritizing Community Health Needs

The prioritization of the health needs above took into account the following considerations:

- The mission and vision of Brattleboro Memorial Hospital (BMH)
- The scope of service of BMH
- The organization's ability and availability of resources to address identified healthcare needs and gaps
- Community input regarding healthcare needs and gaps

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

Evaluation of Actions Taken to Address Health Needs Identified in 2012 CHNA

In its 2012 Community Health Needs Assessment (CHNA), Brattleboro Memorial Hospital identified common goals to be addressed in collaboration with Brattleboro Memorial Hospital and The Brattleboro Retreat: improve mental health awareness and protocols, and improve community awareness of existing health and wellness programs. Brattleboro Memorial Hospital has addressed both of these goals, in collaboration with Grace Cottage Hospital and The Brattleboro Retreat, through community outreach, expanded marketing of existing programs and resources and the addition of staff.

In addition, Brattleboro Memorial Hospital identified and prioritized individual organizational goals:

1. Decrease prevalence of Type II Diabetes
2. Decrease rate of obesity in Windham County
3. Support and improve expansion of healthcare services for Seniors
4. Support expansion of affordable dental care
5. Provide community education for strategies to prevent acquisition of Lyme Disease

The BMH-CHT is active in working together with community partners. Some of these examples include:

- RN Care Coordinator has met with Morningside Shelter and Drop-In Center to devise a plan for how the CHT can serve these clients.
- CHT Health Coach partnering with SASH to provide cooking classes at low income housing sites.
- CHT met with VT Senator Rebecca Balint to request that she advocate for passage of a sugar sweetened beverage tax bill.
- The CHT had a presence at The Brattleboro Retreat Resource Fair on 4/24/2015. The goal of the Fair was to familiarize staff with available community resources.
- The Health Coach has an active patient load of approximately 130.
    1. Patient encounters include office visits, home visits, supermarket expeditions, storage units, family and caregiver support meetings, and meeting at local health club facilities.
    2. Programs and community events/collaborations: Cooking class: Sugar- Free Desserts, Grain Free Pasta and Bread Replacements. Took place January 26th 5-7 pm: 22 attended this event.
    3. Indoor Walking groups ongoing at the hospital: offered 6 times per week at various times and days, anywhere from 2-9 attend each session. These classes are designed for participants of all levels. If needed participants can sit to rest or move while seated. They can hold onto a chair or walker; more capable folks can use weights or move at a faster pace. One participant could only stand for 5 minutes and then would sit for the remainder of the class and occasionally move her arms and legs; now 4 months later she can walk in place for 2 miles standing and moving the whole time and she occasionally participates 2 times in the one day, clocking in 3-4 miles total. She reports she feels better and has lost weight.
    4. November 2014: Health Coach made presentation to Vocational Rehabilitation staff regarding the CHT staff roles/responsibilities. Eleven attended.
    5. Hunger Council: attend bi-monthly meetings; the primary focus of this meeting is to address food security for individuals in need in Windham County. The Health Coach works with this group to steer the focus on improving quality of supplemental foods. 25-40 community partners attend each meeting.
    6. Hunger Council Policy Sub Committee: meets every 2 months. As a member of this group, the Health Coach has been documenting data on patients (anonymously), and recording sources of supplemental food and specific patient diseases. It is the hope of this council to use this information to help food banks, and donation sites to provide more nutritious provisions based on the dietary needs/chronic conditions of those served. 4-7 attend.

7. January 21, 2015: Meeting with HCRS Developmental Disabilities Staff. Met to discuss mutual client and to let this group know about the Community Health Team with 9 in attendance.
8. March 24, 2015: Presented a mediation class to the Take off Pounds Sensibly Group (TOPS). 90 minutes with 11 attending.
9. March 25, 2015: Building Bright Futures. 3 hours: Collaborative meeting to work the health needs of young children and their parents. 20 attended.
10. April 15, 2015: AGE OF CHAMPIONS: Brattleboro Senior Solutions and the Brattleboro Senior Center teamed up to show Age of Champions, an award-winning documentary film. Age of Champions is the story of five competitors who sprint, leap, and swim for gold at the National Senior Olympics. Health Coach set up CHT Booth at this event, 80 attended.
11. April 17, 2015: Understanding and Treating Compulsive Hoarding Disorder: at The Brattleboro Retreat, 8:30-4:00 workshop. Identified specific problems associated with hoarding, including typical behaviors, impairments in functioning, especially with regard to health risks and housing problems, and consequences of hoarding. Apply intervention strategies, including motivational enhancement, skills training, cognitive and behavioral methods of treatment for hoarding.
12. April 2015: Health Policy Promotion: Health Coach wrote and submitted a letter to the editor to two local newspapers regarding support for the upcoming soda tax and how this can help to improve the health of the community. Also, members of the CHT met with Vermont Senator Becca Balint on April13 to discuss the importance and possible implications of this tax.

- Brief summary of efforts undertaken and the status of the implementation of the Medication Assisted Treatment (MAT) implementation:
  - Project Manager has been attending the Windham County Opioid Response Committee (WCOR).
  - Project Manager is chairing the Physician/Dentist subcommittee of the WCOR Committee.
- Brief summary of Self-Management Program achievements:
  1. Tobacco Cessation classes continue twice a week on an ongoing bases, eliminating wait time for those seeking assistance in quitting, with a walking group being lead after one class to encourage participants to make other positive changes with 3-5 attending the walking group.
  2. Tobacco Cessation Classes being held on ongoing basis at two community locations with a third being planned. These include Sam Elliot Apartments, part of Brattleboro Housing Partnership (in collaboration with SASH), Turning Point Recovery Center, and Morningside Shelter.
  3. WRAP (Wellness Recovery Action Planning) program held in May 2015 in Bellows Falls by collaborating with the Copeland Center to provide a facilitator and mentor.
  4. Collaboration with three local prevention coalitions to promote tobacco cessation classes, attending coalition meetings and be part of the TAG (Tobacco Action Group of Greater Falls Coalition).
  5. Self-management Regional Program Coordinator facilitated a Healthier Living with Diabetes workshop at BMH with SASH coordinator. This is becoming an ongoing class with a week of resource sharing and a cooking class being offered at the end by the CHT Health Coach.
  6. Four self-management workshops were scheduled through April, not including twice a week tobacco classes at BMH, and three sessions of 4 classes scheduled to take place at GCH. One GCH tobacco cessation class and two diabetes classes were able to be run along with the weekly tobacco cessation classes. All workshops are added to community calendars, BMH calendar, Wellness in Windham calendar, United Way calendar, Reformer Calendar, BMH Facebook page, have a press release done to publicize, fliers posted throughout Windham County, and fliers sent to community partners, all BMH/GCH departments and Clinical Planning Group attendees.
  7. HLW Regional Coordinator met with Springfield Regional Coordinator to discuss ways to better cover overlapping areas with HLW, WRAP and tobacco cessation workshops, including the Regional Coordinator being in Bellows Falls one hour a week.
  8. Tobacco Coordinator does all data entry for tobacco cessation classes, conducts all classes, responds to all quit calls, and provides NRT as necessary.
  9. Provided resources to United Way dental clinic and monthly for newsletter for tobacco cessation and self-management workshops.

Diabetes

Brattleboro Memorial Hospital, through the CHT, now serves any diabetic patient in the local community, whether or not the patient is being served by a BMH owned patient centered medical home or an independent physician practice. This means that referrals for diabetic management, including nutritional support and education, can be made and patients can be seen without insurance company restrictions. Once a patient has been referred for diabetes-related issues they may also avail themselves of other CHT services.

The CHT has received a generous grant from the Fraternal Order of Eagles and is able to use those funds to help diabetic patients buy medications or provide insurance copays for medications and supplies.

Brattleboro Memorial Hospital is certified and recognized by the American Diabetes Association Diabetes Self-management Education (DSME) Program. Between August 2013 and August 2014 the program provided care to 987 patients.

During the three months in 2014 that Behavioral Health Data was gathered on 141 patients, the following outcomes were realized:

- After nutritional counseling in the DSME program, 61% of patients improved nutritional management and met nutritional goals.
- Glucose monitoring of those patients in the DSME program went from noncompliance to monitoring/not monitoring to having 68% of patients being compliant with recommended glucose monitoring.

Needs that Will Not be Addressed as Priorities

Some the needs that emerged in the research findings that BMH has not identified as top priority needs for development of an organizational implementation plan include: hypertension, arthritis, heart disease, high cholesterol, cancer, smoking/tobacco use, and suicide. The reason for this is that BMH has on-going focus on these health needs through many avenues, such as Blueprint Self-management programming, Community Health Team clinical intervention, and standards required to maintain NCQA certification for patient-centered medical homes. The issue of suicide prevention is being addressed by the Brattleboro Retreat.

Contact Information

For questions or comments regarding the Community Health Needs Assessment or to request a hard copy, please email *wcornwell@bmhvt.org*. An electronic online version of this Community Health Needs Assessment is publicly available at *www.bmhvt.org*.

Brattleboro Memorial Hospital
17 Belmont Avenue
Brattleboro, Vermont 05301
802-257-0341

Appendices

Table of Contents

Appendix A: Table 1

Qualitative input concerning the health needs of potentially medically underserved people in the community

Organization	Population Served by the Organization	Health Needs of Population Served	Barriers to Achieving or Maintaining Good Health Faced by the Population Served by the Organization	What Community Resources are Potentially Available to Address these Needs & Barriers
ACT for Social Justice	ACT for Social Justice works with individuals experiencing injustices (bullying, racial profiling, eviction, lack of accessibility, etc.).	• Clients have so many stresses (employment, housing, access to healthy foods, lack of transportation) that health takes a back seat. All of these issues are interconnected with health. • ER becomes Primary Care as clients put off health issues until crisis. • Clients want access to naturopathic services	• So many people are living paycheck to paycheck, there's no room for a deductible or a co-pay. One accident or medical emergency can send people into crisis. These are not just low-income or FPL individuals; middle class workers can't afford healthcare. • Lack of childcare can prevent accessing healthcare when needed as well. • Oppression and privilege shows up in organizations. Some ways are invisible. Need to expand what is viewed as "normal" to include everybody.	• ACT for Social Justice provides training and equity consulting. It's a 12 month process that includes assessment and 3 workshops. • Sojourns provides naturopathic services, but insurance doesn't always cover.
AIDS Project of Southern Vermont	The AIDS Project of Southern VT provides medical case management to HIV+ individuals, and supportive services to their families. We also provide prevention services, including counseling and testing for HIV and HEP C.	• Appropriate screening exams (Gay, trans, LGBTQ) • Complicated multiple health issues	• Transportation • PCPs – lack of continuity of care • Coordination of care-multiple diagnoses • Insurance coverage (co-pays, co-insurance, deductibles, no dental) • Lack of dentists • Lack of psychiatrists • Comprehensive support systems (24/7)	• Vermont 211 Resource sharing

Organization	Population Served by the Organization	Health Needs of Population Served	Barriers to Achieving or Maintaining Good Health Faced by the Population Served by the Organization	What Community Resources are Potentially Available to Address these Needs & Barriers
Boys & Girls Club of Brattleboro	Boys & Girls Club of Brattleboro serves youth up to age 19 in Brattleboro and Bellows Falls, Vermont. A large percentage of BGC members are from disadvantaged or low-income homes. BGC of Brattleboro has over 1200 members.	• Food insecurity, nutrition, knowing where the next meal is coming from • Cutting is on the rise among teenagers. • Marijuana is an issue among high school students. • Dental • Vision • Mental health	• Lack of parental assistance/ involvement • Cost of seeing a provider (co-pays, etc.). Many will have an injury, but not have it seen due to cost issues. • Stigma attached to the school lunch program. Teens won't complete the paperwork and miss a meal. • Free school lunch program only allows certain food items. • Lack of mental health providers, long wait and delays for mental health services. • Navigating services is a challenge – where is it, what time, is it child friendly? • Transportation always an issue for kids. Safety concerns arise when children are walking alone, at night/ dusk. • Few dentists take Medicaid. • Lack of child care/child friendly sites.	• Food Bank (gleaning program provides fresh vegetables) • Boys & Girls Club provides dinner to members and families 6 night/week. • Boys & Girls Club has extended hours in the summer with a sliding fee scale – provides summer meals, too.
Brattleboro Area Drop-In Center	Our organization has a wide variety of people we serve. Our food shelf serves: families (low to medium income); seniors; homeless men/women and families; and we also have young people (19 to 30). Most of these individuals also receive case management. Individuals served in the Overflow Shelter range in age from 19 to 70 who fall at or below the poverty level or who are low income. Majority of them have no income.	• Alcoholism • Dental (rotten teeth, no teeth at all) • Drug addiction • Eye care • Respiratory issues	• Transportation • Education • Co-pays/no money • Not using meds due to cost of the prescription • Cultural differences • Housing • Food/nutrition • Availability of doctors, dentists, therapists • Employment • Systemic issues • Not everyone has insurance • Not enough providers for mental health needs • Not enough detox and treatment centers • Poverty	• Current Bus

Organization	Population Served by the Organization	Health Needs of Population Served	Barriers to Achieving or Maintaining Good Health Faced by the Population Served by the Organization	What Community Resources are Potentially Available to Address these Needs & Barriers
Brattleboro Housing Partnership/ SASH	The Brattleboro Housing Partnership houses seniors, adults with disabilities and families. The mission of the Brattleboro Housing Partnership is to ensure the provision of quality affordable housing opportunities in viable communities for lower income households. The Support and Services at Home (SASH) program serves Medicare recipients in meeting their health related goals and supports participants in becoming better self- managers.	• Dental • Home health services for seniors (including homemaking, shopping) • Medication management • Nutrition • Unaddressed addiction issues • Undiagnosed dementia and Alzheimer's • Vaccinations (child, flu, pneumonia) • Vision	• Transportation • Lack of case management/ organization of services • Poverty • Housing • Insurance gaps • Not enough providers • Education • Access to healthier foods • Stigmas • Poverty • Waitlists • Lack of connections from where one service stops and another begins • ASL (American Sign Language)	• Community Health Team Wellness Programs • Moderate Needs/ Choices for Care Programs • Wellness Programs with Incentives • Connecticut River Transit – Transportation
Children's Integrated Services	Children's Integrated Services (CIS) serves pregnant women and families with children 0-6 years old. Many of our families are low-income and we focus on coordinated child developmental services and family support.	• Diabetes • Dental • Poor diet and nutrition (and knowledge of diet and nutrition) • Mental health including depression, anxiety, bipolar, borderline personality disorder (and mental health issues without a defined diagnosis). Mental health issues impact other areas of health such as meeting daily needs, diet, exercise, self-care, etc. • Respiratory issues from smoking • Substance abuse (heroin, alcohol) • Weight issues	• Transportation • Waiting lists, lack of providers • Lack of information/ knowledge • Lack of basic needs such as housing and childcare – clients in "crisis" mode and so don't have time/energy, etc. to look after health needs • Bad experiences/trauma in the past • Guilt around not keeping up with healthcare • Time management/ ability to keep appts • Mental health issues can take over – ability to keep appointments, etc. • Surrounded by negative influences • Poverty – again always in "crisis" mode • Access to phones/ changing numbers, being in contact with medical providers	• Med Rides – The Current • CIS/other agencies • Y Bus • Healthcare navigators through VT Health Connect (Amanda Sabo through SEVCA) • Housing case workers

Organization	Population Served by the Organization	Health Needs of Population Served	Barriers to Achieving or Maintaining Good Health Faced by the Population Served by the Organization	What Community Resources are Potentially Available to Address these Needs & Barriers
Green Mountain Crossroads	Green Mountain Crossroads primarily works with youth, adults, and seniors who are Lesbian, Gay, Bisexual, Transgender, and/or Queer (LGBTQ). Of particular interest to us and to the individuals served are access to LGBTQ-competent physical and mental healthcare providers with a specific focus on competency and familiarity with providing care to trans and gender non-conforming people. Many of the individuals we serve are also low-income.	• Access to competent care providers for queer and trans people. This extends to all types of care, not those dealing specifically with directly-related items such as hormone-replacement therapy. We find frequently that even when care providers say they are LGBTQ friendly, they are not experts or even have basic competencies in serving trans-gender patients. Frequently, our folks are traveling out of state and/or many hours to find care providers with whom they are comfortable working. • Care that is affordable even though trans-gender care is supposedly covered under Medicaid in the State of Vermont. These days, many providers are not aware of this. • Folks wait and/or delay or skip seeking care until health issues are dire. • Endocrinologist, surgeons for gender confirmation surgery • Hormone replacement therapy • Peer-based services • Trans competent therapists	• Gatekeeping- needing letters for surgery, etc. Must go through a certain amount of therapy before "earning" other care. Insurance companies, not care providers, deciding how long and what type of treatments make sense. Care being cut off by insurance before folks are truly well. • Challenges updating identity documents to match gender • Misunderstanding what's possible – trans folks having kids for example. • Ability to pay • General stigma • Cultural competency • Lack of providers • For folks with physical disabilities, sidewalks and road conditions in winter are dismal means folks cannot be self-reliant on getting to appointments, meetings, social gatherings, etc. • Lack of sober spaces to gather • Fear • Must take time off work to recover from surgeries, etc. • A widely-held belief that medical professionals know us and our own body and needs better than we do. • Forms that don't adequately apply to folks	• GMC provides trainings and education on competency around working with LGBTQ folks. Happy to work developing materials and/or providing training. Send providers to Philadelphia TransHealth Conference in June. • Other trainings include Think Again, Women's Freedom Center, Vermont Worker's Center, ACT for Social Justice.

Organization	Population Served by the Organization	Health Needs of Population Served	Barriers to Achieving or Maintaining Good Health Faced by the Population Served by the Organization	What Community Resources are Potentially Available to Address these Needs & Barriers
Morningside Shelter	As the only year round shelter in Southeastern VT, Morningside Shelter serves individuals and families that are experiencing homelessness or those that are transitioning back into tenancy. Founded in 1979, our mission is to provide a safe space and ongoing support to families and individuals facing challenges of maintaining stable housing.	• Dental • Mental Health including depression, anxiety, PTSD • Pain management • Substance abuse/ maintenance	• Lack of psychiatric prescribers • Transportation • Wait time to receive mental health services (can be 2-3 months)	• Retreat • HCRS • Families First • Otter Creek • SEVCA • BMH • Turning Point
Southeastern Vermont Community Action (SEVCA)	Southeastern Vermont Community Action serves the low-income population of Windham and Windsor Counties.	• Change in life circumstances • Mental Health • Stress (leading to inability to function, focus) • Substance abuse, recovery issues – homeless population	• Inability to connect with appropriate health services (i.e., can't get in to see/meet PCP) • Access including but not limited to insurance (insurance used to facilitate, now it deters) • Information • Basic needs especially housing • Continuity/coordination of care • Racism/classism • Bureaucracy in healthcare and dearth of civility/ humanity	• Best resources lie within our community, in our people
Vermont Partnership for Fairness & Diversity	Vermont Partnership for Fairness & Diversity works to strengthen inclusive and equitable practices as a means to eliminate prejudice and discrimination of all kinds.	• Aging (50s & 60s) black males w/ chronic illnesses (diabetes, cancer, glaucoma, respiratory illnesses). • Information	• Lack of culturally competent providers force/deter black males from seeking services • Lack of providers of color • Lack of targeted information • Unconsciously unskillful providers • Rude & disrespectful front office	• Vermont Partnership currently provides training and coaching to state and municipal agencies, businesses and civic groups on cultural competency, implicit bias, and affirmative marketing. Regrettably none of our clients are in Windham County except the AIDS Project of Southern Vermont about a decade ago.

Organization	Population Served by the Organization	Health Needs of Population Served	Barriers to Achieving or Maintaining Good Health Faced by the Population Served by the Organization	What Community Resources are Potentially Available to Address these Needs & Barriers
Vermont Worker's Center	The Vermont Workers' Center is a democratic, member-run organization dedicated to organizing for the human rights of the people in Vermont. We seek an economically just and democratic Vermont in which all residents can meet their human needs and enjoy their human rights, including dignified work, universal healthcare, housing, education, childcare, transportation and a healthy environment.	• Lack of dental and eye care • Mental health	• Capitalism (insurance companies and CEOs) • Poverty-austerity • Thread of oppression • Racism is killing people. • Can't afford healthcare • Have to find a job connected to healthcare • Co-pays, deductibles, premiums • Lack of people of color medical professionals (mental health, primary care, etc.) • Lack of culturally competent providers • Lack of psychiatrists to give meds • Not everyone can "afford" to have "healthcare!" • Information and understanding to navigate the system • Personal situations – high needs medically specific plan • Transportation • Language – lack of interpretive services • Immigrant access • Paid Sick Days. Other healthy, family policies • People are unable to access "healthcare" because of health insurance packages/ policies which often discriminate on various levels, age, race, status, ability, lifestyle, etc. The premiums are too high as well as the deductibles and the co-pays are also often a hardship which prevents or delays treatment. • Transition for youth –adult becomes tricky. Fall through the cracks. • Medicaid and Medicare participants are either not able to afford or get the care they need.	• Vermont Worker's Center • Green Mountain Crossroads • AIDS Project • Women's Freedom Center • Churches • VT Dept of Health • Pathways • Therapists • The Root • Schools

Organization	Population Served by the Organization	Health Needs of Population Served	Barriers to Achieving or Maintaining Good Health Faced by the Population Served by the Organization	What Community Resources are Potentially Available to Address these Needs & Barriers
WIC Program	Through the WIC program, we see pregnant and postpartum women, and parents with their children aged newborn up to 5 years old, who are at or below 185% of Federal Poverty level. If the women or children are receiving Vermont Medicaid/ Dr Dynasaur, they are automatically eligible for WIC and can be at an income level of 300% of FPL.	• Alcohol and drug use • Dental care • Overweight and obesity (and resulting health issues) • Tobacco use	• For Medical care – premiums for insurance too high as well as co-pays, etc., difficulty with applications/navigating the system, healthcare providers aren't getting reimbursed enough by Medicaid so they limit how many people on Medicaid they will see (especially dentists) • Food – Adequate resources to be able to feed their families nourishing food. Sodas and processed foods are often less expensive than whole fresh foods. Advertising non-nutritious foods often geared to kids. Perception that fast food is cheaper (though it may be sometimes). Lack of time or knowledge on how to prepare whole, fresh foods • Physical activity – "car-centric' society. Rural community. People live far from work and resources. Less focus on PE at schools. • Stress – makes it hard for people to be able to quit smoking • Not enough funding for prevention. Let's keep people healthy vs. focusing on treating them when ill. • Lack of insurance for dental care.	• Blueprint CHT works to keep people with chronic conditions as healthy as possible • Food Connects – working to make healthy local foods/ produce more accessible to lower income folks and to kids in schools and people in nursing homes and hospitals • Language line for translations at healthcare and other public serving facilities • Blueprint – working on chronic disease • Health Department works with community partners to make healthy eating and physical activity more accessible through Fit & Healthy Kids • Coalition and other community partnerships • WIC Program – Provides nutrition education to women and kids • BAPC – prevention of tobacco use and prescription drugs – parenting classes on this

Organization	Population Served by the Organization	Health Needs of Population Served	Barriers to Achieving or Maintaining Good Health Faced by the Population Served by the Organization	What Community Resources are Potentially Available to Address these Needs & Barriers
Women's Freedom Center	The Women's Freedom Center is the domestic and sexual violence resource agency for Windham and southern Windsor counties. While the Women's Freedom Center works to end men's violence against women, we provide support to all survivors of domestic and sexual violence. The majority of the survivors we work with are in fact women and children. And while these issues cut across all socio-economic lines, most of the women we serve have significant financial challenges. Those challenges may make them more likely to need our help with their trauma history itself creating huge economic repercussions.	• Mental Health	• Stress/ overwhelmed, exacerbated by long waits for mental health support – wide gap between crisis and stability support • Domestic violence wreaking havoc on financial options/ work history/ rental stability, etc. Victims are often starting over from zero – may put their health last instead of first unless it is a medical emergency • Challenges getting access to mental health providers (wait time, HCRS especially) • For women fleeing without their psych meds sometimes, it's hard to see a psychiatrist quickly	• Numerous progressive grass roots orgs to keep a spotlight on the kind of dialogue we had today • 2 hospitals, Retreat, HCRS, Phoenix House, private therapists, Free Clinic

Organization	Population Served by the Organization	Health Needs of Population Served	Barriers to Achieving or Maintaining Good Health Faced by the Population Served by the Organization	What Community Resources are Potentially Available to Address these Needs & Barriers
Youth Services	The population served by Youth Services includes the following: • Families with children of all ages • Adults and youth who are involved in the justice system (through court diversion and now the new pretrial program) • Children ages 0 all the way up to age 22. The majority of youth we serve are school age or transitional age.	• Nutrition and exercise • Substance abuse and misuse	• Capitalism • Affordability for healthcare, food, quality supplements • Accessibility (cultural, transportation) • Lack of treatment capacity (developmentally and culturally) • Poverty • Homelessness • Education/information –about health in general • Depression (not feeling well enough to even motivate to make change or access care) • Violence/trauma in the home • Lack of hope communities not vibrant w/ good economic opportunities for all skill sets and backgrounds • Trust in systems • Discrimination- against poverty, race, gender, etc. • Lack of investment/ resources in school-age youth population – focus & funding is shifting to early childhood. We need to support significant developmental changes in teens, young adults.	• Reduction of resources; we need to generate more revenue by tax policies that are not shifting burden to middle and low income

Appendix B: Sample Consumer CHNA Survey

2015 COMMUNITY HEALTH NEEDS ASSESSMENT

If you are at least 18 years of age, please take a minute to complete the survey below. All responses will remain anonymous. The purpose of this survey is to get your opinions about community health issues. Thank you for your time and interest in helping us to identify our most pressing problems and issues.

1. What are the most significant health issues or concerns facing you or your family? (Circle all that apply).

Alcoholism
Arthritis
Asthma
Cancer
Chronic pain
Contagious diseases (e.g., measles, TB, etc.)
Dental problems
Depression
Diabetes
Drug abuse or addiction
Hearing problems
Heart disease
High Blood Pressure
High Cholesterol
Home health services for the elderly
Flu/pneumonia
Lung Disease
Lyme Disease
Mental health issues
Nutrition
Obesity/Overweight
Osteoporosis
Physical fitness
Pre-natal care
Smoking/tobacco use
Sexually transmitted diseases
Stress
Suicide
Teen Pregnancy
Vision
Other: _____

2. What are the most significant health issues or concerns facing your neighbors or your community? (Circle all that apply).

Alcoholism
Arthritis
Asthma
Cancer
Chronic pain
Contagious diseases (e.g., measles, TB, etc.)
Dental problems
Depression
Diabetes
Drug abuse or addiction
Hearing problems
Heart disease
High Blood Pressure
High Cholesterol
Home health services for the elderly
Flu/pneumonia
Lung Disease
Lyme Disease
Mental health issues
Nutrition
Obesity/Overweight
Osteoporosis
Physical fitness
Pre-natal care
Stress
Smoking/tobacco use
Sexually transmitted diseases
Suicide
Teen pregnancy
Vision
Other: _____

3. What most prevents you and your family from attaining good health and well-being? (Circle all that apply).

Alcohol/drug use
Can't afford healthy foods
Hard time finding healthy foods
Lack of good transportation options
Lack of health insurance
Lack of adequate housing
Domestic violence
Too busy to exercise
Too busy to cook healthy foods
No options for physical activity
Can't find child care
Can't get off work to see doctor
Unable to get appointment with doctor
Having a hard time finding a doctor
Don't have a primary care doctor
Don't have a dentist
Too long a wait at doctor's office
Unable to pay co-pays
Can't always afford to fill prescriptions
Can't access a specialist
Lack of mental health treatment services
Smoking/tobacco use/2nd hand smoke
Lack of after-school activities for kids
Other: _____

4. What community resources are potentially available to address these needs and barriers

_____

_____

5. Where do you and your family get your health information? (Circle all that apply).

Doctor/Nurse
Facebook
Faith-based community
Family and friends
Health Department
Hospital website
Internet searches
Magazines
Newspaper
Radio
School
Television
WebMD
Wellness in Windham Health Festival
Other: _____

6. Zip code where you live:

7. Age:
___ 18 - 29
___ 30 - 39
___ 40 - 49
___ 50 - 59
___ 60 - 64
___ 65 or over

8. Gender:
___ Male ___ Female

9. # of Persons in Your Household: _____

10. Ethnic group you most identify with:
___ African American / Black
___ Asian / Pacific Islander
___ Hispanic / Latino
___ Native American
___ White / Caucasian
___Other: _____

11. Highest level of education
___ K-8 grade
___ High school diploma or GED
___ Technical school
___ Some college
___ College graduate
___ Graduate school

12. Annual household income
___ Less than $10,000
___ $10,000 to $14,999
___ $15,000 to $19,999
___ $20,000 to $29,999
___ $30,000 to $39,999
___ $40,000 to $49,999
___ $50,000 to $99,999
___ $100,000 or more


Brattleboro Memorial Hospital
EXCEPTIONAL CARE FOR OUR COMMUNITY