



Gifford Health Care

**2018**  
**Community Health**  
**Needs Assessment**

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This assessment was designed to fulfill the requirements of the federal Patient Protection and Affordable Care Act (PPACA) and to help Gifford Health Care fulfill its mission.

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## **Introduction**

### Mission Statement

*As a community health center and medical home, Gifford's mission is to improve and manage the health of the people we serve by providing and assuring access to affordable, high-quality health care, and by promoting the health and well-being of everyone in our service area.*

Since its start more than 115 years ago, Gifford Health Care has been providing health services to the Randolph area and beyond in the White River Valley of Vermont. Gifford operates a community hospital with primary care services in Randolph, and additionally has six certified Level III, patient-centered medical home health centers in the towns of Berlin, Bethel, Chelsea, Rochester, Sharon, and White River Junction. Our Birthing Center, established in 1977, was the first in Vermont to offer an alternative to traditional hospital-based deliveries, and continues to be a leader in midwifery and family-centered care.

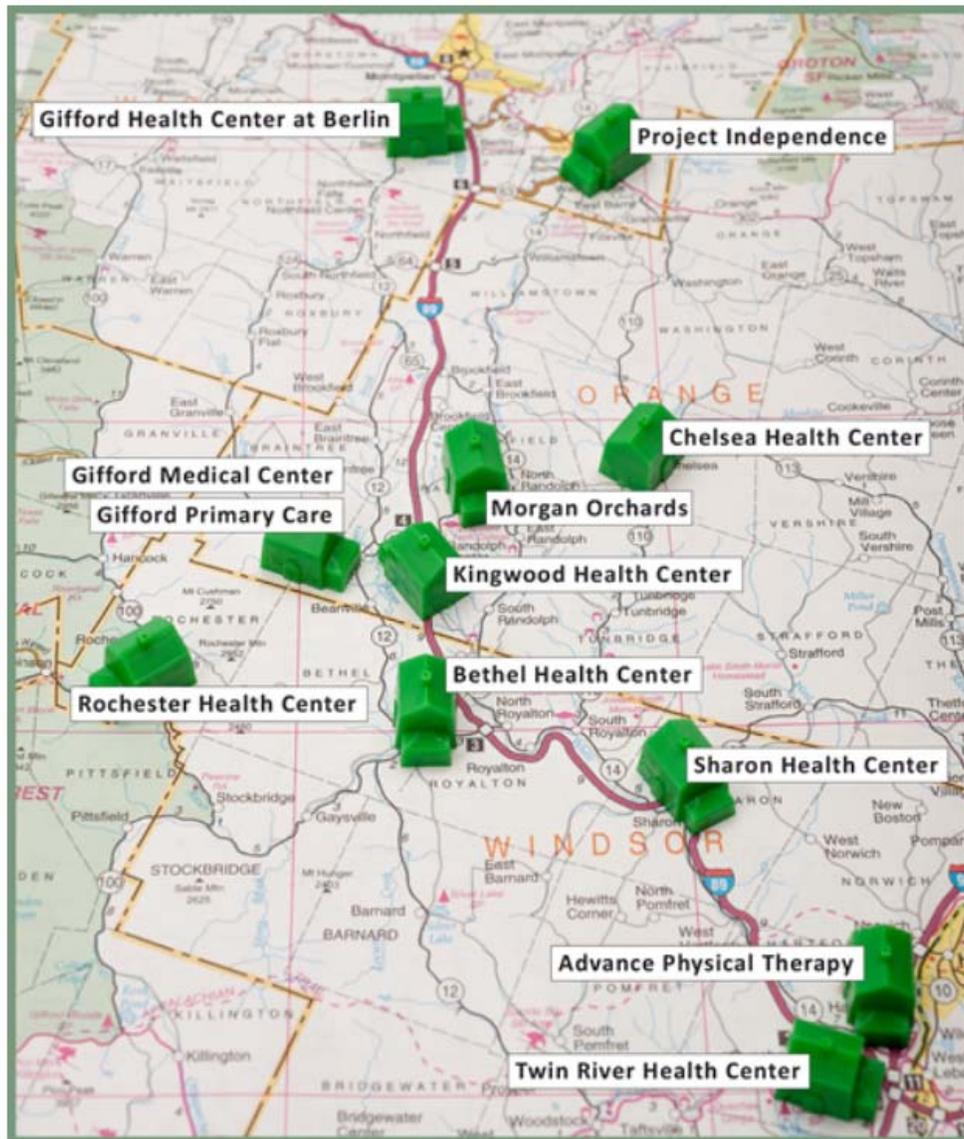
Gifford Retirement Community, part of Gifford, includes adult day programs in Bethel and Barre as well as the Morgan Orchards Senior Living Community, which includes the award-winning 30-bed Menig Nursing Home, the 49-unit Strode Independent Living facility, and planned assisted living units.

The hospital in Randolph is a full-service medical center with a 24-hour emergency department, inpatient and rehabilitation units, and on-site child care. In 2015, Menig, which had been on the main campus since 1998, moved to a new facility at Morgan Orchards in Randolph Center. This move made possible the transition to private rooms for inpatients, which opened in 2015, and created space for a new centrally located and modernized Birthing Center, which opened in 2016.

The hospital was designated as a Critical Access Hospital (CAH) in 2001. An initiative of the federal Rural Hospital Flexibility Program, the CAH program recognizes that hospitals in rural areas are important to the health of the communities they serve, and gives rural hospitals the tools needed to adjust to a rapidly changing health care environment. Gifford's size and the rural community it serves were among the reasons Gifford received the designation.

Gifford was awarded Federally Qualified Health Center (FQHC) status in 2013 and became a fully operating FQHC in 2015. The main function of an FQHC is to focus on primary care, including medical care, ob/gyn care, mental health care, and oral health care. Since receiving the designation, Gifford has been successfully providing affordable and accessible care in all of those areas to every primary care patient, regardless of their ability to pay.

In 2017 Gifford added an Addiction Medicine section to our Behavioral Health program, hiring a board-certified psychiatrist (certified in addiction medicine) and a licensed drug and alcohol counselor to focus on our community's growing substance use disorder issues. They see patients in our medication assisted treatment (MAT) program, and work with primary care providers on pain medication guidelines and care for patients tapering off opioids prescribed for chronic pain.



Although small in size, Gifford offers many specialty services, including anesthesiology, behavioral health, cardiology, chiropractics, family medicine, hospitalist medicine, internal medicine, mental health, neurology, obstetrics and gynecology, nurse-midwifery, oncology, ophthalmology, orthopedics, pathology, pediatrics and adolescent medicine, podiatry, sports medicine, radiology, rehabilitative services (physical, occupational and speech therapies), general surgery, and urology.

The hospital’s mission is to improve individual and community health by providing and ensuring access to affordable and high-quality health care in Gifford’s service areas. Over the years Gifford has been honored for that commitment, including being recognized among the nation’s Top 100 Critical Access Hospitals, as a

best place to work in health care, and by the Vermont Legislature through a resolution recognizing “the

outstanding health care services” provided by Gifford. In 2012 Gifford received a Hospital of Choice Award for customer friendliness from the American Alliance of Healthcare Professionals. Gifford’s nursing home, Menig, has received extensive awards for quality, including being named one of the 39 best nursing homes in the nation for 2011, 2012, and 2013, and in 2015 was named a top nursing home in Vermont with a Five-Star Rating from Medicare. In 2017 Gifford was awarded the largest quality grant award of any FQHC in Vermont, and in 2017 and 2018 Gifford Pediatrics exceeded Vermont’s Healthy People 2020 target for high immunization coverage for 2-year-olds.

## **Executive Summary**

Every three years Gifford Health Care conducts a formal Community Healthcare Needs Assessment (CHNA). Designed to fulfill the requirements of the federal Patient Protection and Affordable Care Act, these assessments identify and prioritize issues and needs to help Gifford provide services that improve the health of our community.

The 2015 CHNA identified preventative health/access to health care, substance abuse counseling, obesity, and dental care as priority community health needs. Gifford’s board reviewed these findings and our 2016 Community Needs Assessment Response, posted on the Gifford Health Care website, outlines the actions Gifford has implemented to focus on these areas of need.

In 2017 Gifford reviewed the 2015 report, gathered feedback from community partners through the Randolph Executive Community Council (RECC), studied population health indicators and relevant data in publications from government and local and statewide nonprofit agencies, and conducted an online community survey to reassess community health and identify current healthcare needs. The priority community health problems identified by this 2018 CHNA are once again preventative health/access to healthcare services, substance abuse counseling, obesity, and dental care.

After board review, an implementation plan for the 2018 CHNA will be developed and posted on the Gifford Health Care website in the first quarter of CY 2019.

## About the Gifford Service Area

### Population

The following towns are considered Gifford's central service area\*: Bethel, Braintree, Brookfield, Chelsea, Randolph, East Randolph, Randolph Center, Sharon, Roxbury, Royalton, South Royalton, Tunbridge, Vershire, Hancock, Pittsfield, Rochester, and Stockbridge.

Most of these towns fall within Orange and Windsor counties.

- Orange County population for 2016 estimated at 28,919 (2)
- Windsor County population for 2016 estimated at 55,496 (3)

The following descriptive statistics are available only at the county level (2). Orange County was selected as a proxy for the service area because more of Gifford's service area towns are located in Orange County than are located in any other county.

### Demographics

- 19.2 percent of the population is age 65 and over
- 18.8 percent of the population is under the age of 18
- 95.6 percent of the population is white, not Hispanic or Latino

### Education

- 91.7 percent of people in Orange County (age 25 years and over) have graduated high school (2012-2016)
- 30.2 percent of people in Orange County (age 25 years and over) have a bachelor's degree or higher (2012-2016)

### Income

- The median household income in Orange County is \$54,263 (2012-2016). For comparison, the median household income in Vermont is \$56,104 (2012-2016).
- 10.6 percent of people in Orange County lived in poverty in 2016, compared to 11.3 percent statewide. (4) According to the U.S. Census Bureau, the annual poverty thresholds for 2016 were \$12,228 in annual income for one person and \$24,339 for a family of four with two children under 18 years of age (5).

*\*Women travel to Gifford's Birthing Center from all over Vermont—well beyond our key service area—to have their babies in a family-centered environment with individualized birthing services supported by our team of certified nurse midwives, experienced nurses, and board-certified obstetricians/gynecologists.*

## Examples of Healthcare Facilities and Resources Available Within the Community to Respond to the Health Needs of the Community

Anticoagulation Clinic (Gifford)	Team
Bayada Home Health Care	Randolph HSA Community Health Team
Capstone Community Action	Randolph HSA Medication Assisted Treatment Team
Central Vermont Council on Aging	Rite Aid Pharmacy
Central VT Substance Abuse Services	Safeline
Clara Martin Center	Soares Ocular Surgery
Diabetic Clinic (Gifford)	Stagecoach
Diabetes Prevention Programs (Gifford)	Support and Services at Home (SASH)
Dr. Chris Wilson, DDS	Upper Valley Services
Dr. John Lansky, DDS	Visiting Nurse Alliance and Hospice of Vermont and New Hampshire
Early Intervention Services	Vermont 2-1-1
Eye Care for You	Vermont Assistive Technology
Gifford Addiction Medicine	Vermont Center for Independent Living
Gifford Health Connections	Vermont Department of Health, White River Junction District Office
Gifford Healthy Living Conversations (support group)	Vermont Chronic Care Initiative
Gifford Healthy Living Workshops	WISE – Women’s Information Service
Gifford Tobacco Treatment Specialists	
HealthHUB Dental Program	
Kinney Drug	
Orange County Parent Child Center / Children’s Integrated Services	

## How Data Was Obtained

Data and information for this community needs assessment were obtained using several techniques.

**1. Review of Relevant Publications:** Staff conducted an environmental scan of the healthcare and community landscape by reviewing relevant reports presented by state, federal, and local nonprofit agencies including:

- Vermont Legislative Joint Fiscal Office: *Basic Needs Budgets and the Livable Wage* (2017)
- U.S. Census Bureau: *2016 Population Estimates and American FactFinder*
- County Health Rankings: *Orange County* (2017)
- Vermont Coalition to End Homelessness: *Point In Time Count Report* (2017)
- Vermont Department of Health: *Youth Risk Behavior Survey* (2015)
- Vermont Department of Health: *Dentist Census* (2015)
- Vermont Department of Mental Health: *FY 2016 Statistical Report*
- Vermont Office of Veterans Affairs Service Directory

**2. Community Health Needs Assessment Survey:**

The 2015 survey form was reviewed and minor revisions were made for 2017-18. To reach a broader demographic sample, the survey was administered online through Survey Monkey and a link was distributed via email and Facebook to reach staff and community members. The survey was also shared on Front Porch Forum, a social networking site designed to connect people with others in their neighborhoods.

Members of the Randolph Executive Community Council (see listed organizations on Page 10) were provided with paper copies to distribute to clients either directly or by placing them in agency waiting rooms. Community Health Team (Blueprint) partner agencies were also asked to distribute printed copies, and printed copies were put in all of Gifford Primary Care clinics. More than 200 copies were distributed, but few were returned.

Three hundred ninety-two (392) responses were collected from several towns in Gifford's service area. This year the age of respondents was evenly distributed (see figure on Page 19)—an improvement on the 2015 survey results where 65 percent of respondents were age 65 or older.

**The Vermont towns represented in the survey included:**

Barnard	Bradford	Colchester	Corinth
East Andover, NH	Enfield, NH	Graniteville	Groton
Hancock	Lyme, NH	Marshfield	Montpelier
Newbury	Quechee	Roxbury	Rutland
Salisbury	Sharon	South Barre	South Burlington
St. Albans	Strafford	Waitsfield	Washington
Wells	Wells River	West Topsham	White River Junction
Wilder	Windsor		

**3. Consulting with the Community to Identify Significant Health Needs (RECC meetings):**

The Randolph Executive Community Council (RECC), which began meeting in 2015, serves as the Community Collaborative (CC) for the Randolph Health Service Area (HSA). As the local governance body tasked with identifying and addressing population health concerns in our area, it is structured to balance the interests and influence of the community and includes representation by medical, social, mental health, long-term support services, and public health leaders. The RECC currently meets the third Monday of every month.

Using the Accountable Communities for Health framework, the RECC brings community stakeholders together to organize a coordinated effort to improve community and individual health, with an emphasis on prevention. The council addresses population and public health in the Randolph HSA by identifying issues and measures that are most relevant, applicable, and challenging for our community members. This work includes addressing the social determinants of health—such as availability of housing and food; access to educational, economic and job opportunities; access to health care; and availability of community-based resources, transportation, and social supports.

The RECC reviewed Gifford’s 2015 CHNA to identify current focus areas, and also helped to distribute and collect survey tools from their respective organizations’ clients for the 2018 CHNA data collection process. To respond to its established vision, the council created workgroups with representation from community partners, and maintains a data dashboard with a set of measures representing the selected focus areas.

The RECC is comprised of leaders from the major health and human services organizations within the HSA, and currently includes the following voting members:

<b>Name</b>	<b>Position</b>	<b>Organization</b>
Rebecca Foulk, MD	Pediatrician	South Royalton Health Center
Patrick Clark	Blueprint Project Manager	Gifford Health Care
Beth Stern	Executive Director	Central Vermont Council on Aging
Dan Hoxworth	Executive Director	Capstone Community Action
Gretchen Pembroke	Director – Adult/Access Services	Clara Martin Center
Kristen Bigelow-Talbert	Community Health Quality Manager	Bi-State Primary Care Association
Jesse Davis	Community Relations Manager	Stagecoach Transportation Services
Julie Iffland	Executive Director	Randolph Area Community Development /SASH
Chris Meehan	Community Impact Officer	Vermont Foodbank
Cristine Maloney, MD	Hospice Medical Director	Visiting Nurse and Hospice for Vermont and New Hampshire
Cynthia Stadler	Community Liaison	BAYADA

- 4. Limitations to Assessment:** This report presents the results of those who responded to the survey, as well as information gathered from the research and findings of state, federal, and local nonprofit agencies. Because Gifford is located in a rural community and responses were provided by a relatively small number of individuals, findings may not represent the views of all members of the community.

While the age of survey respondents was more evenly distributed this year, the vast majority of respondents had private insurance. This is not representative of our patient population, which has a larger share of both Medicare and Medicaid patients. (In 2018, 22 percent of respondents had Medicare or Medicaid; in 2015, 53 percent of respondents had Medicare or Medicaid.)

We chose to primarily use an online survey in an effort to reach more of our service area, but access to computers is still an issue in rural areas, and computers can present technological challenges for the older demographic. We created an identical paper version and distributed more than 200 copies for community partner agencies’ clients, many of whom have Medicaid or Medicare, but the response was poor.

## Health Needs Identified

### 1. Primary and Chronic Disease Needs and Other Health Issues

Residents of the Gifford service area have the basic primary care needs of most Americans. However, there are simply not enough physicians in some pockets of the Gifford service area to serve the existing, growing, and aging population. Furthermore, there are few dentists in the Gifford service area willing to serve low-income, uninsured, and underinsured populations.

Much of Gifford's service area is within Orange County. Health indicator data for Orange County shows poor access to primary care physicians, dentists, and mental health providers (6):

- A ratio of 1,370:1 for primary care physicians, versus 890:1 statewide (2014)
- A ratio of 2,890:1 for dentists, versus 1,530:1 statewide (2015)
- A ratio of 350:1 for mental health providers, versus 260:1 statewide (2016)

Health behavior and chronic disease needs include:

#### Health Behaviors

“3-4-50” is a concept introduced by the Vermont Department of Health to communicate the reality that three (3) health behaviors (smoking, physical inactivity, and poor nutrition) contribute to four (4) chronic diseases (diabetes, cancer, heart disease, and lung disease) that claim the lives of more than 50 percent of Vermonters.

#### Smoking/Tobacco

Smoking correlates strongly with many chronic illnesses, including lung disease, heart disease, stroke, depression, diabetes, arthritis, and hypertension (14).

The table below shows the percentage of adults who use tobacco in the Gifford service area (8, 9, 10). Of particular concern are the high use rates of cigarette and smokeless or other tobacco products in Orange County. At 19 percent and 18 percent respectively, these rates exceed those of Washington and Windsor counties, as well as the state rates.

<b>Table 1</b>	Adult Tobacco Use, 2015				
	Orange County	Washington County	Windsor County	Vermont	<i>Healthy Vermonters 2020 Goal</i>
Percent of adults who smoke cigarettes	19%	16%	17%	17%	<b>12%</b>
Percent of adults using smokeless or other tobacco products	18%	13%	13%	11%	<b>9%</b>

Source: *Healthy Vermonters 2020 Quick Reference – Orange, Windsor, and Washington Counties*

With regard to adolescents, rates of smoking in Gifford’s service area are in line with the state. However, Orange County is higher than the *Healthy Vermonters 2020* target of 10 percent. Healthcare providers have an opportunity to address smoking with teens during annual physicals. More than half of adolescents are being screened for smoking, and in Windsor County the rate is 63 percent.

<b>Table 2</b>	Adolescent Tobacco Use, 2015 (9)				
	Orange County	Washington County	Windsor County	Vermont	<i>Healthy Vermonters 2020 Goal</i>
Percent of high school students who smoked cigarettes, past 30 days	12%	10%	10%	11%	<b>10%</b>
Percent of high school students who were asked if they smoked by a health care provider, past 12 months	55%	52%	63%	53%	NA

Source: *Vermont Youth Risk Behavior Survey, 2015*

### Nutrition and Physical Activity

Access to healthy food is a national issue, as evidenced by Feeding America’s Map the Meal Gap project. This annual report estimates food insecurity at the county level. Food insecurity is defined as “lack of access, at times, to enough food for an active, healthy life for all household members and limited or uncertain availability of nutritionally adequate foods” (10). The food insecurity rate in Orange County is 11.4 percent, or 3,300 individuals—slightly lower than the statewide rate of 11.9 percent (11). Windsor County was slightly higher than Orange at 12 percent, making up 6,720 individuals. In both of these counties, among food insecure individuals, 68 percent had income below 185 percent of the Federal Poverty Level (FPL), making them eligible for federal nutrition assistance programs, such as SNAP (Supplemental Nutrition Assistance Program), WIC (Women, Infants, and Children), and free school meals. The remaining 32 percent have income above 185 percent FPL and thus are typically ineligible for federal nutrition programs and must rely on charitable sources in their communities.

With regard to physical activity, nearly one in four adults (24 percent) in Orange County report having no leisure-time aerobic physical activity, as compared to one in five adults statewide (7). The percentage for Windsor County is in line with the state rate (8). Also worrisome is the statistic that only 25 percent of adolescents in grades 9-12 in Windsor County, and 24 percent of adolescents in Orange County, are meeting physical activity guidelines (7, 8). While this is higher than the statewide rate (23 percent), it falls well short of the HV2020 target of 30 percent.

Poor nutrition and inadequate physical activity can contribute to high obesity rates. The obesity rate among adults age 20 and older in Orange County is 29 percent compared to 25 percent in all of Vermont (7). The rate of obesity in Windsor County is also higher than the state, at 27 percent (8). The HV2020 target is 20 percent.

The table below displays obesity rates for adolescents in grades 9-12 in Orange, Washington, and Windsor Counties (10; percentages in red indicate a ranking higher than the state average). As you can see, there is a large disparity between these obesity rates and the HV2020 goal of 8 percent. Obesity in children puts them at higher risk for cardiovascular disease, bone and joint problems, and pre-diabetes (a condition of high risk for developing diabetes). In addition, obese children are much more likely to become obese adults.

<b>Table 3</b>	<b>Obesity in High School Students, 2015</b>				
Obesity (> = 95 <sup>th</sup> BMI Percentile)	Orange County	Washington County	Windsor County	Vermont	<i>Healthy Vermonters 2020 Goal</i>
	12%	11%	14%	12%	8%

Mental Health:

Mental health issues include depression and other mental illness, self-harm, and suicide. Healthy Vermonters 2020 wishes to lower the rate of suicide deaths in Vermont. As of 2015, the rate of suicide deaths was 14.3 per 100,000 Vermonters (7). This is down from 17.2 in 2014. The HV2020 target is 11.7 deaths per 100,000. The table below shows how the counties in our service area compare (8, 9, 10).

<b>Table 4</b>	<b>Suicide Deaths, 2012-14</b>				
Rate of suicide per 100,000 Vermonters	Orange County	Washington County	Windsor County	Vermont	<i>Healthy Vermonters 2020 Goal</i>
	21.9	18.7	15.3	17.2	<i>11.7</i>

The number of children served with mental health services in Vermont has doubled since the 1990s with a steady trend upward. In 2016, more than 10,000 clients used children services (15).

As seen in Table 5, 17 percent of Orange County high school students made a suicide plan (11) in the past 12 months, up from 12 percent in 2013 (12). This is higher than both Washington and Windsor counties as well as above the state average. Also alarming is among Orange County high school students, 23 percent reported wanting to purposefully hurt themselves without wanting to die, up from 20 percent in 2013 (12). This is higher than both Washington and Windsor counties as well as above the state average. Red text indicates county is significantly different than Vermont as a whole.

<b>Table 5</b>	<b>Mental Health Among High School Students, 2015</b>			
	Orange County	Washington County	Windsor County	Vermont
Percent of high school students who felt sad or hopeless almost every day for at least two weeks in a row, past 12 months	30%	25%	25%	24%
Percent of high school students who purposefully hurt themselves without wanting to die, past 12 months	23%	19%	19%	17%

Percent of high school students who made a suicide plan, past 12 months	17%	13%	12%	12%
Percent of high school students who attempted suicide, past 12 months	7%	6%	5%	6%

Substance Abuse:

According to the Vermont Department of Mental Health, from 1990 to 2015, the number of individuals using substance abuse services in Vermont more than doubled (15). More than 5,000 individuals used substance abuse services in 2015 (15). The two tables below show selected substance abuse indicators by county for both adults and children (8, 9, 10).

<b>Table 6</b>	<b>Substance Abuse Among Adults, 2015</b>				
	Orange County	Washington County	Windsor County	Vermont	<i>Healthy Vermonters 2020 Goal</i>
Percent of adults age 18-24 binge drinking in the last 30 days	NA	35%	16%	35%	<b>31%</b>
Percent of adults age 65 and older who drink at a level of risk	16%	25%	22%	20%	NA

Substance abuse rates among high school students in the Gifford service area as a whole are in line with the Vermont averages but do not meet the HV2020 goals.

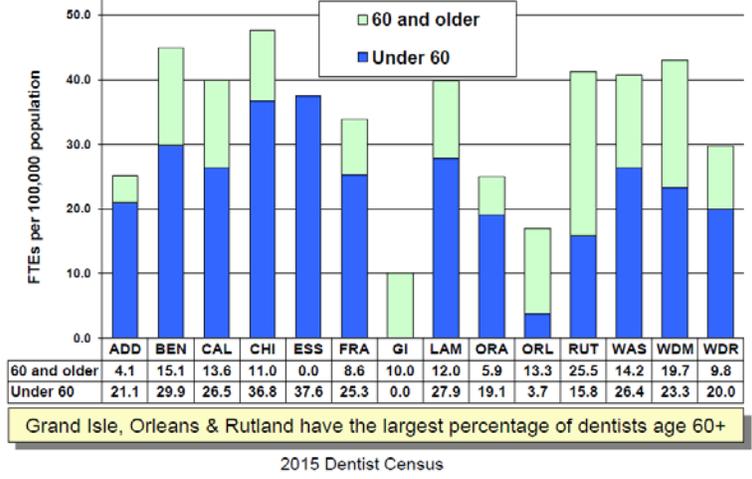
<b>Table 7</b>	<b>Substance Abuse Among High School Students, 2015</b>				
	Orange County	Washington County	Windsor County	Vermont	<i>Healthy Vermonters 2020 Goal</i>
Percent of students who had 5 or more drinks in a row (binged) , past 30 days	16%	16%	16%	16%	<b>15%</b>
Percent of students who used marijuana, past 30 days	23%	24%	24%	22%	<b>20%</b>

Dental Care:

As mentioned before, access to dental healthcare is severely limited. A survey of all dentists in the state was completed by the Vermont Department of Health in 2015 (16). This survey, completed every two years since 2005, shows that patient access is a past and present issue. Both primary care and specialty care dentistry is concentrated in one county outside of Gifford’s service area; Chittenden County has 32 percent of the state’s primary care Full Time Equivalents (FTEs) and 48 percent of specialty care FTEs.

In 2015, primary care dentists in Vermont comprised 38.3 FTEs per 100,000 people. Both Orange and Windsor county shares of these FTEs fell below this state average; Orange County with 25 and Windsor County with fewer than 30 FTEs per 100,000 people. Total number of FTEs for primary care dentists in Orange County has remained constant at 7.2 from 2005-2015. Windsor County has actually seen a decrease of 0.3 FTEs (from 17.1 to 16.8) over this same time period.

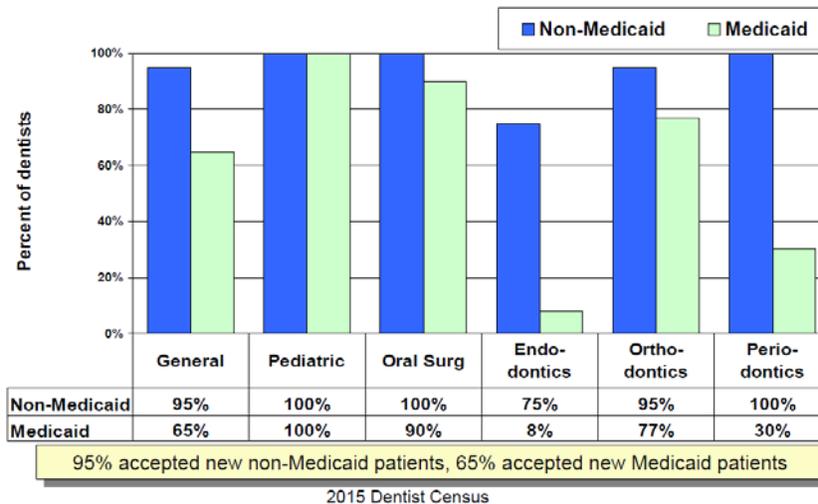
## PRIMARY CARE DENTIST TO POPULATION RATIOS BY COUNTY AND DENTIST AGE



Notably, there are more active dentists in 2015 than 2005 (383 vs. 352), and more dentists worked more than 40 hours a week in 2015 than in 2005. However, the average wait time for new patients has remained the same at 3.6 weeks from 2005-2015, with the lowest wait time being 2.8 weeks in 2011 (as cited in #16, pg. 32). Patients do not have timely access to a dentist, and Orange County also has no dental specialists.

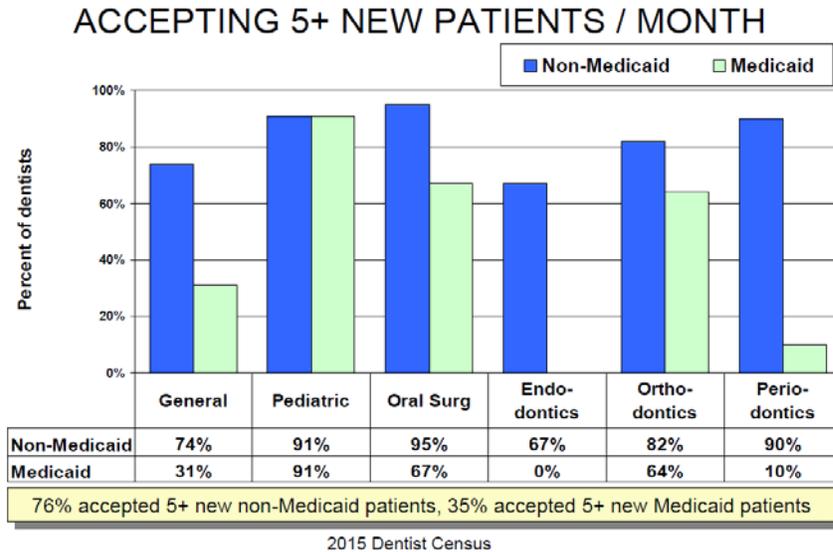
In addition to geography, access to dentists also depends on one's insurance, which is often linked to socioeconomic status. As seen below, the percentage of dentists accepting new Medicaid patients was 65 percent, compared to 95 percent for non-Medicaid patients. This rate has improved only slightly since 2013 (64 percent).

## ACCEPTING NEW PATIENTS



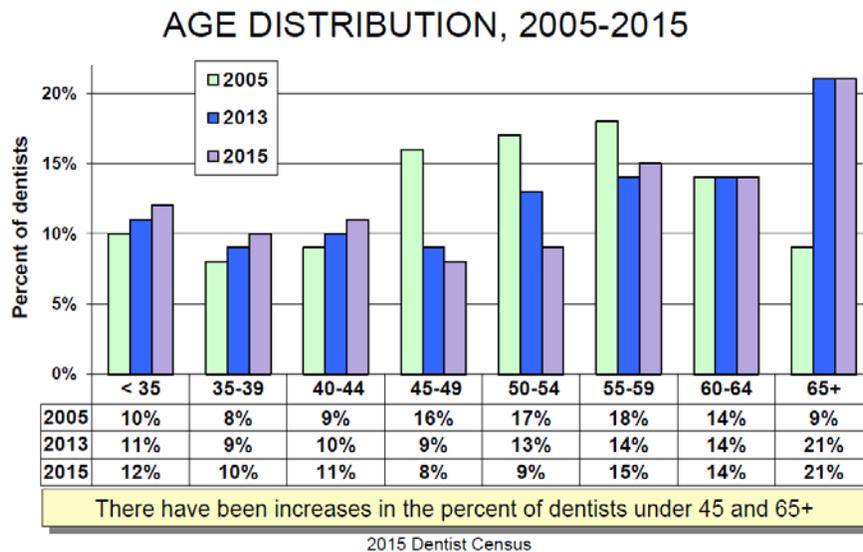
Furthermore, only 35 percent of Vermont dentists accepted more than five new Medicaid patients

per month, while 76 percent accepted more than five new non-Medicaid patients.



2015 Dentist Census

To make matters worse, the dentist population in Vermont is aging. As seen below, 50 percent of all dentists in the state are age 55 or older; 21 percent are age 65 or older. In addition, nearly a third of orthodontists are age 60 or older. This could lead to a shortage of dentists and orthodontists in the near future. At the same time, the percent of dentists under age 45 has been steadily increasing. In 2015, 33 percent were under age 45, compared to 30 percent in 2013 and 27 percent in 2005.



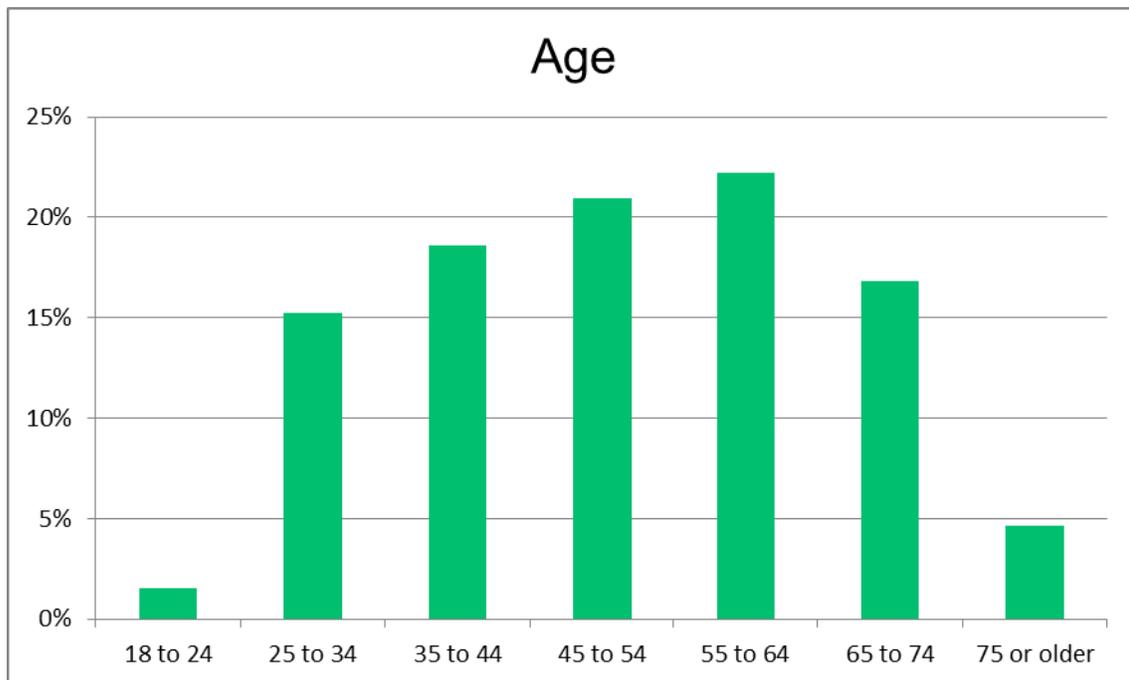
2015 Dentist Census

## 2. Community Needs Assessment Survey Findings

As noted on pages 8-9, a variety of tools were used to gather data for this report. Three hundred ninety-two (392) responses were collected.

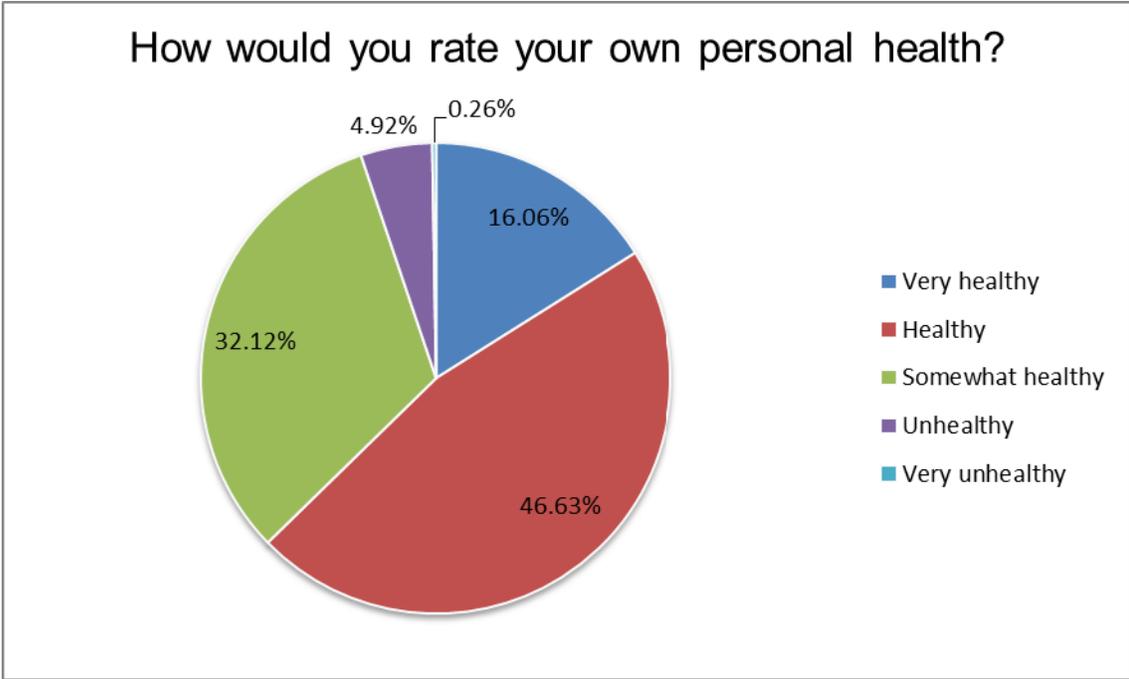
### Basic Demographic Information

- Several towns in Gifford’s service area were represented. Almost a third of respondents (32 percent) live in ZIP code 05060 (Braintree or Randolph); 9 percent live in 05061 (Randolph Center), and another 9 percent live in 05032 (Bethel). Overall, 44 towns were represented, including three towns over the border in New Hampshire.
- The majority of survey respondents (70 percent) have been a resident of their community for 10 or more years. 9 percent have been a resident for six to 10 years, and 9 percent have been a resident for zero to two years.
- The age of respondents was evenly distributed (see figure below). This is contrast to 2015, when 65 percent of respondents were age 65 or older.



### Self-Rated Health

Respondents were asked to think about and rate their own health. As seen in the figure below, almost half (47 percent) of participants reported themselves as *healthy*, 32 percent reported themselves as *somewhat healthy*, and 16 percent report themselves as *very healthy*.



When asked to identify their top health challenges as individuals, respondents most frequently identified:

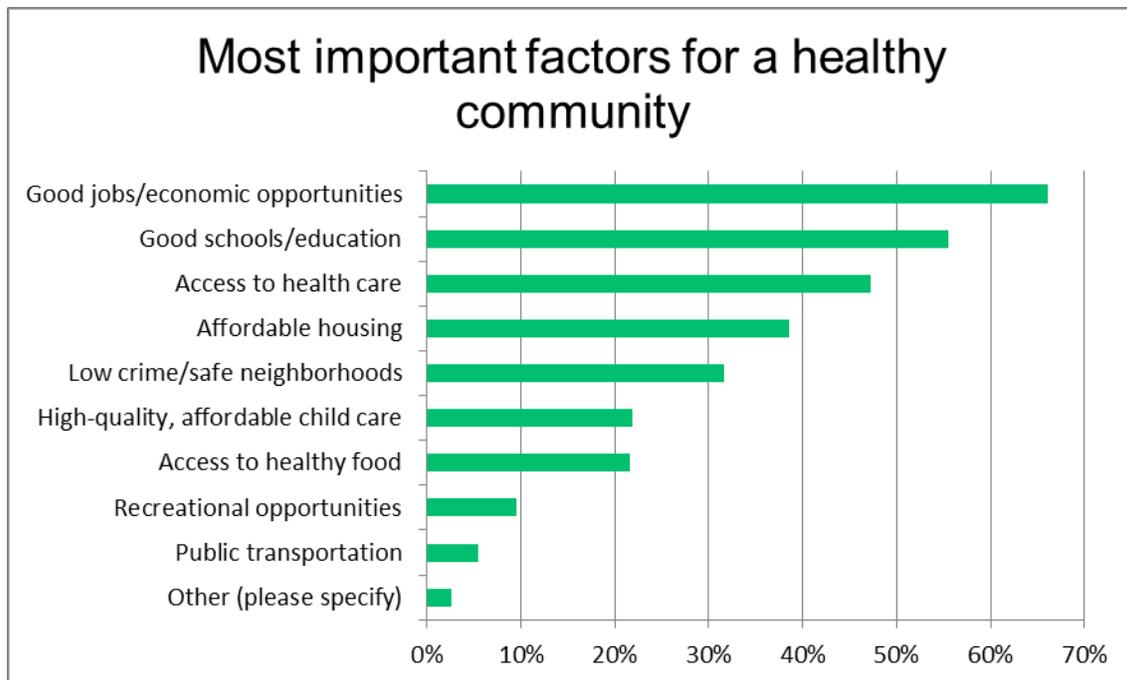
- 1. Lack of exercise (53 percent)
- 2. Overweight/obesity (42 percent)
- 3. Poor nutrition/eating habits (25 percent)



Community Health

Survey participants were asked a series of questions on how they perceive the health of the community. The three most important factors for a healthy community (i.e., factors that most improve quality of life in a community) were, in diminishing order of importance, good jobs/economic opportunities, good schools/education, and access to health care. See figure below for the full results.

When asked which factors were most important for a healthy community, 66.1 percent of responses indicated that good jobs and economic opportunities are important, 55.5 percent said good schools and education, and 47.3 percent said access to health care. 38.6 percent of responses noted that affordable housing is important, 21.9 percent said high-quality, affordable child care, and 21.6 percent pointed to the importance of access to healthy food. Additional responses in order of number of responses included recreational opportunities and public transportation. The figure below demonstrates this.

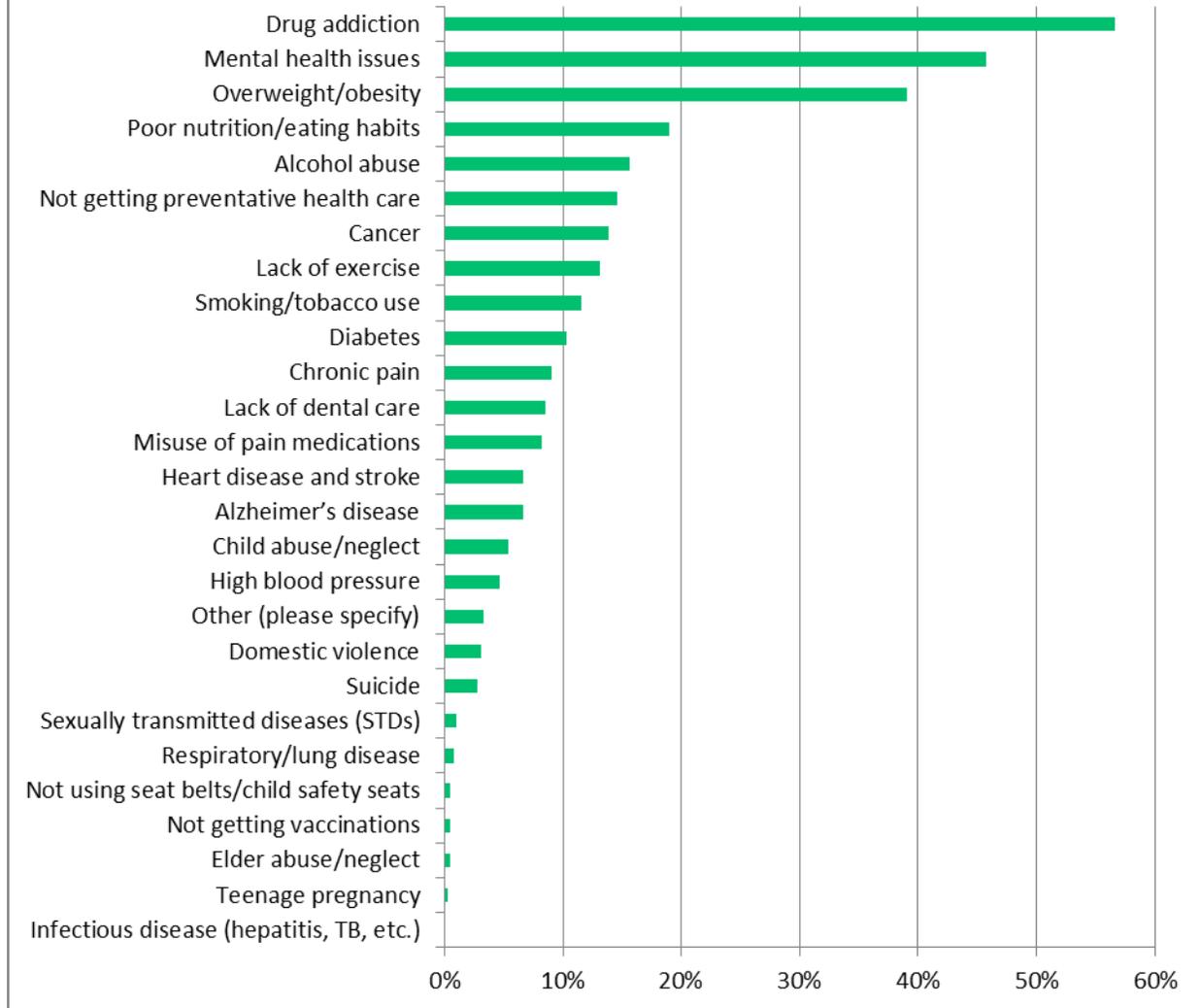


Respondents identified the biggest “health challenges” in the Gifford community. As seen in the figure on Page 23, the top three health problems identified were:

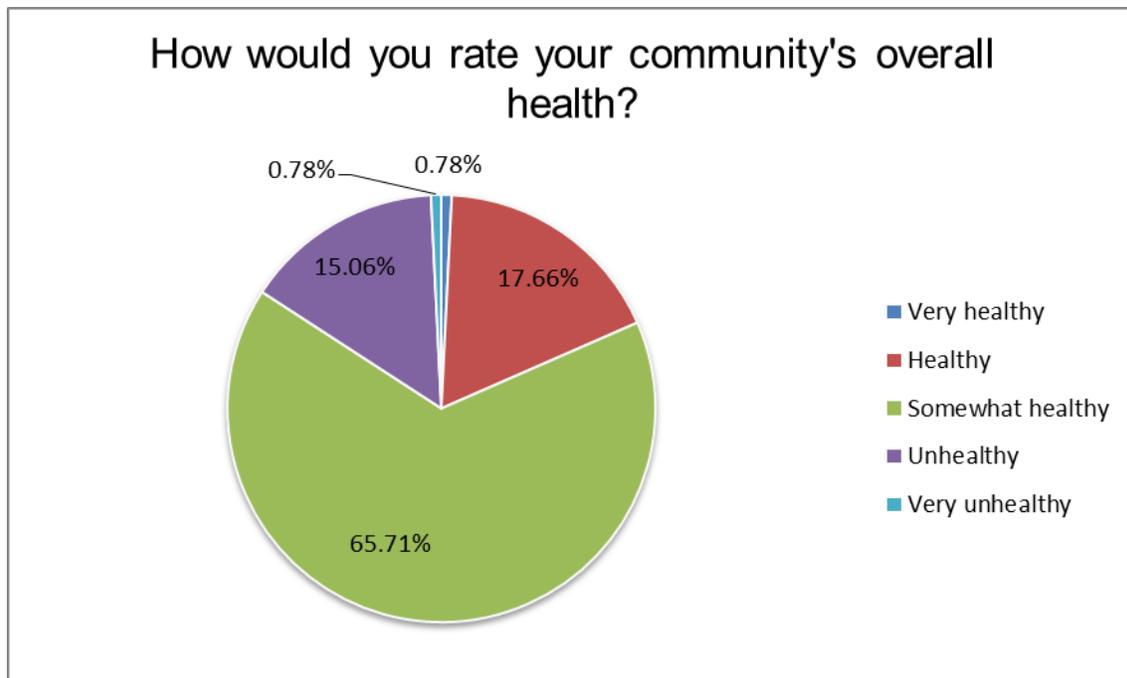
1. Drug addiction (57 percent)
2. Mental health issues (46 percent)
3. Overweight/obesity (39 percent)

Notably, overweight and drug addictions were also identified as two of the top risky behaviors in the 2012 and 2015 surveys.

## Community Health Challenges



Survey participants were asked to rate their community's health on a scale ranging from *very healthy* to *very unhealthy*. 66 percent of survey takers rated their community as *somewhat healthy*, 18 percent rated their community as *healthy*, and 15 percent of survey takers rated it as *unhealthy*. Less than 1 percent of respondents rated their community as either *very healthy* or *very unhealthy*.

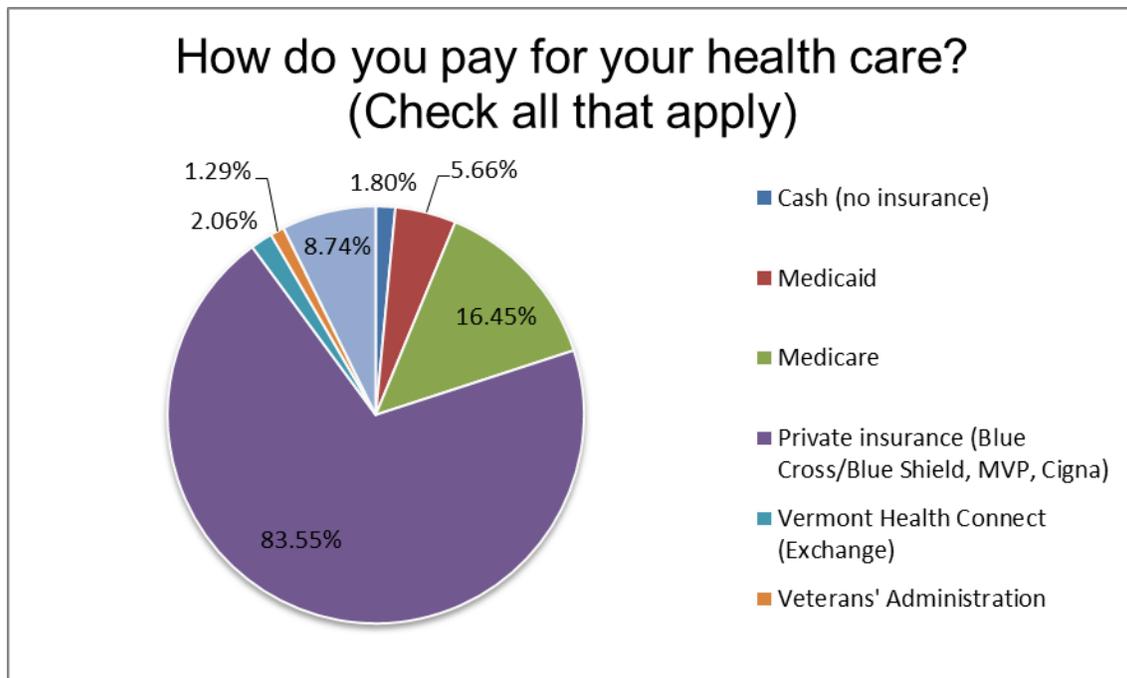


This is in contrast to the 2015 survey, when no survey respondents rated their community as *unhealthy*. Also in 2015, 50 percent of survey takers rated their community as *healthy*, 45 percent rated it as *somewhat healthy*, and 5 percent rated it as *very healthy*.

Still, the majority of individuals surveyed this year view the community as in the range of *healthy* to *somewhat healthy*, which demonstrates that the factors identified as components to a healthy community (good jobs and a healthy economy, good schools, and access to health care) are somewhat present in the Gifford service area. However, as the results do not indicate a *very healthy* community, this is also an indicator that the health problems and risky behaviors in the community are issues that need to be addressed.

#### Health Services

The survey participants were asked four questions about healthcare services and access to care. First, they were asked about insurance/how they pay for health care. Responses are as follows:

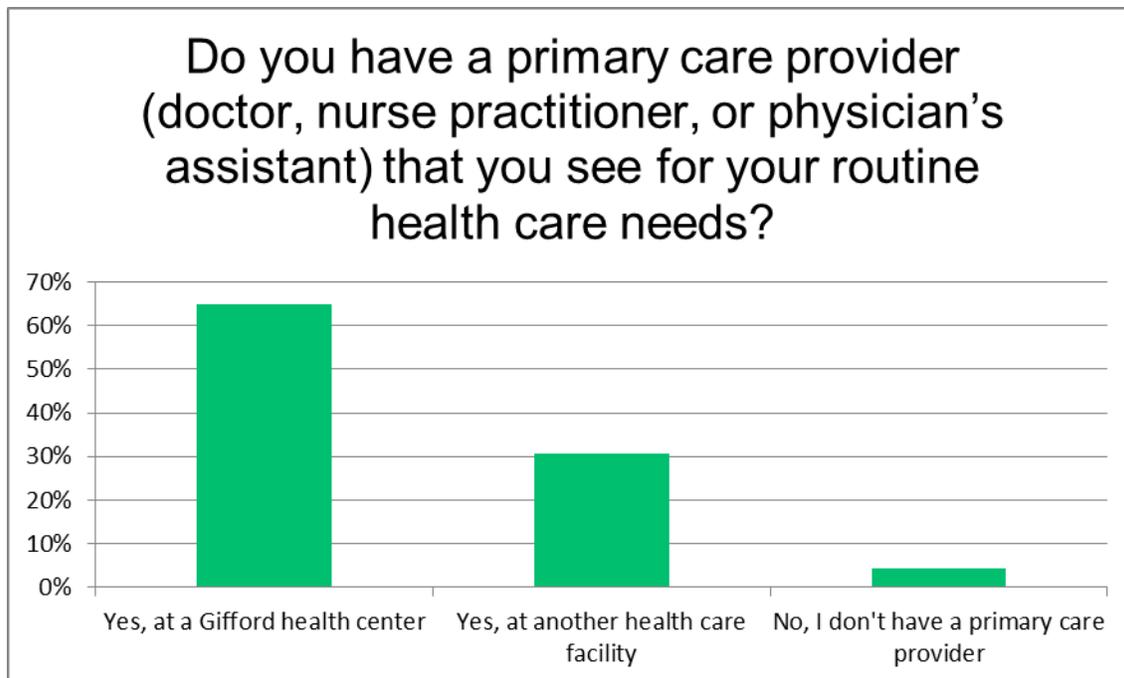


As illustrated in the figure above, the vast majority of respondents had private insurance. This is not representative of our patient population, which has a larger share of both Medicare and Medicaid patients than is represented here. This is likely related to our survey methodology.

This year we chose to primarily use an online survey to collect responses, in an effort to reach more of our service area. Access to computers and Internet is still an issue in rural areas, and can present technological challenges for the older demographic. However, we did create an identical paper version and distributed more than 200 copies to our community partner agencies, which in turn distributed the survey to their clients—many of whom have Medicaid or Medicare. Unfortunately, we did not receive as many of these paper surveys back as we had hoped.

In 2015, 53 percent of respondents had Medicare, which makes sense given the older age demographic of that survey.

The second question respondents were asked related to health services was whether they had a primary care provider, and if so, whether it was at a Gifford facility or not. As you can see in the figure on Page 26, almost two-thirds of respondents (65 percent) had a Gifford primary care provider. 31 percent had a primary care provider at another facility, and only 4 percent reported they did not have a primary care provider.



Respondents were asked two questions about access to healthcare services. They were first asked about a variety of services and if they were able to get the service in their community during the past year, if needed.

The most frequently sought-after services—regardless of whether the person was able to get the service or not—were: prescription or over-the-counter drugs (93 percent), preventative care in a doctor's office (e.g., annual physical; 92 percent), dental care for adults (88 percent), lab or X-rays (85 percent), and acute/sick care in a doctor's office (76 percent).

We then looked at the services that respondents reported having the most difficulty accessing, based on the answer option "No, unable to get" (excluding those who responded they did not need or try to get that service). As you can see in the figure below, two services were tied for having the poorest accessibility: support services for persons with special needs, and long-term care (nursing home or assisted living). Nearly one in four people who needed these services were unable to get them in their community (23.1 percent; 26 people needed, six didn't get). Close behind was alcohol or drug abuse counseling or treatment (22.2 percent; 27 people needed, six didn't get), assistance with connecting to community resources (21.2 percent; 52 needed, 11 didn't get), mental health counseling or treatment (19.6 percent; 112 needed, 22 didn't get), palliative care services (16.7 percent; 24 needed, four didn't get), and dental care for children (13.3 percent; 150 needed, 20 didn't get).

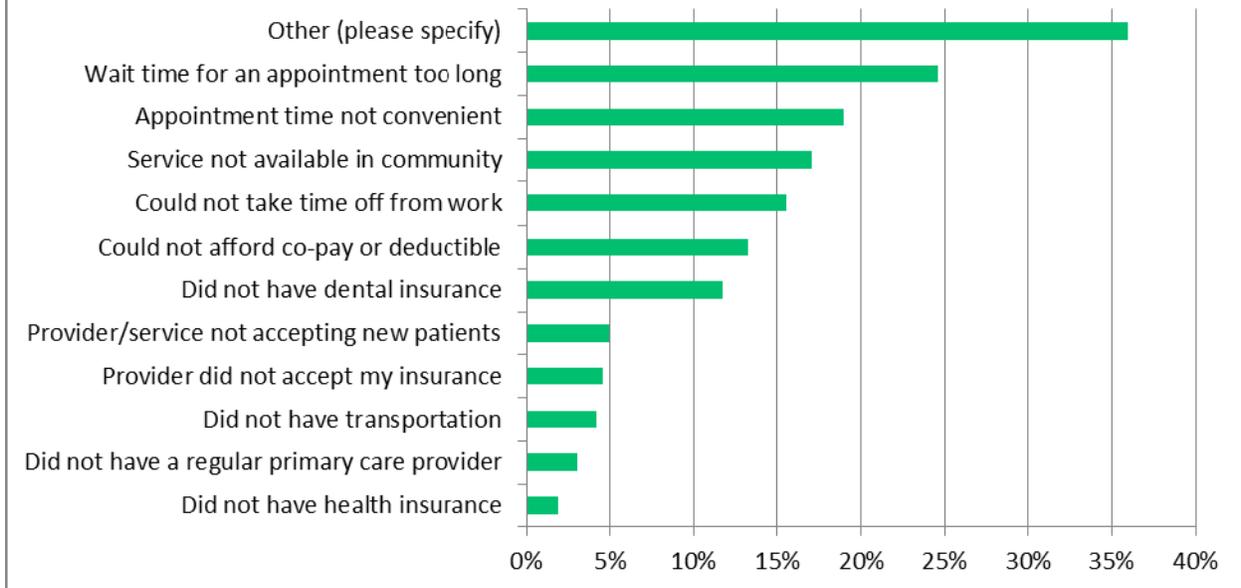
## Health Services - Unable to Access



There is some overlap with these results and those of the last assessment in 2015. The 2015 survey identified a need for better access to services, including dental fillings or other treatment, dental cleanings or X-rays, mental health counselors, and alcohol and drug abuse counselors.

Next, respondents were asked to select the reasons why they or their family were not able to get the health services they needed. The barriers most frequently identified by survey respondents were appointment wait time (24.6 percent) and appointment time not convenient (18.9 percent). All of the barriers to access are illustrated in the figure below:

## Barriers to Accessing Needed Health Services in Community



More than a third of respondents (36 percent) wrote in an “Other” response. A few themes emerged across the responses, including but not limited to: lack of time, not aware of available services, perception that could not access urgent care, high turnover of providers leading to lack of continuity, perception that quality of service available locally was inadequate, and personal preference. As evidenced by the comments, some people prefer to get their health care outside of their home community for a number of reasons, including being closer to where they work, needing specialized services, and continuing care in the community where they used to live. Several responses were related to the high cost of health care, even for those who have insurance. For example, one respondent wrote, “Afraid that labs or referral or procedure won’t be covered. Even if a check-up, afraid I’ll get a bill so I don’t go.”

Based on this survey, the areas of health care needing to be expanded or improved upon in the Gifford service area include: support services for people with special needs, long-term care services, alcohol and drug treatment and counseling, and mental health counseling. Also in need of expansion or improvement are palliative care services and dental care for children. Additionally, many survey respondents were unable to receive health services because of appointment access or convenience, service not available in community, health insurance (either not having it or not being able to afford the associated costs), or other financial reasons.

### 3. Community Health Team Planning Meetings (RECC)

In November 2017, the RECC chose nutrition and high emergency department utilization as priority or focus areas. The next step for the RECC will be to outline and define specific projects pertaining to nutrition and high emergency department utilization. Both focus areas align with the findings of the 2015 CHNA. A focus on nutrition addresses obesity and a focus on reducing high emergency

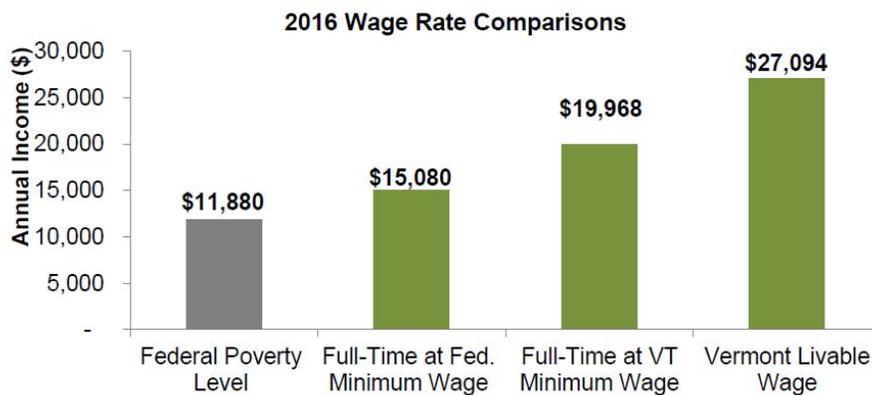
department utilization addresses healthcare access.

#### 4. Health Issues of Uninsured, Low-Income, and Disadvantaged Community Members

Although they may not be seen as frequently as in other places, veterans, persons experiencing homelessness, and people in poverty live in the Gifford service area.

**Veterans:** The U.S. Census Data from 2012-2016 shows there are 2,326 veterans in Orange County (2). The only Veterans Administration (VA) Medical Center in Vermont is located in White River Junction, on the periphery of the Gifford central service area. The VA Medical Center provides health care, benefits, and transition assistance to its patients. Additionally, there are five community-based outpatient clinics located around the state, and two veterans centers (17).

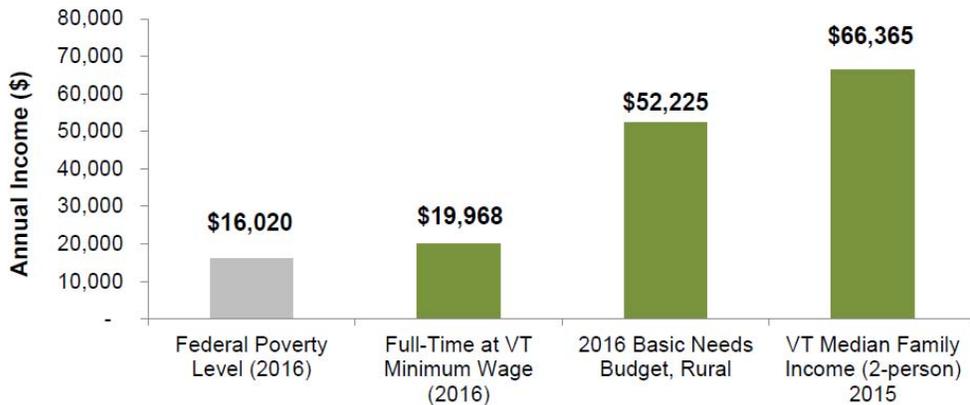
**Low Income:** As mentioned earlier, the U.S. Census reports that about one in 10 people in Orange County live below the poverty line (2). For these individuals and families, this means that basic needs—housing, transportation, food, child care, etc.—are likely not being met. The *Vermont Basic Needs Budgets and Livable Wage* report provides information about what it costs to live in Vermont, based on certain assumptions. It does this by accounting for estimated monthly living expenses in Vermont. The most recent report (revised February 2017) demonstrates that there are major gaps between what has been deemed the “Vermont Livable Wage” and the federal poverty level, federal minimum wage, and state minimum wage (18). The Vermont Livable Wage for 2016 is more than two times the federal poverty level for a single person. The minimum wage in Vermont is higher than the federal minimum wage, but there is still a \$7,000 shortfall from the livable wage.



(17)

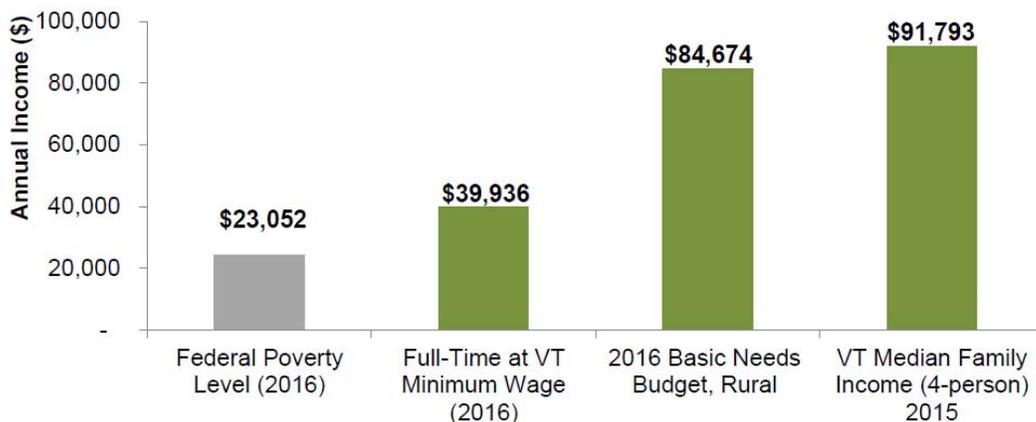
The report also shows the gap in wages for two family structures: single parent with one child, and two working parents with two children. As shown in the charts below, the Basic Needs Budget for each of the family structures is well above both the FPL and the minimum wage.

**Rural Vermont Basic Needs Income for a Single Parent with One Child, Compared to Other Benchmarks, 2016**



Source: American Community Survey: Median Income in the Past 12 Months by Family Size, 2015  
[https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS\\_15\\_5YR\\_B19119&prodType=table](https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_5YR_B19119&prodType=table)

**Rural Vermont Basic Needs Income for Two Working Parents with Two Children, Compared to Other Benchmarks, 2016**



Source: American Community Survey: Median Income in the Past 12 Months by Family Size, 2015  
[https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS\\_15\\_5YR\\_B19119&prodType=table](https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_5YR_B19119&prodType=table)

**Homeless:** The homeless in Vermont make up a small but important part of Vermont’s population. The Vermont Coalition to End Homelessness conducts one-day Point in Time (PIT) counts annually, during which all Vermonters who are experiencing homelessness that night are counted. Homeless is defined as unsheltered, in emergency shelter, or in transitional housing. The total number of homeless Vermonters counted during the one-day count in January 2017 was 1,225 (19). This was an increase of 11 percent, or 123 people, compared to the count in 2016. Orange County accounted for 20 of the total number, while nearby Windsor County accounted for 118 of counted homeless individuals.

Of those 1,225 homeless individuals, 340 (28 percent) reported having a serious mental illness. Two hundred twenty-eight (228) individuals (19 percent) reported having a substance abuse disorder. The low count of homeless in Orange County may be attributed to the lack of homeless shelters in Orange County. The nearest homeless shelters are in Barre and White River Junction, the very edges of the Gifford service area. Individuals from the service area may be traveling in order to access a homeless shelter, and leaving the service area. In addition, because these individuals are homeless, they may have trouble accessing healthcare. Gifford makes an effort to meet the needs of all patients, regardless of their ability to pay.

### **Prioritizing Community Health Needs**

Gifford will work collaboratively with others to determine the process for prioritizing community health needs while keeping in mind the link between the needs and cost to the healthcare system. The top areas to be considered are again obesity, dental health, mental health, substance abuse, and improvement of interagency care planning.

### **Implementation Strategy**

Gifford's volunteer Board of Trustees will review this assessment and adopt the plan to meet each identified need, following the same strategy for each need:

- Plan to meet and discuss with the RECC and Gifford Community Health Team (Blueprint);
- Review an anticipated program or change in the system;
- Determine the impact on the system and the community; and,
- Decide whether or not the initiative can move forward.

After board approval, an implementation plan for the 2018 CHNA will be developed and posted on the Gifford Health Care website in the first quarter of CY 2019.

## Citations

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