

2021 Community Health Needs Assessment: Implementation Plan



Table of Contents

Introduction	2
Executive Summary	3
Assessing Community Health Needs	3
Sources of Data	3
Process for Establishing Grace Cottage’s Priorities	3
Level One, Two, and Three Priorities: Lists	4
Three-Year Implementation Plan Summary	5
Level One Priorities	6
Mental Health Issues (Anxiety, Depression, Social Isolation, Stress)	6
Substance Use Disorder	7
Nutritional Fitness/Diabetes	9
Level Two Priorities	11
Healthy Aging	11
High Blood Pressure (Hypertension)	12
Cancer	13
Level Three Priorities Not Addressed by This Implementation Plan	14
Appendix:	
About Grace Cottage Family Health & Hospital	15
Grace Cottage Service Area	16
Contact Information	18

Introduction

This Grace Cottage Implementation Plan is based on the 2021 Community Health Needs Assessment (CHNA) report, which presents the findings of a comprehensive assessment of healthcare needs for residents of Windham County and the Grace Cottage Family Health & Hospital service area. That report identified significant health needs (SHNs) in our community and outlined priorities that the Grace Cottage medical providers and leadership team have chosen based on an analysis of these findings.

This Grace Cottage Family Health & Hospital Implementation Plan outlines goals, actions and resources that will be employed to address these priority needs.

Grace Cottage first began conducting assessments of the healthcare needs of the community in 2004. Grace Cottage's 2021 CHNA and its 2021 Implementation Plan both comply with IRS Regulations promulgated under the Patient Protection and Affordable Care Act. By law, the CHNA and the accompanying Implementation Plan are required to be conducted every three years.

Grace Cottage Family Health & Hospital's 2021 CHNA was approved by the Grace Cottage Board of Trustees at its July 16, 2021, meeting.

This associated Grace Cottage Family Health & Hospital CHNA Implementation Plan was approved by the Board of Trustees at its November 19, 2021, meeting.

Both the CHNA and the Implementation Plan are available to the public on the Grace Cottage website: www.gracecottage.org

A thank you to our partners

As in 2012, 2015, and 2018, Grace Cottage's current CHNA was developed in partnership with the two other Windham County, Vermont, hospitals -- Brattleboro Memorial Hospital and the Brattleboro Retreat. We would like to thank these two partners for working with us to conduct the 2021 Community Health Needs Assessment survey and to report on its findings.

While the population health data and resident survey results included in Grace Cottage's 2021 CHNA were prepared in collaboration with the institutions listed above, each of the three hospitals has established its own priorities and implementation strategies.

We would also like to thank all of the community partners who provided input into the 2021 Community Health Needs Assessment. In particular, we offer our thanks to the Brattleboro District Office of the Vermont Department of Health and the local office of the Vermont Agency of Human Services, who actively assisted in this project. We thank them for their generous sharing of statistical data, insight, and support.

Executive Summary

Assessing Community Health Needs

In order to establish the Significant Health Needs facing the Grace Cottage Family Health & Hospital service area, Grace Cottage conducted a collaborative Community Health Needs Assessment (CHNA) in partnership with Brattleboro Memorial Hospital, the Brattleboro Retreat, a representative of the Vermont Department of Health, and a representative of the Vermont Agency of Human Services. The CHNA Steering Committee met from October 2020 through June 2021.

Sources of Data

Grace Cottage Family Health & Hospital conducted a collaborative Community Health Needs Assessment in partnership with Brattleboro Memorial Hospital, the Brattleboro Retreat, and the Vermont Department of Health. The Windham County CHNA Steering Committee formed and began meeting in October 2020. The group met at least monthly over the next ten months. The 2021 CHNA Steering Committee made significant efforts to assure that the needs and concerns of all segments of the Windham County population were heard.

The data collection process took place from January through June 2021. CHNA surveys were available from mid-March to mid-May 2021. The largest portion of the surveys were completed by residents attending COVID-19 vaccination clinics at Grace Cottage and Brattleboro Memorial Hospital. Windham County social service agencies, including Groundworks Collective, which serves housing-insecure clients, also helped to distribute surveys to their clients. Additionally, surveys were distributed via social media. A total of 2,194 people completed the 2021 CHNA community survey, a 74.5% increase over the 2018 survey. The vast majority of these respondents are Windham County residents.

The CHNA report contains four primary sources of information:

- Demographic, geographic, economic, and population health data gathered on Windham County residents from a variety of sources, mostly accessed through the Vermont Department of Health's online databank
- Community Health Needs Assessment Survey results
- Completed questionnaires submitted by nine social service agencies and non-profit groups representing unique populations of Windham County residents (potentially medically underserved)
- Group discussion and clinical experience of Grace Cottage healthcare providers and leadership

Note: since Grace Cottage did not receive any written comments regarding its 2018 CHNA Report or Implementation Plan, this was not part of the information collected.

Process for Establishing Grace Cottage's Priorities

The Significant Health Needs (SHN) identified by the CHNA Survey and the other data described above were the basis for establishing Grace Cottage's priorities for the next three years.

On June 9, 2021, the Grace Cottage Senior Leadership Team, together with the Medical Executive Committee, reviewed and discussed the Windham County disease and demographic data that appears in the 2021 CHNA, comparing it to their clinical experience with patients.

The group also reviewed the results of the 2021 CHNA community survey. According to respondents, the top ten health concerns of the community are as follows:

Health Issues & Conditions:

- Arthritis
- Basic Needs (housing, food access, income)
- Cancer (all kinds)
- Healthy Aging
- High Blood Pressure (hypertension)
- Mental Health (anxiety, depression, stress, etc.)
- Physical Fitness
- Social isolation
- Substance Use
- Weight Management/Obesity

Top Barriers to Achieving Good Health:

- Financial Constraints
- Shame (cited as top barrier to seeking help for addiction)
- Time Constraints (many respondents said they are “too busy” to exercise)
- Transportation Limitations

Grace Cottage’s Leadership and Medical Executive Committee reviewed these lists and then ranked the Significant Health Needs using the following criteria, in order to maximize the hospital’s ability to meaningfully impact these significant and complex health needs within a reasonable time frame:

- The importance placed by the community on the need
- The severity or urgency of the Significant Health Needs (SHN)
- Alignment with Grace Cottage’s strengths and established priorities
- The ability of Grace Cottage to impact the SHN within a reasonable timeframe
- The feasibility and effectiveness of possible intervention
- The ability to measure outcomes
- The availability of other resources to address the SHN
- The financial resources and human resources required
- Health disparities associated with the need (e.g. race/ethnicity, gender)
- Whether addressing this SHN will have a positive impact on other identified SHNs

The chart below shows Grace Cottage’s ranked priorities, our focus of services for the next three years.

Level 1 Priorities:
• Mental Health Issues (anxiety, depression, social isolation, stress)
• Substance Use Disorder
• Nutritional Fitness/Diabetes
Level 2 Priorities:
• Healthy Aging
• High Blood Pressure (Hypertension)
• Cancer (especially Colon Cancer)
Level 3 Priorities:
• Arthritis
• Basic Needs (housing, food access, income)
• Physical Fitness

Three-Year Implementation Plan

Grace Cottage's Leadership Team and Medical Executive Committee met on June 9, 2021, to establish their priorities for the next three years. Subsequently, this strategic Implementation Plan was developed to address the Level 1 and Level 2 Priorities they had established.

For each Level 1 and Level 2 priority listed on the previous page, this Implementation Plan describes Grace Cottage's goals and objectives. It also includes what actions are planned and what resources will be committed to meet these goals and objectives, and the anticipated impacts. This plan has the support of Grace Cottage's Board of Trustees, its administrative team, its medical providers, and its employees.

We will report on the progress of our efforts to address these Level 1 and level 2 Priorities on an annual basis. As required by law, the Implementation Plan and an annual update will be posted on our website.

We have not prepared formal strategies for tackling the Level 3 Priorities noted above. Arthritis is already being addressed when warranted, as part of our primary care services. Assistance with basic needs such as housing, food, utilities, health insurance access, and reduced-fee or free healthcare at Grace Cottage is already being offered by Grace Cottage's Resource Advocate. Physical fitness is discussed during primary care visits, and whenever the pandemic situation improves enough to allow it, fitness classes will resume in the Grace Cottage Community Wellness Center. No new programs are planned for any of these issues.

This Implementation Plan meets the requirements of the Patient Protection and Affordable Care Act and corresponding IRS regulations.

In addition, it is important to note that this plan does not include everything we do at Grace Cottage Family Health & Hospital to enhance the health of our community. Grace Cottage will continue, as always, to work to meet the health needs of its community now and in the future. Helping people is woven into the culture of this rural mountainous region, and serving the needs of the community is the fundamental value for Grace Cottage Family Health & Hospital.

We will address all community health needs, and every individual's unique health needs, within the context of our mission and clinical strengths and will do our best to achieve significant positive results.

Level One Priorities:

- **Mental Health Issues (Anxiety, Depression, Social Isolation, Stress)**
- **Substance Use Disorder**
- **Nutritional Fitness/Diabetes**

Mental Health Issues (Anxiety, Depression, Social Isolation, Stress)

Problem Statement:

Clearly, mental health concerns affect a wide range of Windham County residents. Anxiety, depression, and mental health issues in general were the top three health concerns for the 2,194 people who completed the 2021 CHNA community survey, and stress ranked fifth.

Mental health illnesses are often hidden, but they have a significant impact on health in general.

The Vermont Department of Health has found that approximately 20% of Vermonters have been diagnosed with a depressive disorder at some time in their lives, compared with 18% of all U.S. adults. Windham County adults have the highest rate of depression of all Vermont counties (28%),¹ and Windham County's rate of suicide has been higher than the state's rate for several years.² The percentage of high school-aged teens who have made a suicide plan is also higher in Windham County than the statewide percentage.³

All mental health issues can lead to chronic disease and decreased quality of life. Mood disorders can affect one's ability to sleep, eat, work, play, and socialize. Stress, anxiety, and depression are contributing factors that, when untreated, can lead to suicide. COVID-19 has increased greatly the sense of social isolation, another factor that affects mental health.

Goals:

- To identify patients who are clinically depressed and offer them referrals for appropriate services
- To improve symptoms for all patients with depression
- To improve the quality of life for all patients with mental health challenges
- To increase access to necessary services for all patients with mental health challenges

Objective:

- Identify Grace Cottage patients age 12 and older who have a clinical depression diagnosis
- For those who have not had follow-up care for their mental health issues, offer referrals to counseling, follow-up clinical appointments, and/or for medical treatment, as appropriate

Actions/Resources:

- Mental health services are embedded into Grace Cottage Family Health & Hospital's primary care practice. We employ a Psychiatric Mental Health Nurse Practitioner (PMHNP) and two Licensed Independent Clinical Social Workers to provide medication management and counseling. A Registered Nurse is assigned to these providers to assist with mental health services and referrals.
- Adult patients and children age 12 and older are screened annually for depression and other mental health issues using the Patient Health Questionnaire 2 (PHQ2) mental health screening test.
- For patients whose PHQ2 test score is positive for depression, an RN calls to schedule an appointment to administer the PHQ9 screening test to establish the level of severity of depression.
- Clinical intervention and counseling are offered for patients whose PHQ9 test score suggests the patient is struggling with depression.

¹ https://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR_2018_BRFSSReport.pdf

² https://www.healthvermont.gov/sites/default/files/documents/pdf/HV2020_WindhamCounty.pdf

³ https://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR_YRBS_WINDHAM_2019.pdf

- The PMHNP completes consultations for inpatients and Emergency Room patients when appropriate.
- Patients who are suicidal are evaluated in the hospital Emergency Department and by Vermont's Health Care and Rehabilitative Services (HCRS) when necessary for definitive disposition and care.
- In order to increase accessibility of mental health services, Grace Cottage is actively recruiting a second PMHNP to add to our mental health team.
- The Grace Cottage RN Care Coordinator has conducted a monthly Alzheimer's Support Group to provide emotional support and to talk about the stresses of being a caregiver. This support group, suspended in March 2020 due to pandemic precautions, will restart when it is safe to do so.

Anticipated Impact:

- Increased rate of referrals and primary care provider follow-up appointments for patients with a mental health disorder diagnosis.

Any Planned Collaboration with Other Facilities:

- Grace Cottage alerts the Health Care and Rehabilitative Services (HCRS) Crisis Team about patients who are suicidal.
- Grace Cottage providers may refer any seriously depressed, non-suicidal patient for inpatient treatment and/or to an outpatient treatment program outside of Grace Cottage, as appropriate.

Substance Use Disorder

Problem Statement:

People use and misuse alcohol, tobacco and other drugs for many reasons: to relieve physical or psychological pain, to counter stress, to forget about traumatic experiences, or to mask feelings of hopelessness. Prioritizing future health over immediate needs is especially difficult in the face of multiple daily stressors and pervasive marketing that can make it seem as if alcohol or drugs will make life easier.

Substance use disorder is not a choice or a moral failing. Some people are genetically prone to substance use disorder. As a chronic illness, substance use disorder may become a physiological and psychological need. Quitting or seeking treatment is never easy, and relapse is common. The feelings of isolation that may come from avoiding friends or situations that trigger the desire to smoke, drink, or take illicit drugs can add to the challenge, but many people do find a path to recovery.

Respondents in the 2021 CHNA survey listed drug use in general as the second highest health concern for their community; alcoholism was ranked fifth, and opiate use was ranked seventh.

A few local statistics for the use of alcohol, tobacco, marijuana/cannabis, and opiates are provided here. The 2021 CHNA provides more details.

Alcohol:

National data shows that Vermonters of all ages drink more often and more in one sitting, compared to the country overall. Alcohol use among all Vermonters has decreased since 2011 but remains higher than among U.S. adults. An estimated 7% Vermonters are in need of, but have not sought treatment for, alcohol use disorder.⁴ Alcohol use among all Vermonters has decreased since 2011, but remains higher than among all U.S. adults. Binge drinking is a particular concern. According to recent surveys, among Windham County residents, 16% of high school students, 18% of young adults (age 18-24), and 29% of adults age 65+ engaged in binge drinking at least once during the 30 days prior to the survey⁵.

⁴ http://www.healthvermont.gov/sites/default/files/documents/pdf/HV2020_WindhamCounty.pdf

⁵ <http://www.healthvermont.gov/ia/BRFSS/Preventative%20Behaviors%20County/atlas.html>;

https://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR_YRBS_WINDHAM_2019.pdf

Tobacco:

Teenage cigarette smoking among Vermonters and Windham County residents has declined over the past several years, but smoking among adults has increased. Windham County rates for adult smoking are higher than the Vermont rates (23% compared to 17%). The rate of teens who smoke cigarettes has declined slightly in recent years, but the use of e-cigarettes has increased dramatically.

Marijuana (Cannabis):

National data shows more Vermonters ages 12 and up are using cannabis compared to the country overall. Complicating the situation in Vermont is the fact that the Vermont Legislature has recently legalized the use of cannabis, making it even easier to obtain and use without need for secrecy. The number of Vermonters who try cannabis for the first time between the ages of 12 and 17 is higher than in the country overall.⁶

Opioids:

Opioid use is a great concern, nationwide, in Vermont and in Windham County. Vermont drug overdose deaths involving opioids totaled 127 in 2018 (a rate of 22.8) and have remained steady since 2016. Deaths involving synthetic opioids other than methadone (mainly fentanyl and fentanyl analogs) have trended up in recent years. Heroin-involved deaths are also rising. Deaths due to misuse of prescription opioids have remained steady.⁷ Opioid use disorder is a lifelong chronic illness. As with other chronic diseases, treating and managing a person's substance use disorder requires a multifaceted approach.

Goals:

- Reduce Grace Cottage patients' reliance on tobacco products
- Reduce Grace Cottage patients' reliance on illegal or other illicit substances

Objectives:

- Identify Grace Cottage patients who use tobacco products and increase the percentage who are referred to 802QUITS, the Vermont Department of Health's resource for tobacco cessation
- For patients who use tobacco products and want medication assistance to help with cessation, provide referrals to a primary care provider who can prescribe the appropriate medication
- Identify Grace Cottage patients with substance use disorder and offer them referrals for treatment

Actions/Resources:

- Grace Cottage employs three Medication Assisted Treatment (MAT) credentialed providers—two Physicians and a Physician Assistant. These Grace Cottage staff members oversee Grace Cottage's "Spoke" practice, part of the outpatient, office-based suboxone treatment service funded by through the Vermont Department of Health. Grace Cottage also has two dedicated Spoke RNs who provide support for these Spoke practitioners, with services embedded into the Grace Cottage family practice setting. Evidence-based treatment and a team-care approach are utilized to provide the most appropriate care for each patient.
- Maintain the credentials for providers and the MAT services currently offered at Grace Cottage
- Offer referrals to MAT, when appropriate, for patients who admit to substance use disorder
- Offer referrals to addiction support groups for patients who could benefit from these
- Offer referrals to 802QUITS and/or clinical treatment for patients who use tobacco
- Grace Cottage will continue to be a distribution site for free Narcan when it is needed to save a life in the case of an overdose.

⁶ <https://www.healthvermont.gov/alcohol-drug-abuse/alcohol-drugs/marijuana>

⁷ [https://www.drugabuse.gov/drug-topics/opioids/opioid-summaries-by-state/vermont-opioid-involved-deaths-related-harms#:~:text=In%20Vermont%2C%20drug%20overdose%20deaths,in%202018%20\(Figure%201\).](https://www.drugabuse.gov/drug-topics/opioids/opioid-summaries-by-state/vermont-opioid-involved-deaths-related-harms#:~:text=In%20Vermont%2C%20drug%20overdose%20deaths,in%202018%20(Figure%201).)

Anticipated Impact:

- Patients in need will be referred to counseling and/or treatment programs, including MAT, for substance use.
- Improved quality of life and access to available services for those who are managing their addictions

Any Planned Collaboration with Other Facilities:

Grace Cottage's Spoke program works collaboratively with the Brattleboro Retreat, Brattleboro Memorial Hospital, and the Vermont Department of Health's Blueprint for Health program managers to oversee and provide the best care for patients working to recover through the MAT program. Vermont's Department of Health Care and Rehabilitation Services (HCRS) also provides services at Grace Cottage's Hospital and Family Health Clinic for crisis intervention, when needed. In addition, Grace Cottage is actively involved in the grant-supported Windham County Consortium on Substance Use (COSU), working to expand services throughout the county. Grace Cottage also collaborates with other addiction support and treatment organizations by referring patients with active addictions to 802QUITS, Alcoholics Anonymous, behavioral counselors, to other support groups and services as appropriate, or to the Retreat for inpatient services, or HCRS for suicidal patients.

Nutritional Fitness/Diabetes

Problem Statement:

Grace Cottage Family Health & Hospital sees patients who reside throughout Windham County, Vermont, and beyond, and increasingly, diabetes is a medical issue for these patients. Approximately 9% of Vermonters, and 9% of Windham County residents have diabetes.⁸ Diabetes prevalence among Vermonters has crept up steadily over the past decade, from 6% in 2009, to 8% in 2013, to 9% today.⁹

Diabetes is a chronic disease that disrupts blood sugar levels. Uncontrolled blood sugar can lead to diseases in other parts of the body. Over time, build-up of glucose in the blood can damage eyes, kidneys, nerves, or the heart, leading to serious health complications.¹⁰ Uncontrolled diabetes causes 2-3% of deaths in Vermont (12,000-18,000 deaths).¹¹ It is a leading cause of preventable death among Vermonters.¹²

Prediabetes, a condition that can lead to diabetes, is often undiagnosed. It has been estimated that one in three adults over the age of 18, and half of adults over the age of 65, have prediabetes, and as many as 90% of these may be undiagnosed.¹³

Prediabetes can cause health problems even before diabetes develops, including early kinds of kidney disease, nerve damage and small blood vessel damage in organs such as the eyes. Without lifestyle changes, an estimated 30% of those with prediabetes will develop Type 2 diabetes within five years.¹⁴

For those who already have Type 2 diabetes, lifestyle changes can also have a big impact on how well the disease is managed.¹⁵

Goals:

- Affect a steady decline of the percentage of adult patients with prediabetes

⁸ <https://www.healthvermont.gov/wellness/diabetes/diabetes-vermont-data-and-facts>

⁹ https://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR_2018_BRFSSReport.pdf

¹⁰ https://www.healthvermont.gov/sites/default/files/documents/pdf/HS_1305_Data_Pages_081816.pdf

¹¹ https://www.healthvermont.gov/sites/default/files/documents/pdf/hpdp_3-4_50_County%20Data%20Brief%20Windham_070519.pdf

¹² <https://www.cdc.gov/nchs/pressroom/states/vermont/vt.htm>

¹³ https://www.healthvermont.gov/sites/default/files/documents/2016/12/data_brief_20165_diabprev.pdf

¹⁴ https://www.healthvermont.gov/sites/default/files/documents/pdf/3-4-50_Diabetes_%20Data%20Brief_FINALapproved_forWEB.pdf

¹⁵ https://www.healthvermont.gov/sites/default/files/documents/pdf/HS_1305_Data_Pages_081816.pdf

- Increase the percentage of adult patients with Type 2 diabetes who are receiving formal diabetes education and support services

Objectives:

- Identify Grace Cottage patients with a diagnosis of Type 2 diabetes or prediabetes who have not had an A1C test in the previous six months
- Increase the percentage of patients with Type 2 diabetes or prediabetes who receive follow-up clinical support and are offered a referral to diabetes education services

Actions/Resources:

- Grace Cottage Family Health & Hospital is very involved in helping to promote healthy nutrition and access to health foods. This includes:
 - partnering with the Vermont Foodbank’s VeggieVanGo program to distribute nutritious food, especially fresh produce, to the community. There are no eligibility requirements, and food is provided at no cost to recipients. Grace Cottage employees assist with this monthly food distribution, and our Community Health Team members deliver food boxes to homebound patients to ensure they have healthy food options.
 - Grace Cottage organizes food drives among employees to collect food for the local food shelf in order to assist with food disparities and to promote health eating habits.
 - Grace Cottage has a designated employee who works monthly with the local food pantry.
- Grace Cottage Family Health patients receive a BMI measurement during annual physicals.
- Patients with a Type 2 diabetes diagnosis will be prompted to get an A1C blood test at least once every year. An elevated A1C means the disease is not well managed and the patient has an increased risk for complications.
- For patients with a Type 2 diabetes diagnosis who have not had an A1C test in six months, clinic staff will reach out to schedule an appointment with a primary care provider.
- Patients with either a prediabetes or Type 2 diabetes diagnosis will be referred to the Grace Cottage Community Health Team’s Diabetes Educator for education, health coaching, and support. When appropriate, they will be encouraged to lose weight and increase activity level.
- A “Healthy Aging for Women” support group has been led by the Grace Cottage Diabetes Educator, with discussion topics including healthy lifestyles and prevention and symptoms of prediabetes and diabetes. Suspended due to pandemic precautions, this program will restart when it is safe to do so.
- The Community Health Team members provide nutritional and weight loss management counseling as a free service.

Anticipated Impact:

- Lowering of A1C levels in prediabetic and diabetic patients
- Improved health, quality of life, and access to necessary services for prediabetic and diabetic patients
- Decrease the incidence of Type 2 diabetes among Grace Cottage patients by focusing more attention on prediabetic patients
- Improve the overall health of patients with Type 2 diabetes by controlling the diabetes and monitoring the patients for any co-morbidities

Any Planned Collaboration with Other Facilities:

The Grace Cottage Diabetes Educator collaborates with Grace Cottage providers and the Grace Cottage Community Health Team RN Care Coordinator. Collaboration with providers at other facilities occurs as necessary, for example, when prediabetic or diabetic patients receive referrals for specialty services provided elsewhere. Grace Cottage also continues to explore partnerships with area organizations regarding community wellness.

Level Two Priorities

- **Healthy Aging**
- **High Blood Pressure (Hypertension)**
- **Cancer (especially Colon Cancer)**

Healthy Aging

Problem Statement:

The 2018 Community Assessment report from the social services organization Southeastern Vermont Community Action stated that, “Vermont’s most notable demographic trend is the aging of its population.”¹⁶ Statistics bear that out. At the time of the 2010 U.S. Census, 14.6% of Vermont’s population was age 65+, and Windham County’s was 22%. The 2019 U.S. Census’s American Community Survey showed Vermont at 20% (an increase of 5.4%) and Windham County at 23.9% (a 1.9% increase).¹⁷

Windham County, VT, ranks in the highest median-age bracket of all U.S. counties.¹⁸ Among all states, Vermont ranks third, following Maine and New Hampshire, as the state with the highest median age in the country (Maine = 45.0; New Hampshire = 43.1; Vermont = 43.0).¹⁹

As Vermont’s population ages, the demands on its health care system also will increase.

Goals:

- To provide the best possible care for older adults and promote healthy aging

Objectives:

- Utilize evidence-based practices across the 4Ms (What Matters, Medication, and Mentation, and Mobility) within the primary practice and the hospital
- Actions/Resources:
- Continued efforts to retain Grace Cottage Family Health’s certification as an “Age-Friendly Health System” by the Institute for Healthcare Improvement
- Use the evidence-based practices of the 4Ms to deliver high quality care to aging patients and promote health aging
- Promote healthy living lifestyle, offer and refer patients to wellness classes and support groups
- Utilize the Community Health Team staff to assist patients with chronic care management and provide education to patients to achieve the best outcomes for older adults
- A “Healthy Aging for Women” support group has been led by the Grace Cottage Diabetes Educator, with discussion topics aimed specifically at older adults. Discussion topics have included healthy lifestyles, prediabetes and diabetes. Suspended due to pandemic precautions, this program will restart when it is safe to do so.

Actions/Resources:

- Continued efforts to retain Grace Cottage Family Health’s certification as an “Age-Friendly Health System” by the Institute for Healthcare Improvement
- Use the evidence-based practices of the 4Ms to deliver high-quality care to aging patients and promote health aging
- Promote healthy living lifestyle, offer and refer patients to wellness classes and support groups

¹⁶ https://www.sevca.org/images/pdf/Community_Assessment_2018-with_Attachments.pdf, p. 12

¹⁷ <https://data.census.gov/cedsci/table?q=2010%20vermont&tid=ACSST1Y2010.S0101;>

¹⁸ <https://www.census.gov/library/visualizations/2018/comm/youngest-oldest-counties.html>

¹⁹ http://www.statsamerica.org/sip/rank_list.aspx?rank_label=pop46&ct=S09

- Utilize the Community Health Team staff to assist patients with chronic care management and provide education to patients to achieve the best outcomes for older adults
- A “Healthy Aging for Women” support group has been led by the Grace Cottage Diabetes Educator, with discussion topics aimed specifically at older adults. Discussion topics have included healthy lifestyles, prediabetes and diabetes. Suspended due to pandemic precautions, this program will restart when it is safe to do so.

Anticipated Impacts:

- Identify what is important to elderly patients and avoid unnecessary testing and treatments
- Reduce falls and injuries related to falls
- Increase social interaction by maintaining active lifestyle
- Reduce medication and related side effects in the elderly
- Reduce social isolation and related depression
- Reduce stress on caregivers and community by identifying dementia earlier and providing support

High Blood Pressure (Hypertension)

Problem Statement:

Per the U.S. Centers for Disease Control (CDC), hypertension, also known as high blood pressure, is a major risk factor for heart disease and stroke, both of which are leading causes of death in the US. Nearly one-third of all American adults have high blood pressure and more than half of them don’t have it under control.

High blood pressure is a common contributing factor to Cardiovascular Disease (CVD), a broad category that includes several types of heart conditions, notably coronary heart disease, heart attack and strokes. Eight percent of Vermonters have been diagnosed with CVD, approximately 39,500 adults.²⁰ Often called “heart disease,” CVD is the second leading cause of death among Vermonters, after cancer. Two other diseases associated with heart disease -- stroke and hypertension (high blood pressure) – rank sixth and ninth respectively as leading causes of death.²¹ In 2018, 1,335 Vermonters died of heart disease.²² Windham County’s rate of deaths due to heart disease (98.8 per 100,000 people) was slightly better than Vermont’s rate (105.4 deaths per 100,000).²³

More than 50% of Vermonters have at least one key risk factors for CVD: high blood pressure (hypertension), high cholesterol, or a habit of smoking. Other health conditions and behaviors that can lead to CVD are diabetes, being overweight or obese, poor diet, physical inactivity, and excessive alcohol use.²⁴

Goals:

- Early diagnosis of hypertension in patients
- Provide effective care and management for patients diagnosed with hypertension to keep their blood pressure under control

Objectives:

- Prevention of strokes
- Prevention of heart attacks

²⁰ https://www.healthvermont.gov/sites/default/files/documents/pdf/HS_1305_Data_Pages_081816.pdf

²¹ <https://www.cdc.gov/nchs/pressroom/states/vermont/vt.htm>

²² <https://www.healthvermont.gov/sites/default/files/documents/pdf/Vital%20Statistics%20Bulletin%202018.pdf>

²³ https://www.healthvermont.gov/sites/default/files/documents/pdf/HV2020_WindhamCounty.pdf

²⁴ https://www.healthvermont.gov/sites/default/files/documents/pdf/HS_1305_Data_Pages_081816.pdf

Actions/Resources:

- Grace Cottage Family Health staff will continue to complete an outreach effort to primary care patients with a diagnosis of hypertension who have not been seen in a year to recommend that they come in for an appointment to see their primary care provider.
- Grace Cottage will continue to complete high blood pressuring screenings at office visits to diagnose and provide appropriate treatment of hypertension.

Anticipated Impacts:

- Increase the number of people in our service area who are regularly screened for hypertension.
- Provide treatment of hypertension through both lifestyle changes and appropriate medications to those who need them, thereby preventing strokes and heart disease.
- Improve the overall health of patients with hypertension by controlling the blood pressure and monitoring the patients for any co-morbidities.

Cancer (especially Colon Cancer)

Problem Statement:

Cancer is not a single disease, but a group of more than 100 different diseases that often develop gradually as the result of a complex mix of lifestyle, environment, and genetic factors. Certain behaviors put people at a higher risk for certain cancers. Nearly two-thirds of cancer deaths in the U.S. can be linked to tobacco use, poor diet, obesity, and lack of exercise.²⁵

Cancer affects thousands of Vermonters and is now the leading cause of death.²⁶ Each year, approximately 3,700 Vermonters are diagnosed and 1,400 of them die.²⁷ Cancer prevalence among Vermont adults has remained relatively consistent since 2011.²⁸

Five types of cancer make up the majority of new cancer diagnoses or cancer-related deaths. The leading cancer types differ for male and female bodies.²⁹ For females, the incidence of cancers of the breast, lungs/bronchus uterus, bladder, and skin are higher in Vermont than the U.S. overall. For males, incidence of cancers of the skin, bladder, esophagus, and non-Hodgkins lymphoma are higher in Vermont than in the U.S.³⁰

The good news is that cancer is often survivable. Early detection is important, so cancer screenings are very important. Windham County's rate of colorectal cancer screenings (fecal occult blood screening and colonoscopy, adults 50-75) is slightly better than Vermont's,³¹ but the county's rate of advanced colorectal cancer (70.7 cases per 100,000) is much higher than Vermont's (60.6).³² When detected early 90% of colorectal cancer is curable.

Goals:

- Early detection of cancer with a particular focus on colorectal cancer

²⁵ https://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR_2018_BRFSSReport.pdf; <https://www.healthvermont.gov/wellness/cancer>

²⁶ <https://www.cdc.gov/nchs/pressroom/states/vermont/vt.htm>

²⁷ https://www.healthvermont.gov/sites/default/files/documents/pdf/stat_cancer_Windham.pdf

²⁸ https://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR_2018_BRFSSReport.pdf; <https://www.healthvermont.gov/wellness/cancer>

²⁹ https://www.healthvermont.gov/sites/default/files/documents/pdf/stat_CancerDataPagesPDF.pdf

³⁰ https://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR_2018_BRFSSReport.pdf

³¹ Ibid.

³² https://www.healthvermont.gov/sites/default/files/documents/pdf/stat_cancer_Windham.pdf

Objectives:

- Increase the number of colorectal screenings for the targeted population (primary care patients ages 50-75 years), using the U.S. Prevention Task Force recommendations

Actions/Resources:

- An outreach letter composed by the Medical Director has been sent via email in a two-stage outreach to the targeted age group. Over 1,500 outreach letters were mailed. This letter stressed the importance of early detection of colorectal cancer and explained the three screening options (High-sensitivity gFOBT stool test, sDNA-FIT stool test, and colonoscopy). Follow-up will be provided.

Anticipated Impacts:

- Increase the number of people in our service area who are regularly screened for colorectal cancer.
- Reduction in local rates of morbidity due to cancer, especially colorectal cancer

Why Level 3 Priorities Are Not Specifically Addressed by This Implementation Plan

- **Arthritis**
- **Basic Needs (housing, food access, income)**
- **Physical Fitness**

Many of the Significant Health Needs (SHNs) identified in the 2021 Grace Cottage Community Health Needs Assessment are issues of long-standing concern to the community and to Grace Cottage providers. Accordingly, programs are already in place at Grace Cottage and elsewhere to address these SHNs.

We will not prepare formal strategies for tackling the Level 3 Priorities listed above for the following reasons:

- Grace Cottage's Outpatient Rehabilitative Services already provides physical and occupational therapy for those dealing with arthritis. This will continue, and we do not plan to add other arthritis programs.
- Grace Cottage's Community Health Team members (RN Care Coordinator, Diabetes Educator, and Resource Advocate) provide information and help patients access basic needs assistance programs. As stated above, Grace Cottage Family Health & Hospital also hosts and provides volunteers for a monthly VeggieVanGo free food distribution organized by the Vermont Foodbank. In addition, Grace Cottage offers free- and reduced-fee care for those who qualify, thus helping to reduce the burden of healthcare costs for those most in need. While these efforts will continue, Grace Cottage does not have the financial or staff capacity to add new assistance programs.
- Grace Cottage's Community Wellness Center suspended its yoga, Strong Bones, and other fitness classes during the COVID-19 pandemic, but we expect to resume these classes as soon as it is safe to do so. Additional classes may be offered over the next three years, but no major program expansion is anticipated.

APPENDIX

About Grace Cottage

Grace Cottage Family Health & Hospital is an independent, non-profit community healthcare facility located in the town of Townshend, in Windham County, in southeastern Vermont.

Grace Cottage Family Health is a Federally-certified Rural Health Clinic. Its eleven practitioners provide primary care, pediatrics, geriatrics, and mental health services to more than 7,000 individual patients annually. The Community Health Team at Grace Cottage Family Health works closely with the medical providers and includes an RN Care Coordinator, an RN Diabetes Educator, and a Health Resource Advocate.

Grace Cottage Hospital is a 19-bed inpatient facility for acute and rehabilitative care. It is equipped with a 24-hour emergency department for critical care treatment, a hospice suite, and rehabilitation, laboratory and diagnostic imaging departments. Patients benefit from our hospitalist program whereby doctors serve in weekly rotations on a full-time basis, overseeing patients' care and communicating with patient and family members on matters such as lab results, changes in medication, discharge needs, and more. Outpatient rehabilitation, lab tests, and diagnostic imaging services are open to members of the public with a written doctor's order.

The Grace Cottage Hospital's Community Wellness Center offers a variety of free and low-cost classes and support groups for the public (discontinued during the 2020-21 COVID-19 pandemic).

In 2017 and in 2018, Grace Cottage was recognized as a Top 20 Critical Access Hospital in the USA for Patient Satisfaction by the National Rural Health Association. In 2021, Grace Cottage was certified as an "Age-Friendly Health System" by the Institute for Healthcare Improvement for its excellence in caring for older patients. It has won "Best Hospital" honors in the *Brattleboro Reformer* Readers' Choice awards for the past five years.



Grace Cottage Family Health & Hospital, Townshend, VT

Grace Cottage Service Area Town-by-town Statistics

Grand Total	8428	100.0%		
	# Unique Patients *	% of Total Patients	2019 Town Population	% Town Saturation
PRIMARY SERVICE AREA	6943	82.4%		
Brattleboro	1157	13.7%	11,332	10.2%
Townshend/W Townshend	1135	13.5%	1,239	91.6%
Newfane/S Newfane	1051	12.5%	1,586	66.3%
Wardsboro/W Wardsboro	531	6.3%	834	63.7%
Jamaica	478	5.7%	1,028	46.5%
Rockingham/Saxtons River/Bellows Falls	370	4.4%	4,981	7.4%
Putney	368	4.4%	2,456	15.0%
E Dover/W Dover	336	4.0%	1,059	31.7%
Londonderry/S Londonderry	318	3.8%	1,656	19.2%
Chester	316	3.7%	3,024	10.4%
Grafton/Cambridgeport	307	3.6%	675	45.5%
Winhall/Bondville	203	2.4%	730	27.8%
Wilmington	142	1.7%	1,796	7.9%
Dummerston/W Dumm/E Dumm	64	0.7%	1,744	3.7%
Westminster	55	0.6%	2,970	1.9%
Brookline	50	0.5%	530	9.4%
Athens	42	0.4%	437	9.6%
Stratton	14	0.1%	198	7.1%
Windham	6	0.1%	396	1.5%
SECONDARY SERVICE AREA	297	3.5%		
Vernon	106	1.2%	2,196	4.8%
Springfield/N Springfield	78	0.9%	8,908	0.9%
Whitingham/Jacksonville	46	0.5%	1,277	3.6%
Marlboro	35	0.4%	1,039	3.4%
Guilford	19	0.2%	2,109	0.9%
Halifax	13	0.1%	681	1.9%
BEYOND	1197	14.2%		
New York City	82	**	8,336,817	**
Hinsdale, NH	51	0.6%	4,058	1.2%
Manchester	46	0.5%	4,224	1.0%
Weston	29	0.3%	544	5.3%
Chesterfield, NH	25	0.3%	3,705	0.6%
Keene, NH	23	0.3%	23,429	0.1%
Walpole, NH	17	0.2%	3,863	0.4%
Bennington	16	0.2%	14,964	0.1%
Peru	12	0.1%	355	3.3%
Ludlow, VT	11	0.1%	1,864	0.6%
Winchester, NH	11	0.1%	4,349	0.2%
OTHER (Less than 10 patients per town):	874	11.5%		

Grace Cottage Family Health & Hospital Contact Information

For questions or comments regarding the Community Health Needs Assessment, the Implementation Plan, or to request a hard copy, please email info@gracecottage.org or call (802) 365-9109.

An electronic version of this Implementation Plan is publicly available at www.gracecottage.org and print versions are available upon request.



185 Grafton Road, Townshend, VT 05353

www.gracecottage.org

info@gracecottage.org