



Gifford Health Care

2021 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 and the Bureau of Primary Health Care’s Health Center Program, 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 four certified Level III, patient-centered medical home health centers in the towns of Berlin, Bethel, Chelsea, and Rochester. 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 an adult day program in Bethel 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 future planned assisted living units.

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.

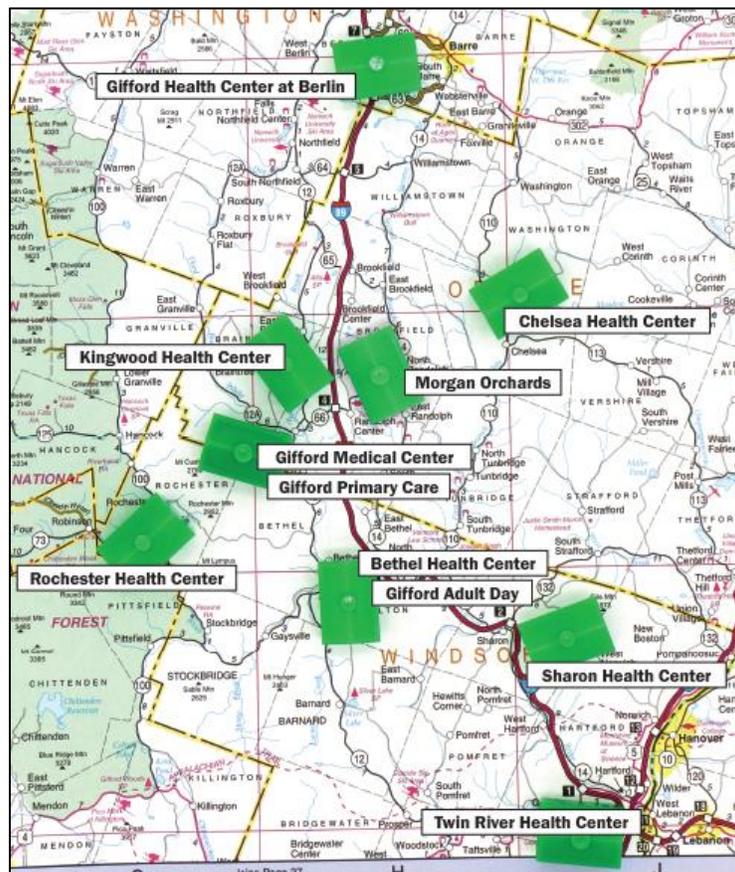
Gifford was awarded Federally Qualified Health Center (FQHC) status in 2013 and became a fully operating FQHC in 2015. The main function of an FQHC is to focus on primary care, including medical care, ob/gyn care, mental health care, and oral health care. Since receiving the designation, Gifford has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

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, the transition of Menig to its offsite location, made possible the conversion to private rooms for inpatients, and created space for a centrally located and modernized Birthing Center. In 2021, Gifford opened the doors to its renovated and modern Ob-Gyn Midwifery clinic on the Main Campus in Randolph.

Some highlights from 2019 included a new mobile MRI which provided advanced technology and a better patient experience; monthly VeggieVanGo events in partnership with the Vermont Foodbank, the continuation of our Reach out and Read program for children 5 and under, and the recognition of our Pediatric staff by the Vermont Department of Health for achieving high vaccination rates among children and teens.

2020 brought new and unforeseen challenges with the COVID-19 pandemic. Gifford provided ongoing leadership and support to our communities throughout the pandemic including Covid testing and vaccination clinics. Continued partnerships with community groups provided food assistance and community supports during

a challenging time for all. Despite Covid, Gifford welcomed new providers to its staff, created a school-based clinic, and opened the doors to a new Ob-Gyn Midwifery clinic.



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, urology, and urogynecology.

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. In 2015 and 2018, Menig was named a top nursing home in Vermont with a Five-Star Rating from Medicare, and in 2019, received the Nursing Home Quality Award for the Agency of Human Services, Division of Licensing and Protection in the Department of Disabilities, Aging and Independent Living.

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.

Additional Awards and Recognition:

- Megan O'Brien received 2020 Nurse Practitioner State Award for Excellence at the AANP National Conference
- Pediatrics and Adolescent Medicine team named Vermont's 2018 HPV Vaccine Is Cancer Prevention Champion by the CDC, American Cancer Society and Association of American Cancer Institutes (Gifford one of 32 recognized nationwide)
- 2018 Spirit of the ADA Award from Governor's Committee on the Employment of People with Disabilities
- 2015 Gifford was awarded the prestigious ENERGY STAR certification – first hospital in VT to receive this status and our score is one of the best in the country for a medical facility (94 out of 100 score).
- Gifford Health Care President and CEO, Dan Bennett, named recipient of the 2021 American Association of Nurse Practitioners Vermont State Award for Nurse Practitioner Advocate Excellence

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 2018 CHNA identified obesity, dental health, mental health, substance abuse, and the improvement of interagency care planning as areas of focus. Gifford's board reviewed these findings and our 2018 Community Needs Assessment Response, posted on the Gifford Health Care website: giffordhealthcare.org, outlines the actions Gifford has implemented to focus on these areas of need.

In 2021 Gifford reviewed the 2018 report, studied population health indicators and relevant data in publications from government and local and statewide nonprofit agencies, and conducted a paper and online community survey to assess community health and identify current healthcare needs. The priority community health problems identified by this 2021 CHNA are preventative health/access to healthcare services, mental health counseling and treatment, lifestyle disease prevention, and dental care.

After board review, an implementation plan for the 2021 CHNA will be developed and posted on the Gifford Health Care website in the first quarter of CY 2022.

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 2019 estimated at 28,892 (2)
- Windsor County population for 2019 estimated at 55,062 (3)

The following descriptive statistics are available only at the county level. 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 (2).

Demographics (2019)

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

Education

- 91.8 percent of people in Orange County (age 25 years and over) have graduated high school (2015-2019)
- 29.1 percent of people in Orange County (age 25 years and over) have a bachelor's degree or higher (2015-2019)

Income

- The median household income in Orange County is \$60,925 (2015-2019) (2). For comparison, the median household income in Vermont is \$61,973 (2015-2019) (4).
- 9.4 percent of people in Orange County lived in poverty in 2019 (2), compared to 10.2 percent statewide (4). According to the U.S. Census Bureau, the annual poverty thresholds for 2020 were \$13,466 in annual income for one person under 65 years and \$26,246 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)
Area Food Shelf's
Bayada Home Health Care
Capstone Community Action
Central Vermont Council on Aging Central
Clara Martin Center / VT Substance Abuse
Services
Diabetic Clinic (Gifford)
Diabetes Prevention Programs (Gifford)
Dr. Chris Wilson, DDS
Dr. John Lansky, DDS
Early Intervention Services
Eye Care for You
Gifford Addiction Medicine
Gifford Health Connections
Gifford Healthy Living Workshops &
Support Groups
Gifford Tobacco Treatment Specialists
HealthHUB Dental Program
Kinney Drug
Narcan Distribution Site
Orange County Parent Child Center -
Children's Integrated Services

Randolph Area Opioid Response Team
Randolph HSA Community Health Team
Randolph HSA Medication Assisted Treatment
Team
Rite Aid Pharmacy
Safeline
Soares Ocular Surgery
Stagecoach
Support and Services at Home (SASH)
Upper Valley Services
Visiting Nurse Alliance and Hospice of Vermont
and New Hampshire
Vermont 2-1-1
Vermont Assistive Technology
Vermont Center for Independent Living
Vermont Department of Health - White River
Junction District Office
Vermont Foodbank
Vermont Chronic Care Initiative
WISE – Women's Information Service

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* (2019)
- U.S. Census Bureau: *Quick Facts 2020*
- County Health Rankings: *Orange County* (2020)
- Vermont Coalition to End Homelessness: *Point In Time Count Report* (2020)
- Vermont Department of Health: *Youth Risk Behavior Survey* (2017, 2019)
- Vermont Department of Health: *Dentist Census* (2017)
- Vermont Department of Mental Health: *FY 2019 Statistical Report*
- Vermont Office of Veterans Affairs Service Directory

2. Community Health Needs Assessment Survey

The 2018 survey form was reviewed and minor revisions were made to existing questions for the 2021 survey. A section was added to the survey that included questions focused on the effect of COVID-19 on the community. In an effort to reach a broader demographic sample, the survey was administered online through Survey Monkey with a link distributed via social media, through press releases, and local school districts within our service area. Paper copies of the survey were made available at Gifford's Covid-19 vaccination clinics and Strode Independent Living. Copies were distributed at a VeggieVanGo event and at a drive-thru free community dinner. In total, 530 surveys were completed.

The Vermont towns represented in the survey included*:

Barre	Barnard	Berlin	Bethel
Braintree	Brookfield	Chelsea	Hartford
Montpelier	Northfield	Randolph	Randolph Center
Rochester	Royalton	Sharon	Strafford
Stockbridge	Thetford	Tunbridge	Washington
Williamstown			

*Due to towns with combined zip codes, not all area towns may be listed.

3. Consulting with the Community to Identify Significant Health Needs

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

Name	Organization
Jennifer Barker	South Royalton Health Center
Patrick Clark	Gifford Health Care
Kathy Paquet	Central Vermont Council on Aging
Linda Anderson	Capstone Community Action
Gretchen Pembroke	Clara Martin Center
Kristen Bigelow-Talbert	Bi-State Primary Care Association
Mike Reiderer	Stagecoach Transportation Services
Julie Iffland	Randolph Area Community Development /SASH
Faye Longo	Vermont Foodbank
John Mitchell-Beam	Visiting Nurse and Hospice for Vermont and New Hampshire
Alaina Legere	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.

This year we used both an online survey and paper surveys distributed at Covid vaccine clinics and food security events to collect responses. In doing so, we hoped to reach a representative demographic. For our online survey, access to computers and Internet is still an issue in rural areas and can present technological challenges for some individuals, made especially profound during the pandemic when access to public computers was limited. The paper version was primarily distributed at age-based Covid vaccination clinics which may have affected survey response and skewed the age of respondents to an older demographic.

Overall, survey response was higher this year at 530 responses compared with 392 completed surveys in 2018.

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 1210:1 for primary care physicians, versus 890:1 statewide (2020)
- A ratio of 3210:1 for dentists, versus 1370:1 statewide (2020)
- A ratio of 290:1 for mental health providers, versus 210:1 statewide (2020)

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 health behaviors (smoking, physical inactivity, and poor nutrition) contribute to four chronic diseases (diabetes, cancer, heart disease, and lung disease) that claim the lives of more than 50 percent of Vermonters (7).

Smoking/Tobacco

Smoking correlates strongly with many chronic illnesses, including lung disease, heart disease, stroke, depression, diabetes, arthritis, and hypertension (8).

The table below shows the percentage of adults who use tobacco in the Gifford service area (10, 11, 12). Of particular concern are the high use rates of cigarette 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.

Table 1	Adult Tobacco Use, 2017-2018				
	Orange County	Washington County	Windsor County	Vermont	<i>Healthy Vermonters 2020 Goal</i>
Percent of adults who smoke cigarettes	22%	15%	17%	16%	12%
<i>Source: https://www.healthvermont.gov/sites/default/files/documents/pdf/HS_Tobacco_BRFSS_Brief_2018.pdf</i>					

With regard to high school students, rates of cigarette smoking in Gifford’s service area are in line with the state and are even below the *Healthy Vermonters 2020* target. Of concern, is the drastic rise in use of electronic vapor products (EVPs) among high school students. The 2017 Youth Risk Behavior Survey noted that 10% of Orange County high school students had used an EVP in the past 30 days (14). In the 2019 report, this number has almost tripled in Orange County with 26% of students reporting having used an EVP in the last 30 days (15). 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 66 percent (15).

Table 2	High School Student Tobacco Use, 2019				
	Orange County	Washington County	Windsor County	Vermont	<i>Healthy Vermonters 2020 Goal</i>
Percent of high school students who smoked cigarettes, past 30 days	8%	7%	4%	7%	10%
Percent of high school student who used an electronic vapor product, past 30 days	26%	29%	23%	26%	12%
Percent of high school students who were asked if they smoked by a health care provider, past 12 months	60%	55%	66%	61%	NA
Source: 2019 Vermont Youth Risk Behavior Survey – Orange, Washington, and Windsor counties					

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” (16). The food insecurity rate in Orange County is 10 percent, or 2,900 individuals—slightly lower than the statewide rate of 11 percent (17). Windsor County was slightly lower than Orange at 9.9 percent, making up 5,470 individuals. In Orange County, among food insecure individuals, 64 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 (17). In Windsor County, 61% of the population are eligible for these benefits (17). The remaining percent of the county populations have income above 185 percent FPL and thus are typically ineligible for federal nutrition programs and must rely on charitable sources in their communities (17).

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 (9). The percentage for Windsor County is in line with the state rate (11). 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 (10,11). 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 (9). The rate of obesity in Windsor County is also higher than the state, at 27 percent (11). The HV2020 target is 20 percent.

The table below displays obesity rates for adolescents in grades 9-12 in Orange, Washington, and Windsor Counties (15). As you can see, there is 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.

Table 3	Obesity in High School Students, 2019				
Obesity (> = 95 th BMI Percentile)	Orange County	Washington County	Windsor County	Vermont	<i>Healthy Vermonters 2020 Goal</i>
	15%	11%	12%	13%	8%
<i>Source: 2019 Vermont Youth Risk Behavior Survey – Orange, Windsor, and Washington Counties</i>					

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 2019, the rate of suicide deaths was 15.3 per 100,000 Vermonters, with suicide being the 8th leading cause of death in the state (18). 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 (10,11,12). As noted in the chart below, the rate of suicide in Orange County is notably higher than the Vermont rate.

Table 4	Suicide Deaths, 2019				
Rate of suicide per 100,000 Vermonters	Orange County	Washington County	Windsor County	Vermont	<i>Healthy Vermonters 2020 Goal</i>
	25.3	10.1	23.9	15.3	11.7
Source: <i>Suicide and Intentional Self-Harm data brief, 2021</i>					

The number of children served with mental health services in Vermont has doubled since the 1990s with a steady trend upward. In 2019, more than 10,000 clients used children services (19).

As seen on the following page, Table 5 notes that 15 percent of Orange County high school students made a suicide plan (14) in the past 12 months, down from 17 percent in 2017 (15). 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, 22 percent reported wanting to purposefully hurt themselves without wanting to die (15). This is well as above the state average.

Table 5	Mental Health Among High School Students, 2019			
	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	32%	34%	29%	31%
Percent of high school students who purposefully hurt themselves without wanting to die, past 12 months	22%	22%	19%	19%
Percent of high school students who made a suicide plan, past 12 months	15%	14%	12%	13%
Percent of high school students who attempted suicide, past 12 months	8%	7%	5%	7%
Source: <i>Vermont Youth Risk Behavior Survey, 2019 – Orange, Washington, and Windsor counties</i>				

Substance Abuse

According to the Vermont Department of Health, more than 13,000 individuals used substance abuse services in 2019 to access treatment options (20). The two tables below show selected substance abuse indicators by county for both adults and children (10,11,12).

Table 6	Substance Abuse Among Adults, 2015				
	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%	31%
Percent of adults age 65 and older who drink at a level of risk	16%	25%	22%	25%	NA
Source: <i>Healthy Vermonters 2020 Quick Reference – Orange, Windsor, and Washington counties</i>					

While alcohol use (binge drinking) rates among high school students in the Gifford service area are in line with Vermont averages, marijuana use among high school students is rising above the Healthy Vermonters 2020 goal.

Table 7	Substance Abuse Among High School Students, 2019				
	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	12%	17%	14%	15%	15%
Percent of students who used marijuana, past 30 days	26%	30%	24%	27%	20%
Source: Vermont Youth Risk Behavior Survey, 2019					

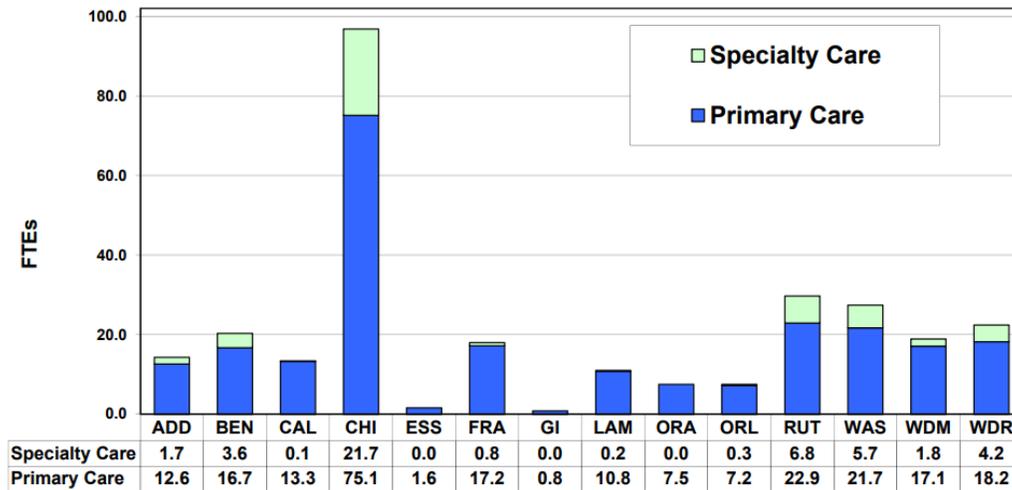
Dental Care

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 2017 (21). This survey, completed every two years since 2005, shows that patient access is a past and present issue. In Vermont, there are 381 practicing dentists with 82% providing primary care dentistry (21). Both primary care and specialty care dentistry is concentrated in one county outside of Gifford’s service area; Chittenden County has 31 percent of the state’s primary care Full Time Equivalent (FTEs) and 68 percent of specialty care FTEs (21).

In 2015, primary care dentists in Vermont comprised 38.3 FTEs per 100,000 people (9). 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 (9). In 2017, the total number of FTEs for primary care dentists in Orange County was 7.5 (21). Windsor County has actually seen a decrease of FTEs since 2007 (21).

The average wait time for new patients seeking general dentistry is 2.5 weeks, a decrease from 2015 dental survey results, with dentists providing an average of 31 hours of patient care per week (21). It should be noted that Orange County has no specialty care dentists and access to transportation may pose an additional barrier to care.

FULL TIME EQUIVALENT DENTISTS BY COUNTY

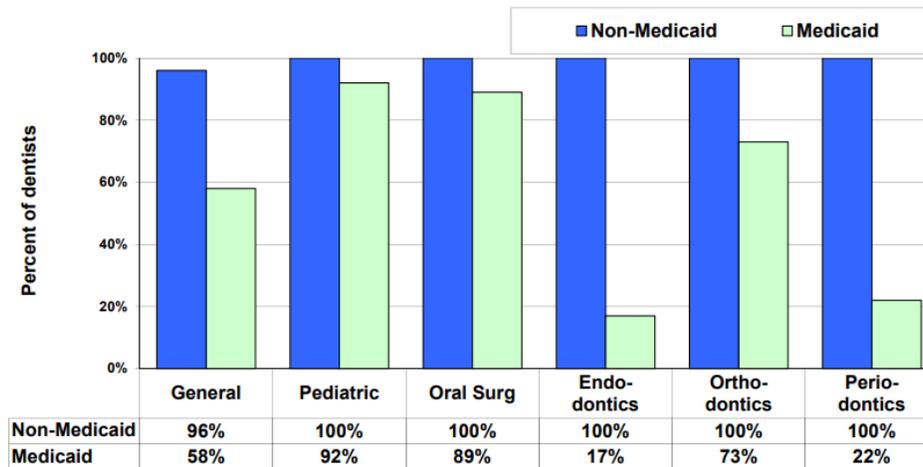


31% of primary care FTEs, and 46% of specialist FTEs, are in Chittenden County

2017 Dentist Census

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 had declined and is at 60% currently statewide (21). Only 33% of dentists are accepting 5+ new Medicaid patients per month compared to 97 percent for non-Medicaid patients (21).

ACCEPTING NEW PATIENTS

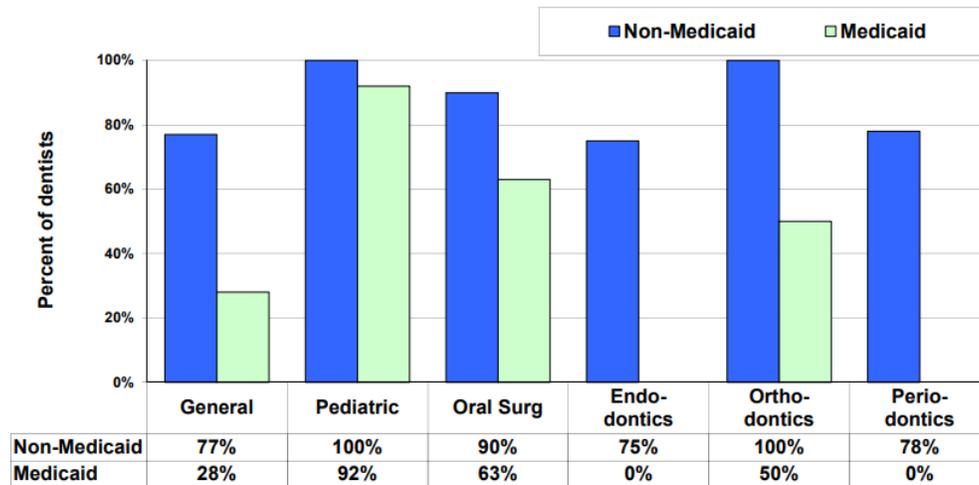


97% accept new non-Medicaid patients, 60% accept new Medicaid patients

2017 Dentist Census

Furthermore, only 33 percent of Vermont dentists accepted more than five new Medicaid patients per month, a decrease from previous years, while 80 percent accepted more than five new non-Medicaid patients. These numbers illustrate how challenging it can be for the Medicaid population to access dental care.

ACCEPTING 5+ NEW PATIENTS / MONTH

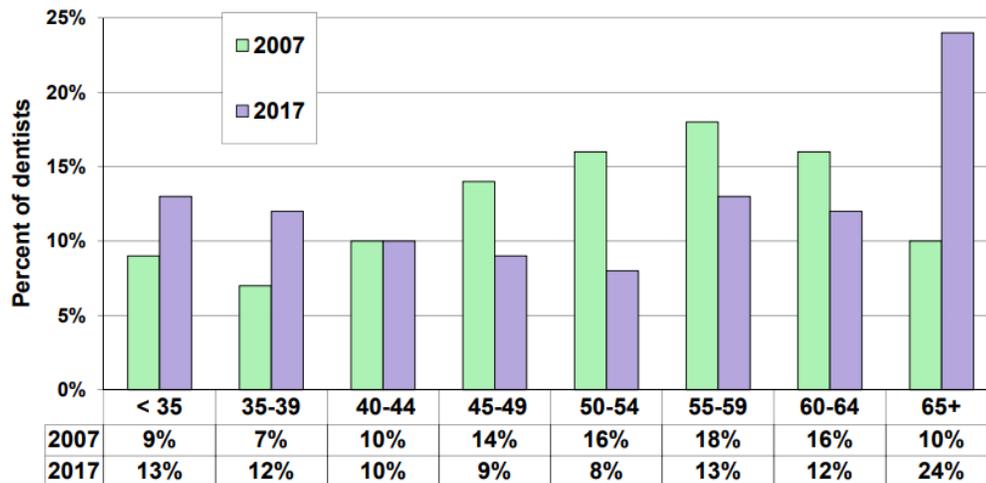


80% accept 5+ new non-Medicaid patients, 33% accept 5+ new Medicaid patients

2017 Dentist Census

The 2017 survey noted that 48 percent of all dentists are 55 or older. Fortunately, there have been some increases to the percent of practicing dentists under the ages of 40 and 65. This trend will hopefully continue on an upward path, providing more and younger providers to the state.

AGE DISTRIBUTION, 2007 & 2017



There have been increases in the percent of dentists under 40 and 65+

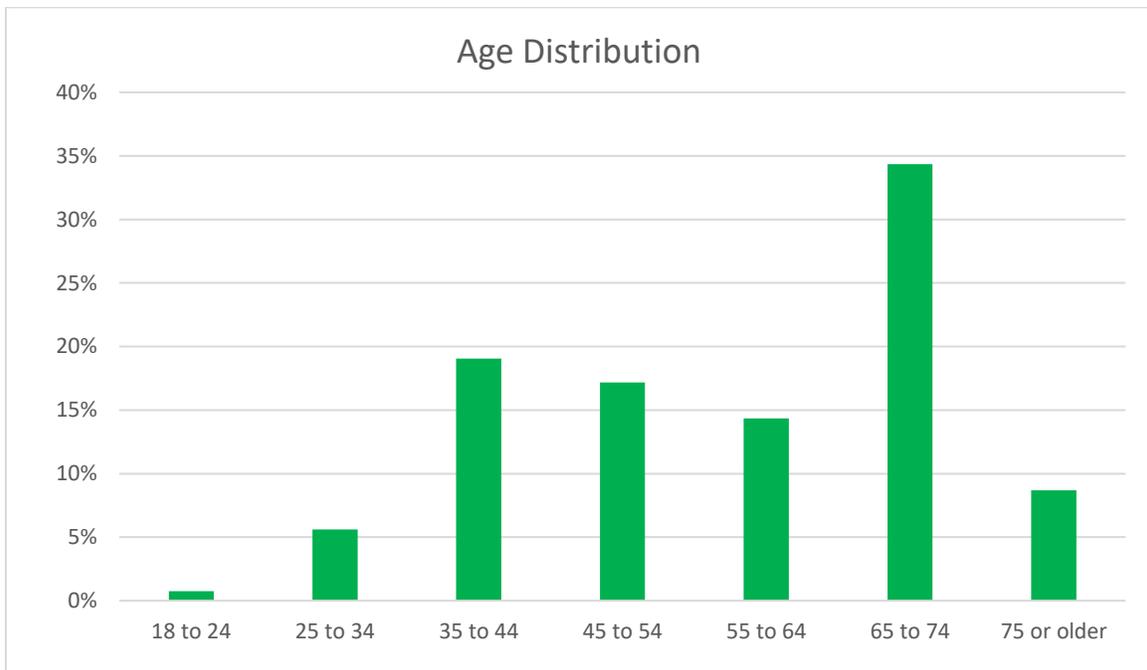
2017 Dentist Census

2. Community Needs Assessment Survey Findings

As noted on page 8, a variety of tools were used to gather data for this report. A total of 530 survey responses were collected.

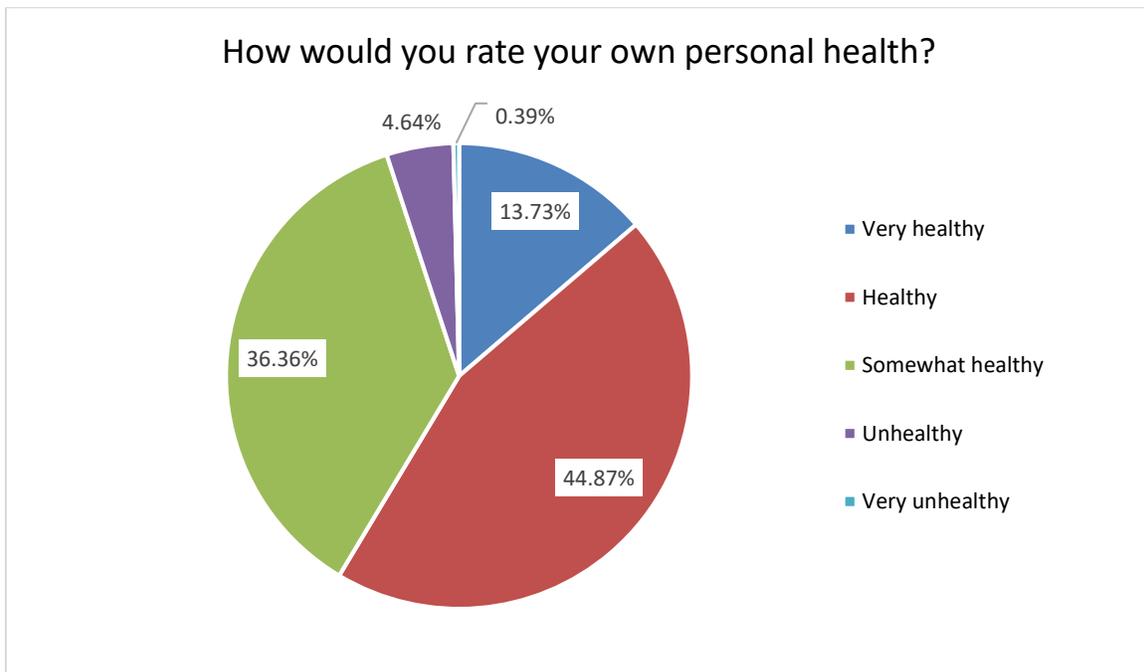
Basic Demographic Information

- Several towns in Gifford’s service area were represented. More than a third of respondents (34.5 percent) live in zip code 05060 (Braintree or Randolph); 12.4 percent live in 05061 (Randolph Center), and another 6.2 percent live in 05032 (Bethel). Overall, 21 towns were represented including most zip codes within Gifford Health Care’s service area (Vershire, Hancock, and Pittsfield zip codes were not represented).
- The majority of survey respondents (73.4 percent) have been a resident of their community for 10 or more years. 6.6 percent have been a resident for six to 10 years, and 5.3 percent have been a resident for zero to two years.
- While there was a high percentage of older respondents, all age groups were represented (see figure below).



Personal Health

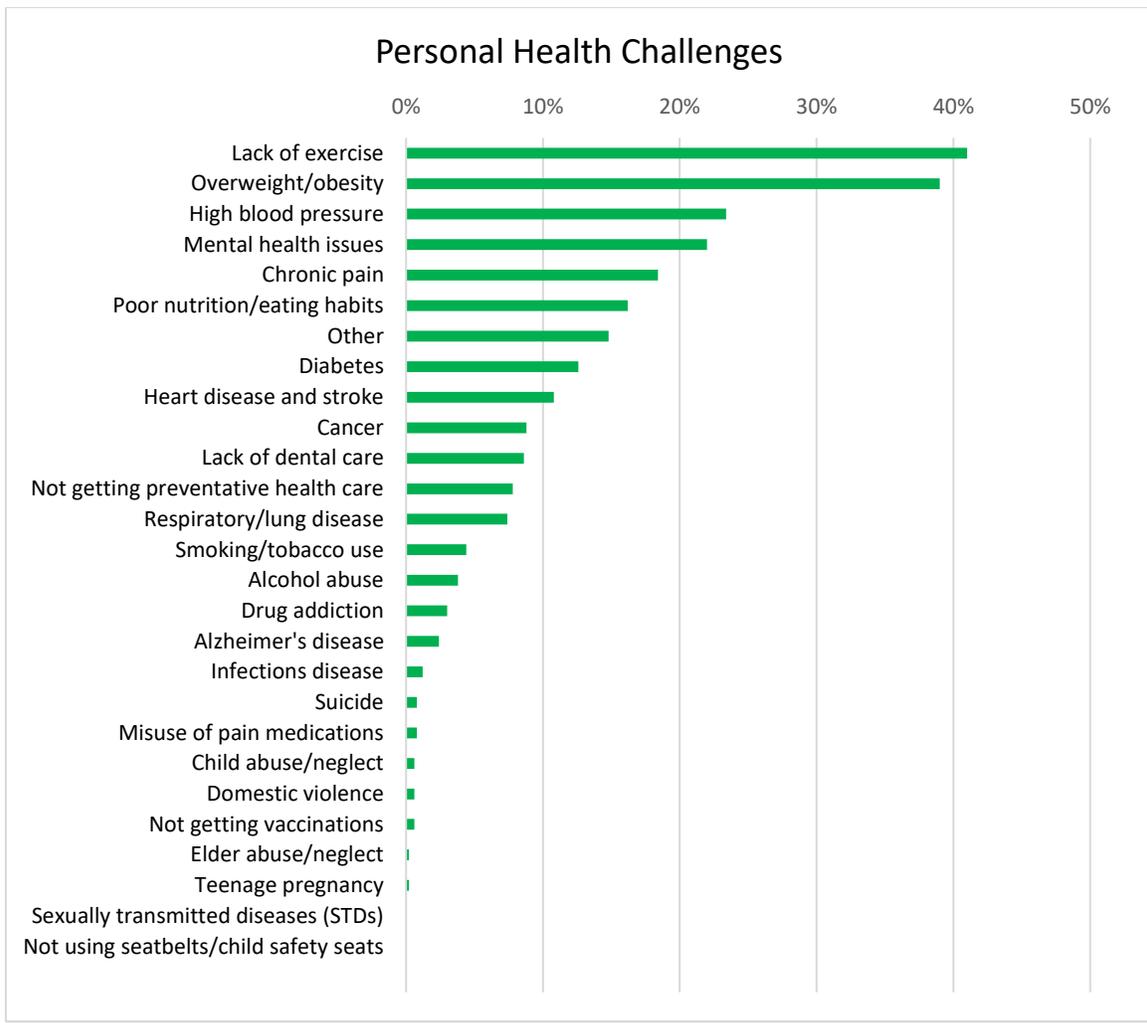
Respondents were asked to think about and rate their own health. As seen in the figure below, almost half (44.8 percent) of participants reported themselves as *healthy*, 36.36 percent reported themselves as *somewhat healthy*, and 13.73 percent report themselves as *very healthy*. There was slight decrease in those who rated themselves as *very healthy* or *healthy* from the 2018 survey results. In 2018, those numbers were 16.06 percent and 46.63 percent respectively.



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

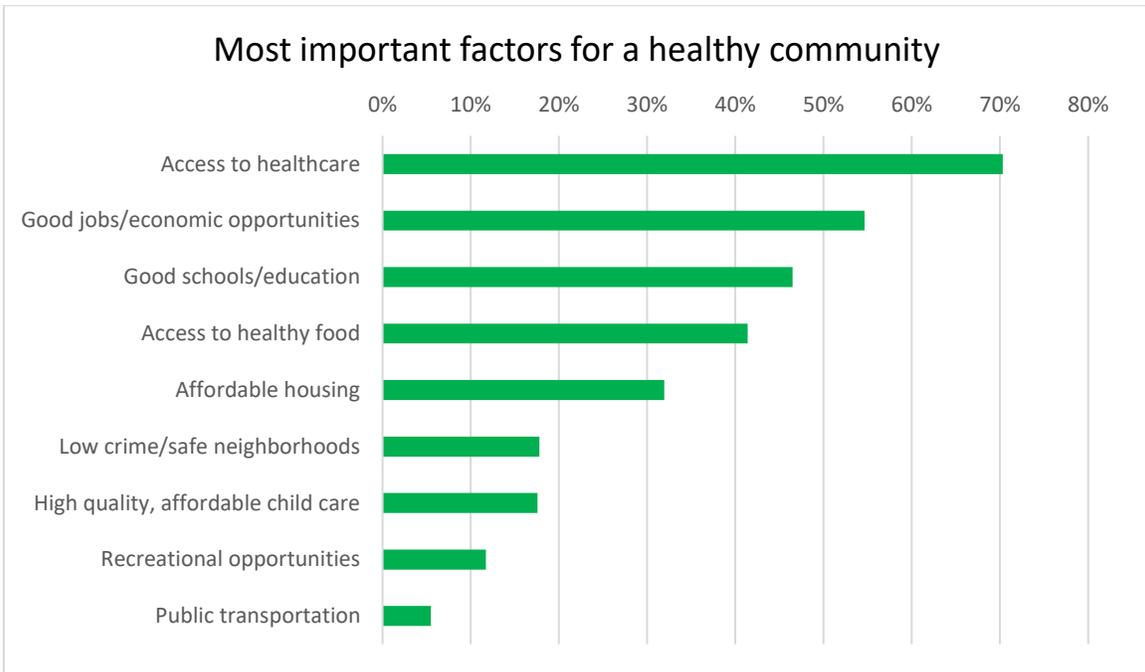
1. Lack of exercise (41 percent)
2. Overweight/obesity (39 percent)
3. High blood pressure (23.4 percent)

Mental health issues were ranked as the 4th top individual health challenge at 22 percent which was up from 14 percent reported on the 2018 survey. This may be attributable to mental health challenges, including isolation and stress, experienced during the COVID-19 pandemic. The chart on the following page includes the complete results.

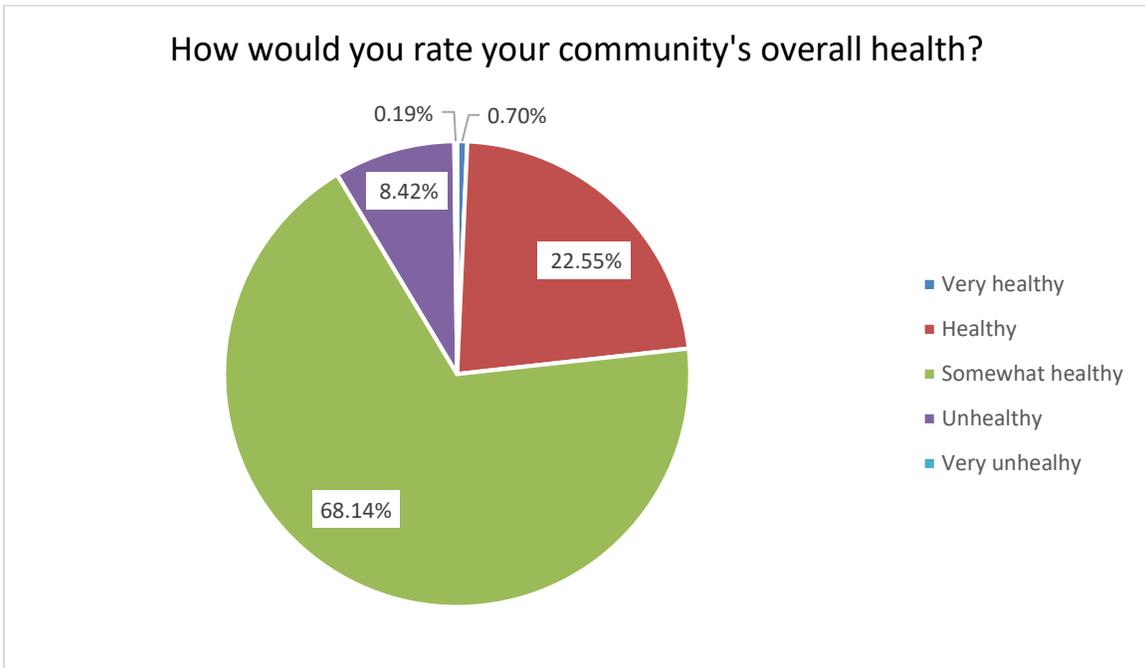


Community Health

Survey participants were asked a series of questions on how they perceive the health of the community. When asked which factors were most important for a healthy community (factors that most improve the quality of life in a community), 70.3 percent of responses indicated access to health care as important, 54.6 percent said good jobs and economic opportunities, and 46.5 percent said good schools and education. Access to healthy food was noted as important by 41.4 percent of respondents, 31.9 percent said affordable housing and 17.7 percent indicated low crime and safe neighborhoods. Additional responses in order of number of responses included high quality / affordable child care, recreational opportunities, and public transportation. Complete results can be viewed on the following bar chart.



Survey participants were asked to rate their community’s health on a scale ranging from *very healthy* to *very unhealthy*. 68 percent of respondents rated their community as *somewhat healthy*, 22 percent rated their community as *healthy*, and 8 percent of survey takers rated it as *unhealthy*. Less than 1 percent of respondents rated their community as either *very healthy* or *very unhealthy*.

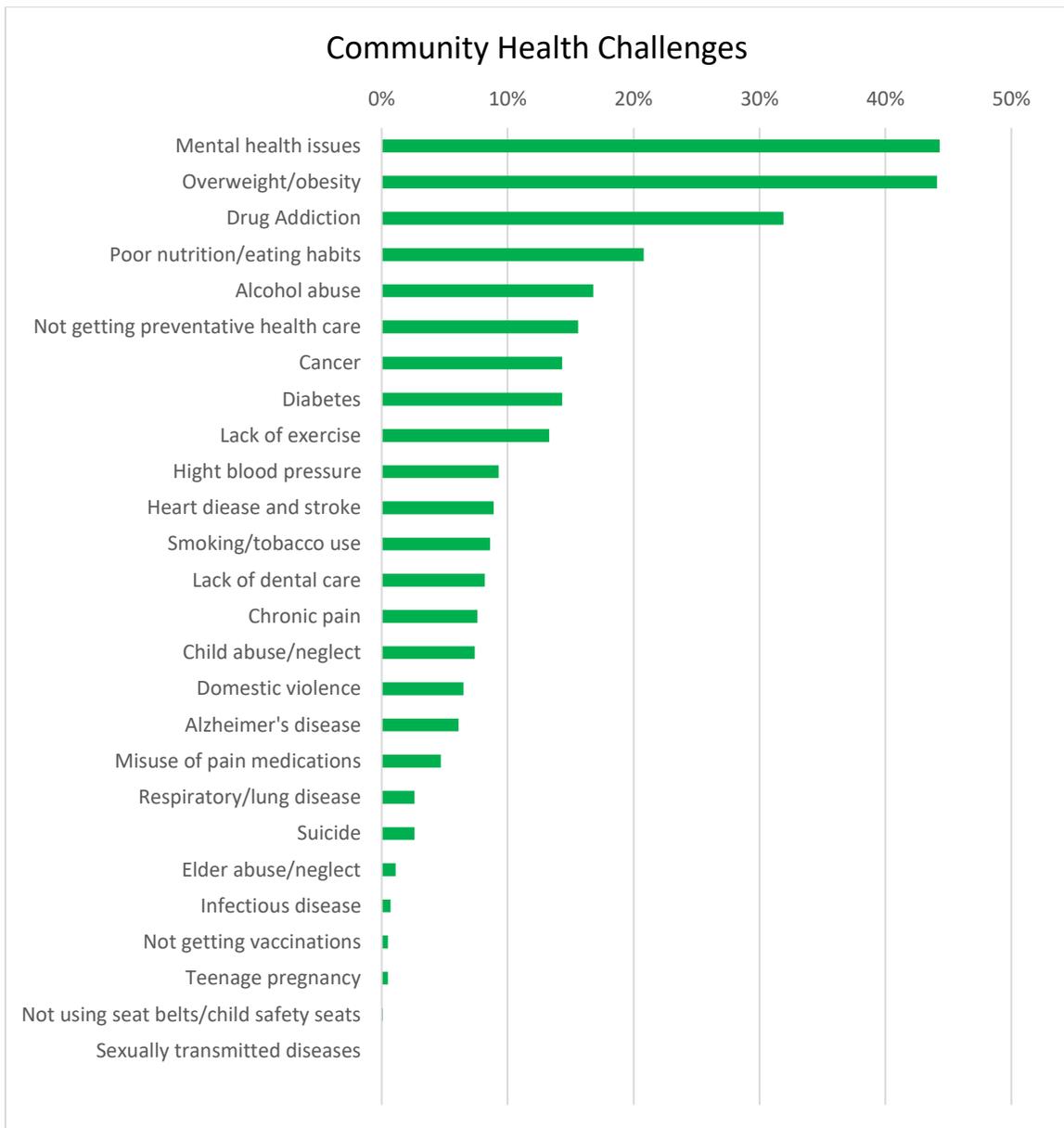


The majority of individuals surveyed this year view the community in the range of *healthy* to *somewhat healthy*, with these percentage rates increasing from the 2018 survey results. Of note, the response rate of *unhealthy* decreased by 6.4 percent. This demonstrates an improved perception in community health from previous assessments and could be attributed to factors identified as components to a healthy community (access to health care, good jobs and a healthy economy, good schools and education) present in the Gifford service area. Additionally, this increase may be the result of initiatives that addressed community health concerns identified in the 2018 survey.

Respondents were asked to identify the biggest “health challenges” in the Gifford community. As seen in the figure on Page 24, the top three community health challenges identified were:

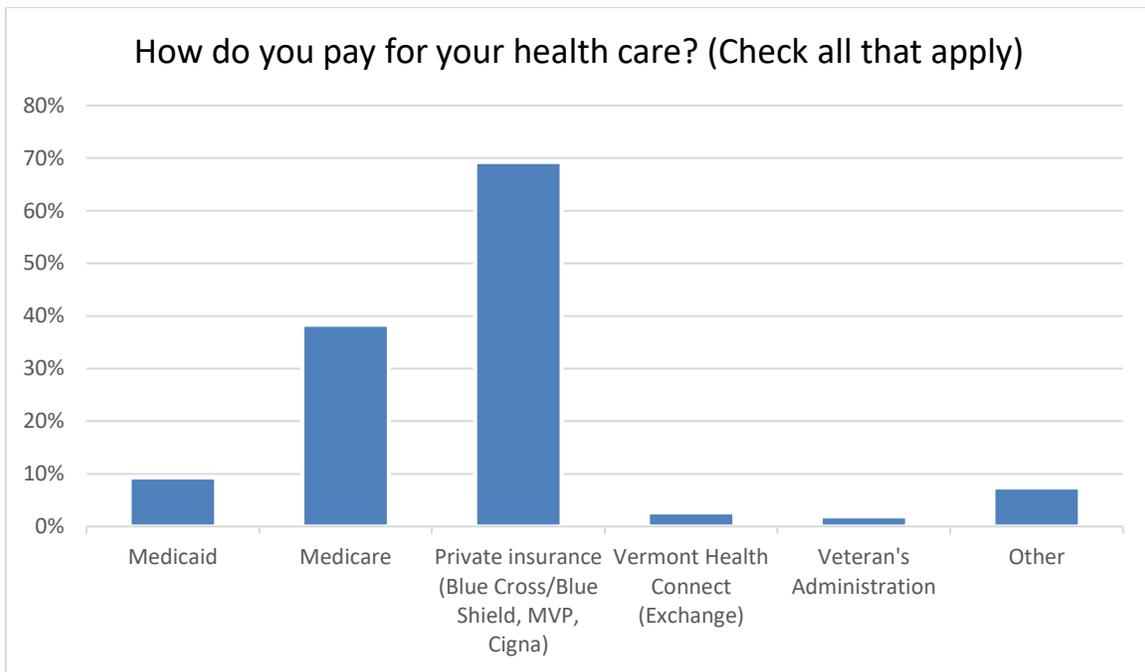
1. Mental health issues (44.3 percent)
2. Overweight/obesity (44.1 percent)
3. Drug addiction (31.9 percent)

Though their percentage rates have changed, mental health issues, overweight/obesity, and drug addiction were also the top three identified health problems in the 2018 survey. Drug addiction saw the largest percentage rate drop of 26 percent (from 57 percent in 2018 to 31.9 percent in 2021), and a change in position from first to third top challenge.



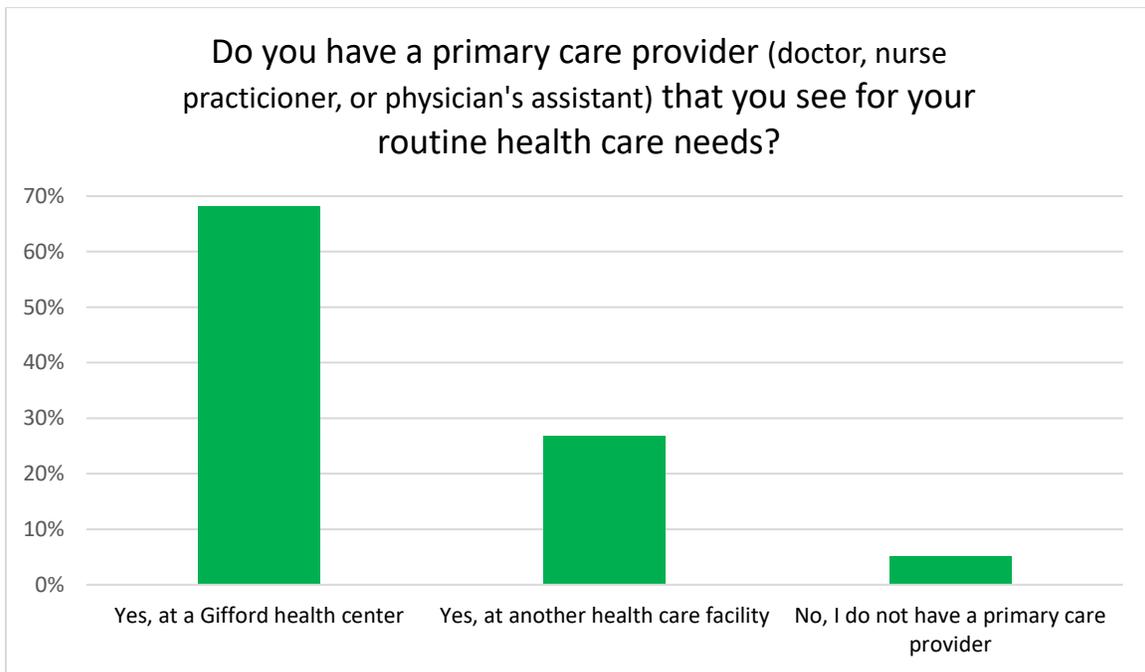
Health Services

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 majority of respondents listed private insurance as their means of paying for health care costs. Of note, in our 2018 survey, 16.45 percent of respondents listed Medicare for insurance as compared with 38.33 this year which is more reflective of our actual Medicare population. While results align more closely with the actual patient population than 2018 survey results, Gifford has a larger share of both Medicare and Medicaid patients than is represented here. This may be due to our survey methodology.

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 elsewhere. As you can see in the figure on Page 26, almost two-thirds of respondents (68 percent) had a Gifford primary care provider. 26 percent had a primary care provider at another facility, and only 5 percent reported they did not have a primary care provider.

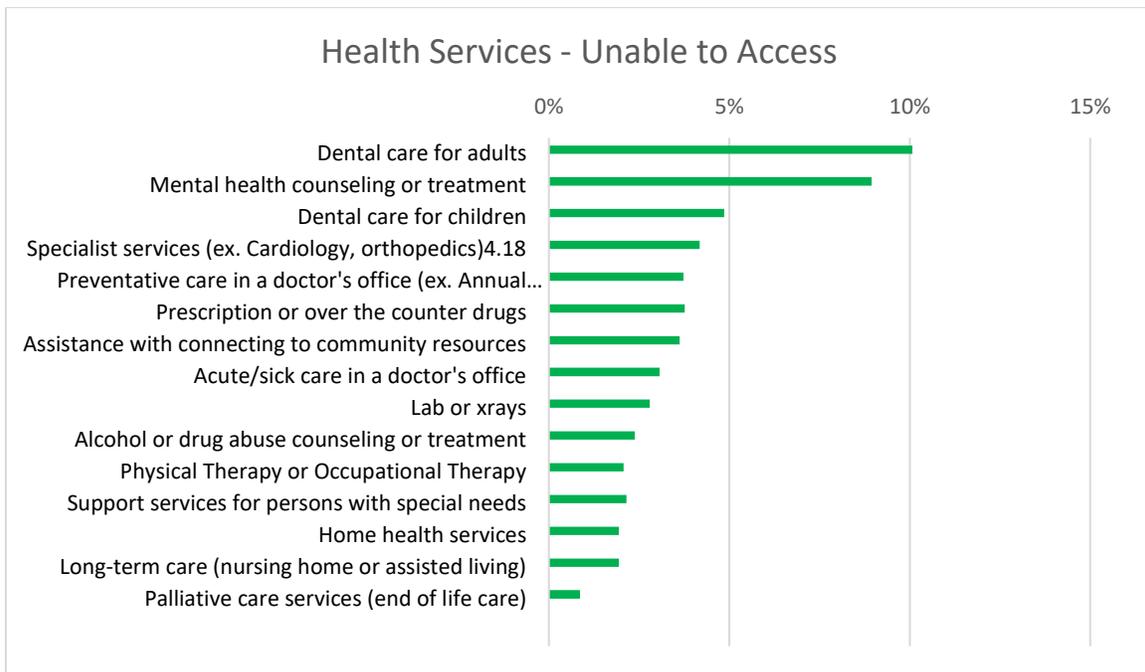


Respondents were asked two questions about access to healthcare services. They were first asked about a variety of services and, if needed, whether they were able to get the service in their community during the past year.

The most frequently sought-after services—regardless of whether the person was able to get the service or not—were:

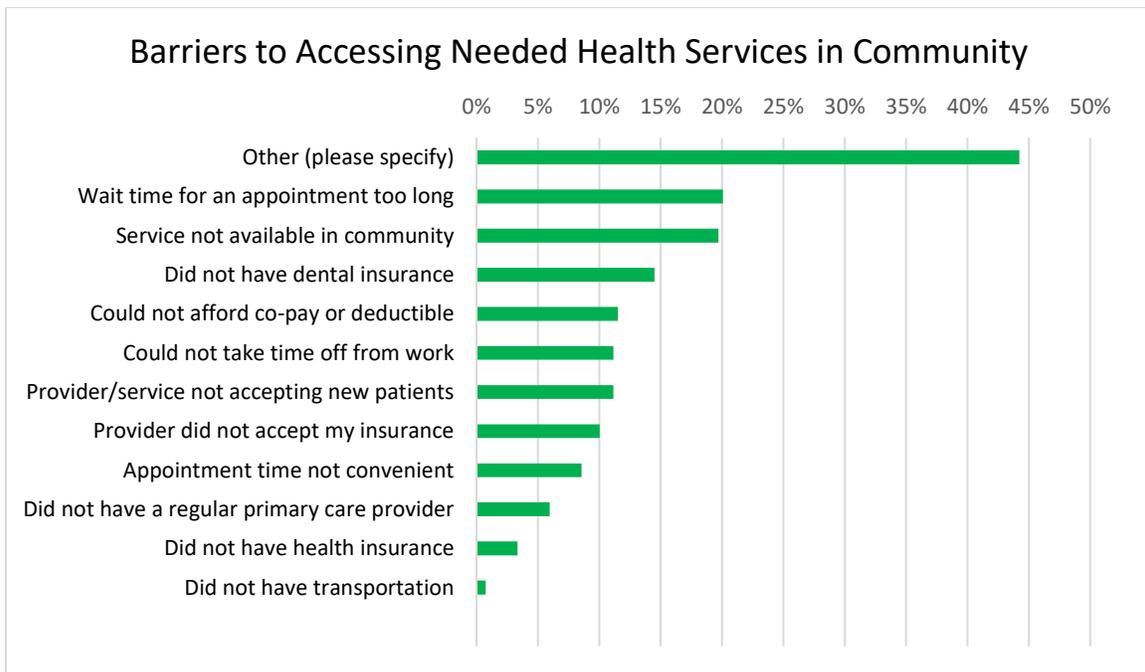
- prescription or over-the-counter drugs (86 percent)
- preventative care in a doctor’s office (e.g., annual physical; 83 percent)
- dental care for adults (66 percent)
- lab or X-rays (77 percent)
- acute/sick care in a doctor’s office (52 percent)

In review of 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). Overall, people reporting they were unable to get services was lower than in the 2018 survey. This may be due to the fact that some medical facilities, such as dentists and mental health facilities, were limiting services due to the COVID-19 pandemic. *Dental care for adults* was the top response for individuals being “unable to get” at 10.70 percent with 52 individuals out of 486 responding unable to access services. Next was *mental health counseling or treatment* at 8.94 percent and 42 individuals out of 470 responding. Then, *dental care for children* (4.86 percent, 22 individuals out of 453 responding), *specialist services* (4.18 percent, 20 individuals out of 478 responding), and *preventative care in a doctor’s office* (3.73 percent, 19 individuals out of 510 responding).



These responses are in line with access challenges we have identified in our community. This includes access to dental care for our adult Medicaid/Medicare population, especially denture fittings and emergent dental care, as well as access to mental health services. The pandemic further highlighted these health access challenges when already limited services were even harder to access due to Covid restrictions and reduced face-to-face patient care. At the time of this writing, many of these services are returning to full in-person care.

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* (20.1 percent) and *service not available in community* (19.7 percent). Of note, *did not have dental insurance* was listed at 14.5 percent (39 responses) and may reflect the inability to access services as illustrated on the previous chart. All of the barriers to access are illustrated in the figure shown on page 28.



More than a third of respondents (44.24 percent) wrote in an “Other” response. A few themes emerged across the responses, including but not limited to: not aware of available services, high turnover of providers leading to lack of continuity, 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. However, 261 respondents skipped this question and many respondents wrote “none” or “not applicable” in the “Other” response perhaps demonstrating this question needed further clarification.

Based on this survey, the areas of health care needing to be expanded or improved upon in the Gifford service area include: access to primary care providers, lifestyle disease prevention, mental health counseling and treatment, and dental care access for adults. Additionally, continuing to address equity in healthcare may help reduce some identified barriers to access including service not available in community, health insurance costs (either not having health insurance or unable to afford associated costs), and the previously identified areas of expansion and improvement.

3. Community Health Team Planning Meetings (RECC)

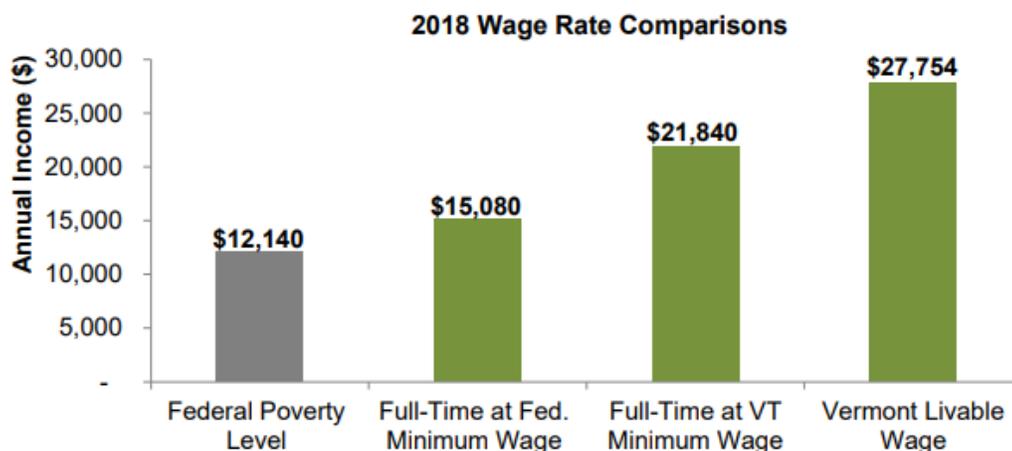
The RECC has chosen nutrition, housing, and clinical quality improvement as priority or focus areas. The nutrition workgroup’s current focus is on organizing a food access summit. The housing workgroup is exploring ways to take advantage of newer sources of federal funding for housing. The clinical quality improvement workgroup is exploring ways to implement community-level goals focused on prediabetes, diabetes, and hypertension. This group is also tasked with maintaining the RECC data dashboard to ensure the included measures are relevant to the population health work underway in our community.

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 2015-2019 shows there are 2,047 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 (22).

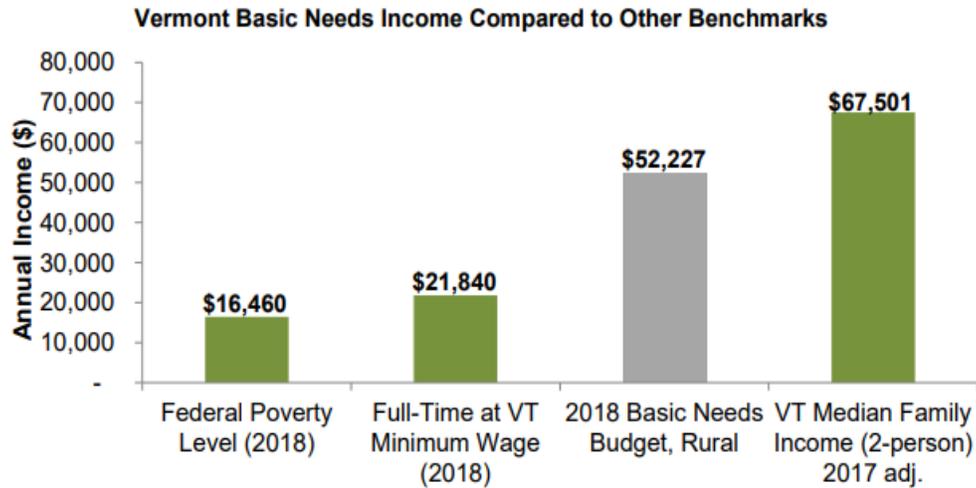
Low Income: As mentioned earlier, the U.S. Census reports that about one in 10 people in Orange County live below the poverty line (2). For these individuals and families, this means that basic needs—housing, transportation, food, child care, etc.—are likely not being met. The Vermont Basic Needs Budgets 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 January 2019) 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 (23). The Vermont Livable Wage for 2018 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 \$6,000 shortfall from the livable wage.



Source: 2019 Basic Needs Budgets and Livable Wage <https://legislature.vermont.gov/assets/Legislative-Reports/2019-Basic-Needs-Budget-and-Livable-Wage-report-FINAL-1-15-2019.pdf>

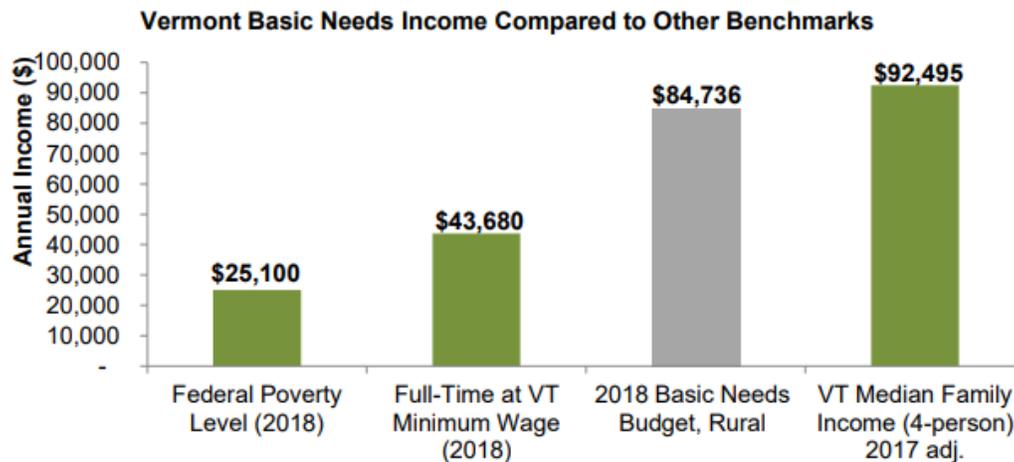
The report also shows the gap in wages for two family structures: single parent with one child, and two working parents with two children. As shown in the following charts, the Basic Needs Budget for each of the family structures is well above both the FPL and the minimum wage.

Vermont Basic Needs Income – Single Parent One Child



Source: 2019 Basic Needs Budgets and Livable Wage <https://legislature.vermont.gov/assets/Legislative-Reports/2019-Basic-Needs-Budget-and-Livable-Wage-report-FINAL-1-15-2019.pdf>

Vermont Basic Needs Income – Two Parents Two Children



Source: 2019 Basic Needs Budgets and Livable Wage <https://legislature.vermont.gov/assets/Legislative-Reports/2019-Basic-Needs-Budget-and-Livable-Wage-report-FINAL-1-15-2019.pdf>

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 2020 was 1,110 (24). Orange County accounted for 23 of the total number, while nearby Windsor County accounted for 113 of counted homeless individuals.

Of those 1,110 homeless individuals, 373 (33.6 percent) reported having a serious mental illness, and 238 (21.5 percent) reported having a substance abuse disorder (24). 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 other community partners 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 priority community health needs identified by this 2021 CHNA as the areas of health care needing to be expanded or improved upon in the Gifford service area include: access to primary care providers, lifestyle disease prevention, mental health counseling and treatment, and dental care access for adults.

Implementation Strategies to Improve Community Health: 2021

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 2021 CHNA will be developed and posted on the Gifford Health Care website in the first quarter of CY 2022.

As a community health center and medical home, Gifford Health Care's mission is to improve 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.

Every three years Gifford 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 to improve the health of our community.

The following work has been done in response to previous surveys, and Gifford will continue to be responsive.

Preventative Health Care/Access to Healthcare Services

Gifford has joined forces with RiseVT, allowing for greater community engagement to improve health now and for the future. The partnership enables us to increase our outreach with local municipalities, schools and workplaces to raise awareness about wellness through nutrition and activity, and supports mini-grants for organizations that are striving to make changes to make Vermont a healthier state in 10 years.

As Covid restrictions lift, Gifford looks forward to continuing and strengthening its community partnerships through RiseVT. Outreach in our local schools continues to be a top priority as we strive to educate youth on the importance of physical activity and healthy eating habits to help them grow in to healthy adults. Education and prevention must start at a young age to break the cycle of escalating health-care costs.

Mental Health Counseling and Treatment

Gifford Health Care has continued to strengthen its services surrounding mental health counseling and treatment. This has included adding a behavioral health support group that focuses on post-partum mental health. Gifford has actively sought out counselors with a wide variety of clinical skills to add to our behavioral health team, including those with backgrounds in expressive arts, marriage and family counseling, and youth focused. During the Covid pandemic, we recognized the increased need for access to mental health services and responded by providing interventional therapy options and telemedicine visits.

Lifestyle Disease Prevention

Gifford works with its Blueprint Community Health Team to offer lifestyle disease prevention and management workshops to the community through My Healthy Vermont. As Covid prevented in-person workshops, Gifford facilitators quickly moved to an online format to minimize a disruption in these course offerings. Workshops offered included Diabetes Management, Diabetes Prevention, and Quit Smoking. We look forward to expanding our offerings with a new program addressing Hypertension this summer.

Gifford worked hard to address ongoing food insecurity during the Covid pandemic. In partnership with the Randolph Area Food Shelf, Gifford is ensuring access to food with the placement of bags of nonperishable goods in our clinics. These “Green Bags” are available to any patients that express barriers to food access or are identified as food insecure by providers. Our goal is to ensure our patients do not have to make the choice between prescriptions and food. Additionally, these bags contain information regarding access to dental care (further information regarding HealthHub dental access is provided below), area food shelves, Gifford’s Community Health Team, and other community supports.

Ongoing partnership with the Vermont Foodbank provided the resources to continue offering VeggieVanGo to our community in a drive-thru model. Gifford saw a sharp increase with the amounts of families served during these events, at one point providing food to over 600 families during one event in 2020. Gifford sees the value of providing these types of events to our communities, as they help foster relationships and provide much needed support. We look forward to our continued collaboration with Vermont Foodbank to provide fresh produce to our community members.

Dental Care

Gifford's Federally Qualified Health Center designation has brought resources that help us support local dentists as they strive to better care for the under- and uninsured. To increase awareness of dental health, we have partnered with HealthHub, a local nonprofit with a mobile dental trailer. The trailer travels to a variety of locations, including area schools and Gifford, to offer screenings, X-rays, examinations and cleanings by a dental hygienist. The service is available to adults and children and has a sliding-fee scale. In 2019, Health Hub served 641 individuals.

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