

COPLEY HOSPITAL

Community Healthcare Needs Assessment

2015

September 2015

This assessment was designed to fulfill the requirements of the Federal Patient Protection and Affordable Care Act (PPACA) and to help Copley Hospital to fulfill its mission.

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Our Vision: Copley envisions a community with wellness at its core and clear access to a comprehensive continuum of quality care.

Our Mission: To oversee and coordinate the provision of services, to provide leadership in implementing the vision promoting wellness and to assure clear access to services regardless of ability to pay.

Core Values:

- Compassion and respect for human dignity
- Commitment to professional competence
- Commitment to a spirit of service
- Honesty
- Confidentiality
- Good stewardship and careful administration

The Communities We Serve

Copley Hospital provides acute care services for rural north central Vermont. We are located in the heart of one of the state's popular 4-season recreational resort areas, including Stowe, Smugglers Notch, and Craftsbury and also serve Johnson State College.

Our Hospital Service Area, as defined by state regulators, has a population of just over 30,000 people, across more than 459 square miles.¹ Our service area includes all of the towns and villages of Lamoille County, and parts of Caledonia and Orlean Counties. The towns include: Belvidere, Cambridge, Craftsbury, Craftsbury Common, Eden, Elmore, Greensboro, Hardwick, Hyde Park, Jeffersonville, Johnson, Morristown, North Hyde Park, Stannard, Stowe, and Waterville. Towns with the most population include Morristown, Stowe, Johnson, and Cambridge; all others have less than 3,000 residents. Neighboring communities of Waterbury and Waterbury Center also utilize Copley.

The major industry in the area is Accommodations and Food Service, representing 25% of the jobs, followed by Health and Social Assistance (15%), Retail Trade (13%), and Education (11%).² Copley Hospital is one of the largest year-round employers in the area.

In the annual *County Health Rankings* by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation, Lamoille County is ranked #8 out of the 14 counties for health factors.³ This ranking is based on a combination of health behavior measures (tobacco use, diet/exercise, alcohol use, sexual activity), clinical care measures (access, quality), socio-economic factors (education, employment, income, family/social support, community safety) and environmental measures (air quality and the built environment).

County Health Rankings also have Lamoille County ranked #4 out of the 14 counties for Health Outcomes.⁴ This ranking is based on a combination of morbidity measures (poor or fair health, poor physical health days, poor mental health days, low birthweight) and mortality (premature death).

About the Copley Service Area and Lamoille County

Key demographic information for our service area includes:

Source: U.S. Census Bureau, 2010 Demographic Profile Data; U.S. Census Bureau, 2009-2013 5-Year American Community Survey;

	COPLEY HSA	STATE
Total Population	30,342	625,741
Age < than 18	26%	24%
18-24	6%	7%

¹Vermont Census Counts & Intercensal Population Estimates 2000-2010, VT Department of Health, 2013 US Census 2010.

² Vermont Department of Labor, 2013

³ County Health Rankings 2015, data 2012-2015.

⁴ County Health Rankings 2015, data 20102-2015.

25-44	25%	24%
45-64	29%	31%
65-84	12%	13%
85+	2%	2%
Gender Female	50%	51%
Male	50%	49%
Education < HS	7%	8%
HS Grad	31%	30%
Some College, Associate's	25%	26%
College Grad	37%	35%
Race		
White, Non-Hispanic	97%	97%
Racial/Ethnic Minority	3%	3%
Median Income	\$52,686	\$54,267
% Federal Poverty Level (FPL)	COPLEY HSA	STATE
50% of FPL	6%	5%
125% of FPL	17%	16%
150% of FPL	22%	20%
185% of FPL	29%	27%
200% of FPL	32%	29%
% Individuals below FPL	12.6%	11.8%

Project Objective

In March 2015, Copley Hospital engaged Toby Knox and Associates LLC (TKA) to conduct market research pertaining to Copley's Community Healthcare Needs Assessment. This assessment was designed to fulfill the requirements of the Federal Patient Protection and Affordable Care Act (PPACA) and to help Copley Hospital to fulfill its mission, specifically to improve the health status of the people of the community by providing the highest quality of care regardless of ability to pay.

The assessment process invited feedback from community members and stakeholders as well as reviewing relevant data and publications published by government and non-profit agencies from within the Copley community and statewide.

Copley Hospital conducted this Community Health Needs Assessment in collaboration with the Morrisville District Office of the Vermont Department of Health (VDH), working specifically with Field Director Valerie Valcour and the Copley Hospital Service Area Blueprint for Health Community Health Team. Copley Hospital reviewed secondary data, including reports suggested and provided by the VDH, Blueprint for Health and the County Health Rankings for Lamoille County.

The CHNA is being shared with the hospital's Board of Trustees along with the Copley Hospital Service Area Blueprint for Health Community Health Team as well as the Copley Hospital Service Area Unified Community Collaborative (UCC) and other social service organizations. A Steering Committee will review the assessment and develop an implementation strategy, with assistance from community organizations. This implementation strategy will be presented for review to the hospital's Board of Trustees by February 2016. The Steering Committee will consist of : Valerie Valcour, Field Director, Morrisville District Office, VT Department of Health; Lori Profota, Copley Chief Nursing Officer; Joel Silverstein, Copley Chief Medical Officer; Celeste Kane Stebbins, Copley Director of Quality and UCC/Blueprint representative; Nancy Wagner, RD, manager of Copley Wellness Center; Elise McKenna, facilitator, Copley Service Area Blueprint for Health; Kathy Demars, Copley Hospital Board of Trustees, Exec. Dir. Lamoille Home Health. Representatives from additional community organizations will be invited to serve on adhoc groups targeting a specific issue.

Methodology

The research effort utilized three data gathering techniques:

1. Surveying

In April 2015, an online survey tool was developed with Valcour and Knox to solicit input from throughout our community. The online survey tool was promoted in May via community newspapers, social media, Front Porch Forum and distributed by email to Copley Hospital board members, corporate members, employees, and community opinion leaders

2. Qualitative Research

In May and June 2015, three focus groups were conducted by Toby Knox, principal of Toby Knox & Associates, LLC, with seniors at Copley Terrace, participants in the Reach UP program and members of the extended Blueprint for Health Community Health Care Team.

3. Secondary Data Review

Copley Hospital also conducted an environmental scan of the healthcare landscape by reviewing relevant reports presented by public health and local non-profit agencies, including the Vermont Department of

Health, Blueprint for Health and the County Health Rankings for Lamoille County. In addition, Copley utilized CommunityCommons.org, an online between Institute for People, Place and Possibility with the Center for Applied Research and Environmental Systems (CARES) at University of Missouri and Community Initiatives. It is supported by The Robert Wood Johnson Foundation, Kaiser Permanente, American Heart Association, and the Centers for Disease Control (CDC). CommunityCommons.org uses the "core outcome and action indicators framework" associated with The County Health Rankings/Roadmaps to Health, The Community Guide, Healthy People 2020, and other widely used sources of indicators and evidence-informed program activities. The framework is also derived from the shared national priorities identified in the National Prevention Strategy, The Community Transformation Grant Program and the Leading Health Indicators for Healthy People 2020.

Data sources also included:

U.S. Census Bureau, 2010 Demographic Profile Data
U.S. Census Bureau 2009-2013 5- Year American Community Survey
2012-2013 Behavioral Risk Factor Surveillance System (BRFSS)
2014 Suicide Data for Lamoille County from the Vermont Vital Statistics System
2015 Lamoille County Planning Commission Regional Transportation Plan (draft)
2013 District Office Profile Partnership for Success Grant, Morrisville District Office
2014 Lamoille County Health Rankings and Roadmaps
2013 AHEC Vermont County Profiles for Medical and Health Sciences Students and Residents
2013 Blueprint for Health HSA profile: Morrisville
2012 Healthy Vermonters 2020 State Health Assessment Plan
2015 Vermont Kids Count, Voices for Vermont Kids

Community Input

This report presents the results of the online survey and the focus groups, providing community input in identifying key trends and health care needs priorities. Please note, that due to the small sample size, the survey findings are qualitative in nature, and thus cannot be projected to represent the views of all members of the community served by Copley Hospital.

Research Participation

The online survey was completed by one hundred and forty seven citizens of the catchment area. A total of twenty three individuals participated in the three focus groups.

Primary Research Highlights

Both the quantitative and qualitative research afforded the respondents the opportunity to share what they believe to be important health care needs and/or concerns or issues affecting individuals' ability to live a healthy lifestyle and to have a healthy community in the Copley catchment region.

Primary Health Care Concerns Identified

Five areas were identified most often as the primary health care concerns or key aspects to living a healthy life. Listed in order of the number of mentions:

Access to Health Care

The principal concerns revolve around the shortage of primary care providers, the inability of many respondents to have access to their primary provider during the weekend and inability to make appointments due to inconvenient office hours. An associated topic is the lack of an urgent care facility in the area. In addition, there is a need for more dentists. Transportation is a related issue with respect to having access to health care providers.

Lifestyle and Prevention

A number of major concerns revolve around issues relating to physical activity and making daily choices that affect living a healthy lifestyle. Many respondents state there are not enough resources, facilities or options for adults, teens and children to be active. Issues affecting nutrition and healthy eating practices are also a concern. Finding the time for exercising or cooking healthy meals is a problem.

Cost of Health Care and Associated Monetary Issues

Not having steady employment causes a negative economic ripple affecting living a healthy life. Obtaining medical attention, affording health insurance, paying the deductible or co-pay, or buying nutritious food are all negatively affected by prohibitive cost or by the lack of adequate monetary resources. Not having available affordable housing also influences one's health.

Chronic Health Conditions

Respondents cite a number of medically and health related issues or conditions that prevent living a healthy life. Among them are a number of illnesses or conditions such as arthritis, high blood pressure, diabetes, cancer, heart disease and high cholesterol. Obesity, depression, drug and alcohol abuse, smoking and mental health issues, such as a high level of stress, are also frequently mentioned.

Social Connection; Family and Friends' Support

An important aspect of living a healthy life is having the support of family and friends in terms of physical support such as providing a helping hand when needed or being transported to a doctor's appointment when no other transportation options are available. In addition, moral and spiritual support is important to those who may need someone to lean on in difficult periods.

Survey Data

The following three figures demonstrate the responses to the first three questions in the online survey.

Figure 1:

What are the most frequent health issues or concerns facing you or your family? (Mark All that Apply)

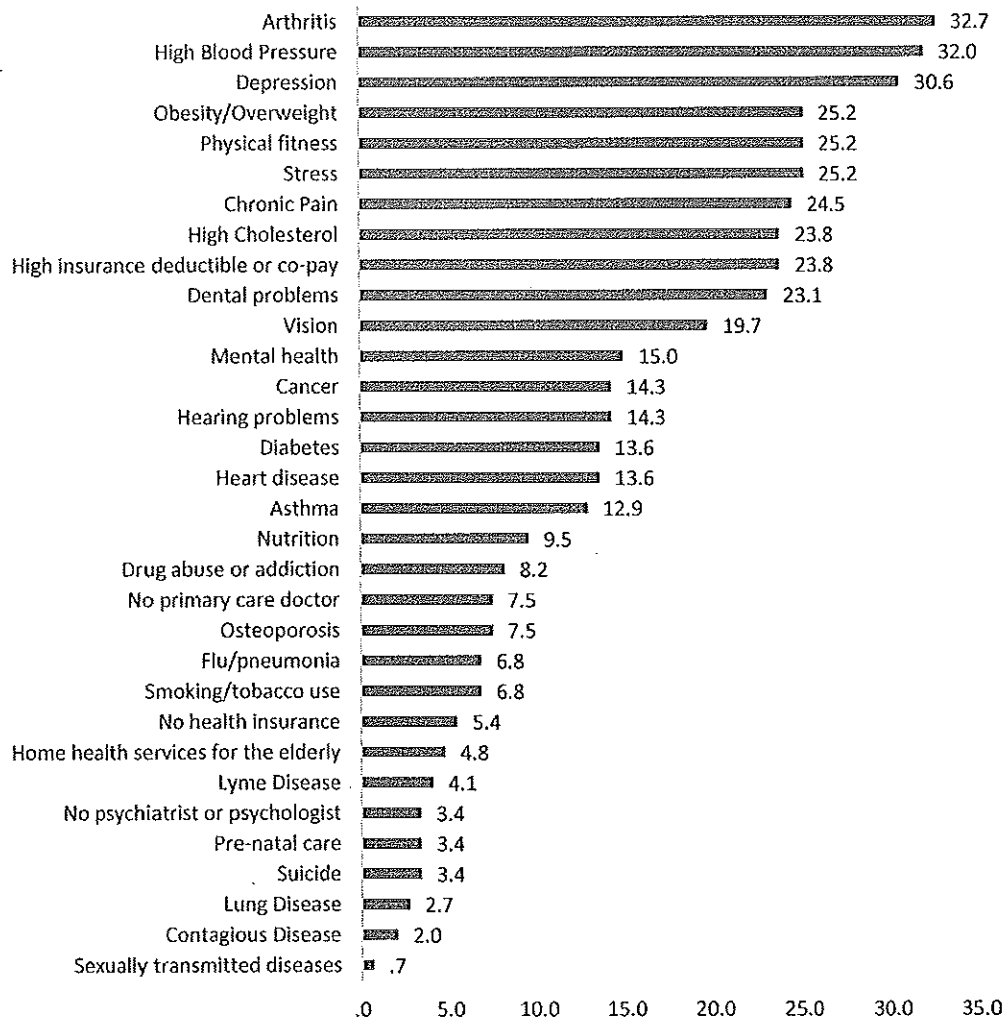


Figure 2:

What are the most frequent health issues or concerns facing your neighbors and/or your community?
(Mark all that apply)

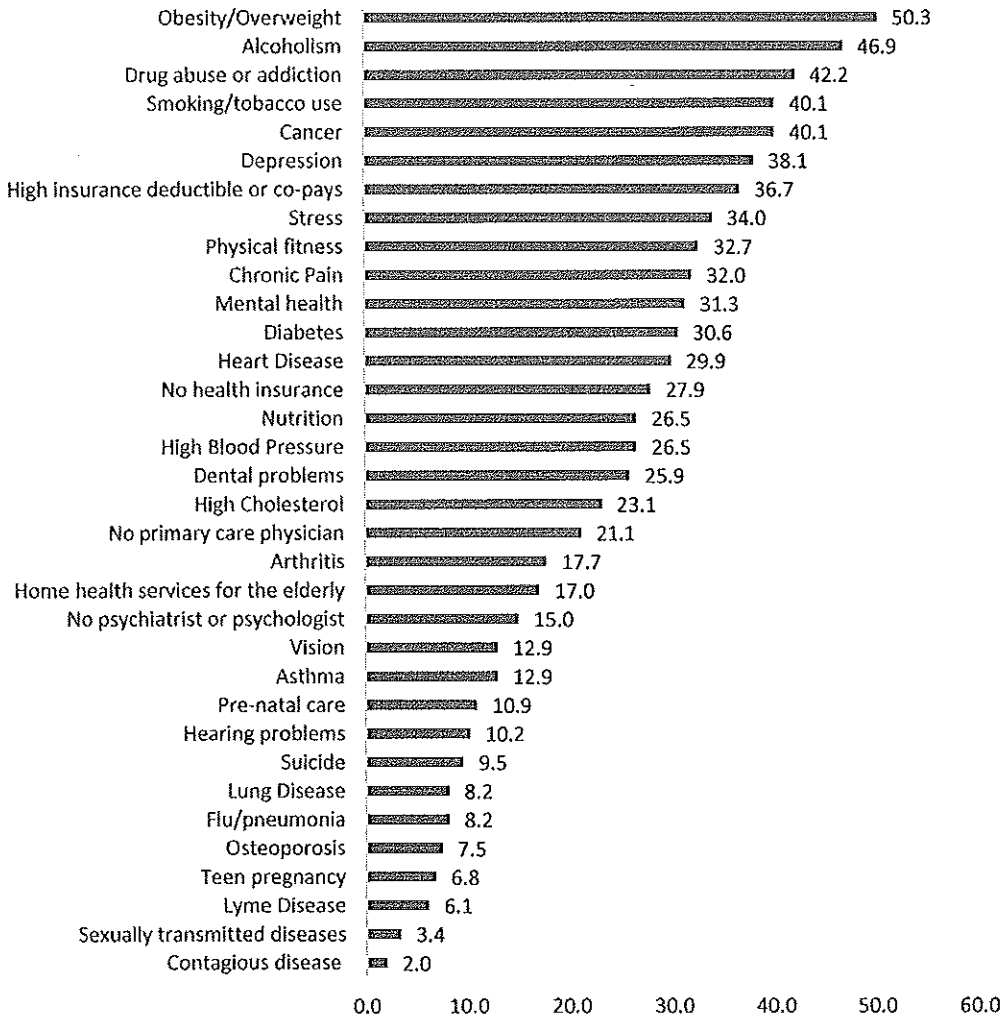
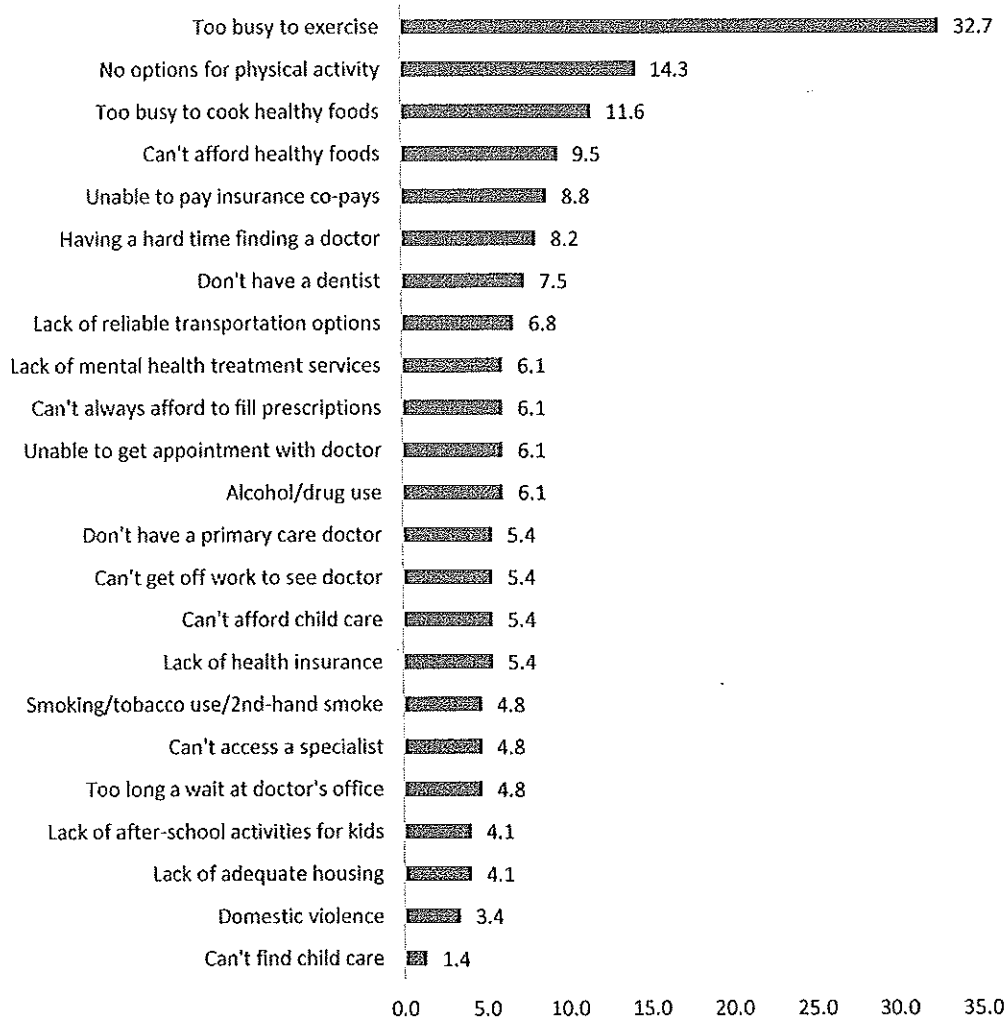


Figure 3:

What prevents you and your family from being healthy or well? (Mark all that apply)



The following organizations and community resources are considered to be available to address health, wellness and lifestyle issues and concerns:

- Copley Hospital
- Community Health Services of Lamoille County/Behavioral Health and Wellness Center/Community Dental Clinic
- Clarina Howard Nichols Center
- The Family Center
- Lamoille County Mental Health and other mental health providers
- Infrastructure and facilities available for year-round exercise and fitness
- Curves
- VT Quits and smoking cessation programs
- Providers

The following is a list of resources considered to be missing or not available in the community which, if available, could address health, wellness and lifestyle issues and concerns:

- Additional mental health practitioners and facilities
- Affordable exercise/fitness facilities and options for adults and youth
 - Improved sidewalks
 - Walking and recreation paths
 - Indoor pool
 - Child care at fitness centers
- In-patient detox and drug rehabilitation facilities
- Affordable after-school programs, weekend and evening child care options
- Easy access to affordable and healthy food
- Access to up-to-date health and wellness related information
- Transportation for non-medically related trips
- Increased number of PCP and specialists

Online survey respondents rating of factors based on importance for health.

	Least Important	Neutral	Most Important
Education	10%	33%	58%
Employment	3%	24%	73%
Family & Friend Support	1%	17%	81%
Built Environment	12%	62%	26%
Environmental Quality	4%	19%	77%
Affordable Housing	4%	38%	59%
Access to Healthy Food	1%	11%	88%
Personal Safety	6%	40%	54%
Access To Medical Care	1%	5%	94%

Health Issues in the Copley Hospital Service Area Worse Than State Average

based on data from CommunityCommons.org

Teen Births. The area has a 22.31% rate of total births to women age 15-19 per 1,000 female population age 15-19. Overall, Vermont's rate is 18.5%.⁵

Pneumonia Vaccination. 66.77% of adults aged 65+ received the pneumonia vaccination compared to the state's rate of 71.2%

High Blood Pressure Management. 28.75% of adults with high blood pressure are not taking medication, compared to state rate of 24.61%.⁶

Preventable Hospital Events. The Morrisville Health District has a rate of 53.25 (per 1,000 Medicare enrollees) hospitalized for conditions that are ambulatory care sensitive (ACS). This compares to 48.33 for Vermont.⁷

Routine Preventive Care. Only 60% of the district had a routine doctor visit in the last year and 70% have had their cholesterol screened in the last five years. The Vermont average is 67% and 76% respectively.⁸

Alcohol Consumption. 22.23% of area adults report heavy alcohol consumption, compared to 20.8% state-wide.⁹

Tobacco Usage. 18.78% of adults currently smoke cigarettes, compared to 16.8% state-wide.¹⁰

Chronic conditions of Obesity, Asthma, Heart Disease (mortality) and Poor General Health show a higher incidence in this district compared to the state average.¹¹

A high incidence rate of chlamydia cases indicate the prevalence of unsafe sex practices.¹²

Cancer, including breast, colon and rectum, has a higher rate of incidence in this district compared to the state average.¹³

The Suicide Rate is at 16.68 per 100,000 population compared to the state average of 14.89.¹⁴

⁵Communitycommons.org; US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Vital Statistics System, Accessed via CDC Wonder 2006-12.

⁶ Communitycommons.org; Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System. Additional data analysis by CARES 2006-10.

⁷ Communitycommons.org; Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care 2012.

⁸ Morrisville Health District, 2012-2013 BRFSS Data.

⁹ Communitycommons.org; Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, Accessed via the Health Indicators Warehouse.

¹⁰ Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. 2006-20012.

¹¹ Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention & Health Promotion, 2012; Centers for Medicare and Medicaid Services 2012.

¹² US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention, 2012.

¹³ National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program, State Cancer Profiles

¹⁴ Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC Wonder.

County Health Rankings – Lamoille County 2012-2015 (Rank out of 14)

	2015	2014	2013	2012	VT 2015	2015 Nat'l Benchmark	Status 2015
Health Outcomes	Rank 4	Rank 6	Rank 6	Rank 5			Improved
Length of Life	Rank 6	Rank 10	Rank 10	Rank 5			Improved
Premature Death	5,458	6,119	6,119	5,617	5,430	5,200	
Quality of Life	Rank 4	Rank 4	Rank 4	Rank 7			
Poor or Fair Health	11%	11%	11%	11%	11%	10%	
Poor physical health days	3.1	3.1	3.2	3.3	3.2	2.3	
Poor mental health days	3.7	3.7	3.7	3.7	3.3	2.4	
Low birthweight	5.3%	5.3%	5.1%	6.3%	6.6%	5.9%	

Clinical Care	Rank 7	Rank 5	Rank 10	Rank 8			Worse
Uninsured	9%	9%	12%	12%	8%	11%	Improved
Primary Care Physicians	891:1	988:1	1,115:1	1,168:1	922:1	1,045:1	Improved
Dentists	2,507:1	2,496:1	2,453:1		1,567:1	1,377:1	Worse
Mental Health Providers	298:1	347:1			273:1	386:1	Improved
Preventable Hospital Stays	54	61	62	54	48	41	Improved
Diabetic Screening	93%	91%	91%	92%	88%	90%	Improved
Mammography Screening	69.0%	71.0%	74.0%	72.2%	69.5%	70.7%	Worse

	2015	2014	2013	2012	VT 2015	2015 Nat'l Benchmark	Status 2015
Health Factors	Rank 8	Rank 7	Rank 7	Rank 7			Worse
Health Behaviors	Rank10	Rank 10	Rank 11	Rank 9			
Adult Smoking	18%	18%	19%	29%	16%	14%	Worse
Adult Obesity	26%	26%	26%	26%	24%	25%	Worse
Food Environmental Index	8.3	8.5			8.1	8.4	
Physical Inactivity	18%	18%	18%	18%	18%	20%	
Access to Exercise Opportunities	77%	57%			78%	92%	Improved
Excessive Drinking	22%	22%	22%	21%	19%	10%	Worse
Alcohol Impaired Driving Death	53%	56%			37%	14%	Worse
Sexually Transmitted Infections	361	251	249	189	275	138	Worse
Teen Birth Rate	22	21	21	21	19	20	Worse

	2015	2014	2013	2012	VT2015	2015 Nat'l Benchmarks	Status 2015
PhysicalEnvironment	14	14	3	9			
Air pollution-particulate matter	10.8	10.8	9.6	2	10.7	9.5	
Drinking water violations	16%	24%	24%		7%	0	Improved
Severe housing problems	19%	18%			17%	9%	Worse
Driving alone to work	78%	76%			74%	71%	Worse

	2015	2014	2013	2012	VT2015	2015 Nat'l Benchmarks	Status 2015
Social & Economic Factors	Rank 6	Rank 3	Rank 4	Rank 6			Worse
High School Graduates	92%	89%	90%	88%	88%		Improved
Some College	67.7%	65.1%	65.3%	65.2%	65.8%	71%	Improved
Unemployment	4.9%	5.6%	6.4%	7.3%	4.4%	4.0%	Improved
Children in Poverty	16%	15%	19%	17%	15%	13%	
Income Inequality	4.4%				4.4	3.7%	
Children in single parent households	28%	25%	26%	27%	30%		Worse
Social Associations	9.6%				13.1	20%	
Violent Crime	71	69	69	79	136	59	Worse
Injury deaths	70	62			69	50	Worse

KEY HIGHLIGHTS FROM SECONDARY DATA REVIEW

A person needs an hourly wage of \$18.12 to afford to rent a 2-bedroom apartment and pay 30% of income to housing. For the state, the combined non metro area rate is \$16.11.¹⁵ Housing costs exceeds 30% of income for nearly 39% of residents in the Morrisville Health District.¹⁶

More than 1 in 4 of children in Lamoille County were enrolled in 3 Squares Vermont in 2013 (27.2%). While close to the state average, it was a 47.8% increase from Lamoille County's rate in 2009.¹⁷

Nearly 42% of public school children in the Morrisville Health District were enrolled in the Free and Reduced Price School Meals Program during the 2013-2014 school year.¹⁸

¹⁵ Vermont Affordable Housing.org/2014Vt-Out-of-Reach

¹⁶ Communitycommons.org; US Census Bureau, American Community Survey, 2009-13. Source geography: Tract.

¹⁷ Voices for Vermont Kids, Lamoille County, Vermont Kids Count 2015

¹⁸ Communitycommons.org; National Center for Education Statistics, NCES- Common Core of Data, 2012-2013.

13% of the Health District residents experienced food insecurity during the report year.¹⁹

Reach Up provides temporary cash assistance to families experiencing extreme financial need. Lamoille County child participation in Reach Up climbed 42.4% between 2009 and 2013, although it remained lower than the state rate of 8.4%²⁰

There are 438 households in Lamoille County with no vehicle.²¹

More people live in poverty in Lamoille County, across all age groups, compared to the state of Vermont, with the exception of 65+, which is just 0.2% below state-wide rate.²²

Lamoille County is designated as a Health Professional Shortage Area. A ratio of 78 FTEs per 100,000 population is considered an adequate supply of primary care physicians. Lamoille County has a ratio of 67-78 which is considered inadequate. However, when looking at actual patterns of care seeking, much of the Copley Hospital Service area is considered in need, with ratios ranging from 50-67 in Morristown to 30-50 in Hardwick to 67-78 in Cambridge. The exception is Stowe with a 78+ ratio.²³

Source: Access to Care and Medicaid Rates, 1996-2014, Office of Rural Health & Primary Health Care, Testimony, Feb. 2015

¹⁹ Communitycommons.org; Feeding America, 2012.

²⁰ Voices for Vermont Kids, Lamoille County, Vermont Kids Count 2015

²¹ Communitycommons.org; US Census Bureau, American Community Survey, 2009-13. Source geography: Tract

²² Poverty by Age from US Census Bureau, ACS

²³ Access to Care and Medicaid Rates, 1996-2014, Office of Rural Health & Primary Health Care, Testimony, Feb. 2015

Resources Available to Address Community Health Needs

Vermont 211

Just dial 2-1-1 from anywhere in Vermont for information about health and human service organizations in your community. Available 24 hours, 7 days a week and it is a local call from anywhere in Vermont. A program of the United Way and the Vermont Agency for Human Services.

Abuse

- Domestic violence 24-hr Hotline: 800-228-7395
- Sexual assault 24-hr Hotline: 800-489-7273
- Clarina Howard Nichols Center; Battered Women's Services and Shelter 802-888-5256

Aging/Seniors

- Central Vermont Council on Aging, Senior Helpline 1-800-642-5119
- Out & About Adult Day Services 802-888-2238
- Lamoille County Home Health and Hospice 802-888-4651
- Forest Hills Residential Care
- Copley Terrace
- Copley Woodlands
- Capstone Community Action

Alcohol

- Healthy Lamoille Valley
- Vermont Al-Anon Answering Service 866-972-5266 or 802-860-8388
- Alcohol & Substance Awareness Program 802-888-3102; pager: 802-250-1447
- Alcoholics Anonymous in Vermont 802-229-5100
- Division of Alcohol & Drug Abuse Programs: 802-651-1550
- www.ParentUpVT.org information on how to talk with children to help reduce underage drinking.

Breastfeeding

- Breast Feeding Support Group 802-888-4651
- Copley Hospital Birthing Center 802-888-8100
- Lactation Consultation and Breastfeeding Support: 802-888-4470
- La Leche League of Central Vermont: 802-244-7416 or 802-223-0873
- Vermont Department of Health 802-863-7333

Cancer

- HUGS-(Help Us Give Support) Support Group) 802-249-0812.
- Lamoille Area Cancer Network
- American Cancer Society 800-227-2345

Diabetes

- Copley Hospital – Diabetes Support Group: 802-888-8369
- American Diabetes Association 800-342-2383

Domestic Violence

- Domestic violence 24-hr Hotline: 800-228-7395
- Sexual assault 24-hr Hotline 800-489-7273
- Clarina Howard Nichols Center; Battered Women’s Services and Shelter 802-888-5256
- AWARE (Hardwick) 802-472-6463
- Sexual Assault Crisis Hotline 1-800-489-7273

Food/Nutrition

- Cambridge Food Shelf 802-644-8911
- Johnson Food Shelf 802-635-9003
- Lamoille Community Food Share 802-888-6550
- Vermont Food Bank Wolcott Branch 802-4672-8280
- Women, Infants, Children (WIC) 802-888-7447
- 3Squares Vermont 1-800-479-6151
- First Congregational Church of Morrisville
- St. John’s in the Mountains Episcopal Church, Stowe
- Capstone Community Action
- Meals on Wheels

Health Care Providers

Copley Hospital 802-888-8888
Hardwick Health Center, 802-472-3300
Paul Rogers, MD (Johnson), 802-635-7325
Gary Waring, MD (Morrisville), 802-888-3096
Morrisville Family Health Care, 802-888-5639
Stowe Family Practice, 802-253-4853
David Bisbee, MD, 802-253-5020
Stowe Natural Family Wellness, 802-253-2340
Art Gleiner, MD, 802-249-1279
Lamoille County Home Health and Hospice 802-888-4651
Lamoille County Mental Health, 802-888-5026

Behavioral Health and Wellness, 802-888-8320
Lamoille Family Center 802-828-8765
The Manor, 802-888-8700
Greensboro Nursing Home, (802) 533-7051

Independent Living

- Central Vermont Council on Aging 1-800-642-5119 www.cvcoa.org
- Copley Terrace
- Copley Woodlands

Mental Health

- Lamoille County Mental Health 888-5026
- Mobile Crisis Team @ 802-888-5026 / Evenings & Weekends 802-888-4231
- Behavioral Health and Wellness, CHSLV (802) 888-8320
- Vermont Federation of Families for Children's Mental Health 800-639-6071
- Vermont Psychiatric Survivors 800-564-2106
- NAMI – Central Vermont: 802-223-3376
- Early Childhood & Family Mental Health Program 802-888-4914

Parenting

- Family Center of Lamoille County: 802-828-8765
- Building Bright Futures 802-888-0539
- DCF/Family Services Division Morrisville 802-888-4576
- Early Head Start (prenatal to age 3) 802-888-4993 or 800-575-3322
- Head Start (birth to age 5) 802-888-7993
- Adoptive Parents w/ Challenging Children – Casey Family Services 802-244-1408 / Toll Free: 800-244-1408
- Mothers of Preschoolers
- Nurturing Fathers: 802-498-0611 or 800-children
- Nurturing Parenting Program for Families in Substance Abuse Recovery 802-498-0611 or 800-children
- Parent Information and Resource Center 800-800-4005
- Parents of Teens (Youth Service Bureau) 802-229-9151
- Parenting Together 800-children
- Vermont Family Network
- Laraway Youth and Family Services

Pregnancy

- Planned Parenthood 888-3077

Substance Abuse

- North Central Vermont Recovery Center 802-851-8120
- Lamoille County Mental Health 802-888-5026
- Behavioral Health & Wellness 802-888-8320
- Marijuana & Narcotics Anonymous: 802-479-7373
- Nurturing Parenting Program for Families in Substance Abuse Recovery 802-498-0611 or 800-children
- Rocking Horse Circles for Families Living with Substance Abuse 802-888-2581
- Tobacco Cessation (Vermont Quit Network): 802-371-5945

Suicide

- Vermont Suicide Prevention Center 802-254-6590

Weight Control

- Overeaters Anonymous <http://www.oavermont.org/>
- Johnson – 802-888-5958
- Morrisville – 802-888-2356 or 802-888-5958
- Take Off Pounds Sensibly (TOPS): 802-782-4494

Substance Abuse Treatment, Housing, and Recovery Support

Residential Treatment

Alcohol & Substance Awareness Program (ASAP) 802-888-3102; pager: 802-250-1447
(Short-term detox for people in crisis)

Oasis House
Hyde Park, VT
802-851-8368

Mobile Crisis Team @ 802-888-5026 / Evenings & Weekends: 802-888-4231
(psychiatric crisis stabilization program)

Brattleboro Retreat
Anna Marsh Lane
Brattleboro, VT 05301
1-800-738-7328 Fax- 802-258-3791
(Adult Residential/Detox and Co-occurring)

Serenity House
98 Church Street
PO Box 207
Wallingford, VT 05773

802-446-2640
(Adult Residential)

Valley Vista
23 Upper Plain
Bradford, VT 05032
802-222-5201
(Residential for Women & Adolescents)

Maple Leaf Farm
10 Maple Leaf Rd.
Underhill VT 05489
802-899-2911
(Adult Residential)

Outpatient Treatment Programs & Medication Assisted Therapy

Lamoille County

Behavioral Health & Wellness Center (A, O, PC)
65 Northgate Plaza, Suite 11, Morrisville
Tel: (802) 888-8320

North Central Vermont (RC)
275 Brooklyn Street, Morrisville
Tel: (802) 851-8120

Treatment Associates (OP, IOP)
65 Portland Street, Morrisville
Tel: (802) 888-0079

Appendix 1 Online Survey re Use of Emergency Room

Online survey respondents' answer to the question, "In the last 12 months, did you have an illness, injury, or condition that needed immediate care in an Emergency Room?"

	Frequency	Percent
No answer	4	2.7
No	99	67.3
Yes	44	29.9
Total	147	100.0

Online respondents' reasons for seeking care in the Emergency Room rather than their doctor's office.

	Frequency
Don't have a doctor	3
Could not get a same day appointment at my doctor's office	4
Doctor's office closed	20
Went to the Emergency Room by ambulance	4
Don't know doctor's office hours	1
Concerned about waiting time in doctor's office	1
Injury too complicated for a doctor's office visit	11
Doctors in the Emergency Room know me well	1

Appendix 2 Regarding Online Respondents

Locations of the respondents of the online survey.

	Frequency	Percent
Cambridge	3	2.0
Craftsbury, Craftsbury Commons	11	7.5
Eden	4	2.7
Elmore	5	3.4
Greensboro, Greensboro Bend	10	6.8
Hardwick	6	4.1
Hyde Park, N. Hyde Park	24	16.3
Jeffersonville	2	1.4
Johnson	11	7.5
Morristown	36	24.5
Stowe, Moscow	14	9.5
Waterville	2	1.4
Wolcott	5	3.4
Work in the area, do not live here	15	10.2

Age distribution of the online survey respondents.

	Frequency	Percent
26-34	11	7.5
35-45	27	18.4
46-54	28	19.0
55-64	44	29.9
65-79	29	19.7
80	8	5.4
Total	147	100.0

Number of persons living the in Household.

	Frequency	Percent
1	25	17%
2	66	46%
3 to 4	42	29%
5 to 6	8	6%
7	2	1%

Number of persons under the age of 18 living in the household.

	Frequency	Percent
1	21	45%
2	16	34%
3	5	11%
4	1	2%
5	2	4%
7	2	4%

Gender of the online survey respondents.

	Frequency	Percent
Skipped/No Answer	4	2.7
Female	117	79.6
Male	25	17.0
Transgender	1	.7
Total	147	100.0

Ethnicity/race of the online survey respondents.

	Frequency	Percent
American Indian or Alaskan Native	6	4.1
Black or African American	1	.7
Hispanic or Latino	1	.7
White / Caucasian	134	91.2
Prefer not to answer	7	4.8
Total	147	100.0

Education levels of the online survey respondents.

	Frequency	Percent
Associate's Degree in College	15	10.2
Bachelor's Degree (example: BA, BS)	45	30.6
Graduated from high school, or GED	10	6.8
Master's Degree (example: MA, MS, MBA)	40	27.2
Professional or Doctoral Degree (example: M.D., Ph.D., Ed.D; J.D.)	10	6.8
Some college, but no degree	13	8.8
Some graduate studies, but no degree	14	9.5
Total	147	100.0

Income levels of the online survey respondents.

	Frequency	Percent
	16	10.9
\$0-\$24,250	10	6.8
\$24,300-\$33,300	13	8.8
\$33,400-\$59,600	34	23.1
\$59,700-\$95,400	36	24.5
\$95500+	38	25.9
Total	147	100.0

Appendix 3 Online Survey for Copley HSA CHNA 2015

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

1. What are the most frequent health issues or concerns facing you or your family?

(Mark all that apply)

Alcoholism

- Arthritis
- Asthma
- Cancer
- Chronic Pain
- Contagious diseases (e.g., measles, TB, etc.)
- Dental problems
- Depression
- Diabetes
- Drug abuse or addiction
- Hearing problems
- Heart disease
- High Blood Pressure
- High Cholesterol
- Home health services for the elderly
- Flu/pneumonia
- Lung Disease
- Lyme Disease

- Mental health issues
- Nutrition
- Obesity/Overweight
- Osteoporosis
- Physical fitness
- Pre-natal care
- Smoking/tobacco use
- Sexually transmitted diseases
- Stress
- Suicide
- Teen pregnancy
- Vision

Other (please specify)

2. What are the most frequent health issues or concerns facing your neighbors or your community?

(Mark all that apply)

- Alcoholism
- Arthritis
- Asthma
- Cancer
- Chronic pain
- Contagious disease (e.g., measles, TB, etc.)
- Dental problems
- Depression
- Diabetes
- Drug abuse or addiction
- Hearing problems
- Heart Disease
- High Blood Pressure
- High Cholesterol

- Home health services for the elderly
- Flu/pneumonia
- Lung Disease
- Lyme Disease
- Mental health issues
- Nutrition
- Obesity/Overweight
- Osteoporosis
- Physical fitness
- Pre-natal care
- Smoking/tobacco use
- Sexually transmitted diseases
- Stress
- Suicide
- Teen pregnancy
- Vision

Other (please specify)

3. What prevents you and your family from getting good health and well-being?

(Mark all that apply)

- Alcohol/drug use
- Can't afford healthy foods
- Lack of good transportation options
- Lack of health insurance
- Lack of adequate housing
- Domestic violence
- Too busy to exercise
- Too busy to cook healthy foods
- No options for physical activity
- Can't find child care
- Can't get off work to see doctor

- Unable to get appointment with doctor
- Having a hard time finding a doctor
- Don't have a primary care doctor
- Don't have a dentist
- Too long a wait at doctor's office
- Unable to pay co-pays
- Can't always afford to fill prescriptions
- Can't access a specialist
- Lack of mental health treatment services
- Smoking/tobaccouse/2nd hand smoke
- Lack of after-school activities for kids

Other (please specify)

4. What community resources do you know about that can help with any of these issues or concerns?

5. What community resources are missing to help with any of these issues or concerns?

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

- Doctor/Nurse
- Facebook
- Faith-based community
- Family and friends
- Health Department
- Hospital website
- Internet searches
- Magazines
- Newspaper
- Radio
- School

- Television
- WebMD
- Hospital Newsletter Please identify which hospital:
Other (please specify)

7. Where do you live?

- Belvidere
- Cambridge
- Craftsbury, Craftsbury Commons
- Edem
- Elmore
- Greensboro, Greensboro Bend
- Hardwick
- Hyde Park, N. Hyde Park
- Jeffersonville
- Johnson
- Morristown
- Stannard
- Stowe, Moscow
- Waterville
- Wolcott
- Work in the area, do not live here

8. What is your age?

- 18-25
- 26-34
- 35-45
- 46-54
- 55-64
- 65-79
- 80+

9. How many people in your household

- 1
- 2
- 3-4
- 5-6
- 7+

10. How many people living in your household are under 18 years old?

- 1
- 2
- 3
- 4
- 5
- 6
- 7+

11. What gender do you identify with?

- Female
- Male
- Transgender

12. What is your ethnicity? (Please select all that apply.)

- American Indian or Alaskan Native
- Asian or Pacific Insider
- Black or African American
- Hispanic or Latino
- White/Caucasian
- Prefer not to answer

13. What is the highest level of education you have completed?

- High School graduate or GED
- Some college, but no degree



Community Health Needs Assessment Implementation Plan

2016-2018

This assessment was designed to fulfill the requirements of the Federal Patient Protection and Affordable Care Act (PPACA) and to help Copley Hospital to fulfill its mission.

Copley Hospital Community Health Needs Assessment Implementation Plan

Introduction

Copley Hospital conducted a Community Health Needs Assessment in fiscal year 2015. Copley engaged Toby Knox and Associates LLC (TKA) to conduct market research pertaining to this Assessment, which included inviting feedback from community members and stakeholders as well as reviewing relevant data and publications published by government and non-profit agencies from within the Copley community and statewide. Copley Hospital conducted the Assessment in collaboration with the Morrisville District Office of the Vermont Department of Health (VDH), working specifically with Field Director Valerie Valcour and the Copley Hospital Service Area Blueprint for Health Community Health Team. Copley Hospital reviewed secondary data, including reports suggested and provided by the VDH, Blueprint for Health, CommunityCommons.org, and the County Health Rankings for Lamoille County.

This Implementation Plan outlines an action plan as to how Copley Hospital plans to address three key community health priorities for the next three years.

The three identified issues are:

- Reducing the Cost of Healthcare, by reducing preventable hospital visits
- Chronic Health Conditions, with a focus on obesity, diabetes related issues
- Preventive Care, with a focus on alcohol, tobacco, and depression screening

Process, Methods, Decision Makers and Criteria

The Copley Community Health Needs Assessment was reviewed by the Hospital's Senior Leadership Team on September 14, 2015 and posted onto copleyvt.org on September 22, 2015. A copy of the report was emailed to Copley Hospital Board of Trustees and to area social service agencies and providers, including: Lamoille County Mental Health, Community Health Services of Lamoille Valley, Blueprint for Health Copley Hospital Service Area participants, Laraway School, Lamoille Home Health and Hospice, The Manor, The Lamoille Family Center, Green Mountain Services, Central Vermont Council on Aging, United Way of Lamoille County, Lamoille Area Food Share, Lamoille Region Chamber of Commerce, Vermont Department of Health Morrisville District. The hospital presented the report publicly during a community gathering on September 28, 2015. Copley officials presented it to the Morrystown Planning Commission on December 15, 2015.

A Steering Committee was convened to review the Copley Hospital Community Health Needs Assessment and develop this Implementation Plan. The Steering Committee included personnel that collaborated on the Assessment and new clinical leaders at Copley Hospital. Steering Committee members included: Valerie Valcour, Field Director, Morrisville District Office, VT Department of Health; Lori Profota, DNP, RN, NE-BC, Copley Chief Nursing Officer; Joel Silverstein, MD, Copley Chief Medical Officer; Celeste Kane Stebbins, RN, Copley Director of Quality and OneCareVT Unified Clinical Collaborative/Blueprint for Health representative; Nancy Wagner, RD, manager of Copley Wellness Center; Elise McKenna, facilitator, Copley Service Area Blueprint for Health; Kathy Demars, Copley Hospital Board of Trustees and Executive Director Lamoille Home Health & Hospice.

In order to select the Significant Health Needs (SHNs) that Copley Hospital will address 2016-2018, the Steering Committee used the following criteria and considerations:

1. Alignment with existing strategic plans: alignment of addressing the SHN with Copley Hospital's other strategic initiatives, quality improvement initiatives, and clinical strengths;
2. Availability of other resources: the breadth and depth of existing community resources to address the SHN; availability of willing community partners with expertise;
3. Community prioritization: the priority placed on the SHN by the community;
4. Feasibility and effectiveness of possible interventions: the existence of effective strategies to address the SHN and the opportunity to intervene at the prevention level;
5. Copley Hospital resources and expertise: Copley has relevant expertise and sufficient resources to make a meaningful contribution within a reasonable time frame;
6. Health disparities: the health needs disproportionately impacts the health status of one or more vulnerable population groups;
7. Historical trends: whether the SHN has been getting better or worse in the community over time;
8. Severity of the problem: the health need has serious consequences (morbidity, mortality, and/or economic burden) for those affected;
9. Magnitude/scale of the problem: the health need affects a large number of people within the community; and
10. Relationship of the problem to other community issues.

The Steering Committee met on November 19, 2015 to prioritize the issues on which the Implementation Plan would focus. The Steering Committee also reviewed potential programs, events and initiatives as well as identified personnel and resources needed to address the issues. The committee also suggested tools and measurements to track results and, if possible, effectiveness.

Working sub-committees at the hospital were convened. These sub-committees met in December and January to detail initiatives and programs to the three prioritized issues. Each initiative was identified as a level of influence from the Vermont Prevention Model, as developed by the Vermont Department of Health. To have the greatest impact, prevention activities should be addressed from multiple levels, including: individual, relationships, organizational, communities, policies and systems.

The sub-committees' recommendations were reviewed by the hospital's Senior Leadership Team on January 18, 2016, and reviewed and approved by the Steering Committee on January 20, 2016. The Copley Hospital Board of Trustees approved the Implementation Plan on February 8, 2016.

Measurable Objectives

The steering committee set measurable objectives for each initiative. These objectives are existing data points collected by government agencies and population health entities, including the Vermont Department of Health, the County Health Rankings, and others. Copley Hospital does not collect health statistics and data so we rely on reputable third parties for these measures. For some initiatives, measurable objectives reflect a target patient population specific to Copley Hospital, with the assumption that improvement in a targeted population could be rolled out to subsequent target populations, and may serve as a stepping stone in improving the overall health of the population. There is shared understanding that measurable improvement in population health takes time, and will be incremental.

Methods for Reporting Progress

Copley will report on the implementation of the initiatives at least annually at the Copley Hospital Board Quality Committee and will be included in the Board Quality Committee Report to the Board of Trustees. Additional forms in which progress may be reported include: the hospital's annual meeting, Blueprint for Health meetings, with civic organizations and via press releases in the hospital newsletter.

Issues Not Addressed

The need for better, more reliable transportation; mental health treatment, the lack of facilities or options for people to exercise and choose healthy eating habits; poverty and the lack of affordable housing, were among other issues also identified. The hospital may monitor, but will not generally address additional issues unless specified in the implementation plan. This is because the hospital does not have the expertise needed, or the necessary actions fall more appropriately to the responsibility of others, or suitable efforts are individuals modifying personal behavior rather than the efforts of a healthcare organization, and/or the hospital's limited resources prevents additional response to other issues.

Implementation Plans: see following pages

Implementation Plan Key:

Blueprint	Copley Hospital Service Area Blueprint for Health Program, includes Morrisville Family Health, Stowe Family Practice, Cambridge Family Practice Associates, Hardwick Area Center, Stowe Natural Wellness, Lamoille County Mental Health, Behavioral Health & Wellness, Northern County Recovery Center, Lamoille Home Health & Hospice, Central Vermont Council on Aging, and more.
Copley	Copley Hospital
CHSLV	Community Health Services of Lamoille Valley (Primary Care Physicians)
CHSLV Care Coord	RNs and Social Workers that serve as Case Managers for CHSLV patients
Cmnty	Community Members
CVCOA	Central Vermont Council on Aging
DVHA	Department of Vermont Health Access
FamCtr	Lamoille Family Center
HLV	Healthy Lamoille Valley
Home Health	Lamoille Home Health & Hospice
JSC	Johnson State College
Law	Law Enforcement
LCMH	Lamoille County Mental Health
LCPC	Lamoille County Planning Commission
Restor	Lamoille Restorative Center
PA	Peoples Academy
UCC	Unified Clinical Collaborative with OneCare Vermont ACO
VDH	Vermont Department of Health

Copley Hospital

**Community Need: Reduce Preventable Hospital Visits
(Reduce the Cost of Healthcare)**

Objectives: Reduce service area's rate of 30-day all-cause readmissions; Reduce # of avoidable visits to the ER; All persons in HSA will have a primary care provider

Measurable Goal:

% 30 day all-cause readmissions for Copley for all payers (Copley)

% 30 day all-cause readmissions for HSA, Medicare only (UCC/OneCare)

% of residents without PCP (VDH)

% of residents without insurance (VDH)

Rate of Medicare enrollees hospitalized for conditions that are Ambulatory Care Sensitive (UCC/OneCare)

Action Item/Specific Tactic	Decision Criteria Willing Partners	Prevention Model:	TimeLine FY16 FY1 FY18	Hospital Resources Needed	Responsible Hospital Dept./Person
Reducing Preventable Hospital Visits Task Force					
Inpatient Readmissions (Case mgr. doing real time reviews of hospital inpatient readmits within 30 days)	Copley, UCC, allied agencies, discharge planning team. community organizations	Individual, Org., Community	FY16 data collection FY 17 action plan	Clinical Support IT support (McMillian software)	CMO Joel Silverstein, MD,
ER Utilization Follow up w Frequent Users	Copley, UCC, & Blueprint for data; Blueprint Care Coord. at Medical Homes	Individual, Org.	FY16- FY18	Clinical Support, IT Support; Blueprint Care Coordinator support and two-way data sharing; Medical Homes Care Coord work flow	Quality Director Celeste Kane Stebbins, RN

24Hr Hotline ED referral to Home Health	Copley and HomeHealth, UCC	Individual	FY16- FY18	IT Support, Clinical Support, Home Health support; two way data sharing	ED Nurse Director Tracy Webster, RN
Med Reconciliation as part of Hospital Discharge, patients 65+	Copley and Home Health;	Individual, Organization	FY16- FY18	Pharmacy Support Clarification of data being tracked.	Claire Hancock, LCSW
Connect ER patient to PCP (done at registration)	CHSLV Care Coord., Copley Patient Access (Registration),	Individual, Organization	FY16- FY18	Patient Access, Blueprint, two- way data sharing	Krista Gravel, Patient Access
Learning Collaborative through Blueprint: Connecting Frequent Complex Patients with dedicated Care Coord.	Learning Collaborative through Blueprint, UCC, Copley, CHSLV, Home Health, LCMH, DVHA CVCOA	Individual, Organizations	FY16- FY17	Learning Collab Representative; request measurable goals/outcomes from Blueprint	Quality Director Celeste Kane Stebbins, RN
Inclusion in Social Media Marketing Campaign re- education about Advance Directives and Hospice Care	Copley, Home Health, VT Ethics Network	Individual, Organization, Community members	FY16- FY17	Budget: marketing dept	Leah Hollenberger

Copley Hospital

Community Need: Chronic Conditions: Obesity

Objectives: Reduce the rate of obesity in the Copley Hospital Service Area

Measurable Goal:

- % of residents without PCP (VDH)
- % of residents without insurance (VDH)
- % of adults with hypertension (VDH)
- % of adults who are obese (VDH) % of children age 2-5 (in WIC) who are obese (VDH)
- % of adults meeting the physical activity guidelines (VDH)
- % of adults with diabetes (VDH)

- % Copley employees using Copley health insurance who are obese (Copley)
- % Copley employees using Copley health insurance with hypertension (Copley)
- % Copley employees using Copley health insurance with diabetes (Copley)

Action Item/Specific Tactic <i>(identified during meeting)</i>	Decision Criteria Willing Partners (list or NA)	Prevention Model: Indiv., Relationship, Org., Community, Policy	TimeLine FY16 FY18	Hospital Resources Needed	Responsible Hospital Dept./Person
Copley Employee Wellness Program (target population)	Copley Wellness/Employee Health	Individual, Organization	FY16-FY18	Staff Time	Nancy Wagner, RD
Copley Workplace Wellness Programs (target population)	Copley Workplace Wellness Team	Individual, Organization, Community	FY16-FY18	Staff Time	Nancy Wagner, RD
Copley 5k Run/Walk for the Heart	Copley, Town of Morristown, Sponsoring Organizations	Community	FY16-FY18	Budget: Staff time, Marketing materials	Leah Hollenberger
Bike Share/Bike Racks in Morristown	Copley, Town of Morristown	Community, Policy (Town Plan)	FY16-FY18	Budget: \$1,000 annually	Leah Hollenberger

Targeted Social Media Marketing Campaign re Healthy Living Choices, Preventive Screenings, Healthy Activities in Area	Copley, Healthy Lamoille Valley, VDH, Other community organizations	Community	FY16-FY18	Budget: Marketing dept., \$7K for FY2016	Leah Hollenberger
Advocate for town policies that support healthy lifestyle choices (sidewalks, green space, etc.)	Copley, Healthy Lamoille Valley	Policy	FY16-FY18	Budget: Staff Time	Leah Hollenberger

Copley Hospital

Community Need: Routine Preventive Care: Screenings

Objectives: Targeted Population(s) will receive screening for tobacco, alcohol and depression annually/as appropriate; with appropriate referrals made

Measurable Goal:

- % of Adult Excessive/Binge Drinking (VDH)
- % of Youth Excessive/Binge Drinking (VDH)
- % of Adults who smoke cigarettes (VDH)
- % of Adults with 1+ days mental health “not good” (VDH)
- % of Youth (grades 9-12) who smoked cigarettes in last 30 days (VDH)
- % of Students who have misused a stimulant or prescription pain reliever (VDH)
- % of Students who have misused a stimulant or prescription pain reliever in the last 30 days (VDH)
- % of Youth (grades 9-12) who used marijuana in last 30 days (VDH)

Action Item/Specific Tactic	Decision Criteria Willing Partners (list or NA)	Prevention Model:	TimeLine FY16-FY18	Hospital Resources Needed	Responsible Hospital Dept./Person
Healthy Lamoille Valley / Partnership for Success Advocacy	Copley, VDH, Family Ctr, Restor, LCPC, JSC, Law, PA, Hazen, Cmnty	Community, Policy	FY16-FY18	Budget: \$2,500 in support of HLV operating budget	Leah Hollenberger
Women receiving “Well Woman” exams and/or Pre-Natal Intake at TWC will be screened for Tobacco, Alcohol and Depression; Referrals will be made as needed	The Women’s Center (TWC) Clinicians	Individual, Org.	FY16-FY17	IT support Clinical process support	Michelle McDonald
Expand tobacco/alcohol /depression screening to additional Outpatient Clinic: Cardiology	Copley Outpatient Clinics	Individual, Org.	FY17-FY18	IT Support Clinical process support	Treva Southworth

ER Referrals to Blueprint for Health Opiate Neighborhood Program (MAT)	Copley Emergency Dept.; Blueprint	Individual, Org.	FY16-FY18	IT Support Clinical process support	Tracy Webster, RN
Consider Screening Readiness in Emergency Department	Copley Emergency Dept.	Org.	FY18	Clinical process support; IT Support	Tracy Webster, RN
Inclusion in targeted Social Media Marketing Campaign re Healthy Living Choices, Preventive Screenings, Healthy Activities in Area	Copley, HLV, VDH	Community	FY16-FY18	Budget: Marketing	Leah Hollenberger