

2015

Community Health Needs Implementation Plan



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Executive Summary

Helping people in need is woven into the fabric and culture of this rural mountainous region. A fundamental value of Grace Cottage Hospital has always been that of serving the needs of the community.

Grace Cottage Hospital reviewed the results of the 2015 Community Health Needs Assessment (CHNA), and has developed an Implementation Plan with strategies to address identified community health needs.

Grace Cottage Hospital's 2015 CHNA Implementation Plan describes the assessment process, the needs identified, and the priorities chosen for the 2015-2018 reporting period. From the broader CHNA list, Grace Cottage Hospital selected a smaller number of needs in order to maximize the hospital's ability to meaningfully impact these significant and complex health needs within a reasonable time frame. Grace Cottage has identified the following priorities for the 2015 Implementation Plan:

- **Aging**
- **Breast Cancer**
- **Colorectal Cancer**
- **Diabetes**
- **Heart Health – High Blood Pressure/Heart Disease**
- **Mental Health**

For each priority, the Implementation Plan describes Grace Cottage's objectives, goals, and strategies for addressing the community need. These goals and strategies are supported by Grace Cottage's Board of Trustees, administrative team, medical providers, and employees.

The Board of Trustees for Grace Cottage Hospital adopted this Implementation Plan on August 21, 2015. Copies of the CHNA Report and the Implementation Plan are available online at www.gracecottage.org.

While this Implementation Plan responds to requirements in the Patient Protection and Affordable Care Act and corresponding IRS regulations, it is not exhaustive of everything we do at Grace Cottage Hospital to enhance the health of our community. Grace Cottage Hospital will continue, as it always has, to look for ways to meet the health needs of the community now and in the future.

Assessing Community Health Needs

In December 2014, Grace Cottage Hospital began the process of conducting a Community Health Needs Assessment (CHNA), in collaboration with Brattleboro Memorial Hospital and the Brattleboro Retreat. The Steering Committee included representatives from all three organizations as well as the Vermont Department of Health (Brattleboro District). The data collection process took place from December 2014 to June 2015.

Secondary data was collected from multiple sources including: Centers for Disease Control and Prevention, U.S. Department of Health & Human Services, Vermont Department of Health, Vermont Department of Labor, Vermont Department of Transportation, Vermont Foodbank, and Vermont Town and County Data Pages. The secondary data was benchmarked against state and national trends, where possible.

Primary data was obtained through a consumer survey and a focus group for medically underserved populations. The consumer survey was distributed in both paper copy as well as online. In total, at least 699 surveys were collected for Windham County. The focus group was held to collect qualitative data on at-risk populations. The following medically underserved populations were represented in the focus group:

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

Using consumer survey input, focus group feedback, and population health indicators, Grace Cottage Hospital identified the following significant community health conditions, health behaviors, and barriers to achieving good health within the Grace Cottage Hospital service area:

| Health Conditions | Health Behaviors | Barriers To Achieving Good Health |
|---|----------------------|--|
| Aging | Flu Vaccinations | Culturally competent medical professionals and staff |
| Alcohol & Substance Abuse | Physical Fitness | Difficulty navigating the health care system |
| Chronic Pain | Smoking/ Tobacco Use | Financial barriers |
| Cancer <ul style="list-style-type: none"> • Colon and Rectal • Breast | | Transportation challenges |
| Dental | | |
| Diabetes | | |
| Heart Disease/ High Blood Pressure | | |
| Mental Health <ul style="list-style-type: none"> • Depression • Suicide • Stress | | |
| Obesity/ Overweight | | |

Prioritizing Community Health Needs

Grace Cottage Hospital reviewed the findings of the CHNA, and identified the needs below in priority order based upon criteria evaluated by hospital leadership. That criteria included the alignment of the significant health need (SHN) with Grace Cottage’s strengths and priorities, the ability of Grace Cottage to impact the SHN within a reasonable time frame, and other factors.

| | |
|------------------------|---|
| High Priority | Aging Cancer—Colon Cancer—Breast Diabetes Heart Disease/High Blood Pressure Mental Health |
| Medium Priority | Alcoholism & Substance Abuse Cultural Competence Difficulty Navigating the System Financial Barriers Flu vaccinations Obesity/Overweight/Physical Fitness Smoking/Tobacco Use |
| Low Priority | Chronic Pain Dental Transportation |

A final report was developed that summarized key findings from the community health assessment process, and identified and prioritized significant health needs of the community. The final report was adopted by the Grace Cottage Hospital Board of Trustees on July 17, 2015, and is available at www.gracecottage.org.

Three Year Implementation Plan

In order to select the significant health needs (SHNs) that Grace Cottage Hospital will address during 2015 to 2018, Grace Cottage Hospital used the criteria listed below, which built on the criteria used in the CHNA prioritization process:

1. Alignment with existing strategic plans: Alignment of addressing the SHN with Grace Cottage's other strategic initiatives and clinical strengths;
2. Availability of other resources: the breadth and depth of existing community resources to address the SHN;
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. Grace Cottage resources & expertise: Grace Cottage has relevant expertise and sufficient resources to make a meaningful contribution within a reasonable time frame;
6. Health disparities: the health need 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.

Grace Cottage has identified the following priorities for the 2015 Implementation Plan:

- **Aging**
- **Breast Cancer**
- **Colorectal Cancer**
- **Diabetes**
- **Heart Health – High Blood Pressure**
- **Mental Health**

Grace Cottage Hospital selected a smaller number of needs from the broader list identified as significant during the CHNA process in order to maximize the hospital's ability to focus resources and to have a meaningful impact on these significant and complex health needs.

Aging

Problem

The population of the Grace Cottage service area is aging. The 2013 population in Windham County aged 65 years and older was estimated to be 18.4%.¹ The State of Vermont projects that Windham County will experience an extremely high rate of population growth in the 65+ age category between 2010 and 2030: 68.7% increase in the 65-69 age group, 170.3% increase in ages 70-74, 186.8% increase in ages 75-79, 141.2% increase in ages 80-84 and 99.0% increase in ages 85+.²

Various chronic conditions all increase in prevalence with age, including cardiovascular disease, chronic obstructive pulmonary diseases, and diabetes. Four out of five adults aged 50 and older suffer from at least one chronic condition.³ But chronic diseases are often preventable.

Anticipated Impact

With respect to aging, Grace Cottage's overarching goal is to help ensure that older adults are safe at home for as long as possible with their physical and social needs met. The short term goal for this SHN is to improve maintenance of chronic conditions and promote prevention.

Actions

1. Grace Cottage intends to develop and implement evidence-based chronic disease protocols and

assessment tools with a standard care plan template.

2. Grace Cottage plans to develop and implement a geriatric assessment program, with a cross-functional team including primary care providers, pharmacy, mental health, dietary, occupational therapy, and physical therapy.

Resources

Grace Cottage will provide financial support for developing these two programs. Some services may be eligible for insurance reimbursement. Grace Cottage medical staff will be involved in the development and implementation of both programs. Grace Cottage's Community Health Team will play a key role in implementation.

Collaboration

Grace Cottage anticipates collaborating with numerous other community organizations that are addressing the needs of the aging Windham County population. As these programs are developed, Grace Cottage will reach out to possible collaborators such as Support and Services at Home (SASH) and Senior Solutions.

¹ U.S. Dept. of Commerce, U.S. Census Bureau, State & County Quick Facts, Windham County, Vermont, available at

<http://quickfacts.census.gov/qfd/states/50/50025.html>

² State of Vermont, Vermont Population Projections – 2010-2030 (August 2013), available at

<http://dail.vermont.gov/dail->

publications/publications-general-reports/vt-population-projections-2010-2030.

³ American Association of Retired Persons, Chronic Conditions Among Older Adults, available at http://assets.aarp.org/rgcenter/health/beyond_50_hcr_conditions.pdf.

Breast Cancer

Problem

According to the American Cancer Society, breast cancer is the second most common cancer among American women and the second leading cause of cancer death in women.⁴ Windham County has a prevalence rate of 133.4 cases of breast cancer per 100,000 people.⁵ Compared to the State of Vermont, Windham County has a higher rate of advanced stage breast cancer.⁶ The rate of advanced stage diagnosis for breast cancer was 153.3 per 100,000 people for Windham County, while the State of Vermont was at 97.3.⁷ Mammography can detect cancer early, when it is most treatable.

Anticipated Impact

Grace Cottage's goal is focused on prevention and detection. Grace Cottage hopes to reduce the total population of patients without a mammogram within the past two years during the relevant outreach period.

Actions

On a regular basis, Grace Cottage will conduct outreach to patients aged 50 to 74 who do not have a mammogram documented in their medical record within the past two years. Grace Cottage will refer for mammogram screenings as appropriate.

Resources

Grace Cottage medical staff, clinic staff, and IT staff will be involved in the process. Grace Cottage's Community Health Team will also be involved in the outreach.

Collaboration

None.

⁴ American Cancer Society, Breast Cancer, Detailed Guide, What Are The Key Statistics About Breast Cancer, available at <http://www.cancer.org/cancer/breastcancer/detailedguide/breast-cancer-key-statistics>.

⁵ Vermont Dept. of Health, Windham County Cancer Fact Sheet (Feb. 2015), available at http://healthvermont.gov/prevent/cancer/documents/cancer_windham.pdf.

⁶ Vermont Dept. of Health, Windham County Cancer Fact Sheet (Feb. 2015), available at http://healthvermont.gov/prevent/cancer/documents/cancer_windham.pdf.

⁷ Vermont Dept. of Health, Windham County Cancer Fact Sheet (Feb. 2015), available at http://healthvermont.gov/prevent/cancer/documents/cancer_windham.pdf.

Colorectal Cancer

Problem

According to the Centers for Disease Control and Prevention (CDC), colorectal cancer is the second leading cause of cancer-related deaths in both men and women in the United States, and the third most common cancer in both men and women.⁸

In 2013, the incidence rate for Vermont men was 45.6 in 2009, and the rate for Vermont women was 40.5.⁹ Colorectal cancer “accounts for roughly nine percent of all cancer deaths among Vermont men and ten percent of deaths among Vermont women.”¹⁰ As noted by the Vermont Department of Health, “[r]egular colorectal screening is the most effective way to prevent colorectal cancer.”¹¹ Yet, “[t]he Windham County colorectal cancer screening rate is worse than Vermont overall.”¹²

Anticipated Impact

Grace Cottage’s goal is focused on prevention and detection. Grace Cottage hopes to reduce the total population of patients without a colonoscopy by 10% during each outreach period.

Actions

On a regular basis, Grace Cottage will conduct outreach to patients age 50 and older who do not have a colonoscopy documented in their medical record. Grace Cottage will refer for colonoscopy screenings as appropriate.

Resources

Grace Cottage medical staff, clinic staff, and IT staff will be involved in the process. Grace Cottage’s Community Health Team will play a key role in implementation.

Collaboration

None.

⁸ Centers for Disease Control and Prevention, Colorectal Cancer Statistics, available at <http://www.cdc.gov/cancer/colorectal/statistics/>.

⁹ Vermont Dept. of Health, Colorectal Cancer in Vermont (March 2013), available at, [http://healthvermont.gov/prevent/cancer/documents/iteSpecificCRC.pdf](http://healthvermont.gov/prevent/cancer/documents/SiteSpecificCRC.pdf).

¹⁰ Vermont Dept. of Health, Colorectal Cancer in Vermont (March 2013), available at,

<http://healthvermont.gov/prevent/cancer/documents/iteSpecificCRC.pdf>.

¹¹ Vermont Dept. of Health, Colorectal Cancer in Vermont (March 2013), available at, <http://healthvermont.gov/prevent/cancer/documents/iteSpecificCRC.pdf>.

¹² Vermont Dept. of Health, Windham County Cancer Fact Sheet (Feb. 2015), available at http://healthvermont.gov/prevent/cancer/documents/cancer_windham.pdf.

Diabetes

Problem

Diabetes is a disease that causes blood sugar levels to rise higher than normal. Diabetes can cause serious health complications such as high blood pressure, heart disease, kidney failure, and stroke. Diabetes is the seventh leading cause of death in the United States.¹³ According to the Vermont Department of Health, racial and ethnic minorities have a higher prevalence rate of diabetes than white non-Hispanics.¹⁴

The A1C test reflects the average blood sugar level for the past two to three months, and shows how well a patient is managing his or her diabetes. A high A1C means the patient is not managing his or her diabetes, and is at increased risk for heart complications.

Anticipated Impact

1. Grace Cottage's goal is to reduce the total population of diabetic patients without a recent A1C by 10% during each outreach period.
2. Grace Cottage's goal is to schedule follow up visits with diabetics who have an A1C of ≥ 9 within the previous six month window.

Actions

1. Grace Cottage will conduct outreach to diabetic patients who do not have a recent A1C documented in their medical record and who do not have an appointment scheduled. For those who have not had the test performed, Grace Cottage will schedule follow up testing and appointments for the patient.
2. For patients with high A1Cs, Grace Cottage will conduct outreach to encourage the patient to meet with his or her provider as well as with the Community Health Team.

Resources

Grace Cottage medical staff, clinic staff, and IT staff will be involved in the process. Grace Cottage's Community Health Team will also be involved in the outreach including both the RN Diabetes Educator and the Health Coach. Finally, some patients may be referred to the Registered Dietician for follow up and counseling. Grace Cottage Hospital is seeking grant funding to add 20 hours to the RN Diabetes Educator position. In addition to providing care coordination, the part-time RN Diabetes Educator may lead a series of diabetes self-care management classes for patients.

Collaboration

None.

¹³ Centers for Disease Control and Prevention, Basics About Diabetes, available at <http://www.cdc.gov/diabetes/basics/diabetes.html>.

¹⁴ Vermont Dept. of Health, Minority Health Data Pages – 2013, p. 15, available at http://healthvermont.gov/local/mhealth/documents/minority_hlth_data_pages_2013.pdf.

Heart Health– High Blood Pressure

Problem

Coronary heart disease is the #1 cause of death for both men and women in the United States.¹⁵ Every year, about 735,000 Americans suffer a heart attack.¹⁶ High blood pressure, high cholesterol, and smoking are key risk factors for heart disease.¹⁷ In 2013, the Vermont Department of Health reported that 27% of adults in Windham County had high blood pressure, which is the same as the State percentage.¹⁸

Anticipated Impact

Grace Cottage’s goal is to reduce the total population of patients with a high blood pressure diagnosis who have not received an annual physical by 2% yearly.

Actions

On an annual basis, Grace Cottage will conduct outreach to patients diagnosed with high blood pressure who have not received an annual physical. Grace Cottage will schedule follow up annual physicals for the patients.

Resources

Grace Cottage medical staff, clinic staff, and IT staff will be involved in the process. Grace Cottage’s Community Health Team will also be involved in the outreach.

Collaboration

None.

¹⁵ U.S. Dept. of Health & Human Services, What Is Coronary Heart Disease?, available at <http://www.nhlbi.nih.gov/health/health-topics/topics/cad>.

¹⁶ U.S. Dept. of Health & Human Services, What Is Coronary Heart Disease?, available at <http://www.nhlbi.nih.gov/health/health-topics/topics/cad>.

¹⁷ Centers for Disease Prevention and Control, Heart Disease Facts, available at <http://www.cdc.gov/heartdisease/facts.htm>.

¹⁸ Vermont Department of Health, Heart Disease & Stroke- Healthy Vermonters 2020 on InstantAtlas, 2014, at <http://healthvermont.gov/hv2020/IA/HeartDiseaseStroke/County/atlas.html>.

Mental Health

Problem

In Windham County, 24% of the adult population has reported a diagnosis for a depressive disorder, which is nearly the same as the state rate of 23%.¹⁹ The prevalence of depressive disorders in the Brattleboro Health District is higher among low-income adults.²⁰ Age similarly affects depression. The percentage of the Medicare population with depression is higher in Windham County (18.42%) than the United States as a whole (15.45%).²¹ Race and ethnicity also affects rates of depression. The Vermont Department of Health reports that “racial and ethnic minorities in Vermont were two and a half times more likely to report that they had moderate to severe depression and nearly twice as likely to have been diagnosed with both an anxiety and a depression disorder when compared to white non-Hispanics.”²²

Anticipated Impact

Grace Cottage’s goal is to reduce the total population of patients with a diagnosis of depression who have not been seen within the last year for the depression diagnosis by 5% yearly.

Actions

On an annual basis, Grace Cottage will conduct outreach to patients diagnosed with depression who have not been seen for a follow up visit within the past year. Grace Cottage will schedule follow up annual physicals for the patients.

Resources

Grace Cottage medical staff, clinic staff, and IT staff will be involved in the process. Grace Cottage’s Community Health Team will also be involved in the outreach. Finally, Grace Cottage’s mental health staff will be involved as well. Grace Cottage Hospital has received partial grant funding to add a psychiatric nurse practitioner to its medical staff. Grace Cottage Hospital anticipates hiring a psychiatric nurse practitioner in Fall 2015.

Collaboration

None.

¹⁹ Vermont Dept. of Health, Chronic Condition Measures – Behavioral Risk Factor Surveillance System on InstantAtlas, 2013, available at <http://healthvermont.gov/research/brfss/IA/ChronicConditions/County/atlas.html>

²⁰ Vermont Dept. of Health, Brattleboro Health District, 2012 Behavioral Risk Factor Surveillance System Data (report published May 2014), available in hard copy.

²¹ Community Commons 2015 Windham County CHNA, Depression- Medicare Population (using CMS claims data), available at <http://www.communitycommons.org/>.

²² Vermont Dept. of Health, Minority Health Data Pages – 2013, p. 15, available at http://healthvermont.gov/local/mhealth/documents/minority_hlth_data_pages_2013.pdf.

Community Health Needs Not Specifically Addressed by This Implementation Plan and Why

Many of the SHNs identified in the 2015 Community Health Needs Assessments are issues of long-standing concern to the community and to Grace Cottage.

Accordingly, programs are already in place at Grace Cottage and elsewhere to address these SHNs.

First, as a non-profit hospital with a long tradition of community care, the issue of financial barriers will always be addressed at Grace Cottage. Grace Cottage Hospital has a long tradition of caring for all patients, regardless of their ability to pay. Charity care will always remain a part of Grace Cottage's mission today and in the future. Information about Grace Cottage's free or reduced-fee policy can be found at <http://gracecottage.org/patient-information/free-or-reduces-fee-health-care/>.

In addition, the Grace Cottage Resource Advocate can assist in completing the application for free or reduced health care.

Grace Cottage similarly recognizes that patients can experience difficulty navigating the system. The Grace Cottage Resource Advocate is available to help! Resource Advocacy is a free service for Grace Cottage patients and residents of the West River Valley. The Resource Advocate helps patients with financial and resource challenges such as obtaining and maintaining health insurance; assisting with applications for food stamps, fuel assistance and other services; and helping locate other needed community services.

Likewise, Grace Cottage takes seriously the issue of cultural competence. Grace Cottage has begun a series of customer service

workshops led by the Community College of Vermont aimed at improving the interactions between staff and the public.

Grace Cottage has also already begun addressing the SHN of flu vaccinations. In 2013, Grace Cottage began outreach to patients who had not received a flu vaccine and who were at high risk (patients 65 and older with a diagnosis of COPD and/or diabetes). Grace Cottage held three weekend flu clinics, and telephoned patients to inform them. After approximately one month, Grace Cottage saw an 18.6% improvement in flu vaccines among the total patient population, and a 78.5% improvement in the high risk population. Outreach continued in 2014, where we saw a 58% improvement in flu vaccination status for high risk patients.

Grace Cottage also has workshops in place for smoking/tobacco use. A tobacco cessation class is offered several times per year. The class is free and free nicotine replacement products are available to any Vermont resident enrolled in the program. Grace Cottage also offers a variety of wellness classes to encourage physical fitness; classes vary throughout the year and may include Salsacise and Yoga.

A few of the identified SHNs will not be addressed by Grace Cottage at this time. Grace Cottage Hospital will not directly address the need for alcoholism and substance abuse treatment, chronic pain treatment, or dental needs. Other facilities and organizations within our community have better expertise to address these needs. Grace Cottage also is not addressing transportation in this Implementation Plan, but Grace Cottage will remain involved in other organizations' efforts to address the transportation issues in this area.

Contact Information

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

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

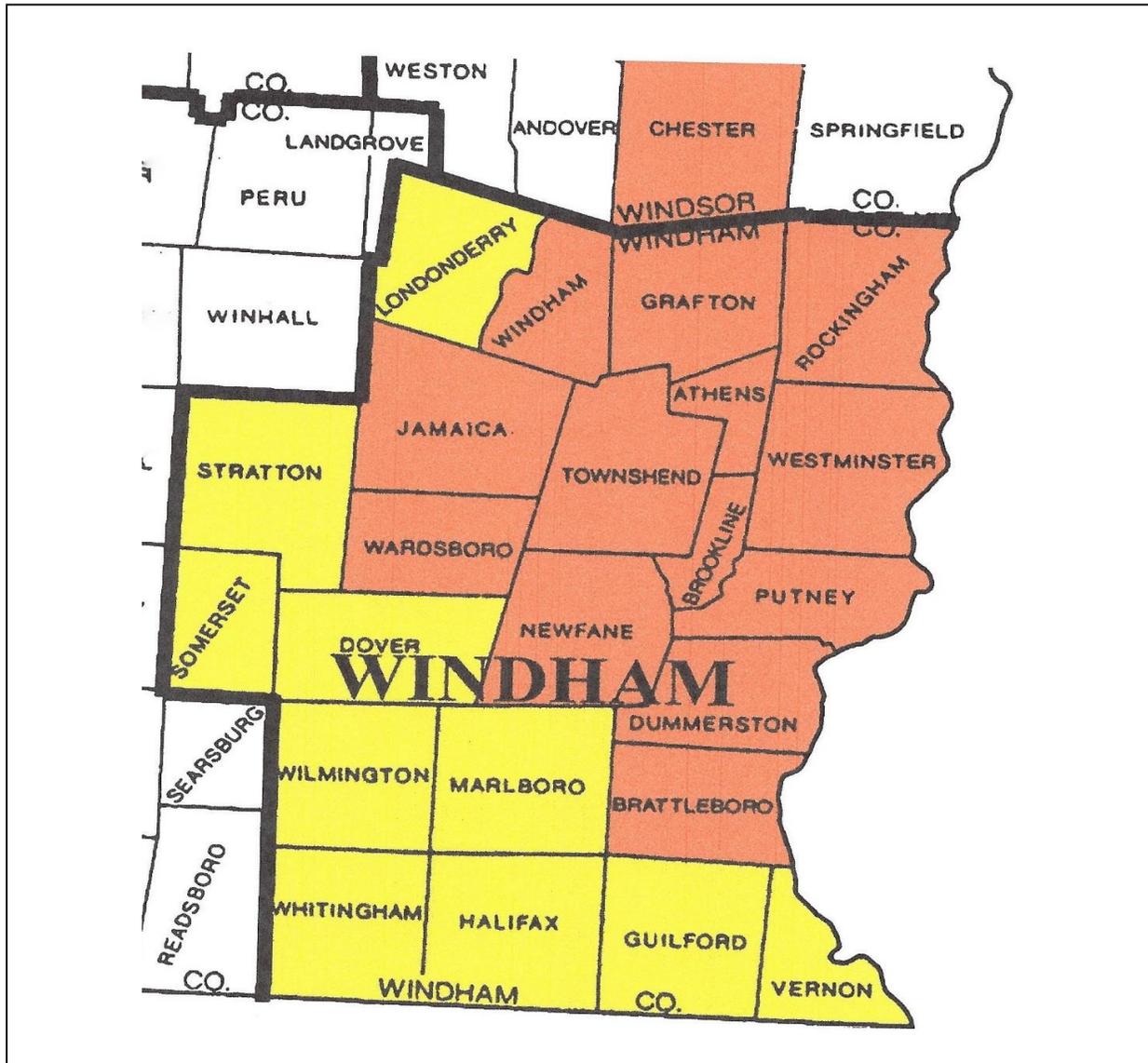


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Appendix

Grace Cottage Hospital Service Area

Grace Cottage Hospital defined its primary service area (PSA) by analyzing patient population zip codes.²³ Grace Cottage Hospital's PSA includes Athens/Chester (05143), Bellows Falls/ Rockingham (05101), Brattleboro (05301, 05302, 05303, 05304), Brookline/Newfane (05345, 05351), Grafton (05146), Jamaica (05343), Putney/Dummerston/Westminster (05346, 05357), Townshend (05353), Wardsboro (05355), and Windham/West Townshend (05359). Together, these towns account for nearly 80% of the patient population at Grace Cottage Hospital. The remaining towns in Windham County comprise a secondary service area for Grace Cottage Hospital with less than 1.5% of patients coming from out-of-state.



²³ Grace Cottage Hospital determined its patient population based on a count per zip code of all patients who visited Grace Cottage Hospital and Grace Cottage Family Health from October 1, 2013 to September 30, 2014, generated from its internal electronic medical records system. Towns listed together share a zip code.