

# 2015 Community Health Needs Assessment Report





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## Introduction

Grace Cottage Hospital is a non-profit Critical Access Hospital located in Townshend, Vermont. It has a 19-bed inpatient facility for acute and rehabilitative care. It is equipped with a 24-hour emergency department for critical care treatment, a hospice suite, and rehabilitation, laboratory and diagnostic imaging departments. Inpatient rehab patients are seen up to twice a day, seven days a week by the 16 physical, occupational and speech therapists. Outpatient rehab, lab and diagnostic imaging services are open to members of the public with a written doctor's order. Grace



Cottage Family Health is a federally certified Rural Health Clinic. Its 12 practitioners provide family practice, pediatrics, podiatry, mental health and urology to approximately 9,000 individual patients annually. The Community Health Team at Grace Cottage Family Health includes a RN Care Coordinator, a RN Diabetes Educator, a Health Coach, and a Behavioral Health Specialist. Working closely with the Community Health Team, the Grace Cottage Hospital Resource Advocate helps patients apply for insurance, food stamp, fuel assistance, housing, and other services. The Grace Cottage Hospital Community Wellness Center offers yoga, Strong Bones, tobacco cessation, and other classes for the public.

This report presents the findings of a comprehensive 2015 Community Health Needs Assessment (CHNA) for Grace Cottage Hospital. This 2015 assessment is the most recent in a series. Grace Cottage Hospital first began conducting assessments of the health care needs of the community in 2004. As in 2012, Grace Cottage Hospital conducted a collaborative CHNA process in 2015 in partnership with Brattleboro Memorial Hospital and the Brattleboro Retreat. The 2015 CHNA complies with the December 2014 IRS Regulations promulgated under the Patient Protection and Affordable Care Act. Pursuant to IRS regulations, this CHNA Report is unique to Grace Cottage and reflects the Grace Cottage Hospital service area.

The Board of Trustees for Grace Cottage Hospital adopted this Report on July 17, 2015.

## Executive Summary

Using consumer survey input, focus group feedback, and population health indicators, Grace Cottage Hospital identified the following significant community health needs 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"><li>• Colon and Rectal</li><li>• Breast</li></ul>		Transportation challenges
Dental		
Diabetes		
Heart Disease/ High Blood Pressure		
Mental Health <ul style="list-style-type: none"><li>• Depression</li><li>• Suicide</li><li>• Stress</li></ul>		
Obesity/ Overweight		



Grace Cottage Hospital reviewed the findings of the CHNA, and prioritized these needs 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 Competency Difficulty Navigating the System Financial Barriers Flu vaccinations Obesity/Overweight/Physical Fitness Smoking/Tobacco Use
Low Priority	Chronic Pain Dental Transportation

Regardless of prioritization, Grace Cottage views all of these needs as important needs of our community. Grace Cottage Hospital will address these community health needs within the context of our overall approach, mission, and clinical strengths. An implementation plan addressing community health needs identified in this assessment will be completed later this year.

### [A thank you to our partners](#)

We would like to thank all of our community partners who met with us and provided input into the 2015 Community Health Needs Assessment. In particular, we thank the Vermont Department of Health—Brattleboro District for its generous sharing of statistical data, insight, and advice in preparing this report. We would also like to thank Brattleboro Memorial Hospital and the Brattleboro Retreat for working together with us in conducting the CHNA data collection process.

## How Data Was Obtained

Grace Cottage Hospital conducted a collaborative CHNA process in partnership with Brattleboro Memorial Hospital and the Brattleboro Retreat. In December 2014, the Windham County Community Health Needs Assessment (CHNA) Steering Committee formed and began meeting. The Steering Committee was comprised of representatives from Brattleboro Memorial Hospital, the Brattleboro Retreat, Grace Cottage Hospital and the Vermont Department of Health (Brattleboro District). The data collection process took place from December 2014 to June 2015.

### Sources of Data

Data that informed this Community Health Needs Assessment was collected through a number of data-gathering activities:

**Written Comments on 2012 CHNA.** Grace Cottage Hospital did not receive any written comments on its 2012 CHNA or implementation strategy.

**Secondary data.** Demographic, economic, education and health data was obtained from the following sources: Alzheimer's Association; American Cancer Society; Centers for Disease Control and Prevention; Community Commons 2015 Community Health Needs Assessment for Windham County; Kids Count Data Center; Leland & Gray Union Middle & High School; Poverty in America Living Wage Calculator; National Heart, Lung & Blood Institute; Town of Townshend 156<sup>th</sup> Annual Town Report; U.S. Census Bureau; U.S. Department of Agriculture; U.S. Department of Commerce; 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. Where possible, the underlying source is cited in this Report either in the text or footnotes.

**Resident Surveys.** The Steering Committee prepared a short, 12-question survey (*see* Appendix), which was distributed to Windham County residents via hard-copy at Town Meetings. Town Meeting is held annually in March in each town in Vermont. The purpose of Town Meeting is to elect municipal officers, approve town budgets, and conduct other town business. Town Meeting thus provides an ideal venue to reach a wide representation of county residents. In addition to distribution of the survey at Town Meetings, both Brattleboro Memorial Hospital and Grace Cottage Hospital had hard copies available at their facilities. Hard copy surveys were also distributed at various venues with the aim of reaching low-income and medically underserved populations; these distribution sites included Brattleboro Area Drop In Center, Brattleboro Memorial Hospital Free Clinic, Brattleboro Memorial Hospital Health Connect Navigator, Brattleboro Retreat Outpatient (Birches), Brooks Memorial Library, Habit OPCO, Jamaica/Wardsboro Food Pantry, Loaves & Fishes (a congregate meal site located in Brattleboro), Morningside Shelter, Vermont Agency of Human Services Division of Economic Services (waiting room), and the Vermont Department of Health-Brattleboro District Office. Finally, the same survey was available online via Survey Monkey. The online survey link was made available via each hospital's website and Facebook pages, as well as via the Vermont Department of Health—Brattleboro District's Facebook page. A press release about the survey was released to the media, including the *Brattleboro Reformer*, BCTV, *The Commons*, *Deerfield Valley News*, *Healthcare Review*, *Keene Sentinel*, New England Cable News,



*Manchester (VT) Journal, The Message, The Rutland Herald, Times Argus, Seven Days Vermont, Shopper News, WCAX, WKVT, WTSA, WYRY, iBrattleboro, Vermont Association of Hospitals and Health Systems, Vermont Business Magazine, Vermont Digger, Vermont Magazine, Vermont Media, Vermont Roundtable, Valley Reporter, and Vermont Public Radio.*

Out of a county population estimate of 43,714, at least 699 adults completed the survey either in hard-copy or online.<sup>1</sup> A comparison of the demographic information on Windham County adult survey respondents to the estimated Windham county adult population (data from BRFSS, 2012 & 2013) shows the following:

- The age breakdown of the survey population is close to the county age distribution. The 18-29 year old age group is somewhat under-represented in the survey results.
- The income distribution of the survey population was slightly lower than the county population, with 7% more survey respondents reporting a household income of \$20,000 or less.
- Many more females responded to the survey than males. There was a 25% difference between the survey respondents' gender and the county population.
- Survey respondents were considerably more educated than the county population as a whole, with 31% percent more survey respondents reporting college or higher.
- The race/ethnicity question was asked differently than comparison data sources. Ninety-two percent of the survey respondents chose white/Caucasian as the ethnic group most identified with.

### Process for Consulting With Persons Representing the Community's Interests

**Medically Underserved Focus Group.** In March 2015, the Steering Committee held a special focus group to identify and discuss the health needs and concerns of minority, low income, and under-served populations in Windham County. The following organizations participated in the focus group: ACT for Social Justice, AIDS Project of Southern Vermont, Boys & Girls Club of Brattleboro, Brattleboro Area Drop-In Center, Brattleboro Housing Authority, Children's Integrated Services, Green Mountain Crossroads, Morningside Shelter, Parks Place, Southeastern Vermont Community Action, The Root Social Justice Center, Vermont Partnership for Fairness & Diversity, Vermont Workers Center, Women's Freedom Center, and Youth Services. The following four questions were posed to the group: (1) What are the most significant health issues or needs facing the population that your organization serves?; (2) What are the barriers to good health facing the population that your organization serves?; (3) What community resources are potentially available to address these health needs and barriers?, and (4) Where are the gaps in community resources to address these health needs and barriers? The group was also asked about avenues of communication with medically unserved populations. In order to ensure every

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<sup>1</sup> Because the survey was distributed online, some respondents were not from Windham County. In the demographic information section, 699 respondents provided a Windham County zip code. However, a number of respondents did not complete the demographic section; accordingly, the actual number of Windham County respondents is likely higher.

participant's voice was heard, written input on each question was solicited in addition to oral discussion of each question.

**Vermont Agency of Human Services Meeting.** In April 2015, the Steering Committee met with the Vermont Agency of Human Services District Leadership Team. Representatives from the following organizations attended: NFI Vermont, Inc., Boys & Girls Club of Brattleboro, Health Care & Rehabilitation Services of Vermont, Women's Freedom Center, Vermont 2-1-1, Windham Child Care Association, United Way of Windham County, Windham County Safe Place Child Advocacy Center, Vermont Department of Corrections Probation and Parole, Building Bright Futures, Habit OPCO, Vermont Department of Health, Brattleboro Area Prevention Coalition, Morningside Shelter, Vermont Department for Children and Families-Child Development Division, Department of Vermont Health Access, and Vermont Chronic Care Initiative. The Steering Committee shared preliminary data with the AHS District Leadership Team and sought feedback on the methodology for the 2015 Windham County CHNA.

**Blueprint Meeting.** In April 2015, the Steering Committee presented preliminary data to the Clinical Planning Group of the Vermont Blueprint for Health—Brattleboro Service Area. Representatives from the following organizations attended the meeting: Brattleboro Memorial Hospital Community Health Team, Grace Cottage Hospital Community Health Team, Brattleboro Area Housing Authority, Habit OPCO, Vermont Department of Health, Vermont Wellness Education, Department of Vermont Health Access, Children's Integrated Services, Pine Heights Nursing Home, Morningside Shelter, Senior Solutions, Natural Healthcare Associates, and West River Valley Thrives. Attendees provided feedback on the preliminary data, and reacted to the health needs and barriers identified in the consumer surveys. Commenters noted that the psycho-social issues raised in the survey are seen every day in clinical practice. Another commenter pointed out that education on healthy foods is necessary to counter the campaign by the packaged foods industry to buy unhealthy foods. Finally, the point was made that barriers to good health can be very individualized and may need to be addressed on a more individualized level.

**Medical Staff Input.** In May 2015, the preliminary data was presented at the monthly Grace Cottage Family Health Clinic Provider meeting. Attendees provided feedback on the preliminary data in comparison to their medical practice. Attendees also provided input based on their practice experience on which needs were significant.

## **Process and Criteria Used to Identify Which Health Needs Were “Significant” and How The Significant Health Needs Were Prioritized**

The Windham County 2015 CHNA Steering Committee met twice to review the quantitative data collected from the consumer surveys, the qualitative data obtained from the medically underserved focus group, and the quantitative population health data. Using the data obtained, the Steering Committee prepared a preliminary list of significant health needs. Input was then

obtained internally within each organization. At Grace Cottage Hospital, input on both identifying which needs were significant and also on prioritizing those needs was obtained from the Grace Cottage Hospital medical staff and the Grace Cottage Hospital leadership team. Criteria used to prioritize the identified significant health needs (SHN) included alignment with Grace Cottage's strengths and priorities, the availability of other resources to address the SHN, the ability of Grace Cottage to impact the SHN within a reasonable timeframe, the financial resources required, the human resources required, a measurable outcome, the severity or urgency of the SHN, the feasibility and effectiveness of possible interventions, health disparities associated with the need (e.g. by race/ethnicity, gender), the importance placed by community on the need, and whether addressing this SHN will have a positive impact on other identified SHNs.

### Limitations and Information Gaps

The data presented in this report has several limitations.

*First*, as noted above, this report used various secondary sources for information on demographic data, social and economic factors, health behaviors, and health outcomes. These various sources segment by geography in different ways. Some sources use county geography; others are by town. Accordingly, data sources may not be consistent in their geographic scope, which limits comparisons. In addition, the data sources use different reporting periods, and some sources have not been updated in several years. Although the most recent available data was used in this report, the secondary data may be several years old.

*Second*, the quantitative data collected in the surveys was self-reported. The advantage to self-reported data is that it provides the respondents' own views directly. Thus, the surveys provide respondents' perceptions of themselves and their world. Of course, the main disadvantage of self-reported data is that there is no independent verification of the respondents' answers. Self-reporting may suffer from recall bias, social desirability bias, and errors in self-observation. The survey attempted to correct for social desirability bias by including a second question that deflected the focus away from the respondent (i.e., Q2 focused on "neighbors and friends").

*Third*, the consumer survey was not distributed to a random sample. Rather, respondents chose to participate in the survey (whether in hard-copy or online), and thus were a self-selected sample set. This means that one cannot extrapolate statistical conclusions based on the consumer survey results. That said, as noted above, the consumer survey has good participation results and was fairly representative of the county population.

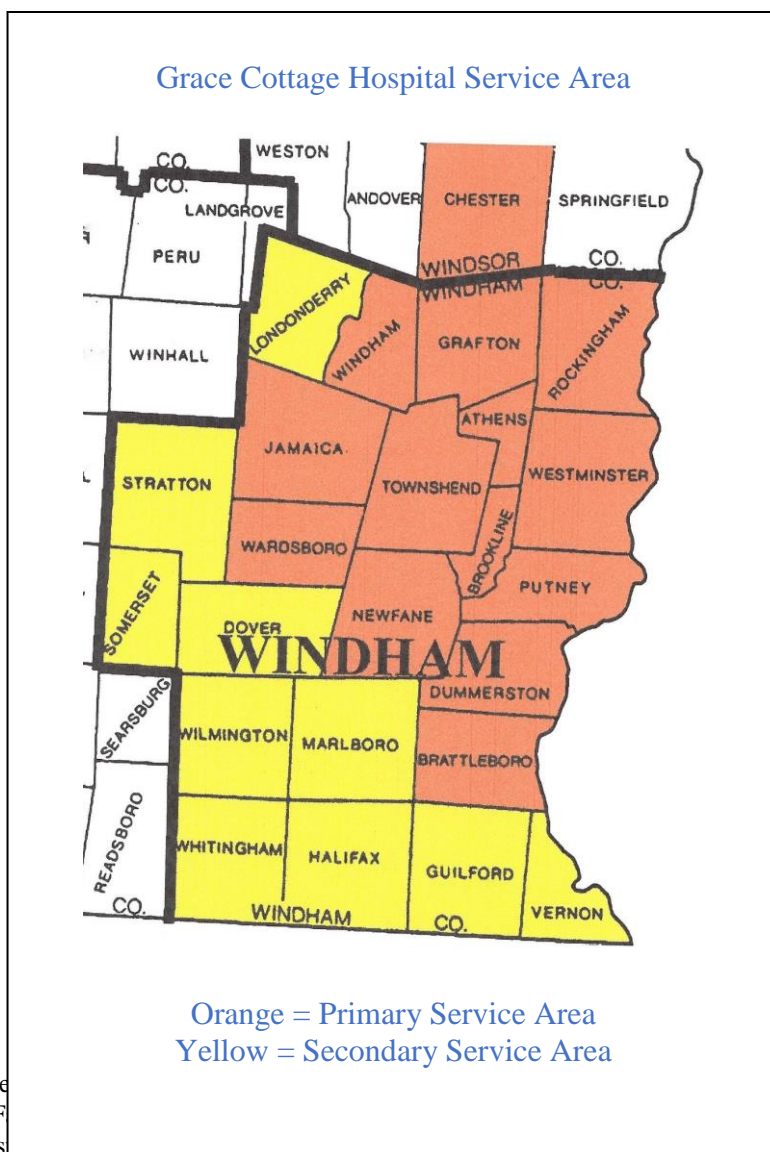
*Finally*, the focus group method presents its own disadvantages. Compared to individual interviews, focus groups are not as useful in covering maximum depth on a topic. One risk of focus groups typically is that members may hesitate to express their thoughts, especially when opposite those of another participant. To correct for this effect, the Steering Committee chose to seek input from representatives of organizations that serve minority, low-income and medically underserved populations. As organizational representatives, the speakers were less inhibited than a direct consumer focus group could have been. (Note, direct consumer data was sought through the survey process). Care was also taken to correct for any inadvertent moderator bias being injected into the focus group exchange. The Steering Committee crafted the focus group questions in advance, and the moderator used those questions to guide the discussion.

## Community Served by Grace Cottage Hospital

Located in rural, mountainous Windham County, Grace Cottage Hospital is a 19-bed Critical Access Hospital providing acute and rehabilitative care. Grace Cottage Hospital includes Grace Cottage Family Health, which is a federally certified Rural Health Clinic. Its 12 practitioners provide family practice, pediatrics, podiatry, mental health and urology to approximately 9,000 individual patients annually.

Grace Cottage Hospital defined its primary service area (PSA) by analyzing patient population zip codes.<sup>2</sup> 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.

Nine towns in Grace Cottage Hospital's primary service area are designated by the federal government as Medically Underserved Areas: Athens, Brookline, Grafton, Jamaica, Newfane, Rockingham, Townshend, Wardsboro, and Westminster.<sup>3</sup> Medically Underserved Areas are areas designated by the U.S. Department of Health & Human Service's Health Resources and Services Administration as having too few primary care providers, high infant



<sup>2</sup> Grace Cottage Hospital determined its patient population by analyzing zip codes from its internal electronic medical records system.

<sup>3</sup> U.S. Dept. of Health & Human Services, Health Resources and Services Administration, MUA/P by State and County, available at <http://muafind.hrsa.gov/index.aspx/> (last visited June 30, 2015).

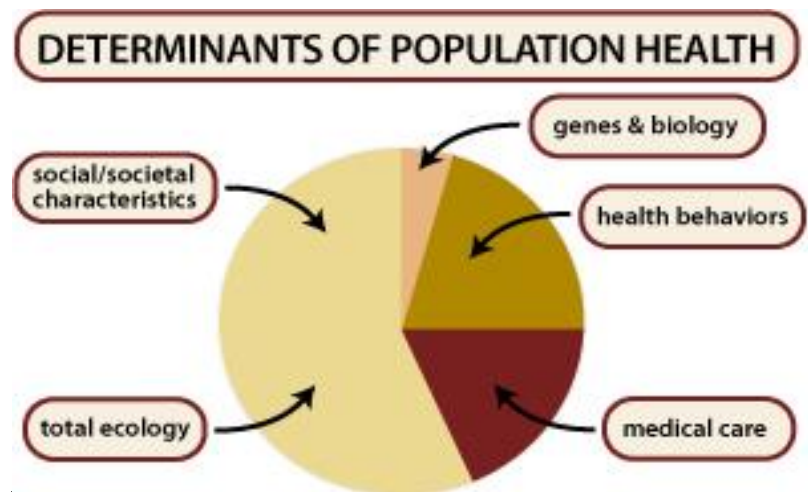
mortality, high poverty and/or high elderly population.

Grace Cottage Hospital's service area also includes a target population of patients participating in Care Alliance for Opioid Addiction, Vermont's "Hub and Spoke" system for treating opiate addiction. The Vermont Agency of Human Services has collaborated with community providers to create a coordinated, systemic response to the complex issues of opiate and other addictions in Vermont. A "Hub" is a specialty treatment center responsible for coordinating the care of individuals with complex addiction and co-occurring substance abuse and mental health conditions. Our local Hub is the Brattleboro Retreat. Dr. Timothy Shafer directs a "Spoke program" at Grace Cottage Family Health. The Spoke provides an ongoing care system that monitors adherence to treatment, coordinates access to recovery supports, and provides case management.

## Demographics: Who Lives in the Grace Cottage Hospital Service Area?

Genes, biology, social, economic, and environmental factors all influence the health of individuals and communities. Although researchers do not know the exact contributions of each factor, the Centers for Disease Control and Prevention (CDC) reports that social and environmental factors account for over 50% of population health.<sup>4</sup> Social determinants of health include factors such as education, poverty, food security, access to health care, and income.

Environmental factors include things such as geography, weather, and transportation. As the CDC explains, these social and environmental factors "interact with and influence" individual health behaviors such as smoking, alcohol, and drug use.<sup>5</sup> Genes and biology, namely factors such as age and gender, also play a role. This section describes these health determinant factors for the Grace Cottage Hospital Service Area with comparisons to the State of Vermont and Windham County as a whole where available.



Graphic Source: Centers for Disease Control, available at <http://www.cdc.gov/socialdeterminants/FAQ.html>

## Geography

<sup>4</sup> CDC, Frequently Asked Questions, What are determinants of health and how are they related to social determinants of health?, available at <http://www.cdc.gov/socialdeterminants/FAQ.html>

<sup>5</sup> CDC, Frequently Asked Questions, What are determinants of health and how are they related to social determinants of health?, available at <http://www.cdc.gov/socialdeterminants/FAQ.html>



Vermont's road conditions are often a barrier to health care. Within Windham County, there are 1,487 miles of roads, 58 % or 868 miles of which are not paved.<sup>6</sup> Thus, more residents live on dirt roads than on paved ones. During the five winter months and the mud season that follows, travel on dirt roads is often difficult at best. Additionally, the mountains that determine the location of streams and roads are an important asset as well as a physical barrier. They bring in

tourism, which helps the local economy, but they make travel more difficult. The land contours climb sharply from southeastern Windham County to the northwest. Brattleboro, VT, is at 278 feet above sea level.

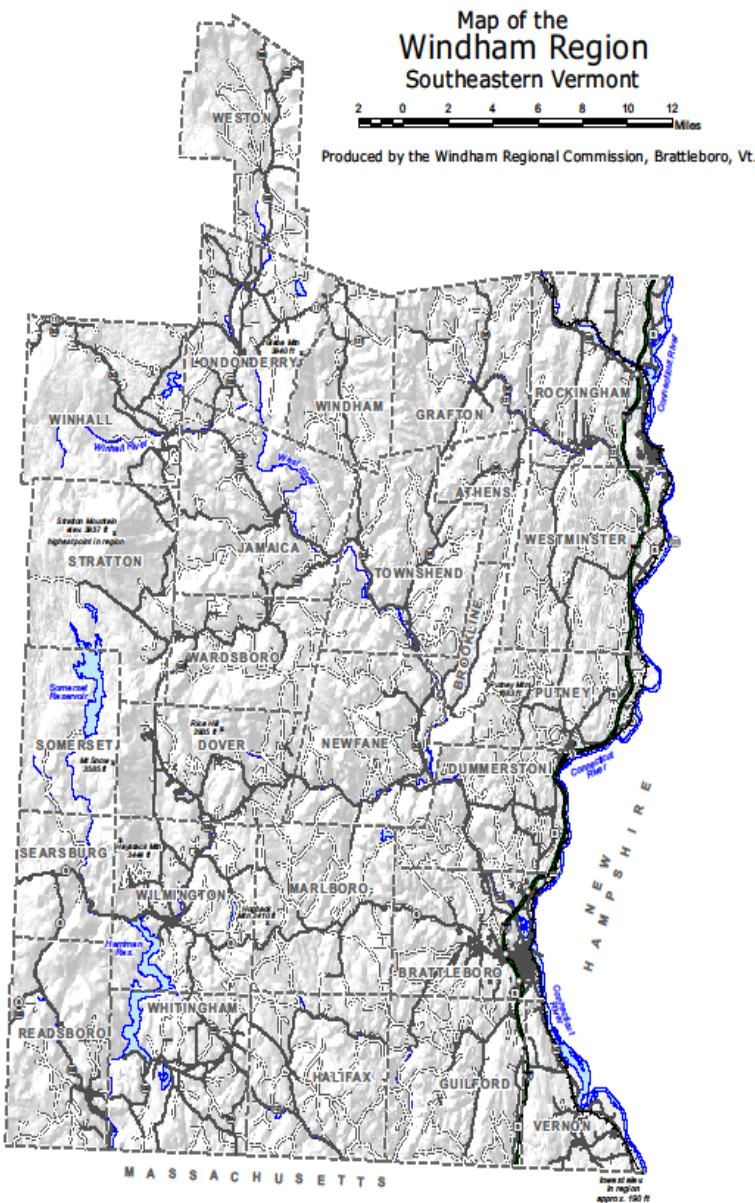


Figure \_\_ (at left). Dirt Roads vs. Paved Roads & Relief Map, Windham County: Darkest lines are paved roads; double-dotted lines are unpaved; single-dotted lines are town borders; shading indicates mountainous character of county. (Source: Windham Regional Commission, 2013).

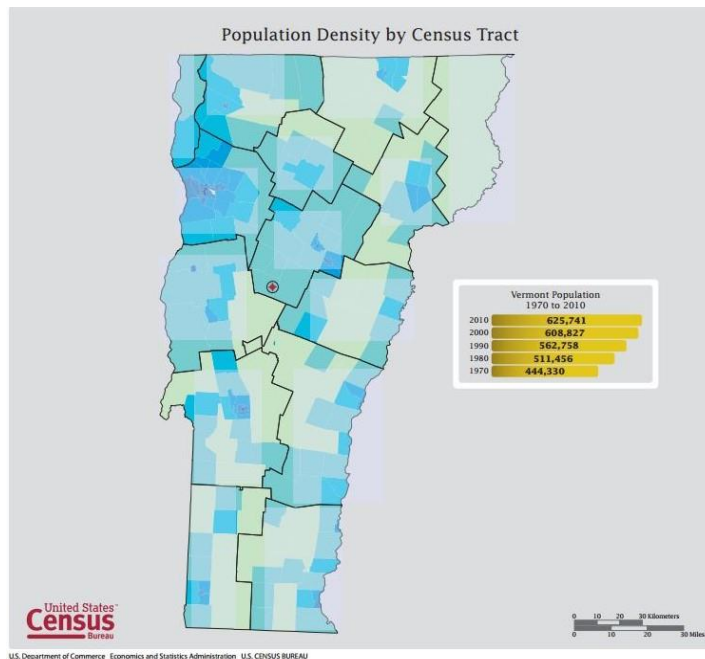
Townshend's village center is 582 feet above sea level. West Townshend village center, 5.2 miles northwest of Townshend, is at 616 feet, and Windham, VT, located 7 miles north of West Townshend, is 1,950 feet in elevation. Windham County also includes two major ski resorts; Stratton Resort's base lodge is at 2,108 elevation and Mount Snow's base lodge is at 1,941 elevation.

<sup>6</sup> Vermont Department of Transportation, Surface by County, Public Road, Updated 1/6/2015, available at [http://vtransmaps.vermont.gov/Maps/Publications/Surface\\_byCounty.pdf](http://vtransmaps.vermont.gov/Maps/Publications/Surface_byCounty.pdf)



## Population

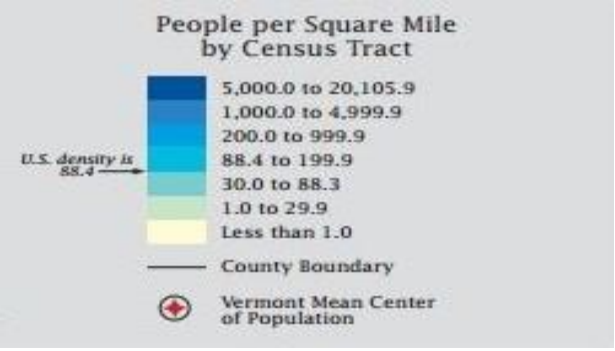
Vermont is the second least populous state of the fifty United States. The primary geographic area served by Grace Cottage Hospital covers roughly 487 square miles with an average population density of 70.7 individuals per square mile, which is slightly higher than the state figure of 67.88/sq. mile. Both, however, are well below the average national population density of 87.55/sq. mile.<sup>7</sup> As discussed below, the low population density creates transportation challenges for our service area.



Town	Population Density (Persons per Square Mile)	Land Area (Square Miles)
Athens	26	13.1
Brattleboro	370.6	32.4
Brookline	36.3	12.9
Chester	54.5	55.9
Dummerston	62.2	30.8
Grafton	17	38.4
Jamaica	19.2	49.5
Newfane	41.6	40.4
Putney	98.3	26.8
Rockingham/ Bellows Falls	125.6	42.3
Townshend	26.9	42.8
Wardsboro	29.2	29.3
Westminster	69.7	46.1
Windham	12.6	26.1

*Table 1. Grace Cottage Hospital Town Data (Source: Vermont State Website, Town Information Pages, <http://www.vermont.gov/portal/government/index.php?id=27>)*

<sup>7</sup> Community Commons 2015 Community Health Needs Assessment for Windham County, Total Population, available at <http://www.communitycommons.org/>.



The 2010 Census Population for Windham County was 44,513.<sup>8</sup> The 2014 population estimate for Windham County is 43,714.<sup>9</sup> From 2010 to 2014, Windham County had a 1.8% decrease in population, while the State as a whole enjoyed a 0.1% increase in population.<sup>10</sup> The 2010 census population for the Grace Cottage Hospital Primary Service Area was 35,940.<sup>11</sup>

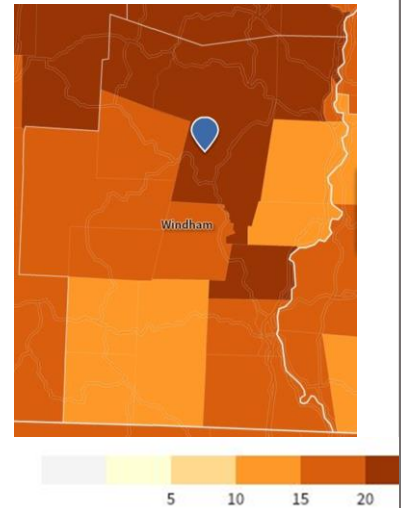
### Population Projections

The State of Vermont has projected that the overall population for the State will increase by 7.1% between 2010 and 2030.<sup>12</sup> The State projects that the 2030 population of Windham County will increase 6.6% from 2010 Census numbers.

### Age

Nationally, the U.S. Census Bureau anticipates rapid growth in the number of persons aged 65 or older. The Census Bureau projects that by 2030, more than 20% of U.S. residents are projected to be aged 65 or older.<sup>13</sup> Already more than 20% of a significant portion of Grace Cottage's service area is aged 65 or older. *See Sidebar.* The average age of Windham County residents is steadily increasing. The 2013 population in Windham County aged 65 years and older was estimated to be 18.4%.<sup>14</sup> Conversely, the population under 18 years of age was estimated to be 18.9%.<sup>15</sup> 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+.<sup>16</sup>

The population of the Grace Cottage Hospital community service area is aging.



The location of Grace Cottage Hospital is indicated with the blue marker. Most of the surrounding area shows an aging population. The darkest orange indicates that over 20% of the population is aged 65 or older. Nearly all of Grace Cottage Hospital's primary service area is shaded in the darkest orange.

Source: U.S. Census Bureau, Census Explorer, 65 and Over, at <http://www.census.gov/censusexplorer/censusexplorer.html>

<sup>8</sup> 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>

<sup>9</sup> 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>

<sup>10</sup> 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>

<sup>11</sup> Vermont State Website, Town Information Pages, available at <http://www.vermont.gov/portal/government/index.php?id=27>.

<sup>12</sup> 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>

<sup>13</sup> The Baby Boom Cohort in the United States: 2012 to 2060, Issued May 2014, available at <http://www.census.gov/prod/2014pubs/p25-1141.pdf>.

<sup>14</sup> 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>

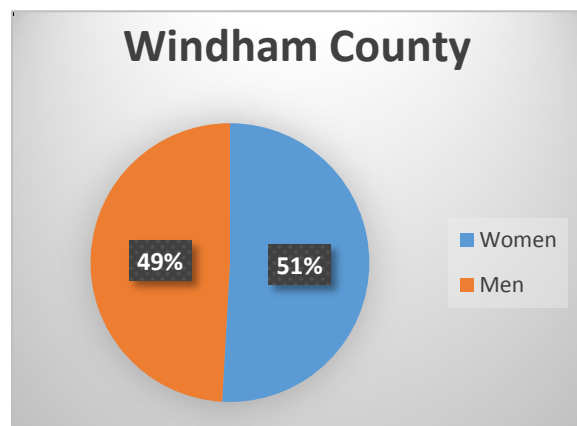
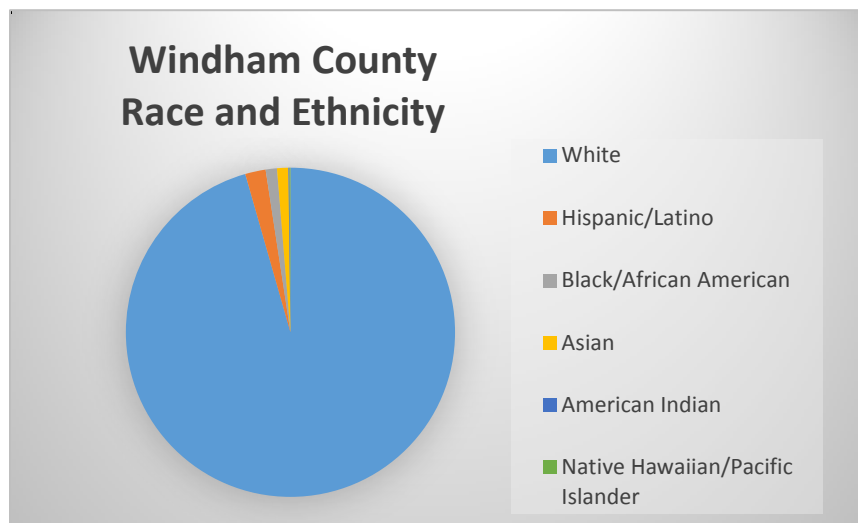
<sup>15</sup> U.S. Dept. of Commerce, U.S. Census Bureau, State & County Quick Facts, Windham County, Vermont, available at <http://quickfacts.census.gov/qfd/states/50/50025.html>

<sup>16</sup> 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>

## Race and Ethnicity

Approximately 95.0% of Windham County's residents are White, 2.0% are Hispanic or Latino, 1.0% are Black/ African American, 0.1% are American Indian, 1.0% are Asian, and 0.1% are Native Hawaiian or Pacific Islander.<sup>17</sup> A small percentage (2.4%) reported being of two or more races.<sup>18</sup> While these numbers are consistent with the racial make-

up of the State of Vermont, Vermont is not typical of the United States as a whole, where 77.0% of the population is White, 13.2% are Black/African Americans, 17.1% Hispanic or Latino, and 5.3% are Asian.<sup>19</sup> The percentage of homes where a language other than English is spoken at home was 4.3% for Windham County and 5.2% for the State of Vermont.<sup>20</sup>



## Sex

Biological differences between men and women can lead to different health outcomes. Women, for example, have a longer life expectancy than men.<sup>21</sup> Windham County has slightly more women (50.9%) than men (49.1%).<sup>22</sup>

<sup>17</sup>U.S. Dept. of Commerce, U.S. Census Bureau, American Fact Finder, 2009-2013 American Community Survey 5-Year Estimates, available at [http://factfinder.census.gov/faces/nav/jsf/pages/community\\_facts.xhtml](http://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml) .

<sup>18</sup>U.S. Dept. of Commerce, U.S. Census Bureau, American Fact Finder, 2009-2013 American Community Survey 5-Year Estimates, available at [http://factfinder.census.gov/faces/nav/jsf/pages/community\\_facts.xhtml](http://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml) .

<sup>19</sup> U.S. Dept. of Commerce, U.S. Census Bureau, Census Quick Facts, USA, available at <http://quickfacts.census.gov/qfd/states/00000.html>

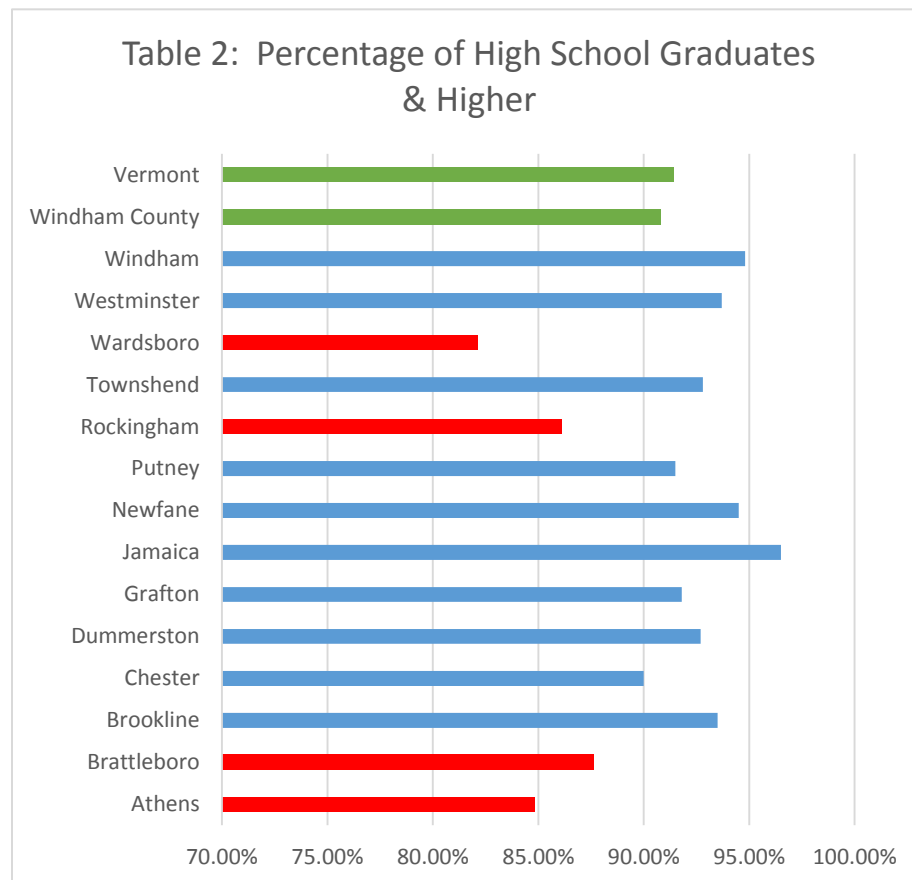
<sup>20</sup> U.S. Dept. of Commerce, U.S. Census Bureau, State & County Quick Facts, Windham County, Vermont, available at <http://quickfacts.census.gov/qfd/states/50/50025.html>

<sup>21</sup> CDC, Mortality in the United States 2012, available at <http://www.cdc.gov/nchs/data/databriefs/db168.htm>

<sup>22</sup> U.S. Dept. of Commerce, U.S. Census Bureau, American Fact Finder, 2009-2013 American Community Survey 5-Year Estimates, available at [http://factfinder.census.gov/faces/nav/jsf/pages/community\\_facts.xhtml](http://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml).

## Education

According to a recent study, “[g]ood education predicts good health.”<sup>23</sup> “More formal education is consistently associated with lower death rates, while less education predicts earlier death.”<sup>24</sup>



Nearly 10% of Grace Cottage Hospital’s PSA population did not graduate from high school.<sup>25</sup> This number is consistent with county data, which shows that 90.8% of the population graduated high school, though below the State rate of 91.4%.<sup>26</sup> As shown in Table 2, four towns within Grace Cottage Hospital’s PSA, however, fall significantly lower than the county rate. Athens’s percentage of high school graduates, for example, is 84.80%, and Wardsboro’s is 82.10%.

Source: Data compiled from U.S. Census Bureau, American Fact Finder, Community Facts for towns in Grace Cottage Hospital’s PSA, available at [http://factfinder.census.gov/faces/nav/jsf/pages/community\\_facts.xhtml#none](http://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml#none)

<sup>23</sup> Freudenberg N, Ruglis J. Reframing school dropout as a public health issue. *Prev Chronic Dis* 2007;4(4). [http://www.cdc.gov/pcd/issues/2007/oct/07\\_0063.htm](http://www.cdc.gov/pcd/issues/2007/oct/07_0063.htm).

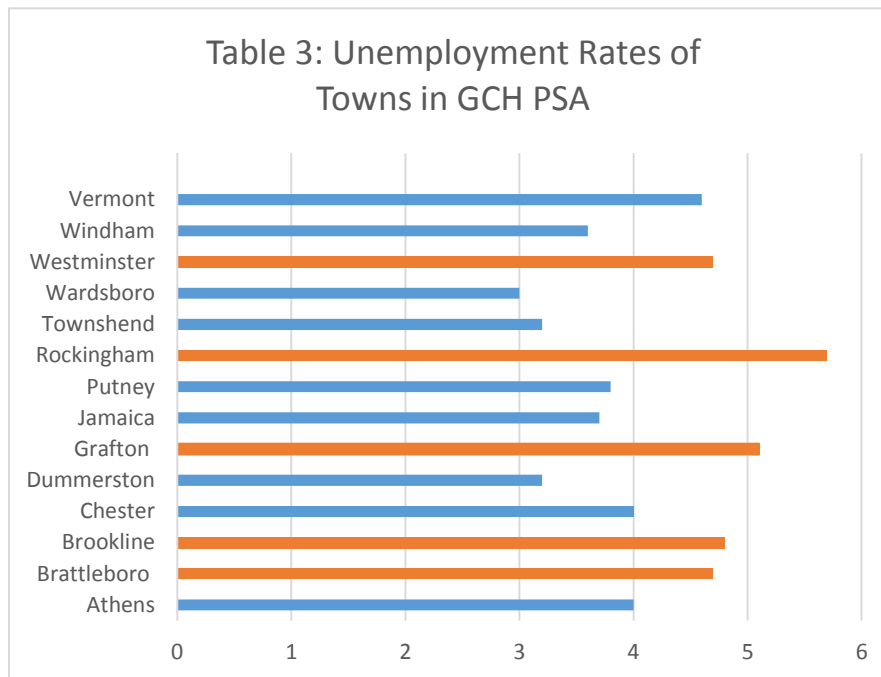
<sup>24</sup> *Ibid.*

<sup>25</sup> U.S. Dept. of Commerce, U.S. Census Bureau, Community Facts, Education, Searched by Grace Cottage Hospital PSA Zip Code, available at [http://factfinder.census.gov/faces/nav/jsf/pages/community\\_facts.xhtml#none](http://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml#none)

<sup>26</sup> U.S. Dept. of Commerce, U.S. Census Bureau, State & County QuickFacts, Windham County, Vermont, available at <http://quickfacts.census.gov/qfd/states/50/50025.html>

## Poverty

The relationship between economic status and health has been well-documented. Poverty can be both a cause of poor health as well as a consequence of poor health. Income can affect access to care as well as access to healthy foods. These economic and social factors play important roles in an individual's health.



Source: Data compiled from Vermont Department of Labor, Vermont Town Unemployment Rate Percent.

Vermont's unemployment rate has remained constant at 4.1% in January 2014 and 4.1% in January 2015.<sup>27</sup> However, as shown in Table 3, there are considerable disparities in the January 2015 unemployment rates among the various towns in the Grace Cottage PSA.<sup>28</sup> Brattleboro, Brookline, Grafton, Rockingham, and Westminster have unemployment rates above the state rate.

Unemployment rates, however, only tell part of the story. The wage side of the story can be seen in

the percentage of individuals below the poverty line. Across Windham County, 12.4% of individuals fall below the federal poverty line, higher than the state percentage, which falls at 11.8%. Within Grace Cottage's PSA, the percentages vary widely from 28.2% of individuals living below the poverty line in Athens to 4.3% in Dummerston.<sup>29</sup> Individuals and families fall below the poverty level if their household income falls below a certain threshold. In 2015, the federal poverty guideline for a family of four was \$24,250.<sup>30</sup> The poverty guideline, however, is the same across the nation and does not take into account local costs of living. According to the

<sup>27</sup> Vermont Department of Labor, Local Area Unemployment Statistics <http://www.vtlmi.info/laus.pdf> (last visited March 24, 2015) (using projected data for January 2015).

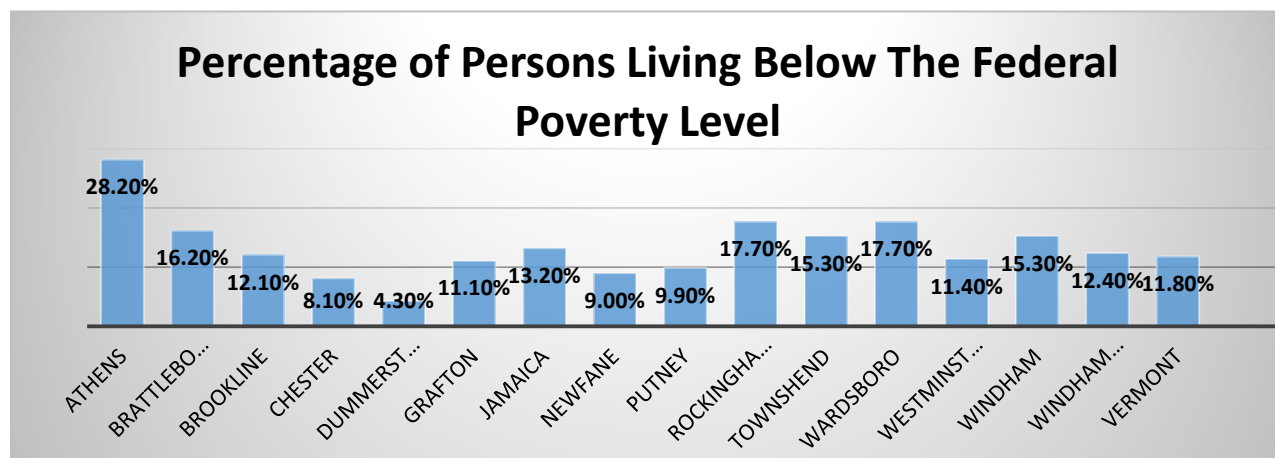
<sup>28</sup> Vermont Department of Labor, Vermont Town Unemployment Rate Percent, December 2014, available at <http://www.vtlmi.info/twnrt14.htm>.

<sup>29</sup> U.S. Dept. of Commerce, U.S. Census Bureau, American Fact Finder, Community Facts, available at [http://factfinder.census.gov/faces/nav/jsf/pages/community\\_facts.xhtml#none](http://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml#none)

<sup>30</sup> U.S. Dept. of Health & Human Services, 2015 Poverty Guidelines, available at <http://aspe.hhs.gov/poverty/15poverty.cfm>



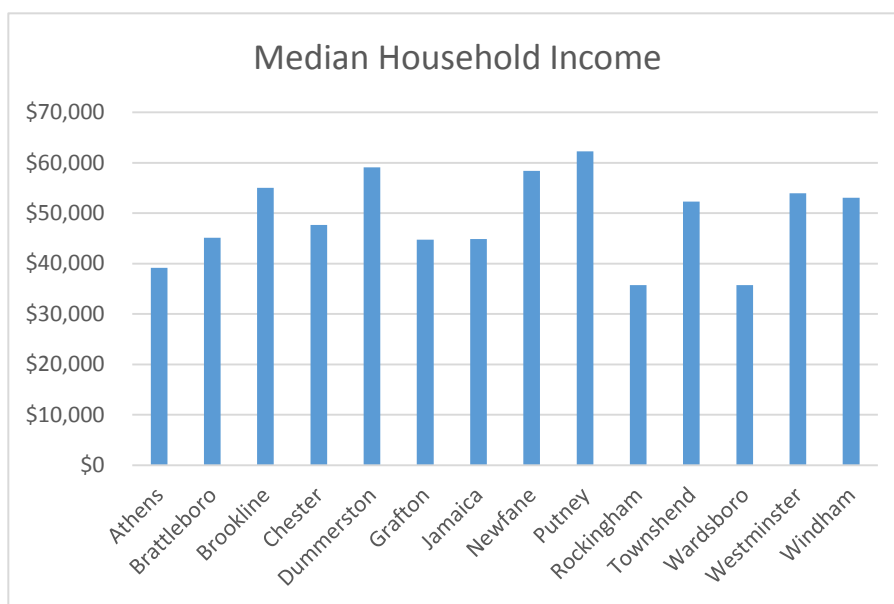
Poverty in America's Living Wage Calculator, the living wage for a family of four (2 adults, 2 children) in Windham County is \$38,544.<sup>31</sup>



The median family income for Windham County is \$62,236, which is below the Vermont median family income of \$67,274. Even though median incomes vary greatly across the Grace Cottage Hospital primary service area, many towns in the Grace Cottage PSA falls below the state and county medians. For example, Rockingham and Wardsboro have a median household income of \$35,718, while Jamaica falls at \$44,844.<sup>32</sup>

Many Vermonters struggle financially. In a 2014 Report, Feeding America found that an estimated 63% of client households in Vermont reported that they had to choose between paying for food and utilities in the past 12 months.<sup>33</sup>

*Charts Source: U.S. Dep't of Commerce, U.S. Census Bureau, American Fact Finder, Community Facts, available at [http://factfinder.census.gov/faces/nav/jsf/pages/community\\_facts.xhtml#none](http://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml#none)*



<sup>31</sup> Poverty in America, Living Wage Calculator, Windham County, Vermont, available at <http://livingwage.mit.edu/counties/50025>.

<sup>32</sup> U.S. Dept. of Commerce, U.S. Census Bureau, American FactFinder, Community Facts, Income, Median Household Income, available at [http://factfinder.census.gov/faces/nav/jsf/pages/community\\_facts.xhtml#none](http://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml#none).

<sup>33</sup> Vermont Foodbank, Hunger in America, Executive Summary, Key Statistics, available at [www.vtfoodbank.org/About/AboutHunger/HungerinAmerica.aspx](http://www.vtfoodbank.org/About/AboutHunger/HungerinAmerica.aspx)

## Food Insecurity

The U.S. Department of Agriculture defines “food security” as “access at all times to enough food for an active healthy life.”<sup>34</sup> An estimated 14.3% of American households were food insecure at least some time during the year in 2013, meaning that their access to adequate food was limited by a lack of money and other resources.<sup>35</sup> Here in Vermont, the Vermont Foodbank serves 153,000 people annually, including 33,900 children.<sup>36</sup> The Vermont Foodbank reports that currently 153,000 Vermonters (1 in 4) rely on food shelves for their basic sustenance.<sup>37</sup>

On a local level, the Townshend Food Shelf, located a few hundred yards from Grace Cottage Hospital, reported that from January 2014 through September 2014, they had 893 family visits, covering 2,271 individuals. Forty-seven new families became Food Shelf clients during that time frame. During that time period, the Food Shelf provided food to 164 families and a total of 377 individuals from Townshend,<sup>38</sup> which is about 1/3 of the town’s population.

Leland & Gray Union Middle & High School, also located down the road from Grace Cottage Hospital, provides breakfast, snack, lunch, and an after-school meal every day that school is in session. Nearly half of the students are enrolled in the L&G’s meal program.

### Students Enrolled In The Free & Reduced Price School Meals Program

Year(s): 5 selected | Data Type: Percent

Data Provided by: Voices for Vermont’s Children

Location	Data Type	2009 - 2010	2010 - 2011	2011 - 2012	2012 - 2013	2013 - 2014
Vermont	Percent	35.8%	37.9%	40.2%	40.8%	40.7%

Graphic Source: Kids Count Data Center, available at <http://datacenter.kidscount.org/data/tables/8185-students-enrolled-in-the-free-reduced-price-school-meals-program?loc=47&loct=2#detailed/2/any/false/1246,1124,1021,909,857/any/16703>

L&G’s free meals rate is 48%,<sup>39</sup> which is significantly higher than the state enrollment rate of 40.7%.<sup>40</sup> Children from families with incomes at or below 130% of the poverty level are eligible for free meals; those with incomes between 130% and 185% of the poverty level are eligible for reduced price meals. (For the period July 1, 2013 through June 30, 2014, 130 percent of the poverty level was \$30,615 for a family of four; 185 percent was \$43,568).<sup>41</sup> In the summer, Leland & Gray is a food distribution center for about one month, providing breakfast, lunch, and

<sup>34</sup> U.S. Dept. of Agriculture, Household Food Security in the United States in 2013, p. 2 (Sept. 2014), available at <http://www.ers.usda.gov/media/1565415/err173.pdf>

<sup>35</sup> U.S. Dept. of Agriculture, Household Food Security in the United States in 2013, p. 4,8 (Sept. 2014), available at <http://www.ers.usda.gov/media/1565415/err173.pdf>

<sup>36</sup> Vermont Foodbank, Hunger in America, Executive Summary, Key Statistics, available at <http://www.vtfoodbank.org/About/AboutHunger/HungerinAmerica.aspx>

<sup>37</sup> Vermont Foodbank, Hunger in America, Executive Summary, Key Statistics, available at <http://www.vtfoodbank.org/About/AboutHunger/HungerinAmerica.aspx>

<sup>38</sup> Town of Townshend, 156<sup>th</sup> Annual Report, Townshend Community Foodshelf, at page 60.

<sup>39</sup> Data provided by Leland & Gray Union Middle & High School (March 2015).

<sup>40</sup> Kids Count Data Center, available at <http://datacenter.kidscount.org/data/tables/8185-students-enrolled-in-the-free-reduced-price-school-meals-program?loc=47&loct=2#detailed/2/any/false/1246,1124,1021,909,857/any/16703>

<sup>41</sup> U.S. Dept. of Agriculture, National School Lunch Program, p. 2, available at <http://www.fns.usda.gov/sites/default/files/NSLPFactSheet.pdf>

snack.

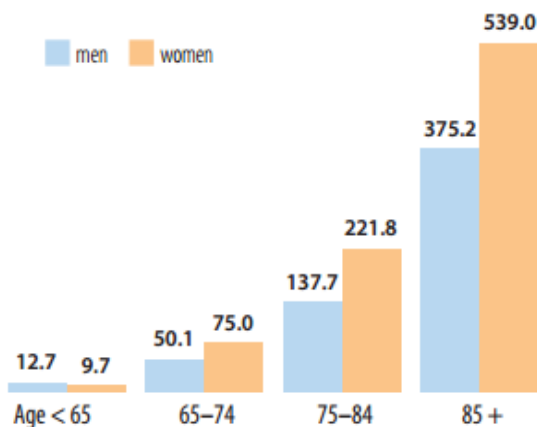
## Population Health Indicators

### Aging

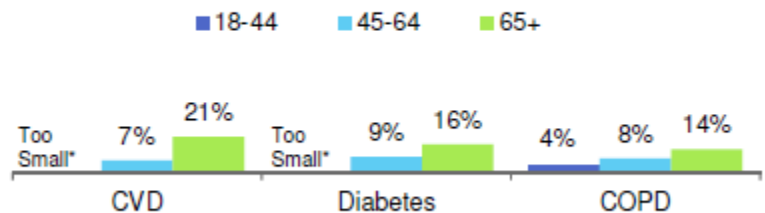
According to the Vermont Department of Health, the prevalence of heart disease, diabetes, and COPD (chronic obstructive pulmonary disease) among adults in the Brattleboro Health District<sup>42</sup> all increase with age.<sup>43</sup> Adults age 65 and older are significantly more likely to report heart disease than those age 45-64 (21% v. 7%).<sup>44</sup> Likewise, individuals age 65 and older are more likely to report COPD than younger adults.<sup>45</sup> Similarly, the elderly are more at risk for hospitalization for falls.

### Hospitalizations for Falls

# of hospitalizations each year per 10,000 people, by age • 2005-2009



### Chronic Conditions by Age



CVD refers to Cardiovascular Disease, and COPD refers to Chronic Obstructive Pulmonary Disease.

Graphic Source: Vermont Dep't of Health, Brattleboro Health District, 2012 Behavioral Risk Factor Surveillance System Data (report published May 2014), available in hard copy.

Indeed, Vermont is statistically worse than the national population when it comes to fall-related deaths among people age 65+. <sup>46</sup> As of 2011, the number of fall-related deaths for Vermont adults aged 65+ per 100,000 people was 95.1, while the number for Windham County adults aged 65+ per 100,000 was 147.2<sup>47</sup>

Brattleboro, Brookline, Dover, Dummerston, Guilford, Putney, Shelburne, Stratton, Townshend, Vernon, Wardsboro, Westminster, Whitingham, and Wilimington. Vermont Dept. of Health, Brattleboro Health District, 2012 Behavioral Risk Factor Surveillance System Data, p. 27 (report published May 2014), available in hard copy.

<sup>43</sup> Vermont Dept. of Health, Brattleboro Health District, 2012 Behavioral Risk Factor Surveillance System Data (report published May 2014), available in hard copy.

<sup>44</sup> Vermont Dept. of Health, Brattleboro Health District, 2012 Behavioral Risk Factor Surveillance System Data (report published May 2014), available in hard copy.

<sup>45</sup> Vermont Dept. of Health, Brattleboro Health District, 2012 Behavioral Risk Factor Surveillance System Data (report published May 2014), available in hard copy.

<sup>46</sup> Vermont Dept. of Health, Healthy Vermonters 2020, at p. 30 (December 2012), available at [http://www.healthvermont.gov/hv2020/documents/hv2020\\_report\\_full\\_book.pdf](http://www.healthvermont.gov/hv2020/documents/hv2020_report_full_book.pdf).

<sup>47</sup> Vermont Dept. of Health, Brattleboro District Office Data Request (May 1, 2015) (data source: vital statistics).

## Cancer – Colon

### Annual Colon and Rectal Cancer Incidence Rate (Per 100,000 Pop.)

Office of Disease Promotion.<sup>49</sup> The incidence 2009, and the rate for

Current guidelines from the

*Graphics Source: Community Commons 2015 Community Health Needs Assessment for Windham County, Cancer- Colon & Cancer Screening – Sigmoidoscopy or Colonoscopy*

colonoscopy.<sup>52</sup> For the Brattleboro Health District, only 61% of adults met the cancer screening recommendations.<sup>53</sup> This

According to the 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.<sup>48</sup>

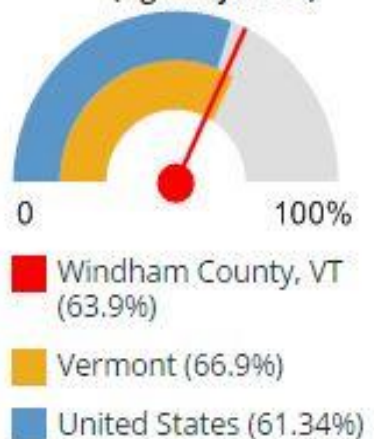
The age-adjusted incidence rate for colon and rectal cancer for



Windham County was 40.3, which was slightly below the national rate of 43.3, but above the Healthy People 2020 target set by the U.S. Department of Health and Human Services' Prevention and Health rate for Vermont men was 45.6 in Vermont women was 40.5.<sup>50</sup>

American Cancer Society recommend that men and women receive a flexible sigmoidoscopy every 5 years or a colonoscopy every 10 years starting at age 50.<sup>51</sup> In Windham County, 63.9% of adults aged 50 and older self-reported that they have had a sigmoidoscopy or

### Percent Adults Screened for Colon Cancer (Age-Adjusted)



<sup>48</sup> Centers for Disease Control and Prevention, Colorectal Cancer Statistics, available at <http://www.cdc.gov/cancer/colorectal/statistics/>

<sup>49</sup> Community Commons 2015 Community Health Needs Assessment for Windham County, Cancer- Colon, available at <http://www.communitycommons.org/>.

<sup>50</sup> Vermont Dept. of Health, Colorectal Cancer in Vermont (March 2013), available at, <http://healthvermont.gov/prevent/cancer/documents/SiteSpecificCRC.pdf>.

<sup>51</sup> American Cancer Society, Guidelines for Early Detection of Cancer, available at <http://www.cancer.org/healthy/findcancerearly/cancerscreeningguidelines/american-cancer-society-guidelines-for-the-early-detection-of-cancer>

<sup>52</sup> Community Commons 2015 Community Health Needs Assessment for Windham County, Cancer Screening- Sigmoidoscopy or Colonoscopy, available at <http://www.communitycommons.org/>.

<sup>53</sup> Vermont Dept. of Health, Brattleboro Health District, 2012-2013 Behavioral Risk Factor Surveillance System (BFFSS) Data, available in hard copy.

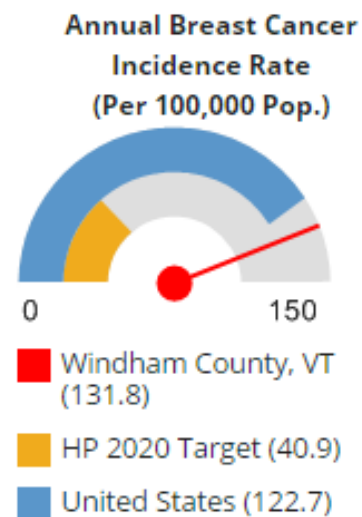
marker falls significantly behind the State of Vermont, which was at 71% according to the Vermont Department of Health.<sup>54</sup>

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<sup>54</sup>Vermont Dept. of Health, Brattleboro Health District, 2012-2013 Behavioral Risk Factor Surveillance System (BFFSS) Data, available in hard copy.



## Cancer – Breast



*Graphics Source: Community Commons 2015 Community Health Needs Assessment for Windham County, Cancer Incidence- Breast*

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.<sup>55</sup> The age adjusted incidence rate for women with breast cancer for Windham County was 131.8, above the national rate of 122.7 and well above the Healthy People 2020 target.<sup>56</sup>

Annual mammograms can detect cancer early, when it is most treatable. Current guidelines from the American Cancer Society recommend that women receive annual mammograms starting at age 40,<sup>57</sup> although the U.S. Preventive Services Task Force recommends that routine screening begin at age 50.<sup>58</sup>

The U.S. Preventive Services Task Force recommends that women age 50-74 get a mammogram once every two years. Among women aged 50-74 in the Brattleboro Health District, the Vermont Department of Health found that 82% self-reported receiving a mammogram within the past two years in 2012.<sup>59</sup>

<sup>55</sup> American Cancer Society, Breast Cancer, Detailed Guide, What Are The Key Statistics About Breast Cancer, at <http://www.cancer.org/cancer/breastcancer/detailedguide/breast-cancer-key-statistics>.

<sup>56</sup> Community Commons 2015 Windham County CHNA Report, Cancer Incidence – Breast.

<sup>57</sup> American Cancer Society, Guidelines for Early Detection of Cancer, available at <http://www.cancer.org/healthy/findcancerearly/cancerscreeningguidelines/american-cancer-society-guidelines-for-the-early-detection-of-cancer>

<sup>58</sup> U.S. Preventive Services Task Force, Breast Cancer: Screening (November 2009), available at

<http://www.uspreventiveservicestaskforce.org/Page/Topic/recommendation-summary/breast-cancer-screening>

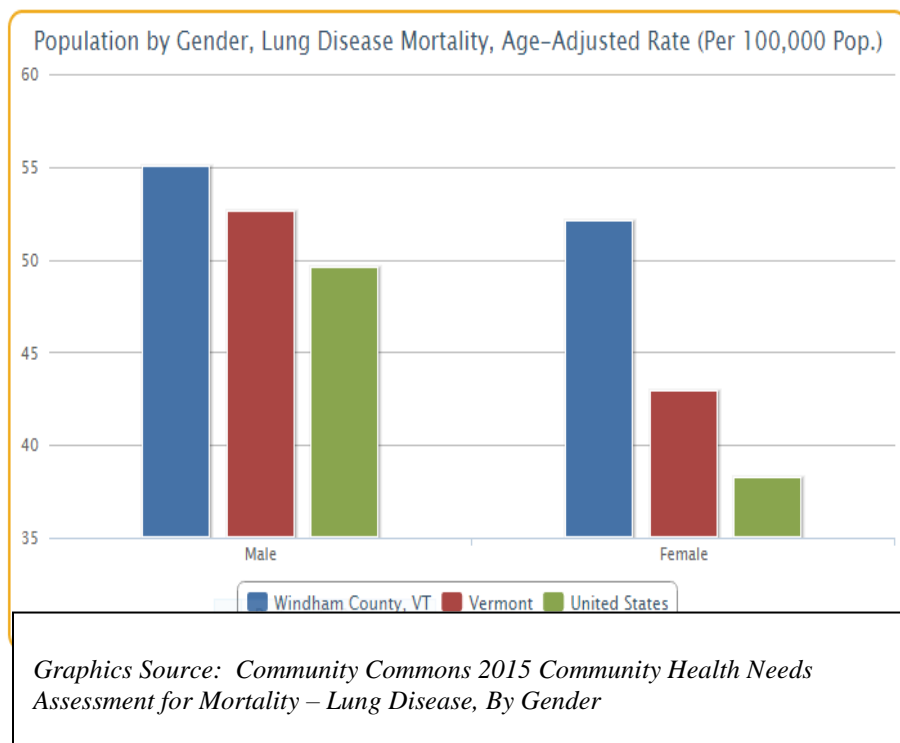
<sup>59</sup> Vermont Dept. of Health, Brattleboro Health District, 2012 Behavioral Risk Factor Surveillance System Data (report published May 2014), available in hard copy.

## COPD (Chronic Obstructive Pulmonary Disease)

COPD or chronic obstructive pulmonary disease is a progressive disease that makes breathing difficult. As the National Heart, Lung and Blood Institute explains, COPD includes two main conditions: emphysema and chronic bronchitis.<sup>60</sup> COPD is a major cause of disability, and the third leading cause of death in the United States.<sup>61</sup> Cigarette smoking is a leading cause of COPD.

In Windham County, 9% of the adult population has reported a diagnosis for COPD.<sup>62</sup> Within the Brattleboro Health District, the rate was 8%.<sup>63</sup> The rate for the State of Vermont is 6%. According to the Vermont Department of Health, low-income individuals are significantly more likely than those making \$50,000 or more to have COPD.<sup>64</sup>

Generally, lung disease has a higher mortality rate in Windham County (53.86 per 100,000 pop) than Vermont (46.53 per 100,000) or the United States (42.67 per 100,000).<sup>65</sup> When broken down by gender, men experience lung disease as a cause of death slightly more than women. (*See Graphic*).



<sup>60</sup> National Heart, Lung & Blood Institute, What Is COPD?, at <http://www.nhlbi.nih.gov/health/health-topics/topics/copd>

<sup>61</sup> National Heart, Lung & Blood Institute, What Is COPD?, at <http://www.nhlbi.nih.gov/health/health-topics/topics/copd>

<sup>62</sup> 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>

<sup>63</sup> Vermont Dept. of Health, Chronic Condition Measures- Behavioral Risk Factor Surveillance System on InstantAtlas (2013), available at <http://healthvermont.gov/research/brfss/IA/ChronicConditions/District/atlas.html>

<sup>64</sup> Vermont Dept. of Health, Brattleboro Health District, 2012 Behavioral Risk Factor Surveillance System Data (report published May 2014), available in hard copy.

<sup>65</sup> Community Commons 2015 Community Health Needs Assessment for Mortality – Lung Disease, available at <http://www.communitycommons.org/>.

## Diabetes

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. According to the CDC, diabetes is the seventh leading cause of death in the United States.<sup>66</sup>

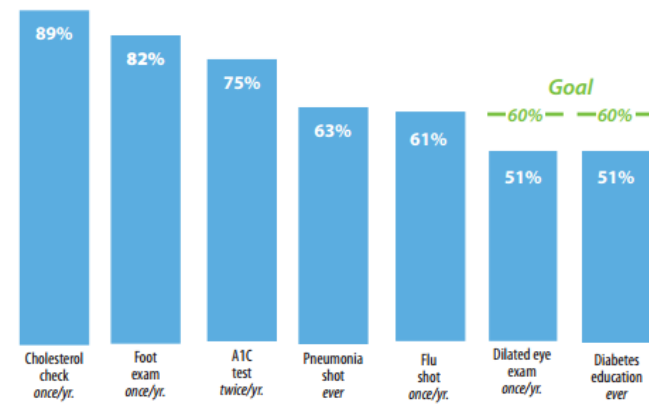
In 2013, the prevalence of diabetes among Vermont adults was 8%, and Windham County's diabetes prevalence rate was 9%.<sup>67</sup> The percentage of the Medicare fee-for-service population with diabetes, however, is much higher than the general adult population. In 2012, according to Centers for Medicare and Medicaid Services claims data, 20.87% of the Medicare fee-for-service population in Windham County had diabetes.<sup>68</sup>

The Vermont Department of Health reports that, according to 2010 Behavioral Risk Factor Surveillance System data, 73% of Windham County adults with diabetes had two or more A1Cs\* in the last year, comparable to the rate for the Brattleboro Health District of 72%.<sup>69</sup>

According to the Vermont Department, racial and ethnic minorities have a higher prevalence rate of diabetes than white non-Hispanics.<sup>70</sup>

### Clinical Care for Diabetes

% of adults with diabetes who report they have medical care that meets clinical guidelines • 2010



\* A1C is a measure of diabetes control

Graphic Source: Vermont Dep't of Health, *Healthy Vermonters 2020*, at page 40 (December 2012), available at [http://www.healthvermont.gov/hv2020/documents/hv2020\\_diseases](http://www.healthvermont.gov/hv2020/documents/hv2020_diseases)

<sup>66</sup> Centers for Disease Control and Prevention, Basics About Diabetes, available at <http://www.cdc.gov/diabetes/basics/diabetes.html>

<sup>67</sup> 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>

<sup>68</sup> Community Commons, 2015 CHNA Report for Windham County, Diabetes (Medicare Population) (using 2012 Centers for Medicare and Medicaid Services claims data), available at <http://www.communitycommons.org/>.

<sup>69</sup> Vermont Dept. of Health, Preventive Behaviors and Screening Measures – Behavioral Risk Factor Surveillance System on InstantAtlas, 2013, at

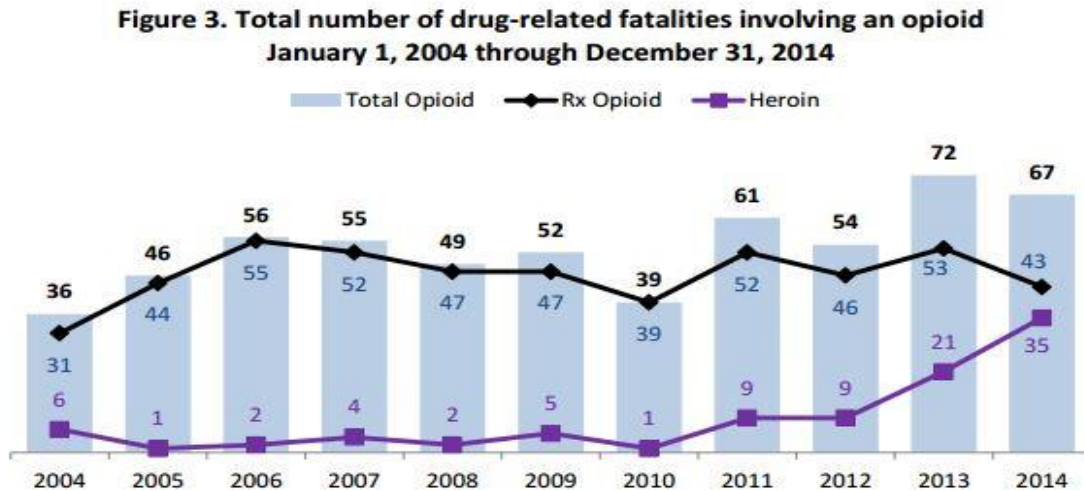
<http://healthvermont.gov/research/brfss/IA/PreventiveBehaviorsScreening/County/atlas.html>

<sup>70</sup> 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](http://healthvermont.gov/local/mhealth/documents/minority_hlth_data_pages_2013.pdf).

## Drugs & Alcohol

Heroin-related fatalities have risen sharply in Vermont starting in 2013.<sup>71</sup> In 2014, there were eighty-eight drug-related fatalities in Vermont, of which sixty-seven involved an opioid.<sup>72</sup>



Graphic Source: Vermont Dep't of Health, Data Brief: Vermont Drug-Related Fatalities 2004-2014, available at [http://healthvermont.gov/research/documents/databrief\\_drug\\_related\\_fatalities.pdf](http://healthvermont.gov/research/documents/databrief_drug_related_fatalities.pdf)

In a 2015 Report, the Vermont Department of Health found “no specific trend in fatalities due to prescription opioids in the past nine years. [But] starting in 2013, heroin related fatalities have risen sharply.”<sup>73</sup>

<sup>71</sup> Vermont Department of Health, Data Brief: Vermont Drug-Related Fatalities 2004-2014 (Updated 2/23/15), available at [http://healthvermont.gov/research/documents/databrief\\_drug\\_related\\_fatalities.pdf](http://healthvermont.gov/research/documents/databrief_drug_related_fatalities.pdf)

<sup>72</sup> Vermont Department of Health, Data Brief: Vermont Drug-Related Fatalities 2004-2014 (Updated 2/23/15), available at [http://healthvermont.gov/research/documents/databrief\\_drug\\_related\\_fatalities.pdf](http://healthvermont.gov/research/documents/databrief_drug_related_fatalities.pdf)

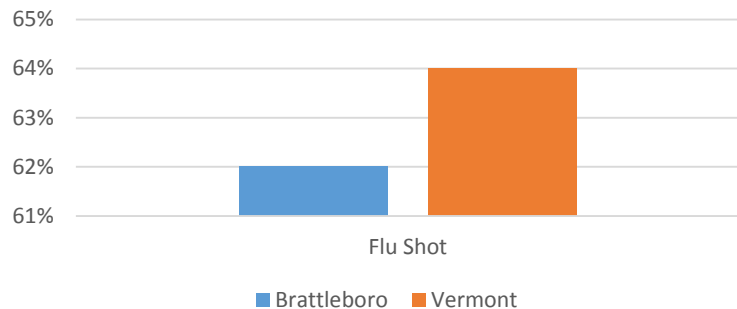
<sup>73</sup> Vermont Department of Health, Data Brief: Vermont Drug-Related Fatalities 2004-2014 (Updated 2/23/15), available at [http://healthvermont.gov/research/documents/databrief\\_drug\\_related\\_fatalities.pdf](http://healthvermont.gov/research/documents/databrief_drug_related_fatalities.pdf)

## Flu Vaccine

Within the Brattleboro Health District, only 62% of adults age 65 & older reported getting a flu vaccine in the last year, which is similar to the overall Vermont rate of 64%.<sup>74</sup>

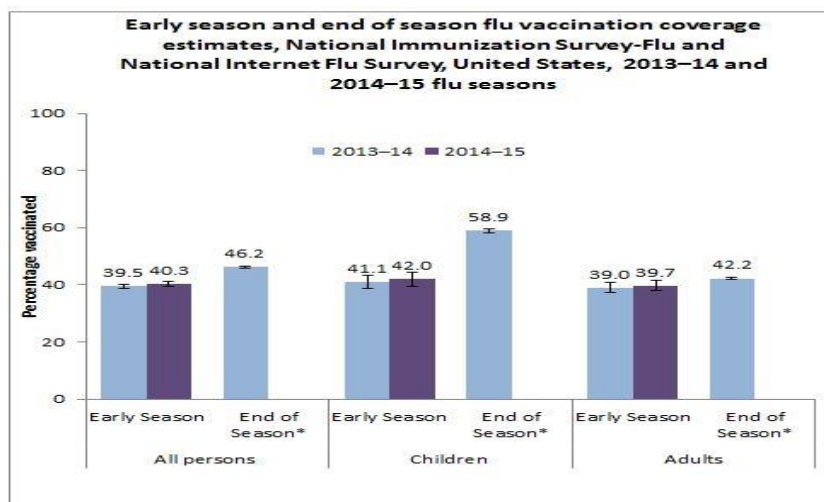
According to the CDC, for the most recent flu season, fewer than half of children and adults nationwide were vaccinated by early November 2014.<sup>75</sup> (See Figure 1). This is consistent with CDC estimates for the State of Vermont, which found that 50% of all Vermonters received the flu vaccine in the 2013-2014 flu season.<sup>76</sup>

Table 4: Annual Flu Shot Ages 65 & Older, Brattleboro Health District



Graphic Data Source: Vermont Dep't of Health, Brattleboro Health District, 2012 Behavioral Risk Factor Surveillance System Data (report published May 2014), available in hard copy.

Figure 1



Graphic Source: CDC, <http://www.cdc.gov/flu/fluview/nifs-estimates-nov2014.htm>

<sup>74</sup> Vermont Dept. of Health, Brattleboro Health District, 2012 Behavioral Risk Factor Surveillance System Data (report published May 2014), available in hard copy.

<sup>75</sup> Centers for Disease Control & Prevention, National Early Season Flu Vaccination Coverage, United States, November 2014, available at <http://www.cdc.gov/flu/fluview/nifs-estimates-nov2014.htm>

<sup>76</sup> Centers for Disease Control & Prevention, 2013-14 State, Regional and National Vaccination Report I, available at <http://www.cdc.gov/flu/fluview/reports/reporti1314/reporti/index.htm>

## Heart Health

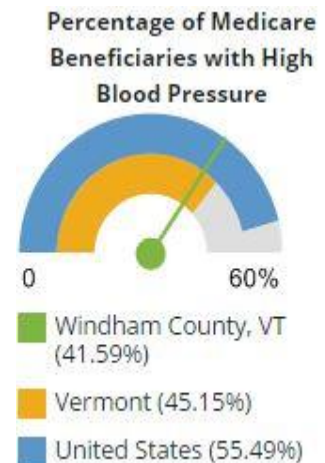
Coronary heart disease is the #1 cause of death for both men and women in the United States.<sup>77</sup> Every year, about 735,000 Americans suffer a heart attack.<sup>78</sup> High blood pressure, high cholesterol, and smoking are key risk factors for heart disease.<sup>79</sup>

## Heart Disease

The Vermont Department of Health reports that as of 2010, “[m]ore than 43,000 adult Vermonters have some form of cardiovascular disease.”<sup>80</sup> Within the Brattleboro Health District, 8% of adults have been diagnosed with heart disease, which is the same as the State (8%).<sup>81</sup> In Windham County, there were 109.1 coronary heart disease deaths per 100,000 in 2007-2009.<sup>82</sup> Within the Windham County Medicare population, 19.14% of beneficiaries had heart disease in 2012.<sup>83</sup> This is consistent with findings by the Vermont Department of Health, which concluded that “[a]dults 65 and older are significantly more likely to report cardiovascular diseases than those 45-64 (21% vs. 7%).”<sup>84</sup>

## High Blood Pressure

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.<sup>85</sup> 41.59% of the Medicare fee-for-service population in Windham County has high blood pressure, which is lower than the rate for Vermont (45.15%) and the United States (55.49%).<sup>86</sup> A troubling finding, however, indicates that 25.64% of Windham County adults self-reported that they are not taking medication for their high blood pressure.<sup>87</sup>



*Graphic Source:  
Community Commons  
2015 Community Health  
Needs Assessment for  
Windham County, High  
Blood Pressure  
(Medicare Population)*

<sup>77</sup> U.S. Dept. of Health & Human Services, What Is Coronary Heart Disease?, available at <http://www.nhlbi.nih.gov/health/health-topics/topics/cad>.

<sup>78</sup> U.S. Dept. of Health & Human Services, What Is Coronary Heart Disease?, available at <http://www.nhlbi.nih.gov/health/health-topics/topics/cad>.

<sup>79</sup> Centers for Disease Prevention and Control, Heart Disease Facts, available at <http://www.cdc.gov/heartdisease/facts.htm>

<sup>80</sup> Vermont Dept. of Health, Healthy Vermonters 2020 (Dec. 2012), page 35, available, at [http://www.healthvermont.gov/hv2020/documents/hv2020\\_diseases\\_conditions.pdf](http://www.healthvermont.gov/hv2020/documents/hv2020_diseases_conditions.pdf)

<sup>81</sup> Vermont Dept. of Health, Brattleboro Health District, 2012 Behavioral Risk Factor Surveillance System Data (report published May 2014), available in hard copy.

<sup>82</sup> Vermont Dept. of Health, Heart Disease & Stroke – Healthy Vermonters 2020 on InstantAtlas, 2014, available at <http://healthvermont.gov/hv2020/IA/HeartDiseaseStroke/County/atlas.html>

<sup>83</sup> Community Commons 2015 CHNA Report, Heart Disease (Medicare Population), available at <http://www.communitycommons.org/>.

<sup>84</sup> Vermont Dept. of Health, Brattleboro Health District, 2012 Behavioral Risk Factor Surveillance System Data (report published May 2014), available in hard copy.

<sup>85</sup> Vermont Department of Health, Heart Disease & Stroke- Healthy Vermonters 2020 on InstantAtlas, 2014, at <http://healthvermont.gov/hv2020/IA/HeartDiseaseStroke/County/atlas.html>.

<sup>86</sup> Community Commons 2015 Windham County CHNA Report, High Blood Pressure Management (using CMS claims data), available at <http://www.communitycommons.org/>.

<sup>87</sup> Community Commons 2015 Windham County CHNA Report, High Blood Pressure Management (citing BRFSS 2006-2010 data and additional data analysis by CARES), available at <http://www.communitycommons.org/>.



## High Cholesterol

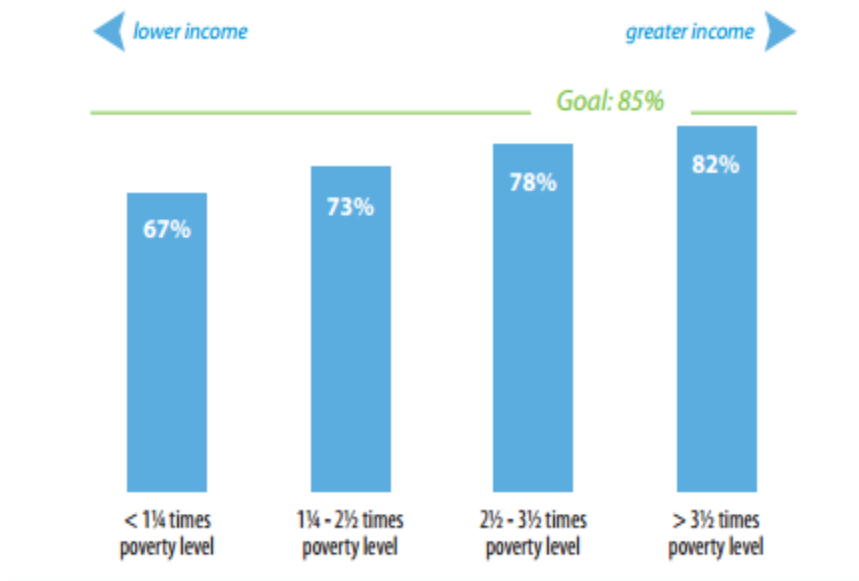
In Windham County, 39% of the adult population reported a diagnosis for high cholesterol in 2011-2013.<sup>88</sup> By comparison, 33% of the Medicare population have high cholesterol.<sup>89</sup>

According to Healthy Vermonters 2020, about one-quarter of Vermonters have not had their cholesterol checked in the past five years.<sup>90</sup> For Windham County, the rate was 27% in 2013.<sup>91</sup>

The Vermont Department of Health also found, however, that the percentage of adults who have had their cholesterol checked within the past five years increases as income increases. (See graphic).

### Cholesterol Check & Income

% of adults who have had their cholesterol checked within the past five years, by Federal Poverty Level • 2010



Graphic Source: Healthy Vermont 2020, page 35, available, at [http://www.healthvermont.gov/hv2020/documents/hv2020\\_diseases\\_conditions.pdf](http://www.healthvermont.gov/hv2020/documents/hv2020_diseases_conditions.pdf)

<sup>88</sup> 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>

<sup>89</sup> Community Commons 2015 CHNA Report, High Blood Pressure Management (citing CMS claims data 2012), available at <http://www.communitycommons.org/>.

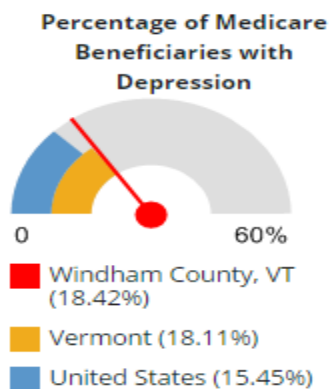
<sup>90</sup> Vermont Dept. of Health, Healthy Vermonters 2020 (Dec. 2012), page 35, available, at [http://www.healthvermont.gov/hv2020/documents/hv2020\\_diseases\\_conditions.pdf](http://www.healthvermont.gov/hv2020/documents/hv2020_diseases_conditions.pdf)

<sup>91</sup> Vermont Dept. of Health, Heart Disease & Stroke – Healthy Vermonters 2020 on InstantAtlas, 2014, <http://healthvermont.gov/hv2020/IA/HeartDiseaseStroke/County/atlas.html>

## Mental Health

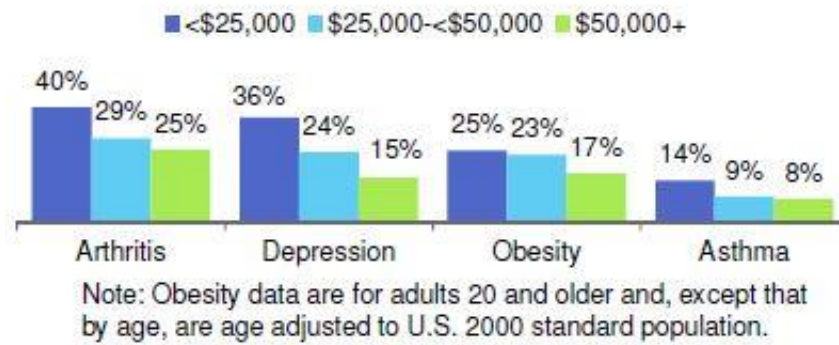
### Depression

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%.<sup>92</sup> The prevalence of depressive disorders in the Brattleboro Health District is higher among low-income adults.<sup>93</sup> According to the Vermont Department of Health, “[a]dults in homes making \$50,000 or more annually are significantly less likely than those with incomes of less than \$25,000 to report a depressive disorder (15% v. 36%).”<sup>94</sup>



Graphic Source: Community Commons 2015 Community Health Needs Assessment for Windham County, Depression (Medicare Population)

### Chronic Conditions by Income Level



Graphic Source: Vermont Dep't of Health, Brattleboro Health District, 2012 Behavioral Risk Factor Surveillance System Data (report published May 2014), available in hard copy.

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%).<sup>95</sup>

Finally, 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.”<sup>96</sup>

<sup>92</sup> 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>

<sup>93</sup> Vermont Dept. of Health, Brattleboro Health District, 2012 Behavioral Risk Factor Surveillance System Data (report published May 2014), available in hard copy.

<sup>94</sup> Vermont Dept. of Health, Brattleboro Health District, 2012 Behavioral Risk Factor Surveillance System Data (report published May 2014), available in hard copy.

<sup>95</sup> Community Commons 2015 Windham County CHNA, Depression- Medicare Population (using CMS claims data), available at <http://www.communitycommons.org/>.

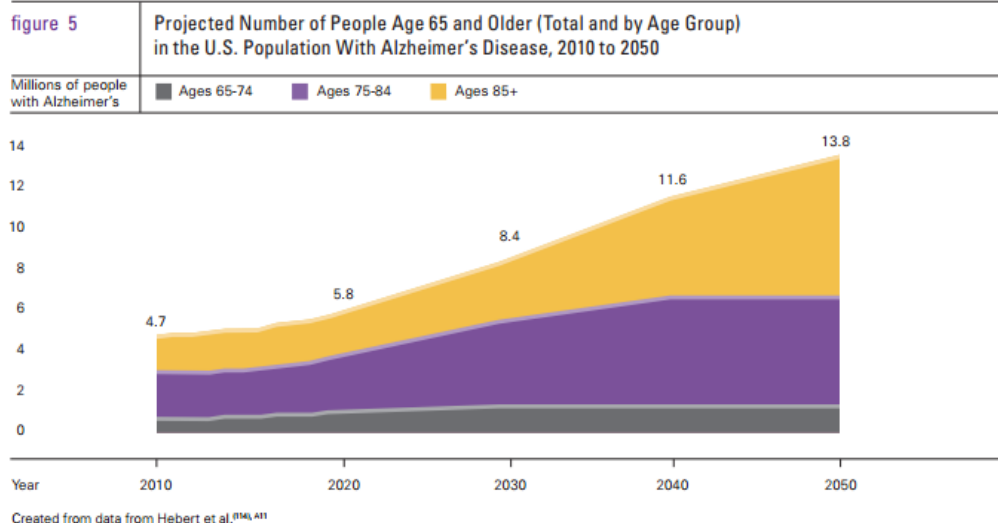
<sup>96</sup> Vermont Dept. of Health, Minority Health Data Pages – 2013, p. 15, available at [http://healthvermont.gov/local/mhealth/documents/minority\\_hlth\\_data\\_pages\\_2013.pdf](http://healthvermont.gov/local/mhealth/documents/minority_hlth_data_pages_2013.pdf).

## Dementia/Alzheimer's Disease

Dementia refers to a group of diseases and conditions characterized by a decline in memory or other thinking skills.<sup>97</sup> Alzheimer's disease is the most common type of dementia in the United States, and accounts for 60-80% of the cases.<sup>98</sup>

According to the Alzheimer's Association, "Alzheimer's disease is officially listed as the sixth-leading cause of death in the United States [and] [i]t is the fifth-leading cause of death for those age 65 and older."<sup>99</sup> In 2010, the mortality rate for Alzheimer's disease was 27 deaths per 100,000 people for the United States as a whole.<sup>100</sup> Vermont, however, is significantly higher at 38 deaths per 100,000.<sup>101</sup>

Between 2014 and 2025, every state in the country is expected to experience double-digit percentage increases in the numbers of people with Alzheimer's.<sup>102</sup> During that time period, Vermont is expected to experience a 54.5% increase in Alzheimer's prevalence.<sup>103</sup>



Graphic Source: Alzheimer's Association, 2014 Alzheimer's Disease Facts and Figures, available at [https://www.alz.org/downloads/Facts\\_Figures\\_2014.pdf](https://www.alz.org/downloads/Facts_Figures_2014.pdf), at page 21.

<sup>97</sup> Alzheimer's Association, 2014 Alzheimer's Disease Facts and Figures, available at [https://www.alz.org/downloads/Facts\\_Figures\\_2014.pdf](https://www.alz.org/downloads/Facts_Figures_2014.pdf), at page 5.

<sup>98</sup> Alzheimer's Association, 2014 Alzheimer's Disease Facts and Figures, available at [https://www.alz.org/downloads/Facts\\_Figures\\_2014.pdf](https://www.alz.org/downloads/Facts_Figures_2014.pdf), at page 6.

<sup>99</sup> Alzheimer's Association, 2014 Alzheimer's Disease Facts and Figures, available at [https://www.alz.org/downloads/Facts\\_Figures\\_2014.pdf](https://www.alz.org/downloads/Facts_Figures_2014.pdf), at page 25.

<sup>100</sup> Alzheimer's Association, 2014 Alzheimer's Disease Facts and Figures, available at [https://www.alz.org/downloads/Facts\\_Figures\\_2014.pdf](https://www.alz.org/downloads/Facts_Figures_2014.pdf), at page 26.

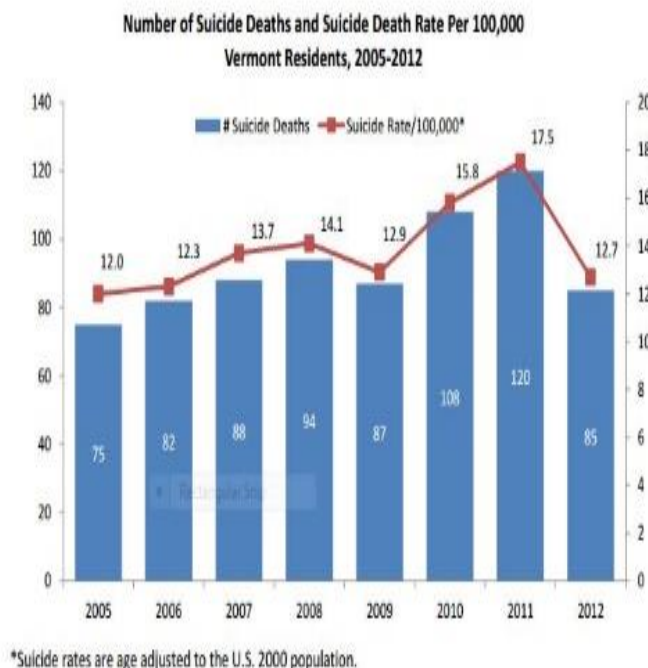
<sup>101</sup> Alzheimer's Association, 2014 Alzheimer's Disease Facts and Figures, available at [https://www.alz.org/downloads/Facts\\_Figures\\_2014.pdf](https://www.alz.org/downloads/Facts_Figures_2014.pdf), at page 27.

<sup>102</sup> Alzheimer's Association, 2014 Alzheimer's Disease Facts and Figures, available at [https://www.alz.org/downloads/Facts\\_Figures\\_2014.pdf](https://www.alz.org/downloads/Facts_Figures_2014.pdf), at page 21.

<sup>103</sup> Alzheimer's Association, 2014 Alzheimer's Disease Facts and Figures, available at [https://www.alz.org/downloads/Facts\\_Figures\\_2014.pdf](https://www.alz.org/downloads/Facts_Figures_2014.pdf), at page 22.

## Suicide

The Vermont Department of Health reports that “[s]uicide is the second leading cause of death for young Vermonters between the ages of 10 and 24, averaging nine deaths per year.”<sup>104</sup>



According to the Vermont Department of Health, risk factors for suicide include depression and other mental health diagnoses; a substance abuse disorder; a prior suicide attempt; firearms in the home; exposure to suicide behavior; family history of suicide, mental disorders or substance abuse; and family violence.<sup>105</sup>

After consistently increasing from 2005 to 2011, the rate of suicide per 100,000 Vermonters fell in 2012 to 12.7 per 100,000.<sup>106</sup> From 2009 to 2011, the rate of suicide in Windham County was 15.2 per 100,000.<sup>107</sup> Townshend, where Grace Cottage Hospital is located, experienced a murder/ suicide in 2014, and nearby Newfane also experienced a suicide in 2014.

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Graphic Source: Vermont Department of Health: Suicide – Data Brief, Vermont Injury Prevention Program (2012), available at [http://healthvermont.gov/family/injury/documents/data\\_brief\\_suicide\\_upd\\_12.14.pdf](http://healthvermont.gov/family/injury/documents/data_brief_suicide_upd_12.14.pdf)

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<sup>104</sup> Vermont Dept. of Health, Healthy Vermonters 2020 State Health Improvement Plan 2013-2017, at p. 10 [http://healthvermont.gov/hv2020/documents/ship\\_full.pdf](http://healthvermont.gov/hv2020/documents/ship_full.pdf)

<sup>105</sup> Vermont Dept. of Health, Suicide Data Brief (Dec. 2014), available at [http://healthvermont.gov/family/injury/documents/data\\_brief\\_suicide\\_upd\\_12.14.pdf](http://healthvermont.gov/family/injury/documents/data_brief_suicide_upd_12.14.pdf)

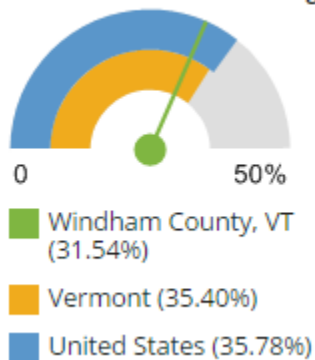
<sup>106</sup> Vermont Dept. of Health, Suicide Data Brief (Dec. 2014), available at [http://healthvermont.gov/family/injury/documents/data\\_brief\\_suicide\\_upd\\_12.14.pdf](http://healthvermont.gov/family/injury/documents/data_brief_suicide_upd_12.14.pdf)

<sup>107</sup> Vermont Dept. of Health, Brattleboro District Office Data Request (May 1, 2015) (data source: vital statistics).

## Obesity and Overweight

The terms “obesity” and “overweight” refer to a body weight that is greater than what is considered healthy for a certain height. Both are measured using a Body Mass Index (BMI). Obesity is categorized as a BMI of 30 or greater. Overweight is categorized as a BMI of 25.0 to 29.9.<sup>108</sup> According to the U.S. Department of Health & Human Services, being overweight or obese puts an individual at risk for heart disease, high blood pressure, Type 2 diabetes, breathing problems, and certain cancers.<sup>109</sup>

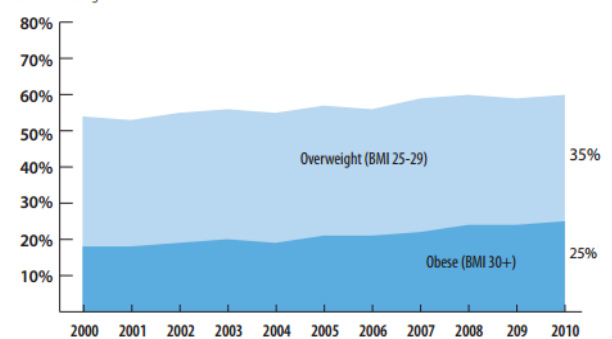
Percent Adults Overweight



In 2013, 24% of adults age 20 and older in Windham County were obese.<sup>110</sup> In 2012, 31.54% of adults age 18 and older in Windham County self-reported that they were overweight, which is better than the state and national rates.<sup>111</sup> Together, however, the obesity and overweight rates indicate that over 50% of Vermont adults have a body weight greater than what is considered healthy.<sup>112</sup>

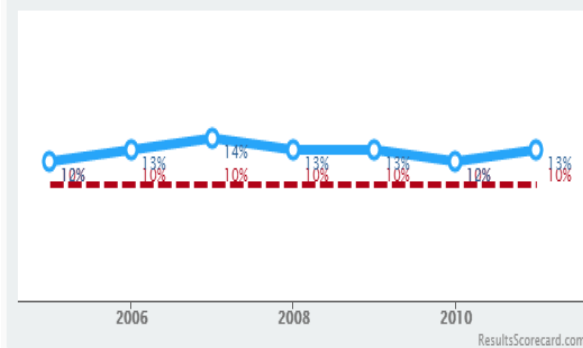
In terms of children, the early childhood obesity prevalence among Vermont children in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) has been hovering around 12-13% since 2002,<sup>113</sup> which is consistent with national rates.<sup>114</sup>

Prevalence of Overweight & Obesity in Adults  
% of adults age 20+



Graphic Source: Vermont Dep't of Health, *Healthy Vermonters 2020*, at page 26, available at [http://www.healthvermont.gov/hv2020/documents/hv2020\\_behaviors\\_enviro.pdf](http://www.healthvermont.gov/hv2020/documents/hv2020_behaviors_enviro.pdf)

Data Source: Pediatric Nutrition Surveillance System (PedNSS)



Obesity % of children age 2 to 5 (in WIC) who are obese  
Graphic Source: Vermont Department of Health, *Performance Dashboard: Nutrition and Weight*, at [http://healthvermont.gov/hv2020/dashboard/nutrition\\_weight.aspx](http://healthvermont.gov/hv2020/dashboard/nutrition_weight.aspx)

<sup>108</sup> U.S. Dept. of Health & Human Services, National Heart, Lung, and Blood Institute, *How Are Overweight and Obesity Diagnosed*, available at <http://www.nhlbi.nih.gov/health/health-topics/topics/obe/diagnosis>

<sup>109</sup> U.S. Dept. of Health & Human Services, National Heart, Lung, and Blood Institute, *What Are Overweight and Obesity?*, available at <http://www.nhlbi.nih.gov/health/health-topics/topics/obe>

<sup>110</sup> Vermont Department of Health, *Nutrition & Weight Status - Healthy Vermonters 2020 on InstantAtlas*, 2014, at <http://healthvermont.gov/hv2020/IA/NutritionWeight/County/atlas.html>

<sup>111</sup> Community Commons, 2015 CHNA, *Overweight*.

<sup>112</sup> Vermont Dept. of Health, *Healthy Vermonters 2020*, at page 26, available at [http://www.healthvermont.gov/hv2020/documents/hv2020\\_behaviors\\_enviro.pdf](http://www.healthvermont.gov/hv2020/documents/hv2020_behaviors_enviro.pdf)

<sup>113</sup> Vermont Dept. of Health, *Nutrition & Weight Status, Performance Dashboard, Obesity, % of children age 2-5 (in WIC) who are obese*, available at [http://healthvermont.gov/hv2020/dashboard/nutrition\\_weight.aspx](http://healthvermont.gov/hv2020/dashboard/nutrition_weight.aspx).

<sup>114</sup> CDC, *Vital Signs: Obesity Among Low-Income, Pre-School Aged Children, United States, 2008-2011* (Aug. 9, 2013), available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6231a4.htm>

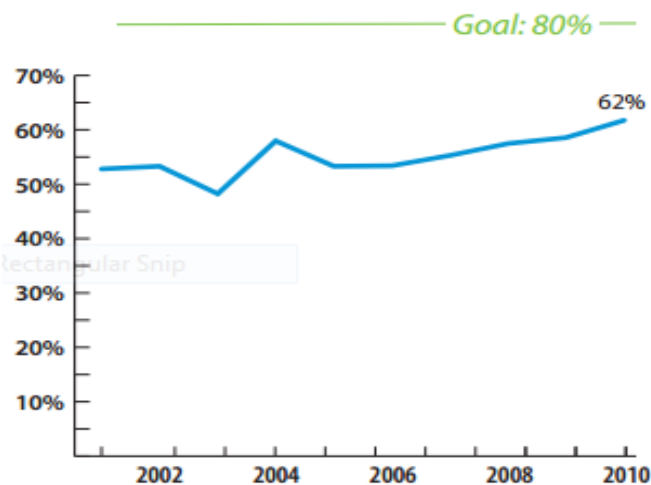
## Smoking

Smoking is considered the single most preventable cause of death in the United States. According to the CDC, “smoking harms nearly every organ of the body.”<sup>115</sup> Smoking significantly increases the risk for heart disease, cancer, lung disease, and stroke.<sup>116</sup>

As of 2013, 17% of adults in Windham County smoke cigarettes, which is comparable to the Vermont rate of 18%.<sup>117</sup> This number equates to about 81,000 adult smokers in Vermont.<sup>118</sup> Within the Brattleboro Health District, the number drops slightly to 14%.<sup>119</sup> However, a significantly higher percentage (25%) of racial and ethnic minorities in Vermont reported that they currently smoke.<sup>120</sup>

### Quit Attempts

% of current adult smokers who made an attempt to quit smoking



Adults under the age of 64 are significantly more likely to report smoking than older adults.<sup>121</sup>

Most smokers try to quit. Each year since 2004, more than half of all smokers in Vermont have made a quit attempt. In 2013, for example, 59% of smokers in the Brattleboro Health District attempted to quit in the past year,<sup>122</sup> comparable to the Windham County rate of 63%.<sup>123</sup>

<sup>115</sup> Centers for Disease Control and Prevention, Health Effects of Cigarette Smoking, available at [http://www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/health\\_effects/effects\\_cig\\_smoking/](http://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/effects_cig_smoking/)

<sup>116</sup> Centers for Disease Control and Prevention, Health Effects of Cigarette Smoking, available at [http://www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/health\\_effects/effects\\_cig\\_smoking/](http://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/effects_cig_smoking/)

<sup>117</sup> Vermont Department of Health, Tobacco Use- Healthy Vermonters 2020 on InstantAtlas, 2014, at <http://healthvermont.gov/hv2020/IA/Tobacco/County/atlas.html>

<sup>118</sup> Vermont Dept. of Health, Tobacco Use Performance Dashboard: Tobacco, available at <http://healthvermont.gov/hv2020/dashboard/tobacco.aspx>

<sup>119</sup> Vermont Department of Health, Tobacco Use- Healthy Vermonters 2020 on InstantAtlas, 2014, <http://healthvermont.gov/hv2020/IA/Tobacco/District/atlas.html>

<sup>120</sup> Vermont Dept. of Health, Minority Health Data Pages – 2013, p. 20, available at [http://healthvermont.gov/local/mhealth/documents/minority\\_hlth\\_data\\_pages\\_2013.pdf](http://healthvermont.gov/local/mhealth/documents/minority_hlth_data_pages_2013.pdf)

<sup>121</sup> Vermont Dept. of Health, Brattleboro Health District, 2012 Behavioral Risk Factor Surveillance System Data (report published May 2014), available in hard copy.

<sup>122</sup> Vermont Dept. of Health, Tobacco Use-Healthy Vermonters 2020 on InstantAtlas, 2014, available at <http://healthvermont.gov/hv2020/IA/Tobacco/District/atlas.html>

<sup>123</sup> Vermont Dept. of Health, Tobacco Use-Healthy Vermonters 2020 on InstantAtlas, 2014, available at <http://healthvermont.gov/hv2020/IA/Tobacco/County/atlas.html>



## Health Needs of Minority, Low-Income & Medically Underserved Populations

A major focus of this 2015 Community Health Needs Assessment (CHNA) was to identify individuals and groups in the community who may be medically underserved. Persons potentially at risk for medical underservice include low-income individuals, minorities, and any others who may experience difficulty in accessing appropriate health care.

The following organizations provided qualitative input concerning the health needs of potentially medically underserved people in the community: ACT for Social Justice, AIDS Project of Southern Vermont, Boys & Girls Club of Brattleboro, Brattleboro Area Drop-In Center,<sup>124</sup> Brattleboro Housing Authority, Children's Integrated Services, Green Mountain Crossroads, Morningside Shelter, Southeastern Vermont Community Action, Vermont Partnership for Fairness & Diversity, Vermont Workers Center, Women's Freedom Center, and Youth Services.

Table 1 in the Appendix summarizes the considerable amount of input obtained on medically underserved populations. The table identifies:

- The health needs of the identified population;
- The barriers to achieving or maintaining good health faced by the identified population;
- Community resources potentially available to address these needs and barriers; and
- Gaps in community resources to address these needs and barriers.

Table 1 in the Appendix provides an easily-referenced synopsis of key input obtained from the participating external organizations about local medical underservice and health access.

### Who Are Potentially Medically Underserved Populations in Windham County?

- 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

<sup>124</sup> In May 2015, the Brattleboro Area Drop In Center and Morningside Shelter announced that they were merging into a single organization under a new name: Groundworks Collaborative.

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Similarly, some global themes emerged regarding barriers to the achievement or maintenance of good health by minority, low-income and medically underserved populations:

- **Transportation Barriers.** Transportation challenges arose as a common barrier across all populations. Winter road conditions make getting to appointments difficult. Even for individuals who live in Brattleboro, sidewalk and weather conditions can make walking to appointments challenging, especially for individuals with disabilities.
- **Financial Barriers.** Financial barriers impede good health in many ways. Individuals are forced to choose between basic necessities (food, housing, heat) and health care. Individuals further may not be able to afford a phone or may end up having phones disconnected, which puts them out of contact with their medical providers. Even those with insurance may face prohibitive health care costs; insurance, for example, may cover only 80% of the cost. High deductibles and co-pays create a barrier to good health forcing individuals to meet their health needs last as basic necessities must come first. The high cost of prescriptions may cause patients to stop using their prescription medicines. Likewise, the costs of prescription glasses can bar someone from getting glasses. Finally, it's not just individuals at or below the federal poverty level affected by the high costs of health care; the cost of health care can be prohibitive to low-income workers as well. In short, many people are living paycheck to paycheck, and a \$100 deductible or a \$20 co-pay is out of reach. One accident or medical emergency can send people into crisis.

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“So many people are living paycheck to paycheck, there’s no room for a deductible or a co-pay. One accident or medical emergency can send people into crisis. These are not just low-income or FPL [federal poverty level] individuals; middle class workers can’t afford health care.”

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- **Systemic Barriers.** A great deal of discussion focused on systemic barriers. For example, simply navigating the health care system can be impossible for some individuals. As one commenter stated, “paperwork is prohibitive. Support services for people with Medicare exist, but the system is still difficult to navigate.” Literacy barriers exacerbate the paperwork problem. Or people may be in crisis and unable to fill out the necessary forms due to the stress of their current situation. Medically underserved individuals are falling through the cracks where one service stops and another might begin. The group further discussed that the American insurance system, where health insurance is tied to employment, creates a barrier to good health care. Not everyone has health insurance. Even for those who do, insurance caps on coverage (whether a dollar figure limit or a limit on the number of covered treatments) creates a barrier to fully achieving good health: “care is being cut off by insurance before folks are truly well.” As one commentator mentioned, “the humanity in health care is missing. Most people go into the medical field because they want to help. And the system is overburdening them.” Another commenter explained that “clients often need more time and more services. The

way the system works is moving them in and out in 15 minutes, and people need more than that.”

- **Cultural Competency & Language Barriers.** The need for culturally competent medical providers was discussed in depth. A lack of cultural competency can show up in many different ways – some visible and some invisible. Overall, improvements are needed in the skill and training of medical office staff and medical providers in working with people from different cultures and backgrounds. Members of the LGBTQ community, for example, are traveling out of state to find providers with whom they feel comfortable. Additionally, the region has few medical providers of color. Another area for improvement is meeting the needs of individuals with limited English proficiency.

In addition to these common themes, specific barriers were identified for specific needs:

Health Need	Barriers to Meeting This Need
Mental Health	<ul style="list-style-type: none"> <li>• Lack of treatment centers in southern Vermont</li> <li>• Lack of prescribing psychiatrists in region</li> <li>• Lack of access to emergency prescribers was identified as a concern where women in crisis have fled an abusive situation without their medications.</li> <li>• Long wait list for mental health services (can be 2-3 months)</li> </ul>
Nutrition	<ul style="list-style-type: none"> <li>• Unable to afford healthy quality foods</li> <li>• Unable to afford supplements (vitamins)</li> <li>• Sodas and processed foods are often less expensive than whole fresh foods. Lack of knowledge on how to eat healthy on a budget.</li> </ul>
Health Care Needs of Migrant Workers	<ul style="list-style-type: none"> <li>• Fear of seeking care; health care needs to be brought to this population.</li> </ul>
Dental	<ul style="list-style-type: none"> <li>• Lack of dental insurance</li> <li>• Lack of dentists (especially those who accept Medicaid)</li> </ul>

## Community Survey Input

The Steering Committee prepared a short, 12-question survey (*See Appendix*), which was distributed to Windham County residents via hard-copy and online. Out of a GCH Primary Service area population of 34,490, at least 571 adults completed the survey. In Windham County, at least 699 adults out of an estimated county population of 43,714 completed the survey.

The first question asked “What are the most significant health issues or concerns facing you or your family?” The survey responses for the GCH Primary Service Area generally corresponded with the answers for Windham County as a whole. The top 5 answers for both the GCH Primary Service Area and for Windham County were: (1) stress, (2) depression, (3) dental, (4) obesity/overweight, and (5) arthritis.

As shown in *Sidebar*, however, some items did rank differently for the GCH PSA. In particular, drug addiction and vision ranked slightly higher in the GCH PSA than in Windham County as a whole. Likewise, hearing problems ranked lower for the GCH PSA.

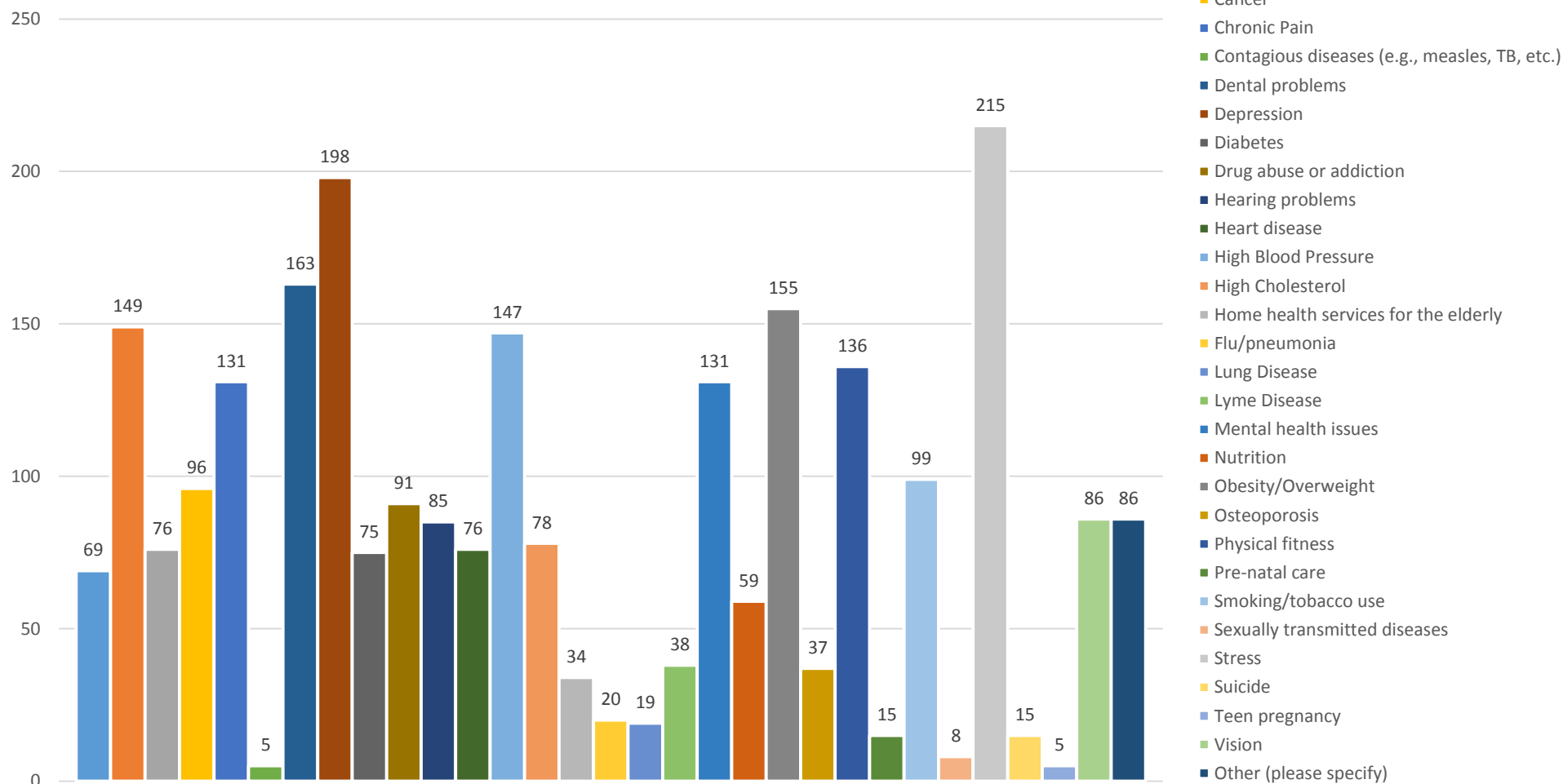
The category “other” was a write-in field. Many of the responses included more specific types of mental health issues, such as anxiety, bi-polar, dementia, and PTSD. Multiple respondents listed aging/old age as a health issue, as well as auto-immune and Parkinson’s.

The next page illustrates the GCH PSA responses for Question 1.

## Q1: TOP 25 SURVEY RESULTS

Rank	GCH PSA	Windham County
1	Stress	Stress
2	Depression	Depression
3	Dental	Dental
4	Obesity/ Overweight	Obesity/ Overweight
5	Arthritis	Arthritis
6	High Blood Pressure	High Blood Pressure
7	Physical Fitness	Physical Fitness
8	Chronic Pain	Chronic Pain
9	Mental Health	Mental Health
10	Smoking/ Tobacco	Cancer
11	Cancer	Smoking/ Tobacco
12	Drug abuse addiction	Hearing problems
13	Vision	Other
14	Other	High cholesterol
15	Hearing problems	Drug abuse addiction
16	High cholesterol	Vision
17	Asthma	Diabetes
18	Heart disease	Asthma
19	Diabetes	Heart disease
20	Alcoholism	Alcoholism
21	Nutrition	Nutrition
22	Lyme disease	Osteoporosis
23	Osteoporosis	Lyme disease
24	Home health services for the elderly	Home health services for the elderly
25	Flu/pneumonia	Flu/pneumonia

# GCH Primary Service Area : What are the most significant health issues or concerns facing you or your family?"





## Community Survey Input

To account for a potential social desirability effect on Question 1, the second question asked “What are the most significant health issues or concerns facing your neighbors or your community?”

Again, the survey responses for the GCH Primary Service Area generally corresponded with the answers for Windham County as a whole. The top 5 answers for both the GCH Primary Service Area and for Windham County were: (1) drug abuse or addiction, (2) alcoholism, (3) depression, (4) mental health issues, and (5) obesity /overweight.

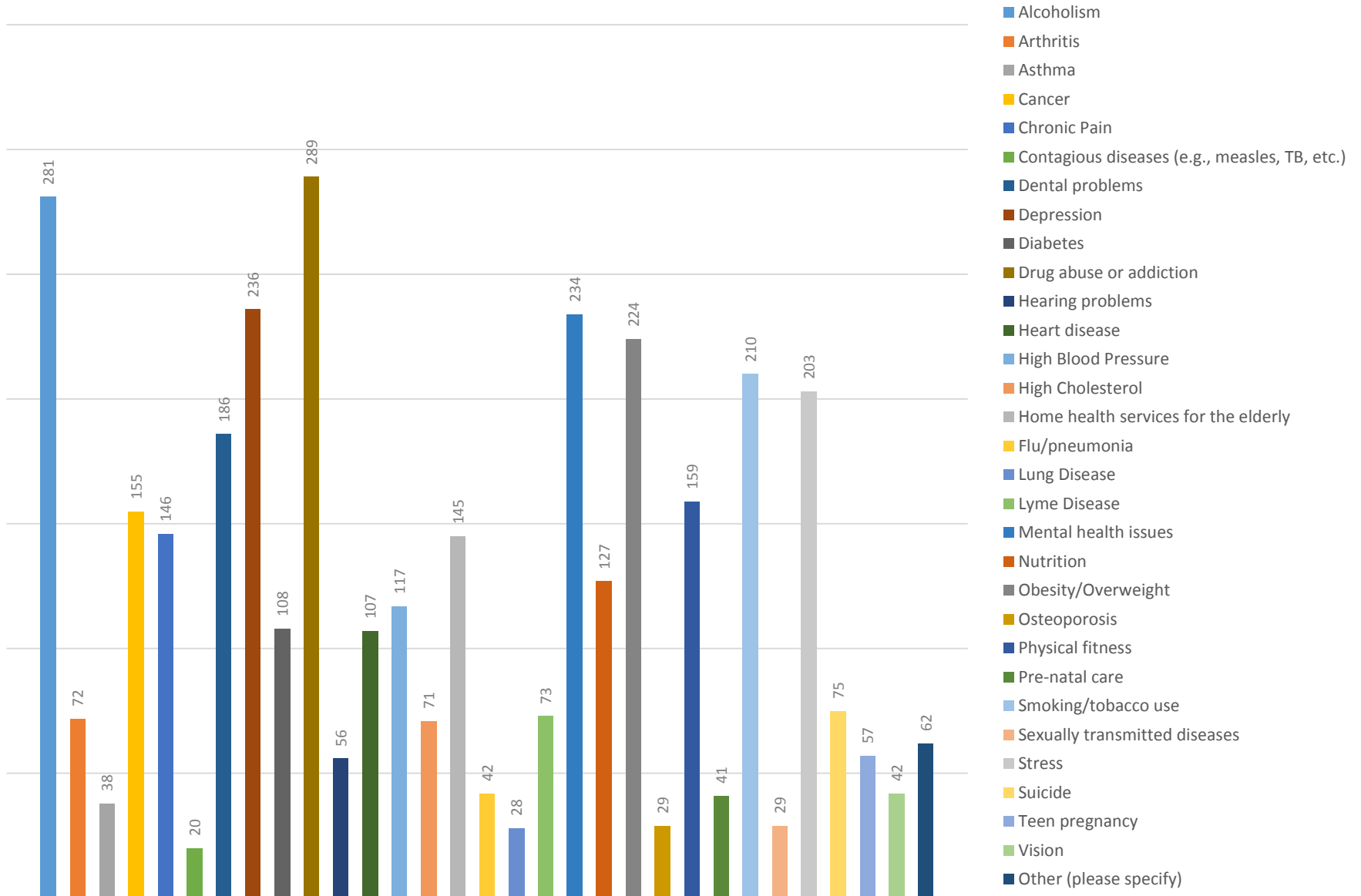
The category “other” was a write-in field. A prevalent response in the “other” category was aging/old age, though many “other” responses were unique.

The next page illustrates the GCH PSA responses for Question 2.

## Q2: TOP 25 SURVEY RESULTS

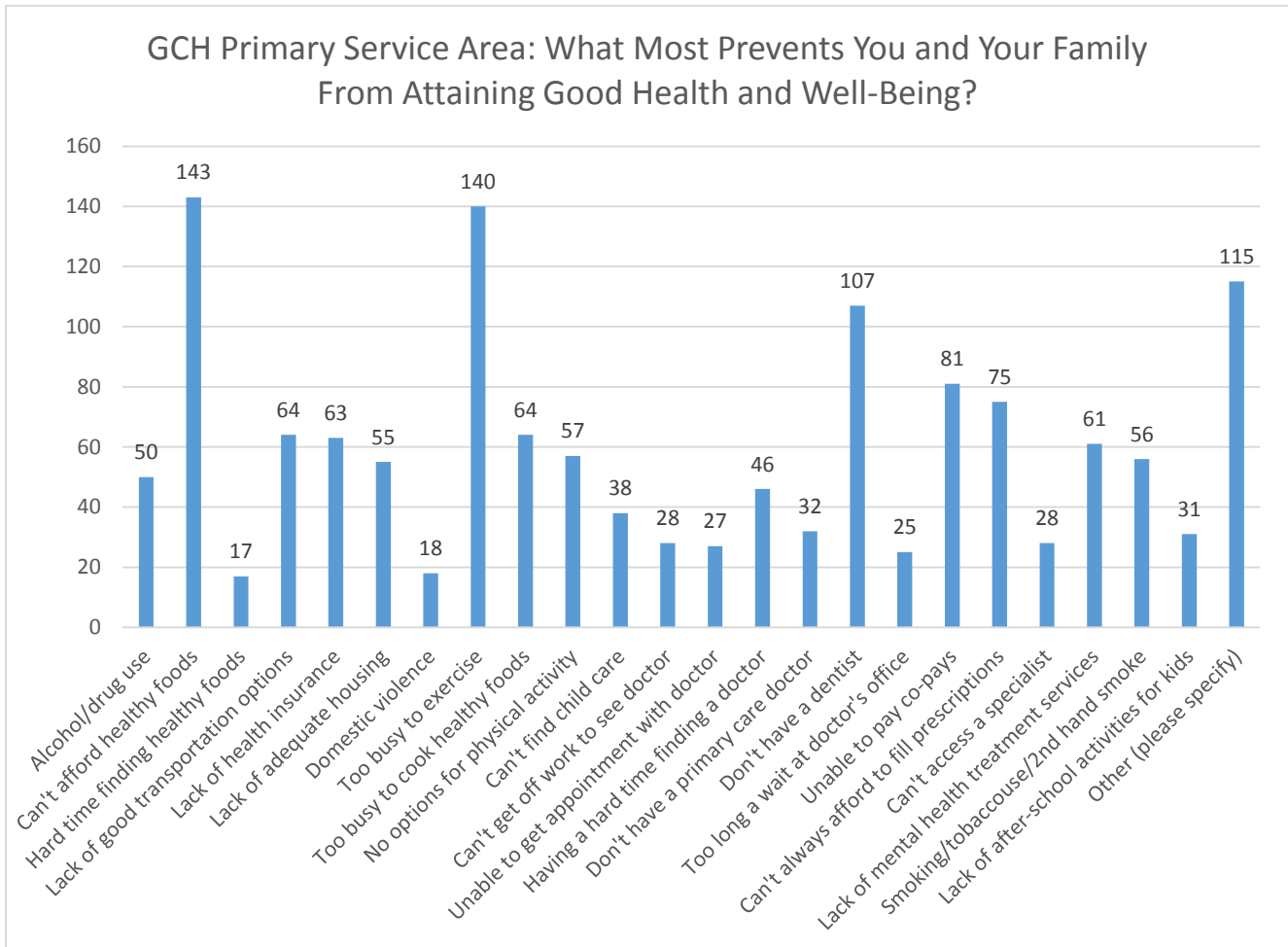
Rank	GCH PSA	Windham County
1	Drug abuse or addiction	Drug abuse or addiction
2	Alcoholism	Alcoholism
3	Depression	Depression
4	Mental health issues	Mental health issues
5	Obesity/ overweight	Obesity/ overweight
6	Smoking/ tobacco use	Smoking/ tobacco use
7	Stress	Stress
8	Dental	Dental
9	Physical fitness	Cancer
10	Cancer	Physical fitness
11	Chronic pain	Home health services for the elderly
12	Home health services for the elderly	Chronic pain
13	Nutrition	High blood pressure
14	High blood pressure	Nutrition
15	Diabetes	Heart disease
16	Heart disease	Diabetes
17	Suicide	High cholesterol
18	Lyme Disease	Arthritis
19	Arthritis	Suicide
20	High cholesterol	Lyme disease
21	Other	Teen pregnancy
22	Teen pregnancy	Hearing problems
23	Hearing	Other
24	Flu/pneumonia	Flu/pneumonia
25	Vision	Vision

## GCH PRIMARY SERVICE AREA: WHAT ARE THE MOST SIGNIFICANT HEALTH ISSUES OR CONCERNS FACING YOUR NEIGHBORS OR YOUR COMMUNITY?



## Community Survey Input

The third question asked “What most prevents you and your family from attaining good health and well-being?” The top answer was “can’t afford healthy foods,” followed by “too busy to exercise,” “other,” “don’t have a dentist,” and “unable to pay co-pays.”



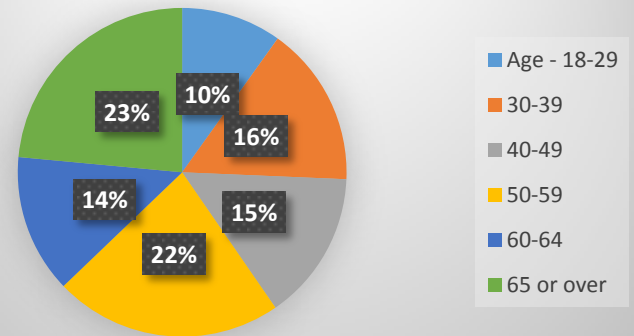
A wide variety of responses were recorded in the “other” category. A number of the write-in answers reflected financial barriers, such as lack of affordable health insurance, unable to afford a dentist, cost of medical care even with insurance, and “very high cost of non-generic drugs.”

In terms of fitness, community in the GCH primary service area noted the lack of a gym in the area, and the challenge of exercising in winter when there is a lot of snow and it gets dark early.

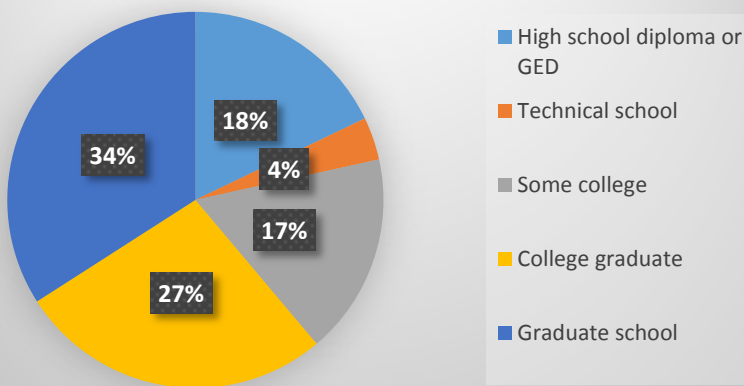
## Community Survey Demographics

While the age of survey respondents from the GCH Primary Service Area generally was representative of the adult population in Windham County, gender was not. In terms of age, slightly less than 10% of respondents were 18-29. 15.7% were 30-39, while 14.7% were 40-49. 22.4% of respondents were 50-59. Finally, 13.6% were 60-64 and 23.5% were 65 or older. By gender, respondents skewed heavily female: 71.5% of respondents were

### GCH PSA Survey Results Age



### GCH PSA Survey Results Education

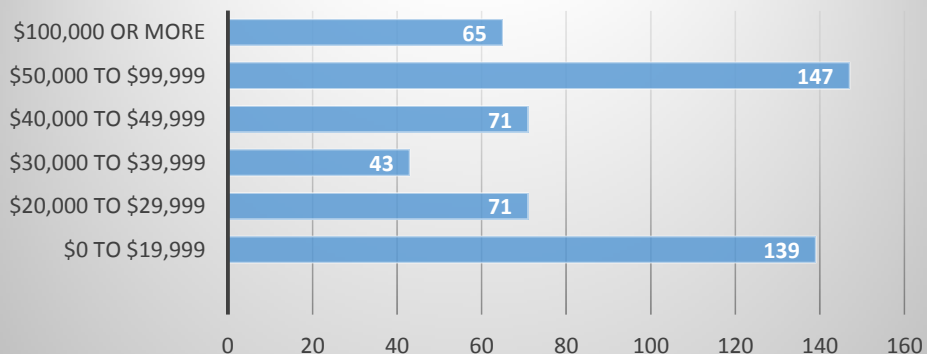


women, while only 28.5% were men.

None of the respondents indicated K-8<sup>th</sup> grade as a highest level of education. 18% indicated that a high school diploma or GED was the highest level of education. Most respondents in the GCH PSA had some college or higher for education.

The income distribution of the survey respondents within the GCH primary service area was fairly representative. Although the highest number of respondents earned an annual household income of \$50,000 to \$99,000, 25% of

### GCH PSA Survey Results Income



respondents' annual household income respondents fell below \$20,000.

## Significant Health Needs of the Community &

### Resources Potentially Available to Address These Needs

In identifying the significant health needs of the community, Grace Cottage Hospital analyzed the population health data, combined with the quantitative data from the community survey as well as the qualitative data from the medically underserved focus group. Grace Cottage Hospital further received input from our medical staff as well as the Clinical Planning Group for the Vermont Blueprint for Health—Brattleboro Health Service Area.

Significant Community Health Need	How This Need Was Identified	Existing Community Resources Potentially Available to Address This Need <sup>125</sup>
Aging including: <ul style="list-style-type: none"><li>• Arthritis</li><li>• Dementia/Alzheimer's</li><li>• Fall-related deaths</li><li>• Home health services</li><li>• Medication management</li><li>• Osteoporosis</li><li>• Shingles vaccine</li></ul>	Grace Cottage Hospital Medical Staff Input  Population Health Indicators  Quantitative Data from Community Surveys	Grace Cottage Hospital Wellness Programs  Grace Cottage Hospital Community Health Team  Senior Solutions provides case management, options counseling, caregiver support, nutrition counseling, senior companions, and healthy living workshops, among other services.  Support And Services at Home provides personalized coordinated care to help adult participants stay safely at home.  Private assisted living facilities and nursing homes  Local Senior Centers  Local Meals on Wheels

<sup>125</sup> While we have made every effort to include relevant organizations in this listing, we recognize that we may have inadvertently missed a community resource, and offer our apologies to any organization that we may have omitted.



Significant Community Health Need	How This Need Was Identified	Existing Community Resources Potentially Available to Address This Need <sup>125</sup>
		<p>The Gathering Place, located in Brattleboro, VT, is a not-for-profit adult day center that provides a host of services for its participants. TGP also offers a home care program.</p> <p>Valley Cares in Townshend provides a lending library of durable medical equipment.</p> <p>Grafton Cares offers a Strong Living Program, Wednesday Community lunches, rides for medical appointments, and medical equipment loans.</p> <p>Guilford Cares provides transportation for medical appointments, visitors to housebound, medical equipment loans, and a registered nurse is available for home visits.</p> <p>Putney Cares provides short or long term loans of durable medical equipment, and transportation to medical appointments or errands.</p> <p>Westminster Cares provides nursing services, a Strong Living Program, and help with rides to appointments.</p> <p>Vermont Department of Disabilities, Aging &amp; Independent Living, Division of Disability and Aging</p>

Significant Community Health Need	How This Need Was Identified	Existing Community Resources Potentially Available to Address This Need <sup>125</sup>
		<p>Services.</p> <p>Visiting Nurse and Hospice for Vermont and New Hampshire and other private providers</p> <p>Vermont Chronic Care Initiative is a statewide program that provides care coordination and intensive case management to eligible beneficiaries.</p> <p>Vermont Chapter of Alzheimer’s Association</p>
Alcoholism and Substance Abuse	<p>Grace Cottage Hospital Medical Staff Input</p> <p>Population Health Indicators</p> <p>Qualitative Data from Medically Underserved Focus Group</p> <p>Quantitative Data from Community Surveys</p> <p>Brattleboro Memorial Hospital Provider Input</p>	<p>The Brattleboro Retreat offers inpatient and outpatient treatment for those struggling with alcohol or drug problems.</p> <p>Care Alliance for Opioid Addiction provides Medication Assisted Therapy using a “Hub and Spoke” model. Brattleboro has two “Hubs” – the Brattleboro Retreat and HabitOpCo and multiple “Spoke” providers including Grace Cottage Family Health.</p> <p>Health Care &amp; Rehabilitation Services (HCRS) offers outpatient services for individuals experiencing substance use difficulties.</p> <p>Turning Point Recovery Center provides peer support to people in recovery.</p>

Significant Community Health Need	How This Need Was Identified	Existing Community Resources Potentially Available to Address This Need <sup>125</sup>
		<p>Neighborhood Connections offers substance abuse counseling as well as counseling for those dealing with alcohol issues.</p> <p>Phoenix House RISE Men's Support Living Program in Bellows Falls and Brattleboro is a sober living program for men in early recovery from substance abuse. Phoenix House RISE Women's Support Living in Brattleboro provides short to long term transitional living for women in early recovery from substance abuse. Phoenix House also offers Project CRASH in Brattleboro, which provides education, counseling and resources for DUI offenders.</p> <p>West River Valley Thrives creates opportunities for meaningful contributions to support and promote healthy lifestyle choices with an emphasis on the prevention of alcohol, tobacco, and other drug use by young people.</p> <p>Al-Anon holds meetings in Bellows Falls, Brattleboro, Chester, Guildford, Newfane, and Putney.</p> <p>Alcoholics Anonymous holds meetings in Brattleboro,</p>

Significant Community Health Need	How This Need Was Identified	Existing Community Resources Potentially Available to Address This Need <sup>125</sup>
		<p>Guilford, Jacksonville, Jamaica, Londonderry, Putney, Stratton, Townshend, Newfane, West Dover, and Wilmington.</p> <p>Narcotics Anonymous holds meetings in Bellows Falls, and Brattleboro.</p> <p>Nar-Anon Family Group holds meetings at Brattleboro Memorial Hospital.</p> <p>Vermont Chronic Care Initiative</p> <p>The Windham Center is a 10-bed inpatient unit in Bellows Falls, VT, that helps people with co-occurring disorders and substance use disorders.</p>
Chronic Pain	<p>Grace Cottage Hospital Medical Staff Input</p> <p>Quantitative Data from Community Surveys</p>	<p>Brattleboro Retreat Mind-Body Pain Management Clinic</p> <p>Brattleboro Memorial Hospital and Grace Cottage Hospital Chronic Pain Workshops (in conjunction with the Vermont Blueprint for Health) (offered by request)</p> <p>Sojourns Community Health Clinic in Bellows Falls</p>
<p>Cancer</p> <ul style="list-style-type: none"> <li>• Colon and Rectal</li> <li>• Breast</li> </ul>	<p>Population Health Indicators</p> <p>Qualitative Data from Medically Underserved</p>	<p>Grace Cottage Hospital Medical Staff</p> <p>Brattleboro Memorial Hospital Medical Staff</p>

Significant Community Health Need	How This Need Was Identified	Existing Community Resources Potentially Available to Address This Need <sup>125</sup>
	Focus Group Quantitative Data from Community Surveys	Brattleboro Memorial Hospital Oncology Department Private providers
Culturally Competent Medical Professionals and Staff	Qualitative Data from Medically Underserved Focus Group	ACT for Social Justice provides training and equity consulting.  Green Mountain Crossroads provides trainings and education on competency around working with LGBTQ individuals.  Vermont Partnership for Fairness & Diversity provides training and coaching to state and municipal agencies, businesses and civic groups on cultural competency, implicit bias, and affirmative marketing.
Dental Problems	Grace Cottage Hospital Medical Staff Input  Qualitative Data from Medically Underserved Focus Group  Quantitative Data from Community Surveys  Brattleboro Memorial Hospital PCP/Allied Health Provider Feedback	United Way Free Dental Day  Brattleboro Walk-In Clinic  Vermont Department of Health – Brattleboro District, Dental Hygienist  Vermont Department of Health, Tooth Tutor Program (schools choose to participate in the Tooth Tutor Program)  Private providers

Significant Community Health Need	How This Need Was Identified	Existing Community Resources Potentially Available to Address This Need <sup>125</sup>
Diabetes	<p>Grace Cottage Hospital Medical Staff Input</p> <p>Population Health Indicators</p> <p>Qualitative Data from Medically Underserved Focus Group</p>	<p>Grace Cottage Hospital Community Health Team</p> <p>Brattleboro Memorial Hospital Community Health Team</p> <p>Brattleboro Memorial Hospital &amp; Grace Cottage Hospital Diabetes Pain Workshops (in conjunction with the Vermont Blueprint for Health) (offered by request)</p> <p>Brattleboro Memorial Hospital YMCA Diabetes Prevention Program (in conjunction with the Vermont Blueprint for Health) (offered by request)</p> <p>Vermont Department of Health Diabetes Program</p> <p>Vermont Chronic Care Initiative</p>
Difficulty Navigating the Health Care System	<p>Grace Cottage Hospital Medical Staff Input</p> <p>Qualitative Data from Medically Underserved Focus Group</p>	<p>Grace Cottage Hospital's Patient Resource Advocate</p> <p>Grace Cottage Hospital Community Health Team</p> <p>Brattleboro Memorial Hospital Community Health Team</p> <p>Brattleboro Memorial Hospital &amp; Brattleboro Retreat Financial Counseling</p> <p>Vermont Health Connect Navigators</p> <p>Senior Solutions</p>



Significant Community Health Need	How This Need Was Identified	Existing Community Resources Potentially Available to Address This Need <sup>125</sup>
		Case managers at local non-profits (e.g., Youth Services Case Management serves youth ages 11 to 21 years old and their families)
Financial Barriers <ul style="list-style-type: none"> <li>• Lack of affordable health insurance</li> <li>• Unable to pay co-pays</li> <li>• Can't always afford to fill prescriptions</li> </ul>	Grace Cottage Hospital Medical Staff Input  Quantitative Data from Community Surveys  Qualitative Data from Medically Underserved Focus Group	Grace Cottage Hospital Reduced Fee/Free Care program  Grace Cottage Hospital's Patient Resource Advocate  Grace Cottage Hospital Community Health Team  Brattleboro Memorial Hospital Financial Assistance Program  Brattleboro Memorial Hospital Vermont Health Connect Navigator  Brattleboro Walk-In Clinic  Putney Walk-In Clinic (referral clinic)
Flu Vaccinations	Population Health Indicators	Grace Cottage Hospital Flu Shot Clinics  Private providers and pharmacies
Heart Disease/ High Blood Pressure	Grace Cottage Hospital Medical Staff Input  Quantitative Data from Community Surveys  Population Health Indicators	Grace Cottage Hospital Community Health Team  Brattleboro Memorial Hospital Community Health Team  Private providers

Significant Community Health Need	How This Need Was Identified	Existing Community Resources Potentially Available to Address This Need <sup>125</sup>
<p>Mental Health including:</p> <ul style="list-style-type: none"> <li>• Depression</li> <li>• Suicide</li> <li>• Stress</li> <li>• Youth Mental Health Needs</li> </ul>	<p>Grace Cottage Hospital Medical Staff Input</p> <p>Population Health Indicators</p> <p>Qualitative Data from Medically Underserved Focus Group</p> <p>Quantitative Data from Community Surveys</p> <p>Clinical Planning Group – VT Blueprint for Health Brattleboro HSA</p>	<p>The Brattleboro Retreat provides specialized diagnosis and treatment services for a wide variety of mental health issues.</p> <p>Grace Cottage Hospital employs a full-time licensed clinical social worker and a part-time behavioral health specialist.</p> <p>Brattleboro Memorial Hospital employs a full-time behavioral health specialist and a full-time social worker.</p> <p>Health Care &amp; Rehabilitation Services (HCRS) provides emergency mental health services to people in Windham and Windsor Counties and has a 24-hour crisis hotline. HCRS also offers outpatient services for individuals experiencing substance use or mental health difficulties.</p> <p>Neighborhood Connections offers mental health counseling by appointment.</p> <p>The Windham Center is a 10-bed inpatient unit in Bellows Falls, VT, that provides mental health services to residents on Windham, Windsor and other counties.</p> <p>Center for Health &amp; Learning</p>

Significant Community Health Need	How This Need Was Identified	Existing Community Resources Potentially Available to Address This Need <sup>125</sup>
		<p>in Brattleboro provides suicide prevention training.</p> <p>Vermont 2-1-1/Suicide Prevention Hotline provides immediate assistance and referral to local mental health services.</p> <p>Vermont Chronic Care Initiative</p> <p>Senior Solutions offers PEARLS, a free in-home counseling program to help seniors who are feeling sad, down or blue.</p> <p>Private providers</p>
<p>Obesity/Overweight/Physical Fitness</p> <ul style="list-style-type: none"> <li>• Diet/nutrition</li> <li>• Can't afford healthy foods</li> <li>• Too busy to exercise</li> </ul>	<p>Grace Cottage Hospital Medical Staff Input</p> <p>Population Health Indicators</p> <p>Quantitative Data from Community Surveys</p> <p>Clinical Planning Group – VT Blueprint for Health Brattleboro HSA</p>	<p>Grace Cottage Hospital Community Health Team Health Coach</p> <p>Grace Cottage Hospital Registered Dietician</p> <p>Brattleboro Memorial Hospital Community Health Team Health Coach</p> <p>Brattleboro Memorial Hospital Registered Dieticians</p> <p>Grace Cottage Hospital Wellness Programs</p> <p>Brattleboro Memorial Hospital Wellness Programs</p> <p>Vermont Department of Health – Brattleboro District, WIC</p>

Significant Community Health Need	How This Need Was Identified	Existing Community Resources Potentially Available to Address This Need <sup>125</sup>
		Private providers and programs
Smoking/Tobacco Use	Grace Cottage Hospital Medical Staff Input	Grace Cottage Hospital & Brattleboro Memorial Hospital Tobacco Cessation Programs (in conjunction with the Vermont Blueprint for Health)  802Quits
Transportation	Grace Cottage Hospital Medical Staff Input  Qualitative Data from Medically Underserved Focus Group	Grafton Cares offers rides for medical appointments.  Guilford Cares provides transportation for medical appointments.  Putney Cares provides transportation to medical appointments or errands.  Westminster Cares provides help with rides to appointments.  Connecticut River Transit (CRT) – The Current  CRT–Dial-A-Ride provides point-to-point rides for eligible participants. Services are available weekdays only.  Windham Regional Commission is currently studying transportation options along Route 30.  Brattleboro Business Transportation Roundtable



## Prioritizing Community Health Needs

Grace Cottage Hospital prioritized the significant community health needs using the following criteria:

- Alignment with Grace Cottage's strengths and priorities
- Availability of other resources to address the significant health need (SHN)
- Ability of Grace Cottage to impact the SHN within a reasonable timeframe
- Financial resources required
- Human resources required
- Measurable outcome
- Severity or urgency of SHN
- Feasibility and effectiveness of possible interventions
- Health disparities associated with the need (e.g. by race/ethnicity, gender)
- Importance placed by community on the SHN, and
- Whether addressing this SHN will have a positive impact on other identified SHNs.

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

Regardless of prioritization, Grace Cottage considers all of these needs to be important needs of our community. An implementation plan addressing community health needs identified in this assessment will be completed later this year.



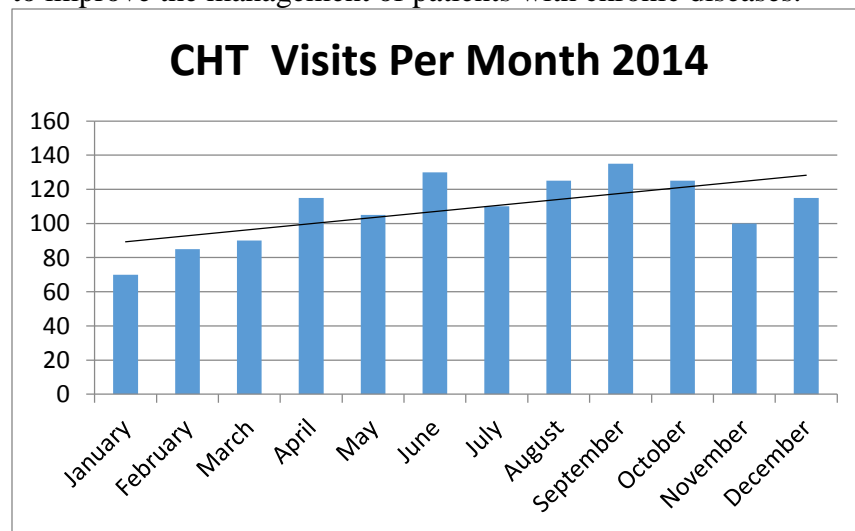
## Evaluation of Actions Taken To Address Health Needs Identified in 2012 CHNA

In its 2012 Community Health Needs Assessment (CHNA), Grace Cottage identified common goals to be addressed in collaboration with Brattleboro Memorial Hospital and the Brattleboro Retreat: improve mental health awareness and protocols, and improve community awareness of existing health and wellness programs. Grace Cottage has addressed both of these goals, in collaboration with Brattleboro Memorial Hospital and the Brattleboro Retreat, through community outreach, expanded marketing of existing programs and resources, and the addition of staff.

In addition, Grace Cottage Hospital identified and prioritized two individual organizational goals: (1) diabetes care and management and (2) improved transportation as health needs of the community.

### Diabetes

In 2013, Grace Cottage Family Health became a Patient Centered Medical Home, a national certification allowing for development of a Community Health Team. As an active participant in the Vermont Blueprint for Health, Grace Cottage Family Health is working with our providers to implement the Blueprint Medical Home model of service delivery, through our Community Health Team (CHT) Program. Our program provides needed resources to primary care providers to improve the management of patients with chronic diseases.



The CHT works hand in hand with patients, providers and their staff to help patients set goals and receive the education and tools they need to improve their health. Focused on both treatment and prevention, our team includes a Nurse Care Coordinator, a Health Coach, a Diabetic Educator, and a Behavioral Health Specialist. The CHT finished 2014 with 1,699

patient visits. Looking at the volume of visits seen by the CHT, the trend line is positive, and continues to steadily climb over time. Through its work with the VDH's Blueprint for Health, Grace Cottage receives funds to provide four hours per week of diabetes education services.

In 2013, Grace Cottage Hospital began outreach to diabetic patients seeking to help improve their diabetes management. Grace Cottage first identified diabetic patients who had a high result on their most recent hemoglobin A1c (A1c) test. This test reflects the average blood sugar level

for the past two to three months, and thus measures how well a patient is managing his or her diabetes. In September 2013, Grace Cottage Hospital called patients who had a history of high A1C and had not been in for follow up; during the call, Grace Cottage staff offered to schedule the follow up lab appointment. Grace Cottage Hospital's goal was to reduce the number of patients who had not received this test by 10%. By October 2013, Grace Cottage Hospital had reduced the number by 19.8%.

## Transportation

In its 2012 CHNA, Grace Cottage Hospital identified inadequate transportation as a barrier to health care. As noted in the Demographics Section, transportation in this rural, mountainous region poses unique challenges. Population density is one of the most important factors in transportation planning. As population density decreases, transportation systems move smaller numbers of people over greater distances, which impacts the ability to secure adequate funding.

To address this need, Grace Cottage Hospital has engaged with other community organizations to improve rural transportation services. Grace Cottage Hospital actively participated in the Windham Mobility Study Group. The primary goal of this study was to identify new potential transportation resources as well as opportunities to better coordinate existing transportation resources. The study was completed in November 2012. At that time, there was essentially no public transit along the Route 30 corridor from Brattleboro to Townshend. Connecticut River Transit (CRT) currently provides Dial-A-Ride services for medical appointments from Jamaica/Townshend/Newfane to and from Brattleboro from 7:00 am to 4:00 pm weekdays. The service provides door-to-door transportation for eligible residents.<sup>126</sup> Eligibility for Dial-A-Ride includes Medicaid patients, patients over the age of 60, and patients with a disability.



Additionally, in 2010, the Brattleboro Energy Committee organized the Brattleboro Business Transportation Roundtable. Since its creation, Grace Cottage Hospital has participated in the Brattleboro Business Transportation Roundtable. The Roundtable has organized two smart commute surveys (2014 & 2015), and Grace Cottage Hospital participated in both. The survey results are part of a plan to seek grant funding to support a more robust transportation program in the Brattleboro area, and along the Route 30 corridor. Similarly, in February 2015, the Windham Regional Commission announced plans for a feasibility study for a fixed-route, scheduled bus along Route 30 from Brattleboro to Townshend. Grace Cottage Hospital representatives attended the Townshend outreach meeting conducted by the Windham Regional Commission. Results of the study are expected in late summer 2015.

Finally, several non-profit organizations have stepped in to address the transportation needs of the community. Grafton Cares offers rides for medical appointments; Putney Cares provides transportation to medical appointments and errands; Westminster Cares similarly provides help

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<sup>126</sup> Connecticut River Transit, Dial-A-Ride, available at <http://crtransit.org/bus-information/dial-a-ride/>

with rides to appointments; and Guilford Cares provides transportation for medical appointments.

## Contact Information

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

An electronic version of this Community Health Needs Assessment is publicly available at [www.gracecottage.org](http://www.gracecottage.org) and print versions are available upon request.



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# Appendix



## 2015 COMMUNITY HEALTH NEEDS ASSESSMENT

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 significant health issues or concerns facing you or your family? (Circle all that apply).

Alcoholism	Heart disease	Physical fitness
Arthritis	High Blood Pressure	Pre-natal care
Asthma	High Cholesterol	Smoking/tobacco use
Cancer	Home health services for	Sexually transmitted
Chronic pain	the elderly	diseases
Contagious diseases	Flu/pneumonia	Stress
(e.g., measles, TB, etc.)	Lung Disease	Suicide
Dental problems	Lyme Disease	Teen Pregnancy
Depression	Mental health issues	Vision
Diabetes	Nutrition	Other:
Drug abuse or addiction	Obesity/Overweight	_____
Hearing problems	Osteoporosis	_____

2. What are the most significant health issues or concerns facing your neighbors or your community? (Circle all that apply).

Alcoholism	Heart disease	Physical fitness
Arthritis	High Blood Pressure	Pre-natal care
Asthma	High Cholesterol	Smoking/tobacco use
Cancer	Home health services for	Sexually transmitted
Chronic pain	the elderly	diseases
Contagious diseases	Flu/pneumonia	Stress
(e.g., measles, TB, etc.)	Lung Disease	Suicide
Dental problems	Lyme Disease	Teen pregnancy
Depression	Mental health issues	Vision
Diabetes	Nutrition	Other:
Drug abuse or addiction	Obesity/Overweight	_____
Hearing problems	Osteoporosis	_____

3. What most prevents you and your family from attaining good health and well-being?  
(Circle all that apply).

Alcohol/drug use  
Can't afford healthy foods  
Hard time finding 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/tobacco use/2<sup>nd</sup> hand smoke  
Lack of after-school activities for kids  
Other: \_\_\_\_\_

4. What community resources are potentially available to address these needs and barriers?

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

Doctor/Nurse  
Facebook  
Faith-based community  
Family and friends  
Health Department  
Hospital website

Internet searches  
Magazines  
Newspaper  
Radio  
School  
Television

WebMD  
Wellness in Windham  
Health Festival  
Other: \_\_\_\_\_

6. Zip code where you live:  
\_\_\_\_\_

9. # of Persons in Your Household: \_\_\_\_\_

\_\_\_\_ High school diploma or GED

7. Age:  
\_\_\_\_ 18 - 29  
\_\_\_\_ 30 - 39  
\_\_\_\_ 40 - 49  
\_\_\_\_ 50 - 59  
\_\_\_\_ 60 - 64  
\_\_\_\_ 65 or over

10. Ethnic group you most identify with:  
\_\_\_\_ African American / Black  
\_\_\_\_ Asian / Pacific Islander  
\_\_\_\_ Hispanic / Latino  
\_\_\_\_ Native American  
\_\_\_\_ White / Caucasian  
\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_ Technical school  
\_\_\_\_ Some college  
\_\_\_\_ College graduate  
\_\_\_\_ Graduate school

8. Gender:  
\_\_\_\_ Male \_\_\_\_ Female

11. Highest level of education  
\_\_\_\_ K-8 grade

12. Annual household income  
\_\_\_\_ Less than \$10,000  
\_\_\_\_ \$10,000 to \$14,999  
\_\_\_\_ \$15,000 to \$19,999  
\_\_\_\_ \$20,000 to \$29,999  
\_\_\_\_ \$30,000 to \$39,999  
\_\_\_\_ \$40,000 to \$49,999  
\_\_\_\_ \$50,000 to \$99,999  
\_\_\_\_ \$100,000 or more

You can submit at Town Meeting, in person to BMH, GCH or the Retreat, or mail completed survey to Community Health Needs Assessment, Grace Cottage Hospital, P.O. Box 1, Townshend, VT 05353. Surveys must be received by March 31, 2015. Thank you for your participation!



*Appendix Table 1*

Qualitative input concerning the health needs of potentially medically underserved people in the community

Organization	Population Served By The Organization	Health Needs of Population Served	Barriers to Achieving or Maintaining Good Health Faced By the Population Served By The Organization	What Community Resources Are Potentially Available to Address These Needs & Barriers?	Where Are The Gaps In Community Resources To Address These Needs & Barriers?
ACT for Social Justice	ACT for Social Justice works with individuals experiencing injustices (bullying, racial profiling, eviction, lack of accessibility, etc.).	<ul style="list-style-type: none"> <li>- Clients have so many stresses (employment, housing, access to healthy foods, lack of transportation) that health takes a back seat. All of these issues are interconnected with health.</li> <li>- ER becomes Primary Care as clients put off health issues until</li> </ul>	<ul style="list-style-type: none"> <li>- So many people are living paycheck to paycheck, there's no room for a deductible or a co-pay. One accident or medical emergency can send people into crisis. These are not just low-income or FPL individuals; middle class workers can't afford health care.</li> <li>- Lack of child care can prevent accessing health care when needed as well.</li> <li>- Oppression and privilege shows up in organizations. Some ways are invisible. Need to</li> </ul>	<ul style="list-style-type: none"> <li>- ACT for Social Justice provides training and equity consulting. It's a 12 month process that includes assessment and 3 workshops.</li> <li>- Sojourns provides naturopathic services, but insurance doesn't always cover.</li> </ul>	<ul style="list-style-type: none"> <li>- What really works best is connections, not just access to a service. Individuals can feel shamed or inadequate when having to "access a service." It's easier to get needs met when connected and have relationships. Spontaneous community health networks would strengthen the health of the</li> </ul>

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		<p>crisis.</p> <ul style="list-style-type: none"> <li>- Clients want access to naturopathic services.</li> </ul>	<p>expand what is viewed as “normal” to include everybody.</p>		<p>community. Peer to peer networks and peer advocates. Question for health care organizations is how can you support those networks?</p> <ul style="list-style-type: none"> <li>- Encourage health care providers to educate themselves on diversity issues and creating an equitable and diverse environment.</li> </ul>
AIDS Project of Southern Vermont	The AIDS Project of Southern VT provides medical case management to HIV+	<ul style="list-style-type: none"> <li>- Appropriate screening exams (Gay, trans, LGBTQ)</li> <li>- Complicated multiple</li> </ul>	<ul style="list-style-type: none"> <li>- Transportation</li> <li>- PCPs – lack of continuity of care</li> <li>- Coordination of care-multiple diagnoses</li> <li>- Insurance coverage</li> </ul>	<ul style="list-style-type: none"> <li>- Vermont 211/Resources sharing</li> </ul>	<ul style="list-style-type: none"> <li>- Providing transportation</li> <li>- Coordination of care</li> <li>- PCPs</li> <li>- Dental care</li> <li>- Psychiatric</li> </ul>

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	individuals, and supportive services to their families. We also provide prevention services, including counseling and testing for HIV and HEP C.	health issues	(co-pays, co-insurance, deductibles, no dental) <ul style="list-style-type: none"> <li>- Lack of dentists</li> <li>- Lack of psychiatrists</li> <li>- Comprehensive support systems (24/7)</li> </ul>		<ul style="list-style-type: none"> <li>- Mental health/addictions</li> <li>- Supportive housing</li> <li>- Cultural competency</li> </ul>
Boys & Girls Club of Brattleboro	Boys & Girls Club of Brattleboro serves youth up to age 19 in Brattleboro and Bellows Falls, Vermont. A large percentage of BCG members are from disadvantaged or low-income homes. BCG of Brattleboro has	<ul style="list-style-type: none"> <li>- Food insecurity, nutrition, knowing where the next meal is coming from</li> <li>- Cutting is on the rise among teenagers.</li> <li>- Marijuana is an issue among high school</li> </ul>	<ul style="list-style-type: none"> <li>- Lack of parental assistance/involvement</li> <li>- Cost of seeing a provider (co-pays, etc.). Many will have an injury, but not have it seen due to cost issues.</li> <li>- Stigma attached to the school lunch program. Teens won't complete the paperwork and miss a meal.</li> <li>- Free school lunch</li> </ul>	<ul style="list-style-type: none"> <li>- Food Bank (gleaning program provides fresh vegetables)</li> <li>- Boys &amp; Girls Club provides dinner to members and families 6 night/week.</li> <li>- Boys &amp; Girls Club</li> </ul>	<ul style="list-style-type: none"> <li>- Meal sites are scattered and not family-friendly.</li> <li>- Transportation</li> <li>- Trying to keep track of where services are offered and how to get there is complicated.</li> <li>- Lack of child care</li> </ul>

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	over 1200 members.	students. - Dental - Vision - Mental health	program only allows certain food items. - Lack of mental health providers, long wait and delays for mental health services. - Navigating services is a challenge – where is it, what time, is it child friendly? - Transportation always an issue for kids. Safety concerns arise when children are walking alone, at night/dusk. - Few dentists take Medicaid. - Lack of child care/child friendly sites.	has extended hours in the summer with a sliding fee scale – provides summer meals, too.	
Brattleboro Area Drop-In Center	Our organization has a wide variety of people	- Alcoholism - Dental (rotten	- Transportation - Education - Co-pays/no money	- Current Bus	- Current Bus needs to increase their

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	we serve. Our food shelf serves, families (low to medium income); seniors; homeless men/women and families; and we also have young people (19 to 30). Most of these individuals also receive case management. Individuals serve in the Overflow Shelter range in age from 19 to 70 who fall at or below the poverty level or who are low income. Majority of them have no income.	teeth, no teeth at all) <ul style="list-style-type: none"> <li>- Drug addiction</li> <li>- Eye care</li> <li>- Respiratory issues</li> </ul>	<ul style="list-style-type: none"> <li>- Not using meds due to cost of the prescription</li> <li>- Cultural differences</li> <li>- Housing</li> <li>- Food/nutrition</li> <li>- Availability of doctors, dentists, therapists</li> <li>- Employment</li> <li>- Systemic issues</li> <li>- Not everyone has insurance</li> <li>- Not enough providers for mental health needs</li> <li>- Not enough detox and treatment centers</li> <li>- Poverty</li> </ul>		<ul style="list-style-type: none"> <li>routes and schedules</li> <li>- Education</li> <li>- Affordable housing</li> <li>- Availability of dentists, therapists, and psychiatrists</li> <li>- Employment</li> <li>- Providers of mental health services who receive funding to work with low income people but are not currently doing that very well</li> </ul>

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Brattleboro Housing Partnership/ SASH	The Brattleboro Housing Partnerships houses seniors, adults with disabilities and families. The mission of the Brattleboro Housing Partnerships is to ensure the provision of quality affordable housing opportunities in viable communities for lower income households. The Support and Services at Home (SASH) program serves Medicare recipients in	<ul style="list-style-type: none"> <li>- Dental</li> <li>- Home health services for seniors (including homemaking, shopping)</li> <li>- Medication management</li> <li>- Nutrition</li> <li>- Unaddressed addiction issues</li> <li>- Undiagnosed dementia and Alzheimer's</li> <li>- Vaccinations (child, flu, pneumonia)</li> <li>- Vision</li> </ul>	<ul style="list-style-type: none"> <li>- Transportation</li> <li>- Lack of case management/organization of services</li> <li>- Poverty</li> <li>- Housing</li> <li>- Insurance gaps</li> <li>- Not enough providers</li> <li>- Education</li> <li>- Access to healthier foods</li> <li>- Transportation</li> <li>- Education</li> <li>- Stigmas</li> <li>- Poverty</li> <li>- Waitlists</li> <li>- Lack of connections from where one service stops and another begins</li> <li>- ASL (American Sign Language)</li> </ul>	<ul style="list-style-type: none"> <li>- Community Health Team Wellness Programs</li> <li>- Moderate Needs/Choices for Care Programs</li> <li>- Wellness Programs with Incentives</li> <li>- Connecticut River Transit – Transportation</li> </ul>	<ul style="list-style-type: none"> <li>- Poverty – livable wages, insurance that covers more and costs less</li> <li>- MN &amp; CFC Programs are hard to qualify for, not enough to go around</li> <li>- More Wellness programs with incentives – money or paid time off work</li> <li>- Education</li> <li>- Information</li> <li>- More transportation</li> <li>- Connections from where one service stops and another begins</li> <li>- More services (wait lists)</li> </ul>

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	meeting their health related goals and supports participants in becoming better self- managers.				
Children's Integrated Services	Children's Integrated Services (CIS) serves pregnant women and families with children 0-6 years old. Many of our families are low-income and we focus on coordinated child developmental services and family support.	<ul style="list-style-type: none"> <li>- Diabetes</li> <li>- Dental</li> <li>- Poor diet and nutrition (and knowledge of diet and nutrition)</li> <li>- Mental health including depression, anxiety, bipolar, borderline personality disorder (and mental health issues)</li> </ul>	<ul style="list-style-type: none"> <li>- Transportation</li> <li>- Waiting lists, lack of providers</li> <li>- Lack of information/knowledge</li> <li>- Lack of basic needs such as housing and childcare – clients in “crisis” mode and so don't have time/energy, etc. to look after health needs</li> <li>- Bad experiences/trauma in the past</li> <li>- Guilt around not keeping up with healthcare</li> </ul>	<ul style="list-style-type: none"> <li>- Med Rides – The Current</li> <li>- CIS/other agencies</li> <li>- Y Bus</li> <li>- Health care navigators through VT Health Connect (Amanda Sabo through SEVCA)</li> <li>- Housing case workers</li> </ul>	<ul style="list-style-type: none"> <li>- Consistent and accessible to all transportation to medical appointments</li> <li>- Waiting lists at local agencies</li> <li>- Information sharing – clients just don't know</li> <li>- Affordable housing</li> <li>- Staffing</li> <li>- Assistance w/ getting driver's licenses and vehicles</li> <li>- Access to</li> </ul>



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		<p>without a defined diagnosis). Mental health issues impact other areas of health such as meeting daily needs, diet, exercise, self-care, etc.</p> <ul style="list-style-type: none"> <li>- Respiratory issues from smoking</li> <li>- Substance abuse (heroin, alcohol)</li> <li>- Weight issues</li> </ul>	<ul style="list-style-type: none"> <li>- Time management/ability to keep appts</li> <li>- Mental health issues can take over – ability to keep appointments, etc.</li> <li>- Surrounded by negative influences</li> <li>- Poverty – again always in “crisis” mode</li> <li>- Access to phones/changing numbers – being in contact with medical providers</li> </ul>		<p>apartments</p> <ul style="list-style-type: none"> <li>- Cultural competency</li> </ul>
Green Mountain Crossroads	Green Mountain Crossroads primarily works	<ul style="list-style-type: none"> <li>- Access to competent care</li> </ul>	<ul style="list-style-type: none"> <li>- Gatekeeping-needing letters for surgery, etc. Must</li> </ul>	<ul style="list-style-type: none"> <li>- GMC provides trainings</li> </ul>	<ul style="list-style-type: none"> <li>- Funding for peer-based services.</li> </ul>

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	with youth, adults, and seniors who are Lesbian, Gay, Bisexual, Transgender, and/or Queer. Of particular interest to us and to the individuals served are access to LGBTQ-competent physical and mental health care providers with a specific focus on competency and familiarity with providing care to trans and gender non-conforming people. Many of the individuals	providers for queer and trans people. This extends to all types of care, not those dealing specifically with directly-related items such as hormone-replacement therapy. We find frequently that even when care providers say they are LGBTQ friendly, they are not experts or	go through a certain amount of therapy before “earning” other care. Insurance companies, not care providers, deciding how long and what type of treatments make sense. Care being cut off by insurance before folks are truly well. <ul style="list-style-type: none"> <li>- Challenges updating identity documents to match gender</li> <li>- Misunderstanding what’s possible – trans folks having kids for example.</li> <li>- Ability to pay</li> <li>- General stigma</li> <li>- Cultural competency</li> <li>- Lack of providers</li> <li>- For folks with physical disabilities, side walks and road</li> </ul>	and education on competency around working with LGBTQ folks. Happy to work developing materials and/or providing training. Send providers to Philadelphia TransHealth Conference in June. <ul style="list-style-type: none"> <li>- Other trainings include Think Again,</li> </ul>	<ul style="list-style-type: none"> <li>- Sober spaces to gather</li> <li>- Connecting folks at the state level</li> <li>- Dentistry that’s available, quality care and affordable</li> <li>- More competent endocrinologists</li> <li>- Care for elderly who are LGBTQ</li> <li>- Access to the internet</li> <li>- General isolation – folks who live out of town</li> </ul>

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	we serve are also low-income.	<p>even have basic competencies in serving trans patients. Frequently, our folks are travelling out of state and/or many hours to find care providers with whom they are comfortable working.</p> <ul style="list-style-type: none"> <li>- Care that is affordable even though trans care is supposedly covered under Medicaid in the State of</li> </ul>	<p>conditions in winter are dismal means folks cannot be self-reliant on getting to appointments, meetings, social gatherings, etc.</p> <ul style="list-style-type: none"> <li>- Lack of sober spaces to gather</li> <li>- Fear</li> <li>- Must take time off work to recover from surgeries, etc.</li> <li>- A widely-held belief that medical professionals know us and our own body and needs better than we do.</li> <li>- Forms that don't adequately apply to folks</li> </ul>	<p>Women's Freedom Center, Vermont Worker's Center, ACT for Social Justice</p>	

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		<p>Vermont. These days, many providers are not aware.</p> <ul style="list-style-type: none"> <li>- Folks wait and/or delay or skip seeking care until health issues are dire.</li> <li>- Endocrinologist, surgeons for gender confirmation surgery</li> <li>- Hormone replacement therapy</li> <li>- Peer-based services</li> <li>- Trans competent therapists</li> </ul>			

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Morningside Shelter	As the only year round shelter in Southeastern VT, Morningside Shelter serves individuals and families that are experiencing homelessness or those that are transitioning back into tenancy. Founded in 1979, our mission is to provide a safe space and ongoing support to families and individuals facing challenges of maintaining stable housing.	<ul style="list-style-type: none"> <li>- Dental</li> <li>- Mental Health including depression, anxiety, PTSD</li> <li>- Pain management</li> <li>- Substance abuse/maintenance</li> </ul>	<ul style="list-style-type: none"> <li>- Lack of psychiatric prescribers</li> <li>- Transportation</li> <li>- Wait time to receive mental health services (can be 2-3 months)</li> </ul>	<ul style="list-style-type: none"> <li>- Retreat</li> <li>- HCRS</li> <li>- Families First</li> <li>- Otter Creek</li> <li>- SEVCA</li> <li>- BMH</li> <li>- Turning Point</li> </ul>	<ul style="list-style-type: none"> <li>- Long wait list for PCPs and mental health</li> <li>- Lack of psychiatric prescribers</li> </ul>

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Southeastern Vermont Community Action (SEVCA)	Southeastern Vermont Community Action serves the low-income population of Windham and Windsor Counties.	<ul style="list-style-type: none"> <li>- Change in life circumstances</li> <li>- Mental Health</li> <li>- Stress (leading to inability to function, focus)</li> <li>- Substance abuse, recovery issues – homeless population</li> </ul>	<ul style="list-style-type: none"> <li>- Inability to connect with appropriate health services (i.e., can't get in to see/meet PCP)</li> <li>- Access including but not limited to insurance (insurance used to facilitate, now it deters)</li> <li>- Information</li> <li>- Basic needs especially housing</li> <li>- Continuity/coordination of care</li> <li>- Racism/classism</li> <li>- Bureaucracy in health care and dearth of civility/humanity</li> </ul>	<ul style="list-style-type: none"> <li>- Best resources lie within our community, in our people</li> </ul>	<ul style="list-style-type: none"> <li>- Access: low barrier clinics, cultural competency lessons in kindness and civility</li> <li>- Community organizing</li> <li>- Big gap in our municipal partners</li> </ul>
Vermont Partnership for Fairness & Diversity	Vermont Partnership for Fairness & Diversity works to strengthen	<ul style="list-style-type: none"> <li>- Aging (50s &amp; 60s) black males w/ chronic illnesses</li> </ul>	<ul style="list-style-type: none"> <li>- Lack of culturally competent providers force/deter black males from seeking services</li> </ul>	<ul style="list-style-type: none"> <li>- Vermont Partnership currently provides training and</li> </ul>	<ul style="list-style-type: none"> <li>- Affirmative marketing</li> <li>- Cultural competency</li> </ul>

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	inclusive and equitable practices as a means to eliminate prejudice and discrimination of all kinds.	(diabetes, cancer, glaucoma, respiratory illnesses). - Information	<ul style="list-style-type: none"> <li>- Lack of providers of color</li> <li>- Lack of targeted information</li> <li>- Unconsciously unskillful providers</li> <li>- Rude &amp; disrespectful front office</li> </ul>	coaching to state and municipal agencies, businesses and civic groups on cultural competency, implicit bias, and affirmative marketing. Regrettably none of our clients are in Windham County except the AIDS Project of Southern Vermont about a decade ago.	
Vermont	The Vermont Workers' Center	- Lack of dental and	- Capitalism (insurance	- Vermont Worker's	- Livable wage jobs.



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Worker's Center	is a democratic, member-run organization dedicated to organizing for the human rights of the people in Vermont. We seek an economically just and democratic Vermont in which all residents can meet their human needs and enjoy their human rights, including dignified work, universal healthcare, housing, education, childcare, transportation	eye care - Mental health	companies and CEOs) - Poverty-austerity - Thread of oppression - Racism is killing people. - Can't afford healthcare - Have to find a job connected to healthcare - Co-pays, deductibles, premiums - Lack of people of color medical professionals (mental health, primary care, etc.) - Lack of culturally competent providers - Lack of psychiatrists to give meds - Not everyone can "afford" to have "healthcare!"	Center - Green Mountain Crossroads - AIDS Project - Women's Freedom Center - Churches - VT Dept of Health - Pathways - Therapists - The Root - Schools	- Lack of persons of color and persons of color medical professionals - Lack of recovery places and services - Isolation - Lack of mental health providers, especially psychiatrists - LGBTQ competent services and other cultural competencies - Stigma of health choice, methadone, medical marijuana, homeopathic, - having to be

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	and a healthy environment.		<ul style="list-style-type: none"> <li>- Information/understanding and navigating the system</li> <li>- Personal situations – high needs medically specific plan</li> <li>- Transportation</li> <li>- Language – lack of interpretive services</li> <li>- Immigrant access</li> <li>- Paid Sick Days. Other healthy, family policies</li> <li>- People are unable to access “healthcare” because of health insurance packages/policies which often discriminate on various levels, age, race, status, ability, lifestyle, etc. The premiums are too high as well as the deductibles and the</li> </ul>		<p>“diagnosed”</p> <ul style="list-style-type: none"> <li>- Funding</li> <li>- Transportation</li> <li>- Interpretation services</li> <li>- Change the structure (the system) from actual health insurance model to a health care model where everyone can access and contribute what they can. Healthcare is a human right.</li> </ul>

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			<p>co-pays are also often a hardship which prevents or delays treatment.</p> <ul style="list-style-type: none"> <li>- Transition for youth –adult becomes tricky. Fall through the hoops.</li> <li>- Medicaid and Medicare participants are either not able to afford or get the care they need.</li> </ul>		
WIC Program	Through the WIC program, we see pregnant and postpartum women, and parents with their children aged newborn up to 5 years old, who are at or below 185% of Federal	<ul style="list-style-type: none"> <li>- Alcohol and drug use</li> <li>- Dental care</li> <li>- Overweight and obesity (and resulting health issues)</li> <li>- Tobacco use</li> </ul>	<ul style="list-style-type: none"> <li>- For Medical care – premiums for insurance too high as well as co-pays, etc., difficulty with applications/navigating the system, health care providers aren't getting reimbursed enough by Medicaid so they limit how many people on</li> </ul>	<ul style="list-style-type: none"> <li>- Blueprint CHT works to keep people with chronic conditions as healthy as possible</li> <li>- Food Connects – working to make</li> </ul>	<ul style="list-style-type: none"> <li>- Information about the resources (difficult because we all have information overload)</li> <li>- Not enough funding for so many things like 3Squares</li> </ul>

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	Poverty level. If the women or children are receiving Vermont Medicaid/Dr Dynasaur, they are automatically eligible for WIC and can be at an income level of 300% of FPL.		<p>Medicaid they will see (especially dentists)</p> <ul style="list-style-type: none"> <li>- Food – Adequate resources to be able to feed their families nourishing food. Sodas and processed foods are often less expensive than whole fresh foods. Advertising non-nutritious foods often geared to kids. Perception that fast food is cheaper (though it may be sometimes). Lack of time or knowledge on how to prepare whole, fresh foods</li> <li>- Physical activity – “car-centric” society. Rural community. People live far from work and resources. Less focus on PE at</li> </ul>	<p>healthy local foods/produce more accessible to lower income folks and to kids in schools and people in nursing homes and hospitals</p> <ul style="list-style-type: none"> <li>- Language line for translations at health care and other public serving facilities</li> <li>- Blueprint – working on chronic disease</li> <li>- Health</li> </ul>	<p>Vermont or infrastructure to improve sidewalks and bike lanes to increase ability to be physically active</p> <ul style="list-style-type: none"> <li>- Not enough prevention funding</li> <li>- Not enough places for seniors or others to get physical activity indoors in the winter for free or very low cost especially in rural areas. I’d like to see more schools open their doors to their</li> </ul>

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			<p>schools.</p> <ul style="list-style-type: none"> <li>- Stress – makes it hard for people to be able to quit smoking</li> <li>- Not enough funding for prevention.</li> </ul> <p>Let's keep people healthy vs. focusing on treating them when ill.</p> <ul style="list-style-type: none"> <li>- Lack of insurance for dental care.</li> </ul>	<p>Department – works with community partners to make healthy eating and physical activity more accessible through Fit &amp; Healthy Kids Coalition and other community partnerships</p> <ul style="list-style-type: none"> <li>- WIC Program – Provides nutrition education to women and kids</li> <li>- BAPC –</li> </ul>	<p>community to walk in the halls or gyms.</p>

Organization	Population Served By The Organization	Health Needs of Population Served	Barriers to Achieving or Maintaining Good Health Faced By the Population Served By The Organization	What Community Resources Are Potentially Available to Address These Needs & Barriers?	Where Are The Gaps In Community Resources To Address These Needs & Barriers?
				prevention of tobacco use and prescription drugs – parenting classes on this	
Women's Freedom Center	The Women's Freedom Center is the domestic and sexual violence resource agency for Windham and southern Windsor counties. While the Women's Freedom Center works to end men's violence against women, we provide support to all survivors of	- Mental Health	<ul style="list-style-type: none"> <li>- Stress/ overwhelmed = exacerbated by long waits for mental health support – wide gap between crisis and stability support</li> <li>- Domestic violence wreaking havoc on financial options/work history/ rental stability, etc. Victims are often starting over from zero – may put their health last instead of first unless it is a</li> </ul>	<ul style="list-style-type: none"> <li>- Numerous progressive grass roots orgs to keep a spotlight on the kind of dialogue we had today</li> <li>- 2 hospitals, Retreat, HCRS, Phoenix #s, private therapists, free clinic</li> </ul>	<ul style="list-style-type: none"> <li>- Not enough money put toward front line mental health supports for early stabilization help</li> <li>- Dental</li> </ul>

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	domestic and sexual violence. The majority of the survivors we work with are in fact women and children. And while these issues cut across all socio-economic lines, most of the women we serve have significant financial challenges. Not only do those challenges make them more likely to need our help, but their trauma history itself can create huge economic repercussions.		<p>medical emergency</p> <ul style="list-style-type: none"> <li>- Challenges getting access to mental health providers (wait time, HCRS especially)</li> <li>- For women fleeing without their psych meds sometimes, it's hard to see a psychiatrist quickly</li> </ul>		
	The population	- Nutrition	- Capitalism	- State keeps	- Services for

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Youth Services	<p>served by Youth Services includes the following:</p> <ul style="list-style-type: none"> <li>Families with children of all ages</li> <li>Adults and youth who are involved in the justice system (through court diversion and now the new pretrial program)</li> <li>Children ages 0 all the way up to age 22. The majority of youth we serve are school age or transitional age.</li> </ul>	<p>and exercise</p> <ul style="list-style-type: none"> <li>Substance abuse and misuse</li> </ul>	<ul style="list-style-type: none"> <li>Affordability for health care, food, quality supplements</li> <li>Accessibility (cultural, transportation)</li> <li>Lack of treatment capacity (developmentally and culturally)</li> <li>Poverty</li> <li>Homelessness</li> <li>Education/information – information about health in general</li> <li>Depression (not feeling well enough to even motivate to make change or access care)</li> <li>Violence, trauma in the home</li> <li>Lack of hope – communities not vibrant w/ good economic</li> </ul>	<p>cutting resources; we need to generate more revenue by tax policies that are not shifting burden to middle and low income</p>	<p>youth in transition population – there are some, but resources are being diverted to early childhood.</p> <ul style="list-style-type: none"> <li>Lack of developmentally appropriate treatment options for youth</li> <li>More assistance to help people buy health foods and supplements</li> </ul>



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			<p>opportunities for all skill sets and backgrounds</p> <ul style="list-style-type: none"> <li>- Trust in systems</li> <li>- Discrimination- against poverty, race, gender, etc.</li> <li>- Lack of investment/ resources in school-age youth population – focus &amp; funding is shifting to early childhood. We need to support significant developmental changes in teens, young adults.</li> </ul>		