

Date: 12/31/17

To: Members of the General Public

From: Elaine Swift, Family Health Practice Director; with Dr. Chris Schmidt, CMO;
and Crystal Mansfield, Director of Rehabilitation, Wellness & CHT

Re: 2015 Community Health Needs Assessment Implementation Plan:
2017 ANNUAL UPDATE

Summary:

On August 21, 2015, the Grace Cottage Board of Trustees adopted a 2015 Community Health Needs Assessment Implementation Plan. Copies of the CHNA Report and the three-year Implementation Plan are available online at www.gracecottage.org.

Following is a reminder of the priorities established as a result of the needs assessment, and an update on the efforts we have made over the course of the last year.

From a broader CHNA list of priorities, the Grace Cottage Leadership Team selected a smaller number of issues to focus on in order to maximize our ability to meaningfully impact these significant and complex health needs within a reasonable time frame.

Six “High Priority” items were established:

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

For each priority, the fifteen page Implementation Plan summarizes the problem as it exists in our service area, our goals in addressing the problem, intended actions, resources and possible collaboration with other community organizations.

Update:

The following actions have been taken in Year Two of the Three Year Plan. (FY17: Oct. 2016 – Sept. 2017.)

Aging:

Action #1:

The Health Maintenance goals for all age groups, including the elderly, have been updated for our electronic medical record.

Actions #2:

We held a second annual two-day Healthy Aging Conference specifically targeted to elders/aging adults at the Grafton Inn on November 8th and 8th, 2017. Topics included: staying active as we age, financial planning, the power of staying connected in community, medication interactions, end of life issues, spirituality as we age, and more.

Action #3:

The Rehabilitation Services department at Grace Cottage has a “Falls Prevention Program” in collaboration with other hospital departments. This is a provider referred, insurance reimbursable comprehensive program designed to evaluate folks who are at risk for falling, or who have had a fall recently. Occupational and Physical Therapy, Pharmacy, CHT, Social Services, and mental health services will be available to assist folks with prevention, individualized activities, and counsel to prevent further falls and improve balance and safety in the home.

Breast Cancer:

Evidence-Based Guidelines: The American Cancer Society recommends that all women 40-54 should have annual mammograms. It is the policy of Grace Cottage Family Health to recommend mammography for this patient population.

Action:

We are conducting outreach to patients aged 50 to 74 who do not have a mammogram documented in their medical record within the past two years. Grace Cottage will refer for mammogram screenings as appropriate.

Colorectal Screening:

Evidence-Based Guidelines: The US Preventive Services Task Force recommends that screening for colorectal cancer begin at age 50.

Action #1:

A non-invasive colon cancer screening test (Cologuard) is now being offered to patients who are 50 years or older. This test is based on the latest advanced in stool DNA sciences. This testing is done in the privacy of the patients home and may appeal to people who want to be screened for colon cancer, but do not want or refuse to have a colonoscopy. If the test detects signs of cancer or precancerous polyps then the patient is referred for a colonoscopy.

Action #2:

Grace Cottage conducts ongoing outreach to patients who are aged 50-55 who have not had an initial screening colonoscopy. Educational materials are also provided to patients regarding the importance of colorectal screenings and the prevention and early detection of colon cancer.

Diabetes:

Evidence-Based Guidelines: The American Diabetes Association recommends that all diabetic patients have a hemoglobin A1C drawn a minimum of twice a year.

Action #1:

A diabetes care plan has been added for the primary care and CHT providers.

Action #2:

We are currently doing outreach to patients with an A1C greater than 9 and/or have not been seen for primary care follow-up in 6 months.

Heart Health/High Blood Pressure:

Evidence-Based Guidelines: US Preventive Services Task Force recommends annual screening for hypertension in adults age 40 and older.

Action #1:

A report was generated of all patients with a diagnosis of hypertension who have not been seen at GCFH in the past year. Outreach was completed by Registered Nurses who called the patients to encourage a check-up.

Action #2:

We have initiated the use of wireless ZIO patches, which are used to diagnosis heart arrhythmias. Comprehensive data collection helps ensure detection of infrequent or asymptomatic arrhythmias. The patch is discreet and easy to wear which patients find beneficial.

Mental Health:

Evidence-Based Guidelines: The US Preventive Services Task Force recommends screening for depression in the general adult population, including pregnant and postpartum women. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up; however, there is little evidence regarding the optimal timing and interval for screening.

Action #1:

Grace Cottage has added a Licensed Independent Clinical Social Worker (LICSW) to the clinic staff. As a mental health provider she collaborates with our staff Psychiatric Mental Health Nurse Practitioner, and the Community Health Team Behavioral Health Specialist to provide the necessary mental health care and services to our patients. By adding the LICSW we are now able to provide counseling to patients 7 years and older.

Action #2:

Mental Illness and substance abuse can be associated. Grace Cottage participates in the Hub and Spoke program in collaboration with the Brattleboro Retreat. A Registered Nurse and Social Worker from the Hub and Spoke program provide services to patients who are in the program for substance abuse treatment. A second provider is being certified in medication-assisted treatment with buprenorphine for opioid addiction.

Additional:

Beyond the six high priority items identified, additional Community Health Needs were noted which Grace Cottage Leadership acknowledged as items which need to be addressed.

Items identified as a “**Medium Priority**” included Alcoholism & Substance Abuse, Cultural Competence, Difficulty Navigating the System, Financial Barriers, Flu Vaccinations, Obesity/Overweight/Physical Fitness, Smoking/Tobacco Use.

Health Needs categorized as “**Low Priority**” were Chronic Pain, Dental Issues, and Transportation.

Again, the level of priority was weighed by several factors including the problem’s alignment with existing strategic plans, community prioritization, Grace Cottage resources and areas of expertise, availability of other resources in the service area, and more.

These issues and others recognized in the 2015 Community Health Needs Assessment Report are problems of long-standing concern to the community and to Grace Cottage. Accordingly, programs are in place at Grace Cottage and elsewhere to address these significant health needs and barriers and new programs, workshops and collaborations continue to be formed on an on-going basis.

In accordance with a request by the Vermont Department of Health, this annual update will be posted on the Grace Cottage website. Members of the public are invited to inquire about our specific Community Health Needs initiatives by contacting Director of Community Relations Andrea Seaton at aseaton@gracecottage.org or at 802-365-9109.

###