

2018
COMMUNITY HEALTH
NEEDS ASSESSMENT
IMPLEMENTATION PLAN



 GraceCottage
FAMILY HEALTH
& HOSPITAL

Townshend, Vermont

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Introduction

This Grace Cottage Implementation Plan is based on the 2018 Community Health Needs Assessment (CHNA) report, which presents the findings of a comprehensive assessment of healthcare needs for residents of Windham County and the Grace Cottage Family Health & Hospital service area. That report identified significant health needs (SHNs) in our community and outlined priorities that the Grace Cottage medical providers and leadership team have chosen based on an analysis of these findings.

This Grace Cottage Family Health & Hospital Implementation Plan outlines goals, actions and resources that will be employed to address these priority needs.

Grace Cottage first began conducting assessments of the healthcare needs of the community in 2004. Grace Cottage's 2018 CHNA and its 2019 Implementation Plan both comply with IRS Regulations promulgated under the Patient Protection and Affordable Care Act. By law, the CHNA and the accompanying Implementation Plan are required to be conducted every three years. As in 2012 and in 2015, Grace Cottage's 2018 CHNA was developed in partnership with the two other Windham County hospitals, Brattleboro Memorial Hospital and the Brattleboro Retreat. The Vermont Department of Health – Brattleboro Office actively assisted in this project.

While the population health data and resident survey results included in Grace Cottage's 2018 CHNA were prepared in collaboration with the institutions listed above, each of the three hospitals has established its own priorities and implementation strategies.

Grace Cottage Family Health & Hospital's 2018 CHNA was approved by the Grace Cottage Board of Trustees at its September 21, 2018, meeting.

This associated Grace Cottage Family Health & Hospital CHNA Implementation Plan was approved by the Board of Trustees at its January 18, 2019, meeting.

Both the CHNA and the Implementation Plan are available to the public on the Grace Cottage website: www.gracecottage.org

A thank you to our partners

We would like to thank Brattleboro Memorial Hospital and the Brattleboro Retreat for working together with us in conducting the Community Health Needs Assessment survey and reporting on its findings.

We would also like to thank all of the community partners who provided input into the 2018 Community Health Needs Assessment. In particular, we thank the Vermont Department of Health—Brattleboro District for its generous sharing of statistical data, insight, and support in preparing this report.

Executive Summary

On August 8, 2018, the Grace Cottage Leadership Team met with the Grace Cottage Medical Executive Committee to review and discuss the findings of the 2018 Community Health Needs Assessment. Together, the group identified the following significant community health needs within the Grace Cottage service area.

Significant Community Health Needs

Health Issues & Conditions:

- Diabetes/Obesity/Weight Management
- Mental Health (Stress, Anxiety, Depression)
- Substance Abuse
- Healthy Aging
- Dental Health
- Smoking/Tobacco Use
- Heart Disease (Hypertension, High Cholesterol)

Barriers to Achieving Good Health:

- Financial Constraints
- Lack of Education/Knowledge
- Transportation Limitations

From this broader list, Grace Cottage’s Leadership and Medical Executive Committee selected a smaller number of needs to be the focus on implementation for the next three years, in order to maximize the hospital’s ability to meaningfully impact these significant and complex health needs within a reasonable time frame. Grace Cottage has identified the following priorities for the 2018 Implementation Plan:

Level 1 Priorities:
Diabetes/Obesity/Weight Management
Mental Health Issues (Stress, Anxiety, Depression)
Substance Abuse

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

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

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

Assessing Community Health Needs

In order to establish the Significant Health Needs facing Grace Cottage Family Health & Hospital service area, Grace Cottage conducted a collaborative Community Health Needs Assessment (CHNA) in partnership with Brattleboro Memorial Hospital, the Brattleboro Retreat, and a representative of the Vermont Department of Health. The CHNA Steering Committee met from October 2017 through August 2018.

Information Sources

Extensive research was conducted to collect demographic, geographic, economic, and population health data for Windham County, using a variety of sources, especially the Vermont Department of Health's online databank. Leaders of local social service agencies were contacted for information. During the month of March, a survey was conducted among Windham County residents. Grace Cottage medical providers also were surveyed.

Outreach Efforts to Ensure CHNA Broadly Represents the Community's Interests

The 2018 CHNA Steering Committee made significant effort to assure that the needs and concerns of all segments of the Windham County population were heard.

The CHNA report provides details regarding the outreach efforts made to assure that residents of all towns, and individuals of all demographic profiles had the opportunity to take the Community Health Needs survey in written form or online.

Additionally, in the appendix of the CHNA report, information is provided from representatives of eleven social service agencies and non-profit groups who were asked to identify the needs of the people in the community they serve, their barriers to achieving good health and well-being, and the resources available in the community to address their needs and barriers.

All of these sources have helped to inform the priorities chosen for this Implementation Plan.

Prioritizing Community Health Needs

At its August 8 meeting, the Grace Cottage Leadership Team and the Grace Cottage Medical Executive Committee reviewed the findings presented in the CHNA report and then prioritized the health conditions that Grace Cottage will address in its CHNA Implementation Plan based upon criteria established by leadership.

Criteria used to prioritize the identified significant health needs (SHNs) included:

- The importance placed by the community on the need
- The severity or urgency of the SHN
- Alignment with Grace Cottage’s strengths and pre-existing established priorities
- The ability of Grace Cottage to impact the SHN within a reasonable timeframe
- The feasibility and effectiveness of possible intervention
- The ability to measure outcomes
- The availability of other resources to address the SHN
- The financial resources and human resources required
- Health disparities associated with the need (e.g. by race/ethnicity, gender)
- Whether addressing this SHN will have a positive impact on other identified SHNs

Using consumer survey input, focus group feedback, and population health indicators, the Grace Cottage Leadership Team and the Grace Cottage Medical Executive Committee identified the following significant community health conditions, health behaviors, and barriers to achieving good health within the Grace Cottage Hospital service area, prioritizing them as follows:

Level 1 Priorities:
Diabetes/Obesity/Weight Management
Mental Health Issues (Stress, Anxiety, Depression)
Substance Use
Level 2 Priorities:
Healthy Aging
Dental Health
Level 3 Priorities:
Smoking/Tobacco Use
Heart Disease (Hypertension, High Cholesterol)

Three Year Implementation Plan

In the months that followed, this strategic Implementation Plan was developed to address the Level 1 Priorities noted above. We will report on the progress of our efforts on these Level 1 Priorities on an annual basis. As required by law, the Implementation Plan and an annual update will be posted on our website.

We have not prepared formal strategies for tackling the Level 2 and 3 Priorities noted above. At Grace Cottage, efforts to promote healthy aging is constant and diverse. Dental issues, while vitally important, are not among the services provided by Grace Cottage, so our role in addressing these issues will necessarily be a secondary one. Healthy aging and dental health will be addressed in the care of individual patients and information about and connections to resources that can address these issues will be provided.

The Level 3 Smoking/Tobacco Use priority has been included in the plan for addressing Substance Use. On an on-going basis we will continue our efforts to reduce smoking and tobacco rates in our community by encouraging patients who use tobacco products to quit and by offering free health coaching and cessation counselling.

Heart disease, hypertension, and high cholesterol are often co-morbidities associated with obesity and diabetes, so these health needs will be addressed as needed with patients being treated for obesity and diabetes.

We will address all community health needs, and every individual's unique health needs, within the context of our mission and clinical strengths and will do our best to achieve significant positive results.

Diabetes/Obesity/Weight Management

Problem Statement:

Grace Cottage Family Health & Hospital sees patients who reside throughout Windham County, Vermont, and beyond, and increasingly, obesity is a medical issue for these patients. The rate of obesity is on the rise among Windham County adults (ages 20+), from 17% in 2000 to 27% in 2015.¹ In addition, one in eight Windham County youths grades 9-12 are obese. Respondents in a county-wide survey conducted in conjunction with this health needs assessment ranked obesity/being overweight among their top 10 health concerns facing the respondent and/or a family member.

Obesity is a complex and multi-faceted issue, greatly increasing a person's risk for other serious and chronic illnesses, including heart diseases, high cholesterol, and diabetes. Often, obesity is the result of physical inactivity and poor nutrition.

Approximately 9% of Windham County residents have diabetes, a condition that makes one's blood sugar difficult to manage, and that over time can cause or contribute to a variety of debilitating and deadly diseases. According to the Vermont Department of Health, obesity is a one of the leading causes of preventable death.²

Clearly, reducing the rates of obesity, diabetes, and other related diseases is an important goal. Over the next three years, this will be a major focus at Grace Cottage. Services already exist to help counter the effects of these conditions, including free diabetes education services, weight management counseling and support groups, and low-cost exercise classes. In addition, primary care clinical interventions are offered for diabetic and pre-diabetic patients. All of these will continue. In addition, Grace Cottage has established the following objectives, goals, and new actions for the next three years.

Goals:

- According to the Vermont Department of Health's *Behavioral Risk Factor Surveillance System (BRFSS) 2017 Report*, the incidence of pre-diabetes (A1C 5.7 to 6.4% or a fasting glucose of 100 to 125) among Vermont adults has increased steadily in recent years, sometimes as much as 1% per year. That percentage has declined only once from 2007-2017. Our goal is to effect a steady decline of that percentage among our adult patients over the next three years.
- Among our adult patients with Type 2 diabetes (A1C of 6.5% or higher or a fasting glucose of 126 or higher), our goal is to increase the percentage who are receiving formal diabetes education and support services.
- For pediatric patients in grades six to twelve, our goal is to increase outreach regarding the risks of Type 2 diabetes and how it can be prevented.

Objectives:

- Identify Grace Cottage patients with a diagnosis of Type 2 diabetes (A1C of 6.5% or higher or a fasting glucose of 126 or higher) or pre-diabetes (A1C of 5.7 to 6.4% or a fasting glucose of 100 to 125).
- Identify which of these patients are actively in treatment for their conditions and which are not.
- Increase the percentage of patients with Type 2 diabetes or a pre-diabetes diagnosis who receive follow-up clinical support and are offered a referral to diabetes education services.

Actions/Resources:

- Grace Cottage patients will receive a BMI measurement during annual physicals.
- Patients with a Type 2 diabetes diagnosis (blood sugar measurement as noted above) will be prompted to get an A1C blood test every year. The A1C test reflects the average blood sugar level for

¹ http://www.healthvermont.gov/sites/default/files/documents/pdf/HS_1305_Data_Pages_081816.pdf

² Ibid

the past two to three months, and shows how well a patient is managing his or her diabetes. An elevated A1C means the disease is not well managed and the patient has an increased risk for complications.

- For patients with a Type 2 diabetes diagnosis, outreach by a clinic RN will be conducted at a minimum of once a year and an appointment will be scheduled with a primary care provider.
- Patients with a Type 2 diabetes diagnosis will be offered referrals to the Grace Cottage Community Health Team for education and support, including diabetes education and health coaching.
- Patients with a pre-diabetes diagnosis (blood sugar measurement as noted above) will be offered referrals to the Grace Cottage Community Health Team for support, and will be encouraged to lose weight and increase activity level.
- A physician with a clinical interest in obesity and weight management has recently been added to the clinical team.

Anticipated Impact:

- Lowering of A1C levels in prediabetic and diabetic patients.
- Improved health and quality of life for prediabetic and diabetic patients.
- Decrease the incidence of Type 2 diabetes among Grace Cottage patients by focusing more attention on pre-diabetic patients.
- Improve the overall health of patients with Type 2 diabetes by controlling the diabetes and monitoring the patients for any co-morbidities.

Any Planned Collaboration with Other Facilities:

The Grace Cottage Diabetes Educator collaborates with her counterpart at Brattleboro Memorial Hospital, as do other members of the Grace Cottage Community Health Team.

Mental Health Issues (Stress, Anxiety, Depression)

Problem Statement:

Clearly, mental health concerns affect a wide range of Windham county residents. Stress, anxiety, depression, and “mental health issues” ranked 2nd, 3rd, 5th, and 11th respectively as top health concerns among those who completed a county-wide survey conducted in conjunction with the process of this health needs assessment.

Mental health illnesses are often hidden, but they have a significant impact on health in general.

The Vermont Department of Health has found that approximately 23% of Windham County adults have a depressive disorder, and Windham County’s rate of suicide has been higher than the state’s rate for several years.³ The percentage of high school-aged teens who have made a suicide plan is also higher in Windham County than the statewide percentage.⁴ Stress and anxiety are contributing factors that, when untreated, can lead to suicide.

All mental health issues can lead to chronic disease and decreased quality of life. Mood disorders can affect one’s ability to sleep, eat, work, play, and socialize. Approximately half of all adults diagnosed with a mental health condition are in treatment or counseling.

Goals:

- To reduce the rate of depression among Grace Cottage patients.
- To identify patients who are clinically depressed, especially those who are suicidal, and offer them referrals for appropriate services.
- To improve the quality of life for all patients with mental health challenges.

Objective:

- Identify Grace Cottage patients age 12 and older who have a clinical depression diagnosis.
- Among patients with a diagnosis of clinical depression, identify those who have not been seen for clinical intervention in the previous year.
- For those who have not had follow-up care for their depression, offer referrals to counseling, follow-up clinical appointments, and/or for medical treatment, as appropriate.

Actions/Resources:

- Adult patients and children age 12 and older will be screened annually with the Patient Health Questionnaire 2 (PHQ2) mental health screening test.
- For patients whose PHQ2 test score is positive for mental health issues and depression, a clinical follow-up plan will be developed. This will include an offer of referral for counseling and the administration by a provider of the PHQ9 screening test, to establish the level of severity of depression.
- Clinical intervention and counseling will be offered for patients whose PHQ9 test score suggests the patient is struggling with depression and/or other mental health issues.
- All patients who are suicidal will be stabilized in the hospital’s Emergency Department and will be evaluated by Vermont’s Health Care and Rehabilitative Services (HCRS) for definitive disposition and care.
- Patients who see a Community Health Team member for mental health issues will be given a health quality of life screening tool pre-test called EQ-5D-5L and will be given the same test after three months of CHT services to evaluate improvement.

³ <http://www.healthvermont.gov/ia/CHNA/County/atlas.html>

⁴ Ibid

Anticipated Impact:

- Increased rate of referrals and primary care provider follow-up appointments for patients with a mental health disorder diagnosis.
- Reduction in the rate of depression for Grace Cottage patients.

Any Planned Collaboration with Other Facilities:

- Grace Cottage alerts the Health Care and Rehabilitative Services (HCRS) Crisis Team about any patient who is suicidal.
- Grace Cottage providers may refer any seriously depressed, non-suicidal patient for inpatient treatment and/or to an outpatient treatment program, as appropriate.

Substance Use

Problem Statement:

There are many reasons why people use alcohol, tobacco and other drugs: to relieve physical or psychological pain, to counter stress, to alter traumatic experiences or feelings of hopelessness, to name a few. As a chronic illness, addiction becomes a physiological and psychological need. Whatever the substance used, addiction contributes to poor physical and mental health.

An estimated 33,000 Vermonters are in need of treatment for an alcohol use disorder, but have not sought help, according to the Vermont Department of Health. Binge drinking is a particular concern. According to recent surveys, 16% of adolescents and 15% of adults in Windham County engaged in binge drinking at least once during the 30 days prior to the survey⁵.

Tobacco products are also causing health problems for Grace Cottage patients. The percentage of adults who smoke has remained relatively unchanged over the past decade. In 2016, 18% of all adult Vermonters smoked. The rate has generally been higher in Windham County during the past decade and a half; during the most recent assessment it was 20%⁶. Teenage cigarette smoking has declined slightly in recent years, but the use of e-cigarettes is increasing rapidly.

Perceptions of risk and community acceptance strongly influence behavior, including substance use. Among high school students, more than 75% think it is wrong or very wrong for someone their age to smoke cigarettes, yet only 50% think it is wrong or very wrong to use marijuana or to drink. More Vermonters drink alcohol and use marijuana compared to the overall U.S. population.

Opioid misuse is a nationwide phenomenon, and likewise, it is a great concern in Windham County, where the rate of fentanyl-related deaths has increased eightfold, from 5% in 2011 to 67% in 2017⁷.

Among the top health concerns cited by respondents in a county-wide survey conducted in conjunction with this health needs assessment, tobacco use ranked 21st, alcoholism was 23rd, and substance use ranked 27th for the respondent him/herself and/or a family member. But when asked about the top issues within the community in general, respondents ranked substance use as their #1 concern. Alcoholism ranked 3rd; tobacco use ranked 10th.

Goals:

- Reduce Grace Cottage patients' reliance on tobacco products.
- Reduce Grace Cottage patients' reliance on illegal or other misused substances.

Objectives:

- Identify Grace Cottage patients who use tobacco products and increase the percentage who participate in tobacco cessation programs and/or one-on-one tobacco cessation counseling.
- Patients who use tobacco products and who wish to use medication assistance to help with cessation will be referred to a primary care provider who can determine and prescribe the appropriate medication.
- Identify Grace Cottage patients who misuse other substances and offer them referrals for treatment.
- Continue to serve as a Spoke site, working with the Brattleboro Retreat (our Hub), to provide Medication Assisted Treatment (MAT) for patients in recovery from an opioid addiction.
- Maintain the credentials and MAT services currently offered at Grace Cottage by two medical providers in the clinic.

⁵ <http://www.healthvermont.gov/ia/BRFSS/Preventative%20Behaviors%20County/atlas.html>

⁶ Ibid

⁷ <http://www.healthvermont.gov/scorecard-opioids>

Actions/Resources:

- Offer referrals to tobacco cessation programs and/or clinical treatment for patients who answer yes when asked about tobacco use.
- Offer referrals to MAT, when appropriate, for patients who answer “yes” when asked about misuse of opioids.
- Offer referrals to addiction support groups for patients who could benefit from these.

Anticipated Impact:

- More patients referred to counseling and/or treatment programs, including MAT, for substance use.
- Improved quality of life for those who are managing their addictions.

Any Planned Collaboration with Other Facilities:

Grace Cottage collaborates closely with the Brattleboro Retreat, working together to oversee all patients involved in the MAT program for opioids. In addition, patients with active addictions are referred, as appropriate, to the Grace Cottage Community Health Team for tobacco cessation education, to Alcoholics Anonymous, to behavioral counselors, to the Retreat for inpatient services, to HCRS for suicidal tendencies associated with their addictions, and to other support groups and services as appropriate.

Other Identified Community Health Needs Not Specifically Addressed by This Implementation Plan and Why (Level 2 & 3):

Many of the Significant Health Needs (SHNs) identified in the 2018 Grace Cottage Community Health Needs Assessment are issues of long-standing concern to the community and to Grace Cottage. Accordingly, programs are already in place at Grace Cottage and elsewhere to address these SHNs.

Grace Cottage identified several additional priorities of special note. What follows is an explanation of why these are not being treated as Level 1 Priorities.

Level 2 Priorities:

- Healthy Aging – All clinical services address this issue as needed with our patients.
- Dental Issues – We help patients gain access to dental health professionals, but we do not provide dental services at Grace Cottage.

Level 3 Priorities:

- Smoking/Tobacco Use – addressed in the “Substance Use” priority, above.
- Heart Disease (Hypertension, High Cholesterol) – Hypertensive patients are regularly monitored and treated in the clinical setting and offered referrals to the Community Health Team for education and support. In addition, patients with high cholesterol are screened annually.

APPENDIX

About Grace Cottage

Grace Cottage Family Health & Hospital is an independent, non-profit healthcare facility located in Townshend, Vermont. Grace Cottage Family Health is a Federally certified Rural Health Clinic. Its nine practitioners provide primary care, pediatrics and mental health services to more than 7,000 individual patients annually. The Community Health Team at Grace Cottage Family Health includes an RN Care Coordinator, two RN Diabetes Educators, two Health Coaches, a Behavioral Health Specialist, an RN Outreach Coordinator, and a Resource Advocate.

Grace Cottage Hospital is 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. Patients benefit from our hospitalist program whereby doctors serve in weekly rotations on a full-time basis, overseeing patients' care and communicating with patient and family members on matters such as lab results, changes in medication, discharge needs, and more.

Outpatient rehabilitation, lab, and diagnostic imaging services are open to members of the public with a written doctor's order.

The Grace Cottage Hospital Community Wellness Center offers yoga, Strong Bones, and a variety of other free and low-cost classes and support groups for the public.

In 2017 and again in 2018, Grace Cottage was recognized as a Top 20 Critical Access Hospital in the USA for Patient Satisfaction by the National Rural Health Association.



Grace Cottage Family Health & Hospital, Townshend, VT

Grace Cottage Service Area

Grace Cottage Family Health & Hospital is located on Grafton Road (Route 35) in Townshend, Vermont. Townshend is in the center of Windham County, in the southeastern corner of the state, bordered by New Hampshire and Massachusetts.

Grace Cottage identified its Primary and Secondary Service Areas by reviewing the towns of residence of our patients, and by considering the proximity of towns to Townshend. The map at right shows the towns where most of our patients live, highlighted as primary or secondary service areas. The vast majority of our patients are Windham County residents.

The results of our Community Health Needs survey, conducted in conjunction with our Brattleboro-based partners, reflect the needs of the 1,257 people who took the survey; with more than 90% of survey-takers being Windham County residents.

This Implementation Plan is based on primary health needs of Windham County residents, and on the needs identified by Grace Cottage providers among all of the patients they serve.



Contact Information

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

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



185 Grafton Road, Townshend, VT 05353
www.gracecottage.org
info@gracecottage.org