NORTHEASTERN VERMONT REGIONAL HOSPITAL

nvrh

2012

NVRH Community Health Needs Assessment

Laural Ruggles

Marketing and Community Health Improvement

l.ruggles@nvrh.org

Table of Contents

Appendix:

- Secondary Data Sources
- Description of Opinion Leaders
- Description of the NVRH Corporators

Our Mission   nvrh

NVRH is dedicated to improving the health of all people in the communities it serves, and to providing compassionate palliative care.

NVRH provides high quality healthcare services focused on community needs at the lowest cost consistent with excellent care. NVRH will cooperate with other organizations to provide medical, educational, preventive, and wellness services.

NVRH will strive for the best possible outcomes, including effective pain management with the highest level of service that meets and exceeds expectations.

Northeastern Vermont Regional Hospital
Community Health Needs Assessment
2012

The Communities We Serve
Northeastern Vermont Regional Hospital is located in Vermont's Northeast Kingdom; an area known for its rugged rural beauty, and equally rugged and independently spirited people.

The primary service area for NVRH is just under 30,000 people. (Vermont State Data Center, 2012) The primary service area for NVRH as determined by state regulators are the 18 towns and their villages in Caledonia and s. Essex counties in northeastern Vermont: Barnet town, Burke town, Danville town, Kirby town, Lyndon town, Newark town, Sheffield town, St. Johnsbury town, Sutton town, Walden town, Waterford town, Wheelock town, Concord town, East Haven town, Granby town, Guildhall town, Lunenburg town, Maidstone town. The major population centers are St. Johnsbury, Lyndon, and Danville. All other towns have less than 2000 people. Residents of other surrounding towns including Peacham, Gilman, Ryegate, Glover, Barton, and several others consider NVRH their community hospital.

Major industry in Caledonia County is in the health, education, and human services followed by trade, transportation, and utilities. (Vermont Department of Labor) NVRH is the largest employer in the area.

Additional demographic data for the NVRH service area is shown in Table 1.
Table 1: Demographic information by NVRH Hospital Service Area. 2000 Census. Health Status of Vermonters appendix, 2008. Vermont Department of Health.

	NVRH HSA	STATE
Total Population	27,033	608,827
Age < 18	25%	24%
18 – 44	35%	38%
45 – 64	25%	25%
65 +	15%	13%
Gender Female	50%	49%
Male	50%	51%
Education <High School	18%	14%
High School Grad	37%	32%
Some College	25%	27%
College Grad	20%	27%
Race		
White, non-hispanic	97%	96%
Racial/Ethnicity Minority	3%	4%
Median Income	$34,026	$40,856
% Federal Poverty Level		
<100%	12%	9%
100 – 149%	10%	8%
150 – 199%	10%	9%
200% or more	65%	71%

Process and Methods
A Community Health Needs Assessment Steering Committee was formed in July 2011. The Steering Committee's responsibility was to provide guidance and support for engaging and

collecting input from community stakeholders, and review and analyze data and other relevant information to assess service area needs and gaps. Steering Committee members also helped facilitate focus group discussions. Steering committee members will also be part of the implementation plan process.

<u>Steering Committee Members:</u>
Laural Ruggles, NVRH VP Marketing and Community Health Improvement
Ann Creaven/Katina Cummings, St. Johnsbury District Office Director, Vermont Department of Health
Gregory MacDonald, District Field Director, Vermont Agency of Human Services
Pam Smart, Care Integration Coordinator, NVRH Community Health Team, VT Blueprint for Health
Jenny Patoine, Community Director, Northeastern Vermont Area Agency on Aging
Paul Bengtson, CEO, Northeastern VT Regional Hospital
Susan Gallagher/Charlie Bucknam, President, NVRH Board of Trustees

The Vermont Department of Health provides secondary source data by hospital service area for many common health indicators. The most up to date data by hospital service area is from the Health Status of Vermonters 2008. The 2012 County Health Rankings for Caledonia and Essex counties, and State BRFSS (behavioral risk factor surveillance survey) results for 2010 were also reviewed. A complete list of secondary sources reviewed for this assessment is included as an Appendix.

Table 2: Health issues in the NVRH Hospital Service Area that are below the state average. (Health Status of Vermonters, 2008)

Health Issue	Goal	State	St J HSA
Diabetes			
Increase the % of adults with diabetes who have had an annual dilated eye exam	76%	72%	39%
Increase the % of adults who have at least an annual foot exam	91%	75%	39%
Injury and Violence			
Increase use of safety belts among youth in grades 9 – 12	92%	83%	74%
Obesity			
Increase food security (having enough food to eat and enough money to buy food) to reduce hunger	94%	91%	89%
Physical Activity and Nutrition			
Decrease the % of adults with no leisure time physical activity	20%	19%	22%
Increase the % of adults who eat 3+ daily servings of vegetables	50%	31%	23%
Respiratory Disease			
Reduce the % of adults exposed to smoke in their home during the past 7 days	10%	15%	24%
Tobacco			
Reduce the % of youth in grades 9 – 12 who use spit tobacco	1%	8%	11%

Community assessments completed by Northeast Kingdom Community Action (2011), Green Mountain United Way (2010), Dartmouth MPH students (2011) and the Vermont Department of Health and Fit and Healthy Coalition (2009) were also reviewed and the results considered as part of this community needs assessment. Northeast Kingdom Community Action exclusively serves a low income population.

NVRH received a small grant from the Vermont Department of Health to conduct this Community Health Needs Assessment. Funds from this grant were used to hire Catherine Cusack to facilitate and conduct primary source data collection. Primary source data collection methods are summarized in Table 3.

Community Input
A variety of methods were used to obtain community input. Special attention was paid to include those who accurately represent our community as a whole, as well as those with special knowledge or expertise in public health, medical health, and mental health. Primary source data collection started on December 2011 and ended in April 2012.

Those giving their input for this assessment are summarized in Table 2. A detailed description of the opinion leaders, including what population they represent, is included in the Appendix section of this report.

We started this process with Intercept Interviews at two popular businesses in St. Johnsbury and Lyndon, and Bingo in Danville. Customers entering or existing the business and Bingo were asked their town of residence and about their perceptions of the health of their communities. Key areas identified during these interviews were access to affordable healthy foods and places to be active, and issues related to poverty and rural isolation, including transportation and social support systems. These interviews served as a jumping off point for the solution focused surveys and focus group discussions that followed.

The Blueprint for Health Functional Community Health Team served as the community opinion leaders for this report. Members were asked to list their top two health issues at their March 2012 meeting to preparation for a focus group discussion in April. Poverty related issues topped the list of concerns; therefore, the solution focused group discussions centered on community wide solutions on poverty. Evidence-based initiatives for poverty were used to drive the discussion. (What Works for Healthcare, 2012)

Table 3. Summary of Primary Source Data Collection.

Tool/Method	Date	# of People	Facilitator	Target Population	Priority Identified
Intercept Interviews					
Miss Lyndonville Diner White Market – St Johnsbury BINGO - Danville	November 19, 2011 December 18, 2011 December 16, 2011	37	Catherine Cusack	General population	Access to affordable healthy food and physical activity options; lack of social support
Focus Groups					
Gilman Senior Meal Site	January 14, 2012	13	Catherine Cusack, Jenny Patoine	Seniors	Improved access to healthy foods and physical activity, social supports, transportation
Community College of VT	March 15, 2012	14	Catherine Cusack	Young adults	Improved information about and access to physical activity
Functional Community Health Team	April 25, 2012	27	Laural Ruggles, Pam Smart, Katina Cummings, Nelson Baker, Greg McDonald	Opinion Leaders (a list of participants is included as an Appendix to this report.)	Poverty
Surveys					
NVRH Corporators	Spring 2012	45	Laural Ruggles (Survey Monkey)	General population (a description of the NVRH Corporators is included as an Appendix.)	Access to health insurance, access to mental health services
NVRH Medical Staff	December 8, 2011 Medical Staff Meeting	15	Aaron Burley (medical student)	Medical Staff	Substance Abuse, Mental Health, Obesity, Poverty

Priority Areas

The priorities identified during primary source data collection are summarized in Table 3. This data was reconciled with secondary source data sources and results from other recent community assessments. After reviewing the available data, the top three priority areas were identified by Laural Ruggles. Informal discussions with members of the steering committee confirmed the top three priorities are: poverty related issues, mental health/substance abuse, and obesity related issues.

Priority areas for community health improvement for NVRH are:
- Poverty Related Issues

- Lack of health insurance or adequate coverage
- Transportation barriers
- Food insecurity
- Substance Abuse/Mental Health
  - Prescription drug abuse
  - Tobacco initiation by youth; use by adults; second hand smoke
  - Difficulty accessing mental health services
  - Rural isolation; lack of social support
- Obesity
  - Barriers to accessing healthy foods and physical activity
  - Inadequate use of tools/techniques to make behavioral changes
  - Barriers due to the built environment
  - Inadequate health policy to encourage/reward healthy behaviors

Resource Inventory/Partners by Priority Area

Poverty	Substance Abuse/Mental Health	Obesity
Hospital Program/Service		
• Community Connections • Patient Assistance Program/Sliding Scale • 340 B prescription drug program/indigent drug program	• Medical Homes/Community Health Teams/Behavioral Health Specialists • Tobacco Prevention and Cessation Services • Emergency Department • Healthier Living and Chronic Pain Workshops • Social Marketing and Health Information/Education • Employee Wellness	• Medical Homes/Community Health Teams/Behavioral Health Specialists • Community Connections • Nutrition and Diabetes Counseling • Healthier Living and Chronic Pain Workshops • Baby Friendly designation • Wellness Calendar • Social Marketing and Health Information/Education • Employee Wellness
Local Partners		
• Northeast Kingdom Community Action • Rural Community Transportation • Green Mountain United Way • Northern Counties Health Care, Inc. • Area Agency on Aging • LSC/Upward Bound • Gilman Housing/SASH • Community Justice Center • Hunger Free VT • Faith-based organizations • Northern Community Investment Counsel • Green Mountain Farm to School • Chambers of Commerce • UVM Extension • Center for Agricultural Economy/Food Venture Center	• Northeast Kingdom Human Services • BAART • Kingdom Recovery Center • Tobacco Coalition • Town Government, including law enforcement • Community Based Therapists • Worksite EAP programs • Area Agency on Aging • Lyndon State College • Springfield College • Gilman Housing Trust (tobacco free living) • Transitional Housing Organizations	• Fit and Healthy Coalition • Schools: pre K – Post Graduate • Northern Counties Health Care, Inc. • Northeastern Vermont Development Association • Town Government • Local Chambers of Commerce and Business Members • Area Agency on Aging • Gilman Housing/SASH • Breast Feeding Coalition • The Dartmouth Institute Prevention Research Center • St Johnsbury Area Local Food Alliance • VT211 • Local Farmers • Blue Cross Blue Shield Community Advisory Board • UVM Extension Center • VT FEED • Green Mountain United Way • Green Mountain Farm to School
State Agency Partners		
• VT Department of Human Services • VT Department of Health • Department of VT Health Access • VT Department of Labor • VT Department of Employment and Training	• Department of VT Health Access • VT Department of Health • VT Department of Human Services • VT Department of Parks and Recreation	• VT Department of Health • VT Department of Transportation • Department of VT Health Access • VT Department of Parks and Recreation