

**North Country Hospital 2015 CHNA: Appendix B**  
**Summary of 2015 Data: Area of Strengths and Improvement Needed**

**Maternal / Child Health Indicators**

In the area of Maternal/ Child Health, the following indicators were reviewed:

- ◆ % of low birth weight births ( $\leq 5.5$  lbs.)
- ◆ % of pregnant women who received first trimester prenatal care
- ◆ % of pregnant women who received early & adequate prenatal care
- ◆ % of women using tobacco during pregnancy
- ◆ % of mothers who smoked but quit before 4<sup>th</sup> month
- ◆ % of mothers who are overweight before pregnancy (BMI > 26)
- ◆ % of mothers who are breast feeding

Data summary shows the following:

***NOTE: Data is similar to previous 2012 CHNA data, with the exception of the one item below.***

**Strengths**

- ◆ High % of pregnant women who receive first trimester prenatal care (*statistically better than VT*)
- ◆ High % of pregnant women who receive early & adequate prenatal care (*statistically better*)
- ◆ NCH has ranked first in the state for the above
- ◆ % of mothers who smoke but quit before 4<sup>th</sup> month  
*(This is an improvement over 2012 data.)*

**Areas Needing Improvement**

Rate higher than statewide:

- ◆ % low birth weight births
- ◆ % using tobacco during pregnancy
- ◆ % overweight before pregnancy (*statistically significant*)
- ◆ % mothers who are breastfeeding (*statistically significant*)

## **Immunization and Infectious Disease**

In the category of Immunization and Infectious Disease, the following indicators were reviewed:

- ◆ % of children age 19 to 35 months receiving universally recommended vaccines
- ◆ % of kindergarteners who are vaccinated with two or more doses of MMR
- ◆ % of youth age 13- 15 who are vaccinated with 1 dose of DTaP vaccine
- ◆ % of adults age 65+ who receive annual influenza immunizations
- ◆ % of adults age 65+ who have ever been vaccinated against pneumococcal diseases

Data summary shows the following:

***NOTE: Youth immunization rate not available by county, but data show that statewide, VT childhood immunization rates are high. Please see data document for details.***

***NOTE: Previous CHNA 2012 data showed OC flu and pneumonia immunization rates slightly better than EC. Data for current CHNA show the reverse as seen below. Please see data document for details.***

### **At or Better than Statewide, but not at VT Goal:**

- ◆ % adults 65+ with flu vaccine (Essex County)
- ◆ % adults 65+ with pneumonia vaccine (Essex County)

### **Needing Improvement**

- ◆ % Flu and pneumonia immunization rates slightly lower than statewide in OC, but not statistically significant

## Youth Health or Risk Behaviors

In the category of Youth Health or Risk Behaviors, the following indicators were reviewed:

- ◆ % youth, grades 9 -12, who had 5 or more alcoholic drinks in a row (binged), at least once in the past 30 days
- ◆ % youth, grades 9-12, who drank alcohol past 30 days
- ◆ % youth, grades 9-12, who drank alcohol, other than few sips, before age 13
  
- ◆ % students in grades 9 - 12 who have ever smoked a whole cigarette
- ◆ % students in grades 9 - 12 who smoked cigarettes in the past 30 days
- ◆ % students in grades 9 - 12 who have used snuff or dip the past 30 days
  
- ◆ % youth in grades 9 - 12 who are obese (BMI  $\geq$  95<sup>th</sup> percentile for age)
- ◆ % youth in grades 9 - 12 who engage in 60 minutes of physical activity, every day, past 7 days

Data summary shows the following:

***NOTE: Definitions for most of the above indicators are slightly different than when data gathered for 2012 CHNA, therefore not directly comparable for most items. However, for 2012, indicators listed in areas of strength and in areas needing improvement were those that are written similarly to these below for the current CHNA.***

### **Similar to Statewide, but not at VT Goal:**

- ◆ % youth in grades 9 - 12 who engage in 60 minutes of physical activity, every day, past 7 days - OC and EC
- ◆ % youth in grades 9-12 who are obese – OC and EC slightly higher than state average but not statistically significant.

### **Areas Needing Improvement**

***Both OC and EC have rates higher than VT rate.***

***OC rates are significantly higher than VT rate (statistically):***

- ◆ % youth who engage in binge drinking
- ◆ % youth who drank alcohol past 30 days
- ◆ % youth who drank alcohol, other than a few sips, before age 13
- ◆ % students in grades 9 - 12 who have ever smoked a whole cigarette
- ◆ % students in grades 9 - 12 who smoked in past 30 days
- ◆ % students in grades 9 - 12 who have used snuff or dip in past 30 days

## Adult Health or Risk Behaviors

In the category of Adult Health or Risk Behaviors, the following indicators were reviewed:

- ◆ % of adult (age 18+) binge drinking (5 or more alcoholic drinks on one occasion, at least once in the past 30 days)
- ◆ % of adults (age 18+) who smoke cigarettes
- ◆ % of adults (age 20+) who are obese (BMI 30+)
- ◆ % adults (age 18+) with no leisure time physical activity
- ◆ % of adults (age 18+) who engage in regular physical activity (30 minutes of moderate physical activity 5+ times / week)
- ◆ % adults who eat 2+ daily fruit servings
- ◆ % adults who eat 3+ daily vegetable servings
- ◆ % adults who eat 5+ daily fruit and vegetable servings.

Data summary shows the following:

***NOTE: In 2012 CHNA, data showed binge drinking in EC as statistically significantly worse than state rate. Data for 2015 CHNA is by NCH HSA, and rate is slightly lower than state rate.***

***For 2012 CHNA, rates for obesity and physical activity were similar to state rates. This is the same for 2015 CHNA data.***

***Data for fruit and vegetable servings were not available for 2012 CHNA.***

### **Rate similar to Statewide but not at VT Goal:**

- ◆ % adult binge drinking
- ◆ % adults who are obese

### **Better than VT Goal:**

- ◆ % adults who engage in regular physical activity

### **Areas Needing Improvement**

#### **Rate worse than Statewide:**

- ◆ % adults who smoke cigarettes  
*(OC- significantly higher statistically)*
- ◆ % adults with no leisure time physical activity  
*(OC – significantly higher statistically)*
- ◆ % adults who eat 3+ daily vegetable servings  
*(OC & EC lower than VT rate and Goal. OC significantly lower)*
- ◆ % adults who eat 2+daily fruit servings (both OC & EC)

## Arthritis

In the area of arthritis, the following indicator was reviewed:

- ◆ % of adults with diagnosed arthritis who have limitations in their activity

Data summary is as follows:

***NOTE: This is a completely different measure than Arthritis data available for the 2012 CHNA.***

### **Rate Worse Statewide and/or VT Goal:**

- ◆ % of adults with diagnosed arthritis who have limitations in their activity  
*(Both OC and EC have higher rates than statewide and VT Goal. EC is significantly higher (statistically))*

## Asthma

In the category of Asthma, the following indicators were reviewed:

- ◆ Asthma hospitalization rate per 10,000, age 5 – 64
- ◆ Asthma hospitalization rate per 10,000, age 65+
- ◆ % of adults, age 18+ with asthma, who receive written asthma management plans from their health care provider
- ◆ % of adults, age 18+ with asthma, who have been advised to make changes at home, school and work

Data summary is as follows:

***NOTE: For 2012 CHNA, Asthma indicators were measured in emergency department visits for various age groups and for hospitalization rates for all ages. This is not comparable to the data available for 2015 CHNA.***

### **Rate similar to Statewide rate but not at VT Goal**

- ◆ Rate of asthma hospitalizations, age 5 -64 (OC& EC)
- ◆ Rate of asthma hospitalizations, age 65+ (*OC lower than VT rate and near VT Goal*)
- ◆ % of adults with asthma who receive written asthma management plans from their health care provider (OC rate similar to VT rate, both below VT Goal)  
(EC rates not available)
- ◆ % of adults with asthma who have been advised to make changes (*OC rate similar to VT rate, both below VT Goal*) (EC rates not available)

**Cancer: Breast Cancer, Cervical Cancer, Colon Cancer**

In the category of cancer screening, the following indicators were reviewed:

- ◆ % of women, age 50 – 74, who have had a mammogram in the preceding 2 years
- ◆ % of women, age 21 – 65, who have had a Pap test in the preceding 3 years
- ◆ % of adults, age 50 – 75, who have been screened for colorectal cancer. See definition below:

***NOTE: Colorectal Screening: Adults age 50-75 who have had any one of the following:  
 a fecal occult blood test (FOBT) in the past year;  
 a sigmoidoscopy in the past 5 years and a FOBT in the past 3 years;  
 or a colonoscopy in the past 10 years.***

***NOTE: Data for 2012 CHNA were for age groups defined differently than the above and therefore not comparable to these data for 2015 CHNA.***

Data summary:

**Rate Better than or Similar to Statewide but lower than VT Goal:**

- ◆ % women who have had a mammogram in preceding 2 years

***NOTE: While age group defined differently, mammogram rate reported in 2012 CHNA was also better than statewide.***

- ◆ % adults who have been screened for colorectal cancer

**Areas That May Need Improvement (?)**

- ◆ % women who have had Pap test in preceding 3 years  
*(OC similar to VT rate; EC significantly lower; neither at VT Goal)*

**Cancer Diagnosis: Advanced Stage**

Summary: For females age 50+, OC has a significantly (statistically) lower rate of advanced stage breast cancer at time of diagnosis than VT as a whole. EC has a rate higher than VT rate.

For adults, age 50+, OC has a lower rate of advanced stage colorectal cancer at time of diagnosis than VT as a whole. EC has a rate higher than VT rate.

## Diabetes

In the category of diabetes, the following indicators were reviewed:

- ◆ % of VT adults ever told they have diabetes
- ◆ % of adults with diabetes who have had diabetes education
- ◆ % of adults with diabetes who have an annual dilated eye exam
- ◆ % of VT women who develop diabetes during pregnancy

*NOTE: For 2012 CHNA, indicators for Diabetes were measured differently. Only bullets 2 and 3 above are the same (diabetes education and dilated eye exam).*

Data summary:

### **Rate at or Better than Statewide and near VT Goal: (Essex County data not available)**

- ◆ % adults with diabetes receiving diabetes education  
*(This indicator was also better than VT rate in 2012 CHNA)*
- ◆ % adults who have an annual dilated eye exam
- ◆ % VT women who develop diabetes during pregnancy

### **Areas Needing Improvement**

- ◆ % of VT adults ever told they have diabetes  
*(OC and EC both at 8%; VT rate at 7%)*

## Heart Disease and Stroke

In the area of heart disease and stroke, the following indicators were reviewed:

- ◆ Rate of coronary heart disease deaths (per 100,000)
- ◆ Rate of stroke deaths (per 100,000)
- ◆ % of adults, age 18+ with high blood pressure
- ◆ % adults who have had their cholesterol checked within the preceding 5 years

***NOTE: Data in the previous CHNA showed that coronary heart disease death rate was significantly worse than VT at that time. Stroke death rate cannot be compared to previous as previous measurement was per 10,000.***

Data summary:

### **Rate Better than Statewide Rate but not at VT**

#### **Goal:**

- ◆ % of adults with high blood pressure – EC has lower rate than VT rate

### **Areas Needing Improvement**

- ◆ Rate of coronary heart disease deaths  
*(Both OC & EC rates are higher than VT rate)*
- ◆ Rate of stroke deaths  
*(Both OC & EC rates are higher than VT rate)*
- ◆ % adults with high blood pressure  
*(OC rate statistically worse than VT rate)*
- ◆ % of adults who have had their blood cholesterol checked within the preceding 5 years  
*(Both OC & EC lower than VT rate, and below VT Goal. OC statistically worse than VT rate. )*

## Mental Health

In the category of mental health, the following indicators were reviewed:

- ◆ Rate of suicide deaths, per 100,000
- ◆ % of suicide attempts by youth in grades 9 - 12 that require medical attention

Data Summary:

***NOTE: Data for 2012 CHNA reported as numbers rather than percentages.***

Data not available for EC.  
Suicide death rate for OC is higher than VT rate.  
OC rate of suicide attempts by youth is similar to VT rate

## Health Care Access

In the category of health care access, the following indicator was reviewed:

- ◆ Was there a time in the past 12 months when you needed to see a doctor, but could not because of the cost?

Data Summary:

***NOTE: Regarding not seeing a doctor due to cost, for the 2012 CHNA which used 2008 data, 10.1% of respondents in VT as a whole responded that they had experienced this, while in OC the rate was 15% and in EC it was 13%.***

Most recent data from VT Department of Health (2012-13 BRFSS) show that the VT rate is 10%, and the rate for the NCH service area, the rate is 9%

### 10 Leading Causes of Death

In terms of the leading causes of death, the VT Vital Statistics Report for 2010 shows that, by percentage, the 10 leading causes of death for OC and EC are similar to the state and are ranked below in percentages:

	VT %	OC %	EC %
<b>Deaths by Percentage of Total</b>	100%	5.2%	1.4%
<b>10 Leading Causes of Death by Percent of Total for VT &amp; by County</b>			
Malignant Neoplasms (cancer)	25.9%	22.8%	33.3%
Diseases of the Heart	21.7%	28.5%	24.0%
Chronic Lower Respiratory Diseases (COPD, Emphysema and others)	6.2%	6.4%	8.0%
Accidents	5.5%	6.8%	6.6%
Cerebrovascular Disease (Stroke)	4.9%	2.8%	1.3
Alzheimer's Disease	4.4%	4.6%	2.7%
Diabetes Mellitus	2.8%	2.5%	0
Intentional Self-harm (Suicide)	2.0%	0.7%	2.7%
Parkinson's Disease	1.3%	1.4%	1.3%
Influenza & Pneumonia	1.1%	2.1%	0

*NOTES: The 2010 five leading causes of death in VT and US white population are the same.*

*Essex Co. has 0 reported for Diabetes and for Influenza / Pneumonia, and 7 reported as "All Other Causes."*

*For OC, the leading cause of death for this reported time period is Diseases of the Heart, so this differs from the VT rankings.*

*For OC and EC, the Alzheimer's mortality rate is slightly higher than the Stroke mortality rate, so this differs slightly from the VT rankings.*

*Other differences are in Parkinson's Disease and Influenza/ Pneumonia. For OC, Influenza/Pneumonia mortality rate is slightly higher than Parkinson's, again differing from the VT ranking, with Intentional self-harm ranking lowest for OC.*

*The above data differs very little from the 2012 leading causes of death for OC and EC as compared to VT.*

*North Country Board of Trustees approved this document at the January 7, 2016 meeting.*