

North Country Hospital

Community Health Needs Assessment

2015 Report



NCH 2015 Community Health Needs Assessment Report

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North Country Hospital Community Health Needs Assessment Report

Introduction

As part of its strategic initiative, and in compliance with the Patient Protection and Affordable Care Act (ACA 501(r) (3), North Country Hospital (NCH) has conducted a Community Health Needs Assessment (CHNA). The most recent prior assessment was completed in 2012. The 2015 CHNA is comprised of a number of processes and data elements as described in the following pages. Following analyses of the various data elements, NCH, along with a team of key community stakeholders has identified six Priority Health Concerns that its communities are encountering and on which it anticipates a positive impact can be made through the implementation of strategies to help meet those needs. This report includes a description of the decision making process regarding how priorities were identified and are or are not addressed in the accompanying Implementation Strategy document.

Availability of the CHNA and Implementation Strategy

Upon completion of the entire CHNA process, the documents comprising the NCH CHNA Report and Implementation Strategy will be made widely available in an easily downloadable format on the NCH website at www.northcountryhospital.org. A hard copy will also be available by calling North Country Hospital Administration at 334-3203 and requesting a copy. This information will be available to community members without the need to have special hardware or software, without payment or fee, or without the requirement of creating an account or being required to provide personally identifiable information. Both NCH's previous CHNA, completed in 2012, as well as the related Implementation Strategy, updated in 2014, will continue to be available on the NCH website or at no charge to interested community members who are encouraged to contact NCH administration at the above telephone number to request a copy.

NCH Core CHNA Team

A core team of NCH staff began a series of planning meetings in January 2015 to spearhead the CHN assessment process. The leader of this core team was Julie Anne Riffon, LICSW, PCMH CCE, Executive Director Primary Care and Quality and Blueprint for Health Project Manager, NCH Medical Group Operations.

The core team members included the following NCH staff:

- Mary Hoadley, NCH Wellness Center Manager
- Joanne Fedele, RN, MSN, CHC, Community Health Planner
- Bobby Jo Rivard, Administrative Assistant, Medical Group Operations

- Wendy Franklin, Director of Development and Community Relations, as ad hoc member to assure appropriate website placement and marketing of the community-wide survey
- Beth Barnes, Community Outreach Specialist – joined the team as temporary member for purposes of implementing the community focus groups

Initial plans for the assessment process and a timeline were developed by J. Riffon with overall guidance from NCH Senior Leadership. The plans, processes, and timeline were discussed and reviewed by the Core CHNA Team, with only slight modifications, in order to present it to the CHNA Community Advisory Team and begin its implementation accordingly.

Development of the CHNA Advisory Team

In keeping with the guidelines for a comprehensive CHNA, a number of key community stakeholders who represent the broad interest of the Newport Hospital Service Area, including leaders and representatives of organizations that serve various segments of the population in the NCH service area were invited to participate on the CHNA Advisory Team. With the NCH Core Team as a subgroup of the CHNA Advisory Team, the Advisory Team was lead and discussion was facilitated by J. Riffon.

In addition to members of the NCH Core Team, the CHNA Advisory Team membership included:

- James Biernat, RN, MSN, District Director, Newport Office of VT Dept. of Health
- Lisa Daigle Farney, MEd., Director of Education, Northeast Kingdom Learning Services, the local agency providing educational services to adults of all ages with the goal of their completing a high school education
- Lyne Limoges, RN, MSN, Executive Director, Orleans Essex Visiting Nurse Association & Hospice
- Jeanne Kadmiri, Guidance Counselor, Newport Elementary School and a founder of the Newport After-school Program. This program, which has been sustained for over 15 years, provides health, educational, and recreational services, including summer programs, to over 100 children from the Newport area, primarily from the low socioeconomic population.
- Avril Cochran, RN, Formerly Interim VP of Patient Care Services, currently VP of Patient Care Services
- Carol Boucher, BA, Chief Development Officer and/or Gail Middlebrook, MA, LCMHC, LADC, Senior Director, Addiction Services, Northeast Kingdom Human Services, a mental health agency serving the three counties of VT's Northeast Kingdom

Advisory Team Process

From mid-March through December 2015, the Advisory Team met several times for the following purposes:

- To gain an understanding of the overall NCH CHNA process
- To review and discuss in detail several pages of community health data formatted and compared to state and national data. These data tables are included in this CHNA in Appendix A.
- To assist in developing the questions that comprised the community-wide survey which was available in both hard copy and electronically.
- To assist in developing the questions to be consistently asked at various community focus groups.

- To assist in establishing key sites for these community focus groups with the goal of reaching subgroups of the population such as senior citizens, young parents, low socioeconomic groups.
- To plan a series of meetings following the completion of the survey and forums with the goal of setting criteria for key health needs, identifying such needs from all the data that was compiled from all the above sources, and for discussion of how these issues are or are not being addressed in the community.
- To determine the Implementation Strategy for each of the six Key Health Concerns, including identifying the current strategies, partners/collaborators, potential plan/upcoming development, the NCH resources it plans to commit to address each key health concern, and measures to assess progress and/or success.

Quantitative Data Resources: Resources and process

NCH's CHNA includes review of quantitative data from these sources and is detailed in Appendix A attached to this report

- ◆ Data were collected describing a diverse range of health indicators and risk factors. As noted previously, these data for Orleans County and Essex County are compared to VT and US rates, as well as VT 2020 Goals, when available. For this CHNA report, these data tables are contained in Appendix A and include the VT Department of Health, the VT Department of Labor, VT Department of Health Access, US Census Bureau, and VT Cancer Registry, among other sources. Data are included for all the following categories:
 - General Population Data / Demographics / Socioeconomic / Education Level / Insurance Status / Health Access
 - Maternal /Child Health Indicators
 - Immunization & Infectious Disease
 - Youth Health or Risk Behaviors – Tobacco Use/ Alcohol Use/ Obesity/ Physical Activity
 - Adult Health or Risk Behaviors - Tobacco Use/ Alcohol Use /Obesity / Physical Activity / Fruit & Vegetable Servings / Marijuana Use / Non-medical Use of Pain Relievers
 - Arthritis
 - Asthma
 - Cancer Screening – Breast, Cervical, Colon
 - Cancer Diagnosis / Advanced Stage / Cancer Incidence / Cancer Mortality
 - Diabetes Mellitus
 - Heart Disease & Stroke
 - Mental Health – Suicide Rate
 - 10 Leading Causes of Death- Includes COPD data
 - County Health Rankings (University of Wisconsin, Population Health Institute/ Robert Wood Johnson)

Qualitative Data Collection

The CHNA process also included a review of qualitative data, including:

- A summary of the previous CHNA Implementation Strategy, updated in 2014, to assess the impact of actions taken since the preceding CHNA (See Appendix C).
- As of December 2015, there were no written comments received on NCH's most recent CHNA and/or adapted Implementation Strategy for the CHNA Advisory Team to review.
- Community Survey results and findings as described on pages 6-8 of this report
- Community Focus Group results and findings as described on page 9 of this report
- Combined survey and focus group findings as described on page 10-11 of this report

A **Community Survey**, entitled "*Tell us what you think!*" was distributed widely and provided information about perceptions of health needs and risk behaviors that have the greatest impact on the community. The survey also indicated the perceptions of the availability or lack of availability of a broad spectrum of resources. The survey was easily electronically accessible via a survey monkey link which was circulated through multiple e-distribution lists reaching numerous agencies, organizations and employers in the NCH service area. NCH also placed advertisements in the local newspapers with instructions on how the survey could be accessed, encouraging community members to complete it. A link directly to the survey was also posted on NCH's website.

Paper surveys and survey collection boxes were placed at multiple sites throughout the communities, with much effort going into bringing surveys to many of the small towns located in Orleans and Northern Essex counties, including the following locations:

- Health agencies, including mental health, public health and visiting nurse association
- Lobbies of larger buildings such as the state office building and the hospital
- Provider practices, including the FQHC in northern Essex Co.
- General stores and local grocery stores
- Banks
- Post offices
- Local businesses / employers
- CHNA Focus Groups locations, with participants encouraged to complete on paper or on -line
- Supervisory unions
- Service organizations such as community action and learning services
- Some town clerk offices

Community Survey Results: Demographic information about respondents

A total of 463 surveys were completed, including 388 done online and 75 done with paper and pen. The NCH service area has a population of approximately 29,000, with this survey representing .02% of this population. Demographic data describing survey respondents are as follows

The survey process reached respondents throughout many communities in the NCH service area as seen below:

Total Respondents live in:

Albany-1.85%	Barton-5.42%	Brownington-4.9%	Canaan-1.48%	Charleston-2.07%	Coventry-2.54%	Derby-18.34%
Derby Line-3.46%	Glover-2.3%	Holland-3.8%	Irasburg-3.94%	Island Pond-2.8%	Jay-1.41%	Lowell-1.5%
Morgan-1.41%	Newport-20.5%	NewportTown-7.6%	North Troy-1.6%	Orleans-3.2%	Troy-1.86%	
Westfield-2.1%	Westmore-.37%	Other-7.2%				

North Country Hospital Employees were included in the survey process resulting in a total of 180 employee respondents categorized into the following disciplines:

- 8.14% were Physicians/Associate Clinicians
- 27.33% were Nurses
- 1.74% were Care Management/Social Workers
- 25.58% were Clinical Position: lab, respiratory, cardiopulmonary, rehab services, etc.
- 37.21% were Support Staff: facilities, housekeeping, human resources, administration, etc.

Location	Total # Completed	Male	Female	18 or <	19-64	65+	< \$25,000	\$26,000-\$50,000	\$50,000+	Didn't say
Community	283	13.19%	86.81%	0%	76.56%	23.44%	15.94%	30.43%	36.59%	17.03%
NCH	180	11.93%	88.07%	0.57%	92.05%	7.39%	6.29%	24%	49.14%	20.57%
Combined	463	12.56%	87.44%	.57%	84.31%	15.41%	11.05%	27.21%	42.86%	18.8%

Summary of Community Survey Findings:

The top ten issues that impact our community's health identified by respondents during the survey were categorized as follows:

Issues that impact our community's health	Most Important Combined	Most Important Community	Most Important NCH
Child abuse or neglect	59.94%	65.94%	53.93
Use of street drugs such as heroin, cocaine, etc. among youth under 18 years old	52.83%	53.65%	52.02
Violence in the home	49.03%	54.48%	43.58
Rape and/or sexual assault	48.52%	55.23%	41.81
Abuse of prescription medications among youth under 18 years old	47.05%	45.79%	48.31
Use of street drugs such as heroin, cocaine, etc. among adults 18 years and older	45.29%	45.13%	45.45
Infant or childhood diseases that can be prevented by immunizations	39.46%	42.96%	35.96
Suicide or attempted suicide	37.22%	42.75%	31.07
Mental health problems such as anxiety and depression	34.4%	34.89%	33.91
Abuse of prescription medications among adults 18 years and older	33.33%	33.33%	33.33

Focus Group Information

The second method of qualitative data collection in the NCH CHNA process was provided by holding a series of community focus groups to solicit information from individuals who were elderly, with low incomes and/or parents of young children. As mentioned previously, a set of questions to be presented to group participants was developed by the Advisory Team with guidance from NCH Senior Leadership. A script was also developed for the facilitator to be used with each group so that the process in each group would be as similar as possible. The goal was to elicit responses to the same set of questions from subgroups of the population in the hospital service area that might not otherwise have easy access to the survey or might not be able to easily communicate their comments and concerns. Participants of these groups were eligible for a random drawing of a small gift certificate to local markets upon conclusion of the group discussion.

The community focus groups were held at the following sites:

- Barton Senior Meal Site
- Cornucopia Community & Senior Meal Site, Newport
- Building Brighter Futures, held in Newport, serves low income young families from many local communities
- Governor's Mansion, Newport, housing unit serving low income elderly
- Albany/Irasburg Headstart, serving low income young families
- Sunrise Manor, Island Pond, senior housing units
- Jay Bone Builders, a group of seniors from the Jay/ North Troy/ Westfield area that meet regularly for exercising

Total number of participants in the focus groups was 74. Of those 74:

- 22% were male
- 78% were female
- 1% were under 18 years old
- 31% were between the age of 19-64
- 68% were 65 or older
- 46% have a household income less than \$25,000
- 34% have a household income between \$26,000-\$50,000
- 5% have a household income greater than \$50,000
- 15% didn't not want to say

Combined comments provided by Focus Group and Community Survey Respondents

Both the survey and focus group processes included participant written feedback (comments) on their perceptions of services or resources in the NCH service area that need improvement. Categorization of these comments is seen in the table below:

Services/Area that need improvement	Focus Group	NCH Employee Comments	Community Survey Comments
Elderly Services	3	4	9
Pay/Cost/Affordability	23	3	7
Mental Health/Alcohol/Drugs	46	13	18
Transportation	16	3	12
Access to Medical Care/Walk-in Clinic	1	10	12
Exercise	7	2	11
Dental Needs	4	5	3

Additional combined Focus Group and Community Survey Findings: Community Resources/Services and Access

Feedback from community surveys and Focus Groups included a review of a large number of services and resources available in the NCH service area and respondents were asked about their perception regarding the availability and accessibility of these services. This feedback was helpful in determining community partners to include in the development of the CHNA's Implementation Strategy.

Respondents were asked to select one of the following categories for each of the services/ resources listed:

- Available & Adequate
- Available but not enough
- Available but not when I need it or I can't get there
- Not Available
- Not sure

Services/ resources were listed for:

- Quit tobacco
- Lung/ colon cancer screening/ testing, treatment, prevention
- Asthma/ COPD
- Overweight/ Obesity – Adult, youth, women of childbearing age-encouraging health eating, affordable exercise/ fitness programs, access to bicycles for adults/ children, recreation activities
- Diabetes
- Heart Disease, Stroke

- Alcohol, street drugs, prescription abuse – adult/ youth; alcohol/drug treatment when you need it
- Access to medical care when it is needed without going to the Emergency Department
- Access to dental care when it is needed without going to the Emergency Department
- Access to substance abuse and mental health providers when it is needed without going to the Emergency Department – addiction support services, mental health care when you need it
- Unemployment/Poverty/ Lack of High School Education – services for adults wanting a HS education, affordable exercise/fitness programs
- Transportation – for medical appointments, for other reasons
- Increased Elderly Population – housing, meal program, home care, nursing homes, adult day care, other elderly care services, services for people who need end of life care (hospice)
- Child abuse or neglect
- Violence in the home
- Rape and/or sexual assault

Prioritization Process for Key Health Concerns

During the CHNA process, the Advisory Team utilized a set of criteria when reviewing the data and information provided by both the community surveys and Focus Groups as well as the data in Appendix A to determine the leading community health issues pertinent to the NCH service area. This criteria was utilized to first identify the health needs of the community, next to prioritize them and lastly to identify which needs would be recognized as Key Health Concerns and be addressed by an Implementation Strategy for improvement.

The magnitude and severity of each of the health concerns were assessed as high or moderately high, with consideration of vulnerable populations throughout the process. The criteria which were utilized are aligned with those recommended by the Catholic Health Association (CHA) to prioritize community health needs as documented in Assessing & Addressing Community Health Needs (CHA, 2015) and also meet 501 (r) (3) regulations.

The criteria utilized for prioritization included:

- Magnitude of problem (i.e., % of population affected) and/or significance based on circumstances present in our community
- Severity (i.e., rate of mortality or morbidity, if applicable), and/or scope or urgency of the health need
- Vulnerable population impacted/ identified (examples include low income individuals, children and/or elderly which are significant for the Newport Health Service Area)
- Opportunity to affect change which includes consideration of estimated feasibility and effectiveness of possible interventions, associated health disparities or importance to the community

Key Health Concerns Identified for Development of Implementation Strategy

After review of the combination of data and the results of the community survey and focus group processes, the Advisory Team prioritized the following as key health concerns recommended for development of Implementation Strategies for the 2015 NCH Community Health Needs Assessment:

Tobacco Use: Addiction Treatment and Prevention

- Adult
- Youth
- Women of childbearing age
- Associated medical conditions including: Lung Cancer, COPD, Asthma

Alcohol, Street Drugs and Prescription Abuse: Addiction Treatment and Prevention

- Adult
- Youth
- Women of childbearing age

Overweight /Obesity: Encourage Physical Activity and Healthy Eating

- Adult
- Youth
- Women of childbearing age
- Associated concerns or conditions including: Lower percentage of mothers who breast Feed, Diabetes, Heart Disease, Stroke, Colon Cancer.

Access to Medical Care when needed

Access to Dental Care and Oral Health Services when needed

Access to Mental Health and Substance Abuse care when needed

Related Key Concerns that Affect the Health of the Community

Additionally, the Advisory Team acknowledges there are related key concerns which were identified through the assessment process that impact the health of the NCH service area but which NCH's Implementation Strategy does not intend to directly address with specific measures or activities to assess progress. These related key concerns include:

- Higher rates of unemployment, poverty, lack of high school education
- Transportation challenges
- Increased elderly population
- Child abuse or neglect
- Violence in the home
- Rape and/or sexual assault

However, NCH's Implementation Strategy contains a recommendation to address the related health concerns listed above by a commitment to assess the need and community capacity to implement the Bridges Out of Poverty initiative in the NCH service area. This is a nationally recognized community support program which helps a community move independently from poverty to self-sufficiency.

Overview of Implementation Strategy

NCH's Advisory Team has developed an Implementation Strategy to describe how the anticipated plans to address each of the six key health concern identified as priorities. The Implementation Strategy is a separate CHNA document and describes how NCH plans to work with the community to address each Key Health Concern. It includes a brief overview of current strategies within the community, identifies collaborating resources, describes anticipated developments/plans for the next three years and identifies resources NCH plans to commit to address each Key Health Concern. It also includes process or outcome measures with goals which will be utilized to monitor results of the strategies implemented. Whenever possible these measures are linked to goals in the Healthy Vermonter 2020 initiative and Vermont's Health Improvement Plan for 2013-2017.

Development of the Implementation Strategy

In order to develop the CHNA Implementation Strategy the Advisory Team completed a series of action steps which consisted of:

- Identification of which local agencies/ partners currently provide resources to address each need in some manner

- Held a series of Focus Group meetings with representatives from these agencies / partners to assess the current status of their specific resources
- In collaboration with these partners, assessed how these resources meet current or future needs
- As appropriate, assessed any changes since the last community health needs assessment was done in 2012
- Established outcome measures to assess progress over the next three years aligning with HealthyVermonters 2020 goals, VT's Blueprint for Health and/or OneCareVermont ACO initiatives as appropriate/

To carry out the above action steps, representatives from the following local agencies /partners were invited to participate in Implementation Strategy Focus Group meetings with the CHNA Advisory Team specifically to address key health concerns as noted below

- **Tobacco Use Implementation Strategy Focus Group:** Adult, Youth, and/or Women of Childbearing Age and associated medical conditions
 - Tobacco Cessation Specialists from North Country Hospital, both Community Health and Cardiopulmonary Departments
 - VT Department of Health, Newport District Office
 - NEK Learning Services – for their grant work related to reducing tobacco use in youth
- **Overweight/ Obesity Implementation Strategy Focus Group:** Adult, Youth, and/or Women of Childbearing Age and associated medical conditions
 - North Country Hospital and Primary Care, Registered Dietitians
 - North Country Hospital Childbirth Educator
 - VT Department of Health, Newport District Office, Registered Dietitian
 - VT Department of Health, Newport District Office, Consultant to School Nurses
 - An interested community person, retired dietitian
- **Alcohol, Street Drugs and Prescription Abuse Implementation Strategy Focus Group:** Adult, Youth and/or women of childbearing age and associated medical conditions, including feedback re: **Access to Substance Abuse and Mental Health providers when needed without going to the Emergency Department**
 - BAART
 - Local Private LDAC
 - Journey to Recovery Community Center, Newport
 - VT Department of Health, Newport District Office, School Nurse Consultant
 - NEK Learning Services – regarding their grant work in reducing alcohol and drug use in youth
 - North Country Primary Care, Medical Social Worker
 - Northeast Kingdom Human Services
 - Orleans County Restorative Justice Center
 - North Country Hospital, multiple departments

- **Dental and Oral Health Services** when needed without going to the Emergency Department-input received from:
 - VT Department of Health, Newport District Office, Dental Hygienist
 - Plainfield Health Center, Ronald McDonald Dental Van , Coordinator
 - Northern Counties Health Care, Director of Primary Care and Dental Office Supervisor
 - NCH Community Health Team

- **Health Services** when needed without going to the Emergency Department
 - North Country Hospital, multiple departments, including Medical Group Operations, Care Management, CHT, Practice Managers and others
 - Feedback about this priority health concern was also provided during the Focus Groups during the first phase of the CHNA process
 - Feedback also was received during the Implementation Strategy Focus Groups addressing Tobacco, Substance Abuse and Overweight/Obesity

NCH resources available to address identified needs:

NCH plans to commit several resources to improve the health of the community identified and prioritized during the CHNA process. Some resources are specific for each Key Health Concern and details are contained in the Implementation Strategy document in the column entitled “Anticipated Plan/Upcoming Development (1/1/16-12/31/19)”. Examples include:

- Staff with time dedicated to activities which directly link to NCH’s Implementation Strategy for each of the Key Health concerns, including the Manager of Wellness Center, two Dieticians, Community Health Planner, Director of Development and Community Relations, Community Outreach Specialist and Executive Director of Primary Care and Quality
- Commitment to designate a lead NCH staff person for each of the Key Health Concerns who will partner with community resources and will monitor progress in meeting CHNA Implementation goals related to each of the Key Health Concerns.
- Expansion of the NCH website to provide increased information to the community about resources and activities available for each of the Key Health concerns identified.

Plan for communication of results of the CHNA report and Implementation Strategy:

NCH plans to make both the CHNA Report and the Implementation Strategy document widely available to the public. This will include:

- Easily downloadable format on the NCH’s website at www.northcountryhospital.org No special hardware or software or fee or need to create an account will be required to read and/or download the CHNA documents
- Hard copy available by calling NCH administrative office at 802-334-3203
- Presentations will be offered to members of the seven Focus Groups which provided input into the needs assessment phase of the CHNA process
- Presentation at the Newport Area Community Health Team, composed of representatives of thirty or more local organizations

- Presentation at Newport area RCPC/UCC
- NCH's Office of Development and Community Relations will coordinate publicity notifying the community that the CHNA Report and Implementation Strategy document has been completed and results available.
- In addition, a summary of the 2012 CNHA Report and Implementation Strategy document, updated in 2014, will also continue to be available utilizing the same access points as above

Supporting documents for the 2015 CHNA Report include:

Appendix A: Data reviewed

Appendix B: Comparison of data (2012 vs 2015): Strengths and Improvements needed

Appendix C: 2012 CHNA Implementation Strategy, updated in 2014

2015 CHNA Implementation Strategy

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