



Gifford Medical Center

2012
Community Healthcare
Needs Assessment

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This assessment was designed to fulfill the requirements of the Federal Patient Protection and Affordable Care Act (PPACA) and to help Gifford Medical Center fulfill its mission.

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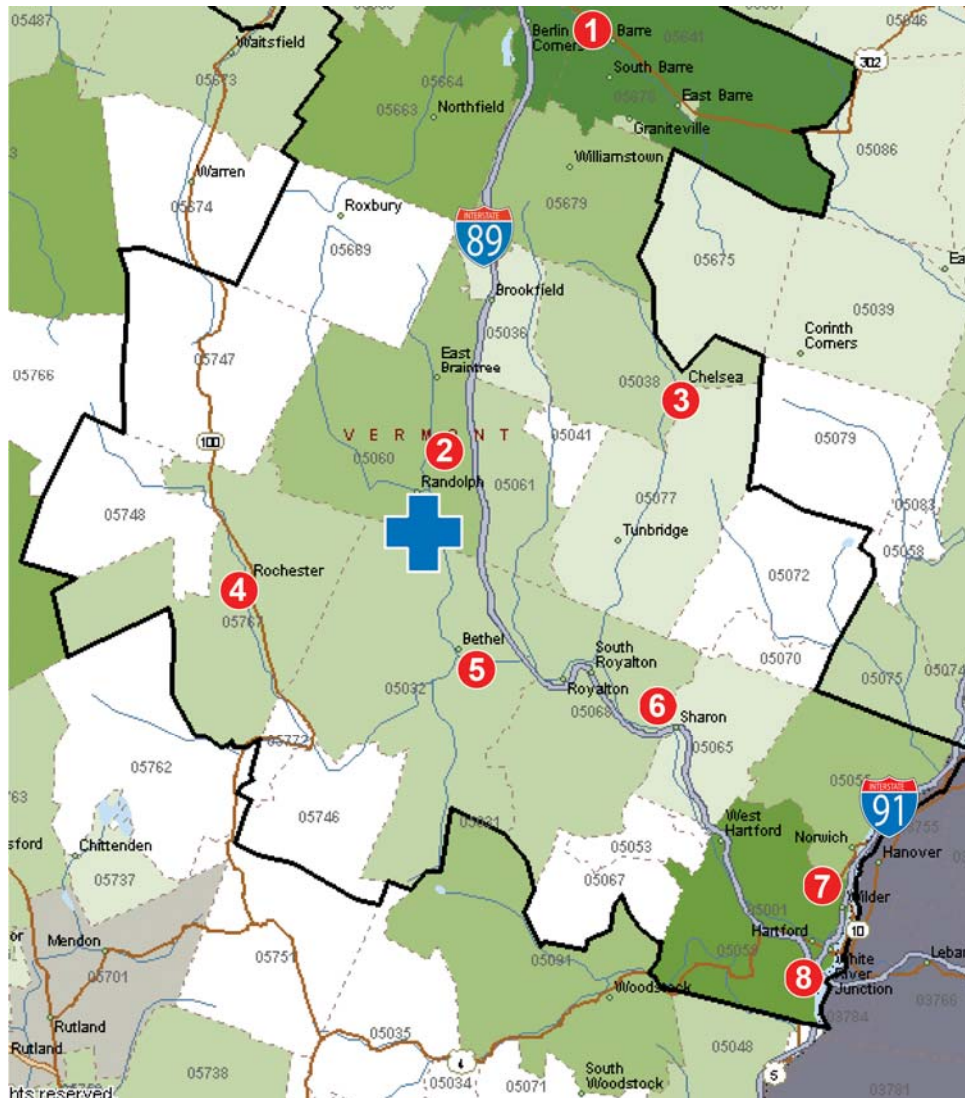
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Project Objective

In 2012, Gifford Medical Center conducted a formal Community Healthcare Needs Assessment. This assessment was designed to fulfill the requirements of the Federal Patient Protection and Affordable Care Act (PPACA) and to help Gifford Medical Center to fulfill its mission. The assessment process involved reviewing relevant data and publications published by government and non-profit agencies from within the Gifford community and statewide, surveying the members of the community, and analyzing the health care needs of the community in Community Health Team planning meetings.

About the Gifford Service Area

Since its start more than 100 years ago in 1903, non-profit Gifford Medical Center has been providing health care to the Randolph area and beyond in a region known as the White River Valley. Gifford, in Randolph, operates a community hospital and additionally has family health centers in the towns of Bethel, Chelsea, Rochester and Sharon, and specialty service clinics in population centers to the north in Berlin, and to the south in White River Junction and Wilder.



The hospital in Randolph is a full-service medical center with a 24-hour emergency department, inpatient and rehabilitation units, a day care, an adult day care (located in Bethel) and an award-winning 30-bed nursing home, the Menig Extended Care Facility, which opened in 1998 on the main campus. The Birthing Center, established in 1977, was the first in Vermont to offer an alternative to the traditional hospital-based deliveries and continues to be a leader in midwifery and family-centered care.

In 2001, the hospital was designated as a Critical Access Hospital, an initiative of the Federal Rural Health Flexibility Program. The program recognizes that hospitals in rural areas are important to the health of the communities they serve and was created to give rural hospitals the necessary tools to adjust to a rapidly changing health care environment. Gifford's size and the rural community it serves were among the reasons Gifford received the designation.

Although small in size, Gifford offers many specialty services. Specialties and services available at Gifford include anesthesiology, cardiology, chiropractics, family medicine, hospitalist medicine, internal medicine, mental health, neurology, obstetrics and gynecology, nurse-midwifery, oncology, ophthalmology, orthopedics, pathology, pediatrics and adolescent medicine, podiatry, sports medicine, radiology, rehabilitative services that include physical, occupational and speech therapies, general surgery, urology and more.

The hospital's mission is to improve individuals' and community health by providing and assuring access to affordable and high-quality health care in Gifford's service areas. Gifford has been honored for that commitment of late, including being recognized among the nation's Top 100 Critical Access Hospitals, as a best place to work in health care, and by the Legislature in 2012 through a resolution recognizing "the outstanding health care services" provided by Gifford. Gifford's nursing home has also received extensive awards for quality, including being named one of the 39 best nursing homes in the nation.

Population

- Gifford serves nineteen towns with a population of 32,556 (2010)

The following descriptive statistics are only available at the county-level. Orange County was selected as a proxy for the service area because more of Gifford's service area towns are located in Orange County than are located in any other county.

Demographics

- 15.4% of the population is age 65 and over
- 20.4% of the population is under the age of 18
- 96% White, non-Hispanic

Education

- 90.3% of people in Orange County (age 25 years and over) have graduated high school (2006-2010)
- 29.2% of people in Orange County (age 25 years and over) have a bachelor's degree or higher (2006-2010)

Income

- The median household income in Orange County is \$52,079 (2006-2010). For comparison, the median household income in Vermont is \$51,841.
- 10% of people in Orange County live below the poverty level (2006-2010). For comparison, 11% of Vermonters live below the poverty level.¹

¹ Per the US Department of Commerce, the 2010 federal poverty level for one person is \$11,136 in annual income and \$22,314 for a family of four.

Existing Healthcare Facilities and Resources within the Community that are Available to Respond to the Health Needs of the Community

Accredited Cancer Program (Gifford)
Anticoagulation Clinic (Gifford)
Bayada Home Health Care
Central Vermont Community Action Council
Central Vermont Council on Aging
Central VT Substance Abuse Services
Clara Martin Center
Diabetic Clinic (Gifford)
Dr. Chris Wilson, DDS
Dr. John Lansky, DDS
Early Intervention Services
Eye Care For You
Good Neighbor Health Clinic/Red Logan Dental Clinic
Health Connections (Gifford)
Kinney Drug
Orange County Parent Child Center/Children's Integrated Services
Soares Ocular Surgery
Upper Valley Services
Visiting Nurse Alliance and Hospice of VT & NH
VT Assistive Technology
VT Center for Independent Living
VT Dept. of Health, WRJ District Office
VT Chronic Care Initiative (Gifford)
WISE - Women's Information Service

How Data was Obtained

Data and information for this community needs assessment were obtained using several techniques.

1. Review of Relevant Publications: Staff conducted an environmental scan of the healthcare and community landscape by reviewing relevant reports presented by state, federal, and local non-profit agencies including:

- Census Bureau: *2010 population estimates and American FactFinder*
- County Health Rankings: *Orange County* (2012)
- Department of Vermont Health Access: *Interim Study of Vermont's Primary Workforce Development* (November 2010)
- Fit and Healthy Vermonters: *Preventing Obesity in Vermont Plan*
- Fit and Healthy Vermonters: *Youth Overweight and Nutrition- County Breakdown* (2006)
- Healthy People: *2020 Goals*
- Kids Count: Vermont Data
- National Surveys on Drug Use and Mental Health: *Vermont State Estimates of Substance Use and Mental Health* (2005-2006)
- U.S. Census Bureau: *State and County QuickFacts*
- U.S. Department of Veterans Affairs
- Vermont Area Health Education Centers Network: *The Vermont Primary Care Workforce Snapshot* (2009)
- Vermont Coalition to End Homelessness: *Point-In-Time Count* (2010)
- Vermont Department of Banking, Insurance, Securities and Healthcare Administration: *Vermont Household Health Insurance Survey* (2009)
- Vermont Department of Health, Blueprint for Health: *Health and Healthcare Trends in VT* (2010)
- Vermont Department of Health: *2008 Health Status of Vermonters*
- Vermont Department of Health: *Behavioral Risk Factor Surveillance System* (2010)
- Vermont Department of Health: *Dentist Survey* (2009)
- Vermont Department of Health: *Health Disparities of Vermonters* (2010)
- Vermont Department of Health: *Immunization in Vermont*
- Vermont Department of Health: *Obesity Health Status Report* (2006)
- Vermont Department of Health: *Pregnancy Risk Assessment Monitoring System*
- Vermont Department of Health: *Vital Statistics Annual Report* (2010)
- Vermont Department of Health: *White River Junction Health Report Card* (2007)
- Vermont Department of Health: *Youth Risk Behavior Survey* (2011)
- Vermont Department of Mental Health: *Annual Statistical Reports 2010-2011* (for Adults and for Child, Adolescent and Family Mental Health)
- Vermont Department of Mental Health: *Monthly Service Report* (2007)
- Vermont Department of Mental Health: *Re-design of Adult Mental Health Services System: Planning for Implementation of Challenges for Change* (2011)

- Vermont Department of Mental Health: *System of Care Plans* (for Adults and for Child, Adolescent and Family Mental Health)
- Vermont Migrant Education Program
- Vermont Veterans Services Directory

2. Community Needs Assessment Survey: Staff reviewed several community needs assessment options and then created a thirteen question survey instrument for Gifford. The survey was voluntary and anonymous. Surveys were distributed at nine 2012 Town Meetings in March, a very well attended event in Central Vermont.

The towns include:

Bethel	Chelsea	Royalton
Braintree	Randolph	Sharon
Brookfield	Rochester	Tunbridge

The survey was also distributed at the volunteer Auxiliary membership luncheon which was attended by approximately 75 people who are demographically representative of the service area as a whole. Additionally, the survey was distributed to Gifford employees at staff meetings.

- 3. Community Health Team Planning Meetings:** The Teams hold regularly scheduled planning meetings to identify and discuss community needs in the Teams' effort to provide patients with the support they need for well-coordinated, preventive health services, and coordinated linkages to available social, behavioral and economic support services. The Gifford Community Health Teams (located in Randolph and White River Junction) are multi-disciplinary teams that partner with primary care practices, local hospital and community-based health and social service organizations to enhance and support health self-management.
- 4. Limitations to Assessment:** This report presents the results of those who responded to the survey, as well as information gathered from the research and findings of state, federal, and local non-profit agencies. Due to the fact Gifford is located in a rural community and responses were provided by a relatively small number of individuals, findings may not represent the views of all members of the community.

Health Needs Identified

1. Primary and Chronic Disease Needs and Other Health Issues

The residents of the Gifford service area have the basic primary care needs of most Americans. However, there are simply not enough physicians in some pockets of the Gifford service area to serve the existing, growing, and aging population. Furthermore, there are few dentists in the Gifford service area willing to serve the low-income, uninsured, and underinsured populations.

Health indicator data for the Randolph and/or Chelsea/Corinth Service Areas (where available) and Orange County (more generally) demonstrate this lack of health care access with high mortality and morbidity for several chronic conditions.

- Vermont shows 91.1 diabetes-related deaths per 100,000,ⁱⁱ far worse than the Healthy People 2020 goal of 65.8 deaths.ⁱⁱⁱ
- 29% of Orange County seniors have had all natural teeth extracted (only one other county shows a higher percentage).^{iv} The Healthy People 2020 goal is 21.6%.^v
- Orange County shows 28% of adults as obese (BMI \leq 30), compared to 24% statewide.^{vi}

Health and mental health data from the five Supervisory Unions that overlap the Gifford service area show some striking information. Supervisory Unions (SUs) are groups of small towns that have pooled their resources into a single school system. This is common in rural areas and provides a method to analyze data on a more granular level than county-level data. There are five Supervisory Unions that overlap the Gifford service area, with four Supervisory Unions being 100% within the bounds of the Gifford service area, and the remaining Supervisory Union showing overlap in two of three towns.^{vii} The 2011 Youth Risk Behavior Surveys for each of these Supervisory Unions provides insight into the mental and physical well-being of high school students in the Gifford service area, and the results demonstrate a need for greater health and mental health care access.^{viii}

Obesity:

	Vermont	Supervisory Union				
		Orange North	Orange Southwest	Orange-Windsor	Washington South	Windsor Northwest
% overlap with GHC Service Area	N/A	66%	100%	100%	100%	100%
Overweight (85th BMI Percentile)	13%	18%	16%	16%	21%	16%
Obese (95th BMI Percentile)	10%	19%	12%	16%	10%	19%

Table 1 shows the high rate of overweight and obese high school students in the Gifford service area. All Supervisory Unions are above the state average in both obese and overweight categories, with the exception of the rate of obese students at Washington South SU, which is on par with the state average for obese children. Obesity in children puts them at higher risk for cardiovascular disease, bone and joint problems, and pre-diabetes (a condition of high risk for developing diabetes). In addition, obese children are much more likely to become obese adults.

There is a high need for health education and prenatal care in Orange and Windsor Counties. Data gathered by Kids Count demonstrate this heightened need for prenatal care:

Teen Pregnancy:

There is a significantly higher teen birth rate in both Orange and Windsor Counties as compared to the rest of the state. While the state as a whole shows a teen birth rate of 8.1 births per 1,000 teenage females, Orange and Windsor County's rates are significantly higher at 26.1 births per 1,000, and 26.2 births per 1,000 respectively.^x

Mental Health:

In the past 10 years the adult mental health outpatient caseload in Orange County has increased by 100% with a slightly higher increase in the child caseload, severely taxing existing resources. While there is limited specific data on the prevalence of mental health needs of the Gifford specific service area, in general in a primary care practice, approximately 40% of patients have mental health needs, with as many as 9% of these patients having specialty mental health needs requiring referral to a mental health agency for psychiatric consultation, and 5% of these patients having severe and persistent mental illness requiring chronic ongoing mental health care.^{xvii} In the Gifford service area this means that as many as 10,000 patients will have mental health needs which are at this time going partially unmet.

The 2011 Youth Risk Behavior Survey Reports (YRBS) further demonstrate the unmet mental health needs of the children in the Gifford service area. Information from the YRBS for the five overlapping supervisory unions shows the startling reality of the mental health of high school children in the Gifford service area, as demonstrated in Table 2.^{xviii}

Table 2: Mental Health for High School Students in GHC Service Area^{xix}						
	Vermont	Supervisory Union				
		Orange North	Orange Southwest	Orange-Windsor	Washington South	Windsor Northwest
% overlap with GHC Service Area	N/A	66%	100%	100%	100%	100%
Caused purposeful harm to themselves, such as by cutting or burning, past 12 months	13%	20%	20%	13%	16%	17%
Felt sad or hopeless almost every day for 2 weeks or more in a row, past 12 months	19%	18%	29%	18%	30%	28%
Made a suicide Plan, Past 12 months	8%	10%	14%	13%	15%	9%
Made a suicide attempt, Past 12 months	4%	0%	6%	5%	4%	5%

While all SUs that overlap the Gifford service area showed at least two indicators that were worse than state average, two SUs – Orange Southwest and Windsor Northwest – were worse in every category. Orange Southwest SU and Washington South SU showed a significant need for mental health care, with over one in four students reporting that they have felt sad or hopeless consistently for two or more weeks in a row. Another alarming point is the percentage of students in the overlapping SUs who have made a suicide plan, at rates 50% or greater than state average.^{xx}

Substance Abuse:

Substance abuse among high school students is also markedly higher in the Gifford service area than the state of Vermont as a whole. Table 3 below shows the rate of cigarette smokers and marijuana users in the Gifford service area.^{xxi}

	Vermont	Supervisory Union				
		Orange North	Orange Southwest	Orange-Windsor	Washington South	Windsor Northwest
% overlap with GHC Service Area	N/A	66%	100%	100%	100%	100%
Smoked cigarettes on 20 or more of the past 30 days	5%	8%	11%	11%	12%	9%
Used marijuana on 10 or more of the past 30 days	11%	13%	20%	13%	18%	20%

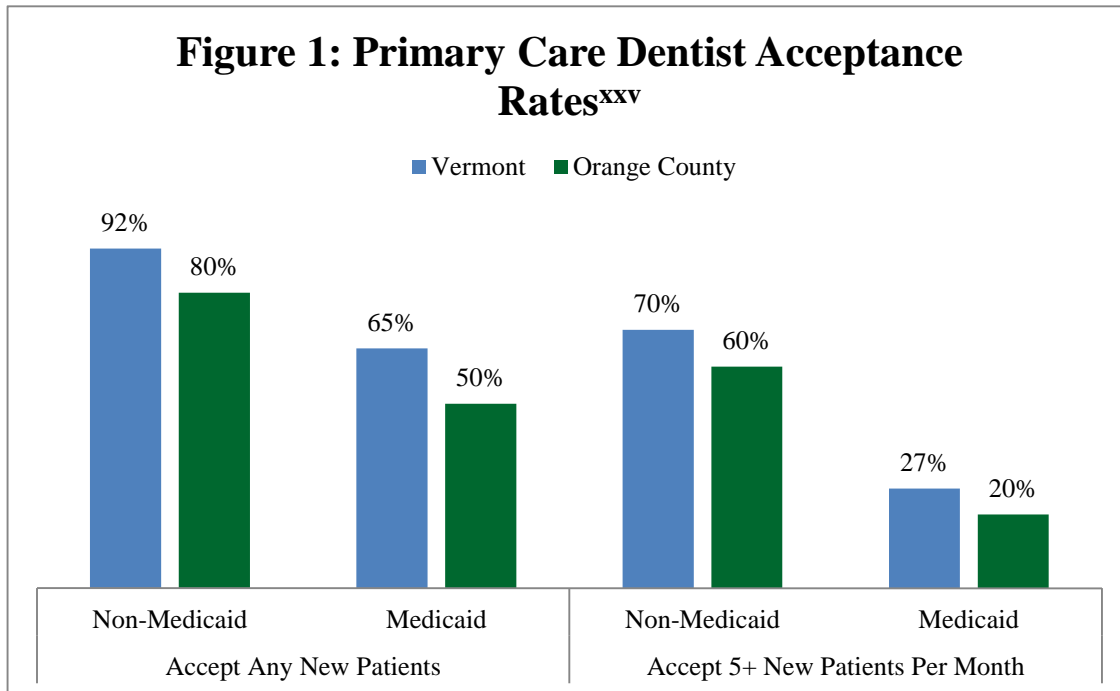
Every SU that encompasses the Gifford service area has a higher rate of substance abuse than Vermont on average. Three of the Supervisory Unions show double the percentage of consistent cigarette smokers, and two SUs, Orange Southwest and Windsor Northwest, report almost double the rate of marijuana abuse.^{xxiii} This shows that there is a need for greater substance abuse counseling in the Gifford service area.

Dental Care:

As mentioned before, access to dental healthcare is severely limited. In Orange County the primary care or non-specialty dentist ratio is approximately 23.98 FTE's per 100,000 people with 51.7% of these dentists being age 50 and older. The state average is 35.01 primary care dentist FTE's per 100,000 people. There is a lack of Pediatric dental care in Orange County as well, as only two of the ten dentists in Orange County accept patients less than three years of age, and currently Orange County lacks any specialty care dentists. Additionally, fewer new patients in Orange County are being accepted by dentists. Both Medicaid and non-Medicaid patients are being accepted at a rate lower than the state average.

In Vermont, 92% of dentists accept new patients with a plan other than Medicaid, while only 80% of Orange County dentists accept new patients with a plan other than Medicaid. In Vermont, 70% of dentists accept five or more new patients per month with a plan other than

Medicaid, while in Orange County, only 60% of dentists accept five or more new patients per month with a non-Medicaid plan. Additionally, 65% of dentists in Vermont accept new patients with a Medicaid plan, while 50% of Orange County dentists accept new patients with Medicaid. 27% of dentists statewide accept five or more new patients per month with Medicaid, while only 20% of dentists in Orange County accept five or more new patients with Medicaid per month.^{xxiv}



In Orange County, according to the Vermont Department of Health, 2051 children and 2355 adults who were eligible for dental care through Medicaid did not receive any dental care. In fact nearly 13% of the County's residents had not seen a dentist for two years.^{xxvi} Many patients either forego preventive care and accept the age-old cultural norm of “dentures by 25” like their parents or, especially for children, travel great distances to access care out of the service area. At the edge of the Gifford service area there is a community non-profit called Health Hub which has a current grant to provide dental hygiene services to children within the Orange-Windsor school district. Health Hub serves only four of the schools in the area and their services are also quite limited to once monthly and do not currently include any restorative dental services. The Gifford service area needs more dentists in primary and specialty care, as well as pediatric care.

Other data:

- Orange County and Windsor County both show a higher rate of premature death than the state as a whole, with 6,326 deaths per 100,000 people in Windsor County and 6,043 deaths per 100,000 in Orange County (Vermont has a rate of 5,694 deaths per 100,000).^{xi}
- 31% of Vermont children have not received required immunizations, exceeding the HRSA stated national benchmark of 21.4%.^{xii}

- 11% of Vermont adults (18+) have used an illicit drug within the past month compared with the national benchmark of 9.3%.^{xiii}
- The suicide rate for Orange County is 15.5 per 100,000, exceeding the national benchmark of 11 per 100,000.^{xiv}
- 21.8% of Orange County pregnancies are marked by cigarette use, exceeding the severe national benchmark of 14.3%.^{xv}
- 27% of adults statewide in Vermont report a diagnosis of high blood pressure, exceeding the national benchmark of 24.8%.^{xvi}

2. Community Needs Assessment Survey Findings

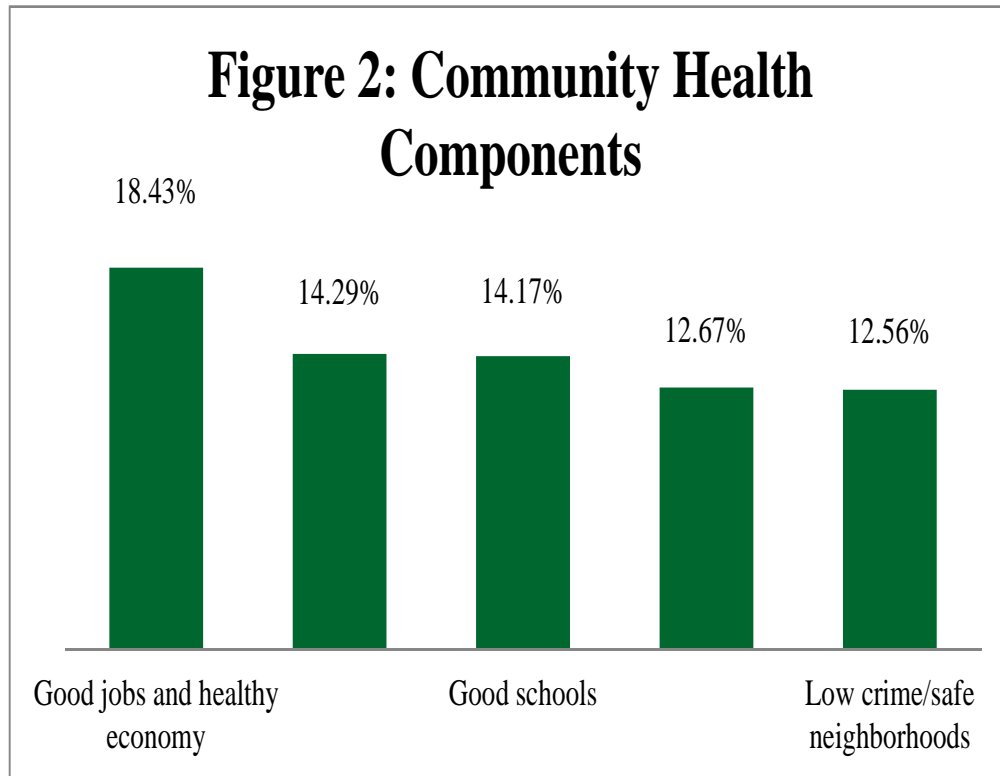
As noted on page 9, a variety of tools were used to gather data for the report. With the survey, a total of 298 responses were collected, and the full results can be viewed in Appendix A.

Basic Demographic Information

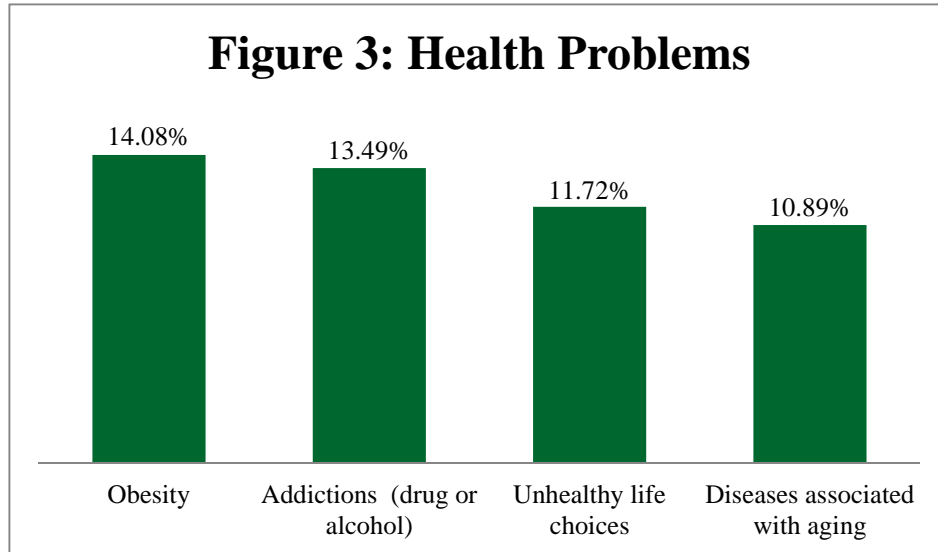
- 40.94% of respondents live in Zip Code 05060, Braintree or Randolph. 14.77% of respondents live in Zip Code 05032, Bethel.
- 28.92% of respondents were aged 65 or older. 26.83% were between the ages of 55 and 64, and 25.78% were between the ages of 40 and 54.
- 72.85% of survey participants have been a resident of their community for 10 or more years. 11.68% have been a resident for 6 to 10 years.
- 54.20% of respondents work full time. 24.48% are retired, and 15.73% work part time.
- 58.90% of participants report themselves as healthy. 23.97% report themselves as somewhat healthy, and 15.41% of respondents report themselves as very healthy.

Community Health

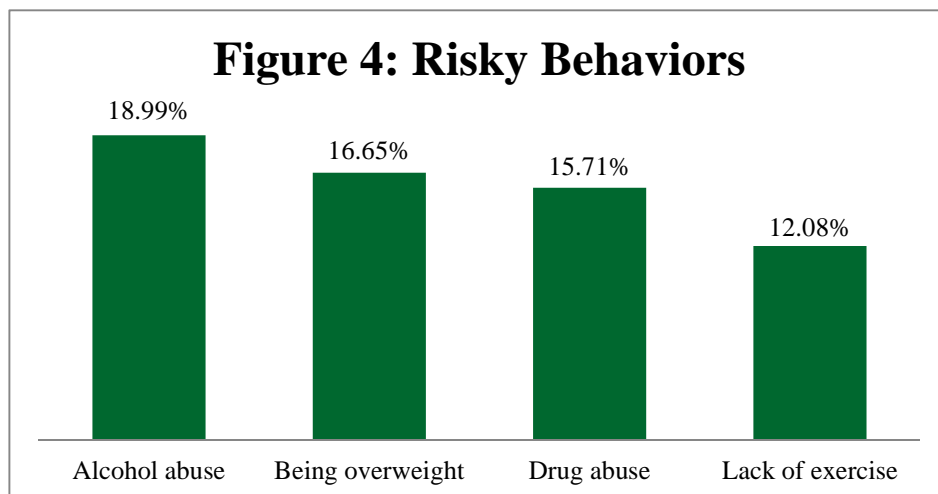
Survey takers were asked a series of questions on how they perceived the health of the community. In a question asking which of the following factors were most important in a healthy community, 18.43% of responses noted that good jobs and a healthy economy are important. 14.29% of the remaining responses noted that access to healthcare was important, and 14.17% of responses show good schools. Additionally, 12.67% of responses indicated a good place to raise children was important, and 12.56% of responses indicated low crime and safe neighborhoods were important. Additional responses in order of number of responses included: healthy behaviors and lifestyles, affordable housing, low level of child/domestic abuse, shopping (grocery store/drug store), public transportation, and other. Figure 2 demonstrates this below.



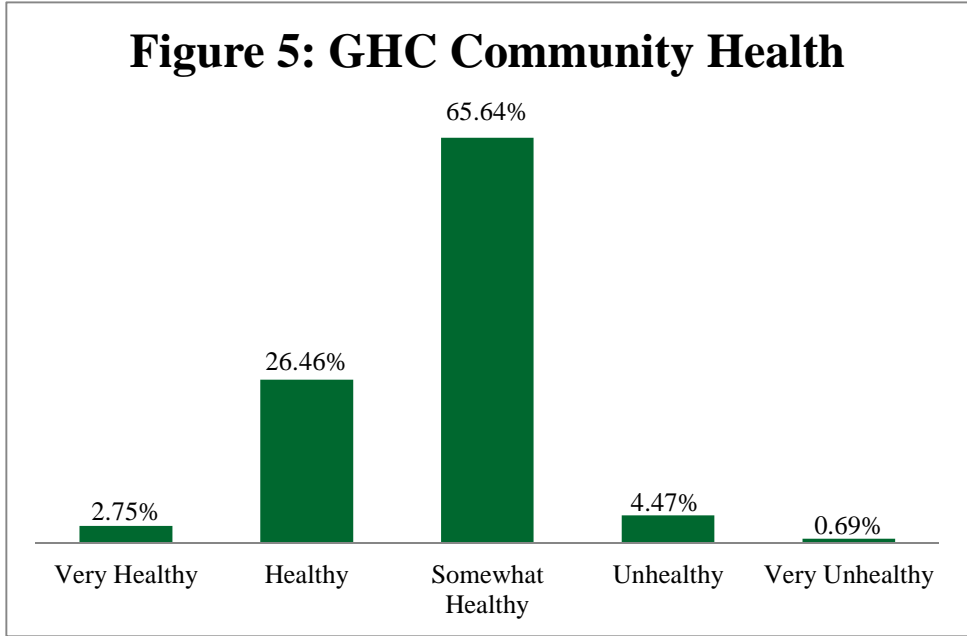
Participants in the survey were also asked which were the three biggest “health problems” in the Gifford community. As seen in Figure 3, 14.08% of responses indicate obesity, and 13.49% of responses indicated addictions to drugs or alcohol. 11.72% of responses also indicated unhealthy life choices were a health problem, and 10.89% of responses indicated diseases associated with aging. Other responses, in order of most mentions, included: cancers, mental health service availability, diabetes, heart disease and stroke, child abuse/neglect, high blood pressure, domestic violence, dental care, transportation to healthcare resources, teenage pregnancy, respiratory/lung disease, pharmacy (hours/availability), other, suicide, sexually transmitted diseases, and infectious disease.



Participants viewed the three most “risky behaviors” in their community as alcohol abuse at 18.99%, being overweight at 16.65%, drug abuse at 15.71%, and lack of exercise at 12.08%. This can be seen in Figure 4. Other responses, in order of most mentions included: tobacco use, poor eating habits, lack of getting preventative health care, dropping out of school, not getting vaccinations, unsafe sex, not using birth control, not using seat belts/child safety seats, and other responses.



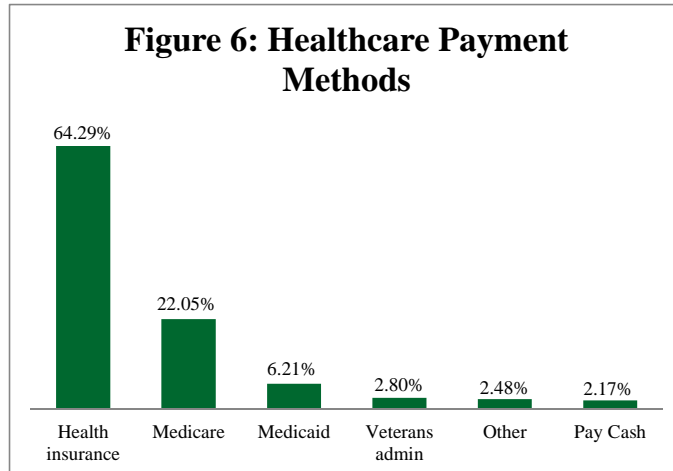
In a following question, survey takers were asked to rate their community’s health on a range from very healthy to very unhealthy. 65.64% of survey takers rated their community as somewhat healthy, and 26.46% rated their community as healthy. The response rates are below in Figure 5.



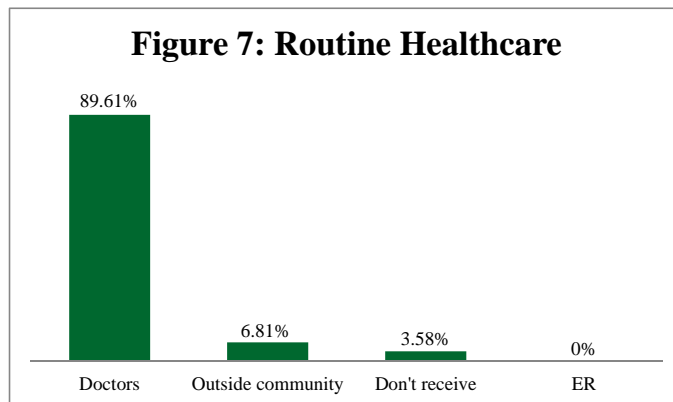
The majority of the individuals surveyed view the community as in the range of healthy to somewhat healthy, which demonstrates that the factors identified as components to a healthy community (good jobs and a healthy economy, access to healthcare, good schools, a good place to raise children, and low crime rates) are somewhat present in the Gifford service area. However, as the results do not indicate a very healthy community, this is also an indicator that the health problems and risky behaviors in the community are an issue that needs to be addressed. There is overlap between the two with an indication that the main issues to be addressed are diet and exercise, substance abuse, and diseases associated with aging.

Health Services

The survey participants were asked to complete four questions on healthcare in their community. The first question asked how the respondents paid for healthcare. As noted in Figure 6, 64.29% said they paid for healthcare using health insurance, 22.05% said they used Medicare, and 6.21% said they used Medicaid. Other responses, in order of most responses, included veterans’ benefits administration, other responses, and pay cash.

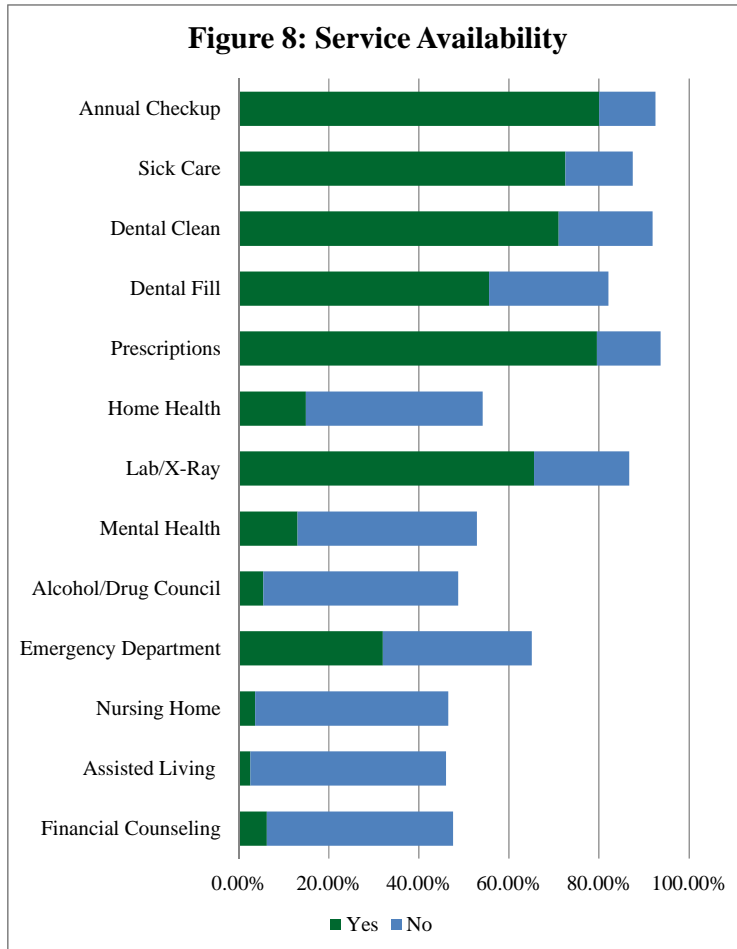


Participants were asked where they went for routine healthcare. 89.61% said they went to doctors. 6.81% said they went outside of the community, and 3.58% said they don't receive healthcare. 0% said they went to the emergency room. See Figure 7.

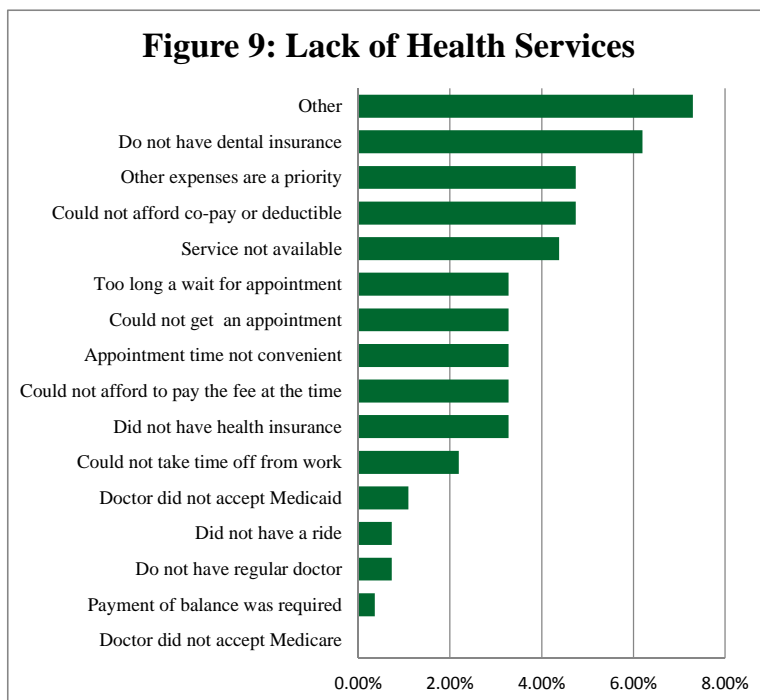


Participants were asked about a variety of services, and if the respondents had tried, were they able to get the service they needed. The services surveyed were: annual check-up, sick care, dental clean, dental fill, prescriptions, home health, lab or x-ray, mental health, alcohol or drug council, emergency department, nursing home, assisted living, and financial counseling.

Possible responses were yes, no, and N/A. All totals and percentages can be viewed in Appendix A. As can be seen in Figure 8, areas of relatively low concern, where community members are able to access services, include the annual check-up, sick care, dental clean, dental fill, prescriptions, and lab/x-ray. Areas where respondents were less able to access services include home health, mental health, alcohol and drug council, emergency department, nursing home, assisted living, and financial counseling. This indicates the Gifford service area is in need of better access to these services.



The final area addressed on the survey was the reason or reasons that respondents did not receive health services. 51.09% of survey takers indicated that this did not apply to them, they had received health services. Following that with 7.30% was other responses, which mainly consisted of people who went outside of the community for healthcare. 6.20% of respondents indicated they did not have dental care. 4.74% said they could not afford the co-pay or deductible, and 4.74% said other expenses were a priority. An additional 4.38% said the service was not available. Other responses include: did not have health insurance, could not afford to pay the fee at the time, inconvenient appointment time, inability to get an appointment, too long a wait for an appointment, could not take time off from work, doctor didn't accept Medicaid, did not have a regular doctor, did not have a ride, payment of balance was required, and doctor did not accept Medicare. In Figure 9 all responses are included, excepting "did not apply".



Based on this survey, the areas of healthcare needing to be expanded or improved upon in the Gifford service area include: home health, mental health, alcohol and drug council, emergency department, nursing home, assisted living, and financial counseling. Additionally, more survey

respondents were unable to receive health services because of a lack of dental insurance, issues making a payment, and problems scheduling an appointment.

3. Community Health Team Planning Meetings

The Teams hold regularly scheduled planning meetings to identify and discuss community needs in the Team's effort to provide patients with the support they need for well-coordinated preventive health services and coordinated linkages to available social, behavioral and economic support services. The Gifford Community Health Teams (located in Randolph and White River Junction) are multi-disciplinary teams that partner with primary care practices, local hospital and community-based health and social service organizations to enhance and support health self-management. Both Community Health Teams have identified areas of concern that could be improved upon, by involving the members of the community in a brainstorming session.

The Randolph Community Health Team is choosing to focus on mental health, transportation, and dental services. They are looking to add a Licensed Independent Clinical Social Worker to the core Community Health Team, and enhance collaboration with Gifford Medical Center, Clara Martin Center and other mental health providers. They are also looking to educate the public on the services provided by Stagecoach, a local transportation method. In addition, they are also working on other projects, including a Chronic Healthshare Consortium support group, which began in March of 2012, and provides support for chronic conditions. Another project is beginning in August of 2012: the Caregivers Support Group. This would provide individuals with the support they need in elder care.

The White River Junction Community Health Team has identified In-patient Substance Abuse Treatment, Cultural sensitivity, and Financial Support as their top priorities. They don't yet have plans to address these issues.

4. Health Issues of Uninsured, Low-income, Minorities

Although they may not be seen as frequently as other places, there are Veterans, migrant farmworkers, and persons experiencing homelessness residing in the GHC service area.

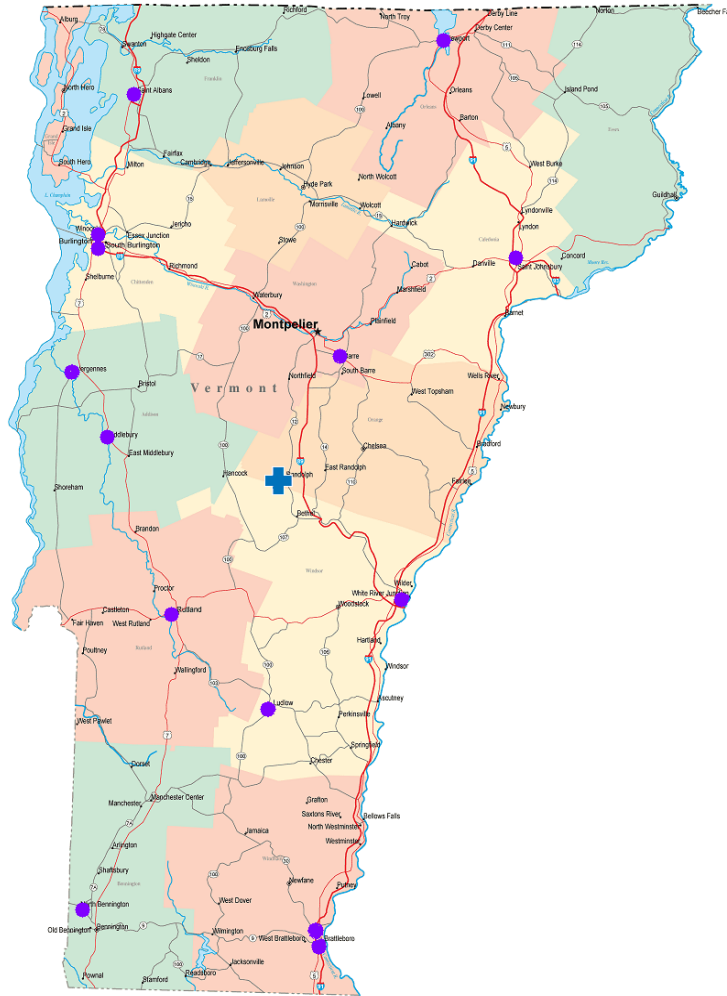
Veterans: The US Census Data from 2006-2010 shows there are 2,588 Veterans in Orange County.^{xxvii} The only Veterans Medical Center in Vermont is located in White River Junction, at the periphery of the Gifford service area. The Medical Center provides health care, benefits, and transition assistance to its patients.^{xxviii} Additionally, there are five veterans outpatient clinics located around the state, and two veterans centers.^{xxix}

Migrant Farmworkers: Vermont is home to approximately 1,500 migrant farmworkers who migrate from Southern Mexico, Guatemala, and Jamaica to work in the dairy industry, pick apples, and/or staff some of the fruit, vegetable, and animal farms. It is difficult to get a 'hard'

statistic on the number of farmworkers by county, though the Vermont Migrant Education Program estimates that there are at least 40 farmworkers working on the 24 farms in Orange County, harvesting eggs, milking cows, and raising turkey and alpacas. While these crops are not always considered to be in the traditional definition of agriculture, the barriers to health care are the same, including lack of interpretation, transportation, and knowledge of where to go for health care. Top health concerns among VT's migrant farmworker population include dental caries, musculoskeletal issues, dermatitis, and risk of injuries from working in close quarters with large animals (for example: being kicked or crushed). The Vermont Migrant Education Program connects migrant farmworkers to educational, community, and health services.^{xxx}

Homeless: Homeless in Vermont make up a small, but important part of Vermont's population. Vermont's Coalition to End Homelessness conducts annual one-day counts, in which all individuals who are homeless during that day are counted. On January 27, 2010, there were 2,782 homeless individuals in Vermont. Comparatively, this number has been increasing, as the 2008 count showed 2,286, and the 2009 count showed 2,568. The 2010 total of 2,782 includes 497 families, composed of 1,148 people.^{xxxix} Vermont may not see as many people on the 'streets,' however there is a growing concern of children being homeless, which may lead to less stable housing situations, including doubling up and couch surfing. At the time of the count, 766 homeless individuals were less than eighteen years of age, of which 43 were unaccompanied.^{xxxix} In Orange county, the number of homeless individuals was 102 people as of January 27, 2010. This number has increased from 75 in 2008, and 10 in 2009. The low count of homeless in Orange County may be attributed to the lack of homeless shelters in Orange County. The nearest homeless shelters are in Barre and White River Junction, the very edges of the Gifford service area. See Figure 10.

Figure 10: Homeless Shelters in Vermont



Individuals from the service area may be traveling in order to access a homeless shelter, and leaving the service area. Often times there is a link between homelessness and health and illness. In Vermont, 281 of the homeless individuals in 2010 had severe and persisting mental illness, and 332 individuals are listed as having chronic substance abuse. An additional 159 individuals had both of these conditions simultaneously. 220 individuals had chronic health physical disabilities, and 8 individuals had HIV or AIDS.^{xxxiii} Because these individuals are homeless, they may have trouble accessing healthcare. Gifford makes an effort to meet the needs of all patients, regardless of their ability to pay.

Prioritizing Community Health Needs

Gifford will work collaboratively with others to determine the process for prioritizing the needs. Keeping in mind the link between the needs and cost to the health care system. The top lists to be considered are obesity, chronic disease, mental health and substance abuse.

Implementation Strategy

Gifford's volunteer Board of Trustees will review the needs and adopt the plan to meet each. Each need will follow the same strategy:

- Plan to meet and discuss with the community health team

- Review an anticipated program or change in the system

- Determine the impact on the system and the community

- Decide whether or not the initiative can move forward

Appendix A: Survey Results

1. Zip Code

Response Category	No.	%
03750 Etna, NH	1	0.34%
03755 Hanover, NH	1	0.34%
03770 Meriden, NH	1	0.34%
05001 Lyman	2	0.67%
05031 Barnard	2	0.67%
05032 Bethel	44	14.77%
05033 Bradford	1	0.34%
05036 Brookfield	11	3.69%
05038 Chelsea	15	5.03%
05041 East Brookfield	4	1.34%
05060 Braintree/Randolph	122	40.94%
05061 Randolph Center	21	7.05%
05065 Sharon	8	2.68%
05068 East Barnard	8	2.68%
05075 Rices Mills	1	0.34%
05077 North Tunbridge	10	3.36%
05086 East Orange	1	0.34%
05088 Wilder	1	0.34%
05602 Berlin	1	0.34%
05641 Barre	4	1.34%
05651 East Montpelier	1	0.34%
05660 Moretown	1	0.34%
05663 Northfield	5	1.68%
05664 Northfield Falls	1	0.34%
05669 East Granville	3	1.01%
05676 Bolton	1	0.34%
05747 Granville	1	0.34%
05748 Hancock	2	0.67%
05762 Pittsfield	1	0.34%
05767 Rochester	23	7.72%
Totals	298	100.06%

2. In the following list, what do you think are the three most important factors for a healthy community?

Response Category	No.	%
Good place to raise children	110	12.67%
Low crime/safe neighborhoods	109	12.56%
Low level of child/domestic abuse	29	3.34%
Good jobs and healthy economy	160	18.43%
Good schools	123	14.17%
Affordable housing	64	7.37%
Healthy behaviors and lifestyles	99	11.41%
Public transportation	16	1.84%
Shopping (grocery store/drug stores)	23	2.65%
Access to healthcare (doctors/hospital)	124	14.29%
Other	11	1.27%
Totals	868	100.00%

3. In the following list, what do you think are the three most important "health problems" in our community?

Response Category	No.	%
Diseases associated with aging	92	10.89%
Respiratory/lung disease	18	2.13%
Child abuse/neglect	34	4.02%
Pharmacy (hours/availability)	14	1.66%
Diabetes	50	5.92%
Addictions (drug or alcohol)	114	13.49%
Obesity	119	14.08%
Heart disease and stroke	45	5.33%
Cancers	59	6.98%
Suicide	4	0.47%
Transportation to healthcare resources	24	2.84%
Domestic violence	30	3.55%
Infectious disease (hepatitis, TB, etc.)	1	0.12%
High blood pressure	34	4.02%
Sexually transmitted diseases	1	0.12%
Mental health svc availability	50	5.92%
Dental care	29	3.43%
Teenage pregnancy	19	2.25%
Unhealthy life choices	99	11.72%
Other	9	1.07%
Totals	845	100.01%

4. In the following list, what do you think are the three most "risky behaviors" in our community?

Response Category	No.	%
Alcohol abuse	162	18.99%
Dropping out of school	30	3.52%
Lack of exercise	103	12.08%
Poor eating habits	84	9.85%
Being overweight	142	16.65%
Not using birth control	14	1.64%
Unsafe sex	17	1.99%
Not getting vaccinations	20	2.34%
Tobacco use	85	9.96%
Drug abuse	134	15.71%
Lack of getting preventative health care	50	5.86%
Not using seat belts/child safety seats	8	0.94%
Other	4	0.47%
Totals	853	100.00%

5. How would you rate our community as a "Healthy Community"?

Response Category	No.	%
Very Healthy	8	2.75%
Healthy	77	26.46%
Somewhat Healthy	191	65.64%
Unhealthy	13	4.47%
Very Unhealthy	2	0.69%
Totals	291	100.01%

6. How would you rate your own personal health?

Response Category	No.	%
Very Healthy	45	15.41%
Healthy	172	58.90%
Somewhat Healthy	70	23.97%
Unhealthy	4	1.37%
Very Unhealthy	1	0.34%
Totals	291	99.99%

7. Age

Response Category	No.	%
18-25	10	3.48%
26-39	43	14.98%
40-54	74	25.78%
55-64	77	26.83%
65 or older	83	28.92%
Totals	287	99.99%

8. How long have you been a resident of your community:

Response Category	No.	%
0-2 years	14	4.81%
2-4 years	17	5.84%
4-6 years	14	4.81%
6-10 years	34	11.68%
10 or more	212	72.85%
Totals	291	99.99%

9. What is your employment status:

Response Category	No.	%
Retired	70	24.48%
Disabled	6	2.10%
Work full time	155	54.20%
Work part time	45	15.73%
Stay at home	4	1.40%
Not working	6	2.10%
Totals	286	100.01%

10. How do you pay for healthcare

Response Category	No.	%
Pay Cash	7	2.17%
Health insurance	207	64.29%
Medicaid	20	6.21%
Medicare	71	22.05%
Veterans admin	9	2.8%
Other	8	2.48%
Totals	322	100.00%

11. Where do you go for routine health care

Response Category	No.	%
ER	0	0%
Doctors	250	89.61%
Outside community	19	6.81%
Don't receive	10	3.58%
Totals	279	100.00%

12. In the past year, have you tried and been able to get the following services in your community?

Response Category		Yes	No	N/A	Total
Annual Checkup	No. %	225 80.07%	35 12.46%	21 7.47%	281 100.00%
Sick Care	No. %	203 72.50%	42 15.00%	35 12.50%	280 100.00%
Dental Clean	No. %	201 71.02%	59 20.85%	23 8.13%	283 100.00%
Dental Fill	No. %	155 55.56%	74 26.52%	50 17.92%	279 100.00%
Prescriptions	No. %	226 79.58%	40 14.08%	18 6.34%	284 100.00%
Home Health	No. %	41 14.91%	108 39.27%	126 45.82%	275 100.00%
Lab/X-Ray	No. %	183 65.59%	59 21.15%	37 13.26%	279 100.00%
Mental Health	No. %	36 13.04%	110 39.86%	130 47.10%	276 100.00%
Alcohol/Drug Council	No. %	15 5.49%	118 43.22%	140 51.28%	273 99.99%
ED	No. %	88 32.00%	91 33.09%	96 34.91%	275 100.00%
Nursing Home	No. %	10 3.66%	117 42.86%	146 53.48%	273 100.00%
Assisted Living	No. %	7 2.57%	118 43.48%	147 54.04%	272 99.99%
Financial Counseling	No. %	17 6.27%	112 41.33%	142 52.40%	271 100.00%

13. Please check below any of the reasons why you did not get health services

Response Category	No.	%
Does not apply to me	140	51.09%
Did not have health ins	9	3.28%
Could not afford co-pay or deductible	13	4.74%
Do not have dental insurance	17	6.20%
Payment of balance was required	1	0.36%
Doctor did not accept Medicaid	3	1.09%
Doctor did not accept Medicare	0	0.00%
Other expenses are a priority	13	4.74%
Could not afford to pay the fee at the time of service	9	3.28%
Appointment time not convenient	9	3.28%
Could not get an appointment	9	3.28%
Could not take time off from work	6	2.19%
Too long a wait for appointment	9	3.28%
Do not have regular doctor	2	0.73%
Service not available	12	4.38%
Did not have a ride	2	0.73%
Other	20	7.30%
Totals	274	99.95%

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