



United Way of Windham County Community Needs Assessment

Presentation of Health Related
Information to the BMH Planning
Committee

July 24, 2009



Assessment Methodology

United Way Convened Needs Assessment Committee with representatives from:

- VT Agency of Human Services
- Brattleboro Memorial Hospital
- The Brattleboro Retreat
- United Way of Windham County

Received a Thompson trust grant and contributions from BMH and Brattleboro Retreat.



Assessment Methodology (continued)

Conducted the Needs Assessment with 4 Data Sources

- Data Analysis – compendium of information from a variety of published sources.
- 305 Household Random Sample Telephone Survey
- 8 Focus Groups – 56 people plus 24 mail in comments
- 11 Key Leader Interviews

Sources of Information



Data Report
"The Facts"

Focus Groups
FG

Consumer Survey
CS

Key Leaders
KL



Methodology (continued)

Final Report Contains 9 Chapters

- 01 Demographics
- 02 Economic Well-Being (Housing, Jobs, Income)
- 03 Education & Lifelong Learning
- 04 Health & Wellness
- 05 Land Use & Infrastructure (Includes Transportation)
- 06 Human Services & Safety
- 07 Community Involvement
- 08 Arts & Culture
- 09 Spirituality & Faith

Highest Priority Issues (7)

In Alphabetical, Not Priority Order

1. **Affordable Housing** – Workforce housing, no start-up housing, low-income housing, high cost of ownership & rental
2. **Child Care** – Availability & affordability
3. **Education** – Public education, adult learning beyond high school, high school dropouts
4. **Elder Services** – A lack of staff & elder access to existing services to help elders stay in their homes
5. **Healthcare Access** – For adults, children, accessibility & availability of both medical providers & alcohol / drug abuse providers



Highest Priority Issues (continued)

6. **Jobs & Employment** – Lack of a livable wage, job development, trained workforce, transportation to jobs
7. **Transportation** – Need to improve public transportation to / from outlying areas

Healthcare Access: The Facts

Unhealthy Lifestyles

- As in Vermont, unhealthy lifestyles contribute to premature death of Windham County residents, who are worse than the healthy Vermonters 2010 goal for:
 - Youth regular exercise
 - Youth & adult recommended vegetables & fruit
 - Overweight / obesity
 - Adult high blood pressure
 - Youth & adult smoking
- Windham County adults are better than the goal for leisure time activity
- 24% of Windham County high school students binge drink
- Windham County residents 18+ years are less likely to binge drink than Vermonters, but more likely to drink & drive
- Windham County teens are not as likely to practice safe sex as Vermont teens
- Vermont minority youth are less likely to lead healthy lifestyles than whites



Healthcare Access: The Facts

■ Compared to Vermont, Windham County's:

- Young teen birth rate is statistically worse (although VT has the 2nd lowest US teen pregnancy rate)
- Stroke death rate is statistically better
- Heart disease death rate is similar
- Breast cancer screening rate is statistically worse
- Colon cancer screening is statistically worse
- Diabetes care & outcomes are better than or equal
- Respiratory disease incidence & death rates are similar
- Although declining, rates of injury resulting in hospitalization are higher among all age groups, except 0 – 9 year olds



Healthcare Access: The Facts

As in Vermont, Windham County adults do not have adequate access to healthcare:

- 14% of adults in Windham County do not have a regular doctor
- 16% of adults are uninsured (14% VT)
- Pregnant women in Windham County have statistically less access to prenatal care in the first 3 months of pregnancy than Vermont (87% vs. 90%, which is also slightly lower than the Healthy Vermonters 2010 goal of 90%).
- Similar to Vermont, 89% of pregnant women in Windham County received both early & adequate prenatal care (slightly lower than the 90% Healthy Vermonters 2010 goal).
- Only 68% of VT primary care physicians accept Medicaid
- Only 71% of VT primary care physicians accept Medicare



Healthcare: Medical, Dental, Mental Health, Substance Abuse & Primary Care Summary

- The next 3 slides are from the Community Needs Assessment Executive Summary.
- They list the strengths, weaknesses and ideas to improve.
- The source of information is in ().
FG = Focus Groups
KL = Key Leader Interview
CS = Community Survey

Healthcare Access Medical, Mental Health & Substance Abuse Care

Strengths

- Brattleboro Memorial Hospital & The Brattleboro Retreat are assets / available / can treat almost all needs locally (FG, KL)
- Brattleboro Memorial Hospital and The Brattleboro Retreat have a good reputation (FG)
- Tertiary care at Dartmouth (FG)
- Brattleboro Memorial Hospital - phenomenal expansion / sophisticated / many services (FG)
- Number of private MDs (FG, KL)
- Alternative practices / healing community (FG, KL)
- Special populations, e.g., CARES for seniors, AIDS (FG)
- Holt Fund (FG)
- Many mental health / substance abuse programs - Wellness Recovery Action Plan, Tapestry, 12-Step programs, Elm Street Turning Point, & Stepping Stone (FG)
- Wellness / lifestyle services (KL)
- Community oriented providers (KL)

Healthcare Access Medical & Dental Care



Weaknesses

- **Lack of available medical & dental providers (FG)**
 - Low salaries not attractive to physicians (FG)
 - Not enough caregivers/low wages (FG)
 - Lack of available dentists (FG, KL)
 - Huge provider loans limit providers choice of VT / incomes are higher in other areas (KL)
- **Lack of access to affordable health & dental care (FG, KL)**
 - 19% needed & had problems accessing health care (CS)
 - 19% had difficulty paying for medical care (CS)
 - 19% had difficulty paying for dental care (CS)
 - 13% had difficulty paying for health insurance (CS)
 - Income under \$20,000 / not affordable (FG)
 - Doctors & dentists not accepting Medicaid (FG)
 - Children suffering dental pain / image (FG)
 - Medicaid dental care - have to go to Bennington (FG)
 - Lack of health insurance for adults (FG)
 - Gap for chronically ill under 60 years old (FG)
- Teen pregnancy (FG)
- High percent of Medicaid clients (KL)
- Primary care shortage (KL)
- Respond to, not prevent illness (KL)
- Midlevel practitioner law restricts practice without an MD (KL)
- Hospital proximity from rural areas (KL)

Healthcare Access

Ideas to Improve

Medical & Dental Care

- Universal health insurance (FG)
- Legislator education to fund prevention (FG)
- Keep people healthy to reduce health insurance cost (FG)
- Application assistance for parents (FG)
- Bring [primary care] services to families, schools, communities (FG)
- Technology for in-home care (FG)
- Free clinics / additional volunteers / fund healthcare services (FG, KL)
- Increase the number of primary care practitioners in Windham County (KL)
- Provider loan forgiveness (KL)
- FQHC funding (KL)
- Single payer (KL)
- Medicare / Medicaid resume funding of home health (KL)
- Private practice dental hygienists in the clinic to serve children (FG)
- Fund dental services (KL)

Mental Health & Substance Abuse Care

- Brattleboro Memorial Hospital and The Brattleboro Retreat should fund a detox and treatment program (FG)
- Provide free detox (FG)
- Shelter beds for people who are not sober (FG)
- Create a crisis program at The Brattleboro Retreat (Medicaid fund mental health & addiction treatment at The Brattleboro Retreat for adults) (KL)
- Integration of BMH & The Brattleboro Retreat (KL)
- Collaboration with Grace Cottage Hospital (KL)
- Provide mental health and/or substance abuse treatment for offenders in jail who are mentally ill, retarded, substance users, disabled, etc. (FG)
- Alternatives to Corrections (KL)
- State regulation changes to integrate mental healthcare (KL)
- The Brattleboro Retreat should be involved in the State Hospital plan (KL)



Planning Committee Suggestions

- What are your suggestions for action BMH can take to address some of the high need areas?



Appendix

- Two sections of the Windham County Data Report portion of the Community Needs Assessment are attached along with the health section of the consumer survey.
- If the committee desires more information the other sections of the assessment are available.



what matters.™

Windham County Data Report

November 2009



4.0 Health and Wellness

- Lifestyles
- Access to Care
- Maternal and Child Health
- Illness and Death
- Injury



As in Vermont, Unhealthy Lifestyles Contribute to Premature Death

Windham County VS. Vermont & Healthy Vermonters 2010 Goal

Exercise Regularly

- Youth are similar (28% vs. 27% but < 35% goal)
- Adults are similar (57% vs. 58% and > 50% goal)
- Adults are **statistically better** in leisure time activity (83% vs. 81% and better than 80% goal)

Eat Recommended Fruit

- Youth are similar (35% vs. 37% but < 75% goal)
- Adults are similar (42% vs. 39% but < 75% goal)

Eat Recommended Veggies

- Youth are similar (15% vs. 14% but < 50% goal)
- Adults are **statistically better** (34% vs. 31% but < 50% goal)

Are Overweight/Obese

- Youth are similar (12% vs. 10% but > 5% goal)
- Adults are similar (19% vs. 21% but > 15% goal)

Have High Blood Pressure

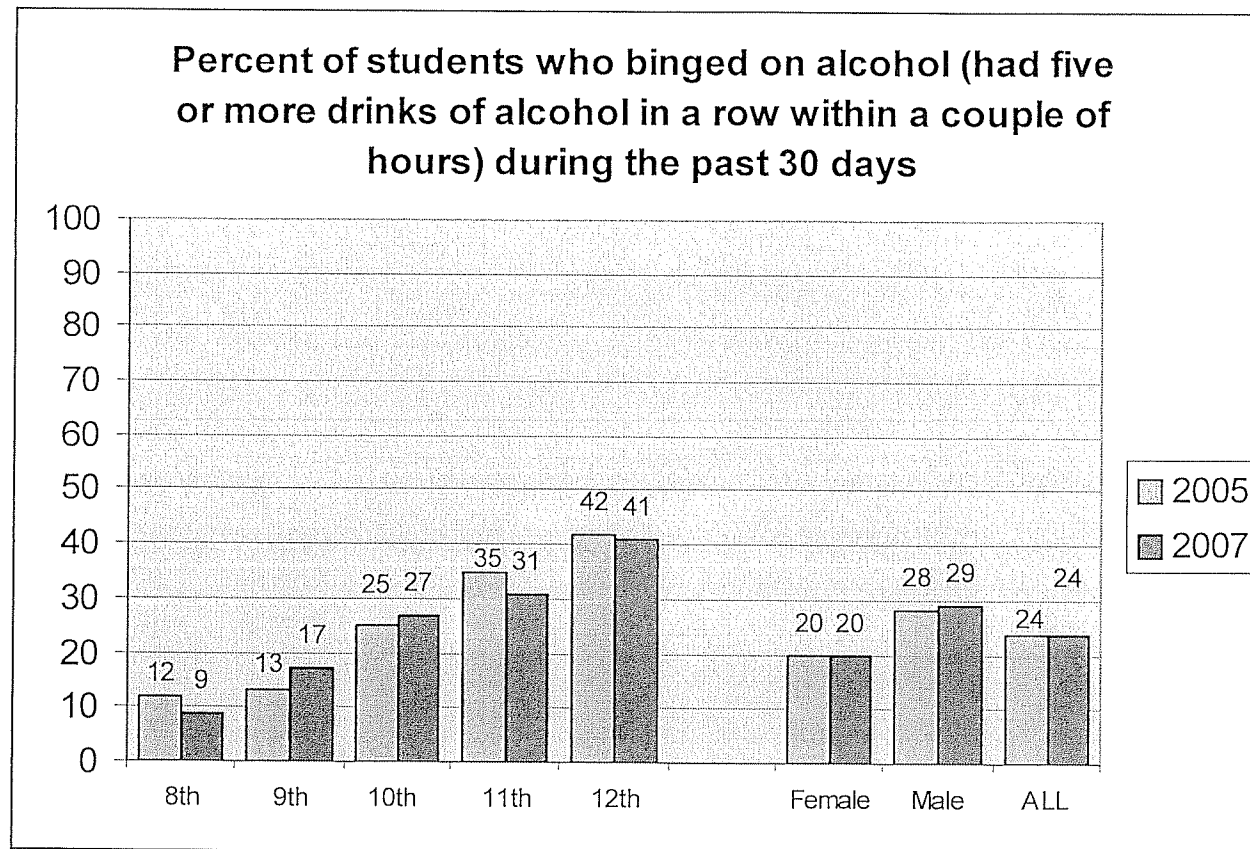
- Adults are similar (20% vs. 23% but > 14% goal)

Smoke

- Youth are higher but not statistically (23% vs. 18% but > 16% goal)
- Adults are the same (20%, a decline from 22.7% in 1995 but > 12% goal)

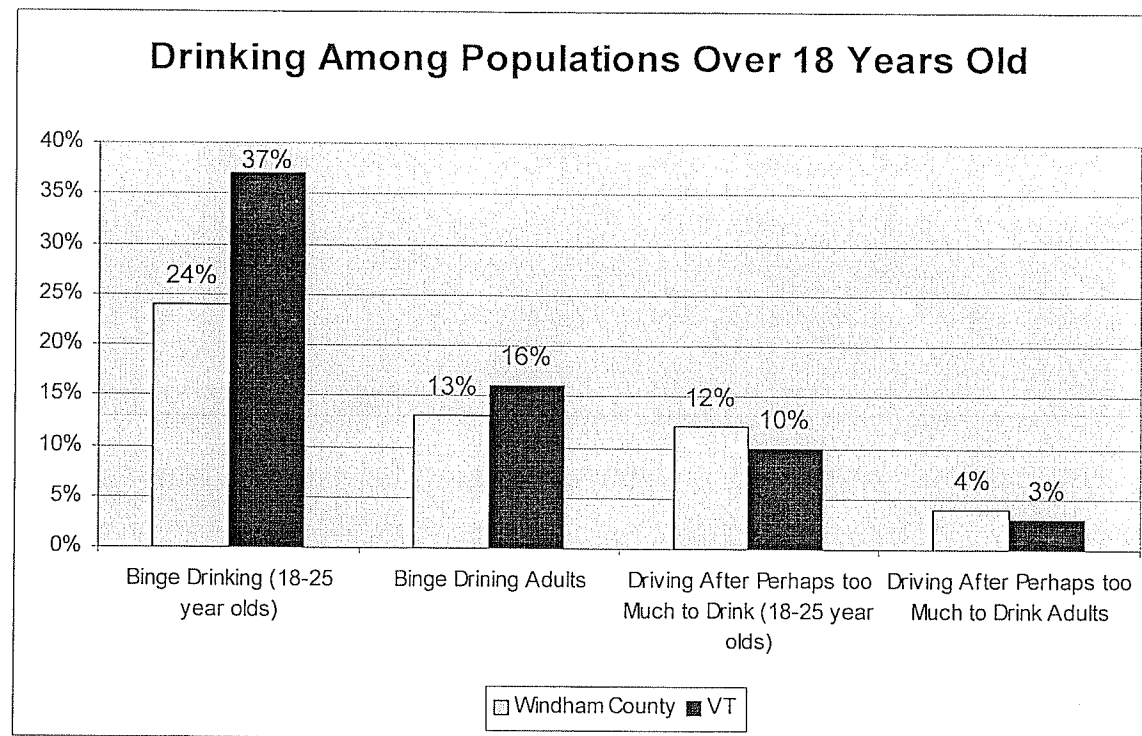
Sources: Health Status of Vermont, 2008, Vermont Department of Health and 2007 Community Profiles, Vermont Agency of Human Services

In 2007, 24% of Windham County High School Youth Were Binge Drinking No Different From 2005, But Less Than in 2003 (28%)



Source: Vermont Youth Risk Behavior Survey for Windham County, 2007

Windham County Residents 18 Years and Older Are Less Likely to Binge Drink Than Vermonters, But Are More Likely to Drink and Drive



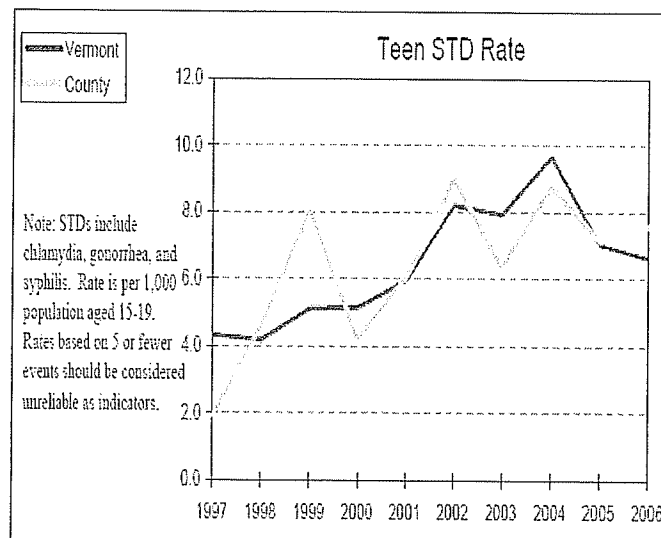
Source: Vermont Behavioral Risk Surveillance System (BRFSS), combined 2002-2006

Definition: "Binge" Drinkers Have Had 5 or More Drinks of Alcohol on One Occasion, at Least Once in the Past 30 Days.

Windham County Teens are Not as Likely to Practice Safe Sex as Vermont Teens

Indicator: Rate of teen sexually-transmitted diseases (STDs)

	Vermont Rate	County Rate	County Number
Year: 1997	4.3	1.9	5
Year: 2006	6.6	7.6	22



Higher Rate of Teen Sexually Transmitted Disease (STD)

- STD Rate in Vermont and Windham County increased from 1997-2006
- In 1997, Windham County had a lower rate than VT (1.9 vs. 4.3)
- By 2006, the County's rate increased to 7.6 STDs, higher than VT (6.6)

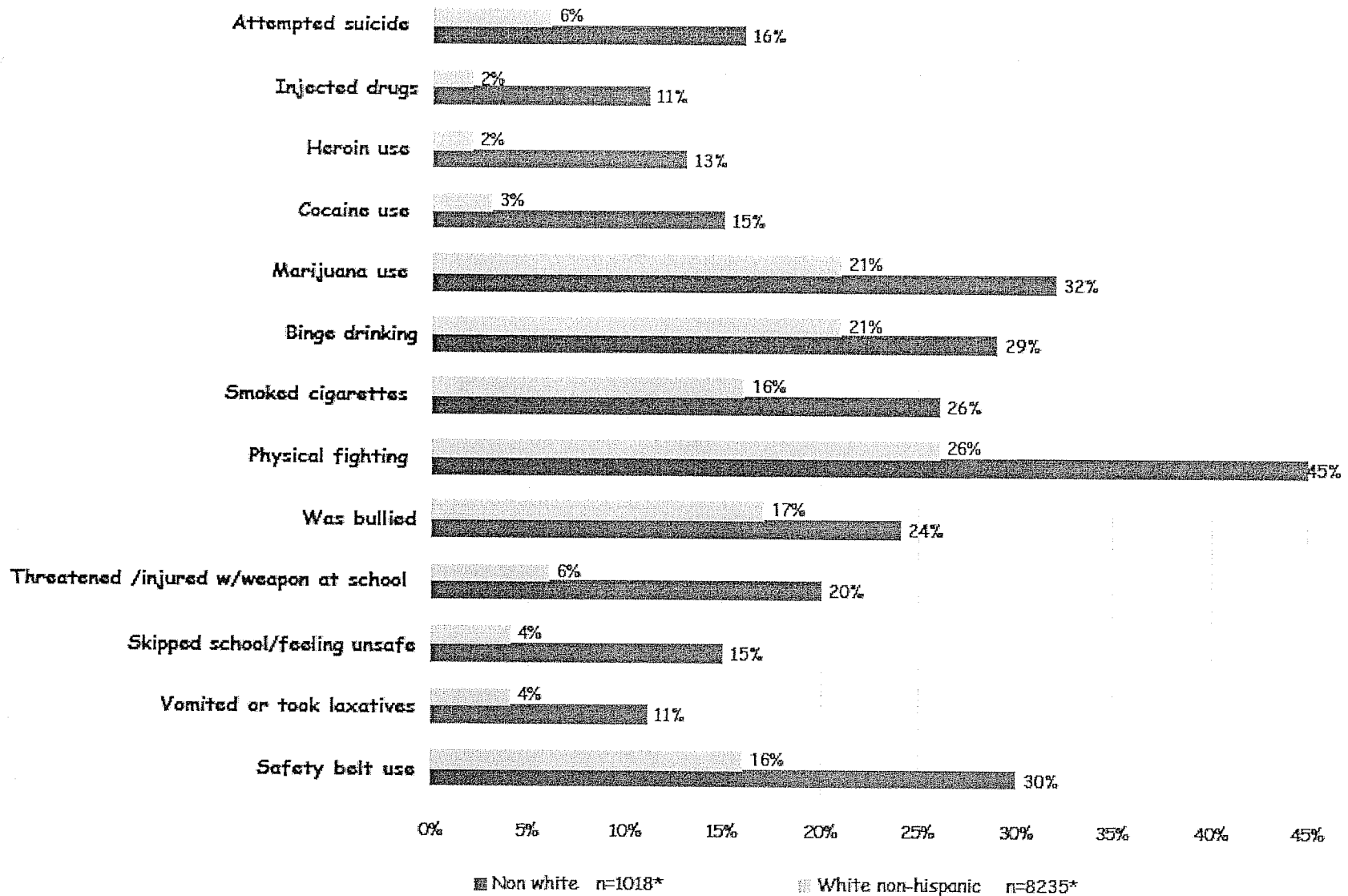
(Source: Community Profiles, 2007, Vermont Agency of Human Services)

Lower Use of Condoms

- In 2005, sexually active youth in Windham County grades 9 – 12 were **statistically less likely** than Vermont teens to use a condom the last time they had sex (58% vs. 65% VT)

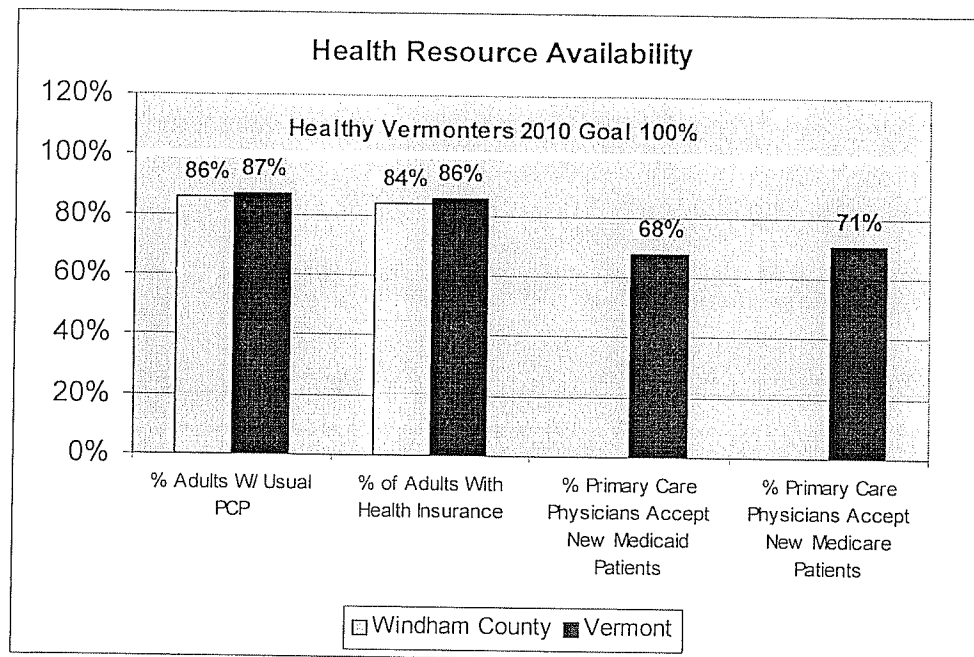
(Source: Health Status of Vermonters, 2008, Vermont Department of Health)

Vermont Minority Youth Are Less Likely to Lead Healthy Lifestyles Than Whites



Source: Woolf, May 2008

As in Vermont, Windham County Adults Do Not Have Adequate Access To Health Care



Source: Health Status of Vermont, 2008, Vermont Department of Health and 2006 Physician Survey, Vermont Department of Health

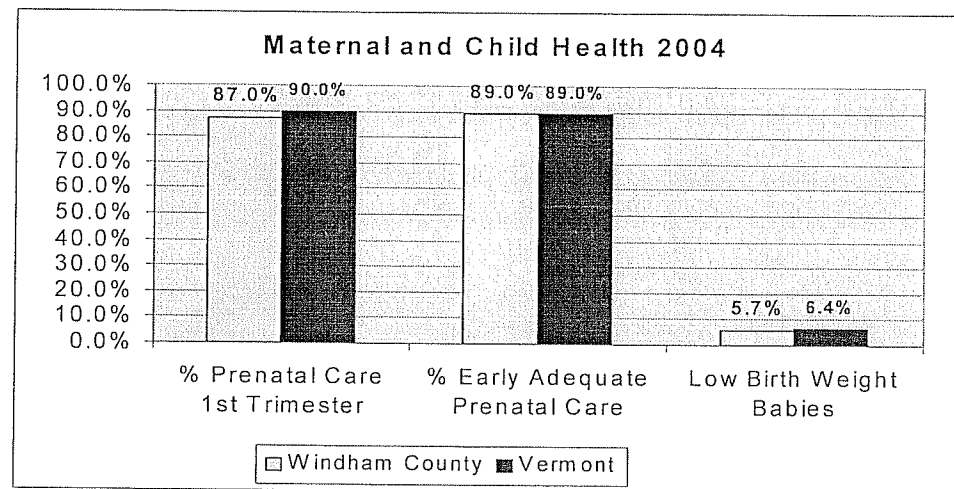
- 14% of Windham County adults do not have a usual doctor (13% VT)
- 16% of Windham County adults are uninsured (14% VT)
- Only 68% of Vermont Primary Care Physicians accept new Medicaid patients.
- Only 71% of Vermont Primary Care Physicians accept new Medicare patients.

Windham County Pregnant Women Access Prenatal Care Less Than Vermont Women

Prenatal Care: Pregnant women in Windham County have statistically less access to prenatal care in the first 3 months of pregnancy than Vermont (87% vs. 90%), a critical time to prevent poor pregnancy outcomes, and slightly lower than the Healthy Vermonters 2010 goal of 90%.

Early and Adequate Prenatal Care: Similar to Vermont, 89% of pregnant women in Windham county received both early and adequate prenatal care, slightly lower than the 90% Healthy Vermonters 2010 Goal.

Low Birth Weight Births: Windham County and Vermont have a higher percent of low birth weight births (5.7% and 6.4%) than the Healthy Vermonters 2010 Goal of 5%.



Source: Health Status of Vermont, 2008 Vermont Department of Health

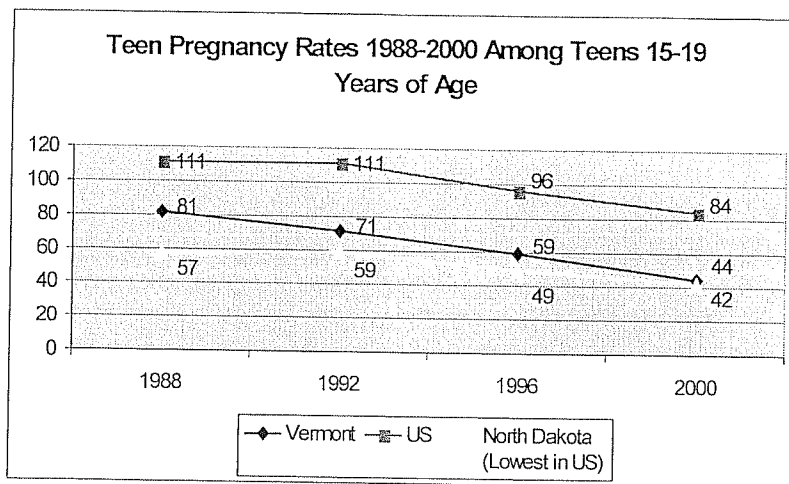
Definition: Early and Adequate Prenatal Care are resident births where prenatal care was initiated in the first trimester and at least 13 visits were reported, divided by the number of births where the month of prenatal care initiation and number of visits were known.

Vermont's Teen Pregnancy Rate is the Second Lowest in the US, Yet Windham County's Young Teen Birth Rate is Statistically Worse Than Vermont

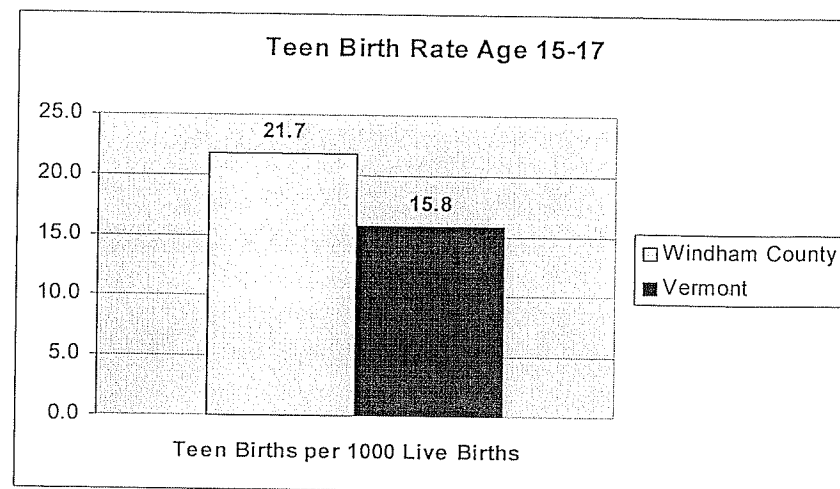
Implication: The availability of activities for girls, and the effectiveness and/or access to sexuality education, pregnancy prevention programs, and contraception should be evaluated.

▪ **Teen Births:** The County's rate of 21.7 teen births among teens 15 – 17 years, is statistically worse than Vermont (15.8).

▪ In 2004, the NE region of Windham County had the highest rate of young teen births among 15 – 17 year olds (19.4, compared to the lowest rate in the SW at 10.8 and the Central region at 10.9, and the SE at 13.8)



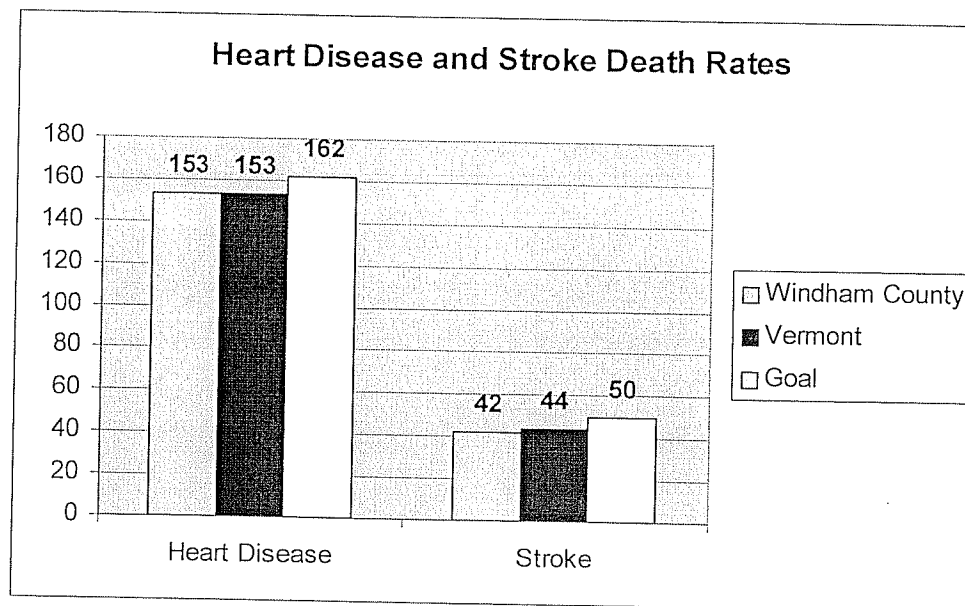
Source: US Teenage Pregnancy Statistics, Guttmacher Institute, Updated September 2006



Source: Health Status of Vermonters, 2008, Vermont Department of Health

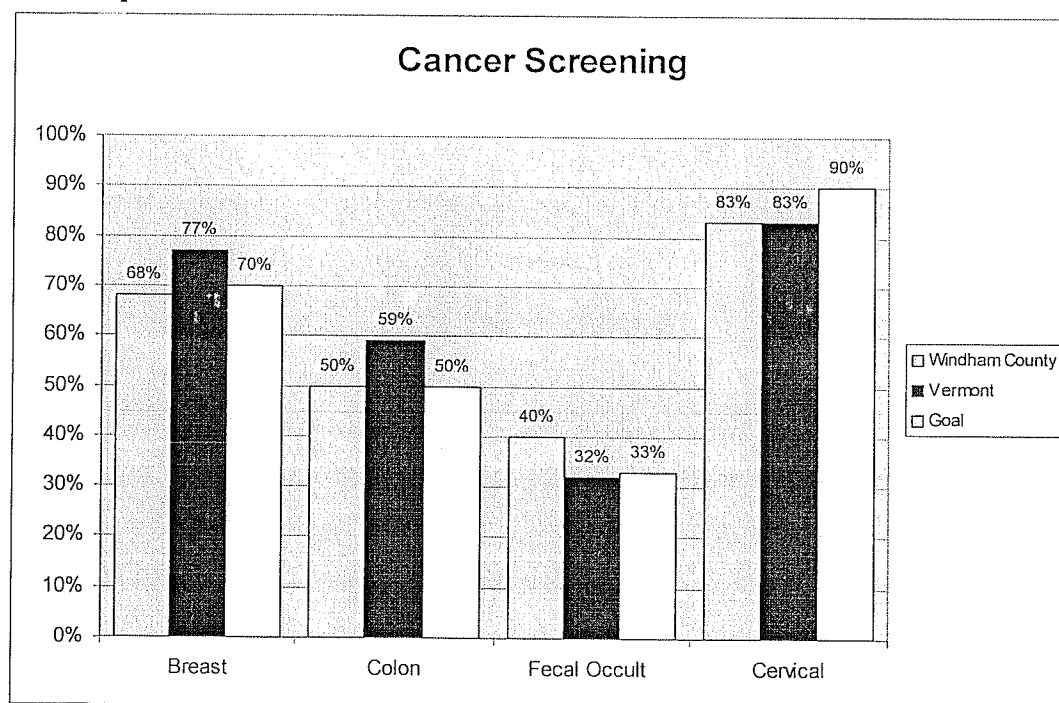
Windham County Adults Enjoy a Similar or Better Heart Health Status Compared to Vermont

- Windham County residents have a similar heart disease death rate (153).
- Windham County's stroke death rate (42) is statistically better than Vermont (44) and the Healthy Vermonters 2010 Goal (50).



Source: Health Status of Vermont, 2008, Vermont Department of Health. Rates are per 100,000 population.

Breast, Colon, and Cervical Cancer Screening Are Needed in Windham County



Source: Health Status of Vermonters, 2008, Vermont Department of Health

- **Breast cancer** screening of women 40+ years (mammogram in the last 2 years) is **statistically worse** than Vermont (68% vs. 77%)

- **Colon cancer** screening among adults 50 years and older:

- For sigmoidoscopy or colonoscopy is **statistically worse** than Vermont (50% vs. 59%).

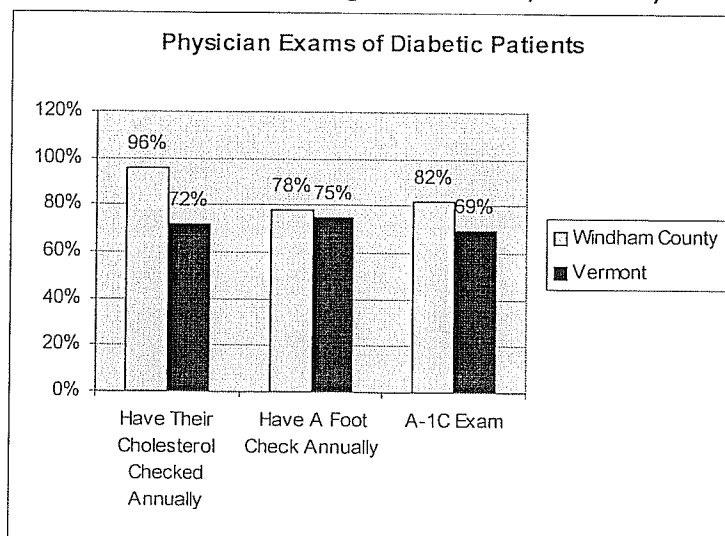
- For fecal occult screening is higher than Vermont (40% vs. 32%)

- **Cervical screening** is equal to Vermont (83%), but less than Healthy Vermonters 2010 Goal (90%)

Diabetes Care and Outcomes in Windham County Are Better Than or Equal to Vermont

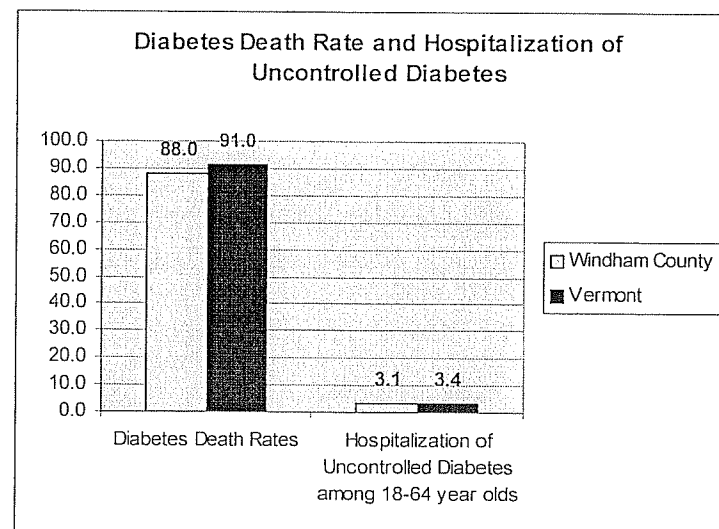
Annual Diabetes Care

- 96% Windham County diabetics have cholesterol checked for heart disease prevention, **statistically better** than VT (72%)
- 78% have their feet checked for nerve damage, similar to VT(75%)
- 82% have a their blood sugar checked, vs. only 69% in VT



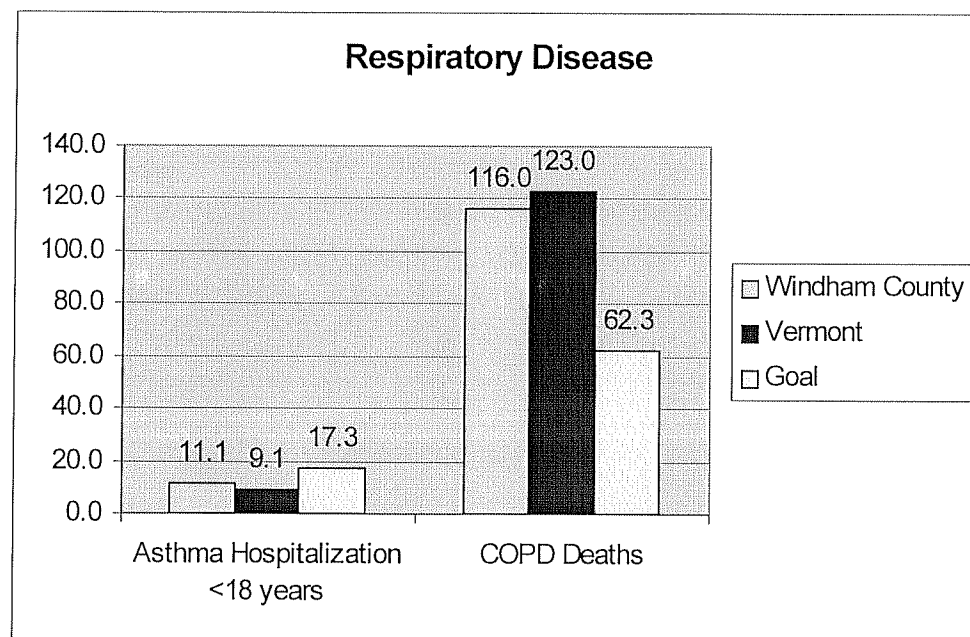
Diabetes Outcomes

- Windham County's diabetes death rate is similar to Vermont (88 vs. 91 death)
- Windham County and Vermont have similar rates of hospitalization for diabetes out of control among adults 18 – 64 years (3.1 vs. 3.4)



Source: Health Status of Vermont, 2008, Vermont Department of Health

Windham County Respiratory Disease and Death Rates are Similar to Vermont



Source: Health Status of Vermonters, 2008, Vermont Department of Health

▪Child Asthma Hospitalization

▪Children are hospitalized with asthma at a rate of 11.1 vs. 9.1 for VT, but much lower than the Healthy Vermonters 2010 Goal of 17.3. Asthma can make it difficult to sleep and restrict daily activities.

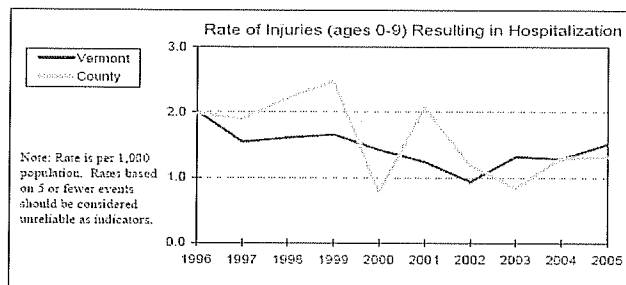
▪COPD Deaths

▪Adults die of COPD at a rate of 116 per 100,000 in Windham County vs. 123 for Vermont, but both rates are much higher than the Healthy Vermonters 2010 Goal of 62.3. Nearly all COPD can be attributed to smoking.

Rates of Injury Resulting in Hospitalization Have Decreased in Windham County and Vermont. However, in 2005, Windham County Rates of Injury Were Higher Than Vermont Among All Age Groups, Except 0-9 Year Olds.

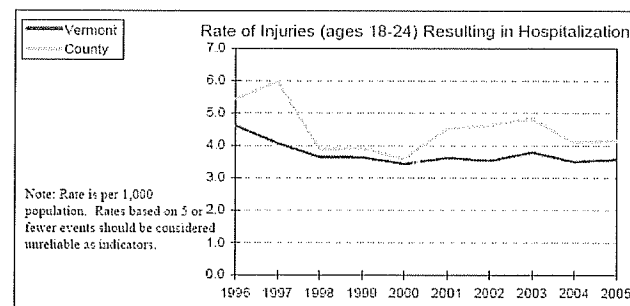
Indicator: Rate of injuries (0-9) resulting in hospitalization

	Vermont Rate	County Rate	County Number
Year: 1996	2.0	2.0	11
Year: 2005	1.5	1.3	6



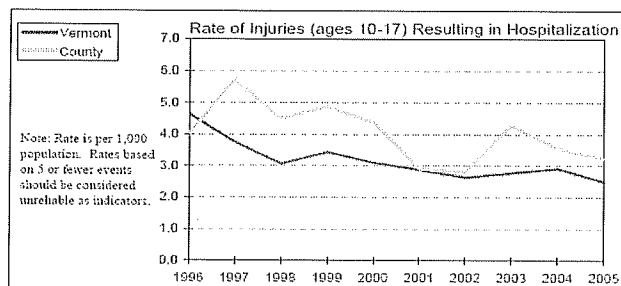
Indicator: Rate of injuries (ages 18-24) resulting in hospitalization

	Vermont Rate	County Rate	County Number
Year: 1996	4.6	5.4	130
Year: 2005	3.6	4.2	104



Indicator: Rate of injuries (ages 10-17) resulting in hospitalization

	Vermont Rate	County Rate	County Number
Year: 1996	4.6	4.0	20
Year: 2005	2.5	3.2	15



- 0 – 9 year old rate is 1.3 vs. VT (1.5)
- 10 – 17 year old rate is 3.2 vs. VT (2.5)
- 18 – 24 year old rate is 4.2 vs. VT (3.6)

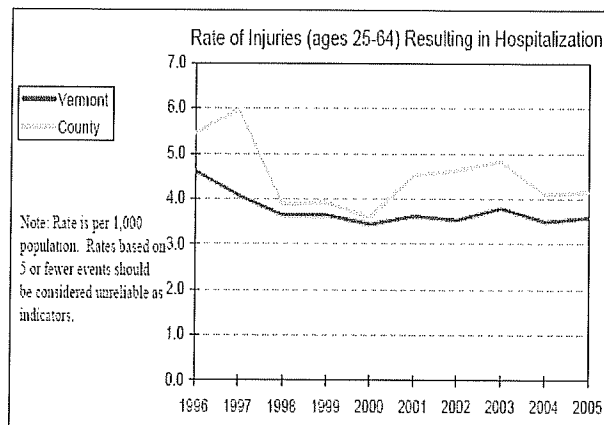
Rate of injury is per 1,000 population

Source: Community Profiles, 2007, Vermont Agency of Human Services

Injuries (cont.)

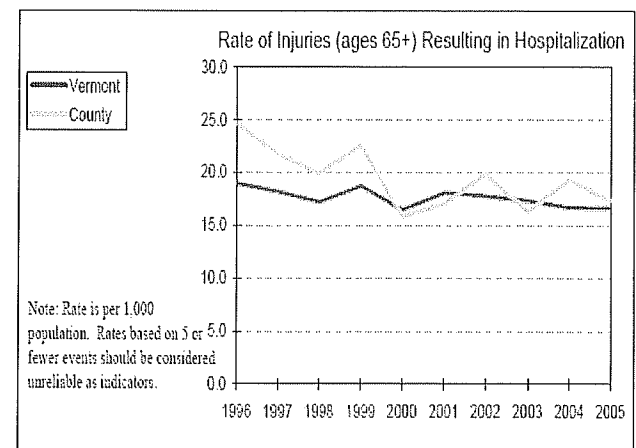
Indicator: Rate of injuries (ages 25-64) resulting in hospitalization

	Vermont Rate	County Rate	County Number
Year: 1996	4.6	5.4	130
Year: 2005	3.6	4.2	104



Indicator: Rate of injuries (ages 65+) resulting in hospitalization

	Vermont Rate	County Rate	County Number
Year: 1996	19.0	24.7	140
Year: 2005	16.7	17.3	109



25 – 64 year rate is 4.2 vs. VT (3.6)

Elder rate is 17.3 vs. VT (16.7)

Source: Community Profiles, 2007, Vermont Agency of Human Services



5.0 Environment

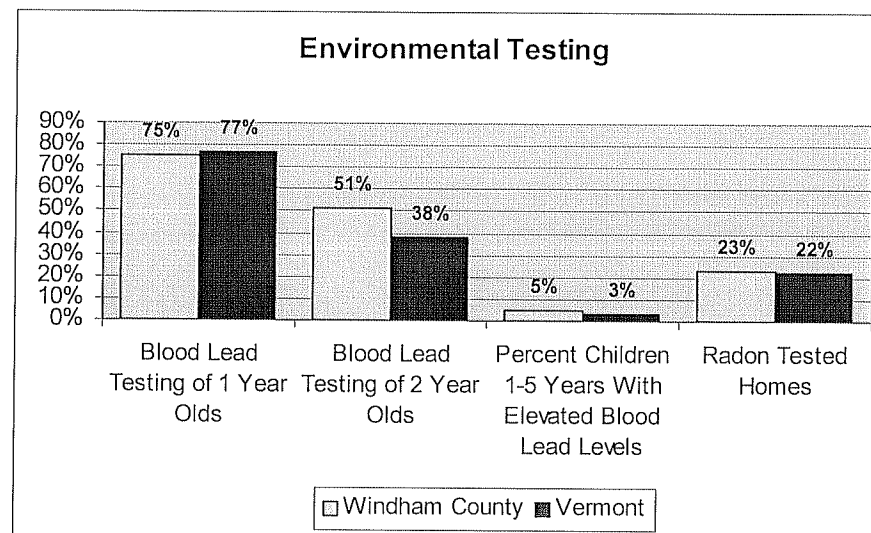
- Air Quality
- Child Blood Lead
- Radon Tested Homes

Windham County Excels in Most Environmental Indicators

Meets all national air standards for excellence in air quality: carbon monoxide, nitrogen dioxide, sulfur dioxide, ozone levels, particulate matter in the air, and lead levels. (Source: Community Health Status, 2008)

Compared to Vermont, Windham County is:

- **Statistically better** in childhood lead testing of 1 and 2 year olds
- **Statistically worse** in children 1-5 years with elevated blood lead levels
- **Statistically better** in the percent of homes tested for radon, a cancer causing substance, which can be reduced through interventions, once discovered.



Source: Health Status of Vermonters, 2008, Vermont Department of Health



Health Care Access

Almost 1 in 5 residents (19%) report problems getting health care during the past 12 months, due to:

- No insurance (4%)
- Difficulty finding transportation (1%)
- Long wait times at the office (1%)
- Not understanding medical directions (1%)
- Couldn't afford the visit (1%)
- Some other reason (7%)
- Didn't know (4%)

13% had difficulty paying for health insurance. Most likely were:

- Self employed and
- Renters



Health Care Access (consumer survey)

- **19% had difficulty paying for medical care. Most likely were:**
 - Young adults 18 to 34 years old
 - Households with two children
 - Households with an annual income of \$30,000 to \$44,999
 - Those who attended technical school or some college
 - Those who are divorced or separated, and
 - Renters
- **19% had difficulty paying for dental care. Most likely were:**
 - Residents of Southwest Windham County
 - Households with one child
 - Those who are self employed, and
 - Renters



Mental Health & Substance Abuse Access

- 4% of all respondents report they were not able to get mental health or substance abuse help when they needed it in the last 12 months.
- **Most likely** to report needing mental health or substance abuse counseling, but not being able to get it in the last 12 months were:
 - Households with three or more adults
 - Unemployed