



**Springfield Medical Care Systems
Springfield Hospital
Community Health Needs Assessment
Implementation Strategy
September 30, 2016**

Approved by Springfield Medical Care Systems' Board of Directors September 13, 2016

PRIORITIZED NEEDS AND IMPLEMENTATION STRATEGIES

During the CHNA process, the advisory committee reviewed data and information from all sources including primary and secondary data, focus groups, and personal interview information to determine the leading community health needs for the Springfield service area. The group identified priority needs that fell into three main categories.

Substance Abuse / Mental Health

The community survey identified substance abuse and mental health issues as two separate issues. The focus groups, the personal interviews and the community survey all identified each of these topics as a high priority need. The committee believes that they are so closely linked in demand and utilization of services, many times being co-occurring disorders, that it makes sense to consider them as one main focus area.

Obesity

The rise in obesity over the past few years has been significant and, while, obesity was identified as an issue in the 2013 survey, it did not rise to the level of the top three concerns. This year, it is a strong second in priority, and was identified as both a personal health challenge and a community health challenge.

Oral Health

Oral health is a statewide problem and our local area is no exception. Demand is high for dental services, and particularly for adult Medicaid patients. Also a concern is the fact that while there may be resources to extract teeth when necessary, there are very few resources to help low income residents afford dentures. Demand for dentures is high, and proactively pursuing measures to prevent tooth decay at an early age is considered an important part of the solution to this community health problem.

RESOURCES AVAILABLE TO ADDRESS IDENTIFIED NEEDS

Springfield is an integrated healthcare system that utilizes a medical home model of care delivery through primary care offices, working closely with the SMCS community health team, local care coordinators, hospitals, and a large number of community agencies to meet the needs of the community. The Community Health Team meets monthly, inviting all partner agencies to participate. Each meeting is followed by summary notes that are shared with the Community Health Team (nearly a 200 member mailing list). The Community Health Team also conducts a quarterly meeting for the Unified Community Collaborative, to collaborate on providing non-duplicative services to address community-wide needs. The community health needs identified through this assessment process will be shared with the SMCS Community Health Team and the Unified Community Collaborative to consider as they work together on implementation strategies that make the best use of community resources and yield the best possible outcomes for the community.

PRIORITIZED NEEDS AND IMPLEMENTATION STRATEGIES

Improve the Health and Wellbeing of those Living with Substance Abuse and Mental Health Issues

Need:

Community interviews, focus groups and the community survey all identified drug addiction, alcohol overuse and mental health issues as priority community needs. Staff report additional psychiatry resources are needed for children, adolescents and geriatrics.

Our community survey, based on 758 responses, identifies drug addiction and alcohol overuse (59.25% and 25.51%) and mental health issues (35.88%) as among the top community health needs.

Springfield Health District 2013-2014 Behavioral Risk Factor Surveillance System (BRFSS) data reports binge drinking (14%) and heavy drinking (7%) slightly lower than the Vermont average (18% and 9%, respectively), and marijuana use lower than the state overall at 5% vs. 7%, respectively. Prescription drug misuse is reported to be slightly higher than the state overall (8% vs. 6%).

The 2015 Vermont High School Youth Risk Behavior Survey reports the following:

*Percent of high school students who drank alcohol, past 30 days**

Grade	Windsor	Windham	Vermont
9th	17%	22%	17%
10th	30%	28%	26%
11th	36%	32%	34%
12th	44%	42%	42%
Sex			
Female	34%	31%	30%
Male	31%	31%	29%
Total	32%	31%	30%

*Percent of high school students who had five or more drinks in a row (binged), past 30 days**

Grade	Windsor	Windham	Vermont
9th	10%	9%	8%
10th	13%	16%	13%
11th	20%	16%	19%
12th	22%	22%	24%
Sex			
Female	16%	14%	15%
Male	17%	18%	17%
Total	16%	16%	16%

Middle School Students

Windsor County students who drank any alcohol within the past 30 days were: 2% in grades 6 and 7, and 9% in grade 8. Binge drinking was reported at 1% for grade 7 and 3% for grade 8.

Windham County students who drank any alcohol within the past 30 days were: 5% in grade 6, 3% in grade 7 and 11% in grade 8. Binge drinking was reported at 4% for grade 8, and 2% overall.

Suicide rates are high in all four counties, and Vermont and New Hampshire are above the national age adjusted death rate average per 100,000 population of 12.3, as well as the Healthy People goal of ≤ 10.2 . A Vermont Public Television report in January 2013 cited the “*American Foundation for Suicide Prevention 2010*” report indicating Vermont has the 12th highest rate in the country (16.9 per 100,000 people); a study from the Health Department from 1999-2005 reporting suicide as the 9th ranking cause of death in the state, and suicide as the second leading cause of death among teenagers (after automobile accidents), with most youth suicide deaths being males and most using a gun.

The Springfield Health District reports 24% of adults ever having been diagnosed with a depressive disorder, defined as depression, major depression, dysthymia, or minor depression (BRFSS 2014), slightly higher than the state average of 22%. Adults in homes making less than \$25,000 annually are significantly more likely than those with more income to have a depressive disorder. This data also reports “poor mental health” at 12% for the Springfield District compared to 10% for Vermont overall.

CHNA.org reports the service area Medicare beneficiaries’ percent with depression range from 17.4% - 18.4%, compared to a VT and NH overall rate of 18.1%, and the U.S. overall rate of 15.4%.

The Robert Wood Johnson Foundation County Health Rankings indicate the self-reported average number of mentally unhealthy days in the past 30-day period (age adjusted) show the following:

	2014	2013	2012	2011
Windsor County, VT	3.3	3.7	3.2	3.3
Windham County, VT	3.5	3.2	3.5	3.4
VT overall	3.6	3.3	3.3	3.2
Sullivan County, NH	3.5	3.9	3.4	3.6
Cheshire County, NH	3.6	3.4	3.3	3.3
NH overall	3.6	3.3	3.2	3.2
Top U.S. Performers	2.8			

The Congressional Research Service report, “*Prevalence of Mental Illness in the United States: Data Sources and Estimates, 3/9/15*” estimates the National Comorbidity Survey Replication indicates prevalence estimates of any mental illness among the adult population over a 12-month period to range from 26.2% to 32.4%. These estimates include substance use disorders as mental illness. The report estimates prevalence of mental illness excluding substance use disorders to be 24.8% among adults. Of the 26.2% of all adults identified with a mental disorder, the severity of disorders ranged from 22.3% serious, 37.3% moderate, and 40.4% mild; and the estimated 12-month prevalence of serious mental illness among all adults was 5.8%. The report also identifies the estimated 12-month prevalence of all mental illness among adolescents to be 42.6%, and found 58.2% of the cases to be mild, 22.9% moderate, and 18.8% serious. The estimated serious mental illness among all adolescents was 8%.

Improve the Health and Wellbeing of those Living with Substance Abuse and Mental Health Issues

Strategies:

- Develop educational outreach efforts regarding smoking, drinking, substance abuse, STDs, and violence.
- Continue offering tobacco treatment or intervention programs, and market them to physician offices and the public.
- Encourage participation in the Wellness, Recovery, Action Program (WRAP) throughout the SMCS system.
- Engage community partners, through our Community Health Team monthly meetings, to more clearly define mental health needs and develop strategies.
- Continue to improve local access, and integration of education and outpatient counseling, at primary care offices.
- Continue to collaborate with Health Care and Rehabilitation Services (HCRS) to provide emergency care to people in crisis.
- Partner with local Prevention Coalitions and community partners to develop strategies for prevention and intervention.
- Expand access to Suboxone Therapy (MAT).
- Continue access to Group Therapy and Individual Therapy.
- Utilize psychiatric services at The Windham Center, as appropriate, for inpatient care.
- Monitor grant opportunities to expand access to mental health services.
- Integrate mental health services into local school settings.
- Support the local ACEs efforts for awareness and prevention of Adverse Childhood Experiences.
- Support VT Department of Health efforts for safe storage and disposal of unused or expired medications.
- Expedite treatment for pregnant women and new mothers battling addiction.
- Encourage health care access for low-income populations through continued use of financial assistance programs.

PRIORITIZED NEEDS AND IMPLEMENTATION STRATEGIES

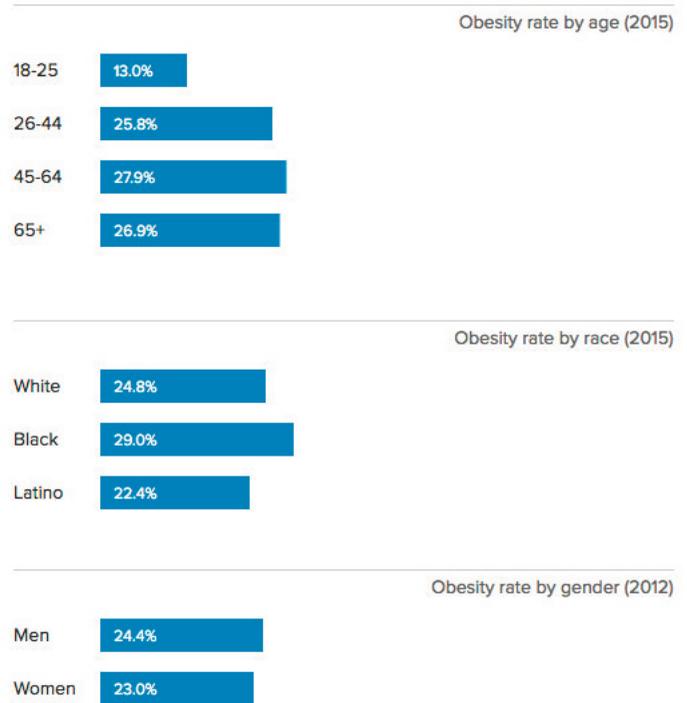
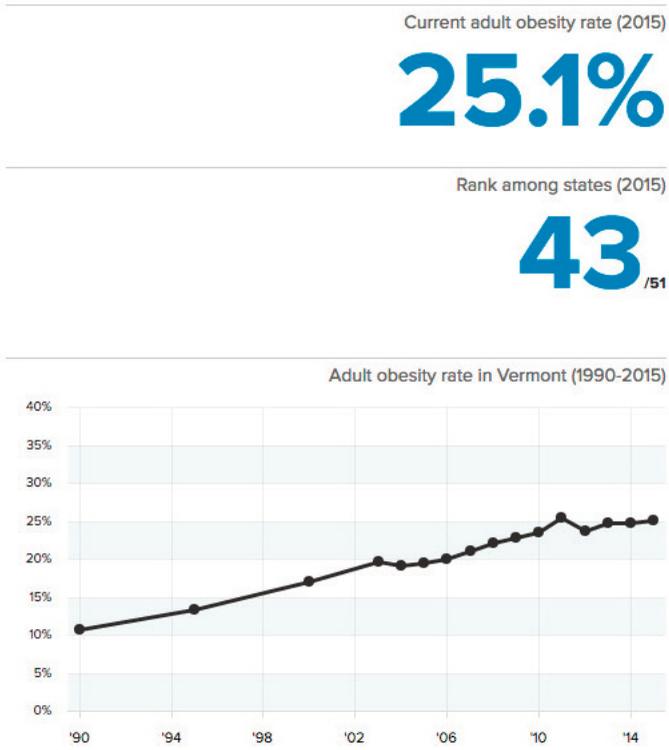
Improve Outreach and Education Targeting Obesity among Children and Adults

Need:

Obesity refers to a body weight measure that utilizes a Body Mass Index of 30 or greater. Obesity increases the risk for a number of chronic diseases such as coronary heart disease, type 2 diabetes, cancer, and hypertension, and is often due to poor diet and limited physical activity.

As reported in *The State of Obesity: Better Policies for a Healthier America* released September 2016, Vermont now has the ninth lowest adult obesity rate in the nation. Vermont’s adult obesity rate is currently 25.1 percent, up from 17.0 percent in 2000 and from 10.7 percent in 1990. The childhood obesity rate in Vermont is reported as:

2-4 year olds	12.9%
10-17 year olds	11.3%
High school students	12.4%



Source: Trust for America's Health and Robert Wood Johnson Foundation. *The State of Obesity 2016* [PDF]. Washington, D.C.: 2016.

The Robert Wood Johnson Foundation County Health Rankings report the following for adult obesity based on 2012 data from the National Diabetes Surveillance System.

Windham County	23%
Windsor County	23%
Vermont Overall	24%

Sullivan County	28%
Cheshire County	25%
New Hampshire Overall	27%

Top US Performers	25%
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Locally...

The 2013-2014 Behavioral Risk Factor Surveillance data for the Springfield District reports 27% for the Springfield District compared to 25% for Vermont overall.

Our 2016 community survey showed obesity as the leading personal health challenge with 36.15% (248 of 758) selecting it as a top personal health challenge. (See Appendix)

Strategies:

- Re-examine the program design and utilization for the RX for Exercise Program, in partnership with the Edgar May Health & Recreation Center.
- Explore possible program development around lifestyle medicine.
- Continue quality improvement work to identify patients with obesity and co-morbid conditions of diabetes and heart disease and offer treatment options.
- Continue FQHC standard protocol to monitor BMI and intervene for elevated BMI in all patients.
- Continue Healthier Living Workshops, Nutrition Counseling, and Community Education including cooking classes.
- Develop a community education campaign to raise awareness for available resources.

PRIORITIZED NEEDS AND IMPLEMENTATION STRATEGIES

Continue to Improve Access to Oral Health Care for Children and Adults

Need:

The Vermont Oral Health Plan (2014) recognizes oral health as an integrated component of overall health and shares Vermont’s current status with national status and Healthy VT 2020 targets as shown below:

Table 1. Healthy People 2020 Oral Health Indicators and Vermont Status

Healthy People 2020 Objective	Target ¹	National Status ¹	Vermont Status ²	Healthy VT 2020 Target
1. Reduce the proportion of children ages 6 to 9 who have dental caries experience in their primary or permanent teeth	49%	54%	34%	30%
2. Reduce the proportion of children ages 6 to 9 with untreated dental decay	26%	29%	11%	—
3. Reduce the proportion of adults ages 45-64 who have ever had a permanent tooth extracted	69%	76%	52%	45%
4. Increase the proportion of oral and pharyngeal cancers detected at the earliest stage	36%	33%	38%*	—
5. Increase the proportion of children, adolescents, and adults who used the oral health care system in the past year	49%	45%	Age 6-9 = 95% Age 18+ = 74%	Age 6-9 = 100% Age 18+ = 85%
6. Increase the proportion of Federally Qualified Health Centers (FQHCs) that have an oral health care program	83%	75%	88%	—
7. Increase the proportion of patients who receive oral health services at Federally Qualified Health Centers (FQHCs) each year	33%	18%	19%	—
8. Increase the proportion of children ages 6 to 9 years who have received dental sealants on one or more of their permanent first molar teeth	28%	26%	53%	—
9. Increase the proportion of the U.S. population served by community water systems with optimally fluoridated water	80%	72%	57%	65%

¹ Data is from Healthy People 2020. Available at www.healthypeople2020.gov

² Data is from the Vermont Department of Health’s 1) Burden of Oral Disease in Vermont report (data is from 2009-2011) and 2) Healthy Vermonters 2020 report.

* Data is from 2000-2009 combined.

The plan also reports that 11% children in 1st - 3rd grades had active untreated decay present in their mouths, which is lower than the national rate of 29% and the Healthy People 2020 target rate of 26%. The Vermont Oral Health Plan goes on to state, “Children in low income families are more likely to suffer from dental caries and are less likely to receive treatment. Children covered by Medicaid have a considerably higher rate of caries experience (44%) compared to children covered by private dental insurance or cash (27%). Despite available Medicaid benefits to treat tooth decay, Medicaid-eligible children are also more likely to have untreated decay (16%) compared to children with private dental insurance or who pay with cash (8%). In 2011, 56% of Medicaid-eligible children used dental services. Although the utilization rate of dental care among Medicaid-eligible children throughout Vermont has been rising slowly over time, there is still considerable room for improvement.”

The Springfield Health District 2013-14 Behavioral Risk Factor Surveillance System data reports:

	Springfield District	Vermont
Dental Visit in the Last Year	65%	72%
Any Teeth Extracted, ages 45-64	52%	49%

The Vermont Oral Health Plan identifies six major oral health strategies covering education, prevention, surveillance, infrastructure, financial access, and workforce. Our organizational strategies will work to complement these strategies.

Our interviews, focus groups and community survey all identify oral health services as an important need for all ages. Noted was the high demand for services and limited access to care. In addition, the range of services frequently does not meet the need. For example, extractions may be covered, but not dentures. Also, uninsured or underinsured adults lack the resources to get the care they need.

Strategies:

- Explore feasibility of making dental services available at other geographic locations.
- Enhance access to low-income populations through continued use of financial assistance programs.
- Monitor special funding opportunities, including grant funding, to expand dental services in the area.
- Redistribute the resource “Guide to Fluoride Levels in Public Water Systems” to all medical providers and post to web for public access. (Know Your Fluoride Level - share list of towns)
- Expand dental hygienist activities in area school systems and explore offering sealant program in schools.
- Recruit additional dentist and hygienists.
- Support the Dental Therapy Program within the SMCS system.

PLAN FOR COMMUNICATION OF RESULTS OF THE COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY

SMCS will make both the CHNA report and the Implementation Strategy widely available to the public.

This will be accomplished by:

- Posting to the website in an easily-downloadable format at www.springfieldmed.org.
- Making a paper copy available upon request by calling Connie Smith, at 802-885-2151.
- Notify medical staff and employees that the CHNA report and implementation strategy is complete and available to the public.
- Publicly notifying the community that the CHNA report and implementation strategy is complete and available to the public.
- Present CHNA findings to the SMCS Community Health Team and the Unified Community Collaborative at their regular meetings — and to other groups as requested.
- The 2013 CHNA Report and Implementation Strategy will remain available on the website or by hard copy upon request.