

Summary of Community Needs Assessment

Gifford Medical Center completed a Community Needs Assessment by January 1, 2005, in compliance with State of Vermont guidelines. Annual needs assessment meetings have followed. Community Needs Assessments use health data and community input to identify and prioritize local populations' health care needs. They are also meant to engage the public in the hospital's strategic planning process, and share quality, safety and financial data with the public.

Initial data

Gifford Medical Center in 2004 answered the question of community need through forums with community leaders and a survey of Gifford's service area. Information was gathered on the health assets, needs and resource priorities within the hospital's communities.

The community leader forums were held between the months of June and September 2004.

Community leaders from health care professionals to government officials, heads of organizations and businesspeople were invited to the forums held in Randolph, Bethel, Chelsea and Rochester. An independent facilitator led the forums, where participants were asked to answer questions relating health care to the communities they represent. The questions asked participants to list and rank their available health care services, assets, health care needs, and solutions to health care needs, for example. Some community leaders who were identified as key stakeholders, but were unable to attend the forum, were interviewed at a later date.

The input generated by the community leaders was then used to create a survey that was administered to residents of the Gifford service area. The survey, distributed at local fairs, through local organizations and through placement in public locations, asked participants to: check the top three health care assets in the community, check the top three health care needs in the community, list a possible solution for each need, and list any health care needs that are not available locally.

The information gathered through the surveys was entered and analyzed utilizing Microsoft Access and Excel. A total of 276 usable surveys (three had to be discounted because the respondents were not from Gifford's service area) were returned.

From the surveys, several themes emerged. Survey respondents identified drug and alcohol abuse, obesity and related problems, and access to health care due to costs as their top three health improvement priorities. All community leader forums also listed drug and alcohol abuse as a community problem.

When it came to available resources, the Gifford hospital community listed dental care, mental health services, dialysis, programs that assist low-income individuals with nutrition choices (through lower cost and better education) and access to exercise facilities as priorities.

2004 annual meeting

With the information gathered, a public meeting was held on October 20, 2004, from 6 to 8 p.m. at Vermont Technical College in Randolph. Members of the public were invited to attend by an advertisement in *The Herald*, a Randolph newspaper. Invitations were also mailed to community members who attended the leader forums.

The purpose of the October 2004 meeting was to report to the community the findings of Gifford's Community Needs Assessment. Results from the four community leader forums and the community survey were presented for discussion. The meeting was facilitated by Michele Graci, then Gifford Medical Center's community outreach manager, and by President and Chief Executive Officer Joseph Woodin.

Three main issues were the focus of public comment: mental health, dental health and teenage tobacco and substance abuse. Representatives from the community encouraged Gifford and other health organizations to work cooperatively to effectively address these community concerns. They cited the Chelsea Health Center as the perfect example of the collaborative cooperation of mental health (the Clara Martin Center) and physical health (Gifford Medical Center). Woodin observed that the issue of mental health funding and resources would be challenging in the next few years and it would be wise for area health organizations to address these issues together.

Tobacco and substance abuse among teenagers drove another round of discussions. Substance-abuse prevention organization, the Prevention Partnership of Braintree, Brookfield and Randolph, addressed the need for early intervention to prevent tobacco and substance abuse among teenagers.

Prevention Partnership also sought organizations' support to implement a Teen Al Anon in community teen centers as well as advice on implementing other programs for teenage substance abuse.

Lack of access to dental care was the final issue of the evening. A large population of Vermonters are unable to access dental care due to limited finances, lack of dental insurance and the availability of area dentists who accept adults with traditional Medicaid. It was agreed that dental care for community children has improved through Dr. Dynasaur, but dental care needs for adults are on the rise.

The public meeting participants were encouraged by the dialogue that occurred among the represented organizations and community leaders. They agreed that the meeting was constructive and addressed the prevalent health issues of the communities served by Gifford.

2005 annual meeting

Gifford Medical Center is continuing to solicit public comment on community needs through annual meetings. Gifford was required by the state to hold the 2005 annual meeting by March 1, 2006. The hospital's meeting was held on February 27, 2006, from 9 to 10 a.m. in Gifford's conference room. The meeting was advertised in *The Herald* and was open to all residents in the Gifford service area.

In attendance were Joseph Woodin, Marilyn Sargeant, Sue Peterson, Margie Judd, Julie Nelson and Ashley Lincoln. The updated material was presented by Linda Minsinger, Gifford Medical Center's vice president of patient care services.

Minsinger described some of what the hospital has done to address the top three health improvement priorities: drug and alcohol abuse, obesity and related problems, and access to health care.

Gifford Medical Center employs a full-time Tobacco-free Coalition Coordinator, who also serves as co-coordinator of Gifford's tobacco cessation program "Ready, Set ... STOP."

That individual, Susan Delattre, works actively in the community and schools to primarily stop smoking, but also serves on, and helped form, the Prevention Partnership of Braintree, Brookfield and Randolph. The Prevention Partnership in 2006 has made reducing underage drinking its primary focus. The hospital also refers patients who want help with substance abuse problems to the Clara Martin Center, a Randolph mental health and substance abuse treatment agency.

Obesity and related health problems are being addressed through a diabetes education program, DECC (Diabetic Education for Chronic Care). This program includes both events focused around diabetes, such as a fair held last fall, and ongoing support groups and workshops. "Walking 101" took a group of walkers around the neighborhood surrounding the hospital in the summer and inside Randolph Elementary School in the cold weather months. (An indoor walking program continues at the hospital.) And a new program SNAP (Simple Nutrition Assessment Program) offered obesity counseling from Gifford's dietitians to children whose families do not have health insurance.

Gifford has also traditionally made access to health care its goal. Every patient visiting Gifford receives health care regardless of ability to pay. A hospital Health Connections Specialist also helps uninsured patients with affordable care options. Gifford has created the Woman to Woman Fund to help women receive mammograms, and through the Barron Men's Screening Program, Gifford is offering some free care for older men.

The goal of the Barron program is to detect any of the four most common medical conditions facing older Vermont men: heart disease, prostate cancer, colon cancer and skin cancer. The program includes taking the male patient's medical history, risk factor screening, physical exams, laboratory tests and educational materials, and is made possible through a generous gift in memory of Joyce Rolfe Barron of Rochester.

Other community needs described to Gifford through the assessment process included barriers to mental health care and parenting issues as a result of being low-income or apathetic to available services. The hospital partners with mental health agencies to provide services at its health centers in Bethel and Chelsea. Gifford's Birthing Center Care Manager is also offering parenting classes and a new support group for first-time parents called "Now What?" at the hospital in Randolph.

2006 annual meeting

Gifford Medical Center's 2006 annual meeting was held September 26, 2006, from 8 to 9 a.m. in the Gifford Conference Center in compliance with the state's requirement. The public meeting was advertised in *The Herald of Randolph* the prior week on September 21. In attendance were Joseph Woodin, Margie Judd, Linda Minsinger, Marilyn Sargeant, Marijane Barber, Sue Peterson, Ashley Lincoln and Robin Palmer.

Minsinger facilitated the 2006 meeting, leading the group through a multimedia presentation reviewing the history of Act 53 and Gifford's prior work with the state in the area of assessment and reporting. She described the past meetings and their results (included earlier), and also noted that beyond Act 53 requirements: "We constantly listen to the voice of our public."

Minsinger next showed the group Gifford's latest Act 53 report, available online at www.giffordmed.org. Using a laptop and large screen, Minsinger walked the group through the site and spent some time showing cost-comparison data available through the Department of Banking, Insurance, Securities and Health Care Administration's site. True utilization by the public of Act 53 materials was a topic of discussion.

The discussion moved to Gifford's strategic planning initiatives. At the conclusion of the 2006 fiscal year in September, Gifford also ended a three-year strategic plan. That plan called for: 1) Gifford to be each patient's "medical home," 2) that Gifford ensure each patient receives the highest quality health care possible, 3) that Gifford annually meet its operating budget, 4) that working environment is improved and 5) that community health is bettered through Gifford's work. Feedback from the community through the needs assessment process was incorporated into discussions of a new three-year strategic plan, which at the time of the September 26 meeting was still under discussion. Strategic planning ideas moving forward included expanding services, becoming the employer of choice, improved internal communications to foster better collaboration among medical staff and continuing to improve patients' experiences and outcomes.

It was agreed that Gifford had done well in addressing some of the community needs outlined at previous meetings, particularly in the area of mental health. In 2006, Gifford partnered with Otter Creek Associates to provide mental health services at Gifford's Bethel Health Center. The new service gives patients in need of mental health services a familiar, clinical setting where they may be more comfortable seeking care.

"We have made some inroads in mental health," noted Woodin, the hospital's president.

Gifford also continues to work diligently on diabetes and chronic illness education and support; obesity counseling, including the 2006 SNAP program that had 17 area children and their families learning crucial healthy eating and exercising techniques; access to health information and flu vaccines through health fairs and flu shot clinics held in November of 2006; and outreach to the public through countless community health programs and millions annually in free and uncompensated care.

At the February 2006 meeting, pharmacy access and costs and assisted living opportunities were listed as public health priorities. Gifford Pharmacist Jane McConnell, through the Pharmacy Clinic, continues to counsel patients and group audiences about prescription drugs, including cheaper alternatives. The hospital in 2006 also completed a 10-bed addition to its 20-bed nursing home, the Menig Extended Care Facility, to give more central Vermont elders nursing home care close to home. Pharmacy access and assisted living – which may fall beyond Gifford’s scope – have not been addressed additionally by the hospital at this time. Separately, a large, income-sensitive housing development is being planned in Randolph village by the Randolph Area Community Development Corp. at the former Ethan Allen furniture-making property off Salisbury and School streets.

Looking ahead, Woodin said dermatology and orthopedic services should be focuses for the hospital. Gifford soon added a second orthopedic surgeon in October of 2006. Judd suggested access to female primary care providers should be another goal of the hospital.

Get a copy

Gifford Medical Center’s complete 2004 Community Needs Assessment is available in the hospital’s Development and Marketing Department building at 5 Maple St., Randolph, Monday through Friday during business hours. The office is generally open from 7:30 a.m. to 5 p.m.

The needs assessment and subsequent Act 53-related reports, including this 2007 Update, are also available anytime on the hospital’s Web site, www.giffordmed.org, under the “Community Reports” heading in the left-hand column.

The link to that report is http://www.giffordmed.org/pdf/comm_needs_assess.pdf.